
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

September 27, 2023 @ 3:30 PM
Conference Room 1 & 2 or Join Zoom Meeting:

<https://myarborhealth.zoom.us/j/82982420387>

Meeting ID: 829 8242 0387

One tap mobile: +12532158782,,82982420387#

Dial: +1 253 215 8782



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

September 27, 2023 at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

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Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

AGENDA	PAGE	TIME
Call to Order Roll Call Excused/Unexcused Absences Reading of the Mission & Vision Statement Approval or Amendment of Agenda Conflicts of Interest		3:30 pm
Comments and Remarks <ul style="list-style-type: none"> Commissioners Audience 		3:35 pm
Executive Session- RCW 70.41.200, RCW 70.41.205 & RCW 42.30.110(1)(i) <ul style="list-style-type: none"> Medical Privileging-Chief of Staff Dr. Travis Podbilski & Medical Staff Coordinator Barb Goble Quality Improvement Oversight Report-Quality Manager Julie Johnson & CNO/CQO Sara Williamson To discuss with legal counsel about current or potential litigation. Brad Berg, Foster Garvey PC 	5	3:40 pm 3:45 pm 3:50 pm
Department Spotlight <ul style="list-style-type: none"> Deferred. 		
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report-Committee Chair-Secretary Olive Finance Committee Report- Committee Chair-Commissioner Coppock 	7 9	4:00 pm 4:05 pm
Consent Agenda (Action) <ul style="list-style-type: none"> Approval of Minutes: <ul style="list-style-type: none"> August 30, 2023, Regular Board Meeting September 13, 2023, Quality Improvement Oversight Committee Meeting September 20, 2023, Finance Committee Meeting Warrants & EFTs in the amount of \$3,672,982.23 dated August 2023 Approve Documents Pending Board Ratification 09.27.23 	13 21 26 29 3	4:15 pm

○ <i>To provide board oversight for document management in Lucidoc.</i>		
Old Business		
New Business <ul style="list-style-type: none"> Board Bylaws <ul style="list-style-type: none"> ○ <i>To complete biennial review and discuss proposed edits.</i> 	34	4:20 pm
<ul style="list-style-type: none"> Board Policy & Procedure Review <ul style="list-style-type: none"> ○ Commissioner Compensation for Meetings and Other Services ○ Distribution of Board and Committee Packets ○ Hospital Declaration of Personal Property as Surplus 	51 53 54	4:30 pm
Superintendent Report <ul style="list-style-type: none"> Board Educational Articles 	56 57	4:35 pm
Meeting Summary & Evaluation		4:45 pm
Next Board Meeting Dates and Times <ul style="list-style-type: none"> Regular Board Meeting-October 25, 2023 @ 3:30 PM (ZOOM & In Person) Special Board Meeting-Public Hearing- 2024 Budget-November 13, 2023 @ 6:00 PM (ZOOM & In Person) Regular Board Meeting-November 15, 2023 @ 3:30 PM (ZOOM & In Person) Next Committee Meeting Dates and Times <ul style="list-style-type: none"> Finance Committee Meeting-October 18, 2023 @ 12:00 PM (ZOOM) Compliance Committee Meeting-November 1, 2023 @ 12:00 PM (ZOOM) 		
Break		4:50 pm
Guest Speaker <ul style="list-style-type: none"> Kurt O'Brien Consulting <ul style="list-style-type: none"> ○ <i>Developing a High Functioning & Effective Board-2023 Part 4</i> 		4:55 pm
Adjournment		5:30 pm

EXECUTIVE SESSION



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS-4

Arbor Health

- Quoc Ho, MD (Internal Medicine Privileges★)-

Radia Inc.

- Thomas Markel, MD (Consulting Radiology Privileges)
- Edmund Pillsbury III, MD (Consulting Radiology Privileges)
- Carter Yeatman II, MD (Consulting Radiology Privileges)

REAPPOINTMENTS-0

★-notates files with items to note.

BOARD COMMITTEE REPORTS

Hybrid Meeting Agenda
September 12th, 2023
Noon at the hospital conference room

1. Call to order

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

- **EXCUSED ABSENCES:** Lynn Bishop, Gwen Turner, Mya Riffe, Shannon Kelley
- **In Attendance:** Katelin Forrest, Jessica Scogin, Rob Mach, Kip Hendersen, Martha Wright, Marc Fisher, Bonnie Justice, Kim Olive, Louise Fisher, Christine Brower, Jeannine Armstrong Ann Marie Forsman, Paula Baker

2. Approval of Treasurer's Report *Motion: Ann Marie Forsman, second: Paula Baker, passed (no oppose)*

July Minutes (no meeting in August) *Motion: Katelin Forrest, second Jeannine Armstrong, passed (no oppose)*

3. Administrators Report (Rob Mach) continue to recruit physicians, possibly another returning physician in November, Dr. Ho returning, looking at cardiology and orthopedic (Olympia Orthopedic) CT scan in the works, board approved MRI purchase, New CNO hired.

4. Executive Directors Report (Jessica):

- **Mamos and mocktails** -22 attended.
- **Parade-** 1st place in division.
- **Color run-**37 participants, change date for next year to not conflict with Hampton's picnic. Lots of families at the booths, cute Munchkin run.
- **Giftshop yard sale-** leftover giftshop items that have' sold for a while \$600.
- **Father Smith art collection-** Bid or buy now 25 pieces at the BCJ art gallery proceeds go to foundation and foodbank.
- **Wheelchairs for hospital-10** wheelchairs approved to be paid by Foundation, - *Motion by Kip seconded by Katelin. Passed (no oppose)* Was suggested that we put a "donated by Arbor Health Foundation" label on wheelchairs.

- **Auction- October 7th, funds go to equip expanding rapid care** Decorating Friday evening and Saturday morning, need donations, need desserts for the dessert auction. Tickets available online and in the giftshop

5. Old Business:

- **Arbor health Foundation memorial plaque-** must be deceased, name of persons, amended by spouse @ later date if needed. Marc getting plaque and labels. Discussion if need to nominate to put on plaque, will have discussion to put name on plaque to recognize board members & spouses no matter if they were a member.
- **Hospital Support agreement-** Marc, Bonnie Jessica, met with Rob Mach and Corporate compliance officer Spencer Hargett, to discuss logistic change to make the hospital the sole member of the Foundation in articles of incorporation. Report: Doesn't change our set up or nonprofit designation, puts us in compliance so hospital can support the foundation and use their resources.

Motion made to change designation of Foundation for compliance: Katelin Forrest, seconded by Bonnie Justice, passed (no oppose)

6. New Business:

7. Next Meeting: October 10th

Good of the order: Thank you Christie Greiter for putting on the 50/50 raffle! \$1020.00 Good effort by all!

ARBOR HEALTH
EXECUTIVE SUMMARY
Fiscal Year Ending: 8/31/23

BALANCE SHEET

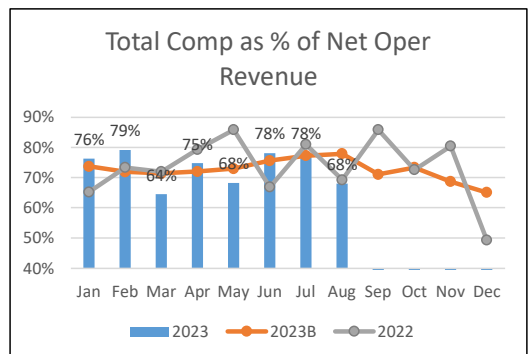
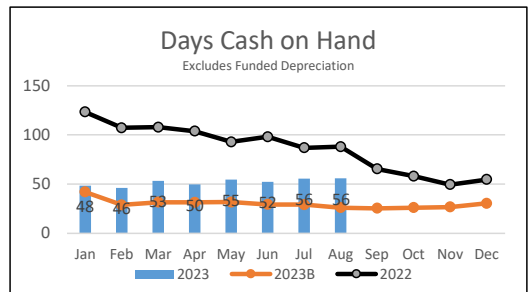
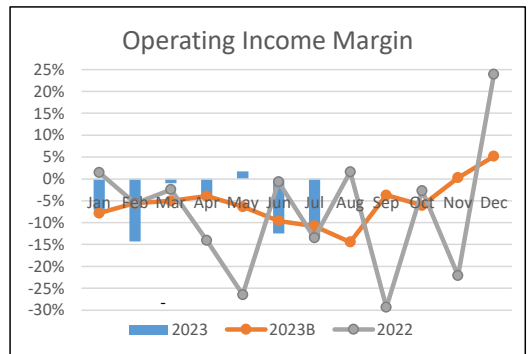
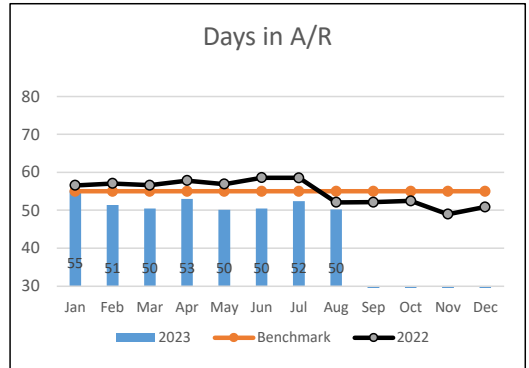
	YTD 8/31/2023	Prior YTD 8/31/2022
ASSETS		
Current Assets	\$11,051,965	\$13,579,624
Assets Whose Use is Limited	\$0	\$0
Property, Plant & Equipment (Net)	\$9,959,897	\$10,874,808
Other Assets	\$789,707	\$796,580
Total Unrestricted Assets	\$21,801,569	\$25,251,012
Restricted Assets	\$1,772,855	\$2,100,771
Total Assets	\$23,574,424	\$27,351,783
LIABILITIES & NET ASSETS		
Current Liabilities	\$4,557,127	\$7,979,383
Long-Term Debt	\$5,995,142	\$6,893,722
Other Long-Term Liabilities	\$0	\$0
Total Liabilities	\$10,552,269	\$14,873,105
Net Assets	\$13,022,155	\$12,478,678
Total Liabilities and Net Assets	\$23,574,424	\$27,351,783

STATEMENT OF REVENUE AND EXPENSES - YTD

	8/31/2023		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$5,286,072	\$5,012,584	\$38,720,152	\$40,137,985
Discounts and allowances	(\$1,879,899)	(\$2,078,847)	(\$14,012,563)	(\$15,368,691)
Bad Dbt & Char C Write-Offs	(\$120,386)	(\$79,680)	(\$996,816)	(\$584,829)
Net Patient Revenues	\$3,285,787	\$2,854,057	\$23,710,773	\$24,184,465
Other Operating Revenues	\$148,546	\$103,429	\$598,027	\$827,430
Total Operating Revenues	\$3,434,333	\$2,957,486	\$24,308,800	\$25,011,895
Salaries, Benefits & Contr Lbr	\$2,336,688	\$2,303,338	\$17,627,144	\$18,512,294
Purchased Serv & Phys Fees	\$404,481	\$404,481	\$2,745,351	\$3,257,386
Supply Expenses	\$252,303	\$229,000	\$1,860,754	\$1,824,364
Other Operating Expenses	\$313,567	\$341,969	\$2,229,507	\$2,477,539
Depreciation & Interest Exp.	\$127,638	\$104,603	\$1,033,724	\$903,041
Total Expenses	\$3,434,677	\$3,383,391	\$25,496,480	\$26,974,624
NET OPERATING SURPLUS	(\$344)	(\$425,905)	(\$1,187,680)	(\$1,962,729)
Non-Operating Revenue/(Exp)	\$97,626	\$77,949	\$974,546	\$623,589
TOTAL NET SURPLUS	\$97,282	(\$347,956)	(\$213,134)	(\$1,339,140)

