

Agenda

- 1. 6:30PM - CALL TO ORDER/ROLL CALL**
 - a. Introductions as Needed
 - b. Business from Audience – Public Comment (*please limit comments to 3 min.*)
- 2. 6:35PM - CONSENT AGENDA– See Separate Consent Agenda - Action (vote)**
- 3. 6:40PM – COMMUNICATIONS - Information**
 - a. Emma Herron, President
 - b. CEO Report - Renée K. Jensen, CEO
 - c. Update on Governor's Proclamation - Skip Houser, General Counsel
- 4. 6:55PM – COMMITTEE REPORTS– Information/Discussion**
 - a. 6:55PM – Finance Committee – Commissioners Speikers/Herron
 - i. Approval of warrants, payroll and payroll taxes – Nov. 2020 – *Action (vote)*
 - b. 7:15PM – Medical Committee – Commissioners Herron/Norris
 - c. 7:20PM – Facilities Committee – Commissioners Hauglie/Carter
 - d. 7:25PM – Ad Hoc Bylaws Committee – Commissioners Speikers/Hauglie
 - i. Bylaws
 - ii. Rules of Procedure
- 5. 7:35PM - COMMISSIONER Business**
 - a. Rules of Procedure – *Action (vote)*
 - b. Resolution No. 674-1220 - Scrivener Error Correction – Approving COVID Retention Bonus (Date Transposed - December 13, 2020 to December 31, 2020) – *Action (vote)*
- 6. 7:40PM – GOOD OF THE ORDER/COMMISSIONER COMMENT**
- 7. 7:45PM - ADJOURNMENT**

Upcoming Meetings - Information

- Education Work/Study – Wednesday, January 27, 2020, 6:30-8pm
- Monthly Business Meeting – Thursday, February 11, 2020, 6:30pm
- Education Work/Study – Wednesday, February 24, 2020, 6:30-8pm

1. Work Study Minutes – December 10, 2020
2. Regular Meeting Minutes – December 10, 2020
3. Physician Credentialing
 - a. Neeta Jain, MD – Pediatrics – Initial Appointment
 - b. Tingting Lin, PharmD – Initial Appointment
 - c. Afshin Bidari, MD – Internal Medicine – Renewal
 - d. Yen S. Chen, MD – Gastroenterology – Renewal
 - e. Mandeep Kaur Walia, MD – Internal Medicine – Renewal
 - f. James Watson, MD – Cardiology - Renewal
 - g. William S. Lemley, MD – TeleRadiology – Renewal
 - h. Ronald Loch, MD – TeleRadiology – Renewal
 - i. Jennifer McEvoy, MD – TeleRadiology – Renewal
 - j. Juan A. Millan, MD – TeleRadiology - Renewal
4. Authorization: Verbal authorization from President Herron and Secretary Hauglie for CEO to sign minutes and Physician Credentialing on their behalf.
5. Authorization: Verbal authorization from Secretary Hauglie for Treasurer to sign on their behalf.



DRAFT

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY
Board of Commissioners
December 10, 2020
MINUTES
WORK/STUDY
4:30pm-6:00pm
Via Teleconference

PRESENT:

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

ALSO PRESENT:

Renée Jensen, CEO
Kim Witkop, M.D., CMO
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 4:30pm followed by roll call. This meeting was held via conference call only pursuant to Proclamation 20-28 issued by Washington State Governor Inslee. All parties listed above were on the call. For public attendance the call-in number was posted prior to the meeting.

APPROVAL OF AGENDA:

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

The motion unanimously passed.

TOPIC OF DISCUSSION:

1. Employee Bonus for Final Pay Period of 2020
2. CEO Quality Incentive Metrics: Commissioner Carter reviewed the metrics. Discussed guiding principles.

3. Compliance Update
4. Review of Employee Total Compensation Matrix

PUBLIC COMMENT: None.

Minutes of this meeting, once approved, are available on the District's website at www.snoqualmiehospital.org under the Governance page. Copies of any presentations and/or documents are available upon request by contacting Administration at 425.831.2362.

UPCOMING PUBLIC MEETINGS:

Education Work/Study - ~~Wednesday, December 23, 2020, 6:30-8pm~~ (cancelled)

Monthly Business Meeting – Thursday, January 14, 2021, 6:30pm (location TBD)

Education Work/Study – Wednesday, January 27, 2021 (location TBD)

The meeting adjourned at 5:50pm.

Emma Herron, President

Kevin Hauglie, Secretary



DRAFT

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY
Board of Commissioners
December 10, 2020, 6:30 pm
MINUTES
Snoqualmie Valley Hospital
VIA Teleconference

PRESENT:

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

ALSO PRESENT:

Renée Jensen
Kim Witkop, M.D., CMO
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 teleconference pursuant to Proclamation 20-28 issued by Washington State Governor Inslee. The information to attend the meeting telephonically was posted prior to the meeting.

APPROVAL OF AGENDA - Prior to the approval of the agenda, President Herron made a motion to amend the agenda deleting the Executive Session. No Executive Session was held.

A motion was made and seconded to approve the agenda. M/Carter S/Hauglie
The motion passed by unanimous vote.

COMMUNICATIONS:

- President Herron: Welcome Renee Jensen, new CEO
- CEO: Putting together a high level strategy. Working towards putting together a strategic planning work session.
- General Counsel Houser reported on the Governor's proclamation extending to January 4, 2021. OPMA and PRA extended to January 14, 2021.

CONSENT AGENDA

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

There was no further discussion and the motion unanimously passed.

AUTHORIZATION – Action: Verbal authorization from President Herron and Secretary Hauglie for CEO to sign minutes and physician credentialing on their behalf.

COMMITTEE REPORTS

1. Finance Committee Report - Approval of warrants, payroll and payroll taxes – October 1 thru October 31, 2020. Written minutes from the December 3, 2020 meeting for the October 2020 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 teleconference. The committee is scheduled to next meet on January 5, 2021 to review November 2020 finances.

1(a). Approval of Warrants, Payroll and Payroll taxes – October 2020.

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 \$3,709,273.19 for October 1 thru October 31, 2020, as recommended by the Finance Committee. M/Speikers S/Norris

The motion carried by unanimous vote.

1(b). Authorization – Action: Verbal authorization from Secretary for Treasurer to sign on their behalf.

2. Medical Committee Report. Written minutes from the December 1, 2020 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 teleconference. The committee is scheduled to next meet on January 5, 2021.

3. Facilities Committee Report. Written minutes from the November 23, 2020 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 teleconference. The committee is scheduled to next meet on December 21, 2020. Discussion ensued regarding the Certificate of Occupancy.

4. Ad Hoc Bylaws Committee Report. Committee will meet Dec. 11, 2020

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 or email sandras@snoqualmiehospital.org.

OLD BUSINESS: None.

NEW BUSINESS –

1. Resolution No. 668-1120 – Scrivener Error Correction – Approving Rate Amount of Increase in Regular Levy for 2021
2. Resolution No. 672-1220 – Approving Regular Meeting Dates for Calendar Year 2021
3. Resolution No. 673-1220 – Approving Legal Holidays for Calendar Year 2021
4. Resolution No. 674-1220 – Approving COVID Retention Bonus
5. Approve CEO/Incentive Quality Metrics

PUBLIC COMMENT: Bryan Holloway, council member with City of Snoqualmie, commented he will follow-up with the other city council members regarding the Certificate of Occupancy issues.

ACTION ITEMS – VOTE

1. Resolution No. 668-1120 – Scrivener Error Correction – Approving Rate Amount of Increase in Regular Levy for 2021 **M/Speikers S/Norris**

The motion carried by unanimous vote.

2. Resolution No. 672-1220 – Approving Regular Meeting Dates for Calendar Year 2021
M/Hauglie S/Speikers

The motion carried by unanimous vote.

3. Resolution No. 673-1220 – Approving Legal Holidays for Calendar Year 2021
M/Norris S/Carter

The motion carried by unanimous vote.

4. Resolution No. 674-1220 – Approving COVID Retention Bonus **M/Speikers S/Hauglie**

The motion carried by unanimous vote.

5. Approve CEO/Incentive Quality Metrics **M/Carter S/Hauglie**

The motion carried by unanimous vote.

GOOD OF THE ORDER/COMMISSIONER COMMENT: Comments made by commissioners can be heard on the audio of this meeting posted on the District website.

EXECUTIVE SESSION – RCW 42.30.110(g) to evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. (Commissioners will be provided a separate dial-in number)

UPCOMING PUBLIC MEETINGS:

Education Work/Study – Wednesday, December 23, 2020 6:30-8pm (cancelled)

Monthly Business Meeting – Thursday, January 14, 2021, 6:30pm

Education Work/Study – Wednesday, January 27, 2021, 6:30pm-8:00pm

There being no further business the meeting was adjourned at 7:55pm.

Emma Herron, President

Dariel Norris, Vice President

Snoqualmie Valley Hospital Board of Commissioners,

It is my pleasure to be writing my first CEO report for the board! My first 4 weeks have gone by quickly as I have begun to learn about the organization and staff. There is still much to learn and discover over the coming months; there are so many positive things happening and moving forward. I have had a warm welcome and I already feel like part of the team. I am looking forward to the next chapter in the SVH story.

One of my goals will be to provide the board with a monthly report that will highlight important initiatives that are occurring across the organization. I like to focus this report by strategic plan “buckets”. For the purposes of this report, I have used the most current strategic plan “buckets” and added an operations category to capture items that may be important but less strategic in nature. This is not intended to be an exhaustive list but more of a snapshot of important items that are key to either strategic momentum or critical operational functions.

I hope you find this format informative and a useful tool to have a more in depth look at the tactics and operations which are supporting the larger strategic plan and vision of the organization.

Growth

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

- **COVID Testing** – The new drive through testing facility went “live” on December 22, 2020. Minor adjustments to equipment and workflow processes are being made as staff become accustomed to working in a new space. The space is a major improvement in working conditions for staff and will be able to be utilized in the future for additional drive through services as the need arises.
- **COVID treatment Clinic** - Contractors are in the process of submitting bids for clinic project (COVID clinic) at the Ridge location. Business offices and staff were able to relocate to East Campus during the week of 1/4/2021. It was necessary to expand the physical space of the Ridge Clinic to safely treat COVID positive or suspected positive patients. This will ensure a safe environment for routine well patient visits in the regular clinic, as well as supporting access to care for those with COVID symptoms.
- **Bed license waiver** – We are still under a bed license waiver until April 2021 due to COVID. The three new negative air pressure rooms have been completely utilized, allowing us to exceed our 25 bed regular capacity and safely care for COVID positive patients. In December our average daily census was at an all-time high of 26.0.
- **Laboratory** – Due to the high volumes of COVID testing, we are adding an additional analyst in the lab to accommodate the volumes. In addition, our reference lab testing sites are currently at 16 adding to the additional lab volumes reflected in the financial statements.
- **Pediatrics** – We are pleased to be adding a new pediatrician to our team. Dr. Jain will be on site beginning the second week of January. This will allow us to expand our Peds coverage from 5 days a week to 6 days a week (adding Saturday appointments).

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.

- **Nurse Staffing** – CEO Jensen approved the 2021 Nurse Staffing Matrix recommended by the Nurse Staffing Committee. It was submitted per regulation to DOH on 12/31/2020. The staffing grid is designed to assure that staffing levels in all patient care areas of the hospital support the delivery of safe, high quality care. Appropriate staffing levels also encourage job satisfaction and retention of employees.
- **Infection Prevention** - Infection prevention workload has been significantly impacted by COVID. To ensure compliance with safety requirements, staff support and succession planning, a second Infection Prevention RN position was necessary. We are happy to promote an internal applicant into the position and have begun transitioning her into the role.
- **COVID Vaccination** – The Moderna COVID vaccine arrived on December 23 and immunizations began on December 24. We are currently administering to Group 1A (Healthcare providers). At the time of this report we have administered 150 doses of vaccine. We are reaching out to the community and scheduling other 1A groups to receive their vaccinations through our occupational health program.

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.

- **Snoqualmie Valley Shelter Services (SVSS)** - The temporary shelter project which has been proposed previously, has transitioned to planning for a year-round shelter for adults and families (with the concept to include utilizing space on the East campus property). SVSS is working with King County to determine if zoning requirements will accommodate the change of project scope. The District has granted SVSS permission to continue the discussion and discovery process with the County. This does not authorize SVSS to proceed beyond discovery activities without District approval.
- **Emergency Services** – The partnership with Overlake went into effect on December 15th and we are now live with the Overlake physicians (PSP) staffing our ED and the Epic electronic medical record in the ED. There were some initial transitional details to work out but overall things have gone smoothly. The official announcement and advertising will begin shortly. Look for examples to be presented at the upcoming board meeting.
- **Chief Medical Officer** – With the announcement of Dr. Witkop's departure, we will need to hire a replacement CMO. The executive team has begun the search and is currently interviewing top candidates.

- **CEO Introduction** – As part of CEO Jensen's introduction to the organization she has held 1:1 meetings with each of the Commissioners, 1:1 meetings with all organizational leaders, accomplished formal rounding in all departments, implemented all staff communications such as holiday messages, hosted several meet and greets via Zoom and participated in new employee orientation. A press release was sent to the local media.
- **Washington State Hospital Association** – CEO Jensen is a member of the WSHA strategic planning committee. That committee met this month via Zoom and reviewed the strategic plan progress and gave input for the new plan which is currently under construction.

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.**
- **Group Purchasing** – We will be transitioning from our current group purchasing organization (GPO) to a new GPO, Premier. The go-live occurred on January 1, 2021. This change is in response to an initiative through the Collaborative to align purchasing power and reduce supply costs. We will continue to work through our HCS vendor which is a division of Virginia Mason, to ensure we maintain accountability, contract compliance and the best pricing possible. Initial analysis are positive and showing saving opportunities in many areas including pharmacy. The SVH team will receive training on software supplied through the collaborative that analyzes our purchased services spend. This will allow us to benchmark and identify areas of spend that have opportunity for reduction with improved contracting or alignment with other hospitals.
- **Insurance renewal** – We are in the process of completing our annual insurance renewal for property, malpractice, auto etc. Minor changes with minimal rate increases compared to the market. Only notable change is the possibility of switching our Cyber coverage to Parker Smith and Feek through the Collaborative program. This will allow us to significantly increase our coverage and take advantage of reduced rates by group purchasing coverage.
- **Staff Retention stipends** – Staff members received retention stipends at the end of 2020. Most were very grateful and appreciative. Some staff members took the time to write notes of thanks or personally thank individual board members. We appreciate being able to provide this incentive for our hard working staff, recognizing the challenging times we are in as we support our community through the COVID pandemic.

