



Board of Commissioners Meeting – Agenda

Public Hospital District No. 4, King County

Snoqualmie Valley Hospital

Thursday, June 23, 2022 – 6:30pm

[Zoom Link by request](#)

Call In: 253-215-8782 Meeting ID: 827 1986 6869 Passcode: 606107

1. **6:30pm – CALL TO ORDER**
2. **6:32pm – APPROVAL OF THE BOARD MEETING AGENDA – (Vote)**
3. **6:35pm – BUSINESS FROM THE AUDIENCE**
 - a. Public Comment (please limit comments to 3 minutes)
4. **6:40pm – CONSENT AGENDA – (Vote)**
5. **6:45pm – COMMUNICATIONS – (Information/Discussion)**
 - a. **6:45pm – Kevin Hauglie, President**
 - b. **6:50pm – Skip Houser, General Legal Counsel**
 - 1) **RCW 70.44.050 – Commissioners-Compensation and Expenses-Insurance-Resolutions by Majority Vote – (Information/Discussion)**
 - c. **7:00pm – CEO Report – CEO Jensen – (Information/Discussion)**
 - d. **7:20pm – Strategic Plan Dashboard – CEO Jensen (Information/Discussion)**
 - e. **7:25pm – EPIC Update – CFO Ritter (Information/Discussion)**
6. **7:30pm – COMMITTEE REPORTS – (Information/Discussion/Vote)**
 - a. **7:30pm – Finance Committee – CFO Ritter - Commissioners Speikers/Hauglie**
 - b. **7:40pm – Approval of Warrants [May, 2022] – (Vote)**
 - c. **7:45pm – Facilities Committee – COO Denton - Commissioners Carter/Norris**
 - d. **7:50pm – Medical Committee – CMO Thompson – Commissioners Norris/Herron**
7. **7:55pm – NEW BUSINESS – (Information/Discussion/Vote)**
 - a. **7:55pm – CHARITY CARE POLICY – CFO Ritter – (Information)**
 - b. **8:00pm – AECON LEASE PROPOSAL – CEO Jensen – (Vote)**

Action Requested: Motion by the Board of Commissioners to Direct the District’s CEO and CFO to negotiate and execute a contract in the best interest of the District.
8. **8:10pm – GOOD OF THE ORDER/COMMISSIONER COMMENT**
9. **8:15pm – EXECUTIVE SESSION – (Discussion)**

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

 - (g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee.
 - (i) To discuss with legal counsel representing the agency matters relating to agency enforcement actions, or to discuss with legal counsel representing the agency litigation or potential litigation to which the agency, the governing body, 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 agency.
10. **8:30pm – ADJOURNMENT**

1. **Regular Work Study Minutes** – May 26, 2022
2. **Regular Board of Commissioner Minutes** – May 26, 2022
3. **Physician Credentialing** (May, 2022):

Initial Privileging to Provisional Status:

Jake Adkins, MD – Teleradiology
Sara Kemp, DO – Eagle IM hospitalist
Joanne Lapetina, MD – Eagle IM hospitalist
Lauren Tada, DO – Eagle IM hospitalist

Extend Provisional Status 6 months (no patient contacts):

Yasmin Akbari, MD – Teleradiology
Mitchell Kok, MD – Teleradiology

Transition from Provisional to Telemedicine:

Arash Babaki, MD – Eagle IM hospitalist

Transition from Provisional to Affiliate:

Linda Milhoan, ARNP – Hospitalist

Renewal to Telemedicine:

Robert Hawkins, MD – Teleradiology
Alice Josafat, MD – Teleradiology
Christopher Krol, MD – Teleradiology
Brandt Mohr, MD – Teleradiology
Alfonso Urdaneta-Moncada, MD – Teleradiology

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

COMMISSIONERS PRESENT:

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

ALSO PRESENT:

Renée Jensen, CEO
Charles (Skip) Houser, General Counsel
Patrick Ritter, CFO
Dr. Rachel Thompson, CMO
Karyn Denton, COO
Dr. Tammy Moore, VP Strategic Growth
Jennifer Scott, Executive Assistant
Debby Martin
Emilia Lewis
JD Kamal

CALL TO ORDER/ROLL CALL: This meeting was called to order at 4:33pm

MEDICAL SERVICES UPDATE:

- a. **Meet the Providers**
 - i. Debby Martin – CV attached
 - ii. Emilia Lewis – CV attached
- b. **Patient Experience**
 - i. Guest Presenter – JD Kamal
- c. **Where We Are Going: Furthering our Team Based Care Model:** Karyn Denton presented areas of focus derived from the 2022 Strategic Plan. SVH is working toward a Team Based Care model that combines staff expertise from multiple disciplines to enhance patient experience. Daily huddles and patient satisfaction surveys have been implemented. Expecting more HUC engagement during huddles and a new Nurse Manager beginning in quarter 2.
- d. **Closing Remarks – Dr. Rachel Thompson:** Looking forward to a new culture of engagement and accountability at SVH.

ADJOURNMENT: This meeting adjourned at 5:52pm

APPROVAL:

David Speikers, Board Secretary

Jennifer Scott, Recording Clerk

COMMISSIONERS PRESENT:

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

ALSO PRESENT:

Renée Jensen, CEO
Patrick Ritter, CFO
Dr. Rachel Thompson, CMO
Karyn Denton, COO/CNO
Dr. Tammy Moore, VP Strategic Growth
Charles (Skip) Houser, General Counsel
Sherry Jennings, Director of Engagement
Jennifer Scott, Executive Assistant
Eric Nicholson, Moss Adams
Mathew Stopa, Moss Adams

REGULAR BOARD OF COMMISSIONERS MEETING CALL TO ORDER/ROLL CALL: President Hauglie called this meeting to order at 6:35pm, followed by roll call. This meeting was held via Zoom, pursuant to Proclamation 20-28 issued by Washington State Governor Inslee. The information to attend the meeting was posted prior to the meeting.

APPROVAL OF THE BOARD MEETING AGENDA: A motion was made and seconded to approve the meeting agenda. **M/Herron S/Speikers – Motion carried by unanimous vote.**

BUSINESS FROM THE AUDIENCE: No public comments were made.

CONSENT AGENDA: A motion was made and seconded to approve the consent agenda, which included the approval of the minutes for the April 28, 2022 Work Study meeting and the Board of Commissioners Meeting, as well as physician credentialing for the month of April.

M/Speikers S/Herron – Motion carried by unanimous vote.

COMMITTEE REPORTS:

- a. **2021 Financial Audit Review – Moss Adams:** Eric Nicholson and Mathew Stopa from Moss Adams presented their findings – clean audit no findings.
- b. **Finance Committee:** Minutes from the May 20, 2022 meeting were provided as part of the board packet and reported on by CFO Ritter. Both Commissioners Speikers and Hauglie attended this meeting via Zoom.
- c. **Approval of Warrants:** A motion was made and seconded to approve total disbursements for April, 2022, which included payroll warrants, hospital and clinical payroll auto deposits, hospital and clinic payroll tax, hospital and clinic retirement and matching plans, as well as accounts payable warrants in the total amount of \$3,851,559.94. **M/Speikers S/Herron – Motion carried by unanimous vote.**
- d. **Facilities Committee:** Minutes from the May 17, 2022 meeting were provided as part of the board packet and reported on by COO Denton. Both Commissioners Carter and Norris attended this meeting via Zoom.

- e. **Medical Committee:** Minutes from the May 17, 2022 meeting were provided as part of the board packet and reported on by CMO Thompson. Both Commissioners Norris and Herron attended this meeting via Zoom.

COMMUNICATIONS – (Information/Discussion)

- a. **Kevin Hauglie, President** – Pleased about the financial audit being as positive as it is.
- b. **Skip Houser, General Legal Counsel**
 - 1. **RCW 70.170.060 – Charity Care:** Reviewed and discussed.
 - 2. **OPMA:** Reviewed and discussed.
 - 3. **King County COVID-19 Updates:** Reported and discussed.
- c. **CEO Report – CEO Jensen:** Shared and discussed
- d. **Strategic Plan Dashboard – CEO Jensen:** Shared and discussed.
- e. **EPIC Status Report – CFO Ritter:** Shared and discussed.

NEW BUSINESS:

- a. **CAH Annual Report:** Shared and discussed.
- b. **Collaborative – Savings and Benefits:** Shared and discussed.

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

EXECUTIVE SESSION: Due to length of this meeting, the Executive Session will take place at next month's meeting.

ADJOURNMENT: President Hauglie adjourned this meeting at 8:28pm.

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

APPROVAL:

David Speikers, Board Secretary

Jamie Palermo, Recording Clerk

RCW 70.44.050

Commissioners—Compensation and expenses—Insurance—Resolutions by majority vote—Officers—Rules.

Each commissioner shall receive ninety dollars for each day or portion thereof spent in actual attendance at official meetings of the district commission, or in performance of other official services or duties on behalf of the district, to include meetings of the commission of his or her own district, or meetings attended by one or more commissioners of two or more districts called to consider business common to them, except that the total compensation paid to such commissioner during any one year shall not exceed eight thousand six hundred forty dollars. The commissioners may not be compensated for services performed of a ministerial or professional nature.

Any commissioner may waive all or any portion of his or her compensation payable under this section 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 commissioner'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.

Any district providing group insurance for its employees, covering them, their immediate family, and dependents, may provide insurance for its commissioners with the same coverage. Each commissioner shall be reimbursed for reasonable expenses actually incurred in connection with such business and meetings, including his or her subsistence and lodging and travel while away from his or her place of residence. No resolution shall be adopted without a majority vote of the whole commission. The commission shall organize by election of its own members of a president and secretary, shall by resolution adopt rules governing the transaction of its business and shall adopt an official seal. All proceedings of the commission shall be by motion or resolution recorded in a book or books kept for such purpose, which shall be public records.

The dollar thresholds established in this section must be adjusted for inflation by the office of financial management every five years, beginning January 1, 2024, based upon changes in the consumer price index during that time period. "Consumer price index" means, for any calendar year, that year's annual average consumer price index, for Washington state, for wage earners and clerical workers, all items, compiled by the bureau of labor and statistics, United States department of labor. If the bureau of labor and statistics develops more than one consumer price index for areas within the state, the index covering the greatest number of people, covering areas exclusively within the boundaries of the state, and including all items shall be used for the adjustments for inflation in this section. The office of financial management must calculate the new dollar threshold and transmit it to the office of the code reviser for publication in the Washington State Register at least one month before the new dollar threshold is to take effect.

A person holding office as commissioner for two or more special purpose districts shall receive only that per diem compensation authorized for one of his or her commissioner positions as compensation for

attending an official meeting or conducting official services or duties while representing more than one of his or her districts. However, such commissioner may receive additional per diem compensation if approved by resolution of all boards of the affected commissions.

[2020 c 83 § 7; 2008 c 31 § 2; 2007 c 469 § 7; 1998 c 121 § 7; 1985 c 330 § 7; 1982 c 84 § 14; 1975 c 42 § 1; 1965 c 157 § 1; 1945 c 264 § 15; Rem. Supp. 1945 § 6090-44.]

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"Success is not final; failure is not fatal: It is the courage to continue that counts."
— Winston S. Churchill

Foundational Elements

Building essential infrastructure to support a healthy future.

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

On target – Go live for September 19th, 2022 @ 55%

- **EPIC Implementation** – See attached progress report & dashboard. This is an internal document that gives the team a high-level view of challenge areas, areas of focus and areas that might be at risk. We are currently on track for a September 19th, 2022 go live. 90% of our staff are signed up and awaiting EPIC training!! We are planning to have a celebration for staff to appreciate all of the hard work and effort that has taken place to make this essential element of our strategic plan possible.
- **Off campus work space** – We continue the process of securing off campus office space for staff. We are targeting late fall for a transition time, if possible.
- **Accountable Care Organization** – We are ready to reengage with the collaborative and the ACO work. We have signed a letter of intent to apply for the 2023 ACO in partnership with the collaborative. This is a discovery stage that does not guarantee participation or commitment but it is the first step toward implementing more value based work in our primary care setting.
- **Behavioral Health team** – Our BH team is expanding! One tactic on our strategic plan is to ensure the integration of BH in the primary care setting. With new providers joining us soon, we will be able to better serve our district and reduce the wait time for visits.
- **MS Teams & SharePoint** – the IT team has been working hard to implement new software across the organization. In addition to getting users up and going in MS 365, they have been doing training and support for new MS products. Fully utilizing teams and the suite of MS products will allow us to be more productive and improve documentation across the organization.

Health System of Choice

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

Objective: Maintain a composite clinic score of overall patient satisfaction of 4.0 or greater.

On target - Composite clinic score of overall patient satisfaction = 4.68

- **The Ridge Urgent Care** – The team at the urgent care continues to see increasing volumes of patients. Currently we are averaging around 20 patients each day. Current challenges are the number of patients waiting to be seen upon arrival, lack of on-line scheduling, and provider transitions. Drs Rubin, Thompson and Moore are working hard to provide solutions and continue the top-notch customer experience. Overall it is going very well and is getting great reviews from patients.
- **Survey vitals** – We will be able to use survey vitals until September; in the meantime we are working through what the new company offers and our options. Impact to SVH will be that our patient satisfaction goal will need to be amended. Good news is that we do not have to change the metric at all, we just need to adjust the evaluation period to be January – September.

- **Community and Outreach Meetings (Sherry Jennings) –**

- Participated in City of Snoqualmie Economic Development Commission Retreat
- Participated in the Snoqualmie Valley Sub-Area Plan Meeting hosted by King County Office of Local Services
- Participated in A Supportive Community for All meeting
- Participated in Snoqualmie Valley Mobility Coalition Meeting
- Attended Snoqualmie Valley Human Services Coalition Meeting
- Participated in Healthy Communities Coalition meeting
- Participated in SnoValley Chamber Meeting
- Attended Fall City Association Meeting

Internal to Support Strategic Plan

- Snoqualmie Valley Health Logo redesign in progress (Health System of Choice)
- Working with team on NEO Refresh (People)
- Attending WSHA Women’s Leadership Program through June 22. (People)
- Continued work on front lobby to support a return to normal (Health System of Choice)
- Community Health Needs Assessment work with Renee/Consultant (Community Needs)

Internal/External to encourage engagement

- Coordinating SVH Events Team through the use of Teams.
- Prepping for Red, White & Boom and Thomas the Train events in July.

People

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

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

At target – Open positions reduced from 60 in January 42 in May.

