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# REGULAR BOARD MEETING PACKET

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## BOARD OF COMMISSIONERS

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

July 28, 2021 @ 3:30 PM

Join Zoom Meeting: <https://myarborhealth.zoom.us/j/96833950935>

Meeting ID: 968 3395 0935

One tap mobile: +12532158782,,96833950935#

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**

**July 28, 2021 at 3:30 p.m.**

**ZOOM**

<https://myarborhealth.zoom.us/j/96833950935>

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**Mission Statement**

**To foster trust and nurture a healthy community.**

**Vision Statement**

**To provide accessible, quality healthcare.**

AGENDA	PAGE	TIME
<b>Call to Order</b>		
<b>Roll Call</b>		
<b>Reading of the Mission &amp; Vision Statement</b>		3:30 pm
<b>Approval or Amendment of Agenda</b>		
<b>Conflicts of Interest</b>		
<b>Comments and Remarks</b>		3:35 pm
<ul style="list-style-type: none"> <li>• Commissioners</li> <li>• Audience</li> </ul>		
<b>Executive Session-RCW 70.41.205 &amp; RCW 70.41.200</b>		3:40 pm
<ul style="list-style-type: none"> <li>• Medical Privileging-Janice Holmes</li> </ul>	5	
<ul style="list-style-type: none"> <li>• Quality Improvement Oversight Report-Commissioner Schumaker, CNO/CQO Williamson and Interim Quality Manager Hirst</li> </ul>		3:45 pm
<b>Guest Speaker</b>		4:00 pm
<ul style="list-style-type: none"> <li>• Elya Prystowsky, MS, PhD, Executive Director               <ul style="list-style-type: none"> <li>○ The Rural Collaborative</li> </ul> </li> </ul>	6	
<b>Department Spotlight</b>		4:45 pm
<ul style="list-style-type: none"> <li>• Nursing Department-Acute Care &amp; Skilled Nursing</li> </ul>	22	
<b>Board Committee Reports</b>		
<ul style="list-style-type: none"> <li>• Hospital Foundation Report-Committee Chair-Commissioner McMahan</li> </ul>	28	5:00 pm
<ul style="list-style-type: none"> <li>• Finance Committee Report-Committee Chair-Commissioner Coppock</li> </ul>	31	5:05 pm
<ul style="list-style-type: none"> <li>• Plant Planning Committee Report-Committee Chair- Secretary Herrin</li> </ul>		5:10 pm
<b>Consent Agenda (Action)</b>		
<ul style="list-style-type: none"> <li>• Approval of Minutes:               <ul style="list-style-type: none"> <li>○ May 5, 2021 Special Board Meeting (Resubmitting with corrected date.)</li> <li>○ May 26, 2021 Regular Board Meeting</li> <li>○ June 2, 2021 Special Board Meeting</li> <li>○ June 9, 2021 QIO Committee Meeting</li> <li>○ June 30, 2021 Finance Committee Meeting</li> </ul> </li> </ul>	34 36 43 46 51	5:15 pm

<ul style="list-style-type: none"> <li>○ July 14, 2021 Plant Planning Committee Meeting</li> <li>○ July 21, 2021 Finance Committee Meeting</li> </ul>	55	
	57	
<ul style="list-style-type: none"> <li>• Warrants &amp; EFT's in the amount of \$4,156,459.49 dated May 2021</li> <li>• Warrants &amp; EFT's in the amount of \$4,126,642.18 dated June 2021</li> </ul>	62	
	64	
<ul style="list-style-type: none"> <li>• Resolution 21-24-Approving the Amended Board Bylaws <ul style="list-style-type: none"> <li>○ To approve the Amended Board Bylaws.</li> </ul> </li> </ul>	66	
<ul style="list-style-type: none"> <li>• Resolution 21-25-Declaring to Surplus or Dispose of Certain Property <ul style="list-style-type: none"> <li>○ To approve liquidation of items beyond their useful life.</li> </ul> </li> </ul>	84	
<ul style="list-style-type: none"> <li>• Resolution 21-26-Appointing Additional Auditor(s) of Lewis County Hospital District No. 1 <ul style="list-style-type: none"> <li>○ To appoint additional auditors; Superintendent Everett and CFO Boggess.</li> </ul> </li> </ul>	86	
<ul style="list-style-type: none"> <li>• Resolution 21-27-Delegating Operational Authority to Superintendent to Manage Signing Authority on District Accounts <ul style="list-style-type: none"> <li>○ To delegate operational authority to Superintendent Everett to manager bank signers on district accounts.</li> </ul> </li> </ul>	87	
<ul style="list-style-type: none"> <li>• Resolution 21-28-Approving the Capital Purchase of Pulmonary Function Testing Machine. <ul style="list-style-type: none"> <li>○ To approve the purchase of the lab equipment for the District.</li> </ul> </li> </ul>	88	
<ul style="list-style-type: none"> <li>• Approve Documents Pending Board Ratification 7.28.21 <ul style="list-style-type: none"> <li>○ To provide board oversight for document management in Lucidoc.</li> </ul> </li> </ul>	91	
<b>Old Business</b>		
<ul style="list-style-type: none"> <li>• Incident Command Update <ul style="list-style-type: none"> <li>○ CNO/CQO Williamson will provide a verbal COVID 19 update.</li> </ul> </li> </ul>		5:17 pm
<b>Break</b>		5:25 pm
<b>New Business</b>		
<ul style="list-style-type: none"> <li>• Board Educational Opportunity <ul style="list-style-type: none"> <li>○ To discuss interest in online course called "Intro to Health Care Governance."</li> </ul> </li> </ul>	97	5:30 pm
<ul style="list-style-type: none"> <li>• Arbor Health Wellness Week <ul style="list-style-type: none"> <li>○ To promote "Nurturing a Healthy Community."</li> </ul> </li> </ul>	98	5:33 pm
<ul style="list-style-type: none"> <li>• WSHA Virtual Webinar <ul style="list-style-type: none"> <li>○ Commissioner McMahan to give a verbal update on online webinar.</li> </ul> </li> </ul>		5:35 pm
<ul style="list-style-type: none"> <li>• Community Engagement <ul style="list-style-type: none"> <li>○ To revisit the discussion around the Board's engagement in the District.</li> </ul> </li> </ul>		5:38 pm
<ul style="list-style-type: none"> <li>• Resolution 21-29-Approving the Retention Bonus Methodology <ul style="list-style-type: none"> <li>○ To approve a one-time retention bonus methodology for staff.</li> </ul> </li> </ul>	100	5:40 pm
<ul style="list-style-type: none"> <li>• Resolution 21-30-Approving the OR HVAC &amp; Generator Project Change Orders <ul style="list-style-type: none"> <li>○ To approve change orders in addition to RES-21-19.</li> </ul> </li> </ul>	103	5:55 pm
<ul style="list-style-type: none"> <li>• Board Policy &amp; Procedure Review <ul style="list-style-type: none"> <li>○ Quality Improvement Oversight Information</li> <li>○ Annual Adoption of the Quality Program Plan</li> <li>○ Annual Adoption of the Compliance Plan</li> </ul> </li> </ul>	104 105 106	6:05 pm
<b>Superintendent Report</b>	108	6:10 pm
<b>Meeting Summary &amp; Evaluation</b>		6:20 pm
<b>Next Board Meeting Dates and Times</b>		
<ul style="list-style-type: none"> <li>• Regular Board Meeting-August 25, 2021 @ 3:30 PM (ZOOM)</li> </ul>		
<b>Next Committee Meeting Dates and Times</b>		
<ul style="list-style-type: none"> <li>• Arbor Health Foundation Meeting-August 10, 2021 (ZOOM)</li> <li>• Compliance Committee Meeting-August 11, 2021 12:00 PM (ZOOM)</li> <li>• Finance Committee Meeting-August 18, 2021 @ 12:00 PM (ZOOM)</li> </ul>		
<b>Adjournment</b>		6:25 pm



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## MEDICAL STAFF PRIVILEGING

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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.

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## INITIAL APPOINTMENTS-5

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### **Arbor Health**

- Travis Podbilski, DO (Family Medicine Privileges) ⚠

### **Radiology Consulting Privileges**

- Christopher Hartness, MD (Radiology Privileges)
- Michelle Ouyang, MD (Radiology Privileges)
- Aubrey Slaughter, MD (Radiology Privileges)

### **Telestroke/Neurology Consulting Privileges**

- Maria Recio, MD (Telestroke Privileges)

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## REAPPOINTMENTS-5

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### **Arbor Health**

- Charles Anderson, MD (General Surgery/Emergency Medicine Privileges)
- Vincent Ball, MD (Emergency Medicine Privileges)

### **Telestroke/Neurology Consulting Privileges**

- Stephen Burton, MD (Telestroke Privileges)

### **Pulmonology Consulting Privileges**

- Richard Redman, MD (Pulmonary Privileges)

### **Pathology Consulting Privileges**

- Laila Naqib-Osman, MD (Pathology Privileges)

⚠-notates files with items to note.





# Purpose & Mission

## PROBLEM STATEMENT

The healthcare industry has transformed into a highly complex, constantly changing industry.

Individual rural health systems struggle to recruit the talent, support and infrastructure needed to thrive in this environment.

Without innovation, advocacy, collaboration, and flexibility, rural hospitals face significant threats to their ability to meet changing community needs.



**IN APRIL 2020, NURSES FROM NEWPORT HOSPITAL TRAVELED TO NYC TO HELP TREAT COVID-19 PATIENTS**

## WHY DO WE EXIST?

*To support collaborative members to better serve their communities.*

*To overcome the challenges of rural healthcare.*

*To take advantage of the opportunities that a collective provides.*

*To speak with one rural voice.*

## WHAT DO WE DO?

*We defend, create and design the future of rural health care through collective strategy and action.*



# Letter from the Board Chair



## 2020... WHAT A YEAR, RIGHT?!

They say that people rise out of the challenge of adversity stronger than ever. I believe that is exactly what the Rural Collaborative did, even though it may be difficult to see through the pain and tears of the last 15 months.

The pandemic hit the US in a way that few could have anticipated. Of course, it hit Washington first. Lucky us, right? But in the midst of those early days when it would have been easy to panic, the Rural Collaborative chose to take action. We immediately established a COVID-response group for our CFOs and CEOs, and we partnered with WSHA to acquire and distribute personal protective equipment to our member hospitals.

Of course, the pandemic was not the only focus of 2020. The chronic health issues that already existed in rural Washington did not go away just because we were dealing with a pandemic. They were still there, and in many ways, the pandemic has only exacerbated them. So, we reset our strategic plan with a focus on creativity, clinical quality improvement and financial resiliency; and in classic 2020 style, we did so both physically distanced and masked up at a Board retreat held at two separate locations.

With this plan in hand, seven Collaborative members joined the NW Momentum Health Partners ACO. Through the recruiting efforts of our Executive Director, we engaged three new members and are now 21 strong, serving a population of 480,000 in the most far-reaching rural corners of Washington state.

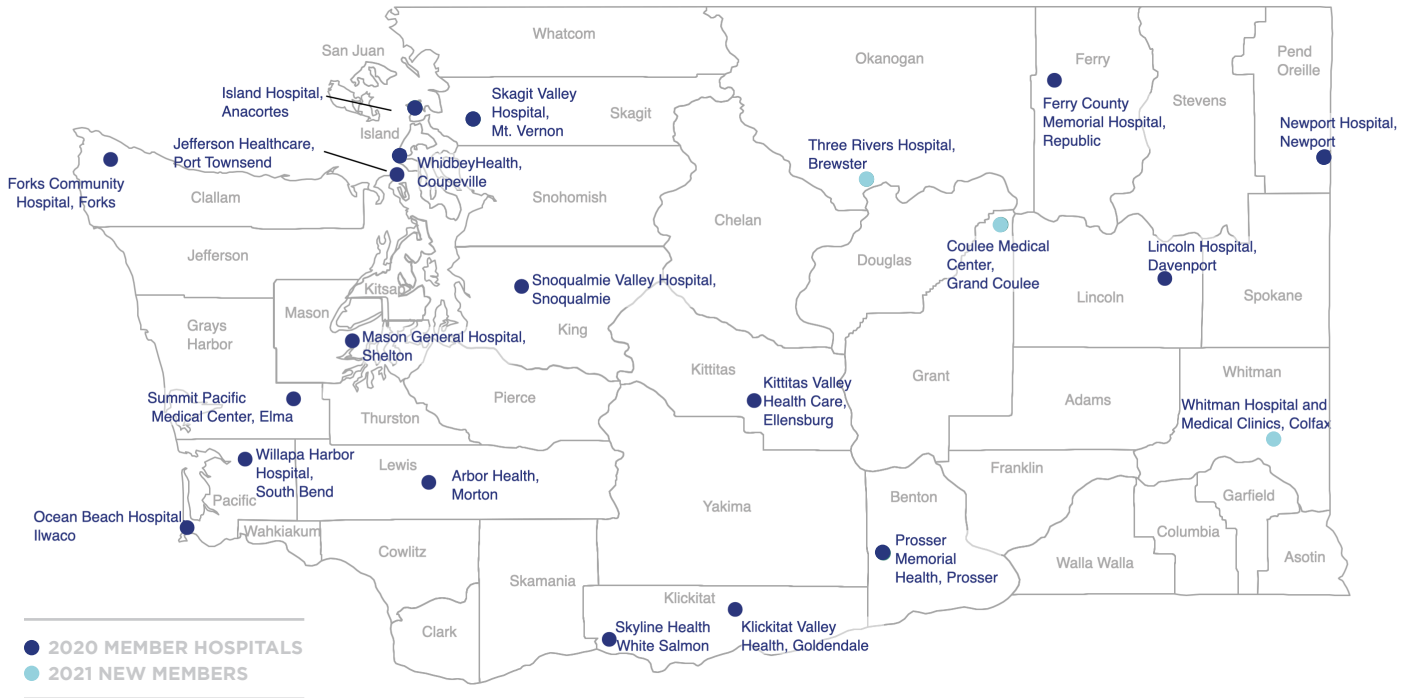
As rural warriors, we are no strangers to rolling up our sleeves and doing the hard work. This year pushed us to the extremes, but through our creativity, nimbleness, and resilience, we pulled through TOGETHER. As we look to 2021, I hope you will all take a moment to reflect on the strength of our members and our partnerships. Whatever challenges are to come... we got this.

---

*Julie Petersen*

# 21 MEMBERS ■ 21 COUNTIES

## 480,000 LIVES



### 2020 BOARD OF DIRECTORS

**Julie Petersen, CEO & Chair** | Kittitas Valley Healthcare

**Josh Martin, CEO & Vice Chair** | Summit Pacific Medical Center

**Tom Wilbur, CEO & Secretary/Treasurer** | Newport Hospital & Health Services

**Eric Moll, CEO & Past Chair** | Mason General Hospital & Family of Clinics

**Dr. Kim Witkop, Interim CEO** | Snoqualmie Valley Hospital

**Robb Kimmes, CEO** | Skyline Health

**Leslie Hiebert, CEO** | Klickitat Valley Health

**Heidi Anderson, CEO** | Forks Community Hospital

**Hilary Whittington, CAO** | Jefferson Healthcare

**Tyson Lacy, CEO** | Lincoln Hospital and North Basin Clinics

**Leianne Everett, CEO** | Arbor Health, Morton Hospital

**Larry Cohen, CEO** | Ocean Beach Hospital

**Ron Telles, CEO** | WhidbeyHealth Medical Center

**Matthew Kempton, CEO** | Willapa Harbor Hospital

**Craig Marks, CEO** | Prosser Memorial Health

# Responding to COVID



*"Unlike my urban counterparts, I don't have as many colleagues around to talk to in a rural setting. The Collaborative offers an opportunity to know that I am part of something bigger."*

**DR. KEN DIETRICH | CMO AT SUMMIT PACIFIC MEDICAL CENTER**



*"COVID presented our organization and our teams the opportunity to test all of the education, preparation and training we had done up until that point. This was the "make-it-or-break-it-moment". And we "made it". It was a true test of our grit and resiliency. We emerged a much different organization. A better one. A stronger one."*

**JENNIFER CAPPS | CHIEF DEVELOPMENT & COMMUNICATION OFFICER AT MASON HEALTH**



*"2020 was a difficult year. It was all so unknown. Looking back over the year, I feel like I have grown. Our organization has grown. I feel like I have more confidence in myself and our organization, and the difficult times we can get through."*

**KATELIN FORREST | HUMAN RESOURCES GENERALIST AT ARBOR HEALTH**



SUMMIT PACIFIC MEDICAL CENTER





"I am so impressed by WhidbeyHealth's focus on safety and administering the vaccine for our community."

**SHANNA HARNEY-BATES | MANAGER OF PATIENT SAFETY & RISK MITIGATION AT WHIDBEYHEALTH**



**TONY TRIPLETT  
DIRECTOR OF  
PHARMACY SERVICES  
AT WHIDBEYHEALTH**



**DR. TESSA REINKE  
NEWPORT HOSPITAL  
& HEALTH SERVICES  
FAMILY PRACTICE  
AND OBSTETRICS**

**RURAL MEMBERS ROSE TO THE CHALLENGE...**



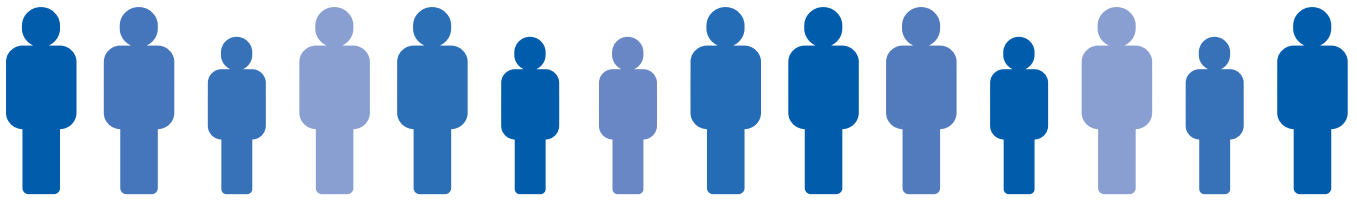
**MASON GENERAL HOSPITAL**



**NEWPORT HOSPITAL  
& HEALTH SERVICES**

# TOTAL PATIENTS SERVED IN 2020

## 493,219



# TOTAL COMBINED POPULATION SIZE OF ALL MEMBER HOSPITAL DISTRICTS IN 2020

## 438,756

# TOTAL OUTPATIENT VISITS 1,826,780

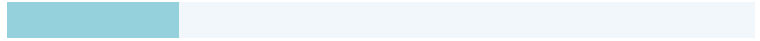
PRIMARY CARE CLINIC VISITS: 608,462



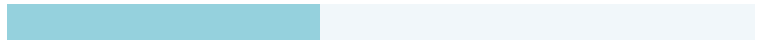
SPECIALTY CLINIC VISITS: 268,247



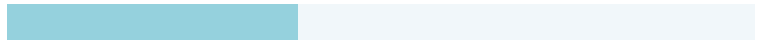
TELEHEALTH VISITS: 55,456



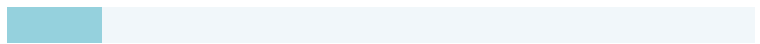
EMERGENCY DEPARTMENT VISITS: 170,689



PHYSICAL THERAPY VISITS: 115,442



BEHAVIORAL HEALTH VISITS: 20,012



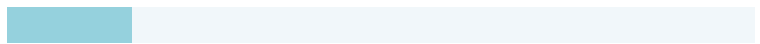
COVID-19 OUTPATIENT SERVICES: 12,100



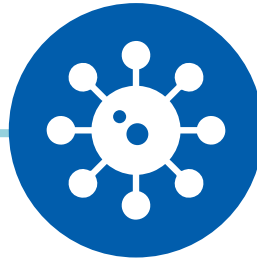
DENTAL: 1,359



ONCOLOGY OUTPATIENT SERVICES: 36,112



143,675  
COVID-19 TESTS



3,038  
BABIES DELIVERED



CHARITY CARE  
\$29,663,856

GRANT DOLLARS  
RECEIVED  
\$24,676,330

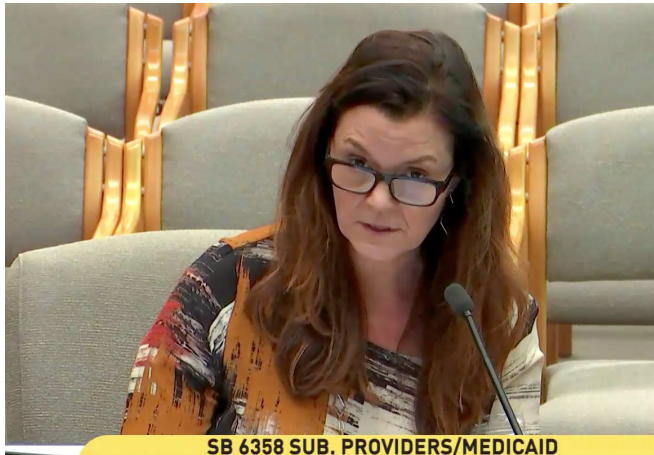


THREE RIVERS HOSPITAL STAFF  
FEEDING FIRE EVACUEES.



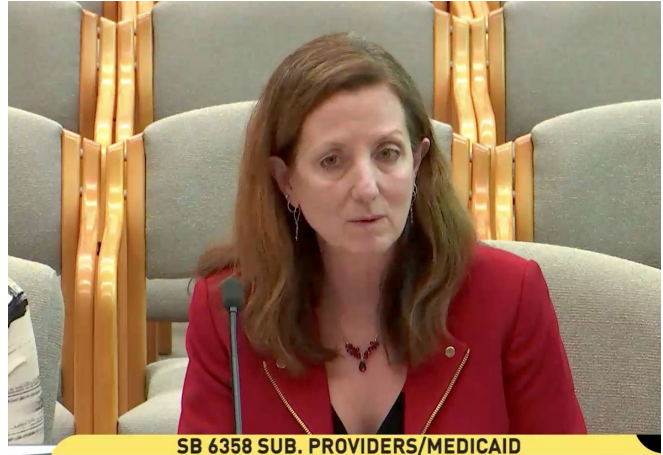
FORKS COMMUNITY HOSPITAL WAS AWARDED THE CORNERSTONE AWARD  
BY FORKS CHAMBER OF COMMERCE.

