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# REGULAR BOARD MEETING PACKET

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## BOARD OF COMMISSIONERS

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

January 25, 2023 @ 3:30 PM  
Conference Room 1 & 2 or Join Zoom Meeting:

<https://myarborhealth.zoom.us/j/86481906499>

Meeting ID: 864 8190 6499

One tap mobile: +12532158782,,86481906499#

Dial: +1 253 215 8782

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

**January 25, 2023 at 3:30 p.m.**

**Conference Room 1 & 2 or via ZOOM**

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**Mission Statement**

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

**Vision Statement**

**To provide accessible, quality healthcare.**

AGENDA	PAGE	TIME
<b>Call to Order</b>		
<b>Roll Call</b>		
<b>Reading of the Mission &amp; Vision Statement</b>		3:30 pm
<b>Approval or Amendment of Agenda</b>		
<b>Conflicts of Interest</b>		
<b>Comments and Remarks</b>		3:35 pm
<ul style="list-style-type: none"> <li>• Commissioners</li> <li>• Audience</li> </ul>		
<b>Executive Session-RCW 70.41.200 &amp; RCW 70.41.205</b>		3:40 pm
<ul style="list-style-type: none"> <li>• Medical Privileging-Dr. Travis Podbilski &amp; Medical Staff Coordinator Janice Cramer</li> <li>• Quality Improvement Oversight Report-Secretary Olive &amp; Quality Manager Julie Johnson &amp; CNO/CQO Sara Williamson</li> </ul>	6	
<b>Department Spotlight</b>		3:50 pm
<ul style="list-style-type: none"> <li>• Podiatry-Clinic Manager Char Hancock</li> </ul>	7	
<b>Board Committee Reports</b>		
<ul style="list-style-type: none"> <li>• Hospital Foundation Report-Committee Chair-Secretary Olive</li> </ul>	13	4:00 pm
<ul style="list-style-type: none"> <li>• Compliance Committee Report- Committee Chair-Commissioner McMahan</li> </ul>		4:05 pm
<ul style="list-style-type: none"> <li>• Finance Committee Report- Committee Chair-Commissioner Coppock</li> </ul>	15	4:10 pm
<b>Consent Agenda (Action)</b>		4:15 pm
<ul style="list-style-type: none"> <li>• Approval of Minutes:               <ul style="list-style-type: none"> <li>○ December 14, 2022, Regular Board Meeting</li> <li>○ December 16, 2022, Special Board Meeting</li> <li>○ December 21, 2022, Finance Committee Meeting</li> <li>○ December 28, 2022, QIO Committee Meeting</li> <li>○ December 28, 2022, Special Board Meeting</li> <li>○ January 4, 2023, Compliance Committee Meeting</li> <li>○ January 9, 2023, Special Board Meeting</li> <li>○ January 18, 2023, Finance Committee Meeting</li> </ul> </li> </ul>	20 29 31 34 38 40 45 48	

<ul style="list-style-type: none"> <li>• Approve Documents Pending Board Ratification 01.25.23 <ul style="list-style-type: none"> <li>○ <i>To provide board oversight for document management in Lucidoc.</i></li> </ul> </li> </ul>	52	
<ul style="list-style-type: none"> <li>• RES 23-01-Ratifying and Approving a Public Records Policy/Procedure and Finding that Calculating Actual Costs of Producing Records would be Unduly Burdensome and Issuing a Formal Order that Maintaining an Index would be Unduly Burdensome <ul style="list-style-type: none"> <li>○ <i>To ratify and approve sections 1, 2, 3 and 4, as outlined in the resolution and attachments.</i></li> </ul> </li> </ul>	53	
<ul style="list-style-type: none"> <li>• RES 23-02-Declaring to Surplus or Dispose of Certain Property <ul style="list-style-type: none"> <li>○ <i>To approve liquidation of items beyond their useful life.</i></li> </ul> </li> </ul>	62	
<ul style="list-style-type: none"> <li>• RES 23-03-Adopting the 2023 Compliance Workplan <ul style="list-style-type: none"> <li>○ <i>To adopt the 2023 Compliance Workplan.</i></li> </ul> </li> </ul>	64	
<ul style="list-style-type: none"> <li>• 2023 Medical Staff Appointments <ul style="list-style-type: none"> <li>○ <i>DNV NIAHO MS.2 Accountability/Responsibility-Identifying Chief of Staff and medical staff leadership assignments.</i></li> </ul> </li> </ul>	67	
<ul style="list-style-type: none"> <li>• Warrants &amp; EFTs in the amount of \$3,148,154.24 dated December 2022</li> </ul>	68	
<b>Old Business</b> <ul style="list-style-type: none"> <li>• Board Development <ul style="list-style-type: none"> <li>○ <i>To discuss the 2023 schedule/plan.</i></li> </ul> </li> </ul>	71	4:22 pm
<ul style="list-style-type: none"> <li>• Open Public Meetings Act (<i>Verbal Update-Superintendent Everett</i>) <ul style="list-style-type: none"> <li>○ <i>To discuss the Board's interest in recording board meetings.</i></li> </ul> </li> </ul>		4:25 pm
<ul style="list-style-type: none"> <li>• Interview At-Large Commissioner Position #4 <ul style="list-style-type: none"> <li>○ <i>To interview commissioner candidate(s) for the vacant position.</i></li> </ul> </li> </ul>	72	4:30 pm
<b>Executive Session-RCW 42.30.110 (h)</b> <ul style="list-style-type: none"> <li>• <i>To evaluate the qualifications of a candidate for appointment to elective office.</i></li> </ul>		5:10 pm
<b>Old Business Continued</b> <ul style="list-style-type: none"> <li>• Appointment of Commissioner Position #4 (<i>Action</i>) <ul style="list-style-type: none"> <li>○ <i>To appoint and complete the oath of office effective February 1, 2023.</i></li> </ul> </li> </ul>		5:20 pm
<ul style="list-style-type: none"> <li>• Strategic Planning 1-Day Retreat <ul style="list-style-type: none"> <li>○ <i>To discuss date, time, and location.</i></li> </ul> </li> </ul>	81	5:30 pm
<b>New Business</b> <ul style="list-style-type: none"> <li>• RES 23-04-Appoint Lewis County Hospital District No. 1's Superintendent (<i>Action</i>) <ul style="list-style-type: none"> <li>○ <i>To appoint Kyle Kellum as LCHD No. 1's new Superintendent.</i></li> </ul> </li> </ul>	83	5:40 pm
<ul style="list-style-type: none"> <li>• Electronic Signatures <ul style="list-style-type: none"> <li>○ <i>To review and revise with new positions and commissioners.</i></li> </ul> </li> </ul>	93	5:50 pm
<ul style="list-style-type: none"> <li>• Community Listening Sessions <ul style="list-style-type: none"> <li>○ <i>To inform and solicit commissioner participation in community events.</i></li> </ul> </li> </ul>	95	5:55 pm
<ul style="list-style-type: none"> <li>• No Show Charges <ul style="list-style-type: none"> <li>○ <i>To discuss the pros/cons of a no-show policy.</i></li> </ul> </li> </ul>	97	6:05 pm
<b>Superintendent Report (<i>Verbal Update-Superintendent Everett</i>)</b> <ul style="list-style-type: none"> <li>• Packwood Clinic</li> <li>• Elbe Property</li> <li>• Conclusion of Incident Command</li> <li>• Federal Public Health Emergency Declaration Update</li> <li>• 2022 Q4 Department Strategic Measures</li> </ul>	105	6:15 pm
<b>Meeting Summary &amp; Evaluation</b>		6:25 pm
<b>Next Board Meeting Dates and Times</b> <ul style="list-style-type: none"> <li>• Regular Board Meeting-February 22, 2023 @ 3:30 PM (ZOOM &amp; In Person)</li> </ul> <b>Next Committee Meeting Dates and Times</b> <ul style="list-style-type: none"> <li>• Compliance Committee Meeting-February 1, 2023 @ 12:00 PM (ZOOM)</li> <li>• QIO Committee Meeting-February 8, 2023 @ 7:00 AM (ZOOM)</li> </ul>		



• Finance Committee Meeting-February 15, 2023 @ 12:00 PM (ZOOM)		
<b>Adjournment</b>		6:30 pm



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#### MEDICAL STAFF PRIVILEGING

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

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#### INITIAL APPOINTMENTS-1

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##### **Radiology Consulting Privileges**

- James Hills, MD (Consulting Radiology Privileges)

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#### REAPPOINTMENTS-6

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##### **Radiology Consulting Privileges**

- Jonathan Davison, MD (Consulting Radiology Privileges)
- Marc Koenig, MD (Consulting Radiology Privileges)
- Jennifer McEvoy, MD (Consulting Radiology Privileges)
- Garland McQuinn, MD (Consulting Radiology Privileges)

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

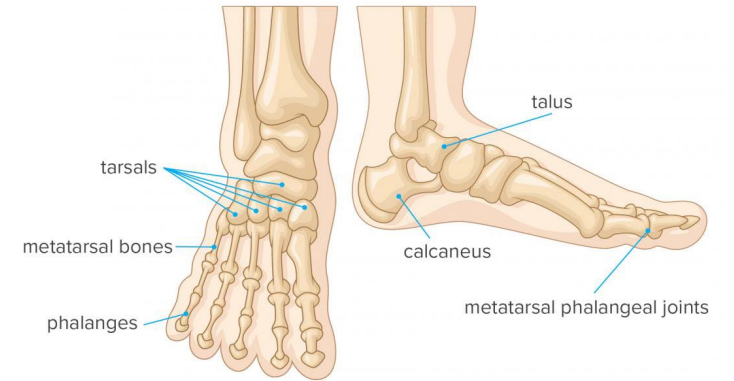
- Mohammad Hirzallah, MD (Consulting Telestroke/Neurology Privileges)
- John Zurasky, MD (Consulting Telestroke/Neurology Privileges)

★-notates files with items to note.

# PODIATRY

Garret “Parker” Peresko

January 1, 2022– December 31, 2022



**Arbor**  
**Health**

# MEDICAL SERVICE ENCOUNTERS

Clinic visits - 970

Radiology referrals - 418

Lab referrals - 110

Surgeries - 64

Wound care visits – 62

Physical therapy referrals - 155

## FINANCIALS

Charges \$3,944,695.37

Revenue \$2,079,604.05

Operating expenses \$269,908.00

Net Gain \$123,533.00

## 2023 STRATEGIES

Shorter clinic visit times to accommodate more patients during the day.

Earlier start time (7:30) available if needed, determined day by day.

Opened schedule up on Friday to meet FTE as well as to see more patients.

Monday is Dr. Peresko's surgery day, but we have also opened up Wednesday afternoons for his procedures. The last time Dr. Peresko was on site he performed 7 surgeries. The OR and staff can support around 4 surgeries a day depending on the complexity.

Changed schedule from 2<sup>nd</sup> and 4<sup>th</sup> weeks to every other week. This is better patient care, particularly for post-op patients.

# PATIENT SATISFACTION

Patients love him, his patient reviews are always positive.

Direct quote from one of his patients, "My experience with Arbor Health Specialty Clinic and Dr. Peresko is absolutely amazing. I was very surprised about the care I received there. I would highly recommend Dr. Peresko and his entire medical staff to anybody that needed him. My experience was absolutely excellent."

Dr. Peresko has also been published in the textbook, Revisional and Reconstructive Surgery of the Foot and Ankle. We will be displaying the book in a podium in the waiting area of the hospital.

## **BOARD COMMITTEE REPORTS**



**Meeting Minutes**  
**January 10<sup>th</sup>, 2023**

**1. Call to order – 12:01 by Mark**

- **PRESENT:** Shannon Kelly, Kip Henderson, Julie Taylor, Leianne Everett, Jessica Scoggin, Jeannine Walker, Louise Fisher, Marc Fisher, Ann Marie Forsman, Christine Baker, Gwen Turner, Kim Olive, Lynn Bishop, Katelin Forrest,
- **EXCUSED ABSENCES:** Bonnie Justice, Betty Jury
- We have a new commissioner representative Commissioner Olive.

**2. Approval of Treasurer’s Report and December Minutes**

**Minutes** – Motion by Shannon Kelly, Jeanine Walker seconded to approve minutes as distributed. Motion carried

**Treasurer’s Report** - discussion on the Roots & Wings and Employee Appreciation line items. Motion by Ann Marie Forsman, Second Jeannine Walker, Motion carried.

**3. Administrators Report-** Leianne’s last day is February 27 and replacement’s first day is March 6. DOH relicensing survey with course of action plan submitted and waiting for their response. No real big issues. A multiyear State of Washington financial audit is in progress now too. Provider departing, Campbell is retiring mid-February. Commissioner vacancy – looking for a replacement, there will be two positions on the ballot later this year.

**4. Foundation Managers Report.**

Potential uses for the Roots & Wings Grant money:

- \$35,000 for the MA program
- Taxi service for discharge patients (GO Taxi is a contracted Medicare service)
- Use for new parent fair
- Scholarship mission

Working on the agreement between the Foundation and the Hospital – examples IT Services, Legal Department,

Completed the inventory for the Gift Shop. (Next inventory will be a group effort). Katelin Forrest moves to allow Jessica to move identified inventory off the books for a garage sale and then donation. Seconded by Gwen Turner. Motion carried.

**5. Old Business:**

Executive slate Shannon Kelly and Kip Henderson seconded. Motion carried.

Marc Fisher – President  
Katelin Forrest – Vice President  
Gwen Turner – Secretary  
Bonnie Justice - Treasurer

Budget to pass-

Discussion – No Corks and Caps this year. Motion to accept budget by Louise Fischer, Jeannine Walker seconded. Motion carried.

Memorial plaque (Marc)

Awards West in Centralia – 15x17 walnut board with name plates to be engraved as awarded – cost will be around \$200 – names added at \$16 a name plate. Bring your questions, concerns and potential criteria for adding a name onto the plaque to the next meeting, ideas for placement.

**6. New Business:**

January 20<sup>th</sup> Marc & Louise’s 50<sup>th</sup> anniversary. Celebrate on January 21<sup>st</sup> at the Tiller Art Center at 1pm.

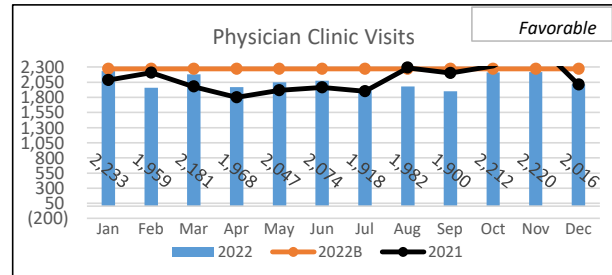
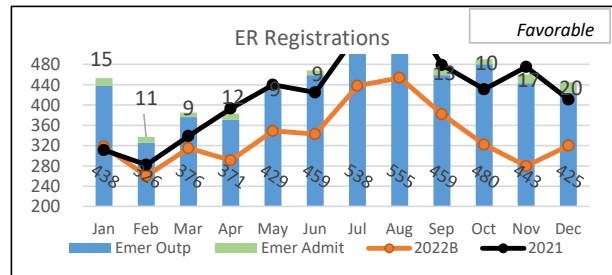
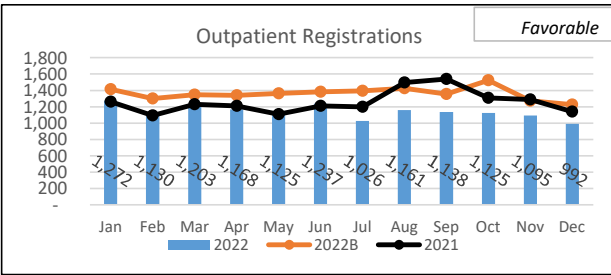
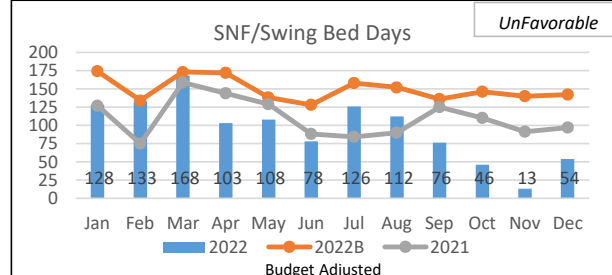
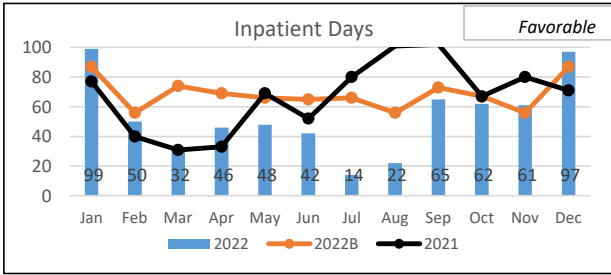
Lianne will be holding 5 community forum meetings in February to gather information of what the community values as services to make future goals for the Hospital.

**7. Next meeting:** February 14th

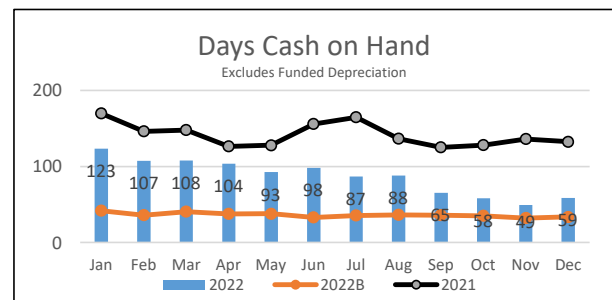
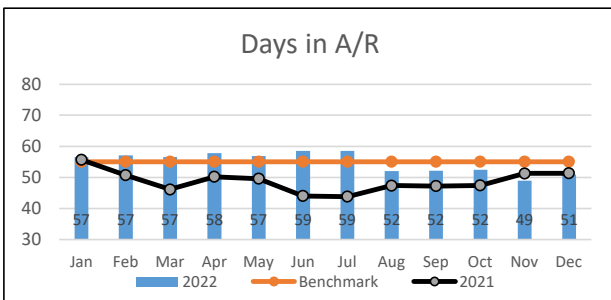
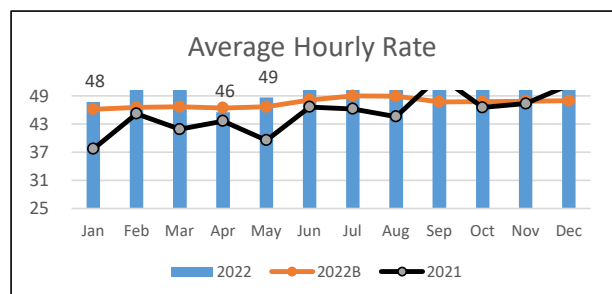
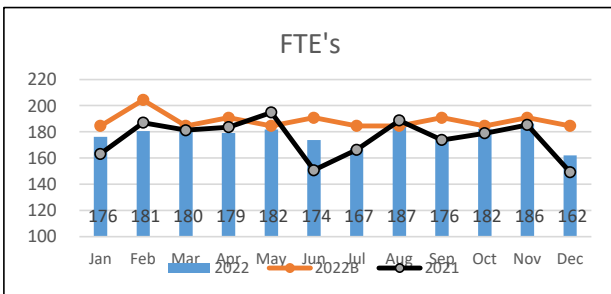
# Lewis County Hospital District No. 1 Board Financial Summary

December 31, 2022

## Growth



## People and Operational Aspects



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

CURRENT MONTH			MONTH		YEAR TO DATE					
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
792,829	-8%	(66,199)	833,919	767,720	Inpatient Revenue	6,859,180	9,210,178	(2,350,999)	-26%	8,572,277
2,924,357	12%	365,293	3,002,647	3,367,940	Outpatient Revenue	39,063,039	37,250,067	1,812,972	5%	33,562,562
366,593	-8%	(38,427)	500,730	462,303	Clinic Revenue	5,232,787	6,367,315	(1,134,528)	-18%	4,486,601
4,083,779	6%	260,666	4,337,296	4,597,962	<b>Gross Patient Revenues</b>	<b>51,155,005</b>	<b>52,827,560</b>	<b>(1,672,554)</b>	<b>-3%</b>	<b>46,621,439</b>
1,194,280	-34%	(390,277)	1,135,636	1,525,913	Contractual Allowances	16,905,841	16,267,773	(638,068)	-4%	16,200,658
54,556	-6116%	(116,061)	1,898	117,959	Charity Care	718,583	423,822	(294,760)	-70%	417,768
131,708	-139%	(66,466)	47,882	114,348	Bad Debt	490,237	657,415	167,177	25%	653,074
1,380,544	-48%	(572,804)	1,185,416	1,758,220	<b>Deductions from Revenue</b>	<b>18,114,661</b>	<b>17,349,010</b>	<b>(765,651)</b>	<b>-4%</b>	<b>17,271,500</b>
<b>2,703,234</b>	<b>-10%</b>	<b>(312,138)</b>	<b>3,151,880</b>	<b>2,839,742</b>	<b>Net Patient Service Rev</b>	<b>33,040,345</b>	<b>35,478,550</b>	<b>(2,438,206)</b>	<b>-7%</b>	<b>29,349,939</b>
66.2%	15.0%	10.9%	72.7%	61.8%	<b>NPSR %</b>	64.6%	67.2%	2.6%	3.8%	63.0%
894,927	1208%	989,572	81,900	1,071,473	Other Operating Revenue	2,215,889	982,805	1,233,084	125%	2,286,048
<b>3,598,161</b>	<b>21%</b>	<b>677,434</b>	<b>3,233,781</b>	<b>3,911,215</b>	<b>Net Operating Revenue</b>	<b>35,256,234</b>	<b>36,461,355</b>	<b>(1,205,121)</b>	<b>-3%</b>	<b>31,635,987</b>
<b>Operating Expenses</b>										
1,734,482	-5%	(95,893)	1,851,721	1,947,614	Salaries & Wages	21,394,211	22,020,576	626,365	3%	18,707,786
373,018	105%	460,694	439,622	(21,072)	Benefits	3,962,504	5,257,794	1,295,289	25%	4,143,763
102,560	-6%	(8,742)	137,069	145,811	Professional Fees	1,638,160	1,798,047	159,887	9%	1,380,397
188,935	10%	19,788	201,946	182,158	Supplies	2,604,714	2,413,129	(191,585)	-8%	2,340,300
348,849	-6%	(24,217)	393,243	417,460	Purchase Services	4,473,860	4,740,348	266,488	6%	4,199,687
42,726	-28%	(16,850)	60,737	77,587	Utilities	587,846	546,621	(41,225)	-8%	481,941
23,462	-30%	(8,463)	28,379	36,843	Insurance	309,159	303,902	(5,258)	-2%	246,947
44,066	8%	4,467	54,345	49,878	Other Expenses	632,058	696,525	64,467	9%	558,598
2,858,099	10%	330,784	3,167,062	2,836,278	EBDITA Expenses	35,602,514	37,776,942	2,174,428	6%	32,059,417
740,062	1511%	1,008,218	66,718	1,074,936	<b>EBDITA</b>	(346,280)	(1,315,587)	969,307	-74%	(423,430)
20.6%	-1232.1%	-25.4%	2.1%	27.5%	<b>EBDITA %</b>	-1.0%	-3.6%	-2.6%	72.8%	-1.3%
<b>Capital Cost</b>										
88,219	4%	4,415	112,869	108,454	Depreciation	1,305,716	1,276,519	(29,197)	-2%	1,256,255
35,327	12%	4,503	36,661	32,159	Interest Cost	392,379	422,436	30,057	7%	426,765
2,981,645	10%	339,702	3,316,592	2,976,891	Operating Expenses	37,300,608	39,475,897	2,175,289	6%	33,742,436
616,516	-1228%	1,017,136	(82,812)	934,324	<b>Operating Income / (Loss)</b>	(2,044,375)	(3,014,542)	970,167	-32%	(2,106,449)
17.1%			-2.6%	23.9%	<b>Operating Margin %</b>	-5.8%	-8.3%			-6.7%
0	0%	(176,117)	0	176,117	<b>Mcare/Mcaid Pr Yr</b>	161,161	0	(161,161)	0%	0
<b>Non Operating Activity</b>										
391,534	68%	96,140	141,132	237,272	Non-Op Revenue	1,916,174	1,693,586	222,587	13%	4,893,424
5,227	2%	60	3,566	3,506	Non-Op Expenses	56,401	42,791	(13,609)	-32%	97,593
386,307	70%	96,200	137,566	233,766	<b>Net Non Operating Activity</b>	<b>1,859,773</b>	<b>1,650,795</b>	<b>208,978</b>	<b>13%</b>	<b>4,795,831</b>
1,002,823	2355%	1,289,453	54,754	1,344,207	<b>Net Income / (Loss)</b>	(23,441)	(1,363,747)	1,340,306	-98%	2,689,382
27.9%			1.7%	34.4%	<b>Net Income Margin %</b>	-0.1%	-3.7%			8.5%

