
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

February 23, 2022 @ 3:30 PM

Join Zoom Meeting: <https://myarborhealth.zoom.us/j/86512740552>

Meeting ID: 865 1274 0552

One tap mobile: +12532158782,,86512740552#

Dial: +1 253 215 8782

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Superintendent Report





**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
February 23, 2022 at 3:30 p.m.
ZOOM**

<https://myarborhealth.zoom.us/j/86512740552>

Meeting ID: 865 1274 0552

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Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

| AGENDA | PAGE | TIME |
|--|----------------------|---------|
| Call to Order | | |
| Roll Call | | |
| Reading of the Mission & Vision Statement | | 3:30 pm |
| Approval or Amendment of Agenda | | |
| Conflicts of Interest | | |
| Comments and Remarks | | 3:35 pm |
| <ul style="list-style-type: none"> • Commissioners • Audience | | |
| Executive Session-RCW 70.41.200, RCW 70.41.205, RCW 42.30.140 (4) & RCW 42.30.110 (g) | | 3:40 pm |
| <ul style="list-style-type: none"> • Medical Privileging-Medical Staff Coordinator Cramer (5 minutes) • Quality Improvement Oversight Report-Commissioner Coppock & Sara Williamson (5 minutes) • To discuss collective bargaining sessions. (20 minutes) • To discuss the performance of a public employee. (30 minutes) | 5 | |
| Department Spotlight | | 4:40 pm |
| <ul style="list-style-type: none"> • <i>Accounting & Purchasing</i> | 6 | |
| Board Committee Reports | | |
| <ul style="list-style-type: none"> • Hospital Foundation Report-Committee Chair-Commissioner Richardson | 23 | 4:45 pm |
| <ul style="list-style-type: none"> • Finance Committee Report-Committee Chair-Commissioner McMahan | 25 | 4:50 pm |
| <ul style="list-style-type: none"> • Compliance Committee Report-Committee Chair-Commissioner McMahan/Commissioner Richardson | | 4:55 pm |
| Consent Agenda (Action) | | 5:00 pm |
| <ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ <i>January 26, 2022 Regular Board Meeting</i> ○ <i>February 2, 2022 QIO Committee Meeting</i> ○ <i>February 9, 2022 Compliance Committee Meeting</i> ○ <i>February 16, 2022 Finance Committee Meeting</i> | 30 38 41 44 | |
| <ul style="list-style-type: none"> • Warrants & EFT's in the amount of \$4,819,328.12 dated January 2022 | 48 | |

| | | |
|--|----|---------|
| <ul style="list-style-type: none"> • Resolution 22-07-Approving the Paycheck Protection Plan (PPP) Loan Payoff. <ul style="list-style-type: none"> ○ <i>To approve the PPP loan payment.</i> | 50 | |
| <ul style="list-style-type: none"> • Resolution 22-08-Approving to Repurpose Existing Custodial Trust Account to FSA Account <ul style="list-style-type: none"> ○ <i>To approve repurposing the Custodial Trust Account with the Flexible Spending Account (FSA) Account.</i> | 52 | |
| <ul style="list-style-type: none"> • Approve Documents Pending Board Approval and Ratification 02.23.22 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> | 54 | |
| Old Business | | |
| <ul style="list-style-type: none"> • Redistricting Discussion-Matthew Ellsworth, Executive Director, AWPHD <ul style="list-style-type: none"> ○ <i>To review and strategize for upcoming redistricting.</i> | 58 | 5:05 pm |
| <ul style="list-style-type: none"> • Incident Command Update <ul style="list-style-type: none"> ○ <i>CNO/CQO Williamson will provide a verbal COVID 19 update, which will include Proclamation updates.</i> | | 5:30 pm |
| <ul style="list-style-type: none"> • NW Momentum Accountable Care Organization (ACO)-Year 2 <ul style="list-style-type: none"> ○ <i>To provide a verbal update if there is any new information received. Still anticipating a Resolution at the Regular Board Meeting in March.</i> | | 5:35 pm |
| New Business | | |
| <ul style="list-style-type: none"> • PDC Filing Reminder <ul style="list-style-type: none"> ○ <i>To complete prior to April 1, 2022.</i> | | 5:37 pm |
| Superintendent Report | | |
| <ul style="list-style-type: none"> • 2021 Department Specific Measures (<i>Final</i>) | 62 | 5:40 pm |
| Meeting Summary & Evaluation | | 5:50 pm |
| Next Board Meeting Dates and Times | | |
| <ul style="list-style-type: none"> • Special Board Meeting-March 21, 2022 @ 3:30 PM (ZOOM) • Regular Board Meeting-March 30, 2022 @ 3:30 PM (ZOOM) | | |
| Next Committee Meeting Dates and Times | | |
| <ul style="list-style-type: none"> • QIO Committee Meeting-March 9, 2022 @ 7:00 AM (ZOOM) • Finance Committee Meeting-March 16, 2022 @ 12:00 PM (ZOOM) | | |
| Adjournment | | 5:55 pm |



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS-5

Arbor Health

- Robert Revels, CRNA (Anesthesia Privileges)

Radiology Consulting Privileges

- Manal Schoellerman, MD (Radiology Privileges)
- Michael Starkey, MD (Radiology Privileges)

Telestroke/Neurology Consulting Privileges

- Michael Chen, MD (Consulting Telestroke/Neurology Privileges)
- William Lou, MD (Consulting Telestroke/Neurology Privileges)

REAPPOINTMENTS-7

Radiology Consulting Privileges

- David Alexander, MD (Radiology Privileges)
- Kristine Andrade, MD (Radiology Privileges)
- David Atkins, MD (Radiology Privileges)
- Tariq Balawi, MD (Radiology Privileges)
- Andrew Bauer, MD (Radiology Privileges)

Telestroke/Neurology Consulting Privileges

- Pratik Bhattacharya, MD (Consulting Telestroke/Neurology Privileges)
- Theodore Lowenkopf, MD (Consulting Telestroke/Neurology Privileges)

⊛-notates files with items to note.

Accounting/Purchasing Department





ACCOUNTING/PURCHASING/COURIER DEPT 3 YEAR TREND REPORT 2019-2021

| Finance department | | | | |
|---------------------------|--|----------------|----------------|----------------|
| 3-Year trend | | | | |
| | | YEAR TO DATE | | |
| | | 2021 | 2020 | 2019 |
| Operating Expenses | | | | |
| Salaries & Wages | | 379,914 | 356,857 | 385,912 |
| Benefits | | 49,006 | 46,280 | 49,456 |
| Professional Fees | | 48,683 | 53,943 | 71,796 |
| Supplies | | 7,543 | 7,307 | 10,830 |
| Purchase Services | | 21,178 | 23,328 | 31,689 |
| Operating Expenses | | 506,325 | 487,715 | 549,683 |
| | | | | |
| | | | | |

Accounting/Purchasing department Highlights, (PI's) 2021 results

- Clean Audit 2020 – no significant findings
- 2021 Performance Improvement measures
 - Finance
 - Check runs processed Weekly on Friday
 - Baseline 80%; Target 90%; 2021 result was 91%
 - Increase in Vendor electronic payments
 - Baseline 50 pmts per month; Target 75; YTD result 79
 - Invoices paid by due date
 - Baseline 70%; Target 80%; Result 80%
 - Purchasing
 - Cycle counts no changes; Target 75%, Actual 78%
 - Outdates checked monthly; Target 80%, Actual
 - Capital items assists 50%

What Do We do in Accounting?

Transaction Accounting (Daily processing)

- Recording and reporting transactions that change the value of the firm.
 - Revenues – charges to the patient are recorded and reported. This happens through the Cerner system down through billing and then to Accounting.
 - Expenses – these transactions are those that acquire resources such as payroll, supplies, and equipment. This happens through our Accounting system (Multiview)
 - Physical transactions (Statistics) – such as patient days, clinic visits, hours worked, etc.

Financial Accounting

- Via reporting as accurately as possible the position of the institution as a whole in terms of value of its assets, equity residual to its owners, and change in value occurring in each accounting period.
 - Balance sheet
 - Income or profit and loss statement.
 - Cash flow statement
- Financial statements issued to the board monthly.
- Annually issued to the “outside world”, creditors, etc.

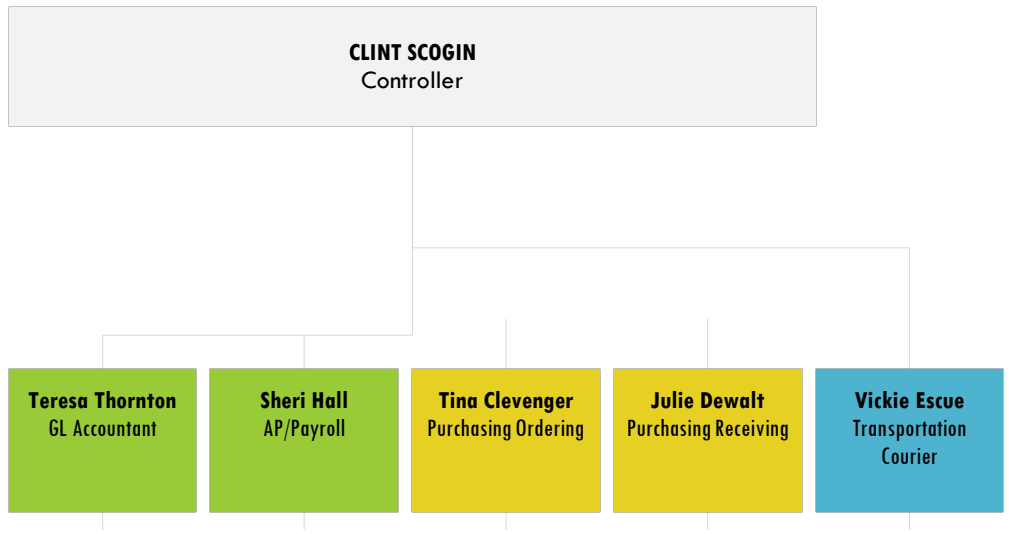
Managerial Accounting

- Restructure of transaction data to support monitoring, planning, setting expectations, and improving performance.
 - Internal organization reporting assists management with decision making concerning cost, efficiency, and demand.
 - Statistics and Analysis report; how many visits? Are we meeting budget goals, etc
 - Financial dashboard report; inpatient days as compared to target.
 - Finance packet – Income statement, P&L reports, Cash flow reporting, etc
 - Board packet contains summarized financial information.

Purchasing

- Is in charge of buying all items needed for the district.
- Processes purchased orders and order requisitions.
- Maintains hospital storeroom off all requisition type items.
- Keeps ED and Nursing department supplies at appropriate levels.

ACCOUNTING/PURCH ORGANIZATION CHART



■ Purchasing ■ Accounting ■ Courier

CLINT SCOGIN – CONTROLLER

Supervise accounting staff. Ensures day to operations of accounting department (Payroll, AP, GL, occur efficiently and timely.

Responsible for the monthly closing activities and prepare the monthly Board and management financial reports.

Prepare annual budgets

Works with outside accounting firms in completing annual cost report and financial audit.

TINA CLEVINGER – PURCHASING ORDER CLERK

Does all ordering of supplies and equipment

Ensures storeroom inventories of supplies are adequate

Enters purchase orders into Cerner system

Assists department Managers in purchasing decisions

JULIE DEWALT – PURCHASING CLERK

Ensures ED and Acute supplies inventory is adequate

Receives and distributes incoming inventory

Manages equipment inventory tagging

Assists with disposal of surplus sale and property

VICKIE ESCUE – COURIER

Transports labs
from clinics to
hospital

Transports inter-
office
communications to
and from clinics

Distributes mail to
departments

Transports supplies
to and from
hospital and clinics

TERESA THORNTON – ACCOUNTANT

Prepares month-end and annual journal entries

Performs account reconciliations; cash, prepaid expenses, etc.

Assists with cost report and financial audit preparation

Prepares HRA reimbursement write-ups, gift shop financials, and much more

SHERI HALL – ACCOUNTS PAYABLE/PAYROLL

Inputs and scans vouchers from purchasing and other vendors in accounting system for payment; 7,000 vouchers per year

Processes vouchers for weekly check payment. \$10M per year AP processing volume.

Prepares bi-weekly payroll for 200+ employees, \$23M annual payroll.