# Defining the Future of Rural Healthcare



SB 6358 SUB. PROVIDERS/MEDICAID

LESLIE HIEBERT | KLICKITAT VALLEY HEALTH



SB 6358 SUB. PROVIDERS/MEDICAID

JULIE PETERSEN | KITTITAS VALLEY HEALTHCARE

**IN FEBRUARY 2020, TWO OF OUR BOARD MEMBERS TESTIFIED IN A SENATE HEARING DURING LEGISLATIVE SESSION.**

*"COVID forced us all to focus inward and become even more isolated than we already were in rural healthcare. The Collaborative gave us network to plug into and have critical conversations with our peers about how to fight the pandemic."*

**JOYCE BODEAU | CORPORATE COMPLIANCE OFFICER AT COULEE MEDICAL CENTER**

*"The Collaborative is an excellent resource for leadership positions. It allows us to network and learn what works well. It is extremely helpful to hear what others are doing. We don't have to reinvent the wheel."*

**JENNIFER LARMER | CHIEF CLINICAL OFFICER AT LINCOLN HOSPITAL & NORTH BASIN MEDICAL CLINICS**

*"It is wonderful to be a part of a group of like-minded facilities. They understand what we are going through as a rural community and as an independent organization...I feel so supported. We may be rural, but we are not alone!"*

**CHRISTINA WAGAR | DIRECTOR OF OPERATIONS AT NEWPORT HOSPITAL & HEALTH SERVICES**





**KLICKITAT PHARMACY  
MANAGER VIET HOANG  
WITH THEIR ULTRACOLD  
VACCINE FREEZER**



**OCEAN BEACH  
FOUND A NEW WAY TO HOLD  
THEIR 2020 HEALTH FESTIVAL**



# Savings Categories, Explained

## **Compliance Hotline**

The Collaborative provides a dedicated reporting hotline and compliance case management software free of charge to any members that wish to use the service.

## **Data Analytics**

The Collaborative utilizes a shared data repository to evaluate potential savings on purchased services across the membership. Members can also use this service to evaluate individual hospital spending.

## **GPO Affiliation**

Members benefitted from increased GPO sharebacks.

## **Grant**

The Collaborative participated in various state and federal grants on the members' behalf. This combined approach resulted in savings and benefits for all members.

## **Insurance**

Members are charged reduced premiums and earn larger dividends from pooling their medical malpractice, group property and cyber risk insurance.

## **Legal Consultation**

Members work together and save time in their legal review, as well as paying a reduced rate for Collaborative-wide legal services.

## **PACS**

Members benefit from ongoing support, licensing and maintenance of PACS and RIS systems.

## **Pharmacy 340B Program**

Vendors audit member 340B Programs to ensure compliance with current standards.

## **Price Transparency & Revenue Cycle Management**

Members realized savings on revenue integrity services, including billing and coding consultation. Vendors captured in this category also specialize in the creation of required price transparency tools on their patient-facing websites.

## **Recruitment**

The provision of internal and external temporary staff is managed through third-party agencies and suppliers.

## **Reference Lab**

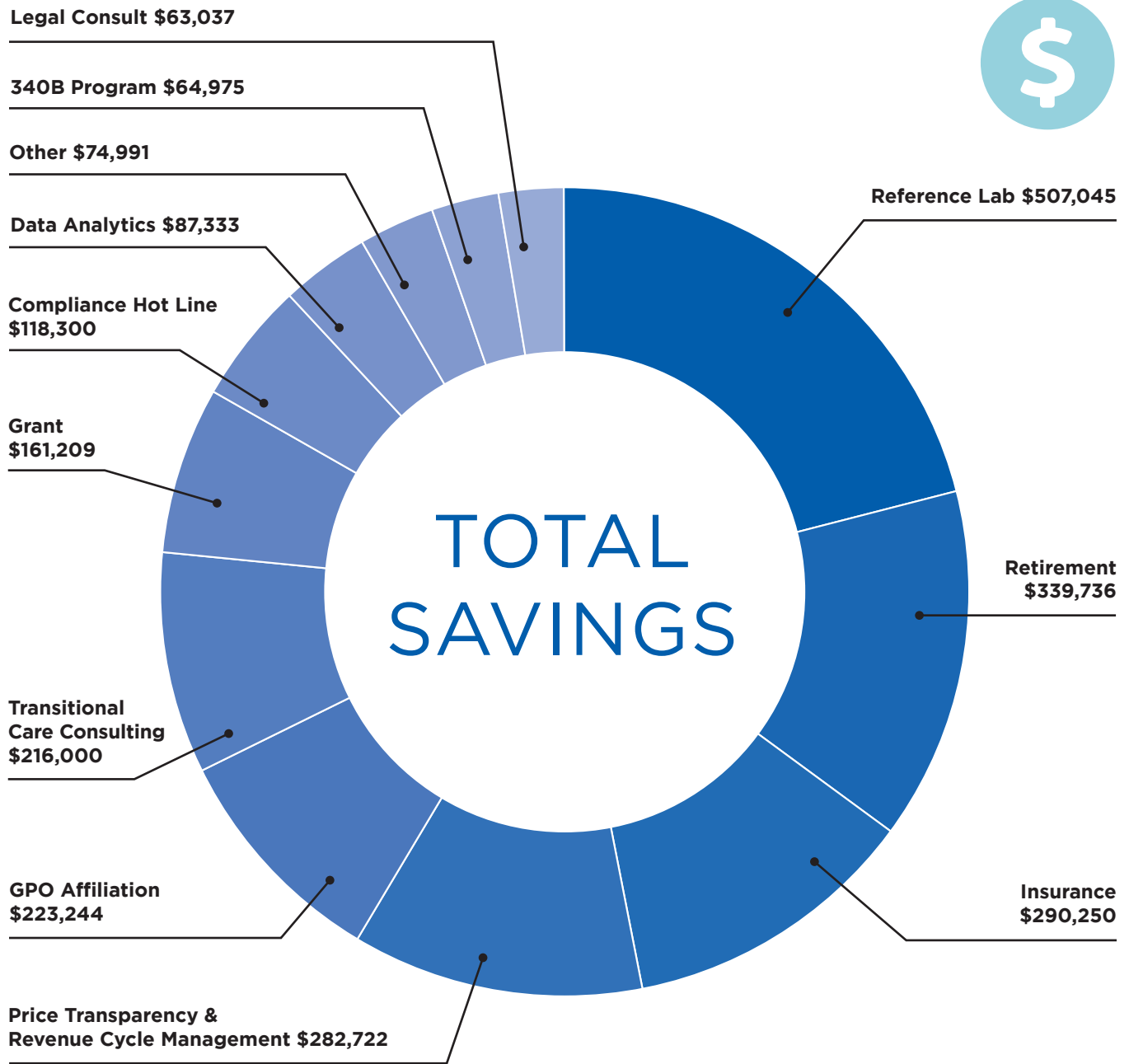
Hospitals receive volume discounts on clinic lab services through leveraging Collaborative-wide test volumes.

## **Retirement**

Hospital employees pay reduced fees on their retirement accounts through joining the Collaborative retirement plan pool.

## **Transitional Care Consulting**

Vendors partner with hospitals to develop new swing bed and transitional care programs.



**TOTAL SAVINGS FOR ALL COLLABORATIVE MEMBERS WERE \$2,428,842. THIS IS AN INCREASE OF \$814,435, OR 50.4% OVER 2019 NUMBERS.**

# Moving Forward – Strategic Plan

In September 2020 we divided up our 15 Board members into two teams in order to adhere to the Governor’s COVID Safe Start guidelines:

*Team Rodeo in Ellensburg  
at Kittitas Valley Healthcare*

*Team White Water in Elma  
at Summit Pacific Medical Center*

**We agreed on three strategic goals.**

1. Offer products and services which enable members to achieve and sustain Quadruple AIM goals.
2. The Collaborative is financially sustainable. Collaborative members benefit financially due to Collaborative services and offerings.
3. As the foundation for the defense and promotion of rural healthcare, begin the development and execution of a multi-year plan providing a springboard to a broader, more formal rural health network.

**WE ARE GRATEFUL TO OUR 2020 RETREAT SPONSORS:**

**\$5,000 LEVEL**



**\$2,500 LEVEL**



**\$2,000 LEVEL**



**\$1,500 LEVEL**





**ELYA PRYSTOWSKY**  
EXECUTIVE DIRECTOR

*Prior to joining the Rural Collaborative in late 2019, Dr. Prystowsky launched two accountable communities of health, one in the Olympic region and another in the*

*North Sound region of Washington. Dr. Prystowsky holds a PhD in epidemiology from the University of Washington and an MS in population health from Harvard University. Dr. Prystowsky is a fierce advocate for rural health, women's health and the use of data to drive decisions.*

**PAUL KENNELLY**  
SENIOR DIRECTOR

*Paul Kennelly joined the organization in 2018. He oversees the organization's Health Plan and Purchased Service contracting efforts. Paul has over 30-years of experience in healthcare in the areas of clinic operations, revenue cycle, contracting and strategic planning. He holds a Bachelor's degree in Economics and a Masters in Healthcare Administration both from the California State University, Long Beach.*

**MAGGIE MOORE**  
FINANCIAL & BUSINESS ANALYST

*Maggie brings to the team a degree in Business Administration with an Accounting focus from the University of Washington. She has experience in public health at a local health jurisdiction and with the accountable community of health in the Olympic region. Maggie is a staunch advocate for the health and wellbeing of rural populations.*

**HEATHER MULLER**  
ADMINISTRATIVE COORDINATOR

*Heather Muller is a Florida native who came to Washington six years ago. She is a graduate of Florida State University and her happy place is on the Gulf of Mexico. Heather brings extensive administrative experience to the team, including many years in the legal field. She is passionate about helping those in need and breaking down barriers to help the underdog.*

**KAROL DIXON**  
CONTRACTS SERVICES DIRECTOR

*Karol Dixon recently joined the team as the Contracts Services Director. She has worked with and for tribes throughout the Pacific Northwest and Alaska, and brings a broad background of healthcare administration, Medicaid policy and health care improvement. Karol has a B.A. in economics from the University of Alaska Anchorage, a Juris Doctor from the University of New Mexico School of Law, and a Master of Public Health from Johns Hopkins University. She also achieved Improvement Advisor status from the Institute for Healthcare Improvement.*

# Letter from the Executive Director

## 2020 WAS DEFINITELY NOT BORING.

Webster should swap out the dictionary definition of crisis with "see 2020". Interestingly, the 15th century definition of crisis (root krei) is a vitally important or decisive state of things; a point at which change must come.

In my opinion, nothing could be truer. 2020 took the Collaborative to the next level.

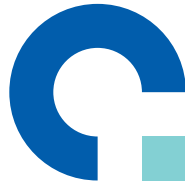
We grew our revenue. We grew our portfolio. We grew our membership. We grew closer. It was in this time of uncertainty that we embraced a culture of mutual respect and trust. It was in this time of great sadness over impacts to our lives, our families and our communities, that we reached out to help one another. And through it all, even though we were short staffed and isolated from each other, we managed to bring the Joy.

Oh and in our free time we moved our office from McCleary to Olympia, rebranded and changed our name to the Rural Collaborative. We were up for it!

Nope, the pandemic did not slow us down one bit. We stared into the face of Crisis and said "SIX FEET BACK!"

With tremendous appreciation for all of our members, their boards, their employees and their employees' families,

*Elya*



**THE RURAL  
COLLABORATIVE**  
*leaders in health transformation*

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**365 COOPER POINT ROAD NW, SUITE 102  
OLYMPIA, WA 98502**

*[www.ruralcollaborative.com](http://www.ruralcollaborative.com)*

# Arbor Health Inpatient Services



Arbor  
Health

MyArborHealth.org

1

We are a 24-bed acute care department. All of our beds are capable of providing multiple levels of care.



Arbor  
Health

- Observation
- Inpatient
- Skilled Swing Bed
- Post operative care

MyArborHealth.org

2



## Observation Service

Observation services are those services furnished on the hospital's premises, including use of a bed and periodic monitoring by Arbor Health nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition and determine the need for admission to the hospital as an inpatient.

Most observations do not exceed one day. Some patients, however, may require a second day of outpatient observation services.

MyArborHealth.org

3



## Inpatient Services

Inpatient care is the care of patients whose condition requires admission to the hospital. Inpatient care is directed towards more serious ailments and trauma that require one or more days of overnight stay at a hospital. Length of stay is at least 2 midnights or more.

MyArborHealth.org

4

# Skilled Swing Bed

Skilled Swing Bed care provides a stable, therapeutic environment in which patients can recover over a short-term period and post hospitalization short-term rehabilitation. Admissions include patients, who demonstrate a high rehabilitation potential and can usually be discharged within 21 days or less.

## Arbor Health PATIENT EXPERIENCE – MORTON HOSPITAL

Under performing areas are being perused for improvement:

- Post patient experience score monthly.
- Huddle with nursing staff
- Rounding on patients and nurses
- Rounding and communication with physicians

METRIC	MEASUREMENT	TARGET	2020	2021 YTD	1QTR21	METRIC	MEASUREMENT	TARGET	2020	2021 YTD	1QTR21
Global Rating Overall	Rating of 9 – 10		56.1	98.0	98.0	Hospital Environment Overall	Always		63.7	56.8	56.8
Recommend the Hospital	Definitely Yes		60.8	96.5	96.5	Clearliness of hospital environment	Always		84.3	97.2	97.2
Communications with Nurses Overall	Always		77.1	79.1	79.1	Quietness of hospital environment	Always		43.0	16.4	16.4
Nurses treat with courtesy/respect	Always		83.3	70.8	70.8	Communication About Medicines Overall	Always		51.9	81.6	81.6
Nurses listen carefully to you	Always		83.3	95.8	95.8	Tell you what new medicine was for	Always		62.6	98.3	98.3
Nurses explain in way you understand	Always		64.6	70.8	70.8	Staff describe medicine side effect	Always		41.2	65.0	65.0
Response of Hospital Staff Overall	Always	≥70% Top Box	79.2	99.2	99.2	Discharge Information Overall	Yes	≥70% Top Box	82.0	85.8	85.8
Call Button help soon as wanted it	Always		73.4	99.2	99.2	Staff talk about help when you left	Yes		80.4	73.3	73.3
Help toileting soon as you wanted	Always		84.9	99.2	99.2	Information re: symptoms/problems to look for	Yes		83.5	98.3	98.3
Communication with Doctors Overall	Always		70.6	80.5	80.5	Care Transitions Overall	Strongly Agree		47.5	74.4	74.4
Doctors treat with courtesy/respect	Always		77.8	97.2	97.2	Hospital staff took preference into account	Strongly Agree		44.2	74.4	74.4
Doctors listen carefully to you	Always		75.3	72.2	72.2	Good understanding managing health	Strongly Agree		44.2	49.4	49.4
Doctors explain in way you understand	Always		58.5	72.2	72.2	Understood purpose of taking medications	Strongly Agree		53.9	99.4	99.4

2021 QAPI AND PATIENT SAFETY EVALUATION  
 Version: 01 | Director's Quality Assurance | ANNUAL PLANS AND EVALUATIONS | WORKABLE DOCUMENTS | 3/22



# Department Specific Strategic Goals: IP Denials

P L A N	MEASURE	BASELINE	TARGET	NUMERATOR & DENOMINATOR	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JULY 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	TOTAL		
	All inpatients will have MCG completed and thus reduce denial rate.	50%	≤10%	Total number of inpatient approved auth	25	11	6	7	11	13								73	
				Total number of inpatient	26	11	6	7	11	13									74
				<b>COMPLIANCE %</b>	<b>4%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>									<b>1%</b>

All inpatients will have Minimum Care Guidelines (MCG) completed and thus reduce denial rate.



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# Department Specific Strategic Goals: Swing Bed

P L A N	MEASURE	BASELINE	TARGET	NUMERATOR & DENOMINATOR	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JULY 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	TOTAL			
	Increase Swing Bed admissions to achieve 25% increase in SWB admissions.	25%	100%	Swing Bed admissions CY2021/mo	9	7	4	10	6	5								41		
				Average SWB admissions CY2020	6	6	6	6	6	6										36
				<b>COMPLIANCE %</b>	<b>150%</b>	<b>117%</b>	<b>67%</b>	<b>167%</b>	<b>100%</b>	<b>83%</b>										<b>114%</b>

Increase Swing Bed admissions to achieve 25% increase in SWB admissions.



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## Recruitment & Retention

One of the challenges we face at Arbor Health is recruitment of permanent nurses due to the rural nature of East Lewis County. Currently positions are posted on Arbor Health website and Indeed.

The second challenge we face is housing.

Opportunity to improve includes posting open positions in national nursing magazines and routine posting on social media. A video promoting the hospital and the beauty of East Lewis County (Morton).

Preceptor Program for new grads.

Currently Arbor Health tries to accommodate short time housing need for staff.



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## Achievements

- Successful Hospitalist Program
- Social Worker/Case Manager
- Clinical Educator
- Certified Wound Care Nurse
- Pharmacy implemented discharge medication education with all patients



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**BOARD COMMITTEE REPORTS**

## **Arbor Health Foundation Meeting Minutes**

**Tuesday July 13, 2021**

**Online Zoom Meeting**

Attendance: Ali Draper, Diane Markham, Jessica Scoggins, Caro Johnson, Lynn Bishop, Ann Marie Forsman, Jeannine Walker, Wes McMahan, Gwen Turner, Christine Brower, Leianne Everett, Jenn Katz

Excused: Betty Jurey, Pat Siesser, Linda Herrin

### **Call to Order by President Ali Draper at 12:10pm**

President read the mission statement

### **Minutes and Treasurers Report:**

After discussion, a motion was made and approved to accept the June treasurers report. Gwen Turner/Christine Brower

Minutes of the June meeting were reviewed and a motion was made to approve. Gwen Turner/Ann Marie Forsman

### **Administrators Report-**

Leianne updated the board on recruitments which include—Orthopedic surgeon Dr. Williams in June, Family Medicine-Randle Clinic Dr. Podbilski in July, Family Medicine-Mossyrock Clinic Dr. Acosta in August and Podiatry Surgeon Dr. Peresko in September. She is also looking at filling additional positions in the future and continues to investigate the potential to establish a clinic in Packwood. Positions that need to be filled include an in-charge pharmacist, Quality Director and additional therapists.

**Directors Report:**

Jessica said that the gift shop has a large inventory and is still in need of volunteers. She suggested that the foundation either have a booth at Jubilee or at the Wellness Fair in September. Diane stated that four new scholarships have been approved.

**Old Business:**

Lynn Bishop reported that the gift shop will be re-named Carol's Corner in commemoration of Carol LaGra. A slice of wood will be engraved to honor Harold Cooper and his service to the Foundation. The Director will consult with David Krut to coordinate the installation of these memorial pieces. A motion was made to approve the project. Wes McCann/Gwen Turner

**New Business:**

Lynn Bishop reported that the Ladies Brunch is scheduled for Aug 21, 2021 and will be held in the grassy area between the High School and Centralia College. The theme for this year is "Begin Again" and volunteers and tents are needed. Jeannine and Ann Marie have agreed to help with the project. Each Foundation Director is asked to donate an item for the auction, which will be catered. The speaker will be Mary Proffitt.

The Dinner Auction is planned for Oct 2, 2021 and will be a hybrid of live and an electronic process. Max Giving is the auction software used for the auction and has been helpful with the virtual and online auction.

The Mommy Shower will be chaired by Shelley Riggs and Stephanie Poffile-Rudd

The 50/50 Raffle will be organized by Christy Greiter for the Loggers Jubilee Lawn Mower Races. Two thousand tickets will be sold and it is an easy \$1000 fund

raiser that the foundation has done for many years. Ann Marie Forsman volunteered to assist.

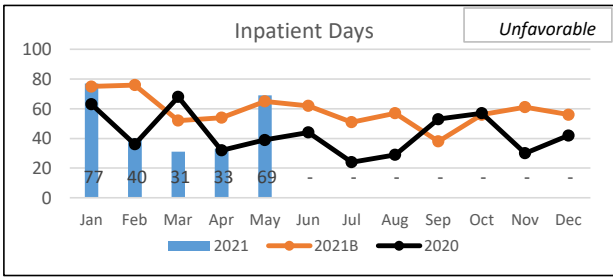
Diane said that this was her last meeting and she was very proud of the many accomplishments the foundation has had in the last fifteen years.

