
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

September 25, 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



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

September 25, 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
Guest Speaker(s) <ul style="list-style-type: none"> Josh Kolberg, President, PKA Architects <ul style="list-style-type: none"> <i>Facility Master Plan</i> <i>Q & A</i> 	5	3:45 pm 4:15 pm
Executive Session- RCW 70.41.200 <ul style="list-style-type: none"> Medical Privileging-Chief of Staff Dr. Victoria Acosta & Medical Staff Coordinator Barb Goble Quality Improvement Oversight Report-Secretary Coppock & CNO/CQO Barbara Van Duren 	21	4:30 pm 4:35 pm
Department Spotlight <ul style="list-style-type: none"> Quality, Julie Johnson, Quality Management, Risk & Regulatory Compliance Mgr. 	23	4:40 pm
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report-Committee Chair-Board Chair Herrin/Foundation Manager Jessica Scogin (<i>September Meeting Cancelled-Verbal Update</i>) Finance Committee Report- Committee Chair-Commissioner McMahan 		4:55 pm 5:00 pm
Consent Agenda (Action) <ul style="list-style-type: none"> Approval of Minutes: <ul style="list-style-type: none"> <i>August 28, 2024, Regular Board Meeting</i> <i>September 11, 2024, QIO Committee Meeting</i> 	40 48	5:10 pm

○ <i>September 18, 2024, Finance Committee Meeting</i>	52	
• Warrants & EFTs in the amount of \$4,377,608.24 dated July 2024	55	
• Warrants & EFTs in the amount of \$4,019,423.10 dated August 2024	58	
• Resolution 24-16-Declaring to Surplus or Dispose of Personal Property ○ <i>To approve liquidation of items beyond their useful life.</i>	60	
Old Business		
New Business		5:10 pm
• Board Policy & Procedure Review		
○ Commissioner Compensation for Meetings and Other Services (REVISED)	64	
○ Records Retention (REVISED)	66	
○ Board E-Mail Communication	68	
○ Board Meeting Teleconference	70	
Superintendent Report	73	5:15 pm
• Board Educational Article	83	
Meeting Summary & Evaluation		5:25 pm
Next Board Meeting Dates and Times		
• Regular Board Meeting-October 30, 2024 @ 3:30 PM (ZOOM & In Person)		
Next Committee Meeting Dates and Times		
• Finance Committee Meeting-October 23, 2024 @ 12:00 PM (ZOOM)		
Adjournment		5:30 pm

GUEST SPEAKER



Facility Master Plan

JUNE 2024
Pg 5 Board Packet

Executive Summary

The following facility master plan reflects proposed interventions and program opportunities to support the Arbor Health 2023-2025 Strategic Plan Framework in addition to an engagement with administration and hospital leadership in the spring of 2024.

The strategic themes identified include:

Financial Sustainability and Growth
Workforce Stabilization
Service and Quality
Community Relations and Partnerships

The scope of this facility plan surrounded the hospital in Morton and some of it's surrounding properties but did not include any remote clinic locations.

The following individuals participated in this endeavor:

Robert Mach - Chief Executive Officer
Matthew Lindstrom - Chief Facilities Management Officer
Barbara Van Duren - Chief Nursing/Quality Officer
Cheryl Cornwell - Chief Financial Officer
Shannon Kelly - Chief Human Resource Officer
Kevin McCurry - Chief Medical Officer
Julie Taylor - Ancillary Services Director
Josh Kolberg - PKA
Craig Friedman - PKA

The following report describes a series of potential program and site opportunities that could allow progress towards the strategic themes identified above. Interdependencies and phasing requirements are

identified and labeled in each plan. Considerations for basic local zoning code and DOH FGI rules are commented on as well. All plans are conceptual in nature and do not reflect construction or permit ready documentation. Should Arbor Health choose to pursue one or more of these options, a fully vetted design and permit document set would be required.



Josh Kolberg, AIA
President, PKA Architects

**FOSTER TRUST AND NURTURE
A HEALTHY COMMUNITY**

**One team, one mission • Go out of your
way to brighten someone's day • Own it,
embrace it • Care like crazy • Motivate,
elevate, appreciate • Know the way, show
the way, ease the way • Find joy along the
way**

Facility Master Plan

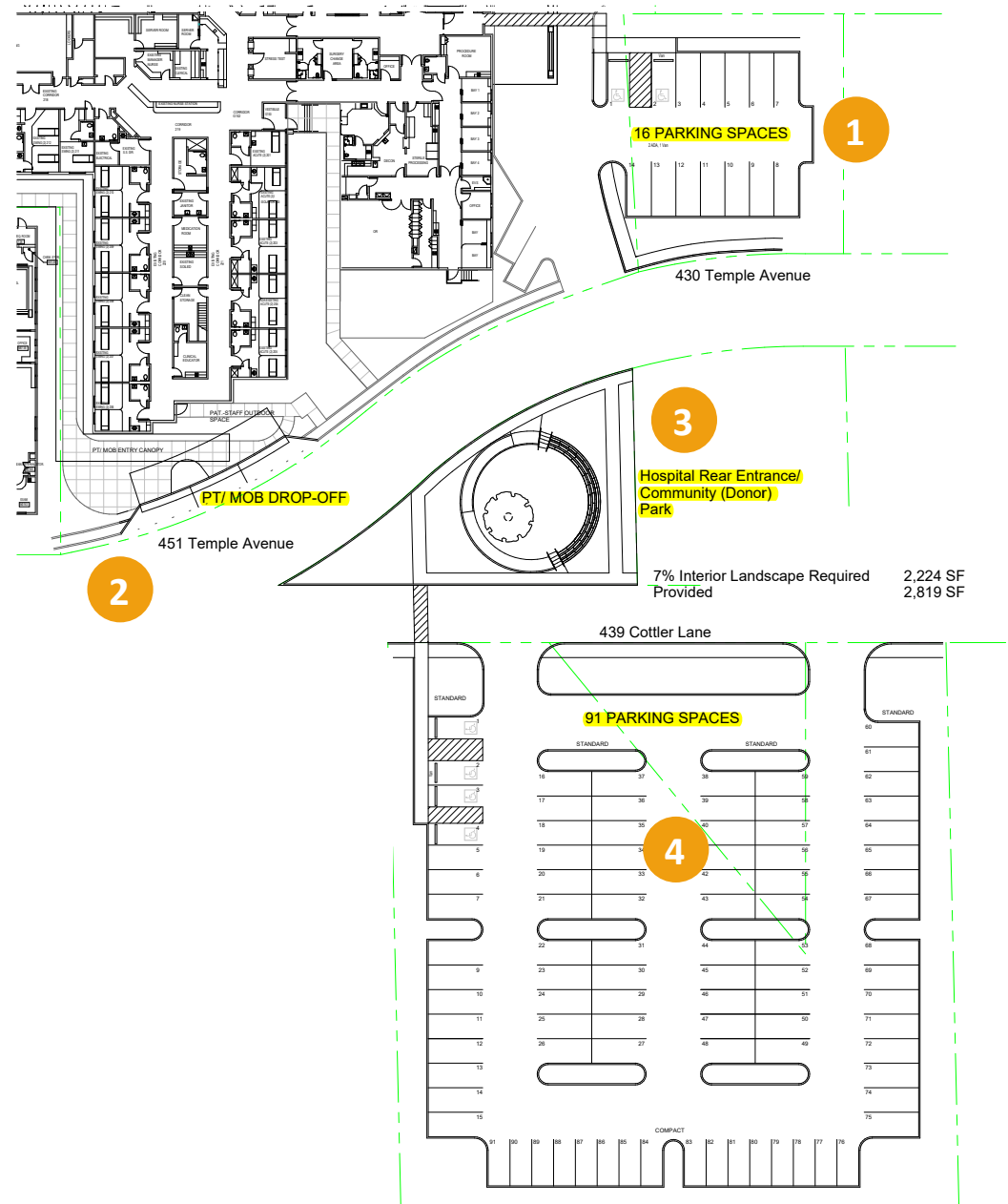
JUNE 2024
Pg 7 Board Packet

Site Opportunities

SOUTH CAMPUS PARKING

This plan reflects the following:

- 1 - Conversion of property owned by Arbor Health at 430 Temple to approximately 16 parking spaces directly east of the ED entrance.
- 2 - Created of a pullout patient drop off area on Temple Avenue, south of the Hospital, to create an access to PT in the MOB.
- 3 - Creation of a public park or garden space on property owned by Arbor Health at 451 Temple.
- 4 - Creation of approximately 91 parking spaces in a new lot south of Cottler Lane on property owned by Arbor Health at 439 Cottler. This would include ADA parking, interior parking lot landscaping, and 1 to 2 new curb cuts on Cottler Lane.

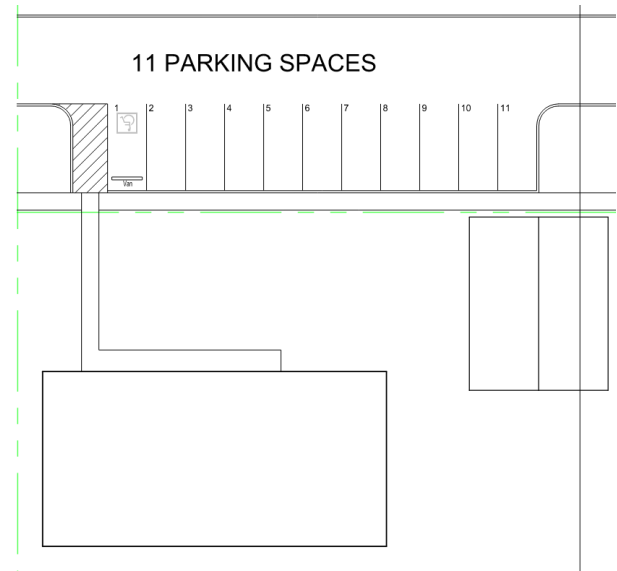
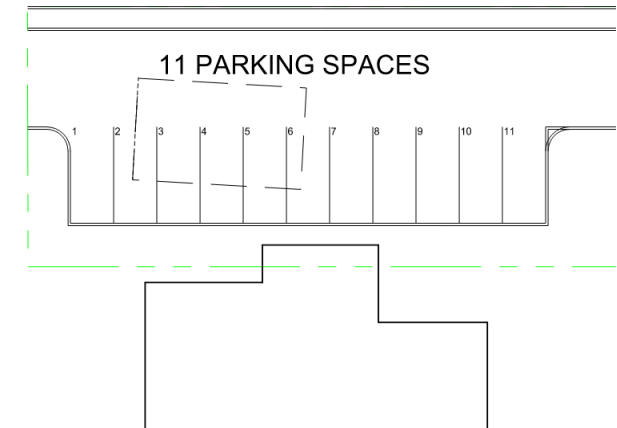


Site Opportunities

NORTH CAMPUS PARKING

1 - Demolition of home at 265 Bingaman and creation of approximately 11 parking spaces.

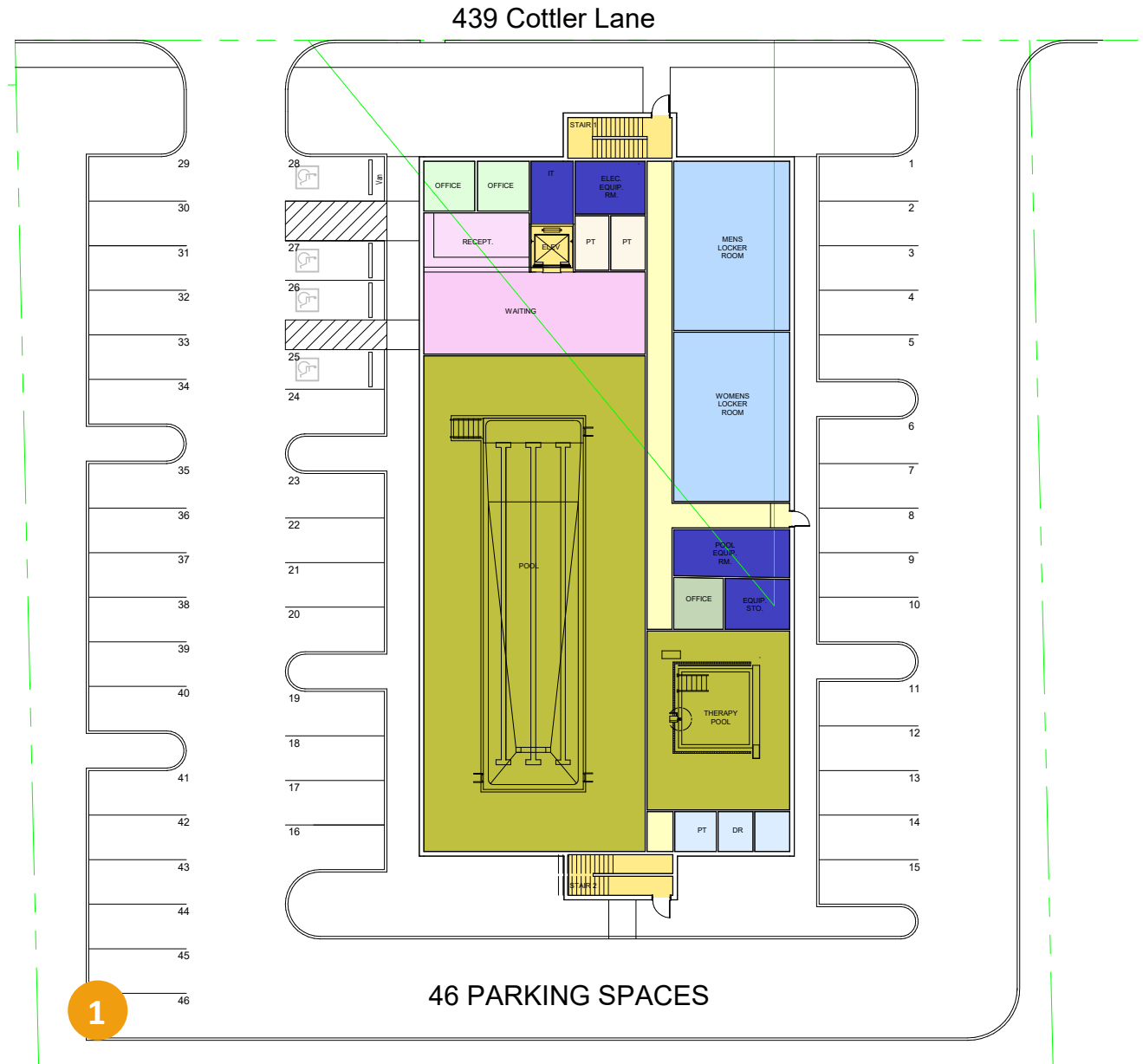
2 - Creation of approximately 11 parking spaces in the land behind 488 Adams.



Site Opportunities

SOUTH CAMPUS PT MOB

1 - This plan reflects the concept of developing a B-Occupancy, medical office type building on the Arbor Health owned property south of campus at 439 Cottler. This concept allows for a single story building of ~10,000 sf or a two story building up to 20,000 sf. This concept plan reflect PT space for a lap and therapy pool on the first floor that could perhaps be a community amenity as well. The second floor would house all of the PT therapy and gym space.

