
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

February 28, 2024 @ 3:30 PM

Conference Room 1 & 2 or Join Zoom Meeting:

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

Meeting ID: 889 5756 6693

One tap mobile: +12532158782,,88957566693#

Dial: +1 253 215 8782



TABLE OF CONTENTS

Agenda

Executive Session

Department Spotlight

Board Committee Reports

Consent Agenda

Old Business

New Business

Superintendent



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

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

Conference Room 1 & 2 or via ZOOM

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Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

AGENDA	PAGE	TIME
Call to Order Roll Call Excused/Unexcused Absences Reading of the Mission & Vision Statement Approval or Amendment of Agenda Conflicts of Interest		3:30 pm
Comments and Remarks <ul style="list-style-type: none"> Commissioners Audience 		3:35 pm
Executive Session- RCW 70.41.200 <ul style="list-style-type: none"> Medical Privileging-Chief of Staff Dr. Victoria Acosta & Medical Staff Coordinator Barb Goble Quality Improvement Oversight Report-Secretary Coppock, CNO/CQO Barbara Van Duren & QMRC Manager Julie Johnson 	6	3:40 pm 3:45 pm
Department Spotlight <ul style="list-style-type: none"> Information Technology-IT Director Jim Frey 	8	3:50 pm
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report-Committee Chair-Board Chair Herrin/Foundation Manager Jessica Scogin (<i>Verbal Report</i>) Compliance Committee Report-Committee Chair-Secretary Coppock Finance Committee Report- Committee Chair-Commissioner McMahan 		4:05 pm 4:10 pm 4:15 pm
Consent Agenda (Action) <ul style="list-style-type: none"> Approval of Minutes: <ul style="list-style-type: none"> January 31, 2024, Regular Board Meeting February 7, 2024, Compliance Committee Meeting February 14, 2024, QIO Committee Meeting February 21, 2024, Finance Committee Meeting Warrants & EFTs in the amount of \$4,231,121.18 dated January 2024 	23 31 35 39 43	4:20 pm

<ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 02.28.24 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> 	45	
<ul style="list-style-type: none"> • RES-24-05-Declaring to Surplus or Dispose of Personal Property <ul style="list-style-type: none"> ○ <i>To approve liquidation of items beyond their useful life.</i> 	46	
<ul style="list-style-type: none"> • RES-24-06-Adopting the 2024 Compliance Workplan <ul style="list-style-type: none"> ○ <i>To adopt the 2024 Compliance Workplan.</i> 	48	
Old Business <ul style="list-style-type: none"> • 013124 Action Item Follow Up <ul style="list-style-type: none"> ○ <i>Conflicts of Interest (Commissioner McMahan)</i> ○ <i>AWPHD/WSHA Annual Conference in Chelan, WA (Commissioner Schumaker)</i> 		4:25 pm
New Business <ul style="list-style-type: none"> • RES-24-07-Appointing Agent to Receive Tort Claims for Damages (<i>Action</i>) <ul style="list-style-type: none"> ○ <i>To appoint Superintendent Mach as the Agent for the District. (RCW 4.96.020)</i> 	53	4:30 pm
<ul style="list-style-type: none"> • PDC Filing Reminder <ul style="list-style-type: none"> ○ <i>To file Financial Affairs Disclosure Statement (F-1) by April 15, 2024 deadline.</i> 		4:35 pm
Superintendent Report <ul style="list-style-type: none"> • Board Educational Article-<i>Hospital Compliance: How Effective Is Your Program?</i> 	60 63	4:40 pm
Executive Session-RCW 42.30.110(1)(a)(ii) <ul style="list-style-type: none"> • Infrastructure and security of agency computer and telecommunications network (<i>RCW 42.30.110(1)(a)(ii)</i>) <ul style="list-style-type: none"> ○ <i>Bradley Berg, Principal, Foster Garvey PC</i> 		4:45 pm
Meeting Summary & Evaluation		5:15 pm
Next Board Meeting Dates and Times <ul style="list-style-type: none"> • Regular Board Meeting-March 17, 2024 @ 3:30 PM (ZOOM & In Person) Next Committee Meeting Dates and Times <ul style="list-style-type: none"> • QIO Committee Meeting-March 13, 2024 @ 7:00 AM (ZOOM) • Finance Committee Meeting-March 20, 2024 @ 12:00 PM (ZOOM) 		
Break		5:20 pm
Guest Speaker <ul style="list-style-type: none"> • Kurt O'Brien Consulting <ul style="list-style-type: none"> ○ <i>Developing a High Functioning & Effective Board-2024 (Part 1 of 2)</i> 		5:25 pm
Adjournment		6:10 pm

EXECUTIVE SESSION



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS-1

Radiology Consulting Privileges

- Andrew Harrison, DO

REAPPOINTMENTS-6

Radiology Consulting Privileges

- Manal Schoellerman, MD
- Michael Starkey, MD
- John Edwards, MD
- William Brinkman, MD

Telestroke/Neurology Consulting Privileges

- Theodore Lowenkopf, MD

Cardiology Consulting Privileges

- Timothy S. Larson, MD

★-notates files with items to note.

DEPARTMENT SPOTLIGHT

IT Department Spotlight

The logo for Arbor Health, featuring the word "Arbor" in a dark maroon serif font and the word "Health" in a bright yellow sans-serif font, stacked vertically.

The IT Team:

Dave Fehrenbach – Supervisor/Network Administrator

John Carter – Systems Administrator

Bradley Kelly – Technician

Kassey Kasten – Technician

We are on-site 6:00am to 5:30pm
and available 24x7x365

Combined 15 industry certifications
Total Combined Experience in excess of 50 years.



Some of the services we provide:

- Microsoft 365 - E-mail
- PACS
- Sleep Study Server
- Archived Data (old EHR)
- Fax
- Pyxis for Pharmacy
- Video Surveillance
- Telephone communications
- Data Backup

Access to:

- EHR
- Lucidoc
- Multiview
- Kronos



We support and manage in excess of:

- 6 sites (up to 12 remote users on any given day)
- 10 fiber optic connections stretching some 50 miles.
- 9 Data closets
- 275 users
- 200 desktop computers
- 66+ servers
- 250 telephone extensions
- 22 Terrabytes of on premise data
- 2 Firewalls
- 2 Routers
- 32 network switches
- 25 service agreements



2023

1345 service tickets (4 team members)

Topics range from simple password resets to
managing a fiber optic gunshot wound.

Avg. time to close – 6.8 days

*Techno-mugging not included

Arbor
Health

Projects include:

Packwood
Data Backup Process Upgrade
PACS improvements
Implemented Email archiving
Phreesia implementation start
On-going network segmentation

2024

On course for ~1800 service requests

**As many Techno-muggings as we can get*

Projects:

- Network segmentation completion
- Incorporate all new modalities into PACS and streamline distribution of images into EHR
- Replace all copiers
- Replace Virtual Environment
- Replace Wireless infrastructure
- Completion Phreesia implementation

The logo for Arbor Health, with "Arbor" in a dark red serif font and "Health" in a yellow sans-serif font.

We are here for you!



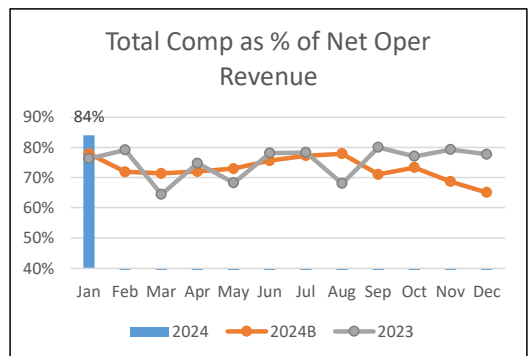
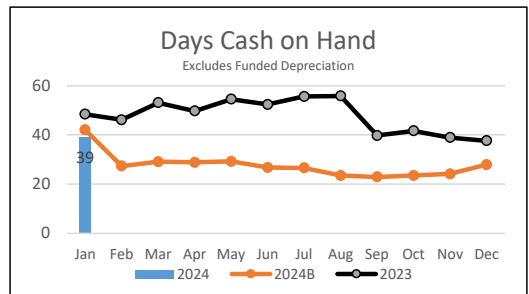
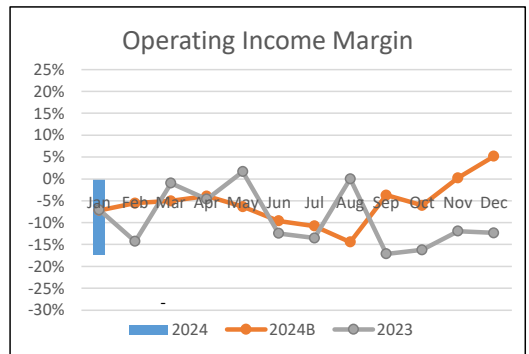
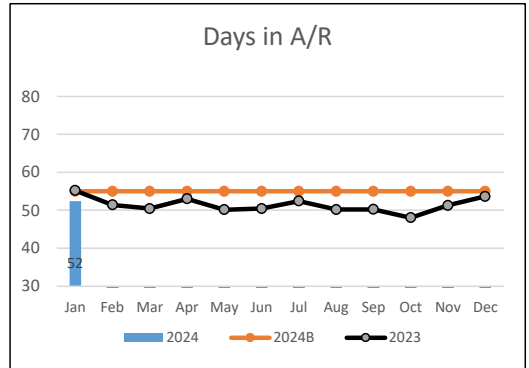
Questions???

