



Board of Commissioners Meeting – Agenda

Public Hospital District No. 4, King County

Snoqualmie Valley Hospital

Thursday, February 24, 2022 – 6:30pm

[Zoom Link by request](#)

Call In Phone Number: 253-215-8782

Meeting ID: 972 0302 1540 / Passcode: 235803

1. **6:30pm – CALL TO ORDER**
2. **6:32pm – APPROVAL OF THE BOARD MEETING AGENDA – (vote)**
3. **6:35pm – BUSINESS FROM THE AUDIENCE – Information**
 - a. Public Comment (please limit comments to 3 minutes)
4. **6:40pm – CONSENT AGENDA – Vote**
5. **6:45pm – COMMUNICATIONS – Information**
 - a. **6:45pm – Kevin Hauglie, President**
 - b. **6:50pm – Skip Houser, General Legal Counsel**
 - 1) RCW 42.23.070 – Prohibited Acts
 - 2) King County COVID-19 Updates
 - c. **7:00pm – CEO Report – CEO Jensen**
6. **7:20pm – COMMITTEE REPORTS - Information/Discussion/Vote**
 - a. **7:20pm – Finance Committee** – Commissioners Speikers/Hauglie
 - b. **7:30pm – Approval of Warrants** (December, 2021) – **(vote)**
 - c. **7:35pm – Medical Committee** – Commissioners Norris/Herron
 - d. **7:40pm – Facilities Committee** – Commissioners Carter/Norris
7. **7:50pm – NEW BUSINESS – Information/Discussion/Vote/Approval**
 - a. **7:50pm – Resolution 682-0222 - Surplus Property Approval – (vote)**
8. **8:00pm – GOOD OF THE ORDER/COMMISSIONER COMMENT**
9. **8:10pm – ADJOURNMENT**

Upcoming Meetings – Information

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

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.

1. **Regular Work Study Minutes** – January 27, 2022
2. **Regular Board of Commissioner Minutes** – January 27, 2022
3. **Special Work Study Minutes** – January 31, 2022
4. **Physician Credentialing (January 2022):**

Initial Privileging to Provisional Status:

- ***Precious Barnes, DO*** – Family Medicine Tele Hospitalist
- ***Sheri D Christian-Armstrong, DO*** – Internal Medicine Tele Hospitalist
- ***Emilia Lewis, PA-C*** - Hospitalist

Extend Provisional Status 6 months (no patient contacts):

- ***Yasmin Akbari, MD*** – Tele Radiology

Transition from Provisional to Telemedicine:

- ***Kelly Ann Lloyd, MD*** – Pathology/Medical Director

Transition from Provisional to Affiliate:

- ***Eric Seabright, PharmD*** - Pharmacy
- ***Christopher Stanley, PA-C*** – Urgent Care

Renewal to Telemedicine:

- ***Kenneth Hebert, MD*** – Tele Radiology

5. **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
Patrick Ritter, CFO
Dr. Rachel Thompson, CMO
Karyn Denton, COO
Dr. Tammy Moore, VP Strategic Growth/Transformation

CALL TO ORDER/ROLL CALL: The meeting was called to order by President Herron at 4:32pm followed by roll call.

CEO REPORT: CEO Jensen shared the CEO Report; read provider letter regarding DAX program and how much it has improved the patient experience and is decreasing provider burnout.

BOARD/EXECUTIVE TEAM STRATEGIC PLAN PERFORMANCE GOALS FOR 2022: Review and discussion of the 2022 Strategic Plan KPI details.

ADJOURNMENT: 5:50pm

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
Dr. Tammy Moore, VP Strategic Growth
Jamie Palermo, Recording Clerk

PUBLIC GUESTS PRESENT:

Ashley Van Oeveren
Dr. Chris Dale
Tonya Krebs
Gabriela Ordona

Kate O'Brien
Caleb Heeringa
Bryan Holloway

REGULAR BOARD OF COMMISSIONERS MEETING CALL TO ORDER/ROLL CALL: President Herron called the meeting to order at 6:32pm, 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 with the update of moving item 7.e Board Elections to the beginning part of the agenda to occur after approving the meeting agenda. **M/Speikers S/Carter – Motion carried by unanimous vote.**

BOARD ELECTIONS:

Position of President: Dariel Norris was automatically nominated as current Vice President. The Clerk called for other nominations for the office of President and Kevin Hauglie was nominated by Emma Herron. After the call for nominations closed and voting commenced, Kevin Hauglie was elected President with four votes.

Position of Vice President: President Hauglie called for nominations; David Speikers was nominated by Emma Herron and Jen Carter was nominated by Kevin Hauglie. After the call for nominations closed and voting commenced, Jen Carter was elected Vice President with three votes.

Position of Secretary: President Hauglie called for nominations; David Speikers was nominated by Jen Carter. After the call for nominations closed and voting commenced, David Speikers was elected Secretary with five votes.

BUSINESS FROM AUDIENCE: Dr. Chris Dale from Snoqualmie, Swedish Physician, thank you for all the hard work in terms of COVID, appreciates all the leadership and the support of the entire community. Bryan Holloway with City of Snoqualmie announced he is here to support SVH if needed. Other guests in attendance: Ashley Van Oeveren, Tonya Krebs, Gabriela Ordon, Kate O'Brien, Caleb Heeringa. No other audience comments were made.

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

COMMUNICATIONS:

- a. **Kevin Hauglie, President:** Thanked Commissioner Herron as she ends her Presidential term.
- b. **Skip Houser, General Legal Counsel:**
 - 1) **RCW 42.30.010 – Legislative Declaration:** Reviewed and discussed.
 - 2) **RCW 42.30.060 – Ordinances, rules, resolutions, regulations, etc., adopted at public meetings:** Reviewed and discussed.
 - 3) **OPMA – Electronic Communications:** Reviewed and discussed.
 - 4) **King County COVID-19 Updates:** Reported and discussed.
- c. **CEO Report – Renée K. Jensen, CEO:** Shared and discussed.

COMMITTEE REPORTS:

- a. **Finance Committee – Commissioners Speikers/Herron:** Minutes from the January 18, 2022 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 (November, 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 \$3,696,416.38. **M/Speikers S/Carter – Motion carried by unanimous vote.**
- c. **Medical Committee - Commissioners Norris/Herron:** Minutes from the January 18, 2022 meeting were provided as part of the board packet and reported on by Commissioner Herron. Commissioners Herron and Norris attended this meeting via Zoom.
- d. **Facilities Committee – Commissioners Hauglie/Carter:** Minutes from the January 18, 2022 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. **2021 CEO QUALITY GOALS INCENTIVE:** After discussing, a motion was made and seconded to approve the 2021 CEO Quality Goals Incentive. **M/Carter S/Speikers – Four commissioners approved, one commissioner abstained (Herron)**
- b. **2022 ORGANIZATIONAL STRATEGIC PLAN METRICS & KPIs:** A motion was made and seconded to approve the 2022 Organizational Strategic Plan Metrics and KPIs. **M/Carter S/Norris – Four commissioners approved, one commissioner opposed (Herron)**
 - Financial Stewardship
 - Foundational Elements
 - Health System of Choice
 - People
 - Community Health Needs
- c. **RULES AND PROCEDURE UPDATE COMMITTEE:** The Rules and Procedures is ready to be reviewed and updated.
- d. **NEW BOARD OF COMMISSIONER COMMITTEE ASSIGNMENTS:**
 - Finance Committee (Monthly): Hauglie/Speikers
 - Medical Committee (Monthly): Norris/Herron
 - Facilities Committee (Monthly): Carter/Norris
 - Quality Steering (Quarterly): Herron/Hauglie
 - Rules & Procedures (ad hoc): Speikers/Carter
 - Foundation (ad hoc): Herron/Hauglie
- e. **RESOLUTION #681-0122 – Approval of CEO Annual Compensation:** After a motion was made (Herron) and seconded (Speikers) to add this item to Executive Session, a discussion commenced and Commissioner Speikers withdrew his seconded motion, as this item does not meet the criteria for an Executive Session item. After further discussion, a motion was made and seconded to approve Resolution #681-0122. **M/Carter S/Speikers – Four commissioners approved, one commissioner opposed (Herron).**

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

EXECUTIVE SESSION: Executive Session convened at 8:23pm 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

RECONVENED: 8:38pm

ADJOURNMENT: 8:39pm

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:

David Speikers, Board Secretary

Jamie Palermo, Recording Clerk



Special Work Study Meeting – Minutes
Public Hospital District No. 4, King County
Snoqualmie Valley Hospital
North/South Conference Room
Monday, January 31, 2022 – 2:00pm

COMMISSIONERS PRESENT:

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

ALSO PRESENT:

Renée Jensen, CEO
Karyn Denton, COO/CNO
Patrick Ritter, CFO
Dr. Rachel Thompson, CMO
Tammy Moore, VP Strategic Growth/Transformation
Charles (Skip) Houser, General Counsel (via Zoom)
Julie Mincy, HR Manager
Jamie Palermo, Recording Clerk

CALL TO ORDER: President Hauglie called the meeting to order at 2:00pm.

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

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

RECONVENE: 4:00pm

STRATEGIC PLAN DISCUSSION: This was not discussed as time did not permit.

ADJOURNMENT: 4:03pm

RCW 42.23.070**Prohibited acts.**

(1) No municipal officer may use his or her position to secure special privileges or exemptions for himself, herself, or others.

(2) No municipal officer may, directly or indirectly, give or receive or agree to receive any compensation, gift, reward, or gratuity from a source except the employing municipality, for a matter connected with or related to the officer's services as such an officer unless otherwise provided for by law.

(3) No municipal officer may accept employment or engage in business or professional activity that the officer might reasonably expect would require or induce him or her by reason of his or her official position to disclose confidential information acquired by reason of his or her official position.

(4) No municipal officer may disclose confidential information gained by reason of the officer's position, nor may the officer otherwise use such information for his or her personal gain or benefit.

[1994 c 154 § 121.]

NOTES:

Effective date—1994 c 154: See RCW 42.52.904.

***“The less you respond to drama the more peaceful your life will become”
– Unknown***

Foundational Elements

Building essential infrastructure to support a healthy future.

Objective: Successful migration to Epic system & Go-live by Dec. 31st, 2022.

- **Electronic Medical Record (EMR)** – We are about 1/3 of the way through our implementation phase. The go live date has been set in “pen” for September 19th, 2022. See attached Epic Update Gantt chart.
- **Hospitalist Coverage** – Emilia Lewis, PA has officially joined our team. Dr. Thompson has been training and providing medical oversight as Emilia gets up to speed with our systems and processes. She is an amazing provider and we are very excited to have her here caring for our patients.
- **Cell Coverage on Main Campus** – Cell phones have become an essential part of our everyday lives as well as tools we use to do our jobs. Currently, cell coverage in the main building is unreliable at best. Our IT team is working to improve this for a better experience for our patients and improve the access for staff who depend on their phones as part of their daily work functions.

Health System of Choice

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

Objective: Likelihood to recommend scores for the rural health clinics & Urgent Care combined will be 89.00 or above.

- **The Ridge Urgent Care** – We have had a very successful first month in the urgent care. Our visit numbers are exceeding original projections and we had our first milestone of double digit visits in early February with 10 patients in one day. Fantastic reviews and feedback from the community are being received. Our x-ray has arrived on site! We are conducting training and working through the regulatory requirements to begin using it in the Urgent Care.
- **WSHA Public Policy Committee** – The legislative session has been very busy. Most notably, there are two bills that could have a very negative impact on the hospital if passed. One concerning nurse staffing which would dramatically impact our emergency room and ability to receive patients. If passed as currently written we would be limited to caring for 4 patients at a time and we would be on divert for trauma anytime we had more than two patients. There are other more complex implications for call coverage and types of admissions we would be able to care for. Please see CEO Jensen for additional details of how this bill would impact our hospital. The second concerning bill addresses a statewide mandated standardization of charity care. This bill is particularly concerning to small hospitals with a disproportionate share of Medicaid or uninsured patients. The impact to SVH is estimated to be additional uncompensated care requirements of \$500,000 per year. Please contact CFO Ritter if you would like more details on how this bill would impact SVH.

