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Business Session Agenda  
Wednesday, November 16, 2016

<b><u>Call to Order:</u></b>	3:30
<b><u>Approve Agenda:</u></b>	3:31
<b><u>Patient Story:</u></b> Jackie Mossakowski	3:35
<b><u>Minutes:</u></b> Action Requested	3:40
<ul style="list-style-type: none"><li>• October 28 Special Session (pg.2-4)</li><li>• November 2 Special Session (pg. 5-6)</li></ul>	
<b><u>Required Approvals:</u></b> Action Requested	3:45
<ul style="list-style-type: none"><li>• Medical Staff credentials/appointments/reappointments (pg.7-10)</li><li>• October Warrants and Adjustments (pg.11-15)</li><li>• Resolution 2016-26 Surplus Equipment (pg. 16)</li><li>• Resolution 2016-27 Cancel Warrants (pg. 17)</li></ul>	
<b><u>Public Comment:</u></b>	3:50
<i>(Alternative methods of providing public comment on any item on the agenda or any other hospital issue is through a letter addressed to Commissioners at 834 Sheridan Street, Port Townsend, WA 98368 or email to Commissioners at <a href="mailto:commissioners@jgh.org">commissioners@jgh.org</a>)</i>	
<b><u>Financial Report:</u></b> Hilary Whittington	4:00
<ul style="list-style-type: none"><li>• October</li></ul>	
<b><u>Patient Safety &amp; Quality Report:</u></b> Brandie Manuel	4:15
<b><u>Inpatient Services Report:</u></b> Jackie Mossakowski	4:30
<ul style="list-style-type: none"><li>• Behavioral Health Update</li></ul>	
<b><u>Administrator's Report:</u></b> Mike Glenn	4:45
<b><u>Chief Medical Officer Report:</u></b> Joe Mattern, MD	5:00
<b><u>Board Reports</u></b>	5:15
<b><u>Executive Session:</u></b>	5:30
<ul style="list-style-type: none"><li>• Potential Litigation</li></ul>	
<b><u>Conclude:</u></b>	6:00

This Regular Session will be officially audio recorded.

Jefferson County Public Hospital District No. 2

Board of Commissioners Special Session

Friday, October 28, 2016, 9.30am – 3.00pm

Linkletter Hall

Olympic Medical Center, 939 Caroline Street, Port Angeles, WA 98362

### **Swedish Health Network Annual Symposium**

Present from Jefferson Healthcare were Commissioner Jill Buhler, President, Commissioner Marie Dressler, Secretary, Commissioners Tony Deleo, Kees Kolff and Matt Ready, CEO Mike Glenn, CMIO Corey Asbell

Present from Olympic Medical Center were Commissioner John Nutter, President, Commissioner Jean Hordyk, Secretary, Commissioners John Bietzel, Tom Oblak, Jim Cammack, Dr. John Miles, and Jim Leskinovitch. CEO Eric Lewis, (see attendee list attached).

Present from Swedish Health Network were Heidi Aylsworth, Fran Broyles MD, Rachelle Daugherty, RJ Tripicchio, Todd Czartoski, Jesse Todhunter, Sherry Maughn, Rachel Leiber, I-Nong Lee, (see attendee list attached).

Heidi Aylsworth, Chief Strategy Officer, SHS, welcomed participants and introductions were made, followed by comments from CEOs Eric Lewis and Mike Glenn regarding respective District achievements and activities with the Affiliation.

Fran Broyles MD, SHN Medical Director, Diabetes, Endocrinology & Nutrition Program discussed Diabetes, Endocrinology and Weight Management.

Following a 15 minute break, physician recruitment challenges and strategies were discussed by Rachelle Daugherty, Sr. Director, Physician Services and RJ Tripiccho, Regional Manager Physician Recruitment.

Todd Czartoski, Medical Director TeleHealth, and Jesse Todhunter, Director of Operations, TeleHealth & Retail spoke about Telehealth services, potential future services, and issues regarding barriers to such services, following the lunch break.

Sherry Maughan, Sr. Director, Epic Community Connect and Rachel Leiber, Program Manager, PMO talked about Epic Community Connect and Epic Next Steps.