- **New Leaders** – This month we have welcomed Coleen Calero, our new Medical Floor RN Manager!!
- **Security** – We have a new contracted security service. They are doing a great job and have upgraded the security presence at the main campus. Increased rounding, accountability systems, security vehicle presence and coverage guarantee are just a few of the upgraded services we are receiving from the new company. Staff have been impressed with the professionalism and quality of the group.
- **Staff Wages** – Inflation and market demands continue to put pressure on wages. We have updated our Milliman data and will be participating in the WSHA salary survey to ensure that we are keeping up with market for our staff salaries. We are continuing to monitor and make adjustments where needed. We will be prepping a proposal to be included in the 2023 budget.
- **HR practices** – with a fully staffed HR team we are busy working through many processes and standardizing several key practices such as agency contracts. In addition, we had a planning meeting this month to reinvent new hire orientation and onboarding with the goal to improve retention and decrease turn over.
- **MA apprenticeship** – We are sponsoring one staff member in the next MA apprenticeship program. This is a unique program that allows staff members to work as MAs while going to school to get their certification. They receive their practical skills while working under another qualified MA and in return give the district a two-year service commitment. This is one of our most difficult to hire positions.

Community Health Needs

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

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

On target – Total RHC clinic visits YTD are at 9569

- **COVID Vaccines & Testing** – Baby Peds (<5) have been approved for vaccine. We have ordered our supply and are in the process of operationalizing. We anticipate encouraging established patients to get vaccinated through the primary care clinic, allowing parents to choose drive through if appropriate and supporting the community with a couple of peds specific pop up events.
 - As of June 16, 2022 we have administered 17,394 COVID tests and over 30,579 COVID vaccines.
- **Provider Recruitment** – We are excited to announce that we have hired a Psychiatry Nurse Practitioner to add to our behavioral health team! We are in negotiations with a behavioral health therapist and still recruiting for a primary care physician.
- **Urgent Care** – To date the highest single day in the Urgent Care was Monday, June 6th, with 31 patients. To date in June we are averaging about 21 patients per day.
- **Community Health Needs Assessment** – Survey links were widely distributed to the community, elected officials and staff to participate and give feedback into our community health needs assessment. We have had a strong response and will incorporate the feedback into our final results.
- **Quality Committee** – We had our first official quality committee meeting that included a community member. This is a first for SVH and an exciting evolution of transparency for the quality program. We are very appreciative to have Dr. Chris Dale join our staff committee and provide valuable support and feedback from a community member's perspective.
- **Aesthetic Services** – one element of our strategic plan is to integrate aesthetic services into our primary care business. Aesthetics can be medical and non-medical depending on the diagnosis and need of the specific patient. Dr. Tammy Moore has been doing some extensive research and training in order to present a proposal to the executive team on how we might create a one-of-a-kind program at SVH. More to come!

Financial Stewardship

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

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

On target – YTD is \$236,628

- **See finance summary prepared by CFO Ritter for more details on financial performance.**
- **EPIC contract** - CFO Ritter and CEO Jensen have been working with legal counsel, cost report CPA, and Overlake to structure a final EPIC agreement that is in the best interest of both organizations. More details to come once the final negotiations and contract language is prepared.
- **FEMA Contracts** – We have signed an extension of our existing COVID vaccine contract and will continue vaccination services for another quarter. The testing contract will be redesigned and will only cover non-insured patients. We will be optimizing the operation based on current volumes to maximize the revenue and ensure we are able to continue offering this service to our community.

- **Endo program** – COO Denton has been working diligently to build volumes in the Endo program. Thanks to the coordination with the referrals team and hiring a dedicated Endo RN, the program is now beginning to build and rebuild volumes. We are seeing an upward trend and look forward to continuing to build this program throughout the remainder of the year with expanded hours and options for our patients.

Upcoming Events –

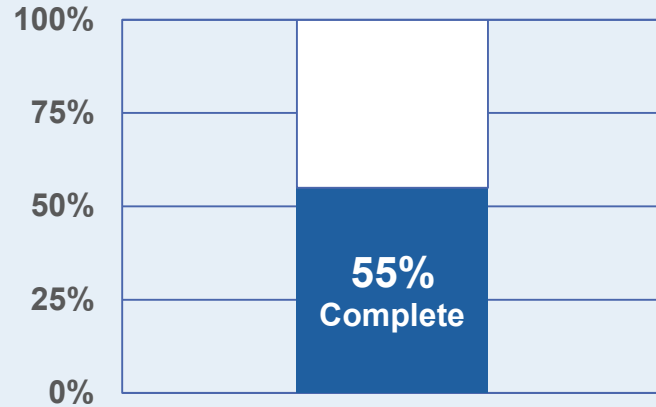
- **SVH Board Strategic Planning Retreat – Tentative August 3rd 9 am – 3 pm**
- WSHA Rural Advocacy Days | September 18-21 | Washington D.C.
- WSHA Annual Meeting – In Person or Virtual
 - Sunday, October 16 – Tuesday, October 18
 - Hyatt Regency Lake Washington | Renton, WA
 - Registration opens late summer

Respectfully Submitted, Renée K. Jensen

2022 Strategic Plan Dashboard

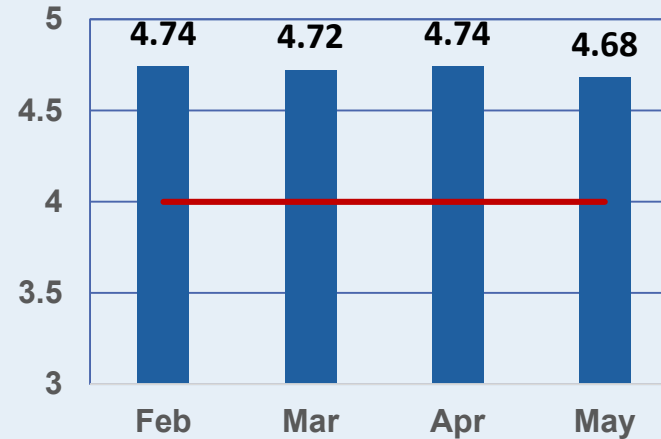
Foundational Elements

Goal: EPIC Go-Live by December 31, 2022



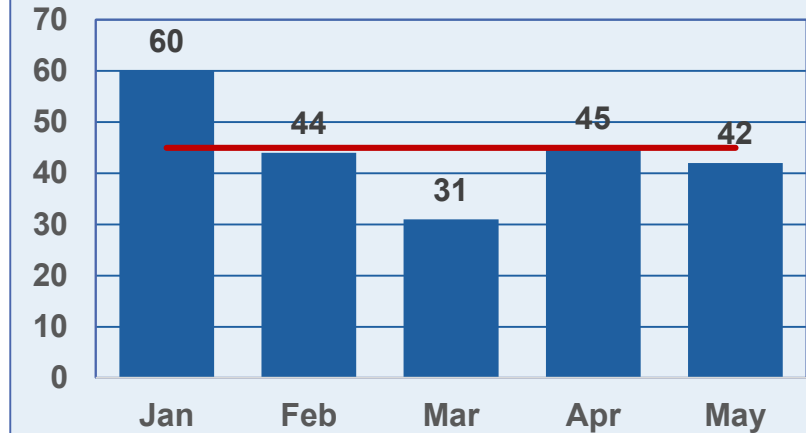
Health System of Choice

Goal: Patient Satisfaction Score at or greater than 4



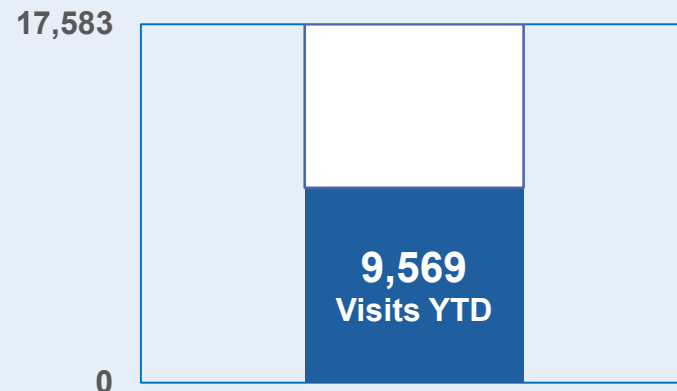
Our Team

Goal: Reduce # of open positions to 45 or less



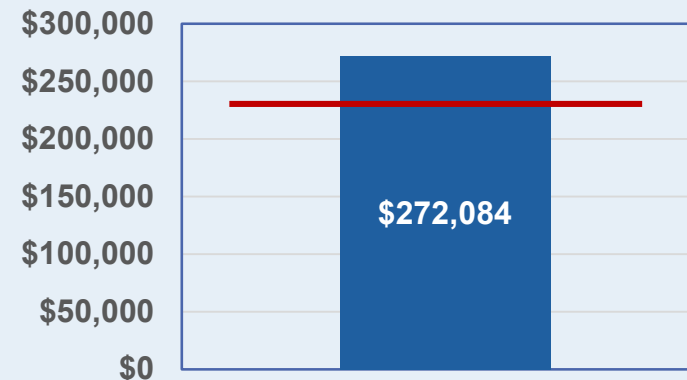
Community Health

Goal: Increase SVH Clinic visits by 3% to 17,583



Financial Stewardship

Goal: Attain a 0.5% profit margin of \$236,628



Snoqualmie Valley - Implementation Support

SVH will Go-Live with Epic via Overlake Medical Center and Clinics in September of 2022.

SNAPSHOT	TEGRIA SCOPE STATUS	WEEK OF	WEEKS UNTIL GO-LIVE	WEEKS UNTIL ENGAGEMENT ENDS
	On Track ↑	June 6, 2022	14	20

UPCOMING OUTAGES & MILESTONES	RISKS – AWARENESS OR INTERVENTION NEEDED
<p>UPCOMING MILESTONES</p> <ul style="list-style-type: none"> TDR status update 6/16 Front Desk/Referrals/Authorization Workflows 6/20 <p>UPCOMING OUTAGES</p> <ul style="list-style-type: none"> 7/4 	<p>ORDER SETS REVIEW</p> <ul style="list-style-type: none"> Issue + Impact Statement: We need to complete review of order sets by mid-May to guarantee their build. Background: Miscommunication on timeline and action items has resulted in a need to push for completion of review in short timeframe (less than 1 month). Request for Intervention (if applicable): SVH will prioritize order sets to meet <u>new 6/22 deadline</u>. <p>SSO BUILD</p> <ul style="list-style-type: none"> Issue + Impact Statement: Credentials could not be passed from Imprivata to Overlake's View Horizon during SVH testing. Background: There is set-up required from several systems, Overlake, Epic, SVH, and Imprivata (or SSO solution). Request for Intervention (if applicable): New strategy selected. Testing ongoing. <u>Will review new timeline on 6/22</u>.

PROGRESS *(Next steps are documented in the Action Items Tracker)*

PHASE OR TOPIC	PROGRESS
Build	<ul style="list-style-type: none"> Planned for MedDispense, DAX, Onbase, Rightfax, and McKesson Epic conversion build and testing
Technical	<ul style="list-style-type: none"> Updated and migrated Exchange email server Performed organization-wide password change
Operational Readiness	<ul style="list-style-type: none"> Planned for communication and engagement milestones internally and externally Monitored confidentiality agreement completion, training registration, and super user registration
Overall Project	<ul style="list-style-type: none"> Reviewed future state training and onboarding processes Identified important data elements to abstract into Epic and high-level cutover plans

Month	June				July				August				September				October				
	6	13	20	27	4	11	18	25	1	8	15	29	5	12	19	26	3	10	17	24	
Discovery & Design																					
Build	Build & Application Testing	Chg Frz	VPN Updates Lab Instrument Testing																		
	Hrdwr & BCA Maps SVH	ALP Testing OL		Deploy RDSH & All New Hardware (Big Boards, BCA, etc)					Printer Class Mapping												
Technical	Build/Test SSO Auth & Windows Upgrade SVH	ED Cutover Planning							ED TDR & Go-Live												
	Create RDSH POC & PRD, Build Network Seg Build RODC/Terminal Licensing Servers		Peripheral Testing/Phase 2 Testing SVH/OL																		
Testing	Develop Test Scripts			PRCT																	
	Develop Testing Plan, Scripts Needed, Logistics		DC to TST & MST	Integrated Testing				Issue Resolution		TDR											
Training	Enroll Users in LMS			End User Training																	
	Super User Training							Train Conv Users													
Reporting	Report (RWB/Dashboard) Build in TST Extract Build							Report/Extract Testing													
	Org Filtering in TST Gives SVH access to model Data Marts																				
Operational Readiness	Update Policies & Procedures																				
				Rev Reconciliation Workshops		Rev Cycle Mock End															
Conversion & Go-Live Planning	Conversion Planning								Conversion Activities (Reg/Sched/Chart Abstraction/Template Build)				Cutover & Go Live		Close						
									Go-Live & Cutover Planning (Command Center, Support Schedule, Move Build Early)				Support		Lessons Learned						
																			Reporting Optimization - Oct/Nov		

