
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

Board Chair –Tom Herrin, Secretary – Kim Olive,
Commissioner – Craig Coppock, Commissioner – Wes McMahan &
Commissioner-Laura Richardson

June 29, 2022 @ 3:30 PM

Join Zoom Meeting: <https://myarborhealth.zoom.us/j/83128978214>

Meeting ID: 831 2897 8214

One tap mobile: +12532158782,,83128978214#

Dial:+1 253 215 8782



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

June 29, 2022 at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

<https://myarborhealth.zoom.us/j/83128978214>

Meeting ID: 831 2897 8214

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Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	PAGE	TIME
Call to Order Roll Call 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 & RCW 70.41.205 <ul style="list-style-type: none"> Medical Privileging-Dr. Mark Hansen & Janice Cramer (5 minutes) Quality Improvement Oversight Report-Commissioner Coppock & Sara Williamson (5 minutes) 	4	3:40 pm
Department Spotlight <ul style="list-style-type: none"> <i>Dietary</i> 	6	3:50 pm
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report-Committee Chair-Commissioner Richardson 	11	4:00 pm
<ul style="list-style-type: none"> Finance Committee Report-Committee Chair-Commissioner McMahan 	13	4:05 pm
<ul style="list-style-type: none"> Plant Planning Committee Report-Committee Chair-Commissioner McMahan 		4:15 pm
Consent Agenda (Action) <ul style="list-style-type: none"> Approval of Minutes: <ul style="list-style-type: none"> May 25, 2022, Regular Board Meeting June 1, 2022, Special Board Meeting June 8, 2022, QIO Committee Meeting June 15, 2022, Plant Planning Committee Meeting June 20, 2022, Special Board Meeting June 22, 2022, Finance Committee Meeting 	19 27 29 34 37 39	4:20 pm
<ul style="list-style-type: none"> Warrants & EFTs in the amount of \$3,952,708.68 dated May 2022 	44	
<ul style="list-style-type: none"> Resolution 22-19-Approving Budget Amendment-Stretchers 	46	

<ul style="list-style-type: none"> ○ <i>To approve the purchase of the stretchers from operating cash.</i> 		
<ul style="list-style-type: none"> • Resolution 22-20-Approving Budget Amendment-2016 Cost Report Settlement Payment <ul style="list-style-type: none"> ○ <i>To approve the settlement payment to Medicare for the fiscal year 2016 from operating cash.</i> 	53	
<ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 06.29.22 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> 	55	
Old Business <ul style="list-style-type: none"> • The Rural Collaborative (TRC)-Enterprise <ul style="list-style-type: none"> ○ <i>Resolution 22-21-Approving the Interlocal Agreement with The Rural Collaborative and Others (Action)</i> <ul style="list-style-type: none"> ▪ <i>To approve the interlocal agreement with TRC in the Form of a Limited Liability Partnership Agreement.</i> 	57	4:25 pm
<ul style="list-style-type: none"> • Packwood Letter of Intent (<i>Verbal</i>) <ul style="list-style-type: none"> ○ <i>To provide an update on the future Packwood Clinic.</i> 		4:35 pm
New Business <ul style="list-style-type: none"> • Wage Adjustments <ul style="list-style-type: none"> ○ <i>Resolution 22-22-Approving Budget Amendment-Wage Adjustments (Action)</i> <ul style="list-style-type: none"> ▪ <i>To approve the wage increases occurring due to union negotiations and market factors.</i> 	62	4:45 pm
<ul style="list-style-type: none"> • Superintendent Succession Plan <ul style="list-style-type: none"> ○ <i>To review the process and next steps.</i> 	65	4:55 pm
<ul style="list-style-type: none"> • Board Policy & Procedure Review <ul style="list-style-type: none"> ○ Quality Improvement Oversight Information ○ Annual Adoption of the Quality Program Plan ○ Annual Adoption of the Compliance Plan 	74 76 78	5:15 pm
Superintendent Report (<i>Verbal</i>)		5:20 pm
Meeting Summary & Evaluation		5:25 pm
Next Board Meeting Dates and Times <ul style="list-style-type: none"> • Special Board Meeting-July 18, 2022 @ 3:30 PM (ZOOM) • Regular Board Meeting-July 27, 2022 @ 3:30 PM (ZOOM) Next Committee Meeting Dates and Times <ul style="list-style-type: none"> • Finance Committee Meeting- July 20, 2022 @ 12:00 PM (ZOOM) 		
Adjournment		5:30 pm



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

- Mark Winkler, MD (Radia)

REAPPOINTMENTS- 26

Arbor Health

- Don Allison, MD

Cardiology Consulting Privileges

- John Waggoner, MD

Radiology Consulting Privileges

- Samantha Lancaster, MD
- Eileen Lorenz, MD
- Ross Parker, MD
- Tremont Parrino, MD
- Jigish Patel, MD
- Colin Poon, MD
- Amar Purandare, MD
- Kevin Roscoe, MD
- Charles Shen, MD
- Navneet Singha, MD
- David Stagnone, MD
- Lloyd Stambaugh, MD
- Andrew Taylor, MD
- Ian Timms, MD
- Chrystel Venturini, MD
- Evert-Jan Verschuyt, MD
- Pedro Vieco, MD
- Xi Zhang, MD

Telestroke/Neurology Consulting Privileges

- Abdelrahman Beltagy, MD

✱-notates files with items to note.



- Kinjal Desai, MD
- Lindsey Frischmann, MD
- Robert Lada, MD
- Michael Marvi, MD
- Kishan Patel, MD

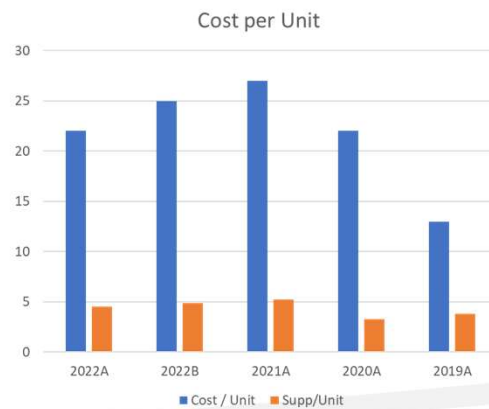
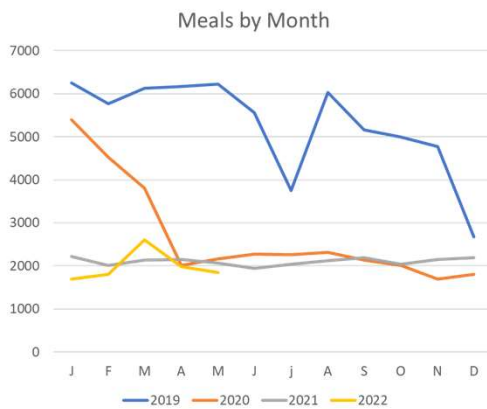
✪-notates files with items to note.

Dietary

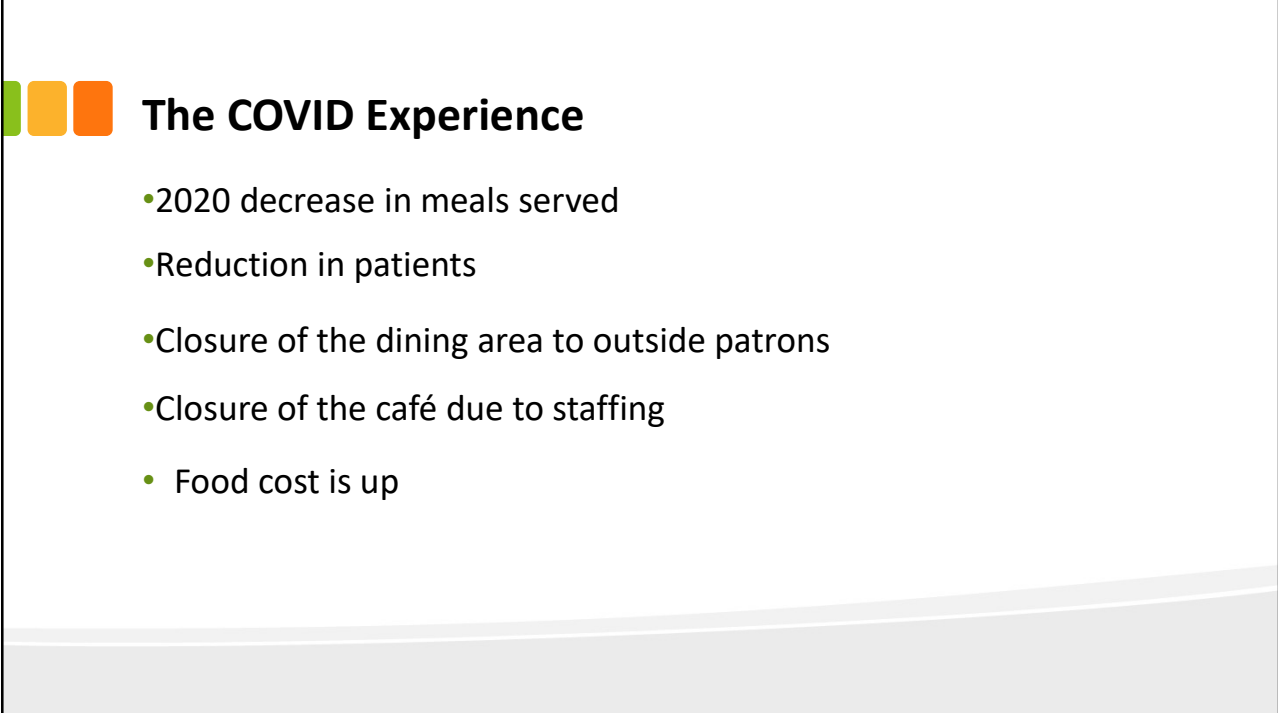


1

Volume & Per Unit cost



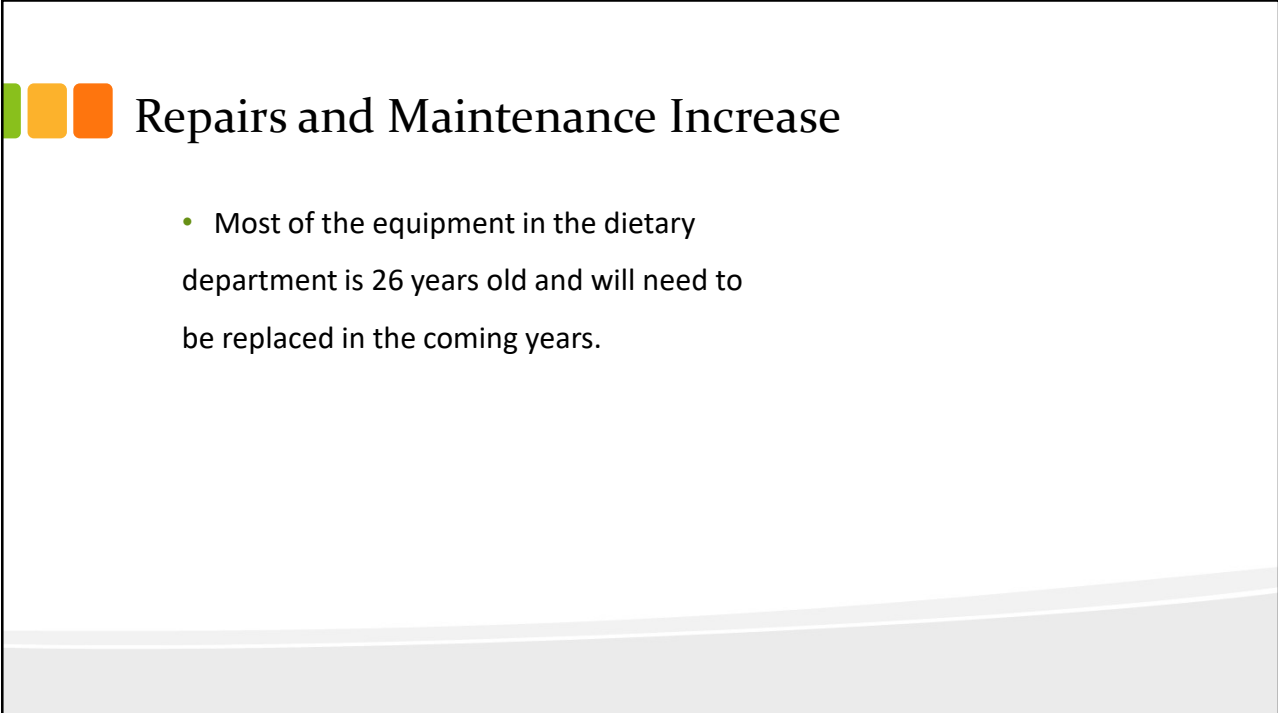
2



The COVID Experience

- 2020 decrease in meals served
- Reduction in patients
- Closure of the dining area to outside patrons
- Closure of the café due to staffing
- Food cost is up

3



Repairs and Maintenance Increase

- Most of the equipment in the dietary department is 26 years old and will need to be replaced in the coming years.

4

Capital approved for this year!



