
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

October 26, 2022 @ 3:30 PM

Conference Room 1 & 2 or Join Zoom Meeting:

<https://myarborhealth.zoom.us/j/81831676793>

Meeting ID: 818 3167 6793

One tap mobile: +12532158782,,81831676793# US

Dial: +1 253 215 8782

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Superintendent Report





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

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

Conference Room 1 & 2 or via ZOOM

<https://myarborhealth.zoom.us/j/81831676793>

Meeting ID: 818 3167 6793

One tap mobile: +12532158782,,81831676793# US

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

| AGENDA | PAGE | TIME |
|--|----------|---------|
| Call to Order | | |
| Roll Call | | |
| Reading of the Mission & Vision Statement | | 3:30 pm |
| Approval or Amendment of Agenda | | |
| Conflicts of Interest | | |
| Comments and Remarks | | 3:35 pm |
| <ul style="list-style-type: none"> • Commissioners • Audience | | |
| Executive Session-RCW 70.41.200 | | 3:40 pm |
| <ul style="list-style-type: none"> • Medical Privileging-Dr. Mark Hansen & Janice Cramer | 5 | |
| Department Spotlight | | |
| <ul style="list-style-type: none"> • Deferred to next month. | | |
| Board Committee Reports | | |
| <ul style="list-style-type: none"> • Hospital Foundation Report-Committee Chair-Commissioner Richardson | 7 | 3:45 pm |
| <ul style="list-style-type: none"> • Finance Committee Report-Committee Chair-Commissioner McMahan | 9 | 3:50 pm |
| Consent Agenda (Action) | | 4:00 pm |
| <ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ <i>September 28, 2022, Regular Board Meeting</i> ○ <i>October 19, 2022, Finance Committee Meeting</i> | 15 21 | |
| <ul style="list-style-type: none"> • Warrants & EFTs in the amount of \$3,680,102.76 dated September 2022 | 25 | |
| <ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 10.26.22 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> | 27 | |
| <ul style="list-style-type: none"> • RES-22-33-Approving the Advance Medicare Payment <ul style="list-style-type: none"> ○ <i>To approve the settlement payment to Medicare from operating cash.</i> | 28 | |
| Old Business | | |
| <ul style="list-style-type: none"> • Superintendent Succession Plan (<i>Verbal Update</i>) <ul style="list-style-type: none"> ○ <i>To provide a search committee update.</i> | | 4:05 pm |
| <ul style="list-style-type: none"> • Superintendent Everett's Contract (<i>Action</i>) (<i>Verbal Update</i>) | | 4:15 pm |

| | | |
|---|----------------|---------|
| <ul style="list-style-type: none"> ○ <i>To discuss appointing two commissioners to negotiate Superintendent Everett's eight-week contract extension.</i> | | |
| Break | | 4:25 pm |
| New Business <ul style="list-style-type: none"> • Revision to the Executive Compensation Committee Charter <ul style="list-style-type: none"> ○ <i>To discuss proposed updates to charter.</i> | 43 | 4:30 pm |
| <ul style="list-style-type: none"> • Board Policy & Procedure Review <ul style="list-style-type: none"> ○ Distribution of Board and Committee Packets ○ Hospital Declaration of Personal Property as Surplus ○ Records Retention | 49 50 51 | 4:40 pm |
| <ul style="list-style-type: none"> • 2023 Board Education (<i>Verbal</i>) <ul style="list-style-type: none"> ○ <i>To discuss the Board educational plan for the new year.</i> | | 4:45 pm |
| <ul style="list-style-type: none"> • Introduce Proposed Budget <ul style="list-style-type: none"> ○ <i>To present the 2023 Proposed Budget by November 1, 2022.</i> | 53 | 4:50 pm |
| <ul style="list-style-type: none"> • New Service Line <ul style="list-style-type: none"> ○ <i>To discuss the new service opportunity and have Board support to add Chiropractic as a new service line.</i> | 56 | 5:05 pm |
| Superintendent Report (<i>Verbal</i>) <ul style="list-style-type: none"> • Packwood Clinic • Elbe Home • SAO Exit Conference • Incident Command Update • Reschedule November Compliance Committee Meeting | | 5:15 pm |
| <ul style="list-style-type: none"> • 2022 Q3 Department Strategic Measures | 60 | 5:20 pm |
| Meeting Summary & Evaluation | | 5:28 pm |
| Next Board Meeting Dates and Times <ul style="list-style-type: none"> • Special Board Meeting-Public Hearing-2023 Budget-November 14, 2022 @ 6:00 PM (ZOOM) • Regular Board Meeting-November 16, 2022 @ 3:30 PM (ZOOM) • Special Board Meeting-Public Hearing-Levy-November 28, 2022 @ 6:00 PM (ZOOM) Next Committee Meeting Dates and Times <ul style="list-style-type: none"> • Finance Committee Meeting-November 23, 2022 @ 12:00 PM (ZOOM) | | |
| Guest Speaker <ul style="list-style-type: none"> • Kurt O'Brien Consulting <ul style="list-style-type: none"> ○ <i>Developing a High Functioning & Effective Board-Part 8</i> | | 5:30 pm |
| Adjournment | | 6:00 pm |



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS- 3

Arbor Health

- Fabiola Puga, MD (Family Medicine Privileges)
- Karolyn Moody, DO (Emergency Medicine Privileges)

Radia Inc.

- Udayan Srivastava, MD (Radiology Consulting Privileges)

REAPPOINTMENTS- 6

Providence Health & Services

- Minal Bhanushali, MD (Telestroke/Neurology Consulting Privileges)

Radia Inc.

- Bart Keogh, MD (Radiology Consulting Privileges)
- Jonathan Kullnat, MD (Radiology Consulting Privileges)
- Timothy Larson, MD (Radiology Consulting Privileges)
- David Lee, MD (Radiology Consulting Privileges)
- Brendan McCullough, MD (Radiology Consulting Privileges)

⊛-notates files with items to note.

COMMITTEE REPORTS

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Arbor Health Foundation Meeting
October 11, 2022
Rivers

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: Jessica Scogin, Marc Fisher, Louise Fisher, Caro Johnson, Jeannine Walker, Laura Richardson, Katelin Forrest, Paula Baker, Christy Greiter, Christine Brower, Linda Herrin, Shannon Kelly, Leianne Everett, Julie Taylor, Lenee Langdon, Bonnie Justice, Lynn Bishop

Excused: Betty Jurey, Ann Marie Forsman

Call to Order by President Marc Fisher at 12:01

The President read the mission statement

September Treasures report was reviewed and approved. Christy Greiter/Janie Walker

September minutes were reviewed and approved. Linda Herrin/Christine Brower

Administrators Report- Leianne Everett

Recruitment for a new CEO is going well and many candidates have applied. The recruitment committee will meet in November, review the applicants and present the top three candidates to the Board in December for interviews. Leianne has agreed to stay on until February 25, 2023, if necessary, to allow the new CEO time to give notice. Recruitment is also going on to fill additional positions. Dr Pugh is on track to arrive in late October.

Julie Taylor announced a new event called Mammo's & Mocktails which is scheduled for Saturday October 22, 2022 from 9-3pm. They will provide fruit, juice and refreshments for women scheduled for mammograms that day.

Directors Report: -Jessica Scogin

The dinner auction was well attended and raised over 28,000 for the foundation. The Christmas Gift sale this year will be held at the end of November and will open to the public. Over \$17,000 has been given out in scholarships this year and three more applications are expected.

Jessica will plan a presentation for November in support of the 15 Minute Philanthropy Program. The East Lewis County Chamber of Commerce has asked the Foundation to do a presentation to their membership on October 26 at the Tiller Building. Molina Health Care has contacted Jessica and expressed an interest in a \$500 donation for the Dinner Auction and are also interested in participating in future Foundation Fund Raising events. Gerri Maize will be resigning as treasurer at the end of the year and the board will need to find a replacement.

Old Business:

New Business:

The Fire Mountain Arts Council has asked the foundation to adopt and decorate a Christmas tree for their annual fundraiser. Katelin Forrest and Julie Taylor have agreed to take on the project.

A new membership drive will be planned for January 2023.

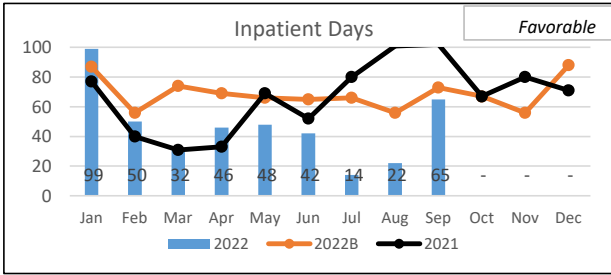
A December Christmas meeting may be held at Bonnie Justice's home.

Meeting adjourned 1pm

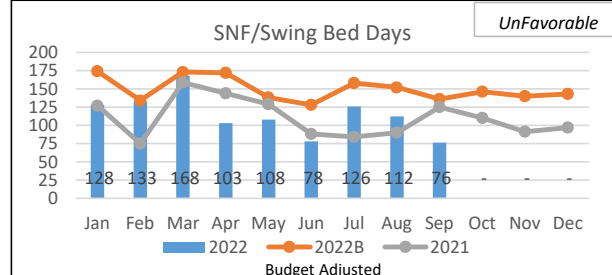
Lewis County Hospital District No. 1 Board Financial Summary

