
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

January 27, 2021 @ 3:30 PM

Join Zoom Meeting: <https://myarborhealth.zoom.us/j/96126789069>

Meeting ID: 961 2678 9069

One tap mobile: +12532158782,,96126789069#

Dial: +1 253 215 8782



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Superintendent Report



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
January 27, 2021 at 3:30 p.m.
ZOOM**

<https://myarborhealth.zoom.us/j/96126789069>

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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		3:30 pm
Comments and Remarks		3:35 pm
<ul style="list-style-type: none"> • Commissioners • Audience 		
Executive Session-RCW 70.41.205 & RCW 42.30.100(a)(ii)		3:45 pm
<ul style="list-style-type: none"> • Medical Privileging-Janice Holmes • Infrastructure and security of agency computer and telecommunications network-Nolan Garrett, Intrinum 		
Guest Speaker		4:15 pm
<ul style="list-style-type: none"> • Deferring to the February meeting. 		
Department Spotlight		4:15 pm
<ul style="list-style-type: none"> • Information Technology Department <ul style="list-style-type: none"> ○ <i>To strategically discuss the department's current and future state.</i> 		
Board Committee Reports		
<ul style="list-style-type: none"> • Hospital Foundation Report-Committee Chair-Commissioner McMahan 	6	4:20 pm
<ul style="list-style-type: none"> • Finance Committee Report-Committee Chair-Commissioner Coppock 	9	4:25 pm
<ul style="list-style-type: none"> • Compliance Committee Report-Committee Chair-Commissioner McMahan 		4:30 pm
<ul style="list-style-type: none"> • Plant Planning Committee Report-Committee Chair-Secretary Herrin 		4:35 pm
Consent Agenda (Action)		
<ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ <i>Minutes of the December 16, 2020 Finance Committee Meeting</i> ○ <i>Minutes of the December 16, 2020 Regular Board Meeting</i> ○ <i>Minutes of the December 30, 2020 Compliance Committee Meeting</i> ○ <i>Minutes of the January 18, 2021 Plant Planning Committee Meeting</i> ○ <i>Minutes of the January 20, 2021 Finance Committee Meeting</i> 	11 14 21 24 26	4:45 pm
<ul style="list-style-type: none"> • Warrants & EFT's in the amount of \$4,763,294.51 dated December 2020 	29	
<ul style="list-style-type: none"> • Resolution 21-01-Approving the Clinical/Non-Clinical Contracted Services Evaluation 	31	

Matrix		
<ul style="list-style-type: none"> ○ <i>To approve the contracted services that have been evaluated to date. This matrix will be presented at the meeting.</i> 		
<ul style="list-style-type: none"> • Resolution 21-02- Declaring to Surplus or Dispose of Certain Property (<i>Action</i>) <ul style="list-style-type: none"> ○ <i>To approve liquidation of items beyond their useful life.</i> 	33	
<ul style="list-style-type: none"> • Resolution 21-03-Approving the Capital Purchase of a Chemistry Analyzer <ul style="list-style-type: none"> ○ <i>To approve the purchase of a chemistry analyzer for the District.</i> 	35	
<ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 01.27.21 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> 	40	
Old Business		
<ul style="list-style-type: none"> • Incident Command Update <ul style="list-style-type: none"> ○ <i>CNO/COO Williamson to discuss the COVID 19 update.</i> 	47	4:50 pm
<ul style="list-style-type: none"> • 2021 Website Update <ul style="list-style-type: none"> ○ <i>To review improvements to the Arbor Health website.</i> 	50	5:00 pm
<ul style="list-style-type: none"> • Commissioner Recruitment <ul style="list-style-type: none"> ○ <i>To discuss 2022 Commissioner openings and 2021 Commissioner Recruitment.</i> 	52	5:05 pm
Break		5:15 pm
New Business		5:25 pm
<ul style="list-style-type: none"> • Board Education-iProtean <ul style="list-style-type: none"> ○ <i>Tax-Exempt Status and Community Benefits</i> ○ <i>When the Dust Settles</i> 	54 61	
<ul style="list-style-type: none"> • Budget Amendment Discussion <ul style="list-style-type: none"> ○ <i>Superintendent Everett will provide a verbal discussion.</i> 		
<ul style="list-style-type: none"> • Superintendent's Annual Evaluation <ul style="list-style-type: none"> ○ <i>To discuss a plan for Superintendent Everett's 2020 evaluation.</i> 	71	5:35 pm
<ul style="list-style-type: none"> • Code of Ethics <ul style="list-style-type: none"> ○ <i>To annual sign the District's Code of Ethics.</i> • Conflict of Interest <ul style="list-style-type: none"> ○ <i>To annual sign the District's Conflict of Interest.</i> 	78 87	5:45 pm
Superintendent Report	96	5:50 pm
Next Board Meeting Dates and Times		
<ul style="list-style-type: none"> • Regular Board Meeting-February 24, 2021 @ 3:30 PM (ZOOM) 		
Next Committee Meeting Dates and Times		
<ul style="list-style-type: none"> • Arbor Health Foundation Meeting-February 9, 2021 • QIO Committee Meeting-February 2, 2021 @ 7:00 AM (ZOOM) • Finance Committee Meeting-February 17, 2021 @ 12:00 PM (ZOOM) 		
Meeting Summary & Evaluation		6:00 pm
Adjournment		6:05 pm

BOARD COMMITTEE REPORTS

Arbor Health Foundation Meeting Minutes

Tuesday Dec 8, 2020

Online Zoom Meeting

Attendance: Ali Draper, Diane Markum, Caro Johnson, Jeannine Walker, Jenn Katz, Betty Jurey, Marc Fisher, Gwen Turner, Christine Brower, Ann Marie Forsman, Wes McMahan, Marc Fisher, Shelley Riggs, Stephanie Poffile-Rudd, Gerri Maize

Excused: Pat Siesser, Betty Jurey

Call to Order by President Ali Draper at 12:03pm

November 2020 minutes were reviewed and approved. Gerri Maize/Marc Fisher

Treasurers report

After discussion approval of the 2020 was tabled until the next meeting. The treasurer was directed to removed expenses items for Long term care and add an expense item for the End of Life Fund.

CEO Report: Leiane Everett was absent but Diane reported that the new CT scan will be installed soon.

Directors Report: Nothing new to report

Old Business: none

New Business:

Ali and her husband put up the Lights in the Park display at Gus Backstom Park.

Meeting adjourned 12:17

Arbor Health Foundation Meeting Minutes

Tuesday January 12, 2021

Online Zoom Meeting

Attendance: Ali Draper, Diane Markum, Caro Johnson, Betty Jurey, Gwen Turner, Christine Brower, Lynn Bishop, Ann Marie Forsman, Jenn Katz, Shelley Riggs, Stephanie Poffile-Rudd, Leiane Everett

Excused: Gerri Maize, Paula Baker

Call to Order by President Ali Draper at 12:03pm

Mission Statement was read by Ali Draper

December 2020 Treasurers report and minutes were reviewed and approved.
Gwen Turner/Ann Marie Fosman

CEO Report: Leiane Everett reported the COVID Vaccine is being distributed and administered to medical employees and others on the wait list. Leiane offered early vaccines to Foundation Directors. If interested Diane will send contact information on how to be on the list. The Moderna vaccine comes with 10 doses and should be used up immediately, so the wait list allows for none to be wasted. A vaccine card will be issued to each recipient and the name should correspond with the name on your passport. We are in phase A1 currently and expect to go to phase B1 in about three weeks for people over 70.

There are multiple projects going on at the hospital and this has created limited parking so people are encouraged to ride share or work from home while these projects are going on. There will be new generators installed in the new compliant generator room. An LED Lighting project is also going on to update lighting throughout the hospital and clinic. A new mandate has come down to move toward a greener facility and the hospital is making progress in doing that. The Specialty clinic has relocated to the Morton clinic and work is being done on updating the medical gas line.

Directors Report: Diane reported that Chris Preheim has been selected as a Gratitude Recipient. She has done a great job as volunteer merchandiser and worked 342 hours last year for the gift shop. Diane has purchased a gift card to show our appreciation for all of her hard work. Betty said that last year we had 10 volunteers for the gift shop and are now down to four. Volunteers are asked to commit for at least one three hour shift a week for six months or more.

The annual Conflict of Interest and Non-discrimination forms will be sent to Board members. Diane will be sending updates for the three-ring binders will be updated. If anyone should need a new one, they should contact Diane.

Two scholarships were approved this month, one to Madyson Counts for Dietary Manager Training and the second to Lucy Davis who is becoming certified as a Spanish interpreter.

Old Business:

The 2021 budget was reviewed and approved. Gwen Turner/Cao Johnson

New Business:

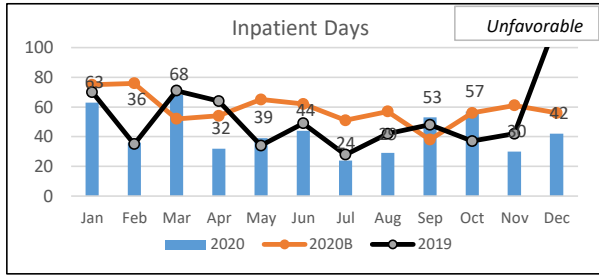
Volunteers are needed to plan our quarterly evening meetings in case we will be able to resume them. Gwen Turner and Caro Johnson have agreed to take this on.

Meeting adjourned 12:46

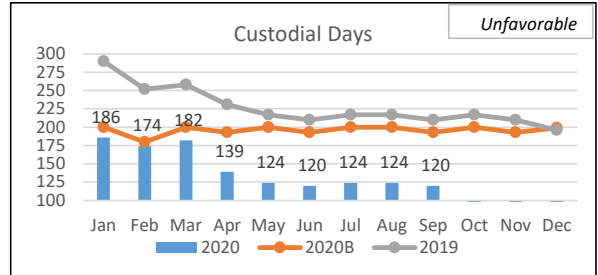
Lewis County Hospital District No. 1 Board Financial Summary

December 31, 2020

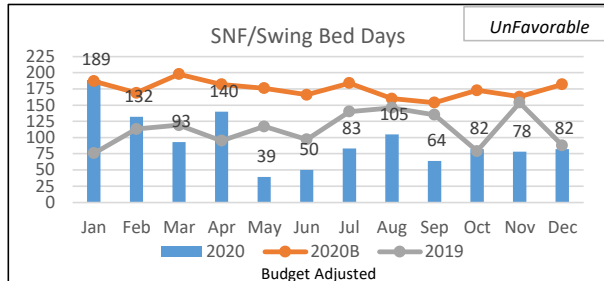
Growth



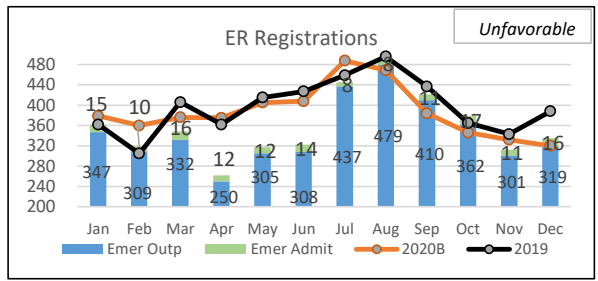
YTD: 517.00 Budget: 703.00 Pr Yr: 638.00



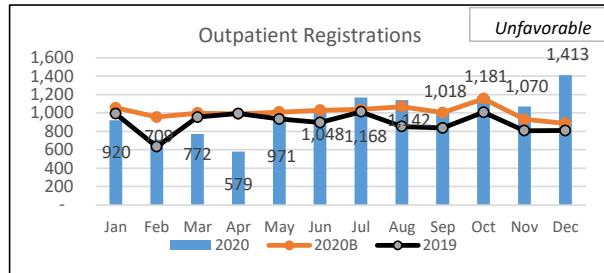
YTD: 1,330 Budget: 2,351 Pr Yr: 2,725



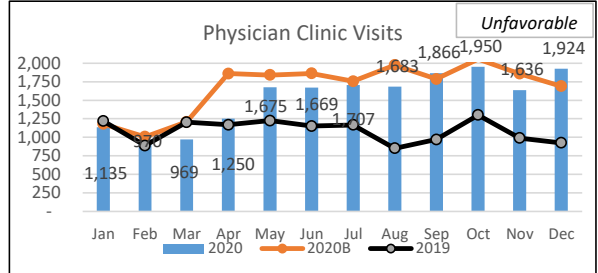
YTD: 1,137 Budget: 2,094 Pr Yr: 1,359



YTD: 4159 Bud: 4642 Pr Yr: 4765

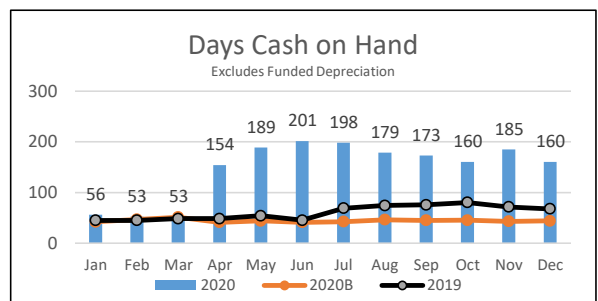
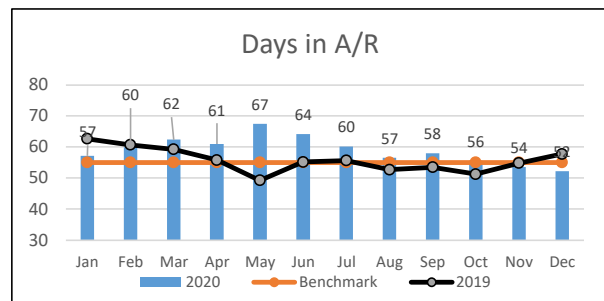
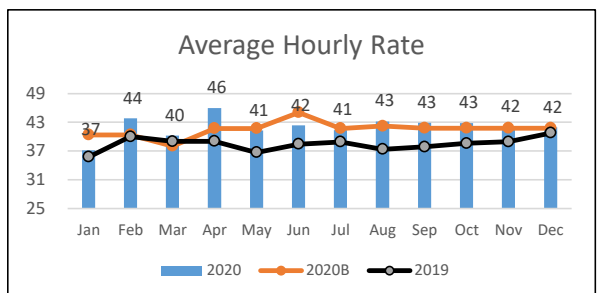
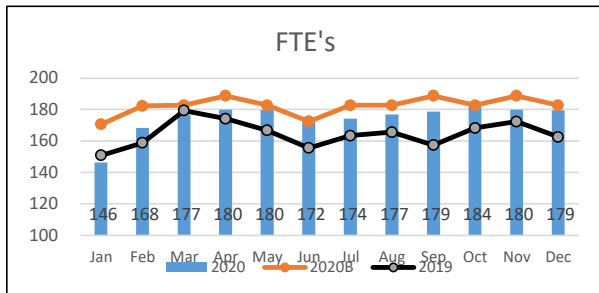


YTD: 11,991 Bud: 12,121 Pr Yr: 10,729



YTD: 18,434 Bud: 20,082 Pr Yr: 13,054

People and Operational Aspects



CONSENT AGENDA



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
December 16, 2020 at 12:00 p.m.
Conference Room 1 & Via Zoom

AGENDA	DISCUSSION	ACTION
Call to Order	<p>Secretary Herrin called the meeting to order via Zoom at 12:00 p.m.</p> <p>Commissioner(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tom Herrin, Secretary <input checked="" type="checkbox"/> Craig Coppock, Commissioner <p>Committee Member(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO via Zoom <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO 	
Approval or Amendment of Agenda	CFO Boggess requested to add a Capital Purchase of a Hospital Vehicle to the Capital Update in New Business.	Commissioner Coppock made a motion to approve the amended agenda. CFO Boggess seconded and the motion passed unanimously.
Conflicts of Interest	None noted.	
Consent Agenda	<p>Secretary Herrin announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –November 18, 2020 2. Revenue Cycle Update 3. Board Oversight Activities 4. Cost Report Update 5. Financial Statements 	Commissioner Coppock made a motion to approve the consent agenda and Community Member Fisher seconded. The motion passed unanimously.
Old Business <ul style="list-style-type: none"> • Financial Department Spotlight 	CFO Boggess noted we are deferring to the January Finance Committee Meeting.	

