
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

Board Chair – Trish Frady, Secretary – Tom Herrin,
Commissioner – Craig Coppock,
Commissioner – Wes McMahan & Commissioner-Chris Schumaker

February 24, 2021 @ 3:30 PM

Join Zoom Meeting: <https://myarborhealth.zoom.us/j/93874141071>

Meeting ID: 938 7414 1071

One tap mobile: +12532158782,,93874141071#

Dial: +1 253 215 8782



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Agenda

Board Committee Reports

Consent Agenda

Old Business

New Business

Superintendent Report



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING**

February 24, 2021 at 3:30 p.m.

ZOOM

<https://myarborhealth.zoom.us/j/91442234008>

Meeting ID: 938 7414 1071

One tap mobile: +12532158782,,93874141071#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	PAGE	TIME
Call to Order		
Roll Call		
Approval or Amendment of Agenda		3:30 pm
Conflict of Interest		
Comments and Remarks		3:35 pm
<ul style="list-style-type: none"> • Commissioners • Audience 		
Executive Session-RCW 70.41.205 & RCW 70.41.200		3:40 pm
<ul style="list-style-type: none"> • Medical Privileging-Janice Holmes • Quality Improvement Oversight Report-Commissioner McMahan & Dexter Degoma 		
Guest Speaker		4:00 pm
<ul style="list-style-type: none"> • C.H. (Skip) Houser, J.D., M.P.A. <ul style="list-style-type: none"> ○ <i>Roles, Responsibilities, Ethics and Governance, Board Workshop</i> 	5	
Department Spotlight		5:00 pm
<ul style="list-style-type: none"> • 340B Drug Program <ul style="list-style-type: none"> ○ <i>To strategically discuss the department's current and future state.</i> 	33	
Board Committee Reports		
<ul style="list-style-type: none"> • Hospital Foundation Report-Committee Chair-Commissioner McMahan 	36	5:10 pm
<ul style="list-style-type: none"> • Finance Committee Report-Committee Chair-Commissioner Herrin 	38	5:15 pm
Consent Agenda (Action)		5:25 pm
<ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ <i>Minutes of the January 27, 2021 Regular Board Meeting</i> ○ <i>Minutes of the February 2, 2021 Quality Improvement Oversight Committee Meeting</i> ○ <i>Minutes of the February 17, 2021 Finance Committee Meeting</i> 	40 47 51	
<ul style="list-style-type: none"> • Warrants & EFT's in the amount of \$3,666,995.35 dated January 2021 	55	
<ul style="list-style-type: none"> • Resolution 21-05-Approving the Clinical/Non-Clinical Contracted Services Evaluation Matrix 	57	

<ul style="list-style-type: none"> ○ <i>To approve the contracted services that have been evaluated to date. This matrix will be presented at the meeting.</i> 		
<ul style="list-style-type: none"> ● Resolution 21-06-Declaring to Surplus or Dispose of Certain Property (<i>Action</i>) <ul style="list-style-type: none"> ○ <i>To approve liquidation of items beyond their useful life.</i> 	59	
<ul style="list-style-type: none"> ● Resolution 21-07-Delegating Fiduciary Responsibility to Washington Rural Health Collaborative (WRHC) Fiduciary Responsibilities & Investment Committee <ul style="list-style-type: none"> ○ <i>To delegate fiduciary responsibility from Superintendent Everett to the WRHC Fiduciary Responsibilities and Investment Committee.</i> 	61	
<ul style="list-style-type: none"> ● Approve Documents Pending Board Ratification 2.24.21 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> 	67	
Old Business		
<ul style="list-style-type: none"> ● Incident Command Update <ul style="list-style-type: none"> ○ <i>CNO/CQO Williamson will provide a verbal COVID 19 update.</i> 		5:30 pm
Break		5:40 pm
New Business		5:45 pm
<ul style="list-style-type: none"> ● DNV Accreditation Appointments <ul style="list-style-type: none"> ○ <i>To appoint position(s) as required for accreditation by DNV.</i> 	73	
<ul style="list-style-type: none"> ● Resolution 21-08-Approving to Waive Competitive Bidding Requirements Due to an Emergency and to Designate Superintendent Everett to Act in an Emergency and Award Necessary Contract(s) to Address the Emergency Situation. (<i>RCW 39.04.280</i>) <ul style="list-style-type: none"> ○ <i>To declare an emergency, address the damaged property at Morton Clinic and designate Superintendent Everett to award contract(s) on behalf of the municipality to address the emergency situation less than \$350,000.</i> 	74	5:50 pm
<ul style="list-style-type: none"> ● Board Education <ul style="list-style-type: none"> ○ <i>To review the evaluation process and charter.</i> 	82	6:05 pm
<ul style="list-style-type: none"> ● PDC Filing Reminder <ul style="list-style-type: none"> ○ <i>To complete prior to April 1, 2021.</i> 		6:25 pm
Superintendent Report	88	6:30 pm
Executive Session-RCW 42.30.110 (g)		6:40 pm
<ul style="list-style-type: none"> ● To discuss the performance of a public employee. 		
Next Board Meeting Dates and Times		
<ul style="list-style-type: none"> ● Regular Board Meeting-March 31, 2021 @ 3:30 PM (ZOOM) 		
Next Committee Meeting Dates and Times		
<ul style="list-style-type: none"> ● QIO Committee Meeting- March 3, 2021 @ 7:00 AM (ZOOM) ● Arbor Health Foundation Meeting-March 9, 2021 ● Finance Committee Meeting-March 24, 2021 @ 12:00 PM (ZOOM) 		
Meeting Summary & Evaluation		7:10 pm
Adjournment		7:15 pm

Arbor Health Board Workshop
Public Hospital District No. 1 Lewis County

Roles, Responsibilities, Ethics and Governance, Board Workshop

**Morton, Washington
February 24, 2021**

C.H. (Skip) Houser, J.D., M.P.A.

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Arbor Health
Roles, Responsibilities, Ethics and Governance Workshop

Greetings and introductions



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Arbor Health Roles, Responsibilities, Ethics and Governance Workshop

Workshop Ground Rules

- Listen carefully
- Speak honestly
- Be relevant
- Be sensitive
- Trust the process
- Don't personalize
- Use good judgment
- Be respectful
- Focus on the situation, problem, issue or event not individuals
- Get to the real meaning
- Don't dominate the air time, but speak up
- Have some fun

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The Disclaimer and Fine Print

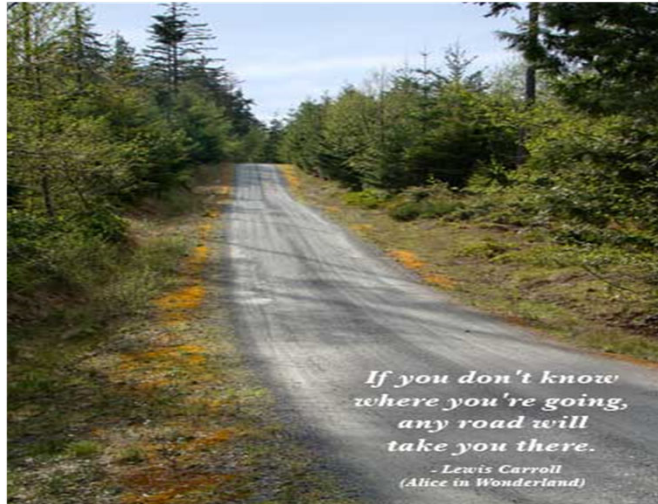


The information provided in this workshop is not provided in the course of and does not create or constitute an attorney-client relationship, is not intended as a solicitation, is not intended to provide legal advice and is not a substitute for obtaining legal advice from your city attorney. Further there is no representation that the information is current and complete and any representation or warranty that might otherwise be implied is expressly disclaimed.

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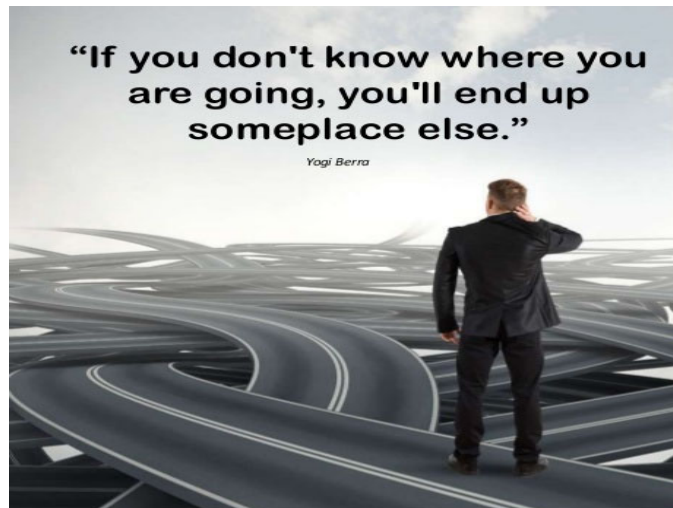
Where Are You Going?



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How will you know when you get there?



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Workshop Objectives and Overview

This workshop will cover:

- o Identifying roles and responsibilities of the Board of Commissioners, Chief Executive Officer, Staff and Committees.
- o Identifying ethical issues, role conflicts, and the overlap among and between them.
- o Knowing what you don't know.
- o Improving communication between and among.
- o Planning for success.
- o Other

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Opportunities and Challenges



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Arbor Health's
Mission Statement

Mission Statement:

“To foster trust and nurture a healthy
community”

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Arbor Health's
Vision Statement

Vision:

“To provide accessible quality healthcare”

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Arbor Health

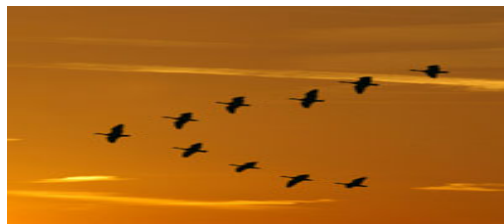
“Ensuring the best care for our community”

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General Roles and Responsibilities

In the performance of their official duties, elected officials, appointed members and employees shall act ethically, in good faith, with integrity, with care, and in a manner they reasonably believe to be in the best interests of the public that is being served.



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Where's The Line: Ethics and Conflicts of Interest

A Practical Definition of Ethics:

Generally speaking, ethics refers to the study of **right and wrong behaviors**.



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Public employment – Got Ethics?

Recognize that as a public employee – “a public servant”, one has special obligations and one gives up some rights and the increased need to comply with rules.



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Public Expectations RCW 42.17A.001

RCW 42.17A.001 states in part:

- (2) That the people have the right to expect from their elected representatives at all levels of government the utmost of integrity, honesty and fairness in their dealings.
- (3) That the people shall be assured that the private financial dealings of their public officials, and of candidates for those offices, present no conflict of interest between the *public trust* and private interests.

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Ethics and Conflict of Interest RCW 42.23

Conflicts of Interest (RCCW 42.23)

1. Special privileges or exemptions
2. Financial and/or employment interests
3. Gifts
4. Confidential information



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Prohibited Acts
RCW 42.23.070

Code of Ethics

State law, codified at RCW 42.23.070, provides a code of ethics for county, city, and special purpose district officials.



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Prohibited Acts
RCW 42.23.070 (1)

The code of ethics has four provisions, as follows:

1. No municipal officer may use his or her position to secure special privileges or exemptions for himself or herself or others;



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Prohibited Acts
RCW 42.23.070 (2)

2. No municipal officer may, directly or indirectly, give or receive any compensation, gift, gratuity, or reward from any source, except the employing municipality, for a matter connected with or related to the officer's services unless otherwise provided by law;



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Prohibited Acts
RCW 42.23.070 (3)

3. No municipal officer may accept employment or engage in business that the officer might reasonably expect would require him or her to disclose confidential information acquired by reason of his or her official position;



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Prohibited Acts RCW 42.23.070 (4)

4. No municipal officer may disclose confidential information gained by reason of the officer's position, nor may the officer use such information for his or her personal gain.



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Special Exceptions for Rural Public Hospital Districts

Commissioners of a rural public hospital district may enter into a contract with the public hospital district so long as the contracts do not exceed \$24,000 in a calendar year. (RCW 42.23.030 (6) (c).

The \$24,000 annual limit is also increased at the beginning of each year by an amount that is a multiple the change in the consumer price index as of the close of the 12 month period ending December 31st of the previous calendar year. The Commissioner with an interest in the contract must be disclosed in the minutes and not vote on the contract.

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Governance Further Defined

Effective governance provides for clear relationships, authorities and responsibilities to guide strategic decisions through a set of cohesive policies and processes.



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The Board of Commissioners Policy Making Process

- Prepares Goals and objectives
- Establishes Mission/Vision
- Sets Policies
- Adopts Budgets



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Management Team

- Proposes organizational goals and objectives.
- Proposes and provides plans to accomplish objectives/goals
- Implements plans and strategies
- Makes decisions
- Deploys organizational resources
- Develops and adopts policies that govern operations proposed by the Board of Commissioners

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Management and Governance NOT Governance vs. Management

Delivering results by implementing policy and strategy as set forth by the governing body, managing operations, and reporting on performance.

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Roles and Responsibilities

Roles can be thought of as the general terms and responsibilities the specifics.

