
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

September 28, 2022 @ 3:30 PM
Conference Room 1 & 2 or Join Zoom Meeting:

<https://myarborhealth.zoom.us/j/88977900692>

Meeting ID: 889 7790 0692

One tap mobile: +12532158782,,88977900692#

Dial: +1 253 215 8782

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

September 28, 2022 at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

<https://myarborhealth.zoom.us/j/88977900692>

Meeting ID: 889 7790 0692

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Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	PAGE	TIME
Call to Order		
Roll Call		
Reading of the Mission & Vision Statement		3:30 pm
Approval or Amendment of Agenda		
Conflicts of Interest		
Comments and Remarks		3:35 pm
<ul style="list-style-type: none"> • Commissioners • Audience 		
Executive Session-RCW 70.41.200 & RCW 70.41.205		3:40 pm
<ul style="list-style-type: none"> • Medical Privileging-Dr. Mark Hansen & Janice Cramer 	5	
<ul style="list-style-type: none"> • Quality Improvement Oversight Report-Commissioner Coppock & Sara Williamson 		3:45 pm
Department Spotlight		
<ul style="list-style-type: none"> • Deferred to next month. 		
Board Committee Reports		
<ul style="list-style-type: none"> • Hospital Foundation Report-Committee Chair-Commissioner Richardson 	7	3:50 pm
<ul style="list-style-type: none"> • Finance Committee Report-Committee Chair-Commissioner McMahan 	9	3:55 pm
Consent Agenda (Action)		4:05 pm
<ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ August 31, 2022, Regular Board Meeting ○ September 14, 2022, Quality Improvement Oversight Committee Meeting ○ September 21, 2022, Finance Committee Meeting ○ September 21, 2022, Special Board Meeting 	15 22 26 30	
<ul style="list-style-type: none"> • Warrants & EFTs in the amount of \$3,769,728.09 dated August 2022 	32	
<ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 09.28.22 <ul style="list-style-type: none"> ○ To provide board oversight for document management in Lucidoc. 	34	
Old Business		
<ul style="list-style-type: none"> • Superintendent Succession Plan (Verbal) <ul style="list-style-type: none"> ○ To provide a search committee update. 		4:10 pm

<ul style="list-style-type: none"> • 2023-2025 Strategic Planning Retreat <ul style="list-style-type: none"> ○ <i>To discuss the timeline for the retreat and Community Health Needs Assessment (CHNA).</i> 	36	4:15 pm
<ul style="list-style-type: none"> • RES-22-32-Adopting the Redistricting of Lewis County Hospital District No. 1 <i>(Action)</i> <ul style="list-style-type: none"> ○ <i>To adopt the redistricting plan based on 2020 census. (Superseding-RES-15-20)</i> 	37	4:25 pm
New Business <ul style="list-style-type: none"> • Board Policy & Procedure Review <ul style="list-style-type: none"> ○ Code of Ethics ○ Commissioner Compensation for Meetings and Other Services ○ Conflict of Policies 	40 47 49	4:35 pm
Superintendent Report (Verbal) <ul style="list-style-type: none"> • Packwood Clinic • Elbe Home • October's Plant Planning Meeting 		4:45 pm
Meeting Summary & Evaluation		4:55 pm
Next Board Meeting Dates and Times <ul style="list-style-type: none"> • Regular Board Meeting-October 26, 2022 @ 3:30 PM (ZOOM) Next Committee Meeting Dates and Times <ul style="list-style-type: none"> • Finance Committee Meeting-October 19, 2022 @ 12:00 PM (ZOOM) 		
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-Part 7</i> 		5:00 pm
Adjournment		5:30 pm



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS- 4

Arbor Health

- David Lee, MD (Emergency Medicine Privileges)
- Fabiola Puga, MD (Family Medicine Privileges)

Providence Health & Services

- Soo Young Kwon, MD (Telestroke/Neurology Consulting Privileges)

Radia Inc.

- Daniel Do-Dai, MD (Radiology Consulting Privileges)
-

REAPPOINTMENTS- 4

Arbor Health

- Jianming Song, MD (Emergency Medicine Privileges)

Providence Health & Services

- Archit Bhatt, MD (Telestroke/Neurology Consulting Privileges)
- Pawani Sachar, MD (Telestroke/Neurology Consulting Privileges)

Radia Inc.

- Ruben Krishnananthan, MD (Radiology Consulting Privileges)

⊛-notates files with items to note.

COMMITTEE REPORTS

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Arbor Health Foundation Meeting
Sept13, 2022
6pm Potluck Meeting at Bonnie Justices Home

Mission Statement

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

Attendance: Jessica Scogin, Marc Fisher, Louise Fisher, Caro Johnson, Jeannine Walker, Laura Richardson, Katelin Forrest, Paula Baker, Christy Greiter, Christine Brower, Linda Herrin, Gerri Maize, Bonnie Justice, Shannon Kelly

Excused: Betty Jurey, Ann Marie Forsman

Call to Order by President Marc Fisher at 6:07 pm

President Marc Fisher read the mission statement

August Treasures report was reviewed and approved. Katelin Forrest/Linda Herrin
August minutes were reviewed and approved. Gerri Maize/Shannon Kelly

Administrators Report

Jessica presented the Administrator report from Julie Taylor-

- Wellness week was a big success
 - Great feedback from "Arbor Talks"
 - There were over 50 participants in the 5K Color Run
 - Health Expo was very successful
- Packwood Clinic
 - Floor plans are being established and clinic plans are underway
 - Projected opening is planned for the end of 2022 or early 2023

- Recruitment Update
 - Dr Puga is expected to start seeing patients in the Morton Clinic is projected for the 4th quarter
 - Jason Whitney, provider for Packwood Clinic, will be filling gaps in the Morton and Randle clinics until the Packwood Clinic is opened
 - A recruitment firm has been selected and the CEO selection process is underway
- A strategic planning retreat is scheduled for Dec 5
- A special board meeting was held Sept 21 to discuss redistricting

Directors Report: -Jessica Scogin

Plans are underway for the Annual Dinner Auction. Donation forms are available and donations are being solicited. The decorating committee includes Linda Herrin, Christy Greiter, Christine Brower, Laura Richardson, and Jessica Scogin. There will be a drinks bar and dessert bar. Julie Johnson is organizing a Queen of Hearts fundraiser. The meal will be prepared by Creative Catering. Mary Garrison will return as the auctioneer and Kimberly Holmes will be assisting with the registration. Music will be provided by Char Hancock and Brian Green.

Old Business:

The bylaw committee submitted proposed bylaws changes. After review and discussion, the Bylaw Update was approved. Gerri Maize/Christy Greiter

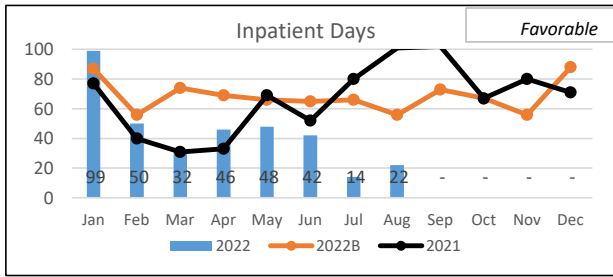
New Business:

Meeting adjourned 6:52

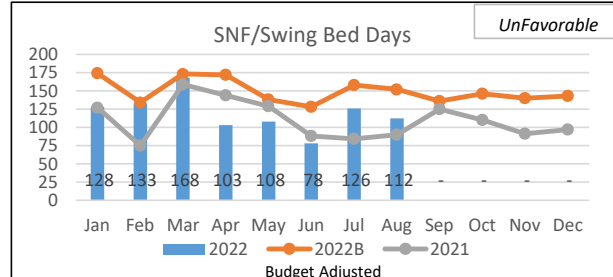
Lewis County Hospital District No. 1 Board Financial Summary