Operations

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

- **Certificate of Occupancy** – The Certificate of Occupancy was awarded to the District on December 18, 2020. This completed a series of projects required by the City of Snoqualmie for issuance of the C of O. This work has been underway since the hospital opened in 2015 and is a major accomplishment. Many people contributed to the closure of this project but special

thanks and recognition need to be given to COO Karyn Denton and Facilities Director Scott Nohavec.

- **Rehab Services** – Due to circumstances with COVID we have been without a director of rehabilitation services for many months. Recruited and hired a new Director of Rehab Services, who will join SVH on February 1, 2021.
- **Electronic Medical Record (EMR)** – The hospital based EMR is becoming obsolete and within the next couple of years will no longer have support. The company is migrating us to a new, more current version. This transition was originally scheduled to go live in February and has now been postponed until at least March to allow for more development before go-live.
- **Board Bylaws Committee** – The Bylaws committee of the board met and will be recommending very minor updates to the bylaws at the upcoming board meeting and a few changes to the standing rules and procedures.
- **Lab Medical Director** – With Dr. Witkop's transition, we will need to contract with a Pathologist to provide oversight and medical directorship for the laboratory. That process is underway.

Commissioner Herron asked me about my priorities following my first 30 days. I can honestly say, I am still very much in the learning mode but a few items have risen to the top. I thought you might enjoy a brief summary of what I am thinking... at this point.

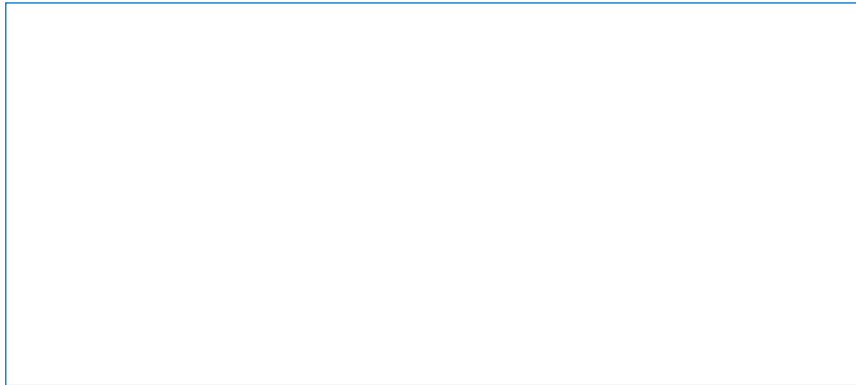
- 1. Ensure a smooth, positive and confident transition for Dr. Witkop, the Board, Executive team and the organization. (Includes hiring a new Chief Medical Officer and restructuring of the org chart and leadership responsibilities)*
- 2. Creation of a strategic plan which will involve staff engagement, leadership input, Board guidance and Executive Team expertise which will result in the ability to operationalize strategies and keep the organization focused and on track.*
- 3. Growth across the system focusing on ED, outpatient services, acute care, and primary care. (part of this will initially focus on hiring a Director of Marketing, Communications and Community Engagement)*
- 4. Culture shift for the organization to increase accountability, structure, setting clear expectations and increased communications. The majority of changes in this area are targeted for March which will include introduction of huddles, CEO reports, more frequent leadership team meetings, and organizational-wide sharing of leadership team meeting minutes. Small expectations for performance are being introduced now as the opportunities arise naturally.*
- 5. Development and implementation of an Operations Excellence program to continue to evaluate and capture cost reductions and revenue opportunities.*

Respectfully Submitted, Renée K. Jensen

OVERLAKE MEDICAL CENTER

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Dilip Wagle
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Lisa Wissner-Slivka

Vicente Farinas, MD
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Honorary Trustee

Overlake Medical Center & Clinics is a nonprofit regional healthcare system based in Bellevue serving the Eastside community since 1960. The health system includes a 349-bed hospital and a growing network of primary, urgent and specialty care clinics located throughout the region. Overlake is recognized locally and nationally for quality and safety, including recurring Leapfrog A ratings and Healthgrades' Patient Safety Excellence Award in 2019 and 2020. Overlake offers comprehensive advanced services including a dedicated Cancer Center, Level III Trauma Center, Childbirth Center and Level III NICU, cardiac, neurosciences, orthopedic and mental health services. As part of our commitment to deliver high-quality care and an exceptional patient experience for our Eastside community, we collaborate with EvergreenHealth in cardiac services, neurosciences and quality, and with Seattle Cancer Care Alliance for cancer services. Employing more than 3,000 people, Overlake is dedicated to its mission of **compassionate care for every life we touch**. Overlake provided nearly \$48 million in charity care over the last three years and is committed to providing exceptional patient care and services. For more information, visit overlakehospital.org.

The information in this publication is not intended for the purpose of diagnosing or prescribing. If you have concerns about your health, please contact your healthcare provider.

If you would prefer not to receive communications from our organization, please email healthyoutlook@overlakehospital.org or call 425.467.3548.

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PRIMARY CARE CLINICS

Bellevue – Downtown: 425.635.6350
Bellevue – Internal Medicine Associates: 425.990.5222
Bellevue – Lake Hills: 425.637.3270
Bellevue – Overlake Medical Pavilion: 425.289.3100
Issaquah: 425.688.5488
Kirkland: 425.635.6470
Newcastle: 425.635.3010
Redmond: 425.635.6430
Sammamish: 425.635.3070
Senior Health: 425.688.5234
Concierge Care: 425.635.6910
Expedia Group: 206.712.7130
This clinic is for Expedia employees only

URGENT CARE CLINICS

[Get in line for urgent care online at overlakehospital.org/urgentcare](http://overlakehospital.org/urgentcare)
Bellevue – Downtown: 425.635.6550
Bellevue – Lake Hills: 425.637.3280
Issaquah: 425.688.5777
Newcastle: 425.635.3020
Redmond: 425.635.6400
Sammamish: 425.635.3080

EMERGENCY ROOM

If you are experiencing a very serious or life-threatening emergency, dial 9-1-1 immediately
Bellevue – Overlake Medical Center

Emergency care services expand for residents of the Snoqualmie Valley

Overlake Medical Center and Snoqualmie Valley Hospital have collaborated to provide expanded emergency services to the Snoqualmie Valley community.

Get more details about emergency services at Snoqualmie Valley Hospital in this special supplement to Healthy Outlook.

OVERLAKE MEDICAL CENTER
& CLINICS

WINTER 2021



Hospital Collaboration Expands Emergency Services

Overlake Medical Center & Clinics is now providing management services for Snoqualmie Valley Hospital's Emergency Department (ED). The collaboration, along with the long-standing relationship of the two organizations, will continue to benefit the needs of Snoqualmie and the surrounding communities. It will have a broad, positive effect on emergency services, including heart attack, stroke and sepsis care.

"The motivation is really about providing our community members a broader access to services," says Kimberly Witkop, MD, chief medical officer at Snoqualmie Valley Hospital. "Being a smaller community hospital, we are able to offer core medical services, but for anything beyond those core services, we have to relocate patients. For us, it is such a natural transition to choose Overlake for the management of our emergency services."

For those who might need further hospitalization after visiting the Snoqualmie ED, the transfer to Overlake is seamless.

"The same electronic medical record system we use at the Overlake emergency department is now the system at Snoqualmie Valley Hospital's ED. We have access to all notes,

imaging and labs, which is tremendous in facilitating seamless patient care at either facility," says Eric Shipley, MD, department chairperson of Emergency Services at Overlake.

The continuity of care is also reflected in the fact that emergency physicians who work at Overlake Medical Center's ED also work at the ED at Snoqualmie Valley Hospital. These doctors are all board certified in emergency medicine and employed by Puget Sound Physicians.

"The collaboration is a testament to our dedication to the community we serve. As our community's needs become more advanced, it is our responsibility to grow and ensure advances in healthcare are more

— “ —

The motivation is really about providing our community members a broader access to services.

KIMBERLY WITKOP, MD

Chief Medical Officer, Snoqualmie Valley Hospital

accessible to them," says Juliette Campbell, RN, BSN, Emergency Department manager at Snoqualmie Valley Hospital.

Snoqualmie Valley Hospital is a Level 5 trauma center and the only trauma center in Snoqualmie, Washington. Because of the facility's location, Snoqualmie Valley often receives patients seeking care for injuries related to skiing/snowboarding and hiking along the I-90 corridor and at Snoqualmie Pass.

"I am excited for the citizens of Snoqualmie Ridge, Snoqualmie and North Bend. They need to know we have this fantastic facility that can provide emergency care 24/7. They should keep us in mind whenever an emergency arises," Dr. Shipley explained.

Don't Ignore Emergency Symptoms

Emergencies don't take a break during a pandemic. Accidents and injuries still happen. Heart attacks and strokes still strike, and getting help quickly is key to receiving effective treatment.

During this global health crisis, it's important to continue to receive the care you need and seek immediate treatment for emergency conditions. Don't delay getting the care you need, and don't ignore symptoms. Waiting too long to seek care for some healthcare emergencies is a bigger risk than the chance of contracting COVID-19. It's important to monitor your own health and that of your loved ones and to be seen immediately if there are any concerns.

Please be assured when visiting the Emergency Department, you will be in a safe and clean environment. We are taking all precautions to protect our patients while in our care. Our providers and staff are equipped with the appropriate personal protective equipment (PPE) to protect you, and we continue to use enhanced procedures to clean and disinfect our facility.

The Emergency Department is for very serious or life-threatening problems. If you are experiencing any of the symptoms below, don't wait! Call 911 or get to your nearest hospital emergency room.

- Chest pain.
- Severe abdominal pain.
- Coughing or vomiting blood.
- Severe burns.
- Deep cuts or bleeding that won't stop.
- Sudden blurred vision.
- Difficulty breathing or shortness of breath.
- Sudden dizziness, weakness, or loss of coordination or balance.
- Numbness in the face, arm or leg.
- Sudden, severe headache (not a migraine).
- Seizures.
- High fevers.
- Any other condition you believe is life-threatening.

The Signs of Stroke

Every minute counts. For any sign of stroke, **CALL 9-1-1** and **B.E. F.A.S.T.**



Balance

Trouble walking, stumbling, falling, feeling dizzy or spinning sensation.

Eyes

Vision loss, blurry vision, double vision.

Face

One side of the face is weak or numb, the face appears uneven, drooping.

Arm

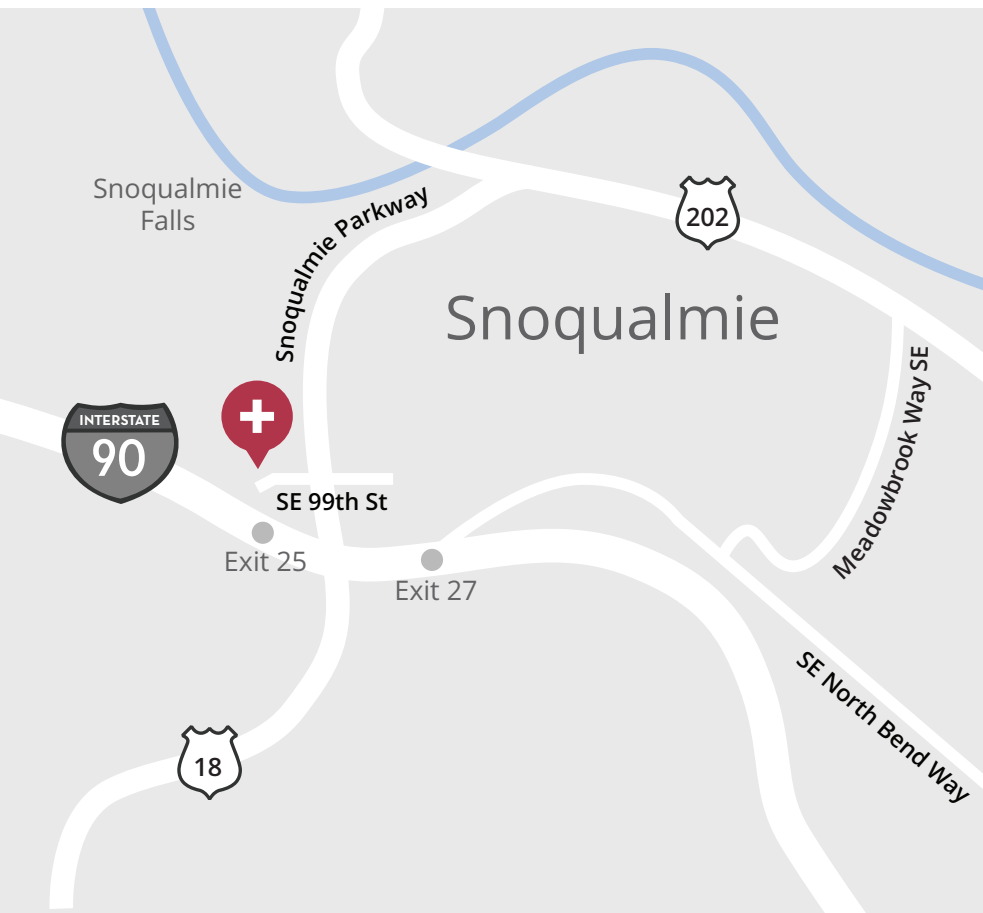
Weakness or numbness in arm (or leg), especially if it is only on one side of the body.

Speech

Slurred speech, trouble getting words out, speaking gibberish.

Time

If the person shows any of these symptoms, time is important.
Call 911.



Snoqualmie Valley Hospital Emergency Department

9801 Frontier Ave SE
Snoqualmie, WA 98065

Open 24 Hours

**If you or a loved one is having a medical emergency,
call 911 immediately.**

From Snoqualmie Valley Parkway, head west on SE 99th St. Make an immediate right onto the hospital campus. The Emergency Department entrance is located on the east side of the building.

Upon entering the main driveway, follow the directional signs straight to the emergency room. Parking spots are located immediately in front of the Emergency entrance.