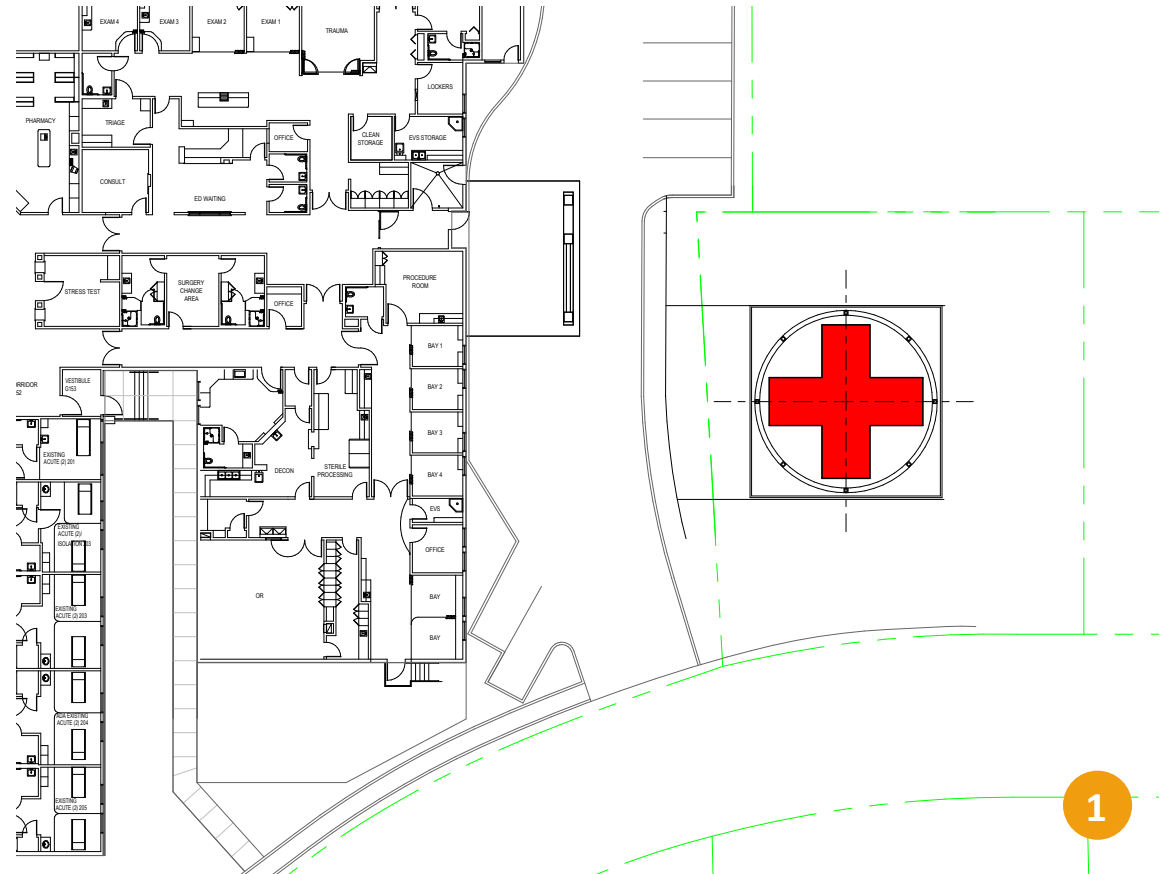


1

Site Opportunities

ON CAMPUS HELIPORT

1 - This plan reflects using the property at 430 Temple to create an emergency Heliport. It is strongly recommended that Arbor Health obtain the advice and review of a Heliport Design Consultant (like David Ketchum with Airsafe) for this concept. The good news is that the heliport would be on Arbor Health property and easily accessible to and from the ED. There are also neighborhood considerations to take into account as well as this facility would be directly in the middle of a very residential area.

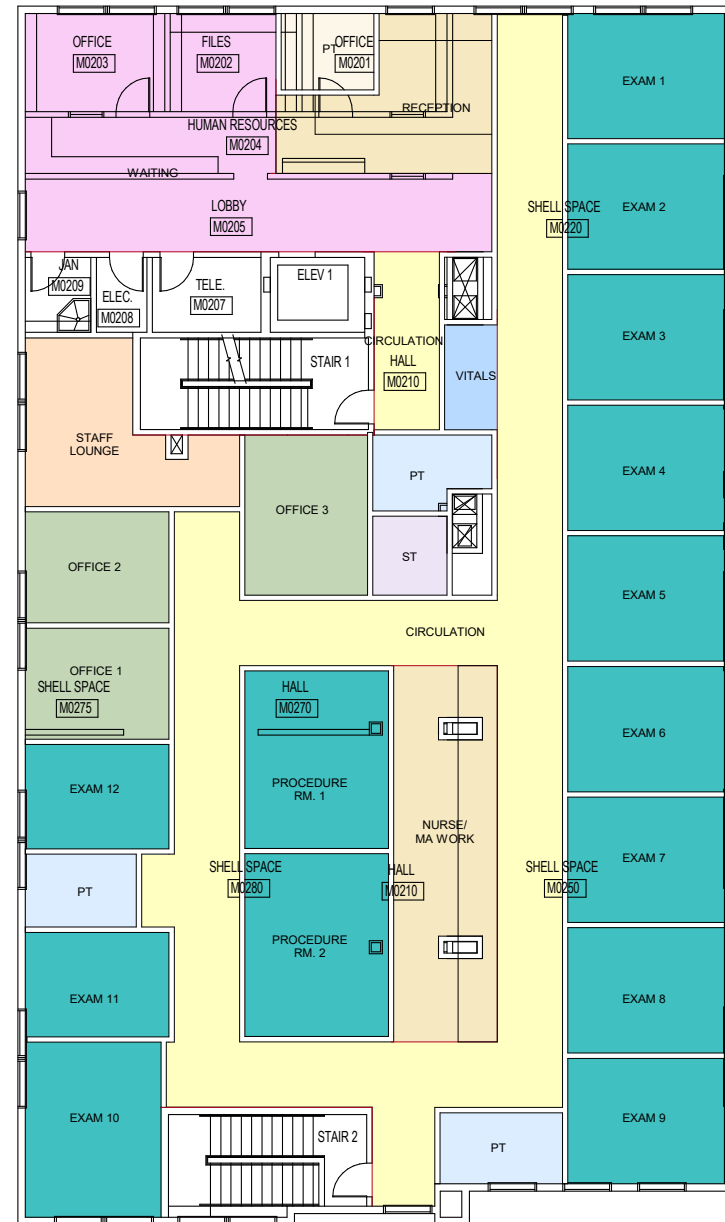


MOB Opportunities

2ND FLOOR MOB

1 - The second floor of the MOB is currently used for administrative functions and this capability could be expanded to house more staff. In the future, should Arbor Health ever find alternative office locations for these functions, this floor could be renovated to create clinic space. Based on this plan, approximately 12 exam rooms and 2 procedure rooms could be planned for this space.

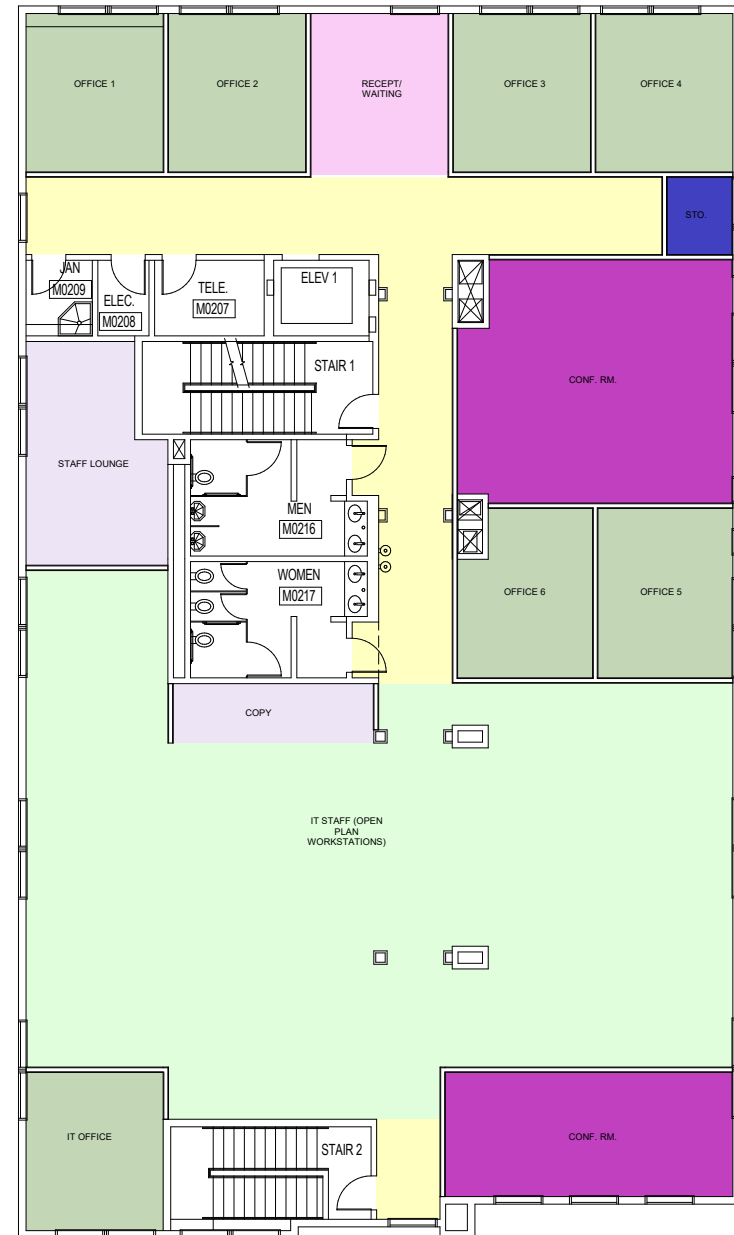
Accessibility is good with stairs and elevators and should a drop off ever be created on Temple Avenue, access could be from the south of the facility.



MOB Opportunities

2ND FLOOR ADMIN

1 - This is a conceptual drawing of how the administrative functions on the second floor of the MOB could be modified for additional capability.



1

MOB Opportunities

PT/PT WAITING/SLEEP LAB

1 - Existing first floor MOB.

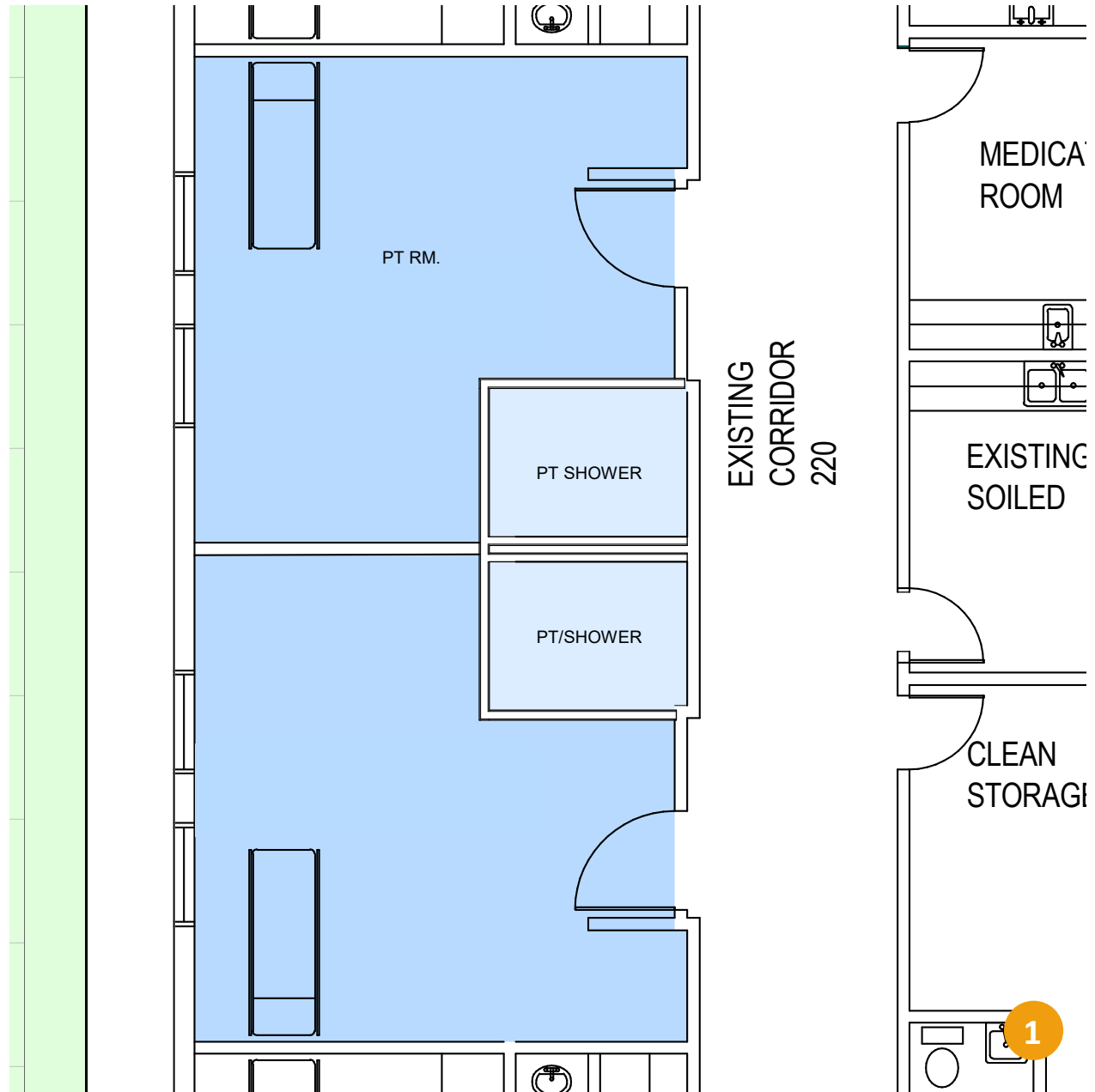
2 - Several problems are addressed with this renovation. First, PT is in need of additional exam and treatment space. Currently, there are three sleep rooms. The concept here is to modify two of them for PT use, leaving one sleep room. The middle sleep room would have the restroom demolished so there is space for an adequate PT exam but also allows for a seating alcove in the hallway outside PT. The third room on the south end would remain unchanged but could be used for PT massage.



Hospital Opportunities

SINGLE ROOMS W/ SHOWERS

1 - Med/Surg dual occupancy rooms could easily be converted to single occupancy swing beds with a remodeled toilet and sink room to add a shower. Each room would need a fully demolished patient toilet and sink room and have it expanded to create an ADA all-in-one sink/shower/toilet room (approximately 80 sf). This would sacrifice some space in the room, but with single occupancy, would still leave plenty of room for family visiting space. These could be done one by one at whatever pace fits in the budget.



Hospital Opportunities

SURGERY EXPANSION

1 - Existing surgery department.