Unaudited

Lewis County Public Hospital District No. 1

Balance Sheet

December, 2022

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
<b>Assets</b>				
<b>Current Assets:</b>				
Cash	\$ 5,422,997	5,334,254	11,725,277	(6,302,280)
Total Accounts Receivable	7,362,485	6,937,573	6,796,889	565,596
Reserve Allowances	<u>(3,362,569)</u>	<u>(3,295,915)</u>	<u>(2,675,536)</u>	<u>(687,033)</u>
Net Patient Accounts Receivable	3,999,916	3,641,659	4,121,353	(121,437)
Taxes Receivable	51,780	26,909	44,337	7,443
Estimated 3rd Party Receivables	2,395	3,000	74,277	(71,883)
Prepaid Expenses	323,847	364,825	299,720	24,127
Inventory	366,005	365,736	351,873	14,132
Funds in Trust	1,461,562	2,423,279	1,593,539	(131,977)
Other Current Assets	<u>180,415</u>	<u>184,678</u>	<u>192,811</u>	<u>(12,396)</u>
<b>Total Current Assets</b>	<u>11,808,917</u>	<u>12,344,339</u>	<u>18,403,188</u>	<u>(6,594,271)</u>
Property, Buildings and Equipment	34,963,861	34,963,861	34,687,777	276,085
Less Accumulated Depreciation	<u>(24,491,062)</u>	<u>(24,382,718)</u>	<u>(23,182,426)</u>	<u>(1,308,636)</u>
Net Property, Plant, & Equipment	10,472,799	10,581,143	11,505,351	(1,032,552)
Right-of-use assets	553,377	572,395	0	553,377
Other Assets	<u>167,514</u>	<u>167,514</u>	<u>0</u>	<u>167,514</u>
<b>Total Assets</b>	<u>\$ 23,002,608</u>	<u>23,665,391</u>	<u>29,908,539</u>	<u>(6,905,931)</u>
<b>Liabilities</b>				
<b>Current Liabilities:</b>				
Accounts Payable	512,986	470,590	748,429	(235,443)
Accrued Payroll and Related Liabilities	1,396,045	1,263,183	1,244,266	151,778
Accrued Vacation	716,055	793,134	784,018	(67,963)
Third Party Cost Settlement	109,414	144,896	5,311,870	(5,202,457)
Interest Payable	19,573	148,244	0	19,573
Current Maturities - Debt	596,976	1,366,865	1,366,865	(769,889)
Unearned Revenue	252,684	1,252,684	1,000,000	(747,316)
Other Payables	<u>10,506</u>	<u>10,506</u>	<u>12,150</u>	<u>(1,644)</u>
Current Liabilities	<u>3,614,238</u>	<u>5,450,102</u>	<u>10,467,598</u>	<u>(6,853,360)</u>
Total Notes Payable	1,086,048	1,139,114	1,566,482	(480,434)
Capital Lease	(0)	(0)	(0)	0
Lease Liability	553,377	572,395	0	553,377
Net Bond Payable	4,927,375	5,026,418	5,029,448	(102,073)
Total Long Term Liabilities	<u>6,566,801</u>	<u>6,737,927</u>	<u>6,595,930</u>	<u>(29,130)</u>
<b>Total Liabilities</b>	<u>10,181,038</u>	<u>12,188,029</u>	<u>17,063,528</u>	<u>(6,882,490)</u>
General Fund Balance	12,845,010	12,845,010	12,845,010	0
Net Gain (Loss)	<u>(23,441)</u>	<u>(1,367,648)</u>	<u>0</u>	<u>(23,441)</u>
<b>Fund Balance</b>	<u>12,821,569</u>	<u>11,477,362</u>	<u>12,845,010</u>	<u>(23,441)</u>
<b>Total Liabilities And Fund Balance</b>	<u>\$ 23,002,608</u>	<u>23,665,391</u>	<u>29,908,539</u>	<u>(6,905,931)</u>

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

	<u>MTD</u>	<u>YTD</u>
<b>Cash Flows from Operating Activities</b>		
Net Income	1,344,207	(23,441)
Adjustments to reconcile net income to net cash provided by operating activities		
Decrease/(Increase) in Net Patient Accounts receivable	(358,258)	121,437
Decrease/(Increase) in Taxes receivable	(24,871)	(7,441)
Decrease/(Increase) in Est 3rd Party Receivable	605	71,882
Decrease/(Increase) in Prepaid expenses	40,978	(24,127)
Decrease/(Increase) in Inventories	(269)	(14,132)
Decrease in Other Current Assets	4,263	(155,120)
Increase/(Decrease) in Accrued payroll liabilities	55,783	83,816
Increase/(Decrease) in 3rd Party cost stlmt liabilities	(35,482)	(5,202,456)
Increase/(Decrease) in Accounts payable	(957,602)	(984,402)
Increase/(Decrease) in Interest payable	(128,671)	19,573
Depreciation expense	108,343	1,308,636
<b>Net Cash Flow from Operations</b>	<u>49,026</u>	<u>(4,805,775)</u>
<b>Cash Flows from Investing Activities</b>		
Cash paid for		
Purchases of Fixed assets	0	(276,084)
Right-of-use assets	19,018	(553,377)
<b>Net Cash Flow from (used) in Investing Activities</b>	<u>19,018</u>	<u>(829,461)</u>
<b>Cash Flows from Financing Activities</b>		
Cash paid for		
Additions to long-term debt	0	0
Principal payments of long-term liabilities	(922,000)	(1,352,398)
Lease liabilities	(19,018)	553,377
<b>Net Cash Flow from (used) in Financing Activities</b>	<u>(941,018)</u>	<u>(799,021)</u>
<b>Net Increase (Decrease) in Cash</b>	<u>(872,974)</u>	<u>(6,434,257)</u>
Cash at Beginning of Period	\$ 7,757,533	\$ 13,318,816
Cash at End of Period	<u>\$ 6,884,559</u>	<u>\$ 6,884,559</u>

**CONSENT AGENDA**



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

**December 14, 2022, at 3:30 p.m.**

**Conference Room 1 & 2 or via ZOOM**

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

Meeting ID: 828 2559 7989

One tap mobile: +12532158782,,82825597989#

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
<b>Call to Order</b> <b>Roll Call</b> <b>Reading the Mission &amp; Vision Statements</b>	Board Chair Herrin called the meeting to order via Zoom at 3:30 p.m.  <b>Commissioners present:</b> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input type="checkbox"/> Vacant  <b>Others present:</b> <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Char Hancock, Clinic 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"/> Buddy Rose, Reporter <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Dr. Mark Hansen, Chief of Staff			



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>☒ Jessica Scogin, Foundation Manager</p> <p>☒ Clint Scogin, Controller</p> <p>☒ Diane Markham, Marketing Manager</p> <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
<b>Approval or Amendment of Agenda</b>	Board Chair Herrin requested to add Superintendent/CEO Interview Search to New Business.	Commissioner Coppock made a motion to approve the amended agenda. Secretary Olive seconded and the motion passed unanimously.		
<b>Conflicts of Interest</b>	Board Chair Herrin asked the attendees to state any conflicts of interest with today's amended agenda.	None noted.		
<b>Comments and Remarks</b>	<p>Commissioners: Secretary Olive is thankful for a great first year of learning, as well as extended a thank you to all the staff and especially Superintendent Everett. She is excited for a new superintendent and a bright year ahead. Commissioner Coppock commended the great work completed on the Community Health Needs Assessment (CHNA). Commissioner McMahan and Board Chair Herrin echoed Olive and Coppock and is looking forward to 2023.</p> <p>Audience: No comments.</p>			
<b>Executive Session- RCW 70.41.200</b>	<p>Board Chair Herrin announced going into executive session at 3:42 p.m. for five minutes to discuss RCW 70.41.200-Medical Privileging. 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>	Commissioner Coppock made a motion to approve the Medical Privileging as presented and Secretary Olive seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>Initial Appointments-</p> <p>Radia Inc.</p> <ol style="list-style-type: none"> <li>1. Jaime Contreras, MD (Radiology Consulting Privileges)</li> <li>2. Michael Gunlock, MD (Radiology Consulting Privileges)</li> <li>3. Michal Klysik, MD (Radiology Consulting Privileges)</li> </ol> <p>Reappointments-</p> <p>Providence Health &amp; Services</p> <ol style="list-style-type: none"> <li>4. Muhammad Farooq, MD (Telestroke/Neurology Consulting Privileges)</li> </ol> <p>Radia Inc.</p> <ol style="list-style-type: none"> <li>5. Uresh Patel, MD (Radiology Consulting Privileges)</li> <li>6. Justin Siegal, MD (Radiology Consulting Privileges)</li> <li>7. Shaheen Umar, MD (Radiology Consulting Privileges)</li> </ol> <p>Cardiology Associates</p> <ol style="list-style-type: none"> <li>8. Sara Martinez, MD (Cardiology Consulting Privileges)</li> <li>9. Robert Wark, MD (Cardiology Consulting Privileges)</li> <li>10. Haroon Yousaf, MD (Cardiology Consulting Privileges)</li> </ol>			
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AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Department Spotlight <ul style="list-style-type: none"> <li>Respiratory Therapy Services</li> </ul>	Superintendent Everett noted the speakers for today’s spotlight are with the DOH Survey team but will attempt to answer questions. Commissioner Coppock recognized the staffing challenges for Pulmonary Rehab and recommends reviewing financial viability in 2023. Time will tell on the long term affects of COVID patients and viability of this program. Commissioner McMahan remains interested in funding the program given the CHNA results and COVID. Board Chair Herrin agreed there may be a need in the District; however, getting creative on how we can afford to keep offering Pulmonary Rehab with the data presented.			
<b>Board Committee Reports</b> <ul style="list-style-type: none"> <li>Hospital Foundation Report</li> </ul>	Foundation Manager Scogin noted the November Christmas Sale and the continued 12 Days of Christmas sale are having great success. The 15-Minute Philanthropist gained 24 new staff members during enrollment this year. Still recruiting for a new Treasurer for 2023.			
<ul style="list-style-type: none"> <li>Finance Committee Report</li> </ul>	Commissioner McMahan noted volumes remain trending the same for the year with the Emergency Department being higher than expected. The Committee supports engaging DZA and declaring to surplus; both resolutions in consent.			
<b>Consent Agenda</b>	Board Chair Herrin announced the consent agenda items for consideration of approval: <ol style="list-style-type: none"> <li>Approval of Minutes               <ol style="list-style-type: none"> <li>November 14, 2022, Special Board Meeting</li> <li>November 16, 2022, Regular Board Meeting</li> <li>November 23, 2022, Finance Committee Meeting</li> </ol> </li> </ol>	Update the Cost Report section in the November 23, 2022, Finance Committee Meeting Minutes.  Commissioner Coppock made a motion to approve the Consent Agenda with the correction and Secretary Olive seconded. The motion passed unanimously.	Executive Assistant Garcia	12.16.22

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>d. November 28, 2022, Special Board Meeting</p> <p>e. November 30, 2022, Special Board Meeting</p> <p>f. December 5, 2022, Special Board Meeting</p> <p>2. Warrants &amp; EFTs in the amount of \$4,185,559.89 dated October 2022</p> <p>3. RES 22-36-Adopt Flexible Spending Account Plan.</p> <p>4. RES 22-37-Adopt the Health Reimbursement Arrangement</p> <p>5. RES 22-38-Approving the DZA Financial Audit, Single Audit for Cards Act Funding and Cost Report Annual Engagement</p> <p>6. RES-22-39-Declaring to Surplus or Dispose of Certain Property</p> <p>7. Approve Documents Pending Board Approval &amp; Ratification 12.14.22</p> <p>Superintendent Everett requested to amend the November 23, 2022, Finance Committee Minutes on page 34 of packet. During the Cost Report update it was noted the District is in a receivable position, it should have been noted we are in a payable position. The minutes need to be updated from a receivable to a payable.</p>	<p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p>		
<p><b>Old Business</b></p> <ul style="list-style-type: none"> <li>SAO Audit</li> </ul>	<p>Superintendent Everett noted the audit is ongoing and hoping the exit conference will occur at the January Regular Board Meeting.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>Board Self-Evaluation</li> </ul>	<p>Board Chair Herrin thanked the Board for completing the Self Evaluation. The Board requested clarification on #2-<i>The Board periodically reviews and is familiar with the District's partnership core documents</i> under the Government/Partnership Alignment section, Superintendent Everett recommended editing and adding that this refers to with the District's partnerships with WSHA, AWPFD, TRC, etc. The Board benefits from each relationship and should receive updates annually. Executive Assistant Garcia will update the evaluation.</p> <p>Secretary Olive was excited to see how high the Board scored for being so new. Commissioner Coppock reiterated the importance while we recruit a new commissioner that the initial appointment is solid with the follow up buddy system. The Board's resource manual is in Lucidoc, which includes the Commissioner job description. Commissioner McMahan felt the Board is looking at things as a unit, but not afraid to speak up. Board Chair Herrin thanked the Board for completing and sharing comments. It was honest and well said.</p>	<p>Update #2 under the Governance/Partnership Alignment section.</p>	<p>Executive Assistant Garcia</p>	<p>01.25.23 Regular Board Meeting</p>
<p><b>New Business</b></p> <ul style="list-style-type: none"> <li>Superintendent/CEO Interview Search</li> </ul>	<p>Board Chair Herrin noted Candidate #3 is unable to interview due to personal illness and has withdrawn from interviewing. The Board can move forward with two candidates or reactivate the search committee.</p> <p>Secretary Olive shared the District has two strong candidates and recommended moving forward. Commissioners Coppock and McMahan noted delaying could result in losing the two strong candidates and recommended moving forward. Board Chair Herrin noted the Board's interest in moving forward with the two</p>	<p>Send survey monkey link to Commissioner Coppock for Candidate #2.</p>	<p>Executive Assistant Garcia</p>	<p>12.15.22</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>candidates and that the Board is not settling. The recruiters will email candidate evaluations and the survey monkey results to the Board, both of which are strictly confidential. The Board will use this tool as they discuss the candidates' qualifications on Friday, December 16<sup>th</sup> at the Special Board Meeting. No decisions will be made.</p>			
<ul style="list-style-type: none"> <li>At-Large Commissioner Vacancy</li> </ul>	<p>Superintendent Everett referenced the memo in the packet for dates and the process moving forward to appoint the at-large position to the Board.</p> <p>A Special Board Meeting will be scheduled for January 9, 2023, at 6 pm for interested candidates to learn more about the position and have an opportunity to ask questions of the current board.</p>	<p>Schedule January 9, 2023, Special Board Meeting. Legals will be published, as well as a display ad in the papers and on social media</p>	<p>Executive Assistant Garcia &amp; Diane Markham</p>	<p>Starting the week of December 19<sup>th</sup>, 2022</p>
<ul style="list-style-type: none"> <li>Resolution 22-40-CHNA</li> </ul>	<p>Superintendent Everett presented an updated version of the CHNA since the packet was released. It was emailed to the Board and needs to be adopted tonight to be submitted to WA State by 12.31.22. This requirement is part of the District being a 501 (c)3 status. There is a correction to the resolution to drop the Implementation Plan portion, as this will be developed after Strategic Planning takes place in early 2023. The Implementation Plan is due by May 15, 2023, which means the Board needs to adopt at the Regular Board Meeting in April. Secretary Olive noted the District's priorities are on target. Commissioner Coppock recommended continuing educational fairs to the District. Commissioner McMahan remains proud of the District but recognizes the community needs us. Board Chair Herrin thanked</p>	<p>Commissioner Coppock made a motion to approve RES-22-40-Adopting Community Health Needs Assessment and Commissioner McMahan seconded. The motion passed unanimously.</p> <p>Resolution language will be updated and sent for electronic signatures.</p>	<p>Executive Assistant Garcia</p>	<p>12.16.22</p>

	<p>Superintendent Everett for working with Health Facilities to prepare this assessment.</p>																																																							
<ul style="list-style-type: none"> <li>2023 Organization &amp; Officers of the Board of Commissioners</li> </ul>	<p>Commissioner Olive opened the floor for nominations for Board Chair. Commissioner Coppock nominated Commissioner Olive as board chair and Commissioner Olive declined. Commissioner Olive nominated Commissioner Coppock as board chair and Commissioner Coppock declined. Commissioner Coppock nominated Commissioner McMahan and Commissioner McMahan declined due to no video access to meetings. Commissioner Coppock nominated Commissioner Herrin as board chair and Commissioner Herrin accepted.</p> <p>Board Chair Herrin opened the floor for nominations of the Secretary. Commissioner McMahan nominated Commissioner Olive as secretary and Commissioner Olive accepted.</p> <p>Board Chair Herrin recommended the following for committee assignments:</p> <div data-bbox="354 1234 792 1528" style="border: 1px solid black; padding: 5px; margin: 10px 0;">  <p style="text-align: center; font-size: small;">2023 Organization &amp; Officers of the Board of Commissioners Effective Date: January 1, 2023</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="background-color: #f4a460;">Board Leadership</th> <th colspan="3" style="background-color: #f4a460;">Board Representation</th> </tr> </thead> <tbody> <tr> <td>Board Chair</td> <td colspan="3">Tom Herrin</td> </tr> <tr> <td>Board Secretary</td> <td colspan="3">Kim Olive</td> </tr> <tr> <th style="background-color: #f4a460;">Committee</th> <th style="background-color: #f4a460;">Administration Representation</th> <th style="background-color: #f4a460;">Committee Chair</th> <th style="background-color: #f4a460;">Board Representation</th> </tr> <tr> <td>Finance</td> <td>Superintendent &amp; CFO</td> <td>Craig Coppock</td> <td>Wes McMahan</td> </tr> <tr> <td>QI Oversight</td> <td>Superintendent &amp; CNO/CQO</td> <td>Kim Olive</td> <td>Craig Coppock</td> </tr> <tr> <td>Governance</td> <td>Superintendent</td> <td>Tom Herrin</td> <td>Kim Olive</td> </tr> <tr> <td>Plant Planning</td> <td>Superintendent &amp; CFO</td> <td>Craig Coppock</td> <td>Vacant</td> </tr> <tr> <td>Strategic Planning</td> <td>Superintendent</td> <td>Board of Commissioners</td> <td></td> </tr> <tr> <td>Compliance Committee</td> <td>Superintendent &amp; Compliance Officer</td> <td>Wes McMahan</td> <td>Vacant</td> </tr> <tr> <th style="background-color: #f4a460;">Other Board Representation</th> <th colspan="3" style="background-color: #f4a460;">Board Representation</th> </tr> <tr> <td>Foundation</td> <td colspan="3">Kim Olive</td> </tr> <tr> <td>State Representation</td> <td colspan="3">Wes McMahan</td> </tr> </tbody> </table> </div>	Board Leadership	Board Representation			Board Chair	Tom Herrin			Board Secretary	Kim Olive			Committee	Administration Representation	Committee Chair	Board Representation	Finance	Superintendent & CFO	Craig Coppock	Wes McMahan	QI Oversight	Superintendent & CNO/CQO	Kim Olive	Craig Coppock	Governance	Superintendent	Tom Herrin	Kim Olive	Plant Planning	Superintendent & CFO	Craig Coppock	Vacant	Strategic Planning	Superintendent	Board of Commissioners		Compliance Committee	Superintendent & Compliance Officer	Wes McMahan	Vacant	Other Board Representation	Board Representation			Foundation	Kim Olive			State Representation	Wes McMahan			<p>Commissioner Coppock made a motion to elect Tom Herrin as Board Chair. Commissioner McMahan seconded and the motion passed unanimously.</p> <p>Commissioner McMahan made a motion to elect Kim Olive as Board Secretary. Commissioner Coppock seconded and the motion passed unanimously.</p> <p>Committee Meeting invites will be emailed accordingly.</p>	<p>Executive Assistant Garcia</p>	<p>12.31.22</p>
Board Leadership	Board Representation																																																							
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<p><b>Superintendent Report</b></p>	<p>Superintendent Everett noted due to supply chain issues the opening of the Packwood Clinic has been delayed to April 2023. The District has received a cash offer within market value for the Elbe home and is being considered a good offer. The Board approved the sale in 2020. The Department of Health is onsite for the relicensing survey and</p>																																																							

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	Board Chair Herrin will be participating in the exit conference.			
Meeting Summary & Evaluation	Superintendent Everett highlighted the decisions made and action items.			
Adjournment	Commissioner Coppock moved and Secretary Olive seconded to adjourn the meeting at 5:04 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date

DRAFT





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

**December 16, 2022 at 1:00 p.m.**

**Conference Rooms 1 & 2 or via ZOOM**

<https://myarborhealth.zoom.us/j/84819400188>

Meeting ID: 848 1940 0188

One tap mobile: +12532050468,,84819400188#

Dial: +1 253 205 0468

**Mission Statement**

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

**Vision Statement**

**To provide accessible, quality healthcare.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 1:00 p.m.  <b>Commissioners present:</b> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock  <b>Others present:</b> <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Luke Morris, Consultant, Wittkieffer <input checked="" type="checkbox"/> Beth Nelson, Principal, Wittkieffer			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			
Executive Session- <i>RCW 42.30.110 (g)</i> <ul style="list-style-type: none"> <li>To evaluate the qualifications</li> </ul>	Board Chair Herrin announced going into Executive Session at 1:03 p.m. for 57 minutes to review RCW 42.30.110 (g). The Board returned to open session at 2:00			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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of an applicant for public employment.	p.m. Board Chair Herrin noted no decisions were made in Executive Session.			
Adjournment	Commissioner Coppock moved and Secretary Olive seconded to adjourned at 2:01 p.m. The motion passed unanimously.			

