
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

July 27, 2022 @ 3:30 PM

Conference Room 1 & 2 or Join Zoom Meeting:

<https://myarborhealth.zoom.us/j/87072017180>

Meeting ID: 870 7201 7180

One tap mobile: +12532158782,,87072017180#

Dial: +1 253 215 8782

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Old Business

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Superintendent Report





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

July 27, 2022 at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

<https://myarborhealth.zoom.us/j/87072017180>

Meeting ID: 870 7201 7180

One tap mobile: +12532158782,,87072017180#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	PAGE	TIME
Call to Order		
Roll Call		
Reading of the Mission & Vision Statement		3:30 pm
Approval or Amendment of Agenda		
Conflicts of Interest		
Comments and Remarks		3:35 pm
<ul style="list-style-type: none"> • Commissioners • Audience 		
Executive Session-RCW 70.41.200		3:40 pm
<ul style="list-style-type: none"> • Medical Privileging-Dr. Mark Hansen & Janice Cramer 	5	
Department Spotlight		3:45 pm
<ul style="list-style-type: none"> • Rehabilitation Services-Edwin Meelhuysen 	6	
Board Committee Reports		
<ul style="list-style-type: none"> • Hospital Foundation Report-Committee Chair-Commissioner Richardson 	11	3:55 pm
<ul style="list-style-type: none"> • Finance Committee Report-Committee Chair-Commissioner McMahan 	13	4:00 pm
Consent Agenda (Action)		4:10 pm
<ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ <i>June 29, 2022, Regular Board Meeting</i> ○ <i>July 18, 2022, Special Board Meeting</i> ○ <i>July 20, 2022, Finance Committee Meeting</i> 	19 28 30	
<ul style="list-style-type: none"> • Warrants & EFTs in the amount of \$2,935,193.39 dated June 2022 	35	
<ul style="list-style-type: none"> • Resolution 22-24-Approving the Capital Purchase of the Stretchers <ul style="list-style-type: none"> ○ <i>To approve the purchase of the stretchers from operating cash, superseding Resolution 22-19.</i> 	37	
<ul style="list-style-type: none"> • Resolution 22-25-Approving the Budget Amendment-Malpractice/General Liability Insurance <ul style="list-style-type: none"> ○ <i>To approve amending the 2022 budget by approving the insurance payment which includes increased rates for Malpractice and General Liability coverage.</i> 	44	

<ul style="list-style-type: none"> • Resolution 22-26-Approving the Medicare 2017 Cost Report Settlement Payment <ul style="list-style-type: none"> ○ <i>To approve the settlement payment to Medicare for the fiscal year 2017 from operating cash.</i> 	46	
<ul style="list-style-type: none"> • Resolution 22-27-Declaring to Surplus or Dispose of Certain Property <ul style="list-style-type: none"> ○ <i>To approve liquidation of items beyond their useful life.</i> 	48	
<ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 07.27.22 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> 	50	
Old Business		
<ul style="list-style-type: none"> • Superintendent Succession Plan <ul style="list-style-type: none"> ○ To provide a search committee update. 	52	4:15 pm
New Business		4:35 pm
<ul style="list-style-type: none"> • Board Policy & Procedure Review <ul style="list-style-type: none"> ○ Board E-Mail Communication ○ Board Meeting Teleconference ○ Board Mobile Device Management 	62 65 68	
Superintendent Report (Verbal)		4:40 pm
<ul style="list-style-type: none"> • 2022 Q2 Department Strategic Measures 	72	
Meeting Summary & Evaluation		4:55 pm
Next Board Meeting Dates and Times		
<ul style="list-style-type: none"> • Regular Board Meeting-August 31, 2022 @ 3:30 PM (ZOOM) 		
Next Committee Meeting Dates and Times		
<ul style="list-style-type: none"> • Compliance Committee Meeting-August 10, 2022 @ 12:00 PM (ZOOM) • Finance Committee Meeting- August 24, 2022 @ 12:00 PM (ZOOM) 		
Adjournment		5:00 pm



MEDICAL STAFF PRIVILEGING

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

INITIAL APPOINTMENTS- 3

Radia Inc.

- Rakhee Goel, MD (Radiology Consulting Privileges)
- David Gorrell, MD (Radiology Consulting Privileges)
- Patrick Hurley, MD (Radiology Consulting Privileges)

REAPPOINTMENTS- 3

Arbor Health

- Stanford Tran, MD (Emergency Medicine Privileges)

Providence Health & Services

- Kyle Ogami, MD (Telestroke/Neurology Consulting Privileges)
- Tarvinder Singh, MD (Telestroke/Neurology Consulting Privileges)

★-notates files with items to note.

Rehab Services

Department Spotlight – Finance Committee

The logo for Arbor Health, featuring a dark red background with a silhouette of evergreen trees at the top. The words "Arbor" and "Health" are stacked in white and yellow text respectively.

MyArborHealth.org

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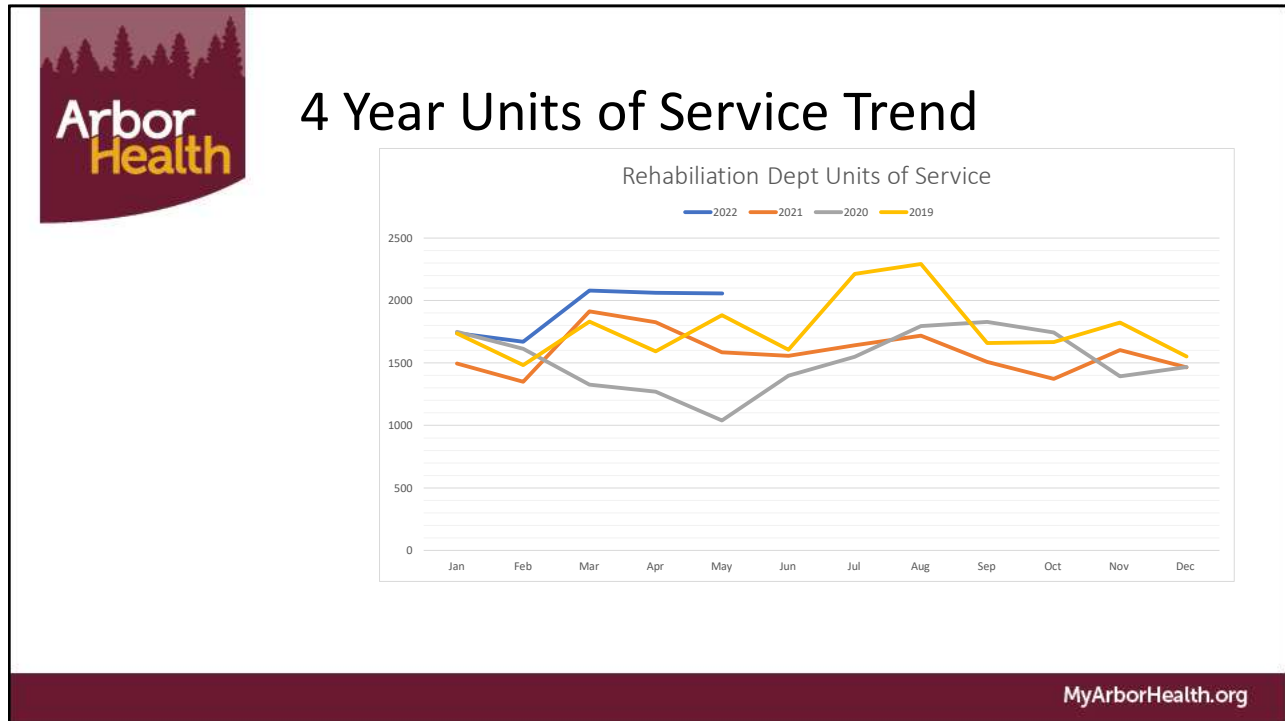
Accomplishments

- Weathering Covid Storm
- Top Rated Engagement in organization
- Successfully recruited permanent staff – SLP, PT, COTA.
- Increasing number of patients and visits completed.
- New Outcomes management System implemented
- New Employee education and Patient Home Education system implemented.

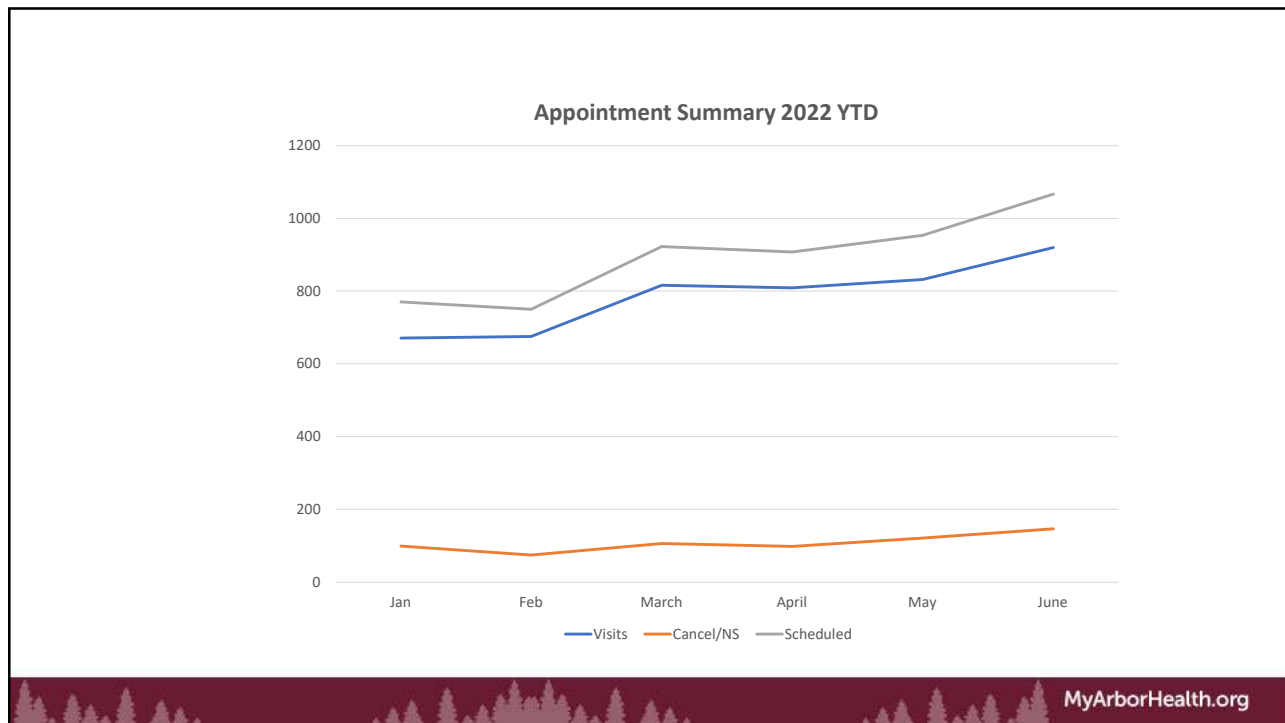
The logo for Arbor Health, featuring a dark red background with a silhouette of evergreen trees at the top. The words "Arbor" and "Health" are stacked in white and yellow text respectively.

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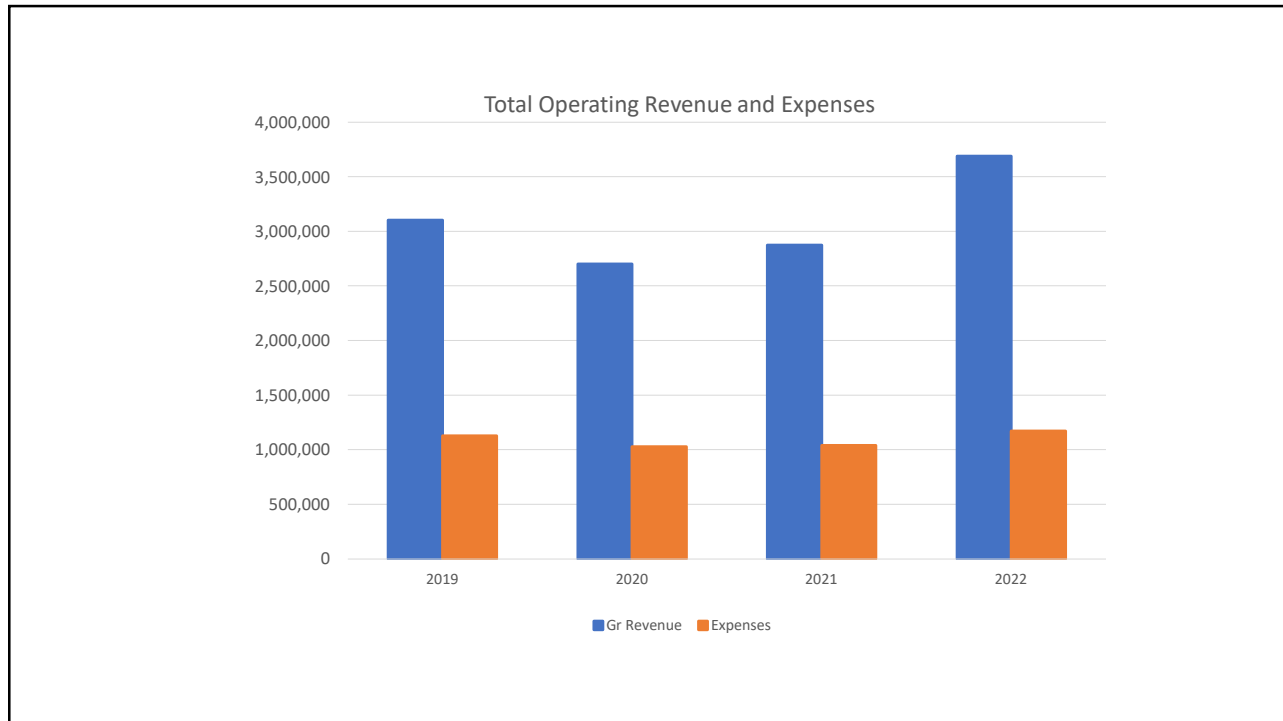
2



3



4



5

Strengths

- Facility – Pool, fairly well equipped
- Culture and Morale
- Staff –specialized skillset
- Quality of Care

Weakness

- Recruitment – Staffing
- Space
- Access
- Quality of Care
- IP staffing

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Opportunities

- More relationships
 - Schools
 - Seniors
 - Physician Groups
 - Fitness and Wellness
- Expansion
- Clinician Growth
- Program Growth

Threats

- Private Practice
- Reputation
- Change in Payment structure
- Not producing results – Swingbed program.

