Mid-Valley Hospital & Clinic

BOARD OF COMMISSIONERS

NOTICE OF A SPECIAL MEETING
PUBLIC HOSPITAL DISTRICT No. 3 OF OKANOGAN COUNTY
Date: May 23, 2023
Time: 5:30 PM
MID VALLEY HOSPITAL Education Center, Conference Rooms C & D and Teams

A SPECIAL MEETING of the Board of Commissioners will be held at 5:30 PM on May 23, 2023 for the purpose of conducting business listed on the attached Special Meeting Agenda.

Public comment will be accepted during the open portion of the Special Meeting per the agenda item for this purpose.

The meeting will take place in the Mid Valley Hospital Education Center, Conference Rooms C & D, 810 Jasmine Street, Omak WA 98841.

To join the Special Meeting Online:

To join the **Microsoft Teams** virtual meeting Click here to join the meeting with **Meeting ID: 244 984 439 915**; **Passcode: cp6Rrg** or use this button to join on the web: Join on the web


for Richard Johnson

Dr. Richard Johnson, Board Chair

Mid-Valley Hospital & Clinic

May 19, 2023

Board of Commissioners
Okanogan County Public Hospital District #3
810 Jasmine Street
Omak, WA 98841

RE: May 23, 2023 Special Meeting Overview

Dear Board of Commissioners:

Welcome to a preview of our May Special Meeting, a replacement for the Regular Meeting that was previously scheduled for the fourth Thursday, May 25. Recall that we rescheduled due to my planned absence to attend my oldest son's undergraduate graduation ceremony. Thank you again for being willing to do so.

As always, you're welcome to join the meeting via Microsoft Teams. Information on how to connect is in the agenda and below as well:

> To join the **Microsoft Teams** virtual meeting Click here to join the meeting with **Meeting ID: 244 984 439 915 Passcode: cp6Rrg** or use this button to join on the web: Join on the web

For this meeting, we have a relatively simple agenda. Several things to be aware of for this meeting:

- Finance Committee will meet this month immediately before the Board meeting, reviewing financial results and activity for April 2023. Fiscal Services will upload the budget amendments approved at our April meeting for the June financial statements. April financials are presented with the budget prior to amendment. Also in June, we will begin to track and report on the Financial Sustainability Plan.
- An Executive Committee will not be held this month.
- There is not an Education Session planned for this meeting.
- Leadership Team Officers/Directors will be joining us and presenting written and/or verbal reports as usual, with Quality Director Pat McKinnon attending virtually. Alan Craft is out of the office for a previously planned and approved absence.

As always, if you have comments or questions, please share them with me and I'll be happy to answer.

With Aloha,

John R. White
Chief Executive Officer & Superintendent

Enclosures as noted

Mid-Valley Hospital & Clinic

Board of Commissioners Special Meeting

May 23, 2023

5:30pm

OKANOGAN COUNTY PUBLIC HOSPITAL DISTRICT #3
OPEN PUBLIC MEETING AGENDA
Board of Commissioners

SPECIAL MEETING			
Date: May 23, 2023	**Start Time:** 5:30 p.m.	**Location:** MVC Education Center, Conference Rooms C & D and Microsoft Teams	**Note**: This agenda is open for consideration and may be changed prior to or during the Commission meeting

To join the **Microsoft Teams** virtual meeting Click here to the meeting with **Meeting ID: 244 984 439 915**
Passcode: cp6Rrg or use this button to join on the web: Join the web

DISCUSSION ITEM	Page #	I = Information A = Action D = Discussion	Responsible Person
1. Call to Order; Welcome and Introductions as Needed	-	**A**	R. Johnson
2. Business from the Audience (Public Comment; see rules below)	-	**A**	R. Johnson
CONSENT ITEMS			
3. Consent Agenda Items a. Regular Meeting Minutes of April 27, 2023 b. Warrants & Vouchers, Bad Debts, Healthcare Assistance Program, EFTs c. Policies (2) as included in Consent Agenda section of Board materials	3 - 28	**A**	R. Johnson
BOARD EDUCATION			
4. None Planned		**-**	N/A
CONTINUING BUSINESS			
5. Commissioner Succession Process	29 - 32	**A**	R. Johnson et al
NEW BUSINESS			
6. Resolution 662: Cancellation of Outstanding Warrants	33 - 37	**A**	J. White
BOARD, MEDICAL STAFF, and ADMINISTRATIVE REPORTS			
7. CEO Report	39 - 45	**I/D**	J. White
8. CFO & Finance Committee Report	46 - 55	**I/D**	H. Stanley E. LaGrou B. Corson
9. Nursing/Patient Care Services Report	56 - 57	**I/D**	C. Neely
10. Clinic Administrator Report	58 - 59	**I/D**	D. Osborne
11. Human Resources Report	60 - 61	**I/D**	R. Coffell
12. Quality and Patient Experience Report	62 - 63	**I/D**	P. McKinnon
13. Marketing & Public Relations Director Report	64 - 65	**I/D**	J. White
14. CMO & Chief of Medical Staff Reports	Verbal 66	**I/D**	J. Thill MD R. Sterling MD

OKANOGAN COUNTY PUBLIC HOSPITAL DISTRICT #3
OPEN PUBLIC MEETING AGENDA
Board of Commissioners

SPECIAL MEETING, CONTINUED			
Date: May 23, 2023	**Start Time:** 5:30 p.m.	**Location:** MVC Education Center, Rooms C & D and Microsoft Teams	**Note**: This agenda is open for consideration and may be changed prior to or during the Commission meeting

15. Acceptance of Board, Medical Staff, and Administration Reports	-	**A**	R. Johnson
16. Commissioner's Open Discussion; Meeting Evaluation and Planning for Future Meetings	-	**I/D**	All
17. Adjournment	-	**A**	R. Johnson

PUBLIC COMMENT AND MEETING CONDUCT, PUBLIC MEMBERS

Public Comment: Any written comments must be received by 11:00 AM the day of the meeting and submitted to info@mvhealth.org. Public comments will be limited to 2 minutes each and ten minutes per topic. Personnel issues and employee performance are not discussed in public meetings and should be referred to the CEO. Board members will not respond to public comment, as this is a time for members of the public to express their views. Please remember that all comments are expected to be respectful and no inappropriate comments or behavior will be tolerated. Inappropriate is defined as attempting to engage individual board members in conversation, insults, obscenities or profanity, verbal attacks against any person in their personal capacity, and/or physical violence or threat thereof.

Consent Agenda Items

MID VALLEY HOSPITAL AND CLINIC
BOARD OF COMMISSIONERS MEETING
April 27, 2023, 5:30 p.m.
Family Medical Building Conference Room C/D and via Teams

MINUTES

BOARD:

X	Richard Johnson, Ed.D, Chair	X	Rebecca Christoph, RN, Secretary
X	Ellen Delaney, Vice-Chair	X	Becky Corson, MBA, Member
X	Evon LaGrou, Member (*via teams)*		

STAFF:

X	John White, CEO	X	Dr. Jennifer Thill, CMO
X	Holly Stanley, CFO		Carrie Anthony, Controller
X	Carol Neely, RN, CNO	X	Alan Craft, Director of Marketing
X	Randy Coffell, HR Director	X	Pat McKinnon, RN, Quality Director
X	Dianna Osborne, RN, Clinic Administrator (*via teams)*	X	Robie Sterling, MD, Chief of Staff *(via teams)*
X	Lisa Eaton, Administration Office Manager		

GUESTS:

X	Sandy Johnson, Attorney

1. Meeting was called to order in due form.

2. Acceptance/Changes to Agenda.

Commissioner Becky Corson made a motion to amend the agenda to include Medical Staff Credentialing Recommendations, and Ratification and CEO signature on the Johnson Law Group, LLC Engagement Letter. Commissioner Rebecca Christoph seconded the motion to add these items to the agenda, which passed unanimously without further discussion.

3. Public Comments: **None made.**

4. Consent Agenda Items: **Commissioner Ellen Delaney moved to accept the Consent Agenda as presented in the Board Packet:**

    a. Regular Meeting Minutes of March 23, 2023
    b. Warrants, Bad Debts, Uncompensated Care, EFTs

c. Policy Approval, numerous as listed and included in Board Packet supplemental information
d. Medical Staff Credentialing Recommendations.

Commissioner Rebecca Christoph seconded the motion which passed unanimously without further discussion.

5. Board Education: Presentation by Dr**.** Miller from Family Health Centers, as included in the packet. Dr. Miller addressed various questions regarding the Rural Residency Program and its process. Question and answer included but not limited to partnerships, timeline, informing the community about the significance of the program, and housing.

6. Continuing Business: Holly Stanley, CFO presented the Financial Sustainability Plan and 2023 Operations Budget Amendment and presented in the Packet. It was requested that the Board Adopt the Financial Sustainability Plan and authorize the 2023 Operations Budget Amendment.

   Commissioner Becky Corson moved to approve the Amended Budget and Financial Sustainability Plan as presented. Commissioner Ellen Delaney seconded the motion which passed unanimously, without further discussion.

   6.a **Ratification, CEO Signature, Johnson Law Group LLC Engagement**. Discussion on this item of business took place, CEO John White and District Counsel Sandy Johnson sharing background information on this requested action.

   Commissioner Ellen Delaney moved to ratify the agreement the Johnson Law Group LLC Engagement Letter with an amendment to be signed by the Board Chair, Dr. Richard Johnson, and to approve John White, CEO sign the Engagement Letter. Commissioner Becky Corson seconded the motion, there was no discussion, and the motion passed unanimously.

7. New Business: Dr. Thill, the District's Chief Medical Officer, presented a verbal update along with the information included in the Board packet regarding the Emergency Department Fast Track.

ADMINISTRATION REPORTS

8. CEO Report: John White, CEO presented the CEO Report as included in the Board Packet. A question arose regarding any updates regarding the outcome of the 2023 Washington State Legislative session. CEO White informed group that legislation and

budget work this year was favorable to healthcare. A comprehensive summary of the session was distributed to the Commissioners via email.

9. Finance Committee and CFO Reports: Holly Stanley, CFO discussed in detail the CFO Report & Finance Committee Report as included in the Board Packet.

10. Nursing/Patient Care Services Report: Carol Neely, CNO discussed in detail the Nursing as presented in the Board Packet.

11. Clinic Administrator Report: Dianna Osborne, Clinic Administrator presented the Clinic Administrator Report as included in the Board Packet.

12. Human Resources Report: Randy Coffell, HR Director presented the Human Resources Report as included in the Board Packet.

13. Quality and Patient Experience Report: Pat McKinnon, Quality & PI Director presentenced the Quality and Patient Experience report per the Board Packet

14. Marketing & Public Relations Report: Alan Craft, Director of Marketing presented verbally to the group he will be leading Mid Valley's involvement in a community-wide health needs assessment (CHNA). Alan's bio is included in the Board packet.

15. Chief Medical Officer (CMO) and Chief of Medical Staff Report: Chief of Medical Staff Dr. Robie Sterling presented a verbal report stating morale is up and things are going well. There is an increase in coordination with Surgery. Weekend coverage and addressing grievances still needs to improved. "Things are like Night and Day from a year ago" Dr. Thill, CMO presented verbally that Trauma continues to provide a high level of care and that hospitals around the state continue to operate at or above capacity. Policies and education are a continued project for all staff.

16. Acceptance of Board, Medical Staff, and Administration Reports. **Commissioner Becky Corson moved to accept Administration Reports and Medical Staff reports as presented. Commissioner Ellen Delaney seconded the motion which passed unanimously, without further discussion.**

17. Commissioner's Open Discussion, Meeting Evaluation and Planning for Future Meetings. Commissioners and Staff wish Commissioner Becky Corson well as this was her last meeting. CEO John White informed the group of a conflict for the next BOC meeting. Options for the next Board meeting will be considered and communicated.

18. Executive Session:

As permitted by RCW cited on the amended meeting agenda:

a. Executive Session began at 7:1 4pm
b. Return to Public session at 7:27 pm

Commissioner Becky Corson moved to adjourn the regular meeting at 7:32 pm. Commissioner Ellen Delaney seconded the motion which passed unanimously, without further discussion.

