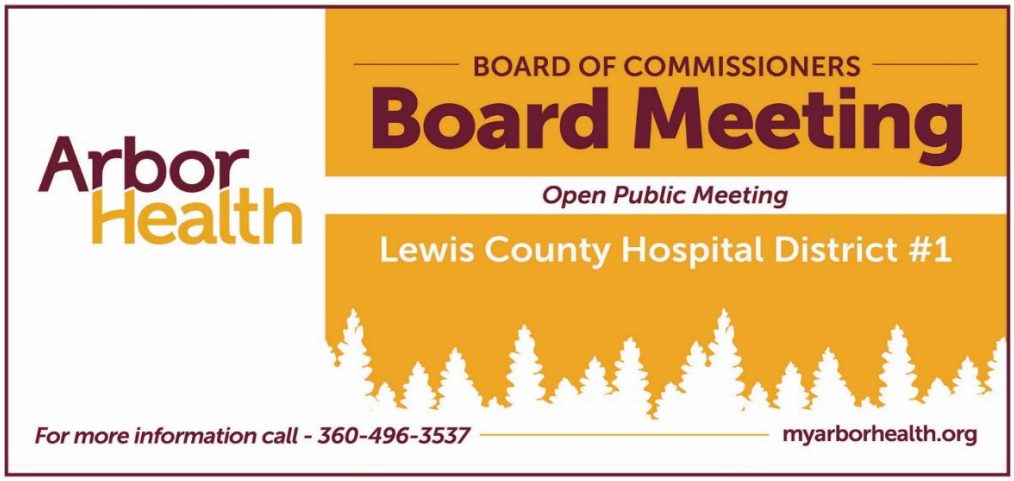
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

October 30, 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
October 30, 2024 at 3:30 p.m.
Conference Room 1 & 2 or 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	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 • Commissioners • Audience		3:35 pm
Executive Session- *RCW 70.41.200* • Medical Privileging-Chief of Staff Dr. Victoria Acosta & Medical Staff Coordinator Barb Goble	6	3:40 pm
Department Spotlight • Randle & Packwood Clinics, Char Hancock, Jamie Brazil & Shelly Cheney, Clinic Management Team	8	3:45 pm
Board Committee Reports • Hospital Foundation Report-Committee Chair-Board Chair Herrin/Foundation Manager Jessica Scogin	22 24	4:05 pm
• Finance Committee Report- Committee Chair-Commissioner McMahan		4:10 pm
Consent Agenda *(Action)* • Approval of Minutes: ○ *September 25, 2024, Regular Board Meeting* ○ *October 23, 2024, Finance Committee Meeting*	 30 37	4:20 pm
• Warrants & EFTs in the amount of $4,729,256.87 dated September 2024	41	
• Resolution 24-17-Declaring to Surplus or Dispose of Personal Property ○ *To approve liquidation of items beyond their useful life.*	43	
Old Business		
New Business		4:25 pm

• Board Policy & Procedure Review
  o Board Mobile Device Management
  o Code of Ethics
  o Conflict of Policies
	
	47
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• Introduce Proposed Budget
  o *To present the 2025 Proposed Budget by November 1, 2023.*
  o *To review the Capital Plan.*
	58
	59
	60
		4:35 pm

Superintendent Report • Board Educational Article	63 77	4:50 pm
Meeting Summary & Evaluation		5:00 pm
Next Board Meeting Dates and Times • Special Board Meeting- Public Hearing- 2025 Budget-November 11, 2024 @ 6:00 PM (ZOOM & In Person) • Special Board Meeting- Public Hearing- Levy-November 25, 2024 @ 6:00 PM (ZOOM & In Person) • Regular Board Meeting-November 27, 2024 @ 3:30 PM (ZOOM & In Person) **Next Committee Meeting Dates and Times** • Compliance Committee Meeting-November 6, 2024 @ 12:00 PM (ZOOM) • Finance Committee Meeting-November 20, 2024 @ 12:00 PM (ZOOM)		
Adjournment		5:05 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-2

Arbor Health

- Rachel Montes, MD (Emergency Medicine)

Radiology Consulting Privileges

- Robert Bloch, MD

REAPPOINTMENTS-4

Arbor Health

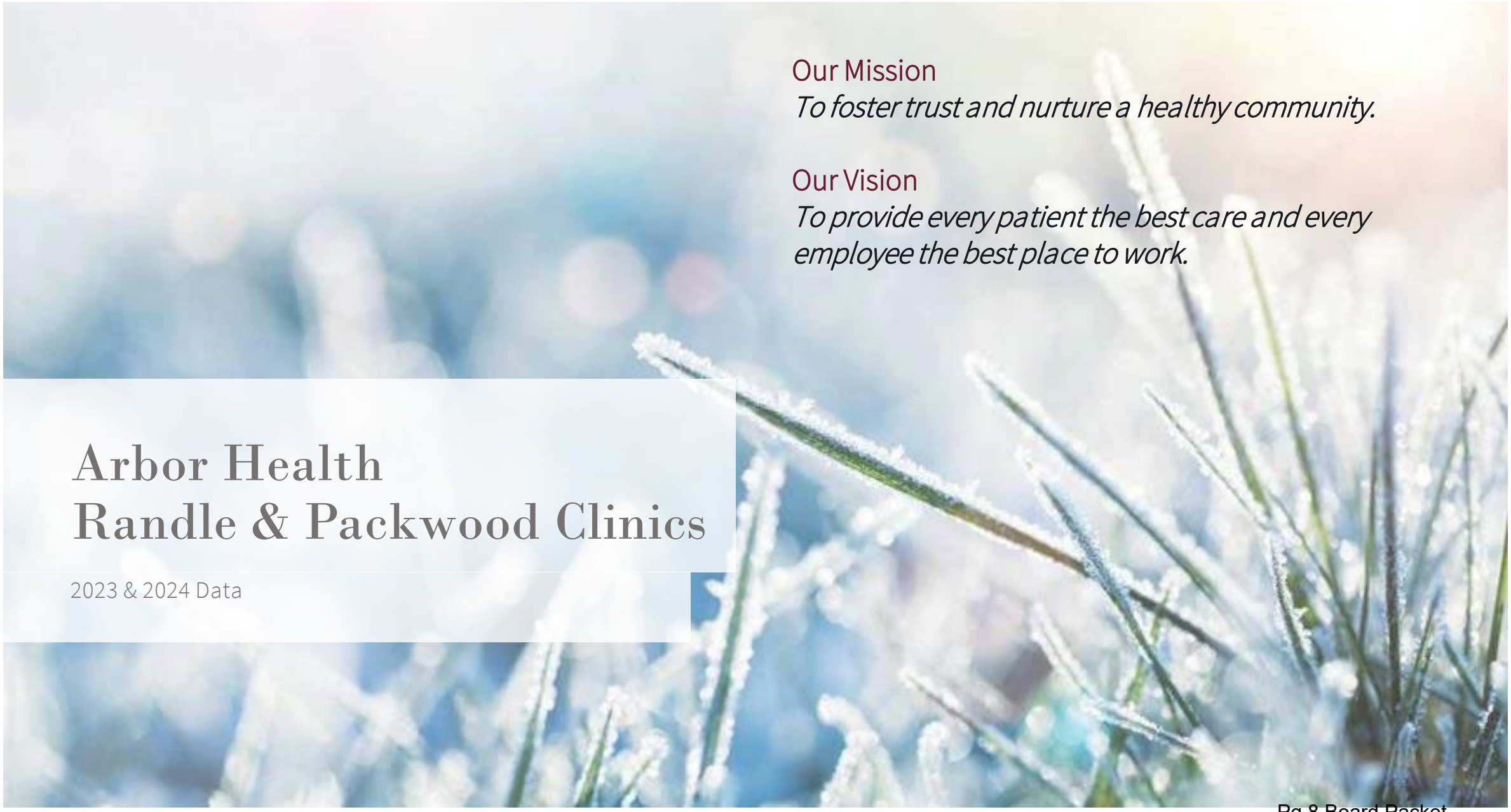
- Fabiola Puga, MD (Family Medicine)
- David Lee, MD (Emergency Medicine)

Radiology Consulting Privileges

- Brendan McCullough, MD
- Mark Pfleger, MD

✪-notates files with items to note.

DEPARTMENT SPOTLIGHT



Our Mission

To foster trust and nurture a healthy community.

Our Vision

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

Arbor Health
Randle & Packwood Clinics

2023 & 2024 Data

Welcome

Arbor Health Randle &Packwood Clinics

Randle Clinic

Hours of Operation:

Monday – Thursday

6:30am to 5:00pm

Packwood Clinic
Opened 04/26/2023

Hours of Operation:

Tuesday –Friday

6:30 am to 5:00pm

Meet our Randle Clinic Staff

Travis Podbilski

DO

Emily “Emma” Dames

PA-C

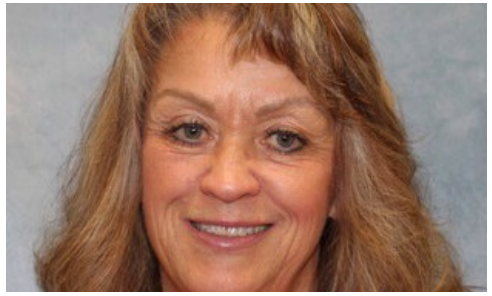
Jess Calohan

DNP, PMHNP-BC, FAAN

Carolyn Price

LICSW

Meet our Randle Clinic Staff



Keely Wilson

LPN

Kylie Davis

MA-C

Kelsey Wright

Referral Coordinator

Donna Pyles

Multi Clinic Receptionist

Sabrina Shewey

Multi Clinic Receptionist

Gloria Foral

Multi Clinic Receptionist

Clinic Management Team

Char Hancock, Jamie Brazil & Shelly Cheney

Julie Taylor

Clinic Sponsor

Meet our Packwood Clinic Staff

Jason Whitney

ARNP

Carolyn Price

LICSW

Cindy Bates

LPN

Michelle Matchett

Receptionist

Jan	Feb	Mar	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec	2023 Total
389	345	359	348	299	277	201	303	199	337	368	229	3654

Jan	Feb	Mar	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec	2024 Total
287	245	236	211	238	262	245	241	261				2226

Randle Clinic

Visit Count for 2023 & 2024

April	May	June	July	Aug	Sept	Oct	Nov	Dec	2023 Total
35	153	186	155	211	158	168	134	148	1348

Jan	Feb	March	April	May	June	July	Aug	Sep	2024 Total
158	194	185	178	160	144	143	75	196	1433

Packwood Clinic

Visit Count for 2023 & 2024

Gross Charges

- Gross Charges :$878,546

2023

RANDLE CLINIC

- Gross Charges: $592,007
- Capital Needs
  - Shed
  - Waiting Room Furniture

2024

RANDLE CLINIC

- Gross Charges: $363,381

2023

PACKWOOD CLINIC

- Gross Charges: $409,616
- Capital Needs
  - Clinic Artwork

2024

PACKWOOD CLINIC

FUN Community Events

School Physicals

Randle-Morton-Mossyrock

Safe Summer

Morton Elementary

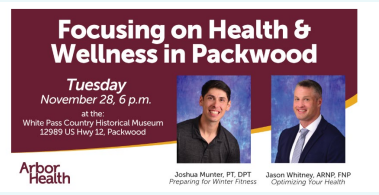
EMS Training

Packwood/Randle

Focusing on Health & Wellness in Packwood

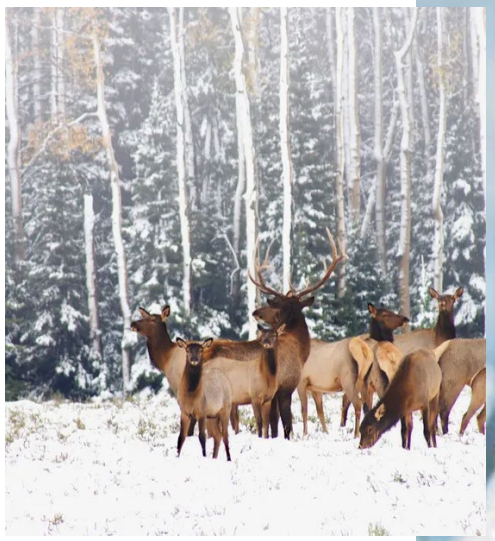
Packwood Clinic

Museum Packwood



Future Planning/Goals

The Packwood clinic has been well received by the community. In both Randle & Packwood we will continue to focus on growth and patient access. We will continue to participate in and lead community events in our surrounding area and focus on building a wellness mindset throughout our district.



Arbor Health

THANK YOU

Char Hancock, Jamie Brazil & Shelly Cheney

BOARD COMMITTEE REPORTS

Arbor Health | FOUNDATION
521 Adams Avenue, Morton, WA 98356 | 360-496-3749
Mailing Address: P.O. Box 1132, Morton, WA 98356

Hybrid Meeting Minutes
October 8, 2023
Noon at the hospital conference room

1. **Call to order**

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.

- **ATTENDEES :** Martha Wright, Christine Brower, Ann Marie Forsman, Marc Fisher, Louise Fisher, Lynn Bishop, Jessica Scogin, Gwen Turner, Katelin Forrest, Shannon Kelly, Rob Mach, Jeanine Walker
- **EXCUSED ABSENCES:** Bonnie Justice, Tom Herrin

2. **Approval of Treasurer's Report and September Minutes Bonnie** was unable to provide one for this month

3. **Administrators Report-** Valley View laid off a bunch of people, the CEO of Valley View called Rob and let him know it would be in the paper. Rob did extend offer to their providers/employees opportunity to apply with AH. Sarah Perlman to start in Mossyrock in the next couple of months. Medicare holders should be getting letters of renewals.

4. **Executive Directors Report:**

- Auction is this Saturday. Jessica was hoping to have a comfort chair there, but it won't arrive in time. Setup at 10 am. Silent Auction items are going into the smaller room. Mossyrock Drama Club are the helpers for the evening. Shannon will do the Dessert Auction.
- Color run 86 participants.
- Mamos and Mocktails October 19th – still looking for more volunteers for this day.
- Cleanup after the event, we have until Monday morning, no issues for those things that need to stay.

