
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

May 29, 2024 @ 3:30 PM

Conference Room 1 & 2 or Join Zoom Meeting:

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

Meeting ID: 889 5756 6693

One tap mobile: +12532158782,,88957566693#

Dial: +1 253 215 8782



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

May 29, 2024 at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

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Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

AGENDA	PAGE	TIME
Call to Order Roll Call Excused/Unexcused Absences Reading of the Mission & Vision Statement Approval or Amendment of Agenda Conflicts of Interest		3:30 pm
Comments and Remarks <ul style="list-style-type: none"> Commissioners Audience 		3:35 pm
Executive Session- RCW 70.41.200 <ul style="list-style-type: none"> Medical Privileging-Chief of Staff Dr. Victoria Acosta & Medical Staff Coordinator Barb Goble 	6	3:40 pm
Department Spotlight <ul style="list-style-type: none"> <i>Marketing & Communications-Diane Markham</i> 	9	3:45 pm
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report-Committee Chair-Board Chair Herrin/Foundation Manager Jessica Scogin 	22	4:00 pm
<ul style="list-style-type: none"> Finance Committee Report- Committee Chair-Commissioner McMahan 	24	4:05 pm
<ul style="list-style-type: none"> Compliance Committee Report- Committee Chair-Commissioner Schumaker 		4:15 pm
Consent Agenda (Action) <ul style="list-style-type: none"> Approval of Minutes: <ul style="list-style-type: none"> <i>April 24, 2024, Regular Board Meeting</i> <i>May 1, 2024, Compliance Committee Meeting</i> <i>May 22, 2024, Finance Committee Meeting</i> Warrants & EFTs in the amount of \$4,079,378.14 dated April 2024 	31 38 42 46	4:20 pm
Old Business <ul style="list-style-type: none"> Nothing to report. 		
New Business		4:25 pm

<ul style="list-style-type: none"> Resolution 24-11-Approving the Amendment to the Capital Purchase of MRI Unit <ul style="list-style-type: none"> To approve the amendment to MRI Unit Lease by expanding the scope of the project to include the Change Orders. 	49	
Superintendent Report <ul style="list-style-type: none"> Board Educational Article WSHA & AWPHD Governance Education-Board Ethics & Conflict of Interest Webinar 2023-2025 Strategic Plan 	59 61 65 68	4:35 pm
Meeting Summary & Evaluation		4:50 pm
Next Board Meeting Dates and Times <ul style="list-style-type: none"> Regular Board Meeting-July 31, 2024 @ 3:30 PM (ZOOM & In Person) Next Committee Meeting Dates and Times <ul style="list-style-type: none"> Plant Planning Committee Meeting-June 5, 2024 @ 12:00 PM (ZOOM) Finance Committee Meeting-June 19, 2024 @ 12:00 PM (ZOOM) Finance Committee Meeting-July 24, 2024 @ 12:00 PM (ZOOM) 		
Executive Session- RCW 42.30.110 (g) <ul style="list-style-type: none"> To discuss the performance of a public employee. 		5:00 pm
Guest Speaker <ul style="list-style-type: none"> Kurt O'Brien Consulting <ul style="list-style-type: none"> Developing a High Functioning & Effective Board-2024 (Part 4 of 4) Elevator Speech/Questions 	74	5:30 pm
Adjournment		6:15 pm

EXECUTIVE SESSION



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS-2

Telestroke/Neurology Consulting Privileges

- Aaron Stayman, MD
- Vishal Jani, MD

REAPPOINTMENTS-22

Arbor Health

- Anthony Fritz, MD (Internal Medicine)

Radiology Consulting Privileges

- David Miller, MD
- Kirk Myers, DO
- Jigish Patel, MD
- Amar Purandare, MD
- Kevin Roscoe, MD
- Charles Shen, MD
- Navneet Singha, MD
- David Stagnone, MD
- Lloyd Stambaugh, MD
- Ian Timms, MD
- Chrystel Venturini, MD
- Evert-Jan Verschuyt, MD
- Pedro Vieco, MD
- David Westman, MD
- Xi Zhang, MD
- Robert Apland, DO
- Samantha Lancaster, MD
- Eileen Lorenz, MD

Telestroke/Neurology Consulting Privileges

- Amit Kansara, MD

✱-notates files with items to note.



REAPPOINTMENTS CONT.

- Joseph Freeburg, MD
- Hanbing Wang, MD

✪-notates files with items to note.

DEPARTMENT SPOTLIGHT

Marketing & Communications



Choices.
I choose my doctor.
I choose my diet.
I choose my activities.

I choose Arbor Health...
*If I am hospitalized
& need post-acute care.*

If a loved one suffers from a serious condition, illness or injury that requires post-acute care, here is why Arbor Health is your best choice!

Long-term care homes run up to 20
nurses per nurse — we run
five patients per nurse.
24 hrs/day

- Onsite Physical Therapy
- Onsite Occupational Therapy
- Onsite Speech Therapy
- Onsite Respiratory Therapy

Arbor Health
EXTENDED CARE REHAB
MyArborHealth.org

Morton | 360-496-3533



2024 Marketing Plan	Print Ads	Social Media	Health & Life pub.	Billboards	Radio	Digital Campaign	Internal	Direct Mail	Referral Marketing
Service Line Promotions / Initiatives									
Tier 1									
Extended-Care Rehab "The bridge between hospital and home"									
Educate community on availability and the advantages over out-of-town skilled nursing facilities. Tactics: Print ads, Billboards, direct mail, digital pay-per click ads, social media (organic and paid), radio, internal marketing, Health & Life, every-other-month mailed rack cards & other items to referring hospitals, provide support to our case manager.	Jan--2 Feb--2 March--4 December--2	Jan--4 Feb--3 Mar--4 Dec--2	May, Nov	Feb-April (3) Nov-Jan (2)	January March late-Sept November	January February March November December	January February November December	February	Mailouts to referring hospitals—rack cards, post-it notes, highlighters, etc.
Primary Care	Print Ads	Social Media	Health & Life pub.	Billboards	Radio	Digital Campaign	Internal	Direct Mail	Referral Marketing
Primary Care/Pediatrics: Promote providers to the community through media. <i>Tactics: Print ads, digital pay-per click ads, social media (organic posts and paid ads), internal marketing, Health & Life</i>	Mid-June --2 July --4	Mid-June to August	May, Aug, Nov	May-July (3) Aug-Oct (3)	May June	July August	May June	June	
Heart Month —Utilize the national publicity on "Heart Health" in February to promote our primary care providers. <i>Tactics: Print ads, Social Media</i>	Feb--2	Feb--2			February				
Women's Health: Create opportunities to promote our female providers to benefit overall primary care. Print ads, 1 Outdoor, social media (organic posts and paid ads) Website includes an interactive diagnostic-test infographic.	April--1 May--2 Aug--2 Nov--4 (Gifts you dream of giving are no where near as precious as you in their lives)	May--2 Oct--2	May	Nov-Jan (2) <i>Best gift for your family? You, healthy</i> <i>Use photo of 3 providers</i>		May June			
<i>New primary care providers will be introduced through print, social media & possibly direct mail.</i>									
Specialty Service Lines									Referral Marketing
Foot & Ankle Surgery: Continued focus on specialty line to the community. Tactics: Print ads, outdoor, digital pay-per click ads, social media (organic posts and paid ads), internal marketing (Note to self for 2025—Consider scheduling in February & use the tagline: "The	May--2 June--2	Periodic through year	May-Aug	Aug-Oct (1)	April	April May	March April		

Internal Occurrences



Announcing the Winner of the 1st Trailblazer Award

2024

TRAILBLAZER

Award Winner

Small/Rural Hospital Excellence

By the Foundation for Healthcare Quality

For Exemplary Work in the Adherence to Best Practices.



Left to right in photo:
Chief Executive Officer Robert Mach, Chief Medical Officer Kevin McCurry, MD, Quality Manager Julie Johnson

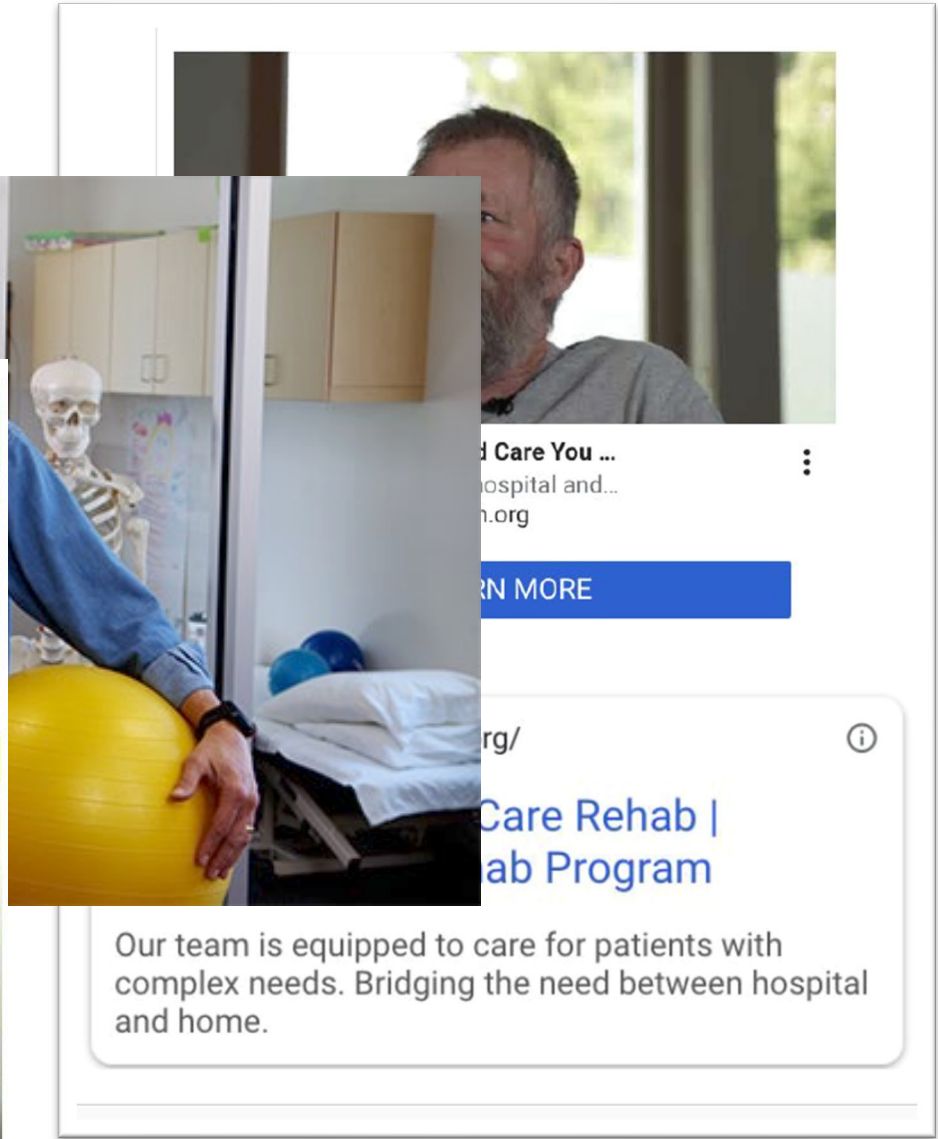
Arbor Health
MORTON HOSPITAL
MyArborHealth.org

External Occurrences





Mount Rainier National Park Ranger invites you to Arbor Talks



Community Outreach





Fabiola Puga, MD

Family Medicine, Women's Health, Elderly Care

- ✓ Accepting new patients
- 📺 Offers virtual visits
- 📞 360-496-5145

★★★★☆ 4.6 out of 5 (117 ratings, 68 comments)