The next Regular meeting of the Board is planned for May 25, 2023, subject to necessary changes as note above.

*** * * * * * ***

Adopted and Approved via Consent on May 23, 2023, the following Commissioners being present and voting in favor:

_____ _____

Chairperson Secretary

_____ _____

Vice Chairperson Commissioner

_____

Commissioner

Mid-Valley Hospital & Clinic
810 Jasmine St. Omak, WA 98841 | 509-826-1760 | fax: 509-826-7211

Bad Debt and Healthcare Assistance Program Board Approval

	MEDITECH	CERNER
Healthcare Assistance Program	$ 0.00	$189,144.54
Bad Debt	$ 0.00	$169,480.25
TOTAL	**$ 0.00**	**$358,624.79**

DATE APPROVED: May 25, 2023

Chairperson

Vice Chairperson

Commissioner

Commissioner

Secretary

VOUCHER APPROVAL

We, the undersigned Board of Commissioners of Mid Valley Hospital, Okanogan County, Washington, do hereby certify that the merchandise or services hereinafter specified have been received and that the following vouchers #147543 through #147951 are approved for payment in the amount of $3,598,948.51, excluding the direct deposit payroll total of $1,043,823.36, for a net voucher total of of $2,555,125.15, this date of May 25, 2023.
In addition, we approve the following electronic fund transfers for the month of April 2023.

Date	Vendor	Item	Amount
04/03/23	Merchant Bank Card Fees	Credit Card Fees	$ 4,956.95
04/04/23	CMS Fee	Credit Card Fees	$ 89.12
04/05/23	Optum Pay	Credit Card Fees	$ 467.05
04/07/23	Washington State DSHS	Child Support from Payroll	$ 1,772.74
04/24/23	Washington State Hospital Association	Unemployment	$ 1,666.00
04/24/23	Washington State Hospital Association	Worker's Compensation	$ 24,219.00
04/24/23	Washington State DSHS	Child Support from Payroll	$ 1,484.28
04/26/23	Washington State Department of Revenue	B&O Tax	$ 20,638.85
04/28/23	Pay Plus	Credit Card Fees	$ 2,045.36
		Total EFTs	**$ 57,339.35**

_____
Board Member

_____
Board Member

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Board Member

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Board Member

_____
Board Member

VOUCHER APPROVAL FOR LTGO FUND

We, the undersigned Board of Commissioners of Mid Valley Hospital, Okanogan County, Washington, do hereby certify that the merchandise or services hereinafter specified have been received and that voucher #28 were approved for payment in the amount of $1,860.17 this date of May 25, 2023.

_____
Board Member

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Board Member

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Board Member

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Board Member

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Board Member

PAYROLL
OF
OFFICERS AND EMPLOYEES
OF
OKANOGAN COUNTY PUBLIC HOSPITAL DISTRICT #3

PAY PERIOD ENDING April 2, 2023

WARRANTS ISSUED No Paper Payroll Checks for 04/07/2023 Payday

WARRANT NUMBERS _____ - _____

IN THE AMOUNT OF _____

AND DIRECT DEPOSIT PAYROLL INCLUDED IN A/P VOUCHERS OF $536,376.56

FOR A TOTAL NET PAYROLL OF $536,376.56

APPROVED AND ORDERED PAID:

_____
Commissioner

_____
Commissioner

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Commissioner

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Commissioner

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Commissioner

PAYROLL
OF
OFFICERS AND EMPLOYEES
OF
OKANOGAN COUNTY PUBLIC HOSPITAL DISTRICT #3

PAY PERIOD ENDING April 16, 2023

WARRANTS ISSUED April 21, 2023

WARRANT NUMBERS 46143 - 46145

IN THE AMOUNT OF $4,062.93

AND DIRECT DEPOSIT PAYROLL INCLUDED IN A/P VOUCHERS OF $507,446.80

FOR A TOTAL NET PAYROLL OF $511,509.73

APPROVED AND ORDERED PAID:

_____
Commissioner

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Commissioner

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Commissioner

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Commissioner

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Commissioner

Status **Pending** PolicyStat ID **13464507**

Effective	N/A
Approved	N/A
Last Revised	N/A
Due For Review	1 year after approval

Author	Patricia McKinnon: Director of Quality and PI
Policy Area	Risk Management

OPPE FPPE Policy

Ongoing and Focused Professional Practice Evaluation Policy

Purpose:

To assure that the Hospital, through the activities of its Medical Staff, assesses the ongoing professional practice and competence of its medical Staff, conducts professional practice evaluations, and uses the results of such assessments and evaluations to improve professional competency, practice and care. The focused efforts towards individuals complements but does not replace ongoing efforts to evaluate and improve performance of clinical groups and enterprise-based systems of care.

"Professional Practice Evaluation" is considered an element of the peer review process and the records and proceedings relating to this policy are protected from discovery pursuant to [enter state regulation code addressing peer review].

Ongoing Professional Practice Evaluation

Criteria utilized for the ongoing professional practice evaluation may include but is not limited to:

- Review of operative and other clinical procedure(s) performed and their outcomes
- Pattern of blood and pharmaceutical usage
- Requests for tests and procedures
- Length of stay patterns
- Morbidity and mortality data
- Appropriate use of consultants
- Sentinel events and/or near misses
- CMS Core Measures
- National Patient Safety
  (Add additional specific indicators as identified by each department)

Methods utilized to identify reviews may include:

- Chart review
- Direct observation and/or proctoring
- Routine monitoring of indicators
- Complaints or concerns from patients, staff, medical staff members, etc.
- Failure to follow approved clinical practice guidelines

Rationale:
It is the policy of Mid-Valley Hospital and its medical staff to comply with accreditation requirements regarding ongoing professional practice evaluation and focused professional practice evaluation. Ongoing data review and findings about practitioner practice and performance are evaluated by Departmental Chairmen [Medical Director] on a continual basis and utilized to assess the quality of care of each practitioner at time of reappointment. The Medical Executive Committee provides oversight of all monitoring activities for the medical staff.

General Instructions:

1. Quality of care and patient safety indicators/criteria are developed by the medical staff departments/committees and are approved by the Medical Executive Committee.
2. Indications/criteria are implemented and monitored by Hospital and quality analysts on an ongoing basis.
3. Results of monitored indicators/criteria are reported to the practitioner's clinical department chairman on a monthly basis.
4. Unusual patterns, trends, outliers or issues are to be brought to the Chairman immediately for review. Patterns, trends, outliers or issues identified at department/ committee review will be addressed for further review, corrective action and/or additional monitoring as necessary.
5. In conjunction with review by Department Chairman, those practitioners who fall below established targets may be recommended for implementation of additional proctoring, education of practitioner, focused review and/or restriction of privileges in accordance with Bylaws.
6. Monitoring results and department/committee recommendations are reported to the medical executive committee at least quarterly.
7. Process issues identified will be referred to the medical executive committee for recommendation and development of a corrective action plan
8. Cumulative or specific practitioner reports are reviewed [enter frequency], any time additional privileges are requested and at time of bi-annual reappointment.

Focused Professional Practice Evaluation
FPPE is defined as a time-limited period during which the organization evaluates and determines a practitioner's professional performance. A period of FPPE is implemented for all initially requested privileges through the appropriate Service and when there are concerns regarding a practitioner's professional performance, as recognized through the peer review and

Ongoing Professional Practice Evaluation (OPPE) process. The Service Chief or designee shall be responsible for the oversight and development of the evaluation plan for all applicants or medical staff members assigned to their department.
The following guidelines should be used to determine the extent of FPPE to be performed:

1. Initial Privilege Requests
    1. Evaluation of peer recommendations from previous institutions
    2. Ongoing monitoring of performance indicators and aggregate data within the department
    3. Input from colleagues, consultants, nursing personnel, and administration.
    4. Procedure and clinical activity logs will be reviewed from previous institutions and/or training programs. If current competency and adequate clinical activity is not well documented from previous institution, then a higher level of focused evaluation may be assigned. Specifically, concurrent chart review or proctoring may occur to fully evaluate the ability to perform requested privileges.
    5. At a minimum, the medical records of the first 5 patients will be reviewed by the Service Chief or his/her designee either prospectively (while patient is in house) or retrospectively (on patient discharge). Based on review of information received in the credentialing and privileging process, the Service Chief may require additional review, proctoring, or monitoring.
    2. Additional privilege request – The privilege(s) requested will be reviewed by the Service Chief. If the additional privilege(s) requested is significantly different from the requesting physician's current practice and there is no transference of skill (as determined by the Service Chief), an FPPE plan will be established.
    3. FPPE required as a result of peer review - The Service Chief will establish a plan on a case by case basis when focused evaluation has been recommended as a result of peer review.
    Triggers may include but are not limited to:
    Significant variation from accepted standards of clinical performance;
    Findings from a sentinel event, serious event, or "near miss" review in which one of the root causes is determined to be related to practitioner performance;
    Unexpected unfavorable patient care outcome;
    Identified trends or variations;
    Findings from investigation of a complaint/occurrence about practitioner performance;
    Minimal threshold criteria has not been met to maintain proficiency for a specific privilege or procedure as determined by the Service Chief.
    Recommendation of the Executive Committee for additional monitoring of practitioner performance.
    Information for FPPE may be derived from the following:

- Discussion with other individuals involved in the care of each patient (e.g. consulting physician, assistants in surgery, nursing, or administrative personnel)
- Chart review

- Monitoring clinical practice patterns
- Proctoring
- External peer review

A specific monitoring plan will be developed and will include the following as appropriate:

- Specific performance elements are to be monitored
- Number of cases or length of time or both to complete the monitoring plan
- Practitioners assigned to perform monitoring or proctoring
- Description of how the results of monitoring and any recommendations will be provided to the practitioner and to the appropriate monitoring body (Service Chief, Executive Committee, and/or Governing Board)
- In instances where there may be a lack of expertise within the medical staff to provide monitoring, or in which the available monitors with appropriate expertise may have a conflict of interest, a plan for monitoring by an external source will be developed by the Executive Committee. The plan will contain the elements defined above.

If either during the process of, or after completion of the specific FPPE monitoring plan a recommendation is made that would result in restriction, decrease, or revocation of specific privileges, or in suspension or revocation of medical staff membership, the processes pursuant to the Medical Staff Bylaws will apply.

Procedures:

A. Monitoring and evaluation are conducted as fairly as possible and are performed based on criteria of which the Medical Staff members have prior knowledge.

B. Initial review and identification of an indicator may be determined by the Quality Improvement Office, the Risk Management Department or referred by a Medical Staff Department to determine if criteria for the indicator are met.

C. Cases will be forwarded to the appropriate Service Chief for review and recommendation.

D. The Service Chief will determine the need for action or the need for additional review including the use of external reviewers.

Attachments

Concurrent.Proctoring.Procedural.Surgical.docx

Documenting recommendations.docx

FPPE Audit tool.docx

FPPE.Evaluation.Plan.docx

FPPE.Recomendations.docx

Approval Signatures

Step Description	Approver	Date
Policy Committee	Randy Coffell: HR Director/ Education	Pending
P&T Committee	Karen Denham: Credentialing Secretary	04/2023
	Karen Denham: Credentialing Secretary	04/2023

Status **Pending** PolicyStat ID **13483434**

Effective	N/A
Approved	N/A
Last Revised	N/A
Due For Review	1 year after approval

Author	Randy Coffell: HR Director/ Education
Policy Area	Risk Management

Utility Management Plan

Policy:

Mid-Valley Hospital will have a utilities management plan in place to provide for a safe and efficient environment that reduces the opportunity for CAH-aquired illnesses.

Scope:

The Utility Management Plan applies to Mid Valley Hospital and buildings, grounds, equipment, services, patients, visitors and staff of the organization including Licensed Independent Practitioners (LIPs).

This Utility Management Plan describes the essential services, processes and mechanisms used to ensure the utility systems are designed and maintained to support a safe, controlled, and comfortable environment.