<ul style="list-style-type: none"> • Disaster Funding Update 	<p>CFO Boggess highlighted the following on the Disaster Funding:</p> <ol style="list-style-type: none"> 1. The District has applied for PPP Loan forgiveness on the entire amount of \$2,856,006. 2. The District has not received any further Cares Act funding. Due to the Net Revenue formula, Arbor Health reversed revenue this month. The expectation is that we will recognize it again in December 2020. 	
<p>New Business</p> <ul style="list-style-type: none"> • Cost Report Education 	<p>CFO Boggess provided education on the cost report to give a baseline understanding of the Critical Access Hospital (CAH) payment methodology and how it relates to the District. He shared how the departmental costs move through process. This program allows CAH's to be reimbursed 101% of their Medicare allowable costs. There are several adjustments applied to the Cost Report process based on the rules of the program. Medicare and Medicaid programs are a cost-based reimbursement approach. Medicare Advantage and Medicaid HMO programs follow this same approach. It is important to remember that each calendar year stands on its own calculation. Commercial claims are where the District has the potential of a profit margin; however, this represents less than 20% of our business.</p>	
<ul style="list-style-type: none"> • Decision to Engage Dingus, Zarecor & Associates (DZA) 	<p>CFO Boggess requested that the Finance Committee support engaging DZA for the 2020 Financial Audit and Cost Report, as well as the Single Audit Act due to the provider relief funds received. CFO Boggess highlighted the costs associated and the benefits of moving this route.</p> <p>The Finance Committee supported moving to the Board for approval via resolution.</p>	<p>Action Item-Executive Assistant Garcia will include a resolution in the Board Packet in December for the approval of the DZA Engagement.</p>
<ul style="list-style-type: none"> • Completion of the Medicaid RHC Audits for 2014, 2015, 2016 & 2017 	<p>CFO Boggess noted the District has received funding.</p>	
<ul style="list-style-type: none"> • Review Changes in Medicare & Medicaid 	<p>CFO Boggess noted the District received a lump sum as an interim payment for the reporting period of January 2020-August 2020.</p>	
<ul style="list-style-type: none"> • Changes Resulting from the Interim Rate Review and 2019 Cost Report 	<p>CFO Boggess noted the District received new rates for the hospital which will be effective November 18, 2020. He provided the Rural Healthcare Clinics rates too.</p>	

<ul style="list-style-type: none"> • Capital Update 	<p>CFO Boggess noted the kickoff call with McKinstry has occurred and we are preparing parking plans for the first week of January 2020. The new CT went live on December 7th and the Imaging Department the Providers are very happy with the new equipment results.</p> <p>CFO Boggess share the District needs to purchase a new Facilities pickup. This vehicle is utilized by the Staff to haul equipment, remove snow, transport items, etc. The Finance Committee supported moving forward with the purchase not to exceed \$64,000.</p> <p>The Finance Committee supported moving to the Board for approval via resolution.</p>	<p>Action Item- Executive Assistant Garcia will include a resolution in the Board Packet in December for the approval of the purchase of a hospital vehicle.</p>
<ul style="list-style-type: none"> • Review Tri-Tec Service Contract 	<p>CFO Boggess noted the District’s phone system agreement is expiring with CenturyLink and we are moving forward with a new vendor called Tri-Tech.</p>	
<ul style="list-style-type: none"> • Hospital 501(r) Discounts 	<p>CFO Boggess noted it is an annual requirement that the District reviews the 501(r) discounts for self-pay patients. CFO Boggess presented the Look-Back Method in determining the 501(r) discount. The 2020 data shows a discount rate of 37% for 2021.</p> <p>The Finance Committee supported moving forward with the proposed 37% discount.</p>	
<p>Meeting Summary & Evaluation</p>	<p>Superintendent Everett highlighted the decisions made and the action items that need to be taken to the entire board for approval.</p>	
<p>Adjournment</p>	<p>Commissioner Coppock moved and Secretary Herrin seconded to adjourn the meeting at 1:09 pm. The motion passed unanimously.</p>	



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
December 16, 2020 at 3:30 p.m.
ZOOM**

<https://myarborhealth.zoom.us/j/91442234008>

Meeting ID: 914 4223 4008

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Mission Statement

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Vision Statement

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AGENDA TOPIC	CONCLUSION	ACTION ITEMS
Call to Order	<p>Board Chair Frady called the meeting to order via Zoom at 3:30 p.m.</p> <p>Commissioners present:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Trish Frady, Board Chair <input checked="" type="checkbox"/> Tom Herrin, Secretary <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Chris Schumaker <p>Others present:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Roy Anderson, Compliance Officer <input checked="" type="checkbox"/> Janice Holmes, Medical Staff Coordinator <input checked="" type="checkbox"/> Diane Markham, Marketing/Communication Manager & Foundation Executive Director <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Buddy Rose, Reporter <input checked="" type="checkbox"/> Elee Fairhart, Morton Resident <input checked="" type="checkbox"/> Don Roberts, Pharmacy <input checked="" type="checkbox"/> Larry Sinkula, Surgical Services Director <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Gaye Hamstreet, Pulmonary Rehab <input checked="" type="checkbox"/> Julie Allen, Quality Data Analyst 	



	<input checked="" type="checkbox"/> Kevin Conger, Dietary Manager	
Approval or Amendment of Agenda	<p>Superintendent Everett requested a correction to the December 16, 2020 agenda to correct the November Warrants & EFT's amount to \$3,681,703.27 and to add Resolution 20-54-Approving the Capital Purchase of Hospital Vehicle to New Business.</p>	<p>Commissioner Coppock made a motion to approve the amended agenda. Commissioner McMahan seconded and the motion passed unanimously.</p>
Conflicts of Interest	<p>Board Chair Frady asked the Board to state any conflicts of interest with today's amended agenda.</p>	<p>None noted.</p>
Comments and Remarks	<p>Commissioners: Board Chair Frady complimented the Morton Clinic and Ancillary Services for a job well done with a new patient experience she received feedback on.</p> <p>Commissioner Schumaker extended condolences to the Joe Kiehn family. A great loss to the District.</p> <p>Commissioner McMahan thanked Executive Assistant Garcia for efforts on this month's board packet and to the IT/Compliance departments for maintaining a secure network.</p> <p>Audience: Elee Fairhart, Morton Community Member shared concerns regarding accessing meeting information on the Arbor Health website. Board Chair Frady shared the District continues to improve our processes with doing virtual meetings and sharing information for virtual participation.</p>	<p>Action Item- Superintendent Everett committed to working with Diane Markham to make the Board Meeting Information more transparent on the Arbor Health Website.</p>
Executive Session- RCW 70.41.205 & RCW 70.41.200	<p>Executive Session began at 3:45 p.m. for 30 minutes to discuss Medical Privileging and Quality Improvement Oversight Report. The Board returned to open session at 4:15 p.m.</p> <p>No decisions were made in Executive Session.</p> <p>New Appointments-</p> <ol style="list-style-type: none"> 1. Bart Keogh, MD (Radia – Radiology Privileges) 2. Timothy Larson, MD (Radia – Radiology Privileges) 3. Uresh Patel, MD (Radia – Radiology Privileges) 4. Shaheem Umar, MD (Radia – Radiology Privileges) <p>Reappointments-</p> <ol style="list-style-type: none"> 1. Keith Bernstein, MD (Radia – Radiology Privileges) 	<p>Commissioner Coppock made a motion to approve the Medical Privileging as presented and Commissioner Schumaker seconded. The motion passed unanimously.</p>



	<ol style="list-style-type: none"> 2. Samuel Boynton, MD (Radia – Radiology Privileges) 3. Robert Brezak, MD (Radia – Radiology Privileges) 4. William Brinkman, MD (Radia – Radiology Privileges) 5. Muhammad Farooq, MD (Providence – Telestroke Privileges) 6. Sara Martinez, MD – Consulting (Providence Cardiology Associates) 7. Robert Wark, MD – Consulting (Providence Cardiology Associates) 	
Guest Speaker	Deferred to the December meeting.	
Department Spotlight <ul style="list-style-type: none"> • Dietary 	<p>Dietary Manager Conger highlighted despite COVID 19 affecting the Dietary Department, the team has continued to deliver meals as part of the patient care experience. COVID has reduced revenue by 50% and closed the café to the public. The Department has experienced higher expenses due to older equipment needing repairs. The Dietary Department is focused on three Strategies in 2021:</p> <ol style="list-style-type: none"> 1. Providing “To- Go Meals” to Seniors, 2. Providing virtual demonstrations for healthy cooking and 3. Increasing rebates from the GPO food supplier. 	
Board Committee Reports <ul style="list-style-type: none"> • Hospital Foundation Report 	Commissioner McMahan thanked Foundation Executive Director Markham and the volunteers for all their efforts this holiday season.	
<ul style="list-style-type: none"> • Finance Committee Report 	<p>Commissioner Coppock noted the November Finance Committee Meeting discussions revolved around the upcoming levies, PPP Funding and purchasing the Cerner modules for Case Management.</p> <p>Secretary Herrin highlighted the following from the December Finance Committee Meeting:</p> <ol style="list-style-type: none"> 1. Anticipating full forgiveness of PPP Loan, 2. Anticipating additional CARES Act Funding from the State of Washington, 3. Preparing for the Generator/OR Project to begin the first of the year. 4. Supporting Resolutions for the 2020 Financial Audits with DZA and the Capital Purchase of the New Hospital Vehicle 	
Consent Agenda	Board Chair Frady announced the following in consent agenda up for approval:	Secretary Herrin made a motion to approve the




	<ol style="list-style-type: none"> 1. Approval of Minutes <ol style="list-style-type: none"> a. November 11, 2020 Regular Board Meeting b. November 18, 2020 Finance Committee Meeting c. November 30, 2020 Special Board Meeting d. December 2, 2020 Quality Improvement Oversight Committee Meeting 2. Warrants & EFT's in the amount of \$4,278,483.73 dated October 2020 3. Warrants & EFT's in the amount of \$3,681,703.27 dated November 2020 4. Resolution 20-49-Approving the Clinical/Non-Clinical Contracted Services Evaluation Matrix 5. Resolution 20-50-Adopting Flexible Spending Account Plan 6. Resolution 20-51-Adopting the Health Reimbursement Arrangement 7. Approve Documents Pending Board Ratification 12.16.20 	<p>Consent Agenda and Commissioner Coppock seconded. The motion passed unanimously.</p>
<p>Old Business</p> <ul style="list-style-type: none"> • Resolution 20-47- Approving the Fire District No. 4 Agreement 	<p>Secretary Herrin recommended moving forward with the proposed \$3,153.15, which is a compromise from both parties.</p>	<p>Secretary Herrin made a motion to approve Resolution 20-47, Commissioner Schumaker seconded. The motion passed unanimously.</p>
<ul style="list-style-type: none"> • Board Meeting Teleconference 	<p>The Board supported approving the revised Board Meeting Teleconference Policy and Procedure.</p>	<p>Commissioner Coppock made a motion to approve the revised policy and procedure. Commissioner McMahan seconded. The motion passed unanimously.</p>
<ul style="list-style-type: none"> • Board Self-Evaluation 	<p>Board Chair Frady reflected on 2020 and she is encouraged by the Board's teamwork, as well as their commitment to their position and the District.</p> <p>The Board agreed it has been a challenging year, there is room for growth, communication and outreach to the District. The Board recommended exploring other board evaluation tools for next year.</p> <p>The Board supported setting a 2021 goal pending COVID safety. The Board agreed attending Summer events within the District or hosting townhall meetings</p>	<p>Action Item-Board Chair Frady will research alternative evaluations models.</p>



	for the District to attend in their communities would be worth exploring.	
New Business <ul style="list-style-type: none"> • Board Education <ul style="list-style-type: none"> ○ Recruitment and Orientation ○ Two Imperative for Boards 	<p>Board Chair Frady noted the Board will have three open positions for 2022. She encouraged the Board to inform the Public to gain interest in the position, as well as educate them on being a hospital commissioner. Superintendent Everett will present a schedule at the January Board Meeting regarding hospital commissioner recruitment for elected officers.</p> <p>Superintendent Everett agreed to verify with legal the terms for the appointed positions to ensure the positions will be on the upcoming ballot.</p>	<p>Action Item- Superintendent Everett will present a schedule regarding hospital commissioner recruitment for elected officers.</p> <p>Action Item- Superintendent Everett will verify with legal on appointed positions and election years.</p>
<ul style="list-style-type: none"> • Pricing Transparency 	CFO Boggess highlighted the Pricing Transparency Regulations and presented the District’s fulfillment of providing this required information to the public effective January 2021.	
<ul style="list-style-type: none"> • Resolution 20-52- Approving the DZA Financial Audit, Single Audit for Cares Act Funding and Cost Report Annual Engagement 	The Finance Committee supported moving forward with this resolution.	Commissioner Coppock made a motion to approve Resolution 20-52. Secretary Herrin seconded and the motion passed unanimously.
<ul style="list-style-type: none"> • Resolution 20-53- Approving the Capital Purchase of Cerner Modules 	The Finance Committee supported moving forward with this resolution.	Commissioner McMahan made a motion to approve Resolution 20-53. Secretary Herrin seconded and the motion passed unanimously.
<ul style="list-style-type: none"> • Resolution 20-54- Approving the Capital Purchase of Hospital Vehicle 	The Finance Committee supported moving forward with this resolution and recommended the purchase price not to exceed \$64,000.	Secretary Herrin made a motion to approve Resolution 20-54. Commissioner McMahan seconded and the motion passed unanimously.
<ul style="list-style-type: none"> • DNV Accreditation Appointments 		Commissioner Schumaker made a motion to approve the recommended appointments. Commissioner McMahan seconded and the motion passed unanimously.



<ul style="list-style-type: none"> Incident Command Update 	<p>CNO/CQO Williamson provided an update on Incident Command, specifically on the draft Expansion & Contraction Care Plan.</p> <p>CNO/CQO Williamson noted there are key positions within departments that we have either secured permanent positions and/or travelers to get through the next 13 weeks of cold and flu season.</p>																																																					
<ul style="list-style-type: none"> 2021 Organization of the Board 	<p>Board Chair Frady recommended we elect a 2021 Board Chair and Board Secretary.</p> <p>Board Chair Frady presented the following for committee assignments.</p> <div style="text-align: center;">  <p>2021 Organization & Officers of the Board of Commissioners Effective Date: January 1, 2021</p> <table border="1" data-bbox="505 972 1162 1266"> <thead> <tr> <th colspan="2">Board Leadership</th> <th colspan="2">Board Representation</th> </tr> </thead> <tbody> <tr> <td>Board Chair</td> <td>Trish Frady</td> <td></td> <td></td> </tr> <tr> <td>Board Secretary</td> <td>Tom Herrin</td> <td></td> <td></td> </tr> <tr> <th>Committee</th> <th>Administration Representation</th> <th>Committee Chair</th> <th>Board Representation</th> </tr> <tr> <td>Finance</td> <td>Superintendent & CFO</td> <td>Craig Coppock</td> <td>Tom Herrin</td> </tr> <tr> <td>QI Oversight</td> <td>Superintendent & CNO/CQO</td> <td>Chris Schumaker</td> <td>Wes McMahan</td> </tr> <tr> <td>Governance</td> <td>Superintendent</td> <td>Trish Frady</td> <td>Tom Herrin</td> </tr> <tr> <td>Plant Planning</td> <td>Superintendent & CFO</td> <td>Tom Herrin</td> <td>Chris Schumaker</td> </tr> <tr> <td>Strategic Planning</td> <td>Superintendent</td> <td colspan="2">Board of Commissioners</td> </tr> <tr> <td>Compliance Committee</td> <td>Superintendent & Compliance Officer</td> <td>Wes McMahan</td> <td>Craig Coppock</td> </tr> <tr> <th colspan="2">Other Board Representation</th> <td></td> <td></td> </tr> <tr> <td>Foundation</td> <td>Wes McMahan</td> <td></td> <td></td> </tr> <tr> <td>State Representation</td> <td>Wes McMahan</td> <td></td> <td></td> </tr> </tbody> </table> </div>	Board Leadership		Board Representation		Board Chair	Trish Frady			Board Secretary	Tom Herrin			Committee	Administration Representation	Committee Chair	Board Representation	Finance	Superintendent & CFO	Craig Coppock	Tom Herrin	QI Oversight	Superintendent & CNO/CQO	Chris Schumaker	Wes McMahan	Governance	Superintendent	Trish Frady	Tom Herrin	Plant Planning	Superintendent & CFO	Tom Herrin	Chris Schumaker	Strategic Planning	Superintendent	Board of Commissioners		Compliance Committee	Superintendent & Compliance Officer	Wes McMahan	Craig Coppock	Other Board Representation				Foundation	Wes McMahan			State Representation	Wes McMahan			<p>Commissioner McMahan made a motion to elect Trish Frady as Board Chair and Tom Herrin as Board Secretary, Commissioner Schumaker seconded and the motion passed unanimously.</p> <p>Action Item-Executive Assistant Garcia will send 2021 meeting invites.</p>
Board Leadership		Board Representation																																																				
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<p>Superintendent Report</p>	<p>Superintendent Everett updated the Board on the following:</p> <ol style="list-style-type: none"> The Hospital is in communication with an Orthopedist and a multidisciplinary team is reviewing the possibilities of this new service line. The Hospital has hired permanent clinical staff; however, we do have travelers in the event we need them during a surge. It is imperative for recruitment and retention that we build a culture built on a strong value system and demonstrate that their work is meaningful. The Hospital has an employee recognition program and outreach program to the District. It is a way to make employees feel appreciated, recognize them for their good work and validate that employees are cherished. 																																																					



Meeting Summary & Evaluation	Superintendent Everett highlighted the decisions made and action items. Superintendent Everett solicited constructive criticism to encourage continual process improvement.	
Adjournment	Secretary Herrin moved and Commissioner McMahan seconded to adjourn the meeting at 7:30 p.m. The motion passed unanimously.	

