
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

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

March 31, 2021 @ 3:30 PM

Join Zoom Meeting: <https://myarborhealth.zoom.us/j/96200775866>

Meeting ID: 962 0077 5866

One tap mobile: +12532158782,,96200775866#

Dial: +1 253 215 8782



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Agenda

Board Committee Reports

Consent Agenda

Old Business

New Business

Superintendent Report



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

March 31, 2021 at 3:30 p.m.

ZOOM

<https://myarborhealth.zoom.us/j/96200775866>

Meeting ID: 962 0077 5866

One tap mobile: +12532158782,,96200775866#

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Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA	PAGE	TIME
Call to Order		
Roll Call		
Approval or Amendment of Agenda		3:30 pm
Conflict of Interest		
Comments and Remarks		3:35 pm
<ul style="list-style-type: none"> • Commissioners • Audience 		
Executive Session-RCW 70.41.205 & RCW 70.41.200		3:40 pm
<ul style="list-style-type: none"> • Medical Privileging-Janice Holmes • Quality Improvement Oversight Report-Commissioner McMahan & Dexter Degoma 		
Guest Speaker	5	4:00 pm
<ul style="list-style-type: none"> • C.H. (Skip) Houser, J.D., M.P.A. <ul style="list-style-type: none"> ○ <i>OPMA, PRA & COVID-19 Workshop</i> 		
Department Spotlight		5:00 pm
<ul style="list-style-type: none"> • Deferring to April Board Meeting. 		
Board Committee Reports		
<ul style="list-style-type: none"> • Hospital Foundation Report-Committee Chair-Commissioner McMahan 	55	5:00 pm
<ul style="list-style-type: none"> • Finance Committee Report-Committee Chair-Commissioner Coppock 	57	5:05 pm
Consent Agenda (Action)		5:10 pm
<ul style="list-style-type: none"> • Approval of Minutes: <ul style="list-style-type: none"> ○ <i>Minutes of the February 24, 2021 Regular Board Meeting</i> ○ <i>Minutes of the March 3, 2021 Quality Improvement Oversight Committee Meeting</i> ○ <i>Minutes of the March 24, 2021 Finance Committee Meeting</i> 	59 64 68	
<ul style="list-style-type: none"> • Warrants & EFT's in the amount of \$4,408,382.25 dated February 2021 	72	
<ul style="list-style-type: none"> • Resolution 21-09-Declaring to Surplus or Dispose of Certain Property (Action) <ul style="list-style-type: none"> ○ <i>To approve liquidation of items beyond their useful life.</i> 	74	
<ul style="list-style-type: none"> • Resolution 21-10-Approving Budget Amendment-Morton Clinic Computer Archive 	76	

<ul style="list-style-type: none"> ○ <i>To approve amending the 2021 budget by adding Capstone to archive Morton Clinic's clinical records.</i> 		
<ul style="list-style-type: none"> • Resolution 21-11-Approving Budget Amendment-Endoscopy Equipment Lease <ul style="list-style-type: none"> ○ <i>To approve amending the 2021 budget by approving the lease.</i> 	79	
<ul style="list-style-type: none"> • Resolution 21-12-Approving Budget Amendment-Lab Equipment <ul style="list-style-type: none"> ○ <i>To approve the purchase of the lab equipment for the District.</i> 	80	
<ul style="list-style-type: none"> • Resolution 21-13-Approving Engaging Intrinium for SEIM Tool <ul style="list-style-type: none"> ○ <i>To approve the engagement with Intrinium for one year.</i> 	83	
<ul style="list-style-type: none"> • Approve Documents Pending Board Ratification 3.31.21 <ul style="list-style-type: none"> ○ <i>To provide board oversight for document management in Lucidoc.</i> 	84	
Old Business		
<ul style="list-style-type: none"> • Incident Command Update <ul style="list-style-type: none"> ○ <i>CNO/CQO Williamson will provide a verbal COVID 19 update.</i> 		5:15 pm
<ul style="list-style-type: none"> • PDC Filing Reminder <ul style="list-style-type: none"> ○ <i>To complete prior to April 1, 2021.</i> 		5:20 pm
Break		5:25 pm
New Business		5:35 pm
<ul style="list-style-type: none"> • Resolution 21-14-Approving Budget Amendment-Foundation Director <ul style="list-style-type: none"> ○ <i>To approve amending the 2021 budget by adding a .75 FTE Foundation Director.</i> 	91	
Superintendent Report	95	5:45 pm
Next Board Meeting Dates and Times		
<ul style="list-style-type: none"> • Regular Board Meeting-April 28, 2021 @ 3:30 PM (ZOOM) 		
Next Committee Meeting Dates and Times		
<ul style="list-style-type: none"> • QIO Committee Meeting- April 7, 2021 @ 7:00 AM (ZOOM) • Plant Planning Committee Meeting-April 7, 2021 @ 12:00 PM (ZOOM) • Arbor Health Foundation Meeting-April 13, 2021 • Finance Committee Meeting-April 21, 2021 @ 12:00 PM (ZOOM) 		
Meeting Summary & Evaluation		5:55 pm
Adjournment		6:00 pm

Open Public Meetings Act RCW 42.30



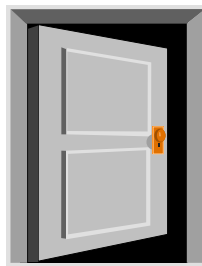
Prepared by Washington State Attorney General's Office
Last revised: July 2017



1

Washington's Open Public Meetings Act (OPMA)

- Passed in 1971
- Requires meetings to be open to the public, gavel to gavel
- RCW 42.30



[2]

2

Purpose

- “The people do not yield their sovereignty to the agencies which serve them.”
- “The people, in delegating authority, do not give public servants the right to decide what is good for the people to know and what is not good for them to know.”
- “The people insist on remaining informed so they may retain control over the instruments they have created.”

~ RCW 42.30.010



{ 3 }

3

Purpose (Cont.)

- Public commissions, boards, councils, etc. listed in OPMA are agencies of this state that exist to aid in the conduct of the people's business.
- Their actions are to be taken openly and deliberations conducted openly.

~ RCW 42.30.010

- Act is to be “liberally construed.”
- ~ RCW 42.30.910



- The purpose of the OPMA is to allow the public to view the “decisionmaking process.”

~ Washington State Supreme Court



{ 4 }

4

Open Government Laws Like the OPMA are Often Called “Transparency Laws” or “Sunshine Laws”



This is because they “shine light” on government. U.S. Supreme Court Justice Louis Brandeis once famously said, “*Sunlight is the best disinfectant.*”



[5]

Transparency builds public confidence in government.

5

OPMA Applies To:

Multi-member public state and local agencies, such as boards and commissions, as follows:

- Any state board, commission, committee, department, educational institution, or other state agency which is created by or pursuant to statute, other than courts and the legislature.
- Any county, city, school district, special purpose district, or other municipal corporation or political subdivision of Washington.
- Any subagency of a public agency which is created by or pursuant to statute, ordinance, or other legislative act, including but not limited to planning commissions, library or park boards, commissions, and agencies.
- Any policy group whose membership includes representatives of publicly owned utilities formed by or pursuant to the laws of this state when meeting together as or on behalf of participants who have contracted for the output of generating plants being planned or built by an operating agency.

~ RCW 42.30.020

These are the “public agencies” subject to the OPMA.



[6]

6

OPMA Does Not Apply To:



- These entities:
 - Courts
 - Legislature
 - Agencies not defined as “public agency” in OPMA, such as agencies governed by a single individual
 - Private organizations
- These activities:
 - Licensing/permitting for businesses, occupations or professions or their disciplinary proceedings (or proceedings to receive a license for a sports activity, or to operate a mechanical device or motor vehicle)
 - Quasi-judicial matters
 - Matters governed by the Washington Administrative Procedure Act, RCW 34.05
 - Collective bargaining

~ RCW 42.30.020(1), RCW 42.30.140

[7]

7

Governing Body

- All meetings of the **governing body** of a public agency shall be open and public and all persons shall be permitted to attend any meeting of the governing body of a public agency, except as otherwise provided in RCW 42.30.

~ RCW 42.30.030



[8]

8

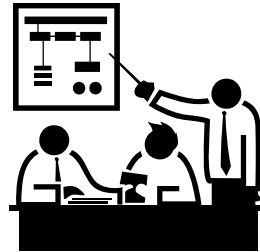
What is a Governing Body?

- The **multimember board or other policy or rule-making body**

OR

- Any **committee** of such public agency *when*:
 - the committee acts on behalf of the governing body,
 - conducts hearings, or
 - takes testimony or public comment

~ RCW 42.30.020



9

9

What is a Meeting?

- **“Meeting”** means meetings at which the public agency takes **“action”** ~ RCW 42.30.020
 - **“Action”** means the **transaction of the official business of the public agency** and includes but is not limited to:
 - Public testimony
 - All deliberations
 - Discussions
 - Considerations
 - Reviews
 - Evaluations
 - Final actions



The requirements of the OPMA are triggered whether or not “final” action is taken. See upcoming slide on “final action.”

- A “meeting” of a governing body occurs when a **majority of its members (quorum)** gathers with the **collective intent of transacting the governing body’s business.**

~ Citizens Alliance for Property Rights Legal Fund v. San Juan County

10

10

“Meeting” (Cont.)



- Physical presence not required – a meeting can occur by phone or email. 📞 📧
- An exchange of e-mail could constitute a meeting if, for example, a quorum of the members participate in the e-mail exchange & discuss agency business. Simply receiving information without comment is not a meeting.
~ *Wood v. Battle Ground School District; Citizens Alliance for Property Rights Legal Fund v. San Juan County*
- Does not need to be titled “meeting” – OPMA also applies to “retreats,” “workshops,” “study sessions,” etc.
- No meeting occurs if the governing body lacks a quorum.

[11]

11

Final Action

- **“Final action”** is a collective positive or negative decision, or an actual vote, by a majority of the governing body, or by the “committee thereof”
- Must be taken in public, even if deliberations were in closed session.
- Secret ballots are not allowed.

~ *RCW 42.30.060, RCW 42.30.020*



[12]

12

Travel and Gathering

- A majority of the members of a governing body may travel together or gather for purposes other than a regular meeting or a special meeting, so long as no action is taken.
- Discussion or consideration of official business would be action, triggering the requirements of the OPMA.

~ RCW 42.30.070



[13]

13

“Regular” Meetings



- **“Regular meetings”** are recurring meetings held in accordance with a periodic schedule by ordinance, resolution, bylaws or other rule.
- A state public agency must:
 - Yearly, file with Code Reviser a schedule of regular meetings, including time and place
 - Publish changes to regular meeting schedule in state register at least 20 days prior to rescheduled date

~ RCW 42.30.070; RCW 42.30.075; RCW 42.30.077

[14]

14

“Regular” Meetings (Cont.)

- Agenda notice requirements apply to regular meetings.
- RCW 42.30.077 requires governing bodies to make the agenda of each regular meeting of the governing body available online no later than 24 hours in advance of the published start time of the meeting.



- This law does not:
 - Apply to agencies that do not have websites.
 - Apply to agencies that employ fewer than 10 full-time employees.
 - Restrict agencies from later modifying an agenda.
 - Invalidate otherwise legal actions taken at a regular meeting where agenda was not posted 24 hours in advance.
 - Satisfy public notice requirements established under other laws.
 - Provide a basis to award attorneys fees or seek court order under OPMA if agenda is not posted in accordance with this law.

[15]

15

“Special” Meetings



- A **“special meeting”** is a meeting that is not a regular meeting (not a regularly scheduled meeting).
- Called by presiding officer or majority of the members
- Notice - timing: 24 hours before the special meeting, written notice must be:
 - Given to each **member** of the governing body (unless waived)
 - Given to each **local newspaper of general circulation, radio, and TV station** which has a notice request on file
 - Posted on the **agency's website** [with certain exceptions in RCW 42.30.080(2)(b), for example, if the agency does not have a website]
 - Prominently **displayed at the main entrance** of the agency's principal location and the meeting site (if not that same location)

~ RCW 42.30.080

[16]

16

“Special” Meetings (Cont.)

- Notice - contents: The special meeting notice must specify:
 - Time
 - Place
 - Business to be transacted (agenda)
 - Final disposition shall not be taken on any other matter at such meeting

~ RCW 42.30.080



[17]

17

Emergency Special Meetings

- Notice is not required when special meeting called to deal with an emergency
 - Emergency involves injury or damage to persons or property or the likelihood of such injury or damage
 - Where time requirements of notice make notice impractical and increase likelihood of such injury or damage

~ RCW 42.30.080(4)



[18]

18

Public Attendance

- A public agency can't place conditions on public to **attend** meeting subject to OPMA:
 - For proceedings governed by OPMA, cannot require people to register their names or other information, complete a questionnaire, or otherwise fulfill any condition precedent to attendance

~ RCW 42.30.040



- Reasonable rules of conduct can be set
- Cameras and tape recorders are permitted unless disruptive
~ AGO 1998 No. 15
- No "public comment" period required by OPMA

[19]

19

Interruptions and Disruptions

- The OPMA provides a procedure for dealing with situations where a meeting is being interrupted so the orderly conduct of the meeting is unfeasible, and order cannot be restored by removal of the disruptive persons.
- Meeting room can be cleared and meeting can continue, or meeting can be moved to another location, but final disposition can occur only on matters appearing on the agenda. More details set out in the OPMA.

~ RCW 42.30.050

DISRUPTION

[20]

20

Executive Session

- Part of a regular or special meeting that is closed to the public
- Limited to specific purposes set out in the OPMA
- Purpose of the executive session and the time it will end must be announced by the presiding officer before it begins; time may be extended by further announcement

~ RCW 42.30.110



[21]

21

Executive Sessions

Specified purposes set out in OPMA.
Includes, for example:



- National security
- Real estate
 - Site selection or acquisition of real estate
 - Lease or purchase
 - Public knowledge would likely increase price
 - Sale or lease
 - Public knowledge would likely decrease price
 - Final action selling or leasing public property must be take at open meeting
- Publicly bid contracts
 - Review negotiations on performance
 - Public knowledge would like increase costs
- Evaluate qualifications of applicant for public employment
- Meet with legal counsel regarding enforcement actions, litigation or potential litigation
- Other purposes listed in RCW 42.30.110

~ RCW 42.30.110

[22]

22

Executive Session to Discuss Agency Enforcement Actions, Litigation or Potential Litigation

- This executive session is not permitted just because legal counsel is present
- This executive session must address:
 - Agency enforcement action
 - Agency litigation or
 - Potential litigation

~ RCW 42.30.110



[23]

23

Executive Session to Discuss Agency Enforcement Actions, Litigation, or Potential Litigation: Three Requirements

- Legal counsel representing the agency is present
- Purpose is to discuss agency enforcement action, litigation or potential litigation to which the agency, governing body, or a member acting in official capacity is, or is likely to become, a party
- Public knowledge regarding discussion likely to result in an adverse legal or financial consequence to the agency

~ RCW 42.30.110



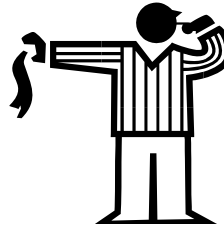
[24]

24

Penalties for Violating the OPMA

- A court can impose a \$500 civil penalty against each member (personal liability) who knowingly attends a meeting in violation of OPMA; and \$1000 for a subsequent knowing violation.
- Court will award costs and attorney fees to a successful party seeking the remedy
- Action taken at meeting can be declared null and void

~ RCW 42.30.120; RCW 42.30.130; RCW 42.30.060



[25]

25

Minutes – RCW 42.30.____*

- Minutes of public meetings must be promptly recorded and open to public inspection
- Minutes of an executive session are not required
- No format specified in law

* Formerly at RCW 42.32.030; To be recodified in 2017 in a new section in RCW 42.30 (OPMA) per Chap. 25, Laws of 2017, 3rd Sp. Sess.



