

We have had an issue with our automatic emergency entry doors that we are trying to resolve. In the evening when we lock them down for security purposes, they are still activated, so if someone hits the button they try to open even though they are latched down. I have an invoice of \$3,240.00 dated June 16, 2015 where we had to replace both inside operators because the seals were blown. Recently, we had an issue where an ambulance driver, not aware of the situation hit the button and blew another seal on one of the new openers. Instead of repeating the same costly mistake we are seeking a solution. – Mike Jager

### **Options for Emergency Entry Doors**

1. Just replace the operator and try and educate employees and hope for the best.  
Cost: \$1,540 (This item will be required regardless of option chosen – the doors will likely continue to break if only this option is selected)
2. 7-day programmable timer installed, every night operators would shut off and automatically re-engage in the morning.  
Cost: 1,751.00 (There would be no auto doors available during these hours – breaking door issue should be solved)
3. Mag Locks with sensor switch and remote button at nurses station.  
Cost 2,875.00 - From the nurse's station if someone needed access at night the nurse could hit a button and unlock and open the doors from the nurse's station.
4. 7-day timer, remote switch, replace operator and mag locks.  
Cost \$4995.00 plus tax (this was negotiated down last week – originally would be options 1-3 combined).  
No auto access from outside unless through nurses station remote button.  
Sensor would allow auto exit and auto relock.  
Nurse could hit a button and unlock and open the doors from the nurse's station. If option 4 not selected now, costs would be higher in the future to choose this option.

FERRY COUNTY PUBLIC HOSPITAL DISTRICT

Commissioner's Report

July 21, 2016

HOSPITAL

Payroll 9007-9012	\$	3,497.55
Payroll Direct Deposit	\$	263,927.05
<b>subtotal</b>	<b>\$</b>	<b>267,424.60</b>
Warrants 48202-48362	\$	546,338.62
Electronic Fund Transfer	\$	12,470.67
<b>Total</b>	<b>\$</b>	<b>826,233.89</b>

KLONDIKE HILLS

DIRECT DEPOSIT	\$	14,791.68
<b>subtotal</b>	<b>\$</b>	<b>14,791.68</b>
2440-2456	\$	12,849.42
<b>Total</b>	<b>\$</b>	<b>27,641.10</b>

## Revenue Cycle/Business Office, presented by Kelly Leslie, CFO

1. **Challenge:** Maintain gross accounts receivable benchmark of 55 days or lower.

**Achievement:** We achieved 55 days or less for the past 12 months with the exception of November 2015 by focusing on aged accounts that are 90 days and older. Overall aged accounts have been reduced by 28%.

Working through Medicare errors such as changing our hospital billing method from an II to I which caused 490 accounts to be denied.

Improved communication logs process between HRG and District which resulted in reduced denials and administrative write offs.

Decreased credit balance days by .52 days to .9 which is less than benchmark.

**Goal:** Current focus is to reduce and maintain DNFB to five (5) day benchmark by working in collaboration with medical staff and coding department. Reduce denials by expediting provider credentialing process with insurances and registration.

2. **Challenge:** ICD-10 implementation.

**Achievement:** District was well trained, tested and prepared for the October 1, 2015 deadline for implementation. There were minimal errors and no significant impact on cash flow. This project was very successful.

**Goal:** Maintain training and proficiency in coding and documentation.

3. **Challenge:** Lost patient charges due to lack of documentation; YTD \$33,000. This is one of the top priorities for the Revenue Integrity Team (RIT).

**Achievement:** HIM department has provided training for all nursing staff and continues to support nursing department.

**Goal:** Chief Nursing Officer (CNO) is developing an action plan to reduced lost charges and will be reporting to RIT Committee in August.

4. **Challenge:** Chart Audit Committee to meet on a monthly basis to review various types of patient charts for meaningful use, coding and registration accuracy, and that orders are completed and billed for compliance.

**Achievement:** Chart Audit Committee updating their audit check list to include clinic visits.

**Goal:** Chart Audit Committee performs chart audits on a regular monthly schedule.

**Other Goals:**

New quality improvement project with regarding verification registration is ongoing.

Complete customer service survey insert by August 1, 2016.










Complete charge master review prior to September 1, 2016.

Implement Rycan with "patient liability estimator" before October 1, 2016.

Implement new patient billing statement before October 1, 2016.

Achieve the "Centriq" go live date of December 5, 2016.

## REVENUE INTEGRITY SCORE CARD

Revenue Cycle Performance	Benchmark	June 2015	June 2016	Variance	
Gross Revenue		1.1M	1.5M	400K	
Cash & Short term investments		1.9M	2M	100K	
Cash on Hand Days		60	62.4	2.4	
Gross AR Days	<b>55</b>	50.25	51.3	1.05	
Discharged Not Final Billed (DNFB)	<b>5</b>	6.49	7.5	1.01	
Credit Balance days	<b>1</b>	1.42	0.9	0.52	
Denial rate	<b>3%</b>	9%	7%	2%	
Clean claims	<b>85%</b>	74%	72%	2%	
<b>Aging</b>					
Medicare Aging > 90 days	<b>5%</b>	8%	6%	2%	
Medicaid Aging > 90 days	<b>20%</b>	26%	9%	17%	
Commercial > 90 days	<b>16%</b>	26%	8%	18%	
Total > 90 days	<b>17%</b>	33%	5%	28%	