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# REGULAR BOARD MEETING PACKET

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## BOARD OF COMMISSIONERS

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

August 25, 2021 @ 3:30 PM

Join Zoom Meeting: <https://myarborhealth.zoom.us/j/96347840835>

Meeting ID: 963 4784 0835

One tap mobile: +12532158782,,96347840835#

Dial: +1 253 215 8782

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## TABLE OF CONTENTS

Agenda

Board Committee Reports

Consent Agenda

Old Business

New Business

Superintendent Report



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
REGULAR BOARD OF COMMISSIONERS' MEETING  
August 25, 2021 at 3:30 p.m.  
ZOOM**

<https://myarborhealth.zoom.us/j/96347840835>

Meeting ID: 963 4784 0835

One tap mobile: +12532158782,,96347840835#

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
<b>Call to Order</b>		
<b>Roll Call</b>		
<b>Reading of the Mission &amp; Vision Statement</b>		3:30 pm
<b>Approval or Amendment of Agenda</b>		
<b>Conflicts of Interest</b>		
<b>Comments and Remarks</b>		3:35 pm
<ul style="list-style-type: none"> <li>• Commissioners</li> <li>• Audience</li> </ul>		
<b>Executive Session-RCW 70.41.205</b>	5	3:40 pm
<ul style="list-style-type: none"> <li>• Medical Privileging-Janice Holmes</li> </ul>		
<b>Department Spotlight</b>	6	3:45 pm
<ul style="list-style-type: none"> <li>• Sleep Clinic/Lab-Char Hancock</li> </ul>		
<b>Board Committee Reports</b>		
<ul style="list-style-type: none"> <li>• Hospital Foundation Report-Committee Chair-Commissioner McMahan</li> </ul>	16	4:00 pm
<ul style="list-style-type: none"> <li>• Finance Committee Report-Committee Chair-Commissioner Coppock</li> </ul>	19	4:05 pm
<b>Consent Agenda (Action)</b>		
<ul style="list-style-type: none"> <li>• Approval of Minutes:               <ul style="list-style-type: none"> <li>○ July 28, 2021 Regular Board Meeting</li> <li>○ August 18, 2021 Finance Committee Meeting</li> </ul> </li> </ul>	21 30	4:15 pm
<ul style="list-style-type: none"> <li>• Warrants &amp; EFT's in the amount of \$3,694,110.25 dated July 2021</li> </ul>	34	
<ul style="list-style-type: none"> <li>• Resolution 21-31-Declaring to Surplus or Dispose of Certain Property               <ul style="list-style-type: none"> <li>○ To approve liquidation of items beyond their useful life.</li> </ul> </li> </ul>	36	
<ul style="list-style-type: none"> <li>• Approve Documents Pending Board Ratification 8.25.21 (To be provided at the meeting.)               <ul style="list-style-type: none"> <li>○ To provide board oversight for document management in Lucidoc.</li> </ul> </li> </ul>		
<b>Old Business</b>		
<ul style="list-style-type: none"> <li>• Incident Command Update               <ul style="list-style-type: none"> <li>○ CNO/CQO Williamson will provide a verbal COVID 19 update.</li> </ul> </li> </ul>		4:17 pm

<b>New Business</b>		
<ul style="list-style-type: none"> <li>• Urgent Care <ul style="list-style-type: none"> <li>○ <i>To discuss the new service line opportunity.</i></li> </ul> </li> </ul>	40	4:25 pm
<ul style="list-style-type: none"> <li>• Resolution 21-32-Approving the Capital Purchase of a Rapid PCR Instrument <ul style="list-style-type: none"> <li>○ <i>To approve the purchase of a Rapid PCR instrument.</i></li> </ul> </li> </ul>	42	4:40 pm
<ul style="list-style-type: none"> <li>• Board Policy &amp; Procedure Review <ul style="list-style-type: none"> <li>○ Commissioner Compensation for Meetings and Other Services</li> <li>○ Conflict of Policies</li> <li>○ Distribution for Board and Committee Packets</li> <li>○ Hospital Declaration of Personal Property as Surplus</li> </ul> </li> </ul>	52 54 56 57	4:55 pm
<b>Break</b>		5:00 pm
<b>Superintendent Report</b>		5:05 pm
<ul style="list-style-type: none"> <li>• Proclamation 21-14 <ul style="list-style-type: none"> <li>○ <i>To discuss the new implications of the new mandates.</i></li> </ul> </li> </ul>	59	
<b>Meeting Summary &amp; Evaluation</b>		5:30 pm
<b>Next Board Meeting Dates and Times</b>		
<ul style="list-style-type: none"> <li>• Regular Board Meeting-September 29, 2021 @ 3:30 PM (ZOOM)</li> </ul>		
<b>Next Committee Meeting Dates and Times</b>		
<ul style="list-style-type: none"> <li>• Compliance Committee Meeting-September 1, 2021 12:00 PM (ZOOM)</li> <li>• Quality Improvement Oversight Meeting-September 8, 2021 7 AM (ZOOM)</li> <li>• Arbor Health Foundation Meeting-September 14, 2021 12:00 PM (ZOOM)</li> <li>• Finance Committee Meeting-September 22, 2021 @ 12:00 PM (ZOOM)</li> </ul>		
<b>Adjournment</b>		5:35 pm



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#### MEDICAL STAFF PRIVILEGING

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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.

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#### INITIAL APPOINTMENTS-5

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##### **Arbor Health**

- Victoria Acosta, DO (Family Medicine Privileges) ⚠
- Annette Cole, CRNA (Anesthesia Privileges)
- Garrett Peresko, DPM (Surgical Podiatry Privileges) ⚠

##### **Pulmonology Consulting Privileges**

- Dominique Pepper, MD (Pulmonary Privileges)

##### **Telestroke/Neurology Consulting Privileges**

- Lise Labiche, MD (Neurology/Telestroke Privileges)

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#### REAPPOINTMENTS-3

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##### **Arbor Health**

- Merrell Cooper, DO (Family Medicine Privileges)
- Todd Nelson, CRNA (Anesthesia Privileges)

##### **Telestroke/Neurology Consulting Privileges**

- Andrew Rontal, MD (Neurology/Telestroke Privileges)

⚠-notates files with items to note.

# Arbor Health Sleep Clinic/Lab

Strategic Planning, August 2021



# Services:

- Sleep clinic consultations with Jennifer Montoure, ARNP
- Polysomnography (PSG)
- Manual Titration Studies (CPAP and BIPAP)
- Home Sleep Tests (HST)
- Maintenance of Wakefulness Test (MWT) measures how alert you are during the day
- Multiple Sleep Latency Test (MSLT) checks for excessive daytime sleepiness by measuring how quickly you fall asleep in a quiet environment

# Polysomnography

- Polysomnography tests (PSG) is a comprehensive test used to diagnose sleep disorders. It records your brain waves, the oxygen level in your blood, heart rate and breathing, as well as eye and leg movements during the study.





# Manual Titration Study

- A manual titration study is an overnight sleep study used to properly set continue positive airway pressure (CPAP) and bilevel positive airway pressure (BIPAP) therapy. CPAP and BIPAP are common treatments used to manage sleep-related breathing disorders including sleep apnea, hypoventilation and hypoxemia.



# Home Sleep Test

- At-home sleep studies can be used to diagnose obstructive sleep apnea. These tests are designed to be convenient and comfortable. With them, you can sleep in your own bed for the test, rather than staying in a sleep lab.



# JT Consultants Contract

JT Consultants supplies the sleep techs.

- 8,800.00 per month for 3 nights per week, 875.00 per additional night
- 100.00 per night for hotel room, maximum 3 nights per week
- 60.00 per test for scoring

# Sleep test numbers to date: 2021

• HST (Home sleep tests)	21
• PSG (Polysomnography)	41
• Titration	22

# Challenges

- Sleep technician stability
- Referrals from outside sources
- Recall on Respironics equipment
- Coordination of care

# Strategic Planning:

- Collaborate with Arbor Health Pulmonary Department for resources such as:
  - Sleep and pulmonary coordinator.
  - Sleep techs – Respiratory therapists can double as sleep techs with a little additional training and testing. Increased tech availability will allow us to do more studies, including daytime studies.
- Increase outside referrals through planned marketing
- Increase Jennifer Montoure's hours as needed, if numbers increase, and possibility of a full time MA for sleep

**BOARD COMMITTEE REPORTS**

## **Arbor Health Foundation Meeting Minutes**

**Tuesday July 13, 2021**

**Online Zoom Meeting**

Attendance: Ali Draper, Jessica Scoggins, Caro Johnson, Lynn Bishop, Linda Herrin, Wes McMahan, Gwen Turner, Christine Brower, Leianne Everett, Marc Fisher

Excused: Betty Jurey, Gerri Maize

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

President read the mission statement

### **Minutes and Treasurers Report:**

After discussion, a motion was made and approved to accept the July minutes. Lynn Bishop/Gwen Turner

The July treasurers were reviewed and a motion was made to approve. Gwen Turner/Christine Brower

### **Administrators Report-**

Leianne reported that Generator/HVAC projected is coming to an end and the vendor is off site. She also said that Dr. Acosta will be starting in the Mossyrock clinic. She also stated that many COVID positive people are being seen in the ER and that has caused a strain on the staff. She noted that we have a shortage of beds, a trend which is also being seen state-wide.

The Governors Proclamation is being explored to determine what that means to the medical staff. It appears that medical personnel will no longer have a personal choice to refuse the vaccine, except for a disposition for health or religious convictions. The policy for hospital visitors has also been rolled back.

Directors Report:



The foundation will have a booth at Jubilee with gift shop and promotional items. Christy Greiter will be organizing the 50/50 raffle and volunteers are still needed. The gift shop has four new volunteers. Jessica also shared with the board of Steffanie Poffile-Rudd has resigned from the Foundation Board. Jessica is putting together a video of foundation activities and it will be shown at the Dinner Auction and other marketing events

**Old Business:**

Jessica reported that Maxgiving was the organization that was used in the past for the auction and she is will be determining who the vendor will be this year. Four volunteers are needed and Lynn has the form to reserve the Lyle Building. Jessica will get the check sent to reserve the building.

**New Business:**

As the new Director, Jessica will need to be added to the banking account. A motion was made as follows:

Arbor Health Foundation requests the following changes to the bank accounts at Key Bank and Security State Bank. Remove Diane Markham, add Jessica Scoggins.

Arbor Health Foundation Officers and signers on the bank accounts are to be assigned as follows:

Jessica Scoggins, Executive Director

Virginia Ali Draper, President

Marc Fisher, Vice President

Caro Johnson, Secretary

Gerri Maize, Treasurer

Online banking rights are to be granted to Jessica Scoggins, Virginia Ali Draper and Gerri Maize.

Arbor Health Foundation requests the credit card with Security State Bank have the name of Diane Markham removed, and a card to Jessica Scoggins be issued.

