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## Agenda

- 1. 6:30PM - CALL TO ORDER/ROLL CALL**
- 2. 6:32PM – APPROVAL OF THE AGENDA - Action (vote)**
- 3. 6:35PM - BUSINESS FROM AUDIENCE – Information**
  - a. Public Comment (*please limit comments to 3 min.*)
- 4. 6:37PM - CONSENT AGENDA– See Separate Consent Agenda - Action (vote)**
- 5. 6:40PM – COMMUNICATIONS - Information**
  - a. Emma Herron, President
  - b. Skip Houser, General Legal Counsel
    - RCW 70.44.060 Powers and Duties
    - King County COVID Update
  - c. CEO Report - Renée K. Jensen, CEO
- 6. 7:15PM – COMMITTEE REPORTS– Information/Discussion**
  - a. 7:15PM – Finance Committee – Commissioners Speikers/Herron
    - i. Approval of warrants, payroll and payroll taxes – March 2021 – Action (vote)
  - b. 7:30PM – Medical Committee – Commissioners Herron/Norris
  - c. 7:40PM – Facilities Committee – Commissioners Hauglie/Carter
- 7. 7:50PM – NEW BUSINESS**
  - a. Resolution No. 677-0513–Employee Retention Payment & Sign-on Bonus–Action (vote)
- 8. 7:55PM – GOOD OF THE ORDER/COMMISSIONER COMMENT**
- 9. 8:00PM – 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).

(g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee.
- 10. 8:30PM - ADJOURNMENT**

### Upcoming Meetings - Information

- Education Work/Study – Thursday, June 10, 2021, 4:30-6:00pm
- Monthly Business Meeting – Thursday, June 10, 2021, 6:30pm

1. Work Study Minutes – Not held in April
2. Regular Meeting Minutes – April 8, 2021
3. Special Meeting Minutes – April 21, 2021
4. Physician Credentialing
  - a. Eric R. Shipley, MD – Emergency Medicine - Renewal
  - b. Kristine Andrade, MD – TeleRadiology - Renewal
  - c. Lloyd Stambaugh, MD – TeleRadiology - Renewal
  - d. Peter Thurlow, MD – TeleRadiology - Renewal
  - e. Milton Van Hise, MD – TeleRadiology – Renewal
  - f. Scott Vanderheiden, MD – TeleRadiology – Renewal
  - g. Pedro Vieco, MD – TeleRadiology - Renewal
5. Authorization: Verbal authorization from President Herron and Secretary Hauglie for CEO to sign minutes and Physician Credentialing on their behalf.

**DRAFT**



**PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY**

**Board of Commissioners**

**April 8, 2021, 6:30 pm**

**MINUTES**

**Snoqualmie Valley Hospital**

**Via Zoom**

**PRESENT:**

Emma Herron, President

Daniel Norris (joined meeting at 6:36pm)

Kevin Hauglie, Secretary

David Speikers, Commissioner (joined meeting at 6:34pm)

Jen Carter, Commissioner

**ALSO PRESENT:**

Renée Jensen, CEO

Karyn Denton, COO/CNO

Patrick Ritter, CFO

Charles (Skip) Houser, General Counsel

Sandra Stanger, Clerk

**CALL TO ORDER:** The meeting was called to order by Pres. Herron at 6:30pm, 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 AGENDA:**

**President Herron made a motion to add a New Business item to the agenda to discuss whether to engage a third party consultant to provide a 360 Evaluation for the six month performance of CEO.**

**A motion was made and seconded to approve the agenda as amended. M/Hauglie S/Carter**

**The motion passed by unanimous vote.**

**PUBLIC COMMENT:** None.

## **CONSENT AGENDA**

**A motion was made and seconded to approve the consent agenda as proposed, which includes approval of minutes. M/Carter S/Speikers**

**There was no further discussion and the motion unanimously passed.**

## **COMMUNICATIONS:**

- President Herron: Importance of a governance committee.
- General Counsel Houser: Future Board education topics.
- CEO Report: Reference CEO Report. Shared patient story.

## **COMMITTEE REPORTS**

**1. Finance Committee Report - Approval of warrants, payroll and payroll taxes – February 1 thru February 28, 2020.** Written minutes from the March 30, 2021 meeting for the February 2021 finances were provided as part of the board packet and reported by Commissioner Speikers, Committee Chair. Both Commissioners Speikers and Herron attended the meeting via Zoom. The committee is scheduled to next meet on April 27, 2021 to review March 2021 finances.

**1(a). Approval of Warrants, Payroll and Payroll taxes – February 2021.**

**A motion was made and seconded to approve total disbursements that includes payroll warrants, hospital and clinic payroll, auto deposits, hospital and clinic payroll taxes, retirement and matching plans, as well as all accounts payable warrants in the total amount of \$3,429,908.61 for February 1 thru February 28, 2021, as recommended by the Finance Committee.**

**M/Speikers S/Carter**

**The motion carried by unanimous vote.**

**2. Medical Committee Report.** Written minutes from the April 6, 2021 meeting were provided as part of the board packet and reported by Commissioner Norris, Committee Chair. Both Commissioners Norris and Herron attended the meeting via Zoom. The committee is scheduled to next meet on May 4, 2021.

**3. Facilities Committee Report.** Written minutes from the March 24, 2021 meeting were provided as part of the board packet and reported by Commissioner Hauglie, Committee Chair. Both Commissioners Hauglie and Carter attended the meeting via Zoom. The committee is scheduled to next meet on April 28, 2021.

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

**NEW BUSINESS:**

- a. Resolution No. 676-0421 – Disposing of Surplus Equipment  
**M/Speikers S/Hauglie**

**The motion carried by unanimous vote.**

- b. CEO 360 Performance Evaluation Utilizing Third Party Executive Coach, John Fletcher.

**Commissioner Herron made a motion to engage John Fletcher to provide a 360 Evaluation feedback for the 6 month performance of CEO. M/Herron S/Hauglie**

**Discussion ensued that a 6 month 360 Evaluation is too soon. The Board considered using the 360 Evaluation at the 9 or 12 month review.**

**Roll call vote taken. Commissioners Herron and Hauglie voted yes. Commissioners Norris, Speikers and Carter voted no. The motion failed with a 2-3 vote.**

**GOOD OF THE ORDER/COMMISSIONER COMMENT:**

**EXECUTIVE SESSION:**

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

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

**ADJOURN TO EXECUTIVE SESSION** at 8:22pm

**RECONVENED** at 8:42pm

**ADJOURNED** at 8:43pm

**UPCOMING PUBLIC MEETINGS:**

**Education Work/Study** – Thursday, May 13, 2021, 4:30-6:00pm

**Monthly Business Meeting** – Thursday, May 13, 2021, 6:30pm

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Kevin Hauglie, Board Secretary

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Sandra Stanger, Recording Clerk

**DRAFT**



**PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY**

**Board of Commissioners**

**April 21, 2021, 12pm**

**SPECIAL MEETING MINUTES**

**Snoqualmie Valley Hospital**

**Via Zoom**

**PRESENT:**

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

**ALSO PRESENT:**

Renée Jensen, CEO  
Karyn Denton, COO/CNO  
Patrick Ritter, CFO  
Charles (Skip) Houser, General Counsel  
Sandra Stanger, Clerk

**CALL TO ORDER:** The special meeting was called to order by Pres. Herron at 12:10pm, 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.

**NEW BUSINESS:**

- a. Options for CEO Performance Evaluation Form

**Commissioner Speikers made a motion to adopt the SVH annual performance review form with sentence corrections. M/S S/H**

**The motion passed by unanimous vote.**

**ADJOURNED** at 12:30pm

**UPCOMING PUBLIC MEETINGS:**

**Education Work/Study** – Thursday, May 13, 2021, 4:30-6:00pm  
**Monthly Business Meeting** – Thursday, May 13, 2021, 6:30pm

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Kevin Hauglie, Board Secretary

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Sandra Stanger, Recording Clerk



**RCW 70.44.060****Powers and duties.**

All public hospital districts organized under the provisions of this chapter shall have power:

(1) To make a survey of existing hospital and other health care facilities within and without such district.

(2) To construct, condemn and purchase, purchase, acquire, lease, add to, maintain, operate, develop and regulate, sell and convey all lands, property, property rights, equipment, hospital and other health care facilities and systems for the maintenance of hospitals, buildings, structures, and any and all other facilities, and to exercise the right of eminent domain to effectuate the foregoing purposes or for the acquisition and damaging of the same or property of any kind appurtenant thereto, and such right of eminent domain shall be exercised and instituted pursuant to a resolution of the commission and conducted in the same manner and by the same procedure as in or may be provided by law for the exercise of the power of eminent domain by incorporated cities and towns of the state of Washington in the acquisition of property rights: PROVIDED, That no public hospital district shall have the right of eminent domain and the power of condemnation against any health care facility.

(3) To lease existing hospital and other health care facilities and equipment and/or other property used in connection therewith, including ambulances, and to pay such rental therefor as the commissioners shall deem proper; to provide hospital and other health care services for residents of said district by facilities located outside the boundaries of said district, by contract or in any other manner said commissioners may deem expedient or necessary under the existing conditions; and said hospital district shall have the power to contract with other communities, corporations, or individuals for the services provided by said hospital district; and they may further receive in said hospitals and other health care facilities and furnish proper and adequate services to all persons not residents of said district at such reasonable and fair compensation as may be considered proper: PROVIDED, That it must at all times make adequate provision for the needs of the district and residents of said district shall have prior rights to the available hospital and other health care facilities of said district, at rates set by the district commissioners.

(4) For the purpose aforesaid, it shall be lawful for any district so organized to take, condemn and purchase, lease, or acquire, any and all property, and property rights, including state and county lands, for any of the purposes aforesaid, and any and all other facilities necessary or convenient, and in connection with the construction, maintenance, and operation of any such hospitals and other health care facilities, subject, however, to the applicable limitations provided in subsection (2) of this section.

