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# REGULAR BOARD MEETING PACKET

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## BOARD OF COMMISSIONERS

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

March 26, 2025 @ 3:30 PM

Conference Room 1 & 2 or Join Teams Meeting:

Meeting ID: 278 815 328 169

Passcode: 9uo7gX9H

Dial: +1.360.302.2717

Phone Conference ID: 705 103 053#

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

**March 26, 2025 at 3:30 p.m.**

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

Meeting ID: 278 815 328 169

Passcode: 9uo7gX9H

Dial: +1.360.302.2717

Phone Conference ID: 705 103 053#

**Mission Statement**

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

**Vision Statement**

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

AGENDA	PAGE	TIME
<b>Call to Order</b> <b>Roll Call</b> <b>Excused/Unexcused Absences</b> <b>Reading of the Mission &amp; Vision Statement</b> <b>Approval or Amendment of Agenda</b> <b>Conflicts of Interest</b>		3:30 pm
<b>Comments and Remarks</b> <ul style="list-style-type: none"> <li>Commissioners</li> <li>Audience</li> </ul>		3:35 pm
<b>Executive Session- RCW 70.41.200</b> <ul style="list-style-type: none"> <li>Medical Privileging-Chief of Staff Dr. Don Allison &amp; Medical Staff Coordinator Barb Goble</li> <li>Quality Improvement Oversight Report-Commissioner Schumaker &amp; CNO/CQO Barbara van Duren</li> </ul>	6	3:40 pm
<b>Department Spotlight</b> <ul style="list-style-type: none"> <li><i>Imaging-Imaging Manager Robert Houser</i></li> </ul>	8	3:50 pm
<b>Board Committee Reports</b> <ul style="list-style-type: none"> <li>Hospital Foundation Report-Committee Chair-Board Chair Herrin/Foundation Manager Jessica Scogin</li> </ul>	19	4:05 pm
<ul style="list-style-type: none"> <li>Finance Committee Report- Committee Chair-Commissioner Anderson</li> </ul>	22	4:10 pm
<b>Consent Agenda (Action)</b> <ul style="list-style-type: none"> <li>Approval of Minutes: <ul style="list-style-type: none"> <li><i>February 26, 2025, Regular Board Meeting</i></li> <li><i>March 12, 2025, QIO Committee Meeting</i></li> <li><i>March 19, 2025, Finance Committee Meeting</i></li> </ul> </li> </ul>	30 37 42	4:20 pm
<ul style="list-style-type: none"> <li>Warrants &amp; EFTs in the amount of \$4,568,072 dated February 2025</li> </ul>	46	
<ul style="list-style-type: none"> <li>RES-25-05-Declaring to Surplus or Dispose of Personal Property <ul style="list-style-type: none"> <li><i>To approve liquidation of items beyond their useful life.</i></li> </ul> </li> </ul>	48	

<ul style="list-style-type: none"> <li>• Approve Documents Pending Board Ratification 03.26.25 <ul style="list-style-type: none"> <li>○ <i>To provide board oversight for document management in Lucidoc.</i></li> </ul> </li> </ul>	52	
<b>Old Business</b> <ul style="list-style-type: none"> <li>• Board Community Engagements <ul style="list-style-type: none"> <li>○ <i>To monthly discuss the status of board engagements.</i></li> </ul> </li> </ul>		4:25 pm
<b>New Business</b> <ul style="list-style-type: none"> <li>• Upcoming Commissioner Vacancies <ul style="list-style-type: none"> <li>○ <i>To discuss upcoming vacant positions; Commissioner #1-Morton &amp; Position #5-At Large Position. The filing period is May 5<sup>th</sup>-9<sup>th</sup>.</i></li> <li>○ <i>To discuss holding a Special Board Meeting for prospective commissioner candidates.</i></li> </ul> </li> </ul>	55	4:30 pm
<b>Superintendent Report</b> <ul style="list-style-type: none"> <li>• Board Educational Articles <ul style="list-style-type: none"> <li>○ Hospital Medical Staff</li> <li>○ Dr. Oz describes changes he would bring to Medicare, Medicaid as CMS administrator</li> </ul> </li> </ul>	61 79 105	4:40 pm
<b>Meeting Summary &amp; Evaluation</b>		4:50 pm
<b>Next Board Meeting Dates and Times</b> <ul style="list-style-type: none"> <li>• Regular Board Meeting-April 30, 2025 @ 3:30 PM (TEAMS &amp; In Person)</li> </ul> <b>Next Committee Meeting Dates and Times</b> <ul style="list-style-type: none"> <li>• Finance Committee Meeting-April 23, 2025 @ 12:00 PM (TEAMS)</li> </ul>		4:55 pm
<b>Adjournment</b>		5:00 pm



## **EXECUTIVE SESSION**



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#### MEDICAL STAFF PRIVILEGING

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

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#### INITIAL APPOINTMENTS-1

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##### **Telestroke/Neurology Consulting Privileges**

- Taylor Anderson, MD

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#### REAPPOINTMENTS-9

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##### **Telestroke/Neurology Consulting Privileges**

- Bruce Geryk, MD
- Yi Mao, MD
- Aixa Espinosa Morales, MD

##### **Radiology Consulting Privileges**

- James Hills, MD
- Marc Koenig, MD
- Phillip Lowe, MD
- Jennifer McEvoy, MD
- Garland McQuinn, MD
- Hartley Sirkis, MD

★-notates files with items to note.

## **DEPARTMENT SPOTLIGHT**



# Arbor Health Diagnostic Imaging Department

Robert Houser BS R.T. (R)



# Overview



## What it is:

Diagnostic imaging refers to the use of medical imaging techniques to visualize the inside of the body and create images of its internal structures and functions for diagnosing and treating medical conditions.

## Why it's important:

These images help doctors diagnose and treat various medical conditions, monitor the effectiveness of treatments, and guide medical procedures.

## Common Techniques:

**X-rays:** Use electromagnetic radiation to create images of bones, and can be used to visualize fractures, tumors, or foreign bodies.

**Mammography:** Is specialized medical imaging that uses a low-dose x-ray system to see inside the breasts for the early detection of cancer and other breast diseases.

**CT Scans (Computed Tomography):** Use X-rays and computer technology to create detailed cross-sectional images of the body, showing bones, muscles, organs, and blood vessels.

**MRI (Magnetic Resonance Imaging):** Uses a strong magnetic field and radio waves to create detailed images of the body's soft tissues, organs, and blood vessels.

**Ultrasound:** Uses high-frequency sound waves to create images of internal organs, blood vessels, and other structures.

**Echocardiogram:** A non-invasive imaging test that uses ultrasound waves to create detailed pictures of the heart's structure and function.

**Nuclear Medicine:** Uses radioactive materials (radiotracers) to study the function of organs and tissues.

# Services



## Services We Provide

**X-rays:** Available to schedule and walk ins welcome, inpatient and ED 24/7 /365

**Mammography:** Available for screening mammograms Mon- Thurs 6a-430p

**CT Scans :** Available for scheduled outpatients, inpatients and ED 24/7/ 365

**MRI:** Available to scheduled inpatients, outpatients and, ED every Wednesday and every other Friday 7a- 530p

**Ultrasound:** Available to scheduled inpatients outpatients and ED 4 days a week 730a-630p and 1 Saturday per month

**Echocardiogram:** Available to scheduled inpatients, outpatients and ED 4 days a week Mon-Thurs 730a- 630p

**Nuclear Medicine:** Available to scheduled inpatients and outpatients 1 day a week 730a- 530p

# Staffing



XRAY/CT – 5 FTE 1 traveler

Mammography/XRAY – 1 FTE

General / limited Vascular U/S – 1 FTE

Vascular /limited General U/S – 1 FTE

Student XRAY 1 CPT

Casual part time ( Per Diem) - 2 XRAY/CT

## Openings

1 / 2 XRAY/CT FTE x 12 months

1 U/S general FTE x 12 months

1 Mammography CPT x 24 Months

1 US CPT (Per Diem ) x 24 months

# Patient Satisfaction



👤 The timely of service, fast to get you in and explain what is going too. I love the care, and asked the VA to transfer my care to Arbor Medical in Morton. The care I have received is very timely. I would still be waiting to get seen by my previous doctor. The staff always has a smile on their face and quick to say hello. Their service is second to none.

👤 Staff handled the procedure in a minimum amount of wait time. Cordial and professional.

💡 The techs were very kind, seemed caring and were quick.

💡 The staff are very positive, polite and the environment is safe. I am willing to travel a long distance for their care. I do recommend them to my family and friends.

💡 The tech was kind caring and professional. I will be recommending her services to friends. Thank you.

💡 My tech was very polite, explained everything, and was very quick and efficient. I was right in and right back out. He was amazing.

Jenny in Radiology facilitated my mammogram. She's very good... kind, professional, and fun!

❤️ The staff was AMAZING

❤️ Friendly, knowledgeable, professional.

💠 The MRI tech was AMAZING....my wait was limited, and they were sooo patient with my slow walking!! They had me laughing and made it easy.

💠 The technician was thoughtful and very pleasant.

🌳 I loved how easy it was to be seen from scheduling the appointment, no waiting when I arrived, quick scheduling on outside mammogram. Highly recommend!!

🎄 The friendly guy that helped me was outstanding.

👤 The whole process was top notch and the technician was very friendly and helpful.

👤 The fact that I didn't have to wait hardly at all to receive the service was outstanding.

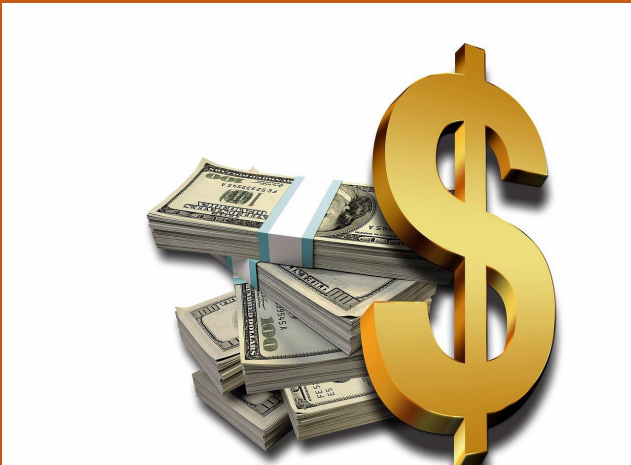
The technologist was outstanding. She was very kind and understanding as well as very professional in performing the procedure

The tech that I saw was very professional, friendly and very good at her job. She was easy to talk to. She was concerned about my comfort. I would highly recommend her. She did a great job.

The person who injected the dye into my arm was outstanding. There was barely a needle mark left, let alone a bruise! The most excellently-done procedure



# The Numbers



## **REVENUE (Total All Modalities) (Gross)**

2022 – \$9,774,700.00

2023 - \$11,511,700.00

2024 – \$13,453,800.00

**+35% increase from 2022**

## **VOLUME (Total All Modalities)**

2022 – 9412

2023 - 9630

2024 – 10548

**+13% increase from 2022**



# Accomplishment



## **2023/2024 Accomplishments**

Successful DOH survey CT and XRAY

Successful ACR Accreditation Mammography

Successful MQSA Mammography

Successful Stroke Level 3 certification CT

Successful Trauma certification level 5 CT / XRAY

Portable XRAY upgrade – digital low dose

GE CT Scanner – cardiac and neuro capabilities

2 Siemens Ultrasound machines with ECHO room

Crypto Chart PACS software – reduce DVDs, improved compliance, and portability

Cerner Image link- ability to view images and results in EMR

Partnership with Tacoma Community Collage – XRAY student internships

# Current ( Work in Progress)



ADDING SERVICES TO  
BENEFIT THE  
COMMUNITY:



MOBILE CTPET  
SERVICES X 1 DAY A  
MONTH



ADDITIONAL MRI  
SERVICES X 3DAYS A  
WEEK



DIAGNOSTIC  
MAMMOGRAPHY



QCT DEXA – ABILITY TO  
PROVIDE BONE DENSITY



CTCACS- SCREENING  
FOR HEART HEALTH



EXPANDING  
PARTNERSHIP WITH  
TACOMA COMMUNITY  
COLLEGE



INHOUSE MRI

# Future



## ***Challenges:***

### Staffing

- Competitive wages
- Openings

### Radiology Groups

- Small fish 10000 studies a yr vs 10000 a week
- Credentialing in specialties I.E Cardiac Reads, Diagnostic Mammo, Breast U/S

### Rules and Regulation

- Prior Auth- limits same day studies from rapid care and clinics
- State of Washington

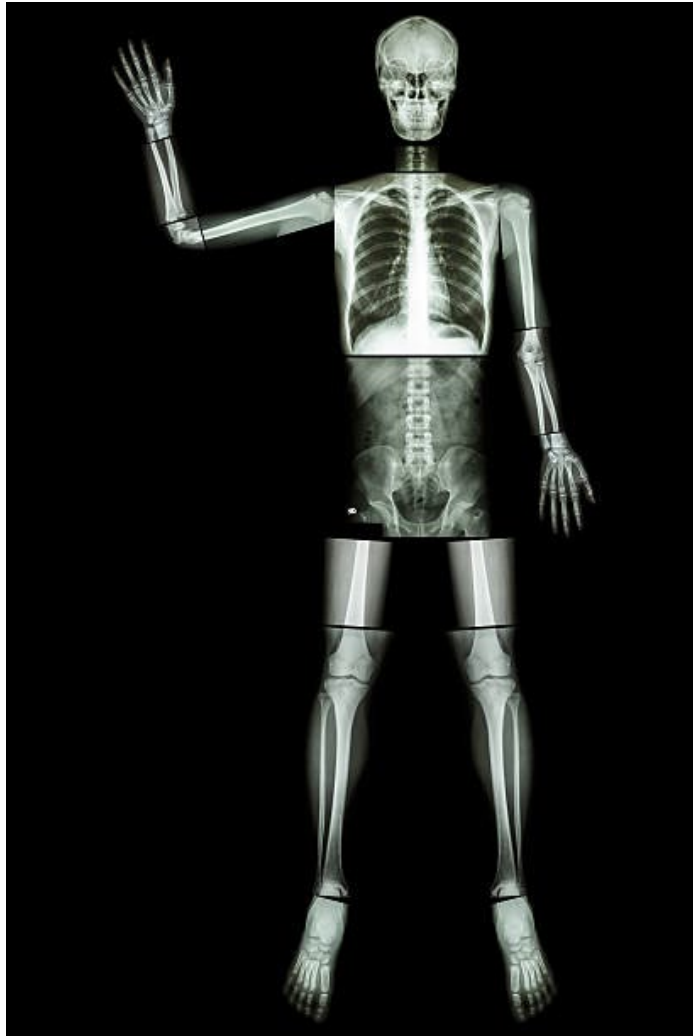
## ***Opportunities***

### Expanding Mobile Services

### Partnerships with Tacoma Community

### Tele radiology groups

### Technology



# Thank you !

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Questions?

## **COMMITTEE REPORTS**

**Arbor Health Foundation meeting**  
**3-11-2024- Hybrid (Not an Evening meeting)**

**1. Call to order :** March Fisher called the meeting to order at 12:07pm

**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.

- **EXCUSED ABSENCES:** Rob Mach, Gwen Turner, Lynn Bishop
- **PRESENT:** Jessica Scogin, Marc Fisher, Edwin Meelhuysen, Amanda Seals, Katelin Forrest, Shannon Kelly, Tom Herrin, Lenae Langham, Jeannine Walker, Paula Baker, Kip Henderson, Bonnie Justice, Christine Bower, Martha Wright, Ann Marie Foresman

**2. Approval of February Treasurer's Report and Minutes:** Thank you to Bonnie Justice for breaking the budget out a bit more for us. It is easier to see which dollars are already dedicated for certain causes. Treasurer's report was unanimously passed on a motion by Shannon Kelly and a 2<sup>nd</sup> by Marc Fisher. February minutes were unanimously passed on a motion by Katelin Forrest and a 2<sup>nd</sup> by Shannon Kelly.

**3. Administrators Report: See attached report from Rob**

**4. Executive Directors Report:**

- Signup sheets
- Family resource fair March 22<sup>nd</sup> –We need some volunteers to put up posters around town (PO, store...). Martha Wright will pick up some and take them to town. Saturday the 22<sup>nd</sup> 8am we will begin setting up the tables. Tom will be responsible to pick up several dozen donuts and cases of water to welcome the vendors in as they are setting up their booths.
- Non-Profit conference—Jessica attended the annual non-profit conference. There were helpful sessions on grant writing which she attended. Jessica attended a session with legislative representative and leaders and was able to ask some good questions and

feels we are following the rules and regulations we need to. She also presented at the brown bag presentation with a couple other hospitals (Summit Pacific and Jefferson) in the collaborative. Jessica shared the PowerPoint presentation she shared at the conference. It was a great opportunity to share what our foundation is doing and how we are involved in the community.

- Brown Bag presentation

**5. Old Business:** Katelin shared that she talked with the treasurer of the Jubilee about increasing the number of raffle tickets we sell at the lawn mower races. The treasurer indicated that it would not be a problem for them to increase that number. We will still need to discuss this with Christy, Eric and Brooks Chambers as they are the ones who organize the ticket sales.

We are still waiting for price break quote from blood pressure company...Jessica will nudge the representative to share the price break he can provide to us.

