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# REGULAR BOARD MEETING PACKET

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## BOARD OF COMMISSIONERS

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

December 20, 2023 @ 3:30 PM  
Conference Room 1 & 2 or Join Zoom Meeting:

<https://myarborhealth.zoom.us/j/84778800798>

Meeting ID: 847 7880 0798

One tap mobile: +12532050468,,84778800798#

Dial: +1 253 205 0468

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

**December 20, 2023 at 3:30 p.m.**

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

<https://myarborhealth.zoom.us/j/84778800798>

Meeting ID: 847 7880 0798

One tap mobile: +12532050468,,84778800798#

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**Mission Statement**

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

**Vision Statement**

**To provide every patient the best care and every employee the best place to work.**

AGENDA	PAGE	TIME
<b>Call to Order</b> <b>Roll Call</b> <b>Excused/Unexcused Absences</b> <b>Reading of the Mission &amp; Vision Statement</b> <b>Approval or Amendment of Agenda</b> <b>Conflicts of Interest</b>		3:30 pm
<b>Oath of Office (Action)</b> <ul style="list-style-type: none"> <li>Assumption of Office-Van Anderson <ul style="list-style-type: none"> <li><i>Oath administered by Jennifer Smith, Notary.</i></li> </ul> </li> </ul>		3:35 pm
<b>Comments and Remarks</b> <ul style="list-style-type: none"> <li>Commissioners</li> <li>Audience</li> </ul>		3:45 pm
<b>Executive Session- RCW 70.41.200</b> <ul style="list-style-type: none"> <li>Medical Privileging-Chief of Staff Dr. Travis Podbilski &amp; Medical Staff Coordinator Barb Goble</li> <li>Quality Improvement Oversight Report-Commissioner Coppock &amp; CNO/CQO Barbara Van Duren/QMRC Manager Julie Johnson</li> </ul>	6	3:50 pm 3:55 pm
<b>Department Spotlight</b> <ul style="list-style-type: none"> <li>Deferred to January 2024.</li> </ul>		
<b>Board Committee Reports</b> <ul style="list-style-type: none"> <li>Hospital Foundation Report-Committee Chair-Secretary Olive/Foundation Manager Jessica Scogin</li> <li>Finance Committee Report- Committee Chair-Commissioner Coppock</li> </ul>	8 12	4:00 pm 4:05 pm
<b>Consent Agenda (Action)</b> <ul style="list-style-type: none"> <li>Approval of Minutes: <ul style="list-style-type: none"> <li><i>November 13, 2023, Special Board Meeting</i></li> <li><i>November 15, 2023, Regular Board Meeting</i></li> <li><i>November 22, 2023, Finance Committee Meeting</i></li> </ul> </li> </ul>	18 20 27	4:10 pm

<ul style="list-style-type: none"> <li>○ November 27, 2023, Special Board Meeting</li> <li>○ December 13, 2023, QIO Committee Meeting</li> </ul>	31 33	
<ul style="list-style-type: none"> <li>• Warrants &amp; EFTs in the amount of \$3,677,730.69 dated November 2023</li> </ul>	37	
<ul style="list-style-type: none"> <li>• 2024 Medical Staff Appointments <ul style="list-style-type: none"> <li>○ DNV NIAHO MS.2 Accountability/Responsibility-Identifying Chief of Staff and medical staff leadership assignments.</li> </ul> </li> </ul>	39	
<b>Old Business</b> <ul style="list-style-type: none"> <li>• Board Self Evaluation <ul style="list-style-type: none"> <li>○ To discuss as a Board the evaluations completed for 2023.</li> </ul> </li> </ul>	41	4:15 pm
<b>New Business</b> <ul style="list-style-type: none"> <li>• 2024 Organization &amp; Officers of the Board of Commissioners <ul style="list-style-type: none"> <li>○ To establish 2024 committee assignments effective 01.01.24. In January the officers will be elected.</li> </ul> </li> </ul>	44	4:30 pm
<ul style="list-style-type: none"> <li>• Board Policy &amp; Procedure Review <ul style="list-style-type: none"> <li>○ Code of Ethics (Marked as Revised)</li> <li>○ Annual CEO/Superintendent Evaluation</li> <li>○ Board Spending Authority</li> <li>○ Records Retention</li> </ul> </li> </ul>	45 52 54 56	4:40 pm
<ul style="list-style-type: none"> <li>• New Commissioner Orientation <ul style="list-style-type: none"> <li>○ To present and discuss orientation in January 2024.</li> </ul> </li> </ul>	58	4:45 pm
<b>Superintendent Report</b> <ul style="list-style-type: none"> <li>• Board Educational Articles</li> </ul>	60 61	4:55 pm
<b>Meeting Summary &amp; Evaluation</b>		5:10 pm
<b>Next Board Meeting Dates and Times</b> <ul style="list-style-type: none"> <li>• Regular Board Meeting-January 31, 2024 @ 3:30 PM (ZOOM &amp; In Person)</li> </ul> <b>Next Committee Meeting Dates and Times</b> <ul style="list-style-type: none"> <li>• Finance Committee Meeting-January 24, 2024 @ 12:00 PM (ZOOM)</li> </ul>		
<b>Adjournment</b>		5:15 pm



## **EXECUTIVE SESSION**



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## MEDICAL STAFF PRIVILEGING

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

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## REAPPOINTMENTS-11

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### **Arbor Health**

- Kevin McCurry, MD (Emergency Medicine Privileges) (Family Medicine Privileges)
- Amy Nielsen, CRNA (Anesthesia Privileges)
- Kevin Gurney, CRNA (Anesthesia Privileges)

### **Radiology Consulting Privileges**

- Alice Josafat, MD (Radiology Consulting Privileges)
- John McGowan, MD (Radiology Consulting Privileges)
- Ross Ondersma, MD (Radiology Consulting Privileges)
- Matthew Stein, MD (Radiology Consulting Privileges)

### **Providence Health & Services (privileging by proxy)**

- James Jordan, MD (Telestroke/Neurology Consulting Privileges)
- Mimi Lee, MD (Telestroke/Neurology Consulting Privileges)
- James Wang, MD (Telestroke/Neurology Consulting Privileges)

### **PeaceHealth**

- Helen Kim, MD (Pathology Consulting Privileges)

✱-notates files with items to note.

## **COMMITTEE REPORTS**

## Hybrid Meeting Minutes

11-14-2023

### 1. Call to order 12:04

OUR MISSION: 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 connection and confidence in all aspects of the hospital's health care system.

In attendance: Martha Wright, Ann Marie Forsman, Mark Fisher, Jessica Scoggin, Commissioner Kim Olive, Christine Brower, Shannon Kely, Jeannine Walker, Lenee Langdon, Mya Riffe, Bonnie Justice, Louise Fisher

Guests: Robert Hower and Pam Gwinnup

- **EXCUSED ABSENCES:** Katelin Forrest and Kip Henderson

### 2. Approval of Treasurer's Report and October Minutes

Motion by Shannon Kelly, Ann Marie Forsman seconded for the Treasurer's report – carried

Motion by Bonnie Justice, Jeannine Walker seconded for the Minutes - carried

### 3. Administrators Report-

Rob is travelling. Shannon was given an update by him, the 2024 Budget has been approved as of 11/13/2023. There is a GP doctor who was originally from the area looking to perhaps join AH, and AH is excited to present an offer to him.

### 4. Executive Directors Report:

- Auction proceeds (how to allocate) Discussion on how much of the proceeds would be allocated to the clinic. Gwen Turner motioned \$20K be allocated to the clinic and Bonnie seconded \$20K. Carried
- Foundation Giving day was the 13<sup>th</sup> Employees received a \$30 grocery gift card and a cool pen. Employees were happy. Traveler employees were grateful too. 240 employees total now will receive the appreciation gift.
- Giftshop Christmas sale 28,29 of November 10am-6pm
  - Set up Monday the 27<sup>th</sup> at 10am and 6:30pm

- Take down Wednesday 9am
  - Roots and Wings grant proposal – The new ultrasound machines would allow for ultrasounds on breasts. The cost is \$140,000 for the two machines together. There is \$70,000 available in the Roots and Wings grant funds. With two machines this will double the capacity of services provided as two can be done at one time. Gwen Turner motion we use the \$35K from this grant toward two ultrasound machines and promise 2024 \$35K from this grant to the two ultrasound machines. Martha Wright second. Carried.
  - Employee grant Ideas – looking for a means for employees to submit their ideas for ways the Foundation can support the hospital – Probably an online form through the Employee Access online. We’re also looking for round labels that will mark equipment donated by the foundation.
  - Father Smith Auction proceeds – 10% of the proceeds went to the Pastors Pantry totaling \$130. \$1301.16 were the proceeds of the auction.
5. **Old Business:** Arbor health Foundation memorial plaque Motion by Shannon Kelly and Bonnie Justice seconded for the plaque to formatted with the white header with the lower right dark word plaque. Hospital support agreement – still pending with the lawyer.
6. **New Business:** Tree auction proposal - Does anyone want to decorate a tree for the tree auction?
7. **Next Meeting December 12<sup>th</sup> at 6pm meeting at Bonnie’s**

Good of the order please share.

**Arbor Health Foundation evening meeting  
At Bonnie Justice's home  
12-12-2023**

**1. Call to order** 0610 by Marc Fisher

OUR MISSION: 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 connection and confidence in all aspects of the hospital's health care system.

Attendance, Bonnie Justice, Rhonda Krolczyk, Jeannine Walker, Kip Henderson, Christine Brower, Katelin Forrest, Shannon Kelly, Louise Fisher, Robert Mach Amy Mach (Better half) Marc Fisher, Jessica Scoggins, Zach Riffe, Mya Riffie, Gwen Turner

- **EXCUSED ABSENCES:** Ann Marie Forsman, Paula Baker, Lynn Bishop, Lenee Langdon

**2. Approval of Treasurer's Report and November Minutes**

Motion to approve Minutes and Treasurers report by Katelyn Forest second by Shannon Kelly

**3. Administrators Report-** Robert Mach reported in patient census is down. Reviewing billing to be sure charging the most possible to insurance, assuring not charging less than insurance would allow. ED Medical Director is retiring April 1, 2024. Dr. Bard is willing to take the ED Medical director position over. An offer has been extended to a new physician, Dr. John Heinz. Wanting to relocate to be near daughter who is going to be in school in Seattle. Continuing to work to improve the orthopedic unit. Working on a grant for funds to purchase satellite phones for the EMS partners. Thursday, watch Good Morning Seattle at noon on Channel 5 for an interview with one of the hospital's doctors. Pomblowski? Packwood clinic is breaking even and doing well. New policy implemented to allow a limited supply of antibiotics at the clinics to get patients started until they can get to the pharmacy. Starting to work with a new radiologist to be able to do diagnostic mammograms at AH again, hopefully starting the 1<sup>st</sup> of the year. New MRI will be installed in Summer – a stand alone building will go in the place where the trailer is now.

**4. Executive Directors Report:**

- Giftshop Christmas sale – made \$2935 at the sale in two days.

- Wellness week – color run maybe moved to September to avoid conflict with the Hamptons picnic.
- 

**5. Old Business:** Arbor health Foundation memorial plaque ordered and the proof has been reviewed for spelling etc.

Hospital support agreement – still working on this with some requirements the State is looking for.

Roots and wings for ultrasounds – Robert reported the machines should be financed after the 1<sup>st</sup> of the year.

**6. New Business:**

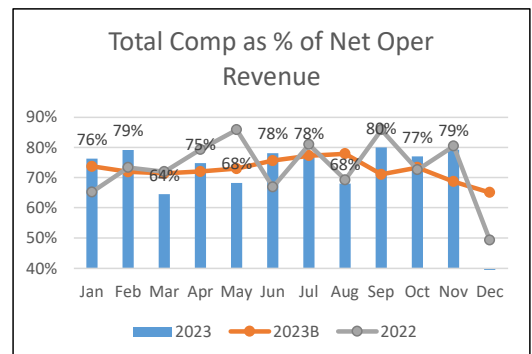
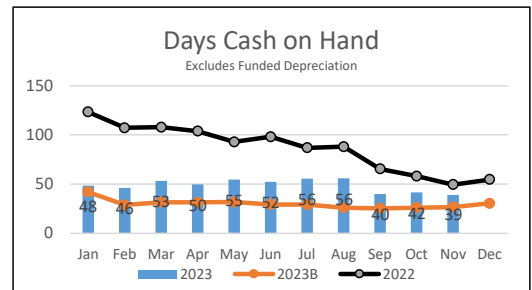
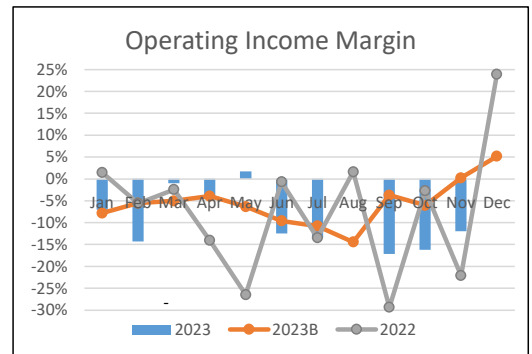
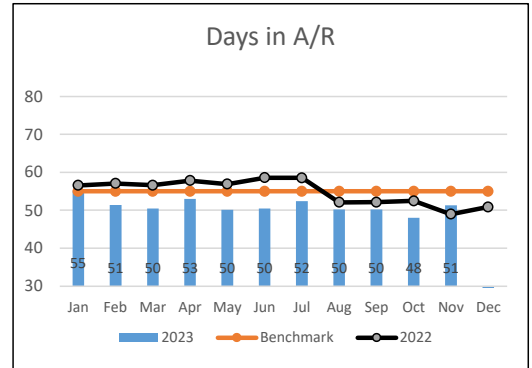
**7. Next Meeting: January 9th**

