
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

Board Chair – Tom Herrin, Secretary – Craig Coppock,
Commissioner – Wes McMahan, Commissioner-Van Anderson &
Commissioner-Chris Schumaker

March 27, 2024 @ 3:30 PM

Conference Room 1 & 2 or Join Zoom Meeting:

<https://myarborhealth.zoom.us/j/88957566693>

Meeting ID: 889 5756 6693

One tap mobile: +12532158782,,88957566693#

Dial: +1 253 215 8782



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

March 27, 2024 at 3:30 p.m.

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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
Call to Order Roll Call Excused/Unexcused Absences Reading of the Mission & Vision Statement Approval or Amendment of Agenda Conflicts of Interest		3:30 pm
Comments and Remarks <ul style="list-style-type: none"> Commissioners Audience 		3:35 pm
Executive Session- RCW 70.41.200 <ul style="list-style-type: none"> Medical Privileging-Chief of Staff Dr. Victoria Acosta & Medical Staff Coordinator Barb Goble Quality Improvement Oversight Report-Secretary Coppock, CNO/CQO Barbara Van Duren & QMRC Manager Julie Johnson 	6	3:40 pm 3:45 pm
Department Spotlight <ul style="list-style-type: none"> Anesthesia- Anesthesia Manager Amy Nielsen 	8	3:50 pm
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report-Committee Chair-Board Chair Herrin/Foundation Manager Jessica Scogin Finance Committee Report- Committee Chair-Commissioner McMahan 	17 19	4:05 pm 4:10 pm
Consent Agenda (Action) <ul style="list-style-type: none"> Approval of Minutes: <ul style="list-style-type: none"> February 28, 2024, Regular Board Meeting March 13, 2024, QIO Committee Meeting March 20, 2024, Finance Committee Meeting Warrants & EFTs in the amount of \$3,592,775.15 dated February 2024 Approve Documents Pending Board Ratification 03.27.24 <ul style="list-style-type: none"> To provide board oversight for document management in Lucidoc. 	24 31 36 39 41	4:20 pm

Old Business <ul style="list-style-type: none"> 022824 Action Item Follow Up <ul style="list-style-type: none"> <i>AWPHD/WSHA Annual Conference in Chelan, WA (Commissioner Schumaker)</i> <i>Public Disclosure Commission (PDC) Filing Reminder (All Commissioners)</i> 		4:25 pm
New Business		
Superintendent Report <ul style="list-style-type: none"> Board Educational Article-2024 <i>Rural Advocacy Agenda</i> 	45 48	4:30 pm
Meeting Summary & Evaluation		4:40 pm
Next Board Meeting Dates and Times <ul style="list-style-type: none"> Regular Board Meeting-April 24, 2024 @ 3:30 PM (ZOOM & In Person) Next Committee Meeting Dates and Times <ul style="list-style-type: none"> Finance Committee Meeting-April 17, 2024 @ 12:00 PM (ZOOM) 		
Guest Speaker <ul style="list-style-type: none"> Kurt O'Brien Consulting <ul style="list-style-type: none"> <i>Developing a High Functioning & Effective Board-2024 (Part 2 of 3)</i> 		4:45 pm
Adjournment		5:30 pm

EXECUTIVE SESSION



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS-1

Telestroke/Neurology Consulting Privileges

- Ruxandra Costa, MD

REAPPOINTMENTS-7

Radiology Consulting Privileges

- David Alexander, MD
- Ryan Frederiksen, MD
- Kristine Andrade, MD

Telestroke/Neurology Consulting Privileges

- George Lopez, MD
- Pratik Bhattacharya, MD
- Sergey Akopov, MD

Cardiology Consulting Privileges

- Timothy S. Larson, MD

★-notates files with items to note.

DEPARTMENT SPOTLIGHT

Anesthesia Department

Amy Nielsen, Anesthesia Manager



Certified Registered Nurse Anesthetists (CRNA)



Staff 2023

Todd Nelson BSN,MS,CRNA-FT -28 years experience

Amy Nielsen BSN, MHS, CRNA-FT ->30years experience

Annette Cole, CRNA-Per diem-17 years experience



Services we provide

1. Anesthesia for Surgery
2. Procedures Nerve Blocks
3. Respond to calls for Assistance

Role as Manager

1. Schedule
2. Policies and Procedures
3. Performance Improvement Projects
4. Mitigate any liability concerns or performance concerns
5. Support Our Surgical Volumes

Anesthesiology Income Statement

Year end 2022

- Gross Income-\$1,234,956
- Salaries/benefits-\$551,965
- Minor Equipment-\$1,137
- Supplies-\$3,372
- Purchased Services-\$6,140
- Total operational expense-\$573,069
- Bottom Line-\$661,887 gain

Year end 2023

- Gross Income-\$1,148,672
- Salaries/benefits-\$557,153
- Minor Equipment-\$2,273
- Supplies-\$2,388
- Purchased Services-\$6,649
- Total operational expense-\$578,073
- Bottom Line-\$570,599 gain

Moving Forward

1. Control staffing expenses
2. Control operational expenses
3. Support increasing surgical volumes
4. Add services where possible

Questions?



BOARD COMMITTEE REPORTS

Arbor Health Foundation meeting

03-12-24

1. Call to order by Marc Fisher at 6:11 pm

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 connections and confidence in all aspects of the hospital's health care system.

Attendance: Lynn Bishop, Christine Brower, Marc Fisher, Louise Fisher, Kip Hendersen, Jennine Walker, Rob Mach, Shannon Kelly. Tom Herrin, Bonnie Justice, Jessica Scogin, Anne Marie Foresman

- **EXCUSED ABSENCES:** Katelin Forrest, Lenée Langdon, Gwen Turner, Martha Wright

2. Approval of Treasurer's Report and November Minutes

Motion to approve Minutes...Tom moved to approve with Christine a second. Motion carries. Motion to approve Treasurer's report...Lynn moved, and Shannon seconded. Motion carried.

3. Administrators Report- Robert Mach – Marc asked where we were in the process of bringing Dr. Hines on...Robert reported a snag in the process, but they are working on it. That's all at this.

time. New CT update...the flooring has been completed and they are ready to bolt the machine. to the floor. Should be happening in the next day or two. New ultrasound machine should be arriving in the next month or so. We have hired an ultrasound tech. Hospital board is working with an architect on a master facilities plan. Looking at several options...redesigning emergency rooms...adding some showers to patient rooms...move billing/finance department back to main campus. The clinic should be ready to move back into their space next week.

4. Executive Directors Report:

- Family resource fair March 23 10am-12pm – A great community engagement activity. There will be a Peter Pan and a Tinkerbell. If you can help set up please be at the elementary gym at 8am.

Physical Therapy has secured bike helmets to be given away.

- Jessica is attending a non-profit meeting at Ocean Shores on Fri Mar 22

- Commission plaque–proof sheet has been approved/ordered and should be here next week.

- Scholarships – MA scholarship given, and a Rehab scholarship given...Thank you note will be read at next meeting.
- \$15000 check received today from community member to be used for collaboration between hospital and school kids. More info at the next meeting.

5. Old Business: None

6. New Business:

- Budget distributed for review. Motion to pass made by Tom and second by Anne Marie. Motion carried.