This plan applies to utility systems, components and the uses for the purposes of providing:

- Life support systems;
- Infection control
- Support to the environment, other critical processes and equipment;
- Communication systems;

To provide the highest quality of patient care, and treatment, the management plan encompasses the following:

- Responsibilities and Authority
- Risk Assessment
- Appropriate Strategies for All Utility Systems Equipment on the Inventory
- Intervals for Inspecting, Testing and Maintaining Utility Systems

- Emergency Procedures for Utility System Disruptions or Failures
- Minimizing Pathogenic Biological Agents, Temperature and Ventilation
- Designing, Installing and Maintaining Ventilation Equipment
- Electrical Power and Lighting System
- Medical Gas

Responsibilities:

A. Plant Services Supervisor has responsibility for the daily management of the plan and oversees maintenance of an inventory of all utility systems and is also responsible for the following:

1. Performance and safety testing of system components on intervals that meet manufacturer requirements, industry standards, or are approved by the Physical Environment Committee.
2. Identify and collect information about equipment failures or user errors.
3. Initiate equipment repairs and/or service calls with outside contractors.
4. Report incidents to the Physical Environment Committee including but not limited to utility systems failures or user errors, and suggest corrective actions, utility systems quality improvement plans and preventive maintenance activities.

B. Information Technology Director is responsible for the maintenance of the major communications systems used within the facilities.

C. Plant Services staff perform preventive maintenance procedures and repairs on utility system components as assigned by the Plant Services Supervisor and are responsible for maintaining accurate documentation. Some components of preventive maintenance are under contract with qualified vendors.

Control:

Adminsitrator, Maintenance Manager, Safety Committee

Procedure:

A. Processes Are in Place to Provide for A Safe and Efficient Environment That Reduces the Opportunity For CAH-Acquired Illnesses PE 8 SR1

1. The Plant Services Department strives to minimize pathogenic biological agents in water systems to reduce hospital acquired illnesses. The Plant Services Department works collaborative with Infection Prevention and Control Director, the Infection Control Committee and the Physical Environment Committee to minimize pathogenic biological agents through the control of biological agents in water sources or domestic hot/cold water systems.

2.Potable Water: The Plant Services department promotes safe potable water by testing, servicing and/or monitoring as follows:

- Review of the City of Omak Annual Water Quality Report.

- Rounds of buildings to look for piping problems or potentials for contamination
- Follows guidelines for Legionnaire's Disease in the potable water systems based upon CDC recommendations of maintaining a high index of suspicion for Legionella.
- Maintain constant recirculation in hot-water distribution systems serving patient-care areas especially in areas that are inactive

3. Refer to PE 8 SR 4 for actions on reducing airborne hospital acquired illness.

B.Process in Place to Evaluate Critical Operating Components PE 8 SR2 Critical equipment includes equipment for which there is a risk of serious injury or death to a patient or staff member should the equipment fail.

C. Maintenance, Testing, And Inspection Processes for Critical Utilities PE 8 SR3

1.Critical operating components of the utility systems have documented maintenance, testing and inspection activities and associated frequencies. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. Refer to PE 8 SR 10 for more information on the AEM program requirements.

2.Mid Valley Hospital maintains documentation of manufacturer's recommendations and the hospital's associated maintenance activity for the affected equipment.

D. Process in Place to Address Medical Gas Systems and HVAC Systems Including Areas for Negative Pressure) PE 8 SR4

Hospital areas are designed to control airborne contaminants (such as biological agents, gases, fumes, dust) and the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.

1. The HVAC systems are properly designed and installed to reduce concentrations of airborne contaminants through dilution, filtration and pressurization.

2.Pressure Relationships

a. Negative Pressure Isolation Rooms To ensure the two airborne infection isolation rooms (Rm. #14 and E/R room #8) stay negatively pressurized with respect to adjacent areas, visual indicators, just above the door in ER #8 and in the South wall of room #14 have been in place to alert staff that the room is negative pressure. In addition, there is a bag-in bag-out air filtered exhaust fan that is dedicated to serve only these two rooms.

Non- Isolation Negative Pressure

Negative pressure air flow areas accomplished thru HVAC include: soiled utility rooms, Emergency Department, triage, toilet rooms, laboratory, glass washing, histology, microbiology, and sterilizing areas); endoscopy decontamination rooms; soiled and central surgical supply decontamination; pharmacy hazardous drug preparation/compounding area; janitor's closet, hazardous materials storage; soiled linen. ASHRAE 170

b. Positive Pressure

Testing is conducted through approved contract service monitoring and responding to Building Automated System alarms in positively pressured rooms to ensure protection of patients, clean supplies, and/or equipment within the room. Positive pressure areas include: Patient protective environment rooms (e.g. operating rooms, pharmacy, central surgical supply clean workrooms (instrument processing) and Central Supply Sterile Storage. ASHRAE 170.

3. Air exchange rates are evaluated whenever changes to the HVAC air supply has been altered. Air balance tests based upon the required design flow values are verified in these areas.

4.Filtration Efficiencies: The HVAC system filtration is checked through the preventive maintenance process to ensure that the correct filters are in place, maintained and functioning normally, and that filters are appropriately reinstalled when replaced.

a.Additional processes to maintain the filtration system also include inspecting, maintaining and/or testing:

- Air handlers: pre-filters and final filters are changed based on visual inspections, and/or when the Magnehelic® differential pressure gauge indicates upper limits of manufacturer specified filter loading capacity.
- Air flow, volume and pressure differentials.

b. Appropriate air filters are also used and maintained within biological safety cabinets, horizontal laminar flow benches, and pathology workstations. Filters are selected based on the type of contaminants they are designed to trap.

5. Medical Gases:

a. Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7
At Mid Valley Hospital, the medical gas storage or manifold areas are provided with vents.

b. Annually the components of the medical gas system critical components are inspected, tested and maintained and it is documented. Testing includes at a minimum:

- Flexible connectors between the user terminal and the piping system per NFPA 99 (2012) 5.1.14.2.3.2
- Source distribution
- Inlets/outlets
- Alarms that protect the piped medical gas system

Inspection and testing is performed on all new piped medical gas systems (oxygen and nitrous oxide), additions, renovations, temporary installations, or repaired systems to ensure, by a documented procedure, that all applicable provisions of this code have been adhered to and system NFPA 99 (2012) 5.3.6.23.1.1

c.The bulk oxygen system is located above ground, in a locked enclosure at least 10 feet from vehicles and sidewalks. There is permanent signage stating “OXYGEN – NO SMOKING – NO OPEN FLAMES.”

d. The hospital's emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to connect it to the hospital oxygen system inlet.

e. The hospital ensures piped medical gas and vacuum systems are tested for purity, correct gas, and proper pressure when these systems are installed, modified, or repaired. The test results and completion dates are documented.

f. The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.

g. The hospital meets all other HealthCare Facilities Code requirements, gas and vacuum systems, and gas equipment, as related to NFPA 99-2012: Chapters 5 & 11 and the applicable provisions of the Life Safety Code Tentative Interim Amendments (TIAs) 12-2, 12-4 and 12-6. PE.1

- NFPA 99 (2012) TIA 12-2 is incorporated into Chapter 9 Heating, Ventilation, and Air Conditioning (HVAC) and has been reviewed and followed
- NFPA 99 (2012) TIA 12-4, operation, management, and maintenance of medical gas and vacuum systems in existing health care facilities.
- NFPA 99 (2012) TIA 12-6 Gas Equip-11.5.1.1 Revised Sources of Ignition when O2 used has been reviewed and followed.

D.Provide for Emergency Processes for Utility System Failures or Disruptions PE 8 SR5

1 The Emergency Operation Plan addresses utility system disruptions and failures. The procedures are reviewed through the Emergency Management Committee.

2. If utilities are compromised or disrupted, procedures and contingency plans are detailed in the Emergency Operation Plan Annexes for each specific utility. These plans are coordinated in advance to ensure to the extent practicable, there is uninterrupted service. The Annexes outline alternative means of providing essential utilities; shutting-off of malfunctioning systems and notification of staff in affected areas; obtaining repair services; and performance of emergency clinical interventions in the event of system failure.

3. Response during real utility failure incidents and/or drills with simulated utility failure, is critiqued through a multi-disciplinary process and documented on the After Action Report (AAR). Elements discussed in the AAR and debriefing(s) regarding utility system disruptions will be applied to improve the Hospital's utility failure program and Emergency Operations Plan. The after action reports include performance and an evaluation of strengths and weaknesses.

F. Provide for Reliable Emergency Power Sources with Appropriate Maintenance PE 8 SR6

1. The emergency generator and the distribution components are located North Side of the Building. Distribution system arrangements are designed to minimize interruptions to the electrical systems due to internal failures using adequately rated equipment. NFPA 99 (2012) 6.3.2.1.1

2. Preventative maintenance is conducted on the generator and automatic transfer switches at the Hospital to ensure that they can automatically provide emergency power upon interruption of the primary electrical power supply. The emergency power supply systems' equipment and environment are maintained per manufacturers' recommendations, including ambient temperature of at least 40°F; ventilation supply and exhaust; and water jacket temperature (when required). NFPA 99 (2012) 9.3.10

3. At least weekly, the emergency power supply systems are inspected including all associated components and batteries. NFPA 110 (2010) 8.3.1; 8.3.3; 8.3.4; 8.4.1.

4. Twelve times a year, the hospital verifies the reliability of the Emergency Power Supply System (EPSS). The generator is exercised for at least 30 continuous minutes under a dynamic load that is at least 30% of the nameplate rating of the generator. If the generator does not meet the 30% nameplate kw rating the generator is exercised annually with supplemental loads of

- 50% of name plate kw rating for 30 minutes, followed by
- 75% of name plate kw rating for 60 minutes for a total of 1 1/2 continuous hours. The generator tests are documented, and any discovered problem of deficiency is promptly addressed. NFPA 110 8.4

5. Plant Services Department qualified personnel familiar with the operation of this equipment tests all automatic transfer switches as part of the monthly generator test and performance is verified and documented. The load test starts after the last automatic transfer switch transfers and ends when the first automatic transfer switches back to power from the supplier. The monthly test consists of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position. Transfer switches maintenance and testing program also includes the following operations per NFPA 110:

- Checking of connections
- Inspection or testing for evidence of overheating and excessive contact erosion
- Removal of dust and dirt
- Replacement of contacts when required

6. Generator starting batteries are replaced at least every 24 to 30 months and cable connections are regularly cleaned and tightened. In addition, to prevent battery charger failures, monitoring of the charge rates from month to month identifies trends (e.g., an increase of amperage indicates malfunction) that can predict potential for failure.

7. Annually the generator diesel fuel quality is tested using tests approved by ASTM standards. If fuel is degraded, it is replaced or polished. NFPA 110-2010: 8.3.8.

G. Require Proper Ventilation, Light and Temperature Controls in Operating Rooms, Sterile Supply Rooms, Special Procedures, Isolation and Protective Isolation Rooms, Pharmaceutical, Food Preparation, And Other Appropriate Areas PE 8 SR7

The ventilation system is designed to provide appropriate pressure relationships, air-exchange rates, filtration efficiencies, temperature and humidity.

1. Temperature: Class A, B and C Operating rooms, Operating/surgical cystoscopy rooms, delivery rooms (caesarean), treatment rooms, trauma room (crisis/shock), laser eye room, and Gastrointestinal Endoscopy Rooms follow ANSI/ASHRAE/ASHE Standard 170, Ventilation of Health Care Facilities; *A*merican Institute of Architects' Guidelines for Design and Construction of Health Care Facilities and AORN Recommendations for the temperature range of 68° to 75°

a. The sterile storage areas have a controlled temperature (not higher than 75o F) as recommended by Association of Medical Instrumentation (AAMI- ST79) standard and Center for Disease Control (CDC).

