



Board of Commissioners Meeting - Agenda

Public Hospital District No. 4, King County

Snoqualmie Valley Hospital

Thursday, January 27, 2022 – 6:30pm

Zoom Link by request

Call In Phone Number: 253-215-8782

Meeting ID: 992 6387 8455 / Passcode: 356840

1. **6:30pm – CALL TO ORDER/ROLL CALL**
2. **6:32pm – APPROVAL OF THE BOARD MEETING AGENDA – *Vote***
3. **6:35pm – BUSINESS FROM AUDIENCE – *Information***
 - a. Public Comment (please limit comments to 3 minutes)
4. **6:38pm – CONSENT AGENDA – *Vote***
5. **6:40pm – COMMUNICATIONS – *Information***
 - a. **6:40pm** – Emma Herron, President
 - b. **6:45pm** – Skip Houser, General Legal Counsel
 - 1) RCW 42.30.010 – Legislative Declaration
 - 2) RCW 42.30.060 – Ordinances, rules, resolutions, regulations, etc., adopted at public meetings
 - 3) OPMA – Electronic Communications
 - 4) King County COVID-19 Updates
 - c. **7:00pm** – CEO Report – Renée K. Jensen, CEO
6. **7:05pm – COMMITTEE REPORTS - *Information/Discussion/Vote***
 - a. **7:05pm** – Finance Committee – Commissioners Speikers/Herron
 - b. **7:15pm** – Approval of Warrants (November, 2021) - *vote*
 - c. **7:20pm** – Medical Committee – Commissioners Norris/Herron
 - d. **7:30pm** – Facilities Committee – Commissioners Hauglie/Carter
7. **7:40pm – NEW BUSINESS – *Information/Discussion/Vote/Approval***
 - a. **7:40pm** – **2021 CEO QUALITY GOALS INCENTIVE** (approval)
 - b. **7:50pm** – **2022 ORGANIZATIONAL STRATEGIC PLAN METRICS & KPIs** (approval)
 - c. **8:00pm** – **RULES AND PROCEDURE UPDATE COMMITTEE** (discussion/need volunteers)
 - d. **8:05pm** – **RESOLUTION #681-0122 – Approval of CEO Annual Compensation** (*vote*)
 - e. **8:06pm** – **BOARD ELECTIONS** (*vote*)
8. **8:15pm – GOOD OF THE ORDER/COMMISSIONER COMMENT**

Renée K. Jensen, Chief Executive Officer

9801 Frontier Avenue SE, Snoqualmie, WA 98065 • Ph. (425) 831-2362 | Fax: (425) 831-3412

Owned and Operated by King County Public Hospital District No. 4

SVH is an equal opportunity provider and employer.



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9. 8:25pm – EXECUTIVE SESSION – Discussion

Executive Session is convened to discuss the following topic, as permitted by the cited sections of the Revised Code of Washington (RCW 42.30.110):

(o) To consider information regarding staff privileges or quality improvement committees under RCW 70.41.205

10. 8:35pm – ADJOURNMENT

Upcoming Meetings – Information

- Facilities Committee Meeting – Tuesday, February 15, 2022 @11:30am
- Finance Committee Meeting – Tuesday, February 15, 2022 @1:00pm
- Medical Committee Meeting – Tuesday, February 15, 2022 @3:00pm
- Regular Work Study Session – Thursday, February 24, 2022 @4:30pm
- Regular Board of Commissioners Meeting – Thursday, February 24, 2022 @6:30pm

Renée K. Jensen, Chief Executive Officer

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1. **Regular Work Study Minutes** – December 9, 2021
2. **Special Board of Commissioners Minutes** – December 9, 2021
3. **Physician credentialing for the month of December, 2021:**

Initial Privileging to Provisional Status:

- *James Bui, MD – Internal Medicine Hospitalist/Locum Tenens*
- *Jason Chan, PA – Physician Assistant*
- *Michael Magee, MD – Internal Medicine Tele Hospitalist*
- *Jordan Snell, DO – Family Practice Hospitalist/Locum Tenens*

Extend Provisional Status 6 months (no patient contacts):

- *Paul Craig, MD – Tele Radiology*
- *Mitchell Kok, MD – Tele Radiology*

Transition from Provisional to Telemedicine:

- *David Lee, MD – Tele Radiology*

Transition from Provisional to Affiliate:

- *Kaylin Reeve, DNP – Family Practice*

Renewal to Active Staff:

- *John Gray, MD – Family Practice*

Renewal to Courtesy Staff:

- *Joanna Hagen, ARNP – Primary Care*

Renewal to Telemedicine:

- *Michael Peters, MD – Tele Radiology*
- *David Westman, MD – Tele Radiology*

4. **Authorization:** Verbal authorization from Commissioners for CEO to sign all documents electronically on their behalf which were approved during the business meetings.

COMMISSIONERS PRESENT:

Emma Herron, President
Dariel Norris, Vice President
Kevin Hauglie, Secretary
David Speikers
Jen Carter

ALSO PRESENT:

Renée Jensen, CEO
Charles (Skip) Houser, General Counsel

CALL TO ORDER: The meeting was called to order by President Herron at 4:30pm.

EXECUTIVE SESSION: Executive Session is convened to discuss the following topic, as permitted by the cited sections of the Revised Code of Washington (RCW 42.3.110)

(g) To evaluate the qualifications of an applicant for the public employment or to review to performance of a public employee

MEETING ADJOURNED: 5:30pm

APPROVAL:

Kevin Hauglie, Board Secretary

Jamie Palermo, Recording Clerk

COMMISSIONERS PRESENT:

Emma Herron, President
Dariel Norris, Vice President
Kevin Hauglie, Secretary
David Speikers
Jen Carter

ALSO PRESENT:

Renée Jensen, CEO
Karyn Denton, COO/CNO
Patrick Ritter, CFO
Dr. Rachel Thompson, CMO
Charles (Skip) Houser, General Counsel
Jamie Palermo, Recording Clerk

REGULAR BOARD MEETING CALL TO ORDER: President Herron called the meeting to order at 6:31pm, followed by roll call. This meeting was held via Zoom, pursuant to Proclamation 20-28 issued by Washington State Governor Inslee. The information to attend the meeting was posted prior to the meeting.

APPROVAL OF THE BOARD MEETING AGENDA: A motion was made and seconded to approve the agenda as presented. **M/Hauglie S/Carter Motion carried by unanimous vote.**

BUSINESS FROM AUDIENCE: None

CONSENT AGENDA: A motion was made and seconded to approve the consent agenda, which included the approval of the minutes of the special work study session, special budget hearing, and the special board meeting, and the physician credentialing for the month of November.
M/Carter S/Hauglie Motion carried by unanimous vote.

COMMUNICATION:

- a. **Emma Herron, President** – Emma thanked the board members for their hard work this past year. She read a couple lines from the book “Christmas Wisdom” by Margaret Cousins.
- b. **Skip Houser, General Legal Counsel**
 - 1) **RCW 43.09.260 – Local Government Accounting** – Reviewed and discussed.
 - 2) **King County COVID-19 Updates** – Reviewed and discussed.
- c. **CEO Report** – Renée K. Jensen, CEO shared and discussed.

COMMITTEE REPORTS:

- a. **Finance Committee – Commissioners Speikers/Herron:** Minutes from November 30, 2021 meeting were provided as part of the board packet and reported on by Commissioner Speikers. Both Commissioners Speikers and Herron attended this meeting via Zoom.

- b. **Approval of Warrants** (October, 2021) – A motion was made and seconded to approve total disbursements that includes payroll warrants, hospital and clinical payroll auto deposits, hospital and clinic payroll tax, hospital and clinic retirement and matching plans, as well as accounts payable warrants in the total amount of \$3,370,957.72.
M/Speikers S/Carter Motion carried by unanimous vote
- c. **Medical Committee – Commissioners Norris/Herron** – Minutes from the November 30, 2021 meeting were provided as part of the board packet and reported on by Commissioner Herron. Commissioner Herron attended this meeting via Zoom; Commissioner Norris was unable to attend.
- d. **Facilities Committee – Commissioners Hauglie/Carter** – Minutes from the November 24, 2021 meeting were provided as part of the board packet and reported on by Commissioner Hauglie. Both Commissioners Hauglie and Carter attended this meeting via Zoom.

NEW BUSINESS:

- a. **RESOLUTION #679-1221 – Approval of Regular Commission Meeting Dates for 2022**
With amendment to Section 1, correcting the wording around the day of the month the meetings will be held, to be in sync with Exhibit A, a motion was made and seconded to approve Resolution #679-1221. **M/Hauglie S/Norris – Motion carried by unanimous vote.**
- b. **RESOLUTION #680-1221 – Approval of CEO 6-Month Compensation:** With amendment to the year under the 4th “Whereas”, a motion was made and seconded to approve Resolution #680-1221. **M/Carter S/Norris – Motion carried by unanimous vote.**

GOOD OF THE ORDER/COMMISSIONER COMMENT: Comments made by commissioners to the good of the order.

REGULAR BOARD MEETING ADJOURNED: 8:01pm

NOTE: Any documents presented at this meeting are available upon request. Minutes are posted on the District Website at www.snoqualmiehospital.org under the [Governance Page](#). For questions or further information, please contact Administration at 425.831.2362.

APPROVAL:

Kevin Hauglie, Board Secretary

Jamie Palermo, Recording Clerk

RCW 42.30.010**Legislative declaration.**

The legislature finds and declares that all public commissions, boards, councils, committees, subcommittees, departments, divisions, offices, and all other public agencies of this state and subdivisions thereof exist to aid in the conduct of the people's business. It is the intent of this chapter that their actions be taken openly and that their deliberations be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their 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 that they may retain control over the instruments they have created.

[1971 ex.s. c 250 § 1.]

NOTES:

Reviser's note: Throughout this chapter, the phrases "this act" and "this 1971 amendatory act" have been changed to "this chapter." "This act" [1971 ex.s. c 250] consists of this chapter, the amendment to RCW 34.04.025, and the repeal of RCW 42.32.010 and 42.32.020.

RCW 42.30.060**Ordinances, rules, resolutions, regulations, etc., adopted at public meetings—Notice—Secret voting prohibited.**

(1) No governing body of a public agency shall adopt any ordinance, resolution, rule, regulation, order, or directive, except in a meeting open to the public and then only at a meeting, the date of which is fixed by law or rule, or at a meeting of which notice has been given according to the provisions of this chapter. Any action taken at meetings failing to comply with the provisions of this subsection shall be null and void.

(2) No governing body of a public agency at any meeting required to be open to the public shall vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.

[1989 c 42 § 1; 1971 ex.s. c 250 § 6.]

Practice Tips

FOR LOCAL GOVERNMENTS



These practice tips are intended to provide practical information to local government officials and staff about electronic communications and requirements under the Open Public Meetings Act (OPMA), [chapter 42.30 RCW](#). Electronic communications between members of an agency's governing body can implicate the OPMA, and these practice tips will help guide you in identifying and addressing key issues in this regard. For more information and resources visit mrsc.org/opma.

ELECTRONIC COMMUNICATIONS CAN CREATE AN ILLEGAL "SERIAL" MEETING

If you, as a member of the governing body (e.g., city council, board of commissioners, planning commission), communicate with other members of the governing body by email or using social media, keep in mind that exchanges involving a majority of members of the governing body can be considered an illegal "meeting" under the OPMA. This principle also applies to text messaging, instant messaging, and the "chat" feature of video-conferencing software.

What types of email exchanges can constitute a meeting?