Ensures all payroll related payments are paid timely and accurately; bi-weekly tax payments, etc

PERFORMANCE IMPROVEMENT (PI'S) 2022

- × 2022 Performance Improvement measures
 - + Finance
 - × Financial info available to end users by 6th working day
 - ★ Baseline 9/12 months; Target 11/12 months
 - × Increase in Vendor electronic payments
 - ★ Baseline 71 unique vendor pmts; Target 82 unique vendor pmts
 - × Invoices paid by due date
 - ★ Baseline 80%; Target 85%
 - × Purchasing
 - ★ Cycle counts no changes; Target 85%
 - ★ Outdates checked monthly; Target 95%
 - ★ Capital items assists 75%

BOARD COMMITTEE REPORTS

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Arbor Health Foundation Meeting
February 8, 2022,
In person/ZOOM

Mission Statement

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

Attendance: Marc Fisher, Louise Fisher, Caro Johnson, Linda Herrin, Christine Brower, Jeannine Walker, Ann Marie Forsman, Jessica Scogin, Lynn Bishop, Laura Richardson, Julie Taylor, Katelin Forrest

Excused: Betty Jurey, Ali Draper, Paula Baker, Jaymie Sabin

Call to Order by Vice President Mark Fisher at 12:05

The vice president read the mission statement

January minutes and treasurer report were approved. Lynn Bishop/Jeannine Walker

Administrators Report-Julie Taylor

Julie reported that the Rapid Care clinic has been opened for two weeks. The Packwood Clinic is still in progress. Recruitment is still taking place for a new Chief Information Officer and to fill a position in the imaging department.

Directors Report: -Jessica Scogin

Jessica said the purpose of the Mommy Shower is to educate the community about the services for baby care that Arbor Health can offer. Lynn said that in the last shower in February 2020 they had craft projects and photos and it was a good friend making event. Jessica would like the board to consider a date of March 26, 2022.

Jessica suggested that the board adopt the theme of Queen of Hearts for 2022. A motion was made to dedicate funds from the Capital Project raised this year to EKG machines for the three clinics. Gwen Turner/Lynn Bishop

Old Business:

A discussion was held about creating a memorial walkway in the courtyard. Marc said that he had been in contact with Lower Columbia Monument and a 4x8" brick could be engraved for about \$50. Louise said that they are a good company to work with. Jessica will send out an email with a picture of the courtyard.

New Business:

Conflict of interest and discrimination forms have been sent out for member's signature. Jessica can mail them to anyone that needs a hard copy.

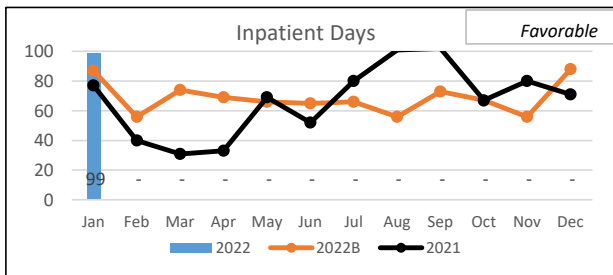
Katelin Forrest, Arbor Health HR, would like to become a member of the Arbor Health Foundation. A motion was made to approve Katelin as a Board member. Ann Marie Forsman/Lynn Bishop

Meeting adjourned 12:45

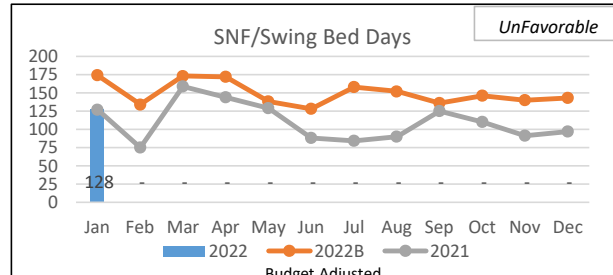
Lewis County Hospital District No. 1 Board Financial Summary

January 31, 2022

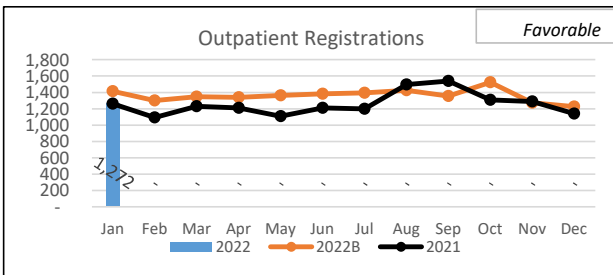
Growth



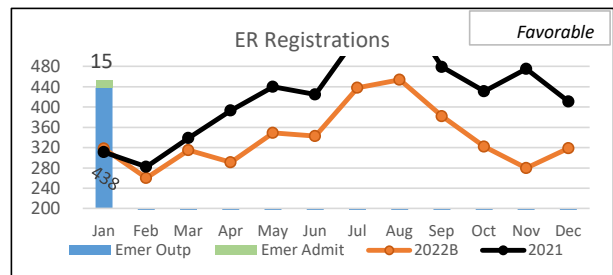
YTD: 99 Budget: 87 Pr Yr: 77



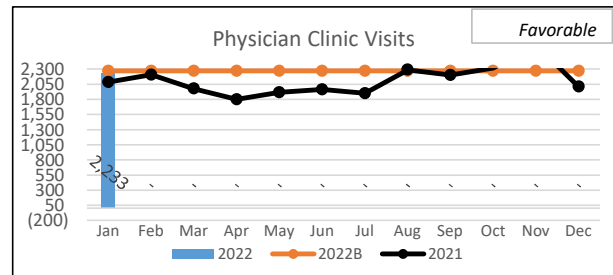
YTD: 128 Budget: 174 Pr Yr: 127



YTD: 1,272 Bud: 1,413 Pr Yr: 1,261

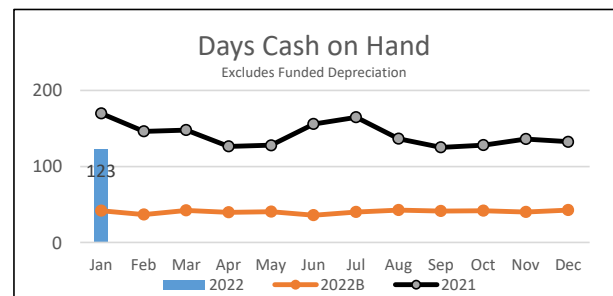
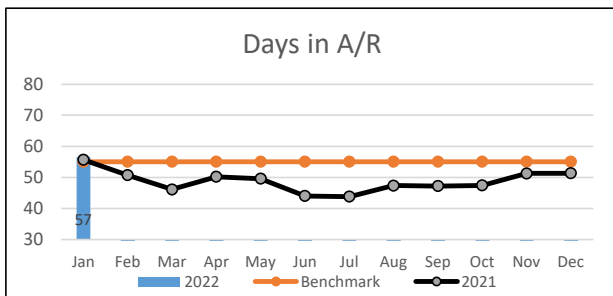
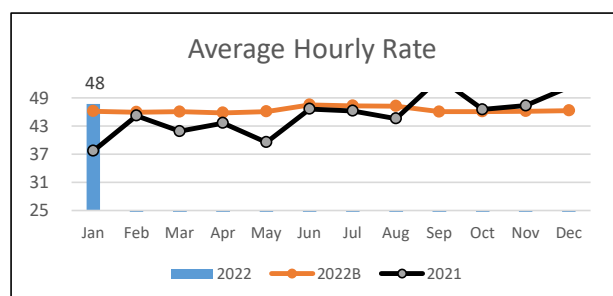
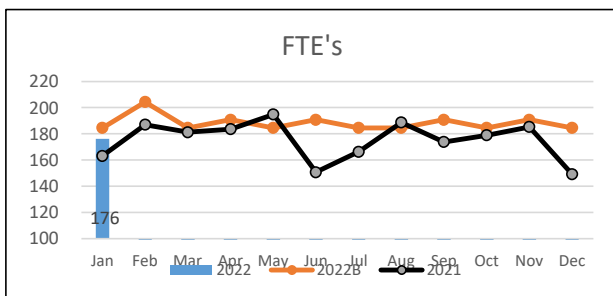


YTD: 438 Bud: 318 Pr Yr: 311



YTD: 2,233 Bud: 2,271 Pr Yr: 2,087

People and Operational Aspects



All Morton General Hospital
Income Statement
January, 2022

| Pr Yr | MTD | % Var | MTD \$ Var | MTD Budget | MTD Actual | | YTD Actual | YTD Budget | YTD \$ Var | YTD % Var | PY YR | YTD |
|---------------------------|-------------|------------------|--------------------|--------------------|------------|--------------------------------------|--------------------|--------------------|------------------|--------------|-------|--------------------|
| 927,717 | 32% | 250,246 | 787,252 | 1,037,498 | | Total Hospital IP Revenues | 1,037,498 | 787,252 | 250,246 | 31.8 | | 927,717 |
| 2,374,996 | -8% | (265,415) | 3,203,384 | 2,937,969 | | Outpatient Revenues | 2,937,969 | 3,203,384 | (265,415) | -8.3 | | 2,374,996 |
| 351,285 | -22% | (111,340) | 496,530 | 385,189 | | Clinic Revenues | 385,189 | 496,530 | (111,340) | -22.4 | | 351,285 |
| 3,653,999 | -3% | (126,510) | 4,487,165 | 4,360,655 | | Total Gross Patient Revenues | 4,360,655 | 4,487,165 | (126,510) | -2.8 | | 3,653,999 |
| (1,158,951) | -16% | 216,174 | (1,394,477) | (1,178,304) | | Contractual Allowances | (1,178,304) | (1,394,477) | 216,174 | -15.5 | | (1,158,951) |
| 19,744 | -109% | 58,622 | (53,926) | 4,695 | | Bad Debt & Bankruptcy | 4,695 | (53,926) | 58,622 | -108.7 | | 19,744 |
| (31,617) | 1735% | (44,091) | (2,542) | (46,632) | | Indigent Care | (46,632) | (2,542) | (44,091) | 1734.8 | | (31,617) |
| (85,935) | 0% | (51,432) | 0 | (51,432) | | Other Adjustments | (51,432) | 0 | (51,432) | 0.0 | | (85,935) |
| (1,256,759) | -12% | 179,272 | (1,450,945) | (1,271,673) | | Total Deductions From Revenue | (1,271,673) | (1,450,945) | 179,272 | -12.4 | | (1,256,759) |
| 2,397,240 | 2% | 52,762 | 3,036,220 | 3,088,982 | | Net Patient Revenues | 3,088,982 | 3,036,220 | 52,762 | 1.7 | | 2,397,240 |
| 122,643 | -1% | (687) | 81,900 | 81,213 | | Other Operating Revenue | 81,213 | 81,900 | (687) | -0.8 | | 122,643 |
| 2,519,883 | 2% | 52,075 | 3,118,121 | 3,170,196 | | Total Operating Revenue | 3,170,196 | 3,118,121 | 52,075 | 1.7 | | 2,519,883 |
| Operating Expenses | | | | | | | | | | | | |
| 1,336,104 | 7% | 129,074 | 1,781,376 | 1,652,302 | | Salaries | 1,652,302 | 1,781,376 | 129,074 | 7.2 | | 1,336,104 |
| 379,449 | 1% | 5,637 | 420,729 | 415,091 | | Total Benefits | 415,091 | 420,729 | 5,637 | 1.3 | | 379,449 |
| 1,715,553 | 6% | 134,711 | 2,202,105 | 2,067,394 | | Salaries And Benefits | 2,067,394 | 2,202,105 | 134,711 | 6.1 | | 1,715,553 |
| 128,324 | 32% | 35,701 | 112,918 | 77,217 | | Professional Fees | 77,217 | 112,918 | 35,701 | 31.6 | | 128,324 |
| 125,052 | -36% | (74,163) | 205,260 | 279,423 | | Supplies | 279,423 | 205,260 | (74,163) | -36.1 | | 125,052 |
| 356,000 | 2% | 8,290 | 422,078 | 413,788 | | Total Purchased Services | 413,788 | 422,078 | 8,290 | 2.0 | | 356,000 |
| 43,780 | -74% | (32,974) | 44,298 | 77,272 | | Utilities | 77,272 | 44,298 | (32,974) | -74.4 | | 43,780 |
| 19,425 | -4% | (961) | 22,271 | 23,231 | | Insurance Expense | 23,231 | 22,271 | (961) | -4.3 | | 19,425 |
| 94,827 | -11% | (10,653) | 99,675 | 110,327 | | Depreciation and Amortization | 110,327 | 99,675 | (10,653) | -10.7 | | 94,827 |
| 35,798 | 2% | 522 | 33,161 | 32,639 | | Interest Expense | 32,639 | 33,161 | 522 | 1.6 | | 35,798 |
| 38,235 | 38% | 27,325 | 71,346 | 44,021 | | Other Expense | 44,021 | 71,346 | 27,325 | 38.3 | | 38,235 |
| 2,556,993 | 3% | 87,799 | 3,213,111 | 3,125,313 | | Total Operating Expenses | 3,125,313 | 3,213,111 | 87,799 | 2.7 | | 2,556,993 |
| (37,111) | -147% | 139,874 | (94,991) | 44,883 | | Income (Loss) From Operations | 44,883 | (94,991) | 139,874 | -147.3 | | (37,111) |
| (120,531) | 4% | (5,961) | (137,566) | (131,605) | | Non-Operating Revenue/Expense | (131,605) | (137,566) | (5,961) | 4.3 | | (120,531) |
| 83,420 | 315% | 133,912 | 42,576 | 176,488 | | Net Gain (Loss) | 176,488 | 42,576 | 133,912 | 314.5 | | 83,420 |