September 30, 2022

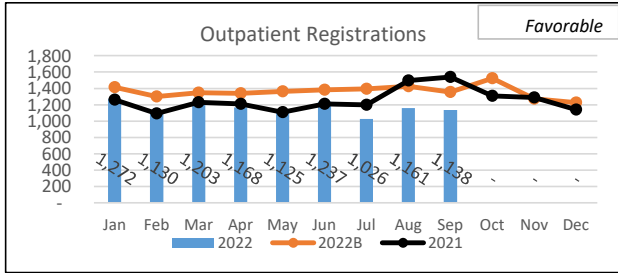
Growth



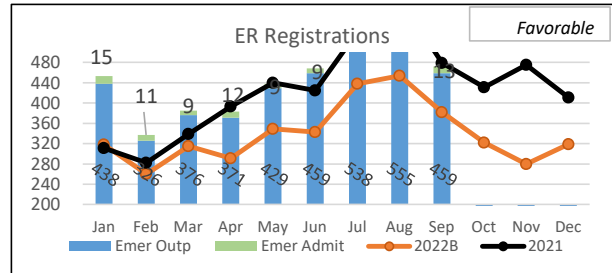
YTD: 418 Budget: 612 Pr Yr: 585



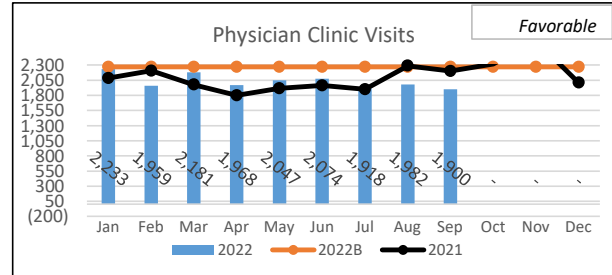
YTD: 1,032 Budget: 1,365 Pr Yr: 1,021



YTD: 10,460 Bud: 12,323 Pr Yr: 11,346

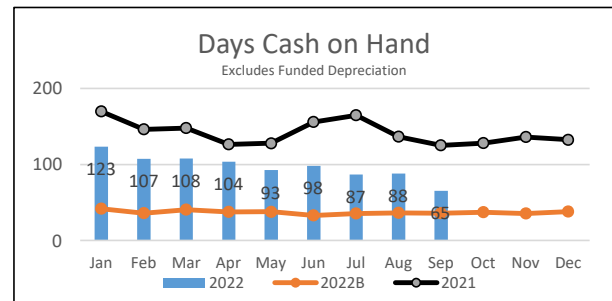
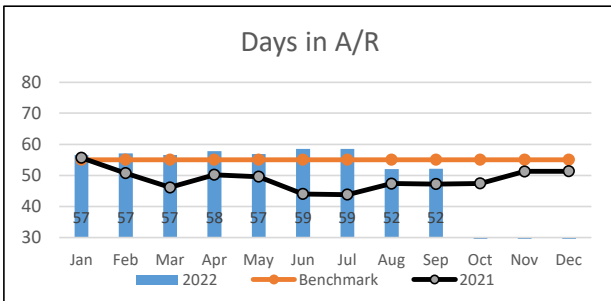
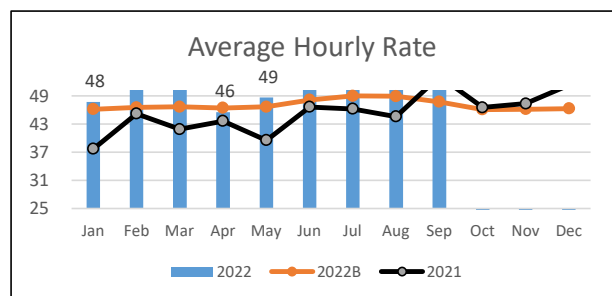
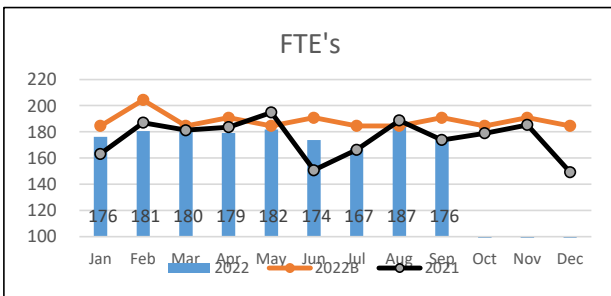


YTD: 3951 Bud: 3150 Pr Yr: 3816



YTD: 18,262 Bud: 20,439 Pr Yr: 18,344

People and Operational Aspects



All Morton General Hospital
Income Statement
September, 2022

| Pr Yr | MTD | % Var | MTD \$ Var | MTD Budget | MTD Actual | | YTD Actual | YTD Budget | YTD \$ Var | YTD % Var | PY YR | YTD |
|---------------------------|-----|-------------|------------------|------------------|------------------|--------------------------------------|-------------------|-------------------|--------------------|-------------|--------------------|-----|
| 960,088 | | -31% | (244,833) | 791,731 | 546,898 | Total Hospital IP Revenues | 5,055,971 | 6,913,335 | (1,857,364) | -26.9 | 6,396,803 | |
| 3,153,350 | | 6% | 191,473 | 3,105,331 | 3,296,804 | Outpatient Revenues | 29,258,407 | 28,236,028 | 1,022,379 | 3.6 | 24,941,683 | |
| 360,554 | | -20% | (107,783) | 540,395 | 432,612 | Clinic Revenues | 3,811,913 | 4,811,809 | (999,897) | -20.8 | 3,295,571 | |
| 4,473,993 | | -4% | (161,144) | 4,437,457 | 4,276,314 | Total Gross Patient Revenues | 38,126,291 | 39,961,173 | (1,834,882) | -4.6 | 34,634,057 | |
| (1,548,203) | | 11% | (159,399) | (1,407,406) | (1,566,806) | Contractual Allowances | (11,651,547) | (12,807,759) | 1,156,212 | -9.0 | (12,031,781) | |
| (27,781) | | -45% | 23,745 | (52,764) | (29,020) | Bad Debt & Bankruptcy | (305,250) | (507,912) | 202,661 | -39.9 | (429,569) | |
| (37,250) | | 7870% | (101,343) | (1,288) | (102,631) | Indigent Care | (453,398) | (17,960) | (435,438) | 2424.5 | (308,572) | |
| (83,780) | | 0% | (75,899) | 0 | (75,899) | Other Adjustments | (843,984) | 0 | (843,984) | 0.0 | (421,081) | |
| (1,697,014) | | 21% | (312,897) | (1,461,458) | (1,774,355) | Total Deductions From Revenue | (13,254,179) | (13,333,631) | 79,451 | -0.6 | (13,191,004) | |
| 2,776,979 | | -16% | (474,041) | 2,975,999 | 2,501,958 | Net Patient Revenues | 24,872,111 | 26,627,542 | (1,755,431) | -6.6 | 21,443,053 | |
| 120,672 | | 16% | 12,763 | 81,900 | 94,664 | Other Operating Revenue | 866,254 | 737,104 | 129,151 | 17.5 | 1,196,599 | |
| 2,897,651 | | -15% | (461,277) | 3,057,899 | 2,596,622 | Total Operating Revenue | 25,738,365 | 27,364,645 | (1,626,280) | -5.9 | 22,639,652 | |
| Operating Expenses | | | | | | | | | | | | |
| 1,817,196 | | -1% | (19,556) | 1,843,128 | 1,862,684 | Salaries | 15,737,366 | 16,477,875 | 740,510 | 4.5 | 13,717,326 | |
| 375,574 | | 18% | 79,858 | 446,990 | 367,132 | Total Benefits | 3,407,458 | 3,932,494 | 525,036 | 13.4 | 3,315,786 | |
| 2,192,770 | | 3% | 60,303 | 2,290,118 | 2,229,816 | Salaries And Benefits | 19,144,824 | 20,410,369 | 1,265,545 | 6.2 | 17,033,113 | |
| 91,412 | | 7% | 11,066 | 149,340 | 138,274 | Professional Fees | 1,243,439 | 1,368,373 | 124,934 | 9.1 | 1,059,908 | |
| 316,071 | | -59% | (115,013) | 195,349 | 310,362 | Supplies | 1,989,466 | 1,812,456 | (177,010) | -9.8 | 1,649,255 | |
| 379,489 | | 5% | 21,747 | 405,164 | 383,417 | Total Purchased Services | 3,309,774 | 3,585,623 | 275,849 | 7.7 | 3,146,934 | |
| 26,732 | | -39% | (15,720) | 40,130 | 55,850 | Utilities | 416,838 | 382,819 | (34,019) | -8.9 | 376,650 | |
| 23,001 | | 6% | 1,661 | 28,379 | 26,718 | Insurance Expense | 218,393 | 218,764 | 371 | 0.2 | 176,521 | |
| 102,062 | | 4% | 3,882 | 109,386 | 105,504 | Depreciation and Amortization | 983,949 | 941,393 | (42,556) | -4.5 | 922,266 | |
| 38,650 | | 5% | 1,697 | 36,661 | 34,964 | Interest Expense | 295,770 | 312,452 | 16,682 | 5.3 | 320,651 | |
| 32,129 | | -24% | (13,991) | 59,495 | 73,486 | Other Expense | 430,411 | 533,240 | 102,829 | 19.3 | 366,690 | |
| 3,202,316 | | -1% | (44,368) | 3,314,023 | 3,358,391 | Total Operating Expenses | 28,032,864 | 29,565,489 | 1,532,626 | 5.2 | 25,051,988 | |
| (304,665) | | 197% | (505,645) | (256,123) | (761,768) | Income (Loss) From Operations | (2,294,498) | (2,200,844) | (93,654) | 4.3 | (2,412,336) | |
| (126,073) | | -13% | 17,369 | (137,566) | (154,935) | Non-Operating Revenue/Expense | (1,321,333) | (1,238,096) | 83,236 | -6.7 | (1,107,289) | |
| (178,592) | | 412% | (488,276) | (118,557) | (606,833) | Net Gain (Loss) | (973,166) | (962,748) | (10,418) | 1.1 | (1,305,046) | |