Motion approved Lynn/Gwen

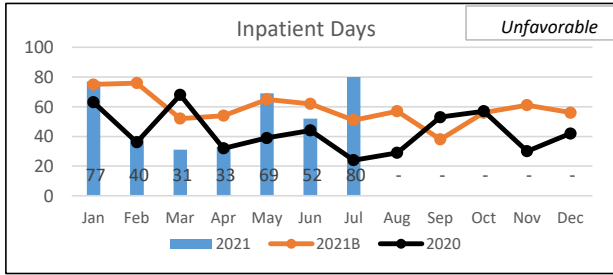
Lynn reported that the Lady's Brunch has been postponed for this year and has been rescheduled for May 13, 2022.

Meeting adjourned 12:33

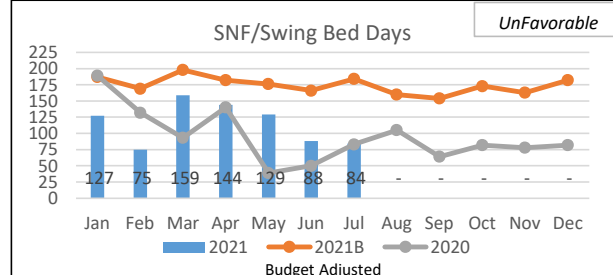
# Lewis County Hospital District No. 1 Board Financial Summary

July 31, 2021

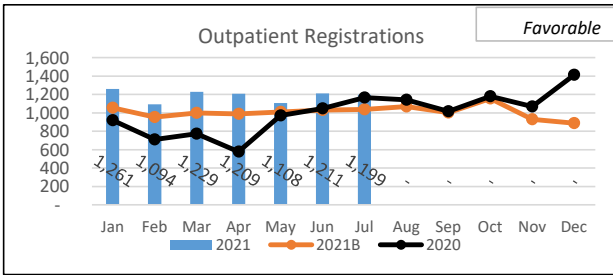
## Growth



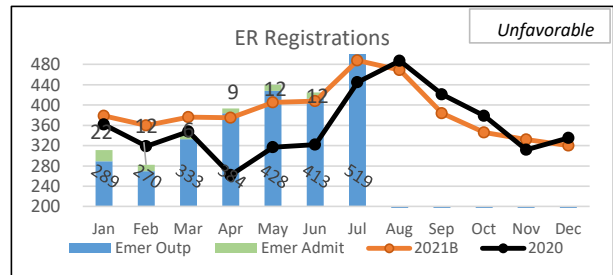
YTD: 382.00    Budget: 435.00    Pr Yr: 306.00



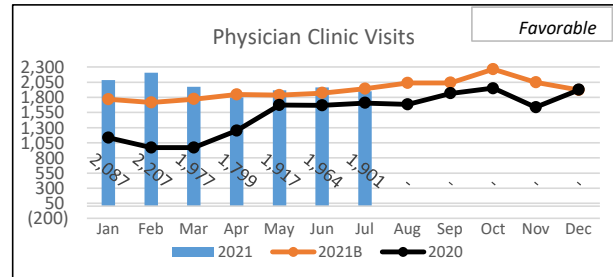
YTD: 806    Budget: 1,262    Pr Yr: 726



YTD: 8,311    Bud: 7,075    Pr Yr: 6,167

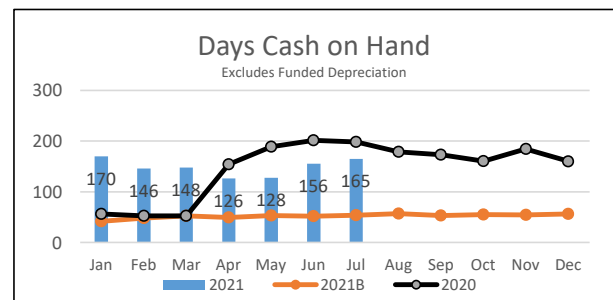
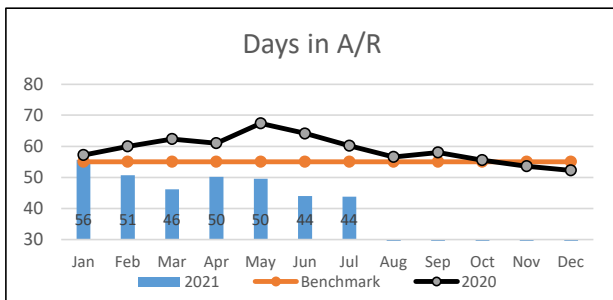
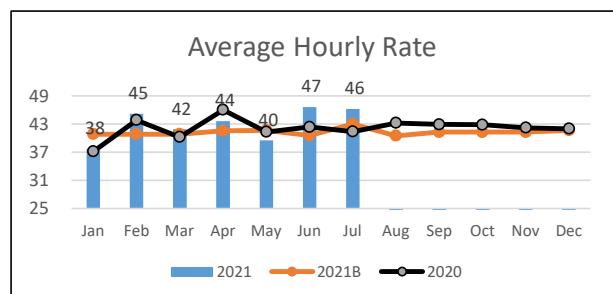
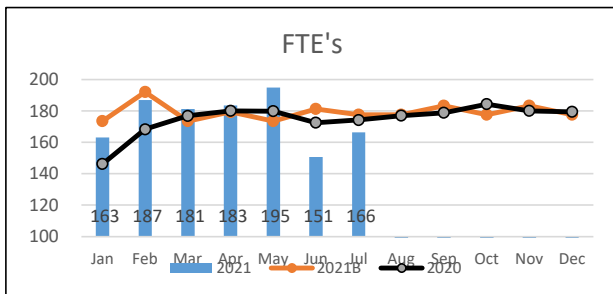


YTD: 2636    Bud: 2791    Pr Yr: 2375



YTD: 13,852    Bud: 12,755    Pr Yr: 9,375

## People and Operational Aspects



**CONSENT AGENDA**



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

**July 28, 2021 at 3:30 p.m.**

**ZOOM**

<https://myarborhealth.zoom.us/j/96833950935>

Meeting ID: 968 3395 0935

One tap mobile: +12532158782,,96833950935#

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.  <b>Commissioners present:</b> <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  <b>Others present:</b> <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"/> Robert Hirst, Interim Quality Manager <input checked="" type="checkbox"/> Janice Holmes, Medical Staff Coordinator <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Van Anderson, Packwood Resident <input checked="" type="checkbox"/> Kathleen Arnold, Interim Pharmacist			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<ul style="list-style-type: none"> <li>☒ Larry Sinkula, Surgical Services Director</li> <li>☒ Julie Taylor, Ancillary Services Director</li> <li>☒ Julie Allen, Quality Data Analyst</li> <li>☒ Diane Markham, Marketing &amp; Communications Manager</li> <li>☒ David Crouch, Facilities Director</li> <li>☒ Brandy Childress, Clinic Manager</li> <li>☒ Buddy Rose, Lewis County Journal</li> <li>☒ Shannon Kelly, CHRO</li> <li>☒ Jessica Scogin, Foundation Manager</li> <li>☒ Ferial Kahn, Interim Nursing</li> <li>☒ LeeAnn Evans, Inpatient &amp; Emergency Services Director</li> <li>☒ Kim Olive, Human Resource Assistant</li> </ul>			
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.	Superintendent Everett noted a conflict of interest for all employees present at today's meeting with Resolution 21-29.		
Comments and Remarks	<p>Commissioners: Commissioner McMahan commended the District on their proactive approach during this time.</p> <p>Commissioner Schumaker commended the District on the movement on a Packwood Clinic and thanked Commissioner McMahan for partnering with him on telling the Arbor Health story at the recent Packwood Business Meeting.</p>			

<p>Executive Session- RCW 70.41.205 &amp; 70.41.200</p>	<p>Board Chair Frady and Commissioner Schumaker commended the Staff on becoming DNV Accredited.</p> <p>Audience: Van Anderson requested additional information as it relates to FTE's and average hourly rate. Public Records Officer Garcia encouraged Van to submit a Public Records Request for this type of information.</p>			
<p>Executive Session began at 3:40 p.m. for 20 minutes to discuss Medical Privileging and the Quality Improvement Oversight Report. The Board returned to open session at 4:00 p.m.</p> <p>No decisions were made in Executive Session.</p> <p>Initial Appointments- <u>Arbor Health</u></p> <ol style="list-style-type: none"> <li>1. Travis Podbilski, DO (Family Medicine Privileges)</li> </ol> <p><u>Radiology Consulting Privileges</u></p> <ol style="list-style-type: none"> <li>2. Christopher Hartness, MD (Radiology Privileges)</li> <li>3. Michelle Ouyang, MD (Radiology Privileges)</li> <li>4. Aubrey Slaughter, MD (Radiology Privileges)</li> </ol> <p><u>Telestroke/Neurology Consulting Privileges</u></p> <ol style="list-style-type: none"> <li>5. Maria Recio, MD (Telestroke Privileges)</li> </ol> <p>Reappointments- <u>Arbor Health</u></p> <ol style="list-style-type: none"> <li>6. Charles Anderson, MD (General)</li> </ol>		<p>Commissioner McMahan made a motion to approve the Medical Privileging as presented and Commissioner Schumaker seconded. The motion passed unanimously.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>Surgery/Emergency Medicine Privileges)</p> <p>7. Vincent Ball, MD (Emergency Medicine Privileges)</p> <p><u>Telestroke/Neurology Consulting Privileges</u></p> <p>8. Stephen Burton, MD (Telestroke Privileges)</p> <p><u>Pulmonology Consulting Privileges</u></p> <p>9. Richard Redman, MD (Pulmonary Privileges)</p> <p><u>Pathology Consulting Privileges</u></p> <p>10. Laila Naqib-Osman, MD (Pathology Privileges)</p>			
<p>Guest Speaker</p> <ul style="list-style-type: none"> <li>Elya Prystowsky, MS PhD, Executive Director</li> </ul>	<p>Elya provided an overview of the Rural Collaborative and the benefits to Arbor Health’s participation. Arbor Health continues to leverage the relationship through contracts, purchasing agreements, resources, shared positions, etc.</p> <p>The Board was complementary of the Rural Collaborative and for the opportunity the District has been able to be part of for so many years.</p>			
<p>Department Spotlight</p> <ul style="list-style-type: none"> <li>Acute Care &amp; Skilled Nursing</li> </ul>	<p>Inpatient &amp; Emergency Services Director Evans provided insight into Inpatient Services and Skilled Swing Bed Services.</p>			
<p><b>Board Committee Reports</b></p> <ul style="list-style-type: none"> <li>Hospital Foundation Report</li> </ul>	<p>Commissioner McMahan shared the Arbor Health Foundation thankful for Diane Markham’s services and welcomes Jessica to the team. Foundation Manager Scogin noted the Foundation is still looking for volunteers for the Jubilee booth. The Ladies Brunch has been postponed to May 2022 and the theme is <i>To Begin Again</i>. The Arbor Health Foundation is planning to do a hybrid style</p>			



