



Ferry County Health

BOARD OF COMMISSIONERS' MEETING

September 22, 2020, 10:30 a.m. via Zoom

Join Zoom Meeting

<https://zoom.us/j/98027318481?pwd=RFBBrZTIFUUI5ZHNoRHFyTkw1T2NRUT09>

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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	3-5
<ul style="list-style-type: none"> • Minutes 8/25/20 Board Meeting • Approval of Warrants • Financial Write-Off Report • Resolution 2020#7 Small Works – to be presented at the meeting 			
Correspondence		Nancy Giddings	
Public Comments			
CNO Report & Quality Improvement and Compliance/Risk Management		Cindy Chase	6-7
Clinic Report		JoAnn Ehlers	8-10
Medical Staff Report		Dr. Garcia	
Safety Report:		Brant Truman	
CFO/COO Report		Brant Truman	11
Financial Report		Brant Truman	12-19
CEO Report		Aaron Edwards	20
Old Business		Nancy Giddings	
<ul style="list-style-type: none"> • Board QI Project • Facility Update • Health Foundation • Board Succession planning • Strategic Planning 			

- Pharmacy
- Curlew Clinic

Board Representative Reports

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

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

1. Request for reappointment of Courtesy Medical Staff privileges by telemedicine proxy for Integra providers:
 Robert Arnett, MD; Jodi Bailey, MD; Gregory Balmforth, MD; John Bell, MD; Ishwar Bhat, MD; Jayson Brower, MD; Richard Brunkan MD; Richard Casey, MD; Irene Cruite, MD; Mark Edens, MD; Justin Frederick, MD; Joshua Garcia, MD; Ryan Goff, MD; Robert Handy, MD; Amy Henkel, MD; Robin Hines, MD; Scott Hoefler, MD; Corey Judd, MD; Julie Kaczmark, MD; William Keyes, MD; Scott King, MD; Michael Kirsch, MD; Christopher Krejci, MD; Terri Lewis, MD; Robert Lloyd, DO; Kenneth McCabe, MD; David Munzo, MD; Daniel Murray, MD; Jeffery Nackos, MD; Brian Petersen, MD; Peter Remedios, MD; Brian Rich, MD; John Romano, MD; Mai Russell, MD; Trent Sanders, MD; Cameron Seibold, MD; Paula Shepherd, MD; Steven Sohn, MD; Gregory Sterne, MD; Arpita Swami, MD; Gordon Teel, MD; David Thorne, MD; Steven Wilhelm, MD; Norbert Yee, MD; Sadaf Zaidi, MD; Christopher Zylak, MD

- EMS

Nancy Giddings

New Business

- Budget Hearing date

Nancy Giddings

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 October 27, 2020 @ 10:30 a.m.



Ferry County Health

BOARD OF COMMISSIONERS' MEETING August 25, 2020

CALL TO ORDER: Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:35 a.m. on August 25, 2020, via Zoom. Commissioners in attendance were Nancy Giddings, Ronald Bacon, DiAnne Lundgren, Sarah Krausse and Jody Jannot. Aaron Edwards, CEO; Brant Truman, CFO/COO; Joann Ehlers, Clinic Manager; and Lacy Sharbono, Executive Assistant were present.

QUORUM ESTABLISHED: A quorum was present.

REVIEW, AMEND, ACCEPT AGENDA: A motion was made by Lundgren and seconded by Bacon to approve the Consent Agenda. The motion passed unanimously.

GUEST: None

CORRESPONDENCE: Giddings received resumes for 2 MD's looking for work that are moving to the area.

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

PUBLIC COMMENTS: None

CNO/QUALITY IMPROVEMENT AND COMPLIANCE/RISK MANAGEMENT: The Board reviewed the attached report.

CLINIC REPORT: Ehlers reviewed the attached report.

- Pretty slow for the month of August.
- Flu shots will be by drive up at the clinic.

MEDICAL STAFF REPORT: Dr. Garcia noted the following:

- Med review with Dr. Kerr went well. We are improving on our traumas. He did consider a reversal agent for some of the new anticoagulants. Plan to discuss with Patty at the next P&T meeting.
- Cardiology discussion postponed but still looks promising.
- Excited to have a wound care nurse coming in October
- Have out new HiFlo nasal cannula that we are training on and will be great for our Pneumonia's, COPD and CHF patients.
- Maintaining the respiratory isolation in clinic.

SAFETY REPORT: Truman reviewed the following:

- Determined we have the right under the law to not allow firearms into the facility. We will prohibit weapons of any kind in the facility.

- Received final quote for the roofing. Decided on a company. Went over agreement.

A motion was made by Krausse and seconded by Lundgren to approve the agreement for the 10 year roof. The motion passed unanimously.

CLINIC: Truman reviewed the numbers for what it would look like if we had services in Curlew. Dr. Kelley discussed his thoughts on the option. The Board agreed now is not the right time to make this move financially. They will continue to discuss.

CFO/COO REPORT: Truman reviewed the attached report.

FINANCIAL REPORT: Truman reviewed the July financials.