Roles = position, rank, titles

Responsibilities = tasks, duties, efforts

Roles &
Responsibilities



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Shared Responsibilities

- Responsible for delivering the quality of services to the public/citizens.
- Setting and following standards for operational excellence.
- Implementing policies and procedures.
- Safeguard compliance with regulations and policies

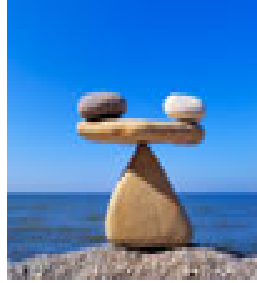


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Powers, Duties, Roles and Responsibilities

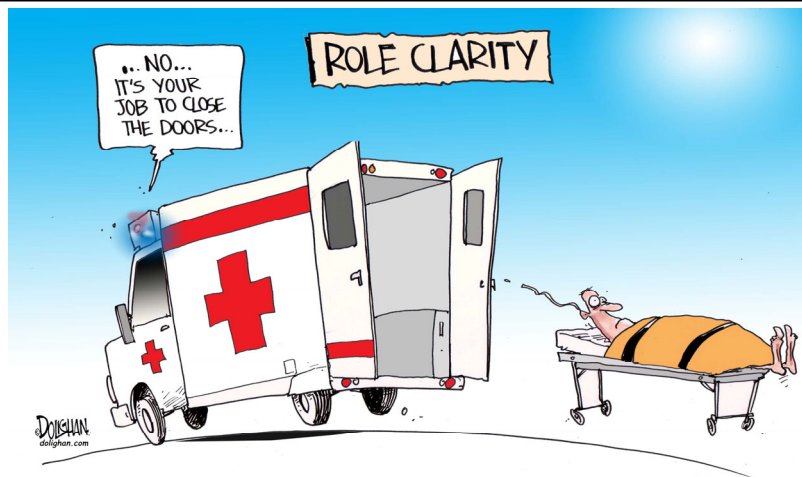
Achieving the proper balance between adopting policies and delegation of operational responsibility between the elected and appointed boards and staff/administration.



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Defining Roles



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Brief Intermission and Check in

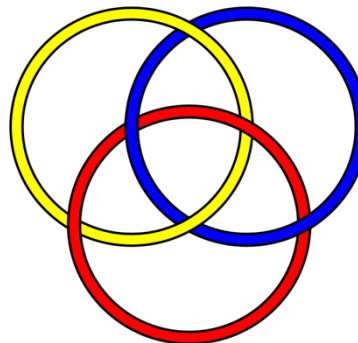


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Addressing Ambiguity, Overlapping Roles and Responsibilities

- Recognition
- Communication
- Investigation
- Reconciliation



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Overcoming Role Conflict

Recognizing and overcoming role conflict can be troubling and complicated.



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Building Trust – One Opportunity at a Time



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Better Together

Individually there is little that we can do but together there is little that we cannot do.

John F. Kennedy



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Examples of Being Better Together

What are examples of accomplishments?



How have you celebrated accomplishments?

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Working Together

Work together to build a culture of cooperation and collaboration. This need to be developed top down and bottom up. Creating a sense of support and ownership.



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Hive Mind

Thinking and acting as a community, aware of commonality by sharing knowledge, thoughts and resources. Analogous to insect behavior.



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Communicating Effectively

- Webster's Dictionary identifies that there are 227,000 words used in the English language.
- The average person uses 20,000 to 30,000 words.
- With this many choices, your language and use of words becomes important

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Not What You Say, But How You Say It



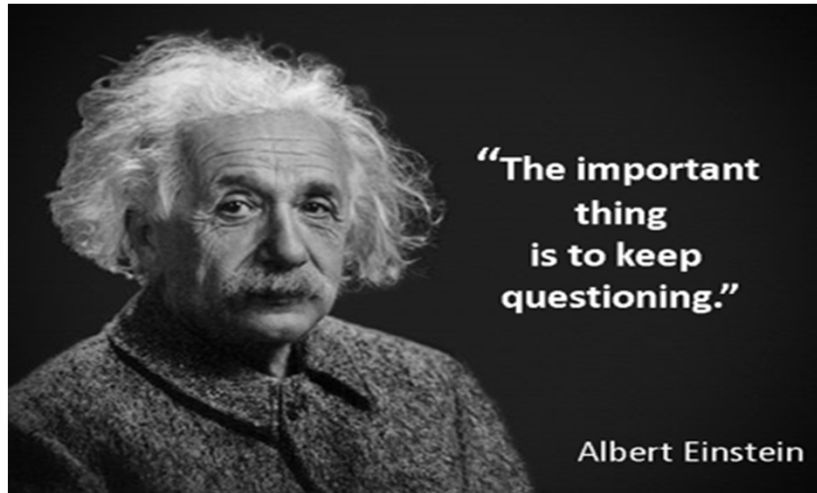
"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

-Maya Angelou

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Asking Questions Will Get You Answers



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Are there any questions?
Are there any answers?

"The question is not what you look at,
but what you see"

Henry David Thoreau



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Questions and Seeking Answers in Trying Times

Certainty in times of Uncertainty

Where the strange is familiar
and the familiar is strange

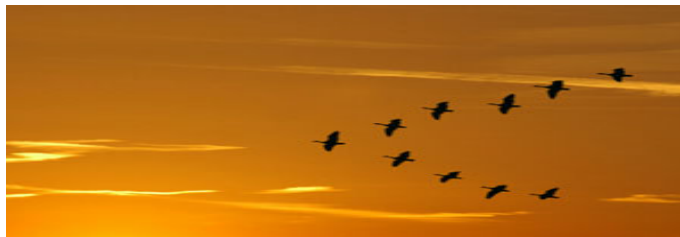


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Keys to Success

- Demonstrate a passion and commitment to one's responsibilities.
- Continually reaffirm your roles and responsibilities and communicate.
- Don't fly solo!



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Practical Advice for Becoming a Better Board Member

Exercise Leadership

- Lead by example
- Use common sense
- Be Flexible
- Be clear on what you stand for



“The best way to persuade people is with your ears—by listening to them.”

Dean Rusk, Secretary of State

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Practical Advice for Becoming a Better Board Member and Working With Staff

Working with staff

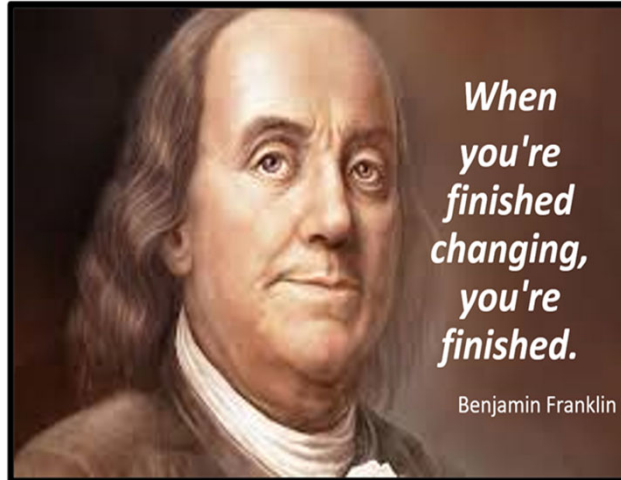
- Get to know staff and what they do
- Ask questions of staff
- Say thank you!
- Treat staff with respect
- Be consistent
- Support your staff to stay current on the issues



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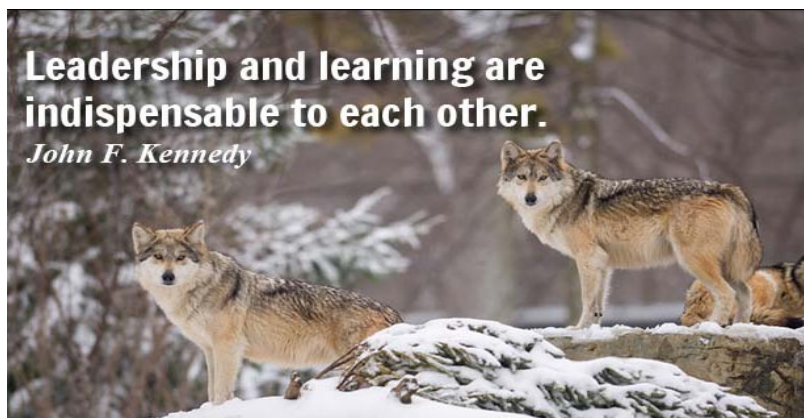
Be Prepared to Change



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Lifelong Learners



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Meeting Survival Tips

- Insist upon decorum in your meetings.
- Be courteous.
- Bring some humor to the meetings.
- Keep your cool!
- Don't spring surprises on members or city staff, especially at public meetings
- Have your attorney answer legal questions.

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Choices and More Choices?



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Your Thoughts?

Experts estimate that the mind thinks between 60,000 – 80,000 thoughts a day. That’s an average of 2,500 – 3,300 thoughts per hour. That’s incredible.



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Next Steps

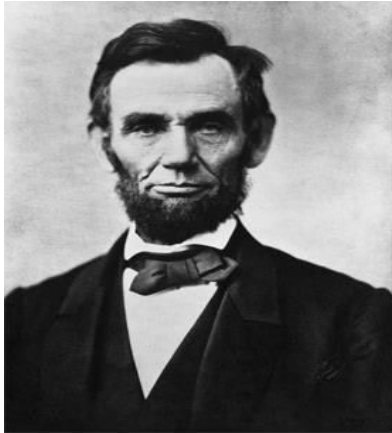


Most organizations don't plan to fail—they fail to plan.

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One Final Closing Thought



“Don’t believe everything you read on the Internet just because there’s a picture with a quote next to it.”

—Abraham Lincoln

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Questions and Answers



“The quality of your life is linked to the quality of your questions”

Anthony Robbins

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THE END
THANK YOU



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MEMORANDUM

To: Board of Commissioners
From: Richard Boggess, CFO
Date: February 24, 2021
Re: 340B Drug Program

In 2019, Arbor Health (AH) began its 340B journey and carries the title of "Covered Entity" in the 340B program. The 340B Drug Program allows Covered Entities to acquire drugs at a reduced price for use in its outpatient service lines. The Program allows AH to contract with external pharmacies to act as an extension of Arbor Health. In this contract pharmacy approach, AH provides the pharmaceuticals to the external pharmacies on a product replacement basis and this action allows AH to participate in a component of the revenue process. Arbor Health purchases the drugs on the 340B price schedule to replenish the pharmacy's inventory based on prescription use. Arbor Health pays a handling fee to the contracted pharmacy to perform this work on our behalf. We first started with Walgreens as they do not partner with any other 340B program aggregator. We chose Wellpartner/CVS as our partner to manage the activities at Chehalis Walmart and Safeway stores as well as Kirk's Pharmacy in the north part of the district. To date, Coltons has chosen not to participate. We have reached out regularly through the course of the last few years. It has been about 6-8 months since our last invitation to discuss the program.

The program funds have been designated to support the ambulance transport program. Adventure Medics is the contracted partner to provide transport services from the Emergency Department to tertiary facilities, usually Longview or the Sea-Tac market. AH has a support contract for this service in the amount of \$300,000 annually. The 340B funds help offset this amount.

The 340B program has come under pressure to change in the last few years on several fronts. Firstly, CMS has proposed scaling back the program payments by 30% and denying any new entrance into the program. Providers in rural areas have now been exempted as the funding from the program is the lifeblood for many services in rural areas. In addition, there is discussion around increasing the regulatory environment include the cancellation of contract pharmacy program. Since 2018, the American Hospital Association has taken an active role in advocating against these changes, including judicial action. In other areas, drug manufacturers such as Eli Lilly, Astro Zeneca, and Pizer, to name a few, have begun to demand access to patient files that participate in the program in the name of regulatory oversight, which is outside their scope of responsibility. They, therefore, have removed certain drugs from the formulary, reducing the opportunity for AH to participate. Some speculate it is an attempt to find ways to enter the 340B market for self-gain. HHS has issued an advisory opinion, which does not have the force of law, indicating that this is



inappropriate for the manufacturers to demand. As result of this activity, we have seen a 50% decline at our Wellpartner affiliates while Walgreens continues its normal run rate. This downward movement occurred in Quarter 4 of 2020.

The following is financial summary of the 340B program at Arbor Health in the last few years.

	<u>2020</u>	<u>2019</u>	<u>2018</u>
Revenues	\$338,405	\$208,578	\$0
Supplies	35,428	22,421	0
Purch Svs	97,913	57,931	0
Total Expenses	133,359	80,362	0
Net Income	205,045	128,216	0

While this year’s performance, looks favorable, the impact of the manufacturer’s actions discussed above would preliminarily indicate a minimal reduction of 1/3 or back to 2019 levels.

A recent webinar presented information that with Democratic control in congress, audits and changes to the 340B Program will probably reduce. There will probably not be significant changes to the program impacting hospitals. Covered Entities are suing HHS to stop drug manufacturers from removing drugs from the 340B Program. Drugs manufacturers are suing HHS for the clarifying dispute resolution process on drug use by covered entities. This legal action will lead to slowness in resolving the current issues regarding certain drugs being withdrawn from the program.



BOARD COMMITTEE REPORTS

Arbor Health Foundation Meeting Minutes

Tuesday February 9, 2021

Online Zoom Meeting

Attendance: Ali Draper, Diane Markum, Caro Johnson, Betty Jurey, Christine Brower, Lynn Bishop, Jenn Katz, Janine Walker

Excused: Leiane Everett, Paula Baker, Gwen Turner, Shelley Riggs, Stephanie Poffile-Rudd,

Call to Order by President Ali Draper at 12:05pm

After discussion a motion was made and approved to accept the January minutes and treasurer report. Jenn Katz/Lynn Bishop

CEO Report: Leiane was not present but Diane reported for her that the hospital is busy working on the Covid vaccine.

Directors Report: Diane reported that she is still missing non-discrimination and conflict of interest forms and asked all board members to get those in to her.