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>auction again this year and more information to come very soon.</p>			
<ul style="list-style-type: none"> <li>Finance Committee Report</li> </ul>	<p>Commissioner Coppock highlighted updates from the last two Finance Committee meetings. The District is developing a 5-Year Capital Plan. There are resolutions coming forward for approval which includes surplus, adding new auditors, updating signing authority, capital purchase of PFT, retention bonus methodology and OR HVAC &amp; Generator Project change orders, all of which the Finance Committee supports. The Health Insurance program continues to exceed expectations. The current Physician Compensation Model is fair, equitable and competitive. The 2022 budget planning has official begun.</p> <p>Commissioner Schumaker expressed continued concerns related to not feeling informed regarding the Finance Committee. Superintendent Everett recommended to develop a healthcare finance skillset to set up a 1:1 with CFO Boggess.</p>	<p>Schedule a 1:1 for Commissioner Schumaker and CFO Boggess.</p>	<p>Executive Assistant Garcia &amp; CFO Boggess</p>	<p>08.25.21 Regular Board Meeting</p>
<ul style="list-style-type: none"> <li>Plant Planning Committee Report</li> </ul>	<p>Secretary Herrin highlighted from the last Plant Planning meeting that the District remains interested in a Packwood Clinic. The Committee recommended exploring the Peters Inn as a potential location. Superintendent Everett is exploring a viable realtor for this project.</p>			
<p><b>Consent Agenda</b></p>	<p>Board Chair Frady announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> <li>1. Approval of Minutes               <ol style="list-style-type: none"> <li>a. May 5, 2021 Special Board Meeting</li> <li>b. May 26, 2021 Regular Board Meeting</li> </ol> </li> </ol>	<p>Secretary Herrin made a motion to approve the Consent Agenda and Commissioner Coppock seconded. The motion passed unanimously.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<ul style="list-style-type: none"> <li>c. June 2, 2021 Special Board Meeting</li> <li>d. June 9, 2021 QIO Committee Meeting</li> <li>e. June 30, 2021 Finance Committee Meeting</li> <li>f. July 14, 2021 Plant Planning Committee Meeting</li> <li>g. July 21, 2021 Finance Committee Meeting</li> <li>2. Warrants &amp; EFT's in the amount of \$4,156,459.49 dated May 2021</li> <li>3. Warrants &amp; EFT's in the amount of \$4,126,642.18 dated June 2021</li> <li>4. Resolution 21-24- Approving the Amended Board Bylaws</li> <li>5. Resolution 21-25- Approving Declaring to Surplus or Dispose of Certain Property</li> <li>6. Resolution 21-26- Appointing Additional Auditor(s) of LCHD No. 1</li> <li>7. Resolution 21-27- Delegating Operational Authority to Superintendent to Manage Signing Authority on District Accounts</li> <li>8. Resolution 21-28- Approving the Capital Purchase of Pulmonary Function Testing Machine</li> <li>9. Approve Documents Pending Board Ratification 07.28.21</li> </ul>			
<p><b>Old Business</b></p> <ul style="list-style-type: none"> <li>• Incident Command Update</li> </ul>	<p>CNO/CQO Williamson highlighted the following:</p> <ul style="list-style-type: none"> <li>1. The Delta variant is a game changer, and the transmission rate is higher and more infectious.</li> </ul>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ol style="list-style-type: none"> <li>2. The Delta variant is projected to peak mid-October</li> <li>3. The Governor is highly encouraging masks in indoor settings.</li> <li>4. Vaccine requirements are potentially in the pipeline.</li> <li>5. As a district, we need to continue to encourage the unvaccinated population to either vaccinate or continue to mask, distance and quarantine if infected or exposed.</li> </ol>			
<b>Break</b>	Board Chair Frady called for a 5-minute break at 5:30 p.m. The Board returned to open session at 5:35 p.m.			
<b>New Business</b> <ul style="list-style-type: none"> <li>• Board Educational Opportunity</li> </ul>	<p>Board Chair Frady encouraged the Board to attend educational opportunities and to continue to contact when interested. WSHA is offering a series, so make sure to email them if interested.</p> <p>Board Chair Frady requested the Board check emails a minimum of a couple times a week to stay abreast of the ongoings of the District, meetings and hospital business. If you are unable to attend a meeting, a replacement. Board Chair Frady is requesting the Commissioners contact the Board Chair two weeks prior to each board meeting with agenda topics. This way, the Board Chair is not interfering with work schedules or playing phone tag with Commissioners.</p>	Email <a href="mailto:govedu@wsha.org">govedu@wsha.org</a> to gain access to the Intro to Health Care Governance courses.	Board of Commissioners	
<ul style="list-style-type: none"> <li>• Arbor Health Wellness Week</li> </ul>	Superintendent Everett recommended the Board check out this great opportunity on the Arbor Health website. The District is hoping this inaugural event will reach several constituents and needs the Board's help to spread the word.			
<ul style="list-style-type: none"> <li>• WSHA Virtual Webinar</li> </ul>	Commissioner McMahan attended the WSHA virtual webinar which encouraged that a diverse board is a			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>well-functioning board. Superintendent Everett is going to check if there is a recorded version of the training to share with the Board.</p>	<p>Recorded option to rewatch the WSHA Virtual Webinar.</p>	<p>Superintendent Everett</p>	<p>08.25.21 Regular Board Meeting</p>
<ul style="list-style-type: none"> <li>Community Engagement</li> </ul>	<p>The Board agreed while they would like to be out in the District more, the Commissioners will cautiously move forward per the latest COVID guidance in the proclamations. Post COVID, the Board may be interested in rotating meeting venues, as well as attend as representatives to share the good news happening at Arbor Health.</p>			
<ul style="list-style-type: none"> <li>Resolution 21-29- Approving the Retention Bonus Methodology</li> </ul>	<p>Board Chair Frady shared that the Retention Bonus Methodology presented is a meaningful way to thank the Staff that have stuck with Arbor Health. The Finance Committee Commissioners recommended Option 2, as it makes the employee as whole as possible, and our employees are our number one asset. Board Chair Frady reiterated this is a one-time bonus as noted on the Resolution and clarified that the At-Risk Compensation is tied to performance. A competitive compensation model for providers and the management team is not unique to Arbor Health, rather an industry norm.</p>	<p>Commissioner McMahan made a motion to approve Resolution 21-29- Approving the Retention Bonus Methodology Option 2. Secretary Herrin seconded and the motion passed unanimously.</p>		
<ul style="list-style-type: none"> <li>Resolution 21-30</li> </ul>	<p>Superintendent Everett presented the OR HVAC and Generator project costs to date. The District did not account for sales tax in the initial resolution, as well as there have been change orders authorized which accounts for additional monies to be approved. The Board appreciated the transparency and supports the additional funding.</p> <p>The Board supported approving the amended construction budget for the OR HVAC/Generator Project with a cost of \$2,978,844.93. This</p>	<p>Commissioner McMahan made a motion to approve Resolution 21-30- Approving the Amended OR HVAC/Generator Project Costs. Secretary Herrin seconded and the motion passed unanimously.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	resolution repeals RES 19-07, RES 21-19 and supersedes RES 20-39.			
<ul style="list-style-type: none"> <li>• Board Policy &amp; Procedure Review</li> <li>1. Quality Improvement Oversight Information</li> <li>2. Annual Adoption of the Quality Program Plan</li> <li>3. Annual Adoption of the Compliance Plan</li> </ul>	The Board approved all three policies/procedures as presented.	Marked as Reviewed in Lucidoc.	Executive Assistant Garcia	08.25.21 Regular Board Meeting
Superintendent Report	Superintendent Everett highlighted that we have kicked off Arbor Health's Employee Recognition Program. The new Orthopedist, Dr. Williams, is having early success and looking forward to providing a 12-month department spotlight on this service line in 2022.			
Meeting Summary & Evaluation	<p>Superintendent Everett highlighted the decisions made and action items. Superintendent Everett requested to move the Compliance Committee Meeting due to upcoming vacations.</p> <p>Executive Assistant Garcia will be on PTO starting July 29<sup>th</sup> and returning on August 9<sup>th</sup>. Signatures will be requested early part of that week, so watch for an email and text.</p>	Move Compliance Committee Meeting to September 1 <sup>st</sup> at 12 pm.	Executive Assistant Garcia	08.25.21 Regular Board Meeting
Adjournment	Secretary Herrin moved and Commissioner McMahan seconded to adjourn the meeting at 6:56 p.m. The motion passed unanimously.			

Respectfully submitted,

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Tom Herrin, Secretary

Date



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
Finance Committee Meeting  
August 18, 2021, at 12:00 p.m.  
Conference Room 1 & 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 Coppock called the meeting to order via Zoom at 12:00 a.m.  Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Tom Herrin, Secretary <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 type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Char Hancock, Clinic Manager			
Approval or Amendment of Agenda	None noted.	Secretary Herrin made a motion to approve the agenda and CFO Boggess seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Conflicts of Interest	Commissioner Coppock asked the Committee to state any conflicts of interest with today's agenda.			
Consent Agenda	<p>Commissioner Coppock announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> <li>1. Review of Finance Minutes –July 21, 2021</li> <li>2. Revenue Cycle Update</li> <li>3. Board Oversight Activities</li> <li>4. Financial Statements-July</li> </ol>	CFO Boggess made a motion to approve the consent agenda and Secretary Herrin seconded. The motion passed unanimously.		
<p>Old Business</p> <ul style="list-style-type: none"> <li>• Financial Department Spotlight</li> </ul>	Clinic Manager Hancock provided updates which included staffing challenges, equipment recalls, and financial update. Equipment recall has impacted the ability to deliver services.	Next month's department report will be Plant Services.	David Crouch	09.22.21 Finance Committee Meeting
<p>New Business</p> <ul style="list-style-type: none"> <li>• Urgent Care Service Line</li> </ul>	<p>CFO Boggess presented a new service line opportunity of Urgent Care for the District. There are two goals. 1) Increase patients access at hours not being met by the current clinic schedule and 2) Offload low level visits from the Emergency Department (ED) to more patient friendly cost structure. The program would provide service four days per week: Friday – Monday. Staff would consist of one provider and three support full time employees (FTEs). There would be no reduction in ED staff as this service is already at core staffing. The committee reviewed two possible locations and associated financial outcomes for the entire system. With the given volume assumptions, the service line would operate best out of Morton Clinic RHC due to the more favorable cost report impact to support the systemwide loss. The losses are driven by change in reimbursement methodology for ED services versus clinic services. Administration will further refine the model, identifying specific Urgent Care activity requirements for future discussion. This program is currently expected to start in 2022 if there is support.</p>	Present idea to the board.	Superintendent Everett & Richard Boggess	08.25.21 Regular Board Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> <li>Cost Report &amp; Advance Payments from Medicare</li> </ul>	<p>CFO Boggess shared the District received a notice of acceptance and remittance of the 2020 Cost Report totaling \$1,024,137 and \$197,000 lump sum payment for the 2021 cost report year. However, Medicare withheld 25% from the above amounts as repayment on the Advance Payments amounts received last year during the pandemic. This month Dingus, Zarecor and Associates (DZA) will perform a mid-year cost report update factoring in changes to operations and volumes. The District continues to repay the Advance Payments from Medicare.</p>			
<ul style="list-style-type: none"> <li>2022 Budget Volume Planning</li> </ul>	<p>CFO Boggess presented the patient volume changes planned for the upcoming budgets. In summary this will include the addition of new service lines, new providers, the new Packwood Clinic.</p> <p>CFO Boggess noted because of recent events related to the pandemic, the labor market is changing. National information about hourly rates increases, bonuses, and travelers no longer available were presented. Positions already impacted locally include RN's, imaging, lab and anticipating others to come. Labor cost should be expected to increase beyond historical experience of 5-6%.</p>			
<ul style="list-style-type: none"> <li>Capital Update</li> </ul>	<p>CFO Boggess shared Construction has completed and the District is waiting for final documentation, as well as a close-out.</p>			
<ul style="list-style-type: none"> <li>Insurance Planning 2021-2022</li> </ul>	<p>CFO Boggess shared the District renewed its Auto, Cyber, Property, General &amp; Malpractice liability insurances. The District experienced the following:</p> <ol style="list-style-type: none"> <li>1) Property/Cyber-43% increase.</li> <li>2) Malpractice/D &amp; O-15% increase.</li> </ol>			



AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	3) Auto-experiencing a per driver coverage and will adjust as we add and remove employees.			
<ul style="list-style-type: none"> <li>Surplus or Dispose of Certain Property</li> </ul>	<p>CFO Boggess presented the list of the District's personal property that needs to be surplus or disposed of.</p> <p>The Finance Committee supported the surplus and/or disposing of certain property and will recommend approval at the Board level.</p>	The Finance Committee supported requesting the Board's approval of a resolution at the Regular Board Meeting.	Shana Garcia	08.25.21 Regular Board Meeting
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	Commissioner Coppock adjourned the meeting at 1:01 pm.			