5

Dietary's 2022 Strategic Measures

- Strategy 1: Recipe or Article in the quarterly Health & Life.
- Strategy 2: Conduct healthy cooking demonstrations for public. Measure is one demonstration per quarter with an increased number of 50%
- Strategy 3: Decrease department turnover by 40%

6

Senior Meals To - Go



7

BOARD COMMITTEE REPORTS

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Arbor Health Foundation Meeting
June 14th, 2022
Hybrid Meeting

Mission Statement

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 pride and confidence in all aspects of the hospital's health care system.

Attendance: Marc Fisher, Jeannine Walker, Jessica Scogin, Laura Richardson, Julie Taylor, Katelin Forrest, Shannon Kelly, Kip Henderson, Betty Jurey, Lynn Bishop, Christine Brower

Excused: Caro Johnson, Gerri Maize, Louise Fisher

Guest: Kip Henderson

Call to Order by President Marc Fisher at 12:01

The president read the mission statement

May meeting minutes were reviewed/amended and approved

*Added: Christine Brower as excused for last meeting, sent email.

1. Katelin Forrest 2. Jeannine Walker

May treasures report were reviewed and approved

*Questions about the \$5,442.94 scholarship refund. Made notice that the gift shop is doing well.

1. Shannon Kelly 2. Jeannine Walker

Administrators Report-Julie Taylor

Julie reported ISO Certification (surveyors) was completed the last week of April.

There were 5 citing's that are considered a low level. They are working on corrective actions towards those. Finance has an audit as well marked as clean.

Plans are still in the works to identify a site for the new Packwood clinic, hopefully by July. The new Rapid Care Clinic will be expanding to four days Friday-Monday.

Recruitment for Morton clinic of Dr. Puga starts Aug 1st, Dr. Cooper is retiring.

Directors Report: -Jessica Scogin

The Mad Hatter Tea Party was held at the Tiller Arts Center on June 4, 2022. \$15 tickets. 36 people registered and 8 servers. The 50/50 Raffle - Laura Richardson WON & gave the \$\$ back to the foundation. The keynote speaker was Carolyn Price. The food was good, pretty setting and decorated very well.

July 3rd, 2022 is the Mossyrock Fun Run 5K

August 27th, 2022 is the Color Run – The Foundation will piggyback with the Hospital. There are different levels of entry from \$8.00 to \$65.00. The extra money will go to the Foundation. People who wish not to be colored will wear a badge.

Doris Moorehead's Estate donated \$7,000.00

Working on creating a Scholarship applicant rubric – collaborating with others having a point score system.

Could use 2 or more volunteers for the Gift Shop at the Hospital. Monday afternoons. Could be a student 16 years or older needing high school volunteer hours.

Jessica is working on updating/fixing the Hospitals website, asked for more ideas.

Old Business:

Marc Fisher nominated Katelin Forrest for Vice President

Katelin Forrest Accepted the nomination. Board voted and all approved unanimously.

New Business:

Katelin Forrest inquired about reviewing the bylaws and it needed to be discussed at the Executive meeting.

Katelin Forrest asked about doing a membership drive. Doing a newsletter was mentioned and also adding it to the Foundation part of the Hospitals website.

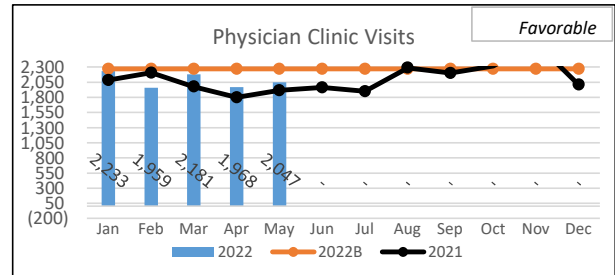
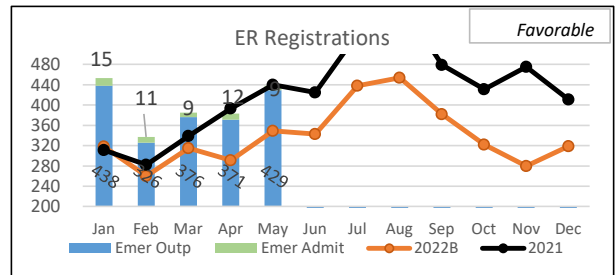
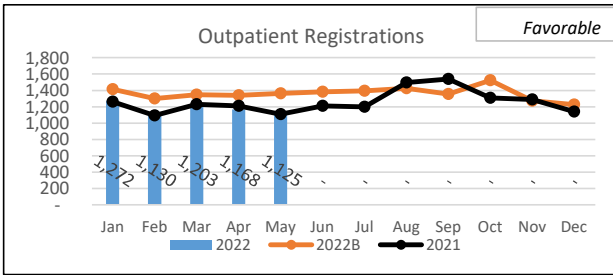
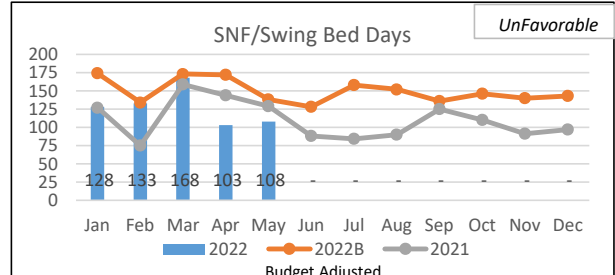
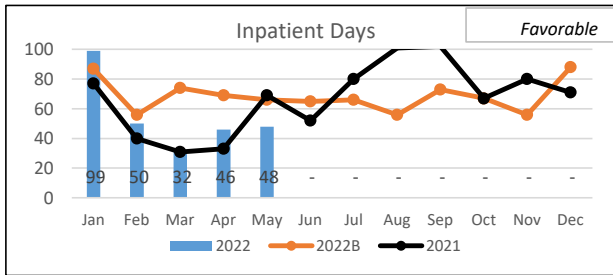
Jessica asked about doing the July 12th meeting outside. Laura Richardson volunteered to host it at her home outside, under a tent.

Meeting adjourned 12:50

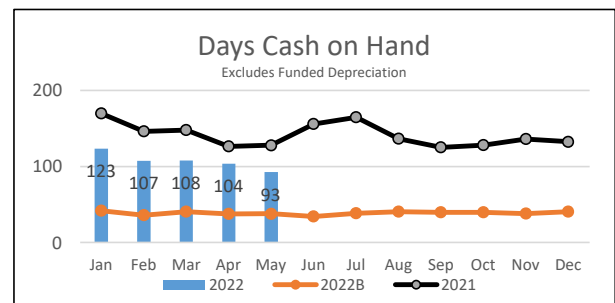
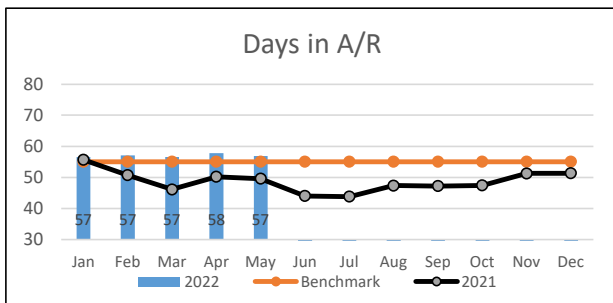
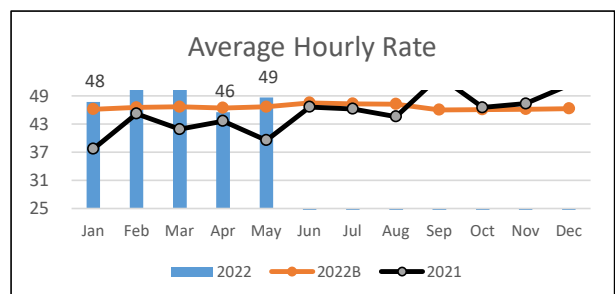
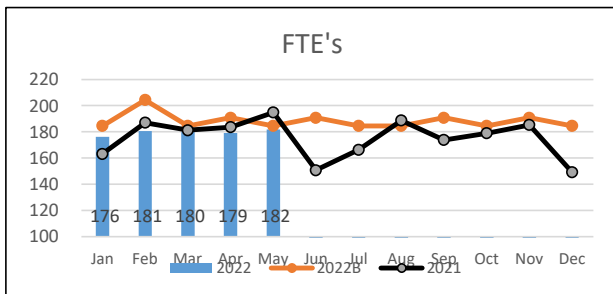
Lewis County Hospital District No. 1 Board Financial Summary

May 31, 2022

Growth



People and Operational Aspects



All Morton General Hospital
Income Statement
May, 2022

Pr Yr MTD	% Var	MTD \$ Var	MTD Budget	MTD Actual		YTD Actual	YTD Budget	YTD \$ Var	YTD % Var	PY YR YTD
653,396	-29%	(220,033)	755,381	535,348	Total Hospital IP Revenues	3,342,880	3,824,034	(481,154)	-12.6	3,164,110
2,623,007	6%	195,752	3,120,994	3,316,746	Outpatient Revenues	15,226,613	14,976,359	250,254	1.7	12,589,142
334,717	-23%	(121,262)	534,032	412,771	Clinic Revenues	2,119,055	2,609,700	(490,646)	-18.8	1,761,673
3,611,121	-3%	(145,543)	4,410,407	4,264,864	Total Gross Patient Revenues	20,688,548	21,410,093	(721,545)	-3.4	17,514,925
(1,300,832)	8%	(110,444)	(1,403,617)	(1,514,061)	Contractual Allowances	(6,412,615)	(6,775,541)	362,926	-5.4	(5,750,157)
16,363	-57%	32,264	(57,064)	(24,800)	Bad Debt & Bankruptcy	(80,265)	(271,377)	191,112	-70.4	(244,860)
(34,828)	4702%	(103,574)	(2,203)	(105,776)	Indigent Care	(233,653)	(10,912)	(222,742)	2041.3	(136,862)
(86,015)	0%	(178,050)	0	(178,050)	Other Adjustments	(434,294)	0	(434,294)	0.0	(116,684)
(1,405,311)	25%	(359,803)	(1,462,883)	(1,822,686)	Total Deductions From Revenue	(7,160,827)	(7,057,829)	(102,997)	1.5	(6,248,563)
2,205,810	-17%	(505,346)	2,947,524	2,442,178	Net Patient Revenues	13,527,721	14,352,264	(824,543)	-5.7	11,266,363
200,767	-5%	(4,347)	81,900	77,553	Other Operating Revenue	461,864	409,502	52,362	12.8	818,402
2,406,577	-17%	(509,693)	3,029,424	2,519,731	Total Operating Revenue	13,989,585	14,761,766	(772,181)	-5.2	12,084,765
Operating Expenses										
1,483,388	3%	50,351	1,801,885	1,751,533	Salaries	8,366,779	8,997,002	630,223	7.0	7,199,887
362,398	5%	21,054	432,568	411,514	Total Benefits	2,053,951	2,167,533	113,582	5.2	1,927,181
1,845,785	3%	71,405	2,234,453	2,163,047	Salaries And Benefits	10,420,730	11,164,534	743,805	6.7	9,127,068
126,477	19%	34,945	179,879	144,933	Professional Fees	618,624	776,396	157,772	20.3	655,303
139,985	-1%	(1,552)	195,704	197,256	Supplies	1,028,117	1,003,365	(24,751)	-2.5	776,904
348,809	-5%	(19,493)	390,334	409,827	Total Purchased Services	1,857,197	1,983,894	126,697	6.4	1,681,044
33,149	-90%	(30,264)	33,545	63,809	Utilities	248,998	209,055	(39,943)	-19.1	213,464
19,425	-4%	(993)	22,271	23,263	Insurance Expense	115,054	111,355	(3,700)	-3.3	97,085
102,798	-8%	(7,860)	104,739	112,600	Depreciation and Amortization	543,258	510,821	(32,437)	-6.3	511,128
35,628	2%	698	33,161	32,464	Interest Expense	166,345	165,807	(538)	-0.3	178,566
57,458	24%	12,532	52,739	40,208	Other Expense	187,358	306,913	119,555	39.0	224,796
2,709,514	2%	59,418	3,246,826	3,187,408	Total Operating Expenses	15,185,682	16,232,140	1,046,458	6.4	13,465,359
(302,937)	207%	(450,275)	(217,402)	(667,677)	Income (Loss) From Operations	(1,196,096)	(1,470,374)	274,278	-18.7	(1,380,595)
(121,564)	1%	(957)	(137,566)	(136,610)	Non-Operating Revenue/Expense	(726,410)	(687,831)	38,579	-5.6	(610,429)
(181,373)	565%	(451,232)	(79,836)	(531,067)	Net Gain (Loss)	(469,686)	(782,543)	312,857	-40.0	(770,165)