A scholarship awarded to Julie Allen.

Former Board member Myrna Davison has had a stroke and is recovering.

Old Business:

2021 magnetic calendars need to be replaced in the welcome packets. Diane will be ordering the calendars and work with Caro to distribute them.

New Business:

Event chairman, Lynn Bishop said we have four events and she would like to do a skeleton plan with a date and theme. Proposed dates are:

June 26 Caps and Corks

Aug 21 Ladies Brunch

Oct 2 Dinner Auction

Oct 16 Mommy Shower

Janine and Caro volunteered for Caps and Corks and Jenn volunteered to work on the Ladies Brunch.

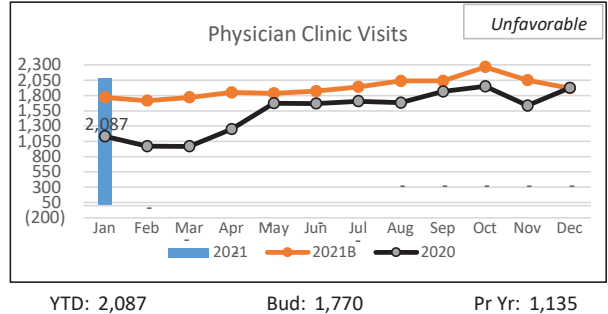
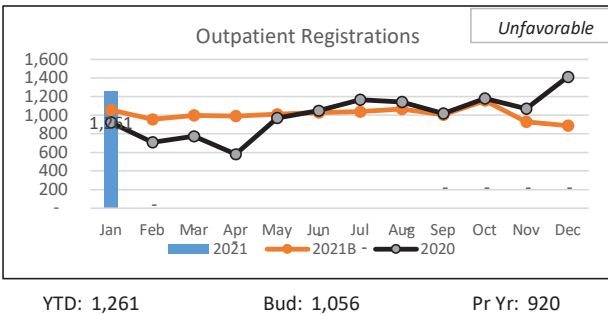
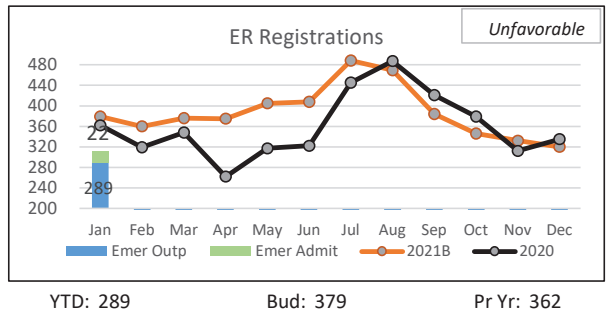
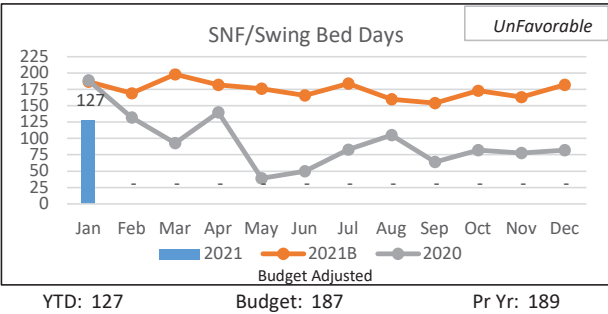
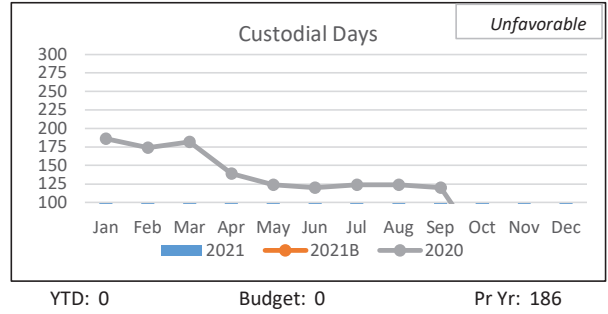
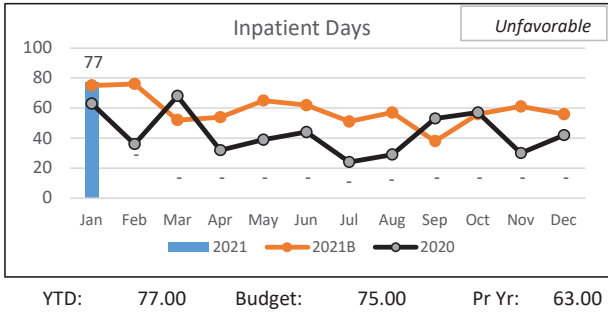
Diane said that the current criteria for scholarships requires employees to have fulltime status with at least 32 hours a week. She asked the board to consider changing the criteria to include part time employees. The board unanimously agreed to change the criteria to include part time employees. Lynn Bishop/Jenn Katz

Meeting adjourned 12:24

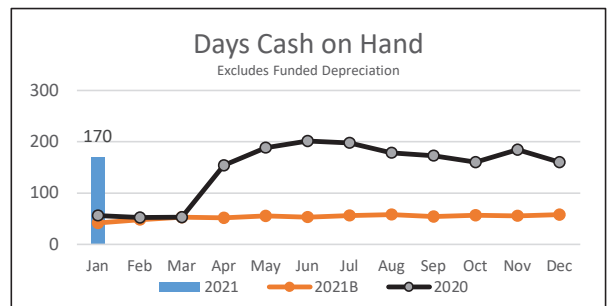
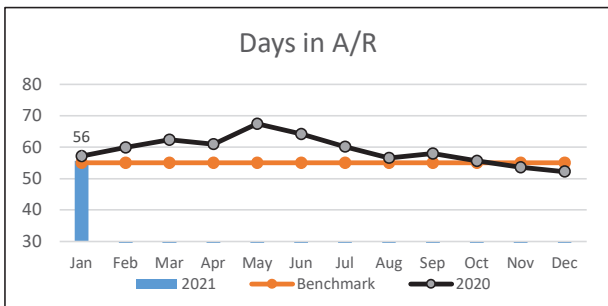
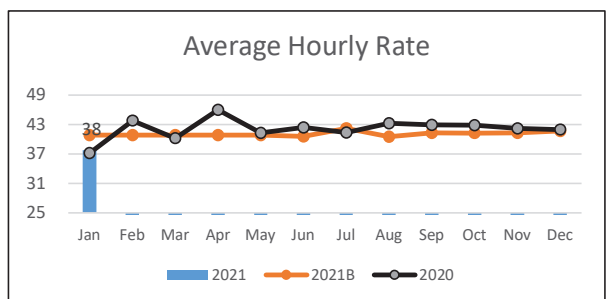
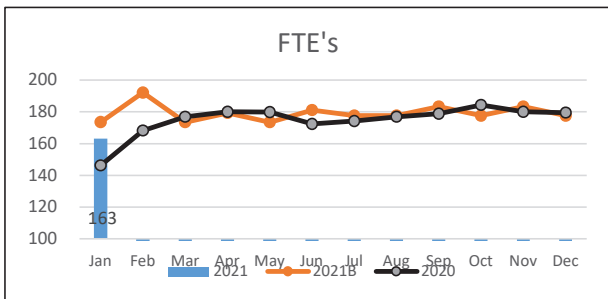
Lewis County Hospital District No. 1 Board Financial Summary

January 31, 2021

Growth



People and Operational Aspects



CONSENT AGENDA



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
January 27, 2021 at 3:30 p.m.
ZOOM**

<https://myarborhealth.zoom.us/j/96126789069>

Meeting ID: 961 2678 9069

One tap mobile: +12532158782,,96126789069#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA TOPIC	CONCLUSION	ACTION ITEMS
Call to Order	<p>Board Chair Frady called the meeting to order via Zoom at 3:30 p.m.</p> <p>Commissioners present:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Trish Frady, Board Chair <input checked="" type="checkbox"/> Tom Herrin, Secretary <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Chris Schumaker <p>Others present:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Roy Anderson, Compliance Officer <input checked="" type="checkbox"/> Janice Holmes, Medical Staff Coordinator <input checked="" type="checkbox"/> Diane Markham, Marketing/Communication Manager & Foundation Executive Director <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Buddy Rose, Reporter <input checked="" type="checkbox"/> Ashley Samoza, Interim Facilities Manager <input checked="" type="checkbox"/> Don Roberts, Pharmacy <input checked="" type="checkbox"/> Larry Sinkula, Surgical Services Director <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Edwin Meelhuysen, Rehabilitation Services Director <input checked="" type="checkbox"/> Gaye Hamstreet, Pulmonary Rehab 	



	<input checked="" type="checkbox"/> Julie Allen, Quality Data Analyst	
Approval or Amendment of Agenda	<p>Superintendent Everett requested infrastructure and security of agency computer and telecommunications network be removed from Executive Session.</p>	<p>Commissioner Coppock made a motion to approve the amended agenda. Commissioner Schumaker seconded and the motion passed unanimously.</p>
Conflicts of Interest	<p>Board Chair Frady asked the Board to state any conflicts of interest with today’s amended agenda.</p>	<p>None noted.</p>
Comments and Remarks	<p>Commissioners: Commissioners Coppock, Schumaker and McMahan thanked the Staff for their hard work and the progress made on the distribution of the COVID vaccine.</p> <p>Board Chair Frady praised the Emergency Department Staff for their services and commended the recent website improvements.</p> <p>Audience: Rehabilitation Services Director Meelhuysen noted our new Community Wellness Program is partnering with the University of WA in a 12-week exercise study in East Lewis County. The program is for senior citizens and we are recruiting for 14 community members to participate from their very own home. There is assistance available for those who do not have the necessary technology.</p> <p>Rehabilitation Services Director Meelhuysen requested the Commissioners share this opportunity with their constituents and to contact him for more details.</p> <p>The Commissioners requested program information be emailed to them.</p>	<p>Action Item- Rehabilitation Services Director Meelhuysen will email program information with Executive Assistant Garcia to share with the commissioners.</p>
Executive Session- RCW 70.41.205	<p>Executive Session began at 3:45 p.m. for 20 minutes to discuss Medical Privileging. The Board returned to open session at 4:05 p.m.</p> <p>No decisions were made in Executive Session.</p> <p>New Appointments-</p> <ol style="list-style-type: none"> 1. Jonathan Kullnat, MD – (Consulting Radiology Privileges) 2. David Lee, MD - (Consulting Radiology Privileges) 	<p>Secretary Herrin made a motion to approve extending Dr. Quoc Ho’s medical staff appointment and clinical privileges to November 2021. Commissioner Coppock seconded and the motion passed unanimously.</p> <p>Commissioner Coppock made a motion to approve</p>



	<p>3. Justin Siegal, MD - (Consulting Radiology Privileges)</p> <p>4. Haroon Yousaf, MD – (Consulting Cardiology Privileges)</p> <p>Reappointments-</p> <ol style="list-style-type: none"> 1. Alan Chan, MD - (Consulting Radiology Privileges) 2. Sean Conus, MD - (Consulting Radiology Privileges) 3. Todd Czartoski, MD - (Telestroke Neurology Consulting Privileges) 4. John Edwards, MD - (Consulting Radiology Privileges) 5. Shannon, Farmakis - (Consulting Radiology Privileges) 6. Jack Fields, MD - (Consulting Radiology Privileges) 7. Ben Harmon, MD - (Consulting Radiology Privileges) 8. Robert Hawkins, MD - (Consulting Radiology Privileges) 9. Kenneth Hebert, MD - (Consulting Radiology Privileges) 10. Peter Hu, MD - (Consulting Radiology Privileges) 11. Shari Jackson, MD - (Consulting Radiology Privileges) 12. Frederick Kash, MD - (Consulting Radiology Privileges) 13. Mitchell Kok, MD - (Consulting Radiology Privileges) 14. Christopher Krol, MD - (Consulting Radiology Privileges) 15. Samantha Lancaster, MD - (Consulting Radiology Privileges) 16. Ravi Menon, MD - (Telestroke Neurology Consulting Privileges) 17. John Zurasky, MD - (Telestroke Neurology Consulting Privileges) 	<p>the Medical Privileging as presented and Secretary Herrin seconded. The motion passed unanimously.</p>
<p>Guest Speaker</p>	<p>Deferred to the February meeting.</p>	
<p>Department Spotlight</p> <ul style="list-style-type: none"> • Information Technology 	<p>CFO Boggess highlighted the accomplishments, such as redundancy, of the IT Department in 2020. The District is in the beginning phases of requesting proposals to implement a Security Information and Event Management Systems in 2021.</p>	



