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# REGULAR BOARD MEETING PACKET

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## BOARD OF COMMISSIONERS

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

January 29, 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#



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

**January 29, 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 &amp; RCW 42.30.110 (g)</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-Secretary Coppock, CNO/CQO Barbara Van Duren &amp; QMRC Manager Julie Johnson</li> <li>To discuss the performance of a public employee.</li> </ul>	5	3:40 pm
<b>Department Spotlight</b> <ul style="list-style-type: none"> <li><i>Medical Staff Update-CMO McCurry</i></li> </ul>		3:55 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>	8	4:05 pm
<ul style="list-style-type: none"> <li>Finance Committee Report- Committee Chair-Commissioner Anderson</li> </ul>	10	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>December 11, 2024, QIO Committee Meeting</i></li> <li><i>December 18, 2024, Finance Committee Meeting</i></li> <li><i>December 18, 2024, Regular Board Meeting</i></li> <li><i>January 22, 2025, Finance Committee Meeting</i></li> </ul> </li> </ul>	16 21 24 31	4:20 pm
<ul style="list-style-type: none"> <li>Warrants &amp; EFTs in the amount of \$4,035,572.82 dated December 2024</li> </ul>	35	

<ul style="list-style-type: none"> <li>• Approve Documents Pending Board Ratification 01.29.25 <ul style="list-style-type: none"> <li>○ <i>To provide board oversight for document management in Lucidoc.</i></li> </ul> </li> </ul>	37	
<ul style="list-style-type: none"> <li>• RES-25-01-Approving the Petty Cash Drawers &amp; Custodians of the District <ul style="list-style-type: none"> <li>○ <i>To approve the District's petty cash drawers, along with the custodians responsible for each of the drawers.</i></li> </ul> </li> </ul>	38	
<ul style="list-style-type: none"> <li>• RES-25-02-Appointing DNV Accreditation-Antimicrobial Stewardship Program Manager <ul style="list-style-type: none"> <li>○ <i>To appoint the Antimicrobial Stewardship Program Manager.</i></li> </ul> </li> </ul>	40	
<b>Old Business</b>		4:25 pm
<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>		
<ul style="list-style-type: none"> <li>• 2025 Organization &amp; Officers of the Board of Commissioners <ul style="list-style-type: none"> <li>○ <i>To elect the Board Chair and Secretary, as well as finalize committee assignments.</i></li> </ul> </li> </ul>	43	4:30 pm
<ul style="list-style-type: none"> <li>• Board Policy &amp; Procedure Review <ul style="list-style-type: none"> <li>○ <i>Annual CEO/Superintendent Evaluation (REVISED) Superintendent Mach</i></li> </ul> </li> </ul>	44	4:40 pm
<b>New Business</b>		
<b>Superintendent Report</b>	48	4:45 pm
<ul style="list-style-type: none"> <li>• 2023-2025 Strategic Plan (Quarterly Update)</li> <li>• Board Educational Articles <ul style="list-style-type: none"> <li>○ Hospital Finance 101</li> <li>○ 2025 Advocacy Agenda</li> </ul> </li> <li>• WSHA Advocacy Day, Olympia, WA-February 11, 2025</li> <li>• 2025 AWPHD &amp; WSHA Rural Hospital Leadership Conference, Chelan, WA-June 22<sup>nd</sup>-25<sup>th</sup>, 2025</li> </ul>	66  71 92	
<b>Meeting Summary &amp; Evaluation</b>		5:05 pm
<b>Next Board Meeting Dates and Times</b>		
<ul style="list-style-type: none"> <li>• Regular Board Meeting-February 26, 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>• Compliance Committee Meeting-February 5, 2025 @ 12:00 PM (TEAMS)</li> <li>• Finance Committee Meeting-February 19, 2025 @ 12:00 PM (TEAMS)</li> </ul>		
<b>Adjournment</b>		5:10 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-2

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

- Luke Stall, MD
- Leszek Pisinski, MD

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#### REAPPOINTMENTS-8

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

- Muhammad Farooq, MD
- Mohammad Hirzallah, MD
- John Zurasky, MD

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

- Jonathan Kullnat, MD
- David Lee, MD
- Justin Siegal, MD
- Harold Prow, MD

##### **Arbor Health**

- Coleen Overdorf, DO (Consulting Pulmonology)

⊛-notates files with items to note.

## **DEPARTMENT SPOTLIGHT**

## **BOARD COMMITTEE REPORTS**

**Hybrid Meeting Minutes**  
**January 14, 2025**  
**Noon at the hospital conference room**

**1. Call to order** by Marc Fisher at 12:03 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 connection and confidence in all aspects of the hospital's health care system.

- **ATTENDEES:** Paula Baker, Christine Brower, Marc Fisher, Shannon Kelly, Rob Mach, Jeanine Walker, Bonnie Justice, Lenae Langdon, Tom Herrin, Louise Fisher, Kip Henderson, Lynn Bishop.
- **EXCUSED ABSENCES:** Katelin Forrest, Jessica Scogin, Gwen Turner, Christy Greiter
- **ABSENT:** Martha Wright, Ann Marie Forsman

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

**Minutes** – Rob Mach made a motion and Tom Herron seconded to approve minutes with the correction of Paula Baker being removed and Kip Henderson added for the committee to find nominees for the board under the New Business heading. Motion carried

**Treasurer's Report** – Rob Mach made a motion and Tom Herron seconded to approve the treasurer report as presented. Motion carried

**3. Administrators Report**

- We had another good financial month here at Arbor.
- The cardiologist has started, and they had 14 patients on the first day. The schedule is already full for the next visit as well.
- We passed our recent FDA Mammography inspection.

**4. Executive Directors Report:**

- Jessica is on vacation and will give a year end report next month.

**5. Old Business:**

- Tom Herron reported that the committee didn't find anyone interested in running for any of the board positions. Tom made a motion to keep the current slate for the year and Kip Henderson seconded. Motion carried

**6. New Business:**

Jason Whitney, ARNP submitted a grant request for additional blood pressure cuffs. Jason thanked the Foundation for the donation of the cuffs back in 2024 and told them how instrumental they were in getting newly diagnosed hypertension patients to follow through in responding to the treatment. He reported that his patients have expressed gratefulness that the Foundation provided the cuffs for them and really made a difference in giving us the opportunity to provide patients with the knowledge and control needed to succeed in their personal hypertension management. Jason reported that all the clinics had the same response and success, and everyone is very grateful to the Foundation for the donation, and they are hoping that the Foundation can do another donation in 2025 with the same cuffs because they were the perfect size.

Jessica will do some research on cost and the number needed to get a cost break on the cuffs.

**7. Next Meeting:** February 11, at Noon in the hospital conference room.

Meeting closed at 12:40 pm

**To:** Finance Committee  
**From:** Finance Department  
**Date:** January 12, 2025  
**Subject:** December Financial Statement Review

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## Volumes

The district's volume highlights for the year show higher than expected results in Outpatient and Physician visits.

- Outpatient registration's were favorable to budget by 1,908 visits or 13%
- Physician Clinic volumes were favorable to budget by 4,086 visits or 16%.

## Income Statement

Results from Operations show net income for the year of \$2,090,509. Net Income is ahead of budget for the year by \$2,956,381.

### Revenue highlights

#### Month-to-date

- Pharmacy department revenues were favorable to budget by \$164,217.
- 340B revenues were favorable to budget by \$140,931.
- Medicaid Safety Net revenue for the month was \$326,636.

#### Year-to-date

- Skilled nursing revenues were favorable to budget by 41% or \$1,625,580.
- Outpatient revenues were favorable to budget by 18% or \$3,663,663.
- Emergency department revenues were favorable to budget by 9% or \$1,843,592.
- Medicaid Safety Net revenue YTD is \$1,342,500; favorable to budget by \$1,242,500.
- Project grant revenue is favorable to budget by \$551,915.
  - We received a state emergency grant of \$481,043.



## Expense highlights

### Month-to-date

- Non-productive salaries expense was over budget by \$491,648.
  - This is primarily due to bonus payouts of \$193,500.
- Benefit expenses were over budget by \$610,561.
  - This is primarily due to HMA self-insurance claims of \$755,958 for the month. Awaiting info on stop loss coverage for these large claim expenses.

### Year-to-date

- Other expenses category was over budget by \$277,253.
  - This is due to making SNAP payments of \$362,297.
- Group Health Insurance expense was over budget by \$693,396.
  - This is primarily due to larger than expected large claims. Awaiting info on stop loss coverage for these large claim expenses.

## Balance Sheet

Highlights in the Balance sheet show cash increasing \$890,494 for the month and \$2,815,846 for the year.

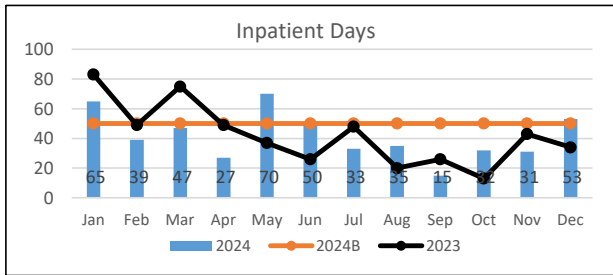
- Cash accounts increased \$890,494 to \$6,606,444.
  - Days in cash increased from 46 to 47 days.
- Accounts receivable decreased \$358,579.
  - AR days decreased from 54 to 53 days.



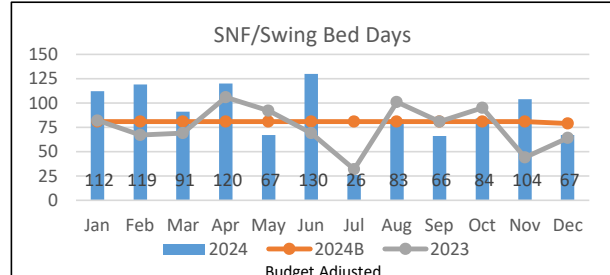
# Lewis County Hospital District No. 1 Board Financial Summary

December 31, 2024

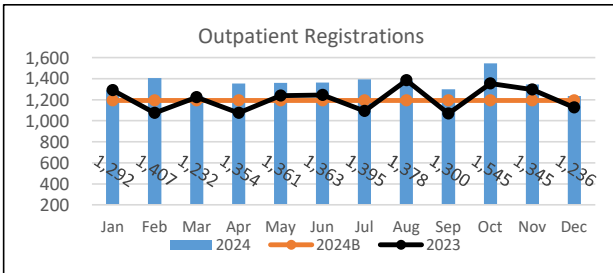
## Growth



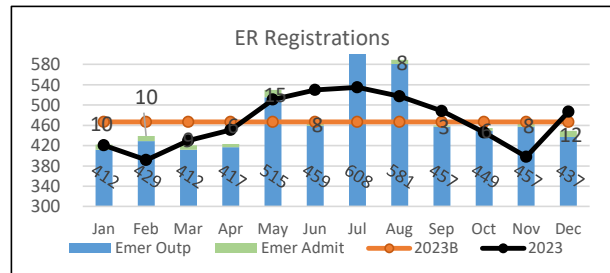
YTD: 497 Budget: 600 Pr Yr: 503



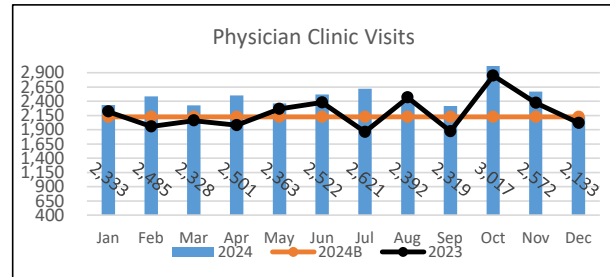
YTD: 1,069 Budget: 970 Pr Yr: 902



YTD: 16,208 Bud: 14,304 Pr Yr: 14,471

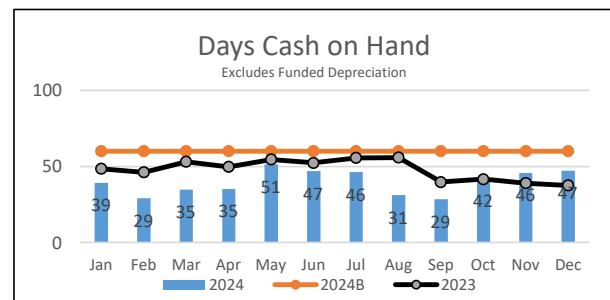
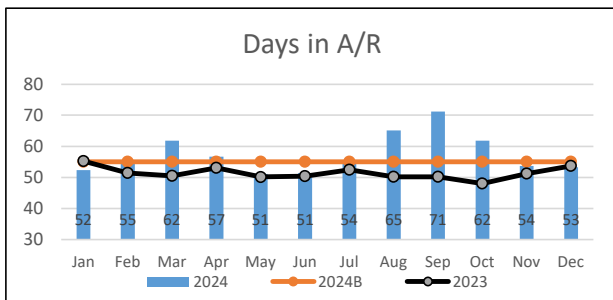
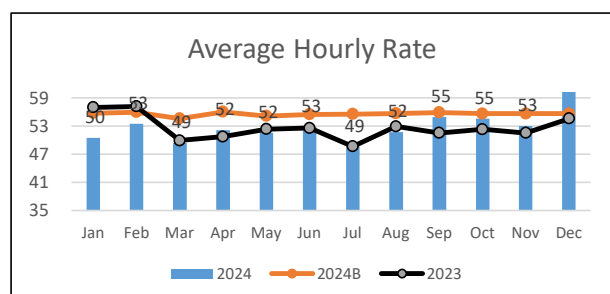
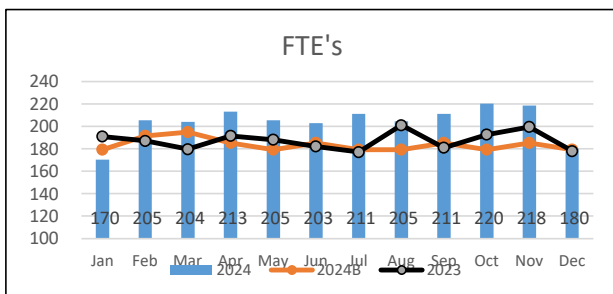


YTD: 5633 Bud: 5604 Pr Yr: 5606



YTD: 29,586 Bud: 25,500 Pr Yr: 26,312

## People and Operational Aspects





## Lewis County Public Hospital District No. 1

Balance Sheet  
December, 2024

	<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	\$ 6,606,444	5,715,950	3,790,598	2,815,846
Total Accounts Receivable	10,904,532	11,263,111	9,103,176	1,801,357
Reserve Allowances	<u>(4,250,094)</u>	<u>(4,774,214)</u>	<u>(3,127,930)</u>	<u>(1,122,164)</u>
Net Patient Accounts Receivable	6,654,439	6,488,898	5,975,246	679,193
Property Taxes Receivable	39,662	(42,365)	29,247	10,415
Timber Excise Tax Receivable	0	19,331	0	0
2002 Levy Receivable	3,558	4,032	9,562	(6,004)
Taxes Receivable	43,220	(19,002)	38,809	4,411
Estimated 3rd Party Settlements	0	0	263,159	(263,159)
Prepaid Expenses	470,964	381,506	430,473	40,491
Inventory	240,174	257,297	241,343	(1,169)
Funds in Trust	1,441,915	1,851,391	1,862,265	(420,350)
Other Current Assets	<u>0</u>	<u>17,677</u>	<u>54,623</u>	<u>(54,623)</u>
<b>Total Current Assets</b>	<u>15,457,155</u>	<u>14,693,715</u>	<u>12,656,515</u>	<u>2,800,640</u>
Property, Buildings and Equipment	35,837,739	35,810,129	35,226,814	610,924
Accumulated Depreciation	<u>(26,588,876)</u>	<u>(26,473,240)</u>	<u>(25,383,328)</u>	<u>(1,205,547)</u>
Net Property, Plant, & Equipment	9,248,863	9,336,889	9,843,486	(594,623)
Right-of-use assets	1,145,315	1,211,637	844,612	300,702
Other Assets	<u>2,661</u>	<u>2,771</u>	<u>3,982</u>	<u>(1,321)</u>
<b>Total Assets</b>	<u><u>\$ 25,853,994</u></u>	<u><u>25,245,012</u></u>	<u><u>23,348,595</u></u>	<u><u>2,505,399</u></u>
<b>Liabilities</b>				
<b>Current Liabilities:</b>				
Accounts Payable	1,282,798	509,529	1,030,746	252,052
Accrued Payroll and Related Liabilities	1,565,619	1,248,134	1,206,309	359,310
Accrued Vacation	984,338	966,276	900,057	84,282
Third Party Cost Settlement	598,945	599,391	158,031	440,914
Interest Payable	0	128,104	0	0
Current Maturities - Debt	885,881	885,881	885,881	0
Other Payables	<u>4,842</u>	<u>4,842</u>	<u>445,406</u>	<u>(440,564)</u>
Current Liabilities	<u>5,322,424</u>	<u>4,342,158</u>	<u>4,626,430</u>	<u>695,995</u>
Total Notes Payable	466,802	492,856	776,435	(309,634)
Lease Liability	953,368	979,586	614,839	338,529
Net Bond Payable	4,116,094	4,426,094	4,426,094	(310,000)
Total Long Term Liabilities	<u>5,536,264</u>	<u>5,898,535</u>	<u>5,817,369</u>	<u>(281,105)</u>
<b>Total Liabilities</b>	<u>10,858,688</u>	<u>10,240,693</u>	<u>10,443,799</u>	<u>414,890</u>
General Fund Balance	12,904,796	12,904,796	12,904,796	0
Net Gain (Loss)	<u>2,090,509</u>	<u>2,099,523</u>	<u>0</u>	<u>2,090,509</u>
<b>Fund Balance</b>	<u>14,995,306</u>	<u>15,004,319</u>	<u>12,904,796</u>	<u>2,090,509</u>
<b>Total Liabilities And Fund Balance</b>	<u><u>\$ 25,853,994</u></u>	<u><u>25,245,012</u></u>	<u><u>23,348,595</u></u>	<u><u>2,505,399</u></u>

