

#### LEWIS COUNTY HOSPITAL DISTRICT NO. 1 REGULAR BOARD OF COMMISSIONERS' MEETING April 28, 2021 at 3:30 p.m. ZOOM

https://myarborhealth.zoom.us/j/96126789069

Meeting ID: 961 2678 9069 One tap mobile: +12532158782,,96126789069# Dial: +1 253 215 8782

**<u>Mission Statement</u>** To foster trust and nurture a healthy community.

#### <u>Vision Statement</u> To provide accessible, quality healthcare.

AGENDA TOPIC	CONCLUSION	ACTION ITEMS
Call to Order	Board Chair Frady called the meeting to order via Zoom	
Roll Call	at 3:30 p.m.	
	Commissioners present:	
	Trish Frady, Board Chair	
	I Tom Herrin, Secretary	
	⊠ Craig Coppock	
	⊠ Wes McMahan	
	⊠ Chris Schumaker	
	Others present:	
	☐ Leianne Everett, Superintendent	
	Shana Garcia, Executive Assistant	
	⊠ Sara Williamson, CNO/CQO	
	Dexter Degoma, Interim Quality Manager	
	☑ Janice Holmes, Medical Staff Coordinator	
	Diane Markham, Marketing/Communication Manager	
	& Foundation Executive Director	
	⊠ Richard Boggess, CFO	
	🖾 Clint Scogin, Controller	
	🖾 Van Anderson, Packwood Resident	
	Sherry Sofich, Revenue Cycle Director	
	☑ Larry Sinkula, Surgical Services Director	
	⊠ Shannon Kelly, CHRO	
	☑ Julie Taylor, Ancillary Services Director	
	🛛 Skip Houser, Attorney	
	David Crouch, Interim Maintenance Manager	



	Buddy Rose, Lewis County Journal	
Approval or Amendment of Agenda	Superintendent Everett requested to add the EMTALA Policy to the list of documents being ratified via Lucidoc in the Consent Agenda.	Commissioner Schumaker made a motion to approve the amended agenda. Commissioner Coppock seconded and the motion passed unanimously.
Conflicts of Interest	Board Chair Frady asked the Board to state any conflicts of interest with today's agenda.	None noted.
Comments and Remarks	Commissioners: Commissioner McMahan thanked Executive Assistant Garcia and Interim Quality Manager Degoma for their efforts. Commissioner Schumaker provided comments captured as an attachment to the minutes. Audience: Packwood Resident Van Anderson recommended the District provide more data in the Annual Critical Access Hospital Evaluation with respect to history trends and patient satisfaction.	
Executive Session- RCW 70.41.205 & 70.41.200	<ul><li>Executive Session began at 3:50 p.m. for 20 minutes to discuss Medical Privileging and the Quality</li><li>Improvement Oversight Report. The Board returned to open session at 4:10 p.m.</li><li>No decisions were made in Executive Session.</li></ul>	
	<ul> <li>New Appointments- <ol> <li>Matthew Stein, MD (Consulting Radiology Privileges)</li> <li>Hanbing Wang, MD (Consulting Telestroke Neurology Privileges)</li> </ol> </li> <li>Reappointments- <ol> <li>Prabhakar Kesava, MD - (Consulting Radiology Privileges)</li> <li>Jakdej Nikomboririak, MD (Consulting Sleep Medicine Privileges)</li> <li>Sheila Smith, MD - (Telestroke Neurology Consulting Privileges)</li> <li>Andrew Taylor, MD - (Consulting Radiology Privileges)</li> <li>Ian Timms, MD - (Consulting Radiology Privileges)</li> <li>Chrystel Venturini, MD - (Consulting Radiology Privileges)</li> </ol> </li> </ul>	Commissioner McMahan made a motion to approve the Medical Privileging as presented and Commissioner Coppock seconded. The motion passed unanimously.



