Board of Commissioners Meeting – Agenda

Public Hospital District No. 4, King County
Snoqualmie Valley Hospital
Thursday, August 25, 2022 – 6:30pm
Zoom Accomodations or Zoom Link: request by 3:30pm day of meeting
Call In: 253-215-8782 **Meeting ID**: 895 5607 4125 **Passcode**: 308787

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 4.24.470 – Liability of officials and members of governing body of public agency** – *(Information/Discussion)*
        2) **RCW 9.41.305 – Open Carry of Weapons Prohibited on State Grounds** – *(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** [June and July, 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 – Proposal: Adjust timing of work study/board meeting – *(discussion/vote)***
    b. **8:05pm – Resolution No. 683-0822 – *Entry of an Interlocal Agreement with TRC* – *(discussion/Vote)***
    c. **8:10pm – SVH – 2022 Community Health Needs Assessment – *(discussion)***
    d. **8:15pm – ERP Software Purchase – *(discussion/Vote)***

8. **8:15pm – GOOD OF THE ORDER/COMMISSIONER COMMENT**

9. **8:20pm – ADJOURNMENT**

Consent Agenda

Public Hospital District No. 4, King County
Snoqualmie Valley Hospital
August 25, 2022

1. **Regular Work Study Minutes** – June 23, 2022

2. **Regular Board of Commissioner Minutes** – June 23, 2022

3. **Physician Credentialing** (June/July, 2022)**:**

Initial Privileging to Provisional Status:
Moshe Beracha Kovachevich, MD – Eagle IM Hospitalist
David Gorrell, MD – Teleradiology
Jonathan Lee, MD – Teleradiology
Udayan Srivastava, MD – Teleradiology
Kevin Trippe, ARNP – Hospitalist
Mark Winkler, MD – Teleradiology

Transition from Provisional to Active:
C. Ryan Keay, MD – Emergency
Jehangir Meer, MD – Emergency
Ann Smith, MD – Emergency

Transition from Provisional to Telemedicine:
Yasmin Akbari, MD – Teleradiology Pediatric

Transition from Provisional to Affiliate:
Shantal Postiglione, ARNP

Transition from Provisional to Courtesy:
James Bui, MD – IM Hospitalist
Jordan Snell, DO – Family Med Hospitalist

Renewal to Active Staff:
Yasmeen Ansari, MD – Emergency Medicine
James Boehl, MD – Emergency Medicine
Richard Chang, MD – Emergency Medicine
Andrea Fisk, MD – Emergency Medicine
Cory Heidelberger, MD – Emergency Medicine

Renewal to Telemedicine:
Ian Ch'en, MD – Teleradiology
Arman Forouzannia, MD – Teleradiology
Greta Go, MD – Teleradiology
Mark Koenig, MD – Teleradiology
Mitchell Kok, MD – Teleradiology
Brendan McCullough, 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

Work Study Meeting – Minutes

Public Hospital District No. 4, King County
Snoqualmie Valley Hospital
Thursday, June 23, 2022 – 4:30pm
Via Zoom

COMMISSIONERS PRESENT:
Kevin Hauglie, President
David Speikers, Secretary
Dariel Norris
Emma Herron

ALSO PRESENT:
Renée Jensen, CEO
Patrick Ritter, CFO
Karyn Denton, COO
Dr. Rachel Thompson, CMO
Charles (Skip) Houser, General Counsel
Jamie Palermo, Sr. Executive Assistant

CALL TO ORDER/ROLL CALL: This meeting was called to order by President Hauglie at 4:30pm, and followed by roll call.

GET TO KNOW THE RURAL COLLABORATIVE (TRC) – CEO Jensen/Elya Prystowsky: CEO Jensen introduced Elya Prystowsky, Executive Director of The Rural Collaborative. Elya discussed her background and her role with The Rural Collaborative. TRC provides support to 23 Members in 23 Counties, and affects 582,000 lives. The vision of TRC is to accelerate the advancement of rural healthcare – harness the value that a network of rural health systems provides, and improve performance of its members and the health of the communities served. Collaborative committees identify common solutions, network across hospitals, provide peer-to-peer support, and share best practices

NEXT GENERATION TRC: Rural Collaborative Enterprise, Shared Ethics Committee, Pharmacy Assessment

a. **LLP – Limited Liability Partnership (The Enterprise):** Separate from TRC. To harness the collective wisdom of the Board for the collected benefit, both financial and operations, of its members to reduce operation cost or total cost of care, increase or diversify revenue, and to provide community benefit. Governed by each TRC Board member having a vote to appoint the Collaborative's representative on the TRC, LLP Managing Body. Each TRC Board member representing a hospital which joins the LLP can delegate a member to TRC, LLP's Managing Body.

ADJOURNMENT: 5:45pm

APPROVAL:

David Speikers, Board Secretary

Jamie Palermo, Recording Clerk

Work Study Meeting – Minutes

Public Hospital District No. 4, King County
Snoqualmie Valley Hospital
Thursday, June 23, 2022 – 4:30pm
Via Zoom

COMMISSIONERS PRESENT:
Kevin Hauglie, President
David Speikers, Secretary
Dariel Norris
Emma Herron

ALSO PRESENT:
Renée Jensen, CEO
Patrick Ritter, CFO
Karyn Denton, COO
Dr. Rachel Thompson, CMO
Tammy Moore, VP Strategic Growth
Charles (Skip) Houser, General Counsel
Jamie Palermo, Sr. Executive Assistant

CALL TO ORDER: Meeting was called to order 6:32pm, followed by roll call. This meeting was held via Zoom, pursuant to Proclamation 20-28 issued by Washington State Governor Inslee. The information to attend the meeting was posted prior to the meeting.

APPROVAL OF THE BOARD MEETING AGENDA: A motion was made and seconded to approve the meeting agenda. **M/Carter S/Norris – 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 June 26, 2022 Work Study meeting and the Board of Commissioners Meeting, as well as physician credentialing for the month of May**. M/Carter S/Norris – Motion carried by unanimous vote.**

COMMUNICATIONS – *(Information/Discussion)*

a. **Kevin Hauglie, President:** Comments were made by President Hauglie. He is impressed with new activities in the works and looking forward to things unfolding.
b. **RCW 70.44.050: Commissioners-Compensation and Expenses-Insurance-Resolutions by Majority Vote – Skip Houser, General Counsel:** Reviewed and discussed.
c. **CEO Report – CEO Jensen:** Shared and discussed.
d. **Strategic Plan Dashboard – CEO Jensen:** Shared and discussed.
e. **EPIC Update – CFO Ritter:** Shared and discussed.

COMMITTEE REPORTS – *(Information/Discussion/Vote)*

a. **Finance Committee:** Minutes from the June 17, 2022 meeting were provided as part of the board packet and reported on by CFO Ritter. Both Commissioners Speikers and Hauglie attended this meeting in person.
b. **Approval of Warrants** [May, 2022]: A motion was made and seconded to approve total disbursements for May, 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 $3,677,333.30. **M/Speikers S/Hauglie – Motion unanimously carried**

c. **7:45pm – Facilities Committee:** Minutes from the June 14, 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.

d. **7:50pm – Medical Committee:** Minutes from the June 14, 2022 meeting were provided as part of the board packet and reported on by CMO Thompson. Both Commissioners Herron and Norris attended this meeting via Zoom.

NEW BUSINESS – *(Information/Discussion/Vote)*

a. **CHARITY CARE POLICY:** CFO Ritter reviewed and discussed.

b. **AECON LEASE PROPOSAL – CEO Jensen – *(Vote)*:** 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. **M/Hauglie S/Speikers – Motion carried by unanimous vote.**

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

EXECUTIVE SESSION CONVENED: Executive Session convened at 8:20pm to discuss the following topics, as permitted by the cited sections of the Revised Code of Washington (RCW 42.30.110):

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

(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.

EXECUTIVE SESSION RECONVENED: Executive Session reconvened at 8:28pm.

ADJOURNMENT: The Regular Board of Commissioners meeting adjourned at 8:29pm.

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 4.24.470

Liability of officials and members of governing body of public agency—Definitions.

(1) An appointed or elected official or member of the governing body of a public agency is immune from civil liability for damages for any discretionary decision or failure to make a discretionary decision within his or her official capacity, but liability shall remain on the public agency for the tortious conduct of its officials or members of the governing body.

(2) For purposes of this section:

(a) "Public agency" means any state agency, board, commission, department, institution of higher education, school district, political subdivision, or unit of local government of this state including but not limited to municipal corporations, quasi-municipal corporations, special purpose districts, and local service districts.

(b) "Governing body" means the policy-making body of a public agency.

[**1987 c 212 § 401.**]

NOTES:

*Actions against local government for tortious conduct: Chapter **4.96** RCW.*

PDF **RCW 4.96.010**

Tortious conduct of local governmental entities—Liability for damages.

(1) All local governmental entities, whether acting in a governmental or proprietary capacity, shall be liable for damages arising out of their tortious conduct, or the tortious conduct of their past or present officers, employees, or volunteers while performing or in good faith purporting to perform their official duties, to the same extent as if they were a private person or corporation. Filing a claim for damages within the time allowed by law shall be a condition precedent to the commencement of any action claiming damages. The laws specifying the content for such claims shall be liberally construed so that substantial compliance therewith will be deemed satisfactory.

(2) Unless the context clearly requires otherwise, for the purposes of this chapter, "local governmental entity" means a county, city, town, special district, municipal corporation as defined in RCW **39.50.010**, quasi-municipal corporation, any joint municipal utility services authority, any entity created by public agencies under RCW **39.34.030**, or public hospital.

(3) For the purposes of this chapter, "volunteer" is defined according to RCW **51.12.035**.

[**2011 c 258 § 10**; **2001 c 119 § 1**; **1993 c 449 § 2**; **1967 c 164 § 1**.]

NOTES:

Short title—Purpose—Intent—2011 c 258: See RCW **39.106.010**.

Purpose—1993 c 449: "This act is designed to provide a single, uniform procedure for bringing a claim for damages against a local governmental entity. The existing procedures, contained in chapter **36.45** RCW, counties, chapter **35.31** RCW, cities and towns, chapter **35A.31** RCW, optional municipal code, and chapter **4.96** RCW, other political subdivisions, municipal corporations, and quasi-municipal corporations, are revised and consolidated into chapter **4.96** RCW." [**1993 c 449 § 1**.]

Severability—1993 c 449: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [**1993 c 449 § 15**.]

Purpose—1967 c 164: "It is the purpose of this act to extend the doctrine established in chapter 136, Laws of 1961, as amended, to all political subdivisions, municipal corporations and quasi municipal corporations of the state." [**1967 c 164 § 17**.]

Severability—1967 c 164: "If any provision of this act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected." [**1967 c 164 § 18**.]

PDF **RCW 4.96.041**

Action or proceeding against officer, employee, or volunteer of local governmental entity —Payment of damages and expenses of defense.

(1) Whenever an action or proceeding for damages is brought against any past or present officer, employee, or volunteer of a local governmental entity of this state, arising from acts or omissions while performing or in good faith purporting to perform his or her official duties, such officer, employee, or volunteer may request the local governmental entity to authorize the defense of the action or proceeding at the expense of the local governmental entity.

(2) If the legislative authority of the local governmental entity, or the local governmental entity using a procedure created by ordinance or resolution, finds that the acts or omissions of the officer, employee, or volunteer were, or in good faith purported to be, within the scope of his or her official duties, the request shall be granted. If the request is granted, the necessary expenses of defending the action or proceeding shall be paid by the local governmental entity. Any monetary judgment against the officer, employee, or volunteer shall be paid on approval of the legislative authority of the local governmental entity or by a procedure for approval created by ordinance or resolution.

(3) The necessary expenses of defending an elective officer of the local governmental entity in a judicial hearing to determine the sufficiency of a recall charge as provided in *RCW **29.82.023** shall be paid by the local governmental entity if the officer requests such defense and approval is granted by both the legislative authority of the local governmental entity and the attorney representing the local governmental entity. The expenses paid by the local governmental entity may include costs associated with an appeal of the decision rendered by the superior court concerning the sufficiency of the recall charge.

(4) When an officer, employee, or volunteer of the local governmental entity has been represented at the expense of the local governmental entity under subsection (1) of this section and the court hearing the action has found that the officer, employee, or volunteer was acting within the scope of his or her official duties, and a judgment has been entered against the officer, employee, or volunteer under chapter **4.96** RCW or 42 U.S.C. Sec. 1981 et seq., thereafter the judgment creditor shall seek satisfaction for nonpunitive damages only from the local governmental entity, and judgment for nonpunitive damages shall not become a lien upon any property of such officer, employee, or volunteer. The legislative authority of a local governmental entity may, pursuant to a procedure created by ordinance or resolution, agree to pay an award for punitive damages.

[**1993 c 449 § 4**; **1989 c 250 § 1**; **1979 ex.s. c 72 § 1**. Formerly RCW **36.16.134**.]

NOTES:

***Reviser's note:** RCW **29.82.023** was recodified as RCW **29A.56.140** pursuant to 2003 c 111 § 2401, effective July 1, 2004.

Purpose—Severability—1993 c 449: See notes following RCW **4.96.010**.

PDF RCW 9.41.305

Open carry of weapons prohibited on state capitol groundsand municipal buildings.

(1) Unless exempt under subsection (3) of this section, it is unlawful for any person to knowingly open carry a firearm or other weapon, as defined in RCW **9.41.300**(1)(b), while knowingly being in the following locations:

(a) The west state capitol campus grounds; any buildings on the state capitol grounds; any state legislative office; or any location of a public state legislative hearing or meeting during the hearing or meeting; or

(b) City, town, county, or other municipality buildings used in connection with meetings of the governing body of the city, town, county, or other municipality, or any location of a public meeting or hearing of the governing body of a city, town, county, or other municipality during the hearing or meeting.

(2) For the purposes of this section:

(a) "Buildings on the state capitol grounds" means the following buildings located on the state capitol grounds, commonly known as Legislative, Temple of Justice, John L. O'Brien, John A. Cherberg, Irving R. Newhouse, Joel M. Pritchard, Helen Sommers, Insurance, Governor's Mansion, Visitor Information Center, Carlyon House, Ayer House, General Administration, 1500 Jefferson, James M. Dolliver, Old Capitol, Capitol Court, State Archives, Natural Resources, Office Building #2, Highway-License, Transportation, Employment Security, Child Care Center, Union Avenue, Washington Street, Professional Arts, State Farm, and Powerhouse Buildings.

(b) "Governing body" has the same meaning as in RCW **42.30.020**.

(c) "West state capitol campus grounds" means areas of the campus south of Powerhouse Rd. SW, south of Union Avenue SW as extended westward to Powerhouse Rd. SW, west of Capitol Way, north of 15th Avenue SW between Capitol Way S. and Water Street SW, west of Water Street between 15th Avenue SW and 16th Avenue SW, north of 16th Avenue SW between Water Street SW and the east banks of Capitol Lake, and east of the banks of Capitol Lake.

(3) Duly authorized federal, state, or local law enforcement officers or personnel are exempt from this section when carrying a firearm or other weapon in conformance with their employing agency's policy. Members of the armed forces of the United States or the state of Washington are exempt from this section when carrying a firearm or other weapon in the discharge of official duty or traveling to or from official duty.

(4) A person violating this section is guilty of a misdemeanor. Second and subsequent violations of this section are a gross misdemeanor.

(5) Nothing in this section applies to the lawful concealed carry of a firearm by a person who has a valid concealed pistol license.

(6) A city, town, county, or other municipality must post signs providing notice of the restrictions on possession of firearms and other weapons under this section at any locations specified in subsection (1)(b) of this section.

[2022 c 106 § 2; 2021 c 261 § 2.]

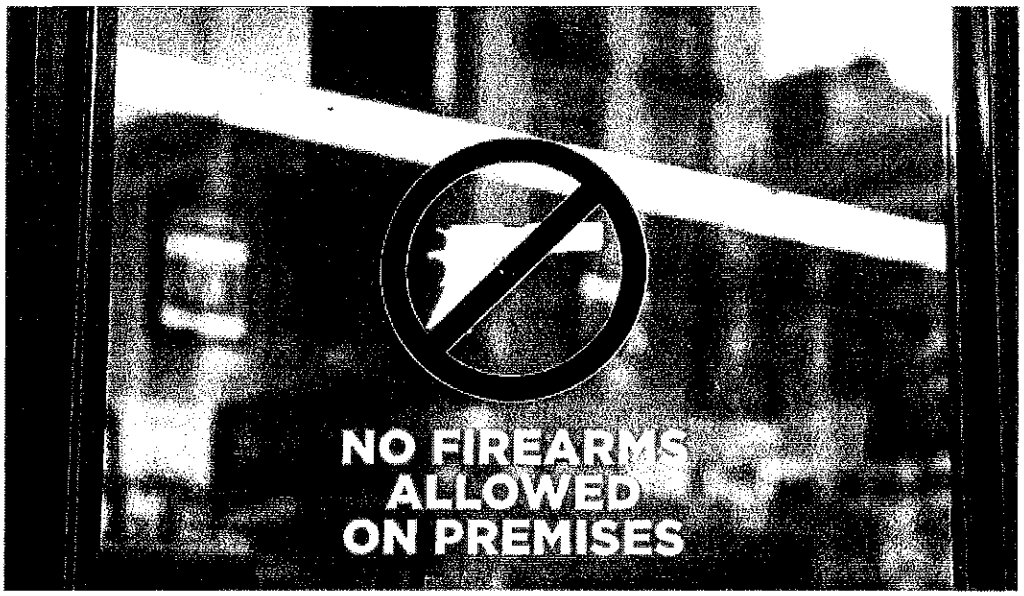
NOTES:

Effective date—2021 c 261: See note following RCW **9.41.300**.

MRSC
Empowering local governments

Regulating Firearms in Washington State

July 11, 2022 by Flannary Collins
Category: Licensing and Regulation



The debate over sale and possession of firearms is yet again in the news after the recent devastating mass shootings in jurisdictions around the nation. The purpose of this blog is to review Washington State's approach to firearm regulation and to identify areas in which local governments can regulate firearm sale, possession, use, and storage.

Background

Washington State mostly preempts the field of firearm regulation under RCW 9.41.290, leaving only a handful of areas in which local governments can adopt local control measures. The Washington State Supreme Court recently explained this sharing of regulatory authority in *Bass v. Edmonds*:

> While the legislature's intent to occupy the entire field of firearm regulation is clear, not every municipal action that touches on firearms is within that field. See *Cherry v. Municipality of Metropolitan Seattle*, 116 Wn.2d 794, 800, 808 P.2d 746 (1991). After reviewing relevant legislative history, this court concluded that "the Legislature...sought to eliminate a multiplicity of local laws relating to firearms and to advance uniformity in criminal firearms regulation" and that "[t]he 'laws and ordinances' preempted are laws of application to the general public."

This blog focuses on those areas where local governments have some regulation authority. For a more comprehensive review of state firearm regulation, visit articles linked at the end of this blog.

Sale and Purchase of Firearms

State law almost fully regulates the sale and purchase of firearms (see, for example, the new prohibition on the sale of high-capacity ammunition magazines — SB 5078, and a ban on 'ghost guns,' or homemade firearms — HB 1705), although cities, towns, and counties do have limited authority to restrict areas within their jurisdiction where firearms may be sold. I refer to this authority as "limited" because the law requires that the local government treat all businesses the same when adopting such an ordinance, except when restricting the location of firearms businesses within 500 feet of schools per RCW 9.41.300(4)(a). In other words, a local government cannot single out businesses selling firearms unless they are within 500 feet of a school.

If a local government is acting in its proprietary capacity as a property owner, it may impose conditions on the sale of firearms on its property so long as a private property owner can also impose those conditions. This was the holding in *Pacific Northwest Shooting Park Association v. Sequim*, in which the city required strict firearm sale rules during a gun show that was held at the city-owned convention center.

Open Carry of Firearms

Washington is an open-carry state, which means that an individual can openly carry a firearm in a public place unless specifically prohibited by state law. Private property owners may prohibit open carry of firearms on their property and possession of all firearms (both open carry and concealed carry) is prohibited at the following locations:

- Courtrooms and other areas used in connection with court proceedings.
- Jails and public mental health facilities (restricted access areas).
- Schools and child-care facilities, and on transportation provided by the school or facility.
- Official meetings of a school district board of directors when held on school facilities. The district must post signs providing notice of the prohibition. (Lawful concealed carry is allowed while attending board meetings held off school district-owned or leased property).
- Bars.
- Airports (at screening checkpoints and beyond).
- Outdoor music festivals.
- Election-related facilities. (Lawful concealed carry is allowed at some facilities.)

These restrictions are set forth in RCW 9.41.280, RCW 9.41.282, RCW 9.41.300, RCW 70.108.150, and HB 1630.

Open carry is prohibited (but lawful concealed carry is allowed) at the following locations:

- State capitol campus grounds and legislative facilities.
- A permitted demonstration and within 250 feet of a permitted demonstration after law enforcement advises the person of the demonstration and directs them to leave. This prohibition does not apply to firearm possession by individuals who are on their own private property.
- In a stadium or convention center operated by the local government but only upon adoption of a local ordinance and not if the event involves a showing, demonstration, or lecture involving the exhibition of firearms).

See RCW 9.41.300 and RCW 9.41.305 for related legislation.

New this past legislative session, HB 1630 prohibits the open carry of firearms (and other weapons) in:

> ...(c)ity, town, county, or other municipality buildings used in connection with meetings of the governing body of the city, town, county, or other municipality, or any location of a public meeting or hearing of the governing body of a city, town, county, or other municipality during the hearing or meeting.

Local governments should note several things about this new provision. First, the term "governing body" is defined the same way it is in the Open Public Meetings Act to include not just the city council or county commission, but also boards, commissions, committees, and other policy or rule-making bodies of the public agency.

Second, the prohibition on open carry of firearms applies to the *entire building* where a meeting of the governing body is held even when the meeting is not currently in progress. The prohibition also applies to non-municipal buildings where a meeting or hearing of the governing body is held but only when that meeting or hearing is in progress.

Third, the local government must post signs at locations where open carry is prohibited. (Many local governments are just posting a simple sign indicating it is a misdemeanor to open carry at the location and citing to RCW 9.41.305.)

Fourth, in order to prosecute the misdemeanor in municipal court, the local government must adopt the state law by reference into its municipal code.

Concealed Carry of Firearms

Under RCW 9.41.050(1)(a) a person can carry a concealed pistol outside of their own abode or place of business only if they secure a concealed pistol license (CPL). CPL applications are submitted to the local police department or county sheriff's office which will then issue the license after fingerprinting and a background check, unless RCW 9.41.070 warrants denial.

On a related note, the Washington State Legislature modified the exemption in the Public Records Act for CPL applications. Under SHB 1901 the exemption expands the list of persons and entities who can obtain CPL applications and related information to include certain local government and law enforcement positions, including county prosecutors, city attorneys, and municipal judges.

Use of Firearms

Even in places where open carry is allowed, an individual cannot:

- Carry, exhibit, display, or draw a firearm in a manner that manifests an intent to intimidate another person or that warrants alarm for the safety of other persons (RCW 9.41.270). I explore this statute a bit more in Possession and Carrying of Firearms in Washington State: What's Allowed?
- Aim a firearm towards a human being — see RCW 9.41.230(1)(a).
- Willfully discharge a firearm in a public place or any place where a person might be endangered — see RCW 9.41.230.

In terms of local control, local governments are authorized to adopt an ordinance restricting the discharge of firearms where there is a reasonable likelihood that humans, domestic animals, or property will be jeopardized. This is a common provision in city and county codes — see, for example, Lewis County's designation of no shooting zones and the City of Issaquah's prohibition of firearm discharge except for at a shooting range.