CEO REPORT: Edwards reviewed the attached report. He also noted the following:

- Discussion with two 4th year med students from WSU. Will do an analysis of where we are with obstetrics.

OLD BUSINESS:

- Board QI Project: Tabled
- Facility Update: The hospital conference room has been transformed into storage for central supply.
- Health Foundation: They did not meet.
- Board Succession: Giddings to do a Board Chair job description.
- Strategic Planning: Need to have more feedback from Dr. Garcia and Dr. Kelley. Giddings would like to have a workshop meeting with them to discuss.
- Pharmacy: Tabled
- 2021 Holiday Calendar: the 5th of July will be a staff day off. Will observe the 4th of July as the Holiday. December 24th will be a staff day off with the 25th being the observed day.

A motion was made by Lundgren and seconded by Krausse to accept the 2021 holiday calendar. The motion passed unanimously.

- Curlew Board meeting: On hold.

BOARD REPRESENTATIVE REPORTS:

- Finance: No Board concerns.
- Quality Improvement: Truman noted they have decided to have a person located at the ER entrance to ensure everyone can get in.
- Compliance/Risk Management: Next meeting is in August.
- Medical Staff: No Board concerns.
- Credentialing:
 1. A motion was made by Lundgren and seconded by Krausse to approve the reappointment of Active Medical Staff privileges for Richard Garcia, DO. The motion passed unanimously.



TO: Ferry County Health Board of Commissioners
 FROM: Cindy Chase, CNO
 Subject: CNO Report

MEETING DATE: September 22, 2020

As of September 15, 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 We have hired 3 more nurses. 2 Nightshift and 1 day shift. Another PRN nightshift nurse is going PT....Yay..major progress. We also have hired 3 more NACs. Our wound care nurse, Tina, arrives at the end of this month. All great and wonderful additions to our team. We are looking to add another RN on nightshift as we are finding they need more hands on deck than 2 nurses. This will create a safer environment for our patients and when the ED gets hoppin, we have more staff to handle the surge.
- Workflow Evaluation Some changes are afoot in our workflow. 2 weeks ago, the off going charge nurse has begun leading a safety huddle for the entire on-coming shift. All departments come together to listen to the various risks of our patients. Some are extremely high risk for falls or may have moments of confusion, have Foley's in and IVs running. Virtually anything risky about a patient or resident is shared here. After huddle, the team disperses to do bedside shift report for all patients and residents. The Charge nurse is coming in 15 mins early for 1:1 for charge nurse report and at 6 AM or PM sharp, safety huddle begins. Mike and I have been sharing monitoring duties as well as coaching.

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. Covid cases have flattened out for Republic and traffic in the trailer has slowed down for now. With flu season coming, it will be determined how we are going to handle that along with Covid 19. More discussions to be had with the providers.

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. We continue to thrive big time. The hospital patients have been very busy over the last 2 weeks when we got to 7 patients the other day. Austin and Mike have done reaching out to our surrounding areas and we get calls often to check if we have beds. Busy enough we can be a bit particular about who comes.
- New Equipment. Mike has put together a really nice IV cart which replaces the totes which was not a fan favorite with our survey folks. Our coffee pot is wearing out and Mike has found a highfalutin machine he wants to get for the staff. An early Christmas present!
- QI/RISK/QMM. We had no falls in August but already a few in September. A new campaign has begun called Fall Busters. We have a large, cute owl on doors with big googly eyes that is an eye catcher ...ha ha for all staff to take notice when they walk by the room to glance in that the patient is still safely in bed or in a chair. If they are starting to get up, the passerby will quickly go to the patient and call for a caregiver. Hoping this will help. New campaign is up and running for 5 days now. So far so good! Housekeepers, lab folks and even maintenance are expected to peak in as they pass. See picture of "owl guy" at the end of the

report. For QI, we are doing better as a hospital with timely reporting of data. Meeting next week.

Financial

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

- Agency use has been reduced and hoping to be done to noon by the end of the year. We still need a couple more nurses and we will be in great shape when flu season hits. We want to be prepared so that does save on our budget.

Growth

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

Still looking for a community safety projects. I have asked the staff to suggest ideas on what we can do for the community when it comes to safety. This is part of the Trauma Program requirements. Your ideas are welcomed and appreciated.

CNO As promised last month, many things are launching as already stated above in September.. One very good news piece is that the Trauma Designation Program is officially at full designation. My homework was successful and a new certificate arrived and is posted in the front lobby of the hospital. Newest project is creating a process where the PCPs are aware when one of their patients is seen in the ED. Patients are expecting their provider will be notified after their visit but that does not always happen. I have a process in my head that I need to get down on paper. Will do a bit more reconnaissance to ensure providers are on board. Still pushing for bedside medication scanning and am hopeful will be up and running by the end of the year. Staff in general I feel, are doing well despite Covid, despite having a full house and despite the lousy air outside. Below is "Owl Guy". Cute , Huh?





TO: Ferry County Public Hospital District #1 Board of Commissioners
 FROM: JoAnn Ehlers
 Subject: Clinic Report

MEETING DATE: September 22, 2020

As of September 15, 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.

