



**BOARD OF COMMISSIONERS' MEETING**

October 7, 2022, @ 10:30 am in the HUB Conference Room & Zoom  
<https://zoom.us/j/92472952116?pwd=TURCZUg5dGVyUGRKNTI0YmhOczg1dz09>  
 Meeting ID: 924 7295 2116  
 Passcode: 260559  
 One tap mobile  
 +12532158782,,92472952116# US (Tacoma)  
 +13462487799,,92472952116# US (Houston)  
 Mission Statement

*"To strengthen the health and well-being of our community through partnership and trust."*

**AGENDA**

			Page(s)
Call to Order		Nancy Giddings	
Quorum Established		Nancy Giddings	
Review, Amend, Accept Agenda		Nancy Giddings	
Introduction of Board, District Employees and Guests		Nancy Giddings	
<i>Items listed under the consent agenda are considered routine board matters and will be approved by a single motion of the Board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.</i>			
Approval of Consent Agenda	ACTION	Nancy Giddings	3-8
<ul style="list-style-type: none"> <li>• Minutes 8/23/22 Board Meeting</li> <li>• Approval of Warrants</li> <li>• Financial Write-Off Report</li> <li>• Resolution 2022 #9 Authorize banking institutions and authorized signers</li> <li>• Resolution 2022 #10 Surplus Small Equipment</li> </ul>			
Correspondence		Nancy Giddings	
Public Comments		Nancy Giddings	
Rural Collaborative Presentation		Jennifer Reed	
<ul style="list-style-type: none"> <li>• Resolution 2022 #11 Rural Collaborative LLP</li> </ul>			9-11
EHR Update		Karen Quinnell	
Compliance Report		Spencer Hargett	
CNO/ Quality Improvement		Mike Martinoli	12-13
COO/HR Report		Debbie DeCorde	14
Medical Staff Report		Dr. Garcia	
CEO/CFO Report		Jennifer Reed	15-32

Old Business

Nancy Giddings

- Board QI Project
- Facility Update/Master Plan
- Health Foundation
- Strategic Planning
- Pharmacy
- Airport update

Board Representative Reports

- Finance
- Quality Improvement
- Compliance/Risk Management
- Medical Staff
- Credentialing

Ron Bacon/Sarah Krausse  
 Jody Jannot/DiAnne Lundgren  
 Ron Bacon/Sarah Krausse  
 Nancy Giddings/DiAnne Lundgren  
 DiAnne Lundgren/Nancy Giddings

1. Request for courtesy medical staff privileges by proxy for Integra Imaging Providers:  
 (See attached list)

33-34

- EMS

Nancy Giddings

New Business

- Curlew Clinic

Nancy Giddings

Executive Session RCW 42.30.110(1)(g)

Nancy Giddings

Open Session

Nancy Giddings

Adjournment

Nancy Giddings

**Board meetings are usually the fourth Tuesday of each month at 10:30 a.m. unless otherwise posted.  
 The Public is encouraged to attend; Handicap access is available.**

**Next regularly scheduled meeting is October 25, 2022 @ 10:30 am in the HUB Conference Room**



## Ferry County Health

### BOARD OF COMMISSIONERS' MEETING

August 23, 2022

**CALL TO ORDER:** Board Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 1:00 p.m. on August 23, 2022, in the Curlew Civic Hall and via zoom. Commissioners in attendance were Nancy Giddings, Ronald Bacon, Sarah Krausse, DiAnne Lundgren and Jody Jannot. Jennifer Reed, CEO/CFO; James Davidson, IT Manager, Mike Martinoli, CNO; Spencer Hargget, Compliance Officer; Adam Volluz, Informaticist, Lacy Sharbono, HR Coordinator and Teena Price, Executive Assistant were present.

**GUESTS:** None

**QUORUM ESTABLISHED:** A quorum was present.

**REVIEW, AMEND, ACCEPT AGENDA:** A motion was made by Lundgren and seconded by Krausse to amend the consent agenda to add under New Business Alta Survey for the Master Facility Project, under Old Business add Curlew Clinic, and addition of an Executive Session. The motion passed unanimously.

**APPROVAL OF CONSENT AGENDA:** A motion was made by Lundgren and seconded by Krausse to accept the consent agenda. The motion passed unanimously.

**CORRESPONDENCE:** Giddings read thank you letter from patient.

**PUBLIC COMMENTS:** None

**EHR REPORT:** Volluz gave Meditech update and noted we are 71 days out to go live.

**COMPLIANCE REPORT:** High priority work items. De-escalation, security risk assessment. Policies are 96% complete.

**QI REPORT:** 1:1 meetings with all the managers regarding QI priorities.

**COO/HR REPORT:** Reed reviewed DeCorde's report in her absence.

**CNO REPORT:** Martinoli reviewed his attached report. Discussed activities. Adam Volluz gave Meditech update.

**MEDICAL STAFF REPORT:** Reed gave updates on the Hospital from Dr. Garcia.

**CEO & CFO REPORT:** Reed reviewed her attached report.

**FINANCIAL REPORT:** Reed reviewed the July financials.



**RESOLUTION NO. 2022#9**  
**Authorize Banking Institutions and Authorized Signers**

WHEREAS, the Board of Commissioners needs to formally authorize financial institutions and the signers on the accounts,

THEREFORE, be it resolved by the Board of Commissioners of Ferry County Public Hospital District No1 that the funds of the FCPHD are hereby authorized by the laws of the State of Washington to be utilized, held and invested and that said funds may be deposited with any or all of the following institutions:

Washington Federal Bank

THEREFORE, be it further resolved that the designated individuals are authorized to enter any and all transactions relating to the above mentioned institutions as they exist now or may be created in the future. The following individuals shall have authority to open deposit accounts, endorse checks and other payment orders, make deposits, sign checks, withdraw or transfer funds, access online banking and otherwise operate the accounts on behalf of the organization:

Jennifer Reed, Chief Financial Officer \_\_\_\_\_  
Debbie DeCorde, Chief Operations Officer \_\_\_\_\_  
Manuela Cassell, Controller \_\_\_\_\_

THEREFORE, be it further resolved that any of the below designated individuals are authorized to enter specific transactions relating to the above mentioned institutions as they exist now or may be created in the future upon signature of any one of the following designated individuals. The following individuals shall have authority to make deposits, sign checks, access online banking for following accounts on behalf of the organization: -4034, -9165, -0017, -0025, -0645 and -9516.

Lyudmila Polevoy, AP/Payroll Clerk \_\_\_\_\_  
Ashley Venturo, Patient Access Coordinator \_\_\_\_\_

The following individual shall have authority to make deposit, sign checks, and access online banking for the following accounts on behalf of the organization: -0660

Chi Pak, Employee Council Treasurer \_\_\_\_\_

The following individual shall have authority to make deposit, sign checks, and access online banking for the following accounts on behalf of the organization: -5757

Lacy Sharbono, Wellness Committee Chair \_\_\_\_\_

THEREFORE, be it further resolved that this resolution replaces any and all previous resolutions designating authorized financial institutions and signers.

Adopted this 7th day of October, 2022.

\_\_\_\_\_  
Nancy Giddings, Chair

\_\_\_\_\_  
DiAnne Lundgren, Secretary

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Ronald Bacon, Vice Chair

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Jody Jannot, Board Member

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Sarah Krausse, Board Member



Asset Disposal Sheet (Quarterly Report)  
 Disposal of Surplus Property other than Real Estate (Policy 25.01.001 - Exhibit A)  
 For 3rd Quarter, 2022

DATE OF ACQUISITION	DESCRIPTION (Model/Serial #/ Quantity/Current Location)	REASON FOR DISPOSAL	DISPOSITION PROCESS		DISPOSAL TIMELINE		COMMENTS
12/12/2007	Marker Lab Blood Draw Chair	Replaced	Habitat		ASAP		

APPROVED BY:

Facilities Mgr \_\_\_\_\_ Date: \_\_\_\_\_

CFO \_\_\_\_\_ Date: \_\_\_\_\_

CEO \_\_\_\_\_ Date: \_\_\_\_\_

BOD \_\_\_\_\_ Date: \_\_\_\_\_

Resolution 2022 #10  
 Date Approved by BOC: 10/7/22



## RESOLUTION No. 2022 - 11

**TITLE:** *Authorization to Enter into an Interlocal Agreement with The Rural Collaborative and Others; A RESOLUTION of the Commission of Public Hospital District No. 1, Ferry County, Washington, (the "District") approving and authorizing the entry of an Interlocal Agreement with The Rural Collaborative in the Form of a Limited Liability Partnership Agreement.*

**WHEREAS**, in 1992 the Washington State Legislature recognized that it was not cost-effective, practical, or desirable to provide quality health and hospital care services in rural areas on a competitive basis because of limited patient volume and geographic isolation. Therefore, the Legislature enacted Substitute House Bill 2495, (codified in chapter 70.44 RCW) which grants rural public hospital districts the express power to enter into cooperative agreements and contracts with other rural public hospital districts in order to provide for the health care needs of the people served by the hospital districts.