Meeting adjourned 12:50

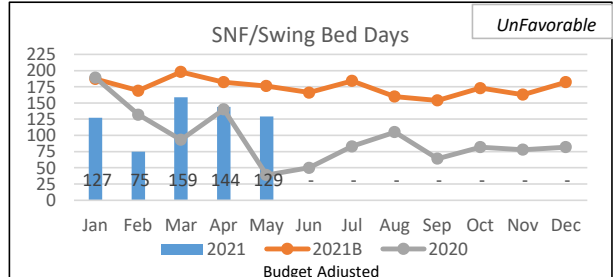
# Lewis County Hospital District No. 1 Board Financial Summary

May 31, 2021

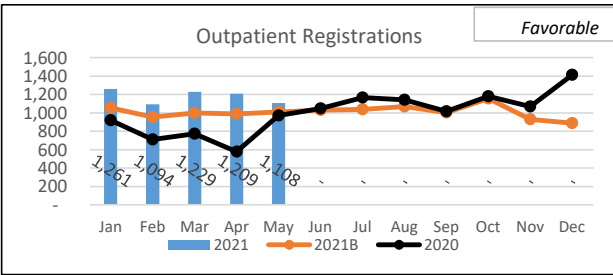
## Growth



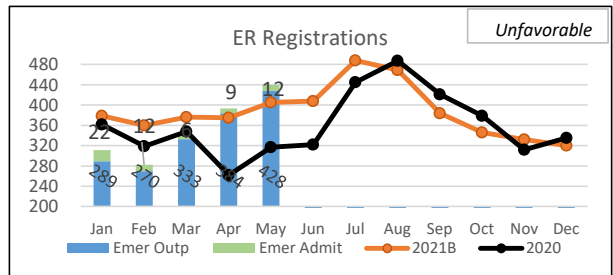
YTD: 250.00 Budget: 322.00 Pr Yr: 238.00



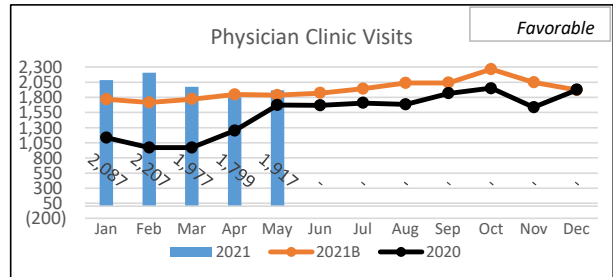
YTD: 634 Budget: 912 Pr Yr: 593



YTD: 5,901 Bud: 5,007 Pr Yr: 3,951

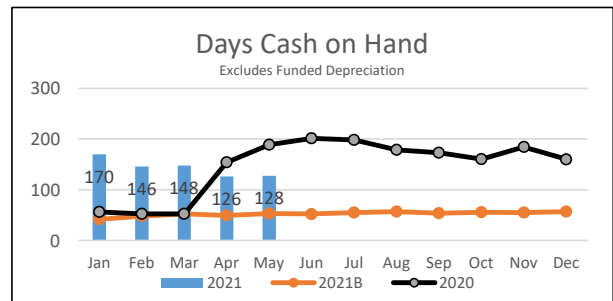
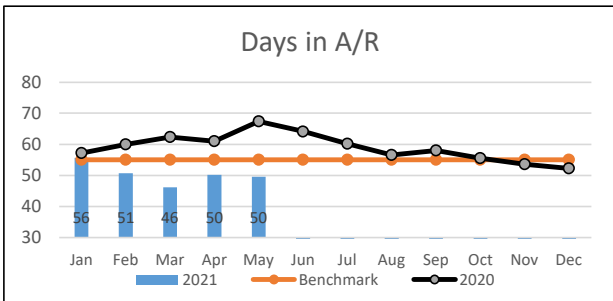
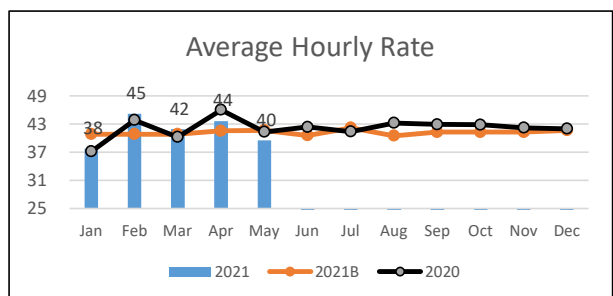
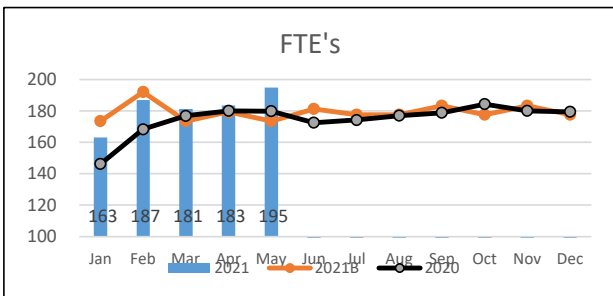


YTD: 1704 Bud: 1895 Pr Yr: 1608



YTD: 9,987 Bud: 8,942 Pr Yr: 5,999

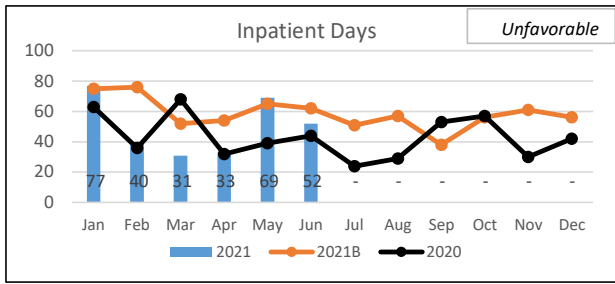
## People and Operational Aspects



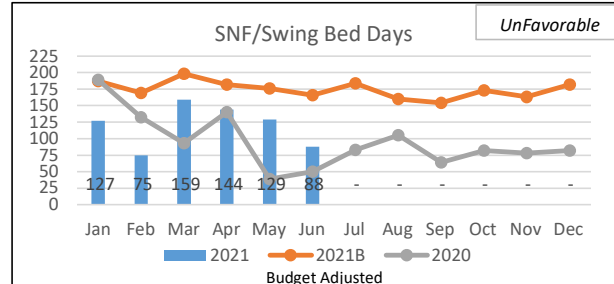
# Lewis County Hospital District No. 1 Board Financial Summary

June 30, 2021

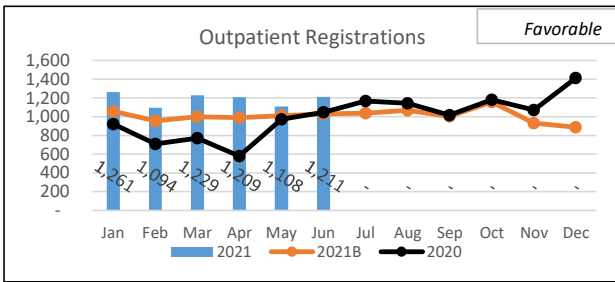
## Growth



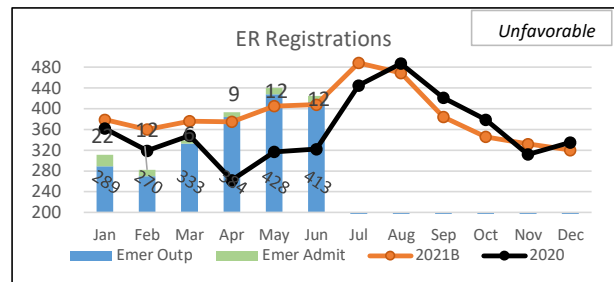
YTD: 302.00    Budget: 384.00    Pr Yr: 282.00



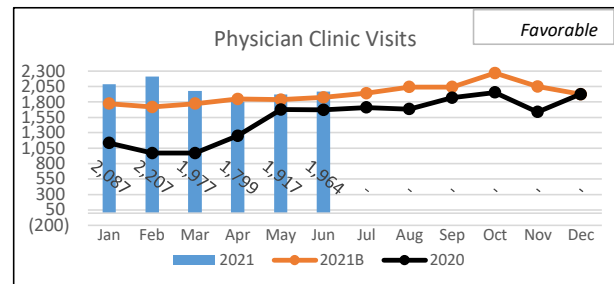
YTD: 722    Budget: 1,078    Pr Yr: 643



YTD: 7,112    Bud: 6,037    Pr Yr: 4,999

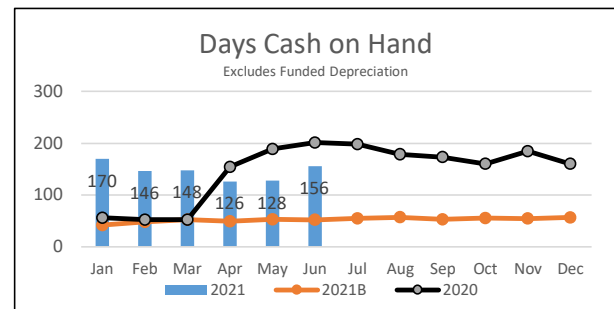
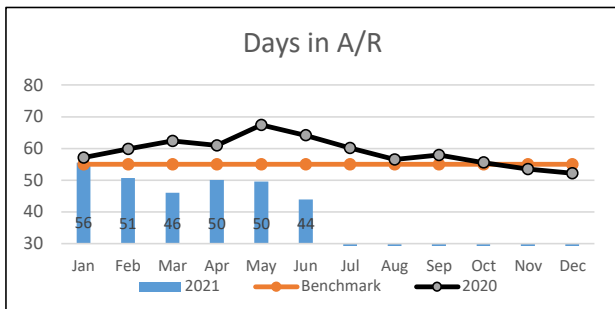
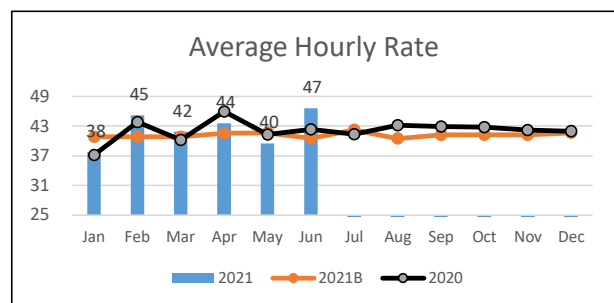
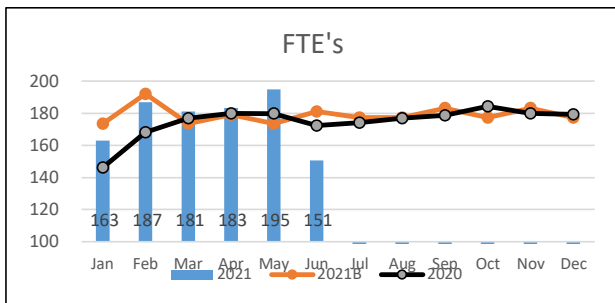


YTD: 2117    Bud: 2303    Pr Yr: 1930



YTD: 11,951    Bud: 10,814    Pr Yr: 7,668

## People and Operational Aspects





**CONSENT AGENDA**



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

**May 5, 2021 at 6 p.m.**

ZOOM

<https://myarborhealth.zoom.us/j/99664919204>

One tap mobile: +16699006833,,99664919204# US

Dial: +1 253 215 8782 US

Meeting ID: 996 6491 9204

**Mission Statement**

**To foster trust and nurture a healthy community.**

**Vision Statement**

**To provide accessible, quality healthcare.**

AGENDA	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ ACTION/FOLLOW-UP
Call to Order	<p>Board Chair Frady called the meeting via Zoom to order at 6:00 p.m.</p> <p><b>Commissioners present:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Trish Frady, Board Chair</li> <li><input checked="" type="checkbox"/> Tom Herrin, Secretary</li> <li><input checked="" type="checkbox"/> Chris Schumaker</li> <li><input checked="" type="checkbox"/> Wes McMahan</li> <li><input checked="" type="checkbox"/> Craig Coppock</li> </ul> <p><b>Others present:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Leianne Everett, Superintendent</li> <li><input checked="" type="checkbox"/> Shana Garcia, Executive Assistant</li> <li><input checked="" type="checkbox"/> Van Anderson, Packwood Resident</li> </ul>	
Reading of the Notice of the Special Meeting	<p>Board Chair Frady read the special board meeting notice.</p> <p>Board Chair Frady noted the chat function has been disabled and the meeting will not be recorded.</p>	
New Business <ul style="list-style-type: none"> <li>• Commissioner Position #2- Packwood, Randle &amp; Glenoma Areas,</li> <li>Position #3- Mossyrock &amp; Silver Creek Areas and</li> </ul>	<p>Board Chair Frady welcomed Packwood Resident Anderson. Board Chair Frady highlighted there are three positions open and when a candidate files the position is declared.</p> <p>The Board shared experiences to date on current positions held in the District.</p>	



Position #4-At Large Position	Board Chair Frady noted the Commissioner Job Description was included in this meeting's packet for reference.	
Public Comment	<p>Packwood Resident Anderson continues to be interested by actively attending meetings to become informed on district business. No additional questions asked.</p> <p>Board Chair Frady thanked Packwood Resident Anderson for attending and reiterated to file online or in person at the Lewis County Auditor's Office the week of May 17<sup>th</sup>-21<sup>st</sup>.</p>	
Adjournment	Secretary Herrin moved and Commissioner Coppock seconded to adjourned at 6:24 p.m. The motion passed unanimously.	

Respectfully submitted,

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Tom Herrin, Board Secretary

Date



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

**May 26, 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	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Frady called the meeting to order via Zoom at 3:30 p.m.  <b>Commissioners present:</b> <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  <b>Others present:</b> <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"/> Dexter Degoma, Interim Quality Manager <input checked="" type="checkbox"/> Janice Holmes, Medical Staff Coordinator <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Van Anderson, Packwood Resident <input checked="" type="checkbox"/> Tom Dingus, CPA			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> <li>☒ Larry Sinkula, Surgical Services Director</li> <li>☒ Julie Taylor, Ancillary Services Director</li> <li>☒ Julie Allen, Quality Analyst</li> <li>☒ Dexter Degoma, Interim Quality Manager</li> <li>☒ Marilyn Garcia, Quality Auditor</li> <li>☒ Char Hancock, Clinic Manager</li> <li>☒ Buddy Rose, Lewis County Journal</li> </ul>			
Approval or Amendment of Agenda	Board Chair Frady requested to move Resolution 21-23 to follow Executive Session and requested a correction to the Next Committee Meeting Dates and Times for the QIO Committee meeting from June 2 <sup>nd</sup> to June 9 <sup>th</sup> .	Secretary Herrin made a motion to approve the amended agenda. Commissioner McMahan seconded and the motion passed unanimously.		
Conflicts of Interest	Board Chair Frady asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Comments and Remarks	<p>Commissioners: Commissioner Schumaker thanked Board Chair Frady and Commissioners Coppock and McMahan for their support on financial questions.</p> <p>Commissioner McMahan commended the team on a great first DNV Survey.</p> <p>Commissioner Coppock commended the team on the DZA Audit.</p> <p>Audience: No public comment.</p>			
Executive Session- RCW 70.41.205	<p>Executive Session began at 3:40 p.m. for 5 minutes to discuss Medical Privileging. The Board returned to open session at 3:45 p.m.</p> <p>No decisions were made in Executive Session.</p> <p>New Appointments-</p> <ol style="list-style-type: none"> <li>1. Matthew Moody, DO (Emergency Medicine Privileges)</li> </ol>	Commissioner Coppock made a motion to approve the Medical Privileging as presented and Commissioner McMahan seconded.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>2. Robert Williams, MD (Orthopedic Surgery Privileges)</p> <p>Reappointments-</p> <p>1. Jeffrey Ford, MD (Emergency Medicine Privileges)</p> <p>2. Madeline Nguyen, MD (Consulting Telestroke Privileges)</p> <p>3. Nicholas Okon, MD (Consulting Telestroke Privileges)</p>	The motion passed unanimously.		
<p>New Business</p> <ul style="list-style-type: none"> <li>Resolution 21-23- Approving the Budget Amendment- Podiatrist</li> </ul>	<p>Superintendent Everett highlighted the following:</p> <ol style="list-style-type: none"> <li>Exciting opportunity with interested surgical podiatrist.</li> <li>Complementing service line to Orthopedics.</li> <li>Growing services in the District aligns with Strategic vision.</li> <li>Projecting additional revenues in the clinics, radiology and surgery. Provider will work full time-4/10's split between the Clinic and OR.</li> <li>Multi-year contract starting 09.01.21.</li> <li>Requesting a Budget Amendment of (\$150,379) which results in a reduction to the 2021 operating budget.</li> </ol>	Commissioner Schumaker made a motion to approve Resolution 21-23 and Commissioner McMahan seconded. The motion passed unanimously.		
<p>Guest Speaker</p> <ul style="list-style-type: none"> <li>Tom Dingus, Partner- Dingus, Zarecor and Associates</li> </ul>	<p>Tom Dingus highlighted the following:</p> <ol style="list-style-type: none"> <li>Presented the audited financial statement with no findings.</li> <li>Presented the financial indicators, which displays the District's history in comparison to hospitals within Washington and nationally.</li> <li>Presented no material audit changes.</li> <li>In summary, it was a good audit.</li> </ol>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Department Spotlight <ul style="list-style-type: none"> <li>Morton Clinic</li> </ul>	Clinic Manager Hancock noted Morton Clinic has had a busy first year after being acquired by the District. The Clinic continues to be repaired since the water damage, but the Clinic continues to focus on patient care. She highlighted each departments goals as it relates to the Board’s Strategic Priorities. The COVID-19 Vaccine Outreach continues to be a focus. The new service line of Orthopedics will be joining Morton Clinic in June and patients are already able to make appointments.			
<b>Board Committee Reports</b> <ul style="list-style-type: none"> <li>Hospital Foundation Report</li> </ul>	Commissioner McMahan shared the Arbor Health Foundation would like to continue supporting the area EMS crews by providing snacks and drinks in the room used by crews.			
<ul style="list-style-type: none"> <li>Finance Committee Report</li> </ul>	Commissioner Coppock highlighted the following: <ol style="list-style-type: none"> <li>Shared no movement on disaster funding.</li> <li>Identified potentially new RHC monies available.</li> <li>Supporting Pharmacy Clinical Surveillance Software purchase.</li> <li>Financial audit results show the District is on track with well documented processes.</li> <li>Days Cash on Hand continues to be strong.</li> <li>Supporting Podiatry service line as a new growth opportunity for the District.</li> <li>Presented an updated 5-year plan.</li> </ol>			
<ul style="list-style-type: none"> <li>Compliance Committee Report</li> </ul>	Interim Compliance Officer Taylor highlighted the following: <ol style="list-style-type: none"> <li>Restructuring to include a monthly operational work group that quarterly reports to the Compliance Committee.</li> <li>Implemented a similar action schedule like QIO as</li> </ol>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>an Appendix to keep the Committee on track.</p> <p>3. Recruiting for a shared Compliance Officer and still finalizing the job description.</p>			
<b>Consent Agenda</b>	<p>Board Chair Frady announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> <li>1. Approval of Minutes               <ol style="list-style-type: none"> <li>a. April 28, 2021 Regular Board Meeting</li> <li>b. May 5, 2021 Special Board Meeting</li> <li>c. May 12, 2021 Compliance Committee Meeting</li> <li>d. May 19, 2021 Finance Committee Meeting</li> </ol> </li> <li>2. Warrants &amp; EFT's in the amount of \$5,351,318.51 dated April 2021</li> <li>3. Resolution 21-20- Approving Medical Staff Bylaws</li> <li>4. Resolution 21-21- Approving the Medical Staff Rules &amp; Regulations</li> <li>5. Resolution 21-22- Approving the Purchase of the Cerner Pharmacy Clinical Surveillance Software</li> <li>6. Approve Documents Pending Board Ratification 05.26.21</li> </ol>	<p>Secretary Herrin made a motion to approve the Consent Agenda and Commissioner McMahan seconded. The motion passed unanimously.</p>		
<b>Old Business</b> <ul style="list-style-type: none"> <li>• Incident Command Update</li> </ul>	<p>CNO/CQO Williamson highlighted the following:</p> <ol style="list-style-type: none"> <li>1. The COVID-19 rates continue to vary as vaccines are administered. The demand for vaccines has diminished.</li> <li>2. The Multidisciplinary Committee continues to be active in discussing COVID-19.</li> </ol>			



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ol style="list-style-type: none"> <li>3. A workgroup has been identified to plan for inpatient vaccinations.</li> <li>4. Outreach efforts continue in the District.</li> <li>5. Mask requirement changes from CDC do not apply to healthcare settings.</li> <li>6. Approved one visitor per ED patient and per the doctor's discretion.</li> <li>7. 7 day rolling average for Lewis County is 17 cases.</li> </ol>			
<b>New Business</b> <ul style="list-style-type: none"> <li>• Board Bylaws</li> </ul>	<p>Board Chair Frady shared proposed edits bylaws.</p> <p>The Board accepted the changes and will adopt at the next Regular Board Meeting.</p>	<p>Prepare a resolution to adopt the revised board bylaws.</p>	<p>Executive Assistant Garcia</p>	<p>07.28.21 Regular Board Meeting</p>
<ul style="list-style-type: none"> <li>• Special Board Meeting</li> </ul>	<p>Board Chair Frady shared the Special Board Meeting is on June 2, 2021 for the following declared candidates:</p> <ol style="list-style-type: none"> <li>1. Van Anderson</li> <li>2. Laura Richardson</li> <li>3. Chris Schumaker</li> <li>4. Kim Olive</li> <li>5. Craig Coppock</li> </ol> <p>There will be a webinar to watch and then the Board will take Public Comment for any questions.</p>	<p>Invite declared candidates to the Special Board Meeting via email.</p>	<p>Superintendent Everett</p>	<p>06.02.21 Special Board Meeting</p>
<p>Superintendent Report</p> <ul style="list-style-type: none"> <li>• Packwood Clinic</li> <li>• Emergency Power</li> </ul>	<p>CFO Boggess shared the following:</p> <ol style="list-style-type: none"> <li>1. Reviewed potential sites for a future Packwood Clinic on Highway 12.</li> <li>2. Experiencing a set back with the OR HVAC System, but hoping to resolve by June 4, 2021. Generator project is on track. There was a recent DOH concern related to fuel capacity; however, Wood Harbinger confirmed the generators have double 96 hours minimum.</li> </ol> <p>Superintendent Everett shared the District has elected to not sell the Elbe Property at this time given the</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	housing demand. As of right now, we are in a holding pattern in the event we need it for interim staff or travelers.			
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 5:35 p.m. The motion passed unanimously.			