2-Revision to surgery department converts the existing unused LDRP/C-Section, Decontam, and Sterile Processing and creates a second OR at ~660 sf. The existing procedure room stays in place. To accommodate 2 OR's and 1 procedure room, the expansion will also create 6 pre/post rooms and a nurse station. The building will expand to the south ~ 1,200 sf to accommodate a new decontam and sterile processing space in addition to other support spaces and storage. The existing OR and procedure room can remain the same or be updated for finishes or new equipment.

One area to immediately confirm if design were to progress is the required setback from the right-of-way on Temple. This will set the boundary of exactly how far the building can expand in this area. A building exit would need to be provided at the end of the new corridor as well.



Hospital Opportunities

EMERGENCY DEPARTMENT EXPANSION

1 - Existing emergency department.

2 - Additional patient care area is needed in the emergency department. This concept plan takes the ED from 4 exam, 1 trauma, 1 triage, and 1 consult to 6 exam, 1 trauma, consults that can be done in exam rooms or triage, and a more functional triage room. Patients also get a second restroom

The new plan also expands the nurse work area, provides a physician dictation space and a larger reception area. Security also gets a small office off of the ED waiting area.

It is important to note here that the functional program will need to address how the waiting will be used and how patient and/or other staff circulation will happen through and in this space. Since it is I-occupancy.

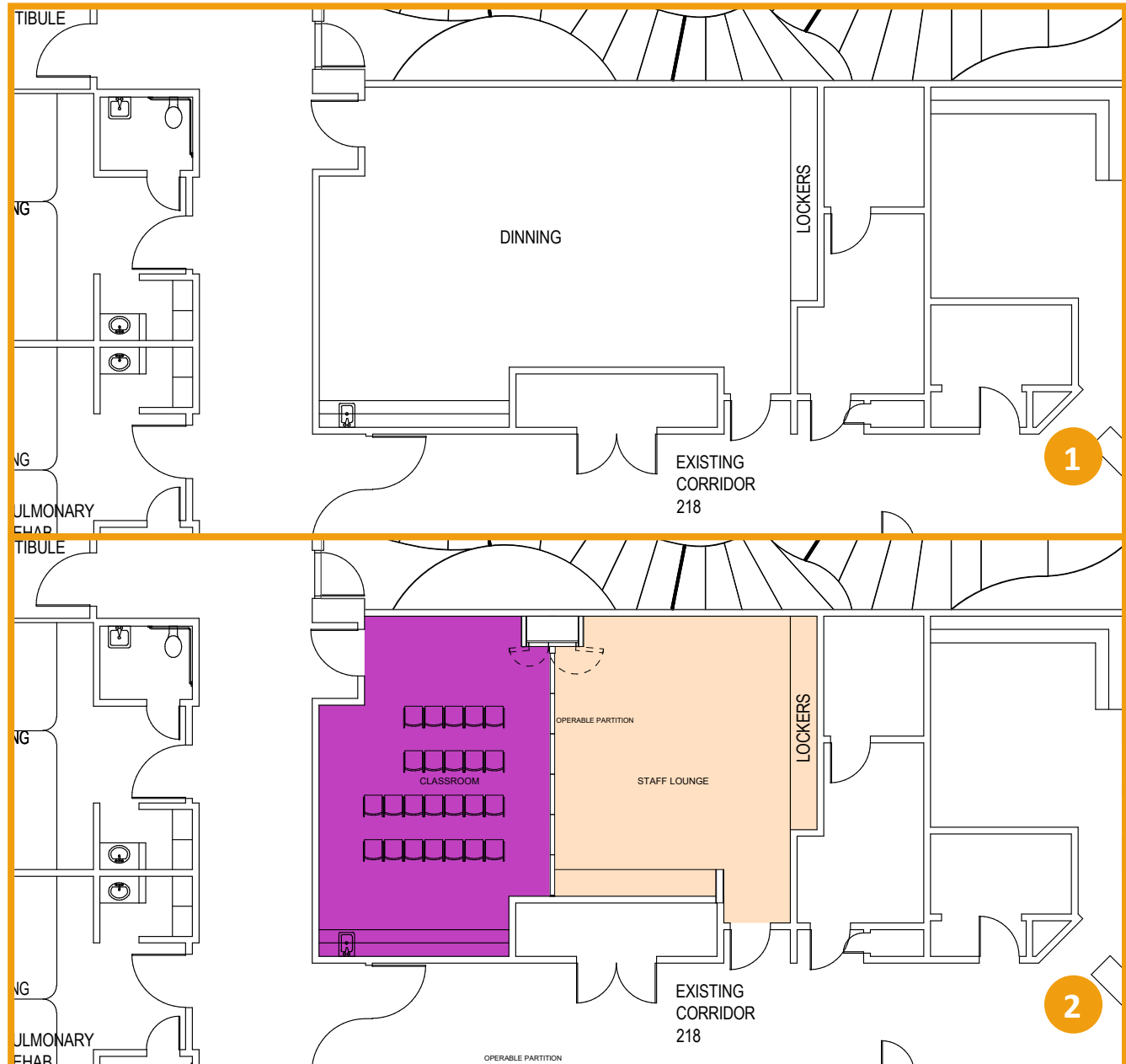


Hospital Opportunities

STAFF TRAINING SPACE

1 - Existing staff dining/break space area.

2 - More space is necessary for staff training and other conference rooms in the hospital. This concept takes approximately 350 sf of space from the existing staff break/dining area and creates a dedicated training/conference space. The two areas could be separated with an operable partition so the space could be opened to one larger area when needed. The staff lounge would need a new sink, and other accommodations for food storage and prep.





Facility Master Plan

JUNE 2024
Pg 19 Board Packet

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.

REAPPOINTMENTS-6

Arbor Health

- Jianming Song, MD (Emergency Medicine)

Radiology Consulting Privileges

- William Feldmann, MD
- Ruben Krishnananthan, MD

Telestroke/Neurology Consulting Privileges

- Minal Bhanushali, MD
- Archit Bhatt, MD
- Pawani Sachar, MD

★-notates files with items to note.

DEPARTMENT SPOTLIGHT

It's not just about Quality



Performance Improvement Projects



QUALITY ASSURANCE PERFORMANCE IMPROVEMENT DASHBOARD																		
Data analysis guidelines:				10% variance acceptable between red, yellow, and green; analysis windows monthly unless other wise specified														
MEASURE	BASELINE	TARGET	YTD	2024														
				JAN		FEB		MAR		APR		MAY		JUN		JUL		
Emergency Department - Stroke Door to TNKase ≤60 minutes	80%	85%	60%	N/A	0	0%	1	50%	2	100%	1	100%	1	N/A	0	N/A	0	
Emergency Department Patients who feel informed and have had staff communication, Changed target starting in April	46%	75%	75%	73%	22	83%	23	71%	17	65%	26	65%	26	92%	13	81%	31	
Wound Care Utilization of Tissue Analytic technology program improvement	0%	80%	77%	88%	25	79%	48	60%	42	79%	52	83%	48	72%	47	79%	28	
PATIENT ORIENTED SUPPORT PROCESSES																		
Case Management																		

Performance Improvement Activities



MONITOR EXTERNAL REGULATORY, ACCREDITATION AND COLLABORATIVE INDICATORS											
Clinical Quality DNV											
STROKE - Door to CT Interpretation	Full compliance with the standard of ≤ 45 minutes	75%	31%	64%	29%	7	100%	5			
STROKE - Order to Lab Results	Full compliance with the standard of ≤ 45 minutes	75%	64%	64%	29%	7	100%	5			
STROKE - Door to Thrombolytic Administration	Compliance with the standard of ≤ 60 minutes	90%	100%	67%	33%	3	100%	1			
Reduction of hospital acquired infections with a goal of zero infections - DNV & DOH											
CAUTI	Total # HAI Event(s) Rate per 1000 Pt. Days	0.000	0.001	0.000	0.000	0.000					
CDIFF		0.000	0.000	0.000	0.000	0.000					
CLABSI		0.000	0.000	0.000	0.000	0.000					
MRSA		0.000	0.000	0.000	0.000	0.000					
SSI		0.000	0.000	0.000	0.000	0.000					

Patient Satisfaction



METRIC	MEASUREMENT	TARGET	2023	2024 YTD	1QTR24	n	2QTR24	n	3QTR24	n	4QTR24	n
ARBOR HEALTH - MORTON HOSPITAL CMS Benchmarks												
Global Rating Overall	Rating of 9 – 10	86%	75%	73%	74%	23	72%	18				
Recommend the Hospital	Definitely Yes	74%	70%	68%	70%	23	67%	18				
Communication with Nurses Overall	Percent Always	88%	79%	85%	84%	68	87%	54				
Response of Hospital Staff Overall	Percent Always	81%	71%	82%	76%	37	88%	24				
Communication with Doctors Overall	Percent Always	88%	81%	75%	82%	66	69%	54				
Hospital Environment Overall	Percent Always	80%	71%	77%	76%	46	78%	36				
Communication About Medicine Overall	Percent Always	74%	50%	66%	59%	34	73%	11				
Discharge Information Overall	Percent Yes	92%	75%	85%	86%	41	83%	35				
Care Transitions Overall	Strongly Agree	64%	56%	49%	44%	63	53%	47				
ARBOR HEALTH - EMERGENCY DEPARTMENT												
ED Overall	Percent Excellent	≥60%	55%	55%	43%	29	68%	77				
ED Nursing	Percent Excellent		60%	67%	44%	197	91%	234				
ED Doctors	Percent Excellent		56%	56%	43%	198	68%	231				
Likelihood of Recommending	Percent Yes		53%	54%	40%	67	67%	78				
ARBOR HEALTH - CLINICS												
MORTON CLINIC												
Clinic Overall	Percent Yes	≥60%	63%	66%	61%	348	71%	385				
Clinic Nurse/ Assistant	Percent Yes		59%	60%	58%	531	61%	562				
Clinic Care Provider	Percent Yes		80%	89%	87%	197	91%	209				
Clinic Reception	Percent Yes		84%	88%	90%	388	86%	416				



Easier on the Eyes

Morton, WA - ED (web) / Apr-Jun 24 / Overall Quality of Care / Arbor Health - Morton Hospital
Overall Quality of Care

Overall Quality of Care



77

Overall Teamwork



76

Overall Safety



75

Respect for Patient Privacy



77

○ % Top Box — 60th Percentile ▲ from Previous Time Period 👤 n Size

Morton, WA - ED (web) / Apr-Jun 24 / Overall Quality of Care / All Areas Responses



Organizational Risk Management

Arbor
Health REGULATORY AND ACCREDITATION – SURVEY READINESS

What is EMTALA?

IT'S THE LAW!!

**If you have a medical emergency or are in labor
you have the right to receive:**

An appropriate Medical Screening Exam

Necessary Stabilizing Treatment

An appropriate Transfer to another facility

MyArborHealth.org

Arbor Health Quality Department

Arbor
Health

New Event Reporting System

ActionCue
CLINICAL INTELLIGENCE

Release 3

Arbor
Health

Julie Johnson
Arbor Health — Corporate

Log Out

Home

Dashboard ▾

Entries ▾


Reports ▾

Admin ▾

Your Profile







Your Cues1 of 1

[View All](#)

Description	Date
 Entry Forms are Overdue	09/05/2024

Recent Announcements1-6 of 36

[View All](#)

Description	Created
 Donuts in the break room- THE MAPLE ...	09/04/2024 09:33
 Cue Me In- Event Workflow Assignment...	07/22/2024 16:44
 SYSTEM DOWNTIME - ANNOUNCEMENT	06/27/2024 10:41
 Cue Me In- 6 Tips for Effective RM 6-27-...	06/17/2024 18:17
 New PM Severe Hypo and Hyperglycemia	04/18/2024 18:24
 New PM Malnutrition Interventions Co...	04/18/2024 18:19

Complaints and Grievances

Julie Johnson, BS, CMPE, CPHQ
Quality Management, Risk & Regulatory Compliance Mgr
P.O. Box 1138
521 Adams Avenue
Morton, WA 98356
360.496.3638 (d) | jujohnson@MyArborHealth.org

Arbor
Health

Arbor
Health

Regulatory Compliance



Questions???

BOARD COMMITTEE REPORTS

To: Finance Committee
From: Finance Department
Date: September 9, 2024
Subject: August Financial Statement Review

Volumes

The district's volume highlights show higher than expected results in Physician clinic visits, ED, and Outpatient visits.

- ED volumes were ahead of budget by 114 visits or 24%.
- Physician Clinic volumes were favorable to budget by 267 visits or 13%.
- Outpatient visits were ahead of budget by 186 visits or 16%.

Income Statement

Results from Operations show net income of \$224,456 for the month and \$1,380,631 YTD. Net Income is ahead of budget by \$509,239 for the month and \$2,372,986 YTD.

Revenue highlights

- Emergency department revenues were favorable to budget by \$708,220.
- Outpatient revenues were favorable to budget by \$111,173.

Expense highlights

- Benefits expense was over budget by \$110,195.
 - This is primarily due to higher-than-expected employee health plan expenses.
- Other expenses were over budget by \$62,294.
 - This is primarily due to higher-than-expected SNAP program expenses. These expenses are offset by SNAP program revenues for the month of \$172,183.



Balance Sheet

Highlights in the Balance sheet show cash decreasing \$1,452,168 and Accounts Receivable increasing \$2,265,860.

- Cash accounts decreased \$1,452,168 to \$3,417,945.
 - Days in cash decreased from 46 to 31 days.
- Accounts receivable increased \$2,265,860.
 - AR days increased from 54 to 65 days.