Action Item	Specific Instructions	Owner	Status	Due Date	Source	Return to...	Most Recent Update	Previous Updates
Update Employee list	3 HRG employees	Kristin		5/13/2022	Minutes: SVH Security Planning Email (4/8)	Chrissy, Dorianne, Maia, Kathryn	Kristin following up with Ramatulai	Waiting on HRG
Review contrast order/MAR workflow with Overlake	This is in relation to updating the CT Injections IV Access Policy. This will be impacted contrast is put on the MAR. Impacts the pharmacy workflows as well	Ron		5/13/2022	Notes: SVH Epic Readiness Review - Imaging Email (3/24)	Leon, Maia		
Order pagers		David		5/13/2022	Weekly SVH Epic Team - 5/9/2022		We know they work. Need to order.	
Inpatient provider templates drop-down content		Dr. Thompson		5/20/2022	5/25 Inpatient Provider Meeting Email (5/27)	Keli, Erin, Brandie, Maia		Inpatient templates Email (5/2)
Follow up on Dragon licenses needed with Dr. Thompson	BABAKI, ARASH Chan, Jason Chen, Yen Gray, John Johnson, Alan Martin, Deborah WATSON, JAMES D Dr. Sinforf? Transcription	Kristin		5/20/2022	Minutes: SVH Security Planning Email (5/6)	Maia, Kathryn, Chrissy, Dorianne	Will talk to Ronya and may email Dr. Thompson.	
Share pain point billing scenarios with TruBridge		Patrick, Lori		5/27/2022	Notes: TruBridge, SVH, and Overlake - SFTP, GL, Insurance Payments Email (4/25)			
Share SVH device mapping		David		5/31/2022	Minutes: SVH/Overlake Tech Team Meeting Email (3/11)	Maia		
Windows Upgrade	20H2	David		5/31/2022	Minutes: SVH/Overlake Tech Team Meeting Email (3/11)	Maia		
Install new hardware	Requires equipment orders.	David		5/31/2022	Minutes: SVH/Overlake Tech Team Meeting Email (3/11)	Maia	This is high priority for Epic project.	
Make maps and note exam room numbers		David		5/31/2022	Minutes: SVH: Technical Dress Rehearsal Planning Email (5/4)	Maia, Kathryn		
Review heart failure measure	Review if we report the heart failure measure for instructions given reporting for the antismoking	Ronya		6/1/2022	AVS (After Visit Summary) Additional Information displays Email (3/22)	Maia, Ben, Glenn	Maia sent additional info on 5/16	
Baselines for productivity, documentation completion, and discharge documentation		Amy and Kendra		6/1/2022	Notes: SVH Epic Readiness Review - Rehab Email (3/25)			
Time estimates for Patient Access	Patient flow, faxing/scanning, referral flow	Joelle, Tami, Amy, and JT		6/1/2022	Notes: SVH Epic Readiness Review - Patient Access Email (3/24)	Maia		
Review downtime process for Cardinal Health employees	Alternate to VPN, physicians verify own orders, fax	Ron		6/1/2022	Notes: SVH Epic Readiness Review - Pharmacy Email (3/24)	Maia		
Confirm Epic downtime process with Kim		Ron and Ari		6/1/2022	Notes: SVH Epic Readiness Review - Imaging Email (3/24)	Maia		

Create current contact reference sheet		Ron and Ari		6/1/2022	Notes: SVH Epic Readiness Review - Imaging Email (3/24)	Maia		
Update Lucidoc/Safety Zone for needlestick workflows		Kathi		6/1/2022	Notes: Internal: SVH Employee Health Review Email (4/29)	Maia		
Run reports for UC, Primary Care, and Cardio for charges being used		Patrick		6/1/2022	Minutes: SVH Charging Email (5/12)	Maia		
Review any baseline metrics to collect manually/aneccdotally for clinics and UC		Crystal and Dr. Moore		6/1/2022	Notes: SVH Epic Readiness Review - Hospital Clinic, Ridge Clinic, Urgent Care Email (5/4)	Maia		
Review gaps/unique scenarios for clinics and UC		Crystal and Dr. Moore		6/1/2022	Notes: SVH Epic Readiness Review - Hospital Clinic, Ridge Clinic, Urgent Care Email (5/4)	Maia		
SVH Infusion/Wound/Procedures follow-up	Who will create new Patient records?	Rachel		6/3/2022	SVH Inpatient Meeting 6/2/22 Email (6/2)			
Who will monitor provider notification letters?		Patrick		6/10/2022	Notes: Overlake/SVH/HRG Introductions Email (5/2)	Kathryn, Maia, Mary		
Update the VPN	Work with Ben	David		6/10/2022	Minutes: SVH Lab Instruments Meeting Email (6/1)	Maia, Kathryn		
Configuring lab instruments on the network		David		6/10/2022	Minutes: SVH Lab Instruments Meeting Email (6/1)	Maia, Kathryn		
Training questions for Endo		Rachel		6/10/2022	Training Scheduling for Diana and Olga Email (6/2)	Maia, Ben, Joycelin, Kathryn		
Training questions for Agency nurses		Rachel		6/10/2022	No Training Dates Indicated: Need Training Dates Email (6/1)	Joycelin, Maia, Kathryn		
Configure lantronix and IStat boxes in the IT room		David		6/10/2022	Minutes: SVH Lab Instruments Meeting Email (6/8)			
Follow up with the Inpatient Physicians at SVH regarding MEWS	MDs will need to be able to speak to score if needed, but is designed for RN staff usage in escalation	Rachel, Kristin, and Kathi		6/13/2022	IP MEWS at SVH Email (6/2)	Maia, Ben, Glenn		
Determine who will own the follow up on Coding missing items	Work with Lori	Patrick		6/17/2022	Notes: Overlake/SVH/HRG Introductions Email (5/2)	Maia, Mary		
Build SSO/authentication workflow		David		6/17/2022	Minutes: SVH/Overlake Tech Team Meeting Email (3/11)	Maia, Kathryn	Looking at June to have trial available for SVH team to begin testing. Waiting for warp drive.	Hit roadblock. Will need input from Overlake. Scheduling decision meeting.
Pull canned text info for lab		Kristin		6/17/2022	Follow ups from meeting Email (5/25)	Maia, Cyndi		
Follow up with agencies to get socials	Accounts cannot be created without socials.	Kristin		6/17/2022	Minutes: SVH Security Planning Email (5/25)	Maia, Kathryn		
Add cell phone numbers to Monday.com		Kristin and Hilary		6/17/2022	Minutes: SVH Security Planning Email (5/25)	Maia, Kathryn		

COMMITTEE MEMBERS:

David Speikers, Commissioner, Chair of Finance
Kevin Hauglie, Commissioner, President
Patrick Ritter, CFO
Renée Jensen, CEO
Dr. Rachel Thompson, CMO
Voltaire Tiotuico, Director of Finance
Jamie Palermo, Sr. Executive Assistant

May Income Statement Narrative:

May Operating Net revenues were **3%** (~\$100,000) below budget. Imaging volumes (CT, MRI, XRAY) were all lower than average. The payer mix throughout the District also had a negative effect on revenue.

ED had very good volumes but the charges per visit were lower in May. The Business office is currently reviewing ED department charges for cause of dip in revenue per visit.

May Operating Expenses were ~\$320,000 below budget. The major expense categories under budget were Salaries, Repairs, and Lease. Salary expenses were originally budgeted higher for May for projected retention payment. The retention payment was changed to a permanent salary increase and implemented in March. The Pro Fees were over budget due to agency staff in ED, MedSurge and Covid Testing.

Operating Revenues were slightly below Operating expenses resulting in an Operating loss of (\$2,211).

Non-Operating revenues (FEMA Reimbursements) were greater than Non-Operating expenses producing a positive Net Income in May of **\$53,072**.

2022 Annual Income

Net Income year to date is **\$272,084**. This is \$818,426 better than budget projections YTD.

Balance Sheet Highlights:

- Overall Assets decreased
 - Cash decreased \$737,000 due to AP Payments and AR Increase
 - Liabilities Decreased
 - AP Payments
 - CMS Advance (50% recoupment)
-

Cash Flow Statement Highlights:

- **Operating Activities Decrease of \$~702,000**
 - AR Increase of \$692,327
 - Delayed Covid Test Billing
 - May Volume Increases
- **Investing Activities Increase \$29,234**
 - Right to use assets off set expenditures for Epic.
- **Financing Activities Decrease \$64,449**
 - Monthly Long Term Debt payments

Total Cash down \$737,207

AR Days Goal 55

- 60 Days April
 - AR increased by 4 days. Volume increases for May and a continued backlog of COVID testing charges. Little over 1 million in testing charges.

Bond Covenants: (Snapshot forecast)

- Debt Coverage is 1.85 requirement is 1.20
- Reserve Requirement is at \$3675188 as required.
- Day's cash above the reserve is 157. The bond requirement is 60

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

FINANCE COMMITTEE (JUNE 2022)

JUNE 17, 2022

Financial Statements

KING COUNTY HOSPITAL DISTRICT # 4
HOSPITAL & CLINICS COMBINED
STATEMENT OF OPERATIONS
ACTUAL vs BUDGET
MAY 2022

CURRENT MONTH					YEAR TO DATE			
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
\$ 3,761,686	\$ 3,889,404	\$ (127,718)	-3%	NET PATIENT SERVICE REVENUE	\$ 18,677,730	\$ 18,603,336	\$ 74,394	0%
94,441	99,405	(4,964)	-5%	TAXATION FOR OPERATIONS	496,560	484,202	12,358	3%
61,732	37,054	24,678	67%	OTHER	188,091	183,984	4,107	2%
3,917,859	4,025,863	(108,004)	-3%	TOTAL OPERATING REVENUE	19,362,380	19,271,522	90,858	0%
				OPERATING EXPENSES				
1,795,023	2,171,366	376,343	17%	SALARIES	8,666,470	8,852,630	186,160	2%
370,222	408,214	37,992	9%	EMPLOYEE BENEFITS	1,909,956	1,876,966	(32,990)	-2%
556,810	450,963	(105,847)	-23%	PROFESSIONAL FEES	2,157,679	2,253,205	95,526	4%
341,630	325,239	(16,391)	-5%	SUPPLIES	1,612,973	1,626,195	13,222	1%
23,845	34,907	11,062	32%	REPAIRS AND MAINTENANCE	166,796	184,535	17,739	10%
51,068	50,062	(1,006)	-2%	UTILITIES	270,582	250,310	(20,272)	-8%
353,477	359,470	5,993	2%	PURCHASED SERVICES	1,925,388	1,797,350	(128,038)	-7%
14,003	15,218	1,215	8%	INSURANCE	83,720	76,090	(7,630)	-10%
32,449	49,048	16,599	34%	LEASES AND RENTALS	198,286	245,240	46,954	19%
319,784	311,202	(8,582)	-3%	DEPRECIATION	1,600,300	1,556,010	(44,290)	-3%
61,758	64,484	2,726	4%	OTHER	387,253	319,281	(67,972)	-21%
3,920,070	4,240,173	320,103	8%	TOTAL OPERATING EXPENSES	18,979,405	19,037,812	58,407	0%
(2,211)	(214,310)	212,099	-99%	OPERATING INCOME	382,976	233,710	149,266	64%
7,153	7,077	76	1%	INVESTMENT INCOME, NET OF AMOUNT CAPITALIZ	30,210	34,471	(4,262)	-12%
253,858	261,794	(7,936)	-3%	TAXATION FOR BOND PRINCIPAL & INTEREST	1,244,924	1,275,190	(30,266)	-2%
(417,439)	(417,272)	(167)	0%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZED	(2,090,392)	(2,084,662)	(5,730)	0%
(13,454)	(9,096)	(4,358)	-48%	BOND ISSUANCE AND FINANCING COSTS	(54,197)	(45,480)	(8,717)	-19%
-	-	-		NON OPERATING REV - PROVIDER RELIEF FUNDS	-	-	-	
225,166	8,300	216,866	2613%	OTHER NET	758,564	40,429	718,135	1776%
55,283	(149,197)	204,480	137%	NON OPERATING, NET	(110,891)	(780,052)	669,161	86%
53,072	(363,507)	416,579	-115%	CHANGE IN NET POSITION	272,084	(546,342)	818,426	-150%
\$ 53,072	\$ (363,507)	\$ 416,579	-115%	NET POSITION	\$ 272,084	\$ (546,342)	\$ 818,426	-150%

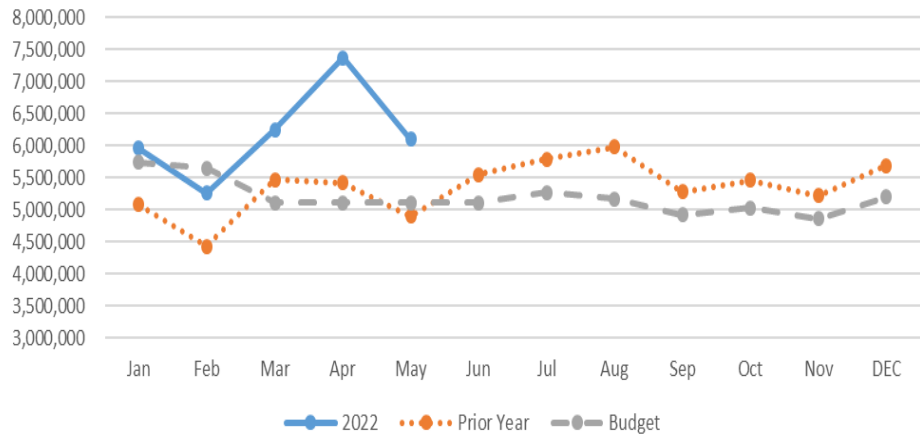
SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	APRIL 2022	MAY 2022
ASSETS		
CURRENT ASSETS		
UNRESTRICTED CASH	8,553,476	8,177,451
BOARD RESTRICTED FUNDS	4,911,814	4,911,814
CMS ADVANCE PAYMENT	5,163,014	4,783,839
MANDATED RESERVE FUNDS	11,814,840	11,832,833
TOTAL CASH	30,443,143	29,705,936
ACCOUNTS RECEIVABLE	11,199,230	12,368,844
LESS A/R ALLOWANCES	4,072,585	4,549,962
COST REPORTS RECEIVABLE	-	-
EMR MEANINGFUL USE	-	-
TOTAL NET RECEIVABLE	7,126,645	7,818,881
TAXES RECEIVABLE	2,394,906	2,059,407
INVENTORY	136,677	139,677
PREPAID EXPENSES	109,321	85,864
INTANGIBLE ASSETS	2,968,969	2,955,515
OTHER RECEIVABLES	19,180	23,950
TOTAL CURRENT ASSETS	43,198,841	42,789,229
FIXED ASSETS		
LAND AND IMPROVEMENTS	26,604,969	26,604,969
BUILDINGS	33,260,553	33,260,553
EQUIPMENT	9,201,725	9,201,725
INFORMATION SYSTEMS	4,702,979	4,702,979
RIGHT TO USE ASSET	1,394,904	1,330,374
CONSTRUCTION IN PROGRESS	140,656	175,951
LESS: ACCUMULATED DEPRECIATION	26,501,566	26,756,820
NET FIXED ASSETS	48,804,220	48,519,731
TOTAL ASSETS	92,003,061	91,308,961