Lewis County Hospital District No. 1
Income Statement
September, 2022

| CURRENT MONTH | | MONTH | | | YEAR TO DATE | | | | | |
|-------------------------------|-------------|------------------|------------------|------------------|----------------------------------|-------------------|-------------------|--------------------|------------|-------------------|
| Pr Yr Month | % Var | \$ Var | Budget | Actual | | Actual | Budget | \$ Var | % Var | Actual |
| 960,088 | -31% | (244,833) | 791,731 | 546,898 | Inpatient Revenue | 5,055,971 | 6,913,335 | (1,857,364) | -27% | 6,396,803 |
| 3,153,350 | 6% | 191,473 | 3,105,331 | 3,296,804 | Outpatient Revenue | 29,258,407 | 28,236,028 | 1,022,379 | 4% | 24,941,683 |
| 360,554 | -20% | (107,783) | 540,395 | 432,612 | Clinic Revenue | 3,811,913 | 4,811,809 | (999,897) | -21% | 3,295,571 |
| 4,473,993 | -4% | (161,144) | 4,437,457 | 4,276,314 | Gross Patient Revenues | 38,126,291 | 39,961,173 | (1,834,882) | -5% | 34,634,057 |
| 1,631,983 | -17% | (235,298) | 1,407,406 | 1,642,704 | Contractual Allowances | 12,495,531 | 12,807,759 | 312,228 | 2% | 12,452,862 |
| 37,250 | -7870% | (101,343) | 1,288 | 102,631 | Charity Care | 453,398 | 17,960 | (435,438) | -2424% | 308,572 |
| 27,781 | 45% | 23,745 | 52,764 | 29,020 | Bad Debt | 305,250 | 507,912 | 202,661 | 40% | 429,569 |
| 1,697,014 | -21% | (312,897) | 1,461,458 | 1,774,355 | Deductions from Revenue | 13,254,179 | 13,333,631 | 79,451 | 1% | 13,191,004 |
| 2,776,979 | -16% | (474,041) | 2,975,999 | 2,501,958 | Net Patient Service Rev | 24,872,111 | 26,627,542 | (1,755,431) | -7% | 21,443,053 |
| 62.1% | 12.8% | 8.6% | 67.1% | 58.5% | NPSR % | 65.2% | 66.6% | 1.4% | 2.1% | 61.9% |
| 120,672 | 16% | 12,763 | 81,900 | 94,664 | Other Operating Revenue | 866,254 | 737,104 | 129,151 | 18% | 1,196,599 |
| 2,897,651 | -15% | (461,277) | 3,057,899 | 2,596,622 | Net Operating Revenue | 25,738,365 | 27,364,645 | (1,626,280) | -6% | 22,639,652 |
| Operating Expenses | | | | | | | | | | |
| 1,817,196 | -1% | (19,556) | 1,843,128 | 1,862,684 | Salaries & Wages | 15,737,366 | 16,477,875 | 740,510 | 4% | 13,717,326 |
| 375,574 | 18% | 79,858 | 446,990 | 367,132 | Benefits | 3,407,458 | 3,932,494 | 525,036 | 13% | 3,315,786 |
| 91,412 | 7% | 11,066 | 149,340 | 138,274 | Professional Fees | 1,243,439 | 1,368,373 | 124,934 | 9% | 1,059,908 |
| 316,071 | -59% | (115,013) | 195,349 | 310,362 | Supplies | 1,989,466 | 1,812,456 | (177,010) | -10% | 1,649,255 |
| 379,489 | 5% | 21,747 | 405,164 | 383,417 | Purchase Services | 3,309,774 | 3,585,623 | 275,849 | 8% | 3,146,934 |
| 26,732 | -39% | (15,720) | 40,130 | 55,850 | Utilities | 416,838 | 382,819 | (34,019) | -9% | 376,650 |
| 23,001 | 6% | 1,661 | 28,379 | 26,718 | Insurance | 218,393 | 218,764 | 371 | 0% | 176,521 |
| 32,129 | -24% | (13,991) | 59,495 | 73,486 | Other Expenses | 430,411 | 533,240 | 102,829 | 19% | 366,690 |
| 3,061,605 | -2% | (49,948) | 3,167,975 | 3,217,923 | EBDITA Expenses | 26,753,145 | 28,311,645 | 1,558,500 | 6% | 23,809,071 |
| (163,954) | 464% | (511,225) | (110,076) | (621,301) | EBDITA | (1,014,779) | (946,999) | (67,780) | 7% | (1,169,419) |
| -5.7% | -564.7% | 20.3% | -3.6% | -23.9% | EBDITA % | -3.9% | -3.5% | 0.5% | -13.9% | -5.2% |
| Capital Cost | | | | | | | | | | |
| 102,062 | 4% | 3,882 | 109,386 | 105,504 | Depreciation | 983,949 | 941,393 | (42,556) | -5% | 922,266 |
| 38,650 | 5% | 1,697 | 36,661 | 34,964 | Interest Cost | 295,770 | 312,452 | 16,682 | 5% | 320,651 |
| 3,202,316 | -1% | (44,368) | 3,314,023 | 3,358,391 | Operating Expenses | 28,032,864 | 29,565,489 | 1,532,626 | 5% | 25,051,988 |
| (304,665) | 197% | (505,645) | (256,123) | (761,768) | Operating Income / (Loss) | (2,294,498) | (2,200,844) | (93,654) | 4% | (2,412,336) |
| -10.5% | | | -8.4% | -29.3% | Operating Margin % | -8.9% | -8.0% | | | -10.7% |
| Non Operating Activity | | | | | | | | | | |
| 129,689 | 12% | 17,035 | 141,132 | 158,167 | Non-Op Revenue | 1,359,943 | 1,270,190 | 89,753 | 7% | 1,183,651 |
| 3,616 | 9% | 334 | 3,566 | 3,232 | Non-Op Expenses | 38,610 | 32,094 | (6,517) | -20% | 76,362 |
| 126,073 | 13% | 17,369 | 137,566 | 154,935 | Net Non Operating Activity | 1,321,333 | 1,238,096 | 83,236 | 7% | 1,107,289 |
| (178,592) | 412% | (488,276) | (118,557) | (606,833) | Net Income / (Loss) | (973,166) | (962,748) | (10,418) | 1% | (1,305,046) |
| -6.2% | | | -3.9% | -23.4% | Net Income Margin % | -3.8% | -3.5% | | | -5.8% |

Unaudited

Lewis County Public Hospital District No. 1

Balance Sheet

September, 2022

| | <u>Current Month</u> | <u>Prior-Month</u> | <u>Prior-Year end</u> | <u>Incr/(Decr) From PrYr</u> |
|---|----------------------|---------------------|---------------------------|----------------------------------|
| Assets | | | | |
| Current Assets: | | | | |
| Cash | \$ 7,083,777 | 8,460,703 | 11,725,277 | (4,641,499) |
| Total Accounts Receivable | 7,383,939 | 7,313,675 | 6,796,889 | 587,050 |
| Reserve Allowances | <u>(3,210,206)</u> | <u>(3,287,836)</u> | <u>(2,675,536)</u> | <u>(534,670)</u> |
| Net Patient Accounts Receivable | 4,173,733 | 4,025,839 | 4,121,353 | 52,380 |
| | | | | |
| Taxes Receivable | 174,168 | 144,020 | 44,337 | 129,831 |
| Estimated 3rd Party Receivables | 3,000 | 3,000 | 74,277 | (71,277) |
| Prepaid Expenses | 362,018 | 396,480 | 299,720 | 62,298 |
| Inventory | 365,743 | 363,583 | 351,873 | 13,870 |
| Funds in Trust | 2,205,401 | 2,100,771 | 1,593,539 | 611,862 |
| Other Current Assets | <u>185,053</u> | <u>185,998</u> | <u>192,811</u> | <u>(7,759)</u> |
| Total Current Assets | <u>14,552,894</u> | <u>15,680,395</u> | <u>18,403,188</u> | <u>(3,850,294)</u> |
| Property, Buildings and Equipment | 34,938,746 | 34,938,746 | 34,687,777 | 250,970 |
| Less Accumulated Depreciation | <u>(24,169,332)</u> | <u>(24,063,939)</u> | <u>(23,182,426)</u> | <u>(986,906)</u> |
| Net Property, Plant, & Equipment | 10,769,414 | 10,874,808 | 11,505,351 | (735,937) |
| Right-of-use assets | 610,239 | 629,066 | 0 | 610,239 |
| Other Assets | <u>167,514</u> | <u>167,514</u> | <u>0</u> | <u>167,514</u> |
| | | | | |
| Total Assets | <u>\$ 26,100,061</u> | <u>27,351,783</u> | <u>29,908,539</u> | <u>(3,808,477)</u> |
| | | | | |
| Liabilities | | | | |
| Current Liabilities: | | | | |
| Accounts Payable | 556,905 | 672,704 | 748,429 | (191,524) |
| Accrued Payroll and Related Liabilities | 1,459,606 | 1,861,459 | 1,244,266 | 215,339 |
| Accrued Vacation | 781,293 | 827,774 | 784,018 | (2,725) |
| Third Party Cost Settlement | 1,886,071 | 1,928,133 | 5,311,870 | (3,425,799) |
| Interest Payable | 88,922 | 59,260 | 0 | 88,922 |
| Current Maturities - Debt | 1,366,865 | 1,366,865 | 1,366,865 | 0 |
| Unearned Revenue | 1,252,684 | 1,252,684 | 1,000,000 | 252,684 |
| Other Payables | <u>10,506</u> | <u>10,506</u> | <u>12,150</u> | <u>(1,644)</u> |
| Current Liabilities | <u>7,402,851</u> | <u>7,979,384</u> | <u>10,467,598</u> | <u>(3,064,747)</u> |
| Total Notes Payable | 1,188,928 | 1,238,568 | 1,566,482 | (377,554) |
| Capital Lease | (0) | (0) | (0) | 0 |
| Lease Liability | 610,239 | 629,066 | 0 | 610,239 |
| Net Bond Payable | 5,026,198 | 5,026,088 | 5,029,448 | (3,250) |
| Total Long Term Liabilities | <u>6,825,366</u> | <u>6,893,722</u> | <u>6,595,930</u> | <u>229,435</u> |
| | | | | |
| Total Liabilities | <u>14,228,217</u> | <u>14,873,106</u> | <u>17,063,528</u> | <u>(2,835,312)</u> |
| | | | | |
| General Fund Balance | 12,845,010 | 12,845,010 | 12,845,010 | 0 |
| Net Gain (Loss) | <u>(973,166)</u> | <u>(366,333)</u> | <u>0</u> | <u>(973,166)</u> |
| Fund Balance | <u>11,871,844</u> | <u>12,478,678</u> | <u>12,845,010</u> | <u>(973,166)</u> |
| | | | | |
| Total Liabilities And Fund Balance | <u>\$ 26,100,061</u> | <u>27,351,783</u> | <u>29,908,539</u> | <u>(3,808,477)</u> |

Arbor Health
Cash Flow Statement
For the Month Ending September 2022

| | MTD | YTD |
|--|--------------------|--------------------|
| Cash Flows from Operating Activities | | |
| Net Income | (606,833) | (973,166) |
| Adjustments to reconcile net income to net cash provided by operating activities | | |
| Decrease/(Increase) in Net Patient Accounts receivable | (147,894) | (52,380) |
| Decrease/(Increase) in Taxes receivable | (30,148) | (129,829) |
| Decrease/(Increase) in Est 3rd Party Receivable | 0 | 71,277 |
| Decrease/(Increase) in Prepaid expenses | 34,462 | (62,298) |
| Decrease/(Increase) in Inventories | (2,160) | (13,870) |
| Decrease in Other Current Assets | 946 | (159,757) |
| Increase/(Decrease) in Accrued payroll liabilities | (448,334) | 212,615 |
| Increase/(Decrease) in 3rd Party cost stlmt liabilities | (42,062) | (3,425,799) |
| Increase/(Decrease) in Accounts payable | (115,798) | 59,515 |
| Increase/(Decrease) in Interest payable | 29,662 | 88,922 |
| Depreciation expense | 105,393 | 986,906 |
| Net Cash Flow from Operations | (1,222,766) | (3,397,864) |
| Cash Flows from Investing Activities | | |
| Cash paid for | | |
| Purchases of Fixed assets | 0 | (250,970) |
| Right-of-use assets | 18,827 | (610,239) |
| Net Cash Flow from (used) in Investing Activities | 18,827 | (861,209) |
| Cash Flows from Financing Activities | | |
| Cash paid for | | |
| Additions to long-term debt | 0 | 0 |
| Principal payments of long-term liabilities | (49,530) | (380,804) |
| Lease liabilities | (18,827) | 610,239 |
| Net Cash Flow from (used) in Financing Activities | (68,357) | 229,435 |
| Net Increase (Decrease) in Cash | (1,272,296) | (4,029,638) |
| Cash at Beginning of Period | \$ 10,561,474 | \$ 13,318,816 |
| Cash at End of Period | \$ 9,289,178 | \$ 9,289,178 |