Respectfully submitted,

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Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
Finance Committee Meeting  
December 21, 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	Commissioner McMahan called the meeting to order via Zoom at 12:00 p.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Kim Olive, Secretary  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 checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO			
Approval or Amendment of Agenda		Secretary Olive made a motion to approve the agenda and Community Member Fisher seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's agenda.			
Consent Agenda	<p>Commissioner McMahan announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> <li>1. Review of Finance Minutes –November 23, 2022</li> <li>2. Revenue Cycle Update</li> <li>3. Board Oversight Activities</li> <li>4. Financial Statements-Nov.</li> </ol> <p>The Finance Committee thanked the Billing/Coding department for all the behind-the-scenes work completed.</p>	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"> <li>• Financial Department Spotlight</li> <li>• Deferred</li> </ul>	Superintendent Everett deferred the spotlight to January to get back on track with the Board meeting.			
<ul style="list-style-type: none"> <li>• Capital Review</li> </ul>	CFO Cornwell noted no new capital items for the Board to approve this month. The Hospital is replacing two heat pumps for acute patient rooms. These units are in critical areas in the hospital. The cost is within Superintendent Everett's spending authority.			
<ul style="list-style-type: none"> <li>• Cost Report</li> </ul>	CFO Cornwell noted no changes to prior years. The District is anticipating a payable as the tool projects of an estimated \$102,162 for Medicare. The Cost Report is complicated and based on history. Administration is expecting a shift in December switching to a receivable situation.			
<ul style="list-style-type: none"> <li>• State of WA Survey</li> </ul>	CFO Cornwell noted the State of WA Survey is in progress and ongoing as they are reviewing multiple years, as well as it is the holiday season. Still planning for the Exit Conference to be at the Regular Board Meeting in the new year.			
New Business <ul style="list-style-type: none"> <li>• Medicare &amp; Medicaid Rate</li> </ul>	CFO Cornwell highlighted rate adjustments that translate into improving the budget tool.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Adjustments				
<ul style="list-style-type: none"> <li>WSHA Q3 Financial Survey Results</li> </ul>	<p>CFO Cornwell noted WSHA shared Q3 2022 Financial survey results for all acute care hospitals in Washington. The percentage of change year over year is not surprising. Total Operating Revenues are 4%, Wages and Benefits 8%, Agency 199%, Supplies 3% and Total Operating Expenses 10%. The concerning and unsustainable trend is the aggregate for hospitals across the state is a net loss of approximately -\$2.57 billion for the first nine months of 2022, which represents a -11% total margin. The reality is no one is alone. The last COVID relief dollars were delivered to the state in December of 2021. The District is better than average at a loss of approximately -7% loss. The District needs advocacy presence to impress change on payment reform for future sustainable financials and cashflows.</p>			
Meeting Summary & Evaluation	<p>CFO Cornwell highlighted the decisions made and action items that need to be taken to the entire board for approval. Commissioner McMahan wished everyone a Merry Christmas and Happy New Year.</p>			
Adjournment	<p>Commissioner McMahan adjourned the meeting at 12:42 pm.</p>			



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
 QUALITY IMPROVEMENT OVERSIGHT MEETING  
 December 28, 2022 at 7:00 a.m.  
 ZOOM**

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

**Vision Statement**  
**To provide accessible, quality healthcare.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Commissioner Coppock called the meeting to order via Zoom at 7:00 a.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Craig Coppock, Commissioner <input checked="" type="checkbox"/> Tom Herrin, Board Chair  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Erica Pratt, Interim Pharmacist <input checked="" type="checkbox"/> Nicholas Tyler, Pharmacist <input type="checkbox"/> Laura Glass, Clinical Educator & Quality RN <input checked="" type="checkbox"/> Dr. Mark Hansen, Chief of Staff <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> LeeAnn Evans, Inpatient and ED Services Director <input type="checkbox"/> Gary Preston, MA PhD CIC FSHEA <input type="checkbox"/> Shannon Kelly, CHRO			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Janice Cramer, Medical Staff Coordinator <input type="checkbox"/> Matthew Lindstrom, Facilities Director <input type="checkbox"/> Lynn Bishop, Community Member			
Approval or Amendment of Agenda		Board Chair Herrin made a motion to approve the agenda and Ancillary Services Director Taylor seconded. The motion passed unanimously.		
Conflicts of Interest	Commissioner Coppock asked the Committee to state any conflicts of interest with today's amended agenda.	The Committee noted none.		
Committee Reports <ul style="list-style-type: none"> <li>• Medical Executive Committee (MEC)</li> <li>• Quality Assurance Performance Improvement</li> <li>• EOC</li> </ul>	<p>Medical Coordinator Cramer noted MEC reviewed privileging which was approved by the Board on 11.16.22.</p> <p>Quality Manager Johnson provided insight on the smaller workgroups focusing on Patient Satisfaction, Internal Audits, Lucidoc Policies and Procedures and Outpatient Services. Department Specific Performance Improvement Measure remain a focus of the management team and the Study and Action sections continue to be monitored. DNV Opportunities for Improvement are being tracked to completion to keep moving the needle.</p> <p>Commissioner Coppock questioned the no shows rates, along with clinic access and requested confirmation that outpatient services are doing proactive day before calls, as well as follow up calls with patients.</p> <p>CFMO Lindstrom was unable to attend today's meeting, but the</p>	<p>Follow up with rehabilitation services and clinics regarding patient follow up calls.</p>	<p>Quality Manager Johnson &amp; Clinic Manager Hancock &amp; Rehabilitation Services Director Meelhuysen</p>	<p>02.08.23</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	memo provided a good summary of the meeting's events.			
Consent Agenda <ul style="list-style-type: none"> <li>• Approval of Minutes</li> </ul>	Approval of the following: <ol style="list-style-type: none"> <li>1. September 14, 2022, Quality Improvement Oversight (QIO) Committee Meeting</li> <li>2. October 12, 2022, QAPI Workgroup Meeting</li> <li>3. November 16, 2022, QAPI Workgroup Meeting</li> <li>4. LifeCenter Northwest               <ul style="list-style-type: none"> <li>o Q3 Report</li> </ul> </li> </ol>	Board Chair Herrin made a motion to approve the agenda and Ancillary Services Director Taylor seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> <li>• QIO Dashboard Summary</li> </ul>	Quality Manager Johnson reviewed the 2022 QIO Dashboard through Q3.  Commissioner Coppock questioned if the Committee was aware of high risks for 2023.			
<ul style="list-style-type: none"> <li>• Regulatory &amp; Accreditation Report</li> </ul>	Quality Manager Johnson shared the 2022 Stroke finding and identified are retired findings that will fall of this report. CNO/CQO Williamson added this is the Hospital's third stroke survey. Again, this accreditation is elective and the Hospital chooses to do to elevate a higher standard of care which ultimately improves the level of care offered to the District.  Quality Manager Johnson followed with the 2022 DNV CAH and 2021 Stroke Findings. Also, the Hospital had their unannounced relicensing survey with Department of Health December 13th-15 <sup>th</sup> . The survey went as well as expected and this report will be added in February's update.			
<ul style="list-style-type: none"> <li>• Education</li> </ul>	CNO/CQO Williamson revisited the education from September's packet as it remains relevant and there were topics not addressed of concerns we continue to face.			
New Business <ul style="list-style-type: none"> <li>• Lucidoc Document Management</li> </ul>	Executive Assistant Garcia noted no new or reviewed documents for this month's meeting.			



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>Annual Quality Legal Review</li> </ul>	<p>CNO/CQO Williamson presented the legal review for the Hospital for 2021-2022. Cases were highlighted noting their resolutions.</p>			
<ul style="list-style-type: none"> <li>2023 Annual QIO Committees and QAPI Reporting Schedule</li> </ul>	<p>Quality Manager Johnson presented the 2023 schedule to keep the committee on track.</p>			
<ul style="list-style-type: none"> <li>Internal Audit for Signage</li> </ul>	<p>Quality Manager Johnson conducted an internal audit on signage throughout the organization. The audit team will form a workgroup to address the updates needed in each department to bring the Hospital into compliance.</p>			
<p>Meeting Summary &amp; Evaluation</p>	<p>Quality Manager Johnson provided a summary.</p>			
<p>Adjournment</p>	<p>Commissioner Coppock adjourned the meeting at 8:05 a.m. The motion passed unanimously.</p>			

DRAFT



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

**December 28, 2022 at 9:00 a.m.**

**Conference Rooms 1 & 2 or via ZOOM**

<https://myarborhealth.zoom.us/j/83931732123>

Meeting ID: 839 3173 2123

One tap mobile: +12532158782,,83931732123#

Dial: +1 253 215 8782

**Mission Statement**

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

**Vision Statement**

**To provide accessible, quality healthcare.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 9:00 a.m.  <b>Commissioners present:</b> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock  <b>Others present:</b> <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Beth Nelson, Principal, Wittkieffer <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Buddy Rose, Reporter <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Tina Clevenger, Materials Supervisor <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Will Sullivan, Facility Engineering Manager			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Diane Markham, Marketing Manager <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Nicholas Tyler, Pharmacist			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			
Executive Session- <i>RCW 42.30.110 (g)</i> <ul style="list-style-type: none"> <li>To evaluate the qualifications of an applicant for public employment.</li> </ul>	Board Chair Herrin announced going into Executive Session at 9:04 p.m. for 11 minutes to review RCW 42.30.110 (g). The Board returned to open session at 9:15 a.m. Board Chair Herrin noted no decisions were made in Executive Session.			
Action		Commissioner Coppock made a motion to extend an offer to Kyle Kellum for Superintendent and Secretary Olive seconded. The motion passed with Commissioner Coppock, Secretary Olive and Board Chair Herrin voting yea and Commissioner McMahan voting nay.		
Adjournment	Commissioner Coppock moved and Secretary Olive seconded to adjourned at 9:19 a.m. The motion passed unanimously.			

Respectfully submitted,

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Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
Compliance Committee Meeting  
January 4, 2023, 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	Commissioner McMahan called the meeting to order via Zoom at 12:04 p.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Tom Herrin, Board Chair  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer  <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Allen, Quality Manager <input checked="" type="checkbox"/> Matthew Lindstrom, Facilities Director <input checked="" type="checkbox"/> Jim Frey, IT Director <input type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Skip Houser, Attorney, Budd Bay Law, P.S.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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Approval or Amendment of Agenda	No amendments noted.	IT Director Frey made a motion to approve the agenda and Board Chair Herrin seconded. The motion passed unanimously.		
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Committee Reports <ul style="list-style-type: none"> <li>Compliance Operation Workgroup Recap</li> </ul>	Compliance Officer Hargett highlighted the workgroup minutes and the areas of focus.			
Consent Agenda	Commissioner McMahan announced the following in consent agenda up for approval: <ol style="list-style-type: none"> <li>Review of Compliance Minutes –August 10, 2022</li> <li>Review of Compliance Workgroup Minutes – September 29, 2022</li> <li>Review of Compliance Workgroup Minutes – October 27, 2022</li> <li>Review of Compliance Workgroup Minutes – November 21, 2022</li> <li>Compliance Program Update</li> <li>Annual Action Schedule</li> </ol>	Board Chair Herrin made a motion to approve the consent agenda and CHRO Kelly seconded. The motion passed unanimously.	Compliance Officer Hargett	Trend-Perm vs. Temp-no pattern
Old Business <ul style="list-style-type: none"> <li>RA#2-Write-offs due to no ABN</li> </ul>	Spencer Hargett noted the number of write-offs due to no ABN continues to be a concern and there has been no movement.			
<ul style="list-style-type: none"> <li>RA#3-COVID Effects on Staffing, Burnout, etc.</li> </ul>	CHRO Kelly noted there is continued focus on Workplace Violence. Unfortunately, WSHA has no other rural hospitals interested in participating in the CARE initiative. In turn, a committee needs to be formed to provide support and services to staff during burnout.			
<ul style="list-style-type: none"> <li>RA#5-Security Risk Assessment Action Items</li> </ul>	IT Director Frey noted a focus on network segmentation being 80% complete.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>RA#6- Ensuring appropriate Cerner Access</li> </ul>	<p>Compliance Officer Hargett noted IT and Informatics remain focused on access.</p>			
<ul style="list-style-type: none"> <li>Public Records Act</li> </ul>	<p>Executive Assistant Garcia noted the policy and procedure has been drafted and published for committee review to ensure we are meeting all requirements of the Public Records Act. A sample resolution provided by legal was included in the packet and will need to be approved by the Board.</p> <p>The Compliance Committee supported the proposed resolution.</p>	<p>Recommend the Board's approval of ratifying the policy and procedure and approving the proposed resolution language.</p>	<p>Executive Assistant Garcia</p>	<p>01.25.23</p>
<p>New Business</p> <ul style="list-style-type: none"> <li>Open Public Meetings Act (OPMA)</li> </ul>	<p>Compliance Officer Hargett invited Attorney Skip Houser to speak on HB 1329 specifically regarding recording public meetings. Attorney Houser reiterated the OPMA requires meetings are open to the public. Also, the OPMA encourages to provide a remote access option, as well as recordings of the meetings, neither are required. The recordings need to be available to the public on the District's website for a minimum of six months. Attorney Houser noted most special purpose districts are not recording their meetings. The District remains in compliance to date with records of agendas and minutes posted on the website for reference. The District would add an administrative burden by adding recordings of the meetings, as these become records that must be maintained and follow a retention schedule. If the District is truly interested in increasing engagement, watching a recording is post the meeting.</p> <p>The Compliance Committee questioned the date and time of board meetings to increase engagement. Attorney Houser</p>	<p>Add the topic to Old Business at the Regular Board Meeting.</p>	<p>Executive Assistant Garcia</p>	<p>01.25.23</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>shared his impression and experience has been if the public has an interest or an issue on a topic, they will find a way to attend the meeting. The Committee agreed to take this discussion back to the Board.</p>			
<ul style="list-style-type: none"> <li>Lucidoc</li> </ul>	<p>Executive Assistant Garcia presented:</p> <ol style="list-style-type: none"> <li>Compliance Plan-Approved with edits by owner to update titles.</li> <li>Public Records Requests-Approved.</li> </ol> <p>The Compliance Committee supported moving the documents forward to the Board for ratification.</p>	<p>Recommend approving documents to be ratified at the Regular Board Meeting.</p>	<p>Executive Assistant Garcia</p>	<p>01.25.23</p>
<ul style="list-style-type: none"> <li>CMS Finding-Price Transparency Compliance</li> </ul>	<p>Compliance Officer Hargett noted the District received a warning notice from CMS regarding Hospital Pricing Transparency. CMS has determined we are not in compliance with the requirements and the violations were identified. The District must correct these deficiencies within 90 days of 12.20.22. This item is now a number one priority on the proposed work plan.</p>			
<ul style="list-style-type: none"> <li>Q4 Compliance Work Plan Update</li> </ul>	<p>Compliance Officer Hargett shared 70% of that workplan has been addressed which is great process. In certain areas items were outside of our control, but overall, a good year.</p>			
<ul style="list-style-type: none"> <li>Proposed 2023 Workplan</li> </ul>	<p>Compliance Officer Hargett presented the proposed 2023 Workplan. This was prepared with the risk assessment tool. The top six priorities were identified. Throughout the year items will be reviewed and assessed to ensure we remain focused on key areas, so some may be added or removed. Compliance Officer Hargett feels we have a good framework headed into year 2.</p>	<p>Recommend approving the 2023 Compliance Workplan at the Regular Board Meeting.</p>	<p>Executive Assistant Garcia</p>	<p>01.25.23</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	The Compliance Committee supported moving the workplan forward to the Board for approval.			
<ul style="list-style-type: none"> <li>Board Compliance Training</li> </ul>	Compliance Officer Hargett shared the education is to reiterate the importance of the Board and All Staff have ownership in the Compliance Plan for the District. The Board has oversight duties and here are tools to help.			
Meeting Summary & Evaluation	Compliance Officer Hargett provided a summary report.			
Adjournment	Commissioner McMahan adjourned the meeting at 12:59 p.m.			





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

**January 9, 2023 at 6:00 p.m.**

**Conference Rooms 1 & 2 or via ZOOM**

<https://myarborhealth.zoom.us/j/82930697504>

Meeting ID: 829 3069 7504

One tap mobile: +12532050468,,82930697504#

Dial: +1 253 205 0468

**Mission Statement**

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

**Vision Statement**

**To provide accessible, quality healthcare.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 6:00 p.m.  <b>Commissioners present:</b> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock  <b>Others present:</b> <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Diane Markham, Marketing Manager <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Peppy Elizaga <input checked="" type="checkbox"/> Chris Schumaker <input checked="" type="checkbox"/> Van Anderson			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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<p>New Business</p> <ul style="list-style-type: none"> <li>• Commissioner Position #4- At Large- Vacant Position</li> <li>• <i>To inform prospective commissioner candidates on the roles and responsibilities of the vacant position.</i></li> </ul>	<p>Board Chair Herrin welcomed the interested candidates. The Commissioners and candidates introduced themselves. Executive Assistant Garcia presented the Commissioner Job Description, as well as where to locate board information on the Arbor Health website. Superintendent Everett recommended the candidates to watch the 2023 Governance: Rules of the Road found at the <a href="http://awpd.org">awpd.org</a> website under Governance Education. Board Chair Herrin shared if the candidates remain interested submit a letter of interest to Executive Assistant Garcia at <a href="mailto:sgarcia@myarborhealth.org">sgarcia@myarborhealth.org</a>. The candidate interviews will be at the Regular Board Meeting on January 25, 2023 and the process will be as follows:</p> <ol style="list-style-type: none"> <li>1. The interview will take place in open session due to the regulations that govern public hospital districts.</li> <li>2. The order the candidates will be interviewed will be done by random drawing.</li> <li>3. The questions were provided in the board packet. Each commissioner will ask one question and while clarifying questions are permitted, no additional questions will be allowed. This will ensure each candidate is treated equitably.</li> <li>4. The Board will go into Executive Session to review the qualifications of the candidates</li> <li>5. The Board will come back into open session to appoint someone into Commissioner Position #4.</li> </ol>			
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AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	Board Chair Herrin noted candidates need to attend the Board Meeting in person for the Oath of Office if selected.			
Adjournment	Commissioner Coppock moved and Secretary Olive seconded to adjourned at 7:00 p.m. The motion passed unanimously.			