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**PROCLAMATION BY THE GOVERNOR
AMENDING PROCLAMATIONS 20-05 and 20-25, et seq.**

20-25.11

**“STAY SAFE – STAY HEALTHY”
ROLLBACK OF COUNTY-BY-COUNTY PHASED REOPENING
RESPONDING TO A COVID-19 OUTBREAK SURGE**

WHEREAS, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout the state of Washington as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations, I have subsequently issued several amendatory proclamations, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations; and

WHEREAS, I issued Proclamations 20-25, et seq., first entitled “*Stay Home – Stay Healthy*,” and later changed to “*Safe Start – Stay Healthy*” *County-By-County Phased Reopening*, found [here](#), in which I initially prohibited all people in Washington State from leaving their homes except under certain circumstances and then gradually relaxed those limitations based on county-by-county phasing established according to metrics provided by the Secretary of Health; and

WHEREAS, on July 2, 2020, due to the increased COVID-19 infection rates across the state, I ordered a freeze on all counties moving forward to a subsequent phase, and that freeze remains in place today; and

WHEREAS, on July 24, 2020, the Secretary of Health issued *Order of the Secretary of Health 20-03.1*, found [here](#), which, among other things, requires (with exceptions) the use of face coverings throughout the state; and

WHEREAS, despite this guidance, positive COVID-19-related cases and hospitalizations have been on a steady rise since early September; and, most alarmingly, since the latter part of October through December, 2020, the number of COVID-19 cases continue to dramatically increase in Washington, and COVID-19-related hospitalizations have risen sharply, putting our people, our

health system, and our economy in as dangerous a position as we faced in March 2020, and have not significantly improved since; and

WHEREAS, there is evidence that the virus is spread through very small droplets called aerosols that are expelled from our mouths when we breathe, talk, sing, vocalize, cough, or sneeze, that these aerosols linger in air, and that a significant risk factor for spreading the virus is prolonged, close contact with an infected person indoors, especially in poorly ventilated spaces; and

WHEREAS, we know that several factors increase the risk for person-to-person COVID-19 transmission; such factors include (1) the more that people and groups interact, (2) the longer those interactions last, (3) the closer the contact between individuals, and (4) the denser the occupancy for indoor facilities; and

WHEREAS, the Washington State Department of Health and the Centers for Disease Control and Prevention have provided health and safety guidance to reduce the risk of transmission of COVID-19 generally and in specific sectors, environments, and settings, yet many individuals continue to disregard this guidance, and person-to-person interactions, including gatherings, have led to many infections and are a primary factor in the dangerous increase in COVID-19 cases and hospitalizations currently being experienced in Washington; and

WHEREAS, to reduce the severe increases in COVID-19 cases and hospitalizations we are currently facing, and to reduce the increase in deaths from COVID-19 that likely will follow, it is necessary to immediately modify prior prohibitions and guidance, and to issue further guidance as it is developed; and

WHEREAS, COVID-19, caused by a virus that spreads easily from person to person which may result in serious illness or death and has been classified by the World Health Organization as a worldwide pandemic, has broadly spread throughout Washington State and remains a significant health risk to all of our people, especially among our most vulnerable populations; and

WHEREAS, the worldwide COVID-19 pandemic and its progression in Washington State continue to threaten the life and health of our people as well as the economy of Washington State, and remain a public disaster affecting life, health, property or the public peace; and

WHEREAS, the Washington State Department of Health continues to maintain a Public Health Incident Management Team in coordination with the State Emergency Operations Center and other supporting state agencies to manage the public health aspects of the incident; and

WHEREAS, the Washington State Military Department Emergency Management Division, through the State Emergency Operations Center, continues coordinating resources across state government to support the Department of Health and local health officials in alleviating the impacts to people, property, and infrastructure, and continues coordinating with the Department of Health in assessing the impacts and long-term effects of the incident on Washington State and its people; and

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, as a result of the above noted situation, and under Chapters 38.08, 38.52 and 43.06 RCW, do hereby proclaim and order

that a State of Emergency continues to exist in all counties of Washington State, that Proclamation 20-05 and all amendments thereto remain in effect, and that, to help preserve and maintain life, health, property or the public peace pursuant to RCW 43.06.220(1)(h), Proclamations 20-25, et seq., renamed “Stay Safe – Stay Healthy” are amended to extend all of the prohibitions described herein until this order is amended or rescinded. Except as otherwise provided in this order, the *Safe Start Washington Phased Reopening County-by-County Plan* found [here](#), the *Order of the Secretary of Health 20-03.1*, issued on July 24, 2020, found [here](#), and all other provisions of Proclamations 20-25, et seq., shall remain in full force and effect.

FURTHERMORE, pursuant to RCW 43.06.220(3), the prohibitions set forth in Proclamations 20-25, et seq., continue to be modified, with amendments, as set forth below. Unless otherwise specifically noted, the modifications herein take effect immediately. All modifications to existing phased prohibitions set forth herein shall expire at 11:59 p.m., Monday, January 11, 2021, unless otherwise extended.

If an activity is not listed below, currently existing guidance shall continue to apply. If current guidance is more restrictive than the below listed restrictions, the most restrictive guidance shall apply. These below modifications do not apply to education (including but not limited to K-12, higher education, trade and vocational schools), childcare, recovery support groups, health care, and courts and judicial branch-related proceedings, all of which are exempt from the modifications and shall continue to follow current guidance. Terms used in this proclamation have the same definitions used in the *Safe Start Washington Phased Reopening County-by-County Plan*.

Modifications to existing phased prohibitions:

1. **Indoor Social Gatherings** with people from outside your household are prohibited unless they (a) quarantine for fourteen days (14) prior to the social gathering; or (b) quarantine for seven (7) days prior to the social gathering and receive a negative COVID-19 test result no more than 48-hours prior to the gathering. A household is defined as individuals residing in the same domicile.
2. **Outdoor Social Gatherings** shall be limited to five (5) people from outside your household.
3. **Restaurants and Bars** are closed for indoor dine-in service. Outdoor dining and to-go service are permitted, provided that all outdoor dining must comply with the requirements of the Outdoor Dining Guidance [here](#). Table size for outdoor dining is limited to a maximum of five (5) people. These modified restaurant and bar restrictions go into effect at 12:01 a.m. Wednesday, November 18, 2020.
4. **Fitness Facilities and Gyms** are closed for indoor operations. Outdoor fitness classes are permitted but are subject to and limited by the outdoor social gathering restriction listed above.
5. **Bowling Centers** are closed for indoor service.
6. **Miscellaneous Venues:** All retail activities and business meetings are prohibited. Only professional training and testing that cannot be performed remotely, as well as all court and judicial branch-related proceedings, are allowed. Occupancy in each meeting room is limited to 25 percent of indoor occupancy limits or 100 people, whichever is fewer.

- Miscellaneous venues include: convention/conference centers, designated meeting spaces in a hotel, events centers, fairgrounds, sporting arenas, nonprofit establishment, or a substantially similar venue.
7. **Movie Theaters** are closed for indoor service. Drive-in movie theaters are permitted and must continue to follow current drive-in movie theater guidance.
 8. **Museums/Zoos/Aquariums** are closed for indoor service.
 9. **Real Estate:** Open houses are prohibited.
 10. **Wedding and Funerals:** Ceremonies are limited to a total of no more than 30 people. Indoor singing during the ceremony is prohibited. Indoor receptions, wakes, or similar gatherings in conjunction with such ceremonies are prohibited. Singing during an outdoor ceremony is permitted, so long as participants wear face coverings and otherwise comply with the Weddings and Funerals [Guidance](#).
 11. **In-Store Retail** shall be limited to 25 percent of indoor occupancy limits, and common/congregate seating areas and indoor dining facilities such as food courts are closed.
 12. **Religious Services** are limited to 25 percent of indoor occupancy limits, with a recommended maximum of 200 people. Congregation members/attendees must wear facial coverings at all times, and indoor congregation singing is prohibited. No choir, band, or ensemble shall perform during the service, and congregation singing indoors is prohibited. Vocal or instrumental soloist performances are permitted with an accompanist so long as the performer wears a face covering. In the event the soloist is performing on a woodwind or brass instrument, the soloist may remove their face covering only during the performance. Both a soloist and the congregation are permitted to sing during outdoor services, so long as all singers wear face coverings while singing. Religious and Faith-Based Organization Guidance can be found [here](#).
 13. **Professional Services** are required to mandate that employees work from home when possible and close offices to the public if possible. Any office that must remain open must limit occupancy to 25 percent of indoor occupancy limits.
 14. **Personal Services** are limited to 25 percent of indoor occupancy limits.
 - Personal service providers include: cosmetologists, cosmetology testing, hairstylists, barbers, estheticians, master estheticians, manicurists, nail salon workers, electrologists, permanent makeup artists, tanning salons, and tattoo artists.
 15. **Long-term Care Facilities:** Outdoor visits are permitted. Indoor visits are prohibited, but individual exceptions for an essential support person or end-of-life care are permitted. These restrictions are also extended to the facilities in Proclamation 20-74, et seq. All other provisions of Proclamations 20-66, et seq., and 20-74, et seq., including all preliminary criteria to allow any visitors, remain in effect.
 16. **Youth and Adult Sporting Activities:** Indoor activities and all contests and games are prohibited. Outdoor activities shall be limited to intra-team practices only, with facial coverings required for all coaches, volunteers and athletes at all times.
 17. **Singing in Enclosed Spaces:** In all other circumstances not specifically addressed in this order, group singing, with or without face coverings, with members who are outside of a person's household is prohibited in enclosed, indoor spaces. Outdoor singing, while participants wear face coverings, is permitted, so long as the activity otherwise complies with guidance specific to that activity.

FURTHERMORE, in collaboration with the Washington State Department of Health, in furtherance of the physical, mental, and economic well-being of all Washingtonians, I will continue to analyze the data and epidemiological modeling and adjust guidance accordingly.

ADDITIONALLY, as a reminder, a travel advisory for all non-essential travel, issued on November 13, 2020, remains in effect. That advisory provides the following guidance: (1) Persons arriving in Washington from other states or countries, including returning Washington residents, should self-quarantine for 14 days after arrival. These persons should limit their interactions to their immediate household; and (2) Washingtonians are encouraged to stay home or in their region and avoid non-essential travel to other states or countries.

ADDITIONALLY, in furtherance of these prohibitions and for general awareness:

1. *Order of the Secretary of Health 20-03.1*, issued on July 24, 2020, is incorporated by reference, and may be amended as is necessary; and, all such amendments are also incorporated by reference.
2. Employers must comply with all conditions for operation required by the state Department of Labor & Industries, including interpretive guidance, regulations and rules such as [WAC 296-800-14035](#), and Department of Labor & Industries-administered statutes.
3. Everyone is required to cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19 and with the implementation of infection control measures pursuant to State Board of Health rule in WAC 246-101-425.
4. All mandatory guidelines for businesses and activities, which remain in effect except as modified by this Proclamation and the *Order of the Secretary of Health 20-03.1*, may be found at the Governor's Office [website](#), [COVID-19 Resources and Information](#), and at [COVID-19 Reopening Guidance for Businesses and Workers](#).

I again direct that the plans and procedures of the *Washington State Comprehensive Emergency Management Plan* be implemented throughout state government. State agencies and departments are directed to continue utilizing state resources and doing everything reasonably possible to support implementation of the *Washington State Comprehensive Emergency Management Plan* and to assist affected political subdivisions in an effort to respond to and recover from the COVID-19 pandemic.

I continue to order into active state service the organized militia of Washington State to include the National Guard and the State Guard, or such part thereof as may be necessary in the opinion of The Adjutant General to address the circumstances described above, to perform such duties as directed by competent authority of the Washington State Military Department in addressing the outbreak. Additionally, I continue to direct the Department of Health, the Washington State Military Department Emergency Management Division, and other agencies to identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.

Violators of this order may be subject to criminal penalties pursuant to RCW 43.06.220(5). Further, if people fail to comply with the required social distancing and other protective measures while

engaging in this phased reopening, I may be forced to reinstate the prohibitions established in earlier proclamations.

Unless extended or amended, upon expiration or termination of this amendatory proclamation the provisions of Proclamation 20-25, et seq., will continue to be in effect until the state of emergency, issued on February 29, 2020, pursuant to Proclamation 20-05, is rescinded.

Signed and sealed with the official seal of the state of Washington on this 30th day of December, A.D., Two Thousand and Twenty at Olympia, Washington.

By:

_____/s/_____
Jay Inslee, Governor

BY THE GOVERNOR:

_____/s/_____
Secretary of State

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

Snoqualmie Valley Hospital

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

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

Cash Disbursements for the period November 2 to November 30, 2020

Northwest Bank Accounts Payable Warrants

\$1,692,426.69	Accounts Payable Warrants Warrants #74209 to #74464
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<u>\$1,692,426.69</u>

Northwest Bank Payroll Warrants & EFT

\$1,388.50	Payroll Warrants #14043 to #14046
1,107,885.50	Hospital & Clinic Payroll Auto Deposits
367,355.13	Hospital & Clinic Payroll Tax
82,224.88	Hospital & Clinic Retirement 457, 403B, & 403B Match Plans

<u>\$1,558,854.01</u>

GRAND TOTAL

<u>\$3,251,280.70</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.