BOARD COMMITTEE REPORTS

ARBOR HEALTH
EXECUTIVE SUMMARY
Fiscal Year Ending: 1/31/24

BALANCE SHEET

	YTD 1/31/2024	Prior YTD 1/31/2023
ASSETS		
Current Assets	\$8,540,196	\$10,325,628
Assets Whose Use is Limited	\$0	\$0
Property, Plant & Equipment (Net)	\$9,792,622	\$10,107,928
Other Assets	\$496,750	\$831,496
Total Unrestricted Assets	\$18,829,568	\$21,265,052
Restricted Assets	\$1,862,265	\$1,711,559
Total Assets	\$20,691,833	\$22,976,611
LIABILITIES & NET ASSETS		
Current Liabilities	\$3,908,898	\$3,464,618
Long-Term Debt	\$5,444,974	\$6,205,867
Other Long-Term Liabilities	\$0	\$0
Total Liabilities	\$9,353,872	\$9,670,485
Net Assets	\$11,337,961	\$13,306,126
Total Liabilities and Net Assets	\$20,691,833	\$22,976,611



STATEMENT OF REVENUE AND EXPENSES - YTD

	1/31/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$5,017,920	\$5,132,499	\$5,017,920	\$5,132,499
Discounts and allowances	(\$2,401,631)	(\$1,924,210)	(\$2,401,631)	(\$1,924,210)
Bad Dbt & Char C Write-Offs	(\$24,435)	(\$119,462)	(\$24,435)	(\$119,462)
Net Patient Revenues	\$2,591,854	\$3,088,827	\$2,591,854	\$3,088,827
Other Operating Revenues	\$86,793	\$75,178	\$86,793	\$75,178
Total Operating Revenues	\$2,678,647	\$3,164,005	\$2,678,647	\$3,164,005
Salaries & Benefits	\$2,251,111	\$2,464,737	\$2,251,111	\$2,464,737
Purchased Serv	\$319,620	\$342,677	\$319,620	\$342,677
Supply Expenses	\$259,848	\$234,118	\$259,848	\$234,118
Other Operating Expenses	\$158,984	\$174,899	\$158,984	\$174,899
Depreciation & Interest Exp.	\$151,652	\$175,883	\$151,652	\$175,883
Total Expenses	\$3,141,215	\$3,392,314	\$3,141,215	\$3,392,314
NET OPERATING SURPLUS	(\$462,568)	(\$228,309)	(\$462,568)	(\$228,309)
Non-Operating Revenue/(Exp)	\$62,277	\$84,945	\$62,277	\$84,945
TOTAL NET SURPLUS	(\$400,291)	(\$143,364)	(\$400,291)	(\$143,364)

KEY STATISTICS

	1/31/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Inpatient Admits	11	13	11	13
Average Length of Stay	5.90	4.00	5.90	4.00
Total Emergency Room Visits	412	467	412	467
Outpatient Visits	1,292	1,192	1,292	1,192
Total Surgeries	42	40	42	40

Lewis County Public Hospital District No. 1

Balance Sheet

January, 2024

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
Assets				
Current Assets:				
Cash	\$ 3,821,881	3,790,598	3,790,598	31,283
Total Accounts Receivable	8,330,725	8,651,402	8,651,402	(320,678)
Reserve Allowances	(4,662,651)	(4,503,473)	(4,503,473)	(159,178)
Net Patient Accounts Receivable	3,668,073	4,147,929	4,147,929	(479,856)
Taxes Receivable	106,355	38,809	38,809	67,546
Estimated 3rd Party Receivables	263,159	263,159	263,159	0
Prepaid Expenses	414,007	430,473	430,473	(16,466)
Inventory	241,411	241,343	241,343	68
Funds in Trust	1,862,265	1,862,265	1,862,265	0
Other Current Assets	25,310	64,846	64,846	(39,535)
Total Current Assets	10,402,461	10,839,421	10,839,421	(436,960)
Property, Buildings and Equipment	35,270,238	35,226,814	35,226,814	43,423
Accumulated Depreciation	(25,477,615)	(25,378,687)	(25,378,687)	(98,929)
Net Property, Plant, & Equipment	9,792,623	9,848,128	9,848,128	(55,505)
Right-of-use assets	494,750	516,452	516,452	(21,703)
Other Assets	2,000	2,000	2,000	0
Total Assets	\$ 20,691,833	21,206,001	21,206,001	(514,168)
Liabilities				
Current Liabilities:				
Accounts Payable	671,801	910,767	910,767	(238,967)
Accrued Payroll and Related Liabilities	1,398,748	1,207,497	1,207,497	191,250
Accrued Vacation	846,657	900,057	900,057	(53,399)
Third Party Cost Settlement	76,325	68,817	68,817	7,508
Interest Payable	25,631	0	0	25,631
Current Maturities - Debt	885,881	885,881	885,881	0
Other Payables	3,855	3,855	3,855	0
Current Liabilities	3,908,898	3,976,875	3,976,875	(67,977)
Total Notes Payable	750,882	776,435	776,435	(25,553)
Lease Liability	269,869	290,326	290,326	(20,457)
Net Bond Payable	4,424,222	4,424,112	4,424,112	110
Total Long Term Liabilities	5,444,974	5,490,874	5,490,874	(45,900)
Total Liabilities	9,353,872	9,467,749	9,467,749	(113,877)
General Fund Balance	11,738,253	11,738,253	11,738,253	0
Net Gain (Loss)	(400,291)	0	0	(400,291)
Fund Balance	11,337,961	11,738,253	11,738,253	(400,291)
Total Liabilities And Fund Balance	\$ 20,691,833	21,206,001	21,206,001	(514,168)

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

CURRENT MONTH					YEAR TO DATE					
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
901,141	44%	325,861	738,444	1,064,305	Inpatient Revenue	1,064,305	738,444	325,861	44%	901,141
3,428,491	-11%	(422,744)	3,807,390	3,384,646	Outpatient Revenue	3,384,646	3,807,390	(422,744)	-11%	3,428,491
573,307	-3%	(17,696)	586,665	568,969	Clinic Revenue	568,969	586,665	(17,696)	-3%	573,307
4,902,939	-2%	(114,580)	5,132,499	5,017,920	Gross Patient Revenues	5,017,920	5,132,499	(114,580)	-2%	4,902,939
1,538,057	-25%	(477,420)	1,924,211	2,401,630	Contractual Allowances	2,401,630	1,924,211	(477,420)	-25%	1,538,057
71,133	4%	2,299	55,505	53,206	Charity Care	53,206	55,505	2,299	4%	71,133
137,357	145%	92,728	63,957	(28,771)	Bad Debt	(28,771)	63,957	92,728	145%	137,357
1,746,547	-19%	(382,393)	2,043,673	2,426,065	Deductions from Revenue	2,426,065	2,043,673	(382,393)	-19%	1,746,547
3,156,393	-16%	(496,973)	3,088,827	2,591,854	Net Patient Service Rev	2,591,854	3,088,827	(496,973)	-16%	3,156,393
64.4%	14.2%	8.5%	60.2%	51.7%	NPSR %	51.7%	60.2%	8.5%	14.2%	64.4%
56,739	15%	11,614	75,178	86,792	Other Operating Revenue	86,792	75,178	11,614	15%	56,739
3,213,131	-15%	(485,359)	3,164,005	2,678,647	Net Operating Revenue	2,678,647	3,164,005	(485,359)	-15%	3,213,131
Operating Expenses										
1,960,388	9%	179,009	2,072,260	1,893,251	Salaries & Wages	1,893,251	2,072,260	179,009	9%	1,960,388
380,855	9%	34,616	392,477	357,861	Benefits	357,861	392,477	34,616	9%	380,855
109,252	3%	1,112	43,401	42,288	Professional Fees	42,288	43,401	1,112	3%	109,252
205,688	-11%	(25,730)	234,118	259,848	Supplies	259,848	234,118	(25,730)	-11%	205,688
309,369	7%	23,057	342,677	319,620	Purchase Services	319,620	342,677	23,057	7%	309,369
39,435	49%	21,221	43,076	21,855	Utilities	21,855	43,076	21,221	49%	39,435
28,569	0%	(161)	32,769	32,929	Insurance	32,929	32,769	(161)	0%	28,569
42,047	-11%	(6,257)	55,654	61,911	Other Expenses	61,911	55,654	(6,257)	-11%	42,047
3,075,603	7%	226,868	3,216,431	2,989,563	EBDITA Expenses	2,989,563	3,216,431	226,868	7%	3,075,603
137,528	493%	(258,491)	(52,426)	(310,917)	EBDITA	(310,917)	(52,426)	(258,491)	493%	137,528
4.3%	-600.5%	10.0%	-1.7%	-11.6%	EBDITA %	-11.6%	-1.7%	10.0%	-600.5%	4.3%
Capital Cost										
106,993	19%	27,800	148,541	120,741	Depreciation	120,741	148,541	27,800	19%	106,993
29,192	-13%	(3,569)	27,342	30,911	Interest Cost	30,911	27,342	(3,569)	-13%	29,192
3,211,788	7%	251,099	3,392,314	3,141,215	Operating Expenses	3,141,215	3,392,314	251,099	7%	3,211,788
1,343	103%	(234,260)	(228,309)	(462,569)	Operating Income / (Loss)	(462,569)	(228,309)	(234,260)	103%	1,343
0.0%			-7.2%	-17.3%	Operating Margin %	-17.3%	-7.2%			0.0%
Non Operating Activity										
75,955	-24%	(21,774)	89,195	67,421	Non-Op Revenue	67,421	89,195	(21,774)	-24%	75,955
6,461	-21%	(893)	4,250	5,144	Non-Op Expenses	5,144	4,250	(893)	-21%	6,461
69,494	-27%	(22,667)	84,945	62,277	Net Non Operating Activity	62,277	84,945	(22,667)	-27%	69,494
70,837	179%	(256,927)	(143,364)	(400,291)	Net Income / (Loss)	(400,291)	(143,364)	(256,927)	179%	70,837
2.2%			-4.5%	-14.9%	Net Income Margin %	-14.9%	-4.5%			2.2%