Respectfully submitted,

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Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
Finance Committee Meeting  
January 18, 2023, at 12:00 p.m.  
Via Zoom**

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

**Vision Statement  
To provide accessible, quality healthcare.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	<p>Commissioner Coppock called the meeting to order via Zoom at 12:00 p.m.</p> <p>Commissioner(s) Present in Person or via Zoom:  <input checked="" type="checkbox"/> Craig Coppock, Commissioner  <input checked="" type="checkbox"/> Wes McMahan, Commissioner</p> <p>Committee Member(s) Present in Person or via Zoom:  <input 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 checked="" type="checkbox"/> Sara Williamson, CNO/CQO  <input checked="" type="checkbox"/> Char Hancock, Clinic Manager  <input checked="" type="checkbox"/> Edwin Meelhuysen, Rehab Services Director</p>			
Approval or Amendment of Agenda		Commissioner McMahan made a motion to approve the agenda and Community Member Fisher seconded. The		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
		motion passed unanimously.		
Conflicts of Interest	Commissioner Coppock asked the Committee to state any conflicts of interest with today’s agenda. None were noted.			
Consent Agenda	<p>Commissioner Coppock announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> <li>1. Review of Finance Minutes –December 21, 2022</li> <li>2. Revenue Cycle Update</li> <li>3. Board Oversight Activities</li> <li>4. Financial Statements- December 2022.</li> </ol>	Commissioner McMahan made a motion to approve the consent agenda and Superintendent Everett seconded. The motion passed unanimously.		
<p>Old Business</p> <ul style="list-style-type: none"> <li>• Financial Department Spotlight-Podiatry</li> </ul>	Clinic Manager Hancock presented the financial performance of the podiatry service line. The charges, cash collection and expenses were discussed. The Podiatrist has moved from a 1.0 FTE to a 0.6 FTE without a decline in productivity. The volume is not expected to decline in the future.	Discuss at next Regular Board Meeting	Executive Assistant Garcia	01/25/2023
<ul style="list-style-type: none"> <li>• Cost Report</li> </ul>	<p>CFO Cornwell took the time to review the Income Statement that was approved in the Consent Agenda. There were remarkable changes to the financial statement in December. While December was a financially good month, extraordinary events occurred due to year-end transactions. For example, inventory adjustments, IBNR true-up, and Deferred Revenue recognition occurred in December resulting in a material change to the year-end results that will have no impact upon the cost report.</p> <p>The Cost Report estimates continue to show a payable for Medicare at year-end. This is a good position in which to be.</p>			
<ul style="list-style-type: none"> <li>• State of WA Survey</li> </ul>	CFO Cornwell noted that the audit is ending. While we are projecting the exit conference to be January 26,			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	2023, this appears to be fluid. A date will be finalized soon.			
New Business <ul style="list-style-type: none"> <li>Restating 2023 Budget</li> </ul>	CFO Cornwell highlighted the observations she has made to the budgeting tool and its impact on the approved 2023 Operating Budget. She has made some changes to the operating budget as she has made these discoveries; however, the approved Net Margin remains the same. CFO Cornwell is optimistic that her revelations will result in an actual financial performance that we be better than projected. As a result of these changes, 2023 will become a new base year that will not be comparable to prior years.			
<ul style="list-style-type: none"> <li>No Show Charges</li> </ul>	<p>Rehabilitation Services Director Meelhuysen and Clinic Manager Hancock presented No Show rates for Rehab Services and our Rural Health Clinics. Rehab averages approximately 16% No Shows with the worst month experiencing 19%. This is very similar to the Clinic rates. No Shows result in approximately 1.0 FTE of non-productive time (an expense) and prevents other patients from receiving more timely treatment (a quality issue). A No Show Charge of \$25 would not be extended to patients that cancel timely or experience illness that prevent them from keeping appointments. This would not become a medical debt that would be sent to collections.</p> <p>The use of texting as a means of reminding patients of their appointments was discussed.</p> <p>The Finance Committee supported moving this topic to the Regular Board Meeting for further discussion.</p>	Discuss at next Regular Board Meeting	Executive Assistant Garcia	01/25/2023
<ul style="list-style-type: none"> <li>501(r) Discount Calculation</li> </ul>	CFO Cornwell presented the annual recalculation as required by 501(r) regulations.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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<ul style="list-style-type: none"> <li>Surplus or Dispose of Certain Property</li> </ul>	<p>CFO Cornwell presented the list of assets for surplus.</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 Surplus at the Regular Board Meeting.</p>	<p>S. Garcia</p>	<p>01/26/2023</p>
<p>Meeting Summary &amp; Evaluation</p>	<p>CFO Cornwell highlighted the decisions made and action items that need to be taken to the entire board for approval.</p>			
<p>Adjournment</p>	<p>Community Member Fisher motioned to adjourn and Commissioner McMahan seconded. The meeting adjourned at 1:00 pm.</p>			

**Documents Awaiting Board Ratification 01.25.23**

	<b>LCHD No. 1's Policies, Procedures &amp; Plans:</b>	<b>Departments:</b>
<b>1</b>	Compliance Plan	Compliance
<b>2</b>	Public Records Requests	Administration

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 RATIFYING AND APPROVING  
A PUBLIC RECORDS POLICY/PROCEDURE AND FINDING  
THAT CALCULATING ACTUAL COSTS OR  
PRODUCING RECORDS WOULD BE UNDULY  
BURDENSOME AND ISSUING A FORMAL ORDER  
THAT MAINTAINING AN INDEX WOULD BE  
UNDULY BURDENSOME

RESOLUTION NO. 23-01

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, RCW Sections 42.56.040, 42.56.070, and 42.56.100 of the Public Records Act (“the Act”) collectively require that state and local agencies provide, publish, and prominently display certain information, exemptions, and rules governing disclosure of public records; and

WHEREAS, the District is a local agency as defined in the Act and must therefore comply with the provisions of the Act; and

WHEREAS, RCW 42.56.120 requires agencies to charge actual costs for copies of records, unless by rule or regulation it declares the reasons doing so would be unduly burdensome;

WHEREAS, RCW 42.56.070(3) requires each local agency to maintain and make available for public inspection and copying a current index providing identifying information as to certain records issued, adopted, or promulgated after January 1, 1973; and

WHEREAS, RCW 42.56.070(4) exempts local agencies from maintaining and providing a current index of records as described in RCW 42.56.070(3) provided that the local agency publishes a formal order specifying the reasons why and the extent to which compliance would unduly burden or interfere with agency operations and make available for public inspection and copying all indexes maintained for agency use; and

WHEREAS, the District’s Administration has adopted the Policy & Procedure: Public Records Requests (“the Policy”), in substantially the form attached hereto as Exhibit A and now seeks the Commission’s ratification of the Policy.

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:

**Section 1. The Commission ratifies and approves the Policy and Procedure in substantially the form attached hereto as Exhibit A.**



**Section 2.** The District finds that calculating actual costs for copying its records would be unduly burdensome for the following reasons: The District does not have the resources to conduct a study to determine actual copying costs for all its records; to conduct such a study would interfere with other essential agency functions; and, through the legislative process, the public and requestors have commented on and been informed of authorized fees and costs provided in the Public Records Act including RCW 42.56.120 and other laws. Therefore, in order to timely implement a fee schedule consistent with the Public Records Act, it is more cost efficient, expeditious, and in the public interest for the District to adopt the state legislature’s approved fees and costs for most of the District’s records, as authorized in RCW 42.56.120 and as published in the agency’s fee schedule.

**Section 3.** The District’s Public Records Officer, in consultation with the District’s Superintendent/Chief Executive Officer, may amend the Policy as necessary to remain in compliance with evolving law governing the handling of public records requests and to update the Policy as facts may require. All amendments to the Policy shall be reported to the Commission.

**Section 4.** The District is comprised of multiple departments which maintain separate record keeping systems for the indexing of records and information. Because these records are diverse, complex, and stored in multiple locations, it is unduly burdensome to maintain a central index of these records. Therefore, the Commission finds that the index required by RCW 42.56.070(3) would be unduly burdensome and interfere with agency operations and formally orders that such an index does not have to be maintained as allowed under RCW 42.56.070(4) so long as all other indexes maintained by the District are available for public inspection and copying pursuant to applicable law.

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 25<sup>th</sup> day of January 2023, the following commissioners being present and voting in favor of this resolution.

\_\_\_\_\_  
Tom Herrin, Board Chair

\_\_\_\_\_  
Kim Olive, Secretary

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Wes McMahan, Commissioner

\_\_\_\_\_  
Craig Coppock, Commissioner

\_\_\_\_\_  
Vacant, Commissioner



**DocID:** 20136  
**Revision:** 0  
**Status:** Official  
**Department:** Administration  
**Manual(s):** 2. Board of  
 Commissioner's  
 Resource Manual

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## Policy & Procedure : Public Records Requests

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### Policy:

Consistent with the Public Records Act, Chapter 42.56 RCW ("Act"), it is the policy of Lewis County Hospital District No. 1 ("District") to make identifiable, non-exempt public records available for inspection and copying upon request and to publish policies to inform the public how access to public records will be accomplished.

The purpose of this policy is to establish the procedures the District will follow in order to provide the public full and timely access to public records of the District, mindful of individuals' privacy rights and the desirability of efficient administration of the District. The Act and this policy will be interpreted in favor of disclosure. In carrying out its responsibilities under the Act, the District will be guided by the provisions of the Act, describing its purposes and interpretation. Access to specific types of District records, and the copying or other fees associated with such access, may be governed by statutes or regulations other than the Act and may be subject to separate District policies. This policy does not supersede other applicable statutes or regulations or associated District policies governing access to such records.

### Procedure:

1. Providing "Fullest Assistance."
  - a. This policy will identify how the District will provide full access to and /or provision of public records, prevent excessive interference with other essential functions of the agency, provide fullest assistance to requestors and provide the timeliest possible action on public records requests.
2. Making a Public Records Request.
  - a. The District directs that all requests for access to District records be made by completing the fillable Public Records Request Form on the District's website, which will automatically be submitted to the Public Records Officer after completing the online process. Requests for records or to inspect or copy any records maintained by the District shall be made to the Public Records Officer through the following:
    - i. Website: [www.myarborhealth.org](http://www.myarborhealth.org) (Fillable Form)
    - ii. Mail: Arbor Health, Attention: Public Records Officer, PO Box 1138, Morton, WA 98356
    - iii. In Person: Arbor Health, Morton Hospital (Business Hours 8:00 am-4:00 pm)
    - iv. Phone: 360.496.5112 (Business Hours 8:00 am-4:00 pm)
  - b. All Public Records Requests will be addressed through the Public Records Officer. If any other District employee or official receives a public records request, that individual must take immediate steps to ensure that the request is provided to the Public Records Officer.
    - i. For requests made in writing, whether by email or otherwise, the District employee or official shall immediately forward the request to the Public Records Officer.
    - ii. For requests made orally, whether in person or by telephone, the District employee or official shall first encourage the requestor to complete the online fillable form. If the requestor declines, they should be directed or escorted to the office of the Public Records Officer. Unless the requestor is personally escorted, the District employee or official shall follow up with a phone call that day to ensure that the Public Records Officer has been made aware of the request. If the requestor declines both options, the

District employee or official shall immediately redo the request to writing using the District's online fillable form or, if necessary, a hard copy of the form found in the document management system.

- c. The Public Records Officer shall confirm in writing (email permitted) all oral requests made in person or by telephone, validating receipt of the information and the substance of the request. If the Public Records Officer has received a request that was completed by a District employee or official on behalf of a requestor, the Public Records Officer shall confirm with the requestor in writing that the request has been correctly memorialized.

### 3. Acknowledging Receipt of Public Records Requests.

- a. Within five business days of receipt of the request, the Public Records Officer will do one or more of the following:
  - i. Fulfill the request by providing the requested records or making them available for inspection or copying.
  - ii. Acknowledge receipt of the request and provide in writing a reasonable estimate of when records or an installment of records will be available.
  - iii. If the request is "overbroad," unclear or does not sufficiently identify the requested records, further clarification will be requested. The District will provide, to the greatest extent possible, a reasonable estimate of the time the District will require to respond to the request if it is not clarified.
  - iv. Deny the request in writing in accordance with Washington law.
- b. If the District does not respond in writing within five business days of receipt of the request for disclosure, the requestor should consider contacting the Public Records Officer to determine the reason for failure to respond.

### 4. Specific Issues Regarding Public Records Requests.

- a. **Overbroad Requests:** The District may not deny a request for identifiable public records solely because the request is overbroad. However, the Public Records Officer may seek clarification, ask the requestor to prioritize the request so that the most important records are provided first, and/or collaborate with the requestor to limit the size and complexity of the request. While it would be helpful, a requestor is not required to prioritize or limit a request. A request for all or substantially all District records is not a valid request. A request for all records regarding a particular topic or containing a particular keyword or name shall not be considered a request for all District records.
- b. **Unclear Requests:** Requests must be for identifiable records. An identifiable record is one in existence at the time the records request is made and that District staff can locate after an objectively reasonable search. If the request is unclear or does not sufficiently identify the requested records, the Public Records Officer will send a written request for clarification to the requester. If the requester does not respond to the District's request for clarification within thirty (30) days of the District's request, the Public Records Officer may consider the request abandoned, send a letter to the requester closing the request, and re-file any records that may have been gathered in response to the request. The District will respond to any portions of the request that are clear.
- c. **Nature/Scope of Request:** A requester need not state the purpose of the request. However, the Public Records Officer may inquire about the request as outlined in the aforementioned issues or seek sufficient information to determine if another statute may prohibit disclosure.
- d. **Commercial Use:** If the request is for a list of individuals, the Public Records Officer should ask the requester if they intend to use the records for commercial purposes. The District is not authorized to provide lists of individuals for commercial purposes. See RCW 42.56.070(9).
- e. **Records in Installments:** When a request is for a large volume of records, the Public Records Officer may elect to provide the responsive records or access for inspection and copying of records on an installment basis. When a request uses an inexact phrase such as "all records relating to," the Public Records Officer may interpret the request to be for records which directly and fairly address the topic. When the requester has been provided the records or access to the records they are seeking, the requester should advise the Public Records Officer when additional installments are no longer necessary. If the requester fails to pick up, pay for (when applicable), or inspect the set of responsive records or one or more of the installments within 30 days, the Public Records Officer may stop searching for the remaining records and close the request in writing to the requester.
- f. **Reasonable Estimate of Time to Respond:** If the requested records are not provided with the Public Records Officer's initial response letter, the Public Records Officer must provide a reasonable estimate of the time it will take to respond to the request or make available an initial installment of records. Additional time may be needed to clarify the scope of the request, locate and assemble the records, review the records for applicable exemptions, redact confidential information, prepare a withholding index, notify third-party persons or agencies affected by the request, and/or consult with the District's Attorney about whether the records are exempt from disclosure. This list is not exhaustive, and the District reserves the right to require additional time as permitted by the Act or other applicable federal or state law. Should an extension of time be necessary to fulfill the request, the Public Records Officer will provide in writing a revised estimate of the time it will take to release the documents.
- g. **Bot Requests:** The District will deny a bot request that is one of multiple requests from the requester within a twenty-four hour period, when responding to the multiple requests would cause excessive interference with

other essential functions of the District. "Bot request" means a request for records that the District reasonably believes was automatically generated by a computer program or script.

#### 5. Coordination of Response.

- a. Upon notification by the Public Records Officer of a Public Records Request, District employee(s) will assess and determine a reasonable timeframe for the provision of the requested records, and shall communicate the reasonable timeframe to the Public Records Officer within two business days.
- b. The District shall maintain a log of public records requests submitted to and processed by the District, which shall include the identity of the requester (if provided by the requester), the date the request was received, the text of the request, a description of the records produced in response to the request, a description of the records redacted or withheld, the reasons for redaction or withholding, and the date of the final disposition of the request. The log must be retained by the agency in accordance with the relevant record retention schedule established under this chapter, and shall be a public record subject to disclosure under the Act.
- c. The District will conduct an objectively reasonable search for responsive records. The Public Records Officer will work in conjunction with department directors to identify and take reasonable steps to narrow down the number of records assembled to those that are responsive to the request. However, the Public Records Officer is allowed to provide arguably, but not clearly, responsive records to allow the requester to select the ones they want, particularly if the requester is unable or unwilling to help narrow the scope of the documents being sought.
- d. If a record has been requested but is scheduled for destruction under the District's records retention schedule, the District shall not destroy the record until the public disclosure request has been resolved. Once the request has been closed, the Public Records Officer can destroy the record in accordance with the retention schedule.

#### 6. Availability /Inspection/Provision of Requested Records.

- a. District Website. When practicable, certain District records will be made available on the District's website at [www.myarborhealth.org](http://www.myarborhealth.org), e.g., agendas, minutes, packets, etc. Requesters are encouraged to view the documents on the website prior to submitting a Public Records Request.
- b. New Records. The District is not obligated to create a new record to satisfy a records request. However, the District may in its discretion create a new record to fulfill a request where, for example, it may be easier for the District to create a record responsive to the request than to collect and make available voluminous records that contain small pieces of information. If a new record is being created as a substitute for providing other identifiable public records in response to a valid request, the Public Records Officers must confirm with the requester in writing that the new record satisfied the request.
- c. Copies of Records. The Public Records Officer will notify the requester when the entire response or an installment is available. The Public Records Officer will notify the requester of fees that are payable to the District and will provide responsive records after such payment is received by the District.
- d. Inspection of Records. Public records are available for inspection and copying during the District's customary office hours, which are Monday through Friday (except legal holidays) from 8:00 a.m. to 4:00 p.m. The Public Records Officer will notify the requester when the entire response or an installment is available for inspection. The District and the requester may make mutually agreeable and prompt arrangements for times of inspection and copying. However, the District shall have final say regarding hours for inspection.
  - i. The inspection of records cannot create excessive interference with essential office functions. If large volumes of records are being inspected, the District may choose to pose a time limit and reschedule additional inspection time(s).
  - ii. The District will provide space to inspect public records.
  - iii. The District must "protect public records from damage or disorganization" (RCW 42.56.100); therefore:
    1. The requester will not be allowed to take originals from the District's allocated space of inspection.
    2. The District will appoint an employee to observe the inspection of the records to ensure the original records are not altered or destroyed.
    3. No record may be marked, defaced, torn, damaged, destroyed, unreasonably disorganized or removed from its proper location or order by a member of the public.
    4. Records maintained in a file jacket or binders, or in chronological order, may not be dismantled except for the purpose of copying, and then only by District staff.
    5. If the requestor seeks copies, the District's appointed employee will provide the requestor with the per page costs associated with the request, prior to making the copies. The District's appointed employee will make copies of all or selected records made by the requestor, to ensure the original record is not altered or destroyed. The Requestor is obligated to pay for copied records prior to being provided with said records.
  - iv. If the District is unable to provide access to the requested records within the stated estimated timeframe, the Public Records Officer will inform the requestor in writing of the additional time it will take to make the records available.
  - v. The Act does not allow a requestor to search through the District's files for records which cannot be identified or described to the District.
  - vi. The requestor must claim or review the assembled records within thirty (30) days of the District's notification to the requestor that the records are available for inspection or copying. The District shall

notify the requestor in writing of this requirement and direct the requestor to contact the District to make arrangements to claim or review the records. If the requestor fails to claim or review the records within the 30-day period or make other arrangements, the District may consider the request abandoned unless the requestor seeks an additional amount of time to review the records.

e. Electronic Records

- i. **Electronic Format.** If a requestor requests a copy of an electronic record in its native format, the District will produce the record in its native format as long as the requested record (including metadata) does not contain any exempt information.
  - ii. **Customized Service Charges.** The District may charge a customized service charge for the actual costs incurred for requests requiring information technology expertise to prepare data compilations, or provide customized electronic access services when such compilations and customized access services are not used by the agency for other agency purposes. In the event the District believes the request requires such expertise or customization, the District will notify the requestor of the customized service charge, explain why the charge applies, describe the specific expertise needed, and provide a reasonable estimate of the cost of the charge. The notice will provide the requestor an opportunity to amend the request to avoid the customized service charge.
  - iii. **Databases.** If the District can generate a report from the database with the requested non-exempt information through the standard process it uses for creating reports from this database, then the District shall generate a report with the specified information and handle the request as it would any request for an electronic record not containing exempt information. If the request requires additional steps, then the District will treat the request as seeking customized access.
  - iv. **Review of Electronic Record.** If the requestor requests to review the record or has requested a copy but lacks the necessary software to review the record in electronic form, the District may make a computer available to allow the requestor to review the record electronically. The requestor will not be allowed access to any other electronic record, except for the file(s) requested.
  - v. **Electronic Records with Exempt Data.** When a record (including metadata) contains exempt information, the exempt information shall be redacted before the record is produced. Redactions may be made by either printing the record and redacting exempt information by hand or converting the record into an electronic format that can be electronically redacted and electronically redacting the exempt information. Alternatively, if the requestor wants the record in its native electronic format, the District will treat the request as seeking customized access.
  - vi. **A New Record.** When a requestor seeks an electronic record in its native format that contains exempt information, the District will "redact" the exempt information by creating a new record in the native format without the exempt information, provided that the requestor agrees to pay for the costs of this customized access. The District may also choose to create a new record as the most cost-effective way to redact information, provided that the requestor consents. The Public Records Officer will notify the requestor of all associated charges prior to generating a new record or allowing for customized access.
  - vii. **Computer Programming.** If the requestor seeks information from a database that requires additional programming to generate a report with the requested information, the District may provide this customized access, provided that the District possesses the technological capability to do such programming and provided that the requestor agrees to pay for the costs of this customized access. If a requestor seeks access to the actual database itself and additional programming is required to allow this access or to ensure the requestor cannot access exempt information, the District may provide this customized access, provided that the District possesses the technological capability to do such programming and provided that the requestor agrees to pay for the costs of this customized access. Under no circumstances shall a requestor be given access to a database if it is not possible to protect Health Care Information, Quality Improvement Information, or other exempt information. The Public Records Officer will notify the requestor of all associated charges prior to generating a customized report or allowing for customized access.
  - viii. **Metadata.** If a requestor seeks metadata from a record that contains Health Care Information, Quality Improvement Information, or other exempt information, and the District possesses the technological capability, the District may provide a report containing that metadata with all exempt information redacted as it relates to Health Care and Quality Improvement Information.
- f. **Disclosure of a Record in Error.** The District and its officials or employees are not liable for loss or damage based on release of a public record if the District, official or employee acted in good faith in attempting to comply with the Public Records Act.

7. Fees for Public Records.

- a. **No Charge for Inspecting or Locating Public Records.** The District will not charge for locating a public record or for making records available for inspection or copying.
- b. **Costs for Providing Copies of Records (Statutory Default Costs).** The District is not calculating the actual costs of providing public records, including electronic records, because to do so would be unduly burdensome for the following reasons: the District does not have the resources to conduct a study to determine actual copying costs for all of its records; to conduct such a study would interfere with other essential District functions; and, through the legislative process, the public and requestors have commented on and been informed of authorized fees and costs provided in the Public Records Act, including RCW 42.56.120 and other laws.



Accordingly, it is more cost efficient, expeditious, and in the public interest of the District to adopt the state legislature's approved fees and costs for most of the District's records, as authorized in RCW 42.56.120 and set forth in the District's fee schedule.