Respectfully submitted,

Tom Herrin, Secretary

Date

DRAFT



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

**June 2, 2021 at 6:00 p.m.**

ZOOM

<https://myarborhealth.zoom.us/j/94666647111>

Meeting ID: 946 6664 7111

One tap mobile: +12532158782,,94666647111#

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 Frady called the meeting to order via Zoom at 6:00 p.m.  Present in Person or via ZOOM/TEAMS <input checked="" type="checkbox"/> : <input checked="" type="checkbox"/> Trish Frady, Board Chair <input checked="" type="checkbox"/> Tom Herrin, Secretary <input type="checkbox"/> Chris Schumaker, Commissioner <input type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Craig Coppock, Commissioner <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Van Anderson, Declared Candidate-Position #4 <input checked="" type="checkbox"/> Kim Olive, Declared Candidate-Position #2 <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO			
Conflicts of Interest		None noted.		
Reading of the Notice of the Special Meeting	Board Chair Frady read the special board meeting notice.  Board Chair Frady noted the chat function has been disable and the meeting will not be recorded.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<p>New Business</p> <ul style="list-style-type: none"> <li>Commissioner Candidate Webinar</li> </ul>	<p>The Board presented the webinar for the declared candidates.</p>			
<p>Public Comment</p>	<p>Kim Olive is an advocate for Arbor Health and is excited for the opportunity to run for Position #2.</p> <p>Van Anderson requested RCW's noted in the presentation and wanted clarification regarding Critical Access Hospital (CAH) reimbursements.</p> <p>Board Chair Frady and Secretary Herrin noted the presentation was informative.</p> <p>Commissioner Coppock agreed and is interested to see what the new normal is going forward.</p> <p>Superintendent Everett will share the webinar following the meeting and reiterated the CAH reimbursement model is complex, but the Board has educational options to further educate Commissioners on financial topics.</p> <p>Superintendent Everett shared the following:</p> <ol style="list-style-type: none"> <li>The District is a member of the AWPHD and she serves as a board member, as well as participates in the Finance Committee.</li> <li>Via Consulting is who facilitated the District's Strategic Planning Retreat in 2020 and are very happy with the outcome. Planning to recommend utilizing Karma Bass in the future.</li> <li>Commissioner education is important to do outside of board and committee meetings. In addition to the items noted in the presentation, the District</li> </ol>	<p>Email declared candidates the "Commissioner Candidate Webinar."</p>	<p>Superintendent Everett</p>	<p>6/3/21</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>had iProtean training available to Commissioners and it is highly encouraged for Commissioners to complete.</p> <p>Board Chair Frady thanked the declared candidates for attending.</p>			
Adjournment	<p>Secretary Herrin moved and Commissioner Coppock seconded to adjourn at 7:10 p.m. The motion passed unanimously.</p>			

DRAFT



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
 QUALITY IMPROVEMENT OVERSIGHT MEETING  
 June 9, 2021 at 7:00 a.m.  
 ZOOM**

**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	Commissioner McMahan called the meeting to order via Zoom at 7:04 a.m.  Present in Person or via ZOOM <input checked="" type="checkbox"/> : <input checked="" type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Chris Schumaker, Commissioner <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"/> Julie Allen, Quality Data Analyst <input checked="" type="checkbox"/> David Crouch, Interim Facilities Director <input type="checkbox"/> Lynn Bishop, Community Member <input type="checkbox"/> Kathleen Arnold, Pharmacist <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input type="checkbox"/> Amanda Seals, Employee Health <input checked="" type="checkbox"/> Dr. Mark Hansen, Chief of Staff <input type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> Kelly Hauser, Clinical Educator <input checked="" type="checkbox"/> LeeAnn Evans, Inpatient and ED Services Director <input checked="" type="checkbox"/> Shannon Kelly, CHRO			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> <li>☒ Janice Holmes, Medical Staff Coordinator</li> <li>☒ Katelin Forrest, HR Generalist</li> <li>☒ Sherry Sofich, Revenue Cycle Director</li> <li>☒ Gary Preston, MA PhD CIC FSHEA</li> </ul>			
Approval or Amendment of Agenda		Interim Quality Manager Degoma made a motion to approve the agenda and Superintendent Everett seconded. The motion passed unanimously.		
Conflicts of Interest	The Committee noted none.			
Committee Reports <ul style="list-style-type: none"> <li>• Environment of Care (EOC)</li> </ul>	Interim Quality Manager Degoma noted the following: <ol style="list-style-type: none"> <li>1. Reviewed policies, procedures and plan and recommending approval in consent agenda.</li> <li>2. Implemented an EOC Dashboard per a DNV recommendation.</li> <li>3. Revised the committee flow to meet recommended guidelines, so additional committees will be reporting.</li> </ol>			
Consent Agenda <ul style="list-style-type: none"> <li>• Approval of Minutes:</li> <li>• <i>April 7, 2021 Quality Improvement Oversight (QIO) Committee Meeting</i></li> <li>• <i>April 21, 2021 Environment of Care (EOC) Committee Meeting</i></li> </ul>	Approval of the following: <ol style="list-style-type: none"> <li>1. Quality Improvement Oversight (QIO) Committee Meeting 04/07/21</li> <li>2. Environment of Care (EOC) Committee Meeting 04/21/21</li> </ol> Approval of the following policies, procedures and plans: <ol style="list-style-type: none"> <li>1. Asbestos Management</li> <li>2. Authorities Having Jurisdiction Inspections/Approval</li> <li>3. Authority for Life Safety Code</li> <li>4. Code Red</li> <li>5. Confined Spaces</li> </ol>	CFO Boggess made a motion to approve the consent agenda and Superintendent Everett seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>Approval of Policies, Procedures &amp; Plans</li> </ul>	<ol style="list-style-type: none"> <li>Environment of Care Master Plan</li> <li>Fall Prevention Program</li> <li>Fire Drills</li> <li>H1: Participation in the Facility Emergency Preparedness Plan</li> <li>Labeling Hazardous Chemicals</li> <li>Life Safety Assessment</li> <li>Life Safety Building Assessment</li> <li>Life Safety Drawings</li> <li>Life Safety Drawings Policy</li> <li>Maintaining Grounds and Equipment</li> <li>Mapping Utility System Controls</li> <li>Medical Device Recalls and Hazard Notices</li> <li>Preventative Maintenance</li> <li>RESI-TEST SlideThru and Swab Form</li> <li>Safety Data Sheet (SDS) Management</li> <li>Safety Officer</li> <li>Testing of Infection Control Equipment</li> <li>Universal Masking as Source Control</li> <li>Utility Selection of Equipment</li> <li>Utility Systems Failure and Emergency Response</li> <li>Water Treatment</li> </ol>			
<p>Old Business</p> <ul style="list-style-type: none"> <li>040721 Action Item Verbal Follow Up</li> </ul>	<p>Interim Quality Manager Degoma reported the following:</p> <ol style="list-style-type: none"> <li>Clinical Educator Hauser is partnering closely with LifeCenter NW to schedule training. LifeCenter NW has provided examples of polices/procedures and better reporting is occurring.</li> <li>An update on employee needlestick injuries during the department PI updates.</li> </ol>			



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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<ul style="list-style-type: none"> <li>Regulatory Update</li> <li><i>EMTALA Survey-May 11, 2021</i></li> <li><i>Hospital Accreditation DNV Survey-May 18-20, 2021</i></li> </ul>	<p>CNO/CQO Williamson highlighted the following:</p> <ol style="list-style-type: none"> <li>The Hospital had an EMTALA Survey on May 11, 2021. DOH reviewed charts, procedures, minutes, interviewed staff and educational requirements. The letter states there was no evidence violating EMTALA.</li> <li>The Hospital received DNV’s final survey report. There were 17 nonconformities and the due date for the corrective action plan is June 12, 2021. Quality is collaborating with managers to develop action plans to improve upon the items identified in the survey.</li> </ol>			
<p>New Business</p> <ul style="list-style-type: none"> <li>Department Specific Performance Improvement Features</li> </ul>	<ol style="list-style-type: none"> <li>Patient Access, Health Information Management &amp; Billing:             <ol style="list-style-type: none"> <li>Focused on reducing denials, identified barriers for each department and plans to accomplish the goals established.</li> </ol> </li> <li>Employee Health:             <ol style="list-style-type: none"> <li>Focused on reporting an injury within 24 hours and number of uninjured workers, identified employee barriers and have revisited the process for following up on a report and evaluating incidents.</li> </ol> </li> <li>Medical Staff Services:             <ol style="list-style-type: none"> <li>Focused on initial appointments, completing within</li> </ol> </li> </ol>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>75 days and brought the entire privileging process back inhouse.</p> <p>4. Human Resources:</p> <p>a. Focused on turnover rate, no pattern of a trend but tends to be entry level positions and completing exit interviews to track exits.</p>			
<ul style="list-style-type: none"> <li>QAPI Dashboard-1QTR2021</li> </ul>	<p>Interim Quality Manager Degoma noted the following:</p> <p>a. Reviewed 1QTR2021 data and noted focused on the data trending in the yellow and red. DNV recommended adding the identified barriers and the actions being taken or not taken to overcome.</p> <p>b. Data comparisons are through the collaborative.</p> <p>c. Antimicrobial Stewardship includes reviewing if a drug was used appropriately. The data chart needs to identify the x/y proportion.</p> <p>d. Peer Review occurred last month and review was noted.</p> <p>Commissioner McMahan identified a measure mislabeled on page 36.</p>	<p>Add * to share numerator/denominator for reference.</p> <p>Correct a label.</p>	<p>Ancillary Services Director Taylor &amp; Dr. Preston</p> <p>Interim Quality Manager Degoma</p>	<p>Prior to QIO Meeting on 07.07.21.</p> <p>Prior to QIO Meeting on 07.07.21.</p>
<p>Meeting Summary &amp; Evaluation</p>	<p>Commissioner Schumaker provide a summary and the next QIO Meeting is July 7, 2021 at 7 a.m.</p>			
<p>Adjournment</p>	<p>CNO/CQO Williamson moved and Superintendent Everett seconded to adjourn at 8:00 a.m. The motion passed unanimously.</p>			



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
Finance Committee Meeting  
June 30, 2021, at 12:00 p.m.  
Conference Room 1 & Via Zoom**

**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	Commissioner Coppock called the meeting to order via Zoom at 12:00 a.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Tom Herrin, Secretary <input checked="" type="checkbox"/> Craig Coppock, Commissioner  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input type="checkbox"/> Sara Williamson, CNO/CQO <input type="checkbox"/> Stephanie Scarborough, Respiratory Services Manager			
Approval or Amendment of Agenda	None noted.	Secretary Herrin made a motion to approve the agenda and Community Member Fisher seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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"> <li>1. Review of Finance Minutes –May 19, 2021</li> <li>2. Revenue Cycle Update</li> <li>3. Board Oversight Activities</li> <li>4. Financial Statements-May</li> </ol>	Secretary Herrin made a motion to approve the consent agenda and Community Member Fisher seconded. The motion passed unanimously.		
<p>Old Business</p> <ul style="list-style-type: none"> <li>• Financial Department Spotlight</li> </ul>	CFO Boggess deferred the department spotlight for Nursing, Acute/SNF to the July Finance Committee Meeting.		Sara Williamson & LeeAnn Evans	07.21.21 Finance Committee Meeting
<ul style="list-style-type: none"> <li>• Capital Planning 5-Year View</li> </ul>	<p>CFO Boggess noted the District historically manages a 3-year capital planning cycle and will be expanding to a 5-year plan. During 2022 operational budget planning process, a capital planning discussion will be added for managers to review. Managers will review their department assets and identify aging/end of life items needing to be replaced. The District will begin to plan for future financial resources to meet the required capital needs. This could include operational cash, loans and/or bond issuance.</p> <p>Currently, the Leadership Team reviews the capital plan to prioritize the needs. Items whose cost exceeds the Superintendent authority are scheduled for Board approval. This broader timeline should create a stronger capital planning process to further the District’s vision and mission.</p>			
<p>New Business</p> <ul style="list-style-type: none"> <li>• State of WA-Meaningful Use Audit</li> </ul>	CFO Boggess shared the District provided appropriate supporting documentation for achieving Meaningful Use for the year 2015. The audit result letter indicated no adverse findings and no follow-up is required			
<ul style="list-style-type: none"> <li>• Capital Purchase Pulmonary</li> </ul>	CFO Boggess shared the District’s PFT equipment is over its useful lifespan. The preferred vendor in	The Finance Committee supported requesting the	Shana Garcia	07.28.21 Regular Board Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Function Testing (PFT) Machine Upgrade	the market is MGC Diagnostics. Images can flow through Cerner. The document indicates that FEMA will be a source of funding. After reviewing further it was determined that FEMA will not be a funding source for this capital purchase.	Board's approval of a resolution at the Regular Board Meeting.		
<ul style="list-style-type: none"> <li>Long Term Debt Structure of LCHD No. 1</li> </ul>	<p>CFO Boggess presented the District's different types of debt in place. The District will lose revenue via taxing authority at the maturity of the 2012 UTGO bond levy. The District could consider replacing with new voter approved debt or will need to consider how we fund differently going forward. The LTGO bond principal/interest, and US Bank Note are supported by the "operational levy" currently in place. Other debt instruments the District has attained through notes with North Cascades Bank (Pandemic Monies) and GE Government Finances (Generator &amp; HVAC), as well as a few equipment leases.</p> <p>Commissioner Herrin request more information regarding interest rates on copy machines and printers.</p>	<p>Provide interest rates for copy machine/printer leases.</p>	Richard Boggess	07.21.21 Finance Committee Meeting
<ul style="list-style-type: none"> <li>Staff Retention Discussion</li> </ul>	<p>CFO Boggess shared that in the spirit of recognizing employees who decided to stick it out during the pandemic and not to seek employment elsewhere, we are proposing an incentive payment. Retention programs nationwide are increasingly becoming popular to thank employees for their loyalty during this experience. Not only are there costs associated with turnover, but we lose knowledge and history with the company. Employees are such a meaningful asset to Arbor Health.</p> <p>The Finance Committee supported the proposal and recommended proposing the following to the Board:</p>	The Finance Committee supported requesting the Board's approval of a resolution at the Regular Board Meeting.	Shana Garcia	07.28.21 Regular Board Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ol style="list-style-type: none"> <li>1. Gross up the net affect (CFO Boggess will provide and estimation to the Board) or</li> <li>2. Incentive Pay will be subject to applicable taxes, withholdings and deductions. (CFO Boggess estimated the payout would be \$160,750.)</li> </ol> <p>The estimated costs reflect employee structure as of June 2021 and are subject to change.</p>	Provide a grossed-up estimation to make the employee whole.	Richard Boggess	07.28.21 Regular Board Meeting
<ul style="list-style-type: none"> <li>• Capital Update</li> </ul>	<p>CFO Boggess presented the costs related to the Generator/HVAC Project. There are additional change orders with estimated costs at \$48,000. All line items are being addressed with architect to validate appropriateness. Experiencing delays due to certain part availability.</p> <p>CFO Boggess noted improvements continue to be made to Morton Clinic and estimating to be fully operational by mid to late August pending unforeseeable circumstances.</p>			
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	Commissioner Coppock adjourned the meeting at 1:04 pm.			



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
Plant Planning Committee Meeting  
July 14, 2021, at 12:00 p.m.  
Conference Room 1 & Via Zoom**

**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	Secretary Herrin called the meeting to order via Zoom at 12:02 p.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Tom Herrin, Secretary <input type="checkbox"/> Chris Schumaker, Commissioner  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> David Crouch, Facilities Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO			
Approval or Amendment of Agenda	None noted.	CFO Boggess made a motion to approve the agenda and Superintendent Everett seconded. The motion passed unanimously.		
Conflicts of Interest	None noted.			
Consent Agenda	Secretary Herrin announced the following in consent agenda up for approval: 1. Review of Plant Planning Minutes –April 19, 2021	CFO Boggess made a motion to approve the agenda and Superintendent Everett seconded.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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		The motion passed unanimously.		
Old Business				
<ul style="list-style-type: none"> <li>None.</li> </ul>				
New Business	<p>CFO Boggess shared the District is reviewing three potential properties for the future Packwood Clinic. Optimal square footage would be between 5,000 to 10,000 sq ft, so there would be expansion opportunity. The Plant Planning Committee reviewed the pros and cons for the following properties:</p> <ol style="list-style-type: none"> <li>Packwood Station</li> <li>Peters Inn</li> <li>Packwood Community Senior Center</li> </ol> <p>There are limited opportunities for property options, leaning towards leasing first to test viability, short timeline as the community wants healthcare in the area with being such a hot market with many people retiring to the area. The District is trying to avoid competition coming in and meeting the needs of the District on our terms.</p> <p>Secretary Herrin preferences would be to explore in the following order:</p> <ol style="list-style-type: none"> <li>Peters Inn</li> <li>Community Center</li> <li>Packwood Station (not interested-too much risk)</li> </ol> <p>The Plant Planning Committee supports moving forward with pursuing the Peters Inn. CFO Boggess will engage a realtor to contact the owner and gauge interest in leasing/selling and costs associated.</p>			
		Engage realtor regarding Peters Inn to see if interested in leasing/selling and costs associated. Bring topic to next Finance Committee Meeting to discuss financial logistics.	CFO Boggess	08.18.21 Finance Committee Meeting
Meeting Summary & Evaluation	Next Meeting-October 13, 2021			
Adjournment	Secretary Herrin adjourned the meeting at 12:48 p.m.			





**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
Finance Committee Meeting  
July 21, 2021, at 12:00 p.m.  
Conference Room 1 & Via Zoom**

**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	<p>Commissioner Coppock called the meeting to order via Zoom at 12:00 a.m.</p> <p>Commissioner(s) Present in Person or via Zoom:  <input checked="" type="checkbox"/> Tom Herrin, Secretary  <input checked="" type="checkbox"/> Craig Coppock, Commissioner</p> <p>Committee Member(s) Present in Person or via Zoom:  <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant  <input checked="" type="checkbox"/> Richard Boggess, CFO  <input checked="" type="checkbox"/> Leianne Everett, Superintendent  <input checked="" type="checkbox"/> Marc Fisher, Community Member  <input checked="" type="checkbox"/> Clint Scogin, Controller  <input type="checkbox"/> Sherry Sofich, Revenue Cycle Director  <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO  <input checked="" type="checkbox"/> LeeAnn Evans, ED/Inpatient Services Director  <input checked="" type="checkbox"/> Ferial Khan-Burse, Interim Nursing</p>			
Approval or Amendment of Agenda	None noted.	Secretary Herrin made a motion to approve the agenda and CFO Boggess seconded. The		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
		motion passed unanimously.		
Conflicts of Interest	Commissioner Coppock asked the Committee to state any conflicts of interest with today's agenda.	Richard Boggess, Leianne Everett, Sara Williamson, Clint Scogin & Shana Garcia noted a conflict of interest with agenda topic Staff Retention Discussion. LeeAnn Evan will be leaving the meeting immediately following the department spotlight.		
Consent Agenda	Commissioner Coppock announced the following in consent agenda up for approval: <ol style="list-style-type: none"> <li>1. Review of Finance Minutes –June 30, 2021</li> <li>2. Revenue Cycle Update</li> <li>3. Board Oversight Activities</li> <li>4. Financial Statements-June</li> </ol>	CFO Boggess made a motion to approve the consent agenda and Secretary Herrin seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> <li>• Financial Department Spotlight</li> </ul>	ED/Inpatient Services Director Evans provided departmental updates which included volume challenges, high usage of travelers due to the difficulty in recruiting, increase in supplies cost due to COVID pandemic, efforts to continue to recruit patients for the swing bed program and continue to refine staffing to meet the needs of patients, education and training requirements.	Next month's department report will be Sleep Clinic.	Char Hancock	08.18.21 Finance Committee Meeting
<ul style="list-style-type: none"> <li>• Lease Update</li> </ul>	CFO Boggess indicated the renewal on the used equipment is at higher interest rate than the new equipment. The renewal rate is around 10%.			
New Business <ul style="list-style-type: none"> <li>• Health Insurance 2021 Quarter 2 Update</li> </ul>	CFO Boggess shared the District's plan experience continues to exceed prior year. Healthcare costs are outpacing last year with the several large cases requiring hospitalizations. Presented comparative data and hoping in the last months of the calendar year that expenses will fall back into line			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	with projections. The District continues to receive funds related to the Stop Loss Coverage receivable from 2020.			
<ul style="list-style-type: none"> <li>2020 Bond Disclosure Filing</li> </ul>	CFO Boggess shared the District fulfilled their obligations to their bond holders by disclosing audited financial statements via Electronic Municipal Market Access system (EMMA).			
<ul style="list-style-type: none"> <li>Staff Retention Discussion</li> </ul>	In follow-up to last meeting, CFO Boggess presented possible cost impacts to keeping employee whole against the tax impact. Variables includes FICA, pre-tax deductions, FIT withholding allowance and uniform application to employees. The Finance Committee continues to support this initiative and requested Superintendent Everett and CFO Boggess propose a methodology that accomplishes applying a process that makes the employee whole for taxes, that is not labor intensive and establish an estimated cost to the organization.	The Finance Committee supported requesting the Board's approval of a resolution at the Regular Board Meeting.	Leianne Everett & Richard Boggess	07.28.21 Regular Board Meeting
<ul style="list-style-type: none"> <li>Physician Compensation Model</li> </ul>	CFO Boggess provided an informational memo regarding the physician compensation model used by Arbor Health.			
<ul style="list-style-type: none"> <li>2022 Budgeting Planning</li> </ul>	CFO Boggess identified the 2022 known impacts to the upcoming budget which includes inflation, contract costs, labor costs, as well as volume changes dependent on payor mix.			
<ul style="list-style-type: none"> <li>Capital Update</li> </ul>	<p>CFO Boggess identified six change orders related to the OR HVAC/Generator Project. The project has been delayed due to electrical components being on backorder. Anticipating a completion date towards the end of August unless there are additional unknown delays.</p> <p>The Finance Committee supported the change order expenses in the amount of \$48,392 and will</p>	The Finance Committee supported requesting the Board's approval of a resolution at the Regular Board Meeting.	Shana Garcia	07.28.21 Regular Board Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>recommend approval at the Board level.</p>			
<ul style="list-style-type: none"> <li>District Bank Signers</li> </ul>	<p>CFO Boggess discussed the need to update bank signers for the District’s bank accounts at Columbia Bank and Security State Bank. Legal advised appointing additional auditors for the District who can be signers on accounts.</p> <p>Administration is recommending Superintendent Everett and CFO Boggess as additional Auditors.</p> <p>Administration is recommending that Controller Clint Scogin be added as a signer to increase flexibility in account management.</p> <p>The second recommendation is requesting the Board delegate operation authority to manage the signers on the account to the Superintendent.</p> <p>Expected signers are by position as follows:</p> <ol style="list-style-type: none"> <li>Superintendent-Leianne Everett</li> <li>CFO-Richard Boggess</li> <li>Controller-Clint Scogin</li> <li>Treasurer-Army Davis</li> </ol> <p>The Finance Committee supported appointing additional auditors and delegating the management of the bank signers to the Superintendent and will recommend approval at the Board level.</p>	<p>The Finance Committee supported requesting the Board’s approval of the two resolutions at the Regular Board Meeting.</p>	<p>Shana Garcia</p>	<p>07.28.21 Regular Board Meeting</p>
<ul style="list-style-type: none"> <li>Introduce New Service Line</li> </ul>	<p>Superintendent Everett is in the exploratory stage of an Urgent Care Clinic Model like a Walk in Clinic that would potentially be located on campus in the Specialty Clinic. The schedule would provide gaps where the District’s Rural Health Clinics are unable to meet; Friday, Saturday, Sunday and Monday.</p>			
<ul style="list-style-type: none"> <li>Surplus or Dispose of</li> </ul>	<p>CFO Boggess presented the list of the District’s personal property that</p>	<p>The Finance Committee supported requesting the</p>	<p>Shana Garcia</p>	<p>07.28.21 Regular Board Meeting</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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Certain Property	<p>needs to be surplusd or disposed of.</p> <p>The Finance Committee supported the surplusng and/or disposing of certain property and will recommend approval at the Board level.</p>	Board's approval of a resolution at the Regular Board Meeting.		
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	Commissioner Coppock adjourned the meeting at 1:10 pm.			