7. Next Meeting: April 9th

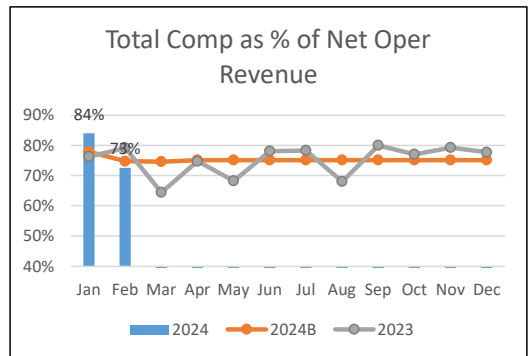
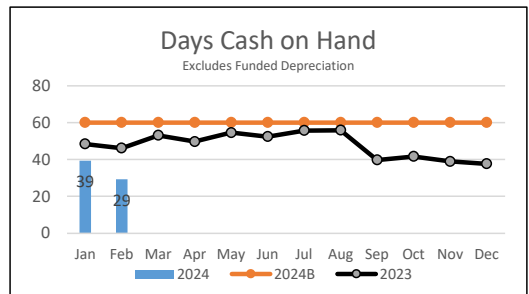
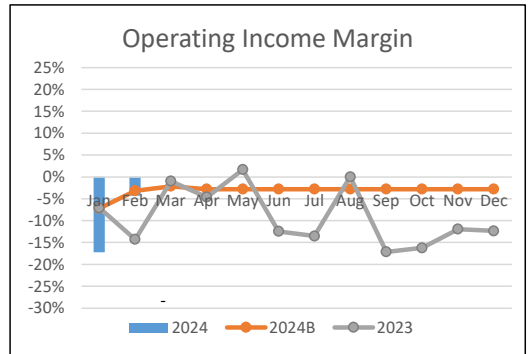
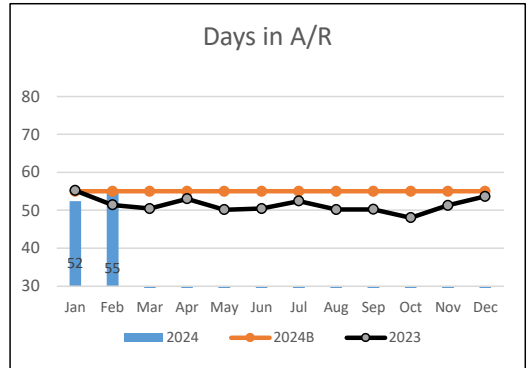
Good of the order please share. Tom thanked the kitchen staff for providing dinner for our evening meeting.

Adjourn at 6:41pm

ARBOR HEALTH
EXECUTIVE SUMMARY
Fiscal Year Ending: 2/29/24

BALANCE SHEET

	YTD 2/29/2024	Prior YTD 2/28/2023
ASSETS		
Current Assets	\$8,491,298	\$10,253,940
Assets Whose Use is Limited	\$0	\$0
Property, Plant & Equipment (Net)	\$9,857,490	\$10,215,853
Other Assets	\$472,812	\$831,496
Total Unrestricted Assets	\$18,821,600	\$21,301,289
Restricted Assets	\$1,871,717	\$1,719,774
Total Assets	\$20,693,317	\$23,021,063
LIABILITIES & NET ASSETS		
Current Liabilities	\$4,015,097	\$3,642,435
Long-Term Debt	\$5,383,096	\$6,180,915
Other Long-Term Liabilities	\$0	\$0
Total Liabilities	\$9,398,193	\$9,823,350
Net Assets	\$11,295,124	\$13,197,713
Total Liabilities and Net Assets	\$20,693,317	\$23,021,063



STATEMENT OF REVENUE AND EXPENSES - YTD

	2/29/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$5,322,611	\$5,171,942	\$10,340,530	\$10,304,442
Discounts and allowances	(\$2,062,903)	(\$1,829,384)	(\$4,464,534)	(\$3,753,594)
Bad Dbt & Char C Write-Offs	(\$199,252)	(\$115,158)	(\$223,688)	(\$234,620)
Net Patient Revenues	\$3,060,456	\$3,227,400	\$5,652,308	\$6,316,228
Other Operating Revenues	\$68,369	\$75,178	\$155,162	\$150,357
Total Operating Revenues	\$3,128,825	\$3,302,578	\$5,807,470	\$6,466,585
Salaries & Benefits	\$1,927,839	\$2,080,060	\$3,821,089	\$2,464,737
Purchased Serv	\$414,799	\$350,021	\$734,419	\$711,931
Supply Expenses	\$244,154	\$246,910	\$504,002	\$481,028
Other Operating Expenses	\$527,229	\$573,793	\$1,044,074	\$2,828,753
Depreciation & Interest Exp.	\$148,661	\$156,649	\$300,313	\$313,298
Total Expenses	\$3,262,682	\$3,407,433	\$6,403,897	\$6,799,747
NET OPERATING SURPLUS	(\$133,857)	(\$104,855)	(\$596,427)	(\$333,162)
Non-Operating Revenue/(Exp)	\$86,095	\$84,945	\$148,373	\$169,889
TOTAL NET SURPLUS	(\$47,762)	(\$19,910)	(\$448,054)	(\$163,273)

KEY STATISTICS

	2/29/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Inpatient Admits	11	13	22	25
Average Length of Stay	3.50	4.00	4.70	4.00
Total Emergency Room Visits	429	467	841	933
Outpatient Visits	1,407	1,192	2,699	2,383
Total Surgeries	38	40	80	80

Lewis County Public Hospital District No. 1
Balance Sheet
February, 2024

	Current Month	Prior-Month	Prior-Year end	Incr/(Decr) From PrYr
Assets				
Current Assets:				
Cash	\$ 3,166,056	3,821,880	3,790,598	(624,542)
Total Accounts Receivable	9,307,329	8,330,725	8,651,402	655,926
Reserve Allowances	(5,011,373)	(4,662,651)	(4,503,473)	(507,899)
Net Patient Accounts Receivable	4,295,956	3,668,073	4,147,929	148,027
Taxes Receivable	168,533	106,355	38,809	129,724
Estimated 3rd Party Receivables	263,159	263,159	263,159	0
Prepaid Expenses	350,218	414,007	430,473	(80,255)
Inventory	241,783	241,411	241,343	441
Funds in Trust	1,871,717	1,862,265	1,862,265	9,452
Other Current Assets	5,594	25,310	64,846	(59,252)
Total Current Assets	10,363,015	10,402,460	10,839,421	(476,406)
Land	952,749	952,749	952,749	0
Land Improvements	1,426,739	1,426,739	1,426,739	0
Buildings	16,059,783	16,059,783	16,059,783	0
Building Improvement	5,150,953	5,111,786	5,089,019	61,935
Fixed Equipment	2,711,951	2,711,951	2,711,951	0
Major Moveable Equipment	9,067,625	9,007,230	8,986,573	81,051
Construction In Progress	63,906	0	0	63,906
Property, Buildings and Equipment	35,433,707	35,270,238	35,226,814	206,892
Accumulated Depreciation	(25,576,217)	(25,482,257)	(25,383,328)	(192,888)
Net Property, Plant, & Equipment	9,857,490	9,787,981	9,843,486	14,004
Right-of-use assets	470,812	494,750	516,452	(45,641)
Other Assets	2,000	2,000	2,000	0
Total Assets	\$ 20,693,317	20,687,191	21,201,359	(508,043)
Liabilities				
Current Liabilities:				
Accounts Payable	618,184	674,536	913,503	(295,319)
Accrued Payroll and Related Liabilities	1,506,703	1,397,559	1,206,309	300,394
Accrued Vacation	872,887	846,657	900,057	(27,170)
Third Party Cost Settlement	76,325	76,325	68,817	7,508
Interest Payable	51,262	25,631	0	51,262
Current Maturities - Debt	885,881	885,881	885,881	0
Other Payables	3,855	3,855	3,855	0
Current Liabilities	4,015,097	3,910,445	3,978,422	36,675
Total Notes Payable	725,284	750,882	776,435	(51,151)
Lease Liability	233,480	258,755	279,212	(45,733)
Net Bond Payable	4,424,332	4,424,222	4,424,112	220
Total Long Term Liabilities	5,383,096	5,433,860	5,479,760	(96,664)
Total Liabilities	9,398,194	9,344,305	9,458,182	(59,989)
General Fund Balance	11,743,177	11,743,177	11,743,177	0
Net Gain (Loss)	(448,054)	(400,291)	0	(448,054)
Fund Balance	11,295,123	11,342,886	11,743,177	(448,054)
Total Liabilities And Fund Balance	\$ 20,693,317	20,687,191	21,201,359	(508,043)

