Agenda

1. **6:00 - CALL TO ORDER**
   a. Introductions as needed
   b. Business from audience

2. **6:05 - CONSENT AGENDA** – See separate Consent Agenda

3. **6:10 – Executive Reports**
   a. 6:10 – Quality Committee report – Brenda West, CCO
      i. QHI Quality Health Indicators
   b. 6:30 – CEO Report, Renée Jensen, CEO
      i. CEO Report
      ii. Care Transformation
      iii. Virtual Visits
      iv. ACO Patient Satisfaction
   c. 7:10 – Finance – Will Callicoat, CFO
      i. Financial summary
      ii. Financial dashboards and statements
      iii. 340b Presentation
   d. 7:35 – CMO report – Dr. William Hurley, CMO

4. **7:50 – Commissioner Business**
   a. Emergency Response Presentation – Brandon Smith & Danny Scott
   b. Resolution 2015-08 Levy Limit Factor Adoption
   c. Resolution 2015-09 Levy Refund
   d. Resolution 2015-10 Surplus Property
   e. Wellness Fair update – Joy Iversen
   f. Medical staff privileges
      i. Kelly Lloyd, MD – Initial appointment to Pathology
      ii. Bonnie McReynolds – Reappointment to Family Medicine
      iii. Terra Grandmason – Reappointment to Family Medicine
   g. Wrap up – Drew Hooper

5. Adjournment
EBITDA – Earnings before Interest, Taxes, Depreciation and Amortization
WWRHCC – Western Washington Rural Health Care Collaborative

Consent Agenda

A very useful technique involves the use of a consent agenda. The board agenda planners (usually the executive or governance committee, but occasionally the board chair with the CEO) divide agenda issues into two groups of items. The first are those items that must be acted on because of legal, regulatory, or other requirements, but are not significant enough to warrant discussion by the full board. Such issues are combined into a single section of the board agenda book; members review these materials prior to the meeting, and if no one has any questions or concerns, the entire block of issues is approved with one board vote and no discussion. This frees up a tremendous amount of time that would otherwise be squandered on minor issues. Any member can request that an item be removed from the consent agenda and discussed by the full board. The success of the consent agenda is predicated upon all board members reading the material in the consent agenda section of the board agenda book. If they do not, then the board becomes a veritable rubber stamp. The second group of agenda items are those important issues that require discussion, deliberation, and action by the board. These are addressed one by one.

Executive Session Justification

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

- Executive session (RCW 42.30.110)
  - (a) national security
  - (b) (c) real estate
  - (d) negotiations of publicly bid contracts
  - (e) export trading
  - (f) complaints against public officers/employees
  - (g) qualifications of applicant or review performance of public employee/elective office
  - (h) evaluate qualifications of candidate for appointment to elective office
  - (i) discuss claims with legal counsel
    - existing or reasonably expected litigation
    - litigation or legal risks expected to result in adverse legal or financial consequences
    - presence of legal counsel alone does not justify executive session
  - QI/peer review committee documents and discussions
- Final action must be in open meeting
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Grays Harbor County Public Hospital
Consent Agenda Items
10/31/2015
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<th>AGENDA</th>
<th>DISCUSSION/CONCLUSIONS</th>
<th>RECOMMENDATIONS/ACCTIONS/FOLLOW-UP</th>
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| CALL TO ORDER          | **6:08-CALL TO ORDER**  
The meeting of the Board of Commissioners of the Grays Harbor County Public Hospital District No. 1 was called to order at 6:08pm by Chair Drew Hooper.                                                                                                                                                                                                                          |                                   |
| **Present:**           | Commissioners present: Drew Hooper, Amy Thomason, Chad Searls, Louie Figueroa, Gary Thumser.                                                                                                                                                                                                                                                           |                                   |
|                        | Also Present: Renée Jensen, Tim O’Haver, Will Callicoat, Brenda West, Ron Hulscher, Shannon Brear, Lynn Fifield, Shauna DePrato                                                                                                           |                                   |
| Business from Audience | None                                                                                                                                                                                                                                                                                                                                                  |                                   |
| CONSENT AGENDA         | **CONSENT AGENDA-SEE SEPARATE CONSENT AGENDA**                                                                                                                                                                                                                                              |                                   |
| COMMITTEE REPORTS      | **Quality Committee Report**  
- See Quality Report for details.  
- 82% of employee flu vaccines are complete  
- Hand hygiene is at 94%. Infection Control Nurse Manager is working with therapies on gel in/gel out. ED/Medical Unit Nurse Manager has discussed the importance of hand hygiene at staff meetings  
- Discussion on ED wait times and not hitting our goal consistently. We will evaluate how we are using staff.  
- When there is a contaminated blood culture, additional training is done with staff.  
- Joe Kohn is our new Educator and has started doing drills for staff.  
- We are now doing clinical peer review for the nurses  
- The ED Charge Nurse now carries a designated phone so Urgent Care can always reach them for patients who are moving from Urgent Care to the | **Gary Thumser made a motion to approve the consent agenda. Chad Searls seconded the motion and it was approved by a unanimous vote.** |

**Call to Order**

The meeting of the Board of Commissioners of the Grays Harbor County Public Hospital District No. 1 was called to order at 6:08pm by Chair Drew Hooper.

