
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

November 10, 2021 @ 3:30 PM

Join Zoom Meeting: <https://myarborhealth.zoom.us/j/97122335008>

Meeting ID: 971 2233 5008

One tap mobile: +12532158782,,97122335008#

Dial: +1 253 215 8782

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Superintendent Report





**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
November 10, 2021 at 3:30 p.m.
ZOOM**

<https://myarborhealth.zoom.us/j/97122335008>

Meeting ID: 971 2233 5008

One tap mobile: +12532158782,,97122335008#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	PAGE	TIME
Call to Order		
Roll Call		
Reading of the Mission & Vision Statement		3:30 pm
Approval or Amendment of Agenda		
Conflicts of Interest		
Comments and Remarks		3:35 pm
<ul style="list-style-type: none"> • Commissioners • Audience 		
Executive Session-RCW 70.41.205		3:40 pm
<ul style="list-style-type: none"> • Medical Privileging-Janice Holmes 	5	
Department Spotlight		
<ul style="list-style-type: none"> • <i>To resume in January 2022.</i> 		
Board Committee Reports		
<ul style="list-style-type: none"> • Compliance Committee Report-Committee Chair-Commissioner McMahan 		3:45 pm
Consent Agenda (Action)		3:50 pm
<ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ <i>October 27, 2021 Regular Board Meeting</i> ○ <i>November 3, 2021 Compliance Committee Meeting</i> 	8 16	
<ul style="list-style-type: none"> • Warrants & EFT's in the amount of \$4,948,905.16 dated October 2021 	21	
<ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 11.10.21 (<i>To be provided at the meeting.</i>) <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> 	23	
Old Business		
<ul style="list-style-type: none"> • Incident Command Update <ul style="list-style-type: none"> ○ <i>CNO/CQO Williamson will provide a verbal COVID 19 update, which will include Proclamation 21-14.</i> 		3:55 pm
<ul style="list-style-type: none"> • Proposed Budget <ul style="list-style-type: none"> ○ <i>To review the 2022 Proposed Budget being presented at the Public Hearing.</i> 	25	4:10 pm

New Business		
<ul style="list-style-type: none"> • 2022 Board Meeting Schedule <ul style="list-style-type: none"> ○ <i>To review the upcoming board meeting schedule for 2022.</i> 	28	4:20 pm
<ul style="list-style-type: none"> • Board Policy & Procedure Review <ul style="list-style-type: none"> ○ Board Self-Evaluation ○ Board Spending Authority ○ Electronic Signatures 	31 33 35	4:30 pm
<ul style="list-style-type: none"> • Board Self-Evaluation <ul style="list-style-type: none"> ○ <i>To be completed and returned to Board Chair Frady by December 1, 2021. At the December 15th Regular Board Meeting the Board will discuss the evaluations completed for 2021.</i> 	37	4:40 pm
Superintendent Report	41	4:50 pm
<ul style="list-style-type: none"> • Q3 Departmental Strategic Measures 		
Meeting Summary & Evaluation		5:05 pm
Next Board Meeting Dates and Times		
<ul style="list-style-type: none"> • Special Board Meeting-November 10, 2021 @ 6:00 PM (ZOOM) • Special Board Meeting-November 29, 2021 @ 6:00 PM (ZOOM) • Regular Board Meeting-December 15, 2021 @ 3:30 PM (ZOOM) 		
Next Committee Meeting Dates and Times		
<ul style="list-style-type: none"> • Finance Committee Meeting-November 17, 2021 @ 12:00 PM (ZOOM) • Quality Improvement Oversight Committee-December 1, 2021 @ 7:00 AM (ZOOM) • Finance Committee Meeting-December 22, 2021 @ 12:00 PM (ZOOM) 		
Adjournment		5:10 pm



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS-0

REAPPOINTMENTS-4

Arbor Health

- Esther Park-Hwang, MD (Gynological Medicine)

Telestroke/Neurology Consulting Privileges

- James Jordan, MD (Consulting Telestroke/Neurology Privileges)
- Biggya Sapkota, MD (Consulting Telestroke/Neurology Privileges)

★-notates files with items to note.

BOARD COMMITTEE REPORTS

CONSENT AGENDA



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

<https://myarborhealth.zoom.us/j/91570159415>

Meeting ID: 915 7015 9415

One tap mobile: +12532158782,,91570159415#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE	
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Frady called the meeting to order via Zoom at 3:30 p.m. Commissioners present: <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 Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Kathleen Arnold, Interim Pharmacist <input checked="" type="checkbox"/> Robert Hirst, Interim Quality Manager <input checked="" type="checkbox"/> Janice Cramer, Medical Staff Coordinator <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Van Anderson, Packwood Community Member				