**6. New Business:** Edwin with the Solo Step, Amanda employee gym equipment grant.

Edwin Meelhuysen presented an idea for our 2025 auction fund-a-need project. He would like to purchase a Solo Step for the therapy department. The purchase price would be \$15,000 to \$20,000. This would provide an opportunity for patients needing support with walking to be supported by a harness and tether that would move through a track installed along the ceiling of the therapy room. The track would also be above one of the treadmills so that extra support can be given to those patients working on their gait and stability. There would be multiple sizes of harnesses so that patients of all sizes can use the apparatus. There was a motion made by Tom Herrin and 2<sup>nd</sup> by Lenee Langham... the motion passes unanimously.

Amanda Seals, Employee Health and Wellness Coordinator, thanked the foundation for the amazing work they do. She had completed an Employee Grant Form requesting funds for updating the employee gym equipment. She presented a sheet of paper with a free weight tower, a total gym type piece of equipment and a power tower. These pieces would replace several of the pieces currently in the gym. The cost would be around \$1000. The maintenance department is currently making some improvements (painting, repairing floor mat...) to the gym. There are employees that make use of the gym and the upgrades would be greatly appreciated. Having the gym available to employees does help with satisfaction and retention of staff which is important. Tom Herron made a motion to fund the gym equipment project. 2<sup>nd</sup> by Paula Baker. Motion passed unanimously.



**7. Next Meeting:** April 15<sup>th</sup> 12pm in the hospital conference room

**Good of the order please share.**

**Meeting adjourned at 1:09.**

**To:** Finance Committee  
**From:** Finance Department  
**Date:** March 11, 2025  
**Subject:** February Financial Statement Review

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## Volumes

The district's volume highlights show higher than expected results in Skilled Nursing days and Physician Clinic Visits.

- Skilled Nursing volumes exceeded budgeted expectations by 40 days or 41%.
- Physician Clinic volumes were favorable to budget by 212 visits or 10%.

## Income Statement

Results from Operations show net income of \$238,821. Operating Revenues were ahead of budget by \$424,122 and Operating Expenses were ahead of budgeted expectations by \$364,776.

### Revenue highlights

- Swing bed revenues were favorable to budget by \$194,876 or 40%.
- Inpatient revenues were favorable to budget by \$142,364 or 35%.

### Expense highlights

- Salaries and Wages expense were higher than expected by \$129,231.
  - Agency expense was over budget by \$262,705.
  - Salary expenses were under budget by \$102,594.
- Benefits expense was ahead of budgeted expectations by \$70,140.
  - Group Health insurance expense was more than expected by \$73,160.
- Supplies expense was over budget by \$156,940.
  - This is primarily due to higher-than-expected expenses of Surgery and Wound care supplies



## Balance Sheet

Highlights in the Balance sheet show cash decreasing and Accounts Receivable increasing.

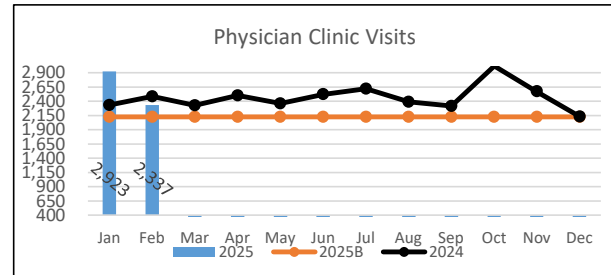
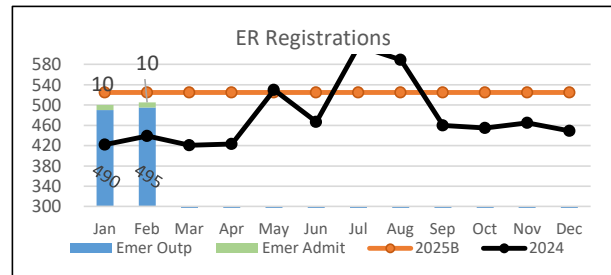
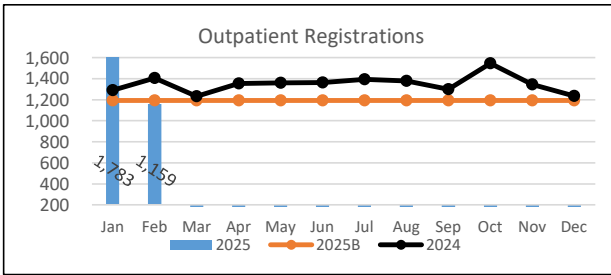
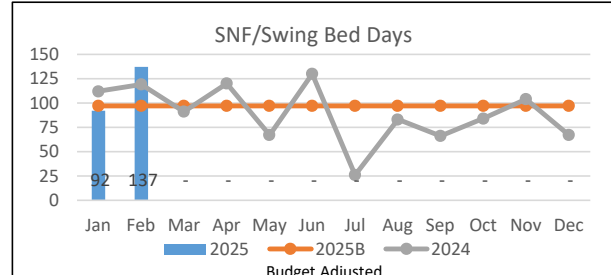
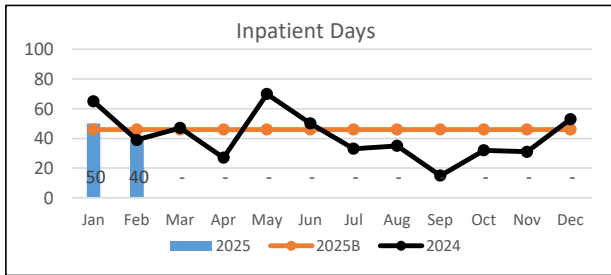
- Cash accounts decreased \$235,862 to \$5,292,232.
  - Days in cash decreased from 49 days to 39 days.
- Accounts receivable increased \$406,056.
  - AR days decreased from 60 to 58 days.



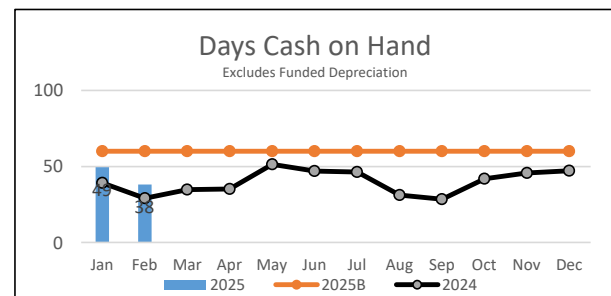
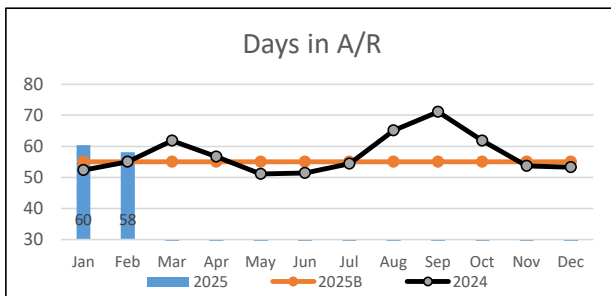
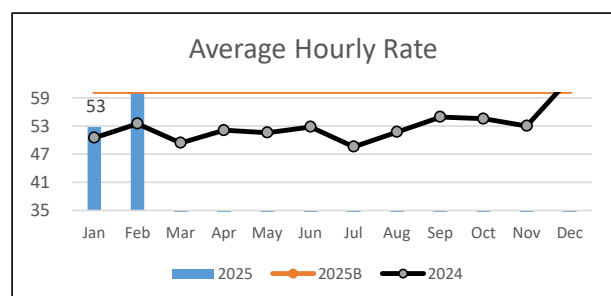
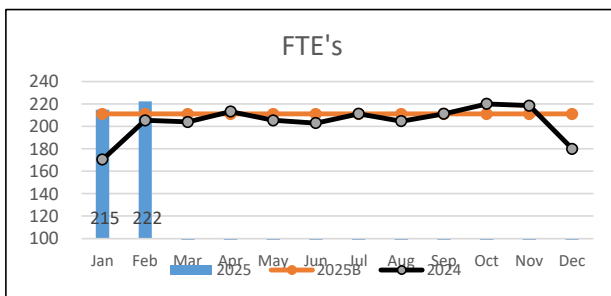
# Lewis County Hospital District No. 1 Board Financial Summary

February 28, 2025

## Growth



## People and Operational Aspects



## Lewis County Public Hospital District No. 1

Balance Sheet  
February, 2025

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
<b>Assets</b>				
<b>Current Assets:</b>				
Cash	\$ 5,292,232	5,528,094	6,170,247	(878,016)
Total Accounts Receivable	11,844,386	11,438,330	11,049,177	795,209
Reserve Allowances	<u>(4,758,245)</u>	<u>(4,854,403)</u>	<u>(4,250,094)</u>	<u>(508,151)</u>
Net Patient Accounts Receivable	7,086,141	6,583,927	6,799,083	287,057
Taxes Receivable	184,861	112,547	35,830	149,031
Prepaid Expenses	510,460	487,589	470,964	39,496
Inventory	243,788	241,389	238,552	5,236
Funds in Trust	<u>1,921,614</u>	<u>1,913,639</u>	<u>1,913,639</u>	<u>7,974</u>
<b>Total Current Assets</b>	<u>15,239,095</u>	<u>14,867,185</u>	<u>15,628,316</u>	<u>(389,221)</u>
Property, Buildings and Equipment	35,880,570	35,858,201	35,837,739	42,832
Accumulated Depreciation	<u>(26,778,896)</u>	<u>(26,689,587)</u>	<u>(26,588,876)</u>	<u>(190,021)</u>
Net Property, Plant, & Equipment	9,101,674	9,168,615	9,248,863	(147,189)
Right-of-use assets	924,944	1,148,584	1,168,907	(243,963)
Other Assets	<u>2,551</u>	<u>2,606</u>	<u>2,661</u>	<u>(110)</u>
<b>Total Assets</b>	<u><u>\$ 25,268,263</u></u>	<u><u>25,186,989</u></u>	<u><u>26,048,747</u></u>	<u><u>(780,483)</u></u>
<b>Liabilities</b>				
<b>Current Liabilities:</b>				
Accounts Payable	1,357,599	1,490,447	1,291,094	66,505
Accrued Payroll and Related Liabilities	847,294	813,935	1,563,109	(715,815)
Accrued Vacation	963,473	926,182	984,338	(20,866)
Third Party Cost Settlement	18,142	82,396	598,945	(580,803)
Interest Payable	48,937	24,469	0	48,937
Current Maturities - Debt	950,221	950,221	950,221	0
Other Payables	<u>4,712</u>	<u>4,842</u>	<u>4,842</u>	<u>(130)</u>
Current Liabilities	<u>4,190,378</u>	<u>4,292,492</u>	<u>5,392,551</u>	<u>(1,202,173)</u>
Total Notes Payable	407,948	434,095	460,195	(52,246)
Lease Liability	836,872	866,159	897,925	(61,053)
Net Bond Payable	4,106,062	4,106,062	4,106,062	0
Total Long Term Liabilities	<u>5,350,883</u>	<u>5,406,315</u>	<u>5,464,182</u>	<u>(113,299)</u>
<b>Total Liabilities</b>	<u>9,541,261</u>	<u>9,698,808</u>	<u>10,856,733</u>	<u>(1,315,472)</u>
General Fund Balance	15,192,014	15,192,014	15,192,014	0
Net Gain (Loss)	<u>534,988</u>	<u>296,168</u>	<u>0</u>	<u>534,988</u>
<b>Fund Balance</b>	<u>15,727,002</u>	<u>15,488,182</u>	<u>15,192,014</u>	<u>534,988</u>
<b>Total Liabilities And Fund Balance</b>	<u><u>\$ 25,268,263</u></u>	<u><u>25,186,989</u></u>	<u><u>26,048,747</u></u>	<u><u>(780,483)</u></u>

Lewis County Hospital District No. 1  
Income Statement  
February, 2025

CURRENT MONTH					YEAR TO DATE					
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
911,674	38%	337,241	891,070	1,228,311	Inpatient Revenue	2,091,235	1,783,514	307,721	17%	1,975,978
3,813,937	2%	72,249	4,335,745	4,407,994	Outpatient Revenue	9,539,062	8,623,331	915,731	11%	7,198,583
597,000	-15%	(98,213)	670,337	572,124	Clinic Revenue	1,262,152	1,340,674	(78,522)	-6%	1,165,969
5,322,611	5%	311,277	5,897,152	6,208,429	Gross Patient Revenues	12,892,449	11,747,519	1,144,930	10%	10,340,530
2,062,903	13%	278,176	2,204,903	1,926,727	Contractual Allowances	4,707,117	4,531,713	(175,404)	-4%	4,464,534
52,753	-42%	(27,558)	66,275	93,833	Charity Care	174,795	135,406	(39,389)	-29%	105,960
146,499	-138%	(85,101)	61,557	146,658	Bad Debt	243,286	125,351	(117,935)	-94%	117,728
2,262,156	7%	165,517	2,332,735	2,167,218	Deductions from Revenue	5,125,199	4,792,470	(332,729)	-7%	4,688,221
3,060,455	13%	476,793	3,564,418	4,041,211	Net Patient Service Rev	7,767,250	6,955,049	812,201	12%	5,652,309
57.5%	-7.7%	-4.6%	60.4%	65.1%	NPSR %	60.2%	59.2%	-1.0%	-1.8%	54.7%
68,369	-34%	(52,672)	154,489	101,817	Other Operating Revenue	222,818	308,978	(86,160)	-28%	155,162
3,128,824	11%	424,122	3,718,906	4,143,028	Net Operating Revenue	7,990,068	7,264,026	726,042	10%	5,807,471
Operating Expenses										
1,927,839	-6%	(129,231)	2,244,926	2,374,158	Salaries & Wages	4,553,826	4,489,852	(63,974)	-1%	3,821,089
344,011	-18%	(70,140)	399,946	470,086	Benefits	978,364	804,926	(173,438)	-22%	701,872
53,409	21%	7,861	36,952	29,091	Professional Fees	61,650	73,440	11,790	16%	95,697
244,154	-58%	(156,940)	271,785	428,725	Supplies	671,690	535,852	(135,838)	-25%	504,002
414,799	-20%	(72,089)	353,833	425,922	Purchase Services	781,934	727,394	(54,541)	-7%	734,464
55,118	9%	4,538	50,926	46,387	Utilities	109,906	90,034	(19,872)	-22%	76,973
32,612	-4%	(1,311)	34,570	35,881	Insurance	71,992	69,140	(2,852)	-4%	65,541
42,080	31%	23,574	75,893	52,319	Other Expenses	104,056	142,794	38,738	27%	103,991
3,114,021	-11%	(393,739)	3,468,830	3,862,569	EBDITA Expenses	7,333,418	6,933,432	(399,987)	-6%	6,103,629
14,803	12%	30,383	250,076	280,459	EBDITA	656,650	330,595	326,055	99%	(296,159)
0.5%	-0.7%	0.0%	6.7%	6.8%	EBDITA %	8.2%	4.6%	-3.7%	-80.6%	-5.1%
Capital Cost										
118,008	15%	19,099	129,249	110,150	Depreciation	231,239	258,500	27,261	11%	238,749
30,653	25%	9,864	39,365	29,501	Interest Cost	59,485	78,163	18,678	24%	61,564
3,262,682	-10%	(364,776)	3,637,445	4,002,220	Operating Expenses	7,624,142	7,270,095	(354,047)	-5%	6,403,942
(133,858)	73%	59,346	81,462	140,808	Operating Income/(Loss)	365,926	(6,068)	371,994	-6130%	(596,472)
-4.3%			2.2%	3.4%	Operating Margin %	4.6%	-0.1%			-10.3%
Non Operating Activity										
90,655	16%	14,092	89,199	103,291	Non-Op Revenue	179,824	178,397	1,427	1%	158,076
4,560	-31%	(1,234)	4,044	5,278	Non-Op Expenses	10,762	8,089	(2,673)	-33%	9,704
86,095	15%	12,859	85,154	98,013	Net Non Operating Activity	169,062	170,308	(1,246)	-1%	148,373
(47,763)	43%	72,205	166,616	238,821	Net Income / (Loss)	534,988	164,240	370,748	226%	(448,099)
-1.5%			4.5%	5.8%	Net Income Margin %	6.7%	2.3%			-7.7%

## Arbor Health

### 2025 Forecast

	2025 Budget	Feb Actual YTD	March-Dec Budget	2025 Forecast
Inpatient Revenues	10,669,498	2,091,235	8,891,248	10,982,483
Outpatient Revenues	51,975,806	9,539,062	43,313,172	52,852,234
Clinic Revenues	8,044,060	1,262,152	6,703,383	7,965,535
Gross patient Revenue	70,689,364	12,892,449	58,907,803	71,800,252
Deductions from Revenues	29,114,658	5,125,199	24,262,215	29,387,414
	41%	40%	41%	41%
Net Patient Revenues	41,574,706	7,767,250	34,645,588	42,412,838
Other Operating Revenue	1,853,867	222,818	1,544,889	1,767,707
Total Operating Revenues	43,428,573	7,990,068	36,190,478	44,180,546
<b>Operating Expenses</b>				
Salaries & Wages	26,979,068	4,553,826	22,482,557	27,036,383
Benefits	4,835,195	978,364	4,029,329	5,007,693
Professional Fees	462,943	61,650	385,786	447,436
Supplies	3,171,647	671,690	2,643,039	3,314,729
Purchase Services	4,684,720	781,934	3,903,933	4,685,867
Utilities	475,698	109,906	396,415	506,321
Insurance	414,839	71,992	345,699	417,691
Other Expenses	784,750	104,056	653,958	758,014
Depreciation	1,561,146	231,239	1,300,955	1,532,194
Interest Cost	456,589	59,485	380,491	439,976
Operating Expenses	43,826,595	7,624,142	36,522,163	44,146,305
Operating Income	(398,022)	365,926	(331,685)	34,241
	-1%	5%	-1%	0%
<b>Non Operating Activity</b>				
Non-Operating Income	1,021,848	169,062	851,540	1,020,602
	623,826	534,988	519,855	1,054,843

