



**BOARD OF COMMISSIONERS' MEETING**  
February 25, 2020, 10:30 a.m., in the HUB Conference Room

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	3-7
<ul style="list-style-type: none"> <li>• Minutes 1/28/19 Board Meeting</li> <li>• Minutes 2/11/20 Special Meeting</li> <li>• Minutes 2/11/20 Special Meeting</li> <li>• Approval of Warrants</li> <li>• Financial Write-Off Report</li> </ul>			
Correspondence		Nancy Giddings	
Public Comments			
CNO Report & Quality Improvement and Compliance/Risk Management		Cindy Chase	8-9
Clinic Report		JoAnn Ehlers	10-12
Medical Staff Report		Dr. Garcia	
Safety Report:		Brant Truman	
CFO/COO Report		Brant Truman	13
Financial Report		Brant Truman	14-21
CEO Report		Aaron Edwards	22
Old Business		Nancy Giddings	
<ul style="list-style-type: none"> <li>• Board QI Project</li> <li>• Facility Update</li> <li>• Health Foundation</li> <li>• Board Succession planning</li> <li>• Strategic Planning</li> </ul>			
Board Representative Reports			

- Finance Ron Bacon/Sarah Krausse
  - Quality Improvement Jody Jannot/DiAnne Lundgren
  - Compliance/Risk Management Ron Bacon/Jody Jannot
  - Medical Staff Nancy Giddings/DiAnne Lundgren
  - Credentialing DiAnne Lundgren/Nancy Giddings
    1. Request for appointment of Courtesy Medical Staff privileges by telemedicine proxy for Integra provider: Scott Bruschwein, MD; Allison Tillack, MD; Michael Posch, MD; Richard Kennard
    2. Request for reappointment of Mid-Level Medical Staff privileges for Mari Hunter, ARNP
    3. Request for reappointment of Courtesy Medical Staff privileges for Christopher Montague, MD
    4. Request for appointment of Courtesy Medical Staff privileges for Tyler Zaugg, PA-C
    5. Request for reappointment of Courtesy Medical Staff privileges by telemedicine proxy for Integra providers: Jade Regan, DO; Jason Vergnani, MD; Jacob Pickering, DO
  - EMS Nancy Giddings
- New Business Nancy Giddings
- Hot Topic
  - Pharmacy
- Executive Session Nancy Giddings
- Open Session – Action, if applicable regarding executive 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 March 24, 2020 @ 10:30 a.m. in the HUB Conference Room**



## Ferry County Health

### BOARD OF COMMISSIONERS' MEETING

January 28, 2020

**CALL TO ORDER:** Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:35 a.m. on January 28, 2020, in the HUB Conference room at Ferry County Health. Commissioners in attendance were Nancy Giddings, Ronald Bacon, DiAnne Lundgren, Sarah Krausse and Jody Jannot. Aaron Edwards, CEO; Brant Truman, CFO/COO; Cindy Chase, CNO and Lacy Sharbono, Executive Assistant were present.

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

**REVIEW, AMEND, ACCEPT AGENDA:** A motion was made by Bacon and seconded by Lundgren to accept the agenda as written. The motion passed unanimously.

**GUEST:** Jeremiah Lofthus

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

**CORRESPONDENCE:** Cindy Chase read a thank you card from a patient.

**PUBLIC COMMENTS:** Jeremiah Lofthus from Ferry County Sunrise discussed opportunities.

**CNO/QUALITY IMPROVEMENT AND COMPLIANCE/RISK MANAGEMENT:** Chase reviewed the attached report.

**CLINIC REPORT:** The Board reviewed the attached report.

**MEDICAL STAFF REPORT:** Dr. Garcia noted the following:

- The morning huddle is going well.
- Excited to have a discharge planner and social worker.

**SAFETY REPORT:** Truman noted the following:

- Next week, Bio Medical will be here to perform checks on equipment.
- Working with the DOH review for the MRI bus.

**Giddings called for a break at 12:16 p.m. Open session continued at 12:40 p.m.**

**CFO/COO REPORT:** Truman reviewed the attached report.

**FINANCIAL REPORT:** Truman reviewed the December financials.

- The Washington State Auditor sent the Hospital District notification that the CPA firm the Hospital District contracted with to perform the 2018 financial audit was accepted as meeting the Hospital's audit requirement under state law.

- Truman presented Resolution 2020 #1 Temporary Funds Transfer.

**A motion was made by Bacon and seconded by Lundgren to approve Resolution 2020 #1 Temporary Funds Transfer. The motion passed unanimously.**

**CEO REPORT:** Edwards reviewed the attached report. He also noted he will be attending the Hospital Advocacy Days in Olympia the rest of the week.

**OLD BUSINESS:**

- Board QI Project: Working on the Strategic Plan.
- Facility Update: Northwest Edison was here to discuss lighting updates in the District.
- Health Foundation: They passed their bylaws.
- Board Succession Planning: Working on getting training for Jannot.
- Strategic Planning: The Board will have a Special Board Workshop meeting on 2/19/20 at 9:00 a.m. in the Hospital conference room.