5. **Old Business:**
- none

Arbor Health | FOUNDATION
521 Adams Avenue, Morton, WA 98356 | 360-496-3749
Mailing Address: P.O. Box 1132, Morton, WA 98356

6. New Business: None

7. Next Meeting: November 12 (Christmas meeting in December)

Good of the order

Gift shop sale at the end of November, and employee giving day coming up too.

Meeting closed at 12:30 pm

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

To: Finance Committee
From: Finance Department
Date: October 7, 2024
Subject: September Financial Statement Review

Volumes

The district's volume highlights show higher than expected results in Outpatient and Observation services.

- Observation volumes were ahead of budget by 451 hours or 77%.
- Physician Clinic volumes were favorable to budget by 194 visits or 9%.
- Outpatient visits were ahead of budget by 108 visits or 9%.

Income Statement

Results from Operations show net income of $215,574 for the month and $1,596,205 YTD. Net Income is ahead of budget by $285,957 for the month and $2,658,944 YTD.

Revenue highlights
Month-to-date

- Emergency department revenues were favorable to budget by $212,489.
- Outpatient revenues were favorable to budget by $337,253.

Year-to-date

- Swing bed revenues were favorable to budget by 42% or $1,246,434.
- Emergency department revenues were favorable to budget by 8% or $1,351,445.
- Project grant revenue is favorable to budget by $515,433.
    - We received a state emergency grant of $481,043.

Expense highlights

Month-to-date

- Salaries expense was over budget by $110,713.
- Supplies expenses were over budget by $58,416.
    - This is primarily due to higher-than-expected wound care supplies and 340B expenses.

Year-to-date

- Salaries and Wages expense was under budget by $434,731.
    - This is primarily due to lower-than-expected Agency wage costs.
- Purchase services expenses were over budget by $153,096.
    - This is primarily due to higher-than-expected IT software expenses.

Balance Sheet

Highlights in the Balance sheet show cash decreasing $247,296 and Accounts Receivable increasing $769,985.

- Cash accounts decreased $247,296 to $3,170,649.
    - Days in cash decreased from 31 to 29 days.
- Accounts receivable increased $769,985.
    - AR days increased from 65 to 71 days.

ARBOR HEALTH
EXECUTIVE SUMMARY
Fiscal Year Ending: 9/30/24

BALANCE SHEET

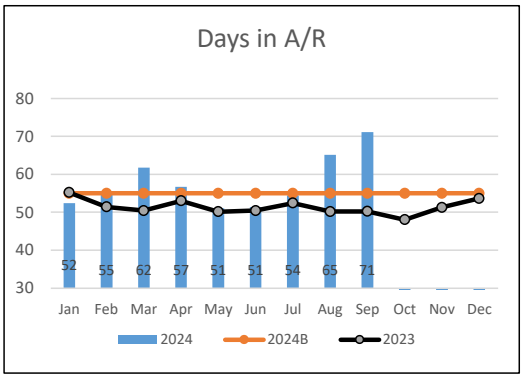
ASSETS	YTD 9/30/2024	Prior YTD 9/30/2023
Current Assets	$12,115,937	$9,787,476
Assets Whose Use is Limited	$0	$0
Property, Plant & Equipment (Net)	$9,490,196	$9,890,581
Other Assets	$1,148,861	$767,224
Total Unrestricted Assets	**$22,754,994**	**$20,445,281**
Restricted Assets	$1,835,576	$1,781,150
Total Assets	**$24,590,570**	**$22,226,431**
LIABILITIES & NET ASSETS		
Current Liabilities	$4,209,102	$3,653,857
Long-Term Debt	$5,880,467	$5,961,190
Other Long-Term Liabilities	$0	$0
Total Liabilities	**$10,089,569**	**$9,615,047**
Net Assets	$14,501,001	$12,611,384
Total Liabilities and Net Assets	**$24,590,570**	**$22,226,431**

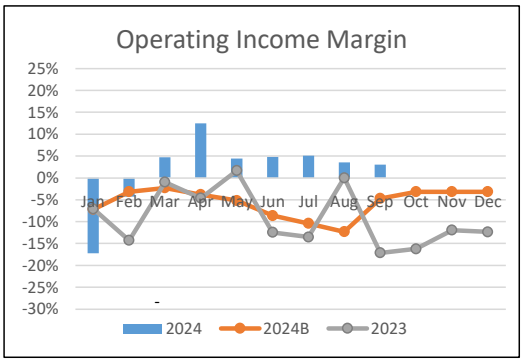
STATEMENT OF REVENUE AND EXPENSES - YTD

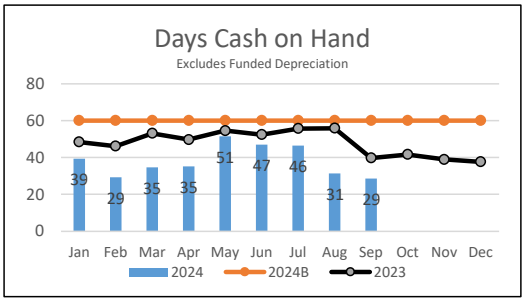
	9/30/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	$5,721,966	$5,171,942	$50,255,341	$46,508,037
Discounts and allowances	($2,097,425)	($1,838,296)	($19,557,120)	($17,307,774)
Bad Dbt & Char C Write-Offs	($168,724)	($111,396)	($1,130,255)	($1,084,318)
Net Patient Revenues	$3,455,817	$3,222,250	$29,567,966	$28,115,945
Other Operating Revenues	$114,711	$75,178	$1,644,390	$676,606
Total Operating Revenues	**$3,570,528**	**$3,297,428**	**$31,212,356**	**$28,792,551**
Salaries & Benefits	$2,522,378	$2,473,245	$21,682,614	$22,142,154
Purchased Serv	$331,122	$402,793	$3,392,765	$3,239,669
Supply Expenses	$291,716	$233,300	$2,334,211	$2,162,552
Other Operating Expenses	$152,364	$184,286	$1,697,047	$1,802,351
Depreciation & Interest Exp.	$166,781	$159,133	$1,301,089	$1,273,065
Total Expenses	**$3,464,361**	**$3,452,757**	**$30,407,726**	**$30,619,791**
NET OPERATING SURPLUS	$106,167	($155,329)	$804,630	($1,827,240)
Non-Operating Revenue/(Exp)	$109,407	$84,945	$791,574	$764,502
TOTAL NET SURPLUS	**$215,574**	**($70,384)**	**$1,596,204**	**($1,062,738)**

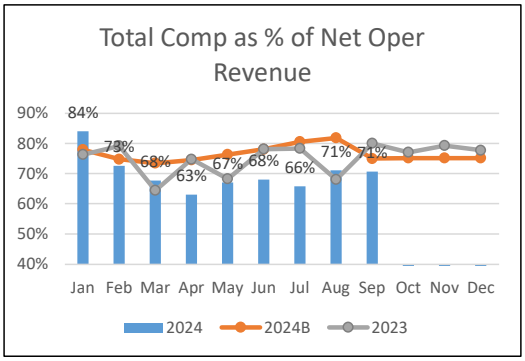
KEY STATISTICS

	9/30/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Inpatient Admits	3	13	84	113
Average Length of Stay	5.00	4.00	4.50	4.00
Total Emergency Room Visits	457	467	4,290	4,200
Outpatient Visits	1,300	1,192	12,082	10,725
Total Surgeries	34	40	367	359









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

	Current Month	Prior-Month	Prior-Year end	Incr/(Decr) From PrYr
Assets				
Current Assets:				
Cash	$ 3,170,649	3,417,945	3,790,598	(619,949)
Total Accounts Receivable	13,422,190	12,652,205	9,103,176	4,319,015
Reserve Allowances	(5,297,700)	(5,083,839)	(3,127,930)	(2,169,770)
Net Patient Accounts Receivable	8,124,491	7,568,366	5,975,246	2,149,245
Taxes Receivable	83,721	22,775	38,809	44,912
Estimated 3rd Party Settlements	0	0	263,159	(263,159)
Prepaid Expenses	464,257	418,081	430,473	33,784
Inventory	255,142	254,059	241,343	13,800
Funds in Trust	1,835,576	1,827,302	1,862,265	(26,688)
Other Current Assets	17,677	17,677	54,623	(36,947)
Total Current Assets	13,951,513	13,526,204	12,656,515	1,294,998
Property, Buildings and Equipment	35,761,729	35,543,016	35,226,814	534,915
Accumulated Depreciation	(26,271,533)	(26,174,453)	(25,383,328)	(888,205)
Net Property, Plant, & Equipment	9,490,196	9,368,563	9,843,486	(353,290)
Right-of-use assets	1,145,870	1,178,415	844,612	301,257
Other Assets	2,991	3,101	3,982	(991)
Total Assets	$ 24,590,570	24,076,284	23,348,595	1,241,975
Liabilities				
Current Liabilities:				
Accounts Payable	485,572	292,571	1,030,746	(545,174)
Accrued Payroll and Related Liabilities	988,106	1,066,154	1,206,309	(218,203)
Accrued Vacation	965,805	938,012	900,057	65,748
Third Party Cost Settlement	802,053	622,550	158,031	644,022
Interest Payable	76,842	51,211	0	76,842
Current Maturities - Debt	885,881	885,881	885,881	0
Other Payables	4,842	2,592	445,406	(440,564)
Current Liabilities	4,209,102	3,858,972	4,626,430	(417,328)
Total Notes Payable	544,826	570,742	776,435	(231,609)
Lease Liability	909,547	935,049	614,839	294,707
Net Bond Payable	4,426,094	4,426,094	4,426,094	0
Total Long Term Liabilities	5,880,467	5,931,885	5,817,369	63,098
Total Liabilities	10,089,569	9,790,857	10,443,799	(354,230)
General Fund Balance	12,904,796	12,904,796	12,904,796	0
Net Gain (Loss)	1,596,205	1,380,631	0	1,596,205
Fund Balance	14,501,001	14,285,427	12,904,796	1,596,205
Total Liabilities And Fund Balance	$ 24,590,570	24,076,284	23,348,595	1,241,975

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

CURRENT MONTH						YEAR TO DATE				
Pr Yr Month	% Var	$ Var	Budget	Actual		Actual	Budget	$ Var	% Var	Actual
714,895	-26%	(190,739)	739,163	548,424	Inpatient Revenue	7,526,215	6,651,748	874,467	13%	6,241,560
3,544,612	19%	748,088	3,846,114	4,594,202	Outpatient Revenue	37,365,837	34,576,300	2,789,536	8%	32,651,570
460,539	-1%	(7,325)	586,665	579,340	Clinic Revenue	5,363,289	5,279,988	83,301	2%	4,547,068
4,720,046	11%	550,024	5,171,942	5,721,966	**Gross Patient Revenues**	**50,255,341**	46,508,037	3,747,304	8%	43,440,197
1,759,334	-14%	(257,130)	1,838,296	2,095,425	Contractual Allowances	19,551,298	17,307,774	(2,243,524)	-13%	15,805,289
36,597	-102%	(52,333)	51,261	103,593	Charity Care	580,074	501,577	(78,497)	-16%	471,517
50,646	-8%	(4,995)	60,135	65,131	Bad Debt	550,181	582,741	32,560	6%	612,542
1,846,577	-16%	(314,458)	1,949,692	2,264,149	**Deductions from Revenue**	**20,681,553**	18,392,092	(2,289,461)	-12%	16,889,347
2,873,469	**7%**	**235,567**	**3,222,250**	**3,457,817**	**Net Patient Service Rev**	**29,573,788**	**28,115,945**	**1,457,843**	**5%**	**26,550,850**
60.9%	3.0%	1.9%	62.3%	60.4%	**NPSR %**	58.8%	60.5%	1.6%	2.7%	61.1%
96,102	53%	39,533	75,178	114,711	Other Operating Revenue	1,644,390	676,606	967,785	143%	694,129
2,969,572	**8%**	**275,100**	**3,297,429**	**3,572,529**	**Net Operating Revenue**	**31,218,178**	**28,792,550**	**2,425,628**	**8%**	**27,244,979**
					Operating Expenses					
1,806,794	-5%	(110,713)	2,077,173	2,187,886	Salaries & Wages	18,186,906	18,621,637	434,731	2%	16,662,548
566,775	16%	61,581	396,072	334,491	Benefits	3,495,708	3,520,517	24,809	1%	3,338,163
118,528	-11%	(5,853)	51,017	56,870	Professional Fees	334,380	502,519	168,139	33%	1,188,110
264,114	-25%	(58,416)	233,300	291,716	Supplies	2,334,211	2,162,552	(171,659)	-8%	2,124,869
407,843	18%	71,671	402,793	331,122	Purchase Services	3,392,765	3,239,669	(153,096)	-5%	3,153,194
39,646	-4%	(1,716)	39,813	41,529	Utilities	332,043	358,824	26,781	7%	365,616
36,681	-11%	(3,441)	32,769	36,210	Insurance	301,846	294,920	(6,926)	-2%	274,648
93,312	61%	37,094	60,687	23,593	Other Expenses	567,836	486,954	(80,881)	-17%	479,326
3,333,695	0%	(9,795)	3,293,624	3,303,418	EBDITA Expenses	28,945,695	29,187,594	241,899	1%	27,586,474
(364,123)	6973%	265,305	3,805	269,110	**EBDITA**	2,272,483	(395,043)	2,667,527	-675%	(341,494)
-12.3%	-6427.9%	-7.4%	0.1%	7.5%	EBDITA %	7.3%	-1.4%	-8.7%	630.6%	-1.3%
					Capital Cost					
97,433	2%	2,055	131,791	129,736	Depreciation	1,164,185	1,186,122	21,936	2%	1,131,157
52,867	-14%	(3,865)	27,342	31,207	Interest Cost	297,846	246,076	(51,770)	-21%	285,162
3,483,995	0%	(11,604)	3,452,757	3,464,361	Operating Expenses	30,407,726	30,619,791	212,065	1%	29,002,793
(514,423)	-170%	263,496	(155,328)	108,168	**Operating Income/(Loss)**	810,452	(1,827,241)	2,637,693	-144%	(1,757,814)
-17.3%			-4.7%	3.0%	Operating Margin %	2.6%	-6.3%			-6.5%
0	0%	2,000	0	(2,000)	**Mcare/Mcaid Pr Yr**	(5,822)	0	5,822	0%	33,392
					Non Operating Activity					
109,201	29%	25,839	89,195	115,034	Non-Op Revenue	833,491	802,756	30,735	4%	1,143,378
5,549	-32%	(1,377)	4,250	5,628	Non-Op Expenses	41,916	38,254	(3,662)	-10%	42,862
103,652	29%	24,462	84,945	109,406	Net Non Operating Activity	791,574	764,502	27,073	4%	1,100,516
(410,772)	-406%	285,957	(70,383)	215,574	**Net Income / (Loss)**	1,596,205	(1,062,739)	2,658,944	-250%	(623,906)
-13.8%			-2.1%	6.0%	Net Income Margin %	5.1%	-3.7%			-2.3%

