Ferry County Health

BOARD OF COMMISSIONERS' MEETING
March 26, 2019, 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

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.

Board Representative Reports
- Finance   Ron Bacon/David Iverson
- Quality Improvement   Sarah Krausse/DiAnne Lundgren
- Compliance/Risk Management   Ron Bacon/Sarah Krausse
- Medical Staff   Dave Iverson/ Nancy Giddings
- Credentialing   David Iverson/DiAnne Lundgren
    1. Request for reappointment of Courtesy Medical Staff privileges by telemedicine proxy for Integra providers: David Keaton, MD & Douglas Murrey, MD
- EMS   Nancy Giddings
- ACH/HFCC   David Iverson

New Business   Nancy Giddings
- Hot Topic
- March of Dimes

Executive Session (if necessary)   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.**

**Special Board Meeting April 4 @ 12:30 p.m. in the RMC Conference Room
Next regularly scheduled meeting is April 23 @ 10:30 a.m. in the HUB Conference Room**

BOARD OF COMMISSIONERS' MEETING
February 26, 2019

CALL TO ORDER: Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:30 a.m. on February 26, 2019, in the HUB Conference Room at Ferry County Health. Commissioners in attendance were Nancy Giddings, Ronald Bacon, David Iverson, DiAnne Lundgren and Sarah Krausse. Aaron Edwards, CEO; Brant Truman, CFO/COO; Cherie Hanning, CNO; 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 Iverson to accept the agenda as written. The motion passed unanimously.

VISITORS: None

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

CORRESPONDENCE: None

PUBLIC COMMENTS: None

QUALITY IMPROVEMENT AND COMPLIANCE/RISK MANAGEMENT: Hanning reviewed the attached report and attachment. The Board reviewed the CAH Program Evaluation. Giddings signed off on it. .

CHIEF NURSING OFFICER: Hanning reviewed the attached report.

CLINIC REPORT: Ehlers reviewed the attached report. Ehlers handed out information on the January walk-in tracking and their new process. She will review the Medicare Wellness form at a later date. This item was under New Business.
Edwards gave kudos to the Ehlers and the Clinic staff for their clinic visits increasing from 760 in January of 2018 to 918 in January of 2019. He also gave kudos to Cherie, Nursing Staff, and the Rehab department for increasing Skilled Swing Beds from 36 in January of 2018 to 58 in January of 2019.

MEDICAL STAFF REPORT: Dr. Garcia noted the following via text:
- Continuing to work towards bringing stress testing.
- We need to make medical transport a priority as it has been a big issue.
- Jim Corbett completed his ALSO training and Jeannette is the last one to complete and we will be up to date on OB coverage.
- Will put an OB protocol together.

- Looking forward to provider/staff reviews to discuss strengths, weaknesses and development.
- Would like to continue discussions on opioid RX.
- Dr. Kerr was impressed with our time to TPA with strokes and STEMIs.

There was a discussion regarding the issues with transports out.

SAFETY REPORT: Starting next month, Truman and occasionally Mike Jager will report on Safety. Aaron will start meeting with our County Commissioners on a monthly basis to check in with them on any issues.

CFO/COO REPORT: Truman reviewed the attached report. He also noted that Dr. Artzis and Dr. Kelley were impressed with our Medical Staff meeting.

Giddings called for a break at 12:04 p.m. Open session continued at 12:35 p.m.

FINANCIAL REPORT: Truman reviewed the January 2019 financials that were handed out.

CEO REPORT: Edwards reviewed the attached report.

OLD BUSINESS:
- Board QI Project: Their Board QI project will the AIDET Training and hope to get their training scheduled very soon.
- Facility Update: Discussed HVAC.
- Health Foundation: Frank Jacobson is now the Board Chair. They are planning a dessert auction at the Doc McConnell Scholarship Talent Show.
- Levy: The Board would like to get an article out about our debt improvements and our plan for moving forward.
- Marketing: The rebranding rollout is going well.
- Employee handbook changes: The Board reviewed the changes.
  A motion was made by Lundgren and seconded by Krausse to approve the revised Employee Handbook changes. The motion passed unanimously.