**Arbor Health**  
**Cash Flow Statement**  
**For the Month Ending February 2025**

	<b>MTD</b>	<b>YTD</b>
<b>Cash Flows from Operating Activities</b>		
Net Income	238,820	534,988
Adjustments to reconcile net income to net cash provided by operating activities		
Decrease/(Increase) in Net Patient Accounts receivable	(502,214)	(287,058)
Decrease/(Increase) in Taxes receivable	(72,314)	(149,031)
Decrease/(Increase) in Est 3rd Party Receivable	0	0
Decrease/(Increase) in Prepaid expenses	(22,871)	(39,495)
Decrease/(Increase) in Inventories	(2,399)	(5,236)
Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accrued payroll liabilities	70,650	(736,680)
Increase/(Decrease) in 3rd Party cost stlmt liabilities	(64,254)	(580,803)
Increase/(Decrease) in Accounts payable	(132,978)	66,373
Increase/(Decrease) in Interest payable	24,468	48,937
Depreciation expense	89,309	190,020
<b>Net Cash Flow from Operations</b>	<b>(373,783)</b>	<b>(957,985)</b>
<b>Cash Flows from Investing Activities</b>		
Cash paid for		
Purchases of Fixed assets	(22,369)	(42,831)
Right-of-use assets	223,697	244,075
<b>Net Cash Flow from (used) in Investing Activities</b>	<b>201,328</b>	<b>201,244</b>
<b>Cash Flows from Financing Activities</b>		
Cash paid for		
Additions to long-term debt	0	0
Principal payments of long-term liabilities	(26,147)	(52,246)
Lease liabilities	(29,287)	(61,053)
<b>Net Cash Flow from (used) in Financing Activities</b>	<b>(55,434)</b>	<b>(113,299)</b>
<b>Net Increase (Decrease) in Cash</b>	<b>(227,889)</b>	<b>(870,040)</b>
Cash at Beginning of Period	\$ 7,441,733	\$ 8,083,886
Cash at End of Period	<u>\$ 7,213,844</u>	<u>\$ 7,213,846</u>



## **CONSENT AGENDA**



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

**February 26, 2025, at 3:30 p.m.**

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

Meeting ID: 278 815 328 169

Passcode: 9uo7gX9H

Dial: +1.360.302.2717

Phone Conference ID: 705 103 053#

**Mission Statement**

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

**Vision Statement**

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<b>Call to Order</b> <b>Roll Call</b> <b>Unexcused/Excused</b> <b>Absences</b> <b>Reading the Mission</b> <b>&amp; Vision Statements</b>	<p>Board Chair Herrin called the meeting to order at 3:30 p.m.</p> <p><b>Commissioners present:</b></p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Tom Herrin, Board Chair</li><li><input type="checkbox"/> Wes McMahan, Secretary</li><li><input checked="" type="checkbox"/> Craig Coppock</li><li><input checked="" type="checkbox"/> Van Anderson</li><li><input checked="" type="checkbox"/> Chris Schumaker</li></ul> <p><b>Others present:</b></p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Robert Mach, Superintendent</li><li><input checked="" type="checkbox"/> Shana Garcia, Executive Assistant</li><li><input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO</li><li><input checked="" type="checkbox"/> Cheryl Cornwell, CFO</li><li><input checked="" type="checkbox"/> Shannon Kelly, CHRO</li><li><input checked="" type="checkbox"/> Julie Taylor, COSO</li><li><input type="checkbox"/> Dr. Kevin McCurry, CMO</li><li><input checked="" type="checkbox"/> Matthew Lindstrom, CFPO</li><li><input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer</li><li><input checked="" type="checkbox"/> Barb Goble, Medical Staff Coordinator</li><li><input checked="" type="checkbox"/> Dr. Don Allison, Chief of Staff</li></ul>	<p>Board Chair Herrin excused Secretary McMahan from today's meeting due to illness.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Jessica Scogin, Foundation Manager <input type="checkbox"/> Clint Scogin, Controller <input type="checkbox"/> Robert Houser, Imaging Manager <input checked="" type="checkbox"/> Buddy Rose, Journalist <input checked="" type="checkbox"/> Diane Markham, Marketing & Communication Manager <input type="checkbox"/> Julie Johnson, QMRC Manager <input type="checkbox"/> Nicholas Tyler, Pharmacist <input checked="" type="checkbox"/> Laura Glass, Patient Care Services Director <input checked="" type="checkbox"/> Kiersten Mercado, SAO <input checked="" type="checkbox"/> Doug Kirkwood, SAO <input checked="" type="checkbox"/> David Kerman, Community Member  Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.			
<b>Approval or Amendment of Agenda</b>		Commissioner Anderson made a motion to approve the agenda. Commissioner Coppock seconded, and the motion passed unanimously.		
<b>Conflicts of Interest</b>	Board Chair Herrin asked the attendees to state any conflicts of interest with today's agenda.	None.		
<b>Comments and Remarks</b>	Commissioners: Commissioner Anderson invited those interested to join him at the Mineral Rural Fire District Meeting on March 12, 2025.  Audience: None.			
<b>Guest Speaker</b> <ul style="list-style-type: none"> <li>Kiersten Mercado, Assistant State Auditor-Office of the WA State Auditor</li> </ul>	Assistant Audit Manager Kirkwood presented the overall results and conclusions for the areas examined for years 2022 and 2023. Assistant State Auditor Mercado presented for fiscal years 2022-2023, it was a clean audit with an unmodified opinion. A risk-based approach was used to examine the District, and no material deficiencies were identified. Thanked the Finance			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Department, especially Controller Scogin for the smooth audit process. Assistant Audit Manager Kirkwood closing remarks included audit costs, the next audit dates Winter 2025 and the audit publication information releasing the audit report.</p> <p>The Board thanked the team for the audit.</p>			
<b>Executive Session</b> <ul style="list-style-type: none"> <li>RCW 70.41.200</li> </ul>	<p>Board Chair Herrin announced going into executive session at 3:50 p.m. for 5 minutes to discuss RCW 70.41.200-Medical Privileging. The Board returned to open session at 3:55 p.m. Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments:</p> <p>Radiology Consulting Privileges</p> <ol style="list-style-type: none"> <li>1. Michael Tran, MD</li> </ol> <p>Cardiology Consulting Privileges (Providence Cardiology Associates)</p> <ol style="list-style-type: none"> <li>2. Tran Nguyen, MD</li> </ol> <p>Reappointments:</p> <p>Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> <li>3. Corey White, DO</li> <li>4. Benjamin Atkinson, MD</li> </ol> <p>Radiology Consulting Privileges</p> <ol style="list-style-type: none"> <li>5. Jonathan Davison, MD</li> <li>6. Michael Gunlock, MD</li> <li>7. Michal Klysik, MD</li> </ol>	<p>Commissioner Coppock made a motion to approve the Medical Privileging as presented and Commissioner Anderson seconded. The motion passed unanimously.</p>		
<b>Department Spotlight</b> <ul style="list-style-type: none"> <li>Deferred</li> </ul>				
<b>Board Committee Reports</b> <ul style="list-style-type: none"> <li>Hospital Foundation Report</li> </ul>	<p>Board Chair Herrin highlighted the 2024-year end report noting the community impact. Started discussion around this year's Fund-A-Need. Foundation Manager Scogin promoted the upcoming Family Resource Fair on March 22<sup>nd</sup> at the Morton Elementary</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	School. It's a great time to mingle and get a pulse on the community.			
<ul style="list-style-type: none"> <li>Finance Committee Report</li> </ul>	<p>Commissioner Anderson highlighted the financial statistics for the month of January. Volumes continue to be strong in both outpatient registrations and physician clinic visits. Operating Revenues were ahead of budget and expenses were dial in for the month. Net Income was positive for January at \$296,168. On the balance sheet, cash is down due to Medicare takebacks and anticipated higher days in AR due to high turnover. Overall, happy with the month.</p>			
<ul style="list-style-type: none"> <li>Compliance Committee Report</li> </ul>	<p>Compliance Officer Hargett highlighted that legislative workgroups are being created to discuss items on the table. There were three reportable breaches in 2024. Submitted the Charity Care Policy to Department of Health (DOH) and received feedback to respond accordingly to. Presented the 2025 Compliance Workplan and asking for board approval in consent agenda. This is where the District is going to focus efforts. Commissioner Coppock noted the Committee is tracking the big projects and the Board appreciates the due diligence.</p>			
<b>Consent Agenda</b>	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> <li>1. Approval of Minutes               <ol style="list-style-type: none"> <li>a. January 29, 2025, Regular Board Meeting</li> <li>b. February 5, 2025, Compliance Committee Meeting</li> <li>c. February 19, 2025, Finance Committee Meeting</li> </ol> </li> </ol>	<p>Commissioner Anderson made a motion to approve the Consent Agenda with the proposed edit to the Regular Board Meeting Minutes and Commissioner Schumaker seconded. The motion passed unanimously.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>2. Warrants &amp; EFTs in the amount of \$4,946,227 dated January 2025</p> <p>3. RES-25-03-Declaring to Surplus or Dispose of Personal Property</p> <p>4. RES-25-04-Adopting the 2025 Compliance Workplan</p> <p>5. Medical Staff Appointments</p> <p>6. Approve Documents Pending Board Ratification 02.29.25</p> <p>Commissioner Anderson proposed editing the 012925 Regular Board Meeting Minutes by removing, “The District was projecting a loss on the budget; however, experienced a profit of \$2,956,381,” and CFO Cornwell recommended replacing with “The District was projecting a loss on the budget of (\$865,872) so profit exceeded budget by \$2,956,381.”</p>	<p>Edit Regular Board Meeting Minutes prior to sending for signature.</p> <p>Minutes and Warrants will be sent for electronic signatures.</p>	<p>Executive Assistant Garcia</p> <p>Executive Assistant Garcia</p>	<p>02.28.25</p> <p>02.28.25</p>
<p><b>Old Business</b></p> <ul style="list-style-type: none"> <li>Board Community Engagements</li> </ul>	<p>Board Chair Herrin opened the floor for Commissioners to share on meetings attended in the last month.</p> <p>Superintendent Mach attended a Chamber Meeting in Morton last month but consequently missed the Compliance Meeting. Also, Superintendent Mach noted not being able to attend the Fire District Meeting in Mineral as he will be out of the office that week. CNO/CQO van Duren volunteered to go in his place, as well as Board Chair Herrin shared the potential to attend too.</p> <p>Superintendent Mach presented the questions the Board reviewed with Kurt O’Brien in 2024 and recommended having four to five to share with the public.</p>	<p>Brainstorm how to collect the data from the public on these questions.</p>	<p>Superintendent Mach</p>	<p>03.26.25</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>Board Policy &amp; Procedure Review</li> </ul>	<p>Board Chair Herrin presented the following policies/procedures for review and/or revision:</p> <ol style="list-style-type: none"> <li>CEO/Superintendent Evaluation               <ol style="list-style-type: none"> <li>Approved.</li> </ol> </li> <li>Code of Ethics               <ol style="list-style-type: none"> <li>The Board recommended collaborating with Secretary McMahan to removing the irrelevant information and review final copy with legal.</li> </ol> </li> </ol>	Review Code of Ethics to remove unnecessary information and final review with legal.	Superintendent Mach, Compliance Officer Hargett & Secretary McMahan	04.30.25
<b>New Business</b> <ul style="list-style-type: none"> <li>PDC Filing Reminder</li> </ul>	Board Chair Herrin reminded the Board to file prior to April 15, 2025.	Complete PDC Filing online.	Board of Commissioners	Prior to 04.15.25
<b>Superintendent Report</b>	<p>Superintendent Mach highlighted the memo in the packet and added the following updates:</p> <ol style="list-style-type: none"> <li>Shared the latest marketing campaigns.</li> <li>Legislative updates include:               <ol style="list-style-type: none"> <li>State insurance plans (PEBB &amp; SEBB) would cap the hospital reimbursements.</li> <li>Medicaid (SNAP) funding cuts.</li> <li>Reduced tax levy monies and made available to the county treasurer instead.</li> </ol> </li> <li>Strong financial month to kick off the year.</li> <li>Hoping to add another benefit to employees to get their medications filled in house.</li> <li>Unable to make reservations at Campbell's Resort, so reservations have been made at the Grandview Lodge nearby.</li> </ol>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<b>Meeting Summary &amp; Evaluation</b>	<p>Superintendent Mach provided a meeting summary.</p> <p>Board Chair Herrin thanked David Kerman for attending today's meeting. David Kerman noted interest in Arbor Health due to recent ED transfers and hoped during the meeting to learn more about the hospital district.</p> <p>Commissioner Coppock noted the meeting was on point. Commissioner Schumaker shared the meeting was smooth and concise. Commissioner Anderson shared today's meeting was like the finance committee meeting where it was quick and ahead of schedule. Superintendent Mach liked the meeting and appreciates having the best board who supports the organization. Board Chair Herrin agreed it was a great meeting and appreciates everyone being open to diving into complicated issues.</p>			
<b>Adjournment</b>		<p>Commissioner Coppock moved, and Commissioner Anderson seconded to adjourn the meeting at 5:09 p.m. The motion passed unanimously.</p>		

Respectfully submitted,

Wes McMahan, Secretary

Date





**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
QUALITY IMPROVEMENT OVERSIGHT MEETING  
March 12, 2025, at 7:00 a.m.  
TEAMS**

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	Commissioner Schumaker called the meeting to order via Zoom at 7:13 a.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Chris Schumaker, Commissioner <input checked="" type="checkbox"/> Van Anderson, Commissioner  Committee Member(s) Present in Person or via Zoom: <input type="checkbox"/> Julie Johnson, QMRC Manager <input type="checkbox"/> Robert Mach, Superintendent <input checked="" type="checkbox"/> Barbara van Duren, CNO/CQO <input checked="" type="checkbox"/> Shana Garcia, Contract & Accreditation Manager <input checked="" type="checkbox"/> Julie Taylor, COSO <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input type="checkbox"/> Nicholas Tyler, Pharmacist <input checked="" type="checkbox"/> Dr. Don Allison, Chief of Staff <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> Laura Glass, Patient Care Services Director <input checked="" type="checkbox"/> Gary Preston, MA PhD CIC FSHEA <input type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Barb Goble, Medical Staff Coordinator	Excused Absences: Robert Mach (Conference), Julie Johnson (PTO), & Lynn Bishop (Unable to Attend)  Unexcused Absences: Shannon Kelly & Nicholas Tyler		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Sara Riley, EOC Supervisor <input type="checkbox"/> Lynn Bishop, Community Member			
Approval or Amendment of Agenda		Commissioner Anderson made a motion to approve the agenda and COSO Taylor seconded. The motion passed unanimously.		
Conflicts of Interest	Commissioner Schumaker asked the Committee to state any conflicts of interest with today's agenda.	The Committee noted none.		
Committee Reports <ul style="list-style-type: none"> <li>• Medical Executive Committee (MEC)</li> <li>• QAPI Pods-Deferred</li> <li>• Environment of Care (EOC)</li> <li>• Internal Audits (IA)</li> </ul>	<p>Medical Staff Coordinator Goble noted MEC recommended privileges to the Board for approval. Also, a Bylaws Review Committee has been established and working to engage a consultant to review the bylaws with them.</p> <p>EOC Supervisor Riley provided a Q4 update from the last EOC Meeting and noted performance meetings are scheduled to follow up on pending items, as well as to discuss process improvements for 2025.</p>			
Consent Agenda	Approval of the following: <ol style="list-style-type: none"> <li>1. December 11, 2024, Quality Improvement Oversight (QIO) Committee Meeting</li> <li>2. LifeCenter Northwest Q4 Report               <ul style="list-style-type: none"> <li>○ Commissioner Anderson inquired on the Timely Tissue Referral Rate decreasing from 96% in 2023 to 88% in 2024. CNO/CQO van Duren shared there are factors outside of our control.</li> </ul> </li> </ol>	Commissioner Anderson made a motion to approve the consent agenda and Dr. Preston seconded. The motion passed unanimously.		
Old Business	CNO/CQO van Duren shared action items will be addressed in Old			



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>9. <i>Scope of Services- Approved.</i></p> <p>10. <i>Security Management Plan- Approved.</i></p> <p>11. <i>TB Risk Assessment &amp; Plan-Approved.</i></p> <p>12. <i>Utility Systems and Physical Environmental Plan-Approved.</i></p> <p>13. <i>Water Management Plan- Approved.</i></p> <p>14. <i>Critical Access, Quality, Patient Safety &amp; Risk Evaluation-Approved.</i></p>			
<ul style="list-style-type: none"> <li>QIO Dashboard Projects Q4 2024</li> </ul>	<p>CNO/CQO van Duren provided a Q4 2024 update highlighting the Rapid Care Quality of Care decreased and this might be related to the overflow of patients when there is limited waiting room space.</p> <p>Commissioner Anderson inquired about the depression screening “n” number, as there is a variance between clinics.</p> <p>Commissioner Anderson noted again that the Grievance Rate is still incorrect for 2023 and should be .12 not .0012.</p>	<p>Investigate and follow up on depression screening variances.</p> <p>Review Grievance Rate calculation.</p>	<p>COSO Taylor</p> <p>CNO/CQO van Duren/QMRC Manager Johnson</p>	<p>Prior to 06.11.25 QIO Meeting</p> <p>Prior to 06.11.25 QIO Meeting</p>
<ul style="list-style-type: none"> <li>QAPI Dashboard Summary Q4 2024</li> </ul>	<p>CNO/CQO van Duren provided an Q4 2024 update noting PI’s are in progress and that there are a handful being retired.</p>			
<ul style="list-style-type: none"> <li>PRC Dashboard Q4 2024</li> </ul>	<p>CNO/CQO van Duren shared the QIO HCAHPS scores with making special note of the success Packwood Clinic is experiencing. Commissioner Anderson inquired on larger declines in Staff Considered Patient Preferences and Understand Medicine Purpose. CNO/CQO van Duren acknowledged changes need to be made in the Nursing Department to move these numbers in a positive direction.</p>	<p>Provide updates being made in the Nursing Department to hopefully improve measures.</p>	<p>CNO/CQO van Duren/Patient Care Services Director Glass</p>	<p>Prior to 06.11.25 QIO Meeting</p>
<ul style="list-style-type: none"> <li>Regulatory &amp; Accreditation Report</li> </ul>	<p>CNO/CQO van Duren highlighted the findings and status of</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	compliance for DOH and DNV Survey findings.			
Meeting Summary & Evaluation	<p>Commissioner Schumaker provided a summary.</p> <p>Commissioner Anderson thanked Commissioner Schumaker for chairing his first meeting and for CNO/CQO van Duren's input.</p> <p>Commissioner Schumaker noted the meeting going well given the IT issues and getting the attendees on the meeting.</p>			
Adjournment	Commissioner Schumaker adjourned the meeting at 8:11 a.m. The motion passed unanimously.			