DRAFT

WARRANT & EFT LISTING NO. 2021-05

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

\$4,156,459.49 this 28<sup>th</sup> day

of July 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 \$4,156,459.49 dated May 1, 2021 –May 31, 2021.

**Routine A/P Runs**

Warrant No.	Date	Amount	Description
121258 - 121262	3-May-2021	16,828.76	CHECK RUN
121379	4-May-2021	3,303.94	CHECK RUN
121300 - 121358	7-May-2021	837,937.78	CHECK RUN
121359 - 121378	10-May-2021	904,025.98	CHECK RUN
121380	10-May-2021	3,024.51	CHECK RUN
121381 - 121452	14-May-2021	109,711.05	CHECK RUN
121453 - 121464	17-May-2021	85,634.88	CHECK RUN
121465 - 121467	21-May-2021	296.30	CHECK RUN
121468	21-May-2021	909.99	CHECK RUN
121469 - 121485	24-May-2021	801,942.84	CHECK RUN
121486 - 121538	21-May-2021	192,805.09	CHECK RUN
121539 - 121574	28-May-2021	17,906.44	CHECK RUN
121575 - 121579	28-May-2021	2,007.12	CHECK RUN
121580 - 121583	28-May-2021	966.98	CHECK RUN
121591 - 121609	28-May-2021	15,967.15	CHECK RUN
121610	28-May-2021	250.00	CHECK RUN
121611	17-May-2021	10,256.90	CHECK RUN
121612	26-May-2021	19,642.27	CHECK RUN
121613	28-May-2021	732.60	CHECK RUN
121613	27-May-2021	42.11	CHECK RUN
<b>Total - Check Runs</b>		<b>\$ 3,024,192.69</b>	

**Error Corrections - in Check Register Order**

Warrant No.	DATE VOIDED	Amount	Description
119282	13-May-21	86.25	VOID CHECK
120525	13-May-21	153.00	VOID CHECK
118535	28-May-21	614.88	VOID CHECK
120526	13-May-21	78.75	VOID CHECK
120804	13-May-21	75.00	VOID CHECK
116647	18-May-21	117.97	VOID CHECK
119133	18-May-21	223.24	VOID CHECK
120524	18-May-21	48.80	VOID CHECK
121245	18-May-21	909.99	VOID CHECK
<b>TOTAL - VOIDED CHECKS</b>		<b>\$ 2,307.88</b>	

**COLUMBIA BANK CHECKS, EFT'S & VOIDS** **\$ 3,021,884.81**

Eft	Date	Amount	Description
1099	4-May-21	927.12	MCKESSON
1100	11-May-21	123.17	MCKESSON
PAYROLL TAX	14-May-21	155,998.46	IRS/ PAYROLL TAX
PAYROLL	14-May-21	416,876.94	PAYROLL
1101	18-May-21	606.02	MCKESSON
1102	2-May-21	138.75	MCKESSON
PAYROLL TAX	28-May-21	153,425.53	IRS/ PAYROLL TAX
PAYROLL	28-May-21	406,478.69	PAYROLL
<b>TOTAL EFTS AT SECURITY STATE BANK</b>		<b>\$ 1,134,574.68</b>	

**TOTAL CHECKS, EFT'S, & TRANSFERS** **\$ 4,156,459.49**

WARRANT & EFT LISTING NO. 2021-06

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

\$4,126,642.18 this 28<sup>th</sup> day

of July 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 \$4,126,642.18 dated June 1, 2021 –June 30, 2021.



**Routine A/P Runs**

Warrant No.	Date	Amount	Description
121584 - 121590	1-Jun-2021	39,596.43	CHECK RUN
121615	1-Jun-2021	981.00	CHECK RUN
121616	2-Jun-2021	39.00	CHECK RUN
121617 - 121634	7-Jun-2021	133,877.17	CHECK RUN
121635 - 121692	4-Jun-2021	151,446.17	CHECK RUN
121693	8-Jun-2021	559,904.22	CHECK RUN
121694 - 121709	14-Jun-2021	188,076.82	CHECK RUN
121710 - 121774	11-Jun-2021	182,440.55	CHECK RUN
121775 - 121776	4-Jun-2021	4,284.24	CHECK RUN
121777	8-Jun-2021	2,597.50	CHECK RUN
121778 - 121792	18-Jun-2021	671,729.25	CHECK RUN
121793 - 121859	18-Jun-2021	870,254.32	CHECK RUN
121860	29-Jun-2021	5,020.00	CHECK RUN
121884 - 121936	25-Jun-2021	133,631.44	CHECK RUN
121947	15-Jun-2021	11,316.75	CHECK RUN
121948 - 121949	28-Jun-2021	19,807.30	CHECK RUN
121950	30-Jun-2021	981.00	CHECK RUN
<b>Total - Check Runs</b>		<b>\$ 2,975,983.16</b>	

**Error Corrections - in Check Register Order**

Warrant No.	DATE VOIDED	Amount	Description
121242	17-Jun-21	10.00	VOIDED
121244	17-Jun-21	10.00	VOIDED
PARDIMAN	15-Jun-21	3,650.00	VOIDED
121243	17-Jun-21	10.00	VOIDED
121224	21-Jun-21	100.00	VOIDED
<b>TOTAL - VOIDED CHECKS</b>		<b>\$ 3,780.00</b>	

**COLUMBIA BANK CHECKS, EFT'S & VOIDS**      **\$ 2,972,203.16**

Eft	Date	Amount	Description
1103	1-Jun-21	162.54	MCKESSON
1104	8-Jun-21	274.86	MCKESSON
1144	11-Jun-21	155,183.44	IRS
1105	15-Jun-21	257.31	MCKESSON
	11-Jun-21	417,127.20	PAYROLL
1106	22-Jun-21	178.95	MCKESSON
1107	29-Jun-21	46.64	MCKESSON
	25-Jun-21	424,745.03	PAYROLL
1145	28-Jun-2021	156,463.05	IRS
<b>TOTAL EFTS AT SECURITY STATE BANK</b>		<b>\$ 1,154,439.02</b>	

**TOTAL CHECKS, EFT'S, & TRANSFERS**      **\$ 4,126,642.18**



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**MORTON, WASHINGTON**

RESOLUTION APPROVING AMENDED  
BOARD BYLAWS

RESOLUTION NO. 21-24

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 amended board bylaws (grammatical edits).**

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 28<sup>th</sup> day of July 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



**AMENDED AND RESTATED BYLAWS OF  
LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
(Revision date – 07/28/21)**

**MORTON, WASHINGTON**

**ARTICLE I**

**FORMATION AND PURPOSE**

This public hospital district (the "District"), a municipal corporation, was created in 1978 to provide hospital services for the residents of the District and other persons. The activities of the District shall be conducted in conformity with the Constitution and laws of the State of Washington, including RCW 70.44 and RCW 42.30, as now in effect and hereafter amended. These bylaws are adopted to further the lawful purposes of the District, which include providing quality hospital and other health care services appropriate to the needs of the population served, and to facilitate the governing of the District's hospital, clinics, emergency care, swing beds and other health care facilities, which shall be operated in compliance with applicable law and regulations. These bylaws shall be reviewed by the District at least once every two years and revised as appropriate.

**ARTICLE II**

**BOARD OF COMMISSIONERS**

**Section 1. Qualification and Election.** No person shall be eligible to be elected to the office of public hospital district commissioner unless he or she is a registered voter residing within the boundaries of the district and, if applicable, within the commissioner district from which he or she is elected. All district commissioners shall be elected and serve, whether from a particular commissioner district or at large, in the manner and for the term prescribed by law. All members of the board of commissioners (the "Board" or the "Commission"), whether elected or appointed, shall be required to take an oath of office in the form prescribed by the laws of the State of Washington relating to public officials. RCW 29A.04.133; RCW 70.44.040(2).

**Section 2. Organization and Offices of the Board of Commissioners.** The Board shall by its first regular meeting in each calendar year organize by the election of, from its own members, a president, who shall be referred to as the Chair, and the Secretary, such election to be by a majority vote of the commissioners in each case. The terms of both officers shall be for one year. RCW 70.44.050.



**2.1 Board Chair.** The Board Chair shall act as the presiding officer at meetings of the Board.

**2.2 Secretary.** The Secretary shall prepare, or cause to be prepared, minutes of all regular and special meetings of the board, shall sign the same and shall keep or cause them to be kept in document management system for that purpose. In the absence of the Board Chair, the Secretary or designee may preside at board meetings. RCW 42.30.035.

**2.3 Absence of Chairperson and Secretary.** If neither the Board Chair nor the Secretary are present, a designee will be appointed by the Board Chair.

**2.4 Officer Vacancy.** If a vacancy occurs in the office of either the Board Chair or the Secretary, an election of officers shall take place at the next regular meeting of the board to fill the unexpired term created by the vacancy.

**2.5 Commissioner Vacancy.** A vacant commissioner position may be filled by the board appointing a new member in the manner prescribed by law. RCW 42.12.070; RCW 70.44.045.

**2.6 Forfeiture.** A commissioner shall forfeit his or her office by non-attendance at meetings of the commission for 60 days, unless excused by the commission or as otherwise provided in RCW 42.12.010. RCW 70.44.045.

### **Section 3. Meetings of the Board of Commissioners.**

**3.1 All Meetings.** All meetings of the Board shall be open and public in compliance with the Open Meetings Act, Chapter 42.30 RCW, and all persons shall be permitted to attend any meeting of the Board, except as otherwise provided by law. RCW 42.30.030. In the event that any meeting is interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored by the removal of individuals who are interrupting the meeting, the board may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by majority vote of the board. In such a session, final disposition may be taken only on matters appearing on the agenda. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the board from establishing a procedure for readmitting an individual or individuals not responsible for disturbing the orderly conduct of the meeting. RCW 42.30.050.

**3.2 Regular Meetings.** The Board shall provide the time for holding regular meetings by resolution. Unless otherwise provided for by law, meetings of the board need



not be held within the boundaries of the district. If at any time any regular meeting falls on a holiday, such regular meeting shall be held on the next business day or as determined by a vote of the Board. RCW 42.30.070. For the purposes of this section "regular" meetings shall mean recurring meetings held in accordance with a periodic schedule declared by resolution of the Board from time to time. The Board must make the agenda of each regular meeting of the governing body available online no later than twenty-four hours in advance of the published start time of the meeting. RCW 42.30.077.

**3.3 Special Meetings.** A special meeting may be called at any time by the Board Chair or by a majority of the members of the Board by delivering written notice personally, face to face, by phone, by mail, by fax, or by electronic communication to each member of the governing body. Notice of the special meeting shall be completed by any of the following: emailed to newspapers of general circulation of the District or to local radio or television station which are on file with the governing body a request to be notified of such special meeting or of all special meetings; posted on the Board's website, displayed on hospital or clinic readerboards and the meeting site if not at the principal location. Such notice must be delivered personally, by mail, by fax, by phone or by electronic communication at least twenty-four hours before the time of such meeting as specified in the notice. The notice shall specify the time, place of the special meeting either in person or virtual and the business to be transacted. The Board shall not take final disposition on any other matter at such meetings. Such notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the Secretary a written waiver of notice. Such waiver may be given by fax or electronic communication. Such written notice may also be dispensed with (i) as to any member who is actually present at the meeting at the time it convenes or (ii) as to any member who, prior to the time the meeting convenes, receives notice of the meeting by email and files a written consent to receive meeting notices by email. RCW 42.30.080.

**3.4 Budget Hearing.** The Superintendent shall prepare a proposed budget for the ensuing year and file the same in the records of the commission on or before the first day of November. Notice of the date and time of the budget hearing must be published for at least two consecutive weeks at least one time each week in a newspaper printed and of general circulation of the District. On or before the 15th day of November of each year, the board shall hold a public hearing on the district's proposed budget for the following year at which hearing any taxpayer may appear and be heard against the whole or any part of the proposed budget. Upon conclusion of the hearing, the commission shall, by resolution, adopt the budget as finally determined and fix the final amount of expenditures for the ensuing year. RCW 70.44.060 (6).

**3.5 Emergency Meetings.** If by reason of fire, flood, earthquake or other emergency, there is a need for expedited action by the Board to meet the emergency, the Board Chair may provide for a meeting site other than the regular meeting site and the



notice requirements of these bylaws shall be suspended during such emergency. RCW 42.30.070. The meeting notices required by these bylaws and chapter 42.30 RCW may be dispensed with in the event a special meeting is called to deal with an emergency involving injury or damage to persons or property or the likelihood of such injury or damage, when time requirements of such notice would make notice impractical and increase the likelihood of such injury or damage. RCW 42.30.080.

**3.6 The Order of Business.** Meetings of the commission shall be as follows:

a. **Regular Meetings**

- Call to Order
- Roll Call
- Reading the Mission & Vision Statements
- Approval or Amendment of Agenda
- Conflicts of Interest
- Comments and Remarks Executive Session as necessary
- Guest Speaker as necessary Department Updates as necessary
- Board Committee Reports
- Consent Agenda – The Consent Agenda may include minutes of regular and special board meetings, minutes of board committees, and monthly warrants. Any board member or the Superintendent may request an item be removed from the consent agenda and placed as a separate item.
- Old Business
- New Business
- Superintendent’s Report
- Executive Session as Necessary
- Meeting Summary & Evaluation
- Next Meeting Dates and Times
- Adjournment

b. **Special Meetings**

- Call to Order
- Roll Call
- Reading the Mission & Vision Statements
- Conflicts of Interest
- Reading of the Notice of Special Meeting
- Executive Session or Sessions as necessary
- Public Comment as necessary
- Consideration of Matters Stated in the Notice



- Action as necessary
- Adjournment

**Section 4. Action by the Board.** "Action" means the transaction of the official business of the Board including but not limited to receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations, and final actions. "Final action" means a collective positive or negative decision, or an actual vote by a majority of the members of the board sitting as a body or entity, upon a motion or resolution. RCW 42.30.020(3). All proceedings of the Board shall be by motion or resolution recorded in the District's document management system. RCW 70.44.050. Minutes of all regular and special meetings, except executive sessions thereof, shall be promptly recorded and shall be open to public inspection. RCW 42.32.030. The Board shall not adopt any motion, resolution, rule, regulation, or directive, except in a meeting open to the public and then only at a meeting, the date of which is fixed by law or rule, or at a meeting of which notice has been given. Any action taken at meetings failing to comply with the provisions of this section shall be null and void. RCW 42.30.060(1). The Board shall not vote by secret ballot. Any vote taken in violation of this section shall be null and void and shall be considered an "action" within the meaning of this section and the Open Public Meetings Act, Chapter 42.30 RCW. RCW 42.30.060(2).

It shall not be a violation of the requirements of the Open Public Meetings Act, Chapter 42.30 RCW, or these bylaws for a majority of the members of the board to travel together or gather for purposes other than a "regular meeting" or a "special meeting" as these terms are defined in the Open Public Meetings Act, Chapter 42.30 RCW, and these bylaws; provided, that they take no "action" as defined in this in the Open Public Meetings Act, Chapter 42.30 RCW, and these bylaws. RCW 42.30.070.

**Section 5. Executive Sessions.** Nothing contained in these bylaws may be construed to prevent the Board from holding an executive session during a regular or special meeting. RCW 42.30.110(1).

Before convening in executive session, the Board Chair shall publicly announce the purpose for excluding the public from the meeting place, and the time when the executive session will be concluded. The executive session may be extended to a stated later time by announcement of the Board Chair or of a designee. RCW 42.30.110(2).

An executive session may be held only for one or more of the purposes identified below or as otherwise permitted by RCW 42.30.110(1) or other applicable law:

- a. To consider matters affecting national security;
- b. To consider, if in compliance with any required data security breach disclosure under RCW 19.255.010 and 42.56.590, and with legal counsel available,



information regarding the infrastructure and security of computer and telecommunications networks, security and service recovery plans, security risk assessments and security test results to extent that they identify specific system vulnerabilities, and other information that if made public may increase the risk to the confidentiality, integrity, or availability of agency security or to information technology infrastructure or assets;

- c. To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price;
- d. To consider the minimum price at which real estate will be offered for sale or lease when public knowledge regarding such consideration would cause a likelihood of decreased price. However, final action selling or leasing public property shall be taken in a meeting open to the public;
- e. To review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs;
- f. To receive and evaluate complaints or charges brought against a public officer or employee. However, upon the request of such officer or employee, a public hearing or a meeting open to the public shall be conducted upon such complaint or charge;
- g. To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. However, subject to RCW 42.30.140(4), discussion by a governing body of salaries, wages, and other conditions of employment to be generally applied within the agency shall occur in a meeting open to the public, and when a governing body elects to take final action hiring, setting the salary of an individual employee or class of employees, or discharging or disciplining an employee, that action shall be taken in a meeting open to the public;
- h. To evaluate the qualifications of a candidate for appointment to elective office. However, any interview of such candidate and final action appointing a candidate to elective office shall be in a meeting open to the public;
- i. To discuss, with legal counsel representing the district, litigation or potential litigation to which the district, the board, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the district; provided, however, this exception does not permit the board to hold an executive





session solely because an attorney representing the district is present. For purposes of this exception, "potential litigation" means matters protected by RPC 1.6 or RCW 5.60.060(2)(a) concerning: (A) litigation that has been specifically threatened to which the district, the board, or a member acting in an official capacity is, or is likely to become, a party; (B) litigation that the district reasonably believes may be commenced by or against the district, the board, or a member acting in an official capacity; or C) litigation or legal risks of a proposed action or current practice that the district has identified when public discussion of the litigation or legal risks is likely to result in an adverse legal or financial consequence to the district;

- j. To conduct meetings, proceedings, and deliberations of the board, its staff or agents, concerning the granting, denial, revocation, restriction, or other consideration of the status of the clinical or staff privileges of a physician or other health care provider as that term is defined in RCW 7.70.020, if such other providers at the discretion of the board is considered for such privileges; provided that the final action of the board as to the denial, revocation, or restriction of clinical or staff privileges of a physician or other health care provider as defined in RCW 7.70.020 shall be done in public session. RCW 42.30.110; RCW 70.44.062; and;
- k. To conduct collective bargaining sessions with employee organizations, including contract negotiations, grievance meetings, and discussions relating to the interpretation or application of a labor agreement; or to conduct that portion of a meeting during which the governing body is planning or adopting the strategy or position to be taken by the governing body during the course of any collective bargaining, professional negotiations, or grievance or mediation proceedings, or reviewing the proposals made in the negotiations or proceedings while in progress.
- l. To review the report or the activities of a quality improvement committee established under RCW 70.41.200.

**Section 6. Quorum.** A majority of the persons holding the office of district commissioner shall constitute a quorum of the Board for the transaction of business, but no resolution shall be adopted without a majority vote of the whole Board. RCW 70.44.050.

**Section 7. Committees and Representatives.** The Board may from time to time act as a committee of the whole or appoint such other committees, as it may deem necessary or advisable in the conduct of its affairs. The Board may from time to time



choose to change committee appointments as needed. The activities of any committees so appointed shall be conducted lawfully and be recorded in written minutes. The Board Chair shall recommend to the board a commissioner as Board Chair of such committees to serve for terms not to exceed one year. The Superintendent will appoint an administrative staff person to support each board committee. Committees of the Board shall meet periodically as provided in these bylaws or as provided by resolution of the Board.

**7.1 Board Committees.** The designation, membership and meeting schedule of the standing committees of the Board shall be as follows:

**Finance Committee:** Two commissioners; Superintendent; CFO; CNO/CQO and such other members as the committee chair deems appropriate. The finance committee shall meet monthly and as needed.

**Quality Improvement Oversight Committee:** Two commissioners; Superintendent; CNO/CQO, Quality Manager; CMO; Chief of M Staff; Ancillary Services Director; Nursing Leadership; Facilities Director; and such other members as the committee chair deems appropriate. The QIO committee shall meet minimally quarterly or as needed.

**Plant Planning:** Two commissioners; Superintendent; Facilities Director; CFO; CNO/CQO and such other members as the committee chair deems appropriate. The Plant Planning Committee shall meet one time each year and as needed.