Overall Quality 4.7 ★★★★★

5	<div></div>	59 comments
4	<div></div>	6 comments
3	<div></div>	2 comments
2	<div></div>	1 comment
1	<div></div>	0 comments

Tom (Charles) Anderson, MD - General Surgery, Emergency Medicine at Arbor Health

5.0 ★★★★★ (2) · Surgeon in Morton, Washington

[Website](#) [Directions](#) [Save](#) [Call](#)

Overview

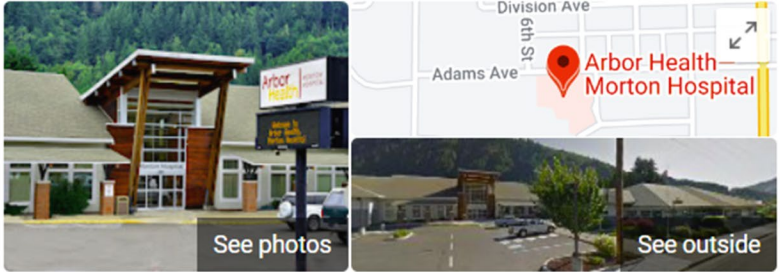
Reviews

Arbor Health, Morton Hospital, 521 Adams Ave, Morton, WA 98356

Location: Morton

Hours: **Open soon** · 5 PM · Opens 7:30 AM Tue

Phone: (360) 496-3641



Arbor Health—Morton Hospital

4.0 ★★★★★ 57 Google reviews

Hospital in Morton, Washington

- [Website](#)
- [Directions](#)
- [Save](#)
- [Call](#)

Address: 521 Adams Ave, Morton, WA 98356

Hours: **Open 24 hours**

Phone: (360) 496-5112

[Suggest an edit](#)

Questions & Answers

[See all questions \(3\)](#)

[Ask a question](#)

Reviews

Reviews from the web

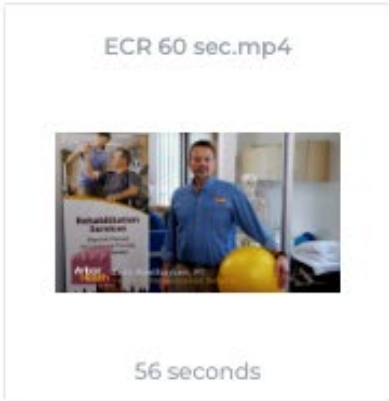
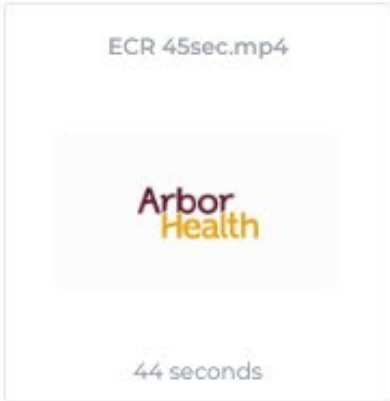
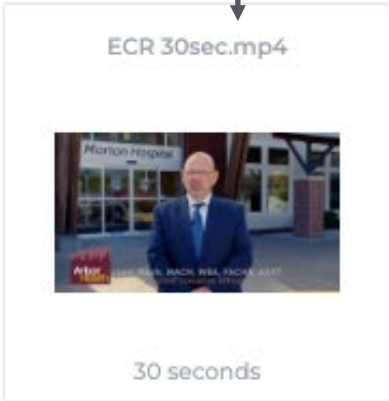
3.3/5 [Facebook](#) · 21 votes



Digital Video Ads:

This 30 sec spot had 5500 views on YouTube

Link: https://www.youtube.com/watch?v=lefp8VU27_Y



Dates	Impressions	Total Views	Avg CTR	Avg CPM	Clicks	Total \$
1/30-2/16/23	80,937	45,545	0.198%	\$6.45	160	\$521.68
2/27-4/1/23	75,224	42,207	0.202%	\$4.16	152	\$312.90
11/15/23-12/31/23	55,491	25,659	0.173%	\$6.76	96	\$375.04
TOTAL	211,652	113,411	0.191%	\$5.79	408	\$1209.62

Sponsored TV Interview:



**New Day NW with Arbor Health.**



Paid Partnership · December 18, 2023 · 

There are many situations where a person can't go home after being discharged from the hospital, but it is important to know you have a choice where you go. Watch our interview here to learn more about the post-acute rehab services at Arbor Health and why they might be a good option for you.



KINGS.COM


Bridging the need between hospital and home
Dr. Travis Podbilski discusses who might benefit from post-acute re...

Sponsor: **Arbor Health** | 12.14.23

Topic: “Bridging the need between hospital and home”

Bridging the need between hospital and home


Dr. Travis Podbilski discusses who might benefit from post-acute rehabilitation care at Arbor Health in Morton. Sponsored by Arbor Health.



Author: New Day Northwest

Published: 2:31 PM PST December 18, 2023

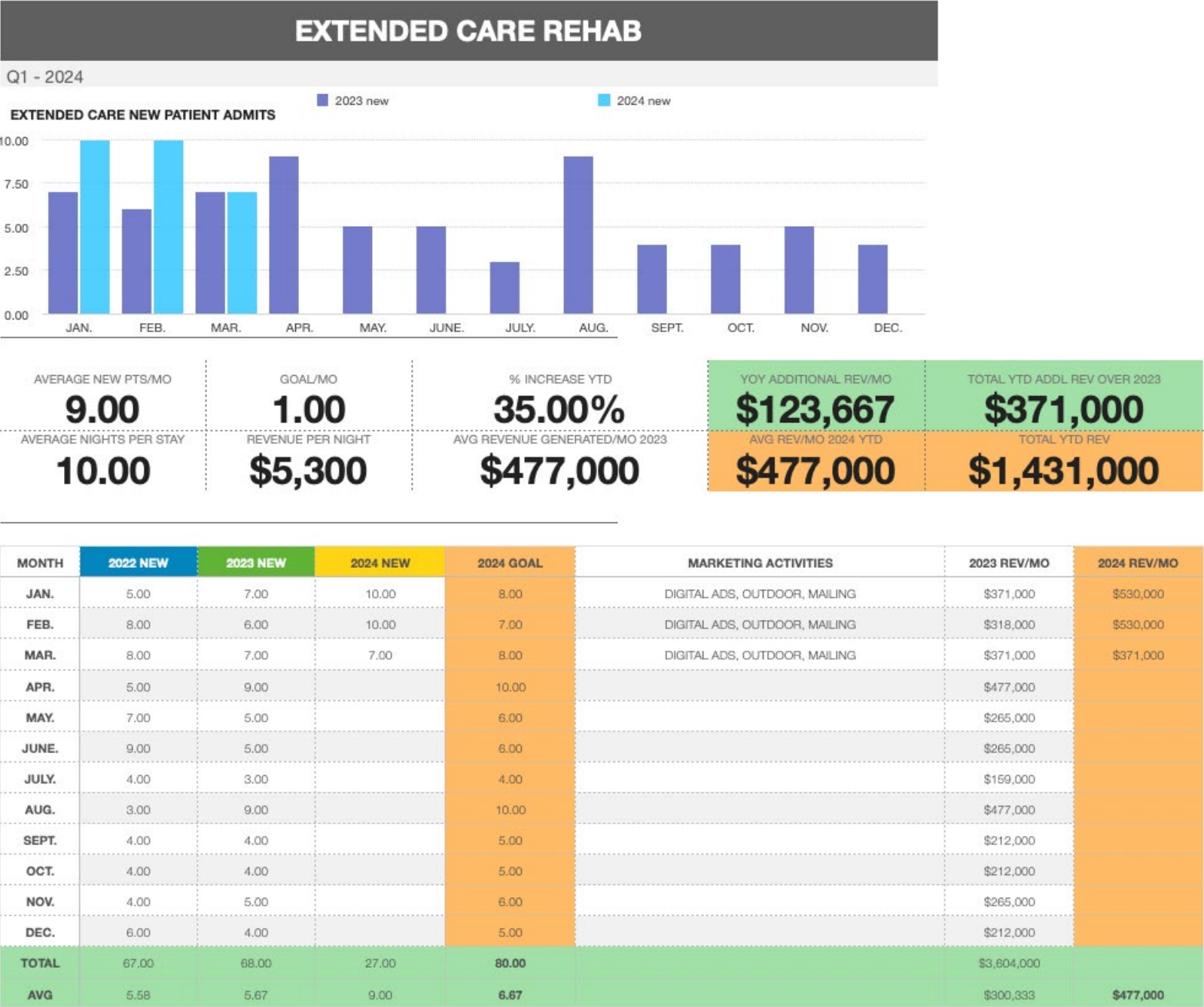
Updated: 2:31 PM PST December 18, 2023



171,175	133,619	74	62
Impressions	Reach	Engagements	Link Clicks



Results:



COMMITTEE REPORTS

Arbor Health Foundation meeting

05-14-24

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

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

- **ATTENDANCE:** Jessica Scogin, Tom Herrin, Shannon Kelley, Katelin Forrest, Rob Mach, Marc Fisher, Louise Fisher, Martha Wright, Christine Brower, Jeannine Walker, Lenée Langdon, Paula Baker, and Jamie Brazil as a guest.
- **EXCUSED ABSENCES:** Kip Henderson, Gwen Turner, and Bonnie Justice.

2. Approval of Treasurer's Report and November Minutes

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

3. Administrators Report- Robert Mach reported the following:

- The DNV survey was very successful
- Rob continues to work with Olympia Multi Specialty group to get a visiting Cardiologist
- Dr. Hines will start around May 30th
- Emma Dames, PA-C has been hired to work in Randle and Rapid Clinics and will start near the end of August.
- The staff employee appreciation event was on April 27th and it was a very successful event.
- The Rapid Care Clinic is now located in the hospital.

4. Executive Directors Report:

- Ladies' night May 23 at the Tiller Art Center, Cover charge \$20, Mocktails. A couple of healthcare providers will be there, some games and fun planned. Proceeds in part to buying feminine hygiene products at the high school. 80's theme for the night.
- Jessica contacted the schools, and they are very excited to work with us to offer CPR to students. The Youth Healthcare Connection Fund will pay for the cards.
- Youth Healthcare Connection Fund disbursement – to be used to help a high schooler who is interested in obtaining first aid/cpr certification. Another suggestion is to use the funds for how to teach kids to use the 911 system.

- Wheelchairs – Jessica is working with Diane to get a nice patch with the Foundation logo to cover the paint that was sprayed on the back of the wheelchairs.
- This year the Dinner Auction Fund a Need will go toward comfort furniture for patients and visitors for the hospital rooms. More to come

5. Old Business: No old business

6. New Business: Jame Brazil, Clinic Manager asked us to fund sports physicals for junior high and high school students in our hospital district. The clinic will be charging \$5 per student and they anticipate 250 students and asked for \$1,250. Katelin Forrest made a motion and Martha Wright seconded to approve the request. Motion carries.

7. Next Meeting: June 11 at 6pm. Location to be announced at a later date.

Good of the order please share. Adjourned 12:42pm

To: Finance Committee
From: Finance Department
Date: May 10, 2024
Subject: April Financial Statement Review

Volumes

The district's volume highlights show higher than expected results in Physician clinic visits and higher than expected results in Swing Bed.

- Inpatient volumes were below budgeted expectations by 23 days or 46%.
- Skilled Nursing volumes were ahead of budget by 39 days; Patient days were 120 on a budget of 81.
- ED did not meet budgeted expectations by 50 visits or 11%.
- Physician Clinic volumes were favorable to budget by 376 visits or 18%.