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**Finance Committee Meeting**  
**March 19, 2025, at 12:00 p.m.**  
**Via Teams**

**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 Anderson called the meeting to order via Teams at 12:00 p.m.  Commissioner(s) Present in Person or via Teams: <input checked="" type="checkbox"/> Van Anderson, Commissioner <input checked="" type="checkbox"/> Wes McMahan, Commissioner  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Robert Mach, Superintendent <input type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Barbara van Duren, CNO/CQO <input checked="" type="checkbox"/> Jessica Niedert, Business Office Manager <input checked="" type="checkbox"/> Janice Cramer, Patient Access Manager	Excused: Community Member Marc Fisher (Other Commitments)  Unexcused:		
Approval or Amendment of Agenda		Secretary McMahan made a motion to approve the agenda and Superintendent Mach seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Conflicts of Interest	Commissioner Anderson asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Consent Agenda	<p>Commissioner Anderson announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> <li>1. Review of Finance Minutes –February 19, 2025</li> <li>2. Board Oversight Activities</li> <li>3. Review Warrants &amp; EFT's in the amount of \$4,568,072 dated February 2025</li> </ol> <p>The Finance Committee supports the Warrants and EFT's and will recommend approval at the Board level in Consent Agenda.</p>	<p>Secretary McMahan made a motion to approve the consent agenda and Superintendent Mach seconded. The motion passed unanimously.</p> <p>The Finance Committee supported requesting the Board's approval of the Warrants &amp; EFT's at the Regular Board Meeting in Consent Agenda.</p>	Executive Assistant Garcia	03.26.25 Regular Board Meeting
Old Business <ul style="list-style-type: none"> <li>• CFO Financial Review</li> </ul>	<p>CFO Cornwell highlighted volumes for Inpatient were slightly lower than budget, swingbed was ahead of budget and registrations for outpatient, ED and Clinics remain strong YTD. Average Hourly Rate is higher due to agency utilization. CFO Cornwell shared that Days in Cash declined and keep in mind this calculation is based on actual monthly expenses but expect it to come back up in March.</p> <p>Commissioner Anderson noted the Debt-to-Income Ratio may be better than reported and Controller Scogin confirmed a spreadsheet error and the ratio is better than reported. Secretary McMahan requested further clarification in the financial summary and adjustments will be made for next month's summary by Controller Scogin. Also, an additional contractual allowances line was added to the Income Statement (IS) and it too will be remove in next month's reporting.</p>	<p>Update Financial Summary with clearer explanations on reports, review Debt to Income Ratio calculations, and remove contractual allowances line on IS.</p>	Controller Scogin	Prior to next Finance Committee Meeting 04.23.25
New Business <ul style="list-style-type: none"> <li>• WIPFLI Financial Audit</li> </ul>	CFO Cornwell shared the financial audit is wrapping up with WIPFLI and then the cost report portion will be completed. Currently there are			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	no concerns from the audit. Planning to present to the Board at the May 26, 2025, Regular Board Meeting. Secretary McMahan complimented the Finance Team for their strong work during these audits, proud to work with them!			
<ul style="list-style-type: none"> <li>Capital Review</li> </ul>	<p>Superintendent Mach highlighted the one capital item:</p> <ol style="list-style-type: none"> <li>1. Easystand Evolv XT-new equipment allows for heavier patient usage for the inpatient and outpatient settings. No approval required, within Superintendent Mach's spending authority.</li> </ol>			
<ul style="list-style-type: none"> <li>Surplus or Dispose of Personal Property</li> </ul>	<p>CFO Cornwell presented the list of assets for surplus.</p> <p>The Finance Committee supports the resolution and will recommend approval at the Board level in Consent Agenda.</p>	The Finance Committee supported requesting the Board's approval of a resolution of the Surplus at the Regular Board Meeting.	Executive Assistant Garcia	03.26.25 Regular Board Meeting
Appendix	Commissioner Anderson highlighted 340b looks strong and CFO Cornwell noted moving from Wellpartner to SunRx has helped. Again, it's complex and SunRx has been a great resource. Also, noted was the increase in dietary costs and the realization is inflation is affecting the hospital too. CFO Cornwell reminded the committee the hospital should recover some of the expenses through Medicare being cost based reimbursed.			
Meeting Summary & Evaluation	<p>Commissioner Anderson provided a summary report and thanked the Finance team for being so knowledge in answering questions.</p> <p>Superintendent Mach noted a good meeting and thanks for joining in. Commissioner McMahan also noted a good meeting and always, thank you CFO Cornwell and Controller Scogin for answering questions. Business Office Manager Niedert noted good information shared.</p>			



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Patient Access Manager Cramer noted learning a lot and appreciates the opportunity to attend the meeting. CNO/CQO van Duren shared another good meeting and ACNO Littlejohn noted the meeting was very informative and looks forward to learning a ton. Controller Scogin appreciates the Commissioners third set of eyes. CFO Cornwell thanked the Commissioners for taking the time to read and asking good questions.</p>			
Adjournment	Commissioner Anderson adjourned the meeting at 12:44 pm.			

WARRANT & EFT LISTING NO. 2025-02

RECORD OF CLAIMS ALLOWED BY THE  
BOARD OF LEWIS COUNTY  
COMMISSIONERS

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

CERTIFICATION

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

Signed:

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

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

\$4,568,072 this 26<sup>th</sup> day  
of March 2025

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

\_\_\_\_\_  
Secretary, Wes McMahan

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

\_\_\_\_\_  
Commissioner, Van Anderson

\_\_\_\_\_  
Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of \$4,568,072 dated February 1, 2025 – February 28,  
2025.

# ARBOR HEALTH WARRANT REGISTER SUMMARY

## February 28, 2025

### *Routine A/P Check Runs*

Warrant Number	Date	Amount	Description
Summary	2/1/2025-2/28/2025	1, 488, 182	System Checks
Summary	2/1/2025-2/28/2025	2, 635, 433	EFT payments
<b>Total - Umpqua Bank</b>		<b>\$ 4,123,615</b>	

Warrant Number	Date	Amount	Description
1245	02/14/25	223, 339	IRS
1246	02/28/25	216, 351	IRS
4861-4865	02/28/25	4, 767	BBP Admin
<b>Total - Security State Bank</b>		<b>\$ 444,457</b>	

<b>Total Checks/Warrants</b>	<b>\$4, 568, 072</b>
------------------------------	----------------------

### *Error Corrections - in Check Register - Voids*

Warrant No.	Date Voided	Amount	Description
137621	02/04/2025	34,972.50	HEALTHCARE FINANCIAL SERVICES
137623	02/04/2025	7,501.64	HEALTHCARE FINANCIAL SERVICES
137624	02/04/2025	27,470.86	HEALTHCARE FINANCIAL SERVICES
137602	02/18/2025	111.50	DYAN SCHILT
137478	03/04/2025	459,487.37	OPTUMCARE
137774	03/04/2025	200.00	PETTY CASH / PATIENT ACCESS
<b>Total - Voided Checks</b>		<b>\$ 529,744</b>	



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**MORTON, WASHINGTON**

RESOLUTION DECLARING TO  
SURPLUS OR DISPOSE OF PERSONAL  
PROPERTY

RESOLUTION NO. 25-05

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 26<sup>th</sup> day of March 2025, the following commissioners being present and voting in favor of this resolution.

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

\_\_\_\_\_  
Wes McMahan, Secretary

\_\_\_\_\_  
Van Anderson, Commissioner

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

\_\_\_\_\_  
Chris Schumaker, Commissioner

To: Finance Committee & Board  
From: Tina Clevenger, Materials Management Supervisor  
Date: March 21, 2025  
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
03/2025	Stress Treadmill	RT	2124	DISPOSAL	SURPLUS
	Trash/Disposal	DIETARY	5888	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5244	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5243	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5242	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5241	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5246	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5239	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5238	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5237	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	6002	DISPOSAL	SURPLUS

	HEAT PUMP/AIR HANDLER	MAIN	5921	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5920	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5864	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5526	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5443	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5430	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5248	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5247	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5246	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	5245	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	1821	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	1820	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	1813	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	1812	DISPOSAL	SURPLUS

	HEAT PUMP/AIR HANDLER	MAIN	1805	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	1804	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	1803	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	1801	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	554	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	548	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	2022	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	2020	DISPOSAL	SURPLUS
	HEAT PUMP/AIR HANDLER	MAIN	1922	DISPOSAL	SURPLUS

Documents Awaiting Board Ratification 03.26.25		
	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Hospital Staffing Plan & Matrix	DOH Policies & Procedures
2	Scope of Services	Quality
<p>In order to access the above documents you will need to log into Lucidoc. Once you have logged into Lucidoc, on the top toolbar click "My Meetings" and select the upcoming Board meeting date that's highlighted in green to see the agenda with documents needing to be approved. You are able to view the documents once in the agenda. If the date is highlighted in yellow that means the agenda has not been released yet.</p>		



**OLD BUSINESS**

## **NEW BUSINESS**



[Home](#) > [Stay Informed](#) > [MRSC Insight Blog](#) > [March 2025](#)

> [Running for Local Office? Filing Week Begins May 5](#)

## Running for Local Office? Filing Week Begins May 5

March 10, 2025 by [Linda Gallagher](#)

Category: [Elections](#)



Running for local elected office involves many factors, including an understanding of the legal framework, election processes, and community engagement strategies.

Whether you're running for the first time, running for reelection, seeking to run for a different office, or supporting other candidates, this blog provides an overview of considerations related to election campaigns, including new laws. I also introduce MRSC's recently published webpage on this subject that provides more in-depth resources.

### Filing Week is May 5–9 This Year

The candidate filing week is a critical period for those intending to run for office. The candidate filing week now begins on the *first Monday in May*

(rather than “two Mondays before Memorial Day,” as had been the deadline in previous years).

This year, filing week starts on Monday, May 5 and ends on Friday, May 9. Mark your calendars and tell your friends and colleagues. Also, if your agency lists candidate filing information on its website, be sure to check that the right dates are listed.

The filing process is governed by chapter [29A.24 RCW](#), which includes the requirements for submitting candidacy forms and any associated fees. [RCW 29A.24.050](#) notes that declarations of candidacy:

shall be filed between 8:00 a.m. and 5:00 p.m. with the filing officer beginning the first Monday in May and ending the following Friday in the year in which the office is scheduled to be voted upon.

During this time, candidates are required to submit their declaration of candidacy form in person, electronically, or by mail to the [appropriate elections office](#). Candidacy forms may be found on the your local county auditor’s website and the Washington Secretary of State’s webpage, [Candidate Filing Forms](#).

These declarations demonstrate eligibility for office and provide contact information. Candidates may want to prepare their declarations several days or even weeks in advance to ensure a smooth filing process.

## Candidate Statements for Voter Pamphlets

Candidates also have the opportunity to provide personal statements for local voter pamphlets. These are due shortly after the filing week closes, and candidates should consult their elections officials as part of the process, as there are often local rules to follow in submitting these statements.

Since 2023, [RCW 29A.32.230](#) has provided that county auditors or, if applicable, the city clerk, adopt and publish rules for voter pamphlets that include “deadlines for submission of candidates’ statements not sooner than 11 days following the deadline for filing declarations of candidacy under [RCW 29A.24.050](#).”

This year, the deadlines to submit candidate statements may not be sooner than Tuesday, May 20, 2025.

## Candidate Eligibility Requirements

To run for local office in Washington State, candidates must meet specific eligibility criteria in the state constitution and statutes. Generally, a candidate must be a U.S. citizen, at least 18 years old, a registered voter, and resident of the jurisdiction in which they intend to run for local office.

Some jurisdictions have additional requirements (our new webpage covers these requirements in detail). For example, any candidate for city council in noncharter code cities must be a city resident for at least one year preceding the date of the election to hold office (see [RCW 35A.12.030](#) for mayor-council code cities and [RCW 35A.13.020](#) for council-manager code cities).

## Deciding to Run for Office

Deciding to run for office is a significant decision that involves evaluating personal motivations, [understanding the responsibilities of the position](#), and assessing the impact on one's personal and professional life.

Prospective candidates should consider attending public meetings, consulting with current or former officeholders, and reviewing media coverage of public agencies to gain insights into the role. Understanding the commitment required for the position is also crucial, as some roles demand more time and resources than others.

## Engaging with the Community

Community engagement is a vital component of running for office. Candidates typically reach out on various platforms to connect with constituents, including through social media, public forums, and community events. Utilizing digital tools and platforms may enhance outreach efforts and facilitate meaningful interactions with voters. Engaging with underrepresented groups is particularly important to ensure diverse representation and to address community-specific concerns.

## Campaign Finance and Legal Considerations

Candidates must also follow campaign finance laws, which may include reporting contributions and expenditures to the [Public Disclosure Commission](#) (PDC).

It is also essential to understand the [restrictions on using public facilities](#) for campaign activities, as outlined in [RCW 42.17A.555](#). This statute prohibits current government officials and employees from using public resources to support or oppose candidates for office or ballot measures.

Once a person interested in running for office announces that they are running, this may trigger reporting obligations to the PDC even before a declaration of candidacy. We encourage interested people to visit the PDC's [For Candidates](#) webpages for candidate guidance and resources.

## MRSC's New Webpage: Focused on Local Candidates Resources

In January of this year we published a new webpage, [Running for Local Elected Office](#), which offers comprehensive resources about running for local elected offices, including for positions on a governing body (e.g., city council, county commission, fire district board) and for executive positions (e.g., mayor, county auditor, sheriff).

[Running for Local Elected Office](#) updates and covers in greater detail state laws and rules governing running for office and is part of our [series of webpages on local elections](#).

Now that these pages are in place, MRSC will be retiring our older "Getting Into Office" publication, so please turn to our website when researching your questions on local government elections and candidate resources.

## Conclusion and Resources

Running for local office may be a rewarding opportunity to serve one's community and influence local governance. By understanding the eligibility requirements, filing week, voter pamphlet statements, community outreach, and the PDC's legal and financial regulations, candidates can effectively campaign for a position in local government.

For more detailed guidance, here are links to additional resources:

- **MRSC**
  - [Explore Topics - Elections](#)
  - [MRSC Insight blogs related to elections](#)
  - [Use of Public Facilities in Election Campaigns](#)
- **Public Disclosure Commission**
  - [Upcoming Trainings](#)
  - [YouTube channel](#)
- **[Washington Secretary of State: Candidates Resources](#)**

*MRSC is a private nonprofit organization serving local governments in Washington State. Eligible government agencies in Washington State may use our free, one-on-one [Ask MRSC service](#) to get answers to legal, policy, or financial questions.*



### About Linda Gallagher

Linda Gallagher joined MRSC in 2017. She previously served as a Senior Deputy Prosecuting Attorney for King County and as an Assistant Attorney General.

Linda's municipal law experience includes risk management, torts, civil rights, transit, employment, workers compensation, eminent domain, vehicle licensing, law enforcement, corrections, and public health.

She graduated from the University of Washington School of Law.

