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# REGULAR BOARD MEETING PACKET

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## BOARD OF COMMISSIONERS

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

April 26, 2023 @ 3:30 PM

Conference Room 1 & 2 or Join Zoom Meeting:

<https://myarborhealth.zoom.us/j/83863847363>

Meeting ID: 838 6384 7363

One tap mobile: +12532158782,,83863847363#

Dial: +1 253 215 8782

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

**April 26, 2023 at 3:30 p.m.**

**Conference Room 1 & 2 or via ZOOM**

<https://myarborhealth.zoom.us/j/83863847363>

Meeting ID: 838 6384 7363

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**Mission Statement**

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

**Vision Statement**

**To provide accessible, quality healthcare.**

AGENDA	PAGE	TIME
<b>Call to Order</b> <b>Roll Call</b> <b>Excused/Unexcused Absences</b> <b>Reading of the Mission &amp; Vision Statement</b> <b>Approval or Amendment of Agenda</b> <b>Conflicts of Interest</b>		3:30 pm
<b>Comments and Remarks</b> <ul style="list-style-type: none"> <li>Commissioners</li> <li>Audience</li> </ul>		3:35 pm
<b>Executive Session-RCW 70.41.200</b> <ul style="list-style-type: none"> <li>Medical Privileging-Chief of Staff Dr. Travis Podbilski &amp; Medical Staff Coordinator Janice Cramer</li> </ul>	5	3:40 pm
<b>Department Spotlight</b> <ul style="list-style-type: none"> <li>Facility Engineering (Facility Engineer Manager Will Sullivan &amp; CFMO Matthew Lindstrom)</li> </ul>	7	3:45 pm
<b>Board Committee Reports</b> <ul style="list-style-type: none"> <li>Hospital Foundation Report-Committee Chair-Secretary Olive</li> </ul>	10	3:50 pm
<ul style="list-style-type: none"> <li>Finance Committee Report- Committee Chair-Commissioner Coppock</li> </ul>	12	3:55 pm
<b>Consent Agenda (Action)</b> <ul style="list-style-type: none"> <li>Approval of Minutes: <ul style="list-style-type: none"> <li>March 29, 2023, Regular Board Meeting</li> <li>April 18, 2023, Special Board Meeting</li> <li>April 19, 2023, Finance Committee Meeting</li> </ul> </li> </ul>	19 25 30	4:05 pm
<ul style="list-style-type: none"> <li>RES-23-08- Declaring to Surplus or Dispose of Certain Property <ul style="list-style-type: none"> <li>To approve liquidation of items beyond their useful life.</li> </ul> </li> </ul>	34	
<ul style="list-style-type: none"> <li>Warrants &amp; EFTs in the amount of \$3,969,482.02 dated March 2023</li> </ul>	36	
<b>Old Business</b> <ul style="list-style-type: none"> <li>Superintendent Succession Plan (Board Chair Herrin &amp; Secretary Olive)</li> </ul>	39	4:10 pm

○ <i>To provide a search committee update and process moving forward.</i>		
<b>New Business</b> <ul style="list-style-type: none"> <li>RES-23-09-Adopting Community Health Needs Assessment (CHNA) Implementation Plan <ul style="list-style-type: none"> <li><i>To adopt the 2023-2025 CHNA Implementation Plan.</i></li> </ul> </li> </ul>	41	4:20 pm
<ul style="list-style-type: none"> <li>2023 AWPHD &amp; WSHA Rural Hospital Leadership Conference, Chelan, WA <ul style="list-style-type: none"> <li><i>To discuss the Board's interest in attending June 27<sup>th</sup> &amp; 28<sup>th</sup>.</i></li> </ul> </li> </ul>	47	4:25 pm
<ul style="list-style-type: none"> <li>Upcoming Commissioner Vacancies <ul style="list-style-type: none"> <li><i>To discuss upcoming vacant positions; Commissioner Position #2-Packwood, Randle &amp; Glenoma Areas &amp; Position #4-At Large Position. The filing period is May 15<sup>th</sup>-19<sup>th</sup>.</i></li> </ul> </li> </ul>		4:30 pm
<b>Superintendent Report</b> ( <i>Verbal Update-Interim Superintendent Lieb</i> )		4:40 pm
<b>Meeting Summary &amp; Evaluation</b>		4:50 pm
<b>Next Board Meeting Dates and Times</b> <ul style="list-style-type: none"> <li>Special Board Meeting-April 28, 2023 @ 8:00 AM (ZOOM &amp; In Person)</li> <li>Regular Board Meeting- May 31, 2023 @ 3:30 PM (ZOOM &amp; In Person)</li> </ul> <b>Next Committee Meeting Dates and Times</b> <ul style="list-style-type: none"> <li>Compliance Committee Meeting- May 3, 2023 @ 12:00 PM (ZOOM)</li> <li>Finance Committee Meeting-May 24, 2023 @ 1200 PM (ZOOM)</li> </ul>		
<b>Adjournment</b>		4:55 pm



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## MEDICAL STAFF PRIVILEGING

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

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### INITIAL APPOINTMENTS-3

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#### **Radia Inc.**

- Bao Thien Bui, MD (Radiology Consulting Privileges)
- Bradford Hastings, MD (Radiology Consulting Privileges)
- Giovanni Millare, MD (Radiology Consulting Privileges)

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### REAPPOINTMENTS-3

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#### **Arbor Health**

- Jakdej Nikomborirak, MD (Sleep Medicine Privileges)
- Robert Williams, MD (Orthopedic Surgery Privileges)
- Matthew Moody, DO (Emergency Medicine Privileges)

#### **Providence Health & Services Privileging by Proxy**

- Sheila Smith, MD (Consulting Neurology/Telestroke Privileges)

✱-notates files with items to note.

## **DEPARTMENT SPOTLIGHT**

# Facility Engineering 2023 Department Strategies

# Engineering



- Prioritize HVAC equipment and produce 5-year plan to replace equipment that is at or near end of life.
- Work on cleaning up property: Pressure wash, paint, repair sidewalks, upgrade landscaping, receive bids to resurface/repair parking lots.
- Receive bids for new flooring throughout facility, break into sections over next 3-5 years.
- Continue “remodel” of patient rooms and continue into other areas of the facility.
- Mossyrock Clinic; clean up landscaping and paint outside facility to match other Arbor Health buildings.



## **BOARD COMMITTEE REPORTS**

## Meeting Agenda Minutes

April 11th, 2023

**1. Call to order** – by Marc Fisher at 12:04 pm in the Conference Room at Arbor Health/Morton Hospital

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

- **EXCUSED ABSENCES:** Paula Baker, Kip Henderson, Lenae Langdon
- **In attendance:** Jessica Scogin Mark Fisher Louise Fisher Jeannine Armstrong Martha Wright Mike Lieb (CEO) Bonnie Justice Mia Riffe Cathy Kane Gwen Turner Katelin Forrest Shannon Kelly
- **By Zoom;** Christine Brower, Ann Marie Forsman, Kim Olive (Hospital Commissioner)

**2. Approval of Treasurer's Report and March Minutes:** We are still transitioning to our new Treasurer. Motion to approve the treasurer's report made by Shannon Kelly Second by Martha Wright. Carried. Motion to approve the minutes to approve as amended, seconded. Carried.

**3. Administrators Report-** Mike Lieb, interim CEO –DMV is an agency that accredits the Hospital – they are expected to arrive at the hospital today. There will be an all day strategic planning retreat starting next Tuesday. Public is welcome, Mike needs to know if you are attending right away. Packwood clinic is just about ready. Open house April 24<sup>th</sup>, first patients April 25<sup>th</sup>. First week of so of May expect the Hospital to make an offer on a permanent CEO and to have in place near July 1.