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Challenges

- Recruitment – Location, Wages
- Cancellation and No Show Rate – Balance Business and Vision
 - Health Literacy
- Space – Increasing Volumes require more space
 - Maybe offset with Packwood
- Aging Equipment – No Treadmill, Treatment Tables, Pediatric Space.

Arbor
Health

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BOARD COMMITTEE REPORTS

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Arbor Health Foundation Meeting
July 12, 2022
6pm Potluck Meeting at Laura Richardson's

Mission Statement

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

Attendance: Jessica Scogin, Marc Fisher, Louise Fisher, Caro Johnson, Jeannine Walker, Laura Richardson, Katelin Forrest, Gwen Turner, Paula Baker, Ann Marie Forsman, Christy Greiter, Christine Brower,

Excused: Betty Jurey, Cindy Scott, Gerri Maize

Guests: Maxine Herrin, Bonnie Justice

Call to Order by President Marc Fisher at 6:25 pm

The president read the mission statement

June minutes and treasurers report were reviewed and approved. Gwen Turner/Katelin Forrest

Administrators Report-Julie Taylor was absent and Jessica presented the following report:

Sunday, July 3rd was the Mossyrock Independence Day 5K & 8K runs which had approximately 160 participants. The hospital has entered into a letter of intent for location of the Packwood Clinic with a projected opening in December.

Recruitment Update:

- Dr. Puga will be joining the Morton Clinic on August 1st
- Dr. Cooper is retiring this month
- Tonya Goodson will be leaving the Randle Clinic in August
- Jason Whitney, our provider for the Packwood Clinic, will be filling in the gaps in Morton and Randle clinics until the Packwood clinic is open

- CFO Richard Boggess will be leaving our organization on July 31st.
The new CFO, Cheryl Cornwell, will be joining us in late July
- CEO Lianne Everett has resigned; her last day will be January 1st, 2023
- There will be a strategic planning retreat this fall. This retreat will establish new board priorities and set us on a trajectory for the next 3 years

Directors Report: -Jessica Scogin

The scholarship committee is working with the attorney to revamp the guidelines for the foundation scholarships. An important component of the scholarships funded by the Foundation is to incentivize employees to remain with the hospital.

The foundation will piggyback with hospital for a color run on August 27, 2022 and volunteers are needed to help.

Jessica is working with other hospitals to develop a rural foundation collaboration.

Old Business:

New Business:

Volunteers are needed for the Dinner Auction which will raise funds for EKG machines for the clinics. Our theme will be “Queen of Hearts”. Laura will help organize a float for the Jubilee Parade to market the event and will need volunteers.

Christy Greiter will be chairing the 50/50 raffle at the lawn mower races which raises \$1000 for the foundation each year.

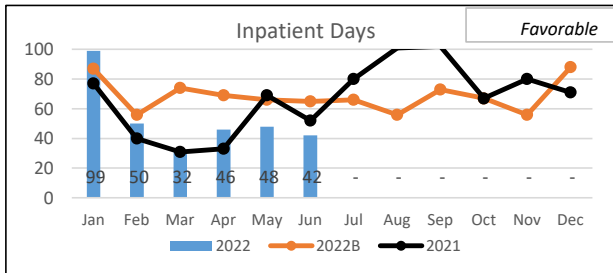
The executive committee will meet to review the bylaws and then provide recommendation to the board.

Meeting adjourned 7:07

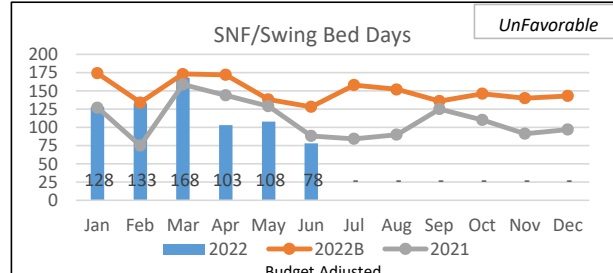
Lewis County Hospital District No. 1 Board Financial Summary

June 30, 2022

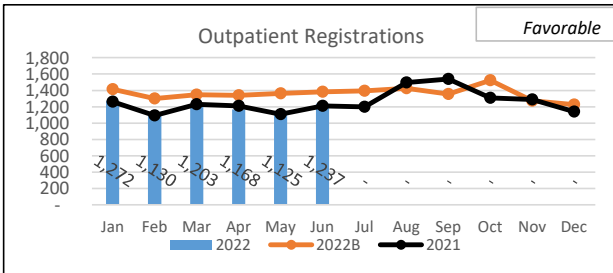
Growth



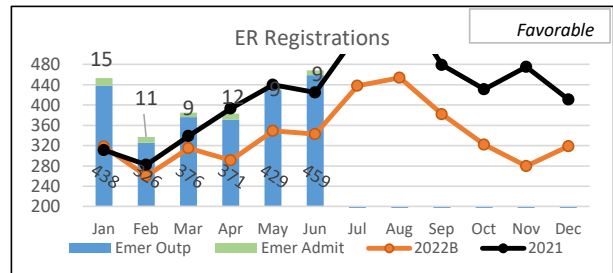
YTD: 317 Budget: 417 Pr Yr: 302



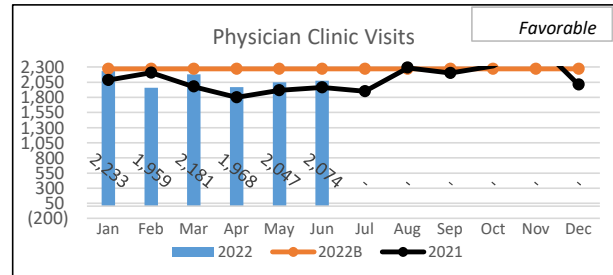
YTD: 718 Budget: 919 Pr Yr: 722



YTD: 7,135 Bud: 8,149 Pr Yr: 7,112

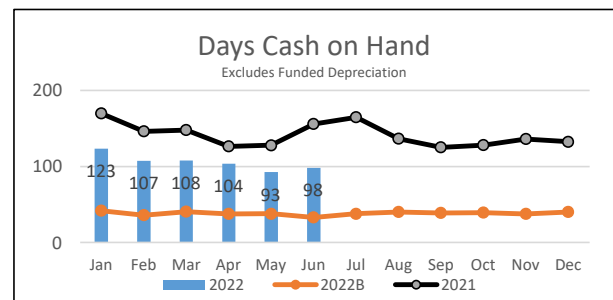
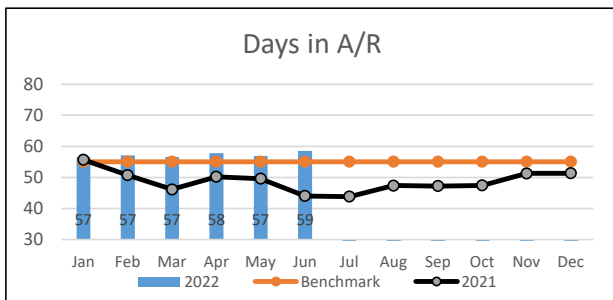
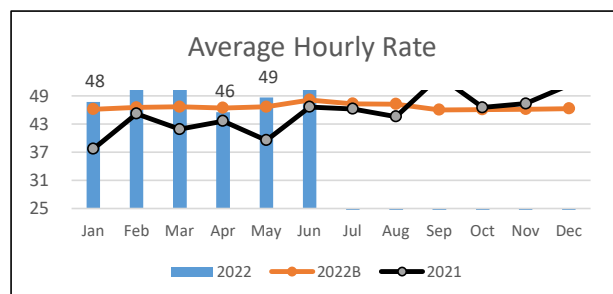
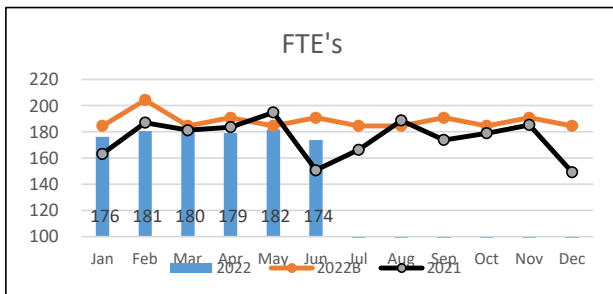


YTD: 2399 Bud: 1876 Pr Yr: 2190



YTD: 12,462 Bud: 13,626 Pr Yr: 11,951

People and Operational Aspects



All Morton General Hospital
Income Statement
June, 2022

Pr Yr	MTD	% Var	MTD \$ Var	MTD Budget	MTD Actual		YTD Actual	YTD Budget	YTD \$ Var	YTD % Var	PY YR	YTD
567,630	-33%	(242,171)	732,953	490,783	Total Hospital IP Revenues	3,833,662	4,556,987	(723,325)	-15.9	3,731,740		
2,869,988	16%	489,407	3,140,770	3,630,177	Outpatient Revenues	18,856,790	18,117,129	739,661	4.1	15,459,131		
376,137	-17%	(93,844)	538,242	444,398	Clinic Revenues	2,563,453	3,147,942	(584,489)	-18.6	2,137,809		
3,813,755	3%	153,392	4,411,965	4,565,357	Total Gross Patient Revenues	25,253,905	25,822,058	(568,153)	-2.2	21,328,680		
(1,363,575)	-6%	95,625	(1,510,619)	(1,414,995)	Contractual Allowances	(7,827,609)	(8,286,160)	458,551	-5.5	(7,113,732)		
(77,139)	-36%	20,720	(57,639)	(36,920)	Bad Debt & Bankruptcy	(117,184)	(329,016)	211,832	-64.4	(321,999)		
(66,946)	734%	(15,416)	(2,101)	(17,517)	Indigent Care	(251,170)	(13,013)	(238,158)	1830.2	(203,809)		
(34,420)	0%	(67,063)	0	(67,063)	Other Adjustments	(501,356)	0	(501,356)	0.0	(151,104)		
(1,542,081)	-2%	33,866	(1,570,360)	(1,536,494)	Total Deductions From Revenue	(8,697,321)	(8,628,189)	(69,132)	0.8	(7,790,643)		
2,271,674	7%	187,258	2,841,605	3,028,863	Net Patient Revenues	16,556,584	17,193,869	(637,285)	-3.7	13,538,036		
120,732	35%	28,316	81,900	110,216	Other Operating Revenue	572,080	491,402	80,678	16.4	939,133		
2,392,405	7%	215,574	2,923,506	3,139,079	Total Operating Revenue	17,128,665	17,685,272	(556,607)	-3.1	14,477,170		
Operating Expenses												
1,417,918	7%	135,500	1,857,914	1,722,414	Salaries	10,089,192	10,854,915	765,723	7.1	8,617,806		
354,807	14%	60,444	437,179	376,736	Total Benefits	2,430,686	2,604,712	174,025	6.7	2,281,987		
1,772,725	9%	195,943	2,295,093	2,099,149	Salaries And Benefits	12,519,879	13,459,627	939,748	7.0	10,899,793		
141,993	-18%	(28,563)	160,808	189,371	Professional Fees	807,996	937,204	129,208	13.8	797,296		
171,068	2%	4,584	222,687	218,103	Supplies	1,246,220	1,226,053	(20,167)	-1.6	947,972		
338,771	1%	4,438	407,107	402,669	Total Purchased Services	2,259,866	2,391,001	131,135	5.5	2,019,815		
36,722	5%	2,373	46,329	43,956	Utilities	292,955	255,384	(37,571)	-14.7	250,186		
19,618	-4%	(961)	22,271	23,231	Insurance Expense	138,286	133,626	(4,660)	-3.5	116,703		
99,419	-8%	(8,875)	105,900	114,775	Depreciation and Amortization	658,033	616,721	(41,312)	-6.7	610,548		
35,585	19%	7,000	36,661	29,661	Interest Expense	196,006	202,468	6,462	3.2	214,151		
26,799	24%	12,573	52,242	39,669	Other Expense	227,028	359,155	132,127	36.8	251,596		
2,642,701	6%	188,511	3,349,098	3,160,587	Total Operating Expenses	18,346,268	19,581,238	1,234,970	6.3	16,108,060		
(250,296)	-95%	404,085	(425,592)	(21,507)	Income (Loss) From Operations	(1,217,603)	(1,895,966)	678,363	-35.8	(1,630,890)		
(129,059)	-3%	3,923	(137,566)	(141,489)	Non-Operating Revenue/Expense	(867,900)	(825,397)	42,502	-5.1	(739,489)		
(121,236)	-142%	408,008	(288,026)	119,982	Net Gain (Loss)	(349,704)	(1,070,569)	720,865	-67.3	(891,402)		

