
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

April 27, 2022 @ 3:30 PM

Join Zoom Meeting: <https://myarborhealth.zoom.us/j/81319440346>

Meeting ID: 813 1944 0346

One tap mobile: +12532158782,,81319440346#

Dial: +1 253 215 8782



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

April 27, 2022 at 3:30 p.m.

ZOOM

<https://myarborhealth.zoom.us/j/81319440346>

Meeting ID: 813 1944 0346

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Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	PAGE	TIME
Call to Order		
Roll Call		
Reading of the Mission & Vision Statement		3:30 pm
Approval or Amendment of Agenda		
Conflicts of Interest		
Comments and Remarks		3:35 pm
<ul style="list-style-type: none"> • Commissioners • Audience 		
Executive Session-RCW 70.41.200		3:40 pm
<ul style="list-style-type: none"> • Medical Privileging-Dr. Mark Hansen 	4	
Department Spotlight		
<ul style="list-style-type: none"> • <i>Deferred due to DNV Survey.</i> 		
Board Committee Reports		
<ul style="list-style-type: none"> • Hospital Foundation Report-Committee Chair-Commissioner Richardson 	6	3:50 pm
<ul style="list-style-type: none"> • Finance Committee Report-Committee Chair-Commissioner McMahan 	8	3:55 pm
Consent Agenda (Action)		4:05 pm
<ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ <i>March 30, 2022, Regular Board Meeting</i> ○ <i>April 18, 2022, Special Board Meeting</i> ○ <i>April 20, 2022, Finance Committee Meeting</i> 	12 19 22	
<ul style="list-style-type: none"> • Warrants & EFTs in the amount of \$4,264,245.77 dated March 2022 	26	
<ul style="list-style-type: none"> • Resolution 22-16-Declaring to Surplus or Dispose of Certain Property <ul style="list-style-type: none"> ○ <i>To approve liquidation of items beyond their useful life.</i> 	28	
<ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 04.27.22 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> 	30	
Old Business		
<ul style="list-style-type: none"> • Redistricting Discussion <ul style="list-style-type: none"> ○ <i>To determine if we are going to retain commissioner subdistricts.</i> 		4:10 pm

<ul style="list-style-type: none"> • Incident Command Update <ul style="list-style-type: none"> ○ <i>CNO/CQO Williamson will provide a verbal COVID 19 update, which will include Proclamation updates.</i> 		4:30 pm
New Business <ul style="list-style-type: none"> • Letter from Anonymous Community Member <ul style="list-style-type: none"> ○ <i>To review letter and due diligence of the District.</i> 	34	4:35 pm
<ul style="list-style-type: none"> • Lewis County Investment Pool Discussion <ul style="list-style-type: none"> ○ <i>To review the County's proposal for investing the District's funds in the Lewis County Investment Pool.</i> 	51	4:45 pm
Superintendent Report <ul style="list-style-type: none"> • 2022 Q1 Department Strategic Measures 	56	5:00 pm
Meeting Summary & Evaluation		5:15 pm
Next Board Meeting Dates and Times <ul style="list-style-type: none"> • Regular Board Meeting-May 25, 2022 @ 3:30 PM (ZOOM) 		
Next Committee Meeting Dates and Times <ul style="list-style-type: none"> • Compliance Committee Meeting-May 11, 2022 @ 12:00 PM (ZOOM) • Finance Committee Meeting-May 18, 2022 @ 12:00 PM (ZOOM) 		
Adjournment		5:20 pm



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS-1

Pathology Consulting Privileges

- Mohiedean Ghofrani, MD (PeaceHealth)

REAPPOINTMENTS-11

Arbor Health

- Anthony Fritz, MD (Internal Medicine Privileges)
- Devin Spera, MD (Emergency Medicine Privileges)

Cardiology Consulting Privileges

- Timothy Larson, MD (Cardiology Associates)

Radiology Consulting Privileges

- John Edwards, MD (Radia Inc.)
- Jack Fields, MD (Radia Inc.)
- Ben Harmon, MD (Radia Inc.)
- Robert Hawkins, MD (Radia Inc.)
- Kenneth Hebert, MD (Radia Inc.)
- Ryan Herde, MD (Radia Inc.)
- Peter Hu, MD (Radia Inc.)

Telestroke/Neurology Consulting Privileges

- Hanbing Wang, MD (Providence Health & Services)

⊛-notates files with items to note.

COMMITTEE REPORTS

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Arbor Health Foundation Meeting
April 12, 2022,
Hybrid Meeting

Mission Statement

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

Attendance: Marc Fisher, Louise Fisher, Caro Johnson, Linda Herrin, Jeannine Walker, Jessica Scogin, Laura Richardson, Julie Taylor, Katelin Forrest, Martha Wright, Betty Jurey

Excused: Ann Marie Forsman, Lynn Bishop

Guest: Shannon Kelly, Lenee Langdon

Call to Order by President Marc Fisher at 12:05

The president read the mission statement

March treasures report and minutes were approved. Katelin Forrest, Linda Herrin

Administrators Report-Julie Taylor

Julie reported that Covid count has decreased and the gift shop is open. The new Facility Director is Mathew Lindstrom and he is working to identify a site for the new Packwood clinic.

Directors Report: -Jessica Scogin

The Parent Fair had eight participants and vendors offered photographs, books, refreshments and crafts.

Three scholarships were given out and a scholarship meeting is scheduled for April 15 to discuss a contract with recipients.

Old Business:

We will have a booth at the Spring Bazaar April 29-30 to sell gift shop items.

New Business:

The foundation will not be hosting Corks and Caps and are looking for more health-related activities. Jessica is planning the Ladies Brunch and is looking for a speaker and location. Tickets will be \$15 and available at the gift shop. The date is planned for June 4, 2022.

Foundation members were invited to share ideas for new fund-raising opportunities.

Motion was made and approved to make Shannon Kelly a director. Marc Fisher/Louise Fisher

New Business:

Meeting adjourned 12:46

All Morton General Hospital
Income Statement
March, 2022

Pr Yr	MTD	% Var	MTD \$ Var	MTD Budget	MTD Actual		YTD Actual	YTD Budget	YTD \$ Var	YTD % Var	PY YR	YTD
529,489		-36%	(296,565)	834,868	538,303	Total Hospital IP Revenues	2,174,717	2,294,343	(119,626)	-5.2	1,980,779	
2,811,704		3%	104,292	3,107,378	3,211,670	Outpatient Revenues	9,075,363	9,017,187	58,176	0.6	7,455,177	
407,105		-13%	(67,697)	537,007	469,310	Clinic Revenues	1,243,155	1,543,918	(300,762)	-19.5	1,035,173	
3,748,298		-6%	(259,970)	4,479,253	4,219,283	Total Gross Patient Revenues	12,493,235	12,855,447	(362,212)	-2.8	10,471,128	
(1,541,429)		-11%	144,549	(1,287,688)	(1,143,139)	Contractual Allowances	(3,465,271)	(4,037,745)	572,474	-14.2	(3,825,935)	
(100,327)		-7%	3,698	(53,544)	(49,847)	Bad Debt & Bankruptcy	(60,167)	(160,561)	100,394	-62.5	(144,888)	
(20,473)		1844%	(32,493)	(1,762)	(34,255)	Indigent Care	(99,024)	(6,879)	(92,145)	1339.5	(84,322)	
16,609		0%	(64,590)	0	(64,590)	Other Adjustments	(164,611)	0	(164,611)	0.0	(14,601)	
(1,645,619)		-4%	51,164	(1,342,994)	(1,291,830)	Total Deductions From Revenue	(3,789,073)	(4,205,185)	416,112	-9.9	(4,069,747)	
2,102,679		-7%	(208,806)	3,136,259	2,927,453	Net Patient Revenues	8,704,162	8,650,262	53,900	0.6	6,401,380	
265,564		127%	103,823	81,900	185,724	Other Operating Revenue	322,311	245,701	76,609	31.2	423,713	
2,368,243		-3%	(104,983)	3,218,159	3,113,177	Total Operating Revenue	9,026,472	8,895,963	130,509	1.5	6,825,093	
Operating Expenses												
1,441,089		-2%	(35,711)	1,801,240	1,836,951	Salaries	5,096,412	5,402,556	306,144	5.7	4,232,878	
442,487		9%	40,124	443,958	403,834	Total Benefits	1,223,415	1,305,525	82,111	6.3	1,175,296	
1,883,576		0%	4,413	2,245,198	2,240,785	Salaries And Benefits	6,319,827	6,708,081	388,254	5.8	5,408,174	
128,689		12%	18,626	154,533	135,907	Professional Fees	333,119	431,415	98,296	22.8	353,762	
154,416		-4%	(7,117)	195,692	202,809	Supplies	643,927	608,467	(35,460)	-5.8	464,956	
340,661		6%	25,536	400,021	374,485	Total Purchased Services	1,154,084	1,223,763	69,679	5.7	949,167	
56,831		22%	9,928	44,161	34,233	Utilities	149,675	132,328	(17,347)	-13.1	137,090	
19,386		-4%	(961)	22,271	23,231	Insurance Expense	68,559	66,813	(1,747)	-2.6	58,235	
103,904		-9%	(9,202)	101,998	111,201	Depreciation and Amortization	321,715	302,505	(19,209)	-6.4	311,755	
35,713		-9%	(2,974)	33,161	36,136	Interest Expense	101,370	99,484	(1,886)	-1.9	107,267	
66,258		44%	23,739	54,430	30,692	Other Expense	118,728	191,478	72,750	38.0	136,072	
2,789,433		2%	61,988	3,251,467	3,189,478	Total Operating Expenses	9,211,004	9,764,334	553,330	5.7	7,926,479	
(421,190)		129%	(42,995)	(33,307)	(76,302)	Income (Loss) From Operations	(184,532)	(868,371)	683,839	-78.7	(1,101,386)	
(121,953)		0%	(273)	(137,566)	(137,293)	Non-Operating Revenue/Expense	(418,378)	(412,699)	5,679	-1.4	(362,189)	
(299,237)		-41%	(43,267)	104,259	60,992	Net Gain (Loss)	233,846	(455,672)	689,518	-151.3	(739,196)	