**BOARD REPRESENTATIVE REPORTS:**

- Finance: No Board concerns.
- Quality Improvement: Cindy has started a dashboard to keep track of the managers projects.
- Compliance/Risk Management: Next meeting is scheduled for 2/14/20.
- Medical Staff: No Board concerns.
- Credentialing: No Board concerns.
- EMS: Giddings thanked the providers for putting an ad in the paper supporting the EMS levy.

**NEW BUSINESS:**

- Hot Topic: Giddings discussed the school bond.
- Elections of Officers:

**A motion was made by Bacon and seconded by Lundgren to continue with the same officers. The motion passed unanimously.**

**EXECUTIVE SESSION:** Executive Session was called a 1:45 p.m. for 85 minutes regarding RCW 42.30.110(1)(f), RCW 42.30.110(1)(g), RCW 42.30.110(1)(b).

Open session resumed at 4:10 p.m. No action taken.

**ADJOURNMENT:** As there was no further business the meeting was adjourned at 4:10 p.m.

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Nancy Giddings, Chair

Date

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DiAnne Lundgren, Secretary

Date

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Lacy Sharbono, Recording Secretary      Date





Ferry County Health

**BOARD OF COMMISSIONERS' SPECIAL MEETING  
February 11, 2020**

**CALL TO ORDER:** Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 6:30 p.m. on February 11, 2020 in the HUB conference room at Ferry County Health. Commissioners in attendance were Nancy Giddings, Ronald Bacon, Sarah Krausse, DiAnne Lundgren and Jody Jannot. Aaron Edwards, CEO, Brant Truman, CFO/COO and Lacy Sharbono, Executive Assistant was also present.

Guests: Rob Slagle, Patty Slagle, Natalie Bonner, Wanda Fletcher, Debbie Besemann, Shannon Fraser, Mick Fraser, Johnna Exner, Melissa Rose

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

**2019 YEAR REVIEW AND ANNOUNCEMENT:** Edwards presented a 2019 year review PowerPoint. He also announced the Hospital District will be purchasing the Republic Drug Store. Rob Slagle discussed selling the property.

**ADJOURNMENT:** As there was no further business the meeting was adjourned at 7:04 P.m.

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Nancy Giddings, Chair	Date	DiAnne Lundgren, Secretary	Date
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TO: Ferry County Health Board of Commissioners  
 FROM: Cindy Chase, CNO  
 Subject: CNO Report

MEETING DATE: February 25, 2020

As of February 14 , 2020

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.

- Nurse Staffing Continues to look good for the next schedule. We are retaining agency nurse for another 14 weeks. We are short a nurse and there is some flux happening as nurses are changing shifts around a bit. We struggle with PRN nurses and Mike working hard to put together our own agency so we can have access to more nurses at a better rate than agency who we know are willing to come here to help us out when needed. RN to visit us on the 18<sup>th</sup> to get us going.
- Workflow Evaluation Mike and I will begin training with staff about bedside report on the 21st. This is a huge undertaking due to all the moving parts. Safety huddle at 6 each day, obtaining new whiteboards throughout the hospital, teaching HOW to do the report. This will get staff to work on time and ready to start their day. Off going staff need to be ready to roll after safety. Staff will be charting in the rooms as they go as opposed to cramming charting in at the end of the shift. This should impact end of shift OT in a positive way. The new provider morning huddle has been very successful! Good exchanges of information has definitely impacted patient care and safety.

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.

- Infection Control/ Employee Health. Fingers crossed, no Corona virus issues in our area. We are on high alert however and asking the questions per CDC and our health department, of all our patients. Katy has been immersed in MDRO policy and researching studies to create the best policy for FCH. We will swab all new patients as they enter the hospital, but we no longer have to isolate them waiting for results. This follows studies from UW and UCLA regarding when to isolate. This will be a great satisfier for our patients.

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.

- Swing Beds. Austin, our new traveling PT is settling in. We have designed an actual program which will also include activities. Both Jordan and Austin have brought great energy to the program and soon we will be traveling around the region explaining our program to case managers everywhere. New to the program is the inclusion of Christa, activities coordinator to also work with our SWB patients. The final brochure will be printed at Kinkos for a good quality and will be distributed everywhere! There is lots of excitement about what is to come as these two are so creative. Austin making sure our SWB are receiving therapy at least twice a day. This is going to help our patients get better faster. May impact fiscal a bit but we hope to increase our SWB population so that will help fiscally.
- Activities Coordinator. Christa has been doing a great job! She is in process of completing her education about the role and has taken field trips to collaborate with other activity folks in the area. She will be adding Swing bed patients as well and collaborating with Austin.



- New Equipment. I haven't spent any money since the last meeting. But Aaron did! The phones for nurses have been ordered. We are in process of hanging up the new electronic white board. Say bye bye to that ratty thing on the wall. New white boards are at top of list for designing and purchasing. Also, we are hopeful that many of our equipment needs will be fulfilled by the closing of Yakima General. They are having a liquidation sale and we are hoping to get some equipment on our wish lists. I see a road trip in my future. Not sure of the dates yet, but we have fingers crossed we can get some things. We are at the bottom on the shopping chain at this point, so hard to say what might even be possible. I am sure we will find equipment we need. Spacelabs installation getting closer and closer.
- QI/RISK/QMM. The 2020 QI dashboard is uploaded and ready for departments to submit their data. More on that next month. QMMs continue to show a trend of medication errors and again the focus returns to bedside scanning. Our new pharmacy verification process has a few hiccups, but will help improve patient safety. You are aware already of the RISK aspects we have faced over the last couple of weeks. As far as risk/patient safety, I spoke at the manager meeting regarding creating an environment that allows for reporting errors as safe and non-punitive. The more we know we, especially near misses, we can work towards making our patients safer. We had our 2<sup>nd</sup> compliance meeting last week. Brant reviewed our patient denials and also the current situation with the Attorney General and a civil matter towards the hospital.