(5) To contract indebtedness or borrow money for corporate purposes on the credit of the corporation or the revenues of the hospitals thereof, and the revenues of any other facilities or services that the district is or hereafter may be authorized by law to provide, and to issue and sell: (a) Revenue bonds, revenue warrants, or other revenue obligations therefor payable solely out of a special fund or funds into which the district may pledge such amount of the revenues of the hospitals thereof, and the revenues of any other facilities or services that the district is or hereafter may be authorized by law to provide, to pay the same as the commissioners of the district may determine, such revenue bonds, warrants, or other obligations to be issued and sold in the same manner and subject to the same provisions as provided for the issuance of revenue bonds, warrants, or other obligations by cities or towns under the municipal revenue bond act, chapter 35.41 RCW, as may hereafter be amended; (b) general obligation bonds therefor in the manner and form as provided in RCW 70.44.110 and 70.44.130, as may hereafter be amended; or (c) interest-bearing warrants to be drawn on a fund pending deposit in such fund of money sufficient to redeem such warrants and to be issued and paid in such manner and upon such terms and conditions as the board of commissioners may deem to be in the best interest of the district; and to assign or sell hospital accounts receivable, and accounts receivable for the use of other facilities or services that the district is or hereafter may be authorized by law to provide, for collection with or without recourse. General obligation bonds shall be issued and sold in accordance with



chapter 39.46 RCW. Revenue bonds, revenue warrants, or other revenue obligations may be issued and sold in accordance with chapter 39.46 RCW. In connection with the issuance of bonds, a public hospital district is, in addition to its other powers, authorized to grant a lien on any or all of its property, whether then owned or thereafter acquired, including the revenues and receipts from the property, pursuant to a mortgage, deed of trust, security agreement, or any other security instrument now or hereafter authorized by applicable law: PROVIDED, That such bonds are issued in connection with a federal program providing mortgage insurance, including but not limited to the mortgage insurance programs administered by the United States department of housing and urban development pursuant to sections 232, 241, and 242 of Title II of the national housing act, as amended.

(6) To raise revenue by the levy of an annual tax on all taxable property within such public hospital district not to exceed fifty cents per thousand dollars of assessed value, and an additional annual tax on all taxable property within such public hospital district not to exceed twenty-five cents per thousand dollars of assessed value, or such further amount as has been or shall be authorized by a vote of the people. Although public hospital districts are authorized to impose two separate regular property tax levies, the levies shall be considered to be a single levy for purposes of the limitation provided for in chapter 84.55 RCW. Public hospital districts are authorized to levy such a general tax in excess of their regular property taxes when authorized so to do at a special election conducted in accordance with and subject to all of the requirements of the Constitution and the laws of the state of Washington now in force or hereafter enacted governing the limitation of tax levies. The said board of district commissioners is authorized and empowered to call a special election for the purpose of submitting to the qualified voters of the hospital district a proposition or propositions to levy taxes in excess of its regular property taxes. The superintendent shall prepare a proposed budget of the contemplated financial transactions for the ensuing year and file the same in the records of the commission on or before the first day of November. Notice of the filing of said proposed budget and the date and place of hearing on the same shall be published for at least two consecutive weeks, at least one time each week, in a newspaper printed and of general circulation in said county. On or before the fifteenth day of November the commission shall hold a public hearing on said proposed budget at which any taxpayer may appear and be heard against the whole or any part of the proposed budget. Upon the conclusion of said hearing, the commission shall, by resolution, adopt the budget as finally determined and fix the final amount of expenditures for the ensuing year. Taxes levied by the commission shall be certified to and collected by the proper county officer of the county in which such public hospital district is located in the same manner as is or may be provided by law for the certification and collection of port district taxes. The commission is authorized, prior to the receipt of taxes raised by levy, to borrow money or issue warrants of the district in anticipation of the revenue to be derived by such district from the levy of taxes for the purpose of such district, and such warrants shall be redeemed from the first money available from such taxes when collected, and such warrants shall not exceed the anticipated revenues of one year, and shall bear interest at a rate or rates as authorized by the commission.

(7) To enter into any contract with the United States government or any state, municipality, or other hospital district, or any department of those governing bodies, for carrying out any of the powers authorized by this chapter.

(8) To sue and be sued in any court of competent jurisdiction: PROVIDED, That all suits against the public hospital district shall be brought in the county in which the public hospital district is located.

(9) To pay actual necessary travel expenses and living expenses incurred while in travel status for (a) qualified physicians or other health care practitioners who are candidates for medical staff positions, and (b) other qualified persons who are candidates for superintendent or other managerial and technical positions, which expenses may include expenses incurred by family members accompanying the candidate, when the district finds that hospitals or other health care facilities owned and operated by it are not adequately staffed and determines that personal interviews with said candidates to be held in the district are necessary or desirable for the adequate staffing of said facilities.

(10) To employ superintendents, attorneys, and other technical or professional assistants and all other employees; to make all contracts useful or necessary to carry out the provisions of this chapter,



including, but not limited to, (a) contracts with private or public institutions for employee retirement programs, and (b) contracts with current or prospective employees, physicians, or other health care practitioners providing for the payment or reimbursement by the public hospital district of health care training or education expenses, including but not limited to debt obligations, incurred by current or prospective employees, physicians, or other health care practitioners in return for their agreement to provide services beneficial to the public hospital district; to print and publish information or literature; and to do all other things necessary to carry out the provisions of this chapter.

(11) To solicit and accept gifts, grants, conveyances, bequests, and devises of real or personal property, or both, in trust or otherwise, and to sell, lease, exchange, invest, or expend gifts or the proceeds, rents, profits, and income therefrom, and to enter into contracts with for-profit or nonprofit organizations to support the purposes of this subsection, including, but not limited to, contracts providing for the use of district facilities, property, personnel, or services.

[ 2011 c 37 § 1; 2010 c 95 § 1; 2003 c 125 § 1; 2001 c 76 § 1; 1997 c 3 § 206 (Referendum Bill No. 47, approved November 4, 1997); 1990 c 234 § 2; 1984 c 186 § 59; 1983 c 167 § 172; 1982 c 84 § 15; 1979 ex.s. c 155 § 1; 1979 ex.s. c 143 § 4; 1977 ex.s. c 211 § 1; 1974 ex.s. c 165 § 2; 1973 1st ex.s. c 195 § 83; 1971 ex.s. c 218 § 2; 1970 ex.s. c 56 § 85; 1969 ex.s. c 65 § 1; 1967 c 164 § 7; 1965 c 157 § 2; 1949 c 197 § 18; 1945 c 264 § 6; Rem. Supp. 1949 § 6090-35.]

## NOTES:

**Intent—1997 c 3 §§ 201-207:** See note following RCW 84.55.010.

**Application—Severability—Part headings not law—Referral to electorate—1997 c 3:**  
See notes following RCW 84.40.030.

**Purpose—1984 c 186:** See note following RCW 39.46.110.

**Liberal construction—Severability—1983 c 167:** See RCW 39.46.010 and note following.

**Severability—1979 ex.s. c 155:** "If any provision of this amendatory act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [ 1979 ex.s. c 155 § 3.]

**Severability—1979 ex.s. c 143:** See note following RCW 70.44.200.

**Severability—Effective dates and termination dates—Construction—1973 1st ex.s. c 195:** See notes following RCW 84.52.043.

**Purpose—1970 ex.s. c 56:** See note following RCW 39.52.020.

**Purpose—Severability—1967 c 164:** See notes following RCW 4.96.010.

### *Eminent domain*

*by cities:* Chapter 8.12 RCW.

*generally:* State Constitution Art. 1 § 16.

*Limitation on levies:* State Constitution Art. 7 § 2; RCW 84.52.050.

*Port districts, collection of taxes:* RCW 53.36.020.

*Tortious conduct of political subdivisions, municipal corporations and quasi-municipal corporations, liability for damages: Chapter **4.96** RCW.*

**“If your dreams don’t scare you, they are too small”  
– Richard Branson**

**Growth**

*Growth initiatives must be measurable, consistent with our mission, financially sustainable, and responsive to the health needs of those we serve.*

- **COVID Testing** – COVID testing continues weekdays in the morning until 0930. We have seen a significant increase in testing, in some cases causing a delay in starting vaccinations as the same team members are responsible for both activities. This increase in testing is in sync with the increased COVID activity across the state and at the County level. We are seeing an increase in our positivity rate above prior months. Exact data can be located in the Medical Committee minutes.
- **Ridge Clinic Expansion/Urgent Care** – We have confirmed that we will be able to use the title of Urgent Care for the Ridge Clinic expansion project. Research supports Urgent Care as the most frequently searched name when consumers are looking for access to medical care not in an emergency department. Interior finishes are being selected now. Waiting on permits from the city to proceed which may impact the go live date in July.
- **Provider Recruitment** – A new UC Physician assistant has been hired! We will welcome PA, Chris Stanley to our team in August. Chris is an experienced UC PA and a member of the Snoqualmie community. We couldn’t be happier with this addition to our team. We are also extending an offer to a recent DNP graduate to join our primary care team. She is an energetic, passionate, provider that will bring diversity to our primary care provider team. An added bonus is that she is currently working as a nurse at our facility. Keep fingers crossed that she chooses us as she has other options to consider.

**Quality**

*The commitment and continuing efforts to use measurable interventions to propel and sustain improvement that contributes to better patient outcomes, better system performance, and more satisfying experiences.*

- **Laboratory Medical Director** – Welcome Dr. Kelly Lloyd from Northwest Pathology as our new laboratory medical director! We are very excited to have her on board and looking forward to her upcoming visits.
- **Stroke and trauma recertification** – A special thank you to Rachel Weber, DNS for completing our stroke and trauma recertification applications. These are multiyear applications that require a lot of work and data gathering. We do not anticipate any recertification issues.
- **Clinic Documentation** – We are researching the possibility of implementing Artificial Intelligence technology in our clinics to assist with documentation accuracy, provider satisfaction and patient satisfaction. This is a product that we could group purchase through

the collaborative at a discounted rate. It is essentially taking the place of a live scribe and helping to alleviate the burden of documentation for providers.