2. Humidity: HVAC systems in locations where anesthesia is provided have controlled temperatures and a humidity range of 30% to 60% range to avoid hypothermia in patients and to minimize the potential of wound infections. Humidity maintenance records for anesthetizing locations are reviewed. If humidity levels are not within acceptable parameters corrective actions are performed in a timely manner to achieve acceptable levels. In some instances, Surgeons or surgical procedures may require room temperatures, ventilation rates, humidity ranges and /or air distribution methods that exceed the minimum indicated ranges. Reference: 2010 FGI note "O" in Table 7-1

a. The sterile storage areas relative humidity does not exceed 70% as recommended by Association of Medical Instrumentation (AAMI-ST79) standard and Center for Disease Control (CDC).

b. ANSI/ASHRAE/ASHE Standard 170-2008 Ventilation of Health Care Facilities is followed. General patient care rooms: Relative Humidity is maximum 60, temperature 70-75 degrees F

c. Blanket or linen warming cabinets should not exceed 130 degrees F. Department Directors are responsible for evaluating temperature to ensure controls are appropriate (e.g. pharmaceutical refrigerators, blanket warmers, room temperature, food refrigerators and food temperatures etc.). Logs are in place for documentation purposes

d. Clean and soiled utility rooms in acute care areas: Relative Humidity: not required: temperature not required except in clean linen storage rooms 72-78 degrees F.*ANSI/ASHRAE/ASHE Standard 170-2008*

e. Laboratories: Relative Humidity: not required, temperature 70-75 degrees F.*ANSI/ASHRAE/ASHE Standard 170-2008*

f. Pharmacies: Relative Humidity: not required, temperature not required except in medication rooms 70-75 degrees F. *ANSI/ASHRAE/ASHE Standard 170-2008*

g. Diagnostic and treatment areas: Relative Humidity is maximum 60, temperature 70-75 degrees F.*ANSI/ASHRAE/ASHE Standard 170-2008*

h. Food preparation areas and other support departments: Relative Humidity: Not required, temperature 70-78 degrees *ANSI/ASHRAE/ASHE Standard 170-2008*

H. Emergency Power and Lighting In At Least The Operating, Recovery, Intensive Care, Emergency Rooms, And in Other Areas Where Invasive Procedures Are Conducted, Stairwells, And Other Areas Identified by The CAH (E.G., Blood Bank Refrigerator, Etc.). In All Other Areas Not Serviced by The Emergency Supply Source, Battery Lamps and Flashlights Shall Be Available. PE 8 SR.6

1. Lighting

a. The emergency lighting system is designed to provide the required automatic illumination during interruption of normal lighting due to failure of a public utility or other outside electrical power supply; opening of a circuit breaker or fuse and/or manual act(s), including accidental opening of a switch controlling normal lighting facilities. NFPA 101 (2012) 7.9

b. Battery-powered lighting units are installed in locations where deep sedation and general anesthesia is administered. The lighting level of each unit is sufficient to terminate procedures intended to be performed within the operating room. The sensor for units is be wired to the branch circuit(s) serving general lighting within the room. Units can provide lighting for 11⁄2 hours. NFPA 99 (2012) 6.3.2.2.11

c. At least monthly, the Plant Services Department conducts a functional test of battery-powered lights required for egress for a minimum duration of 30 seconds and a visual inspection of EXIT signs. The test results and completion dates are documented. NFPA 101 (2012) 7.9.3; 7.10.9.

d. Every 12 months, the Plant Services Department either performs a functional test of battery powered lights on the inventory required for egress for a duration of 1 ½ hours, or replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours in accordance with NFPA 101(2012) 7.9.3 The emergency lighting equipment must be fully operational for the duration of the test.

e. The Emergency Operation Plan Power Loss Annex outlines the use of flashlights in areas not on back-up power.

2. Power

The Electrical Failure Annex in the Emergency Operation Plan outlines how the generator supplies power to circuits serving life safety purposes and essential power system circuits to provide power for critical medical and support services, as required by NFPA 99.

I. Emergency Fuel and Water Supply PE 8 SR9

The Emergency Operation Plan outlines resources for water and fuel. Bottled drinking water for responding staff and patients is in the dietary department. If additional drinking water is needed until normal service can be restored, available vendors are listed in the Policy Tech under Contracts as well as in the Emergency Operations Plan under MOU's. Fuel storage/reserve: The generator is served by a 240-gallon diesel fuel tank. This amounts to a maximum of 7-hour supply of fuel for continuous running at full load. Re-supply of the fuel supply will be through local fuel oil vendors. In the event additional fuel is needed, Mid Valley Hospital has an MOU with Whitley Fuel.

J. All Relevant Utility Systems Shall Be Maintained Inspected, and, Tested PE 8 SR10

1. The preventive maintenance program, a key component in the Utilities Management Program is pre-scheduled and facilitates service request management and documentation to record equipment maintenance history.

2. Plant Services identifies the activities and associated frequencies, in writing, for inspecting, testing and maintaining all operating components of utility systems.

3. All equipment is inspected and tested for performance and safety before initial use and after major repairs or upgrades. New equipment and utility system components are tested prior to commission and use.

4. The equipment included in the utility systems is assigned a schedule for performance assessment or maintenance based on manufacturer recommendations.

5. If an AEM program is utilized in the future, documentation will contain the following information for all equipment included.

- A unique identification number
- The equipment manufacturer;
- The equipment model number;
- The equipment serial number;
- A description of the equipment;
- The location of the equipment (for equipment generally kept in a fixed location)
- The identity of the department considered to "own" the equipment;
- Identification of the service provider;

- The acceptance date in accordance with healthcare facilities code.

6. The following equipment follows manufacturer's recommendations and is **not** a candidate for the AEM program:

a.Equipment subject to Federal or State law or Medicare Conditions of Participation in which inspecting, testing, and maintaining are in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements.

b. New operating components with insufficient maintenance history to support the use of alternative maintenance strategies. Maintenance history includes records provided by the hospital's contractors; information made public by nationally recognized sources or records or the hospital's experience over time.

c. Imaging/radiologic equipment, whether used for diagnostic or therapeutic purposes, is governed by 485.635(b)(3) and must be maintained per manufacturer's recommendations.

7. Alternative Maintenance Program (AEM): In the event manufacturer's recommendations for equipment is not available, Mid Valley Hospital will utilize the AEM program if it does not reduce the safety of the equipment. It is based on accepted standards of practice (e.g. American Society for Healthcare Engineering (ASHE). CMS 42 CFR 485.623(a)

APPLICABLE REGULATIONS & STANDARDS

- CMS §485.623Condition of Participation: Physical Environment
- DNV Accreditation Requirements for Critical Access Hospitals Revision 20-1

Approval Signatures

Step Description	Approver	Date
policy commttee	Randy Coffell: HR Director/ Education	Pending
	Patricia McKinnon: Director of Quality and PI	04/2023

Mid-Valley Hospital & Clinic

Continuing Business

CONTINUING BUSINESS
Special Meeting of May 23, 2023

5. Commissioner Succession Process, Position #4

Commissioner Becky Corson's final meeting with us took place last month. Becky moved away from the District in early May and as a result, her commissioner seat is officially open. We have 90 days to appoint a replacement who will, per advice from the Okanogan County Auditor, have the opportunity to indicate their continuing interest in serving as a commissioner by filing their candidacy at the final opportunity prior to this election cycle, August 16 - 18, 2023. Assuming they were to timely apply, and be successfully elected, they would fulfill the unexpired term of Position #4 and return to the ballot at the conclusion of that term, should they wish to continue their service.

A summary of the process for Commissioner succession, the details of which are contained in a full work plan developed by the Executive Committee of the Board, is as follows:

1. Alan Craft will draft a Press Release for newspapers (over two consecutive weeks) within the District and posting on our social media and web pages an article thanking Becky for her service, announcing the open seat, and describing the position, role, responsibility, compensation, and time obligation. The second release may be in the form of a paid advertisement as the newspaper may not be willing to print a press release on the same subject two weeks in a row.

2. The Press Release and various postings will direct potential candidates to submit a cover letter and their resume to Lisa Eaton at her mvhealth.org email address. For two full weeks following publication we will accept resumes. At the conclusion of this two-week period, the Executive Committee will review all applicants, along with any candidate filings made during the open filing period of May 15 – 19, 2023, and make a determination if solicitation process should be held open for another period of time.

3. At such time as the position is closed, the full Board will call a Special Meeting to adjourn to Executive Session as permitted by RCW 42.30.110(h) which states: "To evaluate the qualifications of a candidate for appointment to elective office. However, any interview of such candidate and final action appointing a candidate to elective office shall be in a meeting open to the public." After considering candidates, the Board will return to Open Session and take action, via motion, directing the Superintendent to schedule specific candidates for interview in public session at either a Special Meeting or Regular Meeting of the Commission, depending on timing.

4. Interview and appointment can take place at the same or separate meetings, but in both cases interview and action must be taken in public session.

5. In public session, candidates will be interviewed. The Board may again adjourn to Executive Session to consider the results of the interviews. After completing their process of review and consideration, the Board may return to public session and: (a) find that no candidate is qualified for appointment and thus continue to solicit additional candidates, recognizing time constraints imposed by

statute; or (b) via motion, introduce candidates for appointment until by majority vote a candidate is appointed.

6. An Oath of Office may be administered at the time of appointment if a qualified person is available to administer the Oath and the appointment shall be effective immediately following. The appointee would then be scheduled for a complete orientation and training over the course of the coming months (there is a great deal of material to cover and a significant time commitment as a result).

7. In all likelihood, the appointee will timely file their candidacy in August 2023 and be on the ballot at the regular election in November.

* * * * * *

The Commissioners should evaluate and amend, if necessary, this selection and appointment process and adopt their final plan by motion. District Administration will assist the Board administratively in executing the Succession Planning Process but will not be involved in decision making relative to candidates for interview or appointment.

ACTION: Commissioner discussion and evaluation of the Succession Planning Process. After discussion, via motion, amend or approve the Succession Planning Process.

PDF **RCW 42.12.070**

Filling nonpartisan vacancies.

A vacancy on an elected nonpartisan governing body of a special purpose district where property ownership is not a qualification to vote, a town, or a city other than a first-class city or a charter code city, shall be filled as follows unless the provisions of law relating to the special district, town, or city provide otherwise:

(1) Where one position is vacant, the remaining members of the governing body shall appoint a qualified person to fill the vacant position.

(2) Where two or more positions are vacant and two or more members of the governing body remain in office, the remaining members of the governing body shall appoint a qualified person to fill one of the vacant positions, the remaining members of the governing body and the newly appointed person shall appoint another qualified person to fill another vacant position, and so on until each of the vacant positions is filled with each of the new appointees participating in each appointment that is made after his or her appointment.

(3) If less than two members of a governing body remain in office, the county legislative authority of the county in which all or the largest geographic portion of the city, town, or special district is located shall appoint a qualified person or persons to the governing body until the governing body has two members.

(4) If a governing body fails to appoint a qualified person to fill a vacancy within ninety days of the occurrence of the vacancy, the authority of the governing body to fill the vacancy shall cease and the county legislative authority of the county in which all or the largest geographic portion of the city, town, or special district is located shall appoint a qualified person to fill the vacancy.

(5) If the county legislative authority of the county fails to appoint a qualified person within one hundred eighty days of the occurrence of the vacancy, the county legislative authority or the remaining members of the governing body of the city, town, or special district may petition the governor to appoint a qualified person to fill the vacancy. The governor may appoint a qualified person to fill the vacancy after being petitioned if at the time the governor fills the vacancy the county legislative authority has not appointed a qualified person to fill the vacancy.

(6) As provided in chapter **29A.24** RCW, each person who is appointed shall serve until a qualified person is elected at the next election at which a member of the governing body normally would be elected. The person elected shall take office immediately and serve the remainder of the unexpired term.

[**2013 c 11 § 89**; **2011 c 349 § 28**; **1994 c 223 § 1**.]

NOTES:

Effective date —2011 c 349 §§ 10-12, 27, 28, and 30: See note following RCW **29A.24.171**.

New Business

NEW BUSINESS
Special Meeting, May 23, 2023

6. Resolution 662: Cancellation of Outstanding Warrants

This is a Resolution to cancel warrants not presented for payment within one year of their issue. A listing of warrants is attached. Resolution 662 is self-explanatory but discussion is always welcomed.

ACTIONS: By motion, adopt Resolution 662 as presented.

MID-VALLEY HOSPITAL
OKANOGAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 3
OKANOGAN COUNTY, WASHINGTON

RESOLUTION # 662

A RESOLUTION to cancel outstanding accounts payable warrants.