August 31, 2022

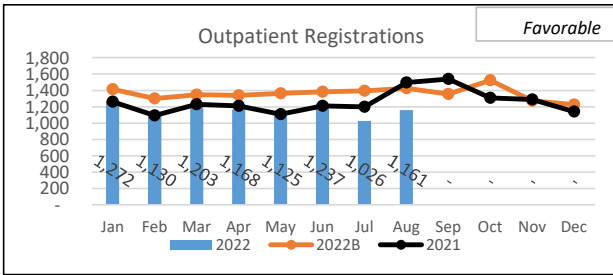
Growth



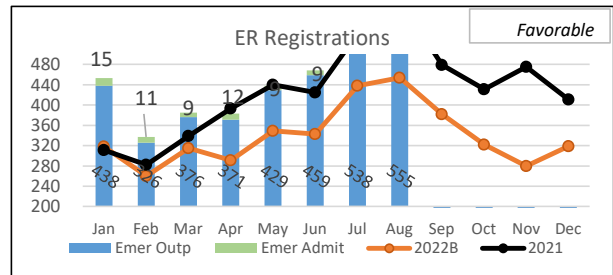
YTD: 353 Budget: 539 Pr Yr: 483



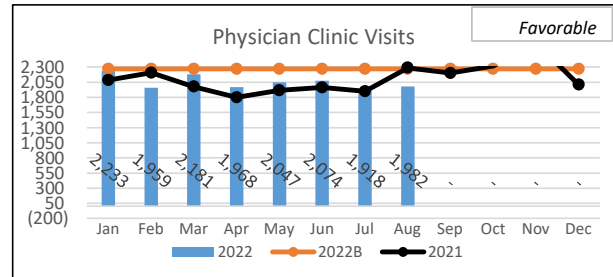
YTD: 956 Budget: 1,229 Pr Yr: 896



YTD: 9,322 Bud: 10,968 Pr Yr: 9,808

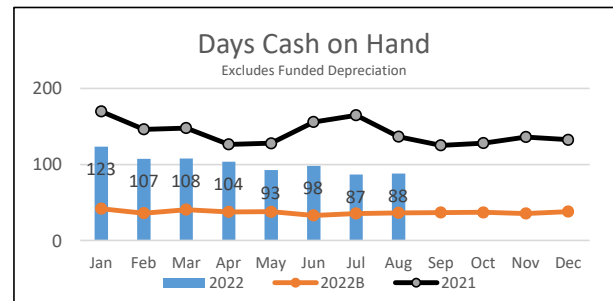
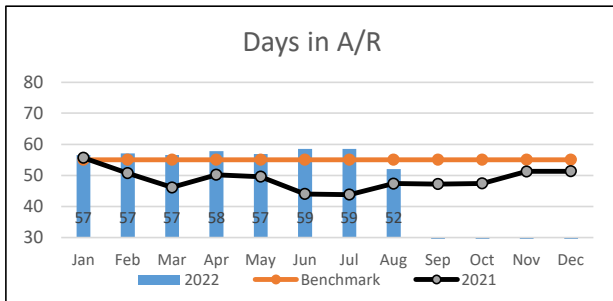
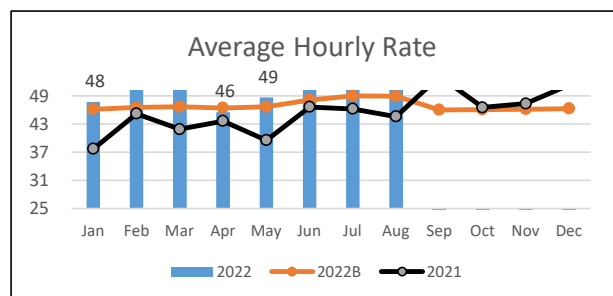
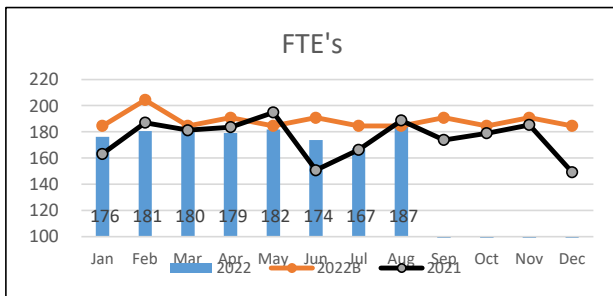


YTD: 3492 Bud: 2768 Pr Yr: 3337



YTD: 16,362 Bud: 18,168 Pr Yr: 16,141

People and Operational Aspects



All Morton General Hospital
Income Statement
August, 2022

Pr Yr	MTD	% Var	MTD \$ Var	MTD Budget	MTD Actual		YTD Actual	YTD Budget	YTD \$ Var	YTD % Var	PY YR	YTD
853,412	-53%	(408,634)	768,817	360,183		Total Hospital IP Revenues	4,509,073	6,121,604	(1,612,531)	-26.3	5,436,715	
3,377,356	4%	139,860	3,555,053	3,694,913		Outpatient Revenues	25,961,603	25,130,697	830,906	3.3	21,788,333	
415,825	-31%	(176,113)	575,501	399,388		Clinic Revenues	3,379,301	4,271,414	(892,114)	-20.9	2,935,017	
4,646,593	-9%	(444,887)	4,899,371	4,454,484		Total Gross Patient Revenues	33,849,977	35,523,715	(1,673,738)	-4.7	30,160,064	
(1,910,095)	-34%	542,498	(1,616,995)	(1,074,497)		Contractual Allowances	(10,084,741)	(11,400,353)	1,315,612	-11.5	(10,483,578)	
(59,361)	168%	(105,342)	(62,624)	(167,966)		Bad Debt & Bankruptcy	(276,230)	(455,147)	178,917	-39.3	(401,788)	
(40,672)	2342%	(45,240)	(1,932)	(47,171)		Indigent Care	(350,767)	(16,672)	(334,095)	2003.9	(271,322)	
(95,170)	0%	(102,891)	0	(102,891)		Other Adjustments	(768,085)	0	(768,085)	0.0	(337,302)	
(2,105,298)	-17%	289,025	(1,681,551)	(1,392,525)		Total Deductions From Revenue	(11,479,824)	(11,872,172)	392,348	-3.3	(11,493,990)	
2,541,295	-5%	(155,862)	3,217,821	3,061,959		Net Patient Revenues	22,370,153	23,651,543	(1,281,390)	-5.4	18,666,074	
70,774	32%	25,846	81,900	107,746		Other Operating Revenue	771,590	655,203	116,387	17.8	1,075,927	
2,612,069	-4%	(130,016)	3,299,721	3,169,705		Total Operating Revenue	23,141,743	24,306,746	(1,165,003)	-4.8	19,742,001	
Operating Expenses												
1,699,576	0%	(2,437)	1,888,444	1,890,881		Salaries	13,874,682	14,634,747	760,065	5.2	11,900,130	
302,088	31%	135,082	439,398	304,316		Total Benefits	3,040,326	3,485,504	445,178	12.8	2,940,212	
2,001,664	6%	132,645	2,327,842	2,195,197		Salaries And Benefits	16,915,008	18,120,251	1,205,243	6.7	14,840,343	
80,298	-11%	(14,540)	136,665	151,205		Professional Fees	1,105,165	1,219,034	113,869	9.3	968,496	
221,037	-6%	(10,687)	191,570	202,257		Supplies	1,679,104	1,617,107	(61,997)	-3.8	1,333,184	
419,056	17%	67,264	405,153	337,889		Total Purchased Services	2,926,357	3,180,459	254,102	8.0	2,767,444	
57,464	45%	19,530	43,339	23,809		Utilities	360,988	342,689	(18,299)	-5.3	349,919	
26,830	-4%	(1,228)	28,379	29,608		Insurance Expense	191,675	190,384	(1,290)	-0.7	153,520	
108,620	-2%	(1,637)	108,224	109,861		Depreciation and Amortization	878,445	832,007	(46,438)	-5.6	820,204	
32,307	19%	7,000	36,661	29,661		Interest Expense	260,806	275,791	14,984	5.4	282,001	
44,993	35%	20,748	59,745	38,997		Other Expense	356,925	473,745	116,820	24.7	334,561	
2,992,270	7%	219,095	3,337,579	3,118,484		Total Operating Expenses	24,674,473	26,251,467	1,576,994	6.0	21,849,672	
(380,201)	-235%	89,079	(37,857)	51,222		Income (Loss) From Operations	(1,532,730)	(1,944,721)	411,991	-21.2	(2,107,670)	
(122,380)	-10%	13,722	(137,566)	(151,288)		Non-Operating Revenue/Expense	(1,166,397)	(1,100,530)	65,867	-6.0	(981,216)	
(257,821)	103%	102,801	99,709	202,510		Net Gain (Loss)	(366,333)	(844,191)	477,858	-56.6	(1,126,454)	

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

CURRENT MONTH			MONTH		YEAR TO DATE					
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
853,412	-53%	(408,634)	768,817	360,183	Inpatient Revenue	4,509,073	6,121,604	(1,612,531)	-26%	5,436,715
3,377,356	4%	139,860	3,555,053	3,694,913	Outpatient Revenue	25,961,603	25,130,697	830,906	3%	21,788,333
415,825	-31%	(176,113)	575,501	399,388	Clinic Revenue	3,379,301	4,271,414	(892,114)	-21%	2,935,017
4,646,593	-9%	(444,887)	4,899,371	4,454,484	Gross Patient Revenues	33,849,977	35,523,715	(1,673,738)	-5%	30,160,064
2,005,265	27%	439,607	1,616,995	1,177,388	Contractual Allowances	10,852,827	11,400,353	547,527	5%	10,820,879
40,672	-2342%	(45,240)	1,932	47,171	Charity Care	350,767	16,672	(334,095)	-2004%	271,322
59,361	-168%	(105,342)	62,624	167,966	Bad Debt	276,230	455,147	178,917	39%	401,788
2,105,298	17%	289,025	1,681,551	1,392,525	Deductions from Revenue	11,479,824	11,872,172	392,348	3%	11,493,990
2,541,295	-5%	(155,862)	3,217,821	3,061,959	Net Patient Service Rev	22,370,153	23,651,543	(1,281,390)	-5%	18,666,074
54.7%	-4.7%	-3.1%	65.7%	68.7%	NPSR %	66.1%	66.6%	0.5%	0.7%	61.9%
70,774	32%	25,846	81,900	107,746	Other Operating Revenue	771,590	655,203	116,387	18%	1,075,927
2,612,069	-4%	(130,016)	3,299,721	3,169,705	Net Operating Revenue	23,141,743	24,306,746	(1,165,003)	-5%	19,742,001
Operating Expenses										
1,245,060	16%	230,951	1,436,848	1,205,897	Salaries Productive	9,775,021	11,242,621	1,467,600	13%	8,906,147
240,564	-116%	(257,439)	222,519	479,957	Agency Staffing	2,575,453	1,559,508	(1,015,945)	-65%	1,372,531
1,485,624	-2%	(26,488)	1,659,367	1,685,854	Total Productive Salaries	12,350,474	12,802,129	451,655	4%	10,278,678
213,952	10%	24,051	229,077	205,027	Total Non Productive Salarie	1,524,208	1,832,618	308,410	17%	1,621,452
1,699,576	0%	(2,437)	1,888,444	1,890,881	Salaries & Wages	13,874,682	14,634,747	760,065	5%	11,900,130
302,088	31%	135,082	439,398	304,316	Benefits	3,040,326	3,485,504	445,178	13%	2,940,212
80,298	-11%	(14,540)	136,665	151,205	Professional Fees	1,105,165	1,219,034	113,869	9%	968,496
221,037	-6%	(10,687)	191,570	202,257	Supplies	1,679,104	1,617,107	(61,997)	-4%	1,333,184
419,056	17%	67,264	405,153	337,889	Purchase Services	2,926,357	3,180,459	254,102	8%	2,767,444
57,464	45%	19,530	43,339	23,809	Utilities	360,988	342,689	(18,299)	-5%	349,919
26,830	-4%	(1,228)	28,379	29,608	Insurance	191,675	190,384	(1,290)	-1%	153,520
44,993	35%	20,748	59,745	38,997	Other Expenses	356,925	473,745	116,820	25%	334,561
2,851,344	7%	213,731	3,192,693	2,978,962	EBDITA Expenses	23,535,222	25,143,669	1,608,448	6%	20,747,466
(239,275)	78%	83,716	107,028	190,744	EBDITA	(393,478)	(836,923)	443,445	-53%	(1,005,465)
-9.2%	-85.5%	-2.8%	3.2%	6.0%	EBDITA %	-1.7%	-3.4%	-1.7%	50.6%	-5.1%
Capital Cost										
108,620	-2%	(1,637)	108,224	109,861	Depreciation	878,445	832,007	(46,438)	-6%	820,204
32,307	19%	7,000	36,661	29,661	Interest Cost	260,806	275,791	14,984	5%	282,001
2,992,270	7%	219,095	3,337,579	3,118,484	Operating Expenses	24,674,473	26,251,467	1,576,994	6%	21,849,672
(380,201)	-235%	89,079	(37,857)	51,222	Operating Income / (Loss)	(1,532,730)	(1,944,721)	411,991	-21%	(2,107,670)
-14.6%			-1.1%	1.6%	Operating Margin %	-6.6%	-8.0%			-10.7%
Non Operating Activity										
128,093	9%	13,376	141,132	154,509	Non-Op Revenue	1,201,776	1,129,058	72,718	6%	1,053,962
5,713	10%	346	3,566	3,220	Non-Op Expenses	35,379	28,528	(6,851)	-24%	72,745
122,380	10%	13,722	137,566	151,288	Net Non Operating Activity	1,166,397	1,100,530	65,867	6%	981,216
(257,821)	103%	102,801	99,709	202,510	Net Income / (Loss)	(366,333)	(844,191)	477,858	-57%	(1,126,454)
-9.9%			3.0%	6.4%	Net Income Margin %	-1.6%	-3.5%			-5.7%