CONSENT AGENDA

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
September 25, 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#
Dial: +1 253 215 8782

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**	Board Chair Herrin called the meeting to order at 3:30 p.m. **Commissioners present:** ☒ Tom Herrin, Board Chair ☒ Craig Coppock, Secretary ☒ Wes McMahan ☒ Van Anderson ☒ Chris Schumaker **Others present:** ☒ Robert Mach, Superintendent ☒ Shana Garcia, Executive Assistant ☐ Barbara Van Duren, CNO/CQO ☒ Cheryl Cornwell, CFO ☐ Shannon Kelly, CHRO ☐ Julie Taylor, Ancillary Services Director ☐ Dr. Kevin McCurry, CMO ☐ Matthew Lindstrom, CFMO ☒ Spencer Hargett, Compliance Officer ☒ Barb Goble, Medical Staff Coordinator ☒ Dr. Victoria Acosta, Chief of Staff			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	☒ Clint Scogin, Controller ☒ Jessica Scogin, Foundation Manager ☒ Julie Johnson, QMRC Manager ☒ Laura Glass, Acute Care & ED Manager ☒ Robert Houser, Imaging Manager ☒ Amy Nielsen, Anesthesia Director ☒ Buddy Rose, Journalist ☒ Josh Kolberg, President, PKA Architects 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: Commissioner Anderson noted attending a class reunion and hearing from others that the personal touch received at Arbor Health is what makes the difference of patients stopping here. Commissioner McMahan noted attending the Randle Veterans meeting in Randle. His attendance was well received and hearing the suggestions and concerns were helpful. Commissioner McMahan strongly believes the commissioners are on the right track with attending these community engagements to partner in moving forward with the District's Health. Audience: None.			
Guest Speaker(s) • Josh Kolberg,	PKA President Kolberg shared earlier this Spring Arbor Health engaged PKA to review			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
President, PKA Architects	development opportunities for the District. The Master Plan was shared noting several options for the Board to review. Again, these are concepts to think about, integrate into the Strategic Plan which both take time and money to complete. Administration is thinking progressively and while Superintendent Mach has a tentative priority list, having the Board, Staff and Community involved in the process in critical in moving forward. The Board agreed this is a great start and what our community needs to begin planning for the future health of East Lewis County.			
Executive Session • RCW 70.41.200	Board Chair Herrin announced going into executive session at 4:12 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 4:22 p.m. Board Chair Herrin noted no decisions were made in Executive Session. Reappointments: Arbor Health 1. Jianming Song, MD (Emergency Medicine) Radiology Consulting Privileges 2. William Feldmann, MD 3. Ruben Krishnananthan, MD Telestroke/Neurology Consulting Privileges 4. Minal Bhanushali, MD 5. Archit Bhatt, MD 6. Pawani Sachar, MD	Secretary Coppock made a motion to approve the Medical Privileging as presented and Commissioner Anderson seconded. The motion passed unanimously.		
Department Spotlight • Quality Department	QMRC Manager Johnson shared insight into the Quality department highlighting the Performance Improvement projects, patient satisfaction, risks to the			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	organization, as well as complaints and grievances. In the process of transitioning to a new event reporting system called ActionCue and excited about the increase capabilities of this program. The Hospital continues to maintain accreditation with DNV. Goals include expanding quality to the clinics to ensure the consistency in care across the board.			
Board Committee Reports • Hospital Foundation Report	Board Chair Herrin highlighted the following: 1. Cancelled the September Foundation meeting due to the presidential debate. 2. The Color Run was a great success with 86 runners, 12 educational booths with 130 participants who got to know a little more about Arbor Health. 3. The Dinner Auction is scheduled for October 12th at the Bob Lyle Building. Accepting donations and get your tickets online or in the giftshop. 4. The Mammos and Mocktails event is right around the corner on October 19th, so schedule today.			
• Finance Committee Report	Commissioner McMahan highlighted volumes higher in the clinics, ED and outpatient. Benefit expenses were higher than expected. Days in cash decreased from 46 to 31 days and AR increased from 54 to 65 days. Big swings but both are related to staffing and are already resolved. This will take time to recover. Already well into budgeting process for 2025 and the schedule has been released. Also, working with the managers to prioritize capital needs. Superintendent Mach made note of a recent marketing campaign that Communications Manager			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Markham shared during her department spotlight to market shorter way times in the ED in Chehalis/Centralia market. The volume increases align with the campaign schedule, which is awesome!			
Consent Agenda	Board Chair Herrin announced the consent agenda items for consideration of approval: 1. Approval of Minutes a. August 28, 2024, Regular Board Meeting b. September 11, 2024, QIO Committee Meeting c. September 18, 2024, Finance Committee Meeting 2. Warrants & EFTs in the amount of $4,377,608.24 dated July 2024 3. Warrants & EFTs in the amount of $4,019,423.10 dated August 2024 4. Resolution 24-16-Declaring to Surplus or Dispose of Personal Property	Commissioner Anderson made a motion to approve the Consent Agenda and Commissioner McMahan seconded. The motion passed unanimously. Minutes and Resolutions will be sent for electronic signatures.	Executive Assistant Garcia	09.27.24
Old Business	Board Chair Herrin noted no old business.			
New Business • Board Policy & Procedure Review	Board Chair Herrin presented the following policies/procedures for review and/or revision: 1. Commissioner Compensation for Meetings and Other Services-Marked as Revised. 2. Records Retention-Marked as Revised. 3. Board E-Mail Communication-Marked as Reviewed. 4. Board Meeting Teleconference-Marked as Reviewed.	Secretary Coppock made a motion to approve the four P & P's and Commissioner McMahan seconded. The motion passed unanimously. Mark the first two as revised and the second two as reviewed.	Executive Assistant Garcia	09.25.24

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Superintendent Report	Superintendent Mach highlighted the memo in the packet and added the following updates: 1. The wall lifts have been installed in two patient rooms and happy to take a field trip to show the Board. 2. In the process of contracting another physician in the ED. 3. Provided updated results for 2024 Goals. 4. Finalizing events calendar and will email out soon. 5. Provided Rural Collaborative Reporting to show how we compare. Will work on the clarity of the reports for easier viewing. 6. There are new educational tv's around the hospital and clinics that were free. 7. The new washer and dryer have arrived and the department is very happy. 8. WA DOH bed licensing fees are increasing. Possibly due to new staffing requirements and needing more funding to manage these requirements.			
Meeting Summary & Evaluation	Superintendent Mach provided a meeting summary. Secretary Coppock appreciates seeing the big picture. Commissioner Anderson appreciates Rob being proactive and recommended allowing more time for department spotlights. Commissioner Schumaker appreciates Rob too and feels questions are being asked at the right time, things are moving along smoothly and happy to see increased access for patients. Commissioner McMahan is thankful for a good team and that starts with Superintendent Mach leading the charge. Board Chair Herrin noted			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	we are getting good at our game which takes a team that's clicking and that's right where we want to be.			
Adjournment		Secretary Coppock moved, and Commissioner Anderson seconded to adjourn the meeting at 5:22 p.m. The motion passed unanimously.		

Respectfully submitted,

Craig Coppock, Secretary Date

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
October 23, 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 Reading the Mission & Vision Statements Roll Call Excused/ Unexcused Absences	Commissioner McMahan called the meeting to order via Zoom at 12:00 p.m. Commissioner(s) Present in Person or via Zoom: ☒ Wes McMahan, Commissioner ☒ Van Anderson, Commissioner Committee Member(s) Present in Person or via Zoom: ☐ Shana Garcia, Executive Assistant ☒ Cheryl Cornwell, CFO ☒ Robert Mach, Superintendent ☒ Marc Fisher, Community Member ☐ Clint Scogin, Controller ☒ Barbara Van Duren, CNO/CQO ☐ Julie Taylor, Ancillary Services Director ☐ Jessica Niedert, Business Office Manager ☐ Janice Cramer, Patient Access Manager	Excused: Julie Taylor (Lab Survey), Janice Cramer (Staffing) & Clint Scogin (Conference) Unexcused:		
Approval or Amendment of Agenda		Superintendent Mach 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 McMahan asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Consent Agenda	Commissioner McMahan announced the following in consent agenda up for approval: 1. Review of Finance Minutes –September 18, 2024 2. Board Oversight Activities Commissioner Anderson inquired about the educational charge on Superintendent Mach's credit card and ensuring these funds are being captured given the emphasis on investing in our employees. Superintendent Mach confirmed employees have the option to have educational costs charged on the business credit card or through employee expense reimbursement. Either way, the funds are tracked and adequately allotted to the Educational GL Account.	Commissioner Anderson made a motion to approve the consent agenda and Superintendent Mach seconded. The motion passed unanimously.		
Old Business • CFO Financial Review	CFO Cornwell noted volume highlights in Observation, Clinics and Outpatient, but not as favorable for Inpatient or Swingbed. While Swingbed is down MTD, the decline is likely seasonal and YTD and Budget are strong. Cash continues to be lower than in expected in September, but happy to report big returns in October MTD. AR ran high in September but is declining in October too. As a reminder, due to retirements the coders were outsourced and the recovery of cash took a little longer. The Balance Sheet is a repeat of last month and expecting October to be stronger. The Income Statement highlights revenue to be strong and expenses are relative to revenue. The District has a positive Operating Margin MTD and YTD. CFO Cornwell highlighted the Arbor Health Foundation's			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	educational contributions to employees. This is a great benefit to the staff, and we are thankful for the AH Foundation.			
New Business • 2025 Budget Volume Planning & Schedule	CFO Cornwell presented the proposed budget to the Finance Committee. Again, the accounting software Multiview projects a budget and then over the past month the finance team has been meeting with managers to adjust their department P & L's accordingly. The District is budgeting for a negative operating income. This is a conservative approach and there are no major changes to expect a major change from this year. There may be a couple minor edits and Superintendent Mach's final blessing before presenting to the Board next week.			
• Capital Review	CNO/CQO Van Duren presented the EZ Lift Replacement. The current lift is worn and broken. While this sit to stand patient life is more expensive, staff are already trained on it and we have replacement parts for it. Not only will this lift ensure patient safety, it will ensure employees are safely moving patients. The EZ lift is within Superintendent Mach's spending authority but want to keep the Finance Committee informed of the investments we are putting back into the District.			
• Surplus or Dispose of Personal Property	CFO Cornwell presented the list of assets for surplus. The Finance Committee supports the resolution and will recommend approval at the Board level in Consent Agenda.	The Finance Committee supported requesting the Board's approval of a resolution of the Surplus at the Regular Board Meeting.	Executive Assistant Garcia	10.30.24 Regular Board Meeting
Meeting Summary & Evaluation	CFO Cornwell provided a summary report. Community Member Fisher noted a good meeting. Commissioner McMahan gave kudos to CFO			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Cornwell's team, the hard work is showing and Commissioner Anderson appreciates CFO Cornwell anticipating questions in preparation for the meeting.			
Adjournment	Commissioner McMahan adjourned the meeting at 12:50 pm.			

WARRANT & EFT LISTING NO. 2024-09

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

$4,729,256.87 this 30th day

of October 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 $4,729,256.87 dated September 1, 2024 – September 30, 2024.

September 30, 2024

ARBOR HEALTH WARRANT REGISTER SUMMARY

Routine A/P Check Runs

Warrant Number	Date	Amount	Description
See Detail	9/1/2024-9/30/2024	856,456.36	System Checks
See Detail	9/1/2024-9/30/2025	3,486,665.79	EFT payments
Total - Umpqua Bank		$ 4,343,122.15	

Warrant Number	Date	Amount	Description
1234	09/26/24	186,068.29	IRS
1235	09/30/24	197,838.94	IRS
4834	09/04/24	729.20	BBP Admin
4835	09/10/24	148.83	BBP Admin
4836	09/10/24	331.19	BBP Admin
4837	09/17/24	367.96	BBP Admin
4838	09/24/24	650.31	BBP Admin
Total - Security State Bank		$ 386,134.72	

Total Checks/Warrants	$4,729,256.87

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO
SURPLUS OR DISPOSE OF PERSONAL
PROPERTY

RESOLUTION NO. 24-17

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

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

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

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

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 30th day of October 2024, the following commissioners being present and voting in favor of this resolution.

_____
Tom Herrin, Board Chair

_____
Wes McMahan, Commissioner

_____
Van Anderson, Commissioner

_____
Craig Coppock, Secretary

_____
Chris Schumaker, Commissioner

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Packwood Clinic
13051 US HWY 12
360-496-3777

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

To: Finance Committee & Board
From: Tina Clevenger, Materials Management Supervisor
Date: October 23, 2024
Subject: Surplus or Dispose of Personal Property

Surplus or Dispose of Personal Property (RCW 43.19.1919)

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
10/2024	SIT TO STAND	ACUTE	5514	DISPOSAL	BROKEN
10/2024	TV	ACUTE	5530	DISPOSAL	BROKEN
10/2024	FETAL MONITIOR	ACUTE	1604	DISPOSAL	BROKEN
10/2024	WASHER	WASHER	2069	TRADED IN TO COMPANY	BROKEN
10/2024	DRYER	LAUNDRY	5181	TRADED IN TO COMPANY	BROKEN

OLD BUSINESS

NEW BUSINESS

DocID:	17933
Revision:	0
Status:	Official
Department:	Governing Body
Manual(s):	

Policy & Procedure : Board Mobile Device Management

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners shall not send or receive electronic communications during a board meeting concerning any matter pending before the board.

Procedure:

Commissioners should:

1. Not use electronic communcation devices to review or access information regarding matters not in consideration before the board during a board meeting.
2. Only use the internet during meetings to access the board agenda packet information, board resource documents, including but not limited to board policies, the bylaws, Robert's Rules of Order or other research relevant to the discussion.
3. Make every effort to refrain from sending or receiving electronic communication of a personal nature during board meetings. It may sometimes be neccessary to send or receive urgent/emergency family or business communications during meetings.