Respectfully submitted,

Tom Herrin, Secretary

Date

DRAFT



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Compliance Committee Meeting
December 30, 2020 at 12:00 p.m.
Conference Room 1 & Via Zoom

AGENDA	MINUTES	ACTION
Call to Order	<p>Commissioner McMahan called the meeting to order at 12:00 p.m.</p> <p>Board Commissioner Present(s):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Craig Coppock, Commissioner <p>Present:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Roy Anderson, Compliance Officer <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Manager <input checked="" type="checkbox"/> Lianne Everett, Superintendent <input checked="" type="checkbox"/> Dexter Degoma, Interim Quality Manager <input checked="" type="checkbox"/> Shannon Kelly, HR Director <input type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO 	
Approval or Amendment of Agenda	None noted.	Commissioner McMahan made a motion to approve the agenda and Commissioner Coppock seconded. The motion passed unanimously.
Conflicts of Interest	None noted.	
Consent Agenda <ul style="list-style-type: none"> • Minutes of September 16, 2020 Compliance Committee Meeting 	The committee did not have any additional edits and accepted the minutes.	
Old Business <ul style="list-style-type: none"> • Compliance Review/Work Plan for 2020 	Compliance Officer Anderson shared the 2020 Work Plan will carry into 2021 due to the COVID 19 impact. Compliance Officer Anderson identified five areas of focus for the year.	
New Business <ul style="list-style-type: none"> • Public Records Report 	Executive Assistant Garcia noted there was one new public record request in fourth quarter and is being actively filled. The one other open request is an in-person inspection of records and those	

	<p>continue to be suspended until January 19, 2021 per Proclamation 20-28.14.</p> <p>Compliance Officer Anderson noted Record Retention is under Compliance Review. A focused group of staff are identifying the gaps and discussing a plan to become compliant. The goal is to have a plan as of June 2021 and provide a report to the Board in December 2021.</p>	
<ul style="list-style-type: none"> • Consultants 	<p>Compliance Officer Anderson identified he utilized the following consultants to address concerns of the District; Brad Berg, Physicians Insurance, WSHA, etc.</p>	
<ul style="list-style-type: none"> • Legal Regulatory <ul style="list-style-type: none"> ○ Hospital ○ Ambulatory 	<p>Compliance Officer Anderson noted that COVID 19 continues to affect the regulatory environment as it relates to care plans and daily operations. Compliance Officer Anderson highlighted that a few of the waivers are here to stay and have improved access to patients through Telemedicine.</p> <p>Compliance Officer Anderson shared it is time for the Board to complete their annual conflict of interest form. Also, the District needs to comply with the Clean Building Law, so Compliance Officer Anderson is working closely with Facilities to accomplish this RCW.</p>	<p>Action Item-Executive Assistant Garcia will add the completion of the Annual Conflict of Interest Form to the January Regular Board Meeting Agenda.</p>
<ul style="list-style-type: none"> • Summary Report Compliance Items Review 	<p>Compliance Officer Anderson focused on the following in third quarter:</p> <ol style="list-style-type: none"> 1. Regulations for COVID-19 2. Record Retention 3. New Construction 4. Clean Building Construction Review 5. Review COVID Rules Allowing Outpatient Procedures & Hospitalization 6. Public Meetings & Record Requests 7. Attorney Review 8. Review Rx 	
<ul style="list-style-type: none"> • Compliance Department Activity Report & Issues <ul style="list-style-type: none"> ○ Review/Follow Up Items ○ HIPPA Issues ○ Compliance Issues & Events ○ Hotline 	<p>Compliance Officer Anderson reported trends continue to be with email and scanning. There were 77 HIPPA Events in 2020. One reportable HIPAA event and will report in first quarter of 2021.</p> <p>Compliance Officer Anderson recommended education to the Board.</p>	<p>Action Item-The Board needs to annually review the Compliance Regulatory Summary located in Lucidoc.</p>

<ul style="list-style-type: none"> ○ Education-Board and Committee Specific ○ 2021 Meeting Dates 	<p>Compliance Officer Anderson noted the Compliance Meetings are the following for 2021:</p> <ol style="list-style-type: none"> 1. February 10, 2021 2. May 12, 2021 3. August 11, 2021 4. November 3, 2021 	
Appendix Summaries	Compliance Officer Anderson attached supporting documentation to the related Compliance Activities for the quarter.	
Meeting Summary & Evaluation	Superintendent Everett highlighted the decisions made and action items.	
Next Meeting-December 30, 2020	The next meeting is scheduled for February 10, 2021.	
Adjournment	Commissioner Coppock moved and Superintendent Everett seconded to adjourn meeting at 1:00 p.m. The motion passed unanimously.	



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Plant Planning Committee Meeting
January 18, 2021 at 7:00 a.m.
Zoom

AGENDA	DISCUSSION	ACTION
Call to Order	<p>Secretary Herrin called the meeting to order at 7:13 a.m.</p> <p>Commissioners Present:</p> <p><input checked="" type="checkbox"/> Tom Herrin, Secretary <input type="checkbox"/> Chris Schumaker, Commissioner</p> <p>Others Present:</p> <p><input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Ashley Somoza, Interim Facilities Manager <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO</p>	
Approval or Amendment of Agenda	None noted.	
Conflicts of Interest	None noted.	
Consent Agenda <ul style="list-style-type: none"> • Review of Plant Planning Minutes-June 2, 2020 	The minutes were approved at the last Regular Board Meeting on June 2, 2020 and the committee did not have any additional edits.	
Old Business <ul style="list-style-type: none"> • CT Scanner/X-Ray Replacement 	CFO Boggess noted the X-Ray Replacement project is complete. The CT Scanner was installed and, as a result of the L & I survey, a several concerns needed to be addressed. The vendor was able resolve the concerns in less than 10 days, resulting in L & I signing off on the project. In addition, a patient lift system was installed at the same time to improve patient and staff safety. The providers and staff are pleased with the upgrade.	

<ul style="list-style-type: none"> Generator/OR Project 	<p>CFO Boggess noted McKinstry is officially onsite and in the process of doing walk throughs of the campus as they review the plans. McKinstry is coordinating deliveries in preparation for the project.</p> <p>CFO Boggess noted the Interim Facilities Manager is onsite and will be heavily involved in this project.</p>	
<p>New Business</p> <ul style="list-style-type: none"> Medical Gas Review 	<p>Interim Facilities Manager Somoza highlighted the following on the Medical Gas Review:</p> <ol style="list-style-type: none"> In preparation for survey, an inspection/assessment was completed in January 2021. Reviewed the medical gas asset inventory test results and shared that the hospital is not in compliance. A mitigation plan is in process and the Staff are monitoring on a daily basis and reporting findings. Investigating prior compliance at the time of construction; however, unable to locate final inspection reports from 2006 and 2011 at the time of this meeting. Construction repair quotes are forthcoming. Quotes may necessitate budget amendments. 	
<p>Adjournment</p>	<p>Secretary Herrin motioned to adjourn at 7:40 a.m.</p>	



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
January 20, 2021 at 12:00 p.m.
Conference Room 1 & Via Zoom

AGENDA	DISCUSSION	ACTION
Call to Order	<p>Commissioner Coppock called the meeting to order via Zoom at 12:02 p.m.</p> <p>Commissioner(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tom Herrin, Secretary <input checked="" type="checkbox"/> Craig Coppock, Commissioner <p>Committee Member(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO via Zoom <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Nolan Garrett, Intrinium <input checked="" type="checkbox"/> Julie Taylor, Director of Ancillary Services <input type="checkbox"/> Sara Williamson, CNO/CQO 	
Approval or Amendment of Agenda	None noted.	
Conflicts of Interest	None noted.	
Consent Agenda	<p>Commissioner Coppock announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –December 16, 2020 2. Revenue Cycle Update 3. Board Oversight Activities 4. Cost Report Update 5. Financial Statements 	Secretary Herrin made a motion to approve the consent agenda and Community Member Fisher seconded. The motion passed unanimously.
Old Business <ul style="list-style-type: none"> • Financial Department Spotlight-Information Technology (IT) 	<p>CFO Boggess highlighted the following on the IT Department:</p> <ol style="list-style-type: none"> 1. The Department was on target with the 2020 budget. 	

	<ol style="list-style-type: none"> 2. The District invested in adding a second source of internet connectivity to have redundancy. 3. The IT Team manages the cyber security for the organization. 4. The District continues to utilize Intrinium to provide overflow, skill-specific and back up support to our IT team. 5. Planning to implement a Security Information and Event Management Systems in 2021. Nolan Garret from Intrinium lead in a discussion about the value of a SOC/SEIM support center and the importance of using an external vendor for this service. Request for Proposal (RFP) issued in January 2021 and proposals are due the last week of January. 	
<ul style="list-style-type: none"> • Disaster Funding Update 	<p>CFO Boggess highlighted the following on the Disaster Funding:</p> <ol style="list-style-type: none"> 1. The PPP loan continues to sit with the Small Business Administration (SBA). The District has no update nor has the Bank seen any real movement on loans greater than a million regarding loan forgiveness. 2. The Congress has legislated a third change in how to recognize Cares Act monies. The recommendation is to the use the net revenue approach like we were doing in October and November 2020 until there is further guidance from HHS about the new approach. 	
<p>New Business</p> <ul style="list-style-type: none"> • Health Insurance 	<p>CFO Boggess highlighted the following on the Health Insurance Plan through Quarter 4:</p> <ol style="list-style-type: none"> 1. The District is experiencing a 41% increase over last year total claim costs. 2. There were 15 Shock Claims that exceed the threshold of \$40,000. As a result, the Stop Loss Coverage has the District set up for a \$400,000 receivable. 3. The Incurred But Not Recognized (IBNR) amount is booked at \$167,854, which is based on the plan administrator’s calculation and supported by our auditors. 4. Dental and Vision costs are favorable to budget. 	
<ul style="list-style-type: none"> • Debt Capacity & Long-Term Debt Schedule 	<p>CFO Boggess shared the calculation of Voted and Non-Voted debt limits. Both calculations are below the established limits for each class. As a public</p>	

	hospital district there is a limit to the amount of debt that can be issued. The District incurred two notes in 2020: 1) Glacier Bank PPP loan – due to be forgiven and 2) GE Healthcare Loan for the Generator/OR Project.	
<ul style="list-style-type: none"> • Changes in Rural Health Clinic (RHC) Payment Structure 	CFO Boggess recommended deferring this topic to the February Finance Committee Meeting to discuss further, as there is potential concern with Morton Clinic and payment rates.	
<ul style="list-style-type: none"> • Purchase of Chemistry Analyzer 	<p>Director of Ancillary Services Taylor discussed proposal to purchase a new chemistry analyzer. The Lab currently has one that is greater than five years old. The goal is to have redundancy in lab service to provide safe and reliable care to patients.</p> <p>CFO Boggess is proposing a purchase cost of \$84,001 with 10% contingency for soft costs, which would put the total at \$92,400.</p> <p>The Finance Committee supported moving to the Board for approval via resolution.</p>	Action Item-Executive Assistant Garcia will include a resolution in the Board Packet in January for the approval of the purchase of a chemistry analyzer.
<ul style="list-style-type: none"> • Capital Update 	CFO Boggess noted McKinstry is onsite and the Generator/OR Project is in process. The CT and Xray projects are complete and approved by L&I.	
Meeting Summary & Evaluation	CFO Boggess highlighted the decisions made and the action items that need to be taken to the entire board for approval.	
Adjournment	Secretary Herrin moved and Community Member Fisher seconded to adjourn the meeting at 1:10 pm. The motion passed unanimously.	

WARRANT & EFT LISTING NO. 2020-12

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

\$4,763,294.51 this 27th day
of January 2021

Board Chair, Trish Frady

Commissioner, Craig Coppock

Secretary, Tom Herrin

Commissioner, Wes McMahan

Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of ***\$4,763,294.51*** dated ***December 1, 2020 –December 31, 2020.***

Routine A/P Runs

Warrant No.	Date	Amount	Description
119383 - 119393	7-Dec-2020	660,227.04	CHECK RUN
119395 - 119470	4-Dec-2020	244,551.25	CHECK RUN
119471	1-Dec-2020	12,782.25	CHECK RUN
119472	1-Dec-2020	4,486.52	CHECK RUN
119473	4-Dec-2020	3,303.94	CHECK RUN
119474 - 119476	8-Dec-2020	7,304.74	CHECK RUN
119477 - 119487	14-Dec-2020	256,317.20	CHECK RUN
119488 - 119585	11-Dec-2020	382,172.33	CHECK RUN
119586 - 119592	21-Dec-2020	722,234.16	CHECK RUN
119593	1-Dec-2020	12,030.88	CHECK RUN
119594 - 119624	18-Dec-2020	67,695.67	CHECK RUN
119625 - 119632	23-Dec-2020	32,481.62	CHECK RUN
119633 - 119634	29-Dec-2020	287,913.50	CHECK RUN
119635 - 119712	28-Dec-2020	258,950.46	CHECK RUN
119713 - 119715	29-Dec-2020	620,454.27	CHECK RUN
119716 - 119738	31-Dec-2020	90,604.42	CHECK RUN
119744	15-Dec-2020	3,967.66	CHECK RUN
119745 - 119746	28-Dec-2020	15,116.29	CHECK RUN
119747	31-Dec-2020	980.98	CHECK RUN
Total - Check Runs		\$ 3,683,575.18	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
119592	31-Dec-2020	(51,151.52)	
119678	31-Dec-2020	(821.08)	
TOTAL - VOIDED CHECKS		\$ (51,972.60)	

COLUMBIA BANK CHECKS, EFT'S & VOIDS **\$ 3,631,602.58**

Eft	Date	Amount	Description
	1-Dec-2020	58.14	MCKESSON
1078	8-Dec-2020	276.88	MCKESSON
1079	15-Dec-2020	86.97	MCKESSON
1131	11-Dec-2020	135,852.52	IRS
PAYROLL	11-Dec-2020	427,136.73	PAYROLL
1080	22-Dec-2020	610.26	MCKESSON
1132	24-Dec-2020	143,917.34	IRS
PAYROLL	24-Dec-2020	423,635.41	PAYROLL
1081	29-Dec-2020	117.68	MCKESSON
TOTAL EFTS AT SECURITY STATE BANK		\$ 1,131,691.93	

TOTAL CHECKS, EFT'S, & TRANSFERS **\$ 4,763,294.51**



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
CLINICAL/NON-CLINICAL CONTRACTED
SERVICES EVALUATION MATRIX

RESOLUTION NO. 21-01

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:

Approving the Clinical/Non-Clinical Contracted Services Performance Review Matrix.

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 27th day of January 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

MEMORANDUM

To: Board of Commissioners

From: Dexter A. Degoma, Interim Manager, Quality

Cc: Sara Williamson, RN, Chief Nursing Officer & Chief Quality Officer
Leianne Everett, Chief Executive Officer

Date: January 27, 2021

Re: **Clinical and Non-Clinical Contracted Services Performance Review**

The following contracts have been reviewed and recommended for continuation of the contract services. Contract evaluation criteria includes:

- Compliance with applicable laws, regulations, organizational policies, and certifying agencies
- Adherence to comparable standard of Arbor Health
- Participation in quality improvement programs
- Assurance of timely, safe, and efficient care

CONTRACT	TYPE OF SERVICE	EXECUTIVE	EVALUATION DATE
1. Fox Hire	Temporary leadership Staffing – Quality Manager	Leianne Everett Chief Executive Officer	12/02/2020
2. Goldfish Locum Tenens	Locum Provider Agency	Leianne Everett Chief Executive Officer	12/02/2020
3. Medefis	Vendor Management System for Agency Staffing	Leianne Everett Chief Executive Officer	11/18/2020
4. Dr. Jeffery Ford	Medical Director Emergency Services	Leianne Everett Chief Executive Officer	12/30/2020
5. Dr. Kevin McCurry	Medical Director	Leianne Everett Chief Executive Officer	12/30/2020



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO
SURPLUS OR DISPOSE OF CERTAIN
PROPERTY

RESOLUTION NO. 21-02

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

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

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

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

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 27th day of January 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

DISPOSAL/SURPLUS PERSONAL PROPERTY

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
1/2021	CONVENTIONAL OVEN	ACTIVITIES	5767	SURPLUS	OBSOLETE
1/2021	ELECTRICAL TESTER	MAINENANCE	6341	SURPLUS	OBSOLETE
1/2021	CELL PHONE	IT	6195	SURPLUS	OBSOLETE
1/2021	CELL PHONE	IT	6046	SURPLUS	OBSOLETE
1/2021	CELL PHONE	IT	6211	SURPLUS	OBSOLETE
1/2021	CELL PHONE	IT	6254	SURPLUS	OBSOLETE
1/2021	HP WORKSTATION	IT	5942	SURPLUS	OBSOLETE
1/2021	HP WORKSTATION	IT	5705	SURPLUS	OBSOLETE
1/2021	HP WORKSTATION	IT	5705	SURPLUS	OBSOLETE
1/2021	HP WORKSTATION	IT	5871	SURPLUS	OBSOLETE
1/2021	HP WORKSTATION	IT	5692	SURPLUS	OBSOLETE
1/2021	HP WORKSTATION	IT	5838	SURPLUS	OBSOLETE
1/2021	HP WORKSTATION	IT	5581	SURPLUS	OBSOLETE
1/2021	HP WORKSTATION	IT	5608	SURPLUS	OBSOLETE
1/2021	HP WORKSTATION	IT	5926	SURPLUS	OBSOLETE
1/2021	SWITCH	IT	6146	SURPLUS	OBSOLETE
1/2021	SWITCH	IT	6124	SURPLUS	OBSOLETE
1/2021	DELL SERVER	IT	1880	SURPLUS	OBSOLETE



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE CAPITAL
PURCHASE OF A CHEMISTRY ANALYZER

RESOLUTION NO. 21-03

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:

Approving the purchase of a chemistry analyzer.

The purchase price \$84,000.01 plus contingency of 10%.

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 27th day of January 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

EQUIPMENT ASSESSMENT REQUEST FORM
SECTION 1 - DEPARTMENT INFORMATION / ITEM REQUESTED

DEPT NAME Laboratory DEPT # 7070
DEPT DIRECTOR Julie Taylor PHONE EXT 3742

GENERAL DESCRIPTION OF ITEM Chemistry Analyzer

REASON FOR PURCHASE (Choose all that apply) New Replacement End of Life Quality of Care Patient Satisfaction
 Increase Volume Other zero downtime for critical tests

Notes about reason for request, effect on department's operations, effect on other departments, and impact of purchase on revenues or volumes :

An additional Chemistry analyzer will ensure there isn't downtime for critical tests to support the hospital; aids with troubleshooting; allows for bringing in additional testing in house as needed. Allows for seamless Routine Preventative Maintenance without down time (around 4 hours) This gives us two machines in operation.