Lewis County Hospital District No. 1
Income Statement
February, 2024

CURRENT			MONTH			YEAR TO DATE				
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
539,491	23%	172,511	739,163	911,674	Inpatient Revenue	1,975,978	1,477,607	498,371	34%	1,440,632
3,366,759	-1%	(32,177)	3,846,114	3,813,937	Outpatient Revenue	7,198,583	7,653,504	(454,921)	-6%	6,795,251
487,295	2%	10,334	586,665	597,000	Clinic Revenue	1,165,969	1,173,331	(7,362)	-1%	1,060,602
4,393,545	3%	150,668	5,171,942	5,322,611	Gross Patient Revenues	10,340,530	10,304,442	36,089	0%	9,296,484
1,574,696	-13%	(233,520)	1,829,384	2,062,903	Contractual Allowances	4,464,534	3,753,594	(710,940)	-19%	3,112,752
63,577	1%	683	53,437	52,753	Charity Care	105,960	108,942	2,982	3%	134,711
80,678	-137%	(84,778)	61,721	146,499	Bad Debt	117,728	125,678	7,951	6%	218,034
1,718,951	-16%	(317,614)	1,944,542	2,262,156	Deductions from Revenue	4,688,221	3,988,214	(700,007)	-18%	3,465,498
2,674,594	-5%	(166,946)	3,227,401	3,060,455	Net Patient Service Rev	5,652,309	6,316,227	(663,918)	-11%	5,830,987
60.9%	7.9%	4.9%	62.4%	57.5%	NPSR %	54.7%	61.3%	6.6%	10.8%	62.7%
142,326	-9%	(6,809)	75,178	68,369	Other Operating Revenue	155,162	150,357	4,805	3%	199,064
2,816,920	-5%	(173,755)	3,302,579	3,128,824	Net Operating Revenue	5,807,471	6,466,584	(659,113)	-10%	6,030,051
Operating Expenses										
1,827,194	7%	152,221	2,080,060	1,927,839	Salaries & Wages	3,821,089	4,152,319	331,230	8%	3,787,582
402,621	11%	44,538	388,549	344,011	Benefits	701,872	781,026	79,154	10%	783,476
92,683	2%	1,289	54,698	53,409	Professional Fees	95,697	98,098	2,401	2%	201,936
276,510	1%	2,756	246,910	244,154	Supplies	504,002	481,028	(22,974)	-5%	482,198
353,322	-19%	(64,778)	350,021	414,799	Purchase Services	734,419	711,931	(22,487)	-3%	662,691
67,355	-41%	(15,986)	39,132	55,118	Utilities	76,973	82,208	5,235	6%	106,790
28,706	0%	157	32,769	32,612	Insurance	65,541	65,538	(3)	0%	57,275
45,582	28%	16,566	58,646	42,080	Other Expenses	103,991	114,300	10,309	9%	87,629
3,093,973	4%	136,763	3,250,784	3,114,021	EBDITA Expenses	6,103,584	6,486,449	382,865	6%	6,169,576
(277,054)	-71%	(36,992)	51,795	14,803	EBDITA	(296,114)	(19,865)	(276,249)	1391%	(139,525)
-9.8%	69.8%	1.1%	1.6%	0.5%	EBDITA %	-5.1%	-0.3%	4.8%	-1559.8%	-2.3%
Capital Cost										
96,130	9%	11,299	129,307	118,008	Depreciation	238,749	258,614	19,865	8%	203,123
29,148	-12%	(3,311)	27,342	30,653	Interest Cost	61,564	54,684	(6,880)	-13%	58,340
3,219,251	4%	144,751	3,407,433	3,262,682	Operating Expenses	6,403,897	6,799,747	395,850	6%	6,431,039
(402,331)	28%	(29,004)	(104,854)	(133,858)	Operating Income / (Loss)	(596,427)	(333,163)	(263,264)	79%	(400,988)
-14.3%			-3.2%	-4.3%	Operating Margin %	-10.3%	-5.2%			-6.6%
Non Operating Activity										
299,264	2%	1,460	89,195	90,655	Non-Op Revenue	158,076	178,390	(20,314)	-11%	375,219
5,346	-7%	(310)	4,250	4,560	Non-Op Expenses	9,704	8,501	(1,203)	-14%	11,807
293,919	1%	1,151	84,945	86,095	Net Non Operating Activity	148,373	169,889	(21,517)	-13%	363,412
(108,413)	140%	(27,853)	(19,910)	(47,763)	Net Income / (Loss)	(448,054)	(163,274)	(284,780)	174%	(37,576)
-3.8%			-0.6%	-1.5%	Net Income Margin %	-7.7%	-2.5%			-0.6%

Unaudited

Arbor Health

2024 Forecast

	2024 Budget	February Actual YTD	Mar-Dec Budget	2024 Forecast
Inpatient Revenues	8,862,251	1,975,978	7,385,209	9,361,187
Outpatient Revenues	46,114,728	7,198,583	38,428,940	45,627,523
Clinic Revenues	7,036,330	1,165,969	5,863,608	7,029,577
Gross patient Revenue	62,013,309	10,340,530	51,677,758	62,018,288
Deductions from Revenues	23,960,175	4,688,221	19,966,813	24,655,034
	39%	45%	39%	40%
Net Patient Revenues	38,053,134	5,652,309	31,710,945	37,363,254
Other Operating Revenue	902,141	155,162	751,784	906,946
Total Operating Revenues	38,955,275	5,807,471	32,462,729	38,270,200
Operating Expenses				
Salaries & Wages	24,864,846	3,821,089	20,720,705	24,541,794
Benefits	4,695,393	701,872	3,912,828	4,614,700
Professional Fees	622,458	95,697	518,715	614,412
Supplies	2,873,393	504,002	2,394,494	2,898,496
Purchase Services	4,074,374	734,419	3,395,312	4,129,731
Utilities	494,354	76,973	411,962	488,935
Insurance	393,227	65,541	327,689	393,230
Other Expenses	651,383	103,991	542,819	646,810
Depreciation	1,782,496	238,749	1,485,413	1,724,162
Interest Cost	328,101	61,564	273,418	334,982
Operating Expenses	40,780,025	6,403,897	33,983,354	40,387,251
Operating Income	(1,824,750)	(596,426)	(1,520,625)	(2,117,051)
	-5%	-10%	-5%	-6%
Non Operating Activity				
Non-Operating Income	1,019,336	148,373	849,447	997,820
	(805,414)	(448,053)	(671,178)	(1,119,231)

CONSENT AGENDA



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

February 28, 2024, at 3:30 p.m.