- c. Fee Schedule. The charges outlined below may be combined to the extent that more than one type of charge applies to copies produced in response to a particular request. The requestor may ask for a summary of applicable charges before any copies are made.
  - i. Hard Copy Records: The fee is 15 cents a page for hard (paper) copy
  - ii. Scanned Records: The fee is 10 cents a page for scanning (electronic) hard (paper) copy records
  - iii. Electronic Uploads: The fee is 5 cents for each 4 (four) electronic files for records uploaded to email, cloud-based data storage service, or other electronic delivery
  - iv. Electronic Transmission: The fee is 10 cents per gigabyte for records transmitted in electronic format
  - v. Digital Storage Media: The fee is the actual cost of storage media or devices (i.e. Thumb Drive, External Hard Drive, CD, etc.)
  - vi. Shipping Materials: The fee is the actual cost of containers or envelopes used to mail copies
  - vii. Postage: The fee is the actual cost of postage or delivery charges
  - viii. Custom Service Fee: The fee is the actual cost of when the request would require the use of IT expertise or third-party customized access charges
  - ix. Color Photographs: Please contact us for fees associated with printed color copies of photographs. The District may determine to use a commercial copying center or other vendor for voluminous requests, color or non-standard size copies, or in the event of circumstances within the District in which an outside vendor is needed. The actual cost will be passed along to the requestor in the amount charged by the vendor
- d. Deposits or Payments by Installments. Prior to the records being copied, the Public Records Officer may require a deposit of up to 10 percent of fees at or above \$100 for copying the responsive records. The Public Records Officer will require payment of the remainder of the copying costs before providing the records, or the payment of the costs of copying an installment before providing that installment.
- e. Alternative Flat Fee. The District may, as an alternative to the charges listed in the fee schedule, charge a flat fee of up to \$2.00 for any request where the Public Records Officer reasonably estimates and documents that the costs under the fee schedule are clearly equal to or more than \$2.00. If the request is being fulfilled in installments, no additional flat fee will be charged for any installment after the first installment.
- f. Method of Payment. Payment by cash, check or money order may be made at Patient Access and made payable to Arbor Health.
- g. Waiver of Copying Costs; Alternative Fee Arrangements. The Public Records Officer may elect to waive the fees for a request for purposes of administrative convenience or based on other reasonable grounds. Additionally, the District may agree to an alternative fee arrangement with a requestor.

#### 8. Exemptions, Redactions, and Third-Party Notice.

- a. Exemptions and Redactions. Some records are exempt from disclosure, in whole or in part, based on the Act, the laws and regulations identified in Appendix A, or under other state or federal law. If the District believes that a record is exempt from disclosure and should be withheld, the Public Records Officer will state the specific exemption and provide a brief written explanation of why the record is being withheld. If only a portion of the record is determined to be exempt, the Public Records Officer will redact the exempt portions, provide the non-exempt portions, and provide a brief written explanation of why portions of the record are being redacted. An exemption log may be provided to the requestor to assist in identifying and explaining the basis for specific redactions or withholdings .
- b. Notice to Third Parties. In the event that the requested records specifically pertain to an individual or organization , the Public Records Officer may provide notice to those individuals or organizations or such others whose rights may be affected by disclosure. The District may also review any contracts with third parties that may contain special notice provisions. The notice to the affected persons shall include a copy of the records request, the date the District intends to release the records, and how the individual or organization can prevent release of the records. The District will release the records by the specified date if no one objects or the contacted party does not respond by the specified date. This procedure shall not create any rights to third parties to such notice. The District may take the time needed to provide third-party notice into account when providing an estimate for when the records will be available to a requestor.

#### 8. Public Records Index.

- a. In Resolution No. \_\_\_\_\_, the District found that it would be unduly burdensome and would interfere with District operations to maintain an index of records. The District will make available for public disclosure all indices which may at a future time be developed for District use.

#### 9. Closing the Records Requests.

- a. Inspection. When the inspection of the requested records is complete and all requested copies have been provided, the Public Records Officer will obtain a signature of the requestor on the Request for Public Records, indicating that the request has been satisfied.
- b. In-Person Receipt. When all requested copies of the records and/or installments have been provided, the Public Records Officer will obtain a signature of the requestor on the Request for Public Records, indicating that the request has been satisfied.

- c. Mail / Email. When all the requested copies of the records and/or installments have been mailed or emailed to the requestor, the Public Records Officer will include a letter to the requestor stating that the request has been fulfilled, and the Public Records Officer will indicate on the Request for Public Records the date the request was satisfied.
- d. Abandoned Request. If a requestor has been deemed to have abandoned the public records request under this policy or the Act, the Public Records Officer may close the request and send written confirmation of such closing in writing to the requestor. The Public Records Officer will document closure of the request and the conditions that led to closure on the applicable Public Records Request Form.

10. Review of Records Request Denials.

- a. Any person who objects to the initial denial or partial denial of a records request may petition in writing (which may be in email form) to the Public Records Officer for a review of that decision. The petition must include a copy of, or reasonably identify, the written statement by the Public Records Officer denying the request.
- b. The Public Records Officer shall immediately provide the petition and any other relevant information to the District's Superintendent/Chief Executive Officer (CEO). The Superintendent/CEO will consider the petition and either affirm or reverse the denial within two business days following the Public Records Officer's receipt of the petition, or within such other time as the District and the requestor mutually agree.

11. Disclaimer of Liability.

- a. Neither the District nor any of its officers, employees, officials, or custodians shall be liable, nor shall cause of action exist, for any loss or damage based upon release of public records if the person releasing the records acted in good faith in attempting to comply with this policy. This policy is not intended to expand or restrict the rights of privacy or the rights to inspect and copy public records as they exist under state and federal law. Despite the use of any mandatory terms such as "shall," nothing in this policy is intended to impose mandatory duties on the District beyond those imposed by state and federal law.

13. Records Retention Including Personal Devices.

- a. The District retains records consistent with state law on the preservation and destruction of public records, Chapter 40.14 RCW, and the records retention schedules issued by the Washington Secretary of State, Washington State Archives, including the Local Government Common Records Retention Schedule (CORE), the Public Hospital Districts Records Retention Schedule, and other records retention schedules as applicable. Employee supervisors will provide appropriate direction on retention of records applicable to employee job duties and records.
- b. Personal Devices.
  - i. Records created related to District business—including text messages, voicemail messages, and other electronic communications or records—are District records. These records therefore (1) should be managed according to the applicable retention schedule, and (2) may be subject to disclosure under the Public Records Act. This includes District-business-related messages sent on personal devices such as smart phones, tablets, and similar devices.
  - ii. Personal electronic devices should not be used to conduct District business except in cases of emergency.
  - iii. With department director authorization, employees may use text messaging on District-provided phones only for routine or transitory messages that do not need to be retained by the District. Examples include informal notices of meetings, directions, scheduling information, and other routine messages that would not be kept in a file if it were a paper communication. Where such transitory text messages are created, they must be deleted as soon as possible.
  - iv. Text messages may not be used to send policy, contract, formal correspondence, or personnel related data. Sensitive information should not be sent by text message, including social security numbers, credit card numbers, and passwords.
  - v. If a text message needs to be retained pursuant to a retention schedule, employees must promptly transfer the messages to the District's network and/or devices.

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**Document Owner:** Garcia, Shana  
**Collaborators:** Leianne Everett  
 Spencer Hargett  
 Tom Herrin

**Approvals**

**- Committees:** ( Pending ratification ) Board of Commissioners, ( 10/10/2022 ) Non-Clinical Policy Review Committee, ( 10/21/2022 ) Policy Oversight Committee, ( 01/04/2023 ) Compliance Committee,

**- Signers:**

**Original Effective Date:** 01/04/2023  
**Revision Date:** [01/04/2023 Rev. 0]  
**Review Date:**



**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:20136\\$0](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:20136$0).



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

RESOLUTION DECLARING TO  
SURPLUS OR DISPOSE OF CERTAIN  
PROPERTY

RESOLUTION NO. 23-02

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

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

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

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

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 25<sup>th</sup> day of January 2023, 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

\_\_\_\_\_  
Vacant, Commissioner

DISPOSAL/SURPLUS PERSONAL PROPERTY

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
12/27/2022	Univert Ventilator	Surgery Recovery	1720	Surplus	Equipment Obsolete
12/27/2022	Vital Monitor	Acute Care	6214	Surplus	No longer required or useful for hospital purposes
12/27/2022	Datascope Unit	ER, EMT Room	5397	Surplus	Obsolete
12/27/2022	2006 Ford F150 Pickup	Maintenance	1866	Surplus	To expensive to repair
12/28/2022					
12/28/2022	Resting ECG Analysis System	Randle Clinic	1843	Surplus	Broken and irreparable
12/28/2022	Incubator	Lab	6208	Surplus	No longer required.



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

RESOLUTION ADOPTING THE  
2023 COMPLIANCE WORKPLAN

RESOLUTION NO. 23-03

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:

**Adopting the 2023 Compliance Workplan.**

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 25<sup>th</sup> day of January 2023, 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

\_\_\_\_\_  
Vacant, Commissioner

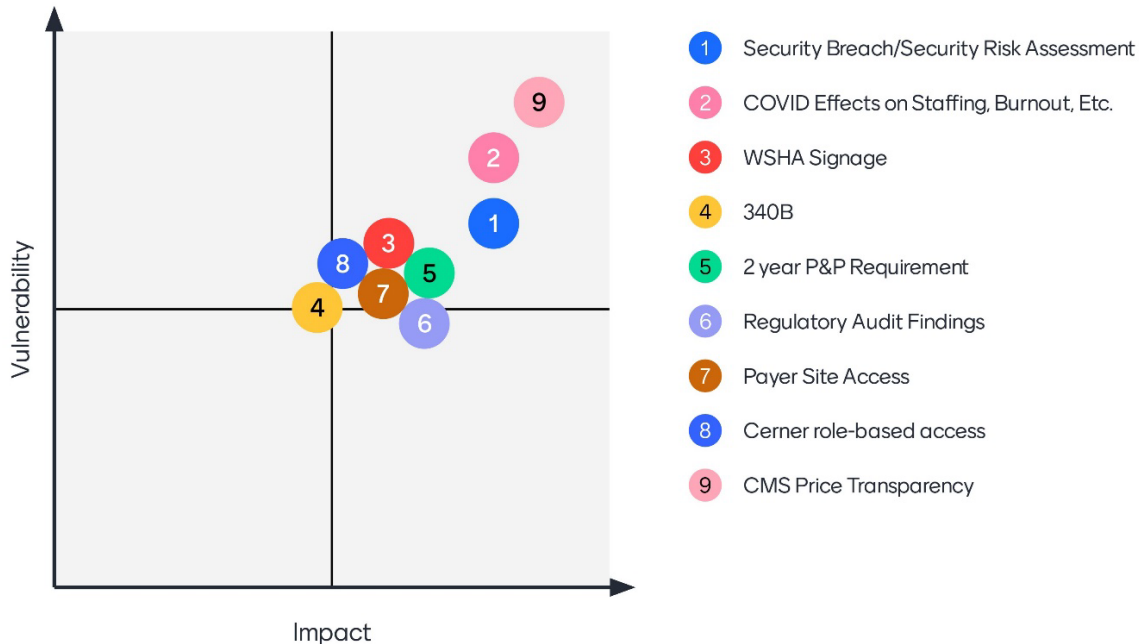
**To:** Board of Commissioners  
**From:** Spencer Hargett, Compliance Officer  
**Date:** 01/25/2023  
**Subject:** 2023 Compliance Workplan

## Overview

The objective of Lewis County Hospital District No. 1's (LCHD No. 1) Compliance Program (Compliance) is to continuously re-assess risk areas, re-prioritize compliance projects that are most critical to the mission of LCHD No. 1, and report compliance developments and compliance audit findings to the Compliance Committee, the Superintendent, and the Board of Commissioners.

## 2022 Year End Risk Assessment

We conducted a year end risk assessment. Risk areas were identified by scanning multiple internal and external sources. Some external sources include United States Department of Health and Human Services, Office of Inspector General (HHS OIG) Work Plan and annual Health Care Fraud and Abuse Control Program Report, Washington State Health Care Authority Division of Program Integrity's (HCA DPI) FY 2022-year end required annual training, etc. Below are the results of our year end risk assessment:



**Proposed 2023 Compliance Workplan**

The proposed 2023 Compliance Work Plan outlines the various project areas that we perceive as critical to the mission of LCHD No. 1. The planning process is ongoing and dynamic; therefore, the focus and timing of many of these projects may be altered in response to new information, new issues, and shifting priorities of LCHD No. 1.

**Proposed 2023 Compliance Workplan Key Initiatives:**

Key Initiatives		Q1	Q2	Q3	Q4
1	CMS Price Transparency	X	X		
2	COVID effects on staffing, competencies, burnout, etc.	X	X		
3	2-year P&P Requirement	X	X		
4	WSHA Signage			X	X
5	Regulatory Audit Findings			X	X
6	Cerner Role-Based Access			X	X

**Proposed 2023 Audit & Monitoring Activities:**

Activity		Q1	Q2	Q3	Q4
1	Security Risk Assessment	X			
2	Payer Site Access	X			
3	Physician Signature Attestation Log	X			
4	PEPPER		X		
5	PARA CDM review		X		
6	Provider Contract Review		X		
7	Service Recovery Log Review		X		
8	Record Program			X	
9	DOH Required Policies			X	
10	Annual Conflicts of Interest Disclosures			X	
11	PARA E&M Review				X
12	Cerner Activity Log Review	X	X	X	X



## 2023 Medical Staff Appointments

### Medical Executive Committee (MEC)

Chief of Staff	Travis Podbilski, DO
Secretary	Victoria Acosta, DO
Immediate Past Chief of Staff	Mark Hansen, MD

### Service Chiefs

Surgery	Charles T. Anderson, MD
Medicine	Anthony Fritz, MD
Family Practice	Don Allison, MD

### Medical Directors

Emergency Department	Jeff Ford, MD
Sleep Center	Jakdej Nikomborirak, MD
Respiratory Therapy & Pulmonary Rehabilitation	Anthony Fritz, MD
Pathology	Helen Kim, MD-PeaceHealth Medical Group
Anesthesia	Amy Nielsen, CRNA
Rehabilitation Services	Travis Podbilski, DO
Imaging	Ross Parker, MD-Radia, Inc.
Rural Health Clinics	Kevin McCurry, MD

### Medical Staff Committee Assignments

Pharmacy & Therapeutics	Kevin McCurry, MD Edward Junn, MD Victoria Acosta, DO (Alternate) Nicholas tyler-Hashemi, Pharmacist
Utilization Quality Review/QI & Medical Records	Travis Podbliski, DO Garrett Peresko, DPM (Alternate)
Ethics Committee	Charles T. Anderson, MD Kevin McCurry, MD Don Allison, MD
Bylaws Committee	Jeff Ford, MD
Tissue & Transfusion	Peace Health
Infection Control	Charles T. Anderson, MD Amy Nielsen, CRNA (Alternate)
Joint Conference	See Bylaws
Credentialing (3-year rotation)	Charles Anderson, MD (1st Year) Anthony Fritz, MD (3rd Year) Don Allison, MD (3rd Year)
Swing Bed	Don Allison, MD Mark Hansen, MD
Lucidoc Committee-Clinical Documentation Review	Charles T. Anderson, MD Kay Brooks, PA-C Devin Spera, MD Anthony Fritz, MD

WARRANT & EFT LISTING NO. 2022-12

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

\$3,148,154.24 this 25<sup>th</sup> day

of January 2023

\_\_\_\_\_  
Board Chair, Tom Herrin

\_\_\_\_\_  
Secretary, Kim Olive

\_\_\_\_\_  
Commissioner, Wes McMahan

\_\_\_\_\_  
Commissioner, Craig Coppock

\_\_\_\_\_  
Commissioner, Vacant

SEE WARRANT & EFT REGISTER in the amount of \$3,148,154.24 dated December 1, 2022 – December  
31, 2022.



**DEC 2022 CHECK RUN  
ARBOR HEALTH WARRANT REGISTER**

*Routine A/P Runs*

Warrant No.	Date	Amount	Description
128212 - 128254	2-Dec-2022	169,762.01	CHECK RUN
128255 - 128272	5-Dec-2022	160,087.10	CHECK RUN
128273	1-Dec-2022	257.05	CHECK RUN
128274 - 128323	9-Dec-2022	187,589.05	CHECK RUN
128324 - 128341	9-Dec-2022	754,774.67	CHECK RUN
128342	2-Dec-2022	35.00	CHECK RUN
128343	6-Dec-2022	223.86	CHECK RUN
128344	13-Dec-2022	92.71	CHECK RUN
128345 - 128392	16-Dec-2022	129,910.33	CHECK RUN
128393 - 128413	16-Dec-2022	156,391.82	CHECK RUN
128414	1-Dec-2022	13,239.88	CHECK RUN
128415 - 128433	16-Dec-2022	4,568.94	CHECK RUN
128434 - 128445	21-Dec-2022	128,568.20	CHECK RUN
128446 -128453	22-Dec-2022	61,792.89	CHECK RUN
128454 - 128506	22-Dec-2022	211,420.25	CHECK RUN
128507	1-Dec-2022	10,283.88	CHECK RUN
128508	9-Dec-2022	1,000.00	CHECK RUN
128509	19-Dec-2022	3,706.31	CHECK RUN
128510	20-Dec-2022	195.17	CHECK RUN
128511	23-Dec-2022	398.50	CHECK RUN
128512	29-Dec-2022	14,244.22	CHECK RUN
128513	29-Dec-2022	33,282.13	CHECK RUN
128514 - 128537	30-Dec-2022	707,479.86	CHECK RUN
128538 - 128587	30-Dec-2022	69,734.02	CHECK RUN
128588	15-Dec-2022	9,650.28	CHECK RUN
128589 - 128590	28-Dec-2022	28,672.81	CHECK RUN
128591	28-Dec-2022	238.22	CHECK RUN
128678	27-Dec-2022	363.47	CHECK RUN
<b>Total - Check Runs</b>		<b>\$ 2,857,962.63</b>	

**Error Corrections - in Check Register Order**

Warrant No.	DATE VOIDED	Amount	Description
128512	29-Dec-22	14,244.22	VOID
128526	30-Dec-22	14,244.22	VOID
<b>TOTAL - VOIDED CHECKS</b>		<b>\$ 28,488.44</b>	

<b>COLUMBIA BANK CHECKS, EFT'S &amp; VOIDS</b>	<b>\$ 2,829,474.19</b>
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Eft	Date	Amount	Description
4719	5-Dec-2022	251.61	TPSC
1186	9-Dec-2022	155,318.06	IRS
4720	10-Dec-2022	495.06	TPSC
4721	19-Dec-2022	166.96	TPSC
1187	23-Dec-2022	160,179.88	IRS
4722	29-Dec-2022	2,268.48	TPSC
<b>TOTAL EFTS AT SECURITY STATE BANK</b>		<b>\$ 318,680.05</b>	

<b>TOTAL CHECKS, EFT'S, &amp; TRANSFERS</b>	<b>\$ 3,148,154.21</b>
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**OLD 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: Lianne Everett, Superintendent  
CC:  
Date: 01/19/2023  
Re: Board Development

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Kurt O'Brien will be leading the Board of Commissioners through ongoing leadership development for six months in 2023. With board and Superintendent turnover, Kurt has been asked to begin the sessions in April, 2023. These will be fifty minutes sessions incorporated into the regular board meetings.



**Mossyrock Clinic**  
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360-983-8990

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**Morton Clinic**  
531 ADAMS AVENUE  
360-496-5145

## MEMORANDUM

To: Board of Commissioners  
From: Lianne Everett, Superintendent  
CC:  
Date: 01/19/2023  
Re: Interview At-Large Commissioner Position #4

In Old Business, time has been allotted to interview the eligible community members that have expressed an interest in being appointed to the At-Large Commissioner Position #4. At the time of this writing, the following have submitted letters of interest, which accompany this memorandum:

1. Chris Schumaker
2. Francis "Peppy" Elizaga
3. Van Anderson

The interviews will take place in open session as this is required as a public hospital district. The order of the candidates will be randomly selected via a drawing. Furthermore, to ensure each candidate is interviewed equitably, the same questions must be asked of each of the candidates, without deviations except for clarifying questions. Each commissioner should ask one of the provided questions below and no additional questions should be allowed.

1. What makes our mission meaningful to you?
2. What motivates you?
3. How do you represent to your constituents a board's decision to which you were opposed?
4. How would you leverage your position in the community and advocate for the District?

Once the interviews are concluded, the Board will go into Executive Session to review the qualifications of the candidates. No decisions will be made while in Executive Session. Once the commissioners return to the open session, a motion to appoint an eligible district member to the At-Large Commissioner Position #4 will be entertained.

Once the motion carries, we will swear in the appointed commissioner. A notary will be present to conduct this event. This will allow the new commissioner to begin participating in their committee assignments beginning February 1, 2023.

Please remember that eligible community members have through January 23, 2023, to submit letters of interest. Any received after the distribution of this packet will be emailed to commissioners on January 24, 2023, for review prior to the January 25, 2023, Regular Board Meeting.

Christopher Schumaker M.Ed.

Box 201 Randle, WA 98377

509-899-3112

Chris.Schumaker@gmail.com

January 6, 2023

Dear Chairman Herrin and Board of Commissioners:

With great enthusiasm, I write to submit my name for the At-Large Commissioner Opening. As an experienced educational leader with twenty years of dedicated service to schools and communities and as a resident of Lewis County for thirteen years, I am prepared to contribute to and promote Arbor Health Care's vision and values to staff, patrons, and community stakeholders.

My experience in leadership and governance has matured through three pathways. First, my schooling at Central Washington University and Seattle Pacific University have produced a B.A. in History, an M.A. in Educational Administration, and enrollment into a doctoral program in Educational Leadership. I have earned a principal, superintendent, and CTE director certificate. Secondly, I have held the following positions: paraprofessional, teacher, learning coach, union rep., athletic director, building principal, and CTE director. Having worked in small and large schools, I learned quickly that school administrators become well-rounded in the different systems and functions that organizations utilize. Those experiences will crossover well into the healthcare arena. Thirdly, my time as a prior Hospital Commissioner, serving with other board members, has given me a unique perspective and insight into executive board functions, institutional governance, community relations, and financial planning. All three of these pathways have given me the confidence, knowledge, and skill set to fulfill the duties and responsibilities of a Hospital District Commissioner.

During my last term of service, I was impressed with the commitment and dedication that all members of the Arbor Health Team demonstrated. Those first two years of COVID-19 were scary and challenging to our district. However, our team, community, and hospital district met the challenge with courage and fortitude. I would be honored to rejoin the team to continue the excellent work.

In closing, I look forward to discussing how my values and experiences align with your stated purpose of fostering trust and nurturing a healthy community for all of East Lewis County. I look forward to the possibility of working together again. I greatly respect you and the responsibility a Commissioner must carry.

