

**FERRY COUNTY
PUBLIC HOSPITAL DISTRICT #1
BYLAWS**

AMENDED

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FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1 BYLAWS

PREAMBLE:

Ferry County Public Hospital District No. 1 was established July 1, 1972, by a vote of the qualified electors of Ferry County, Washington, and since that time has transacted business in Ferry County, Washington, in accordance with Chapter 70.44 RCW.

The Board of Commissioners of Ferry County Public Hospital District No. 1, under the authority of RCW 70.44 hereby adopts the following Bylaws for the governance of Ferry County Public Hospital District No. 1.

ARTICLE 1. NAME, OFFICES, PURPOSES AND POWERS -

1.1 NAME:

The name of this municipal corporation shall be “Ferry County Public Hospital District No. 1” of Ferry County, Washington. Hereinafter, it shall be referred to as the “District”

The District operates as Ferry County Health (a Critical Access Hospital), Republic Medical Clinic (a Rural Health Clinic), Curlew Medical Clinic (a Rural Health Clinic), Klondike Hills (an Assisted Living Facility) and Republic Drug Store. Other health care facilities and/or services may be added as appropriate to the needs of the population served.

1.2 OFFICES:

The principal office of this municipal corporation shall be located in Republic, Ferry County, Washington. The District shall have and continuously maintain in Ferry County, Washington, a registered office and a registered agent.

1.3 PURPOSES AND POWERS:

The purpose of the District shall be to establish, maintain, and operate hospital facilities and other health care facilities as may be available in the District, and to provide hospital services and other health care services for the residents of the District and other persons, and in so doing, to:

- A. Provide at its facilities, to the best of its ability with the resources available, the necessary services for inpatient care, emergency care, outpatient care, physical therapy, assisted living care, and retail pharmacy;
- B. Provide the necessary personnel, equipment, and policies to maintain the services described above for the public;
- C. Be responsive to the health needs and concerns of the District;
- D. Modify existing health care services and facilities from time to time as may be needed, with the resources available to the District, to serve the people of the District; Promote educational activities relating to the care of patients and of health services in general;
- E. Foster and encourage preventive health measures in the community; and

- F. Comply with standards, rules and regulations as promulgated by federal, state and local governmental agencies;
- G. Require-at least annual minimum Board education as determined by the Board (i.e through attendance at the Rural Health Conference or other appropriate opportunity);
- H. Ensure management strategies are aligned with Vision and current Strategic Plan;
- I. Ensuring necessary quality utilization and risk management systems are in place and functioning effectively;
- J. Monitor financial performance and outcomes;
- K. Provide new board member orientation.

The District shall have and exercise such powers in furtherance of its purposes as are now or may hereafter be set forth in RCW 70.44 and any other laws, rules and/or regulations and/or as lawfully adopted by the Board.

ARTICLE 2. GOVERNING BOARD

2.1 COMPOSITION OF GOVERNING BOARD:

The Governing Board of the District shall consist of a Board of Commissioners composed of five members to be elected by the voters of the District as provided by law. Hereinafter it shall be referred to as the “Board”.

The election of members to the Board, the filling of vacancies on the Board, and the terms and compensation of Board members shall be governed by the procedures and provisions set forth in RCW 70.44.040 through 70.44.050, as now in existence or hereafter amended.

2.2 POWERS AND DUTIES OF THE BOARD OF COMMISSIONERS:

The Board shall be the governing body of the District, and the Superintendent/Chief Executive Officer (CEO) appointed by the Board as specified in Article III, Section I, shall be responsible to the Board for the efficient administration of all affairs of the District. While the authority of the Board may be delegated to the CEO as specified in Article III, Section I, and Article IV, or by resolution, any delegation of authority to the CEO by the Board may be rescinded in the Board's sole discretion.

The Board has primary responsibility and legal accountability for the safety and quality of care delivered at the District’s facilities, and shall participate in, and provide appropriate oversight to, the District's quality improvement and safety related programs.