Conference Room 1 & 2 and via ZOOM

<https://myarborhealth.zoom.us/j/88957566693>

Meeting ID: 889 5756 6693

One tap mobile: +12532158782, 88957566693#

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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	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	<p>Board Chair Herrin called the meeting to order at 3:30 p.m.</p> <p>Commissioners present:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Tom Herrin, Board Chair<input checked="" type="checkbox"/> Craig Coppock, Secretary<input checked="" type="checkbox"/> Wes McMahan<input checked="" type="checkbox"/> Van Anderson<input type="checkbox"/> Chris Schumaker <p>Others present:</p> <ul style="list-style-type: none"><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 type="checkbox"/> Julie Taylor, Ancillary Services Director<input type="checkbox"/> Dr. Kevin McCurry, CMO<input type="checkbox"/> Matthew Lindstrom, CFMO<input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer<input checked="" type="checkbox"/> Barb Goble, Medical Staff Coordinator<input checked="" type="checkbox"/> Dr. Victoria Acosta, Chief of Staff	<p>Board Chair Herrin excused</p> <p>Commissioner Schumaker due to scheduling conflict and required training for work.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Amy Nielsen, Anesthesia Manager <input checked="" type="checkbox"/> Jessica Scogin, Foundation Manager <input checked="" type="checkbox"/> Jim Frey, IT Director <input checked="" type="checkbox"/> Buddy Rose, The Journal <input checked="" type="checkbox"/> Robert Houser, Imaging Manager Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.			
Approval or Amendment of Agenda		Secretary Coppock made a motion to approve the agenda. Commissioner Anderson seconded, and the motion passed unanimously.		
Conflicts of Interest	Board Chair Herrin asked the attendees to state any conflicts of interest with today's agenda.	None noted.		
Comments and Remarks	Commissioners: Secretary Coppock is encouraged by the compliance team's efforts and process improvements to come. Commissioner Anderson apologized to Board Chair Herrin and Superintendent Mach for missing recent meeting and work towards managing schedule more closely. Also, Commissioner Anderson observed in the Finance Packet that within the Payer Type of Self Pay that it was higher and hoped the community was not carrying more than expected. Also, kudos to Diane Markham on an incredible job with the Listeners Choice emails even when she is not in the office the efforts are there. Commissioner McMahan enjoys working with administration, management and staff and commended everyone on the good customer service provided at Arbor Health. Audience: None.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Executive Session- RCW 70.41.200	<p>Board Chair Herrin announced going into executive session at 3:38 p.m. for 10 minutes to discuss RCW 70.41.200-Medical Privileging and Quality Improvement Oversight Report. The Board returned to open session at 3:48 p.m. Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments: Radiology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Andrew Harrison, DO <p>Reappointments: Radiology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Manal Schoellerman, MD 2. Michael Starkey, MD 3. John Edwards, MD 4. William Brinkman, MD <p>Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Theodore Lowenkopf, MD 	Commissioner Coppock made a motion to approve the Medical Privileging as presented with updated list removing Timothy Larson for future consideration, Commissioner Anderson seconded. The motion passed unanimously.		
Department Spotlight <ul style="list-style-type: none"> • Information Technology 	IT Director Frey highlighted the IT Team and availability, as well as the services provided and supported. Shared service tickets data, along with projects in process and coming soon. There are associated costs that were in the five-year capital budget. These improvements should better protect the system, improve the user experiences, and create efficiencies within the department. Currently, Arbor Health contracts with TorchLight to monitor our systems in preventing threats and responding to alerts on our systems.			
Board Committee Reports <ul style="list-style-type: none"> • Hospital Foundation Report 	Board Chair Herrin provided a meeting summary which included the upcoming Family Resource Fair on March 23 rd at Morton Elementary School. Also, awarded a couple scholarships, a MA and another in Rehab Services.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Compliance Committee Report 	<p>Secretary Coppock highlighted the committee supports the upcoming appointment to fulfill tort claim requirements, shared current HIPAA concerns, open audits being reviewed, regulatory dashboard updates, and the impact of law changes and how AH will navigate. Reviewed the Q4 Update of work completed in 2023, as well as the committee supports the 2024 workplan requesting approval. This plan identifies priorities and where efforts and resources will be most beneficial. Commissioner Coppock appreciates Compliance Officer Hargett's big picture perspective working for three hospitals and identifying areas to focus on.</p>			
<ul style="list-style-type: none"> Finance Committee Report 	<p>Commissioner McMahan highlighted volumes were favorable, Balance Sheet stable, but another decline on the Income Statement with operating revenue behind budget. Positive news for the 340b program and expecting more income to come. Conducting an audit in March with TruBridge to ensure we are moving in the right direction and identify any areas of opportunity. More good news on the performance of the retirement fund. CFO Cornwell noted a gradual decline in profitability on contractual allowances with the biggest problem being payers like Medicare Advantage. In March the District will have a financial audit and cost report review completed by WIPFLI and optimistic on a positive outcome for 2023. In the process of applying for a grant with WA State for an estimated \$1,500,000.</p>			
Consent Agenda	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> 1. Approval of Minutes <ol style="list-style-type: none"> a. January 31, 2024, Regular Board Meeting 	<p>Commissioner Anderson made a motion to approve the Consent Agenda and Secretary Coppock seconded. The</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> b. February 7, 2024, Compliance Committee Meeting c. February 14, 2024, QIO Committee Meeting d. February 21, 2024, Finance Committee Meeting <ul style="list-style-type: none"> 2. Warrants & EFTs in the amount of \$4,231,121.18 dated January 2024 3. Approve Documents Pending Board Ratification 02.28.24 4. RES-24-05-Declaring to Surplus or Dispose of Personal Property 5. RES-24-06-Adopting the 2024 Compliance Workplan 	<p>motion passed unanimously.</p> <p>Minutes, Resolutions and Warrants will be sent for electronic signatures.</p>	Executive Assistant Garcia	03.01.24
Old Business <ul style="list-style-type: none"> • 013124 Action Item Follow Up 	<p>Board Chair Herrin shared Commissioner McMahan still needs to complete the Conflicts of Interest form electronically and to work with Executive Assistant Garcia to finish or resend. Board Chair Herrin requested Commissioner McMahan during his monthly check in with Commission Schumaker to confirm if he can attend the upcoming AWP/WSHA Conference.</p>	<p>Conflicts of Interest will be sent for electronic completion and signatures.</p> <p>Check schedule for attending AWP/WSHA Annual Conference in June and confirm with Executive Assistant Garcia.</p>	<p>Commissioner McMahan</p> <p>Commissioner McMahan/Commissioner Schumaker</p>	<p>Prior to the 03.27.24 Board Meeting</p> <p>Prior to the 03.27.24 Board Meeting</p>
New Business <ul style="list-style-type: none"> • RES-24-07-Appointing Agent to Receive Tort Claims for Damages 	<p>Executive Assistant Garcia shared to be in compliance with RCW 4.96.020 the District needs to appoint an agent and proposing Superintendent Mach. Also, the District will post the tort claim for on the AH website for the public's use.</p>	<p>Commissioner Anderson made a motion to approve RES-24-07 and Secretary Coppock seconded. The motion passed unanimously.</p> <p>Resolution will be sent for electronic signatures.</p>	Executive Assistant Garcia	03.01.24
<ul style="list-style-type: none"> • PDC Filing Reminder 	<p>Board Chair Herrin reminded the Board to file prior to April 15, 2024.</p>	<p>Complete PDC Filing online.</p>	Board of Commissioners	Prior to 04.15.24