Kim Witkop, M.D., Interim District Superintendent

Kevin Hauglie, Commissioner, Secretary

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

Carolyn Marks, Assistant Director Finance

I:\Carrie\Board Report & Monthly Reports\BOARD-Cash Disbursements\BOARD-Cash disbursements 2020.xls\Nov20

Snoqualmie Valley Hospital

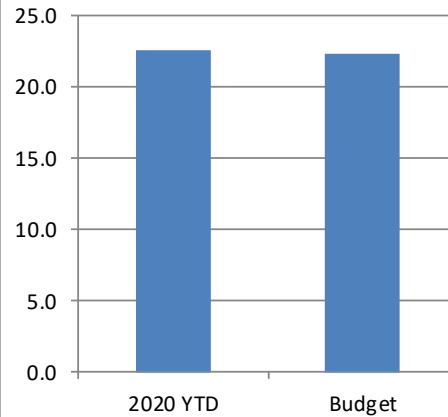
Statistics Summary Display



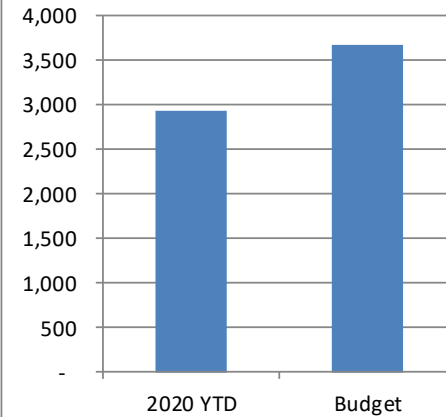
November YTD Statistics Summary

	2020 YTD	Budget	Var	%Var
Ave Daily Census	22.6	22.3	0.3	1.3%
Emergency	2,919	3,663	(744)	-20.3%
Laboratory	92,709	40,747	51,962	127.5%
Imaging	3,678	3,969	(291)	-7.3%
Clinics	16,533	16,816	(283)	-1.7%
OP Rehab	7,361	8,903	(1,542)	-17.3%

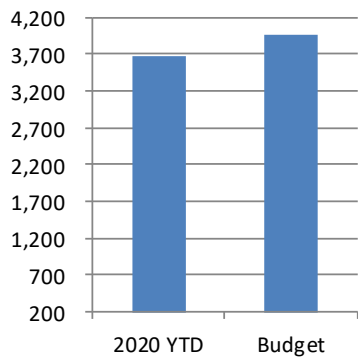
Ave Daily Census



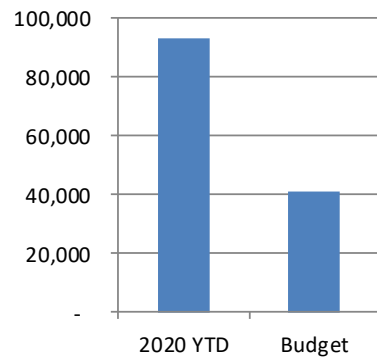
Emergency



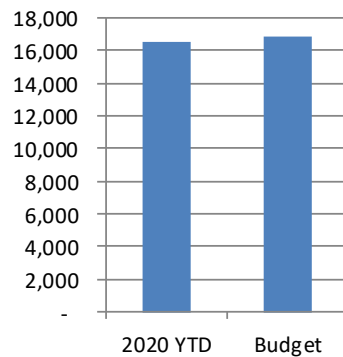
Imaging



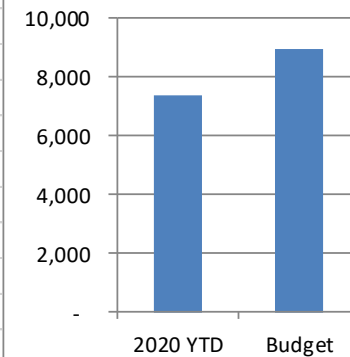
Laboratory



Clinics



OP Rehab



KING COUNTY HOSPITAL DISTRICT # 4
HOSPITAL & CLINICS COMBINED
STATEMENT OF OPERATIONS
ACTUAL vs BUDGET
NOVEMBER 2020

CURRENT MONTH					YEAR TO DATE			
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
\$ 3,615,471	\$ 3,080,831	\$ 534,640	17%	NET PATIENT SERVICE REVENUE	\$ 33,090,954	\$ 34,424,360	\$ (1,333,406)	-4%
61,961	50,770	11,191	22%	TAXATION FOR OPERATIONS	567,613	565,231	2,382	0%
57,752	33,155	24,597	74%	OTHER	597,564	367,382	230,182	63%
3,735,183	3,164,756	570,427	18%	TOTAL OPERATING REVENUE	34,256,131	35,356,973	(1,100,842)	-3%
				OPERATING EXPENSES				
1,652,836	1,623,577	(29,259)	-2%	SALARIES	17,292,328	17,859,785	567,457	3%
405,129	362,571	(42,558)	-12%	EMPLOYEE BENEFITS	3,953,037	3,988,366	35,329	1%
226,212	56,856	(169,356)	-298%	PROFESSIONAL FEES	2,137,644	627,135	(1,510,509)	-241%
278,546	241,714	(36,832)	-15%	SUPPLIES	2,825,489	2,658,854	(166,635)	-6%
32,455	15,618	(16,837)	-108%	REPAIRS AND MAINTENANCE	240,996	171,798	(69,198)	-40%
38,826	36,220	(2,606)	-7%	UTILITIES	446,192	398,420	(47,772)	-12%
361,822	209,692	(152,130)	-73%	PURCHASED SERVICES	3,523,545	2,301,812	(1,221,733)	-53%
12,982	10,431	(2,551)	-24%	INSURANCE	156,984	114,741	(42,243)	-37%
77,249	62,898	(14,351)	-23%	LEASE AND RENTALS	760,780	691,878	(68,902)	-10%
354,923	356,990	2,067	1%	DEPRECIATION	3,709,690	3,926,890	217,200	6%
41,728	43,491	1,763	4%	OTHER	476,498	488,977	12,479	3%
3,482,710	3,020,058	(462,652)	-15%	TOTAL OPERATING EXPENSES	35,523,183	33,228,656	(2,294,527)	-7%
252,473	144,698	107,775	74%	OPERATING INCOME	(1,267,052)	2,128,317	(3,395,369)	-160%
13,434	13,587	(153)	-1%	INVESTMENT INCOME, NET OF AMOUNT CAPITALIZED	116,477	151,269	(34,792)	-23%
278,974	276,502	2,472	1%	TAXATION FOR BOND PRINCIPAL & INTEREST	3,099,969	3,078,391	21,578	1%
(465,463)	(464,772)	(691)	0%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZED	(5,154,489)	(5,113,953)	(40,536)	-1%
(9,096)	(9,096)	(0)	0%	BOND ISSUANCE AND FINANCING COSTS	(417,848)	(100,056)	(317,792)	-318%
-	-			NON OPERATING REV - STIMULUS	3,990,188	-		
813	10,248	(9,435)	-92%	OTHER NET	71,775	114,102	(42,327)	-37%
(181,339)	(173,531)	(7,808)	-4%	NON OPERATING, NET	1,706,072	(1,870,247)	(413,869)	-22%
71,134	(28,833)	99,967	347%	CHANGE IN NET POSITION	439,020	258,070	180,950	70%
-	-			NET POSITION BEGINNING OF YEAR	-	-	-	
\$ 71,134	\$ (28,833)	\$ 99,967	347%	NET POSITION	\$ 439,020	\$ 258,070	\$ 180,950	70%

12/28/20

BALANCE SHEET

Page:1

14:39

Snoqualmie Valley Hospital

Application Code : GL

User Login Name:carolynm

Consolidated Balance Sheet

NOVEMBER 2020

DESCRIPTION	Current Year	Prior Year
	Actual	Actual
<hr/>		
ASSETS		
CURRENT ASSETS		
UNRESTRICTED CASH	13,952,177.18	5,945,194.33
RESERVE FUND LTGO 2011	4,998,761.30	4,247,134.29
RESERVE FUND LTGO	1,740,688.92	2,469,500.13
RESERVE FUND 2015 REVENUE BOND	3,675,187.50	3,675,187.50
CMS ADVANCED PAYMENT	10,974,660.23	0.00

RESTRICTED FUNDS	21,389,297.95	10,391,821.92
BOARD RESTRICTED FUNDS	102,276.62	102,276.62

TOTAL CASH	35,443,751.75	16,439,292.87
ACCOUNTS RECEIVABLE	9,348,262.36	8,257,164.03
LESS A/R ALLOWANCES	2,962,827.57	1,610,907.78

NET PATIENT A/R	6,385,434.79	6,646,256.25

COST REPORT RECEIVABLE	121,956.00	0.00
EMR MEANINGFUL USE RCVBL	197,176.84	197,176.84

TOTAL NET RECEIVABLE	6,704,567.63	6,843,433.09
TAX RECEIVABLE	121,161.53	87,519.33
INVENTORY	253,465.77	126,701.40
PREPAID EXPENSES	55,754.96	34,566.80
INTANGIBLE ASSETS	3,180,257.63	2,243,571.02
OTHER RECEIVABLES	73,454.40	36,917.43

TOTAL CURRENT ASSETS	45,832,413.67	25,812,001.94
FIXED ASSETS		
LAND AND IMPROVEMENTS	26,604,969.22	26,587,059.86
BUILDINGS	32,367,117.54	32,029,211.04
EQUIPMENT	12,559,382.77	12,405,549.05
RIGHT TO USE ASSET	1,328,305.78	0.00
ACCUMULATED DEPRECIATION	22,139,475.16	18,976,011.83

NET FIXED ASSETS	50,720,300.15	52,045,808.12

TOTAL ASSETS	96,552,713.82	77,857,810.06
	=====	

12/28/20

BALANCE SHEET

Page:2

14:39

Snoqualmie Valley Hospital

Application Code : GL

User Login Name:carolynm

Consolidated Balance Sheet

NOVEMBER 2020

DESCRIPTION	Current Year	Prior Year
	Actual	Actual
<hr/>		
LIABILITIES AND FUND BALANCES		
CURRENT LIABILITIES		
NOTES PAYABLE	0.00	0.00
COST REPORT PAYABLE	0.00	147,392.00
ACCOUNTS PAYABLE	689,019.34	297,310.32
ACCRUED PAYROLL & TAXES	2,678,169.38	2,235,191.65
ACCRUED INTEREST	893,411.47	1,295,060.19
OTHER CURRENT LIABILITIES	-52,471.39	-11,041.89
CURRENT PORTION LONG TERM DEBT	826,249.96	721,250.00
CMS ADVANCED PAYMENT PAYABLE	10,974,660.23	0.00
DEFERRED STIMULUS REVENUE	5,382,827.34	0.00
DEFERRED TAX REVENUE	278,747.16	239,148.09

TOTAL CURRENT LIABILITIES	21,670,613.49	4,924,310.36
LONG TERM LIABILITIES		
LTGO BONDS	46,730,000.00	46,370,000.00
REVENUE BONDS	46,333,321.10	47,163,321.10
LIABILITY RIGHT TO USE ASSET	1,378,902.94	0.00

TOTAL LONG TERM LIABILITIES	94,442,224.04	93,533,321.10

TOTAL LIABILITIES	116,112,837.53	98,457,631.46
NET INCOME/LOSS	439,019.94	-227,170.39
EQUITY FUND BALANCE	-19,999,143.65	-20,372,651.01

TOTAL EQUITY AND FUND BALANCE	96,552,713.82	77,857,810.06
	=====	



**Public Hospital District No. 4, King County
Finance Committee Minutes
January 5, 2021
Snoqualmie Valley Hospital
Via Teleconference**

Present:

David Speikers, Commissioner, Chair
Emma Herron, Commissioner
Renée K. Jensen, CEO
Patrick Ritter, CFO
Karyn Denton, COO/CNO
Jim Baldauf, Director of Finance

November 2020 Finances:

Stats:

- Average Daily Census is up 1% YTD
- ER down 20%
- Lab up 128%
- Imaging down 7%
- Clinics down 2%
- Outpatient Rehab down 17%
- Total patient days below budget at 666; admissions for November total 18

Income Statement Narrative:

Net patient revenue was 17% above our targeted monthly budget. The majority of the variance was due to a Medicare receipt of \$672,000. We received the Medicare funds for our interim cost report filed in September. The receipt decreases our contractual allowance expense for Medicare.

ER volumes fell to 7.3 patients per day. This was the lowest per day month since April (6.4). The ER revenue was \$173,000 below budget.

Lab, MRI, PT, OT, and Endo all had revenues above budgeted amounts. \$313,000 in total revenue above budget.

Other Net Revenue was below budget. The big variance is because we have not received the forfeiture of the flex plans from 2019 yet. In 2019 we received \$60K for 2018 and this makes up most the budget for Other Income which is the major component of Other Net Revenue.

Expense Variances

Pro Fees \$169,000 above budget variance. November increases are due to ED pro fees for Overlake prep (\$9,000) ending in December 2020. Legal fees for Overlake MSA (\$15,000) these are ending in 2020. Accounting fees audits (\$5,000) annually recurring fees. Acute RN (\$59,000) and COVID (\$81,000) are ongoing expenses.

Purchased Services \$150,000 above budget \$100,000 related to COVID expenses. \$50,000 is related to increased Lab Services provided with Sound Medical Lab

Repairs and Maintenance \$16,000 above budget. \$5,000 in Covid related expenses. \$11,000 in repairs for endo sanitation unit, and partial work on east campus deck.

Leases \$14,000 above budget. Bed rentals for Acute and Swing

Insurance Expense \$2,500 above budget increased property insurance expense and no rebate in 2020

Balance Sheet Highlights:

- Total Assets increase \$56,000
 - Cash increase
 - AR decrease
 - Net Income
- Total Liabilities Decrease \$15,000
 - Decrease in deferred tax revenue
 - Decrease in Lease Assets
- Increase in Equity -\$71,000
 - Net income

AR Days Goal 55

- Total outstanding AR dollars down \$121,000 but revenue decrease so total days held at 65
 - 1 million in excess of normal Patient Balances carried on books
 - Approximately 9 days of AR

Bond Covenants: (Snapshot forecast)

- Debt Coverage 2.09 requirement 1.20
- Reserve Requirement is at \$3,675,188 as required
- Days cash is 150 bond requirement is 60

Payer Mix:

	November	YTD 2020	Budget
Medicare	89%	72%	73%
Medicare HMO	9%	16%	14%
TriWest / L&I	0%	1%	1%
Commercial	2%	5%	6%
Medicaid	0%	5%	5%
Self-Pay	0%	0%	1%

Commissioners' Comments:

- HRA/Flex Plan discussion.
- Dr. Witkop bonus: Patrick will review contract and follow-up with Commissioners.
- Questions about cash flow statement and how funds are divided between unrestricted and restricted. Will have board education session about cash flow statement at January work study.