LIABILITIES AND FUND BALANCES		
CURRENT LIABILITES		
NOTES PAYABLE	966,000	966,000
COST REPORT PAYABLE	65,938	-
ACCOUNTS PAYABLE	2,003,375	1,863,249
ACCRUED PAYROLL & TAXES	2,849,287	3,007,164
ACCRUED INTEREST (BONDS)	1,032,001	1,205,952
OTHER CURRENT LIABILITIES	(68,247)	(68,747)
CURRENT PORTION LONG TERM DEBT	1,673,750	1,596,250
CURRENT PORTION CMS ADVANCE PAYMENT	(1,700,872)	(2,080,047)
DEFERRED STIMULUS REVENUE	-	-
DEFERRED TAX REVENUE	2,759,431	2,408,120
TOTAL CURRENT LIABILITIES	9,580,663	8,897,941
LONG TERM LIABILITIES		
LIABILITY RIGHT TO USE ASSET	1,401,824	1,337,375
CMS ADVANCE PAYMENT PAYABLE	6,863,886	6,863,886
LONG TERM LIABILITIES (LTGO BONDS)	44,800,000	44,800,000
REVENUE BONDS	44,523,321	44,523,321
TOTAL LONG TERM LIABILITIES	97,589,031	97,524,582
EQUITY/FUND BALANCE PERIOD END	(15,166,633)	(15,113,563)
TOTAL LIABILITY + EQUITY/FUND BALANCE	92,003,061	91,308,961

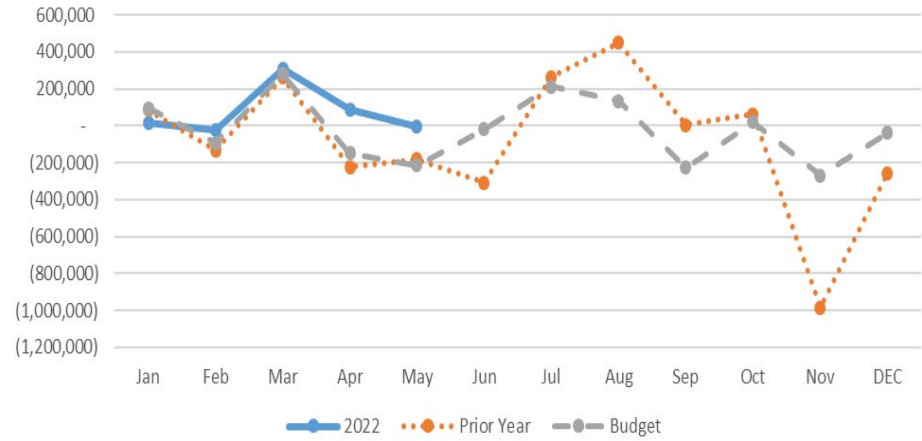
STATEMENT OF CASH FLOWS		
SOURCE AND APPLICATION OF FUNDS	APRIL 2022	MAY 2022
Net Income	(121,868)	53,072
Add (Deduct) items not affecting cash:		
Depreciation expense	255,254	255,254
(Increase) decrease in accounts receivable	(292,617)	(692,237)
(Increase) decrease in current assets		
Tax Receivable/Other Receivable	1,718,694	330,730
Inventory	17,020	(3,000)
PrePaid Expenses	(59,619)	23,457
Intangible Assets	13,454	13,454
Increase (decrease) in current liabilities		
Notes and Loans Payable	-	(65,938)
Accounts Payable	151,283	(140,126)
Accrued Payroll & Taxes	(49,300)	157,877
Accrued Interest (Bonds)	173,951	173,951
Other Current Liabilities	(2,280)	(500)
Deferred Stimulus Funds	(844,906)	(379,175)
Current Long Term Debt	(77,500)	(77,500)
Deferred Tax Revenue	(351,311)	(351,311)
Other (net)	(237)	(3)
Net Cash provided by operating activities	530,017	(701,993)
CASH FLOW FROM INVESTING ACTIVITIES		
Investment in plant and equipment		
Land	-	-
Buildings	-	-
Equipment	-	-
Right to Use Assets	64,530	64,530
Construction in Progress	(45,667)	(35,295)
Net cash used for investing activities	18,863	29,234
CASH FLOW FROM FINANCING ACTIVITIES		
Change in long-term liabilities	(64,138)	(64,449)
Increase (decrease) in cash	\$ 484,742	\$ (737,207)
Beginning Cash Balance	29,958,401	30,443,143
Prior Year Adjust impact		
Ending Cash Balance	30,443,143	29,705,936

Financial Dashboards (Revenue & Income)

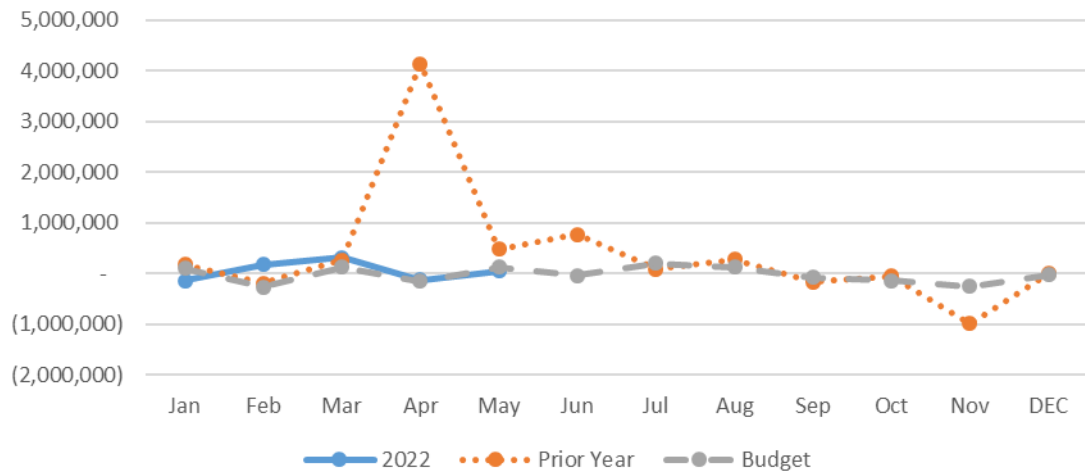
Gross Revenue



Operating Income

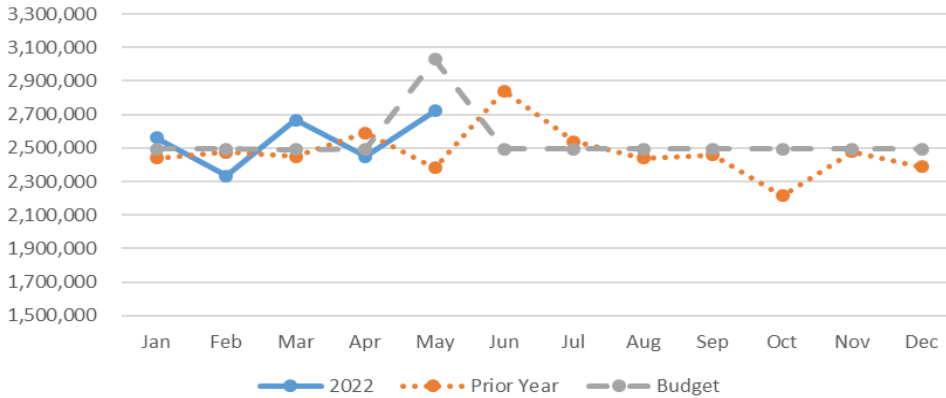


Net Income

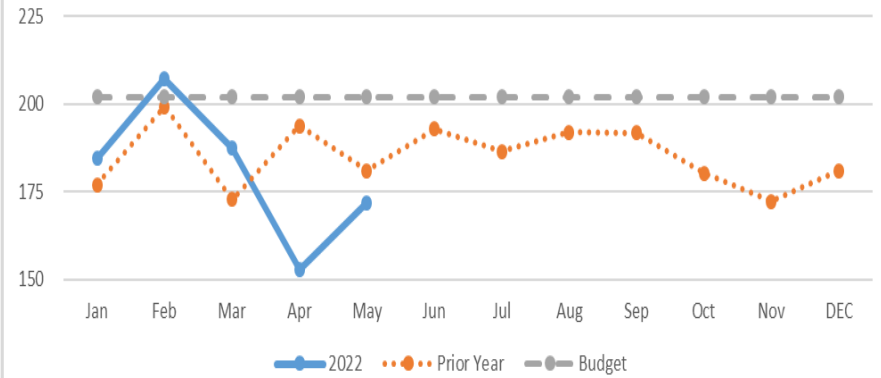


Financial Dashboards (Expenses)

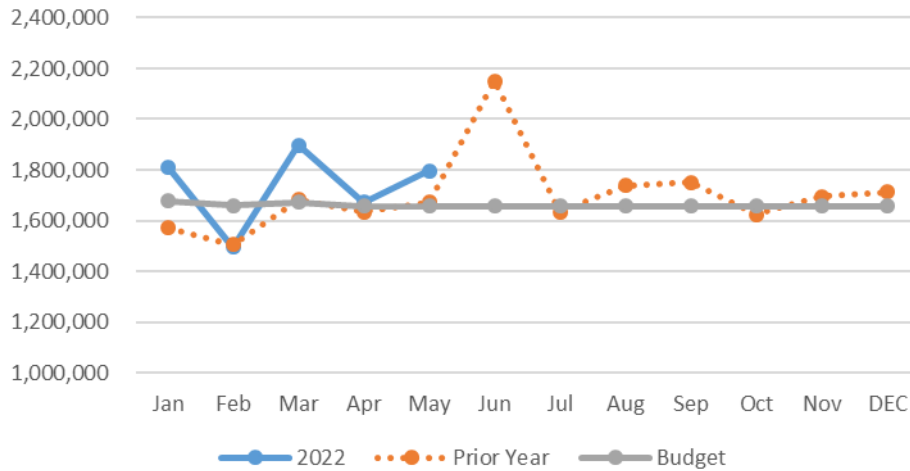
Salary Wages and Benefits



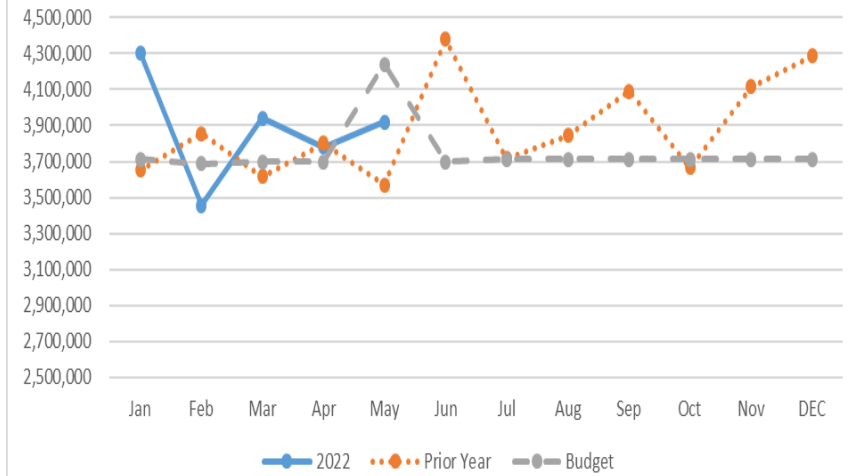
Worked FTEs



Paid FTEs

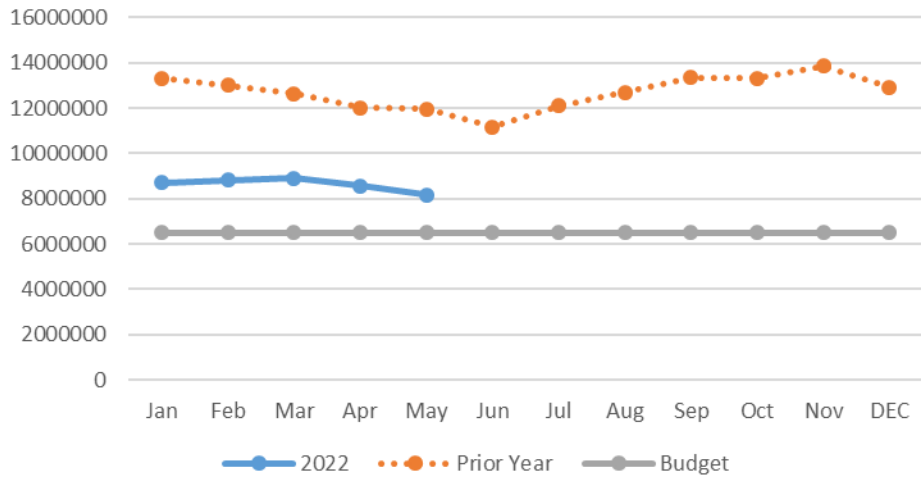


Operating Expenses

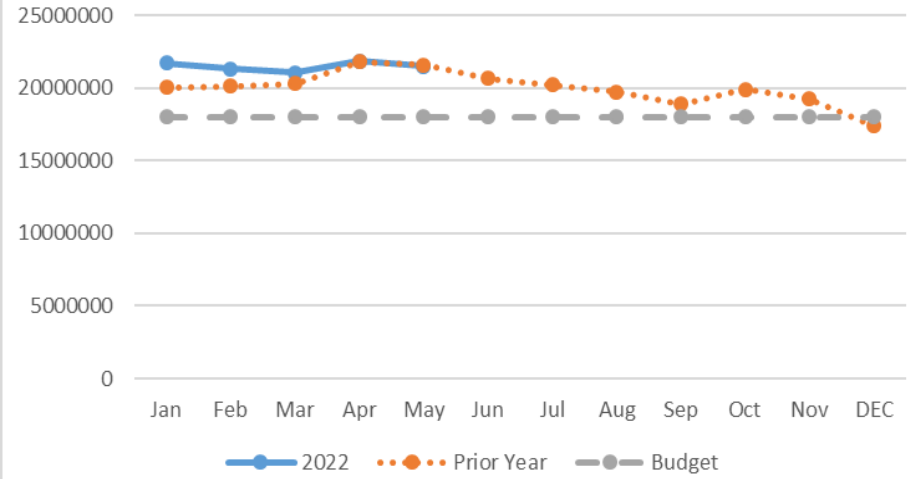


Financial Dashboards (Cash)