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

CURRENT			MONTH			YEAR TO DATE				
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
698,590	-14%	(100,618)	732,177	631,559	Inpatient Revenue	9,745,112	8,862,251	882,861	10%	8,042,273
3,867,857	11%	432,976	3,846,200	4,279,176	Outpatient Revenue	52,079,151	46,114,728	5,964,422	13%	43,800,888
505,002	-15%	(87,708)	583,011	495,303	Clinic Revenue	7,153,516	7,036,330	117,186	2%	6,236,525
5,071,449	5%	244,650	5,161,388	5,406,038	<b>Gross Patient Revenues</b>	<b>68,977,779</b>	62,013,309	6,964,470	11%	58,079,686
788,154	-8%	(123,132)	1,620,074	1,743,206	Contractual Allowances	27,323,101	22,561,454	(4,761,647)	-21%	20,112,692
142,141	-155%	(71,331)	46,120	117,452	Charity Care	911,139	647,198	(263,941)	-41%	726,374
89,831	148%	79,069	53,416	(25,653)	Bad Debt	707,642	751,523	43,881	6%	879,436
1,020,125	-7%	(115,394)	1,719,611	1,835,004	<b>Deductions from Revenue</b>	<b>28,941,882</b>	23,960,175	(4,981,707)	-21%	21,718,502
<b>4,051,324</b>	<b>4%</b>	<b>129,256</b>	<b>3,441,778</b>	<b>3,571,033</b>	<b>Net Patient Service Rev</b>	<b>40,035,897</b>	<b>38,053,135</b>	<b>1,982,762</b>	<b>5%</b>	<b>36,361,184</b>
79.9%	0.9%	0.6%	66.7%	66.1%	<b>NPSR %</b>	58.0%	61.4%	3.3%	5.4%	62.6%
205,009	855%	642,986	75,179	718,164	Other Operating Revenue	3,414,048	902,141	2,511,907	278%	1,062,531
<b>4,256,333</b>	<b>22%</b>	<b>772,241</b>	<b>3,516,956</b>	<b>4,289,198</b>	<b>Net Operating Revenue</b>	<b>43,449,945</b>	<b>38,955,276</b>	<b>4,494,669</b>	<b>12%</b>	<b>37,423,715</b>
<b>Operating Expenses</b>										
2,061,980	-19%	(391,811)	2,069,068	2,460,879	Salaries & Wages	25,053,354	24,828,846	(224,507)	-1%	22,538,135
300,647	-157%	(610,561)	389,841	1,000,403	Benefits	5,354,586	4,695,851	(658,735)	-14%	4,452,888
45,466	99%	46,509	47,204	695	Professional Fees	392,417	658,458	266,041	40%	1,453,059
354,383	-16%	(37,115)	237,916	275,031	Supplies	3,384,962	2,873,393	(511,568)	-18%	3,068,894
473,018	-19%	(66,499)	357,381	423,879	Purchase Services	4,605,458	4,335,374	(270,084)	-6%	4,368,636
59,998	23%	12,648	54,757	42,109	Utilities	439,580	494,354	54,774	11%	509,276
32,981	-10%	(3,343)	32,769	36,112	Insurance	413,773	393,227	(20,546)	-5%	370,404
52,528	-25%	(13,594)	54,726	68,320	Other Expenses	928,636	651,383	(277,253)	-43%	653,659
3,381,002	-33%	(1,063,766)	3,243,663	4,307,428	EBDITA Expenses	40,572,765	38,930,886	(1,641,879)	-4%	37,414,952
875,331	-107%	(291,524)	273,293	(18,231)	<b>EBDITA</b>	2,877,180	24,390	2,852,790	11697%	8,763
20.6%	105.5%	8.2%	7.8%	-0.4%	<b>EBDITA %</b>	6.6%	0.1%	-6.6%	#####	0.0%
<b>Capital Cost</b>										
161,673	-48%	(62,903)	131,791	194,694	Depreciation	1,625,898	1,581,496	(44,402)	-3%	1,534,511
49,216	-24%	(6,642)	27,342	33,983	Interest Cost	395,710	328,101	(67,609)	-21%	403,173
3,591,891	-33%	(1,133,310)	3,402,796	4,536,106	Operating Expenses	42,594,373	40,840,483	(1,753,890)	-4%	39,352,636
664,442	-316%	(361,068)	114,160	(246,908)	<b>Operating Income/(Loss)</b>	855,572	(1,885,207)	2,740,779	-145%	(1,928,921)
15.6%			3.2%	-5.8%	<b>Operating Margin %</b>	2.0%	-4.8%			-5.2%
0	0%	0	0	0	<b>Mcare/Mcaid Pr Yr</b>	(6,105)	0	6,105	0%	33,392
<b>Non Operating Activity</b>										
293,404	172%	153,744	89,195	242,939	Non-Op Revenue	1,299,454	1,070,341	229,113	21%	1,624,503
8,098	-19%	(794)	4,250	5,044	Non-Op Expenses	58,412	51,005	(7,407)	-15%	59,466
285,306	180%	152,950	84,945	237,895	Net Non Operating Activity	1,241,042	1,019,336	221,706	22%	1,565,036
<b>949,749</b>	<b>-105%</b>	<b>(208,119)</b>	<b>199,105</b>	<b>(9,014)</b>	<b>Net Income / (Loss)</b>	<b>2,090,509</b>	<b>(865,872)</b>	<b>2,956,381</b>	<b>-341%</b>	<b>(330,493)</b>
22.3%			5.7%	-0.2%	<b>Net Income Margin %</b>	4.8%	-2.2%			-0.9%

## **CONSENT AGENDA**



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
QUALITY IMPROVEMENT OVERSIGHT MEETING  
December 11, 2024, at 7:00 a.m.  
ZOOM**

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	Secretary Coppock called the meeting to order via Zoom at 7:00 a.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Craig Coppock, Secretary <input checked="" type="checkbox"/> Van Anderson, Commissioner  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Julie Johnson, QMRC Manager <input type="checkbox"/> Robert Mach, Superintendent <input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Julie Taylor, COSO <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input type="checkbox"/> Nicholas Tyler, Pharmacist <input type="checkbox"/> Dr. Victoria Acosta, 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), Matthew Lindstrom (EIL), Lynn Bishop (Technical Difficulties) & Dr. Victoria Acosta (PTO)  Unexcused Absences: Shannon Kelly & Nicholas Tyler		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<input 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	Secretary Coppock asked the Committee to state any conflicts of interest with today's agenda.	The Committee noted none.		
Committee Reports <ul style="list-style-type: none"> <li>Medical Executive Committee (MEC)</li> <li>QAPI Pods</li> <li>Environment of Care (EOC)</li> <li>Internal Audits (IA)</li> </ul>	<p>Medical Staff Coordinator Goble noted a recommendation from MEC to QIO on the update to the Antimicrobial Stewardship Program Manager appointment, as well as an update to the Consulting Radiology privileging form.</p> <p>CNO/CQO van Duren noted wrapping up PI performance for 2024 and in 2025 being intentional about bringing in the end user for making movements on PIs like Nurses. Planning to share progress in new Nursing newsletter, as well as looking at options to add to people's desktops.</p> <p>EOC Supervisor Riley provided a Q3 update from the last EOC Meeting, and the action taken.</p> <p>No IA summary report, deferred to 2025.</p>			
Consent Agenda	Approval of the following: <ol style="list-style-type: none"> <li>September 11, 2024, Quality Improvement Oversight (QIO) Committee Meeting</li> <li>LifeCenter Northwest Q3 Report</li> </ol>	CNO/CQO van Duren made a motion to approve the consent agenda and Commissioner Anderson seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> <li>091124 Action Item Follow Up</li> </ul>	QMRC Manager Johnson noted both action items will be addressed in New Business and Old Business.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>Annual Quality Risk Management (QM 7)</li> </ul>	<p>CNO/CQO van Duren acknowledged that the requirements of QM 7 were not fully understood by staff and the tool itself is not the issue. After further review, the team identified areas in the hospital that put the District most at risk.</p> <p style="text-align: center;"><b>Indicators</b></p> <hr/> <p>EMTALA</p> <hr/> <p>Diversions</p> <hr/> <p>Transfer: Length of stay to higher level of care</p> <hr/> <p>Regulatory: Important Message from Medicare</p> <hr/> <p>Regulatory: Restraints One Hour Face-to-Face</p> <hr/> <p>Regulatory: Stroke – Door to CT Interpretation, ≤45 min</p> <p>CNO/CQO van Duren reviewed each indicator, sharing the inherent risk and/or residual risk. The QIO Committee completed the tool to rank the indicators and to set priorities for PI activities to be evaluated in 2025. EMTALA and Diversions rose to the top in the preliminary results.</p>	<p>Report 2025 priorities at next meeting.</p>	<p>QMRC Manager Johnson</p>	<p>03.12.25 QIO Meeting</p>
<p>New Business</p> <ul style="list-style-type: none"> <li>Lucidoc Document Management</li> </ul>	<p>QMRC Manager Johnson presented the following documents for approval:</p> <ol style="list-style-type: none"> <li>1. Quality Management System and Patient Safety Plan-Approved.</li> <li>2. Risk Management Plan-Approved w/edits. <ul style="list-style-type: none"> <li>o Add Packwood Clinic &amp; Rapid Care under Organizational Process Map.</li> </ul> </li> <li>3. Environment of Care Master Plan-Approved.</li> </ol>	<p>Update Risk Management Plan to include all clinics on the organizational process map.</p> <p>Commissioner Anderson made a motion to approve the documents presented and CNO/CQO van Duren seconded. The motion passed unanimously.</p>	<p>QMRC Manager Johnson</p>	<p>Prior to 01.29.25 Regular Board Meeting</p>
<ul style="list-style-type: none"> <li>QIO Dashboard Projects Q3 2024</li> </ul>	<p>QMRC Manager Johnson presented the dashboard noting the new format. The light blue color represents the 60 percentiles, and the dark blue represents Arbor</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Health. Also, it notates the percentile of change between the last two quarters. QMRC Manager Johnson reviewed the metrics sharing there will be more focus in 2025 and follow up with managers.</p> <p>Commissioner Anderson noted a calculation review regarding the Grievance Rate.</p>	Review Grievance Rate calculation.	QMRC Manager Johnson	Prior to 03.12.25 QIO Meeting
<ul style="list-style-type: none"> <li>QAPI Dashboard Summary Q3 2024</li> </ul>	QMRC Manager Johnson provided an Q3 2024 update noting which PIs need to be removed due to continued success, continued and reviewed further as they remain in the red. PIs should be reviewed and retired with maintained compliance and revisited annual to ensure compliance is sustaining. As mentioned before, CNO/CQO van Duren plans to reengage managers and their QAPI Pods in the new year.			
<ul style="list-style-type: none"> <li>PRC Dashboard Q3 2024</li> </ul>	<p>QMRC Manager Johnson noted with the update of using PRC for Patient Satisfaction score, information is no longer a manual abstraction process, so there is less room for error.</p> <p>CNO/CQO van Duren shared the new reporting is being shared with managers. It is the expectation that measures are being reviewed to take a more proactive approach in improving the marks through process improvements.</p>			
<ul style="list-style-type: none"> <li>Regulatory &amp; Accreditation Report</li> </ul>	<p>QMRC Manager Johnson highlighted the findings and status of compliance for DOH and DNV Survey findings.</p> <p>CNO/CQO van Duren presented the Antimicrobial Stewardship Program Manager Appointment. The recommendation from P &amp; T and MEC is to appoint Nicholas Tyler.</p> <p>The QIO Committee supports the resolution for the appointment and</p>	The QIO Committee supporting requesting the Board's approval of a resolution for the Antimicrobial Stewardship Program Manager Appointment at the Regular Board Meeting.	Executive Assistant Garcia	01.29.25 Regular Board Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	will recommend approval at the Board level in Consent Agenda.			
<ul style="list-style-type: none"> <li>Annual Quality Legal Review</li> </ul>	QMRC Manager Johnson presented the legal review for the Hospital for 2023-2024. QMRC Manager Johnson noted there are four cases open and shared the expense incurred for the year. This is another side of the cost of doing business in healthcare.			
Meeting Summary & Evaluation	<p>QMRC Manager Johnson provided a summary.</p> <p>Secretary Coppock noted this was a choppy meeting with so many members missing. Secretary Coppock also shared recently attending a Providence party and learned Arbor Health is tracking.</p> <p>Commissioner Anderson noted missing Superintendent's Mach participation and input at the meeting.</p> <p>CNO/CQO van Duren appreciated all the questions and engagement from the Commissioners.</p>			
Adjournment	Secretary Coppock adjourned the meeting at 8:07 a.m. The motion passed unanimously.			





**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**Finance Committee Meeting**  
**December 18, 2024, at 12:00 p.m.**  
**Via Zoom**

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Reading the Mission & Vision Statements Roll Call Excused/ Unexcused Absences	Commissioner McMahan called the meeting to order via Zoom at 12:00 p.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Van Anderson, Commissioner  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Robert Mach, Superintendent <input checked="" type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Barbara van Duren, CNO/CQO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input type="checkbox"/> Jessica Niedert, Business Office Manager <input type="checkbox"/> Janice Cramer, Patient Access Manager <input checked="" type="checkbox"/> Jim Frey, IT Director <input checked="" type="checkbox"/> Laura Glass, Patient Care Services Director <input checked="" type="checkbox"/> Diane Markham, Marketing & Communications Manager	Excused: Janice Cramer (Technical Issues) & Jessica Niedert (Technical Issue)  Unexcused: Janice Kelly		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input type="checkbox"/> Janice Kelly, RT Manager			
Approval or Amendment of Agenda		Commissioner Anderson made a motion to approve the agenda and Community Member Fisher seconded. 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	<p>Commissioner McMahan announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> <li>1. Review of Finance Minutes –November 20, 2024</li> <li>2. Board Oversight Activities</li> <li>3. Review Warrants &amp; EFT's in the amount of \$4,459,724 dated November 2024</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>Commissioner Anderson made a motion to approve the consent agenda and Community Member Fisher 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	12.18.24 Regular Board Meeting
Old Business <ul style="list-style-type: none"> <li>• CFO Financial Review</li> </ul>	<p>CFO Cornwell noted Inpatient is lower than budgeted but experienced a nice increase in Outpatient Registration, Surgeries and right at budget in ED Registrations. Physician Clinic Visits are tracking strong again this month, amazing work.</p> <p>CFO Cornwell shared Days Cash on Hand is up by 4 at 46 days and AR is down by 8 standing at 54 days. Again, strong revenue for the month, expenses were expected and nothing more to note on the balance sheet.</p> <p>Overall, net income MTD is \$297,869 and YTD is \$2,099,523.</p>			
New Business	CFO Cornwell shared the WA State Auditor's Office will be starting an			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>State of WA Survey</li> </ul>	audit in December here for years 2022 and 2023. The Entrance Interviews are already in process.			
<ul style="list-style-type: none"> <li>Capital Review</li> <li>Baxter Stress Test Treadmill</li> </ul>	<p>CNO/CQO van Duren presented the Baxter Stress Test Treadmill capital purchase. The current equipment is beyond end of life. Three quotes were obtained, and the preferred quote is higher but that is because there is a 3-year warranty included. Not only will this new equipment support current needs but the potential referrals that may come from the Cardiologist joining in January 2025. Also, by moving forward with Baxter, the Quinton product is what the department is currently using so no additional training required. Another benefit is the service team for this equipment is in the state of WA.</p> <p>Commissioner Anderson inquired if the new cardiology team provided input on this proposed purchase. CNO/CQO van Duren noted they were not consulted but confirmed this is universal equipment and results. CNO/CQO van Duren was happy to double check this equipment will meet their needs as well.</p> <p>The Finance Committee supports the resolution for the Baxter Stress Test Treadmill and will recommend approval at the Board level in New Business.</p>	The Finance Committee supported requesting the Board's approval of a resolution for the Baxter Stress Test Treadmill at the Regular Board Meeting.	Executive Assistant Garcia	12.18.24 Regular Board Meeting
Meeting Summary & Evaluation	CFO Cornwell provided a summary report.			
Adjournment	Commissioner McMahan adjourned the meeting at 12:39 pm.			



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

**December 18, 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
<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 checked="" type="checkbox"/> Craig Coppock, Secretary</li><li><input checked="" type="checkbox"/> Wes McMahan</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 type="checkbox"/> Matthew Lindstrom, CFPO</li><li><input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer</li><li><input type="checkbox"/> Barb Goble, Medical Staff Coordinator</li><li><input checked="" type="checkbox"/> Janice Kelly, RT Manager</li><li><input type="checkbox"/> Dr. Victoria Acosta, Chief of Staff</li></ul>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p> <input checked="" type="checkbox"/> Laura Glass, Patient Care Services Director  <input checked="" type="checkbox"/> Jessica Scogin, Foundation Manager  <input checked="" type="checkbox"/> Clint Scogin, Controller  <input checked="" type="checkbox"/> Robert Houser, Imaging Manager  <input checked="" type="checkbox"/> Buddy Rose, Journalist  <input checked="" type="checkbox"/> Diane Markham, Marketing &amp; Communication Manager </p> <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
<b>Approval or Amendment of Agenda</b>	Superintendent Mach requested to remove Executive Session-Medical Privileging.	Commissioner Anderson made a motion to approve the amended agenda. Commissioner Schumaker seconded, and the motion passed unanimously.		
<b>Conflicts of Interest</b>	<p>Board Chair Herrin asked the attendees to state any conflicts of interest with today's amended agenda.</p> <p>Commissioner Anderson shared he was appointed as the President of a nonprofit organization in Packwood that could pose as a future conflict of interest if the District engages in real estate transactions in Packwood.</p>			
<b>Comments and Remarks</b>	<p>Commissioners: Commissioner Anderson shared attending the Packwood Housing meeting. Also, Commissioner Anderson attended the Glenoma Fire District #18 Meeting.</p> <p>Audience: None.</p>			
<b>Executive Session</b> <ul style="list-style-type: none"> <li>RCW 70.41.200</li> </ul>	Removed from today's agenda.			
<b>Department Spotlight</b> <ul style="list-style-type: none"> <li>HR</li> </ul>	CHRO Kelly shared insight into the HR, Employee Health & Wellness, Medical Staff Services and Arbor			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Health Foundation noting we support pre-hire to retire and everything in between. CHRO Kelly was excited to share that Education was added to her team and will be included in a future spotlight. CHRO Kelly highlighted the team, key duties and responsibilities, 2024 goals, as well as the positive results of the recent employee engagement survey. Also, she addressed the challenges, opportunities, and accomplishments of the departments.</p> <p>The Board appreciated the department updates, along with the community and educational outreaches.</p> <p>Commissioner Anderson shared his sister does employee wellness at a large hospital and as the District continues to grow this department he would recommend the two connect to share ideas.</p>			
<b>Board Committee Reports</b> <ul style="list-style-type: none"> <li>Hospital Foundation Report</li> </ul>	<p>Board Chair Herrin highlighted the following:</p> <ol style="list-style-type: none"> <li>Final meeting of the year was hosted at the Rack Shack. Great to meet and finish the year.</li> <li>Working on events for 2025 which includes possibly adding a Golden Age focused event.</li> </ol>			
<ul style="list-style-type: none"> <li>Finance Committee Report</li> </ul>	<p>Commissioner McMahan congratulated the team on another strong month. Volumes were strong in the Clinics and Skilled Nursing. Revenue was favorable. Net Income is ahead of budget MTD and YTD. Balance Sheet highlights include cash increasing by \$800,064 which equates to 46 days cash on hand. AR decreased by 8 days this month.</p>			
<b>Consent Agenda</b>	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p>	<p>Secretary Coppock made a motion to approve the Consent</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ol style="list-style-type: none"> <li>Approval of Minutes               <ol style="list-style-type: none"> <li>November 25, 2024, Special Board Meeting</li> <li>November 27, 2024, Regular Board Meeting</li> </ol> </li> <li>Warrants &amp; EFTs in the amount of \$4,459,724 dated November 2024</li> <li>2025 Medical Staff Appointments</li> </ol> <p>Commissioner Anderson recommended an edit on the 2025 Medical Staff Appointment to correct Travis Podbilski from an MD to DO under the Rural Health Clinics section.</p>	<p>Agenda with edits and Commissioner McMahan seconded. The motion passed unanimously.</p> <p>Minutes and Warrants will be sent for electronic signatures.</p> <p>Update Dr. Travis Podbilski from an MD to DO under the Rural Health Clinics section.</p>	<p>Executive Assistant Garcia</p> <p>Medical Staff Coordinator</p>	<p>12.20.24</p> <p>12.31.24</p>
<b>Old Business</b> <ul style="list-style-type: none"> <li>Board Community Engagements</li> </ul>	Board Chair Herrin opened the floor for Commissioners to share on meetings attended in the last month. This will be a standing agenda item in 2025. Commissioner Anderson noted a new fire chief is coming in Mineral and recommended reaching out.			
<ul style="list-style-type: none"> <li>Board Self Evaluation</li> </ul>	<p>Board Chair Herrin reviewed the results of the Board Self-Evaluation and highlighted the following:</p> <ol style="list-style-type: none"> <li>Scored a 3.6 on #9 under Board Activity. The board agreed to edit by removing the word process and replacing with cycle. Also, the board agreed the strategic plan should be re-reviewed to ensure it is still tracking with the needs of the District.</li> <li>Scored a 4.2 on #3 under Mission and Purpose. The board agreed to tie back to the mission and vision while in discussion of agenda topics and decisions made.</li> </ol>	Edit #9 by replacing process with cycle.	Executive Assistant Garcia	12.20.24
<b>New Business</b>	Board Chair Herrin presented the following policies/procedures for review and/or revision:	Secretary Coppock made a motion to approve the two of		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE																																																				
<ul style="list-style-type: none"><li>Board Policy &amp; Procedure Review</li></ul>	<ol style="list-style-type: none"><li>Annual CEO/Superintendent Evaluation<ol style="list-style-type: none"><li>The Board would like to edit by adding a six-month check in.</li></ol></li><li>Board Spending Authority<ol style="list-style-type: none"><li>Marked as Reviewed</li></ol></li><li>Electronic Signature<ol style="list-style-type: none"><li>Marked as Reviewed</li></ol></li></ol>	<p>the three P &amp; P's and Commissioner McMahan seconded. The motion passed unanimously.</p> <p>Add six-month check in to Annual CEO/Superintendent Evaluation.</p> <p>Mark the second and third document as reviewed in Lucidoc.</p>	<p>Superintendent Mach</p> <p>Executive Assistant Garcia</p>	<p>01.29.25</p> <p>12.20.24</p>																																																				
<ul style="list-style-type: none"><li>Capital Purchase</li><li>RES-24-22- Approving the Capital Purchase of Baxter Stress Test Treadmill</li></ul>	<p>RT Manager Kelly present purchasing a new stress test system. The current system is refurbished and end of life. The department is anticipating volumes to increase with the new Cardiologist coming in the new year. The reasons for selecting Baxter is the department already uses a Quinton product, so no additional training needed and there is a 3-year service plan added to the quote, as well as the service center is located in Auburn, WA. A great service plan, located in the PNW and good customer service is a bonus.</p> <p>The Board agreed this purchase connects to the vision statement in providing the best patient care.</p>	<p>Commissioner Anderson made a motion to approve RES 24-22 and Secretary Coppock seconded. The motion passed unanimously.</p> <p>Resolution will be sent for electronic signatures.</p>	<p>Executive Assistant Garcia</p>	<p>12.20.24</p>																																																				
<ul style="list-style-type: none"><li>2025 Organization &amp; Officers of the Board of Commissioners</li></ul>	<p>Board Chair Herrin presented the following committee assignments and noted whoever is elected Board Chair can just swap spots.</p> <p>2025 Organization &amp; Officers of the Board of Commissioners Effective Date: January 01, 2025</p> <table><tr><th>Board Leadership</th><th colspan="3">Board Representation</th></tr><tr><td>Board Chair</td><td></td><td></td><td></td></tr><tr><td>Board Secretary</td><td></td><td></td><td></td></tr><tr><th>Committee</th><th>Administration Representation</th><th>Committee Chair</th><th>Board Representation</th></tr><tr><td>Finance</td><td>Superintendent &amp; CFO</td><td>Van Anderson</td><td>Wes McMahan</td></tr><tr><td>QI Oversight</td><td>Superintendent &amp; CNO/CDO</td><td>Chris Schumaker</td><td>Van Anderson</td></tr><tr><td>Governance</td><td>Superintendent</td><td>Board Chair</td><td>Secretary</td></tr><tr><td>Plant Planning</td><td>Superintendent &amp; CFO</td><td>Craig Coppock</td><td>Chris Schumaker</td></tr><tr><td>Strategic Planning</td><td>Superintendent</td><td>Board of Commissioners</td><td></td></tr><tr><td>Compliance Committee</td><td>Superintendent &amp; Compliance Officer</td><td>Wes McMahan</td><td>Craig Coppock</td></tr><tr><th>Other Board Representation</th><th colspan="3">Board Representation</th></tr><tr><td>Foundation</td><td>Tom Herrin</td><td></td><td></td></tr><tr><td>State Representation</td><td>Wes McMahan</td><td></td><td></td></tr></table>	Board Leadership	Board Representation			Board Chair				Board Secretary				Committee	Administration Representation	Committee Chair	Board Representation	Finance	Superintendent & CFO	Van Anderson	Wes McMahan	QI Oversight	Superintendent & CNO/CDO	Chris Schumaker	Van Anderson	Governance	Superintendent	Board Chair	Secretary	Plant Planning	Superintendent & CFO	Craig Coppock	Chris Schumaker	Strategic Planning	Superintendent	Board of Commissioners		Compliance Committee	Superintendent & Compliance Officer	Wes McMahan	Craig Coppock	Other Board Representation	Board Representation			Foundation	Tom Herrin			State Representation	Wes McMahan			<p>Send calendar invites for committee meetings.</p>	<p>Executive Assistant Garcia</p>	<p>12.31.25</p>
Board Leadership	Board Representation																																																							
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State Representation	Wes McMahan																																																							
Superintendent Report	Superintendent Mach highlighted the memo in the packet and added the following updates:																																																							