DO WE HAVE ANY SIMILAR EQUIPMENT IN THE ORGANIZATION / WHICH DEPARTMENT? Yes No
CAN THIS EQUIPMENT BE UTILIZED BY OTHER DEPARTMENTS? Yes No

WERE (3) COMPETITIVE QUOTES OBTAINED? (Please attach) Yes No - Detail below

Historically (Jan 2020) explored Abbott i-STAT as option. While the instrument was less expensive (\$11,241.03), the reagents were significantly more expensive (\$33,236.70 for 2 orderable tests). Additionally there would be significant waste as this option would only be used as a back up. Also, the reference ranges differ greatly between the two instruments for the cardiac tests; causing additional stress when interpreting. Explored one other vendor but ultimately decided against requesting a quote. This would be a completely different set of reagents and costs associated with these consumables. Having 2 of the same instrument will be the most economical path.

SUGGESTED VENDOR Siemens PREFERRED MODEL # Dimension EXL 200
NAME/CONTACT OF VENDOR Dave Weindl
ESTIMATED PRICE \$ \$ 84,000.01
SOURCE OF ESTIMATED PRICE Quote (attach) Other (Explain) _____

SECTION 2 – INFORMATION TECHNOLOGY, INFORMATICS, BIOMED AND FACILITIES

Will this purchase interface with our computer system? Yes - Detail below No Unsure

FACILITIES INVOLVEMENT Yes - Detail below No Unsure
BIOMED INVOLVEMENT Yes - Detail below No Unsure
CLINICAL INFORMATICS INVOLVEMENT Yes - Detail below No Unsure
IT INVOLVEMENT Yes - Detail below No Unsure

Explain and/or quantify any known involvement or expenses in these areas.

******FOR INTERNAL USE ONLY******
EQUIPMENT ASSESSMENT TEAM EVALUATION SUMMARY

PROS	
CONS	
CONSIDERATIONS	
RECOMMENDATIONS	

ADDITIONAL ACQUISITION/ PREP COST \$ _____

ADDITIONAL PREP/ TRAINING HOURS _____

COMMENTS	The previous contract executed for minimum annual commitment expired on 11/2020. The below monthly consumable cost will replace the previous minimum annual commitment.
-----------------	---

BASE EQUIPMENT PRICE - AS PROVIDED	_____	Ongoing/Monthly
SUPPORT AND MAINTENANCE COSTS	_____	_____
ADDITIONAL INSTALL OF SUPPORT COST	_____	
TOTAL ADDITIONAL ASSOCIATED COST	_____	
TOTAL MONTHLY CONSUMABLES COST	\$ 12,493.15	
MISC. EXPENSE	_____	_____
TOTAL NON- RECURRING EXPENSE	\$ -	
TOTAL RECURRING EXPENSE	\$ -	

***** FOR FINANCE DEPARTMENT USE ONLY *****

HOW ARE WE PAYING FOR THIS? Capital Dollars 2020 budget

IS THIS BUDGETED Yes No

BUDGETED PURCHASE DATE _____

DEPT FOR DEPRECIATION _____

TYPE OF EQUIPMENT

Building Improvement Fixed Equipment Building Capital Lease

Major Moveable Equipment Other - Explain _____

***** APPROVALS *****

Chief Financial Officer _____ Date _____

Chief Executive Officer _____ Date _____

Board of Commissioner Chairperson _____ Date _____
 if > than \$30,000

EQUIPMENT SALE AGREEMENT

Legal Name: _____ Customer Name: <u>MORTON GENERAL HOSPITAL</u> Address: <u>521 ADAMS ST</u> City, State, Zip: <u>MORTON, WA 98356</u>	Group Purchasing Organization: <u>VIZIENT</u> Sold to Customer #: <u>48074</u> Payment Terms: <u>Net 30 days from date of invoice</u> Shipping & Handling: <u>FOB Destination</u>
---	--

("Customer") agrees to purchase and Siemens Healthcare Diagnostics Inc. ("Siemens") agrees to sell the equipment listed below ("Equipment") at the price(s) listed below

QTY	Part #	Description of Equipment	Price	Extended Price
		Dimension Product Line:		
1	10636929	DIM EXL 200 DOMESTIC	\$83,000.00	\$83,000.00
1	11273715	POWER SUPPLY UNINTERRUPTIBLE	\$0.01	\$0.01
1	11274691	Atellica Connectivity Manager - ACC	\$1,000.00	\$1,000.00
1	11146071	Millipore AFS Essen 16D WTR System	Included	Included

	Total:	\$84,000.01
	Shipping & Handling:	Included
	Total Price:	\$84,000.01

Pay it Forward Promotion. In consideration of (i) receipt by Siemens by December 31, 2020 of a) this Agreement executed by Customer and b) a valid Customer purchase order in an amount that is the Total Price of the Pay It Forward discount contained herein, and (ii) shipment of the Equipment by March 31, 2021, and (iii) receipt by Siemens of the Returned Equipment (if included) then, subject to the Disclosure of Discounts terms herein, Customer will be eligible for the pricing contained in this Agreement (\$83,000 for the ExL200 which can be applied toward a future technology upgrade if executed within the initial contract Term of the Supplement to the Master Products Agreement dated contemporaneously to this Equipment Sale Agreement. If Customer fails to meet the requirements of (i) and (ii) and (iii) of this Pay It Forward Promotion by the dates indicated, and such failure is not caused solely by Siemens, then the pricing may, at Siemens option, be null and void. Siemens shall notify Customer if it exercises such option and the Customer shall revise its purchase order to adjust the pricing accordingly.

Information about service and training associated with the Equipment purchased hereunder is set forth on the Attachment A to the Supplement to the Master Products Agreement entered into between the parties, if applicable. This Equipment Sale Agreement is subject to the Terms and Conditions attached hereto and made a part hereof.

If Customer is returning on-site equipment in conjunction with this Equipment Sale Agreement ("Agreement"), such equipment ("Returned Equipment") shall be identified by instrument type(s) and serial number(s) in the table below. Customer represents that there are no liens or encumbrances on the Returned Equipment. Customer agrees to deliver the Returned Equipment to Siemens within sixty (60) days after the installation of the Equipment purchased hereunder. Upon Siemens' receipt of Returned Equipment, Customer's title and interests in "Returned Equipment", if applicable, shall pass from Customer to Siemens. In the event any item(s) of Returned Equipment is/are omitted from the table below, Customer makes the same representations and agreements regarding such omitted Returned Equipment.

QTY	Description of Returned Equipment



Delivery dates and other contractual obligations of Siemens may change due to the effects of the Covid-19 epidemic or other epidemic, including delays and disruptions in the supply chain, manufacturing, or execution as well orders by authorities and prioritization of (new and existing) orders of customers which are essential for the public healthcare. The magnitude of such changes cannot be predicted and might be substantial because it depends on the development of the Covid-19 epidemic or other epidemic.

IN WITNESS HEREOF, each party has caused its duly authorized representative to execute this Equipment Sale Agreement.

CUSTOMER:

SIEMENS HEALTHCARE DIAGNOSTICS INC.:

Signature Date

Signature Date

Name (Print)

Name (Print)

Position (Print)

Position (Print)

115 Norwood Park South, Norwood, MA 02062
Address

Documents Awaiting Board Ratification 01.27.21

	LCHD No. 1's Policies, Procedures & Contracts:	Departments:
1	Clinical Policy Review Committee Charter	Administration
2	Medical Staff Appointments	Administration
3	ANESTHESIA RESPONSIBILITIES IN PACU	Anesthesia Services
4	EMERGENCY ANESTHESIA COVERAGE	Anesthesia Services
5	GUIDELINES FOR THE DELIVERY OF ANESTHESIA CARE	Anesthesia Services
6	PREOPERATIVE ANESTHESIA CARE	Anesthesia Services
7	Post-Operative Anesthesia Care	Anesthesia Services
8	Pre-Operative Testing/Assessment Criteria for Procedures	Anesthesia Services
9	THE ANESTHESIA WORKPLACE	Anesthesia Services
10	ABO TYPING AND REVERSE GROUPING - TUBE METHOD	Blood Bank
11	Antibody Screen - Tube Method	Blood Bank
12	Compatibility Testing - Gel Card Test Anti-IgG	Blood Bank
13	Compatibility Testing-Overview	Blood Bank
14	Direct Antiglobulin Test by Gel Card Test Method	Blood Bank
15	Quality Control for Blood Bank	Blood Bank
16	Quality Control for Blood Bank Refrigerator/Freezer	Blood Bank
17	Dynamic Data Inc. BAA	Business Associate Agreements
18	PrudentRx BAA	Business Associate Agreements
19	Medicare Swing Bed Billing	Business Office
20	Amphetamine Differentiation	Chemistry
21	Ketone (Acetone) Test	Chemistry
22	Preventing Fraud, Waste, and Abuse Within Centers for Medicare and Medicaid Services	Compliance
23	Greeley Services	Contracted Services
24	Carefusion Pyxis contract	Contracts
25	DOH SHIP Grant	D.O.H. Contracts
26	Evidence Based Clinical Practice	Department of Nursing
27	Nursing Assessment & Reassessment	Department of Nursing
28	Patient Care Plans	Department of Nursing

29	Mutual Aid Agreement for Emergency Response	Emergency Preparedness
30	Air Medical Transport Guidelines	Emergency Services
31	Reporting Animal Bites	Emergency Services
32	RX Benefits, Inc NDA	Employee Benefits
33	Zurich Application for Stop Loss Insurance Coverage	Employee Benefits
34	Dr. Nathan Cade - Physician Employment Agreement	Employment Agreements
35	Dr. Stan Tran Employment Agreement	Employment Agreements
36	Tonya Goodson, ARNP Employment Agreement	Employment Agreements
37	GE Government Finance Inc. Escrow Agreement	Finance, Bonds, Lines of Credit
38	GE Government Finance Inc. Notice of Assignment	Finance, Bonds, Lines of Credit
39	GE Government Finance Inc. Payment Schedule	Finance, Bonds, Lines of Credit
40	GE Government Finance, Inc. Notice of Assignment Excrow Agent	Finance, Bonds, Lines of Credit
41	Board Committees	Governing Body (Board of Commissioners)
42	Board Meeting Teleconference	Governing Body (Board of Commissioners)
43	Board of Commissioners Contact Info	Governing Body (Board of Commissioners)
44	CEO/Superintendent Evaluation	Governing Body (Board of Commissioners)
45	MultiMedical Systems Contract Costs	GPO Agreements
46	MultiMedical Systems, LLC	GPO Agreements
47	Billing Washington Labor & Industry ROA Form and Medical Record Request	Health Information Management
48	Evaluation and Management Coding	Health Information Management
49	ICD 10 Diagnosis Codes	Health Information Management
50	CBC - Slide Preparation	Hematology
51	CBC: Correction of White Blood Cell Count for Nucleated RBCs	Hematology
52	CBC: Pre-Warm Technique for Cold Agglutinin	Hematology
53	Hematology Manual WBC Differentials Slide Reviews	Hematology
54	Employee Medical Services Discount Policy	Human Resources
55	Stocking Isolation Units	Infection Prevention & Control
56	Laboratory Responsibilities	Lab General Policies/Procedures

57	Laboratory Sample Collection	Lab General Policies/Procedures
58	Emergency Evacuation Agreement with Morton Lion's Club	Life Safety
59	Disposing Oily Rags	Maintenance
60	Heat Stress Maintenance Guidelines	Maintenance
61	Premera First Provider-Amendment	Manage Care Contracts
62	Gram Stain	Microbiology
63	C11: Avoiding Adverse Events	Nutrition Services
64	C13: Guidelines for Distribution of Pantry Stock to Patients	Nutrition Services
65	C1: Diet Orders	Nutrition Services
66	C2: Patient Right to Refuse Diet Orders	Nutrition Services
67	C3: Communication of Patient Information and Requests	Nutrition Services
68	C4: Food Brought in to Patients from the Outside	Nutrition Services
69	C5: C.D.C. Guidelines for Isolation Precautions	Nutrition Services
70	C6: Isolation Food Service	Nutrition Services
71	C7: Menu Management	Nutrition Services
72	C8: Patient Menu Selections	Nutrition Services
73	C9: Tray Assembly Procedures	Nutrition Services
74	D10: Swing Bed Admission Assessment and Reassessment	Nutrition Services
75	D1: Review and Approval of Nutrition Care	Nutrition Services
76	D2: Medical Nutrition Therapies - How to Order	Nutrition Services
77	D3: Initial Screening, Prioritization and Assessment	Nutrition Services
78	D4: Intake Support	Nutrition Services
79	D5: Patient and Family Education	Nutrition Services
80	D9: Discharge Planning for Nutrition Services	Nutrition Services
81	Care of the Pediatric Patient in the PACU	PACU
82	PACU Aldrete Scoring System	PACU
83	PACU Documentation	PACU
84	PACU Patient Transfer to Acute Care	PACU
85	CareConnections	Participation Agreements
86	Hospital Referral for Outpatient Services	Patient Access

87	Important Message from Medicare	Patient Access
88	Medicare Secondary Payer Questionnaire	Patient Access
89	Payment and Adjustments in Patient Access	Patient Access
90	Promethazine Protocol	Pharmacy
91	Anodyne Therapy System	Physical Therapy
92	Physical Therapy Internal Pelvic Floor Muscle Examination	Physical Therapy
93	CompHealth Agreement for Physician Locom Tenens Coverage	Professional Services Agreement
94	Dr. Quoc Ho, M.D.	Professional Services Agreement
95	Dr. Quoc Ho-Supervision Services Agreement	Professional Services Agreement
96	Dr. Vincent Ball, MD - Professional Services Agreement	Professional Services Agreement
97	Employee Lease Agreement- Human Resource Officer	Professional Services Agreement
98	Glenoma Fire & EMS	Professional Services Agreement
99	LifeCenter NW-Addendum- Reimbursements	Professional Services Agreement
100	LifeCenter NW-Organ Recovery Agr	Professional Services Agreement
101	Readylink Staffing Services Agreement	Professional Services Agreement
102	David & Marilyn Garcia-121 Collar Ave, Morton WA	Purchase Agreements
103	Calibration, Calibration Verification	QC/QA
104	Laboratory Quality Control	QC/QA
105	CT Procedures	Radiology/Medical Imaging
106	Imaging Department Staffing Plan	Radiology/Medical Imaging
107	Imaging Scope of Service	Radiology/Medical Imaging
108	Imaging Service Requests	Radiology/Medical Imaging
109	Imaging Staff Availability and Reporting Timeline	Radiology/Medical Imaging
110	Imaging the Critically Injured Or Ill	Radiology/Medical Imaging
111	Interpretation of Imaging Studies	Radiology/Medical Imaging
112	Intravenous Injection Diagnostic Contrast	Radiology/Medical Imaging
113	Medical Imaging Safety and Guidelines	Radiology/Medical Imaging
114	Nuclear Medicine Cardiac Pharmacological Stress Test	Radiology/Medical Imaging

115	Ordering of Imaging Studies	Radiology/Medical Imaging
116	Patient Preparation For Radiology	Radiology/Medical Imaging
117	Patient Refusal	Radiology/Medical Imaging
118	Scheduling of Outpatient Imaging	Radiology/Medical Imaging
119	Ultrasound Abdomen	Radiology/Medical Imaging
120	Ultrasound Probe and Coupling Gel Safe Use	Radiology/Medical Imaging
121	Ultrasound Thyroid	Radiology/Medical Imaging
122	Physical/Occupational/Speech Therapy Services in Hospital Facility	Rehabilitation Services
123	Therapy Food Preparation/ADL Kitchen	Rehabilitation Services
124	451 Temple Rental Agreement	Rental Agreements
125	Ketones Package Insert	Serology
126	PrudentRx Copay Program Participation Agreement-Participating Group Agreement	Service Agreements
127	River Valley Community Health Agreement	Service Agreements
128	Sound Generations Master & Service Agreement	Service Agreements
129	Vendor Credentialing Service LLC	Service Agreements
130	WA Hospital Services Fee Schedule	Service Agreements
131	Home Sleep Apnea Testing Policy	Sleep Center
132	Maintainance of Wakefullness Polysomnography	Sleep Center
133	Medical Director	Sleep Center
134	Patient Medical Record	Sleep Center
135	Sleep Center Clinical Administrator	Sleep Center
136	Swallow Evaluations	Speech & Language Pathology
137	Esophageal Dilators (Bougie) - Cleaning and Processing	Sterile Processing
138	Formalin Use and Safety	Sterile Processing
139	Sterile Processing	Sterile Processing
140	Steris System 1e Process Monitoring	Sterile Processing
141	Steris System 1e Processor Operation	Sterile Processing
142	Care Of Tissue Specimens	Surgery
143	Emergency Surgery While On E.R. Duty	Surgery
144	Humidity Level in Surgery	Surgery
145	Incorrect Count	Surgery
146	Operating Room Visitors	Surgery

147	Specimen Processing and Care of Tissue Specimens	Surgery
148	Washing Of Instruments	Surgery
149	Application of Biologic Tissue	Wound Care
150	Wound Management	Wound Care
151	WRHC NW Momentum Health Partners, LLC ACO Agreement	WRHC Agreements

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 QIO meeting date that's highlighted in green to see the agenda with documents needing to be approved. You are able to view the documents once in the agenda. If the date is highlighted in yellow that means the agenda has not been released yet.

OLD BUSINESS

MEMORANDUM

To: Quality Improvement Oversight Committee
From: Sara Williamson, Chief Nursing/Quality Officer
Date: 01.18.21
Subject: COVID – 19 Incident Command Update

Arbor Health is aggressively maintaining active participation with federal and state agencies and initiatives as part of our COVID-19 Incident Command structure. We have a multidisciplinary team working through the details of PPE inventory, agency coordination, Governor Inslee's Emergency Proclamation, and now the COVID Vaccine distribution.