ARBOR HEALTH
EXECUTIVE SUMMARY
Fiscal Year Ending: 8/31/24

BALANCE SHEET

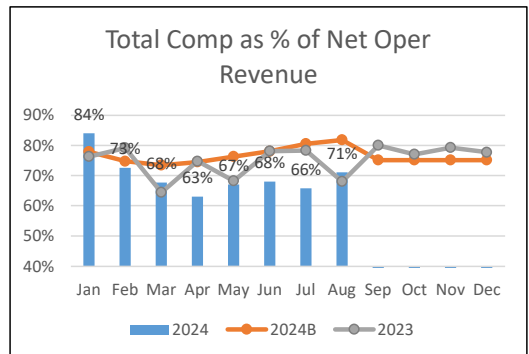
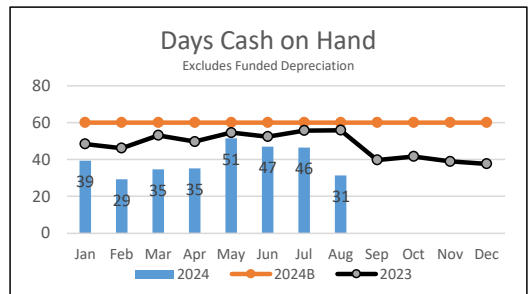
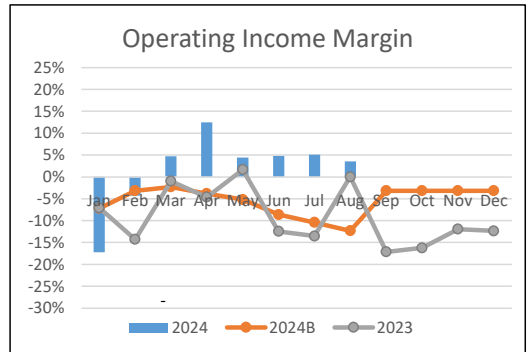
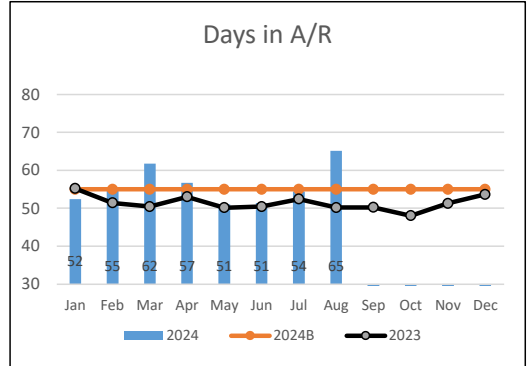
	YTD 8/31/2024	Prior YTD 8/31/2023
ASSETS		
Current Assets	\$11,698,902	\$11,051,965
Assets Whose Use is Limited	\$0	\$0
Property, Plant & Equipment (Net)	\$9,368,563	\$9,959,815
Other Assets	\$1,181,516	\$792,211
Total Unrestricted Assets	\$22,248,981	\$21,803,991
Restricted Assets	\$1,827,302	\$1,772,855
Total Assets	\$24,076,283	\$23,576,846
LIABILITIES & NET ASSETS		
Current Liabilities	\$3,858,972	\$4,557,128
Long-Term Debt	\$5,931,885	\$5,997,563
Other Long-Term Liabilities	\$0	\$0
Total Liabilities	\$9,790,857	\$10,554,691
Net Assets	\$14,285,426	\$13,022,155
Total Liabilities and Net Assets	\$24,076,283	\$23,576,846

STATEMENT OF REVENUE AND EXPENSES - YTD

	8/31/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$5,830,831	\$5,171,942	\$44,533,374	\$41,336,095
Discounts and allowances	(\$2,303,461)	(\$2,102,090)	(\$17,459,695)	(\$15,469,479)
Bad Dbt & Char C Write-Offs	(\$152,539)	(\$134,075)	(\$961,531)	(\$972,921)
Net Patient Revenues	\$3,374,831	\$2,935,777	\$26,112,148	\$24,893,695
Other Operating Revenues	\$274,991	\$75,178	\$1,529,679	\$601,427
Total Operating Revenues	\$3,649,822	\$3,010,955	\$27,641,827	\$25,495,122
Salaries & Benefits	\$2,592,625	\$2,463,385	\$19,160,236	\$19,668,909
Purchased Serv	\$330,471	\$355,382	\$3,061,643	\$2,836,876
Supply Expenses	\$256,947	\$225,205	\$2,042,495	\$1,929,252
Other Operating Expenses	\$175,037	\$177,579	\$1,377,902	\$1,458,932
Depreciation & Interest Exp.	\$166,781	\$159,133	\$1,301,089	\$1,273,065
Total Expenses	\$3,521,861	\$3,380,684	\$26,943,365	\$27,167,034
NET OPERATING SURPLUS	\$127,961	(\$369,729)	\$698,462	(\$1,671,912)
Non-Operating Revenue/(Exp)	\$96,494	\$84,945	\$682,168	\$679,557
TOTAL NET SURPLUS	\$224,455	(\$284,784)	\$1,380,630	(\$992,355)

KEY STATISTICS

	8/31/2024		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Inpatient Admits	8	13	81	100
Average Length of Stay	4.40	4.00	4.50	4.00
Total Emergency Room Visits	581	467	3,833	3,733
Outpatient Visits	1,378	1,192	10,782	9,533
Total Surgeries	43	40	333	319



Lewis County Public Hospital District No. 1

Balance Sheet

August, 2024

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
Assets				
Current Assets:				
Cash	\$ 3,417,945	4,870,113	3,790,598	(372,653)
Total Accounts Receivable	12,652,205	10,386,345	9,103,176	3,549,029
Reserve Allowances	<u>(5,083,840)</u>	<u>(4,111,455)</u>	<u>(3,127,930)</u>	<u>(1,955,910)</u>
Net Patient Accounts Receivable	7,568,365	6,274,890	5,975,246	1,593,119
 Taxes Receivable	 22,775	 (40,081)	 38,809	 (16,034)
Estimated 3rd Party Settlements	0	0	263,159	(263,159)
Prepaid Expenses	418,081	477,299	430,473	(12,391)
Inventory	254,059	247,638	241,343	12,717
Funds in Trust	1,827,302	1,819,271	1,862,265	(34,963)
Other Current Assets	<u>17,677</u>	<u>17,677</u>	<u>54,623</u>	<u>(36,947)</u>
Total Current Assets	<u>13,526,204</u>	<u>13,666,807</u>	<u>12,656,515</u>	<u>869,689</u>
Property, Buildings and Equipment	35,543,016	35,487,863	35,226,814	316,202
Accumulated Depreciation	<u>(26,174,453)</u>	<u>(26,074,146)</u>	<u>(25,383,328)</u>	<u>(791,124)</u>
Net Property, Plant, & Equipment	9,368,563	9,413,716	9,843,486	(474,922)
Right-of-use assets	1,178,415	1,210,960	844,612	333,802
Other Assets	<u>3,101</u>	<u>3,211</u>	<u>3,982</u>	<u>(881)</u>
 Total Assets	 <u><u>\$ 24,076,283</u></u>	 <u><u>24,294,695</u></u>	 <u><u>23,348,595</u></u>	 <u><u>727,688</u></u>
Liabilities				
Current Liabilities:				
Accounts Payable	292,571	696,944	1,030,746	(738,175)
Accrued Payroll and Related Liabilities	1,066,154	1,336,466	1,206,309	(140,155)
Accrued Vacation	938,012	980,630	900,057	37,956
Third Party Cost Settlement	622,550	308,488	158,031	464,519
Interest Payable	51,211	25,581	0	51,211
Current Maturities - Debt	885,881	885,881	885,881	0
Other Payables	<u>2,592</u>	<u>9,654</u>	<u>445,406</u>	<u>(442,814)</u>
Current Liabilities	<u>3,858,972</u>	<u>4,243,643</u>	<u>4,626,430</u>	<u>(767,458)</u>
Total Notes Payable	570,742	596,613	776,435	(205,693)
Lease Liability	935,049	967,373	614,839	320,209
Net Bond Payable	4,426,094	4,426,094	4,426,094	0
Total Long Term Liabilities	<u>5,931,885</u>	<u>5,990,081</u>	<u>5,817,369</u>	<u>114,517</u>
 Total Liabilities	 <u><u>9,790,857</u></u>	 <u><u>10,233,724</u></u>	 <u><u>10,443,799</u></u>	 <u><u>(652,942)</u></u>
 General Fund Balance	 12,904,796	 12,904,796	 12,904,796	 0
Net Gain (Loss)	<u>1,380,631</u>	<u>1,156,175</u>	<u>0</u>	<u>1,380,631</u>
Fund Balance	<u><u>14,285,427</u></u>	<u><u>14,060,971</u></u>	<u><u>12,904,796</u></u>	<u><u>1,380,631</u></u>
 Total Liabilities And Fund Balance	 <u><u>\$ 24,076,283</u></u>	 <u><u>24,294,695</u></u>	 <u><u>23,348,595</u></u>	 <u><u>727,689</u></u>

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

CURRENT			MONTH			YEAR TO DATE				
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
687,924	-31%	(232,395)	739,163	506,768	Inpatient Revenue	6,977,791	5,912,585	1,065,205	18%	5,526,664
4,042,778	23%	890,432	3,846,114	4,736,545	Outpatient Revenue	32,771,635	30,730,187	2,041,448	7%	29,106,957
555,371	0%	852	586,665	587,518	Clinic Revenue	4,783,949	4,693,323	90,626	2%	4,086,529
5,286,072	13%	658,889	5,171,942	5,830,831	Gross Patient Revenues	44,533,374	41,336,095	3,197,280	8%	38,720,151
1,879,899	-10%	(201,371)	2,102,090	2,303,461	Contractual Allowances	17,455,873	15,469,479	(1,986,394)	-13%	14,045,955
91,142	48%	29,853	61,944	32,091	Charity Care	476,481	450,316	(26,165)	-6%	434,920
29,244	-67%	(48,317)	72,131	120,448	Bad Debt	485,050	522,605	37,555	7%	561,896
2,000,285	-10%	(219,835)	2,236,164	2,456,000	Deductions from Revenue	18,417,404	16,442,400	(1,975,004)	-12%	15,042,770
3,285,787	15%	439,054	2,935,778	3,374,832	Net Patient Service Rev	26,115,971	24,893,694	1,222,276	5%	23,677,381
62.2%	-2.0%	-1.1%	56.8%	57.9%	NPSR %	58.6%	60.2%	1.6%	2.6%	61.2%
148,545	266%	199,813	75,178	274,991	Other Operating Revenue	1,529,679	601,427	928,252	154%	598,027
3,434,333	21%	638,867	3,010,956	3,649,823	Net Operating Revenue	27,645,649	25,495,121	2,150,528	8%	24,275,408
Operating Expenses										
1,998,256	-1%	(19,044)	2,070,591	2,089,635	Salaries & Wages	15,999,019	16,544,464	545,445	3%	14,855,754
338,432	-28%	(110,195)	392,794	502,989	Benefits	3,161,217	3,124,446	(36,771)	-1%	2,771,388
171,159	66%	33,151	50,287	17,137	Professional Fees	277,510	451,503	173,993	39%	1,069,582
252,303	-14%	(31,742)	225,205	256,947	Supplies	2,042,495	1,929,252	(113,243)	-6%	1,860,754
404,481	7%	24,911	355,382	330,471	Purchase Services	3,061,643	2,836,876	(224,767)	-8%	2,745,351
38,491	85%	32,874	38,587	5,713	Utilities	290,514	319,011	28,498	9%	325,970
37,805	-4%	(1,191)	32,769	33,960	Insurance	265,636	262,151	(3,484)	-1%	237,966
42,929	-111%	(62,294)	55,935	118,229	Other Expenses	544,243	426,267	(117,975)	-28%	386,013
3,283,856	-4%	(133,530)	3,221,551	3,355,080	EBDITA Expenses	25,642,276	25,893,970	251,694	1%	24,252,779
150,477	-240%	505,337	(210,595)	294,742	EBDITA	2,003,373	(398,848)	2,402,221	-602%	22,629
4.4%	215.5%	-15.1%	-7.0%	8.1%	EBDITA %	7.2%	-1.6%	-8.8%	563.2%	0.1%
Capital Cost										
127,638	-1%	(1,170)	131,791	132,962	Depreciation	1,034,450	1,054,331	19,881	2%	1,033,724
28,881	-24%	(6,477)	27,342	33,819	Interest Cost	266,639	218,734	(47,905)	-22%	232,295
3,440,375	-4%	(141,177)	3,380,684	3,521,861	Operating Expenses	26,943,365	27,167,034	223,669	1%	25,518,798
(6,043)	-135%	497,689	(369,728)	127,962	Operating Income / (Loss)	702,284	(1,671,913)	2,374,197	-142%	(1,243,390)
-0.2%			-12.3%	3.5%	Operating Margin %	2.5%	-6.6%			-5.1%
0	0%	0	0	0	Mcare/Mcaid Pr Yr	(3,822)	0	3,822	0%	33,392
Non Operating Activity										
106,426	14%	12,612	89,195	101,807	Non-Op Revenue	718,457	713,560	4,896	1%	1,034,176
3,102	-25%	(1,063)	4,250	5,313	Non-Op Expenses	36,288	34,003	(2,285)	-7%	37,312
103,325	14%	11,549	84,945	96,494	Net Non Operating Activity	682,168	679,557	2,611	0%	996,864
97,282	-179%	509,239	(284,783)	224,456	Net Income / (Loss)	1,380,631	(992,356)	2,372,986	-239%	(213,134)
2.8%			-9.5%	6.1%	Net Income Margin %	5.0%	-3.9%			-0.9%

CONSENT AGENDA



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

August 28, 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	Board Chair Herrin called the meeting to order at 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Craig Coppock, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Van Anderson <input checked="" type="checkbox"/> Chris Schumaker Others present: <input checked="" type="checkbox"/> Robert Mach, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input type="checkbox"/> Barbara Van Duren, CNO/CQO <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input type="checkbox"/> Shannon Kelly, CHRO <input 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. Victoria Acosta, Chief of Staff			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Jessica Scogin, Foundation Manager <input checked="" type="checkbox"/> Dr. Vincent Ball, ED Medical Director <input checked="" type="checkbox"/> Laura Glass, Interim Acute Care & ED Manager <input checked="" type="checkbox"/> Robert Houser, Imaging Manager <input checked="" type="checkbox"/> David Imus, CPA & Dang Ta, Senior Accountant, Wipfli, LLP Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.			
Approval or Amendment of Agenda	Commissioner Anderson noted a couple corrections to the agenda; Secretary Coppock is the Committee Chair for Compliance and the upcoming QIO Meeting is at 7 am.	Secretary Coppock made a motion to approve the amended agenda. Commissioner Anderson seconded, and the motion passed unanimously.		
Conflicts of Interest	Board Chair Herrin asked the attendees to state any conflicts of interest with today's amended agenda.	None noted.		
Comments and Remarks	Commissioners: Secretary Coppock shared recently having a sidewalk meeting where he received two compliments; fantastic improvements to the hospital and delicious food in the hospital café. Commissioner Anderson noted another meeting to add to the community event calendar, recommended adding pain management services to save patients the drive to town, thankful for working on computers, and finally review preferred methods for receiving reminders for appointments. Commissioner McMahan is reminded of the good situation the District is currently in as it relates to staff, management and the CEO especially after the recent findings at Morton City Hall. Commissioner Schumaker was excited at the District's presence at			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Jubilee and making those connections with the community. Audience: None.			
Guest Speaker(s) <ul style="list-style-type: none"> David Imus, CPA & Dang Ta, Senior Accountant Wipfli, LLP 	CPA Imus and Senior Accountant Ta shared the District received an unmodified opinion audit noting no significant adjustments or unadjusted differences meaning a very clean audit. The Wipfli accounting team had a great experience working with Arbor Health.			
Executive Session <ul style="list-style-type: none"> RCW 70.41.200 	<p>Board Chair Herrin announced going into executive session at 4:10 p.m. for 5 minutes to discuss RCW 70.41.200-Medical Privileging. The Board returned to open session at 4:15 p.m. Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments: Radiology Consulting Privileges</p> <ol style="list-style-type: none"> Zachary Ashwell, MD <p>Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> Binod Wagle, MD <p>Reappointments: Arbor Health</p> <ol style="list-style-type: none"> Mark Hansen, MD <p>Radiology Consulting Privileges</p> <ol style="list-style-type: none"> Timothy Jan, DO Michael Peters, MD Daniel Susanto, MD Milton Van Hise, MD <p>Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> Michael Chen, MD Lilith Judd, MD Soo Young Kwon, MD 	Commissioner Anderson made a motion to approve the Medical Privileging as presented and Secretary Coppock seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Department Spotlight <ul style="list-style-type: none"> Emergency Department 	ED Medical Director Dr. Ball highlighted the scope of the emergency department, as well as designations and capabilities. EMTALA remains a top priority and with recent events corrective action took place for ongoing training. Transferring patients continues to be a struggle due to bed capacity and limited transport options. Reviewed accomplishments for the past three years. Patient volumes are lower due to ongoing nurse staffing shortages and thankful for rapid care. The ED has the right staff and is focused on treating patients the right way. The ED does experience short wait times, but patients need to understand our capabilities. Also, patients need to understand it is difficult to build relationships patients given the environment. Presented opportunities for the future and being well connected to grow the physician group too.			
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report 	Board Chair Herrin highlighted the following: <ol style="list-style-type: none"> 1. The Jubilee Raffle was a huge and reviewing options to expand. 2. Awarded two scholarships this month. 3. Approved the purchase of six chairs for patient rooms and will be having as the fund a need at the dinner auction. 4. The Color Run is scheduled for September 14, 2024. 5. The Dinner Auction is scheduled for October 12th at the Bob Lyle Building. Accepting donations. 6. The AH Foundation Potluck is September 10th at 6 PM at Jubilee Park. Encouraging attendance by all to promote the Foundation. 			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Compliance Committee 	Secretary Coppock highlighted the minutes making special note that there is a general interest in understanding and doing the correct things to stay compliant. Also, the recent EMTALA investigation reminded staff to stay diligent and ways to prevent in the future.			
<ul style="list-style-type: none"> Finance Committee Report 	Commissioner McMahan highlighted the minutes noting another favorable month and even stronger year to date due to an increase in volumes and charge capture. Even though IT expenses were high, this is a great investment to keep the hospital operating and safe.			
Consent Agenda	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> Approval of Minutes <ol style="list-style-type: none"> July 31, 2024, Regular Board Meeting August 14, 2024, Compliance Committee Meeting August 21, 2024, Finance Committee Meeting Warrants & EFTs in the amount of \$4,571,150.08 dated July 2024 Resolution 24-15-Declaring to Surplus or Dispose of Personal Property Approve Documents Pending Board Ratification 08.28.24 <p>Secretary Coppock requested the Compliance Minutes be edited in a couple spots by swapping Commissioner Schumaker and his name as the chair of the meeting.</p> <p>Commissioner Anderson requested the warrants and efts for July be edited, as the total is incorrect given the voids were not subtracted. The</p>	<p>Commissioner Anderson made a motion to approve the Consent Agenda excluding the Warrants & EFT's, as well as the edited Compliance Minutes and Secretary Coppock seconded. The motion passed unanimously.</p> <p>Minutes and Resolutions will be sent for electronic signatures.</p>	Executive Assistant Garcia	08.30.24