Unaudited

Lewis County Public Hospital District No. 1
Balance Sheet
January, 2022

| | <u>Current Month</u> | <u>Prior-Month</u> | <u>Prior-Year end</u> | <u>Incr/(Decr) From PrYr</u> |
|---|----------------------|---------------------|---------------------------|----------------------------------|
| Assets | | | | |
| Current Assets: | | | | |
| Cash | \$ 11,997,726 | 12,656,195 | 12,656,195 | (658,469) |
| Total Accounts Receivable | 7,705,229 | 6,780,509 | 6,780,509 | 924,720 |
| Reserve Allowances | <u>(3,124,675)</u> | <u>(2,675,536)</u> | <u>(2,675,536)</u> | <u>(449,139)</u> |
| Net Patient Accounts Receivable | 4,580,553 | 4,104,973 | 4,104,973 | 475,580 |
| | | | | |
| Taxes Receivable | 192,454 | 55,207 | 55,207 | 137,247 |
| Estimated 3rd Party Receivables | 56,300 | 56,300 | 56,300 | 0 |
| Prepaid Expenses | 256,597 | 299,720 | 299,720 | (43,123) |
| Inventory | 287,978 | 283,994 | 283,994 | 3,984 |
| Funds in Trust | 1,400,538 | 1,400,538 | 1,400,538 | 0 |
| Other Current Assets | <u>197,278</u> | <u>192,811</u> | <u>192,811</u> | <u>4,467</u> |
| Total Current Assets | <u>18,969,424</u> | <u>19,049,738</u> | <u>19,049,738</u> | <u>(80,314)</u> |
| Property, Buildings and Equipment | 34,736,482 | 34,687,777 | 34,687,777 | 48,705 |
| Less Accumulated Depreciation | <u>(23,294,057)</u> | <u>(23,182,426)</u> | <u>(23,182,426)</u> | <u>(111,631)</u> |
| Net Property, Plant, & Equipment | <u>11,442,425</u> | <u>11,505,351</u> | <u>11,505,351</u> | <u>(62,926)</u> |
| | | | | |
| Total Assets | <u>\$ 30,411,850</u> | <u>30,555,089</u> | <u>30,555,089</u> | <u>(143,240)</u> |
| Liabilities | | | | |
| Current Liabilities: | | | | |
| Accounts Payable | 942,967 | 1,637,156 | 1,637,156 | (694,189) |
| Accrued Payroll and Related Liabilities | 1,066,212 | 925,898 | 925,898 | 140,314 |
| Accrued Vacation | 788,350 | 784,018 | 784,018 | 4,332 |
| Third Party Cost Settlement | 5,644,837 | 5,671,570 | 5,671,570 | (26,733) |
| Interest Payable | 53,661 | 23,999 | 23,999 | 29,661 |
| Current Maturities - Debt | 1,544,174 | 1,544,174 | 1,544,174 | 0 |
| Unearned Revenue | <u>2,040,101</u> | <u>1,787,417</u> | <u>1,787,417</u> | <u>252,684</u> |
| Current Liabilities | <u>12,080,302</u> | <u>12,374,232</u> | <u>12,374,232</u> | <u>(293,931)</u> |
| | | | | |
| Total Notes Payable | 1,364,680 | 1,389,173 | 1,389,173 | (24,493) |
| Capital Lease | (0) | (0) | (0) | 0 |
| Net Bond Payable | 5,213,145 | 5,214,448 | 5,214,448 | (1,304) |
| Total Long Term Liabilities | <u>6,577,825</u> | <u>6,603,621</u> | <u>6,603,621</u> | <u>(25,797)</u> |
| | | | | |
| Total Liabilities | <u>18,658,126</u> | <u>18,977,854</u> | <u>18,977,854</u> | <u>(319,728)</u> |
| | | | | |
| General Fund Balance | 11,577,235 | 11,577,235 | 11,577,235 | 0 |
| Net Gain (Loss) | <u>176,488</u> | <u>(0)</u> | <u>(0)</u> | <u>176,488</u> |
| Fund Balance | <u>11,753,723</u> | <u>11,577,235</u> | <u>11,577,235</u> | <u>176,488</u> |
| | | | | |
| Total Liabilities And Fund Balance | <u>\$ 30,411,850</u> | <u>30,555,089</u> | <u>30,555,089</u> | <u>(143,240)</u> |

**Arbor Health
Cash Flow Statement
For the Month Ending January 2022**

| | MTD | YTD |
|--|------------------|------------------|
| Cash Flows from Operating Activities | | |
| Net Income | 176,488 | 176,488 |
| Adjustments to reconcile net income to net cash provided by operating activities | | |
| Decrease/(Increase) in Net Patient Accounts receivable | (475,581) | (475,581) |
| Decrease/(Increase) in Taxes receivable | (137,247) | (137,247) |
| Decrease/(Increase) in Est 3rd Party Receivable | 0 | 0 |
| Decrease/(Increase) in Prepaid expenses | 43,123 | 43,123 |
| Decrease/(Increase) in Inventories | (3,984) | (3,984) |
| Decrease in Other Current Assets | (4,468) | (4,468) |
| Increase/(Decrease) in Accrued payroll liabilities | 144,646 | 144,646 |
| Increase/(Decrease) in 3rd Party cost stlmt liabilities | (26,733) | (26,733) |
| Increase/(Decrease) in Accounts payable | (441,505) | (441,505) |
| Increase/(Decrease) in Interest payable | 29,662 | 29,662 |
| Depreciation expense | 111,631 | 111,631 |
| Net Cash Flow from Operations | (583,968) | (583,968) |
| Cash Flows from Investing Activities | | |
| Cash paid for | | |
| Purchases of Fixed assets | (48,705) | (48,705) |
| Net Cash Flow from (used) in Investing Activities | (48,705) | (48,705) |
| Cash Flows from Financing Activities | | |
| Cash paid for | | |
| Additions to long-term debt | 0 | 0 |
| Principal payments of long-term liabilities | (25,796) | (25,796) |
| Net Cash Flow from (used) in Financing Activities | (25,796) | (25,796) |
| Net Increase (Decrease) in Cash | (658,469) | (658,469) |
| Cash at Beginning of Period | \$ 14,056,733 | \$ 14,056,733 |
| Cash at End of Period | \$ 13,398,264 | \$ 13,398,264 |

CONSENT AGENDA



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
January 26, 2022 at 3:30 p.m.
ZOOM**

<https://myarborhealth.zoom.us/j/82773022576>

Meeting ID: 827 7302 2576

One tap mobile: +12532158782,,82773022576#

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 | Secretary Herrin called the meeting to order via Zoom at 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Kim Olive <input checked="" type="checkbox"/> Laura Richardson Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Jessica Scogin, Foundation Manager <input checked="" type="checkbox"/> Kevin McCurry, CMO <input checked="" type="checkbox"/> Janice Cramer, Medical Staff Coordinator <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Diane Markham, Marketing & Communications Manager <input checked="" type="checkbox"/> Buddy Rose, Reporter <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer | | | |


| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
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|--------|------------|--------|-------|----------|

| | | | | |
|----------------------------------|--|--|--|--|
| | <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Julie Allen, Quality Data Analyst <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Elya Prystowsky, The Rural Collaborative <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Van Anderson, Packwood Resident | | | |
| Approval or Amendment of Agenda | | Commissioner McMahan made a motion to approve the agenda. Commissioner Coppock seconded and the motion passed unanimously. | | |
| Conflicts of Interest | Secretary Herrin asked the Board to state any conflicts of interest with today's agenda. | None noted. | | |
| Comments and Remarks | Commissioners: Secretary Herrin, along with Commissioners Coppock and McMahan welcomed the new Commissioners Olive and Richardson. It is a challenging, yet exciting, time to be joining the Board and healthcare. Commissioners Olive and Richardson are privileged to be on the Board, both are ready to bring life experience and hard work to t Arbor Health to improve healthcare for the District. Audience: None. | | | |
| Executive Session- RCW 70.41.205 | Executive Session began at 3:38 p.m. for 5 minutes to discuss RCW 70.41.205. The Board returned to open session at 3:43 p.m. No decisions were made in Executive Session. <u>Initial Appointments- Arbor Health</u> <ol style="list-style-type: none"> Robert Teames II, CRNA (Anesthesia Privileges) <u>Telestroke/Neurology Consulting Privileges</u> | Commissioner Coppock made a motion to approve the Medical Privileging as presented and Commissioner McMahan seconded. The motion passed unanimously. | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|--|---|--------|-------|----------|
| | <p>2. Carson Van Sanford, MD (Consulting Telestroke/Neurology Privileges)</p> <p>Reappointments- <u>Arbor Health</u></p> <p>3. Kevin Gurney, CRNA (Anesthesia Privileges) <u>Telestroke/Neurology Consulting Privileges</u></p> <p>4. James Giles, MD (Consulting Telestroke/Neurology Privileges)</p> <p>5. Ravi Menon, MD (Consulting Telestroke/Neurology Privileges)</p> <p>6. Maria Recio, MD (Consulting Telestroke/Neurology Privileges)</p> | | | |
| <p>Department Spotlight</p> <ul style="list-style-type: none"> 340B Program | <p>CFO Boggess presented a video on the 340B program. The District continues to participate in this program and the good news is that it still partially funds the interfacility transportation services to and from the Hospital. Legislative battles are ongoing, but the District will participate until it is no longer feasible.</p> | | | |
| <p>Board Committee Reports</p> <ul style="list-style-type: none"> Hospital Foundation Report | <p>Commissioner McMahan noted three reports were included in the packet; November, December and January. The gift shop was profitable in 2021. The 15-minute philanthropist program continues to be a success and \$23,000 was given in scholarships. One upcoming event is the Mommy Shower. The Arbor Health Foundation elected officers for 2022.</p> | | | |
| <ul style="list-style-type: none"> Finance Committee Report | <p>Commissioner Coppock noted updates were provided regarding disaster funding, supporting approval of Resolutions 22-01, 22-02 and 22-03, compliance with the No Surprise Billing Act and expanded discussion will occur regarding Resolution 22-06.</p> <p>CFO Boggess noted an update regarding the Medicare CMS Payment. There was a</p> | | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
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| | | | | |
|---|---|---|--|--|
| | <p>miscommunication internally and a lump sum payment did not occur prior to board approval and in turn Medicare is taking the monies back incrementally. The amount does not change and will occur over the next month.</p> | | | |
| <p>Consent Agenda</p> | <p>Secretary Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> 1. Approval of Minutes <ol style="list-style-type: none"> a. December 15, 2021, Regular Board Meeting b. December 22, 2021, Finance Committee Meeting c. January 19, 2022, Finance Committee Meeting 2. Warrants & EFT's in the amount of \$4,348,013.30 dated December 2021 3. Approve Documents Pending Board Ratification 01.26.22 4. Resolution 22-01-Declaring to Surplus or Dispose of Certain Property 5. Resolution 22-02- Approving the Medicare CMS Payment 6. Resolution 22-03- Approving the Petty Cash Drawers & Custodians of the District 7. Resolution 22-04-Adopt Flexible Spending Account Plan 8. Resolution 22-05-Adopt the Health Reimbursement Arrangement | <p>Commissioner Olive made a motion to approve the Consent Agenda and Commissioner Coppock seconded. The motion passed unanimously.</p> | | |
| <p>Old Business</p> <ul style="list-style-type: none"> • 2022 Organization of the Board | <p>Secretary Herrin noted the Board needs to elect a 2022 Board Chair and Board Secretary.</p> <p>Secretary Herrin recommended the following for committee assignments:</p> | <p>Commissioner Olive made a motion to elect Tom Herrin as Board Chair. Commissioner Richardson seconded and the motion passed unanimously.</p> | | |