[26]

26

Risk Management Tips

- Establish a culture of compliance with the OPMA.
- Receive training on the OPMA.
- Review available resources; institute best practices.
- Keep updated on current developments in OPMA; correctly apply law.
 - *Remember: the OPMA can change through amendments, or develop through case law.*
 - *Remember: other laws can govern an agency's meeting procedures.*
- Consult with agency's legal counsel.



[27]

27

OPMA Training

- The “Open Government Trainings Act” requires OPMA training for every member of a governing body within 90 days of taking their oath or assuming their duties. RCW 42.30.205.
- Refresher training occurs no later than every 4 years.
- Training can be taken online, in person, or by other means.



- Training resources, videos, and more information about the Act (a “Q & A”) are available on the Attorney General’s Office Open Government Training Web Page:

<http://www.atg.wa.gov/OpenGovernmentTraining.aspx>

[28]

28

OPMA Assistance

- The Washington State Attorney General's Office may provide information, technical assistance, and training on the OPMA. Contact Assistant Attorney General for Open Government.
- The Attorney General's Office may issue formal opinions about the OPMA for qualified requesters.
- The Attorney General's Office has helpful materials about the OPMA and on other open government topics and resources, on its website at <http://www.atg.wa.gov/Open-Government>.
 - One example is the *Open Government Resource Manual* (see next slide).

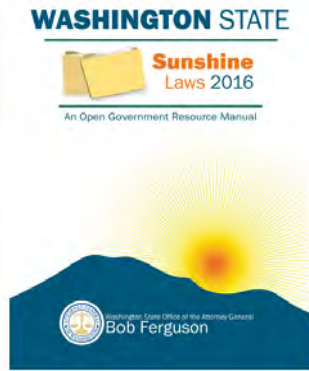
~ RCW 42.30.210



[29]

29

AGO Open Government Resource Manual – Available on AGO Website*



* <http://www.atg.wa.gov/open-government-resource-manual>

**Does not yet include statutory changes resulting from 2017 sessions.

[30]

30

Public Records Act Training



March 2018
Prepared by Washington State Attorney General's Office



1

Open Government Laws Like the Public Records Act are Often Called “Transparency Laws” or “Sunshine Laws”



This is because they “shine light” on government. U.S. Supreme Court Justice Louis Brandeis once famously said, “Sunlight is the best disinfectant.”



Let Us Begin!

[2]

Transparency builds public confidence in government.

2

Purpose

- “The people do not yield their sovereignty to the agencies which serve them.”
- “The people, in delegating authority, do not give public servants the right to decide what is good for the people to know and what is not good for them to know.”
- “The people insist on remaining informed so they may retain control over the instruments they have created.”

~ RCW 42.56.030 (PRA)



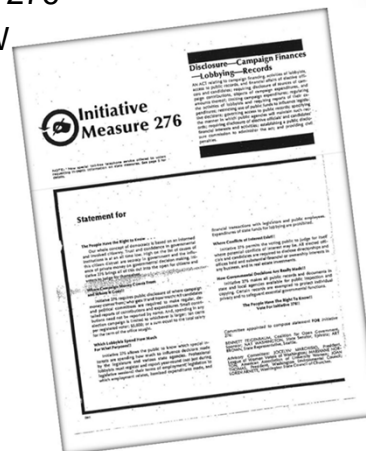
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3

Washington’s Open Public Records Act (PRA)

- Passed in 1972 – Initiative 276
- RCW 42.56 (formerly RCW 42.17)

Most recent amendments –
ESHB 1594
(Chap. 303, 2017 Laws);
EHB 1595 (Chap. 304,
2017 Laws)



4

4

Touchstone:



- Public records of government agencies are presumed open.
- Records or information in records can be withheld only by law (e.g. exemption in law). Exemptions must be “narrowly construed.”

~ RCW 42.56.030



[5]

5

PRA Applies to Records of:

- State government agencies*
- Local government agencies*
- Extent to Legislature – pending



~ RCW 42.56.010

* And to agencies that are the functional equivalent of public agencies.

PRA Does Not Apply to:

- Court records (court files)
- Records of certain volunteers (next slide)
- Private organizations or persons*



* Unless, for example, the records are used or retained by a government agency.

[6]

6

Public Record

“**Public record**” means:

- any writing
- containing information
- relating to
- the conduct of government or
- the performance of any governmental or proprietary function
- prepared, owned, used, or retained
- by any state or local agency
- regardless of physical form or characteristics.”

~ RCW 42.56.010



[7]

7

Writing

- “**Writing**” includes “handwriting, typewriting, printing, photostating, photographing, and **every other means of recording any form of communication** or representation including, but not limited to, letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, motion picture, film and video recordings, magnetic or punched cards, discs, drums, diskettes, sound recordings, and other documents including existing data compilations from which information may be obtained or translated.”

~ RCW 42.56.010

- So, “public record” is broadly defined.



[8]

8

Volunteers



- ESHB 1594 (2017): records of **certain volunteers** are exempt from the definition of “public record.” They are:
 - Records not otherwise required to be retained
 - and are held by volunteers who
 - (a) do not serve in an administrative capacity,
 - (b) have not been appointed by the agency to an agency board, commission or internship, and
 - (c) do not have a supervisory role or delegated agency authority.
- Change effective July 23, 2017.

~ RCW 42.56.010(3)

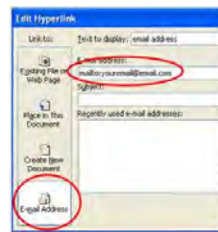


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9

Note: Public Records Include...

...records of agency business when they are created or retained by agency employees or officials on **home computers or devices, or in non-agency email accounts or files.**



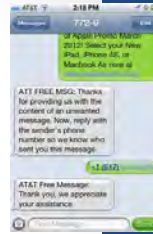
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10

Text Messages (“Scope of Employment”)

- *Nissen v. Pierce County* (Aug. 2015)

- **Text messages sent and received by a public employee in the employee’s official capacity are public records of the employer,** regardless of the public or private nature of the device used to create them; thus, even if the employee uses a private cell phone.
- A record that an agency employee prepares, owns, uses, or retains **within the scope of employment*** is a record “prepared, owned, used or retained by a state or local agency” under the PRA.
 - An employee’s communication is “within the scope of employment” *when the job requires it, the employer directs it, or it furthers the employer’s interests.*
 - This inquiry is always case- and record-specific.



[* The *Nissen* court equated “official capacity” with “scope of employment” when referring to an elected official. See also *West v. Puyallup*.]

[11]

11

Call and Text Logs (“Use”)

- *Nissen v. Pierce County*

- For a record to be “used” by an agency it must bear a nexus with the agency’s decision-making process.
- A record held by a third party, without more, is not a “public record”, unless the agency “uses” it. In this case, that principle applied to **call and text logs** at the phone service provider which **were not used by the agency** (“the county did nothing with them”).

Call Log (10:1)

1. * These details are cross-referenced from this device's contacts

Incoming (3)

#	Country code	Number & code	Party	Time
1	310	410	Peño*	7/29/2012 7:30:13 AM(UTC+0)
2	310	410	Peño*	7/30/2012 1:36:51 AM(UTC+0)
3	310	410	Dad*	7/30/2012 2:34:08 AM(UTC+0)
4	310	410	Dad*	7/30/2012 5:38:54 PM(UTC+0)
5	310	410	César*	7/30/2012 5:44:59 PM(UTC+0)
6	310	410	Evila*	7/30/2012 5:49:11 PM(UTC+0)

[12]

12

Post-Nissen v. Pierce County:



- PRA requests for **public records** in a **local elected official's personal residence, on a personal computer, and in a personal email account (2016); and personal Facebook site (2018).**
- Court of Appeals:
 - *West v. Vermillion, Puyallup* (2016): **Public records** must be disclosed. The constitutions do not provide an individual a privacy interest in those public records. State Supreme Court denied review. (See upcoming slide on "privacy.")
 - *West v. Puyallup* (2018): Facebook posts on an elected official's personal site are **public records** if they relate to the conduct of government and are prepared within the scope of employment or official capacity.

(13)

13

General PRA Procedures



Under PRA, agencies must:



- Appoint a **public records officer**.
- Publish **procedures** describing certain agency organization, operations, rules of procedure, and adopt/enforce **rules/regulations*** that:
 - Provide full public access to public records
 - Protect public records from damage/disorganization
 - Prevent excessive interference with other agency functions
 - Provide **fullest assistance** to requesters
 - Provide most timely possible action on requests.
- ***See AGO Model Rules.** See upcoming slides.
- Publish **fee schedule.** See upcoming slide.
- Maintain a **list of laws** the agency believes exempts or prohibits disclosure.
- Provide certain **indexes** of records.
- Make non-exempt records **available for inspection and copying during customary business hours** for a minimum of 30 hours per week, excluding holidays.
 - ❖ Post customary business hours on the agency's website and make hours known by other public means.



~ RCW 42.56.040; RCW 42.56.070 - .090; RCW 42.56.100; RCW 42.56.580

(14)

14

New PRA Procedures

(ESHB 1594 and EHB 1595 – Eff. July 23, 2017)



- **Format for requests.** No official format is required. Agencies can recommend requesters use their form or web page. Must accept in person requests made during normal office hours.
- **Log.** Agency must keep a log of PRA requests (identity of requester if provided, date of receipt, text of request, description of records produced, description of records redacted/withheld and reasons, and date of final disposition.)
- **Ordinances.** Local agencies should consult AGO Model Rules in developing PRA ordinances.

~ RCW 42.56.080; RCW 40.14.026;
RCW 42.56.570



[15]

15

New PRA Procedures (cont.)

(ESHB 1594 and EHB 1595 – Eff. July 23, 2017)



- **Additional training.** Records officers must also receive training on electronic records. (See upcoming slides on training)
- **Data collection & reporting.** Agencies having PRA staff and legal costs of more than \$100,000/year must report 17 data points about their agencies' PRA requests to the Joint Legislative Audit and Review Committee (JLARC).
- **Copy fees.** New procedures for fees/authorized copy fees for electronic records. (See upcoming slide)

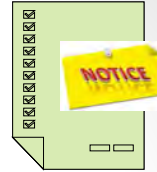
~ RCW 42.56.152; RCW 40.14.026;
RCW 42.56.120; RCW 42.56.070



[16]

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Requests for Public Records



- Persons can request **identifiable public records** from public agencies.
 - Requester can use agency public records request form. *(Form not required effective July 23, 2017)*
 - If agency request form not used, requester must provide “**fair notice**” that he/she is seeking public records.
 - A request for “information” is not a request for “records” under the PRA.
 - At minimum, requester must **identify documents with sufficient clarity to allow the agency to locate them.**
 - Requesters can ask to **inspect** records, or request **copies** of records. Requests can be made via mail, e-mail, in person.
- Agencies can adopt procedures explaining where requests must be submitted and other procedures.

~ RCW 42.56.520; RCW 42.56.080; RCW 42.56.040; RCW 42.56.100; *Hangartner v. City of Seattle; Bonamy v. City of Seattle; Hobbs v. State.*

[17]

17

Requests (Cont.)



- “**Identifiable**” records (cont.)
- EHB 1595 (effective July 23, 2017):
- “A public records request must be for **identifiable records.**”
 - “A request for all or substantially all records, prepared, owned, use or retained by an agency is not a valid request for identifiable records under this chapter,
 - “Provided that a request for all records regarding a particular topic or containing a particular keyword or name shall **not** be considered a request for all of an agency’s records.”

~ RCW 42.56.080



[18]

18

Requests (Cont.)



- Requesters do *not*:

- Generally need to identify **purpose** of request, unless required by law (e.g., restriction on providing lists of individuals for a commercial purpose).
- Need to limit the **number** of requests they make.
- Need to **exhaust** an agency's internal appeal procedures prior to seeking judicial review when a record is denied and two business days have passed. (Agencies are to have review mechanisms but review deemed completed after 2 business days following the denial of inspection.)

~ RCW 42.56.070; RCW 42.56.520; Zink v. City of Mesa

[19]

19

Requests (Cont.)



- EHB 1595 (eff. July 23, 2017): An agency may deny a **“bot” request**, under the criteria in the bill.
 - A “bot” request is one of multiple requests from a requestor to the agency within a 24 hour period, if the agency establishes that responding to the multiple requests would cause excessive interference with other essential function of the agency.
 - “Bot” request means a request for public records that an agency reasonably believes was automatically generated by a computer program or script.



~ RCW 42.56.080

[20]

20

Requests (Cont.)

- Requesters must:

- **Clarify** a request when an agency asks for clarification.
- **Claim or review records** when the records or an installment of records is ready.
- Comply with **agency procedures** including those that protect records from damage/disorganization (such as when viewing records).
- Provide a **deposit** when an agency requires a deposit.
- **Pay** for copies per fee schedule, including copies for an installment.

- Requesters should also:

- Promptly **communicate** with agency,
- including to **voice any concerns** regarding agency action or inaction.



~ RCW 42.56.070(7) – (9); RCW 42.56.080; RCW 42.56.100; RCW 42.56.120; RCW 42.56.520; Model Rules; Zink v. City of Mesa; Hobbs v. State Auditor

[21]

21

Agency Responses to Requests


- The agency has **five business days** to respond to a public records request.



- Agency response can:

1. **Acknowledge receipt of the request and provide a reasonable estimate for a further response;** or
2. **Fulfill the request;** or
3. **Provide an internet address and link** to the records on the agency's website (which fulfills part or all of the request); or
4. **Seek clarification** (still need to give estimate of time)*; or,
5. **Deny** the request with an accompanying written statement of the specific **reasons**.

~ RCW 42.56.520

 ESHB 1594 (eff. July 23, 2017) – if request unclear, give estimate to greatest extent possible

respond

[22]

22

Seeking Clarification

- An agency can seek clarification of a request if it is **not reasonably clear**, or does not request “**identifiable records**.”
- Remember: agency’s rules are to give “fullest assistance.”
- Agency should explain why it needs clarification, in order to provide fullest assistance to requester and to search for potentially responsive records.*
- If requester does not respond to request for clarification, the agency may close the request.*

~ RCW 42.56.520



*ESHB 1594 (eff. July 23, 2017)
Agency must respond to parts of request that are clear.



[23]

23

Estimate of Time for Further Response



- An agency can provide an **estimate of time for further response**. Further response includes estimate to produce first installment.
- Estimate is to be **reasonable**.
- **Factors** may include, for example, time needed to:
 - Get clarification if necessary.
 - Search for records. More time may be needed if request is large or complex.
 - Assemble and review records.
 - Provide notice to affected third persons/agencies.
 - Prepare an exemption log if necessary.
 - Perform other essential agency functions.
- An agency can **extend** the time if needed.