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<p>Superintendent Report</p>	<p>Superintendent Mach highlighted the memo in the packet and added the following updates:</p> <ol style="list-style-type: none"> 1. Interviewed two ARNP's and hired Hugo De Oliveira. 2. Received an EMTALA complaint. 3. Impacted by the most recent cyber attacks on Change Healthcare. This is affecting hospitals across the United States. Working on solution but will affect days cash on hand. 4. Attending an in-person meeting with the Rural Collaborative (TRC) in March to discuss negotiating contracts, which includes additional lives and a bigger voice at the table. 5. Ended the DNV Stroke Certification to control expenses. Still planning to monitor and sustain quality of care at the same levels. 6. Good news, the \$60,000 resolution approved last month for Morton Clinic insulation is being covered by the insurance claim. <p>CHRO Kelly highlighted the retirement plan is an example of the benefits that come from the TRC. By joining there is buying power, reduces fees and has the potential to be even better if opened to enterprises wing of participants. The Human Resources department onboarded 27 people to date in 2024. There were 19 offers on hard to fill positions; OR RN, Ultrasound Tech, FT and CPT RT, PT and Medical Massage Therapist. Participating in future NAC's program and collaborating with the Nursing Commissioner. Challenges include finding instructors. Employee Appreciation Event coming in April, so hope the Board can attend.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Executive Session <ul style="list-style-type: none"> RCW 42.30.110 (1)(a)(ii) 	Board Chair Herrin announced going into executive session at 5:10 p.m. for 30 minutes to discuss RCW 42.30.110 (1)(a)(ii)-Infrastructure and security of agency computer and telecommunications network. The Board returned to open session at 5:40 p.m. Board Chair Herrin noted no decisions were made in Executive Session.			
Break	Board Chair Herrin called for a 5-minute break at 5:42 p.m. The Board returned to open session at 5:47 p.m.			
Guest Speaker	<p>Kurt O'Brien shared the focuses for the upcoming three months; Dialogue Review (February), Leading Change (March) and Community Strategies (April).</p> <p>The Board reviewed the elements of dialogue and discussed having a focus each month for evaluation portion of the agenda.</p>	Send Core Elements of Dialogue and email to the Board.	Kurt O'Brien & Executive Assistant Garcia	03.01.24
Meeting Summary & Evaluation	Board Chair Herrin shared it was a good meeting.			
Adjournment		Secretary Coppock moved, and Commissioner Anderson seconded to adjourn the meeting at 6:27 p.m. The motion passed unanimously.		

Respectfully submitted,

Craig Coppock, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
QUALITY IMPROVEMENT OVERSIGHT MEETING
March 13, 2024 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	Secretary Coppock called the meeting to order via Zoom at 7:00 a.m. Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Craig Coppock, Secretary <input checked="" type="checkbox"/> Van Anderson, Commissioner Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Robert Mach, Superintendent <input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input type="checkbox"/> Nicholas Tyler, Pharmacist <input checked="" type="checkbox"/> Dr. Victoria Acosta, Chief of Staff <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> Kelly Hauser, Inpatient and ED Services Director <input checked="" type="checkbox"/> Gary Preston, MA PhD CIC FSHEA <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer	Unexcused Absences: Nicolas Tyler & Matthew Lindstrom		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Barb Goble, Medical Staff Coordinator <input type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Lynn Bishop, Community Member <input checked="" type="checkbox"/> Adriana Flores, Brittany Hurley & Isacc Harper, Life Center Northwest			
Approval or Amendment of Agenda		Commissioner Anderson made a motion to approve the agenda and Superintendent Mach seconded. The motion passed unanimously.		
Conflicts of Interest	Secretary Coppock asked the Committee to state any conflicts of interest with today's agenda.	The Committee noted none.		
Guest Speaker <ul style="list-style-type: none"> Life Center NW 	Adriana Flores highlighted celebrations of recipients, requirements for successful donations, and Arbor Health's experience in 2023 which was a 96% timely referral rate noting AH is a great partner.			
Committee Reports <ul style="list-style-type: none"> Medical Executive Committee (MEC) QAPI Operational Workgroup Environment of Care (EOC) 	<p>Medical Staff Coordinator Goble noted appointment summary from December, January & February. Other highlights included the committee approved updating the APP Policy.</p> <p>CNO/CQO Van Duren noted the QAPI Pods have commenced, and each executive leader has hosted a meeting with summaries included in the packet. CNO/CQO Van Duren feels very supported in this initiative and the Board interest in the process of monitoring quality activity. Commissioner Anderson inquired with this being a new process is there an evaluation process to determine if it is a positive experience or if there is cultural resistance. CNO/CQO Van Duren shared monthly/quarterly summaries will be evaluated for positive movement. Should there</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>be concerns, quality will partner with the executive of that QAPI Pod to find out what is going on and if assistance is needed. These pods are working groups so if results are not happening, then a different approach will need to be discussed.</p> <p>No EOC summary report due to absences.</p>			
Consent Agenda <ul style="list-style-type: none"> Approval of Minutes 	Approval of the following: <ol style="list-style-type: none"> February 14, 2024, Quality Improvement Oversight (QIO) Committee Meeting Annual QIO Committee & QAPI Pods Reporting Schedule 	CHRO Kelly made a motion to approve the agenda and Ancillary Services Director Taylor seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> 021424 Action Item Follow Up 	QMRC Manager Johnson shared after reviewing grievances as it relates to encounters by location, there were no patterns identified and the highest rate was .005 for Acute/Skilled/Obs/IP which really shows no major concerns but will continue to monitor.			
<ul style="list-style-type: none"> Annual Quality Risk Management Tool 	<p>QMRC Manager Johnson revisited the CMS COP's and DNV standards identifying the District needs select high risk/priority indicators or process to be evaluated. Some indicators were presented, but open for additional ones if identified. Utilizing the Mentimeter tool to rank areas of risk around Quality, like how the Compliance Committee did this exercise for Compliance Risk.</p> <p>The Committee agreed to complete the Mentimeter exercise by the end of the month and review the results in June. This is a trial run and plan to start this in third quarter of this year in preparation for a plan for 2025.</p>	<p>Complete Annual Quality Risk Management tool.</p> <p>Present the results at the next meeting.</p>	<p>QIO Committee</p> <p>QMRC Manager Johnson</p>	<p>03.31.24</p> <p>06.12.24</p>
New Business <ul style="list-style-type: none"> Lucidoc Document Management 	<p>Quality Manager Johnson presented the following documents for approval:</p> <ol style="list-style-type: none"> Nurse Staffing Plan & Matrix-Rejected, 			06.12.24