WHEREAS RCW 39.56.040 expressly authorizes Okanogan County Public Hospital District No. 3, d/b/a Mid Valley Hospital, to cancel warrants that are outstanding or that will not be presented, to wit:

"Registered or interest bearing warrants of any municipal corporation not presented within one year of the date of their call, or other warrants not presented within one year of their issue, shall be canceled by passage of a resolution of the governing body of the municipal corporation, and upon notice of the passage of such resolution the auditor of the municipal corporation and the treasurer of the municipal corporation shall transfer all records of such warrants so as to leave the funds as if such warrants had never been drawn." and

WHEREAS, the District made good faith efforts to contact warrant holders, via postal mail and/or telephone, and failed to receive a response, and

WHEREAS, warrants in the attached listing were not timely presented for payment; and

WHEREAS, the District wishes to cancel said warrants.

* * * * * *

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF OKANOGAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 3, that the attached list of warrants have not or will not be presented, are now canceled.

ADOPTED AND APPROVED, this 23rd day of May, 2023.

_____
Chair

_____
Vice Chair

MID-VALLEY HOSPITAL
OKANOGAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 3
OKANOGAN COUNTY, WASHINGTON

RESOLUTION # 662

Signatures, Continued from Previous Page;

_____
Commissioner

_____
Commissioner

_____
Commissioner

Mid-Valley Hospital & Clinic

509.826.1760
mvhealth.org
810 Jasmine Street
Omak, Washington 98841

Memo

To: Holly Stanley, CFO

From: April Peterson, Senior Accountant

Date: January 13, 2023

Re: Cancellation of Warrants by Board Resolution

The following warrants remain outstanding and their issue dates fall past the "Void after 90 day" clause which prints on each accounts payable warrant. Accounting has attempted to contact these individuals by mail and/or telephone and fail to receive a response. RCW 39.56.040 gives Mid Valley hospital the authority to cancel these warrants by Board Resolution.

Warrant No.	Date Issued	Amount
142208	4/14/2022	91.78
142330	4/21/2022	25.00
142333	4/21/2022	25.00
142438	4/28/2022	10.00
142633	5/12/2022	30.00
142643	5/12/2022	10.00
142761	5/19/2022	55.78
143385	6/30/2022	200.00

Board and Administrative Reports

Mid-Valley Hospital & Clinic

CEO Report

Mid-Valley Hospital & Clinic

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Omak, Washington 98841

CEO REPORT
Regular Meeting of May 23, 2023

Overview and Top Priorities. District Strategy continues to evolve together with our capacity to execute, now including the following themes:

1. **Continuing to build/rebuild our base** so that programs and services we develop in the future (and current ones) are stable and strong.
2. **Beginning to Refine the Base** – this is the second cycle of improvement after the initial activity that took place as we built under #1 above. This includes revisions, adjustments, and continuous improvement.
3. Incorporating areas of **growth** into the plan. With nearly a full team, we have begun our strategy transition into growth mode in areas where there is the greatest opportunity. An example of growth-related initiatives:

    - ED Fast Track, 12 hours/day, 7 days per week
    - Strategic Planning (see below)
    - Stepped Swing Bed Program Expansion, additional average daily census
    - Cardiac Rehabilitation
    - Endocrinology Clinic with Karthik Chivukula MD
    - Extended OR-Acute Care Recovery [implemented one day/week, going to two days/week]
    - Physical Therapy: fourth PT and potential new OT
    - Enhancements to Hospitalist program
    - Rural Residency Training Program with Family Health Center
    - ACO Participation and PNWPop/DASH Premium implementation
    - Cataract Surgery
    - Osteoporosis Clinic, Steve White

Hospital and Nurses Week! What a great celebration we had in early May, five days of events, fun, prizes, and food! Thanks to the many who stepped up from incredibly busy schedules to put this all together, and to do so with so much enthusiasm and creativity: Carol Neely, Tiffany Keeton, Alan Craft, Henri Fowler and Nutrition Services, Lifeline Ambulance, to name just a few. Many businesses donated prizes and generally pitched in to say “thank you” to Mid Valley.

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This was Alan's first event as Director of Marketing with us after just arriving in Omak from Alaska – a heavy lift for him and for our crew as well. We'll continue to improve this whole celebration year after year, doing more to include the Clinic and doing more for everyone in general.

Our staff are profoundly appreciated; we thank them for the good work they have done and will do for the people we serve.

Changes in the Incentive Pay Program. The District continues to adjust to the changing healthcare environment – a constant across this industry, across the country. The latest environmental change relates to the healthcare workforce status that, I'm happy to say, seems to be improving. Hourly rates of pay for travelers have decreased and we're seeing more applicants in more (but not all) open positions. Tracking along with these workforce changes is our approach to incentive shifts that are paid to our own internal travelers: our staff. Please see the attached memo for details.

Thank you to the Nurse Staffing Committee who helped us develop this change. Their good advice, engagement, and insight were key in putting this together.

Change in Laboratory Leadership. Just a brief note to let you know that Lindsey Stoddard, Manager of the Laboratory, has given us notice that she's moving away from the community. We are very sad to see her go but fully understand and support Lindsey in doing what's best for her family. Carol Neely and I are working on an interim leadership plan that we'll publish once it's finalized. In the meantime, Lindsey will continue with us while she finalizes a start date for her new job, working a combination of onsite and remotely.

Lindsey joined MVH at a time when the Lab was in crisis. She, through an incredible commitment and more energy that anyone should have, tackled the necessary improvements in Lab operations and got us to the point where we were fully compliant with a very difficult state survey. Here's what I wrote back in October about this, truly a credit to Lindsey.

> *"First, a huge thank you and a congratulations are in order for the MVH Laboratory. The Department of Health (DOH) survey we had over the summer produced a long list of things we can improve. Of course, we'd rather be at a different baseline – and I am so pleased to say, we are now. Lindsey, Gene, and the Lab Team with help from our friends at Virginia Mason, responded to the survey with what is nothing short of an unbelievably complete and detailed response.*

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171 pages, btw. So impressive that DOH accepted the response and let us know they saw no need to resurvey in 60 days. Instead, they'll be back in one year! For many of you that have been through this kind of process before, this just does_ not_happen. But it did. A profound ***thank you*** *to the entire team that made this possible."*

Thank you, Lindsey, for all you've done! We wish you well and are glad that you're able to spend a bit more time with us in transition.

Closure of Pain Clinic. In collaboration with Okanogan Valley Anesthesia (OVA) the certified registered nurse (CRNA) group who supports our surgical and obstetrical practices, we operated a clinic within the Hospital. The Pain Clinic treated patients with chronic pain and related conditions. Resources for this program have always been a challenge, from both a financial sustainability and staffing perspective. After several conversations with OVA to evaluate operations and finances, their decision was to close the Pain Clinic practice. This was not an easy decision. We will work together to transition care and it's my goal to, at a future date when resources are less constrained, to restart this important practice. OVA has been a great partner with Mid Valley and we thank them not only for the good work they did while it was possible to operate the Pain Clinic, but for their overall remarkable service and safe, high-quality practice of anesthesia. We appreciate CRNAs Steve, Brett, Eric, and Pain Clinic RN Kelly Calentine a great deal.

Strategic Planning. With Alan Craft's arrival, together with Lisa Eaton and me, we will begin to build the District's 2023 Strategic Planning process. I am anticipating that in June I will ask the Board to establish an ad hoc Strategic Planning Committee (or assign to an existing committee) to assist us in this process. It's a major undertaking and critically important process.

Recruiting. We are still searching for RN Clinical Informatics although we have found a few internal/local options. This is an important and highly specialized position that has turned out to be exceptionally difficult to fill.

…and more. See you on Tuesday evening!

* * * * *

Mid-Valley Hospital & Clinic

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MEMORANDUM

Date: **May 12, 2023**

To: **All MVH-MVC Staff, Medical Staff, Board of Commissioners**

From: **John White, CEO**

Changes in Incentive Shifts and Related Programs Effective June 1, 2023

Thank you! As we enter a new phase of healthcare operations post-pandemic, I want to personally thank each and every one of you for all the support and hard work that went into getting through this unprecedented challenge. So many extra shifts to cover absences in all departments along with growth into a more regional presence as bed capacity and subspecialty medicine across the state became less available, you made possible. It is very much appreciated.

Following is the current situation, background, and decisions related to staffing strategy. I'd like to start with the "why" behind decisions so you'll have the complete story.

Situation. The healthcare workforce across the country is in shortage in almost every job category and discipline, whether clinical, administrative, support services, or otherwise. During the pandemic the shortage worsened significantly at the same time that demand for healthcare services increased: a bad combination. We, again like most hospitals, had no choice but to find other ways to address staffing and capacity for care – which meant the hire of travelers, reduction in some services, and eventually the use of incentives to create our own "internal travelers" by rewarding nursing and others for working beyond their FTE.

The only constant in healthcare is *change*. We live with it every day. Healthcare workforce availability is in perpetual motion. During 2020, 2021, and 2022 the situation for workforce got progressively worse. Higher rates of pay for travelers, less availability…. not exactly where we wanted to be. Our 2023 Operating Budget predicted over $4 million as the cost of travelers alone. Add to that our internal incentive pay spend of about $1 million annually and the total 2023 cost of travelers + incentives exceeds $5 million. The 2023 Operating Budget also projected an overall loss of $2 million dollars, which means the loss is 100% the result of costs related to travelers.

Just like it is for all of us at home: if we spend more money than we make, we will eventually run out of money. Something we of course can't allow to happen at Mid Valley.

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Fast forward to mid-2023. The healthcare workforce is showing signs of recovery in some areas. We have been able to hire permanent staff to replace travelers and typically have more applicants than we expect for posted positions. Rates for *nursing travelers* have gone down significantly, from 30-50%. Other traveling staff (Lab, Radiology) are about the same cost as they were before.

Goals during the pandemic-created workforce shortages, the idea was to reward employees for taking additional shifts rather than pay staff from outside the community. Rates of pay for employees participating in the incentive program were of value to them, but cost less than the full rate of contracted travelers, recognizing that both parties (employee and hospital) should benefit.

Eventual return to full staffing when the workforce shortage eases significantly would mean the use of incentive shifts declines or eliminated altogether. It's now time to adjust the incentive program to match the environment – continuing to reward staff while recognizing that we must be sustainable and reduce the cost of travelers and incentives significantly.

Background. Almost all of the incentives paid are for nursing shifts, and nursing is also the area we have seen the greatest change in cost of travelers. Given that, we convened the Nurse Staffing Committee (the same committee that develops the overall nurse staffing plan for the Hospital) to think through our response to the changing workforce conditions I talked about earlier. Members and guests of the Committee are: Tiffany Brantner, Tiffany Keeton, Teresa Cutchie, Patricia Reed, Judy Mirick, Cheryl Pfeifer, Carol Neely, Randy Coffell, Holly Stanley, and John White. I presented the financial situation and workforce recovery details and we talked through a number of changes to the Incentive Program. Thank you to the group for the open and candid conversation and their good advice.

Decision

Below are the changes in the incentive program, effective June 1, 2023:

1. There will be a single payment rate for all Nursing Incentives (RNs, LPNs, CNAs) that is reduced 25% from what is it is currently. Time and one-half pay will still apply to the hours worked during incentive shifts.

- O V E R -

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The table below lists both the old and new incentive payment details.

		Incentive		
Job Category	**FTE or Per Diem**	**Previous Shift Rate**	**New Shift Rate**	**Notes**
Registered Nurse (RN)	All	$ 400.00	$ 300.00	Previously 6 Tiers; now single Tier
Licensed Practical Nurse (LPN)	All	$ 400.00	$ 300.00	
Certified Nursing Assistant (CNA)	FTE Staff	$ 200.00	$ 150.00	
Certified Nursing Assistant (CNA)	Per Diem	$ 100.00	$ 75.00	

2. Incentives will be administered in a similar way except for the following:
    a. Sick time within the same pay period will offset Incentive Shifts 1:1.
    b. Your full FTE must be worked to be eligible for Incentive Shifts
    c. Maximum number of Incentive Shifts per pay period is 5 unless authorized by leadership

3. Double Time rate of pay will no longer be offered together with incentives.

4. Many nurses already routinely work well above their FTE now, particularly for those at 0.60 or 0.75 FTE. Knowing that the incentives will eventually be discontinued, it's a good time to voluntarily increase your FTE. Those with 0.60 FTE positions are eligible to increase to 0.75 or 0.90 by adding 1 or 2 days per pay period respectively; 0.75 FTE positions are eligible to increase to 0.90 FTE, adding 1 day per pay period. This can be either a permanent or a temporary change.