Unaudited

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

CURRENT		MONTH			YEAR TO DATE					
Pr Yr Month	% Var	\$ Var	Budget	Actual		Actual	Budget	\$ Var	% Var	Actual
567,630	-33%	(242,171)	732,953	490,783	Inpatient Revenue	3,833,662	4,556,987	(723,325)	-16%	3,731,740
2,869,988	16%	489,407	3,140,770	3,630,177	Outpatient Revenue	18,856,790	18,117,129	739,661	4%	15,459,131
376,137	-17%	(93,844)	538,242	444,398	Clinic Revenue	2,563,453	3,147,942	(584,489)	-19%	2,137,809
3,813,755	3%	153,392	4,411,965	4,565,357	Gross Patient Revenues	25,253,905	25,822,058	(568,153)	-2%	21,328,680
1,397,995	2%	28,562	1,510,619	1,482,057	Contractual Allowances	8,328,966	8,286,160	(42,806)	-1%	7,264,836
66,946	-734%	(15,416)	2,101	17,517	Charity Care	251,170	13,013	(238,158)	-1830%	203,809
77,139	36%	20,720	57,639	36,920	Bad Debt	117,184	329,016	(211,832)	64%	321,999
1,542,081	2%	33,866	1,570,360	1,536,494	Deductions from Revenue	8,697,321	8,628,189	(69,132)	-1%	7,790,643
2,271,674	7%	187,258	2,841,605	3,028,863	Net Patient Service Rev	16,556,584	17,193,869	(637,285)	-4%	13,538,036
59.6%	-3.0%	-1.9%	64.4%	66.3%	NPSR %	65.6%	66.6%	1.0%	1.5%	63.5%
120,732	35%	28,316	81,900	110,216	Other Operating Revenue	572,080	491,402	80,678	16%	939,133
2,392,405	7%	215,574	2,923,506	3,139,079	Net Operating Revenue	17,128,665	17,685,272	(556,607)	-3%	14,477,170
Operating Expenses										
1,417,918	7%	135,500	1,857,914	1,722,414	Salaries & Wages	10,089,192	10,854,915	765,723	7%	8,617,806
354,807	14%	60,444	437,179	376,736	Benefits	2,430,686	2,604,712	174,025	7%	2,281,987
141,993	-18%	(28,563)	160,808	189,371	Professional Fees	807,996	937,204	129,208	14%	797,296
171,068	2%	4,584	222,687	218,103	Supplies	1,246,220	1,226,053	(20,167)	-2%	947,972
338,771	1%	4,438	407,107	402,669	Purchase Services	2,259,866	2,391,001	131,135	5%	2,019,815
36,722	5%	2,373	46,329	43,956	Utilities	292,955	255,384	(37,571)	-15%	250,186
19,618	-4%	(961)	22,271	23,231	Insurance	138,286	133,626	(4,660)	-3%	116,703
26,799	24%	12,573	52,242	39,669	Other Expenses	227,028	359,155	132,127	37%	251,596
2,507,696	6%	190,387	3,206,537	3,016,150	EBDITA Expenses	17,492,229	18,762,049	1,269,820	7%	15,283,361
(115,291)	-143%	405,960	(283,031)	122,929	EBDITA	(363,564)	(1,076,777)	713,213	-66%	(806,191)
-4.8%	140.5%	-13.6%	-9.7%	3.9%	EBDITA %	-2.1%	-6.1%	-4.0%	65.1%	-5.6%
Capital Cost										
99,419	-8%	(8,875)	105,900	114,775	Depreciation	658,033	616,721	(41,312)	-7%	610,548
35,585	19%	7,000	36,661	29,661	Interest Cost	196,006	202,468	6,462	3%	214,151
2,642,701	6%	188,511	3,349,098	3,160,587	Operating Expenses	18,346,268	19,581,238	1,234,970	6%	16,108,060
(250,296)	-95%	404,085	(425,592)	(21,507)	Operating Income / (Loss)	(1,217,603)	(1,895,966)	678,363	-36%	(1,630,890)
-10.5%			-14.6%	-0.7%	Operating Margin %	-7.1%	-10.7%			-11.3%
Non Operating Activity										
145,423	3%	4,672	141,132	145,804	Non-Op Revenue	895,619	846,793	48,825	6%	797,764
16,364	-21%	(749)	3,566	4,315	Non-Op Expenses	27,719	21,396	(6,323)	-30%	58,275
129,059	3%	3,923	137,566	141,489	Net Non Operating Activity	867,900	825,397	42,502	5%	739,489
(121,236)	-142%	408,008	(288,026)	119,982	Net Income / (Loss)	(349,704)	(1,070,569)	720,865	-67%	(891,402)
-5.1%			-9.9%	3.8%	Net Income Margin %	-2.0%	-6.1%			-6.2%

Unaudited

Lewis County Public Hospital District No. 1
Balance Sheet
June, 2022

	<u>Current Month</u>	<u>Prior-Month</u>	<u>Prior-Year end</u>	<u>Incr/(Decr) From PrYr</u>
Assets				
Current Assets:				
Cash	\$ 9,955,312	9,212,674	11,725,277	(1,769,964)
Total Accounts Receivable	8,135,526	7,627,489	6,796,889	1,338,637
Reserve Allowances	<u>(3,916,814)</u>	<u>(3,578,024)</u>	<u>(2,675,536)</u>	<u>(1,241,278)</u>
Net Patient Accounts Receivable	4,218,712	4,049,465	4,121,353	97,359
Taxes Receivable	(108,636)	7,285	44,337	(152,973)
Estimated 3rd Party Receivables	59,300	59,300	74,277	(14,977)
Prepaid Expenses	213,187	254,803	299,720	(86,533)
Inventory	363,857	365,453	351,873	11,984
Funds in Trust	1,918,327	2,018,856	1,593,539	324,788
Other Current Assets	<u>193,055</u>	<u>183,326</u>	<u>192,811</u>	<u>243</u>
Total Current Assets	<u>16,813,115</u>	<u>16,151,162</u>	<u>18,403,188</u>	<u>(1,590,073)</u>
Property, Buildings and Equipment	34,864,725	34,864,725	34,687,777	176,949
Less Accumulated Depreciation	<u>(23,844,039)</u>	<u>(23,729,374)</u>	<u>(23,182,426)</u>	<u>(661,613)</u>
Net Property, Plant, & Equipment	11,020,686	11,135,351	11,505,351	(484,665)
Right-of-use assets	666,532	0	0	666,532
Other Assets	<u>167,514</u>	<u>167,514</u>	<u>0</u>	<u>167,514</u>
Total Assets	<u>\$ 28,667,847</u>	<u>27,454,028</u>	<u>29,908,539</u>	<u>(1,240,692)</u>
Liabilities				
Current Liabilities:				
Accounts Payable	1,362,259	572,784	748,429	613,830
Accrued Payroll and Related Liabilities	1,365,637	1,194,230	1,244,266	121,371
Accrued Vacation	828,051	795,142	784,018	44,032
Third Party Cost Settlement	3,006,109	3,403,386	5,311,870	(2,305,761)
Interest Payable	(0)	148,307	0	(0)
Current Maturities - Debt	1,366,865	1,366,865	1,366,865	0
Unearned Revenue	1,252,684	1,252,684	1,000,000	252,684
Other Payables	<u>10,506</u>	<u>31,517</u>	<u>12,150</u>	<u>(1,644)</u>
Current Liabilities	<u>9,192,110</u>	<u>8,764,914</u>	<u>10,467,598</u>	<u>(1,275,489)</u>
Total Notes Payable	1,288,032	1,288,032	1,566,482	(278,450)
Capital Lease	(0)	(0)	(0)	0
Lease Liability	666,532	0	0	666,532
Net Bond Payable	5,025,868	5,025,758	5,029,448	(3,581)
Total Long Term Liabilities	<u>6,980,431</u>	<u>6,313,789</u>	<u>6,595,930</u>	<u>384,501</u>
Total Liabilities	<u>16,172,541</u>	<u>15,078,704</u>	<u>17,063,528</u>	<u>(890,988)</u>
General Fund Balance	12,845,010	12,845,010	12,845,010	0
Net Gain (Loss)	<u>(349,704)</u>	<u>(469,686)</u>	<u>0</u>	<u>(349,704)</u>
Fund Balance	<u>12,495,306</u>	<u>12,375,324</u>	<u>12,845,010</u>	<u>(349,704)</u>
Total Liabilities And Fund Balance	<u>\$ 28,667,847</u>	<u>27,454,028</u>	<u>29,908,539</u>	<u>(1,240,692)</u>

**Arbor Health
Cash Flow Statement
For the Month Ending June 2022**

	MTD	YTD
Cash Flows from Operating Activities		
Net Income	119,982	(349,704)
Adjustments to reconcile net income to net cash provided by operating activities		
Decrease/(Increase) in Net Patient Accounts receivable	(169,247)	(97,359)
Decrease/(Increase) in Taxes receivable	115,921	152,975
Decrease/(Increase) in Est 3rd Party Receivable	0	14,977
Decrease/(Increase) in Prepaid expenses	41,616	86,533
Decrease/(Increase) in Inventories	1,596	(11,984)
Decrease in Other Current Assets	(9,619)	(834,292)
Increase/(Decrease) in Accrued payroll liabilities	204,316	165,404
Increase/(Decrease) in 3rd Party cost stlmt liabilities	(397,277)	(2,305,761)
Increase/(Decrease) in Accounts payable	768,463	864,868
Increase/(Decrease) in Interest payable	(148,307)	0
Depreciation expense	114,665	661,613
Net Cash Flow from Operations	642,109	(1,652,730)
Cash Flows from Investing Activities		
Cash paid for		
Purchases of Fixed assets	0	(176,948)
Net Cash Flow from (used) in Investing Activities	0	(176,948)
Cash Flows from Financing Activities		
Cash paid for		
Additions to long-term debt	0	0
Principal payments of long-term liabilities	0	384,501
Net Cash Flow from (used) in Financing Activities	0	384,501
Net Increase (Decrease) in Cash	642,109	(1,445,177)
Cash at Beginning of Period	\$ 11,231,530	\$ 13,318,816
Cash at End of Period	\$ 11,873,639	\$ 11,873,639

CONSENT AGENDA



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

June 29, 2022, at 3:30 p.m.