~ RCW 42.56.520; RCW 42.56.080; RCW 42.56.550; *Andrews v. Washington State Patrol*; *Hobbs v. State*

[24]

24

Installments

INSTALLMENTS!!

- Agencies can provide records in **installments**, particularly for larger requests.
- Agencies can request a deposit up front for copies (not to exceed 10 percent).
- Agencies can provide an installment by providing links to records on its website.
 - **Note:** Agencies are encouraged to post commonly-requested records on their websites. This:
 - Makes records more accessible.
 - Enables quicker agency responses.
 - Enables requesters to choose to view or copy only those records they want.

~ RCW 42.56.080; RCW 42.56.120



[25]

25

Searches



- An agency must conduct an **adequate search** for responsive records.
- The search should be **reasonably** calculated to uncover responsive records.
- The search should follow obvious leads to possible locations where records are likely to be found.
- If responsive public records are on or in employees'/officials' personal devices, personal accounts, or personal files, those must be searched, too.
- The focal point of the judicial inquiry is the agency's search process, not the outcome of the search.
- The agency bears the burden of proof to show the adequacy of the search.

~ RCW 42.56.520; *Neighborhood Alliance of Spokane v. Spokane County*; *Hobbs v. State*; *Block v. City of Gold Bar*; *Nissen v. Pierce County*.

[26]

26

“Mechanics” of Searching/Producing Public Records Controlled by Employee

- The public **employee** must **obtain, segregate and produce** to the employer those public records that are responsive to a PRA request from the employee’s **personal accounts, files, and devices**.
- Employee may be required to submit affidavit regarding his/her search.
- Also applies to agency’s public officials.

~ *Nissen v. Pierce County*



[27]

27

Exemptions

professionally linked [redacted] in Word Documents
you've ever had to [redacted] to purge corporate confidential or personal
information, you know it's not fun. You either need to [redacted]
[redacted] or getting the
resulting tools:
I got a better solution: A [redacted]
undocumented a lot of (SA) like professional appearance.

- Records are presumed open.
- If a record, or part of a record, is withheld from the public, the agency must cite to an **“exemption”** in law and give a brief explanation.
- Exemptions are **narrowly construed**.
- The general rule is the agency withholds only the exempt information, and releases the rest.
- Exemptions must be authorized in law --- in PRA or other laws.

~ *RCW 42.56.050; RCW 42.56.210 - .510; RCW 42.56.550*

[28]

28

Exemptions (Cont.)



- When withholding part (redacting) or all of a record, agency must **describe record** by date, type, authors/recipients, and total number of pages.
- Agency must **list exemption and give brief explanation**.
- This information can be provided to the requester in an **“exemption log”** or in **other formats**, so long as the required information is provided.
- Common exemptions are certain information in student or employment records, attorney-client privileged information, pending investigative records in certain investigations, and protected health care information.
- The agency bears the burden of proof to justify the exemption.

~ RCW 42.56.050; RCW 42.56.210 - .510; RCW 42.56.550

[29]

29

Privacy

- **There is no general “privacy” exemption in the PRA.**
- If privacy is an express element of another exemption, privacy is invaded only if disclosure about the person would be:
 1. **“Highly offensive to the reasonable person” and**
 2. **“Not of legitimate concern to the public.”**

~ RCW 42.56.050

This means that if information does not satisfy both these factors, it cannot be withheld as “private” information under other statutes.



[30]

30

Fees



EHB 1595 (effective July 23, 2017):

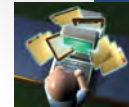
- **Copy fee schedule:**
 - Agencies can charge **actual costs** (following certain procedures & **notice/public hearing**) or
 - A **default statutory cost** (following a declaration of undue burden in **rule**).
 - **Alternative up to \$2** for entire request (see details in statute)
- EHB 1595's **default schedule** includes paper copies, scanned copies, electronic records costs.
- No fee for records routinely posted on **agency website**.
- Must provide an **estimate of costs to requester** upon request.
- Act provides for **other fee arrangements** in defined circumstances.
- "Customized access charge" under defined circumstances.
- No fees for inspection.
- Court action can be brought to challenge agency's estimate of fees.

~ RCW 42.56.120; RCW 42.56.070; RCW 42.56.130; RCW 42.56.550

31

31

Electronic Records Production & Disclosure – The Basics for Agencies



- **Remember definition** of "public record" – includes **electronic records**: emails, texts, databases, social media records, electronic versions of printed documents, Excel spreadsheets, PowerPoint presentations, website records, videos, audio recordings, etc. Includes public records on/in personal devices/accounts.
- **Note other legislative statements:**
 - **RCW 43.105.351:** ... *It is the intent of the legislature to encourage state and local governments to develop, store, and manage their public records and information in electronic formats to meet their missions and objectives. Further, it is the intent of the legislature for state and local governments to set priorities for making public records widely available electronically to the public.*
 - **Chap. 69, Laws of 2010:** *The internet provides for instant access to public records at a significantly reduced cost to the agency and the public. Agencies are encouraged to make commonly requested records available on agency web sites. When an agency has made records available on its web site, members of the public with computer access should be encouraged to preserve taxpayer resources by accessing those records online.*

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Electronic Records Production & Disclosure – The Basics (Cont.)

- **Remember** there can be **changes/developments in law** (statutes, case law) including as they impact electronic public records. Examples:



- **ESHB 1594** (Chap. 303, Laws of 2017) (RCW 42.56.152): Public records officers' required training on electronic records (retention, production & disclosure, updating & improving technology information services). **New!**
- **EHB 1595** (Chap. 304, Laws of 2017) (RCW 42.56.120):
 - Fees for copies of electronic records. **New!**
 - Bot requests.
 - Translating a records into an electronic format (including scanning a paper record) is not creating a new record.
 - Local governments: consultation programs, competitive grant program. (RCW 40.14.026)
- **O'Neill v. City of Shoreline; Nissen v. Pierce County; West v. Vermillion, Puyallup; West v. Puyallup**
 - Producing public records located on/in home computers, personal devices, personal accounts.

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Electronic Records Production & Disclosure – Resources

- **Attorney General's Office.** www.atg.wa.gov. Examples:
 - Open Government Training Web Page
 - PRA Model Rules, WAC 44-14
 - Local Governments Consultation Program
 - Other materials. (See upcoming slides).



- **Municipal Research & Services Center:** www.mrsc.org.
 - Examples:
 - "New PRA Legislation: To Boldly Go Where the PRA Hasn't Gone Before"
 - "Use of Electronic Devices During Council/Commission Meetings"
 - "Establishing Effective Social Media Policies for Your Agency"
 - "Text Messaging Policies"
 - "Public Records: Tackling The Tough Questions (Including Use of Smart Phones and Other Thorny Issues)"
 - Other materials.



- **Washington Secretary of State – State Archives.** www.sos.wa.gov/archives. Examples:
 - In-person trainings on electronic records management – retention.
 - Advice sheets & other publications:
 - "Blogs, Wikis, Facebook, Twitter & Managing Public Records"
 - "Capture and Retention of Text Messages"
 - "Digital Audio/Visual – Recommendations and Best Practices"
 - Other materials.



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Electronic Records Production & Disclosure – Redaction Mechanics



- Electronic records **redaction**:
 - Various **software programs** permit standard redactions on many electronic records (Adobe Acrobat X Pro, Informative Graphics Redact-it, RapidRedact, and similar technologies).
 - Not all agencies have such software, or software that can electronically redact all electronic records.
 - For example, there may be “non-standard” redactions in some types of electronic records (videos, audios, photos, etc.) that require particular software.
 - In some circumstances, due to lack of software or other technical issues, it may be necessary to print out a copy of the electronic record and apply the redactions to the paper record.
 - An agency may need to work with its IT staff and legal counsel on such issues.

35

35

Electronic Records Production & Disclosure – Production Mechanics


- Electronic records can be **produced/delivered electronically** in many ways. Delivery practices may vary among agencies, depending upon agency resources, software, or other issues (e.g. limits on size of files that can be sent/received by email).
- Some examples:
 - Posting them on agency’s web site and provide requester links to specific records.
 - Delivering copies on a CD, DVD, thumb drive/flash drive.
 - Delivering by email.
 - Delivering through an agency portal or cloud-based delivery (File Transfer Protocol - FTP).
 - Arranging for inspection at an agency’s office, on an agency computer.
 - See AGO Model Rules.



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Electronic Records Production & Disclosure – Updating & Improving Technology Information Services

- Agencies can consider making their websites - **current technology** - more **robust**. Examples:
 - Posting more *commonly requested records*.
 - Posting information about how to *search for records*.
 - Posting more information about how to *request records* (agency's PRA procedures, fee schedule, request form, contact information for Public Records Officer, etc.).
- Agencies can consider **new technology** purchases to assist them in retaining/producing records.
 - **Examples:** Portals; electronic redaction tools; texting/website capture and retention software; other software.
 - **Master state contracts:** Several vendors awarded statewide master contracts for retention - "Enterprise Content Management Systems." State, & local agencies can use. More information on State Archives website and Department of Enterprise Services website.
 - **ESHB 1594:** Local government grants (State Archives). RCW 40.14.026. 



[37]

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Enforcement & Penalties



- PRA enforced by **courts** for claims listed in PRA.
- A court can impose **civil penalties**. No proof of "damages" required.
- A court is to consider **factors** in requiring an agency to pay a penalty.
- Plus, a court will award the prevailing requester's **attorneys fees and costs**.
- Special penalty provisions and court procedures apply to lawsuits involving inmate requests.

[38]

~ RCW 42.56.550, RCW 42.56.565; *Yousoufian v. Sims*

38

Penalty Factors

A court must consider these nonexclusive **factors** in deciding whether an agency should pay a penalty:

□ **Mitigating factors (factors that can reduce a penalty):**

- A lack of clarity in the PRA request.
- The agency's prompt response or legitimate follow-up inquiry for clarification.
- The agency's good faith, honest, timely, & strict compliance with all PRA procedural requirements & exceptions.
- Proper training & supervision of the agency's personnel.
- The reasonableness of any explanation for noncompliance by the agency.
- The helpfulness of the agency to the requester.
- The existence of agency systems to track and retrieve public records.

~ *Yousoufian v. Sims*



(39)

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□ **Aggravating factors (factors that can increase a penalty):**

- A delayed response by the agency, especially in circumstances making time of the essence.
- Lack of strict compliance by the agency with all the PRA procedural requirements and exceptions.
- Lack of proper training & supervision of the agency's personnel.
- Unreasonableness of any explanation for noncompliance by the agency.
- Negligent, reckless, wanton, bad faith, or intentional noncompliance with the PRA by the agency.
- Agency dishonesty.
- The public importance of the issue to which the request is related, where the importance was foreseeable to the agency.
- Any actual personal economic loss to the requester resulting from the agency's misconduct, where the loss was foreseeable to the agency.
- A penalty amount necessary to deter future misconduct by the agency considering the size of the agency and the facts of the case.
- The inadequacy of an agency's search for records.

~ *Yousoufian v. Sims; Neighborhood Alliance v. Spokane County*



(40)

40

Penalties Outside of PRA



Penalties in Other Laws:

There can be criminal liability for willful destruction or alteration of a public record.

~ RCW 40.16.010

For state employees, penalties can be assessed under the State Ethics Law if an employee intentionally conceals a record that must be disclosed under the PRA, unless decision to withhold was in good faith.

~ RCW 42.52.050

[41]

41

PRA Training

- “Open Government Trainings Act”: RCW 42.56.150, RCW 42.56.152, RCW 42.30.205.
- Public records officers; statewide and local government officials. Training required depends upon position. Refresher training occurs no later than every 4 years.
- Training can be taken online, in person, or by other means.





- Training resources, videos, and more information about the Act (a “Q & A”) are available on the Attorney General’s Office Open Government Training Web Page:

<http://www.atg.wa.gov/open-government-training>

[42]

42

Other AGO PRA Assistance

- The Attorney General's Office has provided an explanatory **pamphlet and other materials** about the PRA on its website at <http://www.atg.wa.gov/opengovernment.aspx>
- The AGO has also published PRA **Model Rules**. Updated 2018. See  *upcoming slides*.
- The Attorney General has also appointed an Assistant Attorney General for Open Government (**Ombuds**). The AGO can provide technical assistance and training. <http://www.atg.wa.gov/open-government-training>
- The AGO may provide records **consultation** services for **local governments**. In 2018, the Attorney General appointed a Local Government Records **Consultant**. See:  <http://www.atg.wa.gov/pr-consulting-program>
- The AGO may also **review a state agency denial** of a record when the agency concludes the record is exempt.

~ RCW 42.56.155; RCW 42.56.570;
RCW 42.56.530; RCW 42.30.210



43

43

AGO PRA Model Rules – ch. 44-14 WAC

The screenshot shows the Washington State Office of the Attorney General website. The header includes the state seal, the name 'Washington State Office of the Attorney General', and 'Attorney General Bob Ferguson'. A search bar asks 'How may we help you?'. The main content area is titled 'MODEL RULES ON PUBLIC DISCLOSURE' and contains sections for 'History', 'Effect', and 'Open Government' with a list of links.

History
As part of the 2005 recodification of the Public Records Act to chapter 42.56 RCW, the Legislature asked the Attorney General to provide guidance to both records requestors and agencies on the public records process by drafting model rules on public disclosure. RCW 42.56.570.

After conducting a 13-city Open Government tour, gathering comments, and holding a public hearing, the Office adopted Model Rules in 2006. Chapter 44-14 WAC. In 2007, again at the Legislature's directive, and after gathering additional comments, the Office adopted Model Rules for electronic records. In 2018, after gathering additional comments, the Office updated the Model Rules to reflect changes in statutes, laws and technology since 2006-2007.



Effect
The Model Rules are non-binding and provide "best practices" for requestors and agencies. Agencies can use the Model Rules to develop their own practices and rules. Local agencies should consider the Model Rules. RCW 42.56.570.

Open Government
[Request AGO Public Records](#)
[Open Government Training](#)
[Public Records & Open Public Meetings](#)
[Open Government Resource Manual](#)
[Model Rules](#)
[Open Government Ombuds Function](#)
[Sunshine Committee](#)
[Local Government Public Records Consultation](#)

44

44


AGO PRA Model Rules (cont.)

- **Chapter 44-14 WAC.**
- Adopted under RCW 42.56.570.
- Advisory and non-binding.
- Provide model rule language for agencies to consider in adopting their own PRA rules.
- Provide comments on model rule language, with background and references to PRA statutes and case law.
- A resource for state and local agencies, requesters, the courts, trainers, others interested in the PRA.
- PRA provides that local agencies should consult them when establishing local PRA ordinances. RCW 42.56.570(4). 
- Updated in 2018: 
 - <http://www.atg.wa.gov/model-rules-public-disclosure>

[45]

45

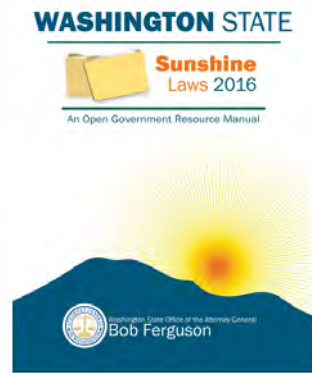
AGO PRA Model Rules (cont.)