DRAFT

WARRANT & EFT LISTING NO. 2021-07

RECORD OF CLAIMS ALLOWED BY THE  
BOARD OF LEWIS COUNTY  
COMMISSIONERS

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

CERTIFICATION

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

Signed:

\_\_\_\_\_  
Richard Boggess, CFO

We, the undersigned Lewis County Hospital  
District No. 1 Commissioners, do hereby certify  
that the merchandise or services hereinafter  
specified has been received and that total  
Warrants and EFT's are approved for payment  
in the amount of

\$3,694,110.25 this 25<sup>th</sup> day

of August 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 \$3,694,110.25 dated July 1, 2021 –July 31, 2021.

**Routine A/P Runs**

Warrant No.	Date	Amount	Description
121937 - 121946	1-Jul-2021	145,912.43	CHECK RUN
121951 - 121963	6-Jul-2021	608,937.24	CHECK RUN
121964 - 122016	6-Jul-2021	97,652.28	CHECK RUN
122017 - 122039	9-Jul-2021	110,125.35	CHECK RUN
122040 - 122053	12-Jul-2021	211,535.58	CHECK RUN
121860 - 121883	25-Jun-2021	53,751.60	CHECK RUN
122054	6-Jul-2021	3,303.94	CHECK RUN
122055	8-Jul-2021	2,597.50	CHECK RUN
122056 - 122076	19-Jul-2021	688,799.77	CHECK RUN
122077 - 122174	16-Jul-2021	219,409.30	CHECK RUN
122175 - 122189	23-Jul-2021	87,498.42	CHECK RUN
122190 - 122241	23-Jul-2021	108,138.94	CHECK RUN
122242 - 122252	23-Jul-2021	38,817.67	CHECK RUN
122253	20-Jul-2021	197.35	CHECK RUN
122254	29-Jul-2021	652.96	CHECK RUN
122255	29-Jul-2021	21,529.46	CHECK RUN
122256 - 122300	30-Jul-2021	116,827.51	CHECK RUN
<b>Total - Check Runs</b>		<b>\$ 2,515,687.30</b>	

**Error Corrections - in Check Register Order**

Warrant No.	DATE VOIDED	Amount	Description
122055	28-Jul-21	2,597.50	VOID EFT
<b>TOTAL - VOIDED CHECKS</b>		<b>\$ 2,597.50</b>	

**COLUMBIA BANK CHECKS, EFT'S & VOIDS**      **\$ 2,513,089.80**

Eft	Date	Amount	Description
1108	6-Jul-21	481.56	MCKESSON
PAYROLL	9-Jul-21	401,206.20	PAYROLL
IRS	15-Jul-21	143,123.70	IRS
PAYROLL	23-Jul-21	427,557.29	PAYROLL
PAYROLL	26-Jul-21	7,651.00	PAYROLL
IRS	26-Jul-21	154,741.64	IRS
PAYROLL	25-Jul-21	46,048.33	PAYROLL
1109	29-Jul-21	210.73	MCKESSON
<b>TOTAL EFTS AT SECURITY STATE BANK</b>		<b>\$ 1,181,020.45</b>	

**TOTAL CHECKS, EFT'S, & TRANSFERS**      **\$ 3,694,110.25**



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**MORTON, WASHINGTON**

RESOLUTION DECLARING TO  
SURPLUS OR DISPOSE OF CERTAIN  
PROPERTY

RESOLUTION NO. 21-31

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 25<sup>th</sup> day of August 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
8/2021	Infant crib	Acute	5516	DISPOSAL/SURPLUS	OBSOLETE
8/2021	WII	Long term	5437	DISPOSAL/SURPLUS	OBSOLETE
8/2021	Indoor Rower	Wellness	5795	DISPOSAL/SURPLUS	OBSOLETE
8/2021	Mixer	Dietary	5718	DISPOSAL/SURPLUS	OBSOLETE
8/2021	Steam well	Dietary	5194	DISPOSAL/SURPLUS	OBSOLETE
8/2021	House Structure	Main	1369	DISPOSAL/SURPLUS	House no longer exists

**OLD BUSINESS**

**NEW BUSINESS**

**To:** Board of Commissioners  
**From:** Lianne Everett, Superintendent  
**Date:** 8/20/2021  
**Subject:** Urgent Care

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I am requesting support for adding Urgent Care services to our 2022 operating budget. Please consider the following points when reviewing the accompanying pro forma:

- **Urgent Care Hours:** Fridays & Mondays from 0900-2100 and Saturday & Sunday 0800-1700,
- **Staffing Model:** One provider plus three supporting staff members.
- **Location:** Morton Clinic to take advantage of rural health clinic reimbursement and on hospital campus close to ancillary services such as lab and imaging,
- **Lower cost of care location:** this service line provides price sensitive patients an alternative to care option other than the Emergency Department (ED). We understand that moving visits from one location (ED = higher revenue/higher costs) to another (Clinic = lower revenue/lower costs) will result in lower revenue to the District. However, we think the additional visits from sources other than the ED will offset the systemic lost revenue.
- **Pro Forma Volume Assumptions:** Pro Forma 1 was developed using realistic, conservative volumes of 9.36 patients per day. This volume would result in a systemic loss of \$294,155. This equates to the commercial revenue lost by shifting that business out of the ED and to Urgent Care. In contrast, Pro Forma 2 demonstrates that 15.46 patients per day is needed to bring both Urgent Care and the system back to breakeven.
- **Intangibles:** We are unable to quantify the volume of patients that would come to Arbor Health if given an urgent care choice. We currently have urgent care in Mossyrock and in Centralia/Chehalis are that the District is already utilizing.
- **Ask:** Please consider operating this urgent care clinic for a minimum of two years to demonstrate the viability of this service line.



**Urgent Care**  
**Based in RHC**

	<b>PRO FORMA 1</b>	<b>Yr 1</b>	<b>Yr 2</b>
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Gross Patient Revenue	214,760	238,493	
Deductions	(177,008)	(177,057)	
<b>Net Patient Revenue</b>	<b>391,768</b>	<b>415,550</b>	
<b>Bad Debt</b>	<b>51,798</b>	<b>57,522</b>	
<b>Total Operating Revenue</b>	<b>339,970</b>	<b>358,028</b>	
Salaries	401,915	425,479	
Benefits	76,818	81,322	
<b>Total Wages &amp; Benefits</b>	<b>478,733</b>	<b>482,483</b>	
Professional Fees	0	0	
Supplies	18,858	18,047	
Purchased Service	6,500	6,500	
Rent & Leases	0	0	
Insurance	11,500	11,500	
Utilities	5,700	5,700	
Travel	0	0	
Depreciation/Amortization	0	0	
Other Expenses	5,000	5,000	
<b>Total Operating Expenses</b>	<b>526,291</b>	<b>529,230</b>	
<b>Clinic Operating Income</b>	<b>(186,321)</b>	<b>(171,202)</b>	
<b>Net Impact of Hospital S</b>	<b>(107,834)</b>	<b>(114,721)</b>	
<b>Net Income</b>	<b>(294,155)</b>	<b>(285,923)</b>	
<b>Contribution Margin</b>	<b>-54.8%</b>	<b>-47.8%</b>	
Urgent Care Encounter	1,946	2,064	
Ancillary Svs Encounters	339	360	
<b>Visits/Encounters</b>	<b>2,285</b>	<b>2,424</b>	
Visit/4 day week	9.36	9.92	
Visit/365-day	5.33	5.65	

**Urgent Care**  
**Based in RHC - Breakeven**

	<b>PRO FORMA 2</b>	<b>Yr 1</b>	<b>Yr 2</b>
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Gross Patient Revenue	726,884	808,718	
Deductions	80,318	123,644	
<b>Net Patient Revenue</b>	<b>646,565</b>	<b>685,075</b>	
<b>Bad Debt</b>	<b>108,913</b>	<b>121,175</b>	
<b>Clinic Operating Revenue</b>	<b>537,652</b>	<b>563,900</b>	
Salaries	401,915	425,479	
Benefits	76,818	81,322	
<b>Total Wages &amp; Benefits</b>	<b>478,733</b>	<b>482,483</b>	
Professional Fees	0	0	
Supplies	28,432	28,186	
Purchased Service	6,500	6,500	
Rent & Leases	0	0	
Insurance	11,500	11,500	
Utilities	5,700	5,700	
Travel	0	0	
Depreciation/Amortization	0	0	
Other Expenses	5,000	5,000	
<b>Total Operating Expenses</b>	<b>535,865</b>	<b>539,369</b>	
<b>Clinic Operating Income</b>	<b>1,787</b>	<b>24,531</b>	
<b>Net Impact of Hospital Service</b>	<b>9,115</b>	<b>19,854</b>	
<b>Net Income</b>	<b>10,902</b>	<b>44,385</b>	
<b>Contribution Margin</b>	<b>0.3%</b>	<b>4.4%</b>	
Urgent Care Encounter	3,216	3,408	
Ancillary Svs Encounters	995	1,056	
<b>Encounters</b>	<b>4,212</b>	<b>4,464</b>	
Visit/4 day week	15.46	16.38	
Visit/365-day	8.81	9.34	

Urgent Care for Western Section

6 selected

Apply Filter	All Practice Types							
▼	Specialty	Count	Mean	10th %tile	25th %tile	Median	75th %tile	90th %tile
☐	Total Encounters	133	3,282	2,233	2,788	3,283	3,754	4,120

## MEMORANDUM

To: Board of Commissioners  
From: Julie Taylor, Ancillary Services Director  
Date: August 25, 2021  
Re: Rapid PCR Instrument (Cepheid)

Arbor Health's Laboratory performs a variety of diagnostic testing that is imperative in the medical decision making process. Prompt turnaround time for critical testing is vital for quality patient care. The COVID-19 pandemic has brought the importance of turnaround time to the forefront. The average turnaround time for a PCR COVID testing is three days. This delay can have many effects on the patient experience. Impairing prompt treatment and potentially having to cancel procedures to name a couple.