<p>Board Committee Reports</p> <ul style="list-style-type: none"> Hospital Foundation Report 	<p>Commissioner McMahan was unable to virtually attend the January meeting. Foundation Executive Director Markham informed the Board that Ali Draper will be the new volunteer merchandiser for the gift shop. The Foundation has elected to schedule their events for the Fall of 2021.</p>	
<ul style="list-style-type: none"> Finance Committee Report 	<p>Commissioner Coppock highlighted the following from the January Finance Committee Meeting:</p> <ol style="list-style-type: none"> IT was on budget for 2020 and continuing to prepare for the future. PPP loan is in the queue for forgiveness. Reviewed the status of the Employee Health Insurance plan experience for 2020. Recommending the purchase of the Chemistry Analyzer. Capital Projects are under way. 	
<ul style="list-style-type: none"> Compliance Committee Report 	<p>Commissioner McMahan noted the 2020 Compliance Work Plan will be shuffled to 2021 due to COVID. The District is in the process of complying with the Clean Building Law and continue to address requirements with interim management. Reminded the Commissioners to annually review the Compliance Regulatory Summary regarding Waste, Fraud and Abuse located in Lucidoc.</p>	<p>Action Item-The Commissioners need to annually review the Compliance Regulatory Summary in Lucidoc and email Executive Assistant Garcia once completed.</p>
<ul style="list-style-type: none"> Plant Planning Committee Report 	<p>Secretary Herrin noted the Hospital recently had a medical gas review. Interim Facilities Manager Samoza noted a remediation plan is in place to mediate the current situation. Facility and clinical rounds are in place to monitor patient care areas. There were initial costs associated with the review, but administration will inform the Finance Committee on additional costs.</p>	
<p>Consent Agenda</p>	<p>Board Chair Frady announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> Approval of Minutes <ol style="list-style-type: none"> December 16, 2020 Finance Committee Meeting December 16, 2020 Regular Board Meeting December 30, 2020 Compliance Committee Meeting January 18, 2021 Plant Planning Committee Meeting January 20, 2021 Finance Committee Meeting Warrants & EFT's in the amount of \$4,763,294.51 dated December 2020 	<p>Secretary Herrin made a motion to approve the Consent Agenda and Commissioner McMahan seconded. The motion passed unanimously.</p>



	<ol style="list-style-type: none"> 3. Resolution 21-01-Approving the Clinical/Non-Clinical Contracted Services Evaluation Matrix 4. Resolution 21-02-Declaring to Surplus or Dispose of Certain Property 5. Resolution 21-03-Approving the Capital Purchase of a Chemistry Analyzer 6. Approve Documents Pending Board Ratification 01.27.21 	
Old Business <ul style="list-style-type: none"> • Incident Command Update 	<p>CNO/CQO Williamson highlighted the following:</p> <ol style="list-style-type: none"> 1. Lewis County COVID numbers have continued to decrease. 2. Vaccines already provided to healthcare providers, long term providers and residents. 3. Offering vaccines to the District at the B1 level. 4. Vaccines availability is limited but will administer via the Clinics. Significant planning was associated with this vaccine to avoid waste. 5. Scheduling presents many challenges which is why the District has a wait list of individuals that can be available within 30 minutes. 6. Administered 400 vaccines as of 01.27.21. 7. The District will discuss further billing for administration costs. 	
<ul style="list-style-type: none"> • 2021 Website Update 	<p>Superintendent Everett noted updates were made to enhance the website. It is important for patients to be able to navigate the website, as this is a main avenue to push information now and in the future.</p>	
<ul style="list-style-type: none"> • Commissioner Recruitment 	<p>Board Chair Frady highlighted the schedule Superintendent Everett proposed in the packet. The Board supported the dates and the process to inform the District on the upcoming three open board openings in 2022.</p>	<p>Action Item-Executive Assistant Garcia will add Commissioner Recruitment Special Board Meetings to the calendar.</p>
Break	<p>Board Chair Frady called for a 5-minute break at 5:15 p.m. The Board returned to open session at 5:20 p.m.</p>	
New Business <ul style="list-style-type: none"> • Board Education-iProtean <ul style="list-style-type: none"> ○ Tax-Exempt Status and Community Benefits ○ When the Dust Settles 	<p>Board Chair Frady shared that they District has a training opportunity with the WRHC Attorney that will be focused on Public Hospital Districts.</p> <p>The Board supported engaging for at least one training and Superintendent Everett will arrange for him to be at a future board meeting. Board Chair Frady reiterated the iProtean education is to generate topics of discussion for the Board, but to remember not all topics are applicable to our hospital district. Other educational opportunities</p>	<p>Action Item-Superintendent Everett will engage the WRHC Attorney for an education course focused on public hospital districts.</p>



	occur through WSHA and AWPHD specific to public hospital districts.	
<ul style="list-style-type: none"> Budget Amendment Discussion 	<p>Superintendent Everett shared the District was presented with an opportunity to bring on an Orthopedist. The provider resides in Texas and is proposing coming one to two times a month. CFO Boggess presented a conservative proforma for the new service line. The payer mix will make the biggest impact to the success of the bottom line. This will be a new cost, which is the purpose of bringing the budget amendment to the 2021 Operating Budget. The 3-year contract is written to minimize the risk to the initial startup costs.</p> <p>CMO McCurry shared the volumes leaving the District for this service is worth bringing it in house as a service to our patients. This opportunity is worth exploring as this provider is interested in our model of delivering care. The District will market to patients that we may be CAH, but have the equipment, the Surgeon, and the care team to provide this service at Arbor Health.</p> <p>CFO Boggess reiterated that the auditors noted that hospitals like Arbor Health are investing in Orthopedic Services to grow. He reminded the Board that the District is a not profit hospital, so we are mission driven which having a service such as this would take the travel burden off our patients.</p> <p>Superintendent Everett presented the budget amendment would be for \$94,302 and she would need support for Resolution 21-04 to move forward with a contract.</p> <p>The Board expressed interest and concerns for the new service line.</p>	<p>Secretary Herrin made a motion to approve Resolution 21-04 and Commissioner Coppock seconded. The motion passed with Commissioner Coppock, Secretary Herrin and Board Chair Frady voting yea and Commissioner Schumaker and Commissioner McMahan voting nay.</p> <p>Action Item-Executive Assistant Garcia will email Resolution 21-04-Budget Amendment-Approving Contract w/Orthopedist.</p>
<ul style="list-style-type: none"> Superintendent's Annual Evaluations 	<p>Board Chair Frady shared the Board will perform Superintendent Everett's annual review in Executive Session at the February Regular Board Meeting. The Board needs to complete the evaluation and return to Executive Assistant Garcia by February 5, 2021. Executive Assistant Garcia will compile the results for Board Chair Frady.</p>	<p>Action Item-The Commissioners need to complete Superintendent Everett's Annual Evaluation and email to Executive Assistant Garcia by February 5, 2021.</p>
<ul style="list-style-type: none"> Code of Ethics & Conflict of Interest 	<p>Board Chair Frady noted the Board needs to annually review and sign the Code of Ethics and Conflict of Interest forms. The Board needs to complete and email to Executive Assistant Garcia by February 5, 2021.</p>	<p>Action Item- The Commissioners need to complete the Code of Ethics and Conflict of Interest forms and email to</p>



		Executive Assistant Garcia by February 5, 2021.
Superintendent Report	<p>Superintendent Everett highlighted her report.</p> <p>The Finance Committee supported moving up Finance Committee on May 19th in order to join the training opportunity via WSHA/AWPHD.</p> <p>The Board will email Executive Assistant Garcia if interested in registering in the governance courses.</p> <p>Commissioner McMahan is interested in participating remotely with the upcoming legislative opportunities.</p>	<p>Action Item-Executive Assistant Garcia will move the May 19, 2021 Finance Committee Meeting from noon to 11 am.</p> <p>Action Item-The Commissioners will email Executive Assistant Garcia to register for the governance courses in first and second quarter.</p> <p>Action Item-Superintendent Everett will email Commissioner McMahan additional legislative contact information.</p>
Meeting Summary & Evaluation	Superintendent Everett highlighted the decisions made and action items.	
Adjournment	Secretary Herrin moved and Commissioner Coppock seconded to adjourn the meeting at 6:42 p.m. The motion passed unanimously.	

Respectfully submitted,

Tom Herrin, Secretary

Date



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Quality Improvement Oversight Committee Meeting
February 2, 2020 at 7:00 a.m.
Conference Room 1 & 2 & Zoom

AGENDA	DISCUSSION	ACTION
Call to Order Roll Call	<p>Commissioner McMahan called the meeting to order at 7:00 a.m.</p> <p>Commissioner(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Chris Schumaker <p>Committee Member(s) Present in Person or via Zoom <input checked="" type="checkbox"/>:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Dexter Degoma, Interim Quality Manager <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Lynn Bishop, Community Member <input checked="" type="checkbox"/> Brandy Childress, Clinic Manager <input checked="" type="checkbox"/> Julie Allen, Quality Analyst <input checked="" type="checkbox"/> Char Hancock, Clinic Manager <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input type="checkbox"/> Amanda Seals, Employee Health <input type="checkbox"/> Dr. Mark Hansen, Chief of Staff <input type="checkbox"/> Dr. Kevin McCurry, CMO <input type="checkbox"/> Roy Anderson, Compliance Officer 	
Approval or Amendment of the Agenda		Commissioner McMahan made a motion to approve the agenda and Commissioner Schumaker seconded. The motion passed unanimously.
Conflicts of Interest	The Committee noted no conflicts of interest.	None noted.
Consent Agenda	<ol style="list-style-type: none"> 1. Approval of the following: <ol style="list-style-type: none"> a. Quality Improvement Oversight (QIO) Committee Meeting 12/02/20 b. Environment of Care (EOC) Committee Meeting 01/20/21 2. Clinical and Non-Clinical Contracted Services Performance Review. 	Superintendent Everett made a motion to approve the consent agenda and Commissioner Schumaker seconded. The motion passed unanimously.

Confidential Information: prepared for quality assurance functions and protected under RCW 4.24.250, 70.41.200 and other state and federal statutes.

	<p>3. Approval of the following Plans, Policies and Procedures in Lucidoc.</p> <ol style="list-style-type: none"> a. Fire Safety Management Plan b. Hazardous Materials Waste Management Plan c. Medical Equipment Management Plan d. Safe Patient Handling Plan e. Safety and Accident Prevention Management Plan f. Security Management Plan g. Utility Systems and Physical Environment Plan h. Amber Alert i. Code Orange j. Code Silver k. Code White l. Earthquake Response m. Elevator Emergency n. Legionella Water Management o. Management Plan Evaluations p. Medical Gases Handling q. Recall Management r. Volcanic Explosion and Ash Fallout 	
<p>Old Business</p> <ul style="list-style-type: none"> • New Patient Experience Vendor Update • 3-Hour Sepsis Bundle Program Update • Accreditation Update • Depression Screenings Update • COVID-19 	<p>CNO/CQO Williamson highlighted the following:</p> <ol style="list-style-type: none"> 1. Organizing a 3-hour Sepsis regimen with Dr. Ford, Daneen Lindh and Joyce Bailey. 2. The second dose of the COVID-19 vaccine has arrived and is being administered. A Community Clinic took place on January 23rd and over 200 vaccines were administered, and the clinics have ordered another 300 this week. The Clinics have no inventory to date. <p>Interim Quality Manager highlighted the following:</p> <ol style="list-style-type: none"> 3. Exploring a new patient experience vendor via the Washington Rural Health Collaborative that is CMS approved called Survey Vitals. 4. Preparing for the Accreditation Survey and have elected to postpone to May 2021. Submitting the Stroke Data that is due this month in response to the survey last Fall. As expected, Infection Control and Prevention and Physical Plant are both high focus areas. Proactively reviewing and revising policies and procedures, as well as training the staff with changes. Finalizing the 2020 Contract Evaluations and this year there will be one Master 	

	<p>List that will be presented to the Board end of 2021. Continue to review the Orientation, Competency and Annual Skills process. The expectation is every employed or agency staff member completes orientation within 3 days/shifts on critical elements of the department. The Nursing Assessment piece is being addressed as we have hired a new clinical educator to develop and implement. New Crash Carts process in place and survey ready. Mock Surveys are taking place and recommendations are being taken into consideration to become compliant. The EOC Management Plans were approved in consent agenda. Engaged a group to address the Medical Gas issue. Addressing the codes that came with each improvement to the organization. Lastly, Administration has elected to postpone the accreditation to May 2021.</p> <p>Clinic Manager Childress highlighted the following:</p> <ol style="list-style-type: none"> 5. Depression Screenings are a standard practice in the clinic setting and a LICSW started today, as well as we have Great Rivers at the Morton Clinic. The Clinic Managers will be using new reporting to track this data going forward. 	
<p>New Business</p> <ul style="list-style-type: none"> • Staffing Committee Report-2021 Staffing Matrix • Annual Plan & Evaluations Discussion • DNV Accreditation Appointments 	<p>CNO/CQO Williamson highlighted the following:</p> <ol style="list-style-type: none"> 1. Presented the Staffing Matrix which was submitted to WA DOH in compliance with RCW 70.41.420. This plan was approved by the staffing committee which is made up of at least one-half registered nurses and the other half will be hospital administration. There were few changes from the 2020 approved plan, but the edits did include removing the custodial care program. <p>Interim Quality Manager Degoma highlighted the following:</p> <ol style="list-style-type: none"> 2. Presented the 2021 Annual Reporting Schedule for the QIO Committee. This will give the Committee Guidance for the year and what to expect at each meeting. 3. Recommended CFO Boggess be appointed the Safety Officer per the DNV Accreditation Appointment Requirements. The QIO Committee supported moving to the Board for approval. 	<p>Action Item-Executive Assistant Garcia will add DNV Accreditation Appointments to the Board Agenda to approve CFO Boggess as the Safety Officer.</p>

Meeting Summary & Evaluation	Interim Quality Manager Degoma highlighted the decisions made and action items.	
Adjournment	Commissioner McMahan adjourned the meeting at 8:00 am.	