| | <div style="text-align: center;">  <p>2022 Organization & Officers of the Board of Commissioners Effective Date: January 26, 2022</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #f4a460;">Board Leadership</th> <th colspan="3" style="background-color: #f4a460;">Board Representation</th> </tr> </thead> <tbody> <tr> <td>Board Chair</td> <td colspan="3">Tom Herrin</td> </tr> <tr> <td>Board Secretary</td> <td colspan="3">Kim Olive</td> </tr> <tr> <th style="background-color: #f4a460;">Committee</th> <th style="background-color: #f4a460;">Administration Representation</th> <th style="background-color: #f4a460;">Committee Chair</th> <th style="background-color: #f4a460;">Board Representation</th> </tr> <tr> <td>Finance</td> <td>Superintendent & CFO</td> <td>Wes McMahan</td> <td>Kim Olive</td> </tr> <tr> <td>QI Oversight</td> <td>Superintendent & CNO/CQO</td> <td>Craig Coppock</td> <td>Laura Richardson</td> </tr> <tr> <td>Governance</td> <td>Superintendent</td> <td>Tom Herrin</td> <td>Kim Olive</td> </tr> <tr> <td>Plant Planning</td> <td>Superintendent & CFO</td> <td>Craig Coppock</td> <td>Kim Olive</td> </tr> <tr> <td>Strategic Planning</td> <td>Superintendent</td> <td colspan="2">Board of Commissioners</td> </tr> <tr> <td>Compliance Committee</td> <td>Superintendent & Compliance Officer</td> <td>Wes McMahan</td> <td>Laura Richardson</td> </tr> <tr> <th style="background-color: #f4a460;">Other Board Representation</th> <th colspan="3" style="background-color: #f4a460;">Board Representation</th> </tr> <tr> <td>Foundation</td> <td colspan="3">Laura Richardson</td> </tr> <tr> <td>State Representation</td> <td colspan="3">Craig Coppock</td> </tr> </tbody> </table> <p>Superintendent Everett shared that for the last couple years, a half hour meeting was scheduled prior to committee meetings, giving members a chance to ask questions to have more efficient meetings. The Board agreed that new commissioners and commissioners new to committees would benefit from this additional time. Administration will schedule these meetings for the first six months. The Board will revisit the need to continue these meetings at the July 2022 meeting.</p> </div> | Board Leadership | Board Representation | | | Board Chair | Tom Herrin | | | Board Secretary | Kim Olive | | | Committee | Administration Representation | Committee Chair | Board Representation | Finance | Superintendent & CFO | Wes McMahan | Kim Olive | QI Oversight | Superintendent & CNO/CQO | Craig Coppock | Laura Richardson | Governance | Superintendent | Tom Herrin | Kim Olive | Plant Planning | Superintendent & CFO | Craig Coppock | Kim Olive | Strategic Planning | Superintendent | Board of Commissioners | | Compliance Committee | Superintendent & Compliance Officer | Wes McMahan | Laura Richardson | Other Board Representation | Board Representation | | | Foundation | Laura Richardson | | | State Representation | Craig Coppock | | | <p>Commissioner Coppock made a motion to elect Kim Olive as Board Secretary. Commissioner Richardson seconded and the motion passed unanimously.</p> <p>Committee Meeting invites will be emailed accordingly.</p> | <p>Executive Assistant Garcia</p> | <p>02.01.22</p> |
|---|--|------------------------|----------------------|--|--|-------------|------------|--|--|-----------------|-----------|--|--|-----------|-------------------------------|-----------------|----------------------|---------|----------------------|-------------|-----------|--------------|--------------------------|---------------|------------------|------------|----------------|------------|-----------|----------------|----------------------|---------------|-----------|--------------------|----------------|------------------------|--|----------------------|-------------------------------------|-------------|------------------|----------------------------|----------------------|--|--|------------|------------------|--|--|----------------------|---------------|--|--|--|-----------------------------------|-----------------|
| Board Leadership | Board Representation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Board Chair | Tom Herrin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Board Secretary | Kim Olive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Committee | Administration Representation | Committee Chair | Board Representation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Finance | Superintendent & CFO | Wes McMahan | Kim Olive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QI Oversight | Superintendent & CNO/CQO | Craig Coppock | Laura Richardson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Governance | Superintendent | Tom Herrin | Kim Olive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant Planning | Superintendent & CFO | Craig Coppock | Kim Olive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strategic Planning | Superintendent | Board of Commissioners | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Committee | Superintendent & Compliance Officer | Wes McMahan | Laura Richardson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Board Representation | Board Representation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foundation | Laura Richardson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Representation | Craig Coppock | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Incident Command Update | <p>CNO/CQO Williamson noted the 7-day rolling average of new COVID cases for Lewis County is 145 as of 01.25.22. The trend continues to be high with the Omicron variant and we continue to promote the community getting vaccinated. More challenges lay ahead regarding accommodations for unvaccinated staff with a qualifying exemption as it relates to CMS Conditions of Participation requirements. The District prioritizes protecting patients and employees. Due to testing supplies being limited, the unpopular decision will be to use N95 masks. This week an all-staff email will be sent. In the next couple weeks, Human Resources will be having interactive conversations with the 29%, or 73 individuals, of employees who hold accommodations. Ultimately, Administration must be compliant with CMS to maintain the hospital</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
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| | license to provide services. The Board appreciates Administration’s approach to managing conflicting opinions on this matter. | | | |
| <ul style="list-style-type: none"> Board Development | <p>Superintendent Everett noted the Board voted in 2021 to build a 12-month board education plan. In 2022, the Board will begin board development with Kurt O’Brien. The first five sessions will be Special Board Meetings:</p> <ol style="list-style-type: none"> February 21, 2022: 3:30 – 5:30 pm March 21, 2022: 3:30 – 5:00 pm April 18, 2022: 3:30 – 5:00 pm May 16, 2022: 3:30 – 5:00 pm June 20, 2022: 3:30 – 5:00 pm <p>The Board continues to support.</p> | Special Board Meeting invites will be emailed. | Executive Assistant Garcia | 02.01.22 |
| <ul style="list-style-type: none"> NW Momentum Accountable Care Organization (ACO)-Year 2 | <p>Superintendent Everett welcomed Elya Prystowsky with The Rural Collaborative to the Board Meeting. Elya is actively engaged in this project with several of the collaborative hospitals. The ACO continues to be a good opportunity where we raise the benchmark on increasing access to preventative care and decrease cost. Arbor Health’s measures are headed in the right direction. The District was provided an estimate of the escrow amount, however, the ACO is recalculating the amount. Elya does not anticipate the costs to exceed \$258,000 and a decision will need to be made by 2.29.22. By participating in the ACO, we are building a process to improve patient care. This will not be in the budget, as it is not an expense, but rather a cash investment/reserve fund. It will be a balance sheet entry and will reduce cash available (restricted funds) by approximately 2 ½ days.</p> | Add NW Momentum ACO-Year 2 to the | Executive Assistant Garcia | 02.23.22 |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|---|---|--|--|---------------------------------|
| | The Board continues to learn about the investment of joining the ACO and will be prepared to decide at the February Regular Board Meeting. | February Regular Board Meeting with a Resolution. | | |
| New Business <ul style="list-style-type: none"> Resolution 22-06- Approving Budget Amendment- Physician Salaries & Wages Increase | <p>Superintendent Everett noted she has been approached by the ED physicians, requesting an increase in pay. Research has been completed and inflation continues. Physicians are in demand and hard to recruit.</p> <p>The Board fully supported approving the resolution.</p> | Commissioner Olive made a motion to approve Resolution 22-06 and Commissioner McMahan seconded. The motion passed unanimously. | | |
| <ul style="list-style-type: none"> Mandatory Trainings- OPMA & PRA | Executive Assistant Garcia noted Commissioners Olive and Richardson need to complete OPMA and PRA mandatory trainings in first 90 days of taking the oath of office. | Complete OPMA and PRA training and submit certificates of completion to Executive Assistant Garcia. | Commissioners Olive & Richardson | 04.01.22 |
| <ul style="list-style-type: none"> Electronic Signatures | <p>Secretary Herrin noted the Electronic Signatures Policy and Procedure needs to be updated with new commissioners and assignments. Executive Assistant Garcia recommended the following:</p> <ol style="list-style-type: none"> Secretary Olive Commissioner McMahan Commissioner Coppock Commissioner Richardson Board Chair Herrin <p>The Board fully supported.</p> | <p>Commissioner Coppock made a motion to revise the Electronic Signatures as recommended. Commissioner Richardson seconded and the motion passed unanimously.</p> <p>Revise and publish for approval in Lucidoc.</p> | <p>Executive Assistant Garcia</p> | 01.28.22 |
| <ul style="list-style-type: none"> Superintendent's Annual Evaluation | Secretary Herrin noted it is time to complete Superintendent Everett's annual evaluation. Secretary Herrin and Commissioners McMahan and Coppock will evaluate, but welcome Commissioners Olive and Richardson to participate in the exercise. An electronic version will be emailed to be completed and submitted to Executive Assistant Garcia. Superintendent Everett's evaluation will be in Executive Session during the February Regular Board Meeting. | <p>Complete Superintendent Everett's evaluation for 2021.</p> <p>Add Executive Session to discuss the performance of a public employee.</p> | <p>Secretary Herrin and Commissioner McMahan & Coppock</p> <p>Executive Assistant Garcia</p> | <p>02.14.22</p> <p>02.23.22</p> |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
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| <ul style="list-style-type: none"> Code of Ethics & Conflict of Interest | Executive Assistant Garcia noted all commissioners need to complete and submit. | Complete and sign Code of Ethics and Conflict of Interest | Executive Assistant Garcia | 02.14.22 |
| Superintendent Report | Superintendent Everett presented 2022 department strategic measures and continue to refine a final version. Administration continues to be interested in a RHC in Packwood. The Rapid Clinic is having a soft launch this weekend with a grand opening in February. Administration is planning to bring a guest speaker to the February Regular Board Meeting to discuss redistricting. | Add to Redistricting with Matt Ellsworth, AWPHD to the February Agenda. | Executive Assistant Garcia | 02.23.22 |
| Meeting Summary & Evaluation | Superintendent Everett highlighted the decisions made and action items. | | | |
| Adjournment | Commissioner Olive moved and Commissioner Coppock seconded to adjourn the meeting at 5:58 p.m. The motion passed unanimously. | | | |

Respectfully submitted,

Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
 QUALITY IMPROVEMENT OVERSIGHT MEETING
 February 2, 2022 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 Coppock called the meeting to order via Zoom at 7:00 a.m. Present in Person or via ZOOM <input checked="" type="checkbox"/> : <input checked="" type="checkbox"/> Craig Coppock, Commissioner <input checked="" type="checkbox"/> Laura Richardson, Commissioner <input checked="" type="checkbox"/> Leianne Everett, Superintendent <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 Manager <input checked="" type="checkbox"/> Erica Pratt, Interim Pharmacist <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Dr. Mark Hansen, Chief of Staff <input type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> LeeAnn Evans, Inpatient and ED Services Director <input checked="" type="checkbox"/> Gary Preston, MA PhD CIC FSHEA | | | |
| Approval or Amendment of Agenda | | CNO/CQO Williamson made a motion to approve the agenda and CFO Boggess seconded. The motion passed unanimously. | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|--|--|---|----------------------------|--------------------------------|
| Conflicts of Interest | The Committee noted none. | | | |
| Committee Reports | To resume at the 03.09.22 QIO Meeting. | | | |
| Consent Agenda <ul style="list-style-type: none"> Approval of Minutes. | Approval of the following: <ol style="list-style-type: none"> December 1, 2021 Quality Improvement Oversight (QIO) Committee Meeting | CNO/CQO Williamson made a motion to approve the consent agenda and CFO Boggess seconded. The motion passed unanimously. | | |
| Old Business | None. | | | |
| New Business <ul style="list-style-type: none"> Lucidoc Document Management | Quality Manager Allen presented the following for review: <ol style="list-style-type: none"> IP & C Documents to be Reviewed: <ol style="list-style-type: none"> <i>Infection Precautions- Maximum Barrier</i> Plans to be Reviewed: <ol style="list-style-type: none"> <i>2022 Risk Management Plan</i> <i>2022 QAPI & Patient Safety Plan</i> <i>2021 Critical Access, Quality, Patient Safety and Risk Evaluation</i> <i>Infection Prevention and Control Risk Assessment and Plan</i> <i>TB Risk Assessment Plan</i> <i>Nurse Staffing Matrix Plan</i> <i>2022 Scope of Services</i> <p>The QIO Committee supported approving all documents presented and will recommend approval at the Board level in Consent Agenda under Approving Documents Pending Board Ratification.</p> | Ancillary Services Director made a motion to approved the documents presented. CFO Boggess seconded and the motion passed unanimously. The QIO Committee supported requesting the Board's approval in Consent Agenda under Approving Documents Pending Board Ratification. | Executive Assistant Garcia | 02.23.22 Regular Board Meeting |
| <ul style="list-style-type: none"> Arbor Health Quality Structure | CNO/CQO Williamson noted administration has identified opportunities to improve the quality | | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|--|---|--------|-------|----------|
| | <p>improvement structure. DNV provided feedback in 2021 and to improve effective communication throughout the organization, this new structure was proposed at the QIO and Board Meetings in December. This structure is needed to move the quality management program forward and ultimately to achieve ISO Certification. The QAPI Workgroup has been created and is a multidisciplinary group of operational leaders. This workgroup will collaborate, improve systems, stay patient safety focused and work through barriers as they arise.</p> | | | |
| <ul style="list-style-type: none"> Annual QIO Committee and QAPI Reporting Schedule | <p>CNO/CQO Williamson presented the reporting schedule, so both the committee and workgroup understand the goals and expectations for 2022.</p> | | | |
| <p>Meeting Summary & Evaluation</p> | <p>Quality Manager Allen provided a summary.</p> | | | |
| <p>Adjournment</p> | <p>Superintendent Everett moved and Commissioner Richardson seconded to adjourn at 8:05 a.m. The motion passed unanimously.</p> | | | |