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> ☒ Spencer Hargett, Compliance Officer ☒ Larry Sinkula, Surgical Services Director ☒ Julie Taylor, Ancillary Services Director ☒ Diane Markham, Marketing & Communications Manager ☒ Kim Olive, Human Resource Assistant ☒ Buddy Rose, Reporter ☒ Kevin McCurry, MD-CMO 			
Approval or Amendment of Agenda		Secretary Herrin made a motion to approve the agenda. Commissioner Coppock seconded and the motion passed unanimously.		
Conflicts of Interest	Board Chair Frady asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Comments and Remarks	<p>Commissioners: Commissioner Schumaker reminded the public to not forget to vote by 8 pm on November 2nd, as well as he listed the reasons he is excited to be running for Position #2.</p> <p>Commissioner McMahan commended all staff for their hard work, as well as CFO Boggess's hard work and effort on the 2022 operating budget.</p> <p>Commissioner Coppock recommended the Board be mindful of inflation that is occurring in the economy that will impact the budget discussions for 2022.</p> <p>Audience: None note.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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<p>Executive Session- RCW 70.41.205</p>	<p>Executive Session began at 3:40 p.m. for 5 minutes to discuss Medical Privileging. The Board returned to open session at 3:45 p.m.</p> <p>No decisions were made in Executive Session.</p> <p>Initial Appointments-</p> <p><u>Arbor Health</u></p> <ol style="list-style-type: none"> Emily Johnston, MD (Emergency Medicine Privileges) Chalermkiat Thanasawat, MD (Emergency Medicine Privileges) <p><u>Radiology Consulting Privileges</u></p> <ol style="list-style-type: none"> Aaron DeWald, MD (Consulting Radiology Privileges) Dawn Hastreiter, MD (Consulting Radiology Privileges) Germaine Johnson, MD (Consulting Radiology Privileges) <p><u>Telestroke/Neurology Consulting Privileges</u></p> <ol style="list-style-type: none"> Mohammad Hirzallah, MD (Consulting Telestroke/Neurology Privileges) Robert Jackson, MD (Consulting Telestroke/Neurology Privileges) <p>Reappointments-</p> <p><u>Arbor Health</u></p>	<p>Commissioner Coppock made a motion to approve the Medical Privileging as presented and Secretary Herrin seconded. The motion passed unanimously.</p>		
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AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>1. Shanna Angel, CRNA (Anesthesia Privileges)</p> <p><u>Telestroke/Neurology Consulting Privileges</u></p> <p>1. Sarabjit Atwal, MD (Consulting Telestroke/Neurology Privileges)</p> <p>2. Margarita Oveian, MD (Consulting Telestroke/Neurology Privileges)</p> <p>3. Ravi Pande, MD (Consulting Telestroke/Neurology Privileges)</p>			
Department Spotlight	To resume in January 2022.			
Board Committee Reports <ul style="list-style-type: none"> Hospital Foundation Report 	Commissioner McMahan noted the auction dinner was a success with 102 items up for bid, 82 registered bidders and a grand total \$24,087 in donations.			
<ul style="list-style-type: none"> Finance Committee Report 	Commissioner Coppock noted the committee discussed the increase in healthcare plan costs that need to be included in the 2022 budget. The 2022 budget was introduced, which included volume assumptions and the increase in labor, as well as benefit costs. As a reminder, while there are costs associated to the new service lines, the Board needs to remember these were services leaving the District, along with unaddressed health concerns in the District. It is important to continue bridging the gap of bringing services closer to home in Lewis County. The Finance Committee supported approving Resolution 21-37.			
Consent Agenda	Board Chair Frady announced the consent agenda items for consideration of approval: <ol style="list-style-type: none"> Approval of Minutes 	Commissioner Schumaker made a motion to approve the Consent Agenda and Commissioner		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> a. September 29, 2021, Regular Board Meeting b. October 20, 2021, Finance Committee Meeting <ul style="list-style-type: none"> 2. Warrants & EFT's in the amount of \$4,334,809.67 dated September 2021 3. Approve Documents Pending Board Ratification 10.27.21 4. Resolution 21-37-Declaring to Surplus or Dispose of Certain Property 	Coppock seconded. The motion passed unanimously.		
Old Business <ul style="list-style-type: none"> • Incident Command Update 	<p>CNO/CQO Williamson highlighted the following:</p> <ul style="list-style-type: none"> 1. Cases have plateaued. 2. The 7-day rolling average is 32 cases per day in Lewis County. 3. The Delta+ variant is the next concern. 4. Continue to encourage vaccinations and boosters as they become available to healthcare workers and patients. 5. Planning two vaccine booster clinics for Saturday, November 6th in Packwood and Morton. 6. Booster recipients can get whichever vaccine is preferred, mixing has been approved. 7. Recent flu shot clinics in the community were a huge success. 8. An eleven and under vaccine has not been approved. 9. Unable to report the vaccinated percentage in East Lewis County as it has not been published. Only county level data is available. 			
New Business	<p>CFO Boggess highlighted the following upon introducing the proposed budget:</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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<ul style="list-style-type: none"> Introduce Proposed Budget 	<ol style="list-style-type: none"> The budget presented today is a snapshot of today's assumptions. This is a preliminary discussion. The Income Statement was updated due to Finance Committee's recommendation to include increased costs in benefits and salaries/wages. This is an unstable market and inflation is impacting the economy. Volumes were adjusted and increased on the Inpatient side of the house. The Rapid Care model in the Morton Clinic will meet consumer preference; however, will pull net revenue out of the ED. The 2022 Budget presented has a \$390,000 net loss. COVID continues to impact how we do business but we are projecting volumes to return. The District has two tax levies: <ol style="list-style-type: none"> Maintenance levy Excess tax levy that supports the bond with one year left. New Rapid PCR equipment was received and functional. The order set is being built in Cerner. Workflow process to be developed. The new variants can be detected with this machine and has testing platforms for upcoming testing changes. New service lines are scheduled for department spotlights 12 months after implementation. 	<p>Requested volumes for Podiatry and Orthopedic Programs.</p>	<p>CFO Bogges</p>	<p>11.17.21 Finance Committee Meeting</p>
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AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Board Policy & Procedure Review 	<p>Code of Ethics-Approved.</p> <p>Records Retention-Approved.</p> <p>Board Meeting Teleconferences-Approved.</p> <p>Board Mobile Device Management-Approved.</p> <p>The Board approved all four policies/procedures as presented.</p> <p>Commissioner McMahan inquired about the Charity Care Policy and Procedure and if it is reviewed annually. Executive Assistant Garcia noted the Board ratified it in today's Consent Agenda. This policy is published, not only on the District's website, but with the Department of Health.</p>	<p>Marked four of the four documents as Reviewed in Lucidoc.</p>	<p>Executive Assistant Garcia</p>	<p>11.10.21 Regular Board Meeting</p>
<p>Superintendent Report</p>	<p>Superintendent Everett highlighted the following:</p> <ol style="list-style-type: none"> The District is developing a process to do weekly COVID testing on employees with approved accommodations. The Packwood Clinic continues to be a priority; however, future locations will be discussed in future Executive Sessions to protect this information. Department Strategic Measures for 3rd quarter will be presented at the November 10th meeting. Weekly updates will resume when meaningful information is available to report to the Board. 	<p>Ad hoc emails will be sent to Commissioners when meaningful information should be shared.</p>	<p>Superintendent Everett</p>	<p>Ongoing Friday Activity</p>
<p>Meeting Summary & Evaluation</p>	<p>Superintendent Everett highlighted the decisions made and action items.</p>			
<p>Adjournment</p>	<p>Secretary Herrin moved and Commissioner Coppock seconded to adjourn the meeting at 4:59 p.m. The motion passed unanimously.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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Respectfully submitted,

Tom Herrin, Secretary

Date

DRAFT



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Compliance Committee Meeting
November 3, 2021, at 12:00 p.m.
Via Zoom**

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Commissioner McMahan called the meeting to order via Zoom at 12:02 p.m. Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Craig Coppock, Commissioner Committee Member(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Jim Frey, Interim IT Manager <input checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Guy McAllister, Sensato <input checked="" type="checkbox"/> Bob Hirst, Interim Quality Manager <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director			
Approval or Amendment of Agenda	No amendments noted.	CHRO Kelly made a motion to approve the agenda and Commissioner Coppock seconded.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
		The motion passed unanimously.		
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Consent Agenda	<p>Commissioner McMahan announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Compliance Minutes –May 12, 2021 2. Approval of Policies, Procedures & Plans: <ol style="list-style-type: none"> a. Preventing Fraud Waste and Abuse Anti-Rebating Statue b. Temporary Workforce Members 	<p>Executive Assistant Garcia requested to update the minute date from 12.30.20 to 05.12.21. The minutes are correct just need the date changed.</p> <p>Commissioner Coppock made a motion to approve the consent agenda with the correction to the minutes and CNO/CQO Williamson seconded. The motion passed unanimously.</p>	Executive Assistant Garcia	11.5.21
<p>Old Business</p> <ul style="list-style-type: none"> • DNV Survey Response 	CNO/CQO Williamson noted the DNV occurred in May and the Hospital received findings. Corrective action plans, as well as compliance data demonstrated compliance. The Hospital has no outstanding deficiencies.			
<ul style="list-style-type: none"> • Compliance Program Update 	<p>Compliance Officer Hargett reported the following updates:</p> <ol style="list-style-type: none"> 1. No compliance issues to report. 2. There were three HIPAA events in Q3 & Q4. Two events are reportable due to a faxing error and an employee inappropriately accessing clinical diagnoses in a patient chart. 3. National Corporate Compliance & Ethics week next week and offering a virtual scavenger hunt to educate employees. 	Complete follow-up from Q4 HIPAA event.	Compliance Officer Hargett	12.2.21