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
February 17, 2021 at 12:00 p.m.
Conference Room 1 & Via Zoom

AGENDA	DISCUSSION	ACTION
Call to Order	<p>Commissioner Coppock called the meeting to order via Zoom at 12:02 p.m.</p> <p>Commissioner(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tom Herrin, Secretary <input checked="" type="checkbox"/> Craig Coppock, Commissioner <p>Committee Member(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO via Zoom <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Marc Fisher, Community Member <input type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Shannon Kelly, CHRO 	
Approval or Amendment of Agenda	CFO Boggess requested Morton Clinic Water Event-Emergency Situation be added to New Business.	Secretary Herrin made a motion to approve the amended agenda and Commissioner Coppock seconded. The motion passed unanimously.
Conflicts of Interest	None noted.	
Consent Agenda	<p>Commissioner Coppock announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –January 20, 2021 2. Revenue Cycle Update 3. Board Oversight Activities 4. Financial Statements 	Secretary Herrin made a motion to approve the consent agenda and Community Member Fisher seconded. The motion passed unanimously.
Old Business	CFO Boggess highlighted the following on the 340B Program:	

<ul style="list-style-type: none"> • Financial Department Spotlight-340B 	<ol style="list-style-type: none"> 1. Began the 340B journey in 2019. This program allows covered entities to acquire drugs at a reduced price for use in its outpatient services. 2. To date, Coltons Pharmacy has shown no interest in participating in the program. 3. The Program funds have been designated to support the transport program-Adventure Medics. 4. Favorable net incomes in both 2019 & 2020; however, we are experiencing a decrease in Quarter 4 2020. Manufactures are removing drugs from the formulary and there is legal action taking place. 5. The District will continue participating in the program until it is no longer favorable. 	
<ul style="list-style-type: none"> • Disaster Funding Update 	<p>CFO Boggess highlighted the following on the Disaster Funding:</p> <ol style="list-style-type: none"> 1. There is no change on the Cares Act Funding. Reporting portal opened on January 15th. Arbor Health is signed up per requirements. The reporting requirements are not determined yet. 2. There is no change on the Paycheck Protection Program. The District’s application is on file for forgiveness. 3. Medicare Advance Payments will be moved on the Balance Sheet to a new line in audit. 	
<p>New Business</p> <ul style="list-style-type: none"> • Morton Clinic Water Event-Emergency Situation 	<p>CFO Boggess highlighted the following on Morton Clinic:</p> <ol style="list-style-type: none"> 1. The Morton Clinic experienced extensive water damage during the recent snowstorm. This created an “Emergency Situation” 2. The remediation process has already started by ServPro and the estimate to control the damage and prep for renovation is approximately \$100,000. 3. The Adjuster was onsite 02.16.21 to access the damage and review the workplan with ServPro. 4. Current estimate is approximately 12-week turnaround time before the clinic will potentially reopen at that location. This timeframe is dependent on contractor availability. 5. The policy deductible is \$10,000. 6. Morton providers will use a reduce schedule and see patients in the Specialty Clinic 	<p>Action Item-Executive Assistant Garcia will include a resolution in the Board Packet in February for the approval of waiving the competitive bidding requirements due to an emergency and to designate Superintendent Everett to act in an emergency and award necessary contract to address the emergency situation.</p>

	<p>footprint. Support staff and providers offices have been relocated throughout the Hospital. There have been no layoffs, as we need to be here for the patients.</p> <p>7. Administration has explored activating a Mobile Clinic; however, there is a 16-week lead time to get one onsite.</p> <p>CFO Boggess is proposing the Board adopt a resolution to waive competitive bidding requirements due to the Water Event at the Morton Clinic and to designate Superintendent Everett or designee to act to award necessary contracts to address the emergency. If a contract is awarded without competitive bidding due to an emergency, a written finding of the existence of an emergency must be made by the governing body or the designee within two weeks of the awarded contract. There is RCW guidelines that support this action.</p> <p>The Finance Committee supported asking the Board for approval of this action via resolution.</p>	
<ul style="list-style-type: none"> • 501R Audit Results 	<p>CFO Boggess shared the District is a 501(c)(3) entity and while we do not have to file a tax return, we do have the meet the requirements. In 2016, the District received an audit review of its 501(c)(3) compliance and Administration moved quickly to address the deficiencies identified. In 2020, the District asked DZA to determine our compliance with the regulations. The District will continue to build on improving any shortcomings identified during the DZA audit.</p>	
<ul style="list-style-type: none"> • Retirement Plan Fiduciary Transfer 	<p>CFO Boggess shared insight on the current retirement plan. The District engaged Multnomah Group to develop a retirement committee to have oversight over the plan. The Committee identified it needed a new plan recordkeeper to reduce the cost of the plan fees and have partnered with the Washington Rural Health Collaborative (WRHC) to complete this process. In Quarter 4 2020, the WRHC choose Nationwide, so the retirement plan transferred from Mass Mutual. The WRHC worked with Multnomah Group and legal to establish a committee and a charter.</p> <p>By moving this direction, it will give the plan participant better access to more investment opportunities while reducing operating cost of the retirement plan.</p>	<p>Action Item-Executive Assistant Garcia will include a resolution in the Board Packet in February for the approval of delegating fiduciary responsibility to the WRHC Retirement Program.</p>

	CFO Boggess is proposing the Board delegates fiduciary responsibility from Superintendent Everett to WRHC Retirement Program.	
<ul style="list-style-type: none"> • Compensation Methodology Discussion 	CFO Boggess discussed the strategy for developing the compensation level of employees at Arbor Health. This month we focused on CEO position. The group reviewed the methodology used to develop that compensation approach. Administration and be extension the Finance Committee will be reviewing different employee groups and the methodology used in the coming months.	
<ul style="list-style-type: none"> • Changes in Rural Health Clinic (RHC) Payment Structure 	CFO Boggess deferred this agenda item to next month due to time.	
<ul style="list-style-type: none"> • Capital Update 	CFO Boggess noted the Generator/HVAC project is in progress and there have been no surprises to date. There are concerns related to OR downtime, so Administration is reviewing options to minimize patient care being impacted.	
Meeting Summary & Evaluation	CFO Boggess highlighted the decisions made and the action items that need to be taken to the entire board for approval.	
Adjournment	CFO Boggess moved and Community Member Fisher seconded to adjourn the meeting at 1:00 pm. The motion passed unanimously.	

WARRANT & EFT LISTING NO. 2021-01

RECORD OF CLAIMS ALLOWED BY THE
BOARD OF LEWIS COUNTY
COMMISSIONERS

The following vouchers have been audited,
charged to the proper account, and are within the
budget appropriation.

CERTIFICATION

I, the undersigned, do hereby certify, under
penalty of perjury, that the materials have been
furnished, as described herein, and that the claim
is a just, due and unpaid obligation against
LEWIS COUNTY HOSPITAL DISTRICT NO. 1
and that I am authorized to authenticate and
certify said claim.

Signed:

Richard Boggess, CFO

We, the undersigned Lewis County Hospital
District No. 1 Commissioners, do hereby certify
that the merchandise or services hereinafter
specified has been received and that total
Warrants and EFT's are approved for payment
in the amount of

\$3,666,995.35 this 24th day

of February 2021

Board Chair, Trish Frady

Commissioner, Craig Coppock

Secretary, Tom Herrin

Commissioner, Wes McMahan

Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of **\$3,666,995.35** dated **January 1, 2021 – January 30 2021**.

Routine A/P Runs

Warrant No.	Date	Amount	Description
119748 - 119755	11-Jan-2021	127,610.86	CHECK RUN
119756	8-Jan-2021	472.00	CHECK RUN
119757 - 119824	11-Jan-2021	233,015.08	CHECK RUN
119825	4-Jan-2021	3,303.94	CHECK RUN
119826	5-Jan-2021	2,015.00	CHECK RUN
119827	7-Jan-2021	4,486.52	CHECK RUN
119828	8-Jan-2021	2,597.50	CHECK RUN
119739 - 119743	5-Jan-2021	24,260.95	CHECK RUN
119829 - 119870	15-Jan-2021	16,365.87	CHECK RUN
119871 - 119886	18-Jan-2021	847,019.39	CHECK RUN
119887 - 119963	15-Jan-2021	220,928.37	CHECK RUN
119964	8-Jan-2021	966.97	CHECK RUN
119965 - 119966	19-Jan-2021	37.51	CHECK RUN
119967 - 119980	25-Jan-2021	47,914.11	CHECK RUN
119981 - 120066	25-Jan-2021	198,704.79	CHECK RUN
120067 - 120068	26-Jan-2021	103,264.28	CHECK RUN
120069	27-Jan-2021	13,332.45	CHECK RUN
120084 - 120195	29-Jan-2021	655,419.08	CHECK RUN
Total - Check Runs		\$ 2,501,714.67	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
119852	21-Jan-2021	(190.40)	VOID
120167	29-Jan-2021	(190.40)	VOID
TOTAL - VOIDED CHECKS		\$ (380.80)	

COLUMBIA BANK CHECKS, EFT'S & VOIDS **\$ 2,501,333.87**

Eft	Date	Amount	Description
1082	5-Jan-2021	1.94	MCKESSON
1133	7-Jan-2021	163,796.55	INTERNAL REV
	8-Jan-2021	437,535.17	PAYROLL
1083	12-Jan-2021	11.13	MCKESSON
1084	19-Jan-2021	9.12	MCKESSON
	22-Jan-2021	408,752.80	PAYROLL
1134	22-Jan-2021	155,531.98	INTERNAL REV
1085	26-Jan-2021	22.79	MCKESSON
TOTAL EFTS AT SECURITY STATE BANK		\$ 1,165,661.48	

TOTAL CHECKS, EFT'S, & TRANSFERS **\$ 3,666,995.35**



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
CLINICAL/NON-CLINICAL CONTRACTED
SERVICES EVALUATION MATRIX

RESOLUTION NO. 21-05

WHEREAS, the Lewis County Hospital District No. 1 owns and operates Arbor Health, a 25-bed Critical Access Hospital located in Morton, Washington, and;

WHEREAS, the Lewis County Hospital District No. 1 feel that this is worthy,

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Lewis County Hospital
District No. 1 as follows:

Approving the Clinical/Non-Clinical Contracted Services Performance Review Matrix.

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 24th day of February 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

MEMORANDUM

To: Board of Commissioners

From: Dexter A. Degoma, Interim Manager, Quality

Cc: Sara Williamson, RN, Chief Nursing Officer & Chief Quality Officer
Leianne Everett, Chief Executive Officer

Date: January 27, 2021

Re: **Clinical and Non-Clinical Contracted Services Performance Review**

The following contracts have been reviewed and recommended for continuation of the contract services. Contract evaluation criteria includes:

- Compliance with applicable laws, regulations, organizational policies, and certifying agencies
- Adherence to comparable standard of Arbor Health
- Participation in quality improvement programs
- Assurance of timely, safe, and efficient care

CONTRACT	TYPE OF SERVICE	EXECUTIVE	EVALUATION DATE
1. Fox Hire	Temporary leadership Staffing – Quality Manager	Leianne Everett Chief Executive Officer	12/02/2020
2. Goldfish Locum Tenens	Locum Provider Agency	Leianne Everett Chief Executive Officer	12/02/2020
3. Medefis	Vendor Management System for Agency Staffing	Leianne Everett Chief Executive Officer	11/18/2020
4. Dr. Jeffery Ford	Medical Director Emergency Services	Leianne Everett Chief Executive Officer	12/30/2020
5. Dr. Kevin McCurry	Medical Director	Leianne Everett Chief Executive Officer	12/30/2020
6. Credentialing & Privileging Services by Proxy Agreement Mason General Hospital	Privileging by Proxy for Radiology Providers	Leianne Everett Chief Executive Officer	12/28/2020
7. Providence Health & Services – Telemedicine	Privileging by Proxy for Telemedicine	Leianne Everett Chief Executive Officer	12/28/2020
8. Steris Maintenance Agreement	Preventative/Annual Maintenance/Repairs	Sara Williamson, RN Chief Nursing Officer / Chief Quality Officer	1/11/2021
9. Meadow Outdoor, Morton Hwy 12	Billboard	Leianne Everett Chief Executive Officer	10/21/2020
10. Meadow Outdoor, Morton Hwy 7	Billboard	Leianne Everett Chief Executive Officer	10/21/2020



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO SURPLUS
OR DISPOSE OF CERTAIN PROPERTY

RESOLUTION NO. 21-06

WHEREAS, the Lewis County Hospital District No. 1 owns and operates Arbor Health, a 25-bed Critical Access Hospital located in Morton, Washington, and;

WHEREAS, the Lewis County Hospital District No. 1 feel that this is worthy,

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Lewis County Hospital
District No. 1 as follows:

That the equipment and supplies listed on Exhibit A, attached hereto and by this reference incorporated herein, are hereby determined to be no longer required for hospital purposes. The Administrator is hereby authorized to surplus, dispose and/or trade in of said property upon such terms and conditions as are in the best interest of the District.

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 24th day of February 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

DISPOSAL/SURPLUS PERSONAL PROPERTY

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
2/2021	ICE MACHINE	ACUTE CARE	5720	SURPLUS	OBSOLETE
2/2021	DURA LABELER	MAINTENANCE	5865	SURPLUS	OBSOLETE
2/2021	GENERATOR	MAINTENANCE	1790	SURPLUS	OBSOLETE



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DELEGATING FIDUCIARY
RESPONSIBILITY TO WASHINGTON RURAL
HEALTH COLLABORATIVE (WRHC) FIDUCIARY
RESPONSILITIES & INVESTMENT COMMITTEE

RESOLUTION NO. 21-07

WHEREAS, the Lewis County Hospital District No. 1 owns and operates Arbor Health, a 25-bed Critical Access Hospital located in Morton, Washington, and;

WHEREAS, the Lewis County Hospital District No. 1 feel that this is worthy,

WHEREAS, the Hospital has a 403(b) Defined Contribution Retirement Plan (the “Plan”); and

WHEREAS, by the Commissioners of Lewis County Hospital District No. 1 has delegated certain authorities regarding the Plan to the Investment Committee, including maintenance of plan documents and responsibility for all plan administration, but has retained decision rights regarding substantive changes to the Plan; and

WHEREAS, the Washington Rural Health Collaborative (the “WRHC”) has retained an investment advisor to select and monitor the investment menu offered to Plan Participants; and

WHEREAS, the WRHC has retained a recordkeeper, Nationwide Retirement Services, to provide Plan Participants with recordkeeping services;

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Lewis County Hospital District No. 1 as follows:

Agree to participate in the WRHC Retirement Program and delegate fiduciary responsibility to the WRHC Fiduciary Responsibilities and Investment Committee.