**WHEREAS**, Chapter 70.44 RCW provides that the provisions of the Interlocal Cooperation Act (RCW 39.34) applies to the development and implementation of the cooperative contracts and agreements allowed by chapter 70.44 RCW.

**WHEREAS**, the Interlocal Cooperation Act, RCW 39.34, authorizes local governmental units to enter into agreements with other public agencies to undertake joint or cooperative action.

**WHEREAS**, the purpose of Interlocal Cooperation Act is to permit local governmental units to make the most efficient use of their powers by enabling them to cooperate with other localities on a basis of mutual advantage and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population and other factors influencing the needs and development of local communities.

**WHEREAS**, RCW 70.44.240 provides that Interlocal Agreements may take the form of agreements establishing a legal entity.

**WHEREAS**, the Board has determined that it is in the best interests of the District and in the best interest of the District's residents and other persons served by the District, to authorize the Officers of the District to enter into documents (the "Definitive Agreements") forming a new entity (the "Enterprise") with the Washington Rural Health Collaborative d/b/a The Rural Collaborative (the "Collaborative") and such other hospital districts which also chose to join the Enterprise.

**WHEREAS**, the Board has been advised that pursuant to RCW 70.44.240, the governing body of the Enterprise (i) must include representatives of the District, and (ii) that the District may appropriate funds and may sell, lease, or otherwise provide property, personnel, and services to the Enterprise to carry out the joint activity conducted through the Enterprise.

**WHEREAS**, the Board has been advised of the terms of the draft Definitive Agreements and understands that the final terms are being negotiated. The Board further understands that (i) the District's Chief Executive Officer (or his/her designee) who serves on the Board of the Collaborative, will represent the

District as the District’s representative to Enterprise in accordance with RCW 70.44.240, (ii) the District will be required to make a capital contribution of up to \$2,000.00 upon joining the Enterprise, and (iii) the Rural Health Collaborative will provide initial funding to the Enterprise through a combination of capital contributions and loans upon formation of the Enterprise.

**WHEREAS**, the Board has been advised of the key terms of the Definitive Agreements and understands that the final terms are currently being negotiated.

**WHEREAS**, the Board wishes to authorize the officers of the District to finalize the negotiation and consummation of the creation of the Enterprise and the inclusion of the District as a participant in the Enterprise (the “Transaction”).

**NOW THEREFORE BE IT RESOLVED** the Board of Commissioners hereby authorizes, empowers and directs Jennifer Reed, CEO, and their delegate, (the “Officer”), for and on behalf of the District, and in its name, to negotiate the final terms of the Definitive Agreements on such terms as any one of such Officers, and any of them acting alone, determines are reasonable and appropriate, based on the Officer’s determination that the amount to be contributed to the Enterprise under the Definitive Agreements is consistent with the goals of the District.

**BE IT FURTHER RESOLVED** that the Officers of the District are, and each of them acting alone hereby is, authorized, empowered and directed, for and on behalf of the District and in its name, to execute and deliver the Definitive Agreements with such changes as such Officer shall approve on behalf of the District, such approval to be conclusively established by such Officer’s execution and delivery thereof, and to perform all necessary steps to effectuate the completion and closing of the Transactions; and

**BE IT FURTHER RESOLVED** that any acts of an authorized Officer of the District related to the Transactions and the foregoing resolutions, which acts would have been authorized by the foregoing resolutions except that such acts were taken prior to the adoption of such resolutions, hereby are severally ratified, confirmed, approved and adopted as the acts of the District; and

**BE IT FURTHER RESOLVED** that any specific resolutions that may be required to have been adopted by the Board in connection with the actions contemplated by the foregoing resolutions be, and they hereby are, adopted, and the Secretary of the Board of Commissioners shall be, and the Secretary acting alone hereby is, authorized to certify, on behalf of the District, as to the adoption of any and all such resolutions and attach such resolutions hereto.

ADOPTED and APPROVED by the Commission of Public Hospital District No.1, Ferry County, Washington at a regular open public meeting thereof, held in compliance with the requirements of the Open Public Meeting Act, the following Commissioners being present and voting in favor of the resolution.

\_\_\_\_\_  
President and Commissioner Date

\_\_\_\_\_  
Secretary and Commissioner Date

\_\_\_\_\_  
Commissioner Date

\_\_\_\_\_  
Commissioner Date

\_\_\_\_\_  
Commissioner Date

**CERTIFICATION**

I hereby certify that the foregoing is a full, true and correct copy of Resolution 2022 -11 that was considered by the Board of Commissioners at a duly convened meeting held in Republic, Washington on the 7th day of October, 2022, at which a quorum was present, and that this resolution was formally approved by the Board of Commissioners in accordance with its bylaws.

Adopted the 7th day of October, 2022.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

**Attest/Authenticate**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

**TO:** Ferry County Public Hospital District #1 Board of Commissioners

**MEETING DATE:** Oct. 7th, 2022

**FROM:** Mike Martinoli, Chief Nursing Officer

**SUBJECT:** Nursing Department Report

**As of October 3rd, 2022**

**People**

To be the employer of choice. To develop and support a culturally diverse, competent, motivated and productive workforce. To recruit and retain highly competent staff to meet the district's patient and resident needs.

- Nursing department staff meetings continue to be held monthly with both a morning and late afternoon option for employees to attend. Regular team communication is occurring. Both virtual and in person attendance options, along with dual AM and PM timing, allow for the most flexibility of options to assist with employee attendance.

**Quality**

To lead the community that improves community health status and access to care. To provide quality healthcare that can be defined, measured and published. To enforce and invest in a pervasive culture of safety.

- The QI 1:1 Manager meetings have shown to be very productive thus far. The managers are receiving an overall orientation to the QI Committee process along with brainstorming for areas of focus as we approach 2023. The priority will be for inter-department collaboration on patient safety projects.
- Mike attended a WSHA sponsored event in Spokane on 9/29 for a CNO safe space roundtable to discuss Nurse Staffing Committee optimization and collaboration. Lots of important feedback and clarification was obtained from the event. Mike sat at a table with the CNO from North Valley Hospital, Sacred Heart, and Holy Family Hospital. Many suggestions for growth will be taken to our Staffing Committee for review. A strong focus of transparency, safety, and collaboration continues to be the focus of this Committee.

**Service**

To provide an environment in which patients, families, providers and employees are highly satisfied. To provide an experience for patients that exceeds expectations in all areas of the district. To identify areas for improvement.

- Dawn is attending a 5-day SANE training event in Colville in early October. We plan to work with our other facility forensic trained nurses to grow the sexual assault, domestic assault, and strangulation response policy for our district. Our district will soon have 4 total nurses trained to complete forensic exams and consult with ED staff when necessary.
- Our district is one of a few facilities who will be a part of a pilot Tele-SANE program with Harborview Medical Center beginning this summer. The plan is to have 24/7 availability for our nurses to consult with a forensic nurse when support is needed for a case. We look forward to updating the Board on the progress of this program.

**Financial**

To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.

- A budget purchase this month included four new patient recliners for use in the swing bed unit.
- Introduction to the Allevant Transitional Care Model for Swing Beds will be delivered. Our facility is one of four rural sites who have the grant opportunity to have support from the Allevant team for an upcoming 4 years. This support will focus on quality of patient care, a proven team rounding approach that also increases employee satisfaction, and implementing the formal transitional care model to our practice.

## Growth

To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.