Conference Room 1 & 2 or via ZOOM

<https://myarborhealth.zoom.us/j/83128978214>

Meeting ID: 831 2897 8214

One tap mobile+12532158782,,83128978214#

Dial:+1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting to order via Zoom at 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Laura Richardson Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Allen, Quality Manager <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Spencer Hargett, Compliance Officer <input checked="" type="checkbox"/> Janice Cramer, Medical Coordinator <input checked="" type="checkbox"/> Shelly Fritz, Past Board Member <input checked="" type="checkbox"/> Matthew Lindstrom, Facilities Director <input checked="" type="checkbox"/> Kevin Conger, Dietary Manage			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<ul style="list-style-type: none"> ☒ Clint Scogin, Controller ☒ Katelin Forrest, HR Generalist ☒ Brandy Childress, Clinic Manager ☒ Mark Hansen, MD, Chief of Staff <p>Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.</p>			
Approval or Amendment of Agenda	<p>Superintendent Everett requested a 5-minute break between Old Business and New Business. Also, she requested to add Property and Cyber Insurance Renewal under New Business.</p>	<p>Commissioner Coppock made a motion to approve the amended agenda. Commissioner McMahan seconded and the motion passed unanimously.</p>		
Conflicts of Interest	<p>Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.</p>	<p>None noted.</p>		
Comments and Remarks	<p>Commissioners: All Commissioners thanked Superintendent Everett and CFO Boggess for their success and appreciate everything they have brought to the hospital. Commissioner McMahan thanked Administration for coming to a tentative agreement with the WSNA union. Board Chair Herrin is fortunate to have had Superintendent Everett and CFO Boggess have Arbor Health heading us in the right direction.</p> <p>Audience: Shelly Fritz thanked and expressed personal gratitude to Superintendent Everett. Solidified our footprint, financially, image, back home to our little hospital. CNO/CQO Williamson recognized Lisa Hannah at a national level.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<p>Executive Session- RCW 70.41.200 & RCW 70.41.205</p>	<p>Executive Session began at 3:44 p.m. for ten minutes to discuss RCW 70.41.200 & RCW 70.41.205. The Board returned to open session at 3:54 p.m.</p> <p>Board Chair Herrin noted no decisions were made in Executive Session.</p> <p>Initial Appointments- Radiology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Mark Winkler, MD (Radia) <p>Reappointments-</p> <p>Arbor Health</p> <ol style="list-style-type: none"> 1. Don Allison, MD <p>Cardiology Consulting Privileges</p> <ol style="list-style-type: none"> 1. John Waggoner, MD <p>Radiology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Samantha Lancaster, MD 2. Eileen Lorenz, MD 3. Ross Parker, MD 4. Tremont Parrino, MD 5. Jigish Patel, MD 6. Colin Poon, MD 7. Amar Purandare, MD 8. Kevin Roscoe, MD 9. Charles Shen, MD 10. Navneet Singha, MD 11. David Stagnone, MD 12. Lloyd Stambaugh, MD 13. Andrew Taylor, MD 14. Ian Timms, MD 15. Chrystel Venturini, MD 16. Evert-Jan Verschuyf, MD 17. Pedro Vieco, MD 	<p>Secretary Olive made a motion to approve the Medical Privileging as presented and Commissioner Richardson seconded. The motion passed unanimously.</p>		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>18. Xi Zhang, MD</p> <p>Telestroke/Neurology Consulting Privileges</p> <ol style="list-style-type: none"> 1. Abdelrahman Beltagy, MD 2. Kinjal Desai, MD 3. Lindsey Frischmann, MD 4. Robert Lada, MD 5. Michael Marvi, MD 6. Kishan Patel, MD 			
<p>Department Spotlight</p> <ul style="list-style-type: none"> • Dietary 	<p>Dietary Manager Conger highlighted Dietary’s experience during COVID. The café’s goal is to keep meals affordable to employees, patients, and consumers. Hoping to open the café up to the community later this year.</p>			
<p>Board Committee Reports</p> <ul style="list-style-type: none"> • Hospital Foundation Report 	<p>Commissioner Richardson shared the Arbor Health (AH) Foundation provided a hospital update, the Mad Hatter Tea Party was successful and planning a Color Run in August. The AH Foundation is focusing on bringing in new members, so considering a membership drive.</p>			
<ul style="list-style-type: none"> • Finance Committee Report 	<p>Commissioner McMahan highlighted that the District continues to experience low volumes except for ED visits. The Hospital is going to purchase stretchers and will need a resolution, the HVAC needs to be replaced and accepting bids, the Bulk O2 project will start this Fall, the Packwood Clinic is moving forward and may research future financing options for this project. The District is experiencing a positive experience with current retirement plan. Experiencing increases with insurance costs and final determination on the 2016 Cost Report, both requiring a resolution for payments.</p>			
<ul style="list-style-type: none"> • Plant Planning 	<p>Commissioner Coppock highlighted the 96-hour fuel tank requirement</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Committee Report	project has been completed. Planning to complete the Bulk O2 Storage for safety, exploring the Packwood Clinic, adding Electronic Vehicle charging station near the Morton Clinic which is a benefit for patients and staff. Reviewing a partnership for the use of the Upper MOB and planning to replace the HVAC. A future project includes replacing the fire panel system as the upgrade needed and safety is required.			
Consent Agenda	<p>Board Chair Herrin announced the consent agenda items for consideration of approval:</p> <ol style="list-style-type: none"> 1. Approval of Minutes <ol style="list-style-type: none"> a. May 25, 2022, Regular Board Meeting b. June 1, 2022, Special Board Meeting c. June 8, 2022, QIO Committee Meeting d. June 15, 2022, Plant Planning Committee Meeting e. June 20, 2022, Special Board Meeting f. June 22, 2022, Finance Committee Meeting 2. Warrants & EFTs in the amount of \$3,952,708.68 dated May 2022 3. Resolution 22-19- Approving Budget Amendment-Stretchers 4. Resolution 22-20- Approving Budget Amendment-2016 Cost Report Settlement Payment 5. Approve Documents Pending Board Approval & Ratification 06.29.22 	<p>Commissioner Coppock made a motion to approve the Consent Agenda and Secretary Olive seconded. The motion passed unanimously.</p> <p>Minutes, Warrants and Resolutions will be sent for electronic signatures.</p>	Executive Assistant Garcia	07.01.22

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
<p>Old Business</p> <ul style="list-style-type: none"> The Rural Collaborative (TRC)-Enterprise 	<p>Superintendent Everett revisited the new partnership of TRC. The partnership investment is \$2,000 to be a part of the LLC.</p>	<p>Secretary Olive made a motion to approve Resolution 22-21- Approving to the Interlocal Agreement with the Rural Collaborative and Others and Commissioner Coppock seconded. The motion passed unanimously.</p>	<p>Executive Assistant Garcia</p>	<p>07.01.22</p>
<ul style="list-style-type: none"> Packwood Letter of Intent (Verbal) 	<p>Superintendent Everett noted the future Packwood Clinic is 2270 sq/ft at \$2/square foot which includes primary utilities. There will be 16 parking spots designated to the Clinic, as well as a designated signage spot. The owners will bring the building to code and compliance with the state of Washington. Anticipating the project to be completed by December 2022. Administration will request a budget amendment in Q4 if the project is complete, otherwise costs associated will be included in the 2023 budget.</p> <p>The Board unanimously supported Superintendent Everett to sign the letter of intent for the future Packwood Clinic. Promotion of future home of Arbor Health, Packwood Clinic will happen next week.</p>	<p>Sign the Letter of Intent for the Packwood Clinic.</p>	<p>Superintendent Everett</p>	<p>07.01.22</p>
<p>Break</p>	<p>Board Chair Herrin called for a 5-minute break at 4:32 p.m. The Board returned to open session at 4:37 pm.</p>			
<p>New Business</p> <ul style="list-style-type: none"> Wage Adjustments 	<p>Superintendent Everett noted the budget amendment presented represents the wage increases for the WSNA Agreement, as well as opening the 2767 agreement to increase wages. Administration wants to extend to all CPT employees a 15% stipend in lieu of taking benefits. Lastly, this</p>	<p>Commissioner Richardson made a motion to approve Resolution 22-22- Approving Budget Amendment-Wage Increases and Secretary Olive seconded. The</p>	<p>Executive Assistant Garcia</p>	<p>07.01.22</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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	<p>resolution includes an increase for non-union, non-exempt staff.</p> <p>The Board unanimously supported approving the resolution.</p>	<p>motion passed unanimously.</p>		
<ul style="list-style-type: none"> Property Insurance 	<p>Superintendent Everett noted the District is experiencing additional costs for property insurance due to 2021 experience and the current market conditions.</p> <p>The Board unanimously supported approving the resolution.</p>	<p>Secretary Olive made a motion to approve Resolution 22-23- Approving Budget Amendment-Property Insurance Commissioner Coppock seconded. The motion passed unanimously.</p>		
<ul style="list-style-type: none"> Superintendent Succession Plan 	<p>Board Chair Herrin read the following statement:</p> <p>The Board met on June 29, 2022 and accepted the resignation of Superintendent Everett as of January 1, 2023. The Board will begin a search for a replacement Superintendent. This replacement search will be guided by the Superintendent Success Plan. Until the beginning date of the new Superintendent, all operations will be managed by current Superintendent Everett.</p> <p>Board Chair Herrin assigned Secretary Olive and himself to the search committee.</p> <p>Superintendent Everett recommended the Board use a recruiter and that this will be a national search again. CHRO Kelly will return from PTO the week of July 11th and will be a resource to the search committee.</p> <p>Superintendent Everett shared that CMO McCurry wants to be a part of the process. Superintendent Everett recommended recruiting an experienced Superintendent/CEO and it is preferred this candidate has public hospital district experience. Superintendent Everett provided the</p>	<p>Provide statement to Buddy Rose and Diane Markham to notify the public.</p>	<p>Superintendent Everett</p>	<p>07.01.22</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>six-month notice, in hopes that the new Superintendent can be a part of the Strategic Planning Retreat in Q4. Superintendent Everett noted it is more important for the District to hire the right person, so she offered to switch to contracted after January 1, 2023, if the District has not hired a new Superintendent/CEO.</p>			
<ul style="list-style-type: none"> Board Policy & Procedure Review 	<p>Quality Improvement Oversight Information-Approved.</p> <p>Annual Adoption of the Quality Program Plan-Approved.</p> <p>Annual Adoption of the Compliance Plan-Approved.</p>	<p>Marked three documents as Reviewed in Lucidoc.</p>	<p>Executive Assistant Garcia</p>	<p>07.01.22</p>
<p>Superintendent Report</p>	<p>Superintendent Everett highlighted the following:</p> <ol style="list-style-type: none"> AWPHD/WSHA Conference reiterated the importance of advocacy and what does the new care team look like. AWPHD has not provided additional guidance for Redistricting, so EA Garcia is going to connect with the County Auditor to make movement on this requirement. The last Special Board Meeting development class is in July. Moving forward this education will be added into the Regular Board Meeting in August. The District's bond ends in 2022 and recommending the new administration takes on this topic. The Board needs to complete a Strategic Planning Retreat this year. Planning to do a one-day retreat in December, so send blackout dates to EA Garcia by 07.06.22. Planning to engage Jody Carona with Health Facilities Planning & Development to complete 	<p>Contact Lewis County Auditor regarding redistricting.</p> <p>Send blackout dates to EA Garcia to schedule Strategic Planning Retreat.</p> <p>Engage Jody Carona to complete CHNA.</p>	<p>Executive Assistant Garcia</p> <p>Board of Commissioners</p> <p>Superintendent Everett</p>	<p>07.27.22 Regular Board Meeting</p> <p>07.06.22</p> <p>07.27.22 Regular Board Meeting</p>

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>the Community Health Needs Assessment (CHNA) again.</p> <p>6. Hired a new CFO, Cheryl Cornwell. Expected start date is towards the end of July to have at least one week of overlap with CFO Boggess. Cheryl comes with 12 years CFO experience and currently works in the state of WA and for a PHD. Hoping Cheryl can join the July Finance Committee Meeting.</p>			
Meeting Summary & Evaluation	<p>Superintendent Everett highlighted the decisions made and action items.</p> <p>Commissioner Richardson requested information on how to handle patient complaints and concerns. Superintendent Everett shared Quality Manager Allen is a resource and EA Garcia will order cards to share with patients.</p>	Order Quality Cards for Commissioner Richardson and Secretary Olive.	EA Garcia	07.27.22 Regular Board Meeting
Adjournment	Commissioner Richardson moved and Secretary Olive seconded to adjourn the meeting at 5:13 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date



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

July 18, 2022 at 3:30 p.m.

Conference Room 1 & 2 or Zoom

<https://myarborhealth.zoom.us/j/82534203814>

Meeting ID: 825 3420 3814

One tap mobile: +12532158782,,82534203814#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Tom Herrin, Board Chair <input checked="" type="checkbox"/> Kim Olive, Secretary <input checked="" type="checkbox"/> Laura Richardson <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Craig Coppock Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Kurt O'Brien, Consultant			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			
Old Business <ul style="list-style-type: none"> • Developing a High Functioning 	Kurt O'Brien noted being in Fairbanks, AK. Kurt reviewed the Adaptive Leadership Handout and shared examples of past decisions			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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& Effective Board-Part 5 • Kurt O'Brien Consulting	where adaptive leadership would benefit. Kurt recommended the Board to use the meeting evaluation more purposefully. Kurt noted the leadership changes provides a great opportunity to do a case study for the August meeting.			
Public Comment	None noted.			
Adjournment	Secretary Olive moved and Commissioner Coppock seconded to adjourned at 5:00 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary

Date

DRAFT



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
July 20, 2022, at 1:00 p.m.
Via Zoom**