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>Revenue Cycle Director Sofich reported updates in her area.</p> <p>Compliance Officer Hargett plans to perform environmental rounds for HIPAA related items.</p>			
<ul style="list-style-type: none"> Security Risk Assessment by Sensato-Guest Speaker-Guy McAllister 	<p>Compliance Officer Hargett requested to have the Guest Speaker give his presentation at this time on the agenda. The Committee supported.</p> <p>Guy McAllister with Sensato reported on the C2M2/HIPAA 2021 Findings & Recommendations. Six items were identified as findings and were prioritized by risk with recommendations.</p> <p>The IT Department has already addressed or planning to address the critical items through budget considerations and putting a process in place. The Critical items are the following:</p> <ol style="list-style-type: none"> 1. Network Segmentation 2. Incident Response Declaration <p>The three items with plans to address in the next 12 months are the following:</p> <ol style="list-style-type: none"> 1. Manage Assets and Configurations 2. Policy & Procedure Review Process 3. Cybersecurity Risk Management Plan 	<p>Provide quarterly updates on the progress on the top six priorities.</p>	<p>Compliance Officer Hargett, CFO Bogges & Interim IT Manager Frey</p>	<p>February Compliance Meeting</p>
<ul style="list-style-type: none"> Compliance Committee Structure Update 	<p>Compliance Officer Hargett plans to resume monthly operational compliance meetings, as well as will assess membership to ensure the right positions are in the committee.</p>			
<ul style="list-style-type: none"> Develop goals for updating policies, procedures and plan 	<p>Executive Assistant Garcia is drafting a Public Records Policy & Procedure and will review with legal. The District has one open request and received one request in both Q3 & Q4, but both withdrew their requests.</p>	<p>Draft public records policy and procedure.</p>	<p>Executive Assistant Garcia & Superintendent Everett</p>	<p>February Compliance Meeting</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Superintendent Everett plans to revisit Record Retention now that a permanent Compliance Officer is in place.			
<ul style="list-style-type: none"> DZA Audit of 501R 	CFO Boggess noted the audit was completed and most items were reviewed at Finance Committee.			
<ul style="list-style-type: none"> Green Building Act 	CFO Boggess noted compliance with the act is in 2028. The District is already moving towards compliance by installing new generators, HVAC systems and LED lighting.			
<ul style="list-style-type: none"> State of WA-Meaningful Use Audit 	CFO Boggess noted the audit is complete with no findings.			
New Business <ul style="list-style-type: none"> Application and Data Criticality Analysis 	CFO Boggess noted progress made.			
<ul style="list-style-type: none"> COC SEIM Implementation 	CFO Boggess noted implementation occurred this Summer and ongoing monitoring is report.			
<ul style="list-style-type: none"> Cybersecurity Threats 	Discussed during the Sensato report.			
<ul style="list-style-type: none"> Changes to State Law on Mental Health Advance Directives 	Compliance Officer Hargett noted 13+ are now allowed to execute Mental Health Advance Directives and we are working to update forms.	Work with staff to update form and ensure staff know to respond to a MHAD.	Compliance Officer Hargett	February Compliance Meeting
<ul style="list-style-type: none"> Update to Section 1557 Nondiscrimination Final Rule 	Compliance Officer Hargett reported we are in compliance.			
<ul style="list-style-type: none"> Compliance Risk Assessment and 2022 Work Plan 	Compliance Officer Hargett is completing a compliance risk assessment and 2022 workplan. The goal is to identify risk, determine the significance of the risk, put controls in place and have a process to monitor going forward.			
	Compliance Officer Hargett plans to send a survey link for all to complete by 11.19.21 and will be	Complete the survey.	Compliance Committee	11.19.21

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	meeting with the Board/Compliance Committee during this process.			
Meeting Summary & Evaluation	Compliance Officer Hargett highlighted the decisions made and the action items that need to be done between now and the next Compliance Meeting in February 2022.			
Adjournment	Commissioner Coppock made a motion and CFO Boggess seconded to adjourn the meeting at 1:08 p.m.			

DRAFT

WARRANT & EFT LISTING NO. 2021-10

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

\$4,948,905.16 this 10th day

of November 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 \$4,948,905.16 dated October 1, 2021 – October 31,
2021.

Routine A/P Runs

Warrant No.	Date	Amount	Description
122971 - 123006	1-Oct-2021	257,050.21	CHECK RUN
123007 - 123023	4-Oct-2021	904,598.01	CHECK RUN
123030	5-Oct-2021	14.16	CHECK RUN
123031 - 123041	11-Oct-2021	63,218.09	CHECK RUN
123042 - 123089	8-Oct-2021	123,710.71	CHECK RUN
123090 - 123107	18-Oct-2021	162,910.31	CHECK RUN
123108 - 123188	15-Oct-2021	187,715.79	CHECK RUN
123189	1-Oct-2021	145.89	CHECK RUN
123190 - 123217	22-Oct-2021	24,000.84	CHECK RUN
123218 - 123223	22-Oct-2021	168.26	CHECK RUN
123224 - 123258	22-Oct-2021	15,826.08	CHECK RUN
123259 - 123261	22-Oct-2021	282.13	CHECK RUN
123262 - 123351	22-Oct-2021	373,076.44	CHECK RUN
123352 - 123370	25-Oct-2021	795,288.90	CHECK RUN
123371	1-Oct-2021	714.96	CHECK RUN
123372	12-Oct-2021	113.87	CHECK RUN
123373 - 123374	26-Oct-2021	18,873.20	CHECK RUN
123375	1-Oct-2021	4,076.94	CHECK RUN
123376	18-Oct-2021	3,830.22	CHECK RUN
123377	28-Oct-2021	985.32	CHECK RUN
123378 - 123379	29-Oct-2021	73,190.14	CHECK RUN
123380 - 123424	29-Oct-2021	90,398.05	CHECK RUN
123425 - 123434	29-Oct-2021	12,035.40	CHECK RUN
TOTAL - CHECK RUNS		\$ 3,112,223.92	

Error Corrections - in Check Register Order

Warrant No.	Date Voided	Amount	Description
123041	15-Oct-2021	7,064.90	VOID CHECK
121443	22-Oct-2021	275.05	VOID CHECK
121268	22-Oct-2021	3,160.95	VOID CHECK
116789	21-Oct-2021	87.58	VOID CHECK
116776	21-Oct-2021	56.42	VOID CHECK
116756	21-Oct-2021	144.00	VOID CHECK
116735	21-Oct-2021	50.00	VOID CHECK
116364	21-Oct-2021	698.74	VOID CHECK
TOTAL - VOIDED CHECKS		\$ 11,537.64	

COLUMBIA BANK CHECKS, EFT'S & VOIDS	\$ 3,100,686.28
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EFT	Date	Amount	Description
PAYROLL	1-Oct-2021	447,773.61	PAYROLL
1153	1-Oct-2021	163,679.75	IRS
PAYROLL	15-Oct-2021	460,711.56	PAYROLL
1154	15-Oct-2021	166,308.79	IRS
PAYROLL	28-Oct-2021	450,490.40	PAYROLL
1155	29-Oct-2021	159,254.77	IRS
TOTAL EFT'S AT SECURITY STATE BANK		\$ 1,848,218.88	

