



Board of Commissioners Meeting – Agenda

Public Hospital District No. 4, King County

Snoqualmie Valley Hospital

Thursday, March 24, 2022 – 6:30pm

Zoom Link by request

Call In Phone Number: 253-215-8782

Meeting ID: 968 0625 8354 / Passcode: 989458

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 42.17A.700: Elected Officials Statement of Financial Affairs – (Discussion)
 - 2) Open Public Meeting Act Update and Remote Meetings – (Discussion)
 - 3) King County COVID-19 Updates
 - c. **7:00pm – CEO Report – CEO Jensen**
6. **7:20pm – COMMITTEE REPORTS – (Information/Discussion/Vote)**
 - a. **7:20pm – Finance Committee – Commissioners Speikers/Hauglie**
 - b. **7:30pm – Approval of Warrants [January/February, 2022] – (Vote)**
 - c. **7:35pm – Medical Committee – Commissioners Norris/Herron**
 - d. **7:40pm – Facilities Committee – Commissioners Carter/Norris**
7. **7:50pm – NEW BUSINESS – (Information/Discussion/Vote)**
 - a. **7:50pm – Strategic Plan Dashboard**
 - b. **8:00pm – Strategic Plan Goal Update: Revision of Clinic Satisfaction Goal – (Vote)**
8. **8:15pm – GOOD OF THE ORDER/COMMISSIONER COMMENT**
9. **8:20pm – ADJOURNMENT**

Upcoming Meetings – (Information)

- Facilities Committee Meeting – Tuesday, April 19, 2022 @11:30am
- Finance Committee Meeting – Tuesday, April 19, 2022 @1:00pm
- Medical Committee Meeting – Tuesday, April 19, 2022 @3:00pm
- Regular Work Study Session – Thursday, April 28, 2022 @4:30pm
- Regular Board of Commissioners Meeting – Thursday, April 28, 2022 @6:30pm

Renée K. Jensen, Chief Executive Officer

9801 Frontier Avenue SE, Snoqualmie, WA 98065 • Ph. (425) 831-2362 | Fax: (425) 831-3412

Owned and Operated by King County Public Hospital District No. 4

SVH is an equal opportunity provider and employer.

1. **Regular Work Study Minutes** – February 24, 2022
2. **Regular Board of Commissioner Minutes** – February 24, 2022
3. **Physician Credentialing (February 2022):**
 - Renewal to Courtesy Staff:**
 - *Dean Steele, MD – Emergency Medicine*
 - Renewal to Telemedicine:**
 - *Michael Squire, MD – Tele Radiology*
 - Renewal to Affiliate Staff:**
 - *Carlene Chung, PharmD – Pharmacy*
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, February 24, 2022 – 4:30pm
Zoom Link by request
Call In Phone Number: 253-215-8782
Meeting ID: 937 8380 5782 / Passcode: 559969

COMMISSIONERS PRESENT:

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

ALSO PRESENT:

Renée Jensen, CEO
Charles (Skip) Houser, General Counsel
Patrick Ritter, CFO
Dr. Rachel Thompson, CMO
Karyn Denton, COO
Dr. Tammy Moore, VP Strategic Growth

CALL TO ORDER/ROLL CALL: This meeting was called to order by President Hauglie at 4:33 pm, followed by roll call.

DEI TRAINING SESSION REVIEW: CEO Jensen gave an overview of this training webinar and discussed how we are encouraging all SVH staff to participate in the live webinar or to watch the recordings when they are available. DEI is an item on our Strategic plan. Organization-wide education, training and awareness is a giant first step to this initiative.

COMPLIANCE UPDATE/NO SURPRISES ACT: CFO Ritter shared and discussed the 2022 Compliance Dashboard for the first quarter. No Surprise Act – CFO Ritter discussed the CMS Fact Sheet that was part of the packet.

SENATE BILL REPORT E2SHB 1868: CEO Jensen presented this bill, and a discussion followed regarding its direct effect on SVH. If passed as written, it would greatly reduce access in our ED, impact our ability to accept trauma patients, and potentially reduce ED volume by 40%. Revenue losses from this would not be sustainable.

MARKET RATE ADJUSTMENTS: Staff will receive notice next week of a retention increase, or a retention and market increase to ensure all staff are at competitive market rates.

ADJOURNMENT: Meeting adjourned at 5:37pm.

APPROVAL:

David Speikers, Secretary

Jamie Palermo, Recording Clerk



Board of Commissioners Meeting – Minutes

Public Hospital District No. 4, King County

Snoqualmie Valley Hospital

Thursday, February 24, 2022 – 6:30pm

Zoom Link by request

Call In Phone Number: 253-215-8782

Meeting ID: 972 0302 1540 / Passcode: 235803

COMMISSIONERS PRESENT:

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

ALSO PRESENT:

Renée Jensen, CEO
Patrick Ritter, CFO
Karyn Denton, COO/CNO
Dr. Rachel Thompson, CMO
Dr. Tammy Moore, VP Strategic Growth
Charles (Skip) Houser, General Counsel

PUBLIC GUESTS PRESENT:

Ashley Van Oeveren

REGULAR BOARD OF COMMISSIONERS MEETING CALL TO ORDER/ROLL CALL: President Hauglie called the meeting to order at 6:31pm, followed by roll call. This meeting was held via Zoom, pursuant to Proclamation 20-28 issued by Washington State Governor Inslee. The information to attend the meeting was posted prior to the meeting.

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

BUSINESS FROM THE AUDIENCE: No public comments

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

COMMUNICATIONS:

- a. **Kevin Hauglie, President** – Thank you to Dr. Moore for attending the community meeting with Kiwanis club; really excited for more opportunity to discuss SVH at these meetings in the future.
- b. **Skip Houser, General Legal Counsel**
 - i. **RCW 42.23.070 – Prohibited Acts:** Reviewed and discussed
 - ii. **King County COVID-19 Updates:** Reported and discussed
- c. **CEO Report – CEO Jensen:** Shared and discussed

Renée K. Jensen, Chief Executive Officer

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Meeting ID: 972 0302 1540 / Passcode: 235803

COMMITTEE REPORTS:

- a. **Finance Committee – Commissioners Speikers/Hauglie:** Minutes from the February 15, 2022 meeting were provided as part of the board packet and reported on by Commissioner Speikers. Both Commissioners Speikers and Hauglie attended this meeting via Zoom.
- b. **Approval of Warrants (December, 2021):** A motion was made and seconded to approve total disbursements that includes payroll warrants, hospital and clinical payroll auto deposits, hospital and clinic payroll tax, hospital and clinic retirement and matching plans, as well as accounts payable warrants in the total amount of \$4,392,902.35. **M/Hauglie S/Norris – Motion carried by unanimous vote.**
- c. **Medical Committee – Commissioners Norris/Herron:** Minutes from the February 15, 2022 meeting were provided as part of the board packet and reported on by Commissioner Herron. Both Commissioners Norris and Herron attended this meeting via Zoom.
- d. **Facilities Committee – Commissioners Carter/Norris:** Minutes from the February 15, 2022 meeting were provided as part of the board packet and reported on by Commissioner Carter. Both Commissioners Carter and Norris attended this meeting via Zoom.

NEW BUSINESS:

- a. **RESOLUTION #682-0222 - Surplus Property Approval:** A motion was made and seconded to approve Resolution #682-0222. **M/Carter S/Norris – Motion carried by unanimous vote.**

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

ADJOURNMENT: This meeting adjourned at 8:00pm

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 42.17A.700**Elected officials, executive state officers, candidates, and appointees—Statement of financial affairs.**

(1) After January 1st and before April 15th of each year, every elected official and every executive state officer who served for any portion of the preceding year shall electronically file with the commission a statement of financial affairs for the preceding calendar year or for that portion of the year served. Any official or officer in office for any period of time in a calendar year, but not in office as of January 1st of the following year, may electronically file either within sixty days of leaving office or during the January 1st through April 15th reporting period of that following year. Such filing must include information for the portion of the current calendar year for which the official or officer was in office.

(2) Within two weeks of becoming a candidate, every candidate shall file with the commission a statement of financial affairs for the preceding twelve months.

(3) Within two weeks of appointment, every person appointed to a vacancy in an elective office or executive state officer position during the months of January through November shall file with the commission a statement of financial affairs for the preceding twelve months, except as provided in subsection (4) of this section. For appointments made in December, the appointee must file the statement of financial affairs between January 1st and January 15th of the immediate following year for the preceding twelve-month period ending on December 31st.

(4) A statement of a candidate or appointee filed during the period from January 1st to April 15th shall cover the period from January 1st of the preceding calendar year to the time of candidacy or appointment if the filing of the statement would relieve the individual of a prior obligation to file a statement covering the entire preceding calendar year.

(5) No individual may be required to file more than once in any calendar year.

(6) Each statement of financial affairs filed under this section shall be sworn as to its truth and accuracy.

(7) Every elected official and every executive state officer shall file with their statement of financial affairs a statement certifying that they have read and are familiar with RCW 42.17A.555 or 42.52.180, whichever is applicable.

(8) For the purposes of this section, the term "executive state officer" includes those listed in RCW 42.17A.705.

(9) This section does not apply to incumbents or candidates for a federal office or the office of precinct committee officer.

[2019 c 428 § 35; 2010 c 204 § 901; 1995 c 397 § 8; 1993 c 2 § 31 (Initiative Measure No. 134, approved November 3, 1992); 1989 c 158 § 1; 1987 c 295 § 19. Prior: 1984 c 125 § 14; 1984 c 34 § 1; 1983 c 161 § 27; 1982 c 10 § 9; prior: 1981 c 311 § 20; 1981 c 67 § 15; 1979 ex.s. c 265 § 3; 1979 c 151 § 73; prior: 1975-'76 2nd ex.s. c 112 § 7; 1975-'76 2nd ex.s. c 104 § 1 (Ref. Bill No. 36); 1975 1st ex.s. c 294 § 13; 1973 c 1 § 24 (Initiative Measure No. 276, approved November 7, 1972). Formerly RCW 42.17.240.]

NOTES:

Effective date—2019 c 428 §§ 35 and 36: "Sections 35 and 36 of this act take effect January 1, 2020." [2019 c 428 § 43.]

Finding—Intent—2019 c 428: See note following RCW 42.17A.160.

Effective dates—1983 c 161: See RCW 43.180.904.

Severability—1982 c 10: See note following RCW 6.13.080.

RCW 42.17A.555**Use of public office or agency facilities in campaigns—Prohibition—Exceptions.**

No elective official nor any employee of his or her office nor any person appointed to or employed by any public office or agency may use or authorize the use of any of the facilities of a public office or agency, directly or indirectly, for the purpose of assisting a campaign for election of any person to any office or for the promotion of or opposition to any ballot proposition. Facilities of a public office or agency include, but are not limited to, use of stationery, postage, machines, and equipment, use of employees of the office or agency during working hours, vehicles, office space, publications of the office or agency, and clientele lists of persons served by the office or agency. However, this does not apply to the following activities:

(1) Action taken at an open public meeting by members of an elected legislative body or by an elected board, council, or commission of a special purpose district including, but not limited to, fire districts, public hospital districts, library districts, park districts, port districts, public utility districts, school districts, sewer districts, and water districts, to express a collective decision, or to actually vote upon a motion, proposal, resolution, order, or ordinance, or to support or oppose a ballot proposition so long as (a) any required notice of the meeting includes the title and number of the ballot proposition, and (b) members of the legislative body, members of the board, council, or commission of the special purpose district, or members of the public are afforded an approximately equal opportunity for the expression of an opposing view;

(2) A statement by an elected official in support of or in opposition to any ballot proposition at an open press conference or in response to a specific inquiry;

(3) Activities which are part of the normal and regular conduct of the office or agency.

(4) This section does not apply to any person who is a state officer or state employee as defined in RCW 42.52.010.