- 2018 Model Rules Updates: 
 - Confirm that the public is entitled to request public records stored on personal devices if those records concern agency business;
 - Address relevant court rulings and legislative changes to the PRA including, for example, those concerning copy fees and required records training;
 - Address technology changes such as online records portals used at some agencies, and give examples of how agencies can provide records electronically; and,
 - State that an agency should reasonably organize its records. Agencies are encouraged to refer to the extensive guidance published by the Secretary of State for advice regarding records management.

[46]

46

AGO Open Government Resource Manual – Available on AGO Website*



* <http://www.atg.wa.gov/open-government-resource-manual>

**Does not yet include PRA statutory changes which were effective July 23, 2017; or updated 2018 Model Rules.

[47]

47

Risk Management Tips for Agencies

- Establish a culture of compliance with the PRA, beginning with agency leadership and support.
- Train appropriate staff and officials about the PRA's requirements.
- Review agency's PRA procedures.
- Review available resources; institute best practices.
- Review penalty factors.
- Keep updated on current developments in PRA through legislative action or court decisions; correctly apply law.
- Consult with agency's legal counsel.



[48]

48

Thank you!



[49]

Arbor Health
Board Workshop
Public Hospital District No. 1 Lewis County

Open Public Meeting Act and
Public Records Act Update

March 31, 2021
Morton, Washington

Charles (Skip) Houser III, J.D., M.P.A.
Attorney at Law


1

1

COVID-19
Open Public Meetings Act (OPMA) and Public Records Act
(PRA) Proclamations Update

Governor Inslee re-issued
Proclamation 20-28.15 on January 19,
2021.

The OPMA and PRA waivers were
extended by Senate Concurrent
Resolution 8402 until the termination
of the state of emergency/RCW
43.06.210 or until rescinded by
gubernational of legislative action,
whichever occurs first.



2

2

COVID-19
Phase 3 Recovery Plan

Effective March 22, 2021, the entire State will enter into Phase 3 of the Governor’s Recovery Plan.

This will be a transition from the prior regional approach under Phase 2 to a county-by-county evaluation process.



3

3

COVID-19
Open Public Meetings Act (OPMA)

In-person meetings are allowed in the Phase 2 and 3 of the Governor’s Recovery Plan so long as there is compliance with the Governor’s Miscellaneous Venue Guidelines.



4

4

COVID-19 Requirements Miscellaneous Venues

- Occupancy limits of the specific activity govern.
- Each venue must adopt a written procedure for operations at least as to specific requirements in the published Miscellaneous Venues document.
- Compliance with all worker safety and health requirements.

5

5

COVID-19 OPMA Update

Phase 3 of the Governor’s Recovery Plan will be effective March 22, 2021 for all counties and the entire State. Phase 3 also allows for in-person spectators for professional and high school sports. Outdoor venues will have a capacity of 50% or up to 400 people and larger events at 25% or up to 9,000 people.



6

6

COVID-19 Update
Phase 3 Recovery Plan Metrics

COUNTY SIZE	INDICATOR	PHASE 1	PHASE 2	PHASE 3
Larger County	New cases per 100,000 population per 14 days	> 350	350 - 200	< 200
	New COVID hospitalizations per 100,000 population per 7 days	≥ 10	9.9 - 5	< 5
Smaller County (< 50k people)	New COVID cases over 14 days	≥ 60	59 - 30	< 30
	New COVID hospitalizations over 7 days	> 5	4.9 - 3	< 3

OFFICE DE GOUVERNOR JAY INSLEE

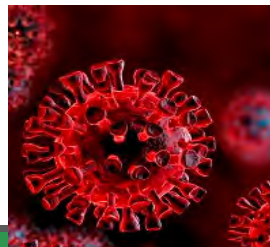
7

7

COVID-19 Updates
Phase 3 Recovery Plan Metrics

Metrics under the updated plan will require that counties be individually evaluated every 3 weeks.

These updates will take place on Mondays with any possible changes taking effect the following Friday beginning April 12, 2021.



8

8

COVID-19

Open Public Meetings Act (OPMA) Update

*If your jurisdiction is in Phase 2 or Phase 3, you may (but are not required to) allow for an in-person meeting *in addition to* a remote meeting.*

In person meetings are limited to the maximum number of people allowed to gather in the county in which the meeting is held. In Phase 2, it is 25% or the capacity of the venue and in Phase 3, 50% of the venue and not to exceed 400. All attendees must be separated by at least six feet and must wear face coverings.



9

COVID-19 Open Public Meetings Act (OPMA) Update

Any person wishing to attend in person a public meeting with an in-person component must be able to do so at a physical location meeting the requirements herein, either in a primary meeting location or an overflow physical location that provides the ability for all persons attending the meeting to hear each other at the same time; and

If at any time during a public meeting the in-person component cannot comply with each of the requirements herein, the public meeting (to include the telephonic/remote access portions) must be recessed until compliance is restored or if compliance cannot be restored then adjourned, continued, or otherwise terminated.

10

10

COVID-19
Update
Public Records Act Prohibitions

The Proclamation in addition to OPMA requirements also provides that RCW 42.56.520, is excluded as to compliance in providing responses to public records “Within five business days of receiving a public records request”, unless the request is received electronically. The agency is not required to meet on site or make records available for inspection on site either.



11

11

COVID-19
Proclamation 20-64.1
Prohibitions on Release of Contact Information

An additional Proclamation 20-64 has been continued which prohibits public agencies, including local governments, from releasing the personally identifying and contact information gathered by COVID-19 contact tracers or in customer/visitor/employee logs in response to a public records request. This continues until the emergency is declared over or until rescinded.



12

12

COVID-19
Proclamation 20-28.10
Wildfire Exceptions

Governor Inslee had also previously issued Proclamation 20-28 making a limited exception to the general ban on in-person meetings for jurisdictions that are unable to convene remote meetings because wildfires have significantly degraded telecommunications. That proclamation is now effective through the emergency or until rescinded or until telecommunications are restored.



13

13

What Does the Future Bring?



Those that fail to learn from
history are doomed to repeat it.
- Winston Churchill

14

14

Questions
And
Answers



15

15

The End



16

16

BOARD COMMITTEE REPORTS

Arbor Health Foundation Meeting Minutes

Tuesday March 9, 2021

Online Zoom Meeting

Attendance: Ali Draper, Diane Markum, Caro Johnson, Betty Jurey, Christine Brower, Lynn Bishop, Jeannine Walker, Leiane Everett, Stephanie Poffile-Rudd, Shelley Riggs, Wes McCann, Gerri Maize, Cindy Scott,

Excused: Ann Marie Foreman and Pat Siesser

Call to Order by President Ali Draper at 12:05pm

After discussion a motion was made and approved to accept the February minutes and treasurer report. Betty Jurey, Wes McCann

CEO Report: Leiane said that efforts are being focusing on distributing the Covid Vaccine. 500 vaccines were given this week and 400 have been requested for next week. The Janssen single dose vaccine has become available on a limited basis. The state requires that we have a plan for distribution that reaches at least 20% of the vulnerable population. Birdseye Medical provided 162 vaccinations to Arbor Health. Also, the Morton clinic was flooded and while repairs are being made, all of the providers and working out of the Specialty Clinic, increasing foot traffic through the hospital.

Directors Report: Scholarships were awarded to Cindy Farley and Nicole Trott. The foundation received a card of thanks from Chris Preheim, who is moving to Montana and also a note from Myrna Davidson thanks us for the flowers.

Old Business:

2021 magnetic calendars have been received and will be replaced in the welcome packets. Marc Fisher has volunteered to distribute them.

New Business: Due to a shortage of volunteers and the Covid closing, the gift shop sales were severely reduced and as a result the Foundation owed the hospital over \$15,000 for the amount they had pre-paid for merchandise. This amount has been paid to the hospital.

Diane also mentioned that the link to the Zoom meeting is the same each month.

A Gift Certificate was given to a patient that helped with the Transitional Care video.

Event chairman, Lynn Bishop reminded everyone of the proposed dates:

June 26 Caps and Corks

Aug 21 Ladies Brunch

Oct 2 Dinner Auction

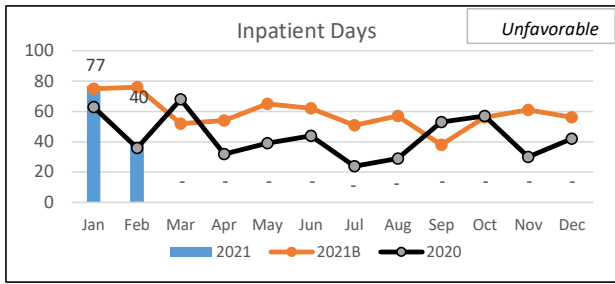
Oct 16 Mommy Shower

Meeting adjourned 12:36

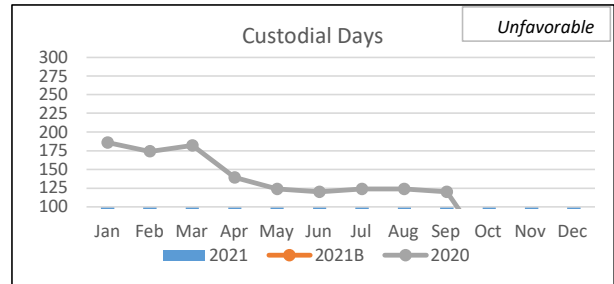
Lewis County Hospital District No. 1 Board Financial Summary

February 28, 2021

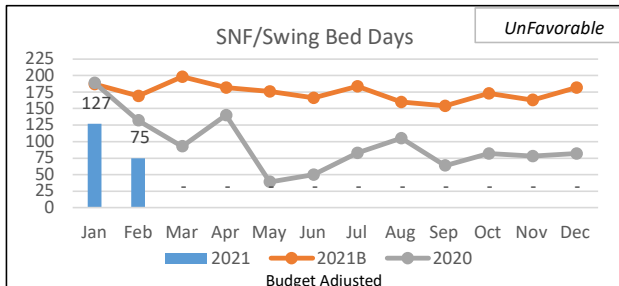
Growth



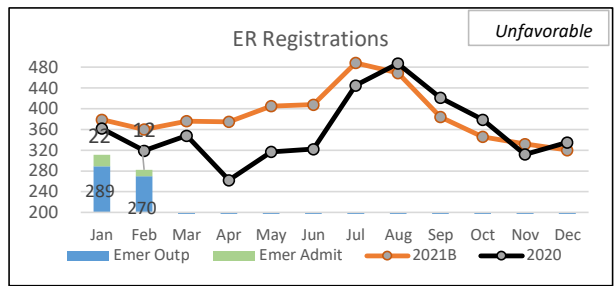
YTD: 117.00 Budget: 151.00 Pr Yr: 99.00



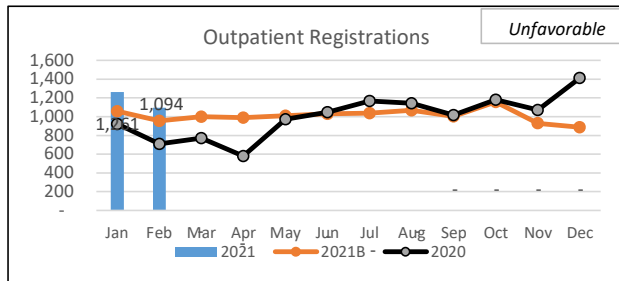
YTD: 0 Budget: 0 Pr Yr: 360



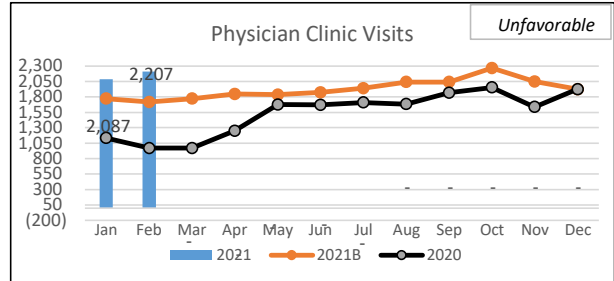
YTD: 202 Budget: 356 Pr Yr: 321



YTD: 559 Bud: 739 Pr Yr: 681

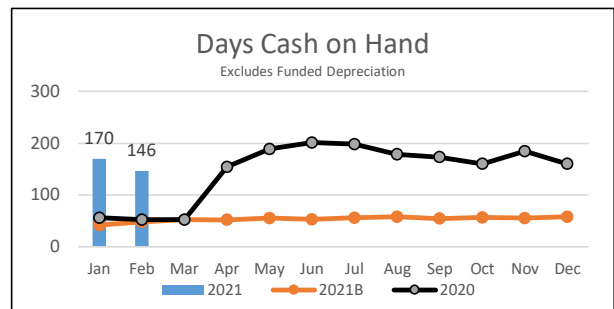
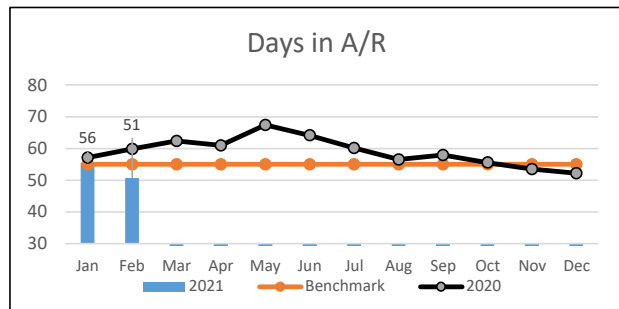
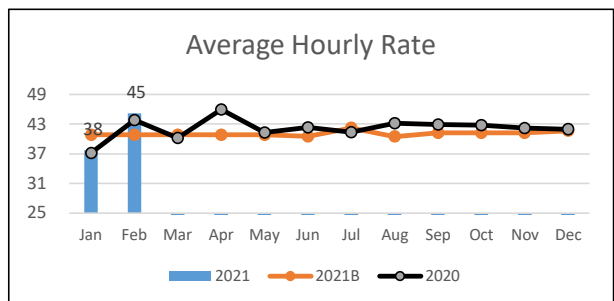
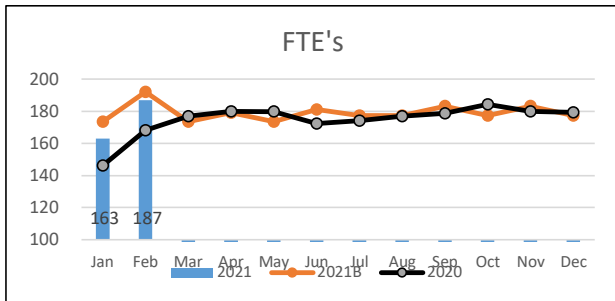


YTD: 2,355 Bud: 2,011 Pr Yr: 1,629



YTD: 4,294 Bud: 3,487 Pr Yr: 2,105

People and Operational Aspects



CONSENT AGENDA



**LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
February 24, 2021 at 3:30 p.m.
ZOOM**

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

Meeting ID: 961 2678 9069

One tap mobile: +12532158782,,96126789069#

Dial: +1 253 215 8782

Mission Statement

To foster trust and nurture a healthy community.

Vision Statement

To provide accessible, quality healthcare.