[VIEW ALL POSTS BY LINDA GALLAGHER](#)

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## **SUPERINTENDENT REPORT**



To: Board of Commissioner

From: Superintendent Mach

Date: 03.26.25

Re: March Superintendent Report

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- Strong February financials but an expected decrease in days cash on hand.
- Continued negotiations with WSNA.
- Currently at the rural Collaborative annual meeting in Spokane
- Visited with Skyline Health on 3/21 to help them with Radiology department
- PEBB/SEBB bill (SB 5083) continues to work its way through the legislature but they did fix the rural/CAH carveout so this should not affect Arbor health.
- Prepackaged medication bill also continues to move through the legislature.
  - **HB 1186** allowing hospitals to provide patients pre-packaged medications that come in doses of more than 24-48 hours.
- Selected Health Facilities and Planning to help us complete our 2024 Community Health Needs Assessment.
- New OR equipment installed and working
- New Kitchen hood installed but working on getting it running
- 2 new HVAC units purchased
- New Rehab equipment purchased
- New waiting room furniture being purchased for clinics
- Working on project to replace entry way flooring
- 2 rural collaborative hospitals were hit with ransomware attacks last month

2025 Goals	December	January	February	March	April	May	June	July	August	September	October	November
<b><u>Financial Stability and Growth</u></b>												
End the fiscal year of the hospital with a positive operating margin of at least 3% or better.			5.90%	5.80%								
<b><u>Workforce Stabilization</u></b>												
Voluntary resignations under 12%			1.19%	1.18%								
<b><u>Service and Quality</u></b>												
Patient satisfaction ranking likelihood of recommending all departments combined $\geq$ 70%												
<b><u>Community Relations and Partnerships</u></b>												
Sponsor at least 4 community events and the CEO attends at least 12 community events annually (2 per district and 4 at large events)	Christmas parade, Centralia College advisory meeting	Gave presentation to East Lewis County Chamber on Hospital happenings										

## February 2025, Digital Marketing Report

### Website Analytics

Total website views: 24,963

#### Top three pages:

- Patient portal, 2,410 views
- Morton Hospital location, 1,891 views
- Provider Directory with 1,863 views

#### Top 5 Service Pages:

- Cardiology, 274 views
- Rapid Care Clinic, 268 views
- Rehab, 188 views
- Mammography, 161 views
- Extended-Care Rehab, 154 views (*a.k.a. Swingbed*)

#### Google Report:

- Overall cumulative ratings for all profiles (providers and facilities) 4.1
- Morton Clinic, 3.6
- Morton Hospital, 4.2
- Mossyrock Clinic, 3.6
- Packwood Clinic, 5.0
- Randle Clinic, 3.7
- Rapid Care Clinic, 4.7
- Rehab Services Clinic, 5.0

#### Community Support

- MWP Fastpitch

The Rural Collaborative Report  
Metric Detail - **Arbor Health**

All Falls



Collaborative Average  
Hospital Rate

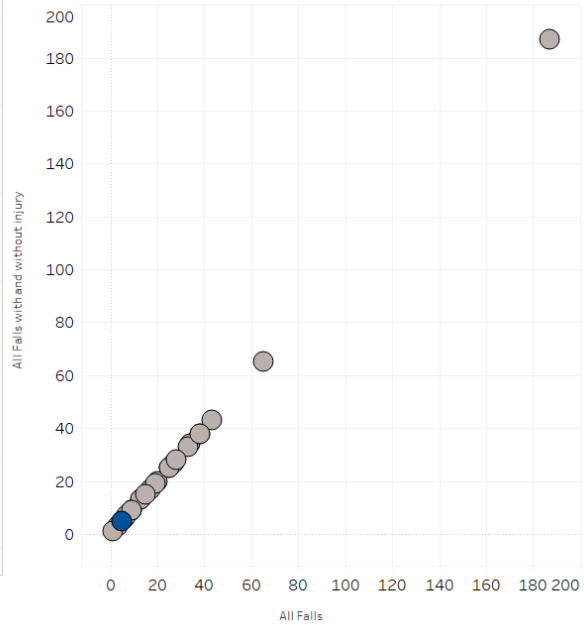
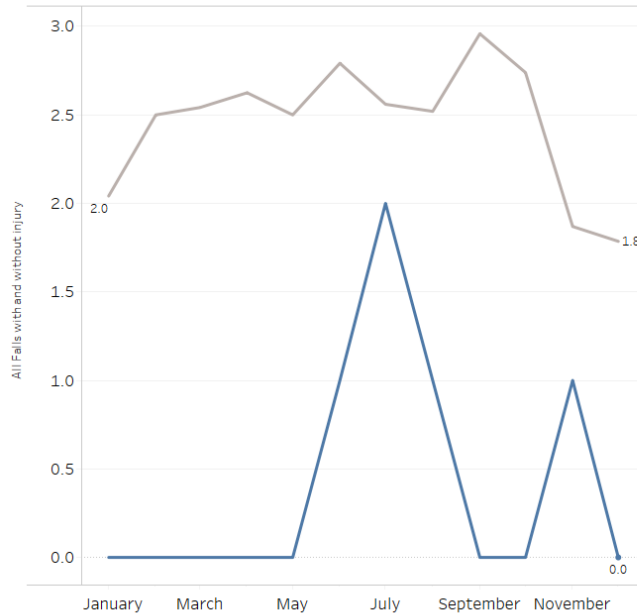
Toggle National Benchmark  
● On  
○ Off

Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
All Falls

Select Date  
Jan 2024 to Jan 2025  
and Null values



The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Annual Wellness Visits



Collaborative Average  
Hospital Rate

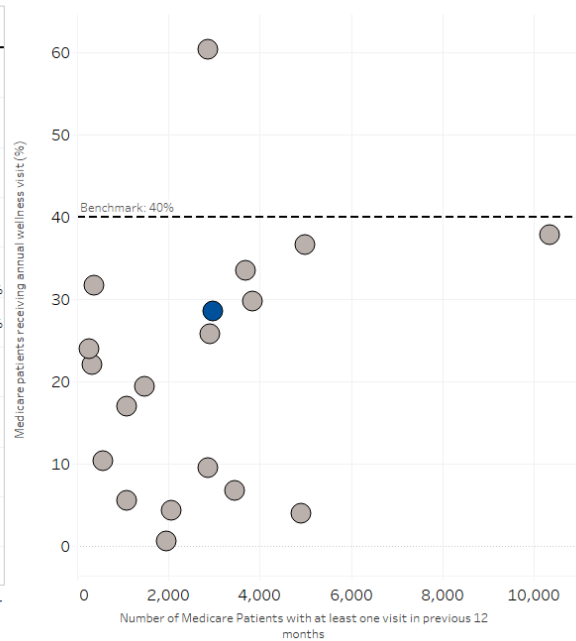
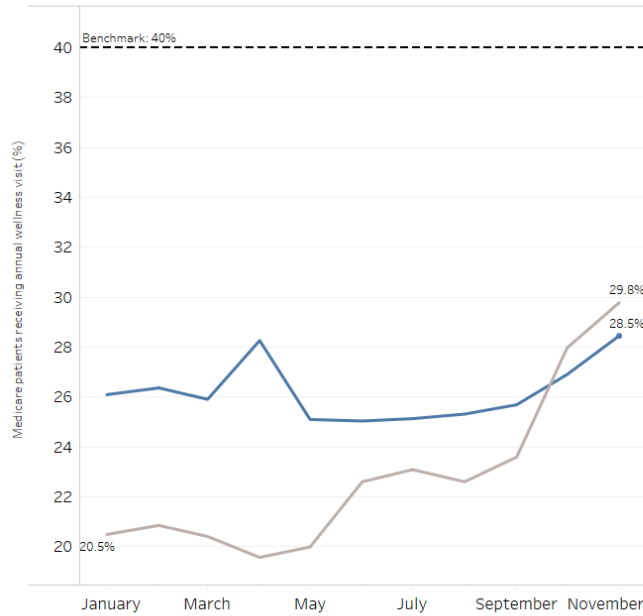
Toggle National Benchmark  
● On  
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Filter Possible Errors  
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Select Hospital  
Arbor Health

Select Metric  
Annual Wellness Visits

Select Date  
Jan 2024 to Jan 2025  
and Null values



The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Avoidable ED Visits



Collaborative Average  
Hospital Rate

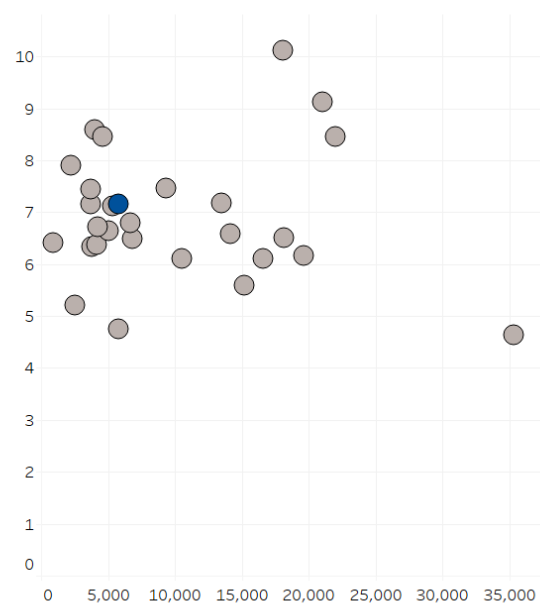
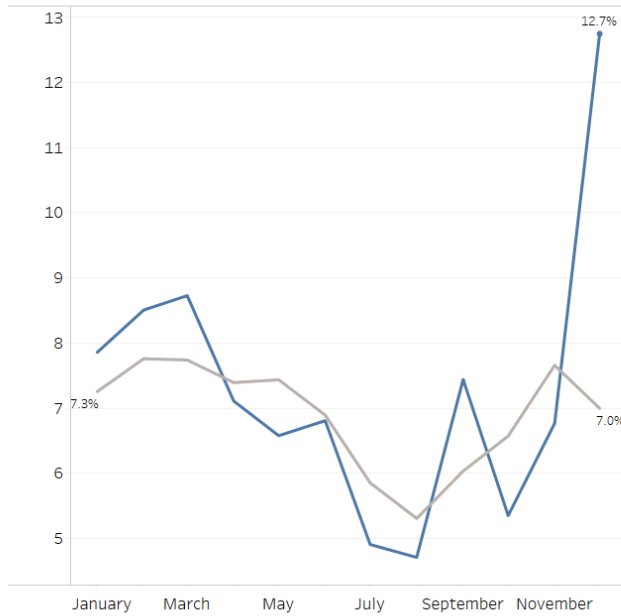
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On  
Off

Filter Possible Errors  
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Select Hospital  
Arbor Health

Select Metric  
Avoidable ED Visits

Select Date  
Jan 2024 to Jan 2025  
and Null values



## The Rural Collaborative Report Metric Detail - Arbor Health

### Blood Pressure Screening



Collaborative Average  
Hospital Rate

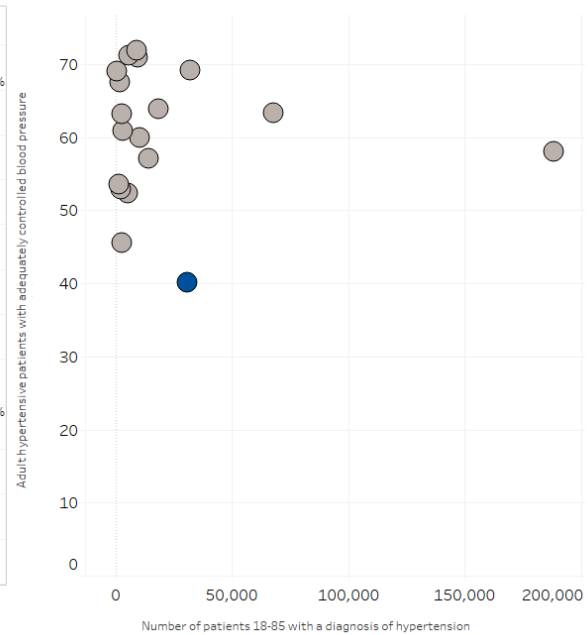
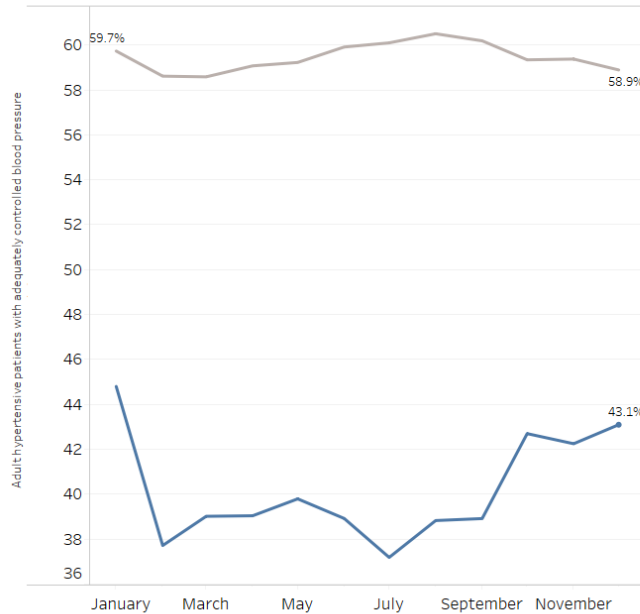
Toggle National Benchmark  
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○ Off

Filter Possible Errors  
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Select Hospital  
Arbor Health

Select Metric  
Blood Pressure Screening

Select Date  
Jan 2024 to Jan 2025  
and Null values



The Rural Collaborative Report  
Metric Detail - **Arbor Health**

**Breast Cancer Screening**



Collaborative Average  
Hospital Rate

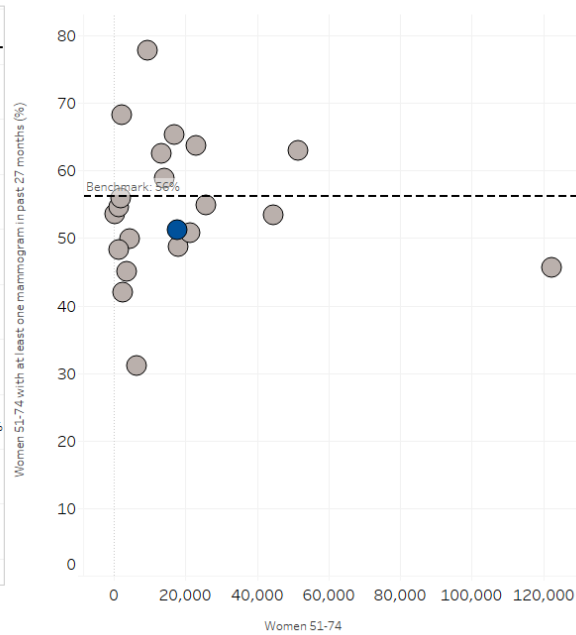
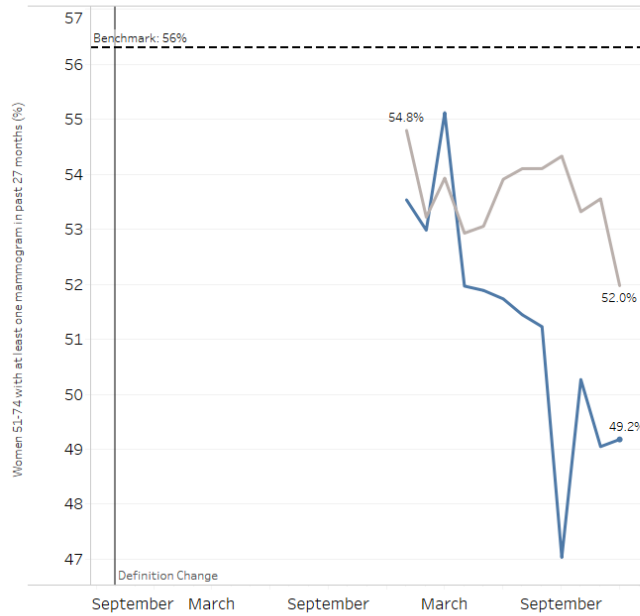
Toggle National Benchmark  
On  
Off

Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
Breast Cancer Screening

Select Date  
Jan 2024 to Jan 2025  
and Null values





The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Charity Care over Charges



Collaborative Average  
Hospital Rate

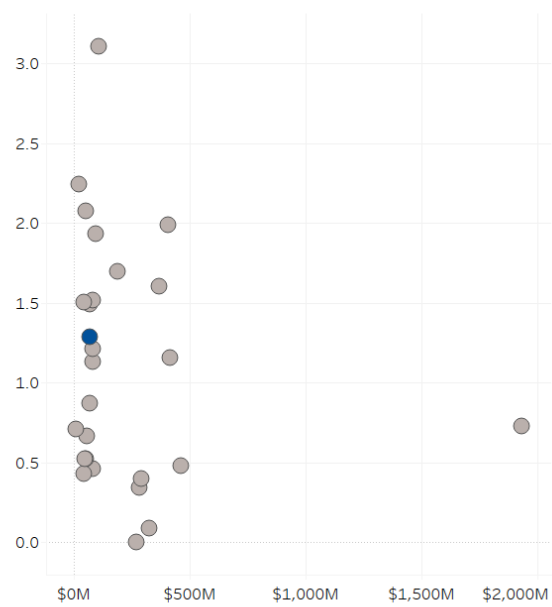
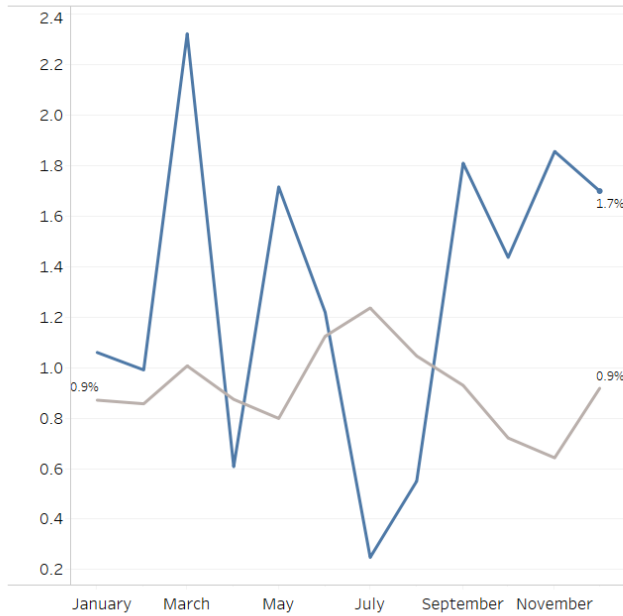
Toggle National Benchmark  
● On  
○ Off

Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
Charity Care over Charges

Select Date  
Jan 2024 to Jan 2025  
and Null values



The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Colorectal Cancer Screening



Collaborative Average  
Hospital Rate

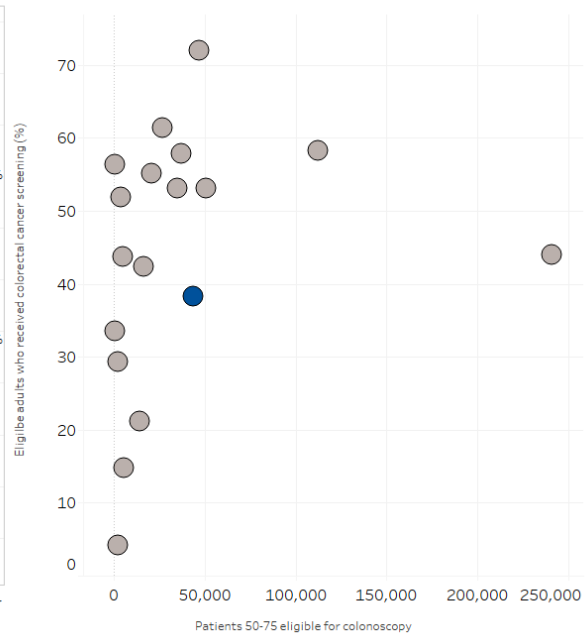
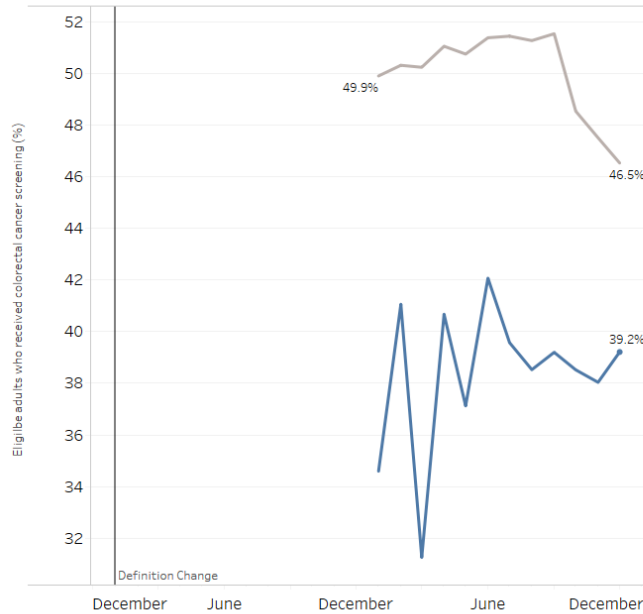
Toggle National Benchmark  
● On  
○ Off

Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
Colorectal Cancer Screeni..