NEXT MEETING: Tuesday, January 26, 2021 – 11:30am-1:00pm – Location TBD

Approved: January 7, 2021

MEDICAL COMMITTEE OF THE BOARD

[by teleconference]

Date: January 5, 2020 4:10 – 5:05 pm



PARTICIPANTS: Commissioner Daryl Norris-chair; Commissioner Emma Herron, Kim Witkop, MD, CMO; Karyn Denton, COO/CNO; Renee Jensen, CEO; Patrick Ritter, CFO

ABSENT:

Community	<ul style="list-style-type: none">• Drive thru services:<ul style="list-style-type: none">○ COVID testing utilization volumes and rates remain high [at end]○ Moved into new testing building○ Flu testing added for those with pronounced symptoms• Population Health grant to address homelessness in the teen population received. First planning meeting set for 1/12/2021• COVID vaccine arrived on December 23 and immunizations began on December 24 –still limited to Group 1A by DOH<ul style="list-style-type: none">○ Over 100 vaccines have been administered○ Media conversation regarding delayed administration is real and related to lack of insight to when vaccine would arrive—momentum rapidly building now○ Community healthcare providers and Elderly congregant living have been contacted with participation instructions						
Hospital	System-wide <ul style="list-style-type: none">• One COVID HAI in Dec (staff to staff; no patients impacted)• Pandemic Emergency Incidence Response team remains activated<ul style="list-style-type: none">○ Visitation restrictions remain other than end of life• Transition to <i>Thrive</i> electronic health record delayed by vendor to March 30						
	Inpatient/ Swing <ul style="list-style-type: none">• Average Daily Census:<table><tr><th>2020 Budget (pts/day and % Occup)</th><th>Dec 2020 (pts/day and % Occup)</th><th>Dec 2020 YTD (pts/day and % Occup)</th></tr><tr><td>22.8 (91%)</td><td>26.0 (101%)</td><td>22.9 (92%)</td></tr></table>• Bed-occupancy waiver remains in effect through April 2021• Med-Surg Certification course has had positive staff response and enrollment—for those who we scholarship they agree to an additional one-year work commitment• New MS negative air pressure rooms have had full occupancy• Meeting scheduled with Swedish end-stage heart failure team next week to explore their search for an exclusive rehab facility for their patients awaiting transplants	2020 Budget (pts/day and % Occup)	Dec 2020 (pts/day and % Occup)	Dec 2020 YTD (pts/day and % Occup)	22.8 (91%)	26.0 (101%)	22.9 (92%)
	2020 Budget (pts/day and % Occup)	Dec 2020 (pts/day and % Occup)	Dec 2020 YTD (pts/day and % Occup)				
	22.8 (91%)	26.0 (101%)	22.9 (92%)				
	Emergency <ul style="list-style-type: none">Visit Volumes for month: volumes steadily returning<table><tr><th>2020 Budget (visits/day)</th><th>Dec 2020 (visits/day)</th><th>Dec 2020 YTD (visits/day)</th></tr><tr><td>10.8</td><td>9.1</td><td>8.7</td></tr></table>• Overlake MSA effective date Dec 15th went well; new PSP providers are settling in; EPIC go-live successful; final resolutions on work-flow adjustments being put into place. More aggressive outreach to EMS planned for late January/early February when workflows have been fully solidified	2020 Budget (visits/day)	Dec 2020 (visits/day)	Dec 2020 YTD (visits/day)	10.8	9.1	8.7
2020 Budget (visits/day)	Dec 2020 (visits/day)	Dec 2020 YTD (visits/day)					
10.8	9.1	8.7					
Rehab <ul style="list-style-type: none">• New Director of Rehab hired and will start on 2/1/2021							
Lab <ul style="list-style-type: none">• Adding second unit for COVID/flu/strep testing to manage volumes [fits under FEMA eligibility]• Reference lab client sites up to 16							

Approved: 01/07/2021

	Imaging	<ul style="list-style-type: none"> Soliciting quote on permanent roof over MRI trailer to protect equipment from weather damage. Replacement Ultrasound unit into place this week (existing unit beyond end of supported life)
	Endo	<ul style="list-style-type: none"> Adding a second day to resolve back-log.
Clinics		<ul style="list-style-type: none"> Sick clinic visits space development; receiving quotes and will award project by 1/15/2021 Walk-in clinic soft launch next week COVID testing in car prior to allowing symptomatic patients into clinic working well. Dr Jain (pediatrics) starts January 11
Medical Staff	MEC & Med Cmmte Recommendations:	<ul style="list-style-type: none"> <u>Initial Privileging to Provisional Status:</u> <ul style="list-style-type: none"> Jain, Neeta MD – Pediatrics Lin, Tingting, PharmD <u>Extend Provisional Status 6 months (no patient contacts):</u> <u>Transition from Provisional to Active:</u> <u>Transition from Provisional to Courtesy:</u> <u>Transition from Provisional to Telemedicine:</u> <u>Transition from Provisional to Affiliate:</u> <u>Renewal to Active Staff:</u> <ul style="list-style-type: none"> Bidari, Afshin, MD – Internal Medicine Chen, Yen S., MD – Gastroenterology Walia, Mandeep Kaur, MD – Internal Medicine Watson, James, MD - Cardiology <u>Renewal to Courtesy Staff:</u> <u>Renewal to Telemedicine:</u> <ul style="list-style-type: none"> Lemley, William S., MD – TeleRadiology Loch, Ronald MD – TeleRadiology McEvoy, Jennifer, MD – TeleRadiology Millan, Juan A., MD – TeleRadiology <u>Renewal to Telemedicine by Proxy (UW):</u> <u>Renewal to Affiliate Staff:</u>
Next Meeting		<ul style="list-style-type: none"> Feb 2nd

COVID testing for Community:

	Total Number Tested	Total Number Positive	Rate of Positivity
March	555	36	6.5%
April	326	22	6.8%
May	769	18	2.3%
June	659	8	1.2%
July ^{*ECF Outreach}	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%



FACILITIES COMMITTEE MEETING MINUTES

December 21, 2020

2:00 pm – 3:00 pm

Snoqualmie Valley Hospital

Via Teleconference

DIAL IN - 800.434.5932 | Participant Code: 98477739#

Committee Members:

Commissioner Kevin Hauglie, Chair

Commissioner Jen Carter

Renée Jensen, CEO

Karyn Denton, COO/CNO, Executive Chair

Kim Witkop, MD, CMO (absent)

Patrick Ritter, CFO

Scott Nohavec, Facilities Director

Old Business:

1. SRMC TI project:

Drawings are completed and were sent to the city for approval. Contractors are developing construction quotes. We should have three bids in hand between now and Jan. 10th.

2. SVSS update - proposed use of East Campus:

SVSS is requesting to resubmit the proposal that it would utilize the East Campus property year round versus a temporary winter shelter for 122 days. This is simply approval to submit the request to King County for evaluation. Does not obligate or commit us to anything. Jen asked for fuller presentation at a work study session if county accepts the proposal.

New Business:

1. Maintenance Issues – None.

2. Facility Usage – As of September 2020

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

3. Environment of Care: Agenda format reflects categories covered in the EOC Management Plan.

Emergency Management – Continue in external triage due to pandemic.

Fire Safety Management – Building audits showed several additional outlets were required due to additional equipment and added workstations. Obtaining quotes on pricing.

Hazardous Materials Waste Management: Dye waste container in lab is scheduled for removal 12/29/20 by Stericycle. Flammable material.

Medical Equipment Management –

Physical Plant – The new testing site at the back of the hospital property was delayed in final phase of construction due to a back order on materials. Work will be completed by 12/20, and ready for use 12/22. New Airborne Infection rooms in M/S are working as planned and staff are fine tuning the processes.

Safe Patient Handling – **Safety Management** - Adherence to CDC and DOH guidelines regarding visitors, staff and patients.

Security Management – No issues to report

Utilities management – No issues to report

Workplace Harm- New policy and response team experienced one opportunity to test the process. Managers and staff reported a favorable outcome and process worked in accordance with the policy.

East Campus: 1. New decking completed.

OTHER:

3. **Certificate of Occupancy update**- The final punch list walkthrough was successfully completed on 12/17. The permanent Certificate of Occupancy was issued on 12/18.

Next meeting: January 25, 2021 – 12:00pm– 1:00 pm – Location: Teleconference

Approved: December 31, 2020

PUBLIC HOSPITAL DISTRICT NO. 4
KING COUNTY

BYLAWS

Amended and Restated
~~December 13, 2018~~21

Table of Contents

ARTICLE I FORMATION AND PURPOSE.....	1
ARTICLE II BOARD OF COMMISSIONERS.....	1
Section 1. Qualification and Election.	1
Section 2. Organization and Officers of the Board of Commissioners.....	1
2.1 The President.....	2
2.2 The Secretary.....	2
2.3 The Vice President.....	2
2.4 Officer Vacancy.....	2
2.5 Commissioner Vacancy.....	3
2.6 Forfeiture.....	3
2.7 Removal from Board Officer Position	3
Section 3. Meetings of the Board of Commissioners	3
3.1 Budget Hearing	3
3.2 Emergency Meetings.....	4
Section 4. Action by the Board	4
Section 5. Executive Sessions.....	5
Section 6. Quorum	7
Section 7. Board Committees and Representatives.....	7
7.1 Board Committees.....	7
7.2 Committee Charters	8
Section 8. Powers and Duties of the Board or Commission.....	8
Section 9. Avoidance of Conflicts of Interest.....	10
ARTICLE III OTHER OFFICERS	11
Section 1. Chief Executive Officer (“CEO” or “Superintendent”).....	11
1.1 Appointment.....	11
1.2 Powers and Duties	12
Section 2. Treasurer.....	13
Section 3. Chief Financial Officer	14
Section 4. General Counsel.....	14
ARTICLE IV MEDICAL STAFF	14
Section 1. Appointment and Organization.....	14
Section 2. Powers and Duties.....	15
Section 3. Professional Liability Insurance Coverage	15
ARTICLE V HOSPITAL FOUNDATION	16

Section 1. Independent Organization.....	16
Section 2. Powers and Duties.....	16
ARTICLE VI INDEMNIFICATION AND INSURANCE	16
Section 1. Indemnification	16
Section 2. Insurance.....	17
ARTICLE VII ANTI-RETALIATION POLICY	17
Section 1. Whistleblower Protection	17
ARTICLE VIII CONSTRUCTION AND CONVENTIONS.....	17
Section 1. Gender and Number	17
Section 2. Titles, Headings and Captions	17
Section 3. Severability	18
ARTICLE IX AMENDMENT	18

ARTICLE I FORMATION AND PURPOSE

King County Public Hospital District No. 4 (the "District"), a municipal corporation, was created in 1972 by a vote of the people to provide health care services for the residents of the District and others served by the District. The activities of the District shall be conducted in conformity with the Constitution and laws of the State of Washington, including Chapter 70.44 RCW, as now in effect and hereafter amended. These Bylaws are adopted to further the lawful purposes of the District, which include providing quality hospital and other health care services appropriate to the needs of the population served, and to facilitate the governing of the District's hospital, clinics, and other District healthcare facilities which shall be operated in compliance with applicable laws and regulations. These Bylaws shall be reviewed by the Commissioners and the District's Executive Leadership Team at least once every two years and revised as appropriate. All revisions to these Bylaws must be approved and adopted by the Board of Commissioners in a public meeting.

ARTICLE II BOARD OF COMMISSIONERS

Section 1. Qualification and Election. No person shall be eligible to be elected to the office of public hospital district commissioner unless he or she is a registered voter residing within the boundaries of the District. All District commissioners shall be elected and serve in the manner and for the term prescribed by law. All members of the Board of Commissioners (the "Board" or the "Commission"), whether elected or appointed, shall be required to take an oath of office in the form prescribed by the laws of the State of Washington relating to public officials. See RCW 29A.04.133; see also RCW 70.44.040(2).

The District shall provide by resolution for the payment of compensation to each of its commissioners at a rate provided by law, not to exceed the statutory maximum. All District commissioners shall be entitled to any other benefits as provided for in RCW 70.44.050, and as amended.

Any Board Member may waive all or any portion of his or her compensation payable under this section (RCW 70.44.050) as to any month or months during his or her term of office, by a written waiver filed with the district as provided in this section. The waiver, to be effective, must be filed any time after the Board Member's election and prior to the date on which the compensation would otherwise be paid. The waiver shall specify the month or period of months for which it is made.

Section 2. Organization and Officers of the Board of Commissioners. The five-member Board of Commissioners (the "Board") shall, at its first regular meeting in each even-numbered calendar year elect from its members, a President, Vice President and Secretary, such election to be by a majority vote of the commissioners in each case. The terms of all officers shall be for two years and limited to two consecutive terms of two years for each office. Commissioners may

serve in other board positions and are eligible to return to a prior office after having served two consecutive terms and upon sitting out of that position for one term. RCW 70.44.050.

The election of the President of the Board shall be conducted by the Clerk of the Board at the direction and request of the President. At the first meeting in each even-numbered calendar year, the President shall ask that there be an agenda item for election of the Board's officers and direct the Clerk to conduct nominations at the meeting. The Board's current Vice-President shall be automatically nominated for the position of President without a second and presented to the Board as a nominee for the office of President. The Clerk shall then call for other nominations for the office of President. No commissioner may nominate more than one person for the office of President until every member wishing to nominate a candidate has an opportunity to do so. Nominations do not require a second. A commissioner may nominate themselves. When it appears that no commissioner wishes to make any further nominations, the Clerk will ask again for further nomination and if none, the Clerk will declare the nominations closed. A motion to close the nominations is not necessary. After nominations have been closed, voting will take place in the order the nominations were made. Only affirmative votes for the President shall be given and the commissioners will be asked to vote by roll call. As soon as one of the nominees receives a majority vote, (three affirmative votes required), the Clerk will declare the nominee elected as the President. No further votes will be taken on the remaining nominees. If none of the nominees receive a majority vote, the Clerk will call for nominations again and repeat the process until a single candidate receives a majority vote.

Upon the election of the President, the President will conduct the elections for the Vice-President and Secretary following the same process identified herein.

- 2.1 The President** shall act as the presiding officer at meetings of the Board.
- 2.2 The Secretary** shall prepare, or cause to be prepared, minutes of all regular and special meetings of the Board, shall sign the same and shall keep or cause them to be kept in a proper book for that purpose. Such records shall be open to public inspection. In the absence of the President, the Vice President shall preside at Board meetings. RCW 42.32.030; RCW 70.44.050.
- 2.3 The Vice President** shall act in the absence of the President as the presiding officer at meetings of the Board and carry out all functions of the President in his or her absence.
- 2.4 Officer Vacancy.** If a vacancy occurs in the office of either the President, Secretary, or the Vice President, an election of officers shall take place at the next regular meeting of the Board to fill the unexpired term created by the vacancy.