With the hospital's vision "to provide accessible, quality healthcare" in mind we are looking to purchase a Cepheid GeneXpert IV, a Rapid PCR instrument. This equipment will have results within hours (1-2 for most all tests, including COVID). While COVID-19 testing will be the focus of this instrument as we continue to navigate the pandemic, there are many other tests that this instrument can perform. The Laboratory will look for other opportunities to expand the menu to better serve the patients that walk through the door of the hospital or clinics.





**LEWIS COUNTY HOSPITAL DISTRICT NO. 1**  
**MORTON, WASHINGTON**

RESOLUTION APPROVING THE CAPITAL  
PURCHASE OF A CHEMISTRY ANALYZER

RESOLUTION NO. 21-32

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

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

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

**Approving the purchase of a Rapid PCR Instrument.**

**The purchase price \$65,645,000 plus contingency of 5%, shipping & handling and taxes.**

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 25<sup>th</sup> day of August 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

**SECTION 1 - DEPARTMENT INFORMATION / ITEM REQUESTED**

Department Name Laboratory Department# 7070  
 Manager Julie Taylor Phone # (360) 496-3742

General Description of Item This instrument will perform rapid molecular (PCR) testing for COVID initially and an array of other tests that are beneficial and time sensitive to hospital district.

Reason For Purchase  New  Replacement  End of Life  Quality of Care  Patient Satisfaction  
 (Choose all that apply)  Increase Volume  Other \_\_\_\_\_  
 Expected Life of New Equipment in Years 10-15 Years

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

This instrument will bring Rapid PCR COVID testing In-House. This will help with turn around time which, in turn will improve quality of care. It will also improve the workflow for pre-procedure testing; decreasing the chances of having to reschedule procedures. Having the results to the PCR within hours will increase precaution efficacy, in turn preserving PPE.

Do We Have Any Similar Equipment In The Organization / Which Department?  Yes  No  
 Can This Equipment Be Utilized By Other Departments?  Yes  No

While other departments will not be utilizing the equipment, many departments will order tests and benefit from the faster turn around time of the in house testing.

Were (3) Competitive Quotes Obtained? (Please Attach)  Yes  No - Detail below

Cepheid offers stand alone COVID PCR testing. The competitors offer COVID only in panels. This testing model would exponentially increase the cost to perform the test which in turn would increase the cost to the patient.

Suggested Vendor Cepheid PREFERRED MODEL # GeneXpert GX-IV  
 Name/Contact Of Vendor Chris Crosby  
 Estimated Price \$ \$65,645 plus contingency of 5%, S & H and taxes  
 Source Of Estimated Price  Quote (attach)  Other (Explain) \_\_\_\_\_

**SECTION 2 – DEPARTMENT AND TECHNOLOGY IMPACT**

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

Facilities Involvement	<input checked="" type="checkbox"/> Yes - Detail below	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Biomed Involvement	<input type="checkbox"/> Yes - Detail below	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unsure
Clinical Informatics Involvement	<input checked="" type="checkbox"/> Yes - Detail below	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Infection Control	<input type="checkbox"/> Yes - Detail below	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unsure
IT Involvement	<input checked="" type="checkbox"/> Yes - Detail below	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

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

Facilities will be putting in an additional outlet to account for the location of the instrument.  
 Informatics will work with Cerner to get the instrument and the testing built into the EHR.  
 IT will work to get any networking needs built. This instrument will not interface but may need some networking built.

**SECTION 3 - EQUIPMENT ASSESSMENT TEAM EVALUATION SUMMARY**

Assessment Team Members:

<b>PROS</b>	Turn around time for PCR Testing decreased, cartridge based testing (easy to use), improved quality of care
<b>CONS</b>	
<b>CONSIDERATIONS</b>	
<b>RECOMMENDATIONS</b>	
<b>WARRANTY INFORMATION</b>	1 year of warranty and 1st year of service covered

<b>ADDITIONAL ACQUISITION/ PREP COST \$</b>	\$ 5,000.00
<b>ADDITIONAL PREP/ TRAINING HOURS</b>	

<b>COMMENTS</b>	
-----------------	--

<b>Base Equipment Price - As Provided</b>	\$ 65,645.00	Ongoing/Monthly
<b>Support And Maintenance Costs</b>	\$ 5,000.00	
<b>Additional Cost of Installation Support</b>		
<b>Total Additional Associated Cost</b>	\$ -	
<b>Total Monthly Consumables Cost</b>		
<b>Depreciation</b>		
<b>TOTAL NON- RECURRING EXPENSE</b>	\$ 65,645.00	
<b>TOTAL RECURRING EXPENSE</b>	\$ 5,000.00	

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

HOW ARE WE PAYING FOR THIS? \_\_\_\_\_

IS THIS BUDGETED  Yes  No

BUDGETED PURCHASE DATE \_\_\_\_\_

**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

# Budgetary Quote



**Cepheid**  
 US904 Caribbean Dr  
 Sunnyvale CA US904 Caribbean Dr  
 USA

**Quote Number** :

**Quote Date** : 7/29/2021 3:23 PM  
**Quote Expire** : 10/27/2021

**Print Date** : 7/29/2021  
**Contact** : chris.crosby@cepheid.com

**Phone** : 360-496-3742  
**Fax** :

<p><b>Sold To : Arbor Health Morton Hospital</b>          Arbor Health Morton Hospital          521 Adams Ave          Morton WA 98356          USA</p>	<p><b>Ship To: Arbor Health Morton Hospital</b>          Arbor Health Morton Hospital          521 Adams Ave          Morton WA 98356          USA</p>
<p>Buyer : Julie Taylor          Phone : 360-496-3742</p>	<p>Phone : 360-496-3742</p>

**Attention** : Julie Taylor  
**Phone** :  
**Sales Rep** : Chris Crosby  
**GPO** : Vizient fka Novation

Pricing is contingent upon approval of a valid Letter of Participation (LOP).

PLEASE EMAIL BUDGETARY ORDERS TO: [chris.crosby@cepheid.com](mailto:chris.crosby@cepheid.com)

LINE	ITEM NO.	QTY	UOM	UNIT PRICE	DISCOUNT	NET PRICE	EXTENDED PRICE
1	GXIV-4-L	1.00	EA	USD 64,400.00	USD 0.00	USD 64,400.00	USD 64,400.00
GENEXPERT IV R2 4 MODULE CONFIGURATION L							
2	PRINTER-BW	1.00	EA	USD 250.00	USD 0.00	USD 250.00	USD 250.00
B&W PRINTER FOR GENEXPERT AND SMARTCYCL							
3	850-0386	1.00	EA	USD 995.00	USD 0.00	USD 995.00	USD 995.00
PRO APC POWER-SAVING BACK-UPS 1500/120V							

**Budgetary Quote**

**Note:** This information is provided for budgetary purposes only and is subject to change. Pricing is subject to formal quotation, applicable terms and conditions, local taxes, and promotional requirements.

**Non-Infinity Instrument Terms**

YOUR PURCHASE ORDER MUST REFERENCE THE QUOTE NUMBER ABOVE. PRICE ADJUSTMENTS MAY NOT BE ALLOWED AFTER SHIPMENT.

Cepheid warrants that the Products (i) shall be free from defects in material and workmanship for a period of one year after shipment, (ii) conform to Cepheid's published specifications for the Products, and (iii) are free of liens and encumbrances when shipped to Customer. Your purchase is governed by any direct agreement between you and Cepheid and any applicable agreement(s) with your GPO and/or IDN. If no such agreements are in effect, the Terms and Conditions available at [https://www.cepheid.com/en\\_US/support/order-management](https://www.cepheid.com/en_US/support/order-management) shall govern your purchase and by submitting a purchase order, you agree to such Terms and Conditions. No terms or conditions in a purchase order that are contrary or in addition to those in any of the foregoing agreements shall apply. Except as otherwise agreed upon by Cepheid: standard orders ship via FedEx 2-Day; quoted freight charge is an estimate only and final charges will be prepaid and added to the invoice, and ALL SALES ARE FINAL AND ARE NON-RETURNABLE AND NON-REFUNDABLE. Customer's preferred carrier and account number are required if shipped collect. Please fax Purchase Orders to 408-716-2840, or email a PDF version of the Purchase Order to [ordermanagement@cepheid.com](mailto:ordermanagement@cepheid.com).



**Standard Terms**

YOUR PURCHASE ORDER MUST REFERENCE THE QUOTE NUMBER ABOVE. PRICE ADJUSTMENTS MAY NOT BE ALLOWED AFTER SHIPMENT.

Cepheid warrants that the Products shall be free from defects in material and workmanship for a period of one year after shipment, (ii) conform to Cepheid's published specifications for the Products, and (iii) are free of liens and encumbrances when shipped to Customer. Your purchase is governed by any direct agreement between you and Cepheid and any applicable agreement(s) with your GPO and/or IDN. If no such agreements are in effect, the Terms and Conditions available at <http://www.cepheid.com/us/support/support/order-management> shall govern your purchase and by submitting a purchase order, you agree to such Terms and Conditions. No terms or conditions in a purchase order that are contrary or in addition to those in any of the foregoing agreements shall apply. Except as otherwise agreed upon by Cepheid: standard orders ship via FedEx 2-Day; quoted freight charge is an estimate only and final charges will be prepaid and added to the invoice, and ALL SALES ARE FINAL AND ARE NON-RETURNABLE AND NON-REFUNDABLE. The customer's preferred carrier and account number are required if shipped collect. Please fax Purchase Orders to 408-716-2840, or email a PDF version of the Purchase Order to [chris.crosby@cepheid.com](mailto:chris.crosby@cepheid.com)

Total : USD 65,645.00  
Shipping & Handling :  
Total Tax :  
Grand Total : USD 65,645.00

**GPO** Vizient fka Novation  
**Payment Terms** Net 30  
**Freight Terms**  
**FOB Point**  
**Ship Via**  
**SalesPerson** Chris Crosby



# Lease Agreement

This LEASE AGREEMENT (“Lease”) is dated August 19, 2021 and is between LEASING ASSOCIATES OF BARRINGTON, INC., an Illinois corporation (“Lessor”), and LEWIS COUNTY HOSPITAL DISTRICT NO. 1 dba ARBOR HEALTH MORTON HOSPITAL (“Lessee”).

**EQUIPMENT DESCRIPTION:** One (1) GeneXpert IV, 4 Testing Site Molecular System with 6 Color Modules, One (1) Laptop Computer, Dx Software, Dx; One (1) Black & White Printer, UPS and Shipping...including all attachments and accessories as provided by Cepheid.

(Any applicable state and local sales /use taxes or shipping/installation charges will be billed separately.)