The Board is required to ensure that members of the medical staff are appropriately qualified to furnish services to the community, and thus is legally accountable, upon appropriate advice and recommendations from the medical staff, for the appointment, discipline and removal of members of the District's medical staff. Therefore, the Board shall periodically review, at least every two years, the Medical Staff Bylaws, and shall always review and act on the Medical Staff Bylaws and Rules and Regulations upon any recommended modification thereto. The Board, through action on the Medical Staff Bylaws, delegates to the Medical Staff such responsibility and authority contained within such bylaws as provided in Articles 5, 6, and 7.

As the guardian of the District’s resources and the public’s trust, the Board has an ethical and moral obligation to balance the District’s operating requirements with the community’s needs in the current environment of escalating change and risk. The Board has a fiduciary responsibility for the institution’s viability. Seeking cost-effective delivery of high-quality healthcare services makes

“good business sense,” and is ultimately the only way to help assure continued survival in a competitive environment.

All powers authorized in RCW 70.44.060 or other applicable statute may be exercised by the Board in the performance of its duties prescribed therein. Among other things, the Board shall strive to:

- A. Determine the policies, purposes, and activities of the District as appropriate to meet the community's needs;
- B. Provide services, facilities, equipment and personnel to meet the needs of the community, consistent with the purposes of the District and in accordance with the District's strategic vision and plan;
- C. Assure that an appropriate standard of professional care is maintained with due regard for quality of care and effective quality assurance mechanisms, and assuring that personnel possess appropriate current qualifications, and determining in its discretion which kinds of programs shall be considered;
- D. Promote planning and coordinate services with administrative, financial and community needs, the policies of the District, and the purposes of the District;
- E. Provide for the sound administration and application of public funds, adopting annual budgets for the District at the times and in the manner required by law;
- F. Maintain accurate records of District finances and all related activities;
- G. Ensure compliance with applicable state and federal law, including but not limited to laws that define the requirements for participation as a Critical Access Hospital (CAH) in the CMS program, recognizing that such compliance requires the Board's active participation and oversight of the District's Compliance Program;
- H. Exercise proper care and judgment in the selection of a qualified CEO who shall be responsible for implementing policies adopted by the Board; and
- I. Evaluate the Board's performance on a periodic basis.

2.3 MEETINGS:

2.3.1. OPEN PUBLIC MEETINGS:

All meetings of the Board will be held in accordance with RCW 42.30, Washington Open Public Meetings Act, and RCW 42.32, Meetings, both as now in existence or hereafter amended.

2.3.2 REGULAR MEETINGS:

Regular meetings of the Board shall be held at least monthly at a time and place designated by the Board. The Board shall adopt a regular meeting schedule in January of each year, specifying the time, date and place of such meetings for the next calendar year. If a Notice of regular meeting falls on a holiday, such regular meeting shall be rescheduled to a date decided by the Board.

A regular meeting may be adjourned or continued by notice, stating the date, time and place for the new meeting conspicuously posted on or near the door of the place where the meeting was held immediately after the time of the adjournment or continuance.

A regular meeting may be cancelled by the Board Chair, in which case notice of the

cancellation, and if it is to be rescheduled, the new date, time and place of the rescheduled meeting, shall be delivered personally, by mail, or e-mail, at least twenty-four (24) hours before the time of the meeting to each member of the Board and to any newspaper of general circulation and radio or television station which actually has filed with the District a written request to be notified of special meetings and additionally such notice shall be posted on or near the door of the place where the meeting would have been held.

2.3.3 EMERGENCY AND SPECIAL MEETINGS:

Emergency meetings of the Board may be called in accordance with the procedures and provisions of subsections RCW 42.30.070 and 42.30.080 of the Washington Open Public Meetings Act, RCW 42.30., as now in existence or hereafter amended.

Special meetings shall be held at the call of any member of the Board. Written notice of the date, time, place and purpose of any meeting other than a scheduled regular meeting shall be given to each Board member and also to any newspaper of general circulation and radio or television station which actually has filed with the District a written request to be notified of all special meetings. No business shall be transacted at a special meeting except that which is stated in the notice of the meeting personally or by first class mail at least twenty-four (24) hours before such meeting.

