Lewis County Hospital District No. 1
dba Arbor Health
Regular Board Meeting Packet

June 10, 2020– 3:00 pm
ZOOM
https://myarborhealth.zoom.us/j/99365012692
Meeting ID: 993 6501 2692
One tap mobile: +12532158782,,99365012692# US
Dial by your location: +1 253 215 8782 US

BOARD OF COMMISSIONERS
Board Chair – Trish Frady, Secretary – Tom Herrin, Commissioner – Shelly Fritz, Commissioner – Wes McMahan & Commissioner-Chris Schumaker

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LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
June 10, 2020 at 3:00 p.m.
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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 **Approval or Amendment of Agenda** **Conflict of Interest**		3:00 pm
Comments and Remarks • Commissioners • Audience		3:05 pm
Executive Session-*RCW 70.41.205* • Medical Privileging-Katelin Forrest		3:10 pm
Break		3:30 pm
Department Spotlight • Deferred to July 29, 2020 Regular Board Meeting.		
Board Committee Reports • Finance Committee Report-Committee Chair-Board Chair Frady	7	3:35 pm
• Compliance Committee Report-Committee Chair-Commissioner McMahan		3:50 pm
• Plant Planning Committee Report-Committee Chair-Commissioner Herrin		3:55 pm
Consent Agenda – *(Action items included below)* • [ ] Passed [ ] Denied [ ] Deferred		4:00 pm
• Minutes of the May 6, 2020 Regular Board Meeting *(Action)*	12	
• Minutes of the May 13, 2020 Medical Staff Meeting *(Action)*	20	
• Minutes of the May 18, 2020 Finance Committee Meeting *(Action)*	25	
• Minutes of the May 27, 2020 Compliance Committee Meeting *(Action)*	29	
• Minutes of the May 27, 2020 Special Board Meeting *(Action)*	32	
• Minutes of the June 2, 2020 Plant Planning Meeting *(Action)*	36	
• Warrants & EFT's in the amount of $2,522,763.20 dated April 2020 *(Action)*	38	
• Warrants & EFT's in the amount of $3,993,310.68 dated May 2020 *(Action)*	40	
• Resolution 20-21-Approving Carpenters Industrial Council (CIC) Local 2767 Contract Extension *(Action)* o *To approve the CIC Local 2767 Contract Extension to until the Employer's*	42	

Disaster Response is deactivated.		
• Resolution 20-22-Designating Applicant Agent & Alternate Applicant Agent for WA FEMA Public Assistance *(Action)* o *To designate the authorized representatives to obtain federal and/or state emergency or disaster assistance funds.*	45	
• Resolution 20-23-Approving the Petty Cash Drawers & Custodian's of the District *(Action)* o *To approve the District's petty cash drawers, along with the custodians responsible for each of the drawers.*	46	
• Approve Documents Pending Board Ratification 6.10.20 *(Action)* o *To provide board oversight for document management. (Lucidoc)*	47	
Old Business • Handling Complaints, Comments & Questions in the Community o *To further discuss business card proposal.*	50	4:10 pm
• Minutes of the February 11, 2020 Compliance Committee Meeting o *To address the concerns by Commissioner McMahan and approve the minutes.*	51	4:15 pm
New Business • RHC Visiting Nurse Services	57	4:20 pm
• Mobile Clinic o *To defer to July 29, 2020 Regular Board Meeting.*		
• Insurance Policies o *To defer to July 29, 2020 Regular Board Meeting.*		
• Board Education o *The Board's Role in Leading Through Transition* o *An Introduction to Mission and Strategy*	 58 67	4:30 pm
• Board Policies & Procedures o *Annual Adoption of the Quality Program Plan* o *Code of Ethics* o *Commissioner Compensation for Meetings and Other Services*	 75 77 86	4:40 pm
Break		4:50 pm
• Interview Commissioner Candidates for Position #3-Mossyrock & Silver Creek Areas o *To interview commissioner candidate(s) for the vacant position.*	88	5:00 pm
Executive Session-RCW 42.30.110 (h) • *To evaluate the qualifications of a candidate for appointment to elective office.*		5:15 pm
New Business Continued • Oath of Office	 97	6:00 pm
• 2020 Organization of the Board of Commissioners	98	6:05 pm
Superintendent Report • Public Thank You Follow Up • Community Engagement • Record Retention	100	6:20 pm
Next Board Meeting Dates and Times • Special Board Meeting-June 25, 2020 @ 3:00 PM (ZOOM) • Special Board Meeting-July 2, 2020 @ 3:00 PM (ZOOM) • Special Board Meeting-July 9, 2020 @ 3:00 PM (ZOOM) • Regular Board Meeting-July 29, 2020 @ 3:00 PM (ZOOM) **Next Committee Meeting Dates and Times** • Finance Committee Meeting-June 29, 2020 @ 12:00 PM (ZOOM) • Plant Planning Committee Meeting-July 8, 2020 @ 12:00 PM (ZOOM)		

• Quality Improvement Oversight Committee Meeting-July 15, 2020 @ 12:00 PM (ZOOM) • Finance Committee Meeting-July 20, 2020 @ 12:00 PM (ZOOM)		
Adjournment		6:40 pm

BOARD COMMITTEE REPORTS

Lewis County Hospital District No. 1
Income Statement
April, 2020

CURRENT MONTH						YEAR TO DATE				
Pr Yr Month	% Var	$ Var	Budget	Actual		Actual	Budget	$ Var	% Var	Actual
973,627	-40%	(334,090)	839,363	505,273	Inpatient Revenue	2,867,507	3,721,562	(854,054)	-23%	3,831,642
2,675,977	-28%	(779,089)	2,810,765	2,031,676	Outpatient Revenue	9,330,396	11,498,643	(2,168,246)	-19%	10,431,663
240,253	-50%	(184,506)	372,180	187,674	Clinic Revenue	833,118	1,092,159	(259,040)	-24%	918,362
3,889,857	-32%	(1,297,685)	4,022,308	2,724,623	**Gross Patient Revenues**	**13,031,022**	16,312,363	(3,281,341)	-20%	15,181,667
1,549,813	35%	550,964	1,592,337	1,041,373	Contractual Allowances	4,823,981	6,351,982	1,528,001	24%	6,173,221
(14,755)	161%	35,513	22,032	(13,481)	Charity Care	34,832	92,321	57,490	62%	35,501
89,920	115%	91,059	79,331	(11,728)	Bad Debt	97,768	316,101	218,334	69%	242,019
1,624,978	40%	677,536	1,693,700	1,016,164	**Deductions from Revenue**	**4,956,580**	6,760,404	1,803,824	27%	6,450,740
2,264,879	**-27%**	**(620,148)**	**2,328,607**	**1,708,459**	**Net Patient Service Rev**	**8,074,442**	**9,551,959**	**(1,477,517)**	**-15%**	**8,730,927**
58.2%	-8.3%	-4.8%	57.9%	62.7%	**NPSR %**	62.0%	58.6%	-3.4%	-5.8%	57.5%
31,891	755%	536,366	71,063	607,429	Other Operating Revenue	1,130,587	284,300	846,287	298%	139,898
2,296,770	**-3%**	**(83,782)**	**2,399,670**	**2,315,888**	**Net Operating Revenue**	**9,205,029**	**9,836,259**	**(631,230)**	**-6%**	**8,870,825**
					Operating Expenses					
1,074,347	6%	77,104	1,387,878	1,310,775	Total Productive Salaries	4,699,630	5,145,640	446,010	9%	4,282,197
195,329	-44%	(69,142)	156,884	226,026	Total Non Productive Salarie	760,646	627,535	(133,111)	-21%	703,285
1,269,676	1%	7,962	1,544,762	1,536,801	Salaries & Wages	5,460,276	5,773,175	312,899	5%	4,985,482
323,473	12%	44,009	361,105	317,096	Benefits	1,227,166	1,292,970	65,803	5%	1,212,566
247,868	18%	32,501	179,843	147,343	Professional Fees	608,686	764,580	155,894	20%	686,052
165,250	6%	10,051	176,307	166,256	Supplies	646,808	673,483	26,675	4%	806,525
305,886	29%	102,708	355,976	253,268	Purchase Services	1,141,661	1,255,909	114,249	9%	1,051,888
38,670	22%	8,878	41,020	32,142	Utilities	129,662	162,206	32,543	20%	163,200
16,053	5%	841	18,452	17,611	Insurance	67,714	69,727	2,012	3%	64,512
33,376	61%	54,592	89,264	34,671	Other Expenses	178,898	314,847	135,949	43%	173,635
2,400,252	9%	261,541	2,766,730	2,505,188	EBDITA Expenses	9,460,871	10,306,897	846,025	8%	9,143,860
(103,483)	-48%	177,759	(367,060)	(189,300)	**EBDITA**	(255,842)	(470,638)	214,796	-46%	(273,035)
-4.5%	46.6%	-7.1%	-15.3%	-8.2%	EBDITA %	-2.8%	-4.8%	-2.0%	41.8%	-3.1%
					Capital Cost					
144,637	-4%	(5,859)	143,673	149,532	Depreciation	595,936	578,155	(17,781)	-3%	582,641
38,615	0%	(127)	34,704	34,831	Interest Cost	139,135	138,815	(319)	0%	154,678
2,583,504	9%	255,555	2,945,106	2,689,551	Operating Expenses	10,195,942	11,023,867	827,925	8%	9,881,179
(286,735)	-31%	171,773	(545,436)	(373,663)	**Operating Income / (Loss)**	(990,913)	(1,187,608)	196,695	-17%	(1,010,354)
-12.5%			-22.7%	-16.1%	Operating Margin %	-10.8%	-12.1%			-11.4%
					Non Operating Activity					
142,444	-7%	(9,998)	136,895	126,898	Non-Op Revenue	535,078	547,582	(12,504)	-2%	560,196
3,153	15%	447	3,011	2,564	Non-Op Expenses	15,364	12,044	(3,321)	-28%	9,624
139,291	-7%	(9,551)	133,885	124,333	Net Non Operating Activity	519,714	535,538	(15,824)	-3%	550,572
(147,443)	-39%	162,222	(411,552)	(249,329)	**Net Income / (Loss)**	(471,199)	(652,070)	180,870	-28%	(459,782)
-6.4%			-17.2%	-10.8%	Net Income Margin %	-5.1%	-6.6%			-5.2%

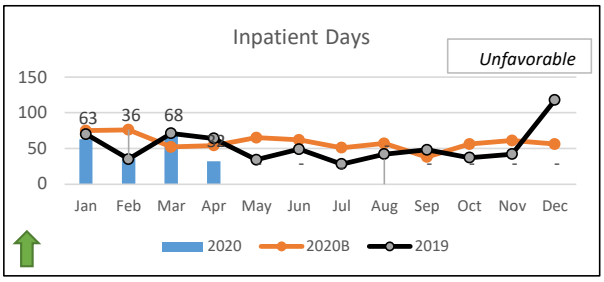
Unaudited

Lewis County Public Hospital District No. 1
Balance Sheet
April, 2020

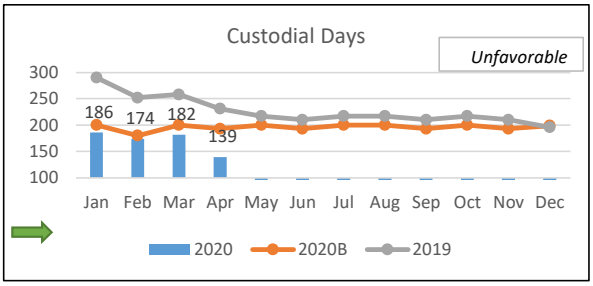
	Current Month	Prior-Month	Prior-Year end	Incr/(Decr) From PrYr
Assets				
Current Assets:				
Cash	$ 13,042,189	4,119,694	4,690,389	8,351,799
Total Accounts Receivable	6,469,366	7,180,716	6,827,483	(358,117)
Reserve Allowances	(2,813,486)	(2,838,751)	(2,967,894)	154,408
Net Patient Accounts Receivable	3,655,880	4,341,966	3,859,589	(203,709)
Taxes Receivable	406,808	374,993	60,038	346,770
Estimated 3rd Party Receivables	427,883	427,883	430,892	(3,009)
Prepaid Expenses	212,983	231,622	270,106	(57,123)
Inventory	277,189	281,318	257,647	19,541
Funds in Trust	1,204,538	1,375,416	1,339,891	(135,354)
Other Current Assets	80,758	76,585	67,771	12,987
Total Current Assets	19,308,227	11,229,476	10,976,324	8,331,903
Property, Buildings and Equipment	30,194,670	30,150,405	30,038,742	155,928
Less Accumulated Depreciation	(21,170,484)	(21,019,647)	(20,569,325)	(601,158)
Net Property, Plant, & Equipment	9,024,186	9,130,758	9,469,417	(445,230)
Total Assets	$ 28,332,413	20,360,234	20,445,740	7,886,673
Liabilities				
Current Liabilities:				
Accounts Payable	280,377	523,023	579,609	(299,232)
Accrued Payroll and Related Liabilities	815,523	584,786	547,641	267,881
Accrued Vacation	914,998	878,945	899,148	15,850
Third Party Cost Settlement	931,156	927,204	828,241	102,915
Interest Payable	138,534	103,900	0	138,533
Current Maturities - Debt	1,045,694	1,057,993	1,080,932	(35,238)
Resident Trust Fund Payable	164	213	213	(49)
Unearned Income	5,321,833	(0)	(0)	5,321,833
Other Payables	5,321,997	213	213	5,321,784
Current Liabilities	9,448,278	4,076,065	3,935,784	5,512,494
Total Notes Payable	2,850,600	(0)	(0)	2,850,600
Capital Lease	0	0	0	0
Net Bond Payable	7,202,653	7,203,958	7,207,875	(5,222)
Total Long Term Liabilities	10,053,253	7,203,958	7,207,875	2,845,378
Total Liabilities	19,501,531	11,280,023	11,143,659	8,357,872
General Fund Balance	9,302,081	8,817,270	8,817,270	0
Net Gain (Loss)	(471,199)	262,941	484,811	(471,199)
Fund Balance	8,830,882	9,080,211	9,302,081	(471,199)
Total Liabilities And Fund Balance	$ 28,332,413	20,360,234	20,445,740	7,886,673

Lewis County Hospital District No. 1
Board Financial Summary
April 30, 2020

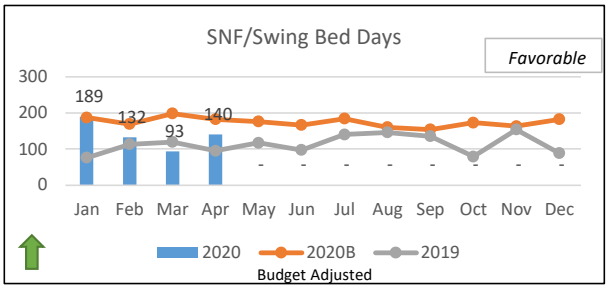
Growth



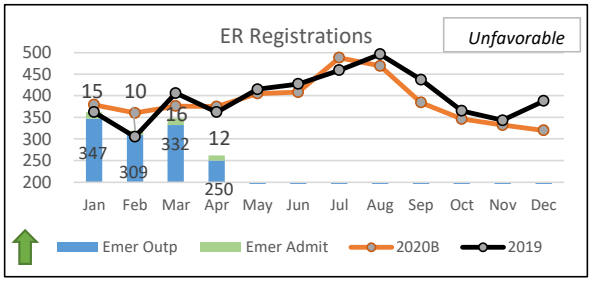
YTD: 199.00 Budget: 257.00 Pr Yr: 240.00