Lewis County Hospital District No. 1
Income Statement
May, 2022

CURRENT MONTH					YEAR TO DATE					
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
653,396	-29%	(220,033)	755,381	535,348	Inpatient Revenue	3,342,880	3,824,034	(481,154)	-13%	3,164,110
2,623,007	6%	195,752	3,120,994	3,316,746	Outpatient Revenue	15,226,613	14,976,359	250,254	2%	12,589,142
334,717	-23%	(121,262)	534,032	412,771	Clinic Revenue	2,119,055	2,609,700	(490,646)	-19%	1,761,673
3,611,121	-3%	(145,543)	4,410,407	4,264,864	Gross Patient Revenues	20,688,548	21,410,093	(721,545)	-3%	17,514,925
1,386,847	-21%	(288,494)	1,403,617	1,692,111	Contractual Allowances	6,846,909	6,775,541	(71,368)	-1%	5,866,840
34,828	-4702%	(103,574)	2,203	105,776	Charity Care	233,653	10,912	(222,742)	-2041%	136,862
(16,363)	57%	32,264	57,064	24,800	Bad Debt	80,265	271,377	191,112	70%	244,860
1,405,311	-25%	(359,803)	1,462,883	1,822,686	Deductions from Revenue	7,160,827	7,057,829	(102,997)	-1%	6,248,563
2,205,810	-17%	(505,346)	2,947,524	2,442,178	Net Patient Service Rev	13,527,721	14,352,264	(824,543)	-6%	11,266,363
61.1%	14.3%	9.6%	66.8%	57.3%	NPSR %	65.4%	67.0%	1.6%	2.5%	64.3%
200,767	-5%	(4,347)	81,900	77,553	Other Operating Revenue	461,864	409,502	52,362	13%	818,402
2,406,577	-17%	(509,693)	3,029,424	2,519,731	Net Operating Revenue	13,989,585	14,761,766	(772,181)	-5%	12,084,765
Operating Expenses										
1,483,388	3%	50,351	1,801,885	1,751,533	Salaries & Wages	8,366,779	8,997,002	630,223	7%	7,199,887
362,398	5%	21,054	432,568	411,514	Benefits	2,053,951	2,167,533	113,582	5%	1,927,181
126,477	19%	34,945	179,879	144,933	Professional Fees	618,624	776,396	157,772	20%	655,303
139,985	-1%	(1,552)	195,704	197,256	Supplies	1,028,117	1,003,365	(24,751)	-2%	776,904
348,809	-5%	(19,493)	390,334	409,827	Purchase Services	1,857,197	1,983,894	126,697	6%	1,681,044
33,149	-90%	(30,264)	33,545	63,809	Utilities	248,998	209,055	(39,943)	-19%	213,464
19,425	-4%	(993)	22,271	23,263	Insurance	115,054	111,355	(3,700)	-3%	97,085
57,458	24%	12,532	52,739	40,208	Other Expenses	187,358	306,913	119,555	39%	224,796
2,571,088	2%	66,581	3,108,925	3,042,345	EBDITA Expenses	14,476,079	15,555,513	1,079,434	7%	12,775,665
(164,511)	557%	(443,112)	(79,501)	(522,613)	EBDITA	(486,494)	(793,747)	307,253	-39%	(690,900)
-6.8%	-690.3%	18.1%	-2.6%	-20.7%	EBDITA %	-3.5%	-5.4%	-1.9%	35.3%	-5.7%
Capital Cost										
102,798	-8%	(7,860)	104,739	112,600	Depreciation	543,258	510,821	(32,437)	-6%	511,128
35,628	2%	698	33,161	32,464	Interest Cost	166,345	165,807	(538)	0%	178,566
2,709,514	2%	59,418	3,246,826	3,187,408	Operating Expenses	15,185,682	16,232,140	1,046,458	6%	13,465,359
(302,937)	207%	(450,275)	(217,402)	(667,677)	Operating Income / (Loss)	(1,196,096)	(1,470,374)	274,278	-19%	(1,380,595)
-12.6%			-7.2%	-26.5%	Operating Margin %	-8.5%	-10.0%			-11.4%
Non Operating Activity										
139,805	0%	694	141,132	141,827	Non-Op Revenue	749,814	705,661	44,153	6%	652,340
18,241	-46%	(1,651)	3,566	5,217	Non-Op Expenses	23,404	17,830	(5,574)	-31%	41,911
121,564	-1%	(957)	137,566	136,610	Net Non Operating Activity	726,410	687,831	38,579	6%	610,429
(181,373)	565%	(451,232)	(79,836)	(531,067)	Net Income / (Loss)	(469,686)	(782,543)	312,857	-40%	(770,165)
-7.5%			-2.6%	-21.1%	Net Income Margin %	-3.4%	-5.3%			-6.4%

Lewis County Public Hospital District No. 1

Balance Sheet

May, 2022

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
Assets				
Current Assets:				
Cash	\$ 9,212,674	9,827,440	11,725,277	(2,512,603)
Total Accounts Receivable	7,627,489	7,862,782	6,796,889	830,600
Reserve Allowances	<u>(3,578,024)</u>	<u>(3,344,849)</u>	<u>(2,675,536)</u>	<u>(902,488)</u>
Net Patient Accounts Receivable	4,049,465	4,517,933	4,121,353	(71,888)
Taxes Receivable	7,285	302,378	44,337	(37,052)
Estimated 3rd Party Receivables	59,300	59,300	74,277	(14,977)
Prepaid Expenses	254,803	252,948	299,720	(44,917)
Inventory	365,453	360,942	351,873	13,580
Funds in Trust	2,018,856	1,807,056	1,593,539	425,317
Other Current Assets	<u>183,326</u>	<u>189,626</u>	<u>192,811</u>	<u>(9,485)</u>
Total Current Assets	16,151,162	17,317,623	18,403,188	(2,252,026)
Property, Buildings and Equipment	34,864,725	34,833,208	34,687,777	176,949
Less Accumulated Depreciation	<u>(23,729,374)</u>	<u>(23,616,885)</u>	<u>(23,182,426)</u>	<u>(546,948)</u>
Net Property, Plant, & Equipment	11,135,351	11,216,324	11,505,351	(370,000)
Other Assets	<u>167,514</u>	<u>167,514</u>	<u>0</u>	<u>167,514</u>
Total Assets	<u>\$ 27,454,028</u>	<u>28,701,461</u>	<u>29,908,539</u>	<u>(2,454,511)</u>
Liabilities				
Current Liabilities:				
Accounts Payable	572,784	627,740	748,429	(175,645)
Accrued Payroll and Related Liabilities	1,194,230	1,352,044	1,244,266	(50,036)
Accrued Vacation	795,142	835,375	784,018	11,124
Third Party Cost Settlement	3,403,386	3,903,371	5,311,870	(1,908,484)
Interest Payable	148,307	118,645	0	148,307
Current Maturities - Debt	1,366,865	1,366,865	1,366,865	0
Unearned Revenue	1,252,684	1,252,684	1,000,000	252,684
Other Payables	<u>31,517</u>	<u>0</u>	<u>12,150</u>	<u>19,367</u>
Current Liabilities	<u>8,764,914</u>	<u>9,456,724</u>	<u>10,467,598</u>	<u>(1,702,684)</u>
Total Notes Payable	1,288,032	1,312,698	1,566,482	(278,450)
Capital Lease	(0)	(0)	(0)	0
Net Bond Payable	5,025,758	5,025,647	5,029,448	(3,691)
Total Long Term Liabilities	<u>6,313,789</u>	<u>6,338,346</u>	<u>6,595,930</u>	<u>(282,141)</u>
Total Liabilities	<u>15,078,704</u>	<u>15,795,070</u>	<u>17,063,528</u>	<u>(1,984,825)</u>
General Fund Balance	12,845,010	12,845,010	12,845,010	0
Net Gain (Loss)	<u>(469,686)</u>	<u>61,381</u>	<u>0</u>	<u>(469,686)</u>
Fund Balance	<u>12,375,324</u>	<u>12,906,391</u>	<u>12,845,010</u>	<u>(469,686)</u>
Total Liabilities And Fund Balance	<u>\$ 27,454,028</u>	<u>28,701,461</u>	<u>29,908,539</u>	<u>(2,454,511)</u>

Arbor Health
Cash Flow Statement
For the Month Ending May 2022

	MTD	YTD
Cash Flows from Operating Activities		
Net Income	(531,067)	(469,686)
Adjustments to reconcile net income to net cash provided by operating activities		
Decrease/(Increase) in Net Patient Accounts receivable	468,468	71,888
Decrease/(Increase) in Taxes receivable	295,093	37,054
Decrease/(Increase) in Est 3rd Party Receivable	0	14,977
Decrease/(Increase) in Prepaid expenses	(1,855)	44,917
Decrease/(Increase) in Inventories	(4,511)	(13,580)
Decrease in Other Current Assets	6,299	(158,031)
Increase/(Decrease) in Accrued payroll liabilities	(198,047)	(38,912)
Increase/(Decrease) in 3rd Party cost stlmt liabilities	(499,985)	(1,908,484)
Increase/(Decrease) in Accounts payable	546,920	96,405
Increase/(Decrease) in Interest payable	29,662	148,307
Depreciation expense	112,489	546,948
Net Cash Flow from Operations	223,466	(1,628,197)
Cash Flows from Investing Activities		
Cash paid for		
Purchases of Fixed assets	(31,517)	(176,948)
Net Cash Flow from (used) in Investing Activities	(31,517)	(176,948)
Cash Flows from Financing Activities		
Cash paid for		
Additions to long-term debt	0	0
Principal payments of long-term liabilities	(24,556)	(282,141)
Net Cash Flow from (used) in Financing Activities	(24,556)	(282,141)
Net Increase (Decrease) in Cash	167,393	(2,087,286)
Cash at Beginning of Period	\$ 11,064,137	\$ 13,318,816
Cash at End of Period	<u>\$ 11,231,530</u>	<u>\$ 11,231,530</u>

CONSENT AGENDA



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
May 25, 2022, at 3:30 p.m.
ZOOM**

<https://myarborhealth.zoom.us/j/84887072988>

Meeting ID: 848 8707 2988

One tap mobile: +12532158782,,84887072988#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	<p>Board Chair Herrin called the meeting to order via Zoom at 3:30 p.m.</p> <p>Commissioners present:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Tom Herrin, Board Chair<input checked="" type="checkbox"/> Kim Olive, Secretary<input checked="" type="checkbox"/> Wes McMahan<input checked="" type="checkbox"/> Craig Coppock<input checked="" type="checkbox"/> Laura Richardson <p>Others present:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Leianne Everett, Superintendent<input checked="" type="checkbox"/> Shana Garcia, Executive Assistant<input checked="" type="checkbox"/> Sara Williamson, CNO/CQO<input checked="" type="checkbox"/> Julie Allen, Quality Manager<input checked="" type="checkbox"/> Richard Boggess, CFO<input checked="" type="checkbox"/> Diane Markham, Marketing & Communications Manager<input checked="" type="checkbox"/> Buddy Rose, Reporter<input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer<input checked="" type="checkbox"/> Kelly Houser, RN<input checked="" type="checkbox"/> Janice Cramer, Medical<input checked="" type="checkbox"/> Colleen Littlejohn, RN			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> ☒ Tammy Beals, RN ☒ Shannon Kelly, CHRO ☒ Rhonda Volk, RN ☒ Darla Anderson, RN ☒ Lisa Carrell, CPA WA State Auditor's Office ☒ Travis Elmore Nelson, WSNA ☒ Matthew Lindstrom, Facilities Director ☒ Julie Taylor, Ancillary Services Director ☒ Clint Scogin, Controller ☒ Katelin Forrest, HR Generalist ☒ Kami Matzek, CPA DZA ☒ Shayna Desjardins, CPA DZA ☒ Elya Prystowski, Executive Director, TRC <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
Approval or Amendment of Agenda		<p>Commissioner Coppock made a motion to approve the agenda.</p> <p>Commissioner Secretary Olive seconded and the motion passed unanimously.</p>		
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Comments and Remarks	<p>Commissioners: Secretary Olive shared condolences to the Uvalde, TX families and community, such a senseless act of violence.</p> <p>Commissioner Coppock noted the importance of engaging with the youth in our District due to the recent events. Also, he was very impressed with the DZA report and the track the District is on.</p> <p>Audience: Travis Elmore Nelson with WSNA noted he is active in the Oregon legislation. Again, not here to bargain; however, the WSNA Union continues to have</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>concerns with attracting and retaining nurses who are the heart of healthcare. Another concern is related to the providers wage increases this year of an estimated 45% and nurses are only requesting 18% over three years. WSNA is upset and questions the Hospital's motives while we work towards an agreement.</p> <p>Superintendent Everett introduced the Hospital's new Facilities Director Matthew Lindstrom.</p>			
Executive Session- RCW 70.41.200	<p>Executive Session began at 3:42 p.m. for five minutes to discuss RCW 70.41.200. The Board returned to open session at 3:47 p.m.</p> <p>Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments- Radiology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Robert Apland, DO (Radia) 2. Jonathan Lee, MD (Radia) 3. David Westman, MD (Radia) <p>Reappointments- Arbor Health Cardiology Consulting Privileges Radiology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Shari Jackson, MD 2. Frederick Kash, MD 3. Mitchell Kok, MD 4. Christopher Krol, MD 5. John MacKenzie, MD 6. Harrison March, MD 7. Mark Mayhle, MD 8. David Miller, MD 9. Kirk Myers, DO 	<p>Secretary Olive made a motion to approve the Medical Privileging as presented and Commissioner Richardson seconded. The motion passed unanimously.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>10. Nancy Neubauer, MD Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Joseph Freeburg, MD (Providence Health & Services) 2. Amit Kansara, MD (Providence Health & Services) 			
<p>Guest Speakers</p> <ul style="list-style-type: none"> Kami Matzek, CPA & Shayna Desjardin, CPA (DZA) 	<p>CPA Matzek highlighted the following:</p> <ol style="list-style-type: none"> 1. Presented the audited financial statement with no findings. An unmodified opinion, which means a clean audit was determined. 2. Presented the financial indicators, which displays the District's history in comparison to hospitals within Washington and nationally. Again, these indicators are averages and not necessarily goals. 3. In summary, it was a clean audit. 			
<ul style="list-style-type: none"> Elya Prystowski, Executive Director, The Rural Collaborative (TRC) 	<p>Executive Director Prystowski highlighted the following:</p> <ol style="list-style-type: none"> 1. The TRC currently has an Interlocal Agreement to negotiate as 23 hospitals where there are financial benefits through membership. Wanting to remain small, ensure trust and have tight relationships. 2. Proposing to start a Limited Liability Partnership called the Enterprise with a onetime payment of \$2,000 at creation. Shared the reason for separating, how it will work and be governed. This decision to join the Enterprise will require a resolution, so it can be finalized by the end of July. The goal would be 	<p>Revisit the Enterprise decision and vote with a resolution.</p>	<p>Board of Commissioners</p>	<p>06.29.22 Regular Board Meeting</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	to start the work of the enterprise in Q4 2022.			
Department Spotlight	Ancillary Services Director Taylor shared insight into laboratory services, strategic goals and updates to the departmental specific performance improvement. The department acquired new equipment during COVID that has been beneficial.			
Board Committee Reports	Commissioner Richardson shared the Arbor Health Foundation is hosting a Mad Hatter Tea Party is June 4 th and Color Run on August 27 th .			
<ul style="list-style-type: none"> Hospital Foundation Report Finance Committee Report 	CFO Boggess noted again the audit has been finalized, so EMMA reporting requirements have been completed for the year. Moving forward with the bond and levy discussion, the District is in conversations with Piper Sandler on next steps. The District has a planned settlement payment to Noridian which needs board approval tonight. The Committee is aware of the current market conditions and negotiations may affect the budget.			
<ul style="list-style-type: none"> Compliance Committee Report 	Compliance Officer Hargett noted a workgroup summary, a Public Records Act update, the recent changes to the Charity Care Act and as compliance risks are concerned, there are no new emerging risks.			
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. April 27, 2022, Regular Board Meeting b. May 11, 2022, Compliance Committee Meeting c. May 18, 2022, Finance Committee Meeting 	<p>Secretary Olive made a motion to approve the Consent Agenda and Commissioner Richardson seconded. The motion passed unanimously.</p> <p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p>	Executive Assistant Garcia	05.27.22