**Present:** Commissioners present: Drew Hooper, Amy Thomason, Chad Searls, Louie Figueroa, Gary Thumser.

Also Present: Renée Jensen, Tim O’Haver, Will Callicoat, Brenda West, Ron Hulscher, Shannon Brear, Lynn Fifield, Shauna DePrato

**Business from Audience**

None

**Consent Agenda**

**Consent Agenda—See Separate Consent Agenda**

**Committee Reports**

**Quality Committee Report**

- See Quality Report for details.
- 82% of employee flu vaccines are complete.
- Hand hygiene is at 94%. Infection Control Nurse Manager is working with therapies on gel in/gel out.
- ED/Medical Unit Nurse Manager has discussed the importance of hand hygiene at staff meetings.
- Discussion on ED wait times and not hitting our goal consistently. We will evaluate how we are using staff.
- When there is a contaminated blood culture, additional training is done with staff.
- Joe Kohn is our new Educator and has started doing drills for staff.
- We are now doing clinical peer review for the nurses.
- The ED Charge Nurse now carries a designated phone so Urgent Care can always reach them for patients who are moving from Urgent Care to the...
CEO Report – Renée Jensen, CEO

- See CEO report for more details.
- Potential primary care medical director physician meeting was cancelled and will be rescheduled.
- Met with second vendor on virtual visits but their product doesn't allow for specific branding.
- January 1, 2017 Washington States Telehealth Parity Law goes into effect. Under this law, health plans will be required to cover a service delivered through “telemedicine” or “store and forward technology,” if the plan covers the service when delivered in person; the service is medically necessary; and the service is “recognized as an essential health benefit” under the Affordable Care Act.
- The Wellness Fair was very well attended with over 300 visitors. Joy Iversen, DI Manager, should be commended for coordinating this. The boy scouts and other volunteers were awesome.
- E-Team rolled out some organizational chart changes with the M-Team.
  - We are hiring an HR director to replace current VP of HR. HR will no longer have a manager.
  - Michelle Marti’s position as Nurse Manager for the Emergency Department and Medical Unit may be split. She will remain over the Medical Unit and will focus on Population Health and Care Transformation. We’ll hire an ED Manager.
  - Lab is now reporting to COO.
- There will be a new bucket for Care Transformation added to the strategic plan. Quality will move to the bottom to form our foundation and Care Transformation will be in the umbrella.
- An Employee Campaign Drive for the Foundation will roll out next spring to allow new staff to enroll or current staff to increase their donations. This could possibly help fund new construction.
- We need to recruit for one more MD in a higher level leadership position.
- Last week at the Grays Harbor Leadership dinner, Renee Jensen was able
to connect with lots of community members and Derek Kilmer.
- As we continue to grow there has been interest in exploring building a medical office building on SPMC property.
- Commissioners requested a blue house tour prior to the next board meeting on December 3rd.

**Finance – Will Callicoat, CFO**
- See Finance Summary for details
- CFO Will Callicoat presented Resolution 2015-06 Operating Budget to the Commissioners.
- CFO Will Callicoat presented Resolution 2015-07 Levy Limit Factor Adoption to the Commissioners.

**CMO Report – Dr. William Hurley, CMO**
- See CMO report for details

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<th>COMMISSIONER BUSINESS</th>
<th>Medical Staff Privileges</th>
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<td></td>
<td>1. Jason Bothwell, MD – Reappointment to Emergency Medicine</td>
<td>Chad Searls made a motion to approve Medical Staff privileges for Jason Bothwell, MD – reappointment to Emergency Medicine and Nicholas Allan, MD reappointment to Emergency Medicine. Amy Thomason seconded the motion and it passed by a unanimous vote.</td>
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<td>2. Nicholas Allan, MD – Reappointment to Emergency Medicine</td>
<td>Chad Searls made a motion to approve Medical Staff privileges for Jason Bothwell, MD – reappointment to Emergency Medicine and Nicholas Allan, MD reappointment to Emergency Medicine. Amy Thomason seconded the motion and it passed by a unanimous vote.</td>
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**ADJOURNMENT**
- The Board of Commissioner’s meeting was adjourned at 7:21 pm.

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Chad Searls made a motion to approve Resolution 2015-06 Operating Budget. Louie Figueroa seconded the motion and it passed by a unanimous vote.

Chad Searls made a motion to approve Resolution 2015-07 Levy Limit Factor Adoption. Louie Figueroa seconded the motion and it passed by a unanimous vote.

Louie Figueroa made a motion to approve Medical Staff privileges for Jason Bothwell, MD – reappointment to Emergency Medicine and Nicholas Allan, MD reappointment to Emergency Medicine. Amy Thomason seconded the motion and it passed by a unanimous vote.

Chad Searls made a motion to adjourn the meeting; Amy Thomason seconded the motion, and it carried by a unanimous vote.
November 24, 2015

The following is a summary of the major work efforts across the strategic areas of work since the last board meeting in September 2015.

*Be thankful for what you have. Your life, no matter how bad you think it is, is someone else’s fairy tale.* – Wale Ayeni

**Stewardship**
Cultivate responsible growth, development and management of resources to achieve our mission and vision.

- **See finance summary for more details on this bucket.**
- **2016 Budget** – The board approved 2016 budget has been an area of concern for the executive team. We will be working together to develop a management budget which will close the gap and produce a break-even bottom line. Much of this work will be searching out sources of funding for the additional costs of care transformation. In addition we are reviewing current practices to look for sources of savings that can be invested into our transformation plan.
- **340b** – We had a successful meeting with Elma Pharmacy which finalized the agreements to implement the 340b program here in Elma. This will result in a savings to both organizations as well as our patients. Other large retail pharmacies in our area are already signed up. Presentation on this program will occur at the November board meeting.
- **Value Based Purchasing Contracts** - We have had our first meeting with a payor and tested our value based purchasing contract proposal. Additional meetings with payors are scheduled and we are hopeful to add at least one VBC to our portfolio.

**Collaboration**
Build collaborative relationships and partnerships to improve the well-being of our community.

- **Accountable Care Organization** – The Rocky Mountain ACO board held an in person meeting to organize and kick off the 2016 activities. This group is still getting organized but appears that it will be adding great additional resources to our ACO adventure. The 2015 ACO work is still underway with focus on care coordination, patient satisfaction surveys, and patient acuity accuracy.
- **Washington Rural Health Association** – CEO Jensen serves as a board member for the WRHA. The work of this organization is to promote and help sustain healthcare in rural areas. The organization is supported and consists of members across the healthcare continuum, not just providers. Currently the work of the organization is recruiting and hiring an Executive director to help sustain the organization and its work. Jensen is assisting with this process.
- **Capitol Medical Center** – Dr. Paul Bunge and CEO Jensen met with the Capitol administration and hospitalist team to explore sharing hospitalist time between the two facilities in a mutually beneficial way. The hope is to help SPMC providers get experience beyond our limited patient acuity while filling gaps in the CMC schedule.
- **Mental Health** – We continue to meet with county mental health services to determine how we might best align our efforts and impact the mental health resource shortage in our county. There
are some creative ideas on how we might utilize the McCleary facility so exploration of these options is occurring.