**EQUIPMENT DEFINITION:** The term “Equipment” as set forth in this Lease and all related documents hereto shall include all, but not less than all, the equipment provided under this Lease.

**EQUIPMENT LOCATION:** 521 Adams Ave, Morton, WA 98356

**TERMS:**

<u>Lease Type</u>	<u>Initial Term</u>	<u>Monthly Rental Amount</u>
Operating Lease	36 Months	\$1,908.70

**END OF LEASE OPTIONS:** At the conclusion of the Initial Term, Lessee may (a) return the Equipment in accord with Paragraph 9 of this Lease, (b) renew this Lease at a rental amount based upon the then fair market value of the Equipment, or (c) purchase the Equipment for its then Fair Market Value, plus any applicable taxes.

**CREDIT APPROVAL AND COMMITMENT FEE:** This Lease shall become effective upon Lessee execution and Lessor credit approval and execution. To obtain credit approval, Lessee shall execute and return this Lease with the requested financial information and a commitment fee in the amount of one month’s rental. The commitment fee is totally applicable to the last month’s rental obligation and is refundable to Lessee only if Lessor does not provide credit approval within 10 days of receipt of all requested information.

**COMMENCEMENT:** The Initial Term and Lessee’s rental obligation will begin on the date the Equipment is shipped by Cepheid (“Commencement Date”). Lessor will provide Lessee a Notice of Commencement to confirm such Commencement Date. Lessee will rely solely upon the warranties and representations from Cepheid for installation and performance of the Equipment. Lessee’s obligation to pay rent upon the Commencement Date shall not be cancelled, terminated or abated due to any dispute Lessee may have with Cepheid in this regard.

**LESSEE**

LEWIS COUNTY HOSPITAL DISTRICT NO. 1  
dba ARBOR HEALTH MORTON HOSPITAL  
521 Adams Ave  
Morton, WA 98356

**LESSOR**

LEASING ASSOCIATES OF BARRINGTON, INC.  
220 North River Street  
East Dundee, IL 60118

\_\_\_\_\_  
Name of Authorized Signer

\_\_\_\_\_  
Name of Authorized Signer

\_\_\_\_\_  
Signature (Additionally, please initial page 2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

**TERMS AND CONDITIONS**

**1. TERM.** This Lease shall be effective on the date of Lessor's execution and shall remain so until the Equipment is purchased or returned to Lessor in accord with Paragraph 9 below ("expiration"). If the Initial Term of this Lease is extended for any reason, all provisions of this Lease shall apply during any such extension, unless the parties specifically provide otherwise.

**2. RENT.** Lessee shall pay Lessor rent for the Equipment as provided herein. Rental payments for the Initial Term and any renewal term ("rent") shall be due and payable in advance, for the monthly period covered by each such payment, on the first day thereof via electronic debit. Any payment of rent or other obligation not paid when due, at Lessor's option, shall bear interest from the date due until the date paid at the rate of 5% per month or, if less, the highest rate permitted by applicable law. Lessee's obligation to pay rent and all other amounts payable by Lessee hereunder is absolute, unconditional and irrevocable, and shall be paid without any abatement, reduction, setoff or defense of any kind.

The monthly rental is premised upon a Five Year Treasury Yield Index of 0.79%. Should the index have increased on the Commencement Date, Lessor reserves the right to raise the monthly rent to reflect such increase. Any adjustment shall be one-time only and the revised monthly rent shall remain fixed throughout the Initial Term. All terms and conditions of this Lease assume a Commencement Date not later than November 19, 2021. Should the Commencement not be effected by such date, Lessor reserves the right of modification of these terms and conditions.

**3. TAXES.** Lessee is responsible for all taxes or fees levied against the purchase, use, lease, rent, operation or ownership of the Equipment, including any interest or penalty, except those taxes on or measured by the net income of Lessor. This obligation shall survive the expiration of this Lease.

**4. DISCLAIMER OF WARRANTY.** Lessee agrees that (a) it has selected the Equipment and vendor, (b) Lessor neither manufactured nor provides service for the Equipment and (c) the Equipment is leased on an "as is" basis. LESSOR MAKES NO EXPRESS OR IMPLIED WARRANTY WHATSOEVER OF MERCHANTABILITY, FITNESS FOR ANY PURPOSE, OR OTHERWISE, REGARDING THE EQUIPMENT. IN NO EVENT SHALL LESSOR BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. Lessor transfers to Lessee all of its interest in any express or implied warranties of the manufacturer or vendor of the Equipment.

**5. USE.** The Equipment shall be kept by Lessee (a) complete, in use, in good operating condition and repair and performing according to manufacturer's published specifications, (b) supplied with all necessary parts and service, (c) at a location as indicated herein, (d) subject to inspection by Lessor, (e) free of all security interests and claims except those of Lessor and its assigns and (f) at Lessor's option, conspicuously labeled to disclose Lessor's ownership.

**6. ADDITIONS.** All parts, improvements, additions, replacements and substitutions to the Equipment shall immediately become the property of Lessor.

**7. RISK AND CANCELABILITY.** Lessee shall bear the entire risk of all loss, theft, damage, destruction, condemnation, requisition, taking by eminent domain or other interruption or termination of use of the Equipment from any cause whatsoever ("occurrences"). No (a) occurrences, (b) delay, deficiency or absence of insurance proceeds, (c) unavailability, delay or failure of supplies, reagents, consumables, parts, mechanisms, devices or service for the Equipment or (d) failure of the Equipment to function for any cause shall relieve Lessee of the obligation to pay rent or of any other obligation hereunder. Lessee shall promptly notify Lessor in writing of any of the above events. THIS IS A NON-CANCELABLE LEASE AGREEMENT.

**8. INSURANCE.** Lessee agrees, at its own expense, to maintain physical damage and liability insurance on the Equipment, equal to its full replacement cost, with Lessor and its assigns named as an additional insured and loss payee, effective from the date the Equipment is shipped by Supplier until the expiration of this Lease. The insurance shall be with an insurance company, in an amount, and with endorsements and coverage satisfactory to Lessor. Lessee shall provide Lessor and its assigns with a certificate of insurance, with a 30 day cancellation clause. Lessee hereby irrevocably appoints Lessor as Lessee's attorney-in-fact to make claim for, receive payment of and execute and endorse all documents, checks or drafts received in payment for loss, theft, destruction or damage or other claim under such insurance policies. The proceeds of the insurance shall be applied, at Lessor's sole election, toward the replacement or repair of the Equipment or, if the Equipment cannot be replaced or repaired, toward payment of Lessee's obligations. If Lessee fails to procure or maintain the required insurance, Lessor may obtain such insurance at Lessee's expense.

**9. RETURN.** At the expiration of the Initial Term, any renewal term or termination for any cause, Lessee shall at its own cost and expense promptly assemble, crate and return the Equipment to Lessor in the complete and same condition as when received, performing according to manufacturer's published specifications, ordinary wear and tear excepted, including all items accompanying original shipment. Lessee shall provide 30 days prior written notice of intent to return. The Equipment shall be shipped with insurance and freight prepaid by Lessee to a point designated by Lessor. Should Lessee fail to return, within 10 days of such expiration, all items of Equipment in full accord with the provisions of this Paragraph 9, or to effect any renewal or purchase terms that may be provided by Lessor, then this Lease shall be deemed extended on a month-to-month basis with rent payable in the amount applicable at expiration until such return, renewal or purchase arrangements are consummated and in effect. If, for any reason, the Equipment is not available or cannot be repaired to its required condition, Lessee shall remit to Lessor within 10 days of expiration Lessor's booked residual value of the Equipment.

**10. DISCLAIMER AND INDEMNITY.** Lessor shall not be liable for and Lessee's obligations shall not be diminished because of any claim, cost, damage, demand, expense, liability or loss of any kind incurred by Lessee or any other person or entity (collectively "Claims") caused, or alleged to be caused, directly or indirectly by the Equipment or any (a) inadequacy, delay or interruption of Equipment purpose, use, service or repair, (b) loss of business or revenue or (c) claims of consequential or other damages of any nature. In this regard, Lessee agrees to indemnify and hold Lessor harmless against any such Claims, including reasonable attorney's fees and expenses, asserted or brought against Lessor.

**11. DEFAULT.** An event of default shall have occurred if Lessee (a) fails to pay rent or any other payment within 10 days of its due date, (b) fails to perform any other obligation under this Lease within 10 days of notification, (c) is declared in default of any obligation under any other agreement with Lessor, (d) ceases doing business as a going concern, becomes insolvent or dissolved, assigns assets for the benefit of creditors or enters into any bankruptcy or reorganization proceeding or (e) suffers an adverse material change in its financial condition.

**12. REMEDIES.** Upon any event of default, Lessor shall be entitled to (a) declare the balance of rent and all other amounts due, or to become due, immediately payable, (b) terminate this Lease and take immediate possession of the Equipment, entering upon any premises without liability for doing so, (c) sell, lease or finance all or any part of the Equipment to a third party upon such terms as Lessor may from time to time elect, without any duty to account to Lessee, and Lessee shall remain liable for all rents and other amounts due plus any and all other costs, expenses and damages, including reasonable attorney's fees and legal expenses or (d) avail itself of any other remedy or remedies provided for by any statute or otherwise available at law, in equity, or in bankruptcy or insolvency proceedings. These remedies shall be cumulative.

**13. ASSIGNMENT.** Lessee shall not assign, sell, transfer or sublease the Equipment or its interest in this Lease. Lessor and its assigns, without notification, may sell, transfer, assign or grant a security interest in this Lease to a third party ("assignee"). In such event, assignee will have all rights and benefits, but not the obligations, of Lessor. Lessee's obligations will in no way be reduced or abated by such an assignment. Assignee's rights will not be subject to any claims, defenses or setoff that Lessee may have against Lessor.

**14. GENERAL PROVISIONS.**

(a) If Lessee fails to pay or to perform any obligation under this Lease, Lessor may, but shall not be obligated to, take any action or pay any amounts that are necessary to protect Lessor's interests. Lessee agrees to reimburse Lessor immediately upon notice for any such payment or incurred expense.

(b) All notices relating to this Lease shall be mailed to Lessor and Lessee at the addresses shown herein, and shall be deemed served when deposited in the U.S. Mail.

(c) Lessee agrees to execute, acknowledge and deliver such instruments, and to take such other action as may be reasonably necessary in the opinion of Lessor, or its counsel, to protect Lessor's interests. Lessee authorizes Lessor to file Uniform Commercial Code financing statements with respect to the Equipment. If this Lease is deemed at any time to be intended as security, then Lessee grants Lessor a security interest in the Equipment and all proceeds from its sale, lease or disposition.

(d) Lessee agrees to provide to Lessor any financial information as Lessor from time to time may reasonably request.

(e) If **Uniform Commercial Code Article 2A - Leases** is deemed to apply to this Lease, it shall be considered a "Finance Lease" as so defined.

(f) This Lease together with notice of Equipment acceptance and any guarantee constitutes the entire agreement between Lessor and Lessee and any change or modification must be in writing and signed by the parties. Lessee agrees that neither the vendor of the Equipment nor any salesperson, employee or agent of vendor is Lessor's agent and shall have no authority to represent or bind Lessor in any manner.