- 2.5 Commissioner Vacancy.** A vacant commissioner position occurring for reasons prescribed in RCW 42.12.010 shall be filled by the Board appointing a new member in the manner prescribed by law. RCW 42.12; RCW 70.44.045.
- 2.6 Forfeiture.** A commissioner shall forfeit his or her office by non-attendance at meetings of the Commission for 60 days, unless excused by the Commission. RCW 70.44.045. The Commission may excuse the absence of a member based upon the passage of a motion granting such request by a majority of the members present. A member requesting to be excused from a meeting shall notify the President or the Clerk of the Board of the anticipated absence and the reason in general terms for such absence.

Upon passage of such motion by a majority of the members present, the absent member then is considered excused and the Clerk shall make the appropriate notation in the meeting minutes. If a member does not contact the President or the Clerk prior to the meeting, asking to be excused, the absence will be noted as unexcused in the meeting minutes.

Any member who leaves the meeting prior to adjournment may also request of the Commission that they be excused for the remainder of the meeting. The Commission may consider a motion for excusing the member from the remainder of the meeting and upon passage of such motion by a majority of the members present, the departing member then is considered excused and the Clerk shall make the appropriate notation in the meeting minutes. If the member is not excused for the remainder of the meeting, either failing to request for such or a motion failing for such, the absence and early departure will be noted in the meeting minutes as such.

- 2.7 Removal from Board Officer Position.** Board Officers (President, Vice President and Secretary) may be removed from their Board Officer positions only upon majority vote of the entire Board, with the resolution for removal being introduced at a regular meeting of the Board and voted on at a subsequent regular meeting of the Board.

Section 3. Meetings of the Board of Commissioners

- 3.1 Budget Hearing.** On or before the 15th day of November of each year, the Board shall hold a Public Hearing on the District's proposed budget for the following year at which hearing any taxpayer may appear and be heard regarding the whole or any part of the proposed budget. All documents in support of budget proposals, including the proposed budget document, shall be provided to all Board members at least ten (10) days prior to any Board meeting to approve the District's annual operating budget. The Board shall hold a work session on the proposed budget at

least twenty-one (21) days prior to the adoption of the District's annual budget. Upon conclusion of the hearing, the Commission shall, by resolution, adopt the budget.

- 3.2 Emergency Meetings.** If, by reason of fire, flood, earthquake, or other natural or man-made emergency, there is a need for expedited action by the Board to meet the emergency, the President may provide for a meeting site other than the regular meeting site and the notice requirements of these Bylaws shall be suspended during such emergency. RCW 42.30.070. The meeting notices required by these Bylaws and Chapter 42.30 RCW may be dispensed with in the event a special meeting is called to deal with an emergency involving injury or damage to persons or property or the likelihood of such injury or damage, when time requirements of such notice would make notice impractical and increase the likelihood of such injury or damage. RCW 42.30.080.

Section 4. Action by the Board. As used herein, "action" means the transaction of the official business of the District by the Board including, but not limited to, the receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations, and final actions. As used herein, "final action" means the transaction of the official business of the District by the Board including, but not limited to, a collective positive or negative decision, or an actual vote by a majority of the members of the Board sitting as a body or entity, upon a motion or resolution. RCW 42.30.020(3). All proceedings of the Board shall be by motion or resolution recorded in a book or books kept for such purposes. RCW 70.44.050. Minutes of all regular and special meetings, except executive sessions thereof, shall be promptly recorded and shall be open to public inspection after the minutes have been adopted and approved by the Commission in an open meeting. RCW 42.32.030.

The Board shall not adopt any motion, resolution, rule, regulation, or directive, except in a meeting open to the public and then only at a meeting, the date of which is fixed by law or rule, or at a meeting of which notice has been given.

Any action taken at meetings failing to comply with the provisions of this section shall be null and void. RCW 42.30.060(1). The Board shall not vote by secret ballot. Any vote taken in violation of this section shall be null and void and shall be considered an "action" within the meaning of this section and the Open Public Meetings Act, Chapter 42.30 RCW. RCW 42.30.060(2).

It shall not be a violation of the requirements of the Open Public Meetings Act, Chapter 42.30 RCW, or these Bylaws for a majority of the members of the Board to travel together or gather for purposes other than a "regular meeting" or a "special meeting" as these terms are defined in the Open Public Meetings Act, Chapter 42.30 RCW, and these Bylaws; provided, that they take no "action" as defined in this section, in the Open Public Meetings Act, Chapter 42.30 RCW, and these Bylaws. RCW 42.30.070.

Section 5. Executive Sessions. Nothing contained in these Bylaws may be construed to prevent the Board from holding an executive session during a regular or special meeting for the purposes permitted by RCW 42.30 and RCW 70.44. RCW 42.30.110(1).

Before convening in executive session, the President of the Board shall publicly announce the purpose for excluding the public from the meeting place, and the approximate time when the executive session will be concluded. The executive session may be extended to a stated later time by announcement of the President of the Board. RCW 42.30.110(2).

An executive session may be held for one or more of the purposes identified below or as otherwise permitted by RCW 42.30.110(1), RCW 70.44, or other applicable law:

- a. To consider matters affecting national security and to consider, if in compliance with any required data security breach disclosure under RCW 19.255.010 and 42.56.590, and with legal counsel available, information regarding the infrastructure and security of computer and telecommunications networks, security and service recovery plans, security risk assessments and security test results to the extent that they identify specific system vulnerabilities, and other information that if made public may increase the risk to the confidentiality, integrity, or availability of agency security or to information technology infrastructure or assets;
- b. To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price;
- c. To consider the minimum price at which real estate will be offered for sale or lease when public knowledge regarding such consideration would cause a likelihood of decreased price. However, final action selling or leasing public property shall be taken in a meeting open to the public;
- d. To review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs;
- e. To receive and evaluate complaints or charges brought against a public officer or employee; however, upon the request of such officer or employee, a public hearing, or a meeting open to the public shall be conducted upon such complaint or charge;
- f. To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. Strategic union discussions may be held in Executive Session; however, subject to RCW 42.30.140(4), discussion by a governing body of salaries, wages, and other conditions of employment to be generally applied within the agency shall occur in a meeting open to the public, and when a governing body elects to take final action hiring, setting the salary of an individual employee or

class of employees, or discharging or disciplining an employee, that action shall be taken in a meeting open to the public;

- g. To evaluate the qualifications of a candidate for appointment to elective office; however, any interview of such candidate and final action appointing a candidate to elective office shall be in a meeting open to the public;
- h. To discuss with legal counsel representing the District litigation or potential litigation to which the District, the Board, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the District; provided, however, this exception does not permit the Board to hold an executive session solely because an attorney representing the District is present. For purposes of this exception, "potential litigation" means matters protected by RPC 1.6 or RCW 5.60.060(2)(a) concerning: (A) litigation that has been specifically threatened to which the District, the Board, or a member acting in an official capacity is, or is likely to become, a party; (B) litigation that the District reasonably believes may be commenced by or against the District, the Board, or a member acting in an official capacity; or (C) litigation or legal risks of a proposed action or current practice that the District has identified when public discussion of the litigation or legal risks is likely to result in an adverse legal or financial consequence to the District; and
- i. To conduct meetings, proceedings, and deliberations of the Board, its staff or agents, concerning the granting, denial, revocation, restriction, or other consideration of the status of the clinical or staff privileges of a physician or other health care provider as that term is defined in RCW 7.70.020, if such other providers at the discretion of the Board are considered for such privileges provided that the final action of the Board as to the denial, revocation, or restriction of clinical or staff privileges of a physician or other health care provider as defined in RCW 7.70.020 shall be done in public session. RCW 42.30.110; RCW 70.44.062.
- j. All meetings, proceedings, and deliberations of a quality improvement committee established under RCW 4.24.250, 43.70.510, or 70.41.200 and all meetings, proceedings, and deliberations of the board of commissioners, its staff or agents to review the report of the activities of a quality improvement committee established under RCW 4.24.250, 43.70.510, or 70.41.200 may, at the discretion of the quality improvement committee of the board of commissioners, be confidential and may be conducted in executive session. Any review conducted by the board of commissioners or quality improvement committee, or their staffs or agents, shall be subject to the same protections, limitations, and exemptions that apply to quality improvement committee activities under RCW 4.24.240, 4.24.250, 43.70.510, and 70.41.200; however, any final action of the board of commissioners on the report of the quality improvement committee shall be taken in public session. RCW 70.44.062(2).

Section 6. Quorum. A majority of the persons holding the office of District Commissioner shall constitute a quorum of the Board for the transaction of business, but no resolution shall be adopted without a majority vote of the whole Board of Commissioners. RCW 70.44.050.

Section 7. Board Committees and Representatives. The Board may from time to time act as a committee of the whole or appoint such other committees, as it may deem necessary or advisable in the conduct of its affairs. Committees so established by the Board and provided for in these Bylaws are advisory committees only and are not open public meetings. Board committees shall have no authority to make decisions or to take final action on any matter as that term is defined in RCW 42.30.020(3). The Board may from time to time choose to change the Board committees established herein as needed. The activities of any committees so established shall be conducted lawfully and be recorded in written minutes, which shall be made available to the public after the minutes have been adopted and approved by the committee in question. Chairpersons of such committees shall be appointed by the President ~~to~~ serve for terms not to exceed two years, subject both to removal at the will of the Board and to reappointment in the sole discretion of the Board. Committees of the Board shall meet periodically as provided in these Bylaws or as provided by resolution of the Board.

7.1 Board Committees. The designation, membership, and meeting schedule of the standing committees of the Board shall be as follows:

Finance Committee: The membership of the Finance Committee shall be as follows: Two commissioners; Chief Executive Officer; Chief Financial Officer; Chief Medical Officer; Controller, a member of the public may be invited to a meeting of the Finance Committee, and such other members appointed as the Board deems appropriate. The Finance Committee shall meet monthly and as needed. The Finance Committee is responsible for advising the full Commission on the following items:

- Reviewing the format of financial material presented to the Board to maximize clarity;
- Reviewing Hospital and District policies relative to bad debt and charity care;
- Reviewing pertinent Department of Health, DSHS, Centers for Medicare and Medicaid Services ("CMS"), and other insurance industry issues as they relate to the Hospital District;
- Reviewing proposed budget capital requests;
- Considering other financial matters as deemed appropriate;
- Regular review of significant financial ratios and trends;
- Reviewing annual Hospital District budgets;
- Reporting and making recommendations to the full Board regarding any matters for Board consideration.

Medical Committee: The Medical Committee shall not be open to the public. The membership of the Medical Committee shall be as follows: Two Commissioners,

Chief Executive Officer, Chief Medical Officer, ~~Chief Financial Officer~~, and such other staff members as the committee deems appropriate. The Medical Committee shall meet monthly and as needed. The Medical Committee is responsible for reviewing all relevant policies regarding the medical staff and to advise and make recommendations to the Board as to the organization and structure of the medical staff and ongoing activities of the District.

Facilities Committee: The membership of the Facilities Committee shall be as follows: Two commissioners; Chief Executive Officer; Chief ~~Financial~~ Operating Officer, ~~Chief Medical Officer~~, Facilities Director and such other members as the Board deems appropriate. The Facilities Committee shall meet monthly and as needed. The Facilities Committee is responsible for advising the full Commission as to the following items:

- Reviewing and monitoring the effectiveness of the Hospital's capital facilities initiatives and plans;
- Evaluating Facilities capital needs and development and evaluation of alternatives for meeting those needs, and making recommendations to the Board with respect thereto;
- Designating appropriate data to be collected and analyzed for facilities planning decisions of the Board;
- Reporting to the full Board any matters for Board consideration;
- Consider and make recommendations on other topics related to Facilities such as interior and exterior wayfinding, transportation, public safety, parking, and related items;
- Other Facilities capital planning matters as deemed appropriate.

7.2 Committee Charters. Standing committees of the Board of Commissioners, Finance Committee, Medical Committee, and Facilities Committee, shall each adopt a charter that shall be approved and adopted by the committee and then presented to the Board of Commissioners for their review and approval.

The committees should consider reviewing their charters on an annual basis or as otherwise determined appropriate by the committee or requested by the Board of Commissioners.

Section 8. Powers and Duties of the Board or Commission. The Board is responsible for overseeing the District's general policies and organization with respect to the operation of the District, including the delivery of quality patient care. In fulfilling this responsibility, the Board's role is to adopt the necessary general policies to achieve these ends and to delegate the day-to-day operations of the District to the Superintendent. The Board shall be the governing body to which the superintendent (also referred to as the Chief Executive Officer or CEO), other District employees and the medical staff ultimately are responsible to for all facilities, services and activities of the District, including the condition of the physical plant. In carrying out its duties, the

Public Hospital District No. 4, King County
Amended and Restated Bylaws

Board shall be guided by the responsibilities and obligations of healthcare governing authorities codified at WAC 246-320-131.

All of the powers authorized in Chapter 70.44, as amended from time to time, may be exercised consistent with this enabling authority by the Board in the performance of its duties prescribed therein. Among other things, the Board shall strive to:

- (i) Adopt and review Bylaws, at least once every two years, that address legal accountabilities and responsibilities;
- (ii) Determine the policies of the District and the purposes of the Hospital and other District health care facilities and services in proper relation to community needs;
- (iii) Establish a program for the ongoing management of a Quality Improvement program and malpractice prevention program, including medical staff sanction and grievance procedures and information collection and reporting procedures. The Quality Improvement program will review the services rendered in the hospital and other District health care facilities and services in order to improve the quality of medical care of patients and to prevent medical malpractice; RCW 70.41.200; WAC 246-320-131;
- (iv) Exercise proper care and judgment in the selection of a qualified CEO who shall be responsible for implementing policies adopted by the Board;
- (v) Promote planning and coordinate professional interests with administrative, financial, and community needs, the policies of the District, and the purposes of the Hospital and other District health care facilities and services;
- (vi) Provide for the annual evaluation of the CEO;
- (vii) Provide for the annual evaluation of the Board and its members;
- (viii) Provide facilities, equipment, and personnel to meet the needs of patients within the purposes of the Hospital and other District health care facilities and services and consistent with present and future community needs;
- (ix) Establish and appoint a medical staff;
- (x) To assure that an appropriate standard of professional care is maintained, the medical staff of the Hospital shall be accountable to the Board.