Organizational Development
Foster a culture of passion, performance and innovation that attracts, develops and retains the highest caliber talent.

- **Physician Recruitment** – We are currently still looking for a director of primary care MD and an ED medical director.
- **E-team development** – The E-team participated in a one day team building session which targeted strengthening relationships, improving communication and learning more about each team member’s personality preference. This work will assist in effectively moving the organization forward with a high functioning Executive team as well as ensuring the newest members of our team are oriented to the team norms.
- **Joe Hopkins Award** – Scott Bond, CEO of the Washington State Hospital Association was on site to present CEO Jensen with the Joe Hopkins Memorial Award. The ceremony was well attended; it is an honor for the organization to have their CEO recognized at this level.
- **Commissioner Training Manual** – We have updated the commissioner training manual. Looking for a commissioner to review the training curriculum and give feedback.
- **Peak Wellness 2.0** – We will be launching a new version of our employee wellness program with a partner Rival Health in January. This will be a structured program that will involve intense baseline measurements as well as individualized support for meeting target goals. This project will eventually phase into value based purchasing for our staff.
- **Coffee w the CEO** – CEO Jensen conducted many “coffee” sessions with staff this month. This is always a great opportunity to hear first-hand what is challenging the organization as well as an opportunity to share the vision and direction of the organization.

Physical Environment
Develop and maintain a physical environment that inspires our team to achieve the highest possible results.

- **Primary Care Expansion** – The kick-off meeting for the MOB exploration project occurred this month. We have engaged with financial feasibility as well as market tolerance, initial site assessment, and basic conceptual programming to inform our next steps and decisions.
- **McCleary Clinic** - Project is progressing with completed exterior framing and roof sheathing. Interior partitioning and MEP rough in work underway. Submittal review and buyout about 90 % complete. Construction quality is good, schedule impacts due to weather delays not uncommon for this time of year. Overall project progressing in a reasonable manner but pressure to meet schedule is of SPMC concern. Contractor will work Saturdays to catch up on schedule.
Effective & Efficient Operations

Continuously develop effective, efficient and well-coordinated processes to ensure patient centered care.

- **Employee Benefits** – We are exploring our options for improving our employee life insurance benefit as well as working with Group Health who supplies our medical insurance to determine if we can work together on a value based proposition for our staff and medical benefit. In addition, we are exploring other creative and unique benefit packages that we might be able to offer to our staff by exploring other vendors and options for this.

- **Elections** – We have been keeping a close eye on the recent elections. There will be a lot of turnover of elected officials most notably, new mayors in McCleary, Elma, and Montesano. CEO Jensen will be setting up meetings with each and ensuring a strong collaborative relationship with the District.

Care Transformation

**Volume to Value = Care Transformation & Value Based Purchasing**

- **Virtual Visits** – We will be partnering with Carena and Mason General Hospital to provide virtual visits! The first phase of this project will be phone or video urgent care type visits. We will share a demonstration video at the board meeting. We expect this to be a learning project that begins to meet our patients where they are instead of expecting patients to always come to us. This technology will be a platform for care transformation as we begin to look at our patient’s in a different light and answer the demand for consumer driven healthcare.

- **Mental Health Integration** – SPMC presented a proposal to the county appointed Mental Health board for support of integrated mental health services with primary care to support Medicaid patients. If funded, this proposal would support adding licensed clinical social workers to our clinic teams. This will be a topic of presentation at a future board meeting.

- **Accountable Community of Health** – CEO Jensen continues to be an active participate with the Cascade Pacific Action Alliance (CPAA). New this month was a proposal for the ACH to provide Marijuana prevention and education services. The regional health improvement plan is starting to take shape and will be influenced by much of the work that SPMC is performing. This is important because if the state receives the Federal Medicaid waiver, there will be 3 billion dollars available to fund innovation and transformation of care most likely through functional ACH’s.

Upcoming events:

- December 3rd – 4pm tour of blue house, 5pm Board dinner, 6pm Special Board Meeting
- December 10th – Curtis Peek Nurse of the Year celebration - Kelsey
- December 11th, 12 and 13th – Montesano Festival of Lights
- December 15th – Amy Thomason dinner at SPMC
- December 29th – Special Board Meeting

Respectfully,

Renée K. Jensen
Volume → Value => Care Transformation

Strategy Committee
- E-Team
- Tammy Davis
- Rod White

Laurie Bolton/
Tammy Davis
Michelle Marti

Summit Care
- Virtual Visits
- Stratification of patients
- An App for that
- Start small with staff
- Branding

Brenda West/
Tammy Davis
Ashley Smith

Accountable Care
- MSSP
- CCAPS
- HCAPS?
- TCM
- CCM
- PAC
- Honoring Choices

Tim O’Haver/
Tammy Davis
Mary Schroeder

Mental Wellness
Integration
- Telehealth
- ED Support
- Primary Care
- Children
- Partner w/BHO

Will Callicoat/
Tammy Davis
Shauna DePrato

Value Based
Purchasing
- ECG Plan
- Commercial
- Group Health
- Medicaid

Tim O’Haver/
Tammy Davis
Renee Smith

Patient Centered
Medical Home
- Standardization
- Clinic Flow
- Staffing Models
- Patient Access
- Pharmacy
- Dietary
- Social Work

Dr. Bill Hurley/
Tammy Davis
Renee Jensen

Medical Executive
- Preventative Services Taskforce
- Medical Quality
- Privileging
- Medical Staff
Care Transformation Update – November 2015

Patient-Centered Medical Home:

1. Launch meeting established that Tim and Renee S. are well underway with efforts to seek PCMH certification. We are approved for the multi-site application process. Multi-site administration tools, survey tools and application have been purchased and/or are pending. Monthly webinars will continue with Smith or one of the three nurse managers attending.
2. Transformation of the PCDT structure to PCMH structure is underway. PCDT meetings will be reconfigured to serve as monthly meeting with focus on PCMH specific tasks as initiated by Tim and Renee S with assistance by the interim Primary Care Director (MEB). Timeline for PCMH tasks like standardization, clinic flow, staffing models and access will be determined by the PCMH task force.
3. Patient satisfaction aggregate data has been provided to the outpatient medical staff and will continue to serve as conduit for data on performance and quality indicators.

