
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

April 24, 2024 @ 3:30 PM

Conference Room 1 & 2 or Join Zoom Meeting:

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

Meeting ID: 889 5756 6693

One tap mobile: +12532158782,,88957566693#

Dial: +1 253 215 8782



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Superintendent



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

April 24, 2024 at 3:30 p.m.

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Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

AGENDA	PAGE	TIME
Call to Order Roll Call Excused/Unexcused Absences Reading of the Mission & Vision Statement Approval or Amendment of Agenda Conflicts of Interest		3:30 pm
Comments and Remarks <ul style="list-style-type: none"> Commissioners Audience 		3:35 pm
Executive Session- RCW 70.41.200 <ul style="list-style-type: none"> Medical Privileging-Chief of Staff Dr. Victoria Acosta & Medical Staff Coordinator Barb Goble 	6	3:40 pm
Guest Speaker <ul style="list-style-type: none"> The Rural Collaborative Annual Update <ul style="list-style-type: none"> <i>Elya Prystowsky, Executive Director</i> 	8	3:45 pm
Department Spotlight <ul style="list-style-type: none"> <i>Deferred to May.</i> 		
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report-Committee Chair-Board Chair Herrin/Foundation Manager Jessica Scogin 	28	4:15 pm
<ul style="list-style-type: none"> Finance Committee Report- Committee Chair-Commissioner McMahan 	30	4:20 pm
Consent Agenda (Action) <ul style="list-style-type: none"> Approval of Minutes: <ul style="list-style-type: none"> <i>March 27, 2024, Regular Board Meeting</i> <i>April 17, 2024, Finance Committee Meeting</i> Warrants & EFTs in the amount of \$3,414,855.38 dated March 2024 Approve Documents Pending Board Ratification 04.24.24 <ul style="list-style-type: none"> <i>To provide board oversight for document management in Lucidoc.</i> 	36 42 46 48	4:30 pm

<ul style="list-style-type: none"> Resolution 24-08-Declaring to Surplus or Dispose of Personal Property <ul style="list-style-type: none"> To approve liquidation of items beyond their useful life. 	49	
<ul style="list-style-type: none"> Resolution 24-09-Approving the Capital Purchase of the Randle Clinic HVAC Units <ul style="list-style-type: none"> To approve the purchase of the Randle Clinic HVAC Units through operational cash. 	51	
Old Business		
<ul style="list-style-type: none"> Nothing to report. 		
New Business		
<ul style="list-style-type: none"> Just Culture (CNO/CQO Barbara Van Duren) <ul style="list-style-type: none"> To educate the board on Just Culture. 	57	4:35 pm
<ul style="list-style-type: none"> Resolution 24-10-Adopting the Community Health Improvement Services (CHIS) Addendum <ul style="list-style-type: none"> To adopt the CHIS addendum which are the hospital activities related to improving community needs named in the hospital's Community Health Needs Assessment (CHNA). The annual CHIS addendum details these activities. 	62	4:45 pm
<ul style="list-style-type: none"> CEO Evaluation <ul style="list-style-type: none"> To be completed and returned to EA Garcia by May 10, 2024. The results will be compiled and reviewed at the May 29th Regular Board Meeting in Executive Session. Superintendent Mach's prior year accomplishments and upcoming year goals will be available too. 	65	4:55 pm
Superintendent Report	73 76	5:00 pm
<ul style="list-style-type: none"> Board Educational Article 2023-2025 Strategic Plan (Quarterly Update-Deferred to May) 		
Meeting Summary & Evaluation		5:10 pm
Next Board Meeting Dates and Times		
<ul style="list-style-type: none"> Regular Board Meeting-May 29, 2024 @ 3:30 PM (ZOOM & In Person) 		
Next Committee Meeting Dates and Times		
<ul style="list-style-type: none"> Compliance Committee Meeting-May 1, 2024 @ 12:00 PM (ZOOM) Finance Committee Meeting-May 22, 2024 @ 12:00 PM (ZOOM) 		
Guest Speaker		5:15 pm
<ul style="list-style-type: none"> Kurt O'Brien Consulting <ul style="list-style-type: none"> Developing a High Functioning & Effective Board-2024 (Part 3 of 4) 		
Adjournment		6:00 pm

EXECUTIVE SESSION



MEDICAL STAFF PRIVILEGING

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

REAPPOINTMENTS-14

Arbor Health

- Devin Spera, MD (Emergency Medicine privileges)
- Anthony Fritz, MD (Internal Medicine privileges)

Radia Inc. (Consulting Radiology Privileges)

- Jack Fields, MD
- David Atkins, MD
- Tariq Balawi, MD
- Samuel Boynton, MD
- James Bell, MD
- Robert Hawkins, MD
- Alan Chan, MD
- Kenneth Hebert, MD
- Frederick Kash, MD
- Peter Hu, MD
- Shari Jackson, MD
- Christopher Krol, MD
- John MacKenzie, MD
- Ben Harmon, MD
- Mark Mayhle, MD
- Keith Bernstein, MD

Peace Health (Consulting Pathology Privileges)

- Mohiedean Ghofrani, MD

★-notates files with items to note.

GUEST SPEAKER



Arbor Health

Presentation to the Board of Commissioners

April 24th, 2024

Tom Herrin, Chairman
Craig Coppock
Wes McMahan
Van Anderson
Chris Schumaker

The Rural Collaborative
Elya Prystowsky, Executive Director



26 members | 23 counties | >1 million lives



Rural Collaborative Vision

To accelerate the advancement of rural healthcare

- Leverage the synergy and wisdom of our members;
- Harness the value that a network of rural health systems provides; and
- Improve performance of our members and the health of the communities we serve, meeting members where they are.



Why The Rural Collaborative?

There are so many reasons! I just love the HR group. I have been in my position for 12 years and I use the Collaborative a lot. Sometimes you feel crazy, and then your peers respond and you realize that you are not alone. They are my sounding board.

Katelin Forrest
Human Resources Generalist, Arbor Health



Board of Directors



1. Eric Moll, CEO & Chair – Mason Health
2. Aaron Edwards, CEO & Vice Chair – Lake Chelan Health
3. Josh Martin, CEO & Past Chair – Summit Pacific Medical Center
4. Julie Petersen, CEO & At Large– Kittitas Valley Healthcare
5. Jennifer Reed, CEO & Secretary/Treasurer – Ferry County Memorial Hospital
6. **Robert Mach, CEO – Arbor Health**
7. Heidi Anderson, CEO – Forks Community Hospital
8. Mike Glenn, CEO – Jefferson Healthcare
9. Jonathan Hatfield, CEO – Klickitat Valley Health
10. Tyson Lacy, CEO – Lincoln Hospital and North Basin Clinics
11. Merry-Ann Keane, CEO – Newport Hospital & Health Services
12. Scot Attridge, CEO – Ocean Beach Hospital
13. Matt Kollman, CEO – Skyline Health
14. Renee Jensen, CEO – Snoqualmie Valley Hospital
15. Nathan Staggs, CEO – WhidbeyHealth Medical Center
16. Hank Hanigan, CEO – Whitman Hospital and Medical Center
17. Matthew Kempton, CEO – Willapa Harbor Hospital





What do we do?

2024-2026 Strategic Goals

1. Interdependence

Members regularly participate in initiatives to achieve financial savings, increased operational efficiencies, and mitigate external threats.

2. Rural Payer Contracting

Establish fair and sustainable agreements between healthcare payers and rural providers, reducing administrative burdens for both parties and improving financial viability.

3. Access to Care

Access to high quality patient care in each community served is enhanced for Collaborative members through common projects and shared best practices.

4. Workforce

Members experience measurable improvements in recruiting and retaining their rural workforce.



Collaborative Committees

Administrative Committees	Clinical Committees	Hybrid Committees
Chief Financial Officer Committee	Physician Leadership Committee	Ethics Committee
Revenue Integrity Committee	Chief Nurse Executive Committee	Accountable Care Organization: Operations Committee
Compliance Committee	Pharmacy Committee	
Human Resources Committee	Laboratory Committee	
Insurance Subcommittee	Rural Health Clinic Committee	
Investment Subcommittee	Delegated Credentialing Subcommittee	
Physical Environment Committee	Accountable Care Organization: Clinical Committee	
Accountable Care Organization: Financial Committee		





Why do you participate in the Committees?

I am new to being a leader. I was promoted and did not really have any mentorship. The people who promoted me left. As a member of The Rural Collaborative, I was able to identify other mentors throughout the state.

Mike Martinoli, CNO, Ferry County Health
Chair, Chief Nursing Executive Committee



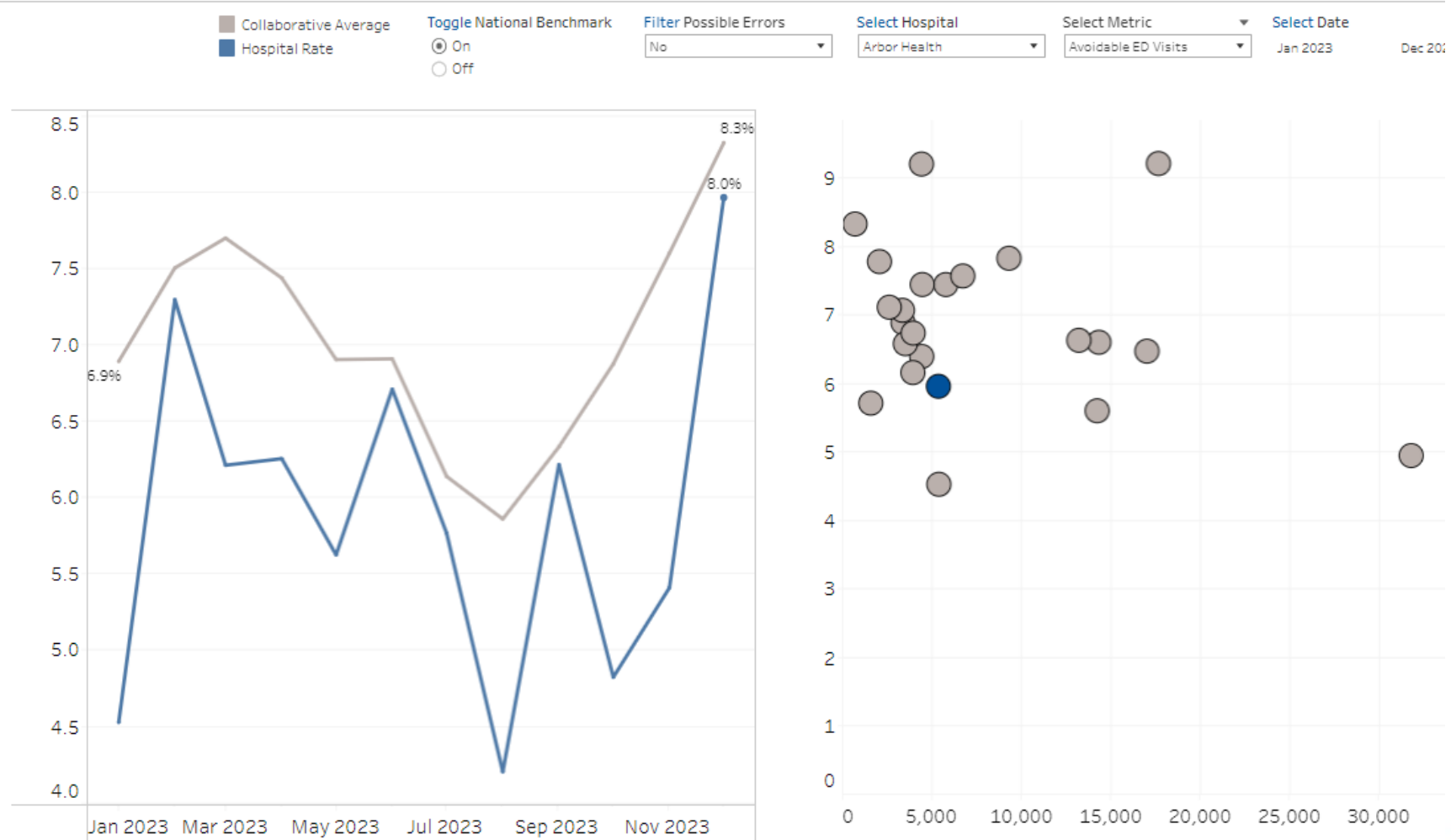
In my view, participation in the Committees is an "all gain" and "no downside" endeavor. For me, it is one of the best investments you can make in an hour. It is just all benefit. And you don't find that in real life.