Document Owner:	Herrin, Tom
Collaborators:	
Approvals	
- Committees:	(09/25/2019) Board of Commissioners, (03/31/2021) Board of Commissioners,
- Signers:	
Original Effective Date:	12/05/2017
Revision Date:	[12/05/2017 Rev. 0]
Review Date:	[08/27/2018 Rev. 0], [09/05/2019 Rev. 0], [02/19/2021 Rev. 0], [10/21/2022 Rev. 0], [11/08/2023 Rev. 0]
Attachments: (REFERENCED BY THIS DOCUMENT)	
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	

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

Policy : Code of Ethics

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.

Waiver

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: _____

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], [01/19/2024 Rev. 5]
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)	

DocID:	8610-100
Revision:	3
Status:	Official
Department:	Governing Body
Manual(s):	

Policy : Conflict of Policies

Policy:

It is the policy of Lewis County Hospital District No. 1 that whenever the text of an adopted policy and/or procedure is not consistent with other adopted policies or procedures, the most recently adopted text shall be followed until the Board resolves the inconsistencies.

Purpose:

To ensure that the policies and implementing procedures adopted by the Board of Commissioners are consistent.

Procedure:

1. Whenever inconsistencies between texts are discovered, the Superintendent shall require staff to comply with the most recently adopted text.
2. At the Board meeting immediately following the discovery of inconsistent texts, the Superintendent shall:
    a. Notify the Board of the inconsistencies; and
    b. Present the Board with copies of each policy and/or procedure that contains inconsistent texts. The earlier adopted policies and/or procedures shall show the changes needed to make all texts consistent with the most recently adopted text.
3. The Board shall take any action necessary to make all texts consistent.
4. The Superintendent, after the Board has acted, shall ensure that the policy and/or procedure revisions are disseminated to staff and shall require staff to comply with these revisions.

Document Owner:	Herrin, Tom
Collaborators:	
Approvals	
- Committees:	(08/26/2020) Board of Commissioners, (09/29/2021) Board of Commissioners,
- Signers:	
Original Effective Date:	03/09/2007
Revision Date:	[03/09/2007 Rev. 0], [04/03/2007 Rev. 1], [08/27/2015 Rev. 2], [09/21/2020 Rev. 3]
Review Date:	[08/17/2007 Rev. 1], [05/29/2009 Rev. 1], [04/11/2011 Rev. 1], [11/08/2013 Rev. 1], [08/02/2016 Rev. 2], [08/24/2017 Rev. 2], [10/18/2018 Rev. 2], [09/17/2021

Attachments:
(REFERENCED BY THIS DOCUMENT)

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

To: Finance Committee & Board of Commissioners
From: Robert Mach, Superintendent/CEO
Date: 10.23.24
Subject: Introduce Proposed Budget

Timeline and Requirements:

October 30, 2024, Regular Board Meeting-Introducing Proposed Budget.

- Per RCW 70.44.060(6) the Superintendent will present the proposed district budget with the board on or before November 1st.

November 12, 2024, Special Board Meeting-Public Hearing-2024 Budget & Adoption.

- Per RCW 70.44.060(6) the Board will hold a public hearing on the proposed budget that must be held on or before November 15th.
- Notice of the proposed budget will be published once a week for two consecutive weeks in a newspaper printed and of general circulation in the county.
    - Week of October 28th
    - Week of November 4th
- The Board must adopt a budget for the following calendar year on or before November 15th.

November 25, 2024, Special Board Meeting-Public Hearing-Setting of the Property Tax Levy.

- Per RCW 84.55.120 the Board will hold a public hearing that includes the consideration of possible increases in property tax revenues.

Certification to the County:

- Per RCW 84.52.020 all taxing districts certify to the county legislative authority, budgets or estimates of the amounts to be raised by taxation on the assessed valuation of the property in the District. The District must file its budget and/or levy request with the clerk of the county on or before November 30th.

Arbor Health

2025 Budget

	YTD - Sept Actual	YTD - Sept Budget	Last 4 Quarters	2024 Budget	2024 Annualized	Budget 2025	Incr/(Decr)	% Chg
Inpatient Revenues	7,526,215	6,651,748	9,518,199	8,862,251	10,034,954	10,669,498	634,544	6.3%
Outpatient Revenues	37,365,837	34,576,300	45,836,351	46,114,728	49,821,116	51,975,806	2,154,690	4.3%
Clinic Revenues	5,363,289	5,279,988	6,706,779	7,036,330	7,151,052	8,044,060	893,008	12.5%
Gross patient Revenue	50,255,341	46,508,037	62,061,330	62,013,309	67,007,121	70,689,363	3,682,242	5.5%
Deductions from Revenues	20,687,375	18,392,092	24,161,457	23,960,175	27,583,167	29,114,658	1,531,491	5.6%
Net Patient Revenues	29,567,966	28,115,945	37,899,873	38,053,135	39,423,954	41,574,706	2,150,751	5.5%
	58.8%	60.5%	61.1%	61.4%	58.8%	58.8%		
Other Operating Revenue	1,644,390	676,606	1,740,572	902,141	2,192,520	1,853,867	(338,653)	-15.4%
Total Operating Revenues	31,212,356	28,792,550	39,640,445	38,955,276	41,616,475	43,428,573	1,812,098	4.4%
Operating Expenses								
Salaries & Wages	18,186,906	18,621,637	23,365,533	24,828,846	24,249,207	26,979,068	2,729,861	11.3%
Benefits	3,495,708	3,520,517	4,618,557	4,695,851	4,660,944	4,835,195	174,251	3.7%
Professional Fees	334,380	502,519	929,330	658,458	445,840	462,943	17,103	3.8%
Supplies	2,334,211	2,162,552	3,232,504	2,873,393	3,112,282	3,171,647	59,366	1.9%
Purchase Services	3,392,765	3,239,669	4,649,609	4,335,374	4,523,687	4,684,720	161,033	3.6%
Utilities	332,043	358,824	494,395	494,354	442,724	475,698	32,974	7.4%
Insurance	301,846	294,920	396,047	393,227	402,461	414,839	12,379	3.1%
Other Expenses	567,836	486,954	684,877	651,383	757,114	784,750	27,635	3.7%
Depreciation	1,164,185	1,186,122	1,520,343	1,581,496	1,552,247	1,561,146	8,899	0.6%
Interest Cost	297,846	246,076	414,462	328,101	397,128	456,589	59,462	15.0%
Operating Expenses	30,407,726	30,619,791	40,305,656	40,840,483	40,543,634	43,826,598	3,282,963	8.0%
Operating Income	804,630	(1,827,241)	(665,212)	(1,885,207)	1,072,840	(398,025)	(1,470,865)	-1.3%
Non Operating Activity								
Non-Operating Activity	791,574	764,502	1,272,138	1,019,336	1,055,433	1,021,851	(33,582)	-3.2%
Net Income	1,596,205	(1,062,739)	606,926	(865,872)	2,128,273	623,826	(1,504,447)	-70.0%

Arbor Health
2025 Fixed Assets Budget

Department	Description	Cost	Notes
Acute	Recliner Chairs - 3 SNF & 2 Bariatric	25,000	Our recliners are not comfortable to the patient, difficult for the nursing staff to assist patients getting into and out of.
Acute	ED Stretchers w/scale (4)	60,000	Stretchers are outdated, replacement parts not available. The scale is important to stroke and trauma patients (for medication amounts).
Acute	Hill Rohm Bed replacement program - 3 units	20,000	Our current bed systems are outdating. New beds would help improve the skin integrity of our patients and allow for bariatric patients
Acute	Rapid response stretcher	15,000	
Acute	Updated Nurse Call system		
Acute	Rapid infuser	20,000	
Acute	Interface Cerner and EKG machine	15,000	
Acute	update EKG machines		
Administration	Versa badge ED Physician Tracking	50,000	Will provide Real-Time Tracking of Physician in ED improving Margin on Cost Report
Administration	Redesign MOB 2nd Floor	150,000	requested by CEO- service growth
Anesthesia	Ultrasound		
Clinic-Morton	Waiting Room Furniture	15,000	
Clinic-Mossyrock	Parking Lot Resurface	20,000	patient safety along with safety. Parking lot needs repairs and reseal
Clinic-Randle	Security Card Readers on Doors - Randle Clinic	15,000	Expansion of organizational security profile. Card readers increase security in the clinics since there are not keys that can be misplaced or stolen, and the card can be turned off immediately if needed.
Clinic-Randle	Office Furniture	25,000	2029
Dietary	Walk-in Cooler & Freezer	50,000	We have an issue with condensation that is causing the walls to separate from the frame and mold is grow on the inside and the outside. This is a safety, compliance and regulation issue. .
Dietary	Kitchen equipment	40,000	Gas range, convection oven, dishwasher,garbage disposal,ice machine
Emergency	Gurney - 2 units Stryker Big Wheel Stretcher	20,000	Our current gurneys are outdated and replacement parts are not available. At this point if another gurney breaks down we will not have a gurney for our 5th patient in the ED.
Emergency	Rapid Infuser	20,000	
Emergency	Remodel - expand		
Emergency	Tele SANE		
Emergency	Telehealth expansion - components	50,000	Telehealth in the ED would be beneficial to our community, it would expedite this care.
Environmental Svcs	Washer and Dryer	18,000	replace 2nd set within a few years
Imaging	DEXA/	18,000	additional services/revenue
Imaging	Full size C-Arm	200,000	additional services/revenue
Imaging	ISTAT - creatinine POC	5,000	convenience
Imaging	Mammo unit	350,000	within 5 years, replacement
Imaging	MEDRAD P3T injector for PE/General/Mammo	75,000	
Imaging	MEDRAD P3T injector Software	15,000	additional services/revenue
IT	Mossyrock re-wire	65,000	Mossyrock Wiring closet is exterior to building and in unconditioned space. Organizational security risk. Need to create internal IT closet and repull cable to new point.
IT	Randle re-wire	25,000	
IT	FM 200 Fire Suppression	50,000	Risk mitigation issue. Protection of current equipment preventing down time.
IT	Workstation replacements	270,000	rolling replacement of workstations in preparation for Wn11, over two year period
IT	Desktop OS Licensing	25,000	keeps desktop operating systems current 2025
IT	Wireless Network Upgrade	75,625	replace all wireless infrastructure
Lab	Chemistry Analyzer	175,000	
Maintenance	Hospital Parking lots resurface	57,135	patient safety along with safety. Parking lot needs repairs and reseal
Maintenance	HVAC units to replace	100,000	51 units, most are 15 yo, some are much older replace over 4 yrs, 100k per year
Maintenance	Acute Flooring	150,000	flooring needed due to flooring lifecycle and flooring starting to deteriorate
Maintenance	New Sign for Hospital	25,500	standardization of organization profile
Maintenance	Flooring throughout hospital		to do in phases
Maintenance	MOB and hospital flat roof		

Maintenance	Chiller		within next 5 years
Maintenance	Pool Pak, heat pump, re-tile	60,000	
Maintenance	Boiler		
Maintenance	Handrail and bench to PT entrance		
Maintenance	backhoe or skid steer for snow		
Maintenance	Storage shed for Randle Clinic		
Maintenance	replace non Ford vehicles with Fords		in town parts and maintenance
Maintenance	Negative pressure rooms		
Maintenance	remove yellow trailer, create parking		
Maintenance	Demolish 6th st house, bld storage building		
Nutrition Services	Walk in Frig and Freezer		
Nutrition Services	Dishwasher		
Nutrition Services	Garbage Disposal		
Nutrition Services	Flooring in and in front of Café		
Nutrition Services	Ice Machine		
Pharmacy	Pixis		future of compounding, is immediate use, not using hood
Pharmacy	Anesthesia Pixis cart	35,000	
Purchasing	Cargo van for deliveries	40,000	replace ageing vehicle, more space
Rehabilitation	Solo step, overhead patient harness system	20,000	This item assists with rehabilitation by providing a significant enhancement to or rehab program esp. our swing bed neuro program. It will help provide a much safer environment for our staff and our patients to prevent falls and injuries when performing therapeutic functional activities.
Rehabilitation	Remodel department		long term
Rehabilitation	Standing Frame	6,750	
Rehabilitation	Overhead patient safety harness system		
Rehabilitation	3 to 5 treatment tables	15,000	
Rehabilitation	Nu-Step	8,000	
Rehabilitation	Treadmill - clinic grade	9,500	
Rehabilitation	Motion analysis system		video for patient analysis, could be longer term
Respiratory Therapy	Stress Teadmill	22,000	
Sterile Processing	Steric Endoscopy processing machine		
Sterile Processing	instrument washer/ with dryer		if ortho
Sterile Processing	update plumbing		need dedicated source and heating of water
Surgery	Neptunes	37,050	fluid safety and removal
Surgery	OR lights	26,000	in next 5 years will need to be replaced
Surgery	OR bed		in next 5 years will need to be replaced
Surgery	Ultrasound	20,000	for anesthesia providers to use, if the ER unit goes down, we will have to quickly replace
Surgery	Endoscopy Dilators	7,500	Currently the dilators we have are at end of useful life and need to be replaced. If do not replace them our Dr.'s will not be able to perform Esophageal dilations.
	Total	2,616,060	

SUPERINTENDENT REPORT

Arbor Health

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Packwood Clinic
13051 US HWY 12
360-496-3777

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

To: Board of Commissioner

From: Superintendent Mach

Date: 10.30.24

Re: October Superintendent Report

- Patient Feedback: *I came in for my 9-year-old daughter and also had a 3- & 6-year old in tow. As a mother, that is a stressful feeling not knowing how the other two will behave or how long of a night you are about to have. During our time there, the nurse gave all three children some cute little puzzles to play with. Later a friendly gal behind the desk took my 3- & 6-year old to pick out coloring books and crayons. There was a friendly police officer that played with my son. We had no wait time before being taken to triage. The nurse and doctor both arrived promptly and acted quickly. My daughter was sent for a CT scan. The technician was very friendly and explained everything in complete detail to my daughter and made sure she was very comfortable with everything that was happening with her. The staff from reception to nurse to doctor to technicians was amazing. The way this team explained and related to children felt like we were at a pediatric hospital. If we need ER again this will be our pick!*

- Very good financial month of September.
- continuing our benefit renewal meetings.
    - Working on some benefit enhancements to our current plan.
    - Looks like very small increase to employees.
- CEO attended WHS board meeting in October.
- Hired new permanent Speech Therapist
- Cardiologist to Tentatively start in December.
- Working on new fulltime and Part time ED physician.
- First x-ray student starts in January.
- In our effort to deploy our “Patient centered family care” model we will have 13 active ready to use beds in place with the ability to more out of storage if needed.
- Implementing a design committee to look at sprucing the hospital up.
- Held Cyber security tabletop exercise this morning.
- Continuing to work through the IV fluid shortage from hurricane Helene.
- Julie Johnson has been appointed our 1557 coordinator as mandated by law.
- Taking down trees at Mossyrock clinic in preparation for new signage.
- Working on a redesign of our workplace violence prevention posters.
- New Plain language codes go into effect November 1st.