If a majority of the members of the governing body takes "action" on behalf of the agency through an email or other electronic exchange such as social media, that would constitute a meeting under the OPMA. "Action" under the OPMA includes mere discussion of agency business, and that any "action" may be taken only in a meeting open to the public. The participants in the email exchange don't have to be participating in that exchange at the same time, as a "serial" or "rolling" meeting happens when a majority of the body are involved in the exchange. However, the participants must collectively intend to meet to conduct agency business.



Tips: As a member of the governing body, consider the following to avoid potential OPMA violations:

- Passive receipt of information via email is permissible, but discussion of issues via email by the governing body can constitute a meeting.
- An email message to a majority or more of your colleagues on the governing body is allowable when the message is to provide only documents or factual information, such as emailing a document to all members for their review prior to the next meeting.
- If you want to provide information or documents via email to a majority of members of the governing body, especially regarding a matter that may come before the body for a vote, have the first line of the email clearly state: "For informational purposes only. Do not reply." Consider using the "BCC:" email line for all those who should not "reply all."
- Unless for informational purposes only, don't send an email to all or a majority of the governing body, and don't use "reply all" when the recipients are all or a majority of the members of the governing body.
- Alternatively, instead of emailing materials to your colleagues on the governing body in preparation for a meeting, have a designated staff member email the documents or provide hard copies to each member. A staff member can communicate via email with members of the governing body in preparation for a meeting, but the staff member needs to take care not to share any email replies with the other members of the governing body as part of that email exchange.

PHONE CALLS AND VOICE MESSAGES CAN CONSTITUTE A MEETING

As with email exchanges, if a majority of the members of the governing body is taking “action” (see above) on behalf of the agency through phone calls or a voice mail exchange, that would constitute a meeting. Such a “telephone tree” occurs, for example, when members call each other to form a majority decision. As above, the calls and messages can constitute a serial or rolling meeting if the members collectively intend to meet and conduct agency business.



Tip: Be on the look out for mixed media. A conversation need not be held entirely in the same format for a rolling or serial meeting to occur. For example, an in-person conversation might be continued on via email and then transition to text.

KEY CONSIDERATION RELATED TO CONFERRING TO CALL A SPECIAL MEETING

Under [RCW 42.30.080](#), a special meeting (in contrast to a regular meeting) may be called at any time by the presiding officer of the governing body or by a majority of the members of the governing body. In order to give effect to this authority granted under [RCW 42.30.080](#), we believe it's permissible for a majority of the members of the governing body to confer outside of a public meeting for the sole purpose of discussing whether to call a special meeting. This includes conferring for that purpose via phone, email or other electronic means.

USE OF SOCIAL MEDIA CAN IMPLICATE THE OPMA

If members of the governing body use social media (e.g., through a Facebook page or Twitter feed) to host a discussion about issues related to the agency and the discussion includes comments from a majority of the members of the governing body, that discussion could constitute a public meeting under the OPMA. There's no authority under the OPMA regarding what would constitute adequate public notice – if that's even possible – for this kind of virtual meeting, so it's best to avoid this type of discussion on social media.



Tip: Social media can be an effective tool to solicit comments from the public, but social media shouldn't be used by your agency's governing body to collectively formulate policy or accept public testimony.

FAILURE TO COMPLY WITH THE OPMA CAN BE COSTLY

Violation of the OPMA can result in personal liability for officials who knowingly violate the OPMA and in invalidation of agency actions taken at a meeting at which an OPMA violation occurred. Attorney fees and court costs are awarded to successful OPMA plaintiffs. OPMA violations can also lead to a loss of public trust in the agency's commitment to open government.

DISCLAIMER: These practice tips are meant to provide practical information to local government officials and staff about electronic records and requirements under the OPMA. The tips aren't intended to be regarded as specific legal advice. Consult with your agency's attorney for guidance on specific situations.

***“Often when you think you’re at the end of something,
you’re at the beginning of something else.”
– Fred Rogers***

Foundational Elements

Building essential infrastructure to support a healthy future.

- **Electronic Medical Record (EMR)** – The project is on schedule and moving forward quickly. Our key leaders will be stretched as we move into the build phase of the project. CFO Ritter is doing a great job managing the project and keeping everything organized with the team.
- **Hospitalist Coverage** – We are fully staffed with our hospitalist team! We now have 2 full time providers, one PRN and a complete team of remote night time physicians. Dr. Thompson will provide training and onboarding to our newest provider, Emilia Lewis, PA beginning in January.
- **SafetyZone Challenge** – Congratulations to the Quality team and staff. In three short weeks over 100 good catches and near misses were reported in SafetyZone! The program was a huge success and we look forward to sharing more details in the quality committee report.
- **The Rural Collaborative** – www.ruralcollaborative.com On Monday December 13th, TRC launched a new website. Please check it out. It also has a resource library for members to assist with policies, procedures and information sharing.
- **Dragon Ambient Experience (DAX)** – In order to support our providers being able to spend more time with patients and less time with charting and computers we are launching DAX which is an Artificial Intelligence tool to assist with data capture during patient visits. It will decrease the amount of time providers spend charting, improve charge capture and increase the amount of detail available in charts. This will not only improve the patient experience but it will decrease provider burnout and improve satisfaction. Implementing and testing are currently in progress.
- **Primary Care Provider** – Shantal Postiglione, DNP joined our team in January. She is providing primary care and offering an additional choice of provider for our community.

Health System of Choice

Develop a brand of the future and define the “New SVH”.

- **Ridge Clinic Expansion/Urgent Care** – WE ARE OPEN FOR BUSINESS!! Finally, after many challenges we welcomed our first patients to our new Urgent Care space on January 13, 2022. This was a huge team effort and took all hands on deck to get the equipment moved, assembled, supplies stocked, staff trained and community notified. We are very proud to be offering this new service to our community and look forward to continuing to refine our processes and services over the next several months.
- **AWPHD Board** – CEO Jensen participated in the AWPBHD board meeting this month which focused on IGGT fund opportunities, policy, and strategic planning.

- **WSHA Public Policy Committee** – CEO Jensen participated in the WSHA PPC this month which focused on approving the 2022 legislative agenda, charity care policy, telemedicine, and advocacy strategy.
- **Legislative session** – It is that time of year again! WSHA is hosting legislative education, briefings, and virtual congressional visits. CEO Jensen is participating and representing SVH.
- **Trail Youth Coffee** – We continue to partner with TYC to enhance the visitor experience and support a local non-profit that benefits at risk youth in our community. COO Denton is working with contractors to update electrical and plumbing to be able to move the current coffee stand to a more central and visible location near the café. We expect to be able to operate in this redesigned space sometime in February.
- **Online Presence** – Sherry Jennings is doing a FABOULOUS job increasing awareness of our organization through social media and website improvements. The launch of urgent care exploded the online conversation about the hospital and many positive comments were shared.

Community and Outreach Meetings

- Participated in Healthy Communities Coalition. Reported on Behavioral Health at the hospital and talked about safety network in SnoValley
- Participated in Parent Education Alignment meeting
- Attended Fall City Association Meeting
- Presented SVH report to SnoValley Chamber
- Worked with SnoPD to support our Polar Express-themed pediatric vaccine event
- Attended King County OEM's PIO roundtable for social media use and retention policies

Local events

- Supported pediatric vaccine event at SVH
- Shared local events on social

People

Recruit and retain the highest caliber SVH team to successfully execute the vision of the "New SVH".

- **HR Manager** – After an exhaustive search we finally hired an HR manager who decided to accept reemployment with her previous employer. The challenges we are experiencing with the HR manager search highlight the complications of the employment market and demonstrate how competitive the market has become, not only for recruitment but retention as well. Employees have many options and it is impacting how we hire, recruit and retain our own staff. In an effort to provide some much needed support to the HR department, we have recruited a temporary Manager that will work on site 1 day per week and remote the remainder of the time. Being able to provide remote work opens our options to a larger pool of candidates. This will be a trial and assessment for consideration going forward.

- **Recruitment** – In an effort to reduce open positions, reduce the use of agency staff and retain our own staff we have decided to invest in a fulltime recruiter position. We will extend our current staff member from part time to full time to assist with our staffing challenges. We anticipate this position will offset the costs associated to difficulty filling positions, as well as reduce costs for recruitment agencies.
- **ED Manager** – An interim ED manger is in place. We are collaborating with Overlake to find a permanent person and solution for this department.
- **Staff COVID Impacts** – Due to the high incidence of COVID in the community and exposures to staff, the Executive team conducted an internal incident command over the holidays to implement mitigation strategies and increase communication and support to our staff. We are asking staff to “level up” their masking to reduce the exposure from unknown positive COVID cases. We anticipate this additional level of caution to extend until February when the COVID infection rates begin to decline. In addition the leadership team is conducting daily staffing huddles which result in a dashboard that informs staff of critical staffing areas and impacts as well as mitigation measures that are being put in place for support.

Community Health Needs

Develop our programs and infrastructure to meet and support the needs of our community.

- **Pediatrics** – In response to provider and patient feedback, Dr. Jain’s pediatric practice moved to the hospital based RHC. Dr. Jain needed larger rooms to accommodate adolescents and larger families. This is a welcome change in the hospital with the activity and sounds of children in our space. Kudos to Sherry Jensen and Juan Buenrostro for all their hard work painting and putting up murals and art work.
- **COVID Vaccines** – Volumes in the drive through testing area continue to be a capacity. Staffing is fragile in this department. We are doing our best to continue to offer about 150 vaccines 5 days per week. We are in the process of extending our FEMA contract through King County Public Health which will provide funding and support through March 2022.
- **Polar Express Vaccine Event** – Staff from all over the hospital pitched in to decorate the drive through area and barn for a winter celebration and kids 5-11 vaccine event. Mr. & Mrs. Clause were on site to greet the kids, lights and music set the stage and families were provided hot coco, cookies and a teddy bear from Santa while they waited for their 15 minute safety stop. Over 120 kids and parents were vaccinated. A huge thank you to all of the volunteers that made this amazing event possible for our community.
- **Mass Vaccination Event** – The SVH COVID team and staff welcomed the community on Saturday, January 15th for COVID vaccines and boosters for all ages. Over 250 vaccines were provided. This event was scheduled in response to the high demand for appointments and the desire to get more kids in our community vaccinated.

- **Community Health Needs Assessment** – CEO Jensen received a grant from the Department of Health in the amount of \$7,500 to complete a CHNA that would help to inform our strategic plan and take into consideration the impacts that COVID has had and will continue to have on our community. Health Facilities Planning will be assisting with the assessment. We are targeting March for a completion date. Non-critical access hospitals are required to perform a CHNA every three years. Our current assessment is in year two.
- **Referral Team** – Thanks to the great work of Dr. Moore, we are happy to report that we have a full team of referral coordinators for the organization. We are working quickly through the backlog of referrals as well as keeping up with the current referrals. This will dramatically improve patient satisfaction, quality, and outpatient service volumes.

Financial Stewardship

Ensuring we have comfortable financial resources to support our ability to provide excellent care and service to our community.

- **See finance summary prepared by CFO Ritter for more details on financial performance.**
- **Sound Medical Laboratories (SML)** – Transition plan is in place and the teams are working together to finalize the operational details.
- **Director of Finance** – we have successfully hired a director of finance to replace Jim. He will start in February.
- **Endoscopy** – Due to the Washington State Governor’s mandate, all elective surgeries and procedures need to be suspended January 17th – February 17th, 2022. This will have a volume impact on our endoscopy program. We are currently assessing patients for risk factors and rescheduling routine screening for February.
- **COVID Testing** – We have officially submitted all the required applications and budgets for the FEMA contract with DOH for COVID testing activities. This contract works similar to COVID vaccines and will allow us to expand services and provide better support to our community.