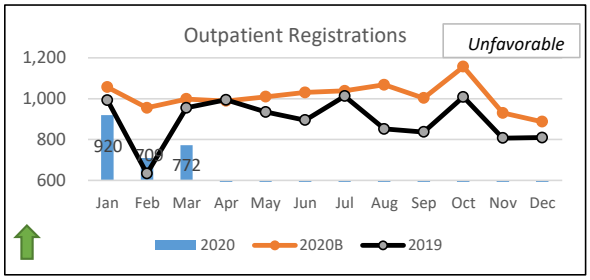
YTD: 681 Budget: 773 Pr Yr: 1,031



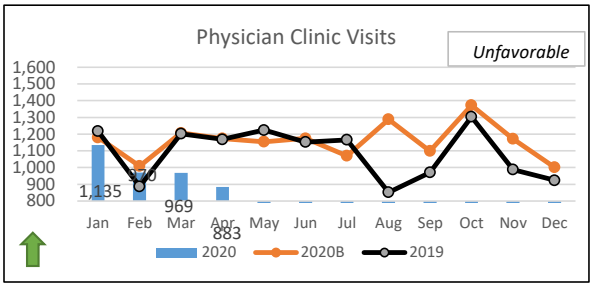
YTD: 554 Budget: 736 Pr Yr: 403



YTD: 1238 Bud: 1490 Pr Yr: 1435

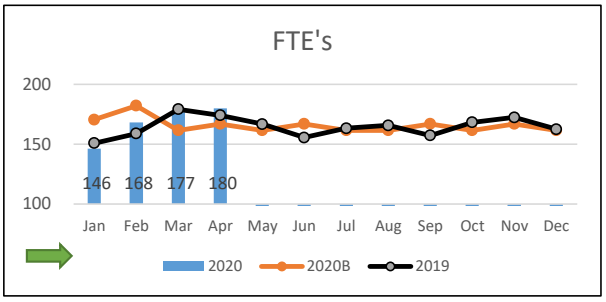


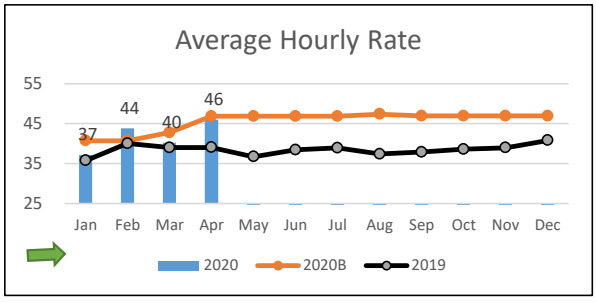
YTD: 2,980 Bud: 3,998 Pr Yr: 3,574

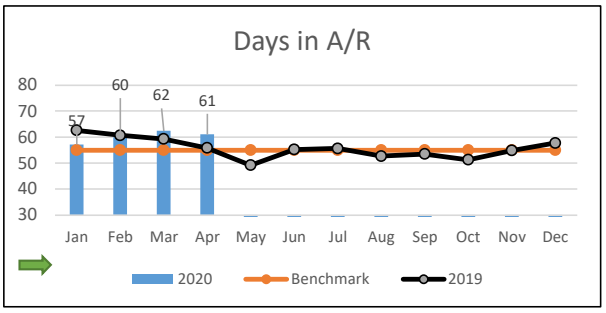


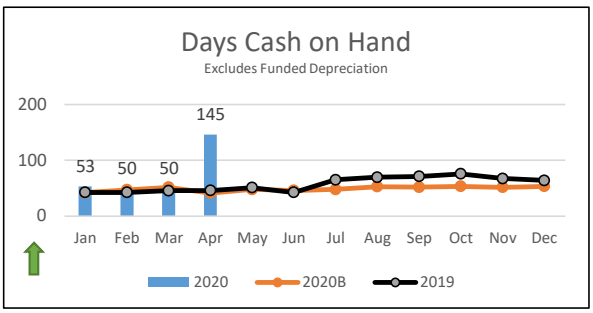
YTD: 3,957 Bud: 4,569 Pr Yr: 4,475

People and Operational Aspects









PROFITABILITY INDICATORS

OPERATING MARGIN-YTD

Definition: measures the control of operating expenses relative to operating revenue. In a hospital, Operating = patient care. This ration reflects to overal performance of the core business.

Formula: Operating Income / Net Operation Revenue inclusive of Deductions, Charity & Bad Debt

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Arbor Health		**(0.03)**	**(0.22)**	**(0.05)**	**(0.16)**	-	-	-	-	-	-	-	-
2020 Target		**(0.04)**	**(0.26)**	**0.00**	**(0.23)**	**(0.03)**	**(0.11)**	**(0.03)**	**0.09**	**(0.05)**	**(0.05)**	**(0.07)**	(0.07)
Collaborative Member 1	Snoqualmie \	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Collaborative Member 2	Mason	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78	3.78
Collaborative Member 3	Skyline	(4.19)	(4.19)	(4.19)	(4.19)	(4.19)	(4.19)	(4.19)	(4.19)	(4.19)	(4.19)	(4.19)	(4.19)
2017 Washington CAH Median (n=38)		(0.37)	(0.37)	(0.37)	(0.37)	(0.37)	(0.37)	(0.37)	(0.37)	(0.37)	(0.37)	(0.37)	(0.37)
2017 U.S. CAH Median (n=1,313)		0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27

LIQUIDITY INDICATORS

CURRENT RATIO

Definition: measures the number of times short-term obligations can be paid using short-term assets.

Formula: Current Assets / Current Liabilities

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Arbor Health		**2.65**	**2.45**	**2.47**	**2.04**	-	-	-	-	-	-	-	-
2020 Target		-	-	-	-	-	-	-	-	-	-	-	-
Collaborative Member 1	Mason	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
Collaborative Member 2	Summit Pa	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10
2017 Washington CAH Median (n=38)		3.46	3.46	3.46	3.46	3.46	3.46	3.46	3.46	3.46	3.46	3.46	3.46
2017 U.S. CAH Median (n=1,313)		2.54	2.54	2.54	2.54	2.54	2.54	2.54	2.54	2.54	2.54	2.54	2.54

CAPITAL STRUCTURE INDICATORS

DEBT SERVICE COVERAGE RATIO

Definition: measures the ability to pay obligations related to long-term debt. This is a key indicator of a facilities ability to take on additional debt. This is not a monthly indicator

Formula: (Net Income + Deprec + Int Exp) / ((Current Portion LTD / periods) + Interest in Period)

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Arbor Health Mthly		**196%**	**-93%**	**166%**	**-53%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Arbor Health YTD		**163%**	**146%**	**147%**	**136%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
2020 Target		-	-	-	-	-	-	-	-	-	-	-	-
Collaborative Member 1	Snoqualmi	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49	1.49
Collaborative Member 2	Mason	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00
2017 Washington CAH Median (n=38)		3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41
2017 U.S. CAH Median (n=1,313)		3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74

Capitalization Ratio -- LTD to Cap Ratio

Definition: measures the percentage of total capital that is debt

Formula: (Cur LTD + Long Term Debt) / (Cur LTD + LTD + Fund Balance)

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Arbor Health		**48%**	**49%**	**49%**	**56%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
2020 Target		-	-	-	-	-	-	-	-	-	-	-	-
Collaborative Member 1	Snoqualmi	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
Collaborative Member 2	Mason	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46	0.46
2017 Washington CAH Median (n=38)		3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41	3.41
2017 U.S. CAH Median (n=1,313)		3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74

Cash to Debt Ratio

Definition: measures the ability to support its debt obligations from its operating cash flows. This is a debt coverage ratio. A YTD or Year End calculation is best for review

Formula: Operating Cash Flows from Cash Flow Statement / Total Debt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Arbor Health	**(0.42)**	**(0.51)**	**(0.41)**	**0.39**	-	-	-	-	-	-	-	-
Arbor Health YTD	**0.23**	**0.17**	**0.13**	**0.10**	-	-	-	-	-	-	-	-
2020 Target	-	-	-	-	-	-	-	-	-	-	-	-
Collaborative Member 1	-	-	-	-	-	-	-	-	-	-	-	-
Collaborative Member 2	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74	3.74

CONSENT AGENDA

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
May 6, 2020 at 3:00 p.m.
ZOOM
https://myarborhealth.zoom.us/j/92775482089
One tap mobile: +16699006833,,92775482089# US 13462487799,,92775482089# US
Dial +1 669 900 6833 US
Meeting ID: 927 7548 2089

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA TOPIC	CONCLUSION	ACTION ITEMS
Call to Order	Board Chair Fritz called the meeting to order via Zoom at 3:00 p.m. **Commissioners present:** ☒ Shelly Fritz, Board Chair ☒ Trish Frady ☒ Tom Herrin ☒ Wes McMahan **Others present:** ☒ Leianne Everett, Superintendent ☒ Shana Garcia, Executive Assistant ☒ Katelin Forrest, HR/Medical Staff Coordinator ☒ Richard Boggess, CFO ☒ Shannon Kelly, HR Director ☒ Dexter Degoma, Interim Quality Manager ☒ Buddy Rose, Reporter ☒ Travis Elmore, WSNA ☒ Roy Anderson, Compliance Officer ☒ Van Anderson, Packwood Resident ☒ Zora DeGrandpre, Packwood Resident ☒ Diane Markham, Director of Marketing & Development ☒ Todd Gorham, 2767 Union ☒ Clint Scogin, Controller ☒ Edwin Meelhuysen, Rehabilitation Services Manager ☒ Elee Fairhart, Morton Resident	

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	☒ Tom Dingus, DZA ☒ Shayna DesJardin, DZA	
Approval or Amendment of Agenda	Board Chair Fritz requested to add Board Succession Planning to New Business.	Commissioner McMahan made a motion to approve the amended agenda. Commissioner Herrin seconded and the motion passed unanimously.
Conflicts of Interest	Superintendent Everett asked the board to state any conflicts of interest with today's amended agenda.	None noted.
Comments and Remarks	Commissioners: Commissioner McMahan acknowledged it was National Nurses Week and wanted to thanks to Nursing Department, as well as the whole team. He shared during this pandemic it is important to thank all the staff because everyone plays an important role in delivering healthcare. He noted as reported in the Employee Satisfaction Survey that there is a disconnect between staff and administration and this needs to be addressed. Board Chair Fritz publicly thanked the constituents of this District for their support and donations during this pandemic. We really appreciate the local businesses that stepped up. Lastly, she thanked those that wrote in the temporary column in the Journal to communicate to our district during these unprecedent times. Board Chair Fritz announced that she is resigning from the Board and her last Regular Board Meeting will be June 10, 2020. Commissioner Frady requested to add Board Chair to the Board Secretary section in New Business. Audience: No comments noted.	Action Item-Executive Assistant will notify Lewis County of Board Chair Fritz's resignation. Commissioner Frady made a motion to approve the amended agenda. Commissioner Herrin seconded and the motion passed unanimously.
Executive Session- RCW 70.41.205 • Medical Privileging- Katelin Forrest	Executive Session began at 3:25 p.m. for ten minutes to discuss Medical Privileging. At 3:35 p.m. Board Chair extended for five minutes. The Board returned to open session at 3:40 p.m. No decisions were made in Executive Session.	Commissioner Frady made a motion to approve the Medical Privileging as presented and Commissioner McMahan seconded. The motion passed unanimously.

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		Initial Appointments: 1. Pratik Bhattacharya, MD - Consulting – (Providence – Telestroke Privileges) 2. James Giles, MD - Consulting – (Providence – Telestroke Privileges) 3. Jenny Siv, MD – Consulting – (Providence – Telestroke Privileges) 4. James Wang, MD - Consulting – (Providence – Telestroke Privileges) Reappointments: 1. Ruth Thomson, MD - Consulting (Providence – Telestroke Privileges)
Department Spotlight	Deferred to June 10, 2020 Regular Board Meeting.	
Board Committee Reports • Finance Committee Report	CFO Boggess highlighted the following: 1. While there was a decrease in gross patient revenues, we had increases in other operating revenue through payments such as the Medicaid Safety Net grant. 2. Positive net income, but unfavorable to budget in March and favorable YTD. 3. Cash is holding at $4,100,000. 4. Volumes continue to decline in April. 5. Recognizing the federal distributions on the Balance Sheet, as we have not received clear guidance on our model.	
Consent Agenda • Minutes of the February 26, 2020		Commissioner McMahan made a motion to approve the Consent Agenda, Commissioner Herrin

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Regular Board Meeting *(Action)* • Minutes of the April 20, 2020 Finance Committee Meeting *(Action*) • Minutes of the April 22, 2020 Special Board Meeting *(Action)* • Warrants & EFT's in the amount of $2,135,212.27 dated February 2020 *(Action)* • Warrants & EFT's in the amount of $2,534,708.70 dated March 2020 *(Action)* • Resolution 20-15-Approving Operational Budget Amendment, Morton Medical Center Assets *(Action)* • Resolution 20-16-Approving Operational Budget Amendment-Dr. Fritz *(Action)* • Resolution 20-17-Approving New Bank Account(s) *(Action)* • Resolution 20-18-Adopting Community Health Needs Assessment (CHNA) & Implementation Plan *(Action)* • Resolution 20-19-Adopting Lewis County Hospital District No. 1's Core Values *(Action)*		seconded. The motion passed unanimously.

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• Resolution-20-20-Declaring to Surplus or Dispose of Certain Property *(Action)* • Approve Documents Pending Board Ratification 05.06.20 *(Action)*		
Old Business	Board Chair Fritz noted nothing to report in Old Business.	
New Business • Board Secretary		
• DZA Audit Report-Tom Dingus, CPA	Tom Dingus highlighted the following: 1. Presented the audited financial statements with no findings. 2. Presented the financial indicators, which displays the District's history in comparison to hospitals within Washington and nationally. 3. In the Report there were no material changes and the Medicare and Medicaid cost report settlements were adjusted. 4. Reported no difficulties with staff during the audit. 5. Reported no material audit adjustments and no uncorrected misstatements. 6. The going concern will be the impact of COVID-19 and the uncertainty for hospitals. There will be further follow up regarding funding programs and where action needs to be taken. 7. Recommended the Board continues to monitor Days Cash on Hand, Operating Margin and Service Line Volumes to see the overall health of the District. 8. In summary, it was a good audit. CFO Boggess reiterated DZA is a great resource to have available to the District for guidance.	Action Item-Executive Assistant Garcia will share DZA's PowerPoint presentation with the Board via email.
Break	Board Chair Fritz called for a 12-minute break at 4:43 p.m. The board returned to open session at 4:55 p.m.	
• Board Secretary & Board Chair Positions	Board Chair Fritz requested the Board nominate a new Board Chair and Board Secretary. She recommended Commissioner Frady given her history and experience while serving on the Board.	Commissioner Herrin made a motion to nominate Commissioner Frady as Board Chair,

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• Board Succession Planning	Commissioner Frady accepted the Board Chair position and will assume the position at the next board meeting. Board Chair Fritz recommended the Board resume board succession planning given District #2 and #3 are vacant. The Board agreed to the following plan: 1. Advertise the positions for two weeks and potential candidates can submit letters of interest by May 31st, 2020. 2. Schedule a Special Board Meeting on May 27th, 2020 at 6 p.m. via Zoom. The purpose of the meeting is to host a Q & A for potential candidates. 3. Schedule a Special Board Meeting on June 4th, 2020 at 3 p.m. via Zoom. The purpose of the meeting is to interview the candidates in open session, review the candidates in Executive Session and the Board may take action. 4. Administer the Oath of Office at the June 10th, 2020 Regular Board Meeting at 3 p.m. via Zoom. Board Chair Fritz requested the Board nominate a new Secretary, since Secretary Smith resigned as of March 1, 2020. Commissioner Herrin accepted the Secretary position and will assume the position at the next board meeting.	Commissioner McMahan seconded and the motion passed unanimously. Action Item-Director of Marketing & Development Markham will advertise that District #2 and #3 Commissioner positions are vacant. Action Item-Executive Assistant Garcia will schedule two Special Board Meeting, May 27th at 6 p.m. and June 4th at 3 p.m. Action Item-Executive Assistant Garcia will schedule for a notary to be present at the June 10th Regular Board Meeting to administer the Oath of Office. Commissioner McMahan made a motion to nominate Commissioner Herrin as Board Secretary, Commissioner Frady seconded and the motion passed unanimously.
• Adapting District Services for the Pandemic & Beyond	Commissioner McMahan shared his concerns regarding the public's fear of exposure by coming to the Hospital and/or Clinics. He is actively waiting to hear more regarding home health services at the legislative level. As a district we need to be reviewing potential opportunities to care for our constituents. Board Chair Fritz encouraged Commissioner McMahan to stay actively involved at the legislative level given	Action Item-Superintendent Everett will follow up regarding RHC Home Health Care and report at the next board meeting.

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	advocacy is so important. The District is heavily utilized by the Medicare and Medicaid population, so having a voice at the table is imperative. Superintendent Everett noted Administration is in the preliminary phases of investigating a mobile clinic. Superintendent Everett and CMO McCurry are planning to present the idea to Medical Staff on May 13th to ensure we have their support. By having a mobile provider that offers soft urgent care and same day procedures, that is available during non-traditional hours. Superintendent Everett noted by offering concierge medicine, we are working towards more convenient and affordable care for the patient. Superintendent Everett reiterated there are several items to assess prior to moving forward with this initiative. If the Medical Staff support the concept, then she will review with our legal team and report more information to the Board at the June 10, 2020 Regular Board Meeting. Superintendent Everett shared that WSHA has put together a state-wide approach to educate the communities that the clinics and hospital are safe places to get care. As early as next week, the District will be seeing advertisements with this exact message. The Board unanimously supported Superintendent Everett to move forward with investigating the mobile clinic. Board Chair Fritz accepted public comment from Travis Elmore: Travis Elmore, WSNA Union noted during this COVID it is important the Nursing Staff have what they need to be safe while on the job. Board Chair Fritz thanked him for joining and reiterated it is a priority to keep all employees safe on the job.	
Superintendent Report • Superintendent's Dashboard	Superintendent Everett highlighted the following on her dashboard: 1. Thanked the District constituents that have donated during this pandemic. 2. Reiterated the importance of connectivity during this time and we need to be actively advocating for the infrastructure to support this going forward.	Action Item- Superintendent Everett will work with Director of Marketing and Development Markham to publicly thank the local businesses for their donations and assistance during his pandemic.

