
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

Board Chair – Tom Herrin, Secretary – Kim Olive,
Commissioner – Craig Coppock, Commissioner – Wes McMahan &
Commissioner-Laura Richardson

November 16, 2022 @ 3:30 PM

Conference Room 1 & 2 or Join Zoom Meeting:

<https://myarborhealth.zoom.us/j/82825597989>

Meeting ID: 828 2559 7989

One tap mobile: +12532158782,,82825597989#

Dial: +1 253 215 8782

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

November 16, 2022 at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

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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		
Reading of the Mission & Vision Statement		3:30 pm
Approval or Amendment of Agenda		
Conflicts of Interest		
Comments and Remarks		3:35 pm
<ul style="list-style-type: none"> • Commissioners • Audience 		
Executive Session-RCW 70.41.200		3:50 pm
<ul style="list-style-type: none"> • Medical Privileging-Dr. Mark Hansen & Janice Cramer 	5	
Department Spotlight		
<ul style="list-style-type: none"> • Deferred to next month. 		
Board Committee Reports		
<ul style="list-style-type: none"> • Hospital Foundation Report-Committee Chair-Commissioner Richardson 	7	3:55 pm
Consent Agenda (Action)		4:00 pm
<ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ <i>October 26, 2022, Regular Board Meeting</i> 	12	
<ul style="list-style-type: none"> • Warrants & EFTs in the amount of \$4,779,153.50 dated October 2022 	21	
<ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 11.16.22 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> 	24	
Old Business		
<ul style="list-style-type: none"> • Superintendent Succession Plan (<i>Verbal Update</i>) <ul style="list-style-type: none"> ○ <i>To provide a search committee update.</i> 		4:05 pm
<ul style="list-style-type: none"> • SAO Audit Entrance (<i>Verbal Update</i>) <ul style="list-style-type: none"> ○ <i>To provide a status update on the audit progress and schedule exit conference.</i> 	26	4:15 pm
New Business		
<ul style="list-style-type: none"> • Board Self-Evaluation <ul style="list-style-type: none"> ○ <i>To be completed and returned to Board Chair Herrin by December 1, 2022. At</i> 	31	4:25 pm

<i>the December 14th Regular Board Meeting the Board will discuss the evaluations completed for 2022.</i>		
<ul style="list-style-type: none"> • Board Policy & Procedure Review <ul style="list-style-type: none"> ○ Annual CEO/Superintendent Evaluation 	34	4:35 pm
<ul style="list-style-type: none"> • Property Tax Levy Options (<i>Verbal Update</i>) <ul style="list-style-type: none"> ○ <i>To discuss the Districts options for setting the proposed tax levy.</i> ○ <i>Public Hearing-November 28, 2022</i> 		4:40 pm
<ul style="list-style-type: none"> • 2023 Board Meeting Schedule <ul style="list-style-type: none"> ○ <i>To review the upcoming proposed board meeting schedule for 2023.</i> 	36	4:55 pm
Break		5:00 pm
Superintendent Report <ul style="list-style-type: none"> • 2022 Q3 Department Strategic Measures 	38	5:05 pm
Meeting Summary & Evaluation		5:20 pm
Next Board Meeting Dates and Times <ul style="list-style-type: none"> • Special Board Meeting-Public Hearing-Property Tax Levy-November 28, 2022 @ 6:00 PM (ZOOM & In Person) • Special Board Meeting-December 2, 2022 @ 9:00 AM (ZOOM & In Person) • Special Board Meeting-December 5, 2022 @ 9:00 AM (ZOOM & In Person) • Special Board Meeting-December 9, 2022 @ 9:00 AM (ZOOM & In Person) • Regular Board Meeting-December 14, 2022 @ 3:30 PM (ZOOM & In Person) Next Committee Meeting Dates and Times <ul style="list-style-type: none"> • Finance Committee Meeting-November 23, 2022 @ 12:00 PM (ZOOM) • QIO Committee Meeting-December 7, 2022 @ 7:00 AM (ZOOM) • Compliance Committee Meeting-December 7, 2022 @ 12:00 PM (ZOOM) • Plant Planning Committee Meeting-December 14, 2022 @ 7:00 AM (ZOOM) • Finance Committee Meeting-December 21, 2022 @ 12:00 PM (ZOOM) 		
Guest Speaker <ul style="list-style-type: none"> • Kurt O'Brien Consulting <ul style="list-style-type: none"> ○ <i>Developing a High Functioning & Effective Board-Part 9</i> 		5:30 pm
Adjournment		6:00 pm



MEDICAL STAFF PRIVILEGING

The below providers are requesting appointment to the Arbor Health Medical Staff. All files have been reviewed for Quality Data, active state license, any malpractice claims, current liability insurance, peer references, all hospital affiliations, work history, National Practitioner Data Bank reports, sanctions reports, Department of Health complaints, Washington State Patrol background check and have been reviewed by the credentialing and medical executive committees including the starred items below. The credentialing and medical executive committees have recommended the following for approval.

REAPPOINTMENTS- 11

Providence Health & Services

- Muhammad Farooq, MD (Telestroke/Neurology Consulting Privileges)
- Neha Mirchandani, MD (Telestroke/Neurology Consulting Privileges)
- John Zurasky, MD (Telestroke/Neurology Consulting Privileges)

Radia Inc.

- Jonathan Kullnat, MD (Radiology Consulting Privileges)
- Uresh Patel, MD (Radiology Consulting Privileges)
- Harold Prow, MD (Radiology Consulting Privileges)
- Justin Siegal, MD (Radiology Consulting Privileges)
- Shaheen Umar, MD (Radiology Consulting Privileges)

Cardiology Associates

- Sara Martinez, MD (Cardiology Consulting Privileges)
- Robert Wark, MD (Cardiology Consulting Privileges)
- Haroon Yousaf, MD (Cardiology Consulting Privileges)

⊛-notates files with items to note.

BOARD COMMITTEE REPORTS

Meeting Minutes
November 8th, 2022

1. Call to order – 12:01

OUR MISSION: To raise funds and provide services that will support the viability and long-term goals of the Lewis County Hospital District No. 1. This includes, but is not limited to, taking a leadership role in maintaining and improving community pride and confidence in all aspects of the hospital's health care system.

- **EXCUSED ABSENCES:** Caro Johnson, Betty Jurey, Katlyn Forest, Paula Baker

2. Approval of Treasurer's Report and October Minutes Motion to approve minutes Shannon moved to approve, Janine Seconded, Motion carried.

Janine moved to approve treasurer's report and Laura seconded, Motion carried.

3. Administrators Report- Julie Taylor and Shannon Kelly– Packwood clinic is moving forward, to open January 2023. Changes in COVID guideline, Governor's proclamation ended October 31st. Masking is still required Health Dept. Recruitment update –Nicholas is starting as a permanent hire for the open pharmacist position. Open CEO position, recruitment committee meeting this week to narrow the candidates, interviews should be next week, down to three candidates for the board to interview them in December (2nd, 3rd and 9th).

4. Executive Directors Report:

- Christmas sale November 29th 30th 10-6pm, (set up the night before at 7pm and the morning of December 1st) – There are some gift shop volunteers that will be working would be nice to have some Foundation members also help, will send out an email to sign up). Molina is sponsoring \$5000 toward the gift sale.
- 15-minute philanthropy "giving day" November 14th 11-1pm – and an evening one for the evening shift. Pumpkin Pies and staff watch a video about how to sign up for the 15 minutes philanthropy.
- The Chamber meeting follow up – Julie & Jessica did a slide show at the chamber meeting – the paper was there and those were there enjoyed the show; a new volunteer, Rick, for the gift shop, Brown Mortuary plans to have a person join the Foundation and the Blueberry farm wants to be contacted in the future for donations for fundraisers.
- Roots and Wings (affiliated with Epic) – help smaller hospitals with grants, vetted out with the Forks hospital by Jessica. They want to provide a limited grant of \$35,000 to the foundation with some guidelines for what could be used as support. Jessica will be going to the hospital directors for further guidance.