(g) An originally or electronically executed copy of this Lease, transmitted by facsimile, e-mail, or other means of electronic transmission, shall be deemed to have the same legal effect as delivery of an original executed copy of this Lease for all purposes. Notwithstanding the above, Lessor reserves the right to require an originally executed, hard copy of this Lease to be forwarded to Lessor by US Mail or comparable carrier.

(h) If this Lease or any provision hereof shall be deemed in any way invalid, illegal, or unenforceable, its validity, legality and enforceability in all other respects shall not be in any way impaired. Each of the parties hereto acknowledges that the other party shall not by act, delay, omission, or otherwise be deemed to have waived any of its rights or remedies under this Lease unless such waiver is given in writing. A waiver on any one occasion shall not be construed as a waiver on any future occasion. Without limiting the foregoing, Lessor's rights and Lessee's duties shall in no way be affected by Lessor's failure to inform Lessee of any noncompliance with any of Lessee's obligations under this Lease. Lessee hereby waives any right to assert that Lessor cannot enforce this Lease because of any failure of Lessor to qualify to do business in any jurisdiction. This Lease has been delivered for acceptance by Lessor in Kane County, Illinois, and the laws of the State of Illinois shall govern the construction, validity, interpretation, performance and enforcement of this Lease. Any action at law or equity arising from or in connection with this Lease, including the enforcement of any term or condition hereof, shall be instituted and litigated in the United States District Court for the Northern District of Illinois, Eastern Division, or the Kane County, Illinois, Circuit Court. **Lessee and Lessor agree to waive any rights to a trial by jury.** This Lease shall be binding on Lessor and Lessee and their respective successors, heirs and assigns and shall inure to the benefit of Lessor and Lessee and their successors, heirs and assigns. Lessee warrants that its Signatory to this Lease is authorized to obligate Lessee to its terms.



DocID: 15827  
Revision: 1  
Status: Official  
Department: Governing Body  
Manual(s):

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## Policy : Commissioner Compensation for Meetings and Other Services

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### Policy:

The Board created a policy for Commissioner Compensation for meetings and other services.

### Purpose:

The purpose is to provide understanding in the compensation for Commissioners services rendered to the District.

### Procedure:

A Lewis County Hospital District No. 1 Commissioner will be compensated, under RCW.70.44.050, for the following meetings and services:

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

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**Document Owner:** Frady, Trish

**Collaborators:**

**Approvals**

- **Committees:** ( 07/25/2018 ) Board of Commissioners, ( 07/29/2020 ) Board of Commissioners,

**- Signers:**

**Original Effective Date:** 06/13/2012

**Revision Date:** [06/13/2012 Rev. 0], [06/26/2018 Rev. 1]

**Review Date:** [11/08/2013 Rev. 0], [12/23/2014 Rev. 0], [07/24/2015 Rev. 0], [08/02/2016 Rev. 0], [08/24/2017 Rev. 0], [07/21/2020 Rev. 1]

**Attachments:**

(REFERENCED BY THIS DOCUMENT)

**Other Documents:**

(WHICH REFERENCE THIS DOCUMENT)

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

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## Policy : Conflict of Policies

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### Policy:

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

### Purpose:

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

### Procedure:

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

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**Document Owner:** Frady, Trish

**Collaborators:**

**Approvals**

- Committees: ( 08/26/2020 ) Board of Commissioners,

- Signers:

**Original Effective Date:**

**Revision Date:** [04/03/2007 Rev. 1], [08/27/2015 Rev. 2], [09/21/2020 Rev. 3]

**Review Date:** [08/17/2007 Rev. 1], [05/29/2009 Rev. 1], [04/11/2011 Rev. 1], [11/08/2013 Rev. 1], [08/02/2016 Rev. 2], [08/24/2017 Rev. 2], [10/18/2018 Rev. 2]

**Attachments:**

8/19/2021

(REFERENCED BY THIS DOCUMENT)

**Other Documents:**

(WHICH REFERENCE THIS DOCUMENT)

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

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## Policy : Distribution for Board and Committee Packets

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### Policy:

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

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<b>Document Owner:</b>	Frady, Trish
<b>Collaborators:</b>	
<b>Approvals</b>	
- <b>Committees:</b>	( 07/22/2015 ) Board of Commissioners, ( 09/27/2017 ) Board of Commissioners, ( 12/19/2018 ) Board of Commissioners, ( 08/26/2020 ) Board of Commissioners,
- <b>Signers:</b>	
<b>Original Effective Date:</b>	05/15/2008
<b>Revision Date:</b>	[05/15/2008 Rev. 0], [08/12/2014 Rev. 1], [09/08/2014 Rev. 2]
<b>Review Date:</b>	[05/29/2009 Rev. 0], [04/06/2010 Rev. 0], [04/11/2011 Rev. 0], [11/08/2013 Rev. 0], [07/20/2015 Rev. 2], [08/02/2016 Rev. 2], [08/24/2017 Rev. 2], [10/18/2018 Rev. 2], [08/04/2020 Rev. 2]
<b>Attachments:</b>	(REFERENCED BY THIS DOCUMENT)
<b>Other Documents:</b>	(WHICH REFERENCE THIS DOCUMENT)

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[https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:13513\\$2](https://www.lucidoc.com/cgi/doc-gw.pl?ref=morton:13513$2).





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

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Policy : Hospital Declaration Of Personal Property As Surplus

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**Policy:**

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

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

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**Document Owner:** Frady, Trish

**Collaborators:**

**Approvals**

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

- **Signers:**

**Original Effective Date:**

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

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

**Attachments:**

(REFERENCED BY THIS DOCUMENT)

**Other Documents:**

(WHICH REFERENCE THIS DOCUMENT)

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

**SUPERINTENDENT REPORT**

**To:** Board of Commissioners  
**From:** Lianne Everett, Superintendent  
**Date:** 8/19/2021  
**Subject:** Proclamation 21-14

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On August 9, 2021, Governor Inslee issued Proclamation 21-14, mandating vaccinations for healthcare providers, workers, and settings. Having less than 50% vaccinated, this proclamation was not received well by our staff. In response, I issued an *All Staff* email on 8/10/2021 acknowledging the proclamation. Administration asked for staff responses while working on gaining a better understanding of the proclamation's impact on Arbor Health.

I heard from staff through official and unofficial channels of communication. It was apparent that people were angry and anxious about how this was going to impact their employment. To abate some of the anxiety, I issued another *All Staff* email on 8/13/2021 providing more details about the proclamation's impact and that I would be holding in-person and remote meetings to discuss this with employees.

As of this writing, four employee meetings have occurred with three more scheduled. The information has been well received and anxiety appears to be waning. An FAQ and exemption documents have been included for your review.

A verbal discussion at the August 25<sup>th</sup> Board of Commissioners meeting will follow to provide an update on this matter.



## MEMORANDUM

To: Arbor Health Staff  
From: Leianne Everett, Superintendent/CEO  
CC:  
Date: 08/16/2021  
Re: Proclamation 21-14 FAQs

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### ***What does the proclamation order?***

The proclamation requires all Arbor Health employees, contractors, volunteers and other positions not eligible for medical or religious exemptions, to be fully vaccinated with the recommended COVID-19 vaccine by October 18, 2021. Arbor Health will need to verify the vaccination status of all employees.

### ***To who does this proclamation apply?***

All Arbor Health employees, contractors, volunteers and other positions that have an onsite presence in a workplace setting.

### ***I work remotely from home. Do I have to comply?***

Yes, as an employee of a healthcare organization, you may be called at any time to come onsite.

### ***Is this legal?***

Governor Inslee has the legal authority to do this under RCW 43.06.220 during declared states of emergency. Non-compliance puts Arbor Health's hospital license at risk of being revoked.

### ***Are there any avenues to opt out of the vaccination?***

Arbor Health employees may work with Human Resources if they need a reasonable accommodation for medical or religious reasons.

### ***What happens if someone refuses the vaccine or refuses to provide proof of vaccination AND/OR does not apply for a medical or religious exemption?***

Any Arbor Health employee that is not fully vaccinated or has not filed a medical or religious exemption with Human Resources by October 18, 2021 will be subject to non-disciplinary dismissal from employment.

***Will an Arbor Health employee be entitled to unemployment benefits if they are subjected to non-disciplinary dismissal due to not being vaccinated or filed an exemption by October 18, 2021?***

Each application will be reviewed on it's own merit.

***What if I have had COVID prior to October 18?***

Fully vaccinated, as the proclamation mandates, requires two doses of Pfizer or Moderna or one dose of J&J. Prior COVID positive status is not compliant with the proclamation. Additionally, if you have received monoclonal antibodies treatment, you are eligible for a medical exemption, but vaccination must begin once 90 days have elapsed from treatment.

***Who do I contact if I decide to get the vaccine ?***

Please contact your primary care provider or Employee Health (Amanda Seals) at x3582. Employee Health will be offering vaccines on:

- Thursday, August 19<sup>th</sup>
- Thursday, August 26<sup>th</sup>,
- Thursday, September 2<sup>nd</sup>.

***What are the important dates to remember between now and October 18th?***

- September 3<sup>rd</sup> – last day to get first shot of Moderna and be compliant by October 18<sup>th</sup>
- September 13<sup>th</sup> – last day for first shot of Pfizer (**Arbor Health does not have Pfizer**)
- October 4<sup>th</sup> – Last day for J&J or second shot of Moderna or Pfizer
- October 18<sup>th</sup> – last day to be fully vaccinated or file an exemption

***What if I have had the vaccine?***

Please provide a copy of your vaccination record to Employee Health ASAP.

**Please contact Administration or Human Resources if you have additional questions.**

# Getting Vaccinated

## Why should I get a vaccine?

Vaccines are one of the greatest success stories in public health. They have helped get rid of smallpox and dramatically reduced the number of people who suffer from the devastating effects of other infectious diseases like measles and whooping cough.

## COVID-19 vaccines may:

- Help prevent you from getting COVID-19 or from becoming seriously ill or dying due to COVID-19.
- Add to the number of people in the community who are protected from getting COVID-19, helping to contribute to herd immunity.

## What vaccines are available?

Currently, there are 3 authorized COVID-19 vaccines in the US. For more information on the authorized vaccines, please visit the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>

## Which vaccine is better?

Currently, there are 3 COVID-19 vaccines authorized under an EUA by the FDA. Studies show ALL 3 vaccines may keep you from getting COVID-19 or from becoming seriously ill or hospitalized, even if you do get COVID-19.

It's important to remember that for the COVID-19 vaccines to get an EUA by the FDA, they have to meet strict legal requirements. Based on all scientific evidence available to FDA:

it is reasonable to believe that the vaccines may be effective in preventing COVID-19

the known and potential benefits of the vaccine when used to prevent COVID-19 outweigh its known and potential risks

## Can I choose which vaccine I get?

The CDC does not recommend one vaccine over another. You should get any COVID-19 vaccine that is available when you are eligible. Do not wait for a specific brand. It has been determined that the benefits of all 3 COVID-19 vaccines outweigh the unknown risks in the current public health emergency.