#### Financial

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

- From a fiscal standpoint, sick calls a little bit better as Mike went over the attendance policy and how there will be action taken for those who tend to call in too often.

#### Growth

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

CNO I have been busy with my Coverys course on risk management. Truly an enlightening course. Trauma continues to be a high priority as I have been working on the action plans that were submitted for the Trauma Designation process. Katy has revamped the Trauma flow sheet and will be teaching a scribe class in the next month so that we can meet the requirements of the Trauma program as well as assist the staff on staying on top of what needs to be done. Documentation is an important role of any Trauma but ours has not always been standard. This will change that. The staff has been educated on Trauma Activation as we tend to under triage which is not a good thing. This will be tracked along with other data to support we know what we are doing!! Mike has been a busy bee as we do a massive reorganization of the ED. It is a big undertaking, but Mike, as the energizer bunny, is up to it.



TO: Ferry County Health Board of Commissioners  
 FROM: JoAnn Ehlers  
 Subject: Clinic Report

MEETING DATE: 2/25/2020

As of February 11, 2020

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.

- Clinic is fully staffed with 2 new PRN's for the Front Office in training. We are sharing these great additions with the Hospital as well and PT is aware of them.
- The sad thing is we can't keep a full load of staff in every day with the flu bug around. Have had days that we lost up to 4 people.... (We still got the patients taken care of!!)
- Clinic has been blessed with another staff person who will ultimately – in time – become a Behavioral Health Provider with us. At this time, she is training in with Referrals as a backup and will be doing some special projects.
- There is plenty to do and everyone is busy.

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.

- Work Quality Improvement has been a challenge given to the Front Office staff and I am proud to say that the staff is taking this quite seriously. I am asking for zero errors. We are doing pre-checks and post-checks of all registrations. The trick is to get all the post checking done before the bills drop. The goal is that one day; we will do much of the pre-check work as we make the appointment. Because of the lack of speed of our system, this is a tough goal, but we plan to try.
- We are attempting to clean up MPI's so that any inactive/unbillable insurance is expired.
- More cheat sheets are being made and shared and this helps too.
- Insurances keep changing things. This keeps us on our toes. VA is still a nightmare.
- We have had less phone call complaints for both a lack of and slow return of calls and lack of test results. UPDATE: Right after I wrote this we were notified that we are somehow – again – not getting all our calls. IT is looking into this but not finding anything fixable so far.
- Front Office staff is getting to messages quickly and calling folks back.
- For the back office, there have been some bigger glitches that have nothing to do with us but affect us. The E-prescribe system has a problem which became our problem and on the date of this report, we are still trying to work around this issue. Namely, patient's prescriptions are being delayed because birthdates are being changed by one day which makes them all wrong and so insurances are denying. From here in the clinic, we have worked out a plan with our local pharmacy but many of our prescriptions are not fixable by this plan.
- We are now aiming at making sure every person that comes in our door is greeted by someone in our crew.

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.

- The new Clinical Care Coordinator of the back office has stepped up the job on the 3<sup>rd</sup> of this month.
- So far we are just working to get the nurse teams used the idea of teams. A more structured split of teams will be taking place soon.

- There will be two phones for us to send calls to, one for each team. We will change our phone message to accommodate the change: "If your provider is \_\_\_\_ and you wish to speak to a nurse, please push \_\_\_\_"
- In time we will work in the team names of Elk and Bear.
- Each team will designate daily which of them will do what.
- There may be some moving of where staff sits and possibly a change in hours worked to better cover the providers each day.
- Coordinator is doing some watching and evaluation at this time to determine what changes might cause more efficiency in workflow.
- You might have had a complaint or two on the fact that we have had some days where we moved lots of our scheduled folks to other providers if a provider was ill on any day. This did cause some backup of schedules and at least one person walked out on us after waiting for one full hour.
- This is an opportunity for our back office staff to make sure to keep patients informed and explain why they are waiting.
- It is also an opportunity to work with providers on who should be seen first and such. Often, by no one's actual fault, a provider will go into the wrong room first. We will be working on this.
- Due to a flux in the ER block schedule, Dr. Garcia had to cancel an injection day. His days are booked a good month out now. The Clinic lost at least one scheduled day with Dr. Kelley.
- Dr. Kelley has filled the three Endo procedure days he gave us and he is working to get more on the books. We have patients on hold to see him at this time.
- Credentialing on Bill Hartman, Ortho is still in the works. L & I might be the last holdup.
- Dr. Pavlic did have a lot of cancellations on the snow day as well but averages anywhere from 16 to 34 patients a day when he is here.
- Ultrasound, which we schedule and check in for has seemed busier so far this year.
- Work has been started to get a room ready for Laura Karg. We are changing out the "kid" room to become a counseling room/office.
- We are also working to empty the referral room of files, remove those shelves, and add cubicles to add more office space for clinic and provider staff. Laura Karg may choose to sit in there instead. I am asking for 4 to 6 cubicles work areas.