Storage

Local government ordinances regulating storage of firearms is preempted by state law, as was made clear in the recent ruling by the Washington State Supreme Court in *Bass v. Edmonds*. In 2019, voters approved Initiative 1639 (now codified in RCW 9.41.360) making unsafe storage of a firearm unlawful. Notably, state law does not mandate how or where a firearm must be stored.

Around the same time that the Initiative 1639 was enacted by the voters, the City of Edmonds adopted a local ordinance requiring Edmond residents to securely store their firearms by a locking device that made it inaccessible and unusable to any person other than the owner or other lawfully authorized user. The state supreme court held the city's ordinance is preempted by state law because the state fully occupies and preempts the entire field of firearms regulation, and the city was acting in its regulatory (not proprietary) capacity in adopting an ordinance regulating storage of firearms.

Changes at the Federal Level

In June, the U.S. Supreme Court threw out several lower court rulings that had upheld gun restrictions in Maryland (a ban on assault-style rifles); New Jersey and California (bans on large-capacity ammunition magazines); and New York and Hawaii (restrictions on openly carrying firearms in public). The June 23 ruling also elevated the right to carry a handgun in public for self-defense as protected by the Constitution. Prior to this, the court had said the Constitution protected the ability to have a gun inside the home for self-defense.

Days later, President Biden signed major federal gun reform legislation that accomplishes the following:

- Denies gun sales to those convicted of abusing unmarried intimate partners and/or anyone convicted of domestic violence,
- Requires background checks for gun buyers aged 18-20 that includes an examination of their juvenile record,
- Strengthens penalties for gun trafficking, and
- Makes funding available to help states enforce "red flag" laws and for violence prevention programs.

How these federal changes will impact fireams regulations is still unclear but MRSC will update our resources once we have a better understanding of the evolving situation.

More Information

While this blog gives a good overview of the types of firearm regulations a local government can adopt without facing a state preemption challenge, if you'd like more information on firearm regulation in general, I recommend reviewing the following resources:

- **Seattle Times**: Hey America: Following WA on gun laws could have prevented those mass shootings (covers the gun storage law and assault rifle purchase restrictions), published June 1, 2022
- **Washington State Attorney General:** Firearms FAQs
- **Washington State Senate Committee Services:** Summary of Firearms Laws (published in 2019 so some provisions have changed).

MRSC is a private nonprofit organization serving local governments in Washington State. Eligible government agencies in Washington State may use our free, one-on-one Ask MRSC service to get answers to legal, policy, or financial questions.

About Flannary Collins

Flannary Collins is the Managing Attorney for MRSC. Flannary first joined MRSC as a legal consultant in August 2013 after serving as assistant city attorney for the city of Shoreline where she advised all city departments on a wide range of issues.

At MRSC, Flannary enjoys providing legal guidance to municipalities on all municipal issues, including the OPMA, PRA, and personnel. She also serves on the WSAMA Board of Directors as Secretary-Treasurer.

VIEW ALL POSTS BY FLANNARY COLLINS ▸

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Snoqualmie Valley HEALTH

Chief Executive Officer Report
August 10th, 2022

"Make Every Day a Little Less Ordinary" - Unknown

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 @ 75%

- **EPIC Implementation** – See attached progress report & dashboard. Single sign on, finalizing Epic agreement with Overlake, migration and user training are the major focus this week. In an effort to support a successful go live, we will be reducing all meetings between September 12-26. This will impact board committee meetings as well. Jamie will let the board know which meetings are impacted.
- **Behavioral Health team** – Dr. Caquías, Psychologist & Counselor started August 1st and Lindsay Royal, the Psychiatry ARNP begins September 1st! Dr. Sindorf's patients have been notified of his retirement and we are working to schedule and transfer patients to Dr. Caquías.
- **Ridge Clinic Refresh** – Project is underway with product selection, vendor scheduling and logistics. Pushing for completion in October which may be aggressive given product and labor availability.
- **East Campus** – We continue to explore affordable options to relocate our staff that work at East Campus. We are negotiating with a local business to potentially lease existing office space. In addition, we will be leasing a small portion of east campus to the crew that will be working on the I-90/18 interchange project. They need an area to park vehicles and a small trailer for an office building. This is much less scope than was originally proposed. The income and impact to the space will be minimal. Skip Houser is assisting with the lease agreement.

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 = 4.44

- **Community and Outreach Meetings (Sherry Jennings)**
  - Attended KingCo Mobility Coalition Access to Healthcare Meeting
  - Attended the Snoqualmie EDC Commission Meeting x 2, with a follow up meeting to craft the mission statement.
  - Attended WSHA media briefing re: Hospital Financial Health
  - Attended the Snoqualmie Valley Mobility Coalition meeting
  - Was appointed healthcare seat alternate to King County Mobility Coalition (Harborview currently holds the healthcare seat.)
  - Attended Encompass Northwest's appreciation event in their Snoqualmie location. (Encompass is very appreciative of our ongoing support.)
  - Attended Empower Youth Network's Key Leaders Summit with directors/executive team.
  - Discussed strategy and messaging for Endo with Olga (Health System of Choice)
  - Working with Clinics team on remodel of SRMC (Health System of Choice/Community Needs)
  - Collaborating on fun SVH Staff BBQ on 8/24.

Renée K. Jensen, Chief Executive Officer
9801 Frontier Avenue SE, Snoqualmie, WA 98065 • Ph. (425) 831-2362 | Fax:(425) 831-3412
Owned and Operated by King County Public Hospital District No. 4

- Coordinated SVH participation in the Sno-Valley Chamber Golf Tournament on July 22, and at Thomas the Train July 23 and Fall City National Night Out on July 31.

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 to 51 in July.

- **Strategic Planning** – 19 Operational leaders from across the organization attended a strategic planning session with CEO Jensen this month. These leaders were informal leaders, supervisors, and leads from all disciplines. This event was targeted at getting input and participation from non-traditional sources in the organization. It was both educational and informative. Survey feedback from the event was very positive and highlighted the importance of taking the time to ensure everyone gets an opportunity to learn, participate and contribute to the future direction of the organization.
- **Board Rounding** – This month CEO Jensen has been inviting board members to accompany her on her leadership rounds with staff. To date we have had formal rounding in the pharmacy and dietary. Informal board rounds have occurred in the ED, Medical floor, Laboratory, and COVID services.
- **Employee Celebration** – The summer will be over before we know it. As we look to our future the leadership team is committed to celebrating our staff, finding ways to show our appreciation and most of all have more fun. In support of having more fun we are throwing an all staff BBQ on the lawn on August 24th, 2022 complete with yard games and a friendly (or maybe competitive) Corn Hole tournament!
- **Pet Therapy** – Pets are proven to assist in recovery and healing for hospitalized patients. We currently have a visiting pet program for our patients. But why not our staff? A great suggestion by one of our staff members was to explore bringing pets to SVH for our staff. What a great idea! We are working with our current provider and exploring other community based options to provide this creative benefit to our staff and demonstrate our commitment to having more fun while working hard!
- **Materials Management** – We are recruiting for a new materials manager, as well as a clerk position. This team is critical to the hospital operations so we are looking for some experienced staff as well as a manager with strong leadership and technical skills. Many interviews have taken place over the past two weeks.
- **Unconscious Bias Training** – In a continued effort to bring DEI education and training to SVH, we are working with the Collaborative to assess the potential for hiring an experienced company to lead this work in our organizations. Vendor evaluation is occurring with the CEO group this month.

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 13,601

- **COVID Vaccines & Testing –** Volumes are still significant and strong for this point in the COVID journey. SVH is one of the last remaining King County sites that is still open. Our partnership has been extremely successful and is now transitioning to a standing meeting with KC Public Health to support other needs in the county such as Monkey Pox, childhood vaccinations, and potentially other support services for teens.
- **Podiatry –**Dr. Menninger will be providing podiatry and wound care services full time at SVH. He are beginning to book patients into his schedule mid-September after the Epic go live. The first part of September will focus on creating protocols and practice specific tools he will need to see our patients.
- **Women's Health Program –** We have fantastic family practice providers that provide a wide range of women's health services that are less known to our community. Beginning in October we will launch a Women's health campaign to highlight all of the services we do provide. In addition we will begin to pilot some basic medical aesthetics services with Dr. Moore.

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 $510,877

- **See finance summary prepared by CFO Ritter for more details on financial performance.**
- **EPIC contract –** Inches away from being complete! Fundamental concepts and agreements are in place, just finalizing the language.

Upcoming Events –

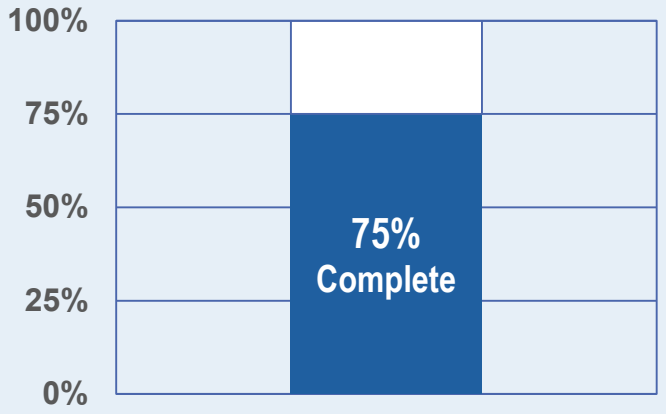
- Aug. 20 | Snoqualmie Days (First Aid Booth) | Downtown Snoqualmie| 9 am - 4 pm
- August 24th |All staff BBQ and summer celebration
- **September 12th, 2022 SVH |Board Strategic Planning Retreat|9 am – 4 pm**
- September 18-21 | WSHA Rural Advocacy Days | Washington D.C.
- September 19th | Epic Go-Live Celebration and Go-Live!
- Sunday, October 16 |Tuesday, October 18 WSHA Annual Meeting – In Person or Virtual
    - Hyatt Regency Lake Washington | Renton, WA
    - Registration opens late summer

Respectfully Submitted, Renée K. Jensen

2022 Strategic Plan Dashboard

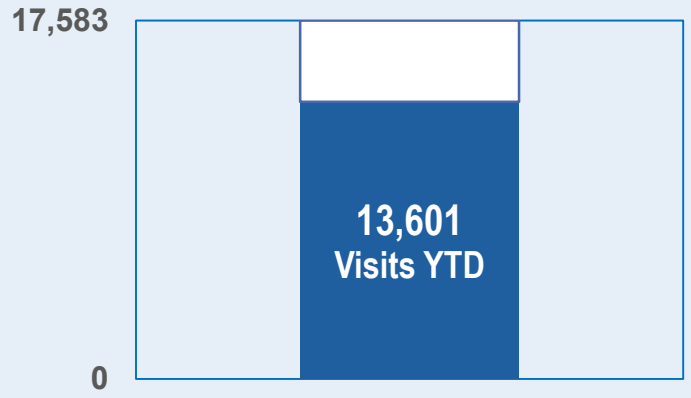
Foundational Elements

Goal: EPIC Go-Live **by** December 31, 2022



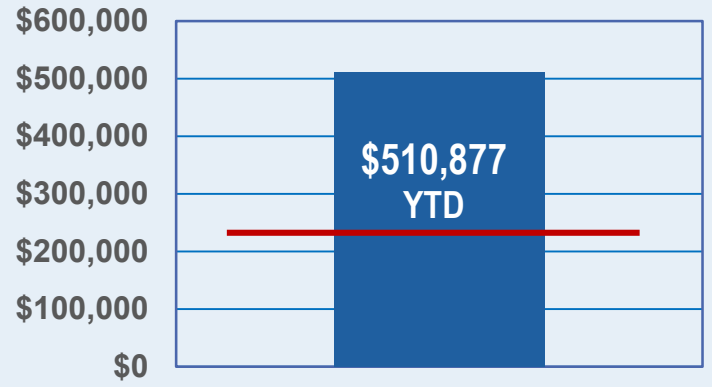
Community Health

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



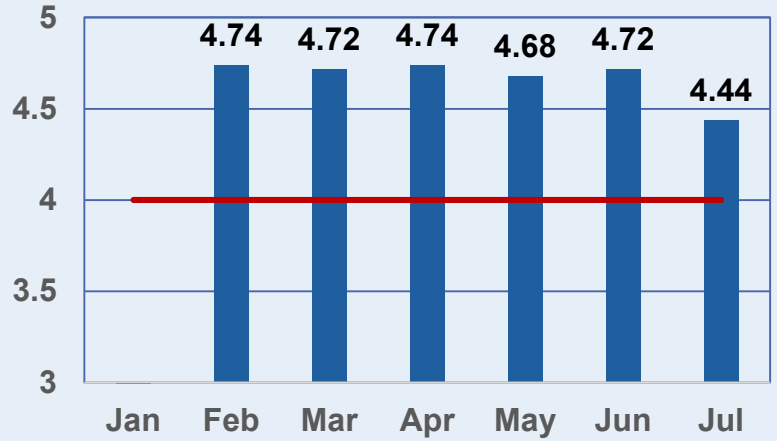
Financial Stewardship

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



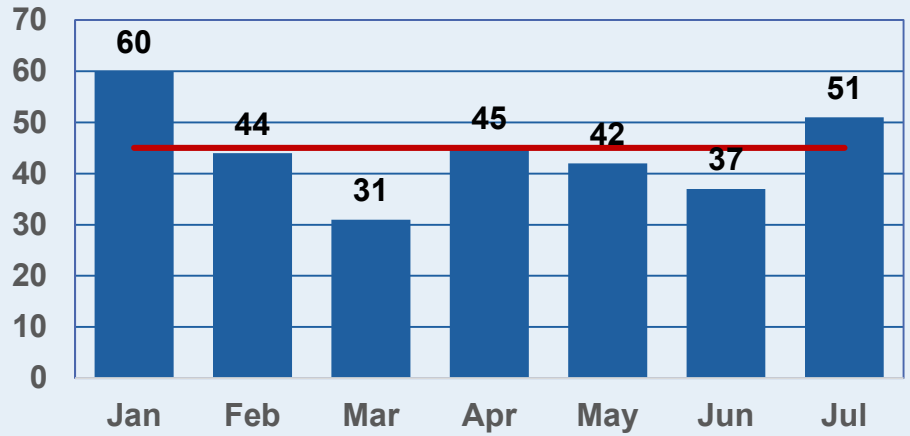
Health System of Choice

Goal: Patient Satisfaction Score at or **greater than 4**



Our Team

Goal: Reduce # of open positions to **45 or less**



Snoqualmie Valley HEALTH

Last Updated: 8/15/2022

Month	May					June				July				August				September				October			
	2	9	16	23	30	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																
	Order New (ED, Clinics, Hospitals) SVH					Hrdwr & BCA Maps SVH		ALP/VLP Testing OL		Deploy RDSH & All New Hardware (Big Boards, BCA, etc)				Printer Class Mapping OL/SVH											
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 OL								Device Testing at SVH SVH/OL																
Testing	Develop Test Scripts									PRCT															
	Develop Testing Plan, Scripts Needed, Logistics								DC to TST & MST	Integrated Testing				Issue Resolution					TDR						
Training	Assign Training Dates/Times					Enroll Users in LMS				End User Training															
	Training & Go-Live Communication					Super User Training						Train Conv Users													
Reporting						Report (RWB/Dashboard) Build in TST								Report/Extract Testing											
						Org Filtering in TST Gives SVH access to model Data Marts																			
Operational Readiness	Update Policies & Procedures																								
Conversion & Go-Live Planning	Conversion/Cutover Planning													Conversion Activities (Reg/Sched/Chart Abstraction/Template Bulid)						Cutover & Go Lilve		Close			
														Go-Live & Cutover Planning (Command Center, Support Schedule, Move Build Early)						Support		Lessons Learned			

Finance Committee – Minutes

Public Hospital District No. 4, King County
Snoqualmie Valley Hospital
Tuesday August 16, 2022 – 1:00pm
Via Zoom

COMMITTEE MEMBERS:
David Speikers, Commissioner, Chair of Finance
Kevin Hauglie, Commissioner, President
Patrick Ritter, CFO
Renée Jensen, CEO
Voltaire Tiotuico, Director of Finance

July Income Statement Narrative:
July Operating Net revenues were $ (~490,000) below budget. Imaging, Endo, Clinic, Rehab, and Lab revenues were all down versus June. The payer mix was heavily commercial which increases the contractual allowances. Contractual allowances were about $300,000 greater than normal. We are looking into the contractual allowance formula in regards to budgeting next year.

ED Volumes reached the highest average per day to date at 16 patients per day; however, the case mix of the patient was lower per visit. Lower case mix is evidenced in the lower imaging and lab volumes.

July Operating Expenses were ~$145,000 above budget. Biggest contributor to the expenses were pro fees and purchased services.

Operating Loss was $159,000

Non-Operating losses of $60,000 (B&O taxes) contributed to the positive Net Loss of ($220,000)

2022 Annual Income
Net Income year to date is **$510,877**, which is $725,000 better than budget projections YTD.

Balance Sheet Highlights:

- Overall Assets decreased
  - Assets decreased due to payment of CMS Advance
  - Lower AR
  - Cash Payments for AP
- Liabilities Decreased
  - Accounts Payable payments
  - Bond Interest Payments
  - CMS Advance (50% recoupment)

Cash Flow Statement Highlights:

- **Operating Activities Decrease of** $~1,800,000
  - CMS Advance
  - AP
  - Payroll
- **Investing Activities Increase of $25,000**
  - Amortization of Right to Use Assets (Leases) greater than construction in progress for EPIC.
- **Financing Activities Decrease $64,760**
  - Monthly Long Term Debt payments

Total cash down $ 1,838,598

AR Days Goal 55

- 57 Days July
  - AR decreased

Bond Covenants: (Snapshot forecast)

- Debt Coverage is 2.22 requirement is 1.20
- Reserve Requirement is at $3675188 as required.
- Day's cash above the reserve is 117. The bond requirement is 60

Accounting/Materials System (ERP System):

a. Sage Intaact
b. Hybrent

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

FINANCE COMMITTEE (JUNE 2022)

AUGUST 16, 2022

Financial Statements

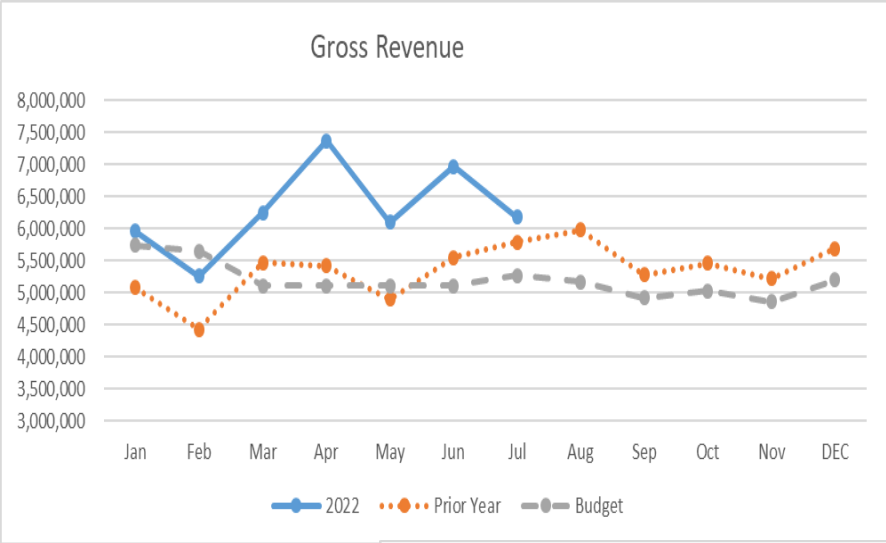
KING COUNTY HOSPITAL DISTRICT # 4
HOSPITAL & CLINICS COMBINED
STATEMENT OF OPERATIONS
ACTUAL vs BUDGET
JULY 2022

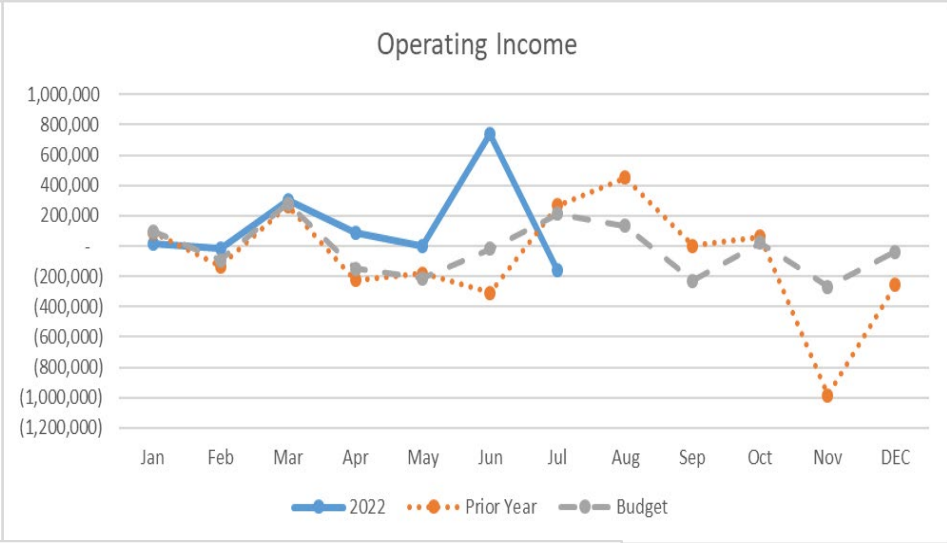
CURRENT MONTH					YEAR TO DATE			
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
$ 3,585,238	$ 4,053,398	$ (468,160)	-12%	NET PATIENT SERVICE REVENUE	$ 26,292,618	$ 26,385,362	$ (92,744)	0%
94,441	99,405	(4,964)	-5%	TAXATION FOR OPERATIONS	709,902	679,807	30,095	4%
19,864	37,054	(17,190)	-46%	OTHER	226,276	257,771	(31,495)	-12%
3,699,543	4,189,857	(490,314)	-12%	TOTAL OPERATING REVENUE	27,228,796	27,322,940	(94,144)	0%
				OPERATING EXPENSES				
1,689,956	1,683,866	(6,090)	0%	SALARIES	12,086,826	12,207,862	121,036	1%
388,919	369,820	(19,099)	-5%	EMPLOYEE BENEFITS	2,599,741	2,614,650	14,909	1%
564,443	450,963	(113,480)	-25%	PROFESSIONAL FEES	3,265,541	3,154,724	(110,817)	-4%
249,124	325,239	76,115	23%	SUPPLIES	2,205,342	2,276,673	71,331	3%
36,619	34,907	(1,712)	-5%	REPAIRS AND MAINTENANCE	226,243	254,349	28,106	11%
49,486	50,062	576	1%	UTILITIES	364,592	350,434	(14,158)	-4%
458,254	359,470	(98,784)	-27%	PURCHASED SERVICES	2,686,710	2,516,290	(170,420)	-7%
7,790	15,218	7,428	49%	INSURANCE	108,952	106,526	(2,426)	-2%
29,076	49,048	19,972	41%	LEASES AND RENTALS	262,450	343,336	80,886	24%
314,151	311,202	(2,949)	-1%	DEPRECIATION	2,234,235	2,178,414	(55,821)	-3%
71,535	64,484	(7,051)	-11%	OTHER	539,806	447,464	(92,342)	-21%
3,859,353	3,714,279	(145,074)	-4%	TOTAL OPERATING EXPENSES	26,580,439	26,450,722	(129,717)	0%
(159,810)	475,578	(635,388)	-134%	OPERATING INCOME	648,357	872,218	(223,861)	-26%
13,640	7,077	6,563	93%	INVESTMENT INCOME, NET OF AMOUNT CAPITALIZ	61,496	48,396	13,100	27%
256,870	261,794	(4,924)	-2%	TAXATION FOR BOND PRINCIPAL & INTEREST	1,758,292	1,790,333	(32,041)	-2%
(420,777)	(417,272)	(3,505)	-1%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZED	(2,928,135)	(2,918,781)	(9,354)	0%
(13,454)	(9,096)	(4,358)	-48%	BOND ISSUANCE AND FINANCING COSTS	(81,106)	(63,672)	(17,434)	-27%
-	-	-		NON OPERATING REV - PROVIDER RELIEF FUNDS	-	-	-	
103,636	8,300	95,336	1149%	OTHER NET	1,051,973	56,761	995,212	1753%
(60,084)	(149,197)	89,113	60%	NON OPERATING, NET	(137,481)	(1,086,963)	949,482	87%
(219,894)	326,381	(546,275)	-167%	CHANGE IN NET POSITION	510,877	(214,745)	725,622	-338%
$ (219,894)	$ 326,381	$ (546,275)	-167%	NET POSITION	$ 510,877	$ (214,745)	$ 725,622	338%