Public Hospital District No. 4, King County
Amended and Restated Bylaws

- (xi) Assure that the medical staff possess appropriate current qualifications, and determine in its discretion which kinds of health care providers shall be considered for clinical privileges or medical staff membership;
- (xii) Approve Medical Staff Bylaws, rules, and regulations as adopted by the medical staff before they become effective;
- (xiii) Provide for the sound administration and application of public funds, adopting annual budgets for the District and the Hospital at the times and in the manner required by law;
- (xiv) Maintain accurate records of District finances and all related activities;
- (xv) Approve the District's Compliance Program and monitor the activity, status and resolution of compliance issues as reported by the Compliance Committee. Such reporting will be made to the Board by the Compliance Officer no less frequently than quarterly;

Section 9. Avoidance of Conflicts of Interest. Commissioners, being aware of the fiduciary nature of their positions, shall avoid actions and relationships that result in a conflict between their private financial interests and their public responsibilities. Commissioners shall not violate the conflict of interest provisions of these Bylaws, Chapter 42.20 RCW and Chapter 42.23.030 RCW. It shall be the duty of each Board Member and staff member to make a timely disclosure to the Superintendent and/or the Board President about any known or suspected conflicts of interest as defined by this section.

Recognizing that even the appearance of impropriety should be avoided, no commissioner shall:

- (i) Be beneficially interested in or otherwise expect to profit from, directly or indirectly, any contract, sale, lease, or purchase made by the District, except as specifically permitted under RCW 42.23.030 or RCW 42.23.040, as now in effect or hereafter amended, or under other applicable law;
- (ii) Accept, directly or indirectly, any compensation, gratuity, favor, or award from any party seeking to do business with the District, or in connection with any contract made by the District, other than (a) compensation and reimbursement for expenses as provided by law, or (b) compensation in connection with contracts permitted under RCW 42.23.030, as now in effect or hereafter amended, or under other applicable law;
- (iii) Employ, use, or appropriate any District employee, money, or property for his/her private benefit;

- (iv) Hold any office, engage in any employment, or occupy any position, public or private, which could create conflicts between the duties, interests, and opportunities inherent in such office, employment, or position and the commissioner's public responsibilities as a member of the Board;
- (v) Reveal or divulge to any other party unless authorized by the Board, any confidential information received in the performance of their duties as a commissioner, nor use such information for personal gain.
- (vi) A commissioner is precluded, while in office, from using their position to secure or receive special privileges or exemptions for themselves or others and shall not give or agree to receive compensation, gifts, rewards, or gratuities. A commissioner is precluded, while in office, from accepting or seeking employment with the Hospital District. A commissioner may not engage in a business or professional activity that might reasonably require him or her by reason of their position to disclose confidential information nor use that information for their own personal gain or benefit unless required by law.
- (vii) Any Commissioner, upon discovering or suspecting that he or she has or may have a conflict of interest contrary to the policies and standards set forth in this section, shall promptly report the same to the Board. In such cases, a Commissioner shall take such action as may be required to comply with the provisions of these Bylaws and applicable law, including, if required, abstain from discussing and voting on the matter.
- (viii) On an annual basis, the first board meeting of the year, each commissioner, the Superintendent/CEO, Chief Financial Officer, and Chief Medical Officer shall complete and provide a signed conflict of interest disclosure and code of conduct policy form, identifying any known or suspected conflicts of interest as provided for in these Bylaws.

ARTICLE III OTHER OFFICERS

Section 1. Chief Executive Officer (“CEO” or “Superintendent”).

- 1.1 Appointment.** The Board shall select and appoint as Superintendent/CEO (hereinafter “CEO”) a competent and experienced hospital administrator who shall be its direct representative in the management of the Hospital and the District. The CEO shall be appointed for an indefinite term, removable at the will of the Board, and shall receive such compensation as the Board shall establish by resolution. The appointment or removal of the CEO shall be by resolution of the Board,

introduced at a regular meeting and adopted at the same or a subsequent regular meeting by majority vote. RCW 70.44.070.

1.2 Powers and Duties. The CEO shall be the chief executive and administrative officer of the Hospital and of the District. In direct charge with full authority to act, as representative of the Board, and subject to its policies, he or she shall be responsible for the efficient administration of all affairs of the Hospital and the District. RCW 70.44.080.

In the performance of his or her duties prescribed by law, all of which shall be faithfully discharged, and not by way of limitation of his or her authority, the CEO shall:

- (i) Carry out the policies and orders of the Board as a whole and see that all the laws of the state pertaining to matters within the functions of the District are duly enforced;
- (ii) Perfect and submit to the Board for approval a plan of organization for the personnel concerned with the operation of the Hospital and the District and make available to the Board and the public an organization chart updated annually and meeting professional standards of completeness and form;
- (iii) Prepare annually a budget or budgets showing anticipated receipts and expenditures for the ensuing fiscal year which shall be submitted to the Board to allow timely filing and hearing thereon before adoption as required by law;
- (iv) Prepare annually a capital budget or budgets showing anticipated expenditures for the ensuing fiscal year;
- (v) Select, employ, direct, and discharge all other employees;
- (vi) Ensure that all building, equipment, and other facilities are maintained in good repair;
- (vii) Furnish periodic recommendations to the Board with respect to the acquisition, development, and extension of desirable health care facilities, equipment, and services, including estimates for the above;
- (viii) Supervise all business affairs, including the disbursement of funds, recording of financial transactions, collection of accounts, and purchase and issue of supplies;

Public Hospital District No. 4, King County
Amended and Restated Bylaws

- (ix) Certify to the Board all the bills, allowances and payrolls, including claims due contractors;
- (x) Recommend to the Board a range of salaries to be paid to district employees including recommended cost of living increases, if any, including documentation and data in support thereof;
- (xi) Cooperate with the medical staff and secure like cooperation on the part of all those concerned with rendering professional services;
- (xii) Submit regularly to the Board reports regarding the health care services and financial activities of the Hospital and the District along with any special reports that may be requested by the Board;
- (xiii) Prepare the agenda for and attend all meetings of the Board (in consultation with the Board President and taking into consideration suggestions by individual commissioners and staff), at which the CEO may participate in the discussion of matters being considered;
- (xiv) Execute on behalf of the District all contracts, agreements, and other documents up to the monetary limit of CEO discretionary authority as delegated to the CEO by the Board, and papers in order of normal course of business. Other contracts may be authorized by resolution of the Board to sign;
- (xvi) Undertake on the CEO's own initiative the performance of such other duties, consistent with law and the policies of the Board, as may be in the best interest of the Hospital and the District;
- (xvii) And any other assignments as directed by the Board as a whole. RCW 70.44.090.

Section 2. Treasurer. The Board shall appoint a person having experience in financial or fiscal matters as the treasurer for the District.

The Board shall require the treasurer to obtain a surety bond, with a surety company authorized to do business in the state of Washington, in an amount under the terms and conditions which the Board by resolution from time to time finds will protect the District against loss. The premium on any such bond shall be paid by the District.

The treasurer shall establish public hospital district funds, into which shall be paid all district funds, and the treasurer shall maintain such special funds as may be created by the Commission, into which the treasurer shall place all money as the commission may, by

resolution, direct. All funds shall be deposited in such bank or banks authorized to do business in this state, as the Commission by resolution shall designate. All District funds shall be disbursed only on warrants issued by the District's Chief Financial Officer, upon orders or vouchers approved by the Commission. All invested funds of the District shall be invested in eligible investments specified in RCW 39.59.020, RCW 39.59.030, RCW 43.84.080 and 43.250.040. All interest collected on District funds shall belong to the District and be deposited to its credit in the proper District funds. RCW 70.44.171.

Section 3. Chief Financial Officer. The CEO, shall appoint ~~as~~ Chief Financial Officer ("CFO") of the District a person experienced in accounting and business practices. The CFO shall report in the performance of his or her duties directly to the Superintendent/CEO. The CFO shall be responsible for preparing the District's annual budget, drawing and issuing all warrants for the disbursement of funds of the District upon the orders of, or vouchers approved by the Commission; and shall be responsible in the performance of such other duties relating to business affairs of the District including the recording of financial transactions, collection of accounts, coordinating with the District's outside auditing firm regarding the District's annual independent audits, coordinating with the State Auditor's Office regarding the District's annual state audit, and the routine purchase and issue of supplies, as are assigned by the Superintendent/CEO. RCW 70.44.171.

Section 4. General Counsel. The CEO shall appoint as General Counsel of the District a person licensed to practice law in the State of Washington and in good standing with the Washington State Bar Association who is experienced in health law and regulatory compliance matters. The General Counsel shall report directly to the Superintendent/CEO. The District's General Counsel shall be responsible for overseeing all legal matters of the District, including providing legal advice to the CEO and to the Board; providing legal advice and guidance to the District regarding health care regulatory compliance and risk management issues; providing legal advice and assistance regarding labor law and personnel issues; negotiating and drafting real estate contracts and overseeing all land use matters; providing legal advice regarding corporate governance and municipal law; ensuring the District's compliance with the Open Public Meetings Act and the Public Records Act and all laws and policies relating to municipal operations; managing outside counsel and vendors regarding bond issuances and any mergers or acquisitions; providing oversight and management of outside counsel and performing litigation management; drafting and negotiating contracts with personnel, vendors, consultants and others; working with the CFO to ensure appropriate insurance coverage and risk mitigation analysis; ensuring compliance with all local, state and federal laws and regulations pertaining to the health care industry, and such other matters as may arise or be assigned by the CEO and the Board.

ARTICLE IV MEDICAL STAFF

Section 1. Appointment and Organization. The Board shall appoint the members of the medical staff of the Hospital on a monthly basis after considering recommendations duly submitted in accordance with the Medical Staff Bylaws, provided that all initial appointments shall be provisional and that all appointments to the provisional medical staff shall be for a period of six

(6) months. Such bylaws, rules and regulations governing the appointment, organization, liability insurance coverage and activities of the medical staff, including procedures for the granting, denial, reduction, or termination of staff privileges and the identification of the kinds of health care providers eligible to be considered for such privileges or medical staff membership, shall be subject to approval and revision or modification by the Board. The Board shall assure that the requirements of due process of law are observed. RCW 70.43.010; WAC 246-320-161.

Section 2. Powers and Duties. Mindful that each person admitted to the Hospital shall be under the care of a member of the medical staff possessing clinical privileges, such staff also shall have authority and responsibility in the manner prescribed by its bylaws, rules and regulations to:

- (i) Evaluate the professional competence of medical staff members and applications for clinical privileges;
- (ii) Make recommendations to the Board concerning initial medical staff appointments, reappointments, and the granting, denial, reduction, or termination of clinical privileges;
- (iii) Establish procedures designed to promote the achievement and maintenance of an appropriate standard of ethical and professional practice, and the efficient use of District resources;
- (iv) Participate in and offer recommendations in the development of policies relative to the effective use of existing facilities, and provision for the improvement or extension thereof where appropriate, to assure adequate patient care, responsive to the needs of the population served now and in the future;
- (v) Supervise a medical education program in the Hospital and render such other services as the Board may consider desirable to enhance the standards of medical practice in the Hospital;
- (vi) Be accountable to the Board for the proper discharge of the duties set forth in this section.

Section 3. Professional Liability Insurance Coverage. All practitioners who are granted medical staff privileges to practice within the District shall maintain liability insurance with limits of one million dollars per occurrence and three million dollars annual aggregate. Proof of coverage shall be the responsibility of the practitioner. The practitioner shall give the Hospital thirty (30) days prior written notice of cancellation or termination of any such policy. The practitioner's insurance company must be acceptable to the District and licensed to write malpractice insurance in the State of Washington. These policy limits will be reviewed by the Board annually and revised as appropriate.

ARTICLE V HOSPITAL FOUNDATION

Section 1. Independent Organization. The Hospital Foundation is an organization which is separate and independent of the District. The Hospital Foundation shall function under Hospital Foundation Bylaws, which shall be developed and adopted by the Hospital Foundation, subject to the approval of the Board of Commissioners. The District may from time to time assign a District employee to serve as Executive Director of the Hospital Foundation and to apportion a part of such employee's time and efforts to Hospital Foundation activities. The services rendered by the Hospital Foundation shall include patient related services, fund raising projects and other projects as may benefit the District. A representative from the Foundation is encouraged to attend monthly Board meetings, and to report on Hospital Foundation activities annually.

Section 2. Powers and Duties. The Hospital Foundation shall have the right to:

- 2.1 Establish membership, as defined in the Hospital Foundation Bylaws;
- 2.2 Establish dues, as defined in the Hospital Foundation Bylaws;
- 2.3 Use District facilities in which to hold meetings and events;
- 2.4 Disburse proceeds from Hospital Foundation activities in such manner as to be beneficial to the District and agreeable to both the District and the members of the Hospital Foundation Board of Directors.

The Hospital Foundation or any foundation bearing the name of King County Public Hospital District No. 4 and doing business as (d/b/a) Snoqualmie Valley Hospital may only operate with the concurrence and approval by the Hospital District Board of Commissioners and all donated funds shall be used only to support the Hospital District programs or District-approved capital equipment purchases or projects.

ARTICLE VI INDEMNIFICATION AND INSURANCE

Section 1. Indemnification. The District shall indemnify and hold harmless to the full extent permitted by applicable law each person who was or is made a party to or is threatened to be made a party to, or is involved (including, without limitation, as a witness) in an actual or threatened action, suit or other proceeding, whether civil, administrative or investigative by reason of the fact that he or she is or was a commissioner, officer, employee or agent of the District, or having been such a commissioner, officer, employee or agent, he or she is or was serving at the request of the District as a director, officer, employee, agent, trustee or in any other capacity of another corporation or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, whether the basis of such proceeding is

alleged action or omission in an official capacity or in any other capacity while serving as a commissioner, officer, employee, agent, trustee or any other capacity, against all expense, liability, and loss (including, without limitation, attorneys' fees, judgments, fines, ERISA excise taxes or penalties in amounts to be paid in settlement) actually or reasonably incurred or suffered by such person in connection therewith. Such indemnification may continue as to a person who has ceased to be a commissioner, officer, employee or agent of the District and shall inure to the benefit of his or her heirs, and personal representatives.