- We have hired back an employee that is returning to the area and she will fill the spot with Mari. So far she's been doing a great job.
- Also have a Front Office PRN starting up this month on the 14th. This PRN is going to fill registration needs in all areas of the District. She will start in the Hospital.
- Having enough people has helped immensely with the lack of patience we are dealing with daily. The Front office crew continues to have some tough days – Answering the phone often means you are the one people take frustrations out on. We are working on ways to help the situation as it happens. I am blaming all the COVID and Smoke stress.
- We have had some good examples of caring for one another in our crew as well. As one person has an issue to deal with, others have stepped in. It is a tough time and having such great co-workers from Providers down; has been wonderful to observe and experience.
- I am excited to see what Admin decides to do for my job – I am lining things up for an easy handoff. I am grateful to be able to do this.
- At this time, it is still hard for us to use a nurse in the screening area full time. We are asking for some volunteers to come in and do this with us on a rotation of half days. I will let you know how this goes.

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.

- This clinic never stops trying to improve in every way. We are still working hard at returning all calls promptly. The biggest issue is when we return a call and the patient does not answer and we can't leave a message.
- With COVID, I think we are doing well with what we can do. Partial Walls were placed in the lobby and will help a little with privacy if nothing else. They are not beautiful but will work for now. Other more permanent solutions are being discussed. Clinic Providers will be meeting with Dr. Kelley to discuss some long term ISO and Flu season plans.
- The Clinic will take part in a testing of AI Scribes. (Artificial Intelligence!) If this works out we could get some definite standardization of documentation going per visit types.

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.

- Drive up flu shots should run smoothly. We have never had this much preparedness!!
- Now to get all the doses we ordered. Meetings are in place now for preparation. I have had some calls asking why Safeway and such already have shots and we do not. I have had to explain that we are not a big enough buyer. We do have a wait list going.
- Endoscopes were down in August. Only had 3 patients on the last date.
- US Guided injections were down by one day. Dr. Garcia will be changing his days.
- Bill Hartman is slowly building numbers up.
- Dr. Pavlic has come back with his about half his numbers so far. He has cancelled this week's

date due to the smoke.

- Dr. Hsu has remained at few visits per month. We have a meeting coming up with her crew this month to discuss how things are going and what we can do to improve.
- We have started to send our RN, and once, our Mental Health Counselor, out to some home visits – will see how those work out in billing. The visits were greatly appreciated by patients. We have been working with Austin Gibbs to collaborate more on patients leaving hospitals and possibly needing a visit at home. We are very interested in a permanent way to be able to provide home services.

Financial

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

- Numbers were down in August and as we continue to add a couple/few positive COVID results it could be a while before we can build back up. In September we have more provider vacation time than usual coming up so that will also factor in. And now - SMOKE has slowed us down.
- August saw a total of 808 patients with 33 of those being walk-ins. We had 12 Phone visits and 10 Telehealth by ZOOM. No drive up visits.
- Wed the 5th of August saw the highest number of walk-ins at a total of 4. Mailed out walk-in charts for you for this year - to look at – it has been a COVID-odd year and it shows.
- On another note: I had reported last month that we are sending some fraud cases to the SHIBA program at the Office of the Insurance Commissioner. I now have a contact there that is investigating and taking our issues higher. As of this date, I have sent in several cases where pharmacies with names like “The Pharmacy” and some DME businesses have sent in requests for signatures from our providers to ok meds they don’t take and DME they did not order. In one case, a patient actually brought in some test strips she was sent for a glucose meter she does not own. I sent the whole thing in and the investigator found that the strips were charged to the patient’s Medicare and they are going after the \$307+ to be refunded to Medicare. They are also making the Pharmacy take the test strips back.
- In another case, the investigator was told that the patient had called them after seeing an ad on TV and ordered back and knee braces. They could not locate the call on their system. Our patient told us they had never ordered the DME.
- In a third case, the DME company listed says they have NO record of our patient at all. As of 9/3, the OIC is meeting with a higher up at Medicare to discuss what we have been turning in. It feels so good to have a contact to take action on our patients’ behalf.
- I am helping one patient report her Medicare number as compromised so we can get her a new number.
- The OIC feels these could be linked to fraud happening in other states.
- I can also help those that have purchased a Medicare Advantage Plan in error. Because we are in Ferry County, OIC can actually go after the selling agent. So far this has not been good for the first person I tried to help as the mess was made by the patient and no one else.
- I have a list of patients that are on Medicare Advantage plans so we can see if there are any we can get some help for before open enrollment and the others, we will contact with an offer to help move them if they wish. I will be using a SHIBA worker at Rural Resources to move some of the folks I help to if they will work with me.

Growth

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

- Clinic is looking forward to the start of Wound Care in the Hospital in the next couple/few months. Especially in working with Dr. Hsieh on wounds if possible.
- Laura and Corrine are working on a Suicide Prevention Program and since there is a program

already going in this area; it is exciting to see what they can do to help it along.