KEY STATISTICS

	8/31/2023		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Inpatient Admits	4	16	87	127
Average Length of Stay	5.00	3.00	4.40	3.00
Total Emergency Room Visits	499	467	3,693	3,733
Outpatient Visits	1,384	1,426	9,626	10,968
Total Surgeries	48	33	318	264



Lewis County Public Hospital District No. 1

Balance Sheet

August, 2023

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
Assets				
Current Assets:				
Cash	\$ 5,957,470	5,152,068	5,055,656	901,814
Total Accounts Receivable	7,972,287	8,093,457	7,508,625	463,662
Reserve Allowances	<u>(3,971,957)</u>	<u>(4,237,050)</u>	<u>(3,362,569)</u>	<u>(609,388)</u>
Net Patient Accounts Receivable	4,000,330	3,856,407	4,146,056	(145,726)
Taxes Receivable	66,776	4,149	52,607	14,169
Estimated 3rd Party Receivables	263,159	0	(11,605)	274,764
Prepaid Expenses	450,501	237,448	324,031	126,470
Inventory	263,322	262,434	253,658	9,664
Funds in Trust	1,772,855	1,764,576	1,711,559	61,296
Other Current Assets	<u>50,407</u>	<u>152,726</u>	<u>180,415</u>	<u>(130,008)</u>
Total Current Assets	<u>12,824,820</u>	<u>11,429,808</u>	<u>11,712,378</u>	<u>1,112,443</u>
Property, Buildings and Equipment	34,952,269	34,942,222	34,963,861	(11,592)
Accumulated Depreciation	<u>(24,992,372)</u>	<u>(24,892,893)</u>	<u>(24,491,062)</u>	<u>(501,310)</u>
Net Property, Plant, & Equipment	9,959,897	10,049,329	10,472,799	(512,902)
Right-of-use assets	620,192	644,986	681,064	(60,872)
Other Assets	<u>169,514</u>	<u>169,514</u>	<u>167,514</u>	<u>2,000</u>
Total Assets	<u><u>\$ 23,574,424</u></u>	<u><u>22,293,637</u></u>	<u><u>23,033,755</u></u>	<u><u>540,669</u></u>
 Liabilities				
Current Liabilities:				
Accounts Payable	1,556,584	555,900	697,151	859,432
Accrued Payroll and Related Liabilities	925,741	982,212	1,312,233	(386,492)
Accrued Vacation	835,866	803,313	716,055	119,810
Third Party Cost Settlement	315,618	91,068	(69,226)	384,845
Interest Payable	53,412	26,673	0	53,412
Current Maturities - Debt	865,842	865,842	865,842	0
Other Payables	<u>4,065</u>	<u>1,525</u>	<u>26,555</u>	<u>(22,490)</u>
Current Liabilities	<u>4,557,128</u>	<u>3,326,534</u>	<u>3,548,610</u>	<u>1,008,517</u>
Total Notes Payable	884,667	909,995	1,086,048	(201,382)
Lease Liability	377,220	399,090	431,433	(54,213)
Net Bond Payable	4,733,255	4,733,145	4,732,375	881
Total Long Term Liabilities	<u>5,995,142</u>	<u>6,042,230</u>	<u>6,249,856</u>	<u>(254,714)</u>
Total Liabilities	<u>10,552,269</u>	<u>9,368,764</u>	<u>9,798,466</u>	<u>753,803</u>
General Fund Balance	13,235,289	13,235,289	13,235,289	0
Net Gain (Loss)	<u>(213,134)</u>	<u>(310,416)</u>	<u>0</u>	<u>(213,134)</u>
Fund Balance	<u>13,022,155</u>	<u>12,924,873</u>	<u>13,235,289</u>	<u>(213,134)</u>
Total Liabilities And Fund Balance	<u><u>\$ 23,574,424</u></u>	<u><u>22,293,637</u></u>	<u><u>23,033,755</u></u>	<u><u>540,669</u></u>

All Morton General Hospital
Income Statement
August, 2023

Pr Yr MTD	% Var	MTD \$ Var	MTD Budget	MTD Actual		YTD Actual	YTD Budget	YTD \$ Var	YTD % Var	PY YR YTD
360,183	-32%	(319,900)	1,007,824	687,924	Total Hospital IP Revenues	5,526,664	8,091,464	(2,564,799)	-31.7	4,509,073
3,694,913	18%	608,122	3,434,656	4,042,778	Outpatient Revenues	29,106,957	27,500,424	1,606,534	5.8	25,961,603
399,388	-3%	(14,733)	570,104	555,371	Clinic Revenues	4,086,529	4,546,099	(459,569)	-10.1	3,379,301
4,454,484	5%	273,489	5,012,584	5,286,072	Total Gross Patient Revenues	38,720,151	40,137,986	(1,417,835)	-3.5	33,849,977
(1,177,388)	10%	(198,948)	(2,078,847)	(1,879,899)	Contractual Allowances	(14,012,563)	(15,368,691)	(1,356,129)	8.8	(10,852,827)
(167,966)	38%	(8,020)	(21,224)	(29,244)	Bad Debt	(561,896)	(160,805)	(401,090)	249.4	(276,230)
(47,171)	56%	(32,687)	(58,456)	(91,142)	Charity Care	(434,920)	(424,024)	(10,896)	2.6	(350,767)
(1,392,525)	-7%	158,242	(2,158,527)	(2,000,285)	Total Deductions From Revenue	(15,009,378)	(15,953,521)	944,143	-5.9	(11,479,824)
3,061,959	15%	431,730	2,854,057	3,285,787	Net Patient Revenues	23,710,773	24,184,465	(473,693)	-2.0	22,370,153
107,746	44%	45,116	103,429	148,545	Other Operating Revenue	598,027	827,430	(229,403)	-27.7	771,590
3,169,705	16%	476,847	2,957,486	3,434,333	Total Operating Revenue	24,308,800	25,011,895	(703,096)	-2.8	23,141,743
Operating Expenses										
1,890,881	-5%	(90,239)	1,908,017	1,998,256	Salaries	14,855,754	15,352,094	496,340	3.2	13,874,682
304,316	14%	56,890	395,322	338,432	Total Benefits	2,771,388	3,160,200	388,812	12.3	3,040,326
2,195,197	-1%	(33,349)	2,303,338	2,336,688	Salaries And Benefits	17,627,142	18,512,294	885,152	4.8	16,915,008
151,205	-17%	(25,076)	146,083	171,159	Professional Fees	1,069,582	1,109,211	39,628	3.6	1,105,165
202,257	-10%	(23,303)	229,000	252,303	Supplies	1,860,754	1,824,364	(36,391)	-2.0	1,679,104
337,889	8%	35,477	439,957	404,481	Total Purchased Services	2,745,351	3,257,386	512,035	15.7	2,926,357
23,809	14%	6,017	44,508	38,491	Utilities	325,970	353,394	27,424	7.8	360,988
29,608	-23%	(7,110)	30,695	37,805	Insurance Expense	237,966	245,559	7,592	3.1	191,675
109,861	-22%	(23,035)	104,603	127,638	Depreciation and Amortization	1,033,724	903,041	(130,683)	-14.5	878,445
29,661	0%	108	28,989	28,881	Interest Expense	232,295	231,910	(385)	-0.2	260,806
38,997	34%	18,987	56,217	37,230	Other Expense	363,695	537,466	173,771	32.3	356,925
3,118,484	-2%	(51,286)	3,383,391	3,434,677	Total Operating Expenses	25,496,479	26,974,624	1,478,145	5.5	24,674,473
51,222	-100%	425,561	(425,905)	(344)	Income (Loss) From Operations	(1,187,680)	(1,962,729)	775,049	-39.5	(1,532,730)
151,288	-25%	(19,677)	77,949	97,626	Non-Operating Revenue/Expense	974,545	623,589	(350,957)	-56.3	1,166,397
202,510	-128%	445,238	(347,956)	97,282	Net Gain (Loss)	(213,134)	(1,339,140)	1,126,006	-84.1	(366,333)

CONSENT AGENDA



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

August 30, 2023, at 3:30 p.m.

Conference Room 1 & 2 and via ZOOM

<https://myarborhealth.zoom.us/j/86984869026>

Meeting ID: 869 8486 9026

One tap mobile: +12532050468,,86984869026#

Dial: +1 253 205 0468 US

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> ☒ Barb Goble, Medical Staff Coordinator ☒ Dr. Travis Podbilski, Chief of Staff ☒ Buddy Rose, Reporter ☒ Clint Scogin, Controller ☒ Julie Johnson, Quality Manager ☒ Jessica Scogin, Foundation Manager ☒ Marc Fisher, Community Member ☒ Jim Frey, IT Director ☒ Robert Houser, Imaging Manager ☒ Van Anderson, Community Member ☒ Nicholas Tyler, Pharmacist <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
Approval or Amendment of Agenda		<p>Commissioner Coppock made a motion to approve the agenda.</p> <p>Commissioner Frady seconded and the motion passed unanimously.</p>		
Conflicts of Interest	<p>Board Chair Herrin asked the attendees to state any conflicts of interest with today's agenda.</p>	None noted.		
Comments and Remarks	<p>Commissioners:</p> <p>Commissioner Coppock commended the hospital on another successful wellness week, as well as all summer events Arbor Health either hosted or participated in. Commissioner McMahan echoed kudos and excited for potential benefit improvements for retaining and recruiting staff.</p> <p>Audience: Van Anderson expressed concern related to a Special Board Meeting not being scheduled to address the CT capital purchase given patient safety concerns. Superintendent Mach shared it was</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	his first two weeks on the job, so ensuring all details both financially and equipment-wise were included in the request of the to the Board. CMO Dr. McCurry noted while there is a patient safety concern, the current equipment does meet requirements. The new CT will expand capabilities.			
Executive Session- RCW 70.41.200	<p>Board Chair Herrin announced going into executive session at 3:38 p.m. for five minutes to discuss RCW 70.41.200-Medical Privileging. The Board returned to open session at 3:43 p.m. Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments- Radia Inc.</p> <ol style="list-style-type: none"> 1. Daniel Pham, MD (Consulting Radiology Privileges) <p>Reappointments- Arbor Health</p> <ol style="list-style-type: none"> 1. Victoria Acosta, DO (Family Medicine Privileges) 2. Annette Cole, CRNA (Anesthesia Privileges) 3. Todd Nelson, CRNA (Anesthesia Privileges) 4. Garrett Peresko, DPM (Podiatry Privileges) 5. Edward Junn, MD (Emergency Medicine Privileges) <p>Providence Health & Services Privileging by Proxy</p> <ol style="list-style-type: none"> 6. Andrew Rontal, MD (Consulting 	Commissioner Coppock made a motion to approve the Medical Privileging as presented, Commissioner Frady seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Neurology/Telestroke Privileges)			
Department Spotlight <ul style="list-style-type: none"> Pharmacy 	Pharmacist Tyler highlighted a brief financial report, upcoming flu/covid season, professional developments and potential services. Continue to track 340b and ways to optimize this program. Researching outpatient pharmacy options, as studies show success rates with patients leaving with medications at discharge improves patient outcomes. Primary concerns include understanding the economics of the District, prime location and regulatory hurdles.			
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report 	Secretary Olive shared the Arbor Health (AH) Foundation is hosting a yard sale Labor Day weekend. The AH Foundation purchased an exercise bike for the employee gym. The AH Foundation Jubilee Float received 1 st place. Foundation Manager Scogin noted the Wellness Week Color Run was successfully colorful! The Dinner Auction is scheduled for October 7 th at 5 PM and the theme is Emerald City. The location has been changed to Morton High School. There will be entertainment, dinner, and the fund-a-need is focused on equipment for the Rapid Care Clinic. Already accepting donations.			
<ul style="list-style-type: none"> Finance Committee Report 	Commissioner Coppock's finance update included a financial spotlight from Pharmacy, financials are behind in revenue due to lower volumes, covid relief dollars paid back, and services being delays or not implemented. Supporting new capital opportunity included in resolution under New Business regarding an MRI unit. Retirement plan in good standing and support the resolution to surplus. Recently attended a meeting reiterating the importance of cyber security.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Compliance Committee Report 	Commissioner McMahan's compliance update included reviewing risk assessment progress, supporting resolution to add Rob Mach as a Public Records Officer, finding a solution for paper records due to a DNV finding and 71% of the compliance workplan is complete YTD.			
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"> August 2, 2023, Compliance Committee Meeting July 26, 2023, Regular Board Meeting August 23, 2023, Finance Committee Meeting Warrants & EFTs in the amount of \$3,344,878.15 dated July 2023 RES-23-17-Declaring to Surplus or Dispose of Certain Property 	<p>Commissioner Coppock made a motion to approve the Consent Agenda and Commissioner Frady seconded. The motion passed unanimously.</p> <p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p>	Executive Assistant Garcia	9.01.23
Old Business	Nothing to report.			
<ul style="list-style-type: none"> None. 				
New Business				
<ul style="list-style-type: none"> RES-23-18- Approving the Capital Purchase of the MRI Unit 	Ancillary Services Director Taylor presented the MRI Unit. DASH reporting shows outmigration from the District for MRI's. The new model is a stand-alone unit that would be onsite fulltime, smaller than the mobile unit, an 80 cm open bore which adds benefits to patients, significant reduction in helium, rural health focus to manage remotely with trained staff and ultimately increased access for patients. Discussed current access with financial impact, as well as expanded access with stronger financial impact. The plan is to have the unit match the look and feel of the hospital. Considering a walkway to avoid the weather	<p>Commissioner Coppock made a motion to approve RES-23-18 and Secretary Olive seconded. The motion passed unanimously.</p> <p>Resolution will be sent for electronic signatures.</p>	Executive Assistant Garcia	09.01.23