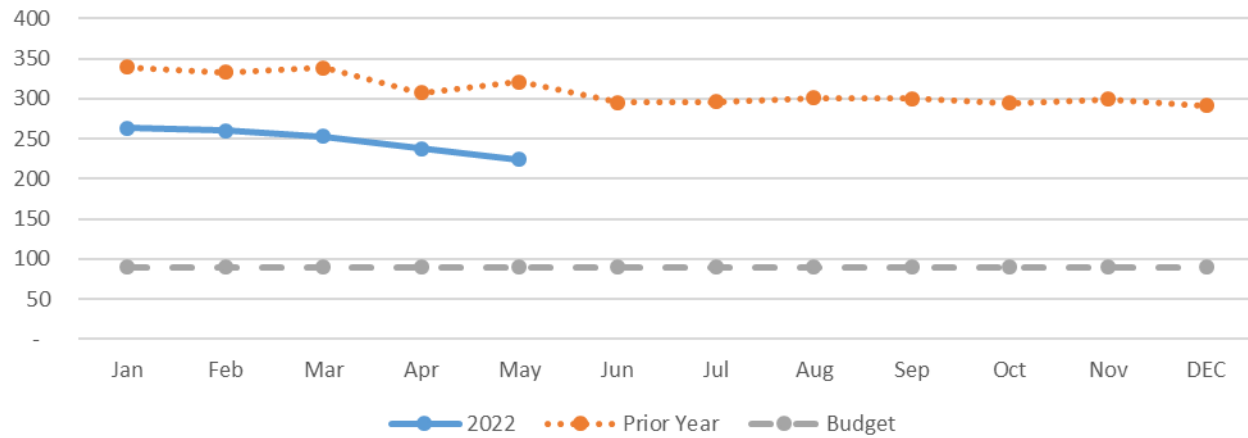
Unrestricted Cash



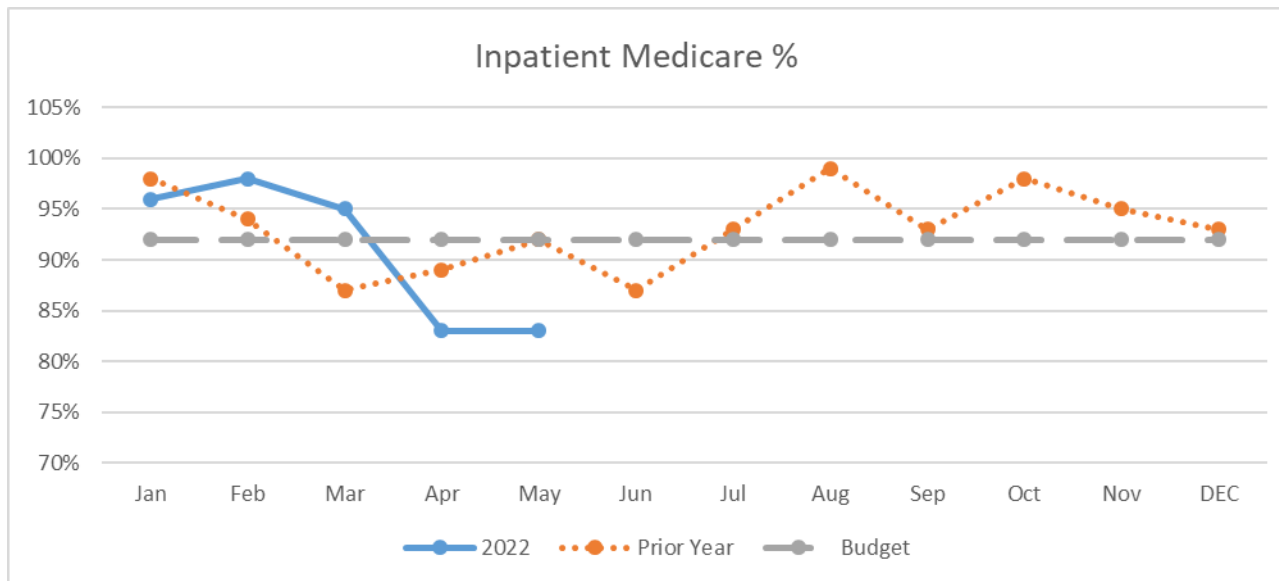
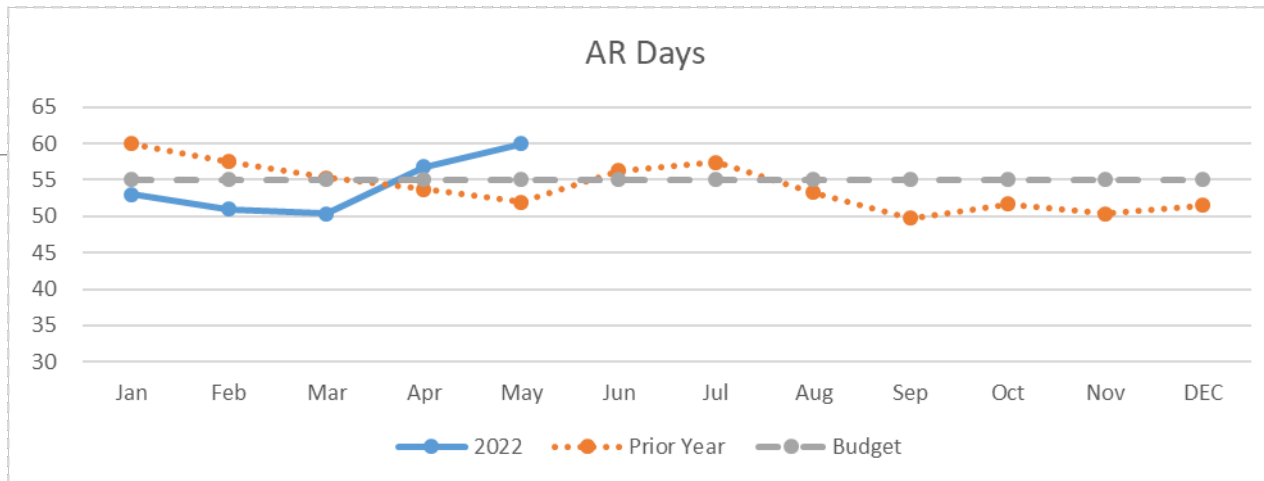
Restricted Cash



Days Cash

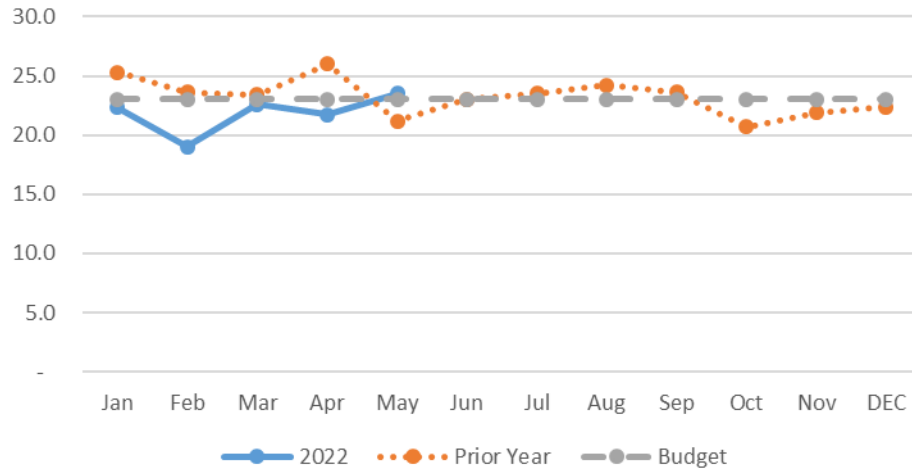


Productivity Dashboards (AR/Payor Mix)

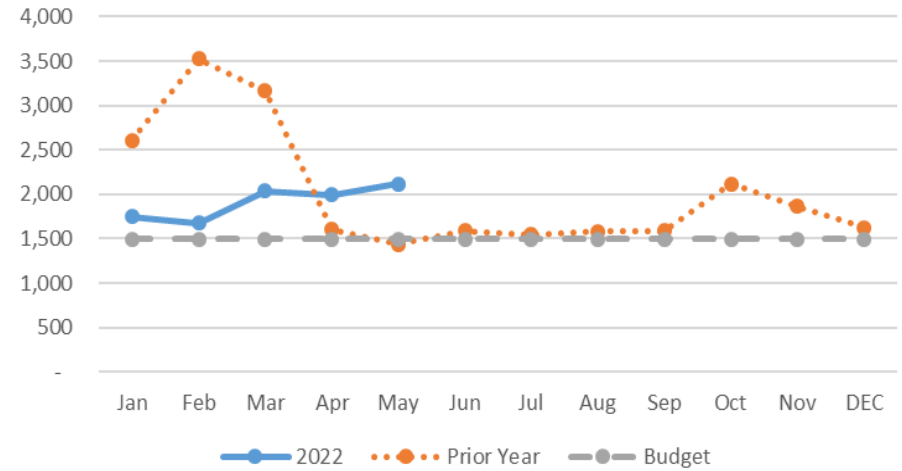


Productivity Dashboards (Census Visits)