Accountable Care:

1. Accountable Care will integrate concepts that will be included in the ACO work for next year (RMACO) but will span beyond the MSSP to all SPMC patients. Transitional care management as part of new admission risk assessment as led by Brenda will continue to be defined and seek to integrate the inpatient and outpatient units in a care continuum for patients.
2. The RMACO will go live January 2016 and pre-work is underway.
3. Honoring Choices will be led by an inter-disciplinary team including providers and nursing with executive team presence for this well-supported WSMA/WSHA three year project to go live in April 2016.

Value-Based Purchasing:

1. Will and team have met with Molina with discussions pending with Regence Value-Based payment meeting forthcoming on December 2nd.

Mental-Wellness Integration:

1. Tim and Renee have met with Grays Harbor County and the task force to look at funding for social workers and integration into the outpatient clinics. They are looking at proposals for funding and pending the decision on the $2 million available of which 20% could go to SPMC for mental health and chemical dependency support.

Medical Executive:

1. Dr. Hurley and I will lead the preventive services task force upon culmination of approval of the MEC charter with first meeting to be held December 2nd.
2. Privileging will undergo restructuring to look at efficiencies.
3. MEC will look at holding medical staff updates as a monthly meeting to replace the all-provider (outpatient) monthly lunch meeting. This will ensure integration between inpatient and outpatient units.
Clinic Patient Satisfaction Survey
July 2015-October 2015

I am typically able to make a convenient appointment with the specialist that I need (if applicable).

My provider discussed financial concerns affecting my healthcare with me.

My provider discussed ways to improve my health, like healthy eating and exercising, with me.

My provider discussed the reason behind the suggested course of action with me.

My provider listened to me and respected the choices I made about my healthcare.

I understood what my provider told me today during my visit.

My provider spent enough time with me during my visit.

My appointment day and time met my needs.

Please rate your perception of your overall health.

Five point Likert scale with 5 = Strongly Agree/Excellent and 1 = Strongly Disagree/Poor. Data was collected over a period of four months with a survey population of 669. Scores represent a combined average of 11 provider’s patient satisfaction scores.
Finance Summary for October 2015

Volumes
Clinic volumes continue to increase with the addition of providers in our rural health clinics. Hospital volumes are stable with a slight decline in the past couple of months. The attached graphs illustrate the volumes over the past 22 months, with the clinics’ having the greatest visit count in October with 2,980.

Medicaid Expansion and Urgent Care
The budget assumed a modest decline in the emergency department. That has not occurred. In addition, the hospital experienced a significant growth in volumes – notably ED volumes – due to the Medicaid expansion. The attached graph illustrates the hospital and clinic payer mix and how it has changed since the beginning of 2014. The Medicaid expansion has helped offset any expected losses and reduced bad debt. In addition, urgent care has demonstrated an increase in market share of visits that would have either never occurred (due to no urgent care in the county), or visits that would have occurred in an emergency department. Given that nearly 2/3’s of the urgent care visits are new patients, it is presumed to be a source of our increased clinic visits as well.

Revenue and Expenses
October’s gross revenue of $4.8 million is almost the exact amount of the monthly average year to date. This is $573,000 over the budgeted revenue, with a large part of that resulting from the emergency department. Total expenses were $330,000 over budget due to the increased volumes and also the wage increases implemented in July. Year to date, the net operating income is $282,000, compared to a budget of $89,000. When the tax revenue and non-operating income is accounted for, the net income is $854,000, compared to a budget of $570,000. We should end the year with almost $950,000 in net income.

Balance Sheet
The District’s cash position decreased by $56,000 to end at just under $9.1 million (152 days of cash on hand). The District paid its bi-annual bond debt payments in October, which had an impact on cash. Days in accounts receivable decreased from 79 to 75. This is an area that continues to receive a lot of attention for change and improvement.

W. Callicoat 11-19-2015
### INCOME STATEMENT
October 31, 2015

#### CURRENT MONTH

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
<th>Variance</th>
<th>OVER</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>285,104</td>
<td>364,606</td>
<td>500,570</td>
<td>78,462</td>
<td>-22%</td>
<td>INPATIENT</td>
</tr>
<tr>
<td>1,465,294</td>
<td>1,415,452</td>
<td>1,436,530</td>
<td>98,682</td>
<td>5%</td>
<td>OUTPATIENT</td>
</tr>
<tr>
<td>187,848</td>
<td>184,527</td>
<td>187,633</td>
<td>3,094</td>
<td>2%</td>
<td>SPHC</td>
</tr>
<tr>
<td>152,452</td>
<td>136,494</td>
<td>144,911</td>
<td>15,498</td>
<td>12%</td>
<td>MRHC</td>
</tr>
<tr>
<td>155,999</td>
<td>132,652</td>
<td>137,498</td>
<td>23,147</td>
<td>18%</td>
<td>EFM</td>
</tr>
<tr>
<td>114,744</td>
<td>61,542</td>
<td>54,200</td>
<td>64,542</td>
<td>88%</td>
<td>URGENT CARE</td>
</tr>
<tr>
<td>2,453,301</td>
<td>1,966,581</td>
<td>2,260,354</td>
<td>486,720</td>
<td>25%</td>
<td>EMERGENCY</td>
</tr>
<tr>
<td>4,834,742</td>
<td>4,261,854</td>
<td>4,667,496</td>
<td>572,888</td>
<td>13%</td>
<td>GROSS PATIENT REVENUE</td>
</tr>
</tbody>
</table>