[2010 c 204 § 701; 2006 c 215 § 2; 1979 ex.s. c 265 § 2; 1975-'76 2nd ex.s. c 112 § 6; 1973 c 1 § 13 (Initiative Measure No. 276, approved November 7, 1972). Formerly RCW 42.17.130.]

NOTES:

Finding—Intent—2006 c 215: "(1) The legislature finds that the public benefits from an open and inclusive discussion of proposed ballot measures by local elected leaders, and that for twenty-five years these discussions have included the opportunity for elected boards, councils, and commissions of special purpose districts to vote in open public meetings in order to express their support of, or opposition to, ballot propositions affecting their jurisdictions.

(2) The legislature intends to affirm and clarify the state's long-standing policy of promoting informed public discussion and understanding of ballot propositions by allowing elected boards, councils, and commissions of special purpose districts to adopt resolutions supporting or opposing ballot propositions." [2006 c 215 § 1.]

Disposition of violations before January 1, 1995: "Any violations occurring prior to January 1, 1995, of any of the following laws shall be disposed of as if chapter 154, Laws of 1994 were not enacted and such laws continued in full force and effect: *RCW 42.17.130, chapter 42.18 RCW, chapter 42.21 RCW, and chapter 42.22 RCW." [1994 c 154 § 226.]

***Reviser's note:** RCW 42.17.130 was recodified as RCW 42.17A.555 pursuant to 2010 c 204 § 1102, effective January 1, 2012.

HOUSE BILL REPORT

ESHB 1329

As Passed Legislature

Title: An act relating to public meeting accessibility and participation.

Brief Description: Concerning public meeting accessibility and participation.

Sponsors: House Committee on Local Government (originally sponsored by Representatives Wicks, Pollet, Taylor, Ryu, Wylie, Shewmake, Bateman, Lovick, Fey, Morgan, Lekanoff, Harris-Talley and Peterson).

Brief History:

Committee Activity:

Local Government: 1/26/21, 2/15/21 [DPS].

Floor Activity:

Passed House: 2/26/21, 89-6.

Passed House: 1/12/22, 79-16.

Senate Amended.

Passed Senate: 3/3/22, 47-0.

House Concurred.

Passed House: 3/7/22, 87-11.

Passed Legislature.

Brief Summary of Engrossed Substitute Bill

- Requires governing bodies to provide an opportunity for public comment at or before every regular meeting at which final action is taken, except in emergency situations, and allows this requirement to be satisfied by accepting oral testimony, or by providing an opportunity for written testimony to be submitted prior to the meeting.
- Requires governing bodies, upon the request of an individual who will find physical attendance at a meeting difficult, to provide an opportunity for remote oral comment for that individual if doing so feasible and if oral public comment from other members of the public will be accepted

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

at the meeting.

- Allows a public agency to hold meetings of its governing body remotely, or with limited in-person attendance, after a declared emergency and requires that the public be allowed to listen in, in real time, to such meetings.
- Requires all public agencies, except for certain special purpose districts, cities, and towns to post agendas online for every regular meeting and for special meetings that are held remotely or with limited in-person attendance during an emergency.

HOUSE COMMITTEE ON LOCAL GOVERNMENT

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 4 members: Representatives Pollet, Chair; Duerr, Vice Chair; Berg and Senn.

Minority Report: Without recommendation. Signed by 3 members: Representatives Goehner, Ranking Minority Member; Griffey, Assistant Ranking Minority Member; Robertson.

Staff: Kellen Wright (786-7134).

Background:

The meetings of the governing body of a public agency must, with limited exceptions, be open to the public. Public agencies include all state boards, agencies, commissions, and education institutions created by statute, as well as all counties, cities, school districts, and special purpose districts. A meeting is a gathering of the governing body where the transaction of the official business of the public agency occurs. The transaction of official business includes, but is not limited to, the receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations, and final actions.

The governing body may enter into executive session for deliberations, and exclude the members of the public from the executive session, under certain circumstances. The purpose for excluding the public must be announced at the meeting.

Meetings of the governing body require a physical location for the public to attend.

Governing bodies are prohibited from adopting any ordinance, resolution, rule, regulation, order, or directive outside of a meeting that is open to the public and for which the required notice has been provided. Any action taken at a meeting that violates these requirements is void.

Governing bodies are required to establish a regular meeting time through an ordinance, resolution, bylaw, or other rule, and a schedule of these meetings must be published in the state register. For agencies that have a website or employ 10 or more full-time equivalent employees, agendas of regular meetings must be posted online at least 24 hours in advance of the meeting.

Special meetings outside of the ones regularly scheduled may be held if certain notice requirements are met, including the posting of notice on an agency's website and the prominent display of notice outside of its principal location at least 24 hours prior to the meeting. If the meeting will be held somewhere other than the agency's principal location, then notice must also be posted at that location at least 24 hours prior to the meeting. An agency is not required to post notice of the special meeting on its website if it does not have a website, has fewer than 10 full-time equivalent employees, or does not employ anyone whose job description or contract includes maintaining or updating the website.

When a meeting is adjourned, notice of the adjournment must be conspicuously posted near the door of the place where the meeting was held.

Minutes must be taken at all regular and special meetings, and the minutes must be available for public inspection.

A governing body is not required to take public testimony during a meeting.

During an emergency, the normal notice and meeting location requirements may be suspended under certain circumstances. When an expedited response from a governing body is required to meet an emergency, such as a fire, flood, or earthquake, the governing body may meet at a location other than a regular meeting site, and without first providing notice.

Summary of Engrossed Substitute Bill:

Public agencies are encouraged to provide for increased public access and participation in governing body meetings through real-time telephone, Internet, or other readily available means of remote access to the meeting that does not require an additional cost for accessing the meeting. Public agencies are also encouraged to make an audio or video recording of, or to provide a streaming option for, all regular governing body meetings, and to make the recordings of such meetings available online for at least six months.

When the public is excluded from a meeting because a governing body is holding an executive session, the purpose for excluding the public that is announced at the meeting must be entered into the minutes of the meeting.

Except in an emergency situation, the governing body of a public agency must provide an

opportunity for public comment at or before every regular meeting at which final action is taken. Public comment can be taken orally at the meeting, or by providing an opportunity for submitting written comment prior to the meeting. The governing body may set a reasonable deadline for the submission of this written comment before the meeting. Written comment must be distributed to the members of the governing body.

The requirement to accept public comment does not limit the authority of the governing body to deal with interruptions, to put limitations on the time or nature of public comments, or to accept public comment that prevents the orderly conduct of a meeting.

When an individual requests the opportunity to provide oral comment at a meeting remotely because of disability, limited mobility, or another reason that makes physical attendance at a meeting difficult, the governing body shall, when feasible, provide the opportunity if other members of the public will be allowed to provide oral comment at the meeting.

If a public agency determines, after the declaration of an emergency by a local or state government or agency, or by the federal government, that a meeting of the governing body with public in-person attendance cannot be held with reasonable safety, then the governing body may limit public attendance at the meeting or may hold the meeting remotely.

If the meeting is held either with limited public attendance or remotely, the public agency must provide an option for the public to listen to the meeting. This may be through the telephone, on a local cable television station, over the Internet, or through some other means. Whatever option is chosen, it cannot require any additional cost, outside of the basic cost of the service itself, to access to the meeting. If the public agency has not provided such an option, then no action may be taken at the meeting, though an executive session may be held. Notice provided for a remote meeting or a meeting with limited public attendance must include instructions for how the public may attend remotely.

A governing body that held some of its meeting remotely prior to March 1, 2020, may continue to do so as long as an option for the public to listen to the meeting is provided.

When there is a need for expedited action by a public agency to respond to an emergency, the agency may meet at a meeting site other than the regular meeting site, or may meet remotely or with limited public attendance, and the normal notice requirements are suspended during the emergency.

A governing body may impose generally applicable conditions on meeting attendance that it determines to be reasonably necessary to protect public health or safety, or to protect against interruption of the meeting. A governing body may also impose such conditions on a remote meeting or a meeting with limited in-person attendance.

A public agency may share a website with, or have its website hosted by, another public agency. Most public agencies must post regular meeting agendas online at least 24 hours

prior to the scheduled meeting. The only agencies not subject to this requirement are special purpose districts, cities, and towns with less than \$400 million of taxable property and fewer than 3,000 people in the district, city, or town that provide confirmation to the State Auditor that posting notice online would cost more than 0.1 percent of the district, city, or town's budget.

Unless a public agency does not have or share a website, notice of a special meeting must be posted on the agency's website if the meeting will be held remotely or with limited in-person attendance due to a declared emergency. Notice of other special meetings must also be posted online, unless the public agency does not have or share a website, has no full-time equivalent employees, or has no personnel whose duty it is to maintain or update the website.

Notice of a special meeting does not need to be physically posted at the agency's principal location if the meeting will be held remotely or with limited in-person attendance due to a declared emergency if notice of the meeting is instead posted on the agency's website. Physical notice does not need to be posted when the posting cannot be done with reasonable safety under the circumstances. A notice of adjournment does not need to be physically posted when a remote meeting is adjourned.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) During the months of the COVID-19 pandemic, people have been working to ensure that transparency is not a victim of the pandemic. Generally, the efforts of local agencies have been good. Hopefully this can broaden citizen participation and civic engagement in democracy. People with disabilities, and those who have caregiving responsibilities, have a difficult time traveling to meetings. The disability community has learned that making requirements voluntary means that they do not happen. The changes in this bill are meaningful. With this bill, we can guarantee public comment as a right and increase inclusivity of all voices and accountability. Local government officials have supported this bill. Allowing in-person meetings to be eliminated is problematic, as in-person meetings are important. Both in person and virtual options should be offered.

(Opposed) None.

(Other) Recordings are important as they allow a full record of proceedings to be maintained. These recordings should be maintained according to the Public Records Act

retention schedules. Having different requirements under this bill and under the Public Records Act could create confusion. This bill has both positive and negative aspects, and should be making things better, not more confusing. There is worry that the language about impracticability will lead to litigation. Adding remote testimony requirements are beneficial for the disability community and anyone who is travelling from a distance, but the remote option should not replace the in-person option. There is a benefit for elected officials to see their constituents face to face at meetings.

Persons Testifying: (In support) Representative Wicks, prime sponsor; Joe Kunzler; Juli Bunting, Washington Coalition for Open Government; Anna Zivarts, Disability Rights Washington; and Logan Camporeale.

(Other) Mellani McAleenan, Washington State Association of Counties; Rowland Thompson, Allied Daily Newspapers of Washington; and Jennifer Heine-Withee.

Persons Signed In To Testify But Not Testifying: Candice Bock, Association of Washington Cities.

“Big results require big ambitions”
– 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 @ 33%

- **EPIC Implementation** – Efforts are moving forward well and as expected. Training will occur the first part of September and most training will take place at Overlake to accommodate larger classes and economy of scale. The patient portal is being built and will have the SVH brand/logo.
- **IT infrastructure** – The IT team is targeting a go live for MS 365, our new SharePoint and MS teams. These much anticipated tools will improve teamwork, communication, project planning, and improve connectivity for remote workers.
- **Team building** – In an effort to build highly effective teams, team building is an essential part of the work to be done on the strategic plan. To support this work the Executive team participated in a Personalysis assessment. “The Personalysis Profile reveals the dynamic nature of personality and shines a light on your pattern of personality diversity. It reveals your distinctive individual pattern of strengths, needs, tendencies and gifts that make you “you.” Using a combination of colors and dimensions, Personalysis provides a quick and easy way to see how you are uniquely wired to thrive.” As the executive team works through the dynamics of how this assessment can be leveraged, we will be having a follow up coaching session and learn more intricately how we can thrive as a team. Our goal will be to use this assessment for additional leaders over time building a common team work framework that is familiar to everyone. For more information you can view the website at: <https://personalysis.wiredtothrive.com/assessment/>
- **Strategic Plan Training** – CEO Jensen is hosting a three part training series for leaders interested in knowing more about the strategic planning process, the guiding principles that our plan was built upon, and the why behind each of the initiatives that are on our plan. There are about 8 students in the first series. The classes are 1.5 hours long and provide intense training in organizational strategy as it relates to SVH.
- **Telehealth** – with COVID vaccines winding down and protocols lessening, Dr. Jason Rubin will be focusing some of his available time to expanding our telehealth services. He has done some of this work with the COVID testing; looking to expand access and utilization over the coming months.
- **Medical Staff Bylaw update** – CMO Thompson has been working with Skip Houser to draft a new working document for the medical staff bylaws. The current bylaws are outdated and need to reflect the incorporation of providers beyond MD’s, represent current practices, and reflect a small hospital employed provider model of care. Once a rough draft is agreed upon between Mr. Houser and CMO Thompson, the broader medical staff will be engaged to offer suggestions and refinements. This will be an ongoing and tedious process targeted to be completed by the end of the year.