All Morton General Hospital
Income Statement
January, 2024

Pr Yr MTD	% Var	MTD \$ Var	MTD Budget	MTD Actual		YTD Actual	YTD Budget	YTD \$ Var	YTD % Var	PY YR YTD
901,141	44%	325,861	738,444	1,064,305	Total Hospital IP Revenues	1,064,305	738,444	325,861	44.1	901,141
3,428,491	-11%	(422,744)	3,807,390	3,384,646	Outpatient Revenues	3,384,646	3,807,390	(422,744)	-11.1	3,428,491
573,307	-3%	(17,696)	586,665	568,969	Clinic Revenues	568,969	586,665	(17,696)	-3.0	573,307
4,902,939	-2%	(114,580)	5,132,499	5,017,920	Total Gross Patient Revenues	5,017,920	5,132,499	(114,580)	-2.2	4,902,939
(1,538,057)	-25%	477,420	(1,924,211)	(2,401,630)	Contractual Allowances	(2,401,630)	(1,924,211)	477,420	-24.8	(1,538,057)
(137,357)	-145%	92,728	(63,957)	28,771	Bad Debt	28,771	(63,957)	92,728	-145.0	(137,357)
(71,133)	-4%	2,299	(55,505)	(53,206)	Charity Care	(53,206)	(55,505)	2,299	-4.1	(71,133)
(1,746,547)	19%	(382,393)	(2,043,673)	(2,426,065)	Total Deductions From Revenue	(2,426,065)	(2,043,673)	(382,393)	18.7	(1,746,547)
3,156,393	-16%	(496,973)	3,088,827	2,591,854	Net Patient Revenues	2,591,854	3,088,827	(496,973)	-16.1	3,156,393
56,739	15%	11,614	75,178	86,792	Other Operating Revenue	86,792	75,178	11,614	15.4	56,739
3,213,131	-15%	(485,359)	3,164,005	2,678,647	Total Operating Revenue	2,678,647	3,164,005	(485,359)	-15.3	3,213,131
1,960,388	9%	179,009	2,072,260	1,893,251	Salaries	1,893,251	2,072,260	179,009	8.6	1,960,388
380,855	9%	34,616	392,477	357,861	Total Benefits	357,861	392,477	34,616	8.8	380,855
2,341,243	9%	213,625	2,464,737	2,251,111	Salaries And Benefits	2,251,111	2,464,737	213,625	8.7	2,341,243
109,252	3%	1,112	43,401	42,288	Professional Fees	42,288	43,401	1,112	2.6	109,252
205,688	-11%	(25,730)	234,118	259,848	Supplies	259,848	234,118	(25,730)	-11.0	205,688
309,369	7%	23,057	342,677	319,620	Total Purchased Services	319,620	342,677	23,057	6.7	309,369
39,435	49%	21,221	43,076	21,855	Utilities	21,855	43,076	21,221	49.3	39,435
28,569	0%	(161)	32,769	32,929	Insurance Expense	32,929	32,769	(161)	-0.5	28,569
106,993	19%	27,800	148,541	120,741	Depreciation and Amortization	120,741	148,541	27,800	18.7	106,993
29,192	-13%	(3,569)	27,342	30,911	Interest Expense	30,911	27,342	(3,569)	-13.1	29,192
42,047	-11%	(6,257)	55,654	61,911	Other Expense	61,911	55,654	(6,257)	-11.2	42,047
3,211,788	7%	251,099	3,392,314	3,141,215	Total Operating Expenses	3,141,215	3,392,314	251,099	7.4	3,211,788
1,343	103%	(234,260)	(228,309)	(462,569)	Income (Loss) From Operations	(462,569)	(228,309)	(234,260)	102.6	1,343
69,494	27%	22,667	84,945	62,277	Non-Operating Revenue/Expense	62,277	84,945	22,667	26.7	69,494
70,837	179%	(256,927)	(143,364)	(400,291)	Net Gain (Loss)	(400,291)	(143,364)	(256,927)	179.2	70,837

Arbor Health

2024 Forecast

	2024 Budget	January Actual	Feb-Dec Budget	2024 Forecast
Inpatient Revenues	8,862,251	1,064,305	8,123,730	9,188,035
Outpatient Revenues	46,114,728	3,384,646	42,271,834	45,656,480
Clinic Revenues	7,036,330	568,969	6,449,969	7,018,938
Gross patient Revenue	62,013,309	5,017,920	56,845,533	61,863,453
Deductions from Revenues	23,960,175	2,426,065	21,963,494	24,389,559
	39%	48%	39%	39%
Net Patient Revenues	38,053,134	2,591,855	34,882,040	37,473,895
Other Operating Revenue	902,141	86,792	826,963	913,755
Total Operating Revenues	38,955,275	2,678,647	35,709,002	38,387,649
Operating Expenses				
Salaries & Wages	24,864,846	1,893,251	22,792,776	24,686,027
Benefits	4,695,393	357,861	4,304,110	4,661,971
Professional Fees	622,458	42,288	570,587	612,875
Supplies	2,873,393	259,848	2,633,944	2,893,792
Purchase Services	4,074,374	319,620	3,734,843	4,054,463
Utilities	494,354	21,855	453,158	475,013
Insurance	393,227	32,929	360,458	393,387
Other Expenses	651,383	61,911	597,101	659,012
Depreciation	1,782,496	120,741	1,633,955	1,754,696
Interest Cost	328,101	30,911	300,759	331,670
Operating Expenses	40,780,025	3,141,215	37,381,690	40,522,905
Operating Income	(1,824,750)	(462,568)	(1,672,688)	(2,135,256)
	-5%	-17%	-5%	-6%
Non Operating Activity				
Non-Operating Income	1,019,336	62,277	934,391	996,668
	(805,414)	(400,291)	(738,296)	(1,138,587)

Arbor Health

Cash Forecast	Actual January	Forecast February	Forecast March	Forecast April	Forecast May	Forecast June	Forecast July	Forecast August	Forecast September	Forecast October	Forecast November	Forecast December
Planned Cash Reserves												
Total Cash Balance	5,652,863	5,684,146	5,710,741	5,737,336	5,763,931	5,790,526	5,817,121	5,843,716	5,870,311	5,896,906	5,923,501	5,950,096
Operating Reserves	(1,862,265)	(1,826,265)	(1,826,265)	(1,826,265)	(1,826,265)	(1,826,265)	(1,826,265)	(1,826,265)	(1,826,265)	(1,826,265)	(1,826,265)	(1,826,265)
Commitments and Contingencies	-											
Cash, Net of Reserves	3,790,598	3,857,881	3,884,476	3,911,071	3,937,666	3,964,261	3,990,856	4,017,451	4,044,046	4,070,641	4,097,236	4,123,831
Cash Receipts												
Patient Receipts - Run Rate	2,914,729	3,171,095	3,171,095	3,171,095	3,171,095	3,171,095	3,171,095	3,171,095	3,171,095	3,171,095	3,171,095	3,171,095
Non Operating	62,277	85,000	85,000	85,000	85,000	85,000	85,000	85,000	85,000	85,000	85,000	85,000
Other Operating Receipts	86,792	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000
Total Cash Receipts	3,063,798	3,331,095	3,331,095	3,331,095	3,331,095	3,331,095	3,331,095	3,331,095	3,331,095	3,331,095	3,331,095	3,331,095
Cash Disbursements												
Payroll and Benefits	1,917,607	2,298,000	2,298,000	2,298,000	2,298,000	2,298,000	2,298,000	2,298,000	2,298,000	2,298,000	2,298,000	2,298,000
A/P -	919,255	786,500	786,500	786,500	786,500	786,500	786,500	786,500	786,500	786,500	786,500	786,500
A/P - Employee Health Claims	128,031	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000	165,000
Debt Coverage	45,901	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Property, Plan, Equipment	21,721	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Total Cash Disbursements	3,032,515	3,304,500	3,304,500	3,304,500	3,304,500	3,304,500	3,304,500	3,304,500	3,304,500	3,304,500	3,304,500	3,304,500
Net Change in Cash	31,283	26,595	26,595	26,595	26,595	26,595	26,595	26,595	26,595	26,595	26,595	26,595
Ending Cash Balance	5,684,146	5,710,741	5,737,336	5,763,931	5,790,526	5,817,121	5,843,716	5,870,311	5,896,906	5,923,501	5,950,096	5,976,691
Ending Cash Net Of Reserves	3,821,881	3,884,476	3,911,071	3,937,666	3,964,261	3,990,856	4,017,451	4,044,046	4,070,641	4,097,236	4,123,831	4,150,426

CONSENT AGENDA



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

January 31, 2024, at 3:30 p.m.