#### YEAR TO DATE

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
<th>Variance</th>
<th>OVER</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,911,743</td>
<td>848,204</td>
<td>1,065,467</td>
<td>343,539</td>
<td>41%</td>
<td>MEDICARE CONTRACTUALS</td>
</tr>
<tr>
<td>939,790</td>
<td>839,585</td>
<td>925,005</td>
<td>100,205</td>
<td>12%</td>
<td>MEDICAID CONTRACTUALS</td>
</tr>
<tr>
<td>379,412</td>
<td>383,567</td>
<td>687,719</td>
<td>(3,155)</td>
<td>-1%</td>
<td>OTHER CONTRACTUALS</td>
</tr>
<tr>
<td>188,732</td>
<td>340,948</td>
<td>268,116</td>
<td>(152,216)</td>
<td>-45%</td>
<td>BAD DEBT EXPENSE</td>
</tr>
<tr>
<td>50,253</td>
<td>68,190</td>
<td>33,468</td>
<td>(17,937)</td>
<td>-26%</td>
<td>COMMUNITY CARE</td>
</tr>
<tr>
<td>100,236</td>
<td>55,404</td>
<td>20,651</td>
<td>44,832</td>
<td>81%</td>
<td>ADMIN. ADJUSTMENTS</td>
</tr>
<tr>
<td>2,850,166</td>
<td>2,535,898</td>
<td>3,000,426</td>
<td>314,268</td>
<td>12%</td>
<td>TOTAL REVENUE DEDUCTIONS</td>
</tr>
<tr>
<td>88,006</td>
<td>12,100</td>
<td>118,290</td>
<td>75,906</td>
<td>62%</td>
<td>CLINIC ENHANCEMENTS</td>
</tr>
<tr>
<td>5,863</td>
<td>5,180</td>
<td>5,116</td>
<td>683</td>
<td>13%</td>
<td>OTHER OPERATING INCOME</td>
</tr>
<tr>
<td>2,078,445</td>
<td>1,743,236</td>
<td>1,790,476</td>
<td>335,209</td>
<td>19%</td>
<td>NET OPERATING REVENUE</td>
</tr>
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</table>

#### GROSS OPERATING REVENUE

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
<th>Variance</th>
<th>OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,017,316</td>
<td>8,083,970</td>
<td>6,898,509</td>
<td>933,464</td>
<td>12%</td>
</tr>
<tr>
<td>1,693,734</td>
<td>1,593,410</td>
<td>1,342,792</td>
<td>230,628</td>
<td>6%</td>
</tr>
<tr>
<td>1,881,781</td>
<td>1,610,730</td>
<td>1,567,799</td>
<td>24,931</td>
<td>1%</td>
</tr>
<tr>
<td>1,300,929</td>
<td>1,084,260</td>
<td>1,086,003</td>
<td>216,669</td>
<td>20%</td>
</tr>
<tr>
<td>298,834</td>
<td>307,090</td>
<td>292,928</td>
<td>(8,262)</td>
<td>-3%</td>
</tr>
<tr>
<td>2,312,597</td>
<td>1,746,910</td>
<td>1,707,443</td>
<td>556,467</td>
<td>32%</td>
</tr>
<tr>
<td>648,313</td>
<td>638,650</td>
<td>406,960</td>
<td>9,663</td>
<td>2%</td>
</tr>
<tr>
<td>105,994</td>
<td>95,340</td>
<td>93,212</td>
<td>10,652</td>
<td>11%</td>
</tr>
<tr>
<td>1,854,678</td>
<td>1,529,914</td>
<td>1,530,753</td>
<td>325,764</td>
<td>21%</td>
</tr>
</tbody>
</table>

#### EXPENSES SUBTOTAL

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
<th>Variance</th>
<th>OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,349,004</td>
<td>2,143,220</td>
<td>2,226,477</td>
<td>205,748</td>
<td>10%</td>
</tr>
<tr>
<td>63,646</td>
<td>63,333</td>
<td>66,112</td>
<td>313</td>
<td>0%</td>
</tr>
<tr>
<td>146,495</td>
<td>142,072</td>
<td>134,955</td>
<td>4,237</td>
<td>3%</td>
</tr>
<tr>
<td>2,064,819</td>
<td>1,734,319</td>
<td>1,731,820</td>
<td>330,500</td>
<td>19%</td>
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</tbody>
</table>

#### TOTAL EXPENSES

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
<th>Variance</th>
<th>OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>17,374,029</td>
<td>15,299,140</td>
<td>13,554,581</td>
<td>2,848,888</td>
<td>14%</td>
</tr>
<tr>
<td>13,626</td>
<td>8,917</td>
<td>58,656</td>
<td>4,709</td>
<td>5%</td>
</tr>
<tr>
<td>54,661</td>
<td>45,479</td>
<td>39,556</td>
<td>9,128</td>
<td>20%</td>
</tr>
<tr>
<td>12,797</td>
<td>2,619</td>
<td>4,928</td>
<td>10,178</td>
<td>389%</td>
</tr>
<tr>
<td>67,458</td>
<td>48,086</td>
<td>43,882</td>
<td>19,360</td>
<td>40%</td>
</tr>
<tr>
<td>81,084</td>
<td>57,015</td>
<td>102,538</td>
<td>24,069</td>
<td>42%</td>
</tr>
</tbody>
</table>

#### NET INCOME (LOSS) FROM OPERATION

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
<th>Variance</th>
<th>OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>282,231</td>
<td>69,170</td>
<td>156,917</td>
<td>193,061</td>
<td>217%</td>
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</tbody>
</table>