Heidi Hedlund, Quality Manager
Skyline Health



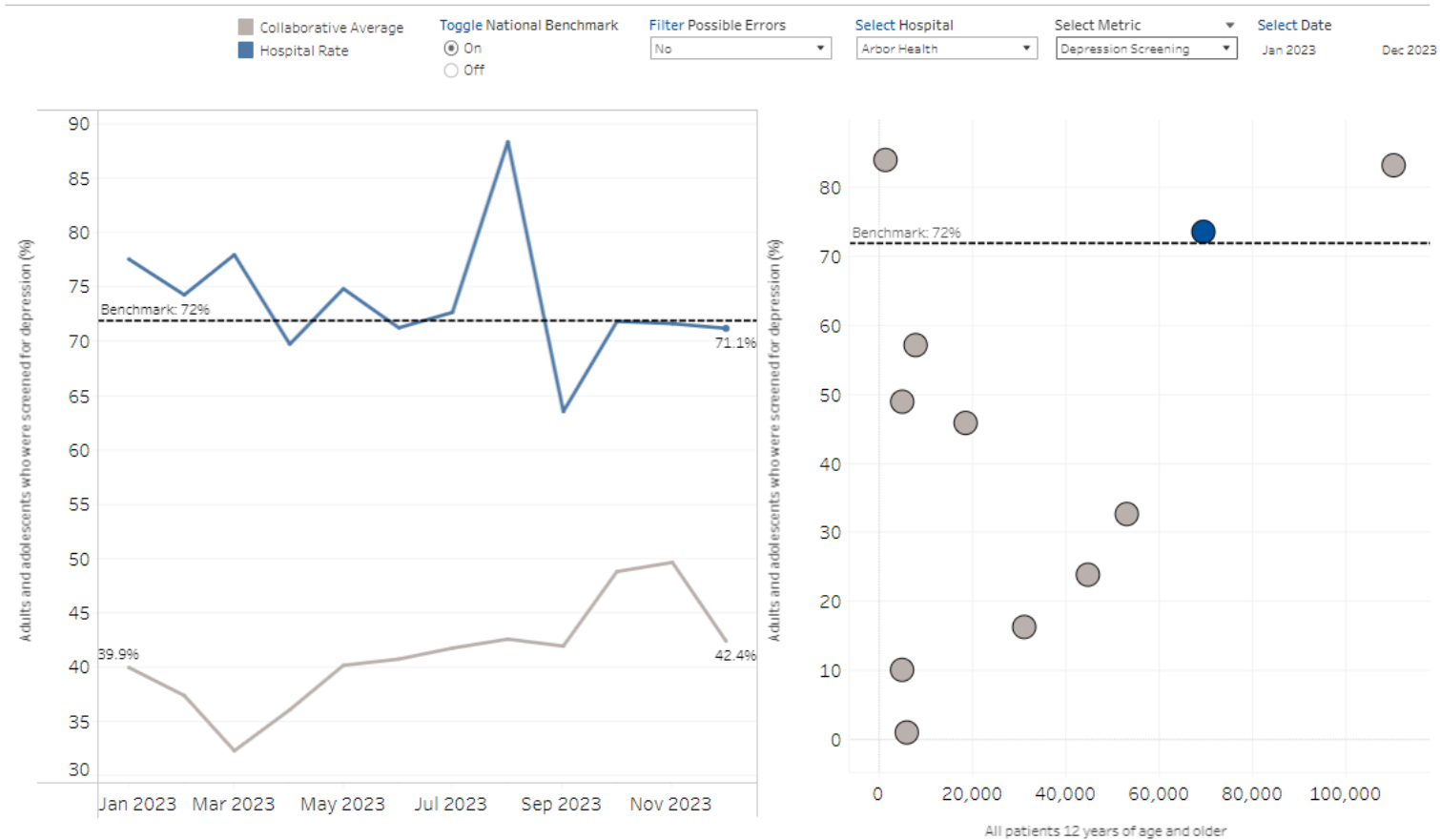
Benchmarking to peers

Avoidable ED Visits, 2023



Benchmarking to peers

Depression Screening, 2023



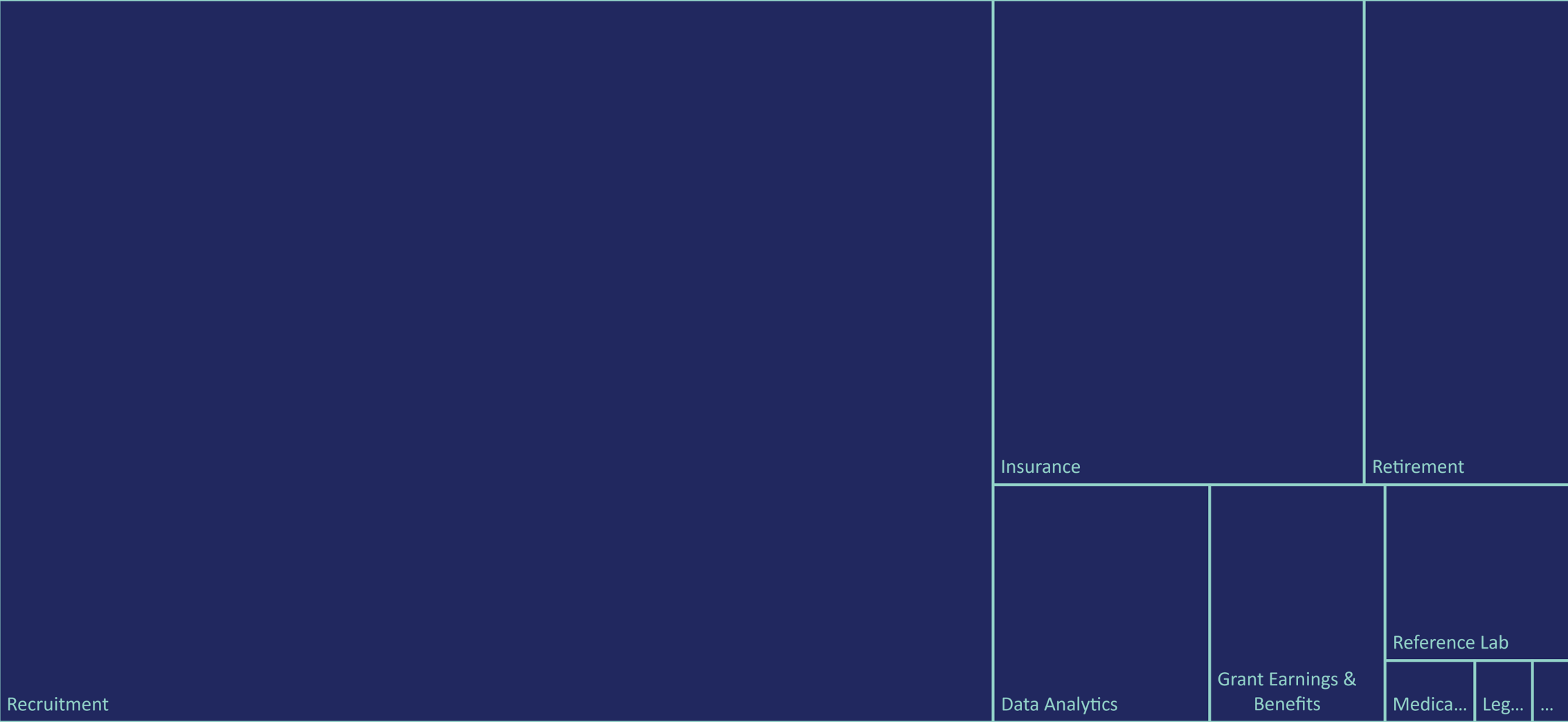
2023 Member Savings & Benefits: Net \$10,685,321*

Insurance	Medical Devices and Equipment Services	Reference Lab	Data Analytics			
			Recruitment			
			Retirement			
			Price Transpar... and Revenue Cycle...	Tele...	Scribe	
				Legal...	C...	T...
Grant Earnings & Benefits						



*Preliminary numbers not yet vetted, may be subject to change before final report release.

2023 Arbor Health Savings & Benefits: Net \$722,043*



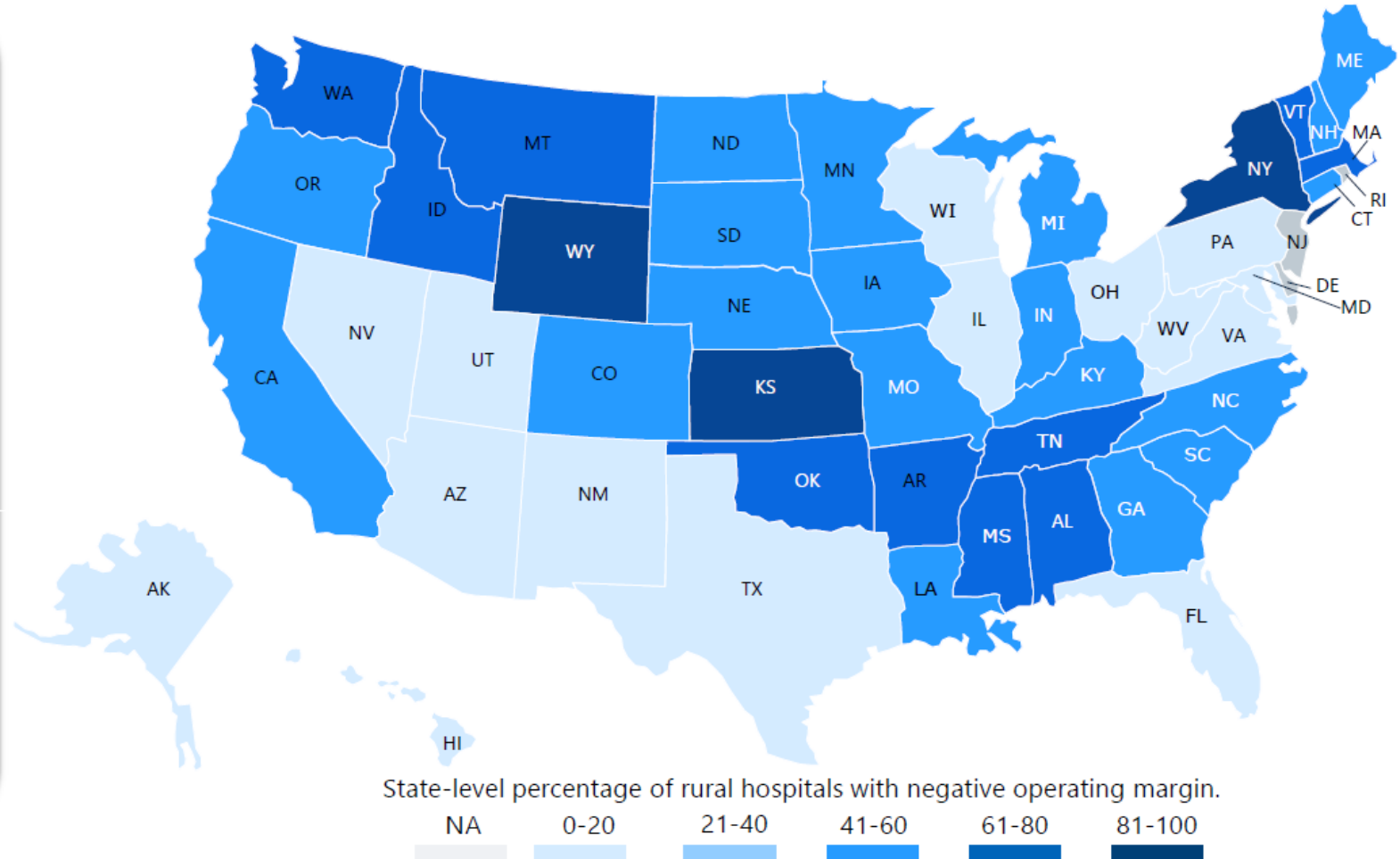
*Preliminary numbers not yet vetted, may be subject to change before final report release.