This resolution supersedes Resolution 18-35.

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 24th day of February 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

Washington Rural Healthcare Collaborative

Fiduciary Responsibilities and Investment Committee Delegation Charter

I. Purpose and Objectives

The purpose of this Fiduciary Responsibility Delegation Charter (“Charter”) is to guide the Washington Rural Healthcare Collaborative, a Washington 501(c)(3) corporation d/b/a The Rural Collaborative (“Program Sponsor”) in executing its fiduciary responsibilities with respect to the following Plan Sponsors and their plan(s) (the “Plan”).

Plan Sponsor	Plan Name
Arbor Health	<ul style="list-style-type: none"> • Lewis County Hospital District #1, Arbor Health 403b Plan
Jefferson Healthcare	<ul style="list-style-type: none"> • Jefferson Healthcare Employee's Retirement Plan • Jefferson Healthcare 457 Deferred Compensation Plan
Klickitat Valley Health	<ul style="list-style-type: none"> • Klickitat Valley Health 403(b) Plan • Klickitat Valley Health 457 Employee Savings Plan
Ocean Beach Hospital	<ul style="list-style-type: none"> • Ocean Beach Hospital Employees Retirement Plan • Ocean Beach Hospital Clinics 457(b) Governmental Plan
Snoqualmie Valley Hospital	<ul style="list-style-type: none"> • Public Hospital District No. 4, King County dba Snoqualmie Valley Hospital 457(b) Plan • Public Hospital District No. 4, King County dba Snoqualmie Valley Hospital 403(b) Plan
Summit Health	<ul style="list-style-type: none"> • Grays Harbor County Public Hospital District #1 dba Summit Pacific Medical Center Voluntary Deferred Compensation Plan • Grays Harbor County Public Hospital District #1 dba Summit Pacific Medical Center Pension Plan • Grays Harbor County Public Hospital #1 dba Summit Pacific 403b Plan
Washington Rural Healthcare Collaborative	<ul style="list-style-type: none"> • WRHC 401(k) Retirement Plan

This Charter defines the fiduciary responsibility of the Program Sponsor and the delegation of certain rights, powers and duties under the Plan to the Investment Committee (Committee) or others as may be designated by the Program Sponsor. Fiduciaries who fail to meet the responsibilities delineated herein may be personally liable for breach of fiduciary duty.

However, the Plan Sponsor indemnifies and holds harmless each member of the Committee for an alleged breach of fiduciary duty, except in the case of the Committee’s gross negligence or willful misconduct.

While Plans may not be subject to Employee Retirement Income Security Act (ERISA), the Program Sponsor’s objectives as they relate to fiduciary responsibility and maintenance and operation of the Plan are to:

- a) Maintain the Plan for the exclusive benefit of participants while avoiding any prohibited transactions and/or conflicts of interest;

- b) Exercise prudence in all respects while executing fiduciary responsibilities;
- c) Diversify designated investment alternatives available to participants under the Plan.

II. Investment Committee Delegation of Functional Fiduciary Responsibilities & Committee Charter

The Plan Sponsors hereby delegates certain functional fiduciary responsibilities to the Committee

- a) The Committee's membership shall include one member from each Plan Sponsor and member(s) appointed by the Program Sponsor confirmed by the Committee Chair:
- b) The Committee will name a Chair from among the members of the Committee.
- c) The Committee will name a Secretary, an employee who may, but need not be, a Committee member.
- d) If any individual, who is a member of the Committee, ceases to be employed by a Plan Sponsor, then the removal of the Committee member shall occur automatically and without any requirement for action by the Plan Sponsor or any notice to the individual. Each Plan Sponsor will be responsible for naming a replacement employee to serve on the Committee.

III. Committee Procedures

The Committee shall ensure the execution of certain administrative responsibilities with respect to Committee operations. Such responsibilities shall include:

- a) Committee Chair. The Chair or their designee, shall be responsible for ensuring the preparation of the meeting agenda, meeting materials, and conducting the meeting.
- b) Majority Decisions. Any action of the Committee may be taken by a simple majority of those members qualified to vote, with or without the concurrence of the minority. In the event of a deadlock, the matter shall be decided by the Committee Chair.
- c) Remote Meetings. Remote (Virtual) Meetings may be called at the discretion of the Committee Chair or requested by a quorum of the Committee Members subject to any notice requirements. A remote meeting allows for the Committee, during which a quorum is present to attend by phone, the internet, or other electronic means allowing for real time verbal communication during which all participants are simultaneously able to hear each other. Formal action or votes may be taken during the remote meeting or by electronic voting. Any signatures required for actions taken in a remote Committee meeting may be authorized by the Committee Members telephonically or electronically or by directing the Committee Chair or Committee Secretary to sign a particular document on their behalf.
- d) Delegation to Act on Behalf of Committee. The Committee may delegate to one or more of its members to act on its behalf, to give notice in writing of any action taken by the Committee, and to contract for legal, recordkeeping, accounting, clerical, and other services to carry out the purposes of the Plan. The Committee may appoint such officers and/or subcommittees (the members of which need not be members of the Committee) with such powers as it shall determine and may authorize to execute or deliver on behalf of the Plan.

- e) **Committee Rules.** Subject to the limitations of the Plan, the Committee shall from time to time establish rules for the administration of the Committee and the transaction of its business, including the times and places for holding meetings, the notices to be given with respect for such meetings and the number of members who shall constitute a quorum for the transaction of business.
- f) **Frequency of Meetings.** Except to the extent that the Committee shall otherwise determine, meetings of the Committee shall be held no less than once each semi-annual period.
- g) **Reports to the Plan Sponsor.** Periodically, each Committee member shall present a report to their respective Plan Sponsor. Such report shall include a summary of the activities of the Committee respecting the status of the administrative and investment activities of the Plan and such other information as the Committee or the Plan Sponsor deems advisable.

IV. Plan Sponsor Administrative Responsibilities

Each Plan Sponsor shall maintain administrative responsibilities for their individual plan which shall include, but shall not be limited to the following:

- a) Require any person to furnish information for the proper administration of the Plan as a condition to receiving benefits.
- b) Make and enforce rules and prescribe procedures for efficient Plan administration.
- c) Maintain all records necessary for Plan administration, other than those maintained by the recordkeeper.
- d) Interpret and construe the Plan and their related documents.
- e) Determine guidelines for benefits payable and claims for benefits under the Plan.
- f) Designate persons to carry out any fiduciary responsibilities of the Plan Administrator for the Plan.
- g) Execute amendments to Plan documents and/or policies as may be required by changes in applicable law and/or regulation.
- h) Execute amendments to Plan documents as may be required by operational decisions resulting from the Plan Sponsor's changed objectives. Any plan document amendments impacting the operational cost of the Plan shall be approved by the Board.
- i) Communicate the Plan's provisions to participants as required by applicable law and oversee information provided to participants on the nature and characteristics of the investment alternatives available in the Plan to assist participants with making prudent asset allocation decisions and provide such additional information to participants pursuant to the provisions of section 404(c) and 404(a)(5) of ERISA, as applicable.
- j) Determine employee eligibility to participate in the Plan in accordance with applicable Plan document provisions.
- k) Enroll participants in the Plan in accordance with applicable Plan document provisions.
- l) Ensure the timely deposit of participant salary deferrals to the participants' separate accounts under the Plan.

- m) Approve and administer participant loans and distributions in accordance with applicable Plan document provisions.
- n) Prepare and review consolidated financial reporting for the Plan, including governmental reporting.
- o) Review the Plan's annual independent financial audit report and obtain and maintain the required fidelity bond.
- p) Provide general oversight of the Plan's compliance with applicable laws and/or regulations.
- q) Retain recordkeepers/administrators, consultants, attorneys, auditors and other advisers to the plan as appropriate to assist with the aforementioned responsibilities.
- r) Monitor and evaluate the recordkeeper/administrator and other parties hired to perform delegated responsibilities to ensure reasonability of fees and appropriate execution of delegated responsibilities.
- s) Establish policies and procedures to allocate reasonable expenses incurred by the Plan.

V. Plan Investment Responsibilities

The Plan Sponsor hereby delegates certain investment related responsibilities to the Committee. The Committee's investment related responsibilities shall include, but shall not be limited to, the following:

- a) Investment Adviser. Retain independent advisers and investment consultants (as needed) to assist with the following responsibilities. The Committee has retained a discretionary investment adviser. The following will be performed by the investment adviser, but the Committee retains the responsibility to monitor the investment adviser.
 - 1. Investment Policy. Develop investment objectives, guidelines and performance measurement standards consistent with the needs of the investments of the Plan as documented in an Investment Policy Statement.
 - 2. Selection of Investment Managers. Select investment funds for the Plan, ensuring their proper diversification, and monitoring their performance against appropriate benchmarks.
 - 3. Selection of Default Investment Alternative. Determine the default investment to be used if a participant does not make an investment election.
 - 4. Monitoring Investments. Provide on-going monitoring with respect to the investments of the Plan in the context of established standards of performance and taking whatever corrective action is deemed prudent and appropriate if objectives are not being met or if policies and guidelines are not being followed.
- b) Monitoring Fees and Expenses. Monitor the reasonableness of investment costs passed to Plan participants.
- c) Participant Feedback. Develop a procedure for addressing participant input regarding the investment menu to the extent the Committee deems necessary and reasonable.
- d) Other Responsibilities. The Committee may take such other and further actions with respect to the investments of the Plan as are consistent with this Charter or as are set forth in the documents of the Plan or their related

trusts or contracts, or which the Committee determines in its discretion are in the best interests of the Plan and participants.

VI. Construction

This Charter shall not be interpreted to limit the discretion of the Plan Sponsor. The Plan Sponsor, by its Board, reserves the discretion to make exceptions to this Charter as may be appropriate.

As used herein, the term “participants” shall be deemed to include participants and their beneficiaries, as appropriate.

VII. Charter Review and Amendment

This Charter shall be reviewed periodically by the Program Sponsor and, if appropriate, shall be amended to reflect any relevant changes in the Plan’s operations, philosophy and/or objectives, as well as any relevant changes to applicable law.

VIII. Plan Document Coordination

In the event of any conflict between the provisions of this Charter, or any delegation of authority made pursuant to this Charter, and the provisions of the Plan document, the terms of the Plan document shall govern.

IX. Fiduciary Responsibility

The Committee, in the exercise of each power or discretion vested in it, shall fulfill their fiduciary responsibilities using ERISA as a best practice. ERISA requires that a fiduciary discharge their duties, with respect to the plan, solely in the interest of the participants and beneficiaries. The fiduciaries are to perform their duties with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims.

BY:

Signature

Date

Printed Name

Title

Documents Awaiting Board Ratification 02.24.21

	LCHD No. 1's Policies, Procedures & Contracts:	Departments:
1	ASCO Services	Equipment Service Agreements
2	Accounts Payable Policy	Finance
3	Admissions	DOH Policies & Procedures
4	Aetna Health Inc. Managed Care Agreement	Aetna
5	Aetna Health Inc. Policy Changes Schedule Amendment	Aetna
6	Aetna-Policy Changes Agreement Amendment 090118	Aetna
7	Aetna-Provider Agreement	Aetna
8	Affordable Health Care Concepts	Manage Care Contracts
9	Airgas Product Supply Agreement	Service Agreements
10	Amber Alert	Life Safety
11	American Case Management Association (ACMA)-Compass	Service Agreements
12	Amerigroup	Manage Care Contracts
13	Anthony Fritz, MD-Request to Consent-Steck Medical Group	Employment Agreements
14	Aspirion Health Resources	Business Associate Agreements
15	Aspirion Health Resources	Contracted Services
16	Billing	Business Office
17	Breach Notification	HIPAA Security
18	Brown Consulting Associates, Inc.	Business Associate Agreements
19	CHOICE Addendum A	Membership Agreement
20	Cascade Pacific Action Alliance ACH LLC-Amendment	Contracts
21	Code Orange	Life Safety
22	Code Silver	Life Safety
23	Code White	Life Safety
24	Community Health Plan of Washington	Manage Care Contracts
25	Community Integrated Health Services, LLC	Lease Agreements
26	Competency Test Of Policies And Procedures	HIPAA Privacy
27	Coordinated Care Contract	Manage Care Contracts
28	Coordinated Care Corp.-Provider Agr.-Riffe Med Ctr	Manage Care Contracts
29	Dynamic Collector Contract	Contracted Services
30	EC Power Systems Maintenance Agreement	Equipment Service Agreements