- **L&I Complaint Investigation** – The investigation team from L&I were on site this month to investigate a complaint related to PPE and N95 masks. The initial survey and staff interviews went well. The site visit was followed by submission of many policies related to COVID and infection control. There are a few additional staff interviews to be conducted by phone before the investigation can be closed. Initial response from the survey team is very positive.
- **Quality Program** – With Dr. Thompson here full time we are now ready to reimagine the way quality functions in the organization. The key stakeholders will be working with Dr. Thompson to take the best of the existing program and integrate that into a new delivery system. Due to this work we will not be holding a quarterly QI committee meeting and instead will reschedule this to allow time for the new format to be designed and then shared with the committee.
- **Rounding/Employee Engagement** – CEO Jensen continues to look for ways to engage and get know the front line staff. Weekly formal and informal rounds are just one part of this important work. She is also offering 1:1 meetings with any employees that request her time. This has been widely accepted by many staff in several different departments. Staff are being heard and changes are being made based on their direct feedback.

## Relationships

*Relationships are at the core of our existence. Relationships, based on mutual respect and trust, are interactions that will make us better as individuals and an organization.*

- **National Hospital Week** – Celebrated May 10 – 14<sup>th</sup> honoring all healthcare providers. We have many fun activities and treats planned for next week including treats delivered by the Executive team, scavenger hunt, staff luncheon, decorations, and free coffee sponsorship.
- **COVID Vaccinations** – We completed our second mass vaccination event on April 25<sup>th</sup>. In partnership with the city of Snoqualmie and Snoqualmie Fire Department, we were able to vaccinate 1,020 people!
- **King County Public Health** – Special Announcement here! Stay tuned at the board meeting for important updates.
- **UW MHA Advisory Board** – CEO Jensen is an active member of the University of Washington MHA program advisory board. This month Jensen participated in a recruitment and selection process to enhance the board membership and implement formal processes for future board recruitment efforts. Not only is this work important to support future leaders in healthcare but it also supports continuing education in best practices for board development.
- **East Campus** – We are engaging with the City of Snoqualmie to assess the potential use of East Campus for a special development project. We do not have any details on the viability of this idea and for now it is in the primary stages of visioning possibilities.



- **Rural Health Collaborative** – It has been a busy month working with the collaborative. Here are just a few of the topics/projects we are engaged with:
  - *Renewed Delegated Credentialing contract* – SVH provides this service to the collaborative. The collaborative purchases these services from us to support other members.
  - *Signed Survey Vitals contract* – We will be transitioning away from using Press Ganey for our patient satisfaction survey at the beginning of 2022. The survey Vitals option allows for more flexibility, tailored to fit the needs of smaller hospitals and modern data collection options.
  - *Renewed Labcorp contract* – always good to get great pricing through a group purchase option. Labcorp provides our send out reference lab testing.
  - *Negotiating pricing on Eagle telemedicine contract* – This contract would allow us access to reduced rates to provide telemedicine coverage in the hospital. We are interested in this service to support our medical unit after hours and on weekends.
  - *Executed multi-employment retirement contract with Multnomah* – Multnomah provides support for our retirement programs. By combining contracts with other collaborative members, we will remain independent but benefit from a significant cost reduction in fees.
  - *Submitted Coordinated Quality Improvement Program application to DOH*. The Collaborative is seeking CQIP approval to further facilitate its activities to improve safety, patient experience and enable members to openly share quality improvement lessons and activities in greater detail to the benefit of all its members.

The goals of the COLLABORATIVE CQIP are to:

- Improve the effectiveness, quality, performance, safety, timeliness, accessibility and outcomes of patients receiving services in member health systems through, in part, by sharing of best practices.
- Share data and information for quality assessment and performance improvement.
- Launch performance improvement initiatives.
- Share incidents, patient satisfaction data, and malpractice claims data to identify opportunities for improved patient safety practices and to reduce overall medical malpractice claims and costs associated with patient injury prevention and safety improvement activities.
- Identify and share effective practices in implementing appropriate evidence-based practice guidelines and protocols to guide care.
- Develop education programs dealing with quality improvement, patient safety, medication errors, injury prevention, and legal aspects of patient care, improved communication and causes of malpractice claims for professional staff engaged in patient care activities.

## **Finance**

*Balanced budget, positive cash flow, debt repayment and positive financial returns on District investments.*

- **See finance summary prepared by CFO Ritter for more details on financial performance.**
- **Bond Holders Meeting** – CFO Ritter and CEO Jensen are preparing to hold a bond holders meeting in June. This will be a state of the nation type presentation that will also highlight current work as well as the strategic plan.
- **Audit** – 2020 Audit team on site, wrapping up end of year financials.

## **Operations**

*Functions or activities of an organization that are necessary to run its business and to support the core functions of treatment and payment.*

- **Electronic Medical Record (EMR)** – Due diligence continues. We are targeting a transition to a new EMR within the next 24 months. At this point it appears the best option for us would be to provision a “mainstream” brand through a larger institution or system. We are exploring both independent options for this as well as a potential group provisioning with several other collaborative partners.
- **Strategic Planning** – All of the primary engagement activities for the strategic plan have been completed. Compilation and summary of data is underway. An additional market data set supporting primary care needs was completed by Health Facilities Planning. It is important to remember that the most important part of strategic planning is the process, not the actual document production. We are seeing evidence of this with the leadership teams as they begin to align their work to support the larger vision and learn how to work together in concert toward a common goal. Despite the formalization of the report pending, there is much work underway that will be part of the final document. Key projects and initiatives are started and some such as Urgent Care are in full swing.
- **Employee Drug Screens** – We are changing our process and procedures for pre-employment and for cause drug screens. All drug screens will be sent out to a third party lab for testing. Positive results will be handled by an offsite Medical Review Officer and all results will be routed only through HR. We will be adhering to the national drug free work place standards.
- **Laboratory Space** - We are working with facilities to create additional work space in the lab to bring in a protective hood and work space to support the COVID testing volumes and ensure staff safety and improve sample processing.
- **Sound Medical Labs (SML)** – We have a partnership with SML to provide outpatient lab testing for some local provider offices. With the increased demand of this work as well as COVID testing it has strained our lab and team to the limits. Our lab is not designed to do high volume outpatient services and we are struggling to meet the expectation of the business. This is partly due to our EMR, hospital based processes and undersized equipment. We have been working diligently with SML to try and improve the struggling systems. Through this process we have identified the need to make major investments in order to support this work going forward. We are not currently in a position to make these commitments so we are pausing on adding

any additional work. We will continue to work towards stabilizing the current operations and reassess our direction/plans in three months.

- **Dietary Coverage** – Recent changes in dietary staffing have supported exploring alternate ways to provide in patient dietary coverage for our patients. We have been fortunate to connect with a collaborative hospital in Ellensburg that has capacity to assist with oversight and delivery of services utilizing telehealth. The details of this arrangement are still in the works. Services will be conducted remotely with the same standard of care as previously provided at a reduced cost.

### **Board Education Opportunities**

1. May 13<sup>th</sup> –
  - **Safety & Quality Leadership Summit**
  - May 13 @ 9:00 am - 12:30 pm
  - David Marx, Plenary Speaker
  - Registration Complete, Calendar invitation sent
2. May 19<sup>th</sup> –
  - **Budgeting and Financial Modeling in a Post-COVID World**
  - Dan Frein & Matthew Borchardt,
  - Webinar (Register on WSHA Website)
3. June 29<sup>th</sup> –
  - **CEO & Board Workshop**
  - Kimberly McNally & Alden Mills
  - Webinar (Registration Complete)
4. July 20<sup>th</sup> –
  - **Telemedicine 101: Considerations when implementing or expanding services**
  - Cindy Jacobs & David Streeter
  - Webinar (Register on WSHA Website)
5. September 10<sup>th</sup> –
  - **Charity Care**
  - Taya Briley & Zosia Stanley
  - Webinar (Register on WSHA Website)
6. September 16<sup>th</sup> – Dec 9<sup>th</sup>
  - **WSHA Annual Meeting**
  - eSeries
  - More details TBD

***Respectfully Submitted,***

***Renée K. Jensen***

## March 2021

### Financials Write-Up

#### Income Statement Narrative:

Net patient revenue was 9% above budgeted monthly income for March. A daily inpatient census of 23.4 attributed approximately \$2,900,000 in acute/swing bed revenue. March ER revenue increased \$200,000 over January revenue, totaling just over \$1,200,000. Endo was up almost double over budget.

March Operating income was better than budget by \$160,000! The total Net Income for March was almost \$262,000. Excluding Stimulus funds we would still have had a Net Income \$120,000.

#### Expense Variances

**Salaries reported at \$36,000 above budget.** Endoscopy was flexed up for volume. Inpatient Rehab flexed up for volume. ED RN up for coverage. Housekeeping up for volume.

**Professional Fees were \$62,000 over budget**—COVID-19 agency-related expenses; however, the total is \$60,000 less than January.

**Supplies were \$61,000 above budget.** Inpatient medical supplies and pharmaceuticals related to inpatient. Volumes up across most outpatient areas.

**Repairs and Maintenance up \$4,400.** Timing of repairs and maintenance,

**Utilities up \$11,125** Gas and electricity usage.

#### **Balance Sheet Highlights:**

- Assets Decrease
  - Depreciation & Right To Use ~\$255,000
- Current Liabilities Decrease
  - Recognized Stimulus ~\$167,000
  - Recognized Taxes decrease ~\$341,000
- An in Equity ~\$261,000
  - Net income for March

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#### **Cash Flow Statement Highlights:**

- Operating Activities increase of \$670,000
  - \$261,000 Net Income
  - \$400,000 decrease of AR
- Investing Activities decrease \$5,400
  - Equipment and Building Repairs \$5,400
- Financing Activities decrease ~\$80,000
  - Debt payments.