Health System of Choice

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

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

Needs modification – Adoption of new survey will require data normalization to reestablish goal.

Proposal for board consideration: Maintain a composite clinic score of overall patient satisfaction of 4.7.

- **The Ridge Urgent Care** – Volumes continue to exceed original projections with a steady trend upward averaging one additional visit per day month over month. We are officially live with x-ray and have begun taking our first patient images. We now have all policies and procedures in place to allow us to safely see potential COVID patients. Patients that are symptomatic can be seen by a provider, assessed, rapid tested and referred for additional treatment or care if needed. Dr. Jason Rubin has been appointed as the Medical Director for the Urgent Care team. He will be ensuring oversight of the PA’s, establishing protocols & policies and implementing concierge and telehealth services for patients. The permanent signage is being installed this week!! Look for the professional, highly visible new signs. Ribbon cutting with the city and chamber still TBD.
- **WSHA Public Policy Committee** – [WSHA Inside Olympia final budget summary](#) The current legislative session has wrapped up and was action packed until the very last day. There are several new bills in which we will need to be responsive to as hospitals, including changes with Charity care policies. The legislature also passed the ability for municipalities such as hospital districts, to continue to use Zoom and other virtual platforms for public meetings. [Engrossed Substitute House Bill 1329](#)
- **Patient satisfaction survey feedback** – We have implemented the new patient satisfaction survey platform. In conjunction with this, Sherry Jennings is engaged in outreach if patients are requesting and actively helping to assist in implementing changes based on direct feedback. We are also posting the feedback on our huddle boards for all staff to view comments from our patients. This is a very transparent approach to these surveys and a big shift from previous practice.
- **Internal signage/wayfinding** – Throughout the public areas of the hospital, we have updated signage to be more visible, more distinct, standardized and easier for patients to navigate.
- **NW Rural Health Conference** – CEO Jensen will be presenting at the upcoming meeting in March with a small panel of colleagues hosted by the DOH office of rural healthcare. The topic will focus on thriving in difficult times and shared lessons of turnaround stories.
- **Community and Outreach Meetings (Sherry Jennings)** –
 - Met with SnoPD Chief Perry Phipps to strengthen SnoValley safety net.
 - Chief Phipps asked to appoint Sherry Jennings as a Community Representative on the Independent Investigation Team as part of the King County I-FIT
 - Sherry Jennings was appointed to the City of Snoqualmie Economic Development Commission (first meeting 3/23)
 - Attended the King County Joint Information Center PIO training.
 - Attending King County OEM WebEOC training (3/23). Snoqualmie Fire uses WebEOC, so this training will help with PIO redundancy in the OEC during an event. Working with Chief Correia and KingCo on access to the platform and integration/training in Snoqualmie’s EOC.
 - Attended SnoValley Chamber of Commerce Luncheon
 - Attending the Eastside and Snoqualmie Valley Economic Forecast lunch (3/22)
 - Partnering with Crystal Whitehead, COVID Coordinator, to assess COVID vaccination needs at Panorama Apartments (600 people, 100 families)

- Participated in Healthy Communities Coalition meetings, presented SVH to the Coalition on March 10.
- Participated in Parent Education Alignment meetings. Shared Parent Ed and various community events with SVH staff through the Weekly.
- Attended Fall City Association Meeting/Presented hospital report
- Attended SVGA Meeting
- Toured SVH with Councilwoman Sarah Perry, CEO Jensen and staff
- Participate in weekly WSHA Communications meetings led by Beth Zborowski
- Participate in weekly SKCPHD COVID meetings
- Working with SnoValley Chamber to set up Snoqualmie Ridge Urgent Care Ribbon Cutting in May.
- Supporting National Doctor's Day (Providers Day) 3/29 during Med Staff meeting.
- Committed SVH Team to North Bend Beautification Day 4/22. More info to come!

SVH in the Media

- SV Record Story on Urgent Care (2/16)
 - <https://www.valleyrecord.com/news/snoqualmie-valley-hospital-opens-urgent-care-on-ridge/>
- SV Record Story on COVID Mask Mandate being lifted (3/9)
 - <https://www.valleyrecord.com/news/valley-hospital-business-and-school-leaders-react-to-covid-mandates-lifting/>

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.

On target – Open positions reduced from 60 in January to 44 in February.

- **Evaluations** – We had a very successful evaluation period with over a 90% completion rate. This is part of the strategy of providing ongoing feedback to staff as well as creating a culture of accountability for managers.
- **Diversity, Equity & Inclusion** – We continue to participate as an organization with the WSHA DEI training/workshops. Following each live session the link to the recording is shared with all staff. We have had requests from staff to host the recorded sessions in a conference room so we are exploring how we might do this in a staff friendly manner.
- **Market Rate Adjustments & Retention Stipend** – We are pleased to announce that we have completed and implemented a house wide market adjustment for staff. All non-contracted employees were evaluated for experience, education and position responsibilities compared to the Milliman market data. Adjustments for market as well as internal equities were made. In addition, the budgeted retention stipends for 2022 were implemented as a 2.5% salary increase instead of a one-time incentive. Assessment other organizations success rate with one time retention bonus demonstrated that one time bonuses were not effective in retaining staff. With retention being more important than ever it was important to implement a retention program that staff would appreciate and one that would effectively compete in this challenging market.
- **Staff Educational Opportunities** - We continue to look for opportunities for our staff to learn and grow as part of our investment in their future at SVH. We have been the fortunate recipients of several

grants that have allowed us to fully or partially sponsor education for our team. CFO Ritter was able to attend a negotiation class, Ronya Berndt participated in a project management class and Sherry Jennings will be attending the Women's leadership class hosted by WSHA. These are examples of the initiative from our strategic plan which identifies investing in our top performers.

Community Health Needs

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

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

On target – Total visits YTD are at 3138.

- **COVID Vaccines & Testing** – Demand for vaccines had dropped significantly. We are utilizing staff in the testing area and for support in needed documentation activities for the COVID testing. We are developing a transition plan for our temporary staff. Some will return to their home departments and fill vacancies, some will be hired into open positions and some will move on to new opportunities. We will continue to provide support for vaccines as long as our partners at Public Health and DOH are in need of our assistance.
- **Patient Satisfaction** – We have successfully transitioned to our new patient satisfaction survey tool. We are gathering data now and will be ready to share with the board in the coming months once we have enough data to be statistically significant. With this transition the scale has also changed so we will need to work with the board to reestablish the strategic plan goal related to clinic likelihood to recommend.
- **Mammography** – We are exploring options to provide mammography at SVH. Either by mobile unit or third party support. This will allow us time to develop the program, support women's health and create a capitol plan for permeant implementation on campus.
- **ECHO Cardiology** - The new echo equipment is now fully operational in the new/original Echo room located next to the Imaging Dept. The Echo Tech was able to connect to the machine and upload images this week. Staff have been fully trained and were able to complete an exam on a test pt today. This is an important step towards our strategic plan initiative of increasing cardiology volumes.
- **DEXA** - DEXA now has its own room and exams may be scheduled without concern of the echo schedule. The old echo equipment will be removed from the DEXA room soon. We will then work to transform the DEXA room a more inviting space for the pts we serve.

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 28,522. January was a tough month with some outlying circumstances. February showed improvement for a short month and March is looking strong.

- **See finance summary prepared by CFO Ritter for more details on financial performance.**
- **Sound Medical Laboratories (SML)** – The final transition date for the SML partnership is early April however, we are challenged with a couple of interfaces for clients that will not be ready to transition in time so we are working through logistics of how we can provide an extension for outstanding clients.

- **Endoscopy** – Endoscopy services have been busy since reopening. COO Denton is working hard to reset this team and get our new Endo RN lead integrated into the system.
- **COVID Work** – It is likely that we will receive an extension on both our testing and vaccination FEMA contracts through the end of June. We will have an update for the board at the meeting this month.
- **Radiology** – Our CT and MRI units are at end of life. We are exploring options for equipment replacement and evaluating financial options. It will be important to finalize plans for this essential equipment as soon as possible as the lead time to completion will have a long runway.

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

- **Virtual DEI Workshops** – all workshops from 12:00-1:00pm [Click here for more details](#)
 - **Recording:** [WSHA DEI Workshop Session One 2.10.22](#)
 - **Recording:** [WSHA DEI Workshop Session Two 2.24.22](#)
 - **Recording:** [WSHA DEI Workshop Session Three 3.10.22](#)
- **March 24: Equitable Partnership Building**
- **April 7: Diversity Pipeline Development**
- **WSHA Leadership Summit** (Boards & CEOs) [Click here for more details](#)
 - **May 15-17, Walla Walla WA**

Respectfully Submitted, Renée K. Jensen



COMMITTEE MEMBERS:

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

STATE OF WA ACCOUNTABILITY AUDIT EXIT CONFERENCE: Becky and Loraine from Auditor's office shared the Accountability Audit Report followed by a short discussion.

JANUARY AND FEBRUARY 2022 REVENUES: January Operating revenues were 2% (\$73,000) below budget. Due to lower volume on the Acute/Swing bed units. Average of 22.3 patients per day vs. budget of 23/day.

January Operating Expenses were 5% (\$169,000) over budget. The majority was due to salary expenses (\$130,000). The salary expense was greater due to back pay of contract in hospital admin, and Clinic Salary Expenses. Purchased services were higher by 17% (\$54,000). This was due to snow removal and janitorial services.

Operating Revenues more Operating expenses giving an Operating income of \$19,000
Operating Income was not enough to cover non-operating Expenses. January's Net Loss was **\$144,000**

February Operating revenues were down 4% (\$160,000) due to lower volume on Acute/Swing bed units (19 patients/day).

February Operating Expenses were 6% below budgeted expenses. Savings of \$231,000.

Operating Expenses were more than Operating income giving an Operating Loss of **(\$20,000)**
The Operating loss was better than budget by \$72,000

We received our FEMA reimbursement in February so Other Income was positive by \$350,000.
February's Net Income is **\$173,000**

2022 ANNUAL INCOME: Net Income year to date is **\$28,522**. This is \$190,000 better than budget YTD.

BALANCE SHEET HIGHLIGHTS:

- 1. Overall Assets Increased from January to February ~\$3,800,000**
 - a. Tax Receivable Recorded for 2022
- 2. Liabilities Increased**
 - a. Deferred Tax Revenue

CASH FLOW STATEMENT HIGHLIGHTS:

- 1. Operating Activities Decrease January to February ~\$1,200,000**
 - a. Tax Receivable
 - b. Inventory Expenses for UC/LAB
- 2. Investing Activities Decrease**
 - a. Equipment Purchases
 - b. UC Construction in Progress
 - c. EPIC Construction

AR DAYS GOAL 55:

- 1. 53.5 Days January**
 - a. AR increased by one day in January
- 2. 52 Days February**
 - a. AR decreased 1.5 days in February

BOND COVENANTS:

- 1. Debt Coverage is 2 requirement is 1.20**
- 2. Reserve Requirement is at \$3,675,188 as required.**
- 3. Day's cash above the reserve is 167. The bond requirement is 60.**

EPIC UPDATE:

- 1. Discovery and Design Process Complete February**
- 2. March 21, 2022 Overlake begins "Build Sprint"**
- 3. On Budget and On time for September 19th Go Live**



Reneé K. Jensen, Chief Executive Officer

9801 Frontier Avenue SE
Snoqualmie, WA 98065
Phone (425)831-2362

March 15, 2022

Office of the Washington State Auditor
40 Lake Bellevue Drive, Suite 123
Bellevue, WA 98005

To the Office of the Washington State Auditor:

We are providing this letter in connection with your audit of King County Public Hospital District No. 4 for the period from January 1, 2020 through December 31, 2020. Representations are in relation to matters existing during or subsequent to the audit period up to the date of this letter.