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>between the ED and MRI Unit. Traffic will shift to a one way to accommodate the unit. There is a 6-month lead time for production so the purchase is budgeted for 2024. The benefit to signing now is there will be a 3-year warranty savings on the instrument.</p> <p>CMO Dr. McCurry supports this purchase knowing by having the unit onsite every day the hospital is increasing patient access which ultimately keeps patients with Arbor Health.</p> <p>The Board agreed this purchase aligns perfectly with the strategic plan and supports moving forward with the purchase.</p> <p>Superintendent Mach noted Siemen's agreed to an agreement that the District and cancel the agreement up until the unit arrives in the event we cannot move forward. DOH will do a site review too. The contractors are WA based.</p>			
<ul style="list-style-type: none"> RES-23-19-Appointing Replacement Public Records Officer of Lewis County Hospital District No. 1 	Board Chair Herrin presented Resolution 23-19 noting the District needs to appoint a replacement PRO from Superintendent Everett to Superintendent Mach.	Commissioner Frady made a motion to approve RES-23-19 and Commissioner Coppock seconded. The motion passed unanimously.	Executive Assistant Garcia	09.01.23
<ul style="list-style-type: none"> Board Policy and Procedure Review 	<p>Board Chair Herrin presented the following policies/procedures for review and/or revision:</p> <ol style="list-style-type: none"> 1. Annual Adoption of the Compliance Plan-Marked as Reviewed. 2. Annual Adoption of the Quality Program Plan-Marked as Reviewed. 	<p>Commissioner Coppock made a motion to approve P & P's and Secretary Olive seconded. The motion passed unanimously.</p> <p>Marked three documents as Reviewed in Lucidoc.</p>	Executive Assistant Garcia	09.01.23

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>3. Quality Improvement Oversight Information-Marked as Reviewed.</p>			
Superintendent Report	<p>Superintendent Mach highlighted the memo in the packet and added the following updates:</p> <ol style="list-style-type: none"> 1. CNO Candidate Barbara Van Duren has accepted the position and start date TBD-October. 2. Continue to recruit for APP positions. 3. Continue to work on employee/patient parking with improvements to the property. 4. Selected a new benefit broker in hopes of improving benefits and services for employees as well as minimizing price increases. 5. Wellness Week was a big success with increased participation which is a bonus. 6. Beginning discussions with a non-profit related to forgiving medical debt. 			
Meeting Summary & Evaluation	<p>Superintendent Mach highlighted the meeting which included decisions made and action items.</p> <p>Secretary Olive noted the meeting was informative especially during the Pharmacy spotlight and MRI Capital Purchase discussion.</p> <p>Commissioner Frady thanked the Staff for their patience in answering questions.</p> <p>Commissioner Coppock noted the District is tracking strategically with a changed mindset for improvements which sets Arbor Health apart.</p> <p>Commissioner McMahan noted great discussions and feeling prepared for a bright future.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	Board Chair Herrin appreciated hearing the public concerns to ensure transparency of the Board.			
Guest Speaker <ul style="list-style-type: none"> Kurt O'Brien Consulting-Part 3 	The Board discussed building habits of communication. Reminded to debrief at the conclusion of meetings through collective group reflection.			
Adjournment	Commissioner Coppock moved and Commissioner Frady seconded to adjourn the meeting at 6:03 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
QUALITY IMPROVEMENT OVERSIGHT MEETING
September 13, 2023 at 7:00 a.m.
ZOOM**

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Unexcused/Excused Absences Reading the Mission & Vision Statements	Secretary Olive 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, Commissioner <input checked="" type="checkbox"/> Kim Olive, Secretary Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Rob Mach, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Matthew Lindstrom, CFMO <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> Dr. Travis Podbilski, Chief of Staff <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Nicholas Tyler, Pharmacist <input type="checkbox"/> LeeAnn Evans, Inpatient and ED Services Director <input checked="" type="checkbox"/> Gary Preston, MA PhD CIC FSHEA <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer	Unexcused Absences: LeeAnn Evans		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<input checked="" type="checkbox"/> Barbara Goble, Medical Staff Coordinator <input checked="" type="checkbox"/> Lynn Bishop, Community Member			
Approval or Amendment of Agenda		CFO Cornwell made a motion to approve the agenda and Superintendent Mach seconded. The motion passed unanimously.		
Conflicts of Interest	Secretary Olive 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 Operational Workgroup Environment of Care (EOC) 	<p>Dr. Podbilski noted appointment summary from June, July & August.</p> <p>Quality Manager Johnson noted the QAPI workgroup reviewed the regulatory finding updates, department specific PI's with action moving forward, and recognized noteworthy efforts/accomplishments.</p> <p>CFMO Lindstrom noted highlights of the EOC Meeting specifically noting William Sullivan was appointed as Safety Officer and Sara Riley was appointed as the Emergency management Coordinator. Both of which align with job responsibilities. Continue to refine the 96-hour sustainability toolkit, as well as ensuring NIMS training is completed for the required personnel.</p>			
Consent Agenda <ul style="list-style-type: none"> Approval of Minutes 	Approval of the following: <ol style="list-style-type: none"> June 14, 2023, Quality Improvement Oversight (QIO) Committee Meeting LifeCenter NW Q2 Report 	Commissioner Coppock made a motion to approve the agenda and Dr. Podbilski seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<p>Old Business</p> <ul style="list-style-type: none"> 061423 Action Item Follow Up 	<p>Dr. Podbilski noted working with Clinic Managers Hancock and Brazil on ways to approach patients during an unrelated visit to schedule an annual preventative care visit. Working on a proactive approach by building workflows for staff to schedule patients for these appointments. Ancillary Services Director Taylor added Care Coordination support is in progress which includes elbow support to both medical staff and patients to dig deeper on the patient's health. Very complex process but moving forward.</p>			
<ul style="list-style-type: none"> Senior Management Review 	<p>Quality Manager Johnson shared this is a time to discuss initiatives that are not having movement. This senior level group was added as a level of discussion to decide on quality focuses and identify if topics should continue or not. Quality Manager Johnson presented standard workflows, an ISO 9001 recommendation regarding organizational knowledge. The Committee agreed for the Leadership to discuss further to continue or discontinue, as well as decide on plan for standard workflows to share at the next meeting.</p>	<p>Attend leadership meeting to discuss the "now what" with standard workflows.</p>	<p>Quality Manager Johnson & Superintendent Mach</p>	<p>Prior to the end of the month 09.29.23 and revisit at QIO Meeting-12.13.23</p>
<p>New Business</p> <ul style="list-style-type: none"> QIO Dashboard Summary 	<p>Quality Manager Johnson presented the dashboard which includes key indicators. Remember Top Box reporting changed from Press Ganey to PRC, so the baseline will be established and then learning how to move the needle toward improvement. Recognized RN Kathy Blakes movement in August on wound improvement tracking, strong work!</p> <p>Pharmacist Tyler continues to track communication about medicine and carefully monitoring through PI.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Rapid Care shows red, but what the numbers are showing is we need from good to great and understanding how to make the shift. Other topics addressed were stroke monitoring, falls, and depression screenings. Again, hoping the care coordinator will assist with clinic metrics.</p> <p>Peer Review and Grievances continues to track. Grievances trend the highest through the ED and are managed appropriately. It was a slower quarter for QMM's but reporting is up already in September which brings awareness and resolution.</p>			
<ul style="list-style-type: none"> Regulatory & Accreditation Report 	<p>Quality Manager Johnson presented survey plan of correction which include 6 findings being closed with the improvements we are making.</p> <p>Recognized Dr. Anderson with a noteworthy effort during a ED Tracheotomy.</p>			
<ul style="list-style-type: none"> Top 10 Patient Safety Concerns 2023 	<p>CNO/CQO Williamson recalled reviewing the ECRI concerns last year. In comparison, the year over year the issues changed given 2022 was focused on closing the pandemic gaps. The top three relatable concerns that align with Arbor Health are 1) Physical and Verbal Violence against Healthcare Staff, 2) Consequences of Poor Care Coordination for Patients with Complex Medical Conditions and 3) Risks of Not Looking beyond the "Five Rights" to Achieve Medication Safety.</p>			
<ul style="list-style-type: none"> 2023 WSHA Annual Meeting 	<p>Executive Assistant Garcia noted the upcoming WSHA conference in October includes the option for commissioners to attend. Superintendent Mach and new CNO/CQO Barbara Van Duren are registered. Commissioners are both busy and look forward to a report on the conference at the next meeting.</p>	<p>Attend Conference and provide summary report take aways.</p>	<p>Superintendent Mach</p>	<p>QIO Meeting 12.13.23</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Lucidoc Document Management 	<p>Quality Manager Johnson presented the following documents for approval:</p> <ol style="list-style-type: none"> 1. Emergency Preparedness Management Plan- Approved w/edits on stakeholders, signers and font issues. 2. Environment of Care Master Plan-Approved. 3. Fire Safety Management Plan-Approved. 4. Hazardous Materials Waste Management Plan- Approved. 5. Medical Equipment Management Plan- Approved. 6. Security Management Plan- Approved. 7. Utility Systems and Physician Environment Plan-Approved. 	<p>Commissioner Coppock made a motion to approve the documents and Secretary Olive seconded. The motion passed unanimously.</p>		
Meeting Summary & Evaluation	Secretary Olive provided a summary.			
Adjournment	Secretary Olive adjourned the meeting at 8:10 a.m. The motion passed unanimously.			