**Strategic Planning Retreat:** All members of the Board; Superintendent; and such other members as the Board deems appropriate. The whole board will have a Strategic Planning Retreat every three years, unless otherwise advised by the Strategic Planning Committee. The whole board will meet once a year to have a focused discussion about the current Strategic and Implementation Plans and the committee's recommendations. Such meeting(s) shall be conducted as a Special Meeting of the Board in compliance with these Bylaws and Chapter 42.30 RCW.

**Strategic Planning Committee:** Two commissioners; Superintendent; community member guests; and such other members as the Board deems appropriate. The Strategic Planning Committee shall meet as needed.

**Governance Committee:** Two commissioners; Superintendent; and such other members as the committee chair deems appropriate. The Governance Committee shall meet biannually and as needed.

**Compliance Committee:** Two commissioners; Compliance Officer; Superintendent; CFO; CNO/CQO; Revenue Cycle Director; CHRO; and such other



members as the committee chair deems appropriate. The Compliance Committee shall meet minimally one time each year and as needed.

**Values, Ethics or Conflict of Interest:** Other adhoc committee will be appointed by the Board and meet as needed.

The Board may volunteer district constituents for membership on committees based upon experience, willingness, and ability to contribute to the committee objectives. Committees shall act within board approved job descriptions.

**7.2 Board Representatives.** The designation and reporting schedule of the representatives of the board shall be as follows:

**State Legislative Representative:** One commissioner; and such other members as the board deems appropriate. The representative to the state shall report to the board only as needed.

**Foundation:** One commissioner. The representative to the Foundation shall report to the board as needed.

**Section 8. Powers and Duties of the Board or Commission.** The Board shall be the governing body to which the Superintendent, other district employees and the medical staff ultimately are responsible to for all facilities, services and activities of the District, including the condition of the physical plant. While the authority of the Board may be delegated to the Superintendent and the Medical Staff by resolution, any delegation of authority by the Board may be rescinded in its sole discretion, as provided for by law. RCW 70.44.090 (a)

All of the powers authorized in Chapter 70.44 RCW may be exercised by the board in the performance of its duties prescribed therein. Among other things, the Board shall strive to:

- (i) Adopt and review bylaws, at least once every two years, that address legal accountabilities and responsibilities;
- (ii) Determine the policies of the district and the purposes of the hospital and other district health care facilities and services in proper relation to community needs;
- (iii) Establish a program for the ongoing management of a hospital quality improvement program and malpractice prevention program, including medical staff sanction and grievance procedures and information collection and reporting procedures. The quality



improvement program will review the services rendered in the hospital and other district health care facilities and other services in order to improve the quality of medical care of patients and to prevent medical malpractice;

- (iv) Exercise proper care and judgment in the selection of a qualified superintendent who shall be responsible for implementing policies adopted by the board;
- (v) Promote planning and coordinate professional interests with administrative, financial, and community needs, the policies of the district, and the purposes of the hospital and other district health care facilities and services;
- (vi) Provide for the periodic evaluation of the Superintendent;
- (vii) Provide for the periodic evaluation of the Board and its members;
- (viii) Provide facilities, equipment, and personnel to meet the needs of patients within the purposes of the hospital and other district health care facilities and services and consistent with present and future community needs;
- (ix) Establish and appoint a medical staff;
- (x) Assure that an appropriate standard of professional care is maintained, requiring the medical staff of the hospital to be accountable to the board;
- (xi) Assure that the medical staff possess appropriate current qualifications, and determine, in its discretion, which kinds of health care providers shall be considered for clinical privileges or medical staff membership;
- (xii) Approve bylaws, rules, and regulations as adopted by the medical staff before they become effective;
- (xiii) Provide for the sound administration and application of public funds, adopting annual budgets for the district and the Hospital at the times and in the manner required by law; and



- (xiv) Maintain accurate records of district finances and all related activities.

RCW 70.41.200

**Section 9. Avoidance of Conflicts of Interest.** District commissioners, being aware of the fiduciary nature of their positions, shall avoid actions and relationships that result in a conflict between their private financial interests and their public responsibilities. Commissioners shall not violate the conflict of interest provisions of these Bylaws, Chapter 42.20 RCW, Chapter 42.23 RCW or any other applicable law.

Recognizing that even the appearance of impropriety should be avoided, no commissioner shall:

- (i) Be beneficially interested in or otherwise expect to profit from, directly or indirectly, any contract, sale, lease, or purchase made by the district, except as specifically permitted under RCW 42.23.030 or RCW 42.23.040, as now in effect or hereafter amended, or under other applicable law;
- (ii) Accept, directly or indirectly, any compensation, gratuity, favor, or award from any party seeking to do business with the District, or in connection with any contract made by the District, other than (a) compensation and reimbursement for expenses as provided by law, or (b) compensation in connection with contracts permitted under RCW 42.23.030, as now in effect or hereafter amended, or under other applicable law;
- (iii) Employ, use, or appropriate any district employee, money, or property for his private benefit;
- (iv) Hold any office, engage in any employment, or occupy any position, public or private, which could create conflicts between the duties, interests, and opportunities inherent in such office, employment, or position and the commissioner's public responsibilities as a member of the board;
- (v) Reveal or divulge to any other party unless authorized by the board, any confidential information received in the performance of his duties as a commissioner, nor use such information for personal gain.



Any commissioner, upon discovering or suspecting that he has or may have a conflict of interest contrary to the policies and standards set forth in this section, shall promptly report the same to the board. In such cases, a commissioner shall take such action as may be required to comply with the provisions of these bylaws and applicable law, including, if required, abstaining from voting on the matter.

### **ARTICLE III**

#### **OTHER OFFICERS**

##### **Section 1. Superintendent.**

**1.1 Appointment.** The Board shall select and appoint as Superintendent a competent and experienced hospital administrator who shall be its direct representative in the management of the District. The Superintendent shall be appointed for an indefinite term, removable at the will of the Board, and shall receive such compensation as the Board shall establish by resolution. The appointment or removal of the Superintendent shall be by resolution of the Board, introduced at a regular meeting and adopted at a subsequent regular meeting by majority vote. RCW 70.44.070.

**1.2 Powers and Duties.** The Superintendent shall be the Chief Executive Officer of the District. In direct charge with full authority to act, as representative of the Board, and subject to its policies, shall be responsible for the efficient administration of all affairs of the District. RCW 70.44.080.

In the performance of the duties prescribed by law, all of which shall be faithfully discharged, and not by way of limitation of authority, the Superintendent shall:

- (i) Carry out the orders of the Board and see that all the laws of the state pertaining to matters within the functions of the district are duly enforced;
- (ii) Perfect and submit to the board for approval a plan of organization for the personnel concerned with the operation of the District, which shall be reviewed annually;
- (iii) Prepare annually a budget or budgets showing anticipated receipts and expenditures for the ensuing fiscal year which shall be submitted to the Board to allow timely filing and hearing thereon before adoption as required by law;
- (iv) Select, employ, control, and discharge all other employees;



- (v) Assure that all building, equipment, and other facilities are maintained in good repair;
- (vi) Furnish periodic recommendations to the Board with respect to the acquisition, development, and extension of desirable health care facilities, equipment, and services, including estimates for the above;
- (vii) Supervise all business affairs including the disbursement of funds, recording of financial transactions, collection of accounts, and purchase and issue of supplies;
- (viii) Certify to the Board all the bills, allowances and payrolls, including claims due contractors;
- (ix) Recommend to the Board a range of salaries to be paid to district employees;
- (x) Cooperate with the Medical Staff and secure like cooperation on the part of all those concerned with rendering professional services;
- (xi) Submit regularly to the Board reports regarding the health care services and financial activities of the District along with any special reports that may be requested by the Board;
- (xii) Prepare the agenda and attend all meetings of the Board to participate in the discussion of matters being considered;
- (xiii) Execute on behalf of the District all contracts, agreements, and other documents and papers that he may be authorized by resolution of the Board to sign;
- (xiv) Undertake own initiative the performance of such other duties, consistent with law and the policies of the board, as may be in the best interest of the District.

RCW 70.44.090.

**Section 2.** **Treasurer.** The Board shall appoint a person having experience in financial or fiscal matters as the Treasurer for the District. The Board shall require the



Treasurer to obtain a surety bond, with a surety company authorized to do business in the state of Washington, in an amount under the terms and conditions which the Board by resolution from time to time finds will protect the District against loss. The premium on any such bond shall be paid by the District. All district funds shall be paid to the Treasurer and shall be disbursed by only on warrants issued by an auditor appointed by the commission, upon orders or vouchers approved by it. The Treasurer shall maintain such special funds as may be created by the commission, into which he shall place all money as the commission may, by resolution, direct. If the Treasurer of the District is some other person, all funds shall be deposited in such bank or banks authorized to do business in this state as the commission by resolution shall designate, and with surety bond to the District or securities in lieu thereof of the kind, no less in amount, as provided in RCW 36.48.020 for deposit of county funds. Such surety bond or securities in lieu thereof shall be filed or deposited with the treasurer of the district, and approved by resolution of the commission. RCW 70.44.171.

**Section 3.** **Auditor.** The Board shall appoint as auditor of the District a person experienced in accounting and business practices. The Auditor shall report in the performance of his duties directly to the Superintendent. The Auditor shall draw, sign, and issue all warrants for the disbursement of funds of the District upon the orders of, or vouchers approved by, the commission; and shall be responsible in the performance of such other duties relating to business affairs of the district including the recording of financial transactions, collection of accounts, and the routine purchase and issue of supplies, as are assigned by the Superintendent. RCW 70.44.171.

## **ARTICLE IV**

### **MEDICAL STAFF**

**Section 1.** **Appointment and Organization.** The Board shall appoint the members of the Medical Staff of the Hospital biennially after considering recommendations duly submitted in accordance with the medical staff bylaws; provided that all initial appointments shall be provisional and that all appointments to the provisional medical staff shall be for a period of six (6) months. A single reappointment to the provisional medical staff may be permitted for another three-month period. Such bylaws, rules and regulations governing the appointment, organization, liability insurance coverage and activities of the medical staff, including procedures for the granting, denial, reduction, or termination of staff privileges and the identification of the kinds of health care providers eligible to be considered for such privileges or medical staff membership, shall be subject to approval and revision or modification by the board. The board shall assure that the requirements of due process of law are observed. RCW 70.43.010





**Section 2. Powers and Duties.** Each person admitted to the hospital shall be under the care of a member of the medical staff possessing clinical privileges, such medical staff also shall have authority and responsibility in the manner prescribed by its bylaws, rules and regulations to:

- (i) Evaluate the professional competence of medical staff members and applications for clinical privileges;
- (ii) Make recommendations to the board concerning initial medical staff appointments, reappointments, and the granting, denial, reduction, or termination of clinical privileges;
- (iii) Establish procedures designed to promote the achievement and maintenance of an appropriate standard of ethical and professional practice, and the efficient use of district resources;
- (iv) Participate in and offer recommendations in the development of policies relative to the effective use of existing facilities, and provision for the improvement or extension thereof where appropriate, to assure adequate patient care, responsive to the needs of the population served now and in the future;
- (v) Supervise a medical education program in the hospital and render such other services as the board may consider desirable to enhance the standards of medical practice in the hospital;
- (vi) Be accountable to the board for the proper discharge of the duties set forth in this section.

**Section 3. Professional Liability Insurance Coverage.** All practitioners who are granted medical staff privileges to practice within the hospital shall maintain liability insurance with limits of one million dollars per occurrence and three million dollars annual aggregate. Proof of coverage shall be the responsibility of the practitioner. The practitioner shall give the hospital thirty (30) days prior written notice of cancellation or termination of any such policy. The practitioner's insurance company must be: a) acceptable to the district, and b) licensed to underwrite malpractice insurance in the State of Washington. These policy limits will be reviewed by the board annually and revised as appropriate.

## **ARTICLE V**

### **INDEMNIFICATION AND INSURANCE**



**Section 1. Indemnification.** The District shall indemnify and hold harmless to the full extent permitted by applicable law each person who was or is made a party to or is threatened to be made a party to, or is involved (including, without limitation, as a witness) in an actual or threatened action, suit or other proceeding, whether civil, criminal, administrative or investigative by reason of the fact that he or she is or was a commissioner, officer, employee or agent of the district, or having been such a commissioner, officer, employee or agent, he or she is or was serving at the request of the district as a director, officer, employee, agent, trustee or in any other capacity of another corporation or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, whether the basis of such proceeding is alleged action or omission in an official capacity or in any other capacity while serving as a commissioner, officer, employee, agent, trustee or any other capacity, against all expense, liability, and loss (including, without limitation, attorneys' fees, judgments, fines, ERISA excise taxes or penalties in amounts to be paid in settlement) actually or reasonably incurred or suffered by such person in connection therewith. Such indemnification shall continue as to a person who has ceased to be a commissioner, officer, employee or agent of the district and shall inure to the benefit of his or her heirs, and personal representatives.

**Section 2. Insurance.** The District may purchase and maintain insurance, at its expense, to protect itself and any commissioner, officer, employee, agent or trustee of the District or another corporation, partnership, joint venture, trust or other enterprise against any expense, liability or loss to the full extent permitted by applicable law.

## **ARTICLE VI**

### **CONSTRUCTION AND CONVENTIONS**

**Section 1. Gender and Number.** As used in these bylaws, personal pronouns shall be interpreted to refer to persons of either gender and relative words whenever applicable to more than one person shall be read as if written in the plural.

**Section 2. Titles, Headings and Captions.** The titles, headings, and captions appearing in these bylaws are used and intended for convenience of description or reference only and shall not be construed or interpreted to limit, restrict, or define the scope or effect of any provision.

**Section 3. Severability.** If any provision of these bylaws or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the remainder of these bylaws or the application of the provision to other persons or circumstances shall not be affected.



**ARTICLE VII**

**AMENDMENT**

These bylaws may be amended by resolution of the Board introduced at a regular meeting and adopted at a subsequent regular meeting.

ADOPTED this \_\_\_\_ day of \_\_\_\_\_, 2021

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Board Secretary



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**MORTON, WASHINGTON**

RESOLUTION DECLARING TO  
SURPLUS OR DISPOSE OF CERTAIN  
PROPERTY

RESOLUTION NO. 21-25

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 28<sup>th</sup> day of July 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
7/2021	HP	IT	5640	DISPOSAL/SURPLUS	OBSOLETE
7/2021	SURFACE	IT	6137	DISPOSAL/SURPLUS	OBSOLETE
7/2021	LAPTOP	IT	6232	DISPOSAL/SURPLUS	OBSOLETE
7/2021	HIGH POT. TESTER	IT	6341	DISPOSAL/SURPLUS	OBSOLETE
7/2021	HP	IT	6114	DISPOSAL/SURPLUS	OBSOLETE
7/2021	LAPTOP	IT	5916	DISPOSAL/SURPLUS	OBSOLETE
7/2021	LAPTOP	IT	5913	DISPOSAL/SURPLUS	OBSOLETE
7/2021	TV	IT	5439	DISPOSAL/SURPLUS	OBSOLETE
7/2021	TREATMENT TABLE	PT	5710	DISPOSAL/SURPLUS	OBSOLETE
7/2021	FILE CABINET SYSTEM	MAIN	5111	DISPOSAL/SURPLUS	OBSOLETE
7/2021	FILE CABINET SYSTEM	MAIN	5112	DISPOSAL/SURPLUS	OBSOLETE
7/2021	FILE CABINET SYSTEM	MAIN	5113	DISPOSAL/SURPLUS	OBSOLETE
7/2021	FILE CABINET SYSTEM	MAIN	5114	DISPOSAL/SURPLUS	OBSOLETE
7/2021	FLUID MANAGEMENT SYSTEM	OR	5860	DISPOSAL/SURPLUS	OBSOLETE
7/2021	BOTTLE WARMER	PT	5302	DISPOSAL/SURPLUS	OBSOLETE
	BOTTLE WARMER	PT	5903	DISPOSAL/SURPLUS	OBSOLETE
7/2021	DELL SONIC WALL	IT	1919	DISPOSAL/SURPLUS	OBSOLETE
7/2021	HP SWITCH	IT	1903	DISPOSAL/SURPLUS	OBSOLETE
7/2021	STRYKER INSUFFLATOR	OR	1953	DISPOSAL/SURPLUS	OBSOLETE
7/2021	STRYKER TOURNIQUET	OR	1895	DISPOSAL/SURPLUS	OBSOLETE



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**MORTON, WASHINGTON**

RESOLUTION APPOINTING ADDITIONAL  
AUDITOR(S) OF LEWIS COUNTY  
HOSPITAL DISTRICT NO. 1

RESOLUTION NO. 21-26

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:

**Leianne Everett, Superintendent, Richard Boggess, Chief Financial Officer, Morton, Washington are hereby appointed as additional Auditor(s) of Lewis County Hospital District No. 1, to hold this office until further action of the Commission.**

**Clint Scogin, Controller remains an Auditor per Resolution No. 18-16. RCW 70.44.171**

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 28<sup>th</sup> day of July 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



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**MORTON, WASHINGTON**

RESOLUTION DELEGATING OPERATIONAL  
AUTHORITY TO SUPERINTENDENT TO  
MANAGE SIGNING AUTHORITY ON  
DISTRICT ACCOUNTS

RESOLUTION NO. 21-27

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:

**Delegating operational authority to the Superintendent to manage signing authority  
by position on District bank account(s). RCW 70.44.171**

**This Resolution supersedes RES-20-04, RES-20-05 & RES-20-06.**

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 28<sup>th</sup> day of July 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



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**MORTON, WASHINGTON**

RESOLUTION APPROVING THE CAPITAL  
PURCHASE OF A PULMONARY FUNCTION  
TESTING (PFT) MACHINE

RESOLUTION NO. 21-28

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 purchase of a PFT Machine.**

**The purchase price \$132,574.50 plus contingency of 5%.**

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 28<sup>th</sup> day of July 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



**EQUIPMENT ASSESSMENT REQUEST FORM**  
SECTION 1 - DEPARTMENT INFORMATION / ITEM REQUESTED

DEPT NAME Respiratory DEPT # \_\_\_\_\_

DEPT DIRECTOR Stephanie Scarbought PHONE EXT \_\_\_\_\_

GENERAL DESCRIPTION OF ITEM Pulmonary Function Testing Machine

REASON FOR PURCHASE (Choose all that apply)  New  Replacement  End of Life  Quality of Care  Patient Satisfaction  
 Increase Volume  Other \_\_\_\_\_

Notes about reason for request, effect on department's operations, effect on other departments, and impact of purchase on revenues or volumes :

Current machine is at End of Useful Life. There are grant dollars available to reimburse the hospital from Cares Act and FEMA to support the purchase. This diagnostic tool is used to help diagnosis and treat individuals with breathing challenges such as COVID19 .

DO WE HAVE ANY SIMILAR EQUIPMENT IN THE ORGANIZATION / WHICH DEPARTMENT?  Yes  No  
 CAN THIS EQUIPMENT BE UTILIZED BY OTHER DEPARTMENTS?  Yes  No

WERE (3) COMPETITIVE QUOTES OBTAINED? (Please attach)  Yes  No - Detail below  
 1 Vendor in the Market -

SUGGESTED VENDOR MGC Diagnostics PREFERRED MODEL # Platinum Elite DL Body Plethysmograph with RTD  
 NAME/CONTACT OF VENDOR \_\_\_\_\_  
 ESTIMATED PRICE \$ \$ 132,574.50  
 SOURCE OF ESTIMATED PRICE  Quotes Attached  Other - Explain \_\_\_\_\_

**SECTION 2 – INFORMATION TECHNOLOGY, INFORMATICS, BIOMED AND FACILITIES**

Will this purchase interface with our computer system?  Yes - Detail below  No  Unsure  
 images can flow with Cerner Interface priced separately and will also need to be interfaced to Providence Medical Group as currently is in place.

FACILITIES INVOLVEMENT  Yes - Detail below  No  Unsure  
 BIOMED INVOLVEMENT  Yes - Detail below  No  Unsure  
 CLINICAL INFORMATICS INVOLVEMENT  Yes - Detail below  No  Unsure  
 IT INVOLVEMENT  Yes - Detail below  No  Unsure

Explain and/or quantify any known involvement or expenses in these areas.  
 Additional cost for the Cerner Interface of 15,000 and connection to Providence Medical Group for interpretation. Facilities has reviewed the space and determine it will fit

\*\*\*\*FOR INTERNAL USE ONLY\*\*\*\*  
EQUIPMENT ASSESSMENT TEAM EVALUATION SUMMARY

PROS	replace aging equipment in order to service COVID
CONS	
CONSIDERATIONS	
RECOMMENDATIONS	

ADDITIONAL ACQUISITION/ PREP COST \$ 25,000.00  
 ADDITIONAL PREP/ TRAINING HOURS 0

COMMENTS: Quarterly and Yearly maintenance continue as currently experienced after warranty period expires

BASE EQUIPMENT PRICE - AS PROVIDED	\$ 97,574.50	Ongoing/Monthly Cost	
SUPPORT AND MAINTENANCE COSTS	\$ -		<u>120.00</u>
INSTALLATION COST	\$ 25,000.00		
IT / INTERFACE COST	\$ 10,000.00		
list of identifiable cost		TOTAL MONTHLY CONSUMABLES COST	<u>300.00</u>
list of identifiable cost	\$ -	DEPRECIATION	<u>2,761.97</u>
list of identifiable cost		INTEREST COST ON FINANCING	
TOTAL NON- RECURRING EXPENSE	\$ <u>132,574.50</u>	TOTAL RECURRING EXPENSE	\$ <u>3,181.97</u>

\*\*\* FOR FINANCE DEPARTMENT USE ONLY \*\*\*

HOW ARE WE PAYING FOR THIS? Capital Purpose - FEMA funding at 75% of purchase cost.