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	3. Suggested we offer Community Education via our IT Support to train the Community on how to use their technology to access health care. 4. Shared the following items that have occurred since the memo: a. Tents have been removed from the Hospital and Clinics. b. Reopened the front entrance. c. Screenings have been moved to the inside double doors. 5. Visitation policy continues to be no visitors, unless accompanying a minor or end of life situation, one visitor per day per patient if non-COVID and no visitors for custodial. 6. Café continues to be closed to the public and will likely be the last item to open. 7. The District is celebrating Hospital Week the week of May 10th. It will be less interactive; however, Administration is doing their best to still recognize the great work being done by all employees at Arbor Health. Board Chair Fritz accepted public comment from Zora DeGrandpre: Zora DeGrandpre, Naturopath Practitioner complemented the District on the mobile COVID testing and telehealth options for patients. She reiterated the difficulties patients have receiving care in this end of the County. She is excited that the District is going to explore the mobile clinic option for delivering health care. Board Chair Fritz thanked her for joining and the feedback. The District is making efforts to provide accessible, quality healthcare and this was just one way of doing just that.	
Adjournment	Commissioner Herrin moved and Commissioner Fritz seconded to adjourn the meeting at 6:00 p.m. The motion passed unanimously.	

Respectfully submitted,

Tom Herrin, Secretary Date

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MEDICAL STAFF MEETING
May 13, 2020 at 8:00 a.m.
Conference Room 1 & 2 or Via TEAMS &/or Zoom

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ ACTION/FOLLOW-UP
Call to Order	Chief of Staff Anderson called the meeting to order at 8:00 a.m. **Chaired by:** Dr. Tom Anderson **Medical Staff present in person or Via TEAMS &/or Zoom (☒):** ☒ Dr. Kevin McCurry ☒ Dr. Tom Anderson ☒ Dr. James Keene ☒ Jennifer Montoure, ARNP ☒ Dr. Don Allison ☒ Dr. Mark Hansen ☒ Nancy Campbell, PA-C ☒ Dr. Merrell Cooper ☒ Kay Brooks, PA-C ☒ Dr. Anthony Fritz ☒ Jeff Ford, MD ☒ Dr. Quoc Ho ☐ Dr. Esther Park-Hwang ☐ Dr. Jakdej Nikomborirak ☐ Dr. Stephen Otto ☐ Todd Nelson, CRNA ☐ Shanna Angel, CRNA ☐ Robin Rice, PA-C **Others present:** ☒ Leianne Everett, Superintendent	

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	☒ Shana Garcia, Executive Assistant ☒ Julie Taylor, Ancillary Services Director ☒ Richard Boggess, CFO ☒ Jim Frey, IT ☒ Roy Anderson, Compliance ☒ Mercy Macharia, Interim Pharmacist ☒ LeeAnn Evans, Lead House Supervisor ☒ Sara Williamson, CNO/CQO ☒ Alicia Johnson, Clinical Informatics Manager	
Approval or Amendment of Agenda	None noted.	
Conflicts of Interest	None noted	
Old Business • Review of P & T Minutes-April 28, 2020 • Review of Medical Staff Minutes-March 11, 2020 • Review of Medical Staff Minutes-March 23, 2020		Dr. Allison made a motion to approve the minutes. Dr. McCurry seconded and the motion passed unanimously.
New Business • Chief of Staff Report-Dr. Anderson	Chief of Staff Anderson inquired if the District has additional guidance related to elective procedures. Superintendent Everett shared it is at the physician's discretion and proper documentation.	
• CMO Report-Dr. McCurry	CMO McCurry recommended that the District does not focus on one provider concentrates on pain management. This idea is making it difficult to recruit for the Randle Clinic Provider. CMO McCurry proposed a mobile provider model that would serve the District in areas we do not have physical location. The District needs	

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	to do business differently, as we transition through COVID-19 and this model would be during non-traditional hours. The services offered would be for same day needs for soft urgent care. The District would likely recruit for a midlevel. The District would utilize Social Media to advertise the mobile providers availability and locations. Superintendent Everett reiterated that the District's mission is to offer affordable, convenient health care to patients. The next steps will include investigating the potential legal barriers of moving forward. The Medical Staff Committee supported the initiative for Superintendent Everett to move forward with exploring the option of a mobile provider.	Action Item-Superintendent Everett will proceed forward with investigating legally the options for implementing a mobile provider for the District.
• Superintendent Report-Leianne Everett	Superintendent Everett highlighted the following: 1. Introduced Sara Williamson as the new CNO/CQO. 2. The next Medical Staff Lucidoc Meeting is May 20, 2020 at 8 am. If you have any questions, contact Executive Assistant Garcia. 3. Continue to recruit for clinic providers, but difficult during COVID-19. 4. Scheduling an onsite interview for a Pharmacist Candidates, so more information to come. 5. Presented the Community Health Needs Assessment that the Board approved for the District. This plan outlines who we are, what we are and what we accomplished or not. There	

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	are priorities listed at the end that we need to operationalize to fulfill the patient needs of the District. 6. Planning to add an onsite wellness center and in the process of reviewing the barriers. 7. The Board approved Core Values for the District that will be displayed through the campuses. 8. The Hospitalist model needs to be reviewed. Proposing to add a tele-nocturnist. Working with clinic manager to schedule a meeting to discuss revisions.	Action Item-Superintendent Everett will schedule a meeting to review the hospitalist model to the providers affected.
• Quality Report-Dexter Degoma	Interim Quality Manager Degoma highlighted the following: 1. Shared the 2020 approved strategic planning measures. 2. The Medical Staff needs to build a framework around the evaluation as we move forward with the 2020 QAPI and Patient Safety Plan. 3. Ultimately, there will be an executive dashboard with goals that will be shared with the Board. Interim Quality Manager Degoma will follow up with CMO McCurry to determine the best way to set the goals.	Action Item-Medical Staff needs to discuss and set 2020 goals.
• CNO/CQO Report-Sara Williamson	CNO/CQO Williamson noted she is excited to be apart of Arbor Health and no updates.	
• Clinic Report-Richard Boggess	CFO Boggess noted no new updates from the clinics.	
• Pharmacy & Therapeutics Report-Mercy Macharia	Interim Pharmacist Macharia noted medications on backorder were included in the minutes.	

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• Informatics Report- Alicia Johnson	Clinical Informatics Manager Johnson noted physician optimization training was postponed. The discharge medical reconciliation will now have the ability to continue or discontinue home medications. Change cycle #2 is scheduled for the week of June 15th which is primarily impact imaging orders.	Action Item-Clinical Informatics Manager Johnson Ancillary Services Director Taylor will connect regarding Cerner and LapCorp.
Adjournment	Dr. Hansen made a motion to adjourn at 8:48 a.m. and Dr. Allison seconded. The motion passed unanimously.	

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LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
May 18, 2020 at 12:00 p.m.
Conference Room 1 & Via Zoom

AGENDA	DISCUSSION	ACTION
Call to Order	Board Chair Frady called the meeting to order via Zoom at 12:00 p.m. **Commissioner(s) Present via Zoom:** Trish Frady, Board Chair Tom Herrin, Secretary **Committee Member(s) Present in Person or via Zoom:** Shana Garcia, Executive Assistant Richard Boggess, CFO via Zoom Leianne Everett, Superintendent Sherry Sofich, Revenue Cycle Manager Marc Fisher, Community Member Clint Scogin, Controller Sara Williamson, CNO/CQO	
Approval or Amendment of Agenda	None noted.	Commissioner Herrin made a motion to approve the agenda. Community Member Fisher seconded and the motion passed unanimously.
Conflicts of Interest	None noted.	
Review of Finance Minutes – April 20, 2020	The minutes were already approved at the Regular Board Meeting on May 6, 2020 and the committee did not have any edits.	Commissioner Herrin made a motion to approve the minutes. Community Member Fisher seconded and the motion passed unanimously.
Old Business • **Financial Department Spotlight**	Deferring to the next meeting.	

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• **Capital Planning** o *Review of the Capital 2020 spending plan.*	CFO Boggess noted the following the Capital Planning: 1. Planning to close on the line of credit with GE the last week of May with a 50% upfront draw on the total amount and the remaining amount by August 2020. 2. Advertising the Generator/OR HVAC project starting May 21st and will accept bids at the June 25th Special Board Meeting. 3. Planning for the next five years regarding capital changes often and reprioritized as more urgent needs arise.	
• **Revenue Cycle Update** o *To review the April highlights in the Revenue Cycle Department.*	Revenue Cycle Manager Sofich highlighted the following on Revenue Cycle: 1. Collected several payments for the month making cash collections at $2,300,000. 2. Days in AR decreased by a day to 61. 3. Discharged Not Final Billed increased and equates to 11 days of AR. 4. AR greater than 120 days significantly decreased. 5. Clean claim rate continues to trend like prior months. 6. Collections at point of service are consistent with prior year in Outpatient service and have significantly declined in the ED. Volume is a major factor in this area.	
• **Disaster Funding Update** o *To review current position on disaster funding events.*	CFO Boggess reviewed the Disaster Funding Sources: 1. The District was successful in securing funding through the Payment Protection Program as of 04.24.20. 2. The District received funding from HHS for loss revenue due to COVID. 3. The District received a grant from WSHA, as well as from WRHAP for expenses and loss of revenue. 4. The District elected to requested accelerated payments from Medicare, which will need to be paid back beginning July based on new Medicare patient volumes. CFO Boggess closed on that we do not know the financial impact to the Cost Report at this time.	
• **Board Oversight Activities** o *To review YTD department performance.*	CFO Boggess presented the Board Department Income Statement for the Committee and Department #8612 is in good shape. Superintendent Everett did not have any expenses this month.	

○ *To review Superintendent's monthly credit card.*		
• **Cost Report Update** ○ *Review Cost Report 2020 impact.* ○ *Outstanding Cost Reports from prior years.*	CFO Boggess noted the District will file 2019 reporting requirements in July of this year due to COVID-19. The District to date has a $102,915 Medicare payable for 2020. There are outstanding costs reports for Medicaid with receivables for the Rural Health Clinics from 2012-2014.	
• **Financial Statements** ○ *To review the April 2020 Financials.*	Controller Scogin highlighted the following on the April Financials stressing the impact of COVID-19 on all volume indicators 1. Inpatient Admits & Days decreased by 30% of budget. 2. Inpatient Revenue decreased by 40% of budget. 3. Surgery elective procedures were discontinued due to COVID-19. 4. ED trended lower than budget too. 5. Clinic Visits decreased by 40% of budget. 6. Cash is strong due to funding described earlier and reflected on the Balance Sheet. 7. AR decreased by a day to 61. 8. Overtime & Agency includes our contracted labor and is higher than 2019. 9. Expenses were favorable due to benefits and purchase services being lower than budget. 10. Net Income is stronger than budget. 11. Influx of cash reflected on cash flow sheet for first quarter.	
New Business • **WA FEMA Public Assist** ○ *To recommend that the Board by resolution to designate an Applicant Agenda and Alternate Applicant Agent.*	CFO Boggess noted the District has opened a claim with the WA Military Department for a FEMA Public Assistance Grant. The Board needs to designate an agent and an alternative agent via resolution. CFO Boggess is proposing the designated agent is Superintendent Everett and the alternate agent is CFO Boggess. The Committee supported moving forward with presenting a resolution to the Board as proposed.	Action Item-Executive Assistant Garcia will add a FEMA Public Assistance Grant Resolution to the Regular Board Meeting agenda on June 10, 2020.
• **Petty Cash Drawer** ○ *To recommend that the Board by resolution*	CFO Boggess presented the current petty cash accounts with their locations, as well as who the custodian is of each drawer. Due to the acquisition of Morton Clinic, we need to add a drawer which is	Action Item-Executive Assistant Garcia will add a Petty Cash Drawers & Custodian's Resolution to

	approves the petty cash drawer locations and custodians.	additional public funds being requested and monitored. The Committee supported moving forward with presenting a resolution to the Board to add a Petty Cash Drawer.	the Regular Board Meeting agenda on June 10, 2020.
Adjournment		Commissioner Herrin motioned and Community Member Fisher seconded to adjourn at 12:56 pm.	

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Compliance Committee Meeting
May 27, 2020 at 12:00 p.m.
Conference Room 1 & Via Zoom

AGENDA	MINUTES	ACTION
Call to Order	Compliance Officer Anderson called the meeting to order at 12:00 p.m. **Board Commissioner Present(s):** Wes McMahan, Commissioner **Present:** Roy Anderson, Compliance Officer Shana Garcia, Executive Assistant Sherry Sofich, Revenue Cycle Manager Leianne Everett, Superintendent Dexter Degoma, Interim Quality Manager Shannon Kelly, HR Director Richard Boggess, CFO Sara Williamson, CNO/CQO	
Approval or Amendment of Agenda	Commissioner McMahan questioned that the February 11, 2020 Compliance Committee Meeting Minutes were approved at the 02.26.20 Regular Board Meeting. Compliance Officer Anderson noted there were edits made to the minutes as requested; however, Administration will need to review records to verify if the minutes have been or will need to be approved at the next Regular Board Meeting on June 10, 2020.	
Conflicts of Interest	None noted.	
Consent Agenda • **Minutes of February 11, 2020 Compliance Committee Meeting**	Compliance Officer Anderson noted on the minutes presented under the Appendix Updates section on page seven of the packet an edit was made to include information regarding the Code of Ethics and the Dress Code. Executive Assistant Garcia plans to research if the Board approved the minutes and if not, then we	Action Item-Executive Assistant Garcia will verify if the February 11, 2020

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	will move forward with approving at the June 10, 2020 meeting. The committee did not have any additional edits.	Compliance Committee Meeting Minutes were approved.
Old Business • **Compliance Review/Work Plan for 2020**	Compliance Officer Anderson shared the 2020 Work Plan, which is like last year's plan given some efforts are ongoing.	
New Business • **Consultants**	Compliance Officer Anderson noted in first quarter the District utilized Brad Berg, Physician's Insurance and WSHA as subject matter experts are topics the District was experiencing.	
• **Public Records Report**	Executive Assistant Garcia noted there were no new public record request in first quarter. Since the one open request is an in-person inspection of records, those have been suspended until May 31, 2020.	
• **Legal Regulatory** o **Hospital** o **Ambulatory**	Compliance Officer Anderson shared due to COVID-19 the District has been following regulatory changes closely. WSHA has played a significant role in extending waivers on several items related to healthcare and how the District does business during this pandemic. Compliance Officer Anderson has received the Board's Conflict of Interest forms and did not see any concerns. Compliance Officer Anderson noted the District onboarded MMC as of April 2020. During COVID-19 RHC's could act as emergency rooms, so expediting the acquisition was essential being the clinic is on the same campus as the Hospital.	
• **Summary Report Compliance Items Review**	Compliance Officer Anderson focused on the following in first quarter: 1. Regulations for COVID-19 2. Morton Medical Center Acquisition 3. Case Management Process 4. Dr. Fritz's Paperwork with Medicare 5. Medical Record Requests	
• **Compliance Department Activity Report & Issues** o **Review/Follow Up Items** o **HIPPA Issues**	Compliance Officer Anderson reported there are HIPAA trends that continue to happen with paper medical records. 1. There was a correction to last year's reportable events changing from three to two Reportable Events. The third one was	

○ **Compliance Issues & Events** ○ **Hotline** ○ **Education-Board and Committee Specific**	between HRG and another hospital, so it was not ours to report. 2. Trends continue to be email and, in an effort, to improve a scanning issue we are working through a PDSA. 3. There were 37 HIPPA Events in 2020. a. Primarily email related. 4. No Reportable Events in 2020. 5. There were 13 Compliance Events in 2020. Compliance Officer Anderson noted there was no activity on the website or hotline in first quarter. Compliance Officer Anderson recommended the Board review the Compliance Regulatory Summary in Lucidoc on an annual basis.	
Appendix Summaries	Compliance Officer Anderson attached supporting documentation to the related Compliance Activities for the quarter.	
Next Meeting-May 13, 2020	The next meeting is scheduled for August 12, 2020.	
Adjournment	Commissioner McMahan adjourned the meeting at 1:01 p.m.	

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
SPECIAL BOARD OF COMMISSIONERS' MEETING
May 27, 2020 at 6 p.m.
ZOOM
https://myarborhealth.zoom.us/j/99664919204
One tap mobile: +16699006833,,99664919204# US
Dial: +1 253 215 8782 US
Meeting ID: 996 6491 9204

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ ACTION/FOLLOW-UP
Call to Order	Board Chair Frady called the meeting via Zoom to order at 6:00 p.m. **Commissioners present:** ☒ Trish Frady, Board Chair ☒ Tom Herrin, Secretary ☒ Shelly Fritz ☒ Wes McMahan **Others present:** ☒ Leianne Everett, Superintendent ☒ Shana Garcia, Executive Assistant ☒ Richard Boggess, CFO ☒ Sara Williamson, CNO/CQO ☒ Craig Coppock, Mossyrock Resident ☒ James (Jim) Martinek, Randle Resident ☒ Van Anderson, Packwood Resident ☒ Chris Schumaker, Randle Resident ☒ Elee Fairhart, Morton Resident ☒ Janeen, Chehalis Resident	
Reading of the Notice of the Special Meeting	Board Chair Frady read the special board meeting notice. Board Chair Frady noted the chat function has been disable and the meeting will not be recorded.	
New Business • Commissioner Position #2-	Board Chair Frady requested the Board highlight their why, experiences and role on the Board.	