Conference Room 1 & 2 and via ZOOM

<https://myarborhealth.zoom.us/j/83730587850>

Meeting ID: 837 3058 7850

One tap mobile: +12532050468,,83730587850#

Dial: +1 253 205 0468 US

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	Board Chair Herrin called the meeting to order at 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Van Anderson <input checked="" type="checkbox"/> Chris Schumaker Others present: <input checked="" type="checkbox"/> Robert Mach, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Barb Goble, Medical Staff Coordinator			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Dr. Victoria Acosta, Chief of Staff <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Julie Johnson, QMRC Manager <input checked="" type="checkbox"/> Jessica Scogin, Foundation Manager <input checked="" type="checkbox"/> Jim Frey, IT Director <input checked="" type="checkbox"/> Diane Markham, Marketing and Communication Manager <input checked="" type="checkbox"/> Buddy Rose, The Journal <input checked="" type="checkbox"/> Janice Cramer, Patient Access Manager <input checked="" type="checkbox"/> Robert Houser, Imaging Manager Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.			
Approval or Amendment of Agenda	Superintendent Mach requested to add Resolution 24-04-Approving the Capital Purchase of the Morton Clinic Insulation to New Business.	Commissioner Anderson made a motion to approve the amended agenda. Commissioner Coppock seconded, and the motion passed unanimously.		
Conflicts of Interest	Board Chair Herrin asked the attendees to state any conflicts of interest with today's amended agenda.	None noted.		
Comments and Remarks	Commissioners: Commissioner Coppock welcomed Commissioners Anderson and Schumaker. Commissioner Anderson thanked the orientation team for the warm welcome and support. Commissioner Schumaker echoed a great orientation, a great team and excited for the things to come. Commissioner McMahan echoed a welcome to the new commissioners and looking forward to the future. Nothing there are going to be challenges ahead financially, but with the right team, community involvement, we are moving in the right direction. Board Chair Herrin concluded welcoming both commissioners and happy to hear			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>great reviews on the orientation as Executive Assistant Garcia put a lot of energy into making it a success, as well as all of the other members of the team that participated too.</p> <p>Audience: None.</p>			
Executive Session- RCW 70.41.200 & RCW 42.30.110(g)	<p>Board Chair Herrin announced going into executive session at 3:40 p.m. for 15 minutes to discuss RCW 70.41.200-Medical Privileging and RCW 42.30.110(g)-to discuss the performance of a public employee. The Board returned to open session at 3:55 p.m. Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments:</p> <p>Radia Inc.</p> <ol style="list-style-type: none"> 1. Sandeep Shah, MD (Consulting Radiology Privileges) 2. Joe Pastrano, MD (Consulting Radiology Privileges) 3. Eric Hoover, MD (Consulting Radiology Privileges) <p>Providence Health & Services Privileging by Proxy</p> <ol style="list-style-type: none"> 4. Amin Rabiei, MD (Consulting Telehealth/Neurology Privileges) 5. Meghana Srinivas Kinariwala, MD (Consulting Telehealth/Neurology Privileges) <p>Reappointments:</p> <p>Radia</p>	<p>Commissioner Coppock made a motion to approve the Medical Privileging as presented, Commissioner Anderson seconded. The motion passed unanimously.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>6. Lauren Fetty, MD (Consulting Radiology Privileges)</p> <p>Providence Health & Services Privileging by Proxy</p> <p>1. Ravi Menon, MD (Consulting Telestroke/Neurology Privileges)</p> <p>2. Maria Recio, MD (Consulting Telestroke/Neurology Privileges)</p>			
<p>Department Spotlight</p> <ul style="list-style-type: none"> Patient Access 	<p>Patient Access Manager Cramer highlighted the Patient Access staff are the face of the hospital and are here to help. The department serves multiple service lines, responsible for encounters, verifying insurance, collect payments and review patient accounts in regard to billing questions. 2023 successes included staffing the department, reducing registration errors, reducing authorization denials, attending IDT, updating forms, tracking IMM's and registering patients in the cubicles for more patient privacy.</p>			
<p>Board Committee Reports</p> <ul style="list-style-type: none"> Hospital Foundation Report 	<p>Board Chair Herrin highlighted the 2024 upcoming events and if interested in volunteering or participating, connect with Foundation Manager Scogin. The budget will be presented in February, officers remained the same and shared the list of accomplishments in 2023. A year to celebrate for sure</p>			
<ul style="list-style-type: none"> Finance Committee Report 	<p>Commissioner McMahan highlighted the December Meeting. Again, the budget is conservative, we need to grow revenue, which will grow cash. The 2023 Audit process will commence in the next couple months, which may produce a positive impact to the bottom line.</p>	<p>Discuss Volume to Value impact.</p>	<p>Superintendent Mach & CFO Cornwell</p>	<p>02.21.24 Finance Committee Meeting</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	Commissioner McMahan inquired on the current impact of the volume to value transition. CFO Cornwell requested to discuss this topic at the next Finance Committee Meeting.			
Consent Agenda	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> 1. Approval of Minutes <ol style="list-style-type: none"> a. December 20, 2023, Finance Committee Meeting b. December 20, 2023, Regular Board Meeting c. January 24, 2024, Finance Committee Meeting 2. Warrants & EFTs in the amount of \$2,842,807.01 dated December 2023 3. RES-24-01-Adopting the Flexible Spending Account Plan 4. RES-24-02-Declaring to Surplus or Dispose of Personal Property <p>Commissioner Anderson noted the Warrant & EFT amount is incorrect, as the voided check was not deducted from the total.</p>	<p>Commissioner Coppock made a motion to approve the Consent Agenda as amended and Commissioner Anderson seconded. The motion passed unanimously.</p> <p>Minutes, Resolutions and Warrants (updated with correct amount) will be sent for electronic signatures.</p>	Executive Assistant Garcia	02.02.24
Old Business <ul style="list-style-type: none"> • 2024 Organization & Officers of the Board of Commissioners 	<p>Board Chair Herrin shared the Board needs to elect the Board Chair and Secretary.</p> <p>Commissioner Coppock opened the floor for nominations for Board Chair. Commissioners Schumaker and Anderson were not interested. Commissioner McMahan was interested in the role.</p> <p>Commissioner Coppock opened the floor for nominations for Secretary.</p> <p>Board Chair Herrin accepted being re-elected at Board Chair and reiterated the importance of being able to be in person and available in</p>	<p>Commissioner Schumaker made a motion to elect Wes McMahan as Board Chair. Commissioner Anderson seconded. No other votes were recorded. The motion failed.</p> <p>Commissioner Anderson made a motion to elect Tom Herrin as Board Chair and Commissioner McMahan seconded. The motion passed 4-</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	this role to the Board and Superintendent.	0 without Commissioner Herrin voting. Board Chair Herrin made a motion to elect Craig Coppock as Secretary and Commissioner McMahan seconded. The motion passed unanimously. Committee Meeting invites will be email accordingly.	EA Garcia	02.02.24
New Business <ul style="list-style-type: none"> Elected Official Salaries 	Board Chair Herrin informed the Board that the daily rate for commissioner pay for new and existing commissioners for Special Purpose District for PHD's is increasing from \$128 to \$161 effective January 1, 2024. This is evaluated every five years.	Submit PAR to HR for Board Increase.	Superintendent Mach	02.02.24
<ul style="list-style-type: none"> RES-24-03- Approving the Capital Purchase of the Ultrasound Equipment 	Imaging Manager Houser presented the proposed purchase of two ultrasounds, the Siemens Sequoia and Redwood. The Arbor Health Foundation received a grant and has approve to fund this equipment up to \$70,000. The hospital current equipment is end of life and image quality, as well as software are aging too. This equipment will add revenue with positive cash flow and capability. The Finance Committee supported the lease to preserve cash.	Secretary Coppock made a motion to approve RES 24-03 and Commissioner Schumaker seconded. The motion passed unanimously. Resolution will be sent for electronic signatures.	Executive Assistant Garcia	02.02.24
<ul style="list-style-type: none"> RES-24-04- Approving the Capital Purchase of the Morton Clinic Insulation 	Superintendent Mach presented the proposed purchase of insulation for the Morton Clinic due to the recent flood. This is directly linked to the pipe breaking, so this will be preventable measure moving forward. The purchase price is \$63,906.17. This expense will be submitted to insurance for potential reimbursement.	Commissioner Anderson made a motion to approve RES 24-04 and Secretary Coppock seconded. The motion passed unanimously. Resolution will be sent for electronic signatures.	Executive Assistant Garcia	02.02.24

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Conflicts of Interest 	Executive Assistant Garcia noted all of the Board will need to sign for 2024. In an effort to get the Board and All Staff on the same schedule, in 2025 the Board will be included in Compliance Officer Hargett's schedule.	Conflicts of Interest will be sent for electronic completion and signatures.	Executive Assistant Garcia	02.28.24
<ul style="list-style-type: none"> Board Education/Development 	Board Chair Herrin highlighted that the Board has two paid for sessions with Kurt O'Brien. The plan will be for Kurt to join in February and March. Also, the AWPHD/WSHA Annual Conference in Chelan is June 23-26, 2024. Hotel rooms are reserved and we need to confirm who will be attending. Board Chair Herrin, Secretary Coppock, Commissioner Anderson and Commissioner McMahan confirmed attending and Commissioner Schumaker will check schedule and confirm with Executive Assistant Garcia. Lastly, Board Chair Herrin pulsed the Board about interest in restarting Q & A for Board Committees 30 minutes prior to meetings. Commissioner Schumaker was the only one interested in Compliance Committee having the Q & A Session.	<p>Check schedule for attending AWPHD/WSHA Annual Conference in June.</p> <p>Schedule 30 Minute Q & A Session for Compliance Committee for February and May Meeting.</p>	<p>Commissioner Schumaker</p> <p>Executive Assistant Garcia</p>	<p>02.28.24</p> <p>02.02.24</p>
Superintendent Report	<p>Superintendent Mach highlighted the memo in the packet and added the following updates:</p> <ol style="list-style-type: none"> 1. Shared recent positive patient experience. 2. Attended advocacy day at the capital and reflected that it was not enough time with the Senators. 3. The new CT equipment is being installed. 4. Packwood Clinic passed their RHC audit with only two minor findings that have already been resolved! 5. Dr. Hines accepted his offer letter and contract has been sent for review. 			
Meeting Summary & Evaluation	Board Chair Herrin shared it was a good meeting and appreciated how			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	the hard stuff was handled. Secretary Coppock noted the meeting was on point and efficiently ran. Commissioner Anderson appreciated the handholding for the new commissioners and wants feedback moving forward. Commissioner Schumaker shared the staff were professional, enjoyed the Superintendent report and good discussion by the Board. Commissioner McMahan appreciated the respectful meeting, moving on with decisions made and ending with a great meeting.			
Adjournment		Secretary Coppock moved, and Commissioner Anderson seconded to adjourn the meeting at 5:35 p.m. The motion passed unanimously.		