**Good of the order please share.**

**ARBOR HEALTH**  
**EXECUTIVE SUMMARY**  
**Fiscal Year Ending: 11/30/23**

**BALANCE SHEET**

	YTD 11/30/2023	Prior YTD 11/30/2023
<b>ASSETS</b>		
Current Assets	\$9,267,508	\$9,921,060
Assets Whose Use is Limited	\$0	\$0
Property, Plant & Equipment (Net)	\$9,755,512	\$10,581,143
Other Assets	\$715,325	\$739,909
<b>Total Unrestricted Assets</b>	<b>\$19,738,345</b>	<b>\$21,242,112</b>
Restricted Assets	\$1,797,753	\$2,423,279
<b>Total Assets</b>	<b>\$21,536,098</b>	<b>\$23,665,391</b>
<b>LIABILITIES &amp; NET ASSETS</b>		
Current Liabilities	\$3,727,548	\$5,450,102
Long-Term Debt	\$5,853,502	\$6,737,927
Other Long-Term Liabilities	\$0	\$0
<b>Total Liabilities</b>	<b>\$9,581,050</b>	<b>\$12,188,029</b>
Net Assets	\$11,955,048	\$11,477,362
<b>Total Liabilities and Net Assets</b>	<b>\$21,536,098</b>	<b>\$23,665,391</b>



STATEMENT OF REVENUE AND EXPENSES - YTD				
	11/30/2023		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$4,714,644	\$5,026,377	\$53,008,237	\$55,265,841
Discounts and allowances	(\$1,688,381)	(\$1,688,643)	(\$19,291,147)	(\$20,783,401)
Bad Dbt & Char C Write-Offs	(\$154,957)	(\$66,196)	(\$1,373,838)	(\$787,825)
Net Patient Revenues	\$2,871,306	\$3,271,538	\$32,343,252	\$33,694,615
Other Operating Revenues	\$78,384	\$103,429	\$857,522	\$1,137,716
<b>Total Operating Revenues</b>	<b>\$2,949,690</b>	<b>\$3,374,967</b>	<b>\$33,200,774</b>	<b>\$34,832,331</b>
Salaries & Benefits	\$2,338,085	\$2,318,159	\$24,628,395	\$25,481,607
Purchased Serv	\$335,116	\$404,835	\$3,895,618	\$4,475,678
Supply Expenses	\$208,143	\$244,375	\$2,714,511	\$2,552,803
Other Operating Expenses	\$267,076	\$262,439	\$2,795,426	\$3,048,110
Depreciation & Interest Exp.	\$154,274	\$137,078	\$1,726,795	\$1,542,698
<b>Total Expenses</b>	<b>\$3,302,694</b>	<b>\$3,366,886</b>	<b>\$35,760,745</b>	<b>\$37,100,896</b>
<b>NET OPERATING SURPLUS</b>	<b>(\$353,004)</b>	<b>\$8,081</b>	<b>(\$2,559,971)</b>	<b>(\$2,268,565)</b>
Non-Operating Revenue/(Exp)	\$88,898	\$77,947	\$1,279,729	\$857,434
<b>TOTAL NET SURPLUS</b>	<b>(\$264,106)</b>	<b>\$86,028</b>	<b>(\$1,280,242)</b>	<b>(\$1,411,131)</b>

**KEY STATISTICS**

	11/30/2023		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Inpatient Admits	8	16	105	175
Average Length of Stay	5.40	3.00	4.50	3.00
Total Emergency Room Visits	391	467	4,999	5,133
Outpatient Visits	1,297	1,275	13,345	15,123
Total Surgeries	32	32	440	360



All Morton General Hospital  
Income Statement  
November, 2023

Pr Yr MTD	% Var	MTD \$ Var	MTD Budget	MTD Actual		YTD Actual	YTD Budget	YTD \$ Var	YTD % Var	PY YR YTD
503,896	-50%	(508,679)	1,011,898	503,218	Total Hospital IP Revenues	7,343,683	11,145,280	(3,801,597)	-34.1	6,091,460
3,077,197	6%	211,566	3,444,375	3,655,942	Outpatient Revenues	39,933,031	37,864,152	2,068,880	5.5	35,695,099
458,946	-3%	(14,620)	570,104	555,483	Clinic Revenues	5,731,523	6,256,410	(524,886)	-8.4	4,770,485
4,040,038	-6%	(311,733)	5,026,377	4,714,644	<b>Total Gross Patient Revenues</b>	53,008,237	55,265,841	(2,257,604)	-4.1	46,557,043
(1,318,828)	0%	(262)	(1,688,643)	(1,688,381)	Contractual Allowances	(19,291,147)	(20,783,401)	(1,492,254)	7.2	(15,394,884)
(89,056)	370%	(77,486)	(20,916)	(98,402)	Bad Debt	(789,605)	(222,177)	(567,428)	255.4	(375,889)
(73,044)	25%	(11,275)	(45,280)	(56,555)	Charity Care	(584,233)	(565,648)	(18,586)	3.3	(600,624)
(1,480,928)	5%	(88,498)	(1,754,839)	(1,843,338)	<b>Total Deductions From Revenue</b>	(20,664,985)	(21,571,226)	906,240	-4.2	(16,371,397)
<b>2,559,110</b>	<b>-12%</b>	<b>(400,232)</b>	<b>3,271,537</b>	<b>2,871,306</b>	<b>Net Patient Revenues</b>	<b>32,343,252</b>	<b>33,694,616</b>	<b>(1,351,364)</b>	<b>-4.0</b>	<b>30,185,646</b>
183,500	-24%	(25,045)	103,429	78,384	Other Operating Revenue	857,522	1,137,716	(280,195)	-24.6	1,144,416
<b>2,742,610</b>	<b>-13%</b>	<b>(425,277)</b>	<b>3,374,966</b>	<b>2,949,689</b>	<b>Total Operating Revenue</b>	<b>33,200,773</b>	<b>34,832,332</b>	<b>(1,631,559)</b>	<b>-4.7</b>	<b>31,330,063</b>
<b>Operating Expenses</b>										
1,836,057	2%	44,037	1,924,993	1,880,955	Salaries	20,476,154	21,128,184	652,030	3.1	19,446,597
370,047	-16%	(63,963)	393,167	457,130	Total Benefits	4,152,241	4,353,423	201,182	4.6	3,983,577
2,206,104	-1%	(19,926)	2,318,159	2,338,085	Salaries And Benefits	24,628,395	25,481,607	853,212	3.3	23,430,174
147,481	10%	12,626	131,086	118,460	Professional Fees	1,407,593	1,515,130	107,537	7.1	1,492,349
280,283	15%	36,232	244,375	208,143	Supplies	2,714,511	2,552,803	(161,708)	-6.3	2,422,557
410,010	17%	69,719	404,835	335,116	Total Purchased Services	3,895,618	4,475,678	580,060	13.0	4,056,400
59,907	-5%	(2,618)	48,484	51,103	Utilities	449,278	500,734	51,456	10.3	510,259
26,718	-7%	(2,229)	30,695	32,923	Insurance Expense	337,423	337,643	220	0.1	272,317
105,054	-11%	(11,751)	108,089	119,840	Depreciation and Amortization	1,372,838	1,223,822	(149,016)	-12.2	1,197,262
32,203	-19%	(5,446)	28,989	34,434	Interest Expense	353,957	318,876	(35,081)	-11.0	360,220
81,496	-24%	(12,416)	52,175	64,591	Other Expense	601,131	694,602	93,471	13.5	582,180
3,349,257	2%	64,192	3,366,886	3,302,694	<b>Total Operating Expenses</b>	35,760,745	37,100,896	1,340,152	3.6	34,323,718
(606,647)	-4469%	(361,085)	8,080	(353,005)	<b>Income (Loss) From Operations</b>	(2,559,972)	(2,268,565)	(291,407)	12.8	(2,993,655)
153,283	-14%	(10,950)	77,949	88,899	Non-Operating Revenue/Expense	1,279,730	857,434	(422,296)	-49.3	1,626,007
<b>(453,364)</b>	<b>-407%</b>	<b>(350,134)</b>	<b>86,028</b>	<b>(264,106)</b>	<b>Net Gain (Loss)</b>	<b>(1,280,242)</b>	<b>(1,411,130)</b>	<b>130,888</b>	<b>-9.3</b>	<b>(1,367,648)</b>

Lewis County Hospital District No. 1  
Income Statement  
November, 2023

CURRENT			MONTH			YEAR TO DATE				
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
503,896	-50%	(508,679)	1,011,898	503,218	Inpatient Revenue	7,343,683	11,145,280	(3,801,597)	-34%	6,091,460
3,077,197	6%	211,566	3,444,375	3,655,942	Outpatient Revenue	39,933,031	37,864,152	2,068,880	5%	35,695,099
458,946	-3%	(14,620)	570,104	555,483	Clinic Revenue	5,731,523	6,256,410	(524,886)	-8%	4,770,485
4,040,038	-6%	(311,733)	5,026,377	4,714,644	<b>Gross Patient Revenues</b>	<b>53,008,237</b>	55,265,841	(2,257,604)	-4%	46,557,043
1,318,828	0%	262	1,688,643	1,688,381	Contractual Allowances	19,324,539	20,783,401	1,458,862	7%	15,379,928
73,044	-25%	(11,275)	45,280	56,555	Charity Care	584,233	565,648	(18,586)	-3%	600,624
89,056	-370%	(77,486)	20,916	98,402	Bad Debt	789,605	222,177	(567,428)	-255%	375,889
1,480,928	-5%	(88,498)	1,754,839	1,843,338	<b>Deductions from Revenue</b>	<b>20,698,377</b>	21,571,226	872,848	4%	16,356,441
<b>2,559,110</b>	<b>-12%</b>	<b>(400,232)</b>	<b>3,271,537</b>	<b>2,871,306</b>	<b>Net Patient Service Rev</b>	<b>32,309,860</b>	<b>33,694,616</b>	<b>(1,384,756)</b>	<b>-4%</b>	<b>30,200,602</b>
63.3%	6.4%	4.2%	65.1%	60.9%	<b>NPSR %</b>	61.0%	61.0%	0.0%	0.0%	64.9%
183,500	-24%	(25,045)	103,429	78,384	Other Operating Revenue	857,522	1,137,716	(280,195)	-25%	1,144,416
<b>2,742,610</b>	<b>-13%</b>	<b>(425,277)</b>	<b>3,374,966</b>	<b>2,949,689</b>	<b>Net Operating Revenue</b>	<b>33,167,381</b>	<b>34,832,332</b>	<b>(1,664,951)</b>	<b>-5%</b>	<b>31,345,019</b>
<b>Operating Expenses</b>										
1,836,057	2%	44,037	1,924,993	1,880,955	Salaries & Wages	20,476,154	21,128,184	652,030	3%	19,446,597
370,047	-16%	(63,963)	393,167	457,130	Benefits	4,152,241	4,353,423	201,182	5%	3,983,577
147,481	10%	12,626	131,086	118,460	Professional Fees	1,407,593	1,515,130	107,537	7%	1,492,349
280,283	15%	36,232	244,375	208,143	Supplies	2,714,511	2,552,803	(161,708)	-6%	2,422,557
410,010	17%	69,719	404,835	335,116	Purchase Services	3,895,618	4,475,678	580,060	13%	4,056,400
59,907	-5%	(2,618)	48,484	51,103	Utilities	449,278	500,734	51,456	10%	510,259
26,718	-7%	(2,229)	30,695	32,923	Insurance	337,423	337,643	220	0%	272,317
81,496	-24%	(12,416)	52,175	64,591	Other Expenses	601,131	694,602	93,471	13%	582,180
3,212,000	3%	81,389	3,229,809	3,148,420	EBDITA Expenses	34,033,950	35,558,198	1,524,249	4%	32,766,235
(469,390)	-237%	(343,888)	145,157	(198,730)	<b>EBDITA</b>	(866,568)	(725,866)	(140,702)	19%	(1,421,216)
-17.1%	256.6%	11.0%	4.3%	-6.7%	<b>EBDITA %</b>	-2.6%	-2.1%	0.5%	-25.4%	-4.5%
<b>Capital Cost</b>										
105,054	-11%	(11,751)	108,089	119,840	Depreciation	1,372,838	1,223,822	(149,016)	-12%	1,197,262
32,203	-19%	(5,446)	28,989	34,434	Interest Cost	353,957	318,876	(35,081)	-11%	360,220
3,349,257	2%	64,192	3,366,886	3,302,694	Operating Expenses	35,760,745	37,100,896	1,340,152	4%	34,323,718
(606,647)	-4469%	(361,085)	8,080	(353,005)	<b>Operating Income / (Loss)</b>	(2,593,364)	(2,268,565)	(324,799)	14%	(2,978,699)
-22.1%			0.2%	-12.0%	<b>Operating Margin %</b>	-7.8%	-6.5%			-9.5%
0	0%	0	0	0	<b>Mcare/Mcaid Pr Yr</b>	33,392	0	(33,392)	0%	(14,956)
<b>Non Operating Activity</b>										
158,336	14%	11,788	81,737	93,524	Non-Op Revenue	1,331,099	899,105	431,994	48%	1,678,901
5,053	-22%	(837)	3,788	4,626	Non-Op Expenses	51,369	41,670	(9,699)	-23%	52,894
153,283	14%	10,950	77,949	88,899	Net Non Operating Activity	1,279,730	857,434	422,296	49%	1,626,007
(453,364)	-407%	(350,134)	86,028	(264,106)	<b>Net Income / (Loss)</b>	(1,280,242)	(1,411,130)	130,888	-9%	(1,367,648)
-16.5%			2.5%	-9.0%	<b>Net Income Margin %</b>	-3.9%	-4.1%			-4.4%