- Laura has been called by the ER and the Hospital several times in the last month and has responded – I think we are going to be keeping this lady busy. We are learning how to bill for her the hard way but I was unable to get any information from ANY insurance on what they might require for a visit. Regardless, we are helping people in need and that feels good.
 - The newest thing for Laura's work is that we have a short 4 question page we will ask patients to answer when checking in. With a progression between their normal provider and a warm hand off to Laura, we can grow this department. We do still need a psychiatrist to work with by telemed or somehow. Bright Heart has not worked out for us so far but I cannot say how much it has been tried.
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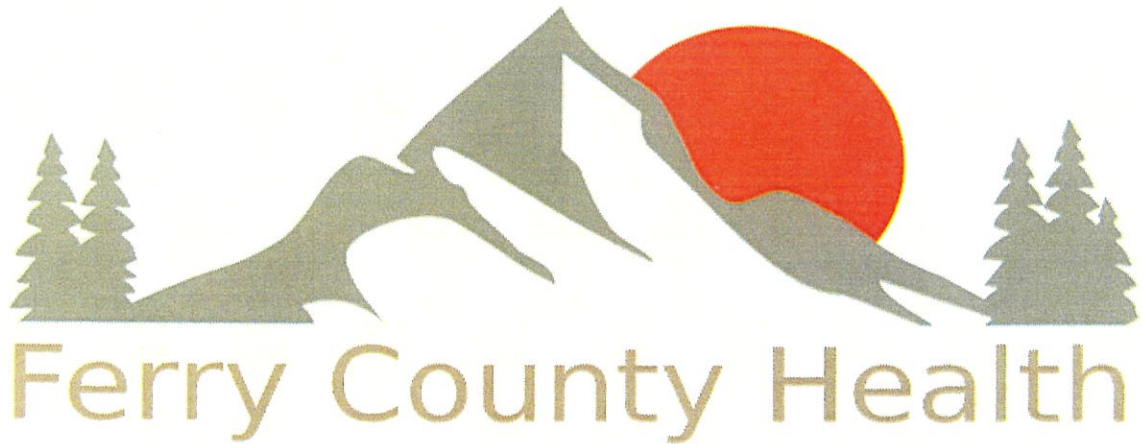


TO: Ferry County Public Hospital District #1 Board of Commissioners
 FROM: Brant Truman
 Subject: COO/CFO Report

MEETING DATE: September 22, 2020

As of September 18, 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"> • Rehab director/manager hired group starts October 5th. • Great meeting with a couple of local doctors, more to come. • Recruiting for OT. • Utilization Review committee starting.
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"> • Received all quotes on fixing the roof, currently reviewing. • DOH potential adjustments to oversight of our hospital from a quality and patient safety relation. • Plenty of PPE to take care of the hospital's needs.
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"> • Looking at an additional building to help with COVID testing/vaccines as well as long term sleeping solution for the providers. • Started to receive O2 bids to replace the system. • Vapotherm training recently completed. • Working on finalizing cardiac program.
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"> • 340B Audit scheduled for October 7th. • Revenue in August is in line with a typical August, still down in clinic. • Total Fiscal Support from the Federal Government • CARES ACT: \$3,752,874 (Potential Grant) PPP LOAN: \$1,280,000 (Potential Grant) ACCELERATED PAYMENT: \$2,080,000 (LOAN MUST PAY BACK). Review status • Still awaiting more information on how we can use CARES act funding. • Revenue Cycle adjustments. • Review of Financials presented.
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"> • Working on additional opportunities to expand in Cardiac and minor surgery. • Working with the Pharmacy purchase.