#### NON-OPERATING REVENUES

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
<th>Variance</th>
<th>OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>54,661</td>
<td>45,479</td>
<td>39,556</td>
<td>9,128</td>
<td>20%</td>
</tr>
<tr>
<td>12,797</td>
<td>2,619</td>
<td>4,928</td>
<td>10,178</td>
<td>389%</td>
</tr>
<tr>
<td>67,458</td>
<td>48,086</td>
<td>43,882</td>
<td>19,360</td>
<td>40%</td>
</tr>
</tbody>
</table>

#### TOTAL NON-OPERATING REV.

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
<th>Variance</th>
<th>OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>571,628</td>
<td>480,860</td>
<td>473,467</td>
<td>90,648</td>
<td>19%</td>
</tr>
</tbody>
</table>

#### NET INCOME OR (LOSS)

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
<th>Variance</th>
<th>OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>853,859</td>
<td>570,150</td>
<td>630,384</td>
<td>283,709</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>CURRENT MONTH</td>
<td>LAST MONTH</td>
<td>DECEMBER 31, 2014</td>
<td>CURRENT MONTH</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
<td>------------</td>
<td>-------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Cash</td>
<td>7,757,362</td>
<td>7,813,650</td>
<td>4,778,471</td>
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</tr>
<tr>
<td>Debt Reserve</td>
<td>1,339,442</td>
<td>1,339,442</td>
<td>1,919,721</td>
<td></td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>12,206,217</td>
<td>12,927,625</td>
<td>9,885,996</td>
<td></td>
</tr>
<tr>
<td>Allowance for Bad Debts</td>
<td>(2,074,089)</td>
<td>(2,074,089)</td>
<td>(2,096,352)</td>
<td></td>
</tr>
<tr>
<td>Allowance Contractual Adj</td>
<td>(7,503,086)</td>
<td>(7,862,086)</td>
<td>(4,823,754)</td>
<td></td>
</tr>
<tr>
<td>Receivables - Taxes</td>
<td>17,644</td>
<td>114,687</td>
<td>49,227</td>
<td></td>
</tr>
<tr>
<td>Receivables - Other</td>
<td>189,416</td>
<td>86,536</td>
<td>264,157</td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td>236,522</td>
<td>243,211</td>
<td>178,392</td>
<td></td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>86,837</td>
<td>72,622</td>
<td>98,348</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>12,256,265</td>
<td>12,661,598</td>
<td>10,254,206</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD DESIGNATED ASSETS</strong></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Funded Depreciation</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Designated Construction</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL BOARD DESIGN ASSETS</strong></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td><strong>PROPERTY, PLANT &amp; EQUIP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>1,652,029</td>
<td>1,652,029</td>
<td>1,652,029</td>
<td></td>
</tr>
<tr>
<td>Land Improvements</td>
<td>364,672</td>
<td>364,672</td>
<td>364,672</td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td>18,169,644</td>
<td>18,169,644</td>
<td>18,090,231</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>3,888,032</td>
<td>3,888,032</td>
<td>3,747,977</td>
<td></td>
</tr>
<tr>
<td>Construction in Progress</td>
<td>171,844</td>
<td>171,844</td>
<td>25,072</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL PROP, PLANT, &amp; EQUIP</strong></td>
<td>24,246,221</td>
<td>24,246,222</td>
<td>23,580,456</td>
<td></td>
</tr>
<tr>
<td><strong>NET PROP, PLANT &amp; EQUIP</strong></td>
<td>18,350,139</td>
<td>18,496,635</td>
<td>19,125,602</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>30,606,404</td>
<td>31,158,233</td>
<td>29,379,808</td>
<td></td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>417,989</td>
<td>627,117</td>
<td>447,401</td>
<td></td>
</tr>
<tr>
<td>Payroll &amp; Related Liabilities</td>
<td>1,492,764</td>
<td>1,292,339</td>
<td>780,210</td>
<td></td>
</tr>
<tr>
<td>Other Payables</td>
<td>83,499</td>
<td>101,584</td>
<td>215,105</td>
<td></td>
</tr>
<tr>
<td>Patient Refund Payable</td>
<td>-</td>
<td>55</td>
<td>1,478</td>
<td></td>
</tr>
<tr>
<td>Current Portion Long Term</td>
<td>589,439</td>
<td>590,492</td>
<td>579,901</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td>4,252,128</td>
<td>4,594,544</td>
<td>3,289,918</td>
<td></td>
</tr>
<tr>
<td><strong>GROSS LONG TERM DEBT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt Payable</td>
<td>20,011,245</td>
<td>20,302,796</td>
<td>20,591,180</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL GROSS LONG TERM DEBT</strong></td>
<td>20,011,245</td>
<td>20,302,796</td>
<td>20,591,180</td>
<td></td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted Fund Balance</td>
<td>6,078,611</td>
<td>6,078,611</td>
<td>4,878,234</td>
<td></td>
</tr>
<tr>
<td>Excess Revenue/(Expense)</td>
<td>853,859</td>
<td>772,775</td>
<td>1,200,377</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL UNRESTRICTED FUND</strong></td>
<td>6,932,470</td>
<td>6,851,386</td>
<td>6,078,611</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITY &amp; EQUITY</strong></td>
<td>30,606,404</td>
<td>31,158,233</td>
<td>29,379,808</td>
<td></td>
</tr>
</tbody>
</table>
### Inpatient Statistics

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Year To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>Budget</td>
<td>Prior Month</td>
</tr>
<tr>
<td>DISCHARGES</td>
<td>145</td>
<td>208</td>
</tr>
<tr>
<td>PATIENT DAYS</td>
<td>380</td>
<td>604</td>
</tr>
<tr>
<td>EMERGENCY ADMITS</td>
<td>64</td>
<td>145</td>
</tr>
<tr>
<td>LENGTH OF STAY</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