5. Old Business:

- Foundation adopts a tree at FMAC sale, we have decorations and a chair, Katelin Forest.,
- New membership drive - suggestion of one in January, suggested we use the first evening meeting in 2023 for inviting a friend to join
- Gerri resignation from Treasurer at end of fiscal year – Mitchell asked if he could meet with Jessica to talk about him doing it; and reviewing if there's enough check and balance. Bonnie would also like to meet with Jessica as well as she is interested in learning more about being Treasurer.
- How much funds go to EKGs – There was \$7,000 from the specific fundraiser at the dinner. Do we want to allocate any other funds from the auction? Shannon moved to allocate enough funds to purchase one full EKG, second by Laura. (\$2000). Motion carried.

6. New Business:

Executive slate is due next month.

Finance committee will meet to go over budget

- 7. Next meeting:** December 13th at Bonnie's house 6:00 pm, We will have a white elephant gift exchange at this meeting. Attendees bring sides/desserts.

Meeting adjourned at 12:35 pm

Respectfully submitted,

Gwen Turner
Secretary Pro Tem

**Arbor Health Foundation
Treasurers Report – October 2022
November 08, 2022**

Key Bank Balances:

Checking	77,868.62
15MP Account	5,616.60
Savings Account	<u>3,715.84</u>
Total	87,201.06

Checks Issued:

10/02/22	Arbor Health, Color Run Shirts	547.44
10/01/22	Creative Catering, Auction dinners	2100.00
10/01/22	Arbor Health, EMS Snacks	73.21
10/03/33	Merchant Service Fees, Auction	86.69
10/04/22	Authnet Gateway Billing, Auction	32.90
10/04/22	Jessica Scogin, Auction supplies	177.55
10/04/22	Julie Taylor, scholarship	916.00
10/05/22	Awards West, name badges	104.52
10/06/22	Gerri Maize, stipend	100.00
10/10/22	VISA	743.44
10/10/22	DeVaul Publishing, Auction	634.00
10/10/22	Arbor Health, Gift Shop volunteer appreciation	33.70
10/10/22	Arbor Health, reimburse for banners	267.90
10/21/22	WA Assoc for Community Health, MA scholarships (3)	11250.00
10/30/22	Transfer to 15MP, deposit from 10/11/22	<u>871.86</u>
Total		17939.21

Deposits:

Oct. 2022	Deposits from Merchant Services, Auction	15432.11
Oct. 2022	Deposits from Square, Auction	188.60
10/05/22	Deposit, from Director	9.26
10/11/22	Deposit, Donations 515, Sponsors 700, Tickets 445	1660.00
10/11/22	Deposit, 15MP deposit, transferred 10/30	871.86
10/18/22	Deposit, from 15MP, Julie Taylor scholarship	916.00
10/18/22	Deposit, cash from auction	1504.00
10/18/22	Deposit, checks from auction	2152.00
10/18/22	Deposit, sponsor 500, donations 300	800.00
10/21/22	Deposit, sponsor	<u>2000.00</u>
Total		25533.83

15MP Account - Key Bank

Balance 09/30/22	4744.70
Deposit 10/30/22 Employee donations	871.86 (deposited to checking, xfr'd 10/30)
Deposit 10/31/22 Interest	<u>.04</u>
Balance 09/30/22	5616.60

Savings – Key Bank

Balance 09/30/22	4631.80
Transfer to Checking, in error, corrected 11/01/22	916.00 (Julie Taylor scholarship)
Interest 10/31/22	<u>.04</u>
Balance 10/31/22	3715.84