TOTAL CHECKS, EFT'S & TRANSFERS	\$ 4,948,905.16
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Documents Awaiting Board Ratification 11.10.21

	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Epinephrine (Adrenalin) Drip Protocol	Pharmacy
2	Norepinephrine (Levophed) Drip Protocol	Pharmacy
3	Pill Cutter Cleaning/Storage	Pharmacy
4	Renal Dosing Protocol	Pharmacy
5	Zoledronic Acid (Reclast) Protocol	Pharmacy

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

Lewis County Hospital District 1
Volume Assumptions

Business Line Statistic	Acute Admits	Acute Pat Days	Skilled Nursing Admits	Skilled Nursing Pat Days	Custodial Admits	Custodial Pat Days	Outpatient Visits	Observation Visits	Emergency Visits	Outpatient Total	Randle Visit	Mossyrock Visit	Morton Visits	Packwood Visit	Womens Visit	Specialty Visit	Physician Total
2019 Final	190	631	96	1,366	0	2,723	10,580	218	4,721	15,519	6,014	5,472			297	848	12,631
2020 Final	154	517	76	1,137	-	1,330	11,991	212	4,159	16,362	4,830	5,100	6,531		177	841	17,479
2021 Cur Yr Budget	190	703	140	2,094	0	0	12,121	218	4,642	16,981	5,529	5,690	10,933		108	999	23,259
Sept Budget YTD	140	530	97	1,576	0	0	9,146	170	3,644	12,960	3,967	4,025	8,176		79	726	16,973
Sept Actual YTD	152	585	62	1,021	0	0	11,346	209	3,675	15,230	3,316	3,927	8,627		48	637	16,555
Budgeted Oct - Dec	50	173	43	518	0	0	2,975	48	998	4,021	1,562	1,665	2,757		29	311	6,324
Material Issues																	
YTD Experience		22			0	0			-80	-80	-187	-200			-3	-9	-400
Sub total	0	22	0	0	0	0	0	0	-80	-80	-187	-200	0		-3	-9	-400
Previous Projection 8/31	195	722	88	1,368			14,321	257	4,593		4,691	5,392	11,384				
2021 Projected	202	780	105	1,539	0	0	14,321	257	4,593	19,171	4,691	5,392	11,384		74	939	22,479
Percent Change from Pr Year	31%	51%	38%	35%		-100%	19%	21%	10%	17%	-3%	6%			-58%	12%	29%
Growth from Pr Year	48	263	29	402	0	-1,330	2,330	45	434	2,809	-139	292	4,853	0	-103	98	
Growth in 2022																	
Service Line Changes																	
Urgent Care - 12 Months							552		-623	-71			1,946				1,946
Ortho Program - Per Proforma							240			240			0			360	360
Possible PCR lab							200										
Change in Market Share										0							0
Physician Activity (New/Lost)																	
Packwood Clinic 6 Months	12	36					120		10	130	-300						-300
Prodiatry - Per Proforma							725			725						1,073	1073
Mossyrock - Acosta							120			120		1,338					1338
Marketing Campaigns			10	60						0							0
Change in Market Utilization	16	50	4	194						0	436		258			200	894
Population Growth / (decline)	4	16		0	0	0	72	5	92	169	94	0	0		34	100	228
2022 Budget	234	882	119	1,793	0	0	16,350	262	4,072	20,484	4,920	6,730	13,588	0	108	2,672	28,018
Chg from 2021 Projected	32	102	14	254	0	0	2,029	5	-521	1,313	230	1,338	2,204	0	34	1,733	5,539
Percent Change	16%	13%	13%	17%	0%	0%	14%	2%	-11%	7%	5%	25%	19%		46%	185%	25%

Lewis County Hospital District 1
Income Statement
Budget 2022 Presentation
11/04/2021

	2020 Actual	Cur Year Budget	Sep YTD Budget	September Act YTD	Forecast Act + Rem Bud	Annualized 9	Material Issues	Projected Cur Year	2022 Budget	\$ Chg to Proj Incr/(dcrs)	% Incr (Dcrs)
Revenue											
Inpatient Revenue	7,430,722	9,893,672	7,447,394	6,396,803	8,843,081	8,529,071		8,529,071	9,210,076	681,005	8%
Outpatient Revenue	29,957,845	37,875,507	28,543,338	24,941,683	34,273,852	33,255,577		33,255,577	37,250,067	3,994,490	12%
Clinic Revenue	3,597,372	4,638,349	3,372,879	3,295,571	4,561,041	4,394,095		4,394,095	6,367,089	1,972,994	45%
Gross Patient Revenue	40,985,939	52,407,528	39,363,611	34,634,057	47,677,974	46,178,743		46,178,743	52,827,232	6,648,489	14%
Deductions from Revenue	15,555,724	20,828,745	15,749,304	13,191,004	18,270,445	17,588,005		17,588,005	17,349,010	(238,995)	-1%
Net Patient Revenue	25,430,215	31,578,783	23,614,307	21,443,053	29,407,529	28,590,737		28,590,737	35,478,222	6,887,485	24%
NPSR % of Gross	62%	60%	60%	62%	62%	61.9%		61.9%	67.2%		
Other Operating Revenue	5,534,221	885,666	664,250	1,196,599	1,418,015	1,595,465	2,850,600	4,446,065	982,805	(3,463,260)	-78%
Total Operating Revenue	30,964,436	32,464,449	24,278,557	22,639,652	30,825,544	30,186,203		33,036,803	36,461,027	3,424,224	10%
Operating Expense											
Salaries & Wages	17,202,430	18,076,139	13,391,701	13,717,326	18,401,764	18,289,768	345,000	18,634,768	21,491,914	2,857,146	15%
Benefits	3,929,506	4,359,002	3,245,142	3,315,786	4,429,646	4,421,048	69,000	4,490,048	5,185,314	695,266	15%
Professional Fees	1,703,174	1,977,510	1,479,883	1,059,908	1,557,535	1,413,211	(89,286)	1,323,925	1,476,047	152,122	11%
Supplies	2,072,897	2,271,276	1,694,490	1,649,255	2,226,041	2,199,007	25,000	2,224,007	2,413,129	189,122	9%
Purchase Services	3,595,544	4,357,730	3,337,561	3,146,934	4,167,103	4,195,912		4,195,912	4,687,248	491,336	12%
Utilities	517,969	540,829	410,374	376,650	507,105	502,200		502,200	546,621	44,421	9%
Insurance	214,206	221,618	162,739	176,521	235,400	235,361		235,361	267,252	31,891	14%
Other Expense	556,797	458,643	383,997	366,690	441,336	488,920		488,920	696,525	207,605	42%
Depreciation	1,720,483	1,328,652	980,948	922,266	1,269,970	1,229,688		1,229,688	1,185,889	(43,799)	-4%
Interest Expense	441,484	505,562	339,236	320,651	486,977	427,535		427,535	422,436	(5,099)	-1%
Total Operating Expense	31,954,490	34,096,961	25,426,071	25,051,987	33,722,877	33,402,649		33,752,363	38,372,375	4,620,012	14%
Operating Income	(990,054)	(1,632,512)	(1,147,514)	(2,412,335)	(2,897,333)	(3,216,447)		(715,561)	(1,911,348)	(1,195,787)	2
Non Operating Income	1,843,600	1,593,284	1,194,963	1,107,289	1,505,610	1,476,385		1,476,385	1,513,005	36,620	2%
Net Income	853,546	(39,228)	47,449	(1,305,046)	(1,391,723)	(1,740,061)		760,825	(398,343)	(1,159,168)	-152%
	3%	0%	0%	-6%	-5%	-6%		3%	-1%		