5. Partial Incentive Shifts will be available with the incentive prorated to the time worked. In other words, one-half shift = one-half incentive amount. Only in Acute Care we won't be offering "random hours" as partial shifts, but instead "defined shifts" (like half).

6. Per Diem Staff will be required to be scheduled for 4 shifts per pay period before they are available for incentive shifts within that pay period. As with FTE staff, absences will offset incentive shifts 1:1. Also, Per Diem Staff will be eligible to receive a sign-on bonus if converting to 0.60 FTE or greater AND were not within the last two prior rolling 12-month periods in a permanent position with a fixed FTE.

7. We'll continue to re-evaluate <u>all incentives</u> on a monthly basis and will adjust to workforce conditions as they evolve.

CFO Report
&
Finance Committee Report

Mid-Valley Hospital & Clinic

509.826.1760 Hospital
509.826.1600 Clinic
mvhealth.org
PO Box 793
Omak, Washington 98841

CFO Report Narrative May 23, 2023

April 2023 Financials

April reported an almost break even operating loss of ($14,215) and a total positive margin of $164,896, both of which are ahead of 2023 Budget and significantly favorable in comparison with the month-over-month and YTD 2023 vs. YTD 2022. Changes to our Charge Master as a result of our Strategic Pricing Analysis went into effect April 1st. Gross patient revenue was strong at $7,822,181, topping the YTD average of $7,746,000. Inpatient admissions were 68 for the month, surpassing the average by 3% and incuding 3 Swing Bed patients. April also reported above average surgeries of 130, with ortho surgeries notable at 6% above average. ED visits fell 6% below average at 841 visits. Physical Therapy reported another strong month with 350 visits. Mid Valley Clinic's 1,627 visits were down from the last two months and fell below average by 2%.

Salary expense was above average 10.28%, reflecting sign-on bonuses and incentive shift pay of $92,125 in additional expense for the month. We accrued Quarter 1 provider incentive payments in the amount of $76,000 which means that amount is attributable to January – March 2023. Traveler costs were up from last month, partially due to late invoicing specific to OB travelers. An HVAC repair increased maintenance and repair expense for the month and a placement fee for our Director of Marketing increased recruitment expense.

A/R Days were a favorable 49 for the month. Collections fell below average with no specific reason other than timing of payments received. Days Cash on Hand, including invested funds, reported a strong 121 days at the end of April.

Mid-Valley Hospital & Clinic

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Financial Sustainability Plan Update

We plan to have the revised 2023 budget entered into our Financial System and an updated Financial Sustainability Dashboard at the June meeting.

Upcoming Audit and Reporting Timeline, Calendar Year 2023

*2022 Department of Health Year End Report – Due June 30, 2023

*2022 Single Audit – Due Date September 30, 2023

*2022 Cost Report – Due May 31, 2023

*2020 DSH Audit – Due May 19, 2023

*Washington State Auditors Annual Report – Due May 30, 2023

*Washington State Auditors 2021-2022 Accountability Audit - TBD

*2018 Cost Report Audit transferred to a new Noridian auditor January 27, 2023

*2019 Cost Report Audit Preliminary Settlement and Audit is complete. Noridian unable to finalize until they final our 2018 audit

*2020 Cost Report Audit is under Desk Review as of December 22, 2022

Financial Statements, Statistics, and Analysis

Mid-Valley Hospital
PO Box 793 - Omak, WA. 98841 www.mvhealth.org
Mid-Valley Hospital
Mid-Valley Clinic
509.826.1760

Financial & Statistical Notes – April 2023

STATISTICS:

	Apr-22	Mar-23	**Apr-23**	YTD 19	YTD 20	YTD 21	YTD 22	**YTD 23**
ADMISSIONS	60	70	**68**	217	219	228	250	**267**
AC PATIENT DAYS	141	145	**112**	472	378	323	680	**652**
DELIVERIES	22	29	**28**	62	84	115	86	**105**
L&D DAYS	42	61	**56**	158	144	197	150	**215**
IP SURGERIES	18	17	**19**	68	66	74	72	**83**
OP SURGERIES	102	110	**111**	585	429	567	324	**424**
TOTAL SURGERIES	120	127	**130**	653	495	641	396	**507**
GENERAL SURGERY	55	64	**61**	297	205	245	159	**227**
OBGYN SURGERY	11	15	**12**	55	45	70	56	**63**
OPHTHALMOLOGY	-	-	**-**	78	63	81	-	**-**
ORTHO SURGERY	54	48	**57**	223	182	239	181	**217**
PAIN MGT SURGERY	-	-	**-**	-	-	6	-	**-**
TOTAL SURGERY	120	127	**130**	653	495	641	396	**507**
TOTAL RAD PROCEDURES	1,512	1,859	**1,796**	5,177	5,015	5,493	6,383	**7,089**
TOTAL MRI's	158	184	**182**	526	443	563	590	**677**
PT OT ST VISITS	143	377	**350**	2,616	1,884	2,019	731	**1,257**
TOTAL ER VISITS	796	894	**841**	3,082	2,763	2,737	3,256	**3,326**
PAIN CLINIC VISITS	21	24	**23**	-	-	16	84	**101**
MVC - FP CLINIC VISITS	702	823	**784**	4,003	2,722	3,088	2,919	**3,241**
MVC - ORTHO CLINIC VISITS	413	399	**408**	1,153	1,468	1,590	1,628	**1,566**
MVC - GENERAL SURG VISITS	122	161	**116**	526	367	521	442	**510**
MVC - OB/GYN CLINIC VISITS	133	122	**93**	503	346	537	520	**438**
MVC - BEHAVIORAL HEALTH	87	33	**37**	-	400	401	381	**138**
MVC - OTHER VISITS	227	192	**189**	1,164	844	1,247	998	**774**
MVC - TOTAL VISITS	1,684	1,730	**1,627**	7,349	6,147	7,384	6,888	**6,667**
MVC - TELEHEALTH VISITS	44	36	**34**	-	197	290	245	**128**

REVENUE:

- Total Inpatient Revenue: $1,133,243, below budget by ($85,237)
- Total Outpatient Revenue: $6,688,938, above budget by $274,455
- Net Patient Revenue: $3,764,379, above budget by $271,922

EXPENSE:

- Salaries expense reported $1,681,845. Benefits were $341,616.

- Professional Fees of $765,471 were 3% below the 13-month average. Locum expense totals by department were as follows:

	Jan-23	Feb-23	Mar-23	Apr-23
Total Locum Coverage	**$324,700**	**$347,602**	**$385,600**	**$392,500**
6070 Acute Care RN	$17,000	$16,600	$27,200	$29,400
7010 OB RN	$36,300	$53,900	$59,500	$74,600
7020 OR	$25,400	$26,200	$35,000	$25,400
7030 PACU	$49,000	$51,200	$51,800	$39,800
7070 Lab Tech	$79,000	$79,500	$90,100	$65,700
7140 Rad Tech	$53,200	$69,800	$60,200	$91,000
7180 RT	$23,700	$25,000	$24,600	$28,000
7230 ER RN	$0	$0	$0	$1,500

- Supplies expense of $451,694 was 6% below average.

A/R

- Average Days in AR for April were 49, an increase of 2.9 days from March. February and March days were 51 and 46.1, respectively.

- Patient collections were $3.1 MIL in April, a 5% decrease from the fifteen-month average. Patient Receipts for February and March were $3.8 and $3.5 MIL, respectively.

Days Cash on Hand, including invested funds, as of 5/1/23 were 121 days.

CURRENT CASH:

Cash	$ 5,550,517
Invested COVID-19 Funds	$10,000,000
Accounts Payable	($1,097,478)

CURRENT RESTRICTED CASH:

2017 LTGO Bond Funds	$ 761	LTGO Bond Funds
2017 Bond Accounts Payable	$0	LTGO Bond Funds
Net Available 2017 LTGO Bond Funds	**$ 761**	
2022 LTGO Bond Funds	$ 55,695	2022 LTGO Bond Funds
2022 Bond Accounts Payable	$0	2022 LTGO Bond Funds
Net Available 2022 LTGO Bond Funds	**$ 55,695**	
Debt Service Fund	**$ 549,712**	