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Compliance Committee Meeting
February 9, 2022, at 12:00 p.m.
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 p.m.</p> <p>Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Laura Richardson, Commissioner <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"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Allen, Quality Manager <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer</p> | | | |
| Approval or Amendment of Agenda | No amendments noted. | Quality Manager Allen made a motion to approve the agenda and Superintendent Everett seconded. The motion passed unanimously. | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|---|---|--|--|---------------------------------------|
| Conflicts of Interest | Commissioner Coppock asked the Committee to state any conflicts of interest with today's agenda. | None noted. | | |
| Consent Agenda | Commissioner Coppock announced the following in consent agenda up for approval: <ol style="list-style-type: none"> 1. Review of Compliance Minutes –November 3, 2021 2. Compliance Program Update | Superintendent Everett made a motion to approve the consent agenda and Compliance Officer Hargett seconded. The motion passed unanimously. | | |
| Old Business <ul style="list-style-type: none"> • Compliance Risk Assessment and 2022 Workplan | Compliance Officer Hargett presented: <ol style="list-style-type: none"> 1. The 2021 Risk Assessment. There were 20 risks analyzed with seven being identified as high priority risks that may impact the District from a compliance perspective. 2. The 2022 Compliance Work Plan. This document does identify areas of risk to the District, so a summary will be created to share with the Board in March. | Create a summary of the 2022 Compliance Work Plan and present for approval at the March Regular Board Meeting. | Compliance Officer Hargett & Executive Assistant Garcia | 03.30.22 Regular Board Meeting |
| <ul style="list-style-type: none"> • Records Retention & Public Records Act | Compliance Officer Hargett noted: <ol style="list-style-type: none"> 1. The record retention project is starting to take shape. 2. The Public Records Officer has received templates for a Public Records Act P & P and is in the process of preparing a draft copy. | Prepare reporting summary for records retention. Draft a P & P for the Public Records Act process. | Compliance Officer Hargett Executive Assistant Garcia | |
| <ul style="list-style-type: none"> • Security Risk Assessment Action Items | Compliance Officer Hargett referenced the Security Risk Assessment (SRA) that was completed and reported on in late 2021. The IT department is actively addressing and provide a progress report at the next meeting. | Provide an update on the progress made from the recommendations of the SRA. | CFO Boggess & Interim IT Manager Frey | 05.11.22 Compliance Committee Meeting |
| New Business <ul style="list-style-type: none"> • HIPAA Site Visits | Compliance Officer Hargett noted HIPAA Site visits were conducted in each of the clinics. CFO Boggess noted items are being addressed through location specific checklists. | | | |
| <ul style="list-style-type: none"> • Charity Care/Financi | Compliance Officer Hargett noted the Charity Care/Financial | | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|---|---|--------|-------|----------|
| al Assistance Action Items | Assistance Policy and Process are both in compliance, as well as approved by the WA State. There is legislation coming down the pipeline that will require another update. | | | |
| <ul style="list-style-type: none"> <li data-bbox="118 405 272 499">Federal Vaccine Mandate | Compliance Officer Hargett noted in late 2021 and early 2022, CMS updated the Conditions of Participation (CoP). The District has items to address in the updated mandate that were discussed at the Regular Board Meeting in January 2022. Interactive conversations with staff who have approved qualifying exemptions are being conducted to discuss options for accommodations. | | | |
| <ul style="list-style-type: none"> <li data-bbox="118 810 321 873">No Surprises Act | Compliance Officer Hargett noted the No Surprises Act came into effect January 1, 2022. A good faith estimate audit was conducted and the District is in good shape. | | | |
| Meeting Summary & Evaluation | Commissioner Coppock provided a summary report, but Commissioner Richardson will provide the summary at the February Regular Board Meeting. | | | |
| Adjournment | Superintendent Everett made a motion and Commissioner Richardson seconded to adjourn the meeting at 12:31 p.m. | | | |



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
February 16, 2022, at 12:00 p.m.
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 McMahan called the meeting to order via Zoom at 12:02 p.m.</p> <p>Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Kim Olive, Secretary</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 checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO</p> | | | |
| Approval or Amendment of Agenda | CFO Boggess requested to add DZA Letter to New Business and add on Replacing Oxygen Manifold to the Capital Evaluation Process & 5-Year Schedule agenda topic in New Business. | Superintendent Everett made a motion to approve the amended agenda and Community Member Fisher seconded. The motion passed unanimously. | | |
| Conflicts of Interest | Commissioner McMahan asked the Committee to state any conflicts of interest with today's amended agenda. | None noted. | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|--|--|--|---|---------------------------------------|
| Consent Agenda | <p>Commissioner McMahan announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes – January 19, 2022 2. Revenue Cycle Update 3. Board Oversight Activities 4. Financial Statements-January | Secretary Olive made a motion to approve the consent agenda and CFO Boggess seconded. The motion passed unanimously. | | |
| <p>Old Business</p> <ul style="list-style-type: none"> • Financial Department Spotlight-Accounting/Purchasing | <p>Controller Scogin provided updates for the Financial Service departments which included a three-year expense trend, a clean audit results in the last few years, as well as Performance Improvement measures and goals going forward.</p> | | | |
| <ul style="list-style-type: none"> • Medicaid RHS Rate Change | <p>CFO Boggess shared the progress in reprocessing claims related to the Medicaid rate change in late 2021. Molina has reprocessed all claims resulting in an increased revenue of over \$380,000. United Healthcare, Amerigroup and Coordinated Care have yet to reprocess claims.</p> | | | |
| <ul style="list-style-type: none"> • Disaster Funding Update | <p>CFO Boggess noted the District has an unforgiven portion of its PPP Loan. It was appealed in late 2021 and the State noted the calculation used to determine our loan was overstated. The District owes \$153,000 plus interest.</p> <p>The Finance Committee supported the payment and will recommend approval at the Board level in Consent Agenda.</p> | <p>The Finance Committee supported requesting the Board’s approval of a resolution at the Regular Board Meeting.</p> | <p>Executive Assistant Garcia</p> | <p>02.23.22 Regular Board Meeting</p> |
| <ul style="list-style-type: none"> • NW Momentum Accountable Care Organization Q & A | <p>The Finance Committee remains interested in the ACO with an estimated escrow payment of \$258,748. Administration is waiting for further information as the ACO is tightening up that number. The timeline for payment is March 2022 which will require a resolution.</p> | | | |
| <p>New Business</p> <ul style="list-style-type: none"> • DZA Letter | <p>CFO Boggess noted:</p> <ol style="list-style-type: none"> 1. Dingus, Zarcore and Associates (DZA) our auditors have connected with the Board Chair and Finance Committee Chair during the audit process but this year | <p>Provide contact information to DZA for the commissioners to send the letter.</p> | <p>Executive Assistant Garcia/CFO Boggess</p> | <p>02.23.22 Regular Board Meeting</p> |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
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| | <p>they would like to send a letter to all commissioners.</p> <p>2. Arbor Health is a governmental entity and as such the State remains interested in the review process to ensure the District has good financial controls in place and is correctly stating our financial statements. To that end they review the DZA audit results.</p> | | | |
| <ul style="list-style-type: none"> Repurpose Bank Account | <p>CFO Boggess discussed the District's desire to repurpose the Custodial Trust Account which was used for the patients of the Custodial Care Patients and is no longer needed. Administration would like to redesignate it for the Flexible Spending Account. The Finance Committee supported the repurposing the account and will recommend approval at the Board level in Consent Agenda.</p> | <p>The Finance Committee supported requesting the Board's approval of a resolution at the Regular Board Meeting.</p> | <p>Executive Assistant Garcia</p> | <p>02.23.22 Regular Board Meeting</p> |
| <ul style="list-style-type: none"> Capital Evaluation Process & 5-Year Schedule | <p>CFO Boggess reviewed the evaluation process to identify capital and presented the latest 5-year plan. The latest capital item to be added to the list is replacing the Oxygen Manifold which will occur on 02.20.22.</p> | | | |
| <ul style="list-style-type: none"> Cost Report Mechanics and Education | <p>CFO Boggess presented the mechanics of the cost report. Recommended connecting 1:1 with future questions, as this is a complex process.</p> | | | |
| <ul style="list-style-type: none"> Proposed Legislation <ol style="list-style-type: none"> To discuss nurse staffing. To discuss the new Charity Care definitions. | <p>CFO Boggess shared information regarding the impacts of proposed legislation currently under consideration at the capital:</p> <ol style="list-style-type: none"> Proposal to establish nurse staffing ratios in the emergency department, surgery area and nursing floor. This is a concern as it could severely impact the District's ability to care for patients which ultimately is a loss in access to care. Proposing new definitions for elements used in the determination of financial | | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|--------|------------|--------|-------|----------|
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|------------------------------|---|--|--|--|
| | <p>assistance within the state. The troublesome topic is the change in the definition of an “indigent person”. The definition moves from 200% of Federal Poverty Level to 400%.</p> | | | |
| Meeting Summary & Evaluation | <p>CFO Boggess highlighted the decisions made and the action items that need to be taken to the entire board for approval.</p> | | | |
| Adjournment | <p>Commissioner McMahan adjourned the meeting at 1:02 pm.</p> | | | |

DRAFT

WARRANT & EFT LISTING NO. 2022-01

RECORD OF CLAIMS ALLOWED BY THE
BOARD OF LEWIS COUNTY
COMMISSIONERS

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

CERTIFICATION

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

Signed:

Richard Boggess, CFO

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

\$4,819,328.12 this 23rd day

of February 2022

Board Chair, Tom Herrin

Secretary, Kim Olive

Commissioner, Wes McMahan

Commissioner, Craig Coppock

Commissioner, Laura Richardson

SEE WARRANT & EFT REGISTER in the amount of \$4,819,328.12 dated January 1, 2022 – January 31,
2022.

Routine A/P Runs

| Warrant No. | Date | Amount | Description |
|---------------------------|-------------|------------------------|-------------|
| 124051 - 124058 | 5-Jan-2022 | 654,999.91 | CHECK RUN |
| 124062 | 4-Jan-2022 | 5.16 | CHECK RUN |
| 124063 | 6-Jan-2022 | 63,990.93 | CHECK RUN |
| 124064 - 124136 | 7-Jan-2022 | 437,398.33 | CHECK RUN |
| 124137 - 124150 | 10-Jan-2022 | 106,248.64 | CHECK RUN |
| 124151 | 11-Jan-2022 | 41.70 | CHECK RUN |
| 124152 - 124182 | 14-Jan-2022 | 25,482.51 | CHECK RUN |
| 124183 - 124249 | 14-Jan-2022 | 282,404.08 | CHECK RUN |
| 124250 - 124261 | 18-Jan-2022 | 687,692.64 | CHECK RUN |
| 124262 | 18-Jan-2022 | 117.82 | CHECK RUN |
| 124263 - 124320 | 21-Jan-2022 | 185,736.16 | CHECK RUN |
| 124321 - 124334 | 24-Jan-2022 | 169,060.10 | CHECK RUN |
| 124335 - 124354 | 21-Jan-2022 | 9,175.46 | CHECK RUN |
| 124355 | 21-Jan-2022 | 50.97 | CHECK RUN |
| 124356 - 124376 | 31-Jan-2022 | 833,994.65 | CHECK RUN |
| 124377 - 124428 | 28-Jan-2022 | 110,708.57 | CHECK RUN |
| 124429 - 124437 | 28-Jan-2022 | 9,687.27 | CHECK RUN |
| 124438 | 18-Jan-2022 | 2,717.22 | CHECK RUN |
| 124439 | 25-Jan-2022 | 9.44 | CHECK RUN |
| 124440 | 26-Jan-2022 | 24,007.49 | CHECK RUN |
| 124441 - 124442 | 31-Jan-2022 | 2,236.76 | CHECK RUN |
| Total - Check Runs | | \$ 3,605,765.81 | |

Error Corrections - in Check Register Order

| Warrant No. | DATE VOIDED | Amount | Description |
|------------------------------|-------------|-----------------------|-------------|
| 124338 | 21-Jan-2022 | (50.97) | VOID CHECK |
| 122997 | 28-Jan-2022 | (219.00) | VOID CHECK |
| 123853 | 13-Jan-2022 | (13,512.67) | VOID CHECK |
| 124027 | 27-Jan-2022 | (260.00) | VOID CHECK |
| 123908 | 5-Jan-2022 | (2,848.95) | VOID CHECK |
| TOTAL - VOIDED CHECKS | | \$ (16,891.59) | |

| | |
|--|------------------------|
| COLUMBIA BANK CHECKS, EFT'S & VOIDS | \$ 3,588,874.22 |
|--|------------------------|

| Eft | Date | Amount | Description |
|--|-------------|------------------------|---------------------|
| 1161 | 7-Jan-2022 | 172,934.91 | IRS |
| PAYROLL | 7-Jan-2022 | 441,227.70 | PAYROLL |
| 1162 | 21-Jan-2022 | 172,902.34 | IRS |
| PAYROLL | 21-Jan-2022 | 443,262.95 | PAYROLL |
| 1114 - 1115 | 20-Jan-2022 | 126.00 | J1 VISA APPLICATION |
| TOTAL EFTS AT SECURITY STATE BANK | | \$ 1,230,453.90 | |

| | |
|---|------------------------|
| TOTAL CHECKS, EFT'S, & TRANSFERS | \$ 4,819,328.12 |
|---|------------------------|



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
PAYCHECK PROTECTION PLAN (PPP)
LOAN PAYOFF

RESOLUTION NO. 22-07

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

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

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

**Approving the PPP loan payment to North Cascade Bank from operating cash.
The payoff price is \$155,685 plus interest.**

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 23rd day of February 2022, the following commissioners being present and
voting in favor of this resolution.