Unaudited

Lewis County Public Hospital District No. 1

Balance Sheet

August, 2022

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
Assets				
Current Assets:				
Cash	\$ 8,460,703	8,676,347	11,725,277	(3,264,573)
Total Accounts Receivable	7,313,675	7,946,008	6,796,889	516,786
Reserve Allowances	<u>(3,287,836)</u>	<u>(3,651,040)</u>	<u>(2,675,536)</u>	<u>(612,300)</u>
Net Patient Accounts Receivable	4,025,839	4,294,968	4,121,353	(95,514)
Taxes Receivable	144,020	13,554	44,337	99,683
Estimated 3rd Party Receivables	3,000	3,000	74,277	(71,277)
Prepaid Expenses	396,480	177,639	299,720	96,760
Inventory	363,583	362,339	351,873	11,710
Funds in Trust	2,100,771	2,094,554	1,593,539	507,232
Other Current Assets	<u>185,998</u>	<u>188,908</u>	<u>192,811</u>	<u>(6,813)</u>
Total Current Assets	<u>15,680,395</u>	<u>15,811,310</u>	<u>18,403,188</u>	<u>(2,722,793)</u>
Property, Buildings and Equipment	34,938,746	34,938,746	34,687,777	250,970
Less Accumulated Depreciation	<u>(24,063,939)</u>	<u>(23,954,188)</u>	<u>(23,182,426)</u>	<u>(881,513)</u>
Net Property, Plant, & Equipment	10,874,808	10,984,558	11,505,351	(630,543)
Right-of-use assets	629,066	647,830	0	629,066
Other Assets	<u>167,514</u>	<u>167,514</u>	<u>0</u>	<u>167,514</u>
Total Assets	<u>\$ 27,351,783</u>	<u>27,611,213</u>	<u>29,908,539</u>	<u>(2,556,755)</u>
Liabilities				
Current Liabilities:				
Accounts Payable	672,704	1,056,366	748,429	(75,725)
Accrued Payroll and Related Liabilities	1,861,459	1,663,591	1,244,266	617,192
Accrued Vacation	827,774	806,360	784,018	43,756
Third Party Cost Settlement	1,928,133	2,236,699	5,311,870	(3,383,737)
Interest Payable	59,260	29,599	0	59,260
Current Maturities - Debt	1,366,865	1,366,865	1,366,865	0
Unearned Revenue	1,252,684	1,252,684	1,000,000	252,684
Other Payables	<u>10,506</u>	<u>10,506</u>	<u>12,150</u>	<u>(1,644)</u>
Current Liabilities	<u>7,979,384</u>	<u>8,422,670</u>	<u>10,467,598</u>	<u>(2,488,214)</u>
Total Notes Payable	1,238,568	1,238,568	1,566,482	(327,915)
Capital Lease	(0)	(0)	(0)	0
Lease Liability	629,066	647,830	0	629,066
Net Bond Payable	5,026,088	5,025,978	5,029,448	(3,360)
Total Long Term Liabilities	<u>6,893,722</u>	<u>6,912,376</u>	<u>6,595,930</u>	<u>297,791</u>
Total Liabilities	<u>14,873,106</u>	<u>15,335,046</u>	<u>17,063,528</u>	<u>(2,190,423)</u>
General Fund Balance	12,845,010	12,845,010	12,845,010	0
Net Gain (Loss)	<u>(366,333)</u>	<u>(568,843)</u>	<u>0</u>	<u>(366,333)</u>
Fund Balance	<u>12,478,678</u>	<u>12,276,167</u>	<u>12,845,010</u>	<u>(366,333)</u>
Total Liabilities And Fund Balance	<u>\$ 27,351,783</u>	<u>27,611,213</u>	<u>29,908,539</u>	<u>(2,556,755)</u>

Arbor Health
Cash Flow Statement
For the Month Ending August 2022

	MTD	YTD
Cash Flows from Operating Activities		
Net Income	202,510	(366,333)
Adjustments to reconcile net income to net cash provided by operating activities		
Decrease/(Increase) in Net Patient Accounts receivable	269,129	95,514
Decrease/(Increase) in Taxes receivable	(130,466)	(99,681)
Decrease/(Increase) in Est 3rd Party Receivable	0	71,277
Decrease/(Increase) in Prepaid expenses	(218,841)	(96,760)
Decrease/(Increase) in Inventories	(1,244)	(11,710)
Decrease in Other Current Assets	2,910	(160,703)
Increase/(Decrease) in Accrued payroll liabilities	219,282	660,949
Increase/(Decrease) in 3rd Party cost stlmt liabilities	(308,566)	(3,383,737)
Increase/(Decrease) in Accounts payable	(383,663)	175,313
Increase/(Decrease) in Interest payable	29,661	59,260
Depreciation expense	109,751	881,513
Net Cash Flow from Operations	(209,537)	(2,175,098)
Cash Flows from Investing Activities		
Cash paid for		
Purchases of Fixed assets	(1)	(250,970)
Right-of-use assets	18,764	(629,066)
Net Cash Flow from (used) in Investing Activities	18,763	(880,036)
Cash Flows from Financing Activities		
Cash paid for		
Additions to long-term debt	0	0
Principal payments of long-term liabilities	111	(331,274)
Lease liabilities	(18,764)	629,066
Net Cash Flow from (used) in Financing Activities	(18,653)	297,792
Net Increase (Decrease) in Cash	(209,427)	(2,757,342)
Cash at Beginning of Period	\$ 10,770,901	\$ 13,318,816
Cash at End of Period	\$ 10,561,474	\$ 10,561,474