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>CNO/CQO request due to the wrong version being loaded into Lucidoc.</p> <p>2. Annual CAH Evaluation-Approved. Commissioner Anderson requested confirming if only 87% of all employees completed annual safety training in 2023.</p> <p>3. 2023 Environment of Care Master Plan Evaluation-Approved.</p> <p>4. 2024 Environment of Care Master Plan-Approved.</p>	<p>Update and resubmit the correct version of the Nurse Staffing Plan & Matrix.</p> <p>Confirm if 87% of all employees completed annual safety training in 2023.</p> <p>Commissioner Anderson made a motion to approve three of the four documents presented and Superintendent Mach seconded. The motion passed unanimously.</p>	<p>CNO/CQO Van Duren</p> <p>CFMO Lindstrom</p>	06.12.24
<ul style="list-style-type: none"> QIO Dashboard Summary 2023 	<p>QMRC Manager Johnson provided an overview of the conclusion of the 2023 quality dashboard. Measures in the red were discussed and may be pushed to a QAPI Pod for further discussion and review for improvement.</p>			
<ul style="list-style-type: none"> Regulatory & Accreditation Report 	<p>CNO/CQO Van Duren shared the District will no longer continue to maintain the DNV Stroke Certification due to low volumes and associated costs. However, the District will continue to uphold the same level of care for stroke patients, as well as monitor the same quality measure to ensure standards of care maintain.</p> <p>QMRC Manager Johnson highlighted the findings and status of compliance. The Hospital is in the ISO 9001 Survey window for 2024.</p>			
<ul style="list-style-type: none"> Noteworthy Efforts 	<p>QMRC Manager Johnson shared two noteworthy efforts by coworkers; 1) The clinic managers identified A1C's being done in the hospital are not being billed with a CPTII code which is affecting our ACO and Optum measures. The team is already rectifying this</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	situation! 2) OT is assisting Nursing and they are partnering on care/equipment use for a patient that required heavy physical assistance during bed mobility. Great teamwork!			
Meeting Summary & Evaluation	<p>QMRC Manager Johnson provided a summary.</p> <p>Commissioner Anderson noted a good meeting. Secretary Coppock appreciated the deep dive and thank you to those fixing numbers along the way to ensure the data remains accurate, good due diligence.</p>			
Adjournment	Secretary Coppock adjourned the meeting at 8:08 a.m. The motion passed unanimously.			



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
March 20, 2024, 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 McMahan called the meeting to order via Zoom at 12:00 p.m. Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Van Anderson, 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 checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO <input type="checkbox"/> Julie Taylor, Ancillary Services Director	Excused: Julie Taylor (Lab) Unexcused Absences: None		
Approval or Amendment of Agenda		Commissioner Anderson made a motion to approve the agenda and Superintendent Mach seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Consent Agenda	<p>Commissioner McMahan announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –February 21, 2024 2. Revenue Cycle 3. Board Oversight Activities 	Commissioner Anderson made a motion to approve the consent agenda and Community Member Fisher seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> • CFO Financial Review 	CFO Cornwell shared insight on the financial reports, graphs, and statements. Most notably Days in Cash reduced to 29 days, as well as AR increased to 55 days which equates to approximately \$5,000,000 and a reflection of no bills processing for three weeks. The Income Statement (IS) shows little variance YTD on Gross Patient Revenues which is a high point, but contractals continue to be high. The WIFPLI Audit team was onsite last week and are going to closely review the District's contractals noting they are likely overstated and overly conservative. While this will improve numbers on the IS, these will be no impact to Cash on the Balance Sheet (BS). Still operating at a loss for the month, but an improvement from January.			
<ul style="list-style-type: none"> • Trubridge Review 	CFO Cornwell shared that Trubridge is onsite this week for a revenue cycle review. There will be more of a report in April.			
New Business <ul style="list-style-type: none"> • WIFPLI Audit 	CFO Cornwell shared as mentioned WIFPLI completed the 2023 audit last week. Nothing glaring and the team did great. There will be more of a report in April and/or May to the Board.			
<ul style="list-style-type: none"> • Change Healthcare 	CFO Cornwell shared more on the Change Healthcare ongoing issues. The good news is claims are going out the door and receiving some recent payments. Applied for Advance Payment from Medicare			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	like during COVID which will assist in upfront cash, as well as received monies from the recent insurance claim on Morton Clinic. Continually have to remember this is a nationwide issue and Cerner is working on it to bring everything back on track. CFO Cornwell noted the decrease in Days in Cash is directly related to this issue and does not foresee there being other factors at this time.			
<ul style="list-style-type: none"> 2024 Self Insured Health Insurance Overview 	CFO Cornwell shared the District's 2023 experience and overall the self-insured plan ended strong with a surplus. The plan continues to be ahead of the game into 2024 recognizing this could swing either way this early in the year.			
Meeting Summary & Evaluation	<p>CFO Cornwell provided a summary report.</p> <p>Commissioner Anderson appreciated CFO Cornwell's approach to identifying the important items and putting it into context. Commissioner McMahan agreed it was another great meeting with good questions. Congrats to the staff impacted by the Change Healthcare issues and stepping up to improve the situation.</p>			
Adjournment	Commissioner McMahan adjourned the meeting at 12:36 pm.			

WARRANT & EFT LISTING NO. 2024-02

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

\$3,592,775.15 this 27th day
of March 2024

Board Chair, Tom Herrin

Commissioner, Wes McMahan

Secretary, Craig Coppock

Commissioner, Van Anderson

Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of \$3,592,775.15 dated February 1, 2024 – February
29, 2024.