Unaudited

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

CURRENT MONTH			MONTH		YEAR TO DATE					
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
529,489	-36%	(296,565)	834,868	538,303	Inpatient Revenue	2,174,717	2,294,343	(119,626)	-5%	1,980,779
2,811,704	3%	104,292	3,107,378	3,211,670	Outpatient Revenue	9,075,363	9,017,187	58,176	1%	7,455,177
407,105	-13%	(67,697)	537,007	469,310	Clinic Revenue	1,243,155	1,543,918	(300,762)	-19%	1,035,173
3,748,298	-6%	(259,970)	4,479,253	4,219,283	Gross Patient Revenues	12,493,235	12,855,447	(362,212)	-3%	10,471,128
1,524,819	6%	79,959	1,287,688	1,207,728	Contractual Allowances	3,629,882	4,037,745	407,863	10%	3,840,537
20,473	-1844%	(32,493)	1,762	34,255	Charity Care	99,024	6,879	(92,145)	-1340%	84,322
100,327	7%	3,698	53,544	49,847	Bad Debt	60,167	160,561	100,394	63%	144,888
1,645,619	4%	51,164	1,342,994	1,291,830	Deductions from Revenue	3,789,073	4,205,185	416,112	10%	4,069,747
2,102,679	-7%	(208,806)	3,136,259	2,927,453	Net Patient Service Rev	8,704,162	8,650,262	53,900	1%	6,401,380
56.1%	0.9%	0.6%	70.0%	69.4%	NPSR %	69.7%	67.3%	-2.4%	-3.5%	61.1%
265,564	127%	103,823	81,900	185,724	Other Operating Revenue	322,311	245,701	76,609	31%	423,713
2,368,243	-3%	(104,983)	3,218,159	3,113,177	Net Operating Revenue	9,026,472	8,895,963	130,509	1%	6,825,093
Operating Expenses										
1,441,089	-2%	(35,711)	1,801,240	1,836,951	Salaries & Wages	5,096,412	5,402,556	306,144	6%	4,232,878
442,487	9%	40,124	443,958	403,834	Benefits	1,223,415	1,305,525	82,111	6%	1,175,296
128,689	12%	18,626	154,533	135,907	Professional Fees	333,119	431,415	98,296	23%	353,762
154,416	-4%	(7,117)	195,692	202,809	Supplies	643,927	608,467	(35,460)	-6%	464,956
340,661	6%	25,536	400,021	374,485	Purchase Services	1,154,084	1,223,763	69,679	6%	949,167
56,831	22%	9,928	44,161	34,233	Utilities	149,675	132,328	(17,347)	-13%	137,090
19,386	-4%	(961)	22,271	23,231	Insurance	68,559	66,813	(1,747)	-3%	58,235
66,258	44%	23,739	54,430	30,692	Other Expenses	118,728	191,478	72,750	38%	136,072
2,649,817	2%	74,165	3,116,307	3,042,142	EBDITA Expenses	8,787,919	9,362,345	574,426	6%	7,507,457
(281,573)	-30%	(30,818)	101,853	71,035	EBDITA	238,554	(466,382)	704,935	-151%	(682,363)
-11.9%	27.9%	0.9%	3.2%	2.3%	EBDITA %	2.6%	-5.2%	-7.9%	150.4%	-10.0%
Capital Cost										
103,904	-9%	(9,202)	101,998	111,201	Depreciation	321,715	302,505	(19,209)	-6%	311,755
35,713	-9%	(2,974)	33,161	36,136	Interest Cost	101,370	99,484	(1,886)	-2%	107,267
2,789,433	2%	61,988	3,251,467	3,189,478	Operating Expenses	9,211,004	9,764,334	553,330	6%	7,926,479
(421,190)	129%	(42,995)	(33,307)	(76,302)	Operating Income / (Loss)	(184,532)	(868,371)	683,839	-79%	(1,101,386)
-17.8%			-1.0%	-2.5%	Operating Margin %	-2.0%	-9.8%			-16.1%
Non Operating Activity										
126,788	0%	(11)	141,132	141,121	Non-Op Revenue	432,743	423,397	9,347	2%	381,722
4,835	-7%	(261)	3,566	3,827	Non-Op Expenses	14,366	10,698	(3,668)	-34%	19,533
121,953	0%	(273)	137,566	137,293	Net Non Operating Activity	418,378	412,699	5,679	1%	362,189
(299,237)	-41%	(43,267)	104,259	60,992	Net Income / (Loss)	233,846	(455,672)	689,518	-151%	(739,196)
-12.6%			3.2%	2.0%	Net Income Margin %	2.6%	-5.1%			-10.8%

Unaudited

Arbor Health
Cash Flow Statement
For the Month Ending March 2022

	MTD	YTD
Cash Flows from Operating Activities		
Net Income	60,992	267,245
Adjustments to reconcile net income to net cash provided by operating activities		
Decrease/(Increase) in Net Patient Accounts receivable	(150,612)	(685,122)
Decrease/(Increase) in Taxes receivable	7,973	(247,678)
Decrease/(Increase) in Est 3rd Party Receivable	0	0
Decrease/(Increase) in Prepaid expenses	50,033	35,964
Decrease/(Increase) in Inventories	3,249	(2,200)
Decrease in Other Current Assets	6,620	7,912
Increase/(Decrease) in Accrued payroll liabilities	(5,922)	426,313
Increase/(Decrease) in 3rd Party cost stlmt liabilities	(148,514)	(1,139,830)
Increase/(Decrease) in Accounts payable	391,675	(147,762)
Increase/(Decrease) in Interest payable	29,661	64,948
Depreciation expense	112,505	325,626
Net Cash Flow from Operations	357,660	(1,094,584)
 Cash Flows from Investing Activities		
Cash paid for		
Purchases of Fixed assets	(60,540)	(117,231)
Net Cash Flow from (used) in Investing Activities	(60,540)	(117,231)
 Cash Flows from Financing Activities		
Cash paid for		
Additions to long-term debt	0	0
Principal payments of long-term liabilities	(181,435)	(418,071)
Net Cash Flow from (used) in Financing Activities	(181,435)	(418,071)
 Net Increase (Decrease) in Cash	115,685	(1,629,886)
Cash at Beginning of Period	\$ 12,311,162	\$ 14,056,733
Cash at End of Period	\$ 12,426,847	\$ 12,426,847

CONSENT AGENDA



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

March 30, 2022 at 3:30 p.m.

ZOOM

<https://myarborhealth.zoom.us/j/86367233822>

Meeting ID: 863 6723 3822

One tap mobile: +12532158782,,86367233822#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting to order via Zoom at 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Laura Richardson Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Janice Cramer, Medical Staff Coordinator <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Diane Markham, Marketing & Communications Manager <input checked="" type="checkbox"/> Buddy Rose, Reporter <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Julie Allen, Quality Data Analyst			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p> <input checked="" type="checkbox"/> Van Anderson, Packwood Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Ian Mikusko, WSNA <input checked="" type="checkbox"/> Shannon Kelly, CHRO </p> <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
Approval or Amendment of Agenda		Commissioner Coppock made a motion to approve the agenda. Secretary Olive seconded and the motion passed unanimously.		
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Comments and Remarks	<p>Commissioners: Commissioner Coppock thanked the staff for their hard work and for mitigating the challenges that come with inflation. Commissioner McMahan thanked CFO Boggess and the Finance Committee for their support.</p> <p>Audience: Van Anderson expressed concerns related to provider salary increases and how that will affect the people. Van Anderson did not think due diligence was demonstrated.</p>			
Executive Session- RCW 70.41.200 & RCW 70.41.205	<p>Executive Session began at 3:40 p.m. for ten minutes to discuss RCW 70.41.200 & RCW 70.41.205. The Board returned to open session at 3:50 p.m.</p> <p>Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments- Radiology Consulting Privileges 1. Ryan Frederiksen, MD (Radia Inc.)</p> <p>Reappointments-</p>	Commissioner Coppock made a motion to approve the Medical Privileging as presented with the correction and Commissioner		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Radiology Consulting Privileges</p> <ol style="list-style-type: none"> 1. James Bell, MD (Radia) 2. Lawrence Bennett, MD (Radia) 3. Keith Bernstein, MD (Radia) 4. Samuel Boyton, MD (Radia) 5. William Brinkman, MD (Radia) 6. Alan Chan, MD (Radia) 7. Sean Conus, MD (Radia) <p>Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Sergey Akopov, MD (Providence Health & Services) 2. George Lopez, MD (Providence Health & Services) 3. Ruth Treat, MD (Providence Health & Services) <p>Board Chair Herrin noted Hanbing Wang, MD was on the original list that was published in the packet; however, has been removed and is not needing approval at this meeting.</p>	<p>McMahan seconded. The motion passed unanimously.</p>		
<p>Department Spotlight</p> <ul style="list-style-type: none"> • Marketing/Communications 	<p>Marketing & Communications Manager Markham shared the avenues in which patients, staff, as well as future recruits view Arbor Health. Arbor Health's digital presence is so important, as well as the traditional marketing tools when applicable. Marketing resources are allocated using a tiered system.</p>			
<p>Board Committee Reports</p> <ul style="list-style-type: none"> • Hospital Foundation Report 	<p>Commissioner Richardson shared the minutes were a good summary of the meeting and the Foundation hosted a New Parent Fair this past weekend.</p>			
<ul style="list-style-type: none"> • Finance Committee Report 	<p>Commissioner McMahan provided updates on rate changes, new amount for ACO escrow payment and a bond discussion.</p>			
<p>Consent Agenda</p>	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p>	<p>Secretary Olive made a motion to approve the Consent Agenda</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<ol style="list-style-type: none"> 1. Approval of Minutes <ol style="list-style-type: none"> a. February 21, 2022, Special Board Meeting b. February 23, 2022, Regular Board Meeting c. March 9, 2022, QIO Committee Meeting d. March 16, 2022, Finance Committee Meeting e. March 21, 2022, Special Board Meeting 2. Warrants & EFTs in the amount of \$3,914,787.84 dated February 2022 3. Resolution 22-10-Appointing DNV Accreditation-Antimicrobial Stewardship Program Manager 4. Resolution 22-11-Approving the NW Momentum Accountable Care Organization (ACO)-Year 2 Escrow Funding 5. Resolution 22-12-Declaring to Surplus or Dispose of Certain Property 6. Approve Documents Pending Board Approval & Ratification 03.30.22 	<p>and Commissioner Richardson seconded. The motion passed unanimously.</p> <p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p>	Executive Assistant Garcia	04.01.22
<p>Old Business</p> <ul style="list-style-type: none"> • Resolution 22-13-Adopting the 2022 Compliance Workplan (<i>Action</i>) 	<p>Compliance Officer Hargett presented the 2022 Compliance Workplan and Initiatives Schedule. The Workplan is ongoing, and the focus may change in response to new information, new issues and shifting priorities for the District.</p>	<p>Commissioner Coppock made a motion to approve Resolution 22-13 and Secretary Olive seconded. The motion passed unanimously.</p> <p>Resolution will be sent for electronic signatures.</p>	Executive Assistant Garcia	04.01.22
<ul style="list-style-type: none"> • Redistricting Discussion 	<p>Superintendent Everett presented the Districts two options; 1) remove subdistricts or 2) continue with redistricting process.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>Commissioner Coppock researched the process and would lean towards moving to all at large positions to save money, as well as easier to recruit future commissioners.</p> <p>Commissioner Olive researched the process and was reminded that good candidates will win. It is important to remember the Hospital District votes for all positions and all positions at large or not, need to be open to talking to all the District constituents.</p> <p>Commissioner Richardson would lean towards moving to all at large positions.</p> <p>Commissioner McMahan would lean towards redistricting to keep the voices in the subdistricts.</p> <p>Board Chair Herrin reiterated that voters vote for every seat no matter the subdistrict and recruitment is challenging. Commissioners do not just represent an area, as decisions are made for the whole hospital district. For example, just because the future Packwood clinic is in Commissioner McMahan's subdistrict, it does not mean that the rest of the Commissioners are not just as excited or supportive of this initiative. The Board is one voice.</p> <p>Superintendent Everett recommended to continue exploration by hosting a special board meeting to involve public comment and inviting Matt Ellsworth, AWPMD as a subject matter expert for questions.</p>	Schedule Special Board Meeting in April 2022 for Redistricting discussion.	Executive Assistant Garcia	Prior to 04.27.22 Regular Board Meeting
<ul style="list-style-type: none"> Incident Command Update 	<p>CNO/CQO Williamson noted there is a new variant, so Lewis County may experience a rise in cases. The Hospital's Visitor Policy has been updated to allow one support person unless COVID symptoms are present. There may be changes regarding the proclamation, but nothing concrete as of today.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> PDC Filing Reminder 	<p>Board Chair Herrin reminded the Board to complete their PDC filing by this Friday, April 1, 2022.</p>	<p>Complete PDC filing</p>	<p>Board of Commissioners</p>	<p>04.01.22</p>
<p>New Business</p> <ul style="list-style-type: none"> Bond & Levy Discussion 	<p>CFO Boggess shared the District is in a position to do a replacement bond. For example, the Bond could support the new Packwood clinic, remodel the Emergency Department, start a Mobile Clinic and/or add another Operating Room. The Bond cannot be used to replace equipment. The costs of engaging bond counsel can be included in the Bond itself but would be additional should the Bond not pass.</p> <p>CFO Boggess will research the bond counsel and financial consultant used in the past for the District's bonds, as well as identify associated costs.</p> <p>CFO Boggess noted next steps includes engaging bond counsel and a financial consultant.</p>	<p>Commissioner Coppock made a motion to approve Resolution 22-14 and Commissioner McMahan seconded. The motion passed unanimously.</p> <p>Resolution will be sent for electronic signatures.</p>	<p>Executive Assistant Garcia</p>	<p>04.01.22</p>
<ul style="list-style-type: none"> Resolution 22-15- Approving Budget Amendment- Cerner (EHR) Transition to WA Domain (<i>Action</i>) 	<p>CFO Boggess shared transitioning to the WA Domain is an investment that will improve workflow process, add healthy intent access and provide local support. The District will be investing in the future. The new operating budget does not reflect the new RHC rates or estimated increase in reimbursements for the additional volumes and/or expenses. Administration will restate an operating budget in 90 days to include updated operating expenses and expense reduction options. This will be at the end of second quarter, which will give the District six months to impress change.</p>	<p>Commissioner Coppock made a motion to approve Resolution 22-15 and Secretary Olive seconded. The motion passed unanimously.</p> <p>Resolution will be sent for electronic signatures.</p>	<p>Executive Assistant Garcia</p>	<p>04.01.22</p>
<p>Superintendent Report</p>	<p>Superintendent Everett noted:</p> <ol style="list-style-type: none"> Proposing to cancel the April 6th Plant Planning Meeting, as the new Facilities Director Matthew Lindstrom is in his first couple weeks of employment. 	<p>Cancel 04.06.22 Plant Planning Meeting.</p>	<p>Executive Assistant Garcia</p>	<p>04.01.22</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>2. WSHA Leadership Summit is May 15th-16th. Commissioner Coppock, Secretary Olive and Board Chair Herrin are planning to go in-person. Commissioners Richardson and McMahan will attend virtually.</p> <p>3. Continue to advocate for veterans in the District seeking care.</p> <p>4. 2022 Legislative Update includes updates to Charity Care. Commissioner concerns of requirements with no reimbursement for additional costs.</p> <p>5. Proposing to reschedule Kurt O'Brien May Special Board Meeting.</p>	<p>Register Commissioner Coppock, Secretary Olive, Board Chair Herrin, Superintendent Everett, CMO McCurry and Quality Manager Allen for the WSHA Leadership Summit. Add Charity Care Requirements to the Finance Committee Agenda to further discuss the impact.</p> <p>Reschedule Kurt O'Brien's May meeting to a July Meeting.</p>	<p>Executive Assistant Garcia</p> <p>Executive Assistant Garcia & CFO Boggess</p> <p>Executive Assistant Garcia</p>	<p>04.01.22</p> <p>04.20.22</p> <p>04.01.22</p>
Meeting Summary & Evaluation	<p>Superintendent Everett highlighted the decisions made and action items.</p> <p>No comments on the evaluation. Commissioner McMahan thanked Van Anderson. Board Chair Herrin noted the Board communicated well and shared feelings on topics.</p>			
Adjournment	<p>Secretary Olive moved and Commissioner Richardson seconded to adjourn the meeting at 5:44 p.m. The motion passed unanimously.</p>			