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

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

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	<p>Commissioner McMahan called the meeting to order via Zoom at 1:02 p.m.</p> <p>Commissioner(s) Present in Person or via Zoom: <input checked="" type="checkbox"/> Wes McMahan, Commissioner <input checked="" type="checkbox"/> Kim Olive, Secretary</p> <p>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 checked="" type="checkbox"/> Sherry Sofich, Revenue Cycle Director <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Cheryl Cornwell, New CFO <input checked="" type="checkbox"/> Edwin Meelhuysen, Rehabilitation Services Director</p>			
Approval or Amendment of Agenda		CFO Boggess made a motion to approve the agenda and Secretary Olive seconded. The		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
		motion passed unanimously.		
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's agenda.	None noted.		
Consent Agenda	<p>Commissioner McMahan announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –June 22, 2022 2. Revenue Cycle Update 3. Board Oversight Activities 4. Financial Statements-June 	Secretary Olive made a motion to approve the consent agenda and Superintendent Everett seconded. The motion passed unanimously.		
<p>Old Business</p> <ul style="list-style-type: none"> • Financial Department Spotlight • Rehabilitation Services 	Rehabilitation Services Director Meelhuysen provided insight on the departments service trends, appointment summary, planned vs. unplanned expenses, as well as the challenges and future opportunities to come. As healthcare continues to move from volume to value, programs in this service line will benefit patients.			
<ul style="list-style-type: none"> • Capital Review 	No capital activity to report in July 2022.			
<p>New Business</p> <ul style="list-style-type: none"> • Discuss Capital Resolutions vs. Budget Amendment Resolutions 	<p>CFO Boggess discussed the purpose of Budget Amendments and Capital Purchase resolutions and their differences. At the last board meeting the terms were used interchangeably.</p> <p>Administration will present a superseding resolution to RES 22-19, as it should have been a capital purchase vs. a budget amendment.</p> <p>The Finance Committee supports the superseding resolution and will recommend approval at the Board level in Consent Agenda.</p>	The Finance Committee supported requesting the Board's approval of a superseding resolution to 22-19 for the Capital Purchase of the Stretchers at the Regular Board Meeting.	Executive Assistant Garcia	07.27.22 Regular Board Meeting
<ul style="list-style-type: none"> • Discuss Malpractice/General Liability Coverage Update 	CFO Boggess noted the District entered a multi-year contract with Physicians Insurance in 2016 with The Rural Collaborative. The District is going to experience a 16% increase due to adding additional providers and market risk factors. Physician Insurance will not issue a rebate this year based on the	The Finance Committee supported requesting the Board's approval of a resolution for the Budget Amendment-Malpractice/General Liability Insurance at	Executive Assistant Garcia	07.27.22 Regular Board Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>collective experience of the group. The effective increase is 22% or \$21,813.</p> <p>The Finance Committee supports a budget amendment resolution and will recommend approval at the Board level in Consent Agenda.</p>	the Regular Board Meeting.		
<ul style="list-style-type: none"> 2022 Financial Forecast 	<p>CFO Boggess noted the District's budgeted volume is not going as planned and anticipating a loss of 11% due to volumes being down. The forecast is based on annualizing year to date experience and known changes in operation, such newly approved wage increases and calculating assumptions but does not consider the impact of the cost report that we may pick up due to payor mix impact at the end of the year. While the trend feels negative, the positive news includes adding new services to generate income, as well access to care and making healthcare costs affordable.</p>			
<ul style="list-style-type: none"> New Signer on Bank Accounts 	<p>CFO Boggess noted Superintendent Everett will be changing the signers on the bank accounts from CFO Boggess to the new CFO Cheryl Cornwell.</p>	Transition CFO Signer on Bank Accounts from CFO Boggess to CFO Cornwell.	Superintendent Everett & Controller Scogin	08.01.22
<ul style="list-style-type: none"> 2022 Budget Amendment Review 	<p>CFO Boggess reviewed the budget amendments approved this year.</p>			
<ul style="list-style-type: none"> 2023 Budget Assumptions 	<p>CFO Boggess discussed the elements considered during the budgeting process. There are known components for the 2023 calendar year such as wage increases and new service areas. The departments will be populating their budgets in the next two months and regular updates will be presented to the committee in Q3.</p>			
<ul style="list-style-type: none"> Health Plan Review 	<p>CFO Boggess noted Q2 experienced good performance and insurance costs are below budget.</p>			
<ul style="list-style-type: none"> Cost Report Update 	<p>CFO Boggess noted Medicare has issued a Notice of Program Review and made a final determination. The</p>	The Finance Committee supported requesting the Board's	Executive Assistant Garcia	07.27.22 Regular Board Meeting

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	<p>final payment due back to Medicare for the 2017 Cost Report is \$130,583. This is reserved on the Balance Sheet and reduces cash.</p> <p>The Finance Committee supports the settlement payment resolution and will recommend approval at the Board level in Consent Agenda.</p> <p>CFO Boggess provided insight regarding Advance Payments from Medicare that stem from the COVID-19 pandemic. Medicare has been withholding 50% of all payments as repayment of these amounts. Medicare will send a demand letter for the unpaid balance near the end of September 2022. This amount will need to be remitted in 30 days. As a reminder, the District is experiencing a decline in volumes in swingbed and inpatient which means less funds have been withheld resulting in the higher amount due.</p> <p>Again, this is reserved on the Balance Sheet and will reduce cash. Administration recommends a resolution be prepared at the September Regular Board Meeting for payment.</p>	<p>approval of a resolution for the Medicare 2017 Cost Report Settlement Payment at the Regular Board Meeting.</p>		
<ul style="list-style-type: none"> Surplus or Dispose of Certain Property 	<p>CFO Boggess presented the list of assets for surplus.</p> <p>The Finance Committee supports the resolution and will recommend approval at the Board level in Consent Agenda.</p>	<p>The Finance Committee supported requesting the Board's approval of a resolution of the Surplus at the Regular Board Meeting.</p>	<p>Executive Assistant Garcia</p>	<p>07.27.22 Regular Board Meeting</p>
<p>Meeting Summary & Evaluation</p>	<p>CFO Boggess highlighted the decisions made and the action items that need to be taken to the entire board for approval.</p> <p>Commissioner McMahan and Secretary Olive thanked CFO Boggess for his time with the District, as well as his support during their learning curve in the Finance Committee.</p>			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
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Adjournment	Commissioner McMahan adjourned the meeting at 2:20 pm.			
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WARRANT & EFT LISTING NO. 2022-06

RECORD OF CLAIMS ALLOWED BY THE
BOARD OF LEWIS COUNTY
COMMISSIONERS

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

CERTIFICATION

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

Signed:

Richard Boggess, CFO

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

\$2,935,193.39 this 27th day

of July 2022

Board Chair, Tom Herrin

Secretary, Kim Olive

Commissioner, Wes McMahan

Commissioner, Craig Coppock

Commissioner, Laura Richardson

SEE WARRANT & EFT REGISTER in the amount of \$2,935,193.39 dated June 1, 2022 – June 30, 2022.

Routine A/P Runs

Warrant No.	Date	Amount	Description
125920 - 125932	6-Jun-2022	775,165.92	CHECK RUN
125933 - 125995	3-Jun-2022	206,413.12	CHECK RUN
125996 - 126014	13-Jun-2022	161,526.01	CHECK RUN
126015	10-Jun-2022	13,650.74	CHECK RUN
126016 - 126042	10-Jun-2022	31,080.37	CHECK RUN
126043 - 126072	10-Jun-2022	98,109.67	CHECK RUN
126073 - 126080	10-Jun-2022	5,161.05	CHECK RUN
126081 - 126082	10-Jun-2022	9,603.11	CHECK RUN
126083 - 126103	20-Jun-2022	726,628.33	CHECK RUN
126104 - 126211	17-Jun-2022	267,898.69	CHECK RUN
126212	17-Jun-2022	1,325.95	CHECK RUN
126213	7-Jun-2022	9.08	CHECK RUN
126214	9-Jun-2022	1,000.00	CHECK RUN
126215	14-Jun-2022	2.46	CHECK RUN
126216	17-Jun-2022	3,706.31	CHECK RUN
126217	21-Jun-2022	308.83	CHECK RUN
126218	23-Jun-2022	32.38	CHECK RUN
126219 - 126229	27-Jun-2022	31,834.47	CHECK RUN
126230 - 126284	24-Jun-2022	212,654.73	CHECK RUN
126285 - 126372	24-Jun-2022	42,822.60	CHECK RUN
126373	15-Jun-2022	8,385.94	CHECK RUN
126374	27-Jun-2022	20,809.98	CHECK RUN
126375	28-Jun-2022	95.97	CHECK RUN
126376	30-Jun-2022	981.00	CHECK RUN
126377 - 126378	2-Jun-2022	292.45	CHECK RUN
Total - Check Runs		\$ 2,619,499.16	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
126209	17-Jun-2022	(1,179.19)	VOIDED
126204	17-Jun-2022	(798.00)	VOIDED
TOTAL - VOIDED CHECKS		(\$ 1,977.19)	

COLUMBIA BANK CHECKS,EFT'S & VOIDS	\$ 2,617,521.97
---	------------------------

Eft	Date	Amount	Description
1172	1-Jun-2022	229.50	IRS
1173	10-Jun-2022	158,277.93	IRS
4687	7-Jun-2022	767.68	TPSC
4688	15-Jun-2022	1,716.87	TPSC
4689	21-Jun-2022	320.00	TPSC
4690	22-Jun-2022	99.00	TPSC
1174	24-Jun-2022	154,617.11	IRS
4691	27-Jun-2022	1,643.33	TPSC
TOTAL EFTS AT SECURITY STATE BANK		\$ 317,671.42	

TOTAL CHECKS,EFT'S,&TRANSFERS	\$ 2,935,193.39
--	------------------------



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
CAPITAL PURCHASE OF STRETCHERS

RESOLUTION NO. 22-24

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 stretchers from operating cash.

The purchase price is \$31,274 plus 5% contingency.

This resolution supersedes RES 22-19.

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 27th day of July 2022, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Kim Olive, Secretary

Wes McMahan, Commissioner

Craig Coppock, Commissioner

Laura Richardson, Commissioner



CAPITAL EQUIPMENT/ASSESSMENT REQUEST FORM

SECTION 1 - DEPARTMENT INFORMATION / ITEM REQUESTED

Department Name: Emergency Department, Department#: , Manager: LeeAnn Evans, Phone #: 360-496-3552, General Description of Item: Trauma and ED stretchers

Reason For Purchase: [] New, [x] Replacement, [] End of Life, [] Quality of Care, [] Patient Satisfaction, [] Increase Volume, [] Other, Expected Life of New Equipment in Years: 10

Notes about reason for request, effect on department's operations, effect on other departments, and impact of purchase on revenues or volumes : Current stretchers are near end of life either due to mattresses needing replaced or parts no longer available. We also need the ability to weight patients in the ED for weight based medications.

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

Were (3) Competitive Quotes Obtained? (Please Attach) [] Yes, [x] No - Detail below, 2 quotes were received in 2021 before budget was approved.

Suggested Vendor: Stryker, Name/Contact Of Vendor: Daniel Baldrige, Estimated Price \$: \$29,593.18 Plus Shipping of \$1,680 Total \$31,274, Source Of Estimated Price: Quote (attach)

SECTION 2 - DEPARTMENT AND TECHNOLOGY IMPACT

Will this purchase interface with our computer system? [] Yes - Detail below, [x] No, [] Unsure

Facilities Involvement: [] Yes - Detail below, [x] No, [] Unsure, Biomed Involvement: [] Yes - Detail below, [x] No, [] Unsure, Clinical Informatics Involvement: [] Yes - Detail below, [x] No, [] Unsure, Infection Control: [x] Yes - Detail below, [] No, [] Unsure, IT Involvement: [] Yes - Detail below, [x] No, [] Unsure, Material Management: [] Yes - Detail below, [x] No, [] Unsure

Explain and/or quantify any known involvement or expenses in these areas. Current stretchers have some holes in the mattresses that are an infection prevention issue.

SECTION 3 - EQUIPMENT ASSESSMENT TEAM EVALUATION SUMMARY

Assessment Team Members:	Nursing Leadership	Date of Meeting:
PROS		
CONS		
CONSIDERATIONS		
RECOMMENDATIONS		
WARRANTY INFORMATION		
ADDITIONAL ACQUISITION/ PREP COST \$	_____	
ADDITIONAL PREP/ TRAINING HOURS	_____	
COMMENTS		

LeeAnn Evans
LeeAnn Evans (Jun 6, 2022 14:40 PDT)

Base Equipment Price - As Provided	\$ 27,451.93		
Support And Maintenance Costs	_____		
Additional Cost of Installation Support	\$ -	Total Monthly Consumables Cost	_____
Total Additional Associated Cost	\$ -		_____
Shipping, Delivery and Installation	\$ -		\$ -
Sales Tax	\$ 2,141.25		_____
		Depreciation	2959.318
TOTAL NON- RECURRING EXPENSE	\$ 29,593.18	Plus Shipping of 1,680 for a total of 31,274.	
TOTAL RECURRING EXPENSE	_____	<i>Sara Williamson</i>	

*** FOR FINANCE DEPARTMENT USE ONLY ***	
HOW ARE WE PAYING FOR THIS?	Hospital Capital Program
IS THIS BUDGETED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BUDGETED PURCHASE DATE	Jun-22
TYPE OF EQUIPMENT	
<input type="checkbox"/> Building Improvement <input type="checkbox"/> Fixed Equipment <input type="checkbox"/> Building <input type="checkbox"/> Capital Lease <input checked="" type="checkbox"/> Major Moveable Equipment <input type="checkbox"/> Other - Explain _____	

*** APPROVALS ***		
Chief Financial Officer	<u>Richard Boggess</u>	5/25/2022
		Date
Chief Executive Officer	<u>Leianne Everett</u> <small>Leianne Everett (Jun 6, 2022 15:24 PDT)</small>	Jun 6, 2022
		Date
Board of Commissioner Chairperson	_____	_____
if > than \$30,000		Date