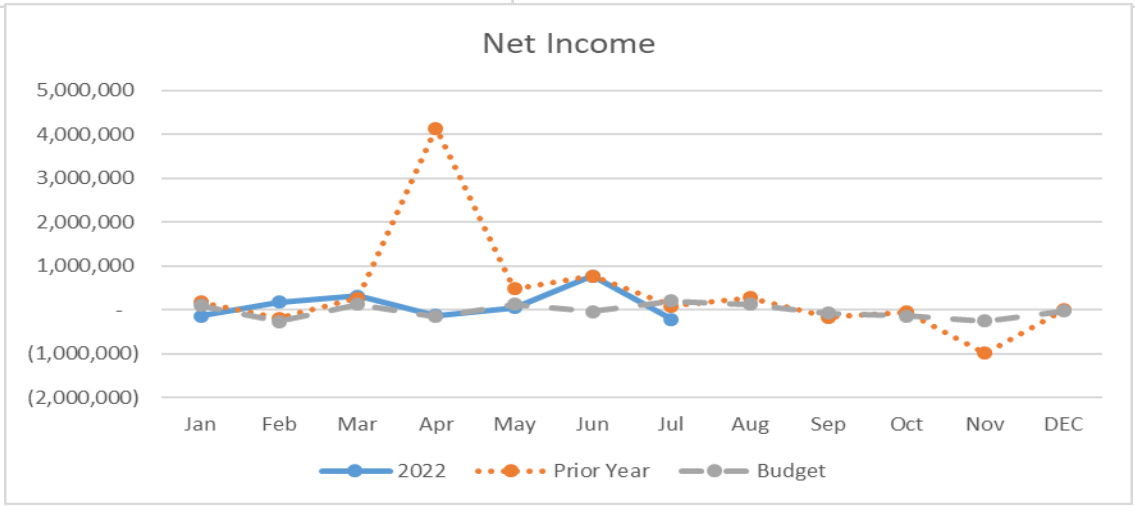
SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	JUNE 2022	JULY 2022
ASSETS		
CURRENT ASSETS		
UNRESTRICTED CASH	8,498,182	7,439,015
BOARD RESTRICTED FUNDS	4,917,661	4,917,661
CMS ADVANCE PAYMENT	3,991,399	3,193,043
MANDATED RESERVE FUNDS	11,321,767	11,340,691
TOTAL CASH	28,729,009	26,890,410
ACCOUNTS RECEIVABLE	11,802,696	11,135,514
LESS A/R ALLOWANCES	4,240,614	4,350,707
COST REPORTS RECEIVABLE	-	-
EMR MEANINGFUL USE	-	-
TOTAL NET RECEIVABLE	7,562,082	6,784,807
TAXES RECEIVABLE	2,046,117	2,033,075
INVENTORY	158,284	176,740
PREPAID EXPENSES	108,208	119,095
INTANGIBLE ASSETS	2,942,061	2,928,607
OTHER RECEIVABLES	17,741	20,523
TOTAL CURRENT ASSETS	41,563,501	38,953,256
FIXED ASSETS		
LAND AND IMPROVEMENTS	26,604,969	26,604,969
BUILDINGS	33,285,200	33,285,200
EQUIPMENT	9,201,725	9,201,725
INFORMATION SYSTEMS	4,702,979	4,705,064
RIGHT TO USE ASSET	1,265,845	1,206,948
CONSTRUCTION IN PROGRESS	238,395	271,855
LESS: ACCUMULATED DEPRECIATION	27,012,074	27,267,328
NET FIXED ASSETS	48,287,039	48,008,432
TOTAL ASSETS	89,850,540	86,961,688
LIABILITIES AND FUND BALANCES		
CURRENT LIABILITES		
NOTES PAYABLE	966,000	966,000
COST REPORT PAYABLE	-	-
ACCOUNTS PAYABLE	2,039,396	1,078,529
ACCRUED PAYROLL & TAXES	3,079,774	2,467,282
ACCRUED INTEREST (BONDS)	336,197	510,148
OTHER CURRENT LIABILITIES	(78,717)	(62,187)
CURRENT PORTION LONG TERM DEBT	1,518,750	1,441,250
CURRENT PORTION CMS ADVANCE PAYMENT	(2,872,486)	(3,670,842)
DEFERRED STIMULUS REVENUE	-	-
DEFERRED TAX REVENUE	2,056,809	1,705,498
TOTAL CURRENT LIABILITIES	7,045,723	4,435,678
LONG TERM LIABILITIES		
LIABILITY RIGHT TO USE ASSET	1,272,615	1,213,716
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	97,459,822	97,400,923
EQUITY/FUND BALANCE PERIOD END	(14,655,006)	(14,874,913)
TOTAL LIABILITY + EQUITY/FUND BALANCE	89,850,540	86,961,688

STATMENT OF CASH FLOWS		
SOURCE AND APPLICATION OF FUNDS	JUNE 2022	JULY 2022
Net Income	614,857	(219,894)
Add (Deduct) items not affecting cash:		
Depreciation expense	255,254	255,254
(Increase) decrease in accounts receivable	100,629	777,275
(Increase) decrease in current assets		
Tax Receivable/Other Receivable	19,498	10,261
Inventory	(18,607)	(18,456)
PrePaid Expenses	(22,344)	(10,887)
Intangible Assets	13,454	13,454
Increase (decrease) in current liabilities		
Notes and Loans Payable	-	-
Accounts Payable	176,147	(960,867)
Accrued Payroll & Taxes	72,611	(612,492)
Accrued Interest (Bonds)	(869,755)	173,951
Other Current Liabilities	(9,970)	16,530
Deferred Stimulus Funds	(792,439)	(798,356)
Current Long Term Debt	(77,500)	(77,500)
Deferred Tax Revenue	(351,311)	(351,311)
Other (net)	(129)	(2,098)
Net Cash provided by operating activities	(889,606)	(1,805,137)
CASH FLOW FROM INVESTING ACTIVITIES		
Investment in plant and equipment		
Land	-	-
Buildings	(24,648)	-
Equipment	-	-
Right to Use Assets	64,530	58,897
Construction in Progress	(62,444)	(33,460)
Net cash used for investing activities	(22,561)	25,437
CASH FLOW FROM FINANCING ACTIVITIES		
Change in long-term liabilities	(64,760)	(58,899)
Increase (decrease) in cash	$ (976,927)	$ (1,838,598)
Beginning Cash Balance	29,705,936	28,729,009
Prior Year Adjust impact		
Ending Cash Balance	28,729,009	26,890,410

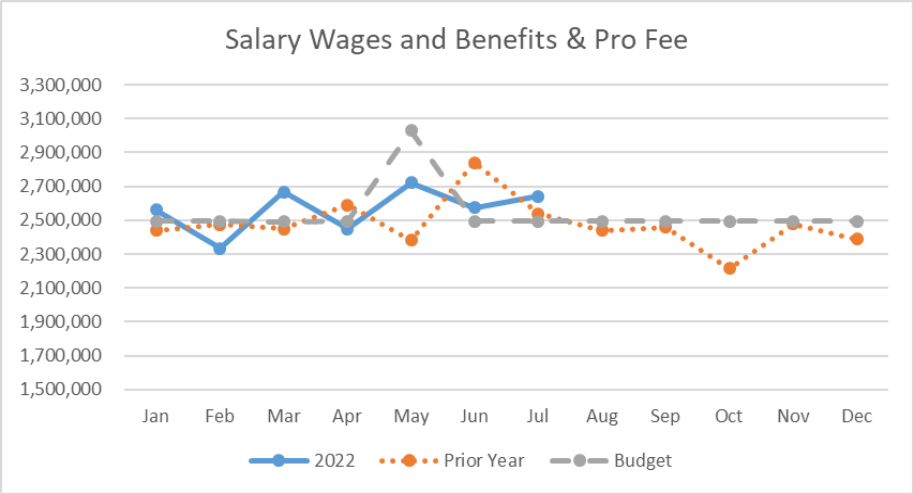
Financial Dashboards (Revenue & Income)

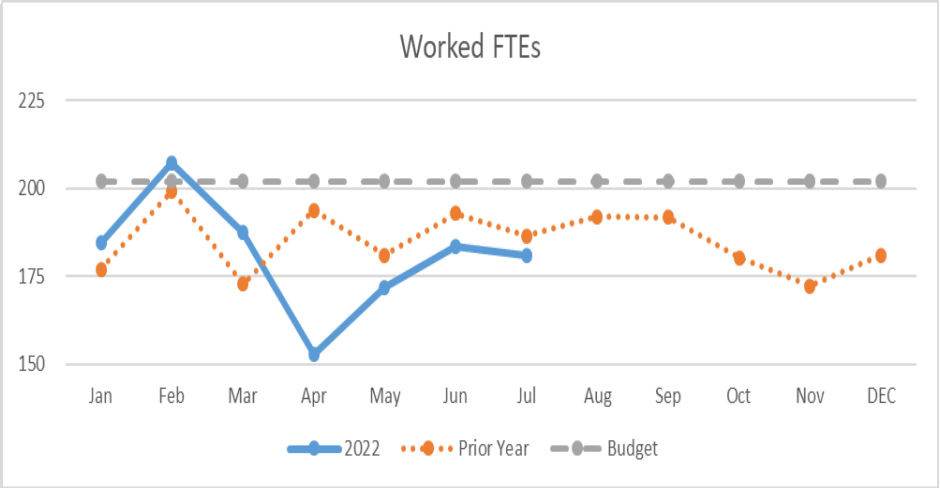


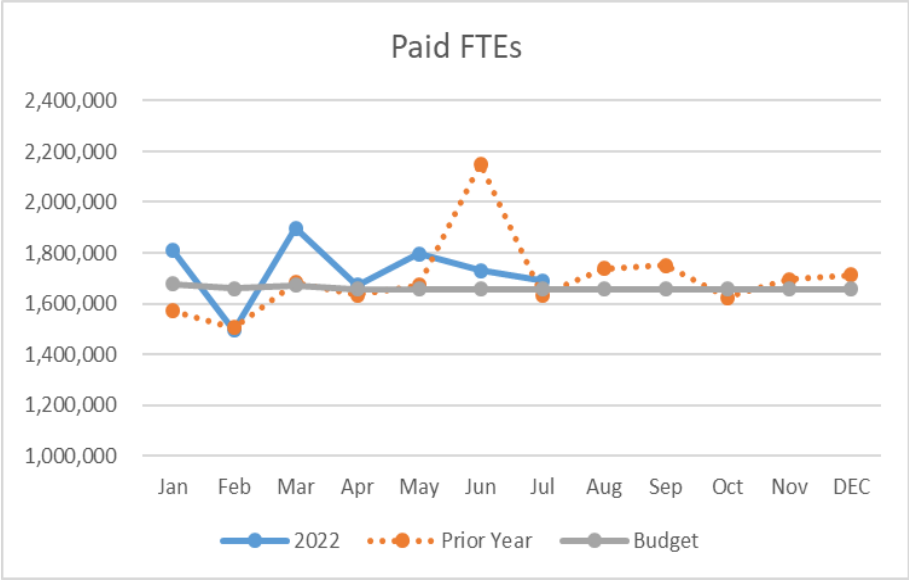


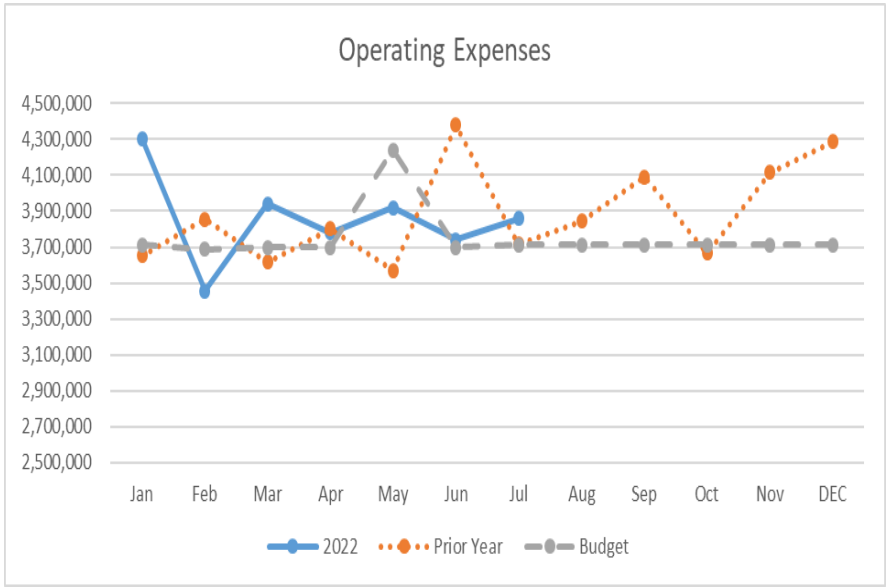


Financial Dashboards (Expenses)

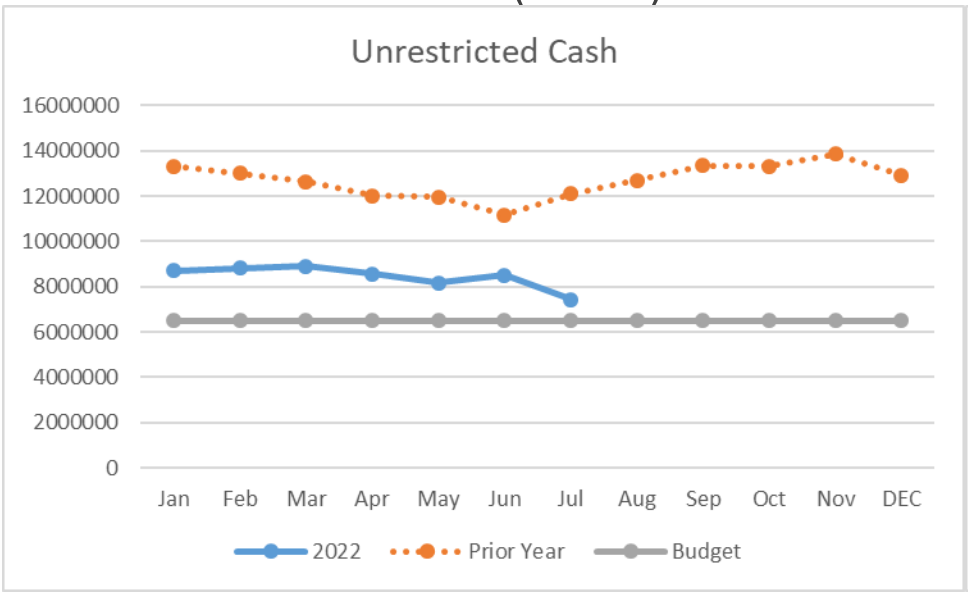


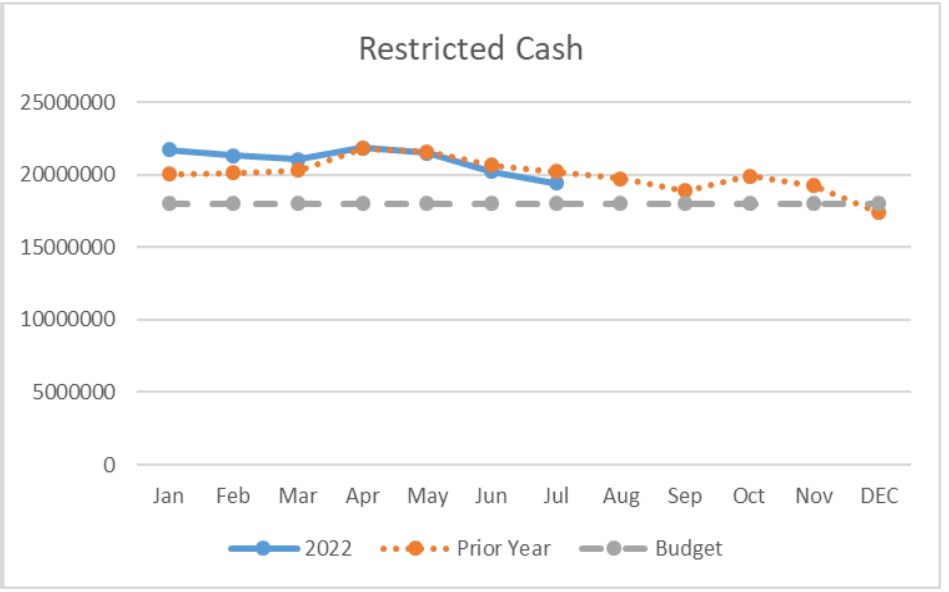


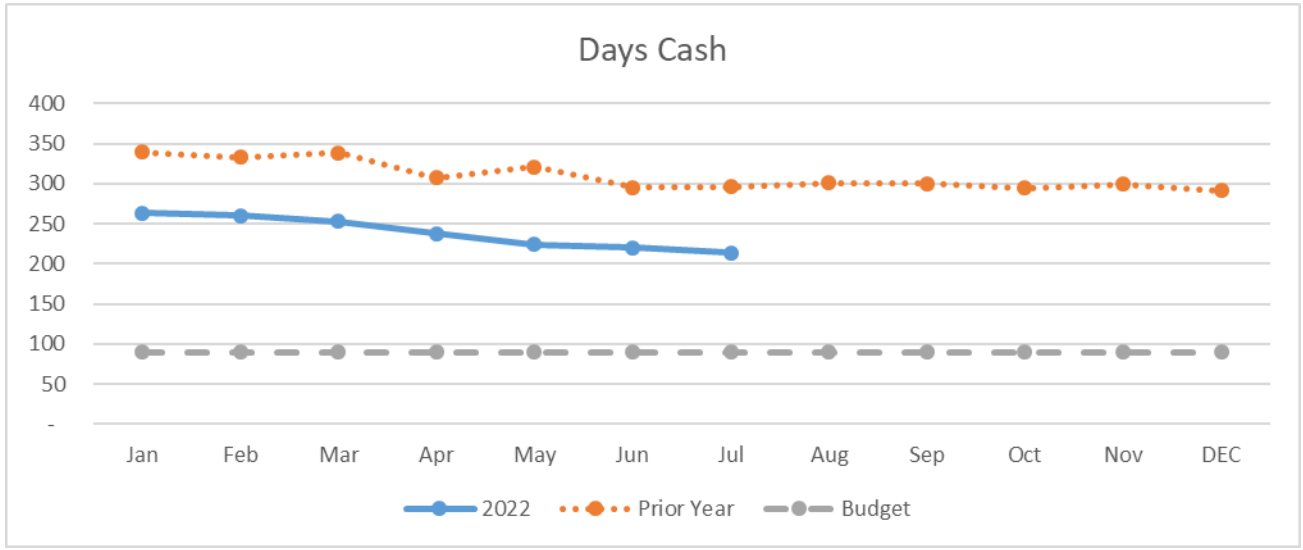




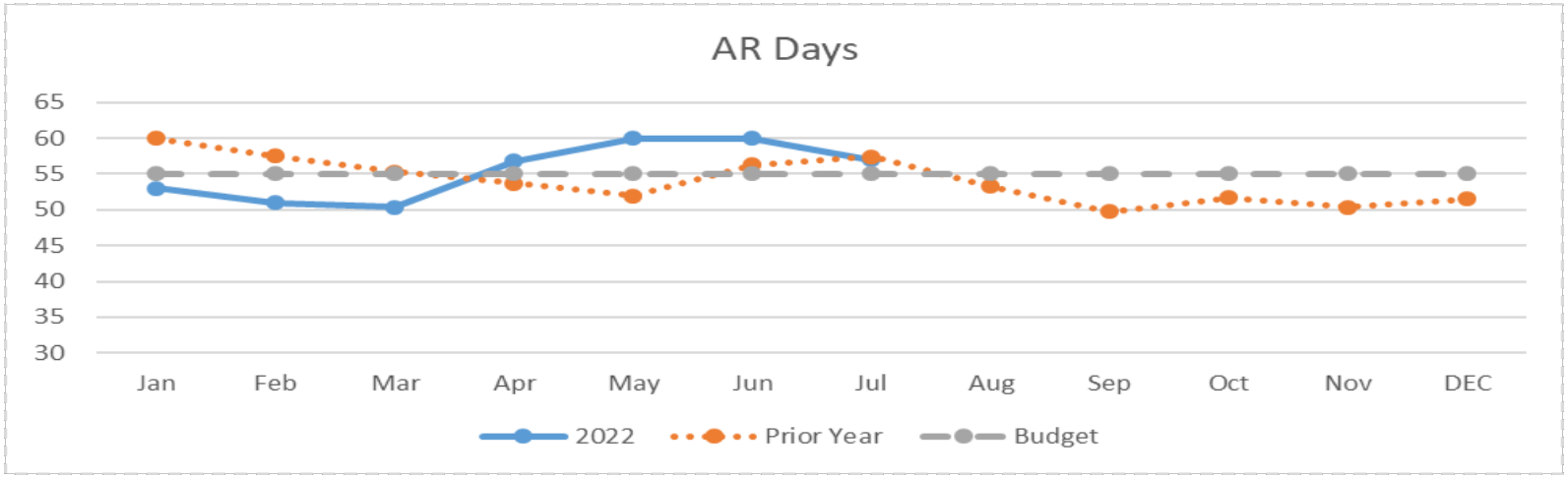
Financial Dashboards (Cash)