Security State Bank Checking

Balance 09/30/22

1173.46

Interest 10/31/22

.05

Balance 10/31/22

1173.51

CONSENT AGENDA



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

October 26, 2022, at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

<https://myarborhealth.zoom.us/j/88977900692>

Meeting ID: 889 7790 0692

One tap mobile: +12532158782,,88977900692#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting to order via Zoom at 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Laura Richardson Others present: <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"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Janice Cramer, Medical Coordinator <input checked="" type="checkbox"/> Kathleen Arnold, Interim Pharmacist <input checked="" type="checkbox"/> Shannon Kelly, CHRO			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> ☒ Dr. Mark Hansen, Chief of Staff ☒ Jessica Scogin, Foundation Manager ☒ Jim Frey, IT Director ☒ Diane Markham, Marketing Manager ☒ Clint Scogin, Controller ☒ Kurt O'Brien, Consultant <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
Approval or Amendment of Agenda		Commissioner Coppock made a motion to approve the agenda. Secretary Olive seconded and the motion passed unanimously.		
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	Executive Assistant Garcia noted a conflict of interest with New Service Line.		
Comments and Remarks	<p>Commissioners: Secretary Olive commended the Arbor Health Foundation and staff for an excellent dinner auction. Commissioner Coppock thanked the AH Foundation and all their efforts. Commissioner McMahan thanked Dr. Hansen and Medical Records for their smooth and quick service, as well raised continued concern of the closing of the custodial care program. Board Chair Herrin thanked all involved for the successful dinner auction.</p> <p>Audience: None.</p>			
Executive Session- RCW 70.41.200	<p>Board Chair Herrin announced going into executive session at 3:40 p.m. for ten minutes to discuss RCW 70.41.200-Medical Privileging. The Board returned to open session at 3:45 p.m.</p> <p>Board Chair Herrin was experiencing technical problems.</p>	Commissioner Coppock made a motion to approve the Medical Privileging as presented and Commissioner Richardson seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>Secretary Olive noted no decisions were made in Executive Session.</p> <p>Initial Appointments- Arbor Health</p> <ol style="list-style-type: none"> 1. Karolyn Moody, DO (Emergency Medicine Privileges) 2. Fabiola Puga, MD (Family Medicine Privileges) <p>Radia Inc.</p> <ol style="list-style-type: none"> 1. Udayan Srivastava, MD (Radiology Consulting Privileges) <p>Reappointments- Providence Health & Services</p> <ol style="list-style-type: none"> 1. Minal Bhanushali, MD (Telestroke/Neurology Consulting Privileges) <p>Radia Inc.</p> <ol style="list-style-type: none"> 1. Bart Keogh, MD (Radiology Consulting Privileges) 2. Timothy Larson, MD (Radiology Consulting Privileges) 3. David Lee, MD (Radiology Consulting Privileges) 4. Brendan McCullough, MD (Radiology Consulting Privileges) 5. Mark Pflieger, MD (Radiology Consulting Privileges) 			
<p>Department Spotlight</p> <ul style="list-style-type: none"> • 	<p>Board Chair Herrin noted the spotlight has been deferred to next month.</p>			
<p>Board Committee Reports</p>	<p>Foundation Manager Scogin noted the dinner auction was a success with 102 attendees and raised over \$29,000. She thanked Dr. Kevin</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Hospital Foundation Report 	<p>McCurry for his Fund-A-Need EKG presentation, as well as everyone who supported and helped put on the event. The Christmas Gift Sale is November 29th and 30th and will be open to the public. The Gladys Howlett Scholarships have awarded over \$25,000 to recipients this year. The AH Foundation is doing a reboot of their 15-Minute Philanthropy program in hopes to help with future scholarship needs. Gerry Maize is leaving at the conclusion of this year, so recruiting for the Treasurer position.</p>			
<ul style="list-style-type: none"> Finance Committee Report 	<p>Secretary Olive highlighted the Finance Meeting which included the Emergency Department Visits continues to be strong. There were no capital needs this month. The District received a demand letter from Medicare to pay back the remaining \$1,200,000 of the Advance Medicare Payments from 2020 due to COVID. The Finance Committee recommends approving the resolution in Consent Agenda. The 2023 budget was presented with explanations on large variances. The District anticipates an estimated loss in 2023. The State of WA Audit is being completed remotely and the whole board will participate in the exit conference. Updates are being requested to the Executive Compensation Committee Charter due to measures through Gallagher being eliminated and a new service line was presented, both of which will be further discussed in New Business.</p> <p>Board Chair Herrin noted a large variance on the line-item Charity Care on the Income Statement. CFO Cornwell noted a mismatch between the line the budget is on versus the line the revenue deduction is linked. Best to look in</p>	<p>Add Charity Care Education to December Finance Committee Meeting.</p>	<p>CFO Cornwell & Executive Assistant Garcia</p>	<p>12.21.22</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	total versus by line. Superintendent Everett recommended revisiting this important topic at the December Finance Committee to educate on the importance of the Charity Care program.			
Consent Agenda	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> 1. Approval of Minutes <ol style="list-style-type: none"> a. September 28, 2022, Regular Board Meeting b. October 19, 2022, Finance Committee Meeting 2. Warrants & EFTs in the amount of \$3,680,102.76 dated September 2022 3. Approve Documents Pending Board Approval & Ratification 10.26.22 4. RES-22-33-Approving the Advance Medicare Payment 	<p>Commissioner McMahan made a motion to approve the Consent Agenda and Commissioner Coppock seconded. The motion passed unanimously.</p> <p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p>	Executive Assistant Garcia	10.28.22
Old Business <ul style="list-style-type: none"> • Superintendent Succession Plan 	<p>CHRO Kelly noted the recruiters are receiving candidates and continue to narrow down the list of the most qualified candidates. The Superintendent/CEO Search Committee is regrouping on November 9th to finalize the candidate list for the first-round screening interviews on November 15th and 17th. The final three candidates will tentatively come for onsite interviews on December 2nd, 5th and 9th.</p> <p>Board Chair Herrin noted his apologies for missing the meeting on October 20th.</p>			
<ul style="list-style-type: none"> • Superintendent Everett's Contract 	<p>Board Chair Herrin noted at last month's board meeting it was identified that the hiring of a new Superintendent is taking longer than Superintendent's notice period of December 31, 2022. Board Chair Herrin proposed having two commissioners negotiate the terms</p>	<p>Commissioner Coppock made a motion to appoint Board Chair Herrin and Secretary Olive to negotiate the terms of Superintendent's contract extension</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>of the contract extension. Board Chair Herrin recommended Secretary Olive and himself as the two commissioners on the committee already.</p> <p>Superintendent Everett shared an interest in contracting an additional eight weeks to February 24, 2022.</p>	<p>and Commissioner McMahan seconded. The motion passed unanimously.</p> <p>Execute 8-week contract extension for Superintendent Everett.</p>	<p>Board Chair Herrin, Secretary Olive & CHRO Kelly</p>	<p>12.31.22</p>
<p>New Business</p> <ul style="list-style-type: none"> Revision to the Executive Compensation Committee Charter 	<p>CHRO Kelly noted one of the benchmarks in the charter was eliminated this year from the Gallagher survey. CHRO Kelly presented updated benchmarks; Milliman Other, Milliman All Participants, discounted 25% and Gallagher Revenue 50-99M.</p> <p>Superintendent Everett shared the market pay adjustment to the Superintendent's base rate generally occurs in third quarter and the variable pay adjustment occurs generally during first quarter during the performance evaluation. The Board Chair works directly with HR on this task.</p>	<p>Secretary Olive made a motion to revise the Executive Compensation Committee Charter as proposed and Commissioner McMahan seconded. The motion passed unanimously.</p> <p>Revise and update the Executive Compensation Committee Charter in Lucidoc.</p>	<p>Board Chair Herrin & CHRO Kelly</p>	<p>11.16.22</p>
<ul style="list-style-type: none"> Board Policy & Procedure Review 	<p>Distribution of Board and Committee Packets-Approved.</p> <p>Hospital Declaration of Personal Property as Surplus-Approved.</p> <p>Records Retention-Approved.</p>	<p>Marked three documents as Reviewed in Lucidoc.</p>	<p>Executive Assistant Garcia</p>	<p>10.28.22</p>
<ul style="list-style-type: none"> 2023 Board Education 	<p>Superintendent Everett wanted to know the Board's interest in continuing or postponing education sessions with Kurt O'Brien. Superintendent Everett shared with change coming; new Superintendent, healthcare challenges and the current market, it might be in the Board's best interest to engage during this transitional period and revisit in six-months. The Board agreed they have enjoyed Kurt's training and have been able to apply to how they govern and make decisions. The</p>	<p>Email AWPHD Governance Education opportunities and MRSC newsletter to Commissioners.</p>	<p>Executive Assistant Garcia</p>	<p>10.28.22</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Board proposed moving to a quarterly sessions, but do not want to lose traction with where we need to go with a new superintendent. Commissioner McMahan expressed his desire for additional resources and educational opportunities around governance and committee work. Superintendent Everett reiterated the importance of taking advantage of the webinars already in session through AWP/WSHA. Executive Assistant Garcia reiterated the importance of following MRSC too for agency support and updates.</p>			
<ul style="list-style-type: none"> Introduce Proposed Budget 	<p>CFO Cornwell introduced the proposed 2023 Budget and while most hoped 2022 would be a rebound year, it ended up being worse. During the budget process it was evident we have cost sensitive managers, along with many regulations and requirements that ensure compliance. A 5% increase is what most small hospitals are experiencing, as we continue to experience agency costs while recruiting permanent staffing. Administration advocates growing to increase volumes verses cost containment given our reimbursement model. At the end of the day, we need healthcare, and we are in it together, but this path is not sustainable. Reducing staff that is already burnt out does not seem feasible and may diminish morale, as well as safe patient care. CFO Cornwell and the Finance Committee agree staying the course and making monthly decisions on operational planning. The proposed 2023 Budget will continue to evolve in preparation for the Special Board Meeting-Public Hearing on Monday, November 14, 2022.</p>			
<ul style="list-style-type: none"> New Service Line 	<p>Commissioners discussed integrating chiropractic services into our organization. CMO</p>	<p>EA Garcia removed herself from the meeting due to a</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>McCurry supported this opportunity. Three commissioners supported the integration, whereas two commissioners preferred to delay this decision. Administration will work to validate the data presented in the proforma and may include the service line in the 2023 operating budget to be approved in November.</p>	<p>conflict of interest and Superintendent Everett will take minutes during this topic of discussion.</p>		
<p>Superintendent Report</p>	<p>Superintendent Everett highlighted the following:</p> <ol style="list-style-type: none"> 1. Packwood Clinic remains on track for January 2023. 2. Elbe Home had an interested party that has fallen off and a price reduction has taken place. 3. SAO Exit Conference is the financial audit with the state that is in process and taking place remotely. Planning to do the exit conference in late 2022 or early 2023 at a board meeting with the Board. 4. Incident Command Update is covid rates remain lower for the District but with the virus soup out there we continue to encourage patients to get boosted. Call one of the clinics to get scheduled. Guideline changes are coming soon at the end of October and the District will communicate when appropriate. 5. Rescheduling the November Compliance Committee Meeting due to staff being out of the office, so postponing to December 7, 2022. 6. 2022 Q3 Department Strategic Measures were postponed to the November Regular Board Meeting to 	<p>Add 2022 Q3 Department Strategic Measures to the November Board Meeting.</p>	<p>Executive Assistant Garcia</p>	<p>11.16.22</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	answer commissioner questions.			
Meeting Summary & Evaluation	Superintendent Everett highlighted the decisions made and action items.			
Break	Board Chair Herrin called for a 5-minute break at 6:00 p.m. The Board returned to open session at 6:05 p.m.			
Guest Speaker <ul style="list-style-type: none"> Kurt O'Brien Consulting- Part 7 	The Board remains interested in holding a Special Board Meeting town hall in first quarter of 2023 and have interest in using the community conversation approach for engaging the community in dialogue. The Board agreed to discuss further the following; 1) what would the invitation look like, 2) brainstorm ideas for prompts/questions during the session, 3) room setup and 4) the role of the Board during the session.			
Adjournment	Commissioner Richardson moved and Secretary Olive seconded to adjourn the meeting at 6:41 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date