Income Statement

Results from Operations show net income of \$577,720. Operating Revenues were ahead of budget by \$659,630. This significant increase in operating revenues was due to receiving a large state emergency grant. Operating Expenses were more than expected by \$38,243.

Revenue highlights

- Inpatient revenues were ahead of budget by \$173,497 or 23%.
 - Acute care under budget by \$142,963.
 - Swing Bed ahead of budget by \$316,459.
- Emergency department revenues were unfavorable to budget by \$131,719.
- Outpatient revenues were favorable to budget by \$219,754.
- Other Operating revenues were favorable to budget by \$497,616. We received a state emergency grant of \$481,043.

Expense highlights

- Salaries and Wages expense were lower than expected by \$33,928.
 - Productive Salaries expense was underbudget by \$198,458.
 - Agency staffing salaries for the month were overbudget by \$56,527 or 12%.
- Benefits expense was more than expected by \$69,835.
 - Group Health insurance expense was more than expected by \$48,051.



Balance Sheet

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

- Cash accounts increased \$465,918 to \$3,921,850. This increase is primarily from the state emergency grant.
 - Days in cash remained the same at 35 days.
- Accounts receivable decreased \$409,465.
 - AR days decreased from 62 to 57 days.



ARBOR HEALTH
EXECUTIVE SUMMARY
Fiscal Year Ending: 4/30/24

BALANCE SHEET

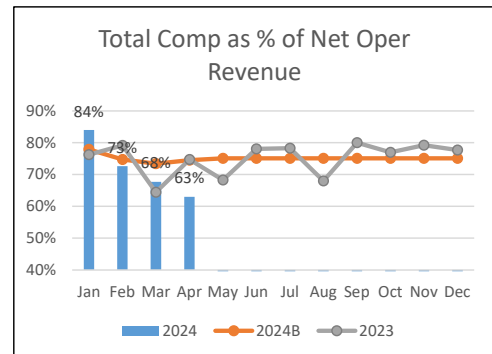
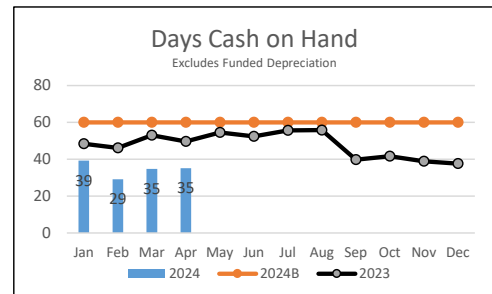
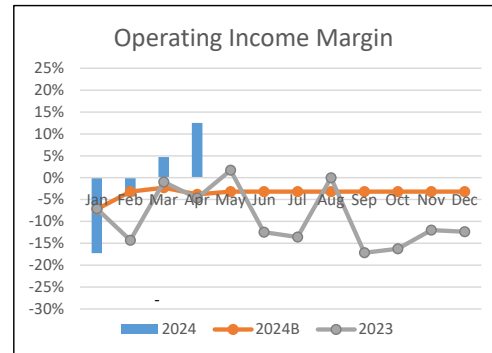
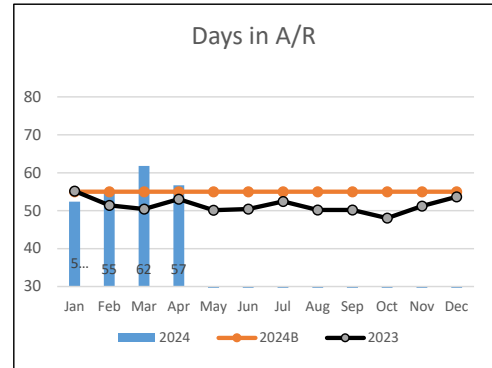
	YTD 4/30/2024	Prior YTD 4/30/2023
ASSETS		
Current Assets	\$9,851,392	\$10,062,803
Assets Whose Use is Limited	\$0	\$0
Property, Plant & Equipment (Net)	\$9,632,042	\$10,096,697
Other Assets	\$997,709	\$832,362
Total Unrestricted Assets	\$20,481,143	\$20,991,862
Restricted Assets	\$1,889,598	\$1,738,547
Total Assets	\$22,370,741	\$22,730,409
LIABILITIES & NET ASSETS		
Current Liabilities	\$4,384,952	\$3,393,177
Long-Term Debt	\$5,873,773	\$6,064,354
Other Long-Term Liabilities	\$0	\$0
Total Liabilities	\$10,258,725	\$9,457,531
Net Assets	\$12,112,016	\$13,272,878
Total Liabilities and Net Assets	\$22,370,741	\$22,730,409

STATEMENT OF REVENUE AND EXPENSES - YTD

	4/30/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$5,644,896	\$5,171,942	\$21,112,894	\$20,648,326
Discounts and allowances	(\$2,189,372)	(\$1,831,556)	(\$8,418,141)	(\$7,409,507)
Bad Dbt & Char C Write-Offs	(\$66,010)	(\$112,887)	(\$420,641)	(\$460,144)
Net Patient Revenues	\$3,389,514	\$3,227,499	\$12,274,112	\$12,778,675
Other Operating Revenues	\$572,794	\$75,178	\$862,868	\$300,714
Total Operating Revenues	\$3,962,308	\$3,302,677	\$13,136,980	\$13,079,389
Salaries & Benefits	\$2,496,595	\$2,460,688	\$9,302,443	\$9,854,118
Purchased Serv	\$367,237	\$328,623	\$1,471,670	\$1,400,315
Supply Expenses	\$286,519	\$269,100	\$1,007,806	\$987,143
Other Operating Expenses	\$165,682	\$211,997	\$693,772	\$747,516
Depreciation & Interest Exp.	\$151,751	\$159,133	\$607,509	\$636,532
Total Expenses	\$3,467,784	\$3,429,541	\$13,083,200	\$13,625,624
NET OPERATING SURPLUS	\$494,524	(\$126,864)	\$53,780	(\$546,235)
Non-Operating Revenue/(Exp)	\$83,196	\$84,945	\$315,059	\$339,778
TOTAL NET SURPLUS	\$577,720	(\$41,919)	\$368,839	(\$206,457)

KEY STATISTICS

	4/30/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Inpatient Admits	6	13	38	50
Average Length of Stay	4.50	4.00	4.70	4.00
Total Emergency Room Visits	417	467	1,670	1,867
Outpatient Visits	1,354	1,192	5,285	4,767
Total Surgeries	32	40	159	159



Lewis County Public Hospital District No. 1

Balance Sheet

April, 2024

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
Assets				
Current Assets:				
Cash	\$ 3,921,850	3,455,932	3,790,598	131,252
Total Accounts Receivable	10,136,255	10,545,720	8,651,402	1,484,852
Reserve Allowances	(5,046,937)	(5,247,767)	(4,503,473)	(543,464)
Net Patient Accounts Receivable	<u>5,089,317</u>	<u>5,297,953</u>	<u>4,147,929</u>	<u>941,388</u>
Taxes Receivable	211,832	194,865	38,809	173,022
Estimated 3rd Party Receivables	0	0	263,159	(263,159)
Prepaid Expenses	372,782	408,843	430,473	(57,690)
Inventory	247,934	243,303	241,343	6,591
Funds in Trust	1,889,598	1,880,631	1,862,265	27,333
Other Current Assets	<u>7,677</u>	<u>4,373</u>	<u>64,846</u>	<u>(57,169)</u>
Total Current Assets	<u>11,740,990</u>	<u>11,485,900</u>	<u>10,839,421</u>	<u>901,569</u>
Land	952,749	952,749	952,749	0
Land Improvements	1,426,739	1,426,739	1,426,739	0
Buildings	16,059,783	16,059,783	16,059,783	0
Building Improvement	5,150,953	5,150,953	5,089,019	61,935
Fixed Equipment	2,711,951	2,711,951	2,711,951	0
Major Moveable Equipment	9,067,625	9,067,625	8,986,573	81,051
Construction In Progress	36,598	36,598	0	36,598
Property, Buildings and Equipment	35,406,398	35,406,398	35,226,814	179,584
Accumulated Depreciation	<u>(25,774,356)</u>	<u>(25,677,010)</u>	<u>(25,383,328)</u>	<u>(391,028)</u>
Net Property, Plant, & Equipment	<u>9,632,042</u>	<u>9,729,388</u>	<u>9,843,486</u>	<u>(211,444)</u>
Right-of-use assets	995,709	644,119	516,452	479,256
Other Assets	<u>2,000</u>	<u>2,000</u>	<u>2,000</u>	<u>0</u>
Total Assets	<u><u>\$ 22,370,741</u></u>	<u><u>21,861,407</u></u>	<u><u>21,201,359</u></u>	<u><u>1,169,382</u></u>
Liabilities				
Current Liabilities:				
Accounts Payable	1,585,896	1,575,294	913,503	672,394
Accrued Payroll and Related Liabilities	794,458	1,020,265	1,206,309	(411,851)
Accrued Vacation	935,968	906,088	900,057	35,911
Third Party Cost Settlement	76,771	332,592	68,817	7,954
Interest Payable	102,523	76,893	0	102,523
Current Maturities - Debt	885,881	885,881	885,881	0
Other Payables	<u>3,455</u>	<u>3,775</u>	<u>3,855</u>	<u>(400)</u>
Current Liabilities	<u>4,384,952</u>	<u>4,800,788</u>	<u>3,978,422</u>	<u>406,530</u>
Total Notes Payable	699,641	699,641	776,435	(76,795)
Lease Liability	749,580	402,239	279,212	470,367
Net Bond Payable	4,424,553	4,424,443	4,424,112	440
Total Long Term Liabilities	<u>5,873,773</u>	<u>5,526,322</u>	<u>5,479,760</u>	<u>394,013</u>
Total Liabilities	<u>10,258,725</u>	<u>10,327,110</u>	<u>9,458,182</u>	<u>800,543</u>
General Fund Balance	11,743,177	11,743,177	11,743,177	0
Net Gain (Loss)	<u>368,839</u>	<u>(208,881)</u>	<u>0</u>	<u>368,839</u>
Fund Balance	<u>12,112,016</u>	<u>11,534,297</u>	<u>11,743,177</u>	<u>368,839</u>
Total Liabilities And Fund Balance	<u><u>\$ 22,370,741</u></u>	<u><u>21,861,407</u></u>	<u><u>21,201,359</u></u>	<u><u>1,169,382</u></u>