- Education: Construction is underway to create a Provider and Nurse education room. This will also be the new site for our NAC classes. Our department is very excited to create a space where the simulation man and other skills equipment items can be set up for employees to practice together during free time on shift.
  - Our nurses and NAC's are eager to expand their skills. We appreciate this space to allow for productive education practice between both nursing and provider staff. We are confident it will be a shared learning space that will promote ownership, teamwork, and stewardship.
- Nursing staff plan to attend upcoming training courses and deliver presentations at future department staff meetings.
  - Emily will be attending a wound care networking and research conference, along with future plans to obtain her board certification as a Wound Care RN.
  - John will be attending a trauma conference in October.
  - Teresa will be attending a workshop on natural ways to cope with acute stress.
  - Katy will be enrolling in an online learning program held by the Association for Professionals in Infection Control.

**To:** Ferry County Public Hospital District #1 Board of Commissioners  
**Meeting Date:** October 7, 2022 (rescheduled from 9/ 27)

**From:** Debbie DeCorde  
**Subject:** COO Report

As of September 23, 2022	
<b>People</b>	<p>To be the employer of choice. To develop and support a culturally diverse, competent, motivated and productive workforce. To recruit and retain highly competent staff to meet the District’s patient and resident needs.</p> <ul style="list-style-type: none"> <li>Employee statistics for the month of August include five new hires and four internal transfers. We had four exits; one retirement, one involuntary and two resignations. Our total headcount is 162.</li> <li>Welcome Ben Walling, FT long-term placement Pharmacist!</li> <li>Proposed holidays observed and office closure schedule or discussion.</li> <li>Alzheimer’s Association seeks partnership with Ferry County Health to start a group.</li> </ul>
<b>Quality</b>	<p>To lead the community that improves community health status and access to care. To provide quality healthcare that can be defined, measured and published. To enforce and invest in a pervasive culture of safety.</p> <ul style="list-style-type: none"> <li>Kitchen is fully staffed and receiving kudos for their refreshed presentations.</li> <li>Annual housekeeping competencies are being evaluated.</li> <li>DI is working with the Meditech and Inland Imaging interface.</li> <li>Last state visit completed and ALF is 100% compliant.</li> </ul>
<b>Service</b>	<p>To provide an environment in which patients, families, providers and employees are highly satisfied. To provide an experience for patients that exceeds expectations in all areas of the District. To identify areas for improvement.</p> <ul style="list-style-type: none"> <li>New draw chair in the lab will provide a more comfortable experience for our patients.</li> <li>MRI is working great with the new chiller – temperature is stable and within specifications.</li> <li>New room being completed in ALF</li> </ul>
<b>Financial</b>	<p>To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.</p> <ul style="list-style-type: none"> <li>The Medical Clinic’s Total number of patients seen: 833 (month of August: 799, an increase of 34 patients.) Total number of walk-ins:151 (month of August: 105, an increase of 46 patients.) The new walk-in schedule is working well.</li> <li>Our NP Fellows, Melissa Mitchell and Matthew Johnson, have started in the Medical Clinic. This is through the Premera Fellowship Grant.</li> <li>The Physical Therapy Department saw 400 patients in August.</li> <li>Lab testing is slowing with very low COVID positive numbers.</li> <li>It’s budget season. All department managers are working to finalize their proposals.</li> </ul>
<b>Growth</b>	<p>To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.</p> <ul style="list-style-type: none"> <li>New Lab Manager: Christina Beckwith</li> <li>Growing the PT staff with long-term placement; welcome Daniel Speed!</li> </ul>
<b>Safety</b>	<p>To demonstrate our commitment to workplace safety and health. To provide a safe environment for patients and the community.</p> <ul style="list-style-type: none"> <li>Bollards installed outside ER doors</li> <li>ER exterior doors ordered.</li> <li>Trespassing Order policy ready for approval.</li> <li>Electronic panic buttons being installed on all registration computers and other select computers throughout the district. Once installed, training will roll out.</li> <li>All-Page button activated on all phones now.</li> <li>Quote has been obtained by Handle with Care. They will offer on-site “Train the Trainer” training for select staff members in verbal and physical de-escalation techniques. Once trained, we will roll the training out to all staff.</li> <li>We participated in a 90 minute online de-escalation training offered by the DOH. This will take place on September 28th in the HUB conference room. Managers are encouraged to send staff if at all possible.</li> </ul>

TO: Ferry County Public Hospital District #1 Board of Commissioners  
 FROM: Jennifer Reed  
 Subject: CEO/CFO Report

MEETING DATE: October 7, 2022

<p>People</p>	<p>To be the employer of choice. To develop and support a culturally diverse, competent, motivated and productive workforce. To recruit and retain highly competent staff to meet the District's patient and resident needs.</p> <ul style="list-style-type: none"> <li>• Employee Satisfaction. Putting together the survey for a new baseline.</li> <li>• Provider Satisfaction. Goal to meet with providers on a quarterly basis for check-in and satisfaction.</li> <li>• Equity survey going out from Better Health Together team to all staff. This will provide us with a report on the perception of our employees on how we do with equity measures. We can then bring that to the board for discussion around strategic goals.</li> </ul>
<p>Quality</p>	<p>To lead the community that improves community health status and access to care. To provide quality healthcare that can be defined, measured and published. To enforce and invest in a pervasive culture of safety.</p> <ul style="list-style-type: none"> <li>• The ET team is looking at Key Performance Indicators (KPI's) that relate most efficiently with our organizational goals. Those KPI's will translate to our Quality Improvement projects that will be monitored by the Quality department. Goal to align projects with reporting requirements and strategic goals.</li> <li>• Drilling down on NRC feedback to identify measures most in need of reflection. See strategic plan.</li> <li>• Meditech Go-Live is looming. We are reviewing our readiness assessment and have determined areas that we have an absolute go/no go criteria. We will make a decision in the next week or so, revisiting our original goals with GoLive to be sure we're keeping faith with those that we all agreed to.</li> <li>• Master facility plan.       <ul style="list-style-type: none"> <li>○ Programming complete</li> <li>○ Site issues – identified that the easement is only related to the city lines to the apartments above. We'll be asking the Forest Service to gift us the property and in the meantime work on permission to do some grade work in the space owned by the Forest Service</li> <li>○ Finishing up the feasibility of the LTC/inpatient, and are confident that this could be the way to go. We will send out the feasibility and ask for input next month.</li> <li>○ How much? After discussion with the finance committee, and presenting some summarized options of financing scenarios, I have requested that the planning be broken up into 3 phases. For reference, \$20 million in loan would require additional resources from the district in the amount of approximately \$250k annually.</li> </ul> </li> </ul>
<p>Service</p>	<p>To provide an environment in which patients, families, providers and employees are highly satisfied. To provide an experience for patients that exceeds expectations in all areas of the District. To identify areas for improvement.</p> <ul style="list-style-type: none"> <li>• Looking toward Community Paramedicine, how it fits into our organization, whether it can be a part of a Chronic Care Management program for us. CCM is a Medicare program where</li> </ul>

## Financial

visits are documented by an RN and charged separately. No decision made regarding who should and will own this service.

- Would like a vote to open 1 day/week at Curlew clinic. The break even on appointments there will be 5 patients per day. Our providers currently see about 14 patients.
- Walk-ins going well, and volume was increased over last month.
- Airport project underway and should be complete in 4 weeks.
- Looking forward to Swingbed growth next year.

To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.

- August Financials attached. Net increase in August and year to date we're sitting at a little over \$1.6 million.
- HRG Summary attached
- Enterprise Partnership – Agreement attached for an LLC arrangement with the collaborative and other hospital members and hoping to have a resolution for our participation. Membership requires an investment of \$2,000 that will be due in January 2023. Hoping Elya can join us via Zoom to present.
- Budget coming along. Working with managers on volumes this week and last and will meet individually to go over their budgets in the next 2 weeks.





# Strategic Plan

07.28.2020 – updated September 2022

—

Your Partner in Health

Ferry County Health  
36 Klondike Rd  
Republic, WA 99166

## Overview

The strategic plan will work as guidance toward the mission of Ferry County Health, "Your Partner in Health", by defining our organization's goals, what they mean to us, and how we can achieve them together.

## Goals

1. Build a Culture of Ownership
2. Improve Communication
3. Update Infrastructure

## Specifications

Milestones have been set for each of the goals listed to support the Executive Team and the FCH team as a whole, in their efforts to build a foundation in which a new culture and communication structure can thrive.

## Timelines

Established timelines coincide with the milestones laid out by the Board of Commissioners. Each defined goal has time driven milestones that provide a focused, specific, and measurable effort that can be tracked and celebrated.

## Milestones

### I. Building a Culture of Ownership

In three months, the Executive Team will have identified the tool(s) needed to direct a thriving culture of ownership at Ferry County Health (see attachment: "Invisible Architecture", as an example).