WARRANT & EFT LISTING NO. 2022-10

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:

Cheryl Cornwell, 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

\$4,779,153.50 this 16th day

of November 2022

Board Chair, Tom Herrin

Secretary, Kim Olive

Commissioner, Wes McMahan

Commissioner, Craig Coppock

Commissioner, Laura Richardson

SEE WARRANT & EFT REGISTER in the amount of \$4,779,153.50 dated October 1, 2022 – October 31, 2022.

Routine A/P Runs

Warrant No.	Date	Amount	Description
127436 - 127504	4-Oct-2022	155,460.66	CHECK RUN
127505 - 127528	6-Oct-2022	180,056.05	CHECK RUN
127529 - 127550	6-Oct-2022	178,680.39	CHECK RUN
127551	4-Oct-2022	251.01	CHECK RUN
127552 - 127560	7-Oct-2022	728,111.45	CHECK RUN
127561 - 127614	7-Oct-2022	283,387.16	CHECK RUN
127615	4-Oct-2022	36.30	CHECK RUN
127616 - 127617	11-Oct-2022	1,259.34	CHECK RUN
127618 - 127684	17-Oct-2022	279,029.82	CHECK RUN
127685 - 127709	18-Oct-2022	162,631.40	CHECK RUN
127710 - 127735	24-Oct-2022	840,835.24	CHECK RUN
127736 - 127778	21-Oct-2022	193,536.39	CHECK RUN
127779	21-Oct-2022	15,240.22	CHECK RUN
127780	21-Oct-2022	981.00	CHECK RUN
127781	17-Oct-2022	3,706.31	CHECK RUN
127782	18-Oct-2022	91.13	CHECK RUN
127783 - 127801	31-Oct-2022	376,799.16	CHECK RUN
127802 - 127856	28-Oct-2022	1,410,756.73	CHECK RUN
127857	1-Oct-2022	334.83	CHECK RUN
127858 - 127859	25-Oct-2022	2,725.03	CHECK RUN
127860	26-Oct-2022	25,633.37	CHECK RUN
127861	31-Oct-2022	981.00	CHECK RUN
127862	24-Oct-2022	293.50	CHECK RUN
Total - Check Runs		\$ 4,840,817.49	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
4708	06-Oct-22	(972.14)	VOID
127489	06-Oct-22	(43,921.64)	VOID
127505	06-Oct-22	(1,567.30)	VOID
127506	06-Oct-22	(351.83)	VOID
127507	06-Oct-22	(940.80)	VOID
127508	06-Oct-22	(21,945.89)	VOID
127509	06-Oct-22	(399.18)	VOID
127510	06-Oct-22	(14,706.26)	VOID

127511	06-Oct-22	(7,369.64)	VOID
127512	06-Oct-22	(1,360.26)	VOID
127513	06-Oct-22	(3,652.00)	VOID
127514	06-Oct-22	(691.42)	VOID
127515	06-Oct-22	(14,987.59)	VOID
127516	06-Oct-22	(13,650.00)	VOID
127517	06-Oct-22	(21,400.00)	VOID
127518	06-Oct-22	(3,949.97)	VOID
127519	06-Oct-22	(53.70)	VOID
127520	06-Oct-22	(8,600.52)	VOID
127521	06-Oct-22	(481.41)	VOID
127522	06-Oct-22	(8,781.50)	VOID
127523	06-Oct-22	(17,800.00)	VOID
127524	06-Oct-22	(351.32)	VOID
127525	06-Oct-22	(1,000.00)	VOID
127526	06-Oct-22	(14,305.25)	VOID
127527	06-Oct-22	(21,500.00)	VOID
127528	06-Oct-22	(210.21)	VOID
TOTAL - VOIDED CHECKS		\$ (224,949.83)	

<i>COLUMBIA BANK CHECKS, EFT'S & VOIDS</i>	\$ 4,615,867.66
---	------------------------

Eft	Date	Amount	Description
4709	3-Oct-2022	330.00	TPSC
4708	6-Oct-2022	972.14	TPSC
4710	11-Oct-2022	642.14	TPSC
1182	14-Oct-2022	160,194.03	IRS
4711	17-Oct-2022	277.74	TPSC
4712	24-Oct-2022	521.43	TPSC
4713	31-Oct-2022	348.36	TPSC
<i>TOTAL EFTS AT SECURITY STATE BANK</i>		\$ 163,285.84	

<i>TOTAL CHECKS, EFT'S, & TRANSFERS</i>	\$ 4,779,153.50
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Documents Awaiting Board Ratification 11.16.22

	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Acute Stroke Ready Program	Nursing Department
2	Amiodarone (Cordarone) Drip Protocol	Pharmacy
3	Dobutamine Drip Protocol	Pharmacy
4	Dopamine Drip Protocol	Pharmacy
5	Etomidate (Amidate) Protocol	Pharmacy
6	Lidocaine Drip Protocol	Pharmacy
7	Lorazepam (Ativan) Drip Protocol	Pharmacy
8	Midazolam (Versed) Drip Protocol	Pharmacy
9	Naloxone (Narcan) Drip Protocol	Pharmacy
10	Neuromuscular Protocol	Pharmacy
11	Octreotide (Sandostatin) Drip Protocol	Pharmacy
12	Phenylephrine (Neosynephrine) Drip	Pharmacy
13	Procainamide (Procan) Drip Protocol	Pharmacy
14	Propofol (Diprivan) Drip Protocol	Pharmacy

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 Board 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



Office of the Washington State Auditor

Pat McCarthy

Entrance Conference: Lewis County Public Hospital District No. 1

The Office of the Washington State Auditor's vision is increased trust in government. Our mission is to provide citizens with independent and transparent examinations of how state and local governments use public funds, and develop strategies that make government more efficient and effective.

The purpose of this meeting is to share our planned audit scope so that we are focused on the areas of highest risk. We value and appreciate your input.

Audit Scope

Based on our planning, we will perform the following audits:

Accountability audit for January 1, 2019 through December 31, 2021

We will examine the management, use and safeguarding of public resources to ensure there is protection from misuse and misappropriation. In addition, we will evaluate whether there is reasonable assurance for adherence to applicable state laws, regulations and policies and procedures.