Additional Board Education Opportunities – (Contact **Jamie** for registration information)

1. **Olympia Advocacy Days** (virtual) [Click here for more details](#)
 - **January 24 – 28**
2. **WSHA Leadership Summit** (Boards & CEOs) [Click here for more details](#)
 - **May 15-17, Walla Walla WA**
3. **Virtual DEI Workshops** – all workshops from 12:00-1:00pm [Click here for more details](#)
 - **February 10: A new Referee for Diversity, Equity and Inclusion Implementation**
 - **February 24: Equitable Conversations**
 - **March 10: Equitable Messaging**
 - **March 24: Equitable Partnership Building**
 - **April 7: Diversity Pipeline Development**

Respectfully Submitted, Renée K. Jensen

COMMITTEE MEMBERS:

David Speikers, Commissioner, Chair of Finance
Emma Herron, Commissioner, President
Renee Jensen, CEO
Patrick Ritter, CFO
Jim Baldauf, Finance Director

Income Statement Narrative:

Gross income exceeded budgeted levels by 7% in November. The increase in revenue came from the following:

- ED Revenue 17% over Budget
 - ~176,000 in ED and ED Pro fee revenues over budgeted projections
- CT Scans ~132,000 in revenue above budget
- Acute Revenue ~114,000 above budgeted projections

Revenue shortfalls compared to budget were in the following departments:

- Pharmacy Revenue ~\$60,000
- Endoscopy Revenue ~30,000
- Dietary Revenue ~23,000

Net Income/Loss:

November had a net loss of (\$983,826). The loss was the recognition of the interim cost report payable of \$800,000 in November. A cost report payable means we saw an overall increase in volumes and revenues in 2021 relative to the allowable expenses at the hospital.

We also had an increase in our Medicaid Contractual amount of \$108,000 for November. A swing patient that ran out of Medicare days while on the unit and the reimbursement for Medicaid is quite a bit less than Medicare, so we account for that by increases the contractual adjustment.

Those two revenue impacts above were the majority causes of the net loss in November. Overall we still have an YTD positive Net Income of 4.5 million.

Expense Variances to Budget:

Total Operating Expenses were 6% above budgeted projections for November.

Pro Fees \$131,000. Med-Surge Tele-Nocturnist fees were \$27,000. This is unbudgeted item for 2021 as it is part of Med-Surge restructuring plan implemented in September. Agency fees continued in Lab, Med Surge, and ED which totaled \$127,000.

Supplies were \$75,000 above budget. — Lab Supplies for in-house PCR testing \$30,000. (Should be able to recoup most of this expense with Covid Testing Contract with County) Pharmacy supplies increased due to patient mix, a \$30,697 impact.

Repairs and Maintenance were \$11,234 above budget. Medical Vacuum Repair for \$8,940.95 and Medical Gas testing for \$7,472 were the big ticket items for the month.

Utilities were \$11,510 above budget. — Due to electricity, garbage, fuel related to volumes and weather.

Purchased Services were \$40,861 above budget. — \$17,373 Trubridge collecting on AR, and SML volumes \$23,683. All volume related.

Balance Sheet Highlights:

- **Overall Assets Decrease**
 - AR Decrease
 - Overall Cash Decrease
 - CMS Advance Decrease
- **Current Liabilities Increase**
 - CMS Cost Report Payable
- **Long Term Liabilities Decrease**
 - Equipment leases monthly payments.
 - CMS Advance monthly payments
- **Decrease in Equity**
 - Net Loss \$~980,000

Cash Flow Statement Highlights:

- **Operating Activities Decrease ~\$1,100,000**
 - Net Loss ~ 980,000
 - Increase in Inventory
- **Investing Activities Decrease**
 - Equipment Purchases
 - Building/EPIC Construction in Progress

AR Days Goal 55:

- 50.4 Days
 - AR Decrease in November

Bond Covenants: (Snapshot forecast)

- Debt Coverage 3.02 requirement 1.20
- Reserve Requirement is at \$3,675,188 as required.
- Day's cash is 196. The bond requirement is 60

COVID FUNDS UPDATE: Received \$660,000 in Phase 4 funds in December. We will not recognize that as revenue in December as the parameters of the funds have not been release from HRSA. This is a generally accepted accounting practice and is also in step with our fellow Rural Collaborative hospitals.

EPIC UPDATE: Epic project is in the discovery phase of implementation and we have held meetings with departments at SVH with their Overlake counterparts. The build phase will begin in February.

COMMISSIONER QUESTIONS: Commissioner Speikers asked what 2021 would look like if we didn't receive the COVID funds.

2021 November YTD COVID Relief Funds Totaled \$6,539, 397
2021 November YTD Net Income Totaled \$4,552, 934
2021 November YTD Net Income – COVID Relief Totaled **\$(1,986,463)**

But for COVID funding, we would have a net negative balance of 1.9 million. If you recall, we approved bonuses for staff, hired New CMO, a NEW CFO, and New Urgent Care Providers, brought COVID testing in house and had \$700,000 in COVID expenses.

Great work in getting reimbursement. The District has opened an urgent care, newly staffed ER and will look at other ways of capturing revenue while faced with staff shortages and increased labor and supply costs. Also, there is a \$660,000 COVID reimbursement that will not be recorded until 2022.

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

FINANCE COMMITTEE (NOVEMBER 2021 FINANCIALS)

JANUARY 18, 2021

Financial Statements

KING COUNTY HOSPITAL DISTRICT # 4
HOSPITAL & CLINICS COMBINED
STATEMENT OF OPERATIONS
ACTUAL vs BUDGET
NOVEMBER 2021

CURRENT MONTH					YEAR TO DATE			
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
\$ 2,760,217	\$ 3,238,168	\$ (477,951)	-15%	NET PATIENT SERVICE REVENUE	\$ 38,843,245	\$ 36,777,920	\$ 2,065,325	6%
77,886	84,350	(6,464)	-8%	TAXATION FOR OPERATIONS	886,341	939,093	(52,752)	-6%
29,766	43,766	(14,000)	-32%	OTHER	427,547	485,751	(58,204)	-12%
2,867,869	3,366,284	(498,415)	-15%	TOTAL OPERATING REVENUE	40,157,133	38,202,764	1,954,369	5%
				OPERATING EXPENSES				
1,660,577	1,657,285	(3,292)	0%	SALARIES	18,679,692	18,230,135	(449,557)	-2%
368,988	385,504	16,516	4%	EMPLOYEE BENEFITS	3,959,345	4,240,544	281,199	7%
451,007	321,907	(129,100)	-40%	PROFESSIONAL FEES	4,517,523	3,542,357	(975,166)	-28%
330,446	254,720	(75,726)	-30%	SUPPLIES	3,504,327	2,801,920	(702,407)	-25%
32,873	21,639	(11,234)	-52%	REPAIRS AND MAINTENANCE	314,733	238,029	(76,704)	-32%
47,772	36,262	(11,510)	-32%	UTILITIES	488,741	398,882	(89,859)	-23%
368,782	327,921	(40,861)	-12%	PURCHASED SERVICES	4,125,355	3,607,131	(518,224)	-14%
12,863	14,583	1,720	12%	INSURANCE	156,103	160,413	4,310	3%
40,590	63,641	23,051	36%	LEASE AND RENTALS	655,481	700,051	44,571	6%
321,705	328,882	7,177	2%	DEPRECIATION	3,585,522	3,617,702	32,180	1%
41,469	47,423	5,954	13%	OTHER	579,839	532,519	(47,320)	-9%
3,677,071	3,459,767	(217,304)	-6%	TOTAL OPERATING EXPENSES	40,566,661	38,069,683	(2,496,978)	-7%
(809,202)	(93,483)	(715,719)	766%	OPERATING INCOME	(409,529)	133,081	(542,610)	408%
6,079	10,356	(4,277)	-41%	INVESTMENT INCOME, NET OF AMOUNT CAPITALIZED	73,071	115,296	(42,226)	-37%
259,375	251,768	7,607	3%	TAXATION FOR BOND PRINCIPAL & INTEREST	2,874,703	2,803,015	71,688	3%
(429,992)	(427,963)	(2,029)	0%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZED	(4,697,553)	(4,709,125)	11,572	0%
(9,096)	(9,096)	(0)	0%	BOND ISSUANCE AND FINANCING COSTS	(100,060)	(100,056)	(4)	0%
-	-	-		NON OPERATING REV - PROVIDER RELIEF FUNDS	6,539,397	(1,742,760)	8,282,157	475%
1,313	11,498	(10,185)	-89%	OTHER NET	272,905	128,017	144,888	113%
(172,322)	(163,437)	(8,885)	-5%	NON OPERATING, NET	4,962,462	(3,505,613)	8,468,075	242%
(981,524)	(256,920)	(724,604)	-282%	CHANGE IN NET POSITION	4,552,934	(3,372,532)	7,925,466	-235%
\$ (981,524)	\$ (256,920)	\$ (724,604)	-282%	NET POSITION	\$ 4,552,934	\$ (3,372,532)	\$ 7,925,466	-235%

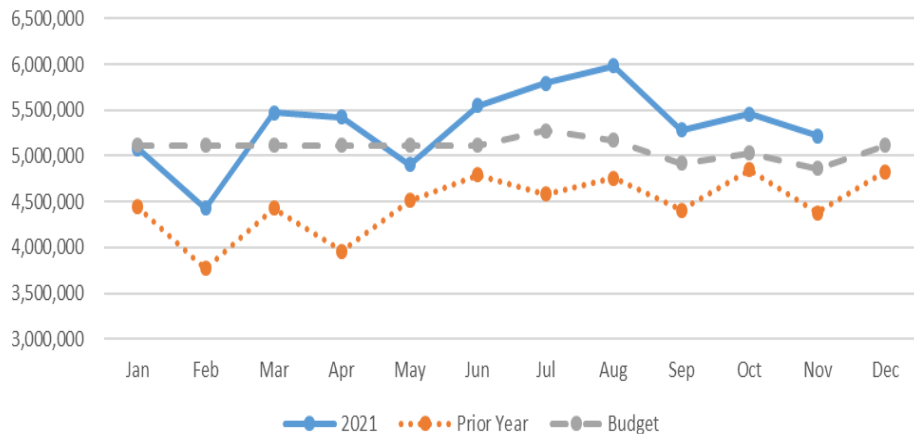
SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	OCTOBER 2021	NOVEMBER 2021
ASSETS		
CURRENT ASSETS		
UNRESTRICTED CASH	13,209,773	13,738,912
BOARD RESTRICTED FUNDS	102,277	102,277
CMS ADVANCE PAYMENT	8,281,293	7,798,667
MANDATED RESERVE FUNDS	11,660,963	11,472,903
TOTAL CASH	33,254,306	33,112,759
ACCOUNTS RECEIVABLE	8,840,655	8,304,715
LESS A/R ALLOWANCES	2,522,845	2,285,660
COST REPORTS RECEIVABLE	127,070	127,070
EMR MEANINGFUL USE		
TOTAL NET RECEIVABLE	6,444,880	6,146,125
TAXES RECEIVABLE	341,478	118,917
INVENTORY	169,082	202,594
PREPAID EXPENSES	26,701	46,240
INTANGIBLE ASSETS	3,080,197	3,071,101
OTHER RECEIVABLES	12,127	14,200
TOTAL CURRENT ASSETS	43,328,770	42,711,936
FIXED ASSETS		
LAND AND IMPROVEMENTS	26,604,969	26,604,969
BUILDINGS	32,719,874	32,971,415
EQUIPMENT	8,994,418	9,021,770
INFORMATION SYSTEMS	4,702,979	4,702,979
RIGHT TO USE ASSET	1,788,690	1,722,240
CONSTRUCTION IN PROGRESS		36,450
LESS: ACCUMULATED DEPRECIATION	24,976,919	25,232,173
NET FIXED ASSETS	49,834,013	49,827,650
TOTAL ASSETS	93,162,783	92,539,585