- **Trail Youth Coffee** – This month we welcomed Trail Youth Coffee to their new location in our lobby! They now have a very visible and functional space to serve our staff and patients, enhancing the lobby and SVH experience.
- **External Leadership Engagement** – CEO Jensen represented SVH this month with participation in the UW MHA Advisory board, and both the WSHA Public Policy Committee and Governing Board Committee.
- **Community and Outreach Meetings**
 - Participated in Healthy Communities Coalition.
 - Participated in Parent Education Alignment meeting
 - Attended Fall City Association Meeting/Presented hospital report
 - Attended SVGA Meeting
 - Attended the King County Mobility Coalition/Snoqualmie Valley meeting
 - Weekly WSHA Communications meetings led by Beth Zborowski
 - SKCPHD COVID meetings
- **Media**
 - SV Record Story on Urgent Care publishes Jan. 18
 - Modern Health Story on Medicare, Patrick - See attached story!
 - Met with KIRO7 Reporter Lauren Donovan (as a trusted partner/voice) to discuss potential impacts to SVH services with HB1868 prior to her meeting with WSHA. Answered questions about how this HB could impact smaller critical access hospitals.
 - External messaging focused on Urgent Care, Pediatrics, Emergency Department
 - Launched community survey for to gauge pediatric vaccine pro/cons
- **City of Snoqualmie** – Mayor Ross has asked SVH to participate in the Snoqualmie Economic Development Commission. Sherry Jennings has extensive experience in this area with cities and will represent SVH on the commission once approved by the city council on February 28th.

People

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

Objective: 4th Quarter open positions will be decreased by 25% to an average of 45 or less.

- **Staff COVID Impacts** – As cases of COVID decline across the county we are decreasing our masking requirement to a level 2 or higher (see the medical committee report for examples of mask levels).
- **Daily Huddle Report** – The daily staffing huddle report which was implemented during COVID was so popular and a very effective communication tool that we have adopted it permanently. The huddle is now focused on organization wide status updates and published for staff each weekday morning.
- **Evaluations** – An important part of building trust and a high performing team is providing regular and meaningful feedback about performance to our staff. We do this in a formal manner annually at the beginning of each year. We are currently in the evaluation season and will be completing them by the end of February.

- **Diversity, Equity & Inclusion** – WSHA is proving an educational series on DEI. SVH has registered for the entire organization to have access. We are promoting this opportunity to all staff and requiring leaders to participate either in real time or by following up with the recorded sessions. This has been a great opportunity and is beginning some fantastic conversations. We are engaging our staff and considering what the best next steps could be for our organization.

Community Health Needs

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

Objective: Increase the annual number of visits in the rural health clinics by 3% over prior year (2022 target = 17,583).

- **COVID Vaccines** – Demand for vaccines had dropped to about 100 per day and we are accepting both appointments and walk ups Monday – Friday.
- **COVID Testing** – Great news... our new COVID PCR analyzer has landed and completed its verification process. We are now about to process tests with a turnaround time of 24-48 hours. We have the capacity to do up to 300 tests in house daily when both analyzers are fully functioning. Testing has opened up to both walk up and appointments with additional staffing and capacity available.

Financial Stewardship

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

Objective: Positive .5% profit margin. (2022 Budget est = \$236,628 net income target)

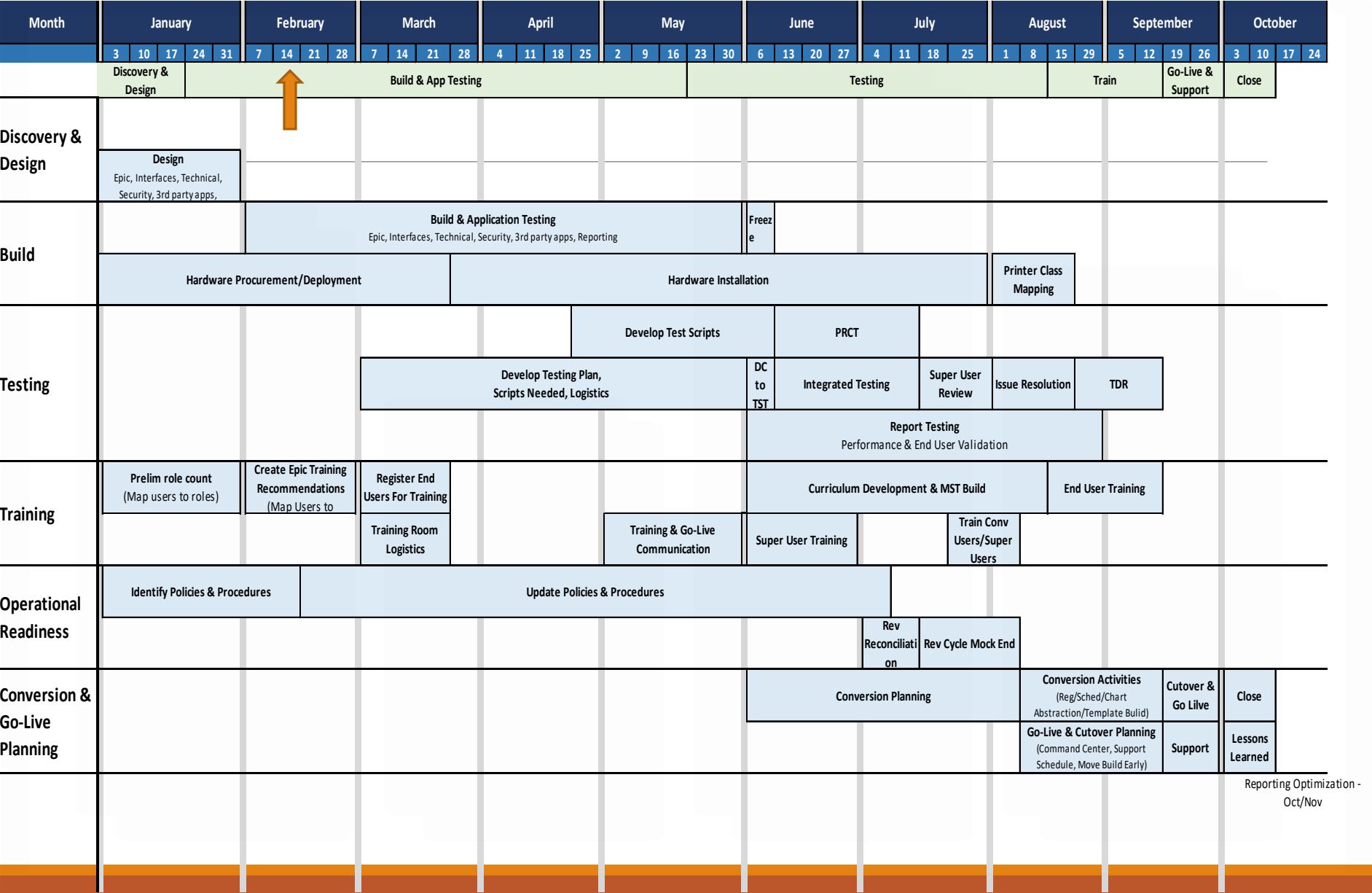
- **See finance summary prepared by CFO Ritter for more details on financial performance.**
- **Sound Medical Laboratories (SML)** – The final transition date for the SML partnership is early April.
- **Endoscopy** – Due to the Washington State Governor's mandate, all elective surgeries and procedures need to be suspended January 17th – February 17th, 2022. We will be opening our endoscopy services on February 22nd, 2022 and resuming regular scheduling. We have been able to hire a lead Endo RN and look forward to her leading our program and building volumes again.
- **FEMA COVID Testing** – It is official! We now have a contract in place for COVID testing and will be able to submit non covered COVID testing costs for reimbursement.

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

- **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
 - **Recording:** [WSHA DEI Workshop Session One 2.10.22](#)
 - **February 24: Equitable Conversations**
 - **March 10: Equitable Messaging**
 - **March 24: Equitable Partnership Building**
 - **April 7: Diversity Pipeline Development**
- **WSHA Leadership Summit** (Boards & CEOs) [Click here for more details](#)
 - **May 15-17, Walla Walla WA**

Respectfully Submitted, Renée K. Jensen

Epic Update



Modern Healthcare

You may not reproduce, display on a website, distribute, sell or republish this article or data, or the information contained therein, without prior written consent. This printout and/or PDF is for personal usage only and not for any promotional usage. © Crain Communications Inc.

February 03, 2022 03:46 PM

Here's why hospitals want more time to repay their Medicare loans

TARA BANNOW □ □

JESSIE HELLMANN □ □ □



MH Illustration/Getty Images

CMS recouped most of the \$107 billion in advance reimbursements already, but some hospitals facing cash crunches could be subject to interest penalties without an extension.

Dozens of hospitals signed a recent [letter](#) to Congress asking, among other things, for more time to repay their accelerated Medicare loans.

Some of those hospital companies, however, had already repaid the money, and even those that haven't don't anticipate needing to pay the 4% interest that gets tacked on once the initial repayment periods end.

Of the \$107.3 billion the Centers for Medicare and Medicaid Services distributed to healthcare providers and suppliers under the COVID-19 Accelerated and Advanced Payments Program, the agency recouped 53% by the end of November. That includes 55% of the \$98.8 billion distributed to Part A providers, mostly hospitals, and 28.7% of the \$8.5 billion distributed to Part B providers and suppliers, mostly medical groups.

Healthcare finance experts say most hospitals and health systems have carefully accounted for the accelerated Medicare payments and won't have problems shouldering the repayments, which automatically come out of their Medicare reimbursements.

"I've had some clients pay it off entirely right around the time recoupment started, so they haven't had to deal with this," said Aparna Venkateswaran, senior manager with Moss Adams. "Those providers that were anticipating this and trying to plan for it, it's not really going to impact them because they've incorporated it into their cash flow analysis."

The hospital industry has more pressing needs it wants the government to address, such as delaying scheduled Medicare reimbursement cuts, getting additional Provider Relief Fund dollars as COVID-19 continues to batter them and reinstating 340B eligibility for facilities that fell out of the program during the pandemic.

"Even though we got money in 2020, 2021 was harder and more intense than anything we've ever seen," ProMedica CEO Randy Oostra said.

Nevertheless, hospitals—both on their own and through their [powerful lobbying arms](#)—are asking Congress to halt advance payment collections for six months. After that, they want recoupment to account for just 25% of their Medicare claims for the following year.

"It's really a cash flow issue and a cash flow crunch," said American Hospital Association CEO Rick Pollack. "We're still dealing with the pandemic. We're simply asking that, once again, we change the payment schedule to provide us with more relief and flexibility."

[Download Modern Healthcare's app to stay informed when industry news breaks.](#)

[That includes 55% of the \\$98.8 billion](#)

*distributed to Part A providers, mostly hospitals,
and 28.7% of the \$8.5 billion
distributed to Part B providers and suppliers, mostly medical groups.*

MEDICARE PROVIDER LOAN PAYMENTS AND RECOUPMENTS

CMS distributed \$107.3 billion under the COVID-19 Accelerated and Advanced Payments Program as of Nov. 30, of which almost \$99 billion was paid under Part A, pictured in the chart below. Hospitals received \$90.3 billion, 57% of which had been recouped by that date.