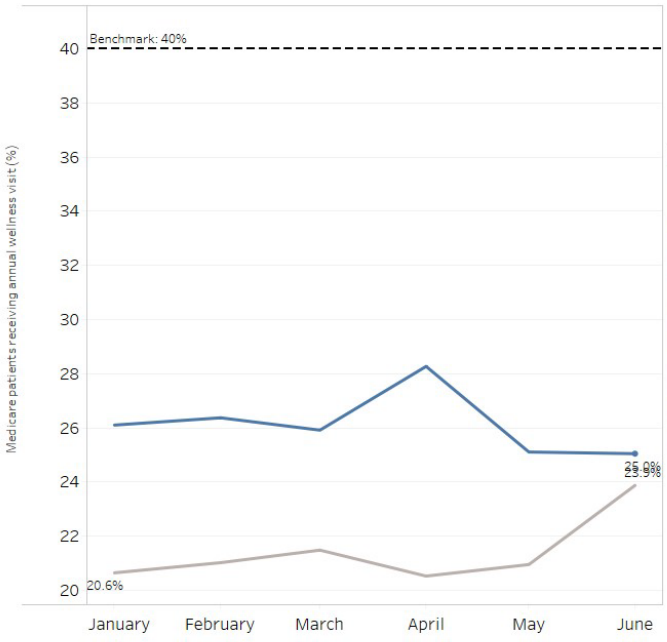
2024 Goals		July	August	September	October
Positive actual results compared to Budget (annual)		7.90%	8.90%	8.8%	
Voluntary Resignations under National Average (20.7%)		13.20%	15.70%		
Patient satisfaction ranking "Global rating overall" (Hospital/ED/Clinics) ≥ 60%		69.40%	**Data only available QTRLY**	82.6%	**Data only available QTRLY**
Sponsor at least 1 community events and the CEO attends at least 4 community events		1	1	2	1

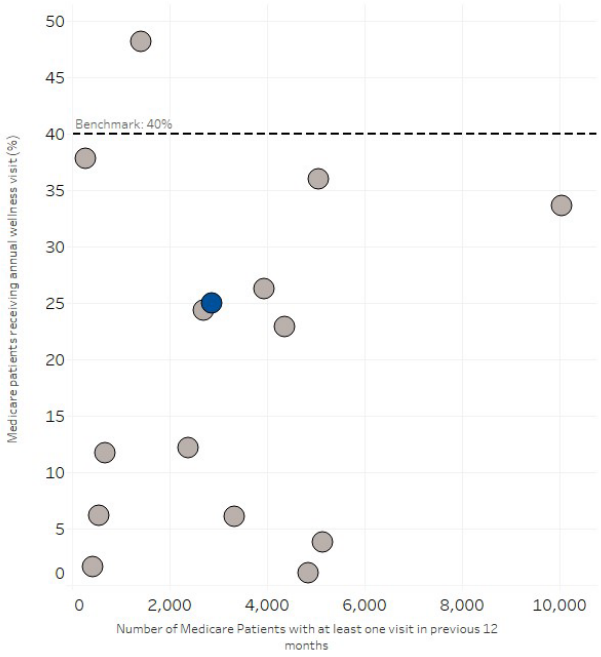
The Rural Collaborative Report
Metric Detail - Arbor Health

Annual Wellness Visits

Collaborative Average
Hospital Rate

Toggle National Benchmark: On / Off
Filter Possible Errors: No
Select Hospital: Arbor Health
Select Metric: Annual Wellness Visits
Select Date: Jan 2024 to Jun 2024 and Null values





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The Rural Collaborative Report
Metric Detail - Arbor Health

Avoidable ED Visits

Collaborative Average
Hospital Rate

Toggle National Benchmark: On / Off
Filter Possible Errors: No
Select Hospital: Arbor Health
Select Metric: Avoidable ED Visits
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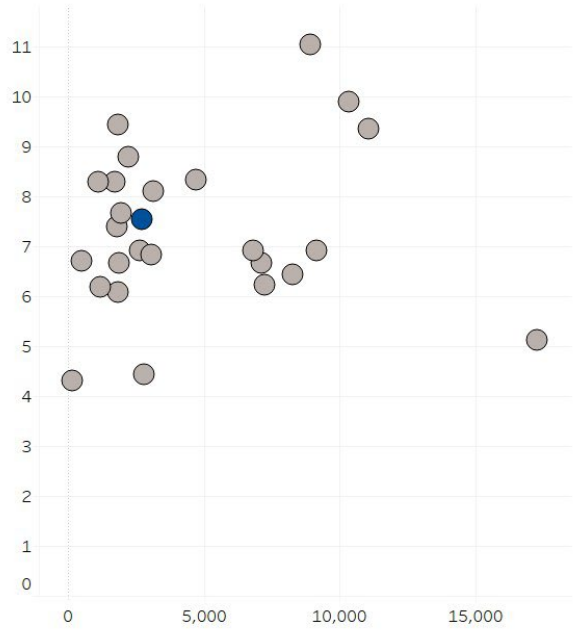

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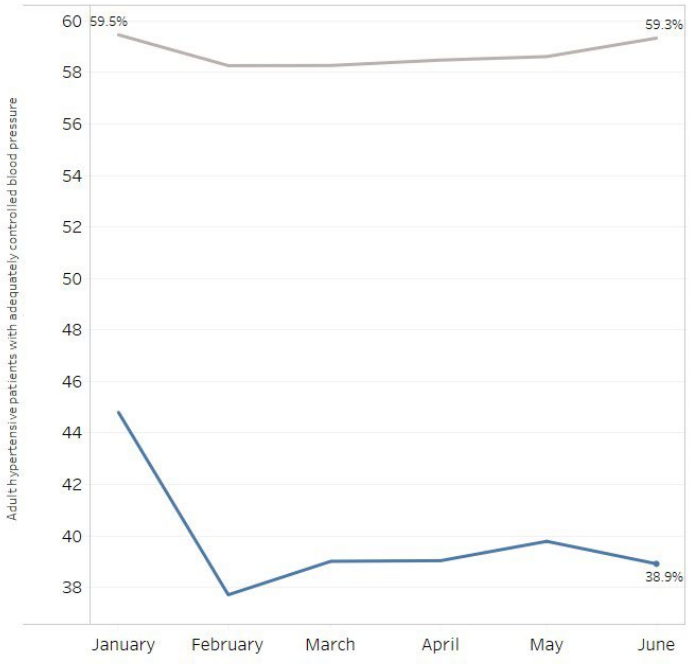
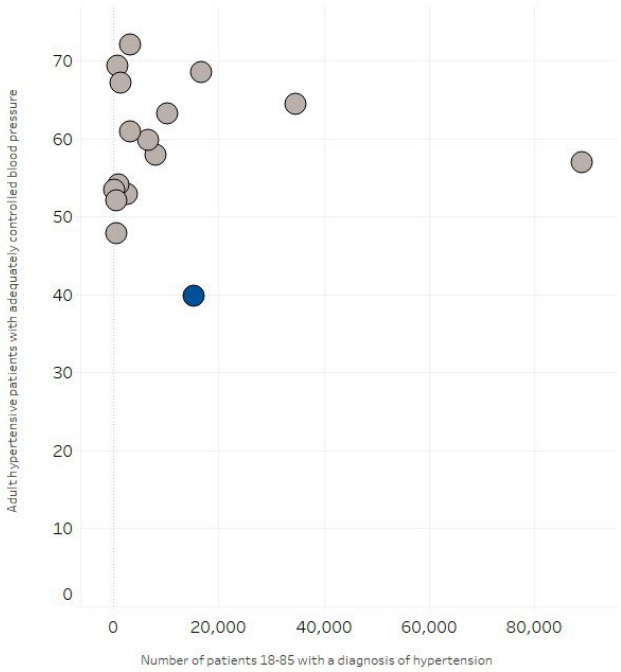
The Rural Collaborative Report
Metric Detail - Arbor Health

Blood Pressure Screening

Collaborative Average
Hospital Rate

Toggle National Benchmark: On / Off
Filter Possible Errors: No
Select Hospital: Arbor Health
Select Metric: Blood Pressure Screening
Select Date: Jan 2024 to Jun 2024 and Null values





Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Packwood Clinic
13051 US HWY 12
360-496-3777

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

The Rural Collaborative Report
Metric Detail - Arbor Health

Charity Care over Charges

Collaborative Average
Hospital Rate

Toggle National Benchmark: On / Off
Filter Possible Errors: No
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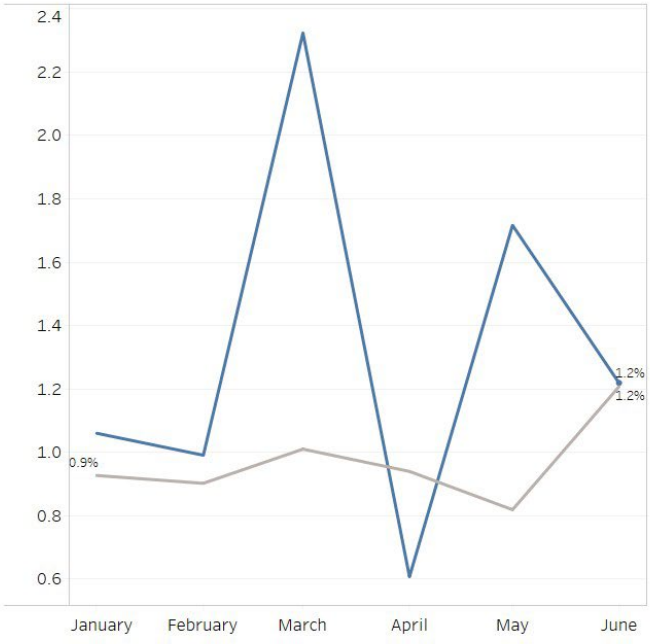
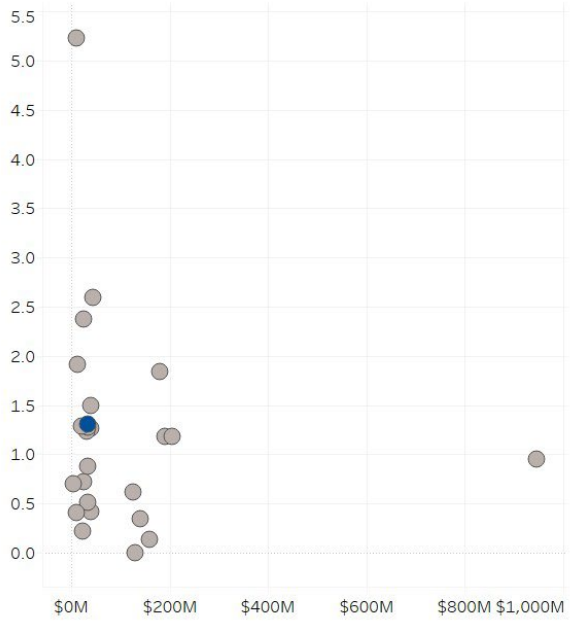
Select Metric: Charity Care over Charges
Select Date: Jan 2024 to Jun 2024 and Null values





The Rural Collaborative Report
Metric Detail - Arbor Health

Days Cash On Hand

Collaborative Average
Hospital Rate

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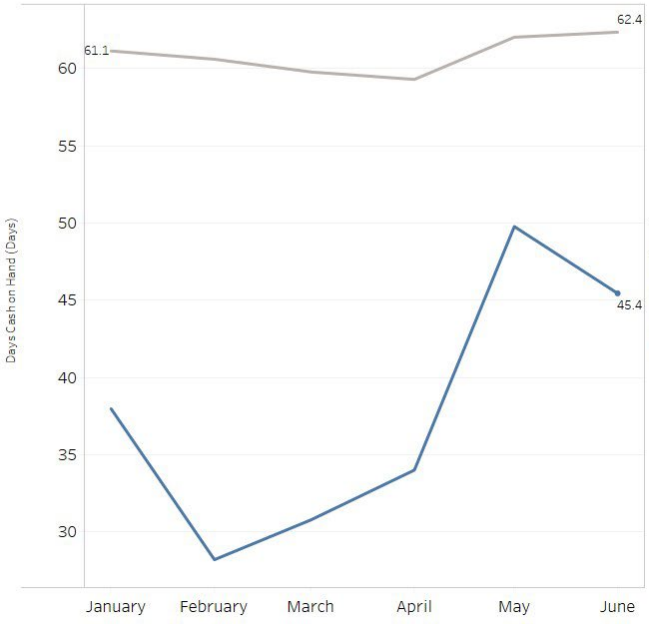

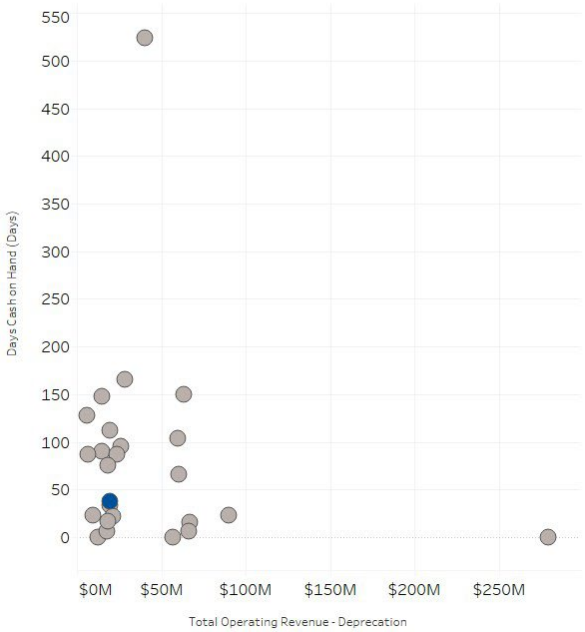

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Metric Detail - Arbor Health