Rural Hospital Operating Margin

Overall, **50% of America's rural hospitals** are operating **in the red**.^{**}

Highest percentage of rural hospitals losing money **ever calculated** in our annual analysis.

In the **12 non-expansion states**, **56%** of rural hospitals are operating **in the red**.



Source: The Chartis Center for Rural Health.

^{**}CMS Healthcare Cost Report Information System (HCRIS) Q4 2022. Operating margin is computed in accordance with Flex Monitoring Team guidance. Outliers are excluded. Hospitals for which data are unavailable are excluded. Reported Covid-19 PHE Funds (Worksheet G-3 line 24,50) excluded from operating margin. Adjustments made to operating margin to reflect full 2% sequester.

The Rural Health Enterprise: A Limited Liability Partnership

THE ENTERPRISE

Why?

Value of the Collective, both Financially & Operationally

- Reduce operational cost, increase or diversify revenue.
- Rebate/dividend to partners
- Elevation of expertise

How?

- High-value programs and services (vetted & mission critical)
- Approximate the benefits of being part of a large system
- Economies of scale and volume-based pricing



Why a separate entity?

- Extend offerings to non-TRC Members, for mutual benefit.
- Protect TRC's 501(c)3 status.
- Exempt the Enterprise for federal taxation purposes.
- Fully maximize the benefit of the Interlocal Agreement
- Protect the values of TRC – a true *Collaborative*
- Allow for rural *Entrepreneurialism*





Jac Davies
Contracted Director of
Member Programs



Brad Becker,
Contracted Senior Director
Payer Strategy



Elya Prystowsky
Executive Director



Leslie Hiebert*
Chief Executive Officer



Margaret Moore
Operations Manager



Tianna Fallgatter
Director of Contract Services

We are here for you!



Danielle White*
Credentialing Assistant



Madison Steingruber
Administrative Assistant



Kaley Eastman
Administrative Assistant



Elizabeth Witte*
Delegated Credentialing
Manager



Hermie Zarate*
Delegated Credentialing
Specialist



Angie Chan
Program Coordinator



What we need from you.

- Continue to encourage the Arbor staff to lead.
- Use us as a resource.
- Continue to encourage Arbor leaders to lean into the Rural Collaborative.



Thank you!

Elya Prystowsky
elya@ruralcollaborative.com



BOARD COMMITTEE REPORTS

Arbor Health Foundation meeting

04-09-24

1. Call to order by Marc Fisher at 12:01 pm

OUR MISSION: To raise funds and provide services that will support the viability and long-term goals of the Lewis County Hospital District No. 1. This includes, but is not limited to, taking a leadership role in maintaining and improving community connections and confidence in all aspects of the hospital's health care system.

- **ATTENDANCE:** Jessica Scogin, Kip Henderson, Tom Herrin, Shannon Kelley, Katelin Forrest, Robert Hauser, Rob Mach, Marc Fisher, online: Martha Wright, Christine Brower, Gwen Turner
- **EXCUSED ABSENCES:** Ann Marie Forsman, Jeannine Walker, Lenae Langdon, Bonnie Justice, Louise Fisher, Paula Baker, Mya Riffe

2. Approval of Treasurer's Report and November Minutes

Motion to approve Minutes and Treasurers report Shannon Kelly moved to approve both, Tom Herrin second. Motion carries.

3. Administrators Report- Robert Mach – AH was awarded small rural hospital excellence designation. Distressed hospital grant was awarded to AH. Centralia college nursing students will be doing clinical rotations at the hospital next week, one day a week for now (in groups of 4-6). New ultrasound unit is up and running. New rapid care is up and running also, next door.

4. Executive Directors Report:

- Family resource fair March 23 10-12 – 14 packs of diapers, 16 prizes, custom fitted bicycle helmets, (There are leftover helmets that we can use at the wellness fair) 29 families attended.
- Scholarship appreciation letters – Debbie Kohl sent a nice thank you letter for the scholarship received.
- Ladies night May 23 at the Tiller Art Center, Cover charge \$20, Mocktails. A couple of healthcare providers will be there, some games and fun planned. Proceeds in part to buying feminine hygiene products at the high school. 80's theme for the night.
- Youth Healthcare Connection Fund disbursement – to be used to help a high schooler who is interested in obtaining first aid/cpr certification. Another suggestion is to use the funds for how to teach kids to use the 911 system.
- Ocean Shores Conference – good classes and networking. One thing brought away was that Mossyrock has a large Latino population and the need for outreach there

into that specific community. A class on how to write the story in a grant, that shows you have the greatest need to be awarded the grant.

5. Old Business: The plaque is up!

6. New Business: New equipment show and tell – Robert Hauser showed us one of the ultrasound machines that the Foundation was able to help fund. The one presented is being used as a cardiac ultrasound. The previous unit is from 2012. The image on this new unit is exponentially better than the 2012 unit.

7. Next Meeting: May 14 -do it at the Hospital and see if Madison will cater. Start at 6

Good of the order please share. The Arbor Health board is looking for ways to advocate and be with the community more and welcoming suggestions.

To: Finance Committee
From: Finance Department
Date: April 4, 2024
Subject: March Financial Statement Review

Volumes

The district's volume highlights show higher than expected results in Physician clinic visits but lower than expected in ED.

- Inpatient volumes were at budgeted expectation.
- Skilled Nursing volumes were ahead of budget by 10 days; Patient days were 91 on a budget of 81.
- ED did not meet budgeted expectations by 55 visits or 12%.
- Physician Clinic volumes were favorable to budget by 203 visits or 10%.

Income Statement

Results from Operations show net income of \$239,173. Operating Revenues were ahead of budget by \$60,896 and Operating Expenses were lower than expected by \$174,741.

Revenue highlights

- Inpatient revenues were ahead of budget by \$39,873 or 5%.
 - Acute care under budget by \$24,821.
 - Swing Bed ahead of budget by \$64,694.
- Emergency department revenues were unfavorable to budget by \$61,331.
- Outpatient revenues were favorable to budget by \$67,903.
- Other Operating revenues were favorable to budget by \$59,734.

Expense highlights

- Salaries and Wages expense were lower than expected by \$133,670.
 - Productive Salaries expense was overbudget by \$45,784.
 - Agency staffing salaries for the month were underbudget by \$145,259 or 36%.
- Benefits expense was less than expected by \$13,917.
 - Group Health insurance expense was lower than expected by \$25,312.



Balance Sheet

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

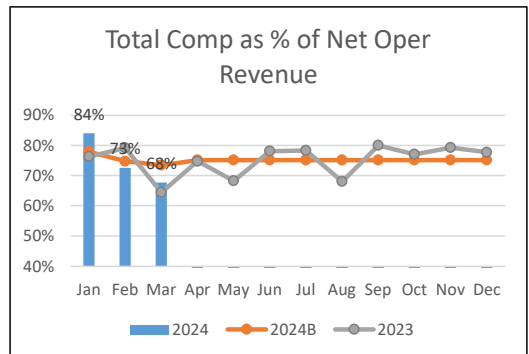
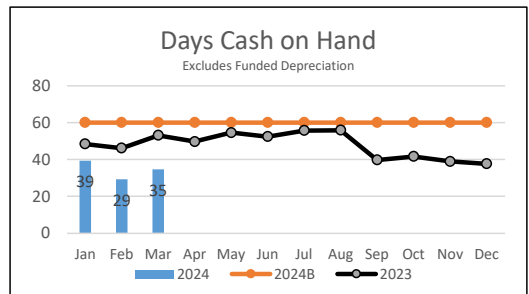
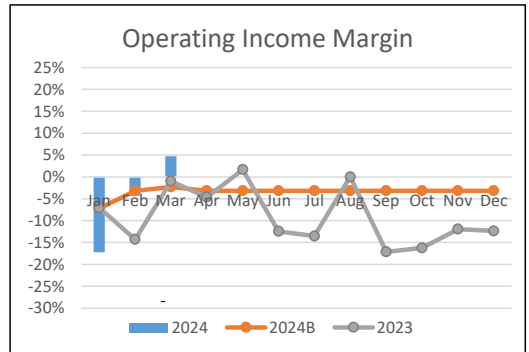
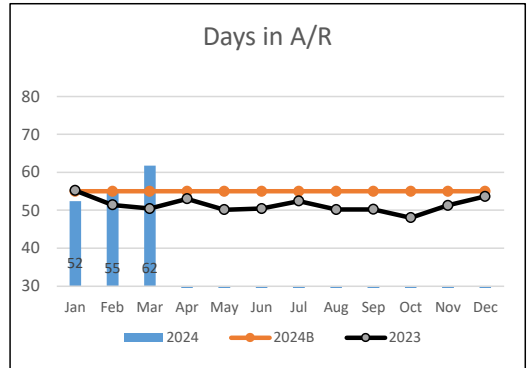
- Cash accounts increased \$289,876 to \$3,455,932.
 - Days in cash increased from 29 days to 35 days.
- Accounts receivable increased \$1,238,391.
 - AR days increased from 55 to 62 days.
 - This is primarily due to the United Healthcare data hack.