Certain representations in this letter are described as being limited to matters that are significant or material. Information is considered significant or material if it is probable that it would change or influence the judgment of a reasonable person.

We confirm, to the best of our knowledge and belief, having made appropriate inquiries to be able to provide our representations, the following representations made to you during your audit. If we subsequently discover information that would change our representations related to this period, we will notify you in a timely manner.

General Representations:

1. We have provided you with unrestricted access to people you wished to speak with and made available requested and relevant information of which we are aware, including:
 - a. Financial records and related data.
 - b. Minutes of the meetings of the governing body or summaries of actions of recent meetings for which minutes have not yet been prepared.
 - c. Other internal or external audits, examinations, investigations or studies that might concern the objectives of the audit and the corrective action taken to address significant findings and recommendations.
 - d. Communications from regulatory agencies, government representatives or others concerning possible material noncompliance, deficiencies in internal control or other matters that might concern the objectives of the audit.
 - e. Related party relationships and transactions.
 - f. Results of our internal assessment of business risks and risks related to financial reporting, compliance and fraud.

2. We acknowledge our responsibility for compliance with requirements related to confidentiality of certain information, and have notified you whenever records or data containing information subject to any confidentiality requirements were made available.
3. We acknowledge our responsibility for compliance with applicable laws, regulations, contracts and grant agreements.
4. We have identified and disclosed all laws, regulations, contracts and grant agreements that could have a direct and material effect on the determination of financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds.
5. We have complied with all material aspects of laws, regulations, contracts and grant agreements.
6. We acknowledge our responsibility for establishing and maintaining effective internal controls over compliance with applicable laws and regulations and safeguarding of public resources, including controls to prevent and detect fraud.
7. We have established adequate procedures and controls to provide reasonable assurance of safeguarding public resources and compliance with applicable laws and regulations.
8. We have no knowledge of any loss of public funds or assets or other illegal activity, or any allegations of fraud or suspected fraud involving management or employees.
9. In accordance with RCW 43.09.200, all transactions have been properly recorded in the financial records.

Additional Hospital Representations:

10. Adequate consideration has been given to, and appropriate provision made for, estimated adjustments to revenue, such as for denied claims and changes to diagnosis-related group (DRG) assignments.
11. Recorded valuation allowances are necessary, appropriate, and properly supported.
12. All peer review organizations, fiscal intermediary, and third-party payor reports and information have been made available.
13. All required Medicare, Medicaid, and similar reports have been properly filed.
14. Management is responsible for the accuracy and propriety of all cost reports filed.
15. All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations and are patient-related and properly allocated to applicable payors.

16. The reimbursement methodologies and principles employed are in accordance with applicable rules and regulations.
17. Adequate consideration has been given to, and appropriate provision made for, audit adjustments by intermediaries, third-party payors, or other regulatory agencies.
18. All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.
19. Recorded third-party settlements include differences between filed (and to be filed) cost reports and calculated settlements, which are necessary based on historical experience or new or ambiguous regulations that may be subject to differing interpretations. While management believes the entity is entitled to all amounts claimed on the cost reports, management also believes the amounts of these differences are appropriate.
20. There are no violations or possible violations of laws or regulations, such as those related to the Medicare and Medicaid antifraud and abuse statutes, including but not limited to the Medicare and Medicaid Anti-Kickback Statute, Limitations on Certain Physician Referrals (the Stark law), and the False Claims Act, in any jurisdiction, whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency other than those disclosed or accrued in the financial statements.
21. Billings to third-party payors comply in all material respects with applicable coding guidelines (for example, ICD-10-CM and CPT-4) and laws and regulations (including those dealing with Medicare and Medicaid antifraud and abuse), and billings reflect only charges for goods and services that were medically necessary; properly approved by regulatory bodies (for example, the Food and Drug Administration), if required; and properly rendered.
22. There have been no communications (oral or written) from regulatory agencies, governmental representatives, employees, or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction (including those related to the Medicare and Medicaid antifraud and abuse statutes), deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the financial statements.


Renée Jensen – Chief Executive Officer


Patrick Ritter – Chief Financial Officer

PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

FINANCE COMMITTEE (JANUARY & FEBRUARY 2022)

MARCH 15, 2022

Financial Statements

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

CURRENT MONTH					YEAR TO DATE			
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
\$ 3,777,064	\$ 3,828,611	\$ (51,547)	-1%	NET PATIENT SERVICE REVENUE	\$ 3,777,064	\$ 3,828,611	\$ (51,547)	-1%
78,132	99,405	(21,273)	-21%	TAXATION FOR OPERATIONS	78,132	99,405	(21,273)	-21%
37,517	37,054	463	1%	OTHER	37,517	37,054	463	1%
3,892,712	3,965,070	(72,358)	-2%	TOTAL OPERATING REVENUE	3,892,712	3,965,070	(72,358)	-2%
				OPERATING EXPENSES				
1,807,867	1,678,433	(129,434)	-8%	SALARIES	1,807,867	1,678,433	(129,434)	-8%
405,957	367,014	(38,943)	-11%	EMPLOYEE BENEFITS	405,957	367,014	(38,943)	-11%
347,712	450,963	103,251	23%	PROFESSIONAL FEES	347,712	450,963	103,251	23%
388,027	325,239	(62,788)	-19%	SUPPLIES	388,027	325,239	(62,788)	-19%
22,111	39,907	17,796	45%	REPAIRS AND MAINTENANCE	22,111	39,907	17,796	45%
56,166	50,062	(6,104)	-12%	UTILITIES	56,166	50,062	(6,104)	-12%
418,965	359,470	(59,495)	-17%	PURCHASED SERVICES	418,965	359,470	(59,495)	-17%
12,160	15,218	3,058	20%	INSURANCE	12,160	15,218	3,058	20%
47,051	49,048	1,997	4%	LEASE AND RENTALS	47,051	49,048	1,997	4%
321,165	311,202	(9,963)	-3%	DEPRECIATION	321,165	311,202	(9,963)	-3%
52,471	64,484	12,013	19%	OTHER	52,471	64,484	12,013	19%
3,879,653	3,711,040	(168,613)	-5%	TOTAL OPERATING EXPENSES	3,879,653	3,711,040	(168,613)	-5%
13,060	254,030	(240,970)	-95%	OPERATING INCOME	13,060	254,030	(240,970)	-95%
5,459	7,077	(1,618)	-23%	INVESTMENT INCOME, NET OF AMOUNT CAPITALIZED	5,459	7,077	(1,618)	-23%
262,356	261,794	562	0%	TAXATION FOR BOND PRINCIPAL & INTEREST	262,356	261,794	562	0%
(416,399)	(417,272)	873	0%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZED	(416,399)	(417,272)	873	0%
(9,096)	(9,096)	(0)	0%	BOND ISSUANCE AND FINANCING COSTS	(9,096)	(9,096)	(0)	0%
-	-	-		NON OPERATING REV - PROVIDER RELIEF FUNDS	-	-	-	
371	8,300	(7,929)	-96%	OTHER NET	371	8,300	(7,929)	-96%
(157,309)	(149,197)	(8,112)	-5%	NON OPERATING, NET	(157,309)	(149,197)	(8,112)	-5%
(144,249)	104,833	(249,082)	-238%	CHANGE IN NET POSITION	(144,249)	104,833	(249,082)	-238%
\$ (144,249)	\$ 104,833	\$ (249,082)	-238%	NET POSITION	\$ (144,249)	\$ 104,833	\$ (249,082)	-238%

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

CURRENT MONTH				YEAR TO DATE				
ACTUAL	BUDGET	VARIANCE	% VARIANCE		ACTUAL	BUDGET	VARIANCE	% VARIANCE
\$ 3,336,087	\$ 3,469,917	\$ (133,830)	-4%	NET PATIENT SERVICE REVENUE	\$ 7,113,151	\$ 7,298,528	\$ (185,377)	-3%
80,831	89,787	(8,956)	-10%	TAXATION FOR OPERATIONS	158,963	189,192	(30,229)	-16%
19,496	36,089	(16,593)	-46%	OTHER	57,013	73,143	(16,130)	-22%
3,436,414	3,595,793	(159,379)	-4%	TOTAL OPERATING REVENUE	7,329,127	7,560,863	(231,736)	-3%
				OPERATING EXPENSES				
1,494,243	1,660,099	165,856	10%	SALARIES	3,302,110	3,338,532	36,422	1%
393,401	366,010	(27,391)	-7%	EMPLOYEE BENEFITS	799,358	733,024	(66,334)	-9%
447,317	449,760	2,443	1%	PROFESSIONAL FEES	795,029	900,723	105,694	12%
273,176	325,239	52,063	16%	SUPPLIES	661,203	650,478	(10,725)	-2%
39,623	39,907	284	1%	REPAIRS AND MAINTENANCE	61,735	79,814	18,079	23%
60,831	50,062	(10,769)	-22%	UTILITIES	116,997	100,124	(16,873)	-17%
338,285	359,470	21,185	6%	PURCHASED SERVICES	757,250	718,940	(38,310)	-5%
13,492	15,218	1,726	11%	INSURANCE	25,652	30,436	4,784	16%
33,021	49,048	16,027	33%	LEASES AND RENTALS	80,072	98,096	18,024	18%
319,784	311,202	(8,582)	-3%	DEPRECIATION	640,949	622,404	(18,545)	-3%
43,182	62,130	18,948	30%	OTHER	95,653	126,614	30,961	24%
3,456,355	3,688,145	231,790	6%	TOTAL OPERATING EXPENSES	7,336,007	7,399,185	63,178	1%
(19,940)	(92,352)	72,412	-78%	OPERATING INCOME	(6,881)	161,678	(168,559)	-104%
4,889	6,392	(1,503)	-24%	INVESTMENT INCOME, NET OF AMOUNT CAPITALIZ	10,347	13,469	(3,122)	-23%
263,213	236,459	26,754	11%	TAXATION FOR BOND PRINCIPAL & INTEREST	525,569	498,253	27,316	5%
(416,251)	(415,999)	(252)	0%	INTEREST EXPENSE, NET OF AMOUNT CAPITALIZED	(832,650)	(833,271)	621	0%
(9,096)	(9,096)	(0)	0%	BOND ISSUANCE AND FINANCING COSTS	(18,193)	(18,192)	(1)	0%
-	-	-		NON OPERATING REV - PROVIDER RELIEF FUNDS	-	-	-	
349,958	7,497	342,461	4568%	OTHER NET	350,330	15,797	334,533	2118%
192,712	(174,747)	367,459	210%	NON OPERATING, NET	35,403	(323,944)	359,347	111%
172,771	(267,099)	439,870	-165%	CHANGE IN NET POSITION	28,522	(162,266)	190,788	-118%
\$ 172,771	\$ (267,099)	\$ 439,870	-165%	NET POSITION	\$ 28,522	\$ (162,266)	\$ 190,788	-118%