Mid Valley Hospital/Clinic	April 2023 Actual	April 2023 Budget	Variance	April 2022 Prior Year	Variance	FY2023 April 2023 Actual	FY2023 April 2023 Budget	Variance	FY2022 April 2022 Prior Year	Variance
Inpatient Revenue	$ 1,093,728	$ 1,140,220	$ (46,492)	$ 928,305	$ 165,423	$ 5,245,147	$ 4,560,880	$ 684,267	$ 4,176,410	$ 1,068,738
Swing Bed Revenue	$ 39,515	$ 78,259	$ (38,744)	$ 48,251	$ (8,737)	$ 284,884	$ 313,037	$ (28,154)	$ 454,797	$ (169,913)
RHC Clinic Revenue	$ 516,273	$ 418,047	$ 98,226	$ 380,713	$ 135,561	$ 1,832,370	$ 1,672,190	$ 160,180	$ 1,498,023	$ 334,347
Outpatient Revenue	$ 6,172,665	$ 5,996,436	$ 176,229	$ 5,330,782	$ 841,882	$ 23,622,576	$ 23,985,744	$ (363,168)	$ 21,131,003	$ 2,491,573
Patient Revenue	**$ 7,822,181**	**$ 7,632,963**	**$ 189,218**	**$ 6,688,051**	**$ 1,134,129**	**$ 30,984,977**	**$ 30,531,851**	**$ 453,126**	**$ 27,260,233**	**$ 3,724,745**
C/A Inpatient	$ (462,332)	$ (387,635)	$ (74,697)	$ (251,652)	$ (210,680)	$ (2,118,559)	$ (1,550,540)	$ (568,020)	$ (1,316,610)	$ (801,949)
C/A Swing Bed	$ 36,198	$ 9,998	$ 26,200	$ 23,391	$ 12,808	$ 135,065	$ 39,991	$ 95,073	$ 60,160	$ 74,904
C/A Outpatient	$ (2,926,632)	$ (3,221,894)	$ 295,262	$ (2,900,106)	$ (26,526)	$ (12,594,857)	$ (12,887,575)	$ 292,718	$ (11,355,637)	$ (1,239,220)
C/A Legacy & Allowance Adjustment	$ (468,559)	$ 72,747	$ (541,306)	$ 103,911	$ (572,470)	$ 722	$ 290,987	$ (290,266)	$ 534,380	$ (533,658)
C/A RHC	$ (118,814)	$ (93,786)	$ (25,028)	$ (96,874)	$ (21,940)	$ (513,824)	$ (375,143)	$ (138,681)	$ (349,072)	$ (164,752)
Adm Adj & Other Adjustments	$ (63,626)	$ (203,707)	$ 140,081	$ (348,612)	$ 284,985	$ (366,848)	$ (814,829)	$ 447,982	$ (1,075,558)	$ 708,710
Healthcare Assistance Program (HAP)	$ (154,602)	$ (161,224)	$ 6,622	$ (181,864)	$ 27,261	$ (563,214)	$ (644,897)	$ 81,682	$ (774,048)	$ 210,833
Provision From Bad Debt	$ 100,566	$ (155,004)	$ 255,570	$ (123,311)	$ 223,876	$ (437,463)	$ (620,016)	$ 182,553	$ (436,356)	$ (1,108)
C/A Prior Period	$ -	$ -	$ -	$ 4,988	$ (4,988)	$ -	$ -	$ -	$ 101,584	$ (101,584)
Deductions From Revenue	**$ (4,057,802)**	**$ (4,140,505)**	**$ 82,704**	**$ (3,770,128)**	**$ (287,674)**	**$ (16,458,980)**	**$ (16,562,021)**	**$ 103,041**	**$ (14,611,156)**	**$ (1,847,824)**
Net Patient Revenue	**$ 3,764,379**	**$ 3,492,458**	**$ 271,922**	**$ 2,917,923**	**$ 846,456**	**$ 14,525,998**	**$ 13,969,831**	**$ 556,167**	**$ 12,649,077**	**$ 1,876,921**
Other Operating Revenue	$ 65,331	$ 37,340	$ 27,991	$ 31,034	$ 34,296	$ 230,262	$ 149,359	$ 80,902	$ 139,122	$ 91,140
Total Operating Revenue	**$ 3,829,710**	**$ 3,529,797**	**$ 299,913**	**$ 2,948,958**	**$ 880,752**	**$ 14,756,259**	**$ 14,119,190**	**$ 637,069**	**$ 12,788,199**	**$ 1,968,061**
Salaries	$ 1,681,845	$ 1,602,636	$ 79,209	$ 1,358,547	$ 323,298	$ 6,435,993	$ 6,410,542	$ 25,451	$ 5,538,108	$ 897,885
Benefits	$ 341,616	$ 373,860	$ (32,244)	$ 309,671	$ 31,945	$ 1,350,050	$ 1,495,439	$ (145,389)	$ 1,292,555	$ 57,495
Salaries & Benefits	**$ 2,023,461**	**$ 1,976,495**	**$ 46,965**	**$ 1,668,218**	**$ 355,243**	**$ 7,786,043**	**$ 7,905,982**	**$ (119,938)**	**$ 6,830,663**	**$ 955,380**
General Physician	$ 253,025	$ 254,524	$ (1,499)	$ 257,906	$ (4,881)	$ 1,021,023	$ 1,018,094	$ 2,929	$ 974,936	$ 46,087
Therapist/Tech/RN	$ 496,537	$ 478,500	$ 18,037	$ 549,794	$ (53,257)	$ 1,863,446	$ 1,914,001	$ (50,555)	$ 1,862,164	$ 1,281
General Consulting	$ -	$ 2,079	$ (2,079)	$ 3,300	$ (3,300)	$ 51,891	$ 8,317	$ 43,573	$ 10,425	$ 41,466
General Legal Fees	$ 8,350	$ 2,500	$ 5,850	$ 13,485	$ (5,135)	$ 29,535	$ 10,000	$ 19,535	$ 14,134	$ 15,401
Auditing Fees	$ -	$ 10,196	$ (10,196)	$ 2,206	$ (2,206)	$ 25,095	$ 40,783	$ (15,688)	$ 18,216	$ 6,879
Collection Fees	$ 7,558	$ 5,389	$ 2,169	$ 4,859	$ 2,699	$ 28,082	$ 21,557	$ 6,525	$ 22,441	$ 5,641
Professional Fees	**$ 765,471**	**$ 753,188**	**$ 12,283**	**$ 831,550**	**$ (66,080)**	**$ 3,019,071**	**$ 3,012,752**	**$ 6,319**	**$ 2,902,317**	**$ 116,754**
Supplies	$ 451,694	$ 535,221	$ (83,527)	$ 429,221	$ 22,473	$ 2,081,180	$ 2,140,884	$ (59,703)	$ 1,835,928	$ 245,252
Utilities	$ 43,876	$ 42,765	$ 1,111	$ 38,486	$ 5,390	$ 173,219	$ 171,059	$ 2,160	$ 164,943	$ 8,276
Purchased Services	$ 285,990	$ 260,794	$ 25,196	$ 239,420	$ 46,570	$ 1,104,296	$ 1,043,177	$ 61,119	$ 938,895	$ 165,400
Depreciation	$ 108,827	$ 123,154	$ (14,327)	$ 165,578	$ (56,750)	$ 438,818	$ 492,617	$ (53,799)	$ 662,950	$ (224,133)
Rent/Lease	$ 25,113	$ 4,061	$ 21,052	$ 14,592	$ 10,522	$ 96,389	$ 16,245	$ 80,143	$ 80,422	$ 15,966
Insurance	$ 64,503	$ 62,558	$ 1,945	$ 55,100	$ 9,404	$ 276,024	$ 250,232	$ 25,793	$ 228,482	$ 47,543
Other Direct Expenses	$ 74,990	$ 53,713	$ 21,277	$ 46,799	$ 28,191	$ 220,585	$ 214,852	$ 5,733	$ 196,585	$ 24,000
Operating Expenses	**$ 3,843,925**	**$ 3,811,950**	**$ 31,975**	**$ 3,488,963**	**$ 354,962**	**$ 15,195,625**	**$ 15,247,799**	**$ (52,174)**	**$ 13,841,185**	**$ 1,354,440**
Total Operating Margin	**$ (14,215)**	**$ (282,152)**	**$ 267,937**	**$ (540,005)**	**$ 525,790**	**$ (439,365)**	**$ (1,128,609)**	**$ 689,244**	**$ (1,052,987)**	**$ 613,621**
Interest Revenue	$ 32,607	$ 2,738	$ 29,869	$ 2,339	$ 30,268	$ 119,127	$ 10,952	$ 108,175	$ 4,709	$ 114,418
Grants/Contributions	$ 36,248	$ 24,917	$ 11,332	$ 3,820	$ 32,428	$ 118,299	$ 99,667	$ 18,632	$ 135,072	$ (16,773)
Taxation Revenue	$ 103,151	$ 91,488	$ 11,663	$ 98,307	$ 4,844	$ 373,568	$ 365,951	$ 7,617	$ 366,497	$ 7,072
Other Non Op Income	$ 15,674	$ 14,477	$ 1,196	$ 3,233	$ 12,440	$ 55,733	$ 57,910	$ (2,177)	$ 37,026	$ 18,707
Gain/Loss On Sale Of Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Non Op Revenue	**$ 187,681**	**$ 133,620**	**$ 54,061**	**$ 107,700**	**$ 79,981**	**$ 666,727**	**$ 534,480**	**$ 132,247**	**$ 543,304**	**$ 123,423**
Interest Expense	$ 7,330	$ 20,417	$ (13,087)	$ 7,714	$ (384)	$ 25,457	$ 81,667	$ (56,209)	$ 32,418	$ (6,960)
Non-Op - Building Depreciation Expense	$ 1,179	$ 1,195	$ (16)	$ 1,225	$ (46)	$ 4,716	$ 4,782	$ (66)	$ 4,993	$ (277)
Other Non-Op Loss on Investment	$ 61	$ 16	$ 44	$ 64	$ (3)	$ 233	$ 65	$ 167	$ 173	$ 59
Non Op Expense	**$ 8,569**	**$ 21,628**	**$ (13,059)**	**$ 9,003**	**$ (433)**	**$ 30,406**	**$ 86,513**	**$ (56,107)**	**$ 37,584**	**$ (7,178)**
Non Op Revenue & Expenses	**$ 179,111**	**$ 111,992**	**$ 67,120**	**$ 98,697**	**$ 80,414**	**$ 636,321**	**$ 447,967**	**$ 188,355**	**$ 505,720**	**$ 130,601**
Total Margin	**$ 164,896**	**$ (170,161)**	**$ 335,057**	**$ (441,308)**	**$ 606,205**	**$ 196,956**	**$ (680,643)**	**$ 877,599**	**$ (547,266)**	**$ 744,222**

- Professional Fees of $765,471 were 3% below the 13-month average. Locum expense totals by department were as follows:

	Jan-23	Feb-23	Mar-23	Apr-23
Total Locum Coverage	**$324,700**	**$347,602**	**$385,600**	**$392,500**
6070 Acute Care RN	$17,000	$16,600	$27,200	$29,400
7010 OB RN	$36,300	$53,900	$59,500	$74,600
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7070 Lab Tech	$79,000	$79,500	$90,100	$65,700
7140 Rad Tech	$53,200	$69,800	$60,200	$91,000
7180 RT	$23,700	$25,000	$24,600	$28,000
7230 ER RN	$0	$0	$0	$1,500

- Supplies expense of $451,694 was 6% below average.

A/R

- Average Days in AR for April were 49, an increase of 2.9 days from March. February and March days were 51 and 46.1, respectively.

- Patient collections were $3.1 MIL in April, a 5% decrease from the fifteen-month average. Patient Receipts for February and March were $3.8 and $3.5 MIL, respectively.

Days Cash on Hand, including invested funds, as of 5/1/23 were 121 days.

CURRENT CASH:

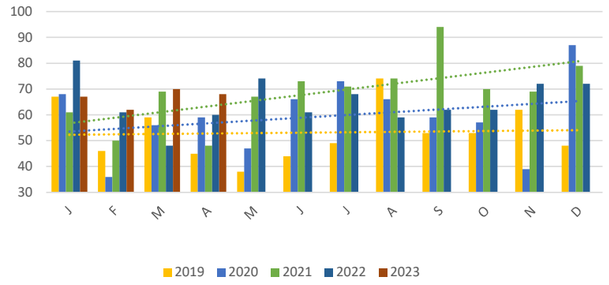
Cash	$ 5,550,517
Invested COVID-19 Funds	$10,000,000
Accounts Payable	($1,097,478)

CURRENT RESTRICTED CASH:

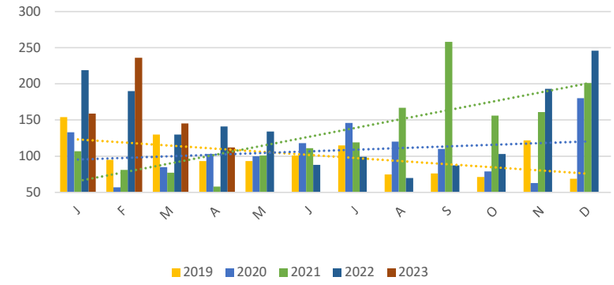
2017 LTGO Bond Funds	$ 761	LTGO Bond Funds
2017 Bond Accounts Payable	$0	LTGO Bond Funds
Net Available 2017 LTGO Bond Funds	**$ 761**	
2022 LTGO Bond Funds	$ 55,695	2022 LTGO Bond Funds
2022 Bond Accounts Payable	$0	2022 LTGO Bond Funds
Net Available 2022 LTGO Bond Funds	**$ 55,695**	
Debt Service Fund	**$ 549,712**	

		FY2023 ACTUALS
Checking - General	$	5,547,827
340(B) Contract Pharmacy Imprest Account	$	2,000
Petty Cash	$	690
Cash - Debt Service Fund	$	549,712
Paycheck Protection Program Fund	$	-
Invested General Funds	$	10,000,000
Cash	$	16,100,229
LTGO Bond Funds	$	761
2022 LTGO Construction Bond Funds	$	55,695
Invested Construction Bond Funds	$	-
Invested LTGO Bond Funds	$	-
Board Designated	$	56,456
Restricted	$	-
Cash & Equivalents	$	16,156,685
Receivables	$	5,498,129
Inventory	$	965,580
Prepaids	$	320,981
Current Assets	**$**	**22,941,374**
Fixed Assets	$	8,533,937
Other Non Current Assets	$	-
Non Current Assets	**$**	**8,533,937**
Total Assets	**$**	**31,475,310**
Accounts Payable	$	902,785
Accrued Accounts Payable	$	194,693
Accounts Payable	$	1,097,478
Accrued Payroll & Benefits	$	2,386,366
Third Party Payable	$	656,998
Other Current Liabilities	$	121,989
Current Portion of Long Term Liabilities	$	1,115,554
Current Liabilities	**$**	**5,378,386**
Long Term Notes Payable	$	3,289,929
Long Term Capital Lease	$	980,912
Long Term Operating Lease	$	-
Long Term Liabilities	**$**	**4,270,841**
Liabilities	**$**	**9,649,227**
Fund Balance	$	21,539,767
Restricted Fund Balance	$	89,361
Total Margin	$	196,956
Fund Balance	**$**	**21,826,084**
Total Liabilities and Fund Balance	**$**	**31,475,310**