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Packwood, Randle & Glenoma Areas & Position #3- Mossyrock & Silver Creek Areas-Vacant Positions ○ *To inform prospective commissioner candidates on the roles and responsibilities of the vacant positions.*	1. Board Chair Frady shared she is a retired RN and CNO from Arbor Health with a passion for this community and is focused on creating access to healthcare to this end of the County. 2. Commissioner Fritz shared she has her PhD in Nursing and is a Professor of Nursing at WSU Vancouver. She was a RN at Arbor Health and wanted to serve on the Board to ensure the County receives quality health care in a rapidly changing system. 3. Commissioner McMahan shared he is a retired RN from Arbor Health with a focus on this County receiving the best possible healthcare with resources available. He continues to embrace shifting focuses from being an employee of the District to a governance level. He has a passion for advocacy work for the District in the healthcare world. 4. Commissioner Herrin shared he has lived in the area for over 20 years and worked in the forest industry. He has a passion for the community and wants to be involved. He hopes to bring his leadership experience to the Board. Board Chair Fritz requested the candidates to share any comments, thoughts or questions. 1. Van Anderson inquired on the skills and experience recommended when considering joining the Board. a. Commissioner Responses: There is support and training from WSHA. Keeping fairness, equity, diversity of thought, critical thinking, being independent in thought and open to what others think. 2. Jim Martinek inquired on how many hours does the Board commit per month. a. Commissioner Responses: While this number ranges per years of experience, there is usually a couple hours dedicated to reading packets, as well as six to ten hours per month for board and committee meetings. 3. Chris Schumaker inquired on how the Board stays cohesive with new members joining.	

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	a. Commissioner Responses: Each member of the Board needs to be a pleasantly independent thinker, but once a decision is made the Board needs to be one voice. A healthy board needs to present strategic ideas with a heart for improving the District's healthcare. Being open minded, willing to think outside the box, respectfully say what is on your mind and support Superintendent Everett to operationalize the Strategic Plan for the Hospital District. 4. Craig Coppock inquired on the methodical process of following the strategy of the District. a. Commissioner Responses: The Commissioners may present topics or areas of interest to discuss at the Board Meeting and it is the Board Chair's role to ensure the topic is Strategy driven for it to be added to the agenda. A commissioner can present ideas that do not make the agenda during Commissioner Comments & Remarks. The District has a Strategic Planning Retreat every three years to set a three-year Strategic Plan. The Strategic Planning Retreat is the venue for the Commissioners to present ideas for discussion to be potentially added to the new plan. Superintendent Everett's role is to operationalize the Strategic Plan and the data is presented to the Board via monthly reporting. 5. Elee Fairhart noted he primarily attended to learn more about the Board roles and his potential interest in running for a board position. 6. Janeen left the Zoom Meeting. Board Chair Frady noted the Board is hosting a Special Board Meeting via Zoom on June 4, 2020 to appoint Position 2. The Board has a Regular Board Meeting on June 10, 2020 via Zoom and they will appoint Position 3.	
Adjournment	Commissioner McMahan moved and Commissioner Herrin seconded to adjourned at 7:13 p.m. The motion passed unanimously.	

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Respectfully submitted,

Tom Herrin, Board Secretary Date

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LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Plant Planning Committee Meeting
June 2, 2020 at 3:00 p.m.
Conference Room 1 & 2

AGENDA	DISCUSSION	ACTION
Call to Order	Secretary Herrin called the meeting to order at 3:01 p.m. **Commissioners Present:** Tom Herrin, Secretary **Others Present:** Richard Boggess, CFO Jeff Robbins, Maintenance Manager Shana Garcia, Executive Assistant Leianne Everett, Superintendent Sara Williamson, CNO/CQO Sara Riley, EVS Assistant Roy Anderson, Compliance Officer	
Approval or Amendment of Agenda	None noted.	
Conflicts of Interest	None noted.	
Review of Plant Planning Minutes-January 16, 2020	The minutes were approved at the last Regular Board Meeting, January 22, 2020 and the committee did not have any additional edits.	
Old Business • **Generator/OR Project**	Maintenance Manager Robbins highlighted the following on the Generator/OR Project: 1. The District has advertised for bids starting May 21, 2020. 2. The Prebid Meeting is June 4, 2020. We will be scheduling walk throughs the week of June 8th. To accommodate COVID-19 social distancing requirements this will take place over a three-day period. 3. The Board will host a Special Board Meeting on June 25, 2020 to publicly read the bids and announce the apparent low bidder.	

DRAFT

	4. There will be two additional Special Board Meetings to review the bids in depth during Executive Session and then another to award a contractor via Resolution.	
• **Property Management Updates**	Maintenance Manager Robbins highlighted the following on the Property Management Updates: 1. The Red Home is getting its roof replaced. 2. Completed a market analysis on the Elbe Home, as we may have an opportunity to sell. This home was originally purchased for a potential clinic; however, administration recognizes now that is a less than attractive location and do not want to go into competition with Multicare. With the new mobile provider model being investigated, we will be able to serve that end of the District. Maintaining physical property and landscaping care for dispersed locations a small department presents its challenges. The Plant Planning Committee supports moving the discussion of the Elbe Home to June 29, 2020 Finance Committee Meeting.	Action Item-Executive Assistant Garcia will add Elbe Home to Finance Committee.
• **CT Scanner/X-Ray Replacement**	Maintenance Manager Robbins highlighted the following on the CT Scanner/X-Ray Replacement: 1. CT Scanner/X-Ray Replacement is awaiting DOH approval. L&I has not approved the electrician's permit. 2. Additional costs being factored in for portable rental.	Action Item-Maintenance Manager Robbins will reconnect with DOH and Electrician for updates.
New Business • **Potential Purchase**	Maintenance Manager Robbins highlighted the following on the potential purchase: 1. There are duplexes for sale in Morton. 2. The District had an appraisal and inspection completed. 3. The duplexes could be used for temporary housing and rented to employees or used for supplied housing depending on the contracts of interim staffing. The Plant Planning Committee supports moving forward with the Duplex discussion at the June 29, 2020 Finance Committee Meeting.	Action Item-Executive Assistant Garcia will add Duplex Discussion to the Finance Committee.
Adjournment	Secretary Herrin motioned to adjourn at 3:33 pm.	

WARRANT & EFT LISTING NO. 2020-04

RECORD OF CLAIMS ALLOWED BY THE BOARD OF LEWIS COUNTY COMMISSIONERS

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

CERTIFICATION

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

Signed:

Richard Boggess, 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

$2,522,763.20 this 10th day

of June 2020

Board Chair, Trish Frady

Commissioner, Shelly Fritz

Secretary, Tom Herrin

Commissioner, Wes McMahan

Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of ***$2,522,763.20*** dated ***April 1, 2020 –April 30, 2020.***

Routine A/P Runs

Warrant No.	Date	Amount	Description
116801 - 116806	4/6/2020	77,895.13	CHECK RUN
116807 - 116866	4/3/2020	182,781.34	CHECK RUN
116867	4/9/2020	1,965.04	CHECK RUN
116868 - 116952	4/10/2020	192,864.84	CHECK RUN
116953 - 116957	4/13/2020	110,808.26	CHECK RUN
116958 - 116959	4/10/2020	26,602.79	CHECK RUN
116960 - 116963	4/10/2020	1,094.42	CHECK RUN
116964 - 116965	4/16/2020	96.76	CHECK RUN
116966	4/4/2014	3,303.94	CHECK RUN
116967	4/5/2020	1,005.00	CHECK RUN
116968	4/7/2020	966.97	CHECK RUN
116969 - 116971	4/21/2020	21,772.45	CHECK RUN
116972	4/8/2020	2,597.48	CHECK RUN
116973	4/15/2020	11,007.09	CHECK RUN
116974 - 117098	4/24/2020	549,787.55	CHECK RUN
117099 - 117107	4/27/2020	169,404.06	CHECK RUN
117108 - 117109	4/27/2020	92,596.91	CHECK RUN
117110 - 117111	4/28/2020	9,414.89	CHECK RUN
117112	4/30/2020	980.98	CHECK RUN
117113 - 117194	4/30/2020	98,993.52	CHECK RUN
Total - Check Runs		$ 1,555,939.42	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
116879	4/16/2020	(216.23)	VOID CHECK
117178	4/30/2020	(13.20)	VOID CHECK
117177	4/30/2020	(57.73)	VOID CHECK
117121	4/30/2020	(187.04)	VOID CHECK
117115	4/30/2020	(33.24)	VOID CHECK
116880	4/16/2020	(1,221.36)	VOID CHECK
TOTAL - VOIDED CHECKS		$ (1,728.80)	

COLUMBIA BANK CHECKS, EFT'S & VOIDS	$ 1,554,210.62

Eft	Date	Amount	Description
1044	4/7/2020	384.55	MCKESSON
1112	4/3/2020	132,484.21	PAYROLL TAX
PAYROLL	4/3/2020	358,952.34	PAYROLL
1113 - 1114	4/17/2020	128,820.96	PAYROLL TAX
PAYROLL	4/17/2020	224.94	PAYROO TAX
MCKESSON	4/28/2020	6.35	MCKESSON
PAYROLL	4/17/2020	347,507.68	PAYROLL
1045	4/14/2020	171.55	MCKESSON
TOTAL EFTS AT SECURITY STATE BANK		$ 968,552.58	

TOTAL CHECKS AND EFT'S IN MULTIVIEW	$ 2,522,763.20

DATE PREPARED: May 11, 2020

DATE SENT: May 11, 2020

PREPARED BY: Debbie Hall

SUPERVISOR SIGNATURE: C. Sage

WARRANT & EFT LISTING NO. 2020-05

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:

Richard Boggess, 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

$3,993,310.68 this 10th day

of June 2020

Board Chair, Trish Frady

Commissioner, Shelly Fritz

Secretary, Tom Herrin

Commissioner, Wes McMahan

Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of ***$3,993,310.68*** dated ***May 1, 2020 –May 31, 2020.***

Routine A/P Runs

Warrant No.	Date	Amount	Description
117195 - 117196	5/4/2020	39,718.79	CHECK RUN
117197 - 117258	5/8/2020	228,252.27	CHECK RUN
117259 - 117260	5/4/2020	7,022.79	CHECK RUN
117261	5/6/2020	2,015.00	CHECK RUN
117262	5/8/2020	3,158.20	CHECK RUN
117263 - 117271	5/11/2020	229,174.73	CHECK RUN
117272	5/1/2020	500,000.00	** TRANSFER TO PAYROLL ACCT.
117273	5/14/2020	57,047.33	CHECK RUN
117274	5/15/2020	7,100.00	CHECK RUN
117275 - 117279	5/19/2020	11,293.77	CHECK RUN
117280 - 117283	5/22/2020	31,400.66	CHECK RUN
117284 - 117444	5/21/2020	408,296.89	CHECK RUN
117445 - 117446	5/27/2020	53,878.64	CHECK RUN
117447	5/27/2020	538,064.33	** TRANSFER TO PAYROLL ACCT.
117448	5/27/2020	55,252.27	CHECK RUN
117449	5/28/2020	816.87	CHECK RUN
117450	5/31/2020	980.98	CHECK RUN
117451 - 117503	5/29/2020	132,549.87	CHECK RUN
Total - Check Runs		$ 2,306,023.39	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
117211	5/29/2020	(7,200.00)	WRONG VENDOR
TOTAL - VOIDED CHECKS		$ (7,200.00)	

COLUMBIA BANK CHECKS, EFT'S & VOIDS	$ 2,298,823.39

Eft	Date	Amount	Description
1047	5/5/2020	29.59	MCKESSON
1115	5/1/2020	168,460.84	IRS / PAYROLL TAX
	5/1/2020	432,050.34	PAYROLL
1048	5/12/2020	163.68	MCKESSON
1049	5/19/2020	74.71	MCKESSON
1116	5/15/2020	144,553.52	IRS / PAYROLL TAX
	5/15/2020	393,510.48	PAYROLL
	5/29/2020	150,847.37	IRS / PAYROLL TAX
	5/29/2020	404,796.76	PAYROLL
TOTAL EFTS AT SECURITY STATE BANK		$ 1,694,487.29	

TOTAL CHECKS AND EFT'S IN MULTIVIEW	$ 3,993,310.68

DATE PREPARED: June 2, 2020

DATE SENT: June 2, 2020

PREPARED BY: Sherri Hall

SUPERVISOR SIGNATURE: C Sugni

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING CARPENTERS
INDUSTRIAL COUNCIL (CIC) LOCAL 2767
CONTRACT EXTENSION RESOLUTION NO. 20-21

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

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

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

To approve the CIC Local 2767 Contract Extension to until the Employer's Disaster Response is deactivated.

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 10th day of June 2020, the following commissioners being present and voting in favor of this resolution.

_____ _____
Trish Frady, Board Chair Tom Herrin, Secretary

_____ _____
Shelly Fritz, Commissioner Wes McMahan, Commissioner

_____
Chris Schumaker, Commissioner

COVID-19 MEMORANDUM OF AGREEMENT

The Washington State Nurses Association (WSNA or Union) and Arbor Health (hereafter, Employer) hereby enter into the following Memorandum of Agreement regarding the COVID-19 global pandemic:

RECITALS:

A. The parties share a mutual interest in assuring the health and safety of patients, clients, families, staff and the community to the degree feasible during this global pandemic.
B. Nurses are on the front lines in the delivery of essential health services to patients during a State of Emergency.
C. The parties wish to work together, to the degree feasible, to take reasonable steps to protect nurses from unnecessary exposure to COVID-19.

AGREEMENT:

I. EMPLOYEE HEALTH & WELL-BEING

1. A nurse who the Employer does not permit to work due to exposure to COVID-19 disease shall have access to accrued sick leave, if they are eligible for such leave, during any quarantine period required by the Employer. Paid leave status may be a combination of L&I Workers Compensation and accrued sick leave.

2. A nurse who has a health condition that the nurse believes would endanger the nurse if the nurse were to work their normal shift may request an accommodation. The Employer's standard accommodation process will apply. If a reasonable workplace accommodation cannot be granted, the employee may apply for a leave of absence under the terms and conditions of existing leave plans and have access to accrued time off benefits if granted leave.

3. There may be employees who are not ill but cannot work for a variety of other reasons related to the COVID outbreak, for example, daycare or eldercare needs. Such nurses, if approved for leave, may use PTO and sick leave.

4. The Employer will provide all nurses who have been exposed to COVID-19 (such as treating a patient who was not confirmed, but later is identified to have COVID-19) with notice of a patient who has tested positive for COVID-19 as soon as reasonably possible after Employer's notice of the diagnosis. The written notice will include: the date of exposure and the Employer's decision on whether to permit the nurse to work.

5. Nurses will be offered testing for COVID-19 in accordance with Employer's procedure, based on test availability.

6. Nothing in this agreement is intended to prevent employees from accessing other state benefits for which they may qualify, including but not limited to unemployment compensation insurance, paid family and medical leave, or workers compensation. The Employer will apply the Families First Coronavirus Response Act to nurses in the same manner as for all other Arbor Health employees

(i.e., if Employer exempts nurses from the FFCRA, it will do so for all other Arbor Health employees as well).

7. Upon request from the Union, the Employer will provide the number of its represented nurses who are on leave as well as their paid leave accrual balance.

8. Except as otherwise explicitly provided in this Agreement, the terms of applicable collective bargaining agreements will remain in effect.

9. In light of the financial hardships that many nurses and their families are facing as a result of the COVID-19 pandemic, the Employer will allow employees to cash out any accrued PTO balances in 2020 pursuant to the language of Article 11.6..

II. DURATION.

This agreement will extend until the Employer's Disaster Response is deactivated.

DATED this 7th day of May 2020.

For Washington State Nurses Association

Employer

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DESIGNATING APPLICANT AGENT &
ALTERNATE APPLICANT AGENT FOR WA FEMA
PUBLIC ASSISTANCE RESOLUTION NO. 20-22

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 designate Leianne Everett, Superintendent is hereby designated the authorized representative and Richard Boggess, Chief Financial Officer is designated the alternate for and in behalf of Lewis County Hospital District No. 1, a public agency established under the laws of the state of Washington.

The purpose of this designation as the authorized representative is to obtain federal and/or state emergency or disaster assistance funds. These representatives are authorized on behalf of Lewis County Hospital District No. 1 to execute all contracts, certify complete of projects, request payments, and prepare all required documentation for funding requirements.