Feb-24
ARBOR HEALTH WARRANT REGISTER

Routine A/P Runs

Warrant No.	Date	Amount	Description
133051 - 133098	2-Feb-2024	184,498.98	CHECK RUN
133099 - 133118	5-Feb-2024	119,839.31	CHECK RUN
133126 - 133178	9-Feb-2024	197,774.48	CHECK RUN
133179 - 133195	12-Feb-2024	938,285.39	CHECK RUN
133196 - 133222	15-Feb-2024	109,980.93	CHECK RUN
133223 - 133243	16-Feb-2024	90,952.72	CHECK RUN
133244	16-Jan-2024	6,629.69	CHECK RUN
133245	1-Feb-2024	297.89	CHECK RUN
133246	6-Feb-2024	1,175.13	CHECK RUN
133247	8-Feb-2024	13,546.48	CHECK RUN
133248	9-Feb-2024	1,311.54	CHECK RUN
133249	13-Feb-2024	574.70	CHECK RUN
133250 - 133257	19-Feb-2024	68,933.39	CHECK RUN
133258 - 133317	23-Feb-2024	277,693.84	CHECK RUN
133318 - 133347	26-Feb-2024	961,337.62	CHECK RUN
133348	23-Feb-2024	864.00	CHECK RUN
133349	31-Jan-2024	981.00	CHECK RUN
133350 - 133352	20-Feb-2024	6,088.93	CHECK RUN
133353	23-Feb-2024	441.23	CHECK RUN
133354	27-Feb-2024	1,963.11	CHECK RUN
133355 - 133385	29-Feb-2024	170,278.06	CHECK RUN
133392	15-Feb-2024	6,720.25	CHECK RUN
133393 - 133395	28-Feb-2024	31,273.17	CHECK RUN
Total - Check Runs		\$ 3,191,441.84	

Eft	Date	Amount	Description
1218	2-Feb-24	190,622.40	IRS
1219	16-Feb-24	207,962.54	IRS
4797	5-Feb-24	65.22	TPSC
4798	6-Feb-2024	169.42	BBP
4799	13-Feb-2024	682.32	BBP
4800	8-Feb-2024	140.83	BBP
4801	27-Feb-2024	205.45	BBP
4802	21-Feb-2024	1,485.13	BBP
TOTAL EFTS AT SECURITY STATE BANK		\$ 401,333.31	

TOTAL CHECKS, EFT'S, & TRANSFERS	\$ 3,592,775.15
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Documents Awaiting Board Ratification 03.27.24		
	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Annual CAH Evaluation	Quality
2	Environment of Care Master Plan	Physical Environment (EOC)
3	Environment of Care Master Plan Evaluation	Physical Environment (EOC)
<p>In order to access the above documents you will need to log into Lucidoc. Once you have logged into Lucidoc, on the top toolbar click "My Meetings" and select the upcoming Board meeting date that's highlighted in green to see the agenda with documents needing to be approved. You are able to view the documents once in the agenda. If the date is highlighted in yellow that means the agenda has not been released yet.</p>		

OLD BUSINESS

NEW BUSINESS

SUPERINTENDENT REPORT

To: Board of Commissioners

From: Superintendent Mach

Date: 03.27.24

Re: March Superintendent Report

(Patient Kudos) When I talked to the patient this morning, she shared that she had amazing care here at the hospital and everyone who cared for her was wonderful. She said she was in so much pain but she was appreciative of the care she received from Liz Pickett registering her to Krystal Carranza (RN traveler) and Ashley Hancock, and Holly Zacher who spent hours contacting hospitals to find her a bed that she could be transferred. She also said that Dr. Junn was great and the two neurologists that she saw at St. Pete's told her that Dr. Junn doing a CT and getting her on blood thinners saved her from having a stroke. She and her family are extremely grateful for the staff and care she received.

- Several hospitals in the Rural collaborative voted to jointly negotiate insurance contracts under our current interlocal agreement.
- Change Healthcare cyber attack and remedy; we finally started dropping bills on March 12th.
- Met with a staff member from representative Perez's office on March 12th, shared several concerns including Medicare Advantage plans, United healthcare issues, Reimbursement, Veterans, Save America's rural hospital bill and transportation issues.
- Hired Hugo De Oliveira, ARNP.
- CT installation underway.
- EMTALA investigation found no violation.

WSHA updates

Friday, March 1 was the last day for the legislature to pass bills from the opposite chamber, except for initiatives, budgets and matters necessary to implement budgets. Differences between versions passed in the House and Senate need to be concurred or reconciled prior to the end of session. Below are some of the health care policy bills that have passed with concurrence. WSHA supported all these bills.

- **SB 5986- Balance Billing- Ground Ambulance Services.** This bill expands the state's balance billing protection act to protect patients from balance billing for out-of-network ground ambulance services provided on an emergency basis and for medically necessary transfers. The bill includes a minimum payment threshold for out-of-network services to ensure financial viability of ground ambulance services.
- **SB 5825- Guardianship.** This bill creates a process to identify assign guardians more quickly for patients who are unable to make care decisions nor have someone that can legally make them on their behalf. This bill will help reduce the time to place patients awaiting discharge due to lack of guardianship to a more appropriate facility.
- **SB 5213- Pharmacy Benefit Managers.** This bill creates a regulatory structure for pharmacy benefit managers as a type of health care benefit manager. The bill includes important protections for patients and pharmacies.
- **SB 5940- Medical Assistants and Emergent Medical Technicians.** This will allow EMT-basic, EMT-advanced and paramedics to work in hospitals through a new medical assistant credential using their existing training and education. This will particularly benefit rural hospitals and emergency medical services (EMS) systems.

Financial Turnaround Plan

REVENUE

1. Add Services

a. CT Scanner (March 2024)

- i. CT DEXA scanning
- ii. Cardiac
 - 1. Calcium scoring

b. Ultrasound (April 2024)

- i. Perform fulltime.

c. MRI (August 2024)

d. Diagnostic Breast services (June 2024)

- i. Diagnostic mammography
- ii. Diagnostic Breast Sonography

2. Renegotiate Payer contracts.

a. TRC initiative (March 2024)

3. Revenue Cycle Audit (April 2024)

a. Billing and collections

b. Coding

c. Chargemaster

4. Recruitment of specialty providers

- a. Orthopedics (TBD)
- b. Cardiology (TBD)

5. Pharmacy

a. 340B Optimization (February 2024)

b. Ketamine Clinic

6. Advanced Beneficiary Notice resolution in Morton Clinic (June 2024)

7. Packwood RHC status change (February 2024, Complete)

8. Enhanced Medicaid Reimbursement (April 2024)

Expenses

- 1. Renegotiate Radiologist Contract (2024)
- 2. Review GPO savings (February 2024)
- 3. Review Energy Efficiency during purchases (Ongoing)



2024

Rural Advocacy Agenda



Advancing Health in America

Rural hospitals and health systems are committed to ensuring local access to high-quality, affordable health care. However, these hospitals continue to experience ongoing challenges that jeopardize their ability to provide local access to care and essential services. These include continued workforce shortages, emerging challenges posed by commercial and Medicare Advantage plans, soaring costs of providing care, severe underpayment by Medicare and Medicaid, and an overwhelming regulatory burden.

The AHA continues to work with Congress and the Administration to enact policies to support rural hospitals. We also are working to support a public policy environment that will protect access to care, advance innovation and invest new resources in rural communities.

Commercial Insurer Accountability

Underpayment by commercial insurance plans and systematic and inappropriate payment delays for medically necessary care are putting patient access to care at risk.

Cost-based Reimbursement for Critical Access Hospitals (CAHs) from Medicare Advantage (MA) Plans. Congress created a special statutory payment designation for CAHs in recognition of the unique role they play in preserving access to health care services in rural areas. As certain MA plans in rural communities rapidly grow, there is an erosion of this important financial protection. A greater portion of a CAH's revenue will be subject to negotiations with MA plans that often result in below-cost payment terms and involve onerous plan requirements that contribute to administrative burden, unnecessary delays and denials in approving and paying for patient care, and additional strains on the health care workforce. **We support legislation to ensure CAHs receive cost-based reimbursement for MA patients.**

Prompt Pay. Ensure prompt payment from insurers for medically necessary, covered health care services delivered to patients. **We support policies to increase oversight and accountability of health plans including establishing more stringent standards for timely payment** to address certain insurer tactics to delay and deny payment to health care providers.