**4. Director report**

- Quarterly report
  - Scholarships YTD \$6750
  - Equipment purchased Nanosonics Probe Cleaning System \$13,392 (through Roots & Wings fund)
  - EMS cart \$107.08
  - Prescription discharge program \$0 – policy/applications are a work in progress, copy of draft policy was provided
  - Events
    - Family Circle, Family resource fair – 42 families (100 people) 46 vendors, 19 volunteers, Sponsored by Foundation, Roots & Wings & Molina

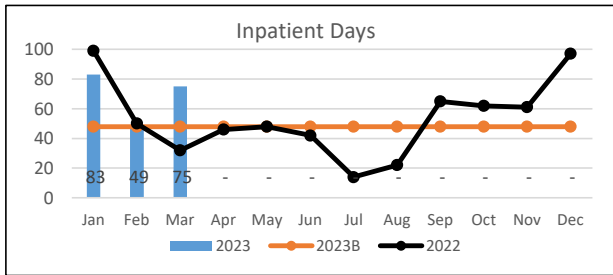
- Running events – 400 medals purchased for participants for 3 different races totaling \$1760
    - 15 minute philanthropy donations \$4,945.29
  - RX assistance policy – copy provided
  - Name tags – if you don't have an Arbor Health Foundation Name Tag, let Jessica know
  - Pictures – look online, if your picture is outdated, let Jessica know
  - Twice a year Mammograms and Mocktails – we had one on in October would be good to get the second one going.
  - Ladies Brunch coming up; need volunteers. June 3rd Location TBD Committee needs to meet and get these details finalized. Wizard of Oz theme. Speaker is Lindee Jesus, Mammography Tech for AH
  - Packwood run; need volunteers May 6<sup>th</sup>.
- 5. Old Business:**
- Name plate criteria – committee has not met yet to work on these criteria, please send your ideas. Gwen suggested some ideas could be, the person was President or held an officer position on the board, had a certain tenure of time with the board, was the chair of important event/s for a certain tenure.
  - Hospital support agreement – still a work in progress
- 6. New Business:**
- 7. Next meeting:** May 9<sup>th</sup>

Meeting adjourned 12:39 pm

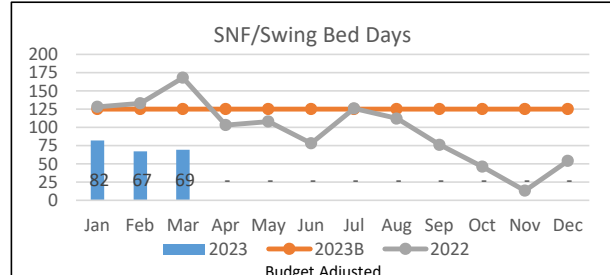
# Lewis County Hospital District No. 1 Board Financial Summary

March 31, 2023

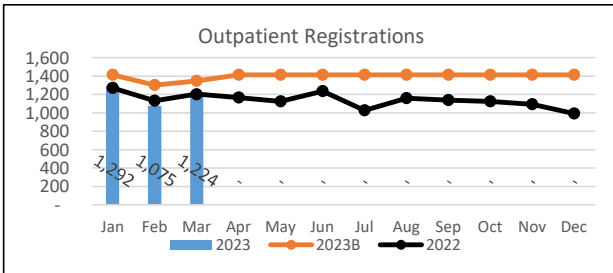
## Growth



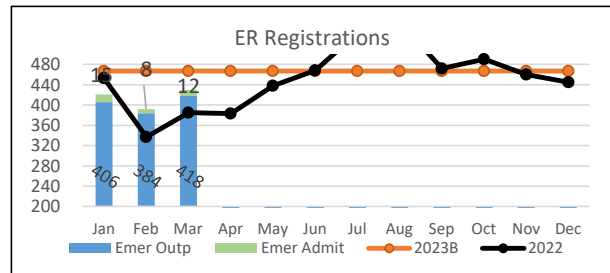
YTD: 207 Budget: 144 Pr Yr: 181



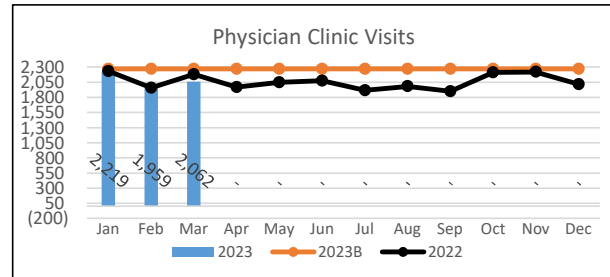
YTD: 218 Budget: 375 Pr Yr: 429



YTD: 3,591 Bud: 4,064 Pr Yr: 3,605

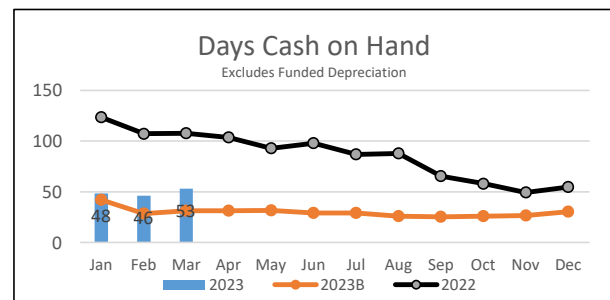
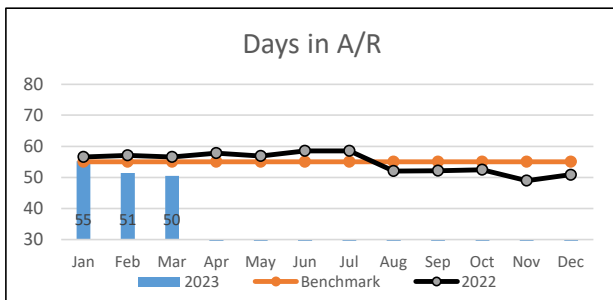
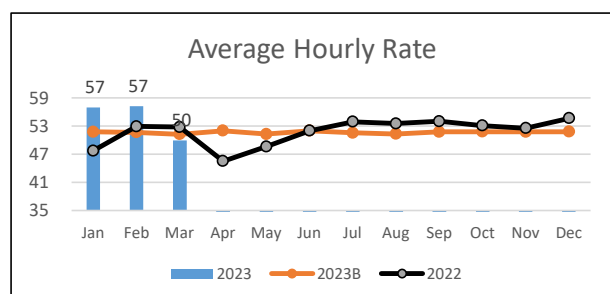
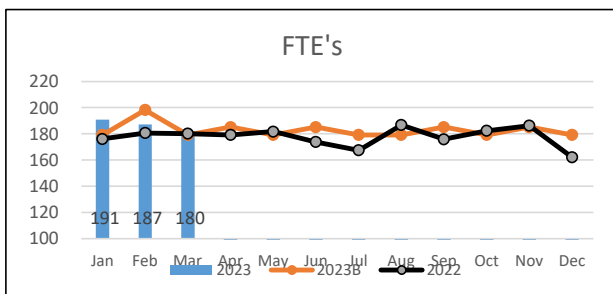


YTD: 1208 Bud: 1401 Pr Yr: 1175



YTD: 6,240 Bud: 6,813 Pr Yr: 6,373

## People and Operational Aspects



**Arbor Health  
Statistics and Analysis Report  
March, 2023**

Prior Year	Current % Var	Month Var	Budget	Actual		Actual	Year To Date Budget	Var	% Var	Prior Year
<b>Admissions</b>										
10	-18%	(3)	16	13	Medical /Surgical	38	48	(10)	-20%	40
7	-12%	(1)	8	7	Skilled Nursing	19	24	(5)	-20%	21
					Custodial Admits					
17	-16%	(4)	24	20	Total	57	72	(15)	-20%	61
<b>Patients Days</b>										
32	57%	27	48	75	Medical / Surgica	207	143	64	45%	181
168	-45%	(56)	125	69	Skilled Nursing	218	375	(157)	-42%	429
0	0%	0	0	0	Custodial	0	0	0	0%	0
200	-17%	(29)	173	144	Total	425	518	(93)	3%	610
<b>Length of Stay</b>										
3.2	92%	3	3.0	5.8	Medical/ Surgica	5.4	3.0	2.4	82%	4.5
24.0	-38%	(6)	15.8	9.86	Skilled Nursing	11.5	15.8	(4)	-27%	20.4
	0%	0			Custodial			0	0%	
12	-1%	(0)	7	7.20	Total	7	7	0	54%	10
<b>Average Census</b>										
1.0	57.1%	0.9	1.5	2.4	Medical/Surgica	2.3	1.6	0.7	45%	2.0
5.4	-44.8%	(1.8)	4.0	2.2	Skilled Nursing	2.4	4.2	(1.7)	-42%	4.8
0	0%	0	0	0	Custodial	0	0	0	0%	0
6.5	-16.6%	(0.9)	5.6	4.6	Total	4.7	5.8	(1.0)	-18%	6.8
8	99%	8	8	15	Acute Adj Avg Daily Census	15	8	7	87%	12
78	4%	3	79	82	Adjusted Admission	243	236	7	3%	230
251	99%	235	237	472	Adjusted Patient Days	1,324	708	616	87%	1,040
<b>Outpatient Utilization</b>										
1,203	-9%	(125)	1,349	1,224	Outpatient Registrations	3,591	4,064	(473)	-12%	3,605
11	-9%	(2)	21	19	Observation Registrations	42	62	(20)	-33%	39
376	-10%	(49)	467	418	Emergency Registrations	1,208	1,400	(192)	-14%	1,140
2,181	-9%	(209)	2,271	2,062	Physician Clinics	6,240	6,813	(573)	-8%	6,373
14	0%	8	0	8	NonPatient	20	0	20	0%	26
3,785	-9%	(376)	4,107	3,731	Total	11,101	12,339	(1,238)	-22%	11,183
428	72%	336	469	805	Observation Hours	1,752	1,407	345	25%	1,351
9	-23%	(4)	16	12	Emergency Dept Admissior	35	47	(12)	-25%	35
2%	-13%	(0)	3%	3%	% of E.D. Visits Admitted	3%	3%	(0.0)	-12%	3%
90%	-5%	(0)	97%	92%	% of Admission from E.D.	92%	97%	(0.1)	-5%	88%
35%	-3%	(0)	33%	32%	E.D. Revenue % Gross Rev	32%	33%	(0.0)	0	33%
87%	5%	0	80%	84%	All Outpt Rev % Gross Rev	84%	80%	0.0	6%	83%
3	50%	1	2	3	Inpatient Surgery Cases	9	6	3	50%	7
41	35%	11	31	42	Outpatient Surgery Cases	125	93	32	34%	89
<b>Clinic Visits Detail</b>										
366	-4%	(14)	337	323	Randle	1,010	1,010	(0)	0%	1,077
972	8%	56	667	723	Morton	2,138	2,001	137	7%	2,610
485	-31%	(161)	518	357	Mossyrock	1,178	1,554	(376)	-24%	1,523
5	-6%	(6)	94	88	Specialty	323	282	41	14%	215
0	-80%	(20)	25	5	Womens	17	75	(58)	-77%	14