Total cash increase ~\$652,000

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#### **AR Days Goal 55**

- 55.3 Days
  - AR down \$400,000

#### **Bond Covenants: (Snapshot forecast)**

- Debt Coverage 1.93 requirement 1.20
- Reserve Requirement is at \$3,675,188 as required.
- Days cash is 128. The bond requirement is 60



# PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

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MARCH 2021 FINANCE COMMITTEE

SLIDES

APRIL 27, 2021

# Financial Statements

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

CURRENT MONTH					YEAR TO DATE			
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
\$ 3,739,332	\$ 3,428,740	\$ 310,592	9%	NET PATIENT SERVICE REVENUE	\$ 10,473,067	\$ 9,937,807	\$ 535,260	5%
77,351	87,161	(9,810)	-11%	TAXATION FOR OPERATIONS	234,279	253,049	(18,770)	-7%
63,227	45,108	18,119	40%	OTHER	141,310	134,419	6,891	5%
3,879,909	3,561,009	318,900	9%	TOTAL OPERATING REVENUE	10,848,656	10,325,275	523,381	5%
				OPERATING EXPENSES				
1,693,623	1,657,285	(36,338)	-2%	SALARIES	4,650,807	4,971,855	321,048	6%
372,602	385,504	12,902	3%	EMPLOYEE BENEFITS	1,188,516	1,156,512	(32,004)	-3%
384,304	322,250	(62,054)	-19%	PROFESSIONAL FEES	1,364,631	965,729	(398,902)	-41%
316,518	254,720	(61,798)	-24%	SUPPLIES	885,693	764,160	(121,533)	-16%
26,059	21,639	(4,420)	-20%	REPAIRS AND MAINTENANCE	69,690	64,917	(4,773)	-7%
47,387	36,262	(11,125)	-31%	UTILITIES	138,037	108,786	(29,251)	-27%
340,935	327,921	(13,014)	-4%	PURCHASED SERVICES	1,058,821	983,763	(75,058)	-8%
13,567	14,583	1,016	7%	INSURANCE	42,183	43,749	1,566	4%
64,044	63,641	(403)	-1%	LEASE AND RENTALS	183,537	190,923	7,386	4%
320,988	328,882	7,894	2%	DEPRECIATION	979,768	986,646	6,878	1%
37,026	48,558	11,532	24%	OTHER	128,346	143,378	15,032	10%
3,617,052	3,461,245	(155,807)	-5%	TOTAL OPERATING EXPENSES	10,690,030	10,380,418	(309,612)	-3%
262,857	99,764	163,093	-163%	OPERATING INCOME	158,625	(55,143)	213,768	388%
7,172	10,701	(3,529)	-33%	INVESTMENT INCOME, NET OF AMOUNT CAPITA	21,799	31,068	(9,269)	-30%
278,548	260,160	18,388	7%	TAXATION FOR BOND PRINCIPAL & INTEREST	804,624	755,303	49,321	7%
(425,594)	(428,346)	2,752	1%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZE	(1,279,929)	(1,283,889)	3,960	0%
(9,096)	(9,096)	(0)	0%	BOND ISSUANCE AND FINANCING COSTS	(27,289)	(27,288)	(1)	0%
148,015	148,015			NON OPERATING REV - STIMULUS	583,351	429,721		
-	11,882	(11,882)	-100%	OTHER NET	372	34,497	(34,125)	-99%
(956)	(6,684)	5,728	86%	NON OPERATING, NET	102,927	(60,588)	9,885	16%
261,902	93,080	168,822	181%	CHANGE IN NET POSITION	261,553	(115,731)	377,284	326%
-	-			NET POSITION BEGINNING OF YEAR	-	-	-	
\$ 261,902	\$ 93,080	\$ 168,822	181%	NET POSITION	\$ 261,553	\$ (115,731)	\$ 377,284	326%

SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	FEBRUARY 2021	MARCH 2021
ASSETS		
<b>CURRENT ASSETS</b>		
UNRESTRICTED CASH	13,013,696	13,492,126
BOARD RESTRICTED FUNDS	102,277	102,277
CMS ADVANCE PAYMENT	11,027,886	11,027,886
MANDATED RESERVE FUNDS	8,999,597	9,173,625
<b>TOTAL CASH</b>	<b>33,143,455</b>	<b>33,795,913</b>
ACCOUNTS RECEIVABLE	8,720,244	8,316,424
LESS A/R ALLOWANCES	2,085,073	2,146,741
COST REPORTS RECEIVABLE	-	-
EMR MEANINGFUL USE	197,177	197,177
<b>TOTAL NET RECEIVABLE</b>	<b>6,832,348</b>	<b>6,366,860</b>
TAXES RECEIVABLE	4,121,574	3,965,755
INVENTORY	260,582	245,583
PREPAID EXPENSES	9,739	39,374
INTANGIBLE ASSETS	3,152,968	3,143,872
OTHER RECEIVABLES	61,534	103,375
<b>TOTAL CURRENT ASSETS</b>	<b>47,582,201</b>	<b>47,660,732</b>
<b>FIXED ASSETS</b>		
LAND AND IMPROVEMENTS	26,604,969	26,604,969
BUILDINGS	32,453,337	32,458,808
MOVABLE EQUIPMENT	8,878,330	8,878,330
INFORMATION SYSTEMS	4,702,979	4,702,979
RIGHT TO USE ASSET	1,588,063	1,522,329
LESS: ACCUMULATED DEPRECIATION	22,934,886	23,190,140
<b>NET FIXED ASSETS</b>	<b>51,292,792</b>	<b>50,977,275</b>
<b>TOTAL ASSETS</b>	<b>98,874,993</b>	<b>98,638,007</b>

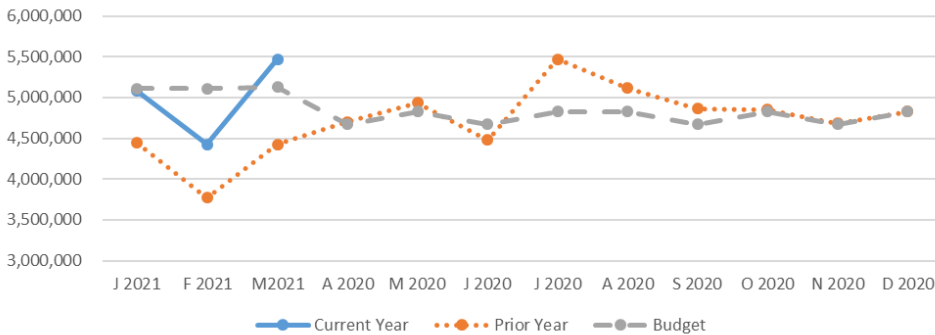
SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	FEBRUARY 2021	MARCH 2021
<b>LIABILITIES AND FUND BALANCES</b>		
<b>CURRENT LIABILITIES</b>		
NOTES PAYABLE	966,000	966,000
COST REPORTS PAYABLE	-	-
ACCOUNTS PAYABLE	979,465	813,186
ACCRUED PAYROLL & TAXES	2,048,918	2,177,940
ACCRUED INTEREST (BONDS)	672,689	821,452
OTHER CURRENT LIABILITIES	(57,181)	(55,411)
CURRENT PORTION LONG TERM DEBT	1,756,250	1,714,583
CMS ADVANCE PAYMENT PAYABLE	11,027,886	11,027,886
DEFERRED STIMULUS REVENUE	4,594,242	4,446,227
DEFERRED TAX REVENUE	3,361,847	3,020,556
<b>TOTAL CURRENT LIABILITIES</b>	<b>25,350,115</b>	<b>24,932,419</b>
<b>LONG TERM LIABILITIES</b>		
LIABILITY RIGHT TO USE ASSET	1,633,476	1,552,285
LONG TERM LIABILITIES (LTGO BONDS)	45,790,000	45,790,000
REVENUE BONDS	45,453,321	45,453,321
<b>TOTAL LONG TERM LIABILITIES</b>	<b>92,876,797</b>	<b>92,795,606</b>
<b>EQUITY/FUND BALANCE PERIOD END</b>	<b>(19,351,919)</b>	<b>(19,090,018)</b>
<b>TOTAL LIABILITY + EQUITY/FUND BALANCE</b>	<b>98,874,993</b>	<b>98,638,007</b>



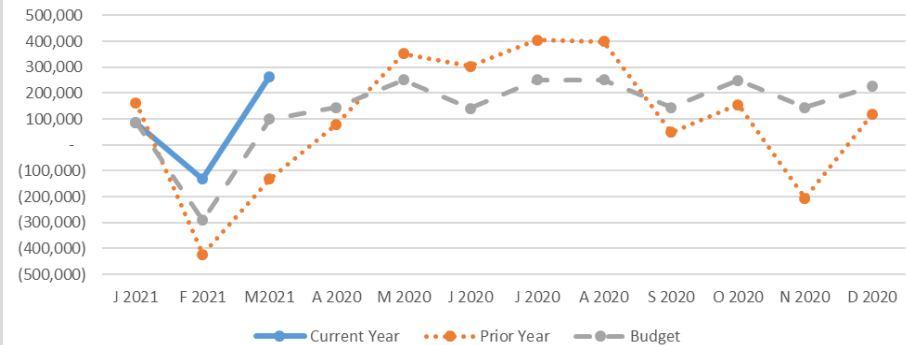
STATEMENT OF CASH FLOWS			
SOURCE AND APPLICATION OF FUNDS		FEBRUARY 2021	MARCH 2021
<b>Net Income</b>		(182,638)	261,902
Add (Deduct) items not affecting cash:			
Depreciation expense		255,254	255,254
(Increase) decrease in accounts receivable		95,306	465,488
(Increase) decrease in current assets			
Tax Receivable/Other Receivable		(22,588)	113,979
Inventory		7,174	14,999
PrePaid Expenses		(6,924)	(29,635)
Intangible Assets		9,096	9,096
Increase (decrease) in current liabilities			
Notes and Loans Payable		-	-
Accounts Payable		(66,384)	(166,279)
Accrued Payroll & Taxes		57,973	129,022
Accrued Interest (Bonds)		148,763	148,763
Other Current Liabilities		(20,110)	1,770
Deferred Stimulus Funds		(166,836)	(148,015)
Current Long Term Debt		(41,667)	(41,667)
Deferred Tax Revenue		(255,783)	(341,291)
Other (net)		(25,203)	
<b>Net Cash provided by operating activities</b>		<b>(214,567)</b>	<b>673,386</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Investment in plant and equipment			
Land		-	-
Buildings		(1,728)	(5,471)
Equipment		-	-
Right to Use Assets		65,734	65,734
<b>Net cash used for investing activities</b>		<b>64,007</b>	<b>60,263</b>
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>			
Change in long-term liabilities		(80,911)	(81,191)
<b>Increase (decrease) in cash</b>		<b>\$ (231,471)</b>	<b>\$ 652,458</b>
<b>Beginning Cash Balance</b>		<b>33,374,927</b>	<b>33,143,455</b>
<b>Ending Cash Balance</b>		<b>33,143,455</b>	<b>33,795,913</b>