CURRENT LIABILITES		
NOTES PAYABLE	966,000	966,000
COST REPORTS PAYABLE	-	800,000
ACCOUNTS PAYABLE	1,411,267	1,531,590
ACCRUED PAYROLL & TAXES	2,357,440	2,530,181
ACCRUED INTEREST (BONDS)	365,610	514,373
OTHER CURRENT LIABILITIES	(54,729)	(65,059)
CURRENT PORTION LONG TERM DEBT	1,422,917	1,381,250
CURRENT PORTION CMS ADVANCE PAYMENT	1,417,408	934,781
DEFERRED STIMULUS REVENUE	-	57,542
DEFERRED TAX REVENUE	631,519	290,228
TOTAL CURRENT LIABILITIES	8,517,432	8,940,887
LONG TERM LIABILITIES		
LIABILITY RIGHT TO USE ASSET	1,787,221	1,722,393
CMS ADVANCE PAYMENT PAYABLE	6,863,886	6,863,886
LONG TERM LIABILITIES (LTGO BONDS)	45,790,000	45,790,000
REVENUE BONDS	45,453,321	45,453,321
TOTAL LONG TERM LIABILITIES	99,894,428	99,829,600
EQUITY/FUND BALANCE PERIOD END	(15,249,077)	(16,230,902)
TOTAL LIABILITY + EQUITY/FUND BALANCE	93,162,783	92,539,585

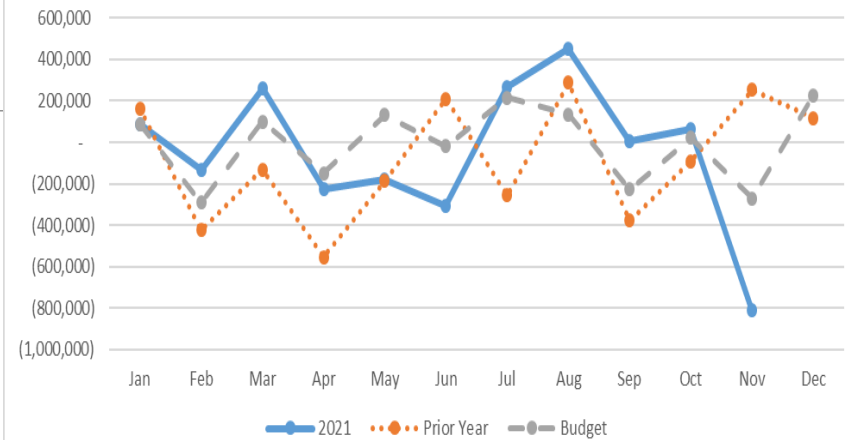
STATEMENT OF CASH FLOWS		
SOURCE AND APPLICATION OF FUNDS	OCTOBER 2021	NOVEMBER 2021
Net Income	(52,602)	(981,524)
Add (Deduct) items not affecting cash:		
Depreciation expense	255,254	255,254
(Increase) decrease in accounts receivable	(234,230)	298,754
(Increase) decrease in current assets		
Tax Receivable/Other Receivable	1,575,902	220,488
Inventory	16,205	(33,512)
PrePaid Expenses	49,257	(19,539)
Intangible Assets	9,096	9,096
Increase (decrease) in current liabilities		
Notes and Loans Payable	-	800,000
Accounts Payable	625,878	120,323
Accrued Payroll & Taxes	95,350	172,741
Accrued Interest (Bonds)	(260,754)	148,763
Other Current Liabilities	(20,151)	(10,330)
Deferred Stimulus Funds	(418,911)	(425,085)
Current Long Term Debt	(41,667)	(41,667)
Deferred Tax Revenue	(341,291)	(341,291)
Other (net)	0	(301)
Net Cash provided by operating activities	1,257,336	172,171
CASH FLOW FROM INVESTING ACTIVITIES		
Investment in plant and equipment		
Land	-	-
Buildings	(223,703)	(251,540)
Equipment	(13,769)	(27,351)
Right to Use Assets	(464,729)	66,451
Construction in Progress		(36,450)
Net cash used for investing activities	(702,201)	(248,891)
CASH FLOW FROM FINANCING ACTIVITIES		
Change in long-term liabilities	466,784	(64,828)
Increase (decrease) in cash	\$ 1,021,919	\$ (141,547)
Beginning Cash Balance	32,232,387	33,254,306
Ending Cash Balance	33,254,306	33,112,759

Financial Dashboards (Revenue & Income)

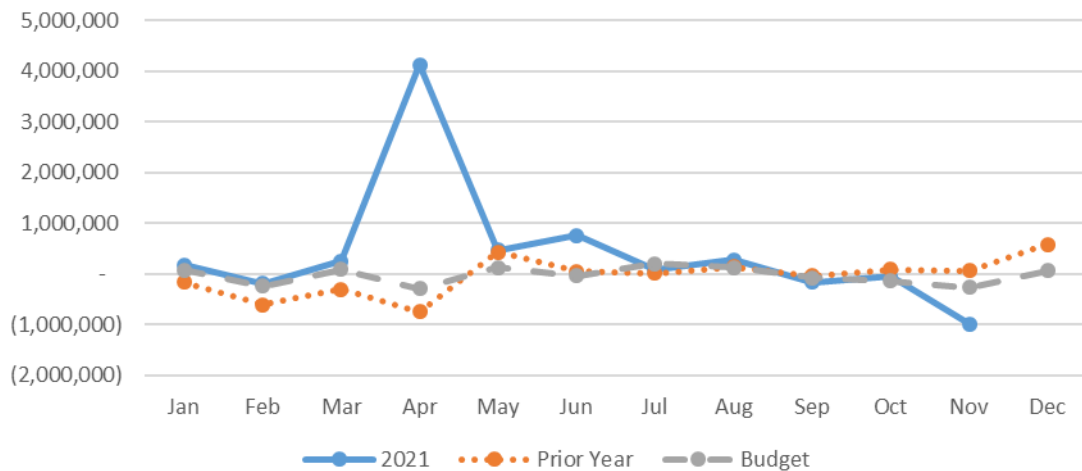
Gross Revenue



Operating Income

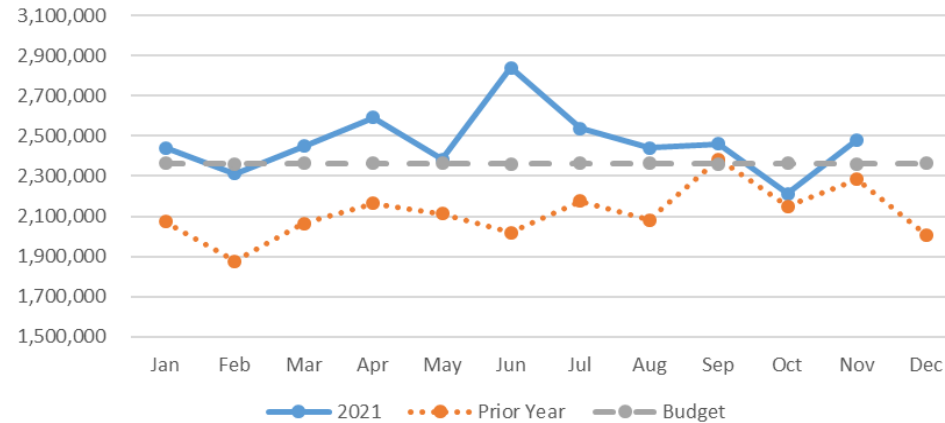


Net Income

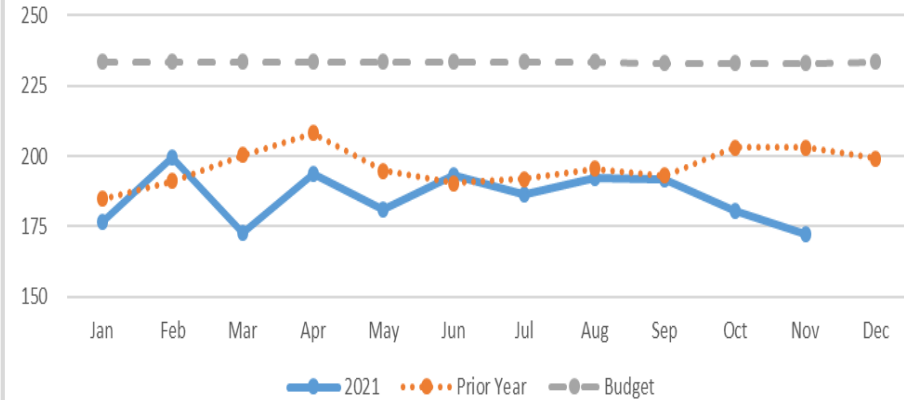


Financial Dashboards (Expenses)