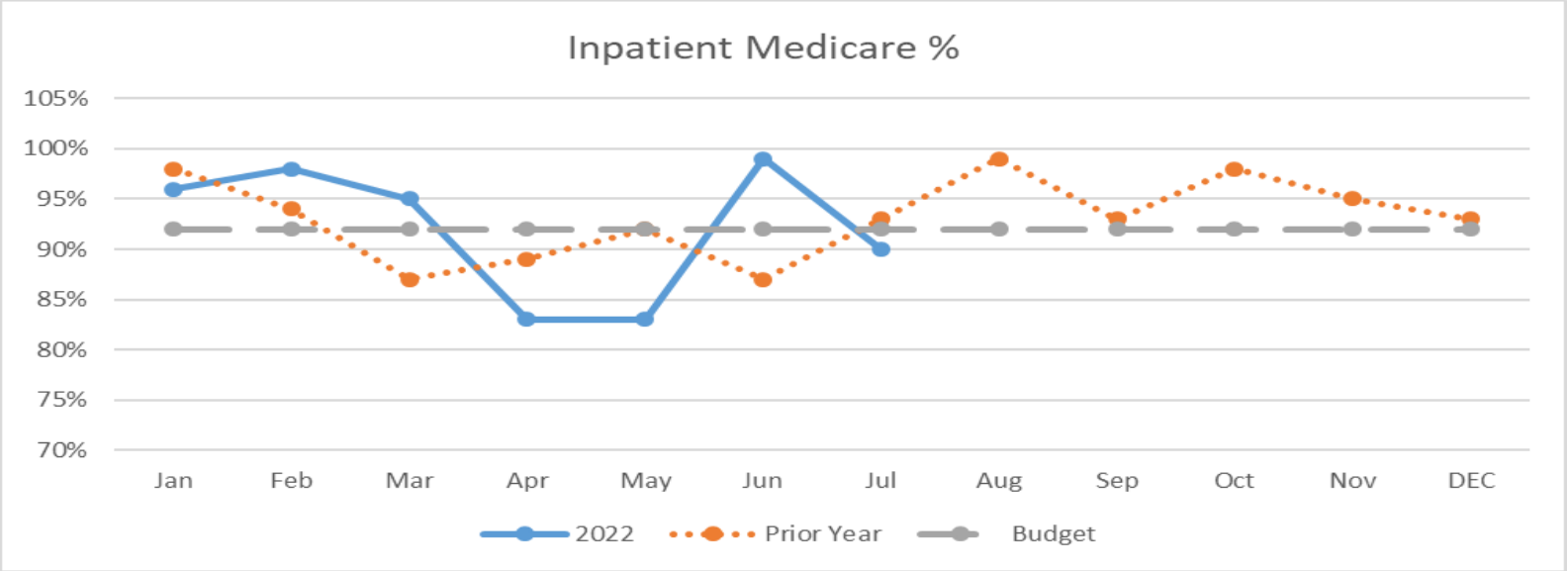




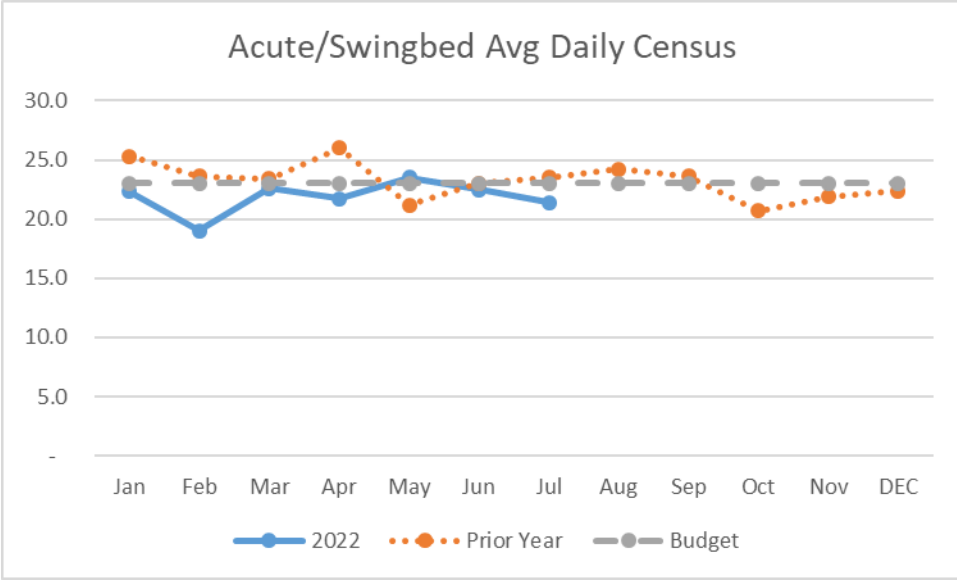


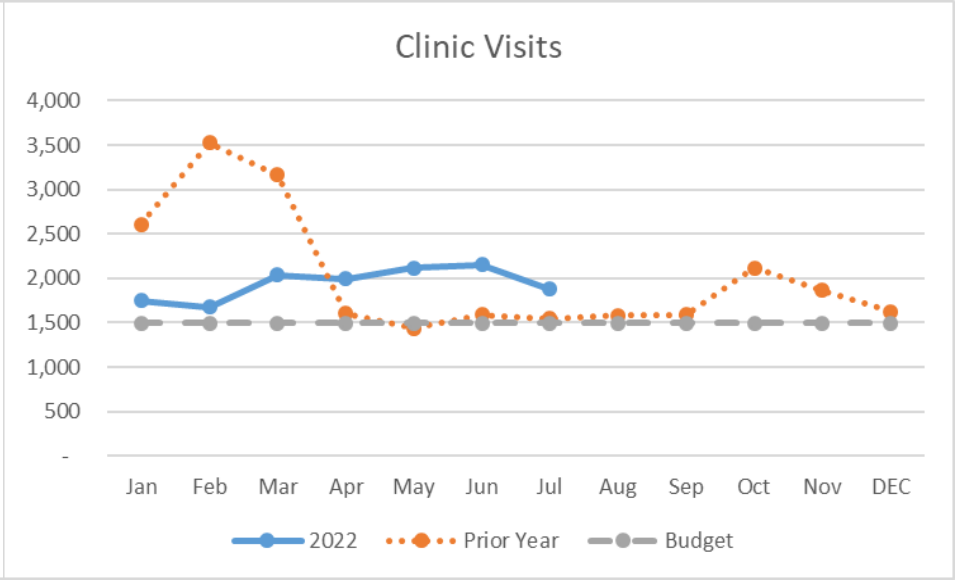
Productivity Dashboards (AR/Payor Mix)

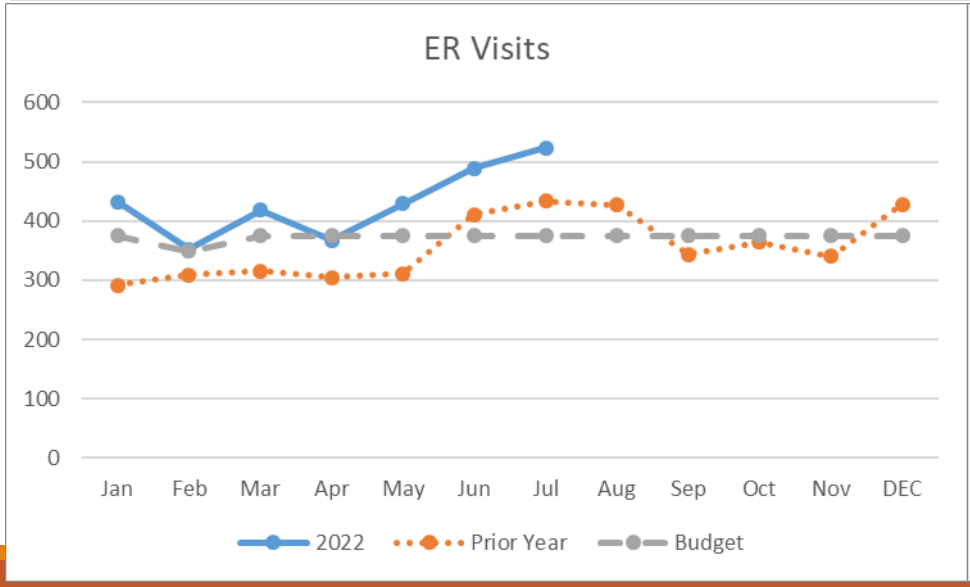


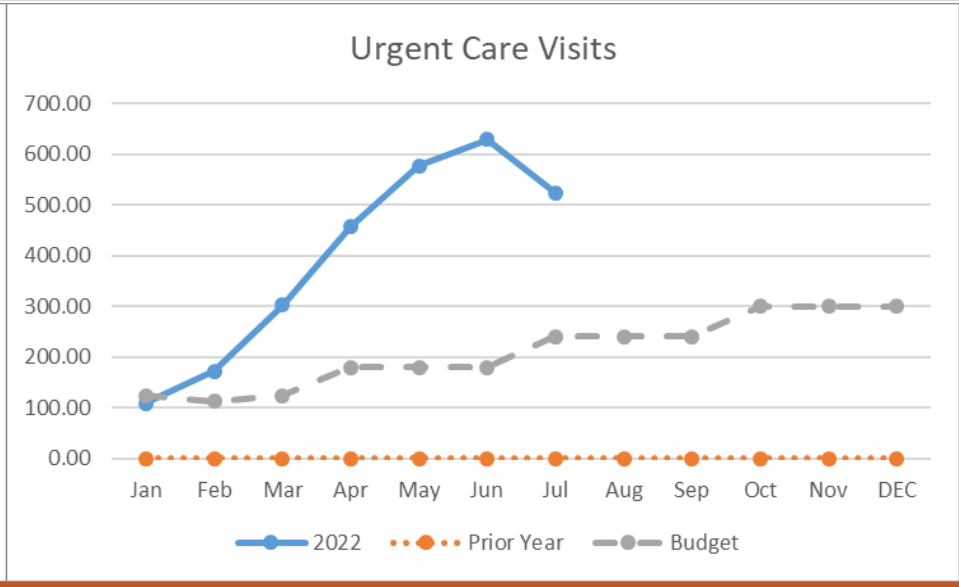


Productivity Dashboards (Census Visits)

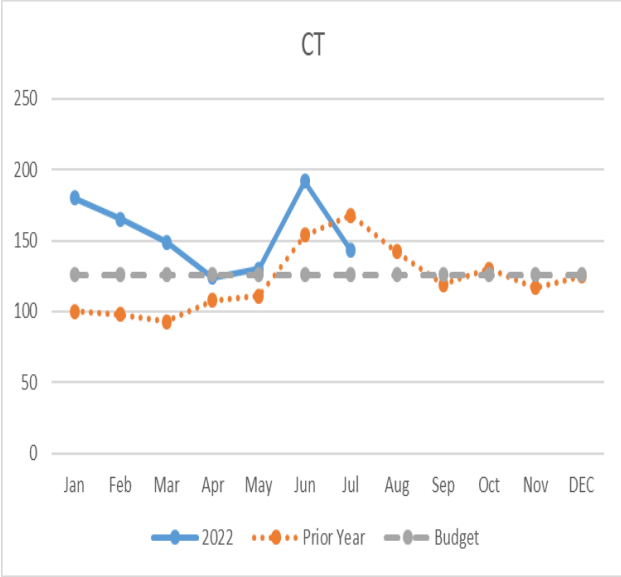


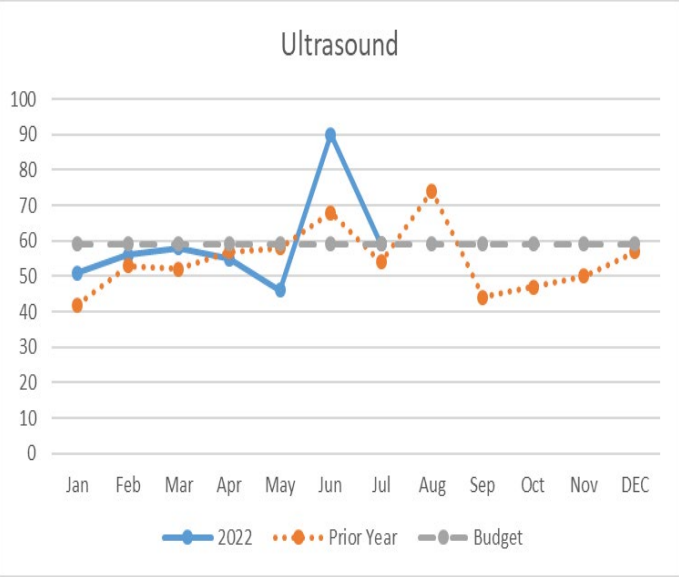


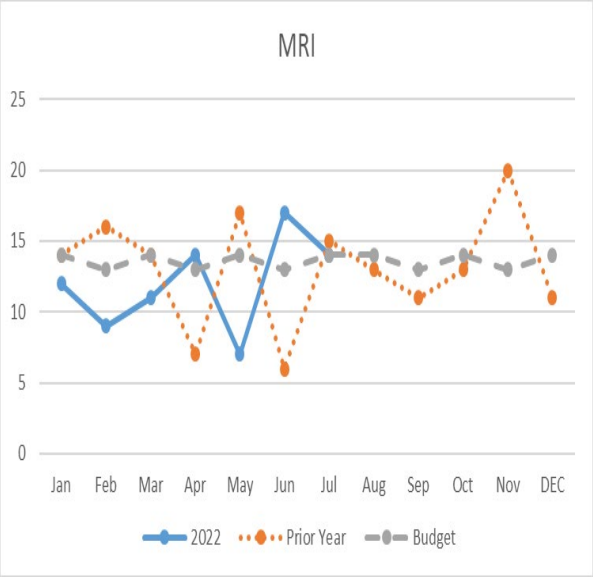


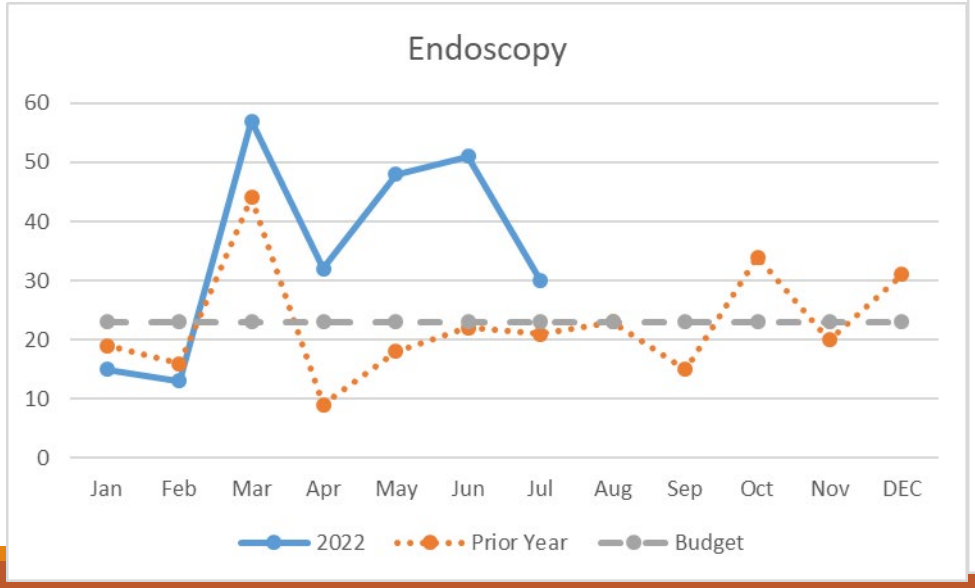


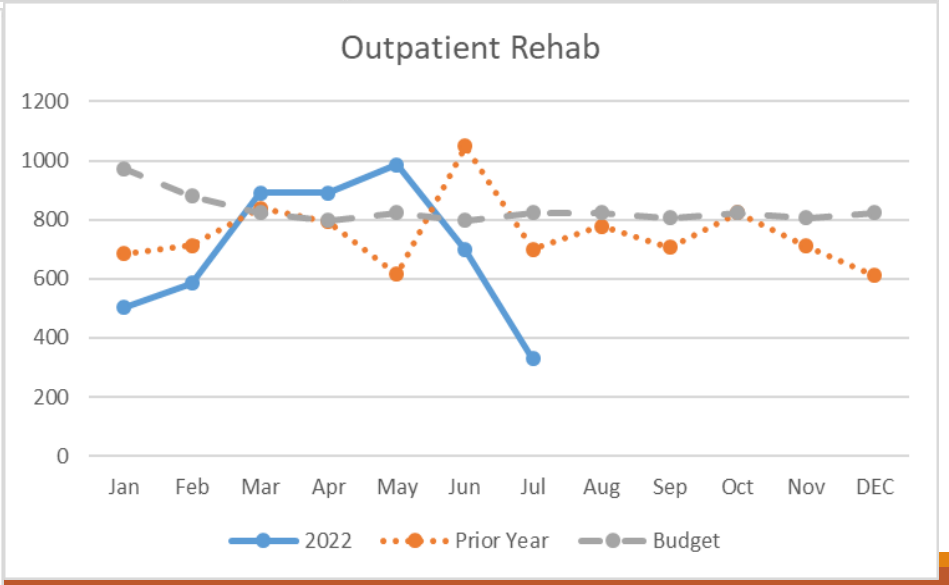
Productivity Dashboards (Procedures)











ERP (Enterprise Resource Planning) Software

- Central/Supply Materials Management
- Budgeting/Accounting
- AP/Invoicing
- Human Resources/Time Management

ERP'S REVIEWED

- WORKDAY
  - ACCOUNTING, CENTRAL SUPPLY, AP, Contract Management
    - PROS
    - Point and click, easy to use, used by Overlake, UW, WSU
    - Integrate with EPIC (Extra fee)
    - CONS
      - Cost per year

Product Name	Year 1
Core Financials - LDP	$71,340.00
Inventory - LDP	$23,925.00
Procurement - LDP	$35,670.00
Planning - LDP	$60,900.00
Expenses - LDP	$16,095.00
Strategic Sourcing	$86,130.00
	$294,060.00

ERP'S REVIEWED (cont)

- Premier
  - Materials, AP, GL, Asset Management, Remits/Invoicing, Contract Management
    - Pros
      - Healthcare focus
      - Ease of use, point and click
      - Integrate with Epic (Extra fee)
      - Newport Hospital in Eastern Washington gave good reference
    - Cons
      - Ala Cart
      - Expense

Materials Management	$84,000
Accounts Payable	$34,000
General Ledger	$34,000
Fixed Assets	$17,000
Remitra Exchange Services	$7,400
Remitra Electronic Invoicing and Tracking (up to 15,000 invoices annually)	$14,000
Sourcing and Contract Management	$46,500
Pulse Data Integration Appliance	$10,500
Budget and Financial Planning	$48,000
	$295,400

ERP'S REVIEWED (cont)

- Sage Intaact & Hybrent
  - GL, Cash Management, Accounts Payable, grants tracking, Spend management, Budgeting
    - Pros
      - Critical Access Hospital Focused
      - Costs
      - Epic Integration
    - Cons
      - Not as end user intuitive

Sage	$61,000
Hybrent	$5,200

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 June 1 to June 30, 2022

Northwest Bank Accounts Payable Warrants

$1,965,085.69	Accounts Payable Warrants Warrants #79516 to #79831
$1,965,085.69	

Northwest Bank Payroll Warrants & EFT

$0.00	Payroll Warrants
1,192,103.16	Hospital & Clinic Payroll Auto Deposits
442,973.37	Hospital & Clinic Payroll Tax
71,747.57	Hospital & Clinic Retirement 457, 403B, & 403B Match Plans
$1,706,824.10	

GRAND TOTAL **$3,671,909.79**

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

I:\Carrie\Board Report & Monthly Reports\BOARD-Cash Disbursements\[BOARD-Cash disbursements 2022.xls]Jun22

Public Hospital District No. 4 King County
Financial Update
Cash Balances
6/30/2022

	Bank/Fund	Cash Balance
Unrestricted		
	Northwest Bank	
	Warrant	$ 926,164.98
	Outstanding Warrants	492,165.03
	Payroll	582,283.04
	Operating	378,082.19
	Reconciliating Items	185,479.43
	Lockbox	500,000.00
	Money Market	8,217,778.33
	Money Market CMS Payable	(4,783,838.84)
	US Bank Treasury	4,911,792.54
	Board Restricted	(4,911,813.62)
	Banner Bank	
	#4052002599	493,886.34
	#4052002382	361,305.64
	Key Bank	
	#479681237018	112,314.10
	General Fund King Co	
	140040010	86,314.23
	GO Bond Fund King Co	
	140048510	325,298.55
	Petty Cash	300.00
	Total Unrestricted	**7,877,511.94**
Restricted		
	Limited GO Bond Fund-King Co	
	140048400	5,716,132.59
	Reserve Fund-King Co	
	140046010	1,758,677.12
	Reserve 2015 Rev Bond-US Bank	3,675,187.50
	CMS Advance Payment (Money Mkt)	4,783,838.84
		$ 15,933,836.05
	Board Restricted Funds	**$ 4,917,660.70**
	Total All Accounts	**$ 28,729,008.69**

PUBLIC HOSPITAL DISTRICT NO 4, KING COUNTY

Cash Disbursements for 2022

	Accounts Payable	Payroll and Taxes	Total
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	$ 1,965,085.69	$ 1,706,824.10	$ 3,671,909.79
July			
August			
September			
October			
November			
December			
Total	$ 12,741,125.58	$ 10,225,671.71	$ 22,966,797.29

Cash Disbursements for 2021

	Accounts Payable	Payroll and Taxes	Total	Over(Under) Prior Year Cash
	$ 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	$ 43,979.49
	$ 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	
	$ 22,916,036.36	$ 21,577,765.11	$ 44,493,801.47	$ 1,625,715.47

Cash Receipts for 2022

	Deposits at Banks All accounts	Line of Credit or Bond Fund or Money Market	Total
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	$ 3,224,022.53	$ 500,000.00	$ 3,724,022.53
July			
August			
September			
October			
November			
December			
			$ -
Total	$ 17,808,863.79	$ 4,300,000.00	$ 22,108,863.79

Days AP Payable 20.23

Cash Receipts for 2021

	Deposits at Banks All accounts	Line of Credit or Bond Fund or Money Market	Total	Over(Under) Prior Year Cash
	$ 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	$ 595,230.38
	$ 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	
	$ 45,041,222.26	$ -	$ 45,041,222.26	$ (22,932,358.47)

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 July 1 to July 31, 2022

Northwest Bank Accounts Payable Warrants		
	$1,714,122.82	Accounts Payable Warrants
		Warrants #79832 to #80077
	$1,714,122.82	
Northwest Bank Payroll Warrants & EFT	$3,401.38	Payroll Warrants #14218
Note: 3 Paydays in July	1,731,114.51	Hospital & Clinic Payroll Auto Deposits
	631,342.99	Hospital & Clinic Payroll Tax
	101,154.76	Hospital & Clinic Retirement 457, 403B, & 403B Match Plans
	$2,467,013.64	
GRAND TOTAL	**$4,181,136.46**	

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
7/31/2022

	Bank/Fund	Cash Balance
Unrestricted		
	Northwest Bank	
	Warrant	$ 423,399.35
	Outstanding Warrants	331,620.63
	Payroll	-
	Operating	304,814.91
	Reconciliating Items	(926,885.66)
	Lockbox	500,000.00
	Money Market	8,605,066.46
	Money Market CMS Payable	(3,193,043.36)
	US Bank Treasury	4,917,639.62
	Board Restricted	(4,917,660.70)
	Banner Bank	
	#4052002599	504,669.78
	#4052002382	363,491.12
	Key Bank	
	#479681237018	113,650.40
	General Fund King Co	
	140040010	86,385.47
	GO Bond Fund King Co	
	140048510	325,567.07
	Petty Cash	300.00
	Total Unrestricted	**7,439,015.09**
Restricted		
	Limited GO Bond Fund-King Co	
	140048400	5,733,604.90
	Reserve Fund-King Co	
	140046010	1,760,128.85
	Reserve 2015 Rev Bond-US Bank	3,846,957.40
	CMS Advance Payment (Money Mkt)	3,193,043.36
		$ 14,533,734.51
	Board Restricted Funds	**$ 4,917,660.70**
	Total All Accounts	**$ 26,890,410.30**

PUBLIC HOSPITAL DISTRICT NO 4, KING COUNTY

Cash Disbursements for 2022

	Accounts Payable	Payroll and Taxes	Total
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	$ 1,965,085.69	$ 1,706,824.10	$ 3,671,909.79
July	$ 1,714,122.82	$ 2,467,013.64	$ 4,181,136.46
August			
September			
October			
November			
December			
Total	**$ 14,455,248.40**	**$ 12,692,685.35**	**$ 27,147,933.75**