Provider type
+ Community Mental Health Centers
+ Comprehensive Outpatient Rehabilitation Facility (CORF)
+ End Stage Renal Disease (ESRD)
+ Federally Qualified Health Centers
+ Home Health
+ Hospice
+ Hospitals: Children's
+ Hospitals: Critical Access
+ Hospitals: Long Term Care
+ Hospitals: Other
+ Hospitals: Psychiatric
+ Hospitals: Psychiatric Unit
+ Hospitals: Rehabilitation
+ Hospitals: Rehabilitation Units
+ Hospitals: Short Stay
+ Hospitals: Swing Bed Units
+ Outpatient Physical Therapy and Speech Pathology
+ Rural Health Clinic (RHC)
+ Skilled Nursing Facility
+ Total

Notes

This chart does not include an additional \$8.5 billion distributed to Part B providers, including physicians, durable medical equipment suppliers and other outpatient providers. CMS had recouped 28.7% of that by Nov. 30, 2021.
Source: CMS

Some large health systems are paid in full

The current recoupment terms, which Congress [relaxed in 2020](#), start at 25% one year after the initial payment, lasting for a period of 11 months. After that, recoupment increases to 50% for six months. If it's not all paid off after those 29 months, the agency tacks on a 4% interest rate.

In a [letter](#) sent to President Joe Biden and congressional leaders on Jan. 19, hospitals and health systems made a number of asks, including for a loan repayment delay. The letter acknowledges that many providers had already fully repaid the money.

"Halting the repayment process for one year will allow those providers needing additional resources to keep the cash on hand to help finance the increased costs they are currently experiencing," the letter says. "All funds will be repaid."

Some of the signers, including Presbyterian Healthcare Services in Albuquerque, New Mexico, and Atlanta-based Piedmont Healthcare, already were paid up.

Other large systems not on the letter, such as Rochester, Minnesota-based [Mayo Clinic](#), [Spectrum Health](#) of Grand Rapids, Michigan, and investor-owned [HCA Healthcare](#), headquartered in Nashville, Tennessee, also have repaid their loans.

"Health systems, generally speaking, they were very aware of the fact that they were going to have to pay this money back so they were planning for it," said Rick Kes, healthcare industry senior analyst with RSM.

Repayment starts one year from the date a provider received a loan. That means repayment schedules vary and could explain why some have made more progress than others.

Toledo, Ohio-based ProMedica, which also signed the letter, received about \$300 million in advance payments and anticipates completing repayment during the second half of the year.

*Repayment starts one year from the date a provider received a loan.
That means repayment schedules vary
and could explain why some have made more progress than others.*

Other providers still in cash crunch

On the other end of the continuum are those hospitals without the means to give back the advance payments they received.

Snoqualmie Valley Hospital, a critical access hospital about 30 miles east of Seattle, still has to repay about \$7 million of its initial \$10 million in accelerated Medicare reimbursements, said Chief Financial Officer Patrick Ritter. That might not sound like a lot, but \$7 million is nearly 20% of the hospital's 2020 net patient revenue. Recoupment will grow to half of the hospital's Medicare payments in April, he said.

"That's going to have a significant impact on cash flow and days cash," Ritter said. "We're still in a crunch for nurses and employees."

Snoqualmie Valley Hospital's volumes haven't yet recovered to 2019 levels. The hospital's endoscopy unit is even closed for about a month because of a statewide [elective procedure suspension](#). Even so, Ritter expects all the money to be paid back before the interest kicks in.

Much of how hospitals fared during the pandemic has depended on their financial strength prior to the crisis. Snoqualmie Valley Hospital, for example, had money problems well before COVID-19 struck. The hospital's operating loss margin exceeded 10% in 2017, 2018 and 2019. In 2020, it was north of 20%. Ritter explained that Medicare payment cuts from budget sequestration have resulted in the hospital being paid below the cost of providing services. Snoqualmie is also a competitive market, with multiple hospitals in close proximity.

Detroit's Henry Ford Health System, one of the companies calling for relaxed recoupment, has been badly strained during the pandemic. Its hospitals have been near capacity, and a worker shortage forced it to [temporarily eliminate about 120 beds](#). The health system's operating margin was just 0.1% in the nine months ended Sept. 30.

Henry Ford Health System still has to repay about \$270 million of its initial \$400 million in advance Medicare payments. Withholding just increased to 50%, Chief Financial Officer Robin Damschroder said. The extension is important because the health system never expected the pandemic to be as severe as it was during the final quarter of 2021, when it spent tens of millions on travel nurses, pay raises and bonuses.

"When you talk about liquidity, the accelerated Medicare payments have been essential for the stabilization of our liquidity so we don't have to draw on expensive credit lines," Damschroder said.

Henry Ford Health System had a weaker balance sheet than some of its peers even before the pandemic. The company had 146 days cash on hand at the end of 2019, compared to the national median of 169.5, [according to Merritt Research Services](#).

RELATED ARTICLE



Federal COVID-19 grants keep Henry Ford in the black

Days cash, an important liquidity metric, measures the number of days an organization could fund its operations using its cash reserves. Accelerated Medicare helped bump Henry Ford Health System to 206 days cash in 2020, still below the national median of 236.4.

The Mayo Clinic, by contrast, had 270 days cash on hand at the end of 2019. Although the system returned its accelerated Medicare reimbursements, it **doubled the amount it stored in "highly liquid" funds** to about \$3 billion in 2020, bringing its days cash to 348 at the end of the year. Spectrum Health had **230 days cash on hand** at the end of 2019, which increased to 246 the following year.

"The health systems I know who have paid the money back in full are people pre-COVID who had 250 plus days," Damschroder said. "If you have 300-plus days cash on your balance sheet, you're probably not wanting to keep the government's money."

Medicare Part A providers also include hospice and home health providers, nursing homes, dialysis providers and rural health clinics. Part B providers include physicians and durable medical equipment suppliers.

While hospitals received the lion's share of the accelerated Medicare funds, almost \$1.8 billion went to home health agencies and \$1.3 billion to hospice providers as of Nov. 30. Both sectors had repaid almost 38% as of that date. National Association for Home Care and Hospice members have not aired concerns to the group's leadership about recoupment, said spokesperson Tom Threlkeld.

Another \$1.3 billion went to kidney dialysis providers, 46% of which had been repaid as of Nov. 30. Fresenius Medical Care, one of the country's largest dialysis providers, received about \$1 billion. Fresenius Medical Care, which declined to comment, disclosed in a financial filing it had paid back about \$623 million as of Sept. 30. Competitor DaVita disclosed in a recent financial filing that it had returned both the accelerated Medicare payments and the federal grants it received in 2020.

While hospitals received the lion's share of the accelerated Medicare funds, almost \$1.8 billion went to home health agencies and \$1.3 billion to hospice providers as of Nov. 30.

Most of the Part B advance payments went to physician groups, which did not request relaxed repayment terms **in a wish list to congressional leaders** sent through their trade association on Jan. 28.

Medical Group Management Association members haven't expressed much concern about loan repayments, largely because group practices set aside money in preparation,

said Claire Ernst, director of government affairs. Moreover, MGMA members made a greater use of the Paycheck Protection Program loans, which can be forgiven, and the Provider Relief Fund, she said.

Inline Play

Source URL: *<https://www.modernhealthcare.com/finance/heres-why-hospitals-want-more-time-repay-their-medicare-loans>*



Vaccine Administration and Equity Report SNOQUALMIE VALLEY HOSPITAL

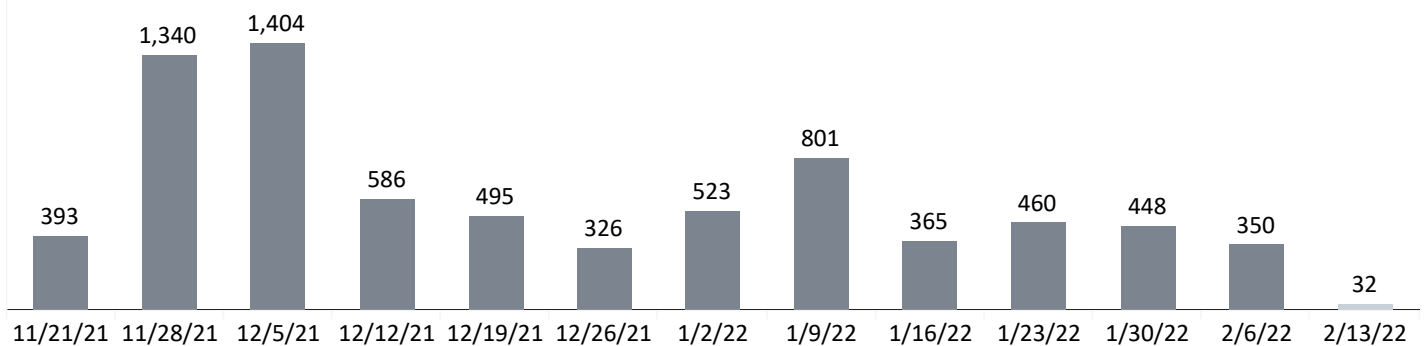
Data as of
midnight:
2/14/2022

Summary of doses administered					Number of doses by specific clinics over the last 14 days				
	1	2	3	All doses		1	2	3	All doses
All	11,888	10,818	6,603	29,309	SNOQUALMIE VALLEY HOSPITAL CLINIC	91	120	413	624
KC resident	10,598	9,788	6,353	26,739	SNOQUALMIE RIDGE MEDICAL CLINIC	7	3	9	19
Non-KC residents	1,290	1,030	250	2,570	SNO VALLEY HOSPITAL	1		2	3

All data is based on WA IIS entry. If there are major concerns about the volume represented, please contact PHSKC.

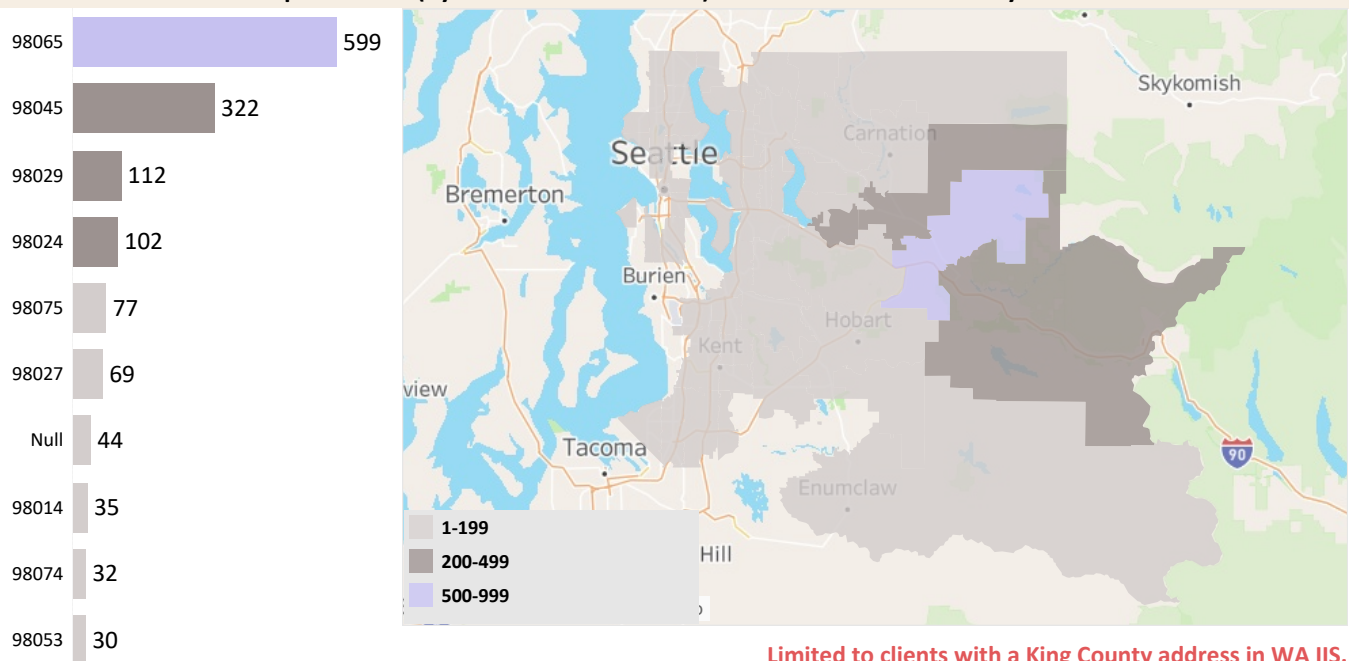
Due to space constraints, the top 10 clinics by volume are represented based on WA IIS entry.