NEW BUSINESS

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 11/03/2021
Subject: 2022 Regular Board and Sub-Committee Proposed Schedules

The 2022 **Regular Board of Commissioners Meeting** schedule is as proposed below. Historically, June meetings were cancelled due to Board participation in WSHA's annual educational event. November and December dates are adjusted to meet the annual operating budget deadline and holidays. All meetings will be in Conference Rooms 1 and 2, *if permitted*, with Zoom to allow remote attendance.

- January 26, 2022, at 3:30 pm,
- February 23, 2022, at 3:30 pm,
- March 30, 2022, at 3:30 pm,
- April 27, 2022, at 3:30 pm,
- May 25, 2022, at 3:30 pm,
- July 27, 2022, at 3:30 pm,
- August 31, 2022, at 3:30 pm,
- September 28, 2022, at 3:30 pm,
- October 26, 2022, at 3:30 pm,
- November 16, 2022, at 3:30 pm,
- December 14, 2022, at 3:30 pm.

Our **Finance Committee** generally meets monthly, one week before the Regular Board meeting. While this committee currently meets at 12:00 pm, the time of day can be changed to meet the needs of the assigned commissioners. The proposed Finance Committee meeting dates are:

- January 19, 2022,
- February 16, 2022,
- March 16, 2022,
- April 20, 2022,
- May 18, 2022,



- June 22, 2022,
- July 20, 2022,
- August 24, 2022,
- September 21, 2022,
- October 19, 2022,
- November 16, 2022,
- December 14, 2022.

Our **Compliance Committee** meets quarterly. Like the Finance Committee, this committee currently meets at 12:00 pm, however, the time of day can be changed to meet the needs of the assigned commissioners. The proposed Compliance Committee meeting dates are:

- February 9, 2022,
- May 11, 2022,
- August 10, 2022,
- November 2, 2022.

Our **Plant Planning Committee** is required to meet a minimum of one time per year. We typically hold these meetings on an as needed basis, often resorting to an ad hoc approach. We are proposing a three-meeting schedule knowing that we may simply cancel these meetings if they are not needed. The proposed Plant Planning Committee meeting dates are:

- April 6, 2022,
- July 6, 2022,
- October 5, 2022.

Our **Foundation** meets monthly, primarily at 12:00 pm. If in person meetings are allowed in 2021, the Foundation will move some of the noon meetings to in-person dinner meetings for fellowship. The proposed Foundation meetings are:

- January 11, 2022,
- February 8, 2022,
- March 8, 2022,
- April 12, 2022,
- May 10, 2022,
- June 14, 2022,
- July 12, 2022,
- August 9, 2022,



- September 13, 2022,
- October 11, 2022,
- November 8, 2022,
- December 13, 2022.

Our **Quality Improvement Oversight Committee** meets twice per quarter resulting in 8 meetings per year. The purpose of this meeting schedule is to allow for the regular work of the committee to be done in the first month of the quarter. This allows the committee to focus on quality and satisfaction measures in the third month of the quarter. This committee will need to continue to meet at 7:00 am for one hour as physician involvement in this meeting is required. The proposed Quality Improvement Oversight Committee dates are:

- January 12, 2022,
- March 9, 2022,
- April 13, 2022,
- June 8, 2022,
- July 13, 2022,
- September 14, 2022,
- October 12, 2022,
- December 7, 2022.

The final board sub-committee is the **Governance Committee**. This is an ad hoc committee that does not have a proposed schedule. However, the by-laws are due to be reviewed, amended if necessary and approved in 2022.





DocID: 8610-104
Revision: 2
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Board Self-Evaluation

Policy:

It is the policy of Lewis County Hospital District No.1 that the Board of Commissioners will conduct an annual self-evaluation.

Purpose:

For the Board of Commissioners to set and review goals and expectations.

Procedure:

The Board of Commissioners will identify their areas of strengths and weaknesses ensuring their personal goals and hospital health system goals are compatible. They will do this by using one of the evaluation forms located in the binder marked **Board Self Evaluation** located in the Administration office.

Document Owner: Frady, Trish
Collaborators:
Approvals
- **Committees:** (09/25/2019) Board of Commissioners, (03/31/2021) Board of Commissioners,
- **Signers:**
Original Effective Date:
Revision Date: [07/05/2006 Rev. 1], [08/27/2018 Rev. 2]
Review Date: [07/09/2008 Rev. 1], [05/29/2009 Rev. 1], [03/21/2014 Rev. 1], [05/31/2016 Rev. 1], [09/05/2019 Rev. 2], [02/19/2021 Rev. 2]
Attachments:
(REFERENCED BY THIS DOCUMENT)
Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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Lucidoc at*

<https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:10652>.



DocID: 18944
Revision: 0
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Board Spending Authority

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board Chair is responsible for the annual Board of Commissioners' budget. All district funds incurred by individual Commissioners must receive prior approval from the Board Chair, or delegate, before district funds can be committed.

Procedure:

Authority to Requisition

The Board Chair is responsible for Board of Commissioners related expenditures and is the only person authorized to commit district funds on behalf of the Board of Commissioners. The Board Chair may delegate authority to an alternative in his/her absence. This delegation should be submitted in writing to the CFO, detailing who is authorized, length of delegation, any restrictions (such as restricting delegation to types of expenses or maximum limits of delegation).

Types of Costs Incurred

1. **Commissioner Compensation:** Compensation is subject to "Commissioner Compensation for Meetings and Other Services" policy (DocID 15827). Time is reported and processed via the District's Kronos timekeeping system.
2. **General/Office Supplies:** A Purchase Requisition form will be used to request all general/office supplies for Commissioners. This form will be approved by the Board Chair, or delegate, prior to being submitted to the Purchasing Department for acquisition.
3. **Legal/Professional Services:** The Board Chair, or delegate, is the only person that can commit District funds towards legal/professional services. Individual commissioners engaging these services without prior approval will be individually responsible for the cost of the service.
4. **Education/Travel Expenses:** All Commissioner education and travel related expenses must be approved by the Board Chair prior to incurring any associated costs. Commissioners must comply with the "Travel Expense Reimbursement Policy" (DocID 16195) when submitting travel related expenses for reimbursement. The "Travel Reimbursement Form" must be completed and signed/dated. The form and supporting documentation must be submitted to the Board Chair, or delegate, for approval. Reimbursements are processed and paid via the District's Kronos timekeeping system. Any expenses incurred without prior approval, non-reimbursable per policy or not addressed by the policy will be the responsibility of the individual Commissioner.
5. **All Other Expenses:** All other expenses must be approved by the Board Chair, delegate or full board, prior to being incurred. Without prior approval, Commissioners will be individually responsible for the expense.