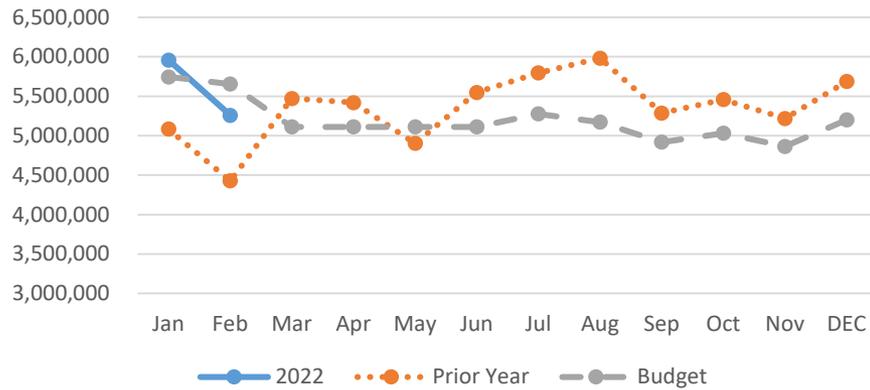
SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	DECEMBER 2021	JANUARY 2022	FEBRUARY 2022
ASSETS			
CURRENT ASSETS			
UNRESTRICTED CASH	12,916,156	12,508,060	12,632,611
BOARD RESTRICTED FUNDS	102,277	102,277	102,277
CMS ADVANCE PAYMENT	7,384,854	6,900,541	6,489,281
MANDATED RESERVE FUNDS	9,894,328	9,906,503	9,928,551
TOTAL CASH	30,297,614	29,417,380	29,152,720
ACCOUNTS RECEIVABLE	8,625,448	9,248,978	9,017,469
LESS A/R ALLOWANCES	2,368,363	2,713,060	2,677,835
COST REPORTS RECEIVABLE	-	-	-
EMR MEANINGFUL USE			
TOTAL NET RECEIVABLE	6,257,085	6,535,918	6,339,635
TAXES RECEIVABLE	101,694	91,356	4,290,257
INVENTORY	97,611	54,065	178,752
PREPAID EXPENSES	36,744	43,284	68,832
INTANGIBLE ASSETS	3,062,004	3,052,908	3,043,811
OTHER RECEIVABLES	15,592	19,399	13,520
TOTAL CURRENT ASSETS	39,868,344	39,214,311	43,087,527
FIXED ASSETS			
LAND AND IMPROVEMENTS	26,604,969	26,604,969	26,604,969
BUILDINGS	32,989,618	33,044,365	33,260,553
EQUIPMENT	9,132,041	9,191,826	9,201,725
INFORMATION SYSTEMS	4,702,979	4,702,979	4,702,979
RIGHT TO USE ASSET	1,653,823	1,588,493	1,523,963
CONSTRUCTION IN PROGRESS	59,450	71,989	94,989
LESS: ACCUMULATED DEPRECIATION	25,487,427	25,735,803	25,991,058
NET FIXED ASSETS	49,655,453	49,468,819	49,398,121
TOTAL ASSETS	89,523,797	88,683,129	92,485,647

SNOQUALMIE VALLEY HOSPITAL COMBINED BALANCE SHEET	DECEMBER 2021	JANUARY 2022	FEBRUARY 2022
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
NOTES PAYABLE	966,000	966,000	966,000
COST REPORTS PAYABLE	-	-	-
ACCOUNTS PAYABLE	1,486,772	1,135,730	1,253,356
ACCRUED PAYROLL & TAXES	2,160,480	2,721,773	2,736,963
ACCRUED INTEREST (BONDS)	256,197	430,148	604,099
OTHER CURRENT LIABILITIES	(54,229)	(64,617)	(63,647)
CURRENT PORTION LONG TERM DEBT	143,750	1,986,250	1,908,750
CURRENT PORTION CMS ADVANCE PAYMENT	520,968	36,655	(374,605)
DEFERRED STIMULUS REVENUE	665,646	665,646	665,646
DEFERRED TAX REVENUE	(51,063)	(392,354)	3,482,093
TOTAL CURRENT LIABILITIES	6,094,522	7,485,232	11,178,656
LONG TERM LIABILITIES			
LIABILITY RIGHT TO USE ASSET	1,657,449	1,593,314	1,529,792
CMS ADVANCE PAYMENT PAYABLE	6,863,886	6,863,886	6,863,886
LONG TERM LIABILITIES (LTGO BONDS)	45,790,000	44,800,000	44,800,000
REVENUE BONDS	45,453,321	44,523,321	44,523,321
TOTAL LONG TERM LIABILITIES	99,764,656	97,780,521	97,716,999
EQUITY/FUND BALANCE PERIOD END	(16,335,381)	(16,582,624)	(16,410,007)
TOTAL LIABILITY + EQUITY/FUND BALANCE	89,523,797	88,683,129	92,485,647

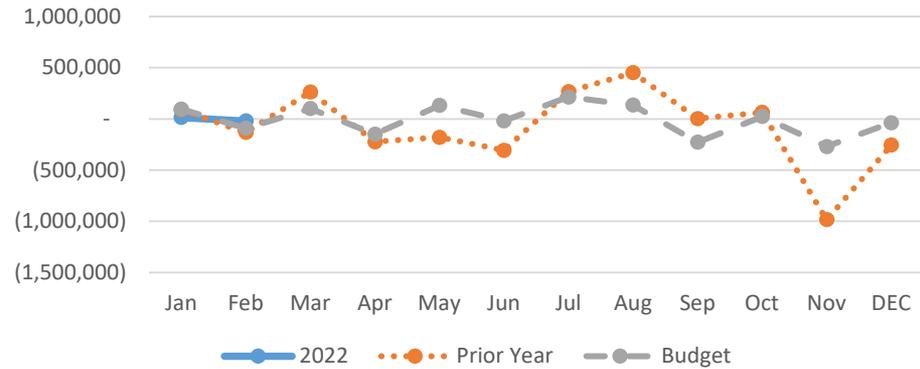
STATEMENT OF CASH FLOWS			
SOURCE AND APPLICATION OF FUNDS	DECEMBER 2021	JANUARY 2022	FEBRUARY 2022
Net Income	(113,455)	(144,249)	172,771
Add (Deduct) items not affecting cash:			
Depreciation expense	255,254	248,377	255,254
(Increase) decrease in accounts receivable	(110,960)	(278,833)	196,284
(Increase) decrease in current assets			
Tax Receivable/Other Receivable	15,832	6,531	(4,193,021)
Inventory	104,983	43,545	(124,687)
PrePaid Expenses	9,496	(6,539)	(25,549)
Intangible Assets	9,096	9,096	9,096
Increase (decrease) in current liabilities			
Notes and Loans Payable	(800,000)	-	-
Accounts Payable	(44,818)	(351,042)	117,627
Accrued Payroll & Taxes	(369,701)	561,293	15,190
Accrued Interest (Bonds)	(258,176)	173,951	173,951
Other Current Liabilities	10,830	(10,388)	970
Deferred Stimulus Funds	194,292	(484,313)	(411,260)
Current Long Term Debt	(1,237,500)	1,842,500	(77,500)
Deferred Tax Revenue	(341,291)	(341,291)	3,874,447
Other (net)	8,976	(102,994)	(155)
Net Cash provided by operating activities	(2,667,143)	1,165,643	(16,582)
CASH FLOW FROM INVESTING ACTIVITIES			
Investment in plant and equipment			
Land	-	-	-
Buildings	(18,204)	(54,747)	(216,187)
Equipment	(110,271)	(59,785)	(9,899)
Right to Use Assets	68,417	65,329	64,530
Construction in Progress	(23,000)	(12,539)	(23,000)
Net cash used for investing activities	(83,058)	(61,742)	(184,556)
CASH FLOW FROM FINANCING ACTIVITIES			
Change in long-term liabilities	(64,944)	(1,984,135)	(63,522)
Increase (decrease) in cash	<u>\$ (2,815,145)</u>	<u>\$ (880,234)</u>	<u>\$ (264,661)</u>

Financial Dashboards (Revenue & Income)

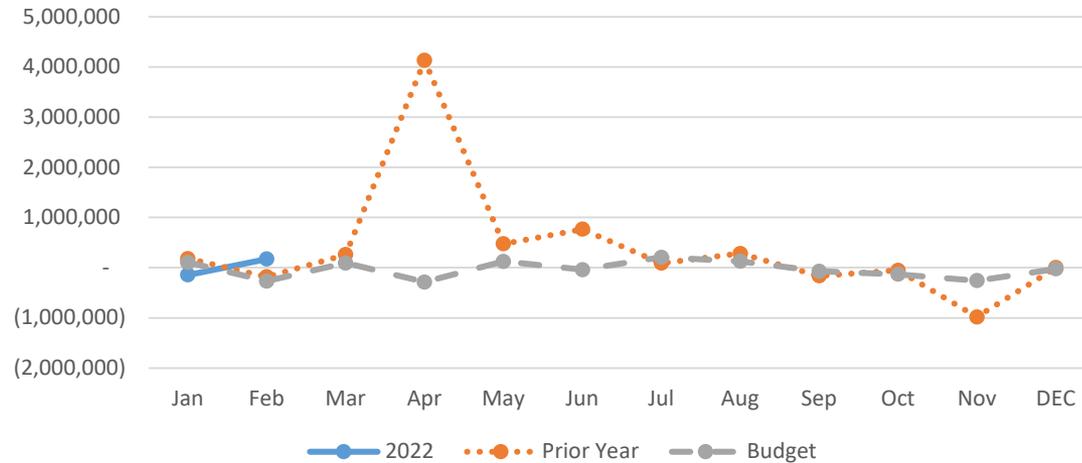
Gross Revenue



Operating Income

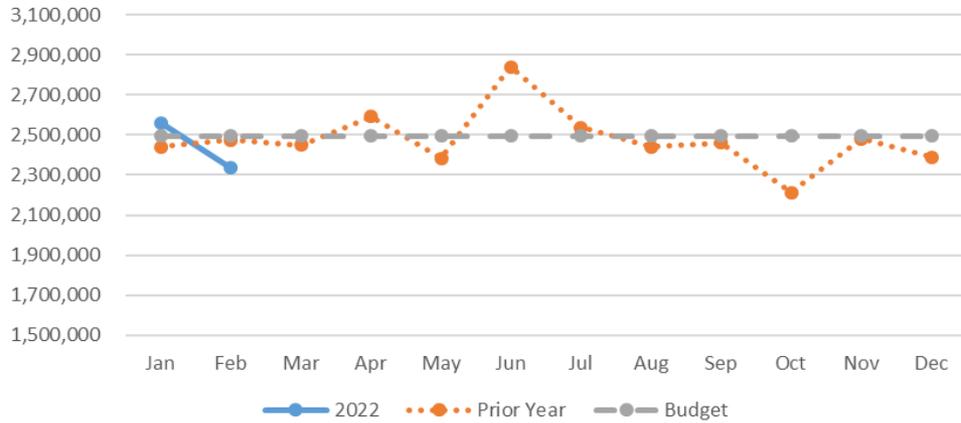


Net Income

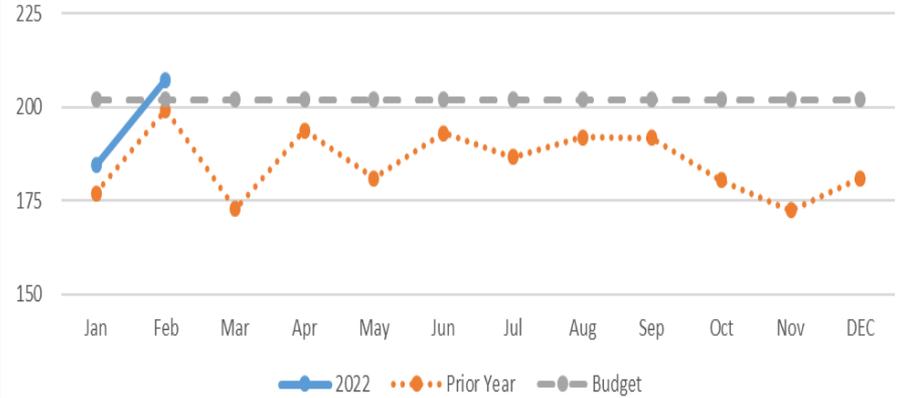


Financial Dashboards (Expenses)