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ol style="list-style-type: none"> 2. Warrants & EFTs in the amount of \$3,269,273.41 dated April 2022 3. Resolution 22-17- Approving the Medicare 2021 Cost Report Settlement Payment 4. Approve Documents Pending Board Approval & Ratification 05.25.22 			
Old Business <ul style="list-style-type: none"> • 2023-2025 Strategic Planning 	<p>Superintendent Everett noted it is the third and final year of the current strategic plan. In communication with Via Healthcare, as they are a respectable and qualified group to do the retreat again.</p> <p>The Board supported moving forward with Via Healthcare or a comparable vendor for the 2023-2025 Strategic Planning Retreat.</p>	<p>Commissioner Coppock made a motion to approve Resolution 22-18- Approving to Engage the 2023-2023 Strategic Planning Consultant and Secretary Olive seconded. The motion passed unanimously.</p>	Superintendent Everett	06.29.22 Regular Board Meeting
<ul style="list-style-type: none"> • Leadership Summit Summary 	<p>Board Chair Herrin noted the training was a great opportunity and money well worth spent. Commissioner Coppock concurred it was a great conference, going in the right direction with new ideas to consider taking the District to the next level.</p> <p>Secretary Olive felt a similar experience and reiterated the importance of building highly reliable systems. One take away was the most important patient is the one we haven't seen yet! Commissioner McMahan was the only one online and thought it too was a good conference. Enjoyed the patient safety emphasis and the importance of teamwork by looking out for all staff.</p> <p>Superintendent Everett shared Day 1 speakers were all from Press Ganey. Biggest takeaway was the attorney's message of extreme transparency when faced with a medical mistake-do not "circle the wagons" and shut down communication. Lastly,</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Superintendent Everett noted the conference materials have not been released as of today; however, WSHA/AWPHD intends to send to all participants.			
<ul style="list-style-type: none"> LCIP Discussion 	<p>Superintendent Everett noted there was confusion on the initial ask by Lewis County; however, in due to a recent audit finding, a correction was required. Lewis County (LC) is the District's custodian of funds. By signing the letter, it identifies the relationship and authorizes LC to manage the District's funds. The signed letter will bring LC into compliance.</p> <p>The Board supported Superintendent Everett to sign the letter.</p>	Sign the letter provided by Lewis County.	Superintendent Everett	06.06.22
New Business	Nothing to report.			
Superintendent Report	<p>Superintendent Everett highlighted the following:</p> <ol style="list-style-type: none"> 1. AWPDPH is vetting vendors to move forward with redistricting. CNO/CQO Williamson noted the Multidisciplinary Committee remains in effect and is responsive the County and/or District's needs. 2. 2021 Employee turnover was reviewed. The District has concerns related to staffing management and continues to be creative on retaining and attracting staff to Arbor Health. 3. The District has an opportunity to install an electric vehicle charging station on campus. Not only can it create nominal revenue, but it is a benefit to staff. Very forward thinking! 4. Rapid Care Clinic is currently two days (Friday & Saturday) and starting in 	Engage the electric vehicle charging station.	Facilities Director Lindstrom	06.29.22 Regular Board Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>June will expand to four days (Friday-Monday).</p> <p>5. Proposing to move the Plant Planning meeting from July to June to discuss the future Packwood Clinic. Expect a budget amendment.</p> <p>6. Approached by Mossyrock Urgent Care Clinic to purchase. After further review the cost is high, we would jeopardize our rapid care and primary care clinics and it is outside of the strategic plan.</p>	<p>Move Plant Planning meeting to June.</p> <p>Respectfully decline the offer.</p>	<p>Executive Assistant Garcia</p> <p>Superintendent Everett</p>	<p>05.27.22</p> <p>06.29.22 Regular Board Meeting</p>
Executive Session- RCW 42.30.140 (4)	Legal was unable to attend.	Schedule Special Board Meeting for June 1, 2022.	Executive Assistant Garcia	05.27.22
Meeting Summary & Evaluation	Superintendent Everett highlighted the decisions made and action items.			
Adjournment	Secretary Olive moved and Commissioner Richardson seconded to adjourn the meeting at 5:44 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date



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

June 1, 2022 at 12:00 p.m.

ZOOM

<https://myarborhealth.zoom.us/j/88113747330>

Meeting ID: 881 1374 7330

One tap mobile: +12532158782,,88113747330#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 12:00 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Laura Richardson <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Jared VanKirk, Principle, Foster Garvey <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			
Executive Session <ul style="list-style-type: none"> RCW 42.30.140 (4)-To discuss collective bargaining sessions. 	Executive Session began at 12:05 p.m. for thirty minutes to discuss RCW 42.30.140 (4). The Board returned to open session at 12:35 p.m. Board Chair Herrin noted no decisions were made in Executive Session.			
Adjournment	Commissioner Richardson moved and Secretary Olive seconded to adjourned at 12:35 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
QUALITY IMPROVEMENT OVERSIGHT MEETING
June 8, 2022 at 7:00 a.m.
ZOOM**

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Commissioner 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"/> Laura Richardson, Commissioner <input checked="" type="checkbox"/> Craig Coppock, Commissioner Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Julie Allen, Quality Manager <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Erica Pratt, Interim Pharmacist <input checked="" type="checkbox"/> Dr. Mark Hansen, Chief of Staff <input type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> LeeAnn Evans, Inpatient and ED Services Director <input checked="" type="checkbox"/> Gary Preston, MA PhD CIC FSHEA <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Janice Cramer, Medical Staff Coordinator <input type="checkbox"/> Matthew Lindstrom, Facilities Director			
Approval or Amendment of Agenda		CNO/CQO Williamson made a motion to approve the agenda and CHRO Kelly seconded. The motion passed unanimously.		
Conflicts of Interest	The Committee noted none.			
Committee Reports <ul style="list-style-type: none"> Medical Executive Committee (MEC) Quality Assurance Performance Improvement 	<p>Dr. Hansen noted nothing to report, memo included in the packet.</p> <p>Quality Manager Allen noted managers provide insight on their department specific PI' and smaller groups were formed to address Correction Action items. Managers have been tasked with reviewing their areas for gaps to ensure we are measuring something that needs attention. Managers are encouraged to complete standard workflows each month. The preliminary DNV findings were outlined, and departments involved will work on Corrective Action Plan (CAP) which will need to be approved by DNV.</p> <p>Commissioner Coppock acknowledged the work being done on improving processes through DNV and it showed during the survey.</p>			
Consent Agenda <ul style="list-style-type: none"> Approval of Minutes 	Approval of the following: <ol style="list-style-type: none"> March 9, 2022 Quality Improvement Oversight (QIO) Committee Meeting April 13, 2022 QAPI Workgroup Meeting May 18, 2022 QAPI Workgroup Meeting LifeCenter Northwest 	Superintendent Everett made a motion to approve the consent agenda and Commissioner Richardson seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> QIO Dashboard 	Quality Manager Allen reviewed the 2022 QIO Dashboard which included Q2 Data. Quality			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Manager Allen is working 1:1 with departments on their measures. The Clinics will be a focus this next quarter to dig deeper into opportunities to improve the measures running in the red.</p>			
<ul style="list-style-type: none"> Regulatory & Accreditation Report 	<p>Quality Manager Allen shared the finding of our Annual DNV survey which was completed in April 2022. The Hospital demonstrated improvements from our 2021 initial survey with five nonconformities identified. The survey team also acknowledged many of our initiatives as <i>Noteworthy Efforts</i>. Unique to the DNV and ISO processes, <i>noteworthy efforts are reported as positive findings</i>. A <i>noteworthy effort</i> can be <i>improvements or processes that perform better than expected</i> (excellent examples of implementation requirements) and/or <i>when practices are seen as the best in class</i>. Just some of our <i>noteworthy efforts</i> included:</p> <ul style="list-style-type: none"> ✓ Our <i>Core Values recognition program for both Clinical and Non-Clinical Staff</i> ✓ The <i>Calm</i> app subscription available to all staff for mindfulness and stress reduction ✓ The strength of our <i>Infection Control and Antibiotic Stewardship program</i> ✓ The expertise and leadership of our two new facilities “dudes” – <i>Matthew and Will</i> ✓ Our EVS department for pursuing a goal of staff becoming <i>Certified Health Care Environmental Services Technician (CHEST)</i> ✓ Dietary’s <i>Meals for Seniors</i> program ✓ The marked improvements in the <i>utilization of ComplyTrack QMM’s</i> to identify risk areas ✓ Development of <i>quarterly EMS meetings</i> to improve communications and outcomes for our community ✓ Pharmacy’s proactive initiative to ensure ongoing availability of <i>monoclonal antibody (mAb) therapies</i> to 			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>our community and physician communication regarding mAb therapies</p> <ul style="list-style-type: none"> ✓ The <i>Pyxis conversion and upgrade</i> to better track discrepancies and reduce risk of harm ✓ Physician lead initiative of developing and initiating our weekend <i>Rapid Clinic</i> to improve access to service while decompressing low acuity ED patients <ol style="list-style-type: none"> 1. <u><i>NCI-1 Important Message from Medicare (IMM)</i></u> distribution was carried over from prior survey. The Corrective Action Plan (CAP) was completely overhauled; Patient Access now completing admission IMM's and attending daily treatment team meetings; Case Management completing discharge IMM's. and has found it beneficial to attend IDT to stay informed. This finding is trending positively now. 2. <u><i>NCI-2 Pain Assessment/Reassessment</i></u> documentation inconsistent. Director conducting 100% review with 1:1 staff remediation for any deficiencies. This was carried over from prior survey and current monitoring demonstrates improvement. 3. <u><i>NCI-3 Life Safety Management</i></u> reflected 2 fire doors not fully latching and need for fire drill in Surgery. All concerns are now resolved. 4. <u><i>NC2-1 Operative Notes</i></u> inconsistently capturing Implant/Grafts 			
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AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>documentation. Provider electronic templates are being revised to capture this.</p> <p>5. <u>NC2-2 Oxygen Cylinders</u> reflected 3 unsecured cylinders. Concerns are now resolved.</p>			
<p>New Business</p> <ul style="list-style-type: none"> Lucidoc Document Management 	<p>Quality Manager Allen presented the following for review:</p> <p>1. Documents to be Reviewed:</p> <ul style="list-style-type: none"> a. Approved. b. Approved. EOC Plan may address. c. Approved. Use OneSource <p>The QIO Committee supported approving the document presented and will recommend approval at the Board level in Consent Agenda under Approving Documents Pending Board Ratification.</p>	<p>Ancillary Services Director made a motion to approve the documents presented. CFO Boggess seconded, and the motion passed unanimously.</p> <p>The QIO Committee supported requesting the Board's approval in Consent Agenda under Approving Documents Pending Board Ratification.</p>	Executive Assistant Garcia	06.29.22 Regular Board Meeting
<ul style="list-style-type: none"> Safety Officer Appointment 	Quality Manager Allen noted Facilities Director Lindstrom was appointed Safety Officer in April 2022.			
<ul style="list-style-type: none"> Standard Workflows- ISO 9001 	Quality Manager Allen discussed the importance of maintaining organizational knowledge. The managers have been tasked with completing one standard workflow a month which started in April. Quality Manager Allen continues to support and guide the managers on this new process.			
Meeting Summary & Evaluation	Quality Manager Allen provided a summary.			
Adjournment	Commissioner Coppock adjourned the meeting at 7:40 a.m. The motion passed unanimously.			