# Financial Dashboards (Revenue & Income)

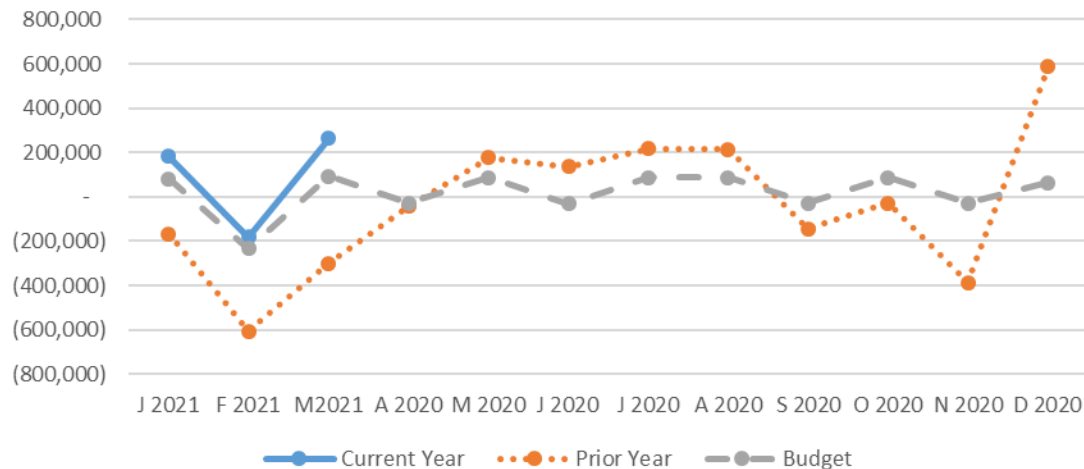
Gross Revenue



Operating Income

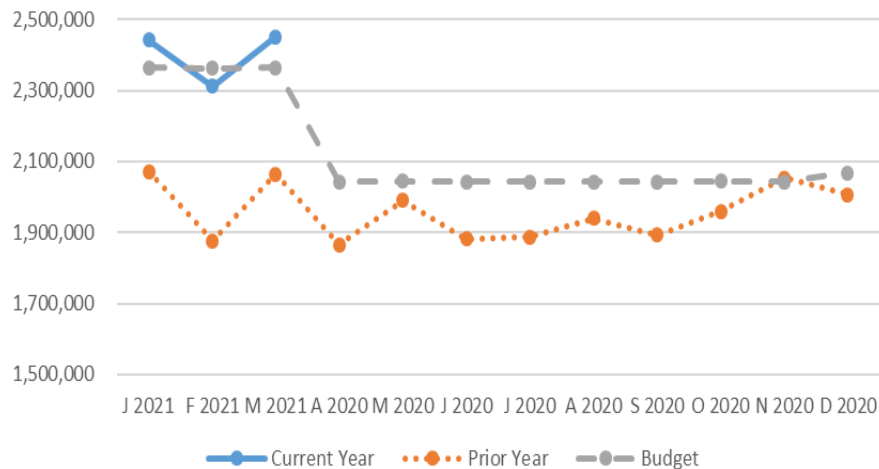


Net Income

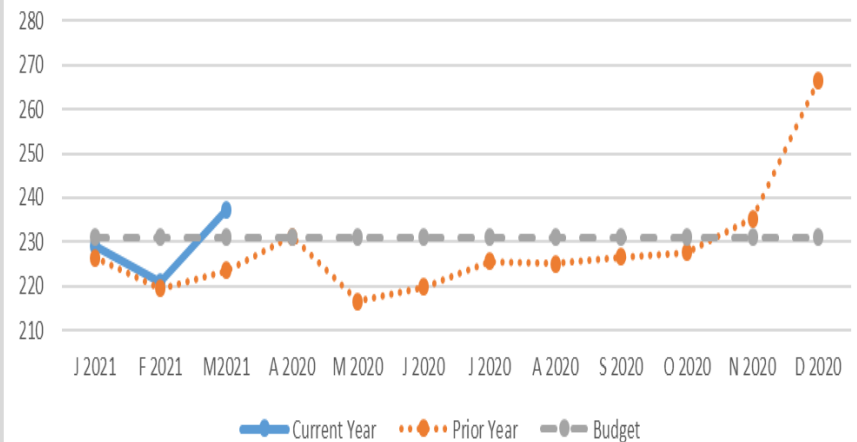


# Financial Dashboards (Expenses)

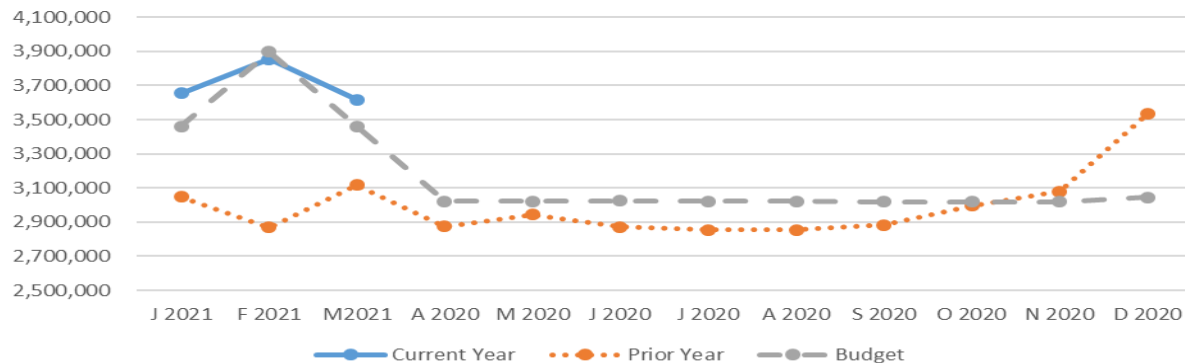