Section 2. Insurance. The District may purchase and maintain insurance, at its expense, to protect itself and any commissioner, officer, employee, agent or trustee of the District or another corporation, partnership, joint venture, trust or other enterprise against any expense, liability or loss to the full extent permitted by applicable law.

ARTICLE VII ANTI-RETALIATION POLICY

Section 1. Whistleblower Protection. The District requires all board members, officers, directors, employees, independent contractors, vendors and volunteers to observe high standards of business and professional ethics in the conduct of their duties and responsibilities. As employees and representatives of the District, each individual in this organization is obligated to comply with all applicable laws, regulations and policies in the fulfillment of the District's mission. The District has policies in place to encourage and enable employees and others to raise any concerns regarding the District's business practices, suspected allegations of fraud or waste, or violations of any law or regulation governing the District's practices. It is the responsibility of all board members, officers, directors, employees and volunteers to report concerns regarding suspected violations of law or regulations that govern District's operations. It is contrary to the values of the District for anyone to retaliate against any board member, officer, employee, independent contractor, vendor or volunteer who in good faith reports an ethics violation, or a suspected violation of law, such as a complaint of discrimination, suspected fraud, or suspected violation of any regulation governing the operations of the District. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

ARTICLE VIII CONSTRUCTION AND CONVENTIONS

Section 1. Gender and Number. As used in these Bylaws, personal pronouns shall be interpreted to refer to persons of either gender and relative words whenever applicable to more than one person shall be read as if written in the plural.

Section 2. Titles, Headings and Captions. The titles, headings, and captions appearing in these Bylaws are used and intended for convenience of description or reference only and shall not be construed or interpreted to limit, restrict, or define the scope or effect of any provision.

Section 3. Severability. If any provision of these Bylaws, or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the remainder of these Bylaws or the application of the provision to other persons or circumstances shall not be affected.

ARTICLE IX AMENDMENT

These Bylaws may be amended by resolution of the Board introduced at a regular meeting and adopted at a subsequent regular meeting.

REVISED and ADOPTED this ____ day of _____, 2018~~21~~.

Emma Herron~~Daniel Norris~~, President

Daniel Norris~~Emma Herron~~, Vice President

Kevin Hauglie~~David Speikers~~, Secretary

David Speikers~~Joan Young~~, Commissioner

Jen Carter~~Gene Pollard~~, Commissioner

PUBLIC HOSPITAL DISTRICT NO. 4
KING COUNTY

RULES OF PROCEDURE

~~December 13,~~ 2021~~18~~

Table of Contents

ARTICLE I – Rules of Procedure	1
ARTICLE II – Meetings of the Board of Commissioners	1
1.1 All Meetings	1
1.2 Regular Meetings	2
1.3 Special Meetings	2
1.4 Remote Meetings	3
1.45 Work Study Sessions	3
1.56 The Order of Business	34
1.6 Seating of Commissioners	4
1.7 Roll Call	4

ARTICLE I RULES OF PROCEDURE

These rules constitute the official Rules of Procedure for the King County Public Hospital District No. 4, doing business as Snoqualmie Valley Hospital. These Rules of Procedure are adopted for the sole benefit of the members of the Board of Commissioners to assist in the orderly conduct of commission business.

These Rules of Procedure do not grant rights or privileges to members of the public or third parties. The failure of the Board of Commissioners to adhere to these rules shall not result in any liability to the District, its officers, agents and employees, nor shall failure to adhere to these rules result in invalidation of any commission action. These Rules of Procedure may be reviewed by the Board of Commissioners and the District's Executive Leadership Team at any time and modified by a majority vote of the Commission.

ARTICLE II MEETINGS OF THE BOARD OF COMMISSIONERS

Section 1. Meetings of the Board of Commissioners

1.1 All Meetings. The District strives for transparency in all aspects of District operations and governance. Accordingly, all meetings of the Board shall be open and public in compliance with the Open Meetings Act, Chapter 42.30 RCW, and all persons shall be permitted to attend any meeting of the Board of Commissioners, except as otherwise provided by law and as noted in Section 5. See RCW 42.30.030.

In an effort to promote decorum and the efficient conduct of business, all meetings of the Board shall be guided in accordance with Robert's Rules of Order. Strict compliance with Robert's Rules will not be required unless a procedural dispute occurs in the meeting as defined by the President. The President of the Board shall have the discretion to determine whether or not there will need to be strict compliance with Robert's Rules during the meeting. Should the President determine that there be strict compliance with Robert's Rules of Order, the President may enlist the assistance of a parliamentarian trained in Robert's Rules of Order or the District's General Legal Counsel to assist the President and the Commission regarding parliamentary procedure. The President shall maintain decorum during all meetings of the Board. All materials to be reviewed or acted upon by the Commission during a meeting shall be provided to each Commissioner at least one week prior to the scheduled meeting unless time constraints or other contingencies make this goal impractical. Meeting materials, such as agendas, resolutions and exhibits, shall be posted on the District's website at least one week prior to the scheduled meeting, unless time constraints or technical aspects (e.g. file size limitations) make this goal impracticable. The District shall provide copies of the entire agenda packet to the public upon request one week prior to the scheduled meeting, unless time constraints or unforeseen circumstances make this goal impracticable.

In the event that any meeting is interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible, and order cannot be restored, the President may

order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by majority vote of the Board. In such a session, final disposition may be taken only on matters appearing on the agenda. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the Board from establishing a procedure for readmitting an individual or individuals not responsible for disturbing the orderly conduct of the meeting. See RCW 42.30.050.

As provided for herein, the Board President may choose to exercise Robert's Rules as the parliamentary authority for the conduct of its meetings. The Board adopts the requirement that limits each commissioner to addressing and speaking to any one motion only once in the meeting and no more than three (3) minutes on each motion unless otherwise approved and extended by the President or by permission of the President for a total amount of time not to exceed five (5) minutes. This limitation on the amount of time each commissioner is afforded for motions does not apply to committee reports. According to Robert's Rules of Order Newly Revised, 11th edition, minutes should contain a record of what was done at the meeting, not what was said. Minutes will contain a record of actions taken, and may include a summary of comments made by individuals. Such summary shall be subject to approval of the minutes by the Board. The names of people who offer public comment will be included. Any commissioner who votes against a decision made by the board may, within one (1) business day after the meeting during which the dissenting vote was taken, have their dissent and a brief statement of the reasons therefore included in the minutes upon request. Minutes of committee meetings may include relevant administrative details.

1.2 Regular Meetings. In December of each year, the Board shall provide the dates for holding all regular meetings for the upcoming year by resolution. The dates, times and locations for all regular meetings of the Commission shall be posted on the District's website following the adoption of this resolution. Regular meetings of the Board are normally held on the second Thursday of each month at 6:30 p.m. at the Snoqualmie Valley Hospital and at such other locations as the Board may prescribe. Unless otherwise provided for by law, meetings of the Board need not be held within the boundaries of the District. If at any time any regular meeting falls on a holiday, such regular meeting shall be promptly rescheduled and held on a date, time and place established by a majority vote of the Board or held on the next business day. See RCW 42.30.070.

For the purposes of this section "regular" meetings shall mean recurring meetings held in accordance with a periodic schedule declared by resolution of the Board from time to time.

1.3 Special Meetings. A special meeting may be called at any time by the President of the Board, or by a majority of the members of the Board. Written notice of special meetings of the Board shall be delivered to each member of the governing body and to each local newspaper of general circulation and to each local radio or television station that has on file with the governing body a written request to be notified of such special meeting or of all special meetings. Written notice of all special meetings shall also be posted on the District's website. Such notice must be

delivered personally, by mail, or by e-mail at least forty-eight (48) hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. The Board shall not take final disposition on any other matter at such meetings. Such written notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the Secretary a written waiver of notice. Such waiver may be given by letter, telegram, fax or electronic mail. Such written notice may also be dispensed with (i) as to any member who is actually present at the meeting at the time it convenes or (ii) as to any member who, prior to the time the meeting convenes, receives notice of the meeting by email and who has previously filed a written consent to receive meeting notices by email. RCW 42.30.080.

1.4 Remote Meeting. Remote, (virtual) meetings shall be called at the discretion of the President, or requested by a quorum of the Board of Commissioners, subject to the notice requirements prescribed by these Rules of Procedure and State law. "Remote Meeting" means a meeting of the Board of Commissioners during which a quorum or more appear or attend by phone, the internet or via other electronic means that allow real-time verbal communication during which all participants are simultaneously able to hear each other. Formal action or vote may be taken during the Remote Meeting.

The notice of a Remote Meeting shall include: (a) the agenda (or link thereto) for the Remote Meeting, (b) instructions how to hear or view the meeting remotely, and, to the extent feasible and consistent with the protection of public health, (c) the name and address of a public facility at which the online meeting may be heard or viewed by persons without a telephone or internet access. The notice of a Remote Meeting shall be posted on the District's website no later than twenty-four hours in advance of the published start time of the meeting and, if the Hospital or meeting place is open to the public, at the Hospital.

Remote Meetings shall be conducted, to the extent possible, in the same manner as in-person regular or special meetings of the Board of Commissioners. The public shall be provided, at a minimum, telephone access to listen to the Remote Meeting in "real time"; the District may also allow other "real time" electronic means of viewing or listening to the Remote meeting, including without limitation via streaming or otherwise on the internet. Individuals may offer public comment if the opportunity for public comment is indicated on the agenda for the specific Remote Meeting, or if allowed by Board action or as otherwise provided by these Rules of Procedure.

Any signatures required for actions take in a remote board meeting may authorized by Board members telephonically or electronically and directing the clerk of the board or the CEO to sign a particular document on their behalf.

1.45 Work Study Sessions. The Board shall normally hold monthly work study sessions on the second Thursday of each month preceding the regular Board meeting from 4:30 to 6:00 p.m. ~~fourth Wednesday of each month at 6:30 p.m. at the Snoqualmie Valley Hospital.~~ Board

work study sessions are less formal in nature but are public meetings and will be conducted in accordance with the Open Public Meetings Act.

1.56 The Order of Business. As an illustration, meetings of the Commission may follow the general format set forth below:

a. **Regular Meetings**

Call to Order

Roll Call

~~Public Comment (Comments should be limited to three minutes and the public shall comply with the rules of decorum outlined and provided with the agenda for the public meeting.)~~

~~Flag Salute~~

Approval of Agenda

Approval of minutes of the last regular meeting and any intervening special meetings

Commissioner and/or Board Committee Reports

Approval of warrants and transmittals from the previous month

Old Business

New Business

Reports (Clinics, Legal, Quality, Foundation, Compliance, Human Relations, etc.)

~~Public Comment (Comments should be limited to three minutes and the public shall comply with the rules of decorum outlined and provided with the agenda for the public meeting.)~~

Action Items (motions, resolutions, etc.)

Good of the Order/Commissioner Comment (Each commissioner shall have one comment period limited to three minutes.)

Next meeting dates and times

Adjournment

b. **Special Meetings**

Call to Order

Reading of the Notice of Special Meeting

Public Comment

Consideration of matters stated in the Notice and Action thereon

Adjournment

1.6 Seating of Commissioners

~~The Officers and Board of Commissioners will be seated in the following order: the Board President, the Vice President, the Secretary, the Commissioner with the most seniority, and then the Commissioner with the least seniority. The Commissioner with the most seniority may elect to yield and choose to have the member with less seniority be seated after the Secretary. This shall be the preference and prerogative of the senior Commissioner who is not a Board Officer.~~

1.76 Roll Call

Once the meeting is called to order, the Chair shall request that the Clerk of the Board call the roll of officers and members. Roll call will be in the order of which the Commissioners are seated based on the officer positions held by the members and their seniority.

ADOPTED this ____ day of _____, 2018~~21~~.

Emma Herron, ~~Daniel Norris~~, President

Daniel Norris, ~~Emma Herron~~, Vice President

Kevin Hauglie, ~~David Speikers~~, Secretary

David Speikers, ~~Jean Young~~, Commissioner

Jen Carter, ~~Gene Pollard~~, Commissioner

Public Hospital District No. 4, King County

KING COUNTY, WASHINGTON

RESOLUTION NO. 674-1220

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 4, King County, approving the bonus 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 two percent (2%) retention bonus payment for all regular full-time and part-time employees of the District, of their annual salary, to provide for the retention and immediate stabilization of experienced and trained staffing needed to address the ongoing pandemic. Without such retention the hospital would not be adequately positioned to address the needs of the

district, now or in the future. The payment is intended to encourage and promote continued excellence and performance in the future; and

WHEREAS, the District's Finance Committee has recommended that this retention payment be paid to all full-time and part-time employees that have a hiring date of prior to September 1, 2020 and are employed through December 31, 2020; and

WHEREAS, the District's Finance Committee has recommended that this retention payment be included in the employees' last regular payroll in December 2020 and distributed in the December 18, 2020 disbursements; and

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 Medical Officer, the Chief Operating Office/Chief Nursing Officer and the Chief Financial Officer and any contracted and independent contractors or per diems of the District from the receipt and payment of this retention amount; and

WHEREAS, the District has determined it is in the best interests of the District and the organization to provide the retention compensation to certain identified employees to maintain adequate staff levels through the expected continuation of the COVID-19 Pandemic into 2021. This retention bonus is not related to any services or employment already performed.

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

SECTION 1: All full-time and part-time employees that have a hiring date with the District prior to September 1, 2020 and that are employed through December 31, 2020 shall receive a two percent (2%) retention bonus payment, of their 2020 annual salary.

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 work to be performed by eligible employees on or after January 1, 2021.

SECTION 2: The retention payments shall be included in the employees' last regular payroll in December 2020 and distributed in the December 18, 2020 disbursements.

SECTION 3: The District's management team members, consisting of the Interim Chief Executive Officer, the Chief Medical Officer, the Chief Operating Office/Chief Nursing Officer and the Chief Financial Officer and any and all contracted and independent contractors or per diems of the District are excluded from the receipt and payment of this retention amount.

SECTION 4: The Interim CEO/Superintendent is also 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 10th day of December 2020.

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. 674-1220 (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 December 10, 2020, 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 10th day of December, 2020.

PUBLIC HOSPITAL DISTRICT NO. 4,
KING COUNTY, WASHINGTON

Kevin Hauglie
Secretary of the Commission