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Plant Planning Committee Meeting
June 15, 2022, at 11:30 a.m.
Zoom**

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

**Vision Statement
To provide accessible, quality healthcare.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Commissioner Coppock called the meeting to order via Zoom at 11:30 a.m. Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Craig Coppock, Commissioner Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Matthew Lindstrom, Facilities Director <input type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> William Sullivan, Maintenance Supervisor			
Approval or Amendment of Agenda	Facilities Director Lindstrom requested to add Fire Panel Systems to New Business.	Superintendent Everett made a motion to approve the agenda and Secretary Olive seconded. The motion passed unanimously.		
Conflicts of Interest	None noted.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Consent Agenda	Commissioner Coppock announced the following in consent agenda up for approval: 1. Review of Plant Planning Minutes –July 14, 2021	Superintendent Everett made a motion to approve the agenda and Secretary Olive seconded. The motion passed unanimously.		
Old Business • Generator	Facilities Director Lindstrom noted the generator project finished on May 11 th to include the 96-hour fuel requirement. Wood Harbinger is awaiting final comment from Department of Health.			
• Bulk O2	Facilities Director Lindstrom noted the plan is to build a mini bulk O2 station. The potential site is being reviewed next week. This site will not only bring safety regarding storage of the O2 but will adequately meeting the patent demands moving forward. The Plant Planning Committee supported the Bulk O2 project, so it will go to Finance Committee next, as well as the Board for a budget amendment.	Present Budget Amendment for approval at Finance Committee.	Facilities Director Lindstrom	06.22.22
• Packwood Location Review	Facilities Director Lindstrom noted the Packwood location continues to be under review and working with architects. Administration received a Letter of Intent and are in the process of reviewing. Facilities Director Lindstrom presented a tentative layout, parking situation and reader board that would be designated to Arbor Health. The owners plan to move forward with a medical clinic without us, so it continues to be a smart move. The Plant Planning Committee supported the Packwood project, so it will go to Finance Committee, as well as the Board for a budget amendment.	Present Budget Amendment for approval at Finance Committee.	Facilities Director Lindstrom	06.22.22
• Electronic Vehicle (EV) Charging Station	Facilities Director Lindstrom noted the District is moving forward with the EV Charging Stations. Energy NW will pay the			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	expenses and are expecting a 22%-25% growth in EV registrations. This is a growing trend, a great benefit to the hospital and community. Administration is proposing the EV stations are located West of Morton Clinic. If the District is dissatisfied at the end of lease, Energy NW will restore the site to its original state. The EV Charging Stations should be ready by late Fall 2022.			
<ul style="list-style-type: none"> Upper MOB Plan 	Facilities Direction Lindstrom noted Administration continues to review the use of the Upper MOB. A walk through is scheduled with Thorbeckes, a community partner regarding this opportunity.			
New Business <ul style="list-style-type: none"> Fire Panel system 	Facilities Direction Lindstrom noted the Hospital's Fire Panel System needs to be replaced. The current panel is no longer supported, and we need clearer communication, quicker response times, safe patients and staff which will all happen with updated equipment. There will be a planned, safe conversion and will likely be a two-month project.			
<ul style="list-style-type: none"> Master Site Plan 	Facilities Director Lindstrom noted Administration is interested in completing a Master Site Plan. Facilities is already creating a 6-year plan for capital expenses pertaining to the Hospital and Clinics.			
Meeting Summary & Evaluation	Next Meeting-October 5, 2022			
Adjournment	Commissioner Coppock adjourned the meeting at 12:17 p.m.			



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

June 20, 2022 at 3:30 p.m.

Conference Room 1 & 2 or Zoom

<https://myarborhealth.zoom.us/j/81121034982>

Meeting ID: 811 2103 4982

One tap mobile: +12532158782,,81121034982#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Laura Richardson <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Kurt O'Brien, Consultant <input checked="" type="checkbox"/> John Carter, IT			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			
Old Business <ul style="list-style-type: none">Developing a High Functioning	Kurt O'Brien encouraged the Board to listen to at least one of the three podcasts since the Part 3 session. The Board discussed the podcast	Every other week		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
& Effective Board-Part 4 • Kurt O'Brien Consulting	messages and were encouraged to find similarities to the materials presented at a recent conference they attended. The Board learned that by being vulnerable first, which fosters trust and then listen. Kurt O'Brien reviewed teaching on Adaptive Leadership and the Board agreed this tool would be helpful during tough decision-making situations.			
Public Comment	Superintendent Everett noted she has tended her resignation and is providing a 6-month notice period. The hope is to give the Board time to locate a good candidate who is the right fit for the District.			
Adjournment	Secretary Olive moved and Commissioner Coppock seconded to adjourned at 4:56 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
June 22, 2022, at 12:00 p.m.
Via Zoom

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	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"/> Kim Olive, Secretary Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO <input type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Matthew Lindstrom, Facilities Director <input checked="" type="checkbox"/> Kevin Conger, Dietary Manager <input checked="" type="checkbox"/> Adam Griffith, Alliant			
Approval or Amendment of Agenda	CFO Boggess requested to add the 2016 Medicare Cost Report as an agenda topic in New Business.	CFO Boggess made a motion to approve the amended agenda and CHRO Kelly seconded.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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		The motion passed unanimously.		
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's amended agenda.	None noted.		
Consent Agenda	Commissioner McMahan announced the following in consent agenda up for approval: <ol style="list-style-type: none"> 1. Review of Finance Minutes –May 18, 2022 2. Revenue Cycle Update 3. Board Oversight Activities 4. Financial Statements-May 	Secretary Olive made a motion to approve the consent agenda and CFO Boggess seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> • Financial Department Spotlight • Dietary 	Dietary Manager Conger shared the dietary department is experiencing less revenue primarily due to COVID, as well as closing due to staffing. Challenges include labor shortages, wages, cost of goods, as well as credit card fees. On the bright side the kitchen will have updated counter tops this year, as well as the salad bar is now open to employees. The department is also evaluating replacement point of sales systems as the current system no longer meets the departments requirements.			
<ul style="list-style-type: none"> • Capital Review 	<p>CFO Boggess shared the Hospital needs to start replacing patient stretchers due to end of life and/or no longer able to get replacement parts.</p> <p>The Finance Committee supports the purchase of the stretchers and will recommend approval at the Board level in Consent Agenda.</p> <p>Facilities Director Lindstrom noted last month the MOB HVAC continues to be an issue and after further investigation it is going to be necessary to replace the equipment. In the meantime, will need to have a temporary cooling plan for the next three months. Plan to review next month.</p>	<p>The Finance Committee supported requesting the Board's approval of a resolution for the Stretchers at the Regular Board Meeting.</p> <p>Revisit MOB HVAC, Bulk O2 and Packwood Clinic for potential Budget Amendments at the next meeting.</p>	<p>Executive Assistant Garcia</p> <p>CFO Boggess</p>	<p>06.29.22 Regular Board Meeting</p> <p>07.20.22 Finance Committee Meeting</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Facilities Director Lindstrom noted the Bulk O2 project is in progress and waiting on revised bids. Due DOH approvals being delayed, the timeline for the completion of this project is Fall. Plan to review next month.</p> <p>Facilities Director Lindstrom noted Administration received a LOI for the potential Packwood Clinic location. The architect is estimating four to five months to complete. The next step includes receiving a lease for review.</p>			
New Business <ul style="list-style-type: none"> Charity Care/Financial Assistance Policy Revision 	CFO Boggess noted the District submitted the required revisions to the Charity Care policy and it was approved by WA DOH. The policy and accompany documents are posted on the website and the District is in compliance with the regulation.			
<ul style="list-style-type: none"> Cost Containment Efforts 	CFO Boggess listed potential cost savings in the budget that have not been executed on or are doing better than budgeted. The total is an estimated \$613,000.			
<ul style="list-style-type: none"> Washington State Health Care Authority Credit Balance Audit 	CFO Boggess noted the credit balance audit went well. Received a letter from the WA DOH noting a good outcome and no further follow up.			
<ul style="list-style-type: none"> TRC-Retirement Plan Review 	CFO Boggess reviewed the history on the retirement plan and the cost savings for the plan beneficiaries. By consolidating with the Rural Collaborative, the savings increased for recordkeeping where we receive better than peer groups. Multnomah continues to do the due diligence on this program. The Statement of Controls Report is in great shape and Nationwide has not received a qualified opinion in the last three years, so no cause for concern. The District continues to fulfill its			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	fiducial responsibility in regard to oversight of the plan for its participants.			
<ul style="list-style-type: none"> Wages 	<p>CFO Boggess discussed the planned wage increases occurring due to union negotiations and market factors. The increases will be greater than the budget amounts. As discussed in previous committee and Board meetings there will be a Budget Amendment proposed at the Board meeting subject to the ratification of the unions. As noted today recruiting challenges still exist, remaining competitive in the market, as well as retain staff is the priority.</p> <p>The Finance Committee supports the wage increases 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 Wages at the Regular Board Meeting.	Executive Assistant Garcia	06.29.22 Regular Board Meeting
<ul style="list-style-type: none"> Property Insurance 	Adam Griffith, our Alliant insurance broker for our property and cyber insurance plans presented the current market conditions as it pertains to the insurance lines. The District is going to experience a 40% increase. Factors contributing to this increase include market conditions, increase in property values, and a large claim. The District's 5-year loss ratio is 142%.			
<ul style="list-style-type: none"> 2016 Medicare Cost Report 	<p>CFO Boggess noted the District does have a payable to Medicare for the 2016 Cost Report. An amount of \$269,764 is reserved on the balance sheet as this was planned for in 2016. There will be a reduction in cash once we remit payment.</p> <p>The Finance Committee supports the payment to Medicare and will recommend approval at the Board level in Consent Agenda.</p> <p>Marc Fisher noted the Board has designated funds for capital and there may be minutes or a resolution that a 1% contribution to the funded depreciation account might be due.</p>	<p>The Finance Committee supported requesting the Board's approval of a resolution for the 2016 Cost Report Settlement Payment at the Regular Board Meeting.</p> <p>Research funded depreciation.</p>	<p>Executive Assistant Garcia</p> <p>CFO Boggess</p>	<p>06.29.22 Regular Board Meeting</p> <p>07.20.22 Finance Committee Meeting</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Administration will research the topic.			
Meeting Summary & Evaluation	CFO Boggess highlighted the decisions made and the action items that need to be taken to the entire board for approval.			
Adjournment	Commissioner McMahan adjourned the meeting at 1:15 pm.			

WARRANT & EFT LISTING NO. 2022-05

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:

Richard Boggess, CFO

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

\$3,952,708.68 this 29th day
of June 2022

Board Chair, Tom Herrin

Secretary, Kim Olive

Commissioner, Wes McMahan

Commissioner, Craig Coppock

Commissioner, Laura Richardson

SEE WARRANT & EFT REGISTER in the amount of \$3,952,708.68 dated May 1, 2022 – May 31, 2022.