Salary Wages and Benefits



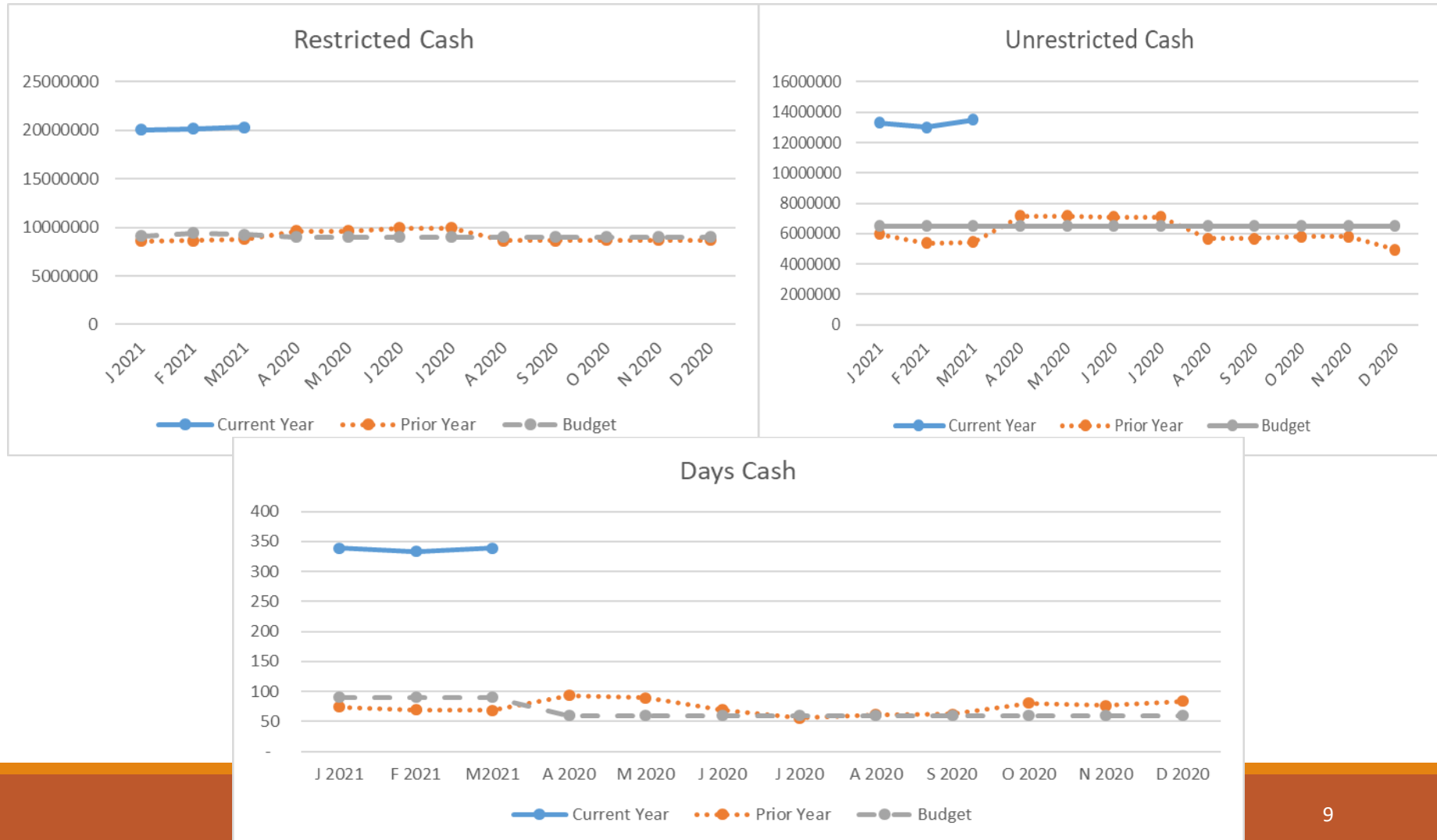
FTEs



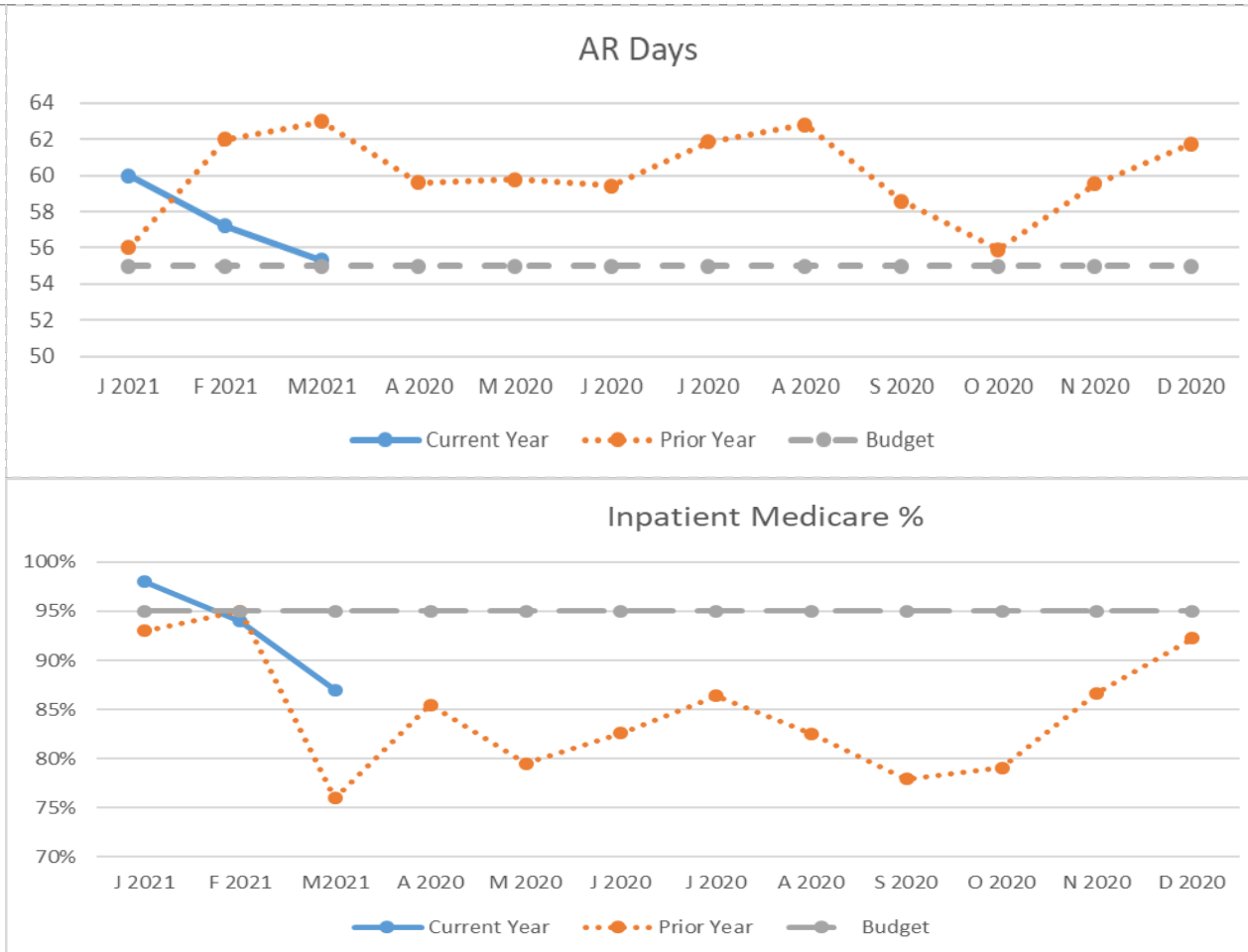
Operating Expenses



# Financial Dashboards (Cash)



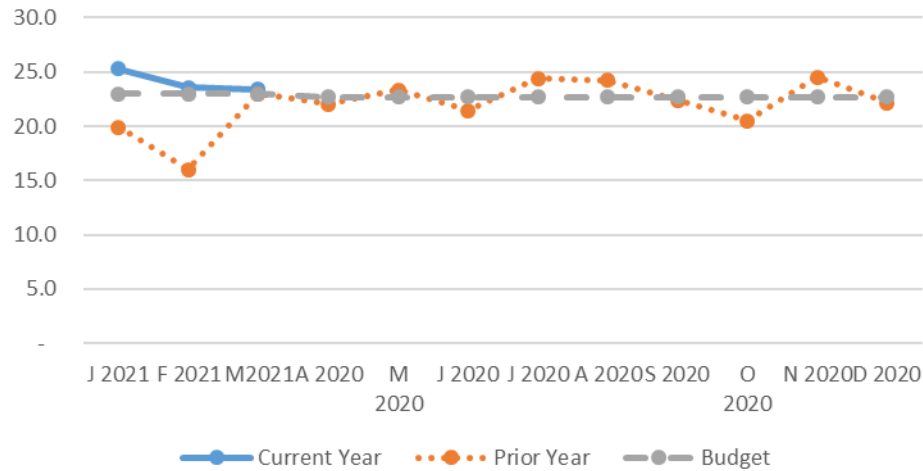
# Productivity Dashboards (AR/Payor Mix)