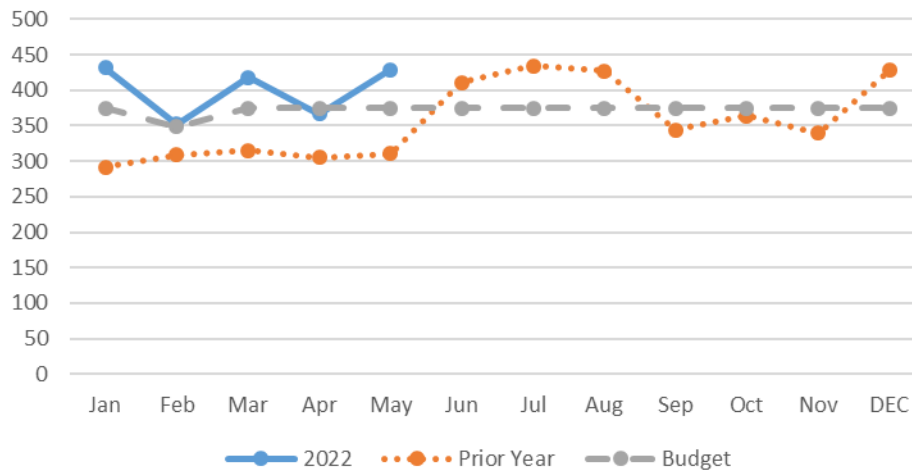
Acute/Swingbed Avg Daily Census



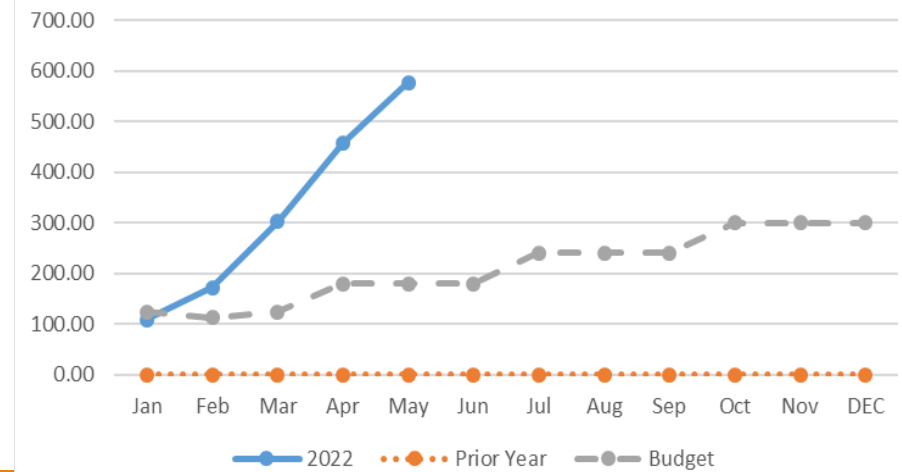
Clinic Visits



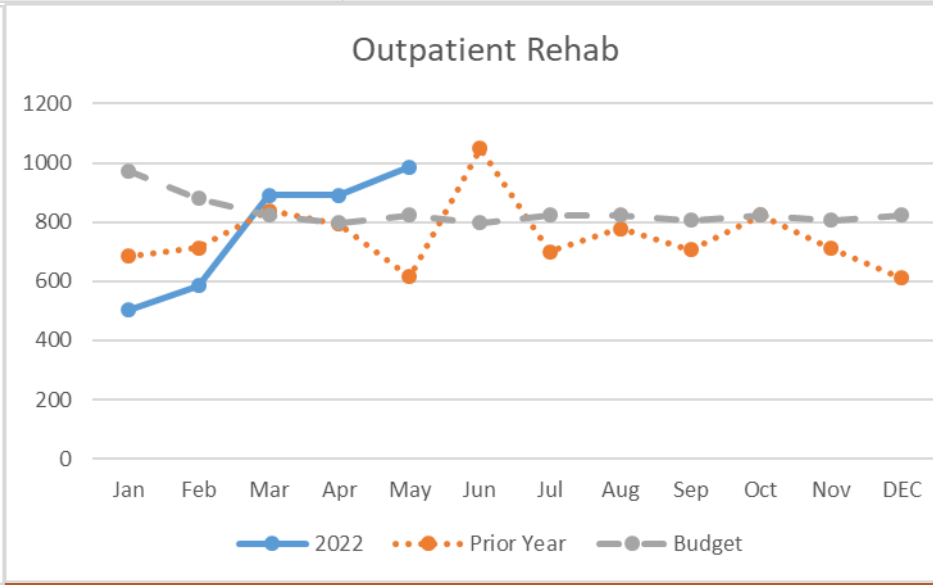
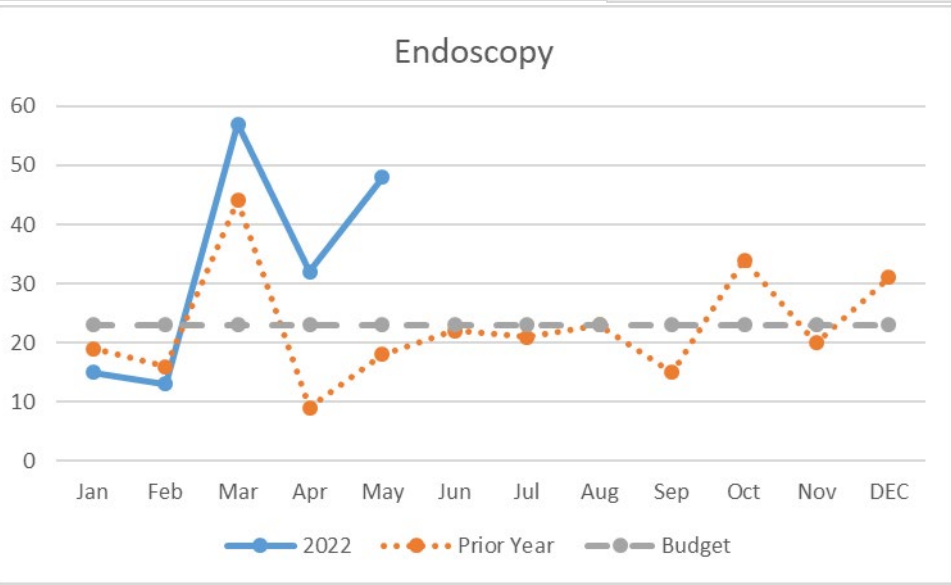
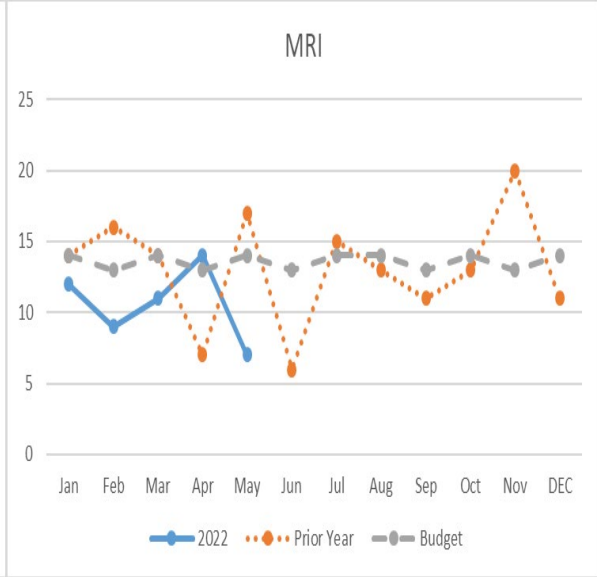
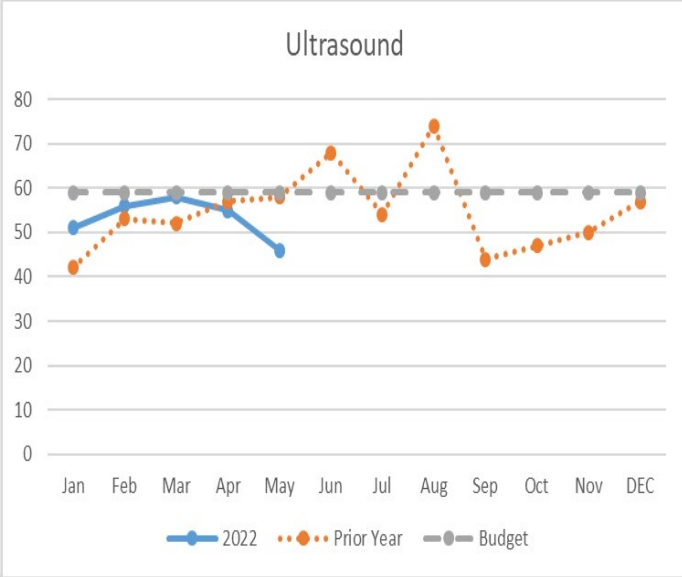
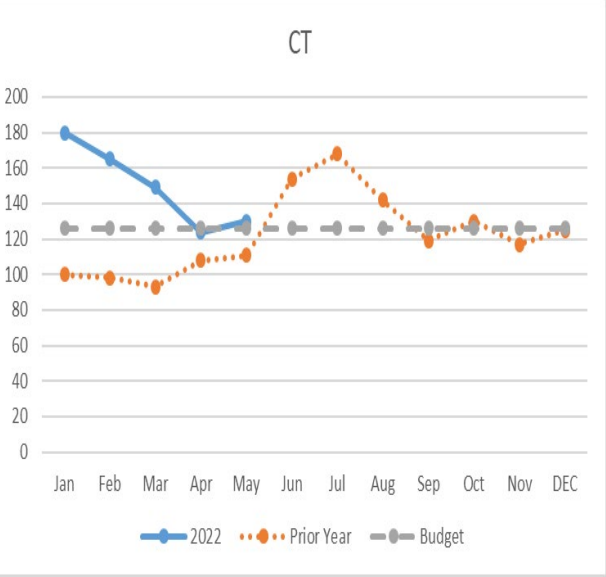
ER Visits



Urgent Care Visits



Productivity Dashboards (Procedures)



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 May to May 31, 2022

Northwest Bank Accounts Payable Warrants

\$1,958,171.09	Accounts Payable Warrants Warrants #79229 to #79515
<u>\$1,958,171.09</u>	

Northwest Bank Payroll Warrants & EFT

\$0.00	Payroll Warrants
1,186,854.22	Hospital & Clinic Payroll Auto Deposits
454,108.12	Hospital & Clinic Payroll Tax
78,199.87	Hospital & Clinic Retirement 457, 403B, & 403B Match Plans
<u>\$1,719,162.21</u>	

GRAND TOTAL

\$3,677,333.30

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

Renee Jensen, Chief Executive Officer

David Speikers, 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

Public Hospital District No. 4 King County
Financial Update
Cash Balances
5/31/2022

	<u>Bank/Fund</u>	<u>Cash Balance</u>
Unrestricted		
	Northwest Bank	
	Warrant	\$ 612,460.91
	Outstanding Warrants	346,929.54
	Payroll	602,878.31
	Operating	587,116.61
	Reconciling Items	778,084.81
	Lockbox	500,000.00
	Money Market	8,551,222.60
	Money Market CMS Payable	(5,163,013.70)
	US Bank Treasury	4,900,617.91
	Board Restricted	(4,896,278.09)
	Banner Bank	
	#4052002599	480,473.30
	#4052002382	354,419.69
	Key Bank	
	#479681237018	110,919.85
	General Fund King Co	
	140040010	86,248.48
	GO Bond Fund King Co	
	140048510	325,070.88
	Petty Cash	300.00
	Total Unrestricted	<u><u>8,177,451.10</u></u>
Restricted		
	Limited GO Bond Fund-King Co	
	140048400	6,400,173.64
	Reserve Fund-King Co	
	140046010	1,757,471.43
	Reserve 2015 Rev Bond-US Bank	3,675,187.50
	CMS Advance Payment (Money Mkt)	4,783,838.84
		<u><u>\$ 16,616,671.41</u></u>
	Board Restricted Funds	\$ 4,911,813.62
	Total All Accounts	<u><u>\$ 29,705,936.13</u></u>

PUBLIC HOSPITAL DISTRICT NO 4, KING COUNTY

Cash Disbursements for 2022

	<u>Accounts Payable</u>	<u>Payroll and Taxes</u>	<u>Total</u>
January	\$ 2,903,911.86	\$ 1,721,188.63	\$ 4,625,100.49
February	\$ 2,156,973.83	\$ 1,626,375.80	\$ 3,783,349.63
March	\$ 2,103,599.41	\$ 1,747,960.53	\$ 3,851,559.94
April	\$ 1,653,383.70	\$ 1,704,160.44	\$ 3,357,544.14
May	\$ 1,958,171.09	\$ 1,719,162.21	\$ 3,677,333.30
June			
July			
August			
September			
October			
November			
December			
Total	\$ 10,776,039.89	\$ 8,518,847.61	\$ 19,294,887.50

Cash Disbursements for 2021

	<u>Accounts Payable</u>	<u>Payroll and Taxes</u>	<u>Total</u>	<u>Over(Under) Prior Year Cash</u>
	\$ 1,883,824.00	\$ 1,580,891.83	\$ 3,464,715.83	\$ 1,160,384.66
	\$ 1,882,972.66	\$ 1,546,935.95	\$ 3,429,908.61	\$ 353,441.02
	\$ 1,934,346.63	\$ 1,604,040.34	\$ 3,538,386.97	\$ 313,172.97
	\$ 2,008,435.53	\$ 1,652,180.15	\$ 3,660,615.68	\$ (303,071.54)
	\$ 1,994,858.45	\$ 1,624,665.98	\$ 3,619,524.43	\$ 57,808.87
	\$ 1,591,743.83	\$ 2,036,186.47	\$ 3,627,930.30	
	\$ 1,989,070.29	\$ 2,489,415.67	\$ 4,478,485.96	
	\$ 1,772,231.98	\$ 1,671,199.28	\$ 3,443,431.26	
	\$ 2,009,446.20	\$ 1,761,079.78	\$ 3,770,525.98	
	\$ 1,768,485.08	\$ 1,602,472.64	\$ 3,370,957.72	
	\$ 2,065,508.80	\$ 1,630,907.58	\$ 3,696,416.38	
	\$ 2,015,112.91	\$ 2,377,789.44	\$ 4,392,902.35	
Total	\$ 22,916,036.36	\$ 21,577,765.11	\$ 44,493,801.47	\$ 1,581,735.98

Cash Receipts for 2022

	<u>Deposits at Banks All accounts</u>	<u>Line of Credit or Bond Fund or Money Market</u>	<u>Total</u>
January	\$ 1,769,502.02	\$ 1,300,000.00	\$ 3,069,502.02
February	\$ 3,525,534.39		\$ 3,525,534.39
March	\$ 3,320,462.41	\$ 500,000.00	\$ 3,820,462.41
April	\$ 2,647,666.68	\$ 1,000,000.00	\$ 3,647,666.68
May	\$ 3,321,675.76	\$ 1,000,000.00	\$ 4,321,675.76
June			
July			
August			
September			
October			
November			
December			
Total	\$ 14,584,841.26	\$ 3,800,000.00	\$ 18,384,841.26

Cash Receipts for 2021

	<u>Deposits at Banks All accounts</u>	<u>Line of Credit or Bond Fund or Money Market</u>	<u>Total</u>	<u>Over(Under) Prior Year Cash</u>
	\$ 5,433,086.54		\$ 5,433,086.54	\$ (2,363,584.52)
	\$ 3,271,499.60		\$ 3,271,499.60	\$ 254,034.79
	\$ 4,291,205.71		\$ 4,291,205.71	\$ (470,743.30)
	\$ 3,330,161.68		\$ 3,330,161.68	\$ 317,505.00
	\$ 3,144,291.11		\$ 3,144,291.11	\$ 1,177,384.65
	\$ 3,128,792.15		\$ 3,128,792.15	
	\$ 3,504,942.72		\$ 3,504,942.72	
	\$ 3,900,834.68		\$ 3,900,834.68	
	\$ 3,680,429.86		\$ 3,680,429.86	
	\$ 3,058,246.01		\$ 3,058,246.01	
	\$ 3,903,031.22		\$ 3,903,031.22	
	\$ 4,394,700.98		\$ 4,394,700.98	
Total	\$ 45,041,222.26	\$ -	\$ 45,041,222.26	\$ (26,656,381.00)

Days AP Payable 20.23

Committee Members Present:

Commissioner Jen Carter
Commissioner Dariel Norris
Karyn Denton, COO/CNO, Executive Chair
Renee Jensen, CEO
Danny Scott, Director of Facilities
Jamie Palermo, Sr. Executive Assistant

Old Business: None

New Business:

1. **Maintenance Issues:** No major issues.
Facility Usage – As of April 2020: Due to COVID-19, all external uses of the community room are cancelled until further notice. In the future a conference room will be made available if a member of the public requests in person attendance.
2. **Environment of Care:** Safety Committee met on May 18th. Danny will be conducting Safety rounds and the Commissioners will be invited to participate.

Emergency Management: ALNW drill scheduled for September. Involves multiple roles and personnel in the hospital, police and fire support. Internal planning meetings have been completed to review policy and procedure.

Fire Safety Management: No report

Hazardous Materials Waste Management: No report

Medical Equipment Management: No report

Physical Plant: No report

Safe Patient Handling: No report

Safety Management: Safety Committee had first meeting May 18th and elected a Chairperson and Secretary. Follow up meeting scheduled week of 6/13 for review of meeting minutes and action items.



Security Management: New security team completed a smooth transition in services. Facilities team provided orientation and support during the transition. Danny is evaluating upgrades to the security camera system.

Utilities management: No report

Workplace Harm: No report

East Campus: Executive Team is still working on alternative locations for staff. Proposal received from contractor for I90/SR18 work for lease of space during project. Executive team to review.

Other: No report

Next meeting: July 19, 11:30am – via Zoom

PARTICIPANTS: Dariel Norris – Commissioner; Emma Herron – Commissioner; Dr. Rachel Thompson – CMO; Renée Jensen – CEO

COMMUNITY													
COVID	<ul style="list-style-type: none"> COVID testing continues to be in 20-50/day; Vaccines lower in 10-30 range King County and WA case rates climbing through May, though about 1/5th as much as was seen in January. 												
HOSPITAL													
System Wide	<ul style="list-style-type: none"> Quality Program continues work on visual data: ED Dashboard is up and in the ED alcove. 												
Inpatient/Swing (Average Daily Census)	2022 Budget (pts/day)			May 2022 (pts/day)			May 2022 YTD (pts/day)						
	23			24			22.2						
Emergency (Average Daily Visit Volumes)	2022 Budget (visits/Day)			May 2022 (visits/day)			May 2022 YTD (visits/day)						
	13			14			13.2						
Endoscopy (Monthly Visit Volumes)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	10	11	45	25	38								
2021 Monthly Average: 17.9													
HOSPITAL AND RIDGE CLINICS													
Monthly Visit Volumes	2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Number of Visits	1642	1501	1732	1537	1541							
	Average per Day	53	54	55	51	50							
	2021 Average (Apr-Dec): 162 visits per month, 62.9 visits per day												
Urgent Care Volumes	2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Number of Visits	109	172	302	456	577							
	Average per Day	6	6	10	15	19							
Updates	<ul style="list-style-type: none"> Offer out to Psychiatry Nurse Practitioner Letter of Intent to Behavioral Health Therapist Ongoing recruiting for Primary Care Provider 												
MEDICAL STAFF – MEC and Med Committee Recommendations:													
Initial Privileging to Provisional Status: Jake Adkins, MD – Teleradiology Sara Kemp, DO – Eagle IM hospitalist Joanne Lapetina, MD – Eagle IM hospitalist Lauren Tada, DO – Eagle IM hospitalist						Transition from Provisional to Telemedicine: Arash Babaki, MD – Eagle IM hospitalist							
Extend Provisional Status 6 months (no patient contacts): Yasmin Akbari, MD – Teleradiology Mitchell Kok, MD – Teleradiology						Transition from Provisional to Affiliate: Linda Milhoan, ARNP – Hospitalist							
						Renewal to Telemedicine: Robert Hawkins, MD – Teleradiology Alice Josafat, MD – Teleradiology Christopher Krol, MD – Teleradiology Brandt Mohr, MD – Teleradiology Alfonso Urdaneta- Moncada, MD – Teleradiology							

NEXT MEETING: Tuesday, July 19, 2022 – 3:00pm

Scope: This policy applies to all hospital and clinic operations effective July 1, 2022

Purpose: To put in place charity care procedures that comply with RCW 70.170 and Substitute House Bill 1616

Statement: This policy pertains to charity care procedures at Snoqualmie Valley Hospital and Clinics

Snoqualmie Valley Hospital is committed to ensuring our patients get the hospital care they need regardless of ability to pay for that care. Providing health care to those who cannot afford to pay is part of our mission and state law requires hospitals to provide free and discounted care to eligible patients. You may qualify for free or discounted care based on family size and income, even if you have health insurance.