CONSENT AGENDA



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

August 31, 2022, at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

<https://myarborhealth.zoom.us/j/83841788729>

Meeting ID: 838 4178 8729

One tap mobile: +12532158782,,83841788729#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting to order via Zoom 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"/> Laura Richardson Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Allen, Quality Manager <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Janice Cramer, Medical Coordinator <input checked="" type="checkbox"/> Edwin Meelhuysen, Rehabilitations Services Director <input checked="" type="checkbox"/> Punk Metler, Morton Resident <input checked="" type="checkbox"/> Char Hancock, Clinic Manager			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>☒ Dr. Mark Hansen, Chief of Staff</p> <p>☒ Buddy Rose, Reporter</p> <p>☒ Jessica Scogin, Foundation Manager</p> <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
Approval or Amendment of Agenda	Superintendent Everett requested to move the Guest Speaker to right before Adjournment.	Secretary Olive made a motion to approve the amended agenda. Commissioner Coppock seconded and the motion passed unanimously.		
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's amended agenda.	None noted.		
Comments and Remarks	<p>Commissioners: Commissioners Coppock and McMahan thanked the Staff involved in Wellness Week last week and hope to see more opportunities like this going forward for the District.</p> <p>Audience: Superintendent Everett thanked Diane Markham, Amanda Seals, Edwin Meelhuysen, Kevin Conger, Jessica Scogin and all the Staff involved in Wellness Week. The event was a great success.</p>			
Executive Session- RCW 70.41.200	<p>Executive Session began at 3:38 p.m. for five minutes to discuss RCW 70.41.200. The Board returned to open session at 3:43 p.m.</p> <p>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. William Feldmann, MD (Radiology Consulting Privileges) 2. Timothy Jan, DO (Radiology Consulting Privileges) 	Commissioner Coppock made a motion to approve the Medical Privileging as presented and Commissioner Richardson seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>3. Michael Peters, MD (Radiology Consulting Privileges)</p> <p>Reappointments-</p> <p>Arbor Health</p> <p>4. Mark Hansen, MD (Emergency Medicine Privileges & Family Medicine Privileges)</p> <p>Providence Cardiology Associates</p> <p>5. Gopal Ghimire, MD (Cardiology Consulting Privileges)</p> <p>6. Hartaj Girm, MD (Cardiology Consulting Privileges)</p> <p>7. Charles Rossow, MD (Cardiology Consulting Privileges)</p> <p>8. Jimmy Swan, MD (Cardiology Consulting Privileges)</p> <p>Providence Health & Services</p> <p>9. Michael Chen, MD (Telestroke/Neurology Consulting Privileges)</p> <p>10. Lilith Judd, MD (Telestroke/Neurology Consulting Privileges)</p> <p>Radia Inc.</p> <p>11. Daniel Susanto, MD (Radiology Consulting Privileges)</p> <p>12. Milton Van Hise (Radiology Consulting Privileges)</p>			
<p>Department Spotlight</p> <ul style="list-style-type: none"> Orthopedics 	<p>Clinic Manager Hancock highlighted the visit statistics for the orthopedics program. This program has experienced gains and losses, but to remember the service line is in its infancy. Areas for improvement were identified and we are excited to have this program for the District.</p>			
<p>Board Committee Reports</p>	<p>Foundation Manager Scogin highlighted the Foundation won</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Hospital Foundation Report 	<p>first place with their float at Jubilee. There were 70+ participants in the Color Run. The dinner auction is only in person this year and is on October 1st at the Bob Lyle building. The theme is <i>Queen of Hearts</i> and tickets are available online or in the gift shop.</p>			
<ul style="list-style-type: none"> Finance Committee Report 	<p>Commissioner McMahan highlighted the Emergency Department's volume is holding strong. The committee recommends approving the four resolutions in consent agenda. Budget preparation has begun with more info to come as departments finalize their numbers.</p>			
<ul style="list-style-type: none"> Compliance Committee Report 	<p>Commissioner McMahan highlighted the OPMA & Redistricting will be discussed in Old Business. There is history on the OPMA and recording is encouraged. The Committee recommends holding the Redistricting Public Hearing in September. Compliance Officer Hargett noted there were three HIPPA Events this month, 21 year to date with one reportable.</p>			
<p>Consent Agenda</p>	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> 1. Approval of Minutes <ol style="list-style-type: none"> a. July 27, 2022, Regular Board Meeting b. August 10, 2022, Compliance Committee Meeting c. August 17, 2022, Special Board Meeting d. August 24, 2022, Finance Committee Meeting 2. Warrants & EFTs in the amount of \$3,889,876.15 dated July 2022 	<p>Commissioner Richardson made a motion to approve the Consent Agenda and Secretary Olive seconded. The motion passed unanimously.</p> <p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p>	<p>Executive Assistant Garcia</p>	<p>09.02.22</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ol style="list-style-type: none"> 3. Resolution 22-28- Approving the Capital Purchase of the MOB HVAC 4. Resolution 22-29- Approving the Capital Purchase of the O2 Mini Bulk Tank 5. Resolution 22-30- Declaring to Surplus or Dispose of Certain Property 6. Resolution 22-31- Appointing Replacement Auditor of LCHD No. 1 7. Approve Documents Pending Board Approval & Ratification 08.31.22 			
<p>Old Business</p> <ul style="list-style-type: none"> • Superintendent Succession Plan 	<p>Board Chair Herrin highlighted the plan is on a good path with WittKieffer. The interviews to build the Superintendent/CEO profile are happening September 6th and 7th.</p>			
<ul style="list-style-type: none"> • Open Public Meetings Act (OPMA) 	<p>Executive Assistant Garcia noted there were updates made to the OPMA encouraging agencies to record public meetings.</p> <p>Commissioner McMahan shared that we owe it to the public. This way when constituents have questions, they can rewatch the meetings to hear the board's perspective versus one commissioner's. Recording the meetings is another way to be transparent. Commissioner Coppock noted following best practice and understanding what the District's peers are doing. Secretary Olive understands there are costs associated and it takes time to operationalize. Commissioner Richardson noted the public voted in the positions and should be able to watch the recordings. Board Chair Herrin shared concerns and the risk associated with the recordings.</p>	<p>To revisit the pros and cons to recording public meetings.</p>	<p>Compliance Workgroup</p>	<p>10.26.22 Regular Board Meeting</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>The Board requested the Compliance Workgroup revisit this topic to understand best practice, the risk to the District and operationally how it would work.</p>			
<ul style="list-style-type: none"> Redistricting 	<p>Executive Assistant Garcia noted the District is required to redistrict before November 15, 2022. The District received a quote from Gary Hurley to redraw the lines and/or use the same descriptions but update the populations.</p> <p>The Board agreed to holding the Special Board Meeting-Public Hearing for Redistricting on September 21st at 6 PM.</p>	<p>Schedule the Special Board Meeting for September 21, 2022 at 6 PM for Redistricting.</p>	<p>Executive Assistant Garcia</p>	<p>09.02.22</p>
<p>New Business</p> <ul style="list-style-type: none"> Board Policy & Procedure Review 	<p>Board Self Evaluation-Approved.</p> <p>Board Spending Authority-Approved.</p> <p>Distribution of Board and Committee Packets-Approved.</p>	<p>Marked three documents as Reviewed in Lucidoc.</p>	<p>Executive Assistant Garcia</p>	<p>09.02.22</p>
<ul style="list-style-type: none"> 2022 Annual Meeting-AWPHD & WSHA 	<p>Superintendent Everett highlighted the annual meeting in October and encouraged Commissioners to attend either in person or virtually. Also, on September 13th there is a 2022 Governance Education called <i>Communications Strategies for Effective Decision-Making Across Diverse Perspectives and Experience</i> presented by Via Healthcare Consulting.</p>	<p>Notify Executive Assistant Garcia if interested in the conference or the education by Friday, September 2nd.</p>	<p>Board of Commissioners</p>	<p>09.02.22</p>
<p>Superintendent Report</p>	<p>Superintendent Everett highlighted the following:</p> <ol style="list-style-type: none"> Packwood Clinic lease is read to sign and recently moved forward with technology needs. Dr. Puga will tentatively be joining Arbor Health is October. 			
<p>Meeting Summary & Evaluation</p>	<p>Superintendent Everett highlighted the decisions made and action items. The Board agreed the agenda was full of great topics, good discussion, feel like we are moving forward.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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Guest Speaker <ul style="list-style-type: none"> <li data-bbox="120 233 329 331">Kurt O'Brien Consulting- Part 6 	Kurt addressed the upcoming leadership changes, moving through the recruitment firm and discussing the interview process.			
Adjournment	Commissioner Richardson moved and Secretary Olive seconded to adjourn the meeting at 5:43 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date

DRAFT



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
 QUALITY IMPROVEMENT OVERSIGHT MEETING
 September 14, 2022 at 7:00 a.m.
 ZOOM**

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Commissioner Coppock called the meeting to order via Zoom at 7:00 a.m. Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Laura Richardson, Commissioner <input checked="" type="checkbox"/> Craig Coppock, Commissioner Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Julie Johnson, Quality Manager <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Erica Pratt, Interim Pharmacist <input checked="" type="checkbox"/> Laura Glass, Clinical Educator & Quality RN <input type="checkbox"/> Dr. Mark Hansen, Chief of Staff <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> LeeAnn Evans, Inpatient and ED Services Director <input checked="" type="checkbox"/> Gary Preston, MA PhD CIC FSHEA <input checked="" type="checkbox"/> Shannon Kelly, CHRO			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input type="checkbox"/> Janice Cramer, Medical Staff Coordinator <input type="checkbox"/> Matthew Lindstrom, Facilities Director <input checked="" type="checkbox"/> Lynn Bishop, Community Member			
Approval or Amendment of Agenda	CNO/CQO Williamson requested to add EMTALA Update to New Business.	Superintendent Everett made a motion to approve the amended agenda and CHRO Kelly seconded. The motion passed unanimously.		
Conflicts of Interest	Commissioner Coppock asked the Committee to state any conflicts of interest with today's amended agenda.	The Committee noted none.		
Committee Reports <ul style="list-style-type: none"> Medical Executive Committee (MEC) Quality Assurance Performance Improvement 	<p>CNO/CQO Williamson noted MEC reviewed privileging which was approved by the Board.</p> <p>Quality Manager Johnson noted managers provide insight on their department specific PI's. Some PI's have Corrective Action Plans (CAP) or need to develop a CAP, while others are retiring PI's due to meeting target. Small workgroups are still in progress, specifically for Internal Audits which we need to complete one yet this year, Document Management, increase patient satisfaction and continue building standard workflows.</p> <p>CNO/CQO Williamson noted a comprehensive review will occur at the end of the year. Scopes of services will be evaluated and new PI's will be established for the year which will include new locations and services lines.</p>			
Consent Agenda <ul style="list-style-type: none"> Approval of Minutes 	Approval of the following: <ol style="list-style-type: none"> June 8, 2022 Quality Improvement Oversight (QIO) Committee Meeting 	CNO/CQO Williamson made a motion to approve the consent agenda and Commissioner		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<ol style="list-style-type: none"> 2. July 20, 2022 QAPI Workgroup Meeting 3. August 17, 2022 QAPI Workgroup Meeting 4. LifeCenter Northwest <ul style="list-style-type: none"> o Quality Manager Johnson shared a thank you from LifeCenter NW to Rhonda Volk and Megan Christianson on recent efforts. Also noted was how the state of WA compares to other neighboring states regarding the number of tissue grafts/donors and organ donors/transplants, very proud. 	Richardson seconded. The motion passed unanimously.		
<p>Old Business</p> <ul style="list-style-type: none"> • QIO Dashboard 	<p>Quality Manager Johnson reviewed the 2022 QIO Dashboard which included Q2 Data through June 30, 2022. Once the Packwood Clinic opens it will be added to the dashboard early next year.</p> <p>Quality Manager Johnson noted we have received 252 QMM's YTD and on pace for 504. This number has increased year over year, as incident reporting is encouraged and was almost non-existent a year and half ago.</p> <p>Quality Manager Johnson reiterated that patient complaints need to be timely referred to Quality and to share the cards provided to get patients to the right. Grievances are acknowledged within seven to ten days.</p>			
<ul style="list-style-type: none"> • Regulatory & Accreditation Report 	<p>Quality Manager Johnson highlighted the 2022 CAH findings;</p> <ol style="list-style-type: none"> 1) Important Message from Medicare Compliance-need another consecutive month of compliance, 2) Pain Assessment and 			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Reassessments at regular intervals-continue to sample audit, and 3) Life Safety Fire Doors and Staff orientation and education of OR fire drill annually-retired, compliance completed.</p> <p>Quality Manager Johnson noted Opportunities for Improvements (OFI) are being tracked to ensure departments are moving these items forward.</p> <p>Quality Manager Johnson noted the Stroke Survey has been scheduled for November 18th and we can expect DOH anytime as this survey is overdue.</p>			
<p>New Business</p> <ul style="list-style-type: none"> • EMTALA Update 	<p>CNO/CQO Williamson shared the hospital may have an EMTALA violation coming from Providence. A patient presented at the front door to a COVID screener. The patient went to Centralia and was treated, as well as admitted for his injuries. The receiving facility must file within 72 hours of determining it's a violation to the state and the feds. The hospital has a seven-to-ten-day window for an EMTALA surveyor to show up at our facility. Already implement EMTALA training for screeners and adding the question, "Are you seeking emergency care?"</p>			
<p>New Business</p> <ul style="list-style-type: none"> • Lucidoc Document Management 	<p>Executive Assistant Garcia noted no new or reviewed documents for this month's meeting.</p>			
<p>Meeting Summary & Evaluation</p>	<p>Quality Manager Johnson provided a summary.</p>			
<p>Adjournment</p>	<p>Commissioner Coppock adjourned the meeting at 8:05 a.m. The motion passed unanimously.</p>			