Document Owner: Frady, Trish

Collaborators:

Approvals

- **Committees:** (09/25/2019) Board of Commissioners, (03/31/2021) Board of Commissioners,

- **Signers:**

Original Effective Date: 09/05/2019

Revision Date: [09/05/2019 Rev. 0]

Review Date: [02/19/2021 Rev. 0]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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DocID: 19383
Revision: 0
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Electronic Signatures

Policy:

It is the policy of Lewis County Hospital District No. 1 to utilize electronic signatures for board commissioners to officially authorize board business, such as board of commissioner minutes, resolutions and warrants listings.

Procedure:

1. Board action is taken, such as approving minutes, resolutions, and warrants listing.
2. Within two business days, the Executive Assistant will generate and email documents to be signed by commissioners in Adobe Pro. Only commissioner district email addresses will be used in this process.
3. The order of signers will be as follows:
 - a. Secretary Herrin
 - b. Commissioner McMahan
 - c. Commissioner Coppock
 - d. Commissioner Schumaker
 - e. Board Chair Frady
 - f. Superintendent, as required
 - g. CFO, as required
4. Once the documents have been distributed via email, the Executive Assistant will send an email to signers alerting them of a document needing signed.
5. Commissioners are expected to sign the document within 48 hours of receipt.
6. Signed documents will be stored in the Board of Commissioners designated sections of Lucidoc.

Document Owner: Frady, Trish

Collaborators:

Approvals

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

- **Signers:**

Original Effective Date: 10/29/2020

Revision Date: [10/29/2020 Rev. 0]

Review Date:

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:19383>.

Sample #1 — Board of Directors Full Board Evaluation

Rankings go from 1 = Low/Disagree up to 5 = High/Agree

Board Activity

LOW					HIGH
1	2	3	4	5	

- | | | | | | | | |
|-----|---|---|--|--|--|--|--|
| 1. | The board operates under a set of policies, procedures, and guidelines with which all members are familiar. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 2. | The Executive Committee reports to the board on all actions taken. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 3. | There are standing committees of the board that meet regularly and report to the board. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 4. | Board meetings are well attended, with near full turnout at each meeting. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 5. | Each board member has at least one committee assignment. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 6. | Nomination and appointment of board members follow clearly established procedures using known criteria. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 7. | Newly elected board members receive adequate orientation to their role and what is expected of them. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 8. | Each board meeting includes an opportunity for learning about the organization's activities. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 9. | The board follows its policy that defines term limits for board members. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 10. | The board fully understands and is supportive of the strategic planning process of the ministry. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 11. | Board members receive meeting agendas and supporting materials in time for adequate advance review. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 12. | The board adequately oversees the financial performance and fiduciary accountability of the organization. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 13. | The board receives regular financial updates and takes necessary steps to ensure the operations of the organization are sound. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 14. | The board regularly reviews and evaluates the performance of the CEO. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 15. | The board actively engages in discussion around significant issues. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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| 16. | The board chair effectively and appropriately leads and facilitates the board meetings and the policy and governance work of the board. | <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> </table> | | | | | |
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Sample #1 — Board of Directors Full Board Evaluation

Mission and Purpose

LOW				HIGH
1	2	3	4	5

- | | | | | | | | |
|----|--|---|--|--|--|--|--|
| 1. | Statements of the organization's mission are well understood and supported by the board. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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| 2. | Board meeting presentations and discussions consistently reference the organization's mission statement. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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| 3. | The board reviews the organization's performance in carrying out the stated mission on a regular basis. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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Governance / Partnership Alignment

- | | | | | | | | |
|----|--|---|--|--|--|--|--|
| 1. | The board exercises its governance role:
1) Ensuring that the organization supports and upholds the mission statement, core values, statement of faith, vision statement, and partnership policies. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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| 2. | The board periodically reviews, and is familiar with, the organization's partnership core documents. (Note: This item applies when a ministry has partnered with other ministries.) | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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| 3. | The board reviews its own performance and measures its own effectiveness in governance work. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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| 4. | The board is actively engaged in the board development processes. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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Board Organization

- | | | | | | | | |
|----|---|---|--|--|--|--|--|
| 1. | Information provided by staff is adequate to ensure effective board governance and decision-making. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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| 2. | The committee structure logically addresses the organization's areas of operation. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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| 3. | All committees have adequate agendas and minutes for each meeting. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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| 4. | All committees address issues of substance. | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> | | | | | |
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Sample #1 — Board of Directors Full Board Evaluation

Please make any other comments about the work and effectiveness of our boards:

SUPERINTENDENT REPORT

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 11/03/2021
Subject: Q3 2021 Department Strategic Measures

Strategy 1: To build relationships and partnerships that prioritize community health needs:

- Achieved goal: 18 of 33, or 55%
- Goal in progress: 8 of 33, or 24%
- Did not achieve goal: 7 of 33, or 21%

Strategy 2: To create a culture focused on safety, patient satisfaction, employee engagement and excellent outcomes:

- Achieved goal: 15 of 33, or 45.5%
- Goal in progress: 3 of 33, or 9%
- Did not achieve goal: 15 of 33, or 45.5%

Strategy 3: To continue as stewards of public funds:

- Achieved goal: 18 of 33, or 55%
- Goal in progress: 1 of 33, or 3%
- Did not achieve goal: 14 of 33, or 42%

Overall Progress:

- Achieved goal: 51 of 99, or 52%
- Goal in progress: 12 of 99, or 12%
- Did not achieve goal: 36 of 99, or 36%



EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Develop a primary care clinic in Packwood, WA		Open by 12/31/2021	In-progress	In-progress	Location not found		In-progress
Clinical Informatics: Increase overall clinic portal enrollments to > 60%	44%	≥ 60%	31%	31%	27%		30%
Communications: Partner with vendors and community groups to host a live/virtual/drive-through health fair.		1 Event Annually	0	0	Health Expo was scheduled and marketed. Cancelled due to COVID.		1
Environmental Services: Staff members will become CHEST (Certified Health Care Environmental Services Technician) certified within first year of employment		75%	0%	0%	23%		23%
Facilities: Increase department employees engagement in employee events		75%	100%	100%	90%		100%
Finance: Increase vendor invoice EFT utilization by 50%.	150/qtr	225/quarter	209	216	279		704
Billing/HIM: Partner with Insurance Payor to address school needs/community youth programs		2 coordinated events/year	June event in-progress	Youth Fair held on 6/12/2021	Brainstorming second event		1
Human Resources: 80% of chiefs, managers and directors will serve 24 hours/year of approved community service within the District.		101 hours/quarter	121	73.5	291.5		486
Information Technology: Create a partnership with local internet vendors to develop wireless access for community needs		Pass/Fail	0	0	0		0
Employee Health: Develop a community weight loss challenge that culminates in a 5k/10k/Half Marathon		Pass/Fail	In-progress	In-progress	Virtual 5k with 17 participants		Complete
Patient Access: Refer patients to the Self Pay Biller to see if they qualify for Medicaid.		5 patients/qtr, 20 patients/year	2	9	5		16
Quality and Risk: Successful <i>Critical Access Hospital</i> DVN Certification		Pass/Fail	Survey scheduled for May 2021	Certified	Certified		Certified
Supply Chain: Create Cycle Count process to improve inventory accuracy.	65%	75%	65%	83%	88%		79%
CLINICAL							
Acute Care: Develop and implement 1 social media message or newsletter article per quarter re: Chest Pain/MI, Sepsis, Coronavirous, and CHF.		1/quarter, 4/year	6	2	6		14