## Financial

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

- Clinic schedules have been less full on any given day, yet by the end of the day we have done well in filling in the schedule with same day calls.
- It has actually been nice to have spots for those acute illnesses and a chance to get them seen quickly.
- 2020 January beat 2019 January by 33 patients which was a little bit surprising as we seemed to have a very slow month.
- We had 74 walk-ins in January and a total of 926 patients.
- A clinic provider continues to be our "walk-in champion." We are doing a better job of making those that call in an appointment rather than just giving them our hours.
- The providers averaged 11 patients per day and our goal is 14.
- The Clinic will be going after inclusion into a Behavioral Health Program sponsored by U of W. We could get up to \$245,000 for this if we are accepted. It will fit right in with the program we plan to build. I will be seeking help to fill this application out correctly and completely. There is a webinar about it coming up.

## Growth

- Many of the things programs want us to do are tied right into Chronic Care Management and specific diagnostic program such as Diabetes. It feels like the clinic can tie many things in with each other and get more done for best patient care if we can pull all this together.

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

- We continue to see new patients coming in.
- We have not turned anyone away from the Clinic unless it has been to send them to the Emergency Room and that is after a nurse has checked on the patient. Most times this has to do with a chest pain.
- Dr. Kelley is helping find a dentist or dentists to allow us to bring back the Dental Van this year, at least one time and maybe two.
- I will be putting in for more eye exam/glasses certificates once I know the dates we will shoot for with the Dental Vans. I will also attempt to get DSHS in again on those dates though it is hard to work out.

Work on the new 2020 Clinic Policies and Procedures Manual is almost complete. We have a date of 2/13/20 for the meeting which will include the Medical Director, Nurse Practitioner, Clinic Manager, and a Non-Employee. We will go over the manual and do a physical walk through of the Clinic to see that we comply with what is required.

Next step is for all staff to read the manual and sign that they did.

I have the old survey and response to the survey results from the last time this Clinic was surveyed to try to be sure we don't miss the same things.

Kelsey, the lab consultant for our Hospital lab and Sharon from Coverys, will be checking the Clinic over once the weather is better.

Continued work in this light will be to keep moving ahead with Emergency Preparedness and documentation of everything we come across. Several district employees are attending the latest HAM radio training. I can now tell you why transmission of music on a HAM radio is only allowed from a satellite.

Thank you for everything you do for us.

Respectfully,

JoAnn Ehlers, Clinic Manager



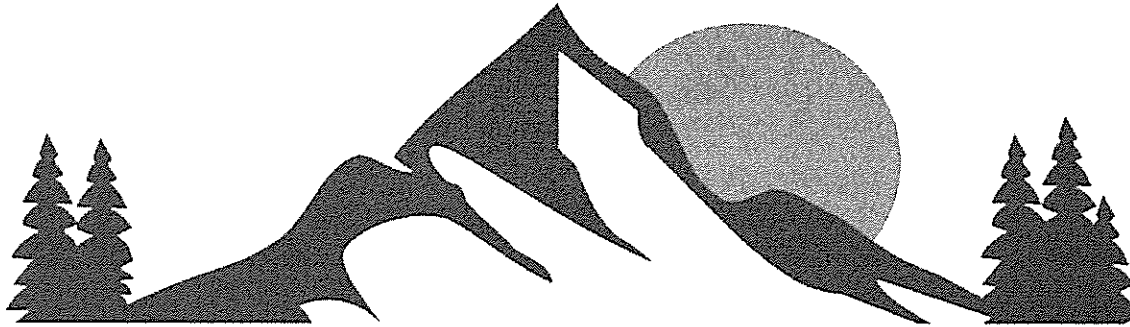
TO: Ferry County Public Hospital District #1 Board of Commissioners  
 FROM: Brant Truman  
 Subject: COO/CFO Report

MEETING DATE: February 25, 2020

As of February 20, 2020

People	<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>• Trip planned to Snoqualmie to train with Centriq.</li> <li>• Pharmacist's position started excellent initial response.</li> <li>• Meet with Republic Drug employees to go over initial benefits and answer any possible questions.</li> </ul>
Quality	<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>• Prospective review of medications going slow but hopeful it will get straightened out.</li> <li>• Health Maintenance is up and running again with all patients needing follow up isolated and return visits scheduled</li> <li>• New key fob locks installed provides greater security to our facility</li> <li>• New cardiac monitoring system project starting shortly, will improve quality of care drastically.</li> <li>• Tracking patient billing issues brought to us at the Facility with a goal of response within 48 hours.</li> </ul>
Service	<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>• Continue to use NRC data as an opportunity for improvement.</li> <li>• Meet with HRG to discuss improved bills and improve timing from receipt of payment from Insurance to getting bill out to patient.</li> <li>• Registration review to allow for decreased denials and improvement of the Revenue Cycle.</li> </ul>
Financial	<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>• January was a typical month \$29k in net position gain.</li> <li>• Increase wages went into effect this month, great opportunity for the staff.</li> <li>• Total volumes relatively constant for January of 2020.</li> <li>• 1% chargemaster increase went into effect.</li> <li>• Received \$100k grant from Empire Health Foundation.</li> <li>• Financial Statement Review.</li> <li>• Working thru Financial Audit/Cost Report 2019</li> </ul>
Growth	<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>• MRI bus had a great month in January, looking forward to many more.</li> <li>• Current focus is on transition of the Pharmacy.</li> <li>• Cash prices for MRI coming shortly.</li> <li>• Will always keep an eye and ear out for great opportunities.</li> </ul>