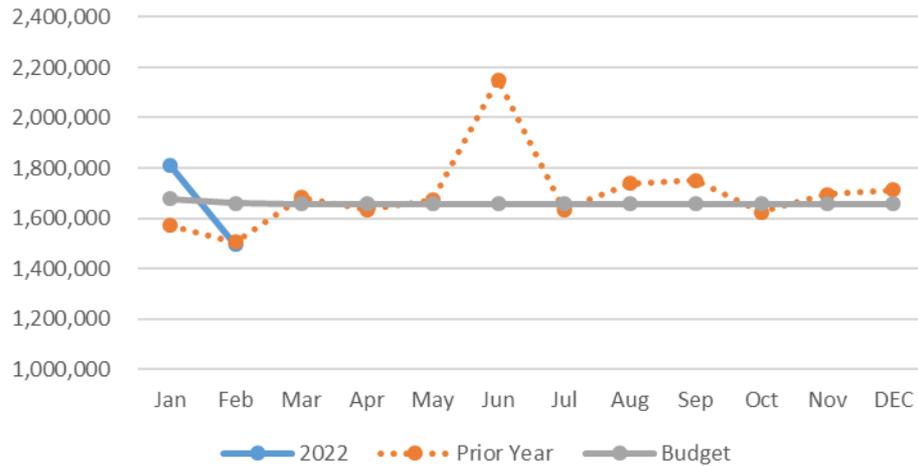
Salary Wages and Benefits



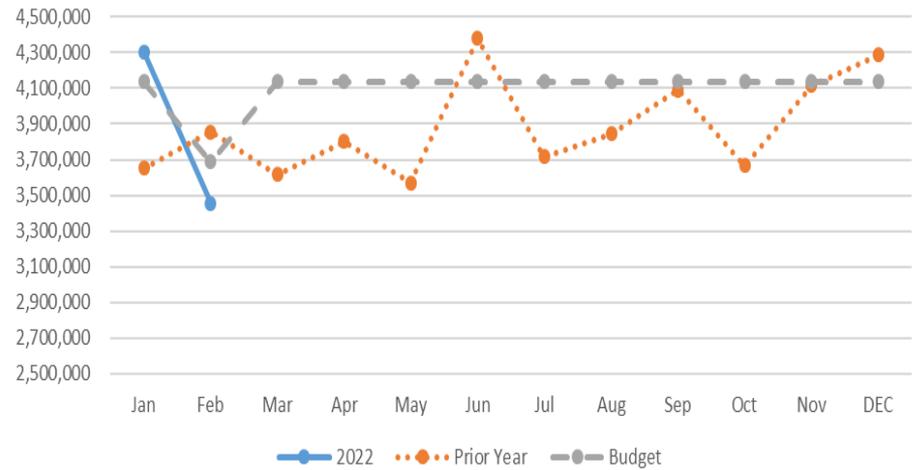
Worked FTEs



Paid FTEs

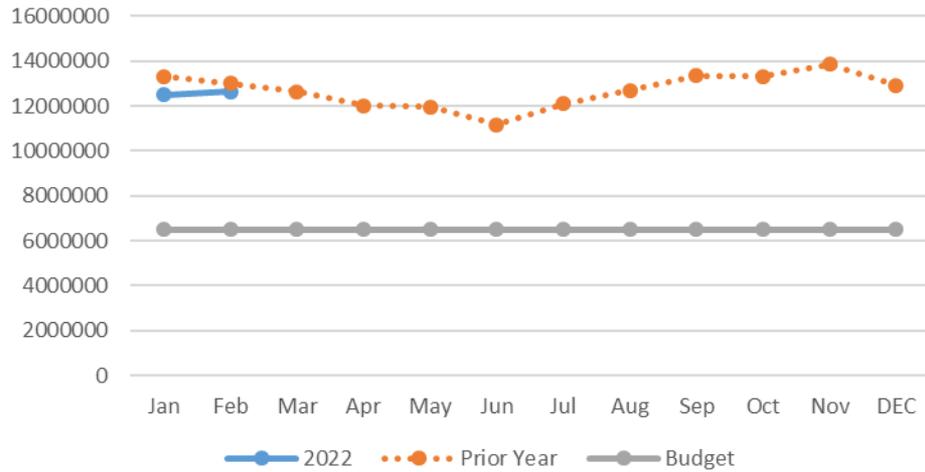


Operating Expenses

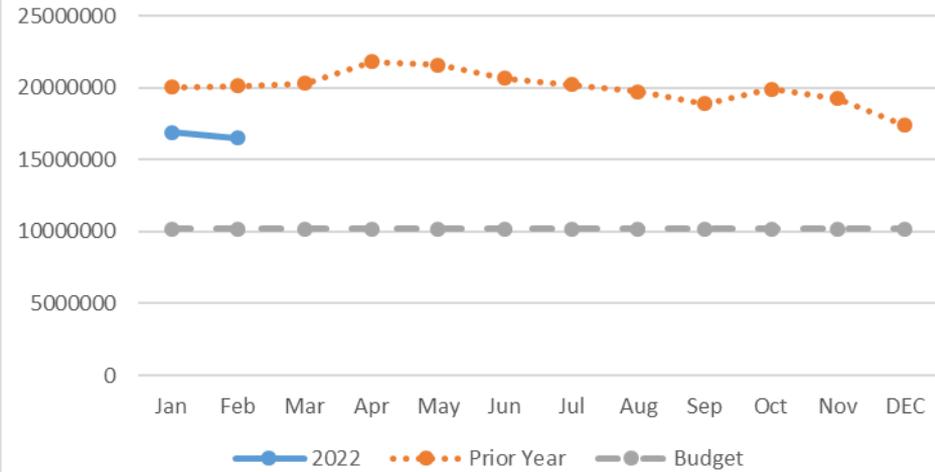


Financial Dashboards (Cash)

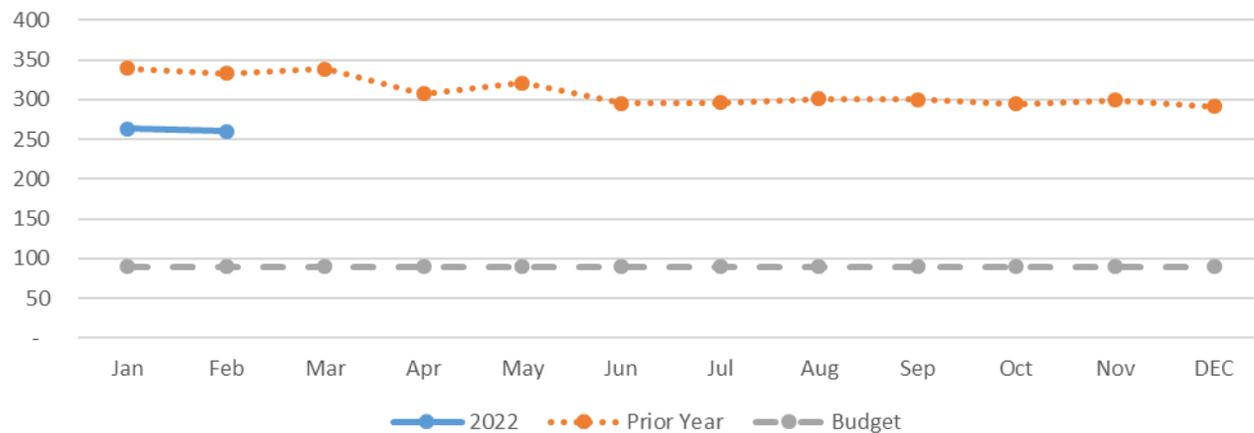
Unrestricted Cash



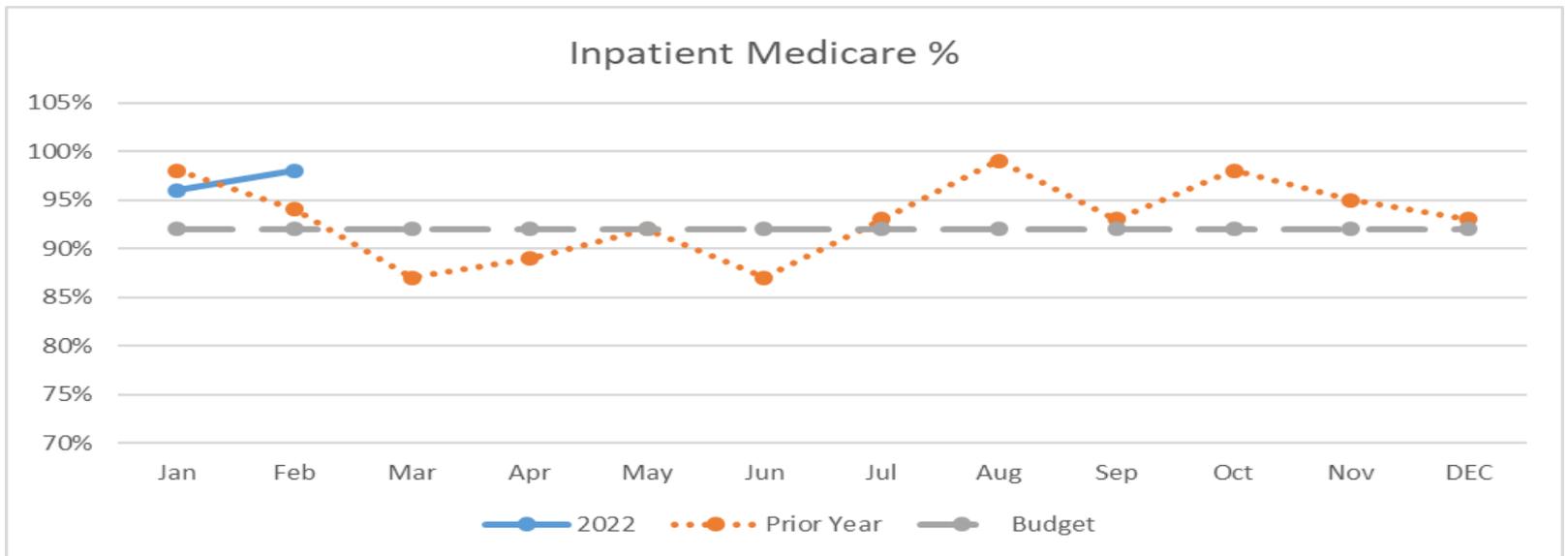
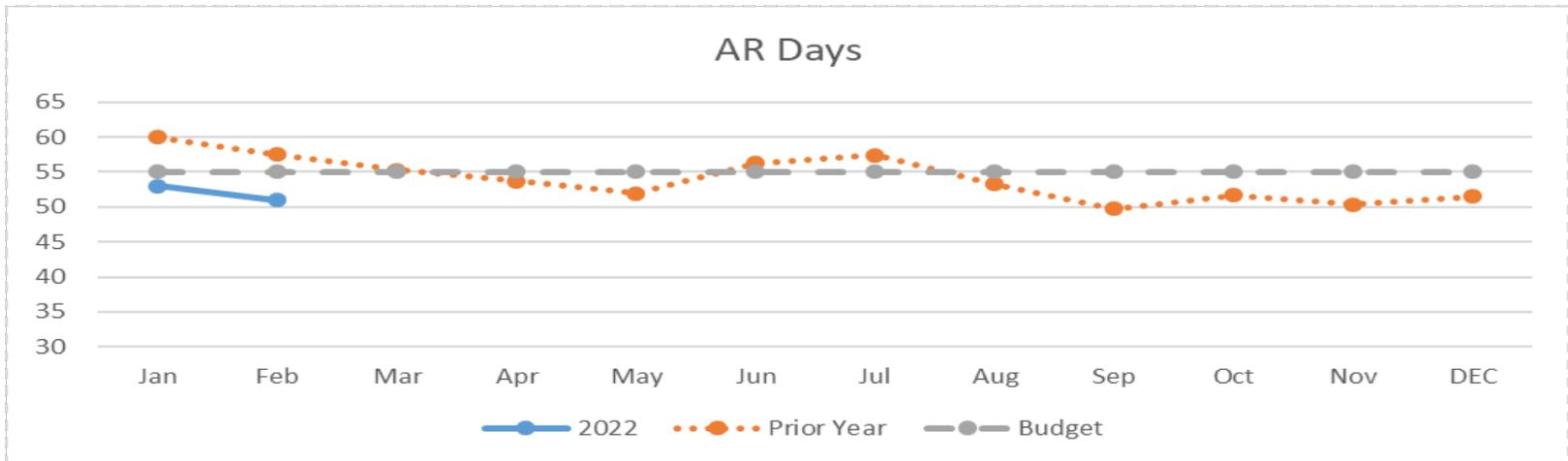
Restricted Cash