2.3.4 ATTENDANCE AT MEETINGS:

Attendance requirements by Board Members at meetings of the Board shall be in accordance with RCW 40.44.045, which provides that nonattendance at meetings of the Board provides for a vacancy of the position unless excused by Board. In the event of such created vacancy, the position will be filled as provided by RCW 42.12.

2.3.5 EXECUTIVE SESSION:

The Board may hold executive sessions as permitted by RCW 42.30.110, but no formal action binding on the District may be taken at such sessions.

2.3.6 VOTING:

A majority of the Board members constitutes a quorum for the transaction of business at any meeting of the Board. Each Board member is entitled to one vote on any matter before the Board.

In accordance with RCW 70.44.050, no resolution shall be adopted without a majority vote of the entire Board.

ARTICLE 3. OFFICERS –

3.1 ELECTION, APPOINTMENT AND RESIGNATION OF OFFICERS:

The officers of the corporation shall be a Chair, Vice Chair, and Secretary; a Treasurer and Auditor as may be appointed; and such other officers as the Board may elect or appoint as provided in RCW 70.44.050.

Any person may hold two or more offices except that no person may hold both the offices of Chair and Secretary.

The Chair, Vice Chair, and Secretary of the District shall be elected by the Board at the first regular

meeting in January of each year (or as soon thereafter as possible). The Chair the Vice Chair and Secretary shall each hold office for a one-year term, elected annually, unless they shall sooner resign or be removed. The number of consecutive terms shall not be limited.

The Board may appoint by resolution at a regular meeting a Treasurer and an Auditor or Auditors.

Any officer may resign at any time by giving written notice to the Chair or to the Secretary. Such resignation, which may or may not be made contingent on formal acceptance, shall take effect on the date of receipt or at any later time specified in it.

A vacancy in any office may be filled by the Board for the unexpired portion of the term in accordance with RCW 42.12.

3.2 DUTIES OF OFFICERS:

3.2.1 CHAIR:

The Chair shall act as the presiding officer at meetings of the Board and shall execute on behalf of the District all contracts, agreements and other documents and papers duly authorized by the Board that may require his or her signature.

3.2.2. VICE CHAIR:

The Vice- Chair shall perform such duties as may be assigned by the Board and, in absence of the Chair, shall preside at Board meetings and, during vacancies in the office of Chair, serve as the Chair until such vacancy is filled.

3.2.3. SECRETARY:

The Secretary shall provide for the keeping of the minutes of all meetings of the Board and the Board committees, and of the Advisory Board and a written quarterly report for each Board committee. He or she shall give or cause to be given appropriate notices in accordance with these Bylaws or as required by law, and shall act as custodian of all District records and reports and of the corporate seal, assuring that it is affixed, when required by law, to documents executed on behalf of the District. He or she shall perform all duties incident to the office and such other duties as may be assigned from time to time by the Chair of the Board or Board.

3.2.4. TREASURER:

The Treasurer shall perform those duties set forth in RCW 70.44.171 as now in existence or hereafter amended, including maintaining a public hospital district fund and such special funds as created by the Board. The Treasurer shall be the Treasurer of Ferry County, unless the Board in its discretion appoints another person pursuant to the terms of RCW 70.44.171.

3.2.5. AUDITOR:

The CEO shall appoint an Auditor of the District experienced in accounting and business practices. The Auditor shall report on the performance of his or her duties directly to the Administrator. The Auditor shall draw, sign and issue orders of, or vouchers approved by, the Board; and shall perform such other duties relating to the business affairs of the District including the recording of financial transactions, the collection of accounts, and the routine purchases and issue of supplies, as are assigned by the CEO.

3.2.6 Other

The Board may appoint by resolution at a regular meeting an attorney or attorneys who shall advise the Board and its officers and appointive officials on legal matters and represent the

District on all such matters.