Ferry County Public Hospital District #1 Financial Statements  
Month Ending January 31, 2020



Ferry County Health

# Ferry County Public Hospital District No. 1

doing business as

## Ferry County Memorial Hospital

### Combined Income Statement: Hospital and Klondike Hills

Year to Date January 31, 2020

	January	YTD	% of Gross Rev
<b>Operating revenue:</b>			
Gross patient service revenue	1,710,915	\$ 1,710,915	
Contractual allowances and provisions for uncollectible accounts	(665,331)	\$ (665,331)	-39%
Patient service revenue - (Net contractual allowances)	\$ 1,045,584	\$ 1,045,584	61%
Bad debt expense	18,209	\$ 18,209	1%
Other operating revenue	81,814	\$ 81,814	5%
<b>Total operating revenue</b>	<b>1,145,607</b>	<b>1,145,607</b>	<b>67%</b>
<b>Operating expenses:</b>			
Salaries and wages	567,489	\$ 567,489	33%
Employee benefits	154,413	\$ 154,413	9%
Professional fees	112,596	\$ 112,596	7%
Supplies	92,119	\$ 92,119	5%
Purchased services - Utilities	24,883	\$ 24,883	1%
Purchased services - Other	86,392	\$ 86,392	5%
Insurance	7,135	\$ 7,135	0%
Other	32,800	\$ 32,800	2%
Rent	11,573	\$ 11,573	1%
Depreciation	62,559	\$ 62,559	4%
<b>Total operating expenses</b>	<b>1,151,958</b>	<b>1,151,958</b>	<b>67%</b>
Gain (loss) from operations	(6,351)	\$ (6,351)	0%
<b>Nonoperating revenues (expenses):</b>			
Property taxes	21,876	\$ 21,876	1%
Interest earnings	5,484	\$ 5,484	0%
Interest expense	(15,457)	\$ (15,457)	-1%
Grants and donations	-	\$ -	0%
Other	20,757	\$ 20,757	1%
<b>Total nonoperating revenues (expenses) - Net</b>	<b>32,660</b>	<b>\$ 32,660</b>	<b>2%</b>
<b>Increase (decrease) in net position</b>	<b>\$ 26,309</b>	<b>\$ 26,309</b>	<b>2%</b>

# Ferry County Public Hospital District No. 1

doing business as

## Ferry County Memorial Hospital

Balance Sheet (Combined Statement of Net Position: Hospital and Klondike Hills)

Year to Date January 31, 2020

<i>Assets</i>	YTD Balances January
Current assets:	
Cash and cash equivalents	\$ 3,503,022
Patient trust	500
Receivables:	
Patient AR - Net	2,187,915
Gross AR	3,204,454
Contractual allowance	(1,016,539)
Taxes	280,664
Estimated third-party payor settlements	2,054
Other	286,755
Inventories	178,696
Prepaid expenses	35,750
<b>Total current assets</b>	<b>\$ 6,475,355</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>
Capital assets:	
Nondepreciable capital assets	\$ 27,282
Depreciable capital assets - Net of accumulated depreciation	5,996,007
<b>Total capital assets</b>	<b>\$ 6,023,290</b>
<b>TOTAL ASSETS</b>	<b>\$ 12,498,644</b>



# Ferry County Public Hospital District No. 1

doing business as

## Ferry County Memorial Hospital

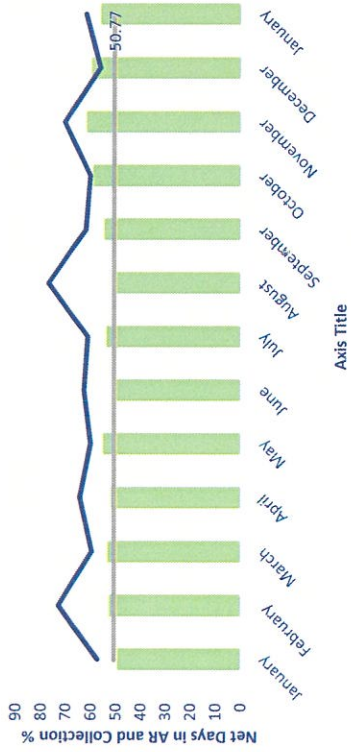
Balance Sheet (Combined Statement of Net Position: Hospital and Klondike Hills)