We plan to evaluate the following areas:

- Procurement – Public Works and Purchases
- Accounts Payable – Credit Cards and Electronic Fund Transfers
- Payroll – Gross Wages, Overtime
- IT Security - Patch Management
- Self-Insurance – Health and Welfare

Engagement Letter

We have provided an engagement letter that confirms both management and auditor responsibilities, and other engagement terms and limitations. Additionally the letter identifies the cost of the audit, estimated timeline for completion and expected communications.

Work of Other Auditors

A financial statement and/or single audit of the Hospital was performed by Dingus, Zarecore and Associates, PLLC.

In accordance with professional standards, we considered the audit report and audit work performed by the other auditors in the planning of our audits. This includes communicating with the other auditors, evaluating the quality and results of the other auditor's work, and identifying areas that could affect our audits, including those in which we could leverage the work already performed.

Accountability audits differ in scope from financial statement and single audits. Financial statement audits determine if amounts reported in the financial statements are fairly stated, while single audits determine

compliance with specific federal grant requirements. In contrast, accountability audits determine compliance with laws, regulations and the government's policies in areas selected for testing, as well as determine if public assets are safeguarded against loss or misuse.

The accountability audit may examine some of the same areas covered in the financial statement. However, due to the objective for accountability audits, the audit will approach and test these differently and not duplicate work already performed.

Levels of Reporting

Findings

Findings formally address issues in an audit report. Findings report significant results of the audit, such as significant deficiencies and material weaknesses in internal controls; misappropriation; and material abuse or non-compliance with laws, regulations or policies. You will be given the opportunity to respond to a finding and this response will be published in the audit report.

Management Letters

Management letters communicate control deficiencies, non-compliance, misappropriation, or abuse that are less significant than a finding, but still important enough to be formally communicated to the governing body. Management letters are referenced, but not included, in the audit report.

Exit Items

Exit items address control deficiencies, non-compliance with laws or regulations, or errors that have an insignificant effect on the audit objectives. These issues are informally communicated to management.

Important Information

Confidential Information

Our Office is committed to protecting your confidential or sensitive information. Please notify us when you give us any documents, records, files, or data containing information that is covered by confidentiality or privacy laws.

Audit Costs

The cost of the audit is estimated to be approximately \$37,200 plus travel expenses.

Expected Communications

During the course of the audit, we will communicate with Clint Scogin, Controller on the audit status, any significant changes in our planned audit scope or schedule and preliminary results or recommendations as they are developed.

Please let us know if, during the audit, any events or concerns come to your attention of which we should be aware. We will expect Mr. Scogin to keep us informed of any such matters.

Audit Dispute Process

Please contact the Audit Manager or Assistant Director to discuss any unresolved disagreements or concerns you have during the performance of our audit. At the conclusion of the audit, we will summarize the results at the exit

conference. We will also discuss any significant difficulties or disagreements encountered during the audit and their resolution.

Loss Reporting

Washington state law requires all state agencies and local governments to immediately notify SAO if staff know or suspect loss of public resources, or of other illegal activity including a cyber-attack if it resulted in a loss of public resources or potentially impacted financial records or systems. State and local government employees should alert us to suspected fraud through the online Report a Suspected Fraud or Loss form below. These notifications can be made on our website at www.sao.wa.gov/report-a-concern/how-to-report-a-concern/fraud-program/.

Peer Reviews of the Washington State Auditor's Office

To ensure that our audits satisfy *Government Auditing Standards*, our Office receives external peer reviews every three years by the National State Auditors Association (NSAA). The most recent peer review results are available online at www.sao.wa.gov/about-sao/who-audits-the-auditor/. Our Office received a “pass” rating, which is the highest level of assurance that an external review team can give on a system of audit quality control.

Working Together to Improve Government

Audit Survey

When your report is released, you will receive an audit survey from us. We value your opinions on our audit services and hope you provide us feedback.

Local Government Support Team

This team provides support services to local governments through the Budget, Accounting, and Reporting System (BARS) and annual online filing technical assistance, provides accounting, reporting and BARS training. Our website and client portal offers many resources, including a client Help Desk that answers auditing and accounting questions, updated BARS manuals, access to resources and recorded trainings, and additional accounting and reporting resources. Additionally this team assists with the online filing of your financial statements.

The Center for Government Innovation

The Center for Government Innovation of the Office of the Washington State Auditor offers services designed to help you, help the residents you serve at no additional cost to your government. What does this mean? They provide expert advice in areas like building a Lean culture to help local governments find ways to be more efficient, effective and transparent. The Center also provides financial management technical advice and best practices and resources. These can be accessed from the “Improving Government” tab of our SAO website and help you act on accounting standard changes, comply with regulations, protect public resources, minimize your cybersecurity risk and respond to recommendations in your audit. The Center also offers the Financial Intelligence Tool, better known as FIT, to help you assess and monitor your finances and compare your financial operations to other local governments like you. You can email the Center for a personal training session to learn all the benefits using the FIT tool can provide. The Center understands that time is your most precious commodity as a public servant, and wants to help you do more with the limited hours you have. If you are interested in learning how the Center can help you maximize your effect in government, call them at (564) 999-0818 or email them at Center@sao.wa.gov.

Audit Team Qualifications

Kelly Collins, CPA, CFE, Director of Local Audit – Kelly has been with the Washington State Auditor’s Office since 1992. In her role, she oversees the audit teams that perform the audits for over 2,200 local governments. She serves on the Washington Finance Officers Association Board and is a member of the Washington Society of Certified Public Accountants’ Government Auditing and Accounting Committee. Phone: (564) 999-0807 or Kelly.Collins@sao.wa.gov

Tina Watkins, CPA, Assistant Director of Local Audit – Tina has been with the Washington State Auditor’s Office since 1994. In her role as Assistant Director, she assists with statewide oversight and management of all the audits for local government. She served as an Audit Manager for six years prior to becoming an Assistant Director of Local Audit. Phone: (360) 260-6411 or Tina.Watkins@sao.wa.gov

Lisa Carrell, CPA, Audit Manager – Lisa has been with the Office of the Washington State Auditor since 2014. Notable work experiences include serving as the Team Olympia Audit Manager since January 2022. Prior to that, Lisa served as a supervisor for the team since 2016. Team Olympia is responsible for auditing local governments in Thurston, Lewis, Grays Harbor and Pacific counties. Lisa has experience with a broad spectrum of office engagements including local and state government audits, performance audits and census data examinations. Lisa also previously served as a statewide subject matter expert over Pensions and OPEB, Counties, and County Assessor and Property Taxes. Lisa graduated from Washington State University. Phone: (564) 999-0882 or Lisa.Carrell@sao.wa.gov

DJ Kirkwood, Assistant Audit Manager – DJ has been with the Office of the Washington State Auditor since 2014. Notable work experiences include serving as Supervisor since 2020. DJ has lead various audits that include large counties and cities, schools, transportation districts, hospitals, and housing authorities. He worked for the Department of Revenue prior to joining Team Olympia. DJ serves as a statewide Hospital Subject Matter Expert. Phone: (564) 999-0916 or Doug.Kirkwood@sao.wa.gov

Alisha Alkire, Assistant State Auditor – Alisha has been with the Office of the Washington State Auditor since 2020. Notable work experiences include participating in various audits including counties, fire districts, transportation authorities, and school districts. Alisha graduated from Washington State University in 2020 with her Bachelor's degree. Phone: (564) 999-0878 or Alisha.Alkire@sao.wa.gov