Arbor Health Provider Enrollments

In November 2020 we initiated state provider enrollment applications for all 4 of our sites – Mossyrock, Randle, Morton clinic and the hospital. As of today, the hospital is the only site with provider approval. Until the clinic sites are approved, the hospital will provide them vaccines as needed.

Vaccine Facts

- At this time, there are 2 vaccine manufacturers approved for Emergency Use Authorization in the US – Pfizer and Moderna.
- Pfizer requires ultra-cold freezer (-60C to -80C) or dry ice storage (which is unavailable to us) whereas Moderna only requires basic freezer storage.
- Both vaccines have very short viability after the vial has been punctured. For Moderna, there are 10 doses/vial and one has to administer all 10 doses within 6 hours. Thus, scheduling is done in 10 dose increments with a phone waitlist of people that can respond immediately to receive a vaccine and thus avoid any wasted doses due to *no shows*.
- Both vaccines require two doses for successful immunity – Pfizer's 2nd dose at 21 days and Moderna's 2nd dose at 28 days.
- Second doses will be shipped to the provider sites automatically after the 1st dose administrations are entered into the immunization databases.
- All 1st and 2nd vaccine doses administered (and to whom) and vaccine inventory is reported daily and weekly into numerous state and federal databases.



Employee Vaccine Promotion

- In preparation for our employee vaccine drive, Drs McCurry and Ford conducted several COVID Vaccine Town Hall meetings to both educate and encourage staff to get vaccinated. These sessions were well received with strong attendance.

Washington Vaccine Administration Phases

- Washington State released the vaccine administration phases on January 6th (see additional attachment). This identified high-risk healthcare workers, first responders, long term care residents and staff, and other worker in healthcare settings for phases A1 and A2 as eligible for vaccination.
- It was anticipated that phase B1 – individuals ≥ 70 or ≥ 50 living in a multigenerational household – would begin late January.
- The state also released www.FindYourPhaseWA.org – an online phase assessment tool from which individuals can enter their information, determine their vaccine eligibility, and if eligible, locations and contact information with vaccine inventory.
- With no notice to the states, less than a week later the White House announced vaccines being available for individuals ≥ 65 years old. This created much confusion as it conflicted with state designated phases and initiated questions related whether the states had adequate vaccine inventory for this many people.
- This was further compounded when Secretary Azar announced January 15th that 1) the federal government had not held additional vaccines in reserve for second doses as had been understood and 2) that the states' allocations would not increase.
- This remains chaotic and it is unclear whether inventory will be adequate for both 2nd doses and a broader vaccine population of ≥ 65 .
- Today, Washington State announced the inclusion of ≥ 65 for the vaccine phase.

Vaccine Distribution

- Vaccine requests are submitted weekly at which time the requests undergo state and federal review. If approved, allocations are received the following week.
- This allocation process has been challenging but on January 7th we received our first doses of Moderna.
- With an inventory of 300 doses, we began vaccinating interested frontline and support hospital staff on Monday, January 11th. After our priority frontline workers and staff, we have also included community healthcare workers. As



of Friday January 22nd, we will have administered about 140 doses – of which, 90 were Arbor Health staff (36%).

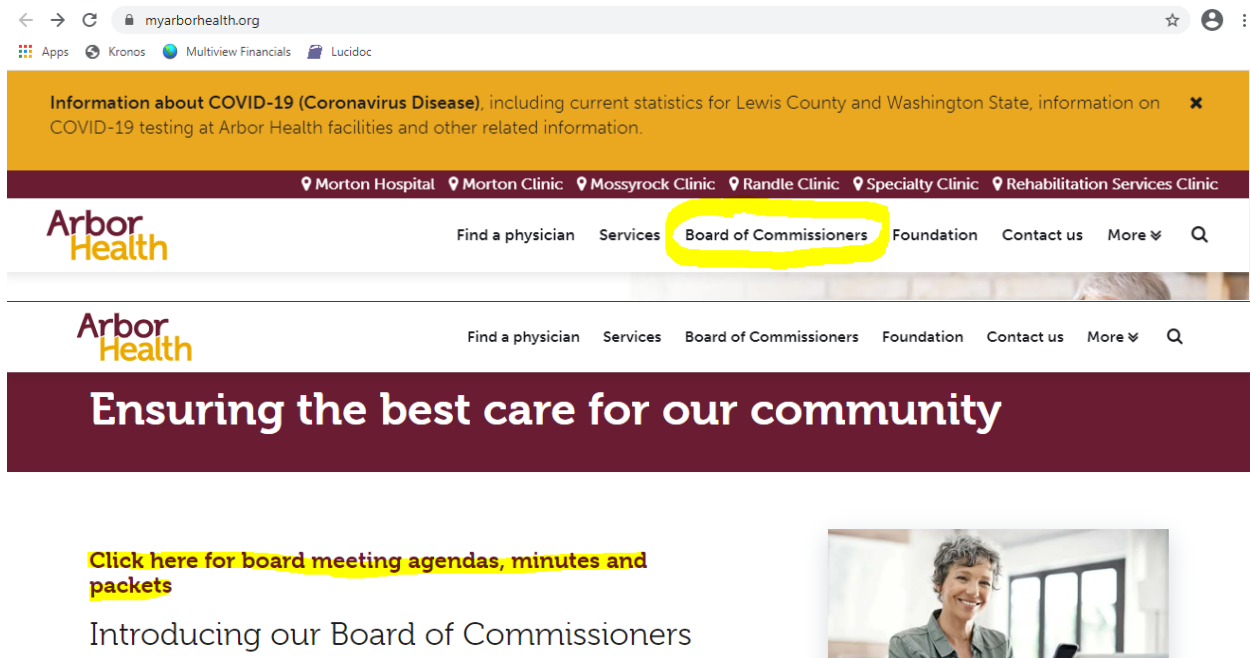
- We anticipate administering about 50 doses to local nursing home and adult family home staff and residents this week.
- Plans are underway, to do our first community vaccine clinic Saturday, January 23rd in Morton. With a waitlist already exceeding 100 individuals at the Morton Clinic, our goal – based on inventory – is to administer 200 doses. We will also use this as to test drive the workflow for larger community vaccine sessions.
- Waitlists for appointments are being maintained at all 3 clinic sites.



To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 1/19/2021
Subject: 2021 Website Update

In past months, we have heard from community members that finding the log-in/links to our Board of Commissioner meetings has been too cumbersome. As a result of this feedback, changes have been made to our website to make this information more accessible. Prior to the changes, locating our board meeting information took six "clicks." The changes have reduced the clicks to three.

Below are the steps to which a community member can access the 2021 agendas, minutes, and packets:



Agendas, Minutes and Packets

	Open all
2021 board meeting agendas, minutes and packets	▼
2020 board meeting agendas, minutes and packets	▼
2019 board meeting agendas and minutes	▼
2018 board meeting agendas and minutes	▼
2017 board meeting agendas and minutes	▼
2016 board meeting agendas and minutes	▼
2015 board meeting agendas and minutes	▼
2014 board meeting agendas and minutes	▼



Contact

Arbor He
521 Adam
Morton, W
360.496.
Map and

Close all

2021 board meeting agendas, minutes and packets x

Lewis County Hospital District No. 1
dba Arbor Health
Regular Board Meeting Schedule
Time: 3:30 p.m.
Location: 521 Adams Ave.
Morton, WA 98356
Conference Room 1 & 2

- Jan. 27, 2021, Regular Board Meeting: agenda | board packet | minutes
- Feb. 24, 2021, Regular Board Meeting: agenda | board packet | minutes
- Mar. 31, 2021, Regular Board Meeting: agenda | board packet | minutes
- Apr. 28, 2021, Regular Board Meeting: agenda | board packet | minutes
- May 26, 2021, Regular Board Meeting: agenda | board packet | minutes
- July 28, 2021, Regular Board Meeting: agenda | board packet | minutes
- Aug. 25, 2021, Regular Board Meeting: agenda | board packet | minutes
- Sept. 29, 2021, Regular Board Meeting: agenda | board packet | minutes
- Oct. 27, 2021, Regular Board Meeting: agenda | board packet | minutes
- Nov. 10, 2021, Regular Board Meeting: agenda | board packet | minutes
- Dec. 15, 2021, Regular Board Meeting: agenda | board packet | minutes



To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 1/19/2021
Subject: Commissioner Recruitment

Arbor Health will have three commissioner positions open for election this year. They are:

- **Commissioner District 2:** Randle/Packwood representative currently held by Chris Schumaker, appointment must file for unexpired term,
- **Commissioner District 3:** Mossyrock representative currently held by Craig Coppock, due to expiration of term,
- **Commissioner District 4:** At-Large currently held by Trish Frady, due to expiration of term.

I propose, based on past experience, that we take the following actions to educate and encourage community interest in becoming a hospital commissioner:

- Collaborate with Buddy Rose to publish an article in the local paper informing District residents of three positions open for election (March 24, 2021),
- Hold a special board meeting to conduct a question/answer session for prospective commissioner candidates (May 5, 2021 at 6:00 pm),
- After the Candidate Filing Week of May 17-21, 2021, hold an additional special board meeting, inviting declared candidates to an educational session on governance (June 2, 2021).

My goal is to agree to the process so we can begin planning and operationalizing our recruitment efforts. Proposed dates are indicated in red above for your consideration.



NEW BUSINESS



COURSE TRANSCRIPT: TAX-EXEMPT STATUS & COMMUNITY BENEFIT

INTRODUCTION

WELCOME TO THE MISSION AND STRATEGY COURSE: TAX-EXEMPT STATUS & COMMUNITY BENEFIT.

IN THIS COURSE, OUR EXPERTS WILL COVER: WHY NOT-FOR-PROFIT HOSPITALS RECEIVE TAX-EXEMPT STATUS; WHAT IS MEANT BY COMMUNITY BENEFIT; THE IRS FORM 990; HOW HEALTH REFORM WILL AFFECT THE 990; EXECUTIVE COMPENSATION AND THE 990; AND THE 990 REVIEW PROCESS.

1. TAX-EXEMPT STATUS

ROBIN NAGEL IS A PRINCIPAL AT POST & SCHELL, FOCUSING ON REGULATORY AND ANTITRUST MATTERS, PROPRIETARY AND NOT-FOR-PROFIT HEALTH CARE PROVIDERS, MULTI-HOSPITAL SYSTEMS, AND INTEGRATED DELIVERY SYSTEMS.

Robin Nagele: One of the important things for board members of not-for-profit hospitals to keep in mind at all times is that they have the benefit of their tax-exempt status. This is a special status afforded to not-for-profit hospitals by the IRS and the government because of the general concept that what community not-for-profit hospitals do is good for the community. Hospitals fulfill an important community service and a community need and, therefore, to promote that socially desirable activity, we are going to provide them this special status, which is that they are exempt from federal income taxes. It is important as a board member to keep that in mind because tax exemption is a touchstone that affects the way in which the hospital operates and impacts every decision that is made.

It is important for board members to understand the standards they have to adhere to as an institution to maintain tax-exempt status. What defines us as a charitable or a tax-exempt organization? Those standards have actually changed significantly over time.

Before 1969, hospitals generally were considered tax-exempt because they provided free service to poor people. That was the touchstone for why a hospital would be considered charitable and, therefore, tax-exempt. With the development of Medicare, Medicaid and other needs-based governmental programs, that became not so much of a meaningful standard because hospitals generally took care of people of need and actually accepted reimbursement from the federal government for treating them.

So the IRS in 1969 developed a very different standard that relaxed the requirements for what it meant to be a tax-exempt entity. It came up with a few very basic standards. Hospitals, to be

tax-exempt, had to provide emergency services, regardless of whether [those services] would be paid for, to anybody who came to the hospital seeking them. They had to have community boards—and that is one of the reasons we have a community board, a board that represents all of the interests of the community. They had to have open medical staffs, which means that any physician who is qualified and competent based on the hospital's criteria is entitled to practice within that hospital. They had to be non-discriminatory in terms of who they were willing and able to treat. And they had to provide care for poor people and accept reimbursement from government needs-based programs for providing that care. So that was a very broad standard that enabled hospitals everywhere to obtain and maintain tax-exempt status.

In the late 1990s and early part of this century, there were a number of factors that led to a reexamination of whether that relaxed standard was effective in distinguishing hospitals that were entitled to tax-exempt status from for-profit hospitals, which had become much more common over the intervening time period. Actually, the hospital industry came under substantial fire publicly for practices that had become fairly common—for example, very high executive compensation, purchasing real estate, doing condos and medical office buildings, lots of lucrative deals with physicians and others in a position to refer to the hospital. At the same time, there was a sense that not-for-profit hospitals weren't very good at providing charity care, which was one of their fundamental justifications for the tax-exempt status.

In the early 2000s and culminating in 2004 and 2005, there was a wave of class action lawsuits challenging tax-exempt hospitals' charity care practices. The lawsuits highlighted the fact that in many hospitals across the country, while they might have charity care policies, they weren't well used, they weren't known, they weren't well understood and they were very difficult to access. Those charity care litigations, for a variety of reasons, weren't very sound from a legal point of view and really didn't go anywhere, but they generated enormous interest nationally about what defines a tax-exempt hospital.

The final step in this picture was the adoption in 2007 of the Form 990 developed by the IRS, which now requires hospitals to disclose a great deal of information about how they spend their money and also what kind of benefit they provide to the community.

So partly as a result of the Form 990, hospitals are now in a position of needing to be much more organized in identifying and reporting on the types of community benefits they give so they can justify to anyone—whether it's the IRS, a state government or the general public—what they are doing to justify the tax exemption.

2. COMMUNITY BENEFIT

MONTE DUBE IS A PARTNER IN THE CHICAGO OFFICE OF PROSKAUER, AN INTERNATIONAL LAW FIRM, AND IS A MEMBER OF THE FIRM'S HEALTH CARE DEPARTMENT FOCUSING ON MERGERS AND ACQUISITIONS FOR HOSPITALS, RESTRUCTURING TRANSACTIONS, AND REGULATORY, JOINT VENTURE AND COMPLEX CONTRACTING MATTERS.

Monte Dube: Community benefit is an essential element of tax exemption. Your hospital is not just not-for-profit under state law. It is also tax-exempt under federal law. Tax exemption affords your hospital many benefits. You are exempt from paying income taxes and property taxes and sales taxes. Your for-profit competitors have to pay all of those taxes. In addition, you are entitled to receive charitable donations from the public, which are tax deductible because of your tax exemption. Similarly, you are entitled to issue tax-exempt bonds at a more favorable rate. What the IRS increasingly is saying, what Congress is saying, is that in order to maintain the tax exemption that you were given years ago, you have to prove that you are entitled to it.

One of the key ways you can prove your entitlement is through showing that you afford community benefit to your stakeholders. Those community benefits have several elements: free care to the indigent, education to the public, open medical staff, emergency department that takes all comers and the like.

ELIZABETH MILLS IS A SENIOR COUNSEL IN THE CHICAGO OFFICE OF PROSKAUER, AN INTERNATIONAL LAW FIRM, AND A MEMBER OF THE FIRM'S HEALTH CARE DEPARTMENT, FOCUSING ON HEALTH CARE ORGANIZATIONS AND TAX EXEMPTION ISSUES FOR NOT-FOR-PROFIT ORGANIZATIONS.

Elizabeth Mills: Community benefit is the standard for hospital tax exemption today. We have had that standard for about 40 years. That means you promote the health of the community in a charitable manner. Now, that doesn't mean you have to assist every individual in the community. That obviously is not possible. But the rationale is that you are accessible to the community, you serve those who are in need and, therefore, you benefit the community as a whole.

When the community benefit standard was adopted about 40 years ago, it was shortly after Medicare and Medicaid were enacted and the perhaps naive expectation was, nobody is going to be uninsured anymore. As you know from reading the newspapers, that is not the case, unfortunately, even today after the passage of healthcare reform. So there is still great concern on the part of the public, community action groups, the IRS, name your interest group, to see that people who can't afford healthcare do receive it, and that they are not harassed or pressed for payment when they can't afford it.

The expectation is that tax-exempt hospitals will provide care and health services to the entire community regardless of their ability to pay. It doesn't mean you have to bankrupt yourself, because then the community would lose the benefit of what you are able to do. It does mean that you need to keep track of what you are doing—do the best that you can in a process way to make sure that you are not harassing people who can't pay and forcing them into debt, bankruptcy, medical bankruptcy, the things we read about in the paper.

SUMMARY

SOME OF THE KEY LEGAL REQUIREMENTS FOR TAX-EXEMPT STATUS FOR HOSPITALS ARE:

THE PROVISION OF EMERGENCY ROOM SERVICE TO EVERYONE IRRESPECTIVE OF THE ABILITY TO PAY FOR THOSE SERVICES; A BOARD OF DIRECTORS THAT REPRESENTS THE INTERESTS OF THE COMMUNITY; AN OPEN MEDICAL STAFF; AND THE HOSPITAL MUST PROVIDE SOME CHARITY CARE.

COMMUNITY BENEFIT IS AN ESSENTIAL ELEMENT FOR TAX EXEMPTION. COMMUNITY BENEFIT INCLUDES THE PROVISION OF CHARITY CARE AND COMMUNITY SERVICES TO THE UNDERSERVED AND ALSO PUBLIC EDUCATION ON HEALTH-RELATED ISSUES. ITS PURPOSE IS TO ENSURE THE HOSPITAL PROMOTES THE HEALTH OF THE COMMUNITY AND THAT ITS SERVICES ARE ACCESSIBLE TO THOSE IN NEED.