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
September 20, 2023, at 12:00 p.m.
Via Zoom

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Excused/ Unexcused Absences Conflicts of Interest	Commissioner Coppock called the meeting to order via Zoom at 12:00 p.m. Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Craig Coppock, Commissioner <input checked="" type="checkbox"/> Wes McMahan, Commissioner Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Robert Mach, Superintendent <input type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director	Unexcused Absences: None Excused: Marc Fisher (No Phone or Internet)		
Approval or Amendment of Agenda		Commissioner McMahan made a motion to approve the agenda and Superintendent Mach seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Conflicts of Interest	Commissioner Coppock asked the Committee to state any conflicts of interest with today's agenda.	None were noted.		
Consent Agenda	Commissioner Coppock announced the following in consent agenda up for approval: <ol style="list-style-type: none"> 1. Review of Finance Minutes –August 23, 2023 2. Revenue Cycle 3. Board Oversight Activities 	Superintendent Mach made a motion to approve the consent agenda and CFO Cornwell seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> Financial Department Spotlight 	Commissioner Coppock noted the spotlight was deferred this month.			
<ul style="list-style-type: none"> CFO Financial Review 	<p>CFO Cornwell shared the following highlights:</p> <ol style="list-style-type: none"> 1. The District's volumes in August show unfavorable for Inpatient with better numbers halfway through September. Swing bed numbers were strong along with Outpatient Registrations and Surgeries. 2. Days Cash on Hand and Days in AR remain steady. 3. No significant changes to the Balance Sheet. 4. Income Statement reflects gross patient revenue behind budgets which floods into net patient revenues trending behind too. Total Operating Revenue is unfavorable to the budget. Expenses continue to be controlled. Overall, experiencing a loss but ahead of budget. <p>CFO Cornwell noted preliminary discussions are occurring with one of the District's payors. There is the potential for a negative impact on net gain.</p> <p>CFO Cornwell shared no trends noted to date or problem areas identified to fix. During the budget process, different departments have</p>	Transfer from agency to permanent. Insurance-innovative ideas. Cutting costs isn't good. Improving revenue.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	identified operating leaner so managers are addressing to improve workloads. Always work towards recruiting permanent staff to reduce agency.			
New Business <ul style="list-style-type: none"> 2024 Budget Volume Planning & Schedule 	<p>CFO Cornwell presented the volume assumptions and do not anticipate any big shift in patient counts.</p> <p>Commissioner McMahan inquired on a few initiatives; daycare, paramedic, and public outreach. All great ideas that can be added or removed from the 2024 budget or added to the strategic plan operational plan.</p> <p>CFO Cornwell shared the schedule for the budget process.</p>			
Meeting Summary & Evaluation	CFO Cornwell highlighted the decisions made and action items that need to be taken to the entire board for approval.			
Adjournment	Commissioner Coppock adjourned the meeting at 12:22 pm.			

WARRANT & EFT LISTING NO. 2023-08

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

\$3,672,982.23 this 27th day

of September 2023

Board Chair, Tom Herrin

Secretary, Kim Olive

Commissioner, Wes McMahan

Commissioner, Craig Coppock

Commissioner, Patricia Frady

SEE WARRANT & EFT REGISTER in the amount of \$3,672,982.23 dated August 1, 2023 – August 31,
2023.

Aug-23

ARBOR HEALTH WARRANT REGISTER

Routine A/P Runs

Warrant No.	Date	Amount	Description
131007	1-Aug-23	270. 42	CHECK RUN
131008 - 131050	4-Aug-2023	294, 732. 25	CHECK RUN
131051 - 131073	7-Aug-2023	1, 061, 445. 61	CHECK RUN
131074	2-Aug-2023	36. 90	CHECK RUN
131075	8-Aug-2023	374. 94	CHECK RUN
131076	9-Aug-2023	1, 000. 00	CHECK RUN
131077 - 131128	11-Aug-2023	201, 838. 43	CHECK RUN
131129 - 131150	14-Aug-2023	190, 551. 14	CHECK RUN
131151 - 131194	17-Aug-2023	209, 162. 21	CHECK RUN
131195 - 131208	21-Aug-2023	158, 761. 49	CHECK RUN
131209	15-Aug-2023	4, 075. 14	CHECK RUN
131210	17-Aug-2023	3, 706. 31	CHECK RUN
131211	22-Aug-2023	169. 08	CHECK RUN
131212 - 131262	25-Aug-2023	11, 818. 92	CHECK RUN
131263 - 131286	29-Aug-2023	901, 702. 93	CHECK RUN
131287 - 131360	29-Aug-2023	266, 157. 75	CHECK RUN
131361	1-Aug-2023	8, 783. 00	CHECK RUN
131362	23-Aug-2023	321. 67	CHECK RUN
131363	28-Aug-2023	24, 232. 80	CHECK RUN
131364 - 131365	29-Aug-2023	535. 46	CHECK RUN
131366	31-Aug-2023	981. 00	CHECK RUN
131411	15-Aug-2023	190. 30	CHECK RUN
Total - Check Runs		\$ 3,340,847.75	

Error Corrections - in Check Register Order

Warrant No.	Date Voided	Amount	Description
131020	14-Aug-23	629. 54	VOID CHECK
131228	28-Aug-23	558. 37	VOID CHECK
131252	28-Aug-23	234. 44	VOID CHECK
131316	29-Aug-23	16, 106. 00	VOID CHECK
131095	29-Aug-23	3, 987. 00	VOID CHECK
131170	29-Aug-23	13, 216. 00	VOID CHECK
130573	29-Aug-23	5, 235. 00	VOID CHECK
130493	29-Aug-23	14, 745. 00	VOID CHECK
TOTAL - VOIDED CHECKS		\$ 54,711.35	

UMPQUA BANK CHECKS, EFT'S, LESS VOIDS	\$ 3,286,136.40
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Eft	Date	Amount	Description
1205	4-Aug-2023	167, 082. 87	IRS
4762	7-Aug-2023	244. 04	TPSC
4763	14-Aug-2023	272. 00	TPSC
4764	21-Aug-2023	1. 46	TPSC
4765	24-Aug-2023	137. 50	TPSC
1206	18-Aug-2023	163, 212. 50	IRS
4766	28-Aug-2023	1, 184. 11	TPSC
TOTAL EFTS AT SECURITY STATE BANK		\$ 332,134.48	

TOTAL CHECKS, EFT'S, & TRANSFERS	\$ 3,672,982.23
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Documents Awaiting Board Ratification 09.27.23		
	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Assessment and Resuscitation of the Trauma Patient	Emergency Services
2	Emergency Department Diversion	Emergency Services
3	Emergency Department Extended Stays	Emergency Services
4	Emergency Preparedness Management Plan	Emergency Preparedness
5	Environment of Care Master Plan	Physical Environment (EOC)
6	Fire Safety Management Plan	Life Safety
7	Hazardous Materials Waste Management Plan	Life Safety
8	Head Injury in Anticoagulated Patients	Emergency Services
9	Medical Equipment Management Plan	Life Safety
10	Safety and Accident Prevention Management Plan	Safety
11	Security Management Plan	Life Safety
12	THE ANESTHESIA WORKPLACE	Anesthesia Services
13	Utility Systems and Physical Environment Plan	Life Safety
<p>In order to access the above documents you will need to log into Lucidoc. Once you have logged into Lucidoc, on the top toolbar click "My Meetings" and select the upcoming Board meeting date that's highlighted in green to see the agenda with documents needing to be approved. You are able to view the documents once in the agenda. If the date is highlighted in yellow that means the agenda has not been released yet.</p>		

OLD BUSINESS

NEW BUSINESS



**AMENDED AND RESTATED BYLAWS OF
LEWIS COUNTY HOSPITAL DISTRICT NO. 1**
(Revision date – 07/28/21)

MORTON, WASHINGTON

ARTICLE I

FORMATION AND PURPOSE

This public hospital district (the "District"), a municipal corporation, was created in 1978 to provide hospital services for the residents of the District and other persons. The activities of the District shall be conducted in conformity with the Constitution and laws of the State of Washington, including RCW 70.44 and RCW 42.30, as now in effect and hereafter amended. These bylaws are adopted to further the lawful purposes of the District, which include providing quality hospital and other health care services appropriate to the needs of the population served, and to facilitate the governing of the District's hospital, clinics, emergency care, swing beds and other health care facilities, which shall be operated in compliance with applicable law and regulations. These bylaws shall be reviewed by the District at least once every two years and revised as appropriate.

ARTICLE II

BOARD OF COMMISSIONERS

Section 1. Qualification and Election. No person shall be eligible to be elected to the office of public hospital district commissioner unless he or she is a registered voter residing within the boundaries of the district and, if applicable, within the commissioner district from which he or she is elected. All district commissioners shall be elected and serve, whether from a particular commissioner district or at large, in the manner and for the term prescribed by law. All members of the board of commissioners (the "Board" or the "Commission"), whether elected or appointed, shall be required to take an oath of office in the form prescribed by the laws of the State of Washington relating to public officials. RCW 29A.04.133; RCW 70.44.040(2).

Section 2. Organization and Offices of the Board of Commissioners. The Board shall by its first regular meeting in each calendar year organize by the election of, from its own members, a president, who shall be referred to as the Chair, and the Secretary, such election to be by a majority vote of the commissioners in each case. The terms of both officers shall be for one year. RCW 70.44.050.



2.1 Board Chair. The Board Chair shall act as the presiding officer at meetings of the Board.

2.2 Secretary. The Secretary shall prepare, or cause to be prepared, minutes of all regular and special meetings of the board, shall sign the same and shall keep or cause them to be kept in document management system for that purpose. In the absence of the Board Chair, the Secretary or designee may preside at board meetings. RCW 42.30.035.

2.3 Absence of Chairperson and Secretary. If neither the Board Chair nor the Secretary are present, a designee will be appointed by the Board Chair.

2.4 Officer Vacancy. If a vacancy occurs in the office of either the Board Chair or the Secretary, an election of officers shall take place at the next regular meeting of the board to fill the unexpired term created by the vacancy.

2.5 Commissioner Vacancy. A vacant commissioner position may be filled by the board appointing a new member in the manner prescribed by law. RCW 42.12.070; RCW 70.44.045.

2.6 Forfeiture. A commissioner shall forfeit his or her office by non-attendance at meetings of the commission for 60 days, unless excused by the commission or as otherwise provided in RCW 42.12.010. RCW 70.44.045.

Section 3. Meetings of the Board of Commissioners.

3.1 All Meetings. All meetings of the Board shall be open and public in compliance with the Open Meetings Act, Chapter 42.30 RCW, and all persons shall be permitted to attend any meeting of the Board, except as otherwise provided by law. RCW 42.30.030. In the event that any meeting is interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored by the removal of individuals who are interrupting the meeting, the board may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by majority vote of the board. In such a session, final disposition may be taken only on matters appearing on the agenda. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the board from establishing a procedure for readmitting an individual or individuals not responsible for disturbing the orderly conduct of the meeting. RCW 42.30.050.

3.2 Regular Meetings. The Board shall provide the time for holding regular meetings by resolution. Unless otherwise provided for by law, meetings of the board need



not be held within the boundaries of the district. If at any time any regular meeting falls on a holiday, such regular meeting shall be held on the next business day or as determined by a vote of the Board. RCW 42.30.070. For the purposes of this section "regular" meetings shall mean recurring meetings held in accordance with a periodic schedule declared by resolution of the Board from time to time. The Board must make the agenda of each regular meeting of the governing body available online no later than twenty-four hours in advance of the published start time of the meeting. RCW 42.30.077.