Lewis County Hospital District No. 1  
Income Statement  
March, 2023

CURRENT			MONTH			YEAR TO DATE				
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
538,303	-22%	(218,873)	1,014,722	795,849	Inpatient Revenue	2,236,481	3,044,876	(808,395)	-27%	2,174,717
3,211,670	8%	260,342	3,447,796	3,708,139	Outpatient Revenue	10,503,389	10,315,316	188,074	2%	9,075,363
469,310	-12%	(66,675)	570,104	503,428	Clinic Revenue	1,564,030	1,695,580	(131,550)	-8%	1,243,155
4,219,283	-1%	(25,206)	5,032,622	5,007,416	<b>Gross Patient Revenues</b>	<b>14,303,900</b>	15,055,772	(751,872)	-5%	12,493,235
1,207,728	6%	103,778	1,828,315	1,724,537	Contractual Allowances	4,837,290	5,551,775	714,485	13%	3,629,882
34,255	-4%	(1,914)	48,964	50,878	Charity Care	185,589	151,268	(34,321)	-23%	99,024
49,847	-362%	(74,092)	20,445	94,537	Bad Debt	312,571	55,801	(256,770)	-460%	60,167
1,291,830	1%	27,772	1,897,724	1,869,952	<b>Deductions from Revenue</b>	<b>5,335,450</b>	5,758,844	423,394	7%	3,789,073
<b>2,927,453</b>	<b>0%</b>	<b>2,566</b>	<b>3,134,898</b>	<b>3,137,464</b>	<b>Net Patient Service Rev</b>	<b>8,968,451</b>	<b>9,296,928</b>	<b>(328,478)</b>	<b>-4%</b>	<b>8,704,162</b>
69.4%	-0.6%	-0.4%	62.3%	62.7%	<b>NPSR %</b>	62.7%	61.7%	-0.9%	-1.5%	69.7%
185,724	-37%	(38,359)	103,429	65,070	Other Operating Revenue	264,134	310,286	(46,152)	-15%	322,311
<b>3,113,177</b>	<b>-1%</b>	<b>(35,793)</b>	<b>3,238,327</b>	<b>3,202,534</b>	<b>Net Operating Revenue</b>	<b>9,232,585</b>	<b>9,607,215</b>	<b>(374,630)</b>	<b>-4%</b>	<b>9,026,472</b>
<b>Operating Expenses</b>										
1,836,951	9%	176,005	1,906,426	1,730,421	Salaries & Wages	5,518,003	5,752,572	234,569	4%	5,096,412
403,834	17%	70,258	404,644	334,386	Benefits	1,117,862	1,195,172	77,310	6%	1,223,415
135,907	-5%	(7,702)	141,319	149,021	Professional Fees	350,957	391,150	40,194	10%	333,119
202,809	-39%	(86,174)	219,850	306,024	Supplies	788,221	681,969	(106,253)	-16%	643,927
374,485	-9%	(36,409)	418,196	454,605	Purchase Services	1,117,296	1,292,958	175,663	14%	1,154,084
34,233	9%	3,766	43,132	39,367	Utilities	146,157	134,296	(11,861)	-9%	149,675
23,231	6%	1,983	30,695	28,712	Insurance	85,987	92,084	6,097	7%	68,559
30,692	59%	65,232	110,372	45,140	Other Expenses	132,769	276,997	144,228	52%	118,728
3,042,142	6%	186,959	3,274,634	3,087,675	EBDITA Expenses	9,257,252	9,817,198	559,946	6%	8,787,919
71,035	-416%	151,165	(36,307)	114,859	<b>EBDITA</b>	(24,667)	(209,983)	185,316	-88%	238,554
2.3%	419.9%	-4.7%	-1.1%	3.6%	<b>EBDITA %</b>	-0.3%	-2.2%	-1.9%	87.8%	2.6%
<b>Capital Cost</b>										
111,201	-19%	(18,670)	98,377	117,047	Depreciation	320,169	291,644	(28,525)	-10%	321,715
36,136	0%	(115)	28,989	29,104	Interest Cost	87,444	86,966	(478)	-1%	101,370
3,189,478	5%	168,174	3,401,999	3,233,825	Operating Expenses	9,664,865	10,195,808	530,944	5%	9,211,004
(76,302)	-81%	132,380	(163,672)	(31,292)	<b>Operating Income / (Loss)</b>	(432,280)	(588,594)	156,314	-27%	(184,532)
-2.5%			-5.1%	-1.0%	<b>Operating Margin %</b>	-4.7%	-6.1%			-2.0%
0	0%	(33,392)	0	33,392	<b>Mcare/Mcaid Pr Yr</b>	33,392	0	(33,392)	0%	0
<b>Non Operating Activity</b>										
141,121	21%	17,212	81,737	98,949	Non-Op Revenue	474,168	245,210	228,958	93%	432,743
3,827	-24%	(894)	3,788	4,682	Non-Op Expenses	16,489	11,365	(5,124)	-45%	14,366
137,293	21%	16,318	77,949	94,267	<b>Net Non Operating Activity</b>	457,679	233,846	223,833	96%	418,378
60,992	-212%	182,091	(85,724)	96,367	<b>Net Income / (Loss)</b>	58,791	(354,748)	413,539	-117%	233,846
2.0%			-2.6%	3.0%	<b>Net Income Margin %</b>	0.6%	-3.7%			2.6%