Arbor Health
2022 Capital Matrix Result

Dept	Item	2022	Weighted Score	Spend Running Total	Status
IT	New Domain Controller	10,000	410	10,000	
Maintenance	External Oxygen Tank	50,000	407.5	60,000	In planning
Admin	Versa badge ED Physician Tracking	50,000	400	110,000	
Nursing	Recliner Chairs - 3 SNF & 2 Bariatric	25,000	400	135,000	
Surgery	Endoscopy Dilators	7,500	392.5	142,500	
Maintenance	4000 gallon Fuel tank	75,000	390	217,500	Already started
Dietary	Countertop in Café	20,000	390	237,500	
Maintenance	Fire Alarm Panel	225,000	390	462,500	
Acute	ED stretcher w scale - 5	15,000	385	477,500	Requested
Emergency	Gurney - 2 units Stryker Big Wheel Stretcl	20,000	385	497,500	Requested
Randle Clinic	Security Card Readers on Doors - Randle	15,000	360	512,500	
IT	Mossyrock Rewire	40,000	355	552,500	
Rehabilitation	LiteGait	17,000	355	569,500	
Dietary	Walk-in Cooler & Freezer	50,000	352.5	619,500	
IT	Security Camera - wireless	100,000	352.5	719,500	
IT	Mossyrock Security Camera	15,000	352.5	734,500	
IT	Randle Security Camera	15,000	352.5	749,500	
Maintenance	Hospital Parking lots resurface	27,500	350	777,000	
Mossyrock Clinic	Parking Lot Resurface	20,000	350	797,000	
Nursing	Hill Rohm Bed replacement program - 3 u	14,000	350	811,000	
Pharmacy	IV Pumps and poles - 6 units	10,000	345	821,000	
Dietary	Various Equipment for Food Prep	49,550	340	870,550	
IT	Security Card Readers on Doors - Admin \	20,000	335	890,550	
Rehabilitation	Treadmill	9,500	335	900,050	
Lab	Blood Bank Centrifuge	7,000	315	907,050	
Mossyrock Clinic	Renovate X-ray room to office space	20,000	307.5	927,050	
Emergency	Rapid Infuser	20,000	297.5	947,050	
IT	Security Card Readers on Doors - Mossyrc	20,000	285	967,050	
IT	Networking Routers and Access Pt	15,000	282.5	982,050	
Maintenance	Replacement of R22 HVAC systems Greer	100,000	275	1,082,050	
Morton Clinic	HVAC System replacement of R22 - Greer	50,000	275	1,132,050	
Mossyrock Clinic	HVAC System replacement of R22 - Greer	50,000	275	1,182,050	
Randle Clinic	New HVAC at clinic replace R22 Green Im	35,000	275	1,217,050	
Morton Clinic	Waiting Room Furniture	15,000	270	1,232,050	
Administration	New Sign for Mossyrock Clinic	50,000	270	1,282,050	
Randle Clinic	Office Furniture	25,000	270	1,307,050	
Respiratory	Trilogy v60 Ventilator - 1 units	18,000	270	1,325,050	
Maintenance	Acute Flooring	150,000	260	1,475,050	
IT	FM 200 Fire Suppression	50,000	245	1,525,050	
Maintenance	HVAC system in IDF and MDF IT rooms	20,000	240	1,545,050	
Maintenance	Compactor	50,000	235	1,595,050	
Maintenance	Fence outside ER	12,000	220	1,607,050	
Mossyrock Clinic	Paint Outside of Mossyrock Clinic	15,000	220	1,622,050	
Maintenance	Fence on west side of Property	24,000	215	1,646,050	
Hospital	New Sign for Hospital	50,000	202.5	1,696,050	
Administration	New Sign for Randle Clinic	50,000	202.5	1,746,050	



Morton ED

Quote Number: 10053811

Remit to: **Stryker Medical**

Version: 1

P.O. Box 93308

Chicago, IL 60673-3308

Prepared For: MORTON GENERAL HOSP

Rep: Daniel Baldrige

Attn:

Email: daniel.baldrige@stryker.com

Phone Number:

GPO: Vizient

Quote Date: 06/02/2022

Expiration Date: 08/31/2022

Delivery Address

Name: MORTON GENERAL HOSP

Account #: 1501723

Address: 521 ADAMS AVE

MORTON

Washington 98356

End User - Shipping - Billing

Name: MORTON GENERAL HOSP

Account #: 1501723

Address: 521 ADAMS AVE

MORTON

Washington 98356

Bill To Account

Name: MORTON GEN HOSP

Account #: 1162540

Address: PO BOX 1138

MORTON

Washington 98356-0019

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	111500000E	Prime Electric Big WheelStretcher	2	\$13,725.96	\$27,451.93
1.1	1115016000	700lbs Weight Capacity			
1.2	1008001110	Electric Lift Base			
1.3	1115003004	4 Sided Brake/Steer Control			
1.4	1115005610	3 Sided Hydraulic Controls			
1.5	1070010200	Chaperone Stretcher Exit Alarm(Includes Scale)			
1.6	1008010010	Comfort Control Siderails			
1.7	1008015020	Foot end Nursing Controls			
1.8	1105011160	Dual End Siderail Release			
1.9	1105048030	Pop-up Push Handles (Head end)			
1.10	1105045310	Integrated Transfer Board			
1.11	1008146050	Domestic - Retractable Cord			
1.12	1105045035	Integrated Pump Rack			
1.13	1105035251	No IV Pole			
1.14	1105035250	No IV Pole Foot End			
1.15	1806034300	ISOFLEX SE FIRE BARRIER, 30IN			
1.16	7777770201	Contract 2 Year, Parts, Labor, Travel			
1.17	1105003554	Red ID Bumpers			



Morton ED

Quote Number: 10053811

Version: 1
Prepared For: MORTON GENERAL HOSP
Attn:

GPO: Vizient

Quote Date: 06/02/2022

Expiration Date: 08/31/2022

Remit to: **Stryker Medical**
P.O. Box 93308
Chicago, IL 60673-3308
Rep: Daniel Baldrige
Email: daniel.baldrige@stryker.com
Phone Number:

#	Product	Description	Qty	Sell Price	Total
1.18	1105023004	EMERGENCY, SET			
1.19	1008010401	Domestic Labeling - English			
1.20	9000900910	UNBOXED			
1.21	1115001903	1115-E, DPM LABEL			
1.22	1018025305	4 Sided Brake & Steer Control			
1.23	1018026300	Prime Big Wheel Base - 3 Sided			
1.24	1115101003	LABEL, SPECIFICATION			
1.25	NO PLUG	NO PLUG			
1.26	1105210365	Footend Cover Option			
1.27	1105210061	Head End Cover Option			
1.28	1070017500	Scale Spacer Assembly			
1.29	1115600000	DOMESTIC MANUAL OPTION 1115			
2.0	5555514000	CORE FREIGHT	1	\$1,680.00	\$1,680.00
			Equipment Total:		\$29,131.93

Price Totals:

Estimated Sales Tax (7.353%):	\$2,142.00
Freight/Shipping:	\$0.00
Grand Total:	\$31,274.00

Prices: In effect for 30 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

Capital Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's Acute Care capital terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html. A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
BUDGET AMENDMENT-MALPRACTICE
& GENERAL LIABILITY INSURANCE

RESOLUTION NO. 22-25

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 budget amendment for Property Insurance by \$21,813 which is not included in the District 2022 Budget by RES 21-39 on November 29, 2021.

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 27th day of July 2022, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Kim Olive, Secretary

Wes McMahan, Commissioner

Craig Coppock, Commissioner

Laura Richardson, Commissioner

Lewis County Hospital District No. 1 (d/b/a Arbor Health) **2022 Budget Amendment Request Form**

When requesting a Budget Amendment, this form MUST be completed and filed with the CFO Office to be placed on the next agenda of the Board of Hospital Commissioners. If request is for outside consultant, please complete ATTACHMENT A with this request.

RECOMMENDATION:

Increase the medical malpractice and general liability insurance planned budget by \$21,813 for the remainder of 2022. This amount is spread evenly across the last 6 months of the year in the amount of \$3,635.50 per month.

JUSTIFICATION:

General liability and medical malpractice premium experienced a 22% increase in cost in 2022. Physicians Insurance does not charge any additional premium for mid-term additions to Provider or Mid-Level FTE (A benefit of our WRHC group insurance program) - they charge the additional premium at the next renewal. Arbor added 9 new providers in the last 12 months and increased FTE's by 4.5. In addition, a Per Diem exposure was added to the policy. These increases attribute to the majority of the premium change.

BUDGET CONSIDERATION:

There is no budget offset. The new cost is within the definition of Medicare and Medicaid allowable cost and will be included in the cost report both this year and future years. The amount will be placed in the Professional Liability Insurance #840150 expense line in Department #8800.

Richard Boggess
Chief Financial Officer

7/12/2022
Date

For Accounting Use:

On this day of _____, the following budget request has been approved thus amending the District 2022 Budget by Board of Hospital Commissioners.
BUDGET AMENDMENT No: Budget amendment #5, \$21,813.



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE
MEDICARE 2017 COST REPORT
SETTLEMENT PAYMENT

RESOLUTION NO. 22-26

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 cost report settlement payment of \$130,583 to Medicare (Noridian)
for the fiscal year 2017 from operating cash.**

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in
an open public meeting thereof held in compliance with the requirements of the Open Public
Meetings Act this 27th day of July 2022, the following commissioners being present and voting
in favor of this resolution.

Tom Herrin, Board Chair

Kim Olive, Secretary

Wes McMahan, Commissioner

Craig Coppock, Commissioner

Laura Richardson, Commissioner

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 50-1319	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 6/24/2022 1:46 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date:	Time:
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 06/04/2018 7. Contractor No. 0200111	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MORTON GENERAL HOSPITAL (50-1319) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

	Title v	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-15,561	-116,093	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
5.00	Swing Bed - SNF	0	365	0	0	0 5.00
6.00	Swing Bed - NF	0			0	0 6.00
10.00	RURAL HEALTH CLINIC I	0		836	0	0 10.00
10.01	RURAL HEALTH CLINIC II	0		-130	0	0 10.01
200.00	Total	0	-15,196	-115,387	0	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO
SURPLUS OR DISPOSE OF CERTAIN
PROPERTY

RESOLUTION NO. 22-27

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

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

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

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

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 27th day of July 2022, the following commissioners being present and voting in favor of this resolution.

Tom Herrin, Board Chair

Kim Olive, Secretary

Wes McMahan, Commissioner

Craig Coppock, Commissioner

Laura Richardson, Commissioner

DISPOSAL/SURPLUS PERSONAL PROPERTY

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
04/14/2022	Microwave	Acute Care	6007	Surplus	Broken and irreparable
05/09/2022	Diesel Fuel Tank	Maintenance	001814	Surplus	Fuel Tank does not meet size requirements for fuel on hand
05/09/2022	EKG Machine	Randle Clinic	001843	Surplus	Obsolete
06/02/2022	Recumbent Bike	Rehab Service	005565	Surplus	Broken and irreparable

Documents Awaiting Board Ratification 07.27.22

	LCHD No. 1's Policies, Procedures & Plans:	Departments:
1	Drugs and Biologicals	Pharmacy
2	Emergency Medications	Pharmacy

In order to access the above documents you will need to log into Lucidoc. Once you have logged into Lucidoc, on the top toolbar click "My Meetings" and select the upcoming Board meeting date that's highlighted in green to see the agenda with documents needing to be approved. You are able to view the documents once in the agenda. If the date is highlighted in yellow that means the agenda has not been released yet.

OLD BUSINESS



DocID: 15031
Revision: 3
Status: Official
Department: Governing Body
Manual(s):

Policy : Superintendent Succession Plan

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners shall follow the Superintendent Succession Plan.

Purpose:

This policy is to set guidelines for the replacement of the Superintendent.

Procedure:

PHASE ONE: Appointment of Emergency Superintendent/Short Term Superintendent Succession Plan

At the first indication that Lewis County Hospital District No. 1 has or soon will have a vacancy in the Superintendent position, the Chair of the Board of Commissioners will call for a special meeting of the Board of Commissioners within 48 hours.

1. One of the purposes shall be to demonstrate board leadership.
2. Another purpose shall be to review Phase One and Two of the Superintendent Succession Plan and to establish a course of action.
3. The Board will take the following steps:
 - a. The Board will follow Phase One of the Superintendent Succession Plan. This meeting may last for as long as thirty days. Each part of this emergency meeting will be a continuance of the original emergency meeting. This meeting does not end until thirty days have passed or until adjourned.*
 - b. To fulfill an immediate need, the Board will appoint an Emergency Superintendent from the Administrative Team. The length of his/her appointment will be determined by the Board of Commissioners.
 - c. Before adjournment the Board shall prepare a statement, addressed to the following: Medical Staff, Employed Staff and the Public, containing the subject matter of this meeting and the Board's collective position.
 - d. As soon as business of Phase One is completed, this Phase One special meeting will be adjourned.

* *Note: This emergency meeting may continue for as long as 30 days and from time to time the Chair of the Board may put this meeting into continuance as conditions require.*

PHASE TWO: Interim Superintendent Succession Plan

Phase Two begins on the 1st day after the last special meeting held in Phase One. All Phase Two meetings will be special or regular meetings. The Superintendent will be hired after two regular board meetings.

1. For the purpose of Phase II the board will appoint an ad hoc committee that will be commissioned to make recommendations of candidates for the position of interim superintendent of Lewis County Hospital District No. 1 to the Board as a whole.
 - a. The Committee shall consist of two current Board members.
 - b. The Committee chairperson is determined by the by-laws of Lewis County Hospital District No. 1. (See Section 7 of by-laws.)
 - c. The Committee can and should use whatever resources are available to compile a comprehensive list of candidates (See Addendum I.)
2. The ad hoc committee will return a list of candidates for interim superintendent within 60 days of the adjournment of the emergency special meeting of the Board.
3. Upon receiving the list of candidates, the Board will begin the process of appointing the Interim Superintendent.

PHASE THREE: Long Term Superintendent Succession Plan

All Phase Three meetings may occur in regular or special meetings with the exception of meetings dealing with the hiring of a Superintendent, which must be addressed in two regular meetings.

1. The Board of Commissioners will establish a search committee. The two commissioners appointed to the Committee by the Board of Commissioners will determine administrative position 3.
 - a. It will consist of 2 commissioners and 3 administrative employees.
 - i. One administrative employee from nursing.
 - ii. One administrative employee from financing.
 - iii. One administrative employee from any other administrative position.
 - iv. The CMO and/or the chief of the medical staff.
 - b. The committee chairperson is determined by the by-laws of Lewis County Hospital District No. 1. (See Section 7 of by-laws.)
 - c. The mission of the advisory committee shall be to bring the names in rank order of the qualified candidates to the Board as soon as possible but no later than 270 days.
2. The search committee will recommend to the Board a minimum of three and a maximum of five candidates. The Board will review and evaluate the listing of candidates from the search committee and select the top three.
3. The Board of Commissioners will select a candidate from the recommended group, negotiate a contract and hire the Superintendent for Lewis County Hospital District No. 1.