THE BOARD SHOULD MAKE SURE MANAGEMENT HAS A PROCESS IN PLACE TO MEASURE THE EFFECTIVENESS AND EQUITABILITY OF THE HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES.

3. IRS FORM 990

EVEN THOUGH HOSPITALS ARE TAX-EXEMPT, THEY MUST FILE AN ANNUAL TAX RETURN CALLED THE FORM 990. BECAUSE COMMUNITY BENEFIT IS AN ESSENTIAL ELEMENT OF TAX EXEMPTION, ITS CALCULATION FIGURES PROMINENTLY ON THE FORM 990.

Dube: Just as you as an individual have to file your individual income tax return every year, your hospital organization needs to file an annual tax filing. It's called a Form 990.

The concept of community benefit has been fairly static over the last decades, that is to say provision of free care, community education programs, open medical staffs, emergency rooms that are open to all members of the public without discrimination. Those elements haven't really changed. What is changing is increasing requirements on the part of hospitals to document the community benefits that are being provided. And that documentation takes many forms. Policies and procedures need to be embedded in the organization's culture. You need to have policies that accurately reflect exactly the ways in which you provide your community benefit. And, frankly, in some ways the IRS is doing us a favor because it really enables you as a tax-exempt hospital to better tell your story to the community about the benefits that you afford to your various and diverse stakeholders.

The Form 990 has gotten much more detailed over the last few years but, again, gives hospitals the opportunity to tell the IRS and the public, which is entitled to access that tax filing, exactly how you are providing the kinds of benefits, services, programs and educational opportunities to your community.

It is a lengthy, comprehensive form in which you have to disclose both your financial and organizational operations. You need to disclose as well the types of community benefits that you afford to the public. As a hospital, in a separate schedule H to the Form 990, you need to disclose your charity care policies, whether in fact you have conflicts of interest on your board and, if so, whether you handle and manage them in an appropriate way.

Your annual Form 990 tax return, while it has become much more burdensome to complete, and takes much more management time, is in a way a half-full opportunity for your hospital to tell its story to the public. I would even recommend that you put [your annual forms] online. Be transparent. It is an opportunity for your hospital to tell the public in a very granular, transparent way, exactly the types of services, programs and public opportunities you are providing to benefit your stakeholders.

Nagele: The new Form 990 requires very specific and in-depth reporting on a whole host of issues from governance to compensation to insider relationships and community benefit, and asks for all kinds of data from which the IRS will presumably review hospitals and other tax-exempt entities and make determinations as to whether they are meeting their obligations under the tax laws. One of the questions that the IRS asks is, “How was this document reviewed and approved by the board members?” And this is really the IRS's way of bringing the accountability back home, directly into the boardroom.

4. HEALTH REFORM AND THE 990

Mills: The health reform act added a new section to the Internal Revenue Code called Section 501R, which sets forth additional requirements tax-exempt hospitals have to meet. It doesn't replace the community benefit standard; it supplements it.

Many of the 501R requirements are really process requirements. You must conduct a community health needs assessment. You must have a financial assistance policy. You must make it available. You must take certain actions before you try to collect on people you may know are not able to pay. Section 501R also has some other requirements about what you can bill those who qualify for financial assistance. It also requires that you attach your audited financial statement to the Form 990, which is available to the public. This is something that you haven't had to do in the past.

Section 501R requirements are effective for most hospitals right now. What that means as a board member is that you should ask, “Are we complying with the requirements of 501R? How are we doing that? Have we reviewed our financial assistance policies to make sure they have all the things that the IRS wants to see?”

Because the Form 990 is a disclosure document, available to the public—and believe me, your newspaper will be down to ask for it as soon as it is filed with the IRS—it is a great place to tell the story of the great things that you do. The role for board members in reviewing the Form 990 is to see, is our message coming across? What do we look like? Do we look like we are serving the community? Do we look like we are doing good things? Or do we look like we are bottom-line oriented and exist to serve the private interests of our board members and executives?

5. 990: EXECUTIVE COMPENSATION

Dube: One of the most potentially sensitive areas covered in the Form 990 is the executive compensation section. What the IRS wants to know is how you pay your most highly compensated individuals in the organization, typically management, sometimes physicians who provide services to the organization. This information, like everything in the Form 990, is publicly available.

More and more, interestingly, newspapers are publishing this kind of information because it is not unusual for employees of hospitals and health systems to be among the most highly compensated individuals in your communities. There is nothing wrong with that. But I think managing the public communications aspects of the release of this executive compensation information is a key requirement for all board members. As a board member, you really need to think through, as part of telling your story on the Form 990, how you are going to tell the story about why you compensate your management the way you do, the process by which you determined what that compensation ought to be and why the decision-making was made by an independent, disinterested committee of the board or the entire board.

It is important for you as a board to create an executive compensation process that is bullet proof—bullet proof legally, and bullet proof in terms of the court of public opinion. It is very important for the public to understand how complex and diverse your hospital organization is and why it's necessary to pay reasonable compensation to ensure that you have the most qualified individuals possible in order to lead your organization into the future and to appropriately manage its diverse assets.

SUMMARY

AS A TAX-EXEMPT ORGANIZATION, THE HOSPITAL MUST FILE THE IRS FORM 990 ANNUALLY. THE 990 IS REVIEWED BY THE IRS TO DETERMINE WHETHER THE HOSPITAL IS MEETING ITS OBLIGATIONS UNDER THE TAX LAWS.

COMMUNITY BENEFIT IS A KEY COMPONENT OF THE 990. OTHER COMPONENTS INCLUDE DETAILS ABOUT OPERATIONS, EXECUTIVE COMPENSATION, AND BOARD CONFLICT OF INTEREST AND TRANSPARENCY.

THE HEALTH REFORM ACT ADDED COMPONENTS THAT SUPPLEMENT THE COMMUNITY BENEFIT STANDARD AND ALSO ADDED PROCESS REQUIREMENTS; FOR EXAMPLE, IT REQUIRES THAT THE ORGANIZATION'S FINANCIAL STATEMENTS BE INCLUDED WHEN SUBMITTING THE 990.

THE BOARD MUST REVIEW AND SIGN OFF ON THE 990 BEFORE IT IS SUBMITTED.

THE 990 IS A PUBLIC DOCUMENT, AND BECAUSE IT IS PUBLIC, IT'S A GREAT OPPORTUNITY FOR THE ORGANIZATION TO TELL ITS STORY.

BECAUSE EXECUTIVE COMPENSATION IS REPORTED ON THE 990, IT'S IMPORTANT THAT THE BOARD HAS A PROCESS TO DETERMINE EXECUTIVE COMPENSATION THAT COMPLIES WITH APPLICABLE LAWS AND REGULATIONS, AND THAT STANDS UP TO PUBLIC SCRUTINY.

6. THE 990 REVIEW PROCESS

ANNE MCGEORGE IS THE NATIONAL MANAGING PARTNER OF THE HEALTH CARE INDUSTRY PRACTICE AT GRANT THORNTON WHERE SHE PROVIDES FINANCIAL, COMPLIANCE, AND GOVERNANCE CONSULTING TO HOSPITALS AND HEALTH SYSTEMS.

Anne McGeorge: The board gets involved, and it's usually the audit committee that first gets involved in the review of the 990, when the external preparer of the Form has a draft. The external preparer will come to an audit committee meeting and will distribute a copy of the draft of the 990, hopefully in advance, to all of the members of the audit committee or any other committee that has oversight over the Form 990. At that point, it is important for the board committee participant to review that Form 990 and to make sure that he or she understands all of the parts of the 990 and why certain questions are being answered in the manner they are being answered. And there are a number of different ways to answer questions.

There is one part of the Form 990 that is simply called Schedule O, and it has a bunch of blank lines. Schedule O is solely put in the Form for explanatory purposes for any other part of the Form. Organizations will have numerous pages of Schedule O filled out and it will simply be explanations of various parts of the Form, clarifying some of the answers to the questions.

So the first meeting the audit committee or the other committee that is responsible for the 990 will ask questions and will try to completely understand what is on that Form. When everyone is satisfied that the Form is completed or changes will be made to the satisfaction of the board—and there generally are changes made based on board member comments—the final 990 document is presented to the full board. At that point, it is pretty much a final document, and the full board will get an abbreviated presentation. It will just be highlights of some of the more sensitive areas; for example, questions regarding board policies, the compensation areas and any other areas that are deemed sensitive based on the particular organization.

Dube: Boards need to review and approve the Form 990. Just as the tax filing is a useful story to tell the public once it is released, it can be a very useful discussion topic within the board's deliberations. I find board review of Form 990s to be a wonderful opportunity for management to explain and for boards to learn more about the operations, organization, policies and community benefits afforded by the organization. It is a great chance for dialogue, rather than being an obligation that management decides to cross off the list. I would suggest having one special section of every board meeting every year devoted to the Form 990 to enable and allow for give and take between management and the board because it's a great learning process.

For more information, please go to www.iprotean.com.



COURSE TRANSCRIPT: WHEN THE DUST SETTLES

Expert Presenters:
Dan Grauman
Marian Jennings

Welcome to the advanced Mission & Strategy course, When the Dust Settles. In this course, our experts will cover: health care in transition, getting ahead of the curve, avoiding lemming-like behaviors, assessing risks, scenario planning and board development.

1. INTRODUCTION

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

Marian Jennings: We hear all the time that health care is in transition. The question is, transition to what? What is a future in which we expect to operate? The way I like to think about it is that we are an industry that is undergoing a fundamental change, that this change is likely to take years to accomplish, not days, weeks or months, and that we must transition to a healthcare system that is equitable, safe, affordable and provides consistently high quality to improve the health of the community. We do many of those things today on an individual patient-by-patient basis, but we need to focus now on ensuring this for communities of people and the population as a whole.

2. HEALTH CARE IN TRANSITION

DAN GRAUMAN IS MANAGING DIRECTOR AND CEO OF VERALON, PROVIDING CONSULTING SERVICES IN STRATEGIC, FINANCIAL AND HOSPITAL-PHYSICIAN BUSINESS ARRANGEMENTS.

Dan Grauman: Our healthcare industry is a very complex one and has been in transition and in a state of change for quite a period of time. And it's expected that this is going to continue. We have created a complex and fragmented system and, quite frankly, a system on which our economy depends. Any industry on which nearly 20 percent of our economy is tied is hard to change. So it is like trying to move a huge ship and change the direction. It takes time and most of us expect that this will require many, many years of continued work.

All of this change is about trying to make it a more efficient system with continuous improvement while trying to control the rate of increase in healthcare costs and trying to have

better outcomes. It is safe to say that all of us involved in this—whether we advise hospitals or run hospitals, or we are physicians treating patients—need to be in it for the long haul to have a more efficient, better coordinated healthcare system with better outcomes.

Marian Jennings: The core underlying reason for the transition comes down to cost and outcomes. The United States pays way more per person than any other country in the world. So we have very high per capita healthcare expenditures, and we have very low rankings in terms of core outcomes, health outcomes—the number of low birth rate babies is just one example.

Payers—whether the federal government, or the state, or Blue Cross or an employer—believe they are not getting value for the dollars they are investing. And they are really pushing the industry very fast and very hard to demonstrate that the services we provide are improving the health of the population we serve and the health of individual patients-

3. GETTING AHEAD OF THE CURVE

Marian Jennings: In this environment, many organizations feel like they're swimming upstream, all the time: "I just made an improvement here, and now they've raised the bar. And now I'm scrambling in order to achieve that next level of performance." And I think it's helpful for boards to do two things. One is to ensure that management is keeping you abreast of what's happening at the federal level in terms of new payments, new policies, new proposals. Some of them will never come to fruition, but generally the federal government signals five to eight years ahead of when a change may occur in your local market. It signals where it's going. So it is important to understand what may be coming and prepare as opposed to waiting and scrambling to catch up. It is very helpful to keep that long-term perspective.

The second piece is to actually think about the future, articulate assumptions about what will be important to be successful into that future, and to try to leapfrog some of these incremental improvements to make fundamental changes that will reposition the organization.

A good example of being ahead of the curve versus reacting to change has to do with bundled payments. Many organizations feel like this came out of the blue. Suddenly we are mandated to have a bundled payment for comprehensive joint replacement. My view is almost the opposite. Ten years ago Medicare started demonstration projects related to these bundled payments. They currently have almost 50 diseases, or episodes of care, for which they are demonstrating bundled payments. We all need to be aware of those things. They may not all hit, some of them may fall by the wayside, but Medicare has signaled to us for 10 years that it wants to move into a bundled payment model. And if you saw that happening 10 years ago, you could have participated in a demonstration project. You could have pursued with Blue Cross, or Aetna or United Health Care: "Could we do a demonstration with you to learn about what we need to do well in order to succeed under this new payment model?"

Many organizations did—hundreds of organizations did. But there are thousands of U.S. hospitals, and that means thousands of organizations did not take the time to take advantage of experimenting with these new payments.

Looking out to the future, it is important to be attuned to signals from payers, or the Googles of the world, or from IBM Watson. We just have to keep ourselves open to these changes on the horizon and have a conversation at the board about whether that could happen here. Maybe it isn't likely, but it could happen. And then say, "How could we learn now; how could we experiment now to understand what the impact would be on us before it gets mandated?"

4. AVOIDING LEMMING-LIKE BEHAVIORS

Marian Jennings: I have been a consultant in health care for three decades and I have seen many fads come and go. There seems to be a tendency in health care to say, if they're doing it, I must. And if they're not doing it, then I need to do it to get ahead of them, resulting in strategies that are not based on a sound assessment of what it would take to be successful, what competencies your organization needs to get into this new business or this new venture, but instead feeling, well, we have to do it. And while you may have to do it, it's extremely important that every organization understands the uniqueness of its market, and particularly the unique strengths and weaknesses of your own organization, to assess whether we need to do it, we need to do it alone, we need to do it with a partner. We need to sort of put our toe in the water, hedge our bets, do it a little bit, but don't really go whole hog. Or we need to do it as a major initiative, knowing that we are going to devote a lot of resources to it, and if doesn't pan out, we may have to pull back after using a lot of resources we will never get back.

When you are thinking about new ventures or new markets, or going into health insurance, or developing an accountable care organization, as a board you really need to make sure you understand the full impact on the organization. Have you identified the risks? What are the business risks? Do we have the competencies? Do we have the financial wherewithal to undertake it? Do we have competitors that are already in the market that are stronger than us, or have advantages that we do not have? What are those risks associated with our undertaking a venture? Just because everyone is doing it is no reason to pursue it without that thorough assessment.

Dan Grauman: In health care, some of us refer to a concept of "management by *Modern Healthcare*," which is where industry participants are reading about all of the changes and developments and quickly conclude that, wow, if other organizations are doing that, we should as well.

Well, obviously that is not always the right answer. What is really required is a lot of thought and reflection about the specific situation facing your organization or the hospital with which you are associated. There are real differences in various communities and marketplaces

throughout the country, and what is right for an organization in another town may not be right for your organization.

So it's very important to really think about your specific situation, craft plans and strategies that make sense and to avoid the temptation to jump in and do what others are doing.

Unfortunately, there are instances where organizations have opted to merge or to consolidate or affiliate in some way because a lot of others around them are doing it. And sometimes it makes sense and sometimes it doesn't.

In crafting the right answer for your organization, you should consider your specific facts and circumstances. What is your financial position? What does your balance sheet look like? What is your access to capital? Are you healthy financially, or are you struggling? What is your market share? What about the range of services you offer? Are they deep enough and do they extend enough to treat the communities you serve? What about the relationships with your physicians and your medical staff? Do you have a good connection and affiliation with the primary care physicians? Have you already acquired their practices or do you have a strong affiliation with them?

You might also consider the reality of the effectiveness of your senior management team, the longevity of your team and the succession that's needed to have a good leadership team in place. And finally, consider the quality of the board and how effective it has been in providing leadership. These are all factors that help determine what is right for your organization for the future.

SUMMARY

THE HEALTHCARE INDUSTRY IS UNDERGOING FUNDAMENTAL CHANGE. THE TRANSITION WILL TAKE TIME AS WE MOVE TO PATIENT EQUITY, PATIENT SAFETY, AFFORDABILITY, CARE COORDINATION, BETTER OUTCOMES, CONSISTENT HIGH QUALITY AND IMPROVING THE HEALTH OF THE COMMUNITY.

MANAGEMENT SHOULD ENSURE THAT THE BOARD IS KEPT ABREAST OF EVENTS AT THE FEDERAL LEVEL INCLUDING NEW PAYMENT SCHEMES, NEW POLICIES AND NEW AREAS OF FOCUS. THE BOARD NEEDS THIS INFORMATION TO PLAN, ARTICULATE ITS ASSUMPTIONS AND DECIDE ON IMPROVEMENTS IN THE ORGANIZATION.

THE BOARD SHOULD TAKE ACTION AFTER:

- ASSESSING THE UNIQUENESS OF THE MARKET
- EVALUATING THE STRENGTHS AND WEAKNESSES OF THE ORGANIZATION
- IDENTIFYING THE RISKS
- UNDERSTANDING THE FULL IMPACT ON THE ORGANIZATION, AND
- MAKING SURE INITIATIVES ARE APPROPRIATE FOR THE ORGANIZATION

IT SHOULD CONSIDER:

- THE ORGANIZATION'S FINANCIAL POSITION AND ACCESS TO CAPITAL
- MARKET SHARE
- THE RANGE OF SERVICES

- RELATIONSHIPS WITH PHYSICIANS
- THE SENIOR MANAGEMENT TEAM’S COMPETENCIES
- A VIABLE SUCCESSION PLAN FOR SENIOR MANAGEMENT, AND
- THE QUALITY OF THE BOARD ITSELF

5. ASSESSING RISKS

Marian Jennings: A lot of strategy 10 years ago had to do with service line development. An example is cardiology: you wanted to develop a cardiology center of excellence, you had a lot of understanding of what it would take to run a good cardiology service, who would be involved, who your competitors would be and so on. And therefore, the analysis was relatively straightforward.