Unaudited

## Lewis County Public Hospital District No. 1

Balance Sheet  
November, 2023

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
<b>Assets</b>				
<b>Current Assets:</b>				
Cash	\$ 4,128,373	4,477,568	5,055,656	(927,283)
Total Accounts Receivable	8,107,759	7,734,141	7,508,625	599,134
Reserve Allowances	(3,947,177)	(4,102,488)	(3,362,569)	(584,608)
Net Patient Accounts Receivable	4,160,582	3,631,654	4,146,056	14,527
Taxes Receivable	41,090	161,048	52,607	(11,517)
Estimated 3rd Party Receivables	263,159	263,159	(11,605)	274,764
Prepaid Expenses	343,756	385,183	324,031	19,724
Inventory	268,401	267,416	253,658	14,743
Funds in Trust	1,797,753	1,789,272	1,711,559	86,194
Other Current Assets	62,147	57,624	180,415	(118,268)
<b>Total Current Assets</b>	<u>11,065,261</u>	<u>11,032,924</u>	<u>11,712,378</u>	<u>(647,116)</u>
Property, Buildings and Equipment	35,035,722	34,977,405	34,963,861	71,861
Accumulated Depreciation	(25,280,210)	(25,185,274)	(24,491,062)	(789,148)
Net Property, Plant, & Equipment	9,755,512	9,792,131	10,472,799	(717,288)
Right-of-use assets	545,811	570,604	681,064	(135,254)
Other Assets	169,514	169,514	167,514	2,000
<b>Total Assets</b>	<u><u>\$ 21,536,098</u></u>	<u><u>21,565,174</u></u>	<u><u>23,033,755</u></u>	<u><u>(1,497,657)</u></u>
<b>Liabilities</b>				
<b>Current Liabilities:</b>				
Accounts Payable	732,642	825,913	697,151	35,491
Accrued Payroll and Related Liabilities	944,412	702,423	1,312,233	(367,821)
Accrued Vacation	867,218	865,066	716,055	151,163
Third Party Cost Settlement	179,790	76,909	(69,226)	249,017
Interest Payable	133,628	106,889	0	133,628
Current Maturities - Debt	865,842	865,842	865,842	0
Other Payables	4,015	4,015	26,555	(22,540)
Current Liabilities	<u>3,727,548</u>	<u>3,447,056</u>	<u>3,548,610</u>	<u>178,938</u>
Total Notes Payable	808,412	833,875	1,086,048	(277,636)
Lease Liability	311,505	331,613	431,433	(119,928)
Net Bond Payable	4,733,585	4,733,475	4,732,375	1,211
Total Long Term Liabilities	<u>5,853,503</u>	<u>5,898,964</u>	<u>6,249,856</u>	<u>(396,353)</u>
<b>Total Liabilities</b>	<u>9,581,050</u>	<u>9,346,020</u>	<u>9,798,466</u>	<u>(217,416)</u>
General Fund Balance	13,235,289	13,235,289	13,235,289	0
Net Gain (Loss)	(1,280,242)	(1,016,136)	0	(1,280,242)
<b>Fund Balance</b>	<u>11,955,048</u>	<u>12,219,154</u>	<u>13,235,289</u>	<u>(1,280,242)</u>
<b>Total Liabilities And Fund Balance</b>	<u><u>\$ 21,536,098</u></u>	<u><u>21,565,174</u></u>	<u><u>23,033,755</u></u>	<u><u>(1,497,657)</u></u>

## Arbor Health

### 2023 Forecast

	2023 Budget	Jan-Novemberr Actual	Dec Budget	2023 Forecast
Inpatient Revenues	12,161,942	7,343,683	1,013,495	8,357,178
Outpatient Revenues	41,422,451	39,933,031	3,451,871	43,384,902
Clinic Revenues	6,827,441	5,731,523	568,953	6,300,476
Gross patient Revenue	60,411,834	53,008,237	5,034,320	58,042,557
Deductions from Revenues	23,258,558	20,664,985	1,938,213	22,603,198
	39%	39%	39%	39%
Net Patient Revenues	37,153,276	32,343,252	3,096,106	35,439,358
Other Operating Revenue	1,166,500	857,522	97,208	954,730
Total Operating Revenues	38,319,776	33,200,774	3,193,315	36,394,089
<b>Operating Expenses</b>				
Salaries & Wages	22,836,207	20,476,154	1,903,017	22,379,171
Benefits	4,747,575	4,152,241	395,631	4,547,872
Professional Fees	1,640,308	1,407,593	136,692	1,544,285
Supplies	2,784,239	2,714,511	232,020	2,946,531
Purchase Services	4,997,842	3,895,618	416,487	4,312,105
Utilities	562,930	449,278	46,911	496,189
Insurance	368,338	337,423	30,695	368,118
Other Expenses	763,509	601,131	63,626	664,757
Depreciation	1,233,070	1,372,838	102,756	1,475,594
Interest Cost	347,866	353,957	28,989	382,946
Operating Expenses	40,281,884	35,760,744	3,356,824	39,117,568
Operating Income	(1,962,108)	(2,559,970)	(163,509)	(2,723,479)
	-5%	-8%	-5%	-7%
<b>Non Operating Activity</b>				
Non-Operating Income	814,378	1,279,728	67,865	1,347,593
	(1,147,730)	(1,280,242)	(95,644)	(1,375,886)

## **CONSENT AGENDA**



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

**November 13, 2023, at 6:00 p.m.**

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

<https://myarborhealth.zoom.us/j/82554545348>

Meeting ID: 825 5454 5348

One tap mobile: +12532050468,,82554545348#

Dial: +1 253 205 0468 US

**Mission Statement**

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

**Vision Statement**

**To provide every patient the best care and every employee the best place to work.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Excused/Unexcused Absences Reading the Mission & Vision Statements	Board Chair Herrin called the meeting to order at 6:00 p.m.  <b>Commissioners present:</b> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Trish Frady  <b>Others present:</b> <input checked="" type="checkbox"/> Rob Mach, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Jim Frey, IT Director <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Van Anderson, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller			
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.			
New Business	CFO Cornwell presented the 2024 budget while reflecting on 2023's			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Present the 2024 Budget (RCW 70.44.060 (6)) <ul style="list-style-type: none"> <li>To present the proposed 2024 operating budget</li> </ul>	<p>experience year to date. Managers were included in this process when discussing current volume experience and where growth opportunities are projected. The percentage of change on the budget is conservative. CFO Cornwell noted in recent reporting from WSHA, the District continues to be comparable to other hospital financial experiences across the state.</p> <p>CFO Cornwell shared the capital asset list where departments identified equipment at or near end of life. The equipment highlighted will need to be replaced to continue business but not planning to do until required given the budget presented.</p>			
Public Comment	No comment.			
<ul style="list-style-type: none"> <li>Resolution-23-22- Adopting the 2024 Budget (Action) <ul style="list-style-type: none"> <li>To adopt the budget.</li> </ul> </li> </ul>		<p>Commissioner Coppock made a motion to approve Resolution 23-22 as presented, Secretary Olive seconded and the motion passed unanimously.</p> <p>Resolution will be sent for electronic signatures.</p>	Executive Assistant Garcia	11.15.23
Adjournment	Commissioner Coppock moved and Secretary Olive seconded to adjourned at 6:30 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date



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

**November 15, 2023, at 3:30 p.m.**

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

<https://myarborhealth.zoom.us/j/83730587850>

Meeting ID: 837 3058 7850

One tap mobile: +12532050468,,83730587850#

Dial: +1 253 205 0468 US

**Mission Statement**

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

**Vision Statement**

**To provide every patient the best care and every employee the best place to work.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<b>Call to Order</b> <b>Roll Call</b> <b>Unexcused/Excused</b> <b>Absences</b> <b>Reading the Mission</b> <b>&amp; Vision Statements</b>	Board Chair Herrin called the meeting to order at 3:30 p.m.  <b>Commissioners present:</b> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Trish Frady  <b>Others present:</b> <input checked="" type="checkbox"/> Robert Mach, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Janice Cramer, Patient Access Manager			



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Barb Goble, Medical Staff Coordinator <input checked="" type="checkbox"/> Dr. Travis Podbilski, Chief of Staff <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Jessica Scogin, Foundation Manager <input checked="" type="checkbox"/> Van Anderson, Community Member <input checked="" type="checkbox"/> Diane Markham, Marketing and Communication Manager <input checked="" type="checkbox"/> Roxann Morris, EVS Supervisor  Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.			
<b>Approval or Amendment of Agenda</b>		Commissioner McMahan made a motion to approve the agenda. Commissioner Coppock seconded and the motion passed unanimously.		
<b>Conflicts of Interest</b>	Board Chair Herrin asked the attendees to state any conflicts of interest with today's agenda.	None noted.		
<b>Comments and Remarks</b>	Commissioners: Secretary Olive commended the Arbor Health Foundation on great work, as well as a special thank you to Foundation Manager Scogin. Commissioner McMahan thanked the Finance Committee for their hard work and taking time to explain meeting materials. Commissioner McMahan commented on the recent election and excitement on the interest in the hospital, such a great example of a democratic process on the closeness in votes.  Audience: Van Anderson proposed a couple edits to the Code of Ethics, as well as having no conflicts with the proposed 2024 Regular Board Meeting Schedule.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Executive Session- RCW 70.41.200	<p>Board Chair Herrin announced going into executive session at 3:40 p.m. for five minutes to discuss RCW 70.41.200-Medical Privileging. The Board returned to open session at 3:45 p.m. Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Reappointments:</p> <p>Arbor Health</p> <ol style="list-style-type: none"> <li>1. Esther Park-Hwang, MD (Gynecology Privileges)</li> </ol> <p>Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> <li>1. Biggya Sapkota, MD (Telestroke/Neurology Consulting Privileges)</li> </ol>	Commissioner Coppock made a motion to approve the Medical Privileging as presented, Secretary Olive seconded. The motion passed unanimously.		
Department Spotlight <ul style="list-style-type: none"> <li>• EVS</li> </ul>	<p>EVS Supervisor Morris highlighted the following during the EVS spotlight:</p> <ol style="list-style-type: none"> <li>1. Longevity of team members and service to Arbor Health (AH).</li> <li>2. Three employees are Chest Certified, and three more employees are in process of becoming certified.</li> <li>3. Auditing rooms with an invisible pen to identify areas to improve training. Goal of 95% compliance and trending at 87% year to date.</li> <li>4. Equipment needs include new washers and dryers which are on the capital list for 2024.</li> </ol> <p>The Board commended the department on attaining certifications, as well as keeping the hospital and clinics in great shape.</p>			
<b>Board Committee Reports</b> <ul style="list-style-type: none"> <li>• Hospital Foundation Report</li> </ul>	Secretary Olive shared the AH Foundation allocated \$20,000 to the Rapid Care Clinic from the recent auction dinner. It's that time of year again, the Foundation is giving			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	\$30 gift cards to District employees for their service and dedication to AH. The Gift Shop Holiday Sale is November 28 <sup>th</sup> & 29 <sup>th</sup> from 10 am to 6 pm. The Foundation agreed to fund the new ultrasound machine with the \$70,000 received through the Roots & Wings fund. Lastly, the Foundation is creating a formal process for District employees to use when requesting funding from the Foundation. The form will be located in Lucidoc.			
<ul style="list-style-type: none"> <li>Compliance Committee Report</li> </ul>	Commissioner McMahan's compliance update included identifying the top priorities for 2024 and where to focus resources for the year.			
<b>Consent Agenda</b>	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> <li>Approval of Minutes <ol style="list-style-type: none"> <li>October 25, 2023, Regular Board Meeting</li> <li>November 1, 2023, Compliance Committee Meeting</li> </ol> </li> <li>Warrants &amp; EFTs in the amount of \$3,944,541.84 dated October 2023</li> </ol>	<p>Commissioner Coppock made a motion to approve the Consent Agenda and Commissioner Frady seconded. The motion passed unanimously.</p> <p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p>	Executive Assistant Garcia	11.17.23
<b>Old Business</b>				
<b>New Business</b> <ul style="list-style-type: none"> <li>Board Self Evaluation</li> </ul>	<p>Board Chair Herrin presented the annual board self-evaluation. Commissioner McMahan proposed rewording number 2 and removing number 9 as not applicable.</p> <p>The Board supported the proposed edits. Board Chair requested the Board completes and returns by December 1, 2023 to discuss at the December 20, 2023 Regular Board Meeting.</p>	<p>Edit evaluation by rewording number 2 and removing number 9. Send evaluation electronically to the Board.</p> <p>Complete and return to EA Garcia.</p>	<p>Executive Assistant Garcia</p> <p>Board of Commissioners</p>	<p>11.17.23</p> <p>12.01.23</p>
<ul style="list-style-type: none"> <li>RES 23-23- Approving the Capital Purchase of</li> </ul>	CFO Cornwell shared the Lab needs a new CBC Analyzer which was acknowledged in the capital list for 2023. This is a critical piece of a equipment and the CBC is the	Commissioner McMahan made a motion to approve Resolution 23-23 and Secretary Olive		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Lab CBC Analyzer	<p>most commonly ordered lab test. Physicians heavily rely on it and the current one is end of life. Ancillary Services Director Taylor noted 80% of market are purchasing through Sysmex, as the current company does not have a model that they currently sell.</p> <p>Superintendent Mach shared normally this would have been presented to Finance Committee first; however, due to the timing of meetings and the end of the fiscal period upon us.</p> <p>The Board supports the purchase and staying up to date with quality equipment.</p>	<p>seconded. The motion passed unanimously.</p> <p>Resolution will be sent for electronic signatures.</p>	Executive Assistant Garcia	11.17.23
<ul style="list-style-type: none"> <li>Board Policy and Procedure Review</li> </ul>	<p>Board Chair Herrin presented the following policies/procedures for review and/or revision:</p> <ol style="list-style-type: none"> <li>1. Code of Ethics-Marked a Revised.</li> <li>2. Conflict of Policies-Marked as Reviewed.</li> <li>3. Board Self Evaluation-Marked as Reviewed.</li> </ol>	<p>Edit Code of Ethics.</p> <p>Commissioner McMahan made a motion to approve the two P &amp; P's and Commissioner Coppock seconded. The motion passed unanimously.</p> <p>Mark Conflict of Policies &amp; Board Self Evaluation as Reviewed in Lucidoc.</p>	<p>Superintendent Mach</p> <p>Executive Assistant Garcia</p>	<p>12.20.23</p> <p>11.17.23</p>
<ul style="list-style-type: none"> <li>Property Tax Levy Options</li> </ul>	<p>CFO Cornwell shared the District has received documentation from the Lewis County and calculated the options which will be presented at the Public Hearing on November 27, 2023. CFO Cornwell will present three options, all of which will reduce taxes. Reminder while this is additional monies for the District it will not impact the budget significantly, as it is less than 2% of operating budget.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>2024 Board Meeting Schedule</li> </ul>	<p>Board Chair Herrin presented the 2024 schedule with the last Wednesday of every month, as well as the proposed schedule with a couple changes.</p> <p>The Board supported the proposed schedule for 2024.</p>	<p>Commissioner McMahan made a motion to approve the proposed 2024 board meeting schedule and Commissioner Coppock seconded. The motion passed unanimously.</p> <p>Publish 2024 schedule as a legal and AH website.</p>	Executive Assistant Garcia	12.31.23
<b>Superintendent Report</b>	<p>Superintendent Mach highlighted the memo in the packet and added the following updates:</p> <ol style="list-style-type: none"> <li>1. Open Enrollment coming soon for employees. Using new administrator SOLV and employees will experience benefits enhancements to the plan.</li> <li>2. Completed DNV Stroke Survey on 10.31.23. Couple findings, one fixed already and other is providing post education to the community.</li> <li>3. Post Swingbed department spotlight, the Hospital now has access to EPIC for referrals, big win!</li> <li>4. Another success story is our newest marketing is reaching the market, which includes WA Orthopedics and they plan to send patients our way!</li> <li>5. The new CT is still in the works, as it is in plan review with DOH. DOH is reporting a backlog of 90 day, so the team is monitoring and waiting.</li> </ol>			
<b>Meeting Summary &amp; Evaluation</b>	<p>Superintendent Mach highlighted the meeting which included decisions made and action items.</p> <p>Secretary Olive noted staying on schedule, communicating well and cannot believe next meeting will be</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	the last. Commissioner Frady noted good input at today's meeting. Commissioner Coppock noted a good meeting. Commissioner McMahan noted a good board, team, discussions and all-around good news. The District is going places. Board Chair Herrin appreciated the honesty and contributions from the public. Superintendent Mach agreed it was a great meeting, moving forward which is an exciting spot.			
<b>Adjournment</b>	Board Chair Herrin noted a typo in the next committee meeting times, QIO is at 7 am.	Commissioner Coppock moved and Secretary Olive seconded to adjourn the meeting at 5:15 p.m. The motion passed unanimously.		