AGENDA TOPIC	CONCLUSION	ACTION ITEMS
Call to Order Roll Call	Board Chair Frady called the meeting to order via Zoom at 3:30 p.m. Commissioners present: <input checked="" type="checkbox"/> Trish Frady, Board Chair <input checked="" type="checkbox"/> Tom Herrin, Secretary <input checked="" type="checkbox"/> Craig Coppock <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Chris Schumaker Others present: <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Dexter Degoma, Interim Quality Manager <input checked="" type="checkbox"/> Janice Holmes, Medical Staff Coordinator <input checked="" type="checkbox"/> Diane Markham, Marketing/Communication Manager & Foundation Executive Director <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Buddy Rose, Reporter <input checked="" type="checkbox"/> Todd Gorham, 2767 Union <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Van Anderson, Packwood Resident <input checked="" type="checkbox"/> Don Roberts, Pharmacy <input checked="" type="checkbox"/> Larry Sinkula, Surgical Services Director <input checked="" type="checkbox"/> Shannon Kelly, CHRO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director	



	<input checked="" type="checkbox"/> Skip Houser, Attorney <input checked="" type="checkbox"/> Jeff Thorson, 2767 Union <input checked="" type="checkbox"/> Marilyn Garcia, Quality Auditor <input checked="" type="checkbox"/> Brenda Demarest, Patient Access Clerk <input checked="" type="checkbox"/> Dr. Mark Hansen, Chief of Staff	
Approval or Amendment of Agenda		Commissioner Coppock made a motion to approve the agenda. Secretary Herrin seconded and the motion passed unanimously.
Conflicts of Interest	Board Chair Frady asked the Board to state any conflicts of interest with today's agenda.	None noted.
Comments and Remarks	<p>Commissioners: None noted.</p> <p>Audience: Packwood Resident Van Anderson shared that Kenton Smith's Memorial Service is tentatively scheduled for August 7, 2021 at the Old Packwood Elementary Gym. He requested the Board consider posting important documents on the website for ease of access, i.e., Budget.</p>	
Executive Session- RCW 70.41.205 & 70.41.200	<p>Executive Session began at 3:40 p.m. for 20 minutes to discuss Medical Privileging and the Quality Improvement Oversight Report. The Board returned to open session at 4:00 p.m.</p> <p>No decisions were made in Executive Session.</p> <p>New Appointments-</p> <ol style="list-style-type: none"> 1. Jonathan Davison, MD (Consulting Radiology Privileges) <p>Reappointments-</p> <ol style="list-style-type: none"> 1. Eileen Lorenz, MD - (Consulting Radiology Privileges) 2. Thomas Luetkehans, MD - (Consulting Radiology Privileges) 3. John MacKenzie, MD - (Consulting Radiology Privileges) 4. Mark Mayhle, MD - (Consulting Radiology Privileges) 5. David Miller, MD - (Consulting Radiology Privileges) 6. Kirk Myers, DO - (Consulting Radiology Privileges) 	Commissioner Coppock made a motion to approve the Medical Privileging as presented and Secretary Herrin seconded. The motion passed unanimously.



	<ul style="list-style-type: none"> 7. Nancy Neubauer, MD - (Consulting Radiology Privileges) 8. Corey White, DO - (Telestroke Neurology Consulting Privileges) 	
<p>Guest Speaker-C.H. (Skip) Houser, J.D., M.P.A.</p> <ul style="list-style-type: none"> • Roles, Responsibilities, Ethics and Governance-Board Workshop 	<p>Skip presented the following recommendations:</p> <ul style="list-style-type: none"> 1. Comply with statutory requirements. 2. Present no conflict of interest between the public trust and private interests. 3. Communicate and set goals. 	
<p>Department Spotlight</p> <ul style="list-style-type: none"> • 340B Drug Program 	<p>CFO Boggess highlighted the following on the 340B Drug Program:</p> <ul style="list-style-type: none"> 1. Encouraged the District to continue taking advantage of the 340b program. 2. Continues to benefit the District by supplementing the costs associated with emergency transport services. 3. Given the regulatory climate in WA, the program may stay status quo. 4. The 2021 Budget reflects the 2020 experience; however, our experience this year may be closer to 2019. 	
<p>Board Committee Reports</p> <ul style="list-style-type: none"> • Hospital Foundation Report 	<p>Commissioner McMahan shared he was unable to attend the Foundation Meeting and offered his resignation if another commissioner wanted to attend. Foundation Executive Director Markham expressed support for Commissioner McMahan remaining on the Committee. The Board supported Commissioner McMahan staying on the Foundation. Executive Director Markham noted the Foundation elected to change the scholarship eligibility from full time to part time. This broadens the number of employees that now qualify for this scholarship opportunity. The Arbor Health Foundation is planning for Fall events and will pivot with the COVID requirements.</p>	
<ul style="list-style-type: none"> • Finance Committee Report 	<p>Commissioner Coppock highlighted the following from the February Finance Committee Meeting:</p> <ul style="list-style-type: none"> 1. The Disaster funding is static. 2. Recommended the Board support Resolution 21-07 and Resolution 21-08. 3. A 501(r) Audit Report is being completed by DZA to ensure the District's compliance. 	
<p>Consent Agenda</p>	<p>Board Chair Frady announced the consent agenda items for consideration of approval:</p>	<p>Secretary Herrin made a motion to approve the</p>



	<ol style="list-style-type: none"> 1. Approval of Minutes <ol style="list-style-type: none"> a. January 27, 2021 Regular Board Meeting b. February 2, 2021 Quality Improvement Oversight Committee Meeting c. February 17, 2021 Finance Committee Meeting 2. Warrants & EFT's in the amount of \$3,666,995.35 dated January 2021 3. Resolution 21-05-Approving the Clinical/Non-Clinical Contracted Services Evaluation Matrix 4. Resolution 21-06-Declaring to Surplus or Dispose of Certain Property 5. Resolution 21-07-Delegating Fiduciary Responsibilities & Investment Committee 6. Approve Documents Pending Board Ratification 02.24.21 	Consent Agenda and Commissioner McMahan seconded. The motion passed unanimously.
Break	Board Chair Frady called for a 4-minute break at 5:21 p.m. The Board returned to open session at 5:25 p.m.	
Old Business <ul style="list-style-type: none"> • Incident Command Update 	CNO/CQO Williamson highlighted the following: <ol style="list-style-type: none"> 1. The Lewis County COVID 7-day average continues to decline. 2. African variant is present in the state of WA. 3. The District has been unsuccessful in acquiring new 1st dose vaccines. Administering 2nd doses this week due to the snow delay last week. 4. The District needs to develop a vaccine equity plan when going through the phases. Strategies need to be discussed to establish a vaccine site for vulnerable populations. 	
Break	No longer needed.	
New Business <ul style="list-style-type: none"> • DNV Accreditation Appointments 	Superintendent Everett shared recommendation.	Commissioner McMahan made a motion to appoint Richard Boggess as the Safety Officer. Commissioner Coppock seconded and the motion passed unanimously.
<ul style="list-style-type: none"> • Resolution 21-08- Approving to Waive Competitive Bidding Requirements Due to an Emergency and to Designate Superintendent Superintendent Everett to Act in an 	Commissioner Coppock recommended approval of Resolution 21-08. CFO Boggess shared the flood water is being abated at Morton Clinic. The Clinic will quickly enter the restoration phase.	Commissioner McMahan made a motion to approve Resolution 21-08. Secretary Herrin seconded and the motion passed unanimously.



Emergency and Award Necessary Contract(s) to Address the Emergency Situation	CFO Boggess noted Morton Clinic has moved operations within the Hospital for approximately 6 to 8 weeks.	
<ul style="list-style-type: none"> Board Education 	<p>Board Chair Frady proposed engaging Skip for additional training sessions.</p> <p>The Board supported Superintendent Everett finding out Skip's availability for future educational sessions.</p>	Action Item- Superintendent Everett will engage Skip for further education opportunities.
<ul style="list-style-type: none"> PDC Filing Reminder 	Board Chair Frady reminded the Board to complete their WA Public Disclosure Commission (PDC) by April 1, 2021.	Action Item-The Board will complete their PDC by April 1, 2021.
Superintendent Report	<p>Superintendent Everett shared additional updates to her recruitment update which included:</p> <ol style="list-style-type: none"> Contract signed with Orthopedic Surgeon. LeeAnn Evans has accepted the Inpatient & Emergency Services Director position. Researching a telehealth Diabetic Educator. Julie Taylor has accepted taking on the Interim Compliance Officer while we revamp the program with guidance from Skip Houser. <p>The Board appreciated the Legislative Update. Superintendent Everett noted if she receives Legislative Alerts from WSHA she will pass along the scripted messages concerning legislative priorities.</p>	Action Item- Superintendent Everett will share Legislative Alerts with the Board when received.
Executive Session-RCW 42.30.110 (g)	<p>Executive Session began at 6:00 p.m. for 30 minutes to discuss the performance of a public employee. At 6:30 p.m. Board Chair Frady extended Executive Session by 15 minutes. At 6:45 p.m. Board Chair Frady extended Executive Session by 15 minutes.</p> <p>The Board returned to open session at 7:00 p.m.</p> <p>No decisions were made in Executive Session.</p>	
Meeting Summary & Evaluation	Superintendent Everett highlighted the decisions made and action items.	
Adjournment	Secretary Herrin moved and Commissioner McMahan seconded to adjourn the meeting at 7:07 p.m. The motion passed unanimously.	

Respectfully submitted,

Tom Herrin, Secretary

Date



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Quality Improvement Oversight Committee Meeting
March 3, 2020 at 7:00 a.m.
Conference Room 1 & 2 & Zoom

AGENDA	DISCUSSION	ACTION
Call to Order Roll Call	<p>Commissioner McMahan called the meeting to order at 7:00 a.m.</p> <p>Commissioner(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Wes McMahan <input checked="" type="checkbox"/> Chris Schumaker <p>Committee Member(s) Present in Person or via Zoom <input checked="" type="checkbox"/>:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Dexter Degoma, Interim Quality Manager <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO <input checked="" type="checkbox"/> Julie Taylor, Ancillary Services Director <input checked="" type="checkbox"/> Richard Boggess, CFO <input checked="" type="checkbox"/> Lynn Bishop, Community Member <input checked="" type="checkbox"/> Don Roberts, Pharmacist <input checked="" type="checkbox"/> LeeAnn Evans, ED & Inpatient Services Director <input checked="" type="checkbox"/> Larry Sinkula, Surgical Services Director <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Amanda Seals, Employee Health <input checked="" type="checkbox"/> Dr. Mark Hansen, Chief of Staff <input checked="" type="checkbox"/> Dr. Kevin McCurry, CMO <input checked="" type="checkbox"/> Kathy Blake, RN-Wound Care Clinic <input checked="" type="checkbox"/> Stephanie Scarborough, RT Manager <input checked="" type="checkbox"/> David Crouch, Interim Facilities Manager 	
Approval or Amendment of the Agenda		Commissioner Schumaker made a motion to approve the agenda and Ancillary Services Director Taylor seconded. The motion passed unanimously.
Conflicts of Interest	The Committee noted no conflicts of interest.	
Consent Agenda	<ol style="list-style-type: none"> 1. Approval of the following: <ol style="list-style-type: none"> a. Quality Improvement Oversight (QIO) Committee Meeting 02/02/21 b. Infection Prevention & Control (IPC) Committee Meeting 02/10/21 	Commissioner Schumaker made a motion to approve the consent agenda and CNO/CQO Williamson

Confidential Information: prepared for quality assurance functions and protected under RCW 4.24.250, 70.41.200 and other state and federal statutes.

	<p>c. Environment of Care (EOC) Committee Meeting 02/17/21</p> <ol style="list-style-type: none"> 2. Contract Evaluations 3. Approval of the following Plans, Policies and Procedures in Lucidoc. <ol style="list-style-type: none"> a. Infection Prevention and Control Risk Assessment and Plan b. TB Risk Assessment & Plan c. QAPI and Patient Safety Plan d. Risk Management Plan e. Alternate Life Safety Measures f. Code Red g. Construction and Renovation Procedures h. Code Gray i. Evacuation Procedures j. Safety Officer 4. 2021 QAPI & Patient Safety Plan 5. 2021 Risk Management Plan 6. 2020 CAH Periodic Evaluation 	<p>seconded. The motion passed unanimously.</p>
<p>Old Business</p> <ul style="list-style-type: none"> • COVID-19 Update 	<p>CNO/CQO Williamson highlighted the following on the COVID-19:</p> <ol style="list-style-type: none"> 1. The Jansen Vaccine is available and is a one dose option. This might be a solution to reaching the rural/vulnerable population in the District. May explore a mobile unit option. 2. The vaccine demand is higher than the supply; however, the gap is closing in WA. 3. The three clinics continue to request vaccines and the total request for next week is 500. 4. The Clinics administered approximately 300 last week. 5. The 7-day case rate average in Lewis County is 11 and while that is low everyone needs to not let up on PPE Use as it is available. 6. A mobile clinic called Birdseye Medical did come onsite and did administer doses because they were aware the District was not receiving vaccines. 7. There is a presence of the variants in WA State. 	
<ul style="list-style-type: none"> • DNV Accreditation Update 	<p>Interim Quality Manager Degoma highlighted the following the DNV Accreditation:</p> <ol style="list-style-type: none"> a. Working in the Sustainability Phase of preparation for the survey in May of 2021. b. Preparing for an Annual Skills and Competency Fair this Spring. 	

	<ul style="list-style-type: none"> c. Performing Mock Tracer Sessions to help prepare staff. d. Continue to review and revise policies and procedures to ensure compliance from a documentation perspective. e. Survey Preparation for the Board will be discussed at a further date. f. Operationalized a New Quality Board in Administration and will be rolling out throughout the facilities. 	
<ul style="list-style-type: none"> • Department Specific Performance Improvement (PI) Feature 	<p>Infection Preventionist Taylor noted her PI is Hand Hygiene Compliance. There is a heightened awareness around Hand Hygiene and a new campaign called “Pledge to Protect will be rolled out organization wide in second quarter. This continues to be a complex issue and we will continue to mitigate scenarios as they present.</p> <p>ED & Inpatient Services Director Evans noted the ED PI is the Stroke Process. The ED celebrated great success in the integration of quality care and patient safety in their timely treatment of Stroke Patients. The continued barrier is educating and coaching staff surrounding strokes.</p> <p>Respiratory Therapy Manager Scarborough noted her PI is the EKG turnaround time to MUSE system via Providence. The challenges revolve around access to MUSE. The first check of the EKG is with the primary physician and then the secondary check is with the cardiologist in the MUSE System. May have opportunities with tracking the reads process in the ED.</p> <p>Pharmacist Roberts noted his PI is Medications Scanned into the EHR. The challenge is having a consistent process to ensure the right medications are scanned into the system and administrated to the correct patients. Planning to coach and train on this topic at the upcoming skills fair.</p> <p>Wound Care RN Blake noted her PI is Skin Assessments Completed in the EHR. This includes skin assessments completed monthly on Acute Care and Swing Bed patients. There are 8 elements being tracked and the challenge is determining if is system related or person specific. Will explore adding this topic to the skills fair to educate and train staff.</p>	

<ul style="list-style-type: none"> QAPI and Patient Safety Areas of Focus 	<p>Interim Quality Manager Degoma presented the 2020 QAPI and Patient Safety Evaluation. The top three areas that will continue to be a focus in 2021 are as follows:</p> <ol style="list-style-type: none"> 1. HCAHPS-Patient Experience <ol style="list-style-type: none"> a. Communication About Medications b. Care Transition <ol style="list-style-type: none"> i. There are few resources but hired a new Case Manager. 2. Resource Utilization 3. Depression Screenings- <ol style="list-style-type: none"> a. Includes a transition from QHi to QBS. <p>The District will continue to be committed to the provisions of a well-designed and implemented program.</p>	
New Business	Nothing noted.	
Appendix	Interim Quality Manager Degoma noted this is an evolving calendar and the committee will keep it up to date.	
Meeting Summary & Evaluation	Interim Quality Manager Degoma highlighted the decisions made and action items.	
Adjournment	Commissioner McMahan adjourned the meeting at 8:02 am.	