### Swing Beds

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Year To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>Budget</td>
<td>Prior Year</td>
</tr>
<tr>
<td>DISCHARGES</td>
<td>58</td>
<td>48</td>
</tr>
<tr>
<td>PATIENT DAYS</td>
<td>847</td>
<td>431</td>
</tr>
</tbody>
</table>

### Outpatient Statistics

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Year To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSERVATION HOURS</td>
<td>12,600</td>
<td>7,134</td>
</tr>
<tr>
<td>EMERGENCY ROOM VISITS</td>
<td>10,255</td>
<td>7,640</td>
</tr>
<tr>
<td>MRHC CLINIC VISITS</td>
<td>6,687</td>
<td>7,224</td>
</tr>
<tr>
<td>EFM CLINIC VISITS</td>
<td>6,043</td>
<td>6,696</td>
</tr>
<tr>
<td>SPHC CLINIC VISITS</td>
<td>9,634</td>
<td>9,498</td>
</tr>
<tr>
<td>URGENT CARE VISITS</td>
<td>3,510</td>
<td>3,513</td>
</tr>
<tr>
<td>OTHER OUTPATIENT VISITS</td>
<td>18,330</td>
<td>16,593</td>
</tr>
</tbody>
</table>

### Ancillary Statistics

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Year To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAB BILLABLE TEST</td>
<td>80,818</td>
<td>73,398</td>
</tr>
<tr>
<td>XRAY EXAMS</td>
<td>8,171</td>
<td>6,636</td>
</tr>
<tr>
<td>CT EXAMS</td>
<td>2,839</td>
<td>1,952</td>
</tr>
<tr>
<td>ULTRASOUND EXAMS</td>
<td>2,096</td>
<td>1,737</td>
</tr>
<tr>
<td>MRI EXAMS</td>
<td>220</td>
<td>300</td>
</tr>
</tbody>
</table>

### Other Statistics

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Goal</th>
<th>Year To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAYS IN A/R</td>
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<td>65</td>
<td>69</td>
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<td>DAYS IN PAYABLE EXCL 3RD/DEBT</td>
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<td>&lt; 15</td>
<td>9</td>
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<td>DAYS IN CASH</td>
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<td>CURRENT RATIO</td>
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Summit Pacific Medical Center
Clinic Visits (3 Rural Health Clinics, including U.C.)
Resolution 2015-08

Levy Limit Factor Adoption

A resolution of the Board of Commissioners of Public Hospital District No. 1, Grays Harbor County, Washington (the “District”), adopting the limit factor for the District’s regular property tax levy in calendar year 2016.

WHEREAS, the Board of Commissioners of Grays Harbor County Public Hospital District No. 1 previously passed Resolution 2015-07, and the amounts allowed have changed, and

WHEREAS, the Board of Commissioners of Grays Harbor County Public Hospital District No. 1 has met and considered its budget for the calendar year 2016, and

WHEREAS, the District’s actual levy amount from the previous year was $482,435 due to proration, and without proration, the amount would have been 632,950, and

WHEREAS, the population of the district is more than 10,000, and the Board has determined that a substantial need exists to retain the regular property tax limit factor above the regular rate of inflation, and

WHEREAS, the District has pledged to include in its budget and levy taxes annually, within the statutory tax limitations, an amount sufficient together with other money legally available to pay when due the principal of and the interest on its LTGO Bonds; now therefore,

BE IT RESOLVED by the governing board of the taxing district that an increase in the regular property tax levy is hereby authorized for a levy of $649,088 to be collected in the 2016 tax year. The dollar amount of the increase over the actual levy amount from the previous year shall be $166,653 which is a 34.54413 percent increase from the previous year regular levy. The increase is exclusive of additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, any increase in the value of state assessed property, any annexations that have occurred and refunds made.

PUBLIC HOSPITAL DISTRICT NO. 1 GRAYS HARBOR COUNTY, WASHINGTON

Chair and Commissioner

Vice Chair and Commissioner

Secretary and Commissioner

Resolution 2015-08 Levy Limit Factor

Renée K. Jensen, Chief Executive Officer
600 E Main Street, Elma, Washington 98541 • Ph. (360) 346-2222 | Fax: (360) 346-2160
Owned and Operated by Grays Harbor County Public Hospital District No. 1
SPMC is an equal opportunity employer.
Resolution 2015-08

Levy Limit Factor Adoption

I, Amy Thomason, Secretary to the Board of Commissioners of Public Hospital District No. 1, Grays Harbor County, Washington, certify that the attached copy of Resolution No. 2015-08 is a true and correct copy of the original resolution adopted on December 3, 2015, as that resolution appears on the Minute Book of the District.

DATED this 3rd day of December, 2015.

________________________________
Secretary to the Board of Commissioners
Chief Medical Officer Report
Highlights of Medical Staff Activities for the Board of Commissioners December 3, 2015

Effective & Efficient Operations
Continuously develop effective, efficient and well-coordinated processes to ensure patient centered care.

Rural Healthcare Clinics. The clinics are completing their work on a quality project for vaccinations. It will provide a more streamlined, effective, & safe vaccine practice across the system.

Emergency Department. The Emergency Physicians have been using a series of new ultrasound machines as demonstrators for a replacement. Their recommendations for selection include a Sonosite and GE model.

Training for all of the Emergency Physicians in Customer Satisfaction and Risk Management was completed through Physician’s Insurance. With the training, we have seen a significant drop in our rate of patient complaints at Summit Pacific.

Urgent Care. The success of the ED/Urgent Care Optimization Task Force has allowed that group to sunset their operations. A new task force is being formed to investigate, develop, and optimize Urgent Care procedures & operations.

Organizational Development
Foster a culture of passion, performance and innovation that attracts, develops and retains the highest caliber talent.

Medical Staff.

Congratulations to Mary Ellen Biggerstaff, DNP for her selection as the Interim Medical Director for Primary Care. In this position, she will serve as the Medical Director of the Summit Pacific Clinic and will coordinate Care Transformation across the other clinics and throughout Primary Care.