3.3 SUPERINTENDENT/CHIEF EXECUTIVE OFFICER:

3.3.1. APPOINTMENT/REMOVAL:

As provided in RCW 70.44.070, the Board shall select and appoint, as well as remove from appointment, a Superintendent/Chief Executive Officer (CEO) to whom shall be delegated the responsibility for overall administrative management of the District.

3.3.2 AUTHORITY AND DUTIES:

The CEO shall be given the necessary authority stated in RCW 70.44.080 and 090 to effect this responsibility, subject to such policies as may be adopted by the Board or any committees to which the Board has delegated power for such action. He or she shall, unless otherwise expressly provided, be an ex-officio member, without vote, of all management committees and shall act as the duly authorized representative of the Board at the hospital in all matters except those in which the Board has formerly designated some other person or group to act.

The CEO shall:

- A. Be responsible for implementing established policies in the operation of the District;
- B. Provide liaison among the Board, the Medical Staff and the departments of the District;
- C. Reports to the Board and to the Medical Staff on the overall activities of the District, as well as on appropriate federal, state and local developments that affect the operation of the District;
- D. Provide the District professional staff with the administrative support and personnel reasonably required to carry out their review and evaluation activities;
- E. Organize the administrative functions of the District, delegate duties and establish formal means of accountability on the part of subordinates;
- F. Be responsible, except as otherwise provided, for selecting, employing, controlling, and discharging employees, and for developing and maintaining personnel policies and practices;
- G. Establish such District administrative departments as are necessary, provide for departmental meetings, and attend or be represented at such meetings;
- H. Attend personally or by designee all meetings of the Board, Board committees and Medical Staff Committees;
- I. Assist the financial officer and any financial committee in annually reviewing and updating a capital budget and in preparing an operating budget showing the expected receipts and expenditures, and supervise District business affairs to assure that funds are expended to the best possible advantage;
- J. Be responsible for securing maintenance and insurance of all physical property;
- K. Perform any other duty within his or her express or implied powers that may be necessary for the best interests of the District, including such powers and duties as are

set forth in RCW 70.44.080 and 70.44.090 now and as may be amended; and:

- L. Designate in writing other individuals, by name or position, who are, in order of succession authorized to act for him or her when he or she is absent from the District.

ARTICLE 4 BOARD COMMITTEES -

4.1 CREATION AND COMBINATION OF COMMITTEES AND REASSIGNMENT OF FUNCTIONS:

The Board may from time to time act as a committee of the whole or appoint such other committees, as it may deem necessary or advisable in the conduct of its affairs. The Board may from time to time choose to change committee appointments as needed. The activities of any committees so appointed shall be conducted lawfully and be recorded in written minutes. Chairpersons of such committees shall be recommended by the Superintendent and appointed by the Board to serve for terms not to exceed one year, subject both to removal at the will of the Board and to reappointment in the sole discretion of the Board. Committees of the Board shall meet periodically as provided in these Bylaws or as provided by resolution of the Board.

The chairman of any committee may invite additional individuals with expertise in a pertinent area to meet with and assist the committee. Such advisors shall not vote or be counted in determining the existence of a quorum and may be excluded from any executive session of the committee by a majority vote of the committee members present.

4.2 MEETINGS AND NOTICE:

Meetings of a committee may be called by the Chair of the Board, the chairman of the committee, the CEO or any two of the committee's voting members. Each committee shall meet as often as is necessary to perform its duties. Notice of a meeting of a committee may be given at any time and in any manner reasonably designed to inform the committee members of the time and place of the meeting.

4.3 QUORUM AND VOTING:

A majority of the voting members of a committee constitutes a quorum for the transaction of business at any meeting of such committee and no meeting will take place without such quorum present.

The act of a majority of the members of a committee present at a meeting at which a quorum is present shall be the act of the committee so meeting.