ARBOR HEALTH
EXECUTIVE SUMMARY
Fiscal Year Ending: 3/31/24

BALANCE SHEET

	YTD 3/31/2024	Prior YTD 3/31/2023
ASSETS		
Current Assets	\$9,605,269	\$10,164,255
Assets Whose Use is Limited	\$0	\$0
Property, Plant & Equipment (Net)	\$9,729,388	\$10,153,102
Other Assets	\$646,119	\$855,142
Total Unrestricted Assets	\$19,980,776	\$21,172,499
Restricted Assets	\$1,880,631	\$1,728,952
Total Assets	\$21,861,407	\$22,901,451
LIABILITIES & NET ASSETS		
Current Liabilities	\$4,800,788	\$3,496,162
Long-Term Debt	\$5,526,322	\$6,111,208
Other Long-Term Liabilities	\$0	\$0
Total Liabilities	\$10,327,110	\$9,607,370
Net Assets	\$11,534,297	\$13,294,081
Total Liabilities and Net Assets	\$21,861,407	\$22,901,451



STATEMENT OF REVENUE AND EXPENSES - YTD

	3/31/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$5,127,467	\$5,171,942	\$15,467,998	\$15,476,384
Discounts and allowances	(\$1,764,235)	(\$1,824,356)	(\$6,228,769)	(\$5,577,950)
Bad Dbt & Char C Write-Offs	(\$130,944)	(\$112,637)	(\$354,631)	(\$347,257)
Net Patient Revenues	\$3,232,288	\$3,234,949	\$8,884,598	\$9,551,177
Other Operating Revenues	\$134,912	\$75,178	\$290,074	\$225,535
Total Operating Revenues	\$3,367,200	\$3,310,127	\$9,174,672	\$9,776,712
Salaries & Benefits	\$2,282,887	\$2,430,474	\$6,805,848	\$7,341,593
Purchased Serv	\$370,014	\$354,730	\$1,104,433	\$1,071,693
Supply Expenses	\$217,285	\$237,015	\$721,287	\$718,043
Other Operating Expenses	\$185,888	\$204,908	\$683,535	\$751,456
Depreciation & Interest Exp.	\$155,445	\$159,133	\$300,313	\$313,298
Total Expenses	\$3,211,519	\$3,386,260	\$9,615,416	\$10,196,083
NET OPERATING SURPLUS	\$155,681	(\$76,133)	(\$440,744)	(\$419,371)
Non-Operating Revenue/(Exp)	\$83,491	\$84,945	\$231,864	\$254,834
TOTAL NET SURPLUS	\$239,172	\$8,812	(\$208,880)	(\$164,537)

KEY STATISTICS

	3/31/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Inpatient Admits	10	13	32	38
Average Length of Stay	4.70	4.00	4.70	4.00
Total Emergency Room Visits	412	467	1,253	1,400
Outpatient Visits	1,232	1,192	3,931	3,575
Total Surgeries	47	40	127	120

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

CURRENT			MONTH			YEAR TO DATE				
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
795,849	5%	39,873	739,163	779,036	Inpatient Revenue	2,755,014	2,216,770	538,244	24%	2,236,481
3,708,139	-2%	(72,875)	3,846,114	3,773,238	Outpatient Revenue	10,971,822	11,499,618	(527,796)	-5%	10,503,389
503,428	-2%	(11,472)	586,665	575,193	Clinic Revenue	1,741,162	1,759,996	(18,834)	-1%	1,564,030
5,007,416	-1%	(44,475)	5,171,942	5,127,467	Gross Patient Revenues	15,467,998	15,476,384	(8,386)	0%	14,303,900
1,724,537	4%	63,943	1,824,356	1,760,413	Contractual Allowances	6,224,947	5,577,950	(646,996)	-12%	4,837,290
50,878	-129%	(67,078)	52,041	119,119	Charity Care	225,078	160,982	(64,096)	-40%	185,589
94,537	80%	48,772	60,596	11,825	Bad Debt	129,553	186,275	56,722	30%	312,571
1,869,952	2%	45,637	1,936,993	1,891,356	Deductions from Revenue	6,579,577	5,925,208	(654,370)	-11%	5,335,450
3,137,464	0%	1,162	3,234,949	3,236,111	Net Patient Service Rev	8,888,420	9,551,176	(662,756)	-7%	8,968,451
62.7%	-0.9%	-0.6%	62.5%	63.1%	NPSR %	57.5%	61.7%	4.3%	6.9%	62.7%
65,070	79%	59,734	75,178	134,912	Other Operating Revenue	290,074	225,535	64,539	29%	264,134
3,202,534	2%	60,896	3,310,127	3,371,023	Net Operating Revenue	9,178,494	9,776,711	(598,218)	-6%	9,232,585
Operating Expenses										
1,730,421	7%	133,670	2,030,298	1,896,627	Salaries & Wages	5,717,717	6,160,315	442,598	7%	5,518,003
334,386	3%	13,917	400,176	386,260	Benefits	1,088,132	1,181,279	93,147	8%	1,117,862
149,021	32%	29,246	91,345	62,099	Professional Fees	157,796	211,745	53,950	25%	350,957
306,024	8%	19,730	237,015	217,285	Supplies	721,287	718,043	(3,244)	0%	788,221
454,605	-4%	(15,285)	354,730	370,014	Purchase Services	1,104,433	1,071,693	(32,740)	-3%	1,117,295
39,367	-22%	(8,469)	38,525	46,994	Utilities	123,967	120,733	(3,234)	-3%	146,157
28,712	0%	(29)	32,769	32,798	Insurance	98,339	98,307	(32)	0%	85,987
45,140	-4%	(1,728)	42,269	43,998	Other Expenses	147,988	156,569	8,581	5%	132,769
3,087,675	5%	171,052	3,227,127	3,056,074	EBDITA Expenses	9,159,659	9,718,684	559,025	6%	9,257,251
114,859	279%	231,948	83,001	314,949	EBDITA	18,835	58,028	(39,193)	-68%	(24,666)
3.6%	-272.6%	-6.8%	2.5%	9.3%	EBDITA %	0.2%	0.6%	0.4%	65.4%	-0.3%
Capital Cost										
117,047	5%	6,949	131,791	124,842	Depreciation	363,591	395,374	31,783	8%	320,169
29,104	-12%	(3,261)	27,342	30,603	Interest Cost	92,166	82,025	(10,141)	-12%	87,444
3,233,825	5%	174,741	3,386,260	3,211,519	Operating Expenses	9,615,416	10,196,083	580,667	6%	9,664,864
(31,292)	-310%	235,637	(76,132)	159,504	Operating Income / (Loss)	(436,923)	(419,372)	(17,551)	4%	(432,279)
-1.0%			-2.3%	4.7%	Operating Margin %	-4.8%	-4.3%			-4.7%
33,392	0%	3,822	0	(3,822)	Mcare/Mcaid Pr Yr	(3,822)	0	3,822	0%	33,392
Non Operating Activity										
98,949	-1%	(821)	89,195	88,374	Non-Op Revenue	246,451	267,585	(21,134)	-8%	474,168
4,682	-15%	(633)	4,250	4,883	Non-Op Expenses	14,587	12,751	(1,835)	-14%	16,489
94,267	-2%	(1,453)	84,945	83,491	Net Non Operating Activity	231,864	254,834	(22,970)	-9%	457,679
96,367	2614%	230,361	8,812	239,173	Net Income / (Loss)	(208,881)	(164,538)	(44,343)	27%	58,791
3.0%			0.3%	7.1%	Net Income Margin %	-2.3%	-1.7%			0.6%

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

	Current Month	Prior-Month	Prior-Year end	Incr/(Decr) From PrYr
Assets				
Current Assets:				
Cash	\$ 3,455,932	3,166,056	3,790,598	(334,666)
Total Accounts Receivable	10,545,720	9,307,329	8,651,402	1,894,317
Reserve Allowances	(5,247,767)	(5,011,373)	(4,503,473)	(744,294)
Net Patient Accounts Receivable	5,297,953	4,295,956	4,147,929	1,150,023
Taxes Receivable	194,865	168,533	38,809	156,056
Estimated 3rd Party Receivables	0	263,159	263,159	(263,159)
Prepaid Expenses	408,843	350,218	430,473	(21,630)
Inventory	243,303	241,783	241,343	1,961
Funds in Trust	1,880,631	1,871,717	1,862,265	18,366
Other Current Assets	4,373	5,594	64,846	(60,473)
Total Current Assets	11,485,900	10,363,015	10,839,421	646,479
Land	952,749	952,749	952,749	0
Land Improvements	1,426,739	1,426,739	1,426,739	0
Buildings	16,059,783	16,059,783	16,059,783	0
Building Improvement	5,150,953	5,150,953	5,089,019	61,935
Fixed Equipment	2,711,951	2,711,951	2,711,951	0
Major Moveable Equipment	9,067,625	9,067,625	8,986,573	81,051
Construction In Progress	36,598	63,906	0	36,598
Property, Buildings and Equipment	35,406,398	35,433,707	35,226,814	179,584
Accumulated Depreciation	(25,677,010)	(25,576,217)	(25,383,328)	(293,682)
Net Property, Plant, & Equipment	9,729,388	9,857,490	9,843,486	(114,098)
Right-of-use assets	644,119	470,812	516,452	127,666
Other Assets	2,000	2,000	2,000	0
Total Assets	\$ 21,861,407	20,693,317	21,201,359	660,048
Liabilities				
Current Liabilities:				
Accounts Payable	1,575,294	618,184	913,503	661,792
Accrued Payroll and Related Liabilities	1,020,265	1,506,703	1,206,309	(186,044)
Accrued Vacation	906,088	872,887	900,057	6,032
Third Party Cost Settlement	332,592	76,325	68,817	263,775
Interest Payable	76,893	51,262	0	76,892
Current Maturities - Debt	885,881	885,881	885,881	0
Other Payables	3,775	3,855	3,855	(80)
Current Liabilities	4,800,788	4,015,097	3,978,422	822,366
Total Notes Payable	699,641	725,284	776,435	(76,795)
Lease Liability	402,239	233,480	279,212	123,027
Net Bond Payable	4,424,443	4,424,332	4,424,112	330
Total Long Term Liabilities	5,526,322	5,383,096	5,479,760	46,562
Total Liabilities	10,327,110	9,398,194	9,458,182	868,928
General Fund Balance	11,743,177	11,743,177	11,743,177	0
Net Gain (Loss)	(208,881)	(448,054)	0	(208,881)
Fund Balance	11,534,297	11,295,123	11,743,177	(208,881)
Total Liabilities And Fund Balance	\$ 21,861,407	20,693,317	21,201,359	660,048