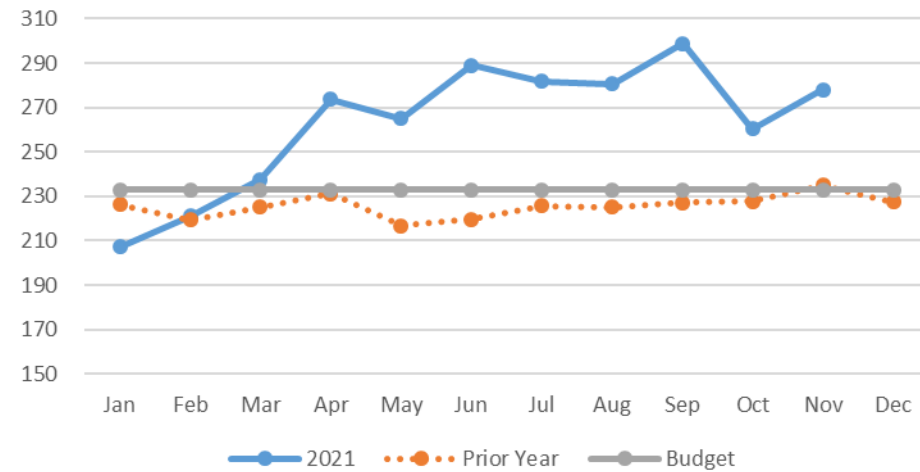
Salary Wages and Benefits



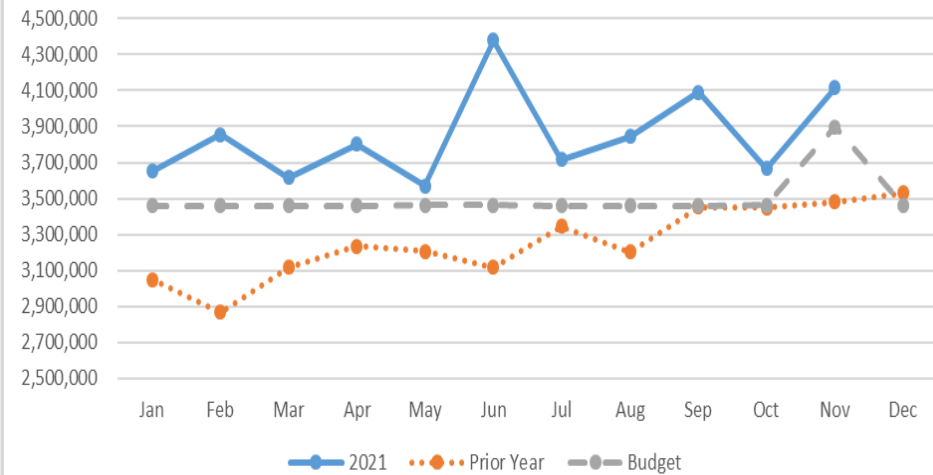
Worked FTEs



Paid FTEs

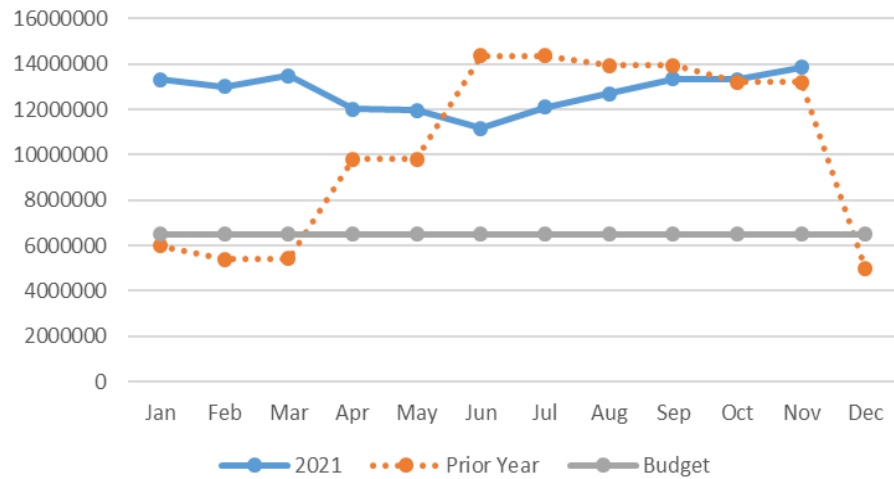


Operating Expenses

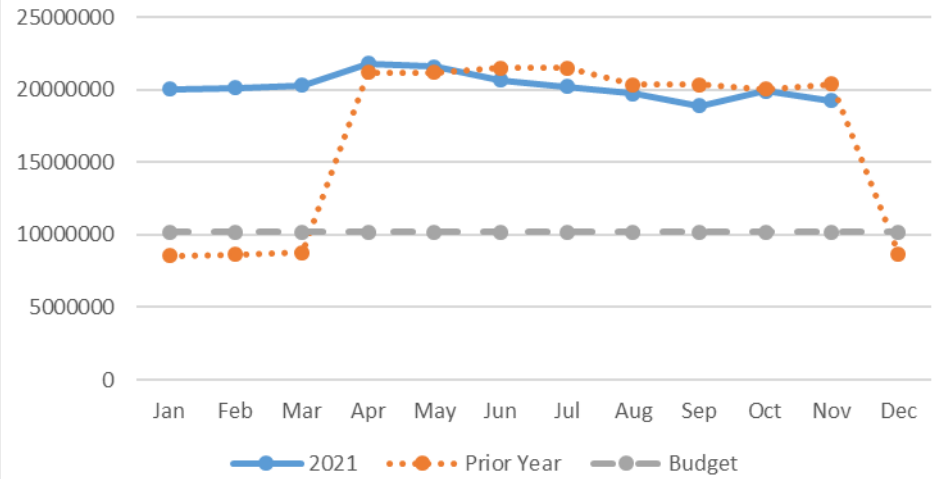


Financial Dashboards (Cash)

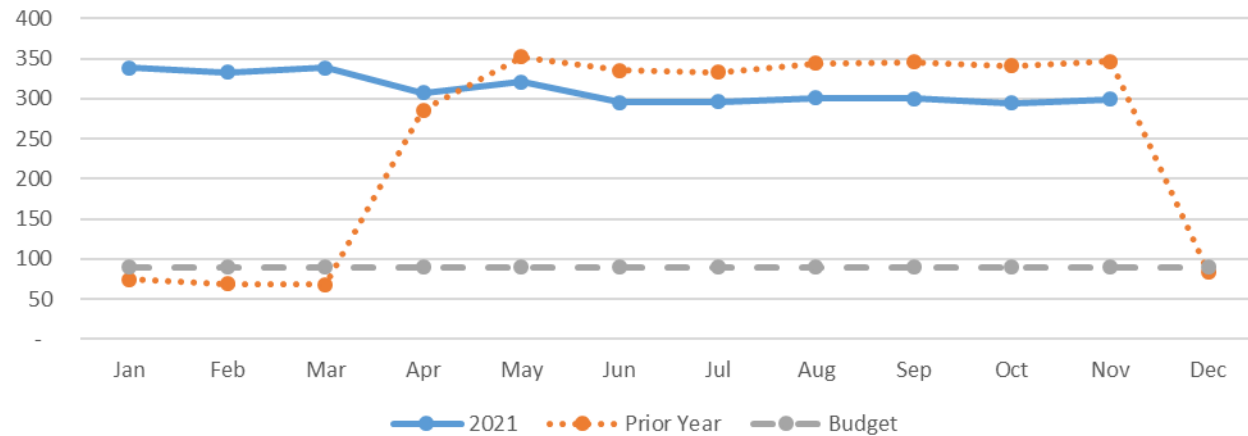
Unrestricted Cash



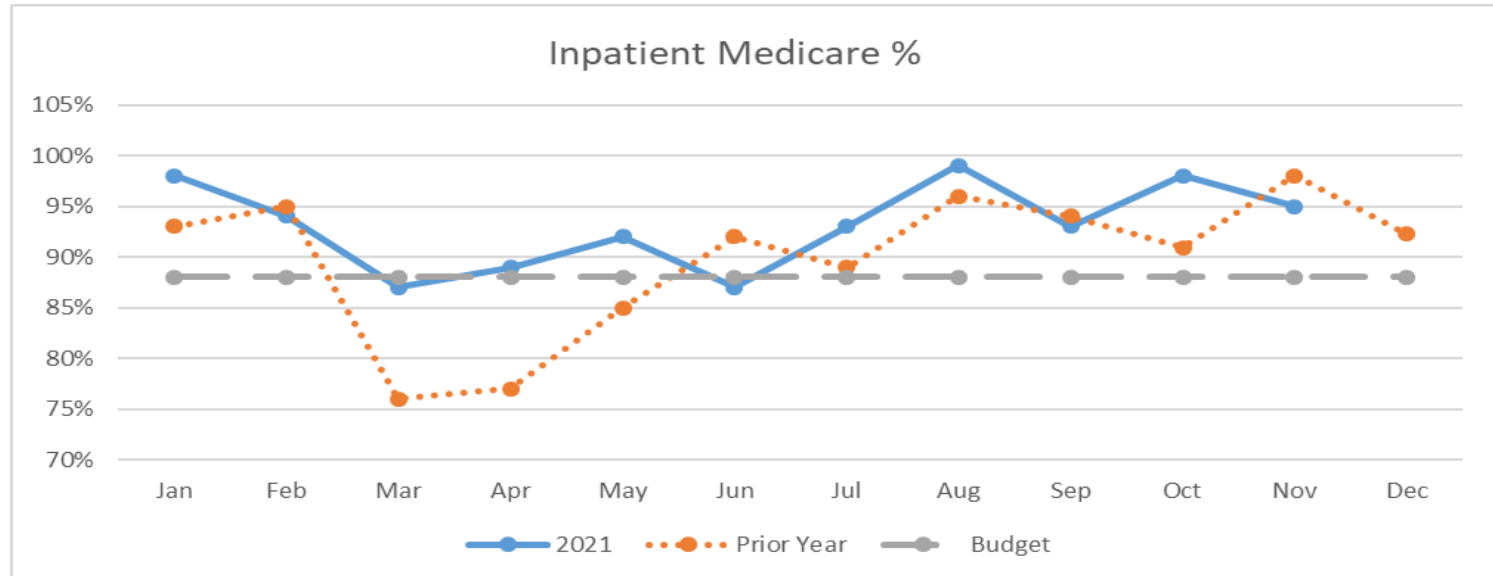
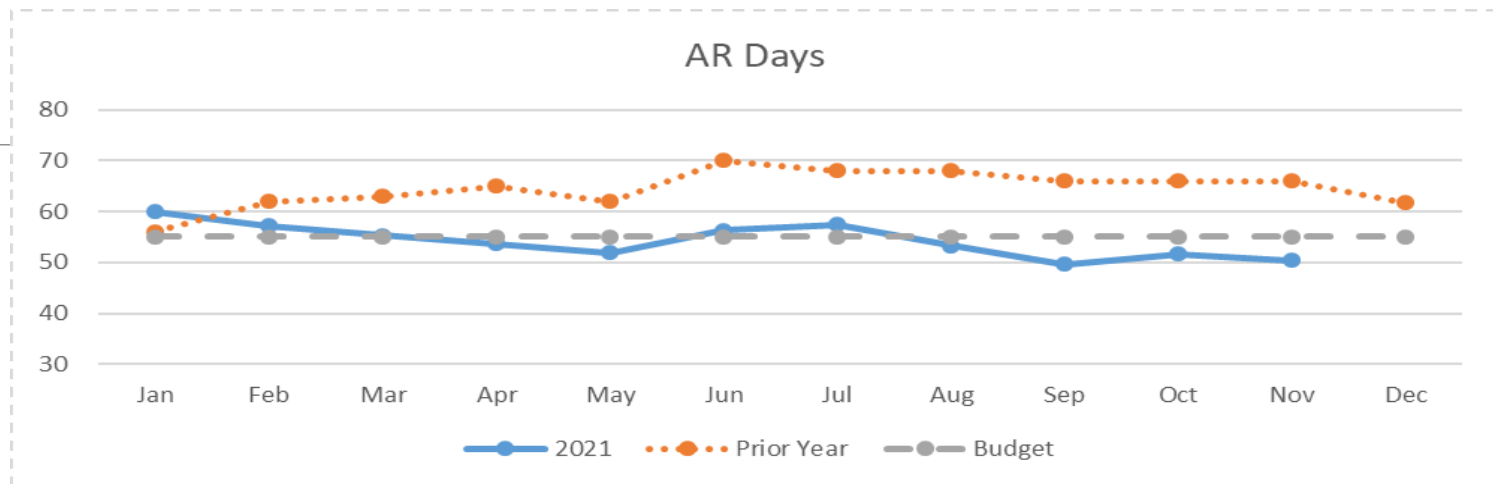
Restricted Cash



Days Cash

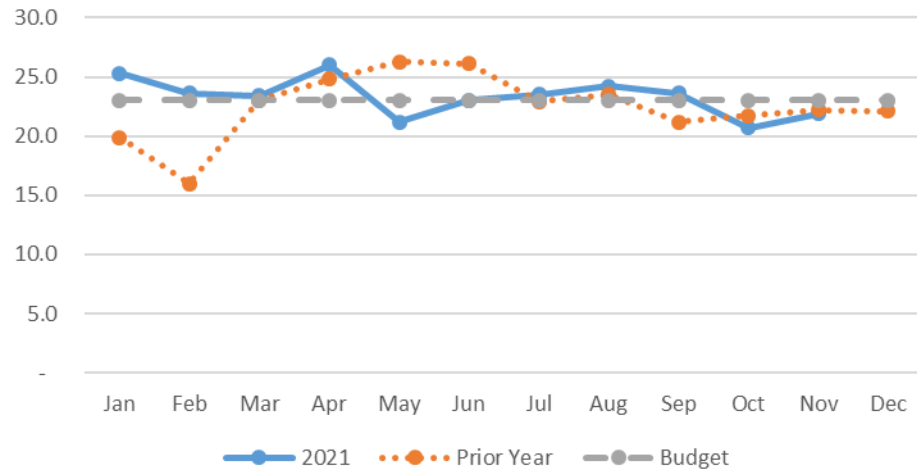


Productivity Dashboards (AR/Payor Mix)