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



Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

Combined Income Statement: Hospital and Klondike Hills

Year to Date August 31, 2020

	Q1	Q2	July	August	August % of Gross	YTD	% of Gross Rev
Operating revenue:							
Gross patient service revenue	4,822,315	5,217,686	2,404,082	1,858,961		\$ 14,303,044	
Contractual allowances and provisions for uncollectible accounts	(1,756,659)	(1,670,879)	(1,011,545)	(796,835)	-43%	\$ (5,235,919)	-37%
Patient service revenue - (Net contractual allowances)	\$ 3,065,656	\$ 3,546,807	\$ 1,392,536	\$ 1,062,126	57%	\$ 9,067,125	63%
Bad debt expense	55,690.05	85,998	7,948	1,120	1%	\$ 150,755	1%
Other operating revenue	221,755	231,554	72,201	54,442	4%	\$ 579,953	4%
Total operating revenue	3,343,101	3,864,359	1,472,685	1,117,687	62%	9,797,833	69%
Operating expenses:							
Salaries and wages	1,657,919	1,618,555	551,857	623,974	34%	\$ 4,452,304	31%
Employee benefits	459,783	438,596	150,611	148,627	8%	\$ 1,197,617	8%
Professional fees	358,749	416,246	126,362	134,604	7%	\$ 1,035,960	7%
Supplies	265,807	221,991	108,888	65,714	4%	\$ 662,399	5%
Purchased services - Utilities	78,997	63,104	15,451	21,542	1%	\$ 179,093	1%
Purchased services - Other	352,538	323,788	129,886	93,608	5%	\$ 899,821	6%
Insurance	21,405	12,956	18,168	7,564	0%	\$ 60,093	0%
Other	96,950	42,700	24,817	17,143	1%	\$ 181,610	1%
Rent	34,819	34,719	11,573	11,573	1%	\$ 92,683	1%
Depreciation	203,832	200,562	69,157	67,467	4%	\$ 541,019	4%
Total operating expenses	3,530,800	3,373,216	1,206,771	1,191,813	64%	9,302,600	65%
Gain (loss) from operations	(187,698)	491,143	265,914	(74,126)	-2%	\$ 495,233	3%
Nonoperating revenues (expenses):							
Property taxes	65,704	73,014	21,876	22,025	1%	\$ 182,619	1%
Interest earnings	14,622	9,338	2,937	2,492	0%	\$ 29,390	0%
Interest expense	(45,893)	(46,356)	(15,355)	(14,218)	-1%	\$ (121,822)	-1%
Grants and donations		1,200	10,344	6,046	0%	\$ 17,590	0%
Other	55,651	870,745	104,111	77,619	4%	\$ 1,108,127	8%
Total nonoperating revenues (expenses) - Net	90,085	907,940	123,914	93,964	5%	1,215,903	9%
Increase (decrease) in net position	\$ (97,614)	\$ 1,399,084	\$ 389,828	\$ 19,838	1%	\$ 1,711,136	12%

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 August 31, 2020

<i>Assets</i>	YTD Balances July	YTD Balances August
Current assets:		
Cash and cash equivalents	\$ 11,150,277	\$ 11,434,450
Patient trust	500	500
Receivables:		
Gross AR	\$ 3,975,312	\$ 3,516,348
Contractual allowance	(1,754,932)	(1,530,603)
Patient AR - Net	2,220,380	1,985,745
Taxes	105,776	103,179
Estimated third-party payor settlements	-	-
Other	226,139	136,696
Inventories	213,328	225,638
Prepaid expenses	75,107	76,182
Total current assets	\$ 13,991,506	\$ 13,962,389
Noncurrent cash and cash equivalents:		
Restricted cash & cash equivalent, USDA reserve	-	-
Internally designated cash and cash equip, funded depreciation	-	-
Total noncurrent assets limited as to use	-	-
Capital assets:		
Nondepreciable capital assets	\$ 27,282	\$ 27,282
Depreciable capital assets - Net of accumulated depreciation	5,679,659	5,612,192
Total capital assets	\$ 5,706,941	\$ 5,639,474
TOTAL ASSETS	\$ 19,698,447	\$ 19,601,864

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 August 31, 2020

<i>Liabilities and Net Position</i>	YTD Balances July	YTD Balances August
Current liabilities:		
Current maturities - Long term debt	\$ 98,292	\$ 98,905
Current maturities - Capital lease obligations	100,754	92,866
Accounts payable	100,513	176,563
Warrants payable	378,589	156,776
Patient trust	500	500
Payroll and related expenses	121,107	182,567
Accrued vacation	367,320	414,481
Unearned tax revenue	109,380	87,504
Accrued interest payable	95,580	108,121
CARES ACT FEDERAL FUNDING	4,250,517	4,239,143
Estimated third-party payor settlements	2,404,881	2,356,022
Total current liabilities	\$ 8,027,433	\$ 7,913,449
Noncurrent liabilities:		
Long term debt - Less current maturities	\$ 3,745,719	\$ 3,745,106
Capital lease obligations - Less current portion	151,625	149,800
Total noncurrent liabilities	3,897,344	3,894,906
Total liabilities	\$ 11,924,777	\$ 11,808,355
Net position:		
Invested in capital assets	\$ 1,514,972	\$ 1,444,676
Restricted expendables	-	-
Unrestricted	6,258,699	6,348,833
Total net position	\$ 7,773,671	\$ 7,793,509
TOTAL LIABILITIES AND NET POSITION	\$ 19,698,447	\$ 19,601,863

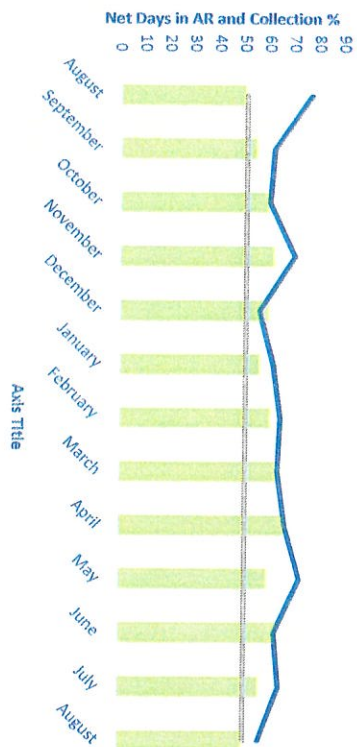
FINANCE DASHBOARD
Ferry County Public Hospital District #1
August 31, 2020