31	Earthquake Response	Emergency Preparedness
32	Elevator Emergency	Emergency Preparedness
33	FIRST CHOICE HEALTH NETWORK AMENDMENT - MGH	Manage Care Contracts
34	Facilities Management Solutions Director of Facilities Consulting Agreement - 2nd Person	Contracted Services
35	Fire Safety Management Plan	Life Safety
36	First Choice Health Network Contract	Manage Care Contracts
37	Hazardous Materials Waste Management Plan	Life Safety
38	Inactive Insurance Script	Patient Access
39	Intrinium, Inc.	Contracts
40	Job Descriptions/Performance Evaluations	Human Resources
41	Kaiser Foundation Health Plan of WA- Multiple Procedure Payment Reduction	Kaiser
42	Kirk's Pharmacy-340b	Service Agreements
43	Kone- Elevator Service Agreement	Equipment Service Agreements
44	LabCorp Interface System	Equipment Service Agreements
45	Legionella Water Management	Life Safety
46	MRI Mobile Limited Addendum	Professional Services Agreement
47	Management Plans Evaluations	Environment of Care (Physical Environment)
48	Managing Work Queues	Business Office
49	Masimo Americas, Inc.	Respiratory Care Services
50	Medical Equipment Management Plan	Life Safety
51	Medical Gases Handling	Maintenance
52	Medicare Outpatient Observation Notice	Patient Access
53	Memo of Understanding - Foundation and Hospital	Service Agreements
54	Memo of Understanding - U of W sharing Protected Health Info	Business Associate Agreements
55	Molina - Model of Care Training 2013	Other Contracts
56	Molina Amendment March 22,2010	Molina
57	Molina Healthcare	Molina
58	Motor Vehicle Accident Registration	Patient Access
59	Multiplan, Inc.	Manage Care Contracts
60	Multiview Corporation Business Associate Agreement	Business Associate Agreements

61	Notarial Acts	Health Information Management
62	PARA Business Associate Agreement	Business Associate Agreements
63	PARA Critical Access Hospital Revenue Integrity Program	Contracts
64	Pacific Medical, INC. - BAA	Business Associate Agreements
65	Patient Identification Wristband	Patient Access
66	PeaceHealth SW Medical Center Amendment	Contracted Services
67	Peacehealth SW WA Medical Center for "BCCHP" Agreement	Service Agreements
68	Physicians of SW Washington	Manage Care Contracts
69	Physicians of SW Washington Amendment Dec.21,2012	Manage Care Contracts
70	Physicians of SW Washinton Surgical Provider Agreement	Manage Care Contracts
71	Provider Signature Requirements	Health Information Management
72	Recall Management	Life Safety
73	Responsibility for Menus	Dietary Services
74	Safe Patient Handling Plan	Safe Patient Handling
75	Safety and Accident Prevention Management Plan	Safety
76	Security Management Plan	Life Safety
77	Seimens S2000 POS 3-26	Equipment Service Agreements
78	Skilled Swingbed Admission Acceptance Criteria	Skilled Swing
79	Solix, Inc.	Service Agreements
80	Symplr-Amendment 3 ComplyTrack	Contracted Services
81	TPx Communications	Business Associate Agreements
82	Uniform Medical Plan	Manage Care Contracts
83	UpToDate Anywhere ADDENDUM	Contracts
84	Utility Systems and Physical Environment Plan	Life Safety
85	Victoria Acosta, DO Employment Agreement	Employment Agreements
86	Volcanic Explosion and Ash Fallout	Emergency Preparedness
87	Washington Hospital Services Quality Improvement	Service Agreements
88	Wellpartner, LLC-CVS	Service Agreements
89	Wellpartner, LLC-Walmart	Service Agreements
90	Zurich Stop Loss Insurance Coverage Policy	Employee Benefits

In order to access the above documents you will need to log into Lucidoc. Once you have logged into Lucidoc, on the top toolbar click "My Meetings" and select the upcoming QIO meeting date that's highlighted in green to see the agenda with documents needing to be approved. You are able to view the documents once in the agenda. If the date is highlighted in yellow that means the agenda has not been released yet.

OLD BUSINESS

NEW BUSINESS



SAFETY OFFICER APPOINTMENT AND AUTHORITY STATEMENT

Having been duly qualified to be appointed as the Safety Officer, Arbor Health appoints Richard Boggess to serve as Safety Officer, as described in the scope of the Environment of Care and Emergency Operations Program. Richard Boggess is hereby authorized to monitor the activities of the Environment of Care and Emergency Operations Program and develop appropriate corrective action plans when the Environment of Care and Emergency Operations Program of Arbor Health is compromised for non-compliance. This authority is designated by the Superintendent and Chief Executive Officer in concert with the Board of Commissioners with recommendations by the Environment of Care Committee of Arbor Health and is in effect until such time when the Superintendent and Chief Executive Officer rescinds the authority.

Leianne Everett
Superintendent and Chief Executive Officer

Date

Dexter Degoma
Chair, Environment of Care Committee

Date

Trish Frady
Chair, Board of Commissioners

Date

MEMORANDUM

To: Board of Director
From: Richard Boggess, CFO
Date: February 16, 2021
Re: Morton Clinic Water Event - Emergency Situation

On the morning of February 14, 2021, Facility staff were called to an alert of a fire sprinkler discharge issue at Morton Clinic. Investigation shows a fire sprinkler head failed and had flooded two thirds of the clinic. The Safety Officer was called around 5:30 AM and an emergency situation was declared. The emergency water was shut off to the building. Insurance carriers were contacted by 7 AM and a claim was established. The District has a contract with ServPro to handle water emergencies of this type. ServPro arrived onsite between 10 and 11 AM. Their document describing the situation is following this summary. In addition, the District has notified legal counsel and cost report prepares for insight and guidance on transactional activities related to financial and legal matters.

The Insurance Adjuster arrived onsite on February 16, 2021 to review the damage and discuss with the District's Facilities, Clinic Management and ServPro on the plan for damage control and remediation. The estimate for the containment of water damage, dry out the building, moving salvageable content to safety and antimicrobial spraying is around \$100,000. The plan is to complete this work within 7 days of event.

The review of the affected area by Facilities, Infection Control and Clinic Management indicates the building cannot be used until restoration is complete. In speaking with Wood Harbinger, who is experienced in water remediation projects, the current estimate is between eight and twelve weeks depending on contractor scheduling, which means it could extend longer. The District has accommodated the Clinic Providers within the Hospital footprint in four different locations which has added disruption to workflows. Looking at the immediate needs for housing, the District has identified a couple of options to review. First was bring in a modular clinic and stage it in the parking lot. After speaking to two vendors, we have established the estimated cost would be between \$80,000 to \$90,000 per unit and we would need two at a minimum. The lead time to delivery is 16 weeks due to COVID demand for these units. Therefore, we are looking at other options to address this issue.

With the clinic offline, the residents of the District will be subject to increased wait times to get into providers which could delay treatment. The already reduced schedule load is added to the inefficient operations introduced by the segmentation of the workforce in maintaining COVID precautions. Getting the clinic back into operational readiness is the immediate need to relieve these conditions summarized above. Possible contracts to executed would include the following – architectural and design, general contractor, electricians, carpentry, telecommunications and plumbers. Due to the emergent situation and need to move quickly we are asking the Board to affirm the Emergency Situation as defined by the Safety Officer and grant authority for the Superintendent or designee to execute contracts without delay and without the requirement for competitive bidding procedures as provided for in the RCW 39.04.280.



SERVPRO Disaster Recovery Team

14224 Pioneer Way E

Puyallup, WA 98372

Ph: (253) 848-0800

E-mail: chris@servprodr.com

February 16th, 2021

Arbor Heath – Morton Clinic

531 Adams Ave

Morton, WA 98356

Richard Boggess

Re: Scope of Work – Water Damage Clean



Prepared By:

SERVPRO of Puyallup/Sumner, Auburn/Enumclaw & Lacey

Large Loss Division

Chris Lamb

Introduction:

Based on the assessment from the initial visual inspection of the property, Chris Lamb of SERVPRO prepared this scope of work in accordance with ANSI/IICRC Standard, EPA's Guidelines, and OSHA's Regulations. The purpose of this scope is to provide a process for remediation of the affected area prior to releasing the impacted area for normal use.

Background:

On the morning of Sunday 02/14/2021 facility staff were alerted that a sprinkler head in the office, located in the north west corner of the facility, was flowing resulting in water damage through-out the first floor and crawlspace. In some areas water pooled as deep as 2" before the water flow could be stopped. The resulting water damage affected approximately 6500 square feet of the 7160 square foot of the medical office building. The affected spaces include: Provider offices, exam rooms, server room, storage room, Common hallways, reception area, lobby and patient screening area. Affected materials include, but not limited to, furniture and equipment, built-in cabinets, rubber cove base, vinyl flooring, VCT flooring, carpet tiles, wall insulation, insulation, light fixtures, and sheet rock.



Figure 1- Source



Figure 2- South Hallway



Figure 3- West Hallway

Upon our assessment of the building we have determined the following scope of work.

Scope of Work:

SERVPRO DISASTER RESPONSE TEAM - SCOPE DETAIL

Building		Zone		Area	
Main		General		General	
Structure					
Component	Material	Action	Method	% Complete	Photos
Staff	Management	Mobilize	Local		0%
Equipment	Air Movers	Structure Drying	Install		0%
Equipment	Dehumidification	Structure Drying	Install		0%
Equipment	Air Scrubbers	Negative Air	Install		0%
General	Dumpster	Mobilize	Sub-Contract		0%
Crawl Space	Water	Remove/Dispose	Sub-Contract		0%
Crawl Space	Insulation	Remove/Dispose	Demo/Bag/Dispose		0%
Crawl Space	Dehumidification	Structure Drying	Install		0%
Crawl Space	Framing	Treat	Apply Anti-microbial		0%
Main Building	Structure	Treat	Apply Anti-microbial		0%
Main Building	Structure	Containment	Set Containment		0%
Main Building	Material to be Demo	Pull Samples	Asbestos Testing		0%

Building		Zone		Area	
Martin		West Wing		Source	
Structure					
Component	Material	Action	Method	% Complete	Photos
Ceiling	Drywall	Demo	Demo/Bag/Dispose		0%
Ceiling	Electrical Fixtures	Demo	Demo/Dispose		0%
Ceiling	Registers	Demo	Demo/Dispose		0%
Ceiling	Insulation	Remove	Remove/Bag/Dispose		0%
Ceiling	Framing	Treat	Apply Anti-Microbial		0%
Wall	Drywall	Demo	Demo/Bag/Dispose		0%
Wall	Cabinet - Lower	Detach	Detach/Dispose		0%
Wall	Cabinet - Upper	Detach	Detach/Dispose		0%
Wall	Plumbing - Sink/Faucet	Detach	Detach/Dispose		0%
Wall	Cove Base	Demo	Demo/Dispose		0%
Wall	Trim	Detach	Detach/Store		0%
Wall - Exterior	Insulation - Wet	Remove	Remove/Bag/Dispose		0%
Wall	Framing	Treat	Apply Anti-Microbial		0%
Floor	Carpet	Demo	Demo/Bag/Dispose		0%
Floor	Sub-floor	Treat	Apply Anti-Microbial		0%

Contents					
Component	Material	Action	Method	% Complete	Photos
Content	Furniture	Dispose	Dispose		0%
Content	Blinds	Dispose	Dispose		0%

Building		Zone		Area	
Marting		West Wing		Offices, Hallways, Reception	
Structure					
Component	Material	Action	Method	% Complete	Photos
Wall	Cove Base	Demo	Demo/Dipose		0%
Wall	Drywall	Demo	Drywall - Flood Cut		0%
Wall	Framing	Treat	Appy Anti-Microbial		0%
Wall	Trim	Detach	Detach/Store		0%
Wall	Cabinet - Lower	Detach	Detach/Store		0%
Wall - Exterior	Insulation - Wet	Remove	Remove/Bag/Dispose		0%
Floor	Carpet	Demo	Demo/Bag/Dispose		0%
Floor	Sub-Floor	Treat	Apply Anti-Microbial		0%

Contents					
Component	Material	Action	Method	% Complete	Photos
Office	Furniture	Apply Anti-microbiral	Wet Wipe		0%
Office	FF&E	Inventory	iCat Inventory		0%
Office	FF&E	Pack-out	Pack-out		0%

Building		Zone		Area	
Martin		West Wing		Exam Rooms, Restrooms	
Structure					
Component	Material	Action	Method	% Complete	Photos
Wall	Cove Base	Demo	Demo/Dipose		0%
Wall	Drywall	Demo	Drywall - Flood Cut		0%
Wall	Framing	Treat	Appy Anti-Microbial		0%
Wall	Cabinet - Lower	Detach	Detach/Store		0%
Wall - Exterior	Insulation - Wet	Demo	Remove/Bag/Dispose		0%
Floor	Plumbing Fixtures	Detach	Detach/Store		0%
Floor	VCT (Vinyl)	Demo	Demo/Bag/Dispose		0%
Floor	Sub-Floor	Treat	Apply Anti-Microbial		0%
Floor	Plumbing Fixtures	Detach	Detach/Store		0%

Contents					
Component	Material	Action	Method	% Complete	Photos
Exam Room	Furniture	Apply Anti-microbiral	Wet Wipe		0%
Exam Room	FF&E	Inventory	iCat Inventory		0%
Exam Room	FF&E	Pack-out	Pack-out		0%

Exclusions:

- Items and services not specifically identified above.
- Pre and Post Air Quality Testing – Should Walsh require pre and/or post testing by and Industrial Hygienist, SERVPRO will need to be notified. Scope of Work and budgetary amounts subject to change based on Industrial Hygienist recommendations.
- Reconstruction Services.
- Unforeseen circumstances or delays beyond our reasonable control that impact our production time and could result in a change order.
- This estimate is limited to mitigation activities identified during the initial walk-through.
- Asbestos and/or Lead abatement.