Respectfully submitted,

Craig Coppock, Secretary

Date



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Compliance Committee Meeting
February 7, 2024, at 12:00 p.m.
Via Zoom

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	Secretary Coppock called the meeting to order via Zoom at 12:00 p.m. Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Craig Coppock, Secretary <input checked="" type="checkbox"/> Chris Schumaker, Commissioner Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Robert Mach, Superintendent/CEO <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Barbara van Duren, CNO/CQO <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input type="checkbox"/> Matthew Lindstrom, Facilities Director <input checked="" type="checkbox"/> Jim Frey, IT Director <input type="checkbox"/> Julie Taylor, Ancillary Services Director	Excused-Matthew Lindstrom & Julie Taylor		
Approval or Amendment of Agenda	No amendments noted.	Superintendent Mach made a motion to approve the agenda		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>personal information being accessed. Now in the waiting game on the results.</p> <ol style="list-style-type: none"> 2023 reportable breaches have been submitted to HHS OCR as required. During new commissioner orientation more training was requested as it relates to cybersecurity. Hoping to utilize Relias and assign to the Board for review. 2024 Conflicts of Interest forms are due and 4 out of the 5 commissioners have completed. Physician Contracts were reviewed in 2023 and 1 remains out of compliance as it needs to be updated from Fulltime to Parttime. Policies and Procedures efforts in 2023 ended strong and continue to monitor to continue this trend of compliance. Working with HR to resolve the final physician log. CMS Promoting Interoperability attestation submitted. Open audits will move forward until closed out. 			
<ul style="list-style-type: none"> Regulatory Audits Dashboard 	<p>Compliance Officer Hargett highlighted the following on audits and findings:</p> <ol style="list-style-type: none"> A recent audit was completed at the Packwood Clinic and the two findings have already been resolved to get our RHC license. The 2023 Security Risk Assessment was completed in Q4 and leadership has received the penetrations test results. There are five areas of risk which are already in process of resolving. Plan to discuss with the Board in February. 			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	3. Removing the 501(r) Audit. 4. Within the DNV Audit window for the next 90 days.			
<ul style="list-style-type: none"> New/Updated Laws Dashboard 	Compliance Officer Hargett shared updates on laws and noted law implementation guides are shared by WSHA but we mitigate the high-risk ones that apply to the District.			
<ul style="list-style-type: none"> 2023 Q4 Workplan Update 	Compliance Officer Hargett shared key 2023 compliance initiatives and where we landed for the year.			
<ul style="list-style-type: none"> Proposed 2024 Compliance Work Plan 	<p>Compliance Officer Hargett shared the Compliance Committee utilized the HEAT map tool to score the risks for 2024. The 2024 Compliance Workplan Key Initiatives were ranked and proposed 2024 audits were shared.</p> <p>The Compliance Committee supports the resolution of adopting the 2024 Compliance Workplan and will recommend the appointment at the Board level in Consent Agenda.</p>	The Compliance Committee supported requesting the Board's approval of a resolution for adopting the 2024 Compliance Workplan at the Regular Board Meeting.	Executive Assistant Garcia	02.28.24
Meeting Summary & Evaluation	Compliance Officer Hargett provided a summary report. Commissioner Schumaker noted a good, informative first meeting.			
Adjournment	Secretary Coppock adjourned the meeting at 12:53 p.m.			



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
QUALITY IMPROVEMENT OVERSIGHT MEETING
February 14, 2024 at 7:00 a.m.
ZOOM**

Mission Statement
To foster trust and nurture a healthy community.

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	Secretary Coppock called the meeting to order via Zoom at 7:00 a.m. Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Craig Coppock, Secretary <input checked="" type="checkbox"/> Van Anderson, Commissioner Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Robert Mach, Superintendent <input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Nicholas Tyler, Pharmacist <input checked="" type="checkbox"/> Dr. Victoria Acosta, Chief of Staff <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> Kelly Hauser, Inpatient and ED Services Director <input checked="" type="checkbox"/> Gary Preston, MA PhD CIC FSHEA <input type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer	Excused Absences: Shannon Kelly		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Barb Goble, Medical Staff Coordinator <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Lynn Bishop, Community Member			
Approval or Amendment of Agenda		Commissioner Anderson made a motion to approve the agenda and Superintendent Mach seconded. The motion passed unanimously.		
Conflicts of Interest	Secretary Coppock asked the Committee to state any conflicts of interest with today's agenda.	The Committee noted none.		
Committee Reports	Secretary Coppock noted committee reports have been deferred to the March meeting.			
Consent Agenda <ul style="list-style-type: none"> Approval of Minutes 	Approval of the following: <ol style="list-style-type: none"> December 13, 2023, Quality Improvement Oversight (QIO) Committee Meeting 	Superintendent Mach made a motion to approve the agenda and Commissioner Anderson seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> 121323 Action Item Follow Up 	QMRC Manager Johnson shared the legend has been updated and reflected in today's QIO Dashboard Summary, as well as the Annual Quality Risk Management tool has been deferred to the March meeting for completion.	Complete Annual Quality Risk Management tool.	QMRC Manager Johnson	03.13.24
New Business <ul style="list-style-type: none"> QIO Dashboard Summary 	QMRC Manager Johnson highlighted the following: <ol style="list-style-type: none"> Retiring Metric-Infection Control-Increase Turnover to Infection Control Standards. Increased improvement in wound care patients. Continue to be happy with PRC reporting through Q4. Clinic scores have been declining; however, there has been an emphasis on streamlined communication, as well as working with front line to 			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>MA workflows. There are many moving parts in the clinics but encouraged on the direction the clinics are headed.</p> <ol style="list-style-type: none"> 5. Readmission rate is at 8 with a national average of 7.63, so not far off. 6. Have not had enough strokes so continuing to monitor. 7. Steady with grievances, but nothing concerning. Better incident reporting since 2020 and really took traction in 2021. <ul style="list-style-type: none"> o Questions raised as it relates to the number of grievances being proportionate to encounters and what are these numbers really saying. 8. QMM incident tracking indicated no serious safety events for the year. 	<p>Review the grievances and is it proportionate to encounters by location.</p>	<p>QMRC Manager Johnson</p>	<p>03.13.24</p>
<ul style="list-style-type: none"> • Lucidoc Document Management 	<p>Quality Manager Johnson presented the following documents for approval:</p> <ol style="list-style-type: none"> 1. 2023 Critical Access, Quality, Patient Safety and Risk Evaluation-Approved. 2. 2024 Quality Management System & Patient Safety Plan-Approved. 3. 2024 Risk Management Plan-Approved. 4. 2024 Scope of Services-Approved. <p>Ancillary Services Director Taylor presented the following documents for approval:</p> <ol style="list-style-type: none"> 1. 2023 Infection Prevention and Control Risk Assessment and 2024 Plan-Approved 	<p>Dr. McCurry made a motion to approve the documents and Commissioner Anderson seconded. The motion passed unanimously.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	2. 2023 TB Risk Assessment& 2024 Plan-Approved.			
Meeting Summary & Evaluation	Secretary Coppock provided a summary. Commissioner Anderson is orientating to the new committee and is interested in the next meetings to hear the outcomes from the QAPI Pods at the operational level.			
Adjournment	Secretary Coppock adjourned the meeting at 7:59 a.m. The motion passed unanimously.			

DRAFT



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
February 21, 2024, at 12:00 p.m.
Via Zoom

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's amended agenda.	None noted.		
Consent Agenda	<p>Commissioner Anderson requested more information related to the Credit Card Statement. Executive Assistant Garcia shared while Superintendent Mach is responsible for the entire credit card statement and expenses, the Board only oversees the Superintendent's purchases and receipts.</p> <p>Commissioner McMahan announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –January 24, 2024 2. Revenue Cycle 3. Board Oversight Activities 	Superintendent Mach made a motion to approve the consent agenda and Commissioner Anderson seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> • CFO Financial Review 	CFO Cornwell shared volumes for Inpatient, Skilled Nursing, Outpatient, Surgeries and Physician Visits were favorable to budget. Days in Cash and AR days decreased. The Balance Sheet continues to be stable month or month. The Income Statement shows Net Operating Revenues were below budget by \$485,359. Contractual Allowances continue to be a concern. Net Income is a loss of \$400,291.			
<ul style="list-style-type: none"> • 340b Update 	CFO Cornwell shared that months of work has went into reviewing the 340b program and to date has been net zero. A company was hired to unwind and understand the hospitals position. Great news, there was a true net savings of \$22,170 in January. Anticipating to see this month after month moving forward.			
New Business <ul style="list-style-type: none"> • TruBridge Audit 	CFO Cornwell shared signing an agreement with TruBridge to complete a revenue cycle and coding audit. No idea what the outcome will be but optimistic to			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	find areas where there is room for improvement.			
<ul style="list-style-type: none"> AH Retirement Fund Update 	CFO Cornwell presented the plan summary showing good outcomes for participants. Arbor Health represents a small piece of the puzzle but employees benefit being apart of the larger group at the Rural Collaborative.			
<ul style="list-style-type: none"> Capital Review Replacement of Morton Clinic Flooring 	Superintendent Mach noted as a result of the flood in Morton Clinic the flooring does need to be replaced. This will be a cost submitted to insurance. This cost is within the Superintendent's spending limit, so only informational. On another note, last month the Board approved purchasing the insulation for the Morton Clinic and insurance has approved to refund this cost too.			
<ul style="list-style-type: none"> Surplus or Dispose of Personal Property 	<p>CFO Cornwell presented the list of assets for surplus.</p> <p>Commissioners Anderson and McMahan requested we identify what we donate and seeing where else we can donate items moving forward.</p> <p>The Finance Committee supports the resolution and will recommend approval at the Board level in Consent Agenda.</p>	The Finance Committee supported requesting the Board's approval of a resolution of the Surplus at the Regular Board Meeting.	Executive Assistant Garcia	02.28.24
Meeting Summary & Evaluation	<p>CFO Cornwell highlighted the decisions made and action items that need to be taken to the entire board for approval.</p> <p>Commissioner Anderson commented on the value based care and inquiring on the hospital/clinics current experience.</p> <p>Commissioner McMahan noted full support to administration and making sure the team has the resources to be successful. Thankful for today's discussion.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Commissioner Anderson noted having the same goal to sustain being in business to serve patients.			
Adjournment	Commissioner McMahan adjourned the meeting at 12:51 pm.			

WARRANT & EFT LISTING NO. 2024-01

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

\$4,231,121.18 this 28th day

of February 2024

Board Chair, Tom Herrin

Commissioner, Wes McMahan

Secretary, Craig Coppock

Commissioner, Van Anderson

Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of \$4,231,121.18 dated January 1, 2024 – January 31,
2024.