All Arbor Health
Income Statement
April, 2024

Pr Yr	MTD	% Var	MTD \$ Var	MTD Budget	MTD Actual		YTD Actual	YTD Budget	YTD \$ Var	YTD % Var	PY YR	YTD
843,081	23%	173,497	739,163	912,660	Total Hospital IP Revenues	3,667,674	2,955,933	711,741	24.1	3,079,562		
3,402,979	6%	245,872	3,846,114	4,091,986	Outpatient Revenues	15,063,808	15,345,732	(281,924)	-1.8	13,906,369		
461,770	9%	53,585	586,665	640,250	Clinic Revenues	2,381,412	2,346,661	34,751	1.5	2,025,800		
4,707,830	9%	472,954	5,171,942	5,644,896	Total Gross Patient Revenues	21,112,894	20,648,326	464,568	2.2	19,011,730		
(1,819,469)	-20%	357,816	(1,831,556)	(2,189,372)	Contractual Allowances	(8,418,141)	(7,409,507)	1,008,634	-13.6	(6,623,367)		
(17,570)	-48%	29,016	(60,718)	(31,702)	Bad Debt	(161,255)	(246,993)	85,738	-34.7	(330,141)		
(24,505)	-34%	17,861	(52,169)	(34,308)	Charity Care	(259,386)	(213,151)	(46,235)	21.7	(210,094)		
(1,861,545)	16%	(310,939)	(1,944,443)	(2,255,383)	Total Deductions From Revenue	(8,838,782)	(7,869,651)	(969,131)	12.3	(7,163,603)		
2,846,284	5%	162,014	3,227,499	3,389,513	Net Patient Revenues	12,274,111	12,778,675	(504,564)	-3.9	11,848,127		
72,802	662%	497,616	75,178	572,794	Other Operating Revenue	862,868	300,714	562,154	186.9	336,936		
2,919,087	20%	659,630	3,302,677	3,962,307	Total Operating Revenue	13,136,979	13,079,389	57,590	0.4	12,185,064		
1,792,857	2%	33,928	2,083,886	2,049,958	Salaries	7,767,674	8,296,038	528,363	6.4	7,310,860		
389,140	-19%	(69,835)	376,802	446,637	Total Benefits	1,534,768	1,558,081	23,312	1.5	1,507,002		
2,181,997	-1%	(35,907)	2,460,688	2,496,595	Salaries And Benefits	9,302,443	9,854,118	551,675	5.6	8,817,862		
126,126	44%	36,490	83,167	46,676	Professional Fees	204,472	243,075	38,603	15.9	477,083		
203,684	-6%	(17,419)	269,100	286,519	Supplies	1,007,806	987,143	(20,663)	-2.1	991,905		
267,969	-12%	(38,615)	328,623	367,237	Total Purchased Services	1,471,670	1,400,315	(71,355)	-5.1	1,385,264		
38,855	-3%	(1,041)	39,308	40,349	Utilities	164,317	160,041	(4,276)	-2.7	185,011		
28,706	0%	(29)	32,769	32,798	Insurance Expense	131,137	131,076	(61)	0.0	114,694		
129,720	8%	10,397	131,791	121,394	Depreciation and Amortization	484,986	527,165	42,180	8.0	449,889		
29,059	-11%	(3,015)	27,342	30,357	Interest Expense	122,523	109,367	(13,156)	-12.0	116,503		
48,908	19%	10,897	56,755	45,858	Other Expense	193,846	213,324	19,478	9.1	181,677		
3,055,023	-1%	(38,243)	3,429,541	3,467,784	Total Operating Expenses	13,083,200	13,625,624	542,424	4.0	12,719,887		
(135,936)	-490%	621,387	(126,864)	494,523	Income (Loss) From Operations	53,779	(546,236)	600,015	-109.8	(534,824)		
118,883	-2%	(1,639)	89,195	87,556	Total Non-Operating Revenue	334,006	356,780	(22,774)	-6.4	593,051		
4,149	-3%	(109)	4,250	4,360	Total Non-Operating Expense	18,946	17,002	(1,945)	-11.4	20,638		
114,734	2%	1,749	84,945	83,196	Non-Operating Revenue/Expense	315,060	339,779	24,718	7.3	572,413		
(21,203)	-1478%	619,639	(41,919)	577,720	Net Gain (Loss)	368,839	(206,457)	575,296	-278.7	37,589		

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

CURRENT MONTH					YEAR TO DATE					
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
843,081	23%	173,497	739,163	912,660	Inpatient Revenue	3,667,674	2,955,933	711,741	24%	3,079,562
3,402,979	6%	245,872	3,846,114	4,091,986	Outpatient Revenue	15,063,808	15,345,732	(281,924)	-2%	13,906,369
461,770	9%	53,585	586,665	640,250	Clinic Revenue	2,381,412	2,346,661	34,751	1%	2,025,800
4,707,830	9%	472,954	5,171,942	5,644,896	Gross Patient Revenues	21,112,894	20,648,326	464,568	2%	19,011,730
1,819,469	-20%	(357,816)	1,831,556	2,189,372	Contractual Allowances	8,414,319	7,409,507	(1,004,812)	-14%	6,656,759
24,505	34%	17,861	52,169	34,308	Charity Care	259,386	213,151	(46,235)	-22%	210,094
17,570	48%	29,016	60,718	31,702	Bad Debt	161,255	246,993	85,738	35%	330,141
1,861,545	-16%	(310,939)	1,944,443	2,255,383	Deductions from Revenue	8,834,960	7,869,651	(965,309)	-12%	7,196,995
2,846,284	5%	162,014	3,227,499	3,389,513	Net Patient Service Rev	12,277,933	12,778,675	(500,742)	-4%	11,814,735
60.5%	3.8%	2.4%	62.4%	60.0%	NPSR %	58.2%	61.9%	3.7%	6.0%	62.1%
72,802	662%	497,616	75,178	572,794	Other Operating Revenue	862,868	300,714	562,154	187%	336,936
2,919,087	20%	659,630	3,302,677	3,962,307	Net Operating Revenue	13,140,801	13,079,389	61,412	0%	12,151,672
Operating Expenses										
1,792,857	2%	33,928	2,083,886	2,049,958	Salaries & Wages	7,767,674	8,296,038	528,363	6%	7,310,860
389,140	-19%	(69,835)	376,802	446,637	Benefits	1,534,768	1,558,081	23,312	1%	1,507,002
126,126	44%	36,490	83,167	46,676	Professional Fees	204,472	243,075	38,603	16%	477,083
203,684	-6%	(17,419)	269,100	286,519	Supplies	1,007,806	987,143	(20,663)	-2%	991,905
267,969	-12%	(38,615)	328,623	367,237	Purchase Services	1,471,670	1,400,315	(71,355)	-5%	1,385,264
38,855	-3%	(1,041)	39,308	40,349	Utilities	164,317	160,041	(4,276)	-3%	185,011
28,706	0%	(29)	32,769	32,798	Insurance	131,137	131,076	(61)	0%	114,694
48,908	19%	10,897	56,755	45,858	Other Expenses	193,846	213,324	19,478	9%	181,677
2,896,244	-1%	(45,624)	3,270,408	3,316,032	EBDITA Expenses	12,475,691	12,989,092	513,401	4%	12,153,495
22,843	1903%	614,006	32,269	646,275	EBDITA	665,110	90,297	574,813	637%	(1,824)
0.8%	-1569.4%	-15.3%	1.0%	16.3%	EBDITA %	5.1%	0.7%	-4.4%	-633.1%	0.0%
Capital Cost										
129,720	8%	10,397	131,791	121,394	Depreciation	484,986	527,165	42,180	8%	449,889
29,059	-11%	(3,015)	27,342	30,357	Interest Cost	122,523	109,367	(13,156)	-12%	116,503
3,055,023	-1%	(38,243)	3,429,541	3,467,784	Operating Expenses	13,083,200	13,625,624	542,424	4%	12,719,887
(135,936)	-490%	621,387	(126,864)	494,523	Operating Income / (Loss)	57,601	(546,236)	603,837	-111%	(568,216)
-4.7%			-3.8%	12.5%	Operating Margin %	0.4%	-4.2%			-4.7%
0	0%	0	0	0	Mcare/Mcaid Pr Yr	(3,822)	0	3,822	0%	33,392
Non Operating Activity										
118,883	-2%	(1,639)	89,195	87,556	Non-Op Revenue	334,006	356,780	(22,774)	-6%	593,051
4,149	-3%	(109)	4,250	4,360	Non-Op Expenses	18,946	17,002	(1,945)	-11%	20,638
114,734	-2%	(1,749)	84,945	83,196	Net Non Operating Activity	315,060	339,779	(24,718)	-7%	572,413
(21,203)	-1478%	619,639	(41,919)	577,720	Net Income / (Loss)	368,839	(206,457)	575,296	-279%	37,589
-0.7%			-1.3%	14.6%	Net Income Margin %	2.8%	-1.6%	0.3%		

CONSENT AGENDA



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

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

Conference Room 1 & 2 and via ZOOM

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

Meeting ID: 889 5756 6693

One tap mobile: +12532158782, 88957566693#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> ☒ Clint Scogin, Controller ☒ Julie Johnson, QMRC Manager ☒ Jessica Scogin, Foundation Manager ☒ Robert Houser, Imaging Manager ☒ Buddy Rose, The Journal ☒ Diane Markham, Marketing & Communications Manager ☒ Elya Prystowsky, PhD Executive Director, The Rural Collaborative <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
Approval or Amendment of Agenda		Secretary Coppock made a motion to approve the agenda. Commissioner McMahan seconded, and the motion passed unanimously.		
Conflicts of Interest	Board Chair Herrin asked the attendees to state any conflicts of interest with today's agenda.	None noted.		
Comments and Remarks	<p>Commissioners: Secretary Coppock thanked the Staff's efforts on the activities happening in the community. Commissioner McMahan echoed the praises around the community involvement, as well as the creating the great connections to Arbor Health. Also, he thanked the Finance team for their time and energy. Board Chair Herrin encouraged the Board to attend the upcoming Employee Appreciation Event on Saturday, April 27th at 6 PM at Mill Town Smokehouse and noted its 80's theme.</p> <p>Audience: None.</p>			
Executive Session- RCW 70.41.200	Board Chair Herrin announced going into executive session at 3:36 p.m. for 5 minutes to discuss RCW 70.41.200-Medical Privileging. The Board returned to open session at 3:41 p.m. Board Chair Herrin			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>noted no decisions were made in Executive Session.</p> <p>Reappointments:</p> <p>Arbor Health</p> <ol style="list-style-type: none"> 1. Devin Spera, MD (Emergency Medicine privileges) <p>Radia Inc. (Consulting Radiology Privileges)</p> <ol style="list-style-type: none"> 1. Jack Fields, MD 2. David Atkins, MD 3. Tariq Balawi, MD 4. Samuel Boynton, MD 5. James Bell, MD 6. Robert Hawkins, MD 7. Alan Chan, MD 8. Kenneth Hebert, MD 9. Frederick Kash, MD 10. Peter Hu, MD 11. Shari Jackson, MD 12. Christopher Krol, MD 13. John MacKenzie, MD 14. Ben Harmon, MD 15. Mark Mayhle, MD 16. Keith Bernstein, MD <p>Peace Health (Consulting Pathology Privileges)</p> <ol style="list-style-type: none"> 1. Mohiedean Ghofrani, MD 	<p>Commissioner Anderson made a motion to approve the Medical Privileging as presented and Commissioner McMahan seconded. The motion passed unanimously.</p>		
<p>Guest Speaker</p> <ul style="list-style-type: none"> • The Rural Collaborative (TRC) Annual Update 	<p>Elya highlighted the following as it relates to the TRC:</p> <ol style="list-style-type: none"> 1. Membership 2. TRC Vision & Goals 3. Value of the Committees 4. Member Savings & Benefits for Arbor Health 5. Purpose of the Enterprise 			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	The TRC appreciates Superintendent Mach and the hospital's continued participation and support.			
Department Spotlight	Deferred to next month.			
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report 	Board Chair Herrin highlighted the following: <ol style="list-style-type: none"> Heartfelt thank you from a scholarship recipient. Ladies Night-May 23rd \$15,000 donation to introduce kids into the medial field. Foundation plaque is hung in the hospital by dietary. Show & tell on new Ultrasound Equipment, thanked the AH Foundation for their donation. Providing ribbons for upcoming runs. 			
<ul style="list-style-type: none"> Finance Committee Report 	Commissioner McMahan highlighted the financial summary making note March was a good month. Received the WA Distressed Hospital Grant of \$480,000. CFO Cornwell reiterated to the Board that best to track YTD trends.			
Consent Agenda	Board Chair Herrin announced the consent agenda items for consideration of approval: <ol style="list-style-type: none"> Approval of Minutes <ol style="list-style-type: none"> March 27, 2024, Regular Board Meeting April 17, 2024, Finance Committee Meeting Warrants & EFTs in the amount of \$3,414,855.38 dated March 2024 Approve Documents Pending Board Ratification 04.24.24 Resolution 24-08-Declaring to Surplus or Dispose of Personal Property 	Commissioner McMahan made a motion to approve the Consent Agenda and Commissioner Anderson seconded. The motion passed unanimously. Minutes, Resolutions and Warrants will be sent for electronic signatures.	Executive Assistant Garcia	04.26.24