Year to Date January 31, 2020

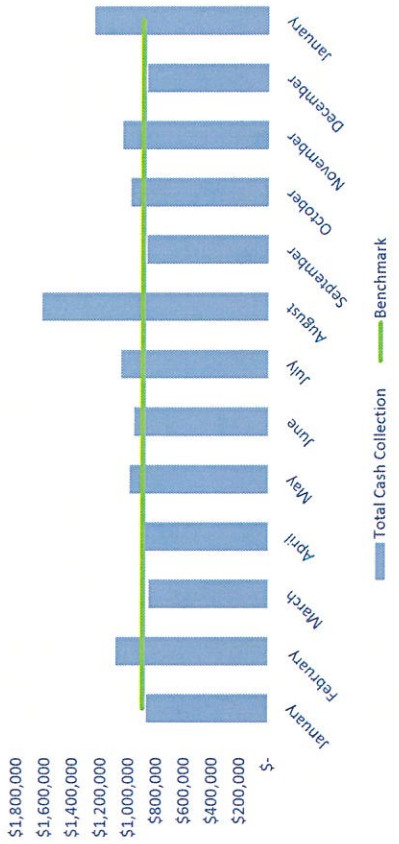
<i>Liabilities and Net Position</i>	YTD Balances January
Current liabilities:	
Current maturities - Long term debt	\$ 92,962
Current maturities - Capital lease obligations	113,248
Accounts payable	95,833
Warrants payable	299,940
Patient trust	500
Payroll and related expenses	125,067
Accrued vacation	300,457
Unearned tax revenue	240,635
Accrued interest payable	13,699
Estimated third-party payor settlements	797,846
<b>Total current liabilities</b>	<b>\$ 2,080,187</b>
Noncurrent liabilities:	
Long term debt - Less current maturities	3,801,049
Capital lease obligations - Less current portion	102,580
<b>Total noncurrent liabilities</b>	<b>3,903,629</b>
<b>Total liabilities</b>	<b>\$ 5,983,816</b>
Net position:	
Invested in capital assets	1,899,752
Restricted expendables	-
Unrestricted	4,615,076
<b>Total net position</b>	<b>6,514,828</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>\$ 12,498,644</b>