Proposed Budget Amount



DISASTER RECOVERY TEAM

2/14/21

Job Name: Arbor Health

Projected EMS ROM Time and Materials Pricing Summary
SERVPRO Representative: Chris Lamb

				Total
Estimated Labor				\$55,828.50
Estimated Consumables				\$8,600.04
Estimated Equipment				\$34,923.86
Estimated Subcontractors				\$968.00
Estimated Miscellaneous				\$0.00
Estimated TOTAL	\$0.00	\$0.00	\$0.00	\$100,320.40

*Price does not include applicable sales tax

All billing will be based on provided Time and Material rate schedule for actual work performed. A detailed billing report will be presented to all parties at the close of the job.

Time Frame:

Based on the above scope of work, and our professional experience, we anticipate the project to take 7 days. Due to the type of services we are providing timelines can vary slightly based on the varying level of contamination. This is an estimated timeline.

Payment Terms:

Payment is due upon receipt of final invoice.

Acknowledgements:

- This estimate is for remediation activities in areas identified during the initial walk-through. It is possible, that after remediation begins, additional affected areas may be discovered.
- SERVPRO will appoint a designated representative for all communication between key stakeholders. Daily communication of project progress should take place between all parties.
- Customer will conduct quality control inspections during and after completion of work by SERVPRO and upon a signed Certificate of Satisfaction, it is acknowledged SERVPRO has completed the outlined scope of work.
- SERVPRO, as scoped, will provide all equipment and materials necessary to complete this project, unless otherwise specified.
- Scope of work to include above listed items and locations listed in this proposal only
- Customer’s project coordinator will be available to review all daily completed work.

IN WITNESS WHEREOF, the parties have executed this SOW by their duly authorized representative as of the Effective Date set forth above.

_____ (Customer)
 By (Sign) _____
 Name (Print) _____
 Title _____
 Signature Date _____

Quality Restoration, Inc.
 By (Sign) _____
 Name (Print) _____
 Title _____
 Signature Date _____



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING TO WAIVE COMPETITIVE BIDDING REQUIREMENTS DUE TO AN EMERGENCY AND TO DESIGNATE SUPERINTENDENT EVERETT TO ACT IN AN EMERGENCY AND AWARD NECESSARY CONTRACT(S) TO ADDRESS THE EMERGENCY SITUATION RESOLUTION NO. 21-08

WHEREAS, the Lewis County Hospital District No. 1 owns and operates Arbor Health, a 25-bed Critical Access Hospital located in Morton, Washington, and;

WHEREAS, the Lewis County Hospital District No. 1 feel that this is worthy,

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Lewis County Hospital
District No. 1 as follows:

To declare an emergency, address the damaged property at Morton Clinic and designate Superintendent Everett to award contract(s) on behalf of the municipality to address the emergency situation less than \$350,000.

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 24th day of February 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

EXECUTIVE COMPENSATION COMMITTEE CHARTER

I. OVERVIEW

Lewis County Hospital District No. 1's executive compensation committee will administer a compensation plan that is designed to support, reinforce, and align our values, business strategy, operational & financial needs with our mission to be a good steward of public funds and trust, and to provide the highest level of compassionate, diligent professional medical care while maintaining profitability so the District remains viable in a rapidly changing healthcare environment.

This document also includes:

- an Executive Compensation Philosophy (p. 3)
- an Executive Compensation Strategy (p. 4-5)

II. PURPOSE

Lewis County Hospital District No. 1's compensation committee is designed to attract, motivate, and retain a talented Superintendent who will drive the District's success. We strive to provide a base salary that meets at a minimum the market (50th percentile) to recruit a Superintendent who is fully proficient and meeting expectations. In addition to the base salary, the company will utilize incentive or variable pay as a way to meet the strategic goals of the District. Incentive pay will be available with consideration for identified factors (e.g., quality care performance measures, financial health measures) and will be based on individual goals and achievements as they relate to the District's mission, values, strategic plan and the associated objectives, as well as the District's overall performance.

III. MEMBERSHIP

Facilitator: Chair, Board of Commissioners

Membership: Full Board of Commissioners



EXECUTIVE COMPENSATION COMMITTEE CHARTER

IV. SCOPE, DUTIES, RESPONSIBILITIES

The Committee has the authority and responsibility to do the following:

1. (a) Conduct an annual review of the Superintendent's performance and assure the reasonableness of his or her total compensation in relation to the marketplace; (b) develop and approve any changes in the Superintendent's total compensation; (c) decide on any changes in the Superintendent's employment agreement, severance and/or retention agreement, if any are in effect; (d) work collaboratively with the Superintendent to establish the Superintendent's annual performance goals; (e) development and approve the Superintendent's annual Incentive Plan and determine what Incentive Plan award, if any, is payable each year
2. Engage and work with the Human Resources Director to gather and review appropriate market comparability data on the amount and form of compensation paid for comparable executive positions by other comparable employers, including those organizations with which the District may be competing for executive talent.

V. DELIVERABLES

1. Complete Superintendent annual performance evaluation.
2. Annually approve changes in base salary and incentive plans.
 - a. Evaluation of base salary will be conducted in September to align with the publication of salary information data.
 - b. Incentive compensation decisions will be made after conducting the Superintendent's annual review, which is based on date of hire. Compensation will be tied to specific directives given at the beginning of the prior compensation period.
3. Develop and approve annual performance goals.
4. Update the Pay Philosophy document as needed.



Philosophy - Executive Compensation for Lewis County Hospital District No. 1

The philosophy behind Lewis County Hospital District No. 1's executive compensation program is to support, reinforce, and align our values, business strategy, operational & financial needs with our mission to be a good steward of public funds and trust, and to provide the highest level of compassionate, diligent professional medical care while maintaining a profitability so the District remains viable in a rapidly changing healthcare environment.

Lewis County Hospital District No. 1's executive compensation program is designed to attract, motivate, and retain a talented Superintendent who will drive the District's success. We strive to provide a base salary that meets the market (at a minimum the 50th percentile) when hiring a Superintendent. Annually the committee will review market information to determine the percentage of an annual increase to the base salary. In addition to base salary, the company will utilize incentive or variable pay as a way to meet the strategic goals of the District. Incentive pay will be available to the Superintendent with consideration for a number of factors and will be based on individual goals that relate to the District's objectives as well as overall District performance.

In alignment with our District culture, we will strive to communicate openly about the goals of the District and the design of the compensation program. The compensation process is intended to be fair and simple so that anyone can understand the goals and the outcomes of the process. Lewis County Hospital District No. 1's Executive Compensation Committee will work hard to administer the compensation program in a manner that is consistent and free of discrimination.



Strategy - Executive Compensation for Lewis County Hospital District No. 1

Competitive Set: Lewis County Hospital District No. 1 will benchmark the following to determine the Superintendent's annual base salary:

Gallagher All Rural (GAR) & Milliman Revenue 50 – 300 wgt (MR50-300)

Gallagher All Rural (MAR) & Milliman All Participants (MAP) [with approximately 60% participants who report as rural]

Milliman benchmarks will be discounted by 25% because of LCHD No. 1's size and organizational footprint, revenue, and the location of the District. Multiple indicators will be provided for comparative purposes.

Calculation: $[GAR \& MR \ 50-300 \ 50^{th} \text{ percentile salary}] + [MAR \& MAP \ 50^{th} \text{ percentile salary}] / 2 = 50^{th} \text{ percentile}$

The following hospital's Superintendent's salaries (as reported by the Department of Health) may be used as comparison data to check that compensation percentile ranges align the Washington State market (**bolded** hospitals are in the Washington Rural Health Collaborative): Cascade Medical, Skagit Valley, Columbia Basin, Central WA, Coulee Medical Center, Dayton General, East Adams Rural Healthcare, Evergreen Health Monroe, Ferry County Memorial, **Forks Community Hospital**, Garfield County Memorial, Grays Harbor, Harrison Medical Center, Island Hospital, **Jefferson Healthcare**, **Kittitas Valley Health**, **Klickitat Valley Health**, Chelan Community Hospital, **Lincoln Hospital**, **Mason General**, Mid Valley, **Newport Hospital**, **Ocean Beach Hospital**, Odessa Memorial Hospital, Olympic Medical Center, Othello Community, PeaceHealth St. John Medical Center, PeaceHealth United General Medical, PeaceHealth Peace Island, Medical, PMH Medical Center, **Prosser Memorial Health**, Providence Centralia, Providence Holy Family, Providence Mount Carmel, Providence Regional Medical Center, Providence Sacred Health, Providence St. Joseph Hospital, Providence St. Mary Medical, Pullman Regional Hospital, Quincy Valley Medical Center, Samaritan Healthcare, **Skyline Hospital**, **Snoqualmie Valley Hospital**, **Summit Pacific**, Three Rivers Hospital, Tri-State Memorial, **Whidbey General**, Whitman Valley, **Willapa Harbor Hospital**

Degree of Competitiveness: Lewis County Hospital District No. 1 will use the 50th percentile of the benchmarks to set the salary range for the Superintendent's base salary. Individual placement against that target will be based on experience and performance. Market information will be reviewed annually but will only be applied every other year to avoid drastic data variations that can occur if adjusted annually. Between eligible market adjustments we will use the average increase per the Gallagher Northwest Hospital Executive Compensation Survey All Executive Average Increase. Previous experience as a public hospital executive will be considered in base pay decisions. Any increase greater than market data or greater than the 75th percentile must be justified by performance and approved by a motion of the Board.



Variable Pay Targets: Lewis County Hospital District No. 1 will use variable pay as a financial incentive for performance-based goals. These targets are used to establish the amount of incentive an employee is eligible to receive for outstanding performance.

Variable Pay Design: Lewis County Hospital District No. 1 will use variable pay as a financial incentive for rewarding the Superintendent for company goal attainment. The variable pay target as a % of compensation will be up to 15% of base pay.



SUPERINTENDENT REPORT

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 2/17/2021
Subject: Recruitment

Below is a recruitment update on selected positions:

- **Facilities Director** – currently being filled by an interim, no new qualified candidates to review,
- **Licensed Social Worker** – Filled,
- **Case Manager** – Filled,
- **Orthopedic Surgeon** – contract negotiations are underway,
- **Non-surgical Podiatrist** – on-site interview on February 22,
- **Laboratory Technologist** – interim tech starting mid-March,
- **Randle Clinic Physician** – Dr. Ho will be leaving this position in early May. We are developing an interim plan to continue providing physician services until Dr. Podbilski joins the practice in July. Currently, there is no intent to recruit another 1.0 FTE physician to the Randle Clinic practice.
- **Inpatient & Emergency Services Director** – internal candidate is being interviewed at this time,
- **Quality Manager** - currently being filled by an interim, no new qualified candidates to review,
- **Massage Therapist** – actively recruiting to fill this upcoming vacancy.



To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 2/17/2021
Subject: 2021 Legislation Updates

In January, I provided you with an update on the legislative priorities that have an impact on healthcare in Washington state. After that update, I virtually met with Senator Braun and Representative Abbarno on February 2nd. Because of the limited, focused time allotted with legislators, I championed two legislative priorities: Nurse Licensure Compact and Audio-Only Telemedicine.

Healthcare leaders throughout the state were making similar appeals to their legislators throughout the first week of February. Now that we are beyond the first cutoff session and one-third of the way through this legislative session, I have provided an update on each of the bills presented last month.

- **(ALIVE)** Liability Protections for COVID Response (SSB 5271) – to broaden protections for healthcare providers and facilities caring for COVID-19 patients. The law should acknowledge the challenges providers and facilities face, i.e., supply shortages, changing governmental directives, evolving treatments. **WSHA supported.**
- **(DEAD)** Nurse Licensure Compact (SB 5247) – to address the nursing shortage, Washington state should join 34 other states in the participation of the Nurse Compact. This speeds up recruitment by shortening the licensing delays and increases access to telemedicine. **WSHA supported.**
- **(ALIVE)** State Law Waivers During Future Emergencies (SSB 5178) – this law would activate specific state law waivers when equivalent federal waivers are established during national state of emergencies. State waivers can take over 30 days after an emergency is declared. These state waivers allow for quick responses to emergencies. **WSHA supported.**
- **(ALIVE)** Audio-only Telemedicine (SHB 1196) – proposal attempts to establish payment parity for audio-only services that are currently excluded as



a reimbursable care modality. Audio-only interventions would only be viable for established patient/doctor relationships. **WSHA supported.**

- **Public Health Legislation** – these are in response to how public health responded to COVID-19 pandemic:
 - **(ALIVE) Comprehensive Public Health Districts (HB 1152/SB 5173)** – governor requested; creates new comprehensive public health districts.
 - **(ALIVE) Funding Foundational Public Health Services (HB 1201/SB 5149)** – governor requested; provides for a covered lives assessment to establish a stable funding source for foundational public health services.
 - **(DEAD) Public Health Board Composition (HB 1110)** – modifies the local health board composition to include more non-elected members from healthcare facilities & providers, public health, consumers of public health and other community stakeholders. **WSHA supported.**
- **(ALIVE) Expanded Department of Health Enforcement Over Acute Care Hospitals (SHB 1148)** – similar bill was passed in 2020 for enforcement over psychiatric hospitals. This expands tools available to DOH where findings of patterns of non-compliance exist. Bill provides DOH with conditions, fines, and limited or stop placement options. DOH states their only recourse today is to shut down entire facilities. This bill is expected to have strong legislative support.