Tom Herrin, Board Chair

Kim Olive, Secretary

Wes McMahan, Commissioner

Craig Coppock, Commissioner

Laura Richardson, Commissioner

MEMORANDUM

To: Finance Committee
From: Richard Boggess, CFO
Date: February 7, 2022
Re: Disaster Funding Update

Health Resource and Service Administration (HRSA):

In January, there was another round of pandemic funding as part of the American Rescue Plan Rural Provider funding. Arbor Health did not receive funds.

Provider Relief Funds (PRF) Round 1:

There has been no communication from HHS on the review.

Paycheck Protection Program:

SBA did not forgive \$153,000 of the funds. Arbor Health appealed the decision for incomplete forgiveness. Moving through the appeal process, we have learned that the formula used to calculate the amount of the loan that Arbor Health received overstated what we were entitled to receive. As a result, we expect to have to pay back the unforgiven amount. North Cascade Bank has indicated that we can select a range of terms from 1 year to 5 years. The current thinking is to payback within the current year. The appeal decision should be released in late February. Interest will be due back to the inception of the loan.

Medicare Accelerated Payment Payback:

The District received \$5,321,833 of accelerated payments from Medicare during the second quarter of 2020, because of the declared pandemic, to assist with cash flow in maintaining operations related to COVID-19 response. Repayment started in April 2021. Through the end of January, the District has returned \$2,053,688 to Medicare. For eleven months, repayment was at the rate of 25% of each Medicare payment. Eleven months will end around late February 2022 and then the repayment rate will be 50% of Medicare payments for another six months. Any remaining amount will then be due upon demand. This timeline places the possible demand date in September 2022. Based on the current repayment rates it appears the District will have approximately \$267,000 due. We will update this calculation again in April.

The State of Washington issued \$252,684 on January 24, 2022. These funds appear to have the same requirements as the Provider Relief Funds. More research is necessary.



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING TO
 REPURPOSE EXISTING CUSTODIAL
 TRUST ACCOUNT TO FSA ACCOUNT

RESOLUTION NO. 22-08

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

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

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

**Approving to repurpose the Custodial Trust Account to the
 Flexible Spending Account (FSA) at Security State Bank.**

The account number will remain #4501289172. The signers will remain as follows:

| Role: | Currently Held by: |
|--------------------------------|--|
| Superintendent | Leianne Everett |
| Chief Financial Officer | Richard Boggess |
| Controller | Clint Scogin |
| Treasurer | Voted Position in Lewis County-Arny Davis |

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 23rd day of February 2022, the following commissioners being present and voting in favor of this resolution.

 Tom Herrin, Board Chair

 Kim Olive, Secretary

 Wes McMahan, Commissioner

 Craig Coppock, Commissioner

 Laura Richardson, Commissioner

To: Finance Committee
From: Richard Boggess
Date: February 6, 2022
Subject: Repurpose Bank Account

In 2022, the District ended its relationship with Northwest Marketing Resources (NMR). This organization has managed the Flexible Spending Account and dependent care accounts for the District’s employees. A Flexible Spending Account (FSA) is a tax-free, employee-funded account that provides reimbursement for qualifying out-of-pocket expenses not covered by insurance. The employee contributes these dollars using a “pretax” deduction creating an economic advantage for the employee. The Health FSA allows you to use these funds to cover a variety of medical expenses, including doctor visit co-pays, coinsurance, deductibles, dental expenses, prescription drugs, vision expenses and orthodontia. Dependent Care Account (DCA) is similar in structure but used for care expenses of dependents.

The District has established a new relationship with TPSC Benefits (TPSC) in Tacoma, WA. TPSC cannot accommodate the previous vendor’s work process that benefited Arbor Health. In the old process, Arbor Health would send the bi-weekly deductions to NMR for management. Employees would fill out paper reimbursement forms to obtain reimbursement of eligible expenses. TPSC is providing debit cards to employees to use for their eligible expenses. TPSC is requiring Arbor Health to establish a bank account that they can draft on with three days’ notice to pull funds to cover eligible expenses. We anticipate that utilization will increase due to convenience of the debit card. We should note that this convenience will allow participants to draw up to the maximum amount of the program prior to fully funding the program. For example, the maximum for a FSA is \$2,850 and dependent care is \$5,000 per household. There are 19 people participating in the program with a total annual funding amount of \$40,200. This amount can change as people join or leave the organization. It is possible for a person to submit an expense for \$2,850 in January when they have only contributed \$220 to the fund. That person can also leave and not have to pay back unfunded amounts. At the end of the year, any unused funds revert to the District.

Arbor Health has an existing account that is called Custodial Trust Account which was used for the patients of the Custodial Care Program. As discussed previously, that account is no longer being utilized. Administration is proposing to repurpose the Custodial Trust Account to Flexible Spending Account to hold the funding of the FSA and DCA. This account is located at Security State Bank. AH has inquired of the Lewis County Treasurer’s office about the location of the account and signers. See attached email. The Treasurer’s office agrees that a separate account would be best and are supportive of either Security State Bank or Columbia Bank. Finance recommends Security State Bank due to transactional limitations at Columbia Bank.

Since Arbor Health is now providing the funding, we estimate that the initial funding should be around \$20,000. Arbor Health will have to monitor the account for overdraft concerns.



| Documents Awaiting Board Approval 2.23.22 | | |
|--|---|--------------------------------|
| | LCHD No. 1's Plans: | Departments: |
| 1 | QAPI and Patient Safety Plan | Quality |
| 2 | Risk Management Plan | Quality |
| 3 | 2021 Critical Access, Quality, Patient Safety & Risk Evaluation | Quality |
| 4 | Nurse Staffing Matrix Plan | DOH Policies & Procedures |
| Documents Awaiting Board Ratification 2.23.22 | | |
| | LCHD No. 1's Policies, Procedures & Plans: | Departments: |
| 5 | Acute Care Inpatient and Observation Billing | Business Office |
| 6 | COVID Billing Through HRSA | Business Office |
| 7 | Medicare Swing Bed Billing | Business Office |
| 8 | B2: Receiving | Dietary Services |
| 9 | F12: Vomiting and Diarrheal Incident Response | Dietary Services |
| 10 | F14: Use of Corrugated Cardboard | Dietary Services |
| 11 | F4: Solid Waste Disposal | Dietary Services |
| 12 | G2: Chemical Accident | Dietary Services |
| 13 | H2: Department Preparedness | Dietary Services |
| 14 | Expense Reimbursement | Finance |
| 15 | Electronic Signatures | Governing Body |
| 16 | Billing Washington Labor & Industry ROA Form and Medical Record Request | Health Information Management |
| 17 | ICD 10 Diagnosis Codes | Health Information Management |
| 18 | Notarial Acts | Health Information Management |
| 19 | ADA & ADA AAA Accommodation | Human Resources |
| 20 | Drug And Alcohol Abuse | Human Resources |
| 21 | Employee Medical Services Discount Policy | Human Resources |
| 22 | Employee Referral Bonus Program | Human Resources |
| 23 | Leaves Of Absence | Human Resources |
| 24 | Paid Time Off | Human Resources |
| 25 | Infection Precautions- Maximum Barrier | Infection Prevention & Control |
| 26 | Infection Prevention and Control Risk Assessment and Plan | Infection Prevention & Control |
| 27 | TB Risk Assessment & Plan | Infection Prevention & Control |
| 28 | Computer System Passwords | Information Technology |
| 29 | Email System | Information Technology |
| 30 | IT Asset Management | Information Technology |

| | | |
|-----------|---|-------------------------|
| 31 | Information Technology Priority Schedule | Information Technology |
| 32 | Termination of Rights to Protected Health Information | Information Technology |
| 33 | Wound Care Referral Process | Nursing Department |
| 34 | C6: Isolation Food Service | Nutrition Services |
| 35 | C8: Patient Menu Selections | Nutrition Services |
| 36 | C9: Tray Assembly Procedures | Nutrition Services |
| 37 | D1: Review and Approval of Nutrition Care | Nutrition Services |
| 38 | Hospital Referral for Outpatient Services | Patient Access |
| 39 | Important Message from Medicare | Patient Access |
| 40 | Medicare Secondary Payer Questionnaire | Patient Access |
| 41 | Motor Vehicle Accident Registration | Patient Access |
| 42 | Paxlovid EUA Letter | Pharmacy |
| 43 | Paxlovid Fact Sheet for Healthcare Providers | Pharmacy |
| 44 | Paxlovid Fact Sheet for Patients | Pharmacy |
| 45 | Paxlovid Informed Consent | Pharmacy |
| 46 | Sotrovimab EUA Letter | Pharmacy |
| 47 | Sotrovimab Fact Sheet for Healthcare Providers | Pharmacy |
| 48 | Sotrovimab Fact Sheet for Patients | Pharmacy |
| 49 | Sotrovimab Referral/Order Form | Pharmacy |
| 50 | Anodyne Therapy System | Physical Therapy |
| 51 | 2022 Scope of Services | Quality |
| 52 | Therapy Food Preparation/ADL Kitchen | Rehabilitation Services |
| 53 | C. difficile Test | Serology |
| 54 | Bi-Level Titration | Sleep Center |
| 55 | CPAP Titration | Sleep Center |
| 56 | Complex and Central Apnea Titration | Sleep Center |
| 57 | Emergencies - General Responses | Sleep Center |
| 58 | Home Sleep Apnea Testing (HSAT) Protocol | Sleep Center |
| 59 | Maintenance of Wakefulness Polysomnography | Sleep Center |
| 60 | Multiple Sleep Latency Test (MSLT) | Sleep Center |
| 61 | Patient Acceptance Criteria | Sleep Center |

| | | |
|-----------|--|--------------------|
| 62 | Routine Polysomnography | Sleep Center |
| 63 | Split Night Polysomnography Procedure | Sleep Center |
| 64 | Esophageal Dilators (Bougie) - Cleaning and Processing | Sterile Processing |
| 65 | Formalin Use and Safety | Sterile Processing |
| 66 | Incorrect Count | Surgery |
| 67 | Application of Biologic Tissue | Wound Care |
| 68 | Wound Management | Wound Care |

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



Association of Washington Public Hospital Districts

Who We Are

Since 1952 The Association of Washington Public Hospital Districts (AWPHD) has been the voice for Public Hospital Districts (PHD) across the State of Washington. We are solely focused on the unique role that PHDs serve in communities.

At AWPHD we understand the special connection of our members to their communities; that have made the choice and investments to keep care local. We strive to support the PHDs at all levels; the publicly elected commissioners, CEOs and staff. Our value is in our ability to advocate, educate and convene all of the above to create a better environment to deliver publicly owned health care.