Stats	Year To Date				Current Month			
	Current Total	Target	Prior Year	Current Total	Target	Prior Year	Prior Year	
1 Acute Care Days	193	131	202	25	16	17		
2 Skilled Swing Bed Days	401	305	344	55	38	41		
3 Long Term Swing Bed Days	2133	2932	2930	279	362	365		
4 Observation Hours	1835	1598	1674	222	197	233		
5 Admissions (Acute)	60	51	61	11	6	7		
6 Average Length of Stay (Acute)	2.88	3.00	3.16	2.75	4.00	2.39		
7 Outpatient Visits	6087	6735	6816	942	832	940		
8 ED Visits	1238	1157	1306	175	143	185		
9 Emergency/Admit to Inpatient	4.28%	3.00%	4.36%	5.14%	2.80%	3.78%		
10 Procedures	121	158	114	16	20	20		
11 Clinic Visits	6258	7105	7122	808	877	943		
12 Rehab Treatments	6770	6990	7892	1,226	863	1,044		
13 Imaging Visits	2661	2835	2571	312	350	282		
14 Lab Visits	18240	18375	18681	2,441	2,268	2,403		
Profitability								
14 Revenue Deductions % of Gross Revenue	37%	30%	33%	44%	30%	0%		
15 Salaries % Gross Patient Revenue	31%	45%	29%	32%	45%	30%		
16 Benefits % of Salary Expense	27%	26%	27%	24%	26%	15%		
17 Bad Debt % Gross Patient Revenue	1.05%	1.78%	2.04%	0.06%	1.78%	0.71%		
18 Charity % Gross Patient Revenue	0.42%	1%	0.69%	0.80%	1%	0.37%		
19 Total Salary Expense	\$ 4,452,304	\$ 4,007,386	\$ 3,969,072	\$ 623,974	\$ 500,923	\$ 521,640		

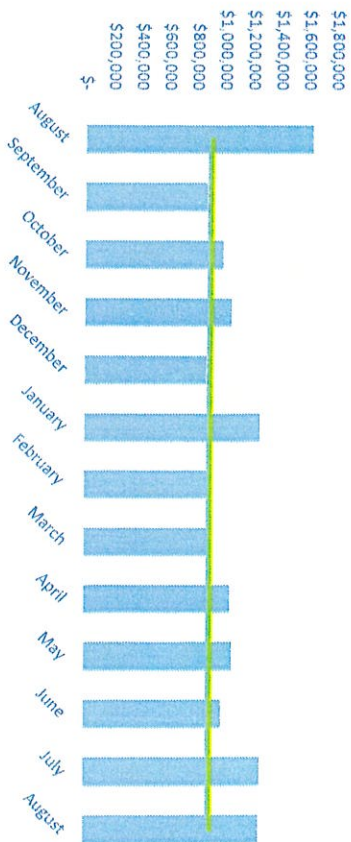
Key
 Meets or exceeds budget/target
 Does not meet budget/target expectations by 5% or less
 Does not meet budget/target expectations by greater than 5%