Unaudited

All Morton General Hospital  
Income Statement  
March, 2023

Pr Yr MTD	% Var	MTD \$ Var	MTD Budget	MTD Actual		YTD Actual	YTD Budget	YTD \$ Var	YTD % Var	PY YR YTD
538,303	-22%	(218,873)	1,014,722	795,849	Total Hospital IP Revenues	2,236,481	3,044,876	(808,395)	-26.5	2,174,717
3,211,670	8%	260,342	3,447,796	3,708,139	Outpatient Revenues	10,503,389	10,315,316	188,074	1.8	9,075,363
469,310	-12%	(66,675)	570,104	503,428	Clinic Revenues	1,564,030	1,695,580	(131,550)	-7.8	1,243,155
4,219,283	-1%	(25,206)	5,032,622	5,007,416	<b>Total Gross Patient Revenues</b>	14,303,900	15,055,772	(751,872)	-5.0	12,493,235
(1,207,728)	8%	(137,170)	(1,828,315)	(1,691,145)	Contractual Allowances	(4,803,898)	(5,551,775)	(747,877)	13.5	(3,629,882)
(49,847)	362%	(74,092)	(20,445)	(94,537)	Bad Debt	(312,571)	(55,801)	(256,770)	460.2	(60,167)
(34,255)	4%	(1,914)	(48,964)	(50,878)	Charity Care	(185,589)	(151,268)	(34,321)	22.7	(99,024)
(1,291,830)	-3%	61,163	(1,897,724)	(1,836,560)	<b>Total Deductions From Revenue</b>	(5,302,058)	(5,758,844)	456,786	-7.9	(3,789,073)
<b>2,927,453</b>	<b>1%</b>	<b>35,958</b>	<b>3,134,898</b>	<b>3,170,856</b>	<b>Net Patient Revenues</b>	<b>9,001,843</b>	<b>9,296,928</b>	<b>(295,086)</b>	<b>-3.2</b>	<b>8,704,162</b>
185,724	-37%	(38,359)	103,429	65,070	Other Operating Revenue	264,134	310,286	(46,152)	-14.9	322,311
<b>3,113,177</b>	<b>0%</b>	<b>(2,402)</b>	<b>3,238,327</b>	<b>3,235,926</b>	<b>Total Operating Revenue</b>	<b>9,265,977</b>	<b>9,607,215</b>	<b>(341,238)</b>	<b>-3.6</b>	<b>9,026,472</b>
<b>Operating Expenses</b>										
1,836,951	9%	176,005	1,906,426	1,730,421	Salaries	5,518,003	5,752,572	234,569	4.1	5,096,412
403,834	17%	70,258	404,644	334,386	Total Benefits	1,117,862	1,195,172	77,310	6.5	1,223,415
2,240,785	11%	246,262	2,311,070	2,064,807	Salaries And Benefits	6,635,865	6,947,744	311,879	4.5	6,319,827
135,907	-5%	(7,702)	141,319	149,021	Professional Fees	350,957	391,150	40,194	10.3	333,119
202,809	-39%	(86,174)	219,850	306,024	Supplies	788,221	681,969	(106,253)	-15.6	643,927
374,485	-9%	(36,409)	418,196	454,605	Total Purchased Services	1,117,296	1,292,958	175,663	13.6	1,154,084
34,233	9%	3,766	43,132	39,367	Utilities	146,157	134,296	(11,861)	-8.8	149,675
23,231	6%	1,983	30,695	28,712	Insurance Expense	85,987	92,084	6,097	6.6	68,559
111,201	-19%	(18,670)	98,377	117,047	Depreciation and Amortization	320,169	291,644	(28,525)	-9.8	321,715
36,136	0%	(115)	28,989	29,104	Interest Expense	87,444	86,966	(478)	-0.5	101,370
30,692	59%	65,232	110,372	45,140	Other Expense	132,769	276,997	144,228	52.1	118,728
3,189,478	5%	168,174	3,401,999	3,233,825	<b>Total Operating Expenses</b>	9,664,865	10,195,808	530,944	5.2	9,211,004
(76,302)	-101%	165,772	(163,672)	2,100	<b>Income (Loss) From Operations</b>	(398,888)	(588,594)	189,706	-32.2	(184,532)
137,293	-21%	(16,318)	77,949	94,267	Non-Operating Revenue/Expense	457,679	233,846	(223,833)	-95.7	418,378
<b>60,992</b>	<b>-212%</b>	<b>182,091</b>	<b>(85,724)</b>	<b>96,367</b>	<b>Net Gain (Loss)</b>	<b>58,791</b>	<b>(354,748)</b>	<b>413,539</b>	<b>-116.6</b>	<b>233,846</b>

## Lewis County Public Hospital District No. 1

## Balance Sheet

March, 2023

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
<b>Assets</b>				
<b>Current Assets:</b>				
Cash	\$ 5,334,122	5,141,860	5,055,656	278,466
Total Accounts Receivable	7,977,852	8,000,005	7,492,245	485,608
Reserve Allowances	<u>(4,088,324)</u>	<u>(3,844,782)</u>	<u>(3,362,569)</u>	<u>(725,755)</u>
Net Patient Accounts Receivable	3,889,529	4,155,223	4,129,676	(240,147)
 Taxes Receivable	 216,600	 183,374	 52,607	 163,993
Estimated 3rd Party Receivables	0	2,395	2,395	(2,395)
Prepaid Expenses	279,681	331,473	324,031	(44,350)
Inventory	257,683	255,195	253,658	4,024
Funds in Trust	1,728,952	1,719,773	1,711,559	17,392
Other Current Assets	<u>184,261</u>	<u>182,042</u>	<u>180,415</u>	<u>3,846</u>
<b>Total Current Assets</b>	<u>11,890,827</u>	<u>11,971,334</u>	<u>11,709,998</u>	<u>180,829</u>
Property, Buildings and Equipment	34,907,309	34,863,167	34,963,861	(56,552)
Accumulated Depreciation	<u>(24,754,208)</u>	<u>(24,647,315)</u>	<u>(24,491,062)</u>	<u>(263,146)</u>
Net Property, Plant, & Equipment	10,153,102	10,215,852	10,472,799	(319,698)
Right-of-use assets	685,628	661,982	681,064	4,564
Other Assets	<u>169,514</u>	<u>169,514</u>	<u>167,514</u>	<u>2,000</u>
 <b>Total Assets</b>	 <u><u>\$ 22,899,071</u></u>	 <u><u>23,018,683</u></u>	 <u><u>23,031,375</u></u>	 <u><u>(132,304)</u></u>
<b>Liabilities</b>				
<b>Current Liabilities:</b>				
Accounts Payable	1,418,581	526,748	697,151	721,430
Accrued Payroll and Related Liabilities	444,832	1,405,588	1,312,233	(867,402)
Accrued Vacation	800,856	797,544	716,055	84,801
Third Party Cost Settlement	53,969	161,370	109,414	(55,444)
Interest Payable	80,216	53,478	0	80,216
Current Maturities - Debt	865,842	865,842	865,842	0
Unearned Revenue	252,684	252,684	252,684	0
Other Payables	<u>10,506</u>	<u>10,506</u>	<u>26,555</u>	<u>(16,049)</u>
Current Liabilities	<u>3,927,486</u>	<u>4,073,759</u>	<u>3,979,934</u>	<u>(52,448)</u>
Total Notes Payable	1,010,863	1,035,969	1,086,048	(75,185)
Lease Liability	367,640	412,351	431,433	(63,792)
Net Bond Payable	4,732,705	4,732,595	4,732,375	330
Total Long Term Liabilities	<u>6,111,208</u>	<u>6,180,915</u>	<u>6,249,856</u>	<u>(138,647)</u>
 <b>Total Liabilities</b>	 <u><u>10,038,695</u></u>	 <u><u>10,254,673</u></u>	 <u><u>10,229,790</u></u>	 <u><u>(191,095)</u></u>
 General Fund Balance	 12,801,585	 12,801,585	 12,801,585	 0
Net Gain (Loss)	<u>58,791</u>	<u>(37,576)</u>	<u>0</u>	<u>58,791</u>
<b>Fund Balance</b>	<u><u>12,860,376</u></u>	<u><u>12,764,009</u></u>	<u><u>12,801,585</u></u>	<u><u>58,791</u></u>
 <b>Total Liabilities And Fund Balance</b>	 <u><u>\$ 22,899,071</u></u>	 <u><u>23,018,683</u></u>	 <u><u>23,031,375</u></u>	 <u><u>(132,304)</u></u>



**Arbor Health**  
**Cash Flow Statement**  
**For the Month Ending March 2023**

	<b>MTD</b>	<b>YTD</b>
<b>Cash Flows from Operating Activities</b>		
Net Income	96,367	58,791
Adjustments to reconcile net income to net cash provided by operating activities		
Decrease/(Increase) in Net Patient Accounts receivable	265,694	240,147
Decrease/(Increase) in Taxes receivable	(33,226)	(163,993)
Decrease/(Increase) in Est 3rd Party Receivable	2,395	2,395
Decrease/(Increase) in Prepaid expenses	51,793	44,351
Decrease/(Increase) in Inventories	(2,488)	(4,025)
Decrease in Other Current Assets	(2,220)	(3,845)
Increase/(Decrease) in Accrued payroll liabilities	(957,444)	(782,600)
Increase/(Decrease) in 3rd Party cost stlmt liabilities	(107,401)	(55,445)
Increase/(Decrease) in Accounts payable	891,834	705,381
Increase/(Decrease) in Interest payable	26,738	80,216
Depreciation expense	106,893	263,146
<b>Net Cash Flow from Operations</b>	<b>338,935</b>	<b>384,519</b>
<b>Cash Flows from Investing Activities</b>		
Cash paid for		
Purchases of Fixed assets	(44,142)	56,550
Right-of-use assets	(23,646)	(6,563)
<b>Net Cash Flow from (used) in Investing Activities</b>	<b>(67,788)</b>	<b>49,987</b>
<b>Cash Flows from Financing Activities</b>		
Cash paid for		
Additions to long-term debt	0	0
Principal payments of long-term liabilities	(24,995)	(74,854)
Lease liabilities	(44,711)	(63,793)
<b>Net Cash Flow from (used) in Financing Activities</b>	<b>(69,706)</b>	<b>(138,647)</b>
<b>Net Increase (Decrease) in Cash</b>	<b>201,441</b>	<b>295,859</b>
Cash at Beginning of Period	\$ 6,861,633	\$ 6,767,215
Cash at End of Period	<b>\$ 7,063,074</b>	<b>\$ 7,063,074</b>