Respectfully submitted,

Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**Finance Committee Meeting**  
**November 22, 2023, at 12:00 p.m.**  
**Via Zoom**

**Mission Statement**

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

**Vision Statement**

**To provide every patient the best care and every employee the best place to work.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Excused/ Unexcused Absences Conflicts of Interest	Commissioner Coppock called the meeting to order via Zoom at 12:00 p.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Craig Coppock, Commissioner <input checked="" type="checkbox"/> Wes McMahan, Commissioner  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Robert Mach, Superintendent <input checked="" type="checkbox"/> Marc Fisher, Community Member <input type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Barbara van Duren, CNO/CQO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO	Excused: Clint Scogin (PTO)  Unexcused Absences: None		
Approval or Amendment of Agenda		Commissioner McMahan made a motion to approve the agenda and Community Member Fisher. seconded. The		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
		motion passed unanimously.		
Conflicts of Interest	Commissioner Coppock asked the Committee to state any conflicts of interest with today's agenda.	Commissioner Coppock shared his son works for Lewis County Assessor's Office as a Sales Analyst.		
Consent Agenda	Commissioner Coppock announced the following in consent agenda up for approval: <ol style="list-style-type: none"> <li>1. Review of Finance Minutes –October 18, 2023</li> <li>2. Revenue Cycle</li> <li>3. Board Oversight Activities</li> </ol>	Commissioner McMahan made a motion to approve the consent agenda and Superintendent Mach seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> <li>Financial Department Spotlight-EVS</li> </ul>	CFO Cornwell shared a financial spotlight for EVS. The budget variances included an increase in salaries due to staffing shortages, as well as an increase in purchase services due to outsourcing laundry when the boiler was down. Capital includes new washers and dryers, which is in the 5-year plan and will be replaced at the time of need.			
<ul style="list-style-type: none"> <li>CFO Financial Review</li> </ul>	CFO Cornwell shared the following highlights: <ol style="list-style-type: none"> <li>1. October was again another difficult month with Inpatient Admits, Inpatient Days and Swing bed were all below budget. ED, Surgery and Clinic Visits were all above budget, so those continue to be bright spots.</li> <li>2. Days Cash on Hand is 42 which is six days less than where we started the calendar year. Anticipating we may recover cash from health insurance accrual and should the District receive ERC monies that could make a big impact to the financials.</li> <li>3. Income Statement shows a YTD variance of \$1,945,871 below budget in Gross Revenue. Continue</li> </ol>	Add Income Statement with EBITA reference.	Controller Scogin	12.20.23



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>to monitor contractual allowances and bad debt is much higher than expected. These are patients who cannot pay and elect not to apply for charity care. A reflection of this year's economy and financial state. Benefits were expensive again but still less than budget for the year. Total operating expenses remain below budget YTD. Experiencing a net loss of \$1,016,136 which YTD is still ahead of budget.</p> <p>Community Member Fisher requested EBITA Margin be added back to Income Statement as reference.</p>			
<p>New Business</p> <ul style="list-style-type: none"> <li>AH Retirement Fund Update</li> </ul>	<p>CFO Cornwell highlighted that Arbor Health continues to participate in the Rural Collaborative's 403b Retirement Plan. CFO Cornwell participates in this committee on a quarterly basis. The plan continues to show a positive experience. Good news, there are potentially two more hospitals that are interested in joining which would increase the collective balance on the total plan assets which would decrease administration fees for plan participants.</p>			
<ul style="list-style-type: none"> <li>2023 Self-Insured Health Insurance Quarter 3 Overview</li> </ul>	<p>CFO Cornwell shared the District switched to SOLV a new employee benefits advisor. As mentioned, benefit expenses were higher due to more claims in September and October. Presented a Benefits Summary showing the current plan and the recommended plan that the District has elected to do in 2024. Hopeful for more improvements in 2025.</p>			
<ul style="list-style-type: none"> <li>Property Tax Levy Options</li> </ul>	<p>CFO Cornwell presented the District's draft levy options. The District only has the M &amp; O levy.</p>	<p>Write bond levy thank you to the District.</p>	<p>Superintendent Mach</p>	<p>12.31.23</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Administration is recommending 4.16% increase which is the highest lawful levy amount, plus banked capacity and an allowance for continued revisions to property valuations and/or utilities.</p> <p>CFO Cornwell will present the levy to the public at the Special Board Meeting on November 27, 2023, for public comment. The Board will need to decide how to move forward.</p> <p>The budget and levy documentation must be submitted to Lewis County by November 30, 2023.</p> <p>Commissioner Coppock requested the District write a public thank for the bond levy upon bond debt paid off end of 2022.</p>			
Meeting Summary & Evaluation	<p>CFO Cornwell highlighted the decisions made and action items that need to be taken to the entire board for approval.</p> <p>Community Member Fisher requested an updated on the 340b funds at the next meeting. CFO Cornwell noted a company was hired to review this program and some significant changes have been made to improve the data issues identified.</p>	Provide update on 340b program.	CFO Cornwell	12.20.23
Adjournment	Commissioner McMahan adjourned the meeting at 12:53 pm.			



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

**November 27, 2023, at 6:00 p.m.**

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

<https://myarborhealth.zoom.us/j/81780667280>

Meeting ID: 817 8066 7280

One tap mobile: +12532050468,,81780667280#

Dial: +1 253 205 0468 US

**Mission Statement**

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

**Vision Statement**

**To provide every patient the best care and every employee the best place to work.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Excused/Unexcused Absences Reading the Mission & Vision Statements	Board Chair Herrin called the meeting to order at 6:00 p.m.  <b>Commissioners present:</b> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Trish Frady  <b>Others present:</b> <input checked="" type="checkbox"/> Rob Mach, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Buddy Rose, Writer for The Journal <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Van Anderson, Community Member			
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.			
New Business	CFO Cornwell presented the Maintenance and Operation (M &			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>Property Tax Levy               <ul style="list-style-type: none"> <li>To discuss setting the proposed tax levy.</li> </ul> </li> </ul>	O) levy and the District and ratify an increase up to 4.16% which is the highest lawful levy amount plus bank capacity and continued revision to property valuations and/or utilities. The M & O levy supports 1.76% of operating expenses. Even with this increase, the average household's property taxes will be reduced. The Board supports approving the increase given the financial state of the District.			
Public Comment	Van Anderson inquired which amount was included in the approved budget. CFO Cornwell confirmed the conservative amount was included which is 1% over the actual levy amount. This will add approximately \$20,000 more to the budget.			
<ul style="list-style-type: none"> <li>Resolution-23-24- Approving the 2024 Proposed Tax Levy               <ul style="list-style-type: none"> <li>To approve the tax levy.</li> </ul> </li> </ul>		<p>Commissioner Coppock made a motion to approve Resolution 23-24 as presented, Secretary Olive seconded and the motion passed unanimously.</p> <p>Resolution will be sent for electronic signatures.</p>	Executive Assistant Garcia	11.28.23
Adjournment	Commissioner Coppock moved and Secretary Olive seconded to adjourned at 6:326p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
QUALITY IMPROVEMENT OVERSIGHT MEETING  
December 13, 2023 at 7:00 a.m.  
ZOOM**

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

**Vision Statement**  
**To provide every patient the best care and every employee the best place to work.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	Commissioner Coppock called the meeting to order via Zoom at 7:03 a.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Craig Coppock, Commissioner <input type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Tom Herrin, Board Chair  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO <input checked="" type="checkbox"/> Rob Mach, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO <input type="checkbox"/> Dr. Travis Podbilski, Chief of Staff <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Nicholas Tyler, Pharmacist <input checked="" type="checkbox"/> Kelly Hauser, Patient Care Services Director <input checked="" type="checkbox"/> Gary Preston, MA PhD CIC FSHEA	Excused: Secretary Olive  Unexcused Absences: Dr. Travis Podbilski, Chief of Staff		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Barbara Goble, Medical Staff Coordinator <input checked="" type="checkbox"/> Lynn Bishop, Community Member			
Approval or Amendment of Agenda		Board Chair Herrin made a motion to approve the agenda and Superintendent Mach seconded. The motion passed unanimously.		
Conflicts of Interest	Commissioner Coppock asked the Committee to state any conflicts of interest with today's agenda.	The Committee noted none.		
Committee Reports <ul style="list-style-type: none"> <li>Medical Executive Committee (MEC)</li> <li>QAPI Operational Workgroup</li> <li>Environment of Care (EOC)</li> </ul>	<p>Medical Staff Coordinator Goble noted appointment summary from September, October &amp; November. Other highlights included modifying service chief roles, Chief of Staff will not longer serve on subcommittees and MEC will absorb the Medical Staff Policy Review starting in 2024.</p> <p>QMRC Manager Johnson share October meeting highlights included regulatory updates, department specific PI updates which included explaining the PI's trending in red and corrections being discussed moving forward and lastly reviewing PRC Patient Satisfaction Dashboards. In 2024, the workgroup is going to be restructured into QAPI Pods lead by the six leadership members and reporting departments. The goal is to reinvent the process to continue PI's, but to retire ones not longer necessary, review targets not being met, as well as refocus on areas that need improvements in a smaller group format. The Pods will report summaries to Quality Manager Johnson to report up to QIO.</p> <p>CFMO Lindstrom noted highlights of the EOC Meeting specifically</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	noting the Medical Management Plan from MMS had an unusually high number for could not locate list and since have identified a reporting error, finalizing the emergency management committee members list and the EOC rounds are being completed and emailed to managers for corrective action.			
Consent Agenda <ul style="list-style-type: none"> <li>Approval of Minutes</li> </ul>	Approval of the following: <ol style="list-style-type: none"> <li>September 13, 2023, Quality Improvement Oversight (QIO) Committee Meeting</li> <li>LifeCenter NW Q3 Report</li> </ol>	CHRO Kelly made a motion to approve the agenda and Board Chair Herrin seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> <li>091323 Action Item Follow Up</li> </ul>	<p>CNO/CQO Van Duren shared during Senior Management Review the Leadership team determined Standard Workflows is not a requirement of managers, as we are already capturing workflows through policies, procedures, checklists and protocols. Managers are still encouraged to complete if there is value and time well spent.</p> <p>Superintendent Mach and CNO/CQO Van Duren attended the annual WSHA conference. Highlights included a great speaker from Nordstrom department store who reiterated the importance of being friendly and being there for our customers, in our case patients because they may come back to Arbor Health or recommend us. Also, a breakout session was on rural health care and the Board interactions with the community, as well as how to advocate for your hospital. The second day for a CNO Roundtable mostly focused on the new hospital staffing plan effective January 1, 2024.</p>			
New Business <ul style="list-style-type: none"> <li>QIO Dashboard Summary</li> </ul>	QMRC Manager Johnson presented the dashboard which included seeing great improvements on an infection control metric on successfully cleaning and the work	Update legend to include info on denominators being lowers patient volumes.	QMRC Manager Johnson	02.14.24