_____ _____
Leianne Everett, Superintendent Richard Boggess, Chief Financial Officer

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 10th day of June 2020, the following commissioners being present and voting in favor of this resolution.

_____ _____
Trish Frady, Board Chair Tom Herrin, Secretary

_____ _____
Shelly Fritz, Commissioner Wes McMahan, Commissioner

_____
Chris Schumaker, Commissioner

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE PETTY CASH DRAWERS & CUSTODIAN'S OF THE DISTRICT

RESOLUTION NO. 20-23

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

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

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

To approve the District's petty cash drawers, along with the custodians responsible for each of the drawers.

Account	Location	Base Amount	Custodian
101421	Cash drawer - ER	$ 200.00	Revenue Cycle Director
101434	Cash drawer - Admitting 2	$ 200.00	Revenue Cycle Director
101435	Cash drawer - Admitting	$ 200.00	Revenue Cycle Director
101436	Petty Cash - Materials Management	$ 100.00	Controller
101440	Cash drawer - Randle Clinic	$ 300.00	Randle Clinic Manager
101441	Cash drawer - Riffe Medical Center	$ 100.00	Mossyrock Clinic Manager
101442	Petty Cash - Riffe Medical Center - Office	$ 200.00	Mossyrock Clinic Manager
101455	Petty Cash - Resident Trust	$ 300.00	LTC supervisor
101465	Cash drawer – Dietary	$ 200.00	Dietary Manager
101470	Petty Cash – Kitchen	$ 200.00	Dietary Manager
101471	Cash Drawer - Gift Shop	$ 260.00	Gift Shop Manger
101472	Cash Drawer - Morton Clinic	$ 100.00	Morton Clinic Manager

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 10th day of June 2020, the following commissioners being present and voting in favor of this resolution.

_____
Trish Frady, Board Chair

_____
Tom Herrin, Secretary

_____
Shelly Fritz, Commissioner

_____
Wes McMahan, Commissioner

_____
Chris Schumaker, Commissioner

	Approved Documents Pending Board Ratification 06.10.20	Department
	Arbor Health's Policies, Procedures & Contracts	
1	Acetaminophen	Chemistry
2	Administrative Chain of Command	Administration
3	Adult Trauma/Critical Illness Transfer Guidelines	Emergency Services
4	Advia 120 User Guide	Hematology
5	Albumin	Chemistry
6	Alkaline Phosphatase	Chemistry
7	Amiodarone Drip Protocol	Pharmacy (Medication Management)
8	Antibody Detection by Gel Card Test Method	Blood Bank
9	Antimicrobial Stewardship	Pharmacy (Medication Management)
10	Applications and Data Criticality Analysis	HIPAA Security
11	Atropine Protocol	Pharmacy (Medication Management)
12	Attendance	Human Resources
13	Bankruptcy Accounts	Business Office
14	Benzodiazepines	Chemistry
15	Burn Guidelines for Adult and Pediatric Burn Patient	Emergency Services
16	CT Quality Control Program	Radiology/Medical Imaging
17	Clinical References & Education Resources	Pharmacy (Medication Management)
18	Coding of Medical Records	Health Information Management
19	Complete Pulmonary Function Test	Respiratory Care Services
20	Compliance Policy for Tax Advantaged Bonds	Administration
21	Crisis and Other Social Media Response Plan	Administration
22	Custodial Resident's Petty Cash Reconcilation	Business Office
23	Diltiazem Drip Protocol	Pharmacy (Medication Management)
24	Dobutamine Drip Protocol	Pharmacy (Medication Management)
25	Dopamine Drip Protocol	Pharmacy (Medication Management)
26	Electronic Funds Transfer	Finance
27	Employment At-Will	Human Resources
28	Epinephrine Drip Protocol	Pharmacy (Medication Management)
29	Esmolol Drip Protocol	Pharmacy (Medication Management)
30	Etomidate Protocol	Pharmacy (Medication Management)

31	HIPAA Complaints	HIPAA Privacy
32	Imaging Contrast Extravasation	Radiology/Medical Imaging
33	Inspection of Medication Storage	Pharmacy (Medication Management)
34	Lipoclear	Chemistry
35	Mammography EQUIP QA Program	Radiology/Medical Imaging
36	Managing Work Queues	Business Office
37	Medicare Bad Debt	Business Office
38	Medicare Credit Balance Report	Business Office
39	Minimum Necessary & Physical Access control	HIPAA Privacy
40	Non-Clinical Policy Review Committee Charter	Administration
41	Notarial Acts	Health Information Management
42	Nuclear Medicine Linens and Patient Waste	Radiology/Medical Imaging
43	Operating/Procedure Room Guidelines For Imaging Services	Radiology/Medical Imaging
44	Patient Home Medications	Pharmacy (Medication Management)
45	Provider Orders	Department of Nursing
46	Psychotropic Medications	Non-Skilled Swing
47	Reporting Of Restrictions On Healthcare Practitioners For Unprofessional Conduct	Administration
48	Scanning Documents to Patient's Chart	Health Information Management
49	Social Media Policy	Administration
50	Subpoena of Patient Records	Health Information Management
51	THERMOMETER VERIFICATION FORM	QC/QA
52	Temporary Workforce Members	HIPAA Privacy
53	Termination of Rights to Protected Health Information	HIPAA Security
54	Third Party Billing	Business Office
55	Trauma Team Activation	Emergency Services
56	Ultrasound Urologic	Radiology/Medical Imaging
57	Vital Statistics	Health Information Management
58	hCG Test for serum/urine	Serology

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 ratified. 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

Arbor Health

Specialty Clinic
521 ADAMS AVENUE
360-496-3641

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

To: Board of Commissioners
From: Leianne Everett, Superintendent
Date: 6/03/2020
Subject: Commissioner Business Cards

At our February 2020 Strategic Planning Retreat, we discussed developing a business card for commissioners to use when approached by community members with complaints or concerns. Commissioners are asked to redirect the complaint or concern to our Quality Manager as the Quality Manager is the start of our complaint resolution process. A summary of complaints is present to the board of commissioners via the Quality Improvement Oversight Committee.

A draft copy of the business card is below:

Front View *Back View*

.

Arbor Health

Specialty Clinic
521 ADAMS AVENUE
360-496-3641

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

To: Board of Commissioners
From: Roy Anderson, Compliance Officer
Date: 6/03/2020
Subject: February 11, 2020 Compliance Minutes

At the xx/xx/xxxx Regular Board of Commissioners meeting, two questions were pushed to the Compliance Committee for research and discussion. In follow-up, the questions were discussed at the February 11, 2020 Compliance Committee meeting. The discussion was reflected in the minutes. As with all minutes, discussions are not written to provide a verbatim record of the discussion but to reflect topics and decisions.

On xx/xx/xx, the February 11, 2020 Compliance Committee minutes were presented for review by Board of Commissioners. Commissioner McMahon suggested that the minutes did not record enough information about the discussion. Compliance Officer Anderson agreed to amend the minutes with requested verbiage. The Board of Commissioners did not approve the minutes. However, the February 11, 2020 Compliance Committee minutes are now being presented for your approval.

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Compliance Committee Meeting
February 11, 2020 at 12:00 p.m.
Conference Room 1

AGENDA	MINUTES	ACTION
Call to Order	Secretary Smith called the meeting to order at 12:02 p.m. **Board Commissioner Present(s):** Kenton Smith, Secretary Wes McMahan, Commissioner **Present:** Roy Anderson, Compliance Officer Shana Garcia, Executive Assistant Sherry Sofich, Revenue Cycle Manager Leianne Everett, Superintendent Richard Boggess, CFO Shannon Kelly, HR Director Dexter Degoma, Interim Quality Manager **Absent:** Terri Camp, CCO	
Approval or Amendment of Agenda	None noted.	HR Director Kelly made a motion to approve the agenda. Commissioner McMahan seconded and the motion passed unanimously.
Conflict of Interest	Commissioner McMahan questioned having a conflict of interest with having a public record's request. Compliance Officer Anderson noted there was no conflict of interest.	

DRAFT

Approval or Amendment of the Agenda		
Conflict of Interest		
Review of Compliance Minutes-October 17, 2019	The minutes were approved at the last Regular Board Meeting, November 6, 2019 and the committee did not have any additional edits.	
Compliance Review/Work Plan for 2019	Compliance Officer Anderson will continue to perform HIPAA Physical Risk Assessments and work on OIG guidance in accordance to the plan. Continue to train on general regulations and discuss trends at the monthly departmental director's meeting. Compliance Officer Anderson noted he is working a PDSA for Scanning given there is opportunity to reduce HIPAA related items in this area of the organization. Superintendent Everett requested follow up action regarding selling supplies in Rehabilitation Services Department.	Action Item-Compliance Officer Anderson will schedule a meeting with Rehabilitation Services Manager Meelhuysen and Revenue Cycle Manager Sofich to gain clarity on the possibility of moving forward with selling supplies within the department.

Public Records Report	Executive Assistant Garcia reported there were six public record requests in 2019 and one remains open to date. The legal costs associated to record requests totaled approximately $5,500 in fourth quarter. The District was summoned in December as a defendant in the *Washington Federation of State Employees, et al. v. Freedom Foundation, et al. Thurston County Superior Court Cause No. 19-2-06100-34.* The District is in a good position since we did not receive a public records request, therefore was not responsive. Physicians Insurance will be providing coverage. We are in a holding pattern for now. In 2020, the District launched a website update to have a fillable format for requestors to complete for future requests.	
Legal of Regulatory	Compliance Officer Anderson provided an update to the final rule from CMS noting this affects outpatient services in the hospital and clinics, as well as the inpatient rule of patient's care spanning less than two midnights. These exceptions will be reviewed on a case by case on whether the medical record supports payment.	
Summary Report Compliance Items Reviewed	Compliance Officer Anderson presented a summary report of the items currently being reviewed and trained on to avoid in the future.	
Review/Follow Up Items • HIPPA Issues • Compliance Issues	Compliance Officer Anderson reported there are HIPAA trends that continue to happen with paper medical records. 1. 92 HIPPA Events in 2019. a. All were human error or a system error vs. a mistake made with an intent. 2. 11 Events were related to BAA or outside Covered Entities. 3. 3 Reportable Events in 2019 that were related to paper issues. 4. 51 Compliance Events in 2019.	
• Hotline • Education	Compliance Officer Anderson noted there was no activity on the website or hotline in fourth quarter. Compliance Officer Anderson recommended the Board review the Compliance Regulatory Summary in Lucidoc on an annual basis.	

Appendix Updates	Compliance Officer Anderson attached supporting documentation to the related Compliance Activities for the quarter.	
Next Meeting-May 13, 2020	The next meeting is scheduled for May 13, 2020.	
Adjournment	Secretary Smith adjourned the meeting at 1:01 p.m.	

NEW BUSINESS

Arbor Health

Specialty Clinic
521 ADAMS AVENUE
360-496-3641

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

To: Board of Commissioners
From: Leianne Everett, Superintendent
Date: 6/03/2020
Subject: RHC Visiting Nurse Services

I am currently working with the Washington State Office of Rural Health to apply for a home health shortage area designation. This is the first step towards developing a Rural Health Clinic (RHC) Visiting Nurse (VN) service line.

If approved, our RHC can offer home nursing visits by a registered nurse (RN) or a licensed practical nurse (LPN) to patients that meet homebound definitions as defined by CMS. These services will be RHC encounters and will be limited to services typically provided by a RN or LPN in a RHC environment. Services such as PT, OT and Speech Therapy are not eligible under this program.

Please watch for updates via my Superintendent's Report at future Board of Commissioners meetings. This service line aligns with our mission of providing greater access to healthcare for our district residents.

COURSE TRANSCRIPT: THE BOARD'S ROLE IN LEADING THROUGH TRANSITION

Expert Presenters:
Karma Bass
Marian Jennings

WELCOME TO THE ADVANCED GOVERNANCE COURSE, THE BOARD'S ROLE IN LEADING THROUGH TRANSITION. IN THIS COURSE, OUR EXPERTS WILL COVER DEALING WITH UNCERTAINTY, CRITICAL QUESTIONS THE BOARD SHOULD ASK, RECOMMENDED PRACTICES FOR LEADING THROUGH TRANSITION, AN ADDED DIMENSION FOR EVALUATING THE CEO, DESTINATION METRICS, PRUDENT RISK-TAKING AND CHANGING OVER TIME.

1. INTRODUCTION

KARMA BASS IS A SPEAKER, FACILITATOR AND CONSULTANT WITH DEEP KNOWLEDGE AND EXPERIENCE IN GOVERNANCE, PHILANTHROPY, QUALITY OVERSIGHT, HEALTHCARE POLICY AND BOARD EFFECTIVENESS.

KARMA BASS: Really excellent boards leading through transition effectively do one thing really well, and that is focus on governing. They know what their job is, they know what their job is not, and they know that success in their job is incumbent on a tight partnership with management. The reason we are here is to do our job as a board, to govern the direction of the organization. And if we don't focus on what our job is, what governance is, then we won't be successful at any of the other pieces we're trying to take on.

2. DEALING WITH UNCERTAINTY

MARIAN JENNINGS IS A CONSULTANT SPECIALIZING IN STRATEGIC AND FINANCIAL PLANNING, AND SYSTEM PLANNING AND DEVELOPMENT.

MARIAN JENNINGS: When boards are faced with uncertainty, it can be immobilizing. There can be this desire to say, let's just wait and see what happens and maybe the market will calm down and then our future path will become clearer. Unfortunately, I don't think that is in our future anytime soon. I think we are just going to continuously have uncertainty and change and new market forces. If you agree with that, then how does the board deal with these uncertainties, yet still manifest its fiduciary responsibilities and stewardship of the organization's assets?

When we think about degrees of uncertainty, we need to think about them in three categories. The first category is clear trends. These are uncertain; they're not facts, but they are predictable. So, for example, how many people will reside in your service area, and what will be the age of those people and their socio-economic status? Those are pretty predictable. How many of them are likely to be hospitalized? That's pretty predictable. There will be pressure on cost, new payment models, a shortage of physicians, new models of care delivery. Those are not facts, but they are predictable trends.

The second way the board should think about the uncertainties in the future is, what is it we don't know, but we could know? We could find out. We could get information. We could look at other people's experience. We don't know what our consumers really want. Well, do some focus groups. Ask them what they want and then listen with unbiased ears to what they tell you they want. So, those are "unknowns that are knowable." We could know more about them, but we need to do research.

And then the third category of uncertainty—those that keep us up at night—is wild cards. They are things that cannot be predicted at all. You are guessing, and human nature being what it is, we tend to go to the worst-case scenario with these kinds of wild card uncertainties.

As a board I would encourage you, when you think that the future is uncertain, to separate out those uncertainties into clear trends; unknowns that are knowable, then you can determine whether it's worth it to you to go to the money and expense and bother of knowing more about those; and residual uncertainties or these wild cards.

For wild card uncertainties, you should use scenario planning, to actually say, well, what if? What will we need to do to prepare ourselves? What are some early indicators? I call them trigger points. We all agreed that if we saw this happening in our market, it would be a sign that this wild card is coming to pass. We're going to keep our eye on those. Those wild cards are out there; no one can predict their likelihood. But we have identified them. We have identified early indicators that the market may be moving in that direction. And we may be employing some "hedge strategies" to learn a little bit about what that world might require of us, so that if that were to take place, we would be ready for it.

KARMA BASS: One of my key takeaways for leaders, as we are going through this really difficult time in health care, is that it's essential that they, first and foremost, manage themselves, manage their own reactions to the uncertainty, and set a good example for the people who are working in our organizations and trying very hard to implement the decisions that the board is making.

3. CRITICAL QUESTIONS

MARIAN JENNINGS: What are the critical questions the board needs to be asking itself as this world continues to change around us, rapidly, every day? There are a couple of things to focus

on so we are not so scattered in our thinking that we really can't agree on what's most important for us.

The first has to do with asking about how sustainable our current business model is: how we do what we do; where we do it; who does it; how much it costs; and what is most important to the sustainability of our business model. In particular, I think the board needs to think about the likelihood that the amount of revenue coming into the organization in the future will be less than today's, regardless of the exact mechanism. What do we need to do now to be sustainable in that future scenario where we can't assume that growth and growth in revenue is going to allow us to continue to operate the way we do today? So, sustainability.

The second is what competencies, skills and leadership do we need around the board table and in our executive team? And they may be very, very different from today. You should do a very clear and critical self-assessment of what competencies you need on the board—where you're strong today; and where your gaps are. And be very intentional as you go through the reappointment process, or the nomination process, to ensure that you are bringing the skills, competencies and attributes to the board that the board itself needs to be successful. You should also be clear about the skills, competencies and attributes you need for leadership of the organization, particularly the CEO, and either use those if you are recruiting a new CEO, and/or use those expectations in the performance evaluation process with your CEO.