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
September 21, 2022, at 12:00 p.m.
Via Zoom**

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

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Consent Agenda	<p>Commissioner McMahan announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –August 24, 2022 2. Revenue Cycle Update 3. Board Oversight Activities 4. Financial Statements-August 	Secretary Olive made a motion to approve the consent agenda and Community Member Fisher seconded. The motion passed unanimously.		
<p>Old Business</p> <ul style="list-style-type: none"> • Financial Department Spotlight 	Commissioner McMahan noted the spotlight has been deferred to next month.			
<ul style="list-style-type: none"> • Capital Review 	<p>CFO Cornwell highlighted the following capital items were not budgeted but are critical to providing patient care; 1) Ultrasound Transducer and 2) Stress Test Treadmill. The items are reasonably priced at \$7,804 and \$6,250, both within Superintendent Everett's purchasing limit.</p> <p>Superintendent Everett stated there are capital needs for the future Packwood Clinic. Due to lead times, IT resources for the building have been purchased. CFMO Lindstrom noted we are 80% on track with the plans and we are not required to have DOH approval due to no imaging services at this site. The purchasing department is working to acquire the capital to fill the clinic. At this time, we are given no indication that we are not on track to make opening late 2022 or early 2023. CFO Cornwell shared we are actively work on the rural health clinic status and many other disciplines are working behind the scenes to open the new clinic. Superintendent Everett noted internally we will be accessing the clinics needs in regards to additional providers, seasonal needs and access to other services.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Cost Report 	<p>CFO Cornwell noted over the past 7 months the District has paid back 1,800,000 of the Advance Medicare Payments COVID relief monies received in 2020. The decrease in Cash is reflected on the Balance Sheet. We will be done paying this back by year end.</p> <p>CFO Cornwell noted past cost reports are in the process of being closed out for 2016, 2017 & 2018. The District has allowed for some liabilities and there is the potential we may experience positive impact.</p>			
<ul style="list-style-type: none"> 2023 Budget Volume Planning & Schedule 	<p>CFO Cornwell said the 2023 budget continues to be on track. The District has experienced lower inpatient volumes with budgets built on a rebound this year. Many hospitals around the state and the country are experiencing the same impact and will be taking a more conservative approach in 2023. The District will need to reduce expenses, as well as review revenue opportunities to add to the bottom line.</p> <p>Executive Assistant Garcia noted the Public Hearing notice will run for two consecutive weeks of October 31st and November 7th. The Public Hearing will be a Special Board Meeting on November 16th. The Board will host a Special Board Meeting on November 28th to adopt the 2023 budget.</p>			
<p>New Business</p> <ul style="list-style-type: none"> Remote State of WA Survey 	<p>CFO Cornwell noted the State of WA Survey has not occurred in three years. They have scheduled a remote survey, which is convenient and cheaper for the District. The survey will begin on October 7th and there will be opening and closing discussions where the Finance Committee and the Finance department will be present. The state accepts the financial audit completed by DZA and this audit will be focused on specific areas to</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>ensure the District is guarding the public's funds appropriately. Invitations to the meetings will be coming once we receive an agenda for the survey.</p>			
<ul style="list-style-type: none"> Disposition of Elbe Home 	<p>Superintendent Everett noted RES-20-27 authorized her to sell the District's Elbe home. Since receiving the Board's approval the District needed the home for housing interims and providers, while still recognizing the hardship to maintain the home from such a distance. The property went on the market Friday, September 16th.</p>			
<p>Meeting Summary & Evaluation</p>	<p>CFO Cornwell highlighted the decisions made and there are no action items that need to be taken to the entire board for approval. Superintendent Everett noted the meeting was on task and the agenda allowed for ample time to discuss the topics outlined. Commissioner McMahan appreciated the insight for the committee and the freedom for everyone to speak up during the process to provide input on the topics.</p>			
<p>Adjournment</p>	<p>Commissioner McMahan adjourned the meeting at 12:30 pm.</p>			



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

September 21, 2022 at 6:00 p.m.

Conference Room 1 & 2 or Zoom

<https://myarborhealth.zoom.us/j/83835547922>

Meeting ID: 838 3554 7922

One tap mobile: +12532158782,,83835547922#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 6:00 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Laura Richardson <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Cheryl Cornwell, CFO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			
Old Business	Executive Assistant Garcia presented the RCW's requirements	To adopt via resolution the	Executive Assistant Garcia	Regular Board Meeting 09.28.22

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Discuss the Proposed Redistricting (RCW 29A.76.010) 	for redistricting, as well as the map with same descriptions with updated census numbers. Due to the population changes being minimal and nearly equal, the District is proposing the subdistricts boundaries remain the same. Redistricting plans must submit no later than November 15, 2022.	redistricting map with updated census.		
Public Comment	No public present.			
Adjournment	Secretary Olive moved and Commissioner Richardson seconded to adjourned at 6:30 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date

WARRANT & EFT LISTING NO. 2022-08

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

\$3,769,728.09 this 28th day

of September 2022

Board Chair, Tom Herrin

Secretary, Kim Olive

Commissioner, Wes McMahan

Commissioner, Craig Coppock

Commissioner, Laura Richardson

SEE WARRANT & EFT REGISTER in the amount of \$3,769,728.09 dated August 1, 2022 – August 31,
2022.

Routine A/P Runs

Warrant No.	Date	Amount	Description
126963 - 126965	1-Aug-2022	5,487.78	CHECK RUN
126689 - 126708	1-Aug-2022	797,979.90	CHECK RUN
126966 - 126967	2-Aug-2022	1,051.15	CHECK RUN
126790 - 126856	5-Aug-2022	196,120.54	CHECK RUN
126857	8-Aug-2022	1,307.78	CHECK RUN
126767 - 126789	8-Aug-2022	807,082.10	CHECK RUN
126968	9-Aug-2022	35.95	CHECK RUN
126858-126889	12-Aug-2022	167,166.02	CHECK RUN
126969	15-Aug-2022	4,526.75	CHECK RUN
126890 - 126902	15-Aug-2022	181,579.31	CHECK RUN
126970	17-Aug-2022	3,706.31	CHECK RUN
126918 - 126962	22-Aug-2022	163,437.46	CHECK RUN
126971	23-Aug-2022	287.05	CHECK RUN
126903 - 126917	23-Aug-2022	69,136.06	CHECK RUN
127075 - 127115	26-Aug-2022	157,664.01	CHECK RUN
126972 - 127052	26-Aug-2022	18,692.61	CHECK RUN
127053	26-Aug-2022	50.00	CHECK RUN
127054 - 127074	29-Aug-2022	835,825.33	CHECK RUN
127194	2-Aug-2022	38.60	CHECK RUN
127195	16-Aug-2022	94.73	CHECK RUN
127196	26-Aug-2022	21,257.19	CHECK RUN
127197	13-Aug-2022	214.05	CHECK RUN
127198	31-Aug-2022	981.00	CHECK RUN
Total - Check Runs		\$ 3,433,721.68	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
126983	26-Aug-2022	(25.00)	VOID CHECK
TOTAL - VOIDED CHECKS		\$ (25.00)	

COLUMBIA BANK CHECKS, EFT'S & VOIDS **\$ 3,433,696.68**

Eft	Date	Amount	Description
4697	2-Aug-2022	776.17	TPSC
1177	5-Aug-2022	159,629.31	IRS
4698	8-Aug-2022	314.00	TPSC
4699	15-Aug-2022	221.89	TPSC
1178	19-Aug-2022	174,726.80	IRS
4700	22-Aug-2022	164.65	TPSC
4701	29-Aug-2022	173.59	TPSC
TOTAL EFTS AT SECURITY STATE BANK		\$ 336,006.41	