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Board will approve in September once corrected.			
Old Business	Meeting Compensation-revise Approved next two- Records Retention-Add revisions			
New Business <ul style="list-style-type: none"> Board Policy & Procedure Review 	<p>Board Chair Herrin presented the following policies/procedures for review and/or revision:</p> <ol style="list-style-type: none"> Commissioner Compensation for Meetings and Other Services <ol style="list-style-type: none"> The Board proposed a revision to included Board Chair approval for additional hours worked involving District business. The Board will review at the Regular Board Meeting in September. Distribution of Board and Committee Packets-Marked as Reviewed. Hospital Declaration of Personal Property as Surplus-Marked as Reviewed. Records Retention <ol style="list-style-type: none"> Compliance Officer Hargett proposed a revision. The Board will review at the Regular Board Meeting in September. 	<p>Secretary Coppock made a motion to approve two of the four P & P's and Commissioner McMahan seconded. The motion passed unanimously.</p> <p>Marked the second and third documents as Reviewed in Lucidoc. Revisions will be prepared for the first and fourth documents for further review.</p>	Executive Assistant Garcia	08.30.24 & 09.25.24
Superintendent Report	<p>Superintendent Mach highlighted the memo in the packet and added the following updates:</p> <ol style="list-style-type: none"> Purchased patient wall lifts for two patient rooms. Signed contract with cardiologist. Expanding wound care services. Started "Get with the Guidelines", as we are 			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>dropping DNV and American Heart Association is nationally recognized.</p> <ol style="list-style-type: none"> City of Morton is paving all around the hospital campus the first week in September. Maps have been distributed to inform employees where they can park and where patients can park. Ambulance routes have been communicated to not disrupt patient care. The WA State Auditors have emailed that they are planning to audit the District for 2023 starting September 24, 2024. The fieldwork is estimated to be completed by October 31, 2024. The scope of the audit is accountability for public resources and compliance with laws and regulations. Starting September 3rd, the District is restarting in person new employee orientation. Wellness week starts September 9th-14th and encouraging the Board attends. Started conversations with an insurance rep regarding Medicare Advantage and ways to inform patients of upcoming changes. 			
Meeting Summary & Evaluation	<p>Superintendent Mach provided a meeting summary. Secretary Coppock feels informed. Commissioner Anderson noted time management was off; however, overall ended only a few minutes later than planned. Commissioner Schumaker noted everyone present, attentive and great students. Board Chair Herrin observed thoroughly reports, input by all showing the</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>Board is growing. Commissioner McMahan noted a good meeting, impressed at where the District is headed. Also, shared while he already had trust in the District's processes the audit presented verified compliance.</p> <p>Superintendent Mach appreciated the ED presentation and excited about the 5% growth. The Board confirmed that Zoom remains a positive experience, as well as a way to serve, participate, remain flexible, involved and safe from exposure.</p>			
Adjournment		<p>Secretary Coppock moved, and Commissioner Anderson seconded to adjourn the meeting at 5:42 p.m. The motion passed unanimously.</p>		

Respectfully submitted,

Craig Coppock, Secretary

Date



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

Mission Statement
To foster trust and nurture a healthy community.

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Lynn Bishop, Community Member			
Approval or Amendment of Agenda		Commissioner Anderson made a motion to approve the agenda and Superintendent Mach seconded. The motion passed unanimously.		
Conflicts of Interest	Secretary Coppock asked the Committee to state any conflicts of interest with today's agenda.	The Committee noted none.		
Committee Reports <ul style="list-style-type: none"> Medical Executive Committee (MEC) QAPI Pods Environment of Care (EOC) Internal Audits (IA) 	<p>Chief of Staff Dr. Acosta noted appointment summaries from July & August. Nothing notable to add.</p> <p>QMRC Manager Johnson shared the new QAPI Summary format, along with noting some of the highlights. Commissioner Anderson inquired on the Cancel/No-Show Percentage and if it is systemic. Superintendent Mach noted the department is has experienced turnover causing short staffing and training errors. The implementation of Phreesia should help drive down the numbers.</p> <p>No EOC or IA summary reports, deferred to December.</p>			
Consent Agenda <ul style="list-style-type: none"> Approval of Minutes 	Approval of the following: <ol style="list-style-type: none"> June 12, 2024, Quality Improvement Oversight (QIO) Committee Meeting 	Pharmacist Tyler made a motion to approve the consent agenda and Commissioner Anderson seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> 061224 Action Item Follow Up 	Superintendent Mach noted CNO/CQO Van Duren is still researching another way to review and rate risk in the hospital. Reached out to the collaborative hospitals for options too.	Research other ways to evaluate quality risk for the hospital.	CNO/CQO Van Duren	12.11.24 QIO Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	QMRC Manager Johnson confirmed with EOC Supervisor that 87% of all employees completed annual safety training in 2023. It was a training that was not heavily emphasized but planning to in 2024. CHRO Kelly noted DNV did not look at this specific number rather they audit specific employee charts. HR has to share that the hospital has a process, that it is working and it is effective.			
New Business <ul style="list-style-type: none"> Lucidoc Document Management 	QMRC Manager Johnson presented the following documents for approval: <ol style="list-style-type: none"> Adverse Events-Approved. 	Commissioner Anderson made a motion to approve the documents presented and Superintendent Mach seconded. The motion passed unanimously.		
<ul style="list-style-type: none"> QIO Dashboard Projects Q2 2024 	QMRC Manager Johnson presented the dashboard noting Pharmacy has retired a metric and already preparing a new PI. QMRC Manager Johnson reminded as far as the top box score are concerned, the hospital switched to PRC for patient satisfaction. Proposing to move to PRC's graphs moving forward. Emergency Department is showing big changes. The addition of the second RN has allowed the hospital to accept more patients and increase patient safety. ED Nursing YTD number is incorrect, needs to be green, but good news is it is trending upwards. ACO goals remain a focus but not as meaningful as charting is concerned on the physician's side.	Update ED Nursing 2024 YTD.	QMRC Manager Johnson	Prior to 12.11.24 QIO Meeting
<ul style="list-style-type: none"> QAPI Dashboard Summary Q2 2024 	QMRC Manager Johnson provided an Q2 2024 update which included where standard workflows did not exist, the team is digging into the data to find consistent ways to complete and measure. Should concerns arise and processes need to be reviewed further, then they are punted to QAPI Pods or an Internal Audit is performed.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Regulatory & Accreditation Report 	<p>QMRC Manager Johnson highlighted the findings and status of compliance for DOH and DNV Survey findings. Restraints continues to hang out there given minimal cases. Continue to partner with departments to track compliance and not afraid to keep asking questions until we are speaking the same language and moving forward.</p>			
Meeting Summary & Evaluation	<p>QMRC Manager Johnson provided a summary.</p> <p>Secretary Coppock noted a recent sidewalk meeting where patients who were excited about a positive experience with their healthcare at Arbor Health, as well as kudos to awesome food in the café.</p> <p>Commissioner Anderson was unable to locate the Lucidoc documents, due to missing the note on the agenda on where to locate electronically.</p>			
Adjournment	<p>Secretary Coppock adjourned the meeting at 7:40 a.m. The motion passed unanimously.</p>			



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

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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 –August 21, 2024 2. Board Oversight Activities 	<p>Commissioner Anderson made a motion to approve the consent agenda and Community Member Marc Fisher seconded. The motion passed unanimously.</p>		
Old Business <ul style="list-style-type: none"> • CFO Financial Review 	<p>CFO Cornwell reviewed the financial results for August sharing it was another good month. revenue pickups were in the ED, Physician Clinics and Outpatient Services. Wages are still within budget and benefits YTD are tracking well. Operating Income is ahead of budget by 2.15m. Days Cash on hand decreased to 31 days from 46 last month, and AR increased to 65 days from 54 last month. The department is shorthanded, two coders retired and one move out of state, leaving one coder to do the workload. As a result, bills are not generated without coders. In the short-term coding has been outsourced and is all caught up now, so cash should fully rebound by the end of October. Net Income is 1.38m, 2.3m ahead of budget.</p> <p>CFO Cornwell reviewed the Education spending to date worksheet by department and shared that accounting does not have access to Foundation financial records. Community Member Fisher would like to see a report of quarterly spending by the Foundation on education for staff.</p>	<p>Ask the Foundation for a quarterly report showing details of education funding by the Foundation for Arbor Health Staff.</p>	<p>Controller Scogin</p>	<p>10.23.24 Finance Meeting</p>
New Business <ul style="list-style-type: none"> • 2025 Budget Volume Planning & Schedule 	<p>CFO Cornwell and Controller Scogin are meeting with each manager to review for next year's budget. CFO Cornwell presented the baseline projected patient volumes for 2025 and discussed how those may be adjusted after meetings with the managers. Also, discussed the timeline of deadlines for the budget.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Surplus or Dispose of Personal Property 	<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 of the Surplus at the Regular Board Meeting.	Executive Assistant Garcia	09.25.24 Regular Board Meeting
Meeting Summary & Evaluation	<p>CFO Cornwell provided a summary report.</p> <p>Commissioner Anderson thanked CFO Cornwell for a comprehensive packet and knowledge sharing.</p>			
Adjournment	Commissioner McMahan adjourned the meeting at 12:54 pm.			

WARRANT & EFT LISTING NO. 2024-07

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

\$4,377,608.24 this 25th day
of September 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 \$4,377,608.24 dated July 1, 2024 – July 31, 2024.

Jul-24

ARBOR HEALTH WARRANT REGISTER

Routine A/P Runs

Warrant No	Date	Amount	Description
134683 - 134703	1-Jul-2024	424,026.37	CHECK RUN
134747 - 134770	3-Jul-2024	103,062.08	CHECK RUN
134771 - 134792	5-Jul-2024	257,130.45	CHECK RUN
134793 - 134857	12-Jul-2024	221,570.02	CHECK RUN
134858 - 134882	15-Jul-2024	890,481.33	CHECK RUN
134883 - 134912	19-Jul-2024	193,488.27	CHECK RUN
134913 - 134966	19-Jul-2024	208,597.41	CHECK RUN
134967 - 134996	22-Jul-2024	193,228.19	CHECK RUN
134997 - 134999	1-Jul-2024	48,485.17	CHECK RUN
135000	26-Jun-2024	20,253.28	CHECK RUN
135001	2-Jul-2024	52.10	CHECK RUN
135002 - 135003	15-Jul-2024	10,072.92	CHECK RUN
135004	1-Jul-2024	27,470.86	CHECK RUN
135005	22-Jul-2024	500.00	CHECK RUN
135006	2-Jul-2024	1,617.06	CHECK RUN
135007	9-Jul-2024	308.66	CHECK RUN
135008	12-Jul-2024	4,379.50	CHECK RUN
135009	16-Jul-2024	157.92	CHECK RUN
135010	17-Jul-2024	3,706.31	CHECK RUN
135011 - 135012	23-Jul-2024	569.99	CHECK RUN
135013 - 135040	26-Jul-2024	4,587.36	CHECK RUN
135041 - 135054	29-Jul-2024	1,244,831.46	CHECK RUN
135055 - 135102	26-Jul-2024	199,564.56	CHECK RUN
135103	1-Jul-2024	29,039.74	CHECK RUN
135104	26-Jul-2024	19,189.01	CHECK RUN
135105	29-Jul-2024	19,707.29	CHECK RUN
135129 - 135131	30-Jul-2024	55,808.43	CHECK RUN
Total - Check Runs		\$ 4,181,885.74	

Eft	Date	Amount	Description
1229	5-Jul-2024	194,131.41	IRS
4824	2-Jul-2024	1,513.17	BBP
4825	9-Jul-2024	762.09	BBP
4826	12-Jul-2024	148.83	BBP
4827	16-Jul-2024	594.04	BBP
1230	19-Jul-2024	190,924.23	IRS
4828	23-Jul-2024	883.30	BBP
4829	30-Jul-2024	307.27	BBP
<i>TOTAL EFTS AT SECURITY STATE BANK</i>		\$ 389,264.34	

<i>TOTAL CHECKS, EFT'S, & TRANSFERS</i>	\$4,571,150.08
--	-----------------------

Error Corrections - in Check Register - Voids

Warrant No.	Date Voide	Amount	Description
134883 -134912	19-Jul-2024	\$ 193,488.27	ACH / CHECK RUN VOIDED WRONG DATE
134605	26-Jul-2024	\$ 8.57	VOIDED CHECK
135025	26-Jul-2024	\$ 45.00	VOIDED CHECK
<i>Total - Voided Checks</i>		\$ 193,541.84	

<i>Net Expense - Total Checks, EFT's, & Transfers less Voids</i>	\$4,377,608.24
---	-----------------------

WARRANT & EFT LISTING NO. 2024-08

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

\$4,019,423.10 this 25th day

of September 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 \$4,019,423.10 dated August 1, 2024 – August 31,
2024.