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
March 24, 2021 at 12:00 p.m.
Conference Room 1 & Via Zoom

AGENDA	DISCUSSION	ACTION
Call to Order	<p>Commissioner Coppock called the meeting to order via Zoom at 12:02 p.m.</p> <p>Commissioner(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tom Herrin, Secretary <input checked="" type="checkbox"/> Craig Coppock, Commissioner <p>Committee Member(s) Present in Person or via Zoom:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Shana Garcia, Executive Assistant <input checked="" type="checkbox"/> Richard Boggess, CFO via Zoom <input checked="" type="checkbox"/> Leianne Everett, Superintendent <input checked="" type="checkbox"/> Marc Fisher, Community Member <input checked="" type="checkbox"/> Clint Scogin, Controller <input checked="" type="checkbox"/> Sara Williamson, CNO/CQO 	
Approval or Amendment of Agenda		Secretary Herrin made a motion to approve the agenda and Community Member Fisher seconded. The motion passed unanimously.
Conflicts of Interest	None noted.	
Consent Agenda	<p>Commissioner Coppock announced the following in consent agenda up for approval:</p> <ol style="list-style-type: none"> 1. Review of Finance Minutes –February 17, 2021 2. Revenue Cycle Update 3. Board Oversight Activities 4. Financial Statements 	Secretary Herrin made a motion to approve the consent agenda and CFO Boggess seconded. The motion passed unanimously.
Old Business <ul style="list-style-type: none"> • Financial Department Spotlight-Revenue Cycle 	Deferring to the April Meeting.	

<ul style="list-style-type: none"> • Compensation Methodology Discussion 	<p>Deferring to the April Meeting.</p>	
<ul style="list-style-type: none"> • Disaster Funding Update 	<p>CFO Boggess noted there is no update regarding the PPP loan and highlighted the summary from WSHA and American Rescue Plan Act that impacts the District.</p>	
<p>New Business</p> <ul style="list-style-type: none"> • Indigent Policy Update 	<p>CFO Boggess presented the Indigent Policy and the Plain Language Summary containing the updates of the 501R audit recommendations from DZA last month.</p> <p>This policy will be in Lucidoc, provided to the State, and loaded on the District’s website to meet compliance requirements.</p>	
<ul style="list-style-type: none"> • Radia-United Healthcare Contract Dispute Impact 	<p>CFO Boggess shared the District has received notice from Radia that Radia and South Sound Radiology have elected to go “out of network” with United Healthcare Group as of April 1, 2021. Radia provides the professional reading of radiology images provided by Arbor Health. Patients could now be subject to a large responsibility of their healthcare costs related to this change. Our nearest competitors are being affected by this change too. The contract between the District and Radia continues to be in place, and Arbor Health is in network with United Healthcare.</p> <p>This change will marginally impact the District; however, it will be difficult for the District’s patients to avoid these costs. The District is preparing a letter to all patient to inform them of the change.</p>	
<ul style="list-style-type: none"> • Morton Clinic Computer Archive 	<p>CFO Boggess shared the District needs to archive Morton Medical Center’s EHR for patients to have future access to records. This is an anticipated cost due to acquiring this clinic last year.</p> <p>The Finance Committee supported asking the Board for approval of this action via resolution.</p>	<p>Action Item-Executive Assistant Garcia will include a resolution the Board Packet in March for the approval of the budget amendment on the Morton Clinic Computer Archive with Mindseye.</p>
<ul style="list-style-type: none"> • Leasing Equipment for OR 	<p>CFO Boggess shared the District needs the following:</p> <ol style="list-style-type: none"> 1. Endoscopy Equipment lease expired and proposing to lease new equipment through Pentax. 	<p>Action Item-Executive Assistant Garcia will include three resolutions the Board Packet in March for the approval to purchase the three</p>

	<ol style="list-style-type: none"> a. The Finance Committee supported asking the Board for approval of this action via resolution. 2. Orthopedic Equipment is a new cost that was included in the proposal to bring on this new service. This is a budget amendment request on the equipment cost. The Ortho Program is projected to go live in late June or early July to avoid construction. <ol style="list-style-type: none"> a. The Finance Committee supported asking the Board for approval of this action via resolution. 3. Lab Equipment lease expired, and we can lease or buyout. The Finance Committee agreed that the District should buyout. <ol style="list-style-type: none"> a. The Finance Committee supported asking the Board for approval of this action via resolution. 	<p>equipment items and budget amendments reflecting necessary changes. Endoscopy Equipment and Orthopedic Equipment, as well as a Capital Purchase for the Lab Equipment.</p>
<ul style="list-style-type: none"> • RFP for SEIM Review 	<p>CFO Boggess shared as discussed at the Department Spotlight for IT, the District security needs require the use of a Security Event & Information Management (SEIM) tool to monitor network traffic in the organization. A SEIM is the District’s first alert system about ransomware and email breaches.</p> <p>In real time we will have a response plan that predicts, prevents, detects, and responds.</p> <p>An RFP was submitted to nine groups and five responded to the criteria. The result was reviewed by the IT department and the CFO. Intrinium presented the package with the best price with the highest value scored.</p> <p>The Finance Committee supported engaging for one year with Intrinium and reviewing the relationship with Fortified and Cerner. If no advantage is determined with Fortified, then extend the relationship with Intrinium to three years.</p>	<p>Action Item-Executive Assistant Garcia will include a resolution the Board Packet in March for the approval of the purchase of the SEIM with Intrinium.</p>
<ul style="list-style-type: none"> • Changes in Rural Health Clinic (RHC) Payment Structure 	<p>CFO Boggess noted with the RHC payment structure changing there is risk with the Morton Clinic not being grandfathered in.</p>	
<ul style="list-style-type: none"> • Capital Update 	<p>CFO Boggess noted Superintendent Everett will provide a verbal update at the Board Meeting.</p>	<p>Action Item-Superintendent Everett will provide a verbal update on Morton Clinic at the March Regular Board Meeting.</p>

Meeting Summary & Evaluation	CFO Boggess highlighted the decisions made and the action items that need to be taken to the entire board for approval.	
Adjournment	Commissioner Coppock adjourned the meeting at 1:07 pm.	

WARRANT & EFT LISTING NO. 2021-02

RECORD OF CLAIMS ALLOWED BY THE
BOARD OF LEWIS COUNTY
COMMISSIONERS

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

CERTIFICATION

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

Signed:

Richard Boggess, CFO

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

\$4,408,382.25 this 31st day

of March 2021

Board Chair, Trish Frady

Commissioner, Craig Coppock

Secretary, Tom Herrin

Commissioner, Wes McMahan

Commissioner, Chris Schumaker

SEE WARRANT & EFT REGISTER in the amount of ***\$4,408,382.25*** dated ***February 1, 2021 – February 28, 2021.***

Routine A/P Runs

Warrant No.	Date	Amount	Description
120070 - 120083	1-Feb-2021	764,828.95	CHECK RUN
120418	1-Feb-2021	9,661.65	CHECK RUN
12340 - 120341	1-Feb-2021	2,289.26	CHECK RUN
120342 - 120343	1-Feb-2021	1,672.94	CHECK RUN
120344	4-Feb-2021	3,303.94	CHECK RUN
120196 - 120249	5-Feb-2021	312,034.96	CHECK RUN
120345 - 120346	8-Feb-2021	4,623.67	CHECK RUN
120250 - 120264	8-Feb-2021	847,432.45	CHECK RUN
120265 - 120336	12-Feb-2021	191,289.03	CHECK RUN
120337 - 120339	15-Feb-2021	21,437.68	CHECK RUN
120552	16-Feb-2021	10,205.95	CHECK RUN
120362 - 120417	19-Feb-2021	121,203.11	CHECK RUN
120347 - 120361	22-Feb-2021	687,347.54	CHECK RUN
120553	26-Feb-2021	19,613.22	CHECK RUN
120433 - 120551	26-Feb-2021	245,184.83	CHECK RUN
Total - Check Runs		\$ 3,242,129.18	

Error Corrections - in Check Register Order

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
120641	1-Feb-2021	(1,672.94)	VOID
TOTAL - VOIDED CHECKS		\$ (1,672.94)	

COLUMBIA BANK CHECKS, EFT'S & VOIDS	\$ 3,240,456.24
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Eft	Date	Amount	Description
1086	2-Feb-2021	40.65	MCKESSON
1135	5-Feb-2021	170,764.00	IRS / PAYROLL TAXES
PAYROLL	5-Feb-2021	439,892.71	PAYROLL
1087	9-Feb-2021	16.88	MCKESSON
1088	16-Feb-2021	597.78	MCKESSON
1136	19-Feb-2021	152,638.77	IRS / PAYROLL TAXES
PAYROLL	19-Feb-2021	403,967.33	PAYROLL
1089	23-Feb-2021	7.89	MCKESSON

TOTAL EFTS AT SECURITY STATE BANK	\$ 1,167,926.01
--	------------------------

TOTAL CHECKS, EFT'S, & TRANSFERS	\$ 4,408,382.25
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LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO
SURPLUS OR DISPOSE OF CERTAIN
PROPERTY

RESOLUTION NO. 21-09

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 31st day of March 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

DISPOSAL/SURPLUS PERSONAL PROPERTY

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
3/2021	BIO SAFETY CABINET	LAB	1861	SURPLUS	OBSOLETE
3/2021	CT SCANNER	IMAGING	1752	SURPLUS	OBSOLETE
3/2021	DEL XRAY	IMAGING	1824	SURPLUS	OBSOLETE



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING BUDGET
AMENDMENT-MORTON CLINIC
COMPUTER ARCHIVE

RESOLUTION NO. 21-10

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 to add Capstone to archive Morton Clinic's clinical records not included in the District's 2020 Budget by RES 20-48 on November 30, 2020.

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 31st day of March 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

Lewis County Hospital District No. 1 (d/b/a Arbor Health)

2021 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.

RECOMMENDATION:

To Convert the Morton Medical Clinic EHR from an active system to a Data repository/Archive for preservation of data.

JUSTIFICATION:

Arbor Health is required by regulation to preserve and make available to patients and government organization data related to the patient records. The Morton Medical Clinic data is stored on servers that have reach the end of their useful life. In the year since we purchase the clinic, one of the servers has fail already. This data will be stored in Arbor Capstone Archive system for retrieval as needed. The cost was not able to be determine during the 2021 budget process.

BUDGET CONSIDERATION:

Increases the Information Technology department budget in Purchased Services by operational expense by \$96,536 to be expended 2021.

Submitted by: Richard Boggess

Date March 24, 2021

For Accounting Use:

On this _____ day of _____, 2021 the following budget request has been approved thus amending the 2021 Operating Budget as follows

Increase Dept 8480 – Information Systems, Account 735650 -Purch Serv Other

April – \$46,0000

Sept – \$20,000

Sept – \$21,536

Dec – \$10,000



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING BUDGET
AMENDMENT-ENDOSCOPY EQUIPMENT
LEASE

RESOLUTION NO. 21-11

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 to add Endoscopy Equipment Lease not included in the District's
2020 Budget by RES 20-48 on November 30, 2020.**

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 31st day of March 2021, the following commissioners being present and
voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING BUDGET
AMENDMENT-LAB EQUIPMENT

RESOLUTION NO. 21-12

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 to purchase Lab Equipment not included in the District's 2020
Budget by RES 20-48 on November 30, 2020.**

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 31st day of March 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

Lewis County Hospital District No. 1 (d/b/a Arbor Health)

2021 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.

RECOMMENDATION:

That Arbor Health Finance Committee is recommending the purchase of the current lab analyzer that is expiring on lease in Q1 of 2021. The buyout price is \$69,785. The useful life is 36 months.

That Arbor Health Finance Committee is recommending the lease w/ \$1 buyout of Endoscopy equipment. The purchase price is \$150,550. The useful life is 48 months.

JUSTIFICATION:

Lab Analyzer: As presented in the January Finance Committee and approved by the Board, this device will function as a backup to the newly purchased equipment. This will preserve service time within the lab department should one device fail.

Endoscopy Equipment: is replacement equipment coming off lease. New equipment cost is \$150,550. Purchase will be via a 48-month lease with \$1 buyout at the end of the term.

BUDGET CONSIDERATION:

Lab analyzer increases depreciation expense by \$1,938.47 monthly or \$17,446.25 in 2021.

Endoscopy Equipment increases depreciation by \$3,136.46 or \$28,228.13 in 2021. Interest cost increase by \$4,451.85 for 2021.

Submitted by Richard Boggess, CFO
2021

Date March 24,

For Accounting Use:

On this ____ day of _____, 2021 the following budget request has been approved thus amending the 2021 Operating Budget as follows

Depreciation Expense will increase by \$48,674.38 in 2021 spread evenly beginning in April 2021. Interest cost increase by \$4,451.85. Amounts to be spread evenly from April to Dec in 2021.



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING ENGAGING
INTRINIUM FOR SEIM TOOL

RESOLUTION NO. 21-13

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 engagement with Intrinium for a Security Event & Information Management (SEIM) tool to monitor network traffic in the organization. The purchase price for one year is \$38,000.