Select Date  
Jan 2024 to Jan 2025  
and Null values



The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Days Cash On Hand



Collaborative Average  
Hospital Rate

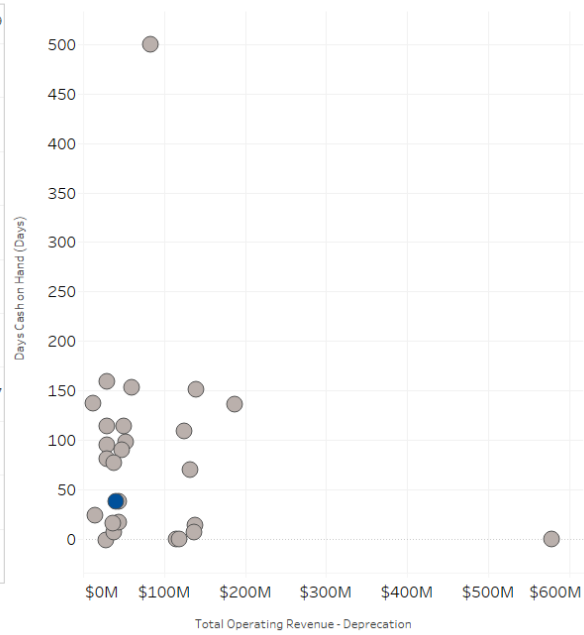
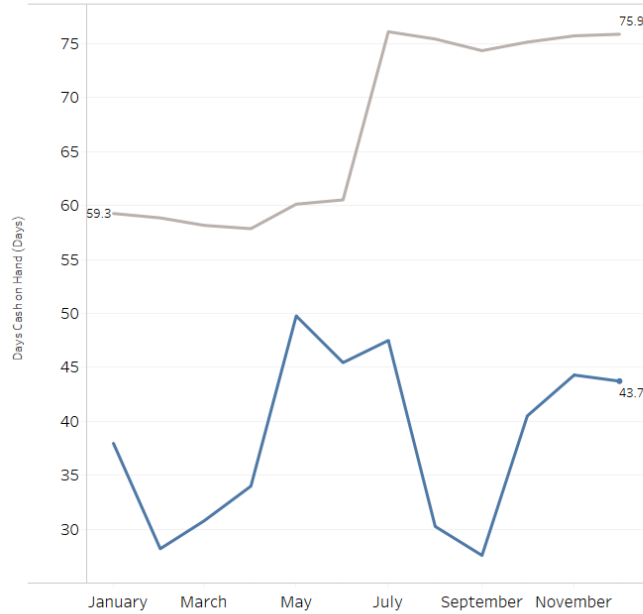
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Arbor Health

Select Metric  
Days Cash On Hand

Select Date  
Jan 2024 to Jan 2025  
and Null values



## The Rural Collaborative Report Metric Detail - Arbor Health

### Depression Screening



Collaborative Average  
Hospital Rate

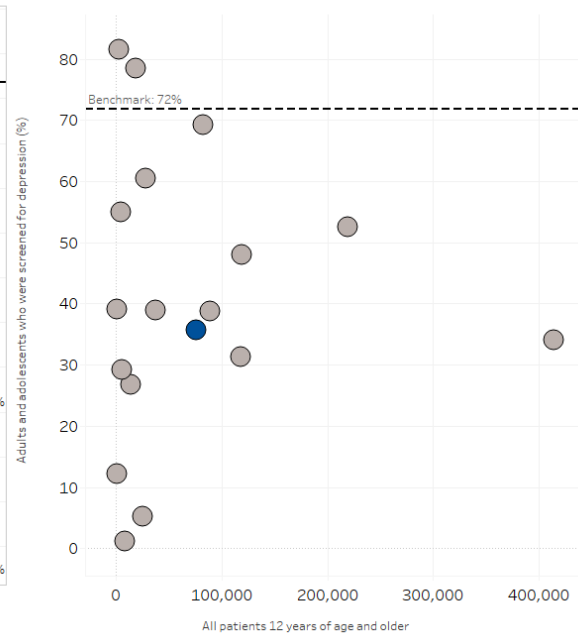
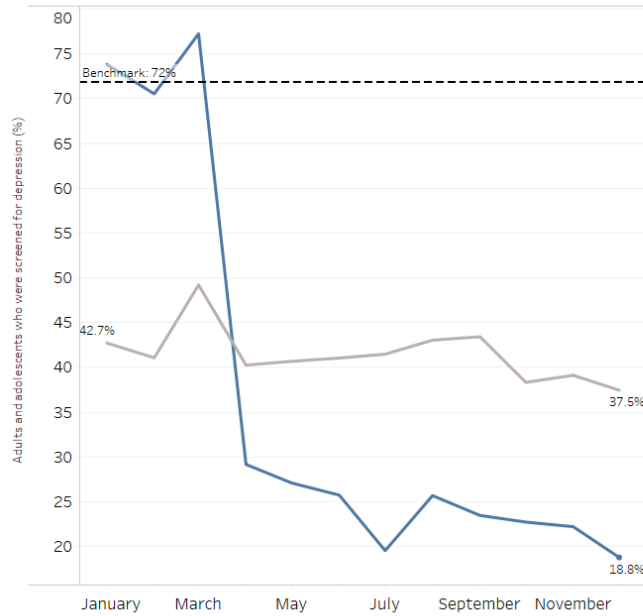
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Arbor Health

Select Metric  
Depression Screening

Select Date  
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and Null values



The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Diabetes Care



Collaborative Average  
Hospital Rate

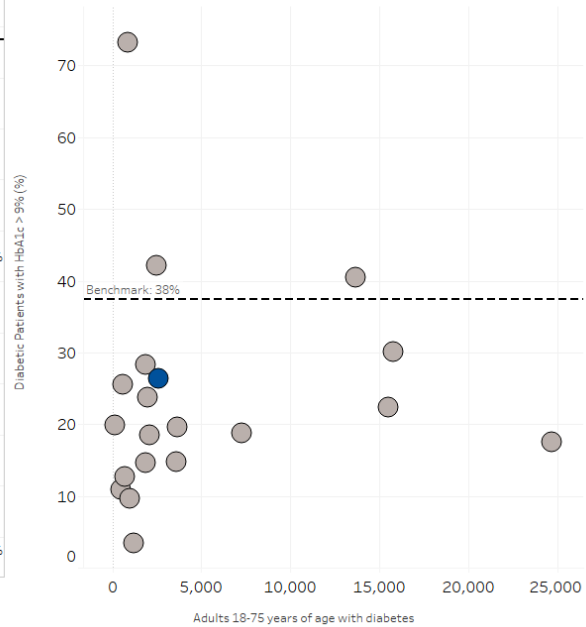
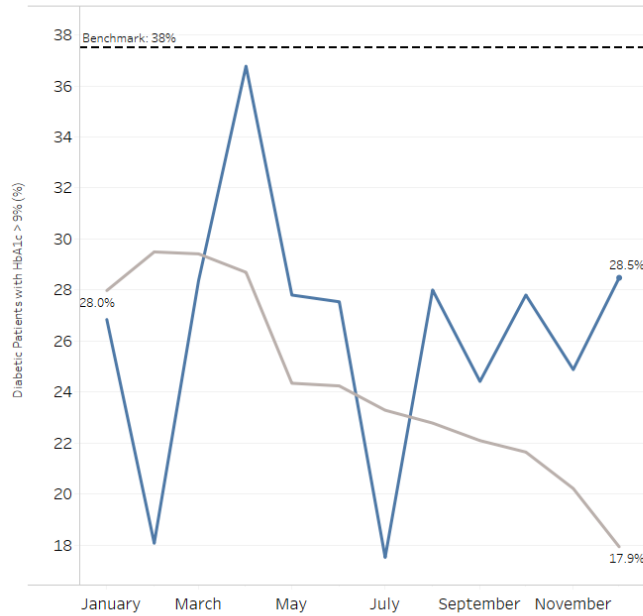
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Select Hospital  
Arbor Health

Select Metric  
Diabetes Care

Select Date  
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and Null values



The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Net Days Accounts Receivable



Collaborative Average  
Hospital Rate

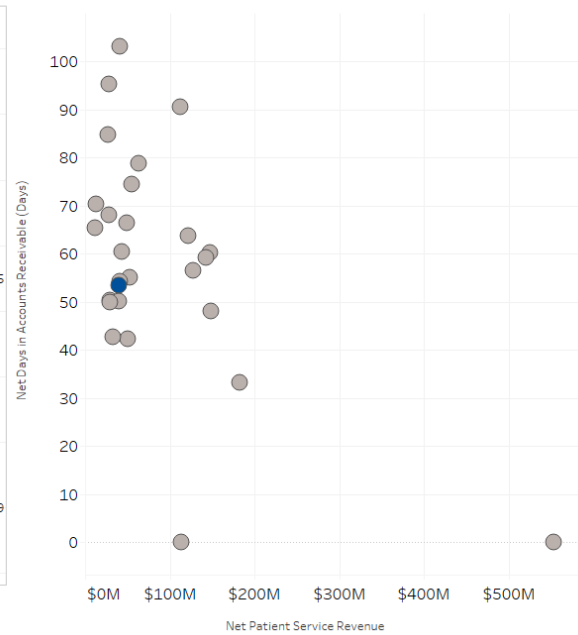
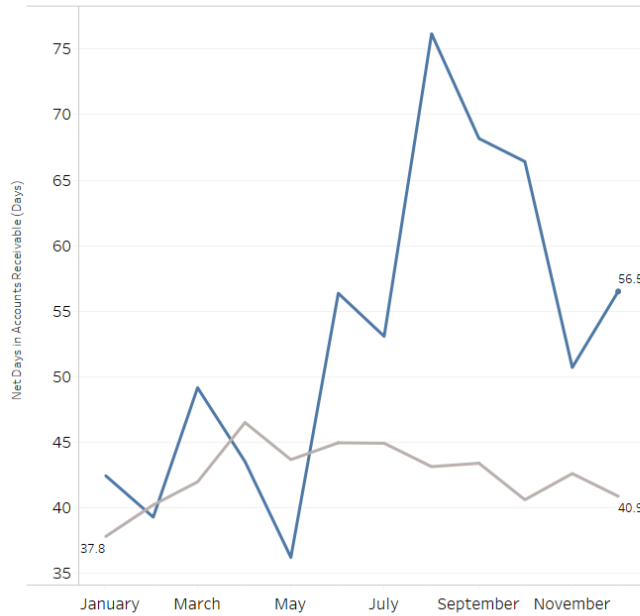
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Arbor Health

Select Metric  
Net Days Accounts Receiv..

Select Date  
Jan 2024 to Jan 2025  
and Null values



The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Operating Margin



Collaborative Average  
Hospital Rate

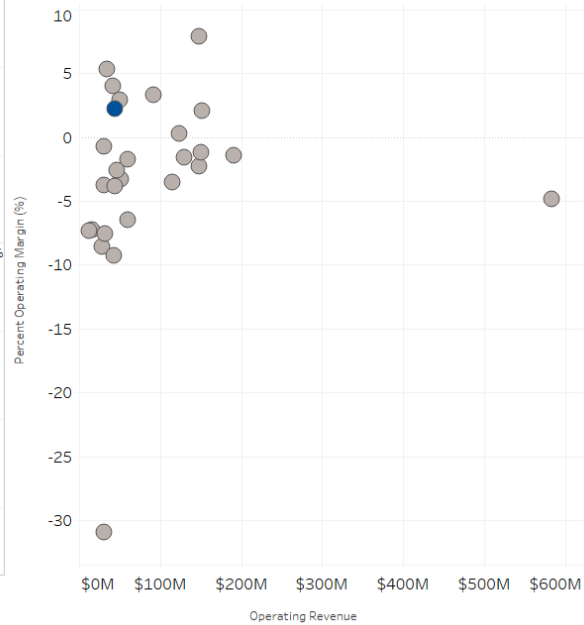
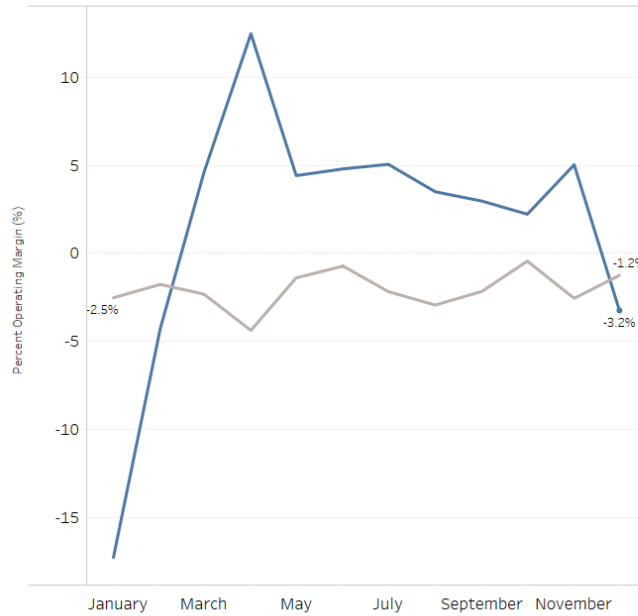
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Filter Possible Errors  
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Select Hospital  
Arbor Health

Select Metric  
Operating Margin

Select Date  
Jan 2024 to Jan 2025  
and Null values



## The Rural Collaborative Report Metric Detail - Arbor Health

### Readmissions



Collaborative Average  
Hospital Rate

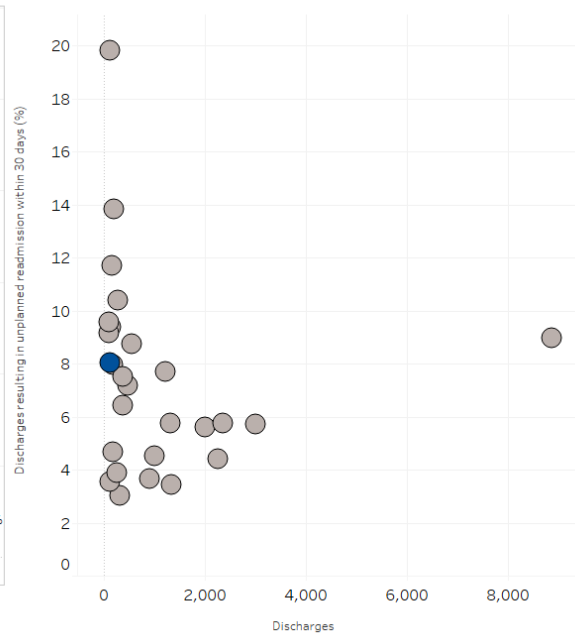
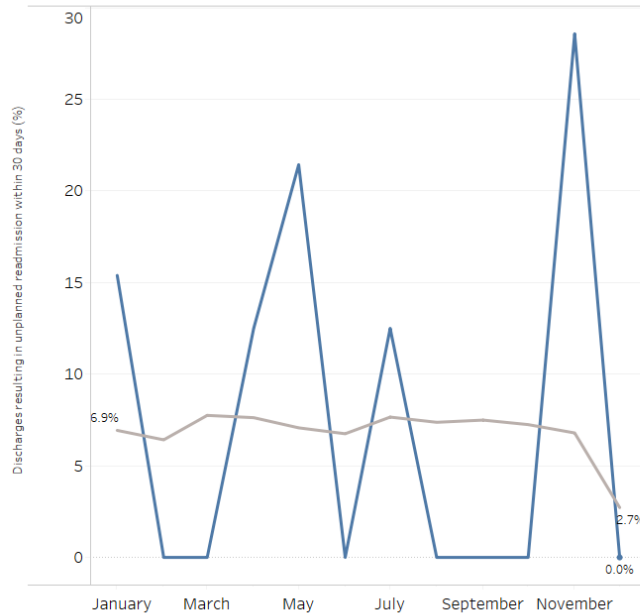
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Filter Possible Errors  
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Select Hospital  
Arbor Health