Heidi Aylsworth, SHS, made closing remarks before the symposium concluded at 3.00pm

Respectfully submitted,

Marie Dressler, Commissioner

Secretary, Board of Commissioners

Jefferson County Public Hospital District No 2

Approved by the Commission:

Commission Chair: Jill Buhler \_\_\_\_\_

Commission Secretary: Marie Dressler \_\_\_\_\_

DRAFT

2016 Swedish Health Network Annual Symposium

Attendee List				
First Name	Last Name	Title	Organization	Attending Y/N
Laura	Kripinski	CNO	Forks	Y
Paul	Cunningham	MD	Jamestown Clinic	Y
Brent	Simcosky	Health Director, Jamestown Clinic	Jamestown Clinic	Y
Michael	Maxwell MD	CEO	North Olympic Healthcare Network	Y
Karen	Paulsen	COO	North Olympic Healthcare Network	Y
Jeff	Anderson	Manager, Marketing	OMC	Y
Bobby	Beeman	Manager, Communications	OMC	Y
Mary	Brady	Epic Program Coordinator	OMC	Y
Jennifer	Burkhardt JD, GPHR	Labor and Employment Counsel	OMC	Y
Donna	Davison	Risk Manager	OMC	Y
Deby	King	Project Manager, Epic Implementation	OMC	Y
Richard	Newman	CHRO	OMC	Y
Sharon	Thompson	Physician Relations Specialist	OMC	Y
Lorraine	Wall	Chief Nursing Officer	OMC	Y
Darryl	Wolfe	CFO	OMC	Y
Marilyn	Gilchrist	Director, Clinical Informatics	OMC	Y
Mark	Fischer MD	Med Exec, Member at Large	OMP	Y
Bill	Kintner MD	OMP Physicians Council, Chair	OMP	Y
Kara	Urnes MD	OMP Physicians Council, Vice-Chair	OMP	Y

2016 Swedish Health Network Annual Symposium

Attendee List			
	First Name	Organization	Attending Y/N
12	Martin	Swedish	Y
13	Laureen	Swedish	Y
17	Eddie	Providence	Y
20	Michelle	Swedish	Y
21	Lucy	Swedish	Y
24	Eddie	Providence	Y
26	Lisa	Swedish	Y
28	Stacy	Swedish	Y
31	Kristi	Providence	Y
32	Jamile	Providence	Y
34	Suzanne	Swedish	Y

**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Special Session Minutes**  
**Wednesday, November 2, 2016**  
**Victor J. Dirksen Conference Room**

**Call to Order:**

The meeting was called to order at 3:30pm by Commissioner Buhler. Present were Commissioners Buhler, De Leo, Dressler, Kolff and Ready. Also present were Mike Glenn, CEO, Lisa Holt, CAO, Jennifer Wharton, Executive Director of Medical Group, Molly Hong, Chief of Medical Staff Jackie Mossakowski, CNO, Hilary Whittington, CFO and Alyssa Rodrigues, Administrative Assistant. This meeting is being officially audio recorded by Jefferson Healthcare.

**Patient Story:**

Jackie Mossakowski, CNO read aloud letters and spoke about the positive feedback received regarding services in the new Emergency Specialty Services Building.

**Approve Agenda:**

Commissioner Kolff made a motion to approve the November 2 special session agenda as presented. Commissioner Dressler seconded the motion.

**Action:** Motion passed unanimously.

**Minutes:**

- September 29 Special Session Minutes

Commissioner De Leo made a motion to approve the September 29 Special Session minutes as presented. Commissioner Dressler seconded the motion.

**Action:** Motion passed unanimously.

- October 5 Regular Session Minutes

Commissioner Kolff made a motion to approve the October 5 Regular Session minutes as presented. Commissioner Dressler seconded the motion.

**Action:** Motion passed unanimously.

- October 19 Regular Session Minutes

Commissioner Dressler made a motion to approve the October 19 Regular Session minutes as presented. Commissioner Kolff seconded the motion.

**Action:** Motion passed unanimously.

**Required Approvals:**

- Medical Staff Credentials/Appointments/Reappointments

Commissioner De Leo made a motion to approve Medical Staff Credentials/ Appointments/ Reappointments as presented. Commissioner Dressler seconded the motion.