Diabetes Care

Collaborative Average
Hospital Rate

Toggle National Benchmark: On / Off

Filter Possible Errors: No

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Select Metric: Diabetes Care

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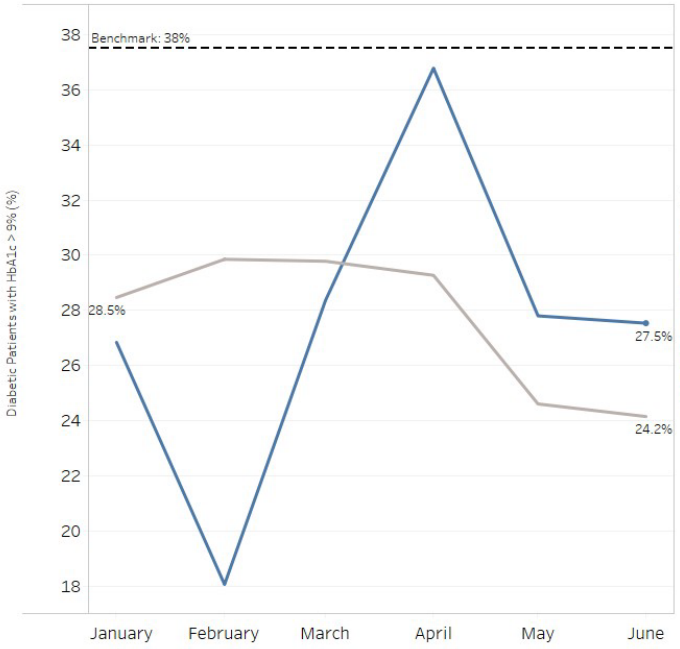

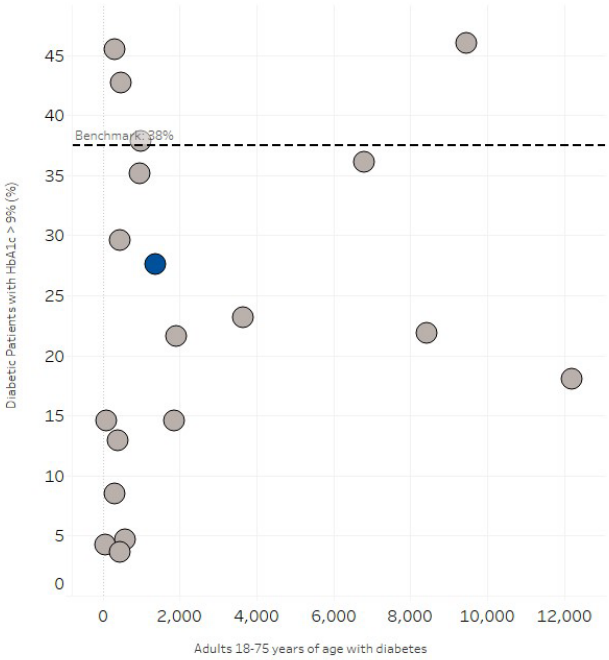

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Metric Detail - Arbor Health

Net Days Accounts Receivable

Collaborative Average
Hospital Rate

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Select Metric: Net Days Accounts Receiv..
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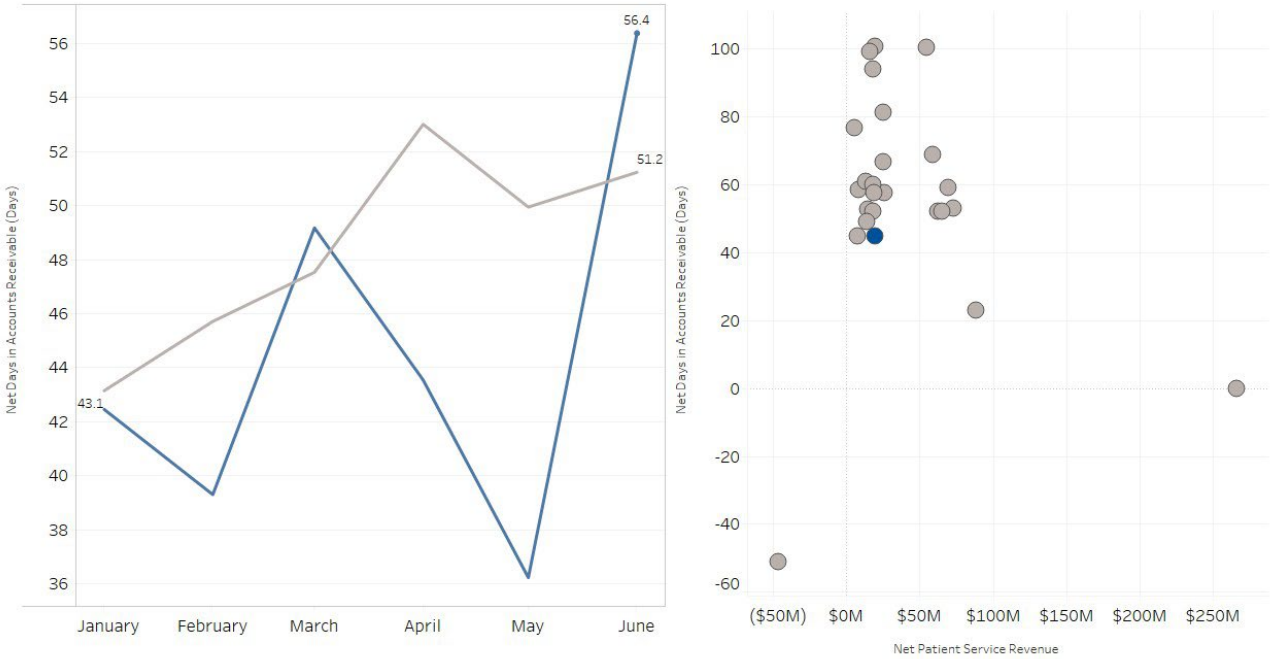

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Metric Detail - Arbor Health

Operating Margin

Collaborative Average
Hospital Rate

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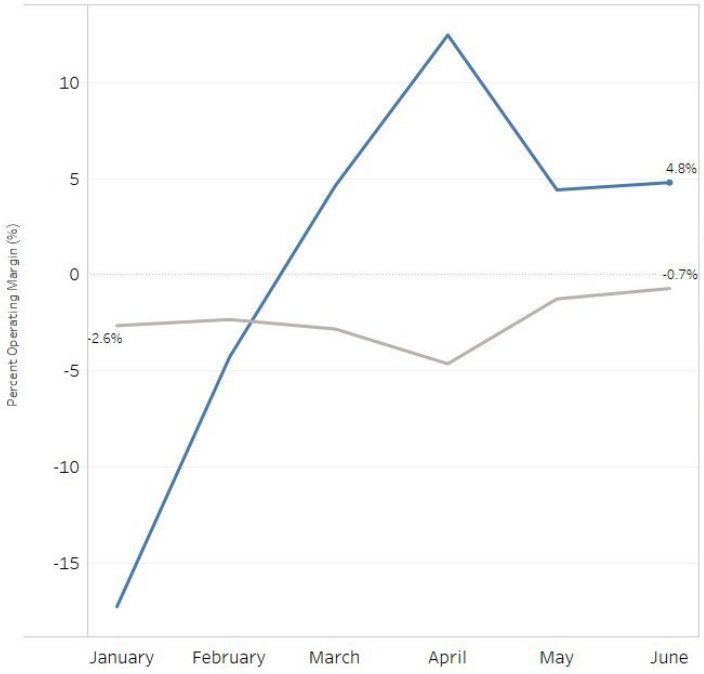

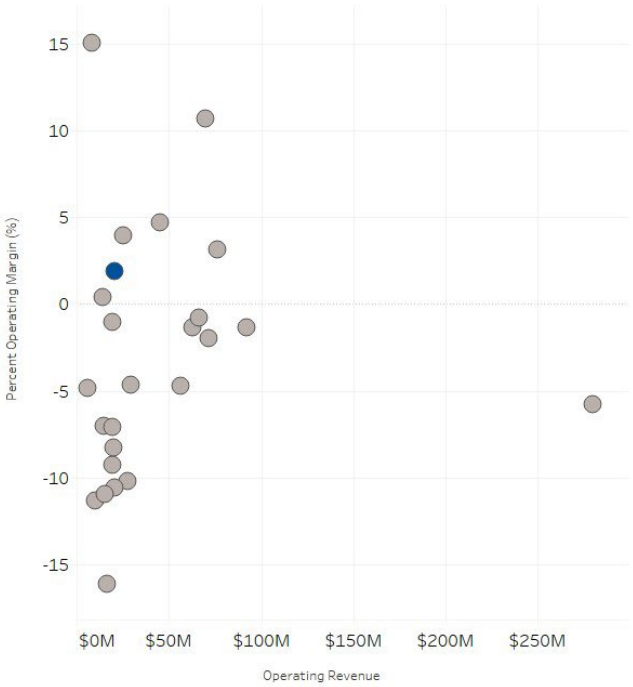

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The Rural Collaborative Report
Metric Detail - Arbor Health

Readmissions

Collaborative Average
Hospital Rate

Toggle National Benchmark: On / Off
Filter Possible Errors: No
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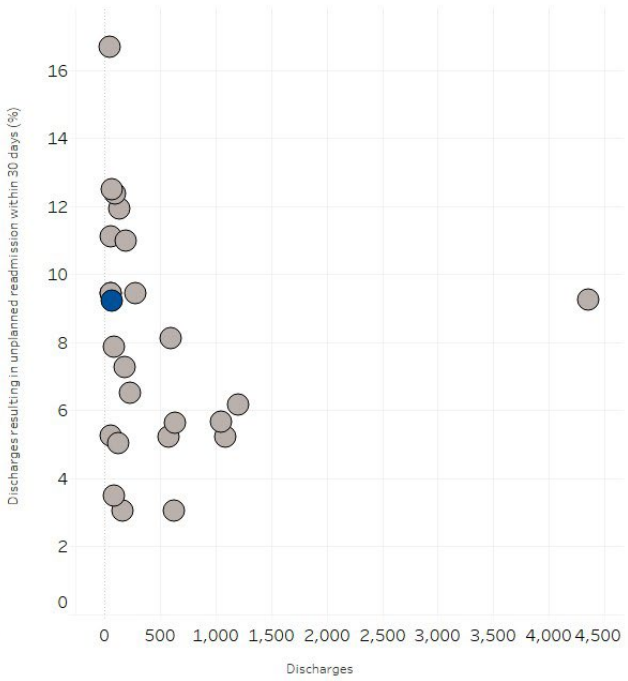
Select Metric: Readmissions
Select Date: Jan 2024 to Jun 2024 and Null values



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Metric Detail - Arbor Health

Salary and Benefits over Operating Revenue

Collaborative Average
Hospital Rate

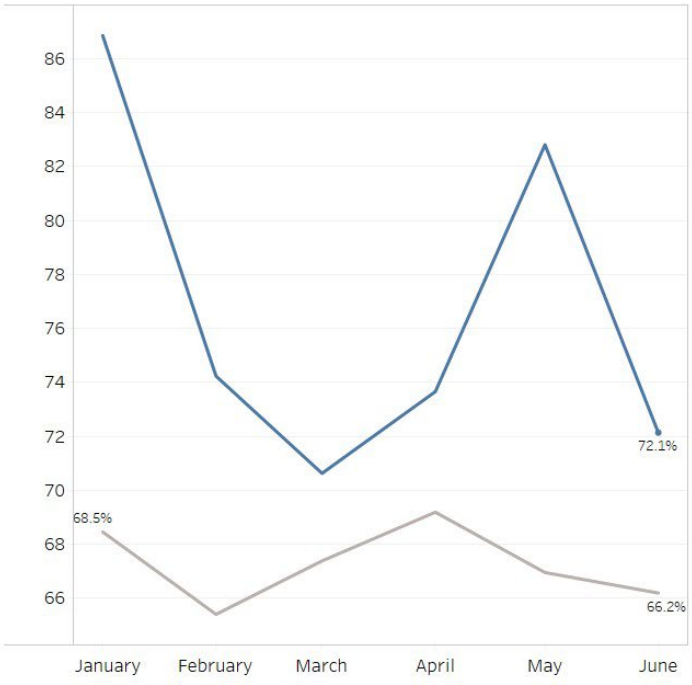
Toggle National Benchmark
On
Off

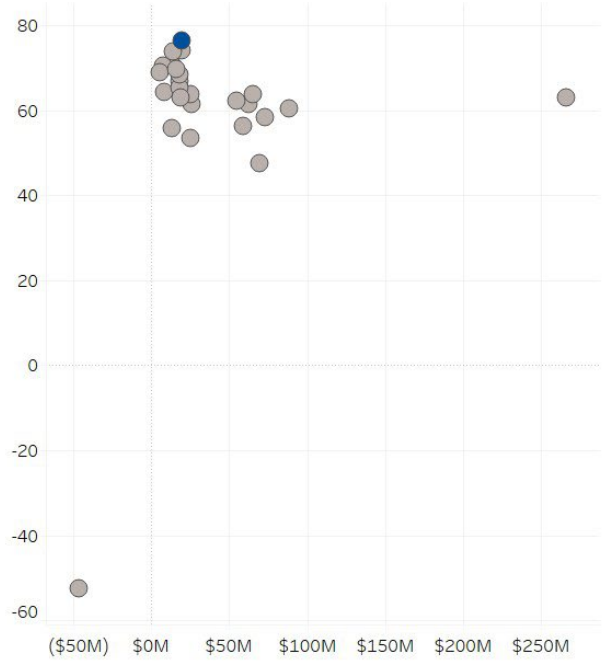
Filter Possible Errors
No

Select Hospital
Arbor Health

Select Metric
Salary and Benefits over O..