Select Metric  
Readmissions

Select Date  
Jan 2024 to Jan 2025  
and Null values





## The Rural Collaborative Report Metric Detail - Arbor Health

## Salary and Benefits over Operating Revenue



Collaborative Average  
Hospital Rate

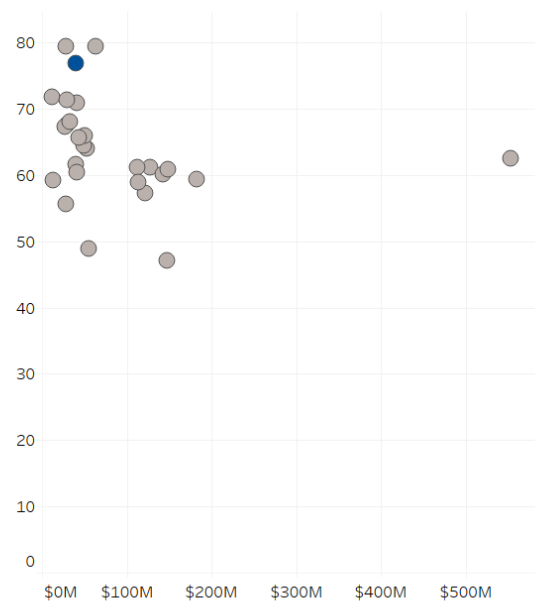
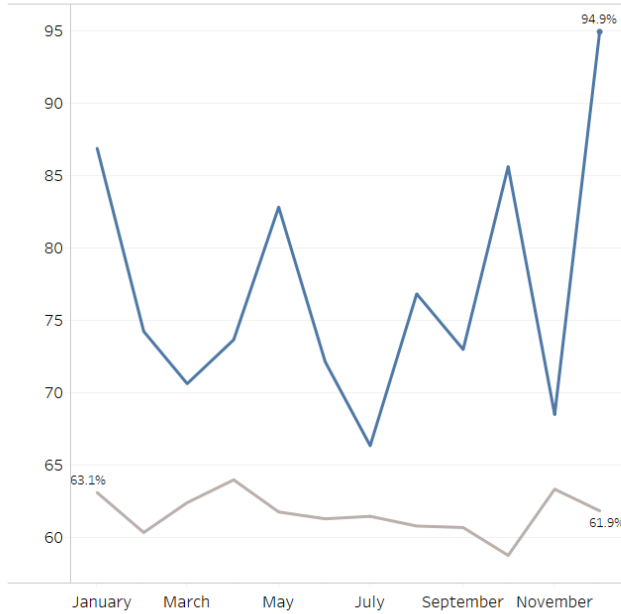
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Arbor Health

Select Metric

Salary and Benefits over O... Jan 2024 to Jan 2025  
and Null values



The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Well Child Visits



Collaborative Average  
Hospital Rate

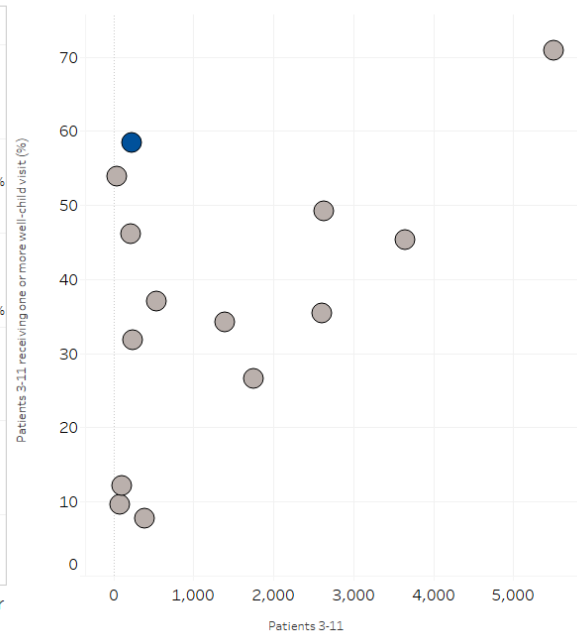
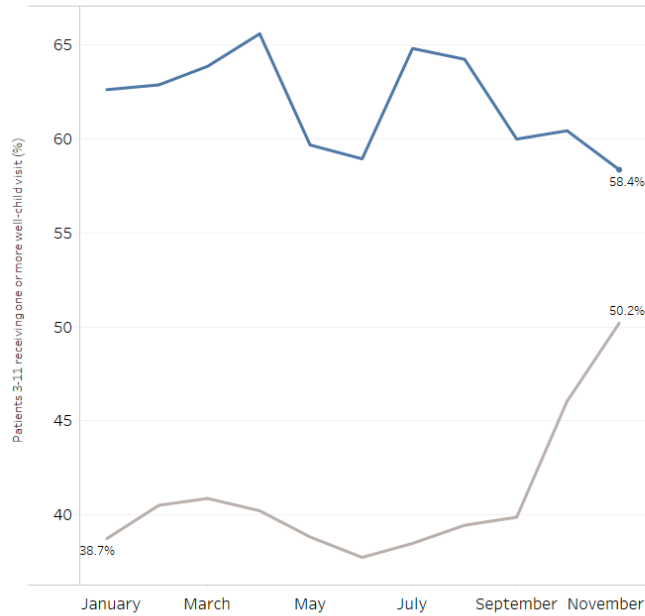
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Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
Well Child Visits

Select Date  
Jan 2024 to Jan 2025  
and Null values



# Hospital Medical Staff





# Practitioner—Hospital Relationship



## Practitioners:

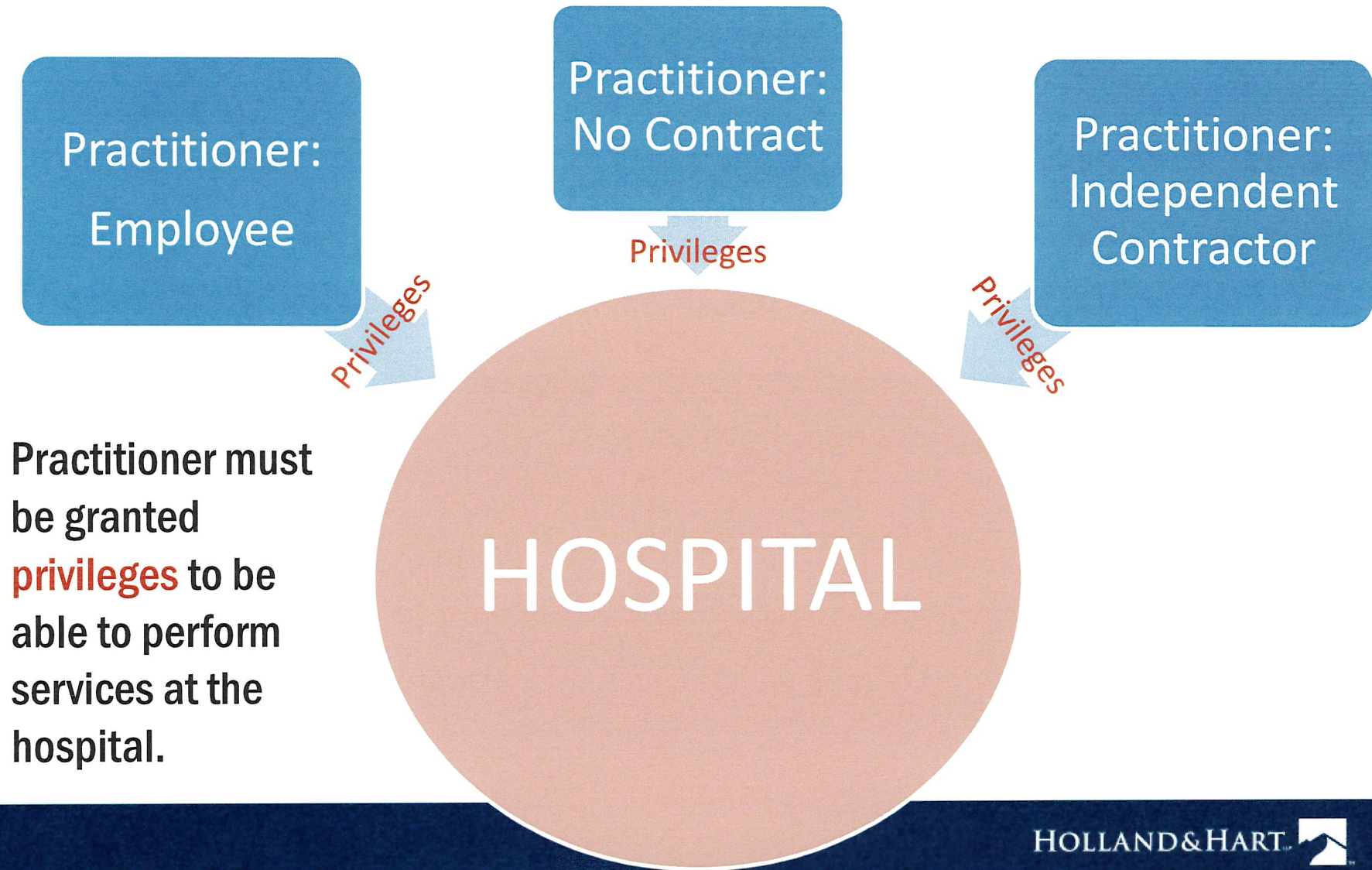
Rely on hospitals to provide resources needed for practitioner to perform some services or provide other services to patients.

## Hospitals:

Rely on practitioners to admit patients, perform services at, or refer patients to the facility.

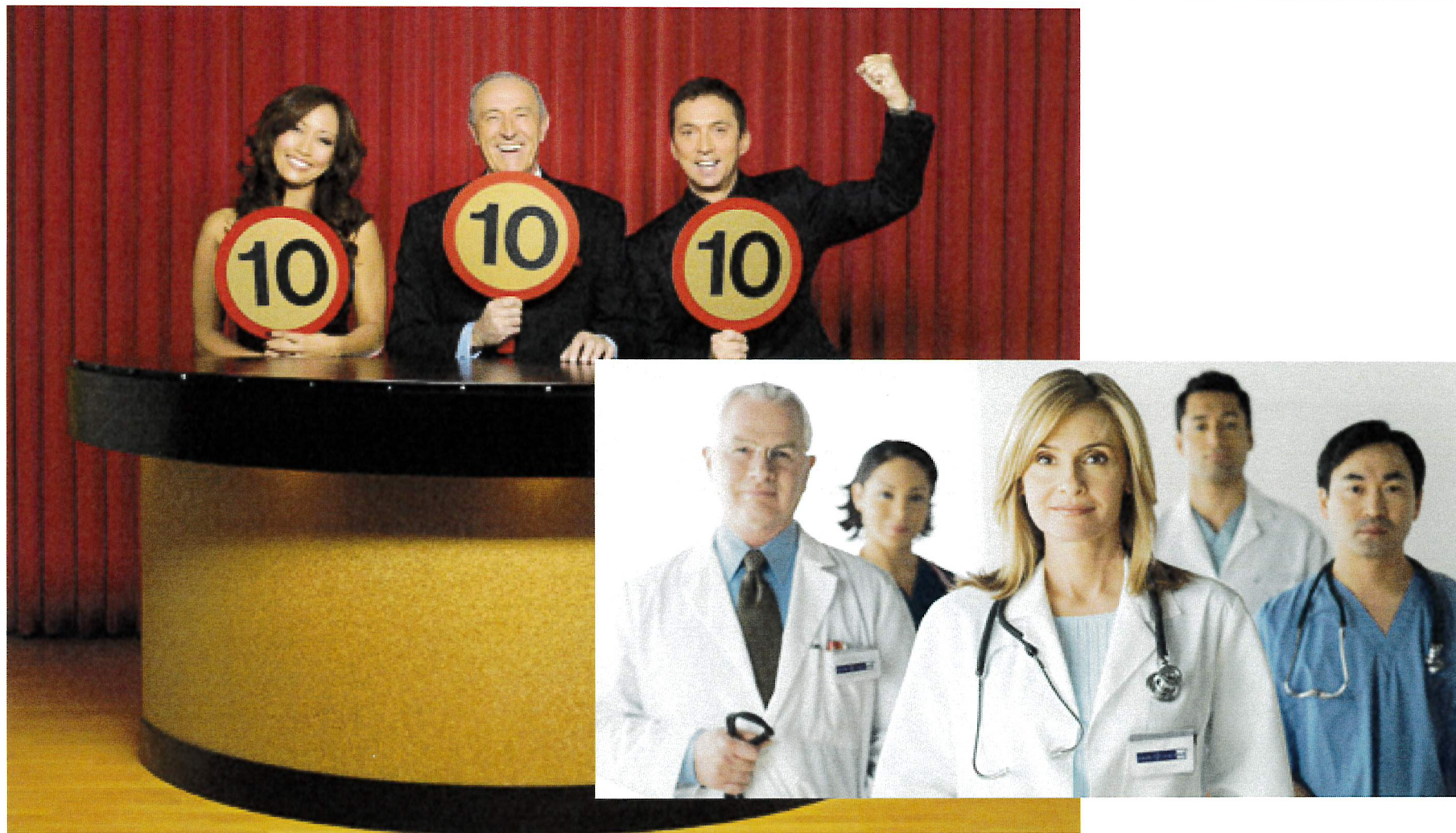


# Practitioner—Hospital Relationship





# Credentialing





# Credentialing

## Medical staff membership

- Group of practitioners with privileges at facility.
- Membership = certain rights and responsibilities.
- Must apply for membership.
- Facility's governing board may grant or deny membership.
- Governed by med staff bylaws, rules and policies

## Clinical privileges

- Privileges = privilege to perform specified services or procedures at facility.
- Must apply for privileges.
- Facility's governing board may grant or deny privileges.
- Governed by med staff bylaws, rules and policies



# Board Responsibilities

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

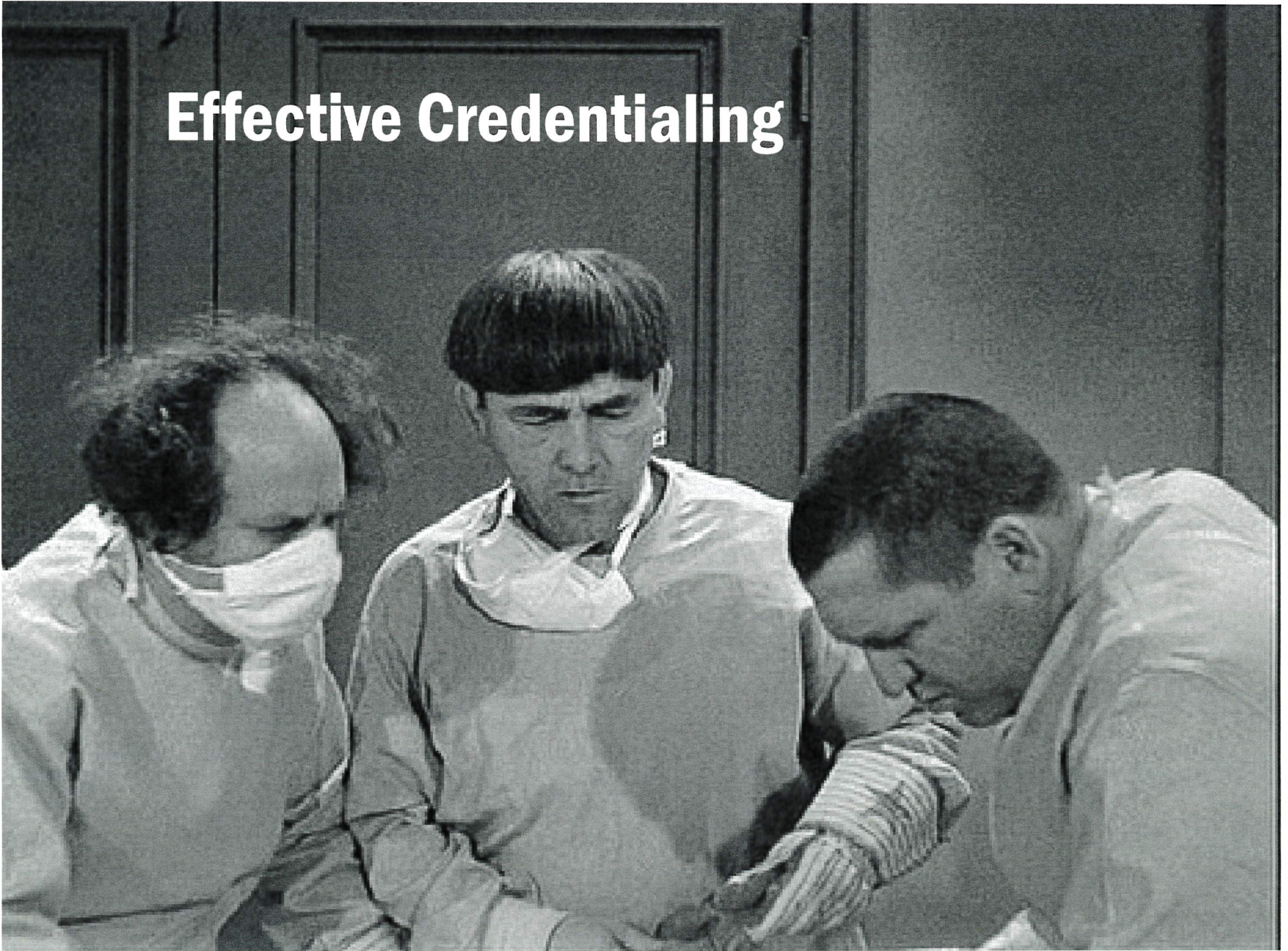


# Who must be credentialed?

- All independent practitioners, i.e., those who are licensed to practice independently.
  - Physicians, podiatrists, dentists, dental surgeons, etc.
  - Allied health practitioners (“AHPs”)
    - Advance practice nurses (e.g., nurse practitioners, CRNAs, etc.)
    - Physician assistants
    - Psychologists
    - Therapists
- “Credentialing” may not apply to others (e.g., nurses, techs, etc.), but must ensure they are qualified.