CONSENT AGENDA



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

September 28, 2022, at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

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

Meeting ID: 889 7790 0692

One tap mobile: +12532158782,,88977900692#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|---|---|---|-------|----------|
| <p>Call to Order Roll Call Reading the Mission & Vision Statements</p> | <p>Board Chair Herrin called the meeting to order via Zoom at 3:30 p.m.</p> <p>Commissioners present:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input type="checkbox"/> Laura Richardson <p>Others present:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Allen, Quality Manager <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Janice Cramer, Medical Coordinator <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Dr. Mark Hansen, Chief of Staff <input checked="" type="checkbox"/> Buddy Rose, Reporter | <p>Board Chair Herrin excused</p> <p>Commissioners McMahan and Richardson from today's meeting and confirmed a quorum is present.</p> | | |

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

| | | | | |
|--|--|--|--|--|
| | <p>☒ Jessica Scogin, Foundation Manager</p> <p>☒ Kurt O'Brien, Consultant</p> <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p> | | | |
| <p>Approval or Amendment of Agenda</p> | | <p>Secretary Olive made a motion to approve the amended agenda. Commissioner Coppock seconded and the motion passed unanimously.</p> | | |
| <p>Conflicts of Interest</p> | <p>Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.</p> | <p>Superintendent Everett noted a potential conflict of interest with Superintendent Succession Plan.</p> | | |
| <p>Comments and Remarks</p> | <p>Commissioners: Commissioners thanked staff involved in the Arbor Health Foundation Auction and requested if you are unable to attend to consider making a donation to the Fund-A-Need.</p> <p>Audience: None.</p> | | | |
| <p>Executive Session- RCW 70.41.200 & 70.41.205</p> | <p>Executive Session began at 3:37 p.m. for ten minutes to discuss RCW 70.41.200 and RCW 70.41.205. The Board returned to open session at 3:47 p.m.</p> <p>Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments- Arbor Health</p> <ol style="list-style-type: none"> David Lee, MD (Emergency Medicine Privileges) <p>Providence Health & Services</p> <ol style="list-style-type: none"> Soo Young Kwon, MD (Telestroke/Neurology Consulting Privileges) <p>Radia Inc.</p> | <p>Commissioner Coppock made a motion to approve the Medical Privileging as presented and Secretary Olive seconded. The motion passed unanimously.</p> | | |

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

| | | | | |
|--|--|---|--|--|
| | <p>3. Daniel Do-Dai, MD (Radiology Consulting Privileges)</p> <p>Reappointments-</p> <p>Arbor Health</p> <p>4. Jianming Song, MD (Emergency Medicine Privileges)</p> <p>Providence Health & Services</p> <p>5. Archit Bhatt, MD (Telestroke/Neurology Consulting Privileges)</p> <p>6. Pawani Sachar, MD (Telestroke/Neurology Consulting Privileges)</p> <p>Radia Inc.</p> <p>7. Ruben Krishnananthan, MD (Radiology Consulting Privileges)</p> | | | |
| <p>Department Spotlight</p> <ul style="list-style-type: none"> • | <p>Board Chair Herrin noted the spotlight has been deferred to next month.</p> | | | |
| <p>Board Committee Reports</p> <ul style="list-style-type: none"> • Hospital Foundation Report | <p>Foundation Manager Scogin noted the live in-person dinner auction is this weekend, October 1 at 6 PM. Foundation Manager Scogin encouraged everyone to attend and there are over 90 donations to bid on, as well as the Fund-A-Need this year is to raise funds for three EKG machines for the Arbor Health clinics.</p> | | | |
| <ul style="list-style-type: none"> • Finance Committee Report | <p>Secretary Olive highlighted the Finance Meeting which included the ED continues to carry the income statement, new capital purchased, cost report updates, planning for the 2023 budget, an upcoming remote survey in October with WA State and finally selling the Elbe home.</p> | | | |
| <p>Consent Agenda</p> | <p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> 1. Approval of Minutes | <p>Secretary Olive made a motion to approve the Consent Agenda and Commissioner</p> | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|---|--|---|----------------------------|----------|
| | <ul style="list-style-type: none"> a. August 31, 2022, Regular Board Meeting b. September 14, 2022, QIO Committee Meeting c. September 21, 2022, Finance Committee Meeting d. September 21, 2022, Special Board Meeting <ul style="list-style-type: none"> 2. Warrants & EFTs in the amount of \$3,769,728.09 dated August 2022 3. Approve Documents Pending Board Approval & Ratification 09.28.22 | <p>Coppock seconded. The motion passed unanimously.</p> <p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p> | Executive Assistant Garcia | 09.30.22 |
| <p>Old Business</p> <ul style="list-style-type: none"> • Superintendent Succession Plan | <p>CHRO Kelly noted initial meetings took place the beginning of September where a Superintendent/CEO profile was established. The market response is positive, and a screening process will be established. WittKieffer has schedule meetings every two weeks with the Superintendent/CEO Search Committee.</p> <p>Board Chair Herrin shared that WittKieffer is anticipating to present candidates towards the end of November or beginning of December. Superintendent Everett's resignation is December 31, 2022. Board Chair Herrin proposed rather than engaging an interim to extend eight weeks with Superintendent Everett. Secretary Olive and Commissioner Coppock thanked Superintendent Everett's flexibility during this process and agreed with this pathway. Superintendent Everett expressed interest in extending her resignation date by eight weeks to Feb 25, 2023. Superintendent Everett would switch to a 1099 employee on 01.01.23.</p> | <p>Commissioner Coppock made a motion to extend Superintendent Everett resignation to February 25, 2023, and Secretary Olive seconded. The motion passed unanimously.</p> | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|---|--|--|----------------------------|----------|
| | Board Chair Herrin requested to revisit the topic of authorizing Secretary Olive and himself to negotiate on the Board's behalf with Superintendent Everett for an eight-week contract at the October 26, 2022, Regular Board Meeting. | Add Superintendent Everett's Contract to Old Business. | Executive Assistant Garcia | 10.26.22 |
| <ul style="list-style-type: none"> 2023-2025 Strategic Planning Retreat | Superintendent Everett proposed postponing the Strategic Planning Retreat until the new Superintendent is hired. Superintendent Everett recommended we continue the process of preparing for the retreat, i.e., completing the Community Health Needs Assessment but host in Q1, Q2 2023. | | | |
| <ul style="list-style-type: none"> Redistricting | Executive Assistant Garcia noted the Public Hearing for Redistricting occurred at least a week ago per RCW 29A.76.010. Since each commission must be nearly equal in population and the current lines continue to meet, then the Board needs to adopt the current map with the updated 2020 census. | Commissioner Coppock made a motion to adopt RES-22-32 and Secretary Olive seconded. The motion passed unanimously. | | |
| New Business <ul style="list-style-type: none"> Board Policy & Procedure Review | Code of Ethics-Approved. Commissioner Compensation for Meetings and Other Services-Approved. Conflicts of Policies-Approved. | Marked three documents as Reviewed in Lucidoc. | Executive Assistant Garcia | 09.30.22 |
| Superintendent Report | Superintendent Everett highlighted the following: <ol style="list-style-type: none"> Packwood Clinic lease has not been signed. The Clinic is 80% on track with plans. Elbe Home is for sale and the District has received an offer, to which we countered. No additional updates. Plant Planning Meeting is scheduled in October; however, proposing to postpone to end of the year. This way we can review 2022 and project 2023. | | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|---|---|--------|-------|----------|
| Meeting Summary & Evaluation | Superintendent Everett highlighted the decisions made and action items. Secretary Olive and Commissioner Coppock noted the meeting was short and sweet with consistent quality information which means we are tracking. Board Chair Herrin noted feeling the Board is growing tighter as a team which means trust is forming and gaining efficiencies in meetings. | | | |
| Break | Board Chair Herrin called for a 5-minute break at 4:20 p.m. The Board returned to open session at 4:25 p.m. | | | |
| Guest Speaker <ul style="list-style-type: none"> • Kurt O'Brien Consulting- Part 7 | Kurt recommended during the next sessions to continue applying lessons learned to the Board's future strategies. The Board agreed their purpose at meetings is to build community engagement which includes 2-way dialog with the District. The Board needs to set the stage to host townhalls and lead community-based conversations. The dates of these events could be before or after the Strategic Planning Retreat. | | | |
| Adjournment | Secretary Olive moved and Commissioner Coppock seconded to adjourn the meeting at 5:00 p.m. The motion passed unanimously. | | | |

Respectfully submitted,

Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
October 19, 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 12:00 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"/> Cheryl Cornwell, 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 type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO</p> | | | |
| Approval or Amendment of Agenda | Superintendent Everett requested to move New Service Line from Old Business to New Business, as well as to add Executive Compensation Committee Charter under New Business. | Community Member Fisher made a motion to approve the amended agenda and Secretary Olive | | |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|---|--|---|----------------------------|---|
| | | seconded. The motion passed unanimously. | | |
| Conflicts of Interest | Commissioner McMahan asked the Committee to state any conflicts of interest with today's amended agenda. | Executive Assistant Garcia noted a conflict of interest with the New Service Line topic and will excuse herself during this discussion. | | |
| Consent Agenda | Commissioner McMahan announced the following in consent agenda up for approval: <ol style="list-style-type: none"> 1. Review of Finance Minutes –September 21, 2022 2. Revenue Cycle Update 3. Board Oversight Activities 4. Financial Statements-September | Secretary Olive made a motion to approve the consent agenda and Community Member Fisher seconded. The motion passed unanimously. | | |
| Old Business <ul style="list-style-type: none"> • Financial Department Spotlight | Commissioner McMahan noted the spotlight has been deferred to next month due to the focus being on the budget. | | | |
| <ul style="list-style-type: none"> • Capital Review | Commissioner McMahan noted no new capital items for review this month. | | | |
| <ul style="list-style-type: none"> • Cost Report | <p>CFO Cornwell noted Medicare has sent a demand letter to pay back the remaining \$1,200,000 of the Advance Medicare Payments COVID relief monies received in 2020. The decrease in Cash will be reflected on the Balance Sheet. The Finance department will review the Cost Reporting tool for month-to-month updates on estimated settlements. DZA is projecting a payable but anticipating we will receive it back in the next six months given increased costs.</p> <p>The Committee was in favor of paying the amount in full with no interest rather than monthly payments with 4% interest.</p> <p>The Finance Committee supports the resolution 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 of the</p> | Executive Assistant Garcia | October 26, 2022, Regular Board Meeting |

| AGENDA | DISCUSSION | ACTION | OWNER | DUE DATE |
|--|--|---|--|--|
| | Community Member Fisher requested more information on cost reports and settlements. | Payment at the Regular Board Meeting. Revisit the cost reporting tool to share further insight on the year-to-date status. | Superintendent Everett, CFO Cornwell and Controller Scogin | November 23, 2022, Finance Committee Meeting |
| <ul style="list-style-type: none"> 2023 Budget Volume Planning & Schedule | CFO Cornwell presented the draft 2023 budget with commentary on line items with larger variances. As the budget stands today, the District will experience an estimated loss of \$930,667. Between now and November 14 th when we adopt the budget there may be further fine tuning. | | | |
| <ul style="list-style-type: none"> Remote State of WA Survey | CFO Cornwell noted the State of WA Survey is in progress. The Finance board committee members will participate in the Open/Entrance Conference and proposing November 14, 2022. An Exit Conference with the whole board will be in potentially December/January timeframe. | | | |
| <p>New Business</p> <ul style="list-style-type: none"> Executive Compensation Committee Charter | CHRO Kelly noted the Board needs to review the Executive Compensation Committee Charter. The Competitive Set needs updating due to Gallagher information no longer being available. CHRO Kelly will provide a memo with the proposed changes in the packet. This agenda topic will be on the Board agenda for further discussion, as the membership of this charter is owned by the Board. | Review proposed changes to charter and make a motion to approve the revised document. | CHRO Kelly & Board Chair Herrin | October 26, 2022, Regular Board Meeting |
| <ul style="list-style-type: none"> New Service Line | CFO Cornwell presented a pro-forma profit and loss projection for a proposal to add Chiropractic services to Arbor Health. The service line would be put in the specialty clinic or in Rehab Services and would generate a small profit that could help pay for expected losses in other areas such as ambulance. We do not want to compete with existing providers in the community and | Executive Assistant Garcia excused herself from the Zoom meeting for this agenda topic. Send the proposal to the Board to consider with no recommendation from | Superintendent Everett, CMO Dr. McCurry & CFO Cornwell | October 26, 2022, Regular Board Meeting |