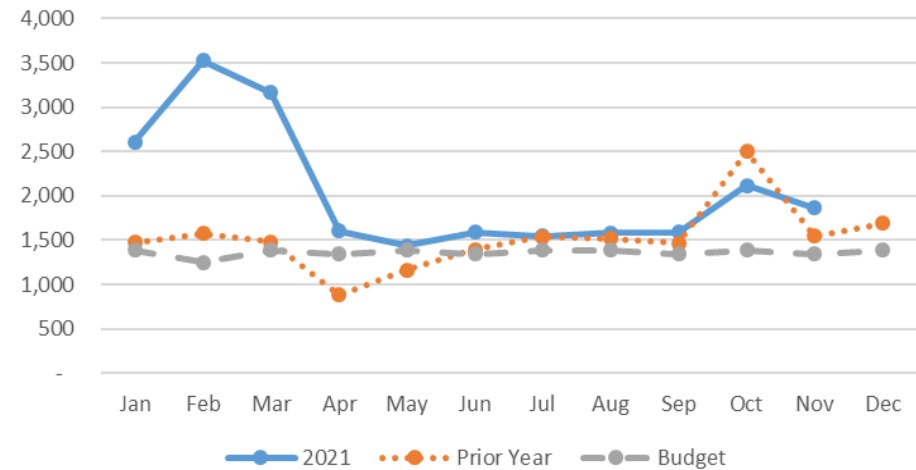


Productivity Dashboards (Census Visits)

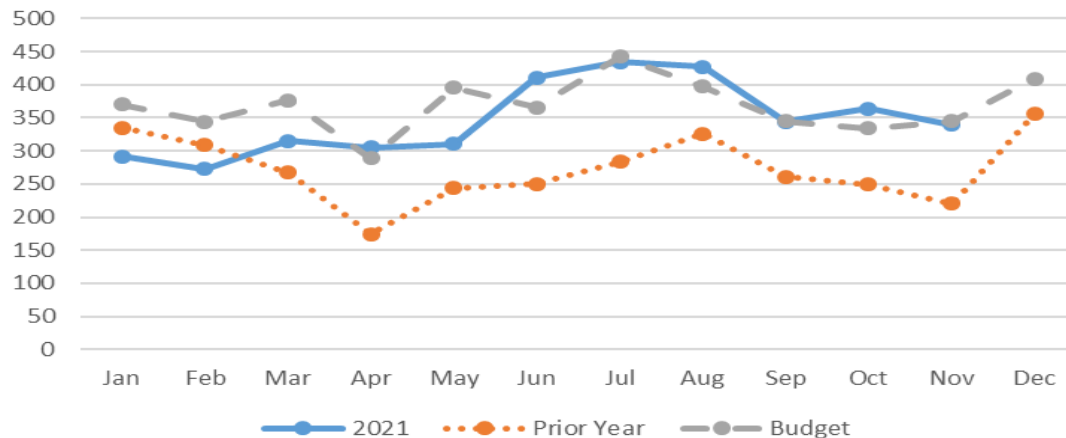
Acute/Swingbed Avg Daily Census



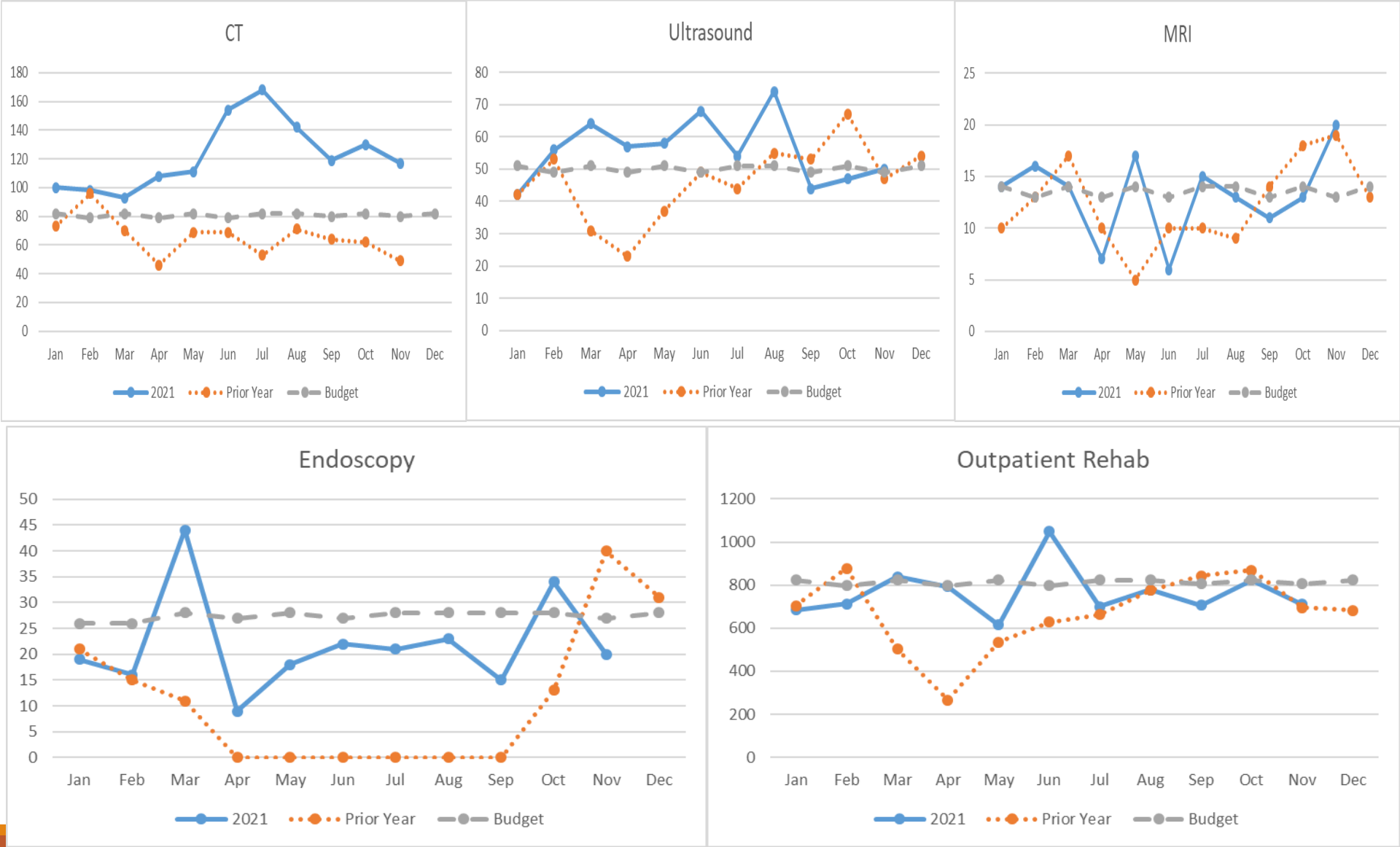
Clinic Visits



ER Visits



Productivity Dashboards (Procedures)



COVID Funds Impacts

- ❑ Phase 4 COVID Funds Received in December
 - ❑ ~\$600,000 in lost revenue recoup for 2020- Q2 2021
- ❑ FEMA COVID TESTING CONTRACT
 - ❑ Budgeting in approval Jan 2022
 - ❑ Scope of Contract 7/1/2021 – 6/30/2022.
- ❑ 2% Sequestration Suspended Through March 2022
 - ❑ 1% From April – June 2022
 - ❑ 2% July- December 2022
- ❑ Omicron Funds a remote possibility in 2022.

EPIC UPDATE

November

Kicked off Steering Committee

Hired PM

Discovery Phase

December

Overlake onsite meeting with Departments in Discovery

PM Onsite to facilitate

Departments are well underway in discovery phase with their Overlake counterparts

January

Hardware Discussions

Third party Software

In scope and out of Scope projects for Go Live September 19th.

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

Snoqualmie Valley Hospital

9801 Frontier Ave. S.E. Snoqualmie, WA 98065

Phone: 425-831-2300, FAX: 425-831-1994

Cash Disbursements for the period November 1 to November 30, 2021

Northwest Bank Accounts Payable Warrants

\$2,065,508.80	Accounts Payable Warrants
	Warrants #77441 to #77664
<u><u>\$2,065,508.80</u></u>	

Northwest Bank Payroll Warrants & EFT

\$0.00	Payroll Warrants
1,162,538.35	Hospital & Clinic Payroll Auto Deposits
393,891.26	Hospital & Clinic Payroll Tax
74,477.97	Hospital & Clinic Retirement 457, 403B, & 403B Match Plans
<u><u>\$1,630,907.58</u></u>	

GRAND TOTAL

<u><u>\$3,696,416.38</u></u>

I hereby certify that the described supplies have been received or services rendered in behalf of Public Hospital District No. 4 of King County.

Renee Jensen, Chief Executive Officer

Kevin Hauglie, Commissioner, Secretary

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due and paid obligation against Public Hospital District #4, King County and that I am authorized to authenticate and certify to said claim.



Carolyn Marks, Assistant Director Finance

\\green.snoqualmiehospital.local\users\carolynm\Carrie\Board Report & Monthly Reports\BOARD-Cash Disbursements\BOARD-Cash disbursements 2021.xls\Nov21

Public Hospital District No. 4 King County
Financial Update
Cash Balances
11/30/2021

	<u>Bank/Fund</u>	<u>Cash Balance</u>
Unrestricted		
	Northwest Bank	
	Warrant	\$ 129,737.55
	Outstanding Warrants	277,942.95
	Payroll	583,615.19
	Operating	1,048,872.23
	Reconciling Items	-
	Lockbox	500,000.00
	Money Market	4,577,875.42
	US Bank Treasury	4,901,254.57
	 Banner Bank	
	#4052002599	409,456.74
	#4052002382	320,791.60
	 Key Bank	
	#479681237018	102,990.41
	 General Fund King Co	
	140040010	79,228.15
	GO Bond Fund King Co	
	140048510	324,220.87
	 Petty Cash	300.00
	 Total Unrestricted	<u>13,256,285.68</u>
Restricted		
	Limited GO Bond Fund-King Co	
	140048400	6,044,786.51
	Reserve Fund-King Co	
	140046010	1,752,929.07
	 Reserve 2015 Rev Bond-US Bank	3,675,187.50
	 CMS Advance Payment (Money Mkt)	8,281,293.44
		<u>\$ 19,754,196.52</u>
	 Board Restricted Funds	\$ 102,276.62
	 Total All Accounts	<u>\$ 33,112,758.82</u>