NEW BUSINESS

Sample #1 — Board of Directors Full Board Evaluation

Rankings go from 1 = Low/Disagree up to 5 = High/Agree

Board Activity

LOW					HIGH
1	2	3	4	5	

- | | | | | | | | |
|-----|---|---|--|--|--|--|--|
| 1. | The board operates under a set of policies, procedures, and guidelines with which all members are familiar. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 2. | The Executive Committee reports to the board on all actions taken. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 3. | There are standing committees of the board that meet regularly and report to the board. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 4. | Board meetings are well attended, with near full turnout at each meeting. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 5. | Each board member has at least one committee assignment. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 6. | Nomination and appointment of board members follow clearly established procedures using known criteria. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 7. | Newly elected board members receive adequate orientation to their role and what is expected of them. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 8. | Each board meeting includes an opportunity for learning about the organization's activities. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 9. | The board follows its policy that defines term limits for board members. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 10. | The board fully understands and is supportive of the strategic planning process of the ministry. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 11. | Board members receive meeting agendas and supporting materials in time for adequate advance review. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 12. | The board adequately oversees the financial performance and fiduciary accountability of the organization. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 13. | The board receives regular financial updates and takes necessary steps to ensure the operations of the organization are sound. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 14. | The board regularly reviews and evaluates the performance of the CEO. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 15. | The board actively engages in discussion around significant issues. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |
| 16. | The board chair effectively and appropriately leads and facilitates the board meetings and the policy and governance work of the board. | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | |
| | | | | | | | |

Sample #1 — Board of Directors Full Board Evaluation

Mission and Purpose

LOW					HIGH
1	2	3	4	5	

1. Statements of the organization's mission are well understood and supported by the board.

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2. Board meeting presentations and discussions consistently reference the organization's mission statement.

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3. The board reviews the organization's performance in carrying out the stated mission on a regular basis.

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Governance / Partnership Alignment

1. The board exercises its governance role:
 - 1) Ensuring that the organization supports and upholds the mission statement, core values, statement of faith, vision statement, and partnership policies.

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2. The board periodically reviews, and is familiar with, the organization's partnership core documents. (Note: This item applies when a ministry has partnered with other ministries.)

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3. The board reviews its own performance and measures its own effectiveness in governance work.

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4. The board is actively engaged in the board development processes.

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Board Organization

1. Information provided by staff is adequate to ensure effective board governance and decision-making.

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2. The committee structure logically addresses the organization's areas of operation.

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3. All committees have adequate agendas and minutes for each meeting.

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4. All committees address issues of substance.

--	--	--	--	--	--

Sample #1 — Board of Directors Full Board Evaluation

Please make any other comments about the work and effectiveness of our boards:



DocID: 8610-103
Revision: 3
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Annual CEO/Superintendent Evaluation

Policy:

The Board of Commissioners of Lewis County Hospital District No. 1 will conduct an evaluation of the CEO/Superintendent no less than annually, but may call for an evaluation at anytime.

Purpose:

For the Board of Commissioners of Lewis County Hospital District No. 1 and the CEO/Superintendent to set and review expectations of the CEO/Superintendent.

Procedure:

The Board of Commissioners and the CEO/Superintendent will identify the CEO/Superintendent areas of strengths and weaknesses ensuring that the CEO/Superintendent professional goals and hospital health systems goals are compatible. This will be done by the Board of Commissioners completing the CEO/Superintendent Evaluation.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- Committees: ([07/25/2018](#)) Board of Commissioners, ([09/25/2019](#)) Board of Commissioners, ([10/28/2020](#)) Board of Commissioners,

- Signers:

Original Effective Date:

Revision Date: [07/05/2006 Rev. 1], [05/31/2016 Rev. 2], [06/26/2018 Rev. 3]

Review Date: [07/09/2008 Rev. 1], [05/29/2009 Rev. 1], [04/06/2010 Rev. 1], [04/11/2011 Rev. 1], [11/08/2013 Rev. 1], [12/23/2014 Rev. 1]

Attachments: [CEO/Superintendent Evaluation](#)

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

To: Board of Commissioners
From: Leianne Everett, Superintendent/CEO
Date: 11.11.22
Subject: 2023 Board Meeting Schedule

Last Wednesday of the Month in 2023.

Lewis County Hospital District No. 1 dba Arbor Health Regular Board Meeting Schedule Time: 3:30 p.m. Location: 521 Adams Avenue Morton, WA 98356 Conference Room 1 & 2
January 25, 2023
February 22, 2023
March 29, 2023
April 26, 2023
May 31, 2023
June 28, 2023
July 26, 2023
August 30, 2023
September 27, 2023
October 25, 2023
November 29, 2023
December 27, 2023

Proposed 2023 Regular Board Meeting

Lewis County Hospital District No. 1 dba Arbor Health Regular Board Meeting Schedule Time: 3:30 p.m. Location: 521 Adams Avenue Morton, WA 98356 Conference Room 1 & 2
January 25, 2023
February 22, 2023
March 29, 2023
April 26, 2023
May 31, 2023
June 28, 2023
July 26, 2023
August 30, 2023
September 27, 2023
October 25, 2023
November 15, 2023
December 20, 2023



SUPERINTENDENT REPORT

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 10/20/2022
Subject: 2022 Q3 Department Strategic Measures

Strategy 1: To build relationships and partnerships that prioritize community health needs:

- On Track to Achieve Goal: 22 of 34, or 65%
- On Track to Demonstrate Improved but Short of Goal: 7 of 34, or 21%
- On Track to Not Achieve Goal: 5 of 34, or 15%

Strategy 2: To create a culture focused on safety, patient satisfaction, employee engagement and excellent outcomes:

- On Track to Achieve Goal: 17 of 35, or 49%
- On Track to Demonstrate Improved but Short of Goal: 6 of 35, or 17%
- On Track to Not Achieve Goal: 12 of 35, or 34%

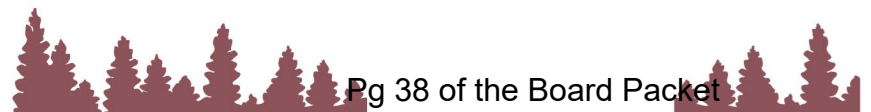
Strategy 3: To continue as stewards of public funds:

- On Track to Achieve Goal: 16 of 35, or 46%
- On Track to Demonstrate Improved but Short of Goal: 6 of 35, or 17%
- On Track to Not Achieve Goal: 13 of 35, or 37%

Overall Progress:

- On Track to Achieve Goal: 55 of 104, or 53%
- On Track to Demonstrate Improved but Short of Goal: 19 of 104, or 18%
- On Track to Not Achieve Goal: 30 of 104 or 29%

Two Corrective Actions Plans have been provided to demonstrate the process improvement efforts undertaken by managers not on track to achieve their strategic goals.



EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Open a primary care clinic in Packwood, WA by 12/31/2022		Open by 12/31/2022	In-progress	LOI signed	In-progress		In-progress
Clinical Informatics: Successful implementation of Cerner/WAHS immunization interface that meets DOH minimum data transmission thresholds.		Pass/Fail	Pass	Pass	Pass		Pass
Compliance: Provide responses to compliance questions from all departments within 2 business days of receipt.	2	2	0.8	2.1	0.6		1.2
Communications: Partner with vendors and community groups to host an overall wellness week, including a health fair	1	1 Event Annually	Event planned for Aug 27	Event planned for Aug 27	Wellness Week & Health Expo		Pass
Environmental Services: 60% of staff members will become CHEST (Certified Health Care Environmental Services Technician) certified (16 EEs)	0	10	3	0	0		3
Finance: Increase vendor invoice EFT by 1 per month.		12	6	5	3		14
Billing/HIM: Partner with Insurance Payor to address school needs/community youth programs	1	1 coordinated event/year	In-progress	5/16/2022 - Wellness event held for Morton Elementary 5th & 6th graders	Complete		Complete
Human Resources: Attend at least two local high school and college job fairs	1	2	2	1	0		3
Foundation: Increase the number of Gift Shop Volunteers to 11	7	11	9	1	0		10
Information Technology: Network uptime should be 99.85% or greater	99.70%	≥ 99.85%	99.99%	100.00%	100.00%		99.99%
Employee Health: Develop a community weight loss challenge that culminates in a 5k/10k/Half Marathon	1	1	Aug-22	Aug-22	5K		Complete
Patient Access: Increase the number of patients referred to the Self Pay Biller to see if they qualify for Medicaid by 100%	20	40	8	34	23		65
Quality and Risk: Improve grievance process compliance for <i>written acknowledgement letters</i> within 10 days of grievance by year end	70%	95%	100%	100%	100%		100%
Clinical Education: Connect with Local RN and NAC programs 3 times/year for new graduates wanting Critical Access experience.	0%	3	0	1	3		4
Supply Chain: Create Cycle Count process to improve inventory accuracy.	75%	85%	77%		75%		76%
CLINICAL							

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
Acute Care: Minimum of 1 community STEMI/Heart Attach event and 1 social media cardiac care message/newsletter article per quarter	0	1/4	9	2	5		16
Case Management: Ensure <i>5 Wishes Advance Directives</i> are provided to 70% of patients with no current advance directive	30%	70%	95%	94%	100%		96%
Dietary/Nutrition: Create one healthy cooking column with recipe in the quarterly Health & Life publications		1/qtr	0	0	0		0
Emergency Department: Minimum of 1 community STROKE education event and 3 EMS STROKE education events	0	1/3	1	5	2		8
Imaging: Develop & implement a Low Dose Lung Screening program by the end of 2022		Pass/Fail	In-progress	In-progress	In-progress		In-progress
Infection Control: Participate in 3 external events promoting IC to the community		3	0	0	1		1
Laboratory: Develop a process to notify providers of all hospital patient preliminary culture results		85%	In-progress	100%	100%		100%
Respiratory Therapy: Develop & implement 1 social media message/quarter re: pulmonary disease	0	1/qtr	0	1	1		2
Pharmacy: 50% of patients discharged during pharmacy hours on a new medication will be counseled by a pharmacist		≥ 50%	41%	56%	59%		51%
Pulmonary Rehab: Extend two smoking cessation classes per year to public	0	2 classes per year	0	0	0		0
Wellness: Create a community wide wellness plan that incorporates 2 additional partnerships with providers, employers, and community based entities focusing on overall health of our community by identifying target chronic illnesses and needs.	2	4	In-progress	Partnered with MAAL, Hampton Lumber & City of Mossyrock for Independence Day 5K/8K event	Investigating 4th partnership		3
Rehab Services: Increase focus on student athletic performance & injury management.	0.75	2	In-progress	Training on ImPACT underway	ImPact is functioning		1.25
Surgical Services: Facilitate awareness of and local access to outpatient Infusion Care by developing marketing literature and outreach to Lewis County clinics, home health, and Centralia, Longview and Tacoma hospitals' Case Management departments resulting in ≥ 20% increase in Same Day Surgery encounters	400	480	84	100	100		284

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
Swing Beds: Acute patients transferred out of District with subsequent skilled needs are readmitted to Arbor Health for local care	21	28 patients/year	21	21	10		52
Wound Care: Increase outpatient wound care visits by 10%	550	605	92	140	157		389
CLINICS							
Morton: Develop 2 community engagement events at clinic per year.	3	2/year	0	0	2		2
Mossyrock: Develop 2 community engagement events at clinic per year.	3	2/year	0	0	2		2
Randle: Develop 2 community engagement events at clinic per year.	3	2/year	0	0	2		2
Specialty: Develop 2 community engagement events at clinic per year.	3	2/year	0	0	2		2

EXECUTIVE DASHBOARD

TO CREATE A CULTURE FOCUSED ON SAFETY, PATIENT SATISFACTION, EMPLOYEE ENGAGEMENT AND EXCELLENT OUTCOMES

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Conduct one physician satisfaction or engagement survey with comparative data by 12/31/2022.		Pass/Fail	In development	In development	In development		In development
Clinical Informatics: Standardize drug protocols by increasing the number of Cerner order sets for P&T approved drug protocols and, as indicated, eliminate access to any other versions beyond P&T approved protocols	1	6 new protocols	0	1	0		1
Compliance: Resolve compliance and HIPAA events within 15 business days	25	15	2.6	4.1	1.9		2.9
Communications: Increase our Google Business Profile reviews by 25%	93	116	100	24	15		139
Environmental Services: Decrease the percentage of overdue and incomplete work orders	28%	≤ 15%	19%	17%	23%		19%
Finance: Financial information will be available for end-users by the 6th working day for 11 of 12 months	9	11	3	3	3		9
Billing/HIM: Track the number of Financial Assistance applications provided, returned & approved. Increase the number of applications provided by 10%	286	315	122	114	157		393
Human Resources: Conduct a minimum of 2 employee engagement surveys.	1	2	May-22	1	0		1
Foundation: Increase the number of staff members participating in the 15-Minute Philanthropist program by 20%	46	55.2	46	43	39		39
Information Technology: All Worxhub tickets, including weekend tickets, are acknowledged within an average of 2 days of input & calculated quarterly.	3 d 16 h 50 m	≤ 2 days	0.58	0.95	0.86		0.82
Employee Health: Complete RCAs on 90% of all reportable workplace injuries	0%	90%	100%	100%	100%		100%
Patient Access: Identify patients that qualify for charity care by using bill holds to flag encounters allowing biller to track and follow-up with patients.	63	69	122	114	157		393
Quality and Risk: Initiate ISO 9001 as evidenced by development/implementation of Quality Management System, completion of organization pre-assessment/gap analysis, and initiation of an ISO implementation action plan/calendar		Pass/Fail	In Progress	15 Leaders ISO trained; P&P workgroup started	Audit training & P&P Workgroup underway		In Progress
Clinical Education: Stage annual competency completions each quarter (each quarter demonstrates 25%/50%75%100% completions) to improve the learning process and content retention - specific to Surgery, Acute, ED, and RT staff		100%	20%	41%	50%		37%
Supply Chain: Implement & maintain a house wide monthly product out-date process	85%	95%	100%		100%		100%
CLINICAL							
Acute Care: Increase documented patient education related to admission diagnosis within 4 hours of admission to 80% by year end (#IP admissions/# of IP with education started w/in 4 hours)	50%	≥ 80%	90%	100%	100%		96%
Case Management: Implement concurrent OPTUM admission review process for weekend admissions (# of OPTUM reviews sent/# weekend admissions) {WE = 1600 Fridays - 0600 Mondays}	0%	≥ 60%	93%	93%	87%		91%