Jan-24

ARBOR HEALTH WARRANT REGISTER

Routine A/P Runs

Warrant No.	Date	Amount	Description
132735 - 132748	2-Jan-2024	688,982.86	CHECK RUN
132759 - 132803	5-Jan-2024	240,106.07	CHECK RUN
132804	5-Jan-2024	482.76	CHECK RUN
132805 - 132826	8-Jan-2024	1,044,710.05	CHECK RUN
132827 - 132840	17-Jan-2024	96,558.85	CHECK RUN
132841 - 132921	19-Jan-2024	421,381.91	CHECK RUN
132922 - 132929	19-Jan-2024	154,472.09	CHECK RUN
132930 - 132932	2-Jan-2024	1,094.42	CHECK RUN
132933 - 132934	9-Jan-2024	782.92	CHECK RUN
132935	16-Jan-2024	18.82	CHECK RUN
132936	17-Jan-2024	3,706.31	CHECK RUN
132937 - 132939	23-Jan-2024	25,542.73	CHECK RUN
132940 - 132981	25-Jan-2024	18,066.29	CHECK RUN
132982 - 133029	26-Jan-2024	141,911.38	CHECK RUN
133030 - 133049	29-Jan-2024	914,965.12	CHECK RUN
133050	30-Jan-2024	1,145.96	CHECK RUN
133119	9-Jan-2024	1,000.00	CHECK RUN
133120 - 133122	26-Jan-2024	79,044.63	CHECK RUN
133123 - 133125	30-Jan-2024	1,559.08	CHECK RUN
Total - Check Runs		\$ 3,835,532.25	

Eft	Date	Amount	Description
4789	2-Jan-24	97.16	TPSC
4790	8-Jan-24	197.22	TPSC
4791	9-Jan-2024	362.14	BBP
4792	16-Jan-2024	132.83	BBP
4793	17-Jan-2024	1,671.05	BBP
1216	5-Jan-2024	203,716.10	IRS
1217	19-Jan-2024	188,041.99	IRS
4794	23-Jan-2024	906.68	BBP
4795	29-Jan-2024	275.57	BBP
4796	30-Jan-2024	188.19	BBP
TOTAL EFTS AT SECURITY STATE BANK		\$ 395,588.93	

TOTAL CHECKS, EFT'S, & TRANSFERS	\$ 4,231,121.18
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Documents Awaiting Board Ratification 02.28.24		
	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Quality Management System and Patient	Quality
2	Risk Management Plan	Quality
3	Scope of Services	Quality
4	Washington Death with Dignity Act	Administration
<p>In order to access the above documents you will need to log into Lucidoc. Once you have logged into Lucidoc, on the top toolbar click "My Meetings" and select the upcoming Board meeting date that's highlighted in green to see the agenda with documents needing to be approved. You are able to view the documents once in the agenda. If the date is highlighted in yellow that means the agenda has not been released yet.</p>		



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO
SURPLUS OR DISPOSE OF PERSONAL
PROPERTY

RESOLUTION NO. 24-05

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

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

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

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

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 28th day of February 2024, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Wes McMahan, Commissioner

Van Anderson, Commissioner

Craig Coppock, Secretary

Chris Schumaker, Commissioner

To: Finance Committee & Board
From: Tina Clevenger, Materials Management Supervisor
Date: February 21, 2024
Subject: Surplus or Dispose of Personal Property

Surplus or Dispose of Personal Property (RCW 43.19.1919)

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
02/2024	SIEMENS ADVIA 120 HEMATOLOGY ANALYZER	LAB	1949	SURPLUS	OBSOLETE
02/2024	NUCLEAR RADIATION MONITORS	MAIN	5373	SURPLUS	OBSOLETE
02/2024	NUCLEAR RADIATION MONITORS	MAIN	5372	SURPLUS	OBSOLETE



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION ADOPTING THE
2024 COMPLIANCE WORKPLAN

RESOLUTION NO. 24-06

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:

Adopting the 2024 Compliance Workplan.

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 28th day of February 2024, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Wes McMahan, Commissioner

Van Anderson, Commissioner

Craig Coppock, Secretary

Chris Schumaker, Commissioner

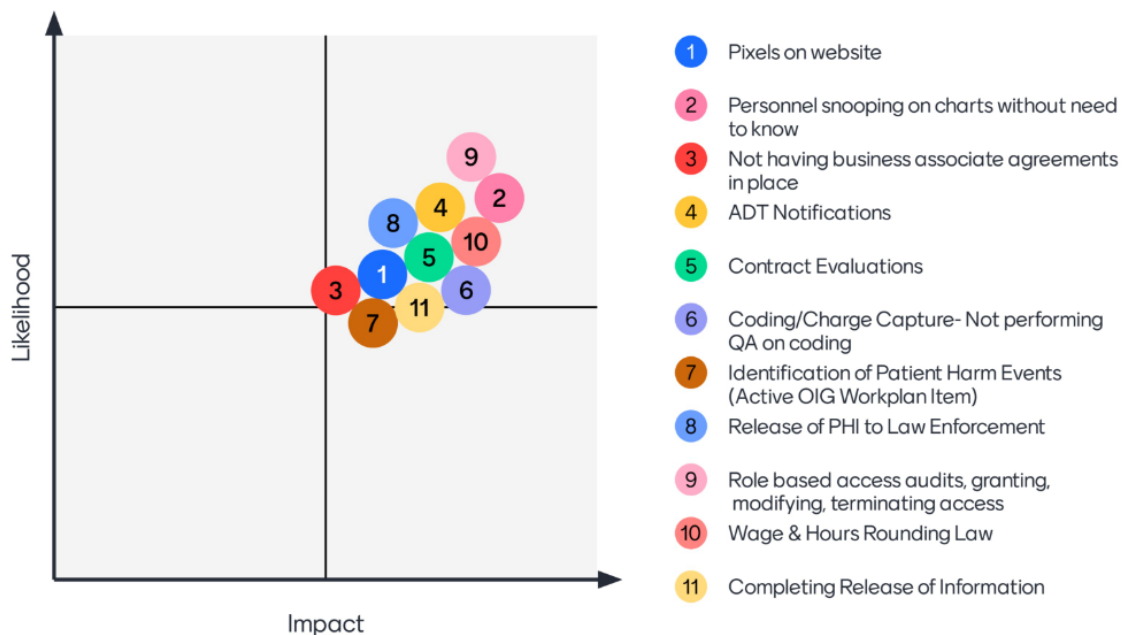
To: Compliance Committee
From: Spencer Hargett, Compliance Officer
Date: 11/24/2023
Subject: 2024 Proposed Compliance Workplan

Overview

The objective of Lewis County Hospital District No. 1's (LCHD No. 1) Compliance Program (Compliance) is to continuously re-assess risk areas, re-prioritize compliance projects that are most critical to the mission of LCHD No. 1, and report compliance developments and compliance audit findings to the Compliance Committee, the Chief Executive Officer, and the Board of Commissioners.

2023 Year End Risk Assessment

We conducted a year end risk assessment. Risk areas were identified by scanning multiple internal and external sources. Some external sources include United States Department of Health and Human Services, Office of Inspector General (HHS OIG) Work Plan and annual Health Care Fraud and Abuse Control Program Report, etc. Below are the results of our year end risk assessment:



Proposed 2024 Compliance Workplan

The proposed 2024 Compliance Work Plan outlines the various project areas that we perceive as critical to the mission of LCHD No. 1. The planning process is ongoing and dynamic; therefore the focus and timing of many of these projects may be altered in response to new information, new issues, and shifting priorities of LCHD No. 1.

Proposed 2024 Compliance Workplan Key Initiatives:

Key Initiatives		Q1	Q2	Q3	Q4
1	ADT Notifications	X	X		
2	Contract Evaluations	X	X		
3	Role based access audits, granting, modifying, terminating access	X	X		
4	Personnel snooping on charts without need to know			X	X
5	Wage & Hours Rounding Law			X	X
6	Coding/Charge Capture- Not performing QA on coding			X	X

Proposed 2024 Audit & Monitoring Activities:

Activity		Q1	Q2	Q3	Q4
1	Physician Signature Attestation Log	X			
2	PARA Chargemaster Review		X		
3	Business Associate Agreements Review		X		
4	NSA GFE		X		
5	PEPPER		X		
6	Provider Contract Review		X		
7	WSHA Signage		X		
8	P&P 2 Year Reviews			X	
9	Service Recovery Log Review			X	
10	Security Risk Assessment Status		X	X	
11	Record Program			X	
12	DOH Required Policies			X	
13	Annual Conflicts of Interest Disclosures			X	
14	PARA E&M Review				X
15	ADT Notifications		X		
16	Payer Access	X	X	X	X
17	Cerner Activity Log Review	X	X	X	X



OLD BUSINESS

NEW BUSINESS



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPOINTING AGENT TO
RECEIVE TORT CLAIMS FOR DAMAGES

RESOLUTION NO. 24-07

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, pursuant to the provisions of RCW 4.96.020 the governing body of each local governmental entity shall appoint an agent to receive any claim for damages made under Chapter 4.96 RCW; and

WHEREAS, the identity of the agent and the address where he or she may be reached during the normal business hours of the local governmental entity are public records and shall be recorded with the auditor of the county in which the entity is located; and

WHEREAS, all claims for damages against a local governmental entity or against any local governmental entity's officers, employees, or volunteers, acting in such capacity shall be presented to the agent within the applicable period of limitations within which an action must be commenced; and

WHEREAS, the failure of a local governmental entity to comply with the requirements of this section precludes that local governmental entity from raising a defense under Chapter 4.96 RCW.

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:

Robert Mach, Superintendent, Morton, Washington is hereby appointed the Agent of Lewis County Hospital District No. 1 to hold this position until further action of the Commission.

Hospital District Address: PO Box 1138, Morton, WA 98356

Business Hours: Monday-Friday, 8:00 AM-5 PM.

BE IT FURTHER RESOLVED, by the Board of Commissioners of Lewis County Hospital District No 1 that the District shall record this document with the Lewis County Auditor.