Days Cash

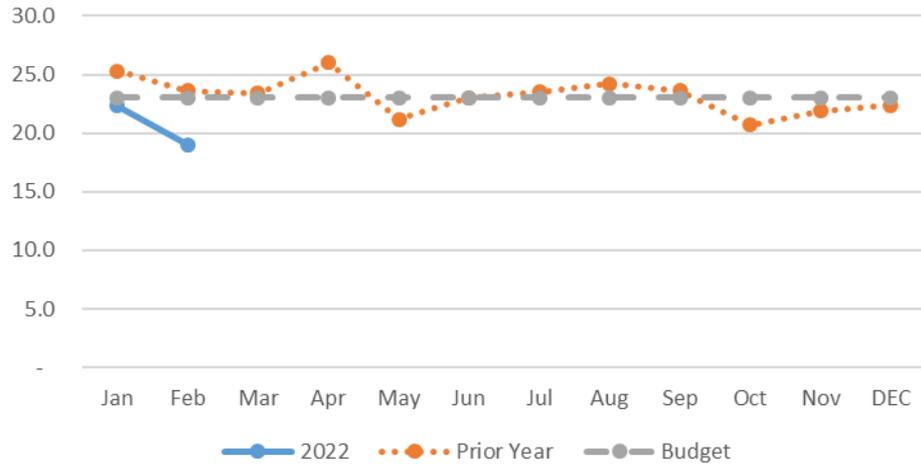


Productivity Dashboards (AR/Payor Mix)

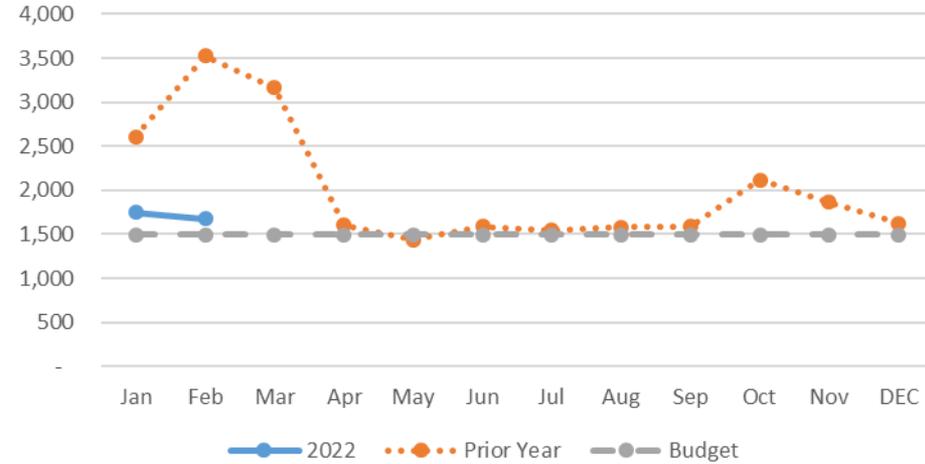


Productivity Dashboards (Census Visits)

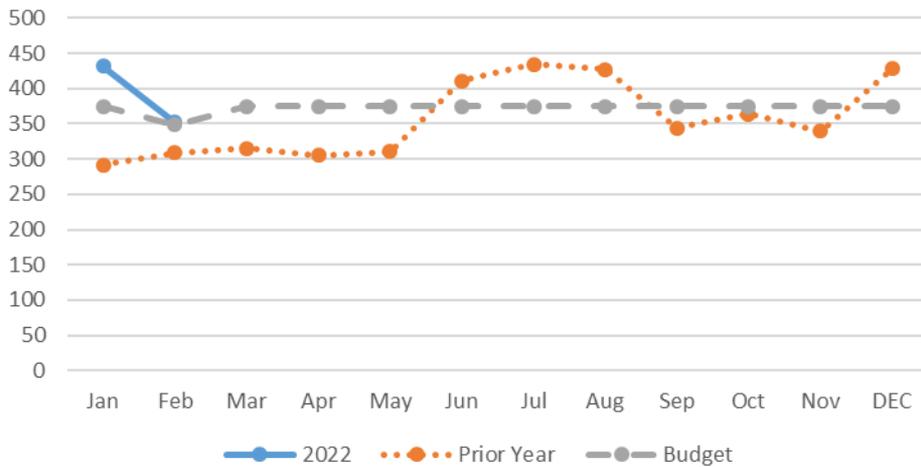
Acute/Swingbed Avg Daily Census



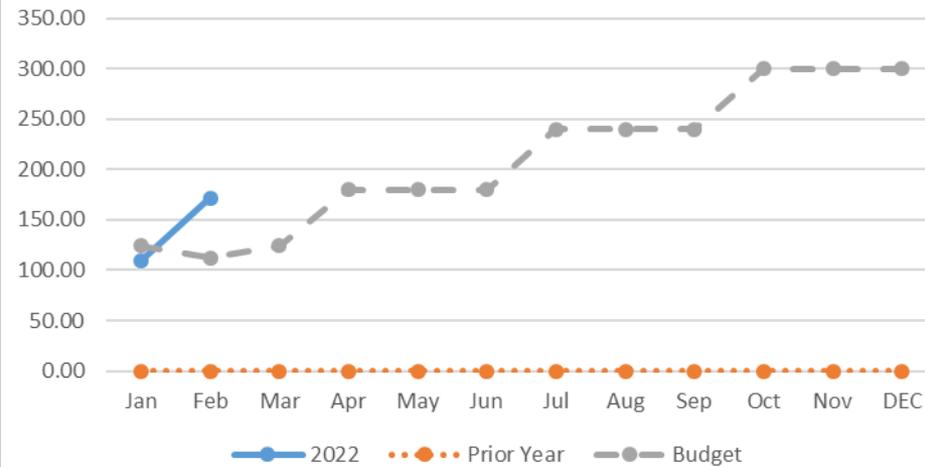
Clinic Visits



ER Visits

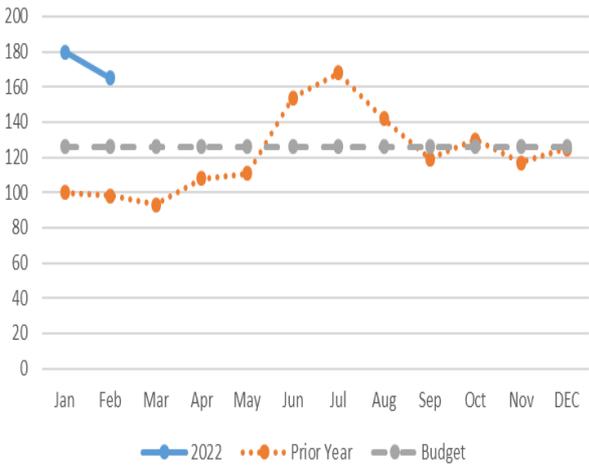


Urgent Care Visits

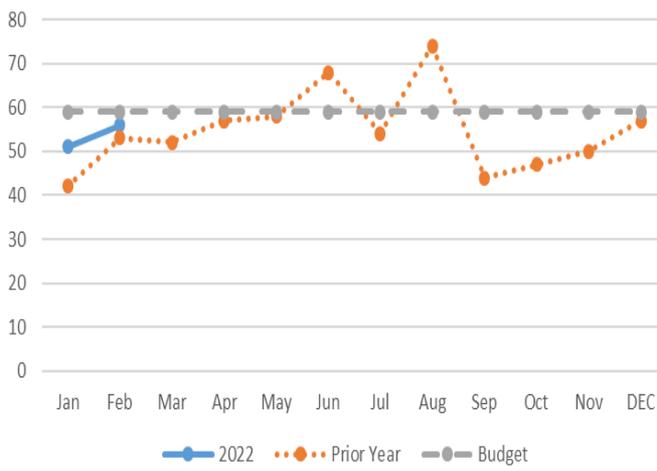


Productivity Dashboards (Procedures)

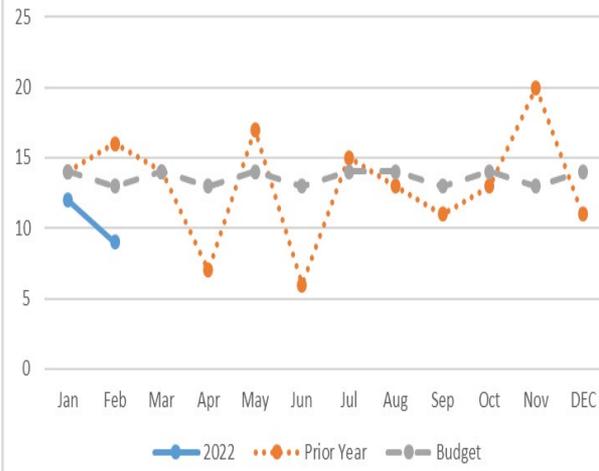
CT



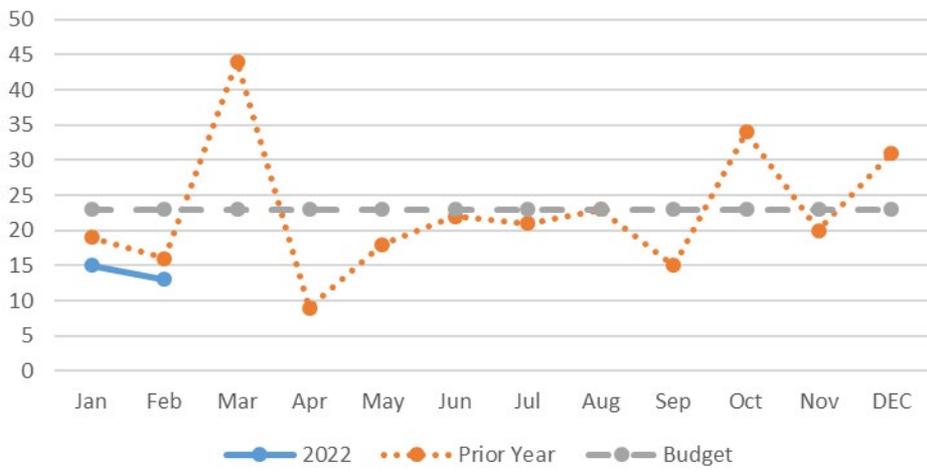
Ultrasound



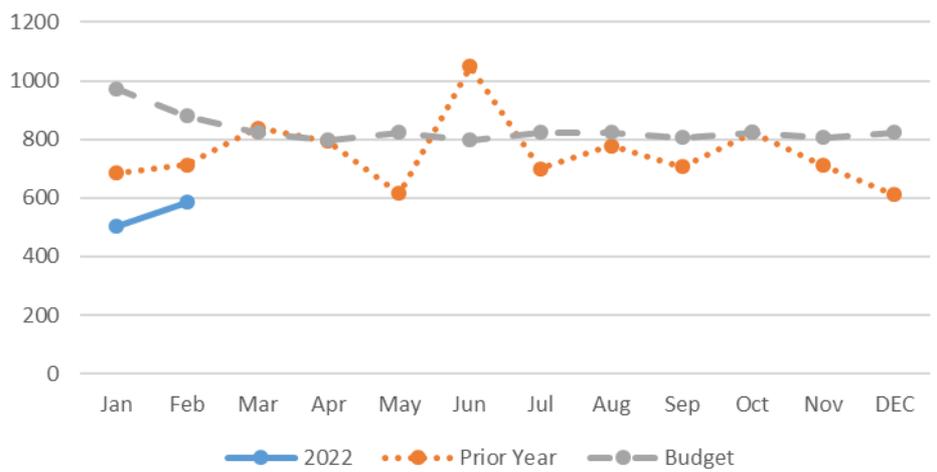
MRI



Endoscopy



Outpatient Rehab



COVID Funds Impacts

- ❑ FEMA COVID TESTING CONTRACT
 - ❑ Budgeting Approved February 2022
 - ❑ Scope of Contract 7/1/2021 – 6/30/2022.