Guest Speaker-C.H. (Skip) Houser, J.D., M.P.A. • Principles of an	<ol> <li>Evert-Jan Verschuyl, MD - (Consulting Radiology Privileges)</li> <li>Pedro Vieco, MD - (Consulting Radiology Privileges)</li> <li>Fang Zhu, MD - (Consulting Radiology Privileges)</li> <li>Guest Speaker Houser provided a presentation on the "Principles of an Exceptional Public Hospital District Board."</li> </ol>	
Exceptional Public Hospital District Board		
Department Spotlight <ul> <li>Revenue Cycle</li> </ul>	Revenue Cycle Director Sofich provide insight into her team; Business Office, Health Information Management and Patient Access as they go the extra mile to leave the patient with a positive experience. She highlighted each departments goals as it relates to the Board's Strategic Priorities.	
<ul> <li>Board Committee Reports</li> <li>Hospital Foundation Report</li> </ul>	Commissioner McMahan shared the Arbor Health Foundation is going to miss Foundation Director Markham but support her journey with community outreach. Foundation Director Markham noted there is no movement at this time for the Foundation.	
Finance Committee Report	<ul> <li>Commissioner Coppock highlighted the April Finance</li> <li>Committee Meeting which included the following: <ol> <li>Supporting a 75% accrual rate for the At-Risk</li> <li>Compensation for Management Team.</li> </ol> </li> <li>Sharing the 2021 budget with amendments.</li> <li>Experiencing an unfavorable health insurance performance in Q1 2021.</li> <li>Expecting DZA to report at the May Finance Committee and Board Meeting.</li> <li>Supporting the emergency power change order.</li> </ul>	
Plant Planning Committee Report	Secretary Herrin noted the Plant Planning Committee supports the scope change to include emergency power. He noted further discussion on this project will be addressed in new business, as new information will be shared.	
Consent Agenda	<ul> <li>Board Chair Frady announced the consent agenda items for consideration of approval:</li> <li>1. Approval of Minutes <ul> <li>a. March 31, 2021 Regular Board Meeting</li> <li>b. April 7, 2021 Quality Improvement</li> <li>Oversight Committee Meeting</li> </ul> </li> </ul>	Secretary Herrin made a motion to approve the Consent Agenda and Commissioner Coppock seconded. The motion passed unanimously.



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	c. April 19, 2021 Plant Planning	
	Committee Meeting	
	d. April 21, 2021 Finance Committee	
	Meeting	
	2. Warrants & EFT's in the amount of	
	\$3,903,486.81 dated March 2021	
	3. Resolution 21-16-Approving 2021 QAPI Plan	
	4. Resolution 21-17-Approving 2021 Risk	
	Management Plan	
	5. Resolution 21-18-Approving 2020 Critical	
	Access Hospital Evaluation	
	6. Approve Documents Pending Board Ratification 04.28.21	
Old Business	CNO/CQO Williamson highlighted the following:	
Incident Command	1. The outpatient infusion therapy Bamlanivimab is	
Update	no longer effective given solo, as the variants are	
Spane	resistant. Further discussions on this topic will	
	occur at the next Medical Staff Meeting.	
	2. The Janssen COVID-19 Vaccine resumed use in	
	the United States as of April 23, 2021.	
	3. The District is doing vaccine outreach on May 3,	
	2021 at the Packwood Fire Department and	
	Cascade Campground.	
Break	Board Chair Frady called for a 5-minute break at 5:45	
	p.m. The Board returned to open session at 5:50 p.m.	
New Business	Marketing/Communications Manager Markham	
Transitional Care	presented the most recent Transitional Care Promotional	
Promotional Video	video.	
Board Bylaws	Board Chair Frady shared the bylaws need to be	
200102910.00	reviewed biennially. The District had them reviewed two	
	years ago by a consultant to ensure the RCW's were still	
	accurate. Board Chair Frady requested the	Action Item-The Board
	Commissioners review and email Executive Assistant	will email Executive
	Garcia any recommended edits by Friday, May 7, 2021.	Assistant Garcia proposed
	A redlined version will be presented at the May Regular	edits to the Board Bylaws
	Board Meeting for approval with recommended edits.	by May 7, 2021.
Redistricting	Superintendent Everett noted the delays in the census	Action Item-Executive
	data release will postpone redistricting into 2022.	Assistant Garcia will
	Executive Assistant Garcia will add important dates	update the Annual
	related to redistricting to the Annual Calendar, which will	Calendar to reflect
	be updated in the Board of Commissioner's Resource	Redistricting date
	Manual.	requirements.
Special Board	Board Chair Frady shared the Board will do	
Meeting-Prospective	introductions, share the job description, and open for	