We are faced today with a very different situation. Major investments are going into lines of business or ventures where we don't have a lot of experience. That in and of itself creates underlying risk for the organization. When you don't really understand the market, how the market purchases or values the service you are going to offer—whether it's a health plan, an accountable care organization, a medical neighborhood, a network—it's most likely the core competencies of the organization will not be sufficient. And that includes the core competencies of the board.

So one of the questions for the board to ask is, what are those specific risks, and how do we stack up against those risks? Are we well positioned? Are we poorly positioned? What must we do to close the gap? How much will we have to put on the line? How long will it take to get the venture up and off the ground? Have we taken into account all of the associated financial impacts?

A great example is starting an accountable care organization. Some people will look at that and say, well, as long as the revenue that supports the accountable care organization is greater than the expense of the accountable care organization, we have made a profit. But the board needs to think about, well, if the accountable care organization drives down utilization at the hospital, that is a financial aspect of the entire venture. And we have to take that into account when we think about should we do an accountable care organization. So the first category would be financial risk.

The next category would be, do we really understand the customer? Is the customer similar to what we have dealt with in the past? We understand its preferences. We understand how it buys. We understand how to position ourselves around the things the customer values. Again, with new ventures, often it's a very different customer from the patient or the insurance company that we considered our customer of the past.

The third has to do with the competencies of management, physician leaders and the board to undertake this venture as successfully as possible Do we have people who have experience with

this kind of line of business? So if it's something to do with population health management, are we all learning it at once? Or do we actually have expertise on the board, within our physician leadership, in management, people who have the experience and knowledge of what we must do to be successful in population health management?

The fourth risk has to do with technology and infrastructure. Many of the initiatives we are undertaking now have a big underpinning requirement around infrastructure and information technology. Are you convinced, as a board member, that the organization either has or can acquire or can partner to secure the infrastructure and/or information systems needed for informed decision-making as we move forward?

There are myriad risks, and the board should not shy away from undertaking any venture because it is risky. Rather, the board should make sure we are articulating the risks, that we know how we're positioned against each of these risk factors, that we are ready for a failure, and willing to consider, if it is not going as planned, whether we should pull the plug or reinvest.

Dan Grauman: One of the temptations in health care today for hospitals is getting involved in non-core activities. In this time of change there are a lot of different models being pursued and solutions, for example, retail medicine—getting health care at Wal-Mart or at the local drug store or urgent care centers and the like. These are all interesting delivery settings and interesting ways to attack the problems we all share in health care: the high cost of care and the high rate of increase in healthcare spending.

It is also important for hospitals to exercise some restraint. Their core reason for being is to treat patients in a hospital setting. Often, it requires a lot of investment and dollars and financial exposure to get into some of these other areas.

So it is important to be thoughtful, robust in your analyses, and consider whether it makes sense to get involved in these areas, given the various financial risks and exposure. Sometimes you can get to the same end, perhaps, by affiliating or joint venturing or doing business with others who are experts in those particular areas. You can still provide that continuum of care and range of services to your patients, but mitigate your own financial risk and exposure, because you are always trying to protect the balance sheet of the organization and be sound fiduciaries.

6. SCENARIO PLANNING

Marian Jennings: Very frequently I am asked, “How can we plan because of all the uncertainty that we're facing? We don't really know what it's going to look like; we don't know what the regulations will be. We don't know what kind of changes might occur in technology, so shouldn't we just plan for the foreseeable future, like the next year?”

And my view is that if you plan a year at a time, and then five years later you look back to see where you were and where you are now, often you are disappointed because you haven't made fundamental changes that you need to reposition the organization.

The planning time horizon needs to be at least five years and maybe 10 years out, recognizing there is great uncertainty in the future, but also recognizing you need to establish a clear destination of what constitutes success. And you then need to have flexibility in how you approach accomplishing that future. That would incorporate using scenario planning, or, “what if this happened,” and “what if that happened?”; thinking ahead of time about how you would have to change to reach your destination; perhaps even reassessing whether it is the right destination; but keeping that long-term vision and destination at the front and center of everything the board does.

Dan Grauman: For those of you leading hospitals, it is really important to consider all of the possible future scenarios when planning for what's right for your institution. So scenario planning strikes me as a very good idea. None of us have a crystal ball. We know directionally at a high level where things are going in terms of population health management and accountable care and that there will be clear financial incentives for hospitals and doctors to coordinate and provide care in a more efficient way. That we know.

But how that actually rolls out, how it manifests, what we have to do about it, sometimes is unclear. So the best way to plan is to consider multiple realistic possible scenarios, and have plans in place that will work for these multiple scenarios and that can be implemented, depending on various triggers and developments in the industry and in your local and regional marketplaces.

Marian Jennings: I'm a great believer that in a period of uncertainty, it is helpful to ask, "What if?" questions. So, what are "What if?" questions? They really tee up potential future scenarios that may not be desirable for the organization. You may not want them to occur, but you can start thinking about what you will have to do if such a scenario took place. The reason that this approach is useful is if you do it as a board exercise, you get on the table those areas of uncertainty that most worry the board. And you get on the table the worst possible way that uncertainty could unfold. You have an opportunity, 1) to discuss if that did happen, how would you prepare for it and, perhaps more importantly, 2) to identify what I call trigger points or early indicators. What are things that you would see happening in your environment, in your region, in your community or at your state level, where you would say, “We agreed that if we saw this start to happen, that would tell us this scenario may be down the road for us.”

7. BOARD DEVELOPMENT

Marian Jennings: There is a great deal of discussion about competency-based boards, and most boards, probably yours, use a competency-based approach for recruiting new board members.

What is happening now, from my experience, is that the kinds of competencies we are seeking are beginning to change compared to even five years ago.

So one of the questions is, are you a freestanding hospital, meaning there is no parent board over you that may be doing strategy? Or are you a hospital that is part of a multi-hospital system? If you are the former, if you are an independent hospital or an independent system, it is important to articulate competencies around three categories—not just knowledge and expertise, the traditional competencies, but in addition personal attributes of an individual, and experience. So let's take all three of those categories.

In knowledge and experience, you might be looking for someone with experience related to population health management, or experience in public health or experience in high reliability organizations. So you are looking for people who bring knowledge and expertise from the role they play in the outside world to the board.

When we think about experience that is not necessarily knowledge-based, but experientially based, we may be looking for an individual who has worked for an organization in an industry that has undergone rapid transformation. One of my clients actually had some auto executives as board members, and they were very, very helpful, because they saw what had happened to their industry in the '80s, when value became the word of the day. And they can see many parallels of what is going on right now in health care. So, look for experience in an industry that has undergone that kind of change.

And then, personal attributes: you want people who are strategic thinkers. You want people who are comfortable with ambiguity. You want people who are consensus builders. You want people who are brave and willing to make a decision without perfect information about the future.

So as you start to think about your board and the implications of all this uncertainty and this transformation, one of the first things to focus on is a revised version of the competencies that will be most important for your organization.

Importantly, as you move forward, if your hospital is part of a system and the system has a parent board, and that parent board is typically responsible for strategy, determining what kinds of businesses the organization is going to get into and, geographically, how it would be positioned, and, quite frankly, the role of your own organization within the system, you may need different competencies on the board from what the parent board would need. Typically the role of hospitals in systems is focused on the quality equation and the value equation and meeting community needs. Thinking about the competencies that you need at that level, you may not need the financial expert. You may not need the person who in the past was a tremendous resource to the organization because s/he brought a lot of business acumen, but you may need more people who actually understand the value equation: people who understand how to improve quality; people who have connections with the community such that they can help you build the bridges to agencies and organizations throughout your

community or your region that will be essential to you in trying to manage the cost of care, not just in a hospital setting or in the doctor's office, but that broader setting of when the person goes home. For example, does the patient go home to an apartment with no heat? Is there a supporting infrastructure that will help him/her be independent in that setting?

Those are the collaborative kinds of relationships you need that require certain kinds of people on your board who are comfortable in partnering when they're not controlling all aspects of the organization.

Many board members I talk to say they are almost overwhelmed by the job ahead of them in such a complex industry. They are likely to become even more overwhelmed as the industry starts to move forward and change at an ever-increasing pace. So one of the things we are seeing as critical for successful boards is not only a very good recruiting process, but also a strengthened orientation and ongoing development process. The orientation should not be only the first two months of your board tenure. It really should be something that occurs the entire first year, if not longer, where people begin to understand the board and its dynamics, and they can appreciate to a greater degree what they have heard in the orientation sessions.

Thinking beyond that, board development needs to really ratchet up. It needs to be embedded in every board meeting. Every board meeting should be part of an annual board work plan, and there should be a theme for each of the board meetings that includes education on a topic, information on how the organization is doing related to that particular topic, an opportunity for generative discussion about what we need to do more of, or differently as an organization, and that the work plan should be tied to the overall strategic plan and goals of the organization.

SUMMARY

AS PART OF THE ASSESSMENT OF POSSIBLE INITIATIVES, THE BOARD SHOULD EVALUATE:

- FINANCIAL RISK
- CUSTOMER CHARACTERISTICS
- THE COMPETENCIES OF MANAGEMENT, PHYSICIAN LEADERS AND THE BOARD
- TECHNOLOGY AND INFRASTRUCTURE

ALTHOUGH THE TEMPTATION MAY BE TO FORGE AHEAD, IT'S IMPORTANT TO AVOID INVESTING IN NON-CORE ACTIVITIES WITHOUT A THOROUGH ASSESSMENT. EXERCISING RESTRAINT UNTIL THE ASSESSMENT IS COMPLETE IS KEY.

THE ASSESSMENT SHOULD INCLUDE SCENARIO PLANNING, USING A 5-YEAR, EVEN 10 YEAR, HORIZON. THIS PLANNING ACTIVITY SHOULD DEFINE WHAT CONSTITUTES SUCCESS, FLEXIBILITY IN HOW TO ACCOMPLISH THE PLANNED INITIATIVES AND REASSESSMENT POINTS.

THE BOARD SHOULD ASK "WHAT IF?" QUESTIONS TO EXPOSE AREAS OF UNCERTAINTY, ALLOW FOR PREPARATION AND TO IDENTIFY EARLY INDICATORS OF PROBLEMS.

TODAY'S BOARD SHOULD CONSIDER THE COMPETENCIES IT NEEDS TO ADDRESS THE ISSUES IN THIS NEW ENVIRONMENT. IN ADDITION TO THE TRADITIONAL REQUIREMENTS OF KNOWLEDGE AND EXPERIENCE, BOARD

MEMBERS SHOULD ALSO POSSESS PERSONAL ATTRIBUTES SUCH AS STRATEGIC THINKING AND COMFORT WITH AMBIGUITY.

BOARD DEVELOPMENT SHOULD INCLUDE A RIGOROUS ORIENTATION COMBINED WITH ONGOING INFORMATION SESSIONS.

THE BOARD'S ANNUAL WORK PLAN SHOULD BE SYNCHRONIZED WITH THE ORGANIZATION'S STRATEGIC PLAN AND GOALS.

For additional information please go to www.iprotean.com



2020 Superintendent's Evaluation

Superintendent Leianne Everett

Commissioners Board Chair Trish Frady

Secretary Tom Herrin

Commissioner Wes McMahan

Commissioner Craig Coppock

Commissioner Chris Schumaker

Date 2/24/2021

Overall Performance _____

Dimensions

Using the following definitions of levels of performance, please indicate your preceptions and evaluations of your CEO's work performance.

Excellent	Continually exceeds expectations
Good	Generally meets or exceeds expectations
Satisfactory	Meets expectations
Needs Improvement	Fails to meet one or a few expectations
Unacceptable	Fails to meet most expectations
N/A	Have not observed this skill/activity

Leadership & Managerial Qualities

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Self-starter; high level of drive and energy							
Effective member of a work group; gains respect and cooperation of others							
Provides leadership and direction to staff							
Functions within scope of responsibility							
Open to constructive communication							
Demonstrates willingness to try new approaches							
Develops realistic solutions							
Establishes vision and direction							
Communicates appropriately to staff							

Personal Qualities and Judgement/Sensitivity

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Person of Integrity							
Professionally presents self to the public							
Values people, shows concern							
Makes sound, timely decisions							
Handles problems professionally							

Knowledge and Skill

Demonstrates knowledge of hospital management/operations							
Assures facilities/equipment meet immediate and long-term needs							
Assures hospital is compliance with applicable standards, codes, laws and regulations							

Board Relations

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Works closely with Board to develop short and long range strategies							
Communicates appropriate information to Board at and between meetings							
Readily available to Board members							
Works with Board to create a governance environment							
Provides education opportunities for Board							
Supports policies, procedures and philosophy of Board							
Creates a sense of trustworthiness in Board/CEO relations							

Medical Staff Relations

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Has good rapport with Medical Staff							
Communicates with and works closely with medical staff on matters of mutual concern							
Ensures Board involvement and approval in an effective credentialing process							
Assists in determining community health care needs							
Assumes a leadership role in provider recruitment							
Is an effective liason between the Board and medical staff.							

Community Relations/Political Effectiveness

	Excellent	Good	Satisfactory	Needs Improvement	Unacceptable	N/A	Average
Promotes a positive image of the Hospital							
Represents the Hospital in the community							
Works closely with community in determining local health care needs							
Listens to diverse ideas							
Maintains an advocacy role in promoting needs of the institution							

Strengths and Development Needs

What are the CEO's major strengths?
 1 _____
 2 _____
 3 _____

What are areas that need further development?
 1 _____
 2 _____
 3 _____

What are the resources needed to address further development?
 1 _____
 2 _____
 3 _____

Current Goals for CEO

Personal Goals	Status

Organizational Goals	Status
Strategic Initiative 1 (To build external relationships and partnerships that prioritize community health needs.)	
Strategic Initiative 2 (To create a culture focused on safety, patient satisfaction, employee engagement and excellent outcomes.)	
Strategic Initiative 3 (To continue as stewards of public funds.)	
Operational Goals	



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: Frady, Trish

Collaborators:

Approvals

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

- **Signers:**

Original Effective Date: 07/17/2012

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

Review Date: [11/08/2013 Rev. 1], [12/23/2014 Rev. 1], [06/20/2016 Rev. 2], [08/24/2017 Rev. 2], [07/21/2020 Rev. 4]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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

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



DocID: 17988
Revision: 0
Status: Official
Department: Compliance
Manual(s):

Policy & Procedure : Conflict of Interest

Policy:

It is the policy of Lewis County Hospital District #1 that employees must avoid any actual or perceived Conflicts of Interest to ensure that the Conflict of Interest does not affect, or appear to affect patient safety, quality of care, research integrity or interfere with the District's responsibility to the community it serves. For example, any situation where a District employee may benefit financially, whether directly or indirectly (e.g., through a family member) as a result of that employee's position with District is a potential Conflict of Interest.

Purpose:

This Conflict of Interest Policy is intended to guide District employees in structuring appropriate relationships with care providers, payors, educational institutions, manufacturers and other vendors that affect or have the potential to affect or give the appearance of affecting patient safety or quality of care, treatment, research and payment for services.

A Conflict of Interest is not illegal per se. rather, most Conflicts of Interest can be managed or cured with disclosure, consent or modification. However, depending on the circumstances, it is prudent to simply avoid certain Conflicts of Interest. District employees must disclose all potential Conflicts of Interest pursuant to this Conflict of Interest Policy for review and appropriate action.

Procedure:

Individual Conflicts of Interest

All Employees are subject to this Conflict of Interest Policy and are required to be familiar with its content.

A. Regular Disclosures. All Employees must disclose potential Conflicts of Interest as follows:

1. All employees are required to disclose potential Conflicts of Interest by submitting a Conflict of Interest Disclosure Form ("Form") to Human Resources or the Compliance Officer upon hire or appointment and then annually.
2. Board Members and Agents must complete and submit Forms to Human Resources or Compliance Officer upon hire or appointment and then annually.

3. Employees who are below the manager level should complete the Conflict of Interest form and disclose potential Conflicts of Interest to their immediate supervisors with copies of the completed form to the Compliance Officer.
4. Volunteers must complete and submit Conflict of Interest forms to the Director of Volunteers when they begin providing services to the District and then annually.

B. Disclosing New Conflicts of Interest.

1. If during the year any new potential Conflicts of Interest arise, employees must report the potential Conflicts of Interest immediately (and prior to undertaking any activity that may raise a potential Conflict of Interest) as outlined above.

C. Confidentiality.

1. Disclosure information will be confidentially maintained. It may be shared in a confidential manner with the person to whom the Employee directly reports, the Compliance Committee of the District, the Board of Commissioners and as required by law.