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

| | | | | |
|---|---|-------------------------------|--|--|
| | <p>expect we would hire one of the existing providers. Commissioners wanted to consider the impact of this new service line on the district.</p> | <p>the Finance Committee.</p> | | |
| <p>Meeting Summary & Evaluation</p> | <p>CFO Cornwell highlighted the decisions made and action items that need to be taken to the entire board for approval. Secretary Olive will present the Finance Committee Update at the Board Meeting.</p> | | | |
| <p>Adjournment</p> | <p>Commissioner McMahan adjourned the meeting at 1:10 pm.</p> | | | |

WARRANT & EFT LISTING NO. 2022-09

RECORD OF CLAIMS ALLOWED BY THE
BOARD OF LEWIS COUNTY
COMMISSIONERS

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

CERTIFICATION

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

Signed:

Cheryl Cornwell, CFO

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

\$3,680,102.76 this 26th day
of October 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 \$3,680,102.76 dated September 1, 2022 –
September 30, 2022.

Routine A/P Runs

| Warrant No. | Date | Amount | Description |
|---------------------------|-------------|------------------------|-------------|
| 127116 - 127172 | 2-Sep-2022 | 179,119.63 | CHECK RUN |
| 127173 - 127193 | 6-Sep-2022 | 798,954.37 | CHECK RUN |
| 127199 | 8-Sep-2022 | 57,851.75 | CHECK RUN |
| 127216 - 127265 | 9-Sep-2022 | 117,390.33 | CHECK RUN |
| 127200 - 127215 | 12-Sep-2022 | 65,117.63 | CHECK RUN |
| 127266 | 1-Sep-2022 | 25,199.30 | CHECK RUN |
| 127267 | 1-Sep-2022 | 68.14 | CHECK RUN |
| 127268 | 1-Sep-2022 | 27,470.86 | CHECK RUN |
| 127269 | 2-Sep-2022 | 39.90 | CHECK RUN |
| 127270 | 6-Sep-2022 | 396.76 | CHECK RUN |
| 127271 - 127331 | 16-Sep-2022 | 289,466.48 | CHECK RUN |
| 127332 - 127354 | 19-Sep-2022 | 421,269.46 | CHECK RUN |
| 127355 | 20-Sep-2022 | 74.42 | CHECK RUN |
| 127430 | 1-Sep-2022 | 441.78 | CHECK RUN |
| 127435 | 9-Sep-2022 | 1,000.00 | CHECK RUN |
| 127431 | 19-Sep-2022 | 3,706.31 | CHECK RUN |
| 127432 | 20-Sep-2022 | 324.98 | CHECK RUN |
| 127356 - 127409 | 23-Sep-2022 | 270,383.41 | CHECK RUN |
| 127410 - 127429 | 26-Sep-2022 | 895,832.03 | CHECK RUN |
| 127433 - 127434 | 27-Sep-2022 | 28,926.07 | CHECK RUN |
| Total - Check Runs | | \$ 3,183,033.61 | |

Error Corrections - in Check Register Order

| Warrant No. | DATE VOIDED | Amount | Description |
|------------------------------|-------------|----------------------|--------------|
| 119846 | 7-Sep-22 | (16.69) | VOIDED CHECK |
| 122088 | 16-Sep-22 | (425.45) | VOIDED CHECK |
| 122163 | 7-Sep-22 | \$ (39.52) | VOIDED CHECK |
| 126973 | 1-Sep-22 | \$ (1,919.28) | VOIDED CHECK |
| 119841 | 7-Sep-22 | (30.00) | VOIDED CHECK |
| TOTAL - VOIDED CHECKS | | \$ (1,988.80) | |

COLUMBIA BANK CHECKS, EFT'S & VOIDS **\$ 3,181,044.81**

| Eft | Date | Amount | Description |
|--|-------------|----------------------|-------------|
| 4703 | 1-Sep-2022 | 115.50 | TPSC |
| 1179 | 2-Sep-2022 | 152,501.88 | IRS |
| 4702 | 6-Sep-2022 | 381.00 | TPSC |
| 4704 | 12-Sep-2022 | 248.71 | TPSC |
| 4705 | 19-Sep-2022 | 191.75 | TPSC |
| 1180 | 16-Sep-2022 | 183,319.40 | IRS |
| 4706 | 26-Sep-2022 | 866.01 | TPSC |
| 4707 | 27-Sep-2022 | 115.50 | TPSC |
| 1181 | 30-Sep-2022 | 159,329.40 | IRS |
| TOTAL EFTS AT SECURITY STATE BANK | | \$ 497,069.15 | |

TOTAL CHECKS, EFT'S, & TRANSFERS **\$ 3,680,102.76**

Documents Awaiting Board Ratification 10.26.22

| | LCHD No. 1's Policies, Procedures & Plans: | Departments: |
|-----------|---|-------------------------------|
| 1 | Account Adjustments | Business Office |
| 2 | Billing Modification | Business Office |
| 3 | Employee Medical Services Discount Policy | Human Resources |
| 4 | Employee Recognition Program | Human Resources |
| 5 | Medical Record Pick Up Confirmation | Health Information Management |
| 6 | Outside Employment | Human Resources |
| 7 | Recruitment, Selection and Onboarding | Human Resources |
| 8 | Reporting Compliance Issues | Compliance |
| 9 | Solicitation | Human Resources |
| 10 | Technology Acceptable Use | Information Technology |
| 11 | Telecommuting | Human Resources |
| 12 | Use and Disclosure of Protected Health Information | Health Information Management |

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



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
ADVANCE MEDICARE PAYMENT

RESOLUTION NO. 22-33

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 Advance Medicare Payment of \$1,223,602.27 from operating cash.

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 26th day of October 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



Return Service Requested

Letter Number: 31057944

7 2 SP 1-440 SINGLE-PIECE
LEWIS COUNTY HOSPITAL DISTRICT
521 ADAMS AVE
MORTON, WA 98356-9323

09/27/2022

INITIAL REQUEST

DEMAND LETTER - COVID-19 Accelerated and Advance Payments (CAAP) Program

Outstanding CAAP Balance Owed: \$577,771.27
Provider Number: 501319-1154361814

Dear Sir/Madam,

You received a disbursement through the Centers for Medicare & Medicaid Services' COVID-19 Accelerated and Advance Payments (CAAP) Program. CMS established the CAAP program at the start of the COVID-19 public health emergency in late March of 2020 pursuant to the Cares Act to expand upon the Medicare accelerated and advance payments programs. CMS paid over \$107 billion to providers and suppliers who submitted requests for CAAP funds with the understanding that these funds would be fully repaid to CMS. On October 1, 2020, Congress passed the *Continuing Appropriations Act, 2021, and Other Extensions Act*, which established a CAAP recovery process. This statutory authority provided a one-year period from the date of CAAP issuance where no recoveries could occur and authorized CMS to recover CAAP amounts at a rate of 25% for 11 months and then at 50% for the next six months. Following these CAAP recoupment periods, CMS has the authority to require that the outstanding CAAP balance be paid in full 29 months from the date of CAAP issuance. Throughout the CAAP recovery process, CMS has apprised you about your outstanding CAAP balance through the issuance of Repayment Account Statements and remittance advices referencing any CAAP amounts recouped.

As of the date of this letter, 29 months have passed since CMS issued your CAAP to you. Under the above-referenced statute, this demand letter requires repayment in full of your outstanding CAAP balance referenced above. The outstanding CAAP balance must be paid in full within 30 days of the date of this letter to avoid the assessment of interest.

For more information on the CAAP program, please review the CAAP Fact Sheet and Frequently Asked Questions found at:

Noridian Healthcare Solutions, LLC.
900 42nd Street S, Fargo, ND 58103
<https://med.noridianmedicare.com/web/jfa>

<https://www.cms.gov/medicare/covid-19-accelerated-and-advance-payments>

NOTE: If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding please follow the instructions found at the end of this letter.

Rebuttal Process:

Under the existing regulations at 42 CFR 405.374 and 405.375, providers and other suppliers will have 15 days from the date of this demand letter to submit a rebuttal. CMS can fully recoup overpayments 15 days from the date of this demand letter. The rebuttal process provides the debtor the opportunity, before suspension, offset, or recoupment takes effect, to submit a statement (to include any pertinent information) as to why suspension, offset, or recoupment should not be put into effect on the date specified herein. **This is not an appeal of the overpayment determination.**

Our office will advise you of our decision within 15 days from the mailroom-stamped receipt date of your request.

CAAP Debt Dispute:

If you believe that the outstanding CAAP balance referenced above may be incorrect, please submit a CAAP Debt Dispute by contacting your MAC **within 15 calendar days of the date of this demand letter and provide the amount you believe you owe, an explanation of why you believe the amount may be incorrect, and any supporting documentation to show that the amount may be incorrect.** We will perform an independent review of your CAAP Debt Dispute, explanation, and documentation to determine whether the facts justify revision or rescission of this demand letter. We will issue our decision within 30 days of when we receive your request. The response we send you will instruct you on what to do if you disagree with our decision. If you do not submit a dispute within 15 calendar days of the date of this demand letter we will presume you do not dispute the accuracy of the CAAP balance.

A submission of a CAAP Debt Dispute is not an appeal of the overpayment determination. The submission of a CAAP Debt Dispute does not stop collection activities or accrual of interest. For instructions on how and where to submit a CAAP Debt Dispute, please review the CAAP Fact Sheet, along with Frequently Asked Questions found at: <https://www.cms.gov/medicare/covid-19-accelerated-and-advance-payments>.