Select Date
Jan 2024 to Jun 2024 and Null values





The Rural Collaborative Report
Metric Detail - Arbor Health

Well Child Visits

Collaborative Average
Hospital Rate

Toggle National Benchmark: On / Off
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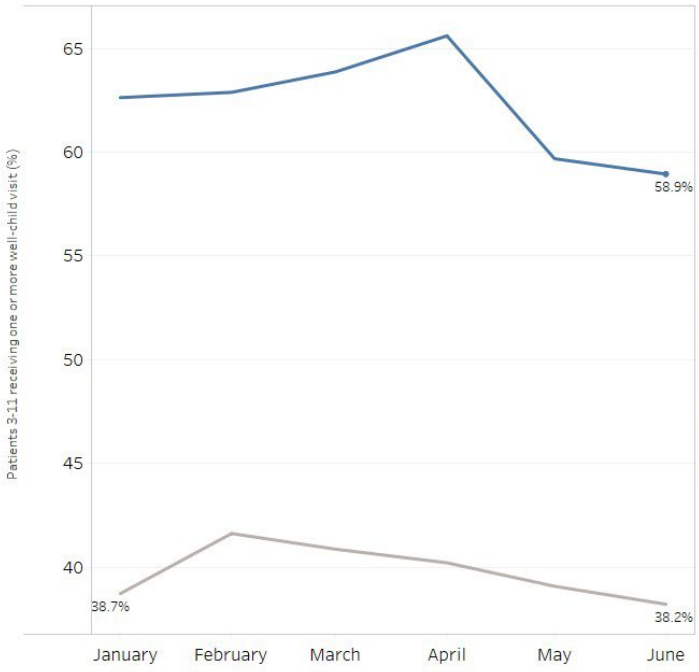

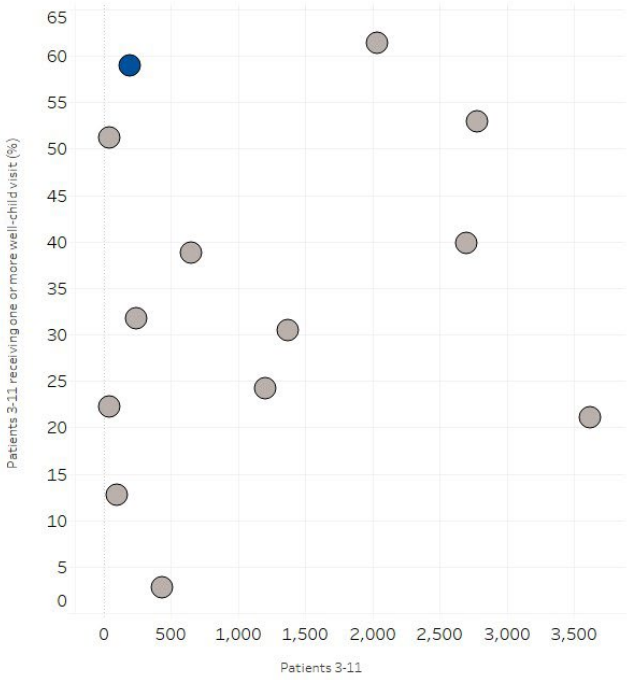

The Rural Collaborative Report
Metric Detail - Arbor Health

Depression Screening

Collaborative Average
Hospital Rate

Toggle National Benchmark: On / Off
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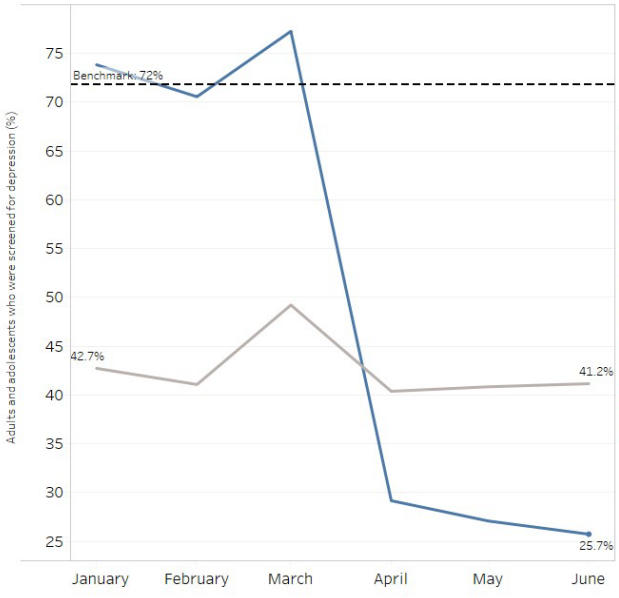

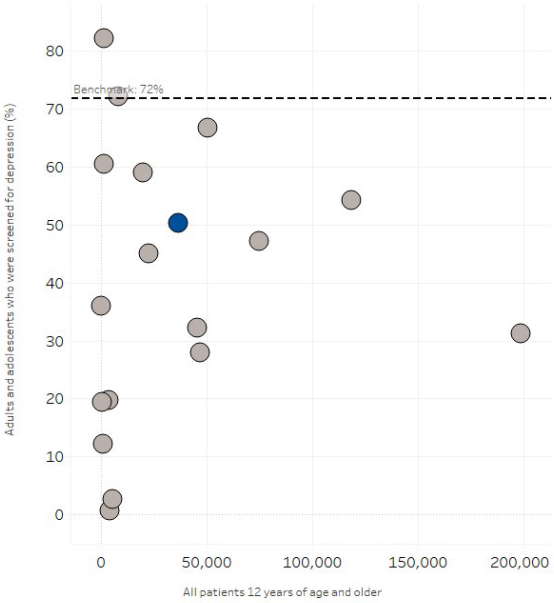

Medicare Advantage plans 'intentionally using prior authorization to boost profits': Senate report

The largest Medicare Advantage insurers have prioritized profits over patient care by increasing the use of prior authorization in recent years to frequently deny post-acute care services to older adults, according to a report published Oct. 17 by the Senate Permanent Subcommittee on Investigations.

As the use of prior authorization has grown, insurers have increasingly deployed predictive technologies and artificial intelligence tools to influence their decisions, often prioritizing financial savings over medical necessity, according to the report.

"There is a role for the free market to improve the delivery of healthcare to America's seniors, but there is nothing inevitable about the harms done by the current arrangement. Insurers can and must do better, for the sake of the American healthcare system and the patients the government entrusts to them," the report concluded.

10 key takeaways:

1. In May 2023, the subcommittee launched an inquiry into the three largest Medicare Advantage companies — UnitedHealthcare, Humana, and CVS Health — seeking information and data regarding how the companies decide to approve or deny prior authorization requests and the technologies they use in the process. The subcommittee sought data about prior authorization requests and denials between 2019 and 2022.

2. In 2022, Medicare Advantage insurers overall received more than 46 million prior authorization requests and either fully or partially denied about 7.4% of them. In 2022, less than 10% of denied requests were appealed.

3. Overuse of prior authorization is a difficult issue to investigate in part because of the opacity of the current system and a lack of public reporting requirements.

According to the report, "Media reporting on this issue indicates that many of the most disturbing practices, including using artificial intelligence to fix Medicare Advantage beneficiaries' lengths of stay in certain facilities, were accomplished through informal pressure campaigns on employees," meaning inappropriate processes are unlikely to be documented by MA carriers.

4. From 2019 and 2022, UnitedHealthcare, Humana, and CVS Health each denied prior authorization requests for post-acute care at far higher rates than they did for other types of care, resulting in less access to post-acute care for Medicare Advantage beneficiaries, according to the report. In 2022, UnitedHealthcare and CVS denied prior authorization requests for post-acute care at rates about three times higher than their overall denial rates for prior authorization requests. Humana's prior authorization denial rate for post-acute care was over 16 times higher than its normal rate of denials.

5. UnitedHealthcare's prior authorization denial rate for post-acute care increased from 10.9% in 2020, to 16.3% in 2021, to 22.7% in 2022. According to the report, the company was implementing multiple initiatives to automate the process, including through a platform called naviHealth, which is owned by Optum. In 2024, the company rebranded naviHealth to Home & Community Care.

"This majority staff report mischaracterizes the Medicare Advantage program and our clinical practices, while ignoring CMS criteria demanding greater scrutiny around post-acute care," a UnitedHealthcare spokesperson told *Becker's*. "Compared to beneficiaries enrolled in original Medicare, Medicare Advantage members experience 45% lower out-of-pocket costs and have more than a 40% lower rate of avoidable hospitalizations and report a 96% satisfaction rating - all at a lower cost to the government."

6. CVS Health's prior authorization denial rate for post-acute care was stable from 2019 to 2022, but the number of post-acute care service requests that required prior authorization increased by 57.5%.

"Documents reveal that CVS saw a consistent correlation between increasing prior authorization requirements and expanding savings," the report said.

"The report significantly misrepresents CVS Health's use of prior authorization," a CVS spokesperson told *Becker's*. "Many of the documents cited are outdated, while others are drafts or were used for internal company deliberations and therefore are not reflective of final decisions. Our Medicare Advantage prior authorization protocols are routinely audited by the Centers for Medicare & Medicaid Services and we recently received a perfect score on an audit examining compliance with the 2024 Final Rule policies. We provided extensive feedback to the committee on these errors, which unfortunately were not addressed in the final report."

7. Humana's denial rate for long-term acute care increased by 54% between 2020 and 2022.

"This is a partisan report laden with errors and misleading claims," a Humana spokesperson told *Becker's*. "In fact, Senator Blumenthal's team declined to correct those errors and mischaracterizations that Humana identified after reviewing certain heavily redacted excerpts prior to the report's release."

8. The subcommittee made three main recommendations for CMS: Begin collecting prior authorization information organized by service category, conduct targeted audits if prior authorization data reveals notable increases in adverse determination rates, and expand regulations for payers' utilization management committees to ensure that predictive technologies are not overshadowing human review.

9. Scrutiny of AI use by insurers has intensified in recent years. UnitedHealthcare, Humana, and Cigna are facing lawsuits alleging they wrongfully denied care to Medicare Advantage members using AI-powered algorithms. As software technologies evolve rapidly, CMS has sought to clarify the distinction between algorithms and AI, and how insurers can use them for clinical decisions.

10. The Better Medicare Alliance, a pro-MA advocacy group, issued the following statement in response to the subcommittee report: "Prior authorization works to ensure care is safe, evidence-based, and cost-effective for Medicare Advantage beneficiaries. This report paints a misleading picture of how the program operates. At the same time, we should always be working to ensure it is as responsive as possible to the needs of seniors. That is why we support ongoing efforts to improve prior authorization."

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https://www.beckershospitalreview.com/finance/medicare-advantage-plans-intentionally-using-prior-authorization-to-boost-profits-senate-report.html

Why hundreds of US pharmacies are closing

Changing consumer trends and market dynamics are leading to hundreds of pharmacy store closures in the U.S.

Brick-and-mortar locations are losing to mail-order and digital options, according to a J.D. Power study of pharmacy customers. Between 2023 and 2024, overall customer satisfaction in physical drug stores declined 10 points on a 1,000-point scale, and satisfaction scores for mail-order pharmacies increased six points.

In August 2023, all Winn-Dixie pharmacies closed. Soon after, Rite Aid filed for bankruptcy and shuttered about 500 of its 2,000-plus locations. And CVS is closing 900 of its nearly 2,000 locations in a three-year plan announced in 2021.

Similar to CVS, Walgreens is also shutting down sites in a phased approach. In 2019, it announced 200 closures, and in mid-2023, laid plans for another 150. It plans to close 1,200 more, according to a recent earnings report.

There are several reasons behind the changing landscape. Brick-and-mortar locations have longer wait times, are less trustworthy and present more difficulties when ordering prescriptions compared to digital and mail-order options, customers say.

Before announcing the latest closures, Walgreens Boots Alliance CEO Tim Wentworth said 25% of the company's stores were underperforming. Of the company's 8,700 drug stores, 13.8% — or about 1 in 7 — are the latest to face termination. A spokesperson told *Becker's* the organization plans to "redeploy the majority of our team members from those stores that we close." The company would not confirm the number of affected employees.

Apart from convenience, reliability and trust, physical pharmacies are also losing when it comes to safety. Most of the 1,200 stores Walgreens is closing were chosen because they are near another location or because of shoplifting, *The Wall Street Journal* reported in June.

"Criminals engaging in mass retail theft are brazen, sometimes threatening and even physically harming workers," Michael Hogue, PharmD, CEO of the American Pharmacists Association, said in August. "As large corporations are downsizing and pharmacy owners are making decisions about locations to close, the amount of 'shrinkage' or retail theft occurring at a given location is increasingly part of the equation."

Physical locations are also facing higher costs and lower reimbursement rates for prescription drugs. Most profits come from these reimbursements, but sales at the front of the store — snacks and household items — are also declining because of competitors like Amazon, *CNN* reported Oct. 16.

In response, retail pharmacy companies are switching course to setting up digital kiosks and smaller stores and squeezing primary clinics inside pharmacies.