IS THIS BUDGETED  Yes  No

BUDGETED PURCHASE DATE Jul-21

DEPT FOR DEPRECIATION \_\_\_\_\_

TYPE OF EQUIPMENT

Building Improvement  Fixed Equipment  Building  Capital Lease

Major Moveable Equipment  Other - Explain \_\_\_\_\_

\*\*\* APPROVALS \*\*\*

Chief Financial Officer RICHARD BOGGESS 6/15/2021  
Date

Chief Executive Officer \_\_\_\_\_  
Date

Board of Commissioner Chairperson \_\_\_\_\_  
if > than \$30,000 Date

## Documents Awaiting Board Ratification 07.28.21

	LCHD No. 1's Policies, Procedures & Contracts:	Departments:
1	3M Software License Agreement	Information Technology
2	ADT Notifications of Admissions, Discharges and Transfers	Health Information Management
3	Administration of Oxygen Therapy	Respiratory Care Services
4	Advance Directives	Case Management
5	Airway Management - Lippincott	Respiratory Care Services
6	American Medical Response	Nursing Department
7	Asbestos Management	Maintenance
8	Authorities Having Jurisdiction Inspections/Approval	Maintenance
9	Authority for Life Safety Code	Life Safety
10	Bamlanivimab Etesevimab EUA Healthcare Provider Fact Sheet	Pharmacy
11	Bamlanivimab Etesevimab EUA Letter of Authorization 02.25.2021	Pharmacy
12	Bamlanivimab Etesevimab Antibody Playbook	Pharmacy
13	Bamlanivimab Etesevimab EUA Patient-Caregiver fact sheet English	Pharmacy
14	Bamlanivimab Etesevimab Informed Consent	Pharmacy
15	Bamlanivimab Etesevimab Protocol	Outpatient Services
16	Bamlanivimab Etesevimab Referral Form	Pharmacy
17	Blood Transfusion	Nursing Department
18	CMC- Clinical Management Consultants	Human Resources
19	Cardiac Alert	Nursing Department
20	Cascade Pacific Action Alliance ACH	Contracts
21	Cash Handling	Finance
22	Chemical Restraint Algorithm	Patient Rights
23	Chest Physiotherapy - Lippincott	Respiratory Care Services
24	Circulaire II nebulizer	Respiratory Care Services
25	Code Red	Life Safety
26	Coding of Medical Records	Health Information Management
27	Confined Spaces	Maintenance

28	Crime Victim Compensation Program	Patient Access
29	Darren Freeman, ARNP Provider Services Agreement	Medical Staff
30	Diagnostic Testing - Lippincott	Respiratory Care Services
31	Dr. Robert Williams - Physician Services Agreement	Medical Staff
32	EKG	Respiratory Care Services
33	Emergency Department Diversion	Emergency Services
34	Environment of Care Master Plan	Environment of Care (Physical Environment)
35	F11: Dishmachine Temperatures/Logs	Dietary Services
36	Fall Prevention Program	Safe Patient Handling
37	Fire Drills	Maintenance
38	H1: Participation in the Facility Emergency Preparedness Plan	Dietary Services
39	Imaging Contrast Extravasation	Radiology/Medical Imaging
40	Insurance Eligibility	Patient Access
41	Jennifer Montoure, ARNP	Human Resources
42	Ketamine Infusion Therapy for Psychiatric Disorders and Chronic Pain Management	Anesthesia Services
43	Labeling Hazardous Chemicals	Materials Management
44	Life Safety Assessment	Life Safety
45	Life Safety Building Assessment	Life Safety
46	Life Safety Drawings	Environment of Care (Physical Environment)
47	Life Safety Drawings Policy	Life Safety
48	MCG Master License Agreement	Contracts
49	Maintaining Grounds and Equipment	Maintenance
50	Mapping Utility System Controls	Life Safety
51	Massive Blood/Blood Component Transfusions	Nursing Department
52	Mechanical Ventilation - Lippincott	Respiratory Care Services
53	Medical Device Recalls and Hazard Notices	Materials Management
54	Medicare Bad Debt	Business Office
55	Medicare Credit Balance Report	Business Office
56	Multnomah Group Consulting Services	Human Resources
57	Nondiscrimination	DOH Policies & Procedures
58	Organizational Use of Social Media	Administration
59	Outpatient Authorizations	Patient Access
60	Patient Agreement/Objection To Release Information	HIPAA Privacy

61	Patient Assessment - Lippincott	Respiratory Care Services
62	Patient and Resident Care Plans	Nursing Department
63	Preventative Maintenance	Maintenance
64	Providence Data Access User Agreement	Nursing Department
65	RESI-TEST SlideThru and Swab Form	Infection Prevention & Control
66	Radiologist Availability	Radiology/Medical Imaging
67	Rapid Response	Nursing Department
68	Refrigerator/Freezer Thermometer Replacement	Dietary Services
69	Respiratory Therapies - Lippincott	Respiratory Care Services
70	Restraint Log	Patient Rights
71	Restraint and Seclusion Policy	Patient Rights
72	Resuscitation Quality Improvement (RQI) Program Master Services Agreement	Quality
73	Retention of Medical Records	Health Information Management
74	Safety Data Sheet (SDS) Management	Materials Management
75	Safety Officer	Life Safety
76	Scanning Documents to Patient's Chart	Health Information Management
77	Subpoena of Patient Records	Health Information Management
78	Suctioning - Lippincott	Respiratory Care Services
79	Testing of Infection Control Equipment	Life Safety
80	Third Party Billing	Business Office
81	Tracheostomy Management - Lippincott	Respiratory Care Services
82	UW TASP Agreement	Nursing Department
83	Universal Masking as Source Control	Infection Prevention & Control
84	Use and Disclosure of Highly Confidential Services	Health Information Management
85	Use and Disclosure of Protective Health Information	Health Information Management
86	Utility Selection of Equipment	Maintenance
87	Utility Systems Failure and Emergency Response	Life Safety
88	Utilization Management Plan	Utilization Review
89	Vibralong	Respiratory Care Services
90	Washington Death with Dignity Act	Administration
91	Washington Public Health Lab: Specimen Collection and Submission	Lab General Policies/Procedures

<b>92</b>	Water Treatment	Life Safety
<b>93</b>	3M Software License Agreement	Information Technology

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**



[Medicine lay groundwork for historic cancer partnership](#)

- [In celebration of Nurses Month & Hospital Week](#)
- [Recent member news](#)
- [WSHA resources](#)

## Introducing "Intro to Health Care Governance"

WSHA, in partnership with [AWPHD](#), is excited to announce a new online course offered by the Health Care Governance Education Program. *Intro to Health Care Governance* is designed specifically for board members and commissioners new to their position with a hospital or health system. Participants leave the course equipped with a deeper understanding of health care operations and the foundations of governance.

*Intro to Health Care Governance* is available free of charge for all WSHA and AWPHD members – just email [govedu@wsha.org](mailto:govedu@wsha.org) to gain access. The course is approximately three hours in length and includes three video segments covering specific topics:

- **Segment 1:** Board Member & Commissioner Orientation; Board Fiduciary Duties
- **Segment 2:** Hospital Finance 101; Credentialing & Privilege
- **Segment 3:** CEO Compensation & Performance Review; Legal & Insurance Risk Considerations

New board members and commissioners are encouraged to participate in this virtual course to ensure that they have the tools, knowledge, and resources to best serve their organization and community.

In addition, participation in all three segments of *Intro to Health Care Governance* counts as three credit hours toward the Health Care Governance certification. Executive leadership and board members can earn their Health Care Governance certification by participating in and logging 12 credit hours during the calendar year. WSHA and AWPHD offer a variety of events, webinars and approved peer learning events that include qualifying credit hours.

Visit the [program webpage](#) for more information on the Health Care Governance certification and upcoming courses.

Sincerely,

**Ashley Trotti**

WSHA Membership Director

[ashleyt@wsha.org](mailto:ashleyt@wsha.org)

**To:** Board of Commissioners  
**From:** Lianne Everett, Superintendent  
**Date:** 7/21/2021  
**Subject:** Arbor Health Wellness Week

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We are proud to announce September 6-11 as Arbor Health Wellness Week. In keeping with our mission, the theme is "Nurturing a Healthy Community." Throughout the week, we will have a series of community education opportunities. Our activities will culminate on Saturday, September 11<sup>th</sup> with a 5k Walk/Run and Health Expo.

Please join us, as well as promote, our Wellness Week to your constituents. This inaugural event is expected to become an annual, anticipated event. Below are pictures of our website's advertising of this event.

## Arbor Health Wellness Week

### *Nurturing a Healthy Community*



*Join us for a week of health and wellness activities:*

### **Community Education Series**

*September 6-11, dates and times to be determined:*

- Firearm Safety
- Knees and Skis
- Exercise and Aging
- Metabolic Syndrome and Diabetes
- Defeating SAD (Seasonal Affective Disorder)
- Beating Substance Abuse

## Joy in the Journey 5K Walk/Run

**Saturday, September 11**  
**Start time, 9 a.m.**

Put on your sneakers, sunscreen and line up! This 5K starts and ends in Morton Hospital's parking lot. The route will take you around Morton. Some will run, some will walk—all will get some exercise and hopefully find Joy in the Journey.



**PURCHASE SHIRTS**

Entry fee is just \$5 per person, but free for kids who register with an adult. This event is



intended to be fun for the whole family!

Those who register and finish the event will receive a water bottle and commemorative ribbon.

**Top finishers in five categories will receive medals!**

**5K REGISTRATION**

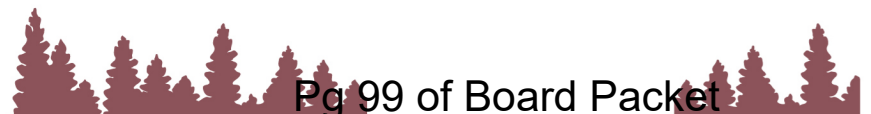
## Health Expo

**Saturday, September 11, 9 a.m. -1 p.m.**

Morton Hospital's parking lot will offer a wide variety of exhibitors. Watch this website as the list grows. Be sure to visit each booth to be entered into the drawing for great prizes.

Exhibitors currently scheduled:

- Airlift Northwest
- Arbor Health Rehab Services
- Assured Home Health
- Arbor Health Human Resources
- Cascade Mental Health
- COVID-19 & flu Vaccines
- Eugenia Center
- Arbor Health Foundation
- Meet the Docs booth
- Morton-Up
- Blood pressure checks
- Prevention & Community Health
- Providence Sound Home
- Arbor Health Respiratory Services
- Arbor Health Revenue Cycle
- Wildmoss Herbs
- Arbor Health Wound Care
- Washington State Patrol will be conducting child-seat safety checks





**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**MORTON, WASHINGTON**

RESOLUTION APPROVING THE RETENTION  
BONUS METHODOLOGY

RESOLUTION NO. 21-29

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 a one-time retention bonus methodology for staff.**

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 28<sup>th</sup> day of July 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

**To:** Board of Commissioners  
**From:** Lianne Everett, Superintendent  
**Date:** 7/21/2021  
**Subject:** Retention Bonus Methodology

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Administration has presented to the Finance Committee a proposal to provide all employees with a retention bonus. This is being proposed because many employees chose to stay with Arbor Health through the pandemic in 2020-2021 when offers from other facilities were more financially lucrative. This turnover would have presented challenges in providing healthcare to our District, as well as resulting in increased staffing costs. Because turnover is expensive and hiring replacement employees is increasingly difficult to our District, retention bonuses like these are becoming a tactic to encourage and reward longevity to staff. These shortages are expected to continue into the near future.

Our proposal is as follows:

- Award \$1,000 to employees that were paid for 1,800+ hours during a defined 12-month period (such as 07/01/2020 – 06/30/2021).
- Award \$500 to employees that were paid for 1,799 – 1,200 hours during a defined 12-month period (such as 07/01/2020 – 06/30/2021).
- Award \$250 to employees that were paid for 401 – 1,199 hours during a defined 12-month period (such as 07/01/2020 – 06/30/2021).

To be eligible, the employee must be employed on 06/30/2020, as well as the payment date. Currently, 134 employees would receive the \$1,000 award, 51 employees the \$500 award and 25 employees the \$250 award.

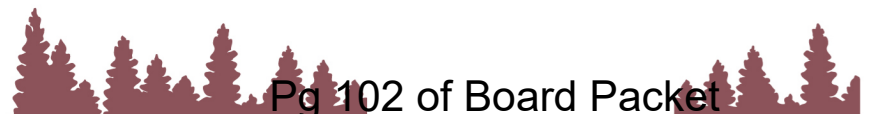
At the recommendation of the Finance Committee members, Administration quantified two opportunities for awarding a retention bonus.

1. **OPTION 1:** Award the bonus, subject to applicable taxes, withholdings and reductions (TW&R). This option would equate to \$160,750.00 plus employer's portion of (TW&R). In this scenario, the employee would receive the net of the award after payroll taxes were withheld.



- OPTION 2:** Award the bonus, grossed up for the employee's portion of withholdings. In this scenario, each employee has their own unique blend of withholdings that would be increased to provide the employee with the full award amounts of \$1,000, \$500 or \$250. The awards would be subject to retirement withholdings if the employee is contributing to their 403(b). Since each employee has a unique withholding situation, I have elected to inflate Option 1 by 20% as a simplified approach to estimating the cost of Option 2. This option would cost the organization approximately \$192,900.00.

Because Administration has a conflict of interest with this proposal, no recommendation is forthcoming. Administration is simply providing options for consideration in the effort to reward the employees that opted to continue to work at Arbor Health while peers that elected to move between employers were financially rewarded for their willingness to change employers.





	A/E Fees		Construction Fees
Initial Project	\$ 171,443		\$ 2,310,560
ASR 1	35,250	CO 1	(5,904) <i>Remove Ceiling in generator room</i>
ASR 2	27,040	CO 2.3	13,725 <i>Add ceiling/support in new area</i>
ASR 3	21,750	CO 3.2	2,313 <i>Install new ceiling support</i>
ASR 4	12,445	CO 4.4	21,252 <i>install fire barrier not specified in documents</i>
ASR 5	13,400	CO 5	2,466 <i>Outdoor duct Heater</i>
ASR 6	17,000	CO 5	14,540 <i>DNV delay</i>
<b>Adjust Totals</b>	<b>298,328</b>		<b>2,358,952</b>

Payments to Date			
Draw 1	10/01/18	34,780	03/01/21 319,467 work
Draw 2	10/29/18	33,270	(15,973) retention
Draw 3	11/16/18	21,248	03/26/21 412,095 work
Draw 4	12/17/18	37,421	(20,605) retention
Draw 5	01/18/19	32,483	04/07/21 458,489 work
Draw 6	02/15/19	10,220	(22,924) retention
Draw 7	03/21/19	16,624	5/3/2021 548,972 work
Draw 8	05/28/20	12,270	(27,449) retention
Draw 9	05/28/20	7,520	6/15/2021 525,960 work
Draw 10	06/15/20	10,485	(26,298) retention
Draw 11	11/09/20	7,960	
Draw 12	11/09/20	4,021	
Draw 13	11/11/20	1,936	
Draw 14	11/13/20	1,960	
Draw 15	12/16/20	15,300	
Draw 16	01/14/21	6,044	
Draw 17	04/01/21	11,478	
Draw 18	5/4/2021	6,940	
Draw 19	4/9/2021	5,409	
Draw 20	6/14/2021	11,994	
Draw 21	6/14/2021	6,057	
Draw 22			
<b>Total Paid To Date</b>		<b>295,419</b>	<b>2,151,734</b> - -
<b>Total to Complete</b>		<b>2,909</b>	<b>207,218</b> -

All amounts exclude Sales Tax



**DocID:** 8610-101  
**Revision:** 3  
**Status:** Official  
**Department:** Governing Body  
**Manual(s):**

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## Policy : Quality Improvement Oversight Information

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### Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners in accordance with RCW 70.41.200, and as hereafter are amended, implement the District's Quality Improvement Oversight Program.

The District's Quality Improvement Oversight Program will have as its basis the minimum requirements found in the above reference statute. The Board of Commissioners will welcome and support reasonable enlargement of the scope of coverage of this program beyond the minimum requirements under law. The Board of Commissioners will adopt the District's Quality Improvement Oversight Program by resolution at a regular board meeting.

In accordance with the bylaws of this District and as they are hereafter amended, two hospital district commissioners are appointed to the Quality Improvement Oversight Committee.

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<b>Document Owner:</b>	Frady, Trish
<b>Collaborators:</b>	
<b>Approvals</b>	
- <b>Committees:</b>	( 01/22/2020 ) Board of Commissioners, ( 09/30/2020 ) Board of Commissioners,
- <b>Signers:</b>	
<b>Original Effective Date:</b>	
<b>Revision Date:</b>	[05/08/2006 Rev. 1], [06/26/2018 Rev. 2], [01/16/2020 Rev. 3]
<b>Review Date:</b>	[05/22/2007 Rev. 1], [08/17/2007 Rev. 1], [05/29/2009 Rev. 1], [04/11/2011 Rev. 1], [01/17/2013 Rev. 1], [12/23/2014 Rev. 1], [07/24/2015 Rev. 1], [05/02/2016 Rev. 1], [08/24/2017 Rev. 1], [09/21/2020 Rev. 3]
<b>Standards:</b>	GB.1 SR.1
(WHICH REFERENCE THIS DOCUMENT)	MS.04 SR.6
<b>Attachments:</b>	
(REFERENCED BY THIS DOCUMENT)	
<b>Other Documents:</b>	
(WHICH REFERENCE THIS DOCUMENT)	





DocID: 8610-105  
Revision: 3  
Status: Official  
Department: Governing Body  
Manual(s):

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## Policy : Annual Adoption of the Quality Program Plan

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### Policy:

In accordance with RCW 70.41.200, and as hereafter are amended, the Board of Commissioners of Lewis County Hospital District No. 1 commissions the implementation of this Districts Quality Program Plan.

The District's Quality Program Plan will have as its basis the minimum requirements found in the above referenced statute. The Board of Commissioners will welcome and support reasonable expansion of the scope of coverage of this program beyond the minimum requirements under law. The Board of Commissioners will adopt the District's Quality Program Plan by resolution at a regular board meeting.

### Procedure:

1. In accordance with the bylaws of this District, and as they are hereafter amended, two hospital district commissioners are appointed to the Quality Improvement Oversight Committee.
2. The Quality Manager will present the Quality Program Plan annually to the Quality Improvement Oversight Committee members for review and comment. The plan will then go to the Board of Commissioner for final approval.

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**Document Owner:** Frady, Trish  
**Collaborators:**  
**Approvals**  
- **Committees:** ( 07/25/2018 ) Board of Commissioners, ( 09/25/2019 ) Board of Commissioners, ( 07/29/2020 ) Board of Commissioners,  
- **Signers:**  
**Original Effective Date:**  
**Revision Date:** [08/01/2006 Rev. 1], [05/09/2016 Rev. 2], [06/26/2018 Rev. 3]  
**Review Date:** [05/29/2009 Rev. 1], [04/11/2011 Rev. 1], [01/17/2013 Rev. 1], [12/23/2014 Rev. 1], [07/24/2015 Rev. 1], [07/11/2017 Rev. 2], [09/05/2019 Rev. 3], [07/21/2020 Rev. 3]  
**Standards:** GB.1 SR.1  
(WHICH REFERENCE THIS DOCUMENT)  
**Attachments:**



DocID: 17952  
 Revision: 0  
 Status: Official  
 Department: Governing Body  
 Manual(s):

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## Policy & Procedure : Annual Adoption of the Compliance Plan

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### Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners commissions the implementation of the District's Compliance Plan in accordance with the Office of Inspector General Compliance Program Guidance.

The District's Compliance Plan will have as its basis the minimum requirements found in the appertaining documents of the Federal Office of the Investigative General, CFR42 Vol. 5 Sub Chapters G Port 482 COP and the Office of Inspector General Compliance Program Guidance.

The Board of Commissioners encourages and supports thoughtful and applicable expansion of the scope and coverage of this program beyond the minimum requirements under the law.

### Procedure:

1. In accordance with the Compliance Plan of this District, and as here-after amended, two Board of Commissioners are appointed to the Compliance Committee.
2. The Director of Compliance will present the Compliance Plan annually to the Compliance Committee for review and comment.
3. The Board of Commissioners will adopt the District's Compliance Plan by resolution at a regularly scheduled board meeting.

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**Document Owner:** Frady, Trish  
**Collaborators:**  
**Approvals**  
 - **Committees:** ( 09/25/2019 ) Board of Commissioners, ( 10/28/2020 ) Board of Commissioners,  
 - **Signers:**  
**Original Effective Date:** 12/05/2017  
**Revision Date:** [12/05/2017 Rev. 0]  
**Review Date:** [09/07/2018 Rev. 0], [09/05/2019 Rev. 0], [10/08/2020 Rev. 0]  
**Attachments:**

**SUPERINTENDENT REPORT**



**SUPERINTENDENT'S REPORT July 2021**

**Mission:** To foster trust and nurture a healthy community

**Vision:** To provide accessible, quality healthcare

	Opportunity	CY 2021 Progress	Status	Associated Documentation
Informational	Core Values	Providing an update on the employee recognition program based on our organizational core values. This project has been under-development since the adoption of the core values.	on-going	<i>Core Values Recognition Program Flyer &amp; June Awards Announcement</i>
Informational	Recruitment	Update on ongoing recruitment efforts for selected positions	on-going	<i>07212021 Recruitment Memo</i>
Informational	Employee Engagement	Update on 2021 Employee Engagement survey	on-going	<i>0712021 Employee Engagement Update Memo</i>
Strategic	Q2 Department Strategic Measures	Providing Q2 update on progress to completion of 2021 Department Strategic Measures	Complete with quarterly updates	<i>07212021 Q2 2021 Department Strategic Measures</i>

# Exciting New Core Values Recognition Program



**Nominate a co-worker who demonstrates our core values**



**Monthly Outstanding  
Direct Patient Care  
Service Excellence Award**



**Monthly Outstanding  
(Non-Direct Patient Care)  
Service Excellence Award**



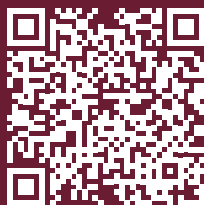
**Quarterly Outstanding  
Leadership Award**

## **Award Winners Receive:**

- Recognition Certificate
- Choice of \$25 credit to either the Arbor Health Online Store or Arbor Health Gift Shop
- Featured in Arbor Health Happenings, website and social media pages
- Recognized at the Annual Employee Recognition event
- Eligible for the Employee of the Year Award

*Nominate a co-worker and be entered into a monthly drawing for gift certificates to East Lewis County businesses!*

Find the selection criteria and nomination forms at  
[MyArborHealth.org/employment/employee-recognition-program/](http://MyArborHealth.org/employment/employee-recognition-program/)



Scan for more info



EXTRA! EXTRA!