Cash Disbursements for 2021

	Accounts Payable	Payroll and Taxes	Total	Over(Under) Prior Year Cash
January	$ 1,883,824.00	$ 1,580,891.83	$ 3,464,715.83	$ 1,160,384.66
February	$ 1,882,972.66	$ 1,546,935.95	$ 3,429,908.61	$ 353,441.02
March	$ 1,934,346.63	$ 1,604,040.34	$ 3,538,386.97	$ 313,172.97
April	$ 2,008,435.53	$ 1,652,180.15	$ 3,660,615.68	$ (303,071.54)
May	$ 1,994,858.45	$ 1,624,665.98	$ 3,619,524.43	$ 57,808.87
June	$ 1,591,743.83	$ 2,036,186.47	$ 3,627,930.30	$ 43,979.49
July	$ 1,989,070.29	$ 2,489,415.67	$ 4,478,485.96	$ (297,349.50)
August	$ 1,772,231.98	$ 1,671,199.28	$ 3,443,431.26	
September	$ 2,009,446.20	$ 1,761,079.78	$ 3,770,525.98	
October	$ 1,768,485.08	$ 1,602,472.64	$ 3,370,957.72	
November	$ 2,065,508.80	$ 1,630,907.58	$ 3,696,416.38	
December	$ 2,015,112.91	$ 2,377,789.44	$ 4,392,902.35	
Total	**$ 22,916,036.36**	**$ 21,577,765.11**	**$ 44,493,801.47**	**$ 1,328,365.97**

Cash Receipts for 2022

	Deposits at Banks All accounts	Line of Credit or Bond Fund or Money Market	Total
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	$ 3,224,022.53	$ 500,000.00	$ 3,724,022.53
July	$ 3,677,574.83		$ 3,677,574.83
August			
September			
October			
November			
December			
			$ -
Total	**$ 21,486,438.62**	**$ 4,300,000.00**	**$ 25,786,438.62**

Cash Receipts for 2021

	Deposits at Banks All accounts	Line of Credit or Bond Fund or Money Market	Total	Over(Under) Prior Year Cash
January	$ 5,433,086.54		$ 5,433,086.54	$ (2,363,584.52)
February	$ 3,271,499.60		$ 3,271,499.60	$ 254,034.79
March	$ 4,291,205.71		$ 4,291,205.71	$ (470,743.30)
April	$ 3,330,161.68		$ 3,330,161.68	$ 317,505.00
May	$ 3,144,291.11		$ 3,144,291.11	$ 1,177,384.65
June	$ 3,128,792.15		$ 3,128,792.15	$ 595,230.38
July	$ 3,504,942.72		$ 3,504,942.72	$ 172,632.11
August	$ 3,900,834.68		$ 3,900,834.68	
September	$ 3,680,429.86		$ 3,680,429.86	
October	$ 3,058,246.01		$ 3,058,246.01	
November	$ 3,903,031.22		$ 3,903,031.22	
December	$ 4,394,700.98		$ 4,394,700.98	
Total	**$ 45,041,222.26**	**$ -**	**$ 45,041,222.26**	$ (19,254,783.64)

Days AP Payable **21.70**

Facilities Committee Meeting – Minutes

Public Hospital District No. 4, King County
Snoqualmie Valley Hospital
Tuesday, August 16, 2022 – 11:30 am
Via Zoom

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:** No Report

Emergency Management: ALNW drill has been scheduled for September 10th. This drill involves multiples roles and personnel in the hospital, police and fire support. Internal planning meetings have been completed and this training will begin in the morning for staff, and practice training will take place after. Details and head counts will be determined in August. SVH will alert local neighbors and agencies of helicopter to minimize onlookers. North/South Conference Rooms will be open to our board members who would like to observe.

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 completed a committee charter and is planning the next meeting in September.

Security Management: New security team providing great coverage and reporting. No major issues.

Utilities management: No report

Workplace Harm: No report

East Campus: Executive Team has been working on alternative locations for staff. Danny is pending a draft lease agreement from contractor. Danny will propose the rental of the office building to the contractor in lieu of the building renovation that is no longer taking place due to King County permitting barriers. SVH staff at East Campus are still pending a move to SpaceLabs due to SpaceLabs "red tape" and cost. Renee is proposing a lease of just the space we would currently occupy versus the entire office building.

Other: SRMC Remodel – The clinic is pending the scheduling of flooring replacement, window filming, select exam room remodels and lobby refresh. The Executive team approved budget and Danny is coordinating work.

Next meeting: October 18, 11:30am – via Zoom

Medical Committee – Minutes

Public Hospital District No. 4, King County
Snoqualmie Valley Hospital
Tuesday, August 16, 2022 – 3:00pm
Via Zoom

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

COMMUNITY

COVID

- Vaccinations and testing still ongoing. Shifting Barn staff to clinics when needed.

HOSPITAL

System Wide

- Planning for EPIC is ramping up. Will affect Clinic volumes in September.

Inpatient/Swing ***(Average Daily Census)***

2022 Budget (pts/day)	July 2022 (pts/day)	July 2022 YTD (pts/day)
23	23	22.41

- New Hospitalist per diem providers: Trippe and Simmons

Emergency ***(Average Daily Visit Volumes)***

2022 Budget (visits/Day)	July 2022 (visits/day)	July 2022 YTD (visits/day)
13	17	14

Endoscopy ***(Monthly Visit Volumes)***

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
10	11	45	25	38	40	26					

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	1525	1354					
Average per Day	53	54	55	51	50	51	43.6					

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	629	524					
Average per Day	6	6	10	15	19	21	17					

Updates

- Clinic currently challenging.
- New BH Providers: 8/1 Dr. Caquias, Psychologist; 9/1 Royal, Psychiatry ARNP
- New Podiatry and Wound Care Provider: 9/1 Dr. Menninger
- Ongoing recruiting for Urgent Care and Primary Care

MEDICAL STAFF – MEC and Med Committee Recommendations:

Initial Privileging to Provisional Status:
David Gorrell, MD – Teleradiology
Jonathan Lee, MD – Teleradiology
Udayan Srivastava, MD – Teleradiology
Kevin Trippe, ARNP – Hospitalist
Mark Winkler, MD – Teleradiology

Renewal to Active Staff:
Yasmeen Ansari, MD – Emergency Medicine
James Boehl, MD – Emergency Medicine
Richard Chang, MD – Emergency Medicine

Renewal to Active Staff cont.:
Cory Heidelberger, MD – Emergency Medicine
Andrea Fisk, MD – Emergency Medicine

Renewal to Telemedicine:
Ian Ch'en, MD – Teleradiology
Arman Forouzannia, MD – Teleradiology
Greta Go, MD – Teleradiology
Mark Koenig, MD – Teleradiology
Mitchell Kok, MD – Teleradiology
Brendan McCullough, MD – Teleradiology

NEXT MEETING: Tuesday, October 18, 2022 – 3:00pm

RESOLUTION No. 683-0822

A RESOLUTION *of the Commission of Public Hospital District No. 4, King County, Washington, approving and authorizing the entry of an Interlocal Agreement with The Rural Collaborative in the Form of a Limited Liability Partnership Agreement.*

WHEREAS, in 1992 the Washington State Legislature recognized that it was not cost-effective, practical, or desirable to provide quality health and hospital care services in rural areas on a competitive basis because of limited patient volume and geographic isolation. Therefore, the Legislature enacted Substitute House Bill 2495, (codified in chapter 70.44 RCW) which grants rural public hospital districts the express power to enter into cooperative agreements and contracts with other rural public hospital districts in order to provide for the health care needs of the people served by the hospital districts.

WHEREAS, Chapter 70.44 RCW provides that the provisions of the Interlocal Cooperation Act (RCW 39.34) applies to the development and implementation of the cooperative contracts and agreements allowed by chapter 70.44 RCW.

WHEREAS, the Interlocal Cooperation Act, RCW 39.34, authorizes local governmental units to enter into agreements with other public agencies to undertake joint or cooperative action.

WHEREAS, the purpose of Interlocal Cooperation Act is to permit local governmental units to make the most efficient use of their powers by enabling them to cooperate with other localities on a basis of mutual advantage and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population and other factors influencing the needs and development of local communities.

WHEREAS, RCW 70.44.240 provides that Interlocal Agreements may take the form of agreements establishing a legal entity.

WHEREAS, the Board has determined that it is in the best interests of the District and in the best interest of the District's residents and other persons served by the District, to authorize the Officers of the District to enter into documents (the "Definitive Agreements") forming a new entity (the "Enterprise") with the Washington Rural Health Collaborative d/b/a The Rural Collaborative (the "Collaborative") and such other hospital districts which also chose to join the Enterprise.

WHEREAS, the Board has been advised that pursuant to RCW 70.44.240, the governing body of the Enterprise (i) must include representatives of the District, and (ii) that the District may appropriate funds and may sell, lease, or otherwise provide property, personnel, and services to the Enterprise to carry out the joint activity conducted through the Enterprise.

WHEREAS, the Board has been advised of the terms of the draft Definitive Agreements and understands that the final terms are being negotiated. The Board further understands that (i) the District's Chief Executive Officer (or his/her designee) who serves on the Board of the Collaborative, will represent the District as the District's representative to Enterprise in accordance with RCW 70.44.240, (ii) the District will be required to make a capital contribution of up to $2,000.00 upon joining the Enterprise, and (iii) the Rural Health Collaborative will provide initial funding to the Enterprise through a combination of capital contributions and loans upon formation of the Enterprise.

WHEREAS, the Board has been advised of the key terms of the Definitive Agreements and understands that the final terms are currently being negotiated.

WHEREAS, the Board wishes to authorize the officers of the District to finalize the negotiation and consummation of the creation of the Enterprise and the inclusion of the District as a participant in the Enterprise (the "Transaction").

NOW THEREFORE BE IT RESOLVED the Board of Commissioners hereby authorizes, empowers and directs the CEO/Superintendent and her/his designee (the "Officers"), for and on behalf of the District, and in its name, to negotiate the final terms of the Definitive Agreements on such terms as any one of such Officers, and any of them acting alone, determines are reasonable and appropriate, based on the Officer's determination that the amount to be contributed to the Enterprise under the Definitive Agreements is consistent with the goals of the District.

BE IT FURTHER RESOLVED that the Officers of the District are, and each of them acting alone hereby is, authorized, empowered and directed, for and on behalf of the District and in its name, to execute and deliver the Definitive Agreements with such changes as such Officer shall approve on behalf of the District, such approval to be conclusively established by such Officer's execution and delivery thereof, and to perform all necessary steps to effectuate the completion and closing of the Transactions; and

BE IT FURTHER RESOLVED that any acts of an authorized Officer of the District related to the Transactions and the foregoing resolutions, which acts would have been authorized by the foregoing resolutions except that such acts were taken prior to the adoption of such resolutions, hereby are severally ratified, confirmed, approved and adopted as the acts of the District; and

BE IT FURTHER RESOLVED that any specific resolutions that may be required to have been adopted by the Board in connection with the actions contemplated by the foregoing resolutions be, and they hereby are, adopted, and the Secretary of the Board of Commissioners shall be, and the Secretary acting alone hereby is, authorized to certify, on behalf of the District, as to the adoption of any and all such resolutions and attach such resolutions hereto.

ADOPTED and **APPROVED** by the Commission of Public Hospital District No. 4, King County, Washington, at a regular open public meeting thereof, on the 25th day of August, 2022, held in compliance with the requirements of the Open Public Meeting Act, the following Commissioners being present and voting in favor of the resolution.

_____
President and Commissioner

_____
Vice President and Commissioner

_____
Secretary and Commissioner

_____
Commissioner

_____
Commissioner

CERTIFICATION

I hereby certify that the foregoing is a full, true and correct copy of Resolution 683.0822 that was considered by the Board of Commissioners at a duly convened meeting held in Snoqualmie, Washington on the 25th day of August, 2022, at which a quorum was present, and that this resolution was formally approved by the Board of Commissioners in accordance with its bylaws.

Adopted the 25th day of August, 2022.

Printed Name:
_____

Signed:
_____

Title: _____

Attest/Authenticate

Signed: _____

Title: _____

KING COUNTY PUBLIC HOSPITAL DISTRICT #4

COMMUNITY HEALTH NEEDS ASSESSMENT

2023 – 2025

Table of Contents

Paper Copies of this document can be obtained in person: Administrative Offices, Snoqualmie Valley Hospital

Section 1: Background

This document presents Snoqualmie Valley Health's (SVH) 2023-2025 Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act (ACA), commonly known as "Obama Care," enacted on March 23, 2010, added a requirement that every not-for-profit hospital in the State conduct a CHNA once every three years. It further required that each hospital adopt an implementation plan to meet the community health needs identified through the CHNA. While SVH is a publicly owned hospital, and not a 501 (c)(3), with a commitment to providing the best quality healthcare for its community, SVH finds value in the process of collecting and evaluating data and defining priorities for health improvement. Consistent with federal requirements, this CHNA has an emphasis on the needs of that portion of our community that is at risk for poor health outcomes due to geographic, language, financial, or other barriers, commonly referred to as social determinants of health. It also includes an evaluation of the impacts of COVID on our community. SVH additionally engaged community stakeholders to discuss and prioritize unmet needs.

Snoqualmie Valley Health Mission and Vision

Mission:
Promote and improve the health and well-being of people in our community by providing quality care in a collaborative environment.

Vision:
Our community will become the healthiest in the nation.

About Snoqualmie Valley Health

SVH is owned and operated by King County Public Hospital District No 4. It was voted into existence by the community in 1972. Public Hospital Districts are community-created, governmental entities authorized by State law to deliver health services—including but not limited to acute hospital care. Owned and governed by local citizens, hospital districts tailor their services to meet the unique needs of their individual communities. SVH was originally built in 1983 and was replaced in 2015 with a 70,000 square foot facility. SVH's mission is to promote and improve the health and well-being of people in our community by providing quality care in a collaborative environment. SVH provides expert, advanced, and local healthcare. In addition to SVH, which is a federally designated Critical Access Hospital (CAH), the District includes four clinics: two primary care, an urgent care clinic, and a specialty care clinic, as well as a physical therapy and rehabilitation center. SVH is a designated Level 5 Trauma Center, a Level 2 Cardiac Facility and Level 3 Stroke Facility. Services include Emergency and Trauma Care, Primary Care, Inpatient and Outpatient Rehabilitation, Lab, Diagnostic Imaging and Endoscopy services. Specialty services include cardiology gastroenterology, mental health, and pediatric care.

SVH's strategic plan calls for us to build a health system that is a center for innovation, creating partnerships with the community to provide the highest quality care. Current strategic plan areas of focus include the following

- Build essential infrastructure to support a healthy future.
- Recruit and retain the highest caliber staff.
- Develop programs and infrastructure to meet and support health care needs of the community.
- Develop a brand of the future and define the "New SVH."
- Ensure the financial resources to support our vision.

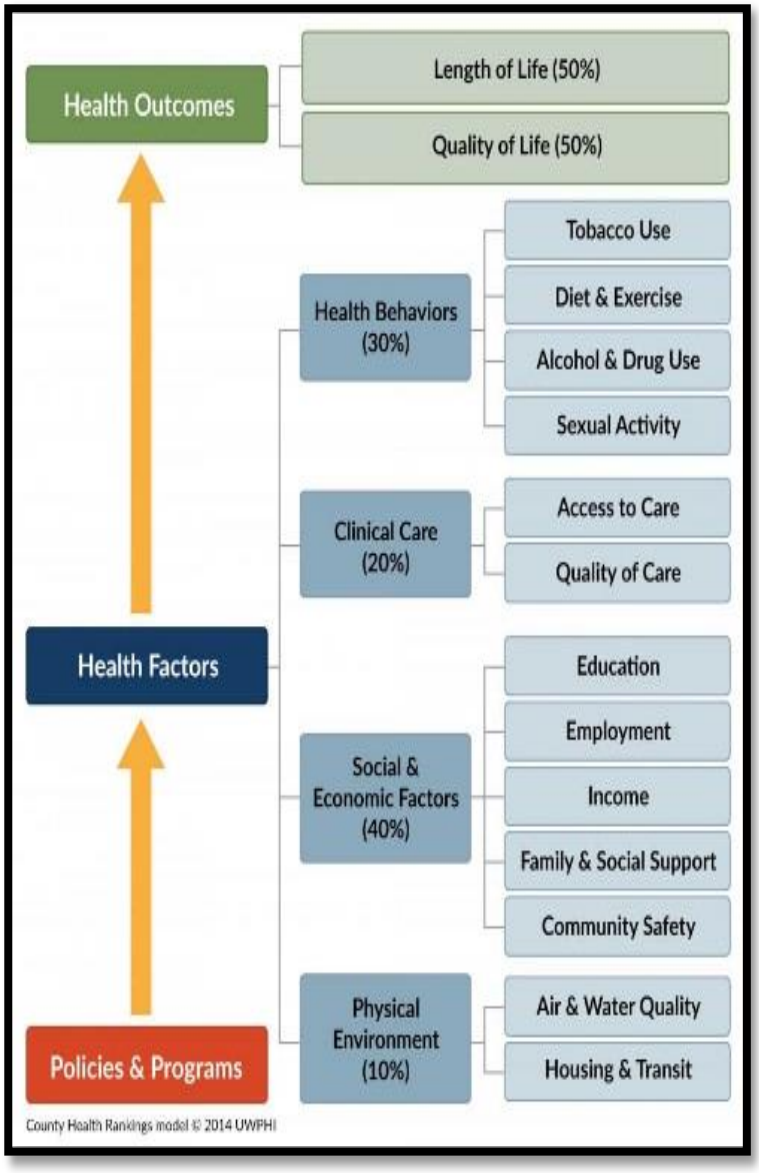
SVH will incorporate priorities identified in this CHNA into the Strategic Plan to create a healthier community.

Section 2: Methodology

In preparing this CHNA, SVH leveraged its collaborative partnerships with local organizations to guide identification and quantification of community needs. A community survey provided further insight into the needs, priorities, and experiences of the Snoqualmie Valley community. Survey participants were identified by SVH and included community members, staff, elected officials, and community organizations representing public health, behavioral health, education, local businesses, social services, long-term care, youth focused agencies, faith-based organizations, and healthcare entities.

The survey and data collection process paralleled the Robert Wood Johnson Foundation's Health Rankings Model, shown in **Exhibit 1.** This model depicts the primary determinants of community and individual health, and the interconnectedness of physical, social, economic, educational, behavioral, and clinical factors that contribute to the health of communities.

Exhibit 1: Robert Wood Johnson Health



Data Sources

This CHNA utilized data from multiple sources, which are detailed in the Appendix at the end of this report. As identified in **Section 3**, the SVH Service Area only represents 2% of the King County population. As such, County data likely does not provide an accurate picture of the Service Area population and needs. When possible, data is provided at the Service Area level and/or by individual zip codes/cities within the Service Area. When necessary to accommodate specific data sources, other proxy regions/areas most closely representing the Service Area were used. This allows not only for a clearer picture of the specific needs in our community but also allows for specific comparisons to King County and the rest of the State. The details on each of the Service Area proxies used are also included in Appendix 1.

Section 3: SVH's 2019-2021 CHNA Accomplishments and the Impact of COVID

COVID-19 Response

SVH's 2019 CHNA and Implementation Plan was "set-aside" for a period due to the impact of COVID-19 on our community and hospital. In fact, as of June 2022, both King County and Washington State, once again, report high levels of community transmission. Despite these numerous challenges, SVH was able to make significant progress on its 2019 CHNA priorities, while at the same time playing a leadership role in COVID mitigation and vaccinations, as well as access to care within our community.

As of June 2022, SVH provided:
17,394 COVID tests
30,579 COVID vaccines

Like all hospitals across the nation, SVH was significantly impacted by COVID, including Washington's Stay at Home order. This order required that we quickly innovate to transition our clinics from in-person to telehealth, and that we prepare for significant changes to the hospital and staffing to accommodate anticipated increases in volumes, enhanced infection control and patient and staff safety protocols. As COVID extended into 2021, staff burnout and State and Federal vaccine mandates compounded staff shortages.

SVH has continued to quickly adapt to challenges in order to best serve the community. SVH also expanded physical capacity by building specialized negative pressure rooms, and creating new outpatient, curbside, and virtual options for testing and treating patients. SVH additionally partnered with Public Health Seattle-King County to distribute vaccines to the community, including outreach for hard to reach populations. **Exhibit 2** identifies additional COVID-19 mitigation strategies implemented by SVH.

Exhibit 2
SVH COVID-19 Mitigation Strategies

- Expanded HVAC system to accommodate negative air pressure and admitted COVID positive patients to SVH medical unit; contributing to the Statewide bed capacity and ability to care for critical patients.
- Established drive through COVID testing and vaccine program
- Performed telephone, video, and curbside visits for all COVID symptomatic patients
- Instituted an entire team dedicated to COVID response and community support including a COVID physician to evaluate patients, interpret results, consult on care, and provide treatment to those in need.
- Launched a COVID Rx program which assesses, diagnoses, and provides therapeutic treatment to patients suffering from COVID.
- Focused outreach to minority populations to increase health equity around COVID vaccines

COVID's impact on the State, King County and our Service Area has been both real and measurable. As identified in **Table 1** and **Table 2**, at the time of this writing, there have been over 1.6 million total

cases of COVID-19 in Washington State, and nearly 500,000 in King County, resulting in more than 13,000 deaths.

Table 1 COVID-19 Indicators - Counts		
	King County	**WA State**
Total Cases	446,957	1,617,208
Total Hospitalization	12,295	63,755
Total Deaths	2,841	13,056
7 Day Case Rate per 100,000	327	233

County COVID-19 Dashboard. Data updated June 12, 2022
Source: Washington DOH COVID-19 Dashboard, Public Health Seattle-King County

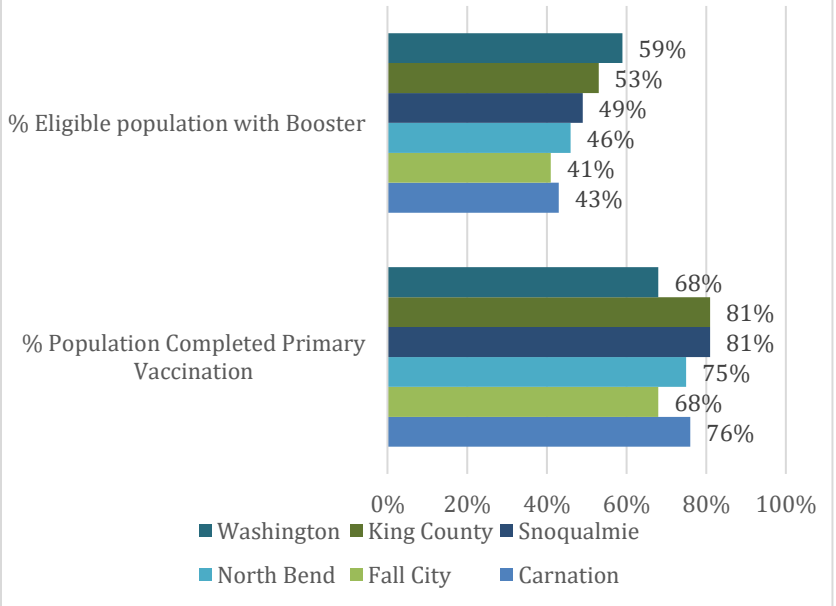
Table 2 COVID-19 Indicators Service Area Rates			
	Cases per 100,000	**Hospitalizations per 100,000**	**Deaths per 100,000**
Carnation	12,516	342	38
Fall City	12,602	231	0
North Bend	16,480	415	181
Snoqualmie	16,538	269	38
King County	19,769	543	126
Washington	21,003*	828*	170*

**Calculated using cumulative counts*

As identified in **Exhibit 3**, while Washington State and King County have had high rates of uptake for completion of the primary vaccination series (68% and 81% of eligible populations, respectively). Uptake of booster series is significantly lower, (59% and 53%), a trend also reflected in the Service Area.