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	5. Resolution 24-09- Approving the Capital Purchase of the Randle Clinic HVAC Units			
Old Business	Nothing to report.			
New Business <ul style="list-style-type: none"> Just Culture 	<p>CNO/CQO Van Duren provided insight on Just Culture. This is a Board down initiative. This is a model of workplace justice. CNO/CQO Van Duren walked the Board through examples and utilizing the algorithm. Currently, managers are completing a four-hour training and then all staff will have a two-hour training to become acquainted with Just Culture. CNO/CQO Van Duren confirmed the unions should not have any concerns with Just Culture, as it drives fair treatment and improvement.</p>			
<ul style="list-style-type: none"> Resolution-24-10- Adopting the Community Health Improvement Services (CHIS) Addendum 	<p>Superintendent Mach presented the CHIS Addendum, which is an internal reporting document that ties to the CHNA and Implementation Plan submitted the last couple years/</p>	<p>Commissioner Anderson made a motion to approve Resolution 24-10 and Secretary Coppock seconded. The motion passed unanimously.</p>		
		Submit CHIS Addendum to DOH.	Superintendent Mach	Prior to 04.30.24
<ul style="list-style-type: none"> CEO Evaluation 	<p>Board Chair Herrin shared the CEO Evaluation needs to be completed and returned to EA Garcia by May 10, 2024. EA Garcia will combine the results, as well as add in Rob's accomplishments for 2023-2024 and goals for 2024-2025. The Board will review and discuss in Executive Session without Rob in May. The Board will perform Superintendent Mach's evaluation at the July Regular Board Meeting.</p>	<p>Send CEO Evaluation to the Board to electronically complete.</p> <p>Complete CEO Evaluation</p>	<p>Executive Assistant Garcia</p> <p>Board of Commissioners</p>	<p>04.26.24</p> <p>Return by 05.10.24</p>
Superintendent Report	<p>Superintendent Mach highlighted the memo in the packet and added the following updates:</p> <ol style="list-style-type: none"> Dr. Hines is starting in Q3. 			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ol style="list-style-type: none"> 2. Nursing Students have started, great first impression and hope to use as a recruiting tool. 3. Offer extended to a PA. 4. Credentialing issue with Medicare, so Hugo will not be joining AH in 2024. 5. Inpatient census is strong. 6. Ultrasound Tech started and building the schedule with new equipment. 7. Assisted Living and OBGYN pros and cons included in the packet. 			
Meeting Summary & Evaluation	Superintendent Mach provided a meeting summary. Secretary Coppock noted the meeting was done well. Commissioner Anderson appreciated the TRC update and taking it another step forward. Commissioner McMahan noted good input. Commissioner Schumaker shared the Board is moving in sync. Board Chair Herrin noted the Board is passionate about similar topics which unites them.			
Break	Board Chair Herrin called for a 5-minute break at 5:15 p.m. The Board returned to open session at 5:20 p.m.			
Guest Speaker	<p>Kurt O'Brien focused on strategies for Engaging the Community. The Board discussed the following:</p> <ol style="list-style-type: none"> 1. Go to the people, create calendar for upcoming events. 2. Consistent questions. 3. Standard concept. 4. Determine what we want to learn. 5. Create elevator speech, couple questions. 6. Create business cards with QR code. <p>Superintendent Mach agreed to draft an elevator speech that's measurable to produce outcomes.</p>	Create elevator speech.	Superintendent Mach	05.29.24
Adjournment		Secretary Coppock moved, and		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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		Commissioner McMahan seconded to adjourn the meeting at 6:04 p.m. The motion passed unanimously.		
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Respectfully submitted,

Craig Coppock, Secretary

Date

DRAFT



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

Mission Statement
To foster trust and nurture a healthy community.

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	Commissioner Schumaker called the meeting to order via Zoom at 12:00 p.m. Commissioner(s) Present in Person or via Zoom: <input type="checkbox"/> Craig Coppock, Secretary <input checked="" type="checkbox"/> Chris Schumaker, Commissioner Committee Member(s) Present in Person or via Zoom: <input type="checkbox"/> Robert Mach, Superintendent/CEO <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Barbara Van Duren, CNO/CQO <input type="checkbox"/> Julie Johnson, Quality Management, Risk & Regulatory Compliance Mgr. <input checked="" type="checkbox"/> Matthew Lindstrom, Facilities Director <input checked="" type="checkbox"/> Jim Frey, IT Director <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director	Excused-Secretary Coppock, QMRC Manager Johnson & Superintendent Mach		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Approval or Amendment of Agenda	No amendments noted.	CHRO Kelly made a motion to approve the agenda and Compliance Officer Hargett seconded. The motion passed unanimously.		
Conflicts of Interest	Commissioner Schumaker asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Committee Reports <ul style="list-style-type: none"> Compliance Operational Workgroup Recap 	Compliance Officer Hargett highlighted the workgroup minutes and the areas of focus.			
Consent Agenda	Commissioner Schumaker announced the following in consent agenda up for approval: <ol style="list-style-type: none"> Review of Compliance Minutes –February 7, 2024 Review of Compliance Operational Workgroup Minutes –March 6, 2024 Review of Compliance Operational Workgroup Minutes –April 3, 2024 Regulatory Audits Dashboard Annual Action Schedule 	CHRO Kelly made a motion to approve the consent agenda. IT Director Frey seconded. Motion passed unanimously.		
Old Business <ul style="list-style-type: none"> RA#2 	Executive Assistant Garcia shared the two focuses for contract evaluations; Tier 1 & 2-highest risk to the District and Contracts with no evaluation completed to date.			
<ul style="list-style-type: none"> RA#3 	IT Director Frey shared progress on the recent Security Risk Assessment and recognized it is a slow process but prioritizing the highest levels of risk first.			
<ul style="list-style-type: none"> RA#4 	Compliance Officer Hargett shared the training opportunities regarding privacy event that have occurred. Management supports taking a proactive approach and recommended strategies to deploy training and reduce and/or avoid privacy issues moving forward.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Compliance Program Update 	<p>Compliance Officer Hargett highlighted the following:</p> <ol style="list-style-type: none"> 1. EMTALA events being investigated and rectifying while providing training. Completing an RCA and reviewing with ED Medical Director Dr. Ball and CMO Dr. McCurry. 2. The Change Healthcare cyber attack continues to be monitored. There were 3 HIPAA events in March and as discussed more training is coming. 3. There are updates coming from HHS on the General Compliance Program Guidance. In the process of reviewing, not sure of the implications, but this is the documents the District models off of its guidance. 4. Commissioners Anderson and Schumaker are overdue on completing and submitting certificates for completing OPMA and PRA training. <ol style="list-style-type: none"> a. Commissioner Schumaker noted completing but needs to submit his certificate of completion. Executive Assistant Garcia requested Commissioner Schumaker follow up with Commissioner Anderson on completing the task too. 5. Auditing and Monitoring are ongoing. PARA Chargemaster Review is typically completed for Q3. Checking the status on items that were due to DOH by end of April. 	<p>Complete OPMA & PRA Training and submit certificate of completion to EA Garcia</p> <p>Updated Workplan for Chargemaster Review from Q2 to Q3.</p> <p>Verifying items due</p>	<p>Commissioner Schumaker & Commissioner Anderson</p> <p>Compliance Officer Hargett & CFO Cornwell</p> <p>CFO Cornwell</p>	<p>Prior to the next Compliance Meeting 08.07.24</p> <p>Prior to the next Compliance Meeting 08.07.24</p> <p>05.03.24</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	6. Reviewed the percentage of completion on the workplan through Q1.	were submitted to DOH.		
<ul style="list-style-type: none"> New/Updated Laws Dashboard 	Compliance Officer Hargett shared updates on laws that impact the District and their current status. There is ten in progress and due either June 5 th or July 1 st .			
Meeting Summary & Evaluation	Compliance Officer Hargett provided a summary report. Commissioner Schumaker noted great information and a well-done meeting.			
Adjournment	Commissioner Schumaker adjourned the meeting at 12:44 p.m.			



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
May 22, 2024, at 12:00 p.m.
Via Zoom

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Consent Agenda	<p>Commissioner McMahan announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –April 17, 2024 2. Board Oversight Activities <p>Commissioner McMahan clarified the WSHA credit card charge is only for the conference registration and the hotels are a separate cost. EA Garcia confirmed.</p> <p>Commissioner Anderson inquired if the notary fees were annually or multiple years. EA Garcia confirmed the itemized receipt notates 4 years.</p>	Commissioner Anderson made a motion to approve the consent agenda and Ancillary Services Director Taylor seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> • CFO Financial Review 	<p>CFO Cornwell shared insight on the financial reports, graphs, and statements. Recognizing bright spots in swing bed days, outpatient registrations and clinic visits. AR is decreasing and headed in the right direction. Income Statement shows strong operating revenue, other operating revenue includes the grant, expenses remain static resulting in a positive net income MTD at 577,720 and YTD at 368,839. Even without the grant, the District would have a positive bottom line. Commissioners McMahan and Anderson commended the team on strong work by all given the staffing changes and challenges in the department.</p> <p>Commissioner Anderson inquired on page 24 to get more insight on the Total Comp as a % of Net Operating Revenue. CFO Cornwell shared the decrease may have been greater due income increasing at a higher rate than salaries for the month of April. Will review and report back at the June Finance Committee Meeting.</p>	<p>Review Total Compensation as a Percentage of Net Operating Revenue in April.</p>	CFO Cornwell	June 19 Finance Committee Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Trubridge Report 	<p>CFO Cornwell shared part one of the Trubridge report regarding the revenue cycle assessment. Key opportunities were identified noting the importance of improving our reimbursement from the insurance companies, hiring an HIM managers to ensure adequate record keeping maximizes reimbursement and complying with current regulations. Also, developing a formal denial system to capture denials closer to understand why it is missing and being written off. CFO Cornwell noted bringing part two of the report to the June meeting, as well as a plan to address the assessment recommendations.</p>	<p>Review part two of Trubridge Report and a plan to address the assessment recommendations.</p>	CFO Cornwell	June 19 Finance Committee Meeting
<p>New Business</p> <ul style="list-style-type: none"> Capital Review 	<p>Ancillary Services Director Taylor shared there are three addendums to the MRI project as a result of the project implementation planning process. This includes a concrete ramp with landing pad to include steps, a landing pad for mobile units and electrical upgrades. The electrical component is the largest change order and given the estimated downtime of four month, the loss of revenue would be approximately \$170,000 which makes it worth it. The change orders will be added to the current lease approved in late 2023. The monthly payment will slightly change and should know more details by the Board Meeting.</p> <p>Commissioners McMahan and Anderson inquired on why this is being discussed now and was not during the bidding process. Ancillary Services Director Taylor shared while it was discussed in 2023, a clearer understanding of the full impact of waiting for the next project was discovered during the preconstruction meetings with subcontractors.</p>	<p>The Finance Committee supported requesting the Board's approval of a resolution for the MRI Unit Change Orders at the Regular Board Meeting.</p>	Executive Assistant Garcia	05.29.24 Regular Board Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	The Finance Committee supports the resolution and will recommend approval at the Board level in Consent Agenda.			
<ul style="list-style-type: none"> AH Retirement Fund Update 	CFO Cornwell shared the retirement plan is doing well with no concerns and noted it is following the market. CFO Cornwell confirmed with the Rural Collaborative that LCHD No. 1's Market Share equates to \$15,102,098.			
Meeting Summary & Evaluation	<p>CFO Cornwell provided a summary report.</p> <p>Commissioners McMahan and Anderson reiterated their appreciation for the staff and plans for the results of the audit to make improvements to the financials.</p>			
Adjournment	Commissioner McMahan adjourned the meeting at 12:52 pm.			