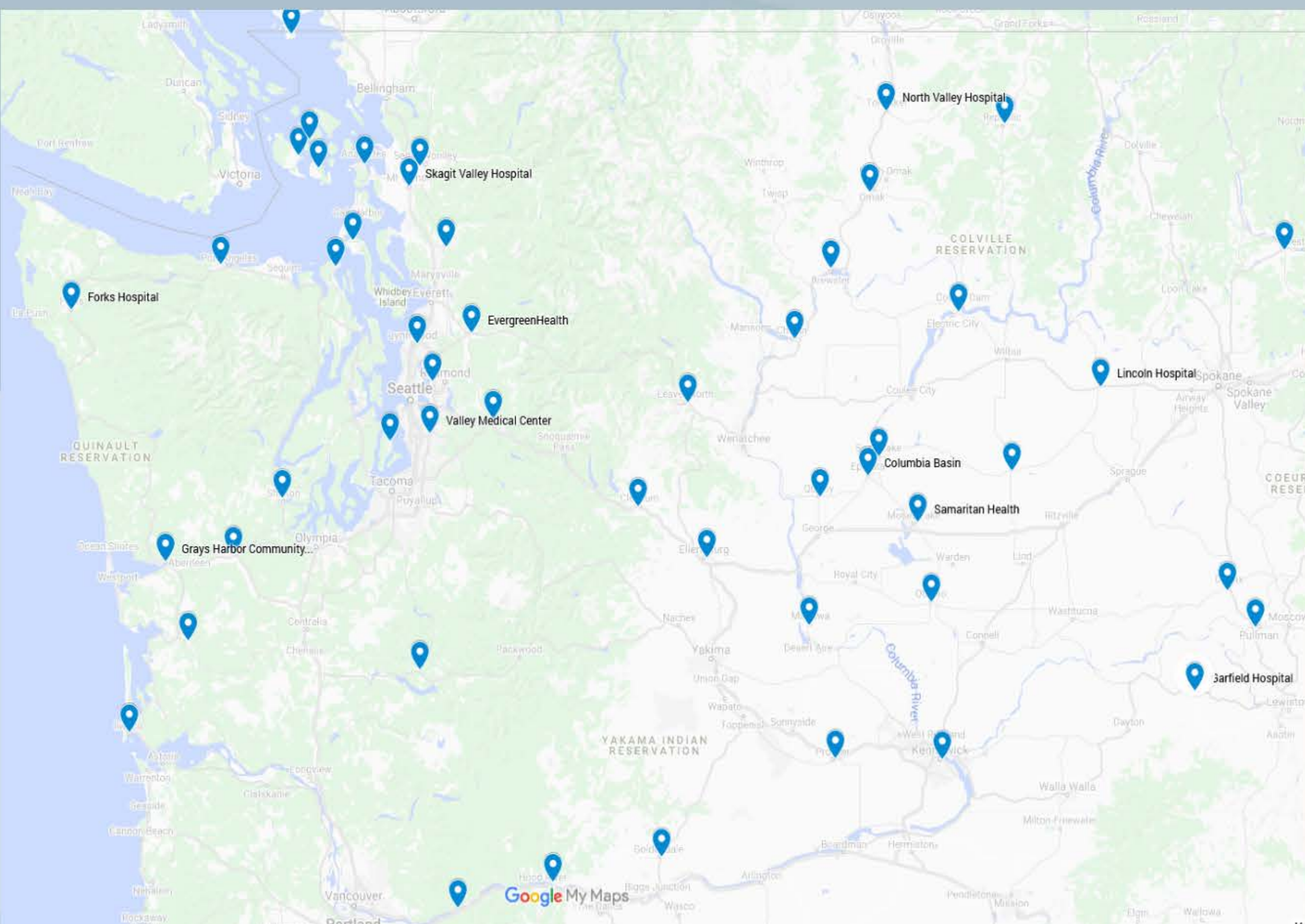
We are led by a professional, full time staff and an all volunteer Board of Directors.



Brian Ivie
Skagit Regional Health
Board President



Matthew Ellsworth
Executive Director



56 - Public Hospital Districts

47 - Hospitals

(34 Critical Access)

3 - Clinics

12 - Longterm Care

22 - EMS

206.281.7211
999 3rd Street
Suite 1400
Seattle, WA 98104





Association of Washington Public Hospital Districts

What We do

We Advocate

When it comes to influencing public policy, AWPHD is the voice of Washington Public Hospital Districts. Together, with our experience and members' collective voices we bring your needs and issues to the Legislature, State and Federal Agencies.

We Educate

At AWPHD we offer tailored governance education to leaders and PHD Commissioners. In addition, we help our members navigate legal questions unique to PHDs.



We Convene

We recognize the value to our members in gathering to learn and share. AWPHD sponsors multiple annual gatherings for PHD leaders. We also have forged strategic partnerships within the healthcare and public policy arenas that add value to our members.

We Support

AWPHD administers Intergovernmental Transfer (IGT) and Nursing Home Pro-Share programs that delivers direct financial benefit to our members. In addition AWPHD provides access to qualified, independent legal support on those issues unique to PHDs.



206.281.7211
999 3rd Street
Suite 1400
Seattle, WA 98104



NEW BUSINESS

SUPERINTENDENT REPORT

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 02.17.22
Subject: 2021 Department Strategic Measures (*Final*)

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

- Achieved goal: 22 of 33, or 67%
- Did not achieve goal: 11 of 33, or 33%

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

- Achieved goal: 16 of 33, or 48%
- Did not achieve goal: 17 of 33, or 52%

Strategy 3: To continue as stewards of public funds:

- Achieved goal: 16 of 34, or 47%
- Did not achieve goal: 18 of 34, or 53%

Overall Progress:

- Achieved goal: 54 of 100, or 54%
- Did not achieve goal: 46 of 100, or 46%

As this report closes our 2021 department measures, I removed reference to those measures that were partially achieved. Therefore, measures were reported as wholly achieved or wholly not achieved. Nevertheless, progress was achieved on 19 measures currently accounted for in the 46 goals not achieved.

Additionally, at least six measures were not achievable due to COVID-19. For example, Pulmonary Rehabilitation Services were discontinued due to the impact of COVID. Another example is employee turnover. We did lose some employees because of the vaccine mandate.

Overall, this was a successful year with several learning opportunities. Those opportunities resolve around things such as better defining the measures' goals, improving how we are



measuring the goals, and improving communication around expectations. I expect that each year will evolve into a better process. For example, I think we have opportunities to define minimum, realistic and stretch goals in the coming years.

Finally, in April 2021, the then-board supported the measures as a basis for at-risk compensation. The compensation was calculated to be \$317,708 if all bonus eligible positions earned 100% of possible compensation. While we did not expect to see 100% achieved, administration accrued \$238,275.00 in expected expense. Based on actual performance, we will be paying \$110,046.21 to the ten employees that were eligible for 2021 performance.

I ask that you consider repurposing the \$128,229.00 that were accrued as at-risk compensation to a retention bonus for all employees. This amount is about half of the prior to retention bonuses. However, this amount is already expensed in 2021 and would not result in any additional cost to Arbor Health. If these monies are not redesignated, the unused monies will be reversed through our annual audit and result in decreasing 2021 expenses, thus, having a positive impact on the total margin.



EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

| METRIC | BASELINE | TARGET | 2021 | | | | |
|--|----------|----------------------------------|-------------------------------|------------------------------|---|---------------------------------|------------|
| | | | Q1 | Q2 | Q3 | Q4 | YTD |
| NON-CLINICAL | | | | | | | |
| Administration: Develop a primary care clinic in Packwood, WA | | Open by 12/31/2021 | In-progress | In-progress | Location not found | Location not found | Incomplete |
| Clinical Informatics: Increase overall clinic portal enrollments to > 60% | 44% | ≥ 60% | 31% | 31% | 27% | 31% | 30% |
| Communications: Partner with vendors and community groups to host a live/virtual/drive-through health fair. | | 1 Event Annually | 0 | 0 | Health Expo was scheduled and marketed. Cancelled due to COVID. | | 1 |
| Environmental Services: Staff members will become CHEST (Certified Health Care Environmental Services Technician) certified within first year of employment | | 75% | 0% | 0% | 0% | 0% | 0% |
| Facilities: Increase department employees engagement in employee events | | 75% | 100% | 100% | 90% | 100% | 98% |
| Finance: Increase vendor invoice EFT utilization by 50%. | 150/qtr | 225/quarter | 208 | 216 | 279 | 241 | 944 |
| Billing/HIM: 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 | Brainstorming second event | 0 | 1 |
| Human Resources: 80% of chiefs, managers and directors will serve 24 hours/year of approved community service within the District. | | 101 hours/quarter | 149 | 193 | 223 | 118.5 | 683.5 |
| Information Technology: Create a partnership with local internet vendors to develop wireless access for community needs | | Pass/Fail | 0 | 0 | 0 | 0 | 0 |
| Employee Health: Develop a community weight loss challenge that culminates in a 5k/10k/Half Marathon | | Pass/Fail | In-progress | In-progress | Virtual 5k with 17 participants | Virtual 5k with 17 participants | Pass |
| Patient Access: Refer patients to the Self Pay Biller to see if they qualify for Medicaid. | | 5 patients/qtr, 20 patients/year | 2 | 9 | 5 | 6 | 22 |
| Quality and Risk: Successful <i>Critical Access Hospital</i> DNV Certification | | Pass/Fail | Survey scheduled for May 2021 | Certified | Certified | Certified | Pass |
| Supply Chain: Create Cycle Count process to improve inventory accuracy. | 65% | 75% | 68% | 71% | 80% | 81% | 77% |
| CLINICAL | | | | | | | |
| Acute Care: Develop and implement 1 social media message or newsletter article per quarter re: Chest Pain/MI, Sepsis, Coronavirous, and CHF. | | 1/quarter, 4/year | 6 | 2 | 6 | 54 | 68 |
| Case Management: Develop and implement 1 social media message or newsletter article per quarter re: skilled services | | 1/quarter, 4/year | 10 | 1 | 1 | 0 | 12 |
| Dietary/Nutrition: Provide To Go meals to seniors in food scarce homes | | Number of Meals Served | 630 | 443 | 325 | 325 | 1,398 |
| Emergency Department: Successful <i>Acute Stroke Ready</i> DNV Stroke Certification | | Pass/Fail | Pass | Pass | Pass | Pass | Pass |
| Imaging: Increase Mammography volume by 10% via external partners and social media | 689 | 757.9 | 181 | 187 | 199 | 192 | 759 |
| Infection Control: Use social media to promote IC messaging once per month | | 3 messages per quarter | 1 video & multiple posts | Multiple posts | COVID related posts | COVID related posts | Complete |

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

| METRIC | BASELINE | TARGET | 2021 | | | | |
|---|----------|--|---|---|---|---|---------------------|
| | | | Q1 | Q2 | Q3 | Q4 | YTD |
| Laboratory: Increase quality of blood cultures | 70.50% | ≥ 90% | 100% | 100% | 100% | 100% | 100% |
| Respiratory Therapy: Develop and implement 1 social media messages/quarter re: pulmonary disease and diagnostic testing | | 1 messages per quarter | 0 | 5 | 4 | 0 | 9 |
| Pharmacy: Establish a medication disposal program for Morton, Mossyrock and Randle | | Minimum of 3 kiosks | In-progress | 1 | 0 | 0 | 1 |
| Pulmonary Rehab: Extend two smoking cessation classes per year to public | | 2 classes per year | 0 | 0 | 0 | 0 | 0 |
| Wellness: 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 | Exploring a partnership with vendor for on-site gym | Continued investigating Arthritis Counseling & gym partner | 1 |
| Rehab Services: 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 | Baseline testing is being performed. Providers have completed training. | Dr. Podbilski has completed CIC training. Two PTs completed mock ImPACT test. | Partially Completed |
| Surgical Services: Facilitate awareness of and local access to outpatient Infusion Care by developing marketing literature and outreach to Lewis County clinics, home health, and Centralia, Longview and Tacoma hospitals' Case Management departments resulting in ≥ 20% increase in Same Day Surgery encounters | 333 | 400 | 103 | 84 | 130 | 143 | 460 |
| Anesthesia: Increase Ketamine clinic encounters by 15% | 56 | 64.4 | 14 | 3 | 4 | 0 | 21 |
| Swing Beds: Acute patients transferred out of District with subsequent skilled needs are readmitted to Arbor Health for local care | | 12 patients/year | 5 | 6 | 10 | 7 | 28 |
| Wound Care: Refine and market Diabetic Foot/Toenail Care to increase visits by 20% | 45 | 54 | 3 | 7 | 3 | 2 | 15 |
| CLINICS | | | | | | | |
| Morton: Develop 3 community engagement events at clinic per year. | | 3/year | COVID Clinics | 0 | Masks & hand sanitizers to local elementary school students | Drive-thru Flu Shots | 3 |
| Mossyrock: Develop 3 community engagement events at clinic per year. | | 3/year | COVID Clinics | 0 | Sports Physicals | Drive-thru Flu Shots | 3 |
| Randle: Develop 3 community engagement events at clinic per year. | | 3/year | COVID Clinics | 0 | Sports Physicals | Drive-thru Flu Shots | 3 |