August 31, 2024

ARBOR HEALTH WARRANT REGISTER

Routine A/P Runs

Warrant No	Date	Amount	Description
135106-135489	8/1/2024-8/31/2024	3,438,062.21	CHECK RUN
		0.00	
		0.00	
Total - Check Runs		\$ 3,438,062.21	

Eft	Date	Amount	Description
1231	2-Aug-2024	181,111.10	IRS
1232	16-Aug-2024	191,892.96	IRS
1233	30-Aug-2024	205861.71	IRS
4830	6-Aug-2024	1430.09	BBP
4831	7-Aug-2024	148.83	BBP
4832	13-Aug-2024	1,040.70	BBP
4833	27-Aug-2024	125.25	BBP
		0.00	
TOTAL EFTS AT SECURITY STATE BANK		\$ 581,610.64	

TOTAL CHECKS, EFT'S, & TRANSFERS	\$4,019,672.85
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Error Corrections - in Check Register - Voids

Warrant No.	Date Voide	Amount	Description
135278	21-Aug-2024	\$ 89.75	VOIDED CHECK
135431	9-Sep-2024	\$ 160.00	VOIDED CHECK
		\$ 0.00	
Total - Voided Checks		\$ 249.75	

Net Expense - Total Checks, EFT's, & Transfers less Voids	\$4,019,423.10
--	-----------------------



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO
SURPLUS OR DISPOSE OF PERSONAL
PROPERTY

RESOLUTION NO. 24-16

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 Superintendent 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 25th day of September 2024, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Wes McMahan, Commissioner

Van Anderson, Commissioner

Craig Coppock, Secretary

Chris Schumaker, Commissioner

To: Finance Committee & Board
From: Tina Clevenger, Materials Management Supervisor
Date: September 18, 2024
Subject: Surplus or Dispose of Personal Property

Surplus or Dispose of Personal Property (RCW 43.19.1919)

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
09/2024	SIT TO STAND LIFT	ACUTE	7165	DISPOSAL	BROKEN

OLD BUSINESS

NEW BUSINESS



DocID: 15827
Revision: 4
Status: In preparation
Department: Governing Body
Manual(s):

Policy : Commissioner Compensation for Meetings and Other Services

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners created a policy for Commissioner Compensation for meetings and other services.

Purpose:

The purpose is to provide understanding in the compensation for Commissioners services rendered to the District.

Procedure:

A Lewis County Hospital District No. 1 Commissioner will be compensated, under RCW.70.44.050, for the following meetings and services:

1. Each commissioner shall document their time with a (1) in the time and attendance system for each day or portion of a day spent in attendance doing official district business.
2. All regular, special and adhoc meetings of the Board.
3. All committee meetings of committees set forth in the Hospital District By-laws.
4. All administration meetings requiring commissioner participation, ie. audits, consultants.
5. Educational meetings in person or virtual will be paid and one travel stipend day per conference.
6. A meeting per month either in person or remotely to set either Special or Regular board meeting agenda(s) with Superintendent and/or Executive Assistant.
7. Meetings each month either in person or remotely between the Board Chair and the Superintendent to conduct hospital business.
8. Any day of service to the District not included in this policy may be compensated with approval of the Board Chair.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- Committees:

- Signers:

Original Effective Date: 06/13/2012
Revision Date: [06/13/2012 Rev. 0], [06/26/2018 Rev. 1], [12/17/2021 Rev. 2], [11/08/2023 Rev. 3]
Review Date: [11/08/2013 Rev. 0], [12/23/2014 Rev. 0], [07/24/2015 Rev. 0], [08/02/2016 Rev. 0], [08/24/2017 Rev. 0], [07/21/2020 Rev. 1], [10/21/2022 Rev. 2]
Attachments:
(REFERENCED BY THIS DOCUMENT)
Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:15827\\$4](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:15827$4).



DocID: 8610-107
Revision: 3
Status: In preparation
Department: Governing Body
Manual(s):

Policy : Records Retention

Policy:

It is the policy of Lewis County Hospital District No. 1 that in accordance with RCW 40.14 and as hereafter amended, that the Board of Commissioners commissions the protection of public records, documents and publications.

There shall be a designated records officer to supervise the District's records program.

The Records Officer shall:

1. Coordinate and maintain all aspects of the records management program as that program is approved by the Board of Commissioners.
2. Manage the inventory in accordance with procedures prescribed by the "Public Hospital Districts General Records Retention Schedule". The Districts records program will meet the Washington State Local Records Committee recommendations, the Local Government Common Records Retention Schedule (CORE) and the Board of Commissioners' policy.
3. Consult with any other personnel responsible for the maintenance of specific records within this organization regarding records retention and transfer recommendations and requirements.
4. Analyze records inventory data, examine and compare internal department inventories for duplication of records and recommend to the Superintendent maximum retentions for all copies commensurate with legal, financial and administrative needs. Records that have met retention requirements will be transferred or destroyed as prescribed in the applicable schedule. Archival records will be transferred to the WA State Archives. Non-archival records will be documented and destroyed. See linked forms.
5. Review the District's records program at least annually to insure that they are complete and current.

The Superintendent shall give an annual District Record Management report to the Board of Commissioners.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- Committees:

- Signers:

Original Effective Date: 01/01/2007

Revision Date: [01/01/2007 Rev. 1], [03/09/2007 Rev. 0], [11/07/2013 Rev. 2]

Review Date:

[05/29/2009 Rev. 1], [04/06/2010 Rev. 1], [04/11/2011 Rev. 1], [01/17/2013 Rev. 1], [11/21/2017 Rev. 2], [10/18/2018 Rev. 2], [09/21/2020 Rev. 2], [11/01/2022 Rev. 2], [01/19/2024 Rev. 2]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

Non-Archival Record Retention Form

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10649\\$3](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10649$3).



DocID: 14114
Revision: 6
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Board E-Mail Communication

Purpose:

The following communication policy is adopted to enhance and improve communications by and between Board members and Administration.

Policy:

The Board of Commissioners of Lewis County Hospital District No.1 shall maintain a district email communication policy.

Procedure:

1. All email to and from board members shall be subject to Arbor Health's Electronic Mail Usage Policy, Document ID: 10115.
2. All board members will refrain from including any response or opinion in emails that may be construed as a serial board meeting.
3. All board member emails will be maintained on the district servers for the duration required by the Public Records Act.

Document Owner: Herrin, Tom

Collaborators:

Approvals

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

- **Signers:**

Original Effective Date: 09/25/2009

Revision Date:

[09/25/2009 Rev. 0], [04/22/2010 Rev. 1], [01/04/2012 Rev. 2], [01/19/2012 Rev. 3], [01/20/2012 Rev. 4], [10/17/2012 Rev. 5], [09/06/2019 Rev. 6]

Review Date:

[04/11/2011 Rev. 1], [12/23/2014 Rev. 5], [05/31/2016 Rev. 5], [08/27/2018 Rev. 5], [10/08/2020 Rev. 6], [10/21/2022 Rev. 6], [11/08/2023 Rev. 6]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:14114\\$6](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:14114$6).



DocID: 14518
Revision: 5
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Board Meeting Teleconference

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board can participate virtually or by teleconference for board meetings.

Procedure:

The Board may attend Regular, Special and/or Committee Meetings via the following guidelines:

1. The Board will comply with the OPMA regulations.
2. Virtual and/or teleconference meetings will be permitted when at least one Board Member or the Superintendent are present at the established meeting place.
3. The Board is able to conduct board business i.e., motions and votes.
4. The Board Chair will conduct the meeting ensuring that each board member can hear and be heard.
5. The Board meeting access information will be distributed via any of the following:
 - a. Board Notices
 - b. Board Agendas
 - c. Board Packets
 - d. Arbor Health Website
 - e. Arbor Health Facebook Page

In a state of emergency, the Board will adhere to the Governor's Proclamations.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- **Committees:** (01/27/2021) Board of Commissioners,
- **Signers:**

Original Effective Date: 06/18/2010

Revision Date: [06/18/2010 Rev. 0], [08/28/2012 Rev. 1], [08/12/2014 Rev. 2], [07/24/2015 Rev. 3], [11/27/2018 Rev. 4], [01/28/2021 Rev. 5]

Review Date: [04/11/2011 Rev. 0], [05/31/2016 Rev. 3], [09/05/2019 Rev. 4], [10/21/2022 Rev. 5], [11/08/2023 Rev. 5]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at
[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:14518\\$5](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:14518$5).

SUPERINTENDENT REPORT

To: Board of Commissioner

From: Superintendent Mach

Date: 09.25.24

Re: September Superintendent Report

- Very good financial month of August.
- New educational televisions in hospital and clinics.
- EZ lifts have been installed.
- New hire orientation on 9/3 went outstanding.
- Started our benefit renewal meetings.
 - Working on some benefit enhancements to our current plan.
- Sold off truck and Trailer for \$8000.
- Wellness week went great, provided Medicare education on Friday to about 17 seniors.
- CEO attending WHS board meeting in October.
- Comfort furniture arrives October/November.
- Cardiologist to Tentatively start in December.
- Working on new PT ED physician.
- Trying to schedule a meeting with a Radiologist group interested in reading Diagnostic mammography.
- MRI project still on hold.
 - DOH continues to debate if this is fixed or mobile.
 - Will wait for decision in writing.
- Education Spending
 - Hospital spend YTD: \$67,000
 - Foundation spending on Education YTD: \$21,000
- New Washers and Dryers installed on 9/23
- Working on revising codes to "Plain Language"
- All new printers installed.
- October 12th Foundation Dinner Auction
- Mammo and Mocktails October 19th

2024 Goals		July	August	September	October
Positive actual results compared to Budget (annual)		7.90%	8.90%		
Voluntary Resignations under National Average (20.7%)		13.20%	15.70%		
Patient satisfaction ranking "Global rating overall" (Hospital/ED/Clinics) \geq 60%		69.40%	Data only available QTRLY		
Sponsor at least 1 community events and the CEO attends at least 4 community events		1	1	2	1

The Rural Collaborative Report Metric Detail - Arbor Health

Net Days Accounts Receivable



Collaborative Average
Hospital Rate

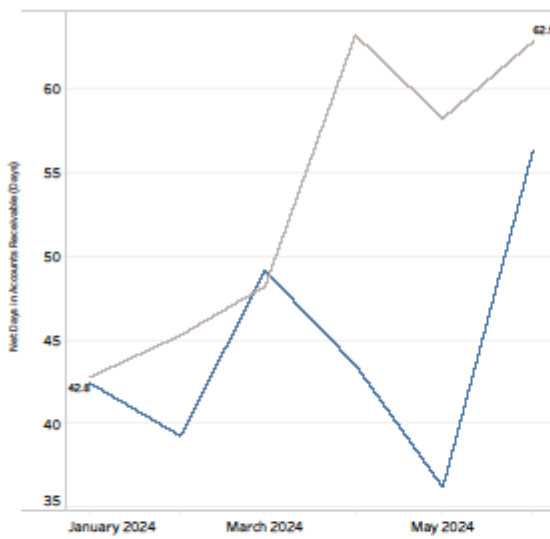
Toggle National Benchmark
On
Off

Filter Possible Errors
No

Select Hospital
Arbor Health

Select Metric
Net Days Accounts Receiv...

Select Date
Jan 2024 to Jan 2029
and Null values



The Rural Collaborative Report Metric Detail - Arbor Health

Annual Wellness Visits



Collaborative Average
Hospital Rate

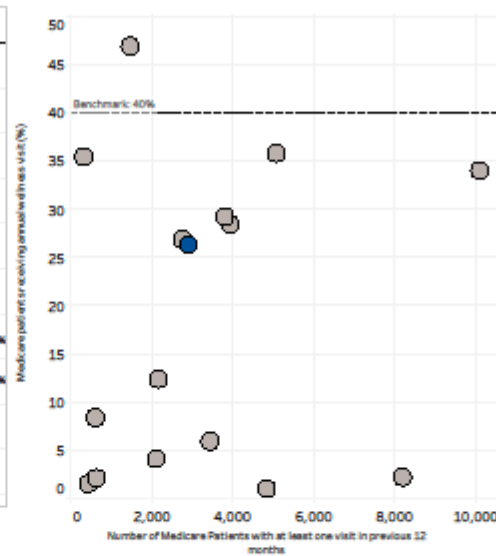
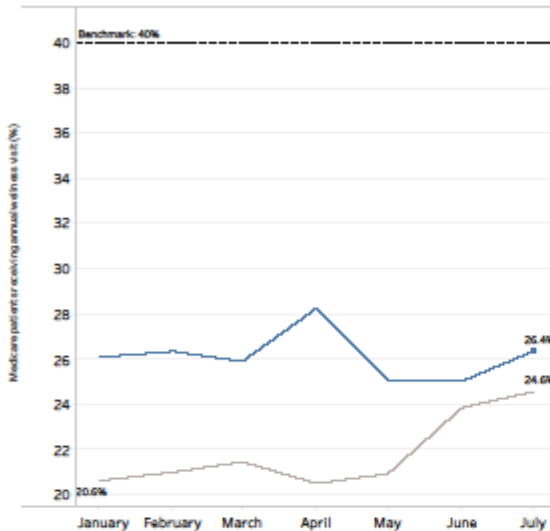
Toggle National Benchmark
On
Off

Filter Possible Errors
No

Select Hospital
Arbor Health

Select Metric
Annual Wellness Visits

Select Date
Jan 2024 to Jan 2029
and Null values



The Rural Collaborative Report Metric Detail - Arbor Health

Blood Pressure Screening



Collaborative Average
Hospital Rate

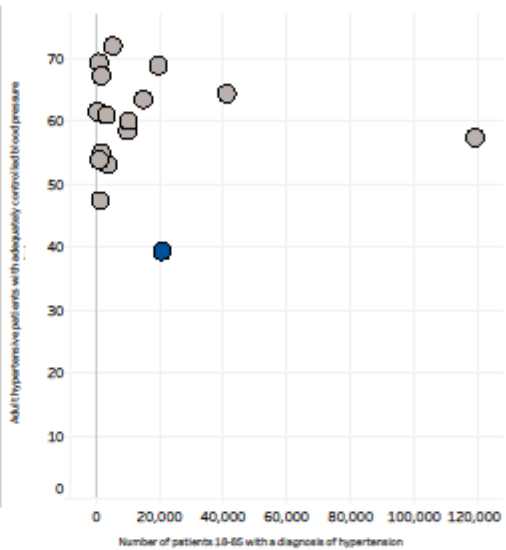
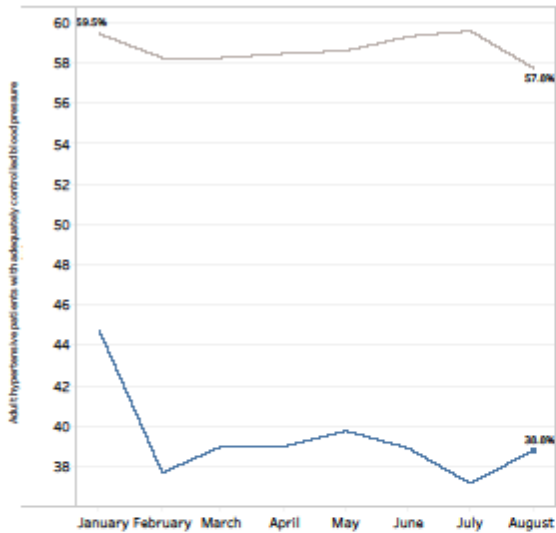
Toggle National Benchmark
On
Off