Sincerely,



Christopher Schumaker

Candidate for Commissioner

# Christopher E. Schumaker

Box 201, Randle, WA 98377 | chris.schumaker@gmail.com | (509) 899-3112

## K-12 Educational Leader

Financial Management | Team Leadership & Development | Program Management

### Career Summary

Highly accomplished and dedicated Administrator, holding a master's degree, offering a successful track record of developing strong teams that strive for excellence while holding people accountable. In-depth working knowledge of Local, State, and Federal law and policies. Extensive experience working in a diverse culture. Proven ability to work with disagreements and constructive criticism. Exceptional communication and interpersonal skills at all levels, paired with a strong work ethic with a reputation for compassion and respect toward others. Decisive, solutions-focused, and results-driven leader possessing an in-depth ability to work across divisional and departmental lines in managing issues with competing priorities.

### Core Competencies

- School Safety
- Staff Evaluations
- Student Discipline
- Sports Management
- Budget Management
- Coaching / Mentoring
- Student Achievement
- Program Management
- Financial Management
- Curriculum Development
- Team Leadership & Development
- Continuous Process Improvement

### Technical Proficiency

Microsoft Office (Word; Excel; PowerPoint); Zoom; Google Hangouts; Google Drive; Software Suite.

### Administration Experience

White Pass School District (Randle, WA)

08/2015 – Present

#### 7-12 Building Principal

Consistently demonstrates in-depth skills in all aspects of Student Discipline, School Safety, Student Achievement, Staff Evaluations, Budget Management, Strategic Planning, Community Outreach, MTSS Implementation, CTE Dir., and Hi-Cap Dir.

Successfully communicates and problem-solves issues and situations that arise from managing High School Athletics with a focus on transportation schedules, ASB accounts, staffing issues, common handbook language, common rules and expectations, and community relations between a two School District Sports combined.

Demonstrates broad skills in working with diverse groups of staff, students, parents, and community to move the Jr./Sr. High forward so that all students are prepared for life's opportunities.

Skillfully implemented a multi-tiered System of Support within the building, enabling a systemic, continuous improvement framework in which data-based problem-solving and decision making is practiced across all levels of the educational system for supporting students.

Successfully implemented Positive Behaviors Interventions & Supports within the building, an evidence-based three-tiered framework to improve and integrate all of the data, systems, and practices affecting student outcomes every day.

Demonstrated exceptional abilities in implementing the new State Evaluation System T-PEP within the district.

Recognized for successfully implementing the district's and buildings' response to COVID-19 with a focus on creating Safety Procedures and Policies to keep everyone safe while promoting continuous learning.

# Christopher E. Schumaker

Page 2 of 3

Held a key role in the "T-Wolf Pride" program, improving attendance from 84% to 93% over a 5-year period.

Skillfully implemented a Core/Flex Academic Intervention Program, leading to failing grades dropping from 120 Fs per semester to 37 Fs per semester (failing grades dropped by 60% from 2016 to 2021).

Held an integral role in implementing a Community Open House Program, resulting in an attendance of 400 participants.

Credited with successfully developing a leadership team that created a collaborative culture in the pursuit of excellence.

Held a pivotal role in implementing a system where teachers regularly access data to analyze student achievement, and then synthesizing the results to create systems where students will be more successful.

Western Governors University (Millcreek, UT – Online Course) 09/2020 – 06/2023  
**Clinical Supervisor**

Provides in-depth observation of student teachers for 6 observations and 2 formal evaluations.

Demonstrates optimal skills in all aspects of mentoring, evaluating, problem-solving, and recommending students for Teacher Certifications upon successfully passing their course.

Pe Ell School District (Pe Ell, WA) 08/2011 – 07/2015  
**K-12 Building Principal**

Consistently displayed optimal skills in all aspects of Student Discipline, School Safety, Curriculum Development, Student Achievement, Staff Evaluations, and Budget Management.

Shelton School District (Shelton, WA) 08/2009 – 07/2011  
**Administrative Assistant / Athletic Coordinator at Oakland Bay Jr. High**

Demonstrated exceptional abilities in all areas of Student Discipline, School Safety, Curriculum Development, and Sports Management.

## Teaching Experience

Seattle Pacific University (Seattle, WA) 09/2019 – 06/2022  
**Principal Leadership / Adjunct Professor**

Successfully teaches future principals on ways to be effective leaders and good financial stewards of public money.

Demonstrates exceptional skills in teaching courses with a focus on both school culture and school finance.

Credited with consistently modeling a balance of knowledge, wisdom, and poise that earns the respect of those served.

### Additional Teaching Experience:

Brentwood Girls Group Home "Services Alternative" (Lacey, WA) 10/2007 – 06/2009  
**General Ed. and GED Prep.**

Shelton School District (Shelton, WA) 08/2005 – 07/2009  
**Jr. and Sr. High School History**

Okanogan School District (Okanogan, WA) 09/2003 – 06/2005

# Christopher E. Schumaker

Page 3 of 3

## Middle School History

Eastmont School District (East Wenatchee, WA)

07/2002 – 06/2003

### HS History and Business

## Advanced Education

Seattle Pacific University (Seattle, WA), 07/2019 – Expected Graduation 06/2024

### Doctor of Education (EdD)

Central Washington University (Ellensburg, WA), 09/2002 – 07/2007

### Master of Education Administration

Central Washington University (Ellensburg, WA), 09/1998 – 06/2002

### Bachelor of Education

## Specialized Certifications & Credentials

- Teaching and Administrative Credential # 399630C
- White Pass Levy Committee (White Pass Levy Group), 09/2017 – Present
- CEL 5D+ Administrative Training (UW Center of Education), 09/2013 – Present
- Professional Learning Communities (Dufour) (ESD 113), 09/2012 – Present
- Highly Capable Education Coordinator (White Pass SD), 09/2016 – 06/2022
- Crisis Prevention and Intervention Training (CPI) (ESD 113), 12/2019 – 01/2021
- COVID-19 Safety, Student Achievement, and Community Engagement (ESD 113), 11/2020 – 12/2020
- CTE Director Certification – Washington State CTE Internship, 05/2020
- Career & Technical Education Director Internship (OSPI CTE Dir. Program), 09/2019 – 06/2020
- Superintendent Certification – Seattle Pacific University, 06/2019
- Restorative Justice Training (INUA Group), 09/2018 – 06/2019
- Superintendent Internship (Seattle Pacific University), 09/2018 – 06/2019
- Multiple Tiered Systems of Support with District & Building Implementation (ESD 113), 09/2017 – 06/2019
- Principal Instructional Rounds Network (ESD 113), 10/2016 – 06/2019
- Student Threat Assessment Training (Salem-Keizer) (ESD 113), 02/2019 – 02/2019
- Washington State GEARUP Planning and Assistance (WA GEARUP), 04/2018 – 12/2018
- ALICE Training: School Safety Procedures and Protocols (Lewis County Sheriff's Office), 09/2015
- Principal Pro-certification – Pacific Lutheran University, 05/2015
- T-PEP Academy (ESD 113), 10/2013 – 04/2014
- Positive Behavior and Intervention Systems/Procedures (ESD 113), 09/2013 – 09/2014
- Rural School Innovation and Engagement (NW RISE Network), 09/2013 – 06/2014
- Powerful Teaching and Learning (STAR Protocols) (The BERC Group), 09/2009 – 06/2010
- School Improvement and Turnaround Procedures/Process (OSPI), 09/2009 – 06/2010

## Volunteer Work

- Lou Crew – Youth Advocacy Group (Member), 11/2017 – Present
- Friends of White Pass (Member of Levy Committee), 06/2017 – Present
- Arbor Health: Morton General Hospital (Hospital Commissioner for District 2), 06/2020 – 12/2021

## Professional Organizations

- Washington Association for Career and Technical Education, 09/2018 – Present
- Association of Washington School Principals, 09/2011 – Present
- National Association of School Administrators, 09/2011 – Present



## Francis (Peppy) Elizaga

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Objective	To secure a position as a Lewis County Hospital District Commissioner.
Community Service	<u>2009-2021 Morton City Council</u> <u>2017- Present Lewis County Solid Waste Advisory Committee (SWAC)</u>
Work experience	<u>May 1999-Present Hampton Lumbermills Morton, WA</u> Maintenance Supervisor <ul style="list-style-type: none"><li>▪ Supervised oilier, millwrights,&amp; electricians (21 people)</li><li>▪ Monthly safety training for maintenance crew</li><li>▪ PMs, corrective work planning, scheduling</li><li>▪ Troubleshooting, mechanical, and electrical</li><li>▪ Budgeting</li><li>▪ Purchasing</li><li>▪ TOC Professional Supervisor Training</li></ul> <u>1982-May1999 Cowlitz Stud Co. Randle , WA</u> Plant Superintendent Randle Div. <ul style="list-style-type: none"><li>• Plant safety, production, maintenance, scheduling, personnel issues environmental issues, purchasing</li></ul> Plants Superintendent Morton and Randle Divisions New Construction / Maintenance <ul style="list-style-type: none"><li>• Managed outside contractors, engineering, purchasing, budget proposals</li><li>• Oversee maintenance for both mills</li></ul> Maintenance Supervisor <ul style="list-style-type: none"><li>▪ Supervised oilier, millwrights, electricians, and mobile equipment mechanics</li><li>▪ Scheduling</li><li>▪ Purchasing</li></ul> Electrician <ul style="list-style-type: none"><li>▪ Preventative maintenance, troubleshooting, PLC programming and repair</li><li>▪ New construction</li><li>▪ Purchasing</li></ul> Chaser / Interim Sawmill Supervisor <ul style="list-style-type: none"><li>• Responsible for employee safety, production, and quality control</li></ul> General laborer <ul style="list-style-type: none"><li>▪ Cleanup, Green chain, Strippuller, Equipment operator</li></ul>

Education                    1987    1qtr            Centralia Collage    Centralia WA  
                                  1982                    Bates Vocational Technical    Tacoma WA  
                                  ▪    Welding certification

1977 – 1981            Morton High School Morton WA  
                                  High School Diploma  
                                  ▪    Honor Student, Class President

References                    Dennis Barnes    Work 360-496-7347    Home 360-497-5616  
                                  Art Minnear            Work 360-496-6888    Home 360-492-5052  
                                  Bob Maupin            Home 360-520-1755

Interests and  
activities                    Fishing, Motorcycle riding

Van Anderson  
490 Cannon Rd  
Packwood, WA 98361

Shana Garcia  
Lewis County Hospital District #1, dba Arbor Health  
521 Adams Ave.  
Morton, WA 98356

Dear Board Chair Herron and the commissioners of hospital district #1,

I am writing to you to submit my name as an applicant for the at-large district 4 member of the Board of Commissioners for Lewis County Hospital District #1. I believe that I possess attributes which bring valuable perspective to the Board in representing the health care needs of a wide cross-section of the East Lewis County community. Specifically, I feel that I have the personal relationships and community involvement to understand and represent the needs of three distinct groupings of East Lewis County residents: 1) retired residents, especially in the Packwood/Randle area, who face barriers to health care access in maintaining their preferred residency in East Lewis County, 2) the LGBTQ community, who facing a lack of providers able to understand and meet health care needs, and 3) people of East Lewis County, working outside the health care field, and without employer-provided health coverage, who face the paucity of health insurance coverage options in the individual marketplace.

First, I feel it is best to explain my history in East Lewis County, and my access to health care over my lifetime. I was born as a planned C-section in Swedish Hospital, Seattle. Even though my parents were both teachers in the White Pass School District, they were not able to access adequate healthcare locally for my birth. However, for the entirety of my childhood, Dr. Gerald Stanley was my primary care provider in Packwood until he was unable to continue his Packwood practice in the late '90s. I accessed clinics and local hospitals for a dozen years as I attended college, joined the AmeriCorps program, and worked for Habitat for Humanity on the east coast. I moved back to East Lewis County over a decade ago, and have primarily used Arbor Health's Randle Clinic for my health care in that time, utilizing both Washington Apple Health coverage, and private coverage through the state's individual insurance marketplace. I am currently employed as a substitute teacher and para-educator with the White Pass School District, and am involved in the community as a volunteer with MWP athletics, the White Pass Community Scholarship Fund, the White Pass Country Historical Society, and the Livable Packwood affordable housing group.

As mentioned earlier, I believe one of my primary assets to the board would be my connection to various communities under-represented in the current board. The first of those communities consists of retired individuals, many without local family members, concentrated especially in the High Valley community of Packwood, but present throughout the hospital district. I have watched over the past decade as many of these individuals have sold their chosen homes in East Lewis County in order to live in places where their working children can assist them in transportation and logistics for their increasingly critical health care needs. As Arbor Health develops the new Packwood clinic, this population's concerns represent unmet community health needs that could be dramatically improved by careful consideration, outreach, and program development at that new facility. My connection to this population through my parents' peer relationships, as well as my own connections in the community would be of considerable value to the board.

My second asset to the board lies in my insight and connections to the LGBTQ community in East Lewis County. As you are almost certainly aware, the health needs of LGBTQ individuals can diverge from those of cis-gendered and heterosexual members of the community. While most health care facilities are able to meet those needs physically, the greatest barrier to effective health care delivery often lies in the level of trust with the health care system and providers. Too often, LGBTQ individuals are dissuaded from pursuing their health needs by both overt and unintentional acts of bias and lack of welcome in health care settings. As health care has been a target for politicization in the last several years, it falls upon Arbor Health to actively reduce barriers and reach out to this community to meet this community's health care needs effectively.

My third asset is my long-term potential to serve the board with a base of knowledge from outside the health care system. I am only 43 years old, and work in East Lewis County. My employment has primarily been non-profit and in the housing and education fields – meeting the essential needs of individuals and communities. As a health care consumer, I've never had access to inside knowledge about how to deal with doctors, billing systems, and insurance companies. I've been forced to navigate this incredibly complex system to maximize my health outcomes while also limiting my financial exposure when accessing health care. Unfortunately at a time when 1/3 of Americans cannot weather a \$400 emergency expense, this is a significant barrier for many in our current health care climate. Having someone who has dealt with those issues without insider knowledge is of critical importance if Arbor Health is to maintain and enhance its ability to meet its responsibilities to the East Lewis County community who owns the district. Importantly, I have the potential to serve as a commissioner for the long-term. With my primary ties in the East Lewis County community, including family, professional ties, social networks, volunteer involvement, and property ownership, I plan to be in this for the long run.

My last asset is an intangible, but I believe lies at the heart as to why former commissioner Kent Smith asked me to get involved with the hospital district three years ago. It is simply that I believe in being as thoughtful, thorough, and analytical as I can to do the most good in the world. There is a reason why my professional life has found me so consistently working in the non-profit sector – I pursue my life and work to make people's lives better without the desire for more than the means to live simply. Ensuring the highest quality of health care to everyone in East Lewis County is surely one of the greatest opportunities for me to concretely manifest that lifelong pursuit. I would be honored and inspired to be part of that mission with the LCHD#1 Board of Commissioners, and believe I would be an asset to the board in realizing that mission.

With much thanks for your consideration,



Van Anderson



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360-983-8990

**Randle Clinic**  
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**Morton Hospital**  
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**Morton Clinic**  
531 ADAMS AVENUE  
360-496-5145

**MEMORANDUM**

To: Board of Commissioners  
From: Leianne Everett, Superintendent  
CC:  
Date: 01/19/2023  
Re: Strategic Planning 1-Day Retreat

As you may remember, we postponed the strategic planning retreat from Fall 2022 to Winter/Spring 2023 to accommodate the onboarding of the new Superintendent. Two milestones associated with the retreat are the Community Health Needs Assessment (CHNA) and the Implementation Plan. You approved the CHNA at the December 2022 board meeting to meet the regulatory requirement of having it adopted on or prior to December 31, 2022. This document will also be information used at the strategic planning retreat.

The second milestone, the Implementation Plan, is a product of the strategic planning retreat. At the retreat, you will use information, such as the CHNA, to select your strategic priorities for 2023-2025. The Implementation Plan is written to explain how the Superintendent plans to operationalize your priorities. This Plan must be adopted and posted on or before May 15, 2023.

The new superintendent will not arrive until March 6, 2023, so I am moving the retreat forward in multiple ways. I conducted employee listening sessions in January 2023, to capture the employee voice for the retreat. In February 2023, I will be conducting community listening sessions (see memorandum in New Business). Additionally, community focus groups and a community survey will be occur to capture the community input for the retreat. Much advertising will occur to promote these community events.

**SAVE THE DATE**...or in this case, dates. Executive Assistant Garcia is working to finalize the date of the retreat. At this time, we are asking you to set aside April 18, 19 and 25, 2023. While only one day will be selected, we are asking that you hold these dates until this event can be finalized.

**NEW BUSINESS**



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

RESOLUTION APPOINTING LEWIS  
COUNTY HOSPITAL DISTRICT No. 1  
SUPERINTENDENT

RESOLUTION NO. 23-04

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:

**Appoint Kyle Kellum as Superintendent for Lewis County Hospital District No. 1.**

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 25<sup>th</sup> day of January 2023, 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

\_\_\_\_\_  
Vacant, Commissioner

## EMPLOYMENT CONTRACT OF

### LEWIS COUNTY HOSPITAL DISTRICT NO. 1

THIS AGREEMENT is between Lewis County Public Hospital District No. 1, d/b/a Arbor Health (hereinafter referred to as “the District ”), and Kyle Kellum (hereinafter referred to as the “CEO”), and is effective as of February 25, 2023 (the “Effective Date”).

**NOW, THEREFORE**, in consideration of the covenants and conditions contained herein, the parties hereto agree as follows:

1. Employment. As of the Effective Date, the District employs CEO and CEO accepts employment on the terms and conditions contained in this Agreement.
2. Duties. CEO is employed in the capacity of Chief Executive Officer and Superintendent. CEO shall report directly to, and take direction from, the District’s Board of Commissioners of the District (“Board”). CEO shall perform the duties customarily performed by a chief executive officer and superintendent of a public district, provided that CEO’s precise duties may be changed, extended or curtailed, from time to time, at the Board’s direction. CEO will render full-time (40+ hrs./ week) professional services to the District as for the term of this contract, subject to an annual performance and compensation review to be conducted by the Board. CEO will propose and Commissioners will approve/ modify an annual set of goals as part of the basis to be used for the annual evaluation. In carrying out their responsibilities and authority, CEO shall report to, be responsible to, and take instructions directly from the Board. CEO’s duties shall be consistent with Chapter 70.44 of the Revised Code of Washington (“RCW”).
3. Full Attention and Effort. CEO shall devote their entire working time, attention and efforts to the District’s business and affairs, shall faithfully and diligently serve the District’s interests and shall not engage in any business or employment activity that is not on the District’s behalf (whether or not pursued for gain or profit) except for (a) activities approved in writing in advance by the Board and (b) passive investments that do not involve CEO providing any advice or services to the businesses in which the investments are made.
4. Term. The term of this Agreement shall begin on the Effective Date of February 25, 2023 and shall be in effect until terminated as allowed herein.
5. Salary. Beginning on the Effective Date, CEO will be paid an annual salary of \$307,000 (“Base Salary”) / \$147.596 per hour, payable in equal installments consistent with the District’s payroll



practices. The Base Salary may be altered by amendment to this Agreement as the Board may from time to time determine. CEO shall be entitled to participate in any District-sponsored CEO benefit plans, except as limited by law.

6. Sign on and Retention Incentive. In consideration of the execution of this Agreement, Employee's services as Administrator of Arbor Health and Superintendent of Lewis County Hospital District No. 1 of Lewis County, Morton, Washington, and as an incentive to secure Employee's services beyond the minimum period of time required under this Agreement, the Hospital agrees to pay Employee a sign on and retention incentive payment of \$50,000.00 ("Incentive Payment") in two (2) installments. The first payment will be \$30,000 on the first paycheck and the second payment will be paid out on the first paycheck after the completion of year five (5). The Incentive Payment will be subject to applicable tax and other withholdings and deductions. The Hospital and Employee agree that the Incentive Payment is to secure the continuing future employment of Employee and that it must be satisfied by Employee through the application of credits for future service until satisfied in full, as follows: Employee will receive a service credit equivalent to \$833.33 per month of service following execution of this Agreement, which service credits will be applied to reduce the \$30,000.00 Incentive Payment balance until such time as that balance is reduced to zero. Employee agrees that if employment terminates for any reason other than termination without cause under Section 14.1, before the Incentive Payment balance has been reduced to zero through the application of service credits, that Employee will be obligated to repay to the Hospital the full value of any remaining Incentive Payment balance within thirty (30) days of the termination of employment. For example, if Employee's employment terminates after 12 months of service following the execution of this Agreement, Employee will be obligated to repay to the Hospital \$20,000.00 (\$30,000.00 Incentive Payment balance, less 12 months of service x \$833.33 service credit per month). Employee further agrees to pay all costs of collecting any repayment owed, including reasonable attorney's fees, in the event Employee does not repay the amount owed within thirty (30) days of the termination of employment. Employee agrees that to satisfy (in whole or in part) any repayment obligation to the Hospital at the time of termination of employment, the Hospital may withhold amounts owed from Employee's final compensation, including from any salary or bonus payments payable to Employee at the time of termination of employment.

7. Bonus. 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. The District and CEO will establish performance-based compensation measurements by mutual written agreement.

8. Benefits. In addition to the benefits listed above and unless provided otherwise in this Agreement, CEO shall be eligible for all benefit programs (including but not limited to annual leave, holiday pay, and insurance) that are, or become generally available to, the District's executive employees. PTO hourly accrual rate will start at .1077. CEO is subject to all of the terms and conditions of the District's then-existing benefit programs or policies.

9. Pension Plan. In recognition of CEO's prior years of healthcare experience the District will match pension contributions made by the CEO up to the employer maximum of 6% of the CEO's salary which will be provided consistent with the District's current pension plan.

10. Equipment and Supplies. CEO shall be provided with such facilities, equipment, supplies, and services necessary for the performance of their duties. The District shall pay reasonable dues on behalf of CEO for membership in such professional associations that develop the professional ability and competence of the CEO that benefits the District.

11. Expenses. CEO is encouraged and is expected, from time to time, to incur reasonable expenses for promoting the business of the District, including expenses for travel, public relations and similar items. The District further agrees that it shall pay for or CEO shall be reimbursed for such other reasonable expenses that are within a pre-established budget or pre-approved by the Board.