WARRANT & EFT LISTING NO. 2024-04

RECORD OF CLAIMS ALLOWED BY THE
BOARD OF LEWIS COUNTY
COMMISSIONERS

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

CERTIFICATION

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

Signed:

Cheryl Cornwell, CFO

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

\$4,079,378.14 this 29th day
of May 2024

Board Chair, Tom Herrin

Commissioner, Wes McMahan

Secretary, Craig Coppock

Commissioner, Van Anderson

Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of \$4,079,378.14 dated April 1, 2024 – April 30, 2024.

Apr-24

ARBOR HEALTH WARRANT REGISTER

Routine A/P Runs

Warrant No.	Date	Amount	Description
133727 - 133755	1-Apr-2024	227,108.41	CHECK RUN
133760 - 133761	2-Apr-2024	731,753.30	CHECK RUN
133762 - 133797	4-Apr-2024	197,068.33	CHECK RUN
133798 - 133816	8-Apr-2024	159,847.39	CHECK RUN
133817	10-Apr-2024	100,000.00	CHECK RUN
133818 - 133861	10-Apr-2024	334,479.61	CHECK RUN
133862 - 133908	15-Apr-2024	164,120.01	CHECK RUN
133909 - 133910	2-Apr-2024	242.85	CHECK RUN
133911 - 133912	9-Apr-2024	2,065.26	CHECK RUN
133913 - 133977	19-Apr-2024	280,592.04	CHECK RUN
133978 - 133995	22-Apr-2024	1,076,985.89	CHECK RUN
133996	16-Apr-2024	3,846.56	CHECK RUN
133997	17-Apr-2024	3,706.31	CHECK RUN
133998 - 134000	23-Apr-2024	62,516.16	CHECK RUN
134001 - 134053	26-Apr-2024	159,715.21	CHECK RUN
134054 - 134068	29-Apr-2024	90,233.60	CHECK RUN
134069	15-Apr-2024	9,167.36	CHECK RUN
134070	26-Apr-2024	20,076.65	CHECK RUN
134071	29-Apr-2024	22,490.86	CHECK RUN
134072	30-Apr-2024	203.04	CHECK RUN
134073	30-Apr-2024	719.01	CHECK RUN
134074	30-Apr-2024	473.60	CHECK RUN
134075	30-Apr-2024	245.41	CHECK RUN
Total - Check Runs		\$3,647,656.86	

Eft	Date	Amount	Description
4808	2-Apr-24	4,127.78	BBP
4809	9-Apr-24	1,771.47	BBP
4810	10-Apr-2024	140.83	BBP
1223	12-Apr-2024	234,098.85	IRS
4811	17-Apr-2024	1,245.15	BBP
4812	23-Apr-2024	265.66	BBP
4813	30-Apr-2024	1,645.24	BBP
1224	26-Apr-2024	188,426.30	IRS
TOTAL EFTS AT SECURITY STATE BANK		\$ 431,721.28	

TOTAL CHECKS, EFT'S, & TRANSFERS	\$4,079,378.14
---	-----------------------

NEW BUSINESS



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE AMENDMENT
TO THE CAPITAL PURCHASE OF MRI UNIT

RESOLUTION NO. 24-11

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

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

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

**To approve the amendment to the MRI Unit lease by expanding
the scope of the project to include the attached change orders with a cost of \$67,516.09.**

**The MRI was originally approved via Resolution 23-18
on 08.30.23 for \$1,836,253.73 and an 84-month lease.**

This resolution supersedes RES 23-18 with a new lease amount of \$1,903,769.82.

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 May 2024, the following commissioners being present and voting
in favor of this resolution.

Tom Herrin, Board Chair

Wes McMahan, Commissioner

Van Anderson, Commissioner

Craig Coppock, Secretary

Chris Schumaker, Commissioner



EQUIPMENT ASSESSMENT REQUEST FORM

SECTION 1 - DEPARTMENT INFORMATION / ITEM REQUESTED

Department Name Radiology/Imaging Department# 7120

Manager Robert Houser Phone # 360 496-3527

General Description of Item Siemens Magnetom Free

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

Expected Life of New Equipment in Years 7 Years

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

Today more than ever, access to healthcare should be available to all, but barriers exist that limit the reach and quality of care - patient groups can diverge from the norm; infrastructure constraints can limit accessibility; and clinical applications cannot always be offered. For MRI, these barriers may seem prohibitive, but if we dare to question the status quo and pursue new avenues, we can break down barriers and expand the reach of MRI MAGNETOM Free. Max expands the potential of MRI:

- The world's first 80 cm open bore offering an improved patient experience
- Helium-free infrastructure improving siting footprint and costs
- Low total cost of ownership making MRI affordable
- Opening doors to explore new clinical opportunities

ADDENDUM:
Three change orders have come as a result of the project implementation planning process. They are as follows:

- Including a concrete ramp with landing pad to include steps as an option. This will be more aesthetically pleasing as well as improve efficiencies regarding access to the unit.
- Electrical upgrades to maintain receptacle power along with hard wiring that will be installed for MRI unit. This will allow to continue offering mobile diagnostics to the community. This will also allow for future growth opportunities.
- New concrete landing pad for such mobile units (ie Nuclear Medicine truck)

Total Cost of the Change Orders=\$67,516.09 + 5% Contingency

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

1 Quote provided as this is Technology that no other Imaging Company supplies. GE /HITACHI / Phillips nor Cannon can provide a .55 Tesla MRI scanner all others use 1.5 Tesla which increase cost and ownership

Suggested Vendor Siemens Healthineers PREFERRED MODEL # Magnetom Free.Max

Name/Contact Of Vendor Rula Abu-rajab

Estimated Price \$ \$ 1,900,000.00

Source Of Estimated Price ☒ Quote (attach) ☐ Other (Explain) Potential of 2 options added to the primary quote attached

SECTION 2 – DEPARTMENT AND TECHNOLOGY IMPACT

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

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

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

Quote includes cost for MRI unit, Injector, Container to contain MRI unit, all site prep.

SECTION 3 - EQUIPMENT ASSESSMENT TEAM EVALUATION SUMMARY

Assessment Team Members:

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

Base Equipment Price - As Provided	\$962, 354	Ongoing/Monthly
Support And Maintenance Costs	\$77,600	Beginning year 5
Additional Cost of Installation Support	\$184,000	
Total Additional Associated Cost	\$ 612,000.00	Container cost
Total Monthly Consumables Cost		
Depreciation		
TOTAL NON- RECURRING EXPENSE	#VALUE!	
TOTAL RECURRING EXPENSE	\$ 77,600.00	

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

*** <i>APPROVALS</i> ***	
Chief Financial Officer	_____
	Date
Chief Executive Officer	_____
	Date
Board of Commissioner Chairperson	_____
if > than \$30,000	Date



AIA®

Document G701™ – 2001

Change Order

PROJECT <i>(name and address)</i> Lamboo Relocatable Unit Lewis County Hospital District Number 1 dba Arbor Health Morton General Hospital 521 Adams Ave Morton, WA 98356	CHANGE ORDER NUMBER: 001-Corrected DATE: 4/10/24 ARCHITECT'S PROJECT NUMBER: N/A CONTRACT DATE: August 18, 2023 CONTRACT FOR: 13' x 49' Lamboo Relocatable Unit	<table border="1"> <tr> <td>OWNER:</td> <td>X</td> </tr> <tr> <td>ARCHITECT:</td> <td></td> </tr> <tr> <td>CONTRACTOR:</td> <td>X</td> </tr> <tr> <td>FIELD:</td> <td></td> </tr> <tr> <td>OTHER:</td> <td></td> </tr> </table>	OWNER:	X	ARCHITECT:		CONTRACTOR:	X	FIELD:		OTHER:	
OWNER:	X											
ARCHITECT:												
CONTRACTOR:	X											
FIELD:												
OTHER:												
<hr/> TO CONTRACTOR <i>(name and address)</i> Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway Malvern, PA 19355												

This Change Order applies to Proposal #23-57-1279-1

THE CONTRACT IS CHANGED AS FOLLOWS:*(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives).*

1. Credit for customer requested removal of Exterior Graphic – 50% Medium Wrap	\$9,090.91
--	------------

SUB-TOTAL:	\$9,090.91
-------------------	-------------------

TOTAL:	\$9,090.91
---------------	-------------------

The original Contract Sum was	\$611,999.73
The net change by previously authorized Change Orders	\$.00
The Contract Sum prior to this Change Order was	\$611,999.73
The Contract Sum will be decreased by this Change Order in the amount of	\$9,090.91
The new Contract Sum including this Change Order will be	\$602,908.82

The Contract Time will be increase by Zero (0) days.

The Date of Substantial Completion as at the date of this Change Order is therefore unchanged.

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY BOTH THE CONTRACTOR AND OWNER.

ARCHITECT <i>(firm name)</i> <hr/> ADDRESS <hr/> BY <i>(Signature)</i> <hr/> <i>(Typed name)</i> <hr/> DATE <hr/>	Siemens Medical Solutions USA, Inc. <hr/> CONTRACTOR <i>(firm name)</i> 51 Valley Stream Parkway, Malvern, PA 19355 <hr/> ADDRESS <hr/> <i>Michael Tighe</i> <hr/> BY <i>(Signature)</i> Michael Tighe <hr/> <i>(Typed name)</i> <hr/> DATE 4/10/24 <hr/>	Lewis County Hospital District Number 1 dba Arbor Health Morton General Hospital <hr/> OWNER <i>(firm name)</i> 521 Adams Ave Morton, WA 98356 <hr/> ADDRESS <hr/> BY <i>(Signature)</i> <hr/> <i>(Typed name)</i> <hr/> DATE <hr/>
--	---	---



AIA® Document G701™ – 2001

Change Order

PROJECT

Site Work to Support Installation of
Lamboo Unit with FreeMax MRI
Morton General Hospital Arbor Health
521 Adams Ave
Morton, Washington 98356

CHANGE ORDER NUMBER: 01

DATE: 3/27/2024

CONTRACT DATE: August 14, 2023

CONTRACT FOR: 23-57-1280-1 Site
Work Construction to facilitate the
installation of a Lamboo Unit

OWNER: ☒

ARCHITECT: ☐

CONTRACTOR: ☒

FIELD: ☐

OTHER: ☐

CONTRACTOR

Siemens Medical Solutions USA, Inc.
51 Valley Stream Parkway
Malvern, PA 19355

OWNER

Morton General Hospital Arbor Health
521 Adams Ave
Morton, Washington 98356

THE CONTRACT IS CHANGED AS FOLLOWS:

- | | | |
|----|---|------------|
| 1. | Form, pour and place 5' x 5' concrete landing pad to finish floor of Lamboo entrance w/steps to finish grade and ADA compliant ramp to existing grade. Fabricate, paint and install one metal safety railing at concrete stair location and one at backside of concrete ADA ramp. Work to be completed concurrently with Lamboo pad work. | \$6,706.00 |
|----|---|------------|

TOTAL:	\$6,706.00
---------------	-------------------

The original Contract Sum was	\$183,126.00
The net change by previously authorized Change Orders	0
The Contract Sum prior to this Change Order was	\$183,126.00
The Contract Sum will be increased by this Change Order in the amount of	\$6,706.00
The new Contract Sum including this Change Order will be	\$189,832.00

The Contract Time will be increase by TBD days.