If you do not pay in 30 days:

If you do not pay the full amount in 30 days, in accordance with the Continuing Appropriations Act, 2021, and Other Extensions Act, simple interest at the rate of four percent (4%) will be charged on the unpaid balance of the CAAP overpayment, beginning on the 31st day. Congress established this lower rate of interest to be applied only to demanded CAAP balances due. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of



final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment, interest will continue to accrue on the remaining principal balance, at the rate of four percent (4%). In addition, please note that Medicare rules require that payment be either received in our office by 10/26/2022 United States Postal Service Postmark by that date for the payment to be considered timely. A metered mail postmark received in our office after 10/26/2022 will cause an additional month's interest to be assessed on the debt.

CAAP Repayment:

Recoupment will begin on 10/12/2022. To avoid recoupment, please repay the CAAP Balance before this date. To avoid the assessment of interest, please ensure that the CAAP balance is repaid before 10/26/2022.

Lump sum repayments can be made by check. Make the check payable to Part A and send it with a **copy of this letter** to:

Noridian Healthcare Solutions, LLC.
Noridian Medicare JF Part A
PO Box 511344
Los Angeles, CA 90051-7899

If you wish to make a lump sum payment after recoupment begins, please contact us to confirm the amount owed. Once recoupment commences on the date referenced above, to refund the amount in full less any recoupment amounts, please contact your MAC for the balance due.

If you are unable to repay the entire amount at this time, you may submit a request for an **Extended Repayment Schedule (ERS)**. We will review your request for eligibility. Any approved repayment plan would run from the date of the ERS review approval date.

You can visit our website at <https://med.noridianmedicare.com/web/jfa> for the ERS Request instructions.

Medicaid Offset:

"If this matter is not resolved, CMS may instruct the Medicaid State Agency to withhold the Federal share of any Medicaid payments that may be due you or related facilities until the full amount owed Medicare is recouped; Title 42 CFR, section 447.30(g). These recoveries will be in addition to any recoupments from other Medicare funds due you until the full amount owed to Medicare is recovered.

Right to Inspect Records Prior to Referral to Treasury:

In the event an Intent to Refer (ITR) letter is sent, you have the right to inspect and copy all

records pertaining to your debt. In order to present evidence or review the CMS records, you must submit a written request to the address below. Your request must be received within 60 calendar days from the ITR letter date. In response to a timely request for access to CMS' records, you will be notified of the location and time when you can inspect and copy records related to this debt. Interest will continue to accrue during any review period. Therefore, while review is pending, you will be liable for interest and related late payment charges on amounts not paid by the due date identified above.

For Individual Debtors Filing a Joint Federal Income Tax Return:

The Treasury Offset Program automatically refers debts to the Internal Revenue Service (IRS) for Offset. Your Federal income tax refund is subject to offset under this program. If you file a joint income tax return, you should contact the IRS before filing your tax return to determine the steps to be taken to protect the share of the refund, which may be payable to the non-debtor spouse.

For Debtors that Share a Tax Identification Number(s):

Section 1866(j)(6) of the Social Security Act authorizes the Secretary of Health and Human Services (the Secretary) to make any necessary adjustments to the payments of an applicable provider or supplier who shares a Tax Identification Number (TIN) with an obligated provider or supplier, one that has an outstanding Medicare overpayment. The Secretary is authorized to adjust the payments of such a provider or supplier regardless of whether it has been assigned a different billing number or National Provider Identification Number (NPI) from that of the provider or supplier with the outstanding Medicare overpayment.

Federal Salary Offset:

If the facility ownership is either a sole proprietorship or partnership, your individual salary(s) may be offset if you are, or become, a federal employee.

If you have filed a bankruptcy petition:

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy, please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:



Part A Extended Repayment Request: 866-497-7857
Provider - Part A: 877-908-8431

We look forward to hearing from you shortly.

Sincerely,

Medicare Part A Recovery Unit
Noridian Healthcare Solutions, LLC.

Enclosures
How This Overpayment Was Determined

Invoice Number: CVDAR000052678

| Claim No. | Beneficiary Name | Patient No. | Service Date From | Service Date To | Amount Overpaid | Paid Date | Provider No. | Recoupment Eligibility Date |
|-------------------|------------------|---------------|-------------------|-----------------|-----------------|-----------|--------------|-----------------------------|
| CVD20200420042032 | | Not Available | | | \$577,771.27 | | 1154361814 | 10/12/2022 |

Reason for Overpayment:



Return Service Requested

Letter Number: 31057955

7 2 SP 1.440 SINGLE-PIECE
LEWIS COUNTY HOSPITAL DISTRICT
521 ADAMS AVE
MORTON, WA 98356-9323

09/27/2022

INITIAL REQUEST

DEMAND LETTER - COVID-19 Accelerated and Advance Payments (CAAP) Program

Outstanding CAAP Balance Owed: \$645,831.00
Provider Number: 50Z319-1427092162

Dear Sir/Madam,

You received a disbursement through the Centers for Medicare & Medicaid Services' COVID-19 Accelerated and Advance Payments (CAAP) Program. CMS established the CAAP program at the start of the COVID-19 public health emergency in late March of 2020 pursuant to the Cares Act to expand upon the Medicare accelerated and advance payments programs. CMS paid over \$107 billion to providers and suppliers who submitted requests for CAAP funds with the understanding that these funds would be fully repaid to CMS. On October 1, 2020, Congress passed the *Continuing Appropriations Act, 2021, and Other Extensions Act*, which established a CAAP recovery process. This statutory authority provided a one-year period from the date of CAAP issuance where no recoveries could occur and authorized CMS to recover CAAP amounts at a rate of 25% for 11 months and then at 50% for the next six months. Following these CAAP recoupment periods, CMS has the authority to require that the outstanding CAAP balance be paid in full 29 months from the date of CAAP issuance. Throughout the CAAP recovery process, CMS has apprised you about your outstanding CAAP balance through the issuance of Repayment Account Statements and remittance advices referencing any CAAP amounts recouped.

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Noridian Healthcare Solutions, LLC.
900 42nd Street S, Fargo, ND 58103
<https://med.noridianmedicare.com/web/jfa>

<https://www.cms.gov/medicare/covid-19-accelerated-and-advance-payments>

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09/27/2022 10:00 AM

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Lump sum repayments can be made by check. Make the check payable to Part A and send it with a copy of this letter to:

Noridian Healthcare Solutions, LLC.
Noridian Medicare JF Part A
PO Box 511344
Los Angeles, CA 90051-7899

If you wish to make a lump sum payment after recoupment begins, please contact us to confirm the amount owed. Once recoupment commences on the date referenced above, to refund the amount in full less any recoupment amounts, please contact your MAC for the balance due.

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If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy, please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:



Part A Extended Repayment Request: 866-497-7857
Provider - Part A: 877-908-8431

We look forward to hearing from you shortly.

Sincerely,

Medicare Part A Recovery Unit
Noridian Healthcare Solutions, LLC.

Enclosures
How This Overpayment Was Determined

Invoice Number: CVDAR000052693

| Claim No. | Beneficiary Name | Patient No. | Service Date From | Service Date To | Amount Overpaid | Paid Date | Provider No. | Recoupment Eligibility Date |
|-------------------|------------------|---------------|-------------------|-----------------|-----------------|-----------|--------------|-----------------------------|
| CVD20200420042792 | | Not Available | | | \$645,831.00 | | 1427092162 | 10/12/2022 |

Reason for Overpayment:

OLD BUSINESS

NEW BUSINESS



Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

Memorandum

To: Board of Commissioners
From: Shannon Kelly, CHRO
Date: October 19, 2022
Re: Revision to the Executive Compensation Committee Charter

One of the first initiatives that Superintendent Everett was tasked with upon arrival at Arbor Health was to establish a standardized compensation methodology across the hospital. Once this initiative was complete the Board worked to create a similar standardized process for Superintendent/CEO compensation. The standardized process gives clear guidance to human resources and the managers when setting salaries so that individuals are not paid based on their negotiating skills but rather the fair market salary for their experience.

From time to time there are changes with the benchmarking information that we use. Recently one of the benchmarks that was identified in the Executive Compensation Committee Charter was eliminated or retired. With that change we need to look at the market information and use comparison data to select new benchmarks. After completing that exercise, I am proposing that we update the benchmarks to the following:

Milliman Other –(MO)-- this benchmark was chosen because our compensation data is reported in the “Other” grouping. Additionally, the continued use of Milliman Revenue 50 – 300 is redundant because I am using the revenue benchmark from Gallagher (see **Gallagher Revenue 50-99M** below).

Milliman All Participants, discounted 25%--(MAP) – no change since this is already a current benchmark.

Gallagher Revenue 50-99M--(GR50-99) – The previous benchmark from this survey was eliminated or retired. The reason I am recommending this benchmark is because it is our revenue range.

With these three benchmarks, we have a well-rounded methodology that takes into consideration location, participants, and revenue.

Calculation: $MO + MAP + GR50-99/3 = \text{Mid-Range or } 50^{\text{th}} \text{ percentile}$

I conducted a validity test by using the DOH comparison data to make sure the compensation percentile ranges align with the Washington State market as directed in the current committee charter document.

I attached the document and highlighted the area that needs to be revised for your review.

EXECUTIVE COMPENSATION COMMITTEE CHARTER

I. OVERVIEW

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

This document also includes:

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

II. PURPOSE

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

III. MEMBERSHIP

Facilitator: Chair, Board of Commissioners

Membership: Full Board of Commissioners



EXECUTIVE COMPENSATION COMMITTEE CHARTER

IV. SCOPE, DUTIES, RESPONSIBILITIES

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

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

V. DELIVERABLES

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



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

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

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

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



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

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

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

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

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

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

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

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



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

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





DocID: 8610-108
Revision: 2
Status: Official
Department: Governing Body
Manual(s):

Policy : Distribution of Board and Committee Packets

Policy:

It is the policy of Lewis County Hospital District No. 1 that regular board meeting agendas and packets shall be distributed electronically five days before the scheduled board meeting. Board committee meeting agendas and packets shall be distributed electronically five days before the scheduled committee meeting. Printed copies will be available upon request.

| | |
|--|--|
| Document Owner: | Herrin, Tom |
| Collaborators: | |
| Approvals | |
| - Committees: | (07/22/2015) Board of Commissioners, (09/27/2017) Board of Commissioners, (12/19/2018) Board of Commissioners, (08/26/2020) Board of Commissioners, (09/29/2021) Board of Commissioners, |
| - Signers: | |
| Original Effective Date: | 05/15/2008 |
| Revision Date: | [05/15/2008 Rev. 0], [08/12/2014 Rev. 1], [09/08/2014 Rev. 2] |
| Review Date: | [05/29/2009 Rev. 0], [04/06/2010 Rev. 0], [04/11/2011 Rev. 0], [11/08/2013 Rev. 0], [08/02/2016 Rev. 2], [10/21/2022 Rev. 2] |
| Attachments: | |
| <small>(REFERENCED BY THIS DOCUMENT)</small> | |
| Other Documents: | |
| <small>(WHICH REFERENCE THIS DOCUMENT)</small> | |

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

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:13513\\$2](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:13513$2).