- ❑ 2% Sequestration Suspended Through March 2022
 - ❑ 1% From April – June 2022
 - ❑ 2% July- December 2022

- ❑ Received Reimbursement for FEMA Vaccine Feb/March
 - ❑ ~\$500,000

EPIC UPDATE

Discovery & Design Process Complete February

March 21, 2022 Overlake begins “Build Sprint”

On Budget and On time for September 19th Go Live.

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 January 1 to January 31, 2022

Northwest Bank Accounts Payable Warrants

\$2,903,911.86 Accounts Payable Warrants
Warrants #77905 to 78234

\$2,903,911.86

Northwest Bank Payroll Warrants & EFT

\$1,283.84 Payroll Warrants
1,175,455.79 Hospital & Clinic Payroll Auto Deposits
454,355.33 Hospital & Clinic Payroll Tax
90,093.67 Hospital & Clinic Retirement 457, 403B, & 403B Match Plans

\$1,721,188.63

GRAND TOTAL

\$4,625,100.49

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

Renee Jensen, Chief Executive Officer

Kevin Hauglie, Commissioner, Secretary

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

Carolyn Marks, Assistant Director Finance

I:\Carrie\Board Report & Monthly Reports\BOARD-Cash Disbursements\BOARD-Cash disbursements 2022.xls\Jan22

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 February 1 to February 28, 2022

Northwest Bank Accounts Payable Warrants

\$2,156,973.83	Accounts Payable Warrants Warrants #78235 - #78575
<u>\$2,156,973.83</u>	

Northwest Bank Payroll Warrants & EFT

\$2,338.85	Payroll Warrants
1,131,127.28	Hospital & Clinic Payroll Auto Deposits
411,095.19	Hospital & Clinic Payroll Tax
81,814.48	Hospital & Clinic Retirement 457, 403B, & 403B Match Plans
<u>\$1,626,375.80</u>	

GRAND TOTAL

\$3,783,349.63

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

Renee Jensen, Chief Executive Officer

Kevin Hauglie, Commissioner, Secretary

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

Carolyn Marks, Assistant Director Finance

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

COMMUNITY													
COVID	<ul style="list-style-type: none"> Vaccine administration continues to decrease. Currently under 30 administrations daily. Testing continues at a consistent frequency (25-40/day). Positivity rate down to 5% Both the vaccine and testing sites have transitioned to no appointment necessary. 												
HOSPITAL													
System Wide	<ul style="list-style-type: none"> Patient satisfaction surveys are being completed and discoverable in SurveyVitals. Software education and security access is being performed. 												
Inpatient/Swing (Average Daily Census)	2022 Budget (pts/day)	February 2022 (pts/day)	February 2022 YTD (pts/day)										
	23	19.7	21.05										
Emergency (Average Daily Visit Volumes)	2022 Budget (visits/Day)	February 2022 (visits/day)	February 2022 YTD (visits/day)										
	13	12.5	13.25										
Endoscopy (Monthly Visit Volumes)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	10	11											
	2021 Monthly Average: 17.9												
<ul style="list-style-type: none"> Endoscopy reopened Continue outreach efforts for colonoscopy gaps. 													
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										
	Average per Day	53	54										
	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										
	Average per Day	6	6										
Updates	<ul style="list-style-type: none"> Dr. Rubin accepted position as Med Director for Urgent Care, continues as COVID Lead Provider Clinic Operations Team investigating Wellness Program opportunities 												
MEDICAL STAFF – MEC and Med Committee Recommendations:													
Renewal to Courtesy Staff:													
<ul style="list-style-type: none"> Dean Steele, MD, MD – Emergency Medicine 													
Renewal to Telemedicine:													
<ul style="list-style-type: none"> Michael Squire, MD – Tele Radiology 													
Renewal to Affiliate Staff:													
<ul style="list-style-type: none"> Carlene Chung, PharmD - Pharmacy 													

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



Committee Members Present:

Commissioner Kevin Hauglie
Karyn Denton, COO/CNO, Executive Chair
Renee Jensen, CEO
Danny Scott, Director of Facilities
Jamie Palermo, Sr. Executive Assistant

Old Business: None

SRMC TI project: X-ray equipment is installed and training scheduled for staff February 17-19, 2022. Going live the week of March 14, 2022.

New Business: Facilities Director Danny Scott introduced his plans for prioritization of work within his departments as he assumes his new role.

1. **Maintenance Issues:** No major issues. Facilities Team bringing preventative maintenance tasks current.
2. **Facility Usage – As of April 2020:**
 - a) Due to COVID-19, all external uses of the community room are cancelled until further notice
3. **Environment of Care:** No report

Emergency Management: Danny is integrating with local EOC and King County Emergency Management. He is also preparing tools and procedures to begin training leaders and staff on emergency responses. Focus for this year will be training and drills.

Fire Safety Management: All drills are current and annual fire system PM has been completed.

Hazardous Materials Waste Management: Conducted annual assessment of program on 2/3 with Stericycle to ensure proper protocols are in place.

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

Physical Plant: No report

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

Safety Management: Staff noted that this is a committee intended to be primarily represented by front line staff and is a regulatory requirement. Danny will be working with managers and directors to offer ideas for staff engagement that he has used successfully in other organizations.

Security Management: Due to recent increases in parking lot theft (gas cans, fuel siphoned and catalytic converter from a vehicle) we have increased patrols at night and the presence of security personnel throughout the facility and property.

Commissioner Hauglie asked if there were plans to secure the diesel tank and contents with a locking device to prevent theft. Danny stated he would research options and bring recommendations back to the committee.

Utilities management: No report

Workplace Harm: No report

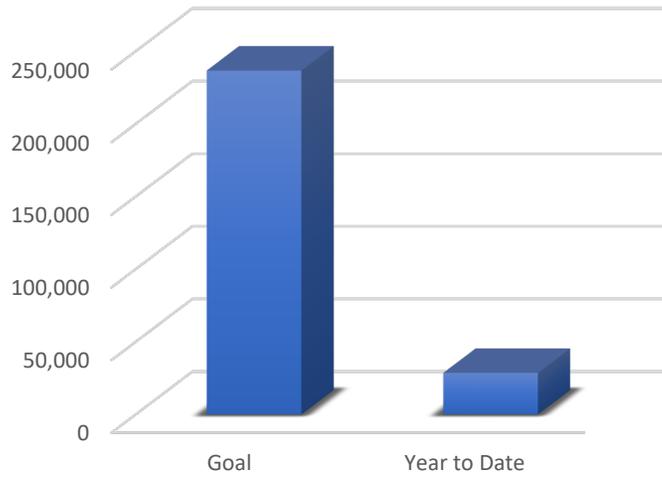
East Campus: Door was left open one night; janitorial services may have left without locking. Company was contacted regarding this. Searching for ideas to move Business Office and HR into more professional space.

Other: No report

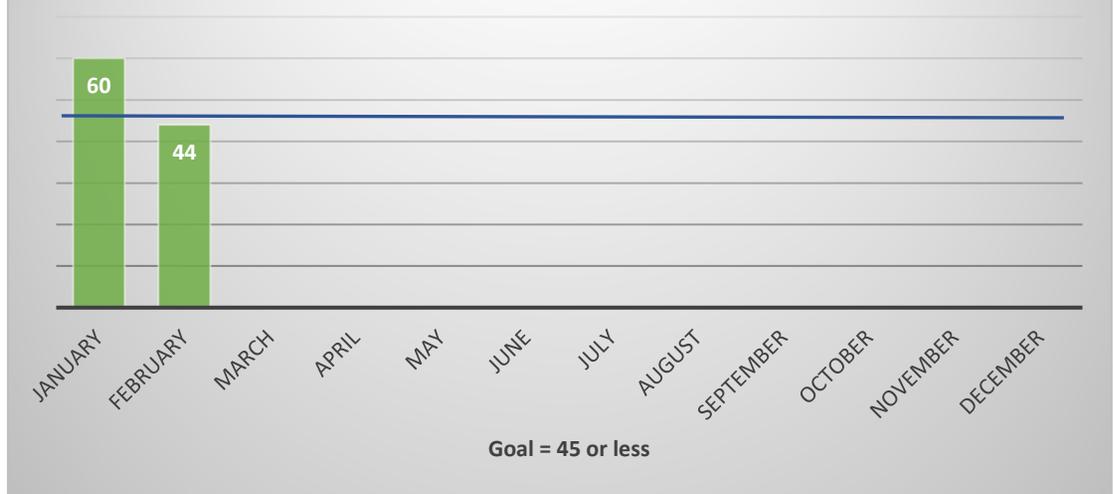
Next meeting: April 19, 11:30am – via Zoom

2022 STRATEGIC PLAN DASHBOARD

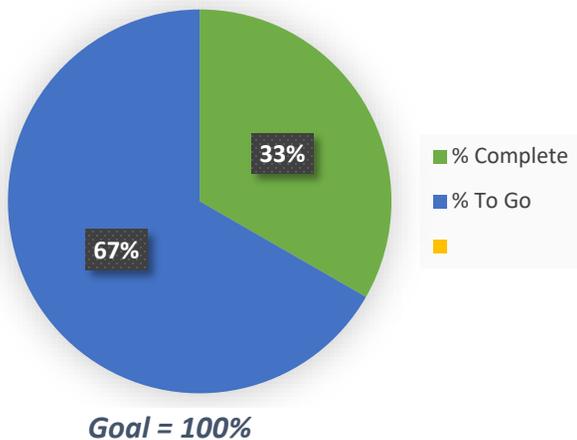
FINANCIAL TARGET: .5% PROFIT MARGIN



OUR TEAM: NUMBER OF OPEN POSITIONS

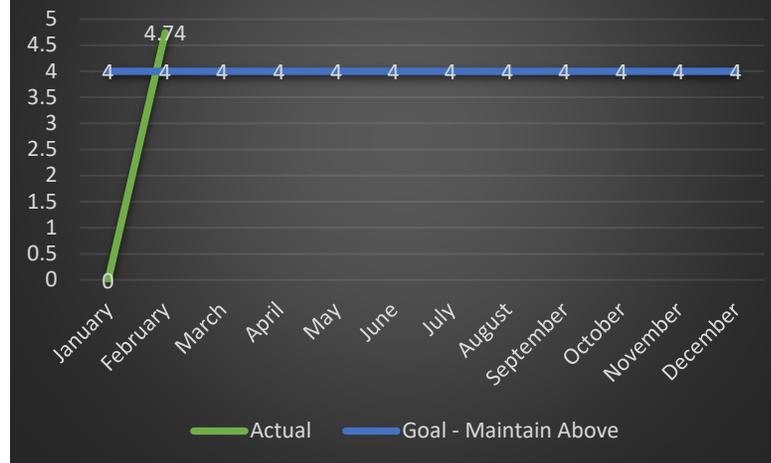


FOUNDATIONAL ELEMENT: EPIC CONVERSION



Last updated: March 17, 2022

HEALTH SYSTEM OF CHOICE: COMPOSITE - CLINICS OVERALL SATISFACTION SCORE



COMMUNITY HEALTH NEEDS: TOTAL # OF CLINIC VISITS