**Action:** Motion passed unanimously.

**Budget Hearing for Fiscal Year 2017: Hilary Whittington**

Hilary Whittington, CFO presented the 2017 Operations Budget Summary and 2017 Capital Budget Summary. There was public comment and commission discussion during and after presentation.

**Resolution 2016-24: Without Property Tax Increase**

Commissioner Dressler made a motion to adopt Resolution 2016-24 as presented. Commissioner De Leo seconded the motion.

**Action:** Motion passed unanimously.

**Resolution 2016-25: Fiscal Year 2017 Budget**

Commissioner Dressler made a motion to adopt Resolution 2016-25 as presented. Commissioner Ready seconded the motion.

**Action:** Motion passed unanimously.

At 4:47 pm Commissioner Buhler announced a brief recess.

At 4:55 Commissioner Buhler reconvened the meeting.

**Executive Session:**

At 4:55pm Commissioner Buhler announced the Commissioners will go into executive session to discuss real estate and potential litigation and will conclude at 5:35pm.

At 5:26pm Commissioners came out of executive session and clarified that executive session was to discuss real estate and quality assurance. No action was taken.

**Conclude:**

Commissioner Dressler made a motion to conclude the meeting. Commissioner Ready seconded the motion.

**Action:** Motion passed unanimously.

Meeting concluded at 5:28pm.

Approved by the Commission:

Commission Chair: Jill Buhler \_\_\_\_\_

Commission Secretary: Marie Dressler \_\_\_\_\_

FROM: Barbara York – Medical Staff Services  
RE: 10/25/2016 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 11/16/2016

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

*It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.*

**Granting of additional privileges:**

Point of Care Emergency Ultrasound - Ron Irick, DO – Emergency Medicine

## Point of Care Emergency Ultrasound

### POLICY:

Emergency ultrasound is performed, interpreted, and integrated in an immediate and rapid manner dictated by the clinical scenario. It can be applied to any emergency medical condition in any setting with the limitations of time, patient condition, operator ability, and technology limitations.

The providers at Jefferson Healthcare will follow ACEP guidelines as outlined below for performing emergency point of care ultrasound.

### PURPOSE:

Focused emergency ultrasound is utilized to diagnose acute life-threatening conditions, guide invasive procedures, and treat emergency medical conditions and has ultimately improved the care of countless patients worldwide. Typically, emergency ultrasound is a goal-directed focused ultrasound examination that answers brief and important clinical questions in an organ system or for a clinical symptom or sign involving multiple organ systems.

### SCOPE:

Emergency ultrasound examinations are performed and interpreted by emergency physicians or those under the supervision of emergency physicians in the setting of the Emergency Department.

### DEFINITIONS:

**Emergency ultrasound** is the medical use of ultrasound technology for the bedside diagnostic evaluation of emergency medical conditions and diagnoses, resuscitation of the acutely ill, critically ill or injured, guidance of high risk or difficult procedures, monitoring of certain pathologic states and as an adjunct to therapy.

Emergency ultrasound can be classified into the following functional clinical categories:

- *Resuscitative*: ultrasound use as directly related to an acute resuscitation
- *Diagnostic*: ultrasound utilized in an emergent diagnostic imaging capacity
- *Symptom or sign-based*: ultrasound used in a clinical pathway based upon the patient's symptom or sign (eg, shortness of breath)
- *Procedure guidance*: ultrasound used as an aid to guide a procedure
- *Therapeutic and Monitoring*: ultrasound use in therapeutics or in physiological monitoring

### TRAINING AND PROFICIENCY:

Emergency ultrasound requires emergency physicians to become knowledgeable in the indications for ultrasound applications, competent in image acquisition and interpretation, and able to integrate the findings appropriately in the clinical management of his or her patients.



Providers who wish to perform emergency point of care ultrasound are required to request the privilege through the medical staff credentialing and privileging process. Competency will be evaluated at reappointment based on established criteria.