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ol style="list-style-type: none"> <li>1. Scheduled a couple more Medicare Meetings for the community in 2025.</li> <li>2. Submitted the Nurse Staffing Plan to the state.</li> <li>3. Attended a Centralia College Advisory Program Meeting and discussed an MLT program.</li> <li>4. Revisited the ERC Refund process.</li> <li>5. Continue to review options for the MRI.</li> </ol> <p>COSO Taylor shared an update on the strong work being completed in the clinics.</p>			
<b>Meeting Summary &amp; Evaluation</b>	<p>Superintendent Mach provided a meeting summary. Secretary Coppock suggested capital purchase be the first item in New Business moving forward to let managers go sooner. Commissioner Schumaker noted a good department spotlight and meeting. Commissioner Anderson shared the meetings continue to move along and appreciating the engagement with managers too. Superintendent Mach noted Dr. Kevin McCurry will start giving quarterly Medical Staff reports in 2025. Also, meetings will be on TEAMS in 2025. Commissioner McMahan agreed today's meeting was good, an informative department spotlight and continue to appreciate working with everyone. Board Chair Herrin has enjoyed the whole process, honest feedback in the evaluation and overall, a big thank you everyone.</p>			
<b>Adjournment</b>		<p>Secretary Coppock moved, and Commissioner Anderson seconded to adjourn the meeting at 5:23 p.m. The motion passed unanimously.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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Respectfully submitted,

Craig Coppock, Secretary

Date

DRAFT



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**Finance Committee Meeting**  
**January 22, 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 type="checkbox"/> Robert Mach, Superintendent <input checked="" 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: Robert Mach (PTO)  Unexcused:		
Approval or Amendment of Agenda		Commissioner McMahan made a motion to approve the agenda and Community Member Fisher 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 –December 18, 2024</li> <li>2. Board Oversight Activities (Verbal Update)</li> <li>3. Review Warrants &amp; EFT's in the amount of \$4,035,572.82 dated December 2024</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>Controller Scogin noted nothing notable to share on the Board P &amp; L for December. Commissioner Anderson requested a 2024 YTD Board P &amp; L be added to next month's Finance Packet.</p>	<p>Commissioner McMahan made a motion to approve the consent agenda and Community Member Fisher seconded. The motion passed unanimously.</p> <p>Add the 2024 YTD Board P &amp; L to next month's Finance Packet.</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>	<p>Controller Scogin</p> <p>Executive Assistant Garcia</p>	<p>02.19.25 Finance Committee Meeting</p> <p>01.29.25 Regular Board Meeting</p>
Old Business <ul style="list-style-type: none"> <li>• CFO Financial Review</li> </ul>	<p>CFO Cornwell noted another strong month for Outpatient Registration and Physician Clinic Visits. Inpatient Days were at budget for the month. Other numbers were normal for December.</p> <p>CFO Cornwell shared Days Cash on Hand is up by 1 at 47 days and AR is down by 1 standing at 53 days. Again, strong revenue for the month, expenses were higher and nothing more to note on the balance sheet.</p> <p>Overall, net income MTD is (\$9,014) and YTD is \$2,090,509.</p> <p>Commissioner Anderson noted Average Hourly Rate and Salaries would be higher due to the retention bonus given to employees in December. CFO Cornwell confirmed that is correct.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Community Member Fisher is excited to see the movement on the 340b. CFO Cornwell is encouraged by the numbers and still thinks there is room for improvement.</p> <p>CFO Cornwell noted another reason expenses were higher this month is due to a huge payout in benefits. This is not a trend, rather one patient and the claim with meet the stop loss threshold and reimbursements will come a couple months later. CFO Cornwell confirmed the 2025 rates have already been negotiated and one claim should not affect it given overall the self-funded planning is in good shape.</p> <p>CFO Cornwell shared another reason cash decreased was because of the Medicare payable that occurred through decreased receivables.</p> <p>CFO Cornwell shared overall expenses may have been over budget by one million but more importantly net operating revenue improved by four million. CFO Cornwell confirmed while this was a conservative budget, there was great success in volumes as already shared, having the staff whether permanent or travelers to keep patients, improved revenue cycle and a large SNAP payment. Commissioner McMahan noted a great job by all.</p>			
<ul style="list-style-type: none"> <li>State of WA Survey</li> </ul>	<p>Controller Scogin shared the Entrance Conference Meeting was January 14<sup>th</sup> with State Auditor's Office (SAO). The audit is in full swing and the areas of focus have been identified. The accounting team continues to provide information and answer questions. The goal is to be completed by the end of February or March. There</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>are no red flags to date but may have room for improvement.</p> <p>Controller Scogin clarified the WIFPLI audit is a financial audit whereas this audit completed by SAO is regulatory. SAO reviews WIFPLI's audit as a part of their due diligence but are focused on compliance with state regulations. Commissioner McMahan congratulated the staff on past audit performance.</p>			
<p>New Business</p> <ul style="list-style-type: none"> <li>501(r) Discount Calculation</li> </ul>	<p>Controller Scogin shared the 501 (r) calculation is required annual. This is to ensure patients are treated equal regardless of insurance status. The District using the look back method to determine the discount and it is 42% this year.</p>			
<ul style="list-style-type: none"> <li>Petty Cash Drawer-Patient Advocate</li> </ul>	<p>CFO Cornwell shared upon hiring the Patient Advocate position which sits next to Patient Access needs a cash drawer. This position assists patients with billing and accepts payments.</p> <p>The Finance Committee supports the resolution for the petty cash drawer 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 Petty Cash Drawer-Patient Advocate at the Regular Board Meeting.</p>	<p>Executive Assistant Garcia</p>	<p>01.29.25 Regular Board Meeting</p>
<p>Meeting Summary &amp; Evaluation</p>	<p>Commissioner Anderson provided a summary report.</p> <p>Commissioner McMahan noted it's a pleasure working with this committee and the strong work shows with the comments from auditors, so thank you.</p> <p>CFO Cornwell appreciates the questions and thoughts on the agenda topics.</p> <p>Commissioner Anderson thanked the Finance team for their thoroughness.</p>			
<p>Adjournment</p>	<p>Commissioner Anderson adjourned the meeting at 12:45 pm.</p>			

WARRANT & EFT LISTING NO. 2024-12

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

\$4,035,572.82 this 29<sup>th</sup> day  
of January 2025

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

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

\_\_\_\_\_  
Secretary, Craig Coppock

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

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

SEE WARRANT & EFT REGISTER in the amount of \$4,035,572.82 dated December 1, 2024 – December  
31, 2024.

## December 31, 2024

### ARBOR HEALTH WARRANT REGISTER SUMMARY

#### *Routine A/P Check Runs*

Warrant Number	Date	Amount	Description
See Detail	12/01/24 - 12/31/24	669,456.79	System Checks
See Detail	12/01/24 - 12/31/24	2,901,113.17	EFT payments
<b>Total - Umpqua Bank</b>		<b>\$ 3,570,569.96</b>	

Warrant Number	Date	Amount	Description
1240	12/06/24	200812.80	Internal Revenue
1241	12/20/24	261067.19	Internal Revenue
4850	12/03/24	287.75	BBP Admin
4851	12/06/24	140.83	BBP Admin
4852	12/10/24	832.50	BBP Admin
4853	12/17/24	1524.46	BBP Admin
4854	12/24/24	176.50	BBP Admin
4855	12/31/24	140.83	BBP Admin
4856	12/31/24	20.00	BBP Admin
<b>Total - Security State Bank</b>		<b>\$ 465,002.86</b>	

<b>Total Checks/Warrants</b>	<b>\$4,035,572.82</b>
------------------------------	-----------------------

Warrant Number	Date	Amount	Description
4855	12/31/24	140.83	Voided
136704	12/13/24	1,557.71	Voided
<b>Total - Voided Checks</b>		<b>\$1,698.54</b>	



Documents Awaiting Board Ratification 01.29.25		
	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Quality Management System and Pati	Quality
2	Risk Management Plan	Quality
3	Utilization Management Plan	Utilization Review
<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 APPROVING THE PETTY  
CASH DRAWERS & CUSTODIANS  
OF THE DISTRICT**

RESOLUTION NO. 25-01

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 approve the District's petty cash drawers, along with the custodians responsible for the drawers.**

101421 Cash drawer - ER	\$ 200.00	Patient Access/HIM Manager
101434 Cash drawer - Admitting 2	\$ 200.00	Patient Access/HIM Manager
101435 Cash drawer - Admitting	\$ 200.00	Patient Access/HIM Manager
101436 Petty Cash - Materials Mgmt	\$ 100.00	Controller
101440 Cash drawer - Randle Clinic	\$ 300.00	Randle Clinic Manager
101441 Cash drawer – Mossyrock Clinic	\$ 100.00	Mossyrock Clinic Manager
101442 Petty Cash – Mossyrock Clinic	\$ 200.00	Mossyrock Clinic Manager
101455 Petty Cash - Resident Trust	\$ 300.00	LTC supervisor
101465 Cash drawer – Dietary	\$ 200.00	Dietary Manager
101470 Petty Cash – Kitchen	\$ 200.00	Dietary Manager
101471 Cash Drawer - Gift Shop	\$ 260.00	Gift Shop Manger
101472 Cash Drawer - Morton Clinic	\$ 100.00	Morton Clinic Manager
101473 Cash Drawer-Rehabilitation Svs	\$ 100.00	Rehabilitation Services Director
101474 Cash Drawer-Rapid Care Clinic	\$200.00	Morton Clinic Manager
101475 Cash Drawer-Packwood Clinic	\$100.00	Randle Clinic Manager
101476 Cash Drawer-Patient Advocate	\$ 200.00	Patient Access/HIM Manager

**This resolution supersedes RES 23-12.**

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 29<sup>th</sup> day of January 2025, 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  
From: Cheryl Cornwell, CFO  
Date: January 17, 2025  
Subject: Petty Cash Drawer-Patient Advocate

Each year Arbor Health (AH) provides a listing of all petty cash drawers used in the organization.

Account & Location Base	Amount	Custodian
101421 Cash drawer - ER	\$ 200.00	Patient Access/HIM Manager
101434 Cash drawer - Admitting 2	\$ 200.00	Patient Access/HIM Manager
101435 Cash drawer - Admitting	\$ 200.00	Patient Access/HIM Manager
101436 Petty Cash - Materials Mgmt	\$ 100.00	Controller
101440 Cash drawer - Randle Clinic	\$ 300.00	Randle Clinic Manager
101441 Cash drawer – Mossyrock Clinic	\$ 100.00	Mossyrock Clinic Manager
101442 Petty Cash – Mossyrock Clinic	\$ 200.00	Mossyrock Clinic Manager
101455 Petty Cash - Resident Trust	\$ 300.00	LTC supervisor
101465 Cash drawer – Dietary	\$ 200.00	Dietary Manager
101470 Petty Cash – Kitchen	\$ 200.00	Dietary Manager
101471 Cash Drawer - Gift Shop	\$ 260.00	Gift Shop Manger
101472 Cash Drawer - Morton Clinic	\$ 100.00	Morton Clinic Manager
101473 Cash Drawer-Rehabilitation Svs	\$ 100.00	Rehabilitation Services Director
101474 Cash Drawer-Rapid Care Clinic	\$200.00	Morton Clinic Manager
101475 Cash Drawer-Packwood Clinic	\$100.00	Randle Clinic Manager

Adding a new drawer for the Patient Advocate drawer:

TBD – Cash Drawer – Patient Advocate \$ 200.00 Patient Access/HIM Manager

This new drawer will require a resolution of recognition by the Board.



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

RESOLUTION APPOINTING DNV  
ACCREDITATION-ANTIMICROBIAL  
STEWARDSHIP PROGRAM MGR

RESOLUTION NO. 25-02

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 appoint Nicholas Tyler as the Antimicrobial Stewardship Program Manager.**

**(DNV NIAHO IC.2, SR.1a)**

**This resolution supersedes RES 22-10.**

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 29<sup>th</sup> day of January 2025, 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:** Pharmacy and Therapeutics, MEC, QIO & Board of Commissioners  
**From:** Robert Mach, Superintendent & CNO/CQO Barbara Van Duren  
**Date:** 10/24/24  
**Subject:** Antimicrobial Stewardship Program Manager Appointment

---

In preparation for our ongoing DNV-NIAHO accreditation, I am asking you, via a motion of the Pharmacy and Therapeutics Committee, to recommend to MEC, QIO and the Board on approval of the following appointment:

1. Nicholas Tyler to serve as Arbor Health's Antimicrobial Stewardship Program Manager.

The most current DNV-NIAHO accreditation requirements and CDC guidance:

**IC.2.SR.1a** An individual (or individuals), who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship, is appointed by the governing body as the leader(s) of the antibiotic stewardship program.

**IC.2.SR.1a(1)** The appointment is based on the recommendations of medical staff leadership and pharmacy leadership.

**IC2.SR.3** The antibiotic stewardship program adheres to nationally recognized guidelines, as well as best practices for improving antibiotic use..."

IC.2 Antibiotic Stewardship Program (2024), DNV - NIAHO Hospital Accreditation Standards [DocID: 20787]

**"Accountability:** Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes...

**Pharmacy Expertise** (previously "Drug Expertise"): Appoint a pharmacist, ideally as the co-leader of the stewardship program, to lead implementation efforts to improve antibiotic use.

This Core Element was renamed "Pharmacy Expertise" to reflect the importance of pharmacy engagement for leading implementation efforts to improve antibiotic use."

Core Elements of Hospital Antibiotic Stewardship Programs (2019), Centers for Disease Control



**OLD BUSINESS**



**2025 Organization & Officers of the Board of Commissioners**  
**Effective Date: January 01, 2025**

Board Leadership		Board Representation	
Board Chair		TBD	
Board Secretary		TBD	
Committee	Administration Representation	Committee Chair	Board Representation
Finance	Superintendent & CFO	Van Anderson	Wes McMahan
QI Oversight	Superintendent & CNO/CQO	Chris Schumaker	Van Anderson
Governance	Superintendent	Board Chair	Secretary
Plant Planning	Superintendent & CFPO	Craig Coppock	Chris Schumaker
Strategic Planning	Superintendent	Board of Commissioners	
Compliance Committee	Superintendent & Compliance Officer	Wes McMahan	Craig Coppock
Other Board Representation		Board Representation	
Foundation		Tom Herrin	
State Representation		Wes McMahan	



DocID: 8610-103  
Revision: 5  
Status: In preparation  
Department: Governing Body  
Manual(s):

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## Policy & Procedure : CEO/Superintendent Evaluation

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### Policy:

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

### Purpose:

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

### Procedure:

The Lewis County Hospital District No. 1 Board of Commissioners will set goals and evaluate the CEO/Superintendent through this process:

1. The Board of Commissioners will complete the evaluation two month's prior to scheduled annual evaluation with the CEO/Superintendent. The CEO/Superintendent will present prior year accomplishments and upcoming year goals to the Board Chair two month's prior to scheduled annual evaluation.
2. The Board of Commissioners will review the performance of a public employee in Executive Session which will include the CEO/Superintendent's accomplishments and goals, as well as the completed evaluation with compiled results from the Board of Commissioners a month prior to annual evaluation.
3. The Board of Commissioners will review the performance of a public employee in Executive Session with the CEO/Superintendent during their anniversary month and/or as soon as practical.
4. The Board of commissioners will also hold a 6 month check in with the CEO/Superintendent approximately halfway through the evaluation period. This checkin will be held in executive session. The CEO/superintendent will share progress report on his/her annual goals and overall performance of the organization.