CHECK WARRANTS

May-22

Warrant No.	Date	Amount	Description
125466 – 125478	2-May-2022	88,807.33	CHECK RUN
125537 – 125538	2-May-2022	50,718.48	CHECK RUN
125539	3-May-2022	13.63	CHECK RUN
125540 – 125561	9-May-2022	999,747.89	CHECK RUN
125562 – 125608	6-May-2022	149,157.86	CHECK RUN
125609 – 125634	13-May-2022	280,622.90	CHECK RUN
125635 – 125715	13-May-2022	239,840.96	CHECK RUN
125716 – 125718	1-May-2022	23,283.64	CHECK RUN
125719 – 125720	3-May-2022	25,180.29	CHECK RUN
125721	10-May-2022	504.31	CHECK RUN
125722 – 125731	17-May-2022	45,661.13	CHECK RUN
125732 – 125784	16-May-2022	6,664.77	CHECK RUN
125785 – 125849	20-May-2022	212,005.95	CHECK RUN
125850 – 125858	23-May-2022	667,287.47	CHECK RUN
125859 – 125891	27-May-2022	340,525.48	CHECK RUN
125892	3-May-2022	35.60	CHECK RUN
125893	17-May-2022	3,706.31	CHECK RUN
125894 – 125911	31-May-2022	206,017.92	CHECK RUN
125912	17-May-2022	1,038.65	CHECK RUN
125913	25-May-2022	31.14	CHECK RUN
125914	26-May-2022	22,980.63	CHECK RUN
125915	31-May-2022	981.00	CHECK RUN
125916	1-May-2022	10,620.05	CHECK RUN
125917	24-May-2022	114.04	CHECK RUN
125918	31-May-2022	61.77	CHECK RUN
125919	16-May-2022	12,140.03	CHECK RUN
Total Warrants		\$ 3,387,749.23	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
125447	10-May-2022	(936.91)	VOID CHECK
125241	18-May-2022	(6.30)	VOID CHECK
125879	27-May-2022	(329.02)	VOID CHECK
TOTAL - VOIDED WARRANTS		(\$ 1,272.23)	

COLUMBIA BANK ACTIVITY	\$ 3,386,477.00
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Eft	Date	Amount	Description
1169	1-May-2022	216,569.91	IRS
4680	2-May-2022	1,351.95	TPSC
4681	9-May-2022	3,353.63	TPSC
1170	13-May-2022	172,871.45	IRS
4682	16-May-2022	258.27	TPSC
4683	1-May-2022	130.61	TPSC
4684- 4685	24-May-2022	700.63	TPSC
1171	27-May-2022	170,502.33	IRS
4686	31-May-2022	492.90	TPSC
SECURITY STATE BANK ACTIVITY		\$ 566,231.68	

TOTAL WARRANTS	\$ 3,952,708.68
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LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
BUDGET AMENDMENT-STRETCHERS

RESOLUTION NO. 22-19

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

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

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

Approving the budget amendment to purchase stretchers which is not included in the District 2022

Budget by RES 21-39 on November 29, 2021.

The purchase price is \$31,274 plus 5% contingency from operating cash.

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 29th day of June 2022, the following commissioners being present and voting
in favor of this resolution.

Craig Coppock, Commissioner

Tom Herrin, Secretary

Kim Olive, Commissioner

Wes McMahan, Commissioner

Laura Richardson, Commissioner



CAPITAL EQUIPMENT/ASSESSMENT REQUEST FORM

SECTION 1 - DEPARTMENT INFORMATION / ITEM REQUESTED

Department Name	<u>Emergency Department</u>	Department#	<u></u>
Manager	<u>LeeAnn Evans</u>	Phone #	<u>360-496-3552</u>
General Description of Item	<u>Trauma and ED stretchers</u>		

Reason For Purchase ☐ New ☒ Replacement ☐ End of Life ☐ Quality of Care ☐ Patient Satisfaction
(Choose all that apply) ☐ Increase Volume ☐ Other

Expected Life of New Equipment in Years 10 Years

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

Current stretchers are near end of life either due to mattresses needing replaced or parts no longer available. We also need the ability to weight patients in the ED for weight based medications.

Do We Have Any Similar Equipment In The Organization / Which Department? ☐ Yes ☒ No

Can This Equipment Be Utilized By Other Departments? ☐ Yes ☒ No

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

2 quotes were received in 2021 before budget was approved.

Suggested Vendor Stryker PREFERRED MODEL #

Name/Contact Of Vendor Daniel Baldridge

Estimated Price \$ \$29,593.18 Plus Shipping of \$1,680 Total \$31,274.

Source Of Estimated Price ☒ Quote (attach) ☐ Other (Explain)

SECTION 2 – DEPARTMENT AND TECHNOLOGY IMPACT

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

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

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

Current stretchers have some holes in the mattresses that are an infection prevention issue.

SECTION 3 - EQUIPMENT ASSESSMENT TEAM EVALUATION SUMMARY

Assessment Team Members: Nursing Leadership		Date of Meeting:
PROS		
CONS		
CONSIDERATIONS		
RECOMMENDATIONS		
WARRANTY INFORMATION		
ADDITIONAL ACQUISITION/ PREP COST \$		
ADDITIONAL PREP/ TRAINING HOURS		
COMMENTS		

LeeAnn Evans
LeeAnn Evans (Jun 6, 2022 14:40 PDT)

Base Equipment Price - As Provided	\$ 27,451.93		
Support And Maintenance Costs			
Additional Cost of Installation Support	\$ -	Total Monthly Consumables Cost	
Total Additional Associated Cost	\$ -		
Shipping, Delivery and Installation	\$ -		\$ -
Sales Tax	\$ 2,141.25		
		Depreciation	2959.318
TOTAL NON- RECURRING EXPENSE	\$ 29,593.18	Plus Shipping of 1,680 for a total of 31,274.	
TOTAL RECURRING EXPENSE		<i>Sara Williamson</i>	

*** FOR FINANCE DEPARTMENT USE ONLY ***			
HOW ARE WE PAYING FOR THIS?		<u>Hospital Capital Program</u>	
IS THIS BUDGETED	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
BUDGETED PURCHASE DATE	<u>Jun-22</u>		
TYPE OF EQUIPMENT			
<input type="checkbox"/> Building Improvement	<input type="checkbox"/> Fixed Equipment	<input type="checkbox"/> Building	<input type="checkbox"/> Capital Lease
<input checked="" type="checkbox"/> Major Moveable Equipment	<input type="checkbox"/> Other - Explain _____		

*** APPROVALS ***			
Chief Financial Officer	<u>Richard Boggess</u>	<u>5/25/2022</u>	Date
Chief Executive Officer	<u>Leianne Everett</u> <small>Leianne Everett (Jun 6, 2022 15:24 PDT)</small>	<u>Jun 6, 2022</u>	Date
Board of Commissioner Chairperson if > than \$30,000			Date

Arbor Health
2022 Capital Matrix Result

Dept	Item	2022	Weighted Score	Spend Running Total	Status
IT	New Domain Controller	10,000	410	10,000	In planning
Maintenance	External Oxygen Tank	50,000	407.5	60,000	
Admin	Versa badge ED Physician Tracking	50,000	400	110,000	
Nursing	Recliner Chairs - 3 SNF & 2 Bariatric	25,000	400	135,000	
Surgery	Endoscopy Dilators	7,500	392.5	142,500	
Maintenance	4000 gallon Fuel tank	75,000	390	217,500	Already started
Dietary	Countertop in Café	20,000	390	237,500	
Maintenance	Fire Alarm Panel	225,000	390	462,500	
Acute	ED stretcher w scale - 5	15,000	385	477,500	Requested
Emergency	Gurney - 2 units Stryker Big Wheel Stretcher	20,000	385	497,500	Requested
Randle Clinic	Security Card Readers on Doors - Randle Clinic	15,000	360	512,500	
IT	Mossyrock Rewire	40,000	355	552,500	
Rehabilitation	LiteGait	17,000	355	569,500	
Dietary	Walk-in Cooler & Freezer	50,000	352.5	619,500	
IT	Security Camera - wireless	100,000	352.5	719,500	
IT	Mossyrock Security Camera	15,000	352.5	734,500	
IT	Randle Security Camera	15,000	352.5	749,500	
Maintenance	Hospital Parking lots resurface	27,500	350	777,000	
Mossyrock Clinic	Parking Lot Resurface	20,000	350	797,000	
Nursing	Hill Rohm Bed replacement program - 3 units	14,000	350	811,000	
Pharmacy	IV Pumps and poles - 6 units	10,000	345	821,000	
Dietary	Various Equipment for Food Prep	49,550	340	870,550	
IT	Security Card Readers on Doors - Administration	20,000	335	890,550	
Rehabilitation	Treadmill	9,500	335	900,050	
Lab	Blood Bank Centrifuge	7,000	315	907,050	
Mossyrock Clinic	Renovate X-ray room to office space	20,000	307.5	927,050	
Emergency	Rapid Infuser	20,000	297.5	947,050	
IT	Security Card Readers on Doors - Mossyrock	20,000	285	967,050	
IT	Networking Routers and Access Point	15,000	282.5	982,050	
Maintenance	Replacement of R22 HVAC systems Greer	100,000	275	1,082,050	
Morton Clinic	HVAC System replacement of R22 - Greer	50,000	275	1,132,050	
Mossyrock Clinic	HVAC System replacement of R22 - Greer	50,000	275	1,182,050	
Randle Clinic	New HVAC at clinic replace R22 Green Island	35,000	275	1,217,050	
Morton Clinic	Waiting Room Furniture	15,000	270	1,232,050	
Administration	New Sign for Mossyrock Clinic	50,000	270	1,282,050	
Randle Clinic	Office Furniture	25,000	270	1,307,050	
Respiratory	Trilogy v60 Ventilator - 1 units	18,000	270	1,325,050	
Maintenance	Acute Flooring	150,000	260	1,475,050	
IT	FM 200 Fire Suppression	50,000	245	1,525,050	
Maintenance	HVAC system in IDF and MDF IT rooms	20,000	240	1,545,050	
Maintenance	Compactor	50,000	235	1,595,050	
Maintenance	Fence outside ER	12,000	220	1,607,050	
Mossyrock Clinic	Paint Outside of Mossyrock Clinic	15,000	220	1,622,050	
Maintenance	Fence on west side of Property	24,000	215	1,646,050	
Hospital	New Sign for Hospital	50,000	202.5	1,696,050	
Administration	New Sign for Randle Clinic	50,000	202.5	1,746,050	



Morton ED

Quote Number: 10053811

Remit to:

Stryker Medical

P.O. Box 93308

Chicago, IL 60673-3308

Version: 1

Prepared For: MORTON GENERAL HOSP

Rep:

Daniel Baldrige

Attn:

Email:

daniel.baldrige@stryker.com

Phone Number:

GPO: Vizient

Quote Date: 06/02/2022

Expiration Date: 08/31/2022

Delivery Address

Name: MORTON GENERAL HOSP

Account #: 1501723

Address: 521 ADAMS AVE

MORTON

Washington 98356

End User - Shipping - Billing

Name: MORTON GENERAL HOSP

Account #: 1501723

Address: 521 ADAMS AVE

MORTON

Washington 98356

Bill To Account

Name: MORTON GEN HOSP

Account #: 1162540

Address: PO BOX 1138

MORTON

Washington 98356-0019

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	111500000E	Prime Electric Big WheelStretcher	2	\$13,725.96	\$27,451.93
1.1	1115016000	700lbs Weight Capacity			
1.2	1008001110	Electric Lift Base			
1.3	1115003004	4 Sided Brake/Steer Control			
1.4	1115005610	3 Sided Hydraulic Controls			
1.5	1070010200	Chaperone Stretcher Exit Alarm(Includes Scale)			
1.6	1008010010	Comfort Control Siderails			
1.7	1008015020	Foot end Nursing Controls			
1.8	1105011160	Dual End Siderail Release			
1.9	1105048030	Pop-up Push Handles (Head end)			
1.10	1105045310	Integrated Transfer Board			
1.11	1008146050	Domestic - Retractable Cord			
1.12	1105045035	Integrated Pump Rack			
1.13	1105035251	No IV Pole			
1.14	1105035250	No IV Pole Foot End			
1.15	1806034300	ISOFLEX SE FIRE BARRIER, 30IN			
1.16	7777770201	Contract 2 Year, Parts, Labor, Travel			
1.17	1105003554	Red ID Bumpers			



Morton ED

Quote Number: 10053811

Version: 1

Prepared For: MORTON GENERAL HOSP

Attn:

GPO: Vizient

Quote Date: 06/02/2022

Expiration Date: 08/31/2022

Remit to: Stryker Medical

P.O. Box 93308

Chicago, IL 60673-3308

Rep: Daniel Baldrige

Email: daniel.baldrige@stryker.com

Phone Number:

#	Product	Description	Qty	Sell Price	Total
1.18	1105023004	EMERGENCY, SET			
1.19	1008010401	Domestic Labeling - English			
1.20	9000900910	UNBOXED			
1.21	1115001903	1115-E, DPM LABEL			
1.22	1018025305	4 Sided Brake & Steer Control			
1.23	1018026300	Prime Big Wheel Base - 3 Sided			
1.24	1115101003	LABEL, SPECIFICATION			
1.25	NO PLUG	NO PLUG			
1.26	1105210365	Footend Cover Option			
1.27	1105210061	Head End Cover Option			
1.28	1070017500	Scale Spacer Assembly			
1.29	1115600000	DOMESTIC MANUAL OPTION 1115			
2.0	5555514000	CORE FREIGHT	1	\$1,680.00	\$1,680.00
Equipment Total:					\$29,131.93

Price Totals:

Estimated Sales Tax (7.353%):	\$2,142.00
Freight/Shipping:	\$0.00
Grand Total:	\$31,274.00

Prices: In effect for 30 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

Capital Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's Acute Care capital terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html. A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
MEDICARE 2016 COST REPORT
SETTLEMENT PAYMENT

RESOLUTION NO. 22-20

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

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

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

**Approving the cost report settlement payment of \$269,764 to Medicare (Noridian) for the fiscal year
2016 from operating cash.**

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 29th day of June 2022, the following commissioners being present and voting
in favor of this resolution.