3.3 Special Meetings. A special meeting may be called at any time by the Board Chair or by a majority of the members of the Board by delivering written notice personally, face to face, by phone, by mail, by fax, or by electronic communication to each member of the governing body. Notice of the special meeting shall be completed by any of the following: emailed to newspapers of general circulation of the District or to local radio or television station which are on file with the governing body a request to be notified of such special meeting or of all special meetings; posted on the Board's website, displayed on hospital or clinic readerboards and the meeting site if not at the principal location. Such notice must be delivered personally, by mail, by fax, by phone or by electronic communication at least twenty-four hours before the time of such meeting as specified in the notice. The notice shall specify the time, place of the special meeting either in person or virtual and the business to be transacted. The Board shall not take final disposition on any other matter at such meetings. Such notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the Secretary a written waiver of notice. Such waiver may be given by fax or electronic communication. Such written notice may also be dispensed with (i) as to any member who is actually present at the meeting at the time it convenes or (ii) as to any member who, prior to the time the meeting convenes, receives notice of the meeting by email and files a written consent to receive meeting notices by email. RCW 42.30.080.

3.4 Budget Hearing. The Superintendent shall prepare a proposed budget for the ensuing year and file the same in the records of the commission on or before the first day of November. Notice of the date and time of the budget hearing must be published for at least two consecutive weeks at least one time each week in a newspaper printed and of general circulation of the District. On or before the 15th day of November of each year, the board shall hold a public hearing on the district's proposed budget for the following year at which hearing any taxpayer may appear and be heard against the whole or any part of the proposed budget. Upon conclusion of the hearing, the commission shall, by resolution, adopt the budget as finally determined and fix the final amount of expenditures for the ensuing year. RCW 70.44.060 (6).

3.5 Emergency Meetings. If by reason of fire, flood, earthquake or other emergency, there is a need for expedited action by the Board to meet the emergency, the Board Chair may provide for a meeting site other than the regular meeting site and the



notice requirements of these bylaws shall be suspended during such emergency. RCW 42.30.070. The meeting notices required by these bylaws and chapter 42.30 RCW may be dispensed with in the event a special meeting is called to deal with an emergency involving injury or damage to persons or property or the likelihood of such injury or damage, when time requirements of such notice would make notice impractical and increase the likelihood of such injury or damage. RCW 42.30.080.

3.6 The Order of Business. Meetings of the commission shall be as follows:

a. **Regular Meetings**

- Call to Order
- Roll Call
- Reading the Mission & Vision Statements
- Approval or Amendment of Agenda
- Conflicts of Interest
- Comments and Remarks Executive Session as necessary
- Guest Speaker as necessary Department Updates as necessary
- Board Committee Reports
- Consent Agenda – The Consent Agenda may include minutes of regular and special board meetings, minutes of board committees, and monthly warrants. Any board member or the Superintendent may request an item be removed from the consent agenda and placed as a separate item.
- Old Business
- New Business
- Superintendent's Report
- Executive Session as Necessary
- Meeting Summary & Evaluation
- Next Meeting Dates and Times
- Adjournment

b. **Special Meetings**

- Call to Order
- Roll Call
- Reading the Mission & Vision Statements
- Conflicts of Interest
- Reading of the Notice of Special Meeting
- Executive Session or Sessions as necessary
- Public Comment as necessary
- Consideration of Matters Stated in the Notice



- Action as necessary
- Adjournment

Section 4. Action by the Board. "Action" means the transaction of the official business of the Board including but not limited to receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations, and final actions. "Final action" means a collective positive or negative decision, or an actual vote by a majority of the members of the board sitting as a body or entity, upon a motion or resolution. RCW 42.30.020(3). All proceedings of the Board shall be by motion or resolution recorded in the District's document management system. RCW 70.44.050. Minutes of all regular and special meetings, except executive sessions thereof, shall be promptly recorded and shall be open to public inspection. RCW 42.32.030. The Board shall not adopt any motion, resolution, rule, regulation, or directive, except in a meeting open to the public and then only at a meeting, the date of which is fixed by law or rule, or at a meeting of which notice has been given. Any action taken at meetings failing to comply with the provisions of this section shall be null and void. RCW 42.30.060(1). The Board shall not vote by secret ballot. Any vote taken in violation of this section shall be null and void and shall be considered an "action" within the meaning of this section and the Open Public Meetings Act, Chapter 42.30 RCW. RCW 42.30.060(2).

It shall not be a violation of the requirements of the Open Public Meetings Act, Chapter 42.30 RCW, or these bylaws for a majority of the members of the board to travel together or gather for purposes other than a "regular meeting" or a "special meeting" as these terms are defined in the Open Public Meetings Act, Chapter 42.30 RCW, and these bylaws; provided, that they take no "action" as defined in this in the Open Public Meetings Act, Chapter 42.30 RCW, and these bylaws. RCW 42.30.070.

Section 5. Executive Sessions. Nothing contained in these bylaws may be construed to prevent the Board from holding an executive session during a regular or special meeting. RCW 42.30.110(1).

Before convening in executive session, the Board Chair shall publicly announce the purpose for excluding the public from the meeting place, and the time when the executive session will be concluded. The executive session may be extended to a stated later time by announcement of the Board Chair or of a designee. RCW 42.30.110(2).

An executive session may be held only for one or more of the purposes identified below or as otherwise permitted by RCW 42.30.110(1) or other applicable law:

- a. To consider matters affecting national security;
- b. To consider, if in compliance with any required data security breach disclosure under RCW 19.255.010 and 42.56.590, and with legal counsel available,



information regarding the infrastructure and security of computer and telecommunications networks, security and service recovery plans, security risk assessments and security test results to extent that they identify specific system vulnerabilities, and other information that if made public may increase the risk to the confidentiality, integrity, or availability of agency security or to information technology infrastructure or assets;

- c. To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price;
- d. To consider the minimum price at which real estate will be offered for sale or lease when public knowledge regarding such consideration would cause a likelihood of decreased price. However, final action selling or leasing public property shall be taken in a meeting open to the public;
- e. To review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs;
- f. To receive and evaluate complaints or charges brought against a public officer or employee. However, upon the request of such officer or employee, a public hearing or a meeting open to the public shall be conducted upon such complaint or charge;
- g. To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. However, subject to RCW 42.30.140(4), discussion by a governing body of salaries, wages, and other conditions of employment to be generally applied within the agency shall occur in a meeting open to the public, and when a governing body elects to take final action hiring, setting the salary of an individual employee or class of employees, or discharging or disciplining an employee, that action shall be taken in a meeting open to the public;
- h. To evaluate the qualifications of a candidate for appointment to elective office. However, any interview of such candidate and final action appointing a candidate to elective office shall be in a meeting open to the public;
- i. To discuss, with legal counsel representing the district, litigation or potential litigation to which the district, the board, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the district; provided, however, this exception does not permit the board to hold an executive



session solely because an attorney representing the district is present. For purposes of this exception, "potential litigation" means matters protected by RPC 1.6 or RCW 5.60.060(2)(a) concerning: (A) litigation that has been specifically threatened to which the district, the board, or a member acting in an official capacity is, or is likely to become, a party; (B) litigation that the district reasonably believes may be commenced by or against the district, the board, or a member acting in an official capacity; or C) litigation or legal risks of a proposed action or current practice that the district has identified when public discussion of the litigation or legal risks is likely to result in an adverse legal or financial consequence to the district;

- j. To conduct meetings, proceedings, and deliberations of the board, its staff or agents, concerning the granting, denial, revocation, restriction, or other consideration of the status of the clinical or staff privileges of a physician or other health care provider as that term is defined in RCW 7.70.020, if such other providers at the discretion of the board is considered for such privileges; provided that the final action of the board as to the denial, revocation, or restriction of clinical or staff privileges of a physician or other health care provider as defined in RCW 7.70.020 shall be done in public session. RCW 42.30.110; RCW 70.44.062; and;
- k. To conduct collective bargaining sessions with employee organizations, including contract negotiations, grievance meetings, and discussions relating to the interpretation or application of a labor agreement; or to conduct that portion of a meeting during which the governing body is planning or adopting the strategy or position to be taken by the governing body during the course of any collective bargaining, professional negotiations, or grievance or mediation proceedings, or reviewing the proposals made in the negotiations or proceedings while in progress.
- l. To review the report or the activities of a quality improvement committee established under RCW 70.41.200.

Section 6. Quorum. A majority of the persons holding the office of district commissioner shall constitute a quorum of the Board for the transaction of business, but no resolution shall be adopted without a majority vote of the whole Board. RCW 70.44.050.

Section 7. Committees and Representatives. The Board may from time to time act as a committee of the whole or appoint such other committees, as it may deem necessary or advisable in the conduct of its affairs. The Board may from time to time



choose to change committee appointments as needed. The activities of any committees so appointed shall be conducted lawfully and be recorded in written minutes. The Board Chair shall recommend to the board a commissioner as Board Chair of such committees to serve for terms not to exceed one year. The Superintendent will appoint an administrative staff person to support each board committee. Committees of the Board shall meet periodically as provided in these bylaws or as provided by resolution of the Board.

7.1 Board Committees. The designation, membership and meeting schedule of the standing committees of the Board shall be as follows:

Finance Committee: Two commissioners; Superintendent; CFO; CNO/CQO and such other members as the committee chair deems appropriate. The finance committee shall meet monthly and as needed.

Quality Improvement Oversight Committee: Two commissioners; Superintendent; CNO/CQO, Quality Manager; CMO; Chief of M Staff; Ancillary Services Director; Nursing Leadership; Facilities Director; and such other members as the committee chair deems appropriate. The QIO committee shall meet minimally quarterly or as needed.

Plant Planning: Two commissioners; Superintendent; Facilities Director; CFO; CNO/CQO and such other members as the committee chair deems appropriate. The Plant Planning Committee shall meet one time each year and as needed.

Strategic Planning Retreat: All members of the Board; Superintendent; and such other members as the Board deems appropriate. The whole board will have a Strategic Planning Retreat every three years, unless otherwise advised by the Strategic Planning Committee. The whole board will meet once a year to have a focused discussion about the current Strategic and Implementation Plans and the committee's recommendations. Such meeting(s) shall be conducted as a Special Meeting of the Board in compliance with these Bylaws and Chapter 42.30 RCW.

Strategic Planning Committee: Two commissioners; Superintendent; community member guests; and such other members as the Board deems appropriate. The Strategic Planning Committee shall meet as needed.

Governance Committee: Two commissioners; Superintendent; and such other members as the committee chair deems appropriate. The Governance Committee shall meet biannually and as needed.

Compliance Committee: Two commissioners; Compliance Officer; Superintendent; CFO; CNO/CQO; Revenue Cycle Director; CHRO; and such other



members as the committee chair deems appropriate. The Compliance Committee shall meet minimally one time each year and as needed.

Values, Ethics or Conflict of Interest: Other adhoc committee will be appointed by the Board and meet as needed.

The Board may volunteer district constituents for membership on committees based upon experience, willingness, and ability to contribute to the committee objectives. Committees shall act within board approved job descriptions.

7.2 Board Representatives. The designation and reporting schedule of the representatives of the board shall be as follows:

State Legislative Representative: One commissioner; and such other members as the board deems appropriate. The representative to the state shall report to the board only as needed.