D. Review of Individual Disclosure forms and Resolution of Conflicts. Forms will be reviewed and conflicts resolved in the following manner:

1. For Board Members and the Chief Executive Officer, the Corporate Compliance Officer will review the completed form and make a recommendation to the Compliance Committee. The Committee will review the recommendation and forward a plan for curing or managing any disclosed conflict to the Board of Commissioners.
2. For Volunteers, the Director of Volunteers will review the completed Form and send the Form and his/her written recommendation to the Compliance Officer. The Compliance Officer will review the recommendation of the Director of Volunteers and the completed Form and will take appropriate action.
3. For all other Employees, the Corporate Compliance Officer will review the Forms along with department manager. The Corporate Compliance Officer will review the Forms for Conflicts of Interest and may discuss with the Compliance Committee any needed action to cure or manage the conflict
4. For Members of the Board of Commissioners and the Chief Executive Officer, any appeal will be made to the entire Board of Commissioners. For employees who sit on the Compliance Committee or who directly report to the Chief Executive Officer, appeals may be made to the Compliance Committee and/or the Board of Commissioners. Appeals for all other employees will be made to the Compliance Committee.
5. Review Factors. The Corporate Compliance Officer and the Compliance Committee shall consider the following factors when reviewing completed Form:
 - i. Whether the employee or an Immediate Family Member is a party to, or may directly or indirectly benefit from, a proposed agreement or transaction involving the District;
 - ii. Whether the employee's desire for, or expectation of, direct or indirect external economic advantage could distort a District decision or activity;
 - iii. Whether the employee or an Immediate Family Member is engaging in an activity, business, or transaction in which the District is likely to engage;
 - iv. Whether the employee's outside activities may conflict with rights of, or the employees's obligations to, the District or the District's patients;
 - v. Whether the Conflict of Interest can be cured or managed by recusal or other appropriate action;
 - vi. Whether the employee is supervising a family member or relative;
 - vii. Whether there is an appearance of a Conflict of Interest.

6. Determination and Course of Action.

- i. If the Compliance Committee and the Compliance Officer determines that a Conflict of Interest exists,
- ii. The Compliance Officer shall notify the applicable employee in writing of the determination and the recommended course of action.
- iii. The Employee shall respond in writing indicating how he/she complied with the determination.

7. Discipline.

- i. Failure to comply with this Policy, as well as refusal to complete the Form, or follow recommended course of actions may result in disciplinary measures, up to and including removal from office or termination of employment.

8. Records.

- i. Forms, in hard copy and electronic format, will be retained by all departments as required by District retention requirements.
- ii. The Compliance Officer will retain memoranda of all Compliance Committee decisions as required by District retention requirements

Institutional Conflicts of Interest

A. Reporting. Institutional conflicts of interest are conflicts involving the District or an institutional component thereof, rather than an individual. Anyone who becomes aware of a potential institutional conflict of interest should refer the potential conflict to the Compliance Officer who with the Compliance Committee will review the potential conflict and either issue a recommendation or refer the matter to the CEO and the Board of Commissioners for a decision.

B. Regular Reviews. The District conducts regular conflicts of interest reviews of its relationships with other health care providers, educational institutions, payors, and pharmaceutical, device and equipment manufacturers to determine whether conflicts exist and whether these relationships comply with applicable laws.

Conflicts of Interest Related to Immediate Patient Care

1. Potential conflicts of interest that effect direct care of any particular patients may be referred to the Compliance Committee.
2. Contact: Compliance Officer

RESPONSIBLE PARTY:

1. All District Employees.

DEFINITIONS:

"Agents" means all persons and entities that have contracted with the District to provide health care related services, equipment or other goods or services. Agents do not include Volunteers.

"Board Members" means members of the Board of Commissioners of Lewis County Hospital District #1.

"Employee" means all District employees and temporary, per diem personnel, volunteers, students and others rendering paid or unpaid services to the District, including, but not limited to, Agents, Board Members, Medical Staff, and Officers.

“Conflict of Interest” means a situation in which financial, professional, or personal interests, including the interests of Immediate Family Members, may compromise one’s professional judgment or other obligations to the District. There is no minimum amount below which financial Conflicts of Interest do not need to be disclosed.

“Entity” means any for-profit or not-for-profit organization, including, but not limited to, any corporation, trust, foundation, association, company, sole proprietorship, partnership, firm, venture, vendor, or other form of organization.

“Equity” means any investment having a value greater than 1% of total worth or (\$25) or having an unknown value (such as stock options).

“Immediate Family Member” means a spouse/domestic partner, parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild, aunts, uncles, nephews, nieces and spouse of a grandparent or grandchild.

“Significant Financial Interest” means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options or other ownership interests); and intellectual property rights (e.g., patents, copyrights and royalties from such rights). Significant Financial Interest does not include:

- Salary, royalties, or other remuneration from the District;
- Income from seminars, lectures, or teaching engagements sponsored by, or from service on advisory committees or review panels for, public or nonprofit entities;
- An equity interest that when aggregated for Employee and the Employee’s spouse and dependent children, does not exceed \$25 in value and does not represent more than a 1% ownership interest in any single entity; or
- Salary, royalties or other payments that when aggregated for the Employee and the Employee’s spouse and dependent children are not expected to exceed \$500 over the next twelve months.

References:

- Anti-kickback Statute, 42 U.S.C. §1320A ff.

Document Owner:	Anderson, Roy
Collaborators:	
Approvals	
- Committees:	(11/08/2017) Non-Clinical Policy Review Committee, (11/27/2017) Policy Oversight Committee, (02/27/2019) Board of Commissioners,
- Signers:	
Original Effective Date:	01/25/2019
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Review Date:	
Attachments: (REFERENCED BY THIS DOCUMENT)	Annual Conflict of Interest Disclosure Form
Other Documents: (WHICH REFERENCE THIS DOCUMENT)	Outside Employment Annual Conflict of Interest Disclosure Form

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at
<https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:17988>.



Annual Conflict of Interest Disclosure Form

Administrators, Managers, and Commissioners complete this form annually to identify and resolve possible conflicts of interest. A conflict of interest may exist when an employee or Board member is involved in any activity, or has a personal, familial, or financial interest, that may interfere in their performance or objectivity in performing their duties. (Where appropriate please check boxes yes or no and please use the additionally provided lined paper if needed.)

Name _____ Position _____ Date: _____

1. Are you or do you

1.1. Have a relationship with an entity that does business with Lewis County Hospital District No.1

1.2. Have you referred business from LCHD to the organization(s): yes No

1.3. Have you referred business from the organization to LCDH: yes No

1.4. Provide products or services similar to Lewis County Hospital District No.1 products or services.

1.4.1. If you check "Yes" state: yes No

1.5. The name and address or the organization(s): _____

1.6. Your position(s): _____

2. Do you have a financial interest in any other entity that does business in any capacity with, or competes in any way with LCHD? If you check "Yes" state: yes No

2.1. The name and address of the organization(s) _____

2.2. What is your financial interest in the organization(s): _____

2.3. Do you own more than one-tenth of one percent of the organization(s): yes No

2.4. Have you referred business from LCHD to the organization(s): yes No

2.5. Has the organization referred business to LCHD through you: yes No

3. Do you have any relative(s) that: (check boxes yes or no)

3.1. Are employed by Lewis County Hospital District No.1 yes

No

3.2. Provide contracted services to Lewis County Hospital District No.1 yes No

3.3. Serve as a board of commissioner for Lewis County Hospital District No.1 yes No

3.4. Has a financial interest in an entity doing business, in any capacity, with LCHD No. 1

3.5. Has a financial interest in an entity that provides products and services that competes with Lewis County Hospital District No.1



3.6. If you check "Yes" state: yes No

3.6.1. The name(s) of the relative(s) and your relationship to such person:

3.6.2. The name and address of the organization(s) with which associated:

3.6.3. The relative(s) position(s) with the organization(s):

3.6.4. The relatives(s) financial interest in the organization(s):

3.7. Have you referred business to the organization(s): yes No

3.8. Has the relative or family member has referred business to LCHD: yes No

4. Has any current or prospective vendor, supplier, or customer of LCHD No1, or any other entity that does or has sought to do business with LCHD No1 provided you or your family members with, or assumed on behalf of you or your family members behalf the cost of, goods or services of any kind whose value exceeds \$25.00 as a gift or other perquisite? If you check "Yes" state: yes No

4.1. The name of the person who provided you with, or assumed the cost of, such goods and/or services and the business entity with which such person is associated:

4.2. The goods / services you received, their estimated value and when you received them:

5. Are you or a family member involved in any public service or charitable organizations to which LCHD contributes or whose actives may conflict with those or LCHD? yes No

If you check "Yes" state/describe the activity and/or relationship:

6. In your capacity with Lewis County Hospital District No.1 No. 1, have you hired or retained, as an employee, an independent contractor or otherwise, or do you supervise, a family member or other relatives?

If you check "Yes" yes No

6.1. The name of the family member(s) or other relative(s) and your relationship to such person(s):

7. Medicare or other government programs exclusions are reviewed by HR or Finance departments.

Signature: _____

Date: _____

Please complete this form and return it to the Compliance Official or Administrative Office. If you need additional space, please use the labeled and lined paper that came with this form.

Thank you

Lewis County Hospital District No. 1, P.O. Box 1138, Morton, Washington, 98356

SUPERINTENDENT REPORT



SUPERINTENDENT'S REPORT January 2021

Mission: To foster trust and nurture a healthy community

Vision: To provide accessible, quality healthcare

	Opportunity	CY 2021 Progress	Status	Associated Documentation
Informational	Strategic	Update on Dietary's initiative to support strategic priority	on-going	01212021 Senior Meals Memo
Informational	Recruitment	Update on ongoing recruitment efforts for selected positions	on-going	01212021 Recruitment Memo
Informational	Education	Provide information on upcoming educational opportunities	complete	01212021 Governance and Executive Education Memo
Informational	Employee Turnover	Provide 2020 Employee Turnover data	complete	01212021 Employee Turnover Memo
Informational	Accreditation	Provide an update on accreditation timeline	on-going	01212021 DNV Accreditation Survey Update Memo
Informational	Legislation	Provide information on 2021 legislation to watch, timeline and contacts	complete	01212021 2021 Legislative Updates

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 1/21/2021
Subject: Senior Meals

Arbor Health's Dietary Manager, Kevin Conger, established a departmental goal to serve to-go meals to seniors in our District. This goal aligns with our strategic priority of building relationships and partnerships that prioritize community health needs. Our first meals were served on January 4, 2021. Kevin and her team have served 126 meals through January 21, 2021.

We feel that this has been a huge success and has exceeded our expectations. Below are a few points about the meal program:

- Weekly menu is promoted via Facebook and shared through fliers.
- Seniors call their orders in, preferably the day before.
- Two parking spots are designated as meal pick-up spots between 12:30-1:30 pm Monday through Friday.
- The most popular day to order our to-go meals is Friday, which serves fish and chips.

We will be monitoring the number of meals served through our Department Metrics dashboards. You will see these in our April 2021, July 2021, October 2021, and January 2022 board packets.



To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 1/21/2021
Subject: Recruitment

Below is a recruitment update on selected positions:

- **Facilities Director** – currently being filled by an interim, no new qualified candidates to review,
- **Licensed Social Worker** – an offer was extended and accepted. This position will provide our health system with integrated behavioral health support, services. This will complement the behavior health services that are currently being provided by a remote therapist/psychiatrist,
- **Case Manager** – due to turnover in the position, we are interviewing candidates,
- **Orthopedic Surgeon** – evaluating an opportunity that was presented. This opportunity would provide orthopedic services three days per month, focusing on non-joint procedures,
- **Non-surgical Podiatrist** – evaluating an opportunity that was presented. A meeting with this provider is scheduled for February 2021,
- **Laboratory Technologist** – no qualified candidates have applied, searching for an interim due to upcoming partial retirements.
- **Respiratory Therapy Manager** – this working manager position has been filled. The addition allows us to improve our RT coverage for our district.



To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 1/21/2021
Subject: Governance and Executive Education

WHSA/AWPHD announced upcoming learning opportunities. These courses are available to hospital executives and board leadership. They are free of charge.

1. **Thursday, January 28, 2021 at 12:00-1:00 pm:** Business is not as usual: Strategic planning during uncertain times
2. **Monday, February 22, 2021 at 12:00-1:00 pm:** Open Public Meetings Act & Public Records Act
3. **Tuesday, March 2, 2021 at 12:00-1:00 pm:** The 7 Deadly Sins of a Tax-Exempt Hospital
4. **Wednesday, May 19 at 12:00-1:00 pm:** Budgeting & Financial Modeling in a Post-COVID World

The May 19th event conflicts with the May Finance Committee meeting. *Please consider rescheduling the Finance Committee one hour earlier, 11:00 am, to allow for participation in the education.*

Please let Shana Garcia know if you are interested in being registered for any of these events. **NOTE:** *The first event listed above will occur the day after the board meeting. This event is time sensitive if you are interested in attending.*



To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 1/21/2021
Subject: 2020 Employee Retention

In 2020, we experienced a decrease in employee turnover when compared to 2019, 22.4% vs. 27.9%. It is too soon to compare the national overall healthcare turnover rates for 2020, but one online source indicated that 2019 experienced a 19.1% turnover rate. The pandemic has put increasing stress on healthcare workers which is expected to result in a national turnover rate higher than 2019.

Arbor Health’s turnover rates for the last five years are:

2020	2019	2018	2017	2016
22.4%	27.9%	16.9%	20.1%	24.4%

As CHRO Shannon Kelly drilled into the 2020 data, she observed that our 2020 turnover rate, excluding retirements, was 18.6%. This is important to note because retirements are typically outside of the employer’s control. Looking at employee exits that are not due to retirement gives a better understanding of why employees are choosing to leave an organization.

Further analysis by CHRO Kelly found that the RN annual turnover rate was 19.1%. Excluding retirements, the RN turnover rate drops to 9.6%. Relias, a healthcare learning management company, reports that their 2020 study demonstrated that the national average for RN turnover is 17.1% for RNs.



To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 1/21/2021
Subject: DNV Accreditation Survey

As you will have learned through our Plant Planning Committee minutes, we have embarked upon another facilities project-medical gases system. In preparation for our accreditation survey, we engaged a medical gases vendor to evaluate our system. This vendor compared the current state of our system against the 2012 standards that are currently being used for accreditation expectations. As a result, we have a lot of work to complete prior to being surveyed.

As of this writing, we have already engaged a vendor to address a multitude of "housekeeping" concerns. This low-hanging fruit includes tasks such as labeling. The other areas of concern will take more time to address.

One of the reasons these areas will take time is research. Our interim facilities director is putting together our paper trail to better understand the regulatory requirements that were in place at the time our systems were operationalized. Our systems date from the late 1980s to early 2000s for implementation and updates. As I mentioned earlier, the system was evaluated against current standards, which may not fully apply.

Once we do decide which items need to be addressed, we will need to find a vendor to do the work. These solutions may require an electrician or even a general contractor to complete. Any solution requiring these resources will likely fall outside of my scope of authority to authorize and will work their way to the Board of Commissioners through our Finance Committee.

Our DNV survey was scheduled for February 2021. Because of the medical gases work that needs to be addressed, we elected to postpone the survey until May 2021. This should allow the time needed to bring the medical gases to survey readiness.



To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 1/21/2021
Subject: 2021 Legislation Updates

The 2021 regular legislative session began on January 11, 2021. Healthcare legislative priorities to watch are as follows:

- **Liability Protections for COVID Response (SB 5271)** – to broaden protections for healthcare providers and facilities caring for COVID-19 patients. The law should acknowledge the challenges providers and facilities face, i.e., supply shortages, changing governmental directives, evolving treatments. **WSHA supported.**
- **Nurse Licensure Compact** –to address the nursing shortage, Washington state should join 34 other states in the participation of the Nurse Compact. This speeds up recruitment by shortening the licensing delays and increases access to telemedicine. **WSHA supported.**
- **State Law Waivers During Future Emergencies** – this law would activate specific state law waivers when equivalent federal waivers are established during national state of emergencies. State waivers can take over 30 days after an emergency is declared. These state waivers allow for quick responses to emergencies. **WSHA supported.**
- **Audio-only Telemedicine (XB 1196)** – proposal attempts to establish payment parity for audio-only services that are currently excluded as a reimbursable care modality. Audio-only interventions would only be viable for established patient/doctor relationships. **WSHA supported.**
- **Public Health Legislation** – these are in response to how public health responded to COVID-19 pandemic:
 - **Comprehensive Public Health Districts (HB 1152/SB 5173)** – governor requested; creates new comprehensive public health districts.
 - **Funding Foundational Public Health Services (HB 1201/SB 5149)** – governor requested; provides for a covered lives assessment to establish a stable funding source for foundational public health services.



- **Public Health Board Composition (HB 1110)** – modifies the local health board composition to include more non-elected members from healthcare facilities & providers, public health, consumers of public health and other community stakeholders. **WSHA supported.**
- **Expanded Department of Health Enforcement Over Acute Care Hospitals (HB 1148)**– similar bill was passed in 2020 for enforcement over psychiatric hospitals. This expands tools available to DOH where findings of patterns of non-compliance exist. Bill provides DOH with conditions, fines, and limited or stop placement options. DOH states their only recourse today is to shut down entire facilities. This bill is expected to have strong legislative support.
- **Other:**
 - Private enforcement of employment laws (qui tam),
 - B&O tax exemption of COVID relief funds,
 - CON exemption for psychiatric beds,
 - Reasonable hospital financial data reporting,
 - Data collection to improve access to involuntary treatment services,
 - Consumer data enhancements to recognize healthcare privacy laws,
 - Flexibility in nurse staffing laws,
 - Business laws must recognize hospitals' unique needs.

Virtual hospital advocacy week will be February 1-5 with the last day of the 2021 regular legislative session to be April 25. You can participate in advocacy week and/or testify in Olympia. Information can be found by subscribing to *Inside Olympia*, by signing up to be a hospital advocate, or by following WSHA on social media. Go to www.wsha.org/events-resources/newsletters/wsha.org/advocacy.

Additionally, WSHA staff are there to support us. The following are key WSHA members:

- Chelene Whiteaker, MHA, Sr. VP, Government Affairs: chelenew@wsha.org
- Shirley Prasad, JD, Sr. Policy Director, Government Affairs: shirleyp@wsha.org
- Zosia Stanley, JD, Associate General Counsel: zosias@wsha.org
- Beth Zborowski, MHA, Sr. VP, Member Engagement: bethz@wsha.org