Superintendent SUCCESSION ADDENDUM

Section 1 Board considerations before requesting a cover letter and resume.

1. Board Environment
2. Financial Operations
3. Possible New Programs and Clinics
4. Changing Health Care
5. Internal Talent
6. Salary expectations based on market comparison
7. Future needs of the District
8. Invested Interest in Community

Section 2 Suggested Qualifications for Superintendent

SUGGESTED INTERIM Superintendent QUALIFICATIONS

1. Is respected
2. Is able to follow established procedure
3. Allows managers to manage
4. Does not attempt to initiate big changes
5. Possesses BA/BS Degree
6. Possesses appropriate credentials

SUGGESTED QUALIFICATIONS FOR Superintendent

1. Bachelor or Masters Degree preferred in Health Care, Administration, Nursing and/or Finance
2. Strong Background in Healthcare Finance
3. Demonstrated Leadership in Quality Improvement
4. Highly motivated goal-oriented leader
5. Decision maker who demonstrates vision in Rural Health Care
6. Minimum 3 years experience in Rural Health Care preferred
7. Leadership skills supported by management abilities
8. Able to network or willing to network in health care
9. Visionary (Research-based)
10. Willing to belong to collaborative and to attend conferences
11. Willing to take vacations
12. Willing to participate in employee events and award programs
13. Capable of functioning as team member

14. Keeps board informed
15. Computer Savy
16. Able to establish and enhance working relationships with physicians
17. Able to increase market share
18. Make yourself available to community organizations such as the city council, chamber of commerce
19. Encourage managers to attend conferences
20. Develop, update, and maintain current strategic plan

Section 3 Suggested Area Promotional Plan

Include a list of local realtors and their numbers to potential candidates.

Morton is not in the middle of nowhere, it is in the middle of EVERYWHERE! Easy access to:

Seattle

Space Needle
Pike Place Market
Seattle Seahawks
Seattle Mariners
Woodland Park Zoo

Seattle Aquarium
Museum of Flight

Portland

Pioneer Square
Portland Saturday Market
Portland Trailblazers
Rose Garden Events
Oregon Zoo
Oregon Museum of Science and Industry (OMSI)
Lloyd Center (Ice Skating)

Pacific Ocean

Long Beach Peninsula
Ocean Shores
Pacific Beach
Westport
Astoria
Seaside

Ski Areas

White Pass Ski Area
Crystal Mountain Resort
The Summit at Snoqualmie
Mt. Hood
Mt. Bachelor

Recreation

Boating
Water Skiing
Fishing (Lakes, streams, and ocean)
Hunting
Hiking and Mountain Climbing
Mt. Rainer
Mt. St. Helens

Airports

Portland International
Seatac International

Strategically recruit spouses also. Insure that spouses of potential candidates that are visiting our hospital feel welcome too. Somebody should be available (Foundation member or staff, etc) to have lunch with and/or visit them to address concerns and questions they may have about our area. Match these people up as best as we can with potential similar interests. This could be an avenue for others to be involved.

WSHA should be able to advise regarding what appeals to potential candidates as far as salary expectations and other things in general.

Section 4 Suggested Board Statements

Phase 1 Emergency Plan

Statement to: Hospital Staff and Medical Staff(via letters and “Hospital Happenings”paper)

The Hospital Board met on _____ to consider the temporary leave of absence for _____, Superintendent of Morton General Hospital and Lewis County Hospital District No. 1. Until further notice all Superintendent decisions, contracts, and hospital business will be administered by_____. (The board will immediately begin a search for an interim Superintendent. This search will be guided by the Phase 1, emergency phase, of the Superintendent succession plan.)

Statement to: Public (via newspaper and web site)

Due to (various introductory statements). The board met on _____and appointed _____as temporary Superintendent for all operations of Morton General Hospital and Lewis County Hospital District No. 1. The Board has begun a search for an interim Superintendent. This search will be guided by the Phase 1, emergency phase, of the Superintendent Succession Plan.

Phase 2 Resignation or Retirement Plan

Statement to: Hospital, Medical Staff and Public via memo, letter and/or newspaper

The Board met on _____and accepted the (resignation or retirement) of Superintendent _____ as of _____. The Board has begun the search for a replacement Superintendent. This replacement search will be guided by the Superintendent Succession Plan. Until the beginning date of the new Superintendent, all operations will be managed by _____.

Section 5 Resources

1. Washington State Hospital Association
2. Washington Rural Health Collaborative
3. AWPHD President
4. Search Firm (strongly recommended)
 - a. Korn and Ferry, Mark Collins
 - b. Witt Keiffer
 - c. Quorum

Include area promotional brochures from surrounding Chambers of Commerce, local newspaper visitor guides and event listings, and Lewis County tourism information should be distributed to potential candidates.

Section 3 Area Promotional Plan and Candidate Recruitment

Document Owner: Herrin, Tom

Collaborators:

Approvals

- **Committees:** (09/26/2018) Board of Commissioners, (09/30/2020) Board of Commissioners,

- **Signers:**

Original Effective Date: 01/27/2011

Revision Date: [01/27/2011 Rev. 0], [07/16/2014 Rev. 1], [08/27/2015 Rev. 2], [08/27/2018 Rev. 3]

Review Date: [11/08/2013 Rev. 0], [06/20/2016 Rev. 2]

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

(WHICH REFERENCE THIS DOCUMENT)

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NEW BUSINESS



Board E-Mail Communication

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Approvals

- Committee Approval: Board of Commissioners approved on 9/26/2019
 - Committee Approval: Board of Commissioners approved on 10/29/2020
-

Revision Insight

Document ID:	14114
Revision Number:	6
Owner:	Tom Herrin, Commissioner
Revision Official Date:	9/6/2019

Revision Note:

The Board agreed to mark as revise this document at the 07.31.19 Regular Board Meeting.[Owner changed from Fritz, Roschelle to Frady, Trish by Garcia, Shana on 05-JUN-2020]

[Reviewed and Updated on 10/8/2020 by Trish Frady: Next Review Date is 10/8/2022. Review cycle changed to 1 year, which will take effect after the next scheduled review date which is 10/8/2022.][Owner changed from Frady, Trish to Herrin, Tom by Herrin, Tom on 28-JAN-2022]



DocID: 14114
Revision: 6
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Board E-Mail Communication

Purpose:

The following communication policy is adopted to enhance and improve communications by and between Board members and Administration.

Policy:

The Board of Commissioners of Lewis County Hospital District No.1 shall maintain a district email communication policy.

Procedure:

1. All email to and from board members shall be subject to Arbor Health's Electronic Mail Usage Policy, Document ID: 10115.
2. All board members will refrain from including any response or opinion in emails that may be construed as a serial board meeting.
3. All board member emails will be maintained on the district servers for the duration required by the Public Records Act.

Document ID	14114	Document Status	Official
Department	Governing Body	Department Manager	Herrin, Tom
Document Owner	Herrin, Tom	Next Review Date	10/08/2022
Original Effective Date	09/25/2009		
Revised	[09/25/2009 Rev. 0], [04/22/2010 Rev. 1], [01/04/2012 Rev. 2], [01/19/2012 Rev. 3], [01/20/2012 Rev. 4], [10/17/2012 Rev. 5], [09/06/2019 Rev. 6]		
Reviewed	[04/11/2011 Rev. 1], [12/23/2014 Rev. 5], [05/31/2016 Rev. 5], [08/27/2018 Rev. 5]		
Keywords	Email Policy		
Attachments: (REFERENCED BY THIS DOCUMENT)			
Other Documents: (WHICH REFERENCE THIS DOCUMENT)			

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Board Meeting Teleconference

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Approvals

- Committee Approval: Board of Commissioners approved on 1/28/2021
-

Revision Insight

Document ID:	14518
Revision Number:	5
Owner:	Tom Herrin, Commissioner
Revision Official Date:	1/27/2021

Revision Note:

Updated to reflect current practice and include state of emergency practices.[Owner changed from Frady, Trish to Herrin, Tom by Herrin, Tom on 28-JAN-2022]



DocID: 14518
Revision: 5
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Board Meeting Teleconference

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board can participate virtually or by teleconference for board meetings.

Procedure:

The Board may attend Regular, Special and/or Committee Meetings via the following guidelines:

1. The Board will comply with the OPMA regulations.
2. Virtual and/or teleconference meetings will be permitted when at least one Board Member or the Superintendent are present at the established meeting place.
3. The Board is able to conduct board business i.e., motions and votes.
4. The Board Chair will conduct the meeting ensuring that each board member can hear and be heard.
5. The Board meeting access information will be distributed via any of the following:
 - a. Board Notices
 - b. Board Agendas
 - c. Board Packets
 - d. Arbor Health Website
 - e. Arbor Health Facebook Page

In a state of emergency, the Board will adhere to the Governor's Proclamations.

Document ID	14518	Document Status	Official
Department	Governing Body	Department Manager	Herrin, Tom
Document Owner	Herrin, Tom	Next Review Date	01/28/2022
Original Effective Date	06/18/2010		
Revised	[06/18/2010 Rev. 0], [08/28/2012 Rev. 1], [08/12/2014 Rev. 2], [07/24/2015 Rev. 3], [11/27/2018 Rev. 4], [01/28/2021 Rev. 5]		
Reviewed	[04/11/2011 Rev. 0], [05/31/2016 Rev. 3]		

Attachments:
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Board Mobile Device Management

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Approvals

- Committee Approval: Board of Commissioners approved on 9/26/2019
 - Committee Approval: Board of Commissioners approved on 4/1/2021
-

Revision Insight

Document ID:	17933
Revision Number:	0
Owner:	Tom Herrin, Commissioner
Revision Official Date:	12/4/2017

Revision Note:

[Owner changed from Ramsey, Judy to Fritz, Roschelle by Garcia, Shana on 27-AUG-2018]

[Added at review/expire: Board approved at 07.25.18.]

[Reviewed and Updated on 8/27/2018 by Roschelle Fritz: Next Review Date set to 07/24/2019.]

[Added at review/expire: The Board agreed to mark as reviewed at the August 28, 2019 Regular Board Meeting.]

[Reviewed on 9/5/2019 by Roschelle Fritz: Next Review Date is 9/4/2020.][Owner changed from Fritz, Roschelle to Frady, Trish by Garcia, Shana on 05-JUN-2020]

[Added at review/expire: Board approved "as is" on 11.11.20.]

[Reviewed on 2/19/2021 by Trish Frady: Next Review Date is 2/19/2022.][Owner changed from Frady, Trish to Herrin, Tom by Herrin, Tom on 28-JAN-2022]



DocID: 17933
Revision: 0
Status: Official
Department: Governing Body
Manual(s):

Policy & Procedure : Board Mobile Device Management

Policy:

It is the policy of Lewis County Hospital District No. 1 that the Board of Commissioners shall not send or receive electronic communications during a board meeting concerning any matter pending before the board.

Procedure:

Commissioners should:

1. Not use electronic communication devices to review or access information regarding matters not in consideration before the board during a board meeting.
2. Only use the internet during meetings to access the board agenda packet information, board resource documents, including but not limited to board policies, the bylaws, Robert's Rules of Order or other research relevant to the discussion.
3. Make every effort to refrain from sending or receiving electronic communication of a personal nature during board meetings. It may sometimes be necessary to send or receive urgent/emergency family or business communications during meetings.