Respectfully submitted,

Kim Olive, Secretary

Date



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

April 18, 2022 at 3:30 p.m.

ZOOM

<https://myarborhealth.zoom.us/j/89148818671>

Meeting ID: 891 4881 8671

One tap mobile: +12532158782,,89148818671#

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 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Laura Richardson <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Kurt O'Brien, Kurt O'Brien Consulting, LLC <input checked="" type="checkbox"/> Diane Markham, Communications & Marketing Manager <input checked="" type="checkbox"/> Kathleen Moore-Jones <input checked="" type="checkbox"/> Matthew Lindstrom, Facilities Director <input checked="" type="checkbox"/> Chris Schumaker <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Matt Ellsworth, AWPHD Executive Director			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	☒ Buddy Rose, Reporter			
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.			
Old Business <ul style="list-style-type: none"> Developing a High Functioning & Effective Board-Part 3 	Kurt O'Brien followed up on weekly peer coaching sessions and highlighted utilizing the ABCDE Model to help diagnose what is going in a conversation. Commissioners were encouraged to continue check ins with assigned peers. Kurt noted using adaptive leadership when leading as a commissioner and acknowledged this is difficult. It is important to mobilize people to make progress on the hardest decisions.			
Redistricting Discussion	<p>At 5:00 p.m. Board Chair Herrin acknowledged additional attendees.</p> <p>Commissioners Coppock & Richardson, as well as Secretary Olive understand advantages and disadvantages. Commissioner McMahan continues to support the subdistricts and finding less expensive tools to redistrict.</p> <p>Matt Ellsworth reiterated costs have significantly increased in ten years and the cost of getting it wrong would be higher if done incorrectly.</p> <p>Board Chair Herrin noted supporting either position; however, cost would be the deciding factor.</p> <p>Matt Ellsworth shared the process of creating sub-districts.</p>			
Public Comment	<p>Buddy Rose and Communications and Marketing Manager Markham provided history on the positions.</p> <p>Kathleen Moore-Jones supports keeping the subdistricts.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>Chris Schumaker referenced that federal elections ban at large voting by states and that should the health district decide to do so, it would be discriminatory; that Morton votes should determine the outcome. Concern was also expressed about representation being diluted. He advocated against at large representation and encouraged the district to maintain equitable representation. He further expressed that cost and fear of litigation should not be deciding factors.</p> <p>Matthew Ellsworth share <i>At Large</i> is used across the US. Voters of the Hospital District vote <i>At Large</i>. Redistricting is about transparency and participation.</p> <p>Commissioner McMahan expressed concern that the community was not adequately notified of the meeting. Chris Schumaker noted he was not aware of the meeting and located meeting information on the website Saturday. Chris Schumaker did not have the time to get the community voice to bring to this meeting.</p> <p>Commissioner Coppock noted great feedback.</p>			
Adjournment	Commissioner Coppock moved and Commissioner McMahan seconded to adjourned at 5:28 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
April 20, 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 12:03 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"/> Richard Boggess, CFO <input type="checkbox"/> Leianne Everett, Superintendent <input 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"/> Matthew Lindstrom, Facilities Director <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Arny Davis, Lewis County Treasurer <input checked="" type="checkbox"/> Rodney Reynolds, Lewis County Investment & Banking Officer			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Approval or Amendment of Agenda		CFO Boggess made a motion to approve the agenda and Secretary Olive 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.		
Guest Speakers <ul style="list-style-type: none"> • Lewis County Investment Pool Discussion 	<p>Army Davis and Rodney Reynolds highlighted the Hospital Districts options either staying with the Local Government Investment Pool (LGIP) or moving to the Lewis County Investment Pool (LCIP). The District has been experiencing significant drops in returns over the past several years. The County is proposing the District invests its funds in the LCIP and are in the process of putting together a true portfolio in the next 90 days. The District is taking on the same risk as the current model. The new model would add bonds verses keeping all in cash.</p> <p>The Finance Committee supported further discussion at the April Board Meeting. The Board can determine if the District should sign the form to invest the District's funds in the LCIP.</p> <p>Commissioner McMahan lost connection to the Zoom.</p>	<p>Add the LCIP Discussion under New Business at the Regular Board in April.</p>	<p>Executive Assistant Garcia</p>	<p>04.20.22</p>
Consent Agenda	<p>CFO Boggess announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –March 16, 2022 2. Revenue Cycle Update 3. Board Oversight Activities 4. Financial Statements-March 	CFO Boggess made a motion to approve the consent agenda and Secretary Olive seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> • Financial Department Spotlight 	CFO Boggess noted the Financial Department Spotlight was deferred due to the upcoming DNV Survey next week.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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<ul style="list-style-type: none"> Capital Process Update 	<p>CFO Boggess presented the new process for reviewing capital items on the 2022 list. Once Administration deems an item needs to move forward on this list, then it will be presented at Finance Committee as notification or if the cost is greater than \$30,000 the item will be reviewed in Finance Committee and need board approval by resolution.</p> <p>Facilities Director Lindstrom noted the MOB HVAC system compressors are failing. Contractors were contacted for bids; however, Olympia Sheet Metal is the only one who presented a concrete bid. Facilities Director Lindstrom will continue to move forward with the project but plans to do a comparison on replacing the whole unit versus just the compressors. This is an example of large capital and notifying Finance Committee of next steps.</p>			
<ul style="list-style-type: none"> Bonds 	<p>CFO Boggess noted Administration is recommending we move forward with Brad Berg’s firm Foster Garvey as bond counsel, as he has done the work on past bonds and already know LCHD No. 1.</p>			
<p>New Business</p> <ul style="list-style-type: none"> Financial Audit Update 	<p>CFO Boggess noted the closing audit meeting is this Friday, April 22nd. There is nothing major on our radar and should be another good audit on the books for 2021. There was on minor error in the scope in the single audit but should have no material effect. A full report will be at the May Finance Committee Meeting.</p>			
<ul style="list-style-type: none"> WA Financial Assistance Regulation 	<p>CFO Boggess noted the new charity regulations goes into effect July 2022 but should not have the same impact as initially thought. The District will continue to communicate that charity care is available to patients and how to show patients how to access this</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	information. The impact will be minimal.			
<ul style="list-style-type: none"> Health Insurance Performance 	CFO Boggess noted quarter one health insurance performance for the total plan payment is less than last year at this time. Metrics are improving and below national averages. The District has one claim at high cost related to stop loss coverage. Administration hopes this pattern continues into the rest of the year.			
<ul style="list-style-type: none"> 2022 Financial Projection 	CFO Boggess discussed the 2022 financial projections as a result of budget amendments on the annual operating budget. The major events include increasing ED Physician Salaries, WA Cerner Domain, Clinic revenues for Medicaid encounters, staffing plans, rates and turnover. Volume roll forward, expense assumptions or reductions and/or revenues will be updated. A new operating budget will be presented at the July Finance Committee Meeting.			
<ul style="list-style-type: none"> Surplus or Dispose of Certain Property 	CFO Boggess presented the list of assets for surplus.	The Finance Committee supported requesting the Board's approval of a resolution of the Surplus at the Regular Board Meeting.	Executive Assistant Garcia	04.27.22 Regular Board Meeting
Meeting Summary & Evaluation	CFO Boggess highlighted the decisions made and the action items that need to be taken to the entire board for approval.			
Adjournment	CFO Boggess made a motion and Secretary Olive seconded to adjourn the meeting at 1:00 pm.			

WARRANT & EFT LISTING NO. 2022-03

RECORD OF CLAIMS ALLOWED BY THE
BOARD OF LEWIS COUNTY
COMMISSIONERS

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

CERTIFICATION

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

Signed:

Richard Boggess, CFO

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

\$4,264,245.77 this 27th day

of April 2022

Board Chair, Tom Herrin

Secretary, Kim Olive

Commissioner, Wes McMahan

Commissioner, Craig Coppock

Commissioner, Laura Richardson

SEE WARRANT & EFT REGISTER in the amount of \$4,264,245.77 dated March 1, 2022 – March 31,
2022.