Tom Herrin, Board Chair

Kim Olive, Secretary

Wes McMahan, Commissioner

Craig Coppock, Commissioner

Laura Richardson, Commissioner

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 50-1319	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 6/16/2022 11:39 am
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date:	Time:
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 06/05/2017 7. Contractor No. 0200111 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.	

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MORTON GENERAL HOSPITAL (50-1319) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

	Title v	Title XVIII		HIT	Title XIX	
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-135,820	-69,783	0	1.00
2.00	Subprovider - IPF	0	0	0	0	2.00
3.00	Subprovider - IRF	0	0	0	0	3.00
5.00	Swing Bed - SNF	0	-65,893	0	0	5.00
6.00	Swing Bed - NF	0			0	6.00
10.00	RURAL HEALTH CLINIC I	0		816	0	10.00
10.01	RURAL HEALTH CLINIC II	0		916	0	10.01
200.00	Total	0	-201,713	-68,051	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

201,713

+68,051

Resolution for this amount -> 269,764

Documents Awaiting Board Ratification 06.29.22		
	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Charity Care/Financial Assistance	DOH Policies & Procedures
2	Coding Ethics and Guidelines	Health Information Management
3	Coding of Medical Records	Health Information Management
4	Combat Application Tourniquet Use	Emergency Services
5	Creating Patient Statements	Business Office
6	Electronic Communication Systems	Information Technology
7	H7: Sewage Back-Up or Flood Emergen	Dietary Services
8	H8: Labor Shortage/Surge in Census	Dietary Services
9	Medical Records to Be Sent With Patien	Health Information Management
10	Medicare Bad Debt	Business Office
11	Purchasing Policy	Finance
12	References & Endorsements	Human Resources
13	Self Pay Balances	Business Office
14	Third Party Billing	Business Office
15	Use of Cleaning Indicators in Sterile Pro	Infection Prevention & Control
16	Vital Statistics	Health Information Management
<p>In order to access the above documents you will need to log into Lucidoc. Once you have logged into Lucidoc, on the top toolbar click "My Meetings" and select the upcoming Board meeting date that's highlighted in green to see the agenda with documents needing to be approved. You are able to view the documents once in the agenda. If the date is highlighted in yellow that means the agenda has not been released yet.</p>		

OLD BUSINESS

The Rural Collaborative (TRC)

TRC, Limited Liability Partnership (LLP) Talking Points

1. Why does The Rural Collaborative (TRC) Board of Directors wish to form TRC, LLP?

- TRC, LLP is an opportunity to:
 1. Increase and diversify revenue streams.
 2. Reduce operation cost or total cost of care.
 3. Provide community benefit.
 4. Advance Rural Healthcare through collective action.
- The LLP allows TRC to expand its rural footprint, gain additional market leverage, and advance the mission & vision of TRC without expanding membership.
- The LLP harnesses the collective wisdom, vision & leadership of TRC Members for the collective benefit, both financial and operational, of its members.

2. Why is TRC, LLP separate from TRC, 501(c)3?

- TRC, LLP provides an avenue to extend offerings to organizations that are not TRC Members, for mutual benefit of all.
- The LLP structure protects TRC's 501(c)3.
- The LLP structure is largely exempt from federal taxation.
- TRC, LLP can fully maximize the benefit of the cooperative agreement under RCW 39.34.030, commonly referred to as an Interlocal Agreement.
- Both organizations will enjoy a shared vision for rural healthcare, while following different paths to achieve their objectives. By creating two separate legal entities, the core values and culture of TRC are protected.

3. What is the vision of TRC, LLP?

To create unparalleled value for our network of rural health systems.

4. How will TRC, LLP fulfil this vision?

- Continue TRC's long-standing history of providing exceptional rural-centric services to our members: supporting *independence through interdependence*. Afford the same benefits of being in a large health system (bargaining power, economies of scale, efficiencies, etc...), while still being a small independent rural system.
- Create operationally and financially sound services for independent rural health systems.
- Unlock, capture, and leverage the value of a larger rural hospital network.
- Improve performance and value for participants through actionable data, and financially effective services

5. What are the expected outcomes of TRC, LLP?

- New revenue to support the financial success of TRC Members and other rural entities participating in TRC, LLP.

- Clinical and business services that will improve community health and operational success for the participants.

6. How will TRC, LLP achieve these outcomes?

TRC, LLP will administer a series of Projects. A Project is defined as a joint contract, program, service, or activity.

7. How is TRC, LLP governed?

- The Board of Commissioners for each TRC Member passes a resolution to authorize the formation of TRC, LLP.
- Each participating Member elects one representative as the Board's representative onto the TRC, LLP Managing Body.
- The LLP Managing Body will have oversight of the LLP operations and projects.

8. Who can participate in TRC, LLP projects?

TRC Members and Non-Members may participate in projects. TRC determines who can participate in a Project.

9. How is TRC, LLP funded?

At its outset, TRC, LLP is funded by TRC reserves plus a nominal capital contribution of two thousand dollars (\$2,000) from each participating Member. Henceforth, each Project will have a project budget and a Participation Agreement. TRC will put in an initial contribution up to \$500,000.

10. How do funds flow between TRC, TRC, LLP and TRC, LLP Participants?

The Participation Agreement defines how participants will be charged for a Project and how revenue will be distributed back to participants. Every participant in a Project will have a capital account.

11. What is the risk and liability to the Public Hospital Districts? The Collaborative?

As limited partners, the Public Hospital Districts are not personally liable for the LLP's obligations, even if the limited partner participates in the management or control of the business ([RCW 25.10.321](#)). In an LLP, outside of a professional services LLP, obligations of a partnership are solely the obligation of the partnership ([RCW 25.05.125\(3\)](#)).

There is no limited liability for general partner, aka The Rural Collaborative itself ([RCW 25.10.401\(1\)](#)).



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
INTERLOCAL AGREEMENT WITH
THE RURAL COLLABORATIVE AND OTHERS

RESOLUTION NO. 22-21

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:

WHEREAS, in 1992 the Washington State Legislature recognized that it was not cost-effective, practical, or desirable to provide quality health and hospital care services in rural areas on a competitive basis because of limited patient volume and geographic isolation. Therefore, the Legislature enacted Substitute House Bill 2495, (codified in chapter 70.44 RCW) which grants rural public hospital districts the express power to enter into cooperative agreements and contracts with other rural public hospital districts in order to provide for the health care needs of the people served by the hospital districts.

WHEREAS, Chapter 70.44 RCW provides that the provisions of the Interlocal Cooperation Act (RCW 39.34) applies to the development and implementation of the cooperative contracts and agreements allowed by chapter 70.44 RCW.

WHEREAS, the Interlocal Cooperation Act, RCW 39.34, authorizes local governmental units to enter into agreements with other public agencies to undertake joint or cooperative action.

WHEREAS, the purpose of Interlocal Cooperation Act is to permit local governmental units to make the most efficient use of their powers by enabling them to cooperate with other localities on a basis of mutual advantage and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population and other factors influencing the needs and development of local communities.

WHEREAS, RCW 70.44.240 provides that Interlocal Agreements may take the form of agreements establishing a legal entity.

WHEREAS, the Board has determined that it is in the best interests of the District and in the best interest of the District's residents and other persons served by the District, to authorize the Officers of the District to enter into documents (the "Definitive Agreements") forming a new entity (the "Enterprise") with the Washington Rural Health Collaborative d/b/a The Rural Collaborative (the "Collaborative") and such other hospital districts which also chose to join the Enterprise.

WHEREAS, the Board has been advised that pursuant to RCW 70.44.240, the governing body of the Enterprise (i) must include representatives of the District, and (ii) that the District may appropriate funds and may sell, lease, or otherwise provide property, personnel, and services to the Enterprise to carry out the joint activity conducted through the Enterprise.

WHEREAS, the Board has been advised of the terms of the draft Definitive Agreements and understands that the final terms are being negotiated. The Board further understands that (i) the District's Chief Executive Officer (or his/her designee) who serves on the Board of the Collaborative, will represent the District as the District's representative to Enterprise in accordance with RCW 70.44.240,



(ii) the District will be required to make a capital contribution of up to \$2,000.00 upon joining the Enterprise, and (iii) the Rural Health Collaborative will provide initial funding to the Enterprise through a combination of capital contributions and loans upon formation of the Enterprise.

WHEREAS, the Board has been advised of the key terms of the Definitive Agreements and understands that the final terms are currently being negotiated.

WHEREAS, the Board wishes to authorize the officers of the District to finalize the negotiation and consummation of the creation of the Enterprise and the inclusion of the District as a participant in the Enterprise (the "Transaction").

NOW THEREFORE BE IT RESOLVED the Board of Commissioners hereby authorizes, empowers and directs _____, and _____ (the "Officers"), for and on behalf of the District, and in its name, to negotiate the final terms of the Definitive Agreements on such terms as any one of such Officers, and any of them acting alone, determines are reasonable and appropriate, based on the Officer's determination that the amount to be contributed to the Enterprise under the Definitive Agreements is consistent with the goals of the District.

BE IT FURTHER RESOLVED that the Officers of the District are, and each of them acting alone hereby is, authorized, empowered and directed, for and on behalf of the District and in its name, to execute and deliver the Definitive Agreements with such changes as such Officer shall approve on behalf of the District, such approval to be conclusively established by such Officer's execution and delivery thereof, and to perform all necessary steps to effectuate the completion and closing of the Transactions; and

BE IT FURTHER RESOLVED that any acts of an authorized Officer of the District related to the Transactions and the foregoing resolutions, which acts would have been authorized by the foregoing resolutions except that such acts were taken prior to the adoption of such resolutions, hereby are severally ratified, confirmed, approved and adopted as the acts of the District; and

BE IT FURTHER RESOLVED that any specific resolutions that may be required to have been adopted by the Board in connection with the actions contemplated by the foregoing resolutions be, and they hereby are, adopted, and the Secretary of the Board of Commissioners shall be, and the Secretary acting alone hereby is, authorized to certify, on behalf of the District, as to the adoption of any and all such resolutions and attach such resolutions hereto.

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 29th day of June 2022, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Kim Olive, Secretary

Wes McMahan, Commissioner

Craig Coppock, Commissioner

Laura Richardson, Commissioner

NEW BUSINESS

To: Board of Commissioners
From: Leianne Everett, Superintendent
Date: 6/23/2022
Subject: Wage Adjustments

To retain our current staff and to attract new employees, we are seeking approval to do the following:

- Increase WSNA employee member wages to negotiated terms,
- Increase 2767 employee member wages based on wage re-opener discussions,
- Extend the *in lieu of benefits* stipend to **all** casual part time employees,
- Increase the wages of specific non-union, non-executive employees based on market comparative data.

ASK: I am asking the Board to approve Resolution 22-22, increasing the 2022 budgeted labor costs by \$278,697.00.



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
BUDGET AMENDMENT-WAGE ADJUSTMENTS

RESOLUTION NO. 22-22

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

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

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

**Approving the budget amendment to increase labor costs by \$278,697 which is not included in the
District 2022 Budget by RES 21-39 on November 29, 2021.**

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 29th day of June 2022, the following commissioners being present and voting
in favor of this resolution.

Craig Coppock, Commissioner

Tom Herrin, Secretary

Kim Olive, Commissioner

Wes McMahan, Commissioner

Laura Richardson, Commissioner

Lewis County Hospital District No. 1 (d/b/a Arbor Health)

2022 Budget Amendment Request Form

When requesting a Budget Amendment, this form MUST be completed and filed with the CFO Office to be placed on the next agenda of the Board of Hospital Commissioners.

RECOMMENDATION:

Increase the 2022 budget labor dollars allocated to various hospital departments and associated benefit cost at 10%. The total amount is 278,697.

JUSTIFICATION:

This is in response to the union negotiations occurring in May and June and related market factors. The package covers a variety of details including wage increase on base wage structure, changes to the 3rd shift differential, and increases in specialty pay. The 2767 union is a increase and changes in certain roles. Various non-union positions are brought to market based on competitive forces occurring in the market regarding recruitment and retention. All amounts represent a 6-month calculation of the annual increase and are reduced to account for amounts that are already planned for in the 2022 budget.

BUDGET CONSIDERATION:

There is no budget offset. The new cost is within the definition of Medicare and Medicaid allowable cost and will be recognized in the cost report. Furthermore, the payment rates of Medicare are replicated on the Medicare Advantage payor group.

Richard Boggess
Chief Financial Officer

6/23/2020
Date

For Accounting Use:

On this day of _____ the following budget request has been approved thus amending the District 2022 Budget by Board of Hospital Commissioners.

BUDGET AMENDMENT No: Budget amendment #3, in the amount of \$278,697.



DocID: 15031
Revision: 3
Status: Official
Department: Governing Body
Manual(s):

Policy : Superintendent Succession Plan

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners shall follow the Superintendent Succession Plan.

Purpose:

This policy is to set guidelines for the replacement of the Superintendent.