## **CONSENT AGENDA**



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

**March 29, 2023, at 3:30 p.m.**

**Conference Room 1 & 2 or via ZOOM**

<https://myarborhealth.zoom.us/j/81379931067>

Meeting ID: 813 7993 1067

One tap mobile: +12532158782,,81379931067#

Dial: +1 253 215 8782

**Mission Statement**

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

**Vision Statement**

**To provide accessible, quality healthcare.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<b>Call to Order</b> <b>Roll Call</b> <b>Unexcused/Excused</b> <b>Absences</b> <b>Reading the Mission</b> <b>&amp; Vision Statements</b>	Board Chair Herrin called the meeting to order at 3:30 p.m.  <b>Commissioners present:</b> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Trish Frady  <b>Others present:</b> <input checked="" type="checkbox"/> Mike Lieb, Interim Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO <input type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Char Hancock, Clinic Manager			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<input type="checkbox"/> Janice Cramer, Medical Coordinator <input type="checkbox"/> Dr. Travis Podbilski, Chief of Staff <input checked="" type="checkbox"/> Buddy Rose, Reporter <input checked="" type="checkbox"/> Clint Scogin, Controller <input type="checkbox"/> Jim Frey, IT Director <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Jessica Scogin, Foundation Manager <input checked="" type="checkbox"/> Van Anderson <input checked="" type="checkbox"/> Diane Markham, Marketing a& Communications Manager <input checked="" type="checkbox"/> Robert Houser, Imaging Manager <input checked="" type="checkbox"/> Dr. Mark Hansen, Past Chief of Staff <input checked="" type="checkbox"/> Erin Seeberger, Partner at JGKM&W  Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.			
<b>Approval or Amendment of Agenda</b>		Commissioner Coppock made a motion to approve the agenda. Commissioner Frady seconded and the motion passed unanimously.		
<b>Conflicts of Interest</b>	Board Chair Herrin asked the attendees to state any conflicts of interest with today's agenda.	None noted.		
<b>Comments and Remarks</b>	Commissioners: Secretary Olive thanked the search committee for their time and input this week. Commissioner Coppock commended the efforts put into the Family Resource Fair and its value to the District. Commissioner McMahan thanked the Finance Committee for their problem-solving efforts and the commitment of all staff to this community. Board Chair Herrin thanked Interim Superintendent Lieb for his first month here and looking forward to a busy April.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Audience: None.			
Executive Session- RCW 70.41.200 & RCW 42.30.100 (1)(i)	<p>Board Chair Herrin announced going into executive session at 3:40 p.m. for fifteen minutes to discuss RCW 70.41.200-Medical Privileging and RCW 70.30.100 (1)(i) to discuss with legal counsel about potential litigation. Board Chair Herrin extended Executive Session by five minutes at 4:00 p.m. The Board returned to open session at 4:05 p.m. Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments-</p> <p>Radiology Consulting Privileges</p> <ol style="list-style-type: none"> <li>Hartley Sirkis, MD (Consulting Radiology Privilege)</li> </ol> <p>Reappointments-</p> <p>Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> <li>Aixa Espinosa Morales, MD (Consulting Telestroke/Neurology Privileges)</li> <li>Bruce Geryk, MD (Consulting Telestroke/Neurology Privileges)</li> <li>Yi Mao, MD (Consulting Telestroke/Neurology Privileges)</li> <li>Elizabeth Walz, MD (Consulting Telestroke/Neurology Privileges)</li> </ol>	Commissioner Coppock made a motion to approve the Medical Privileging as presented Commissioner Frady seconded. The motion passed unanimously.		
Department Spotlight <ul style="list-style-type: none"> <li>Arbor Health, Rapid Care</li> </ul>	Clinic Manager Hancock shared the Rapid Care clinic is big asset to the District. Within year one, the clinic is already stronger than budget			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	which correlates to the great response of patient utilization. Staffing challenges continue, but Morton Clinic staff have been a great help. Next steps include moving to being open seven days a week.			
<b>Board Committee Reports</b> <ul style="list-style-type: none"> <li>Hospital Foundation Report</li> </ul>	Secretary Olive noted a successful Family Resource Fair with a total of 36 resources available in the area. There were 19 volunteers from the hospital and 100+ people in attendance.			
<ul style="list-style-type: none"> <li>Finance Committee Report</li> </ul>	Commissioner Coppock shared the same message with success at the Rapid Care clinic. Two new equipment needs, Portable X-Ray will need board approval and anticipate monies through the FUND-A-NEED this year for this one. The ABN process is challenging and with the workgroups help there should be positive movement.			
<b>Consent Agenda</b>	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> <li>Approval of Minutes               <ol style="list-style-type: none"> <li>February 22, 2023, Regular Board Meeting</li> <li>March 8, 2023, QIO Committee Meeting</li> <li>March 22, 2023, Finance Committee Meeting</li> </ol> </li> <li>Approve Documents Pending Board Approval &amp; Ratification 03.29.23</li> <li>RES-23-04-Approving the Capital Purchase of Portable X-Ray</li> <li>Warrants &amp; EFTs in the amount of \$3,363,930.25 dated February 2023</li> </ol>	<p>Commissioner Coppock made a motion to approve the Consent Agenda and Commissioner Frady seconded. The motion passed unanimously.</p> <p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p>	Executive Assistant Garcia	4.05.23
<b>Old Business</b> <ul style="list-style-type: none"> <li>Superintendent Succession Plan</li> </ul>	Board Chair Herrin shared the Search Committee interviewed seven candidates via Zoom Monday and Tuesday this week and	Schedule Superintendent interviews.	Executive Assistant Garcia	04.10.23

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	narrowed down to three to four candidates to interview in person. Interview will be scheduled for mid-April.			
<b>New Business</b>	Board Chair Herrin reminded the Board to file prior to April 17, 2023.			
<ul style="list-style-type: none"> <li>PDC Filing Reminder</li> <li>Board Compliance Training</li> </ul>	Compliance Officer Hargett requested the Board review the article <i>Practical Guidance for Health Care Governing Boards on Compliance Oversight</i> and then discussed the questions as a group. The Board agreed it was great training and to remember the Board has direct access to the Compliance Officer should a concern arise.			
<b>Superintendent Report</b>	<p>Interim Superintendent Lieb highlighted the following:</p> <ol style="list-style-type: none"> <li>Packwood Clinic remains on track for a grand opening on April 24<sup>th</sup>.</li> <li>Strategic Planning Retreat location has been moved to the Tiller Arts Center.</li> <li>DNV is expected to come in April so all hands-on deck preparing for survey.</li> <li>Draft Implementation Plan has been prepared and will need be approved at the April Regular Board Meeting.</li> <li>Legislative update includes a proposed budget with increased Medicaid funding.</li> <li>DOH lifted mask mandate so as of April 3<sup>rd</sup> masks will be optional and we will respect everyone's choices. Masks will be worn in the ED until a provider deems no respiratory concerns.</li> </ol> <p>Lastly, Executive Assistant Garcia will be out of the office March 30<sup>th</sup> &amp; 31<sup>st</sup>, so expect documents to be sent for signature early next week.</p>	RSVP for food preferences via email link.	Board of Commissioners	04/07/23
<b>Meeting Summary &amp; Evaluation</b>	Interim Superintendent Lieb highlighted the decisions made and action items.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	Secretary Olive and Commissioner Coppock thanked Compliance Officer Hargett for today's training. Commissioner Frady noted a great meeting and so did Commissioner McMahan even with technical difficulties.			
<b>Adjournment</b>	Commissioner Coppock moved and Commissioner Frady seconded to adjourn the meeting at 5:10 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date