Routine A/P Runs

Warrant No.	Date	Amount	Description
124821 - 124830	2-Mar-2022	72,276.36	CHECK RUN
124833 - 124837	7-Mar-2022	796,781.80	CHECK RUN
124838 - 124875	4-Mar-2022	39,304.80	CHECK RUN
124876	1-Mar-2022	46.91	CHECK RUN
124877 - 124936	11-Mar-2022	224,818.16	CHECK RUN
124937 - 124943	14-Mar-2022	70,342.62	CHECK RUN
124944 - 125011	18-Mar-2022	167,634.17	CHECK RUN
125012 - 125027	21-Mar-2022	126,020.73	CHECK RUN
125028	1-Mar-2022	16,360.27	CHECK RUN
125029	8-Mar-2022	14.66	CHECK RUN
125030	10-Mar-2022	35.00	CHECK RUN
125031 - 125052	22-Mar-2022	353,832.00	CHECK RUN
125053 - 125057	28-Mar-2022	820,214.60	CHECK RUN
125058 - 125084	25-Mar-2022	110,893.39	CHECK RUN
125122	15-Mar-2022	8,300.59	CHECK RUN
125123	17-Mar-2022	3,706.31	CHECK RUN
125124	22-Mar-2022	2.03	CHECK RUN
125125	28-Mar-2022	19,089.68	CHECK RUN
125126	29-Mar-2022	7.15	CHECK RUN
125127	31-Mar-2022	1,194.96	CHECK RUN
125128	31-Mar-2022	1,194.93	CHECK RUN
Total - Check Runs		\$ 2,832,071.12	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
125127	31-Mar-2022	(1,194.93)	VOID CHECK
TOTAL - VOIDED CHECKS		\$ (1,194.93)	

COLUMBIA BANK CHECKS, EFT'S & VOIDS	\$ 2,830,876.19
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Eft	Date	Amount	Description
1165	4-Mar-2022	202,632.33	IRS
PAYROLL	4-Mar-2022	501,047.14	PAYROLL
3/11/1903	18-Mar-2022	194,587.79	PAYROLL TAXES / IRS
PAYROLL	18-Mar-2022	530,773.70	PAYROLL
PAYROLL TAXES	21-Mar-2022	229.50	PAYROLL TAXES / IRS
PAYROLL	21-Mar-2022	1,378.66	PAYROLL
4670	1-Mar-2022	143.85	TPSC
4669	1-Mar-2022	20.00	TPSC
4671	7-Mar-2022	327.55	TPSC
4673	21-Mar-2022	1,670.15	TPSC
4672	21-Mar-2022	261.91	TPSC
4674	22-Mar-2022	297.00	TPSC
TOTAL EFTS AT SECURITY STATE BANK		\$ 1,433,369.58	

TOTAL CHECKS, EFT'S, & TRANSFERS	\$ 4,264,245.77
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LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO
SURPLUS OR DISPOSE OF CERTAIN
PROPERTY

RESOLUTION NO. 22-16

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 27th day of April 2022, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Kim Olive, Secretary

Wes McMahan, Commissioner

Craig Coppock, Commissioner

Laura Richardson, Commissioner

DISPOSAL/SURPLUS PERSONAL PROPERTY

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
04/14/2022	Microwave	Acute Care	6007	DISPOSAL/SURPLUS	BROKEN

Documents Awaiting Board Ratification 04.27.22

	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	A/B/D TYPING AND REVERSE GROUPING -GELCARD TEST METHOD	Blood Bank
2	Additional Pay for Exempt Employees	Human Resources
3	Admission to Skilled Swing Bed after Discharge from Inpatient	Skilled Swing
4	Amended Report	QC/QA
5	Amphetamine Differentiation	Chemistry
6	Bankruptcy Accounts	Business Office
7	Collection Assignment Policy	Finance
8	Contract Management	Administration
9	Contract Review Worksheet	Administration
10	Disciplinary Guidelines	Human Resources
11	Disclosure of Medical Errors or Events	Quality
12	Evaluation and Management Coding	Health Information Management
13	Gladys Howlett Scholarship Program	Foundation
14	Medical Care to Children of Divorced or Separating Parents or Partners	Administration
15	Medical Records-Emergency Room Patients	Health Information Management
16	Nurse Staffing Matrix Plan	DOH Policies & Procedures
17	Nursing Services Plan for the Provision of Care and Staffing	Nursing Department
18	PACU Aldrete Scoring System	PACU
19	Post-Operative Complications, Physician Availability	Medical Staff
20	Reporting Of Restrictions On Healthcare Practitioners For Unprofessional Conduct	Administration
21	Restraint and Seclusion Policy	Patient Rights
22	Rural Health Clinics Providing Auxiliary Aids for Persons with Disabilities	Rural Health Clinics
23	Service Animals and Pets	Administration
24	Transporting Waste	Facility Support

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

OLD BUSINESS

NEW BUSINESS

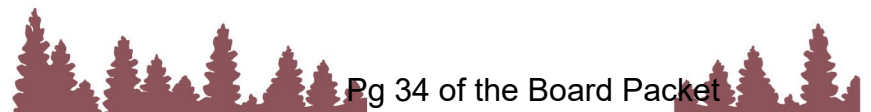
To: Board of Commissioners
From: Leianne Everett, Superintendent
Date: 4/17/2022
Subject: Letter from Anonymous Community Member

The attached anonymous letter was circulated to the Morton Clinic Manager, CMO, Human Resources, Superintendent and Board Commissioners. While I am not sure which exchange prompted this response, I am certain that this letter is a result of our expectation that individuals entering our facilities must wear a mask as required by the Governor's and Secretary of Department of Health's mandates.

Our policies, procedures and expectations align with these mandates. Not acting in this manner would place the district's financial health and hospital license in jeopardy. Additionally, we have a legal obligation and duty to provide safety in our facilities. This is our goal, irrespective of any individual's agreement or lack of agreement with the requirements.

I have included two documents supporting our expectations: The State of Washington Department of Health Order of the Secretary of Health 20-03.8 and the State of Washington Proclamation by the Governor 20-25.19. The proclamation and order require face coverings in healthcare settings to include "customers, which means visitors, patients and other persons who lawfully enter a public or private space." In addition, the CDC continues to recommend routine face mask wearing under their "Interim Infection, Prevention and Control Recommendations for Health Care Personnel during the Corona Virus Disease 2019 Pandemic.

We are aware that individuals hold opposing views of this expectation, however, the prudent position for our District is to comply with the mandates. Unfortunately, this places our front-line staff in a position to enforce the expectations. As a result, Sara Williamson drafted the attached discussion points to better prepare our front-line staff for future resistance to wearing masks in our facilities.



Arbor Health-Clinic
521 Adams Ave
Morton, WA 98356

March 24, 2022

Regarding "Patient Bill of Rights", Laws, and **Arbor Health Policies**

It has been a tough two years that have brought glaring attention to the lack of education and deep understanding of citizen rights, business rights, and the hierarchy (power) of law. Our public education system has failed us and many of us are being treated poorly simply because of 'ignorance of the law'.

From the search engine page: "**Arbor Health** does not discriminate against any person on the basis of sex, including gender identity, religion, sexual orientation, race, color, national origin, disability or age."

Yet, this is happening on a daily basis in our local clinics and hospitals. We want our health care facilities to survive and thrive, and to also be in compliance with the hierarchy (power) of law.

True Scenario: 1. Patient enters the clinic for an office call. 2. Very nice clinic employee at the desk immediately prescribes a medical intervention/device without examination, due process, or patient consent. 3. Polite patient says, "No, thank you; I don't need a mask, and I don't follow mandates, as mandates are not law." 4. Nice clinic employee says, "It is law here and we will not serve you until you wear this mask."

Analysis by Law: [and yes, the Constitution(s) matter(s)]

1. Patient enters this place of public accommodate legally.

U.S. Constitution, 4th Amendment, Right to Privacy

Forcing a person to wear a mask without their consent is a violation of the 4th Amendment.

U.S. Title 52, Civil Rights Act of 1964: Unlawful to Discriminate in place of Public Accommodations.

2. Employee at the desk immediately prescribes a medical intervention/device.

Washington State Legislature Revised Code 18.64.011: Practicing medicine without a license is not legal.

Patient Bill of Rights-Affordable Health Care Act: 1. The patient has the right to considerate and respectful care. [Not bullying, harassment, nor intimidation, nor refusal of service]

3. Patient says, "No, thank you; I don't need a mask, and I don't follow mandates, as mandates are not law."

There is no evidence that I am a direct threat to the health and safety of your business, according to **Title III of the U.S. Civil Rights Act, § 36.208.**

Patient Bill of Rights-Affordable Health Care Act

Patient has not given consent to a medical intervention and has the right to refuse a medical intervention, especially from an unqualified employee who is not licensed to practice medicine.

4. Employee says, "It is law here and we will not serve you until you wear this mask."

U.S. Constitution, 1st Amendment, Right to Assemble, Right to Freedom of Speech, Right to Religious Expression

Requiring someone to wear a mask as a condition to assemble in your place of public accommodation is an infringement of the right protected under the U.S. Constitution, the highest law of the land. No law is valid or lawful that violates the Constitution.

No health order, emergency order, state of emergency, municipal ordinance, or store policy may suspend or violate the Constitution, period.

Washington Constitution, Article 1, Section 5

Every person may freely speak, write and publish on all subjects, being responsible for the abuse of that right. A law may not restrain or abridge liberty of speech. (Muzzling one's face with a muzzle does not allow for one to freely speak, and it abridges freedom of speech.) Therefore, denying entry due to a person not wearing a mask is a violation of the Washington Constitution.

Washington State Legislature Revised Code 9A.46.020: Harassment, the definition therein.

In conclusion, your place of public accommodation can not legally make policies that violate any of the above higher laws simply because of proclamations, mandates, guidance, and recommendations which are NOT law and are made by UNELECTED representatives at the very **bottom** of the chain. **YOU ARE IN VIOLATION OF the laws listed above and possibly others.** Please change your policies to reflect lawful regard for patients' protected rights.

Sincerely, WE THE PEOPLE.