Foundation: One commissioner. The representative to the Foundation shall report to the board as needed.

Section 8. Powers and Duties of the Board or Commission. The Board shall be the governing body to which the Superintendent, other district employees and the medical staff ultimately are responsible to for all facilities, services and activities of the District, including the condition of the physical plant. While the authority of the Board may be delegated to the Superintendent and the Medical Staff by resolution, any delegation of authority by the Board may be rescinded in its sole discretion, as provided for by law. RCW 70.44.090 (a)

All of the powers authorized in Chapter 70.44 RCW may be exercised by the board in the performance of its duties prescribed therein. Among other things, the Board shall strive to:

- (i) Adopt and review bylaws, at least once every two years, that address legal accountabilities and responsibilities;
- (ii) Determine the policies of the district and the purposes of the hospital and other district health care facilities and services in proper relation to community needs;
- (iii) Establish a program for the ongoing management of a hospital quality improvement program and malpractice prevention program, including medical staff sanction and grievance procedures and information collection and reporting procedures. The quality



improvement program will review the services rendered in the hospital and other district health care facilities and other services in order to improve the quality of medical care of patients and to prevent medical malpractice;

- (iv) Exercise proper care and judgment in the selection of a qualified superintendent who shall be responsible for implementing policies adopted by the board;
- (v) Promote planning and coordinate professional interests with administrative, financial, and community needs, the policies of the district, and the purposes of the hospital and other district health care facilities and services;
- (vi) Provide for the periodic evaluation of the Superintendent;
- (vii) Provide for the periodic evaluation of the Board and its members;
- (viii) Provide facilities, equipment, and personnel to meet the needs of patients within the purposes of the hospital and other district health care facilities and services and consistent with present and future community needs;
- (ix) Establish and appoint a medical staff;
- (x) Assure that an appropriate standard of professional care is maintained, requiring the medical staff of the hospital to be accountable to the board;
- (xi) Assure that the medical staff possess appropriate current qualifications, and determine, in its discretion, which kinds of health care providers shall be considered for clinical privileges or medical staff membership;
- (xii) Approve bylaws, rules, and regulations as adopted by the medical staff before they become effective;
- (xiii) Provide for the sound administration and application of public funds, adopting annual budgets for the district and the Hospital at the times and in the manner required by law; and



- (xiv) Maintain accurate records of district finances and all related activities.

RCW 70.41.200

Section 9. Avoidance of Conflicts of Interest. District commissioners, being aware of the fiduciary nature of their positions, shall avoid actions and relationships that result in a conflict between their private financial interests and their public responsibilities. Commissioners shall not violate the conflict of interest provisions of these Bylaws, Chapter 42.20 RCW, Chapter 42.23 RCW or any other applicable law.

Recognizing that even the appearance of impropriety should be avoided, no commissioner shall:

- (i) Be beneficially interested in or otherwise expect to profit from, directly or indirectly, any contract, sale, lease, or purchase made by the district, except as specifically permitted under RCW 42.23.030 or RCW 42.23.040, as now in effect or hereafter amended, or under other applicable law;
- (ii) Accept, directly or indirectly, any compensation, gratuity, favor, or award from any party seeking to do business with the District, or in connection with any contract made by the District, other than (a) compensation and reimbursement for expenses as provided by law, or (b) compensation in connection with contracts permitted under RCW 42.23.030, as now in effect or hereafter amended, or under other applicable law;
- (iii) Employ, use, or appropriate any district employee, money, or property for his private benefit;
- (iv) Hold any office, engage in any employment, or occupy any position, public or private, which could create conflicts between the duties, interests, and opportunities inherent in such office, employment, or position and the commissioner's public responsibilities as a member of the board;
- (v) Reveal or divulge to any other party unless authorized by the board, any confidential information received in the performance of his duties as a commissioner, nor use such information for personal gain.



Any commissioner, upon discovering or suspecting that he has or may have a conflict of interest contrary to the policies and standards set forth in this section, shall promptly report the same to the board. In such cases, a commissioner shall take such action as may be required to comply with the provisions of these bylaws and applicable law, including, if required, abstaining from voting on the matter.

ARTICLE III

OTHER OFFICERS

Section 1. Superintendent.

1.1 Appointment. The Board shall select and appoint as Superintendent a competent and experienced hospital administrator who shall be its direct representative in the management of the District. The Superintendent shall be appointed for an indefinite term, removable at the will of the Board, and shall receive such compensation as the Board shall establish by resolution. The appointment or removal of the Superintendent shall be by resolution of the Board, introduced at a regular meeting and adopted at a subsequent regular meeting by majority vote. RCW 70.44.070.

1.2 Powers and Duties. The Superintendent shall be the Chief Executive Officer of the District. In direct charge with full authority to act, as representative of the Board, and subject to its policies, shall be responsible for the efficient administration of all affairs of the District. RCW 70.44.080.

In the performance of the duties prescribed by law, all of which shall be faithfully discharged, and not by way of limitation of authority, the Superintendent shall:

- (i) Carry out the orders of the Board and see that all the laws of the state pertaining to matters within the functions of the district are duly enforced;
- (ii) Perfect and submit to the board for approval a plan of organization for the personnel concerned with the operation of the District, which shall be reviewed annually;
- (iii) Prepare annually a budget or budgets showing anticipated receipts and expenditures for the ensuing fiscal year which shall be submitted to the Board to allow timely filing and hearing thereon before adoption as required by law;
- (iv) Select, employ, control, and discharge all other employees;



- (v) Assure that all building, equipment, and other facilities are maintained in good repair;
- (vi) Furnish periodic recommendations to the Board with respect to the acquisition, development, and extension of desirable health care facilities, equipment, and services, including estimates for the above;
- (vii) Supervise all business affairs including the disbursement of funds, recording of financial transactions, collection of accounts, and purchase and issue of supplies;
- (viii) Certify to the Board all the bills, allowances and payrolls, including claims due contractors;
- (ix) Recommend to the Board a range of salaries to be paid to district employees;
- (x) Cooperate with the Medical Staff and secure like cooperation on the part of all those concerned with rendering professional services;
- (xi) Submit regularly to the Board reports regarding the health care services and financial activities of the District along with any special reports that may be requested by the Board;
- (xii) Prepare the agenda and attend all meetings of the Board to participate in the discussion of matters being considered;
- (xiii) Execute on behalf of the District all contracts, agreements, and other documents and papers that he may be authorized by resolution of the Board to sign;
- (xiv) Undertake own initiative the performance of such other duties, consistent with law and the policies of the board, as may be in the best interest of the District.

RCW 70.44.090.

Section 2. **Treasurer.** The Board shall appoint a person having experience in financial or fiscal matters as the Treasurer for the District. The Board shall require the



Treasurer to obtain a surety bond, with a surety company authorized to do business in the state of Washington, in an amount under the terms and conditions which the Board by resolution from time to time finds will protect the District against loss. The premium on any such bond shall be paid by the District. All district funds shall be paid to the Treasurer and shall be disbursed by only on warrants issued by an auditor appointed by the commission, upon orders or vouchers approved by it. The Treasurer shall maintain such special funds as may be created by the commission, into which he shall place all money as the commission may, by resolution, direct. If the Treasurer of the District is some other person, all funds shall be deposited in such bank or banks authorized to do business in this state as the commission by resolution shall designate, and with surety bond to the District or securities in lieu thereof of the kind, no less in amount, as provided in RCW 36.48.020 for deposit of county funds. Such surety bond or securities in lieu thereof shall be filed or deposited with the treasurer of the district, and approved by resolution of the commission. RCW 70.44.171.

Section 3. **Auditor.** The Board shall appoint as auditor of the District a person experienced in accounting and business practices. The Auditor shall report in the performance of his duties directly to the Superintendent. The Auditor shall draw, sign, and issue all warrants for the disbursement of funds of the District upon the orders of, or vouchers approved by, the commission; and shall be responsible in the performance of such other duties relating to business affairs of the district including the recording of financial transactions, collection of accounts, and the routine purchase and issue of supplies, as are assigned by the Superintendent. RCW 70.44.171.

ARTICLE IV

MEDICAL STAFF

Section 1. **Appointment and Organization.** The Board shall appoint the members of the Medical Staff of the Hospital biennially after considering recommendations duly submitted in accordance with the medical staff bylaws; provided that all initial appointments shall be provisional and that all appointments to the provisional medical staff shall be for a period of six (6) months. A single reappointment to the provisional medical staff may be permitted for another three-month period. Such bylaws, rules and regulations governing the appointment, organization, liability insurance coverage and activities of the medical staff, including procedures for the granting, denial, reduction, or termination of staff privileges and the identification of the kinds of health care providers eligible to be considered for such privileges or medical staff membership, shall be subject to approval and revision or modification by the board. The board shall assure that the requirements of due process of law are observed. RCW 70.43.010



Section 2. Powers and Duties. Each person admitted to the hospital shall be under the care of a member of the medical staff possessing clinical privileges, such medical staff also shall have authority and responsibility in the manner prescribed by its bylaws, rules and regulations to:

- (i) Evaluate the professional competence of medical staff members and applications for clinical privileges;
- (ii) Make recommendations to the board concerning initial medical staff appointments, reappointments, and the granting, denial, reduction, or termination of clinical privileges;
- (iii) Establish procedures designed to promote the achievement and maintenance of an appropriate standard of ethical and professional practice, and the efficient use of district resources;
- (iv) Participate in and offer recommendations in the development of policies relative to the effective use of existing facilities, and provision for the improvement or extension thereof where appropriate, to assure adequate patient care, responsive to the needs of the population served now and in the future;
- (v) Supervise a medical education program in the hospital and render such other services as the board may consider desirable to enhance the standards of medical practice in the hospital;
- (vi) Be accountable to the board for the proper discharge of the duties set forth in this section.

Section 3. Professional Liability Insurance Coverage. All practitioners who are granted medical staff privileges to practice within the hospital shall maintain liability insurance with limits of one million dollars per occurrence and three million dollars annual aggregate. Proof of coverage shall be the responsibility of the practitioner. The practitioner shall give the hospital thirty (30) days prior written notice of cancellation or termination of any such policy. The practitioner's insurance company must be: a) acceptable to the district, and b) licensed to underwrite malpractice insurance in the State of Washington. These policy limits will be reviewed by the board annually and revised as appropriate.

ARTICLE V

INDEMNIFICATION AND INSURANCE



Section 1. Indemnification. The District shall indemnify and hold harmless to the full extent permitted by applicable law each person who was or is made a party to or is threatened to be made a party to, or is involved (including, without limitation, as a witness) in an actual or threatened action, suit or other proceeding, whether civil, criminal, administrative or investigative by reason of the fact that he or she is or was a commissioner, officer, employee or agent of the district, or having been such a commissioner, officer, employee or agent, he or she is or was serving at the request of the district as a director, officer, employee, agent, trustee or in any other capacity of another corporation or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, whether the basis of such proceeding is alleged action or omission in an official capacity or in any other capacity while serving as a commissioner, officer, employee, agent, trustee or any other capacity, against all expense, liability, and loss (including, without limitation, attorneys' fees, judgments, fines, ERISA excise taxes or penalties in amounts to be paid in settlement) actually or reasonably incurred or suffered by such person in connection therewith. Such indemnification shall continue as to a person who has ceased to be a commissioner, officer, employee or agent of the district and shall inure to the benefit of his or her heirs, and personal representatives.

Section 2. Insurance. The District may purchase and maintain insurance, at its expense, to protect itself and any commissioner, officer, employee, agent or trustee of the District or another corporation, partnership, joint venture, trust or other enterprise against any expense, liability or loss to the full extent permitted by applicable law.