ARBOR HEALTH HAPPENINGS



## Core Values Recognition Program



### June 2021 Recipients



Congratulations to the first-ever recipients of the Core Values Recognition Program! Learn more about the program and make your nominations at: [MyArborHealth.org/employment/employee-recognition-program/](https://MyArborHealth.org/employment/employee-recognition-program/)

### Outstanding Non-Direct Patient Care Service Excellence Award

#### Roxann Morris, Lead EVS Technician

Employed since 8/8/2012

*Know the Way, Show the Way*

Nominated by: Brandi Bell



"Roxann has played a huge role for me in my first year as EVS Supervisor. She has helped me to learn things about the department that I may not have known otherwise. Whenever we are short-handed or understaffed Roxann is flexible and willing to work wherever she is needed at the drop of a dime, which has been a tremendous relief. Her flexibility and dependability has relieved a lot of stress and uncertainty in the department. She's an excellent trainer and always welcomes new employees with a friendly and encouraging attitude. Roxann has dedicated many years to the facility and department. Although

it has not always been an easy journey for her and sometimes unpleasant, it has never changed the way she treats others or affected her work ethic. There is not a day she does not give 110%."

*Brandi Bell, Environmental Services Supervisor*

#### Eli Potts, Technology Support Specialist

Employed since 9/29/2020

*One Team, One Mission*

Nominated by: Amie Otterness



"Eli always responds to IT requests quickly and with a smile. He is never condescending to those who are not tech savvy. He smiles even when being run ragged. Eli is a pure joy."

*Amie Otterness, Specialty Clinic Receptionist*

### Outstanding Direct Patient Care Service Excellence Award

#### Corinne Smith, Medical Assistant, Morton Clinic

Employed since 7/29/2019

*One Team, One Mission*

Nominated by: Kay Brooks



"Corinne works tirelessly to serve patients and colleagues alike. She is committed to the highest quality of care at the workplace and always maintains a positive attitude. She is dedicated to her work and is proficient at multitasking. A wonderful asset to our team. She has a "can do" attitude and is able to adapt quickly to multiple changes in a timely and proficient manner. This helps keep the office atmosphere light and positive. She works all day as my MA, also floats as requested to work with Dr. Williams and/or COVID vaccination administration duties. She shows up where she is needed and gets the job done, time and time again."

*Kay Brooks, PA*

#### Brenda Demarest, Patient Access Representative Lead

Employed since 4/28/2008

*Care Like Crazy*

Nominated by: Janice Holmes



"Brenda always goes above and beyond to help our patients feel comfortable and at ease with the care they will be receiving within our organization. She cares for every patient's needs when they walk into the facility. She is the definition of Care like Crazy. Patients always look to Brenda when they need help because she is patient and understanding. She is also patient when it comes to working with others. She helped me with Union matters back when I worked in Admitting and she strives to do what is best for her co-workers because she truly cares."

*Janice Holmes, Medical Staff Coordinator*

**To:** Board of Commissioners  
**From:** Lianne Everett, Superintendent  
**Date:** 7/21/2021  
**Subject:** Recruitment

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Below is a recruitment update on selected positions:

- **Facilities Director** – Filled by previous interim director David Crouch
- **Surgical Podiatrist** – Dr. Peresko is scheduled to begin seeing patients on 09/01/2021,
- **Randle Clinic Physician** – Dr. Podbilski started 07/19/2021,
- **Mossyrock Clinic Physician** – Dr. Acosta is starting 08/09/21,
- **Quality Manager** - currently being filled by an interim, no new qualified candidates to review,
- **Pharmacist** – interviewing a candidate in the next 30 days,
- **Family Practice Resident** – in negotiations; available mid-2022. Expected to fill up-coming vacancy.
- **Compliance Officer**-reviewing candidates and preparing to interview in the next 30 days.



**To:** Board of Commissioners  
**From:** Lianne Everett, Superintendent  
**Date:** 7/21/2021  
**Subject:** Employee Engagement

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In mid-July, Human Resources launched StandOut, an exciting new tool we are using for employee engagement. StandOut is based on the groundbreaking research of Marcus Buckingham, one of the world's leading experts on engagement and performance.

The managers completed an assessment that provided them with their top two "Strength Roles." This information will help them leverage their strengths at work. Many of the managers have their top two strengths posted in their office for others to see. On August 2<sup>nd</sup>, this same assessment will be sent to all employees.

During the week of August 26<sup>th</sup>, we will be launching Engagement Pulse, an employee engagement survey, to all staff members. This tool will provide us with benchmarking capabilities, but more importantly will provide resources and education to managers to help engage employees in the areas that score lower. This is a feature we have not had in past engagement surveys.

Please watch for more information to come in late Q3 to early Q4 2021.





**To:** Board of Commissioners  
**From:** Lianne Everett, Superintendent  
**Date:** 7/21/2021  
**Subject:** Q2 2021 Department Strategic Measures

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

- Achieved goal: 11 of 33, or 33%
- Goal in progress: 14 of 33, or 43%
- Did not achieve goal: 8 of 33, or 24%

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

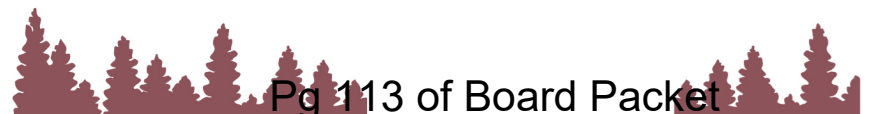
- Achieved goal: 12 of 33, or 37%
- Goal in progress: 8 of 33, or 24%
- Did not achieve goal: 13 of 33, or 39%

**Strategy 3:** To continue as stewards of public funds:

- Achieved goal: 15 of 33, or 46%
- Goal in progress: 6 of 33, or 18%
- Did not achieve goal: 12 of 33, or 36%

**Overall Progress:**

- Achieved goal: 38 of 99, or 38%
- Goal in progress: 28 of 99, or 28%
- Did not achieve goal: 33 of 99, or 34%



## EXECUTIVE DASHBOARD

### TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
<b>NON-CLINICAL</b>							
<b>Administration:</b> Develop a primary care clinic in Packwood, WA		Open by 12/31/2021	In-progress	In-progress			In-progress
<b>Clinical Informatics:</b> Increase overall clinic portal enrollments to > 60%	44%	≥ 60%	31%	31%			31%
<b>Communications:</b> Partner with vendors and community groups to host a live/virtual/drive-through health fair.		1 Event Annually	0	0			0
<b>Environmental Services:</b> Staff members will become CHEST (Certified Health Care Environmental Services Technician) certified within first year of employment		75%	0%	0%			0%
<b>Facilities:</b> Increase department employees engagement in employee events		75%	100%	100%			100%
<b>Finance:</b> Increase vendor invoice EFT utilization by 50%.	150/qtr	225/quarter	209	216			425
<b>Billing/HIM:</b> Partner with Insurance Payor to address school needs/community youth programs		2 coordinated events/year	June event in-progress	Youth Fair held on 6/12/2021			1
<b>Human Resources:</b> 80% of chiefs, managers and directors will serve 24 hours/year of approved community service within the District.		101 hours/quarter	121	73.5			194.5
<b>Information Technology:</b> Create a partnership with local internet vendors to develop wireless access for community needs		Pass/Fail	0	0			0
<b>Employee Health:</b> Develop a community weight loss challenge that culminates in a 5k/10k/Half Marathon		Pass/Fail	In-progress	In-progress			In-progress
<b>Patient Access:</b> Refer patients to the Self Pay Biller to see if they qualify for Medicaid.		5 patients/qtr, 20 patients/year	2	9			11
<b>Quality and Risk:</b> Successful <i>Critical Access Hospital</i> DVN Certification		Pass/Fail	Survey scheduled for May 2021	Certified			Certified
<b>Supply Chain:</b> Create Cycle Count process to improve inventory accuracy.	65%	75%	65%	83%			74%
<b>CLINICAL</b>							
<b>Acute Care:</b> Develop and implement 1 social media message or newsletter article per quarter re: Chest Pain/MI, Sepsis, Coronavirus, and CHF.		1/quarter, 4/year	6	2			8

**EXECUTIVE DASHBOARD**

**TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS**

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
<b>Case Management:</b> Develop and implement 1 social media message or newsletter article per quarter re: skilled services		1/quarter, 4/year	10	1			11
<b>Dietary/Nutrition:</b> Provide To Go meals to seniors in food scarce homes		Number of Meals Served	630 (avg 10/day)	443 (avg 7/day)			1,073
<b>Emergency Department:</b> Successful Acute Stroke Ready DNV Stroke Certification		Pass/Fail	Pass	Pass			Pass
<b>Imaging:</b> Increase Mammography volume by 10% via external partners and social media	689	757.9	181	187			368
<b>Infection Control:</b> Use social media to promote IC messaging once per month		3 messages per quarter	1 video & multiple posts	Multiple posts			Video & Posts
<b>Laboratory:</b> Increase quality of blood cultures	70.50%	≥ 90%	100%	100%			100%
<b>Respiratory Therapy:</b> Develop and implement 1 social media messages/quarter re: pulmonary disease and diagnostic testing		1 messages per quarter	0	5			5
<b>Pharmacy:</b> Establish a medication disposal program for Morton, Mossyrock and Randle		Minimum of 3 kiosks	In-progress	1			1
<b>Pulmonary Rehab:</b> Extend two smoking cessation classes per year to public		2 classes per year	0	0			0
<b>Wellness:</b> Create a community wide wellness plan that incorporates 2 partnerships with providers, employers, and community based entities focusing on overall health of our community by identifying target chronic illnesses and needs.		2 partnerships	Partnered with UW & Enhanced Fitness for remote senior exercise program study	Investigating the Arthritis Counseling Project with WA Department of Health			1
<b>Rehab Services:</b> Create relationships with the schools for athletic program, including ImPACT concussion management, student athletic performance & injury management, and coach education programs.		1 athletic season of partnership with ImPACT	ImPACT is scheduled for August	ImPACT is scheduled for August			In-progress
<b>Surgical Services:</b> 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	333	400	103	84			187

## EXECUTIVE DASHBOARD

### TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
<b>Anesthesia:</b> Increase Ketamine clinic encounters by 15%	56	64.4	14	3			17
<b>Swing Beds:</b> Acute patients transferred out of District with subsequent skilled needs are readmitted to Arbor Health for local care		12 patients/year	5	6			11
<b>Wound Care:</b> Refine and market Diabetic Foot/Toenail Care to increase visits by 20%	45	54	3	7			10
<b>CLINICS</b>							
<b>Morton:</b> Develop 3 community engagement events at clinic per year.		3/year	COVID Clinics	0			1
<b>Mossyrock:</b> Develop 3 community engagement events at clinic per year.		3/year	COVID Clinics	0			1
<b>Randle:</b> Develop 3 community engagement events at clinic per year.		3/year	COVID Clinics	0			1
<b>Specialty:</b> Develop 3 community engagement events at clinic per year.		3/year	0	0			0

**EXECUTIVE DASHBOARD**

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

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
<b>NON-CLINICAL</b>							
<b>Administration:</b> Increase employees affirmative response to "My manager/supervisor has shown a genuine interest in my career" by 25%.	26%	33%	In-progress	In-progress			In-progress
<b>Clinical Informatics:</b> Increase Cerner Physician Inpatient Admission Medication History completion	64%	≥ 80%	29%	74%			52%
<b>Communications:</b> Adopt mission/vision/values throughout organization		Kickoff 1 value per quarter	One team, one mission	Go out of your way to brighten someone's day			2
<b>Environmental Services:</b> Increase compliance with "high touch" areas to ≥ 80%	57%	≥ 80%	97%	97%			97%
<b>Facilities:</b> Improve the average maintenance work order turnaround time by 5%.	11	10.45	11.6	9.3			10.45
<b>Finance:</b> Develop and implement a reliable timeline for processing accounts payable checkruns in Multiview	Process on Friday of each week	90% of all check runs are processed weekly on Fridays	77%	100%			89%
<b>Billing/HIM:</b> Increase conversion of bad debt to charity care by 100%	\$ 133,685	\$ 267,370	\$ 297,685	\$ (359,324.49)			\$ (61,639.49)
<b>Human Resources:</b> Conduct an employee engagement survey using an independent national vendor to establish baselines and comparatives.		Pass/Fail	In-progress	In-progress			In-progress
<b>Information Technology:</b> Develop 4 training seminars for staff and community on IT related topics		1 training/quarter	0	TEAMS			1
<b>Employee Health:</b> Reduce reportable workplace injuries by 10% or more.	13	11.7	0	0			0
<b>Patient Access:</b> Identify patients that qualify for charity care by using bill holds to flag encounters allowing biller to track and follow-up with patients.		20 patients per quarter, 80 patients per year	0	81			81
<b>Quality and Risk:</b> Improve hospital wide HCAHPS Overall score to > 70%	58%	≥ 70%	98%	41%			62%
<b>Supply Chain:</b> Implement & maintain a housewide monthly product out-date process		11 out of 12 months	3	3			6
<b>CLINICAL</b>							
<b>Acute Care:</b> Improve HCAHPS <i>Communication About Medications</i> Overall top box score to ≥ 60%	48.5%	≥ 60%	82%	34%			48%
<b>Case Management:</b> Improve HCAHPS <i>Care Transitions Overall</i> top box score to > 50%	43.20%	≥ 50%	74%	24%			40%
<b>Dietary/Nutrition:</b> Conduct healthy cooking demonstrations for public		One demonstration per quarter	Minestrone	Lettuce Wraps			2
<b>Emergency Department:</b> Decrease average door to tPA ≤ 60 minutes for stroke patients	114	≥ 60	60	NA			60
<b>Imaging:</b> Decrease stroke/CT report turnaround to 15 minutes or less	43 minutes	≤ 15 minutes	14.3	19.7			17
<b>Infection Control:</b> Increase hand hygiene compliance	74%	≥ 90%	88%	85%			87%
<b>Laboratory:</b> Decrease rate of reference lab rejected samples	0.88%	≤ 0.5%	0.7%	0.8%			0.8%
<b>Respiratory Therapy:</b> Implement COPD Gold Standard Care Map discharge criteria/bundle on acute/skilled respiratory patients		≥ 90%	0%	0%			0%

<b>Pharmacy:</b> Provide medication counseling at discharge		60%	0%	0%		0%
<b>Pulmonary Rehab:</b> Increase annual unique patients secondary to implementation of COPD Gold Standard Care Map and clinic outreach for at risk pulmonary patients	28	32	0	8		8
<b>Wellness:</b> Create 2 additional programs that are designed to engage the local community in health and wellness.		2 programs	Continue senior exercise program once study with UW is complete	Wellness Week event in September		In-progress
<b>Rehab Services:</b> Improve patient satisfaction score for progress during treatment	69%	≥ 80%	69%	Replacing Vendor		69%
<b>Surgical Services:</b> Increase return rate of internal Post-Operative Patient Experience Survey to greater than 90% (inclusive of endoscopy patients)	15%	≥ 90%	10%	10%		10%
<b>Anesthesia:</b> Increase overall rating of anesthesia provider on the Surgery Patient Satisfaction Survey	67%	≥ 90%	80%	75%		78%
<b>Swing Beds:</b> Skilled patient with a Braden Score < 12 will have a Wound Care consultation	75%	≥ 90%	66%	100%		75%
<b>Wound Care:</b> Increase documented skill care assessments (must capture all 8 assessment elements)	68%	≥ 80%	84%	83%		84%
<b>CLINICS</b>						
<b>Morton:</b> Market and grow telehealth visits by 25%	504	630	24	43		67
<b>Mossyrock:</b> Market and grow telehealth visits by 50%.	85	128	41	79		120
<b>Randle:</b> Market and grow telehealth visits by 50%.	81	122	83	115		198
<b>Specialty:</b> Market and grow telehealth visits by 50%.	31	62	18	40		58

**EXECUTIVE DASHBOARD**

**TO CONTINUE AS STEWARDS OF PUBLIC FUNDS**

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
<b>NON-CLINICAL</b>							
<b>Administration:</b> Decrease interim staffing costs by 10% or greater.	\$ 2,368,626	\$ 2,131,763	\$ 506,207	\$ 360,276			\$ 866,483
<b>Clinical Informatics:</b> Create a report that identifies patient care gaps for patients enrolled in United Health Care (UHC) Managed Care program to increase HEDIS Star Ranking to 3 Stars	2.25 Stars	3 Stars	2.22	2.29			2.29
<b>Communications:</b> Increase Sleep Studies by 10% through the use of effective marketing messaging	69	76	0	64			64
<b>Environmental Services:</b> Decrease overtime by 25% by optimizing staffing schedules.	\$ 4,893	\$ 3,670	\$ 2,853	\$ 4,827			\$ 7,680
<b>Facilities:</b> 100% of critical PMs completed monthly.	95%	100%	100%	100%			100%
<b>Finance:</b> Pay external vendors timely and per schedule, reducing variation/errors	70%	80%	75%	84%			80%
<b>Billing/HIM:</b> Decrease timely filing write-offs by 25%	\$ 108,072	\$ 81,054	\$ 22,688	\$ 22,695			\$ 45,383
<b>Human Resources:</b> Decrease employee turnover (without retirement)	20.60%	≤ 19%	3.98%	3.15%			3.57%
<b>Information Technology:</b> Reduce controllable network downtime hours within organizational control by 50%	33	17	6/4.25	0			6
<b>Employee Health:</b> Decrease claims costs using Experience Factor as metric (updated annually)	1.3075	1.17675	In-progress	1.15130			1.15130
<b>Patient Access:</b> Increase point-of-service collections by 10% in ER and 20% in OP Services.	\$ 19,111	\$ 21,022	\$ 5,991	\$ 6,316			\$ 12,307
	\$ 64,474	\$ 70,921	\$ 45,755	\$ 45,909			\$ 91,664
<b>Quality and Risk:</b> Reduce All Cause Readmissions by ≥ 20%	2.8	2.24	1.96	1.79			1.87
<b>Supply Chain:</b> All assets/capital purchases undergo asset purchase process/structure lead by Materials team.		75%	66%	0%			33%
<b>CLINICAL</b>							
<b>Acute Care:</b> 30% reduction in lost revenue due to Did Not Meet Inpatient Criteria denials.	\$ 90,000	\$ 63,000	\$ -	\$ -			\$ -
<b>Case Management:</b> 50% reduction in lost revenue due to No Authorization Skilled patient denials	\$ 176,000	\$ 88,000	\$ -	\$ -			\$ -
<b>Dietary/Nutrition:</b> Increase rebates from GPO food supplier by 20%	\$ 3,852	\$ 4,622	227	\$ 228			\$ 455
<b>Emergency Department:</b> Reduce annual Left Without Being Seen (LWOT) patients in ED by 10%	116	104	27	24			51
<b>Imaging:</b> Reduce callback hours worked by 10% by utilizing a night shift radiology tech.	686	617	120	138			258
<b>Infection Control:</b> Decrease infectious disease readmissions within 30 days of hospital stay with same diagnosis.	6.75	2	3.6	0			1.8
<b>Laboratory:</b> Decrease interim staffing costs by 20%	\$ 150,568	\$ 120,454.40	\$ -	\$ 36,190			\$ 36,190
<b>Respiratory Therapy:</b> Increase PFT test volume secondary to implementation of COPD Gold Standard Care Map and clinic outreach for at risk pulmonary patients to 12		12	0	0			0
<b>Pharmacy:</b> Utilize Senti7 to reduce drug costs		Decrease by 10% or greater	Evaluating products	In-progress			In-progress
<b>Pulmonary Rehab:</b> Transition Pulmonary Rehabilitation therapy to a group model (pending COVID guidelines) allowing for a 100% increase in visits	128	256	0	27			27

<b>Wellness:</b> create a wellness program that is an efficient use of funds and demonstrates a commitment to reducing healthcare cost overall in the community.		Pass/Fail	In development	In development	In development
<b>Rehab Services:</b> Decrease our cancel/no show rate to reduce non-productive time and improve patient outcomes.	15%	Less than or equal to 12%	11%	11%	11%
<b>Surgical Services:</b> Develop/implement new ortho service line		20 cases	0	0	0
<b>Anesthesia:</b> Acquire peripheral nerve block competency resulting in new revenue (ortho)		\$ 10,800	\$ -	\$ -	\$ -
<b>Swing Beds:</b> Implement weekly fax/email bed availability updates to primary referral sources to return to budgeted skilled admissions	76	140	22	17	39
<b>Wound Care:</b> Develop and implement WOCN EPIFIX administration protocol for chronic wounds to achieve a 20% increase.	21	25.2	5	10	15
<b>CLINICS</b>					
<b>Morton:</b> Implement Chronic Care Management via Preventative Care Advisor.			In-progress	In-progress	In-progress
<b>Mossyrock:</b> Implement Chronic Care Management via Preventative Care Advisor.			In-progress	In-progress	In-progress
<b>Randle:</b> Implement Chronic Care Management via Preventative Care Advisor.			In-progress	In-progress	In-progress
<b>Specialty:</b> Hospital & clinic chart notes complete within 48 hours of visit	95%	≥ 90%	99.3%	100%	99.7%