**Progress:** In an effort to build a culture of ownership, the past executive team developed a tiered performance plan that specified levels of ownership, and corresponding pay increases related to the level that the employees had reached. We will continue to develop merit based pay strategies but, as suggested by previous administrative team, this requires more planning and training in order to implement.

What does ownership look like?

1. Employees feel empowered to solve problems and they take initiative
2. Employees demonstrate leadership
3. Employees are engaged

### Identify the tools to get there. Fostering a culture of ownership.

1. Be clear about expectations. Have a clear values statement (core values) and live by them. Publish them, print them, live them, and hold people accountable to them.  
Call out those who are really displaying those values. Our values are:
  - a. Quality/Safety: by constantly holding ourselves to a higher standard.
  - b. Integrity: through honesty and respect.
  - c. Compassion: by providing a nurturing and caring environment.
  - d. Stewardship: by utilizing our resources to their highest and best purpose.
  - e. Teamwork: by working together in a culture that promotes excellence.
2. Provide meaningful work, recognize a job well done and help them grow.
3. Catching people doing good.
4. Provide an emotionally positive workplace.

### Measuring Success

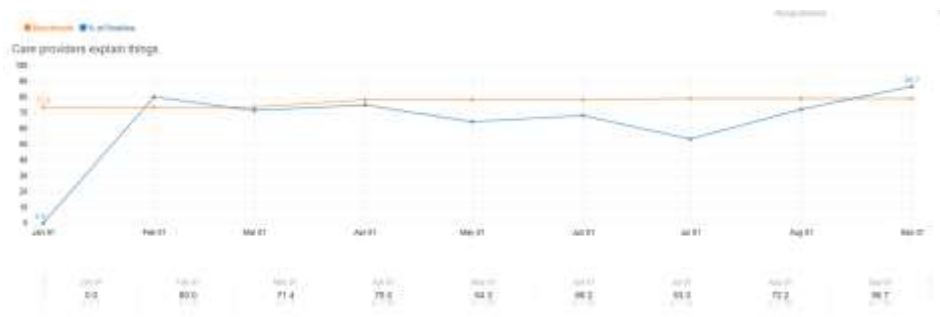
1. Participation on committees and in Meditech Training. Goal is 100% participation that shows ownership in the training and also in the project in general.
  - a. **Current Meditech Training participation is at 37% for training. This needs to be much higher. I am talking one on one with managers to be sure they get their employees to get the training complete. Aiming for 60% training by 10/15 and 95% training at GoLive.**
2. Survey Results – Employees are engaged. **Survey to go out in the next 2 weeks.** We will measure the following:
  - a. Belonging. Questions
  - b. Fellowship
  - c. Pride
  - d. Stewardship of resources
3. Volume of internal movement.

## II. Improve Communication

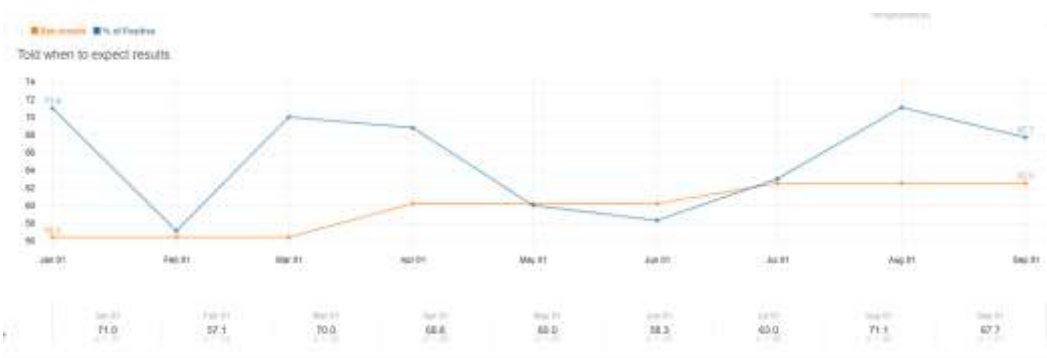
In seven months, the Executive Team will have identified common communication problems, where they are occurring, and propose potential system-wide solutions to help solve these problems.

### Identifying Common Communication Problems

1. Organization to Patient. Two issues have been identified as trends from NRC data that need improvement.
  - a. Care Provider explained things. – NEEDED IMPROVEMENT



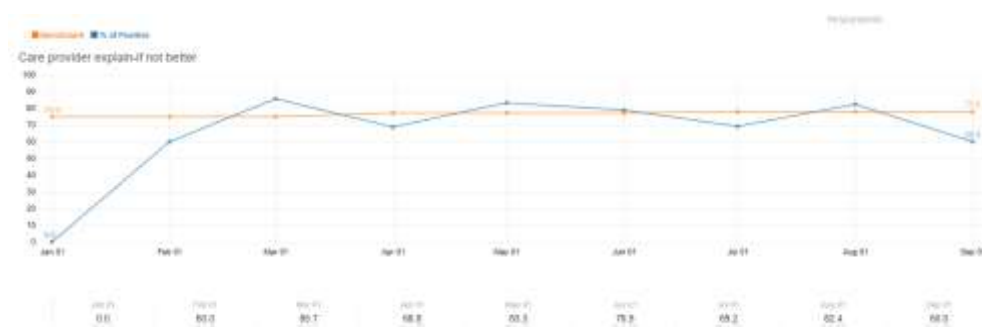
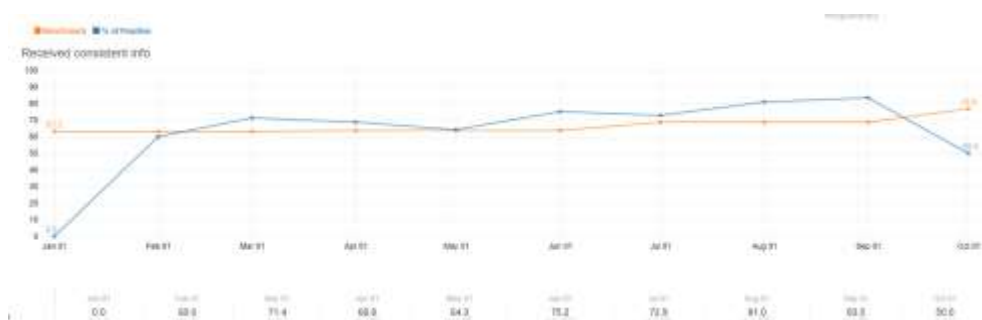
b. Told when to expect results – NEEDED IMPROVEMENT



c. Four more have been identified, not necessarily related to communication, but are big impact detractors from scores.

Priority	Question Friendly Text	Positive %	n-size
Low Positive % and High Correlation	Providers eased discomfort	61.00%	77
Low Positive % and High Correlation	Spent enough time with patient	66.30%	83
Low Positive % and High Correlation	Received consistent info	73.40%	274
Low Positive % and High Correlation	Care provider explain-if not better	73.70%	76





2. We are hearing the following but have no way to validate or to measure improvement. Survey data will be modified to identify those patients that are having services across the organization, and the questions asked will be related to inter-departmental communication effectiveness. This will help us validate the information and also form a plan for communication improvement. **Still developing**
  - a. Cross-communication between departments not consistent
  - b. Calls not being returned
  - c. Medication refills not ready

Identify the tools to get there. Fostering great communication.

1. Communication boards. These custom boards were identified as a tool for increased communication and are now installed and being utilized in all acute care and swing bed patient rooms. The boards assist with communication for the daily care plan, along with discharge planning progress. Use of these boards and communication huddles is

expected to further increase patient and family satisfaction. Productivity of the communication boards is planned to be assessed via an interdisciplinary swing bed patient experience survey at time of discharge.