TACOMA WA 983
OLYMPIA WA
29 MAR 2022 PM 2 L



Arbor Health
P.O. Box 1178
Morton, WA
98356

Attn: Board Commissioners





STATE OF WASHINGTON
— OFFICE OF GOVERNOR JAY INSLEE —

**PROCLAMATION BY THE GOVERNOR
AMENDING PROCLAMATIONS 20-05 and 20-25, et seq.**

20-25.19

“WASHINGTON READY”

WHEREAS, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout the state of Washington as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations and our health care system, I have subsequently issued several amendatory proclamations, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations, including issuance of Proclamation 20-25, et seq., which limits Washingtonians’ ability to participate in certain activities unless certain conditions are met; and

WHEREAS, during early stages of the COVID-19 pandemic, health professionals and epidemiological modeling experts indicated that the spread of COVID-19, if left unchecked, threatened to overwhelm portions of Washington’s public and private health-care system; and

WHEREAS, although COVID-19 continues to be an ongoing and present threat in Washington State, the measures we have taken together as Washingtonians over the past 24 months, including the willingness of many eligible Washingtonians to take advantage of the remarkable, life-saving vaccines being administered throughout the state, have made a difference, and have altered the course of the pandemic in fundamental ways; and

WHEREAS, as of March 7, 2022, 81% of people five years and older have initiated COVID-19 vaccination and 73.4% are fully vaccinated, and more than 58% of people eligible for a COVID-19 booster have received one; and

WHEREAS, according to the CDC, with current high levels of vaccination and high levels of population immunity from both vaccination and infections, the risk of severe disease, hospitalization, and death from COVID-19 is greatly reduced for most people; and

WHEREAS, the CDC modified its COVID-19 community level metrics to incorporate measures of the impact of COVID-19 in terms of hospitalizations and healthcare system strain, in addition to accounting for transmission in the community; and

WHEREAS, using the CDC’s metrics and according to statewide data, as of March 9, Washington would be at the “medium” level with a 7-day case rate of 92 cases per 100,000 people, a hospital admission rate of 6.7 per 100,000 and 12% of staffed beds occupied by people who have COVID-19; and

WHEREAS, modeling from DOH and other organizations shows expected further declines in case rates and hospital admissions; and

WHEREAS, the CDC modified its guidance which, in general, provides that the general public need not wear masks indoors in public in communities at a medium or low level; and

WHEREAS, the CDC continues to recommend wearing masks in certain settings occupied by people at greater risk for adverse consequences from COVID-19, including health care settings, long-term care settings, and correctional facilities; and

WHEREAS, on August 20, 2021, I issued Proclamation 20.25.15 amending Proclamation 20-25, et. seq., by reinstating prohibitions against use of indoor spaces without the use of a face covering; and

WHEREAS, on September 3, 2021, I issued Proclamation 20-25.16 amending Proclamation 20-25, et. seq., to clarify that local government agencies, officials, authorities and landlords are prohibited from preventing or prohibiting any person or business or other entity in their jurisdictions and tenants in their properties, respectively, from imposing face covering requirements on or requiring proof of vaccination from any worker, customer, or other person or taking or threatening to take any adverse action of any kind against any person or business or other entity or tenant for imposing face covering requirements on or requiring proof of vaccination from any worker, customer, or other person; and

WHEREAS, on September 13, 2021, I issued Proclamation 20-25.17 amending Proclamation 20-25, et. seq., to adopt and align the Proclamation with the Secretary of Health’s order that was amended to also require face coverings outdoors while at a large gathering of 500 or more persons, regardless of a person’s vaccination status; and

WHEREAS, the data now supports the conclusion that the surge of disease driven by the highly infectious Omicron variant is subsiding significantly in much of the state and the corresponding extraordinary stress on our hospitals due to COVID-19 hospitalizations is likewise improving; and

WHEREAS, over the past 24 months, health experts and epidemiological modeling experts, including those at the Department of Health, the United States Centers for Disease Control and

Prevention (CDC), and our state universities, have gained critical knowledge regarding the spread of COVID-19, including a better understanding of the risks associated with certain activities and the measures that can be taken to reduce those risks; and

WHEREAS, given the reduction in COVID-19 cases and hospitalizations, the requirement that face coverings be worn at outdoor events and gatherings attended by 500 or more people was rescinded as of February 18, 2022, and, further, the requirement that proof of vaccination or proof of a negative as a condition of attending a large indoor or outdoor event was rescinded on March 1, 2022; and

WHEREAS, given the continued reduction in COVID-19 cases and hospitalizations in February and early March of 2022, it is now appropriate to also rescind the requirement that face coverings be worn in most places; and

WHEREAS, notwithstanding the recent and hopeful decrease in cases and hospitalizations, the worldwide COVID-19 pandemic and its persistence in Washington State continue to threaten the life and health of our people as well as the economy of Washington State, and remain a public disaster affecting life, health, property, or the public peace; and

WHEREAS, due to the continuing COVID-19 threat, some people who are immunocompromised or medically vulnerable, or who remain concerned for their own health or the health of their family or community, have the right to continue to wear a face covering and take other preventative measures; and

WHEREAS, the Washington State Department of Health continues to maintain a Public Health Incident Management Team in coordination with the State Emergency Operations Center and other supporting state agencies to manage the public health aspects of the incident; and

WHEREAS, the Washington State Military Department Emergency Management Division, through the State Emergency Operations Center, continues coordinating resources across state government to support the Department of Health and local health officials in alleviating the impacts to people, property, and infrastructure, and continues coordinating with the state Department of Health in assessing the impacts and long-term effects of the incident on Washington State and its people; and

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, as a result of the above noted situation, and under Chapters 38.08, 38.52, and 43.06 RCW, do hereby proclaim and order that a State of Emergency continues to exist in all counties of Washington State, that Proclamation 20-05, as amended, remains in effect, and that, to help preserve and maintain life, health, property or the public peace pursuant to RCW 43.06.220(1)(h), Proclamation 20-25, et seq., remains in full force and effect, except as specifically amended by this Proclamation 20-25.18, as set out below.

FURTHERMORE, I hereby amend the provisions in 20-25, et seq., as they relate to face coverings to prohibit any individual from failing to wear a face covering as required by the Secretary of Health’s face covering [order](#) and any subsequent amendments. I further prohibit any governmental, commercial, or nonprofit entity or private party that continues to be subject to the Secretary of Health’s face covering order from allowing any individual to enter or remain in any indoor space under their control unless the individual is in compliance with the Secretary of Health’s face covering [order](#) and any subsequent amendments.

ADDITIONALLY, in furtherance of these prohibitions, and for general awareness:

1. The face covering requirements in prior versions of Proclamation 20-25 are hereby rescinded and replaced with the requirements imposed in and pursuant to this version of Proclamation 20-25. The Secretary of Health’s face covering [order](#) and any subsequent amendments are incorporated by reference.
2. Employers must comply with all conditions for operation required by the Washington State Department of Labor & Industries, including interpretive [guidance](#), regulations and rules and Department of Labor & Industries-administered statutes.
3. Employers must notify their local health jurisdiction within 24 hours if they suspect COVID-19 is spreading in their workplace, or if they are aware of two or more employees who develop confirmed or suspected COVID-19 within a 14-day period.
4. Everyone is required to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19 and with the implementation of infection control measures pursuant to State Board of Health rule in WAC 246-101-425.

ADDITIONALLY, in support and clarification of this proclamation:

1. In general: Pursuant to the Secretary of Health’s face covering [order](#), face coverings are not required in most places. Face coverings continue to be required in certain places, including health care settings, long-term care settings, and correctional and jail facilities. Face covering requirements are found in the Secretary of Health’s face covering [order](#), and any subsequent amendments, as incorporated herein by reference.
2. Additional local restrictions may apply: Nothing in this proclamation or in the Secretary of Health’s face covering order prevents any other individual or entity from imposing more restrictive face covering or additional restrictions or requirements in businesses or other locations within the scope of their legal authority. In addition, local government agencies, officials, and authorities and landlords are prohibited from preventing or prohibiting any person or business or other entity in their jurisdictions

and tenants in their properties, respectively, from imposing face covering requirements on or requiring proof of vaccination from any worker, customer, or other person and are further prohibited from taking or threatening to take any adverse action of any kind against any person or business or other entity or tenant for imposing face covering requirements on or requiring proof of vaccination from any worker, customer, or other person. Adverse actions prohibited by this section include, but are not limited to, denying, suspending, withholding, or terminating a contract, patronage, funding, or benefits, declining to rent or lease property, increasing rental rates, and eviction.

3. Customers: For purposes of this Proclamation, the term “customers” has its ordinary meaning and it also means visitors, patients, and any other person who lawfully enters a public or private space.
 - a. Entities and individuals who have authority over health care settings, long-term care facilities, and correctional and jail facilities are prohibited from allowing customers to enter or remain in any indoor space under their control unless the customer is wearing a face covering if required by the Secretary of Health’s face covering order.
 - b. Entities and individuals are prohibited from prohibiting customers from wearing a face covering in any indoor or outdoor public or private space under their control, even if the customer is not required to do so, except that customers may be required to remove their face coverings briefly for identification purposes or in order to comply with state or federal law.
4. Employees: For worksites that continue to be covered by the Secretary of Health’s face covering order, all employees are required to comply with the Secretary of Health’s face covering order at the employee’s worksite. Unless additional restrictions are imposed by the employer or a state or local authority, or face coverings are legally required at the specific worksite regardless of vaccination status, an employee may work outdoors without wearing a face covering, and a fully vaccinated employee may work indoors without wearing a face covering at the employer’s worksite in areas not generally accessible to the public when only employees are present as permitted by the Secretary of Health’s face covering order, but only after the employee has either provided (a) proof of vaccination to the employer; or (b) a signed document attesting to the employee’s fully vaccinated status, *except as otherwise prohibited in Proclamation 21-14, et seq. (Vaccination Requirement)*. The option, if applicable, to provide a signed self-attestation may be done in hard copy or electronically.
5. Employers: Employers are required to provide a safe and healthy workplace and must assess hazards in their workplace and take appropriate steps to protect workers. COVID-19 remains a recognized hazard that continues to pose a significant risk to the health and life of employees. Notwithstanding the relaxation of face covering requirements in most places, those employers with control over worksites covered by

the Secretary of Health's face covering order must continue to require that employees wear a face covering in accordance with the Secretary of Health's face covering [order](#). To that end, those employers:

- a. Must choose a method of proof of vaccination, documented proof of vaccination or self-attestation (*except as otherwise prohibited in Proclamation 21-14, et seq. (Vaccination Requirement)*), and require such proof from every employee before those employees are permitted to work without wearing a face covering at the employer's worksite in areas not generally accessible to the public when only employees are present as permitted by the Secretary of Health's face covering order referenced above;
- b. Notwithstanding (a) above, may require that employees wear a face covering while at the worksite in all areas regardless of vaccination status; and
- c. May require vaccination as a condition of employment, except as prohibited by state or federal law.

ADDITIONALLY, in addition to guidance issued by the Department of Health and the Department of Labor & Industries, additional guidance for businesses, employees, and customers may be found [here](#) and is incorporated by reference, and such guidance may be updated periodically and all such updates are also incorporated by reference.

I again direct that the plans and procedures of the *Washington State Comprehensive Emergency Management Plan* be implemented throughout state government. State agencies and departments are directed to continue utilizing state resources and doing everything reasonably possible to support implementation of the *Washington State Comprehensive Emergency Management Plan* and to assist affected political subdivisions in an effort to respond to and recover from the COVID-19 pandemic.

I continue to order into active state service the organized militia of Washington State to include the National Guard and the State Guard, or such part thereof as may be necessary in the opinion of The Adjutant General to address the circumstances described above, to perform such duties as directed by competent authority of the Washington State Military Department in addressing the outbreak.

Additionally, I continue to direct the Department of Health, the Washington State Military Department Emergency Management Division, and other agencies to identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.

Violators of this order may be subject to criminal penalties pursuant to RCW 43.06.220(5). Further, if people fail to comply, I may be forced to reinstate additional prohibitions established in earlier proclamations.