CONSENT AGENDA



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

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

Conference Room 1 & 2 and via ZOOM

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

Meeting ID: 889 5756 6693

One tap mobile: +12532158782, 88957566693#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	<p>Board Chair Herrin called the meeting to order at 3:30 p.m.</p> <p>Board Chair Herrin noted Commissioner Schumaker is in route and will be in attendance shortly.</p> <p>Commissioners present:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Tom Herrin, Board Chair<input checked="" type="checkbox"/> Craig Coppock, Secretary<input checked="" type="checkbox"/> Wes McMahan<input checked="" type="checkbox"/> Van Anderson<input checked="" type="checkbox"/> Chris Schumaker <p>Others present:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Robert Mach, Superintendent<input checked="" type="checkbox"/> Shana Garcia, Executive Assistant<input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO<input checked="" type="checkbox"/> Cheryl Cornwell, CFO<input checked="" type="checkbox"/> Shannon Kelly, CHRO<input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director<input type="checkbox"/> Dr. Kevin McCurry, CMO<input type="checkbox"/> Matthew Lindstrom, CFMO			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> ☒ Spencer Hargett, Compliance Officer ☒ Barb Goble, Medical Staff Coordinator ☒ Dr. Victoria Acosta, Chief of Staff ☒ Clint Scogin, Controller ☒ Amy Nielsen, Anesthesia Manager ☒ Jessica Scogin, Foundation Manager ☒ Jim Frey, IT Director ☒ Buddy Rose, The Journal ☒ Diane Markham, Marketing & Communications Manager <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
Approval or Amendment of Agenda		Secretary Coppock made a motion to approve the agenda. Commissioner McMahan seconded, and the motion passed unanimously.		
Conflicts of Interest	Board Chair Herrin asked the attendees to state any conflicts of interest with today's agenda.	None noted.		
Comments and Remarks	Commissioners: Commissioner McMahan was so impressed by the Family Resource Fair and not only the attendance of the community but by the vendors as well. He thanked the Finance Committee for their dedication to the District. Also, congratulated Dr. Peresko for being a recipient of the 2024 Excellence in Healthcare award. Commissioner Anderson also commended the Finance team on an incredible job, especially managing through the Change Healthcare cyber attack impact. He requested more info regarding adding the option Prenatal/OBGYN Services at Arbor Health. Board Chair Herrin thanked the entire board for coming in person and encouraged the Board			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>to attend the Service Awards Celebration tomorrow, March 28th at 1 PM.</p> <p>Audience: None.</p>			
Executive Session-RCW 70.41.200	<p>Board Chair Herrin announced going into executive session at 3:40 p.m. for 10 minutes to discuss RCW 70.41.200-Medical Privileging and Quality Improvement Oversight Report. The Board returned to open session at 3:50 p.m. Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments: Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Ruxandra Costa, MD <p>Reappointments: Radiology Consulting Privileges</p> <ol style="list-style-type: none"> 1. David Alexander, MD 2. Ryan Frederiksen, MD 3. Kristine Andrade, MD <p>Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> 4. George Lopez, MD 5. Pratik Bhattacharya, MD 6. Sergey Akopov, MD <p>Cardiology Consulting Privileges</p> <ol style="list-style-type: none"> 7. Timothy S. Larson, MD 	<p>Commissioner Anderson made a motion to approve the Medical Privileging as presented Secretary Coppock seconded. The motion passed unanimously.</p>		
<p>Department Spotlight</p> <ul style="list-style-type: none"> • Anesthesia 	<p>Anesthesia Manager Nielsen highlighted the department staffing model of CRNA's, the services provided, year over year financials, as well as moving forward by controlling expenses and hopefully increasing volumes/services. The department has little capital needs that are urgent. Exploring the billing challenges related to nerve</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	blocks, along with restarting the Ketamine outpatient service.			
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report 	Board Chair Herrin provided a meeting summary which included a successful Family Resource Fair, the commissioner plaque was approved, a couple scholarships were awarded, an anonymous donation of \$15,000 was received and is to be used for collaboration between the hospital and school age kids. Next upcoming even is Ladies Night on May 23 rd .			
<ul style="list-style-type: none"> Finance Committee Report 	Commissioner McMahan highlighted the financial summary making special note of the progress the finance and business office team has made related to the Change Healthcare cyber-attack. Still \$1,000,000 in a holding pattern but optimistic on moving forward with TriZetto, a new clearinghouse.			
Consent Agenda	Board Chair Herrin announced the consent agenda items for consideration of approval: <ol style="list-style-type: none"> Approval of Minutes <ol style="list-style-type: none"> February 28, 2024, Regular Board Meeting March 13, 2024, QIO Committee Meeting March 20, 2024, Finance Committee Meeting Warrants & EFTs in the amount of \$3,592,775.15 dated February 2024 Approve Documents Pending Board Ratification 03.27.24 	Secretary Coppock made a motion to approve the Consent Agenda and Commissioner McMahan seconded. The motion passed unanimously. Minutes and Warrants will be sent for electronic signatures.	Executive Assistant Garcia	03.29.24
Old Business <ul style="list-style-type: none"> 022824 Action Item Follow Up 	Commissioner Schumaker confirmed attending the upcoming AWP/WD/WSHA Annual Conference. Executive Assistant Garcia will register all five commissioners and Superintendent Mach for the conference. Board Chair Herrin confirmed all five commissioners filed with the PDC.	Register Commissioners and Superintendent Mach for the AWP/WD/WSHA Annual Conference.	Executive Assistant Garcia	Once conference registration is open, prior to April 24 th Regular Board Meeting.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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New Business • None.	Nothing new to report.			
Superintendent Report	<p>Superintendent Mach highlighted the memo in the packet and added the following updates:</p> <ol style="list-style-type: none"> 1. Agreed to jointly negotiate payer contracts with the TRC. 2. Hired Hugo De Oliveira, ARNP and Dr. Hines, DO. 3. CT has been installed and excited to show the Board tonight. 4. Confirmed after March AH will not be offering orthopedic services. Planning to recruit for a replacement that's a good fit for Arbor Health or find a comparable other option. 5. Passed along the supported bills by WSHA. 6. Packwood Clinic continues to finalize their RHC license. <p>Commissioners expressed interest in exploring options to offer OBGYN Services/Prenatal, so patients do not have to drive to Providence, as well as an Assisted Living option similar to Dayton Hospital. Superintendent Mach will review and provide additional information to the Finance Committee.</p>	<p>Report potential service line options like OBGYN and Assisted Living.</p>	Superintendent Mach	04.17.24 Finance Committee Meeting
Guest Speaker	Kurt O'Brien focused on leading change and discussed what makes change hard and examples of successful change. The Board expressed challenges of change and what work the Board needs to do to affect change. Next month's focus will be on strategies for engaging the community. The Board agreed needing Rob's involvement in this process, as well as meeting the community where they are verses hosting separate events.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Meeting Summary & Evaluation	Board Chair Herrin shared it was a great meeting with good input and conversations. Commissioners Anderson and Schumaker thanked Anesthesia Manager Nielsen for a through department spotlight. Secretary Coppock noted we need to focus on bring back orthopedics. Commissioner McMahan noted discussing Just Culture at April's meeting.	Review Just Culture at next board meeting.	CNO/CQO Van Duren	04.24.24 Regular Board Meeting
Adjournment		Commissioner Anderson moved, and Commissioner McMahan seconded to adjourn the meeting at 5:32 p.m. The motion passed unanimously.		

Respectfully submitted,

Craig Coppock, Secretary

Date



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
April 17, 2024, at 12:00 p.m.
Via Zoom

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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		The motion passed unanimously.		
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Consent Agenda	Commissioner McMahan announced the following in consent agenda up for approval: <ol style="list-style-type: none"> 1. Review of Finance Minutes –March 20, 2024 2. Revenue Cycle 3. Board Oversight Activities 	Commissioner Anderson made a motion to approve the consent agenda and Superintendent Mach seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> • CFO Financial Review 	<p>CFO Cornwell shared insight on the financial reports, graphs, and statements. March was a robust month, while Cash remains low and AR remains high, both continue to show improvements and are directly linked to the Change Healthcare cyber-attack. Overall, it was a great month. CFO Cornwell shared it has been a year since the Packwood Clinic opened and the P & L is showing progress as we move to being a Rural Health Clinic with better reimbursements.</p> <p>Commissioner Anderson noted a couple labeling errors on page 26 of the packet. CFO Cornwell confirmed while the legend years are incorrect the data presented is correct.</p>	Update Patients Served graph legends.	Controller Scogin	Prior to 05.22.24 Finance Committee Meeting
<ul style="list-style-type: none"> • Trubridge Review 	CFO Cornwell shared the preliminary Trubridge audit results identify work to be done that may improve the bottom line. The coding audit results are still in process and will provide an update next month.			
<ul style="list-style-type: none"> • Change Healthcare 	CFO Cornwell shared the effects of the Change Healthcare's cyber-attack continues to have its challenges. The good news, \$2,100,000 was deposited MTD and on track for an additional \$600,000. The staff are working hard manually posting all payments when are normally done electronically. Several hours have			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>been dedicated to this event, but life is trending back to normal.</p> <p>The Commissioners commended the staff and their dedication to Arbor Health.</p>			
<p>New Business</p> <ul style="list-style-type: none"> Distressed Hospital Grant 	<p>CFO Cornwell shared the District received \$481,000 in grant monies from the state. This grant is intended to boost days in cash and does not require reporting on the use of funds.</p>			
<ul style="list-style-type: none"> Capital Review Randle Clinic HVAC 	<p>Facility Engineering Manager Sullivan highlighted that as mentioned at the January meeting, the District continues to have HVAC units needing to be replaced. The Randle Clinic is up next and cannot be repaired. The cost is \$31,550 plus tax for the two units.</p> <p>The Finance Committee supports the resolution and will recommend approval at the Board level in Consent Agenda.</p>	<p>The Finance Committee supported requesting the Board's approval of a resolution for the Randle Clinic HVAC Units at the Regular Board Meeting.</p>	<p>Executive Assistant Garcia</p>	<p>04.24.24</p>
<ul style="list-style-type: none"> Future Service Line Discussions 	<p>Superintendent Mach shared while offering OBGYN would be a great service, there are several obstacles as noted in last month's board meeting. Also, the regulatory requirements are making it increasingly difficult to maintain this service to families.</p> <p>Superintendent Mach connected with the Dayton Hospital's CEO and the hospital there built ten assisted living cottages. This service has even different regulations than long term care, the staffing challenges continue and overall operated at a loss in 2023.</p>			
<ul style="list-style-type: none"> Surplus or Dispose of Personal Property 	<p>CFO Cornwell presented the list of assets for surplus. The Finance Committee supports the resolution and will recommend approval at the Board level in Consent Agenda.</p>	<p>The Finance Committee supported requesting the Board's approval of a resolution of the Surplus at the Regular Board Meeting.</p>	<p>Executive Assistant Garcia</p>	<p>04.24.24</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Meeting Summary & Evaluation	<p>CFO Cornwell provided a summary report and noted it was nice to report on a positive financial month.</p> <p>Commissioner McMahan appreciates the open conversations on the issues at hand and the truthful responses to the work ahead, such an awesome team! Commissioner Anderson appreciates CFO Cornwell's integrity, openness to discussions and questions, as well as putting our best foot forward on the future financials.</p>			
Adjournment	Commissioner McMahan adjourned the meeting at 12:43 pm.			

WARRANT & EFT LISTING NO. 2024-03

RECORD OF CLAIMS ALLOWED BY THE
BOARD OF LEWIS COUNTY
COMMISSIONERS

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

CERTIFICATION

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

Signed:

Cheryl Cornwell, CFO

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

\$3,414,855.38 this 24th day
of April 2024

Board Chair, Tom Herrin

Commissioner, Wes McMahan

Secretary, Craig Coppock

Commissioner, Van Anderson

Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of \$3,414,855.38 dated March 1, 2024 – March 31,
2024.