CALL ME: " MY NURSE: MY NAC: MY DOCTOR:	" ROOM: _____ @ _____ @ _____ @ _____	FAMILY CONTACT/PHONE:  ACTIVITY: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DIET: <input type="checkbox"/> ASSISTANCE
SAFETY/NURSING CARE PLAN NEXT PAIN MED@ _____ INSTRUCTIONS: ABX START DATE _____ DC _____ FOLEY <input type="checkbox"/> DC _____ VOIDED <input type="checkbox"/> (DATE/TIME) SKIN CHECKS: REPOSITION@ _____ ADLs: NEED / DONE I: _____ O: _____ LBM _____ VSq _____ DW <input type="checkbox"/> _____ ACCU <input type="checkbox"/> TELE <input type="checkbox"/>		CARE GOALS TODAY: <input type="checkbox"/> <input type="checkbox"/> REHAB: <input type="checkbox"/> <input type="checkbox"/> O <sub>2</sub> _____
FOR ANY ADDITIONAL NEEDS OR QUESTIONS CHARGE NURSE@ MANAGER@		QUESTIONS FOR MY CARE TEAM:  DISCH. PLANNER @ EST. DAY OF DISCHARGE: _____ DESTINATION:

2. Initiation of Hospital team huddles. Since 2021, Provider, Nursing, Dietary, and Rehab weekly 'Swing Bed Rounds' inside the patient room combine feedback from the patient along with communication board utilization. This consistent effort has already noted positive feedback from patients and family members to promote open and productive communication. Daily morning census rounds at 10:00am between Provider and Nursing staff assist with maximizing efficiency and safety with team communication. Team huddles and case reviews now occur after critical stress incidents in the ED. A huddle sheet is followed, and information is delivered to the Nurse Manager who will follow up with individual employees for education or further support rounding as needed. Will continue to evaluate effectiveness of these consistent interdisciplinary meetings.
3. Data Dump. Along with the ownership goals in the data dump, we will be communicating many things, including customer service expectations, the educational video series will have a link with language for the education below.

4. Education – roll out videos from NRC Healthdata as follows:
  - a. [Communicating with Patients and Families](#). 11 part video series of helpful communication tools. Each video is less than 5 minutes, and each video, based on best practices, will include a key takeaway, an example of its application, and some key activities to reinforce the topic reviewed.

#### Measuring Success

1. NRC Data. Monitor the surveys for changes, drilling down to department, provider, etc. to identify root cause of issues. **See above. Looks like most were on their way up and have taken a dive. Departments will be drilling down and identifying issues for improvement.**

### III. Update Infrastructure

In one year, the Executive Team will have determined whether they will move forward with a remodel of the current structures, or if a new build is warranted).

1. Master Facility Planning underway, with team members on site the week of 8/15/2022.
2. Should have a plan identified by year end, with plan for implementation.
  - a. **See CEO report for update on infrastructure.**

Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

**Combined Income Statement: Hospital, Klondike Hills and Republic Drug Store**

Year to Date August 31, 2022

	Q1	June	Q2	July	August	% of Gross Rev	YTD	% of Gross Rev
Operating revenue:								
Gross patient service revenue	6,649,669	2,379,223	7,111,639	2,292,956	2,600,810	88% \$	18,655,074	
Drug Store gross revenue	816,849	303,192	889,677	286,722	344,711	12% \$	2,337,960	
Contractual allowances and provisions for uncollectible accounts	(2,519,618)	(778,544)	(2,599,825)	(1,096,406)	(978,804)	-33% \$	(7,194,653)	-34%
Patient service revenue - (Net contractual allowances)	4,946,901	1,903,871	5,520,591	1,483,273	1,966,717	67% \$	13,917,481	66%
Bad debt expense	40,406	20,556	55,386	6,017	9,716	0% \$	111,525	1%
Other operating revenue	136,155	86,812	192,753	30,634	45,283	2% \$	404,825	2%
<b>Total operating revenue</b>	<b>\$ 5,123,462</b>	<b>2,011,238</b>	<b>\$ 5,768,730</b>	<b>1,519,924</b>	<b>2,021,716</b>	<b>69% \$</b>	<b>14,433,831</b>	<b>69%</b>
Operating expenses:								
Salaries and wages	2,126,184	738,923	2,189,714	795,082	706,584	24% \$	5,817,564	28%
Employee benefits	541,860	180,136	520,074	154,110	164,216	6% \$	1,380,260	7%
Professional fees	484,612	128,513	459,755	130,102	145,096	5% \$	1,219,565	6%
Supplies	363,629	76,061	285,578	158,200	98,273	3% \$	905,681	4%
Purchased services - Utilities	90,828	18,791	72,141	19,136	19,556	1% \$	201,661	1%
Purchased services - Other	359,625	115,940	389,756	198,015	172,671	6% \$	1,120,067	5%
Pharmacy Drugs	426,721	154,993	518,611	184,568	215,078	7% \$	1,344,977	6%
Drug Store Retail	32,661	4,293	23,253	6,358	8,891	0% \$	71,163	0%
Insurance	33,495	11,533	26,661	18,591	12,686	0% \$	91,433	0%
Other	138,903	37,816	112,681	21,370	37,984	1% \$	310,938	1%
Rent	66,930	19,346	59,518	22,585	20,611	1% \$	169,644	1%
Amortization	10,989	3,663	10,989	3,663	3,663	0% \$	29,303	0%
Depreciation	221,379	77,029	225,788	77,111	77,675	3% \$	601,953	3%
<b>Total operating expenses</b>	<b>\$ 4,897,815</b>	<b>\$ 1,567,038</b>	<b>\$ 4,894,517</b>	<b>1,788,892</b>	<b>1,682,985</b>	<b>65% \$</b>	<b>13,264,209</b>	<b>63%</b>
Gain (loss) from operations	225,647	444,200	874,213	(268,968)	338,730	13% \$	1,169,622	6%
Nonoperating revenues (expenses):								
Property taxes	89,272	42,489	110,771	29,665	29,669	1% \$	259,376	1%
Interest earnings	1,669	1,881	5,569	-	-	0% \$	7,238	0%
Interest expense	(13,122)	(4,043)	(12,596)	(3,958)	(4,001)	0% \$	(33,677)	0%
Grants and donations	6,542	-	407	13,377	-	0% \$	20,326	0%
Other	73,712	34,883	83,420	27,726	25,868	1% \$	210,727	1%
<b>Total nonoperating revenues (expenses) - Net</b>	<b>\$ 158,073</b>	<b>75,210</b>	<b>187,571</b>	<b>66,810</b>	<b>51,536</b>	<b>2% \$</b>	<b>463,990</b>	<b>2%</b>
<b>Increase (decrease) in net position</b>	<b>\$ 383,720</b>	<b>\$ 519,411</b>	<b>\$ 1,061,784</b>	<b>\$ (202,158)</b>	<b>\$ 390,266</b>	<b>13% \$</b>	<b>1,633,612</b>	<b>8%</b>



# Ferry County Public Hospital District No. 1

doing business as

## Ferry County Memorial Hospital

Balance Sheet (Combined Statement of Net Position: Hospital, Klondike Hills and Republic Drug Store)  
Year to Date August 31, 2022

<i>Assets</i>	YTD Balances July	YTD Balances August
Current assets:		
Cash and cash equivalents	\$ 7,610,711	\$ 6,911,969
Receivables:		
Gross AR	5,072,887	5,694,422
Contractual allowance	(1,723,153)	(1,923,066)
Patient AR - Net	3,462,255	4,084,314
Taxes	129,494	126,324
Estimated third-party payor settlements	-	-
Other	(274,849)	97,454
Inventories	484,809	483,450
Prepaid expenses	147,129	132,957
<b>Total current assets</b>	<b>\$ 11,559,548</b>	<b>\$ 11,836,467</b>
Noncurrent cash and cash equivalents:		
Restricted cash & cash equivalent, USDA reserve	-	-
Internally designated cash and cash equip, funded depreciation	-	-
<b>Total noncurrent assets limited as to use</b>	<b>-</b>	<b>-</b>
Capital assets:		
Nondepreciable capital assets	27,282	\$ 27,282
Depreciable capital assets - Net of accumulated depreciation	6,668,055	6,672,121
Construction in Progress	187,629	266,190
<b>Total capital assets</b>	<b>\$ 6,882,967</b>	<b>\$ 6,965,593</b>
<b>TOTAL ASSETS</b>	<b>\$ 18,442,515</b>	<b>\$ 18,802,060</b>

# Ferry County Public Hospital District No. 1

doing business as

## Ferry County Memorial Hospital

Balance Sheet (Combined Statement of Net Position: Hospital, Klondike Hills and Republic Drug Store)