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
Case Management: Develop and implement 1 social media message or newsletter article per quarter re: skilled services		1/quarter, 4/year	10	1	1		12
Dietary/Nutrition: Provide To Go meals to seniors in food scarce homes		Number of Meals Served	630 (avg 10/day)	443 (avg 7/day)	325 (avg 7/day)		1,073
Emergency Department: Successful Acute Stroke Ready DNV Stroke Certification		Pass/Fail	Pass	Pass	Pass		Pass
Imaging: Increase Mammography volume by 10% via external partners and social media	689	757.9	181	187	199		567
Infection Control: Use social media to promote IC messaging once per month		3 messages per quarter	1 video & multiple posts	Multiple posts	COVID related posts		Video & Posts
Laboratory: Increase quality of blood cultures	70.50%	≥ 90%	100%	100%	100%		100%
Respiratory Therapy: Develop and implement 1 social media messages/quarter re: pulmonary disease and diagnostic testing		1 messages per quarter	0	5	4		9
Pharmacy: Establish a medication disposal program for Morton, Mossyrock and Randle		Minimum of 3 kiosks	In-progress	1	0		1
Pulmonary Rehab: Extend two smoking cessation classes per year to public		2 classes per year	0	0	0		0
Wellness: Create a community wide wellness plan that incorporates 2 partnerships with providers, employers, and community based entities focusing on overall health of our community by identifying target chronic illnesses and needs.		2 partnerships	Partnered with UW & Enhanced Fitness for remote senior exercise program study	Investigating the Arthritis Counseling Project with WA Department of Health	Exploring a partnership with vendor for on-site gym		1
Rehab Services: Create relationships with the schools for athletic program, including ImPACT concussion management, student athletic performance & injury management, and coach education programs.		1 athletic season of partnership with ImPACT	ImPACT is scheduled for August	ImPACT is scheduled for August	Baseline testing is being performed. Providers have completed training.		In-progress
Surgical Services: Facilitate awareness of and local access to outpatient Infusion Care by developing marketing literature and outreach to Lewis County clinics, home health, and Centralia, Longview and Tacoma hospitals' Case Management departments resulting in ≥ 20% increase in Same Day Surgery encounters	333	400	103	84	130		317

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
Anesthesia: Increase Ketamine clinic encounters by 15%	56	64.4	14	3	4		21
Swing Beds: Acute patients transferred out of District with subsequent skilled needs are readmitted to Arbor Health for local care		12 patients/year	5	6	10		21
Wound Care: Refine and market Diabetic Foot/Toenail Care to increase visits by 20%	45	54	3	7	3		13
CLINICS							
Morton: Develop 3 community engagement events at clinic per year.		3/year	COVID Clinics	0	Masks & hand sanitizers to local elementary school students		2
Mossyrock: Develop 3 community engagement events at clinic per year.		3/year	COVID Clinics	0	Sports Physicals		2
Randle: Develop 3 community engagement events at clinic per year.		3/year	COVID Clinics	0	Sports Physicals		2
Specialty: Develop 3 community engagement events at clinic per year.		3/year	0	0	Masks & hand sanitizers to local elementary school students		1

EXECUTIVE DASHBOARD

TO CREATE A CULTURE FOCUSED ON SAFETY, PATIENT SATISFACTION, EMPLOYEE ENGAGEMENT AND EXCELLENT OUTCOMES

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Increase employees affirmative response to "My manager/supervisor has shown a genuine interest in my career" by 25%.	26%	33%	In-progress	In-progress	77% of responses Strongly Agreed or Agreed		77%
Clinical Informatics: Increase Cerner Physician Inpatient Admission Medication History completion	64%	≥ 80%	29%	74%	84%		65%
Communications: Adopt mission/vision/values throughout organization		Kickoff 1 value per quarter	One team, one mission	Go out of your way to brighten someone's day	Own it, embrace it.		3
Environmental Services: Increase compliance with "high touch" areas to ≥ 80%	57%	≥ 80%	97%	97%	94%		97%
Facilities: Improve the average maintenance work order turnaround time by 5%.	11	10.45	11.6	9.3	6.8		9.23
Finance: Develop and implement a reliable timeline for processing accounts payable checkruns in Multiview	Process on Friday of each week	90% of all check runs are processed weekly on Fridays	77%	100%	92%		90%
Billing/HIM: Increase conversion of bad debt to charity care by 100%	\$ 133,685	\$ 267,370	\$ 297,685	\$ (359,324.49)	\$ (20,433.56)		\$ (82,073.05)
Human Resources: Conduct an employee engagement survey using an independent national vendor to establish baselines and comparatives.		Pass/Fail	In-progress	In-progress	Completed		Completed
Information Technology: Develop 4 training seminars for staff and community on IT related topics		1 training/quarter	0	TEAMS	0		1
Employee Health: Reduce reportable workplace injuries by 10% or more.	13	11.7	1	0	1		2
Patient Access: Identify patients that qualify for charity care by using bill holds to flag encounters allowing biller to track and follow-up with patients.		20 patients per quarter, 80 patients per year	0	81	79		160
Quality and Risk: Improve hospital wide HCAHPS Overall score to > 70%	58%	≥ 70%	78%	48%	65%		62%
Supply Chain: Implement & maintain a housewide monthly product out-date process		11 out of 12 months	3	3	3		9
CLINICAL							
Acute Care: Improve HCAHPS <i>Communication About Medications</i> Overall top box score to ≥ 60%	48.5%	≥ 60%	82%	34%	56%		51%
Case Management: Improve HCAHPS <i>Care Transitions Overall</i> top box score to ≥ 50%	43.20%	≥ 50%	74%	16%	61%		47%
Dietary/Nutrition: Conduct healthy cooking demonstrations for public		One demonstration per quarter	Minestrone	Lettuce Wraps	Italian Pork Stew		3
Emergency Department: Decrease average door to tPA ≤ 60 minutes for stroke patients	114	≤ 60	58.5	70	77		68.5
Imaging: Decrease stroke/CT report turnaround to 15 minutes or less	43 minutes	≤ 15 minutes	14.3	19.7	14.88		16.29
Infection Control: Increase hand hygiene compliance	74%	≥ 90%	88%	85%	91%		88%
Laboratory: Decrease rate of reference lab rejected samples	0.88%	≤ 0.5%	0.7%	0.8%	0.7%		0.8%
Respiratory Therapy: Implement COPD Gold Standard Care Map discharge criteria/bundle on acute/skilled respiratory patients		≥ 90%	0%	0%	0%		0%