If you think you may have trouble paying for your health care, please talk with us. When possible, we encourage you to ask for financial help before receiving medical treatment.

What Is Covered? For emergency and other appropriate hospital-based and clinic-based services at **Snoqualmie Valley Health** we provide free care and financial assistance/charity care to indigent persons. ~~No patient eligible for financial assistance/charity care will be charged more than amounts generally billed to patients who have insurance.~~ **Eligibility on a completed application is valid for services received within the subsequent 180 days from application approval date.**

How to Apply: Any patient may apply to receive financial assistance/charity care by submitting an application and providing supporting documentation. If you have questions, need help, or would like to receive an application form or more information, please contact us:

- When you are checking in or checking out of the hospital or clinic appointment;
- By telephone: 425-831-2310
- On our website at: www.snoqualmiehospital.org Located in the Billing and Payment Information section under Patient Forms.
- In person: 9801 Frontier Ave SE, Snoqualmie WA 98065, 35020 SE Frontier Street Snoqualmie, WA 98065
- To obtain documents via mail free of charge: **Business Office 425-831-2310**

If English is Not Your First Language: Translated versions of the application form are available upon request.

Other Assistance:

Coverage assistance: You may be eligible for other government and community programs. We can help you learn whether these programs (including Medicaid/Apple Health and Veterans Affairs benefits) can help cover your medical bills. We can help you apply for these programs.

Uninsured discounts: We offer a discount for patients who do not have health insurance coverage. Please contact us about our discount program.

Payment plans: Any balance for amounts owed by you is due within 30 days. The balance can be paid in any of the following ways: credit card, payment plan, debit card, check, or online bill pay. If you need a payment plan, please call the number on your billing statement.

Emergency Care: Snoqualmie Valley Hospital has a dedicated emergency department and provides care for emergency medical conditions (as defined by the Emergency Medical Treatment and Labor Act) without discrimination consistent with available capabilities, without regard to whether or not a patient has the ability to pay or is eligible for financial assistance.

Thank you for trusting us with your care.

1. RCW 70.170.060

- (1) "Department" means the Washington state department of health
- (2) "Hospital" means Snoqualmie Valley Hospital
- (3) "Hospital-Based Clinic" means a department of the Hospital that meets the definition of a provider-based clinic as defined in 42 CFR Sec. 413.65
- (3) "Manual" means the *Washington State Department of Health Accounting and Reporting Manual for Hospitals*
- (4) "Indigent persons" are those patients or their guarantors who qualify for charity care based on the federal poverty level, adjusted for family size, and who have exhausted any third party coverage.
- (5) "Financial Assistance" means appropriate hospital-based and clinic based medical services provided to indigent persons, as defined in this section. This term is interchangeable with "charity care".
- (6) "Bad debts" means uncollectible amounts, excluding contractual adjustments, arising from failure to pay by patients whose care has not been classified as Financial Assistance;
- (7) "Appropriate hospital-based medical services" means those hospital and clinic services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all;
- (8) "Medical staff" means physicians, dentists, nurses, and other professional individuals who have admitting privileges to the hospital, and may also participate as members of the medical staff committees, serve as officers of the medical staff, and serve as directors or chiefs of hospital departments;
- (9) "Uninsured" means that the responsibility to pay for services rendered falls directly on the individual without any intervening third-party. "Uninsured" does not apply to co-payments or deductible amounts for which an individual is responsible after a third party has paid their part under the terms of an individual or group policy including Medicare and Medicaid.
- (10) "Third-party coverage" and "third-party sponsorship" means an obligation on the part of an insurance company, health care service contractor, health maintenance organization, group health plan, governmental program, tribal health benefits, or health care sharing ministry as defined in 26 U.S.C. Sec. 5000A to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital services. The pendency of such settlements, judgements, or awards must not stay hospital obligations to consider an eligible patient for charity care.
- (11) "Unusually costly or prolonged treatment" means those services or combinations of services which exceed two standard deviations above the average charge, and/or three standard deviations above the average length of stay, as determined by the department's discharge data base;
- (12) "Emergency care or emergency services" means services provided for care related to an emergency medical or mental condition;
- (13) "Emergency department" and "emergency room" means that portion of the hospital facility organized for the purpose of providing emergency care or emergency services;
- (14) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in
 - (a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - (b) Serious impairment of bodily functions;
 - (c) Serious dysfunction of any bodily organ or part.With respect to a pregnant woman who is having contractions the term shall mean:
 - (d) That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - (e) That transfer may pose a threat to the health or safety of the woman or the unborn child;
- (15) "Responsible party" means that individual who is responsible for the payment of any hospital charges which are not subject to third-party sponsorship;
- (16) "Limited medical resources" means the non-availability of services or medical expertise which are required or are expected to be required for the appropriate diagnosis, treatment, or stabilization per federal requirements of an individual's medical or mental situation;
- (17) "Publicly available" means posted or prominently displayed within public areas of the hospital, and provided to the individual in writing and explained, at the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage, in any language spoken by more than five percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking or other patients who can not read or understand the writing and explanation;
- (18) "Income" means total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual;
- (19) "Family" means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family;
- (20) "Initial determination of sponsorship status" means an indication, pending verification, that the services provided by the hospital may or may not be covered by third party sponsorship, or an indication from the responsible party, pending verification, that he or she may meet the criteria for designation as an indigent person qualifying for Financial Assistance; and
- (21) "Final determination of sponsorship status" means the verification of third party coverage or lack of third party coverage, as evidenced by payment received from the third party sponsor or denial of payment by the alleged third party sponsor, and verification of the responsible party's qualification for classification as an indigent person, subsequent to the completion of any appeals to which the responsible party may be entitled and which on their merits have a reasonable chance of achieving third-party sponsorship in full or in part.

Criteria for Financial Assistance and Charity Care

For medically necessary hospital care, Snoqualmie Valley Hospital will consider patients for financial assistance and charity care under this policy, when third-party coverage, if any, has been exhausted, based on the following criteria:

- (1) The full amount of patient or guarantor responsibility for hospital and/or clinic charges will be determined to be charity care for a patient or their guarantor whose income is at or below 200% of the current federal poverty level, adjusted for family size.
- (2) Seventy-five percent of patient or guarantor responsibility for hospital and/or clinic charges will be determined to be charity care for a patient or their guarantor whose income is between 201% and 250% of the current federal poverty level, adjusted for family size.
- (3) Fifty percent of patient or guarantor responsibility for hospital and/or clinic charges will be determined to be charity care for a patient or their guarantor whose income is between 251% and 300% of the current federal poverty level, adjusted for family size.
- (4) Thirty percent of patient or guarantor responsibility for hospital and/or clinic charges will be determined to be charity care for a patient or their guarantor whose income is between 301% and 500% of the current federal poverty level, adjusted for family size.

Medicaid and Health Benefit Exchange Obligations

The following procedures will apply for identifying patients and/or their guarantors who may be eligible for health care coverage through Washington medical assistance programs (e.g. Apple Health) or the Washington Benefit Exchange:

- (1) As a part of the charity care application process for determining eligibility for financial assistance and charity care, Snoqualmie Valley Health will query as to whether a patient or their guarantor meets the criteria for health coverage under medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange.
- (2) If information in the application indicates that the patient or their guarantor is eligible for coverage, Snoqualmie Valley Health will assist the patient or their guarantor in applying by, among other things, providing the patient or their guarantor with information about the necessary forms that must be completed or connecting them with a Certified Application Counselor (CAC) that is located at Snoqualmie Valley Health. The CAC will then go through the online application procedures for the Washington Benefit Health Exchange.
 - (a) In providing assistance to the application process, Snoqualmie Valley Health will take into account any physical, mental, intellectual, sensory deficiencies, or language barriers which may hinder either the patient or their guarantor from complying with the application procedures and will not impose procedures on the patient or guarantor that would constitute an unreasonable burden.
- (3) If the patient or guarantor fails to make reasonable efforts to cooperate with Snoqualmie Valley Health in applying for coverage under chapter 74.09 RCW or the Washington Health Benefit Exchange, Snoqualmie Valley Health is not obligated to provide charity care to such patient.
- (4) If a patient or their guarantor is obviously or categorically ineligible or has been deemed ineligible for coverage through medical assistance programs under chapter 74.09 RCW or the Washington Health Benefit Exchange in the prior 12 months, Snoqualmie Valley Health will not require the patient or their guarantor to apply for such coverage.

Uniform procedures for the identification of indigent persons.

For the purpose of identifying those patients that will be classified as indigent persons the following will apply:

- (1) The initiation of collection efforts directed at the responsible party is *precluded* pending an initial determination of sponsorship status, provided that the responsible party is cooperative with the hospital's efforts to reach an initial determination of sponsorship status;
 - (a) Collection efforts shall include any demand for payment or transmission of account documents or information which is not clearly identified as being intended solely for the purpose of transmitting information to the responsible party;
 - (b) The initial determination of sponsorship status shall be completed at the time of admission or as soon as possible following the initiation of services to the patient;
 - (c) If the initial determination of sponsorship status indicates that the responsible party may meet the criteria for classification as an indigent person, as described in WAC 246-453-040, collection efforts directed at the responsible party are precluded pending a final determination of that classification, provided that the responsible party is cooperative with the hospital's reasonable efforts to reach a final determination of sponsorship status;
 - (d) During the pendency of the initial determination of sponsorship status and/or the final determination of the applicability of indigent person criteria, hospital may pursue reimbursement from any third-party coverage that may be identified to the hospital;
- (2) Notice shall be made publicly available that charges for services provided to those persons meeting the criteria established within WAC 246-453-040 may be waived or reduced.
- (3) Any responsible party who has been initially determined to meet the criteria identified within WAC 246-453-040 shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described within WAC 246-453-030 prior to receiving a final determination of sponsorship status.
- (4) Hospital will make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that might cover in full or in part the charges for services provided to each patient.
- (5) Hospital will require potential indigent persons to complete its application process and attest to the accuracy of the information provided to the hospital for purposes of determining the person's qualification for Financial Assistance sponsorship. Hospital does not impose application procedures for Financial Assistance sponsorship which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. The failure of a responsible party to reasonably complete appropriate application procedures shall be sufficient grounds for the hospital to initiate collection efforts directed at the patient.
- (6) Hospital will not require a deposit from responsible parties meeting the criteria identified within WAC 246-453-040 (1) or (2), as indicated through an initial determination of sponsorship status.
- (7) Hospital will notify persons applying for Financial Assistance sponsorship of their final determination of sponsorship status within fourteen calendar days of receiving information in accordance with WAC 246-453-030; such notification must include a determination of the amount for which the responsible party will be held financially accountable.

(8) In the event that the hospital denies the responsible party's application for Financial Assistance sponsorship, the hospital must notify the responsible party of the denial and the basis for that denial.

(9) All responsible parties denied Financial Assistance sponsorship under WAC 246-453-040 (1) or (2) shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and results in review of the determination by the hospital's chief financial officer or equivalent.

(a) Responsible parties shall be notified that they have thirty calendar days within which to request an appeal of the final determination of sponsorship status. Within the first fourteen days of this period, the hospital may not refer the account at issue to an external collection agency. After the fourteen day period, if no appeal has been filed, hospital may initiate collection activities.

(b) If the hospital has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized.

(c) In the event that the hospital's final decision upon appeal affirms the previous denial of Financial Assistance designation under the criteria described in WAC 246-453-040 (1) or (2), the responsible party and the department of health shall be notified in writing of the decision and the basis for the decision, and the department of health shall be provided with copies of documentation upon which the decision was based.

(10) Hospital will make every reasonable effort to reach initial and final determinations of Financial Assistance designation in a timely manner; however, hospital may make those designations at any time upon learning of facts or receiving documentation, as described in WAC 246-453-030, indicating that the responsible party's income is equal to or below five hundred percent of the federal poverty standard as adjusted for family size. The timing of reaching a final determination of Financial Assistance status shall have no bearing on the identification of Financial Assistance deductions from revenue as distinct from bad debts.

Data requirements for the identification of indigent persons.

(1) For the purpose of reaching an *initial* determination of sponsorship status, hospital shall rely upon information provided orally by the responsible party. The hospital may require the responsible party to sign a statement attesting to the accuracy of the information provided to the hospital for purposes of the initial determination of sponsorship status.

(2) Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of Financial Assistance sponsorship status, when the income information is annualized as may be appropriate:

- (a) A "W-2" withholding statement;
- (b) Pay stubs, last three;
- (c) An income tax return from the most recently filed calendar year;
- (d) Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
- (e) Forms approving or denying unemployment compensation; or
- (f) Written statements from employers or welfare agencies.

(3) In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040 or within income ranges included in the hospital's criteria, the hospital is not obligated to establish the exact income level or to request the aforementioned documentation from the responsible party, unless the responsible party requests further review.

(4) In the event that the responsible party is not able to provide any of the documentation described above, the *hospital shall rely upon written and signed statements from the responsible party* for making a final determination of eligibility for classification as an indigent person.

(5) Information requests, from the hospital to the responsible party, for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship, and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.

Denial of access to emergency care based upon ability to pay and transfer of patients with emergency medical conditions or active labor.

(1) The hospital or its medical staff shall not adopt or maintain admission practices or policies which result in:

- (a) A significant reduction in the proportion of patients who have no third-party coverage and who are unable to pay for hospital services;
- (b) A significant reduction in the proportion of individuals admitted for inpatient hospital services for which payment is, or is likely to be, less than the anticipated charges for or costs of such services; or
- (c) The refusal to admit patients who would be expected to require unusually costly or prolonged treatment for reasons other than those related to the appropriateness of the care available at the hospital.

(2) The hospital shall not adopt or maintain practices or policies which would deny access to emergency care based on ability to pay. Snoqualmie Valley Hospital will not transfer a patient who has an emergency medical condition or who is in active labor unless the transfer is performed at the request of the patient or is due to the limited medical resources of the hospital.