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**Document Owner:** Herrin, Tom  
**Collaborators:** Mach, Robert

#### Approvals

- Committees:
- Signers:

**Original Effective Date:** 07/05/2006



**Revision Date:**

[07/05/2006 Rev. 1], [03/09/2007 Rev. 0], [05/31/2016 Rev. 2], [06/26/2018 Rev. 3], [01/30/2024 Rev. 4]

**Review Date:**

[07/09/2008 Rev. 1], [05/29/2009 Rev. 1], [04/06/2010 Rev. 1], [04/11/2011 Rev. 1], [11/08/2013 Rev. 1], [12/23/2014 Rev. 1], [09/05/2019 Rev. 3], [10/08/2020 Rev. 3]

**Attachments:**

(REFERENCED BY THIS DOCUMENT)

[CEO/Superintendent Evaluation](#)

**Other Documents:**

(WHICH REFERENCE THIS DOCUMENT)

*Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at*  
[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10653\\$5](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10653$5).

## **NEW BUSINESS**

## **SUPERINTENDENT REPORT**

To: Board of Commissioner

From: Superintendent Mach

Date: 01.29.25

Re: December Superintendent Report

- Very good financial year for 2024.
- Cardiology services started January 7, with 14 patients on the schedule
- Passed FDA mammography inspection with flying colors (MQSA)
- Discussed with Siemens our intentions of holding off on the MRI project until we get a better understanding of the state's requirements
- I have been voted in as a member of the executive committee for the Rural health Collaborative
- We are switching our 340b program consultants to SunRX, a vendor that has a partnership with TRC and WHS.

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.												
<b><u>Workforce Stabilization</u></b>												
Voluntary resignations under 12%												
<b><u>Service and Quality</u></b>												
Patient satisfaction ranking likelihood of recommending all departments combined > 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											

## 2024 Preliminary Performance Highlights



### Attestations

- 1,004 returned
- 16% improvement YoY
- Over \$110K in incentives



### Percent Conditions Addressed

- 91% conditions addressed
- 7% improvement YoY
- ~\$392K in incentives payable in 2025



### Clinical Quality

- Over a whole star improvement from 2023
- 4+ star in: CBP, GSD and KED measures
- Final star-score TBD

<div> <div>Arbor Health</div> </div>											
<b>2025 Marketing Plan</b>											
	Print Ads	Social Media	Health & Life pub.	Billboards	Radio	Digital Campaign	Internal	Direct Mail	Referral Marketing	Video Podcast	
<b>Tier 1</b>											
<b>Extended-Care Rehab "The bridge between hospital and home"</b>											
Educate community on availability and the advantages over out-of-town skilled nursing facilities. Tactics: Print ads, Billboards, direct mail, digital pay-per click ads, social media (organic and paid), radio, internal marketing, Health & Life, <b>every-other-month mailed rack cards &amp; other items to referring hospitals, provide support to our case manager.</b>	May-4 June-4 Dec-2 (last 2)	May-2 June-2 Dec-2	May Nov	Feb-May (Hwy 7 AND Chehalis) May-July (Hwy 12 E)	January (Rob)	January	May	May	Mail Rack Cards Jan, March May, July Sept, Nov	May (Dr. Hansen)	
<b>Primary Care</b>	Print Ads	Social Media	Health & Life pub.	Billboards	Radio	Digital Campaign	Internal	Direct Mail	Referral Marketing	Video Podcast	
<b>Primary Care/Pediatrics:</b> Promote providers to the community through media. Tactics: Print ads, Billboards, direct mail, social media (organic posts and paid ads), internal marketing, Health & Life	July-4 Aug-4	July-2 Aug-2	Aug	May-July (Mossy) Aug-Oct (Hwy 12 E) Nov-Jan (Mossyrock)						August (Dr. Himes)	
<b>Primary Care/Diabetes:</b> Promote through Health & Life publication, video podcast			May							October (Dr. Podlaski)	
<b>Primary Care:</b> Family Doctor Family Medicine	Throughout year, utilizing billboard design			Feb- April (Salkum) May-July (Hwy 12 W) Aug-Oct (Hwy 7) Nov-Jan (Hwy 12 E)							
<b>Primary Care:</b> Hypertension				January						January (Dr. Ho)	
<b>Primary Care:</b> Seniors, annual wellness visit								January			
<b>Specialty Service Lines</b>											
<b>Cardiology Care:</b> Introduce and promote cardiac specialists in Specialty Clinic	Jan-4 Feb-4	Jan-4 Feb-4	Nov	Feb- April	February	February	January	Purchase mailing list 60+			
<b>Foot &amp; Ankle Surgery:</b> Continued focus on specialty line to the community. Tactics: Print ads, outdoor, digital pay-per click ads, social media (organic posts and paid ads), internal marketing. <b>"Put the spring back in your step."</b>	Mar-4 April-4	Mar-2 April-2	May	Feb- April <b>Spring in your step</b> (Hwy 12 E) Aug-Oct (Mossyrock) Nov-Jan (Hwy 12 W)	March					March (Peresko)	
<b>Tier 2</b>											
<b>Emergency Room</b>	Print Ads	Social Media	Health & Life pub.	Billboards	Radio	Digital Campaign	Internal	Direct Mail	Referral Marketing	Video Podcast	
<b>Emergency Department:</b> In addition to promoting our short waittimes, utilize for relationship-building efforts with volunteer ambulance crews	May 18-24 National EMS Week		May (EO vs Rapid)	May-July (Salkum) May-July (Chehalis) Aug-Oct (Chehalis) Nov-Dec (Hwy 7 AND Chehalis)							
<b>Breast Health</b>											
<b>Breast Health Campaign:</b> Promote early cancer detection through 3-D digital mammogram technology. Tactics: Print ads, direct mail, Outdoor, radio, digital pay-per click ads, social media (organic posts and paid ads), Health & Life	Sept-2 (last 2 weeks) Oct-2 (last 2 weeks)	2-Sep	Aug		September? Jenny?						
<b>Rehabilitation Services PT/OT/Speech/Stroke specialty</b>											
Educate community on services available at Arbor Health—Tactics: Print ads, outdoor, direct mail, digital pay-per click ads, social media (organic posts and paid ads), radio, internal marketing	Nov-2 Incontinence (last 2)		(May-Speech) (Aug-Incont.)	Aug-Oct (Hwy 12 W)						June Speech (Lynn)	
<b>Colon Cancer Screening</b>	Print Ads	Social Media	Health & Life pub.	Billboards	Radio	Digital Campaign	Internal	Direct Mail	Referral Marketing	Video Podcast	
<b>Colonoscopy Campaign -</b> Target ages men/women ages 50+. Tactics: Print ads, radio, direct mail ("birthday club" cards), digital PPC ads, social media (organic posts and paid ads)	Nov-2 (last two weeks)		Nov					Monthly Birthday cards		November (Dr. Anderson)	
<b>Sleep Medicine</b>	Print Ads	Social Media	Health & Life pub.	Billboards	Radio	Digital Campaign	Internal	Direct Mail	Referral Marketing	Video Podcast	
Educate the community on the dangers of un-diagnosed sleep disorders. Tactics: Print ads, social media (organic posts and paid ads), internal marketing. <b>Website includes an online health risk assessment.</b>	Sept-2 (last 2) Oct-2 (last 2)		Aug	May-July (Hwy 7)				Equipping sleep tech with materials for referral coordinator visits		December (Acosta)	
<b>Tier 3</b>											
<b>Rapid Care Clinic:</b> Educate community on available of walk-in clinic. <i>This is our evergreen line that can be promoted throughout the year.</i>			May (Rapid vs ER)								
<b>Wound Care (Tie in with Gift wrapping)</b>	Dec-2 (last 2)		Nov								
<b>Rehab Department's Incontinence Therapy</b>			Aug								
<b>Behavioral Health</b>											
<b>Diagnostics:</b> Lung Cancer Screening	Social Media posts		May								
<b>Patient Portal</b> public education											
<b>Community Events</b>											
<b>Packwood SK (We sponsor, provide medals &amp; arch, built webpage &amp; ) Mossyrock Independence Run (we organize and sponsor)</b> DPA Memorial SK in memory of a former staff member who died of COVID (sponsor)											
<b>Wellness Events</b>	Per events schedule	Per events schedule	Per events schedule								
	Print Ads	Social Media	Health & Life pub.	Billboards	Radio	Digital Campaign	Internal	Direct Mail		Referral Marketing	
<b>Internal Communications</b>											
Digital Display in all facilities, framed hallway/exam room posters, cafeteria napkin holders, Arbor Health Happenings, digital readerboards											
<b>Arbor Health &amp; Life Publication (Quarterly)</b>											
Plan and create content for quarterly printed publication, including Spring edition as annual report											
<b>Website Management</b>											
Ongoing Website Content Updates											
Promote corresponding e-newsletter in internal and external communications			Dec								
<b>Social Media Management</b>											
Daily social media posts—Facebook & Instagram. Occasional employee-related posts to LinkedIn, Google Profiles, monitor and respond to public reviews on Facebook, Google											

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

All Falls



Collaborative Average  
Hospital Rate

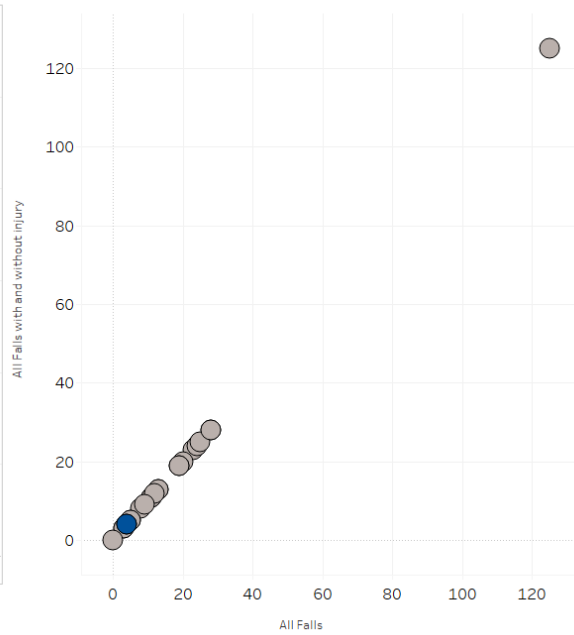
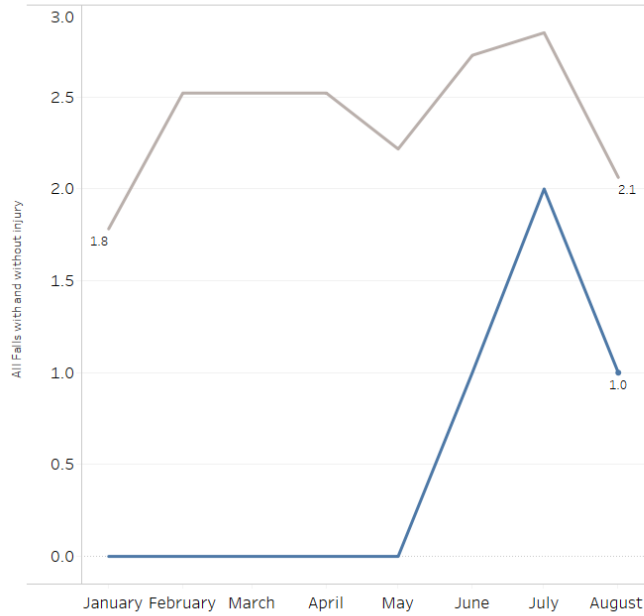
Toggle National Benchmark  
On  
Off

Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
All Falls

Select Date  
Jan 2024 to Nov 2024  
and Null values



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

Annual Wellness Visits



Collaborative Average  
Hospital Rate

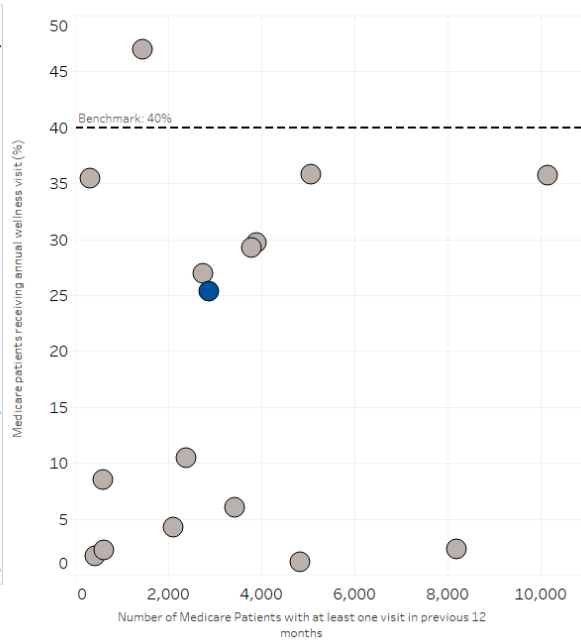
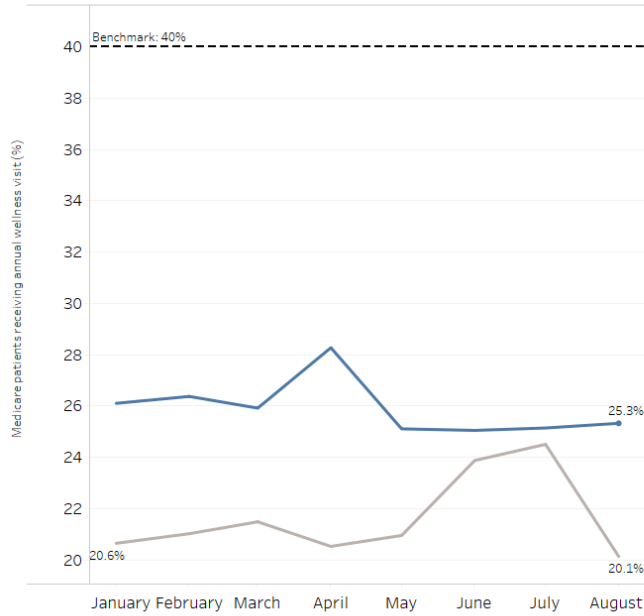
Toggle National Benchmark  
● On  
○ Off

Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
Annual Wellness Visits

Select Date  
Jan 2024 to Nov 2024  
and Null values





The Rural Collaborative Report  
Metric Detail - Arbor Health

Avoidable ED Visits



Collaborative Average  
Hospital Rate

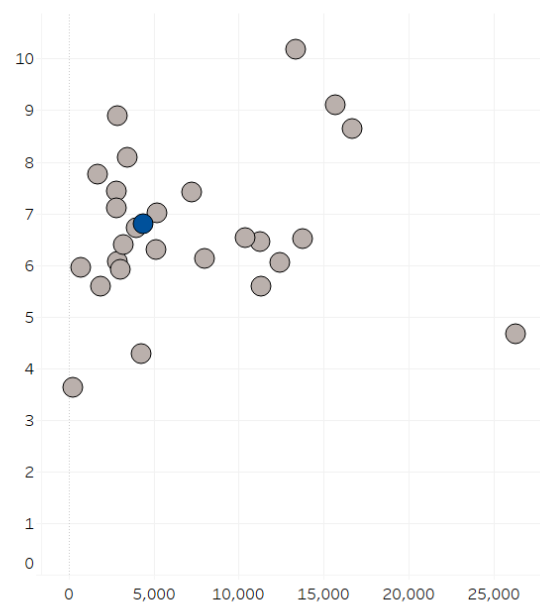
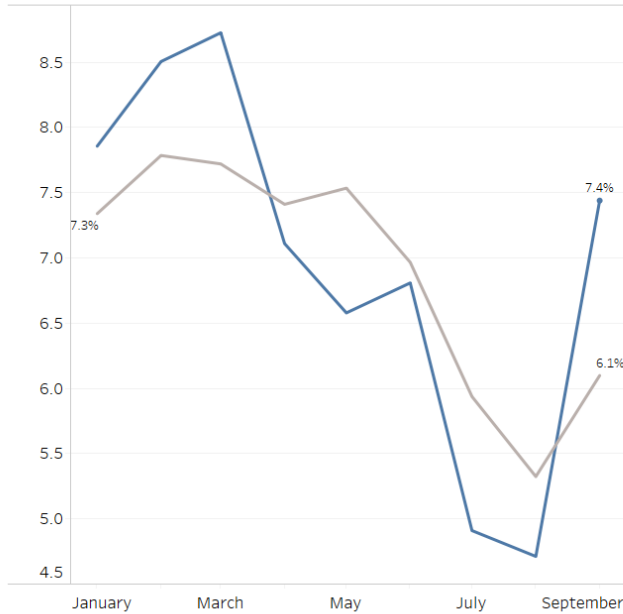
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Select Hospital  
Arbor Health

Select Metric  
Avoidable ED Visits

Select Date  
Jan 2024 to Nov 2024  
and Null values



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

Blood Pressure Screening



Collaborative Average  
Hospital Rate

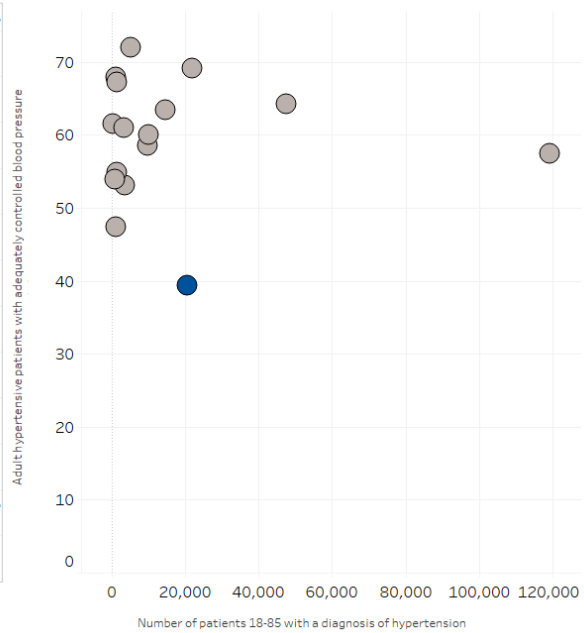
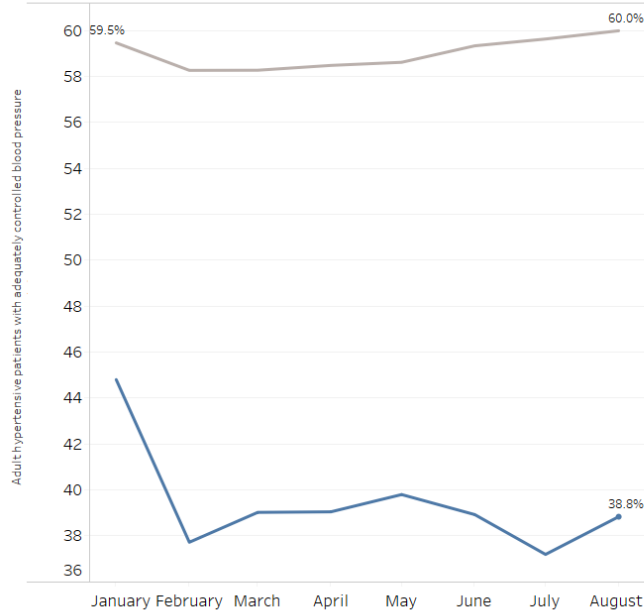
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Arbor Health