Weekly number of doses administered over the last 12 weeks across all SNOQUALMIE VALLEY HOSPITAL sites



Most recent week may be incomplete.

Top ZIP codes (by client's home address) served over the last 30 days



Limited to clients with a King County address in WA IIS.

COMMITTEE MEMBERS:

David Speikers, Commissioner
Kevin Hauglie, Commissioner, President
Patrick Ritter, CFO
Renée Jensen, CEO
Voltaire Tiotuico, Director of Finance
Jim Baldauf, Director of Finance

INCOME STATEMENT NARRATIVE:

1. **Gross Income exceeded budgeted levels by 9% in December**
2. **The increase in revenue came from the following:**
 - a. ED Revenue 27% over budget.
 - ~\$333,875 in ED and ED Pro fee revenues over budgeted projections.
 - b. CT Scans ~\$132,000 in revenue above budget.
 - c. Acute/Swing ~\$140,000 above budgeted projections
 - d. Endoscopy ~ \$18,000
3. **Revenue shortfalls compared to budget were in the following departments:**
 - a. Pharmacy Revenue ~\$70,000
 - b. Lab Revenues ~\$35,000
 - c. MRI Revenue ~\$6200

2021 ANNUAL REVENUES: Overall Revenues for Patient Services Exceeded budge by ~\$4,300,000 for 2021 Gross Revenues were projected to be \$56,100,000 actual Patient Services revenue was \$60,400,000.

DECEMBER NET INCOME/LOSS: December had a net income of \$2,128. This beat budget projection by ~\$27,000.

1. **2021 Net Income** – For the year, the District had a Net Income of \$4,555,000

DECEMBER EXPENSES VARIANCES TO BUDGET: Total Operating Expenses were 10% above budgeted projections for December.

1. **Contractual expense \$184,000 over Budget** – We projected an \$800,000 payable to Medicare and accounted for that in November. In December, we received the actual invoice, which was \$964,000. The remainder of the contractual expense increase (\$20,000) was due to Medicaid Contractual amounts. Medicaid patients on the swing bed unit negatively impact contractual adjustments.

- 2. Supplies were \$292,000 above budget.** — Lab Supplies for the in-house PCR testing totaled \$210,000. (Should be able to recoup most of this expense with Covid Testing Contract with County) Pharmacy supplies increased due to patient mix, a \$26,000 impact. Central supplies/PPE etc had a \$27,000 impact. ED was over by \$7000 due to volumes. MedSurg was \$6500 over budget PPE related. The Mass Vaccine unit had \$3000 of supplies for Mass Vacc. Event. Urgent Care supplies totaled \$2500 for the startup. The remaining \$10,000 is related to an overall increase in supply prices.
- 3. Utilities were \$6000 above budget.** – Due to electricity, garbage, fuel related to volumes and weather.
- 4. Purchased Services were \$73,000 above budget.** – \$43,000 related to SML services. \$21,000 related to Trubridge services. \$11,000 related to Lab Purchased Services for COVID.

2021 OPERATING REVENUE: Operating Expenses were 7% above budget for 2021 totaling \$44,400,000. Operating Revenues were \$43,900,000. 2021 netted an operating loss of ~\$500,000. That operating loss is a bit misleading because the operating expenses are approximately \$600,000 we have spent for COVID Testing and Vaccines that County has not yet reimbursed. Real-Time reimbursement from the County would raise the Net Operating Margin to ~\$100,000.

BALANCE SHEET HIGHLIGHTS:

- 1. Overall Assets Decrease ~\$3,000,000**
 - a. Cash Decrease
 - Cost Report Payment \$964,000
 - CMS Advance Payment \$400,000
 - Bond & Interest Payments~1,400,000
 - Depreciation \$255,000
 - b. Minor Increases in Equipment and Receivables
- 2. Current Liabilities Decrease**
 - a. Payments of Liabilities Listed Above
- 3. Long Term Liabilities Decrease**
 - a. CMS Advance monthly payments
- 4. Increase in Equity**
 - a. Net Income \$~2100

CASH FLOW STATEMENT HIGHLIGHTS:

- 1. Operating Activities Decrease ~\$2,600,000**
 - a. Current and Long Term Liability Payments
 - b. AR ~ 300,000 Increase.
 - c. A minor increase in cash due to depletion of Inventory
- 2. Investing Activities Decrease**
 - a. Equipment Purchases
 - b. Building/EPIC Construction in Progress

AR DAYS GOAL 55:

- 1. 51.5Days**
 - a. AR increased by one day in December.

BOND COVENANTS (Snapshot forecast):

- 1. Debt Coverage is 2.9 requirement is 1.20**
- 2. Reserve Requirement is at \$3,675,188 as required.**
- 3. Day's cash above the reserve is 184. The bond requirement is 60**

COVID FUNDS UPDATE:

- 1. January-September Vaccine FEMA Reimbursement in Process**
 - a. ~\$385,000 in transit
- 2. Phase 4 COVID Funds Approved**
 - a. ~\$57,000
- 3. FEMA COVID Testing Contract**
 - a. Budget approved and contract signed in February
 - i. ~\$1.2 Million in approved expenses

EPIC UPDATE: See Gantt Chart

FINANCE COMMITTEE FORMAT: With the hiring of Voltaire as Director of Finance, the goal will be to get the financials completed by the 15th of the month and make the Finance Committee a working meeting with questions and answers.

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

FINANCE COMMITTEE (DECEMBER 2021 FINANCIALS)

FEBRUARY 15, 2022

Financial Statements

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

CURRENT MONTH					YEAR TO DATE			
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
\$ 3,639,197	\$ 3,484,485	\$ 154,712	4%	NET PATIENT SERVICE REVENUE	\$ 42,482,441	\$ 40,262,405	\$ 2,220,036	6%
92,743	87,161	5,582	6%	TAXATION FOR OPERATIONS	979,084	1,026,254	(47,170)	-5%
28,907	44,067	(15,160)	-34%	OTHER	456,454	529,818	(73,364)	-14%
3,760,846	3,615,713	145,133	4%	TOTAL OPERATING REVENUE	43,917,979	41,818,477	2,099,502	5%
				OPERATING EXPENSES				
1,658,104	1,657,285	(819)	0%	SALARIES	20,337,797	19,887,420	(450,377)	-2%
392,149	385,504	(6,645)	-2%	EMPLOYEE BENEFITS	4,351,494	4,626,048	274,554	6%
339,579	347,250	7,671	2%	PROFESSIONAL FEES	4,857,102	3,889,607	(967,495)	-25%
546,845	254,720	(292,125)	-115%	SUPPLIES	4,051,172	3,056,640	(994,532)	-33%
22,521	21,639	(882)	-4%	REPAIRS AND MAINTENANCE	337,255	259,668	(77,587)	-30%
42,330	36,262	(6,068)	-17%	UTILITIES	531,071	435,144	(95,927)	-22%
400,920	327,921	(72,999)	-22%	PURCHASED SERVICES	4,526,275	3,935,052	(591,223)	-15%
13,829	14,583	754	5%	INSURANCE	169,931	174,996	5,065	3%
44,904	63,641	18,737	29%	LEASE AND RENTALS	700,384	763,692	63,308	8%
323,671	328,882	5,211	2%	DEPRECIATION	3,909,194	3,946,584	37,390	1%
62,914	48,126	(14,788)	-31%	OTHER	642,752	580,645	(62,107)	-11%
3,847,765	3,485,813	(361,952)	-10%	TOTAL OPERATING EXPENSES	44,414,426	41,555,496	(2,858,930)	-7%
(86,919)	129,900	(216,819)	-167%	OPERATING INCOME	(496,448)	262,981	(759,429)	-289%
6,281	10,701	(4,420)	-41%	INVESTMENT INCOME, NET OF AMOUNT CAPITALIZED	79,352	125,997	(46,645)	-37%
263,848	260,160	3,688	1%	TAXATION FOR BOND PRINCIPAL & INTEREST	3,138,551	3,063,175	75,376	2%
(428,963)	(428,346)	(617)	0%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZED	(5,126,516)	(5,137,471)	10,955	0%
(9,096)	(9,096)	(0)	0%	BOND ISSUANCE AND FINANCING COSTS	(109,157)	(109,152)	(5)	0%
252,684	-	252,684		NON OPERATING REV - PROVIDER RELIEF FUNDS	6,792,081	1,742,760	5,049,321	290%
4,293	11,882	(7,589)	-64%	OTHER NET	277,198	139,899	137,299	98%
89,047	(154,699)	243,746	158%	NON OPERATING, NET	5,051,509	(174,792)	5,226,301	2990%
2,128	(24,799)	26,927	109%	CHANGE IN NET POSITION	4,555,061	88,189	4,466,872	5065%
\$ 2,128	\$ (24,799)	\$ 26,927	109%	NET POSITION	\$ 4,555,061	\$ 88,189	\$ 4,466,872	5065%

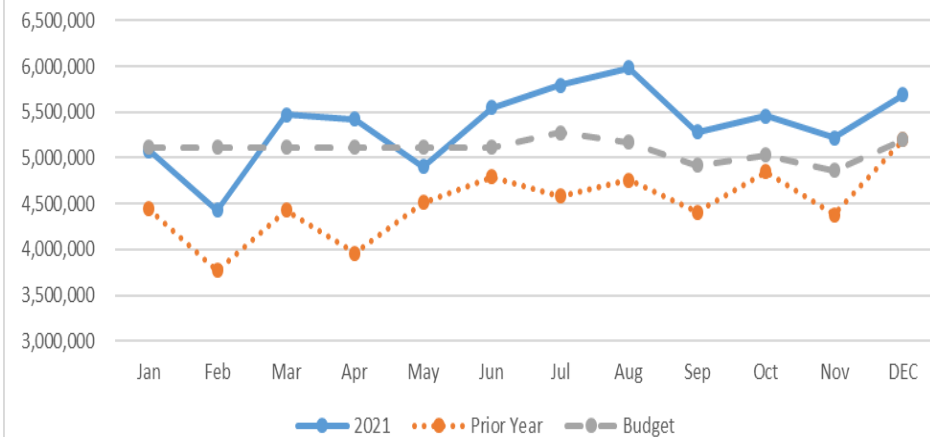
SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	NOVEMBER 2021	DECEMBER 2021
MANDATED RESERVE FUNDS	11,472,903	9,894,328
TOTAL CASH	33,112,759	30,297,614
ACCOUNTS RECEIVABLE	8,304,715	8,625,448
LESS A/R ALLOWANCES	2,285,660	2,368,363
COST REPORTS RECEIVABLE	127,070	-
EMR MEANINGFUL USE		
TOTAL NET RECEIVABLE	6,146,125	6,257,085
TAXES RECEIVABLE	118,917	101,694
INVENTORY	202,594	97,611
PREPAID EXPENSES	46,240	36,744
INTANGIBLE ASSETS	3,071,101	3,062,004
OTHER RECEIVABLES	14,200	15,592
TOTAL CURRENT ASSETS	42,711,936	39,868,344
FIXED ASSETS		
LAND AND IMPROVEMENTS	26,604,969	26,604,969
BUILDINGS	32,971,415	32,979,043
EQUIPMENT	9,021,770	9,126,965
INFORMATION SYSTEMS	4,702,979	4,702,979
RIGHT TO USE ASSET	1,722,240	1,653,823
CONSTRUCTION IN PROGRESS	36,450	59,450
LESS: ACCUMULATED DEPRECIATION	25,232,173	25,487,427
NET FIXED ASSETS	49,827,650	49,639,802
TOTAL ASSETS	92,539,585	89,508,146

SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	NOVEMBER 2021	DECEMBER 2021
LIABILITIES AND FUND BALANCES		
CURRENT LIABILITES		
NOTES PAYABLE	966,000	966,000
COST REPORTS PAYABLE	800,000	-
ACCOUNTS PAYABLE	1,531,590	1,349,879
ACCRUED PAYROLL & TAXES	2,530,181	2,175,214
ACCRUED INTEREST (BONDS)	514,373	256,197
OTHER CURRENT LIABILITIES	(65,059)	(54,229)
CURRENT PORTION LONG TERM DEBT	1,381,250	143,750
CURRENT PORTION CMS ADVANCE PAYMENT	934,781	520,968
DEFERRED STIMULUS REVENUE	57,542	665,646
DEFERRED TAX REVENUE	290,228	(51,063)
TOTAL CURRENT LIABILITIES	8,940,887	5,972,363
LONG TERM LIABILITIES		
LIABILITY RIGHT TO USE ASSET	1,722,393	1,657,449
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	99,829,600	99,764,656
EQUITY/FUND BALANCE PERIOD END	(16,230,902)	(16,228,873)
TOTAL LIABILITY + EQUITY/FUND BALANCE	92,539,585	89,508,146

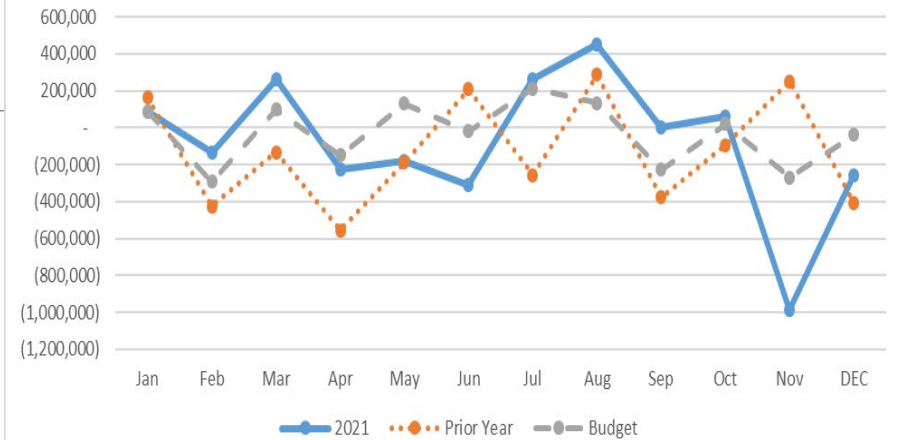
STATEMENT OF CASH FLOWS		
SOURCE AND APPLICATION OF FUNDS	NOVEMBER 2021	DECEMBER 2021
Net Income	(981,524)	2,128
Add (Deduct) items not affecting cash:		
Depreciation expense	255,254	255,254
(Increase) decrease in accounts receivable	298,754	(110,960)
(Increase) decrease in current assets		
Tax Receivable/Other Receivable	220,488	15,832
Inventory	(33,512)	104,983
PrePaid Expenses	(19,539)	9,496
Intangible Assets	9,096	9,096
Increase (decrease) in current liabilities		
Notes and Loans Payable	800,000	(800,000)
Accounts Payable	120,323	(181,711)
Accrued Payroll & Taxes	172,741	(354,967)
Accrued Interest (Bonds)	148,763	(258,176)
Other Current Liabilities	(10,330)	10,830
Deferred Stimulus Funds	(425,085)	194,292
Current Long Term Debt	(41,667)	(1,237,500)
Deferred Tax Revenue	(341,291)	(341,291)
Other (net)	(301)	(99)
Net Cash provided by operating activities	172,171	(2,682,793)
CASH FLOW FROM INVESTING ACTIVITIES		
Investment in plant and equipment		
Land	-	-
Buildings	(251,540)	(7,628)
Equipment	(27,351)	(105,196)
Right to Use Assets	66,451	68,417
Construction in Progress	(36,450)	(23,000)
Net cash used for investing activities	(248,891)	(67,407)
CASH FLOW FROM FINANCING ACTIVITIES		
Change in long-term liabilities	(64,828)	(64,944)
Increase (decrease) in cash	\$ (141,547)	\$ (2,815,145)
Beginning Cash Balance	33,254,306	33,112,759
Ending Cash Balance	33,112,759	30,297,614

Financial Dashboards (Revenue & Income)

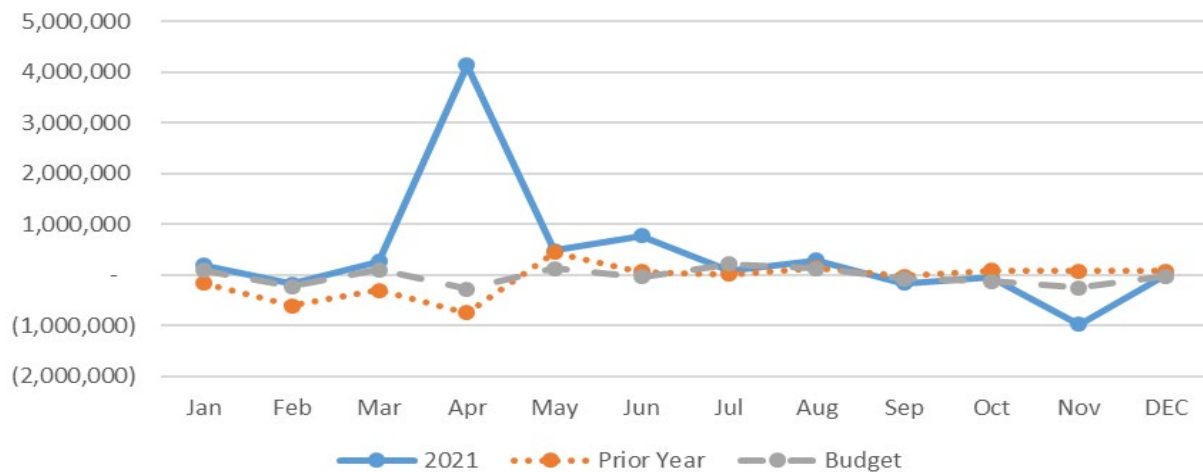
Gross Revenue



Operating Income

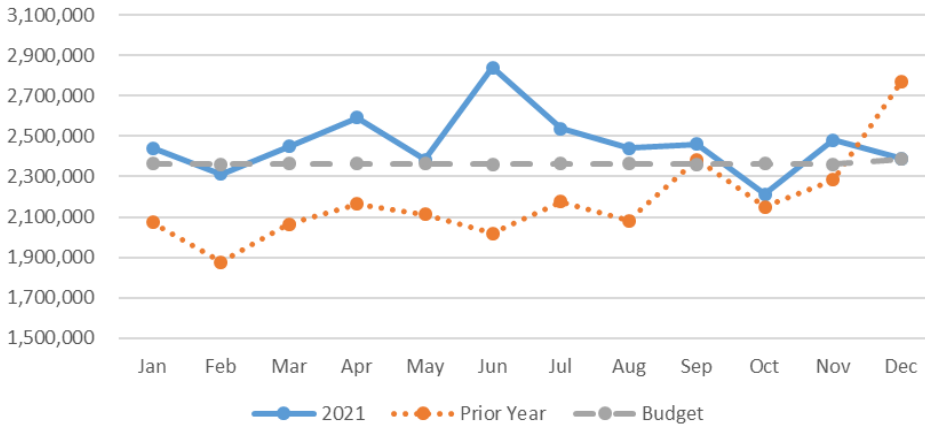


Net Income

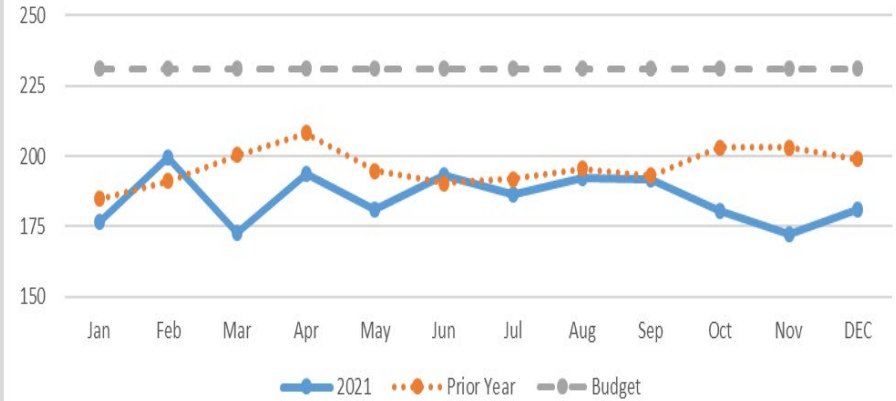


Financial Dashboards (Expenses)