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE CONTRACTOR AND OWNER

	Siemens Medical Solutions USA, Inc.
OWNER <i>(firm name)</i>	CONTRACTOR <i>(firm name)</i>
	51 Valley Stream Parkway
ADDRESS	ADDRESS
	<i>Michael Tighe</i>
BY <i>(Signature)</i>	BY <i>(Signature)</i>
	Michael Tighe for Siemens Healthineers
<i>(Typed name)</i>	<i>(Typed name)</i>
DATE	DATE

ATA Document G701™ – 2001

Change Order

PROJECT <i>(name and address)</i> Site Work to Support Installation of Lamboo Unit with FreeMax MRI Morton General Hospital Arbor Health 521 Adams Ave Morton, Washington 98356 CONTRACTOR Siemens Medical Solutions USA, Inc. 51 Valley Stream Parkway Malvern, PA 19355	CHANGE ORDER NUMBER: 03 DATE: 3/27/2024 CONTRACT DATE: August 14, 2023 CONTRACT FOR: 23-57-1280-1 Site Work Construction to facilitate the installation of a Lamboo Unit OWNER Morton General Hospital Arbor Health 521 Adams Ave Morton, Washington 98356	<table border="1"> <tr><td>OWNER:</td><td>X</td></tr> <tr><td>ARCHITECT:</td><td></td></tr> <tr><td>CONTRACTOR:</td><td>X</td></tr> <tr><td>FIELD:</td><td></td></tr> <tr><td>OTHER:</td><td></td></tr> </table>	OWNER:	X	ARCHITECT:		CONTRACTOR:	X	FIELD:		OTHER:	
OWNER:	X											
ARCHITECT:												
CONTRACTOR:	X											
FIELD:												
OTHER:												

THE CONTRACT IS CHANGED AS FOLLOWS:

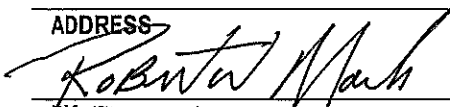
Sawcut asphalt east of new Lamboo unit for 1 EA 8'x10' and 1 EA 4'-x8' for mobile CT location. Excavate and dispose of the sawcut asphalt materials and soils off site. Supply and instll crushed rock base at the 8'x10' and 4 'x 8' landing pad locations. Form and pour new 6"THK concrete, with #4 rebar@ 12"oc each way. Concrete pads to be broom finished.
 Assumes that work to be done concurrently with Lamboo Pad.

The original Contract Sum was	\$183,126.00
The net change by previously authorized Change Orders	\$68,466.00
The Contract Sum prior to this Change Order was	\$251,592.00
The Contract Sum will be increased by this Change Order in the amount of	\$8,141.00
The new Contract Sum including this Change Order will be	\$259,733.00

The Contract Time will be increase by TBD days.

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE CONTRACTOR AND OWNER.

_____ OWNER <i>(firm name)</i> _____ ADDRESS  _____ BY <i>(Signature)</i> Robert W Mach _____ <i>(Typed name)</i> 4/30/24 _____ DATE	Siemens Medical Solutions USA, Inc. _____ CONTRACTOR <i>(firm name)</i> 51 Valley Stream Parkway Malvern, PA 19355 _____ ADDRESS Michael Tighe _____ BY <i>(Signature)</i> Michael Tighe for Siemens Healthineers _____ <i>(Typed name)</i> _____ DATE
---	--



AIA® Document G701™ – 2001

Change Order

PROJECT *(name and address)*

Site Work to Support Installation of
Lamboo Unit with FreeMax MRI
Morton General Hospital Arbor Health
521 Adams Ave
Morton, Washington 98356

CHANGE ORDER NUMBER: 03

DATE: 3/27/2024

CONTRACT DATE: August 14, 2023

CONTRACT FOR: 23-57-1280-1 Site
Work Construction to facilitate the
installation of a Lamboo Unit

OWNER:
☒
ARCHITECT:
☐
CONTRACTOR:
☒
FIELD:
☐
OTHER:
☐
CONTRACTOR

Siemens Medical Solutions USA, Inc.
51 Valley Stream Parkway
Malvern, PA 19355

OWNER

Morton General Hospital Arbor Health
521 Adams Ave
Morton, Washington 98356

THE CONTRACT IS CHANGED AS FOLLOWS:

Sawcut asphalt east of new Lamboo unit for 1 EA 8'x10' and 1 EA 4'-x8' for mobile CT location. Excavate and dispose of the sawcut asphalt materials and soils off site.
Supply and instll crushed rock base at the 8'x10' and 4 'x 8' landing pad locations.
Form and pour new 6"THK concrete, with #4 rebar@ 12"oc each way.
Concrete pads to be broom finished.
Assumes that work to be done concurrently with Lamboo Pad.

\$8,141.00

The original Contract Sum was

\$183,126.00

The net change by previously authorized Change Orders

\$68,466.00

The Contract Sum prior to this Change Order was

\$251,592.00

The Contract Sum will be increased by this Change Order in the amount of

\$8,141.00

The new Contract Sum including this Change Order will be

\$259,733.00

The Contract Time will be increase by TBD days.

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE CONTRACTOR AND OWNER.

OWNER *(firm name)*

Siemens Medical Solutions USA, Inc.

CONTRACTOR *(firm name)*

51 Valley Stream Parkway
Malvern, PA 19355

ADDRESS
ADDRESS
Michael Tighe
BY *(Signature)*
BY *(Signature)*

Michael Tighe for Siemens Healthineers

(Typed name)
(Typed name)
DATE
DATE



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE CAPITAL
PURCHASE OF AN MRI UNIT

RESOLUTION NO. 23-18

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

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

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

Approving the purchase of the new Siemans Magnetom MRI Unit.

The new purchase cost is \$1,836,253.73 which will be a new 84-month lease.

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 30th day of August 2023, the following commissioners being present and voting
in favor of this resolution.

Tom Herrin
Tom Herrin (Sep 1, 2023 12:40 PDT)

Tom Herrin, Board Chair

Kim Olive
Kim Olive (Sep 1, 2023 16:23 PDT)

Kim Olive, Secretary

Wes McMahan
Wes McMahan (Sep 1, 2023 19:16 PDT)

Wes McMahan, Commissioner

Craig Coppock
Craig Coppock (Sep 1, 2023 16:33 PDT)

Craig Coppock, Commissioner

P. Frady
P. Frady (Sep 1, 2023 19:06 PDT)

Patricia Frady, Commissioner

SUPERINTENDENT REPORT

To: Board of Commissioner

From: Superintendent Mach

Date: 05.29.24

Re: May Superintendent Report

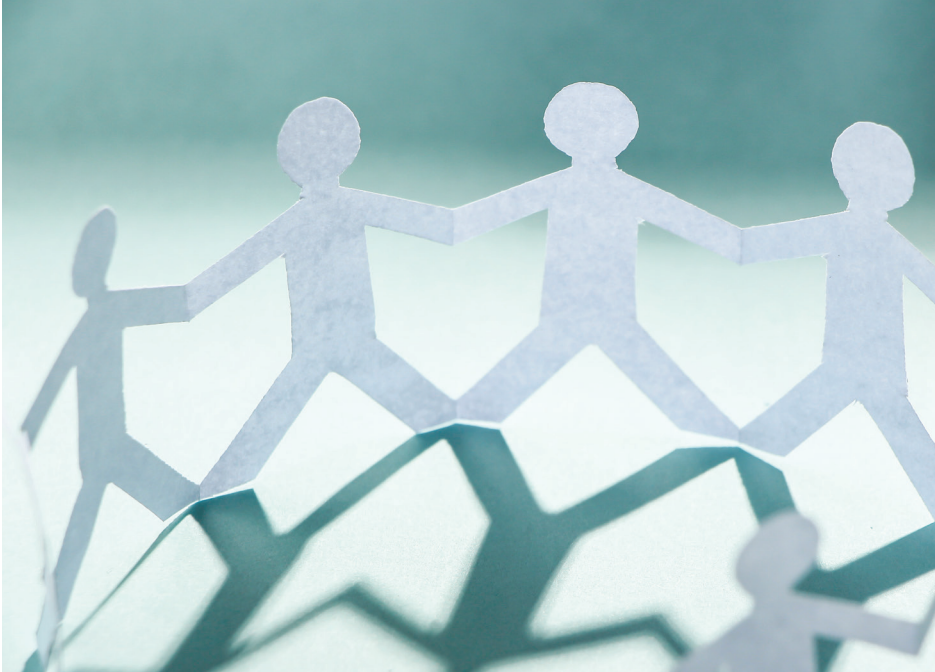
(Patient Kudos)

- DNV survey completed May 7,8,9
- Met with Olympia multispecialty clinic regarding Cardiology coverage.
- Dr. Hines starts June 3rd.
- Received \$480,000 from state for distressed Hospital grant.
- Contracted with Prosper consulting to help us with setting up proper salary bands.
- Potential savings on wound care products through HRS GPO as a secondary member of 20%.
- Finishing up Master facility plans with PKA, presentation and discussion with Master planning committee in June.
- Signed Emma Danes a PA to work Full time in Randle and Rapid Care.
- Continue to interview mid-level providers for other openings.
- Celebrated Hospital week 5/13-5/17.
- 2761 Union negotiations started on 5/22.
- Staff party held on 5/27.
- New billboard in Chehalis

- Starting new program by the American Heart Association “Get with the Guidelines” which monitors both Stroke and STEMI Quality Programs.
- Employee Engagement survey completed.

Trustee Insights

TRANSFORMING GOVERNANCE



The Ever-important Role of Hospital Community Boards

Forward-thinking governance can lead to a renewed focus on nonprofit hospitals' mission

BY KARA WITALIS

Community governance is more critical today than ever before considering recent, often fast-moving trends and changes in the U.S. health care market. Today's health care system is being reshaped by the mega forces of consolidation, payment reform, the impacts of social

determinants of health, and public scrutiny, perception and expectation, to name just a few. Nonprofit hospitals and health systems that double down on strong community governance not only have increased likelihood of staying true to their mission, but also have distinct strategic advantages over those that do not.

The Origin of the Community Board

Nonprofit hospitals — those that meet Section 501(c)3 requirements of the Internal Revenue Service

code — are exempt from federal, state or local taxes and receive other preferential treatment and benefits. The idea is that any profits (or savings derived by not having to pay taxes, for example) will be reinvested into the community to further the charitable purpose.

In 1969, with the passage of Rev. Rul. 69-545, 1969-2 C.B. 117, the IRS provided greater clarity for tax-exempt status qualification for hospitals. It is with this ruling that the role and importance of the community board was made clear and became law.

First, the ruling clarifies the charitable purpose of hospitals as “the promotion of health for a class of persons sufficiently large enough to constitute benefit for the community as a whole.” Additionally, the ruling outlines six factors of community benefit that hospitals can provide to obtain and maintain a tax exemption.

1. Operate an emergency room open to all, regardless of the patient's ability to pay.

2. Maintain a board of directors drawn from the community. A hospital board of directors comprised of independent civic leaders helps to ensure that the hospital serves public, rather than private, interests and, therefore, operates for the benefit of the community.