# 2019 Revenue Cycle

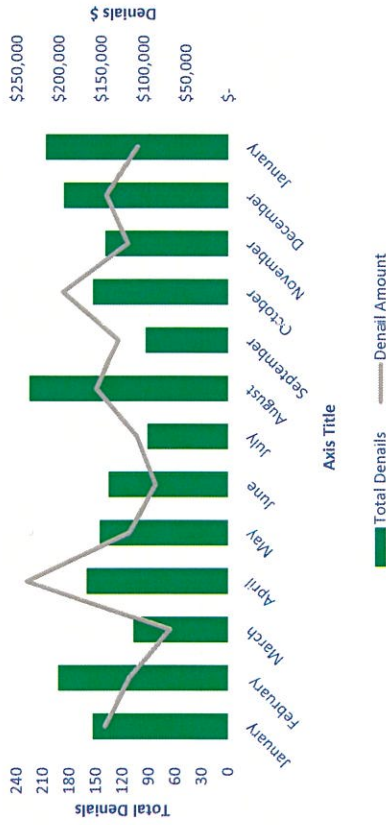
### Net Days in Accounts Receivable



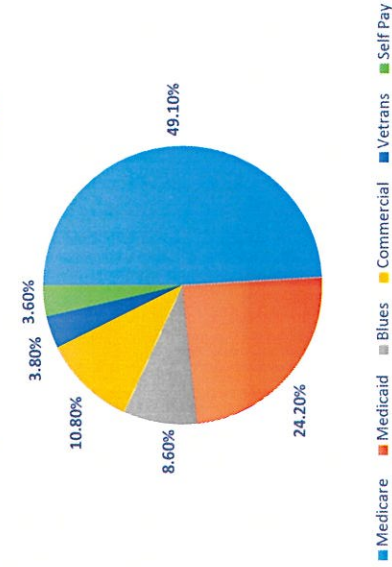
### Cash Collections- Patient Accounts



### Total Avoidable Denials

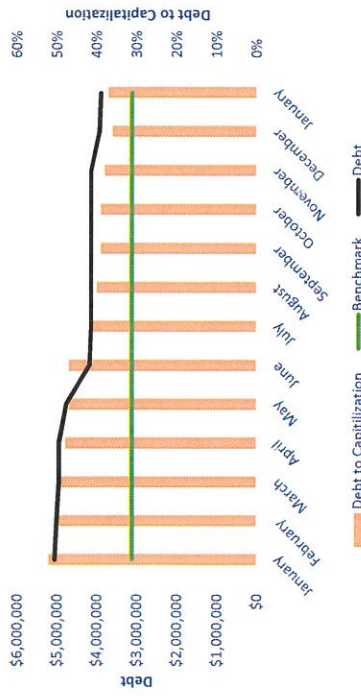


### Payer Mix- 13 Month Average

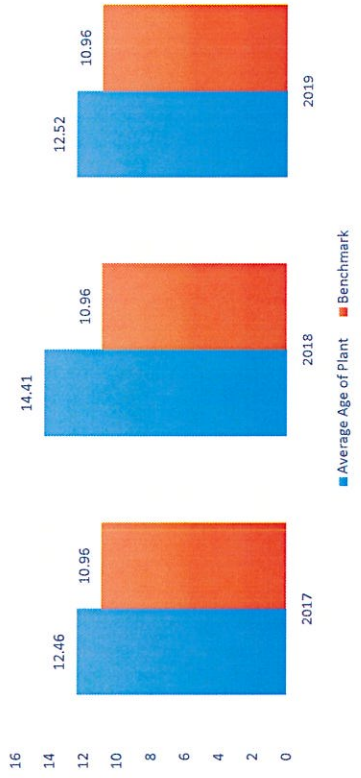


# 2019 Liquidity

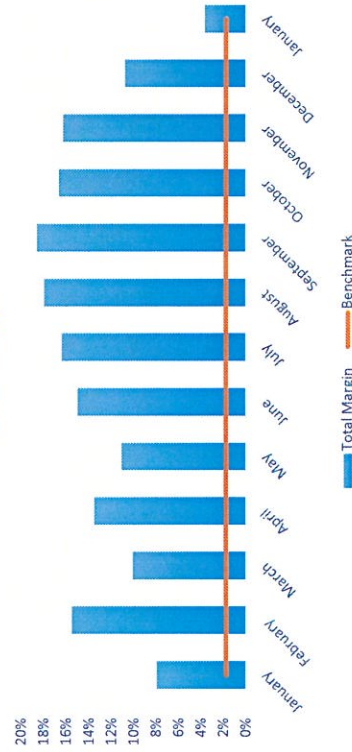
### Debt to Capitalization



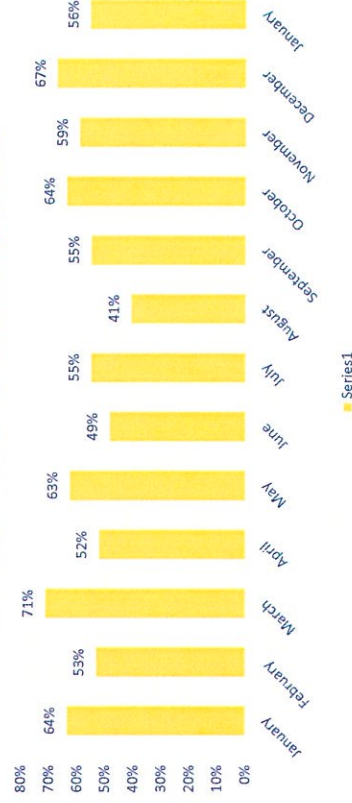
### Average Age of Plant



### Total Margin

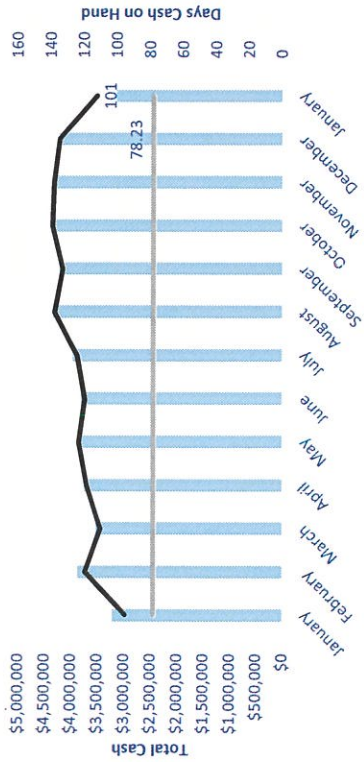


### Labor Expense as a % of Operating Revenue

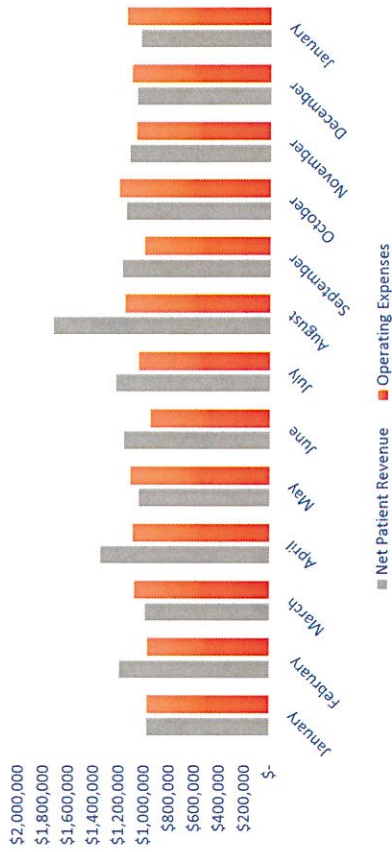


# 2019 Financial

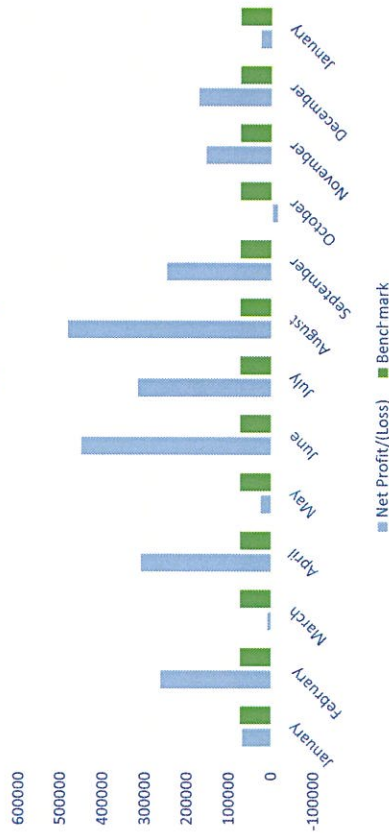
### Days Cash on Hand



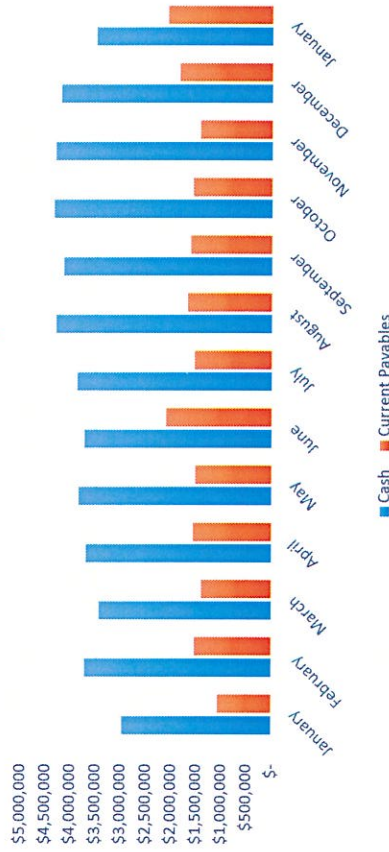
### Net Patient Revenue vs Operating Expense



### Net Profit/(Loss)



### Cash vs Current Payables



**FINANCE DASHBOARD**  
**Ferry County Public Hospital District #1**  
**January 31, 2020**

Stats	Year To Date		Current Month		Prior Year
	Current Total	Target	Current Total	Target	
1 Acute Care Days	23	16	23	16	22
2 Skilled Swing Bed Days	48	38	48	38	58
3 Long Term Swing Bed Days	304	362	304	362	434
4 Observation Hours	199	197	199	197	183
5 Admissions (Acute)	30	6	3	6	4
6 Average Length of Stay (Acute)	2.94	3.00	2.94	3.00	3.20
7 Outpatient Visits	801	832	801	832	801
8 ED Visits	131	143	131	143	151
9 Emergency Admit to Inpatient	3.82%	3.00%	3.82%	3.00%	1.99%
10 Procedures	17	20	17	20	4
11 Clinic Visits	926	877	926	877	923
12 Rehab Treatments	1153	945	1,153	945	1,295
13 Imaging Visits	358	82	358	82	305
14 Lab Visits	2021	2268	2,021	2268	2,395
<b>Profitability</b>					
14 Revenue Deductions % of Gross Revenue	39%	30%	39%	30%	41%
15 Salaries % Gross Patient Revenue	33%	45%	33%	45%	28%
16 Benefits % of Salary Expense	9%	26%	9%	26%	7%
17 Bad Debt % Gross Patient Revenue	1.06%	1.78%	1.06%	1.78%	1.74%
18 Charity % Gross Patient Revenue	0.11%	1%	0.11%	1%	0.11%
19 Total Salary Expense	\$ 567,489	\$ 465,000	\$ 567,489	\$ 460,923	\$ 478,210

**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%



TO: Ferry County Health Board of Commissioners    MEETING DATE: February 25th  
 FROM: Aaron Edwards, CEO  