#### **PROCEDURE:**

- A. The provider performs the ultrasound and interprets the result.
- B. The provider is responsible for documenting the results of the exam in the medical record.
  1. Emergency ultrasound documentation reflects the nature of the exam which is focused, goal-directed, and performed at the bedside contemporary with clinical care
  2. This documentation may be preliminary and brief in a manner reflecting the presence or absence of the relevant findings
  3. Documentation will include indication, technique, findings, and impression
- C. Incidental findings should be communicated to the patient or follow-up provider
- D. Discharge instructions should reflect any specific issues regarding US findings in the context of the ED diagnosis

#### ***Core Emergency Ultrasound Applications***

Core emergency ultrasound applications include:

- Trauma
- Intrauterine pregnancy
- AAA
- Cardiac
- Biliary
- Urinary tract
- DVT
- Soft tissue/musculoskeletal
- Thoracic
- Ocular
- Procedural guidance

#### **QUALITY ASSURANCE:**

The objective of the QA process is used to evaluate images for technical competence and interpretations for clinical accuracy and provide feedback to improve physician performance.

The QA process is an integrated part of the educational, training, and credentialing processes. Ongoing QA will be performed by the Point of Care Ultrasound Medical Director, with feedback provided to each credentialed medical staff member once per quarter.

Parameters to be evaluated may include image resolution, anatomic definition, and other image quality acquisition aspects such as gain, depth, orientation, focus. In addition, the QA system will compare the impression from the emergency ultrasound interpretation to the patient outcome measures such as consultative ultrasound, other imaging modalities, surgical procedures, or patient clinical outcome.

### **REPORTING:**

A point of care ultrasound QA meeting will be performed once per quarter. The meeting shall be supported by the Medical Staff Coordinator, and shall include the following stakeholders:

- Point of Care Ultrasound Medical Director
- Chief of Emergency Medicine
- Chief Nursing Officer
- Nursing Director of Emergency Services
- Executive Director of Patient Safety & Quality
- Acute Care Nursing Director
- Providers with point-of-care ultrasound privileges

The Diagnostic Imaging Medical Director shall be invited to participate in case review.

Copies of individual medical staff performance will be sent to the Medical Staff Coordinator as part of the ongoing quality monitoring process. Quality reports will be reviewed by the Professional Practice Excellence Committee as a part of the medical staff peer review process.

### **REFERENCES:**

American College of Emergency Physicians, . (2008, October). Emergency Ultrasound Guidelines. *ACEP Policy Statement*