ARTICLE VI

CONSTRUCTION AND CONVENTIONS

Section 1. Gender and Number. As used in these bylaws, personal pronouns shall be interpreted to refer to persons of either gender and relative words whenever applicable to more than one person shall be read as if written in the plural.

Section 2. Titles, Headings and Captions. The titles, headings, and captions appearing in these bylaws are used and intended for convenience of description or reference only and shall not be construed or interpreted to limit, restrict, or define the scope or effect of any provision.

Section 3. Severability. If any provision of these bylaws or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the remainder of these bylaws or the application of the provision to other persons or circumstances shall not be affected.



ARTICLE VII

AMENDMENT

These bylaws may be amended by resolution of the Board introduced at a regular meeting and adopted at a subsequent regular meeting.

ADOPTED this ____ day of _____, 2021

Board Chair

Board Secretary



DocID: 15827
Revision: 2
Status: Official
Department: Governing Body
Manual(s):

Policy : Commissioner Compensation for Meetings and Other Services

Policy:

The Board 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 will be paid for any day meetings held and one travel stipend day per conference. Educational meetings approved by the Board Chair.
6. A day of board educational training per month, ie. iProtean. Provision of a certificate required.
7. 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.
8. A maximum of two meetings per month either in person or remotely between the Board Chair and the Superintendent to conduct hospital business.
9. Any day of service to the District not included in this policy may be compensated with approval of the Board.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- Committees: (12/15/2021) Board of Commissioners,

- Signers:

Original Effective Date: 06/13/2012

Revision Date: [06/13/2012 Rev. 0], [06/26/2018 Rev. 1], [12/17/2021 Rev. 2]

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\\$2](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:15827$2).



DocID: 8610-108
Revision: 2
Status: Official
Department: Governing Body
Manual(s):

Policy : Distribution of Board and Committee Packets

Policy:

It is the policy of Lewis County Hospital District No. 1 that regular board meeting agendas and packets shall be distributed electronically five days before the scheduled board meeting. Board committee meeting agendas and packets shall be distributed electronically five days before the scheduled committee meeting. Printed copies will be available upon request.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- **Committees:** (07/22/2015) Board of Commissioners, (09/27/2017) Board of Commissioners, (12/19/2018) Board of Commissioners, (08/26/2020) Board of Commissioners, (09/29/2021) Board of Commissioners,

- **Signers:**

Original Effective Date: 05/15/2008

Revision Date: [05/15/2008 Rev. 0], [08/12/2014 Rev. 1], [09/08/2014 Rev. 2]

Review Date: [05/29/2009 Rev. 0], [04/06/2010 Rev. 0], [04/11/2011 Rev. 0], [11/08/2013 Rev. 0], [07/20/2015 Rev. 2], [08/02/2016 Rev. 2], [08/24/2017 Rev. 2], [10/18/2018 Rev. 2], [08/04/2020 Rev. 2], [09/17/2021 Rev. 2], [10/21/2022 Rev. 2], [11/01/2022 Rev. 2]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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DocID: 8610-106
Revision: 4
Status: Official
Department: Governing Body
Manual(s):

Policy : Hospital Declaration Of Personal Property As Surplus

Policy:

It is the policy of Lewis County Hospital District No. 1 that in accordance with RCW 70.44.320, the Board of Commissioners will declare by resolution personal property of the District that no longer has a hospital-district use as Surplus Personal Property.

The Board of Commissioners of any public hospital district may sell or otherwise dispose of surplus personal property of the District which the Board has determined by resolution is no longer required for public hospital district purposes.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- **Committees:** (07/22/2015) Board of Commissioners, (09/27/2017) Board of Commissioners, (12/19/2018) Board of Commissioners, (08/26/2020) Board of Commissioners, (09/29/2021) Board of Commissioners,

- **Signers:**

Original Effective Date:

Revision Date: [08/01/2006 Rev. 1], [04/18/2013 Rev. 2], [11/08/2013 Rev. 3], [12/11/2014 Rev. 4]

Review Date: [07/09/2008 Rev. 1], [05/29/2009 Rev. 1], [04/07/2010 Rev. 1], [04/11/2011 Rev. 1], [07/20/2015 Rev. 4], [08/24/2017 Rev. 4], [10/18/2018 Rev. 4], [08/04/2020 Rev. 4], [09/17/2021 Rev. 4], [11/01/2022 Rev. 4]

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:10650\\$4](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10650$4).

SUPERINTENDENT REPORT

Lewis County Hospital District #1 – Superintendent's Report – September 27, 2023

- Continue working on the productivity platform purchased in May, getting closer to implementation. Have had some issue pulling data out of our current EHR
- Attended the Rural Health collaborative meeting on 9/6-9/8
 - Group decided to enter negotiations with Molina on possibility of participating in a Managed Care Organization (MCO).
 - Goal is to reduce hospital administrative Burden.
 - Increase value and quality to patients and insurer.
- New CNO, Barbara Van Duren starts, October 2nd.
 - Thank you to Sara for her 3 years of Service to our community.
- Engaged with a new recruitment provider, Curative, to perform a search for 2 Advanced Practice Providers.
- Met with representative Orcutt on 9/15 to get to know each other and discuss community and hospital issues and needs.
- Met with JP Anderson, CEO of Choice, their mission.
 - Improving access to care and consumer education
 - Care coordination and integration; and
 - Health system planning and transformation
- Working with CPS on getting our 340B program performing adequately
 - Currently missing out on around \$100,000 in 340B savings
- Met with Veterans group on 9/19 discussing how we can work together to provide health services to our east Lewis County veterans.
- Started Benefit renewal meetings.
- Jim Fairfield Retired this month from the imaging department, his retirement party was on 9/25. 15 years of Service!
- CNO and CEO will be attending annual WSHA meeting in October.

Admissions, symptoms and origins: 6 COVID-19 updates

COVID-19 hospital admissions and deaths have risen for the eighth consecutive week, according to the CDC's most recent [data](#) tracking these metrics through Sept. 2.

While the number of admissions and deaths are lower than what they were in years past, the numbers are once again climbing from record lows.

There were 18,871 new COVID-19 admissions during the week ending Sept. 2. For context, in 2022, there were 34,546 new admissions for the same week, and in 2021, they were at 84,235, according to CDC's [historical data](#).

Here are five additional updates:

1. In anticipation of the coming fall respiratory virus season, the CDC [published](#) information Sept. 14 detailing two separate scenarios regarding how COVID-19 could play out in the months ahead. In one scenario, the CDC predicts that COVID-19 admissions will peak three weeks prior to flu and RSV for a combined hospitalization rate that is roughly 20 percent lower than last year's.

In the other scenario, the CDC predicts a severe upcoming flu season in which COVID-19 hospitalizations peak around the same time as flu and RSV infections. This would cause the hospitalization rate to be the same as last year, according to the agency.

2. Two hallmark COVID-19 symptoms, a dry cough and loss of sense of taste or smell, are evolving as time goes on and new strains of the virus dominate, according to a Sept. 16 report from [NBC News](#). Physicians say that some of the main symptoms from COVID-19 infections in the past are dwindling and have become much less common. However, in place of those symptoms, physicians are increasingly treating patients for congestion and a sore throat.

"It isn't the same typical symptoms that we were seeing before. It's a lot of congestion, sometimes sneezing, usually a mild sore throat," Erick Eiting, MD, the vice chair of operations for emergency medicine at Mount Sinai Downtown in New York City, told [NBC](#).

Physicians in the U.K. are reportedly also seeing this trend, according to [NBC](#).

3. The World Health Organization is pressing China on the origins of COVID-19, the [Financial Times](#) reported Sept. 16. The organization has asked for permission from the country's leaders before sending a team to visit Beijing, which would be the second WHO visit since January 2020.

The proposed second mission would be focused on how the COVID-19 pandemic began. There are two leading theories, a lab leak or a zoonotic leap from animals to humans, but the WHO plans to investigate all possible virology pathways.

"We will get the answer. It's a matter of time," WHO Director-General Tedros Adhanom Ghebreyesus, PhD, told the *Financial Times*.

4. The new COVID-19 vaccine formulas, which exclusively focus on the XBB.1.5 variant, are [not boosters](#), according to experts. Moving away from the term "booster" is part of an effort to change the perception of the COVID-19 vaccination schedule to be more similar to influenza, or an updated vaccine every fall.

5. A slight majority, or 53 percent, of Americans are interested in receiving the new COVID-19 vaccine, according to a [poll](#) conducted by *Reuters* and Ipsos. This is an increase from fall 2022, when about 20 percent of people eligible for the vaccine received it, according to CDC data.

Twenty-nine percent of respondents said they were very interested in getting the vaccine, and 24 percent were somewhat interested, according to the poll. About 17 percent were not interested and 30 percent said they were not interested at all.

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25% of US health visits are conducted by a non-physician

Over a 6-year period 25 percent of U.S. health visits were conducted by a non-physician, according to Harvard Medical School researchers.

Advanced care delivered by nurse practitioner and physician assistant roles first emerged in the 1960s, and now in 2023, nurse practitioner is the fastest growing career nationwide, according to the Bureau of Labor Statistics. Physician assistants also landed on the list of the nation's fastest growing careers, taking the 17th spot.

For the study, which was published Sept. 14 in the British Medical Journal, researchers analyzed data from 276 million patient visits between 2013 and 2019 and found that during this time frame, there was an 89 percent increase in visits conducted by nurse practitioners and a 60 percent increase in visits conducted by physician assistants.

As the professions continue to grow, there has also been ongoing debate about whether or not the individuals who hold these credentials should be able to use the title of "Dr."

"The U.S. has fewer physicians per capita than most of our peer nations. Who is going to provide that care? The number of nurse practitioners and physician assistants has grown more quickly than the number of physicians," Ateev Mehrotra, MD, study co-author and professor of healthcare policy at Harvard Medical School, stated to Harvard Medicine News. "And this trend will only continue as we move forward... Most of the research agrees that all three professions can do a good job delivering care in most settings, especially primary care. And it turns out that there is not a significant difference in spending. But there are clinical conditions that might be better suited to one profession or another."

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6 ways to optimize nurse workload

A McKinsey analysis [found](#) ways to save 15 to 30 percent of a nurse's 12-hour shift by rearranging their workload through technology and delegation.

McKinsey, in collaboration with ANA Enterprise, surveyed 310 registered nurses from Feb. 8 to March 22 on the average time spent during a typical shift on 69 activities and then asked the ideal amount of time they wish they spent on those activities.

They found six activities that could be adjusted to free up nurses' time and allow them to spend more time on the things they enjoy.

Here are seven findings:

- Nurses report spending 54 percent, or seven hours, of a shift on direct patient care and creating personal connections with patients. Nurses reported they wanted to spend even more time on these activities.
- Nurses spend about 2 percent of their shift teaching peers and students, and they indicated they wanted to double the time spent on peer-to-peer coaching.
- Nurses wanted to spend about 7 percent of their time on growth and development activities such as shared governance, reviewing and reading work emails, and completing annual requirements or continuing education hours.
- Documentation took up about 15 percent of the nurses' shifts, and ideally, nurses wanted it to make up only 13 percent. Of documentation tasks, 70 percent were head-to-toe assessments, admissions intakes and vitals charting.
- Nurses reported spending 6 percent of their shift on "hunting and gathering" tasks such as searching for individuals, equipment, supplies, medications or information. They wanted time spent on these tasks cut in half.
- Nurses said they spend nearly 5 percent of their shift on tasks that do not use the fullest extent of their license or training, such as nutrition and daily living activities.
- Thirty-seven percent of nurses report not having access to vital signs or telemetry machines that are integrated with electronic medical records for automatic documentation.