Mar-24

ARBOR HEALTH WARRANT REGISTER

Routine A/P Runs

Warrant No.	Date	Amount	Description
133386 - 133391	1-Mar-2024	25,526.96	CHECK RUN
133396	4-Mar-2024	3,000.00	CHECK RUN
133397	4-Mar-2024	3,000.00	CHECK RUN
133398	1-Mar-2024	40.00	CHECK RUN
133399	5-Mar-2024	322.54	CHECK RUN
133400 - 133447	8-Mar-2024	139,952.73	CHECK RUN
133448 - 133475	11-Mar-2024	952,060.58	CHECK RUN
133476 - 133506	11-Mar-2024	49,837.06	CHECK RUN
133507	11-Mar-2024	1,000.00	CHECK RUN
133508 - 133553	15-Mar-2024	200,810.30	CHECK RUN
133554	12-Mar-2024	312.26	CHECK RUN
133555	15-Mar-2024	482.76	CHECK RUN
133556 - 133575	18-Mar-2024	137,374.93	CHECK RUN
133576	11-Mar-2024	198.06	CHECK RUN
133577	15-Mar-2024	14,250.80	CHECK RUN
133578	18-Mar-2024	3,706.31	CHECK RUN
133579	19-Mar-2024	114.56	CHECK RUN
133580 - 133633	22-Mar-2024	208,565.46	CHECK RUN
133634 - 133644	25-Mar-2024	867,635.11	CHECK RUN
133645	25-Mar-2024	441.23	CHECK RUN
133646 - 133677	26-Mar-2024	18,621.23	CHECK RUN
133678 - 133726	29-Mar-2024	171,259.65	CHECK RUN
133756 - 133757	26-Mar-2024	24,321.96	CHECK RUN
133758 - 133759	28-Mar-2024	509.53	CHECK RUN
Total - Check Runs		\$ 2,823,344.02	

Eft	Date	Amount	Description
1220	1-Mar-24	192,867.95	IRS
4803	5-Mar-24	1,109.78	BBP
4804	8-Mar-2024	140.83	BBP
4805	12-Mar-24	2,237.01	BBP
4806	19-Mar-2024	2,227.56	BBP
1221	15-Mar-2024	189,182.80	IRS
4807	26-Mar-2024	520.67	BBP
1222	29-Mar-2024	203,224.76	IRS
TOTAL EFTS AT SECURITY STATE BANK		\$ 591,511.36	

TOTAL CHECKS, EFT'S, & TRANSFERS	\$ 3,414,855.38
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Documents Awaiting Board Ratification 04.24.24		
	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Critical Access, Quality, Patient Safety & Risk Evaluation	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>		



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO
SURPLUS OR DISPOSE OF PERSONAL
PROPERTY

RESOLUTION NO. 24-08

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 Administrator 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 24th day of April 2024, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Wes McMahan, Commissioner

Van Anderson, Commissioner

Craig Coppock, Secretary

Chris Schumaker, Commissioner

To: Finance Committee & Board
From: Tina Clevenger, Materials Management Supervisor
Date: April 10, 2024
Subject: Surplus or Dispose of Personal Property

Surplus or Dispose of Personal Property (RCW 43.19.1919)

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
04/2024	SUMMIT FREEZER/FRIDGE	Storage	5883	Surplus	No longer required for PHD purposes
	STRYKER BED	Storage	5951	Surplus	
	BIRTHING BED	Storage	5525	Surplus	
	REFRIGERATOR	Storage	5828	Surplus	
	CENTRIFUGE	Storage	5763	Surplus	
	EXAM TABLE	Storage	6163	Surplus	
	LEEP SYSTEM	Storage	5569	Surplus	
	ICE MACHINE	Storage	5376	Surplus	
	HP LAPTOP	IT	5915	Surplus	
	HP LAPTOP	IT	5844	Surplus	
	HP LAPTOP	IT	5916	Surplus	
	HP LAPTOP	IT	5502	Surplus	
	HP LAPTOP	IT	5506	Surplus	
	HP LAPTOP	IT	5841	Surplus	
	HP LAPTOP	IT	6218	Surplus	
	DELL COMPUTER	IT	5999	Surplus	
	ACER COMPUTER	IT	5643	Surplus	
	DELL COMPUTER	IT	5543	Surplus	
	HP COMPUTER	IT	6147	Surplus	
	LABEL PRINTER	IT	6107	Surplus	
	PC	IT	2009	Surplus	
	DECON TRAILER	MAIN	1860	Surplus	
	Hospital bed	Storage	1881	Surplus	
	Hospital bed	Storage	1931	Surplus	
	Hospital bed	Storage	1845	Surplus	



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING
THE CAPITAL PURCHASE OF
RANDLE CLINIC HVAC UNITS

RESOLUTION NO. 24-09

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:

Approving the purchase of the Randle Clinic HVAC Units from operating cash.

The purchase price is \$31,550 plus tax.

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 24th day of April 2024, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Wes McMahan, Commissioner

Van Anderson, Commissioner

Craig Coppock, Secretary

Chris Schumaker, Commissioner



CAPITAL EQUIPMENT/ASSESSMENT REQUEST FORM

SECTION 1 - DEPARTMENT INFORMATION / ITEM REQUESTED

Department Name	<u>Facility Engineering</u>	Department#	<u></u>
Manager	<u>Will Sullivan</u>	Phone #	<u>3604963649</u>
General Description of Item	<u>Replace obsolete HVAC equipment at Randle clinic</u>		
Reason For Purchase (Choose all that apply)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> End of Life <input type="checkbox"/> Quality of Care <input type="checkbox"/> Patient Satisfaction <input type="checkbox"/> Increase Volume <input type="checkbox"/> Other <u></u>		
Expected Life of New Equipment in Years	<u>20</u> Years		

Notes about reason for request, effect on department's operations, effect on other departments, and impact of purchase on revenues or volumes :

HVAC equipment is over 20 years old. Parts are not able to be sourced. Equipment is not repairable

Do We Have Any Similar Equipment In The Organization / Which Department? ☐ Yes ☒ No
Can This Equipment Be Utilized By Other Departments? ☐ Yes ☒ No

Were (3) Competitive Quotes Obtained? (Please Attach) ☐ Yes ☒ No - Detail below

This is the only company to get a quote back to me.

Suggested Vendor	<u>Denali Heating</u>	PREFERRED MODEL #	<u></u>
Name/Contact Of Vendor	<u>Travis Anthony</u>		
Estimated Price \$	<u>\$31,550.00</u>		
Source Of Estimated Price	<input checked="" type="checkbox"/> Quote (attach) <input type="checkbox"/> Other (Explain) <u></u>		

SECTION 2 – DEPARTMENT AND TECHNOLOGY IMPACT

Will this purchase interface with our computer system? ☐ Yes - Detail below ☒ No ☐ Unsure

Facilities Involvement	<input checked="" type="checkbox"/> Yes - Detail below	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Biomed Involvement	<input type="checkbox"/> Yes - Detail below	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unsure
Clinical Informatics Involvement	<input type="checkbox"/> Yes - Detail below	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unsure
Infection Control	<input checked="" type="checkbox"/> Yes - Detail below	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
IT Involvement	<input type="checkbox"/> Yes - Detail below	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unsure
Material Management	<input checked="" type="checkbox"/> Yes - Detail below	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Explain and/or quantify any known involvement or expenses in these areas.

Engineering work closely with vendor to insure job is completed in a safe and timely manner. Engineering will post ICRA, Material management will work with Denali heating for PO. Will work closely with clinic staff to ensure minimal patient disruption.

SECTION 3 - EQUIPMENT ASSESSMENT TEAM EVALUATION SUMMARY

Assessment Team Members:

Date of Meeting:

PROS	
CONS	
CONSIDERATIONS	
RECOMMENDATIONS	
WARRANTY INFORMATION	
ADDITIONAL ACQUISITION/ PREP COST \$	
ADDITIONAL PREP/ TRAINING HOURS	
COMMENTS	

Base Equipment Price - As Provided			
Support And Maintenance Costs			
Additional Cost of Installation Support	\$ -	Total Monthly Consumables Cost	
Total Additional Associated Cost	\$ -		
Shipping, Delivery and Installation	\$ -		\$ -
Sales Tax	\$ -	Depreciation	0
TOTAL NON- RECURRING EXPENSE	\$ -		
TOTAL RECURRING EXPENSE			\$ -

*** FOR FINANCE DEPARTMENT USE ONLY ***

HOW ARE WE PAYING FOR THIS?

IS THIS BUDGETED ☐ Yes ☐ No

BUDGETED PURCHASE DATE

TYPE OF EQUIPMENT

☐ Building Improvement ☐ Fixed Equipment ☐ Building ☐ Capital Lease

☐ Major Moveable Equipment ☐ Other - Explain

*** APPROVALS ***

Chief Financial Officer

Date

Chief Executive Officer

Date

Board of Commissioner Chairperson

if > than \$30,000

Date



• PO Box 1808 Castle Rock, Washington 98611 • Phone: (360) 274-8049 • Fax: (360) 274-8078

Arbor Health Randle Clinic
108 Kindle Rd.
Randle, Wa 98377
William Sullivan

HVAC System #1 and #2

Thank you for the opportunity to provide you with this proposal for replacing the failing heat pump systems 1 and 2. This proposal includes the following actions and items:

=====PROPOSAL=====

Install 4 Ton American Standard Heat Pump System

- Remove and recycle old equipment, oils, and refrigerant.
- Set new American Standard 15 SEER heat pump on level pad.
- Install new American Standard TEM6 variable speed air handler above T-bar.
- Install secondary drain pan under air handler with safeties.
- Install new refrigerant line set piping.
- Install new Honeywell digital programable thermostat.
- Install new Honeywell F100 media filter.
- Connect to existing duct system.
- Connect to existing drain lines.
- Reconnect high and low voltage wiring.

**Not included: High voltage electrical modifications if needed.*

**Equipment is currently available.*

Total price for each system- \$ 15,775.00 +Tax

Total price for both systems- \$ 31,550.00 + Tax

=====ADDITIONAL PROJECT SPECIFIC ACTIONS & RESPONSIBILITIES=====

	YOU	DENALI	N/A
Providing Equipment to be installed-----	[]	[X]	[]
Delivery, Un-crating, Setting-----	[]	[X]	[]
Electrical Modifications or installation-----	[X]	[]	[]

=====WARRANTY=====

*All Commercial equipment comes with a one-year parts only warranty. Denali provides a ninety-day workmanship warranty on labor.

=====PROPOSAL ACCEPTANCE=====

This proposal is valid for 30 days and may be withdrawn if not accepted within that time frame. By signing below, I am confirming that the above pricing, equipment, warranty and actions to be performed by Denali Heating and Air Conditioning LLC are acceptable and therefore are authorized for work to commence.

PROPOSAL DATE- April 9, 2024

Option for System #1	Install 4 Ton American Standard Heat Pump System	\$ 15,775.00 + tax
Option for System #2	Install 4 Ton American Standard Heat Pump System	\$ 15,775.00 + tax

Accepted by: _____

Job Position: _____

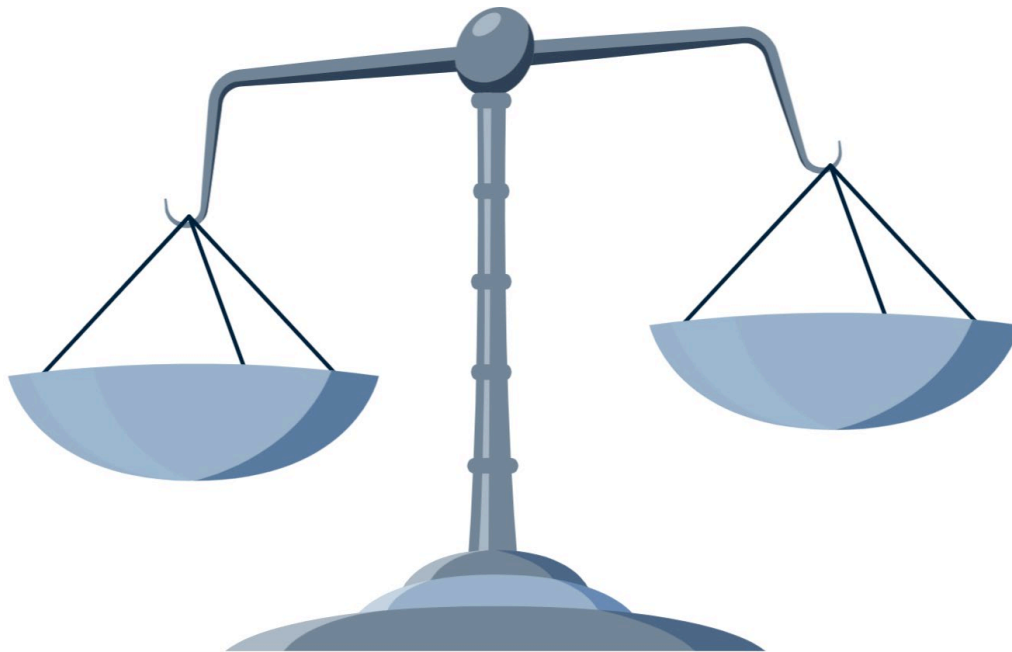
Date of Acceptance: _____

Thank you again for this opportunity and we look forward to working with you. Please feel free to contact us with additional questions or inquires.