12. Meetings and Seminars. In order to maintain and augment their professional involvement and professional development in the hospital field, CEO is encouraged and is expected to attend seminars, professional meetings, conventions and educational courses related to hospital administration and operations and health care, and to freely participate in organized activities related to the hospital field. Attendance at such meetings and accomplishment of professional duties shall not be considered vacation time. The cost of travel, tuition or registration, food and lodging for attending such activities shall be paid by the District provided that they are within a pre-established budget or pre-approved by the Board.

13. Termination.

13.1 Resignation. CEO may at any time resign from employment by giving ninety (90) days' advance written notice of termination to the District without the necessity of good cause or reason.

13.2 Termination for Cause. The District may terminate CEO's employment immediately for cause. If the District wishes to terminate CEO's employment for cause it shall first give CEO thirty (30) days' written notice of the circumstances constituting cause and an opportunity to cure, unless the circumstances are not subject to being cured. Following the notice and opportunity to cure, if cure is not made, or immediately if notice and opportunity to cure are not required, the District may terminate CEO's employment for cause by giving written notice of termination. The notice may take effect immediately or at such later date as the District may designate, provided that CEO may accelerate the termination date by giving five (5) business days' written notice of the acceleration. CEO must be given reasonable advance notice of the meeting at which termination is to be considered, and a reasonable opportunity to address the Board.

For the purposes of this subparagraph, "cause" means: means fraud, embezzlement, misappropriation, commission of a felony or of a crime involving moral turpitude; conviction of a crime; abuse or inconsiderate treatment of patients; destruction or theft of District property; physical attack on any commissioner, officer, employee or patient or visitor to the District's facilities; intoxication at work; use of narcotics or alcohol to an extent that impairs CEO's performance of their duties; unauthorized disclosure of confidential patient, employee or District information; excessive absenteeism or tardiness; malfeasance or gross negligence in the performance of CEO's duties; violation of law or dishonesty in the course of employment; CEO's failure or refusal to perform their duties; CEO's failure or refusal to follow reasonable instructions or directions; falsification of patient, employee or District records; disregard of District policy or patient care procedures; misconduct injurious to the District; neglect of duty; breach of this Agreement; or any breach of CEO's duties or obligations to the District that results in harm to the District.

13.3 Termination without Cause. The District may at any time terminate without cause CEO's employment by giving CEO written notice and complying with the requirements of Chapter 70.44 RCW.

13.4 Permanent Disability. The District may terminate CEO's employment immediately if CEO becomes permanently disabled. CEO will be considered "permanently disabled" if, for a continuous period of eighteen (18) weeks or more in any 12-month period, CEO has been unable to perform the essential functions of the job because of one or more mental or physical illness and/or disabilities;

provided that the District may grant additional unpaid leave if and to the extent that, in the District's judgment, doing so is required by law.

13.5 Retirement. CEO may retire from all employment with the District upon giving the District notice of the same at least nine (9) months prior to the effective date of such retirement.

13.6 Mutual Agreement. CEO and the District may terminate the employment relationship under this Agreement any time by mutual written agreement between the CEO and the Board.

13.7 Cooperation Following Cessation of Employment. CEO agrees that when their employment ends, whether voluntarily or involuntary, they will cooperate fully with the District in completing pending work on behalf of the district, the orderly transfer of any pending work to other employees of the district, the return of all District property, and in any business or legal matters in which participation is requested.

14. Severance.

14.1 Termination Without Cause. If District terminates CEO's employment when neither cause nor permanent disability exists and provided that CEO releases the District and its agents from any and all claims in a signed written release in reasonable form and substance satisfactory to the District, the District shall pay to CEO severance payments equal to six (6) months of CEO's Base Salary in the manner described below. The severance payments shall be paid over the six (6) month period following the effective date of the termination at CEO's normal Base Salary rate on the District's regular payroll days, subject to normal payroll deductions as permitted or required by law and then-existing District policy and procedure.

14.2 All Other Terminations, No Severance. Except as provided herein, in all other cases of termination or expiration of this Agreement or of CEO's employment, all compensation and benefits shall terminate on the date CEO's employment with the District ends and CEO shall not be entitled to severance payments.

15. Confidentiality and Non-Solicitation.

15.1. Confidential Information. In the course of CEO's employment with the District, CEO will have access to certain Confidential Information. CEO agrees that information not generally known or accessible to the public to which CEO has been or will be exposed as a result of employment by the

District is confidential and belongs to the District. Confidential information includes information developed by CEO, alone or with others, or entrusted to the District by its patients or others. CEO will use and disclose Confidential Information solely for the purposes for which it is provided and will take reasonable precautions to prevent any unauthorized use or disclosure of the same. CEO will not use or disclose any Confidential Information except as (a) authorized by the district and (b) for the District's benefit.

15.2 Non-Solicitation. During the term and for a period of one (1) year after the termination of CEO's employment under this Agreement, regardless of the reason it ends, CEO will not directly or indirectly solicit any employee to leave the employ or service of the District. The phrase "will not directly or indirectly solicit," includes, without limitation, that CEO shall not: (a) identify any District employees to any third party as potential candidates for employment, such as by disclosing the names, backgrounds and qualifications of any District employees; (b) personally or through any other person approach, recruit or otherwise solicit employees of the District to work for any other employer; and (c) participate in any pre-employment interviews with any person who was employed by the District while CEO was employed or retained by the District.

16. Amendment. This Agreement may be amended only by a writing signed by both parties.

17. Miscellaneous.

17.1 Effects of Waiver. No waiver shall be binding unless executed in writing and signed by the party against whom the waiver is sought to be enforced. The waiver of any breach of this Agreement or failure to enforce any provision of this Agreement shall not waive any later breach.

17.2 Assignment: Successors. Neither the District nor the CEO may assign its or their rights or delegate its or their duties under this Agreement.

17.3 Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be an original and all of which, taken together, shall constitute a single Agreement.

17.4 Binding Effect. This Agreement is binding upon the parties and their personal representatives, heirs, successors and assigns.

17.5 Applicable Law, Attorneys' Fees, Venue and Jurisdiction. This Agreement shall be governed by and construed according to the laws of the State of Washington and shall not be construed against the drafter. The District and CEO agree that, except as provided in Section 15.7.2, in any

arbitration or lawsuit arising out of or relating to this Agreement or CEO's employment, the substantially prevailing party shall recover reasonable costs and attorneys' fees, including on appeal. Venue and jurisdiction of any lawsuit involving this agreement or CEO's employment shall exist exclusively in Lewis County, Washington, Superior Court.

17.6 Dispute Resolution. All disputes between CEO and the District that otherwise would be resolved in court shall be resolved instead by the following alternate dispute resolution process (the "Process")

17.6.1 Disputes Covered. The Process applies to all disputes between CEO and the District, including those arising out of or related to this Agreement or CEO's employment with the District. Disputes subject to the Process include but are not limited to pay disputes, contract disputes, wrongful termination disputes and discrimination, harassment or civil rights disputes. The Process applies to disputes CEO may have with the District and also applies to disputes CEO may have with any of the District's employees or agents so long as the employee or agent with whom CEO has the dispute is also bound by or consents to the Process. The Process applies regardless of when the dispute arises and will remain in effect after CEO's employment with the District ends, regardless of the reason it ends. The Process does not apply, however, to workers' compensation or unemployment compensation claims.

17.6.2 Mediation. CEO and the District hereby agree they shall submit any Dispute to mediation within six (6) months of the earlier of (a) termination of CEO's employment with the District under this Agreement, or (b) accrual of the dispute. CEO and the District further agree each party shall give the other at least thirty (30) days' written notice prior to submitting a dispute to mediation.

17.6.3 Appointment of Mediator. The parties will jointly appoint a mutually acceptable mediator, seeking assistance in such regard from the American Arbitration Association if they have been unable to agree upon such appointment within three (3) days following submission of the Dispute to mediation.

17.6.4 Participation. Upon appointment of the mediator, the parties agree to participate in good faith in the mediation and negotiations relating thereto for one (1) full business day.

17.6.5 Location. All mediation conferences and hearings will be held in the Hospital facility, unless otherwise agreed by both parties.

17.6.6 Arbitration. All disputes that are not resolved by agreement (in mediation or otherwise) shall be determined by binding arbitration under the AAA Employment Dispute Resolution Rules then in effect. Neither party may bring any dispute to arbitration unless the parties first submit the dispute to and participate in mediation pursuant to Section 15.7.2. Fifty percent of the arbitrator's costs and the arbitrator's fees shall be paid by the District and the remaining fifty percent shall be paid by the CEO.

17.6.7 Injunctive Relief. Either party may request a court to issue such temporary or interim injunctive relief (including temporary restraining orders and preliminary injunctions) as may be appropriate, either before or after mediation or arbitration is commenced. The temporary or interim relief shall remain in effect pending the outcome of mediation or arbitration. No such request shall be a waiver of the right to submit any dispute to mediation or arbitration.

17.6.8 Severability. If any provision of this Agreement is held or deemed to be invalid or unenforceable to any extent when applied to any person or circumstance, the remaining provisions hereof and the enforcement of such provision to other persons or circumstances, or to any other extent shall not be effected thereby, and each provision hereof shall be enforced to the fullest extent allowed by law. If any part of this Agreement is held to be unenforceable as written, it shall be enforced to the maximum allowed by applicable law. The confidentiality, possession of materials and non-solicitation provision of this Agreement shall survive after CEO's employment by District ends, regardless of the reason it ends, and shall be enforceable regardless of any claim CEO may have against the District.

18. Complete Agreement. This Agreement represents the complete agreement between the parties regarding the employment of CEO and supersedes all prior agreements, discussion and negotiations. This Agreement may be amended only by a writing signed by both parties. The parties are not entering into this Agreement relying on anything not set out in this Agreement. There are no other oral or written agreements.

IN WITNESS WHEREOF, the parties have executed this Agreement the day and year first above written.

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Tom Herrin, Board Chairperson

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Kim Olive, Secretary

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Craig Coppok, Commissioner

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Wes McMahan, Commissioner

  
\_\_\_\_\_  
1/17/2023  
Kyle Kellum, CEO





DocID: 19383  
 Revision: 1  
 Status: Official  
 Department: Governing Body  
 Manual(s):

## Policy & Procedure : Electronic Signatures

### Policy:

It is the policy of Lewis County Hospital District No. 1 to utilize electronic signatures for board commissioners to officially authorize board business, such as board of commissioner minutes, resolutions and warrants listings.

### Procedure:

1. Board action is taken, such as approving minutes, resolutions, and warrants listing.
2. Within two business days, the Executive Assistant will generate and email documents to be signed by commissioners in Adobe Pro. Only commissioner district email addresses will be used in this process.
3. The order of signers will be as follows:
  - a. Secretary Olive
  - b. Commissioner McMahan
  - c. Commissioner Coppock
  - d. Commissioner Richardson
  - e. Board Chair Herrin
  - f. Superintendent, as required
  - g. CFO, as required
4. Once the documents have been distributed via email, the Executive Assistant will send an email to signers alerting them of a document needing signed.
5. Commissioners are expected to sign the document within 48 hours of receipt.
6. Signed documents will be stored in the Board of Commissioners designated sections of Lucidoc.

**Document Owner:** Herrin, Tom

**Collaborators:**

**Approvals**

- **Committees:** ( 02/23/2022 ) Board of Commissioners,

- **Signers:**

**Original Effective Date:** 10/29/2020

**Revision Date:** [10/29/2020 Rev. 0], [02/24/2022 Rev. 1]

**Review Date:**

**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:19383>.*



**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: Lianne Everett, Superintendent  
CC:  
Date: 01/19/2023  
Re: Community Listening Sessions

---

We will be holding Community Listening Sessions in February 2023. These events will be in-person opportunities for us to share the preliminary findings from the survey and the focus groups with the community. We would then have an unscripted conversation with the community, with the goal of listening to the conversation to enrich the survey/focus group findings. These sessions will be held:

- February 9, 2023 at 6:00 pm at the Mineral Neighborhood Christian Center
- February 13, 2023 at 6:00 pm in the Morton Hospital Conference Rooms
- February 16, 2023 at 6:00 pm at the Mossyrock Clinic
- February 20, 2023 at 6:00 pm at the Randle Clinic
- February 21, 2023 at 6:00 pm at the Packwood Community Center

I am advocating that one commissioner join me at each of these sessions. This is a great opportunity for you to meet your constituents. If you represent a sub-district, it would be most helpful for you to join me at that session. Please let me know which event you can attend at the January board meeting.

# We want to hear from you!

We are preparing for the Hospital District's next strategic plan and collecting data on community needs.

We have developed several options for the community to tell us:

- What services do you value that are currently offered by the District?
- What services are currently lacking in your community that you would like to see offered locally?
- What are the greatest unmet healthcare needs in the community?

## A Community Survey.

This survey is designed to identify the unmet need and gaps in the community. This survey can be found at this link <https://myarborhealth.org/survey> or using this QR code.



## A Community Focus Group Program.

These in-person groups will be held throughout the District. Each group will consist of 10-15 people and will be led by an outside entity in order to gather honest input on needs and strategies for addressing those needs. You can sign up for these focus groups at this link: <https://myarborhealth.org/survey> or by accessing this QR code.



## Listening Sessions. *Masks are required in all medical facilities*

These sessions will be held by District representatives.

**TIMES:** Thursday, February 9th, Mineral Neighborhood Christian Center  
Monday, February 13th, Morton Hospital conference room  
Thursday, February 16th, Mossyrock Clinic waiting room  
Monday, February 20th, Randle Clinic waiting room  
Tuesday, February 21st, Packwood Community Center

*All of the above meetings are set for 6 p.m. Finger foods will be served.*



Arbor  
Health

**Memorandum**

To: Board of Commissioners  
From: Edwin Meelhuysen, Rehabilitation and Community Wellness Director, Char Hancock, Clinic Manager, Sherry Sofich, Revenue Cycle Director and Spencer Hargett, Compliance Officer  
Date: January 12, 2023  
Re: No Show Charges

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Over the past number of months our outpatient clinics have experienced a steep rise in patient same-day cancellations and patients no showing appointments. In rehabilitation services there has been a steady rise since June of 2022. For the last half of the year, the department ran at about 16% for same day cancelations and no shows, which is 4% above our target. If annualized the total revenue of 4% would be about \$67,500 equaling approximately 225 visits at an estimated \$300 per visit.

The Rural Health Clinics (RHC) are having similar experiences with a rise in no-shows starting in October at over 10%, November at 13% and closer to 15.5% for December. Again, both no-shows and late cancellations create openings in the schedule that potentially cannot be filled on short notice.

Based on these trends and the importance of being a steward of the public funds, we are proposing a new approach to encouraging our patients to come for their appointments. First and foremost, it is in the best interest of the patient who need the care greatly to make the appointment because if they miss it, then it leaves an open appointment that another member of our community could have received care and lastly it does affect our financials.

Attached are a couple of items for reference:

1. Draft No Show and Late Cancellation policy.
2. Data for Rehabilitation Services and the RHC's.

This proposed policy change will create the potential fee to patients and while this is common in the industry, it will be new to the community from Arbor Health. It may create negative feedback which is why the proposal is here today for discussion.



**Policy:**

It is the policy of Lewis County Hospital District No.1 to provide timely, cost effective and appropriate access to our providers and services offered by our district. In order to meet this policy, it is necessary for patients to arrive on time for scheduled appointments or to cancel/reschedule within 24 hours of their scheduled appointment time. This cancellation notice will give scheduling staff the opportunity to utilize that appointment time to provide care to another patient. Clinic staff is expected to document canceled and no-show appointments in the EHR and notify patients of no-show appointments.

**Definitions:**

1. A scheduled appointment will be considered a ***no-show*** when:
  - a. A patient does not arrive for the appointment or arrives more than 5 minutes after the scheduled appointment time.
  - b. A patient or patient representative calls to reschedule the appointment after the scheduled appointment time.
2. A scheduled appointment will be considered a ***late cancel*** when:
  - a. A patient or their representative fails to call and cancel an appointment 24 hours prior to the scheduled appointment.

**Procedure:**

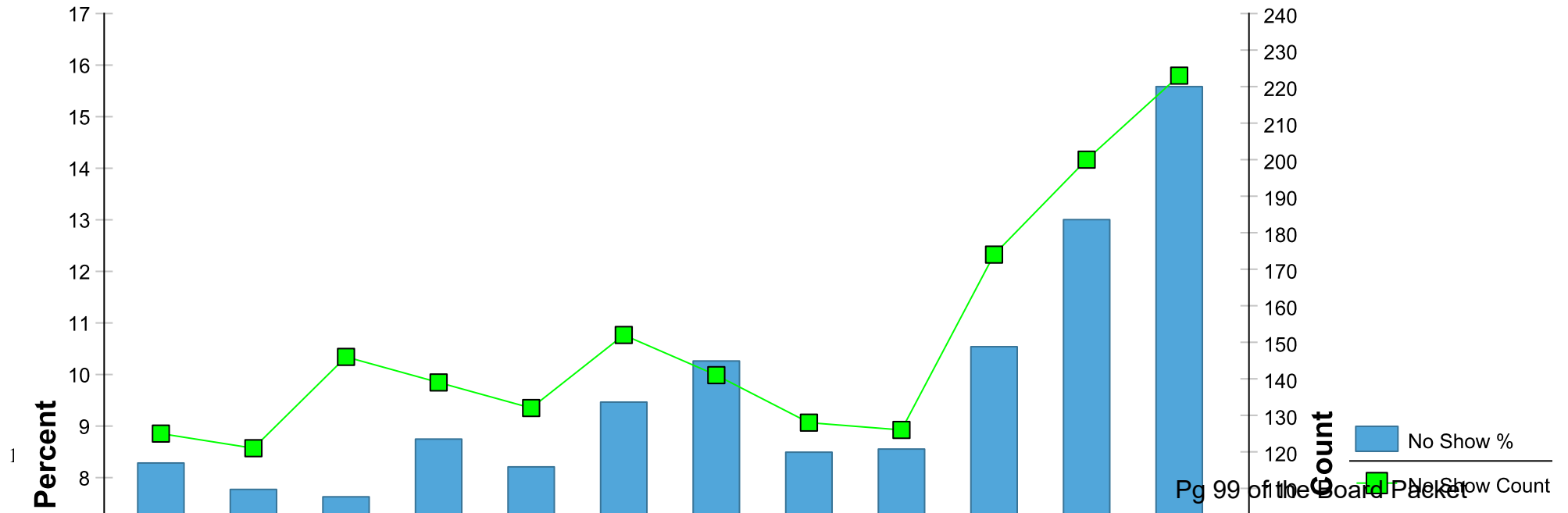
1. On an annual basis, and/or their first visit, all patients and/or their representative will be given a copy of our no-show/same day cancellation policy. Staff will direct their attention to the fact that failure to attend a scheduled appointment MAY result in being charged a \$25 no-show/late cancellation fee.
2. When a patient and/or representative schedules an appointment, the now-show/late cancellation policy will be discussed with them verbally. This includes reiteration that we may charge them \$25.00 if they do not show or cancel the appointment per policy.
3. Each clinic or specialty may have variations noted regarding this policy based on the specific needs and guidelines of that department.
4. At the discretion of each manager, the Cancellation/No Show fee may be waived. The department manager, will contact the Revenue Cycle Director when the \$25.00 fee should be waived.
5. A signed acknowledgement of this policy will be retained in the patient records.
6. The late cancellation/ no-show fee aspect of this policy will not be applicable if prohibited by the payor source.
7. In the event that a late cancellation/no-show fee is assessed, a new encounter must be created as self-pay and the fee will be assessed to this encounter as this charge is not billable to insurance payors.