Dietary/Nutrition: Increase number of participants in healthy cooking demonstrations for public by 50%	16	24	8	0	0	8
Emergency Department: Improve ED Moderate Sedation monitoring documentation to DNV standards (# of sedation patients/# of sedation documentation compliance with all elements of requirement)	50%	≥ 95%	50%	100%	90%	87%
Imaging: Decrease stroke/CT report turnaround to 15 minutes or less	20 minutes	≤ 15 minutes	18	17	14.50	
Infection Control: Increase hand hygiene compliance	87%	≥ 90%	79%	90%	72%	
Laboratory: Decrease rate of reference lab rejected samples	0.70%	≤ 0.5%	0.65%	0.90%	0.64%	
Respiratory Therapy: Recruit RT to core level of 60 hours/week of coverage (without traveler staff) by year end	24 hours/week	Pass/Fail	24/week	76/week	64/week	In Progress
Pharmacy: Intervene on new antibiotic starts to improve monitoring of antibiotic therapy and other narrow therapeutic index drugs to expedite the best drug therapy for our patients	0	15/qtr	9	15	13	
Pulmonary Rehab: Reopen Pulmonary Rehab program by year end	0	Pass/Fail	Fail	Fail	Fail	In Progress
Wellness: Create 2 additional programs that provide and improve overall patient outcomes.	2	4	Medical Nutrition Therapy	Enhanced Fitness	Wellness Week	3
Rehab Services: Overall patient outcomes will be at least 90% of expected outcomes based on FOTO risk adjusted predictions	0%	≥ 90%	99%	85%	73%	86%
Patient Satisfaction will be 90% net promotor score from FOTO	0%	≥ 90%	91%	84%	83%	86%
Surgical Services: Improve preoperative H&P compliance to DNV standards	50%	≥ 90%	60%	59%	92%	63%
Swing Beds: Improve rate of Skilled Swing Bed Comprehensive Assessments completed weekly (# of Skilled Swing Bed Comprehensive Assessments completed/# of Skilled Swing Bed patients on Wednesday)	30%	≥ 90%	76%	100%	100%	88%
Wound Care: 25% of all venous leg ulcer patients will achieve healed status or 50% reduction within 90 calendar days of starting therapy	18% (12/65)	25%	100%	0%	100%	86%
CLINICS						
Morton: Increase annual wellness visits by 25%	189	236	68	75	78	221
Mossyrock: Increase annual wellness visits by 25%	112	140	34	46	29	109
Randle: Increase annual wellness visits by 25%	75	94	43	32	38	113
Specialty: Improve patient education and awareness by 50% of all patients seen their after visit summary (# of patients receiving after visit summary/total number of patients seen)	0	≥ 50%	45%	66%	81%	63%

EXECUTIVE DASHBOARD

TO CONTINUE AS STEWARDS OF PUBLIC FUNDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Decrease Non-RN interim staffing costs by 10% or greater (excludes Medefis in Acute Care, Surgery, & ER).	\$ 1,485,937	\$ 1,337,343	\$ 413,905	\$ 348,683	\$ 574,516	\$ 1,337,104	
Clinical Informatics: Through training and workflow changes, reduce the number of encounters with missed charges secondary to admitting order errors by 20%	25	20	0	0	0	0	
Compliance: Audit work plan for implementation, follow-through, and outcomes reported to Compliance Committee		100%	10%	32%	15%	57%	
Communications: Increase number of annual wellness visits by 10% through the use of effective marketing messaging	375	413	151	125	145	421	
Environmental Services: Decrease overtime by 25% by optimizing staffing schedules.	\$ 9,305	\$ 6,979	\$ 2,007	\$ 2,063	\$ 4,243	\$ 8,313	
Finance: Pay external vendors timely and per schedule, reducing variation/errors	80%	85%	81%	77%	84%	81%	
Billing/HIM: Decrease timely filing write-offs by 25%	\$ 91,691	\$ 68,768	\$ 15,824	\$ 12,233	\$ 52,496	\$ 80,553	
Human Resources: Hospital wide annual education will be completed by December 31, 2022	89%	95%	11%	22%	65%	65%	
Foundation: Establish a monthly donor program in the community to ease in the process of obtaining philanthropic donations to minimize the reliance on fund raising via events		Pass/Fail	In Progress	In Progress	In Progress	In Progress	
Information Technology: Implement an IT asset tracking system that meets compliance requirement & supports the District in tracking IT devices.		Pass/Fail	In Progress	Implementation is progressing	Complete	Complete	
Employee Health: Submit 100% of eligible claims to LNIs Stay-at-Work Program	80%	100%	100%	100%	100%	100%	
Patient Access: Increase point-of-service collections by 10% in ER and 10% in OP Services.	\$ 20,261	\$ 22,287	\$ 2,157	\$ 3,744	\$ 7,683	\$ 13,584	
	\$ 156,376	\$ 172,014	\$ 36,985	\$ 36,002	\$ 41,038	\$ 114,025	
Quality and Risk: Increase Medication Error reporting by 10% to minimize unknown/unreported litigation risk	68	75	27	14	15	56	
Clinical Education: 20% reduction in TNCC costs by implementing e-Learning challenge course and online options	\$458/RN	\$366/RN	\$300/RN	No TNCC	No TNCC	\$300/RN	
Supply Chain: All assets/capital purchases undergo asset purchase process/structure lead by Materials team.	50%	75%	50%		100%	75%	
CLINICAL							
Acute Care: 30% reduction in lost revenue due to <i>Did Not Meet Inpatient Criteria</i> denials.	\$ 113,984	\$ 79,789	\$ 82,309	\$ -	\$ 10,941	\$ 93,250	
Case Management: 15% reduction in Code 44s	50	43	1	3	2	6	
Dietary/Nutrition: Decrease department turnover by 40%	3	2	0	2		2	
Emergency Department: Implement review process to manage ED Diversions in 2022 to 4.75% or less. (Diversion Hours/Hours per quarter)	5%, 431 hrs annualized	≤4.7 5% or ≤416 hours	2%	4%	10%	5%	
Imaging: Reduce agency staffing costs by 10%	\$ 114,990	\$ 103,491	\$ 68,965	\$ 77,355	\$ 152,813	\$ 299,133	
Infection Control: Update & distribute the hospital Antibioqram quarterly		4	1	1	1	3	
Laboratory: 10% reduction in lab test write-offs due to lack of medical necessity or ABN	\$ 85,000	\$ 76,500	\$ 22,566	\$ 33,105	\$ 23,079	\$ 78,750	

Respiratory Therapy: Reopen outpatient PFT, EKG & Stress Test Services by year end	0	Pass/Fail	In Progress	Open	Pass		Pass
Pharmacy: Assess current inventory of medications for usage and number of different forms to reduce overall inventory by 5% and increase safety per ISMP guidelines.	\$ 146,874	\$ 139,531	Q1 Inventory not valued	Q2 Inventory not valued	Q3 Inventory not valued		Inventory will occur at YE
Pulmonary Rehab: Reopen Pulmonary Rehabilitation therapy (pending COVID guidelines) by year end	0	Pass/Fail	Fail	Fail	Fail		Fail
Wellness: Promote a wellness program that is an efficient use of funds and demonstrates a commitment to reducing healthcare cost overall in the community. This may be done through outsourcing to share costs, etc..		Pass/Fail	In Progress	In Progress	Thorbeckes talks continue		In Progress
Rehab Services: Decrease our cancel/no show rate to reduce non-productive time and improve patient outcomes.	13%	≤ 12%	11%	13%	15%		13%
Surgical Services: Increase surgical procedures by 30%	320	416	92	107	106		305
Swing Beds: All Weekday Swing Bed referrals will have a next business day response re: admission eligibility	40%	80%	100%	72%	100%		91%
Wound Care: Increase biologic tissue (Sterishield & Epifix) administration for chronic wounds by 30%	60	78	25	36	36		97
CLINICS							
Morton: Increase telehealth visits by 25%	187	234	59	58	69		186
Mossyrock: Increase telehealth visits by 25%	166	208	63	63	59		185
Randle: Increase telehealth visits by 25%	328	410	123	104	82		309
Specialty: Market and grow telehealth visits by 25%	120	150	25	29	34		88