Although most cases of COVID-19 resolve in a matter of weeks, the number of people suffering from "Long-COVID" is increasing. While not fully understood at this point, it is well documented that even minor and asymptomatic COVID-19 infections can exacerbate pre-existing chronic conditions and can cause debilitating physical and cognitive symptoms that can impact a person's quality of life and ability to work, for months or even years after the initial infection. The Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases estimates that over 13% of all COVID-19 patients will have long-COVID symptoms one month after resolution of initial infection, with up to 30% of patients who were hospitalized experiencing

Exhibit 3: COVID-19 Vaccination Rates



symptoms six months after initial infection. While much of the focus has been on COVID itself, we now know that the pandemic also had a profound impact on behavioral and mental health. The mental health effect of COVID in the State mirror trends seen across the United States. According to the US Centers for Disease Control and Prevention's Youth Risk Behavioral Survey Data Summary & Trends Report, "persistent feelings of sadness or hopelessness" increased by 40% from 2009 to 2019 among US high school students. Mental health professionals and organizations have been vocal about how the uncertainty, anxiety, changes in routine, and increased stress and isolation, have exacerbated mental health conditions in youth and adults alike.

In addition to the COVID mitigation strategies above, and in response to these expected long-term impacts of COVID on health, SVH developed and implemented innovative means of increasing access to physical and behavioral health care for Service Area residents. This included expanding behavioral health, primary care, urgent care, and telehealth services. Specific accomplishments included:

- Hiring two new primary care providers to address the lack of access to primary care in our community.
- Implementing telemedicine visits and services to reach patients who were unable to seek care outside of their homes.
- Substantial growth in our behavioral health program, which is now fully integrated with primary care, including increasing the program by 2.2 full-time employees.
- Hiring a pediatrician in the primary care clinic.
- Building and opening a new Urgent Care clinic with four treatment rooms.

Each of these above activities and accomplishments, while not anticipated in our 2019 CHNA, are fully expected to help SVH continue to "move the needle" on the priorities included in our 2020-2022 CHNA, which are included in **Table 3.** Also included in **Table 3** are additional targeted strategies implemented specifically to address each of these CHNA priorities.

Table 3: Snoqualmie Valley Health 2019 Priorities and Accomplishments

Priority	Activities and Progress to Date
Reduce risk factors affecting health including: ▪ **Cigarette smoking** ▪ **Obesity** ▪ **Hypertension** ▪ **High blood cholesterol** ▪ **Low fruit & vegetable consumption**	▪ Promoted local farmers markets and small farm produce opportunities to improve awareness of local fruit and vegetable opportunities ▪ Participated in the Eastside Health Network and actively engaged to reduce risk factors in community
Increase preventive care screenings and vaccinations: ▪ **Flu shot for those 65+** ▪ **Colorectal cancer screenings for those 50-70** ▪ **Mammograms every two years** ▪ **Pap tests every three years**	▪ Provided more flu vaccine than the prior three years combined ▪ Increased the number of annual wellness exams performed and included phone visits to improve exam completion rates. ▪ Increased the colonoscopy rate and invested in the screening program by hiring a dedicated nurse and improved referral coordination
Reduce the burden of chronic conditions such as: ▪ **Diabetes** ▪ **Chronic respiratory disease** ▪ **Arthritis** **Reduce rates of death from:** ▪ **Cancer** ▪ **Diabetes**	▪ Hired two RN Care Coordinators to address chronic disease management in primary care ▪ Established a transitional care program assisting patients in the transition from hospital based acute or post-acute care to the outpatient setting, connecting with and providing primary care to ensure a successful transition.

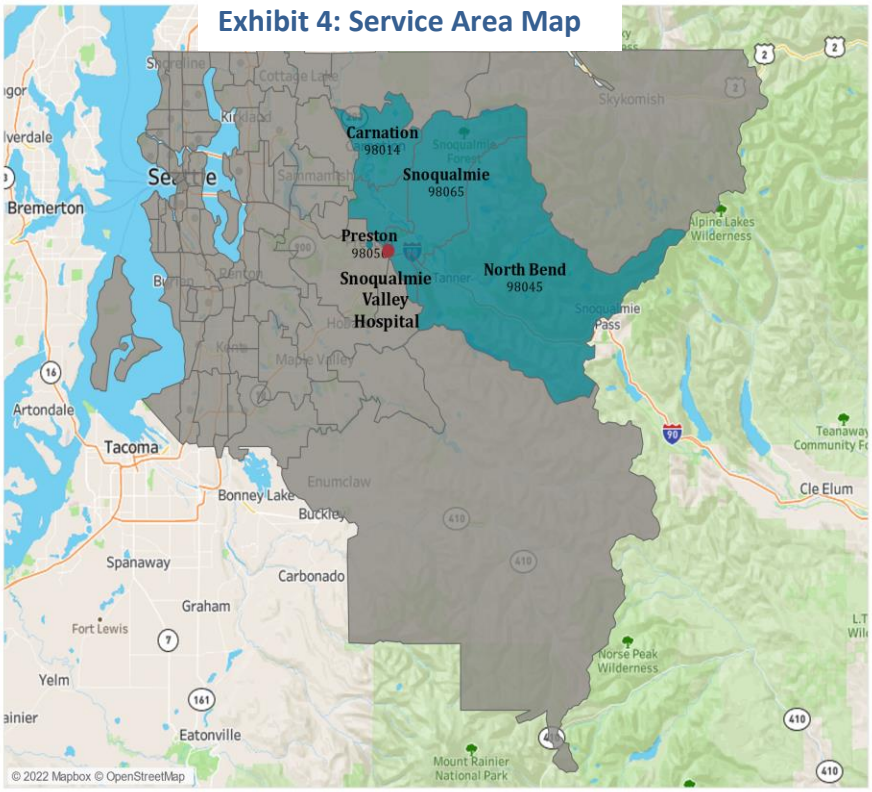
Section 4: SVH's Service Area and Community Profile

Geography

SVH' s Service Area (shown in the teal color in Exhibit 4) parallels the legal boundaries of King County Public Hospital District No 4. It includes the towns of North Bend (98045); Snoqualmie (98065); Carnation (98014); Fall City (98024); and Preston (98050

Because SVH's Service Area represents only 2% of King County's total population, we recognize that data at the County level does not accurately reflect the community.

Exhibit 4: Service Area Map



Population

Over the period of 2017-2022, the Service Area grew by 3,633 people or more than 8% as shown in **Table 4,** it now includes more than 48,000 residents.

Table 4: Service Area Population, 2017 – 2022 ***(Source: Claritas)***

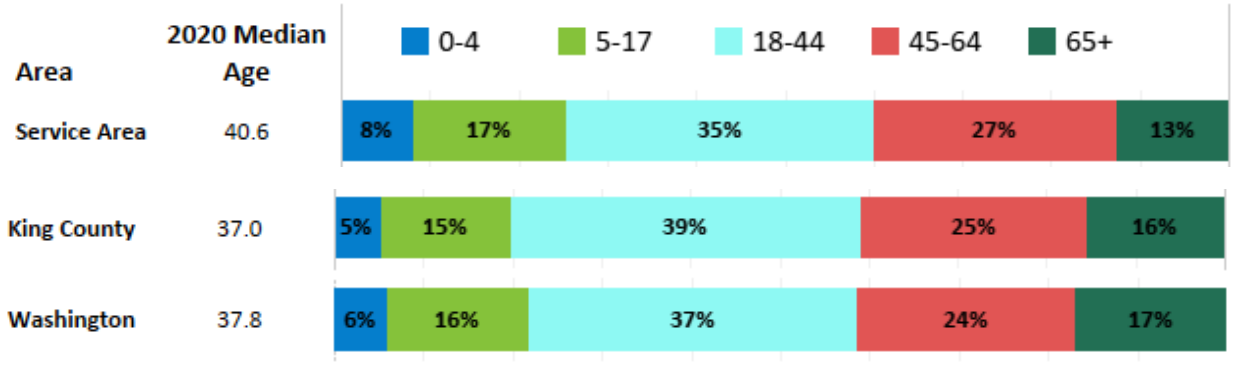
	2017	Est Population 2022	Proj Population 2027	% Change 2017-22	% Change2022 –27
Service Area	**44,658**	**48,321**	**51,892**	**8.2%**	**7.4%**
North Bend	15,174	16,303	17,413	7.4%	6.8%
Carnation	7,656	8,313	8,892	8.6%	7.0%
Snoqualmie	15,311	16,964	18,080	10.8%	8.3%
Preston[1]	N/A	367	397	N/A	8.2%
King County	**2,171,465**	**2,338,440**	**2,493,931**	**7.7%**	**6.6%**
Washington	**7,311,903**	**7,858,401**	**8,337,583**	**7.5%**	**6.1%**

[1] Beginning in the 2022 Preston has moved from a PO Box only zip code to a residential zip code.

Age Distribution

Approximately one-quarter of the overall Service Area population is under the age of 18 (25%), making the community significantly younger than King County (20% under the age of 18). Moreover, only 13% of the Service Area is age 65+ compared to 16% in the County at large and 17% Statewide.

Exhibit 5: Population Age Breakdown, 2022

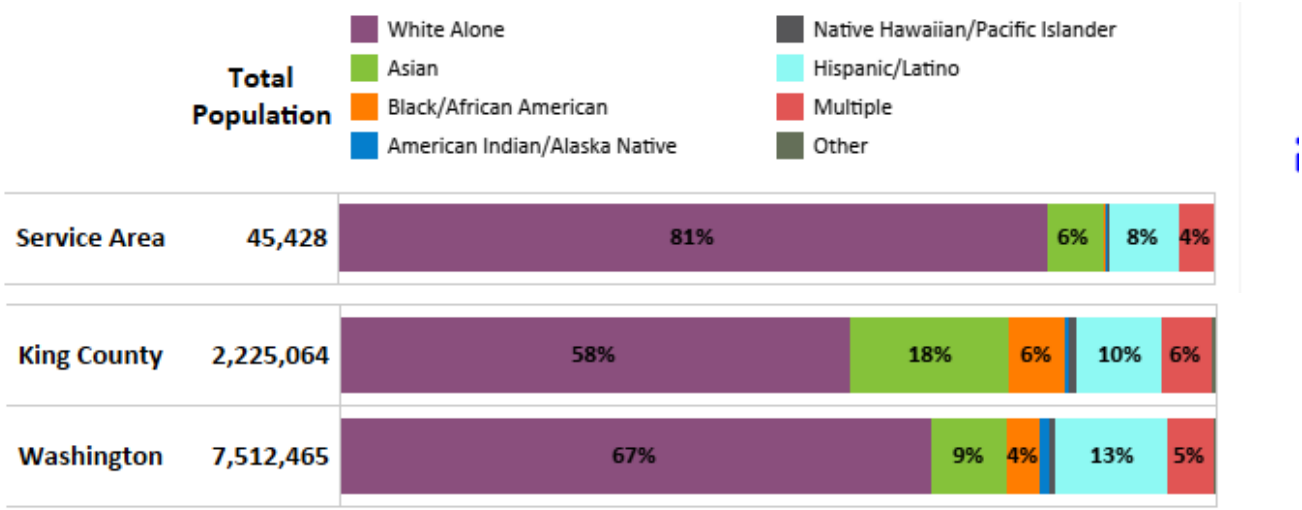


Source: Claritas (2022 Population Estimates), US Census American Community Survey 5-year estimates 2016-2020

Race/Ethnicity

Exhibit 6 presents the distribution of people among federal race categories and Hispanic ethnicity for the Service Area. The Hispanic ethnicity percentage represents those of any race, who categorize themselves as being of Hispanic/Latino ethnicity. Overall, 82% of the Service Area residents are White, 7% are Hispanic, and 5% are Asian. The makeup of the SVH Service Area is significantly less racially and ethnically diverse than King County where overall 40% of residents are persons of color.

Exhibit 6: Race and Ethnicity Breakdown, 2020



Note: Only groups with greater than 2% representation are labeled above.

Source: US Census American Community Survey 5-year Estimates, 2016 – 2020

Foreign Born Population

The foreign-born population includes naturalized US citizens, lawful permanent residents (immigrants), temporary migrants, (such as foreign students), humanitarian immigrants (such as refugees and those seeing asylum), as well as unauthorized immigrants. Anyone who was not a US citizen at birth is included in the count. **Table 5** presents information on the foreign-born population within the Service Area. Overall, approximately 9% of residents are foreign-born in the Service Area compared to nearly 23% in King County and 14% in Washington.

Table 5
Foreign-born Population, 2020

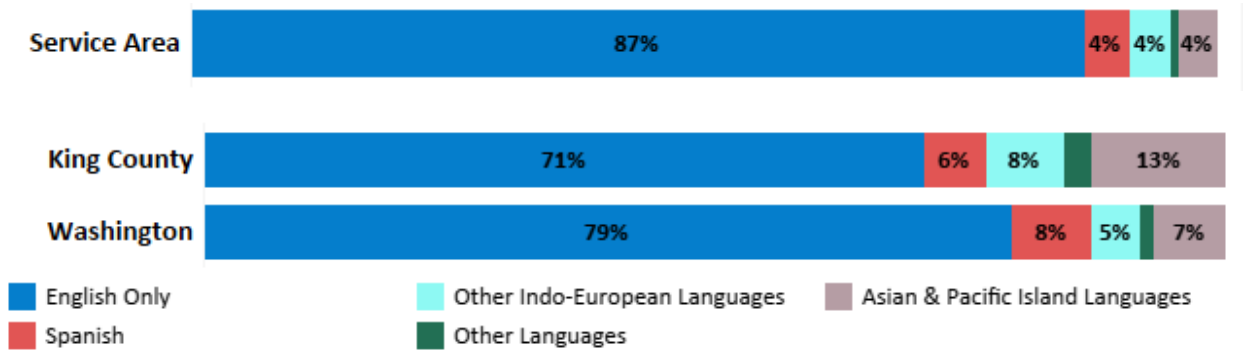
	Total Population	Foreign Born Population	
		#	% of Total
Service Area	45,428	4,039	8.9%
King County	2,225,064	507,576	22.8%
Washington	7,512,465	1,056,524	14.1%

Source: US Census American Community Survey 5-year Estimates, 2016-2020.

Language

Language adds more nuance and understanding of the racial and ethnic makeup of the area. The SVH Service Area has a higher percentage of residents speaking only English (88%) at home compared to King County (71%) or the State (80%). Data for languages spoken at home is found in **Exhibit 7**.

Exhibit 7: Language Spoken at Home, 2020



Source: US Census American Community survey 5-Year Estimates, 2016 – 2020.

Household Composition

Married couples, either with or without children comprise 70% of household types in each of the communities within the Service Area, again, a significantly higher share of families than both King County (47%) and Washington State (50%). There are approximately 872 householders over the age of 65 living alone in the Service Area. This represents about 5% of all households in the Service Area.

Source: US Census American Community Survey 5-year Estimates, 2016-2020.

Section 5: Socioeconomic Indicators

Median Household Income

Overall, median household incomes are increasing in the Service Area, County and State, and the 2020 median household income in the Service Area is significantly higher than King County and Washington. As shown in **Table 6**, between 2016 and 2020, the King County median household income increased from $78,800 to $99,158 (26%) while household incomes in the Service Area increased from $107,835 to $133,696 (24%).[2]

Table 6: Median Household Income

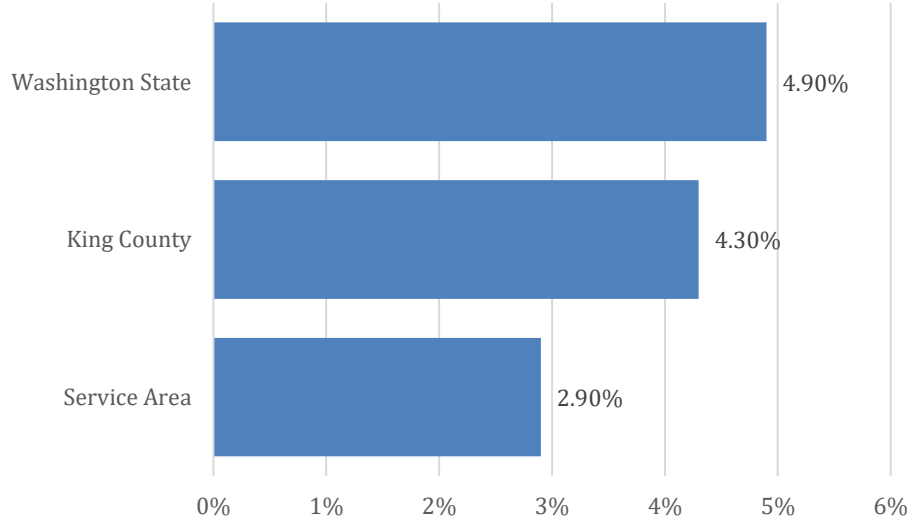
	2016		2020		% Change HH Income 2016 - 2020
	Total Households	Median HH Income	Total Households	Median HH Income	
Service Area	14,930	$107,835	16,372	$133,696	24%
King County	831,995	$78,800	900,061	$99,158	26%
Washington	2,696,606	$62,848	2,905,822	$77,006	23%

Source: US Census American Community Survey 5-year Estimates, 2016-2020.

Unemployment

Unemployment rates have recovered since the beginning of COVID, with the current King County rate at 4.3%, and Washington at 5% (compared to almost 8% in 2020).

Exhibit 8: Unemployment Rates, Civilian Population ages 16 and older



The Bureau of Labor Statistics only provides unemployment rates at the County level, so in **Exhibit 8** we have provided a comparison to the Service Area using a five-year estimate provided by the American Community Survey of unemployment experienced by the civilian workforce age 16 and older. This data demonstrates that the Service Area's unemployment rate is lower than both the County and the State.

[2] Census Median Income in the Past 12 months 2016 and 2020. Values are adjusted for inflation and presented in 2020 dollars.

Poverty

Poverty is a key measure for understanding disparities. Poverty is defined by the Federal Poverty Level (FPL). It is calculated for a family unit and varies based on the number of family members. The official definition uses household income before taxes and does not include capital gains or non-cash benefits like public assistance, Medicaid, or public housing subsidies. The FPL is updated annually for inflation using the Consumer Price Index but does not vary geographically. In 2022 the threshold ranged from $13,590 for one person to $46,630 for a family of eight (six children). The FPL for a family of four is currently $27,750.

The amount of income a household needs to pay for its basic needs such as food, housing, and transportation varies by household size and geographic location. Given the low-income level set by the FPL, many benefit programs establish eligibility above 100% **Table 7** provides data on population and the percent of the population living below the FPL and below 200% of the FPL.

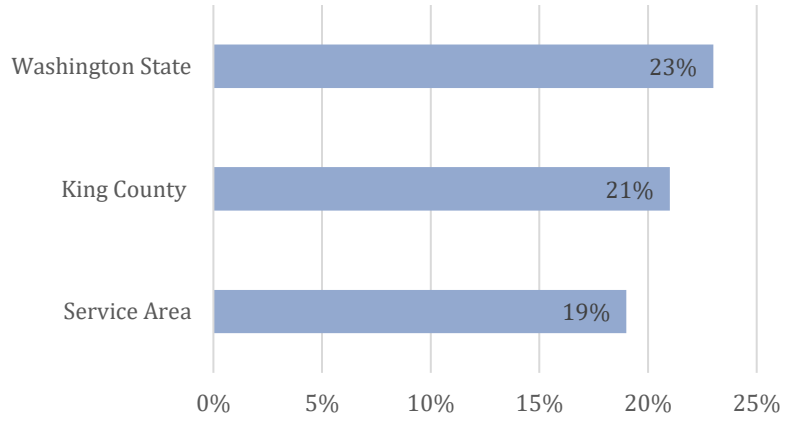
Table 7: Population Living in Poverty

	2020 Population	Below 100% FPL		Below 200% FPL	
		#	%	#	%
Service Area	45,428	1,733	4%	3,609	8%
King County	2,225,064	184,895	8%	403,224	18%
Washington	7,512,465	751,044	10%	1,780,174	24%

Source: US Census American Community Survey 5-year Estimates, 2016-2020.

Approximately 4% of Service Area residents live below the FPL, with 8% living below 200% of the FPL. This is less than half the rate of King County, overall.

Exhibit 9
% of Households Below the ALICE Threshold



However, as reflected in **Exhibit 9**, when looking at the number of households that can meet basic needs, approximately 1/5 (19%) of the households in the Service Area struggle. The United Ways of the Pacific Northwest's ALICE report provides County and zip code level estimates of ALICE households and households in poverty. ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed – households that earn more than the Federal Poverty Level (FPL), but less than the basic cost of living for the County (the ALICE Threshold). Combined the number of ALICE and poverty level households equals the total population struggling to afford basic needs.

Free and Reduced-Price Meals (FARM)

Another measure of economic disparity is the Free and Reduced-Price Meals (FARM) enrollment for school-aged children. Eligibility is determined by the US Department of Agriculture's Food and Nutrition Service, based on federal poverty levels.

In Washington, the FARM guidelines determine eligibility for free and reduced-price lunch (FRPL). Students from families earning below 130% of the federal poverty level (FPL) are eligible for free lunch, and those families earning between 130% and 185% of the FPL are eligible for reduced-price lunch. A family of four in the 2021-2022 school year would need an annual household income of less than $34,450 to qualify for free lunch, and an annual income of less than $49,025 to qualify for reduced price lunch.[3] **Table 8** shows the proportion of FARM in the school districts in the Service Area. Based on this measure the SVH Service Area is faring significantly better than King County as a whole.

Table 8: Free and Reduced-Price Lunch, Service Area School Districts 2021-2022

	Total	Free Lunch Enrollment		Reduced-Price Lunch Enrollment		Total Free or Reduced-Price Lunch Enrollment	
		#	%	#	%	#	%
Total SA	10,274	864	8%	264	3%	1,128	11%
Riverview SD	3,065	304	10%	89	3%	393	13%
Snoqualmie SD	7,209	560	8%	175	2%	735	10%
King County	278,062	81,065	29%	13,959	5%	95,024	34%

Source: OSPI, 2021-2022

Educational Attainment

Education is strongly linked with health outcomes.[4] Education is seen as both a contributing factor and solution to health disparities in communities and across generations. While overall increases in education levels in the United States have led to increased health, recent data continues to show that lower levels of education are connected to worse health outcomes in populations. Parent educational attainment, particularly of the mother, is positively linked with a child's educational experience, attainment, and achievement. Parents with higher levels of education are more likely to raise children who are prepared to enter school and are more likely to reach higher levels of educational attainment.

According to the US Census American Community survey 5-Year Estimates, 2016 – 2020, only 4% of adults aged 25 and older in the Service Area have less than a high school education, as compared to 7% for King County and 8% for Washington overall. 54% of adults in the Service Area have a bachelor's degree or higher, equivalent to King County, with 25% of adults in Snoqualmie having a graduate or professional degree.

[3] *Income eligibility guidelines for Child Nutrition Programs. https://www.govinfo.gov/content/pkg/FR-2021-03-04/pdf/2021-04452.pdf*

[4] *Zajacova A, Lawrence EM. The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. Annu Rev Public Health. 2018 Apr 15*

High School Completion

Attrition from school has many causes, including non-academic factors such as housing instability, poverty, and physical and mental illness. High school graduation rates in the Service Area are consistently higher than both King County and the State, as seen in **Table 9**. Overall, 91% of Riverview School District and 98% of Snoqualmie Valley School District students graduate on time (within 4 years).