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	being completed for Antibiotic Therapy usage year to date by Pharmacy. The quality dashboards were reviewed identifying areas for QAPI Pods may have opportunities to review if a PI may be needed. Remember, some metrics include low patient numbers, so outcomes may have larger swings.			
<ul style="list-style-type: none"> <li>Regulatory &amp; Accreditation Report</li> </ul>	QMRC Manager Johnson presented non-conformity findings and recent updates. Retired DOH Life Safety findings due to hitting compliance targets.			
<ul style="list-style-type: none"> <li>QIO Education</li> </ul>	QMRC Manager Johnson presented the standards on the Quality Management System (QMS) where QM 1 and QM 7 impacts the QIO Committee. The goal is to gradually introduce the standards to understand what and the why as to what is being focused on operationally.			
<ul style="list-style-type: none"> <li>Annual Quality Risk Management (QM 7)</li> </ul>	<p>QMRC Manager Johnson noted in QM 7 the hospital shall define the mechanism and rationale used to determine the selection of high-risk/priority indicators or process to be evaluated. Examples were provided for discussion and to rank the risk.</p> <p>The Committee agreed to postpone the activity to the next QIO Meeting.</p>	Complete the Annual Quality Risk Management tool at the next meeting.	QMRC Manager Johnson	02.14.23
<ul style="list-style-type: none"> <li>Annual Quality Legal Review</li> </ul>	QMRC Manager Johnson presented the legal review for the Hospital for 2021-2023.			
Meeting Summary & Evaluation	QMRC Manager Johnson provided a summary.			
Adjournment	Commissioner Coppock adjourned the meeting at 8:07 a.m. The motion passed unanimously.			



WARRANT & EFT LISTING NO. 2023-11

RECORD OF CLAIMS ALLOWED BY THE  
BOARD OF LEWIS COUNTY  
COMMISSIONERS

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

CERTIFICATION

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

Signed:

\_\_\_\_\_  
Cheryl Cornwell, CFO

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

\$3,677,730.69 this 20<sup>th</sup> day  
of December 2023

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

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

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

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

\_\_\_\_\_  
Commissioner, Patricia Frady

SEE WARRANT & EFT REGISTER in the amount of \$3,677,730.69 dated November 1, 2023 –  
November 30, 2023.

Nov-23

# ARBOR HEALTH WARRANT REGISTER

## Routine A/P Runs

Warrant No.	Date	Amount	Description
132021 - 132076	2-Nov-2023	35, 553. 14	CHECK RUN
132077 - 132122	3-Nov-2023	341, 138. 86	CHECK RUN
132123 - 132136	6-Nov-2023	52, 337. 43	CHECK RUN
132137 - 132187	10-Nov-2023	203, 854. 58	CHECK RUN
132188 - 132204	13-Nov-2023	187, 123. 17	CHECK RUN
132205 - 132206	1-Nov-2023	21, 772. 57	CHECK RUN
132207 - 132208	2-Nov-2023	30, 515. 86	CHECK RUN
132209	7-Nov-2023	2, 211. 75	CHECK RUN
132210	9-Nov-2023	1, 000. 00	CHECK RUN
132211	14-Nov-2023	196. 50	CHECK RUN
132212	15-Nov-2023	54, 278. 06	CHECK RUN
132213 - 132231	20-Nov-2023	888, 081. 38	CHECK RUN
132232 - 132281	17-Nov-2023	231, 656. 25	CHECK RUN
132282 - 132347	28-Nov-2023	178, 180. 86	CHECK RUN
132348 - 132375	28-Nov-2023	1, 031, 291. 89	CHECK RUN
132376 - 132377	28-Nov-2023	8, 730. 84	CHECK RUN
132378	17-Nov-2023	3, 706. 31	CHECK RUN
132379	21-Nov-2023	92. 76	CHECK RUN
132380 - 132381	28-Nov-2023	459. 14	CHECK RUN
132382	28-Nov-2023	36, 324. 93	CHECK RUN
132383	30-Nov-2023	981. 00	CHECK RUN
132384	24-Nov-2023	392. 81	CHECK RUN
132385	15-Nov-2023	10, 660. 57	CHECK RUN
<b>Total - Check Runs</b>		<b>\$ 3,320,540.66</b>	

### Error Corrections - in Check Register Order

Warrant No.	Date Voided	Amount	Description
132069	27-Nov-23	(71. 00)	VOID CHECK
<b>TOTAL - VOIDED CHECKS</b>		<b>\$ (71.00)</b>	

**UMPQUA BANK CHECKS,  
EFT'S, LESS VOIDS** **\$ 3,320,611.66**

Eft	Date	Amount	Description
4778	6-Nov-2023	948. 00	TPSC
1212	10-Nov-2023	185, 232. 12	IRS
4779	14-Nov-2023	2, 463. 63	TPSC
4780	20-Nov-2023	379. 05	TPSC
1213	24-Nov-2023	167, 034. 36	IRS
4781	24-Nov-2023	132. 00	TPSC
1118	16-Nov-2023	688. 00	NORIDIAN MEDICARE
4782	28-Nov-2023	312. 87	TPSC
<b>TOTAL EFTS AT SECURITY STATE BANK</b>		<b>\$ 357,190.03</b>	

**TOTAL CHECKS, EFT'S,  
& TRANSFERS** **\$ 3,677,730.69**

## 2024 Medical Staff Appointments

### Medical Executive Committee (MEC)

Chief of Staff	Victoria Acosta, DO
Secretary	Don Allison, MD
Immediate Past Chief of Staff	Travis Podbilski, DO

### Service Chiefs

Surgery/Specialties	Charles T. Anderson, MD
Hospitalist	Don Allison, MD

### Medical Directors

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

### Medical Staff Committee Assignments

Pharmacy & Therapeutics	Kevin McCurry, MD Edward Junn, MD Quoc Ho, MD (Alternate) Nicholas tyler-Hashemi, Pharmacist
Utilization Quality Review/QI & Medical Records	Charles T. Anderson, MD Fabiola Puga, MD Garrett Peresko, DPM (Alternate)
Ethics Committee	Charles T. Anderson, MD Kevin McCurry, MD Don Allison, MD
Bylaws Committee	Jeff Ford, MD
Tissue & Transfusion	Peace Health
Infection Control	Charles T. Anderson, MD Amy Nielsen, CRNA (Alternate)
Joint Conference	See Bylaws
Credentialing (3-year rotation)	Charles Anderson, MD (2nd Year) Jeff Ford, MD (1st Year) Quoc Ho, MD (1st Year)
Swing Bed	Don Allison, MD Mark Hansen, MD
Lucidoc Committee-Clinical Documentation Review	Fabiola Puga, MD Jason Whitney, ARNP Devin Spera, MD Anthony Fritz, MD

**OLD BUSINESS**

## Board of Directors Board Evaluation

Rankings go from 1=Low/Disagree up to 5=High/Agree

	<b><u>Board Activity</u></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Results</b>
1	The Board operates under a set of policies, procedures, and guidelines with which all members are familiar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.8
2	The Board Subcommittee(s) report to the Board on all actions taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
3	There are standing committees of the Board that meet regularly and report to the Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
4	Board meetings are well attended, with near full turnout at each meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
5	Each board member has at least one committee assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
6	Nomination and appointment of board members follow clearly established procedures using known criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.8
7	Newly elected board members receive adequate orientation to their role and what is expected of them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.2
8	Each board meeting includes an opportunity for learning about the District's activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
9	The Board fully understands and is supportive of the strategic planning process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.8
10	Board members receive meeting agendas and supporting materials in time for adequate advance review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
11	The Board adequately oversees the financial performance and fiduciary accountability of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.6
12	The Board receives regular financial updates and takes necessary steps to ensure the operations of the District are sound.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.8
13	The Board regularly reviews and evaluates the performance of the Superintendent/CEO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.6
14	The Board actively engages in discussion around significant issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
15	The Board Chair effectively and appropriately leads and facilitates the Board Meetings and the policy and governance work of the Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

	<b><u>Mission and Purpose</u></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Results</b>
1	Statements of the District's mission are well understood and supported by the Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
2	Board meeting presentations and discussions consistently references the District's mission statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
3	The Board reviews the District's performance in carrying out the stated mission on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

	<b><u>Governance/Partnership Alignment</u></b>	1	2	3	4	5	Results
1	The Board exercises its governance role ensuring that the District supports and upholds the mission statement, core values, and vision statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.8
2	The Board periodically reviews, and is familiar with, the District's partnership; AWPFD, WSHA, TRC, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.8
3	The Board reviews its own performance and measures its own effectiveness in governance work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
4	The Board is actively engaged in the board development processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.4

	<b><u>Board Organization</u></b>	1	2	3	4	5	Results
1	Information provided by staff is adequate to ensure effective board governance and decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.8
2	The Committee structure logically addresses the District's areas of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
3	All committees have adequate agendas and minutes for each meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
4	All committees address issues of substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

<p>Please make any other comments about the work and effectiveness of the Board:</p> <p>We have grown this past year, our ability to have in depth conversations about a topic and progress forward has made us more effective as a board.</p> <p>Suggest 1 yearly scheduled 'executive session' for board review-discussion of CEO performance. This will eliminate any personal need to ask the chairman to schedule such a meeting and make it a regular process. A January meeting time would allow a year review of strategic measure progress as well.</p>
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## **NEW BUSINESS**



## 2024 Organization & Officers of the Board of Commissioners

Effective Date: January 1, 2024

Board Leadership		Board Representation	
Board Chair			
Board Secretary			
Committee	Administration Representation	Committee Chair	Board Representation
Finance	Superintendent & CFO		
QI Oversight	Superintendent & CNO/CQO		
Governance	Superintendent		
Plant Planning	Superintendent & CFO		
Strategic Planning	Superintendent	Board of Commissioners	
Compliance Committee	Superintendent & Compliance Officer		
Other Board Representation		Board Representation	
Foundation			
State Representation			

## 2024 Organization & Officers of the Board of Commissioners

Effective Date: February 22, 2023

Board Leadership		Board Representation	
Board Chair		Tom Herrin	
Board Secretary		Kim Olive	
Committee	Administration Representation	Committee Chair	Board Representation
Finance	Superintendent & CFO	Craig Coppock	Wes McMahan
QI Oversight	Superintendent & CNO/CQO	Kim Olive	Craig Coppock
Governance	Superintendent	Tom Herrin	Kim Olive
Plant Planning	Superintendent & CFO	Craig Coppock	Trish Frady
Strategic Planning	Superintendent	Board of Commissioners	
Compliance Committee	Superintendent & Compliance Officer	Wes McMahan	Trish Frady
Other Board Representation		Board Representation	
Foundation		Kim Olive	
State Representation		Wes McMahan	

12/15/2023





DocID: 15804  
Revision: 5  
Status: In preparation  
Department: Governing Body  
Manual(s):

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## Policy : Code of Ethics

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### Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners will adopt and comply with this Code of Ethics.

### Procedure:

#### Introduction

This Board of Commissioners Code of Ethics (Code) has been adopted by the Board of Commissioners (Board) of Lewis County Public Hospital District No. 1, Arbor Health of Lewis County, Washington (District) to promote honest and ethical conduct and compliance with applicable laws, rules and regulations by the members of the Board (Commissioners).

#### Applicability

This Code applies to each Commissioner.

#### How to Use the Code

This Code is a general guide to the Board's standards of conduct and regulatory compliance. This Code is not intended to cover every issue or situation Commissioners may face in their official capacity. This Code does not replace other more detailed policies and procedures adopted by the District, including but not limited to the District's Bylaws, the Lewis County Hospital District No. 1 Code of Ethics (to the extent applicable to Commissioners), and specific directives adopted from time to time by the Board.

It is essential that Commissioners thoroughly review this Code and make a commitment to uphold its requirements. Failure to read and/or acknowledge this Code does not exempt a Commissioner from his or her responsibility to comply with this Code, applicable laws, rules and regulations, and District policies and procedures.

None of the principles and practices outlined in the Code is intended to restrict any Commissioner from exercising its constitutional rights of free speech and should not be so construed. Furthermore, the exercise of such rights shall not subject any Commissioner to any sanctions under this Code, even if such exercise is otherwise inconsistent with a stated principle or practice of appropriate ethical conduct.