Procedure:

PHASE ONE: Appointment of Emergency Superintendent/Short Term Superintendent Succession Plan

At the first indication that Lewis County Hospital District No. 1 has or soon will have a vacancy in the Superintendent position, the Chair of the Board of Commissioners will call for a special meeting of the Board of Commissioners within 48 hours.

1. One of the purposes shall be to demonstrate board leadership.
2. Another purpose shall be to review Phase One and Two of the Superintendent Succession Plan and to establish a course of action.
3. The Board will take the following steps:
 - a. The Board will follow Phase One of the Superintendent Succession Plan. This meeting may last for as long as thirty days. Each part of this emergency meeting will be a continuance of the original emergency meeting. This meeting does not end until thirty days have passed or until adjourned.*
 - b. To fulfill an immediate need, the Board will appoint an Emergency Superintendent from the Administrative Team. The length of his/her appointment will be determined by the Board of Commissioners.
 - c. Before adjournment the Board shall prepare a statement, addressed to the following: Medical Staff, Employed Staff and the Public, containing the subject matter of this meeting and the Board's collective position.
 - d. As soon as business of Phase One is completed, this Phase One special meeting will be adjourned.

* *Note: This emergency meeting may continue for as long as 30 days and from time to time the Chair of the Board may put this meeting into continuance as conditions require.*

PHASE TWO: Interim Superintendent Succession Plan

Phase Two begins on the 1st day after the last special meeting held in Phase One. All Phase Two meetings will be special or regular meetings. The Superintendent will be hired after two regular board meetings.

1. For the purpose of Phase II the board will appoint an ad hoc committee that will be commissioned to make recommendations of candidates for the position of interim superintendent of Lewis County Hospital District No. 1 to the Board as a whole.
 - a. The Committee shall consist of two current Board members.
 - b. The Committee chairperson is determined by the by-laws of Lewis County Hospital District No. 1. (See Section 7 of by-laws.)
 - c. The Committee can and should use whatever resources are available to compile a comprehensive list of candidates (See Addendum I.)
2. The ad hoc committee will return a list of candidates for interim superintendent within 60 days of the adjournment of the emergency special meeting of the Board.
3. Upon receiving the list of candidates, the Board will begin the process of appointing the Interim Superintendent.

PHASE THREE: Long Term Superintendent Succession Plan

All Phase Three meetings may occur in regular or special meetings with the exception of meetings dealing with the hiring of a Superintendent, which must be addressed in two regular meetings.

1. The Board of Commissioners will establish a search committee. The two commissioners appointed to the Committee by the Board of Commissioners will determine administrative position 3.
 - a. It will consist of 2 commissioners and 3 administrative employees.
 - i. One administrative employee from nursing.
 - ii. One administrative employee from financing.
 - iii. One administrative employee from any other administrative position.
 - iv. The CMO and/or the chief of the medical staff.
 - b. The committee chairperson is determined by the by-laws of Lewis County Hospital District No. 1. (See Section 7 of by-laws.)
 - c. The mission of the advisory committee shall be to bring the names in rank order of the qualified candidates to the Board as soon as possible but no later than 270 days.
2. The search committee will recommend to the Board a minimum of three and a maximum of five candidates. The Board will review and evaluate the listing of candidates from the search committee and select the top three.
3. The Board of Commissioners will select a candidate from the recommended group, negotiate a contract and hire the Superintendent for Lewis County Hospital District No. 1.

Superintendent SUCCESSION ADDENDUM

Section 1 Board considerations before requesting a cover letter and resume.

1. Board Environment
2. Financial Operations
3. Possible New Programs and Clinics
4. Changing Health Care
5. Internal Talent
6. Salary expectations based on market comparison
7. Future needs of the District
8. Invested Interest in Community

Section 2 Suggested Qualifications for Superintendent

SUGGESTED INTERIM Superintendent QUALIFICATIONS

1. Is respected
2. Is able to follow established procedure
3. Allows managers to manage
4. Does not attempt to initiate big changes
5. Possesses BA/BS Degree
6. Possesses appropriate credentials

SUGGESTED QUALIFICATIONS FOR Superintendent

1. Bachelor or Masters Degree preferred in Health Care, Administration, Nursing and/or Finance
2. Strong Background in Healthcare Finance
3. Demonstrated Leadership in Quality Improvement
4. Highly motivated goal-oriented leader
5. Decision maker who demonstrates vision in Rural Health Care
6. Minimum 3 years experience in Rural Health Care preferred
7. Leadership skills supported by management abilities
8. Able to network or willing to network in health care
9. Visionary (Research-based)
10. Willing to belong to collaborative and to attend conferences
11. Willing to take vacations
12. Willing to participate in employee events and award programs
13. Capable of functioning as team member

14. Keeps board informed
15. Computer Savy
16. Able to establish and enhance working relationships with physicians
17. Able to increase market share
18. Make yourself available to community organizations such as the city council, chamber of commerce
19. Encourage managers to attend conferences
20. Develop, update, and maintain current strategic plan

Section 3 Suggested Area Promotional Plan

Include a list of local realtors and their numbers to potential candidates.

Morton is not in the middle of nowhere, it is in the middle of EVERYWHERE! Easy access to:

Seattle

Space Needle
Pike Place Market
Seattle Seahawks
Seattle Mariners
Woodland Park Zoo
Seattle Aquarium
Museum of Flight

Portland

Pioneer Square
Portland Saturday Market
Portland Trailblazers
Rose Garden Events
Oregon Zoo
Oregon Museum of Science and Industry (OMSI)
Lloyd Center (Ice Skating)

Pacific Ocean

Long Beach Peninsula
Ocean Shores
Pacific Beach
Westport
Astoria
Seaside

Ski Areas

White Pass Ski Area
Crystal Mountain Resort
The Summit at Snoqualmie
Mt. Hood
Mt. Bachelor

Recreation

Boating
Water Skiing
Fishing (Lakes, streams, and ocean)
Hunting
Hiking and Mountain Climbing
Mt. Rainer
Mt. St. Helens

Airports

Portland International
Seatac International

Strategically recruit spouses also. Insure that spouses of potential candidates that are visiting our hospital feel welcome too. Somebody should be available (Foundation member or staff, etc) to have lunch with and/or visit them to address concerns and questions they may have about our area. Match these people up as best as we can with potential similar interests. This could be an avenue for others to be involved.

WSHA should be able to advise regarding what appeals to potential candidates as far as salary expectations and other things in general.

Section 4 Suggested Board Statements

Phase 1 Emergency Plan

Statement to: Hospital Staff and Medical Staff(via letters and “Hospital Happenings”paper)

The Hospital Board met on _____ to consider the temporary leave of absence for _____, Superintendent of Morton General Hospital and Lewis County Hospital District No. 1. Until further notice all Superintendent decisions, contracts, and hospital business will be administered by _____. (The board will immediately begin a search for an interim Superintendent. This search will be guided by the Phase 1, emergency phase, of the Superintendent succession plan.)

Statement to: Public (via newspaper and web site)

Due to (various introductory statements). The board met on _____and appointed _____as temporary Superintendent for all operations of Morton General Hospital and Lewis County Hospital District No. 1. The Board has begun a search for an interim Superintendent. This search will be guided by the Phase 1, emergency phase, of the Superintendent Succession Plan.

Phase 2 Resignation or Retirement Plan

Statement to: Hospital, Medical Staff and Public via memo, letter and/or newspaper

The Board met on _____and accepted the (resignation or retirement) of Superintendent _____ as of _____. The Board has begun the search for a replacement Superintendent. This replacement search will be guided by the Superintendent Succession Plan. Until the beginning date of the new Superintendent, all operations will be managed by _____.

Section 5 Resources

1. Washington State Hospital Association
2. Washington Rural Health Collaborative
3. AWPHD President
4. Search Firm (strongly recommended)
 - a. Korn and Ferry, Mark Collins
 - b. Witt Keiffer
 - c. Quorum

Include area promotional brochures from surrounding Chambers of Commerce, local newspaper visitor guides and event listings, and Lewis County tourism information should be distributed to potential candidates.

Section 3 Area Promotional Plan and Candidate Recruitment

Document Owner: Herrin, Tom

Collaborators:

Approvals

- **Committees:** (09/26/2018) Board of Commissioners, (09/30/2020) Board of Commissioners,

- **Signers:**

Original Effective Date: 01/27/2011

Revision Date: [01/27/2011 Rev. 0], [07/16/2014 Rev. 1], [08/27/2015 Rev. 2], [08/27/2018 Rev. 3]

Review Date: [11/08/2013 Rev. 0], [06/20/2016 Rev. 2]

Attachments:

(REFERENCED BY THIS DOCUMENT)

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:15031>.



DocID: 8610-101
Revision: 3
Status: Official
Department: Governing Body
Manual(s):

Policy : Quality Improvement Oversight Information

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners in accordance with RCW 70.41.200, and as hereafter are amended, implement the District's Quality Improvement Oversight Program.

The District's Quality Improvement Oversight Program will have as its basis the minimum requirements found in the above reference statute. The Board of Commissioners will welcome and support reasonable enlargement of the scope of coverage of this program beyond the minimum requirements under law. The Board of Commissioners will adopt the District's Quality Improvement Oversight Program by resolution at a regular board meeting.

In accordance with the bylaws of this District and as they are hereafter amended, two hospital district commissioners are appointed to the Quality Improvement Oversight Committee.

Document Owner:	Herrin, Tom
Collaborators:	
Approvals	
- Committees:	(01/22/2020) Board of Commissioners, (09/30/2020) Board of Commissioners, (09/29/2021) Board of Commissioners,
- Signers:	
Original Effective Date:	
Revision Date:	[05/08/2006 Rev. 1], [06/26/2018 Rev. 2], [01/16/2020 Rev. 3]
Review Date:	[05/22/2007 Rev. 1], [08/17/2007 Rev. 1], [05/29/2009 Rev. 1], [04/11/2011 Rev. 1], [01/17/2013 Rev. 1], [12/23/2014 Rev. 1]
Standards:	GB.1 SR.1
(WHICH REFERENCE THIS DOCUMENT)	MS.04 SR.6
Attachments:	
(REFERENCED BY THIS DOCUMENT)	
Other Documents:	
(WHICH REFERENCE THIS DOCUMENT)	

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DocID: 8610-105
Revision: 3
Status: Official
Department: Governing Body
Manual(s):

Policy : Annual Adoption of the Quality Program Plan

Policy:

In accordance with RCW 70.41.200, and as hereafter are amended, the Board of Commissioners of Lewis County Hospital District No. 1 commissions the implementation of this District's Quality Program Plan.

The District's Quality Program Plan will have as its basis the minimum requirements found in the above referenced statute. The Board of Commissioners will welcome and support reasonable expansion of the scope of coverage of this program beyond the minimum requirements under law. The Board of Commissioners will adopt the District's Quality Program Plan by resolution at a regular board meeting.

Procedure:

1. In accordance with the bylaws of this District, and as they are hereafter amended, two hospital district commissioners are appointed to the Quality Improvement Oversight Committee.
2. The Quality Manager will present the Quality Program Plan annually to the Quality Improvement Oversight Committee members for review and comment. The plan will then go to the Board of Commissioner for final approval.

Document Owner:	Herrin, Tom
Collaborators:	
Approvals	
- Committees:	(07/25/2018) Board of Commissioners, (09/25/2019) Board of Commissioners, (07/29/2020) Board of Commissioners, (09/29/2021) Board of Commissioners,
- Signers:	
Original Effective Date:	
Revision Date:	[08/01/2006 Rev. 1], [05/09/2016 Rev. 2], [06/26/2018 Rev. 3]
Review Date:	[05/29/2009 Rev. 1], [04/11/2011 Rev. 1], [01/17/2013 Rev. 1], [12/23/2014 Rev. 1], [07/11/2017 Rev. 2]
Standards:	GB.1 SR.1
(WHICH REFERENCE THIS DOCUMENT)	
Attachments:	

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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DocID: 17952
Revision: 0
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Annual Adoption of the Compliance Plan

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners commissions the implementation of the District's Compliance Plan in accordance with the Office of Inspector General Compliance Program Guidance.

The District's Compliance Plan will have as its basis the minimum requirements found in the appertaining documents of the Federal Office of the Investigative General, CFR42 Vol. 5 Sub Chapters G Port 482 COP and the Office of Inspector General Compliance Program Guidance.

The Board of Commissioners encourages and supports thoughtful and applicable expansion of the scope and coverage of this program beyond the minimum requirements under the law.

Procedure:

1. In accordance with the Compliance Plan of this District, and as here-after amended, two Board of Commissioners are appointed to the Compliance Committee.
2. The Director of Compliance will present the Compliance Plan annually to the Compliance Committee for review and comment.
3. The Board of Commissioners will adopt the District's Compliance Plan by resolution at a regularly scheduled board meeting.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- **Committees:** (09/25/2019) Board of Commissioners, (10/28/2020) Board of Commissioners, (09/29/2021) Board of Commissioners,

- **Signers:**

Original Effective Date: 12/05/2017

Revision Date: [12/05/2017 Rev. 0]

Review Date: [09/07/2018 Rev. 0]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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SUPERINTENDENT REPORT