	October 2016 Actual	October 2016 Budget	Variance Favorable/ (Unfavorable)	%	October 2016 YTD	October 2016 Budget YTD	Variance Favorable/ (Unfavorable)	%	October 2015 YTD
<b>Gross Revenue</b>									
Inpatient Revenue	2,967,032	3,297,625	(330,592)	-10%	28,063,203	32,444,374	(4,381,170)	-14%	28,921,690
Outpatient Revenue	11,506,095	11,360,563	145,533	1%	115,059,668	111,773,292	3,286,376	3%	108,643,681
<b>Total Gross Revenue</b>	<b>14,473,128</b>	<b>14,658,187</b>	<b>(185,060)</b>	<b>-1%</b>	<b>143,122,871</b>	<b>144,217,665</b>	<b>(1,094,794)</b>	<b>-1%</b>	<b>137,565,371</b>
<b>Revenue Adjustments</b>									
Cost Adjustment Medicaid	1,685,890	1,781,869	95,978	5%	16,006,865	17,531,290	1,524,425	9%	17,262,592
Cost Adjustment Medicare	4,655,013	4,345,370	(309,643)	-7%	46,509,288	42,752,840	(3,756,447)	-9%	42,709,382
Charity Care	110,576	97,917	(12,660)	-13%	823,007	963,373	140,366	15%	863,820
Contractual Allowances Other	1,311,856	1,060,791	(251,066)	-24%	10,533,471	10,436,814	(96,658)	-1%	9,888,774
Administrative Adjustments	13,990	16,940	2,950	17%	162,437	166,667	4,230	3%	481,184
Adjust Bad Debt	80,056	340,615	260,559	76%	2,244,437	3,351,213	1,106,776	33%	2,958,377
<b>Total Revenue Adjustments</b>	<b>7,857,382</b>	<b>7,643,501</b>	<b>(213,880)</b>	<b>-3%</b>	<b>76,279,504</b>	<b>75,202,196</b>	<b>(1,077,308)</b>	<b>-1%</b>	<b>74,164,128</b>
<b>Net Patient Service Revenue</b>	<b>6,615,746</b>	<b>7,014,686</b>	<b>(398,940)</b>	<b>-6%</b>	<b>66,843,367</b>	<b>69,015,469</b>	<b>(2,172,102)</b>	<b>-3%</b>	<b>63,401,242</b>
<b>Other Revenue</b>									
340B Revenue	182,739	369,393	(186,655)	-51%	2,436,334	3,634,355	(1,198,021)	-33%	3,000,854
Meaningful Use Ehr Incentive	25,500	14,399	11,101	77%	46,750	141,667	(94,917)	-67%	448,110
Other Operating Revenue	183,732	89,231	94,501	106%	941,715	877,916	63,799	7%	729,793
<b>Total Operating Revenues</b>	<b>7,007,716</b>	<b>7,487,709</b>	<b>(479,993)</b>	<b>-6%</b>	<b>70,268,166</b>	<b>73,669,408</b>	<b>(3,401,241)</b>	<b>-5%</b>	<b>67,579,999</b>
<b>Operating Expenses</b>									
Salaries And Wages	3,715,384	3,650,373	(65,011)	-2%	34,242,162	35,914,968	1,672,806	5%	32,440,235
Employee Benefits	871,687	890,691	19,004	2%	8,370,759	8,763,252	392,493	4%	7,814,696
Professional Fees	292,224	264,334	(27,890)	-11%	3,017,481	2,600,707	(416,774)	-16%	2,475,487
Purchased Services	501,809	509,047	7,238	1%	4,694,840	5,008,370	313,531	6%	3,869,290
Supplies	2,175,119	3,054,033	878,914	29%	11,192,162	12,310,729	1,118,567	9%	9,761,593
Insurance	58,003	59,307	1,304	2%	547,890	583,500	35,610	6%	491,034
Leases And Rentals	121,764	120,268	(1,496)	-1%	1,164,115	1,183,277	19,163	2%	1,025,976
Depreciation And Amortization	489,192	325,030	(164,161)	-51%	3,143,874	3,197,881	54,007	2%	3,445,290
Repairs And Maintenance	84,826	74,528	(10,298)	-14%	566,860	733,260	166,401	23%	749,479
Utilities	85,905	79,674	(6,231)	-8%	671,146	783,891	112,745	14%	683,494
Licenses And Taxes	54,046	60,016	5,969	10%	528,748	590,479	61,731	10%	567,307
Other	151,088	157,549	6,460	4%	1,404,326	1,550,076	145,749	9%	1,358,986
<b>Total Operating Expenses</b>	<b>8,601,048</b>	<b>9,244,851</b>	<b>643,803</b>	<b>7%</b>	<b>69,544,363</b>	<b>73,220,390</b>	<b>3,676,027</b>	<b>5%</b>	<b>64,682,867</b>
<b>Operating Income (Loss)</b>	<b>(1,593,332)</b>	<b>(1,757,141)</b>	<b>163,810</b>	<b>9%</b>	<b>723,803</b>	<b>449,018</b>	<b>274,786</b>	<b>61%</b>	<b>2,897,132</b>
<b>Non Operating Revenues (Expenses)</b>									
Taxation For Maint Operations	49,847	21,516	28,331	132%	180,456	211,687	(31,231)	-15%	136,557
Taxation For Debt Service	75,766	14,481	61,284	423%	266,226	142,479	123,747	87%	215,689
Investment Income	13,996	3,146	10,850	345%	94,861	30,950	63,911	206%	31,189
Interest Expense	(26,210)	(52,334)	26,124	50%	(396,448)	(514,898)	118,450	23%	(324,793)
Bond Issuance Costs	-	(610,000)	610,000	0%	-	(610,000)	610,000	0%	(153,300)
Gain or (Loss) on Disposed Asset	-	-	-	0%	46,749	0	46,749	0%	(31,014)
Contributions	8,034	12,366	(4,332)	-35%	43,060	121,667	(78,607)	-65%	444,779
<b>Total Non Operating Revenues (Expenses)</b>	<b>121,432</b>	<b>(610,825)</b>	<b>732,257</b>	<b>120%</b>	<b>234,904</b>	<b>(618,115)</b>	<b>853,019</b>	<b>138%</b>	<b>319,108</b>
<b>Change in Net Position (Loss)</b>	<b>(1,471,899)</b>	<b>(2,367,966)</b>	<b>896,067</b>	<b>38%</b>	<b>958,708</b>	<b>(169,098)</b>	<b>1,127,805</b>	<b>667%</b>	<b>3,216,240</b>

**JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS  
FROM: HILARY WHITTINGTON, CFO  
RE: OCTOBER 2016 WARRANT SUMMARY**

**The following items need to be approved at the next commission meeting:**

General Fund Warrants & ACH Transfers	<b>\$9,650,142.02</b>	(Provided under separate cover)
Bad Debt / Charity	<b>\$204,622.02</b>	(Attached)
Canceled Warrants	<b>\$431.60</b>	(Attached)

**JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS  
FROM: HILARY WHITTINGTON, CFO  
RE: OCTOBER 2016 GENERAL FUND WARRANTS & ACH  
FUND TRANSFERS**

**Submitted for your approval are the following warrants:**

**GENERAL FUND:**

**230812 - 231611 \$5,713,592.37**

**ACH TRANSFERS \$3,936,549.65**

**\$9,650,142.02**

**YEAR-TO-DATE: \$84,772,531.98**

Warrants are available for review if requested.

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: HILARY WHITTINGTON, CFO  
RE: OCTOBER 2016 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	OCTOBER	OCTOBER YTD	OCTOBER YTD BUDGET
Bad Debts:	\$80,055.89	\$2,244,437.31	\$3,351,213.04
Charity Care:	\$110,576.13	\$823,006.71	\$963,372.99
Other Administrative Adjustments:	\$13,990.00	\$162,436.64	\$166,666.58
	<hr/>		
TOTAL FOR MONTH:	\$204,622.02	\$3,229,880.66	\$4,481,252.61
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JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: HILARY WHITTINGTON, CFO  
RE: OCTOBER 2016 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT	AMOUNT
10/14/2015	219677	\$ 30.00
10/14/2015	219679	\$ 12.00
10/14/2015	219680	\$ 30.00
10/22/2015	220026	\$ 359.60

TOTAL: \$431.60

**RESOLUTION 2016-26**

**A RESOLUTION TO DECLARE CERTAIN ITEMS SURPLUS TO THE NEEDS OF  
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND  
TO AUTHORIZE THE DISPOSAL OF SAID EQUIPMENT**

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the needs of the District, and

WHEREAS said equipment now creates a storage problem and represents an unnecessary cost to the District to retain it,

NOW, THEREFORE BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the immediate needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with appropriate State laws:

<b>Description</b>	<b>Asset #</b>	<b>Serial #</b>	<b>Model #</b>
Portable X Ray	N/A	97220503 2009	CR-1R 358 RU
Therapeutic EGD Scope Olympus	N/A	Not Legible	GIF-1T100

APPROVED THIS 16th day of November, 2016.

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

APPROVED BY THE COMMISSION:

Commission Chair – Jill Buhler: \_\_\_\_\_

Commission Secretary – Marie Dressler: \_\_\_\_\_

Attest:

Commissioner – Anthony De Leo: \_\_\_\_\_

Commissioner – Kees Kolff: \_\_\_\_\_

Commissioner – Matt Ready: \_\_\_\_\_



JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2016-27

A RESOLUTION CANCELING SAID WARRANTS IN  
THE AMOUNT OF \$431.60

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body.

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$431.60 be canceled.

<b>Date of Issue</b>	<b>Warrant #</b>	<b>Amount</b>
10/14/2015	219677	30.00
10/14/2015	219679	12.00
10/14/2015	219680	30.00
10/22/2015	220026	359.60
<b>Total</b>		<b>\$431.60</b>

APPROVED THIS 16<sup>th</sup> day of October, 2016.

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

APPROVED BY THE COMMISSION:

Commission Chair – Jill Buhler: \_\_\_\_\_

Commission Secretary – Marie Dressler: \_\_\_\_\_

Attest:

Commissioner – Anthony De Leo: \_\_\_\_\_

Commissioner – Kees Kolff: \_\_\_\_\_

Commissioner – Matt Ready: \_\_\_\_\_