TOTAL CHECKS, EFT'S, & TRANSFERS **\$ 3,769,728.09**

Documents Awaiting Board Ratification 09.28.22

	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Admissions: Division of Responsibility	Patient Access
2	Approved Personnel in Food Preparation	Dietary Services
3	Asbestos Management	Maintenance
4	Automobiles	Human Resources
5	Billing Practices for Vaccines for Children	Business Office
6	COVID-19 Mandatory Vaccination & Access	Human Resources
7	Cervical Spine Clearance	Emergency Services
8	Chargeable Supplies	Materials Management
9	Chart Analysis	Health Information Management
10	Compensatory Time Off Policy	Human Resources
11	Dress Code	Human Resources
12	Employee Benefits	Human Resources
13	Ergonomic Workstation Evaluation	Human Resources
14	F10: Sanitizing Food Contact Surfaces/Utensils	Dietary Services
15	Filling Vacant Positions	Human Resources
16	Firearms And Deadly Weapons Prohibition	Human Resources
17	Guidelines for Ill Dietary Employees	Dietary Services
18	H1: Participation in the Facility Emergency	Dietary Services
19	H4: Failure of Gas Supply	Dietary Services
20	H5: Failure of Electrical Supply	Dietary Services
21	H6: Failure of Refrigeration/Freezers	Dietary Services
22	Introductory Period for New Employees	Human Resources
23	Mechanical Dishwashing	Dietary Services
24	PTO, EIL & PSL Donation	Human Resources
25	Patient Grievance or Complaint Management	Quality
26	Pharmacy Access	Pharmacy
27	Preventative Maintenance	Maintenance
28	Protection of Personal Belongings during Emergencies	Sleep Center
29	Remote Order Entry/Verification Services	Pharmacy
30	Reporting Critical Value Results	Lab General Policies/Procedures

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.

OLD BUSINESS

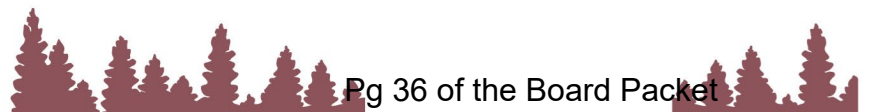
To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 9/22/2022
Subject: 2023-2025 Strategic Planning Retreat

As you may remember, I submitted my resignation with the hope that my successor would be hired before the December strategic planning retreat. My hope was that my replacement would be hired by then, but perhaps still working their notice period. The thought was that the new superintendent would be able to participate in the retreat. This would provide them the opportunity to intimately understand the priorities set by the Board for the next three years vs. inheriting the plan.

On September 1, I met with Beth from WittKeiffer regarding the recruitment process. She estimated that the search committee will be entertaining onsite interviews with the final candidates through early December. She thought that having an offer made by the holidays was a realistic goal. Based on her estimates, having my successor at the 12/5/2022 retreat is unrealistic.

ASK: I am asking the Board to reconsider the timing of the retreat. There is nothing regulatorily requiring the retreat to occur by a certain time. We do have and will meet the regulatory requirement of having our community health needs assessment (CHNA) completed before the end of the year. The CHNA will be another data set to include in the retreat packet.

Additionally, we do have precedence for postponing strategic planning discussions as we postponed the current strategic plan to Q1 2020 to allow the newly elected commissioners the opportunity to participate and set their direction.





LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION ADOPTING THE REDISTRICTING
OF LEWIS COUNTY HOSPITAL DISTRICT NO. 1

RESOLUTION NO. 22-32

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

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

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

**To adopt the redistricting map based on 2020 census.
This resolution supersedes RES 15-20.**

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in
an open public meeting thereof held in compliance with the requirements of the Open Public
Meetings Act this 28th day of September 2022, the following commissioners being present and
voting in favor of this resolution.

Tom Herrin, Board Chair

Kim Olive, Secretary

Wes McMahan, Commissioner

Craig Coppock, Commissioner

Laura Richardson, Commissioner

Hospital District #1: Commissioner Districts & Precincts with Population

Lewis County, Washington

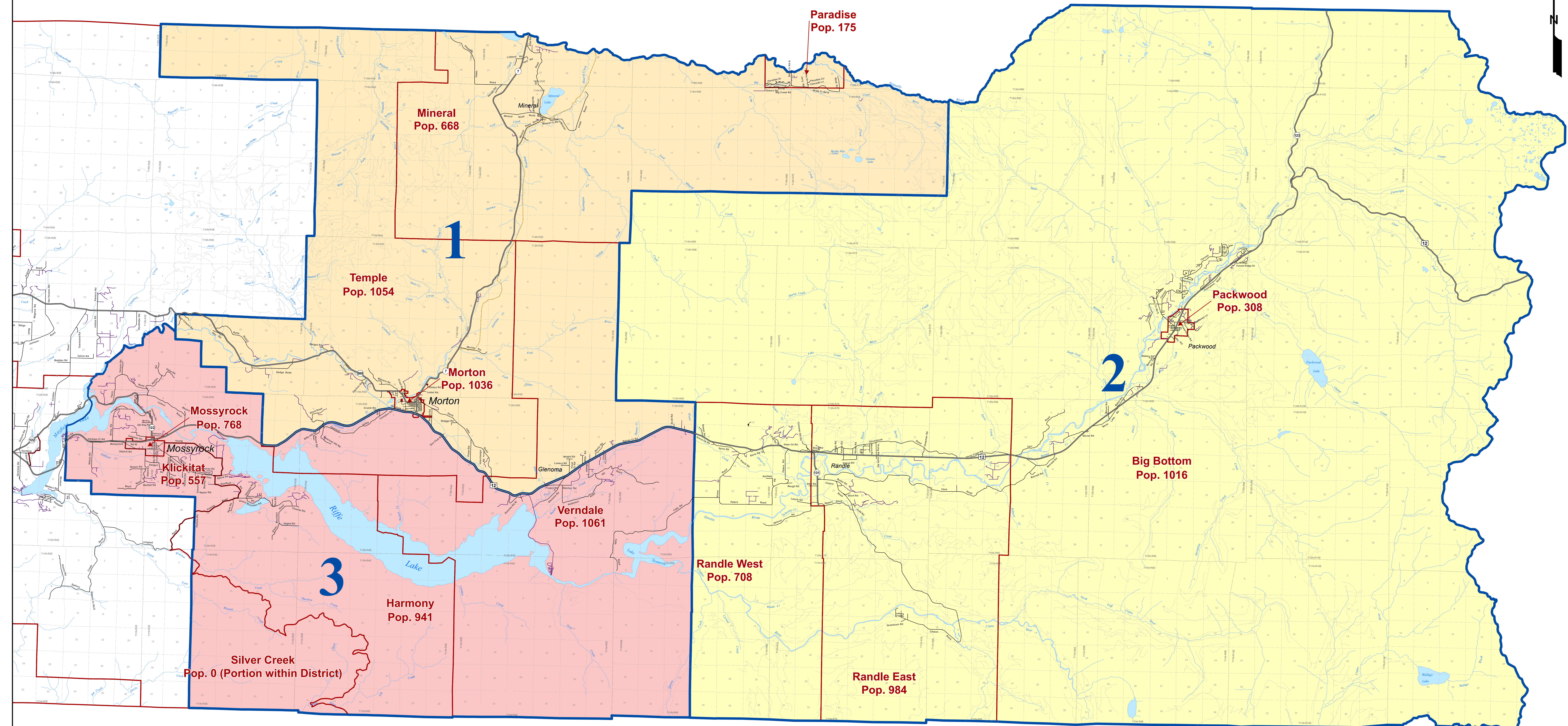
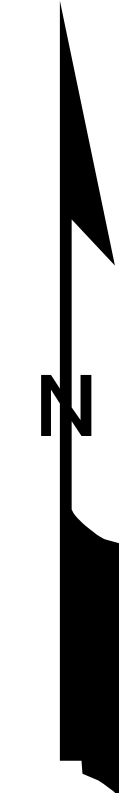
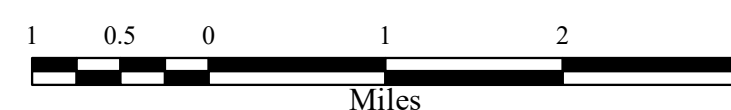
Hospital District #1

- Commissioner District 1 Population = 3,148
- Commissioner District 2 Population = 3,016
- Commissioner District 3 Population = 3,112

Total Population = 9,276

2020 census data used to calculate population totals.
Silver Creek Precinct is only partly in Hospital District #1
with no appreciable population in the District.
A small part of Harmony Precinct with no appreciable population
is outside of the District. Temple and Verndale precincts are
split by the boundary between Commissioner Districts 1 & 3.

Projection: Lambert Conformal Conic
Datum: 1983 North American Datum
State Plane South Zone



NEW BUSINESS



DocID: 15804
Revision: 4
Status: Official
Department: Governing Body
Manual(s):

Policy : Code of Ethics

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners will adopt and comply with this Code of Ethics.

Procedure:

Introduction

This Board of Commissioners Code of Ethics (Code) has been adopted by the Board of Commissioners (Board) of Lewis County Public Hospital District No. 1, Arbor Health of Lewis County, Washington (District) to promote honest and ethical conduct and compliance with applicable laws, rules and regulations by the members of the Board (Commissioners).

Applicability

This Code applies to each Commissioner.