(3) Except as required by federal law and subsection (2) of this section, nothing in this section shall be interpreted to indicate that the hospital or its medical staff are required to provide appropriate hospital-based medical services, including experimental services, to any individual.

Reporting policies for Financial Assistance and bad debts.

(1) The hospital shall submit to the department its Financial Assistance policies and procedures consistent with the requirements included in WAC 246-453-020, 246-453-030, 246-453-040, and 246-453-050. Any subsequent modifications to those policies, procedures, and sliding fee schedules must be submitted to the department no later than thirty days prior to their adoption by the hospital.

(2) The hospital shall develop, and submit to the department, bad debt policies and procedures, including reasonable and uniform standards for collection of

the unpaid portions of hospital charges that are the patient's responsibility.

These standards are to be part of each hospital's system of accounts receivable management manuals, which support hospital collection policies. Manuals should cover procedures for preadmission, admission, discharge, outpatient registration and discharge, billing, and credit and collections. All subsequent modifications to these bad debt policies must be submitted to the department no later than thirty days prior to their adoption by the hospital.

References

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	246-453-020	
Referenced Documents	246-453-030	
Referenced Documents	246-453-040	
Referenced Documents	246-453-050	
Referenced Documents	70.170.060	
Document ID	10742	Document Status Official
Department	Finance	Department Manager Ritter, Patrick
Document Owner	Marinelli, Lori	Next Review Date 05/27/2023
Original Effective Date	02/07/2011	
Revised	[02/01/2011 Rev. 1], [02/07/2011 Rev. 0], [07/06/2012 Rev. 2], [02/14/2017 Rev. 3], [10/30/2017 Rev. 4], [10/11/2018 Rev. 5], [02/18/2021 Rev. 6], [05/24/2021 Rev. 7], [05/27/2022 Rev. 8]	
Reviewed	[02/07/2012 Rev. 1], [04/15/2013 Rev. 2], [01/15/2014 Rev. 2], [12/01/2014 Rev. 2], [09/08/2015 Rev. 2]	

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=snovh:10742\\$8](https://www.lucidoc.com/cgi/doc-gw.pl?ref=snovh:10742$8).

SNOQUALMIE VALLEY REGIONAL HOSPITAL ANNEX PROPERTY



SNOQUALMIE VALLEY HOSPITAL ANNEX PROPERTY -

BACK PROPERTY AT OLD SHOWER/RESTROOM BLDG BLOWUP & 04/01/2022 SITE VISIT PHOTOS

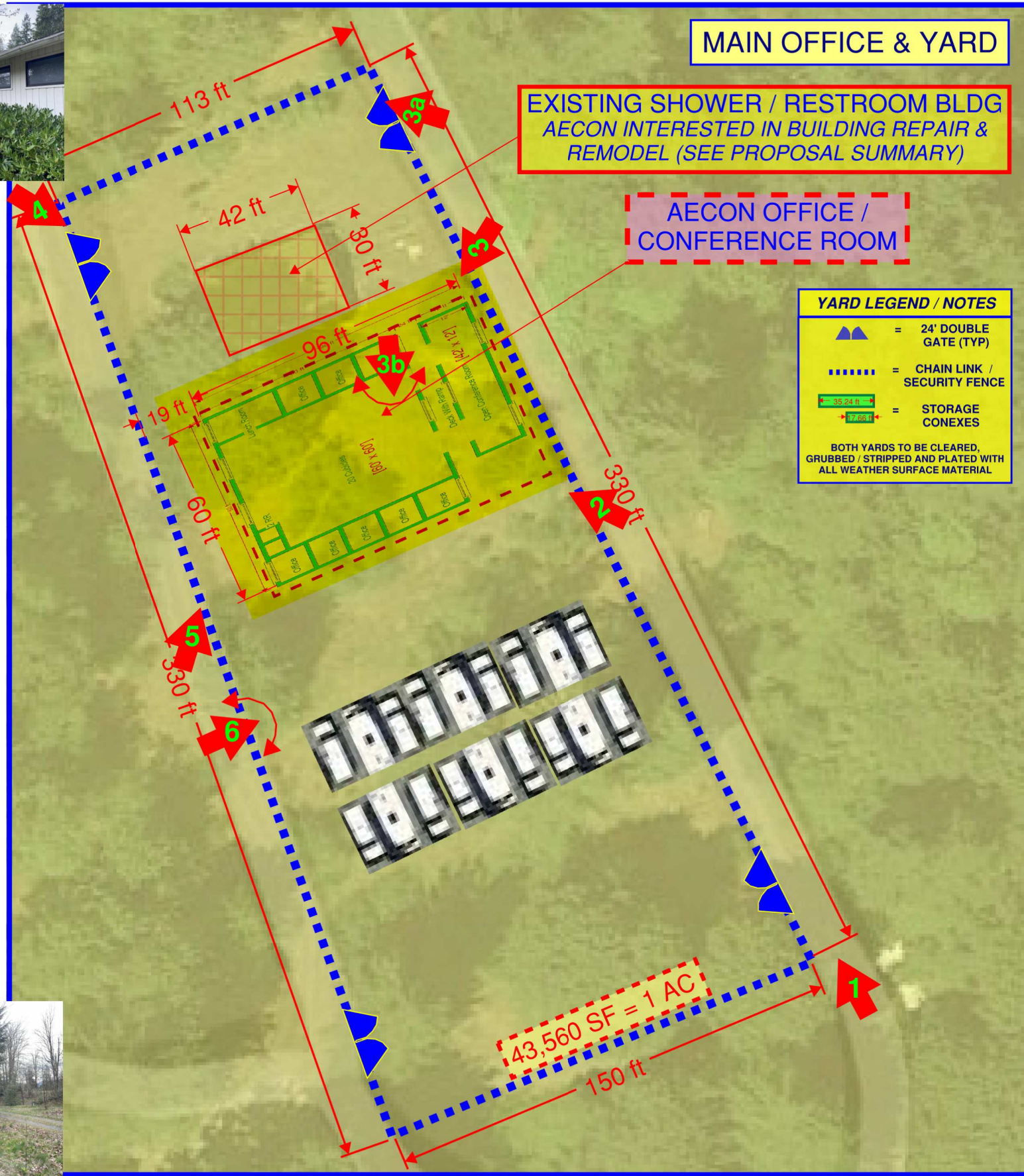
AECON PAC NW GROUP

I-90/SR18 I/C TO DEEP CREEK
MAIN OFFICE & YARD BLOWUP

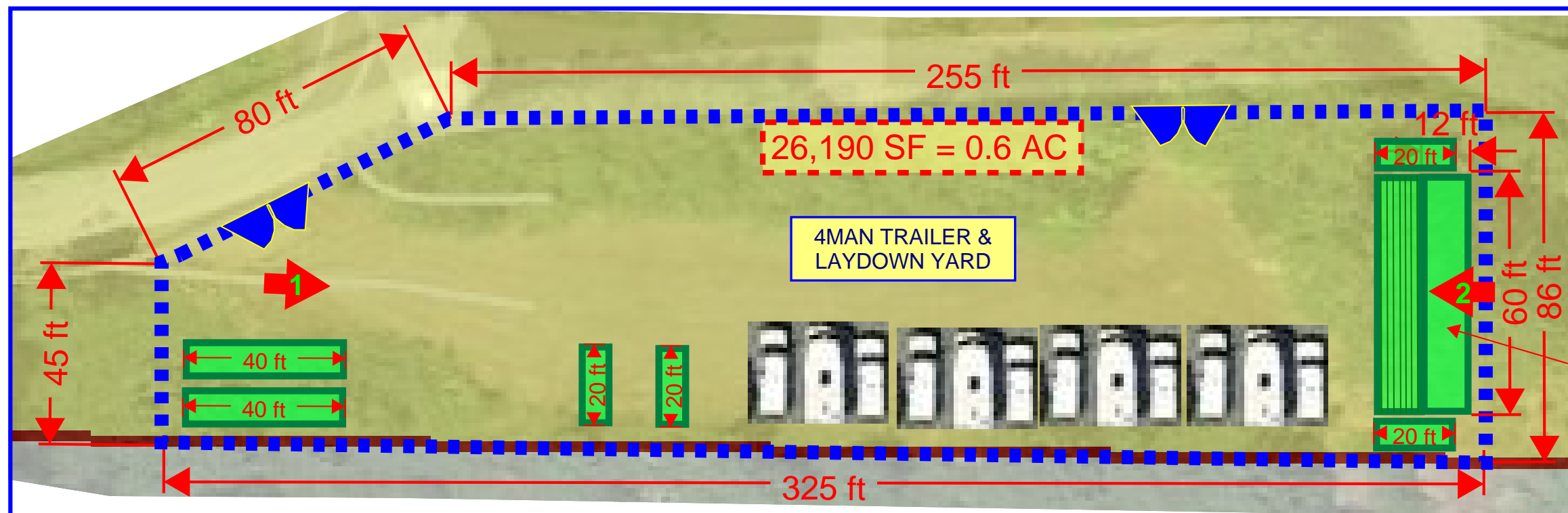
05/11/2022

BY: T. JONES

PG 2 / 4



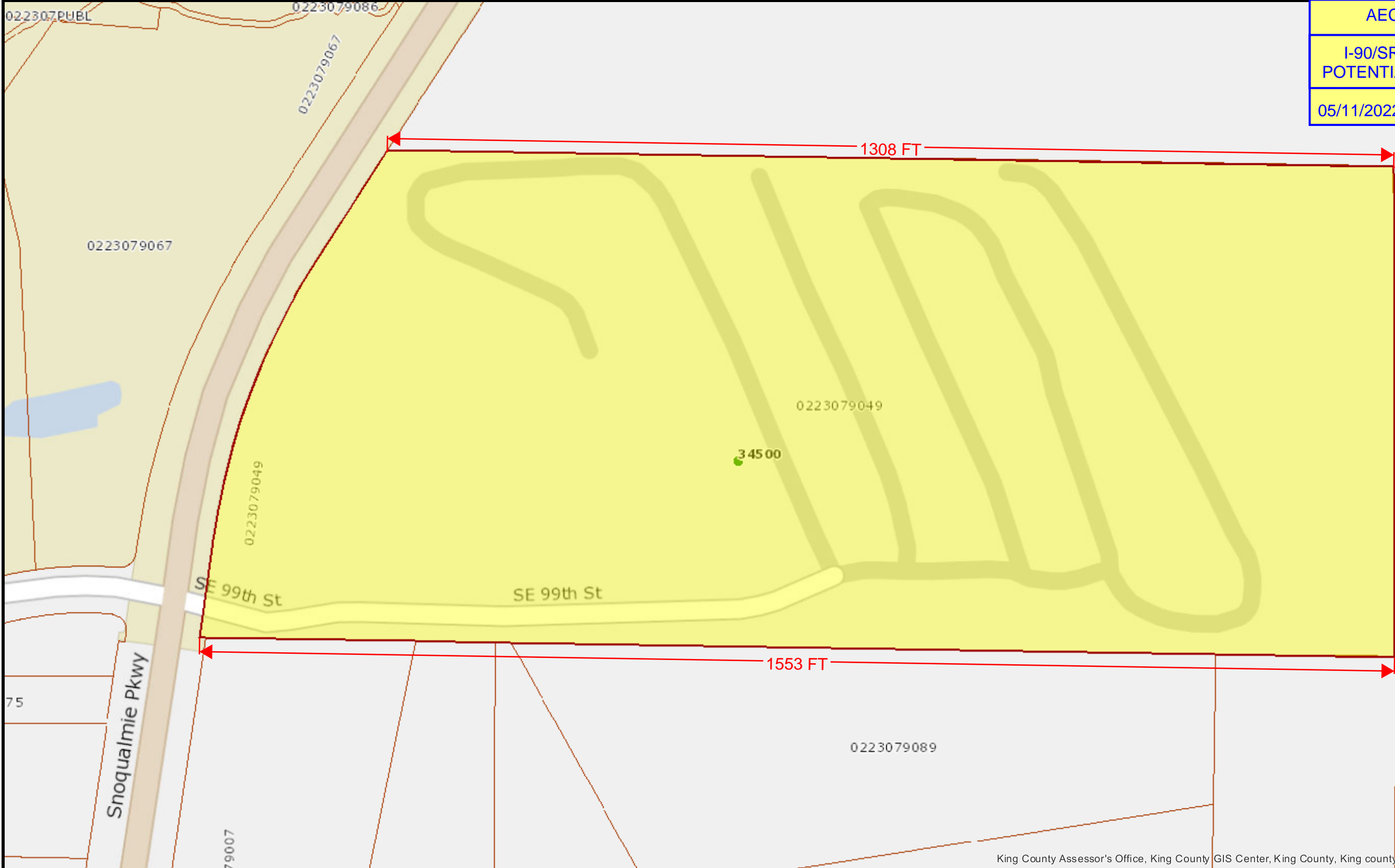
SNOQUALMIE VALLEY HOSPITAL ANNEX PROPERTY - FRONT PROPERTY NEAR MAIN ENTRANCE BLOWUP & 04/01/2022 SITE VISIT PHOTOS



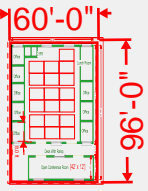
YARD LEGEND / NOTES	
	= 24' DOUBLE GATE (TYP)
	= CHAIN LINK / SECURITY FENCE
	= STORAGE CONEXES
BOTH YARDS TO BE CLEARED, GRUBBED / STRIPPED AND PLATED WITH ALL WEATHER SURFACE MATERIAL	

King County

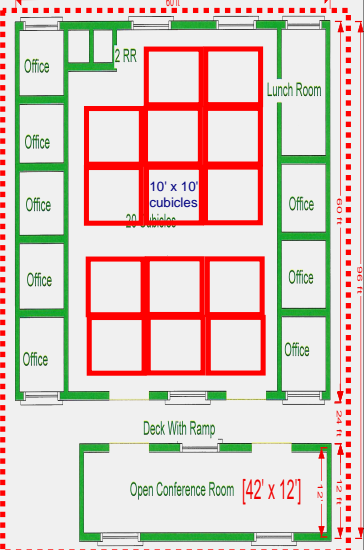
AECON PAC NW GROUP
I-90/SR18 I/C TO DEEP CREEK
POTENTIAL OFFICE TRAILER/YARD
05/11/2022 BY: T. JONES PG 4/ 4



AECON OFFICE TRAILER COMPLEX:



BLOW UP:



King County Assessor's Office, King County GIS Center, King County Assessor's Office, King County GIS Center

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