The authors estimate that freeing up 15 percent of nurses' net time could translate to closing the nursing workforce gap by up to 300,000 inpatient nurses. Hospitals can use full or partial delegation of activities to reduce net nurse time by 5 to 10 percent during 12-hour shifts on many of these tasks. Tasks such as patient ambulation, drawing labs, transferring patients and supporting patient procedures could be delegated to appropriate support professionals and free up nearly an hour of nurse time.

The report found 10 to 20 percent of time could be optimized through technology by automating tasks. Ensuring technology itself does not create redundancies, delays or increase workload is important when implementing new technologies.

"Realizing these changes will require bold departures from healthcare organizations' current state of processes. It will be critical for hospitals to bring both discipline and creativity to redesigning care delivery in order to effectively scale change and see meaningful time savings," the report said.

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56 hospitals closing departments or ending services

A number of healthcare organizations have recently closed medical departments or ended services at facilities to shore up finances, focus on more in-demand services or address staffing shortages.

Here are 56 department closures or services ending, announced, advanced or finalized that *Becker's* has reported since Feb. 2:

1. **York (Maine) Hospital** is [closing](#) its birthing center by the end of September. Hospital officials noted that the decision to do so is the result of a decline in births and a shortage of workers, *Portland Press Herald* reported Sept. 12.
2. Inglewood, Calif.-based **Centinela Hospital Medical Center** is [ending](#) maternal child health services on Oct. 25 amid continued fallout over the death of a patient earlier this year.
3. The **UMass Memorial HealthAlliance-Clinton Hospital Leominster (Mass.) Campus** is following through with its [plan](#) to close its maternity ward by working with transit officials to redirect patients to other hospitals, despite objections from the state.
4. **UChicago Medicine AdventHealth GlenOaks** hospital in Glendale Heights, Ill., [plans](#) to discontinue its obstetrics services because of low demand and community factors including the higher median age in Glendale Heights.
5. Williamston, N.C.-based **Martin General Hospital**, which closed and filed for bankruptcy on Aug. 3, could also [close](#) its six clinics if a buyer isn't found. When the hospital shut down, it said that its clinic would remain open. Martin General is looking to find a buyer for the clinics before Oct. 5.
6. **Perry County Memorial Hospital** in Tell City, Ind., will [end](#) labor and delivery services Jan. 1, 2024. Hospital officials cited low demand as the reason for the service line closure.
7. **Northfield (Minn.) Hospital** will [close](#) its 40-bed, long-term care center this October due to staffing and financial challenges.
8. Saranac Lake, N.Y.-based **Adirondack Health** [closed](#) its emergency department in Lake Placid, N.Y., Aug. 20 after receiving state approval.
9. The in-home care arm of Syracuse, N.Y.-based **St. Joseph's Health**, part of Livonia, Mich.-based Trinity Health, is [shutting down](#) October 23, pending the discharge of all patients.
10. The board of directors for **Tri-City Medical Center** in Oceanside, Calif., [voted](#) July 27 to indefinitely suspend labor and delivery services.
11. Charlotte, N.C.-based **StarMed Healthcare** announced it was [closing](#) two satellite locations July 19. In the announcement, CEO Michael Estramonte also said the system laid off 15 employees, or 10 percent of the workforce, as the centers shift from primary and urgent care to primary care.
12. Vicksburg, Miss.-based **Merit Health River Region** [closed](#) its behavioral health unit on June 30.
13. **Wilkes-Barre (Pa.) General Hospital** [moved up](#) the date it planned to end childbirth services by about three weeks, with the care ending abruptly July 11.
14. Good Samaritan Hospital, operated by Nashville, Tenn.-based HCA Healthcare, [closed](#) the inpatient psychiatric facility at its **Mission Oaks Hospital** in Los Gatos, Calif., on Aug. 20.

15. Philadelphia-based Penn Medicine [shut down](#) one of its urgent care centers, **Penn Urgent Care South Philadelphia**, on June 30, as more patients are turning to telehealth for care.
16. Hartford City, Ind.-based **IU Health Blackford Hospital** announced it will [close](#) its emergency department and no longer offer inpatient services due to a reduction in patient volume.
17. The Illinois Health Facilities and Services Review Board on June 27 unanimously [approved](#) a request from **HSHS St. Mary's Hospital** to shutter four of its units. The Decatur, Ill.-based hospital will wrap up its advanced inpatient rehabilitation, obstetrics and newborn nursery, pediatrics and inpatient behavioral health services.
18. Catholic Health shared plans to [eliminate](#) several services at **Mount St. Mary's Hospital** in Lewiston, N.Y., including surgery, dialysis, imaging, maternity and gastrointestinal care and some inpatient beds, *Buffalo Business First* reported June 13.
19. Albany, N.Y.-based St. Peter's Health Partners [submitted](#) a plan to the state department of health to shut down the maternity unit at **Samaritan Hospital**. If approved, the Troy, N.Y., hospital will close the unit in about four to six months.
20. Jackson, Miss.-based **St. Dominic Health Services** is [ending](#) its behavioral health services unit, citing financial difficulties. The unit stopped taking admissions after June 6.
21. Fort Wayne, Ind.-based **Lutheran Hospital** is [closing](#) its heart transplant and inpatient burn units due to low patient volumes. The inpatient burn unit stopped accepting new patients June 2.
22. Vancouver, Wash.-based **PeaceHealth** [closed](#) its pediatric cardiology clinic, sleep clinic, optometry clinic and optical shop July 21. It also [ended](#) its comprehensive outpatient palliative care May 26 and reduced staff to one nurse and one social worker for in-home care.
23. Milwaukee-based Froedtert Health [closed](#) the behavioral health unit at **Froedtert Menomonee Falls (Wis.)** May 12.
24. **Welch (W.Va.) Community Hospital** [announced](#) plans to close its long-term care unit. The closure of the 59-bed unit is part of the hospital's transition to the West Virginia University Health System.
25. Peoria, Ill.-based OSF HealthCare is [closing](#) its labor and delivery services at **OSF Heart of Mary Medical Center** in Urbana, Ill.
26. **Northern Maine Medical Center** in Fort Kent [closed](#) its obstetrics unit May 26. The move comes as birth rates decline in the area along with staffing trouble.
27. Philadelphia-based Jefferson Health [ended](#) acute care, general surgery and emergency services at **Einstein Medical Center Elkins Park (Pa.)** and converted the facility solely into a physical rehabilitation provider.
28. CoxHealth [closed](#) the labor and delivery unit at **Cox (Mo.) Monett Hospital**, citing difficulties recruiting obstetricians and family practice physicians.
29. Warsaw, N.Y.-based **Wyoming County Community Health System** [ended](#) its birthing services June 1 amid financial challenges and declining births in the area.
30. **Alta Vista Regional Hospital** in Las Vegas, N.M., [ended](#) intensive care unit services June 3. The hospital said the change would allow it to focus on its highly utilized medical-surgical unit.
31. Springfield, Ore.-based **McKenzie-Willamette Medical Center** [closed](#) its maternity health practice July 7. The for-profit McKenzie-Willamette hospital said the 11-employee midwifery program was "unsustainable."

32. Renton, Wash.-based Providence [ended](#) labor and delivery at **Petaluma (Calif.) Valley Hospital** May 1 until further notice.
33. Gardner, Mass.-based **Heywood Hospital** [closed](#) its pulmonary unit in mid-April due to financial reasons.
34. **Yale New Haven (Conn.) Hospital** "[ceased use](#)" of its emergency use annex April 11 amid discussions to extend its certificate of occupancy.
35. **Chelsea (Mich.) Hospital** [closed](#) its inpatient behavioral health unit and moved 12 of its beds to Trinity Health Ann Arbor.
36. Danbury, Conn.-based Nuvance Health [closed](#) **Thompson House**, a 100-bed rehabilitation facility in Rhinebeck, N.Y., and laid off its 102 employees, effective April 12.
37. Holly Springs, Miss.-based **Alliance HealthCare System** began [transitioning](#) to rural emergency hospital status March 31, meaning it will end all inpatient care services.
38. **MercyOne North Iowa** [closed](#) its hospice facility in Mason City April 17 amid industry pressures of inflation and high labor costs.
39. Brewer, Maine-based **Northern Light Health** is [no longer](#) providing cataract, glaucoma and oculoplastic surgeries at Eastern Maine Medical Center in Bangor.
40. Plymouth, Ind.-based **St. Joseph Health System** [closed](#) its New Beginnings Birthplace center because it has been unable to attract an obstetrician. It also closed its OB-GYN office March 31.
41. Springfield, Mass.-based **Baystate Health** and medical services provider **Shields Health** [closed](#) their urgent care clinic locations in Feeding Hills, Longmeadow and Westfield, Mass., on March 31.
42. **Palomar Medical Center Poway (Calif.)**, part of Escondido, Calif.-based Palomar Health, [closed](#) its labor and delivery unit, at least temporarily, in June.
43. A combination of a loss of pediatricians, changing demographics and some of the strictest abortion laws in the country [forced](#) Sandpoint, Idaho-based **Bonner General Hospital** to end obstetrics services.
44. **Cabell Huntington (W.Va.) Hospital**, part of Mountain Health Network, [closed](#) its CHH Surgery Center April 28 and is phasing out its home health services to better align its resources and reduce costs amid financial headwinds.
45. The only hospital in Manitowoc, Wis., a city of nearly 35,000 — **Froedtert Holy Family Memorial Hospital** — [stopped](#) all obstetrics care June 1.
46. Citing a lack of provider coverage, Ocean Springs, Miss.-based **Singing River Health System** [said](#) it would end obstetric services, which include labor and delivery, at Singing River Gulfport (Miss.), at least temporarily. The move became effective April 1.
47. **Astria Toppenish (Wash.) Hospital** is one of [many](#) rural hospitals closing labor and delivery care due to costs, creating maternity deserts in areas that need care most, *The New York Times* reported.
48. Cleveland-based **University Hospitals** [ended](#) labor and delivery services at UH Lake West in Willoughby, Ohio, April 15. The hospital said services would be consolidated at TriPoint in Concord Township, which is about 15 miles away.
49. Jefferson, Mo.-based **Capital Region Medical Center** [closed](#) two clinics in Holts Summit and St. Elizabeth, Mo., April 15.

50. February, **Trinity Health Muskegon (Mich.)** [announced](#) plans to temporarily close a 30-bed surgical floor due to staffing shortages.

51. **St. Mark's Medical Center** in La Grange, Texas, [cut](#) nearly half its staff and various services as it looks to survive amid significant financial challenges. Service cuts include inpatient and surgical services, post-acute skilled rehab care, its orthopedic clinic, speech therapy and ambulatory care.

52. OhioHealth's **Shelby Hospital** [stopped providing](#) maternity services Feb. 28. Maternity services are provided 13 miles away at OhioHealth Mansfield Hospital.

53. Arcata, Calif.-based **Mad River Community Hospital** [cut](#) 27 jobs as it suspends its home health services program. The program will be suspended upon the completion of services to the hospital's existing patients, which was expected to be in April.

54. **Oroville (Calif.) Hospital** [closed](#) Golden Valley Home Health, the hospital's home health business.

55. **Ascension Providence Hospital-Southfield (Mich.)** [ended](#) midwifery services in February.

56. **Rumford (Maine) Hospital** [closed](#) its maternity program March 31 after 97 years in service.

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