How to Use the Code

This Code is a general guide to the Board's standards of conduct and regulatory compliance. This Code is not intended to cover every issue or situation Commissioners may face in their official capacity. This Code does not replace other more detailed policies and procedures adopted by the District, including but not limited to the District's Bylaws, the Lewis County Hospital District No. 1 Code of Ethics (to the extent applicable to Commissioners), and specific directives adopted from time to time by the Board.

It is essential that Commissioners thoroughly review this Code and make a commitment to uphold its requirements. Failure to read and/or acknowledge this Code does not exempt a Commissioner from his or her responsibility to comply with this Code, applicable laws, rules and regulations, and District policies and procedures.

None of the principles and practices outlined in the Code is intended to restrict any Commissioner from exercising its constitutional rights of free speech and should not be so construed. Furthermore, the exercise of such rights shall not subject any Commissioner to any sanctions under this Code, even if such exercise is otherwise inconsistent with a stated principle or practice of appropriate ethical conduct.

The Board does not intend to adopt any rule in this Code that violates existing law. If, as a result of changes in the law or otherwise, any provision of the Code is subsequently determined to violate applicable law, such provision

shall be construed in such a way as to eliminate such violation and, if no such construction of the applicable provision is possible, the provision shall be void.

Fundamental Responsibilities of Commissioners

The fundamental responsibility of each Commissioner is to promote the best interests of the public by overseeing the management of the District's business and community operations. In doing so, each Commissioner shall act in accordance with this Code, the District's other policies and procedures, and applicable laws, rules and regulations, including, but not limited to, Washington state law and the District's Bylaws. The Commissioners acknowledge that the purpose of Chapter 70.44 RCW, pursuant to which the District was formed, is to authorize the establishment of public hospital districts to own and operate hospitals and other health care facilities and to provide hospital and other health care services for the residents of such districts and other persons. The discharge of this responsibility requires the District to operate its hospital and other health care facilities in a competitive manner. Were it not to do so, the District could not compete with other private and public health care providers for patients, medical staff, executives and other critical operational support and would cease to be an economically viable entity notwithstanding the public support provided through tax levies against real property located within the District's boundaries.

Principles and Practices

1. In the performance of their official duties, Commissioners shall act ethically, in good faith, with integrity, with care, and in a manner they reasonably believe to be in the best interests of the public that is served by the District.
2. Commissioners shall not allow outside activities or personal financial or other interests to influence or appear to influence their ability to make objective decisions with respect to the District.
3. Commissioners shall conduct their official and personal affairs in such a manner as to give the clear impression that they cannot be improperly influenced in the performance of their official duties.
4. Commissioners in discharging their duties to the District shall use their best efforts to comply with all applicable laws, rules and regulations of federal, state and local governments and other regulatory agencies.
5. Commissioners shall not be beneficially interested, directly or indirectly, in any contract or transaction which may be made by, through or under the supervision of such Commissioner, in whole or in part, or which may be made for the benefit of their office, or accept, directly or indirectly, any compensation, gratuity or reward in connection with such contract or transaction from any other person beneficially interested therein, except to the extent permitted under applicable law. Should a Commissioner have a beneficial interest in any contract or transaction proposed for the District, such beneficial interest shall be disclosed to the Board, before the Board authorizes the District to enter into such contract or transaction. The existence of such conflict of interest shall be reflected in the official minutes of the Board. Any Commissioner having such a conflict of interest shall not vote when the matter is presented to the Board for approval. Moreover, such Commissioner shall not influence or attempt to influence any other Commissioner to enter into a contract or transaction in which such Commissioner has a beneficial interest.
6. At the time of a Commissioner's election, a Commissioner shall disclose in writing to the Board all personal or professional relationships that create, or have the appearance of creating, a conflict of interest with the District. Should any such personal or professional relationships arise in the future, the Commissioner shall promptly disclose such relationships to the Board.
7. Commissioners shall not use their position to secure special privileges or exemptions for themselves or others.
8. Commissioners may not, directly or indirectly, give or receive or agree to give or receive any compensation, gift, reward, or gratuity from a third party for the Commissioners' services to the District or as to any contract or transaction between the District and any other party.
9. Commissioners shall not receive any compensation, remuneration, payments or distributions from the District for their services as Commissioners, except as and only to the extent permitted by applicable law.
10. Commissioners shall not accept employment or engage in any business or professional activity that could reasonably be expected to place them in a conflict of interest with the District or require or induce them, by reason of their new employment or engagement, to disclose confidential information acquired by the Commissioners by the reason of their office.

11. To the extent Commissioners obtain confidential information by reason of their office, they will not disclose such confidential information to others unless authorized to do so by the Board. For purposes of this paragraph "confidential information" means information that the Commissioners are required to treat as confidential under applicable law (whether such law is derived from statutes, regulations, case law, the District's charter documents, or otherwise). Information regarding the District not deemed confidential under applicable law may be shared by the Commissioners with others.
12. If Commissioners receive frequent inquiries from individuals or other persons requesting the disclosure of confidential information, Commissioners shall bring that information to the attention of the other Commissioners to allow the Board to determine if it wishes to adopt preventive measures to further protect the Board and District's legitimate interest in controlling access to its confidential information.
13. Commissioners shall not simultaneously hold any other incompatible office or position, including, but not limited to, another office or position whose functions are inconsistent with the functions of a Commissioner for the District, or where the occupation of such other office or position is detrimental to the public interest.
14. Commissioners shall comply with all of the District's policies and procedures, including those applicable to District employees and medical staff generally, to the extent applicable to their services as Commissioners.
15. The Superintendent is, by statute, the District's chief administrative officer and, in such capacity, is responsible for the administration of the District. Accordingly, if Commissioners receive questions or concerns from employees, from members of the medical staff, or from the public concerning District operations, they shall promptly notify the Superintendent and it shall be the responsibility of the Superintendent (or the Superintendent's designee) to respond on behalf of the District. Similarly, if third parties, such as third party payors, employee groups, real estate developers, or others, communicate with Commissioners regarding existing or proposed business or other relationships with the District, such matters shall promptly be referred to the Superintendent to take whatever action the Superintendent deems appropriate. The Superintendent shall be accountable to the full Board for follow-up on such items.
16. Commissioners shall fully cooperate with government investigators as required by applicable law. If a Commissioner encounters an investigator, or receives a subpoena, search warrant or other similar document, related to an investigation of the District, the Commissioner shall promptly give notice of such investigation to the Board.
17. Commissioners shall not destroy or alter any information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction.
18. The Commissioners are expected to prepare for, participate in, and attend all Board meetings. They should commit the time necessary to review all Board materials. The same level of participation is expected with respect to all Board committees, if any, to which the Commissioners are assigned. For purposes of the foregoing, "attend" shall mean that the Commissioner arrives at the Board meeting (or, if applicable, the Board committee meeting) on time and stays until the conclusion of the meeting.
19. Commissioners are expected to engage in robust, active discussions of the issues submitted to the Board for consideration in order to arrive at the most carefully considered decisions for the District. With this in mind, Commissioners must study all relevant information (including materials in Board packages), articulate clearly their personal views, be prepared to argue for and support their positions, and, when appropriate, question and challenge the views of others. Such deliberations should be conducted in a respectful manner in line with customary standards of civility and decorum.
20. Commissioners when discussing District business, whether at Board meetings or elsewhere, are urged to adhere to the following standards: Commissioners should be respectful of the views of other Commissioners and executives, even if such views are contrary to the Commissioners' personal opinions; not divulge confidential information regarding the District's affairs; not purport to represent the views of the Board, unless authorized to do so by the Board; and not intentionally misrepresent, demean or belittle positions taken by other Commissioners or District executives and, where appropriate, take all reasonable steps to ensure that a balanced presentation of competing points of view is given so as to promote common understanding of (rather than to foster a spirit of divisiveness with respect to) the issues before the Board and the various competing points of view taken by other Commissioners and District executives. Nothing in this Code is intended to limit any Commissioner's constitutionally-protected rights of free speech, nor is this Code to be construed so as to impair the ability of Commissioners to participate in ceremonial, representational or informational functions in the pursuit of their official duties.
21. Commissioners are publicly-elected officials. As a consequence, if incumbent Commissioners choose to run for re-election, they will of necessity be involved in campaign-related activities during the tenure of their service on the Board. Nothing in this Code of Ethics is intended to deprive such individuals of, or to inhibit or limit the lawful exercise of, the right to engage in customary re-election activities, including but not limited to seeking and securing

endorsements, soliciting campaign contributions, distributing voter pamphlets and other campaign related materials, or making public appearances. They may solicit financial or other support for the community at large, hospital employees, medical staff members, nurses, and others, provided that the support comes from such persons when acting in their personal capacities, and not as representatives or employees of the District. All such support must be voluntary and may not be given or received with the expectation or understanding that the contributing individual will receive any consideration, privilege or benefit, directly or indirectly, from the District. Commissioners may not, claim, suggest or create the impression that their re-election is supported or endorsed by the District itself, nor may they use or gain access to the District financial resources to support their re-election campaign. They may however fully discharge their duties and responsibilities as Commissioners during the re-election campaign (as indeed they are obligated to do), and such activities are not wrongful.

22. Commissioners shall refrain from any illegal, unethical, or inappropriate conduct, whether or not specifically identified in this Code.

General Standards of Conduct

Commissioners' compliance with the principles and practices of this Code will be subject to the following guidelines:

1. Commissioners may not be considered in violation of the ethical guidelines of the Code as long as they have acted in good faith, and in a manner they believed to be consistent with their obligations under Code.
2. To the extent that Commissioners receive advice from the District's legal counsel (consisting of in-house counsel or legal counsel engaged by the District), Commissioners may rely upon such advice in discharging their duties to the District. If Commissioners have in good faith relied upon such advice in conducting the District's business, such reliance will constitute a defense to charges that actions based upon such reliance violated the provisions of the Code.
3. Absent evidence of bad faith, inadvertent violations of the Code that do not adversely affect the District in a material way and that do not create private benefits in favor of the Commissioner or related parties will not constitute grounds for disciplining a Commissioner.