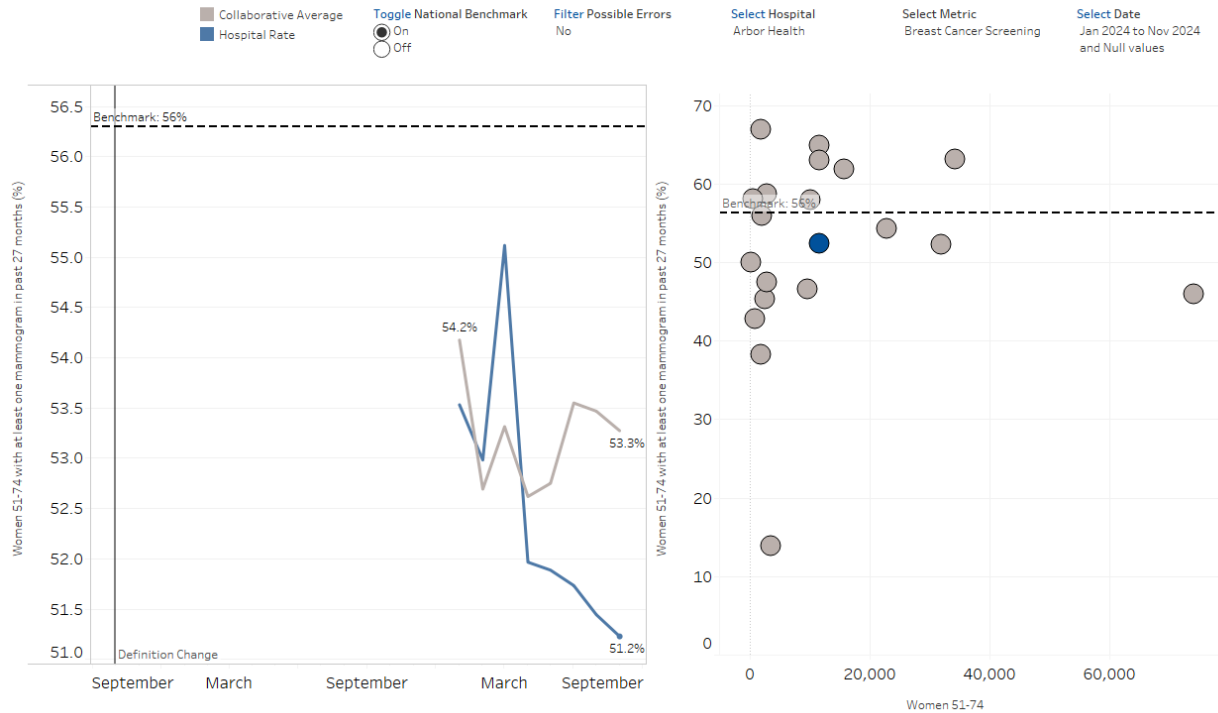
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Blood Pressure Screening

Select Date  
Jan 2024 to Nov 2024  
and Null values



The Rural Collaborative Report  
Metric Detail - Arbor Health

Breast Cancer Screening



## The Rural Collaborative Report Metric Detail - Arbor Health

### Charity Care over Charges



Collaborative Average  
Hospital Rate

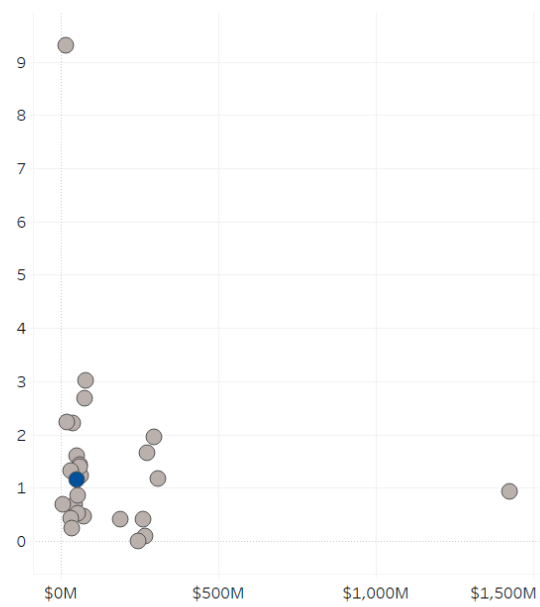
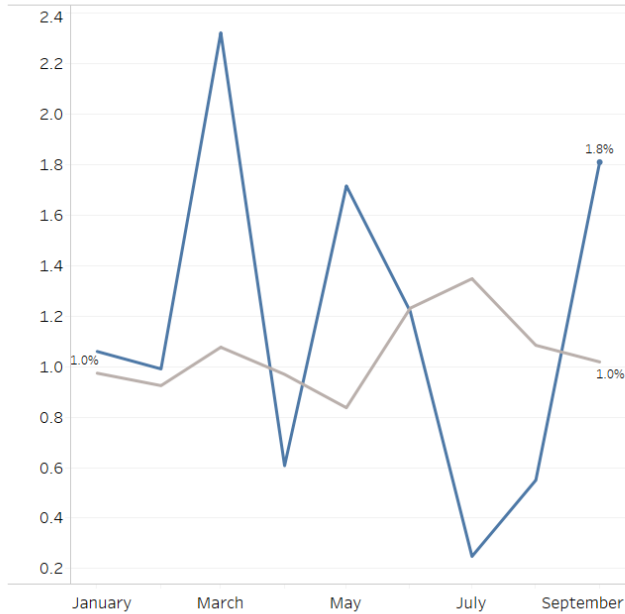
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Select Hospital  
Arbor Health

Select Metric  
Charity Care over Charges

Select Date  
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and Null values



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

Colorectal Cancer Screening



Collaborative Average  
Hospital Rate

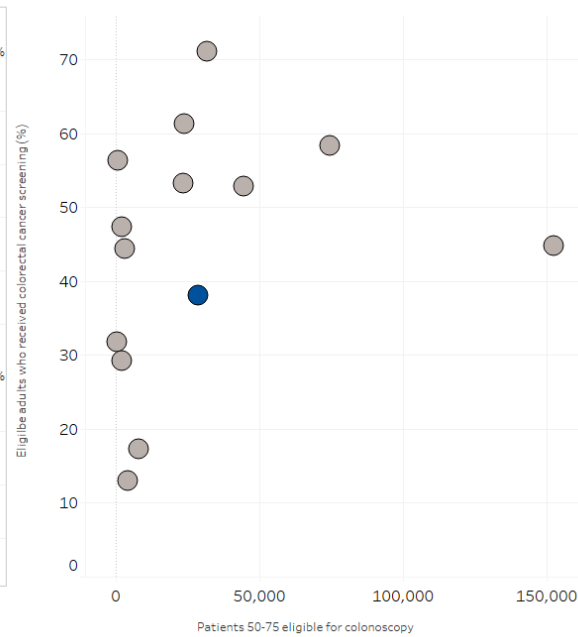
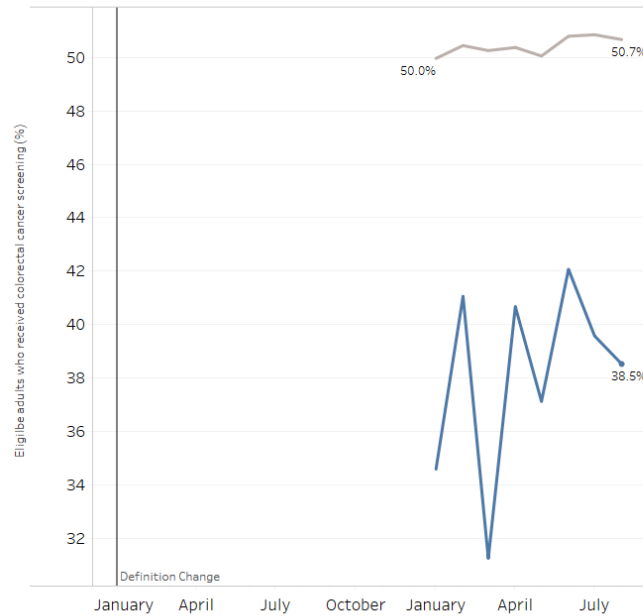
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Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
Colorectal Cancer Screeni..

Select Date  
Jan 2024 to Nov 2024  
and Null values



## The Rural Collaborative Report Metric Detail - Arbor Health

### Days Cash On Hand



Collaborative Average  
Hospital Rate

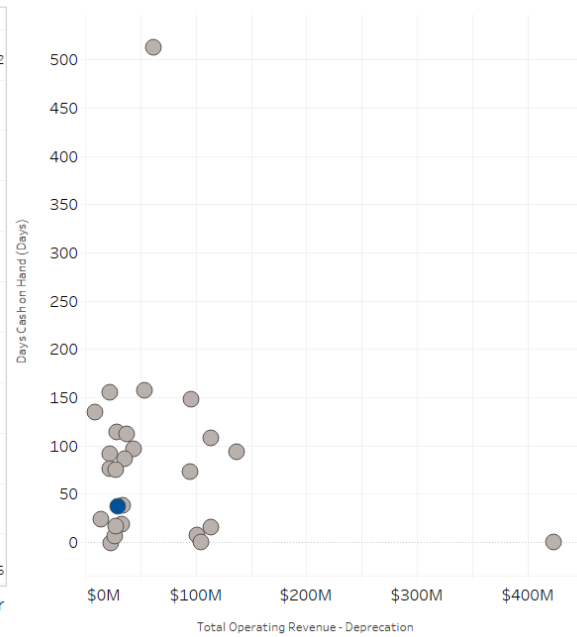
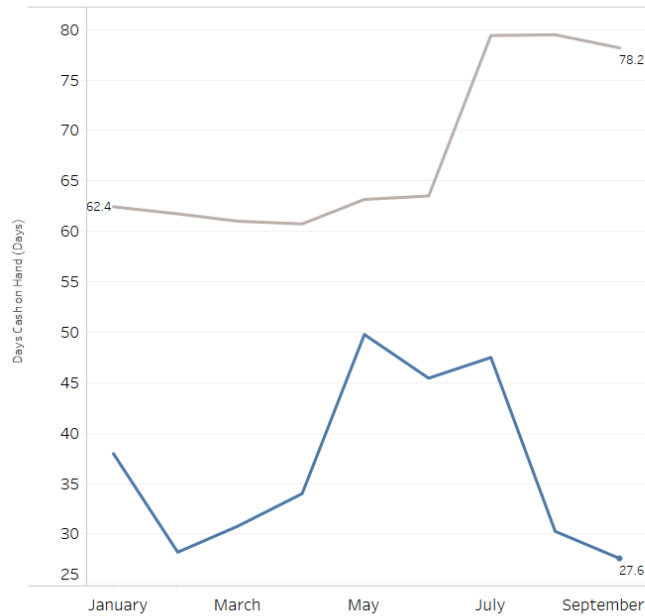
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Arbor Health

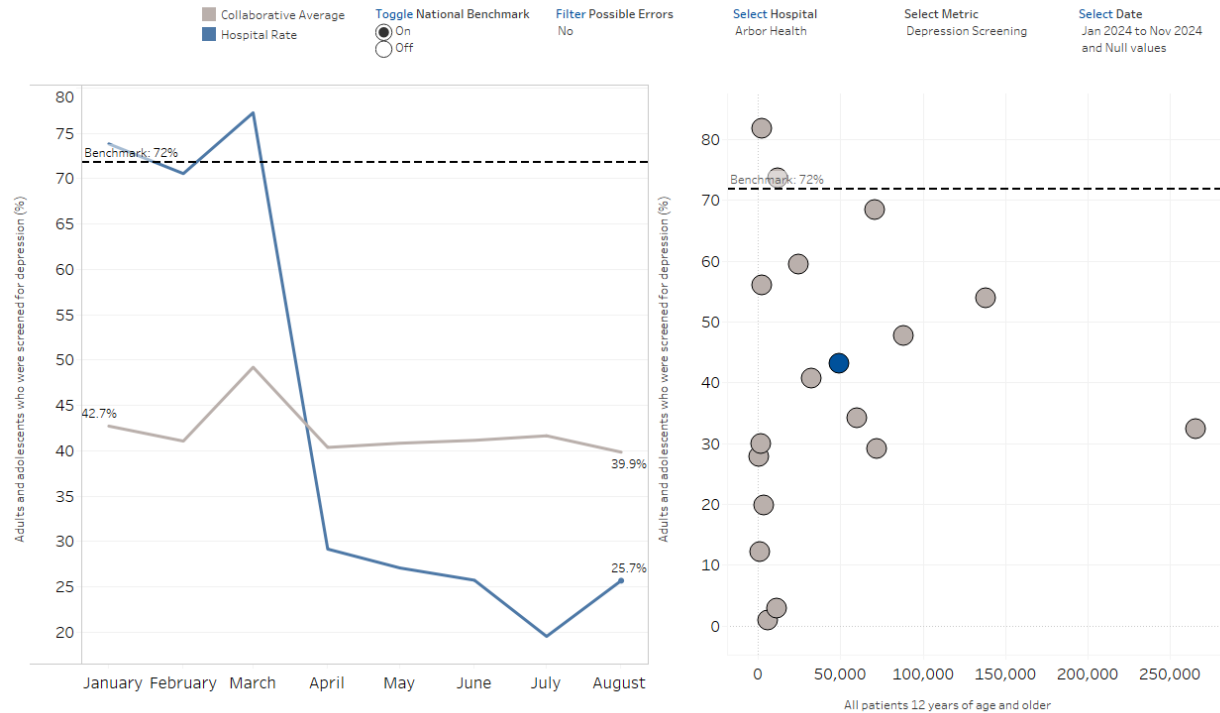
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Days Cash On Hand

Select Date  
Jan 2024 to Nov 2024  
and Null values



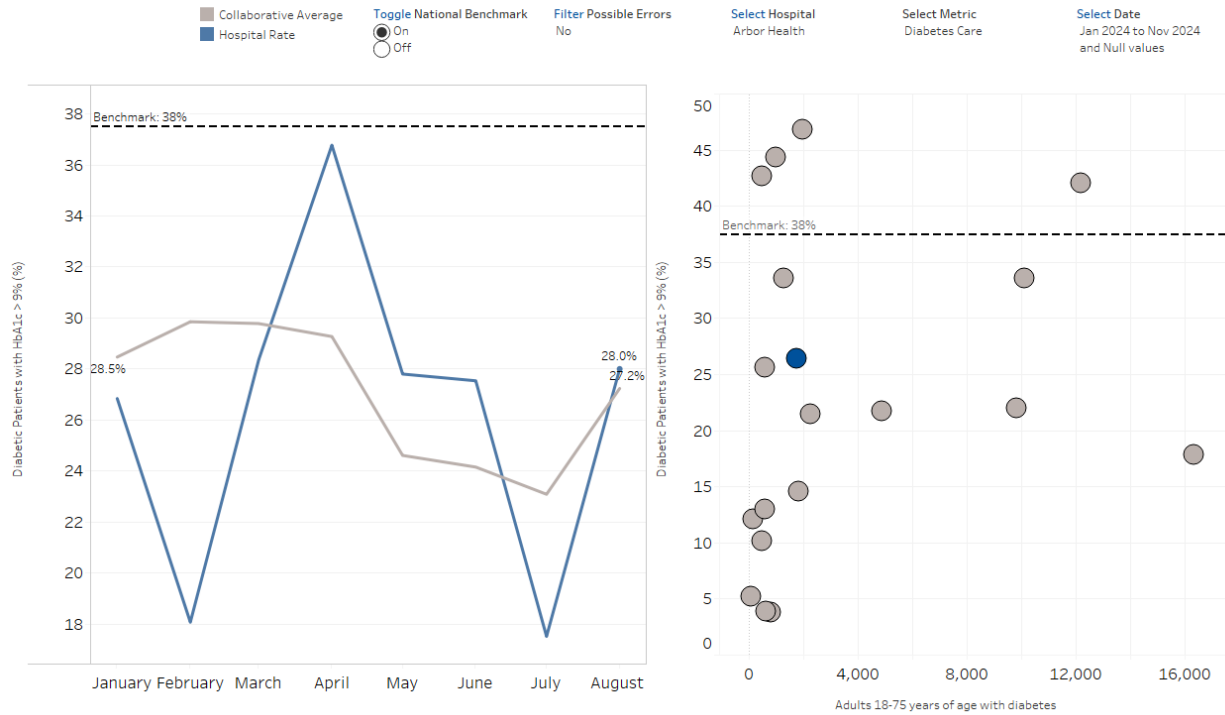
The Rural Collaborative Report  
Metric Detail - **Arbor Health**

Depression Screening



The Rural Collaborative Report  
Metric Detail - Arbor Health

Diabetes Care





The Rural Collaborative Report  
Metric Detail - Arbor Health

Net Days Accounts Receivable



Collaborative Average  
Hospital Rate

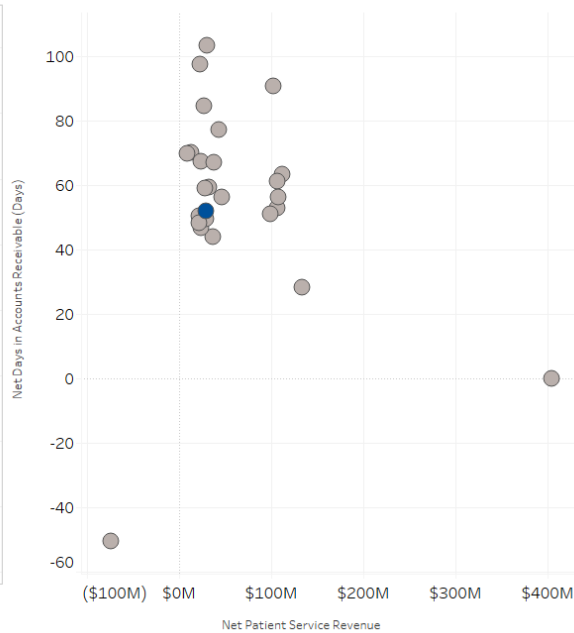
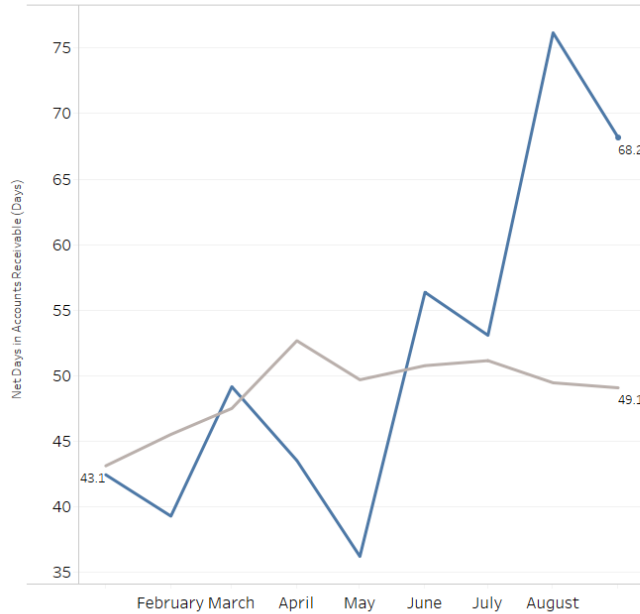
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Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
Net Days Accounts Receiv..