Congratulations to Curtis Peek, RN for his selection as the Emergency Medicine Nurse of the Year by the March of Dimes of Washington State. His help in developing policies and procedures for the care of patients with sepsis at Summit Pacific advanced care across the state. He will be honored in a ceremony at Summit Pacific on 10 December at 9:00 am.

Mary Ellen Biggerstaff, DNP has also been serving as the Department Chair of Primary Care & leading the Primary Care Department Team through numerous advances. Their most recent work on a new Controlled Substances Policy will go live January 2016.

The Medical Executive Committee has been formed to develop and optimize Care Transformation across Primary Care, In-Patient Care, and the Emergency Department. The group met for the first time 1 December to approve a charter and begin initial work.

The combined stressors of providing quality medical care while developing through Care Transformation has led to a surge in provider burnout in medicine. Physician’s Insurance provided a monograph to each provider on the topic with useful tools and resources for providers. Two of the key articles were written by Dr. Dike Drummond, our speaker for the upcoming Provider Retreat on 22 January.
Disaster Trailer Setup
September 14-15, 2015
Resolution 2015-09

Levy Refund

A resolution of the Board of Commissioners of Public Hospital District No. 1, Grays Harbor County, Washington (the District) to assess a refund levy in the calendar year 2016.

Whereas the District has received notice from the Grays Harbor County Treasurer, regarding taxes that were refunded and/or cancelled during the past twelve months, and

Whereas the net refunds/cancellations for the year October 1, 2014 through September 30, 2015 in the amount of $7,915.59 can be recovered through a refund levy in 2016, and

Whereas the District was not able to collect its full tax levy in 2015 and this levy may supplement a small portion of the 2015 levy reduction, and

Whereas this levy may also be impacted by levy lids and not collected in total now therefore,

BE IT RESOLVED by the governing board of the District that a refund levy in the amount of $7,915.59 will be assessed to be collected in the 2016 tax year. This levy is exclusive of the regular annual tax levy.

PUBLIC HOSPITAL DISTRICT NO. 1
GRAYS HARBOR COUNTY, WASHINGTON

______________________________
Chair and Commissioner

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Vice Chair and Commissioner

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Secretary and Commissioner

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Commissioner

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Commissioner
Resolution 2015-09

Levy Refund

I, Amy Thomason, Secretary to the Board of Commissioners of Public Hospital District No. 1, Grays Harbor County, Washington, certify that the attached copy of Resolution No. 2015-09 is a true and correct copy of the original resolution adopted on December 3, 2015, as that resolution appears on the Minute Book of the District.

DATED this 3rd day of December, 2015.

________________________________
Secretary to the Board of Commissioners
Resolution 2015-10

Surplus Property

A RESOLUTION OF THE BOARD OF COMMISSIONERS OF PUBLIC HOSPITAL DISTRICT NO. 1, GRAYS HARBOR COUNTY, WASHINGTON, DECLARING CERTAIN EQUIPMENT IN THE DISTRICT’S HOSPITAL OR HEALTH CARE FACILITIES AS SURPLUS TO THE NEEDS OF THE DISTRICT, AND DIRECTING THE CEO OF THE DISTRICT TO AFFECT A SALE OF SUCH SURPLUS PROPERTY AS PROVIDED BY STATUTE.

REQUITALS

WHEREAS, the Board of Commissioners of Public Hospital District No. 1 of Grays Harbor County, Washington, has determined the listed property is no longer required for public hospital district purposes;

WHEREAS, RCW 70.44.320 allows the board of commissioners of any public hospital district to sell or otherwise dispose of surplus personal property of the district which the board has determined by resolution is no longer required for public hospital district purposes in such manner and upon such terms and conditions as the board in its discretion finds to be in the best interest of the district.

WHEREAS, the property to be surplused is listed here:
Nobilis N5021 Laptop - Serial Number 1088143 - Asset 1007 (11/2008)
Nobilis N5021 Laptop – Serial Number 1088142 - Asset 1006 (11/2008)
Nobilis A2501R2 Server – Serial Number 1162957 (11/2009)
Nobilis 12006R1 Server – Serial Number 1158317 (10/2009)
Lenovo I3 Workstation – MJMZGV0 (needed refreshed to current hardware specs)
Watchguard Firewalls 5 Series
• 80B305F4F-3D6E
• 80B30672B-013C
• 80B305F4F-3D6E
Nobilis A252R1 Server – Serial Number 1070588 (9/2008)
IBM x3250 M3 Server – KQ217NP
IBM x 3550 M3 Server – KQ206RC
Lenovo workstation – Serial Number 1S2227B1UMJRBR2A (old conference room clinic ed) AMD
Lenovo Xtablet – Serial R9-B812A (asset purple 1008) Asset Green 000303
Monitor serial number: 95173CA001146
Monitor Serial number: 851WGHM22N0752
Monitor Serial number: 54AL501936
Nobili Asset (blue 000210) Serial number rubbed off sticker Very old
Nobili Asset (blue 000208) Serial number rubbed off sticker Very old
Nobili Asset (Blue 000205) Serial number rubbed off sticker Very old
Resolution 2015-10
Surplus Property
Page 2

BE IT RESOLVED by the Board of Commissioners of Public Hospital District No. 1 of Grays Harbor County, Washington, that the described equipment is not and will not be needed for the District’s hospital or other health facilities and the CEO (Superintendent) of the District is hereby authorized to proceed to affect the sale of such property as provided by RCW 74.44.320. Some items listed above will be assessed for potential foundation auction.

ADOPTED by the Board of Commissioners of Grays Harbor County Public Hospital District No. 1 of Grays Harbor County, Washington at a regular meeting on December 3, 2015, the following commissioners being present and voting:

PUBLIC HOSPITAL DISTRICT NO. 1
GRAYS HARBOR COUNTY, WASHINGTON

________________________________________
Chair and Commissioner

________________________________________
Vice Chair and Commissioner

________________________________________
Secretary and Commissioner

________________________________________
Commissioner

________________________________________
Commissioner