BOARD REPRESENTATIVE REPORTS:
- Finance: No Board concerns.
- Quality Improvement: No Board concerns
- Compliance/Risk Management: Next meeting is 3/1/19.
- Medical Staff: No Board concerns.
- Credentialing:
  1. A motion was made by Lundgren and seconded by Iverson to approve the appointment of Courtesy Medical Staff privileges by telemedicine proxy for Forefront provider Lateshia Jackson, ARNP. The motion passed unanimously.
  2. A motion was made by Lundgren and seconded by Iverson to approve the appointment of Courtesy Medical Staff privileges for Kal Kelley, MD. The motion passed unanimously.

3. A motion was made by Lundgren and seconded by Iverson to approve the reappointment of Courtesy Medical Staff privileges for William Magee, MD. The motion passed unanimously.
4. A motion was made by Lundgren and seconded by Iverson to approve the appointment of Courtesy Medical Staff privileges for William Hartman, PA-C. The motion passed unanimously.
5. A motion was made by Lundgren and seconded by Iverson to approve the reappointment of Mid-Level Medical Staff privileges for Jeannette Bauer, ARNP. The motion passed unanimously.
- EMS: The Hospital District will provider Flu shots to the EMS next year.
- ACH/HFCC: Iverson noted they had a zoom meeting and went through the priorities form the survey and came up with 7 to work on.

NEW BUSINESS:
- Hot Topic: None
- Power concern: Discussed a plan for possibly putting a power pole in at the back of the hospital for multiple uses.

EXECUTIVE SESSION: Executive Session was called a 3:20 p.m. for 40 minutes regarding consideration of the minimum offering price for sale or lease of real estate if there's a likelihood that disclosure would decrease the price RCW 42.30.110(1)(c).

Open session resumed at 4:00 p.m. No action taken.

ADJOURNMENT: As there was no further business the meeting was adjourned at 4:00 p.m.

_____   _____
Nancy Giddings, Chair   Date   DiAnne Lundgren, Secretary   Date

_____
Lacy Sharbono, Recording Secretary   Date

Ferry County Health

RESOLUTION 2019 #2

A RESOLUTION OF THE FERRY COUNTY HEALTH BOARD OF COMMISSIONERS, REPUBLIC WASHINGTON, AUTHORIZING THE TEMPORARY TRANSFER OF FUNDS FROM FUNDED DEPRECIATION INVESTMENT FUND TO GENERAL OPERATING FUND.

WHEREAS, it was necessary to transfer funds from the Funded Depreciation Investment Fund to the General Operating Fund in order to pay for A/P and Payroll related expenses of $359,722.23 incurred in February 2018.

WHEREAS, the current balance in the General Operating Fund was $147,294.07.

WHEREAS, the current balance in the Funded Depreciation Investment Fund was $326,323.46.

THEREFORE, Ferry County Health Commissioners hereby request the County Treasurer to transfer $250,000 from the Funded Depreciation Investment Fund to the General Operating Fund to cover current expenses.

RESOLVED, this 26th day of March 2019.

APPROVED at a regular meeting of the Commissioners of Ferry County Health, Republic, Washington this 26th day of March 2019.

_____   _____
Nancy Giddings, Chair   Date   Ronald Bacon, Vice Chair   Date

_____   _____
DiAnne Lundgren, Secretary   Date   David Iverson, Commissioner   Date

_____
Sarah Krausse, Commissioner   Date

Ferry County Health

RESOLUTION 2019 #3

A RESOLUTION OF THE FERRY COUNTY HEALTH BOARD OF COMMISSIONERS, REPUBLIC WASHINGTON, AUTHORIZING THE TEMPORARY TRANSFER OF FUNDS FROM HOSPITAL CONSTRUCTION INVESTMENT FUND TO GENERAL OPERATING FUND.

WHEREAS, it was necessary to transfer funds from the Hospital Construction Investment Fund to the General Operating Fund in order to pay for A/P and Payroll related expenses of $399,064.38 incurred in January 2019.

WHEREAS, the current balance in the General Operating Fund was $424,242.04.

WHEREAS, the current balance in the Hospital Construction Investment Fund was $2,278,713.75.

THEREFORE, Ferry County Health Commissioners hereby request the County Treasurer to transfer $150,000 from the Hospital Construction Investment Fund to the General Operating Fund to cover current expenses.

RESOLVED, this 26th day of March 2019.

APPROVED at a regular meeting of the Commissioners of Ferry County Health, Republic, Washington this 26th day of March 2019.