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 28th day of February 2024, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Wes McMahan, Commissioner

Van Anderson, Commissioner

Craig Coppock, Secretary

Chris Schumaker, Commissioner



Standard Tort Claim Form Packet

Please *carefully read all of the information in this packet* before completing and submitting your Standard Tort Claim. Please note that no documents will be returned.

Presenting a Standard Tort Claim Form

RCW 4.92.100 & RCW 4.96.020 requires individuals to present the Standard Tort Claim form. The law also requires posting on its website the Standard Tort Claim form with instructions. In compliance with these requirements and for the convenience of individuals, a Standard Tort Claim Form is included below.

Documents Contained in the Standard Tort Claim Form Packet

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form (SF 210)

Legal Requirements for Presenting Standard Tort Claim Forms

In order to verify the claim and additional supporting information, the law requires that the Standard Tort Claim form be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney in fact for the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant's behalf; or
- A court-approved guardian or guardian ad litem on behalf of the Claimant

Submit the Standard Tort Claim Form and Supporting Documents by regular mail, registered mail or certified mail or in person to:

Lewis County Hospital District No. 1
dba Arbor Health
Robert Mach, Superintendent
PO Box 1138
Morton, WA 98356

Business Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m. Closed on weekends and official state holidays.

Instructions for Completing a Tort Claim Form:

General Liability Claim Form #SF 210

- ☐ Before filing a Tort Claim, please read these instructions, the Tort Claim form and other appropriate forms in their entirety.
- ☐ Type or print clearly in ink and sign the Tort Claim form. Do not staple or tape documents. Do not put in claim form in binders or add divider tabs as all documents must be scanned.
- ☐ Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- ☐ If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
- ☐ The following are *examples* on how to complete the Tort Claim Form #SF 210:
 1. Smith, Karen Michelle – 02/20/1965
 2. 1234 Bowzer Way NW, Apt. 56, Morton WA 98356
 3. PO Box 910, Morton, WA 98356
 4. Same (or residence at the time of incident)
 5. Claimant's phone number(s) w/ area code- (360) 496-5555
 6. Claimant's or Representative's email address-jdoe@gmail.com
 7. 8/9/2020 8:00 a.m.,
 8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item 8.
 9. Washington, Lewis County, Arbor Health Morton Clinic, Parking Lot
 10. I-5, Hwy 12, East bound, Milepost 109, Adams Avenue and Hwy 7
 11. Washington State Department of Transportation
 12. Smith, John Doe, 1234 Blank Way NW, Apt. 56, Biddle, WA 93215 (360) 456-XXXX; Tow Truck Driver, Nisqually Towing
 13. List any state employees who have knowledge about the incident in question.
 14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 13 and 14. Also include a description of their knowledge. For example, if your sister was with you when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
 15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
 16. If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
 17. Please provide all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
 18. Please attach any additional documents that support your claim.
 19. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.
- ☐ If you are filing a personal injury claim, please sign and attach the Medical Release.
- ☐ If your claim involves a motor vehicle accident, please complete, sign, and attach the vehicle accident form.

STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the state of Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Pursuant to the new law, Standard Tort Claim Forms cannot be submitted electronically via email or fax.

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to:

Lewis County Hospital District No. 1 dba Arbor Health

Robert Mach, Superintendent

PO Box 1138

Morton, WA 98356

Business Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.

Closed on weekends and official state holidays.

The standard tort claim form is not to be used for claims involving injuries from health care. Such claims are governed by chapter 7.70 RCW.

1. Claimant's name: _____
Last name First Middle Date of birth (mm/dd/yyyy)
2. Current residential address: _____
3. Mailing address (if different): _____
4. Residential address at the time of the incident: _____
(if different from current address)
5. Claimant's daytime telephone number: _____
Home Business or Cell
6. Claimant's e-mail address: _____
7. Date of the incident: _____ Time: _____ ☐ a.m. ☐ p.m. (check one)
(mm/dd/yyyy)
8. If the incident occurred over a period of time, date of first and last occurrences:
from _____ Time: _____ ☐ a.m. ☐ p.m.
(mm/dd/yyyy) (mm/dd/yyyy)
to _____ Time: _____ ☐ a.m. ☐ p.m.
(mm/dd/yyyy) (mm/dd/yyyy)
9. Location of incident: _____
State and county City, if applicable Place where occurred

10. If the incident occurred on a street or highway:

Name of street or highway	Milepost number	At the intersection with or nearest intersecting street
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11. Person or department alleged responsible for damage/injury:

12. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

13. Names, addresses and telephone numbers of all employees having knowledge about this incident:

14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

15. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom? Please attach a copy of the report or contact information.

17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

18. Please attach documents which support the allegations of the claim.

19. I claim damages from the Lewis County Hospital District No. 1 in the sum of \$_____.

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Claimant

Date and place (residential address, city and county)

Or

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative

SUPERINTENDENT REPORT

To: Board of Commissioner

From: Superintendent Mach

Date: 02.28.24

Re: February's Superintendent Report

- **(Patient Kudos)** I checked in on January 2nd for what turned out to be a ruptured appendix and required a six-night stay. Dr. Anderson, and the entire pre and post op team provided excellent care the entire time I was there. From questions regarding the surgical procedure, to post op antibiotics and pain medication, every team member was on the same page. While one never wants a ruptured appendix (or a hernia that Dr. Anderson fixed six months earlier) my experience with Arbor was everything I wanted and expected.
- Continued discussions with Optum Health regarding overpayment. We have enlisted consultant Wendy Wilkinson who comes highly regarded from several RHC members.
- February 6, Senior team held Kickoff meeting related to Master facility planning with PKA.
 - ED Renovations
 - Inpatient room renovations
 - MOB second floor utilization
 - Helo pad
- We are working on bringing on 2 new part time ED physicians to replace Dr. Ford in April when he cuts back, the physicians are Army veterans.
- Sent Dr. Hines his contract for review.
- Interviewed 2 Nurse practitioner candidates.
- Received approval from the state to install our new CT scanner, kickoff meeting 2/6/24.
- Met with Alta Forrest products on 2/12/24.

- Barbara and Matthew starting training for “Just Culture”.
- Repairs to Morton clinic are well underway and progressing rapidly.
- CEO had WSHA Board orientation on 2/16/24.
- CEO met with River Valley Community Health on 2/23/24.
- New Employees
 - Food and Nutrition services, Registration, Business Office, Nursing, Lab.

Financial Turnaround Plan

REVENUE

1. **Add Services**
 - a. CT Scanner (*March 2024*)
 - i. CT DEXA scanning
 - ii. Cardiac
 1. Calcium scoring
 - b. Ultrasound (*April 2024*)
 - i. Perform fulltime.
 - c. MRI (*August 2024*)
 - d. Diagnostic Breast services (*June 2024*)
 - i. Diagnostic mammography
 - ii. Diagnostic Breast Sonography
2. **Renegotiate Payer contracts.**
 - a. TRC initiative (*March 2024*)
3. **Revenue Cycle Audit (*April 2024*)**
 - a. Billing and collections
 - b. Coding
 - c. Charge master
4. **Recruitment of specialty providers**
 - a. Orthopedics (*TBD*)
 - b. Cardiology (*TBD*)
5. **Pharmacy**
 - a. 340B Optimization (*February 2024*)
 - b. Ketamine Clinic
6. **Advanced Beneficiary Notice resolution in Morton Clinic (*June 2024*)**
7. **Packwood RHC status change (*February 2024, Complete*)**
8. **Enhanced Medicaid Reimbursement (*April 2024*)**

Expenses

1. Renegotiate Radiologist Contract (*2024*)
2. Review GPO savings (*February 2024*)
3. Review Energy Efficiency during purchases (*On going*)

Hospital Compliance: *How Effective Is Your Program?*

By **MARGARET SCAVOTTO, JD, CHC**
President, Management Performance Associates

A compliance program contained in a binder of yellowing pages is not enough. Long gone are the days when providers could 3-hole-punch a code of conduct, shove it on a shelf, and forget about it for years at a time. Compliance programs must go beyond the binder to be effective in reducing risk.

Why you need a compliance program

The federal government has been advising (and warning) providers for decades about the need for effective compliance programs. The Federal Sentencing Guidelines, the Office of Inspector General (OIG), and the Department of Justice (DOJ) Criminal Division have weighed in.

The Federal Sentencing Guidelines are used by federal judges and prosecutors to assess penalties, such as those against a corporation accused of violating the False Claims Act. Section 8B2 of the Guidelines helps courts and prosecutors assess whether a defendant has an "effective compliance and ethics program," and includes the following criterion (among others): "The organization shall take reasonable steps ... to evaluate periodically the effectiveness of the organization's compliance and ethics program..."¹

The OIG has published the Compliance Program Guidance for Hospitals (CPG for Hospitals)² and the Supplemental Compliance Program Guidance for Hospitals (Supplemental CPG for Hospitals).³ These CPGs represent the gold standard in compliance program design, and both documents emphasize the importance of an effective program. The CPG for

Hospitals uses the phrase "effective compliance program" 13 times and touts the benefits of an effective program for providers facing federal investigation: "The OIG... will consider the existence of an effective compliance program that pre-dated any governmental investigation when addressing the appropriateness of administrative policies" (emphasis in original).⁴



The Supplemental CPG for Hospitals likewise uses the phrase "effective compliance program" 11 times. For example: "In today's environment of increased scrutiny of corporate conduct and increasingly large expenditures for healthcare, it is imperative for hospitals to establish and maintain effective compliance programs."⁵ In April 2019, the Department of Justice Criminal Division issued a Guidance Document for Prosecutors: Evaluation of Corporate Compliance Programs.⁶ In this document, the DOJ outlines questions prosecutors should ask when making an "individualized determination of a corporate compliance program's effectiveness."⁷ The federal enforcers have made their expectations clear: hospitals need to have effective compliance programs – and those who do will fare better in an investigation or prosecution.

How do you measure your program?