Document ID	17933	Document Status	Official
Department	Governing Body	Department Manager	Herrin, Tom
Document Owner	Herrin, Tom	Next Review Date	02/19/2022
Original Effective Date	12/05/2017		
Revised	[12/05/2017 Rev. 0]		
Reviewed	[08/27/2018 Rev. 0]		

Attachments:
(REFERENCED BY THIS DOCUMENT)

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

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SUPERINTENDENT REPORT

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Open a primary care clinic in Packwood, WA by 12/31/2022		Open by 12/31/2022	In-progress	LOI signed			In-progress
Clinical Informatics: Successful implementation of Cerner/WAHS immunization interface that meets DOH minimum data transmission thresholds.		Pass/Fail	Pass	Pass			Pass
Compliance: Provide responses to compliance questions from all departments within 2 business days of receipt.	2	2	0.8	2.1			1.4
Communications: Partner with vendors and community groups to host an overall wellness week, including a health fair	1	1 Event Annually	Event planned for Aug 27	Event planned for Aug 27			In-progress
Environmental Services: 60% of staff members will become CHEST (Certified Health Care Environmental Services Technician) certified (16 EEs)	0	10	3	0			3
Finance: Increase vendor invoice EFT by 1 per month.		12	6	5			11
Billing/HIM: Partner with Insurance Payor to address school needs/community youth programs	1	1 coordinated event/year	In-progress	5/16/2022 - Wellness event held for Morton Elementary 5th & 6th graders			Complete
Human Resources: Attend at least two local high school and college job fairs	1	2	2	1			3
Foundation: Increase the number of Gift Shop Volunteers to 11	7	11	9	1			10
Information Technology: Network uptime should be 99.85% or greater	99.70%	≥ 99.85%	99.99%	100.00%			99.99%
Employee Health: Develop a community weight loss challenge that culminates in a 5k/10k/Half Marathon	1	1	Aug-22	Aug-22			Aug-22
Patient Access: Increase the number of patients referred to the Self Pay Biller to see if they qualify for Medicaid by 100%	20	40	8	34			42
Quality and Risk: Improve grievance process compliance for <i>written acknowledgement letters</i> within 10 days of grievance by year end	70%	95%	100%	100%			100%
Clinical Education: Connect with Local RN and NAC programs 3 times/year for new graduates wanting Critical Access experience.	0%	3	0	1			1
Supply Chain: Create Cycle Count process to improve inventory accuracy.	75%	85%	77%				77%
CLINICAL							

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
Acute Care: Minimum of 1 community STEMI/Heart Attack event and 1 social media cardiac care message/newsletter article per quarter	0	1/4	9	2			11
Case Management: Ensure <i>5 Wishes Advance Directives</i> are provided to 70% of patients with no current advance directive	30%	70%	29%	43%			30%
Dietary/Nutrition: Create one healthy cooking column with recipe in the quarterly Health & Life publications		1/qtr	0	0			0
Emergency Department: Minimum of 1 community STROKE education event and 3 EMS STROKE education events	0	1/3	1	5			6
Imaging: Develop & implement a Low Dose Lung Screening program by the end of 2022		Pass/Fail	In-progress	In-progress			In-progress
Infection Control: Participate in 3 external events promoting IC to the community		3	0	0			0
Laboratory: Develop a process to notify providers of all hospital patient preliminary culture results		85%	In-progress	100%			100%
Respiratory Therapy: Develop & implement 1 social media message/quarter re: pulmonary disease	0	1/qtr	0	1			1
Pharmacy: 50% of patients discharged during pharmacy hours on a new medication will be counseled by a pharmacist		≥ 50%	41%	56%			48%
Pulmonary Rehab: Extend two smoking cessation classes per year to public	0	2 classes per year	0	0			0
Wellness: Create a community wide wellness plan that incorporates 2 additional partnerships with providers, employers, and community based entities focusing on overall health of our community by identifying target chronic illnesses and needs.	2	4	In-progress	Partnered with MAAL, Hampton Lumber & City of Mossyrock for Independence Day 5K/8K event			3
Rehab Services: Increase focus on student athletic performance & injury management.	0.75	2	In-progress	Training on ImPACT underway			1
Surgical Services: Facilitate awareness of and local access to outpatient Infusion Care by developing marketing literature and outreach to Lewis County clinics, home health, and Centralia, Longview and Tacoma hospitals' Case Management departments resulting in ≥ 20% increase in Same Day Surgery encounters	400	480	84	100			184

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
Swing Beds: Acute patients transferred out of District with subsequent skilled needs are readmitted to Arbor Health for local care	21	28 patients/year	21	21			42
Wound Care: Increase outpatient wound care visits by 10%	550	605	92	140			232
CLINICS							
Morton: Develop 2 community engagement events at clinic per year.	3	2/year	0	0			0
Mossyrock: Develop 2 community engagement events at clinic per year.	3	2/year	0	0			0
Randle: Develop 2 community engagement events at clinic per year.	3	2/year	0	0			0
Specialty: Develop 2 community engagement events at clinic per year.	3	2/year	0	0			0

EXECUTIVE DASHBOARD

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

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Conduct one physician satisfaction or engagement survey with comparative data by 12/31/2022.		Pass/Fail	In development	In development			In development
Clinical Informatics: Standardize drug protocols by increasing the number of Cerner order sets for P&T approved drug protocols and, as indicated, eliminate access to any other versions beyond P&T approved protocols	1	6 new protocols	0	1			1
Compliance: Resolve compliance and HIPAA events within 15 business days	25	15	2.6	4.1			3.4
Communications: Increase our Google Business Profile reviews by 25%	93	116	100	24			124
Environmental Services: Decrease the percentage of overdue and incomplete work orders	28%	≤ 15%	14%	16%			14%
Finance: Financial information will be available for end-users by the 6th working day for 11 of 12 months	9	11	3	3			6
Billing/HIM: Track the number of Financial Assistance applications provided, returned & approved. Increase the number of applications provided by 10%	286	315	38	50			88
Human Resources: Conduct a minimum of 2 employee engagement surveys.	1	2	May-22	1			1
Foundation: Increase the number of staff members participating in the 15-Minute Philanthropist program by 20%	46	55.2	46	43			43
Information Technology: All Worxhub tickets, including weekend tickets, are acknowledged within an average of 2 days of input & calculated quarterly.	3 d 16 h 50 m	≤ 2 days	0.58	0.95			0.76
Employee Health: Complete RCAs on 90% of all reportable workplace injuries	0%	90%	100%	100%			100%
Patient Access: Identify patients that qualify for charity care by using bill holds to flag encounters allowing biller to track and follow-up with patients.	63	69	122	114			236
Quality and Risk: Initiate ISO 9001 as evidenced by development/implementation of Quality Management System, completion of organization pre-assessment/gap analysis, and initiation of an ISO implementation action plan/calendar		Pass/Fail	In Progress	15 Leaders ISO trained; P&P workgroup started			In Progress
Clinical Education: Stage annual competency completions each quarter (each quarter demonstrates 25%/50%75%100% completions) to improve the learning process and content retention - specific to Surgery, Acute, ED, and RT staff		100%	20%	41%			31%
Supply Chain: Implement & maintain a house wide monthly product out-date process	85%	95%	100%				100%
CLINICAL							
Acute Care: Increase documented patient education related to admission diagnosis within 4 hours of admission to 80% by year end (#IP admissions/# of IP with education started w/in 4 hours)	50%	≥ 80%	90%	100%			95%
Case Management: Implement concurrent OPTUM admission review process for weekend admissions (# of OPTUM reviews sent/# weekend admissions) {WE = 1600 Fridays - 0600 Mondays}	0%	≥ 60%	93%	93%			93%

Dietary/Nutrition: Increase number of participants in healthy cooking demonstrations for public by 50%	16	24	8	0	8
Emergency Department: Improve ED Moderate Sedation monitoring documentation to DNV standards (# of sedation patients/# of sedation documentation compliance with all elements of requirement)	50%	≥ 95%	50%	100%	75%
Imaging: Decrease stroke/CT report turnaround to 15 minutes or less	20 minutes	≤ 15 minutes	18	17	18
Infection Control: Increase hand hygiene compliance	87%	≥ 90%	79%	90%	
Laboratory: Decrease rate of reference lab rejected samples	0.70%	≤ 0.5%	0.65%	0.90%	
Respiratory Therapy: Recruit RT to core level of 60 hours/week of coverage (without traveler staff) by year end	24 hours/week	Pass/Fail	24/week	76/week	In Progress
Pharmacy: Intervene on new antibiotic starts to improve monitoring of antibiotic therapy and other narrow therapeutic index drugs to expedite the best drug therapy for our patients	0	15/qtr	9	15	24
Pulmonary Rehab: Reopen Pulmonary Rehab program by year end	0	Pass/Fail	In Progress	In Progress	In Progress
Wellness: Create 2 additional programs that provide and improve overall patient outcomes.	2	4	Medical Nutrition Therapy	In Progress	1
Rehab Services: Overall patient outcomes will be at least 90% of expected outcomes based on FOTO risk adjusted predictions	0%	≥ 90%	99%	85%	87%
Patient Satisfaction will be 90% net promotor score from FOTO	0%	≥ 90%	91%	84%	87%
Surgical Services: Improve preoperative H&P compliance to DNV standards	50%	≥ 90%	60%	59%	50%
Swing Beds: Improve rate of Skilled Swing Bed Comprehensive Assessments completed weekly (# of Skilled Swing Bed Comprehensive Assessments completed/# of Skilled Swing Bed patients on Wednesday)	30%	≥ 90%	76%	100%	85%
Wound Care: 25% of all venous leg ulcer patients will achieve healed status or 50% reduction within 90 calendar days of starting therapy	18% (12/65)	25%	100%	0%	50%
CLINICS					
Morton: Increase annual wellness visits by 25%	189	236	68	75	143
Mossyrock: Increase annual wellness visits by 25%	112	140	34	46	80
Randle: Increase annual wellness visits by 25%	75	94	43	32	75
Specialty: Improve patient education and awareness by 50% of all patients seen their after visit summary (# of patients receiving after visit summary/total number of patients seen)	0	≥ 50%	47%	71%	59%

EXECUTIVE DASHBOARD

TO CONTINUE AS STEWARDS OF PUBLIC FUNDS

METRIC	BASELINE	TARGET	2022				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Decrease Non-RN interim staffing costs by 10% or greater (excludes Medefis in Acute Care, Surgery, & ER).	\$ 1,485,937	\$ 1,337,343	\$ 413,905	\$ 348,683			\$ 762,588
Clinical Informatics: Through training and workflow changes, reduce the number of encounters with missed charges secondary to admitting order errors by 20%	25	20	0	0			0
Compliance: Audit work plan for implementation, follow-through, and outcomes reported to Compliance Committee		100%	10%	32%			42%
Communications: Increase number of annual wellness visits by 10% through the use of effective marketing messaging	375	413	151	125			276
Environmental Services: Decrease overtime by 25% by optimizing staffing schedules.	\$ 9,305	\$ 6,979	\$ 2,007	\$ 2,063			\$ 4,070
Finance: Pay external vendors timely and per schedule, reducing variation/errors	80%	85%	81%	77%			79%
Billing/HIM: Decrease timely filing write-offs by 25%	\$ 91,691	\$ 68,768	\$ 15,824	\$ 12,233			\$ 28,057
Human Resources: Hospital wide annual education will be completed by December 31, 2022	89%	95%	11%	22%			22%
Foundation: Establish a monthly donor program in the community to ease in the process of obtaining philanthropic donations to minimize the reliance on fund raising via events		Pass/Fail	In Progress	In Progress			In Progress
Information Technology: Implement an IT asset tracking system that meets compliance requirement & supports the District in tracking IT devices.		Pass/Fail	In Progress	Implementation is progressing			In Progress
Employee Health: Submit 100% of eligible claims to LNIs Stay-at-Work Program	80%	100%	100%	100%			100%
Patient Access: Increase point-of-service collections by 10% in ER and 10% in OP Services.	\$ 20,261	\$ 22,287	\$ 2,157	\$ 3,744			\$ 5,901
	\$ 156,376	\$ 172,014	\$ 36,985	\$ 36,002			\$ 72,987
Quality and Risk: Increase Medication Error reporting by 10% to minimize unknown/unreported litigation risk	68	75	18	17			35
Clinical Education: 20% reduction in TNCC costs by implementing e-Learning challenge course and online options	\$458/RN	\$366/RN	\$300/RN	No TNCC			\$300/RN
Supply Chain: All assets/capital purchases undergo asset purchase process/structure lead by Materials team.	50%	75%	50%				50%
CLINICAL							
Acute Care: 30% reduction in lost revenue due to <i>Did Not Meet Inpatient Criteria</i> denials.	\$ 113,984	\$ 79,789	\$ 82,309	\$ -			\$ 82,309
Case Management: 15% reduction in Code 44s	50	43	1	3			4
Dietary/Nutrition: Decrease department turnover by 40%	3	2	0	2			2
Emergency Department: Implement review process to manage ED Diversions in 2022 to 4.75% or less. (Diversion Hours/Hours per quarter)	5%, 431 hrs annualized	≤4.7 5% or ≤416 hours	2%	4%			3%
Imaging: Reduce agency staffing costs by 10%	\$ 114,990	\$ 103,491	\$ 68,965	\$ 77,355			\$ 146,320
Infection Control: Update & distribute the hospital Antibigram quarterly		4	1	1			2
Laboratory: 10% reduction in lab test write-offs due to lack of medical necessity or ABN	\$ 85,000	\$ 76,500	\$ 22,566	\$ 33,105			\$ 55,671

Respiratory Therapy: Reopen outpatient PFT, EKG & Stress Test Services by year end	0	Pass/Fail	In Progress	Open		Pass
Pharmacy: Assess current inventory of medications for usage and number of different forms to reduce overall inventory by 5% and increase safety per ISMP guidelines.	\$ 146,874	\$ 139,531	Q1 Inventory not valued	Q2 Inventory not valued		Q1 Inventory not valued
Pulmonary Rehab: Reopen Pulmonary Rehabilitation therapy (pending COVID guidelines) by year end	0	Pass/Fail	In Progress	In Progress		In Progress
Wellness: Promote a wellness program that is an efficient use of funds and demonstrates a commitment to reducing healthcare cost overall in the community. This may be done through outsourcing to share costs, etc..		Pass/Fail	In Progress	In Progress		In Progress
Rehab Services: Decrease our cancel/no show rate to reduce non-productive time and improve patient outcomes.	13%	≤ 12%	11%	13%		12%
Surgical Services: Increase surgical procedures by 30%	320	416	92	107		199
Swing Beds: All Weekday Swing Bed referrals will have a next business day response re: admission eligibility	40%	80%	100%	72%		88%
Wound Care: Increase biologic tissue (Sterishield & Epifix) administration for chronic wounds by 30%	60	78	25	36		61
CLINICS						
Morton: Increase telehealth visits by 25%	187	234	59	58		117
Mossyrock: Increase telehealth visits by 25%	166	208	63	63		126
Randle: Increase telehealth visits by 25%	328	410	123	104		227
Specialty: Market and grow telehealth visits by 25%	120	150	25	29		54