_____   _____
Nancy Giddings, Chair   Date   Ronald Bacon, Vice Chair   Date

_____   _____
DiAnne Lundgren, Secretary   Date   David Iverson, Commissioner   Date

_____
Sarah Krausse, Commissioner   Date

TO: Ferry County Public Hospital District #1 Board of Commissioners   MEETING DATE: March 26, 2019
FROM: Cherie Hanning, CNO
Subject: Board Report

	As of March 20, 2019

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.
	
	Clinical Staffing Needs:
	  o Current Staffing Needs
	
	     ▪ RNs – Fully Staffed
	     ▪ NACs – Fully Staffed
	     ▪ Unit Coordinator's – Fully Staffed

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.
	
	Quality, Risk, and Compliance Updates:
	
	We continue our work with WSHA on implementing "Partnership for Person and Family Engagement" (PFE).
	  o Patient Family Advisory Council (PFAC)
	       o PFAC attended QIC on 2/27.
	       o QI Project is on patient follow-up process and use of patient portal.
	       o PFAC meeting on 2/14:
	       o Next project is development of patient guidebook. See example below: https://samaritanhealth.com/medical-center/patients/patient-rights/56-patient-guidebook
	
	Informatics/Protocols and Order Sets:
	  o SANE Order Set – Now under review by Med Staff.
	  o Sepsis Order Set – In progress
	  o Endoscopy Order Set and protocol; In collaboration with Dr Kelley – In progress
	  o Revision of CIWA Order Set – **Completed**
	
	Revised Discharge Planning Policy – In progress
	
	Review and revision of Swing Bed process – In progress
	
	Quality Metrics – February 2019 Patient Safety Data Report - See Attachment 1
	
	Qualis Health Medicare Readmissions Report through Q3 2018 - See Attachment 2

2018 Medicaid Quality Incentive (MQI) Report - See Attachment 3

WSHA Patient Safety Comparison Reports - See Attachment 4

WSHA Hospital Trends - See Attachment 5

Attended WSHA Rural Health Seminar on March 7th in Leavenworth. Networked with CAH partners. Topics included:
- o Reducing Falls – post fall huddles and fall preventative measures.
- o Workplace Safety – plan for on-site visit from WSHA to help with resources and review EOC.
- o Antimicrobial Stewardship – Overall reduction in various ABT classes across the State.
- o Patient Family Engagement (PFE) – working on implementation of 5 measures. We are now meeting all of these measures. See WSHA handouts.

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.

Implementation of Pharmacy - Company Name: Medication Review – In Progress
- o New project reviewing and implementing:
  - ▪ Telepharmacy – In Progress
  - ▪ Formulary review - **Completed**
  - ▪ Bar code medication administration – In Progress
  - ▪ Pyxis medication dispensing
    - o Pyxis Go Live – Mid June

Nurse Preceptor Project – Review and revision of new hire orientation.

Employee Health and Infection Prevention Update - See Attachment 6.

LTC Activates – Increased activities with new Volunteers.

New Beds – 2 new acute care beds – In Progress (expected in April/May)

New patient care equipment
- o Respiratory Items
  - ▪ Tracheostomy Equipment
  - ▪ Flutter Valves

Training
- o BLS – April 19.
- o BLS/ACLS/PALS – June 11 & 12th.