Select Date  
Jan 2024 to Nov 2024  
and Null values



The Rural Collaborative Report  
Metric Detail - Arbor Health

Operating Margin



Collaborative Average  
Hospital Rate

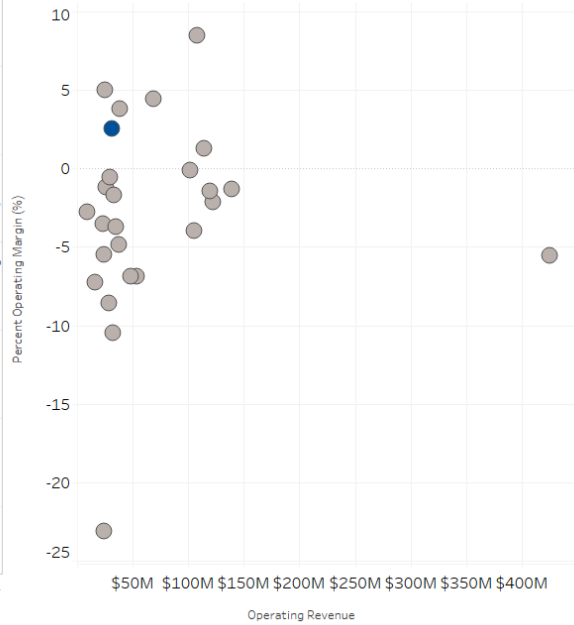
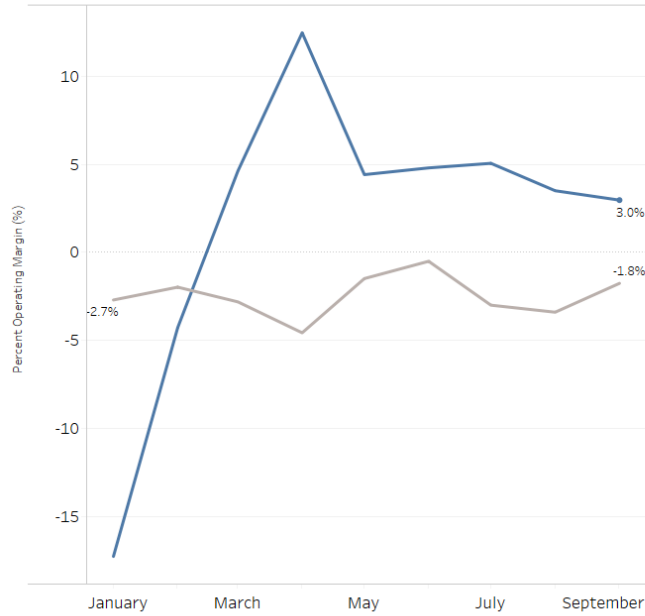
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Filter Possible Errors  
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Select Hospital  
Arbor Health

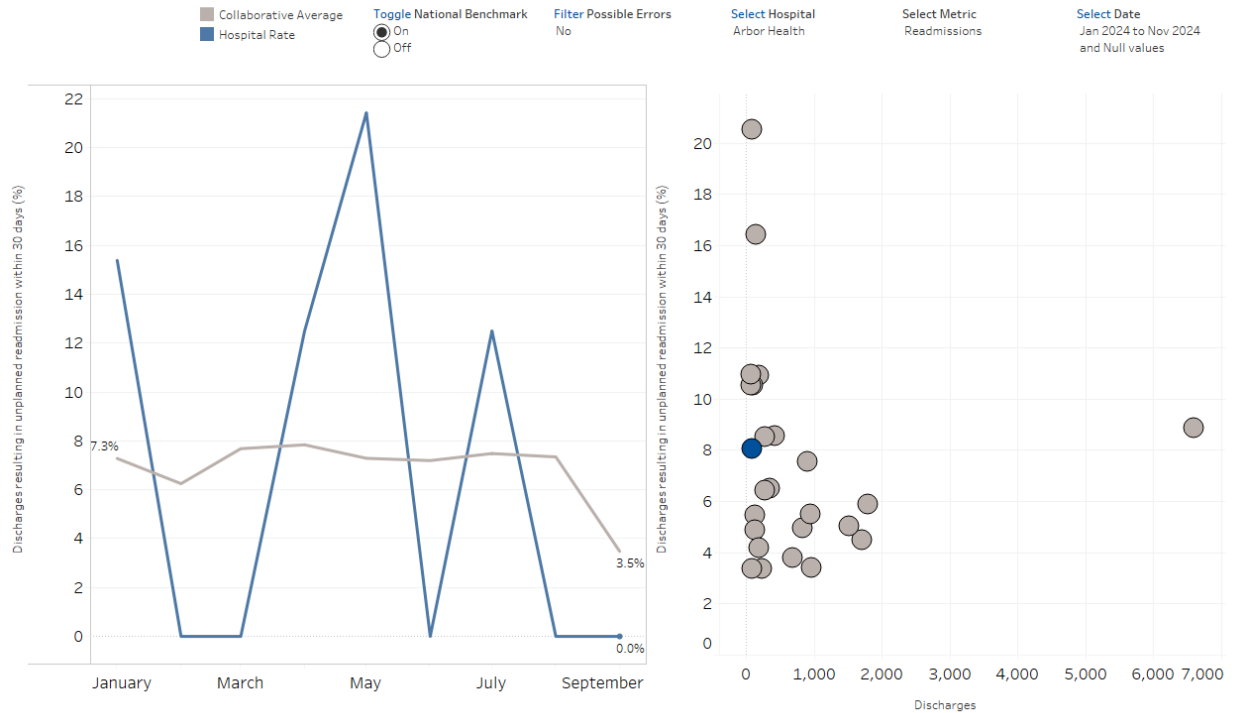
Select Metric  
Operating Margin

Select Date  
Jan 2024 to Nov 2024  
and Null values



## The Rural Collaborative Report Metric Detail - Arbor Health

### Readmissions



## The Rural Collaborative Report Metric Detail - Arbor Health

## Salary and Benefits over Operating Revenue



Collaborative Average  
Hospital Rate

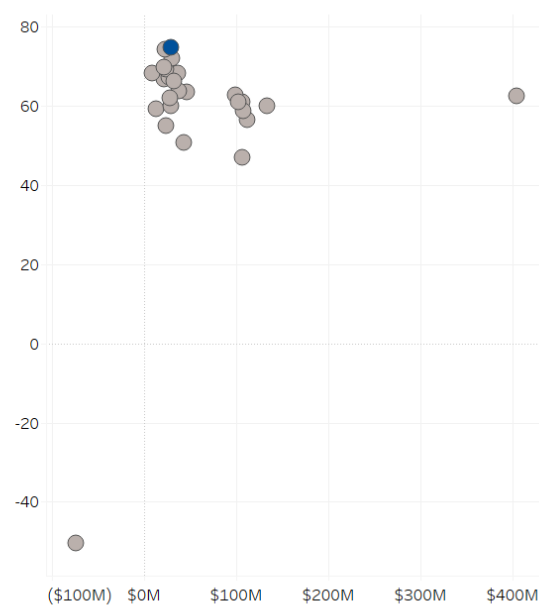
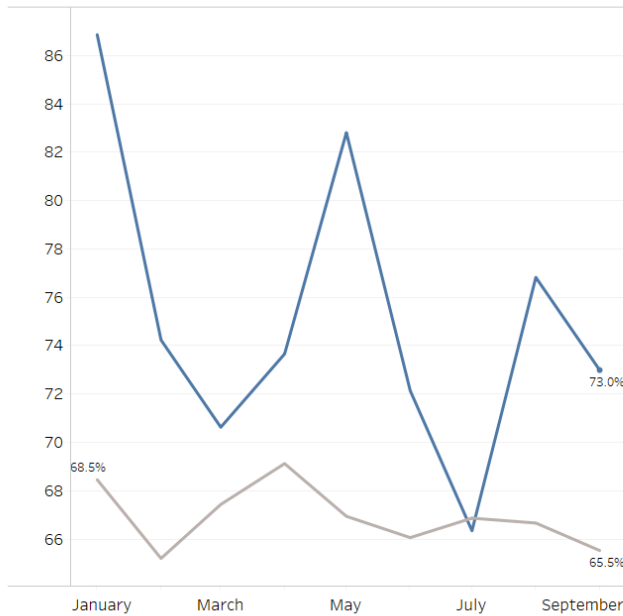
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Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
Salary and Benefits over O...

Select Date  
Jan 2024 to Nov 2024  
and Null values



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

Well Child Visits



Collaborative Average  
Hospital Rate

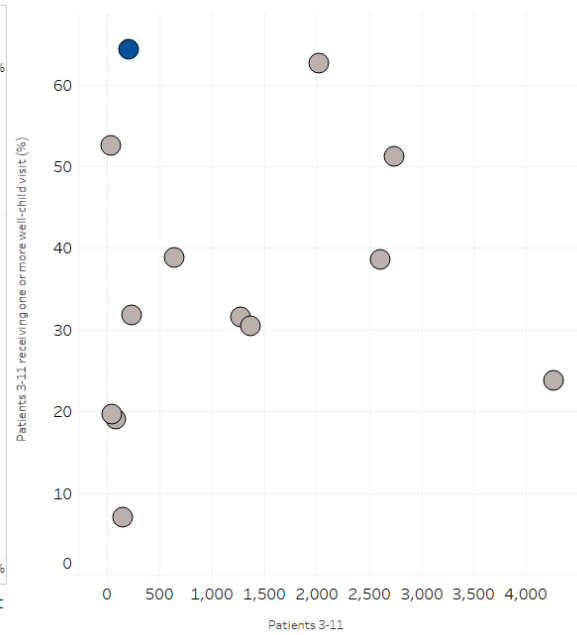
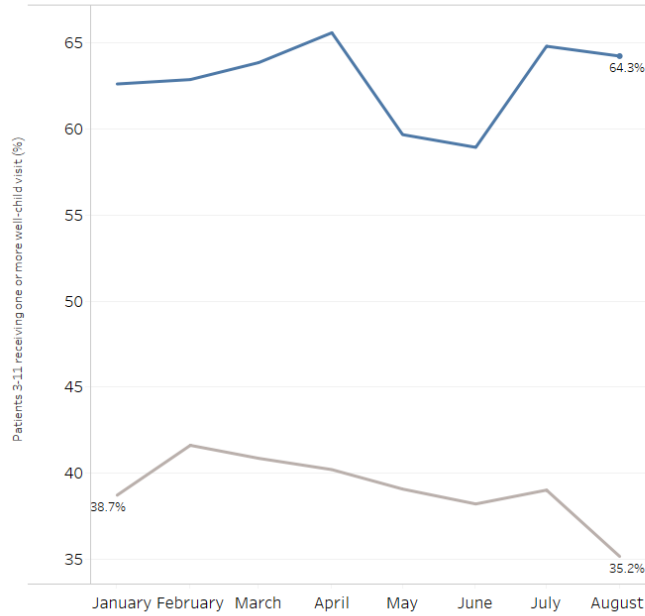
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Filter Possible Errors  
No

Select Hospital  
Arbor Health

Select Metric  
Well Child Visits

Select Date  
Jan 2024 to Nov 2024  
and Null values


















## SUPERINTENDENT'S REPORT

Mission: To foster trust and nurture a healthy community

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

Financial Stability and Growth	Progress	Status	Estimated Completion
Develop 5 year capital plan	Progress being made. Meeting with department managers and shared with senior team		Requires financial turnaround to be complete
Complete Facility master plan	Mathew met with company on 10/12, selected company to help with plans		Presentation to board summer/fall time frame
Establish 3 year IT plan	Jim frey working on plan		Requires financial turnaround to be complete
Ensure compliance with federal interoperability requirements	Multi factor authentication, Self service pass word reset, strengthened cyber security policy		
Identify and Implement new expanded services to attract patients	Board approved purchase of MRI, install mid 2024. Chronic care management nurse hired and working		
Increase Swing Bed ADC by 1	Meeting with Providence health quarterly to discuss issues including swing bed, access granted to both Providence and Multicare HER		

Financial Stability and Growth	Progress	Status	Estimated
Develop 5 year capital plan	Progress being made. Meeting with department managers and shared with senior team		Requires financial turnaround to be complete
Complete Facility master plan	Mathew met with company on 10/12, selected company to help with plans		Presentation to board summer/fall time frame
Establish 3 year IT plan	Jim frey working on plan		Requires financial turnaround to be complete
Ensure compliance with federal interoperability requirements	Multi factor authentication, Self service pass word reset, strengthened cyber security policy		
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Increase Swing Bed ADC by 1	Meeting with Providence health quarterly to discuss issues including swing bed, access granted to both Providence and Multicare HER		
Recruit Surgeon	No progress		2024/2025
Expand rapid care to 6 days	Currently recruiting for Mid level providers		Possibly January after Hugo is available
Implement Labor productivity	Scrapped plan, bad purchase.		

Workforce stabilization	Progress	Status	Estimated Completion
Reduce traveler/contracted staff usage by 50%	Working on recruiting new permanent positions, working on increasing visibility on social media platforms. Hired X-ray and lab tech positions in December		
Become Employer of Choice in East Lewis County	Working on rolling out employalty book and ideas. Working on an onsite program for leadership training and culture. Just Culture training in 2024 for staff		
Partner with local high schools to promote healthcare careers	Participated in career days. Working on developing scholarship program		
Partner with colleges to provide alternative education paths for healthcare careers	Met with centralia college on Arbor health needs. Will have nursing students from centralia college and Xray students from tacoma.		Completed
Establish discount programs for employees	Solv has discount program as part of new offering		Completed
Establish an employee recruitment and retention committee to identify retention and engagement opportunities	Shannon working on this		
Develop a wage and benefit structure that is competitive with the local market and competition	Developing pay comensation policy		Hired consultant in May/ 15 week timeline



Service and Quality	Progress	Status	Estimated
Recruit psychiatrist	No progress		Position posted for LCSW
Expand LICSW/Therapy services	moving PT LICWS to full time		Position posted for LCSW
Develop regional partnerships with behavioral care facilities	Contracts signed with CHS and Cascade		Completed
Implement streamlined check-in/registration system for all patient encounters (Phreesia)	August - IT working with Phreesia to implement streamline check in/registration		Phreesia go-live this summer
Implement Medicare Coordination program	Staff hired and working on Care coordination		Completed
Employ 2 measures for improved clinic access	Hired Dr. Ho, Dr. Hines signed offer letter		Completed
Develop and implement 4 improvement strategies from patient experience surveys	Focus on allowing patient family members to be with the patient in ED, Improve pharmacy discharge pt medication education		
Achieve successful NIAHO reaccreditation and maintain acute stroke ready certification annually	Work on improving door to CT/Lab metrics		
Partner or develop a regional OP transportation service	Regional meeting held to discuss transportation issues in east lewis county		Pilot program in September
Initiate and complete management review for initial ISO project	Medical Staff and Hospital Committee structures refined so that PI and projects now flow to Senior Leadership, QIO, and Medical Staff Leadership consistently.		
Complete 2 internal audits	Code red process, Access to new software, Lab resulting		
Receive ISO 9001 stage 2 certification			
Implement 2 new service lines for the community	MRI, Chronic care management		

Community relationships and partnerships	Progress	Status	Estimated Completion
Identify and partner with external groups to support youth based outreach	Contract signed with CIHS		Completed
Implement school based school physicals	Completed		Completed
Develop annual youth safety events for schools	Working on BLS for local schools		
Partner with Lewis county early childhood education and other wellness groups to create ongoing connections with	No Progress		
Identify and align with external groups to support wellness focused outreach	Sep - meeting with veterans group to promote hospital and clinic and how we can work together to provide care. Contracted with 2 other organizations to provide space for behavioral health.		Completed
Organize community education opportunities to enhance community awareness of Arbor health	Mossy Rock run, wellness week events		Completed
Continue senior fitness program	Started in August		Completed
Sponsor Packwood 5K, Mossyrock 5k, 5k color run, wellness week	Completed		Completed
Include health literacy focus at community resource fairs	TED talks at wellness week		Completed
Develop educational programs and partner with Molina on medical literacy	Working thru RHC with Molina on MCO		Completed
Participate in annual Latino community event in Mossyrock	Diane markham working on plan		Cancelled this year
Implement a diabetes education and outreach program	RN Hired in clinics		Completed
Partner with area organizations to address district food insecurity and homelessness programs	Working with Blue Zone organization		
Implement a community cardiac and/or pulmonary disease program	No progress		

# Hospital Finance 101

- Hospitals do not operate like other businesses!





# Hospitals don't operate like other businesses



- \* Consumers (customers) pay same price.
- \* Prices set above cost to make profit.
- \* If you can't pay, you don't buy.

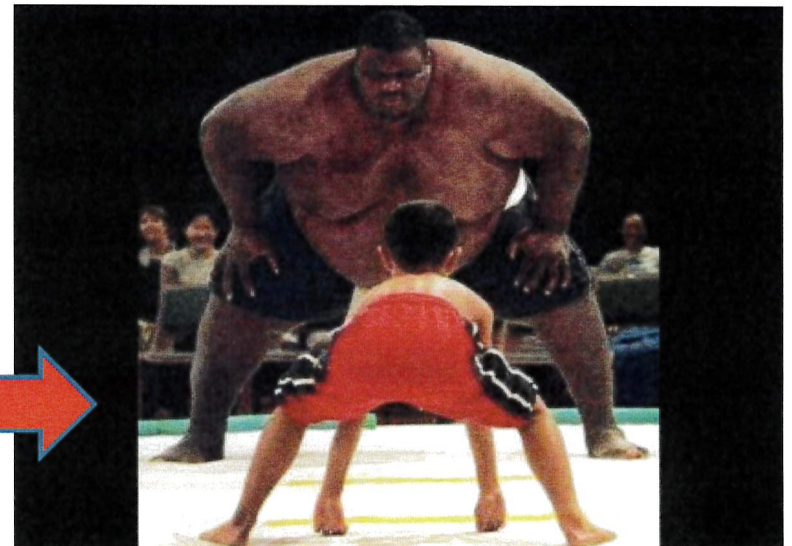


- \* Must provide quality care.
- \* Highly regulated; can't do things you can do in other business.
- \* Consumers (payers) pay different prices.
- \* Some payers (govt) pay below cost.
- \* If you can't pay, hospital may still have to provide services.