PUBLIC HOSPITAL DISTRICT NO 4, KING COUNTY

Cash Disbursements for 2021

	Accounts Payable	Payroll and Taxes	Total
January	\$ 1,883,824.00	\$ 1,580,891.83	\$ 3,464,715.83
February	\$ 1,882,972.66	\$ 1,546,935.95	\$ 3,429,908.61
March	\$ 1,934,346.63	\$ 1,604,040.34	\$ 3,538,386.97
April	\$ 2,008,435.53	\$ 1,652,180.15	\$ 3,660,615.68
May	\$ 1,994,858.45	\$ 1,624,665.98	\$ 3,619,524.43
June	\$ 1,591,743.83	\$ 2,036,186.47	\$ 3,627,930.30
July	\$ 1,989,070.29	\$ 2,489,415.67	\$ 4,478,485.96
August	\$ 1,772,231.98	\$ 1,671,199.28	\$ 3,443,431.26
September	\$ 2,009,446.20	\$ 1,761,079.78	\$ 3,770,525.98
October	\$ 1,768,485.08	\$ 1,602,472.64	\$ 3,370,957.72
November	\$ 2,065,508.80	\$ 1,630,907.58	\$ 3,696,416.38
December	\$ -	\$ -	\$ -
Total	\$ 20,900,923.45	\$ 19,199,975.67	\$ 40,100,899.12

Cash Disbursements for 2020

	Accounts Payable	Payroll and Taxes	Total	Over(Under) Prior Year Cash
January	\$ 1,794,267.38	\$ 2,298,858.93	\$ 4,093,126.31	\$ (628,410.48)
February	\$ 1,375,026.40	\$ 1,463,584.13	\$ 2,838,610.53	\$ 591,298.08
March	\$ 1,118,506.09	\$ 1,522,033.73	\$ 2,640,539.82	\$ 897,847.15
April	\$ 1,846,911.11	\$ 1,561,253.06	\$ 3,408,164.17	\$ 252,451.51
May	\$ 1,367,079.00	\$ 1,493,786.65	\$ 2,860,865.65	\$ 758,658.78
June	\$ 1,487,745.21	\$ 1,521,572.41	\$ 3,009,317.62	\$ 618,612.68
July	\$ 1,662,466.66	\$ 2,250,043.73	\$ 3,912,510.39	\$ 565,975.57
August	\$ 1,228,428.63	\$ 1,486,408.62	\$ 2,714,837.25	\$ 728,594.01
September	\$ 1,538,679.86	\$ 1,495,546.47	\$ 3,034,226.33	\$ 736,299.65
October	\$ 2,192,277.24	\$ 1,516,995.95	\$ 3,709,273.19	\$ (338,315.47)
November	\$ 1,692,426.69	\$ 1,558,854.01	\$ 3,251,280.70	\$ 445,135.68
December	\$ 1,624,796.74	\$ 2,653,938.19	\$ 4,278,734.93	\$ -
Total	\$ 18,928,611.01	\$ 20,822,875.88	\$ 39,751,486.89	\$ 4,628,147.16

Cash Receipts for 2021

	Deposits at Banks All accounts	Line of Credit or Bond Fund or Money Market	Total
January	\$ 5,433,086.54		\$ 5,433,086.54
February	\$ 3,271,499.60		\$ 3,271,499.60
March	\$ 4,291,205.71		\$ 4,291,205.71
April	\$ 3,330,161.68		\$ 3,330,161.68
May	\$ 3,144,291.11		\$ 3,144,291.11
June	\$ 3,128,792.15		\$ 3,128,792.15
July	\$ 3,504,942.72		\$ 3,504,942.72
August	\$ 3,900,834.68		\$ 3,900,834.68
September	\$ 3,680,429.86		\$ 3,680,429.86
October	\$ 3,058,246.01		\$ 3,058,246.01
November	\$ 3,903,031.22		\$ 3,903,031.22
December			\$ -
Total	\$ 40,646,521.28	\$ -	\$ 40,646,521.28

Cash Receipts for 2020

	Deposits at Banks All accounts	Line of Credit or Bond Fund or Money Market	Total	Over(Under) Prior Year Cash
January	\$ 3,420,122.70		\$ 3,420,122.70	\$ 2,012,963.84
February	\$ 2,838,610.53		\$ 2,838,610.53	\$ 432,889.07
March	\$ 2,704,304.79		\$ 2,704,304.79	\$ 1,586,900.92
April	\$ 2,735,827.46		\$ 2,735,827.46	\$ 594,334.22
May	\$ 7,471,423.47		\$ 7,471,423.47	\$ (4,327,132.36)
June	\$ 2,693,270.07		\$ 2,693,270.07	\$ 435,522.08
July	\$ 3,227,110.61		\$ 3,227,110.61	\$ 277,832.11
August	\$ 3,550,821.93		\$ 3,550,821.93	\$ 350,012.75
September	\$ 3,638,518.79		\$ 3,638,518.79	\$ 41,911.07
October	\$ 3,158,133.95		\$ 3,158,133.95	\$ (99,887.94)
November	\$ 3,684,049.92		\$ 3,684,049.92	\$ 218,981.30
December	\$ 1,969,734.78		\$ 1,969,734.78	\$ -
Total	\$ 41,091,929.00	\$ -	\$ 41,091,929.00	\$ (445,407.72)

Days AP Payable 19.04

PARTICIPANTS: **Dariel Norris** – Commissioner, Chair; **Emma Herron** – Commissioner; **Rachel Thompson** – MD, CMO; **Karyn Denton** – COO/CNO; **Renée Jensen** – CEO; **Patrick Ritter** – CFO

COMMUNITY												
COVID	<ul style="list-style-type: none">258 vaccines were administered at our first ever pediatric vaccine eventTesting continues to increase with an increase in proportion of positive results consistent with region. 752 tests were performed between January 2 and January 8, 2022 of which were positive; 27% positivity rate.											
HOSPITAL												
System Wide	SafetyZone Challenge – Dec 6-19 <ul style="list-style-type: none">The challenge was extended until December 31st30 Lanyards were awarded.A total of 100 SafetyZones were submitted in this time period.											
Inpatient/Swing (Average Daily Census)	2021 Budget (pts/day and % Occup)			December 2021 (pts/day and % Occup)			December 2021 YTD (pts/day and % Occup)					
	23			24			23.4					
Emergency (Average Daily Visit Volumes)	2021 Budget (visits/Day)			December 2021 (visits/day)			December 2021 YTD (visits/day)					
	12			13			11.6					
Endoscopy (Monthly Visit Volumes)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	14	11	32	8	14	14	17	23	15	28	15	24
	<ul style="list-style-type: none">Continue outreach efforts for colonoscopy gaps.											
HOSPITAL AND RIDGE CLINICS												
Monthly Visit Volumes			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	Number of Visits		1601	1439	1592	1542	1582	1588	2119	1867	1626	
	Average per Day		66.7	64.0	66.3	62.9	51.0	72.3	68.4	62.23	52.45	
Updates	<ul style="list-style-type: none">Urgent Care Clinic opened January 13, 2022.Pediatric Practice relocated to Hospital Clinic mid-December.New Provider 1/19: Shantal Postiglione DNP											
MEDICAL STAFF – MEC and Med Committee Recommendations:												
Initial Privileging to Provisional Status: <ul style="list-style-type: none">James Bui, MD – Internal Medicine Hospitalist/Locum TenensJason Chan, PA – Physician AssistantMichael Magee, MD – Internal MedicineTele HospitalistJordan Snell, DO – Family Practice Hospitalist/Locum Tenens Extend Provisional Status 6 months (no patient contacts): <ul style="list-style-type: none">Paul Craig, MD – Tele RadiologyMitchell Kok, MD – Tele Radiology						Transition from Provisional to Telemedicine: <ul style="list-style-type: none">David Lee, MD – Tele Radiology Transition from Provisional to Affiliate: <ul style="list-style-type: none">Kaylin Reeve, DNP – Family Practice Renewal to Active Staff: <ul style="list-style-type: none">John Gray, MD – Family Practice Renewal to Courtesy Staff: <ul style="list-style-type: none">Joanna Hagen, ARNP – Primary Care Renewal to Telemedicine: <ul style="list-style-type: none">Michael Peters, MD – Tele RadiologyDavid Westman, MD – Tele Radiology						

NEXT MEETING: Tuesday, February 15, 2022 – 3:00pm

Committee Members:

Commissioner Kevin Hauglie, Chair
Commissioner Jen Carter
Karyn Denton, COO/CNO, Executive Chair
Renee Jensen, CEO

Old Business: None

SRMC TI project: The Urgent Care Clinic officially opened on January 13, 2022! The providers saw seven patients on Day 1, and reported patients were pleased with the availability of this new service to the community.

Commissioner Carter reported that social media had many favorable reviews of the new clinic services and is greatly appreciated by the community.

The new workspace and adjacent SRMC experienced significant leaks and water damage in three clinic rooms and space due to broken pipes during the freezing weather. Staff working with building management to expedite repair work as these rooms are not available for use until repairs completed. Damage estimated to be for full carpet replacement, wall repairs, and paint and finish work.

New Business: Danny Scott joined the team on January 3 and immediately began working with facilities and housekeeping to support extremely limited staffing in both areas.

Maintenance Issues: Housekeeping staff heavily impacted by employee and family illness for several weeks in late December and early January. All employees pitched in to support keeping patient care areas throughout hospital and clinics clean and safe.

Facilities team responded to the extreme temperatures of the testing and vaccination site by adding additional heat and power with limited resources to deploy due to a shortage of equipment to rent or purchase.

Facility Usage – As of April 2020:

- Due to COVID-19, all external uses of the community room are cancelled until further notice

Environment of Care: EOC and Safety Committee are reporting in the monthly Quality Committee meeting.

Emergency Management: Snowfall, ice and freezing temperatures the last week of December created challenges for road and property management. The contracted snow removal company and Facilities staff did an excellent job of keeping the main access and parking areas accessible to patients and staff. The East Campus and Ridge clinic remain problematic to support. East Campus could not be safely accessed by the snowplow due to ice, so staff were able to work remotely or at the main campus. The Ridge Clinic property management was slow to respond due to staffing challenges but eventually were able to clear entrances and parking for patients and staff. Staff will continue to work on options to provide more timely response and options for future weather events.

No impact to the ability to provide patient care in any locations.

Fire Safety Management: No report

Hazardous Materials Waste Management: Delays in trash and waste pickup due to inclement weather.

Medical Equipment Management: Multiple equipment issues experienced in early January including temporary loss of nurse call system for ~ 8 hours; Med Dispense on both MS and ED experienced a temporary locking problem; batteries on Lift equipment on Med Surg expired same day. Director will be following up with Bio Med contractor to review PM reports.

Physical Plant: TY Coffee bar under construction. Continued delay in completion of electrical work on drive through testing site due to illness of contractors. Expect to resume work by January 20.

ED reporting a strong odor coming from the dirty utility. This has been an ongoing problem not permanently resolved in spite of extensive review. Director will evaluate options for further corrective actions.

Commissioner Hauglie noted that staff might want to explore the possibility of clogged vents in the pipeline as a potential cause of the odor, sometimes more pronounced due to inclement weather and drainage.

Safe Patient Handling: Rehab staff providing training to nursing staff to support caregiver training and discharge planning.

Safety Management: Increased rounding deployed in all events effecting equipment failures.

Security Management: Review of contract and cost for new security services.

Utilities management: No report

Workplace Harm: No report

East Campus: Facilities will work on a permanent solution for slippery decks and walkways during inclement weather.

CEO Jensen noted that further consideration of the East Campus property, as a suitable office environment needs to be explored. There is staff dissatisfaction with access, safety and the accommodations.

Other: CEO Jensen reviewed the proposed KPI's with Commissioners Hauglie and Carter.