The Board does not intend to adopt any rule in this Code that violates existing law. If, as a result of changes in the law or otherwise, any provision of the Code is subsequently determined to violate applicable law, such provision

shall be construed in such a way as to eliminate such violation and, if no such construction of the applicable provision is possible, the provision shall be void.

## Fundamental Responsibilities of Commissioners

The fundamental responsibility of each Commissioner is to promote the best interests of the public by overseeing the management of the District's business and community operations. In doing so, each Commissioner shall act in accordance with this Code, the District's other policies and procedures, and applicable laws, rules and regulations, including, but not limited to, Washington state law and the District's Bylaws. The Commissioners acknowledge that the purpose of Chapter 70.44 RCW, pursuant to which the District was formed, is to authorize the establishment of public hospital districts to own and operate hospitals and other health care facilities and to provide hospital and other health care services for the residents of such districts and other persons. The discharge of this responsibility requires the District to operate its hospital and other health care facilities in a competitive manner. Were it not to do so, the District could not compete with other private and public health care providers for patients, medical staff, executives and other critical operational support and would cease to be an economically viable entity notwithstanding the public support provided through tax levies against real property located within the District's boundaries.

## Principles and Practices

1. In the performance of their official duties, Commissioners shall act ethically, in good faith, with integrity, with care, and in a manner they reasonably believe to be in the best interests of the public that is served by the District.
2. Commissioners shall not allow outside activities or personal financial or other interests to influence or appear to influence their ability to make objective decisions with respect to the District.
3. Commissioners shall conduct their official and personal affairs in such a manner as to give the clear impression that they cannot be improperly influenced in the performance of their official duties.
4. Commissioners in discharging their duties to the District shall use their best efforts to comply with all applicable laws, rules and regulations of federal, state and local governments and other regulatory agencies.
5. Commissioners shall not be beneficially interested, directly or indirectly, in any contract or transaction which may be made by, through or under the supervision of such Commissioner, in whole or in part, or which may be made for the benefit of their office, or accept, directly or indirectly, any compensation, gratuity or reward in connection with such contract or transaction from any other person beneficially interested therein, except to the extent permitted under applicable law. Should a Commissioner have a beneficial interest in any contract or transaction proposed for the District, such beneficial interest shall be disclosed to the Board, before the Board authorizes the District to enter into such contract or transaction. The existence of such conflict of interest shall be reflected in the official minutes of the Board. Any Commissioner having such a conflict of interest shall not vote when the matter is presented to the Board for approval. Moreover, such Commissioner shall not influence or attempt to influence any other Commissioner to enter into a contract or transaction in which such Commissioner has a beneficial interest.
6. At the time of a Commissioner's election, a Commissioner shall disclose in writing to the Board all personal or professional relationships that create, or have the appearance of creating, a conflict of interest with the District. Should any such personal or professional relationships arise in the future, the Commissioner shall promptly disclose such relationships to the Board.
7. Commissioners shall not use their position to secure special privileges or exemptions for themselves or others.
8. Commissioners may not, directly or indirectly, give or receive or agree to give or receive any compensation, gift, reward, or gratuity from a third party for the Commissioners' services to the District or as to any contract or transaction between the District and any other party.
9. Commissioners shall not receive any compensation, remuneration, payments or distributions from the District for their services as Commissioners, except as and only to the extent permitted by applicable law.
10. Commissioners shall not accept employment or engage in any business or professional activity that could reasonably be expected to place them in a conflict of interest with the District or require or induce them, by reason of their new employment or engagement, to disclose confidential information acquired by the Commissioners by the reason of their office.

11. To the extent Commissioners obtain confidential information by reason of their office, they will not disclose such confidential information to others unless authorized to do so by the Board. For purposes of this paragraph "confidential information" means information that the Commissioners are required to treat as confidential under applicable law (whether such law is derived from statutes, regulations, case law, the District's charter documents, or otherwise). Information regarding the District not deemed confidential under applicable law may be shared by the Commissioners with others.
12. If Commissioners receive frequent inquiries from individuals or other persons requesting the disclosure of confidential information, Commissioners shall bring that information to the attention of the other Commissioners to allow the Board to determine if it wishes to adopt preventive measures to further protect the Board and District's legitimate interest in controlling access to its confidential information.
13. Commissioners shall not simultaneously hold any other incompatible office or position, including, but not limited to, another office or position whose functions are inconsistent with the functions of a Commissioner for the District, or where the occupation of such other office or position is detrimental to the public interest.
14. Commissioners shall comply with all of the District's policies and procedures, including those applicable to District employees and medical staff generally, to the extent applicable to their services as Commissioners.
15. The Superintendent is, by statute, the District's chief administrative officer and, in such capacity, is responsible for the administration of the District. Accordingly, if Commissioners receive questions or concerns from employees, from members of the medical staff, or from the public concerning District operations, they shall promptly notify the Superintendent and it shall be the responsibility of the Superintendent (or the Superintendent's designee) to respond on behalf of the District. Similarly, if third parties, such as third party payors, employee groups, real estate developers, or others, communicate with Commissioners regarding existing or proposed business or other relationships with the District, such matters shall promptly be referred to the Superintendent to take whatever action the Superintendent deems appropriate. The Superintendent shall be accountable to the full Board for follow-up on such items.
16. Commissioners shall fully cooperate with government investigators as required by applicable law. If a Commissioner encounters an investigator, or receives a subpoena, search warrant or other similar document, related to an investigation of the District, the Commissioner shall promptly give notice of such investigation to the Board.
17. Commissioners shall not destroy or alter any information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction.
18. The Commissioners are expected to prepare for, participate in, and attend all Board meetings. They should commit the time necessary to review all Board materials. The same level of participation is expected with respect to all Board committees, if any, to which the Commissioners are assigned. For purposes of the foregoing, "attend" shall mean that the Commissioner arrives at the Board meeting (or, if applicable, the Board committee meeting) on time and stays until the conclusion of the meeting.
19. Commissioners are expected to engage in robust, active discussions of the issues submitted to the Board for consideration in order to arrive at the most carefully considered decisions for the District. With this in mind, Commissioners must study all relevant information (including materials in Board packages), articulate clearly their personal views, be prepared to argue for and support their positions, and, when appropriate, question and challenge the views of others. Such deliberations should be conducted in a respectful manner in line with customary standards of civility and decorum.
20. Commissioners when discussing District business, whether at Board meetings or elsewhere, are urged to adhere to the following standards: Commissioners should be respectful of the views of other Commissioners and executives, even if such views are contrary to the Commissioners' personal opinions; not divulge confidential information regarding the District's affairs; not purport to represent the views of the Board, unless authorized to do so by the Board; and not intentionally misrepresent, demean or belittle positions taken by other Commissioners or District executives and, where appropriate, take all reasonable steps to ensure that a balanced presentation of competing points of view is given so as to promote common understanding of (rather than to foster a spirit of divisiveness with respect to) the issues before the Board and the various competing points of view taken by other Commissioners and District executives. Nothing in this Code is intended to limit any Commissioner's constitutionally-protected rights of free speech, nor is this Code to be construed so as to impair the ability of Commissioners to participate in ceremonial, representational or informational functions in the pursuit of their official duties.
21. Commissioners are publicly-elected officials. As a consequence, if incumbent Commissioners choose to run for re-election, they will of necessity be involved in campaign-related activities during the tenure of their service on the Board. Nothing in this Code of Ethics is intended to deprive such individuals of, or to inhibit or limit the lawful exercise of, the right to engage in customary re-election activities, including but not limited to seeking and securing

endorsements, soliciting campaign contributions, distributing voter pamphlets and other campaign related materials, or making public appearances. They may solicit financial or other support for the community at large, hospital employees, medical staff members, nurses, and others, provided that the support comes from such persons when acting in their personal capacities, and not as representatives or employees of the District. All such support must be voluntary and may not be given or received with the expectation or understanding that the contributing individual will receive any consideration, privilege or benefit, directly or indirectly, from the District. Commissioners may not, claim, suggest or create the impression that their re-election is supported or endorsed by the District itself, nor may they use or gain access to the District financial resources to support their re-election campaign. They may however fully discharge their duties and responsibilities as Commissioners during the re-election campaign (as indeed they are obligated to do), and such activities are not wrongful.

22. Commissioners shall refrain from any illegal, unethical, or inappropriate conduct, whether or not specifically identified in this Code.

## **General Standards of Conduct**

Commissioners' compliance with the principles and practices of this Code will be subject to the following guidelines:

1. Commissioners may not be considered in violation of the ethical guidelines of the Code as long as they have acted in good faith, and in a manner they believed to be consistent with their obligations under Code.
2. To the extent that Commissioners receive advice from the District's legal counsel (consisting of in-house counsel or legal counsel engaged by the District), Commissioners may rely upon such advice in discharging their duties to the District. If Commissioners have in good faith relied upon such advice in conducting the District's business, such reliance will constitute a defense to charges that actions based upon such reliance violated the provisions of the Code.
3. Absent evidence of bad faith, inadvertent violations of the Code that do not adversely affect the District in a material way and that do not create private benefits in favor of the Commissioner or related parties will not constitute grounds for disciplining a Commissioner.

## **Enforcement of Code**

The Board is the body vested with the exclusive authority to enforce the provisions of the Code and to take disciplinary action against Commissioners for violations. As provided in Article VIII, the Board may, under certain circumstances, enlist the support of others to assist with fact finding and to make recommendations.

While members of the public may give the Board notice of alleged violations of the Code, they may not, except as qualified below, bring legal actions against Commissioners for alleged violations, whether such actions seek specific performance, damages or other forms of judicial relief. The Commissioners are not liable to members of the public for damages resulting for Code violations.

Notwithstanding the foregoing, if a Commissioner's misconduct constitutes official misconduct as to which a legal action may be brought by a member of the public, separate and apart from its constituting a violation of the Code, members of the public may pursue such matters, at law or in equity, in the same manner as they might otherwise have pursued such matters under then-existing law. Hence, as relates to members of the public, the Code does not, and is not intended to create, a basis for making claims or pursuing remedies that would not otherwise be available under existing law.

## **Reporting Procedures and Process**

1. Any individual may advise the Board of an alleged violation of the Code by a Commissioner. To the extent feasible, any such notice should be given in writing and specify in reasonable detail the alleged misconduct.
2. The District will not take retribution or disciplinary action against any District employee who raises concerns or reports potential violations of the Code by a Commissioner, whether or not it is subsequently determined that there is a legal or factual basis to support such allegations. On the other hand, should members of the public allege official misconduct by Commissioners, and should such allegations not be supported either for factual or legal reasons, Commissioners may pursue such remedies as are available, at law or in equity, including but not limited to claims for libel or slander, against the parties wrongfully accusing the Commissioners of misconduct.

3. The Board shall review promptly, and in a prudent manner, allegations of Commissioner misconduct to determine whether there have been violations of the Code and what disciplinary action, if any, is appropriate. The processing of such allegations shall be under the direction of the Board Chair, acting with the advice of counsel, and being subject to the other guidelines provided for in this Article VIII. If the Board Chair is the subject of alleged misconduct, the responsibilities vested in the Board Chairman under the Code will pass to the next ranking officer (or, if none, the senior most member) of the Board who is not accused of the alleged Code violations.
4. The Board may, from time to time, adopt procedures for investigating, handling, and resolving allegations of misconduct, subject to adopting reasonable procedures for:
  - a. gathering information regarding the alleged misconduct, including but not limited to, accepting written submissions, hearing testimony, conducting hearings, undertaking fact finding, and soliciting information from experts;
  - b. the right of the accused to respond to the allegations and to be represented by counsel;
  - c. the screening out of frivolous complaints; and
  - d. the right of the public to observe such proceedings under the Open Public Meeting Act ("OPMA").
5. If the Board determines that a Commissioner has violated one or more of the provisions of the Code, the Board may give written or oral warnings, issue formal reprimands, publicly censure the Commissioner and/or relieve the commissioner of board committee assignments. Such disciplinary action shall be recorded in the minutes of the Board's meetings and, as directed by the Board, be published in local newspapers, the District's communications with residents, or through other media. In those instances where the misconduct is of a serious nature, the Board may, after receiving legal advice from counsel, initiate legal action in a court of competent jurisdiction to remove such Commissioner from office.
6. Subject to the following guidelines, the Board may appoint the Values, Ethics & Conflict of Interest committee to assist in fact-finding and/or making recommendations to the Board regarding allegations of Commissioner misconduct:
  - a. It will be left to the discretion of the Board to determine whether such a panel should be convened and to determine the scope of the responsibility given to such panel. The Board shall consider all facts and circumstances in making such determinations, including but not limited to the seriousness of the allegations, the history of the alleged misconduct – whether constituting an isolated incident or pattern of misconduct, the publicity surrounding the activities, the level of public interest, and whether and to what extent the public's interest might be advanced by enlisting the support of others outside of the Board. The Board's determinations regarding such matters will be final and binding. It is not expected that such panels would be convened to handle frivolous complaints or allegations regarding inadvertent or minor violations of the Code.
  - b. If the Board elects to solicit outside support in processing allegations of Code violations, the Board Chair, acting with the advice of legal counsel, shall appoint, on such basis as the Board Chair deems appropriate, the individuals to serve on the advisory panel, which participants may be drawn from public officials or members of the local business community (such as members of the chambers of commerce) from those municipalities whose geographic boundaries fall primarily within the boundaries of the District. The size of the panel will be determined by the Board Chair.
  - c. The Board or, absent specific direction from the Board, the Board Chair will establish the specific fact-finding and advisory responsibilities of the panel.
  - d. If such a panel is constituted, the panel's activities will be subject to the public access requirements of the OPMA, to the extent required by OPMA.
  - e. The Board will, however, in all instances, retain ultimate decision making regarding whether the alleged misconduct constitutes a violation of the Code and whether and to what extent to take disciplinary action against any Commissioner found to be in violation of the Code.
7. To the extent that alleged misconduct constitutes a violation of law, separate and apart from a violation of the Code, such misconduct may be referred to the county prosecuting attorney for action.