2020 Revenue Cycle

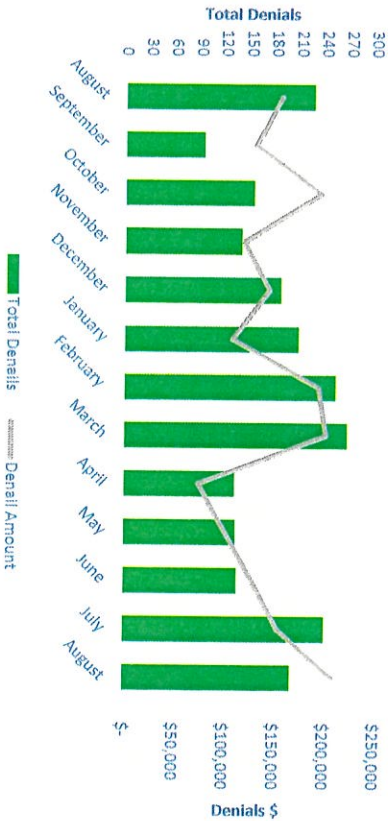
Net Days in Accounts Receivable



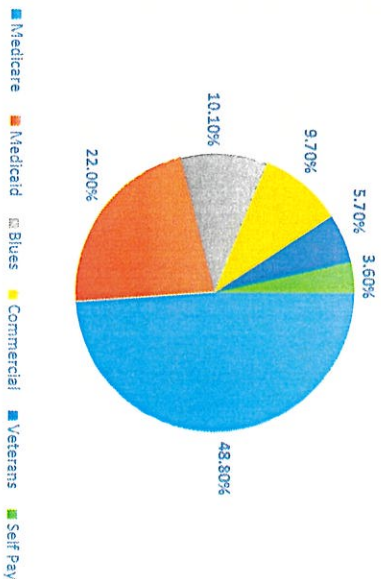
Cash Collections - Patient Accounts



Total Avoidable Denials

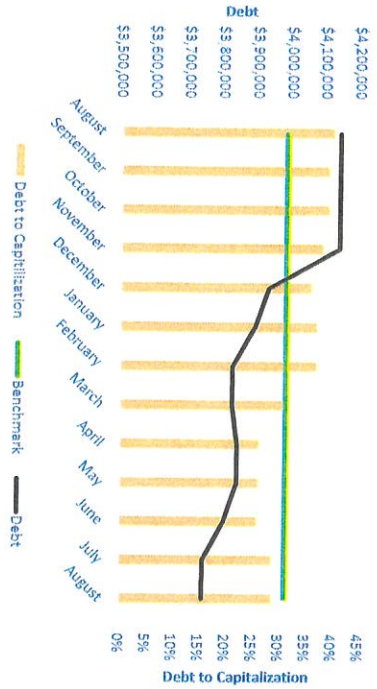


Payer Mix - 13 Month Average

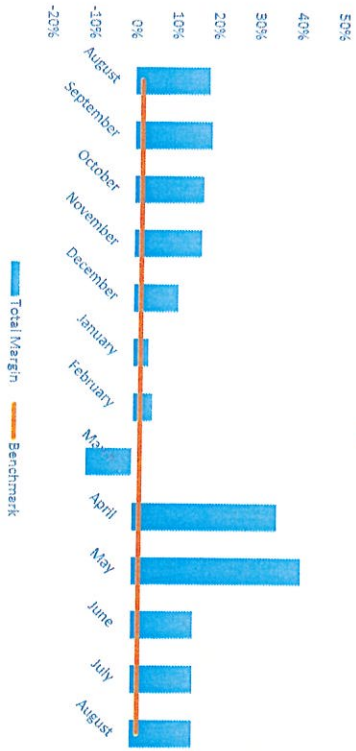


2020 Liquidity

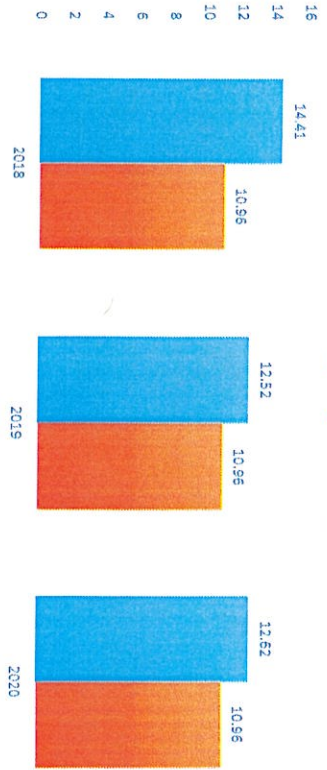
Debt to Capitalization



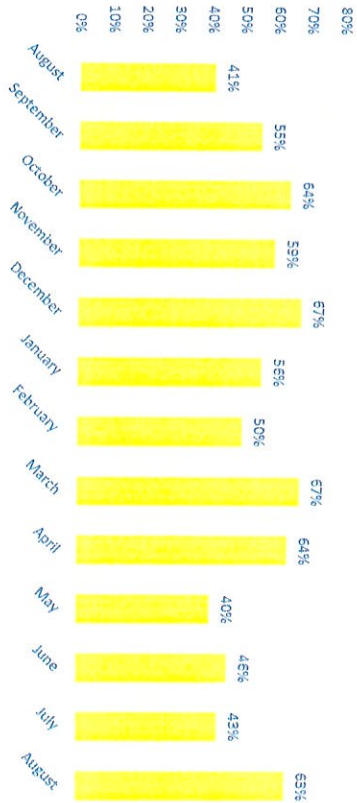
Total Margin



Average Age of Plant

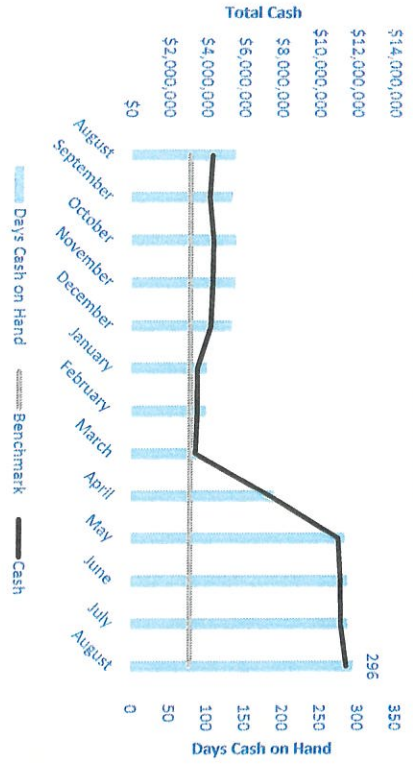


Labor Expense as a % of Operating Revenue

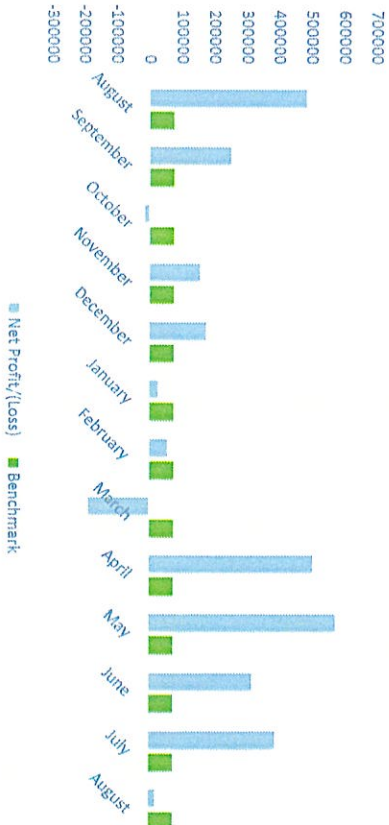


2020 Financial

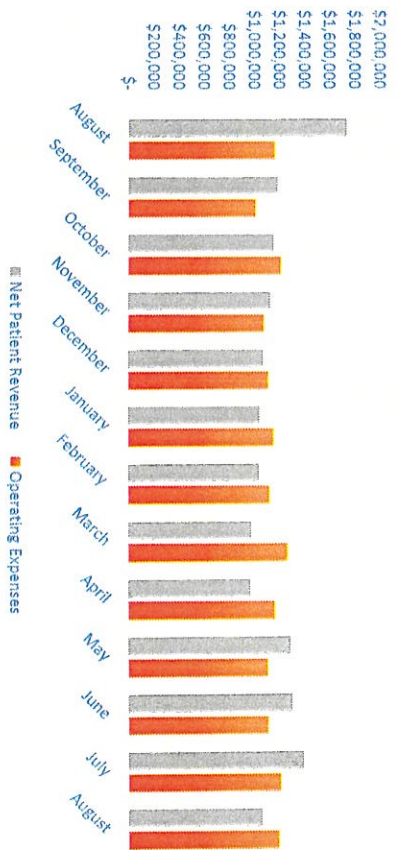
Days Cash on Hand



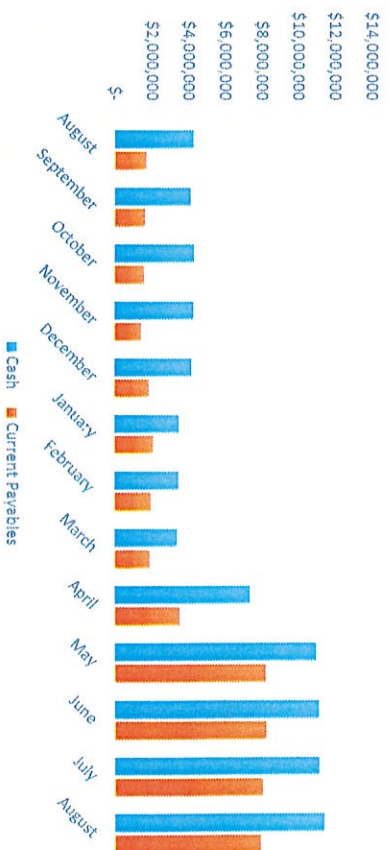
Net Profit/(Loss)



Net Patient Revenue vs Operating Expense



Cash vs Current Payables





TO: Ferry County Health Board of Commissioners
 FROM: Aaron Edwards, CEO
 Subject: CEO Report

MEETING DATE: September 22, 2020

As of September 18, 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"> • Continue to work through clinic manager interviews. • Visit with a 2nd year resident interested in possibly joining the block in 2022 (will do a site visit shortly). • With your approval I would like to join the October NRHA Rural Hospital CEO Certification cohort (8 month training for CEO's on Leadership, Operations, Finance, Clinic with testing on each category...more here = https://www.ruralhospitalceo.com/ceo-certification-program). • Will be doing a podcast for the NRHA's Rural Health Leadership Radio this week. • Visited with two doctors interesting in possibly joining our clinic team.
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"> • NRHA Annual meeting begin this week. • WSHA Annual meeting began last with the story of the USS Benfold's captain and how he turned one of the lowest performing ships in the fleet around. • Continue with weekly COVID meetings to talk through what we are seeing, things we need to change, etc. • Working on figuring out replacement of O2 systems. • Lacy will be working on a HUB modification/beautification project (more soon).
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"> • Healthy Ferry County Coalition will be taking on suicide prevention with funding from Better Health Together. • Attended this month's Broadband Action Team – continue to support increasing broadband/cell in our area. • Attend NETCHD/Ferry County EOC COVID update meetings • Attend Statewide Leadership COVID update meetings.
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"> • We continue to have low clinic visit numbers from late August into September • August financials buoyed by CARES money, still not able to return to our debt payoff schedule. • Would like to purchase three tiny homes/small modular homes to avoid future need for rentals. Initially the first purchase would serve as a winter testing station. Need to return SAR's trailer to them at some point (current testing trailer). • Continue to wait on federal direction for what we can do with our CARES funding.
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"> • Purchase of Republic Drug Store on track for early 2021. • Med staff making progress on additional cardiology options.