# Hospitals don't operate like other businesses

- Must provide quality care.
  - Consequences are life and death.
- Highly regulated.
  - Can't do in healthcare what you can do elsewhere
- Must provide some level of uncompensated care.
  - EMTALA
  - Charitable purpose
  - Public hospital obligations
  - Avoid malpractice or abandonment
  - Moral obligation
- Consumers (payers) have bargaining power.
  - Medicare, Medicaid, etc.
  - Commercial payers



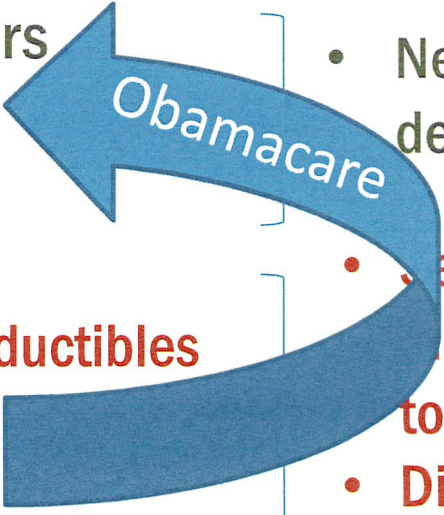


# Payers all pay different rates

- **Government programs**
    - Medicare
    - Medicaid
    - CHIP
    - Tricare
    - Other programs
  - **Commercial payers**
    - Health insurers
    - Employer plans
  - **Self-pay**
    - Co-pays and deductibles
    - Uninsured
    - Underinsured
- Politicians and bureaucrats determine rates and conditions.
  - Govt can impose penalties for failure to comply.
  - Providers can opt out, but difficult to survive.
  - Negotiated rates and conditions depends on bargaining power.
  - **Self pay = “no pay”**
  - **Individuals often lack resources to pay bills.**
  - **Difficult to collect.**

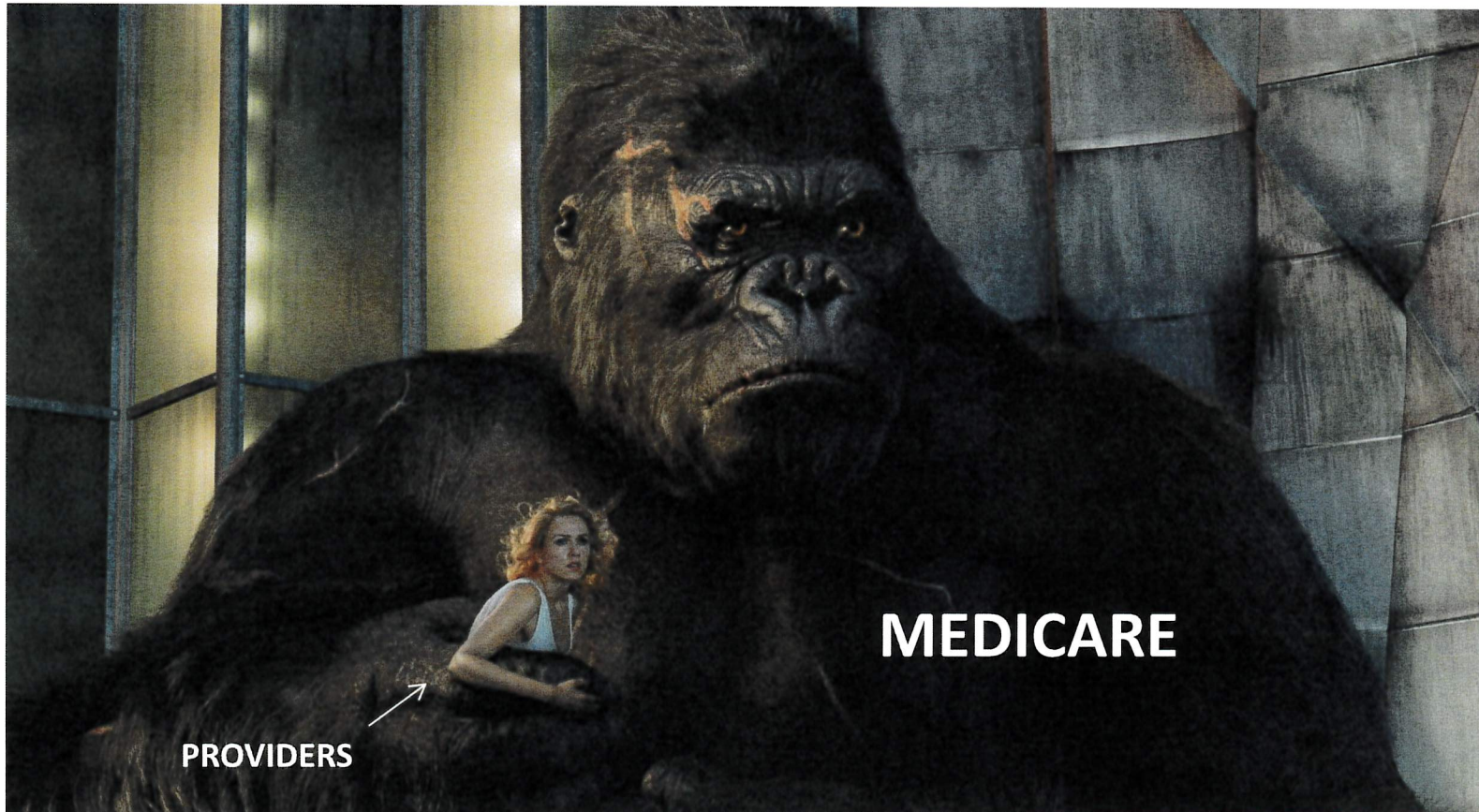


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  - Difficult to collect.
- 



# Medicare and Medicaid



In 2012, Medicare, Medicaid and CHIP spent \$1 trillion (\$1,000,000,000,000), 36% of the USA's total health care expenditures.



# Medicare and Medicaid



Health & Human  
Services ("HHS")



Centers for  
Medicare and  
Medicaid  
Services ("CMS")



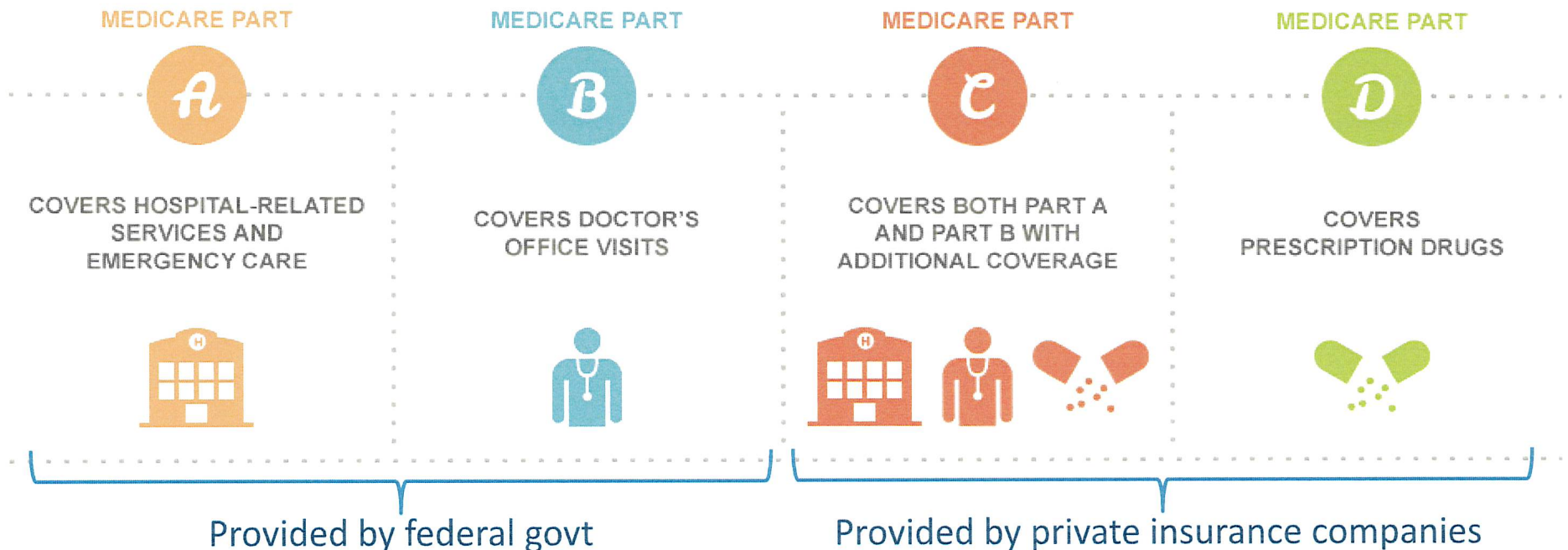
Medicare  
(Federal)



Medicaid  
(Federal + State)

# Medicare

- Federal medical insurance for:
  - Over age 65 who have paid or do pay into program.
  - Certain persons with disabilities
  - Persons with end stage renal disease (“ESRD”)





# Medicare: Hospitals

**“The good old days...”**

- **Fee for Service**
  - \$ per service provided.



# Medicare: Hospitals

- **Inpatient: Prospective Payment System (“PPS”)**
  - Set \$ based on patient’s diagnosis using Medicare Severity Diagnosis Related Groups (“MS-DRGs”), not services provided.
    - Creates incentive to be efficient, reduce utilization and costs, and reduce length of stay (“LOS”).
    - “Average Length of Stay” is a common metric.
- **Outpatient: Outpatient Prospective Payment System (“OPPS”)**
  - Set \$ based on Ambulatory Payment Classification (“APC”) groups, not services provided.



# Medicare: Hospitals

- **Critical Access Hospital (“CAH”)**
  - Inpatient
  - Outpatient101% of reasonable costs based on cost report (but not all costs included in report).
- **Disproportionate Share Hospitals**
  - Higher reimbursement to partially offset losses from uncompensated care.
- **Sole Community Hospital (“SCH”)**
  - Inpatient: cost-based reimbursement
  - Outpatient: APC

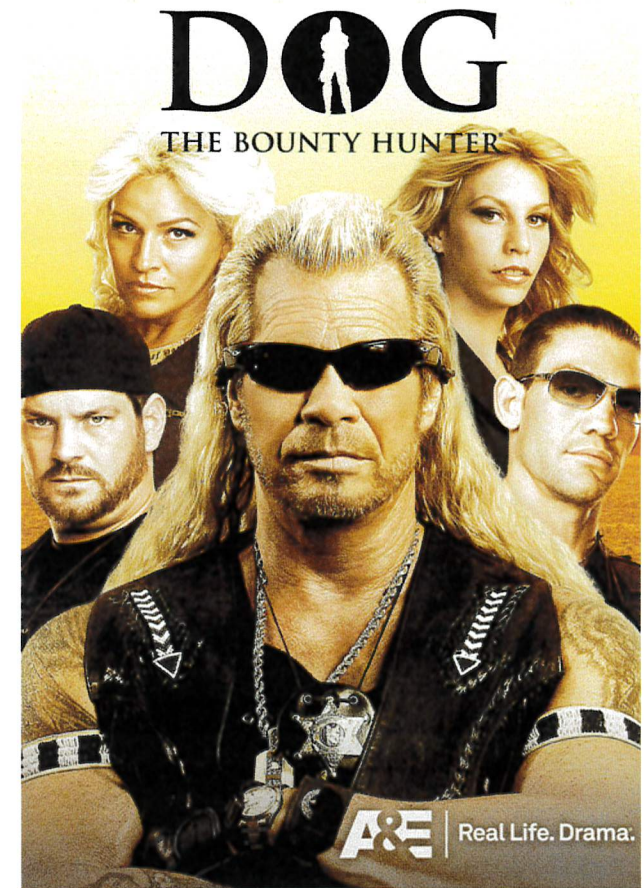
# Medicare: Physicians

- **Provider-Based Clinics:**
  - Paid as outpatient department of hospital.
- **Freestanding Clinics.**
  - Paid the lower of—
    - The submitted charge, or
    - Medicare fee schedule based on the relative value score (“RVS”) associated with specific service.
  - Services assigned a Current Procedural Terminology (“CPT”) code.
- **New MACRA rules will shift to value-based purchasing.**



# Medicare Claims Processing

- **Medicare Administrative Contractors (“MAC”)**: private contractors review and process Medicare Parts A and B claims.
- **Recovery Audit Contractors (“RAC”)**: Private contractors who audit compliance and recover improper payments.
  - E.g., medical necessity, improper coding, lack of documentation, lack of required supervision, etc.
  - Receive % of amounts recovered (bounty hunters).





# Medicaid



- State welfare program for:
  - Low-income
  - Disabled
- Funded by federal and state.
  - Feds: 60% to 75% (Federal Medical Assistance Percentage or “FMAP”)
  - State: 25% to 40%
- Coverage varies by state.
  - Must provide certain benefits to receive federal funds.
  - State may opt to provide additional benefits.
- Payment methodology varies by state.
  - Discounted fee schedule
  - Per diem
  - Case rate
  - Other?



# Medicare/Medicaid: the Future?



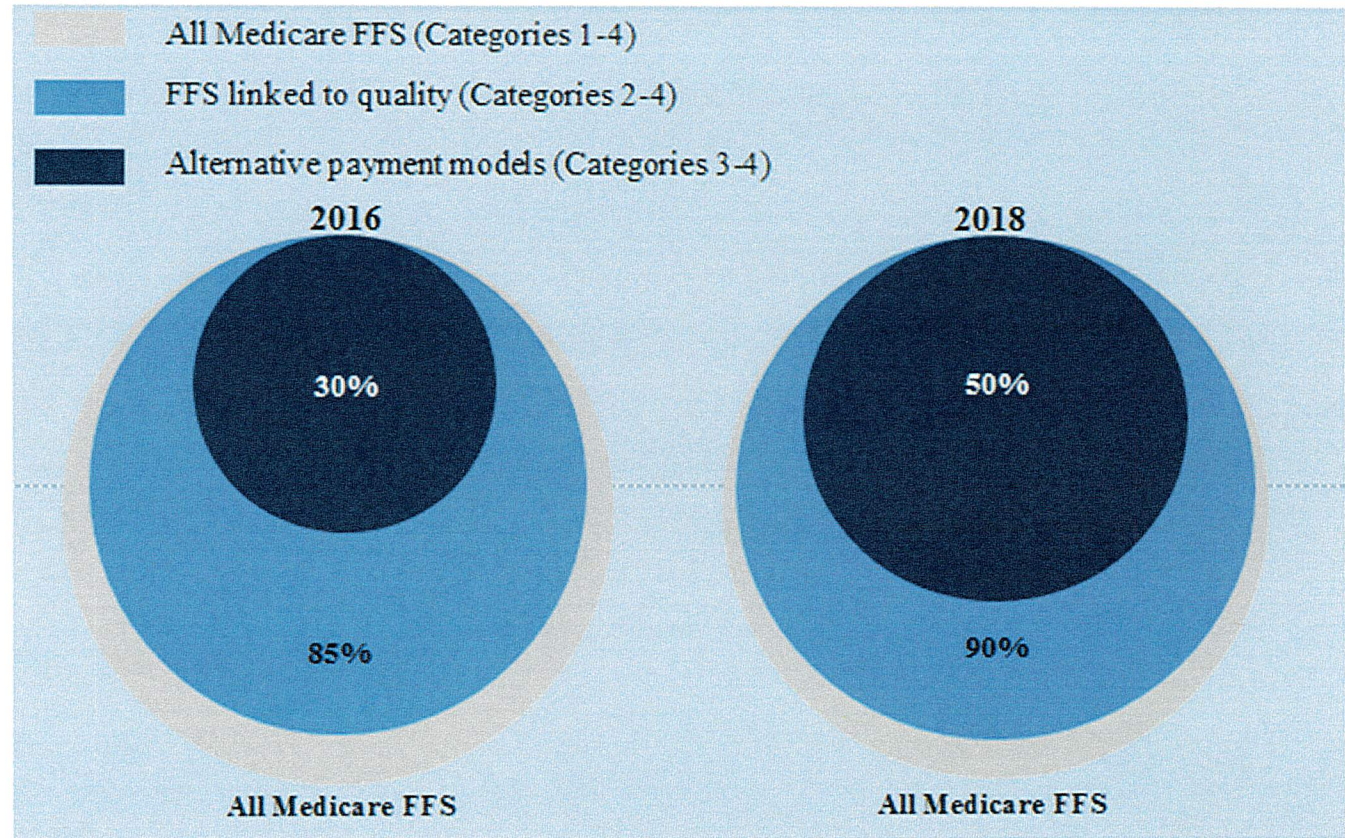
- Medicare trust fund is not sustainable.
- Federal govt is looking for ways to change.
  - Reduced reimbursement for providers.
  - Eliminating favorable payment programs.
  - Medicare Shared Savings Program (“MSSP”)
    - If Accountable Care Organizations (“ACO”) achieve cost and quality goals, they receive a percentage of savings to Medicare program.
  - No payment for hospital-acquired conditions.
  - Pay for Performance (“P4P”)
  - Value-Based Purchasing



# Medicare: Value-Based Purchasing

- ACOs
- Medical homes
- Bundled payments
- Others

Target percentage of Medicare FFS payments linked to quality and alternative payment models in 2016 and 2018







deseret mutual

## Commercial/Private Payers

- Reimbursement based on negotiated rates and terms.
  - **Discounted fee-for-service:**
    - Fee schedule
    - % of usual and customary charges
  - **Case-based:** Set \$ for diagnosis regardless of services provided (e.g., DRGs).
  - **Per-diem:** Set \$ per day regardless of services provided.
  - **Capitation:** Set \$ per member per month regardless of services (i.e., paid “per capita”).
  - **Pay for performance:** \$ (including bonuses) based on achieving outcomes or quality metrics.

Providers share risk



## Commercial/Private Payers

It's all a matter of  
contract!

priceline  
**NEGOTIATOR**<sup>SM</sup>

The more power you have,  
the better deal you can get!



HOLLAND & HART 

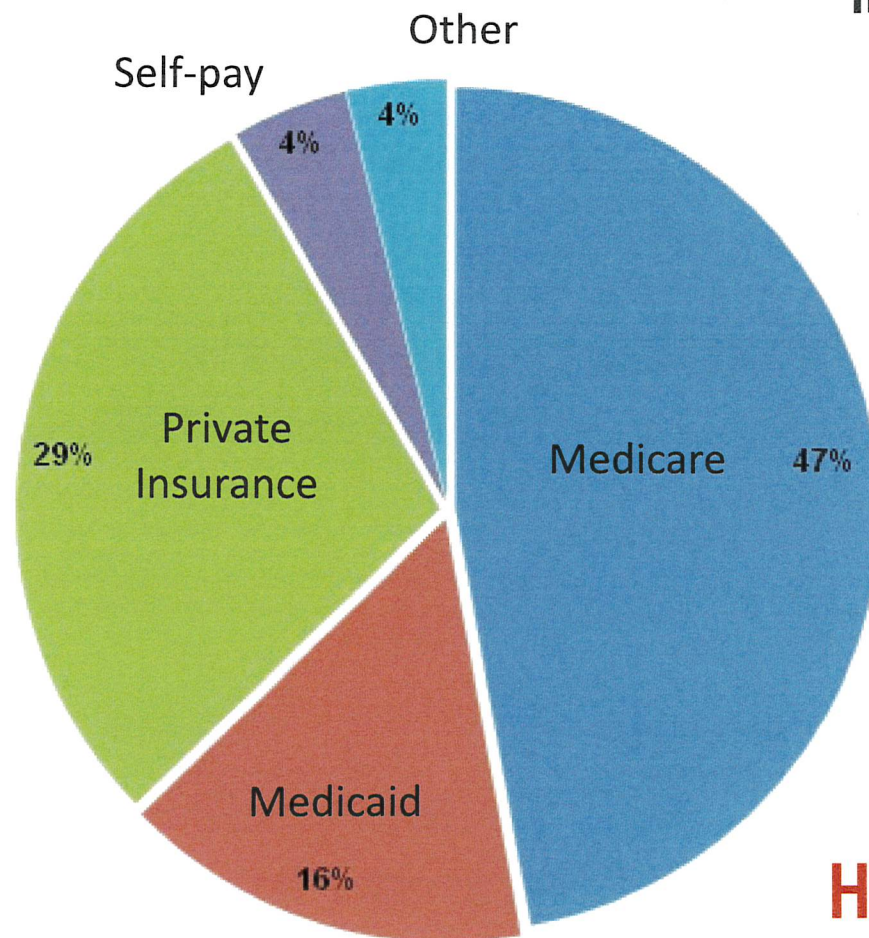


# Payers

Patient	Payer	Cost	Standard Charge (Charge-master )	Reimbursement Method	Actual Reimbursement (Contractual Adjustment)
Amy	Medicare	\$100	\$150	PPS or APC Cost-based	\$90 or \$101
Bob	Medicaid	\$100	\$150	Discounted fees Case rate	\$85
Cathy	Private insurance	\$100	\$150	Discounted fees Case rate Capitation Per diem	\$120
Don	Self-pay	\$100	\$150	If able to collect Charity care	\$150 to \$0
Actual Revenue		\$400	\$600	<div>← Increase standard charge to cover unprofitable cases</div> <div>\$295 to \$456</div>	



# Payer Mix



## Inpatient Hospital Stays (2011)

38,591,000 total hospital stays  
\$387.2 billion in aggregate costs for hospitalization

- Medicare
- Medicaid
- Private insurance
- Uninsured
- Other/Missing

**Hospital's payer mix is key factor in profitability.**

# Service Mix

- Some hospital services are more profitable than others, depending on market and payers.
- Service mix is another key factor in profitability.