NEW BUSINESS

Just Culture

Just Culture is a model of **workplace justice**.



recognize



reward



tolerate



punish





Just Culture



It's a **culture** that holds **individuals** accountable for the **quality of their choices**.

The model leverages what is currently known about *human capacity, decision-making, and fallibility*.

Just Culture demands *improvement*, but not perfection.



In a Just Culture, We Recognize **Behavioral Choices** *Across a Continuum of Intent & Culpability.*

5

Human Error

Inadvertently doing other than what was intended: a slip, lapse, or mistake

At-Risk Behavior

A choice where risk is not recognized, or is mistakenly believed to be justified

Reckless

Conscious disregard of a substantial and unjustifiable risk of harm

Knowledge

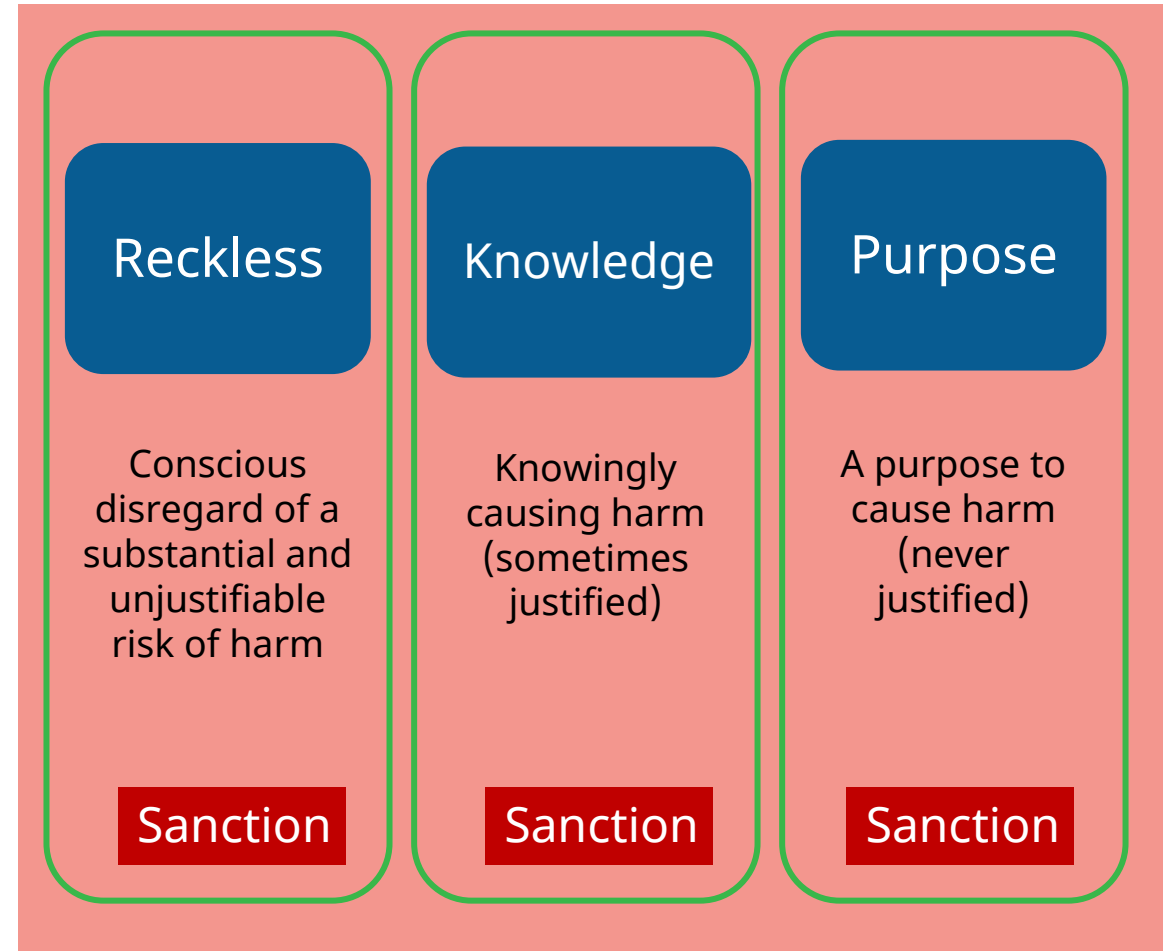
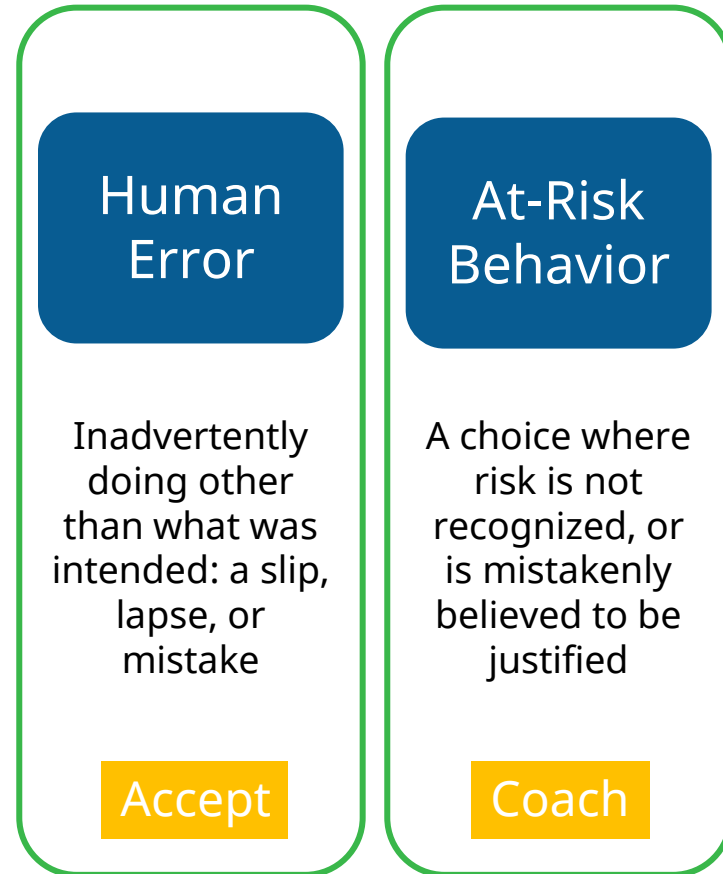
Knowingly causing harm (sometimes justified)

Purpose

A purpose to cause harm (never justified)



In a Just Culture, the ***Organizational Response*** is Coupled to the Quality of the Choice.





Just Culture



It's a model of shared accountability drives continuous learning and improvement.





LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION ADOPTING THE
COMMUNITY HEALTH IMPROVEMENT
SERVICES (CHIS) ADDENDUM

RESOLUTION NO. 24-10

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:

To adopt the CHIS addendum which are the hospital activities related to improving community needs named in the hospital's CHNA. The annual CHIS addendum details these activities.

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 24th day of April 2024, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Wes McMahan, Commissioner

Van Anderson, Commissioner

Craig Coppock, Secretary

Chris Schumaker, Commissioner

Annual Community Health Improvement Services Addendum



DOH 346-131 July 2022)

Hospital Name:	Lewis County District Hospital No. 1
License #:	600293024
Fiscal Yearend (Ex.6/30/2023):	Dec. 31, 2023

4A-K) See sheet labeled "Instructions for Completion" for instructions to complete addendum. Insert additional lines as needed.

A. Type of Activity:		B. Method in which the activity was delivered:	C. How the activity relates to an identified community need in the community health needs assessment:	D. The target population for the activity:	E. Strategies to reach the target population:
1	Reduction in Wait Times to Third Next Available	In Person	Improve Access to Primary Care	East Lewis County Residents	Website
2	Increase Annual Wellness Visits	In Person	Promotes Health Maintenance and Positively Affects Population Health	East Lewis County Residents	Website, Quarterly Newsletter Circulations, Phone Calls
3	Expand Chronic Conditions Management (CCM) Services	In Person	Established CCM Program to Include Recruiting Care Coordinator	East Lewis County Residents that Meet the Criteria	Strategic Marketing, Quarterly Newsletter Circulations, Social Media, In Person
4	Embed Behavioral Health in Clinics	In Person	Improve Access to Behavioral Health Services	East Lewis County Residents	Website, Clinic Visits
5	Reduction in % of Population Reporting Physical Inactivity	Virtual	Realize a Healthier East Lewis County	East Lewis County Seniors 65+	Website, Social Media
6	Increase in Opioid Use Disorder (OUD) Diagnosis and Initiation of Treatment	In Person	Address Access to Medication-Assisted Treatment (MAT) for People with OUD	East Lewis County Residents Struggling w/OUD	Partnership with Community-Based Organization and Newspaper Circulation of the District for Lewis County
7					
8					
9					

F. Identified outcome metrics:	G. The cost to the hospital to provide the activity:	H. The methodology used to calculate the hospital's costs:	I. The total number of people served by the activity:	J. List entities that administered the community health improvement service, if other than the hospital:
Reduction in Wait Times for Patients by Third Next Available	No Additional Costs to Perform this Task Done by Existing Staff	NA	8365	None
Increase in Annual Wellness Visits by 15%	No Additional Costs to Perform this Task Done by Existing Staff	NA	3512	None
Enroll 3 patients/month with Chronic Care Coordinator	CPT \$50/hr-Approximately 16 hrs/pay period=\$800	Hourly Rate	5145	None
Decrease Time Between PCP Referral and Intervention/Contact with Behavior Health Provider	FT Salaried \$70,000	Salary Position	811	None
10% Reduction in of Population Reporting Inactivity	\$1,225	Cost/User	32	University of Washington
Increase Patient Utilization of (MAT)	Rental Space-\$1/Sq Ft-4 Days a Week	Rental Agreement	Unknown-Patient Counts	Cascade Community Healthcare



Superintendent's Evaluation

Superintendent Robert Mach

Commissioners Board Chair Herrin

Secretary Coppock

Commissioner McMahan

Commissioner Anderson

Commissioner Schumaker

Date 07.31.24

Overall Performance _____

Dimensions

Using the following definitions of levels of performance, please indicate your preceptions and evaluations of your CEO's work performance.

Excellent	Continually exceeds expectations
Good	Generally meets or exceeds expectations
Satisfactory	Meets expectations
Needs Improvement	Fails to meet one or a few expectations
Unacceptable	Fails to meet most expectations
N/A	Have not observed this skill/activity

Leadership & Managerial Qualities

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Self-starter; high level of drive and energy							
Effective member of a work group; gains respect and cooperation of others							
Provides leadership and direction to staff							
Functions within scope of responsibility							
Open to constructive communication							
Demonstrates willingness to try new approaches							
Develops realistic solutions							
Establishes vision and direction							
Communicates appropriately to staff							

Personal Qualities and Judgement/Sensitivity

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Person of Integrity							
Professionally presents self to the public							
Values people, shows concern							
Makes sound, timely decisions							
Handles problems professionally							

Knowledge and Skill

Demonstrates knowledge of hospital management/operations							
Assures facilities/equipment meet immediate and long-term needs							
Assures hospital is compliance with applicable standards, codes, laws and regulations							

Board Relations

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Works closely with Board to develop short and long range strategies							
Communicates appropriate information to Board at and between meetings							
Readily available to Board members							
Works with Board to create a governance environment							
Provides education opportunities for Board							
Supports policies, procedures and philosophy of Board							
Creates a sense of trustworthiness in Board/CEO relations							

Medical Staff Relations

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Has good rapport with Medical Staff							
Communicates with and works closely with medical staff on matters of mutual concern							
Ensures Board involvement and approval in an effective credentialing process							
Assists in determining community health care needs							
Assumes a leadership role in provider recruitment							
Is an effective liason between the Board and medical staff.							