 Subject: CEO Report

As of February 20, 2020

<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>• Making progress on finding pharmacists.</li> <li>• Had a Q&amp;A with the Republic Pharmacy staff.</li> <li>• Held a state of the District meeting which was widely attended.</li> <li>• Credentialed a new backup ED/Hospital provider.</li> <li>• Slow progress on clinic doc recruitment.</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>• Working on a med staff by-law and rules and regs overhaul</li> <li>• Austin Gibbs has started as our hospital based physical therapist. He's working on assessments and plans for all of our long term care patients as well as working with our swing patients. His services have been well received.</li> <li>• The Healthy Ferry County Coalition will begin working on decreasing maternal smoking, increasing vaccination rates in our area, and working towards reducing bullying.</li> <li>• New cardiac monitors are in the building and a team has been formed to work on training and installation.</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>• Attended rural advocacy days in Olympia (met with Sen. Short and Rep. Kretz)</li> <li>• Attended a rural hospital committee meeting on 2/20 to discuss legislative issues, a possible state wide rural ACO as well as other topics.</li> <li>• Will be hosting the Gold Rush Run again this year during Prospectors.</li> <li>• Will be participating again in the March of Dimes on April 25.</li> <li>• Continue to visit with an individual interested in starting a day care to assist in helping her where we can.</li> </ul>
<p>Financial</p>	<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>• Renewed discussions with joining other hospitals to move towards a self-insured program for employee insurance.</li> <li>• Pharmacy acquisition moving according to plan.</li> </ul>
<p>Growth</p>	<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>• Was interviewed by the Omak Chronical (hospital alone then a separate joint interview with the Sagle's) on our work towards acquisition of the pharmacy, providing behavioral health and our recent financial success (article to be published the week of Feb 24).</li> </ul>