## More Profitable

- Surgery
  - Neurosurgery
  - Interventional cardiology
  - Orthopedics
- Ancillary services
  - Imaging
  - Pharmacy
  - Labs
- Pathology

## Less Profitable or Unprofitable

- Emergency department
- Obstetrics
- Intensive care unit
- Medical groups
- Mental health





American Hospital  
Association™

*Advancing Health in America*

# 2025 ADVOCACY AGENDA



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# INTRODUCTION

America's hospitals and health systems are unwavering in their commitment to delivering safe and quality care to every patient, in every community. The blue and white "H" symbol is a beacon of healing, hope and health in every community nationwide.

Despite this steadfast commitment, hospitals and health systems face formidable challenges. They continue to grapple with significant workforce shortages, escalating costs of care, inadequate government reimbursement and a heavy regulatory burden.

In 2025, the American Hospital Association (AHA) will engage with Congress, the Administration, regulatory bodies and the judiciary to shape public policy to advance hospitals' efforts to provide quality patient care. The AHA also will focus on ensuring the long-term viability of hospitals to serve their communities and promote health and wellness.

By addressing these challenges head-on, the AHA supports hospitals and health systems in their crucial role of caring for patients and advancing health, ensuring that the promise of the "H" symbol remains strong and reliable.

Our 2025 Advocacy Agenda is focused on:

- ❖ **Ensuring Access to Care**
- ❖ **Strengthening the Health Care Workforce**
- ❖ **Advancing Quality, Equity and Health Care System Resiliency**
- ❖ **Leading Innovation in Care Delivery**
- ❖ **Reducing Health Care System Costs for Patient Care**

The following includes a detailed list of our advocacy priorities and key highlights. Please visit our website ([aha.org/advocacy-agenda](https://aha.org/advocacy-agenda)) for more resources and information on the priorities in this document and our latest advocacy campaigns.

# KEY HIGHLIGHTS

- ❖ **Extend the Marketplace Premium Tax Credits** to ensure millions of Americans can continue to access health insurance and prevent hospitals from shouldering an even greater financial burden.
- ❖ Ensure essential health care services are available in all communities by **safeguarding federal funding for Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplaces**.
- ❖ **Reject additional payment cuts** that do not recognize legitimate differences among provider settings (**so-called site-neutral or facility-fee payment policies**).
- ❖ **Protect the 340B Drug Pricing Program** to ensure hospitals can maintain vital patient services and expand access to care.
- ❖ **Ensure Medicaid is fully funded** to allow hospitals to continue to serve the Medicaid, uninsured and marginalized populations in their communities, including through support of the current FMAP rates, the Medicaid Disproportionate Share Hospital program, Upper Payment Limits and Directed Payments, and the financing sources that sustain them.
- ❖ Bolster support for hospitals and health systems so they can **prepare for and respond to natural and man-made disruptions, including natural disasters, cyberattacks and supply chain failures**.
- ❖ **Hold commercial health insurers accountable** for ensuring appropriate patient access to care, including reducing the excessive use of utilization management programs, ensuring adequate provider networks, reducing account receivables and limiting inappropriate denials for services.
- ❖ **Bolster the health care workforce** by enacting important protections against violence in health care settings, eliminating federal restrictions that limit the ability of providers to practice at the top of their license, and increasing funding for clinical training programs.
- ❖ **Enact regulatory and administrative relief** from burdensome policies that take caregivers away from providing patient care and increase costs for patients and the health care system.

# 2025

DETAILED

# ADVOCACY AGENDA



# ENSURING ACCESS TO CARE

## Financial Stability of the Health Care System

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- ❖ Ensure essential health care services are available in all communities by **safeguarding federal funding for Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplaces**. Government programs currently reimburse providers significantly less than the cost of delivering care.
- ❖ Ensure patient access to critical care and other outpatient services by **rejecting additional payment cuts** that do not recognize legitimate differences among provider settings (also known as so-called site-neutral or facility-fee payment policies) and policies that restrict patient access to certain sites of care (also known as site-of-service policies).
- ❖ Preserve the gains in health coverage made over the past decade, including by **extending the Marketplace Premium Tax Credits** for coverage through the health insurance marketplaces.
- ❖ **Protect the 340B Drug Pricing Program** to ensure hospitals can maintain vital patient services and expand access to care by reversing harmful policies and holding drug manufacturers accountable to the program rules, **especially community pharmacy arrangements**.
- ❖ **Ensure Medicaid is fully funded** to allow hospitals to continue to serve the Medicaid, uninsured and marginalized populations in their communities, including through support of the current FMAP rates, the Medicaid Disproportionate Share Hospital program, Upper Payment Limits and Directed Payments, and the financing sources that sustain them.
- ❖ Pursue a new **"metropolitan anchor hospital"** designation for certain hospitals that provide critical health care services to marginalized and underrepresented communities.
- ❖ Ensure the **Federal Emergency Management Agency follows through on its commitment to reimburse hospitals** appropriately and timely for the resources they provide during public health emergencies and other disasters.
- ❖ **Mitigate Medicare payment reductions to ensure patient access to physicians**.
- ❖ **Rein in rising drug costs** by taking steps to increase drug manufacturer competition, improve drug pricing transparency and hold pharmacy benefit managers accountable for illegal practices that increase costs and reduce coverage for patients and providers.
- ❖ **Enact regulatory and administrative relief** from burdensome policies that take caregivers away from providing patient care and increase costs for patients and the health care system.
- ❖ **Protect not-for-profit hospitals' tax-exempt status** so they can continue providing community benefits tailored to their communities' unique needs, demographics and policy realities.
- ❖ **Protect access to clinical laboratory services in hospital-based laboratories**.
- ❖ Protect access to care by **preserving the existing ban on the growth and expansion of physician-owned hospitals**.



## Coverage and Access

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- ❖ **Ensure access to care for veterans** by working with the Department of Veterans Affairs as it implements the next generation of comprehensive community care for veterans.
- ❖ Support policy and federal oversight changes to **ensure the appropriate use of donated organs in time for a successful transplant**, the ability to effectively use new strategies for harvesting and preserving organs until donated and coordinated, and rational regulation of transplant centers, donor hospitals and organ procurement organizations.

## Rural Hospitals

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- ❖ Protect rural communities' access to care by **making permanent critical programs, including the Medicare-dependent Hospital designation, Low-volume Adjustment and ambulance add-on payment**.
- ❖ Improve rural health programs by **reopening the necessary provider designation for Critical Access Hospitals (CAHs), reversing cuts to Rural Health Clinic payments, removing the 96-hour condition of payment for CAHs and further strengthening Medicare-dependent and Sole Community Hospitals** by allowing participating hospitals to choose from an additional base year when calculating payments.
- ❖ Advance rural health care alternatives to ensure care delivery and financing by **supporting and refining the Rural Emergency Hospital model**.
- ❖ Continue to support legislation that would **place a floor on the area wage index, effectively raising it for hospitals below that threshold with new money**.
- ❖ **Support Medicare Advantage payment parity for CAHs** to ensure the long-term health of providers and facilities that care for patients in rural areas, considering the volume of Medicare Advantage enrollment in those communities.

## Post-acute Care

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- ❖ **Bolster patient access to post-acute care by establishing appropriate network adequacy requirements** for long-term care hospitals, inpatient rehabilitation facilities, skilled nursing facilities and home health agencies.
- ❖ **Eliminate the proposed minimum staffing requirements for skilled nursing and long-term care facilities** and instead press for long-term solutions to health care workforce shortages.
- ❖ **Provide stability under the long-term care hospital prospective payment system** through legislative and regulatory reforms that provide adequate reimbursement for high-cost patients and those with high acuity levels.

## Post-acute Care (continued)

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- ❖ **Ensure Medicare Advantage beneficiaries have access to the same post-acute care benefits as Traditional Medicare beneficiaries** by holding plans accountable through robust oversight and enforcement.
- ❖ Reduce administrative burden for post-acute care providers by **eliminating unnecessary data reporting requirements**.

## Behavioral Health

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- ❖ **Implement policies to better integrate and coordinate behavioral health services with physical health services**, including developing alternative payment models and bundled payments that incorporate behavioral and physical health services and financially supporting the implementation of team-based care models.
- ❖ **Eliminate Medicare's 90-day lifetime limit for inpatient psychiatric admissions.**
- ❖ **Repeal the Medicaid Institutions for Mental Disease exclusion**, which prohibits the use of federal Medicaid funds to cover inpatient mental health services for patients aged 21 to 64 in certain freestanding psychiatric facilities.
- ❖ **Reauthorize key programs in the SUPPORT for Patients and Communities Act**, which would extend expiring payments, grants and other programs for substance use disorder treatment and prevention.
- ❖ **Increase targeted funding for facilities that provide specialty mental health services** (including pediatric, geriatric and multi-substance use disorders) and **invest in the behavioral health workforce** by creating dedicated Medicare-funded graduate medical education slots for these specialties.
- ❖ **Make permanent the Certified Community Behavioral Health Center demonstration program.**
- ❖ **Eliminate or amend outdated and unnecessary Conditions of Participation for psychiatric facilities** related to emergency care and treatment planning documentation.
- ❖ Strengthen enforcement through significant **penalties for health plans that violate the Mental Health Parity and Addiction Equity Act and subsequent rules.**

## Commercial Insurer Accountability

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- ❖ **Hold commercial health insurers accountable for ensuring appropriate patient access to care**, including by reducing the excessive use of prior authorization, ensuring adequate provider networks, limiting inappropriate denials for services that should be covered and prohibiting certain specialty pharmacy policies, like insurer-mandated “white bagging,” that create patient safety risks and limit patient access to certain medications in hospital settings.
- ❖ **Ensure stronger enforcement of federal rules related to Medicare Advantage** through increased oversight and insurer scrutiny.
- ❖ **Increase oversight and accountability of commercial health plans through increased data collection, reporting and transparency** on core plan performance metrics that are meaningful indicators of patient access, such as appeals, denials and grievances, and reporting on using algorithms and artificial intelligence in utilization management programs.
- ❖ **Establish a prompt payment standard for Medicare Advantage** to ensure timely claims payment.
- ❖ **Apply guardrails to insurer algorithms and artificial intelligence use** to ensure these tools do not inappropriately create barriers for patients to access medical care.
- ❖ Ensure patients can rely on their coverage by **disallowing health plans from inappropriately delaying and denying care**, including by making unilateral mid-year coverage changes.
- ❖ **Prevent improper insurer manipulation of oversight tools** designed to ensure premium dollars are spent on patient care (e.g., medical loss ratio requirements).
- ❖ Advocate for regulatory and legislative solutions to **prevent health plans from enacting inappropriate fees for electronic payments**.





# STRENGTHENING THE HEALTH CARE WORKFORCE

## Workforce Shortages

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- ❖ **Address physician shortages**, including shortages of behavioral health providers, by increasing the number of residency slots eligible for Medicare funding while rejecting cuts to Medicare graduate medical education.
- ❖ Encourage the **continuation of visa waivers for physicians in medically underserved areas and recapture of unused employment visas for doctors and nurses**.
- ❖ Address nursing shortages by **reauthorizing nursing workforce development programs** to support recruitment, retention and advanced education for nurses and other allied health professionals and investing in nursing schools, nurse faculty salaries and hospital training time.
- ❖ **Reduce administrative burdens that take clinicians away from the bedside and contribute to burnout**, such as excessive and unnecessary prior authorization use and inappropriate coverage denials that require substantive clerical rework by staff.
- ❖ **Support apprenticeship programs for nursing assistants and other critical support staff positions**.
- ❖ **Adopt policies to expand loan repayment and other incentive-based programs to retain existing talent and attract new talent**, including through continued funding of the National Health Service Corps and National Nurse Corps.
- ❖ **Support efforts to increase the diversity of the health care workforce**, including through funding for graduate medical education and federal scholarship programs.

## Workplace Safety

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- ❖ **Strengthen workplace safety by enacting federal protections for health care workers against violence and intimidation** and providing hospitals with grant funding for education and training programs, coordination efforts with state and local law enforcement, and physical plant improvements.
- ❖ **Reject additional federal workplace violence regulations that would be duplicative of the rigorous accreditation requirements hospitals already face** and that would add administrative burden.
- ❖ Protect health care workers from threats against them in their homes by **permanently removing the requirement that practitioners rendering telehealth services from their homes report their home addresses on Medicare enrollment or claims forms**.

## Licensure Standards

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- ❖ Support efforts to **allow non-physicians to practice at the top of their licenses.**
- ❖ Allow non-physician licensed practitioners to provide and be paid for certain clinical services, including behavioral health services, by **expediting licensure processes, allowing for general rather than direct supervision and removing unnecessary practice restrictions as clinically appropriate.**
- ❖ **Promote medical licensure reciprocity to allow practitioners to work across state lines.**
- ❖ **Remove unnecessary and stigmatizing language around mental health from licensure and credentialing processes.**



# ADVANCING QUALITY, EQUITY AND HEALTH CARE SYSTEM RESILIENCY

## Quality and Equity

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- ❖ **Advocate for streamlined Conditions of Participation** and other regulatory standards that promote safe, high-quality care without increasing administrative burden.
- ❖ Pursue strategies and support public policies aimed at **improving maternal and child health access and outcomes**.
- ❖ **Enhance the effectiveness and lower the burden of the Physician Quality Payment Program** by advocating for more accurate and meaningful cost measures and appropriately pacing the implementation of new program approaches, such as the Merit-based Incentive Payment System Value Pathways.
- ❖ Promote approaches to **account for health-related social needs in quality measurement and value programs where appropriate** to ensure equitable performance comparisons and payment adjustments.
- ❖ Promote **alignment and standardization of approaches to collecting, analyzing and exchanging demographic and health-related data across federal agencies**.
- ❖ **Optimize the value of health equity-related quality measures**.
- ❖ **Advocate for measures that matter in advancing quality and patient safety** and that help hospitals and health systems identify important opportunities to ensure all patients achieve the best possible outcomes for their conditions. Work to ensure federal, state, and payer performance assessments use these same measures in order to reduce measurement burden.
- ❖ **Advocate to discontinue measures** that either fail to provide meaningful, credible information to advance patient quality or safety or have administrative burdens that outweigh their value to improving care.
- ❖ **Promote meaningful changes** in federal funding of research to improve the delivery of safe, effective care, the efficiency of care, the effective use of care teams, and the leadership and governance processes most likely to yield improvements in patient outcomes and experience of care.

## Resiliency and Preparedness

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- ❖ **Advocate for increased annual appropriations for the Hospital Preparedness Program** to ensure that the health care infrastructure is ready to respond to crises. Continue efforts to ensure that most of this funding is awarded to hospitals and health systems to enhance emergency preparedness and surge capacity.
- ❖ Support federal incentives and investments to improve **hospitals' disaster preparedness and operational resiliency**.
- ❖ Prevent and address shortages of critical medical drugs, devices, blood and blood products, and supplies, including working with Congress and the federal government to bring about policy changes that will **avert future shortages by strengthening the medical supply chain**.
- ❖ **Advance policies that assist in protecting health care services, data and patients from cyberattacks** while supporting efforts to deliver broader gains in computer security by shifting the burden of cybersecurity away from individual health systems.
- ❖ **Continue to support federal incentives and investments to improve the security posture of hospitals and health systems**, including regulatory relief for hospitals and health systems that suffer a cyberattack despite having recognized cybersecurity practices in place, and push back on any new cybersecurity regulation not inclusive of the entire health sector.
- ❖ **Advocate for increased accountability of third-party technology vendors in HIPAA**.
- ❖ **Support regulation of artificial intelligence that enables continued innovation while providing reasonable guardrails** to ensure patient safety and improved outcomes for all patients.
- ❖ **Support clear minimum privacy standards in HIPAA** that account for how data is used, shared and created in hospitals and health systems.
- ❖ **Support the continued development of clinician burden reduction technologies** to help caregivers reduce administrative requirements to spend more time on direct patient care.
- ❖ Advocate for the adoption of a **universal patient identification number** to support patient safety efforts.
- ❖ Continue to support federal investments in **improving broadband infrastructure**, especially in rural and underserved areas of the country.

# LEADING INNOVATION IN CARE DELIVERY



- ❖ **Support the move to value-based care**, with a particular focus on solutions for the long-term financial viability of hospitals and health systems by offering some level of predictable, up-front payment.
- ❖ **Advocate for incentive payments** to support hospitals and health systems' transition to taking on higher levels of risk.
- ❖ Advocate for implementing **new voluntary payment models** so hospitals are not forced to bear the expense of participation in these complicated programs if they do not believe it will benefit patients.
- ❖ **Create a permanent CMS hospital-at-home program**, shown to be a safe and innovative approach to caring for patients in the comfort of their homes that leads to high patient satisfaction and, for some patients, results in shorter recovery times.
- ❖ **Remove barriers** to cross-sector and interagency coordination to address the social drivers of health and support investments to provide accountable care for structurally marginalized communities.
- ❖ **Make permanent coverage of certain telehealth services** made possible during the COVID-19 pandemic, including lifting geographic and originating site restrictions, allowing Rural Health Clinics and Federally Qualified Health Centers to serve as distant sites, expanding practitioners who can provide telehealth and allowing hospital outpatient billing for virtual services, among others.
- ❖ **Implement a special registration process for telemedicine providers** to ensure access to telemedicine prescribing of controlled substances for practitioners who register with the Drug Enforcement Agency. Preserve pandemic-era waivers until the special registration process begins.



# REDUCING HEALTH CARE SYSTEM COSTS FOR PATIENT CARE

- ❖ **Ensure patients do not face financial barriers to care because of unaffordable deductibles or otherwise “skinny coverage,”** such as health sharing ministries and short-term limited-duration coverage products.
- ❖ Reduce the prevalence of individuals faced with unaffordable medical bills by **addressing the root causes of medical debt**, such as skyrocketing deductibles and other benefit designs that push costs onto consumers.
- ❖ **Support price transparency efforts by ensuring patients have access to the information they seek when preparing for care**, including cost estimates when appropriate, and creating alignment of federal price transparency requirements to avoid patient confusion and overly burdensome duplication of efforts.
- ❖ Advocate that No Surprises Act price transparency regulations leverage existing workflows and appropriate technology to **enable patient access to information without significant administrative burden for providers**.
- ❖ Reduce unnecessary costs in the system by pursuing **medical liability reform**.
- ❖ Reduce regulatory burden by identifying and advocating for the **repeal of unnecessary and duplicative Conditions of Participation** that increase hospital inefficiency and reduce the time providers can spend caring for their patients.
- ❖ **Mitigate unreasonable proposed changes to the False Claims Act and related enforcement practices**.
- ❖ **Preserve the ability of hospital and health system clinical laboratories to develop new and innovative diagnostic tests, known as laboratory-developed tests (LDT)**, to address unmet patient needs and improve existing diagnostic tests without imposing burdensome and unnecessary regulatory oversight.
- ❖ **Ensure public policies are aligned across government regulatory bodies** so hospitals are not held to conflicting regulations.
- ❖ **Reduce regulatory barriers to hospitals improving the environment**, such as Medicare Conditions of Participation that lock hospitals into compliance with outdated and less energy-efficient physical plants or deter from efforts to reduce the use of anesthesia gases and inhalers.
- ❖ **Prevent the imposition or increase of tariffs on vital medical supplies**, including drugs, devices and raw materials used to manufacture devices and drugs in the U.S., as these will further raise medical services costs and potentially force hospitals to use less effective alternatives that could increase the patient harm risk.





*Advancing Health in America*

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