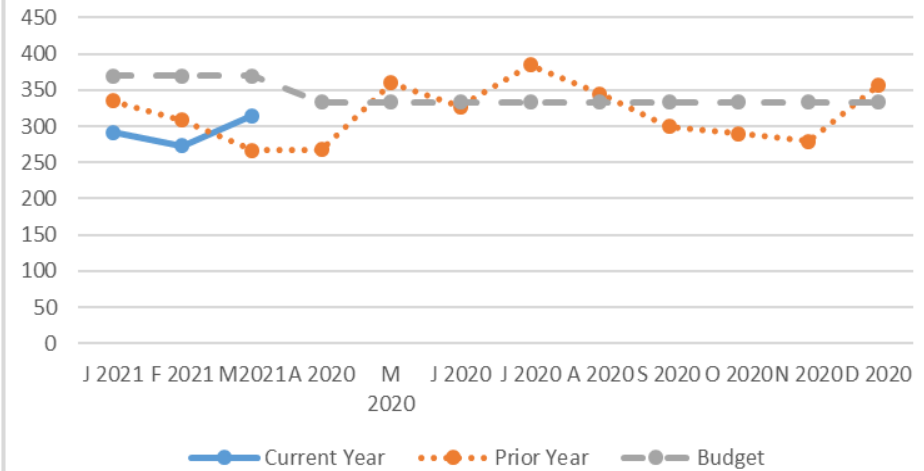


# Productivity Dashboards ( Census Visits)

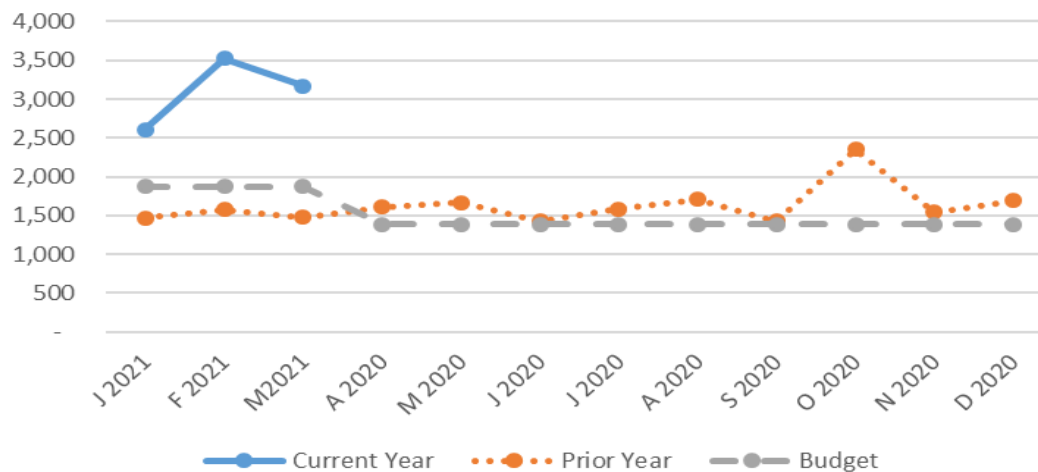
Acute/Swingbed Avg Daily Census



ER Visits

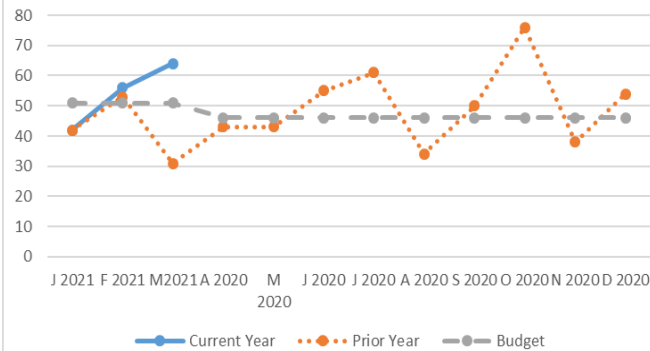


Clinic Visits

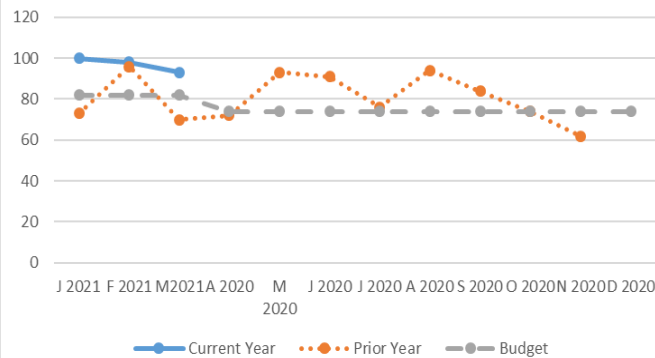


# Productivity Dashboards (Procedures)

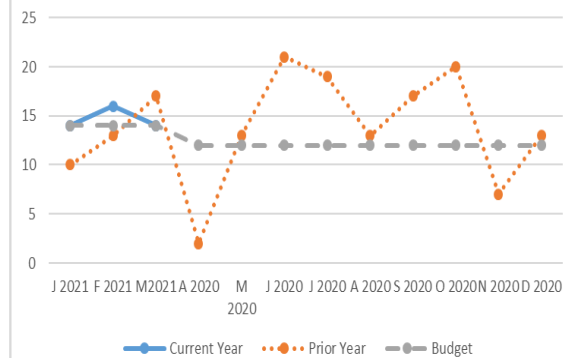
Ultrasound



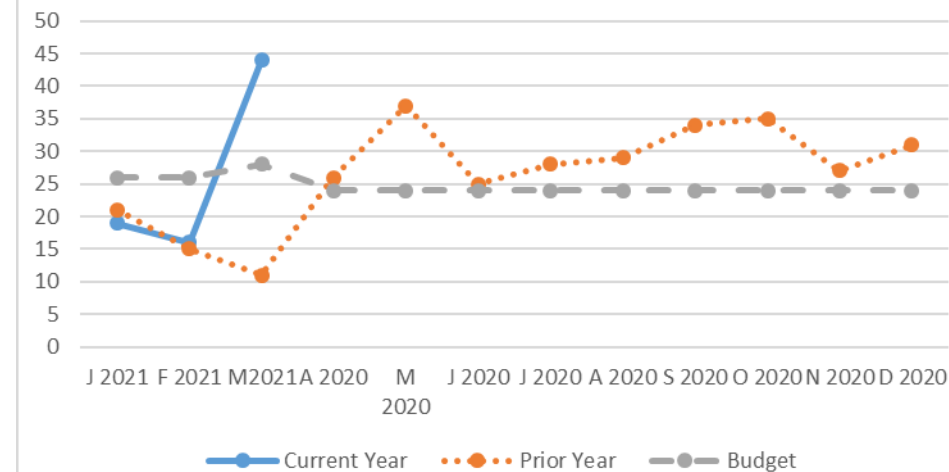
CT



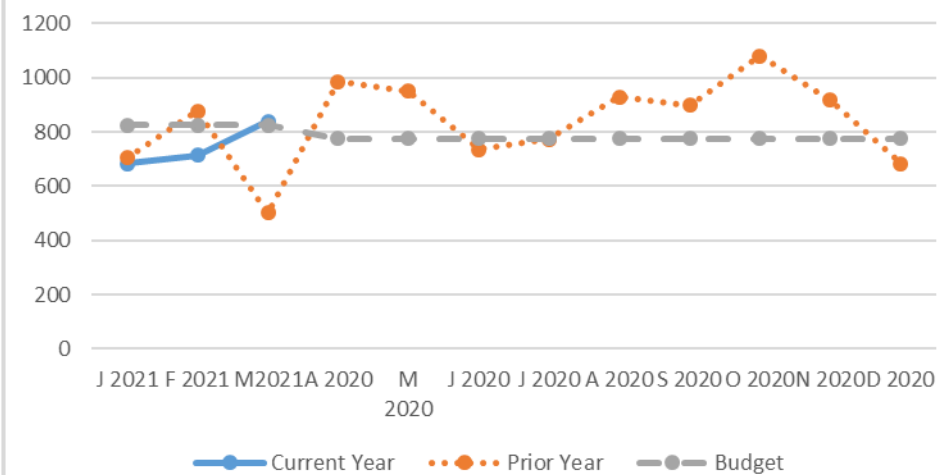
MRI



Endoscopy



Outpatient Rehab



# Proposed Employee Covid Stipend

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.75 – 1.0 FTE	.01-.74 FTE	Total Stipend Amt
\$2000	\$1000	
Qualification for Stipend	Qualification for Stipend	
Hired before Feb 2021	Hired before Feb 2021	\$500,000

# 2020 Prelim Cost Report

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\$391,000 Receivable



**Public Hospital District No. 4, King County  
Finance Committee  
Minutes  
April 27, 2021**

**Committee Members:**

<b>David Speikers</b>	<b>Commissioner, Chair of Finance</b>
<b>Emma Herron</b>	<b>Commissioner, President</b>
<b>Renee Jensen</b>	<b>CEO</b>
<b>Patrick Ritter</b>	<b>CFO</b>
<b>Karyn Denton</b>	<b>COO</b>
<b>Jim Baldauf</b>	<b>Finance Director</b>
<b>Rachel Thompson, MD</b>	<b>CMO</b>

March Financial Results –

**Income Statement Narrative:**

Net patient revenue was 9% above budgeted monthly income for March. A daily inpatient census of 23.4 attributed approximately \$2,900,000 in acute/swing bed revenue. March ER revenue increased \$200,000 over January revenue, totaling just over \$1,200,000. Endo was up almost double over budget. March Operating income was better than budget by \$160,000! The total Net Income for March was almost \$262,000. Excluding Stimulus funds we would still have had a Net Income \$120,000.

**Expense Variances**

**Salaries reported at \$36,000 above budget.** Endoscopy was flexed up for volume. Inpatient Rehab flexed up for volume. ED RN up for coverage. Housekeeping up for volume.

**Professional Fees were \$62,000 over budget**—COVID-19 agency-related expenses; however, the total is \$60,000 less than January.

**Supplies were \$61,000 above budget.** Inpatient medical supplies and pharmaceuticals related to inpatient. Volumes up across most outpatient areas.

**Repairs and Maintenance up \$4,400.** Timing of repairs and maintenance,

**Utilities up \$11,125** Gas and electricity usage.

**Balance Sheet Highlights:**

- Assets Decrease
    - Depreciation & Right To Use ~\$255,000
  - Current Liabilities Decrease
    - Recognized Stimulus ~\$167,000
    - Recognized Taxes decrease ~\$341,000
  - An in Equity ~\$261,000
    - Net income for March
- 

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  - Equipment and Building Repairs \$5,400
- Financing Activities decrease ~\$80,000
  - Debt payments.

Total cash increase ~\$652,000

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**AR Days Goal 55**

- 55.3 Days
  - AR down \$400,000

**Bond Covenants: (Snapshot forecast)**

- Debt Coverage 1.93 requirement 1.20
- Reserve Requirement is at \$3,675,188 as required.
- Days cash is 128. The bond requirement is 60

**Comments:**

- Commissioner Speikers requested tracking where patients are originating from year over year.
- Commissioner Speikers and Commissioner Heron discussed options for COVID related employee retention bonus.

**NEXT MEETING:** Tuesday, May 25, 2021 – 11:30am-1:00pm – Zoom

Approved:

# MEDICAL COMMITTEE OF THE BOARD

## MINUTES

Date: May 4, 2021 4:00 – 5:00 pm



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

**ABSENT:**

Community	<ul style="list-style-type: none"><li>• Drive thru services:<ul style="list-style-type: none"><li>○ We experienced an unusually high increase in positives test results during the last week of April. Patients were offered retesting and an alternate lab is running the test while the cause is investigated. There was an inquiry from the media about this, which Sherry Jennings, SVH Director of Engagement and Strategic Communication, responded to. This was the message sent to the media:</li></ul></li></ul> <p>Last week, our lab found two days of higher-than-normal positive COVID test results. Out of an abundance of caution, we called all of the people who had tested positive over a four-day period and offered to retest them at no cost. <b>Less than 40 people</b> had tested positive over that four-day period.</p> <p>Of those 30+ people: <b>some were positive and had/have COVID</b>, five chose to be retested and came for testing by the end of last week, some had already retested at other labs and the remainder chose not to be retested.</p> <p>Due to the nature of COVID testing, there are instances of false-positive results. We are investigating the cause of the two-day false-positive spike. Until we have a definitive cause, we are sending our PCR tests to an independent lab for processing.</p> <p>To further clarify the tip, there was a COVID exposure at a local school, which prompted an additional need for testing within our community. Our test results were not the cause of further sports cancellations. Apparently, the school is asking for multiple negative tests in order to allow children to return to school. That is all we know about the alleged exposure.</p> <p>We are doing our best to provide this testing service to our community to ensure the safety of our neighbors, and we are confident the PCR testing being done is accurate.</p> <ul style="list-style-type: none"><li>○ Second Mass Vaccination event held on April 25<sup>th</sup> was successful with &gt; 1000 community members vaccinated</li></ul>
Hospital	System-wide L & I Inspection for compliance with N 95 mask utilization and policies