Sch App Beg Dt/Tm: 2022-01-01 00:00:00,2022-12-31 23:59:59

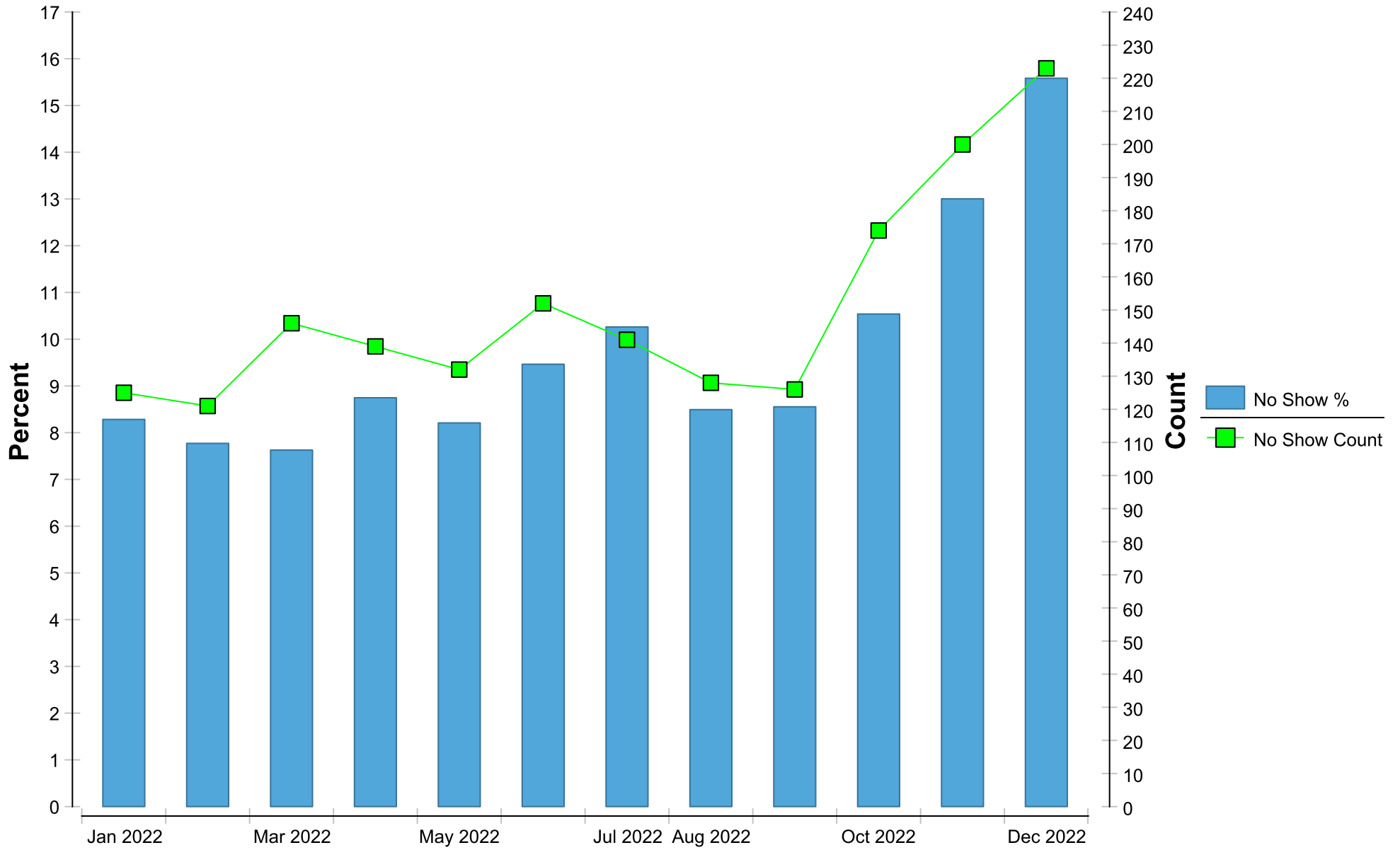
Sch App Loc: Include: AH MORT Morton Clinic,AH MORT Morton Clinic,AH MORT Morton Clinic,AH MORT Mossyrock,AH MORT Mossyrock,AH MORT Mossyrock,AH MORT Randle,AH MORT Randle,AH MORT Randle

Sch App Resource: Include: HANSEN, MARK MD,Hansen, Mark MD (MORT),Brooks, Kay PAC,Cooper, Merrell DO,Puga, Fabiola,Jason Whitney (MORT),Florek, Crystal,McCurry, Kevin MD,Travis Podbilski D.O.,Tonya Goodson (MORT),Don Allison, MD,Campbell, Nancy PA-C,Victoria Acosta D.O.,Garrett Peresko, DPM,Robert Williams, MD,Charles Thomas Anderson, MD,Park-Hwang, Esther MD,Nikomborirak, Jakdej,Price, Carolyn,Diaconu, Iona,Fritz, Anthony

### No Show KPI



## No Show KPI





<b>Month</b>	<b>No Shows</b>	<b>Shows</b>	<b>No Shows/Shows %</b>
January	125	1509	8.28
February	121	1557	7.77
March	146	1914	7.63
April	139	1589	8.75
May	132	1608	8.21
June	152	1606	9.46
July	141	1374	10.26
August	128	1507	8.49
September	126	1473	8.55
October	174	1651	10.54
November	200	1538	13.00
December	223	1431	15.58
Total:	1807	18757	9.634

**No Show Percentage by Location**

AH MORT Morton Clinic	47.43%
AH MORT Mossyrock	30.27%
AH MORT Randle	22.30%

**No Show Percentage by Type**

Established Patient (MORT)	83.84%
New Patient (MORT)	11.01%
Annual Wellness Visit (MORT)	1.77%
Video Visit (MORT)	1.00%
MORT Physical (MORT)	0.89%
Well Child Check (MORT)	0.44%
Annual Exam/ Pap Smear (MORT)	0.22%
Workers Compensation (MORT)	0.22%
TCM- Trans. Care (MORT)	0.17%
Workers Comp (MORT)	0.11%

**No Show Percentage by Resource**

Fritz, Anthony	12.62%
Don Allison, MD	12.12%
Hansen, Mark MD (MORT)	8.25%
Travis Podbilski D.O.	8.08%
Price, Carolyn	7.47%
Diaconu, Iona	7.14%
Victoria Acosta D.O.	6.31%
Campbell, Nancy PA-C	6.20%
Brooks, Kay PAC	5.53%
Garrett Peresko, DPM	5.26%

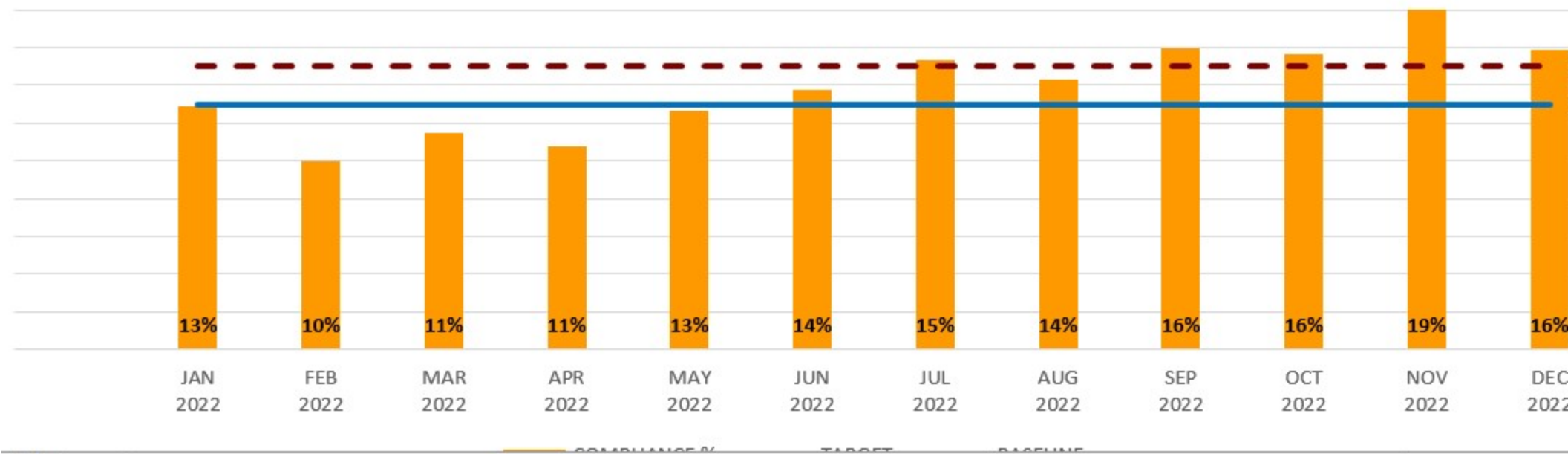


DEPARTMENT SPECIFIC PERFORMANCE IMPROVEMENT  
**REHAB SERVICES**

Edwin  
 Director, Rehabilitation Services

MEASURE	BASELINE	TARGET	NUMERATOR & DENOMINATOR	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022
Cancel/No Show Percentage	14%	12%	Total # of cancels and No shows	99	75	106	98	121	147	149	165	161	142	161	119
			Total number of visits scheduled	770	750	922	907	953	1067	971	1151	1009	908	829	749
			<b>COMPLIANCE %</b>	<b>13%</b>	<b>10%</b>	<b>11%</b>	<b>11%</b>	<b>13%</b>	<b>14%</b>	<b>15%</b>	<b>14%</b>	<b>16%</b>	<b>16%</b>	<b>19%</b>	<b>16%</b>

Cancel/No Show Percentage



## **SUPERINTENDENT REPORT**

**To:** Board of Commissioners  
**From:** Lianne Everett, Superintendent  
**Date:** 01/19/2023  
**Subject:** 2022 Q4 Department Strategic Measures

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

- On Track to Achieve Goal: 25 of 34, or 74%
- On Track to Demonstrate Improved but Short of Goal: 5 of 34, or 15%
- On Track to Not Achieve Goal: 4 of 34, or 12%

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

- On Track to Achieve Goal: 21 of 35, or 60%
- On Track to Demonstrate Improved but Short of Goal: 7 of 35, or 20%
- On Track to Not Achieve Goal: 7 of 35, or 20%

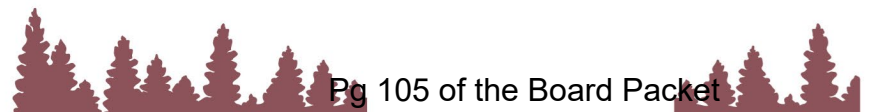
**Strategy 3:** To continue as stewards of public funds:

- On Track to Achieve Goal: 21 of 35, or 60%
- On Track to Demonstrate Improved but Short of Goal: 2 of 35, or 6%
- On Track to Not Achieve Goal: 12 of 35, or 34%

**Overall Progress:**

- On Track to Achieve Goal: 67 of 104, or 64%
- On Track to Demonstrate Improved but Short of Goal: 14 of 104, or 13%
- On Track to Not Achieve Goal: 23 of 104 or 22%

78% of our 104 measures were partially or completely accomplished. Strategy 3 presented the biggest challenge. Of those measures not met, 50% of them were related to staffing costs or revenue cycle issues.



**EXECUTIVE DASHBOARD**

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

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
<b>NON-CLINICAL</b>							
<b>Administration:</b> Open a primary care clinic in Packwood, WA by 12/31/2022		Open by 12/31/2022	In-progress	LOI signed	In-progress	April 2023 Opening	In-progress
<b>Clinical Informatics:</b> Successful implementation of Cerner/WAHS immunization interface that meets DOH minimum data transmission thresholds.		Pass/Fail	Pass	Pass	Pass	Pass	Pass
<b>Compliance:</b> Provide responses to compliance questions from all departments within 2 business days of receipt.	2	2	0.8	2.1	0.6	1.4	1.3
<b>Communications:</b> 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	Pass
<b>Environmental Services:</b> 60% of staff members will become CHEST (Certified Health Care Environmental Services Technician) certified (16 EEs)	0	10	3	0	0	0	3
<b>Finance:</b> Increase vendor invoice EFT by 1 per month.		12	6	5	3	3	17
<b>Billing/HIM:</b> 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	Complete
<b>Human Resources:</b> Attend at least two local high school and college job fairs	1	2	2	1	0	2	5
<b>Foundation:</b> Increase the number of Gift Shop Volunteers to 11	7	11	9	10	10	10	10
<b>Information Technology:</b> Network uptime should be 99.85% or greater	99.70%	≥ 99.85%	99.99%	100.00%	100.00%	99.99%	99.99%
<b>Employee Health:</b> Develop a community weight loss challenge that culminates in a 5k/10k/Half Marathon	1	1	Aug-22	Aug-22	5K	Complete	Complete
<b>Patient Access:</b> 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	25	90
<b>Quality and Risk:</b> Improve grievance process compliance for <i>written acknowledgement letters</i> within 10 days of grievance by year end	70%	95%	100%	100%	100%	100%	100%
<b>Clinical Education:</b> Connect with Local RN and NAC programs 3 times/year for new graduates wanting Critical Access experience.	0	3	0	1	3	1	5
<b>Supply Chain:</b> Create Cycle Count process to improve inventory accuracy.	75%	85%	77%		75%	86%	79%
<b>CLINICAL</b>							
<b>Acute Care:</b> 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	4	20
<b>Case Management:</b> Ensure <i>5 Wishes Advance Directives</i> are provided to 70% of patients with no current advance directive	30%	70%	95%	94%	100%	100%	97%
<b>Dietary/Nutrition:</b> Create one healthy cooking column with recipe in the quarterly Health & Life publications		1/qtr	0	0	0	0	0

**EXECUTIVE DASHBOARD**

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

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
<b>Emergency Department:</b> Minimum of 1 community STROKE education event and 3 EMS STROKE education events	0	1/3	1	5	2	4	12
<b>Imaging:</b> Develop & implement a Low Dose Lung Screening program by the end of 2022		Pass/Fail	In-progress	In-progress	In-progress	Implemented	Pass
<b>Infection Control:</b> Participate in 3 external events promoting IC to the community		3	0	0	1	2	3
<b>Laboratory:</b> Develop a process to notify providers of all hospital patient preliminary culture results		85%	In-progress	100%	100%	100%	100%
<b>Respiratory Therapy:</b> Develop & implement 1 social media message/quarter re: pulmonary disease	0	1/qtr	0	1	1	7	9
<b>Pharmacy:</b> 50% of patients discharged during pharmacy hours on a new medication will be counseled by a pharmacist		≥ 50%	41%	56%	59%	47%	49%
<b>Pulmonary Rehab:</b> Extend two smoking cessation classes per year to public	0	2 classes per year	0	0	0	0	0
<b>Wellness:</b> 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	Lunch & Learn at Senior Centers	4
<b>Rehab Services:</b> Increase focus on student athletic performance & injury management.	0.75	2	In-progress	Training on ImPACT underway	ImPact is functioning	Program available to assist with coach training & inservice given prior to football season at MWP	2
<b>Surgical Services:</b> Facilitate awareness of and local access to outpatient Infusion Care by developing marketing literature and outreach to Lewis County clinics, home health, and Centralia, Longview and Tacoma hospitals' Case Management departments resulting in ≥ 20% increase in Same Day Surgery encounters	400	480	84	100	100	101	385
<b>Swing Beds:</b> 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	14	66
<b>Wound Care:</b> Increase outpatient wound care visits by 10%	550	605	92	140	157	68	457
<b>CLINICS</b>							
<b>Morton:</b> Develop 2 community engagement events at clinic per year.	3	2/year	0	0	2	0	2
<b>Mossyrock:</b> Develop 2 community engagement events at clinic per year.	3	2/year	0	0	2	0	2
<b>Randle:</b> Develop 2 community engagement events at clinic per year.	3	2/year	0	0	2	0	2

**EXECUTIVE DASHBOARD**

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

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
<u>Specialty</u> : Develop 2 community engagement events at clinic per year.	3	2/year	0	0	2	0	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
<b>NON-CLINICAL</b>							
<b>Administration:</b> Conduct one physician satisfaction or engagement survey with comparative data by 12/31/2022.		Pass/Fail	In development	In development	In development	Failed	Failed
<b>Clinical Informatics:</b> 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	0	1
<b>Compliance:</b> Resolve compliance and HIPAA events within 15 business days	25	15	2.6	4.1	1.9	2.5	2.8
<b>Communications:</b> Increase our Google Business Profile reviews by 25%	93	116	100	24	15	11	150
<b>Environmental Services:</b> Decrease the percentage of overdue and incomplete work orders	28%	≤ 15%	19%	17%	23%	16%	18%
<b>Finance:</b> Financial information will be available for end-users by the 6th working day for 11 of 12 months	9	11	3	3	3	3	12
<b>Billing/HIM:</b> Track the number of Financial Assistance applications provided, returned & approved. Increase the number of applications provided by 10%	286	315	122	114	157	111	504
<b>Human Resources:</b> Conduct a minimum of 2 employee engagement surveys.	1	2	May-22	1	0	1	2
<b>Foundation:</b> Increase the number of staff members participating in the 15-Minute Philanthropist program by 20%	46	55.2	46	43	39	67	67
<b>Information Technology:</b> 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	0.65	0.77
<b>Employee Health:</b> Complete RCAs on 90% of all reportable workplace injuries	0%	90%	100%	100%	100%	100%	100%
<b>Patient Access:</b> Identify patients that qualify for charity care by using bill holds to flag encounters allowing biller to track and follow-up with patients.	63	69	122	114	157	111	504
<b>Quality and Risk:</b> 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	Pass	Pass
<b>Clinical Education:</b> 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%	100%	52%
<b>Supply Chain:</b> Implement & maintain a house wide monthly product out-date process	85%	95%	100%		100%	100%	100%
<b>CLINICAL</b>							
<b>Acute Care:</b> 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%	100%	97%
<b>Case Management:</b> 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%	96%	90%
<b>Dietary/Nutrition:</b> Increase number of participants in healthy cooking demonstrations for public by 50%	16	24	0	0	0	0	0

<b>Emergency Department:</b> 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%	100%	87%
<b>Imaging:</b> Decrease stroke/CT report turnaround to 15 minutes or less	20 minutes	≤ 15 minutes	18	17	14.50	13.00	15.63
<b>Infection Control:</b> Increase hand hygiene compliance	87%	≥ 90%	79%	90%	72%	83%	81%
<b>Laboratory:</b> Decrease rate of reference lab rejected samples	0.70%	≤ 0.5%	0.65%	0.90%	0.64%	1.10%	1.00%
<b>Respiratory Therapy:</b> 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	64/week	Pass
<b>Pharmacy:</b> 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	19	56 of 60
<b>Pulmonary Rehab:</b> Reopen Pulmonary Rehab program by year end	0	Pass/Fail	Fail	Fail	Fail	Fail	Fail
<b>Wellness:</b> Create 2 additional programs that provide and improve overall patient outcomes.	2	4	Medical Nutrition Therapy	Enhanced Fitness	Wellness Week	Community Connection Website	4
<b>Rehab Services:</b> Overall patient outcomes will be at least 90% of expected outcomes based on FOTO risk adjusted predictions	0%	≥ 90%	99%	85%	73%	78%	87%
Patient Satisfaction will be 90% net promotor score from FOTO	0%	≥ 90%	91%	84%	83%	88%	87%
<b>Surgical Services:</b> Improve preoperative H&P compliance to DNV standards	50%	≥ 90%	60%	59%	92%	100%	69%
<b>Swing Beds:</b> 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%	100%	90%
<b>Wound Care:</b> 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%	100%	92%
<b>CLINICS</b>							
<b>Morton:</b> Increase annual wellness visits by 25%	189	236	68	75	78	73	294
<b>Mossyrock:</b> Increase annual wellness visits by 25%	112	140	34	46	29	34	143
<b>Randle:</b> Increase annual wellness visits by 25%	75	94	43	32	38	19	132
<b>Specialty:</b> 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%	67%	64%

**EXECUTIVE DASHBOARD**

**TO CONTINUE AS STEWARDS OF PUBLIC FUNDS**

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
<b>NON-CLINICAL</b>							
<b>Administration:</b> 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	\$ 815,863	\$ 2,152,967
<b>Clinical Informatics:</b> 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	1	1
<b>Compliance:</b> Audit work plan for implementation, follow-through, and outcomes reported to Compliance Committee		100%	10%	32%	15%	14%	70%
<b>Communications:</b> Increase number of annual wellness visits by 10% through the use of effective marketing messaging	375	413	151	125	145	126	547
<b>Environmental Services:</b> Decrease overtime by 25% by optimizing staffing schedules.	\$ 9,305	\$ 6,979	\$ 2,007	\$ 2,063	\$ 4,243	\$ 3,993	\$ 12,306
<b>Finance:</b> Pay external vendors timely and per schedule, reducing variation/errors	80%	85%	81%	77%	84%	85%	81%
<b>Billing/HIM:</b> Decrease timely filing write-offs by 25%	\$ 91,691	\$ 68,768	\$ 15,824	\$ 12,233	\$ 52,496	\$ 12,045	\$ 92,598
<b>Human Resources:</b> Hospital wide annual education will be completed by December 31, 2022	89%	95%	11%	22%	65%	32%	97%
<b>Foundation:</b> 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	Amazon Smile, Roots & Wings Grant	Complete
<b>Information Technology:</b> 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	Complete
<b>Employee Health:</b> Submit 100% of eligible claims to LNIs Stay-at-Work Program	80%	100%	100%	100%	100%	100%	100%
<b>Patient Access:</b> Increase point-of-service collections by 10% in ER and 10% in OP Services.	\$ 20,261	\$ 22,287	\$ 2,157	\$ 3,744	\$ 7,683	\$ 9,799	\$ 23,383
	\$ 156,376	\$ 172,014	\$ 36,985	\$ 36,002	\$ 41,038	\$ 48,143	\$ 162,168
<b>Quality and Risk:</b> Increase Medication Error reporting by 10% to minimize unknown/unreported litigation risk	68	75	27	14	15	13	69
<b>Clinical Education:</b> 20% reduction in TNCC costs by implementing e-Learning challenge course and online options	\$458/RN	\$366/RN	\$300/RN	No TNCC	No TNCC	\$325/RN	\$311/RN
<b>Supply Chain:</b> All assets/capital purchases undergo asset purchase process/structure lead by Materials team.	50%	75%	50%		100%	100%	83%
<b>CLINICAL</b>							
<b>Acute Care:</b> 30% reduction in lost revenue due to Did Not Meet Inpatient Criteria denials.	\$ 113,984	\$ 79,789	\$ 82,309	\$ -	\$ 10,941	\$ 83,995	\$ 177,245
<b>Case Management:</b> 15% reduction in Code 44s	50	43	1	3	2	16	22
<b>Dietary/Nutrition:</b> Decrease department turnover by 40%	3	2	0	2	2	1	5
<b>Emergency Department:</b> Implement review process to manage ED Diversions in 2022 to 4.75% or less. (Diversion Hours/Hours per quarter)	5%, 431 hrs annualized	≤4.75% or ≤416 hours	2%	4%	10%	3%	4.73%
<b>Imaging:</b> Reduce agency staffing costs by 10%	\$ 114,990	\$ 103,491	\$ 68,965	\$ 77,355	\$ 152,813	\$ (11,008)	\$ 288,125
<b>Infection Control:</b> Update & distribute the hospital Antibiogram quarterly		4	1	1	1	1	4
<b>Laboratory:</b> 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	\$ 23,666	\$ 102,416
<b>Respiratory Therapy:</b> Reopen outpatient PFT, EKG & Stress Test Services by year end	0	Pass/Fail	In Progress	Open	Pass	Pass	Pass
<b>Pharmacy:</b> 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	\$ 127,211	\$ 127,211
<b>Pulmonary Rehab:</b> Reopen Pulmonary Rehabilitation therapy (pending COVID guidelines) by year end	0	Pass/Fail	Fail	Fail	Fail	Fail	Fail

<b>Wellness:</b> 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	Enhanced Fitness	Pass
<b>Rehab Services:</b> Decrease our cancel/no show rate to reduce non-productive time and improve patient outcomes.	13%	≤ 12%	11%	13%	15%	17%	14%
<b>Surgical Services:</b> Increase surgical procedures by 30%	320	416	92	107	106	119	424
<b>Swing Beds:</b> All Weekday Swing Bed referrals will have a next business day response re: admission eligibility	40%	80%	100%	72%	100%	100%	93%
<b>Wound Care:</b> Increase biologic tissue (Sterishield & Epifix) administration for chronic wounds by 30%	60	78	25	36	36	9	106
<b>CLINICS</b>							
<b>Morton:</b> Increase telehealth visits by 25%	187	234	59	58	69	74	260
<b>Mossyrock:</b> Increase telehealth visits by 25%	166	208	63	63	59	49	234
<b>Randle:</b> Increase telehealth visits by 25%	328	410	123	104	82	170	479
<b>Specialty:</b> Market and grow telehealth visits by 25%	120	150	25	29	34	21	109