Filter Possible Errors
No

Select Hospital
Arbor Health

Select Metric
Blood Pressure Screening

Select Date
Jan 2024 to Jan 2029
and Null values



The Rural Collaborative Report Metric Detail - Arbor Health

Depression Screening



Collaborative Average
Hospital Rate

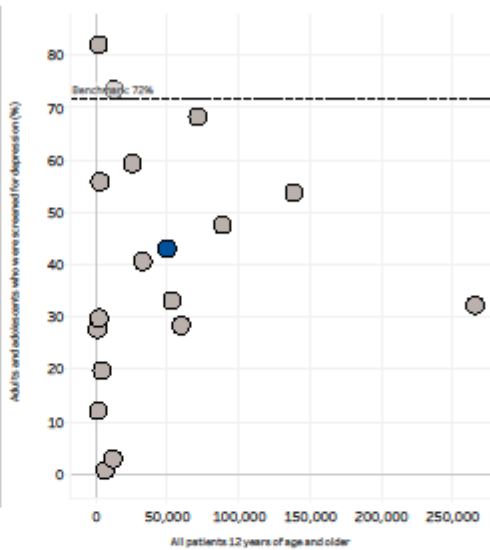
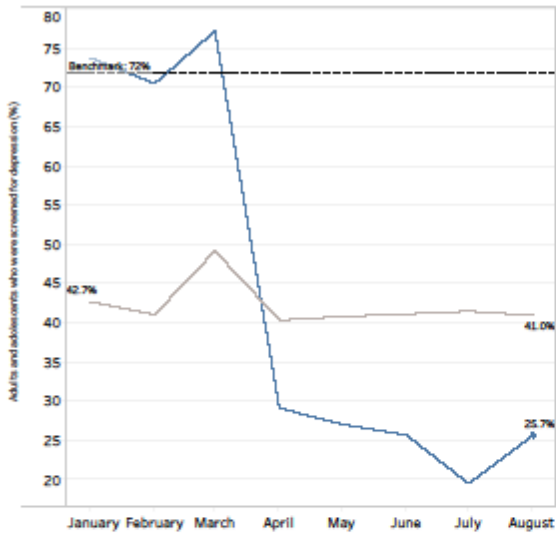
Toggle National Benchmark
On
Off

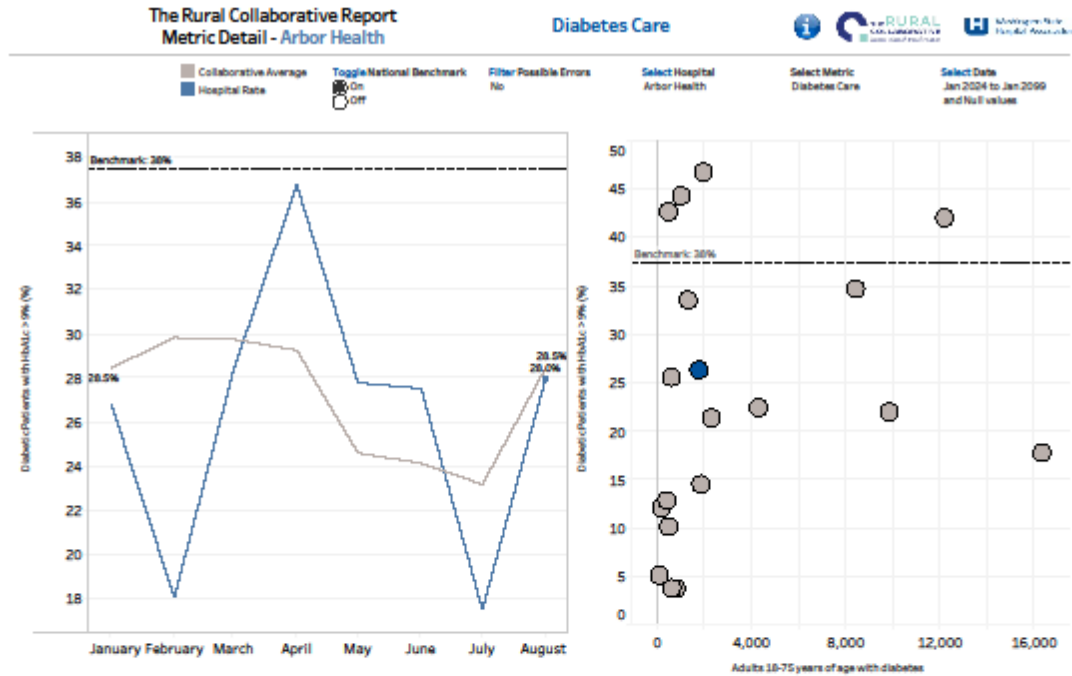
Filter Possible Errors
No

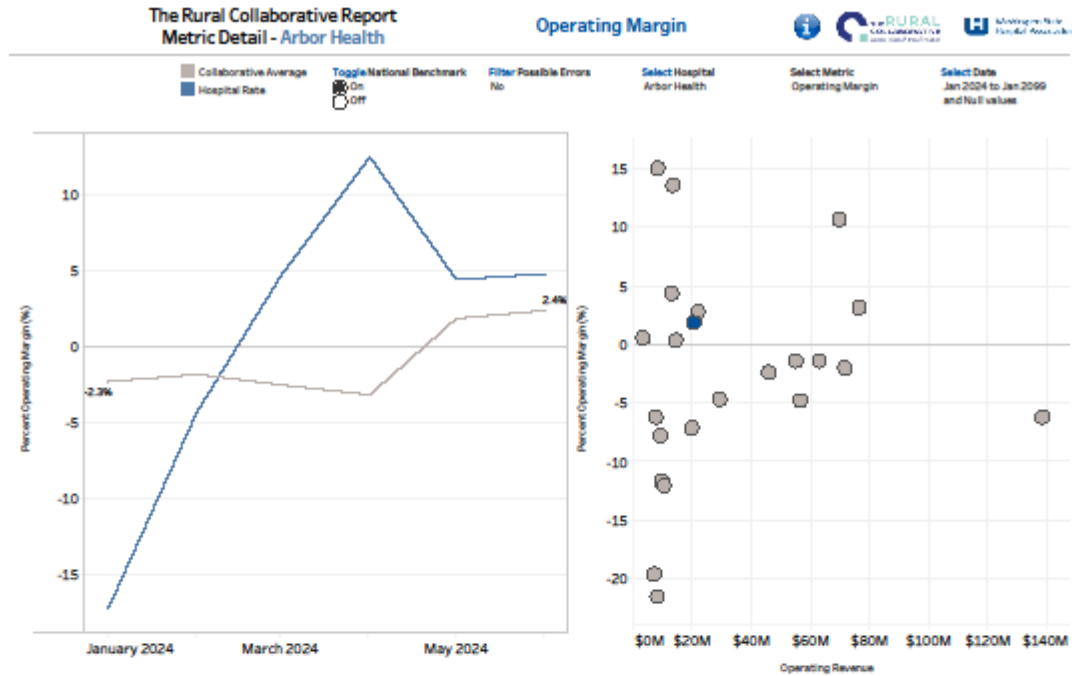
Select Hospital
Arbor Health

Select Metric
Depression Screening

Select Date
Jan 2024 to Jan 2029
and Null values

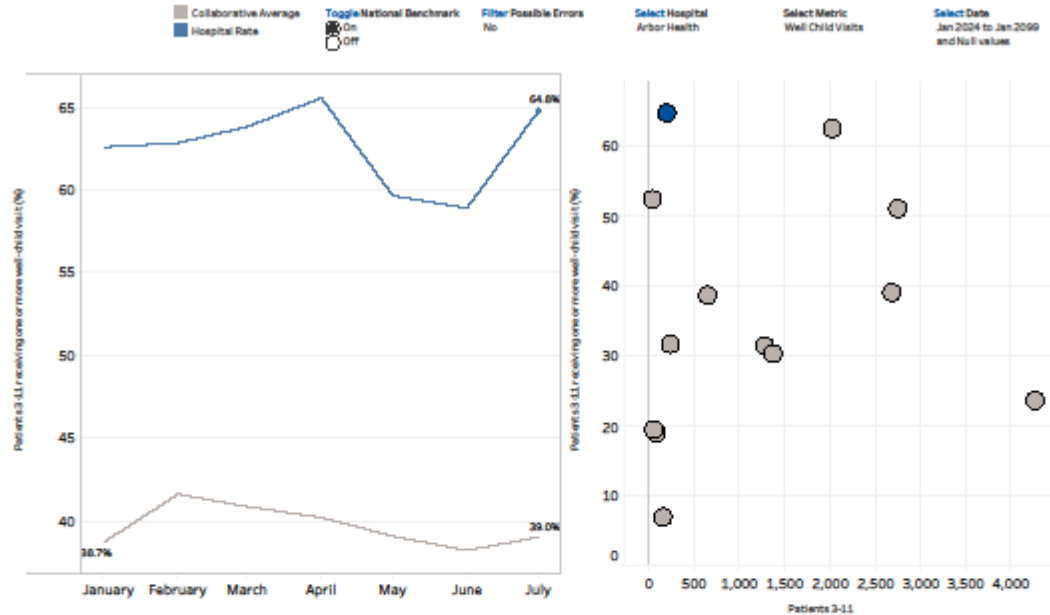






The Rural Collaborative Report Metric Detail - Arbor Health

Well Child Visits



PatientPoint

We have new engagement technology

That new program in your office?

It's PatientPoint®, and it's loaded with award-winning content that empowers patients to take charge of their health and have better conversations with providers. It's also customizable, so you can add branded practice updates and promote key services or initiatives—all of which lead to better health.

Best practices

- Help us stay current—review office hours, staff announcements and other practice-specific information at least once a month.
- Let your contact know if there's an issue with the device so we can address it immediately.
- Customizing content with any office changes (hours, closings, new faces, etc.) or shifts in key initiatives can help make the content our own and drive the healthy action we want to see. If you have ideas for information to add, reach out to your PatientPoint contact.
- In the exam room, queue up the right content for a patient visit, text or email resources for patients to review at home or use the 3D anatomicals to help explain complex health topics.
- Grab more resources about how to use our PatientPoint devices at engage.patientpoint.com/interact.

Learn more: patientpoint.com
Email us: customersuccess@patientpoint.com



Content we can feel good about.

Medically reviewed
by practicing
physicians

Consistently
recognized as
best-in-class

Proven to drive
the healthy actions
you want to see



Tech tip

If there's a technical issue with the device, try a reboot first. If that doesn't help, reach out to patientpoint.com/support.

Increase in Hospital Bed Licensing Fees

September 11, 2024

Purpose

This bulletin is to inform hospitals of upcoming increases to your bed licensing fees as of November 2024.

Applicability/Scope

Hospital bed licensing fees will increase for both acute care and psychiatric hospitals as of November 1, 2024.

Recommendations

Review this bulletin and consider any preparations necessary for paying increased licensing fees beginning November 2024.

Overview

In April 2024, the Department of Health (DOH) initiated rulemaking to amend WAC 246-320-199 (<https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkjoxMDAsInVyaSI6ImJwMjpbGljayIsInVyYbCl6Imh0dHBzOi8vZ2NjMDIuc2FmZWxpbrVpLqtFYtsHuNGp6nFYgdR6o/s/1521420962/br/246945902802-l>) and more than double hospital bed licensing fees starting in November 2024.

The final rule

(<https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkjoxMDQsInVyaSI6ImJwMjpbGljayIsInVyYbCl6Imh0dHBzOi8vZ2NjMDIuc2FmZWxpbrl>) for the hospital licensing fee increase has now been released. As of November 1, 2024, licensing fees per bed will be as follows:

Acute Care Hospitals	\$505
Critical Access Hospitals	\$380
Psychiatric Hospitals	\$1700

Psychiatric Hospital licensing fees per bed will be reduced on November 1, 2025:

Psychiatric Hospitals as of Nov 1, 2025 \$1450

WSHA advocacy and the Department's justification for increased fees

Overall Increase in Complaints and Staffing Law Impacts

DOH primarily attributes the increase in acute care hospital licensing fees to an overall increase in complaints filed with the department and costs related to the new hospital staffing law (SB 5236, 2023). Because those costs were detailed in DOH's fiscal note at the time the bill was passed, WSHA had less leverage to push back on those cost increases. Nevertheless, since the first draft of the rule, the Department responded to WSHA's advocacy by reducing the estimated cost of the first year of the hospital staffing law by \$1.1 million. This successfully reduced the proposed licensing fees for acute care hospitals.

Complaint Investigations

As noted above, according to DOH, rising costs include an increase in complaints against hospitals in the past several years, including a complaint backlog. These complaints are a mix of complaints from the public as well as from staff. Most of these complaints do not result in action against a hospital, but DOH must do their due diligence to investigate. The increase in complaint investigations is the source of most of the increased costs for psychiatric hospitals. The Department has detailed a rise in complaints against both acute care and psychiatric hospitals that require investigation. Psychiatric hospital fees are higher for the first year based on DOH assumptions that funds are necessary to clear the backlog of hospital complaints.

The Department has also detailed plans to hire several new employees to investigate complaints and process data, including an epidemiologist. WSHA expressed strong opposition to the plans for an epidemiologist, but the final rule continues to inappropriately attribute costs for the epidemiologist to acute care and psychiatric hospitals. WSHA is disappointed with this result.

Acute Care Prospective Payment System (PPS) vs Critical Access Hospitals (CAHs)

With respect to acute care hospitals, the final rule language indicates that critical access hospitals will be charged a lower licensing fee than PPS hospitals moving forward. Because our membership has expressed differing views on this issue, WSHA did not take a position on this differential fee between hospital types.

WSHA's 2024 New Law Implementation Guide

Please visit WSHA's new law implementation guide online (<https://wsa.us2.list-manage.com/track/click?u=381c2b109dc0809662b7cd0da&id=6c3170abe2&e=851832870f>). The Government Affairs team is hard at work preparing resources and information on the high priority bills that passed in 2024 to help members implement the new laws, as well as links to resources such as this bulletin. In addition, you will find the Government Affairs team's schedule for release of upcoming resources on other laws and additional resources for implementation.