3. Maintain an open medical staff policy (i.e., not restrict medical staff privileges to a limited group of physicians).

4. Provide hospital care to all patients able to pay, including those who do so through Medicare and Medicaid.

5. Use surplus funds to improve facilities, equipment and patient care.

6. Use surplus funds to advance medical training, education and research.

The role of the community board is, therefore, to ensure that the tax-exempt health care organization operates in a manner consistent with its charitable purpose and benefits the community as a whole rather than private interests.

Community Benefit Standard

Enacted in 2010, the Patient Protection and Affordable Care Act adds four additional requirements that tax-exempt hospitals must meet to maintain their tax-exempt status.

1. Conduct a community health needs assessment every three years and develop an implementation plan for how it will address those needs.

2. Develop, maintain and broadly publicize charity care and financial assistance policies.

3. Set a limit on charges. A tax-exempt hospital cannot charge individuals eligible for financial assistance more for medical services than they do patients with insurance.

4. Set billing and collection limits. A tax-exempt hospital may not take extraordinary collection actions against an individual, such as filing a lawsuit, before the hospital determines whether that individual is eligible for financial assistance.

Together with the six factors in the 1969 ruling, these are commonly referred to as the commu-

Strategic Advantages of Strong Community Governance

Now more than ever, the community board's approach to improving community health is a mission and strategic imperative. In addition to ensuring that providing health care services to the community is fulfilled, effective and forward thinking, community health governance leads to:

- Increased organizational integrity, image and public trust.
- Protection from public scrutiny and potential regulatory intrusion.
- An enhanced voice in local community health issues.
- Better use of precious resources with targeted investments to address local community needs.
- A greater willingness by the public to donate funds and services.

nity benefit standard.

To collect information about tax-exempt hospitals and enforce their compliance with the requirements, the IRS requires (as of 2008) that tax-exempt hospitals report on community benefit activities by content category in the IRS tax form 990 and Schedule H.

Greater Need for Community Governance

These tax-filing requirements (IRS tax form 990 and Schedule H) have led to greater transparency into the provision of community benefit. Using the all-in IRS definition of community benefit, the American Hospital Association reports that, on average, system-affiliated hospitals provide 10-14% of their total annual expenditures on community benefit activities, nearly half of which goes for financial assistance for patients and absorbing losses from Medicaid and other means-tested government program underpayments. Using data from filings with the IRS, the AHA showed that tax-exempt hospitals provided more than \$110 billion in total benefits to

their communities in filings for fiscal year 2019. This is roughly four times the \$28 billion estimated value that the nation's tax-exempt hospitals collectively receive in tax-exemption, as reported in an updated analysis conducted by the Kaiser Family Foundation.

But greater transparency has also led to heightened public and regulatory scrutiny. Fierce and ongoing debate persists about whether the IRS' definition of community benefit (set out in the tax form 990 and Schedule H) is the right definition, and whether or to what extent tax-exempt hospitals are adequately meeting the letter and the spirit of the tax-exemption laws. Policy advocacy groups, news journalists and others continue to raise the question of whether tax-exempt hospitals are doing right by the laws and by their communities. The debate is arguable on both sides, but in today's world, perception is reality.

This scrutiny is coming at a time of other significant changes in the market. For example, today more than 50% of all tax-exempt community hospitals are part of a consoli-

dated system. Within system governance, the community board is often far removed from the health system's strategic decision-making table, forcing a delta between local community need and strategic decisions — all the more reason for strong, effective local community governance to ensure that local needs are not lost in the size and scale of consolidated systems.

What's more, the Affordable Care Act's promotion of population health, primarily through new payment mechanisms, shifts the financial incentive away from a volume-based, fee-for-service payment system to a system based on value. This fundamental change in how hospitals are paid for services creates a strategic imperative to expand the notion of community benefit beyond the IRS standard to include population health more broadly. Indeed, the 1969 IRS ruling requires hospitals to do just that: "the promotion of health for a class of persons sufficiently large enough to constitute benefit for the community as a whole." Payment reform makes this explicit.

The movement toward population health, coupled with the inequities in the nation's health care delivery system unmasked through the COVID-19 pandemic, has raised awareness of the impact of social determinants of health on patient, population and community health. Social determinants of health are the non-medical factors that influence health outcomes.

To address health care disparities in hospital inpatient care and beyond, the Centers for Medicare & Medicaid Services is adopting health equity-focused measures in the

Key Roles of the Hospital Community Board

- **Adhere to the mission.** The mission is the reason that the organization exists. Everything done by the organization should tie back to the organization's purpose and mission.
- **Advocate for your community's health needs.** Community board members are the voice of the community in the boardroom. They represent and prioritize the needs of the community. To do this well, board members are encouraged to solicit and incorporate diverse perspectives from the community as a whole, particularly historically marginalized communities.
- **Understand how your organization provides community benefit and addresses your community's health care needs.** Regarding the IRS regulations, there are three notable issues. First, there is no federal minimum amount of spending on community benefit activities that is required by tax-exempt hospitals. In other words, these organizations are required to report spending, but the dollar value may be zero. Second, the reported spending on community benefit activities does not have to be tied to priority health issues identified in the community health needs assessment. Third, not all states' laws pertaining to community benefit provision and reporting are equal.

That said, policy hawks are advocating for regulators to require certain spending levels in community health improvements and for those investments to be directly tied to community health needs. Forward thinking leaders of tax-exempt hospitals are tracking community benefit spending (through IRS form 990 and Schedule H) year-over-year, establishing investment targets above baseline and connecting community benefit activities to the needs identified in the CHNA and plans.
- **Be a spokesperson for the organization.** Health care organizations and executives are tasked with making difficult decisions to balance the needs of the community with financial sustainability. Community board members can support the organization by being a spokesperson for the organization when needed.
- **Build constructive relationships in the community.** Hospitals are frequently regarded as the primary health care service provider in their community. Still, it is helpful to engage with other organizations that may be better suited to address certain needs. There is a myriad of organizations with which hospitals can partner to drive better community health — public health agencies, schools, churches, local markets, public parks and recreation departments, law enforcement, social services agencies, civic associations, food banks, housing services and shelters.
- **Hold management and the board accountable.** Conducting routine board self-evaluation helps foster continuous improvement in performance and drives change when necessary. Through this process board members gain a better understanding of their roles and responsibilities, tend to be more engaged in the work and often have a more collaborative relationship with both their management and each other.

Inpatient Quality Reporting Program. These measures include capturing specific hospital activities to address health inequity in strategic planning, data collection and analysis, quality improvement and leadership engagement. Additionally, hospitals are now required to screen inpatients for health-related social needs like food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety. CMS states, “By screening for and identifying such unmet needs, hospitals will be in a better position to serve patients holistically by addressing and monitoring what are often key contributors to poor physical and mental health outcomes.”

With such significant change — and the renewed emphasis on community health — strong and effective local community governance can serve as the center of gravity in health care.

Re-valuing Community Governance

The community board has never been more important than it is today. In the new era of health care, strong community governance should strive to meet the letter of

Questions for Discussion

Use these questions to prompt discussion at your next board meeting.

- What are the health challenges of the citizens of our community, particularly the poor and most vulnerable? Do our reports provide overall health data, or do we receive stratified data that provides insight on individuals or groups that may be “left behind”?
- In what ways are we actively using the community health needs assessment to drive our actions and investments to improve community health?
- What partners can help address our needs? How does the organization identify and evaluate community organizations that could serve as potential partners?
- What is our annual spending on community benefit activities (i.e., IRS form 990 and Schedule H tax filings)? How does our spending compare to the national average? What more can be done?
- What is needed to increase the health system’s capacity to change toward value-based models?

the laws and justify tax-exempt status. At the same time, community governance should also strive to meet the spirit of the laws in which health care programs, services and investments collectively raise the level of health for everyone in the community, particularly the poor and vulnerable.

The time is now to take a more contemporary approach to community governance that reflects today’s realities. Community boards need to view community health

and benefits more broadly and to think more boldly about how health care fulfills the mission and addresses the underlying causes of health problems in our local communities.

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

From: [WSHA & AWPHD Governance Education](#)
To: [Shana Garcia](#)
Subject: Upcoming: Board Ethics & Conflict of Interest Webinar
Date: Thursday, May 16, 2024 4:59:28 PM

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Up Next in WSHA & AWPHD Governance & Executive Education

Join us on **Tuesday, June 18 at 12:00 pm** for **Board Ethics & Conflict of Interest** presented by WSHA Executive Vice President & General Counsel,

Taya Briley.

This webinar is designed to better prepare you to meet your ethical obligations as a Board member. After participating in this webinar, you will be able to describe the fiduciary duties of care, loyalty and obedience, identify applicable ethics laws and know steps you can take to promote ethics at your organization.

Registration for the webinar is available through the [Governance Education Portal](#).

Earn Your Health Care Governance Certification in 2024!

Your Health Care Governance Certification is just 12 points away. Each learning hour translates to one point. Points can be earned at WSHA/AWPHD events, webinars and approved peer learning events. Complete 12 learning hours by December 31, 2024 to earn your certification.

How to create a Governance Education Portal account:

1. Go to governanceducation-wsha.talentlms.com
2. Click "Signup" in the upper righthand corner of the page
3. Complete the form
4. Click "Create account"

How to register for Board Ethics & Conflict of Interest in the Governance Education Portal:

1. Login at governanceducation-wsha.talentlms.com
2. Go to the Course catalog
3. Search for "2024 Board Ethics & Conflict of Interest"
4. Click on the course name
5. Click on the blue "Start or resume course" button
6. Click the blue "Register" button

How to watch Board Ethics & Conflict of Interest on June 18 at 12:00 pm:

1. Login at governanceducation-wsha.talentlms.com
2. Go to the Course catalog
3. Search for "2024 Board Ethics & Conflict of Interest"
4. Click on the course name
5. 15 minutes prior to the start of the webinar a "Join" link will appear. Click the

"Join" link to join the webinar.

If you have questions, need help setting up an account or logging into your account please email govedu@wsa.org.

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SUPERINTENDENT'S REPORT

Mission: To foster trust and nurture a healthy community

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

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

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

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

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

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

GUEST SPEAKER

From: [Robert Mach](#)
To: [Shana Garcia](#)
Subject: Board questions
Date: Wednesday, May 8, 2024 3:20:59 PM
Attachments: [image001.png](#)

For our work regarding questions our board members can ask community members

1. What health challenges do you believe are the most pressing in our community?
2. Have you seen your physician or provider within the last year?
3. Are there specific healthcare services or programs you feel are lacking in our area?
4. How satisfied are you with the accessibility of healthcare facilities and services in our community?
5. Are there any barriers preventing you or your family from accessing healthcare when needed?
6. What do you think our hospital could do to better serve the needs of our diverse community?
7. Are there any misconceptions or concerns you have about our hospital or the healthcare services we provide?
8. How can our hospital better engage with community organizations to address health disparities and promote wellness?
9. What role do you believe our hospital should play in supporting community health education and prevention efforts?
10. Are there any innovative approaches or technologies you think our hospital should consider implementing to improve healthcare delivery?
11. How can our hospital ensure that underserved populations receive equitable access to quality healthcare?
12. Are there any specific initiatives or partnerships you would like to see our hospital undertake to address public health issues in our community?
13. How can our hospital improve communication and transparency with community members about healthcare decisions and policies?
14. What support or resources do you think our hospital should provide to address social determinants of health, such as housing, transportation, and food insecurity?
15. How can our hospital collaborate with local government agencies, businesses, and nonprofits to improve community health outcomes?
16. What measures do you believe our hospital should take to promote health equity and eliminate disparities in healthcare access and outcomes within our community?

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