## Is it free?

Yes! According to the CDC, the COVID-19 vaccines will be given to all individuals in the US at no cost—with or without insurance—meaning the US government is making the vaccines available for free at this time.

### Where can I learn more?

If you have more questions, be sure to talk to your vaccination provider or your doctor. You can also reach out to your state, territorial, tribal, or local health department, especially with any questions about vaccine availability.

You can also find more information online at the following websites:

The [CDC](#) has up-to-date resources on COVID-19

The [FDA](#) has resources about EUAs of vaccines

You can contact your [state health department](#) for more information on its plan for COVID-19 vaccination.

## Bust Common Myths and Learn the Facts

Can receiving a COVID-19 vaccine cause you to be magnetic?



**No.** Receiving a COVID-19 vaccine will not make you magnetic, including at the site of vaccination which is usually your arm. COVID-19 vaccines do not contain ingredients that can produce an electromagnetic field at the site of your injection. All COVID-19 vaccines are free from metals.

Learn more about the [ingredients](#) in the COVID-19 vaccinations authorized for use in the United States.

Do any of the COVID-19 vaccines authorized for use in the United States shed or release any of their components?



**No.** Vaccine shedding is the term used to describe the release or discharge of any of the vaccine components in or outside of the body. Vaccine shedding can only occur when a vaccine contains a weakened version of the virus. None of the vaccines authorized for use in the U.S. contain a live virus. mRNA and viral vector vaccines are the two types of currently authorized COVID-19 vaccines available.

Learn more about [mRNA](#) and [viral vector](#) COVID-19 vaccines.



Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day?



**Yes.** If you are trying to become pregnant now or want to get pregnant in the future, you may get a COVID-19 vaccine when one is available to you.

There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that female or male fertility problems are a side effect of any vaccine, including COVID-19 vaccines.

Will a COVID-19 vaccine alter my DNA?

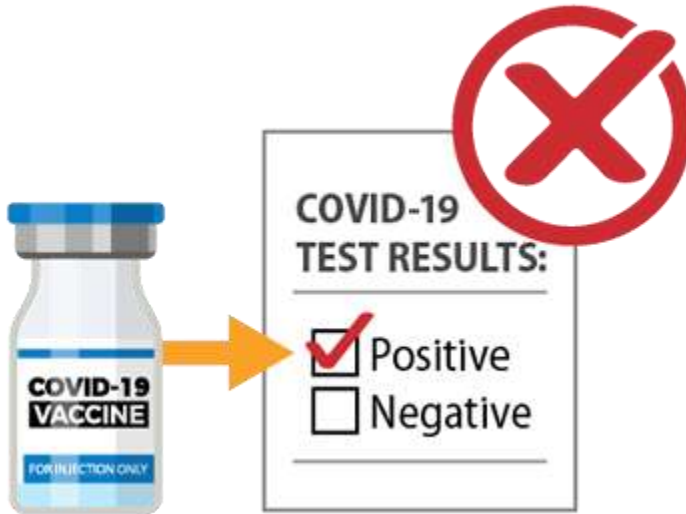


**No.** COVID-19 vaccines do not change or interact with your DNA in any way. Both mRNA and viral vector COVID-19 vaccines deliver instructions (genetic

material) to our cells to start building protection against the virus that causes COVID-19. However, the material never enters the nucleus of the cell, which is where our DNA is kept.

Learn more about [mRNA](#) and [viral vector](#) COVID-19 vaccines.

Will getting a COVID-19 vaccine cause me to test positive for COVID-19 on a viral test?



**No.** None of the authorized and recommended COVID-19 vaccines cause you to test positive on [viral tests](#), which are used to see if you have a **current infection**.

If your body develops an immune response to vaccination, which is the goal, you may test positive on some [antibody tests](#). Antibody tests indicate you had a **previous infection** and that you may have some level of protection against the virus.



# COVID-19 Vaccination Accommodation and Exemption Request for Medical or Religious Reasons

Under Proclamation 21-14 of the Governor of Washington, Arbor Health must require employees, volunteers, students or contractors of a healthcare facility to become fully vaccinated against COVID-19 by no later than October 18, 2021 unless they obtain a reasonable accommodation allowed under the Proclamation. I am requesting an accommodation that includes an exemption from this COVID-19 vaccination requirement.

I am requesting a medical reasonable accommodation and exemption

Please complete the attached Request for Reasonable Accommodation: Medical Exemption from Vaccination form and return to the Human Resources Department.

I am requesting a reasonable accommodation and exemption based on a sincerely held religious belief

Individual Declaration

I acknowledge that I have read the COVID-19 Vaccination Education document in its entirety and fully understand it. Despite these facts, I am requesting a reasonable accommodation from the COVID-19 vaccination requirement by my signature below due to a sincerely held religious belief that prevents me from receiving any COVID-19 vaccination. My statement below identifies (a) my sincerely held religious observance, practice, or belief that prevents me from becoming fully vaccinated against COVID-19; and (b) explains how becoming fully vaccinated against COVID-19 conflicts with my sincerely held religious observance, practice, or belief. If I am granted an accommodation from the vaccination requirement, I commit to all Arbor Health accommodation requirements as an unvaccinated individual in order to maintain my own and others' health and safety. I understand that if an outbreak of vaccine-preventable disease occurs, I may be excluded from Arbor Health for the duration of the outbreak as a result of this exemption, which may result in an unpaid leave of absence for employees. The information on this form and my statement regarding this conflict (as completed below) are complete and correct. I understand that any falsified information can lead to disciplinary action, up to and including termination.

\_\_\_\_\_  
Employee/Volunteer/Student/Contractor Name (print)

\_\_\_\_\_  
Employee/Volunteer/Student/Contractor Signature

\_\_\_\_\_  
Date

Individual Statement about how becoming fully vaccinated against COVID-19 conflicts with my sincerely held religious belief, observance, or practice. THIS IS REQUIRED BY THE GOVERNOR'S PROCLAMATION. (if additional space is needed, attach the statement with the date and your signature to this form and submit to Human Resources) -




## COVID-19 Vaccination Accommodation and Exemption Request for Medical or Religious Reasons

### Medical Exemptions:

Health Care Providers and Workers for State Agencies are not required to get vaccinated against COVID-19 if they are entitled under the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act of 1964 (Title VII), the Washington Law Against Discrimination (WLAD), or any other applicable law to a disability-related reasonable accommodation or a sincerely held religious belief accommodation to the vaccine requirement. Nothing in the Governor's Proclamation precludes individuals or entities for which Health Care Providers work as employees, contractors, or volunteers and State Agencies from providing disability-related reasonable accommodations and religious accommodations to the requirements as required by the laws noted above. As provided in the ADA, Title VII, and the WLAD, individuals or entities for which Health Care Providers work as employees, contractors, or volunteers and State Agencies are not required to provide such accommodations if they would cause undue hardship.

*(Proclamation 21-14 Covid-19 Vaccination Requirement).*

To the extent permitted by law, before providing a disability-related reasonable accommodation to the vaccination requirement, individuals or entities for which Health Care Providers work as employees, contractors, or volunteers and State Agencies must obtain from the individual requesting the accommodation documentation from an appropriate health care or rehabilitation professional authorized to practice in the State of Washington stating that the individual has a disability that necessitates an accommodation and the probable duration of the need for the accommodation.

*(Proclamation 21-14 Covid-19 Vaccination Requirement).*

### Religious Exemptions:

To the extent permitted by law, before providing a sincerely held religious belief accommodation, individuals or entities for which Health Care Providers work as employees, contractors, or volunteers and State Agencies must document that the request for an accommodation has been made and the document must include a statement regarding the way in which the vaccine requirement conflicts with the religious observance, practice, or belief of the individual. *(Proclamation 21-14 Covid-19 Vaccination Requirement).*

*Proclamation by the Governor Amending Proclamation 20-05, et seq. 21-14 Covid-19 Vaccination Requirement.*

*This order is effective immediately. Unless extended or amended, upon expiration or termination of this amendatory proclamation the provisions of Proclamation 20-25, et seq., will continue to be in effect until the state of emergency, issued on February 29, 2020, pursuant to Proclamation 20-05, is rescinded.*



# COVID-19 Vaccination Accommodation and Exemption Request for Medical or Religious Reasons

**HR USE ONLY**

Date of initial request: \_\_/\_\_/\_\_\_\_ Date certification received: \_\_/\_\_/\_\_\_\_

Accommodation request:

Approved \_\_/\_\_/\_\_\_\_

Describe specific accommodation details and document interactive process:

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Denied \_\_/\_\_/\_\_\_\_

Describe why accommodation is denied (if direct threat or undue hardship, specifically describe):

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If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Date discussed with employee: \_\_\_\_/\_\_\_\_/\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation, describe the interactive process with the employee:

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Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_



**Request for Reasonable Accommodation: Medical Exemption from Vaccination**

Pursuant to Proclamation 21-14 of the Governor of Washington, Arbor Health requires full vaccination against COVID-19 as a condition of employment by no later than October 18, 2021 unless an employee obtains an approved medical or religious reasonable accommodation that includes exemption from required vaccination.

To request a medical accommodation, please complete Section 1 below and have your medical provider complete Section 2 before returning this form to the Human Resources Department.

**Section 1**

Name (print):	Date:
Department:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical reasonable accommodation from Arbor Health’s mandatory COVID-19 vaccination policy. I understand that Arbor Health may request additional information, including medical information or certification appropriate to my request, from me or my healthcare provider, and that I will cooperate in providing such information in a timely manner. All medical information will be kept confidential in accordance with Arbor Health policy

I verify that the information I am submitting and may submit in the future to substantiate my request for accommodation from Arbor Health’s COVID-19 vaccination policy is and will be true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Arbor Health is not required to provide an exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Arbor Health.

Employee Signature:	Date:
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## Section 2

### Medical Certification for Reasonable Accommodation Including Exemption from COVID-19 Vaccination

Employee Name: \_\_\_\_\_

Dear Medical Provider,

Pursuant to Proclamation 21-14 of the Governor of Washington, Arbor Health requires full vaccination against COVID-19 as a condition of employment by no later than October 18, 2021 unless an employee obtains an approved medical or religious reasonable accommodation that includes exemption from required vaccination. The individual named above is seeking an accommodation that includes exemption from this policy due to medical contraindications that prevent the employee from receiving any COVID-19 vaccination.

Please complete this form to assist Arbor Health in the reasonable accommodation process.

**The person named above has a disability that necessitates an accommodation from the vaccine requirement and is medically unable to receive any approved COVID-19 vaccine (including any vaccine approved for emergency use). To help you determine an appropriate accommodation, the medical basis for this restriction is:**

**The probable duration of this need for vaccine exemption is:**

- Temporary, expiring on: \_\_/\_\_/\_\_, or when \_\_\_\_\_
- Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**HR USE ONLY**

Date of initial request: \_\_/\_\_/\_\_\_\_

Date certification received: \_\_/\_\_/\_\_\_\_

Accommodation request:

Approved \_\_/\_\_/\_\_\_\_

Describe specific accommodation details:

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Denied \_\_/\_\_/\_\_\_\_

Describe why accommodation is denied:

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