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<ul> <li>CFO Boggess presented Resolution 20-39 which approved the Generator/OR HVAC project for \$2,400,560. The Plant Planning Committee supported moving forward with the change in scope to include the Emergency Power for the clinical areas. The Finance Committee supported moving forward with the additional funding requirements. CFO Boggess noted since both meetings additional information has surfaced improving the cost of expanding the scope. There are three scenarios: <ol> <li>Abandon the goal of adding emergency care areas and get a change order to reduce the scope.</li> <li>Pursue the same scope with a change order of \$18,012 for emergency lighting in the patient care area as planned.</li> <li>Pursue a revised scope by expanding emergency power to Rehab Services, MOB, and patient care areas with an estimated cost of \$122,250.</li> </ol> </li> </ul>	Secretary Herrin made a motion to approve Resolution 21-19- Approving OR/HVAC Budget Amendment for Emergency Power for \$122,250. Commissioner McMahan seconded and the motion passed unanimously.
<ol> <li>Superintendent Everett shared the following:         <ol> <li>Recruitment continues to be ongoing.</li> <li>Background on the At-Risk Compensation model was a directive from the previous board. To have a detailed and documented process, the bonus structure took time to develop. She reiterated this model will retain good people, decrease the costs of turnover, reduces risk and ultimately recruits the talent needed for the District.</li> <li>Legislative bills continue to be ongoing.</li> <li>The Q1 2021 Department Strategic Measure</li> </ol> </li> </ol>	ununniousiy.
Superintendent Everett highlighted the decisions made	
Secretary Herrin moved and Commissioner Schumaker seconded to adjourn the meeting at 6:48 p.m. The motion passed unanimously.	
	<ul> <li>approved the Generator/OR HVAC project for \$2,400,560. The Plant Planning Committee supported moving forward with the change in scope to include the Emergency Power for the clinical areas. The Finance Committee supported moving forward with the additional funding requirements. CFO Boggess noted since both meetings additional information has surfaced improving the cost of expanding the scope. There are three scenarios: <ol> <li>Abandon the goal of adding emergency care areas and get a change order to reduce the scope.</li> <li>Pursue the same scope with a change order of \$18,012 for emergency lighting in the patient care area as planned.</li> <li>Pursue a revised scope by expanding emergency power to Rehab Services, MOB, and patient care areas with an estimated cost of \$122,250.</li> </ol> </li> <li>The Board supported moving forward with option three with a cost of \$122,250.</li> <li>Superintendent Everett shared the following: <ol> <li>Recruitment continues to be ongoing.</li> <li>Background on the At-Risk Compensation model was a directive from the previous board. To have a detailed and documented process, the bonus structure took time to develop. She reiterated this model will retain good people, decrease the costs of turnover, reduces risk and ultimately recruits the talent needed for the District.</li> <li>Legislative bills continue to be ongoing.</li> <li>The Q1 2021 Department Strategic Measure results were presented.</li> </ol> </li> <li>Superintendent Everett highlighted the decisions made and action items.</li> </ul>

### Respectfully submitted,

*Tom Herrin* Tom Herrin (May 27, 2021 18:41 PDT) Tom Herrin, Secretary

May 27, 2021

Date

Talking Points- C. Schumaker Commissioner Comments 4/28/2021

#### Talking Points One-

2021 Strategic Goals-Revenue Cycle

Pg. 28 -Patient Access

Goal: Increase Point of Service collections by 10% in the ER and 20% in outpatient services

How: Being Proactive. Reading alerts. Learning new ways to ask for money. Offering prompt day discounts.

#### **Response-**

-Always maintain a compassionate approach towards bill collection.

-Be a partner and always look for positive approaches when seeking payments

-Recognize that most people don't understand medical billing-they don't understand why medical care cost so much. According to the website <u>www.Meddata.com</u>, the average deductible is \$1,820 and average out-of-pocket maximum is \$4,400. That equates to a 30-day paycheck for a middle-income wage earner and 90-day paycheck for a minimum wage earner.

-Always share how we can save people money.

#### Talking Points Two-

At-Risk Compensation – This is Performance Pay, not a fixed salary.

Meet certain Goals/Objectives = increased compensation

This is a necessity to stay competitive with competing medical institutions.

This directly effects the quality of care and services we can offer.

Pg. 125 Executive, Directors/Managers, Support

100% = 317,000 and 75%=238,00

#### **Response-**

-Census.gov (2019) stated the Median Household income of Lewis County is \$53,400.

-The percentage of Lewis County residence living in poverty is 12.2%, or a family of four has an income of \$26,500.

-Most wage earners in Lewis County are hourly or fixed salary.

-We are implementing a new pay structure for some Hospital Employees, which will significantly increase compensation.

-We have outstanding employees that are good at their job. This performance-based compensation will occur.

-We must be open and transparent with the community, concerning the need for performance-based compensation and why it is necessary that we offer it.

- I commend Superintendent Everett's commitment to fund the At-Risk Compensation through cost containment. We would be hard pressed to defend At-Risk Compensation funding by increasing the prices of patient care. How we operate should align with the community's capacity to support.

-We need to walk carefully with At-Risk Compensation. It can be controversial for publicly financed hospitals, where compensation is a budgeted item, and most funding is from the public purse. Using a basketball metaphor, do the quality performance metrics used for our At-Risk Compensation represent a "Lay-up" of clinical processes or a "Three-point shot" of clinical outcomes? We must have high standards and expectations to maintain the public trust in our new At-Risk Compensation program.

# 042821 Regular Board Meeting Minutes

**Final Audit Report** 

2021-05-28

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