The board should ask itself this critical question: how ready are we for these new payment models, particularly those models that are going to put much greater financial risk on the hospital or our health system and our physicians than in the past? This involves everything from understanding the financial risks involved, to understanding where are our physicians. Are they on board with us? Are they reluctant partners? Are they leaders in transformation? Everyone's situation is different. But the need for the board and physician leadership and management to be walking lock step together into this new future is essential.

So the board should ask, where are our doctors? How are we hearing their voices? How are we ensuring that they are our partners in transformation? Are we trying to transform the delivery system without that key element?

KARMA BASS: I think boards should be focusing on how to deal with population health. What is our plan for moving toward population health? What's good about this question is that it forces the discussion about what we mean when we say “population health.” Every organization will have a slightly different interpretation of what that means—a slightly different explanation as to what the goal might be. However, it is a really important conversation to have because so much of health care is moving in that direction.

The board should be asking whether the organization is driving down costs and increasing efficiency fast enough. With all the uncertainty that's out there, the one thing that most everyone can agree on is that in the future, your organization is going to have to deliver higher quality and do it with less revenue. This is a challenge we all know is coming. It's just a matter of

when and how. So the best thing the board can be doing is supporting management in its efforts to re-engineer, to drive down cost, to become more efficient, to increase quality.

Now is the time we are going to have to take these really difficult steps, make some probably very unpopular decisions, and the board needs to be right there with the management team, with the clinical leaders, not only supporting their efforts, but also being really clear about why we must do this now.

Another important question that should be asked is whether board members are knowledgeable enough about the things that really matter. In this time of incredible transformation across our industry, with us becoming aware of new things every day, it's so important that board members understand from the very beginning that ongoing education is a critical aspect of being an effective board member. It’s impossible to be an effective board member without regular attention on issues that matter.

4. RECOMMENDED PRACTICES FOR LEADING THROUGH TRANSITION

MARIAN JENNINGS: What should boards do to ensure that your governance structure is facilitating, actively supporting and enabling transformation for your hospital or health system? I think about this in three categories. The first category is structure, and making sure that your governance structure, whether you have a single board or multiple boards, is streamlined and aligned. So, for example, you ensure that the direction of the organization strategically is reflected in the work of the board through an annual work plan, and also the work of its committees through work plans that dovetail into the board's annual work plan, and that the committees don't have out-of-date charters and a life of their own.

The second area to focus on is board processes including everything from board education, how we recruit and whom we recruit, and what kinds of people we are looking for in terms of skills, attributes and competencies.

Finally, boards need to have expectations of the CEO, certainly, but also of each other. Board members need to hold each other accountable for fulfilling their duties and responsibilities.

So I strongly recommend that boards put together through their governance committee, either board expectations or a code of conduct. Expectations include things such as how many meetings must you attend, whether you can attend the meetings in person or whether you can participate by telephonic means or video conferencing means, what commitment an individual needs to make to education, either on his own or via retreats, to make sure they get up to speed, and what we need from a board member so that everything is clear cut.

KARMA BASS: A key practice that I see boards taking on is really strong partnerships between the management team and the board. This is the time when more than ever you need to have really clear understandings of how to work together and our expectations of each other. The

executives, if they are going to do their jobs and the clinicians, if they are going to do their jobs, need to believe the board has their back. At the same time, the executives have an obligation to make sure the board understands that it is essential and that board members' information and insight is very valuable to the team as well.

SUMMARY

DEALING WITH UNCERTAINTY CAN BE IMMOBILIZING. BUT THE BOARD CAN OVERCOME THIS BY CONSIDERING THE DEGREES OF UNCERTAINTY.

THE FIRST DEGREE OF UNCERTAINTY IS "CLEAR TRENDS." TRENDS ARE:

- NOT FACTS, BUT THEY ARE PREDICTABLE

THE SECOND IS "THE UNKNOWNS THAT ARE KNOWABLE;" THAT IS,

- WE CAN GATHER INFORMATION AND/OR DO RESEARCH TO LEARN MORE

THE THIRD CATEGORY OF UNCERTAINTY IS THE ONES THAT KEEP US UP AT NIGHT—"WILD CARDS." THESE ARE:

- THINGS THAT CANNOT BE PREDICTED AT ALL
- CAN BE EXPLORED THROUGH SCENARIO PLANNING, IDENTIFYING TRIGGER POINTS AND DEVELOPING HEDGE STRATEGIES

THE BOARD SHOULD BE ASKING CRITICAL QUESTIONS AS IT ASSESSES THE CHANGING HEALTHCARE ENVIRONMENT. HERE ARE A FEW:

- WHAT IS THE SUSTAINABILITY OF OUR BUSINESS MODEL, GIVEN THAT WE CANNOT ASSUME REVENUE GROWTH?
- DO WE HAVE THE RIGHT COMPETENCIES AND SKILLS ON THE BOARD AND THE EXECUTIVE MANAGEMENT TEAM?
- ARE WE READY FOR NEW PAYMENT MODELS; DO WE UNDERSTAND THE FINANCIAL RISKS AND ARE WE ENGAGING OUR PHYSICIANS IN OUR PLANS?
- ARE WE REDUCING COSTS AND INCREASING EFFICIENCY QUICKLY ENOUGH?
- ARE WE KNOWLEDGEABLE ABOUT ISSUES THAT REALLY MATTER TO THE ORGANIZATION?

RECOMMENDED PRACTICES FOR BOARDS FOR LEADING THROUGH TRANSITION INCLUDE:

- HAVING A STREAMLINED AND ALIGNED GOVERNANCE STRUCTURE
- ENSURING EFFECTIVE BOARD PROCESSES ARE IN PLACE
- ENSURING YOU HAVE CLEAR EXPECTATIONS OF MANAGEMENT AND OF EACH OTHER
- ENSURING THERE ARE STRONG PARTNERSHIPS BETWEEN THE BOARD, MANAGEMENT AND PHYSICIANS

5. ADDED DIMENSION FOR EVALUATING THE CEO

MARIAN JENNINGS: Every organization I talk with is interested in transitioning and changing and preparing for the future. So first and foremost, the board needs to ensure that what it expects from the CEO is consistent with that long-term vision. Specifically, the CEO performance evaluation process should foster, facilitate and support transition of the organization.

The CEO performance evaluation process needs to be a balanced process with measures and criteria that would tell us we are succeeding on moving down the path to where we would like to be in five years, as well as succeeding on the rules of the game today. We still need strong financial performance. We still need quality. We still need to have positive patient experience. We still need to have engaged employees. Those are important, but we also need to be evaluating and rewarding the CEO for leading the organization through change, creating a culture that is open to change and not risk averse, cultivating leaders—physician leaders, board leaders, management leaders—who will be prepared to lead us into our vision of five years from now.

When you, as a board, think about your performance evaluation of your CEO, maybe you should think about this story; it's a true story. I used to live in Western Mass. I would travel through a community, Westfield, Massachusetts, that still has a logo that has a buggy whip on it. Westfield was one time the buggy whip capital of the United States, probably of the world.

And I want you to picture yourself being the board of the buggy whip manufacturer. And what you looked at was, are we making money on our buggy whips? Are our customers satisfied with our buggy whips? Are our buggy whips high quality buggy whips? Are our employees engaged? Do they like making buggy whips?

If those are the only measures you are using to evaluate your CEO—are we financially solid, do we have a high quality product, are our customers, our patients, satisfied, do we have engaged employees? You might be wildly successful in today's world. But don't be like the buggy whip manufacturer who did all those things well, only to find a world where no one wanted a buggy whip. You have to make sure your CEO is positioning the organization for what the future healthcare consumer and payer will want—at the same time you're running today's shop.

6. DESTINATION METRICS

MARIAN JENNINGS: I would urge you as a board to be focused on what you are trying to accomplish and how you would like to be positioned. And then think about transition as a way to get there, as opposed to thinking about, "Our job is to transition." Because I run into a lot of organizations that say, we have to change. We have to transition. We have to be a different organization. And I say, to what end? How would we know we're successful? So I am a fan of something I call destination metrics.

These are tangible outcomes that the board has agreed would be characteristics of our organization if we were successful in five years. I'll give an example. If you are an organization that really believes we are moving into the world of population health, a destination metric might be five years from now, we have 350,000 covered lives, or designated lives, in our ACO, or via a health plan. This is a tangible outcome that signals success. Then what do you do? You need to back that up and say, well, if that's where we'd like to be in five years, how far along should we be in year one? How far along in year two? How far along in year three and year four, to get to that destination in year five? You use those tangible outcome measures on an annual basis to both inform your CEO evaluation process as well as to provide milestones to the board that you are systematically transforming and transitioning from the organization you are today to the organization you would like to be in five years.

KARMA BASS: There seems to be a blind spot in some of the metrics that boards are using to evaluate the organization's effectiveness and the organization's performance. So, for instance, one small example, when I look through finance committee packets, oftentimes I will see the traditional inpatient metrics that have been looked at by hospital board finance committees for decades. There will be pages and pages focused on inpatient metrics, and then maybe a page on outpatient or ancillary revenue. But if you look at the organization's overall revenue streams, sometimes 40 to 60 percent or more of the organization's revenues are coming from outpatient streams, ancillary services or non-inpatient revenue sources. And yet the board is almost exclusively focused still on what happens in the four walls of the hospital. So one of the key things is looking at metrics that truly are indicative of the organization's future, and the organization's success.

7. PRUDENT RISK TAKING

KARMA BASS: Innovative boards pay attention to their risk taking appetite. Hospital and health system boards have traditionally been very conservative organizations. Many board members feed on each other's perspectives that risk doesn't work. Now we need to be a little bit less risk averse, because not doing something has its own set of risks.

We're going to need to take a look at our culture and we are going to need to invite new voices into our boardrooms. We are going to need to ask people to go outside their comfort zones. Just because you are a part of this institution doesn't mean that your job is always to preserve the institution exactly as is. If we don't change our organizations, if we don't pay attention to the culture that we are putting forward in our organizations, and if we don't reward risk takers, then we will run the risk that our organizations will be great until the day they are gone. And we don't want that for our communities.

MARIAN JENNINGS: The board's culture needs to actually embrace prudent risk taking and be an open and trusting culture.

There are some very practical steps you can take as a board to increase the ability of your board culture to support the kind of transformation that your organization needs. One step the board should consider is a mentoring program. As you bring new board members on—and even think about this for board members who may have joined within the last 12 months or so—you should pair them up with a more experienced board member to really give them a vehicle to come up to speed as quickly as possible, but also to understand the dynamics of the board.

We need to ensure that when the board convenes, which might be six times a year, or four times a year, that there is enough trust, that we have built up enough personal relationships that we can be candid and respectful, and we can be open and we can ask difficult questions when need be, in a respectful way. We should ensure that we are talking about things that matter to the organization and are at the right level for the board. That doesn't happen just by putting talented people in the room together. It happens by mentoring, fostering relationships and intentionally building trust.

Another piece that the board needs to consider in looking at creating the culture for the future is being intentional in terms of the kinds of people you are bringing on the board. And what are the attributes that they bring, and what are the competencies that they bring. For example, I work with boards that are intentionally seeking out individuals in their community who have worked in an industry or business that has undergone rapid change. They want board members who have the life experience to realize that what works today may not work at all in the future, and are open to making substantial changes in how you do what you do in order to be ready for the future. That kind of individual, with those kinds of competencies, can really help a board be successful.

8. CHANGING OVER TIME

KARMA BASS: One of the interesting exercises that boards can go through is to have a conversation about what they want the organization to look like in five years, or even 10 years down the line. This sort of visioning exercise can help people get clear on what must be done to ensure the organization will thrive. So while it may seem we don’t have time to talk about mission or vision, now is a really good time for the board, the governing body of the organization, to step back and say, okay, what is our vision for the future? Boards must have a clear sense of what they want the organization to be in five years and how they will know it has been accomplished.

MARIAN JENNINGS: As you go through your strategic planning process, which will involve transforming, changing, being very different in the future from what you are today, I would encourage you to step back and answer the following questions. In what three to five ways will your organization be the same? What are some elements that you would like to remain the same in the future as today? And then ask, what are the three to five most important ways you would like the organization to be different? So the board as a whole should ask itself those questions.

Summary

Because the transformation of health care involves transition and change, the board needs to ensure that its expections of the CEO are consistent with the long-term vision of the organization.

For the CEO's performance evaluation, the board should strike a balance between rewarding exceptional performance today and leading the organization through change.

To transition from today's model to tomorrow's organization, the board needs to use "destination metrics" to measure and assess tangible outcomes it has agreed would be characteristics of success in five years.

The board's culture should embrace prudent risk-taking. There are steps the board can take to increase the ability of the board's culture to support transformation that the organization needs. For example,

- The board should establish a mentoring program to foster relationships and build trust
- It should recruit for competencies, perspectives, skills and life experiences

There are two approaches to how the board can plan as it designs the organization's future. First, there is a "visioning" exercise, where the board discusses what it wants the organization to be—how it will look—in five years.

The second is a "transformation" exercise where the board identifies three to five ways the organization will be the same in the future, and how it will be different.

For additional information please go to www.iprotean.com

COURSE TRANSCRIPT: INTRODUCTION TO MISSION & STRATEGY

Expert Presenters:
Marian Jennings
Todd Sagin
Jeff Bauer

WELCOME TO THE INTRODUCTION TO MISSION AND STRATEGY.

IN THIS COURSE, OUR EXPERTS COVER: MISSION AND STRATEGY AS CORE RESPONSIBILITIES; THE DIFFERENCES BETWEEN FOR-PROFIT AND NOT-FOR-PROFIT HOSPITALS; THE ROLE OF THE BOARD; SETTING STRATEGIC DIRECTION; MISSION, STRATEGY AND TACTICS; AND THE ROLE OF THE STRATEGIC PLANNING COMMITTEE.

1. MISSION AND VISION

MARIAN JENNINGS IS A CONSULTANT SPECIALIZING IN STRATEGIC AND FINANCIAL PLANNING, AND SYSTEM PLANNING AND DEVELOPMENT.

Jennings: The mission of the organization is its core purpose. It is its reason for being. Sometimes the way I think about it is, if the hospital did not exist, why would we need it? And that is what the mission statement answers: this is why we exist; this is why we are needed. I have really come to believe that the most successful organizations are those that have a clear statement of purpose that drives every action.

That statement of purpose is not a platitude. It's not a slogan. It is actually a clear statement of intent and that statement of intent is specific enough that it helps organizations say, option A will further our mission better than option B.

One of the biggest problems that many hospitals have inherited is that they have an extremely general mission statement, and virtually anything I could think of, if it is legal, would fit under their mission. They want to be all things to all people. And moving forward, especially with the economic constraints that will be facing your hospital, it will be essential that you actually determine, with clarity, the core purpose of the organization. That may take the board some time to do; but having said that, it probably will be something that would repay the board and the organization many times over in the long run.

When I think of the mission of the organization, I immediately think also about the vision of the organization. The mission is a statement of intent, a statement of purpose, why we exist. The vision of the organization is how are we going to carry out that mission. So it is a statement of

what we are going to do, while the mission statement is a statement of why we exist. So they are very, very different and complementary. What we want to do is to make sure that we establish a clear strategic direction with meaningful measures that would tell us this is how we know we're accomplishing that direction, that convince us as a board that we are carrying out our mission.

TODD SAGIN IS BOTH A PHYSICIAN EXECUTIVE AND AN ATTORNEY, AND IS RECOGNIZED ACROSS THE NATION FOR HIS WORK WITH HOSPITAL BOARDS, MEDICAL STAFFS AND PHYSICIAN ORGANIZATIONS.

Sagin: As a board member, you are a fiduciary for the community, to assure that your hospital or health system is carrying out the objectives for which it was established. We call those objectives the mission of the organization. As you provide oversight to management and the medical staff, you have an important function to make sure that these elements of the institution are promulgating its purposes, its mission. When you look at financial performance, when you look at quality performance, when you look at individual performance of management, when you look at strategic goals, all of these things should be taking place to further the ultimate purpose or mission of the institution. If you are not intimately familiar with the mission of your hospital, this is an important time to become so.

The board of directors of a not-for-profit hospital has the ultimate accountability to assure that the institution achieves its mission, its vision and its values. That is, it is the responsibility of the board to assure the direction of the institution meets the needs of the community, and that all the folks who work on behalf of the institution are indeed pursuing those community oriented goals. The board members of a not-for-profit hospital typically are drawn from the community to assure that the institution is in tune with the needs and the desires and the goals of the folks who live in that community.

2. NOT-FOR-PROFIT V. FOR PROFIT

Sagin: Hospitals in the United States traditionally have been organized to meet the needs of the community in which they are situated. They have typically been not-for-profit institutions, their purpose being to promulgate the well being and health of the citizens of that community. In recent years we have seen more and more hospitals that have been managed and run by for-profit enterprises. For-profit enterprises have the additional responsibility to return value to shareholders, as well as to deliver quality healthcare services to the communities in which they are situated

Jennings: One of the differences in purpose between non-profit hospitals and for-profit hospitals is answering the question why we exist. A for-profit hospital, and this is natural and this is fine, exists in order to generate a return for the shareholders. That's what every for-profit corporation's responsibility is. A non-profit hospital doesn't have that for a mission, so the question is what is its mission? We know its mission is to improve health or improve the health of the community, but that mission has to be carried out in a financially viable manner.