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 31st day of March 2021, the following commissioners being present and voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

Documents Awaiting Board Ratification 03.31.21

	LCHD No. 1's Policies, Procedures & Contracts:	Departments:
1	AMA (Against Medical Advice)	Department of Nursing
2	ANESTHESIA RESPONSIBILITIES FOR OU	Anesthesia Services
3	Abnormal Lab Results - Follow up Proce	Emergency Services
4	Acetaminophen	Chemistry
5	Acute Warfarin Reversal for intracerebr	Pharmacy
6	Alanine Aminotransferase	Chemistry
7	Albumin	Chemistry
8	Alkaline Phosphatase	Chemistry
9	Alternate Life Safety Measures	Life Safety
10	Ammonia	Chemistry
11	Amphetamine	Chemistry
12	Amylase	Chemistry
13	Ancillary Support Services	Emergency Services
14	Aspartate Anminotransferase	Chemistry
15	Barbiturates	Chemistry
16	Baseline PSG Montage	Sleep Center
17	Benzodiazepines	Chemistry
18	Bi-Level Titration	Sleep Center
19	Blood Urea Nitrogen (BUN)	Chemistry
20	Bloodworks Northwest	Professional Services Agreement
21	Board Mobile Device Management	Governing Body (Board of Commissioners)
22	Board Self-Evaluation	Governing Body (Board of Commissioners)
23	Board Spending Authority	Governing Body (Board of Commissioners)
24	Burn Patient Transfer Guidelines	Emergency Services
25	CKMB	Chemistry
26	CPAP PSG montage	Sleep Center
27	CPAP Titration	Sleep Center
28	Calcium	Chemistry
29	Calibration, Calibration Verification	QC/QA
30	Cannabinoids (THC)	Chemistry
31	Carbamazepine	Chemistry
32	Carbon Dioxide	Chemistry
33	Cardiac Emergencies	Sleep Center
34	Cervical Spine Clearance	Emergency Services
35	Cervical Spine Immobilization	Emergency Services
36	Cocaine	Chemistry
37	Code Gray	Life Safety
38	Collection Assignment Policy	Finance
39	Community Pool & Employee Gym Safe	Physical Therapy
40	Complex and Central Apnea Titration	Sleep Center
41	Consent for Thrombolytic Drugs	Emergency Services

42	Construction and Renovation Procedures	Maintenance
43	Crash Cart Checks/Exchange Process	Department of Nursing
44	Creatine Kinase	Chemistry
45	Creatinine	Chemistry
46	Critical Care Team Activation	Emergency Preparedness
47	DNR during Anesthesia	Anesthesia Services
48	Digital Specifications for Routine PSG R	Sleep Center
49	Digoxin	Chemistry
50	Direct Bilirubin	Chemistry
51	Dispensing Medications From Pyxis Sta	Pharmacy
52	Dr. Jakdej Nikomboriarak, MD-Physicia	Insurance Policies
53	Drugs and Biologicals	Pharmacy
54	EMERGENCY ANESTHESIA COVERAGE	Anesthesia Services
55	EPIDURAL ANALGESIA	Anesthesia Services
56	Early Termination of Sleep Study	Sleep Center
57	Ecstasy Assay	Chemistry
58	Emergencies - General Responses	Sleep Center
59	Emergency Department Diversion	Emergency Services
60	Emergency Department Extended Stay	Emergency Services
61	Emergency Dept Nurse Consultant Con	Contracted Services
62	Emergency-Psychiatric Response	Sleep Center
63	Endotracheal Tube Care	PACU
64	Ethanol Assay	Chemistry
65	Evacuation Procedures	Life Safety
66	Evaluation and Management Coding	Health Information Management
67	Event Log	Sleep Center
68	Fitting Patient Interfaces	Sleep Center
69	Free T4	Chemistry
70	General Chemistry Testing Utilizing Din	Chemistry
71	General Pressure Titration	Sleep Center
72	Gladys Howlett Scholarship Program	Foundation
73	Glucose	Chemistry
74	HDL	Chemistry
75	Heparin Protocol	Pharmacy
76	HgbA1c	Chemistry
77	High Risk Equipment Testing	Life Safety
78	High Sensitive CRP	Chemistry
79	IV Hood and IV Preparation	Pharmacy
80	ImmunoCard STAT Flu	Serology
81	Infection Prevention and Control Risk A	Infection Prevention & Control
82	Informed Consent	Sleep Center
83	Iron, serum	Chemistry
84	LDL	Chemistry
85	Lactate	Chemistry
86	Lipase	Chemistry
87	Lithium	Chemistry
88	Lucidoc 11th Amendment	Contracted Services

89	Lucidoc Corporation SaaS Agreement	Information Technology Services Agreement
90	MANAGEMENT OF PATIENT WITH MAL	Anesthesia Services
91	MSLT/MWT montage	Sleep Center
92	Magnesium	Chemistry
93	Medical Marijuana	Administration
94	Medical Records-Emergency Room Pat	Health Information Management
95	Medication Administration	Pharmacy
96	Methadone	Chemistry
97	Microalbumin	Chemistry
98	Moist Heat Equipment Maintenance	Physical Therapy
99	Multi-dose Vial Use	Pharmacy
100	Multiple Sleep Latency Test (MSLT)	Sleep Center
101	N95 FIT Testing	Employee Health & Wellness
102	Narcotic Count Discrepancies	Pharmacy
103	Newborn Safeplace Packet	Emergency Services
104	Non-High Risk Equipment Testing	Life Safety
105	Nova Blood Gas/Cooximetry	Blood Gases
106	Nova Prime Plus Analyzer Instructions f	Blood Gases
107	Number of Licensed Beds And Length C	Administration
108	Nursing Responsibilities and Managemen	Wound Care
109	Nursing Services Plan for the Provision	Department of Nursing
110	Opiates	Chemistry
111	Outdated Reagents / Materials	Lab General Policies/Procedures
112	Ownership And Use Of Medical Images	Radiology/Medical Imaging
113	Oxygen Titration	Sleep Center
114	PSA	Chemistry
115	PT	Coagulation
116	Patient Acceptance Criteria	Sleep Center
117	Patient Preparation for Sleep Study	Sleep Center
118	Payroll Policy and Procedure	Finance
119	Pediatric Trauma/Critical Illness Transfe	Emergency Services
120	Phencyclidine Assay	Chemistry
121	Phenytoin	Chemistry
122	Phosphorus	Chemistry
123	Pill Cutter Cleaning/Storage	Pharmacy
124	Platelets for Transfusion	Blood Bank
125	Policy Oversight Committee Charter	Administration
126	Polysomnography Report Parameters	Sleep Center
127	Pool Rescue	Physical Therapy
128	Product Evaluation	Purchasing
129	Providing a Safe Environment	Maintenance
130	QAPI and Patient Safety Plan	Quality
131	Rapid COVID (Sofia 2)	Serology
132	Rapid Combo COVID & Flu A/B (Sofia 2)	Serology
133	Recruitment, Selection and Onboarding	Human Resources
134	Release Of Patient Imaging Studies	Radiology/Medical Imaging
135	Reporting Violent Injuries	Emergency Services

136	Risk Management Plan	Quality
137	Routine Polysomnography	Sleep Center
138	SEDATION POLICY	Anesthesia Services
139	Safety Officer	Life Safety
140	Salicylates	Chemistry
141	Screening, Brief Intervention & Referral	Emergency Services
142	Seattle Pharmacy Relief, LLC	Business Associate Agreements
143	Self Pay Balances	Business Office
144	Sexual Assault Examination	Emergency Services
145	Sleep Center Medical Director	Sleep Center
146	Sleep Lab Director	Sleep Center
147	Sodium, Potassium, Chloride	Chemistry
148	Split Night Polysomnography Procedure	Sleep Center
149	Standard of Care - Chest Pain or STEMI	Emergency Services
150	Standards of Patient Care-Sleep Lab	Sleep Center
151	Suspected Stroke/TIA	Emergency Services
152	TB Risk Assessment & Plan	Infection Prevention & Control
153	TIBC	Chemistry
154	TSH	Chemistry
155	Tenecteplase (TNKase) Thrombolysis U	Emergency Services
156	Testing of the Inventoried Utility System	Maintenance
157	Testing of the Utility Systems	Maintenance
158	Tobacco Free Campus	Administration
159	Total B-hCG	Chemistry
160	Total Bilirubin	Chemistry
161	Total Cholesterol	Chemistry
162	Total Protein	Chemistry
163	Triglycerides	Chemistry
164	Troponin-I	Chemistry
165	United Healthcare 2012	United Healthcare
166	Uric Acid	Chemistry
167	Urine/CSF Total Protein	Chemistry
168	Valproic Acid	Chemistry
169	Vancomycin	Chemistry
170	Vital Statistics	Health Information Management
171	WA State HCA Encounter Rate through	Managed Care Contracts
172	WRHC GPO	WRHC Agreements
173	WRHC Lab Corp	GPO Agreements
174	WRHC Member Lap Corp	GPO Participation Form
175	Wound Care Referral Process	Department of Nursing
176	ntpro BNP	Chemistry

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

OLD BUSINESS

NEW BUSINESS

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 3/24/2021
Subject: Budget Amendment Request

It has become very evident that the District residents and Arbor Health would benefit from increased and improved community outreach. This task is not something that can simply be added to existing FTEs as this approach has only permitted us to dabble in outreach thus far. Therefore, I am requesting a budget amendment of \$40,000.00.

If approved, I will ask Diane Markham to step out of her Foundation Executive Director role and add Community Outreach to her Marketing & Communications role. Community Outreach is a natural compliment to Marketing & Communications. Furthermore, Diane's connections within the District, especially the east end, will serve Arbor Health well when building an outreach program.

Diane's Foundation Director role was a 0.5 FTE. I am requesting a 0.75 FTE in this budget amendment. During COVID, a 0.5 FTE may be appropriate; however, this request is planning for a post-COVID environment. Diane will be the first to express that a 0.5 FTE was not providing the Arbor Health Foundation the support it needed to flourish.

The budget amendment request accompanies this memo. I have outlined our assumptions that resulted in a \$40,000.00 amendment request. I have assumed that we would be able to fill this role easily with a start date of May 1, 2021.



LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING BUDGET
AMENDMENT-FOUNDATION DIRECTOR

RESOLUTION NO. 21-14

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 to add a Foundation Director not included in the District 2020
Budget by RES 20-48 on November 30, 2020.**

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 31st day of March 2021, the following commissioners being present and
voting in favor of this resolution.

Trish Frady, Board Chair

Tom Herrin, Secretary

Craig Coppock, Commissioner

Wes McMahan, Commissioner

Chris Schumaker, Commissioner

2021 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.

RECOMMENDATION:

That Arbor Health change the current staffing structure for the Foundation by providing a dedicated leadership person.

JUSTIFICATION: See memo from CEO

BUDGET CONSIDERATION:

Increases operational expense:

Salary	\$60,000.00 x 0.75 FTE =	\$45,000.00	
Benefits	\$45,000 x 20% =	9,000.00	
Estimated Other Expenses	=	<u>6,000.00</u>	(assumes \$500/month x 12 months)
Total Estimated Expenses		\$60,000.00	
2021: 8 of 12 months		\$40,000.00	

Submitted by: Richard Boggess

Date March 24, 2021

For Accounting Use:

On this ____ day of _____, 2019 the following budget request has been approved thus amending the 2021 Operating Budget as follows

	FTE	Wages	FICAOASDI	FICA M	Pension	Health	Other
Move to Marketing		8,173.26	506.74	118.51	245.20		
Add to Foundation 0.75		29,700	1,850.31	652.49	430.65	1,366	6,000

SUPERINTENDENT REPORT



SUPERINTENDENT'S REPORT March 2021

Mission: To foster trust and nurture a healthy community

Vision: To provide accessible, quality healthcare

	Opportunity	CY 2021 Progress	Status	Associated Documentation
Informational	Recruitment	Update on ongoing recruitment efforts for selected positions	on-going	03242021 Recruitment Memo
Actionable	Superintendent Compensation	At-Risk Compensation model is summarized. Resolution to memorialize expectations to align with 2021 evaluation.	Complete with quarterly updates	03242021 At-Risk Compensation Memo
Informational	Up-Date	Providing an update on the turnover in the Compliance Officer role.	on-going	03242021 Compliance Update Memo
Strategic	Additional Primary Care Services	Consider replacing mobile clinic goal with a Packwood Primary Care Clinic goal.	on-going	03242021 Additional Primary Care Services to District
Informational	Up-Date	A verbal update will be provided by CFO Boggess regarding the Morton Clinic.	on-going	none
Informational	Up-Date	Key dates coming soon regarding commissioner recruitment	on-going	03242021 Commissioner Recruitment

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 3/24/2021
Subject: Recruitment

Below is a recruitment update on selected positions:

- **Facilities Director** – currently being filled by an interim, no new qualified candidates to review,
- **Orthopedic Surgeon** – fully executed contract secured, effective June 2021,
- **Non-surgical Podiatrist** – negotiating,
- **Laboratory Technologist** – interim tech starting mid-March,
- **Randle Clinic Physician** – securing an interim provider to provide services between Dr. Ho's departure and Dr. Podbilski's arrival,
- **Quality Manager** - currently being filled by an interim, no new qualified candidates to review,
- **Massage Therapist** – actively recruiting to fill this upcoming vacancy.

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 3/24/2021
Subject: CEO Compensation

Last month, we allocated time at the Finance Committee meeting and at the Regular Board of Commissioners meeting to educate the new commissioners on the Superintendent's Compensation Method. We discussed base compensation is tied to market data. Market adjustments are made every other year with cost-of-living adjustments made in the year between market adjustments.

We also discussed At-Risk Compensation. This is being brought back to the commissioners in March as action needs to be taken to memorialize the measures with which the Superintendent's success, thus At-Risk compensation is measured. While the resolution, methodology description, and three strategically aligned department measures accompany this memorandum, I have summarized the key points below.

- At-Risk Compensation equals 15% of base wage at time of payment,
- Did the Superintendent serve a minimum of 24 hours of community service within the district? (Objective)
- Did the District come within 5% of meeting the budgeted total margin? (Subjective)
- Strategy No. 1
 - 4% of At-Risk Compensation attributed to performance on this strategy,
 - 34 department measures align with Strategic Goal No. 1.
 - Percentage of measures that meet target will be applied to the 4% At-Risk Compensation.
- Strategy No. 2
 - 4% of At-Risk Compensation attributed to performance on this strategy,
 - 34 department measures align with Strategic Goal No. 1.

- Percentage of measures that meet target will be applied to the 4% At-Risk Compensation.
- Strategy No. 3
 - 4% of At-Risk Compensation attributed to performance on this strategy,
 - 34 department measures align with Strategic Goal No. 1.
 - Percentage of measures that meet target will be applied to the 4% At-Risk Compensation.
- Department Specific Process Improvement Measure
 - 3% of At-Risk Compensation attributed to performance on this strategy,
 - Single measure for Administration Department,
 - Percentage of measure that meets target will be applied to the 3% At-Risk Compensation.

The At-Risk Compensation performance will be discussed along with my evaluation in February 2022. However, as discussed in December 2020, you will receive quarterly updates on the department's performance quarterly. Watch for the Q1 2021 update to be provided in your April 2021 board packet.

Superintendent At-Risk Compensation Methodology 2021

Criteria to Determine Eligibility

1. Did the Superintendent serve a minimum of 24 community service hours within the District?
2. Did the District come within 5% of meeting the budgeted total margin?

Superintendent 2021 Metrics

Strategy No. 1: To build relationships and partnerships that prioritize community health needs (4%).

- 34 department measures align with this strategic goal.
- The percentage of measures that meet the target will be applied to the 5% of at-risk compensation.
 - For example, if 5% (or \$5,000.00) of at-risk compensation is available and 50% of the targets were met, \$2,500.00 would be earned for Strategy No. 1.

Strategy No. 2: To create a culture focused on safety, patient satisfaction, employee engagement and excellent outcomes (4%).

- 34 department measures align with this strategic goal.
- The percentage of measures that meet the target will be applied to the 5% of at-risk compensation.
 - For example, if 5% (or \$5,000.00) of at-risk compensation is available and 50% of the targets were met, \$2,500.00 would be earned for Strategy No. 2.

Strategy No. 3: To continue as stewards of public funds (4%).

- 34 department measures align with this strategic goal.
- The percentage of measures that meet the target will be applied to the 5% of at-risk compensation.
 - For example, if 5% (or \$5,000.00) of at-risk compensation is available and 50% of the targets were met, \$2,500.00 would be earned for Strategy No. 3.

Department Specific Process Improvement Measure: Measure definition (3%).

- The percentage of meeting target will be applied to the 3% of at-risk compensation.
 - For example, if the measure has a baseline of 0% and a target of 80%, however, the department achieved 70%, 88% (70/80) of the goal would be considered met. If 3% of the at-risk compensation is \$5,000.00, \$4,400.00 (88% of \$5,000) would be earned for the Department Specific Process Improvement Measure.
 - In contrast, if the measure is Pass/Fail, then the metric is either met or not met. This means that at-risk compensation of \$5,000 is either achieved (\$5,000) or not achieved (\$0).