Community Relations/Political Effectiveness

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Promotes a positive image of the Hospital							
Represents the Hospital in the community							
Works closely with community in determining local health care needs							
Listens to diverse ideas							
Maintains an advocacy role in promoting needs of the institution							

Strengths and Development Needs

What are the CEO's major strengths?

- 1 _____
- 2 _____
- 3 _____

What are areas that need further development?

- 1 _____
- 2 _____
- 3 _____

What are the resources needed to address further development?

- 1 _____
- 2 _____
- 3 _____

Current Goals for CEO

Personal Goals	Status

Organizational Goals	Status
Strategic Initiative 1	
Strategic Initiative 2	
Strategic Initiative 3	
Operational Goals	

SUPERINTENDENT REPORT

To: Board of Commissioners

From: Superintendent Mach

Date: 04.24.24

Re: April Superintendent Report

(Patient Kudos) I have years of experience working in a medical field and I have to say this is by far the best clinic I have ever been to. Across the board, everybody has been above excellent. Being in a small town such as Morton I would never have expected to have such excellent care. Whatever y'all are doing, keep doing it because it's working.

- Awarded Foundation for Health Care Quality's inaugural Trailblazer Award
- Attended WSHA strategic planning meeting on April 5
- Dr. Hines has signed his contract.
- Received \$480,000 from state for distressed Hospital grant.
- Interviewed companies to help us with setting up proper salary bands.
- Joined HRS GPO as a secondary member saving us 17% on food costs.
- Attended Centralia Providence CHNA meeting on April 2.
- Working on submitting interim CHNA plan to state by end of month.
- Met with Columbia health about Assisted living (See below).
- Nursing students starting soon.
- CT and ultrasound scanners installed and operational.
- Offer letter and contract pending on another ARNP.

Rural health collaborative updates

Honest sharing is the heartbeat of the Rural Collaborative. Our members subscribe to the belief that *together we will survive, individually we will not*. At the Collaborative, members actively support one another, sharing ideas and working collectively to achieve excellence in rural healthcare for their communities. Collaborative staff support members in this common goal.

The Collaborative was formed in 2003 by eight rural public hospital districts in Washington State and has since grown to 24 members. As we continue to build TRC, interdependence among members will remain the key to adding value. Shared savings and reduced costs through interdependence has created significant financial advantages for our small, rural hospitals, which translates into their ability to better serve their communities.

At our 2023 Board Retreat, we committed to these strategic goals:

1. **Interdependence:** Members regularly participate in initiatives to achieve financial savings, increased operational efficiencies, and mitigate external threats.
2. **Rural Payer Contracting:** Establish fair and sustainable agreements between healthcare payers and rural providers, reducing administrative burdens for both parties, creating value and financial viability for members.
3. **Access to Care:** Access to high quality patient care in each community served is enhanced for Collaborative members through common projects and shared best practices.
4. **Workforce:** Members experience measurable improvements in recruiting and retaining their rural workforce.

Update of Discussion with Columbia Health System regarding Assisted living facilities

Pro's

- *Much needed resource in the community.*
- *Transitioned residents from nursing home model to assisted living model.*
- *Ancillary services now billed under Medicare part B or Medicaid outpatient.*

Con's

- *Operates at a loss.*
- *Staffing issues.*
- *Licensing is difficult.*
- *Construction costs of \$2 million per 10 beds*

Data

- *Self-pay daily rate \$289.00*
- *Medicaid rate \$190.00-\$205.00*
- *Must maintain occupancy rate of 60% Medicaid per state.*

Trustee Insights

QUALITY



The Board's Role in Health Care Experience

Trustees have an opportunity to elevate their organization's outcomes and performance

BY LAURA ORR AND KATIE OWENS

It is a pivotal time for our industry to assure the well-being and sustainability of health care organizations. The role of a board member in this context is multifaceted, requiring depth and breadth of expertise to make substantial contributions. Board members are tasked with offering crucial guidance and establishing managerial accountability, and in doing so, play a key role in influencing care delivery.

Health care experience per-

formance (e.g., employee and physician engagement, patient experience of care, community trust and confidence) is often an underestimated and influential opportunity to maximize trustee engagement, foster a sense of purpose and support management. These experiences are composed of countless interactions to demonstrate excellence as both a place to practice and work and for patients to receive care. For trustees, it is imperative to grasp the baseline of the health care experience performance within the organization and to recognize how elevating these outcomes aligns with and advances the institutional mission, vision and values.

These concerning trends provide some insight to the state of the health care experience for trustees:

- The [average hospital](#) has turned over 105% of its workforce (based on cumulative turnover rates) in the last five years and 95% of that turnover has been voluntary terminations.

- [National patient experience results](#) have not regained pre-pandemic performance.

- National rates of employee and physician engagement are declining. Specifically, PRC's National Nursing Study has demonstrated the percent of fully engaged nurses decreased from 45% in 2019 to 20% in 2023. At the same time, the number of unengaged nurses increased from 14% in 2019 to 29% in 2023.

- Engaged physicians and employees are 3.5 times less likely to experience burnout, per the American Society for Healthcare Resources Administration's "I Quit: Combatting Nurse Burnout with Resiliency Solutions."

Governing boards can play a significant role in elevating experience for all stakeholders throughout the organization — patients, families, staff and providers. Trustees can act inside and outside the board room to collaborate with the management team to drive better experience outcomes.

Inside the Board Room

Trustees spend much of their volunteer time with the hospital or health system in formal meetings. While agenda time is limited and will include many key strategic

discussions, using time in meetings to advance the overall health care experience is important. Inside the board room, governing board members should view their roles through the lens of a stakeholder experience when working on quality oversight, board culture, strategy oversight and leadership accountability.

Quality Oversight

Board members have roles in the overall health care experience at both the committee and board level. The quality committee should have deep knowledge and understanding of overall experience, including how the organization is performing today, key performance measures, organizational goals and the plan to reach those goals. The Quality Committee and the full board should be reviewing and approving the organization’s quality plan annually; and patient, family, staff and provider experience are key components of health care quality. A dashboard or scorecard of key experience metrics should be provided to the board regularly for review and discussion.

Board Culture

The board’s ability to impact experience is dependent on the overall board culture. There must be an open dialogue between committee members and trustees on the one hand, and the management team on the other hand, related to improvements or declines in experience metrics. Management owners of these metrics should welcome board questions and input. Additionally, management must be prepared to share tangible action steps to address lower or declining performance. When there is a culture of trust and transparency, management and the governing body can work together to optimize experience for all stakeholders. The board chair, quality committee chair and CEO should work to foster a board culture that promotes learning and continuous improvement.

Strategy Oversight

It is imperative to consider experience when evaluating strategic decisions. If the board is evaluating a partnership of any kind with another

organization, it is important to understand that the overall experience in your organization might be influenced by the experience in the partner organization. Experience metrics should be a part of any due diligence process, just like financial performance and safety measures. In an era of extreme talent competition and the resulting premium on recruitment and retention, understanding and driving experience is a strategic imperative like never before.

Leadership Accountability

The board must balance a culture of learning and continuous improvement with accountability. Key experience measures should be incorporated into the executive incentive plan. Patient, family, staff and provider experiences are the cornerstones of high-quality hospitals and health systems. The board must also ensure proper investment is made in experience initiatives. Through measurement and dialogue, the board must understand the current overall experience, where the organization wants to be, and what

TrusteeToolbox

Example Experience Scorecard

Employee Engagement	Physician and Advanced Practice Provider Engagement	Patient Experience	Community Engagement
Improve overall employee engagement from 45th to 65th percentile Decrease voluntary turnover by 15%	Improve physician and provider overall engagement from the 65th to 75th percentile	Improve the following patient experience environments of care: <ul style="list-style-type: none">Inpatient: 67th to 75th percentileEmergency: 50th to 60th percentileMedical Group: 45th to 60th percentile	Consumer Health Needs Assessment: <ul style="list-style-type: none">Complete 100% of action planning milestones Brand Image: <ul style="list-style-type: none">Improve perception of cardiovascular service line by 10%

it will take to get there. It will require commitment and investment to generate the desired patient, family, staff and provider experience. The board has a unique role to prioritize these investments. The management team and the board both have a responsibility to ensure the board is fully educated on the health care experience — what it is, why it is important, and evolving metrics.

Outside the Board Room

While trustees spend a large percentage of their volunteer time preparing for and participating in formal meetings, board engagement and influence extends beyond the confines of the board room. In partnership with the management team, board members can increase their visibility and advocacy efforts to enhance the health care experience.

Visibility

Trustees should lend their voices and their presence to demonstrate support and reinforce the mission and expectations for delivering on the overall health care experience. Staff and providers are the organization's greatest asset, and multi-dimensional strategies are required to keep them engaged and supported. Board members can share messages with staff and providers through internal communication channels. They can participate in award ceremonies and staff-focused appreciation events. Board members can also participate in new employee orientation to demonstrate support from the board and to emphasize the importance of delivering on experience.

One of the most impactful activ-

Key Questions for Trustees

- Do I understand the current quality plan for the hospital or health system? How does employee, patient and community experience fit into that plan?
- What key measures does the organization track for the patient, family, staff and provider experience?
- What are the current patient, employee and physician engagement results? Where are we doing well? Where can we improve?
- How do our experience measures compare to other health care organizations?
- What plans are in place to improve overall experience?
- How are we using an experience lens when evaluating strategic decisions?
- How can trustees play a positive role in recognition and acknowledgement of the workforce to advance health care experience measures?
- How is executive compensation tied to the health care experience?
- What investments are being made in experience? Are we prioritizing those investments?
- How is the board being educated on the health care experience?
- What opportunities does the board have to lend its voice in the organization?
- How is the board prepared to advocate on behalf of the organization in the community?

ities a board member can engage in is rounding. Trustees can hear directly from staff, providers, patients and families about what is working well and how the organization can do even better. The opportunity to round also benefits trustees by grounding them in the core mission through the eyes of all key stakeholders. The board holds a unique position within the hospital or health system and their involvement can be leveraged to enhance experience throughout the organization.

Advocacy

Board members also have an important voice in the community, advocating on behalf of the organization, staff and providers. When a member of the community has an undesirable experience in some way

with the hospital or health system, or hears of one from someone else, they may harbor a negative view for quite some time. When those individuals share the concern with a board member, the trustee should listen intently, provide the appropriate response to that event, and also advocate on behalf of the organization as to why that is not the usual experience or perhaps what has changed since their experience. Board members should be prepared with talking points by the management team to use when a community member shares with them an experience concern.

The health care industry is in the midst of a multitude of challenges, and trustees are grappling with a host of fiduciary and strategic obligations. Because of that, the overall

health care experience may, at times, be overlooked at the board level. Yet, the health care experience is indeed a strategic imperative for health care organizations today. Elevating experience for all stakeholders, including patients, families, staff and providers, is

essential as organizations manage through today's complex health care environment.

Laura S. Orr, M.H.A., (laura@forwardgovernance.com) is CEO of FORWARD Governance Consulting based in Milwaukee. **Katie Owens**

(katie@healthcareexperience.org) is president, Healthcare Experience Foundation based in Pensacola, Fla.

Please note that the views of authors do not always reflect the views of the AHA.