Approved: \_\_/\_\_/2021\_\_



	Inpatient/ Swing	<ul style="list-style-type: none"><li>Average Daily Census:<table><tr><td>2021 Budget (pts/day and % Occup)</td><td>Apr 2021 (pts/day and % Occup)</td><td>Apr 2021 YTD (pts/day and % Occup)</td></tr><tr><td>23 (92%)</td><td>24.8 (99%)</td><td>24.3 (97%)</td></tr></table></li><li>Bed-occupancy waiver remains in effect December 2021</li></ul>	2021 Budget (pts/day and % Occup)	Apr 2021 (pts/day and % Occup)	Apr 2021 YTD (pts/day and % Occup)	23 (92%)	24.8 (99%)	24.3 (97%)
2021 Budget (pts/day and % Occup)	Apr 2021 (pts/day and % Occup)	Apr 2021 YTD (pts/day and % Occup)						
23 (92%)	24.8 (99%)	24.3 (97%)						
	Emergency	<p>Visit Volumes for month: volumes steadily returning</p> <table><tr><td>2021 Budget (visits/day)</td><td>Apr 2021 (visits/day)</td><td>Apr 2021 YTD (visits/day)</td></tr><tr><td>12</td><td>10.2</td><td>9.9</td></tr></table> <ul style="list-style-type: none"><li>Stroke and trauma recertification applications completed. <b>Commissioner Herron inquired as to how many Level 5 trauma designations are in King County, and it was reported to be 2. Commissioner Herron expressed concern regarding slow rise in ED volumes. CFO Ritter stated that ED was on target for revenue in spite of slowly increase patient visits due to the additional tests in ancillary services (Lab, Imaging) that are being ordered per patient visit.</b></li></ul>	2021 Budget (visits/day)	Apr 2021 (visits/day)	Apr 2021 YTD (visits/day)	12	10.2	9.9
2021 Budget (visits/day)	Apr 2021 (visits/day)	Apr 2021 YTD (visits/day)						
12	10.2	9.9						
	Rehab	<ul style="list-style-type: none"><li>Rehab, Nursing and Patient Transitions team working on process improvements in discharge coordination</li></ul>						
Clinics		<ul style="list-style-type: none"><li>Work underway to remodel the Ridge clinic and relocate walk in services to this location <b>Commissioner Norris requested, COVID social guidelines permitting, that some kind of community recognition event be held when the new Walk-In Clinic opens in July.</b></li></ul>						
Medical Staff	MEC & Med Cmmte Recommend -ations:	<ul style="list-style-type: none"><li><u>Initial Privileging to Provisional Status:</u></li><li><u>Extend Provisional Status 6 months (no patient contacts):</u></li><li><u>Transition from Provisional to Active:</u></li><li><u>Transition from Provisional to Courtesy:</u></li><li><u>Transition from Provisional to Telemedicine:</u></li><li><u>Transition from Provisional to Affiliate:</u></li><li><u>Renewal to Active Staff:</u> Eric R. Shipley, MD – Emergency Medicine</li><li><u>Renewal to Courtesy Staff:</u></li><li><u>Renewal to Telemedicine:</u> Kristine Andrade, MD – TeleRadiology Lloyd Stambaugh, MD – TeleRadiology Peter Thurlow, MD – TeleRadiology Milton Van Hise, MD – TeleRadiology Scott Vanderheiden, MD – TeleRadiology Pedro Vieco, MD - TeleRadiology</li><li><u>Renewal to Telemedicine by Proxy (UW):</u></li><li><u>Renewal to Affiliate Staff:</u></li></ul>						
Next Meeting		<ul style="list-style-type: none"><li>June 1, 4pm-5pm</li></ul>						

#### COVID testing for Community:

Approved: \_\_/\_\_/2021\_\_

	Total Number Tested	Total Number Positive	Rate of Positivity		Total Number Tested	Total Number Positive	Rate of Positivity
March 2020	555	36	6.5%	January 2021	1,198	85	7.1%
April	326	22	6.8%	February	422	10	2.4%
May	769	18	2.3%	March	612	39	6.4%
June	659	8	1.2%	April	753	80	10.6
July <sup>+ECF Outreach</sup>	1,300	56	4.3%				
August	971	30	3.1%				
September	798	52	6.5%				
October	1,419	76	5.4%				
November	2,053	139	6.8%				
December	1,823	145	7.9%				

#### COVID Immunizations:

	Total First Doses	Total Second Doses		Total First Doses	Total Second Doses
March 2020	N/A	N/A	January 2021	1,100	128
April	N/A	N/A	February	526	1,071
May	N/A	N/A	March	2635	1552
June	N/A	N/A	April	1763	2090
July <sup>+ECF Outreach</sup>	N/A	N/A			
August	N/A	N/A			
September	N/A	N/A			
October	N/A	N/A			
November	N/A	N/A			
December	110	0			

Approved: \_\_/\_\_/2021\_\_



## **FACILITIES COMMITTEE MEETING MINUTES**

April 28, 2021

12:00 pm – 1:00 pm

Via Zoom

### **Committee Members:**

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

Renee Jensen, CEO  
Patrick Ritter, CFO  
Scott Nohavec, Facilities Director

### **Old Business:**

1. **SRMC TI Project** - Demolition of the clinic space is completed and awaiting on bids from two contractors. Due to anticipated timing constraints with backordered materials and supply chains, a July opening will be a stretch goal but remains the target.

Due to the increasing impact of COVID on patient care treatment spaces, we are evaluating the opportunity to improve the utilization of the larger SRMC space, including HVAC system to improve air/ventilation, workflow, and reducing the waiting area and triage space.

### **New Business:**

1. **Maintenance Issues** –
2. **Facility Usage – As of April 2020** -
  - a. Due to COVID-19, all external uses of the community room are cancelled until further notice.
  - b. Second mass vaccination held Sunday April 25th, with great success in providing over 1000+ vaccinations.
3. **Environment of Care** -

### **Emergency Management** -

**Fire Safety Management** – No report

**Hazardous Materials Waste Management** – Annual Clean room training with Housekeeping in Pharmacy. Review for drop-off of hazardous drugs site. Testing night shift housekeeper Friday-Sunday.

**Medical Equipment Management** – No report

**Physical Plant** –

**Safe Patient Handling** –Re-established committee with Amy Johnson, Director of Rehab, evaluating current practices.

**Safety Management** – We received a visit from L&I in response to a complaint filed by an employee. The complaint was in regard to concern over use of N95 masks. The investigator did an initial walkthrough of the facility, questioned staff members regarding policy and PPE usage. L&I will review SVH policies and procedures, and interview additional staff in order to fully investigate complaint. Scott mentioned that L&I investigates employee safety, not Department of Health concerns.

**Security Management** –Updated 2021 Post orders and verified training with current security company.

**Utilities management** – No issues to report.

**Workplace Harm** - Evaluating all policies and procedures for 2021 using the WSHA checklist.

**East Campus** - Participated in a call with the City of Snoqualmie to discuss a potential project that could involve use of East Campus property. This was a preliminary discussion with further information anticipated sometime in mid-summer. Patrick will inform Karyn of retail value when it purchased from Tribe.

**OTHER:**

**Bill of Sale Transfer** - Absher Construction returned documents (Affidavits of Release) to City Attorney Sterbank with proposed verbiage changes. Awaiting finalization from Attorney Sterbank. Karyn reported that the team was informed earlier in the day the City Attorney was approving the changes Absher requested. It will be presented to Absher and CEO Jensen for signature within the week, and submitted to the City Council for approval on May 11.

**Next meeting: May 26, 2021 – 12:00pm–1:00 pm via Zoom**

**Approved:**

**Public Hospital District No. 4, King County**

**KING COUNTY, WASHINGTON**

**RESOLUTION NO. 677-0513**

**A RESOLUTION** of the Board of Commissioners of Public Hospital District No. 4, King County, approving the sign-on bonus and retention payment amounts for specified employees of the District.

**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 District and its Board of Commissioners is vested with authority to employ individuals under RCW 70.44.060; and

**WHEREAS**, the Board of Commissioners remains committed to attracting and retaining employees of superior qualifications and providing appropriate recognition and compensation; and

**WHEREAS**, the District’s Finance Committee has recommended a one-time stipend payment, to provide for the retention and immediate stabilization of an experienced and trained staff to address the ongoing pandemic. Without such retention stipend, the hospital would not be adequately positioned to address the needs of the district, now or in the future.

**WHEREAS**, the District's Finance Committee has recommended that this one-time retention stipend be paid to all direct employed full-time and part-time employees, direct employed advanced practice and physician providers, with a hiring date of prior to January 1, 2021.

**WHEREAS**, the District's Finance Committee has recommended that this one-time retention stipend be included in the employees' last regular payroll in May 2021.

**WHEREAS**, the District's Finance Committee has recommended specifically the exclusion of the District's management team members, consisting of the Interim Chief Executive Officer, the Chief Operating Office/Chief Nursing Officer, Chief Medical Officer, Chief Financial Officer and any agency staff, and independent contractors from receipt and payment of this retention stipend.

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

**SECTION 1:** All direct employed designated full-time staff, physician providers, and advanced practice providers, employed at a .75 FTE to 1.0 FTE, with a hiring date prior to January 1, 2021, and continuously employed through May 31, 2021 shall receive a one-time two thousand dollar (\$2,000.00) retention stipend payment.

**SECTION 2:** All direct employed designated part-time staff, physician providers, and advanced practice providers, employed at .01 FTE to .74 FTE, with a hiring date prior to January 1, 2021, and continuously employed through May 31, 2021 shall receive a one-time one thousand dollar (\$1,000.00) retention stipend payment.

The retention bonus is deemed necessary by the District to maintain adequate staff levels through the expected continuation of the COVID-19 Pandemic in 2021. The

retention payment is for work to be performed by eligible employees on or after June 1, 2021.

**SECTION 3:** The retention payments shall be included in the employees' first regular payroll after May 31, 2021.

**SECTION 4:** The Chief Executive Officer, the Chief Operating Office/Chief Nursing Officer, Chief Financial Officer, Chief Medical Officer, Per Diem staff, Agency staff, and all other independent contractors of the District are excluded from the receipt and payment of the stipend amounts.

**SECTION 5:** The CEO/Superintendent is authorized to take any necessary further steps with the District's Human Resource and Payroll departments to implement the terms and intent of this resolution.

**ADOPTED** by the Board of Commissioners of Public Hospital District No. 4, King County, at a duly and properly noticed meeting thereof, on the 13<sup>th</sup> day of May 2021.

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner



## CERTIFICATION

I, the undersigned, Secretary of the Commission (the "Commission") of Public Hospital District No. 4, King County, Washington (the "District"), hereby certifies as follows:

1. The attached copy of Resolution No. 677-0513 (the "Resolution") is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Commission held at Snoqualmie Valley Hospital on May 13, 2021, as that resolution appears on the minute book of the District; and the Resolution is now in full force and effect; and

2. A quorum of the members of the Commission was present throughout the meeting and a majority of the Commission members voted in the proper manner for the adoption of the Resolution.

IN WITNESS WHEREOF, I have hereunto set my hand this 13<sup>th</sup> day of May, 2021.

PUBLIC HOSPITAL DISTRICT NO. 4,  
KING COUNTY, WASHINGTON

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Kevin Hauglie  
Secretary of the Commission