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

**April 18, 2023, at 8:30 a.m.**

**Tiler Arts Center or via ZOOM**

<https://myarborhealth.zoom.us/j/82263411936>

Meeting ID: 822 6341 1936

One tap mobile: +12532050468,,82263411936#

Dial: +1 253 205 0468

**Mission Statement**

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

**Vision Statement**

**To provide accessible, quality healthcare.**

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 8:30 p.m.  <b>Commissioners present:</b> <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Trish Frady  <b>Others present:</b> <input checked="" type="checkbox"/> Mike Lieb, Interim Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Diane Markham, Marketing Manager <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Char Hancock, Clinic Manager <input checked="" type="checkbox"/> Jessica Scogin, Foundations Manager <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO	Board Chair Herrin excused Secretary Olive from today's meeting due to personal reasons.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> <li>☒ Robert Houser, Imaging Manager</li> <li>☒ Sara Williamson, CNO/CQO</li> <li>☒ Spencer Hargett, Compliance Officer</li> <li>☒ Julie Taylor, Ancillary Services Director</li> <li>☒ Roxann Morris, Environmental Services Supervisor</li> <li>☒ Sherry Sofich, Revenue Cycle Director</li> <li>☒ Jennifer Neely, Case Manager</li> <li>☒ Jamie Brazil, Clinic Manager</li> <li>☒ Tina Clevenger, Materials Manager Supervisor</li> <li>☒ Laura Glass, RN &amp; Clinical Educator</li> <li>☒ Jim Frey, IT Director</li> <li>☒ Kim Barnett, Nutrition Services Supervisor</li> <li>☒ Edwin Meelhuysen, Rehabilitation Services and Community Wellness Director</li> <li>☒ LeeAnn Evans, ED &amp; Inpatient Services Director</li> <li>☒ Will Sullivan, Facility Engineering Manager</li> <li>☒ Kelly Hauser, Surgical Director</li> <li>☒ Janice Kelly, RT Manager</li> <li>☒ Eli Potts, Clinical Informatics Manager</li> <li>☒ Brandi Bell, Patient Access Supervisor</li> <li>☒ Dr. Kevin McCurry, CMO</li> <li>☒ Dr. Mark Hansen, Family Medicine</li> <li>☒ Dr. Travis Podbilski, Chief of Staff</li> <li>☒ Van Anderson, Community Member</li> <li>☒ Erica Osborne, Via Healthcare Consulting</li> <li>☒ Linda Summers, Via Healthcare Consulting</li> </ul>			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			
Welcome and Introductions	Interim Superintendent Lieb welcomed the participants.			
Meeting Agenda, Objectives and Group Guidelines	Erica Osborne started the meeting sharing the meeting objectives and moving the group towards assign actions and utilizing the parking lot if needed.			
National and Regional Industry Trends	Linda Summers shared trends at a national level that the District can relate to here in Lewis County.			
Break	Board Chair Herrin requested a ten-minute break at 9:30 am. The Board returned to open session at 9:40 am.			
Arbor Health State of the Union-Where We Are Today	Interim Superintendent Lieb summarized progress on the adopted strategies and commended the work that took place during a pandemic.			
Governance Best Practices for Board Effectiveness	Erica Osborne reviewed the board's governance role, which includes decision making as a board with one voice and the Board's one employee is the Superintendent/CEO. Also, highlighted were best practices identifying the Board's roles and responsibilities, governance versus management and being united on managing the Superintendent.			
The Board's Role in Strategic Planning	Erica Osborne shared as we are moving into strategic planning, we want to leave here today with some structure around Strategic Themes and Goals. The Department Specific Measures will be done operationally and reported to the Board quarterly like before.			
Break-Lunch	Board Chair Herrin requested a 45-minute lunch break at 12:00 pm. The Board returned to open session at 12:45 pm.			
Mission, Vision and Values	Linda Summers revisited the importance of the mission, vision, and core values here at Arbor Health and their purpose. The group agreed the mission still			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	resonated, but the vision may not be lofty and could have more hope for the future. There was discussion on the values and ensuring we can use them both internally and externally to retain and recruit.			
Strategic Planning 2023-2025	Erica Osborne summarized the Community Health Needs Assessment, take aways from the listening sessions and board member perspectives. Through this evaluation process presented proposed strategic themes: 1) Financial Sustainability & Growth, 2) Workforce Stabilization, 3) Community Partnerships, 4) Service & Quality and 5) Community Relations.			
Break	Board Chair Herrin requested a 15-minute break at 2:45 pm. The Board returned to open session at 3:00 pm.			
Strategic Planning Continued	Erica Osborne noted from the themes we add a layer of goals that are broad but descriptive. Small workgroups were created to review and refine the proposed goals for Erica and Linda to take back and include in the final summary. The small groups prioritized two to three goals under each theme, noting we could combine Community Partnerships and Community Relations.			
Next Steps & Closing Comments	Erica and Linda will draft a retreat summary and action plan over the next two weeks.			
Meeting Summary & Evaluation	Commissioner McMahan enjoyed the retreat and so proud of the staff. Commissioner Frady echoed great staff and excited to be around the Board table again. Commissioner Coppock is ready for the new goals. Board Chair Herrin thanked both Erica and Linda for the retreat.			
Adjournment	Commissioner McMahan moved and Commissioner Coppock seconded to adjourned at 4:30 p.m. The motion passed unanimously.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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Respectfully submitted,

Tom Herrin, Board Chair

Date

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**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**Finance Committee Meeting**  
**April 19, 2023, at 12:00 p.m.**  
**Via Zoom**

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences  Reading the Mission & Vision Statements	Commissioner Coppock called the meeting to order via Zoom at 12:00 p.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Craig Coppock, Commissioner <input checked="" type="checkbox"/> Wes McMahan, Commissioner  Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Mike Lieb, Interim Superintendent <input type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Will Sullivan, Facility Engineer Manager <input type="checkbox"/> Matthew Lindstrom, CFMO	Excused Absences: Marc Fisher & Matthew Lindstrom		
Approval or Amendment of Agenda		Commissioner McMahan made a motion to approve the agenda and CNO/CQO		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
		Williamson seconded. The motion passed unanimously.		
Conflicts of Interest	Commissioner Coppock asked the Committee to state any conflicts of interest with today's agenda. None were noted.			
Consent Agenda	Commissioner Coppock announced the following in consent agenda up for approval: <ol style="list-style-type: none"> <li>1. Review of Finance Minutes –March 22, 2023</li> <li>2. Revenue Cycle Update</li> <li>3. Board Oversight Activities</li> </ol>	Commissioner McMahan made a motion to approve the consent agenda and Interim Superintendent Lieb seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> <li>Financial Department Spotlight-Facility Engineering</li> </ul>	Facility Engineer Manager Sullivan shared progress and improvements over the past year and plans for 2023-2024.  Commissioner McMahan noted adding an onsite flight pad to the wish list. Commissioner Coppock remains excited for the EV charging stations acknowledging a long install time. CNO/CQO Williamson requested follow up with Biomed on tracking end of life on equipment, so capital needs can be anticipated.	Discuss strategic spotlight at next Regular Board Meeting.  Follow up with Biomed on tracking end of life on equipment to add to the capital list.	Executive Assistant Garcia  Facility Engineer Manager Sullivan, CFOM Lindstrom & CFO Cornwell	04/26/2023 Regular Board Meeting  05/24/23 Upcoming Finance Committee Meeting
<ul style="list-style-type: none"> <li>Financial Statements-March 2023</li> </ul>	CFO Cornwell shared new reports on critical metrics to sustaining financial health. These reports will be included and discussed monthly.			
<ul style="list-style-type: none"> <li>Advance Beneficiary Notice (ABN) Project</li> </ul>	Ancillary Service Director Taylor noted the workgroup continues to investigate this process in collaboration with HIM and Revenue Cycle. The workgroup reviewed Cerner capabilities and continue to refine workflows to improve the process.			
Capital Review <ul style="list-style-type: none"> <li>Parking Lot Repairs</li> <li>Laundry Boiler Replacement</li> </ul>	CFO Cornwell noted both the parking lot repairs and the replacement for the laundry boiler are informational and not on the capital list but within the Superintendent's spending limit. As noted earlier, the Finance department is working closely with refining the capital process moving to a proactive			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	versus reactive approach to capital spending.			
New Business <ul style="list-style-type: none"> <li>DZA Financial Audit</li> </ul>	Controller Scogin noted the field work continues with DZA and remains on track with no surprises. Still anticipating a report out in May on the 2022 Financial Audit and Cost Report review.			
<ul style="list-style-type: none"> <li>Employee Retention Credit (ERC) Agreement</li> </ul>	<p>CFO Cornwell noted DZA asked if the District had received any Employee Retention tax credits. Interim Superintendent Lieb shared other hospitals are taking advantage of the dollars with no risk.</p> <p>The Finance Committee recommended pursuing the monies.</p>			
<ul style="list-style-type: none"> <li>Surplus or Dispose of Certain Property</li> </ul>	<p>CFO Cornwell presented the list of assets for surplus.</p> <p>The Finance Committee supports the resolution and will recommend approval at the Board level in Consent Agenda.</p>	The Finance Committee supported requesting the Board's approval of a resolution for Surplus at the Regular Board Meeting.	Executive Assistant Garcia	04/26/2023
Meeting Summary & Evaluation	<p>Commissioner McMahan expressed concerns regarding access at the clinics and a complaint he received. Ancillary Services Director Taylor shared the Clinics continue to work this issue recognizing issues along the way. Struggles include insurance coverage, front line coaching, rapid care not being an urgent care, credentialling clinic providers, etc. All of which are being investigated. Ancillary Services Director Taylor recommended working with Diane Markham on talking points for commissioners regarding patient access.</p> <p>CFO Cornwell noted the District received a letter from CMS noting the Hospital Price Transparency deficiencies identified in December 2022 have been rectified. Arbor Health Morton Hospital is compliant.</p> <p>CFO Cornwell highlighted the decisions made and action items that</p>	Create talking points on clinic access and where to go next.	Ancillary Services Director Taylor	05/24/23



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>need to be taken to the entire board for approval.</p> <p>Commissioner McMahan complimented the Finance Committee and enjoys working with all of us.</p>			
Adjournment	Commissioner Coppock adjourned the meeting at 12:56 pm.			