If a Commissioner believes that it is inappropriate to apply any of the provisions of this Code to such Commissioner, such Commissioner may submit to the Board a written request for a waiver from such provision. Such written request must be accompanied by a statement setting forth the reasons why the waiver should be granted under the circumstances. Such waiver shall be effective if approved by a majority vote of the Commissioners (excluding the requesting Commissioner). Furthermore, such waiver may be granted only if supported by legal advice from the District's in-house or outside legal advisors.

## **Review**

The Board shall review this Code to ensure compliance with all applicable laws, rules and regulations, and to ensure that the Commissioners are held to the highest standards of conduct and ethics. In connection with such review, the Board should discuss what, if any, amendments or revisions are necessary to improve the effectiveness of this Code.

## **Amendments**

This Code may be amended from time to time by the Board, if approved by a majority vote of all Commissioners, and any amendment must be disclosed as required by and in accordance with applicable laws, rules and regulations.

## **Affirmation**

Each Commissioner is responsible for reviewing, understanding, acknowledging and personally upholding this Code and other policies and procedures. Each of the Commissioners shall certify that he or she has read, understands, is in compliance with and is not aware of any violations of this Code upon the initial adoption of this Code; upon the adoption of any amendments to this Code; upon a Commissioner's appointment, election or re-election to office; and at the beginning of each fiscal year. Each such certification shall be made by the execution of the Receipt and Acknowledgement attached hereto as Exhibit A.

**EXHIBIT A**

**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**

**Board of Commissioners Code of Ethics**

**Receipt and Acknowledgement**

I understand that each Commissioner is responsible for reviewing, understanding, acknowledging and personally upholding the Board of Commissioners Code of Ethics (Code), and for familiarizing him or herself with the applicable detailed elements of other policies and procedures.

By executing this Receipt and Acknowledgement, I hereby acknowledge that:

1. I have received and read a copy of the Code;
2. I understand the contents of the Code;
3. I have familiarized myself with the applicable detailed elements of the Code of Ethics and other policies and procedures;
4. I affirm my commitment to and compliance with the standards and procedures set forth in the Code; and
5. I am not aware of any violations of the Code involving myself that occurred since the later of the adoption of the Code, the last time I executed and delivered a Receipt and Acknowledgement or the beginning of the last fiscal year that have not otherwise been reported in accordance with the procedures set forth in the Code.
6. I acknowledge that my execution of this Receipt and Acknowledgement has been requested by the Board of Commissioners as a part of the District's ongoing program to ensure compliance with the terms of the Code and that the District and the Board intended to rely upon the representations made herein.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Document Owner:** Herrin, Tom

**Collaborators:**

**Approvals**

- Committees:

- Signers:

**Original Effective Date:** 07/17/2012

**Revision Date:** [07/17/2012 Rev. 0], [07/17/2012 Rev. 1], [08/27/2015 Rev. 2], [08/27/2018 Rev. 3], [09/06/2019 Rev. 4]

**Review Date:** [11/08/2013 Rev. 1], [12/23/2014 Rev. 1], [06/20/2016 Rev. 2], [08/24/2017 Rev. 2], [07/21/2020 Rev. 4], [10/21/2022 Rev. 4]

**Attachments:**

(REFERENCED BY THIS DOCUMENT)

**Other Documents:**

(WHICH REFERENCE THIS DOCUMENT)

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**DocID:** 8610-103  
**Revision:** 3  
**Status:** Official  
**Department:** Governing Body  
**Manual(s):**

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## Policy & Procedure : Annual CEO/Superintendent Evaluation

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### Policy:

The Board of Commissioners of Lewis County Hospital District No. 1 will conduct an evaluation of the CEO/Superintendent no less than annually, but may call for an evaluation at anytime.

### Purpose:

For the Board of Commissioners of Lewis County Hospital District No. 1 and the CEO/Superintendent to set and review expectations of the CEO/Superintendent.

### Procedure:

The Board of Commissioners and the CEO/Superintendent will identify the CEO/Superintendent areas of strengths and weaknesses ensuring that the CEO/Superintendent professional goals and hospital health systems goals are compatible. This will be done by the Board of Commissioners completing the CEO/Superintendent Evaluation.

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<b>Document Owner:</b>	Herrin, Tom
<b>Collaborators:</b>	
<b>Approvals</b>	
<b>- Committees:</b>	( 07/25/2018 ) Board of Commissioners, ( 09/25/2019 ) Board of Commissioners, ( 10/28/2020 ) Board of Commissioners,
<b>- Signers:</b>	
<b>Original Effective Date:</b>	
<b>Revision Date:</b>	[07/05/2006 Rev. 1], [05/31/2016 Rev. 2], [06/26/2018 Rev. 3]
<b>Review Date:</b>	[07/09/2008 Rev. 1], [05/29/2009 Rev. 1], [04/06/2010 Rev. 1], [04/11/2011 Rev. 1], [11/08/2013 Rev. 1], [12/23/2014 Rev. 1], [09/05/2019 Rev. 3], [10/08/2020 Rev. 3]
<b>Attachments:</b>	CEO/Superintendent Evaluation
(REFERENCED BY THIS DOCUMENT)	
<b>Other Documents:</b>	
(WHICH REFERENCE THIS DOCUMENT)	



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**DocID:** 18944  
**Revision:** 0  
**Status:** Official  
**Department:** Governing Body  
**Manual(s):**

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## Policy & Procedure : Board Spending Authority

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### Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board Chair is responsible for the annual Board of Commissioners' budget. All district funds incurred by individual Commissioners must receive prior approval from the Board Chair, or delegate, before district funds can be committed.

### Procedure:

#### Authority to Requisition

The Board Chair is responsible for Board of Commissioners related expenditures and is the only person authorized to commit district funds on behalf of the Board of Commissioners. The Board Chair may delegate authority to an alternative in his/her absence. This delegation should be submitted in writing to the CFO, detailing who is authorized, length of delegation, any restrictions (such as restricting delegation to types of expenses or maximum limits of delegation).

#### Types of Costs Incurred

1. **Commissioner Compensation:** Compensation is subject to "Commissioner Compensation for Meetings and Other Services" policy (DocID 15827). Time is reported and processed via the District's Kronos timekeeping system.
2. **General/Office Supplies:** A Purchase Requisition form will be used to request all general/office supplies for Commissioners. This form will be approved by the Board Chair, or delegate, prior to being submitted to the Purchasing Department for acquisition.
3. **Legal/Professional Services:** The Board Chair, or delegate, is the only person that can commit District funds towards legal/professional services. Individual commissioners engaging these services without prior approval will be individually responsible for the cost of the service.
4. **Education/Travel Expenses:** All Commissioner education and travel related expenses must be approved by the Board Chair prior to incurring any associated costs. Commissioners must comply with the "Travel Expense Reimbursement Policy" (DocID 16195) when submitting travel related expenses for reimbursement. The "Travel Reimbursement Form" must be completed and signed/dated. The form and supporting documentation must be submitted to the Board Chair, or delegate, for approval. Reimbursements are processed and paid via the District's Kronos timekeeping system. Any expenses incurred without prior approval, non-reimbursable per policy or not addressed by the policy will be the responsibility of the individual Commissioner.
5. **All Other Expenses:** All other expenses must be approved by the Board Chair, delegate or full board, prior to being incurred. Without prior approval, Commissioners will be individually responsible for the expense.

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**Document Owner:** Herrin, Tom  
**Collaborators:**  
**Approvals**  
    **- Committees:** ( 09/25/2019 ) Board of Commissioners, ( 03/31/2021 ) Board of Commissioners,  
    **- Signers:**  
**Original Effective Date:** 09/05/2019  
**Revision Date:** [09/05/2019 Rev. 0]  
**Review Date:** [02/19/2021 Rev. 0], [10/21/2022 Rev. 0]  
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**Other Documents:**  
(WHICH REFERENCE THIS DOCUMENT)

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

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## Policy : Records Retention

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### Policy:

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

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

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

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

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**Document Owner:** Herrin, Tom

**Collaborators:**

**Approvals**

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

- **Signers:**

**Original Effective Date:**

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**Attachments:**

(REFERENCED BY THIS DOCUMENT)

**Other Documents:**

(WHICH REFERENCE THIS DOCUMENT)

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

To: New Board of Commissioners  
From: Rob Mach, Superintendent  
Date: December 20, 2023  
Subject: New Commissioner Orientation

Commissioners should complete this checklist within 90 days after taking the Oath of Office.

<b>Onsite Orientation Checklist:</b>	<b>Completed:</b>
Take the Oath of Office either: <ul style="list-style-type: none"> <li>Up to 10 days prior to the scheduled date of assuming office;</li> <li>At the last regular meeting of the governing body of the District</li> </ul>	<input type="checkbox"/>
<b>January 12, 2024 (Tentatively)</b>	
Review Benefits w/Human Resources	<input type="checkbox"/>
Receive and Review Technology w/IT	<input type="checkbox"/>
Meet & Greet w/Board Chair & Superintendent <ul style="list-style-type: none"> <li>Discuss Commissioner Buddy</li> <li>Tour of the Hospital</li> </ul>	<input type="checkbox"/>
Orientate w/Executive Assistant: <ul style="list-style-type: none"> <li>Access to Lucidoc: <a href="https://www.lucidoc.com/cgi/login.pl?">https://www.lucidoc.com/cgi/login.pl?</a></li> <li>Review Board of Commissioner's Resource Manual</li> <li>Locate board meeting materials.</li> </ul>	<input type="checkbox"/>
Orientate w/Compliance Officer-Spencer Hargett-Compliance Committee	<input type="checkbox"/>
Orientate w/CFO-Cheryl Cornwell-Finance Committee	<input type="checkbox"/>
Orientate w/CNO/CQO-Barbara Van Duren-QIO Committee	<input type="checkbox"/>
<b>Offsite Orientation Checklist:</b>	<b>Completed:</b>
Complete OPMA & PRA training: <ul style="list-style-type: none"> <li><a href="#">MRSC - PRA and OPMA E-Learning Courses</a></li> <li><a href="#">Open Government Training   Washington State</a></li> </ul> (Training must be completed within 90 days after taking their oath of office.)	<input type="checkbox"/> <input type="checkbox"/>
Complete PDC filing: <a href="https://www.pdc.wa.gov/learn/file-online">https://www.pdc.wa.gov/learn/file-online</a>	<input type="checkbox"/>
Review Association of Washington Public Hospital Districts (AWPHD) Legal Manual. <ul style="list-style-type: none"> <li>Explore website: <a href="#">Governance Education   Association of Washington Public Hospital Districts (awphd.org)</a></li> </ul>	<input type="checkbox"/>
Review Washington State Hospital Association website and educational resources. <ul style="list-style-type: none"> <li>Explore website: <a href="#">Governance &amp; Executive Education - Washington State Hospital Association (wsha.org)</a></li> </ul>	<input type="checkbox"/>
Review the Rural Collaborative website. <ul style="list-style-type: none"> <li>Explore website: <a href="#">The Rural Collaborative</a></li> </ul>	<input type="checkbox"/>
Locate Public Hospital District (PHD) RCW's: <a href="https://app.leg.wa.gov/rcw/default.aspx?cite=70.44">https://app.leg.wa.gov/rcw/default.aspx?cite=70.44</a>	<input type="checkbox"/>

## **SUPERINTENDENT REPORT**

To: Board of Commissioners  
From: Rob Mach, Superintendent  
Date: December 20, 2023  
Subject: Superintendent Report

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- Started optimization work with Cerner EMR so physicians can utilize system more efficiently.
- Continued discussions with possible family practice physician.
- Started having monthly Lunch with CEO meetings with new employees.
- Starting to work on review of all physician agreements and updating salary and quality metrics.
- Working on contracts with the 2 other hospitals that we contract with providing Compliance Officer.
- No update on WSHA lawsuit regarding geographic restrictions on charity care.
- I have been appointed to the WSHA Rural Hospital Committee Board
- We did get Case manager access to Providence Epic for Swing bed referrals.
- Working on affiliation agreement with Tacoma Community Hospital for x-ray students.
- Submitted paperwork to designate Packwood clinic an RHC.
- Working on “Just Culture” training for managers and staff in 2024.
- Eliminating OR call in January.
- Dr. Ford retiring in April, Replacement ED medical director identified.
- Working with Grant writer at The Rural Collaborative to secure funding for satellite phones for East Lewis County EMS.



# Board Fiduciary Responsibility: The Nuts and Bolts

By DEANNA S. MOOL

*Attorney, Heyl Royster Voelker & Allen*

The operation of a hospital is a shared undertaking between the board of directors, administration, and medical staff. It can be argued that the responsibilities of the hospital board of directors fit into three areas of responsibility.