Table 9: High School 4-Year Graduation Rates

	Total	Special Education	English Learner	Low Income	Homeless
Riverview School District	**90.9%**	91.5%	72.7%	70.8%	30.0%
Snoqualmie Valley School District	**98.3%**	>97%	98.5%	>95%	98.2%
King County	**86.0%**	88.9%	68.3%	75.7%	58.1%
Washington	**82.5%**	82.2%	68.9%	73.9%	59.2%

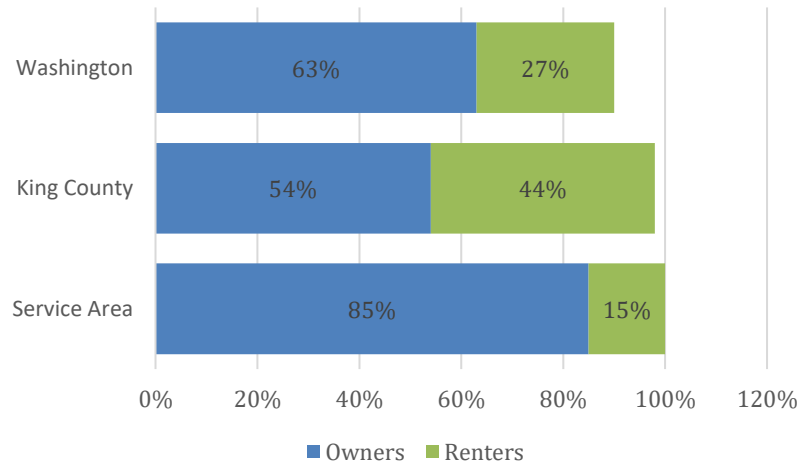
Source: OSPI School Report Card, 2020-2021

Housing

Home Ownership

Exhibit 10 shows home ownership by State, County, and Service Area. Approximately 85% of homes in the Service Area are occupied by homeowners as opposed to renters, compared to King County overall, where the proportion of owners is 54%.

Exhibit 10: Home Ownership by Community, 2020



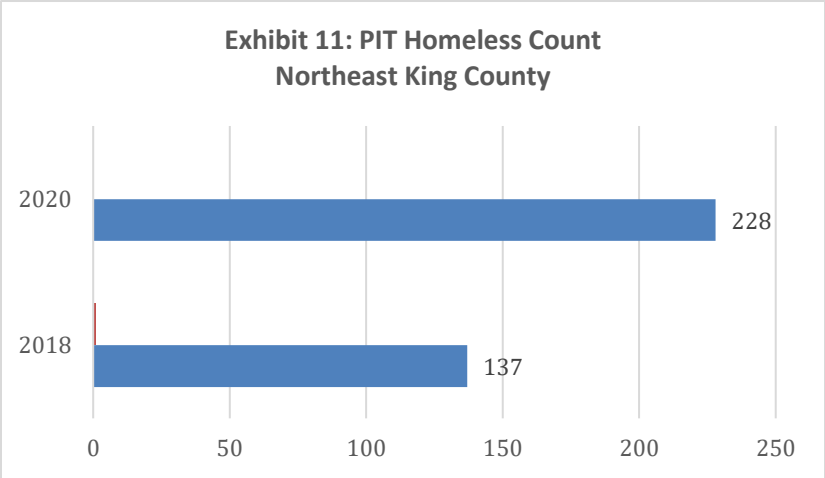
Housing Cost Burden

Households are considered to be cost-burdened if they pay more than 30% of their income toward housing costs. A smaller percentage of households in the Snoqualmie Service Area are considered cost-burdened (23%) as compared to King County (33%) and Washington (32%) overall.

Source: King County Regional Affordable Housing Dashboard

Homelessness

All Home, the Seattle/King County Continuum of Care, conducts an annual point-in-time (PIT) homeless count. The PIT offers a snapshot of the number of people experiencing homelessness in emergency shelters, transitional housing, those sleeping outside, and in other places not meant for human habitation. Even with the assistance of homeless providers and advocates, as a non-intrusive, visual count of homeless individuals that occurs on one night, the PIT likely undercounts homeless individuals.



As shown in **Exhibit 11**, in the Northeast part of the County, which is defined as Carnation, Duvall, North Bend, Skykomish, Snoqualmie, and unincorporated areas in that vicinity, the PIT count increased from 137 individuals in 2018 to 228 in 2020. While the absolute number of those that are homeless is high, adjusting for population size, rates of homelessness are significantly lower in the Service Area than in King County overall.

Section 6: Health Indicators

Health is a complicated measure made up of physical, behavioral, and socioeconomic factors. Public health institutions at the Federal, State, and local levels use a variety of metrics to try and paint a complete picture of the health of both individuals and communities.

General Health Status Indicators

Overall, the general health metrics below are similar in the communities in the Service Area and King County, with slightly higher life expectancies in the Service Area as compared to Washington State overall. **Table 10** shows metrics of general health status indicators for regions in the Service Area.

Table 10: General Health Status Indicators

	Bear Creek/Carnation/Duvall	Snoqualmie//North Bend/Skykomish	King County	WA State	Unit of Measure
Life Expectancy	82.3	81.3	81.3	80.3	In Years
Fair or Poor Health	6.4	13.5	11.6	14.9	Percent
Unhealthy Days (65+)	2.7	3.0	2.9	3.0	Percent
Disability	16.1	20.9	18.4	23.0	Percent

Source: Public Health Seattle King County, 2022.

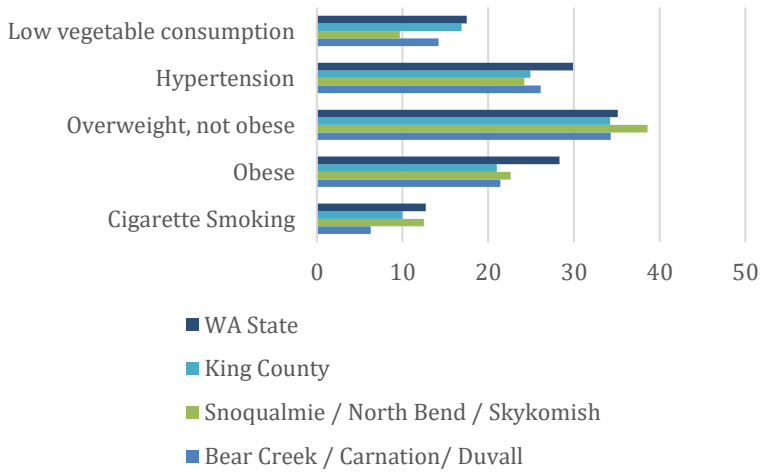
Adult Health Risk Factors

Health risk factors are behaviors or characteristics that make people more likely to develop disease. The extent to which individuals are aware of being at risk may enable them to make healthier choices about diet, exercise, and general health. Some of these factors result in chronic conditions, such as hypertension, that if addressed can often be reversed.

There are a number of adult health risk factors in which the Service Area fares worse than King County. A higher proportion of residents (12.5%) report cigarette smoking in the Snoqualmie/North Bend/Skykomish region, the most rural region of the Service Area, than in King County (10%), while only 6.3% of adults in the Bear Creek/Carnation/Duvall region report smoking.

As identified in **Exhibit 12**, the Snoqualmie/North Bend/Skykomish region has higher rates of both being overweight and obesity than King County. For hypertension, the Bear Creek/Carnation/Duvall region fares worse than the County.

Exhibit 12: Adult Risk Factor Prevalence

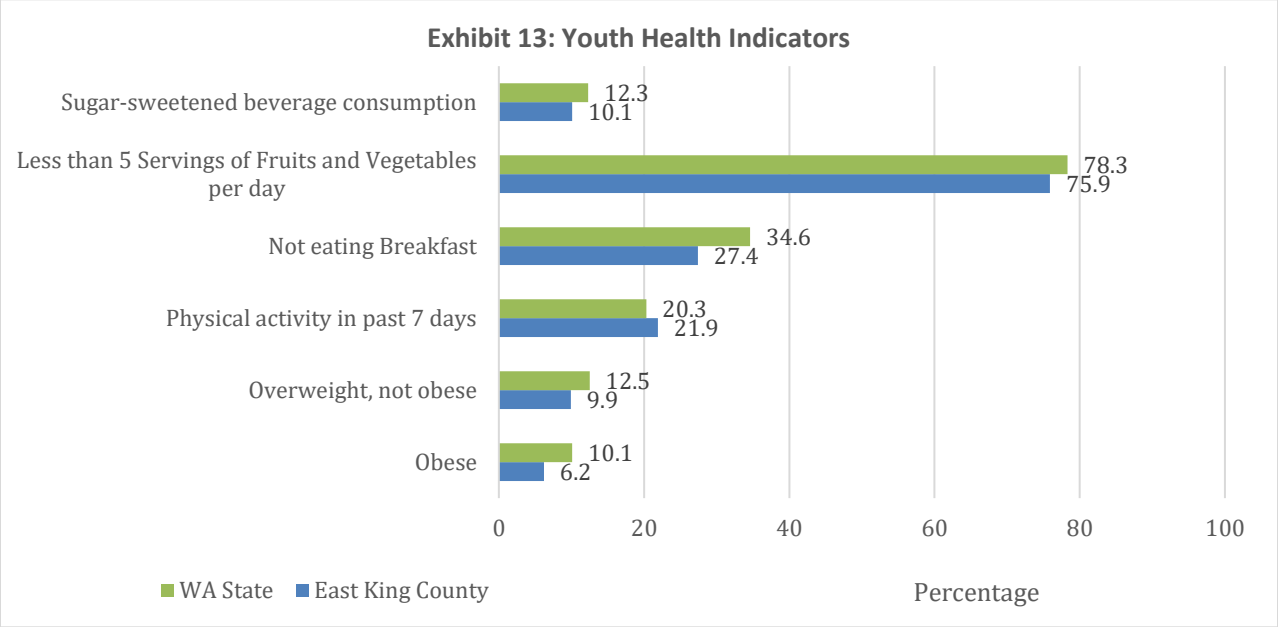


Source: 2021 City Health Profiles. Public Health Seattle King County, 2022.

Youth Health Indicators

There are a number of Healthy Youth Survey measures which are suppressed at the individual school district level due to Insufficient sample size. To allow for analysis of the data, Public Health Seattle-King County aggregates data at a higher geographic level. For SVH's Service Area, that geography is East King. As noted in the Appendix, East King County covers a large portion of eastern King County not in the Service Area; however, it still provides an overview of these metrics as compared to the County overall at the closest geographic level available.

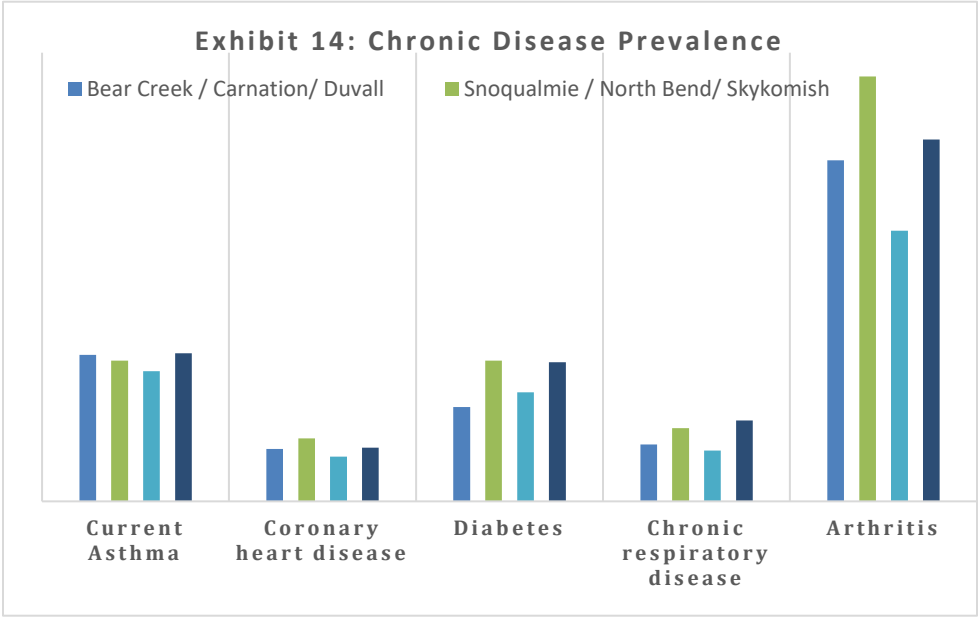
As seen in **Exhibit 13**, the East King County region reports a slightly higher percent of school children being physically active for at least 60 minutes per day over the past seven days, with 21.9% as opposed to 20.3% for the State. More school children in East King County ate five or more servings of fruits and vegetables each day than those in the County overall. Fewer schoolchildren in East King County drank sugar-sweetened beverages each day and did not have breakfast than those in the County overall.



Source: Public Health Seattle King County, 2022. Healthy Youth Survey, 2016 and 2018.

Chronic Disease

Chronic diseases are broadly defined as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.[5] Chronic diseases are the leading cause of death and disability in the United States. **Exhibit 14** shows that some of the metrics in the Service Area are marginally higher than King County (.5-2.1%) but these differences likely fall within the confidence intervals of the reported data.



Source: City Health Profiles Public Health Seattle King County, 2022.

[5] https://www.cdc.gov/chronicdisease/about/index.htm

Leading Causes of Death

Leading causes of death are used to monitor trends, recognize emerging challenges, track the effectiveness of interventions, and make decisions that improve and save lives. As can be identified in **Table 11**, similar to the County and the State, the leading causes of death in the Service Area are cancer and heart disease. All cancer and lung cancer death rates in the Snoqualmie/North Bend /Skykomish region are higher than the County and the State. The rate of heart disease in both of the Service Area regions is also higher than the County and State. Parkinson and Alzheimer's death rates in the in the Bear Creek/Carnation/Duvall area are higher than the County and the State

Table 11: Leading Causes of Death, rate per 100,000

	Bear Creek/ Carnation/ Duvall	Snoqualmie/ North Bend/ Skykomish	King County	WA State
All Cancers	154.1	164.1	140.6	143.8
Lung cancer	35.2	39.7	33.9	31.4
Colorectal cancer	11.4	15.4	12.1	12
Breast Cancer	17.6	1.8	20.1	19.2
Heart Disease	143.3	149.1	124.4	134.2
Alzheimer's Disease	50.9	44.3	45.6	43.3
Stroke	34.6	35	31.6	34.9
Unintentional injuries	30.5	28.8	34.9	44.6
Diabetes	16.7	15.1	18.7	21
Parkinson's disease	17.9	9.9	9.3	N/A

Section 7: Behavioral Health

Adult Mental Health and Substance Abuse

Mental and behavioral health issues are prevalent both in adults and in youth. Many experts feel that the stress and uncertainty of the pandemic have exacerbated these issues across the globe. Local data has followed national trends in highlighting the importance of mental and behavioral health care for the wellbeing of communities.

Binge drinking is defined as five or more drinks on one occasion for men and four or more for women. Snoqualmie/North Bend/Skykomish engaged in binge drinking significantly less often than King County overall and as a result have a lower rate of alcohol-related deaths. Although Bear Creek/Carnation/Duvall had a similar level of binge drinking to King County, alcohol-related deaths were also significantly lower than King County, as shown in **Table 12**.

Table 12: Adult Mental Health and Substance Use

	Bear Creek/Carnation /Duvall	Snoqualmie/North Bend/ Skykomish	King County	WA State	Unit of Measure
Suicide Rate	12.3	12.5	12.3	15.9	Per 100,000
Frequent Mental Distress	10.2	15.3	11.9	12.6	Percent
Current marijuana use	15.7	20.8	18.6	15.6	Percent
Binge drinking	18.1	11.9	18.2	15.2	Percent
Poisoning deaths	8.3	10.3	14.3	15.7	Rate per 100,000
Alcohol-related death rate	5.9	4.6	11.1	14.0	Rate per 100,000
Opioid-related deaths	7.2	7.5	10.3	10.6	Rate per 100,000

Source: City Health Profiles Public Health Seattle King County, 2022.

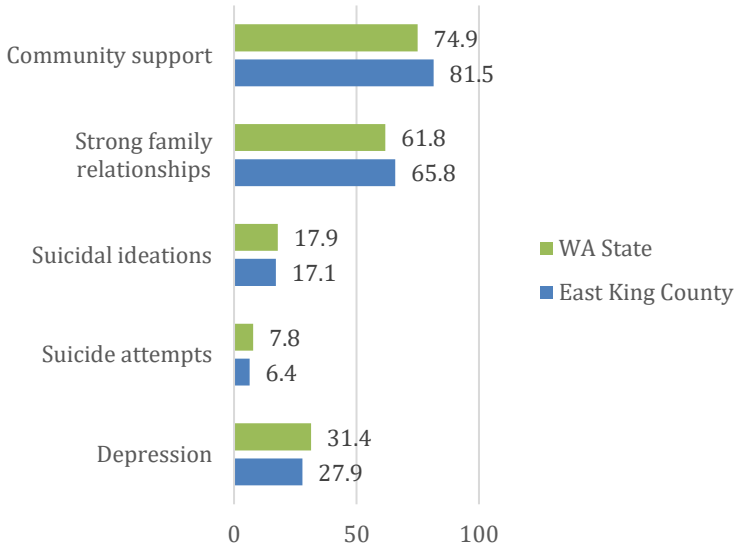
School-aged Mental Health and Substance Use

Mental health is a major concern for school children, particularly with the recent struggles due to the COVID-19 pandemic.

Exhibit 15 shows while a slightly lower percentage (6.4%) of school-aged children (8th, 10th & 12th grade) in East King County report suicide attempts than across the State (7.8%), the rate is high and of l of significant concern. Rates of reported suicidal ideation in school age children are similarly high in both East King County (17.1%) and Washington State (17.9%)

Family and community support for children is especially important in light of the high rates of mental health struggles. 65.8% of schoolchildren in East King County felt they had strong family relationships, slightly higher than the 61.8% of youth reporting the same across the State. Over 80% of East King County students report having community support.

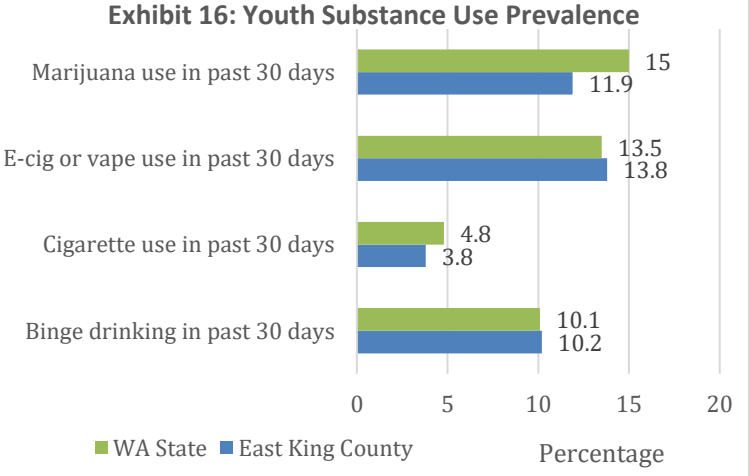
Exhibit 15: Mental Health Indicators of School-aged Youth



Source: Public Health Seattle King County, 2022. Healthy Youth Survey,

Youth Substance Use

Exhibit 16: Youth Substance Use Prevalence



Substance use among youth can lead to problems at school, cause or aggravate physical and mental health related issues, promote poor peer relationships, cause motor vehicle accidents, and place stress on the family. In all of the indicators shown in **Exhibit 16**, youth in 8th, 10th and 12th grade in East King County fare the same or better compared to King County overall. Binge drinking and e-cig/vape use are nearly identical to Countywide measures, and cigarette and marijuana use is less than Countywide rates. Fewer youth identify as obese or overweight and similar numbers are getting physical activity.

Section 8: Maternal and Child Health

According to the Centers for Disease Control, the birth rate of Kings County is 47.75 per 1,000, which is less than the rate of the State overall at 54.01 per 1,000. Due to the small population size in the Snoqualmie Valley data is aggregated in **Table 13** below showing the adolescent birth rate for East King County. The data shows that adolescent birth rates are far lower in the eastern portion of King County than for the State overall. Further, the rates are continuing to decline. The adolescent birth rate for the period of 2010 - 2012 was 2.32 and has decreased to 0.63 in the 2017 - 2019 period.

Table 13: Fertility Rates of Women of Child-bearing Age (15-44)			
	East King County	**WA State**	**Unit of Measure**
Birth Rate	47.75	54.01	Rate per 1,000
Adolescent Birth Rate (15-17)	0.63	2.33	Rate per 1,000

Source: Centers for Disease Control and Prevention, WONDER Online Database. Source: Communities County, 2021

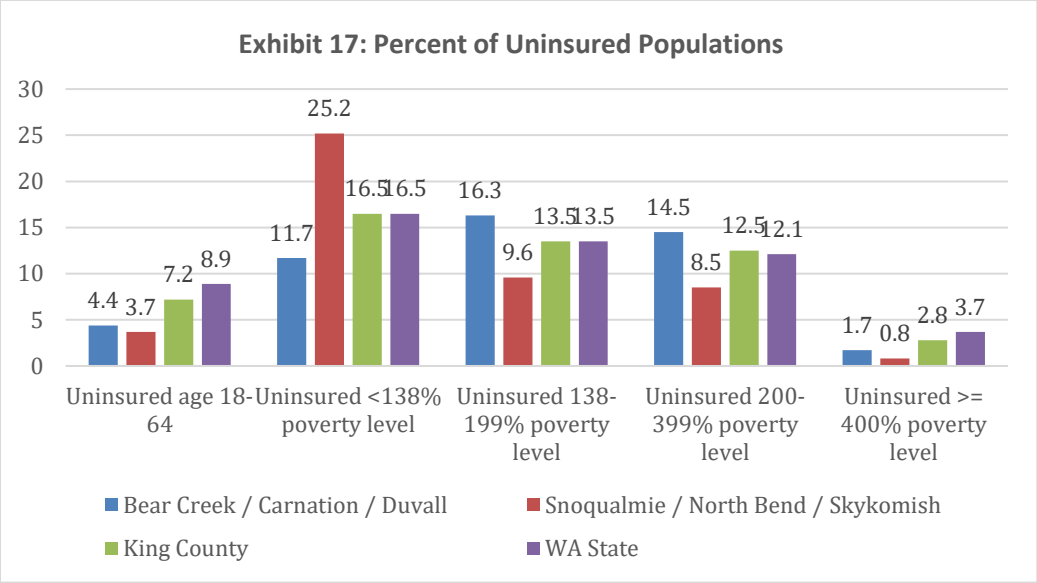
In nearly every indicator for maternal and child health shown in **Table 14**, the Service Area regions fare better than King County overall. There are lower rates of low-birth weight infants in the Snoqualmie/North Bend Skykomish region. Additionally, fewer women get late or no prenatal care and smoke during pregnancy in Bear Creek/Carnation/Duvall compared to King County overall. In the Service Area overall, there were fewer cesarean births among low-risk women compared to King County overall.

Table 14: Maternal and Child Health Outcomes					
	Bear Creek/ Carnation/ Duvall	**Snoqualmie/ North Bend/ Skykomish**	**King County**	**WA State**	**Unit of Measure**
Infant mortality	-	-	3.9	4.3	Rate/100,000
Low birthweight – all births	6.2	5.3	6.7	6.6	Percent
Low birthweight – singletons	4.9	4.4	5.3	5.2	
Very low birthweight – singletons	0.7	0.4	0.7	0.8	
Late or no prenatal care	2.9	2.0	4.8	5.6	
Smoking during pregnancy	1.9	2.3	2.8	7.3	
Breastfeeding initiation	98.0	97.6	97.0	N/A	
Cesarean births - low-risk women	26.2	27.8	34.9	N/A	

Source: City Health Profiles Public Health Seattle King County, 2022 and Public Health Seattle King County, 2022.