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

*PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • 711 Washington Relay Service*

ORDER OF THE SECRETARY OF HEALTH AMENDING ORDER 20-03

20-03.8

Face Coverings - Statewide

WHEREAS, Washington State Governor Jay Inslee has issued Proclamation 20-05, subsequently amended and extended, proclaiming a statewide State of Emergency due to an outbreak of coronavirus disease 2019 (COVID-19) in the United States and community spread of COVID-19 in Washington State; and

WHEREAS, COVID-19 spreads mainly from person to person through respiratory droplets and aerosols when infected people, many of whom do not exhibit COVID-19 symptoms, cough, sneeze, or talk, and evidence shows that wearing a mask or face covering reduces an infected person's chance of spreading the infection to others and may protect uninfected persons from infected people around them; and

WHEREAS, the worldwide COVID-19 pandemic and its progression in Washington State continue to constitute an emergency threatening the safety of the public health, demanding action by the Secretary of Health; and

WHEREAS, on June 24, 2020, Order of the Secretary of Health 20-03 was issued, directing every person in Washington State to wear a face covering when in any indoor or outdoor public setting, subject to certain exceptions; and

WHEREAS, on July 24, 2020, Order of the Secretary of Health 20-03.1 was issued, directing every person in Washington State to wear a face covering when outside of their dwelling unit, subject to certain exception; and

WHEREAS, on May 17, 2021, Order of the Secretary of Health 20-03.2 was issued, exempting fully vaccinated people in Washington state from the requirement to wear face coverings in public, except in certain limited settings; and

WHEREAS, on June 29, 2021, Order of the Secretary of Health 20-03.3 was issued, permitting people to be outdoors without face coverings and without maintaining physical distancing, while encouraging masks for the unvaccinated in crowded outdoor settings, such as at sporting events, fairs, parades, concerts, and similar settings where it's harder to maintain physical distance; and

WHEREAS, on August 19, 2021, Order of the Secretary of Health 20-03.4 was issued, reinstating a requirement for people to wear face coverings, regardless of their vaccination status, when in a place where any person from outside their household is present or in a public place, with limited exceptions; and

WHEREAS, on September 13, 2021, Order of the Secretary of Health 20-03.5 was issued, requiring people to wear face coverings at outdoor events or gatherings attended by 500 or more people; and

WHEREAS, on September 24, 2021, Order of the Secretary of Health 20-03.6 was issued, permitting non-spectators to not wear face coverings on the field of play, on the sidelines, or in similar areas at outdoor sports settings; and

WHEREAS, on February 16, 2022, Order of the Secretary of Health 20-03.7 was issued, lifting the requirement for people to wear face coverings at outdoor events or gatherings attended by 500 or more people; and

WHEREAS, according to the CDC, with current high levels of vaccination and high levels of population immunity from both vaccination and infections, the risk of severe disease, hospitalization, and death from COVID-19 is greatly reduced for most people; and

WHEREAS, the CDC modified its COVID-19 community level metrics to incorporate measures of the impact of COVID-19 in terms of hospitalizations and healthcare system strain, in addition to accounting for transmission in the community; and

WHEREAS, using the CDC's metrics and according to statewide data, as of March 9, Washington would be at the "medium" level with a 7-day case rate of 92 cases per 100,000 people, a hospital admission rate of 6.7 per 100,000 and 12% of staffed beds occupied by people who have COVID-19; and

WHEREAS, as of March 7, 81% of people five years and older have initiated COVID-19 vaccination and 73.4% are fully vaccinated, and more than 58% of people eligible for a COVID-19 booster have received one; and

WHEREAS, modeling from DOH and other organizations shows expected further declines in case rates and hospital admissions; and

WHEREAS, the CDC modified its guidance which, in general, recommends that people consistently and correctly wear a well-fitting mask indoors in public when communities are at a high level, and that at a medium level, people who are immunocompromised or at increased risk for severe disease should talk to their healthcare provider about whether they need to wear a well-fitting mask, and that at low levels, individual decisions to wear a mask should be informed by individual risk; and

WHEREAS, requiring the general public throughout Washington to wear masks or face coverings indoors in public places or where others outside their household are present is no longer necessary based on the above-noted data and guidance; and

WHEREAS, the CDC continues to recommend wearing masks in certain settings occupied by people at greater risk for adverse consequences from COVID-19, including health care settings, long-term care settings, and correctional facilities.

NOW, THEREFORE, I, Umair A. Shah, MD, MPH, Washington State Secretary of Health, as a result of the above-noted situation, and under RCW 43.70.130, RCW 70.05.070, WAC 246-100-036, and any other applicable authority, do hereby amend Order 20-03, et seq., and order as follows:

Face Covering Requirement

Every person in Washington State must wear a face covering that covers their nose and mouth when they are indoors in any of the following settings, subject to the exceptions and exemptions below:

- Health care settings;
- Long-term care settings; and
- Correctional and jail facilities.

Exceptions to Face Covering Requirement

People are not required to wear a face covering in the settings above in any of the following situations:

- While working in areas not generally accessible to the public when only employees are present, but only if the employee is fully vaccinated against COVID-19;
- While working alone isolated from interactions with others with little or no expectation of in-person interruptions;
- While swimming or engaged in other water sports or recreation;
- While engaged in the act of eating or drinking;
- While showering, bathing, or engaging in other personal hygiene or grooming activities that require the removal of the face covering;
- When any party to a communication is deaf or hard of hearing and not wearing a face covering is essential to communication;
- While obtaining a service or engaged in a transient activity that requires temporary and very brief removal of the face covering;
- While sleeping;
- When necessary to confirm the person's identity;
- When federal or state law prohibits wearing a face covering or requires the removal of a face covering;
- When unable to put on a face covering due to an emergency.

People Exempt from Face Covering Requirement

The following are exempt from the requirement to wear a face covering in the settings above:

- Children younger than five years old are exempt from the requirement to wear a face covering.
 - Children who are younger than two years old should never wear face coverings due to the risk of suffocation.
 - Children who are two, three, or four years old, with the assistance and close supervision of an adult, are strongly recommended to wear a face covering at all times in public settings when around non-household members;

- People with a medical condition, mental health condition, developmental or cognitive condition, or disability that prevents wearing a face covering are exempt from the requirement to wear a face covering. This includes, but is not limited to, people with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance; and
- If a health care setting or long-term care setting is in a private residence, people who are not paid to provide health care, long-term care, or personal care services are exempt from the requirement to wear a face covering in that setting.

Additional Provisions

- Any frequently asked questions or other guidance explaining or interpreting this order issued by DOH is automatically incorporated herein.
- Types of face coverings permitted.
 - For purposes of this order, a face covering must:
 - Fit snugly against the sides of the face;
 - Completely cover the nose and mouth;
 - Be secured with ties, ear loops, elastic bands, or other equally effective method; and
 - Include at least one layer of tightly woven fabric without visible holes, although multiple layers are strongly recommended.
 - A face covering may also be a mask or face covering that provides a higher level of protection than a cloth face covering, such as a medical procedure/surgical mask, a KN95 mask, a KF94 mask, or an N95 mask.
 - Clear masks or cloth masks with a clear plastic panel may be used when interacting with people who are deaf or hard of hearing, young children or students learning to read, students learning a new language, people with disabilities, and people who need to see the proper shape of the mouth for making appropriate vowel sounds.
- A person is fully vaccinated against COVID-19 two weeks after they have received the second dose in a two-dose series (e.g., Pfizer-BioNTech or Moderna) or two weeks after they have received a single-dose vaccine (e.g., Johnson and Johnson (J&J)/Janssen).
- Face covering requirements imposed by other public agencies or officials.
 - Face covering requirements lawfully imposed by another public agency or official are to be followed if they are more protective than the requirements in this order. If they are less protective, then this order must be followed.
 - Notwithstanding the foregoing, any face covering requirements imposed pursuant to an order of the Governor take precedence over this order.

This order shall take effect on March 12, 2022, and remain in effect until rescinded or superseded by a subsequent order of the Secretary of Health or until the Governor issues a proclamation declaring the termination of the State of Emergency declared by Proclamation 20-05, as amended and extended by subsequent amendatory proclamations, whichever is earlier.

Members of the public are required by law to comply with this order, and violators may be subject to enforcement action pursuant to RCW 43.70.130(7), RCW 70.05.120(4), and WAC 246-100-070(3).

Signed this 11th day of March, 2022.



Umair A. Shah, MD, MPH
Secretary of Health

Screener Guidance re Mask Requirements

Talking points for visitors resisting masks (after you have offered a mask):

- I know how frustrating this can be. And this can certainly be irritating.
- As a hospital, we remain under an order from the Department of Health requiring masks in healthcare settings.
- While we appreciate how confusing this all is, the recent removal (March 12, 2022) of the Washington State mandate does not apply to healthcare settings.
- Unfortunately, the recently revised mandate, as you are aware, did not include healthcare settings. Masks are still required.
- I can see how strongly you feel about this and I'm very uncomfortable asking this of you, but I am required to do so.
- I can see you do not agree with the requirements, but I am expected to enforce them.
- As your health district clinic/hospital, we have a legal obligation and duty to provide a safe environment. Entering unmasked, could put others at risk and cause us to breach our duty.
- Safety is our ultimate goal – the safety of visitors, staff, and patients in this facility.
- We can face penalties and/or lose our clinic/hospital license we do not comply with these rules – should this happen, we would not be able to provide healthcare services to our district.
- There are even criminal penalties to visitors who do not comply – I really don't want that to happen to you. [I'm not sure that this is something we want to mention]
- If the visitor states they have a medical condition preventing them from wearing a mask, offer them a face shield.
- We have no idea when these rules are going to change but if you'd like to reschedule your visit for sometime in the future, I can help you accomplish that.
- I would very much like to accommodate your request but cannot do so. Would you like to speak to a supervisor or person in charge? (Depending on the time/day and location, that may be your supervisor, charge nurse, ER nurse, physician, administration, or admin on call)

Things to keep in mind:

- Not all patients present as "patients". If you are unsure if the individual is presenting as a visitor or for a urgent or emergent medical condition, ask them if they are experiencing an acute illness that requires immediate attention and take them directly to the emergency room – forget the masking issue.
- Be authentic and humble. Acknowledge their feelings, how challenging these situations are, and be appreciative of the concerns that are stated about masking.
- Do not feel that you have to respond to criticism or justify our policies, mandate, CDC, or government. Politely listen to that which they state. Then, just acknowledge the expectations – masks are still required in healthcare settings
- Our goal is to de-escalate and avoid having to play "enforcer" if at all possible.
- If in the clinic setting, offer a telemedicine appointment. That way, they don't have to wear a mask.
- Should any situation escalate, call a Code Gray, Security, or utilize a panic button for a police response

MEMORANDUM

To: Finance Committee
From: Richard Bogges, CFO
Date: April 5, 2022
Re: Lewis County Investment Pool Discussion

The Lewis County Treasurer office, acts as of the Treasurer for the District, providing banking relationships and investment services for the District. All funds are directed to the County’s general fund and held in trustee process for the District. Lewis County has invested these funds along with other county entities in an investment pool managed by the state of Washington. The County and by extension the state has a policy that directs how these funds are invested per the applicable RCWs. The County’s investment policy is included in this discussion section.

The County’s investment policy has the following three general objectives: 1) Safety - preservation of capital, 2) Liquidity – to be able to meet the operating needs of the county and related districts, and 3) Return – attaining a market rate of return. Historically, the County has invested the funds of the District in the Local Government Investment Pool. The returns on this pool have drop significantly over the last several years. Following is the 30-day return as of the last day of each period.

Dec2018 2.378% Dec2019 1.7757% Dec2020 0.155% Dec2021 0.090% Mar2022 0.228%

The County is preparing to launch its own investment pool subject to the appropriate RCWs. Communication from the County indicates that local investment pools tend to do better than the state pool; however, they can have months where they underperformed the state pool. This is because they can invest in products that have greater exposure to investments with higher risk reward values. There is more information coming, but it is not available at publication time. We will continue to review the information as it is presented.

The ask from the County is to sign the form allowing them to invest the District’s funds in the Lewis County Investment Pool. If we elect not to sign, then it appears that our funds would remain as they are currently.



Lewis County Treasurer

LEWIS COUNTY INVESTMENT POOL (LCIP) PARTICIPANT AGREEMENT

Participation in the Lewis County Investment Pool (LCIP) provides the advantage of keeping all cash balances held in the pool essentially fully invested, leaving no residual cash that is invested for others' benefits. In addition, joint pooling of funds allows for a mix of investment maturities resulting in better yields while maintaining sufficient liquidity to meet cash flow needs.