## Board Responsibilities

The first responsibility of the board of directors is to provide an organizational identity and direction for the hospital. The second responsibility of the board of directors is to assure that the hospital has the resources necessary to operate. The third responsibility of the board of directors is to provide oversight to the hospital so that it operates with legal and ethical integrity. In contrast, it is not the responsibility of the board of directors to engage in overseeing the day-to-day operations of the hospital.

## Fiduciary Duty

A duty is a type of conduct that one owes to self or another person. In general, a fiduciary duty can be described as a duty to act in the best interest of another party. A board member must act within their fiduciary duty to the organization for which the individual serves. Each member of a hospital board of directors owes a fiduciary duty to the hospital. A board member who does not act in accordance with his or her fiduciary duty can be liable for this failure.

A person with a fiduciary duty must act with honesty and without conflict of interest.

In other words, a member of the hospital board of directors must not put their personal interests above that

of the hospital. One can view a fiduciary duty as being comprised of several duties: a duty of acting with due care, a duty of loyalty to the organization, obedience to the ideals of the organization, and keeping appropriate confidences of the organization. The type of ownership of a hospital can create additional fiduciary duties for each board member beyond a general fiduciary duty. In a government-owned hospital, the board will have duties related to open meetings and the proper preservation of public records.

However, a government-owned hospital could have immunity from certain litigation due to its status as a public entity. In a privately-owned not-for-profit hospital, the board of directors will need to assure that the federal and state tax exemptions are maintained.



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Keeping this tax exemption will require the board to further the charitable purposes of the organization. In a private for-profit hospital, the board of directors has more flexibility, however, if income to the organization is taxed, the hospital must comply with the variety of corporate and securities laws, and the board of directors has a fiduciary duty to act for the benefit of the shareholders.

Each board member must carry out their individual responsibilities keeping in mind the fiduciary duty owed to the hospital.

### **Organization and Direction**

The board of directors provides strategic planning for a hospital. In order to engage in this forward thinking, the hospital should have a mission and values for carrying out the mission. The board of directors is involved in creating and approving the hospital's mission statement and approving policies that reflect the values of the hospital and vision for its future.

The board of directors may also provide advice to enhance the public standing of the hospital. Individuals are frequently asked to serve on the board of directors of the hospital due to their business acumen, loyalty to the local hospital and community, and their leadership qualities. Board members are frequently asked to use these skills to improve the hospital's relationships with the local community. Board members can use their knowledge of the local community to provide advice on community reaction to hospital changes.

### **Sufficient Resources**

The hospital board of directors is entrusted to make sure that the hospital's funds and


property are used in a manner such that the hospital continues to operate. One function of this financial oversight is approval of the hospital budget. While most of the budget development will occur at the staff or committee level, the board will be asked to give its overall approval of the budget. A good budget maintains financial stability for the hospital while allowing for investment and growth.

In order to provide informed input on budget issues, it will be necessary for board members to have a general understanding of the different payment methods used in healthcare. Hospitals can receive wide-ranging reimbursement depending on the type of payor. Hospitals tend to see greater reimbursement from private payors (insurance companies) over that provided by government programs. The payor mix for each hospital can greatly affect its available resources, and by extension, the annual budget of the hospital.

Another duty of the hospital board is to approve contracts over a certain dollar threshold. This threshold will be set by board policy. In the critical access hospital setting, this threshold for board review could range from \$25,000 to over \$100,000.







It is imperative that board members acting to approve contracts have no conflict of interest when voting. A conflict of interest in approving a contract would violate the board member's fiduciary duty to the organization. Thus, if a board member is a local business owner that would gain business from the successful awarding of the contract, the board member must abstain from voting and should not participate in the discussion of the contract. This type of benefit is called private inurement.

**A board member who is the recipient of private inurement can be subject to personal liability. In addition, this specific type of conflict can jeopardize the hospital's tax-exempt status.**

The board of directors also verifies that the past use of hospital resources was appropriate through the audit process. Each year, the hospital board of directors, through its audit subcommittee, will select an audit firm to conduct an annual audit of the hospital. Once the audit is complete, the audit report will be shared with the board of directors for review and to make appropriate policy changes. As part of ongoing duties, the board of directors will receive reports to confirm that any audit findings have been corrected in a reasonable amount of time to avoid repeat findings.

### **Oversight**

The hospital board of directors provides general oversight to the hospital in many areas. A hospital operates in a highly regulated environment. Hospitals are primarily regulated by federal and state government. As part

of this regulatory process, they receive accreditation from organizations such as the Joint Commission on the Accreditation of Health Care Organizations (TJC) or the Health Facility Accreditation Program (HFAP) in order to participate in government-funded health-care programs. The hospital may be inspected by regulators from the federal Department of Health and Human Services or state licensure agencies. The hospital's billing practices can be audited by both federal and state government programs.

A private health insurance company may conduct a review of the utilization of services at the hospital, or bills received from the hospital. Errors found by any of these reviewers or regulators may impair the hospital's ability to function at its highest level. The board of directors must be cognizant of these interested parties and provide sound advice to the hospital when issues arise.

A hospital board of directors has input on the quality of care provided at a hospital. This input is provided by approving the processes that are used in credentialing medical staff and other providers and approving specific programs of the hospital.

While the medical staff will have significant input on the bylaws governing the credentialing process and the award of privileges, the board of directors may negotiate certain requirements in their approval of staff bylaws to assure the quality of services provided. In addition, the board of directors hires, supports, and evaluates the chief executive officer of the hospital.

Some board of directors also approve the hiring of key administrative staff. These oversight functions are not designed to have the board of directors engage in managing the day-to-day operations of the hospital. Rather, these functions provide direction to the hospital leaders.

**Over the past 10 years, the role of the board of directors in providing compliance oversight has greatly increased. This change stems from the fact that the United States Department of Justice has indicated that a hospital with an effective compliance program may avoid criminal charges in some cases of wrongdoing.** For a compliance program to be deemed effective, the board of directors must be involved in compliance activities.

This stance, by the United States Department of Justice, has resulted in the formation of a board-level compliance committee at virtually every hospital. This committee is typically comprised of some of the members of the board of directors, the hospital compliance officer, and other key staff.

The job of this board compliance committee is to verify that the hospital is complying with various state and federal laws. These laws include the False Claims Act, the Anti-Kickback Statute, Stark Law, the Emergency Medical Treatment and Active Labor Act (EMTALA), the Health Insurance Portability and Accountability Act (HIPAA), and antitrust laws. In order to assist board members in completing their duties related to compliance activities, many boards of directors undertake annual

training to educate board members on these laws and their duties with respect to hospital compliance.

## Conclusion

Service on a hospital board of directors can be challenging and rewarding. Members of the community who are committed to the success of their local hospital are an integral part of the hospital. Each member of the board of directors must act in accordance with the fiduciary duty owed to the hospital in order to become a trusted advisor.

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# Hospitals are dropping Medicare Advantage left and right: 13 updates

Medicare Advantage [provides](#) health coverage to more than half of the nation's seniors, but a growing number of hospitals and health systems nationwide are pushing back and dropping the private plans altogether.

*Editor's note: This article was originally published Sept. 27. It was updated Nov. 14 to reflect new contract developments between hospitals and Medicare Advantage plans, which are listed below.*

Among the most commonly cited reasons are excessive prior authorization denial rates and slow payments from insurers. Some systems have noted that most MA carriers have faced [allegations](#) of billing fraud from the federal government and are being [probed](#) by lawmakers over their high denial rates.

"It's become a game of delay, deny and not pay," Chris Van Gorder, president and CEO of San Diego-based Scripps Health, told *Becker's*. "Providers are going to have to get out of full-risk capitation because it just doesn't work — we're the bottom of the food chain, and the food chain is not being fed."

In late September, Scripps began notifying patients that it is terminating Medicare Advantage contracts for its integrated medical groups, a move that will affect more than 30,000 seniors in the region. The medical groups, Scripps Clinic and Scripps Coastal, employ more than 1,000 physicians, including advanced practitioners.

Mr. Van Gorder said the health system is facing a loss of \$75 million this year on the MA contracts, which will end Dec. 31 for patients covered by UnitedHealthcare, Anthem Blue Cross, Blue Shield of California, Centene's Health Net and a few more smaller carriers. The system will remain in network for about 13,000 MA enrollees who receive care through Scripps' individual physician associations.

"If other organizations are experiencing what we are, it's going to be a short period of time before they start floundering or they get out of Medicare Advantage," he said. "I think we will see this trend continue and accelerate unless something changes."

Bend, Ore.-based St. Charles Health System [took it](#) a step further and was not only considering dropping all Medicare Advantage plans, but also encouraged its older patients not to enroll in the private plans during the upcoming enrollment period in October. The health system's president and CEO, CFO and chief clinical officer cited high rates of denials, longer hospital stays and overall administrative burden for clinicians. Ultimately, the health system has [decided](#) to remain in network with four MA carriers and will not renew contracts with three.

"We recognize changing insurance options may create a temporary burden for Central Oregonians who are currently on a Medicare Advantage plan, but we ultimately believe it is the right move for patients and for our health system to be sustainable into the future to encourage patients to move away from Medicare Advantage plans as they currently exist," St. Charles Health CFO Matt Swafford said.

"I feel terrible for the patients in this situation; it's the last thing we wanted to do, but it's just not sustainable with these kinds of losses," Mr. Van Gorder added. "Patients need to be aware of how this system works. Traditional Medicare is not an issue. With these other models, seniors need to be wary and savvy buyers."

## Here are 13 more recent instances of hospitals dropping Medicare Advantage contracts:

1. In October, the Nebraska Hospital Association [issued](#) a report detailing how Medicare Advantage is "failing patients and jeopardizing Nebraska hospitals," 33% of which do not accept MA patients. The report cited negative patient experiences, post-acute placement delays, and administrative and financial burdens on hospitals that accept MA patients.



2. York, Pa.-based WellSpan Health [will no longer](#) accept Humana Medicare Advantage and UnitedHealthcare-AARP Medicare Advantage plans starting Jan. 1. UnitedHealthcare group MA PPO and Humana employer PPO MA plans will still be accepted.
3. Greenville, N.C.-based ECU Health said it [anticipates](#) it will no longer be in network with Humana's Medicare Advantage plans starting Jan. 1.
4. Raleigh, N.C.-based WakeMed [went out of network](#) with Humana Medicare Advantage plans in October. According to CBS affiliate [WNCN](#), the plan provides coverage to about 175,000 retired state employees. WakeMed cited a claims denial rate that is "3 to 4 times higher" with Humana compared to its other contracted MA plans.
5. Zanesville, Ohio-based Genesis Healthcare System is [dropping](#) Anthem BCBS and Humana Medicare Advantage plans in 2024.
6. Brunswick-based Southeast Georgia Health System will [terminate](#) its contract with Centene's WellCare Medicare Advantage plan on Dec. 8. The system said it started negotiations with the carrier after years of "inappropriate payment claims and unreasonable denials."
7. Nashville, Tenn.-based Vanderbilt Health [went out of network](#) with Humana's HMO Medicare Advantage plan in April.
8. Fayetteville, N.C.-based Cape Fear Valley Health [dropped](#) UnitedHealthcare Medicare Advantage plans in July.
9. Corvallis, Ore.-based Samaritan Health Services [ended](#) its commercial and Medicare Advantage contracts with UnitedHealthcare. The five-hospital, nonpro fit health system cited slow "processing of requests and claims" that have made it difficult to provide appropriate care to UnitedHealth's members, which will be out of network with Samaritan's hospitals on Jan. 9. Samaritan's physicians and provider services will be out of network on Nov. 1, 2024.
10. Cameron (Mo.) Regional Medical Center stopped accepting Cigna's MA plans in 2023 and plans to drop Aetna and Humana in 2024. It plans to continue Medicare Advantage contracts with UnitedHealthcare and BCBS, the [St. Joseph News-Press](#) reported. Cameron Regional CEO Joe Abrutz previously [told](#) the newspaper the decision stemmed from delayed reimbursements.
11. Stillwater (Okla.) Medical Center has [ended](#) all in-network contracts with Medicare Advantage plans amid financial challenges at the 117-bed hospital. The hospital said it made the decision after facing rising operating costs and a 22% prior authorization denial rate for Medicare Advantage plans, compared to a 1% denial rate for traditional Medicare.
12. Brookings (S.D.) Health System will [no longer](#) be in network with nearly all Medicare Advantage plans in 2024, with the exception of Medica. The 49-bed, municipally owned hospital said the decision was made to protect the financial sustainability of the organization.
13. Louisville, Ky.-based Baptist Health Medical Group went out of network with Humana's Medicare Advantage plans in September, Fox affiliate [WDRB](#) reported. The system will also go out of network with UnitedHealthcare and Centene's WellCare on Jan. 1 without a new agreement in place.

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# The financial cost of 4 healthcare cyberattacks

As ransomware attacks cost the U.S. economy more than \$77 billion, the network downtime and repair costs are leading to massive losses and even closures for healthcare companies in Vermont, Illinois and Massachusetts.

Here is the financial cost of four healthcare cyberattacks that *Becker's* has reported on in 2023:

1. A 2020 ransomware attack that forced Burlington-based University of Vermont Health Network to shut down its EHR for nearly a month cost the health system \$65 million.
2. Point32Health, the parent company of Harvard Pilgrim Healthcare, attributed a \$102.7 million loss to a ransomware attack.
3. Chicago-based CommonSpirit estimated that an October 2022 ransomware attack cost the health system \$150 million due to business disruptions and the cost of fixing IT issues.
4. Spring Valley, Ill.-based St. Margaret's Health partly blamed a cyberattack on the decision to close its Peru, Ill. hospital.

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