And in truth, it is that mission—that core mission of service to the community and actually creating an asset for the benefit of the community on the one hand, and on the other hand, insuring the long term financial viability of the organization—it is that balancing act which is the core fiduciary responsibility of the board.

3. ROLE OF THE BOARD

Jennings: As a board member of a non-profit or not-for-profit community hospital, it is your role to insure a balance between meeting community needs, that is really a core purpose of the organization, with maintaining the financial integrity and strength of the organization long term. One of the things I think all board members are obligated to do is ask, when they end their term as a board member, whether they have served the community well and whether they have left the hospital in a financially stronger position than when they became a board member. And I think if you use that as your guiding light, always meet the community needs and put that first, but make sure that when your final term is up, the person who will take your seat is inheriting an organization with greater financial flexibility than the one you inherited, then you have done an excellent job as a board member.

I always start with the premise that the board members are stewards of a community asset. You may think of it as your hospital, and it is. I think of it as a hospital for the benefit of the community for whom you are serving as a trustee. And I think if you always think of both of those simultaneously—yes, it is your hospital but really it is the community's hospital, not only from the IRS perspective, but from the core purpose of the organization—that will serve you well.

One of the big debates going on in healthcare right now relates to what is community benefit? We have all of these non-profit hospitals across the country and they are doing a myriad of services for the health and wellness of the communities they serve, but we're under tremendous pressure to document how what we do benefits the community. That has been particularly accelerated by some of the healthcare reform legislation that was passed last year that requires you to undertake a formal community needs assessment on a routine basis, to identify the plan of action that you have to address some of those high priority community needs, to engage members of your community in conversation and dialogue in determining the best ways to enhance the health and well being of the community. Some of you have been doing that for a very long time, so this will be nothing new. For others of you, this may require a new rigor or formalization of what may have been an informal process.

Sagin: The hospital board needs to make sure that the institution, the hospital or the health system, is acting consistent with the needs, the wants and the goals of the community. This may sound self evident, but many hospitals are enterprises that can easily become focused on the desires and needs of those who work there—in particular, those of the medical staff—and sometimes lose sight of what's important to community members.

The board member really has a two-way function. Sitting on the board, the board member is the voice of the community. It is to make sure that as discussions take place with regard to the mission and direction of the institution, these things are guided by the desires and needs of the community. In this regard, the board member needs to be in touch with members of the community—needs to be communicating with them, needs to have ears open to hearing the concerns and voices of the community.

It is also important for the board member to represent the hospital to the community. In that sense, you are the voice of the institution among your neighbors and your fellow citizens. This two way street--making sure that the hospital is responsive to the community and that the community understands the activities of the hospital—these are important roles for a not-for-profit community hospital board member.

SUMMARY

THE MISSION STATEMENT SPECIFIES THE ORGANIZATION'S PURPOSE – WHY IT EXISTS. THE VISION STATEMENT DEFINES WHAT THE ORGANIZATION WILL DO AND HOW IT WILL CARRY OUT ITS MISSION. SO THE MISSION IS "WHY" AND THE VISION IS "WHAT AND HOW."

ALL OF THE ORGANIZATION'S ACTIVITIES AND INITIATIVES SHOULD FURTHER THE MISSION.

A NOT-FOR-PROFIT HOSPITAL'S PRIMARY PURPOSE IS TO PROMULGATE THE WELL-BEING OF THE COMMUNITY. IT MUST PROVIDE SERVICE TO THE COMMUNITY AND BE AN ASSET FOR THE BENEFIT OF THE COMMUNITY – WHILE INSURING ITS OWN LONG-TERM FINANCIAL VIABILITY.

TENSION MAY SURFACE AS THE BOARD AND MANAGEMENT STRIVE TO REMAIN TRUE TO THE ORGANIZATION'S CORE PURPOSE WHILE MAINTAINING ITS FINANCIAL INTEGRITY. THE BOARD'S RESPONSBILITY IS TO ENSURE THAT BALANCE.

THE BOARD MUST BE RESPONSIBLE TO THE COMMUNITY AS STEWARD OF ITS ASSETS. AND THE BOARD HAS AN ADDITIONAL ROLE – IT IS THE VOICE OF THE HOSPITAL WITHIN THE COMMUNITY.

4. SETTING STRATEGIC DIRECTION

Jennings: When I first started in healthcare and I worked with my first clients and organizations, I really felt that the most important thing in the strategic plan was that we developed an action plan, that we agreed on exactly what we were going to do and who was responsible for doing it and what the time frame was and how much it was going to cost, and we had all that laid out. And what I have come to learn is that that is all terrific stuff, but if it is not done with purpose, the odds that you will actually be able to accomplish your goals are slim. And what that has translated to me is that an organization cannot spend too much time on its mission and on its vision and being extremely clear about its mission and why it exists and allowing the mission to drive the strategic direction and not just think, well, if I do all the right things then maybe I'll figure out what my purpose is.

So my advice to board members is spend quality time as a board, really asking yourself, is our mission still relevant in the world that we face? We're entering a world of healthcare reform. How does that call us to respond differently? Does it change our mission?

One thing I think is very, very important is to avoid what I call mission illusion. Mission illusion is, well if something loses money, it must be good, and so we have things that lose money, therefore we're doing good things and we're supporting our mission. There are so many reasons that something loses money that have nothing to do with mission. The market may not need the service; you may not offer a high quality product; your cost may be out of line and so you can't offer the service for what the market will bear. Those have nothing to do with mission. They simply have to do with how you are executing a strategy. So spend the time to identify what is really essential to your purpose. What are things that you may be doing that you are subsidizing that you're not sure are furthering your purpose—differentiate those. Know what is true mission versus what is mission illusion.

5. MISSION, STRATEGY AND TACTICS

Sagin: It is important for board members to constantly reflect on the mission of the hospital as they discuss and consider various strategies for moving the institution forward. Is part of your mission to provide the broadest array of services in your community? Is part of your mission to provide easy access of services to all segments of the community? If so, as you implement specific strategies you must constantly revisit your mission and ask yourself the question, "Does this strategy adequately achieve those purposes for which we have dedicated this institution?"

JEFFREY BAUER IS A HEALTH FUTURIST AND MEDICAL ECONOMIST WHO CONSULTS WITH HOSPITALS ON DELIVERY SYSTEMS AND MULTI-STAKEHOLDER PARTNERSHIPS.

Bauer: I really see dramatic changes coming and that's where the board sits as deciding what the organization needs to do to be responsible for that future. For a trustee, I really think that the responsibility is to look at the best possible use of the resources, and that means change.

Strategy to me is the purposeful response to anticipated change, and nobody but the board and the chief management of the hospital really has that responsibility. In the long run, the issues of terminating a program, or reallocating resources, moving in new clinical directions, developing partnerships, those are really the responsibilities that come from the people who are asking the big questions about what changes to make.

I tell board members, let the people you hired do the management. Let them deal with the tactics. Tactics is dealing with the resources you have at hand, so let your chief nursing officer or your pharmacist do the best they can with the nurses that showed up for work that day or the drugs that are on the shelf. That is tactics, finding out how to do things right with the resources you have at hand.

The board, on the other hand, deals with strategy, looks at the realm of possibilities, asks the "what if" questions, imagines a different future. Instead of that tactical issue of doing things right, the board is really focused on doing the right things in the future, re-envisioning the

future and imagining things being different. As a trustee you are responsible for imagining how to really reallocate the resources and become something new and better.

It is very important for the board to periodically look at its strategies for achieving its mission. This activity in some institutions takes place every couple of years to make sure that the organization's activities on a daily basis continue to be directed by the mission of the institution.

SUMMARY

MISSION DRIVE'S THE ORGANIZATION'S STRATEGIC DIRECTION.

STRATEGY IS PURPOSEFUL RESPONSE TO ANTICIPATED CHANGE – BASICALLY A SERIES OF EFFORTS THAT FOCUS ON DOING THE RIGHT THINGS.

TACTICS ARE APPROCHES TO DEAL WITH THE RESOURCES FOR THE STRATEGIC EFFORTS; THAT IS, DOING THINGS RIGHT.

6. STRATEGIC PLANNING COMMITTEE

Sagin: The committee that is asked to focus on strategic planning typically will spend considerable effort looking at ways to further the mission, and it does this by looking at what are the current strengths of the organization and where is it doing things well. It may look at threats to the organization that are jeopardizing its ability to fulfill its mission. It will often look at various resources of the organization to understand what it can bring to bear in achieving its mission, and it will look at the opportunities to do things differently or do things better.

It puts all of these considerations together and it develops a pathway; it develops a direction that can lead management in its day-to-day activities in fulfilling the mission of the institution. And once this is all packaged into some kind of a plan, some kind of a road map if you will, it brings it back for endorsement to the entire board. Then on an ongoing basis the board will ask itself, as it hears reports month-to-month from various components of the health system, how is this activity comporting with the strategic plan that we adopted at the recommendation of our strategic planning committee?

Jennings: Whether to have a strategic planning committee is an important question for the board. Some boards consider the entire board the strategic planning committee because they feel the core direction of the organization is the responsibility of the whole board and, therefore, everyone needs to be involved. Other organizations have a standing planning committee. In truth, that is something that is diminishing in terms of its frequency compared to say ten years ago. The third option is to actually have an *ad hoc* strategic planning committee that is composed of board members, plus non-board members, particularly physician leaders. It is focused on a task at hand, whether that task is developing a full strategic plan, whether that task involves developing a strategy for partnering, or whatever the particular task might be.

Regardless of which approach you take to strategic planning, there are some elements that we would always want to make sure either the planning committee itself or the board as a whole is undertaking. And the first of these is actually to either establish or review and approve the mission for the organization.

The second piece is to be clear about the vision of the organization, not only in the next two or three years, but say five years or even longer. I talk to many people today who say the future is so uncertain that we can't even imagine what it's going to be in five years or ten years. But my view is for major investments that you're making, it could take five years, six years, eight years, ten years for you to actually put that investment in and see the results of the fruits of your labor. So it is very important that you have a longer-term vision.

I think it is essential that the planning committee impose discipline on the planning process by establishing clear outcomes. I call them strategic metrics. Some people might call it a balanced scorecard, or it could be called a measure of success. Whatever nomenclature you would use, these would be tangible outcomes by which the board can measure progress against plan implementation. For example, let's say that a hospital wants to be the highest quality hospital or offer excellent care, what is the tangible measure of that from the board's perspective? Do we win a national quality award? Do we perform well against a number of quality indicators? Are our patients the most satisfied? It's less important what indicator you select than that you have the dialogue as a board or a planning committee to all agree that when you used this term in your vision [excellent care], you were all understanding that in the same fashion.

So in addition to mission and vision, the planning committee or the board as a whole needs to establish metrics, goals and strategies. Truthfully, I do not see boards working at the level of tactics and action plans. That is for management to do. Your job is to set the strategic direction, the context being what is called core ideology, mission and vision; and the specifics being these are the metrics by which we will hold management accountable—strategic metrics. Here are our core goals and here are the general strategies by which we would move forward.

Bauer: If I were a hospital trustee, I would want to be on the committee assigned responsibility for dealing with the mission and strategy. I am keenly aware of the really exciting changes that are taking place in the healthcare delivery system. We are discovering more than we ever thought we'd know about lots of diseases, and we're discovering how to deal with chronic conditions. We are rapidly shifting away from acute care functions that defined the American hospital of the 19th and 20th century by developing primary care patient-centered medical homes, developing bundled payments, implementing electronic technologies. Those are the really exciting things that redefine the realm of possibilities for a healthcare delivery system.

And that is the function of the strategic planning committee. It is really to decide what services will we pursue in the future, and what services of the past might we need to discontinue so we have the resources to go into something better for the future. And that is the long run “what if” question that really gets asked.

On the one hand I see a lot of gloom in healthcare right now. Reimbursements are falling, health reform is playing out in a pretty problematic way. But what really excites me about the future of healthcare is how we can put the pieces together differently, and that happens on the strategic planning and mission committee.

For additional information please go to www.iprotean.net.

DocID:	8610-105
Revision:	3
Status:	Official
Department:	Governing Body (Board of Commissioners)
Manual(s):	

Policy : Annual Adoption of the Quality Program Plan

Policy:

In accordance with RCW 70.41.200, and as hereafter are amended, the Board of Commissioners of Lewis County Hospital District No. 1 commissions the implementation of this Districts Quality Program Plan.

The District's Quality Program Plan will have as its basis the minimum requirements found in the above referenced statute. The Board of Commissioners will welcome and support reasonable expansion of the scope of coverage of this program beyond the minimum requirements under law. The Board of Commisioners will adopt the District's Quality Program Plan by resolution at a regular board meeting.

Procedure:

1. In accordance with the bylaws of this District, and as they are hereafter amended, two hospital district commissioners are appointed to the Quality Improvement Oversight Committee.

2. The Quality Manager will present the Quality Program Plan annually to the Quality Improvement Oversight Committee members for review and comment. The plan will then go to the Board of Commissioner for final approval.

Document Owner:	Fritz, Roschelle
Collaborators:	
Approvals	
- Committees:	(07/25/2018) Board of Commissioners, (09/25/2019) Board of Commissioners,
- Signers:	
Original Effective Date:	
Revision Date:	[08/01/2006 Rev. 1], [05/09/2016 Rev. 2], [06/26/2018 Rev. 3]
Review Date:	

[05/29/2009 Rev. 1], [04/11/2011 Rev. 1], [01/17/2013 Rev. 1], [12/23/2014 Rev. 1], [07/24/2015 Rev. 1], [07/11/2017 Rev. 2], [09/05/2019 Rev. 3]

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:10651.

DocID:	15804
Revision:	4
Status:	Official
Department:	Governing Body (Board of Commissioners)
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:	Fritz, Roschelle
Collaborators:	
Approvals	
- Committees:	(09/25/2019) 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], [08/24/2017 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:15804.

DocID:	15827
Revision:	1
Status:	Official
Department:	Governing Body (Board of Commissioners)
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. All regular, special and adhoc meetings of the Board.
2. All committee meetings of committees set forth in the Hospital District By-laws.
3. All administration meetings requiring commissioner participation, ie. audits, consultants.
4. Educational meetings will be paid for any day meetings held and one travel stipend day per conference. Educational meetings will include: Chelan Rural Health Conference, WSHA Bellharbor Meeting and any other educational meeting approved by the Board.
5. A day of board educational training per month, ie. iProtean. Provision of a certificate required.
6. A meeting per month either in person or remotely to set either Special or Regular board meeting agenda(s) with Superintendent and/or Executive Assistant.
7. A maximum of two meetings per month either in person or remotely between the Board Chair and the Superintendent to conduct hospital business.
8. Any day of service to the District not included in this policy may be compensated with approval of the Board.

Document Owner:	Fritz, Roschelle
Collaborators:	
Approvals	
- Committees:	(07/25/2018) Board of Commissioners,
- Signers:	
Original Effective Date:	06/13/2012
Revision Date:	[06/13/2012 Rev. 0], [06/26/2018 Rev. 1]
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]

Attachments:
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Other Documents:
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https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:15827.

Arbor Health

Specialty Clinic
521 ADAMS AVENUE
360-496-3641

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

MEMORANDUM

To: Position #3 Candidates

From: Board Chair Frady

CC:

Date: June 10, 2020

Re: Interview Questions

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1. What makes our mission meaningful to you?
2. What motivates you?
3. How do you represent to your constituents a board's decision you were opposed to?
4. How would you leverage your position in the community and advocate for the District?

Reference: Arbor Health Hospital Commissioner Open Position #3

Date: 20200522

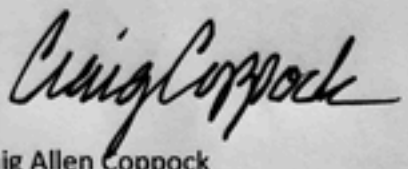
To Whom it May Concern,

I would like to express my interest in the Hospital Commissioner vacancy for position #3.

I have read the job description posted to myarborhealth.com and I look forward to the virtual informational meeting Wednesday May 27th at 6pm.

Please let me know what information you may need from me at this point in time.

Sincerely,



Craig Allen Coppock
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Mossyrock, WA 98564

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304-518-9496

Craig A. Coppock

President; Impĕro Inc. Supporting Mossyrock Hardware Retail Operations
Biometric and Forensic Specialist, Latent Print Examiner (Retired)

Experience Summary

Current specialization in business, financial, and property management relating to retail sales operations at Mossyrock Hardware via CO-OP partnership with Ace Hardware Company, Chicago. Manage corporation and retail site operation with 10 employees and 14,000 quality product SKUs. Implement strategy, efficiency, and monitoring aspects with organic sales growth of 20% over 7 years. Maintain strong focus on core areas along seasonal cycles utilizing business practices and marketing relevant to rural East Lewis County. Maintaining a strong team effort via aggressive team building and employee responsibility ownership to support high level of customer service within a desirable work environment. Community outreach with local event support.