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Explanatory Statement from the Department of Health

(<https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDUsInVyaSI6ImJwMjpbGljayIsInVyYCI6Imh0dHBzOi8vZ2NjMDIuc2FmZWxpbI>)

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AI company misled hospitals: Texas AG

An AI company that works with health systems has reached an agreement with Texas Attorney General Ken Paxton to resolve allegations that it issued inaccurate and deceptive claims regarding the reliability and safety of its products.

AI health tech company Pieces Technologies' generative AI tool is capable of providing summaries of patients' conditions and treatments for hospital staff. The company works with four hospitals in Texas, according to a Sept. 18 news release.

An investigation by Mr. Paxton's office revealed that Pieces made misleading claims about the accuracy of its healthcare AI products, potentially endangering the public interest. According to the news release, Pieces created various metrics to promote its AI tools as "highly accurate," advertising an error rate or "severe hallucination rate" of "<1 per 100,000" in its marketing efforts.

Mr. Paxton's investigation concluded that these metrics were likely inaccurate and may have misled hospitals regarding the true accuracy and safety of the company's products.

As part of the agreement, Pieces has committed to providing transparent and accurate information about the accuracy of its products. The company has also agreed to ensure that hospital staff using its generative AI tools for patient care are fully informed about the appropriate level of reliance on these products.

"We are extremely disappointed in the Texas Office of the Attorney General's press release that dangerously misrepresents the Assurance of Voluntary Compliance into which Pieces entered," a statement from Pieces shared with *Becker's* reads. "Importantly and as noted specifically in the AVC, Pieces vigorously denies any wrongdoing and believes strongly that it has accurately set forth its hallucination rate, which was the sole focus of the AVC."

Pieces stated that it believes the Attorney General's press release misrepresents the terms of the AVC.

According to the company, the AVC does not mention any safety concerns regarding Pieces' products, nor is there evidence that the public interest has ever been at risk.

"The AVC focuses solely on the company's reporting of hallucination rates in the context of an independently developed risk-classification system that is based on severity," Pieces statement reads. "Importantly, there is no industrywide risk classification system for generative AI hallucinations for inpatient clinical summarization that exists today."

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Unnecessary Medicare Advantage denials: harming Louisiana patients, crowding our emergency departments, and costing U.S. providers billions

Since 2018, the U.S. Department of Health and Human Services' (HHS) Office of Inspector General (OIG) has warned that Medicare Advantage (MA) plans sometimes deny enrollees' requests for essential services they need.^{1 2}

In response to these findings, the Centers for Medicare and Medicaid Services (CMS) finalized a 2024 rule to clarify "clinical criteria guidelines to ensure people with MA receive access to the same medically necessary care they would receive in traditional Medicare."³ Unfortunately, providers report little improvement since the rule became effective in January. Inappropriate denials continue to cause poor outcomes for patients, hospital readmissions and increased waste of taxpayer dollars.

Inpatient Rehab Denials

The 2024 MA rule did not help U.S. Air Force veteran and Pearl River, LA resident George Carrigan. After complications from diabetes required an amputation of his leg, Humana denied his doctors' recommendation for care at an inpatient rehabilitation facility (IRF), despite Medicare rules listing amputation as a condition requiring such services.⁴

Humana's two denial letters said he did not need supervision from a rehab physician or interdisciplinary care team, even though these clinicians would have helped control his diabetes, monitored the healing of his wound, managed his medications, and prepared him to return home independently. "The services you need can be provided safely in other settings," wrote Humana, before sending him to a less expensive setting where his condition deteriorated.

Carrigan's daughter and family caregiver, Colleen Fickle, said her dad slipped in the nursing home's shower and now needs wound care on the amputated limb. Poor catheter maintenance also caused him to be readmitted to the hospital with sepsis. Fickle, who works full time while also caring for her child with a brain injury, said her father is now bedbound at home and dependent on family. She believes none of these complications would have happened and that her father would be walking today if Humana had permitted him to receive close medical supervision at an IRF.⁵

Mandeville resident William Sercovich, also a U.S. Air Force veteran, suffered two strokes and faced multiple denials before Humana approved his request for IRF services. Both Humana denial letters repeated Medicare's rehab criteria without explaining why Sercovich did not need a rehab doctor, intensive team or three hours of therapy per day.

"We were in the hospital for two weeks longer than we should have been because of denials from the insurance company," said his daughter, Sondra Sercovich. "I hope people take action, so it doesn't take so many denials to get the proper medical care."

The OIG estimated a difference of more than \$8,500 in average payments per stay between IRFs and nursing homes for 2018.⁶ OIG has also warned that MA plans may deny needed care to "in an attempt to increase their profits," misusing funds that CMS paid for people's healthcare.⁷ In 2022, OIG physicians audited MA care denials for IRF services and found that in some cases patients met admission criteria, needed higher-level care and alternatives were insufficient to meet their needs.⁸ Studies have found that MA enrollees "are more likely to enter lower-quality nursing homes compared to fee-for-service enrollees."⁹

When used appropriately, prior authorization can limit low-value services, but healthcare providers also caution that “cost containment provisions that do not have proper medical justification can put patient outcomes in jeopardy.”¹⁰

A recent Kaiser Family Foundation (KFF) study comparing MA plans found that “prior authorization requests were most common for Humana plans.”¹¹ Humana did not respond to requests for comments on its prior authorization practices under new federal rules.

This year, CMS warned MA plans they may not deny a hospital patient’s request for discharge to an IRF or redirect care to a different setting if a physician orders these services and the patient qualifies under Medicare coverage rules.¹² Yet, plans have significant leeway in how they interpret this directive, and families often lack the time to appeal when the patient is ready to leave the hospital.

Fickle said her father needed intensive therapy at Northshore Rehabilitation Hospital in Lacombe, LA. Speaking of the value of IRF care, the hospital’s CEO Laurel Dupont said “one single hospital readmission would cost [MA plans] as much if not more than the entire rehab stay. Northshore Rehab had zero readmissions of an amputee patient during all of 2023.” A study by Dobson DaVanzo & Associates comparing IRF and skilled nursing facility patients found that IRF patients returned home earlier and remained there longer, with lower mortality rates, emergency room visits and hospital readmissions.¹³

Several providers report concerning automatic denials for IRF services. In recent months, TIRR Memorial Hermann Health System in Houston reported receiving automatic MA denials for 90% of prior authorization requests. “If they give us a denial, they’ll say you can go to [a peer-to-peer call with our physician] or you can go ahead and discharge to a nursing home, and I’ll give you that approval now,” said financial clearance manager Courtney Roberson, adding that these automatic denials often keep a patient in the hospital for four to five days longer, taking weekends into account.

Patients also stay in the hospital longer because MA plans are not required to include IRFs in their provider networks, even though IRF services are a Medicare covered benefit. “It’s not right for Medicare beneficiaries to not have access to this level of care,” said TIRR Memorial Hermann CEO Rhonda M. Abbott. “It doesn’t make sense to eliminate a whole level of care.”

Last year during a congressional hearing, the American Hospital Association (AHA) described how MA plans financially benefit from these post-acute care delays, explaining that “the plan has already paid the hospital a flat rate for care and is either delaying or attempting to avoid discharging the patient to the next site of care, which would require a separate, additional reimbursement. AHA claims data analysis reflects that length of stay in the referring hospital is typically longer for MA beneficiaries than traditional Medicare beneficiaries being discharged to a post-acute setting.”¹⁴

These transfer delays also contribute to the overcrowding of emergency departments. “An example is a patient who is on a regular floor bed who needs to go to post-acute care,” said Baton Rouge emergency physician Dr. John Jones. “I need that bed for my next congestive heart failure patient who’s in the emergency department, and I can’t put them in there because it’s being occupied by somebody who’s waiting three days over the weekend to get placed.”

Cardiology and Cancer Care

MA plans also deny care for patients who need high-quality, Medicare-covered cardiology and cancer care services.

Cardiologist Dr. Joe Deumite, in Baton Rouge, offered two examples. In one case, Humana twice denied care to a man who needed a pacemaker. “He had 73 episodes where his heart paused for more than three seconds and several episodes where his heart paused for up to 5.2 seconds,” he said, adding that the care was finally approved by an independent review entity.

In another instance, Dr. Deumite said a woman who suffers from irregular heart rhythms has had to go to the emergency room and take medications because Humana denied her appeals to receive a cardiac ablation. “There are several heart rhythms that respond to ablation, where you just slide up a catheter and cauterize a circuit, and its curative.”

In April, Baton Rouge medical oncologist Dr. Gerald Miletello recorded a social media video testimonial where he described a dangerous care delay for one of his lung cancer patients.¹⁵ “A six-week delay is not following the guidelines because you can easily die with stage four cancer in six weeks,” he said.

Radiation oncologist Dr. William Russell, in Baton Rouge, said his patients have faced delays when they need to start concurrent chemotherapy with radiation. He also criticized MA plans’ requirement that he conduct a CT scan before they will approve a PET scan. “You have to do diagnostic tests that are not going to be as relevant as the one that you wanted,” he said. “It costs the payers more money to go through that process.” The 2024 MA rule prohibits this practice of step therapy for non-drug services.

Medical oncologist Dr. Michael Castine, in Baton Rouge, said MA plan documentation requests require him to factor in 10 days between planning and implementation of a patient’s cancer treatment. He mentioned risks for patients with small cell lung cancer, aggressive lymphomas or risks of brain metastasis, warning that “a delay of treatment by a week or two might actually change the whole plan.”

Peer to Peer Frustrations

Physicians also criticized the quality of communication they received from MA plan physicians when they call to appeal a patient-care denial.

“They’re making it up as they go along,” said physical medicine and rehabilitation physician Dr. Adam Carter, who serves as medical director of ClearSky Health Rehabilitation Hospital in Flower Mound, Texas. “I see them as constrained by their employer.”

“You can almost tell by the first 10 seconds into your conversation whether it's going to work or not, because you can tell whether that physician is reasonable,” said Dr. Deumite. “They're looking at year-and-a-half old guidelines.”

Policy Solutions for Improving Medicare Advantage

Federal leaders have designed a broad range of solutions to help hold MA plans more accountable. Some changes will not begin until 2026, and stakeholders want additional timeliness and transparency requirements for meaningful patient-care improvements.

Timeliness

Today, MA plans must make a prior authorization decision within 14 business days for standard requests and 72 hours for expedited or emergency requests. In 2026, the deadline for standard requests will become seven business days. Stakeholders have called for a 24-hour deadline for emergency requests; pending federal legislation would suggest, but not require, CMS to institute such an expedited timeline.^{16 17}

Reporting

In 2026, MA plans must begin publicly reporting aggregate contract-level prior authorization metrics, including denial rates and timeliness. Much of this information already exists today. According to KFF, MA plans denied 3.4 million prior authorization requests in 2022. Only one in ten denials were appealed, but more than 8 out of 10 appeals resulted in overturning the denial. With limited data, it’s not possible to determine the initial reasons for these improper care delays. A study by Premier found that MA denials are more common for higher cost treatments, and that hospitals’ average administrative cost to fight these denials is nearly \$20 billion a year.¹⁸

Federal leaders, including Louisiana's U.S. Sen. Bill Cassidy, and multiple provider groups have asked CMS to require MA companies to report more specific and meaningful data.^{19 20} KFF researchers found that "substantial data gaps remain that limit the ability of policymakers and researchers to conduct oversight and assess the program's performance, and for Medicare beneficiaries to compare Medicare Advantage plans offered in their area."²¹ KFF also found that "without plan-level data, by type of service, it will not be possible to determine whether plans are complying" with the 2024 MA rule.

KFF also reported that MA companies "do not report the reasons for prior authorization denials to CMS. If most denials of prior authorization requests are because the service was not deemed medically necessary, efforts to increase transparency of the coverage criteria, such as those recently included in a final rule, may be more likely to have an impact." KFF has also pointed to a lack of transparency related to decisions from the independent review entity that considers appeals after an MA physician denies a request.²²

CMS opted against requiring plan-level data in 2026, saying it did not want to overwhelm consumers and that it wanted to "limit plan burden."²³ The agency will consider more detailed reporting requirements during future rulemaking.

Internal MA Plan Monitoring

CMS now requires all MA plans to establish a Utilization Management Committee to review prior authorization policies annually and ensure compliance with traditional Medicare's national and local coverage guidelines.²⁴ The AHA urged the Medicare Payment Advisory Commission to monitor whether these committees will have authority to overturn harmful policies, writing that "many providers fear that these committees will serve as little more than a rubber stamp for plan policies."²⁵

During the public comment period on the 2024 MA final rule, health insurance companies argued that forcing them to follow traditional Medicare's clinical criteria would lead to "fewer affordable, high-quality plan choices for beneficiaries" and "adverse health impacts."

"CMS in the rule does give MA plans certain limited sets of circumstances where they can use their own internal coverage criteria when traditional Medicare criteria is not fully established," said Michelle Millerick, AHA director for health insurance coverage and policy. "Some MA plans are over-extending that limited flexibility, and there's not necessarily a clear definition of exactly when Medicare criteria is fully established, especially for level of care determinations. Stronger enforcement of these provisions from the 2024 MA final rule is needed to ensure plans do not continue to use more restrictive criteria than Medicare."

Denial Letter Language

Beginning in 2026, CMS said the prior authorization denial letters must be "sufficiently specific to enable a provider to understand why a prior authorization has been denied and what actions must be taken to resubmit or appeal." The agency said the MA plans' reason for denial "could include" a variety of explanations, such as "how documentation did not support a plan of care for the therapy or service" or "specifically, why the service is not deemed necessary." Experts say they are cautiously optimistic, but that it remains to be seen how effectively CMS will enforce this policy for patients like Carrigan and Sercovich.

Targeted Auditing/Aggressive Enforcement

This year, CMS said it will conduct routine and focused audits to assess compliance with the 2024 MA rule. In a statement, the agency said that it "may issue compliance and enforcement actions, including civil monetary penalties to MA organizations who fail to comply with our regulations." Providers may send complaints with specific examples of MA plans' noncompliance to part_c_part_d_audit@cms.hhs.gov.

The OIG recently announced plans to audit MA IRF denials and will issue a report in 2026.²⁶ "I can tell you with great certainty that you will see us expanding our oversight of Medicare Advantage boards over the next months

and years,” said HHS Inspector General Christi A. Grimm during a recent speech to MA company leaders. “We want Medicare Advantage to be successful. OIG’s work helps ensure that the program works as intended for Medicare enrollees and for taxpayers.”²⁷

In a statement for this article, OIG said providers may email specific concerns to the agency at Public.Affairs@oig.hhs.gov. “Input from health care providers about managed care practices are regularly sent to relevant subject matter experts, including in our agency’s leadership, for their awareness and to inform our work,” wrote OIG.

Last year, the federal government paid MA plans more than \$454 billion to provide high-quality care to more than 30 million people.²⁸ KFF reports that nearly 60 percent of Louisiana’s Medicare beneficiaries are enrolled in an MA plan this year.²⁹ Providers have applauded the OIG for exposing dangerous care denials and for calling on MA corporate leaders to provide better value to patients and taxpayers.³⁰ “The Medicare Advantage plans aren’t going to change until their board of directors at the company understands as a matter of corporate policy that this isn’t the way to go,” said Dr. Carter.

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