Pharmacy: Provide medication counseling at discharge		60%	0%	0%	0%	0%
Pulmonary Rehab: Increase annual unique patients secondary to implementation of COPD Gold Standard Care Map and clinic outreach for at risk pulmonary patients	28	32	0	4	5	9
Wellness: Create 2 additional programs that are designed to engage the local community in health and wellness.		2 programs	Continue senior exercise program once study with UW is complete	Wellness Week event in September	Ran Wellness Week events virtually. Available on website	Complete
Rehab Services: Improve patient satisfaction score for progress during treatment	69%	≥ 80%	69%	Replacing Vendor	Signed agreement with FOTO	69%
Surgical Services: Increase return rate of internal Post-Operative Patient Experience Survey to greater than 90% (inclusive of endoscopy patients)	15%	≥ 90%	10%	10%	9%	10%
Anesthesia: Increase overall rating of anesthesia provider on the Surgery Patient Satisfaction Survey	67%	≥ 90%	80%	75%	100%	84%
Swing Beds: Skilled patient with a Braden Score < 12 will have a Wound Care consultation	75%	≥ 90%	66%	100%	100%	83%
Wound Care: Increase documented skill care assessments (must capture all 8 assessment elements)	68%	≥ 80%	84%	83%	73%	80%
CLINICS						
Morton: Market and grow telehealth visits by 25%	504	630	24	43	48	115
Mossyrock: Market and grow telehealth visits by 50%.	85	128	41	79	36	156
Randle: Market and grow telehealth visits by 50%.	81	122	83	115	77	275
Specialty: Market and grow telehealth visits by 50%.	31	62	18	40	32	90

EXECUTIVE DASHBOARD

TO CONTINUE AS STEWARDS OF PUBLIC FUNDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Decrease interim staffing costs by 10% or greater.	\$ 2,368,626	\$ 2,131,763	\$ 506,207	\$ 360,276	\$ 393,762		\$ 1,260,245
Clinical Informatics: Create a report that identifies patient care gaps for patients enrolled in United Health Care (UHC) Managed Care program to increase HEDIS Star Ranking to 3 Stars	2.25 Stars	3 Stars	2.22	2.29	2.76		2.76
Communications: Increase Sleep Studies by 10% through the use of effective marketing messaging	69	76	0	64	95		159
Environmental Services: Decrease overtime by 25% by optimizing staffing schedules.	\$ 4,893	\$ 3,670	\$ 2,853	\$ 4,827	\$ 7,832		\$ 15,512
Facilities: 100% of critical PMs completed monthly.	95%	100%	100%	100%	100%		100%
Finance: Pay external vendors timely and per schedule, reducing variation/errors	70%	80%	75%	84%	80%		80%
Billing/HIM: Decrease timely filing write-offs by 25%	\$ 108,072	\$ 81,054	\$ 22,688	\$ 22,695	\$ 7,923		\$ 53,306
Human Resources: Decrease employee turnover (without retirement)	20.60%	≤ 19%	3.98%	3.15%	10.08%		10.08%
Information Technology: Reduce controllable network downtime hours within organizational control by 50%	33	17	6/4.25	0	0		6
Employee Health: Decrease claims costs using Experience Factor as metric (updated annually)	1.3075	1.17675	In-progress	1.15130	1.15130		1.15130
Patient Access: Increase point-of-service collections by 10% in ER and 20% in OP Services.	\$ 19,111	\$ 21,022	\$ 5,991	\$ 6,316	\$ 4,676		\$ 16,983
	\$ 64,474	\$ 70,921	\$ 45,755	\$ 45,909	\$ 41,877		\$ 133,541
Quality and Risk: Reduce All Cause Readmissions by ≥ 20%	2.8	2.24	1.96	1.79	1.37		1.67
Supply Chain: All assets/capital purchases undergo asset purchase process/structure lead by Materials team.		75%	66%	0%	67%		44%
CLINICAL							
Acute Care: 30% reduction in lost revenue due to <i>Did Not Meet Inpatient Criteria</i> denials.	\$ 90,000	\$ 63,000	\$ -	\$ 49,920	\$ 41,279		\$ 91,199
Case Management: 50% reduction in lost revenue due to <i>No Authorization</i> Skilled patient denials	\$ 176,000	\$ 88,000	\$ -	\$ -	\$ -		\$ -
Dietary/Nutrition: Increase rebates from GPO food supplier by 20%	\$ 3,852	\$ 4,622	\$ 227	\$ 228	\$ 204		\$ 659
Emergency Department: Reduce annual Left Without Being Seen (LWOT) patients in ED by 10%	116	104	19	40	83		142
Imaging: Reduce callback hours worked by 10% by utilizing a night shift radiology tech.	686	617	120	138	87		345
Infection Control: Decrease infectious disease readmissions within 30 days of hospital stay with same diagnosis.	6.75	2	3.6	0	1.41		1.67
Laboratory: Decrease interim staffing costs by 20%	\$ 150,568	\$ 120,454.40	\$ -	\$ 36,190	\$ 33,270		\$ 69,460
Respiratory Therapy: Increase PFT test volume secondary to implementation of COPD Gold Standard Care Map and clinic outreach for at risk pulmonary patients to 12		12	0	0	Suspended due to COVID		0
Pharmacy: Utilize Sentri7 to reduce drug costs		Decrease by 10% or greater	Evaluating products	In-progress	In-progress		In-progress
Pulmonary Rehab: Transition Pulmonary Rehabilitation therapy to a group model (pending COVID guidelines) allowing for a 100% increase in visits	128	256	0	27	Suspended due to COVID		27

Wellness: create a wellness program that is an efficient use of funds and demonstrates a commitment to reducing healthcare cost overall in the community.		Pass/Fail	In development	In development	Virtual fitness class is on-going. Providing Medical Nutrition Counseling via Lifestyle Medicine.	Complete
Rehab Services: Decrease our cancel/no show rate to reduce non-productive time and improve patient outcomes.	15%	Less than or equal to 12%	11%	11%	12%	12%
Surgical Services: Develop/implement new ortho service line		20 cases	0	0	4	4
Anesthesia: Acquire peripheral nerve block competency resulting in new revenue (ortho)		\$ 10,800	\$ -	\$ -	\$ -	\$ -
Swing Beds: Implement weekly fax/email bed availability updates to primary referral sources to return to budgeted skilled admissions	76	140	22	17	24	63
Wound Care: Develop and implement WOCN EPIFIX administration protocol for chronic wounds to achieve a 20% increase.	21	25.2	5	10	36	51
CLINICS						
Morton: Implement Chronic Care Management via Preventative Care Advisor.			In-progress	In-progress	Stalled due to lack of chronic care manager	Working with ACO for services
Mossyrock: Implement Chronic Care Management via Preventative Care Advisor.			In-progress	In-progress	Stalled due to lack of chronic care manager	Working with ACO for services
Randle: Implement Chronic Care Management via Preventative Care Advisor.			In-progress	In-progress	Stalled due to lack of chronic care manager	Working with ACO for services
Specialty: Hospital & clinic chart notes complete within 48 hours of visit	95%	≥ 90%	99.3%	100%	98%	98.9%