Section 9: Access to Health Care and Unmet Need

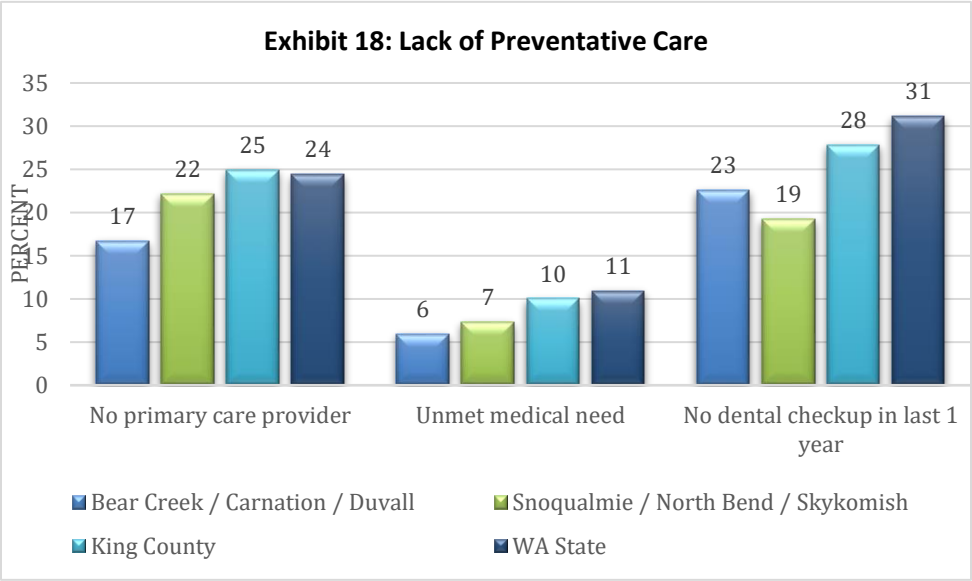
Health Insurance



Health insurance coverage is a key component of access to health care. Among the adult population, roughly 95% have health insurance across the Service Area, a higher rate than for the County or the State. However, as shown in E**xhibit 17** the lower income population is more likely to lack health insurance. More than 25% of the Snoqualmie/North Bend/Skykomish population living at less than 138% of the Federal Poverty level is uninsured; however, due to a wide confidence interval, this is not statistically higher than King County overall.

Preventative Care

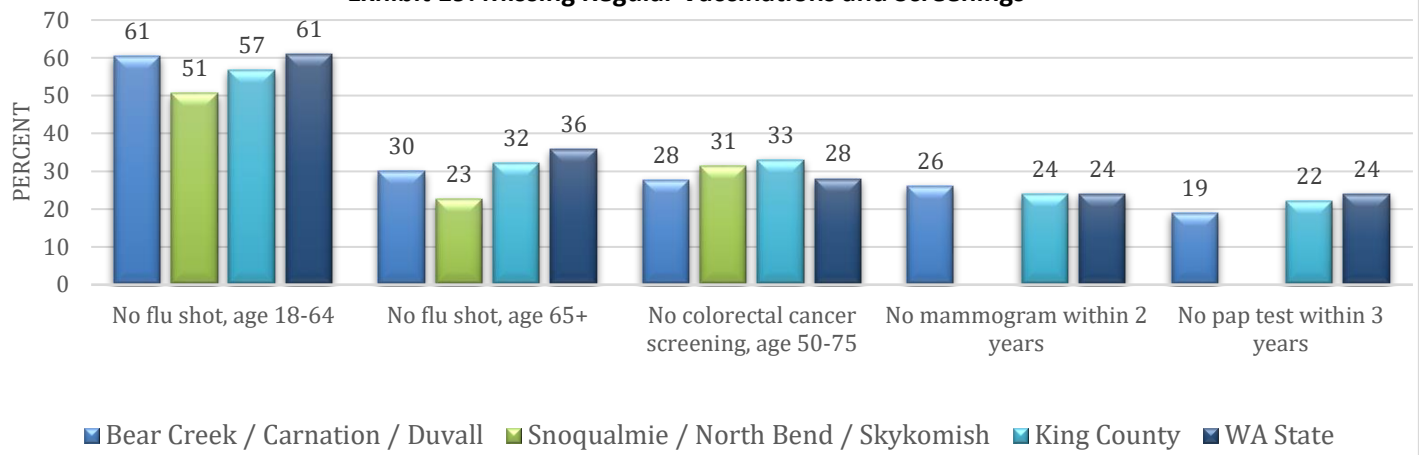
For all health metrics, preventative care is a practice which can help avoid more serious illness and injury. Generally, and as can be identified in **Exhibit 18**, the Service Area regions fare better in terms of preventative care measures compared to King County, with more residents having a primary care provider and a dental checkup in the last year, and fewer with an unmet medical need.



However, in **Exhibit 19**, a few key metrics related to regular vaccinations and screenings identify areas for improvement. For example, fewer residents of the Snoqualmie/North Bend/Skykomish region ages 18-64 report receiving flu shots

than the County, and for the age 65+ population, both regions in the Service Area have lower flu shot compliance than the County and State. The Service Area also fares slightly worse in terms of the proportion of residents receiving a few key preventative screenings for cancer.

Exhibit 19: Missing Regular Vaccinations and Screenings



Section 10: Injury and Violence Prevention

Injury is a leading cause of death, disability, and hospitalization. Many unintentional and intentional injuries are potentially preventable. For example, death from motor vehicle accidents can be reduced through education, mandating the use of seatbelts, tougher laws against drunk driving and distracted driving, and engineering[6] As identified in **Table 15**, the Service Area has lower rates of injury related deaths than the County or the State.

Table 15: Leading Causes of Injury Related Death

	Bear Creek / Carnation / Duvall	Snoqualmie / North Bend / Skykomish	King County	WA State	
Unintentional injury death	30.5	28.8	37.6	44.6	Rate per 100,000
Motor vehicle accidents	4.7	-	5.4	8.4	Rate per 100,000
Fall deaths (all ages)	12.7	10.0	11.8	12.9	Rate per 100,000
Fall deaths (age 65+)	58.4	-	74.8	81.6	Rate per 100,000
Fall injury prevalence	8.2	9.5	11.0	11.0	Percent
Firearms-related deaths	5.3	8.9	7.9	10.6	Rate per 100,000

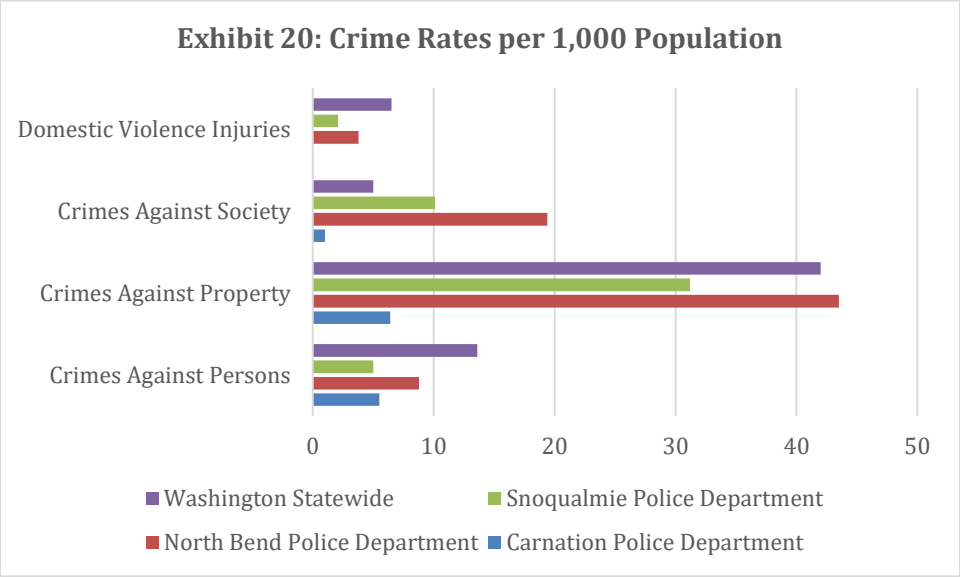
Source: City Health Profiles Public Health Seattle King County, 2022.

General Crime Statistics

Exhibit 20 presents Group 'A' crime statistics for the three jurisdictions in the Service Area as well as for Washington State.[7] These are sums from the National Incident-Based Reporting (NIBRS) and submitted by the individual agencies to the Washington Association of Sheriffs and Police Chiefs. Due to the fact these are self-reported, and because departments are still migrating to the new reporting system, these should be considered estimates and used for descriptive purposes only.

[6] PHSKC City Health Profiles: https://kingcounty.gov/depts/health/data/city-health-profiles.aspx

[7] Each NIBRS offense belongs to one of three categories: Crimes Against Persons, Crimes Against Property, and Crimes Against Society. Crimes Against Persons, e.g., murder, rape, and assault are those which victims are always individuals. The object of Crimes Against Property, e.g., robbery, bribery, and burglary, is to obtain money, property, or some other benefit. Crimes Against Society, e.g., gambling, prostitution, and drug violations, represent society's prohibition against engaging in certain types of activity; they are typically victimless crimes in which property is not the object. https://ucr.fbi.gov/nibrs/2012/resources/crimes-against-persons-property-and-society



Domestic Violence

Domestic violence in Washington occurs at a rate of 8.4 per 1,000 people, with the rate of injury from domestic violence being 6.5 per 1,000 people. Domestic violence is broadly defined by the relationship of the victim to the offender or by shared living space. Rate of domestic violence injuries within the jurisdictions serving the Service Area is less than that of Washington overall.

Section 11: Community Convening

In May of 2022, SVH sent out electronic surveys via SurveyMonkey to procure feedback from community stakeholders. There were 92 responses representing community members, healthcare workers, service providers, educators, and local officials from across the Service Area. Respondents were representative of all zip codes in the Service Area and reported age ranged from 25 to over 85 years old. Approximately 25% of respondents were affiliated with SVH. However, analysis did not identify any significant difference between affiliated and non-affiliated respondents, so answers are reported unstratified.

The first part of the survey focused on assessing respondents' insights on the SVH priorities established in the 2020-2022 CHNA including:

- Reduce risk factors affecting health including:
  - Cigarette smoking
  - Obesity
  - Hypertension
  - High blood cholesterol
  - Low fruit & vegetable consumption
- Increase preventive care screenings and vaccinations:
  - Flu shot for those 65+
  - Colorectal cancer screenings for those 50-70
  - Mammograms every two years
  - Pap tests every three years
- Reduce the burden of chronic conditions such as:
  - Diabetes
  - Chronic respiratory disease
  - Arthritis
- Reduce rates of death from:
  - Cancer
  - Diabetes

Exhibit 21
On a scale of 1 (no improvement) to 5 (much progress), please identify if you have seen or experienced any positive change in the community related to the SVH priorities.

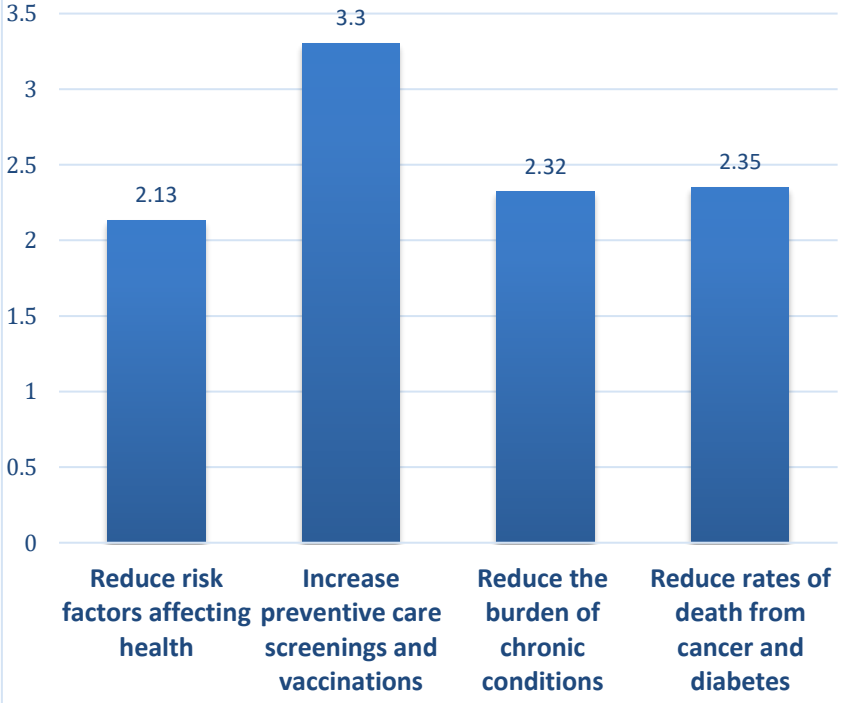


Exhibit 21 demonstrates that overall respondents agreed that at least some progress was made on all previous priorities, with the highest improvement seen in increasing preventive care screenings and vaccinations. The overwhelming majority of respondents also agreed that these focus areas should continue to be made priorities for the next 3 years.

To ensure an understanding of the community's perspective around health disparities in the Service Area, respondents were asked the open-ended question: "Are you aware of any populations in the communities served by SVH that are less healthy or are experiencing greater disparities?"

For this question, respondents were asked to write in a response rather than responding to a list. 40 participants identified specific populations experiencing disparities. As identified in **Table 16**, the largest areas of concern were the homeless, low income, and senior/elderly populations. Note that there was no limit placed on the number of populations mentioned in each response.

Table 16: Populations Experiencing Disparities

Are you aware of any populations in the communities served by SVH that are less healthy or are experiencing greater disparities?		
Population	**Percent**	**N**
Homeless	30.0%	13
Low Income	25.0%	10
Seniors/Elderly	22.5%	9
People with Mental Illness	15.0%	6
People with no access to Transportation	15.0%	6
Youth	12.5%	5
Disabled/living with chronic illness	10.0%	4
People with Substance Abuse Issues	10.0%	4
Non-indigenous Minorities	7.5%	3
LGBTQ+	5.0%	2
Indigenous	5.0%	2

To get a sense of how respondents view the health of the SVH Service Area, they were asked to rate the overall health of the community. **Exhibit 22** shows that the majority of respondents (59%) reported "Somewhat healthy" and 31% rated the community as "Healthy" or "Very Healthy."

Respondents were additionally asked to rank the three most important factors that will improve the health and quality of life in the community served by SVH. As identified in **Exhibit 23**, not surprisingly based on the data around the increase in behavioral health issues facing communities in response to COVID, 66% of respondents included better access to behavioral health services in their top three responses. Also, not surprising in terms of COVID's impact on workforce, 44% of respondents chose the ability to retain a quality healthcare workforce as a top priority. Affordable housing was a priority for 33%.

Exhibit 22
How would you rate the overall health of the community served by SVH?

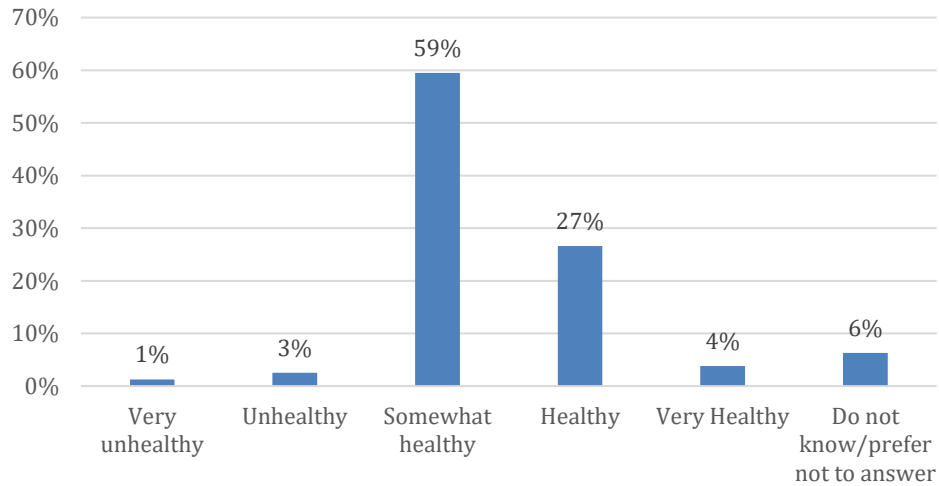
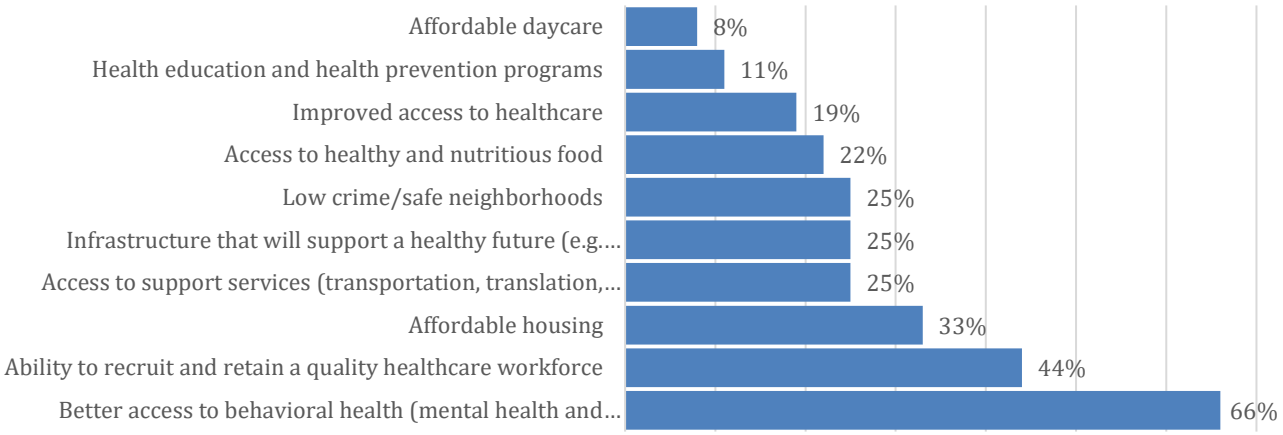


Exhibit 23: Most Important Factors to Improve Health and Quality of Life in the Service Area



When asked to rank the three greatest health problems in the community, overwhelmingly respondents selected a lack of services to support aging in place to be in there top three. As detailed in **Table 17**, 74% of respondents selected this as one of the top three problems. 38% selected Alzheimer's & Dementia, followed by 31% selecting mental health conditions. Intentional injuries (homicide, sexual assault, interpersonal violence) was selected by 29%, with unintentional injuries chosen by 27%.

Table 17: Rank the three greatest "health problems" in the community

	Percent of Respondents who chose as Top 3 Priority
Lack of services to support aging in place	74%
Alzheimer's & Dementia	38%
Mental health conditions (e.g. anxiety, depression, and suicide)	31%
Intentional injuries (homicide, sexual assault, interpersonal violence)	29%
Unintentional injuries (Motor vehicle crash injuries, falls, burns)	27%
Health inequalities (the avoidable, unfair, and systematic differences in health and health care between different groups of people).	23%
Chronic health conditions (e.g. diabetes, obesity, high blood pressure, heart disease)	21%
Alcohol use	8%
Infectious disease (e.g. Hepatitis, TB)	8%
Impact of isolation on youth and adolescents associated with COVID	6%
Opioids and other drug use	6%

Finally, participants were asked if they had any final thoughts regarding the health of their community. 24 respondents used this space to draw attention to areas of concern. There was no limit to the number of concerns per response. As identified in **Table 18**, 29% of respondents who answered the question mentioned physical access to healthcare, including transportation and lack of facilities in the region. 21% of respondents had concerns related to substance use in their community. Access to care from the perspective of having health insurance and being able to afford medical care was mentioned by 17% of respondents, as was affordable housing and cultural competency.

Table 18: Is there anything else you would like to add about the health of your community?

Topic of Concern	Percent	N
Access to Care- Physical	29%	7
Substance Use	21%	5
Access to Care- Financial/Insurance	17%	4
Affordable Housing	17%	4
Cultural Competency	17%	4
Homelessness	13%	3
Mental Health	13%	3
Quality of Care	8%	2
Senior Health	8%	2
Continuity of Care	8%	2
Environmental pollution	4%	1
Cancer	4%	1
Youth	4%	1
Chronic Conditions	4%	1
Overweight/obesity	4%	1

With a clear focus on ***access to care, behavioral health services, a quality workforce, services and supports for the elderly, and affordable housing,*** the results of the community engagement process validate and provide targeted priorities to support SVH's Strategic Planning areas of focus:

- Build essential infrastructure to support a healthy future.
- Recruit and retain the highest caliber staff.
- Develop programs and infrastructure to meet and support health care needs of the community.
- Develop a brand of the future and define the "New SVH."
- Ensure the financial resources to support our vision.

Over the next several months SVH will incorporate each of the prioritized community health needs into its strategic planning efforts.

Community Feedback

Snoqualmie Valley Health makes the Community Health Needs Assessment available to the public and welcomes feedback. The CHNA is available at the following locations and on the website listed below:

Snoqualmie Valley Health
9801 Frontier Avenue SE
Snoqualmie, WA 98065
https://snoqualmiehospital.org/

Appendix 1: Data Sources and Region Definitions

Data Sources

- **US Census Bureau American Community Survey (ACS) 5-Year Estimates**. In general, the analysis uses the 2016-2020 five-year estimates to support analysis at the city, county, and zip code levels.
- **US Department of Housing and Urban Development (HUD).** HUD releases data annually under the Comprehensive Housing Affordability Strategy Program (CHAS). Data is based on ACS 5-year estimates, and provides data on housing affordability, household income, and household composition.
- **Washington State Department of Social and Health Services (DSHS)**
- **Washington State Department of Health (DOH)**
    - **Public Health Seattle & King County (PHSKC) City Health Profiles**
- **Seattle/King County Coalition on Homelessness**
- **Washington State Office of Superintendent of Public Instruction (OSPI)**
- **Washington Healthy Youth Survey.** Healthy Youth Survey data were available at the school level for 2021 for both the Riverview and Snoqualmie Valley school districts. Due to confidentiality and the low number of responses, results were not released for the 12th grade at Mt. Si High School in the Snoqualmie Valley School District.
- **Health Resources and Services Administration (HRSA) Uniform Data System (UDS) Mapper**
- **Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System**, supported in part by the Centers for Disease Control and Prevention
- **Claritas Population Estimates**
- **United Ways of the Pacific Northwest**

Region Definitions

The following regions and proxy regions were used to most closely represent the Service Area:

- **Service Area** data using combined zip code-level data comprised of Carnation, Falls City, North Bend, Snoqualmie, and Preston
- **Snoqualmie Valley**, defined as: Snoqualmie Valley Census County Division (CCD)
- **East King County**, defined as: Bellevue, Carnation, Duvall, Issaquah, Kirkland, Medina, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, and Skykomish.
- **Northeast King County**, defined as: Council District 3: Lake Sammamish to the Wild Sky Wilderness and Skykomish
- Area regions

- **Bear Creek/ Carnation/ Duvall**
- **Snoqualmie / North Bend/Skykomish**

- School Districts:
  - **Riverview School District**
  - **Snoqualmie Valley School District**
- Crime Data:
  - **North Bend Police Department**
  - **Carnation Police Department**
  - **Snoqualmie Valley Police Department**