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

| METRIC | BASELINE | TARGET | 2021 | | | | |
|---|----------|--------|------|----|---|----------------------|-----|
| | | | Q1 | Q2 | Q3 | Q4 | YTD |
| Specialty: Develop 3 community engagement events at clinic per year. | | 3/year | 0 | 0 | Masks & hand sanitizers to local elementary school students | Drive-thru Flu Shots | 2 |

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 |
| NON-CLINICAL | | | | | | | |
| Administration: Increase employees affirmative response to "My manager/supervisor has shown a genuine interest in my career" by 25%. | 26% | 33% | In-progress | In-progress | 77% of responses Strongly Agreed or Agreed | 77% of responses Strongly Agreed or Agreed | 77% |
| Clinical Informatics: Increase Cerner Physician Inpatient Admission Medication History completion | 64% | ≥ 80% | 29% | 74% | 84% | 88% | 69% |
| Communications: 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 | Own it, embrace it. | Care like crazy | 4 |
| Environmental Services: Increase compliance with "high touch" areas to ≥ 80% | 57% | ≥ 80% | 97% | 97% | 94% | 92% | 95% |
| Facilities: Improve the average maintenance work order turnaround time by 5%. | 11 | 10.45 | 7.9 | 6.2 | 5.8 | 4 | 5.98 |
| Finance: 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% | 92% | 93% | 91% |
| Billing/HIM: Increase conversion of bad debt to charity care by 100% | \$ (133,685) | \$ (267,370) | \$ 297,685 | \$ (359,324.49) | \$ (20,433.56) | \$ (23,124.61) | \$ (105,197.66) |
| Human Resources: Conduct an employee engagement survey using an independent national vendor to establish baselines and comparatives. | | Pass/Fail | In-progress | In-progress | Completed | Completed | Pass |
| Information Technology: Develop 4 training seminars for staff and community on IT related topics | | 1 training/quarter | 0 | TEAMS | 0 | 0 | 1 |
| Employee Health: Reduce reportable workplace injuries by 10% or more. | 13 | 11.7 | 1 | 0 | 1 | 2 | 4 |
| Patient Access: Identify patients that qualify for charity care by using bill holds to flag encounters allowing biller to track and follow-up with patients. | | 20 patients per quarter, 80 patients per year | Action code set up this qtr | 81 | 79 | 93 | 253 |
| Quality and Risk: Improve hospital wide HCAHPS Overall score to ≥ 70% | 58% | ≥ 70% | 78% | 48% | 65% | 84% | 70% |
| Supply Chain: Implement & maintain a housewide monthly product out-date process | | 11 out of 12 months | 3 | 3 | 3 | 3 | 12 |
| CLINICAL | | | | | | | |
| Acute Care: Improve HCAHPS <i>Communication About Medications</i> Overall top box score to ≥ 60% | 48.5% | ≥ 60% | 82% | 34% | 56% | 73% | 57% |
| Case Management: Improve HCAHPS <i>Care Transitions Overall</i> top box score to > 50% | 43.20% | ≥ 50% | 74% | 16% | 61% | 49% | 48% |
| Dietary/Nutrition: Conduct healthy cooking demonstrations for public | | One demonstration per quarter | Minestrone | Lettuce Wraps | Italian Pork Stew | Holiday Appetizers | 4 |
| Emergency Department: Decrease average door to tPA ≤ 60 minutes for stroke patients | 114 | ≤ 60 | 58.5 | 70 | 77 | 153 | 90 |
| Imaging: Decrease stroke/CT report turnaround to 15 minutes or less | 43 minutes | ≤ 15 minutes | 14.3 | 19.7 | 14.88 | 24.3 | 18.00 |
| Infection Control: Increase hand hygiene compliance | 74% | ≥ 90% | 88% | 85% | 91% | 90% | 87% |
| Laboratory: Decrease rate of reference lab rejected samples | 0.88% | ≤ 0.5% | 0.7% | 0.8% | 0.7% | 0.6% | 0.7% |
| Respiratory Therapy: Implement COPD Gold Standard Care Map discharge criteria/bundle on acute/skilled respiratory patients | | ≥ 90% | 0% | 0% | 0% | 0% | 0% |
| Pharmacy: Provide medication counseling at discharge | | 60% | 0% | 0% | 0% | 0% | 0% |
| Pulmonary Rehab: Increase annual unique patients secondary to implementation of COPD Gold Standard Care Map and clinic outreach for at risk pulmonary patients | 28 | 32 | 0 | 4 | 5 | 0 | 9 |

| | | | | | | | |
|---|-----|------------|---|----------------------------------|--|--|------------|
| Wellness: 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 | Ran Wellness Week events virtually. Available on website | Ran Wellness Week events virtually. Available on website | 2 |
| Rehab Services: Improve patient satisfaction score for progress during treatment | 69% | ≥ 80% | 69% | Replacing Vendor | Signed agreement with FOTO | FOTO implemented for 2022 metrics | Incomplete |
| Surgical Services: Increase return rate of internal Post-Operative Patient Experience Survey to greater than 90% (inclusive of endoscopy patients) | 15% | ≥ 90% | 10% | 10% | 9% | 10% | 10% |
| Anesthesia: Increase overall rating of anesthesia provider on the Surgery Patient Satisfaction Survey | 67% | ≥ 90% | 80% | 75% | 100% | 100% | 89% |
| Swing Beds: Skilled patient with a Braden Score < 12 will have a Wound Care consultation | 75% | ≥ 90% | 66% | 100% | 100% | 100% | 88% |
| Wound Care: Increase documented skill care assessments (must capture all 8 assessment elements) | 68% | ≥ 80% | 84% | 83% | 73% | 98% | 84% |
| CLINICS | | | | | | | |
| Morton: Market and grow telehealth visits by 25% | 504 | 630 | 24 | 43 | 48 | 92 | 207 |
| Mossyrock: Market and grow telehealth visits by 50%. | 85 | 128 | 41 | 79 | 36 | 49 | 205 |
| Randle: Market and grow telehealth visits by 50%. | 81 | 122 | 83 | 115 | 77 | 95 | 370 |
| Specialty: Market and grow telehealth visits by 50%. | 31 | 62 | 18 | 40 | 32 | 33 | 123 |

EXECUTIVE DASHBOARD

TO CONTINUE AS STEWARDS OF PUBLIC FUNDS

| METRIC | BASELINE | TARGET | 2021 | | | | |
|---|--------------|----------------------------|---------------------|-------------|------------------------|------------------------|--------------|
| | | | Q1 | Q2 | Q3 | Q4 | YTD |
| NON-CLINICAL | | | | | | | |
| Administration: Decrease interim staffing costs by 10% or greater. | \$ 2,368,626 | \$ 2,131,763 | \$ 506,207 | \$ 360,276 | \$ 393,762 | \$ 385,093 | \$ 1,645,338 |
| Clinical Informatics: 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 | 2.76 | 2.43 | 2.43 |
| Communications: Increase Sleep Studies by 10% through the use of effective marketing messaging | 69 | 76 | 20 | 45 | 34 | 24 | 123 |
| Environmental Services: Decrease overtime by 25% by optimizing staffing schedules. | \$ 4,893 | \$ 3,670 | \$ 2,853 | \$ 4,827 | \$ 7,832 | \$ 11,303 | \$ 15,512 |
| Facilities: 100% of critical PMs completed monthly. | 95% | 100% | 100% | 100% | 100% | unknown | 100% |
| Finance: Pay external vendors timely and per schedule, reducing variation/errors | 70% | 80% | 75% | 84% | 83% | 79% | 80% |
| Billing/HIM: Decrease timely filing write-offs by 25% | \$ 108,072 | \$ 81,054 | \$ 22,688 | \$ 22,695 | \$ 7,923 | \$ 38,405 | \$ 91,711 |
| Human Resources: Decrease employee turnover (without retirement) | 20.60% | ≤ 19% | | | | | 21.89% |
| Information Technology: Reduce controllable network downtime hours within organizational control by 50% | 33 | 17 | 6/4.25 | 0 | 0 | 0.33 | 6.33 |
| Employee Health: Decrease claims costs using Experience Factor as metric (updated annually) | 1.3075 | 1.17675 | In-progress | 1.15130 | 1.15130 | 1.15130 | 1.15130 |
| Patient Access: Increase point-of-service collections by 10% in ER and 20% in OP Services. | \$ 19,111 | \$ 21,022 | \$ 5,991 | \$ 6,316 | \$ 4,676 | \$ 3,278 | \$ 20,261 |
| | \$ 64,474 | \$ 70,921 | \$ 45,755 | \$ 45,909 | \$ 41,877 | \$ 22,835 | \$ 156,376 |
| Quality and Risk: Reduce All Cause Readmissions by ≥ 20% | 2.8 | 2.24 | 1.96 | 1.79 | 1.37 | 3.30 | 2.08 |
| Supply Chain: All assets/capital purchases undergo asset purchase process/structure lead by Materials team. | | 75% | 67% | 0% | 67% | 50% | 58% |
| CLINICAL | | | | | | | |
| Acute Care: 30% reduction in lost revenue due to Did Not Meet Inpatient Criteria denials. | \$ 90,000 | \$ 63,000 | \$ - | \$ 49,920 | \$ 41,279 | \$ 22,785 | \$ 113,984 |
| Case Management: 50% reduction in lost revenue due to No Authorization Skilled patient denials | \$ 176,000 | \$ 88,000 | \$ - | \$ - | \$ - | \$ 13,274 | \$ 13,274 |
| Dietary/Nutrition: Increase rebates from GPO food supplier by 20% | \$ 3,852 | \$ 4,622 | \$ 227 | \$ 228 | \$ 204 | \$ 237 | \$ 895 |
| Emergency Department: Reduce annual Left Without Being Seen (LWOT) patients in ED by 10% | 116 | 104 | 19 | 40 | 83 | 60 | 202 |
| Imaging: Reduce callback hours worked by 10% by utilizing a night shift radiology tech. | 686 | 617 | 120 | 138 | 87 | 99 | 444 |
| Infection Control: Decrease infectious disease readmissions within 30 days of hospital stay with same diagnosis. | 6.75 | 2 | 3.6 | 0 | 1.41 | 0 | 1.25 |
| Laboratory: Decrease interim staffing costs by 20% | \$ 150,568 | \$ 120,454.40 | \$ - | \$ 36,190 | \$ 33,270 | \$ 59,365 | \$ 128,825 |
| Respiratory Therapy: 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 | Suspended due to COVID | Suspended due to COVID | 0 |
| Pharmacy: Utilize Senti7 to reduce drug costs | | Decrease by 10% or greater | Evaluating products | In-progress | In-progress | In-progress | Incomplete |
| Pulmonary Rehab: Transition Pulmonary Rehabilitation therapy to a group model (pending COVID guidelines) allowing for a 100% increase in visits | 128 | 256 | 0 | 27 | Suspended due to COVID | Suspended due to COVID | 27 |

| | | | | | | | |
|--|-----|---------------------------|----------------|----------------|---|---|---------|
| Wellness: 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 | Virtual fitness class is on-going. Providing Medical Nutrition Counseling via Lifestyle Medicine. | Virtual fitness class is on-going. Providing Medical Nutrition Counseling via Lifestyle Medicine. | Pass |
| Rehab Services: Decrease our cancel/no show rate to reduce non-productive time and improve patient outcomes. | 15% | Less than or equal to 12% | 11% | 11% | 12% | 12% | 12% |
| Surgical Services: Develop/implement new ortho service line | | 20 cases | 0 | 0 | 4 | 27 | 31 |
| Anesthesia: Acquire peripheral nerve block competency resulting in new revenue (ortho) | | \$ 10,800 | \$ - | \$ - | \$ - | \$ - | \$ - |
| Swing Beds: Implement weekly fax/email bed availability updates to primary referral sources to return to budgeted skilled admissions | 76 | 140 | 22 | 17 | 24 | 15 | 78 |
| Wound Care: Develop and implement WOCN EPIFIX administration protocol for chronic wounds to achieve a 20% increase. | 21 | 25.2 | 5 | 10 | 36 | 41 | 92 |
| CLINICS | | | | | | | |
| Morton: Implement Chronic Care Management via Preventative Care Advisor. | | | In-progress | In-progress | Stalled due to lack of chronic care manager | Currently unable to bill for CCMS due to CMS requirements not yet met | Not Met |
| Mossyrock: Implement Chronic Care Management via Preventative Care Advisor. | | | In-progress | In-progress | Stalled due to lack of chronic care manager | Currently unable to bill for CCMS due to CMS requirements not yet met | Not Met |
| Randle: Implement Chronic Care Management via Preventative Care Advisor. | | | In-progress | In-progress | Stalled due to lack of chronic care manager | Currently unable to bill for CCMS due to CMS requirements not yet met | Not Met |
| Specialty: Hospital & clinic chart notes complete within 48 hours of visit | 95% | ≥ 90% | 99.3% | 100% | 98% | 100% | 99.1% |