Year to Date August 31, 2022

<i>Liabilities and Net Position</i>	YTD Balances July	YTD Balances August
Current liabilities:		
Current maturities - Long term debt	\$ 255,876	\$ 204,915
Current maturities - Capital lease obligations	21,077	21,499
Accounts payable	405,676	492,967
Warrants payable	1,439	1,439
Sales Tax Payable	3,853	3,961
Patient trust	500	500
Payroll and related expenses	305,507	334,368
Accrued vacation	403,330	405,951
Unearned tax revenue	148,232	118,586
Accrued interest payable	-	-
CARES ACT FEDERAL FUNDING	684,715	676,356
Estimated third-party payor settlements	51,056	(7,977)
<b>Total current liabilities</b>	<b>\$ 2,281,261</b>	<b>\$ 2,252,565</b>
Noncurrent liabilities:		
Long term debt	2,132,946	\$ 2,132,946
Capital lease obligations - Less current portion	28,918	26,894
<b>Total noncurrent liabilities</b>	<b>2,161,865</b>	<b>2,159,840</b>
<b>Total liabilities</b>	<b>\$ 4,443,125</b>	<b>\$ 4,412,405</b>
Net position:		
Invested in capital assets	4,256,520	4,313,149
Restricted expendables	-	-
Unrestricted	9,742,870	\$ 10,076,507
<b>Total net position</b>	<b>13,999,390</b>	<b>\$ 14,389,656</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>\$ 18,442,515</b>	<b>\$ 18,802,060</b>

**FINANCE DASHBOARD**  
**Ferry County Public Hospital District #1**  
**September 30, 2022**

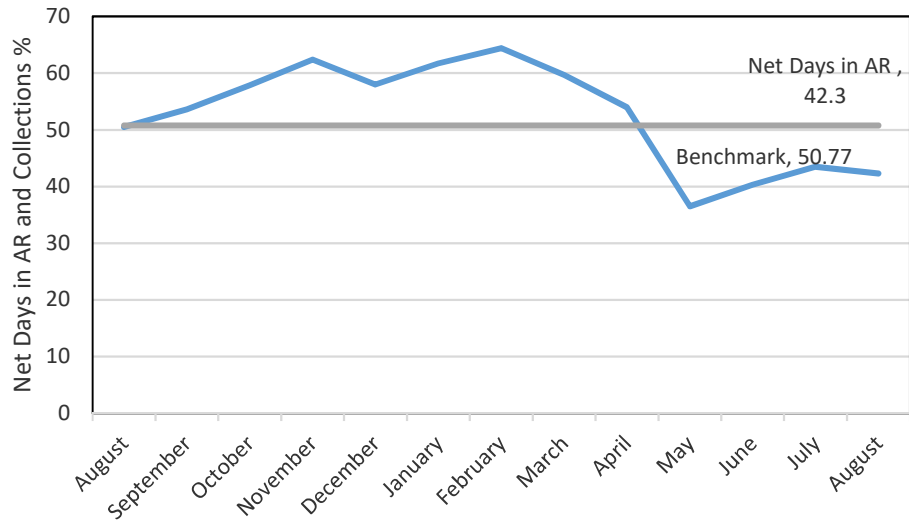
Stats		Current Month		
		Current Total	Target	Prior Year
1 Acute Care Patient Days		17	16	16
2 Skilled Swing Bed Patient Days		54	38	107
3 Non-Skilled Long Term Care Patient Days		268	362	209
4 Observation/Short Stay Hours		146	197	211
5 Admissions		7	6	4
6 Average Length of Stay (ALOS)		2.45	4.00	2.70
7 Outpatient # Visits		992	832	863
8 ED # Visits		231	143	124
9 Emergency Admit to Inpatient		2.92%	2.80%	2.00%
10 Procedures/Treatment #Patients		24	20	13
11 Republic Clinic #Visits		833	877	669
12 Rehab Treatments		1065	863	1063
13 Imaging Visits		446	350	369
14 Lab # Billable Tests		2790	2268	2309
<b>Profitability</b>				
14 Revenue Deductions % of Gross Revenue		33%	30%	37%
15 Salaries % Gross Patient Revenue		24%	45%	33%
16 Benefits % of Salary Expense		23%	26%	31%
17 Bad Debt % Gross Patient Revenue		0.4%	1.78%	2.30%
18 Charity % Gross Patient Revenue		1.70%	1%	0.27%
19 Total Salary Expense		\$ 706,584	\$ 600,000	\$ 599,825

**Key**

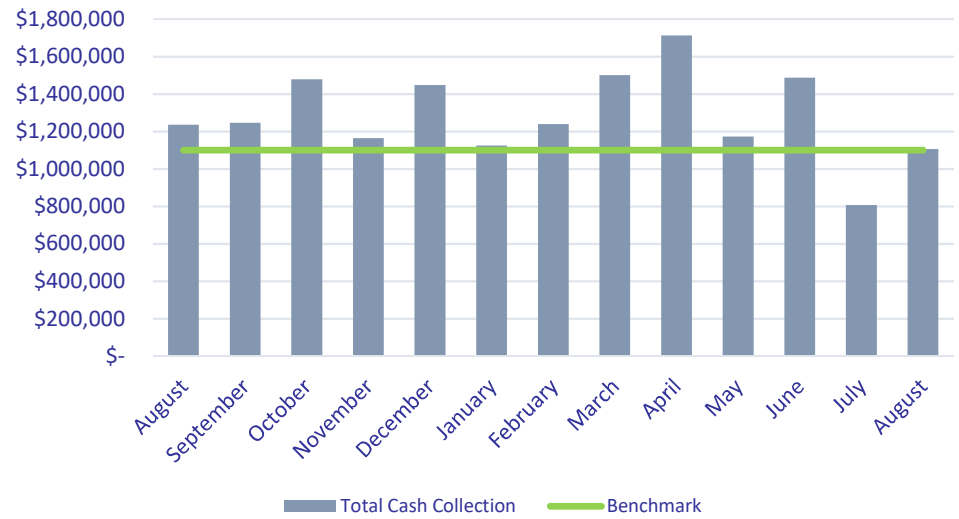
	Meets or exceeds budget/target
	Does not meet budget/target expectations by 5% or less
	Does not meet budget/target expectations by greater than 5%