ARTICLE 5. MEDICAL STAFF -

5.1 ORGANIZATION:

The Board shall cause to be created a medical staff organization, hereinafter called "Medical Staff," whose membership shall be comprised of all physicians and others who are privileged to attend patients in the hospital. Membership on the Medical Staff shall be a prerequisite to the exercise of clinical privileges in the Medical Staff Bylaws.

5.2 MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES:

5.2.1 DELEGATION OF AUTHORITY:

The Board shall delegate to the Medical Staff the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges and

corrective action, and shall require that the Medical Staff adopt and forward to it written recommendations thereon that will allow the Board to take informed action. The Board may require the Medical Staff, in fulfilling its responsibility for such Medical Staff Membership Status, clinical privileges and corrective action, to obtain the assistance of appropriate third party peer reviewers to ensure unbiased evaluations of the Medical Staff Members.

Final action on all such matters shall be taken by the Board after considering the Medical Staff recommendations along with the recommendations of other committees to which the Board in its discretion assigns responsibility for review; provided that the Board shall act in any event if the Medical Staff fails to adopt and submit any such recommendation within the time period required by the Medical Staff Bylaws. Such Board action without a Medical Staff recommendation and evaluation shall be based on the same kind of documented investigation and evaluation of current ability, judgment and character as is required for Medical Staff recommendation.

5.2.2 MEMBERSHIP ON THE MEDICAL STAFF:

The terms and conditions of membership status on the Medical Staff and of the exercise of clinical privileges shall be as specified in the Medical Staff Bylaws.

The procedure to be followed by the Medical Staff and the Board in acting on matters of membership status, clinical privileges and corrective action shall be specified in the Medical Staff Bylaws.

5.2.3 CRITERIA FOR BOARD ACTION:

In acting on matters of Medical Staff Membership status the Board shall consider the Medical Staffs and other committee's recommendations, needs of the respective hospital and community, and such other criteria as are set forth in Medical Staff Bylaws. In granting and defining the scope of clinical privileges to be exercised by each practitioner, the Board shall consider the Medical Staffs recommendations, the supporting information on which those recommendations are based, and such criteria as are set forth in the Medical Staff Bylaws. No aspect of membership status or specified clinical privileges shall be limited or denied to a practitioner on the basis of any other criterion unrelated to the quality of patient care in the District, to professional qualifications, to hospital purposes, needs and capabilities, or to community needs.

5.3 ALLIED HEALTH PROFESSIONALS:

The Board may delegate to the Medical Staff the responsibility and authority to investigate and evaluate each application by an Allied Health Professional for specified services, department affiliations, and modification in the services such affiliate may perform, and shall require that the Medical Staff make recommendations to the Board or to its designee.

"Allied Health Professional" means an individual, other than a licensed physician, osteopath, podiatrist or dentist, whose patient care activities require that his or her authority to perform specified patient care services be processed through Medical Staff channels.

5.4 CONFIDENTIALITY:

Pursuant to RCW 70.44.062 and its amendments, all meetings, proceedings and deliberations of the Medical Staff, committees of the Board or the Board itself, its staff or agents, concerning the granting, denial, revocation, restriction or other consideration of the status of the clinical or staff privileges of a physician or other health provider as those terms are defined in RCW 7.70.020 or

herein, if such other providers at the discretion of the Board are considered for such privileges, shall be confidential and may be conducted in Executive Session; provided that the final action of the Board as to the denial, revocation or restriction of clinical or staff privileges of a physician or other health care provider shall be done in public session.

5.5 HEARING PROCEDURES:

The Board shall require that any adverse recommendation made by the Medical Staff with respect to a practitioner's staff appointment, reappointment, department affiliation, staff category, admitting prerogatives or clinical privileges shall be accomplished in accordance with the Board approved Hearing Procedures then in effect in the Medical Staff Bylaws. Such procedures shall assure fair treatment and afford opportunities for the presentation of all pertinent information.

5.6 MEDICAL DIRECTOR:

The Board shall appoint a medical director to serve as the chief medical officer of the District.