Enforcement of Code

The Board is the body vested with the exclusive authority to enforce the provisions of the Code and to take disciplinary action against Commissioners for violations. As provided in Article VIII, the Board may, under certain circumstances, enlist the support of others to assist with fact finding and to make recommendations.

While members of the public may give the Board notice of alleged violations of the Code, they may not, except as qualified below, bring legal actions against Commissioners for alleged violations, whether such actions seek specific performance, damages or other forms of judicial relief. The Commissioners are not liable to members of the public for damages resulting for Code violations.

Notwithstanding the foregoing, if a Commissioner's misconduct constitutes official misconduct as to which a legal action may be brought by a member of the public, separate and apart from its constituting a violation of the Code, members of the public may pursue such matters, at law or in equity, in the same manner as they might otherwise have pursued such matters under then-existing law. Hence, as relates to members of the public, the Code does not, and is not intended to create, a basis for making claims or pursuing remedies that would not otherwise be available under existing law.

Reporting Procedures and Process

1. Any individual may advise the Board of an alleged violation of the Code by a Commissioner. To the extent feasible, any such notice should be given in writing and specify in reasonable detail the alleged misconduct.
2. The District will not take retribution or disciplinary action against any District employee who raises concerns or reports potential violations of the Code by a Commissioner, whether or not it is subsequently determined that there is a legal or factual basis to support such allegations. On the other hand, should members of the public allege official misconduct by Commissioners, and should such allegations not be supported either for factual or legal reasons, Commissioners may pursue such remedies as are available, at law or in equity, including but not limited to claims for libel or slander, against the parties wrongfully accusing the Commissioners of misconduct.

3. The Board shall review promptly, and in a prudent manner, allegations of Commissioner misconduct to determine whether there have been violations of the Code and what disciplinary action, if any, is appropriate. The processing of such allegations shall be under the direction of the Board Chair, acting with the advice of counsel, and being subject to the other guidelines provided for in this Article VIII. If the Board Chair is the subject of alleged misconduct, the responsibilities vested in the Board Chairman under the Code will pass to the next ranking officer (or, if none, the senior most member) of the Board who is not accused of the alleged Code violations.
4. The Board may, from time to time, adopt procedures for investigating, handling, and resolving allegations of misconduct, subject to adopting reasonable procedures for:
 - a. gathering information regarding the alleged misconduct, including but not limited to, accepting written submissions, hearing testimony, conducting hearings, undertaking fact finding, and soliciting information from experts;
 - b. the right of the accused to respond to the allegations and to be represented by counsel;
 - c. the screening out of frivolous complaints; and
 - d. the right of the public to observe such proceedings under the Open Public Meeting Act ("OPMA").
5. If the Board determines that a Commissioner has violated one or more of the provisions of the Code, the Board may give written or oral warnings, issue formal reprimands, publicly censure the Commissioner and/or relieve the commissioner of board committee assignments. Such disciplinary action shall be recorded in the minutes of the Board's meetings and, as directed by the Board, be published in local newspapers, the District's communications with residents, or through other media. In those instances where the misconduct is of a serious nature, the Board may, after receiving legal advice from counsel, initiate legal action in a court of competent jurisdiction to remove such Commissioner from office.
6. Subject to the following guidelines, the Board may appoint the Values, Ethics & Conflict of Interest committee to assist in fact-finding and/or making recommendations to the Board regarding allegations of Commissioner misconduct:
 - a. It will be left to the discretion of the Board to determine whether such a panel should be convened and to determine the scope of the responsibility given to such panel. The Board shall consider all facts and circumstances in making such determinations, including but not limited to the seriousness of the allegations, the history of the alleged misconduct – whether constituting an isolated incident or pattern of misconduct, the publicity surrounding the activities, the level of public interest, and whether and to what extent the public's interest might be advanced by enlisting the support of others outside of the Board. The Board's determinations regarding such matters will be final and binding. It is not expected that such panels would be convened to handle frivolous complaints or allegations regarding inadvertent or minor violations of the Code.
 - b. If the Board elects to solicit outside support in processing allegations of Code violations, the Board Chair, acting with the advice of legal counsel, shall appoint, on such basis as the Board Chair deems appropriate, the individuals to serve on the advisory panel, which participants may be drawn from public officials or members of the local business community (such as members of the chambers of commerce) from those municipalities whose geographic boundaries fall primarily within the boundaries of the District. The size of the panel will be determined by the Board Chair.
 - c. The Board or, absent specific direction from the Board, the Board Chair will establish the specific fact-finding and advisory responsibilities of the panel.
 - d. If such a panel is constituted, the panel's activities will be subject to the public access requirements of the OPMA, to the extent required by OPMA.
 - e. The Board will, however, in all instances, retain ultimate decision making regarding whether the alleged misconduct constitutes a violation of the Code and whether and to what extent to take disciplinary action against any Commissioner found to be in violation of the Code.
7. To the extent that alleged misconduct constitutes a violation of law, separate and apart from a violation of the Code, such misconduct may be referred to the county prosecuting attorney for action.

Waiver

If a Commissioner believes that it is inappropriate to apply any of the provisions of this Code to such Commissioner, such Commissioner may submit to the Board a written request for a waiver from such provision. Such written request must be accompanied by a statement setting forth the reasons why the waiver should be granted under the circumstances. Such waiver shall be effective if approved by a majority vote of the Commissioners (excluding the requesting Commissioner). Furthermore, such waiver may be granted only if supported by legal advice from the District's in-house or outside legal advisors.

Review

The Board shall review this Code to ensure compliance with all applicable laws, rules and regulations, and to ensure that the Commissioners are held to the highest standards of conduct and ethics. In connection with such review, the Board should discuss what, if any, amendments or revisions are necessary to improve the effectiveness of this Code.

Amendments

This Code may be amended from time to time by the Board, if approved by a majority vote of all Commissioners, and any amendment must be disclosed as required by and in accordance with applicable laws, rules and regulations.

Affirmation

Each Commissioner is responsible for reviewing, understanding, acknowledging and personally upholding this Code and other policies and procedures. Each of the Commissioners shall certify that he or she has read, understands, is in compliance with and is not aware of any violations of this Code upon the initial adoption of this Code; upon the adoption of any amendments to this Code; upon a Commissioner's appointment, election or re-election to office; and at the beginning of each fiscal year. Each such certification shall be made by the execution of the Receipt and Acknowledgement attached hereto as Exhibit A.

EXHIBIT A

LEWIS COUNTY HOSPITAL DISTRICT NO. 1

Board of Commissioners Code of Ethics

Receipt and Acknowledgement

I understand that each Commissioner is responsible for reviewing, understanding, acknowledging and personally upholding the Board of Commissioners Code of Ethics (Code), and for familiarizing him or herself with the applicable detailed elements of other policies and procedures.

By executing this Receipt and Acknowledgement, I hereby acknowledge that:

1. I have received and read a copy of the Code;
2. I understand the contents of the Code;
3. I have familiarized myself with the applicable detailed elements of the Code of Ethics and other policies and procedures;
4. I affirm my commitment to and compliance with the standards and procedures set forth in the Code; and
5. I am not aware of any violations of the Code involving myself that occurred since the later of the adoption of the Code, the last time I executed and delivered a Receipt and Acknowledgement or the beginning of the last fiscal year that have not otherwise been reported in accordance with the procedures set forth in the Code.
6. I acknowledge that my execution of this Receipt and Acknowledgement has been requested by the Board of Commissioners as a part of the District's ongoing program to ensure compliance with the terms of the Code and that the District and the Board intended to rely upon the representations made herein.

Printed name: _____

Signature: _____

Date: _____

Document Owner: Herrin, Tom

Collaborators:

Approvals

- **Committees:** (09/25/2019) Board of Commissioners, (07/29/2020) Board of Commissioners,

- **Signers:**

Original Effective Date: 07/17/2012

Revision Date: [07/17/2012 Rev. 0], [07/17/2012 Rev. 1], [08/27/2015 Rev. 2], [08/27/2018 Rev. 3], [09/06/2019 Rev. 4]

Review Date: [11/08/2013 Rev. 1], [12/23/2014 Rev. 1], [06/20/2016 Rev. 2]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

<https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:15804>.



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], [08/02/2016 Rev. 0]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

<https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:15827>.



DocID: 8610-100
Revision: 3
Status: Official
Department: Governing Body
Manual(s):

Policy : Conflict of Policies

Policy:

It is the policy of Lewis County Hospital District No. 1 that whenever the text of an adopted policy and/or procedure is not consistent with other adopted policies or procedures, the most recently adopted text shall be followed until the Board resolves the inconsistencies.

Purpose:

To ensure that the policies and implementing procedures adopted by the Board of Commissioners are consistent.

Procedure:

1. Whenever inconsistencies between texts are discovered, the Superintendent shall require staff to comply with the most recently adopted text.
2. At the Board meeting immediately following the discovery of inconsistent texts, the Superintendent shall:
 - a. Notify the Board of the inconsistencies; and
 - b. Present the Board with copies of each policy and/or procedure that contains inconsistent texts. The earlier adopted policies and/or procedures shall show the changes needed to make all texts consistent with the most recently adopted text.
3. The Board shall take any action necessary to make all texts consistent.
4. The Superintendent, after the Board has acted, shall ensure that the policy and/or procedure revisions are disseminated to staff and shall require staff to comply with these revisions.

Document Owner: Herrin, Tom

Collaborators:

Approvals

- **Committees:** (08/26/2020) Board of Commissioners, (09/29/2021) Board of Commissioners,

- **Signers:**

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Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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SUPERINTENDENT REPORT