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Develop a mobile clinic delivery model to address access issues such as cost and transportation.	0	Implement services by Q3-Q4 2021					
Clinical Informatics: Increase overall clinic portal enrollments to > 60%	44%	≥ 60%					
Communications: Partner with vendors and community groups to host a live/virtual/drive-through health fair.	0	1 Event Annually					
Environmental Services: Staff members will become CHEST (Certified Health Care Environmental Services Technician) certified within first year of employment	0	75%					
Facilities: Increase department employees engagement in employee events	0%	75%					
Finance: Increase vendor invoice EFT utilization by 50%.	150/qtr	225/quarter					
Billing/HIM: Partner with Insurance Payor to address school needs/community youth programs	0	2 coordinated events/year					
Human Resources: 80% of chiefs, managers and directors will serve 24 hours/year of approved community service within the District.	0	101 hours/quarter					
Information Technology: Create a partnership with local internet vendors to develop wireless access for community needs (tower & connectivity)	0	Pass/Fail					
Employee Health: Develop a community weight loss challenge that culminates in a 5k/10k/Half Marathon	0	Pass/Fail					
Patient Access: Refer patients to the Self Pay Biller to see if they qualify for Medicaid.	0	5 patients/qtr, 20 patients/year					
Quality and Risk: Successful <i>Critical Access Hospital</i> DVN Certification		Pass/Fail					
Supply Chain: Create Cycle Count process to improve inventory accuracy.		75%					
CLINICAL							
Acute Care: Develop and implement 1 social media message or newsletter article per quarter re: Chest Pain/MI, Sepsis, Coronavirous, and CHF.	0	1/quarter, 4/year					

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
Case Management: Develop and implement 1 social media message or newsletter article per quarter re: skilled services	0	1/quarter, 4/year					
Dietary/Nutrition: Provide To Go meals to seniors in food scarce homes	0	Number of Meals Served					
Emergency Department: Successful Acute Stroke Ready DNV Stroke Certification		Pass/Fail					
Imaging: Increase Mammography volume by 10% via external partners and social media		0					
Infection Control: Use social media to promote IC messaging once per month	0	3 messages per quarter					
Behavioral Health: Connect at least 24 unassigned clinic patients needing access to behavioral health to appropriate resources	0	6 patients per quarter					
Laboratory: Increase quality of blood cultures	70.50%	≥ 90%					
Respiratory Therapy: Develop and implement 3 social media messages/quarter re: pulmonary disease and diagnostic testing	0	3 messages per quarter					
Pharmacy: Establish a medication disposal program for Morton, Mossyrock and Randle	0	Minimum of 3 kiosks					
Pulmonary Rehab: Extend two smoking cessation classes per year to public		2 classes per year					
Wellness: Create a community wide wellness plan that incorporates 2 partnerships with providers, employers, and community based entities focusing on overall health of our community by identifying target chronic illnesses and needs.	0	2 partnerships					
Rehab Services: Create relationships with the schools for athletic program, including ImPACT concussion management, student athletic performance & injury management, and coach education programs.	0	1 athletic season of partnership with ImPACT					

EXECUTIVE DASHBOARD

TO BUILD RELATIONSHIPS AND PARTNERSHIPS THAT PRIORITIZE COMMUNITY HEALTH NEEDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
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 \geq 20% increase in Same Day Surgery encounters	249	299					
Anesthesia: Increase Ketamine clinic encounters	60	\geq 66					
Swing Beds: Acute patients transferred out of Arbor Health with subsequent skilled needs are readmitted to Arbor Health for local care		12 patients/year					
Wound Care: Refine and market Diabetic Foot/Toenail Care to increase visits by 20%	45	54					
CLINICS							
Morton: Develop 3 community engagement events at clinic per year.	0	3/year					
Mossyrock: Develop 3 community engagement events at clinic per year.	0	3/year					
Randle: Develop 3 community engagement events at clinic per year.	0	3/year					
Specialty: Develop 3 community engagement events at clinic per year.	0	3/year					

EXECUTIVE DASHBOARD

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

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Increase employees affirmative response to "My manager/supervisor has shown a genuine interest in my career" by 25%.	26%	33%					
Clinical Informatics: Increase Cerner Inpatient Admission Medication History completion	64%	≥ 80%					
Communications: Adopt mission/vision/values throughout organization		Kickoff 1 value per quarter					
Environmental Services: Increase compliance with "high touch" areas to ≥ 80%	57%	≥ 80%					
Facilities: Improve the average maintenance work order turnaround time by 5%.	11	10.45					
Finance: Develop and implement a reliable timeline for processing accounts payable checkruns in Multiview	Process on Friday of each week	90% of all check runs are processed weekly on Fridays					
Billing/HIM: Increase conversion of bad debt to charity care by 100%	\$ 160,375	\$ 320,750					
Human Resources: Conduct an employee engagement survey using an independent national vendor to establish baselines and comparatives.	0	Pass/Fail					
Information Technology: Develop 4 training seminars for staff and community on IT related topics	0	1 training/quarter					
Employee Health: Reduce reportable workplace injuries by 10% or more.	13	11.7					
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.	0	20 patients per quarter, 80 patients per year					
Quality and Risk: Improve hospital wide HCAHPS Overall score to > 50%	46%	≥ 50%					
Supply Chain: Implement & maintain a housewide monthly product out-date process	0	11 out of 12 months					
CLINICAL							
Acute Care: Handoffs and reports will be conducted using all elements of the SBAR model	0%	≥ 50%					

EXECUTIVE DASHBOARD

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

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
Case Management: Via cross training of Administrative House Supervisors to Admission Clinical Criteria, 80% of after hours/weekend admissions will be placed in the appropriate level of care		≥ 80%					
Dietary/Nutrition: Conduct healthy cooking demonstrations for public	0	One demonstration per quarter					
Emergency Department: Increase NIH Stroke Scale documentation on stroke patients	50%	≥ 80%					
Imaging: Decrease stroke/CT report turnaround to 15 minutes or less	43 minutes	≤ 15 minutes					
Infection Control: Increase hand hygiene compliance	74%	≥ 90%					
Behavioral Health: Reduce by 25% the number of EDIE patients with behavioral health concerns that are not care planned on EDIE system	24	≤ 18					
Laboratory: Decrease rate of reference lab rejected samples	0.88%	≤ 0.5%					
Respiratory Therapy: Compliance with the implementation of the COPD Gold Standard Care Map discharge criteria/bundle (reducing pulmonary related readmissions)		100%					
Pharmacy: Provide medication counseling at discharge	0%	60%					
Pulmonary Rehab: Increase unique patients secondary to implementation of COPD Gold Standard Care Map and clinic outreach for at risk pulmonary patients	28						
Wellness: Create 2 additional programs that are designed to engage the local community in health and wellness.	0	2 programs					
Rehab Services: Improve patient satisfaction score for progress during treatment	69%	≥ 80%					
Surgical Services: Increase return rate of internal Post-Operative Patient Experience Survey to greater than 90% (inclusive of endoscopy patients)	15%	≥ 90%					
Anesthesia: Increase overall rating of anesthesia provider on the Surgery Patient Satisfaction Survey	67%	≥ 90%					

EXECUTIVE DASHBOARD

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

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
Swing Beds: 90% or more patients will have an accurate documented admission skin care assessment (accurate = no skin issues or appropriate ulcer staging)		≥ 90%					
Wound Care: Increase initial nursing skin care assessments being documented in the skin care plan to ≥ 90%.		≥ 90%					
CLINICS							
Morton: Market and grow telehealth visits by 25%	504	630					
Mossyrock: Market and grow telehealth visits by 50%.	85	128					
Randle: Market and grow telehealth visits by 50%.	81	122					
Specialty: Market and grow telehealth visits by 50%.	31	47					

EXECUTIVE DASHBOARD

TO CONTINUE AS STEWARDS OF PUBLIC FUNDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
NON-CLINICAL							
Administration: Decrease interim staffing costs by 10% or greater.	\$ 1,604,585	\$ 1,444,127					
Clinical Informatics: Create a report that identifies patient care gaps for patients enrolled in United Health Care (UHC) Managed Care program to increase HEDIS Star Ranking to 4 Stars	2.25 Stars	4 Stars					
Communications: Increase Sleep Studies by 10% through the use of effective marketing messaging	69	76					
Environmental Services: Decrease overtime by 25% by optimizing staffing schedules.	\$ 4,893	\$ 3,670					
Facilities: 100% of critical PMs completed monthly.	95%	100%					
Finance: Pay external vendors timely and per schedule, reducing variation/errors	70%	80%					
Billing/HIM: Decrease timely filing write-offs by 25%	\$ 102,540	\$ 76,905					
Human Resources: Decrease employee turnover	20.60%	≤ 19%					
Information Technology: Reduce network downtime hours within organizational control by 50%	33	17					
Employee Health: Decrease claims cost (national measure ?)							
Patient Access: Increase point-of-service collections by 10% in ER and 20% in OP Services.	\$ 19,111	\$ 21,022					
	\$ 64,474	\$ 70,921					
Quality and Risk: Reduce All Cause Readmissions by ≥ 20%	2.1	1.68					
Supply Chain: All assets/capital purchases undergo asset purchase process/structure lead by Materials team.	0%	75%					
CLINICAL							
Acute Care: ≥ 95% of acute admissions from ED will be placed in the appropriate level of care as per MCG		Greater than or equal to 95%					
Case Management: Implement weekly fax/email bed availability updates to primary referral sources to meet or exceed budgeted skilled swing admissions							
Dietary/Nutrition: Increase rebates from GPO food supplier by 20%	\$ 3,852	\$ 4,622					

EXECUTIVE DASHBOARD

TO CONTINUE AS STEWARDS OF PUBLIC FUNDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
Emergency Department: Reduce Left Without Being Seen (LWOT) patients in ED by 10%	116	≤ 104					
Imaging: Reduce callback hours worked by 10% by utilizing a night shift radiology tech.	686	617.4					
Infection Control: Decrease infectious disease readmissions within 30 days of hospital stay with same diagnosis.	6.75	1.99					
Behavioral Health: Reduce skilled patient avoidable days secondary lack of disposition or placement issues by 10%	50 days	45 days or less					
Laboratory: Decrease interim staffing costs by 20%	\$ 150,568	\$ 120,454.40					
Respiratory Therapy: Increase PFT tests secondary to implementation of COPD Gold Standard Care Map and clinic outreach for at risk pulmonary patients (2020 = ??)		Increase of 10% or greater					
Pharmacy: Utilize Senti7 to reduce drug costs	0	Decrease by 10% or greater					
Pulmonary Rehab: Transition Pulmonary Rehabilitation therapy to a group model (pending COVID guidelines) allowing for an increase in visits (2020 = ??)		Increase of 10% or greater					
Wellness: create a wellness program that is an efficient use of funds and demonstrates a commitment to reducing healthcare cost overall in the community.	0	Pass/Fail					
Rehab Services: Decrease our cancel/no show rate to reduce non-productive time and improve patient outcomes.	15%	Less than or equal to 12%					
Surgical Services: Develop/implement a tracking system for cost of open/not used/contaminated supplies resulting in a \$200/month reduction in surgical supply costs.		\$200/month reduction					
Anesthesia: Convert to single use vials for increased charge capture, reduced waste, and regulatory compliance (2020 = ??)							
Swing Beds: Implement weekly fax/email bed availability updates to primary referral sources to meet or exceed budgeted skilled admissions.	75	Greater than or equal to 75					
Wound Care: Develop and implement WOCN EPIFIX administration protocol for chronic wounds.	0	1+ encounters					

EXECUTIVE DASHBOARD

TO CONTINUE AS STEWARDS OF PUBLIC FUNDS

METRIC	BASELINE	TARGET	2021				
			Q1	Q2	Q3	Q4	YTD
CLINICS							
Morton: Implement Chronic Care Management via Preventative Care Advisor.	0						
Mossyrock: Implement Chronic Care Management via Preventative Care Advisor.	0						
Randle: Implement Chronic Care Management via Preventative Care Advisor.	0						
Specialty:							

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 3/24/2021
Subject: Compliance Update

As you are aware, we have had turnover in the Compliance Officer position. This position reports to the Superintendent with a direct communication channel to the Board of Commissioners. Because of this relationship, I appointed Julie Taylor as Interim Compliance Officer.

I am working with the Rural Collaborative to recruit a shared Compliance Officer with two other facilities, Ferry County and Whitman Hospital. As I mentioned in February, most CAHs do not allocate 1.0 FTEs to this position and it is typically added to positions such as CFO, Quality Director, etc.

With a shared position, the three hospitals will be able to recruit an experienced candidate that might otherwise be too expensive for a single entity. Furthermore, this cost sharing allows Arbor Health to reduce overhead costs to reduce healthcare costs to consumers (i.e., ACO).

The three hospitals have verbally committed to a 3-year employment agreement, flexibility in the candidate's ability to support remotely (a commitment of one week onsite per month per facility with remote support the remaining weeks), and the streamlining of workflows. This is still in the planning stages with much work to be done before recruitment commences.

Until a successful candidate is in place, Julie Taylor and I are attending the monthly collaborative committee meetings, prepared to manage any urgent needs (i.e., HIPAA investigations), and seeking educational opportunities to develop a better understanding of how to design an effective compliance program.

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 3/24/2021
Subject: Additional Primary Care Services to District

The Board of Commissioners set a 2021 goal of developing and implementing a mobile clinic option. This was done to address some of the transportation deficits within our District. I am proposing we discuss an alternative goal for 2021—opening a Packwood Primary Care Clinic.

While it is not an optimal solution to addressing transportation deficits, this clinic would ease the burden of traveling East or West of Packwood for healthcare services. The following are additional reasons why I think a Packwood Clinic should be considered:

1. **Competition**: Packwood residents are actively advocating for a provider. If Arbor Health does not engage, Packwood will find someone that is interested. This would introduce competition into our market. We already have a competitor in the Mossyrock community that appears to be building their patient panel. Worse case scenario is that Providence enters the Packwood market. We would be surrounded by Providence if that were to occur.
2. **Increase Telehealth Opportunities**: In addition to a single provider, we could introduce the ability for residents to have telehealth visits with their Randle, Morton or Mossyrock providers where appropriate. This solution would ease the transportation burden, as well as introduce a solution for residence without the technology infrastructure at home.
3. **Easier Recruitment**: I think it would be easier to recruit a provider for a stationary clinic than a mobile clinic. In fact, I think we would be better served to consider a Community Paramedic Program as a replacement to the mobile clinic model. A Community Paramedic Program is a possible 2022 goal.

To: Board of Commissioners
From: Lianne Everett, Superintendent
Date: 3/24/2021
Subject: Commissioner Recruitment

In follow-up to my 01192021 memo, *Commissioner Recruitment*, we remain on track to meet the dates that we established as being key to executing a successful commissioner recruitment process. The key points are as follows:

- **COMPLETE:** Met with Buddy Rose on 03242021 to provide the information needed to publish an article in local newspaper informing residents of three open positions for election.
- **05052021:** Special Board Meeting to conduct Q&A for interested parties.
- **06022021:** Special Board Meeting to meet declared candidates and provide education on governance.