The Board may, at its option, either select the Chief of the Medical Staff to serve as medical director or appoint the medical director from among qualified nominees whose names are submitted by the Medical Staff.

If the medical director is selected from a list of nominees, the Medical Staff shall have the initial responsibility to recommend to the Board qualified nominees for the position. Such responsibility shall be exercised in good faith and in a reasonably timely and responsible manner, reflecting the interests of providing patient care of the general recognized professional level of quality and efficiency. If the Medical Staff fails to so exercise this responsibility after written notice from the Board to such effect, including a reasonable period of time for response, the Board may proceed on its own initiative to appoint a medical director. The Chief Executive Officer shall also be consulted in the naming of a medical director.

Removal from the office of the medical director or of any other medico-administrative officer shall be accomplished as provided in the Medical Staff Bylaws.

ARTICLE 6. MEDICAL STAFF BYLAWS -

6.1 MEDICAL STAFF RESPONSIBILITY:

The Medical Staff shall have the initial responsibility to formulate, adopt, and recommend to the Board Medical Staff bylaws, rules, regulations and amendments thereto which shall be effective when approved by an affirmative vote of a majority of the Board. These bylaws shall create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staff by the Board. The bylaws, rules and regulations shall state the purposes, functions and organization of the Medical Staff and shall set forth the policies by which the Medical Staff exercises and accounts for its delegated authority and responsibility.

6.2 SPECIAL NOTICE OF CONCERN:

Whenever the Board believes that Medical Staff recommendations or existing documents are deficient in one or more respects, it shall, by special notice to the Chief of Medical Staff, inform the Medical Staff of its concerns, the reasons therefore, and of the date by which the Medical Staff's response is requested, provided that such date shall not be less than thirty (30) days nor more than ninety (90) days from the date the Board's communication has been received by the Chief of Medical Staff.

6.3 BOARD ACTION FOLLOWING MEDICAL STAFF RESPONSE:

If the Medical Staff's response satisfies the Board's concerns that prompted the special notice, the Board shall thereupon act upon the matter. If the Medical Staff's response fails to satisfy the Board's concerns or if no response is received within the time frames specified, the Board shall notify the Medical Staff, through special notice to its Chief. The Board may then on its own initiative formulate or amend Medical Staff Bylaws. In such event, Medical Staff recommendations and views shall be carefully considered by the Board during its deliberations and in its actions.

ARTICLE 7. QUALITY ASSURANCE -

7.1 PROFESSIONAL ACCOUNTABILITY TO THE BOARD:

The Medical Staff and other health care professionals providing patient care services shall conduct and be accountable to the Board for conducting activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the hospital and medical clinics. These activities shall include:

- A. Delineation of clinical privileges for Medical Staff members commensurate with individual credentials and demonstrated ability and judgment, and assignment of patient care responsibilities to other health care professionals consistent with individual qualification and demonstrated ability;
- B. Provision of continuing professional education shaped primarily by the needs identified through review and evaluation activities;
- C. Utilization review procedures based on patient specific needs to provide for appropriate use of hospital resources;
- D. Monitoring of patient care practices through the defined functions of the Medical Staff, other professional services, and the hospital administration; and
- E. Systematic evaluation of practitioner's performance based on explicit, predetermined criteria.

7.2 DOCUMENTATION AND OVERSIGHT:

The Board shall require, receive, consider and act upon the findings and recommendations emanating from the activities described in Paragraph 7.1. All such findings and recommendations shall be in writing, signed by the persons responsible for conducting the activities, and supported and accompanied by appropriate documentation and rationale upon which the Board can take informed action, as required or necessary, and can exercise effective oversight of the quality assurance program.

7.3 DELEGATION AND REVIEW BY THE BOARD:

The responsibility for the quality of health care is specifically delegated to the Medical Staff, including but not limited to health care review, medical care evaluation studies, and concurrent review. The Board may, after receiving and considering advice from the Medical Staff, the other professional services and the hospital administration, take such other measures as it deems necessary for the preservation and improvement of the quality and efficiency of patient care.