# Effective Credentialing





# Effective Credentialing

- **Effective credentialing = preventive medicine**
  - Promotes quality health care.
  - Avoids problem practitioners.
    - Incompetent.
    - Disruptive.
    - Poor fit for organization.
  - Facilitates a professional workplace.
  - Prevents liability to patients, practitioners, employees, and the government.



# Effective Credentialing

## Liability to Practitioner

- Due process violation
- Breach of contract
- Emotional distress
- Discrimination
- Defamation
- Antitrust

Proper Credentialing

Quality Care  
Quality Workplace

## Liability to Patient

- Malpractice
- Respondeat superior
- Negligent credentialing



***“Darn it, Jim! I’m a doctor, not a...”***



- *businessperson!*
- *farmer!*
- *mechanic!*
- *lawyer!*
- *engineer!*
- *teacher!*
- *accountant!*
- *manager!*
- *salesperson!*



# Credentialing

- Courts usually do not second guess hospital's decision if:
  - Followed standards in bylaws and statutes.
  - Based on legitimate, documented reasons
    - Patient care or hospital operations
    - NOT arbitrary or capricious
    - NOT improper motive, e.g., discrimination, anti-competition, retaliation, etc.
- From legal liability standpoint, the process is more important than the decision.
- *Board's job: to ensure the process is followed and decisions are reasonable and supported by facts.*



# Legal Standards

Credentialing actions must comply with:

- Statutes and regulations
  - State statutes and regulations
  - 42 CFR 482.12
- Medical staff bylaws, rules and regulations
- Accreditation standards
- Practitioner contracts
- Common law standards, e.g., what other reputable hospitals do



# Substantive Standards

## Credentialing may be based on:

- Current licensure
- Education, experience, competence, and judgment
- Physical and mental capability
- Character and professionalism
- Hospital capacity and capabilities
- Geographic proximity
- Ability to satisfy medical staff responsibilities
- Any other reasonable, non-discriminatory basis

## Credentialing should not be based on:

- Unlawful discrimination (e.g., race, religion, sex, etc.).
- Anti-competitive motives of med staff
- Retaliation
- Licensure or membership alone
- Credentialing done by other entities except telemedicine if certain conditions met.



# Credentialing Process

Process is usually set out in medical staff bylaws and policies.

- Application
  - Gather information
  - Verify information
  - Databank searches
- Active medical staff review
  - Review file
  - Interview physician
  - Recommendation to board
  - If recommend adverse action, give fair hearing
- Board review

Administration, e.g.,  
Medical Staff Services

*\* Process may vary for physicians v. allied health professionals.*

# Credentialing Process: Board Review



- Board should exercise due care in credentialing decisions.
  - Do NOT rubber stamp medical staff recommendation.
- May rely on reasonable advice of experts, e.g., recommendation of medical staff.
- Board should take reasonable steps to:
  - Become informed.
  - Ask questions.
- *To Medical Staff: “What is the basis for your recommendations?”*



# Credentialing: Board Review

## Ensure med staff recommendation is supported by records

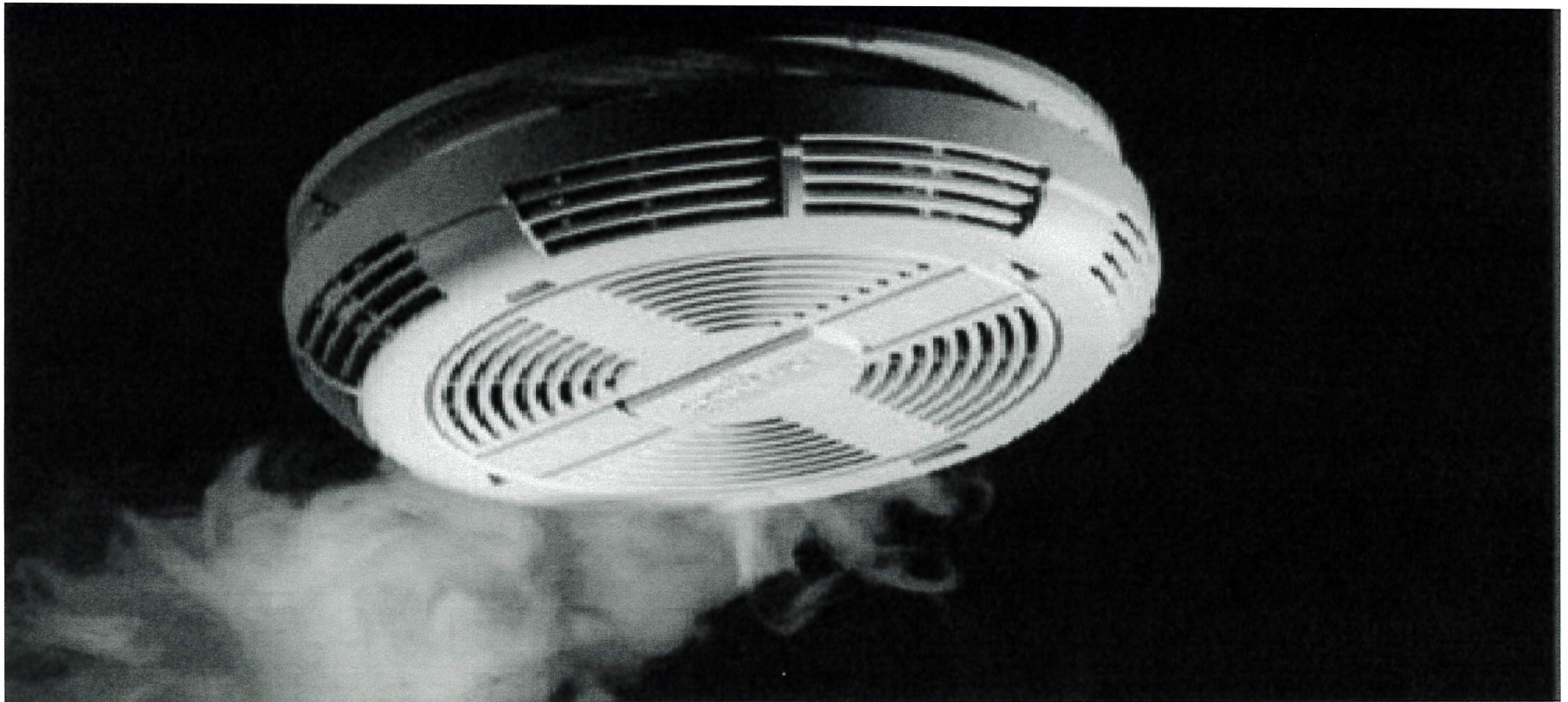
- Administration and med staff checked relevant sources.
- Administration and med staff followed process in bylaws.
- Med staff recommendation is reasonable and based on appropriate factors.
- Documentation supports med staff recommendation.

## Beware red flags

- Discriminatory or inappropriate animus by med staff.
- Deviations from process and standards in bylaws.
- Unresolved questions or problems in applicant's file, e.g.,
  - References indicate problems
  - References refuse to comment
  - Discrepancies in info submitted
  - Unexplained gaps in time
  - Loss or reduction in privileges, licensure, program participation, etc.



# Credentialing Process



- *Remember: where there's smoke, there's usually fire...*

# Credentialing: Board Review

- Upon receipt of medical staff recommendation, Board may
  - Accept recommendation.
  - Reject recommendation.
  - Send back for more action.
  - Take its own action, e.g.
    - Impose conditions.
    - Require evaluation.
    - Consult independent expert.

 **APPROVED**

 **REJECTED**



# Privileges



- Board must determine privileges.
- “Laundry list”
  - Contains list of clinical procedures available at hospital.
  - Works well for small hospitals with limited procedures.
  - Requires regular updating regarding physician and procedures.
- “Core privileging”
  - Identifies “core” qualifications to work in department.
  - Identifies privileges associated with the department.
  - Allows for additional privileges.
- *Ensure your facility has capability to support privileges.*



# Telemedicine Privileges

- Hospital and CAH CoPs now allow hospital to rely on credentialing done by remote hospital/entity if:
  - Have written agreement with distant site.
  - Distant site complies with CoP standards.
  - Practitioner privileged at distant site.
  - Practitioner licensed in state where services provided.
  - Hospital reviews practitioner's performance and provides results to distant site.

(42 CFR 482.12 and .22, and 485.616 and .635)

- *Confirm it is allowed by bylaws and state licensing statutes.*
- *Confirm it does not trigger fair hearing rights.*
- *Consider exposure to negligent credentialing claim.*



# Emergency or Temporary Privileges

- In limited circumstances, hospital may grant privileges on emergency or temporary basis, e.g.,
  - Practitioner needed but no time for full process.
  - Privileges temporarily granted while formal application processed.
- Subject to expedited review.
- Automatically expires within limited time period, e.g., 60 days.
- *Be very careful and use sparingly.*
- *Ensure bylaws allow for same.*



# Reappointment

- Usually must occur at least every 2 years.
- Process similar to initial appointment.
  - Application
  - Review by active staff
  - Governing body determination
- Process should be stated in bylaws, rules or regulations.



## Corrective Action





# Corrective Action

- As with initial credentialing, courts usually do not second guess hospital's corrective action if:
  - Followed standards in statutes, bylaws, rules, regulations and contracts, if applicable.
  - Based on legitimate, documented reasons
    - Patient care or hospital operations
    - NOT arbitrary or capricious
    - NOT improper motive, e.g., discrimination, anti-competition, etc.
- From legal liability standpoint, the process is more important than the decision.
- *Board's job: to ensure the process is followed and decisions are reasonable and supported.*



# Corrective Action: Process

- Check bylaws for process.
  - Peer review or other initial review process
  - Informal response
  - Summary suspension
    - >30 days triggers NPDB report.
  - Formal investigation
    - May trigger NPDB report.
  - Medical staff recommendation
    - If recommend adverse action against privileges, it may trigger fair hearing requirement.
  - Board review and decision
- Obtain waiver if vary from bylaws process.

# Dr. Oz describes changes he would bring to Medicare, Medicaid as CMS administrator

The confirmation hearing showcased the celebrity physician's vision for government-funded healthcare, as well as Democratic concerns about budget cuts and more.



Nick Hut

Like 1

March 15, 2025 1:53 pm

Dr. Mehmet Oz would look to disrupt the healthcare power structure if he's installed as CMS administrator, he said during his Senate confirmation hearing.

"There are probably 150 people who control healthcare in America, and they don't really want anything to change," Oz told the Senate Finance Committee.

Similarly, "We've got to challenge the incumbents in the system to have new ideas bubble to the top so we can pick winners based on competition."

He did not disavow private-equity investment in healthcare, amid [recent controversy](#), because "the only way to go after the big guys is to have smaller people who are willing to put money into initiatives that could go after [traditional] business models. Private equity is one of the ways you can do that. I absolutely agree with the point that it's been abused, but this is an opportunity, too."

In general, the March 14 hearing was free of the heated exchanges and apparent flubs that marked the two January [confirmation hearings](#) of Robert F. Kennedy Jr. for the post of HHS secretary. Oz also wasn't pressed on his [possible underpayment](#) of Social Security and Medicare taxes in recent years.

As described during the hearing, here is Oz's perspective on pivotal healthcare industry issues.



## Big-picture changes

Oz said he wants to empower Medicare and Medicaid beneficiaries to take better care of their own health by giving them better tools and more transparency and increasing health-related interactions that occur outside formal appointments.

“One tactic that I believe will work quite effectively is that if we can get real-time information from physicians and other providers taking care of patients and, using that real-time information, give feedback to people who are worried about their well-being — that’s when they’re more likely to use that advice,” Oz said.

“That tool would allow them to call an expert if they needed that resource. We’d reimburse some of the healthy lifestyles that would be generated by these interactions, and we’d make them an active participant in their well-being.”

Similarly, he will look to help providers by applying AI and other technology to generate real-time information during patient encounters and within workflows.

Such ideas could support the Make America Healthy Again movement championed by Kennedy — as long as payment models change to reflect those goals, Oz said.

“Giving patients advice on lifestyle takes a lot longer than telling them to take a pill,” he said. “Doing surgery on people pays so much more than giving them advice about how to avoid operations that it’s difficult to imagine anyone *not* doing the wrong thing in that model.”

## Medicare Advantage

Oz was not asked about his [past endorsement](#) of a Medicare Advantage (MA) for All model, in which MA would expand to cover all Americans except those on Medicaid.

He did sound willing to go after MA insurers that allegedly overcharge the government through methods such as [upcoding](#).

“It’s something that is addressable,” Oz said. “I pledge if [I’m] confirmed, now we’ll go after it.”

He also said, “It’s upside down, and I think there are ways for us to look at the upcoding that’s going on — that’s happening systematically in many systems, in many programs — to make sure that people are being appropriately paid for taking care of sick patients, but not patients who aren’t ill. We have numerous tools, but part of this is just recognizing there’s a new sheriff in town.”

Oz would consider ways to negate the influence of MA plan brokers and agents, potentially by expanding plan enrollment to cover multiple years.

“That would save some of the money that brokers are taking out of the middle,” he said.

Sen. Bill Cassidy (R-La.) said Oz should look at the increasing tendency of MA plans to override local Medicare coverage determinations that establish coverage of items and services. Oz said he had not been aware that was happening.

## Prior authorization

Technology can make prior authorization more efficient in MA, Oz said.

“I believe we have the power right now with technology that didn’t exist even three or four years ago to automate a lot of these [administrative] processes,” Oz said.

He said among the roughly 5,000 procedures that are subject to prior authorization as listed by insurers, only about 1,000 legitimately should go through the process.

“We should be able to create an experience for physicians and patients so that we know almost immediately if what they’re going through is requiring a preauthorization, and if it does, what do they actually do to qualify for it? That could be instantaneous,” Oz said.

He said there’s a need to “revisit some of the assumptions we’ve taken for granted for decades ... and use technology today that could help us, because we have AI support tools, navigation systems that could pretty quickly adjudicate whether you should have to wait even a day to get the medication.”

AI also can be used in nefarious ways, including in prior authorization decisions, he acknowledged.

“If we see that there’s something being done, for example inappropriate use of AI or inappropriate denial of services with AI, we should be using AI within the agency to identify that early enough so that we can prevent it,” Oz said. “We should do it in real time, not six months down the road.”

## Medicaid

Several Democrats pressed Oz about what he would do to ensure the viability of Medicaid in the wake of what could be [substantial cuts](#) stemming from the ongoing FY25 budget reconciliation process.

Oz said streamlining the program may benefit the core populations traditionally served by Medicaid.

“When you expand the number of people on Medicaid without improving the resources required for those doctors to take care of those patients, you stretch resources very thinly for the people for whom Medicaid was originally designed,” Oz said. “They cannot be compromised, so we have to make some important decisions to improve the quality of care.”

He said he’s in favor of work requirements, but “I don’t think you need to use paperwork to [fulfill the] work requirement, and I don’t think that should be used as an obstacle, a disingenuous effort to block people from getting on Medicaid.”

He also said, “The rapid expansion of required moneys for Medicaid is far beyond what was ever envisioned when the ACA [Affordable Care Act] was originally passed. It’s one of the areas we can do better.”

Responding to a question, Oz said he sees logic in having bridge programs to help people transition from Medicaid to ACA marketplace plans as needed. Such programs may become more important if Congress allows the enhanced subsidies for marketplace plan premiums to expire at the end of 2025.

## Rural healthcare

Oz said telehealth can better support rural healthcare if CMS forges cohesive partnerships between smaller facilities and large health systems.

“It’s not just that they pick up the phone when you call,” he said. “It’s someone from an institution that knows your protocols, maybe they’ve shared theirs. You have a simpatico relationship that goes beyond just what’s on the streamed-in signal.”

He later said, “They’re not just there digitally, they’ve been [to the facility]. They know the institution, they know the people. They develop a camaraderie that allows them to thrive.”

Some changes may have to entail right-sizing institutions, Oz suggested, although he did not describe how Medicare policy could be used to influence such scenarios.

“There are some great institutions, 300-bed hospitals built in 1970 that really shouldn’t be a 300-bed hospital anymore, even though it is the only place to get care in that area,” he said. “We have to provide a better solution for the people in those areas, a financially viable one for the community and one that actually protects the state coffers.”

## About the Author



**Nick Hut**

is a senior editor with HFMA, Downers Grove, IL. ([nhut@hfma.org](mailto:nhut@hfma.org)).

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