DocID: 8610-106
 Revision: 4
 Status: Official
 Department: Governing Body
 Manual(s):

Policy : Hospital Declaration Of Personal Property As Surplus

Policy:

It is the policy of Lewis County Hospital District No. 1 that in accordance with RCW 70.44.320, the Board of Commissioners will declare by resolution personal property of the District that no longer has a hospital-district use as Surplus Personal Property.

The Board of Commissioners of any public hospital district may sell or otherwise dispose of surplus personal property of the District which the Board has determined by resolution is no longer required for public hospital district purposes.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- Committees: (07/22/2015) Board of Commissioners, (09/27/2017) Board of Commissioners, (12/19/2018) Board of Commissioners, (08/26/2020) Board of Commissioners, (09/29/2021) Board of Commissioners,

- Signers:

Original Effective Date:

Revision Date: [08/01/2006 Rev. 1], [04/18/2013 Rev. 2], [11/08/2013 Rev. 3], [12/11/2014 Rev. 4]

Review Date: [07/09/2008 Rev. 1], [05/29/2009 Rev. 1], [04/07/2010 Rev. 1], [04/11/2011 Rev. 1]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10650\\$4](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10650$4).



DocID: 8610-107
 Revision: 2
 Status: Official
 Department: Governing Body
 Manual(s):

Policy : Records Retention

Policy:

It is the policy of Lewis County Hospital District No. 1 that in accordance with RCW 40.14 and as hereafter amended, the Board of Commissioners of Lewis County Hospital District No.1 commissions the protection of public records, documents and publications.

There shall be a designated records officer to supervise the District's records program.
 The Records Officer shall:

1. Coordinate and maintain all aspects of the records management program as that program is approved by the Board of Commissioners.
2. Manage the inventory in accordance with procedures prescribed by the "Public Hospital Districts General Records Retention Schedule". The Districts records program will meet the Washington State Local Records Committee recommendations and the Board of Commissioners' policy.
3. Consult with any other personnel responsible for the maintenance of specific records within this organization regarding records retention and transfer recommendations and requirements.
4. Analyze records inventory data, examine and compare internal department inventories for duplication of records and recommend to the Superintendent maximum retentions for all copies commensurate with legal, financial and administrative needs.
5. Review the District's records program at least annually to insure that they are complete and current.

The Superintendent shall give an annual District Record Management report to the Board of Commissioners.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- **Committees:** (12/19/2018) Board of Commissioners, (09/30/2020) Board of Commissioners,

- **Signers:**

Original Effective Date:

Revision Date: [01/01/2007 Rev. 1], [11/07/2013 Rev. 2]

Review Date: [05/29/2009 Rev. 1], [04/06/2010 Rev. 1], [04/11/2011 Rev. 1], [01/17/2013 Rev. 1], [11/21/2017 Rev. 2]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10649\\$2](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10649$2).

To: Board of Commissioners
From: Leianne Everett, Superintendent/CEO
Date: 10.20.22
Subject: Introduce Proposed Budget

Timeline and Requirements:

October 26, 2022, Regular Board Meeting-Introducing Proposed Budget.

- Per RCW 70.44.060(6) the Superintendent will present the proposed district budget with the board on or before November 1st.

November 14, 2022, Special Board Meeting-Public Hearing-2023 Budget & Adoption.

- Per RCW 70.44.060(6) the Board will hold a public hearing on the proposed budget that must be held on or before November 15th.
- Notice of the proposed budget will be published once a week for two consecutive weeks in a newspaper printed and of general circulation in the county.
 - Week of October 31st
 - Week of November 7th
- The Board must adopt a budget for the following calendar year on or before November 15th.

November 28, 2022, Special Board Meeting-Public Hearing-Setting of the Property Tax Levy.

- Per RCW 84.55.120 the Board will hold a public hearing that includes the consideration of possible increases in property tax revenues.

Certification to the County:

- Per RCW 84.52.020 all taxing districts certify to the county legislative authority, budgets or estimates of the amounts to be raised by taxation on the assessed valuation of the property in the District. The District must file it's budget and/or levy request with the clerk of the county on or before November 30th.





Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

Memorandum

To: Board of Commissioners
From: Cheryl Cornwell, CFO
Date: October 19, 2022
Re: Introduce Proposed Budget

This year is shaping up to be one of the most difficult years financially for most hospitals across the United States and that is also true for Arbor Health. Covid has continued to impact us in many ways, and we have not seen the return to normalcy that many of us expected in 2022; things got worse instead of better. Our inpatient days are 40% less than last year, swing beds are about the same though we expected a 30% increase. We opened a rapid care clinic and expected to see a decrease in Emergency Department volume and instead saw an increase of about 25%, a happy surprise in a challenging year. The clinics have remained steady year over year, not achieving our budgeted growth. Staffing has been a significant reason for lower patient counts; we often literally did not have enough staff to accept all the patients needing care. This is a pervasive problem in health care and agency staffing has grown rapidly the past few years. Agency staff cost generally about twice what employed staff cost, thus the pressure to increase wages has been high across all staff categories, but especially in nursing.

We believe that we are currently nearly fully staffed and expect to stay that way, though agency staff is still much higher than we can afford. We expect to see patient counts starting to get back to our past averages. We looked at each department and service line and projected volumes and providers. We looked at historical patient counts and per unit reimbursement and applied that to future expectations. We are budgeting to increase our chargemaster by 5%. This will increase reimbursement from commercial payers but will increase our contractual allowance on Medicare and Medicaid payments until the 2023 cost report is filed and the difference is made up to us in 2024. Based on very high costs of supplies, services, and wages in 2022 our year end cost report should increase rates and mitigate that impact on 2023. Packwood Clinic will open sometime in January, and we expect they will ramp up quickly and stay busy.

Wages were budgeted based on planned agency staff and the union contracts that govern wage levels. We are adding staff to support the Packwood Clinic, otherwise no material increases from prior staffing levels. Many of our departments were forced to operate with fewer staff than were really needed, or were previously budgeted, so some of the wage cost increase is the fulfillment of those positions. We expect to see the cost of goods and services increase again, but not as much as they did in 2022. Depreciation expense is decreasing, indicating that some equipment has fully depreciated, and that is reflected in the growing capital requests list.

Essentially, we expect our wage and supply expenses to remain high, we expect our patient numbers to increase and will have to raise prices as much as we are contractually allowed yet will still fall far short of breaking even next year. The cost report will help make up some of the difference, but our cash balances will continue to decline.

Arbor Health
2023 Budget

| | 2022 YTD Annualized | 2023 Budget | YOY change | |
|----------------------------|------------------------|----------------|------------|------|
| Inpatient Revenue | 6,741,295 | 7,298,555 | 557,260 | 8% |
| Outpatient Revenue | 39,011,209 | 40,802,111 | 1,790,902 | 5% |
| Clinic Revenue | 5,082,551 | 5,637,551 | 555,000 | 11% |
| Gross Patient Revenues | 50,835,055 | 53,738,217 | 2,903,162 | 6% |
| Contractual Allowances | 16,660,708 | 17,357,444 | 696,736 | 4% |
| Charity Care | 604,531 | 634,111 | 29,580 | 5% |
| Bad Debt | 407,000 | 429,906 | 22,906 | 6% |
| Deductions from Revenue | 17,672,239 | 18,421,461 | 749,222 | 4% |
| Net Patient Service Rev | 33,162,816 | 35,316,756 | 2,153,940 | 6% |
| Net Patient Svc Rev % | 65.2% | 65.7% | | |
| Other Operating Revenue | 1,155,005 | 1,166,555 | 11,550 | 1% |
| Net Operating Revenue | 34,317,820 | 36,483,312 | 2,165,492 | 6% |
| Operating Expenses | | | | |
| Salaries & Wages | 20,983,155 | 22,281,952 | 1,298,797 | 6% |
| Benefits | 4,543,277 | 4,702,292 | 159,015 | 3% |
| Professional Fees | 1,657,919 | 1,725,713 | 67,794 | 4% |
| Supplies | 2,518,656 | 2,669,775 | 151,119 | 6% |
| Purchased Services | 4,413,032 | 4,677,814 | 264,782 | 6% |
| Utilities | 541,482 | 555,019 | 13,537 | 2% |
| Insurance | 291,191 | 296,141 | 4,950 | 2% |
| Other Expenses | 573,881 | 591,098 | 17,216 | 3% |
| Total Op Expenses | 35,670,860 | 37,499,804 | 1,828,944 | 5% |
| Capital Cost | | | | |
| Depreciation | 1,311,932 | 1,233,070 | (78,862) | -6% |
| Interest Cost | 399,210 | 387,365 | (11,845) | -3% |
| Total Expenses | 37,377,152 | 39,120,239 | 1,743,087 | 5% |
| Operating Income / (Loss) | (3,059,332) | (2,636,927) | 422,405 | -14% |
| Operating Margin % | -8.9% | -7.2% | | |
| Non Operating Activity | | | | |
| Non-Op Revenue | 1,813,257 | 1,753,500 | (59,757) | -3% |
| Non-Op Expenses | (51,480) | (47,250) | 4,230 | -8% |
| Net Non Operating Activity | 1,761,777 | 1,706,250 | (55,527) | -3% |
| Net Income / (Loss) | (1,297,555) | (930,677) | 366,877 | -28% |
| Net Income Margin % | -3.8% | -2.6% | | |

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 10/20/2022
Subject: New Service Line

Recently, I was approached by a chiropractor interested in joining our team. Because we are and should always be looking for opportunities to serve our district, I asked CFO Cornwell to investigate and produce a Pro Forma. Additionally, CMO McCurry inquired as to our medical staff's support in integrating this care model into our care team.

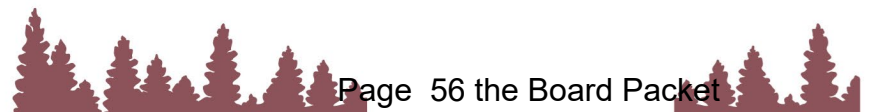
Several years ago, this discussion occurred with our board. That board was not in favor of developing this service line, favoring to develop service lines that do not currently exist within the district. However, this is being brought back for consideration because an existing provider desires to be integrated and employed by Arbor Health.

Pros:

- Integrated care modalities have demonstrated to be more effective and produce better patient outcomes,
- By hiring a provider within our community, we would be acquiring an established patient panel, thus, eliminating or minimizing the need to grow a patient panel,
- This particular modality requires little investment,
- CFO Cornwell's conservative pro forma produces a modest profit. This modest profit can supplement losses in other areas, i.e., Adventure Medics.

Cons:

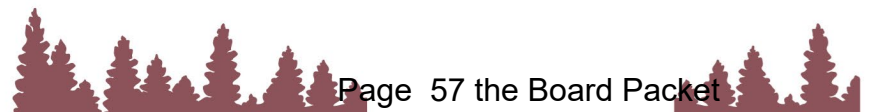
- If both providers in the community express interest in integrating their practice with Arbor Health, only one would be chosen. This risk is no different than we incur when we interview multiple local candidates for a single position.
- Medicaid does not currently pay for this service, however, this is expected to be a covered service in 2024.