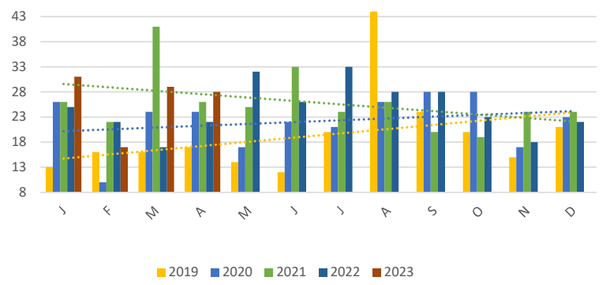
ADMISSIONS



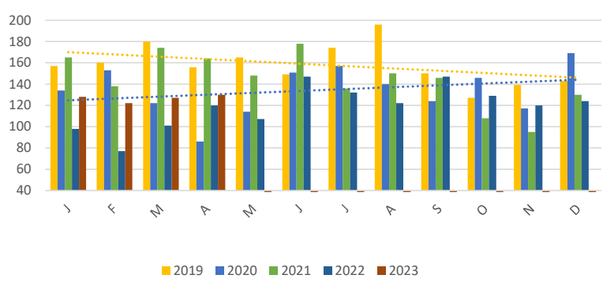
ACUTE CARE PATIENT DAYS



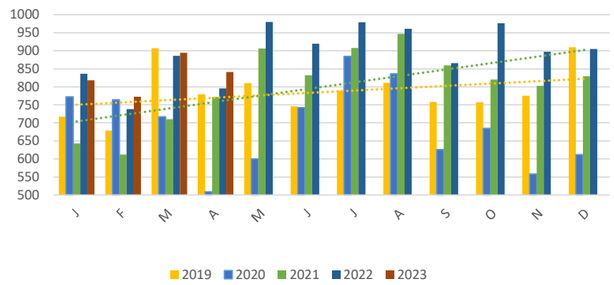
DELIVERIES



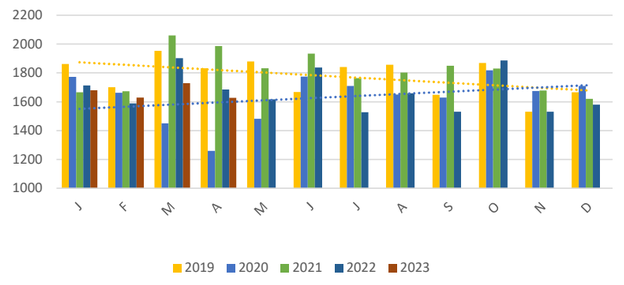
TOTAL SURGERIES



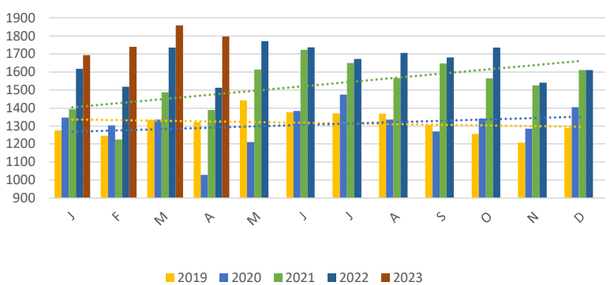
EMERGENCY ROOM VISITS



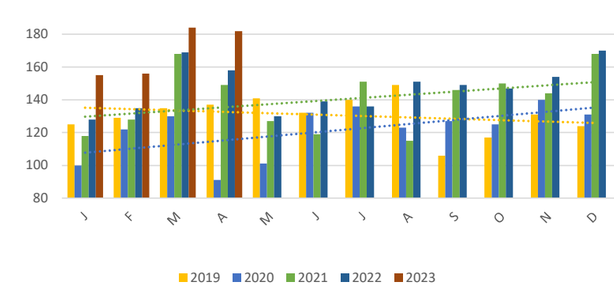
MVC VISITS



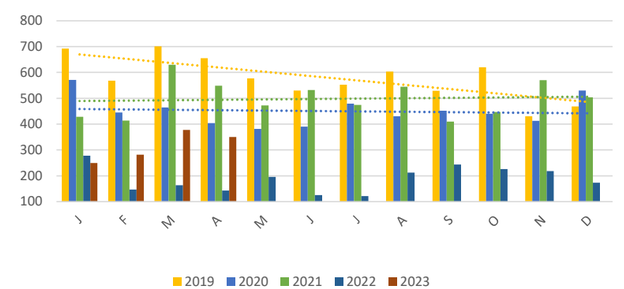
TOTAL RADIOLOGY PROCEDURES



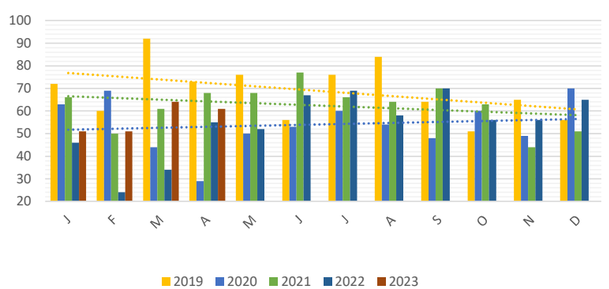
MRI



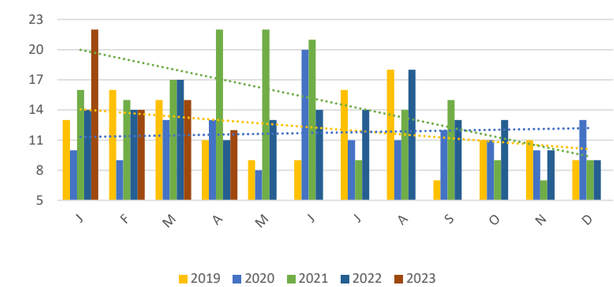
PT OT ST CARDIAC REHAB VISITS



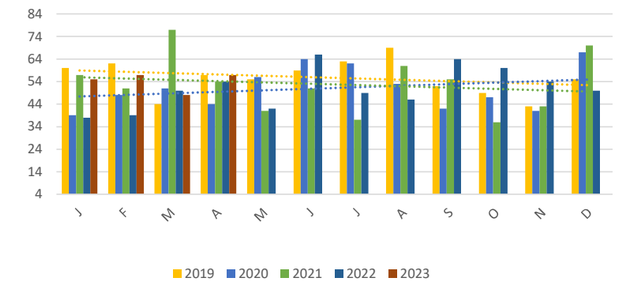
GENERAL SURGERY



OB/GYN SURGERY



ORTHO SURGERY



Nursing Report

Mid-Valley Hospital & Clinic

509.826.1760 Hospital
509.826.1600 Clinic
mvhealth.org
PO Box 793
Omak, Washington 98841

Nursing Update

Nursing/Staff Appreciation week was a big hit! Many positive comments:

"I just want to personally say Thank You! The thought put into the events and the prizes last week were amazing. Might have been the best Hospital week in my 18 years. JOB WELL DONE! I appreciate it and I know all the staff I interacted with appreciated it as well! We are thankful!"

Extended Recovery is going well on Wednesday. Will continue to assess for increased Ortho surgeries and nursing need.

ED Fast Track is utilizing an additional nurse to assist the Provider and currently working well.

Several applicants and new hires for CNA and RN positions.

Ongoing nursing projects include utilization review; blood transfusions; charges; and streamlining general daily operations of each unit.

Clinic Administrator Report

Mid-Valley Hospital & Clinic

509.826.1760 Hospital
509.826.1600 Clinic
mvhealth.org
PO Box 793
Omak, Washington 98841

Mid Valley Clinic Report

The Badge Entry doors are installed and are live, working well and staff have reported enjoying not having to utilize and keep track of keys. The external doors will be re-keyed / replaced by maintenance to ensure additional security to the building. Those have been obtained and should be completed within the next few weeks.

Our Endocrinology provider, Dr. K. Karthik Chivukula will be onboarding soon and hopefully seeing patients by mid- late June 2023 pending credentialing. We are excited for our Mid Valley patients to receive help closer to home.

Cardiac Rehab is slowly moving forward, as we continue to work through each piece in the process. Cardiology has been a great help and support on this endeavor.

We continue to chip away at smaller projects like the breakroom facelift, removing the wood shelving upstairs, and sound absorption to enhance both the patient and employee experiences.

A big congratulations to Jason Neely, LICSW. Jason has passed his state exam to be a licensed Independent social worker after a lot of time and patience. We are very proud of him. This will enhance the Behavioral Health model in our clinic and the community. This is exciting news.

Human Resources Report

Mid-Valley Hospital & Clinic

509.826.1760 Hospital
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mvhealth.org
PO Box 793
Omak, Washington 98841

Personnel Report May 2023

Mid-Valley Hospital and Clinic, as of May 19 has a total of 48 posted vacant positions. There are a total of 34 benefited positions and 14 per diem positions. There are 16 Registered Nurse benefited positions and 6 per diem positions. There are other open positions including 9 in radiology (5 benefited and 4 per diem), 3 Lab positions (2 benefited and 1 per diem) and 2 non-union management positions.

Travelers continue to be utilized in Radiology, Lab, Respiratory Therapy, OR/PACU and OB to fill the vacancies. There are a total of seven RN travelers being utilized (3 in OR/PACU, 2 in OB, 1 in ER and 1 in Acute care). Radiology has three travelers and Lab has four. Respiratory Therapy has one.

There have been 4 employees hired since April 19, 2023. We have filled two RN positions in the Emergency Room; Admitting has hired a Patient Account Rep I and a Patient Account Rep II.

Nine more applicants have been referred by current employees since April 17th and three of these applicants have been hired. Mid-Valley employees have referred fifty- nine candidates since March of 2022 and twenty have been hired.

The turnover rate for 2023, as of May 21 is 3.1% (8 total employees terminated with 5 being voluntary and 3 involuntary) The turnover rate for the same time period in 2022 was 17.7%.

Quality and Patient Experience Report

Mid-Valley Hospital & Clinic

509.826.1760 Hospital
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mvhealth.org
PO Box 793
Omak, Washington 98841

Quality Board Report
May 2023

HIGHLIGHTS

- **DNV Survey Update:**
  - Objective Evidence Summary for all NC-1 level findings due June 17. Pat will submit to DNV.
- **Patient Satisfaction:**
  - April scores are slightly improved
  - We are looking into more meaningful reports from Press Ganey and evaluating the value
- **Utilization Review Process:**
  - Pat developed new Utilization Review Policy which was approved
  - First Utilization Management Committee meeting was held on 5.10.23. This is a new committee and process we are all learning but a very productive first meeting.

- **Infection Control:**
  - 2022 Q4 data was successfully submitted to NHSN. FYI, NHSN Data submission is always a quarter behind.,

- **Trauma Designation:**
  - We had our first official MTQIC committee meeting
- **Restraints:**
  - Restraint audits resumed and after education documentation has significantly improved

SUMMARY

Overall, we continue to lay the foundation for a strong Quality program with improvements already noted. Monitoring Quality metrics along with identifying opportunities for improvement and providing staff education has already resulted in improvements evidenced by the above details.

Marketing & Public Relations Director Report

Mid-Valley Hospital & Clinic

509.826.1760 Hospital
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PO Box 793
Omak, Washington 98841

Marketing Board Report
May 2023

HIGHLIGHTS

- **Website refresh update:**
  - Launched new website platform in late April
  - Created ad hoc steering committee to provide site development guidance/input
  - New platform is managed in-house and is more intuitive/interactive than previous platform; it is a work-in-progress; we are making page updates several times a week
  - Alan is working with credentialing to add direct feed of provider information for "Find-a-Physician" function
  - Alan is working with finance and patient access to update all consumer policies for billing, charity care and other requirements mandated by CMS
- **Employee Engagement:**
  - Nurses Week: hosted activities in collaboration with nursing/admin/HR
  - Hospital Week: hosted activities in collaboration with nursing/admin/HR
- **Social Media:**
  - Relaunched social media program to help build brand awareness and highlight hospital/clinic successes
  - Alan is developing protocols for consistent social media posting
- **Outreach Initiatives:**
  - Met with CNO Carol Neely to identify outreach/education opportunities for grant funding (such as car seats, bicycle helmets, OB patient education materials)
  - Participated in countywide webinar outlining upcoming CHNA
  - Attended several community group meetings

- **Reputation Management:**
  - Attended a web conference with Pat McKinnon to review product that provides reputation management and patient satisfaction solicitation software
  - Alan is scheduling product reviews with two additional vendors to determine which product best meets our needs

SUMMARY

This has been a month of exploration, discovering where we are from a marketing perspective and identifying opportunities to build brand awareness and community engagement.

CMO & Medical Staff Report