Next meeting: February 15, 11:30am-12:30 pm – via Zoom

2021 CEO Quality Metrics

Quality metrics for 2021

3 of 4 Need to be met for CEO At Risk Comp

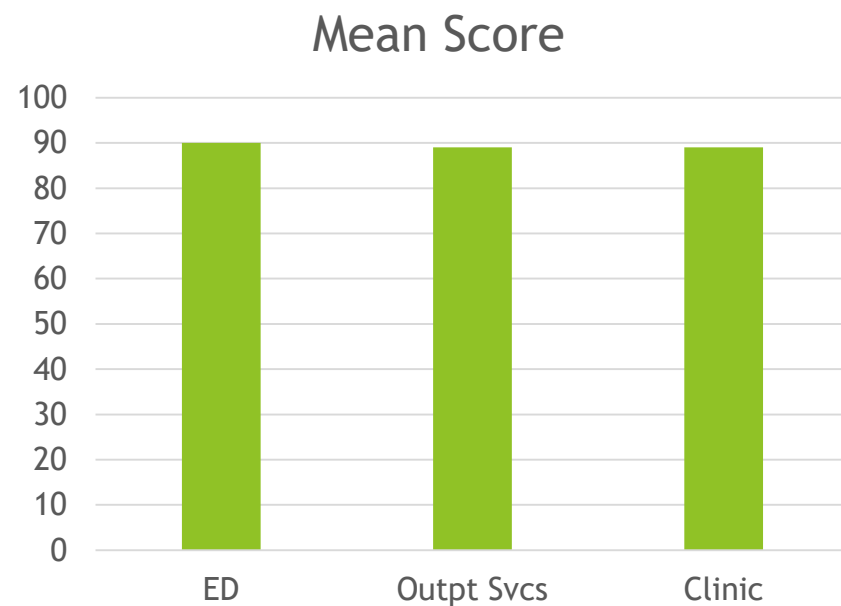
- ❑ Patient Satisfaction “Overall” score >80% for at least 3 of 4 service areas (Inpt, ED, Outpt, Clinics)
- ❑ Annual Wellness Visits >15% for NWMHP ACO or >30% for Eastside Health Network
- ❑ Severity level \geq D safety events <15% of total events
- ❑ Preventable Payment Denials <5%



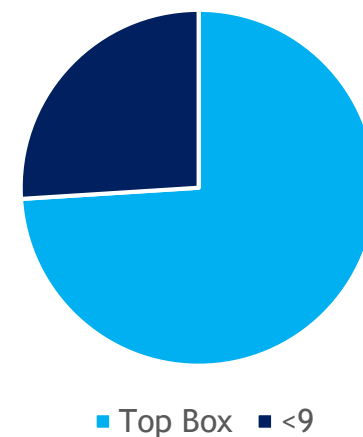
Satisfaction

Measure the overall experience of customers across the organization in our major service areas.

- 2021 Goal: Patient Satisfaction “Overall” score >80 for at least 3 of 4 service areas (ED, Outpt, Clinics, MedSurg)



Percent Rating SVH Inpatient in the Top Box (must have 9-10 score)

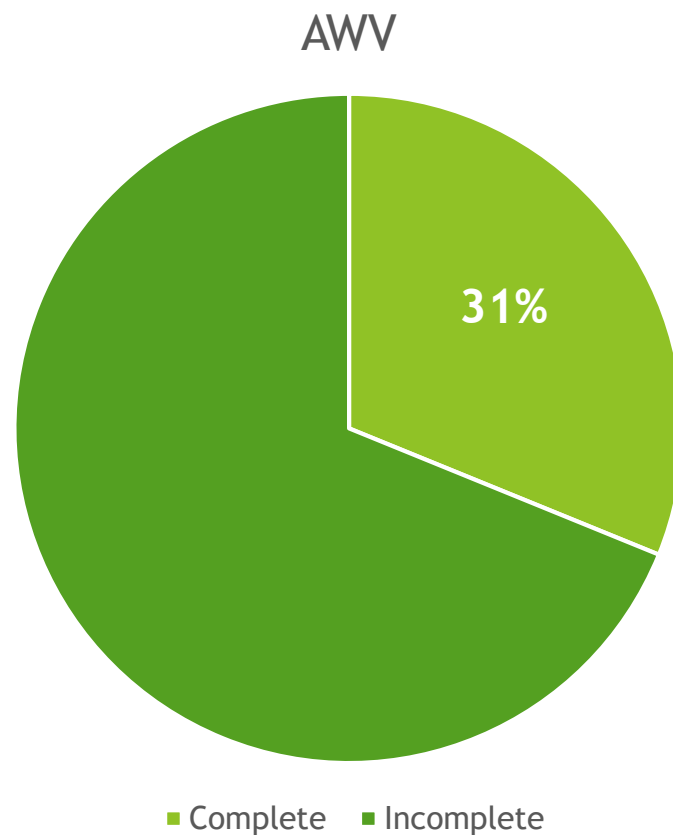




Population Health

Measure our ability to shift to value-based service and delivery models.

- ▶ 2021 Goal: Annual Wellness Visits ~~>15% for NWMHP ACO or~~ >30% for Eastside Health Network



Safety

Supporting an environment of safety by encouraging reporting while reducing potentially harmful events.

- 2021 Goal: Less than 15% of safety events would be severity level D or higher.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total 2021
Total	56	78	94	50	67	65	55	36	49	42	41	114	798
>=D	12	9	8	11	14	18	12	4	6	7	10	13	129
	21%	12%	9%	22%	21%	28%	22%	11%	12%	17%	24%	11%	16%

Safety Zone severity levels

A “Great catch”

- Circumstances or events have the capacity to cause harm (unsafe situation, not patient related)

B “Near Miss”

- Event occurred but did not reach the patient, employee or volunteer

C

- Event occurred that reach the patient, employee or volunteer but did not cause harm

D

- Event occurred the reach the patient, employee or volunteer and required monitoring/intervention to ensure no harm

E

- Event occurred that may have contributed to temporary harm to the patient, employee or volunteer, required intervention

F

- Event occurred that may have contributed to or resulted in temporary harm to the patient, employee or volunteer and required initial or prolonged hospitalization

G

- Event occurred that may have contributed to permanent harm to patient, employee or volunteer

H

- Event occurred that required intervention to sustain life

I

- Event occurred that may have contributed to patient, employee or volunteer death



Financial Accountability

Being good stewards of our resources and ensuring we are being paid for what we are doing.

- 2021 Goal: Preventable payment denials <5%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Ave 2021
Total	.01%	.01%	.03%	1.69%	.02%	.8%	.3%	.7%	.14%	.79%	.08%	.19%	0.4%

Quality metrics for 2021

3 of 4 Need to be met for CEO At Risk Comp



- ❑ Patient Satisfaction “Overall” score >80% for at least 3 of 4 service areas (Inpt, ED, Outpt, Clinics)



- ❑ Annual Wellness Visits >15% for NWMHP ACO or >30% for Eastside Health Network

- ❑ Severity level \geq D safety events <15% of total events



- ❑ Preventable Payment Denials <5%

Reneé K. Jensen, Chief Executive Officer

January 13, 2022

To: Snoqualmie Valley Hospital Board of Commissioners

Re: 2021 CEO Quality Goals Incentive

Commissioners,

I am pleased to report that due to the collaborative efforts of the executive team and the hard work of many team members, the organization has achieved the board designated 2021 Quality Goals. Expectations for completion of these goals is outlined in the 2020-2021 CEO contract.

Below is a summary of the organizational performance for each selected goal.

*The CEO will be successful in achieving the 2021 quality compensation if **three of the four** quality metrics are met successfully.*

Satisfaction – Achieved!

Measures the overall experience of customers across the organization in our major service areas.

1. Patient Satisfaction “Overall” score >80% for at least 3 of 4 service areas (Inpt, ED, Outpt, Clinics)
 - ED = 90%
 - OP = 89%
 - Clinics = 89%
 - Medical Top Box = 72%

Population Health - Achieved!

Measures our ability to shift to value based service and delivery models. In addition to successful participation in a new model of care, this will also be a predictor of our ability to financially perform in a value based model going forward.

2. Annual Wellness Visits >15% for NWMHP ACO or >30% for Eastside Health Network
 - 31% completed in the Eastside Health Network

Safety - NOT Achieved

Are we supporting an environment of safety, by encouraging reporting while reducing potential harmful events to our patients.

3. *Severity >D safety events <15% of total events*
 - *December 2021 = 11%*
 - *2021 annual average = 16%*

Financial Accountability - *Achieved!*

Are we being good stewards of our resources and ensuring we are getting paid for the work we doing.

4. *Preventable Payment Denials <5%*
 - *2021 Annual Average = 0.4%*

DRAFT V3
2022 Strategic Plan Objectives (Key Performance Indicators) and
Annual at-Risk Compensation Incentive Metrics

Annually the Board of Commissioners will set the Key Performance Indicators for the strategic plan. These KPI's will become the board's dashboard for organizational performance as well as the metrics which will be applied to the Executive Team at risk compensation program. This document confirms the agreed upon metrics for each area/bucket of the strategic plan for 2022.

2022 year strategic plan KPI summary:

- I. **Financial Stewardship –**
 - a. Positive .5% profit margin. (2022 Budget est = \$236,628 net income target)
- II. **Foundational Elements –**
 - a. Successful migration to Epic system & Go-live by Dec. 31st, 2022.
- III. **Health System of Choice –**
 - a. Likelihood to recommend scores for the rural health clinics & Urgent Care combined will be 89.00 or above.
- IV. **People –**
 - a. 4th Quarter open positons will be decreased by 25% to an average of 45 or less.
- V. **Community Health Needs –**
 - a. Increase the annual number of visits in the rural health clinics by 3% over prior year (2022 target = 17,583).

**Public Hospital District No. 4, King County
KING COUNTY, WASHINGTON
RESOLUTION NO. 681-0122 1/2022**

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 4, King County, authorizing and approving the compensation of Superintendent and Chief Executive Officer Renée K. Jensen.

WHEREAS, Public Hospital District No. 4, King County, (the “District”) is a public hospital district and municipal corporation duly organized and existing under the laws of the State of Washington and doing business as Snoqualmie Valley Hospital; and

WHEREAS, pursuant to R.C.W. 70.44.003 and 70.44.010, the District is a public hospital district authorized to own and operate hospitals and other health care facilities for the public purpose of providing hospital services and other health care services to residents of the district and to others; and

WHEREAS, the Board of Commissioners is vested with authority to employ superintendents; and

WHEREAS, the Board of Commissioners remains committed to attracting and retaining persons of superior qualifications for the position of Superintendent and Chief Executive Officer; and

WHEREAS, the Board of Commissioners has determined that Renée K. Jensen possess the requisite skills, leadership abilities and experienced needed by the District in the position of District Superintendent and Chief Executive Officer at this time; and

WHEREAS, Renée K. Jensen desires and is willing to serve as the District Superintendent and Chief Executive Officer at this time; and

WHEREAS, pursuant to RCW 70.44.070, the Superintendent shall receive such compensation as the Commission shall fix by resolution; and

WHEREAS, Renée K. Jensen shall receive the compensation and benefits as provided for in the attached Employment Agreement approved by the District and Renée K. Jensen; and

WHEREAS, the District has determined it is in the best interests of the District and the organization as a whole to provide appropriate compensation for Renée K. Jensen as the Superintendent and Chief Executive Officer;

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of Public Hospital District No. 4, King County, as follows:

SECTION 1: Compensation. Compensation adopted by this resolution for the District Superintendent and Chief Executive Officer, Renée K. Jensen shall be as provided for in the Employment Agreement, attached and incorporated herein by reference, effective January 27, 2022.

ADOPTED by the Board of Commissioners of Public Hospital District No. 4, King County, at a duly and properly noticed meeting thereof, on the 27th day of January, 2022.

President and Commissioner

Commissioner

Commissioner

Commissioner

Secretary and Commissioner