Past specialization in forensic and biometric applications support the warfighter and DoD's counter terrorism efforts. General forensic applications to include investigation and photographic documentation of capture materials and fingerprint, face, and iris identification, are employed for materials exploitation and subsequent biometric identity discovery. Experience includes the full spectrum of DoD activities from Tactical Site Exploitation instruction, theater forensic exploitation of capture materials, to biometric comparisons and reporting at the US Army Biometric Identity Management Agency, plus eighteen years of major crime scene investigation and seven years of university level forensic instruction representing 574 instructional hours.

Educational Statistics and Information	
Number of Years of Industry Experience:	32
Number of Years of Forensic Experience:	25

Education/Training:

Civilian:

- Photographic Science: Physics Option, BA Eastern Washington University 1987
- Additional Studies; Geology
- Self-Education; Business, Management, Customer Service, Financial Intelligence

Law Enforcement:

- Latent Fingerprint Distortion Analysis 16hrs, 2013
- Forensic Concepts/Techniques 35 hrs, American Academy of Forensic Science, 2012
- Identification Techniques 12 hrs, Chesapeake Bay Division IAI, 2011
- Identification Techniques 35 hrs, International Association for Identification, 2008
- Identification Techniques 20 hrs, New England Division IAI, 2007
- Identification Techniques 80 hrs, International Association for Identification, 2006, 2003
- Digital Imaging in Law Enforcement, Oregon State Police, 2005
- Ballistic Impact Damage to Automobile Glass 4 hrs, Spokane County Sheriff, 2003
- Digital Imaging in Law Enforcement 8 hrs, Pacific Northwest Conference, 2002

- Blood Stain Pattern Analysis 40 hrs, Jan Johnson IAI, 2002
- Post Blast Bomb Investigation 36 hrs, FBI, 2001
- Digital Imaging for Law Enforcement 80 hrs, FBI, 2000
- Buried Bodies and Scattered Surface Skeletons Workshop 8 hrs, Oregon State Police, 1999
- Forensic Entomology Evidence Recovery 6 hrs, Council of Forensic Entomologist '95
- Advanced Palm Print Identification 40 hrs, Palm Print Symposium: Mississippi Crime Lab '92
- Identification Techniques 130 hrs, Pacific Northwest Division IAI, 1993-2006
- Latent Print Photography 40 hrs, WA State Criminal Justice Training Commission/FBI '91
- Blood Evidence Seminar 40 hrs, National Law Enforcement Institute, 1990
- Fingerprint Identification Advanced 40 hrs, WA State. Criminal Justice Training, 1990
- Law Enforcement Photography 40 hrs, Nikon and Eastman Kodak, 1989
- Fingerprint Identification FBI Basic Course, 80 hrs, WA State Crime Justice Training, 1989

Certifications/Licenses:

- Latent Print Identification, International Association for Identification 2003-2014

Capabilities/Skills Summary:

- Business Processes supporting retail operations; Corporate management, financial controls, investment, micro and macro business strategy, staff management and development.
- Conversion of CO-OP branding and product lines.
- Biometric and Fingerprint analysis: Four years' experience at the US Army Biometrics Identity Management Agency (BIMA) formerly known as the Biometric Task Force and US Army Counter-IED efforts. Comparison experience with fingerprint, face, and iris identification. Familiarity with electronic biometric files, software, and biometric file processing and Afghan theater biometric collections and workflow.
- Improvised explosive devices (IED) photographic documentation and latent print processing: 6 months experience in a Combined Explosive Exploitation Cell, at Bagram Airfield Afghanistan supporting the counter IED effort.
- Latent print processing and major scene investigation experience: 18 years major crime scene investigation specializing in major property crime, violence, and homicide.
- College Level Forensic Instruction: 7 years' experience instructing forensic courses at Eastern Washington University's Criminal Justice Program to include; Forensic Inquiry, Forensic Identification, and Forensic Photography.

Security Clearance: TS (SCI)	**PR Date:** 6/2007 estimate
Polygraph: Law Enforcement	**Date:** 7/92

Professional Experience

May 2013-Present **Impĕro Inc.**

President / Impĕro Inc.; Mossyrock Hardware Retail Operation with 10 Employees

- Retail Hardware, Lawn & Garden, Plumbing, Electrical, Housewares and Building Materials Supporting East Lewis County via CO-OP partnership with ACE Hardware Company.

April 2012-2014 **A-T Solutions, Inc**

Forensic/Biometric Subject Matter Expert; DoD Support Contractor

- Biometric and Forensic Process Analysis and Support.

  Support DoD projects and EOD workflows with forensic and biometric analysis and process improvements. Build forensic training programs supporting anti-terrorism activities.

October 2011–April 2012 **Six3 Systems Company**

Forensic/Biometric Subject Matter Expert; Defense Intelligence Agency Support Contractor

- DoD Defense Intelligence Agency's Identity Intelligence Project Office, supporting Biometric and Forensic policy and training.

  Network with Biometric Enabled Intelligence and Forensic Enabled Intelligence analysts and projects leads to identify policy gaps and support process improvement ultimately supporting the warfighter.

May 2010–September 2011 **HSA, A Six3 Systems Company**

Forensic Science Officer; Operation Enduring Freedom Afghanistan

- US Army Task Force Biometrics, Biometric and Forensic Capability support and training.

  Supporting Forensic Instruction and Biometric Fusion for EOD and Counter-IED support elements within the Afghanistan area of operations. Major clients include NGIC, CEXC, JEFF, Coalition Forces, Afghan Army, Afghan Police Counter IED teams and the Afghan Courts via 34 in-theater missions.

July 2009–May 2010 **HSA, A Six3 Systems Company**

Automated Biometric Identification System (ABIS)

Quality Assessment Lead and HSA Site Lead

- US Army Biometrics Identity Management Agency (BIMA) Automated Biometric Identification System Operations and User Maintenance Contract, Quality Assessment of protocol, workflow, and manual biometric identifications for staff of 23. Major clients included NGIC and SOCOM biometric end-users.

January 2009–July 2009 **HSA, A Six3 Systems Company**

Combined Explosive Exploitation Cell Lab Manager

- Supported the counter IED fight with IED exploitation support in Bagram Afghanistan. Assisted in the organization of a second Kandahar Afghanistan forensic/biometrics Lab. IED Documentation, DNA collection and processing for latent fingerprints supported continuing identification of insurgent forces. Supported the FBI's TEDAC operations regarding sequential forensic processing of capture materials.

February 2007–December 2008 **HSA, A Six3 Systems Company**

National Ground Intelligence Latent Examiner and Site Lead

- Supported the FBI's TEDAC latent print identification effort with processing and searching of TEDAC recovered latent fingerprints in the DoD ABIS database. Supported the US Army Biometrics Identity Management Agency (BIMA) Automated Biometric Identification System Operations with surge support with team of 6 latent print examiners generating approx. 550 new latent print matches. Also support the Tactical Site Exploitation warfighter instruction teams in the USA and Germany with capture material documentation, collection, and exploitation of IED related materials.

July 1992–January 2007 **Spokane County-City Forensic Unit, Washington State**

Forensic Specialist and Forensic Lead Specialist

Supported a population of 410,000 with forensic investigation and processing. Specializing in major crime forensic investigation, autopsy support, forensic photography, videography, fingerprint identification, and forensic instruction. As Lead Specialist, supervised and instructed Forensic Specialist in daily investigative operations. Court recognized forensic and biometrics expert.

1999–2006 **Eastern Washington University, Washington State**

Adjunct Professor of Forensic Science

Supported the school of Criminal Justice with forensic instruction of *Forensic Inquiry, Forensic Identification, and Forensic Photography*. Instructional outline provided for theory and hand's on education combined with information logic and reasoning skills application representing 574 instructional hours.

1988–July 1992 **Tacoma Police Forensic Unit, Washington State**

Forensic Specialist

Supported a population of City of Tacoma with forensic investigation and processing. Specializing in major crime forensic investigation, forensic photography, videography, fingerprint identification, and forensic instruction. Instructed forensic photography to the Washington State Patrol. Court recognized forensic and biometrics expert.

Professional Associations

- International Association for Identification / Pacific Northwest Division. 1989-2013
- International Association for Identification - Since 2002-2020
    - Latent Print Training Manual Committee 2004-2005
- American Academy of Forensic Sciences – Since 2005-2013
- AFIS Internet Users Group – 2003-2007
- New England Division, IAI - Since November 2007-2013
- Chesapeake Bay Division, IAI - Since January 2008-2013
- Canadian Identification Society – 2008-2013

Awards

- FBI Investigation Support Award. Awarded for joint investigative forensic work regarding a series of bank robbery-bombing cases in Spokane, Washington. 2000

Research and Publications

Current Research

- Scientific Method's Foundation in Information Theory.
    - Summary of concept; 2016-2020 Academia.edu and ResearchGate.com
- Maternal Cooperative; An Outline Mitigating the Effects of Economic Competition on Homeless Mothers. 2019, C. Coppock and Laura Coppock
    - Summary of concept; 2019 Academia.edu and ResearchGate.com
    - Note: The concept of 'Economic Competition' also affects how people prioritize spending, to include or exclude healthcare.
- Operation Level; Reduce Tax Evasion via Psychological Operations. 2019
    - Summary of concept; 2019 Academia.edu and ResearchGate.com
- Universal Definition of ACE-V; 2012 Forensic Comparison's Scientific Method. Academia.edu,
    - Summary of Topic; https://fingerprintindividualization.blogspot.com/2012/06

General Forensic Articles:

- Daubert Qualifications for The Science of Fingerprint Identification; (Testimony of C. Coppock)
    - Summary of topics in Spokane Federal Court Hearing 6-02 –2002 The Detail 2003
- The Science and Art of Fingerprint Identification. (Are You A Scientist?)
    - The Detail: October 2002 (web) and PNWD/IAI Examiner Publication Fall 2002
- Palmar Exemplar & Latent Zone Codes. (PZ-Code)
    - The Detail: July 11, 2003; The development of a new palmar code system.
- Suggested Revisions to The Philosophy of ACE-V; A detailed look at definitions.
    - Pacific Northwest I.A.I.: Examiner Summer 2003
- Minimum Information and Fingerprint Identification; Clpex.com The Detail: December 8, 2003
- Differential Randomness and Individualization; Clpex.com The Detail: Winter 2004
- Identification of Whom? Clpex.com The Detail: April 2004
- A Detailed Look at Inductive Processes in Forensic Science – Complexity in Recognition;
    - The Detail: May 2004 / Fingerprint Stuff 2005 / The Detail May 2005
- Circumstantial Evidence and Friction Skin Identification; Clpex.com The Detail: June 2004
- The Phase Transition of Verification; Fingerprint Stuff: July 2004
- ACE-V Is for All Examiners; AFIS Internet News July 2004
- Inductive Processes in Forensic Science; (revised) Fingerprint Stuff: January 2005
- Regional Training and Protocol Recommendations for Friction Ridge Individualization;
    - (RTPRFI) Spokane County Sheriff's Office Website 2003-2005.
    - Clpex.com The Detail: January 2005

- Pattern Interference in Fingerprint Individualization;
    - Clpex.com The Detail: January 2007
- Photographic Sharpness Article.
    - International Association for Identification Pacific NW Division's publication "Examiner"
    - Southern California - Identification Association's publication (reprint)
    - South Florida Forensic Association's Forensic Digest (reprint)
- Controlled Reflection Latent Print Photography Article.
    - International Association for Identification Pacific NW Division's publication "Examiner" 2001
- Color Theory and Color Relativity – Chapter submission for forensic guidebook:
    - "Forensic Photography – A Resource Guide." By Erik Berg, Tacoma Police Department. Unpublished manuscript 2000-2002
- The Logical Transition of Goals in Forensic Applications: Digital Photography and The Latent Print Examiner.
    - Clpex.com The Detail: November 2003
- Digital Cameras Make Infrared Photography Easier.
    - Co-Author / Pacific Northwest Division Examiner Summer 2005
    - Fingerprint Whorld UK April, 2006 (Reprint)

Books Published:

- CONTRAST: An Investigator's Basic Reference Guide to Fingerprint Identification Concepts 1st Ed.
    - Charles Thomas Publisher, Springfield, Illinois: 2001, 156 pages
- CONTRAST: An Investigator's Basic Reference Guide to Fingerprint Identification Concepts 2nd Ed.
    - Charles Thomas Publisher, Springfield, Illinois: 2007, 193 pages
- The Implementation of Digital Photography in Law Enforcement and Government: An Overview Guide.
    - Charles Thomas Publisher, Springfield, Illinois: 2002, 69 pages

White Papers and Projects:

- Iris Recognition – Introduction Training PowerPoint Presentation and updates 2011-12
- Weapons Technical Intelligence with Forensic-Biometric Support Seminar Co-Instructor 80hrs
    - US Army Crime Laboratory Intelligence Support October 2012
- Face Recognition – Comparison Training with Aging Aspects (24 Subjects/155 Images) 2011
- Palm Prints / Value supporting Biometric Applications White Paper 2011
    - Supporting National Ground Intelligence Center operations
- ABIS Quality - Best Practices White Paper 2008
- Latent Print / Ten print Pattern Interference Training Presentation. 2008
    - New England Division of the International Assoc. for Identification

Contact Information:
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Mossyrock, WA 98564
304-518-9496
craig.coppock@icloud.com

Print Form

CERTIFICATE OF APPOINTMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF Lewis)

The undersigned officers of Lewis County Hospital District No. 1 do
(Commission, Council, or Board Making Appointment)

hereby appoint _____ of _____
(Person Appointed) (Address)

to the office of Hospital District No. 1, Position #3. The term for this position
(Office and Position)

will expire on 12/31/2021.

Signed this 10th day of June, 20 20

_____ _____
(Signature) (Printed Name, Title)

_____ _____
(Signature) (Printed Name, Title)

_____ _____
(Signature) (Printed Name, Title)

_____ _____
(Signature) (Printed Name, Title)

OATH OF OFFICE

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

I, _____ , do solemnly swear or affirm that I
(Person Appointed)

am a citizen of the United States and State of Washington; that I am legally qualified to assume the office of Hospital District No. 1, Position #3; that I will support the
(Office and Position)

Constitution and laws of the United States and the State of Washington; and that I will faithfully and impartially discharge the duties of this office to the best of my ability.

_____ _____
(Signature) (Printed Name)

Subscribed and sworn before me this 10th day of June, 20 20

_____ _____
(Signature) (Printed Name, Title of Swearing Officer)

Arbor Health

Specialty Clinic
521 ADAMS AVENUE
360-496-3641

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

To: Board of Commissioners
From: Leianne Everett, Superintendent
Date: 6/03/2020
Subject: 2020 Organization of the Board of Commissioners

With two new commissioners, we need to reassign board representation on the board sub-committees. Below is the current board leadership and committee assignments. The highlighted positions will be impacted by the board turnover.

Board Leadership	Board Representation
Board Chair	Trish Frady
Board Secretary	Tom Herrin

Committee	Administration Representation	Committee Chair	Board Representation
Finance	Superintendent & CFO	Trish Frady	Tom Herrin
QI Oversight	Superintendent & CCO	Trish Frady	Wes McMahan
Governance	Superintendent	Shelly Fritz	Trish Frady
Plant Planning	Superintendent & Environmental Services Manager	Tom Herrin	Open
Strategic Planning	Superintendent	Board of Commissioners	
Compliance Committee	Superintendent & Compliance Officer	Wes McMahan	Open

Other Board Representation	Board Representation
Foundation	Wes McMahan
State Representation	Shelly Fritz & Wes McMahan

SUPERINTENDENT REPORT

Arbor Health

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Morton Hospital
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360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

To: Board of Commissioners
From: Leianne Everett, Superintendent
Date: 6/03/2020
Subject: Superintendent's Report

Please find the following updates:

1. Public *Thank You* Follow-Up – Our *Thank You* ad ran in the local newspaper in May. A copy of the ad is attached for your convenience.
2. Community Engagement – I am proposing that we discuss how to encourage community engagement with their elected commissioner. With the use of Zoom, we can reach our community from the convenience of their homes. This allows us to regularly incorporate our district's voice into our work. Post COVID, I support the continued use of Zoom. Therefore, structure needs to be created to ensure that our meetings run smoothly and efficiently. To accomplish this, my suggestion is to discuss ways in which the community can access their elected commissioner so that you are representing your constituents.
3. Records Management – In July 2020, Roy Anderson, Compliance Officer, will kick-off a Records Management PDSA. This process improvement initiative will be reported to the Board of Commissioners through the Compliance Committee. Please watch for updates in late summer/early fall.

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