The Lewis County Investment Pool (LCIP) operates on an amortized cost-book value basis rather than a net asset value (NAV) basis. Earnings distributions, including any realized transactions in the pool, are calculated on the average daily balance of participant's cash in the pool and distributed monthly. The Lewis County Treasurer's Office, acting in its legal capacity as district banker, assures the return of cash amounts deposited to the Treasurer's Office.

The pool is operated under an investment policy adopted by the Finance Committee that is statutorily created. It consists of the County Auditor, County Treasurer and the Chair of the Board of County Commissioners. The Lewis County Investment Policy sets forth the safety of principal as the number one priority for daily management of the pool. A copy of the investment policy will be provided upon request.

The cost of the investment and related banking operations shall be recovered through fees deducted from the pool's earnings. These fees will be collected via a monthly charge pursuant to RCW's 36.29.020 and 36.29.024. When there is a surplus of excess funds on hand, it will be returned to the participants periodically. Any shortages will be recovered through higher fees the following year, and participants will be notified of the new fees. Participants may choose to receive monthly reports detailing the market value and composition of the pool investments.

Maintaining good communications regarding business needs and operations, especially with respect to unusual cash flow activities, allows us to operate the pool most effectively. Business managers or finance officers should maintain contact with the Investment & Banking Officer about their cash flow needs. Any expected single-day cash withdrawal from the pool, above the district's usual payroll and other expenditures, exceeding \$2 million, must be communicated to the Investment and Banking Officer at least 48 hours in advance of the expenditure.

o 360.740.1115
TDD 360.740.1480

PHYSICAL ADDRESS	MAILING ADDRESS
351 NW North Street Chehalis WA 98532	P.O. Box 509 Chehalis WA 98532-0509

Arny Davis, *Treasurer*
Rodney Reynolds, *Investment & Banking Officer*
Shelly St...
Pg 52 of the Board Packet

This agreement shall remain in effect until amended in writing by mutual consent of both parties.

Non-pool participants, as per RCW 36.29.020, must by action of their governing bodies determine the cash not immediately needed for expenditure that can be invested. Non-pool participant's residual cash balances, as per statute, will be invested for the benefit of the county general fund.

The undersigned authorizes the Lewis County Treasurer to invest, daily, all cash balances held by the Treasurer for the benefit of the individual funds of the Hospital District 1 in the Lewis County Investment Pool and accepts the conditions outlined above.

District Chair/Chief

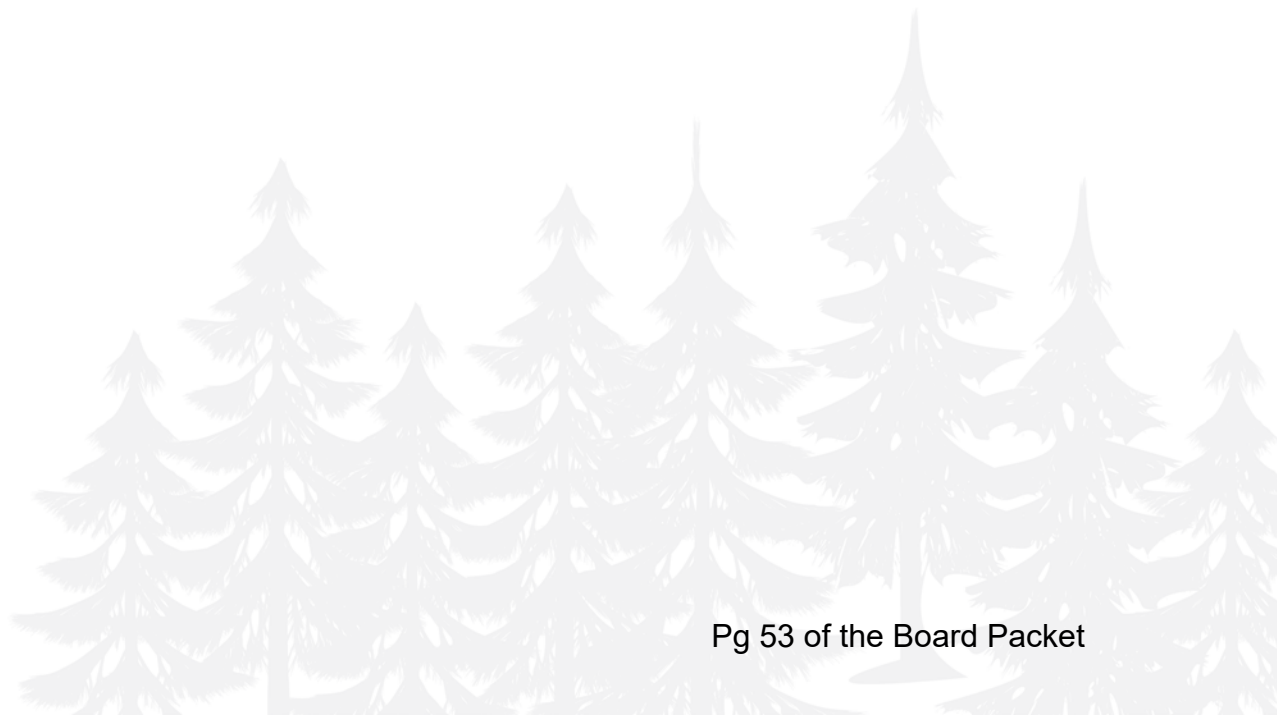
Lewis County Treasurer

Arny Davis

Printed Name

(360) 740-1110

Phone Number



Lewis County Liquid Investment Portfolio

LGIP

Month	2020	2021	2022		
	Rate (%)	Rate (%)	Rate (%)	Earnings	Avg Daily Balance
Jan	1.7245	0.1394	0.0909	\$2,367.86	\$30,672,601.83
Feb	1.6785	0.1348	0.1068	2,161.42	26,379,460.92
Mar	1.2333	0.1138	0.2248	5,747.81	30,104,048.74
Apr	0.7958	0.1006			
May	0.4986	0.0767			
Jun	0.3701	0.0755			
Jul	0.3106	0.1765			
Aug	0.2568	0.0788			
Sep	0.2060	0.0872			
Oct	0.1859	0.0929			
Nov	0.1616	0.0865			
Dec	0.1566	0.0908			

Columbia Bank

Month	2022		
	Rate (%)	Earnings	Avg Daily Balance
Jan	0.20	\$6,855.38	\$41,132,280.00
Feb	0.20	6,153.43	40,106,855.38
Mar	0.20	6,775.42	39,887,553.23
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			

Cathay Bank

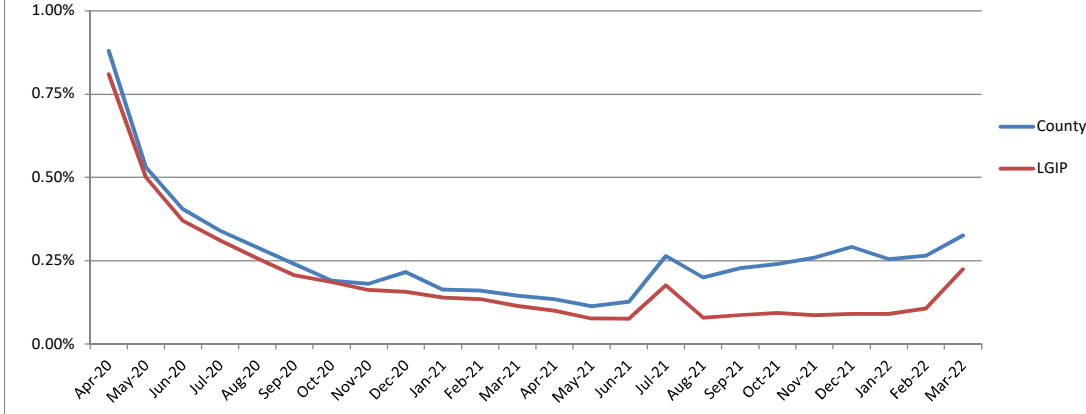
Month	2022		
	End Rate (%)	Earnings	Avg Daily Balance
Jan	0.40	\$17,021.40	\$50,103,331.53
Feb	0.40	15,379.39	50,120,352.93
Mar	0.47	20,122.97	50,135,732.32
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			

Total

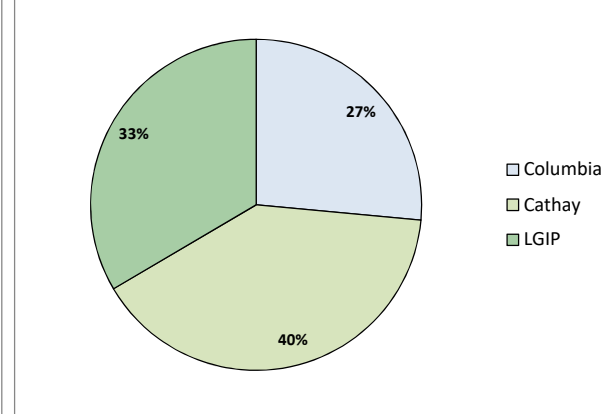
Month	2022
	Earnings
Jan	\$26,244.64
Feb	23,694.24
Mar	32,646.20
Apr	-
May	-
Jun	-
Jul	-
Aug	-
Sep	-
Oct	-
Nov	-
Dec	-

\$82,585.08

Rate of Return - Last 24 Months



Month-End Liquid Deposit Allocations



Note: 0.33 % March effective rate of return for the County's liquid deposits portfolio

SUPERINTENDENT REPORT

To: Board of Commissioners
From: Leianne Everett, Superintendent
Date: 4/17/2022
Subject: 2022 Q1 Department Strategic Measures

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

- On Track to Achieve Goal: 12 of 34, or 35%
- On Track to Demonstrate Improved but Short of Goal: 10 of 34, or 30%
- On Track to Not Achieve Goal: 12 of 34, or 35%

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

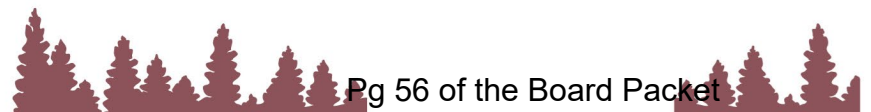
- On Track to Achieve Goal: 17 of 34, or 50%
- On Track to Demonstrate Improved but Short of Goal: 6 of 34, or 18%
- On Track to Not Achieve Goal: 11 of 34, or 32%

Strategy 3: To continue as stewards of public funds:

- On Track to Achieve Goal: 18 of 34, or 53%
- On Track to Demonstrate Improved but Short of Goal: 9 of 34, or 26%
- On Track to Not Achieve Goal: 7 of 34, or 21%

Overall Progress:

- On Track to Achieve Goal: 47 of 102, or 46%
- On Track to Demonstrate Improved but Short of Goal: 25 of 102, or 25%
- On Track to Not Achieve Goal: 30 of 102 or 29%



EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Open a primary care clinic in Packwood, WA by 12/31/2022		Open by 12/31/2022	In-progress				In-progress
Clinical Informatics: Successful implementation of Cerner/WAHS immunization interface that meets DOH minimum data transmission thresholds.		Pass/Fail	Pass				Pass
Compliance: Provide responses to compliance questions from all departments within 2 business days of receipt.	2	2	0.8				0.8
Communications: Partner with vendors and community groups to host an overall wellness week, including a health fair	1	1 Event Annually	Event planned for Aug 27				In-progress
Environmental Services: 60% of staff members will become CHEST (Certified Health Care Environmental Services Technician) certified (16 EEs)	0	10	3				3
Finance: Increase vendor invoice EFT utilization by 15%.	79	91	84				84
Billing/HIM: Partner with Insurance Payor to address school needs/community youth programs	1	1 coordinated event/year	In-progress				In-progress
Human Resources: Attend at least two local high school and college job fairs	1	2	2				2
Foundation: Increase the number of Gift Shop Volunteers to 11	7	11	9				9
Information Technology: Network uptime should be 99.85% or greater	99.70%	≥ 99.85%	99.99%				99.99%
Employee Health: Develop a community weight loss challenge that culminates in a 5k/10k/Half Marathon	1	1	Aug-22				Aug-22
Patient Access: Increase the number of patients referred to the Self Pay Biller to see if they qualify for Medicaid by 100%	20	40	8				8
Quality and Risk: Improve grievance process compliance for <i>written acknowledgement letters</i> within 10 days of grievance by year end	70%	95%	100%				100%
Clinical Education: Connect with Local RN and NAC programs 3 times/year for new graduates wanting Critical Access experience.	0%	3	0				0
Supply Chain: Create Cycle Count process to improve inventory accuracy.	75%	85%	77%				77%
CLINICAL							
Acute Care: Minimum of 1 community STEMI/Heart Attach event and 1 social media cardiac care message/newsletter article per quarter	0	1/4	9				9
Case Management: Ensure <i>5 Wishes Advance Directives</i> are provided to 70% of patients with no current advance directive	30%	70%	29%				29%

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2022					
			Q1	Q2	Q3	Q4	YTD	
Dietary/Nutrition: Create one healthy cooking column with recipe in the quarterly Health & Life publications		1/qtr	0					0
Emergency Department: Minimum of 1 community STROKE education event and 3 EMS STROKE education events	0	1/3	1					1
Imaging: Develop & implement a Low Dose Lung Screening program by the end of 2022		Pass/Fail	In-progress					In-progress
Infection Control: Participate in 3 external events promoting IC to the community		3	0					0
Laboratory: Develop a process to notify providers of all hospital patient preliminary culture results		85%	In-progress					In-progress
Respiratory Therapy: Develop & implement 1 social media message/quarter re: pulmonary disease	0	1/qtr	0					0
Pharmacy: 50% of patients discharged during pharmacy hours on a new medication will be counseled by a pharmacist		≥ 50%	41%					41%
Pulmonary Rehab: Extend two smoking cessation classes per year to public	0	2 classes per year	0					0
Wellness: Create a community wide wellness plan that incorporates 2 additional partnerships with providers, employers, and community based entities focusing on overall health of our community by identifying target chronic illnesses and needs.	2	4	In-progress					In-progress
Rehab Services: Increase focus on student athletic performance & injury management.	0.75	2	In-progress					In-progress
Surgical Services: Facilitate awareness of and local access to outpatient Infusion Care by developing marketing literature and outreach to Lewis County clinics, home health, and Centralia, Longview and Tacoma hospitals' Case Management departments resulting in ≥ 20% increase in Same Day Surgery encounters	400	480	84					84
Swing Beds: Acute patients transferred out of District with subsequent skilled needs are readmitted to Arbor Health for local care	21	28 patients/year	21					21
Wound Care: Increase outpatient wound care visits by 10%	550	605	92					92
CLINICS								
Morton: Develop 2 community engagement events at clinic per year.	3	2/year	0					0
Mossyrock: Develop 2 community engagement events at clinic per year.	3	2/year	0					0

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
Randle: Develop 2 community engagement events at clinic per year.	3	2/year	0				0
Specialty: Develop 2 community engagement events at clinic per year.	3	2/year	0				0

EXECUTIVE DASHBOARD

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

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Conduct one physician satisfaction or engagement survey with comparative data by 12/31/2022.		Pass/Fail	In development				In development
Clinical Informatics: Standardize drug protocols by increasing the number of Cerner order sets for P&T approved drug protocols and, as indicated, eliminate access to any other versions beyond P&T approved protocols	1	6 new protocols	0				0
Compliance: Resolve compliance and HIPAA events within 15 business days	25	15	2.6				2.6
Communications: Increase our Google Business Profile reviews by 25%	93	116	100				100
Environmental Services: Decrease the percentage of overdue and incomplete work orders	28%	≤ 15%	14%				14%
Finance: Financial information will be available for end-users by the 6th working day for 11 of 12 months	9	11	3				3
Billing/HIM: Track the number of Financial Assistance applications provided, returned & approved. Increase the number of applications provided by 10%	286	315	38				38
Human Resources: Conduct a minimum of 2 employee engagement surveys.	1	2	May-22				May-22
Foundation: Increase the number of staff members participating in the 15-Minute Philanthropist program by 20%	46	55.2	46				46
Information Technology: All Worxhub tickets, including weekend tickets, are acknowledged within an average of 2 days of input & calculated quarterly.	3 d 16 h 50 m	≤ 2 days	0.58				0.58
Employee Health: Complete RCAs on 90% of all reportable workplace injuries	0%	90%	100%				100%
Patient Access: Identify patients that qualify for charity care by using bill holds to flag encounters allowing biller to track and follow-up with patients.	63	69	122				122
Quality and Risk: Initiate ISO 9001 as evidenced by development/implementation of Quality Management System, completion of organization pre-assessment/gap analysis, and initiation of an ISO implementation action plan/calendar		Pass/Fail	In Progress				In Progress
Supply Chain: Implement & maintain a house wide monthly product out-date process	85%	95%	100%				100%
CLINICAL							
Acute Care: Increase documented patient education related to admission diagnosis within 4 hours of admission to 80% by year end (#IP admissions/# of IP with education started w/in 4 hours)	50%	≥ 80%	90%				90%
Case Management: Implement concurrent OPTUM admission review process for weekend admissions (# of OPTUM reviews sent/# weekend admissions) {WE = 1600 Fridays - 0600 Mondays}	0%	≥ 60%	93%				93%
Dietary/Nutrition: Increase number of participants in healthy cooking demonstrations for public by 50%	16	24	8				8

Emergency Department: Improve ED Moderate Sedation monitoring documentation to DNV standards (# of sedation patients/# of sedation documentation compliance with all elements of requirement)	50%	≥ 95%	50%	50%
Imaging: Decrease stroke/CT report turnaround to 15 minutes or less	20 minutes	≤ 15 minutes	18	18
Infection Control: Increase hand hygiene compliance	87%	≥ 90%	79%	79%
Laboratory: Decrease rate of reference lab rejected samples	0.70%	≤ 0.5%	0.65	0.65
Respiratory Therapy: Recruit RT to core level of 60 hours/week of coverage (without traveler staff) by year end	24 hours/week	Pass/Fail	In Progress	In Progress
Pharmacy: Intervene on new antibiotic starts to improve monitoring of antibiotic therapy and other narrow therapeutic index drugs to expedite the best drug therapy for our patients	0	15/qtr	9	9
Pulmonary Rehab: Reopen Pulmonary Rehab program by year end	0	Pass/Fail	In Progress	In Progress
Wellness: Create 2 additional programs that provide and improve overall patient outcomes.	2	4	1	1
Rehab Services: Overall patient outcomes will be at least 90% of expected outcomes based on FOTO risk adjusted predictions	0%	≥ 90%	99%	99%
Patient Satisfaction will be 90% net promotor score from FOTO	0%	≥ 90%	99%	99%
Surgical Services: Improve preoperative H&P compliance to DNV standards	50%	≥ 90%	60%	60%
Swing Beds: Improve rate of Skilled Swing Bed Comprehensive Assessments completed weekly (# of Skilled Swing Bed Comprehensive Assessments completed/# of Skilled Swing Bed patients on Wednesday)	30%	≥ 90%	76%	76%
Wound Care: 25% of all venous leg ulcer patients will achieve healed status or 50% reduction within 90 calendar days of starting therapy	18% (12/65)	25%	0%	0%
CLINICS				
Morton: Increase annual wellness visits by 25%	189	236	68	68
Mossyrock: Increase annual wellness visits by 25%	112	140	34	34
Randle: Increase annual wellness visits by 25%	75	94	43	43
Specialty: Improve patient education and awareness by 50% of all patients seen their after visit summary (# of patients receiving after visit summary/total number of patients seen)	0	≥ 50%	47%	47%

EXECUTIVE DASHBOARD

TO CONTINUE AS STEWARDS OF PUBLIC FUNDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Decrease Non-RN interim staffing costs by 10% or greater (excludes Medefis in Acute Care & ER).	\$ 1,485,937	\$ 1,337,343	\$ 436,333				\$ 436,333
Clinical Informatics: Through training and workflow changes, reduce the number of encounters with missed charges secondary to admitting order errors by 20%	25	20	0				0
Compliance: Audit work plan for implementation, follow-through, and outcomes reported to Compliance Committee		100%	10%				10%
Communications: Increase number of annual wellness visits by 10% through the use of effective marketing messaging	375	413	151				151
Environmental Services: Decrease overtime by 25% by optimizing staffing schedules.	\$ 9,305	\$ 6,979	\$ 2,007				\$ 2,007
Finance: Pay external vendors timely and per schedule, reducing variation/errors	80%	85%	81%				81%
Billing/HIM: Decrease timely filing write-offs by 25%	\$ 91,691	\$ 68,768	\$ 15,824				\$ 15,824
Human Resources: All performance evaluations will be completed within 30 days of the due date	81%	90%	transitioning to electronic				transitioning to electronic
Foundation: Establish a monthly donor program in the community to ease in the process of obtaining philanthropic donations to minimize the reliance on fund raising via events		Pass/Fail	In Progress				In Progress
Information Technology: Implement an IT asset tracking system that meets compliance requirement & supports the District in tracking IT devices.		Pass/Fail	In Progress				In Progress
Employee Health: Submit 100% of eligible claims to LNIs Stay-at-Work Program	80%	100%	100%				100%
Patient Access: Increase point-of-service collections by 10% in ER and 10% in OP Services.	\$ 20,261	\$ 22,287	\$ 2,157				\$ 2,157
	\$ 156,376	\$ 172,014	\$ 36,985				\$ 36,985
Quality and Risk: Increase Medication Error reporting by 10% to minimize unknown/unreported litigation risk	68	75	26				26
Supply Chain: All assets/capital purchases undergo asset purchase process/structure lead by Materials team.	50%	75%	50%				50%
CLINICAL							
Acute Care: 30% reduction in lost revenue due to <i>Did Not Meet Inpatient Criteria</i> denials.	\$ 113,984	\$ 79,789	\$ 82,309				\$ 82,309
Case Management: 15% reduction in Code 44s	50	43	1				1
Dietary/Nutrition: Decrease department turnover by 40%	3	2	0				0
Emergency Department: Implement review process to manage ED Diversions in 2022 to 4.75% or less. (Diversion Hours/Hours per quarter)	5%, 431 hrs annualized	≤4.7 5% or ≤416 hours	2%				2%
Imaging: Reduce agency staffing costs by 10%	\$ 114,990	\$ 103,491	\$ 68,965				\$ 68,965
Infection Control: Update & distribute the hospital Antibioqram quarterly		4	1				1
Laboratory: 10% reduction in lab test write-offs due to lack of medical necessity or ABN	\$ 85,000	\$ 76,500	\$ 22,566				\$ 22,566
Respiratory Therapy: Reopen outpatient PFT, EKG & Stress Test Services by year end	0	Pass/Fail	In Progress				In Progress

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