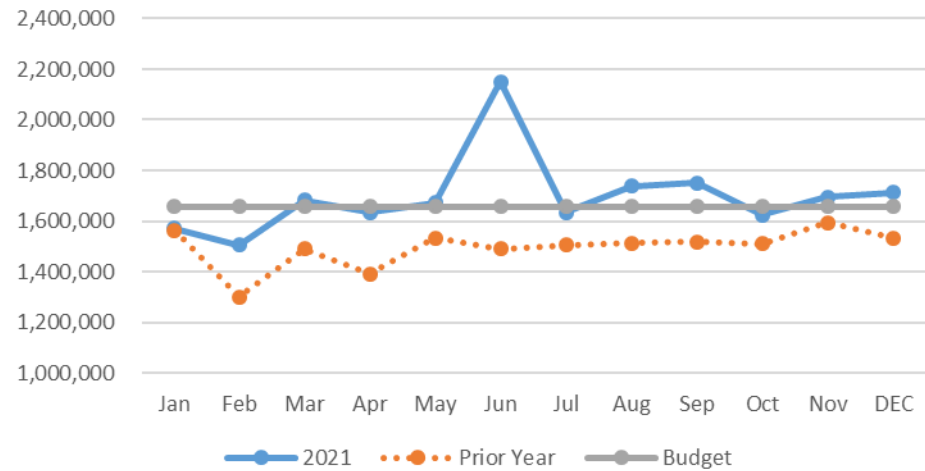
Salary and Benefits & Pro Fees



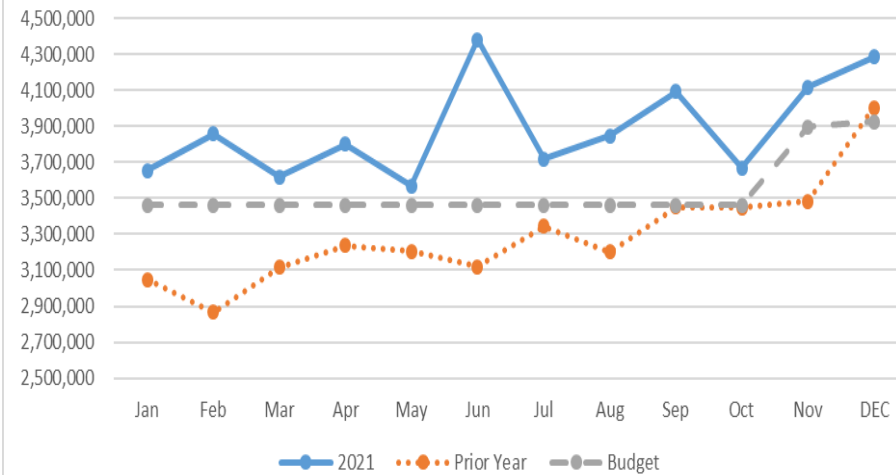
Worked FTEs



Paid FTEs

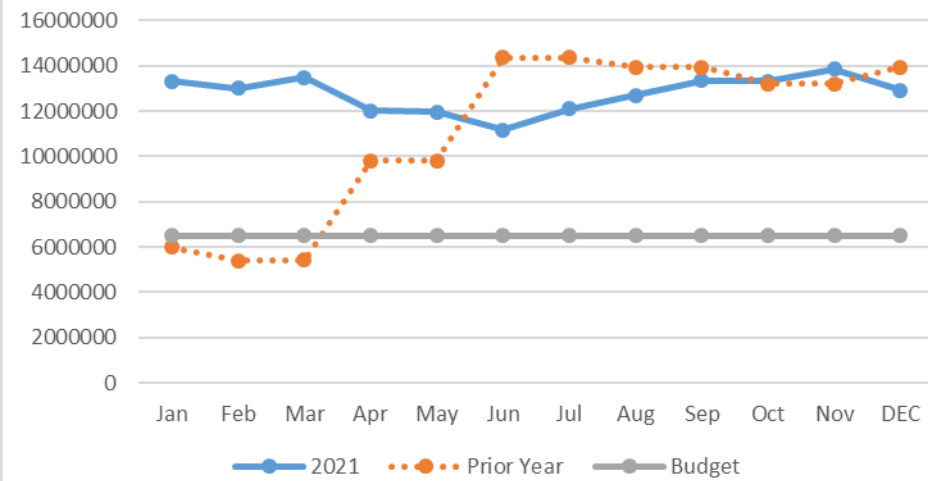


Operating Expenses

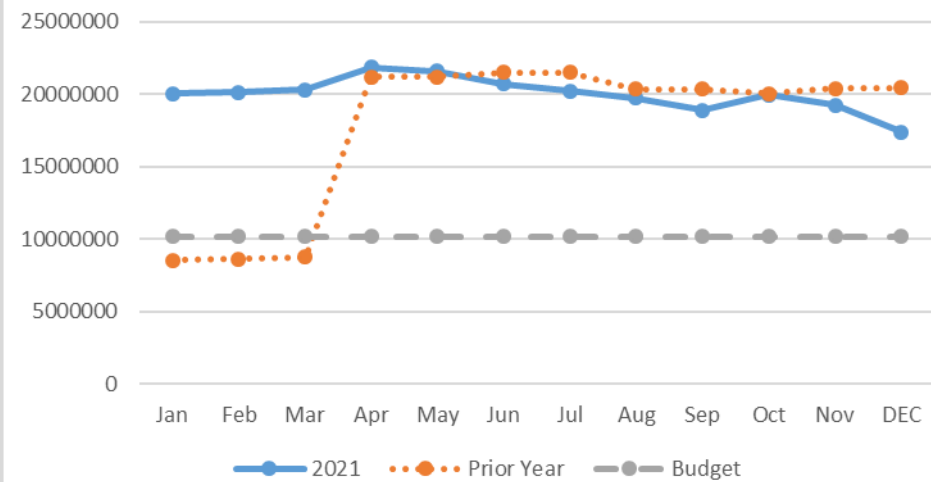


Financial Dashboards (Cash)

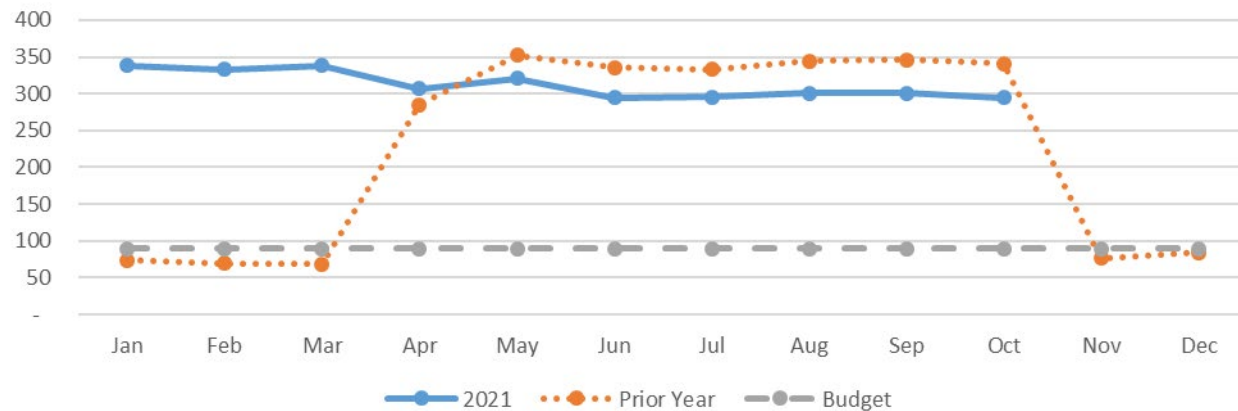
Unrestricted Cash



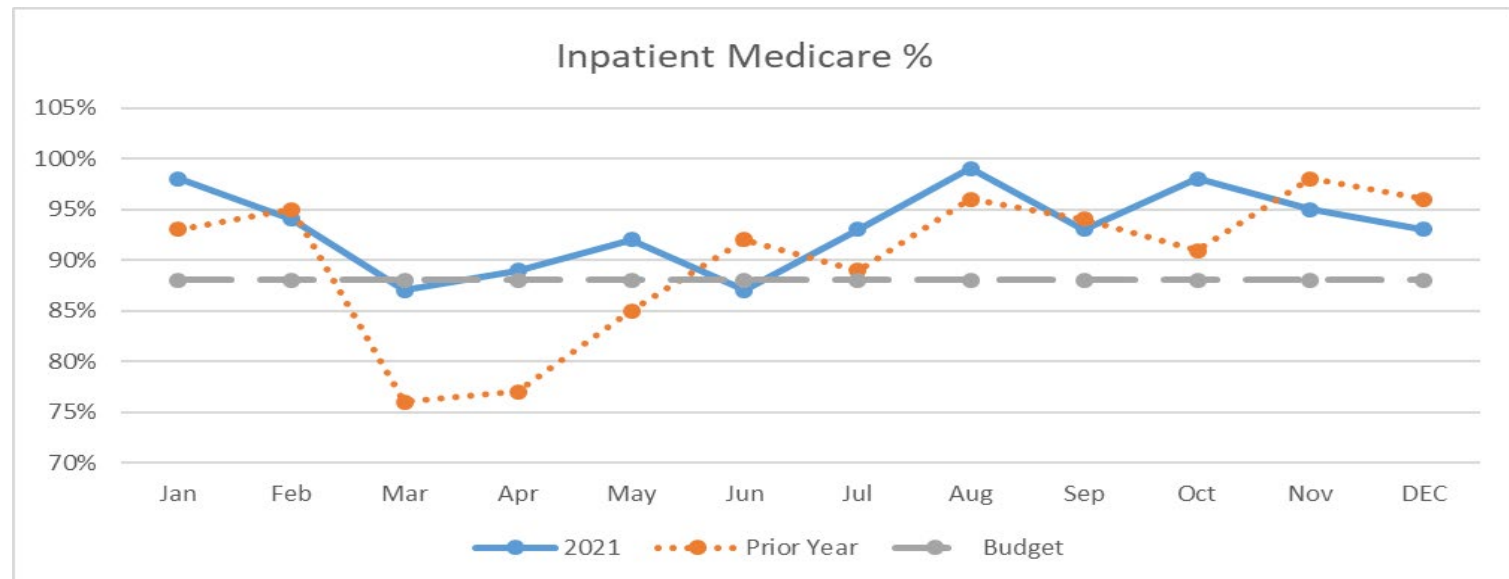
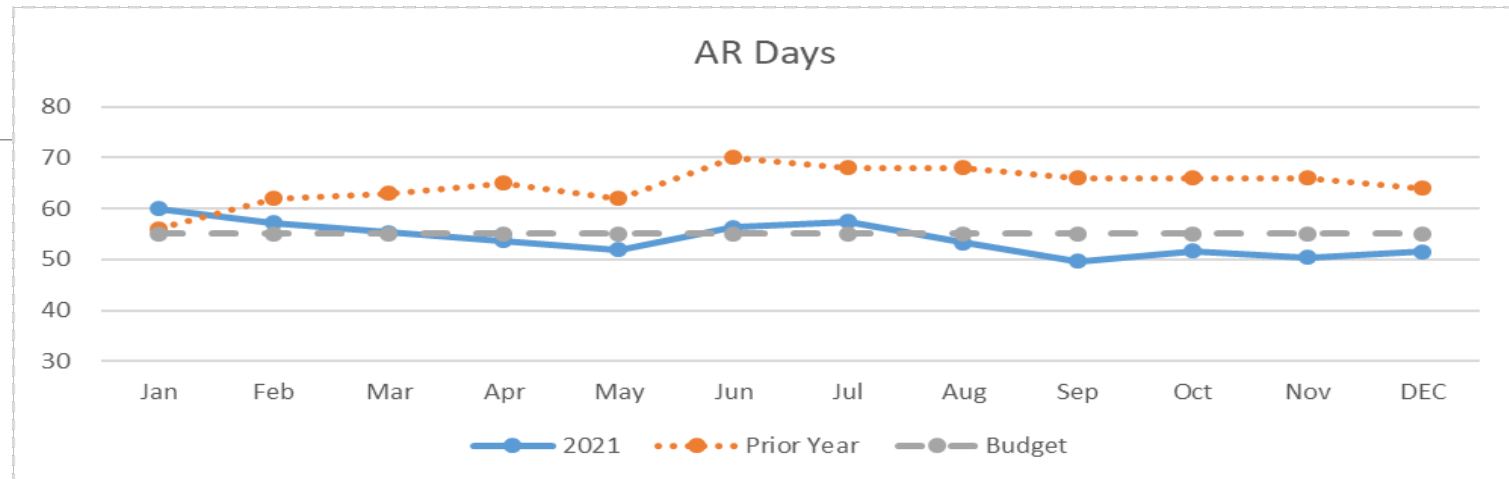
Restricted Cash