ARTICLE 8. ADVISORY COUNCIL -

The Board may, at its option, create an Advisory Council to serve the District. If created, the members of this council shall be chosen and shall serve in the manner provided in these bylaws. The Board may select the Advisory Council from among residents in the community served by the District and other individuals who have volunteered their particular expertise and services to the District. They shall be selected to provide:

- A. Direct liaison with all major elements of the community served;
- B. Expertise in their special area, along with knowledge of the health care needs, attitudes, activities and interests in the community; and
- C. Advice on recent trends in the health care field, particularly as such trends may affect the operations of the hospital and its relationship to the community.
- D. The Advisory Council shall serve for a period as determined by the Board when such council is created

ARTICLE 9. GENERAL PROVISIONS -

9.1 CONFLICT OF INTEREST:

District commissioners, being aware of the fiduciary nature of their positions, shall avoid actions and relationships which could result in a conflict between their private financial interests and their public responsibilities. Commissioners shall not violate the conflict-of-interest provisions of these Bylaws, Chapters 42.20 and 42.23 RCW, or any other applicable statute.

Recognizing that even the appearance of impropriety should be avoided, no commissioner shall:

- A. Be beneficially interested in or otherwise expect to profit from, directly or indirectly, any contract, sale, lease or purchase made by the District, except as specifically permitted under RCW 42.23.010 through 42.23.900, as now in effect or hereafter amended, or under other applicable law;
- B. Accept, directly or indirectly, any compensation, gratuity, favor or award from any party seeking to do business with the District, or in connection with any contract made by the District, other than:
 - 1. compensation and reimbursement for expenses as provided by law, or
 - 2. compensation in connection with contracts permitted under RCW 42.23.010 through 42.23.900, as now in effect or hereafter amended, or under other applicable law;
- C. Employ, use or appropriate any District employee, money or property for his or her private benefit;
- D. Hold any office, engage in any employment or occupy any position, public or private, which could create conflicts between the duties, interests and opportunities inherent in such office, employment or position and the commissioner's public responsibilities as a member of the Board;
- E. Reveal or divulge to any other party, unless authorized by the Board, any confidential information received in the performance of his or her duties as a commissioner, nor use such information for personal gain.

Any commissioner, upon discovering or suspecting that he or she has or may have a conflict of interest contrary to the policies and standards set forth in this section, shall promptly report the same to the Board.

9.2 AUXILIARY:

The Board may approve the formal organization of the 501(c)3 organization, and the bylaws of a Volunteer Auxiliary for the hospital. Any such organization shall be subject to the authority, control and direction of the Board and the CEO of the hospital.

9.3 AMENDMENTS:

These bylaws may be amended by an affirmative vote of a majority vote of the Board at any subsequent regular meeting following the introduction of the amendment(s) for consideration at a regular meeting.

9.5 CORPORATE SEAL:

The seal of this municipal corporation shall be a circular dye so formed as to impress on paper the words: "FERRY COUNTY PUBLIC HOSPITAL DISTRICT NO. 1, CORPORATE SEAL, WASHINGTON."



RESOLUTION 2024 #11
FERRY COUNTY PUBLIC HSOPITAL DISTRICT NO. 1
DECEMBER 17, 2024

A RESOLUTION OF THE BOARD OF COMMISSIONERS OF FERRY COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 ADOPTING AND APPROVING THE REVISED BYLAWS OF THE DISTRICT.

BE IT RESOLVED that the Bylaws of the District, a true and correct copy of which are attached herto, and hereby are, approved and adopted as the official Bylaws of the District Board of Commissioners.

DATED this 17th day of December 2024.


COMMISSIONERS OF FERRY COUNTY PUBLIC HOSPITAL DISTRICT NO. 1


DiAnne Lundgren, Chair


Sarah Krausse, Vice Chair


Nancy Giddings, Secretary


Ron Bacon, Commissioner


Susan Solomon-Hopkins, Commissioner