Latest articles on Pharmacy:
Texas system creates 3D-printed meds for infection
UCSF Health opens 2 outpatient facilities
90% of independent pharmacies may not stock drugs in negotiation program: Study

https://www.beckershospitalreview.com/pharmacy/why-hundreds-of-us-pharmacies-are-closing.html

Hospital Board Training Part 1: Board Operations

Kim C. Stanger
Holland & Hart LLP
(5-16)

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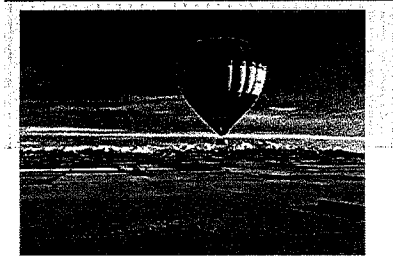


Overview

What board members should know about operations

- Rules Affecting Hospitals
- Board Responsibilities
- Fiduciary Duties
- Hospital Finance 101
- Consolidation and Alignment
- Medical Staff
- Credentialing and Corrective Action
- Protections for Board Members

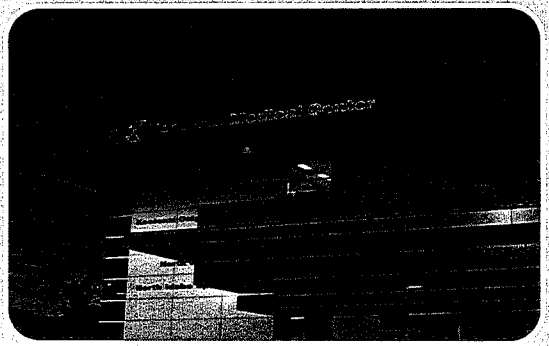
Key laws board members should know

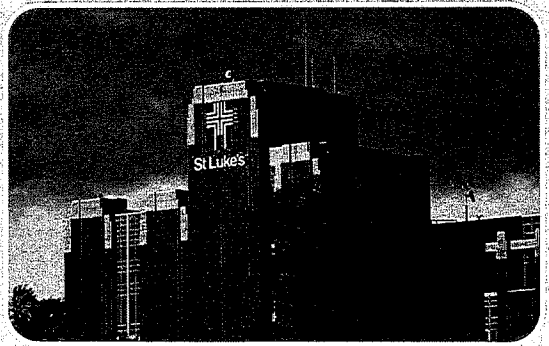
- Fraud and Abuse Laws
  - False Claims Act
  - Anti-Kickback Statute
  - Stark
  - Civil Monetary Penalties Law
- EMTALA
- HIPAA
- Antitrust

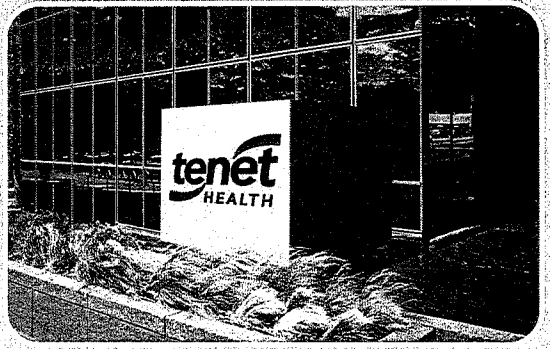
CAUTION

- This is an overview of some of the basic principles.
- Check your own situation when it's time to apply:
  - State statutes and regulations
  - Hospital and medical staff bylaws
  - Contracts

Types of Hospitals







Public (govt owned)

- subject to state laws regarding operations (e.g., open meeting, public records, elections, finance, etc.).
- govt immunity.
- board must act per statutory obligations.

Private nonprofit

- not subject to taxes.
- operate for charitable purpose, not private benefit or for profit.
- provide charity care.
- board must further charitable mission.

Private for profit

- greater flexibility.
- subject to taxes.
- must comply with corporate laws.
- board must act for benefit of shareholders.

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Rules Affecting Hospitals

- State licensure laws and regulations.
  - Govern items such as physical facilities, staffing, services, governing body requirements.
- For example, IDAPA 16.03.14.200:
  - Hospital must have governing body responsible for operation of hospital.
  - Governing body must:
    - Implement bylaws governing board operations.
    - Appoint and reappoint medical staff members.
    - Review and approve medical staff bylaws.
    - Hire and supervise administrator.

Rules Affecting Hospitals

There are always strings attached to govt money.

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Rules Affecting Hospitals

- If hospital wants to participate in govt payment programs (e.g., Medicare or Medicaid), hospital must comply with rules.
  - Conditions of Participation ("CoPs").
    - Hospitals (42 CFR 481)
    - Critical Access Hospitals ("CAHs") (42 CFR 485)
  - Rules governing payment.
    - E.g., medical necessity, orders, supervision, etc.
    - Fraud and abuse laws.

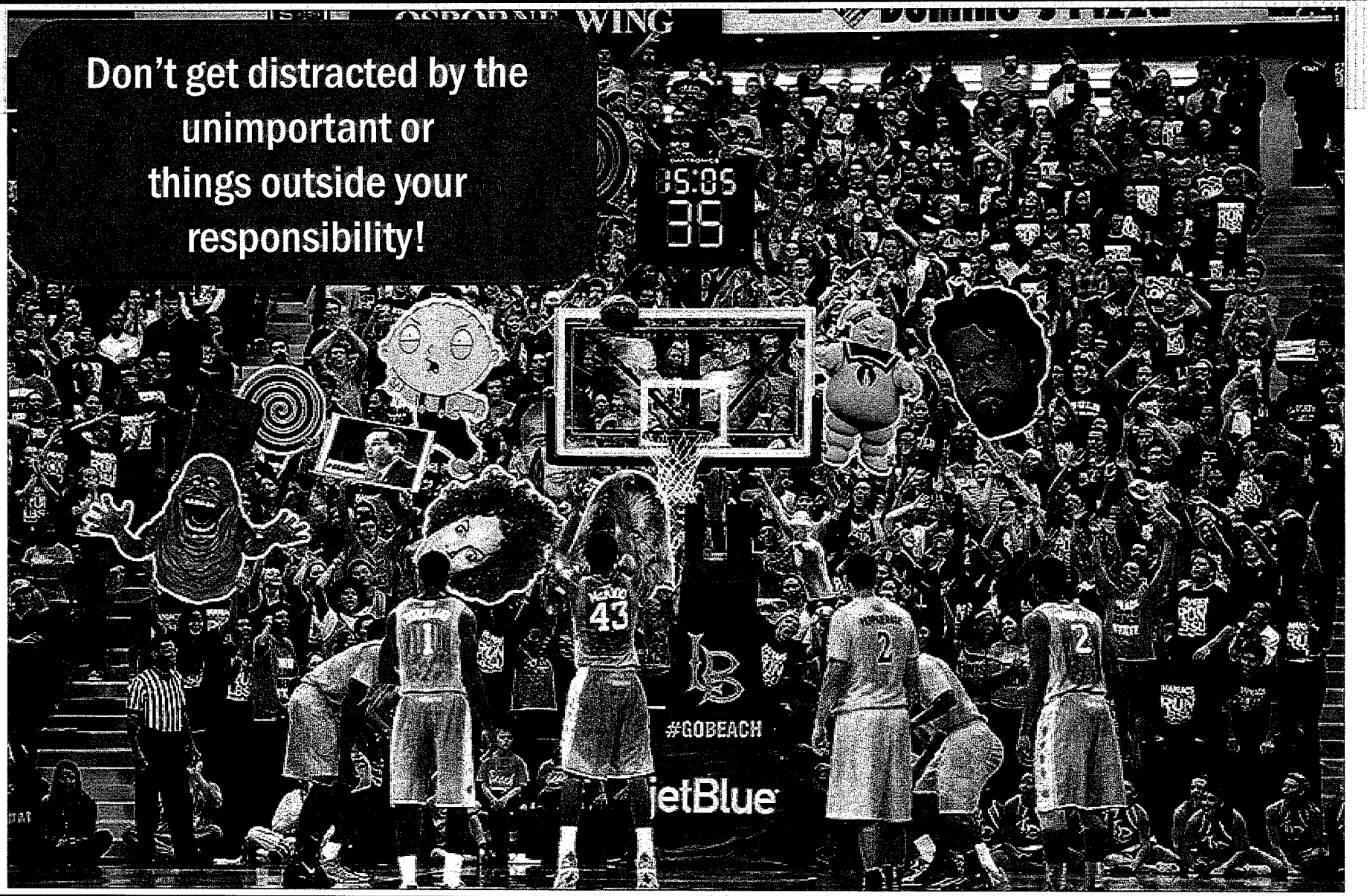
  Violation may result in exclusion from program and repayment.
- Certification can be achieved through:
  - Surveys by state licensing agency.
  - Accreditation by The Joint Commission.

Rules Affecting Hospitals

- For example, 42 CFR 481.20:
  - "The hospital must have an effective governing body legally responsible for the conduct of the hospital...."
  - Governing body must:
    - Appoint medical staff members.
    - Ensure the medical staff is accountable to the governing body.
    - Appoint a chief executive officer who is responsible for managing the hospital.
    - Ensure that care is provided through licensed and qualified practitioners.
    - Ensure the hospital has a budget.
    - Others.

Board Responsibilities

- Hospital mission, vision and values
- Strategic planning
- Effective administration
- Quality patient care
- Qualified practitioners
- Financial stability
- Community relations
- Statutory and regulatory compliance
- Board education and efficient processes



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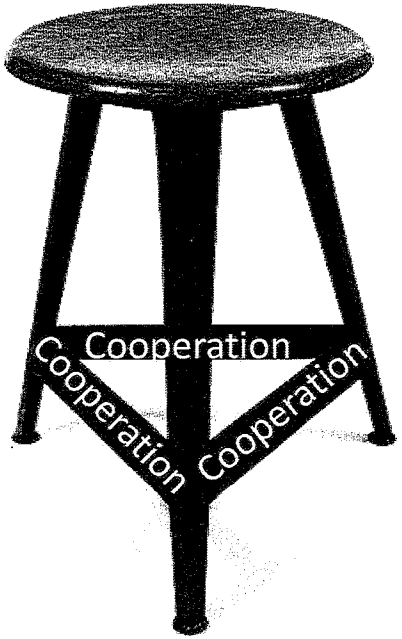
Shared Responsibility

Board of Trustees:

"ultimate authority and responsibility for the operation of the hospital."

(IDAPA 16.03.14.200;

see also IC 31-3607 and -3617)



Administration

"vest[ed] with general managerial powers over the operation of the hospital…"

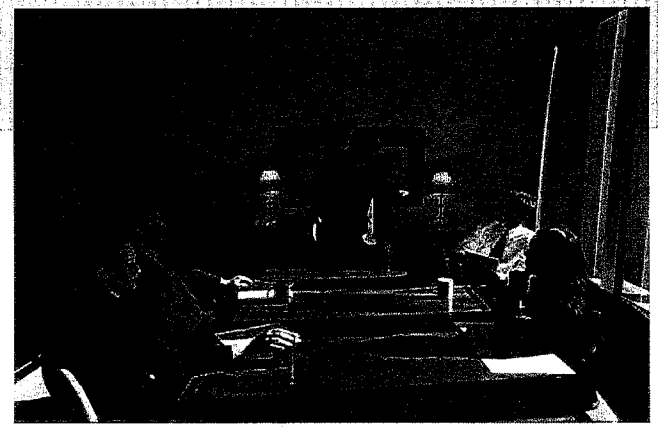
(IC 31-3609)

Medical Staff

"responsible to the [Board] for the quality of all medical care provided the patients, and for the professional practices … of the members."

(IDAPA 16.03.14.250)

Board Roles



- Board roles may differ
  - Governing body
  - Advisory body
- In general, board has certain roles for:
  - Decision making
  - Policy making
  - Oversight of management

See D. Arnwine, *Effective Governance: The Roles and Responsibilities of Board Members*

- *Check your bylaws and particular statutes.*

Board Roles: Decision Making

- Strategic plan
- Hire CEO
- Credential providers
- Approve budgets
- Others?

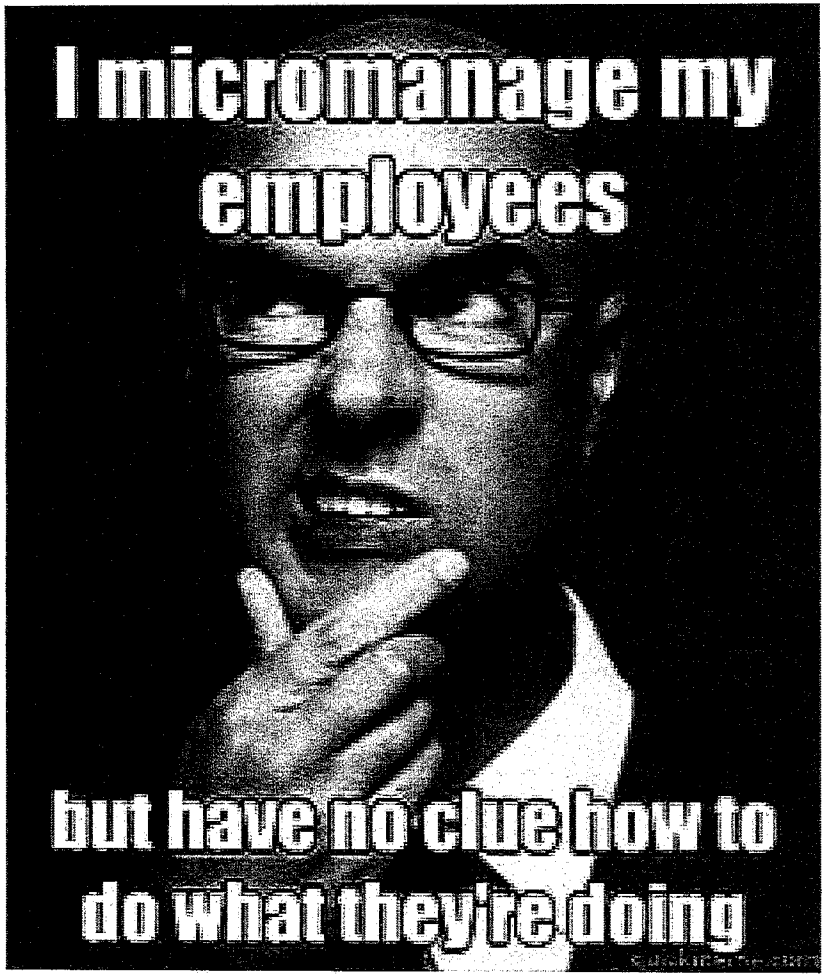
Board Roles: Policy Making

- Board should establish general policies that further hospital mission.
  - Board policies.
  - Review and approve hospital and medical staff bylaws, rules, policies.
- Board delegates implementation of policies to management.

Board Roles: Oversight

- Board should oversee administration.
  - Establish strategic plans.
  - Ensure policies and processes are in place.
  - Require and review periodic reports from administration and medical staff.
  - Ask appropriate questions.
  - Follow up on issues that arise.
  - Hold administration accountable.

Board Roles: Oversight



- Board should <u>not</u> try to manage day-to-day operations itself.
  - Board lacks time, training, experience, and information to manage effectively.
  - Board needs to focus on achieving the hospital's mission, not micromanaging operations.

Governance v. Management

Board

- Focuses on long term objectives.
- Establishes or ensures policies are in place.
- Hires and requires reports from CEO.
- Credentials practitioners.
- Reviews and responds to reports.

Administration

- Tactical steps to achieve strategic plan.
- Implements and enforces policies.
- Handles day-to-day operations.
- Deals with employment issues.
- Prepares and makes reports to board.

Board Authority

- The Board has the authority, not individual members.
  - Board must have quorum to act.
  - Board may delegate authority to committees or individuals.
  - Individual board members lack authority to act on their own unless authorized by the board.
- Board member may expose themselves to liability if he or she acts outside scope of authority.