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

RESOLUTION DECLARING TO  
SURPLUS OR DISPOSE OF CERTAIN  
PROPERTY

RESOLUTION NO. 23-08

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

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

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

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

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in  
an open public meeting thereof held in compliance with the requirements of the Open Public  
Meetings Act this 26<sup>th</sup> day of April 2023, the following commissioners being present and voting  
in favor of this resolution.

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

\_\_\_\_\_  
Kim Olive, Secretary

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

\_\_\_\_\_  
Craig Coppock, Commissioner

\_\_\_\_\_  
Patricia Frady, Commissioner

DISPOSAL/SURPLUS PERSONAL PROPERTY

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
03/13/2023	ECG Analysis System	Unknown	1844	Surplus	Obsolete
DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
04/07/2023	Heat Pump	Maintenance	5267	Surplus	Broken and irreparable

WARRANT & EFT LISTING NO. 2023-03

RECORD OF CLAIMS ALLOWED BY THE  
BOARD OF LEWIS COUNTY  
COMMISSIONERS

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

CERTIFICATION

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

Signed:

\_\_\_\_\_  
Cheryl Cornwell, CFO

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

\$3,969,482.02 this 26<sup>th</sup> day

of April 2023

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

\_\_\_\_\_  
Secretary, Kim Olive

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

\_\_\_\_\_  
Commissioner, Craig Coppock

\_\_\_\_\_  
Commissioner, Patricia Frady

SEE WARRANT & EFT REGISTER in the amount of \$3,969,482.02 dated March 1, 2023 – March 31,  
2023.

**Mar-23**  
**ARBOR HEALTH WARRANT REGISTER**

**Routine A/P Runs**

Warrant No.	Date	Amount	Description
129246 - 129288	3-Mar-2023	191,351.10	CHECK RUN
129289 - 129304	6-Mar-2023	56,589.37	CHECK RUN
129305 - 129324	3-Mar-2023	12,237.55	CHECK RUN
129325 - 129356	13-Mar-2023	1,055,214.12	CHECK RUN
129357 - 129435	13-Mar-2023	262,043.11	CHECK RUN
129436	2-Mar-2023	35.20	CHECK RUN
129437	7-Mar-2023	271.34	CHECK RUN
129438	9-Mar-2023	2,000.00	CHECK RUN
129439	14-Mar-2023	691.79	CHECK RUN
129440 - 129461	20-Mar-2023	867,426.86	CHECK RUN
129461 - 129511	20-Mar-2023	349,173.01	CHECK RUN
129512	1-Mar-2023	52,626.45	CHECK RUN
129513	17-Mar-2023	3,706.31	CHECK RUN
129514	21-Mar-2023	3,052.17	CHECK RUN
129515	23-Mar-2023	328.25	CHECK RUN
129516 - 129527	27-Mar-2023	225,293.68	CHECK RUN
129528 - 129554	27-Mar-2023	93,602.50	CHECK RUN
129555 - 129569	27-Mar-2023	167,333.97	CHECK RUN
129570 - 129597	31-Mar-2023	4,820.73	CHECK RUN
129598 - 129618	31-Mar-2023	17,173.77	CHECK RUN
129642 - 129644	28-Mar-2023	23,618.20	CHECK RUN
129645	28-Mar-2023	1,130.46	CHECK RUN
129646	28-Mar-2023	1,312.52	CHECK RUN
<b>Total - Check Runs</b>		<b>\$ 3,391,032.46</b>	

**Error Corrections - in Check Register Order**

Warrant No.	Date Voided	Amount	Description
129420	14-Mar-23	57.17	VOID
<b>TOTAL - VOIDED CHECKS</b>		<b>\$ 57.17</b>	

<b>COLUMBIA BANK CHECKS,EFT'S, LESS VOIDS</b>	<b>\$ 3,390,975.29</b>
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Eft	Date	Amount	Description
1192	3-Mar-2023	200,634.72	IRS
4733	7-Mar-2023	53.65	TPSC
4734	13-Mar-2023	557.43	TPSC
4735	17-Mar-2023	126.50	TPSC
4736	17-Mar-2023	126.50	TPSC
4737	17-Mar-2023	110.00	TPSC
1193	17-Mar-2023	207,349.28	IRS
4738	20-Mar-2023	326.00	TPSC
4739	23-Mar-2023	376.50	TPSC
1194	31-Mar-2023	168,788.98	IRS
<b>TOTAL EFTS AT SECURITY STATE BANK</b>		<b>\$ 578,449.56</b>	

<b>TOTAL CHECKS,EFT'S,&amp;TRANSFERS</b>	<b>\$ 3,969,482.02</b>
--	------------------------

**OLD BUSINESS**



**Mossyrock Clinic**  
745 WILLIAMS STREET  
360-983-8990

**Randle Clinic**  
108 KINDLE ROAD  
360-497-3333

**Morton Hospital**  
521 ADAMS AVENUE  
360-496-5112

**Morton Clinic**  
531 ADAMS AVENUE  
360-496-5145

## MEMORANDUM

To: Board of Commissioners  
From: Executive Assistant Garcia  
CC:  
Date: 04/20/23  
Re: Superintendent Succession Plan

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### Superintendent Interview Schedule:

- April 21, 2023
- April 24, 2023
- April 28, 2023

### Proposed Schedule Post Interviews:

Survey Monkey released to All Staff via email to review all three candidates:

- April 28<sup>th</sup>, 2023-Emailed to All Staff after the last candidate's interview has concluded.
- May 1<sup>st</sup>, 2023-Survey Monkeys for all candidates needs to be completed by midnight.

Survey Monkey results due to the Board from WittKieffer for all three candidates:

- May 2<sup>nd</sup>, 2023

Special Board Meeting to go into Executive Session with the Board, Leadership Team and WittKieffer to evaluate the qualifications of an applicant for public employment (RCW 42.30.110(g)):

- May 3<sup>rd</sup> or 4<sup>th</sup>

Special Board Meeting to go into Executive Session with the Board and WittKieffer to evaluate the qualifications of a applicant for public employment (RCW 42.30.110(g)) and go into Open Session to make an official offer:

- May 5<sup>th</sup> or May 8<sup>th</sup>

Officially Appointment a Superintendent at Regular Board Meeting (depends on the candidates resignation notices):

- May 31<sup>st</sup>, 2023
- June 28<sup>th</sup>, 2023
- July 26<sup>th</sup>, 2023

## **NEW BUSINESS**





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

RESOLUTION ADOPTING COMMUNITY  
HEALTH NEEDS ASSESSMENT (CHNA)  
IMPLEMENTATION PLAN

RESOLUTION NO. 23-09

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

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

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

**To adopt the 2023-2025 CHNA Implementation Plan.**

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 26<sup>th</sup> day of April 2023, the following commissioners being present and voting  
in favor of this resolution.

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

\_\_\_\_\_  
Kim Olive, Secretary

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

\_\_\_\_\_  
Craig Coppock, Commissioner

\_\_\_\_\_  
Patricia Frady, Commissioner

## Arbor Health 2023-2025 CHNA Implementation Plan

Per federal requirements, Arbor's Implementation Plan should:

- Describe the actions we intend to take to address the health need and the anticipated impact of these actions;
- Identify the resources we plan to commit to address the health need; and
- Describe any planned collaborations to implement the actions.

The priorities identified by the Board in its adopted 2023-2025 CHNA include:

- Recruitment and retention of a quality healthcare workforce;
- Better access to primary care;
- More behavioral health access points, services, and supports;
- More access to exercise and wellness programs and increased opportunities to support physical and mental health and prevent and manage chronic conditions; and
- Partnering to address the social determinants of health (including housing, employment, and educational attainment).