Prior Authorization. Hold commercial health insurers accountable for ensuring patients have timely access to care, including by reducing the excessive use of prior authorization, ensuring expeditious prior authorization decisions, and eliminating inappropriate denials for services that should be covered. Insurers must also be held accountable for applying prior authorization requirements in ways that contribute to clinician burnout so that clinicians can focus on what matters most: patients. **We support building on recent regulations and legislation that further streamline and improve prior authorization processes.**

Support Flexible Payment Options

As the health care field continues to change at a rapid pace, flexible approaches and multiple options for reimbursing and delivering care are more critical than ever to sustain access to services in rural areas.

Medicare-dependent Hospital (MDH) and Low-volume Adjustment (LVA). MDHs are small, rural hospitals where at least 60% of admissions or patient days are from Medicare patients. MDHs receive the inpatient prospective payment system (IPPS) rate plus 75% of the difference between the IPPS rate and their inflation-adjusted costs from one of three base years. **AHA supports making the MDH program permanent and adding an additional base year that hospitals may choose for calculating payments.** The LVA provides increased payments to isolated, rural hospitals with a low number of discharges. **AHA also supports making the LVA permanent.** The MDH designation and LVA protect the financial viability of these hospitals to ensure they can continue providing access to care (**S. 1110 / H.R. 6430**).

Rebasing for Sole Community Hospitals (SCHs). SCHs must show they are the sole source of inpatient hospital services reasonably available in a certain geographic area to be eligible. They receive increased payments based on their cost per discharge in a base year. **AHA supports adding an additional base year that SCHs may choose for calculating their payments (S. 1110).**

Necessary Provider Designation for Critical Access Hospitals (CAHs). The CAH designation allows small rural hospitals to receive cost-based Medicare reimbursement, which can help sustain services in the community. Hospitals must meet several criteria, including a mileage requirement, to be eligible. A hospital can be exempt from the mileage requirement if the state certifies the hospital as a necessary provider, but only hospitals designated before Jan. 1, 2006 are eligible. **AHA urges Congress to reopen the necessary provider CAH program to further support local access to care in rural areas (H.R. 1128).**

Rural Emergency Hospital (REH) Model. REHs are a new Medicare provider type that small rural and critical access hospitals can convert to in order to provide emergency and outpatient services without needing to provide inpatient care. REHs are paid a monthly facility payment and the outpatient prospective payment system (OPPS) rate plus 5%. **AHA continues to support strengthening and refining the REH model to ensure sustainable care delivery and financing.**

Ensure Fair and Adequate Reimbursement

Medicare pays only 82 cents for every dollar spent caring for patients, according to the latest AHA data. **Given the challenges of providing care in rural areas, reimbursement rates across payers need to be updated to cover the cost of care.**

Telehealth. The pandemic demonstrated telehealth services are a crucial access point for many patients. AHA supports legislation to make permanent coverage of certain telehealth services made possible during the pandemic, including lifting geographic and originating site restrictions, allowing Rural Health Clinics and Federally Qualified Health Centers to serve as distant sites, expanding practitioners who can provide telehealth, and allowing hospital outpatient billing for virtual services, among others (**S. 2016 / H.R. 4189**).

Infrastructure Financing for Rural Hospitals. As the hospital field engages in significant transformation, rural hospitals are seeking ways to adapt while continuing to meet patient needs. **The AHA urges Congress to help ensure that vulnerable communities are able to preserve access to essential health care services by providing infrastructure funding for hospitals that restructure their facilities and services to match community needs.**

Reverse Rural Health Clinic (RHC) Payment Cuts. RHCs provide access to primary care and other important services in rural, underserved areas. **AHA urges Congress to repeal payment caps on provider-based RHCs that limit access to care.**

Ambulance Add-on Payment. Rural ambulance service providers ensure timely access to emergency medical care but face higher costs than other areas due to lower patient volume. **We support permanently extending the existing rural and “super rural” ambulance add-on payments to protect access to these essential services (H.R. 1666).**

96-hour Rule. **We urge Congress to pass legislation to permanently remove the 96-hour physician certification requirement for CAHs.** These hospitals still would be required to satisfy the condition of participation requiring a 96-hour annual average length of stay, but removing the physician certification requirement would allow CAHs to serve patients needing critical medical services that have standard lengths of stay greater than 96 hours (**H.R. 1565**).

Wage Index Floor. AHA supports legislation that would place a floor on the area wage index, effectively raising the area wage index for hospitals below that threshold with new money (**S. 803**).

Maternal and Obstetric Care. Maternal health is a [top priority for AHA](#) and its rural members. **We urge Congress to continue to fund programs that improve maternal and obstetric care in rural areas, including supporting the maternal workforce, promoting best practices and educating health care professionals.**

Behavioral Health. Implementing policies to better integrate and coordinate behavioral health services will improve care in rural communities. **We urge Congress [to enact a number of policies](#) that authorize, expand and better integrate behavioral health programs.**

Bolster the Workforce

Recruitment and retention of health care professionals is an ongoing challenge and expense for rural hospitals. Nearly 70% of the primary care health professional shortage areas (HPSAs) are located in rural or partially rural areas. Targeted programs that help address workforce shortages in rural communities should be supported and expanded. Workforce policies and programs also should encourage nurses and other allied professionals to practice at the top of their license.

Graduate Medical Education. We urge Congress to pass additional legislation to increase the number of Medicare-funded residency slots, which would expand training opportunities in rural settings and help address health professional shortages (**S. 1302 / H.R. 2389**).

Conrad State 30 Program. We urge Congress to pass the Conrad State 30 and Physician Access Reauthorization Act (**S. 665 / H.R. 4942**) to make permanent and expand the Conrad State 30 J-1 visa waiver program, which waives the requirement for physicians holding J-1 visas to return home for a period if they agree to stay in the U.S. for three years and practice in federally-designated underserved areas.

Loan Repayment Programs. We urge Congress to pass legislation to provide incentives for clinicians to practice in rural HPSAs. We support expanding the National Health Service Corps and the National Nurse Corps, which incentivize health care graduates to provide health care services in underserved areas (**S. 862 / S. 940 / H.R. 1711**).

Visa Recapture. We urge Congress to pass the Healthcare Workforce Resilience Act (**S.3211 / H.R. 6205**), bipartisan legislation that would recapture up to 40,000 unused employment visas for foreign-trained workers (25,000 for nurses and 15,000 for physicians).

Protect the 340B Program

The 340B Drug Pricing Program helps CAHs, Sole Community Hospitals, Rural Referral Centers and other rural disproportionate share hospitals serving vulnerable populations stretch scarce resources. Section 340B of the Public Health Service Act requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to health care organizations that care for many uninsured and low-income patients.

Hospitals use 340B savings to provide free care for uninsured patients, offer free vaccines, provide services in mental health clinics, and implement medication management and community health programs. **The AHA opposes any efforts to undermine the 340B program and harm the patients and communities it serves, especially as it relates to community pharmacy arrangements.**

To learn more and view AHA's full 2024 Advocacy Agenda, visit www.aha.org.