- If no local provider is interested in joining our team, I would not pursue the service line as the community may not be able to support an additional provider in the market.

Conclusion:

I recommend that we integrate chiropractic services into our organization. We would post the position and interview local, interested candidates. By providing an equal opportunity to apply and interview for the position, we would be transparent and fair to the local providers. Finally, we need to be taking advantage of every opportunity to offer services that produce positive profit margins so as to offset the services that cannot be provided profitably.



Chiropractor Services

Assumptions:

Chiropractor would see 31 patients per day
Work week will be four 10 hour days

On average 8 visits per week will be new patient exams and will not be billable
The remaining 116 visits will be "adjustments"- payment is 41 for medicare and 70 for all other

The current payer mix in the practice is 60% Medicare, 40% commercial/private pay
Medicaid does not currently cover chiropractors, it looks like that will start in 2024

This practice will generate referrals to radiology, PT, podiatry, family practice, and orthopedic

We could locate the chiropractor in the specialty clinic or in physical therapy, it cannot be in the RHC

We do not need any additional staff to schedule or room patients for this provider

Initial investment of table and equipment is \$10,514, a portion of which could be amortized over 3 years

Assuming the provider works 48 weeks per year (allowing for vacation, continuing education, holidays) :

| | |
|--------------------------------|----------------|
| Medicare Revenue | 137,760 |
| Commercial/Private pay revenue | 154,560 |
| Total Revenue | <u>292,320</u> |
| Wages/benefits | 182,000 |
| Software (possible) | 6,000 |
| Continuing Education | 3,500 |
| Equipment (year 1) | 4,100 |
| Total Expenses | <u>195,600</u> |
| Net | \$ 96,720 |

SUPERINTENDENT REPORT

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

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

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

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

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

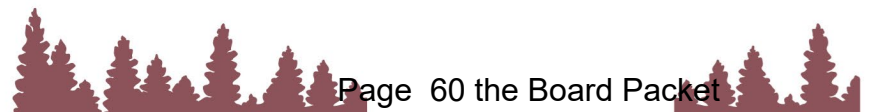
Strategy 3: To continue as stewards of public funds:

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

Overall Progress:

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

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



EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

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

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

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

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

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

EXECUTIVE DASHBOARD

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

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

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

EXECUTIVE DASHBOARD

TO CONTINUE AS STEWARDS OF PUBLIC FUNDS

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

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

Arbor Health Corrective Action Plan Form

Cause that led to the nonconformity:

The intent is to provide a more in-depth understanding as to why the nonconformity was present and impact on other processes to use in formulating the corrective action(s).

(Example: Finding: Organization not following policy / Cause: Inadequate training re: changes made to the policy, policy not communicated to all areas via email, revised policy had not been updated on the intranet).

We did not meet our goal of 15 interventions via the PCS Worklist for Quarter 3.

The system was down for July and August. I could not track interventions to make sure we were making progress.

All staff were not following the correct process for interventions.

We had a very low census over this quarter. At times our PCS Worklist did not have any items to intervene on.

Organization Corrective Action Plan (CAP):

Identify the actions taken to correct the nonconformity in the affected areas and/or processes and identify other areas and/or processes (if applicable) that have the potential to be affected by the same nonconformity.

Our system is now back up and running. I can track progress appropriately again.

I did follow up with staff and did some education to make sure the correct process was being followed.

Also, if this method is not working well by the end of the year, we have identified an alternative method for tracking interventions.

Staff Training Plan:

If applicable, identify the process or system changes that will be made to ensure that the nonconformity does not recur including a staff training plan.

I did follow up with staff in October and educated to correct the process error. We are all doing it the correct way now.

Person/Function responsible for implementation of Corrective Action Plan:

Erica Pratt

Date for implementation of Corrective Action Plan:

Identify the timeframe for the implementation of the corrective action measure(s) including dates the CAP will begin, projected completion dates (generally within 60 days) and specific dates of completion for actions that have already been implemented before submission.

Pharmacist Education: Done October 2022.

Cerner Worklist Fix: Done October 2022.

Follow-up on progress to see if improvement has been made: Mid-October and Early November 2022.

Organization method for follow-up:

Address how the quality management system shall ensure that corrective actions taken by the organization are implemented, measured, and monitored.

- 1) Method for monitoring or follow-up: Using DA2 to track interventions made. Follow-up with staff.
- 2) Frequency of monitoring: Typically monthly, I will follow up twice monthly to see if improvement has been made until we are back on track.
- 3) Measures of effectiveness: 15 interventions per quarter.
- 4) Evidence of sustained compliance: Will follow monthly to see if we are meeting our goal.

Arbor Health Corrective Action Plan Form

Cause that led to the nonconformity:

The intent is to provide a more in-depth understanding as to why the nonconformity was present and impact on other processes to use in formulating the corrective action(s).

(Example: Finding: Organization not following policy / Cause: Inadequate training re: changes made to the policy, policy not communicated to all areas via email, revised policy had not been updated on the intranet).

Coding and Documentation Audit & Monitoring Initiatives- Originally scheduled to have PARA conduct an external review in Q2. This has not yet happened or been scheduled. Medical records-release of information was to take place in Q3. This did not happen in Q3.

Non-Coding/Documentation Compliance Initiatives- Item #2, writing off revenue due to no ABN item has not progressed and unsure if progress will be able to be made. Also not sure that this item is truly a compliance risk/issue as we aren't out of compliance but being in compliance is causing lost revenue. Item #2, ensuring registration staff have appropriate Cerner access for job duties has not seen any progress. Despite our inquires, Cerner has not indicated that it is possible to make this change.

Organization Corrective Action Plan (CAP):

- ✓ Identify the actions taken to correct the nonconformity in the affected areas and/or processes.
- ✓ Identify other areas and/or processes (if applicable) that have the potential to be affected by the same nonconformity.
- ✓ Include dates and action taken since survey end date, as applicable

Coding and Documentation Audit & Monitoring Initiatives

-Email sent to Sherry Sofich on 10/4 to figure out what we can do to accomplish the rest of the audits in Q4.

Non-Coding/Documentation Compliance Initiatives

-Item #2, writing off revenue due to no ABN. Assess actual compliance risk to organization and whether or not it really is a high priority item. Update workplan accordingly.

-Item #6, ensuring registration staff have appropriate Cerner access for job duties. Emails have been sent to Cerner about potential of adjusting role/access in Cerner for registration staff. No response or solution has been provided. Next step will be to open an SR ticket and to bring up request with account executive. Jim Frey, Eli Potts

Staff Training Plan:

- ✓ If applicable, identify the process or system changes that will be made to ensure that the nonconformity does not recur including a staff training plan.
- ✓ Training/education should be addressed for all areas of the organization in which the nonconformity may (re)occur.
- ✓ Include dates and actions taken since survey end date, as applicable.

Note: It is expected that identified process or system changes and applicable training plans are considered for the orientation of all staff and that it will take place prior to the individual functioning independently in their job.

Person/Function responsible for implementation of Corrective Action Plan:

Spencer Hargett, Sherry Sofich, Jim Frey, Eli Potts

Date for implementation of Corrective Action Plan:

Identify the timeframe for the implementation of the corrective action measure(s) including 1) dates the CAP will begin, 2) projected completion dates (generally within 60 days) and 3) specific dates of completion for actions that have already been implemented before submission.

**Note: All Corrective Action Plans addressing cited NFPA Code deficiencies shall be fully completed within 60 calendar days from the last day of the survey or the organization may request a Time-Limited Waiver (TLW). If a TLW is being requested, include the details and request below.*

| | | |
|--|---|--|
| <p>Date (s) CAP will begin <i>Include the date(s) the organization began discussion and plans for action, typically within days of the survey end date or receipt of the report.</i></p> | <p>10/06/2022</p> | |
| <p>Date(s) and actions taken since survey end date, prior to CAP submission, as applicable <i>If these dates and actions are included in the above sections, reply with "see above".</i></p> | | |
| <p>Date(s) of Projected Completion / Compliance with the Standard Requirements <i>Generally, within 60 calendar days of survey end date* For submission dates outside the 60 days, specific timelines, interim actions, milestones and justification for the extended implementation plan must be included for DNV GL review and approval.</i></p> | <p>Coding and Documentation Audit & Monitoring Initiatives Medical Records- ROI Review to be completed in October, 2022.</p> <p>Non-Coding/Documentation Compliance Initiatives -Item #2, writing off revenue due to no ABN- Adjust workplan in November 2022. -Item #6, ensuring registration staff have appropriate Cerner access for job duties- December 2022.</p> | |
| <p>Organization method for follow-up: Address how the quality management system shall ensure that corrective actions taken by the organization are implemented, measured and monitored. Specify 1) the method for monitoring or follow-up, 2) frequency of monitoring, 3) measures of effectiveness, 4) evidence of sustained compliance.</p> <p><i>Notes:</i> It is expected that this will be provided to the Quality oversight group in whole or in summary.</p> <p><i>Full compliance with the NIAHO^R standards and Conditions of Participation is the expectation of our accreditation program and CMS. Rather than place a threshold for achieving partial compliance (i.e., <100%), the corrective action plan should be measured for effectiveness to continually improve. While this may not reach 100% compliance, over time efforts will be made to work toward this goal and then reevaluate the processes or other methods in place as needed to sustain improvements made. For submissions <100% the organization attests those efforts will be made to work toward this goal of 100% while evaluating the processes or other methods in place as needed to sustain improvements made.</i></p> | | |
| <p>Method for monitoring or follow-up <i>Select a method for monitoring effectiveness</i> <i>Example: Chart review, internal audits, etc.</i></p> | <p>Coding and Documentation Audit & Monitoring Initiatives Medical Records- ROI Audit findings.</p> <p>Non-Coding/Documentation Compliance Initiatives Follow-up with Jim and Eli.</p> | |

| | |
|---|--|
| <p>Frequency of monitoring Select a defined frequency to monitor effectiveness Example: concurrent, prior to procedure, monthly, quarterly, etc.</p> | <p>Coding and Documentation Audit & Monitoring Initiatives Monthly</p> <p>Non-Coding/Documentation Compliance Initiatives Every two weeks</p> |
| <p>Measures of effectiveness Select a measure/metric that measures effectiveness Example: Chart review demonstrating 100% of charts reviewed were compliant or no findings of nonconformance during audit</p> | <p>Coding and Documentation Audit & Monitoring Initiatives Review complete and findings resolved</p> <p>Non-Coding/Documentation Compliance Initiatives Completion of item in workplan</p> |
| <p>Evidence of sustained compliance Select a measure/metric that verifies sustained compliance Example: 100% Compliance (conformity) for 3/6/9/12 months, including planned actions for any continued nonconformance identified during monitoring.</p> | <p>Coding and Documentation Audit & Monitoring Initiatives Future audit of same area</p> <p>Non-Coding/Documentation Compliance Initiatives System fix and will be hardwired once implemented (if possible).</p> |

Revision: 9.3.2020