To assist with implementation planning, further drill-down on the identified priorities occurred in February 2023, when Arbor hosted five community listening sessions throughout the District. The listening sessions were held in the towns of Mineral, Morton, Mossyrock, Randle, and Packwood.

The sessions were advertised on social media and in local newspapers, including the *Journal* and the *Chronicle*. Posters were sent to various community organizations, and they were asked to post these announcements as well as send invitations to their listserv.

Approximately twenty-five people attended the sessions. Three questions were discussed at each listening session:

1. What services do you value that are currently offered by the District?
2. What services are currently not available that you would like to see offered locally?
3. What are the greatest unmet healthcare needs in the community?

Throughout the sessions, attendees consistently noted that imaging, lab services, and the Hospital's primary and rapid care clinics are accessible and are current strengths. The greatest unmet need, referenced first in every session, was behavioral and mental health services, especially for young adults and children. Opioid management was also a frequent concern.

Other services that community residents identified as needs included more same-day clinic availability, patient navigators, increased specialists, and programs for specific populations (pediatrics, OB, veterans, and the transient community). In our most remote community (Packwood), better pharmacy access was frequently mentioned.

Staff listening sessions were also held; a total of thirty-seven staff attended. Unmet needs referenced by staff mimicked the community, but included a much more detailed listing of specialty services, including diabetes education, dialysis, infusion/chemotherapy, post-acute care (home health, LTC, specialty services), and improved access to specialists including oncology, orthopedics, urology, and OB/Gyn. Staff also identified the need for more affordable housing options and childcare generally within the community, but also as integral to supporting staff and provider recruitment and retention.

Based on the CHNA data, community convening findings, and the post-CHNA listening sessions, and after consideration of our mission and vision, resources, staffing, and expertise, Arbor Health's final 2023-2025 CHNA Implementation Action Plan is:

### **Priority #1: Improve access to primary care and prevention services.**

**Partners:** Providers, Chamber of Commerce/Economic Development, School Districts, Foundation

#### ***Anticipated Outcomes:***

- Reduction in wait time for new patients
- Reduction in wait time to Third Next Available
- Increase in percentage of patients compliant with Annual Wellness visits and Well Child checks.
- Reduction in unnecessary ED visits and hospitalizations
- Improvement in rate of select preventive care measures, including flu vaccine and screening for breast cancer
- Earlier identification of residents at risk for chronic health conditions and increased enrollment in wellness programs and outreach efforts
- Increase in residents with chronic conditions being managed by a chronic care manager, participating in telehealth visits with specialists and using remote patient monitoring

***Action Items:***

1. Partner with provider staffing agencies to provide additional clinic coverage.
2. Enhance and better target outreach to the community regarding providers and their availability.
3. Assure wages and benefits are competitive with those in the region.
4. Pay sign-on retention bonuses, relocation, and/or loan repayment for select hard-to-fill positions.
5. Advertise the outdoor nature of the community, the eligibility for both federal and state loan repayment for positions that qualify, and the Arbor lifestyle to differentiate ourselves to candidates interested in rural practice.
6. Expand our own workforce growth efforts with outreach to local high schools to talk about career opportunities and internships within our healthcare system.
7. Support eligible employees in applying for scholarship grants through our Hospital Foundation.
8. Create more same-day access, both virtually and in-person.
9. Expand the hours of operation for our recently opened Rapid Care Clinic to allow for more walk-in appointment slots.
10. Open the Packwood primary care clinic (scheduled for April 2023), allowing for both scheduled and walk-in appointments.
11. Continue recruiting additional advanced practice providers for the Morton, Mossy Rock, and Randle clinics.
12. Develop and expand programming within primary care to prevent chronic conditions and manage complex and special patient populations.
  - a. Maximize electronic health records (EHR) capabilities and consistently use assessment tools to identify persons at risk of developing chronic conditions. Provide support and education to change the disease trajectory.
  - b. Expand our Chronic Care Management (CCM) services and dedicate a staff coordinator and tracking software to support this role.
  - c. Expand telehealth relationships with key specialty providers.
  - d. Evaluate role of and need for remote physiologic monitoring.
  - e. Focus marketing and community engagement efforts on outreach and making services more accessible to veterans, non-English speaking, and other traditionally underserved groups.

## **Priority #2: Improve access to behavioral health services, including mental health and substance use disorder.**

**Partners:** School Districts, Police, Cascade Community Health

### ***Anticipated Outcomes:***

- Decrease time between PCP referral and intervention/contact with behavior health provider.
- Reduction in District residents self-reporting in BRFSS that mental health was "not good" 14 or more days in the past 30 days
- Reduction in students reporting that they feel sad or hopeless in the past year and/or had considered suicide in the past year
- Decrease in fentanyl overdoses and deaths in District.
- Increase in opioid use disorder (OUD) diagnosis and initiation of treatment

### ***Action Items:***

1. Recruit a full-time psychiatrist and LISCW to support both medication and behavioral care in Arbor Health's multiple locations.
2. Embed behavioral healthcare staff within the primary care clinics.
3. Ensure consistent use in both the clinics and ED of best practice assessment tools in primary care, including the Columbia Suicide Screening, PHQ-9 Depression Screening, and Screening, Brief Interventional and Referral to Treatment (SBIRT) for substance use.
4. Provide consistent access to medication-assisted treatment (MAT) for people with OUD.
5. Provide community education and outreach regarding fentanyl and assist in community distribution of Naloxone beyond our clinics and ED.
6. Work in partnership with the schools to support the behavioral and mental health needs of students.

### **Priority #3: Realize a healthier and more equitable East Lewis County.**

**Partners:** Public Health Department, Civic Organizations, School Districts, Housing Advocates, Childcare Providers

***Anticipated Outcomes:***

- Reduction in the percentage of population reporting physical inactivity
- Increase in the percentage of population reporting access to exercise
- Improvement in childcare burden metric
- Reduction in the percentage of District residents paying more than 30% of income on rent
- Improved retention of providers and staff

**Action Items:**

1. Facilitate local access to exercise and wellness programs/opportunities to support physical and mental health.
2. Support and advocate for housing availability/affordability and childcare.

- [Register to become a member of the Cybersecurity Insider Program community and get access to monthly webinars and more](#)
- [WSHA resources](#)

## WSHA and AWPHD are returning to Campbell's Resort in Chelan

We are excited to announce that WSHA and AWPHD are returning to Campbell's Resort in Chelan this June! Registration is now open for both the 2023 CEO Retreat and the 2023 Rural Hospital Leadership Conference, which will take place June 25-26 and June 27-28, respectively. [Register for both events here.](#)



This marks WSHA and AWPHD's first trip to Chelan since 2019, and we are excited to host the plenary sessions "Employalty: How to Ignite Commitment and Keep Top Talent in the New Age of Work" by Joe Mull, "Burnout in Healthcare Executives: A Call to Action for CEOs and Boards" by Witt Kieffer and "Innovative Approaches to Health Care Challenges in Rural Communities," which will be a hospital member panel. Our breakout sessions this year will also focus on the Open Public Meetings Act and Public Records Act, health equity accreditation and governance self-evaluation.

We are also excited to announce the return of the ice cream social Monday evening, which will close out the CEO Retreat and ring in the Rural Hospital Leadership Conference.

We hope you can join us in June!

**Sincerely,**

**Ashley Trotti**

WSHA Senior Director, Membership Engagement

[ashleyt@wsa.org](mailto:ashleyt@wsa.org)

## 2023 Event Registration

Please contact [JessieB@wsha.org](mailto:JessieB@wsha.org) (mailto:JessieB@wsha.org) for assistance with registration or event-related questions.



## 2023 Member Events

Sort By

: Product Title | Price

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### 2023 AWPHD & WSHA CEO Retreat ()

**Date:** Sunday, June 25 - Monday, June 26**Location:** Campbell's Resort – Chelan, WA**Audience:** AWPHD & WSHA Member CEOs Only**Refund Policy:** Cancellations made 2+ weeks prior to the event will receive a full refund**Product Code:**

ceoretreat23

ADD TO CART

Price: \$499.00

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### 2023 AWPHD & WSHA Rural Hospital Leadership Conference ()

**Date:** Tuesday, June 27 - Wednesday, June 28**Location:** Campbell's Resort – Chelan, WA**Audience:** Rural C-Suite Leaders, Trustees & Commissioners**Refund Policy:** Cancellations made 2+ weeks prior to the event will receive a full refund**Product Code:**

RHLC23

ADD TO CART

Price: \$499.00

## **SUPERINTENDENT REPORT**