Days Cash

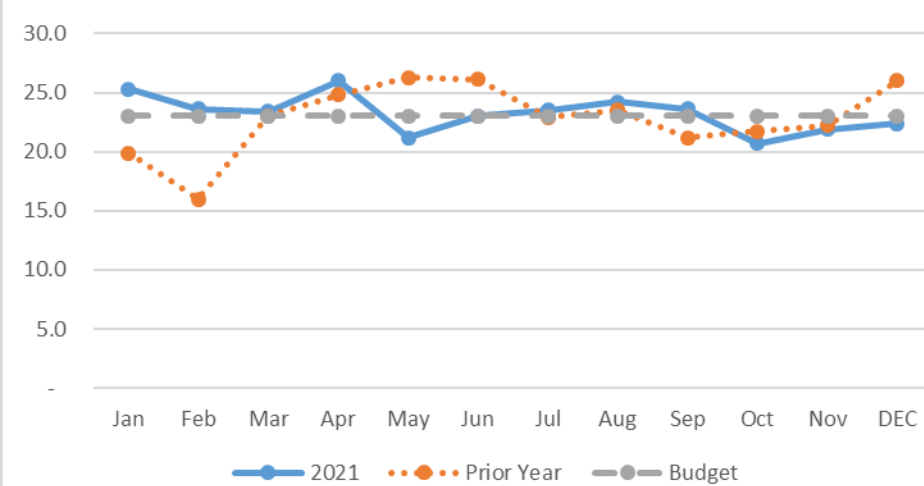


Productivity Dashboards (AR/Payor Mix)

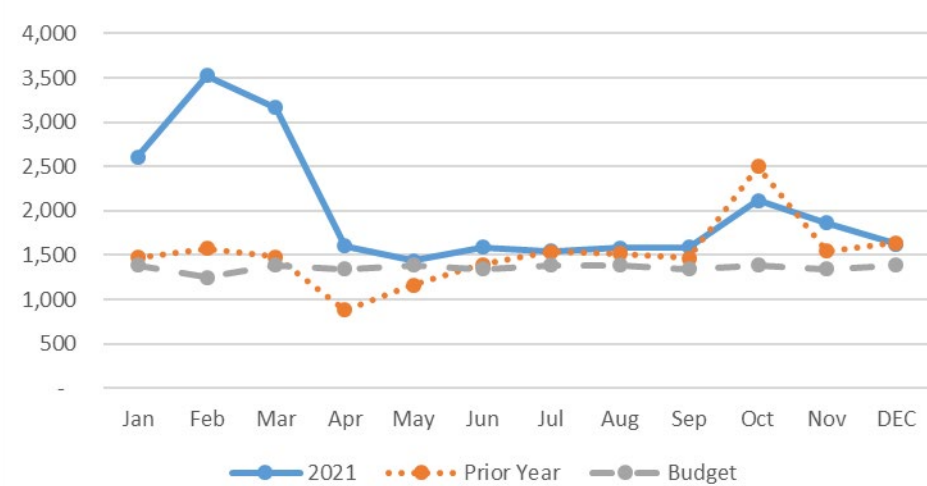


Productivity Dashboards (Census Visits)

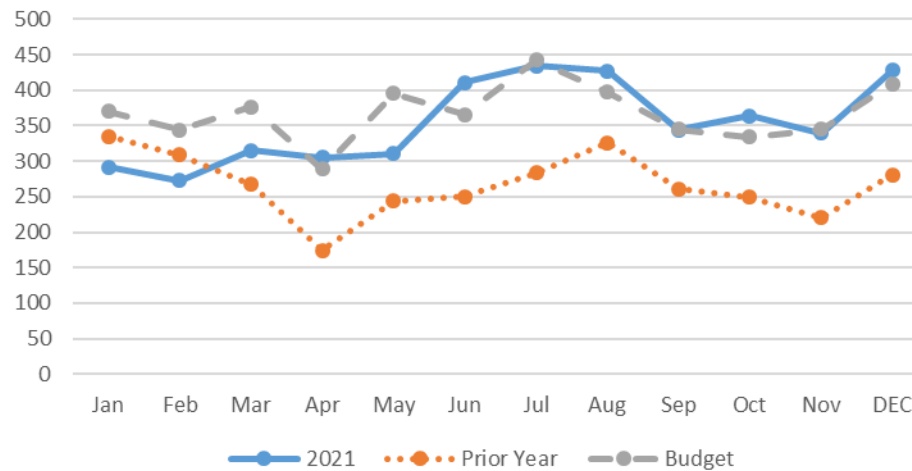
Acute/Swingbed Avg Daily Census



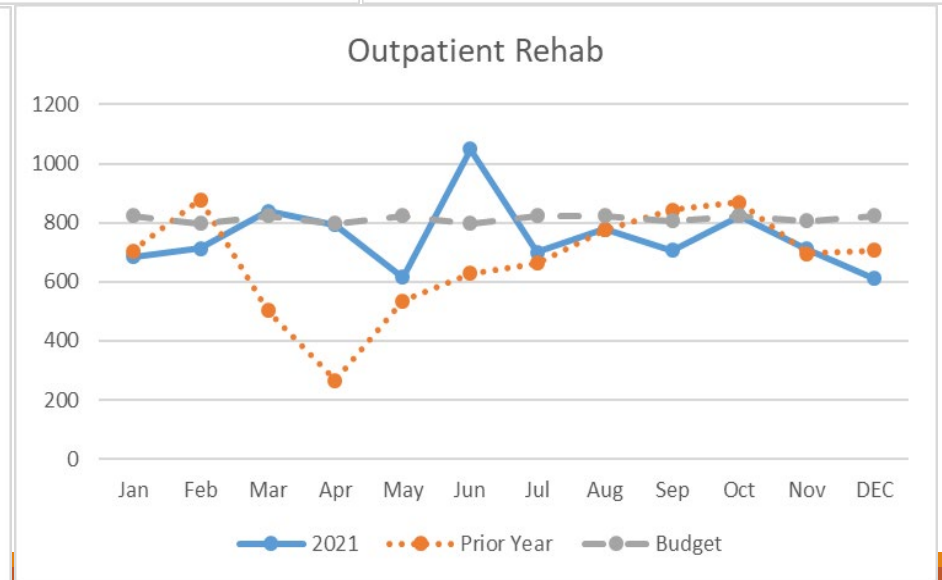
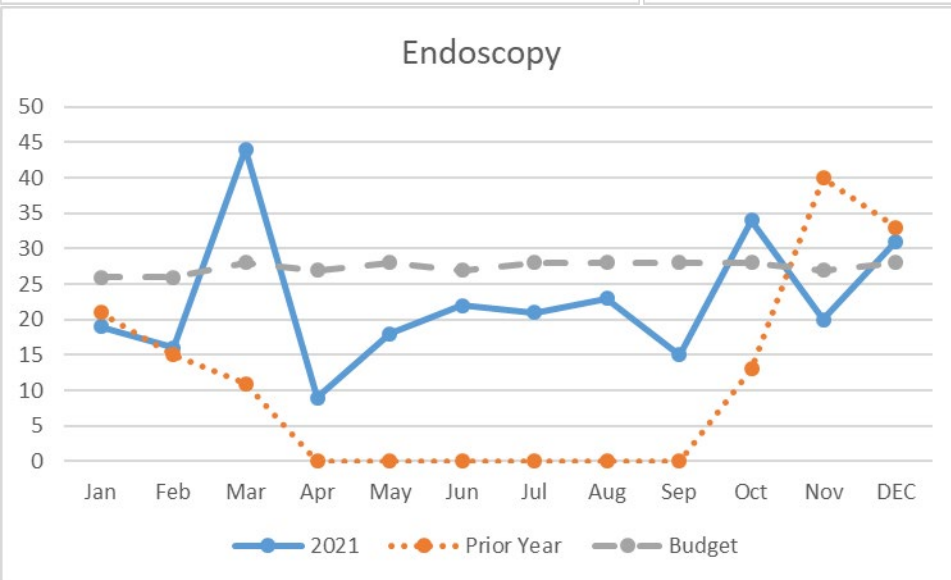
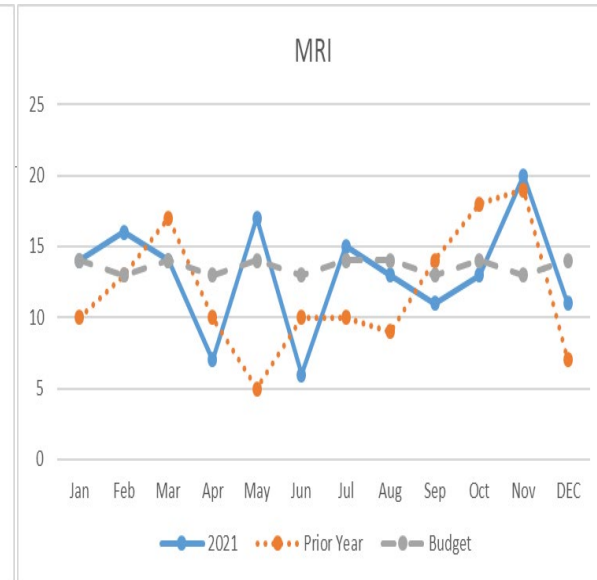
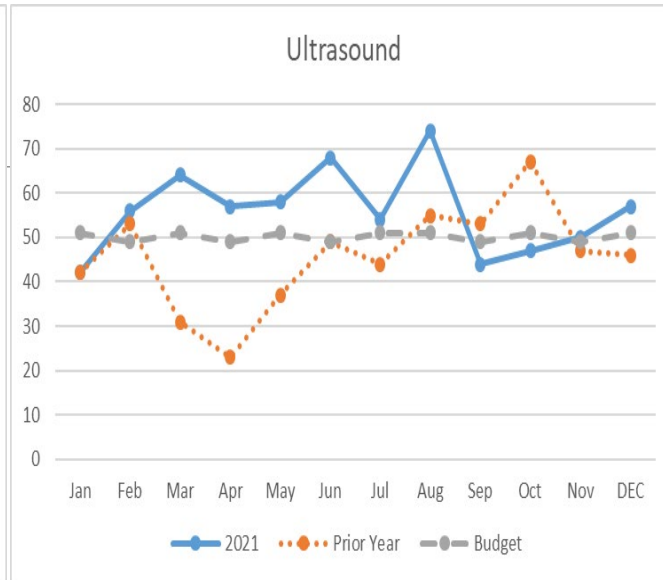
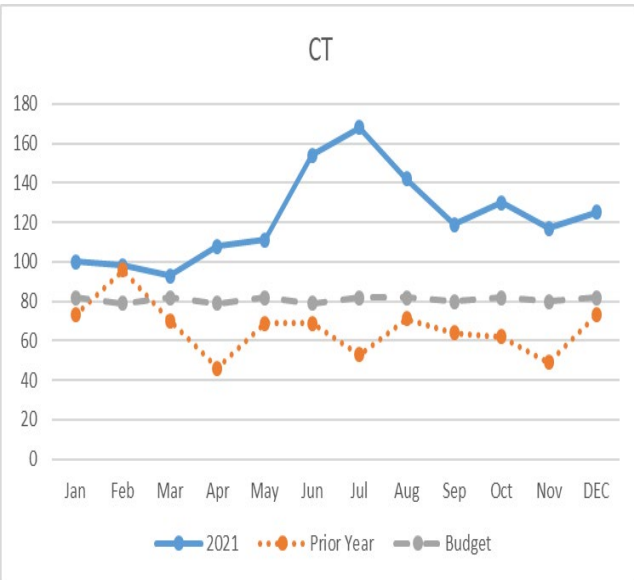
Clinic Visits



ER Visits



Productivity Dashboards (Procedures)



COVID Funds Coming

- ❑ Jan – September Vaccine FEMA Reimbursement in Process
 - ❑ ~385,000 in Transit
- ❑ Phase 4 COVID Funds Approved
 - ❑ ~\$57,000
- ❑ FEMA COVID TESTING CONTRACT
 - ❑ Budget Approved and Contract Signed in February.
 - ❑ ~1.2 Million in approved expenses.