A successful compliance program is entrenched in your organization's culture, and prevents, detects, and corrects compliance shortcomings. Hospitals can find out if their compliance program is working by conducting an effectiveness review. This process has been recommended by the OIG since 1998 and stands today:

An effective compliance program should also incorporate periodic (at least annual) reviews of whether the program's compliance elements have been satisfied, e.g., whether there has been appropriate dissemination of the program's standards, training, ongoing educational programs and disciplinary actions, among others.⁸

Review Strategies

The following tactics should be included in your review:

1. Verify that your compliance program addresses the seven elements outlined in the CPGs:
 - Compliance standards, policies, and procedures
 - A designated compliance officer and a compliance committee that meets regularly
 - Communication (anonymous reporting)
 - Compliance training and education for your workforce, board, volunteers, vendors, and students
 - Auditing and monitoring processes for all risk areas
 - Discipline that is fair and consistent, and employee and contractor screening processes
 - Policies for responding to compliance violations and taking corrective action
2. Assess your risk areas. The CPGs list hospital areas of risk, which can be generally grouped as:

- Quality of care
- Billing and cost reporting
- Employee and contractor screening
- Kickbacks, inducements, and self-referrals
- HIPAA
- Records
- Additional risk such as OSHA compliance or discrimination

3. Use your data. Identify the compliance data you have available, and mine it for trends. For example, all hospitals should have compliance report data. Review this data to identify any pain points: Are reports increasing or decreasing? Are reports concentrated in a certain department (like nursing)? Or risk area (like HIPAA)? Another good source of data is investigation reports: Are investigations seen to completion? Is corrective action and follow-up documented? Can you identify any repeat (unresolved) issues? Finally, your PEPPER (Program for Evaluating Payment Patterns Electronic Report) is an excellent source of data that can be used to identify where your organization might be an outlier (with high compliance risk).
4. Ask! Use an anonymous survey to evaluate your compliance culture. In other words, ask your workforce if your compliance program is effective. For example:
 - Do you feel comfortable reporting non-compliance to the compliance officer?
 - Do you know the compliance officer's name?
 - Do you fear retaliation in response to good faith reporting?
 - Do your co-workers and supervisors show ethical conduct?
 - Have you ever witnessed a compliance issue? Did you report it?If you can do so without betraying anonymity, look for variances at specific facilities and departments.

5. Don't forget about the board:
- Has the board made a formal commitment to compliance?
 - Does the board receive regular live and written compliance updates?
 - Does the board have the training required to effectively oversee a hospital compliance effort?
 - Does the compliance officer have a direct line of communication to the board?

After all, the board members (and/or executives) are ultimately responsible for the success or failure of your compliance program – so the role of leadership cannot be overlooked.

6. Keep your goals in mind:
- Verify that compliance tasks are completed.
 - Verify you can prove tasks are completed.
 - Make sure you can prove this immediately if government enforcers show up with documentation.
 - Identify program strengths and weaknesses.
 - Establish a game plan with actionable items to implement.

Maintaining success

A strong compliance program identifies problems and fixes them – and a good compliance program review will find areas to improve. Weaker programs will have more items to fix, and more broad categories to address. Stronger programs will still identify improvements; however, they will be fewer and more nuanced. All compliance programs require continuous innovation and advancement to stay effective.

Share the results of your review with your compliance committee, board, and other leaders. Use the results to come up with a compliance action plan for the next 12 months. Assign risk levels to each actionable item, and decide who will implement each item. At least quarterly, follow up on the action plan to hold your organization accountable for progress.

Once you implement your corrective actions, celebrate your progress. And then ... plan to do it all again next year. Effective compliance – unlike a yellowing binder – is a process that is never complete.

1. United States Sentencing Commission, *Guidelines Manual*, Section 8B2.1(b)(5)(B), November 2018, available at <https://www.usc.gov/guidelines/2018-guidelines-manual/annotated-2018-chapter-8#NaN> (last checked November 7, 2019).
2. Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, February 23, 1998, available at <https://oig.hhs.gov/authorities/docs/cpgghosp.pdf> (last checked November 7, 2019).
3. Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858, January 31, 2005, available at <https://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf> (last checked November 7, 2019).
4. CPG for Hospitals at 8988 footnote 2.
5. Supplemental CPG for hospitals at 4876.
6. U.S. Department of Justice Criminal Division, Evaluation of Corporate Compliance Programs Guidance Document, updated April 2019, available at <https://www.justice.gov/criminal-fraud/page/file/937501/download>.
7. Id.
8. CPG for Hospitals at 8997.

Margaret Scavotto, President, Management Performance Associates, helps healthcare providers design, implement and assess customized HIPAA and compliance programs to maximize quality, operations, and culture.

Healthcare Acronyms...

What the Heck Do Those Terms Mean?

By **STEPHEN T. MOORE**
Partner, Hinshaw & Culbertson LLP

Sometimes it seems like hospital administrators and healthcare providers are speaking a foreign language. Acronyms – words formed from the initial letters of words in a set phrase, such as NATO (North Atlantic Treaty Organization) or ASAP (as soon as possible) – are regularly used in healthcare to reference diagnoses, procedures, medications, government agencies, and organizations.

While many of these acronyms (or initialisms – acronyms that don't technically spell a word) are familiar to us – MD, RN, DNR, CDC – not all acronyms are as commonplace. DME? EHP? PPS? It can be difficult to keep track of an ever-growing list of healthcare lingo.

We all use acronyms in our daily speech. We rarely say The United States of America. We say USA. We don't say American Broadcast Company. We say ABC. We all know FBI stands for Federal Bureau of Investigation but rarely use the full name. The same goes for TV, CD, DVR, and CIA. We understand the meanings of common acronyms without much thought.

But acronyms can be confusing, and can even communicate the wrong message when we don't recognize them or when they stand for more than one abbreviated term. For example, HCP is a commonly used acronym for healthcare professional, but is also an acronym for healthcare provider, healthcare practitioner, healthcare proxy, health communication partnership, hydrocephalus, hereditary coproporphyrin, host cell protein, and even hard-core pornography.

Medical acronyms lack consistency and their use too often results in errors, adverse events, and harm to

patients. The Joint Commission, which accredits hospitals and other healthcare providers, has developed a list of acronyms, abbreviations, symbols, and close designations which should be prohibited from use, and prohibits use of acronyms and other abbreviations in patient materials and documents, such as consent forms and discharge instructions.

The Joint Commission also requires hospitals to establish lists of acronyms and abbreviations which are approved for use and a separate list of do not use acronyms, and calls on hospitals to monitor their use to improve communication and understanding among healthcare providers and to achieve safer and more effective care for patients. Like it or not, the use of acronyms and other forms of abbreviations in healthcare is here to stay. Hospital board members need to develop a familiarity with and working understanding of commonly used acronyms. Healthcare acronyms have an important place in conversation, so take time to learn the jargon. Take a look at the attached list on the following pages, see how many acronyms you recognize, and help yourself by learning a few more.



Stephen T.
MOORE
Partner

Medical Acronyms and Abbreviations All Board

Acronym	Meaning	Acronym	Meaning
ABN	Medicare Advance Beneficiary Notice of Non-Coverage	CMS	Centers for Medicare and Medicaid Services
ACA	Affordable Care Act	CNO	Chief Nursing Officer
ACO	Accountable Care Organization	CPT	Current Procedural Terminology
ACP	Advance Care Planning	CVA	Stroke (Cerebrovascular Incident)
AKS	Anti-Kickback Statute	DC	Discontinue or Discharge
AO	Accreditation Organization	DME	Durable Medical Equipment
AWV	Annual Wellness Visit	DNR	Do Not Resuscitate
BMP	Basic Metabolic Panel	DON	Director of Nursing
CA	Cancer	EHR	Electronic Health Record
CAH	Critical Access Hospital	EMR	Electronic Medical Record
CC	Chief Complaint	ER	Emergency Room
CCM	Chronic Care Management	FDA	Food and Drug Administration
CDC	Centers for Disease Control	GHP	Group Health Plan
CHIP	Children's Health Insurance Program	GI	Gastrointestinal
CHNA	Community Health Needs Assessment	H&P	History and Physical
CIA	Corporate Integrity Agreement	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
CME	Continuing Medical Education	HHS	Department of Health and Human Services
CMN	Certificate of Medical Necessity	HIM	Health Information Management
CMO	Chief Medical Officer	HIPAA	Health Insurance Portability and Accountability Act
CMP	Civil Monetary Penalty	HMO	Health Maintenance Organization

Board Members Should Know

Acronym	Meaning	Acronym	Meaning
ICAHN	Illinois Critical Access Hospital Network	OT	Occupational Therapy
ICD	International Classification of Diseases	OTC	Over the Counter
IDPH	Illinois Department of Public Health	PA	Physician Assistant
IHA	Illinois Health and Hospital Association	PECOS	Medicare Provider Enrollment, Chain and Ownership System
IP	Inpatient	PHI	Protected Health Information
IPA	Independent Physician's Association	PPACA	Patient Protection and Affordable Care Act
IRCCO	Illinois Rural Community Care Organization	PPO	Preferred Provider Organization
LTC	Long Term Care	PPS	Prospective Payment System
MA	Medicare Advantage	PRN	As Needed (Latin Term: Pro Re Nata)
MCO	Managed Care Organization	PSA	Professional Service Agreement
NDC	National Drug Code	PT	Physical Therapy
NH	Nursing Home	RD	Rural Development
NP	Nurse Practitioner	RT	Respiratory Therapy
NPI	National Provider Identifier	SNF	Skilled Nursing Facility
NPPES	National Plan and Provider Enumeration System	ST	Speech Therapy
OBS	Observation	SWB	Swingbed
OIG	Office of the Inspector General	U/A	Urinalysis
OP	Outpatient	URI	Upper Respiratory Infection
OR	Operating Room	WC	Workers Compensation

Stephen T. Moore is a partner at Hinshaw & Culbertson LLP, where he currently serves as the leader of the firm's national Health Care Practice Group.