# 2022 Revenue Cycle

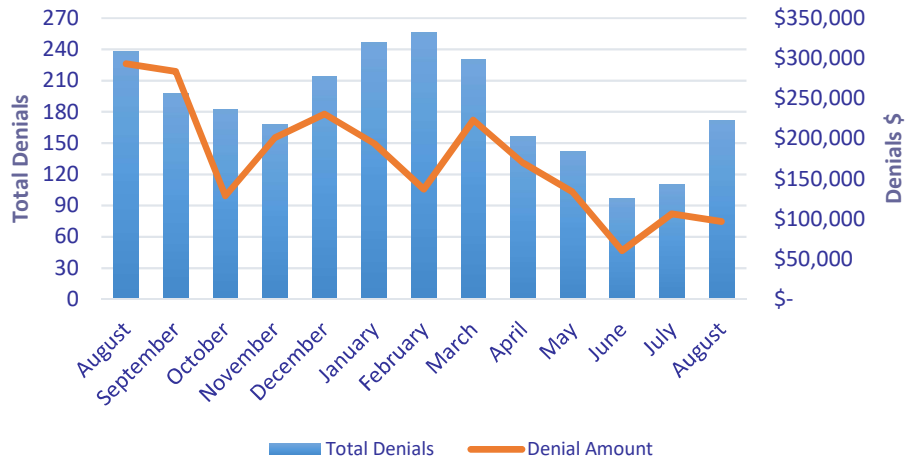
## Days in AR



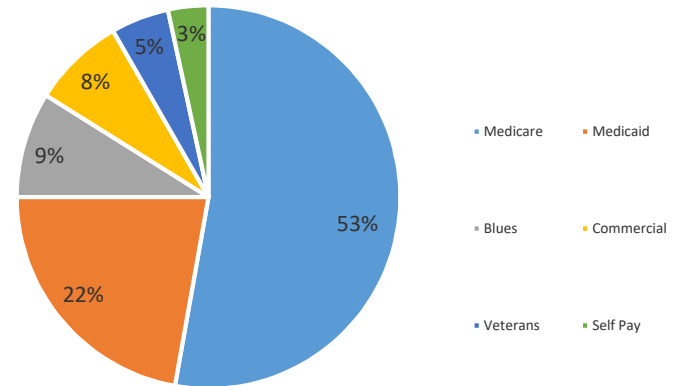
## Cash Collections- Patient Accounts



## Total Avoidable Denials

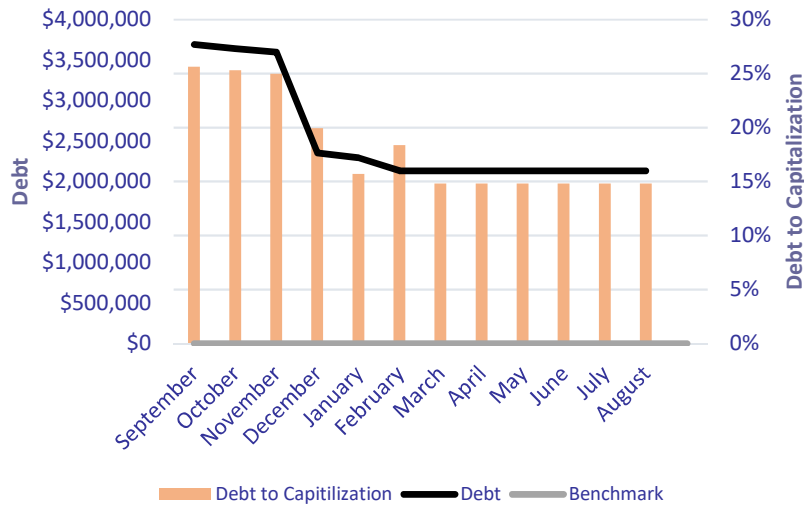


## Payer Mix

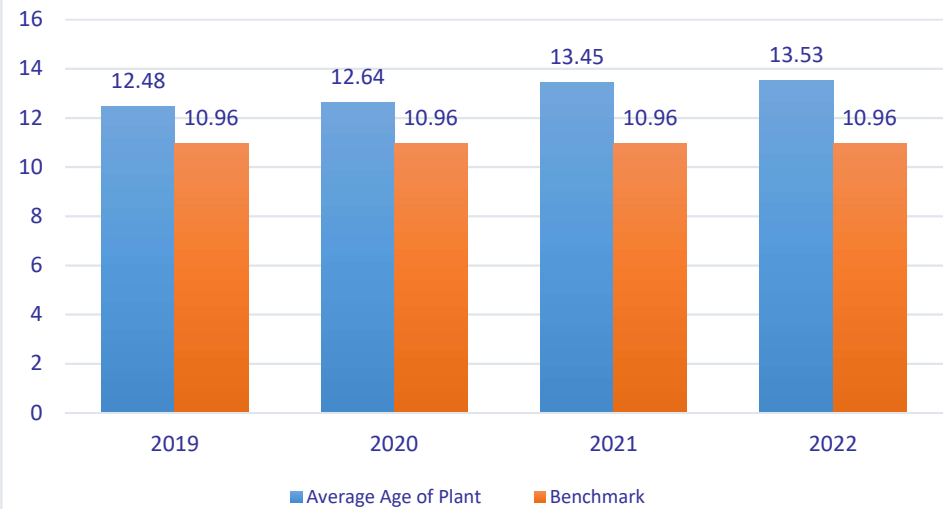


# 2022 Liquidity

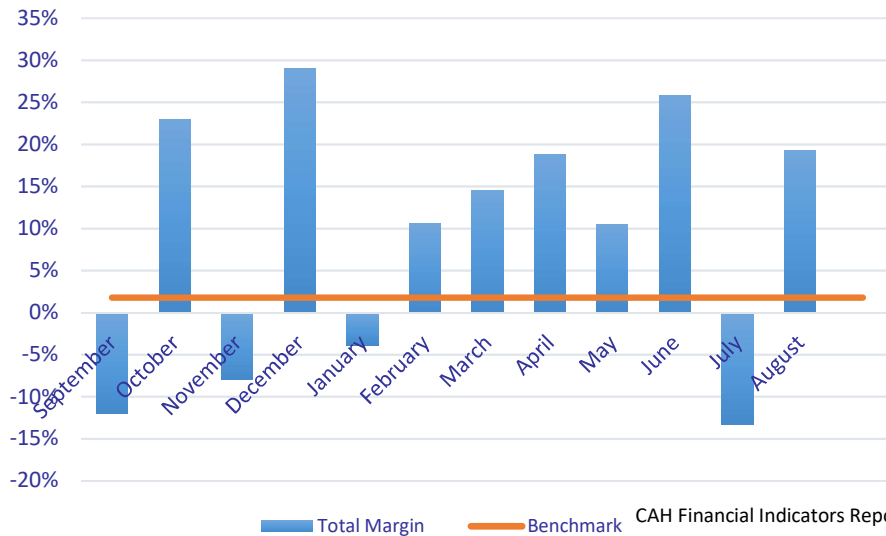
## Debt to Capitalization



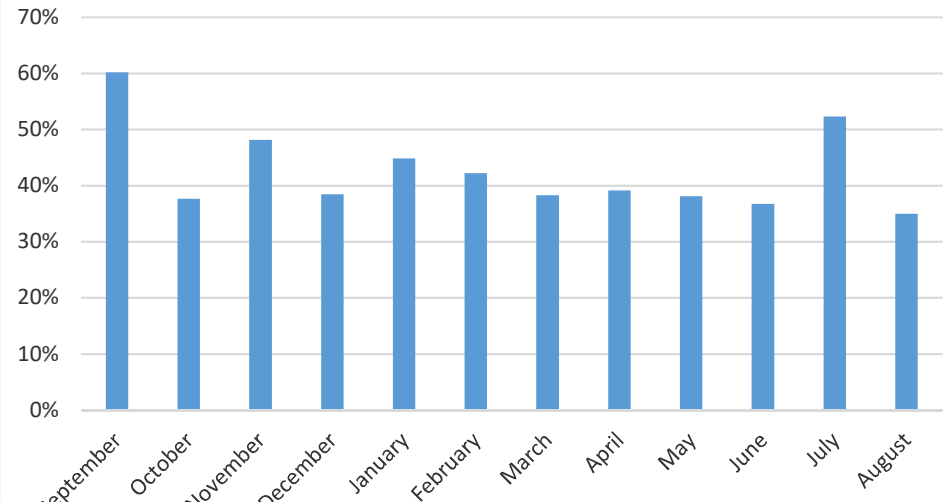
## Average Age of Plant



## Total Margin



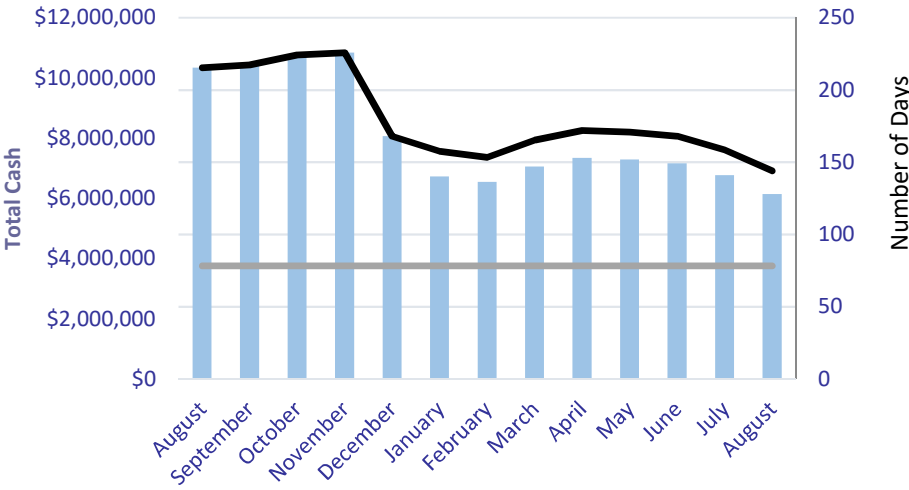
## Labor as Percent of Operating Revenue