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 December 1 to December 31, 2021

Northwest Bank Accounts Payable Warrants

\$2,015,112.91	Accounts Payable Warrants Warrants #77665 to #77094
<u><u>\$2,015,112.91</u></u>	

Northwest Bank Payroll Warrants & EFT

NOTE: 3 Payrolls in December

\$0.00	Payroll Warrants
1,699,004.73	Hospital & Clinic Payroll Auto Deposits
580,045.90	Hospital & Clinic Payroll Tax
98,738.81	Hospital & Clinic Retirement 457, 403B, & 403B Match Plans
<u><u>\$2,377,789.44</u></u>	

GRAND TOTAL

<u><u>\$4,392,902.35</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
Carolyn Marks, Assistant Director Finance

Public Hospital District No. 4 King County
Financial Update
Cash Balances
12/31/2021

	<u>Bank/Fund</u>	<u>Cash Balance</u>
Unrestricted		
	Northwest Bank	
	Warrant	\$ 469,350.74
	Outstanding Warrants	144,329.67
	Payroll	1,931.96
	Operating	528,172.16
	Reconciliating Items	-
	Lockbox	500,000.00
	Money Market	5,107,049.00
	US Bank Treasury	4,901,254.57
	 Banner Bank	
	#4052002599	420,923.53
	#4052002382	324,533.97
	 Key Bank	
	#479681237018	102,877.66
	 General Fund King Co	
	140040010	86,050.30
	GO Bond Fund King Co	
	140048510	324,381.98
	 Petty Cash	300.00
	 Total Unrestricted	 <u>12,911,155.54</u>
Restricted		
	Limited GO Bond Fund-King Co	
	140048400	4,465,320.92
	Reserve Fund-King Co	
	140046010	1,753,819.51
	 Reserve 2015 Rev Bond-US Bank	3,675,187.50
	 CMS Advance Payment (Money Mkt)	7,384,854.16
		<u>\$ 17,279,182.09</u>
	 Board Restricted Funds	\$ 102,276.62
	 Total All Accounts	 <u>\$ 30,292,614.25</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	\$ 2,015,112.91	\$ 2,377,789.44	\$ 4,392,902.35
Total	\$ 22,916,036.36	\$ 21,577,765.11	\$ 44,493,801.47

Cash Disbursements for 2020

Accounts Payable	Payroll and Taxes	Total	Over(Under) Prior Year Cash
\$ 1,794,267.38	\$ 2,298,858.93	\$ 4,093,126.31	\$ (628,410.48)
\$ 1,375,026.40	\$ 1,463,584.13	\$ 2,838,610.53	\$ 591,298.08
\$ 1,118,506.09	\$ 1,522,033.73	\$ 2,640,539.82	\$ 897,847.15
\$ 1,846,911.11	\$ 1,561,253.06	\$ 3,408,164.17	\$ 252,451.51
\$ 1,367,079.00	\$ 1,493,786.65	\$ 2,860,865.65	\$ 758,658.78
\$ 1,487,745.21	\$ 1,521,572.41	\$ 3,009,317.62	\$ 618,612.68
\$ 1,662,466.66	\$ 2,250,043.73	\$ 3,912,510.39	\$ 565,975.57
\$ 1,228,428.63	\$ 1,486,408.62	\$ 2,714,837.25	\$ 728,594.01
\$ 1,538,679.86	\$ 1,495,546.47	\$ 3,034,226.33	\$ 736,299.65
\$ 2,192,277.24	\$ 1,516,995.95	\$ 3,709,273.19	\$ (338,315.47)
\$ 1,692,426.69	\$ 1,558,854.01	\$ 3,251,280.70	\$ 445,135.68
\$ 1,624,796.74	\$ 2,653,938.19	\$ 4,278,734.93	\$ 114,167.42
\$ 18,928,611.01	\$ 20,822,875.88	\$ 39,751,486.89	\$ 4,742,314.58

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	\$ 4,394,700.98		\$ 4,394,700.98
Total	\$ 45,041,222.26	\$ -	\$ 45,041,222.26

Cash Receipts for 2020

Deposits at Banks All accounts	Line of Credit or Bond Fund or Money Market	Total	Over(Under) Prior Year Cash
\$ 3,420,122.70		\$ 3,420,122.70	\$ 2,012,963.84
\$ 2,838,610.53		\$ 2,838,610.53	\$ 432,889.07
\$ 2,704,304.79		\$ 2,704,304.79	\$ 1,586,900.92
\$ 2,735,827.46		\$ 2,735,827.46	\$ 594,334.22
\$ 7,471,423.47		\$ 7,471,423.47	\$ (4,327,132.36)
\$ 2,693,270.07		\$ 2,693,270.07	\$ 435,522.08
\$ 3,227,110.61		\$ 3,227,110.61	\$ 277,832.11
\$ 3,550,821.93		\$ 3,550,821.93	\$ 350,012.75
\$ 3,638,518.79		\$ 3,638,518.79	\$ 41,911.07
\$ 3,158,133.95		\$ 3,158,133.95	\$ (99,887.94)
\$ 3,684,049.92		\$ 3,684,049.92	\$ 218,981.30
\$ 1,969,734.78		\$ 1,969,734.78	\$ 2,424,966.20
\$ 41,091,929.00	\$ -	\$ 41,091,929.00	\$ 3,949,293.26

Days AP Payable 19.04

PARTICIPANTS: **Dariel Norris** – Commissioner, Chair; **Emma Herron** – Commissioner; **Rachel Thompson** – MD, CMO; **Renée Jensen** – CEO

COMMUNITY													
COVID	<ul style="list-style-type: none">Vaccine administration is decreasing with an average of less than 100 per day.Testing continues at a consistent frequency. Positivity rate has dropped to 19% from 27%.Transitioned from N95 to Level 2 masks or above throughout district.												
HOSPITAL													
System Wide	<ul style="list-style-type: none">Transitioned to new vendor for patient experience surveys – SurveyVitals - with broader methods of outreach and more user-friendly data source.												
Inpatient/Swing (Average Daily Census)	2022 Budget (pts/day)			January 2022 (pts/day)			January 2022 YTD (pts/day)						
	23			22.4			22.4						
Emergency (Average Daily Visit Volumes)	2022 Budget (visits/Day)			January 2022 (visits/day)			January 2022 YTD (visits/day)						
	13			14			14						
Endoscopy (Monthly Visit Volumes)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	10												
	2021 Monthly Average: 17.9												
	<ul style="list-style-type: none">Endoscopy on hold per State order, Jan 19 through Feb 17.Continue outreach efforts for colonoscopy gaps; new Endoscopy Nurse joined team.												
HOSPITAL AND RIDGE CLINICS													
Monthly Visit Volumes	2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Number of Visits	1642											
	Average per Day	53											
	2021 Average (Apr-Dec): 162 visits per month, 62.9 visits per day												
Urgent Care Volumes	2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Number of Visits	109											
	Average per Day	6											
Updates	<ul style="list-style-type: none">Continued work being done to recruit staffing and improve work-flow efficiencies.Behavioral Health Team – recruiting for a second therapist.Developing Post COVID Syndrome care pathway.												
MEDICAL STAFF – MEC and Med Committee Recommendations:													
Initial Privileging to Provisional Status:						Transition from Provisional to Telemedicine:							
<ul style="list-style-type: none">Precious Barnes, DO – Family Medicine Tele HospitalistSheri D Christian-Armstrong, DO – Internal Medicine Tele HospitalistEmilia Lewis, PA-C - Hospitalist						<ul style="list-style-type: none">Kelly Ann Lloyd, MD – Pathology/Medical Director							
Extend Provisional Status 6 months (no patient contacts):						Transition from Provisional to Affiliate:							
<ul style="list-style-type: none">Yasmin Akbari, MD – Tele Radiology						<ul style="list-style-type: none">Eric Seabright, PharmD - PharmacyChristopher Stanley, PA-C – Urgent Care							
						Renewal to Telemedicine:							
						<ul style="list-style-type: none">Kenneth Hebert, MD – Tele Radiology							

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

Committee Members:

Commissioner Jen Carter
Commissioner Darrel Norris
Karyn Denton, COO/CNO, Executive Chair
Renee Jensen, CEO
Danny Scott, Facilities Director

Old Business: None

SRMC TI project: X-ray equipment is installed and training scheduled for staff February 17th-19th, 2022.

New Business:

1. **Maintenance Issues:** One of the three boilers is down and awaiting parts for repair. This should not cause any issues since the building's max load utilizes 1.5 boilers at most.
2. **Facility Usage – As of April 2020:**
 - a) Due to COVID-19, all external uses of the community room are cancelled until further notice
3. **Environment of Care:** No report

Emergency Management: No report

Fire Safety Management: Preparing for 1st quarter drill and completed our quarterly fire system inspection

Hazardous Materials Waste Management: No report

Medical Equipment Management: Danny and Rachel Weber have conducted audits on bed alarm capabilities of all 25 inpatient beds. They are working with our Biomed technician to assure each can be fully set to be compatible with the alarm system. Requires installation of minor equipment on several, which is underway. Daily checks will be performed on each shift to assure alarms are properly set.

Physical Plant: Coffee bar in lobby will reopen the week of 2/14. Trail Youth will continue to use the space for their services and training program.

Safe Patient Handling: Committee work is underway with plans to train super users to do on the job training as well as quarterly refreshers, rather than once per year. Performing routine safety checks on all equipment and now labeling lift equipment with instructions for how to use safely. Working with Charge RNs to assure coverage is provided so staff can participate.

Safety Management: No report

Security Management: Soliciting proposals for new guard service contract. FEMA trailer was stolen on 2/6/22 and recovered on 2/7/22 with minor damage and all contents were accounted for.

Utilities management: No report

Workplace Harm: No report

East Campus: No report

Other: No report

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

**Public Hospital District No. 4, King County
KING COUNTY, WASHINGTON
RESOLUTION NO. 682-0222**

A RESOLUTION of the Commission of Public Hospital District No. 4, King County, Washington, determining certain personal property to be surplus and no longer required for public hospital district purposes of the District and authorizing the Superintendent or his designee to dispose of, or sell, all or any part of such property on a negotiated basis.

WHEREAS, certain personal property of the District is no longer required for District purposes and the Commission wishes to dispose of such property in a lawful manner as promptly as reasonably possible; and

WHEREAS, East Campus clean-up is underway. There are many items in need of disposal. To ensure all items have been properly presented to the Board, the staff is supplying a complete and comprehensive list. Some items may have been previously surplused. This will ensure transparency and confidence that all items are accounted for before disposal;

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

SECTION 1: It is hereby found, determined and declared that all of the personal property identified on Exhibit A attached hereto (the "Surplus Property") is no longer required for public hospital district purposes. It is further found and declared to be in the best interest of the District that the Surplus Property be disposed of promptly as hereinafter provided.

SECTION 2: The Superintendent or her designee is hereby authorized and directed to dispose of or sell the Surplus Property on a negotiated basis or the most favorable terms and conditions she deems obtainable.

APPROVED AND ADOPTED by the Board of Commissioners of Public Hospital District No. 4, King County, at a duly and properly noticed regular meeting thereof, on the 24th day of February, 2022.

President and Commissioner

Vice President and Commissioner

Commissioner

Secretary and Commissioner

Commissioner

Resolution No. 682-0222
Exhibit A

1. 3 Wireless Dymo Label Printers
2. 5 Brother MFC L2750DW laser Printers
3. 5 Wired Dymo Label Printers
4. 4 Dell Computer SVH016, SVH 033, SVH046, SVH045,
5. 6 Modern Medical Center Centrifuges
6. 1 Horizon Centrifuge