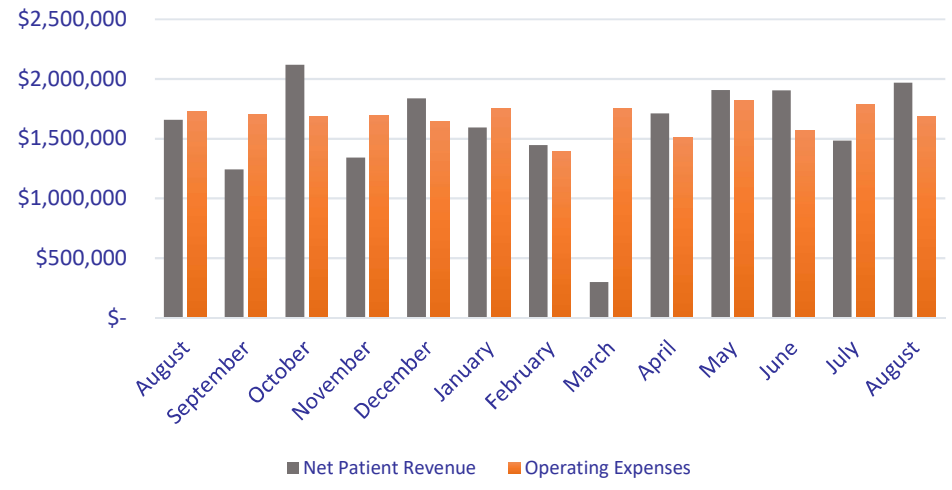
CAH Financial Indicators Report: Summary of Indicator Medians by State  
[https://3jzjstox04m3j7cty2rs9yh9-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/StateMediansReport\\_2019\\_v3.pdf](https://3jzjstox04m3j7cty2rs9yh9-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/StateMediansReport_2019_v3.pdf)

# 2022 Financial

### Days Cash on Hand



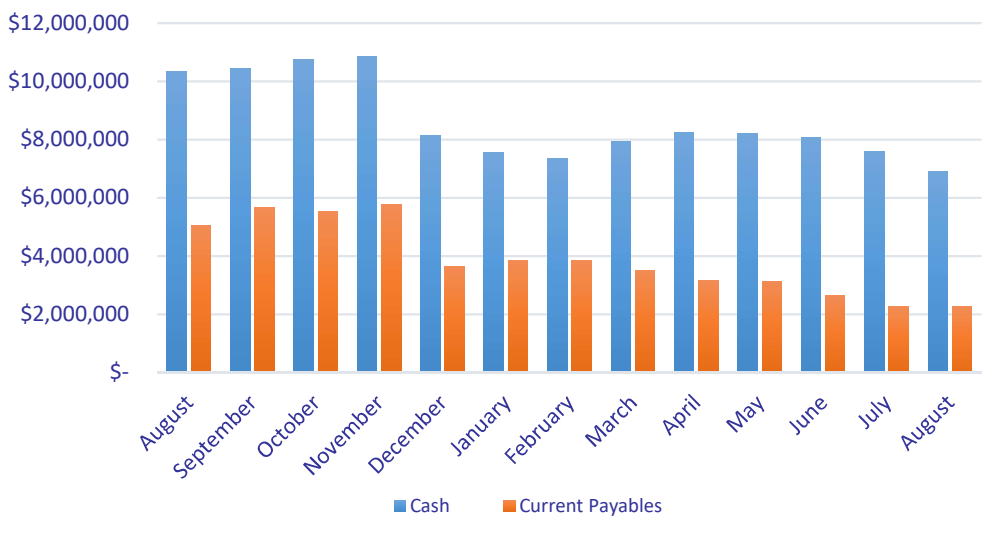
### Net Patient Revenue vs Operating Expense



### Net Profit/(Loss)



### Cash vs Current Payables



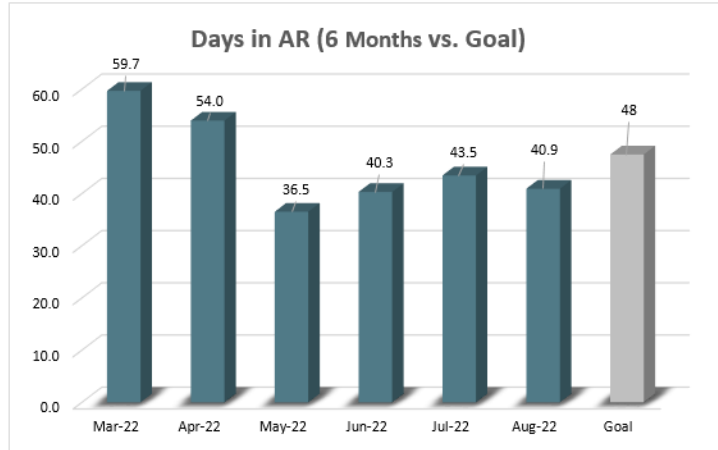
## Ferry County Public Hospital District



August 2022

### Key Items

- ➔ AR days down to 42.3 days
- ➔ Third Party aging down to 26.2%
- ➔ Cash totaled \$1.1M or 98% of net revenue
- ➔ Revenue ended at \$2.5M



### Detailed Initiatives & Obstacles

- **Cash Collections:** August cash ended at \$1.1M or 98% of net revenue, which was an improvement from last month. Medicare made up 52% of the total cash with Medicaid close behind, at 23% of total collections. These two financial classes exceeded the expected cash outlined in July. Revenue ended the month at \$2.5M. Based solely on August’s revenue, September cash collections are projected to hit \$1.2M.
- **Third Party:** Total AR ended the month at 42.3 days, with 33.7 days in Third Party and 6.7 days unbilled. There was a decrease of 1.2 days in AR from July, with a 5.7 day drop in unbilled. Total AR days are continuing to trend below the thirteen-month average of 52.7 days, and we remain 5.7 days below the AR target of 48. With the drop in total unbilled, we saw a subsequent decrease in every gross AR for every financial class, with a total AR drop of \$1.6M from July. The most notable change was seen in Medicare, with an \$838K drop. This month saw a record low with total AR ending at \$3.2M.
- **Self-Pay:** Self-pay AR ended August at 8.6 days and is 1.4 days below the goal of 10. There was \$41K eligible for bad debt with only \$13K transferred to the collection agency. August cash was up this month and ended at \$63K, with an additional \$5K in bad debt recoveries. Total inventory aged over 120 days ended at \$537K. Of the aged inventory, \$111K or 20.7% is on a payment plan arrangement.
- **DNFC:** During August HRG coding was completed at a production rate of 8 charts per hour. HRG coders worked on 2,988 accounts during the month and 2,378 were released. The monthly client audit results were 97% accuracy which exceed the AHIMA standard of 95%. The August coding days averaged out to 20.41 days for the month.

## Industry Update

### **Medicare Releases Updated Cost Report Instructions for RHCs**

Medicare's Provider Reimbursement Manual, Chapter 46 has been updated to provide additional guidance for Rural Health Clinic cost reporting.

Effective for cost reporting periods ending on or after July 31st, 2022, the instructions include additional and revised edits as well as clarified instructions regarding rounding standards for fractional computations.

To review the full transmittal, please visit [CMS.gov R3P246i](https://www.cms.gov/R3P246i)

If you have any questions, concerns, or points you wish to discuss after reviewing the enclosed information, please feel free to contact me.

Christy Williams | Director of CBO

### **Healthcare Resource Group**

Office 509-824-1574 | [cwilliams@hrgpros.com](mailto:cwilliams@hrgpros.com)



Integra Imaging Provider Due Dates

Provider Name
Arnett, Robert MD
Balmforth, Gregory MD
Bauer, David MD
Bell, John MD
Benson, Adam MD
Bhat, Ishwar MD
Brake, Joel MD
Brower, Jayson MD
Brunkan, Richard MD
Casey, Richard MD
Cruite, Irene MD
Dahlen, Richard MD
Dale, Kyle MD
D'Amico, Anthony MD
Dougherty, Sarsfield MD
Eikens, Paul MD
Elliott, Mark ,MD
Frederick, Justin MD
Garcia, Joshua MD
Goff, Ryan MD
Henkel, Amy MD
Hines, Robin MD
Hoefler, Scott MD
Jones, Shawn
Judd, Corey MD
Kaczmark, Julie MD
Keyes, William MD
King, Scott MD
Kirsch, Michael MD
Krejci, Christopher MD
Lewis, Terri MD
Lloyd, Robert DO
McCabe, Kenneth MD
Munoz, David MD
Nackos, Jeffery MD
Petersen, Brian MD
Rich, Brian MD
Russell, Mai MD
Sanders, Trent MD
Schmitz, Casey, MD
Seibold, Cameron MD
Shepherd, Paula MD
Sohn, Steven MD
Sterne, Gregory MD

## Integra Imaging Provider Due Dates

Stewart, Michael MD
Thorne, David MD
Turlington, Bruce MD
Wilhelm, Steven MD
Winter, Zachary MD
Yee, Norbert MD
Zaidi, Sadaf MD
Zimmer, Roy MD
Zylak, Christopher MD