- o Completed Training
  - o NAC Class **– Completed.**

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

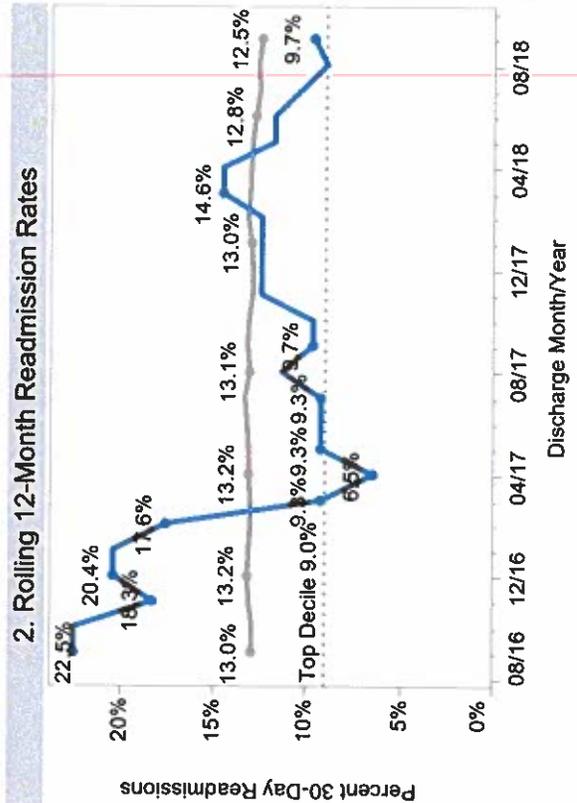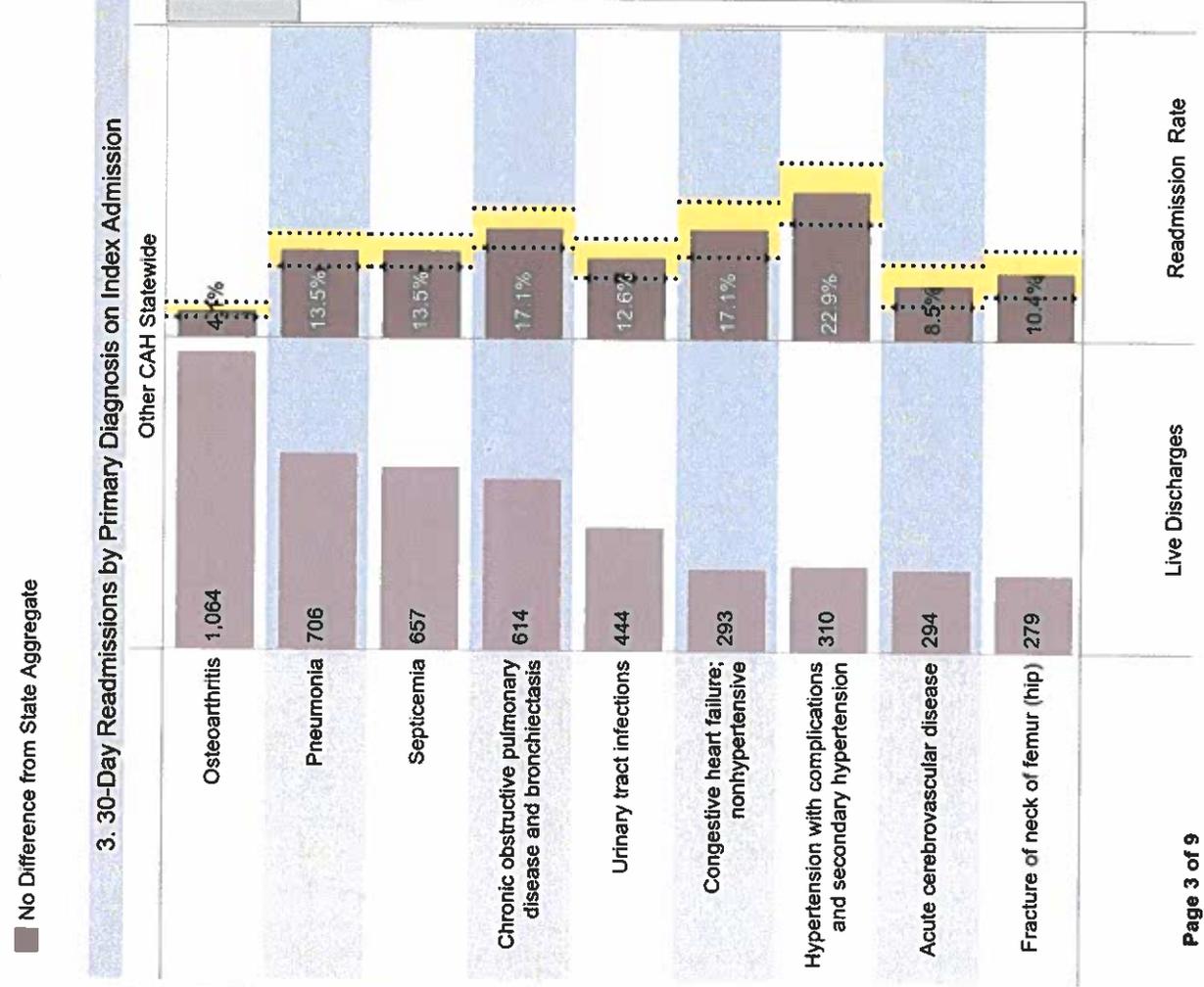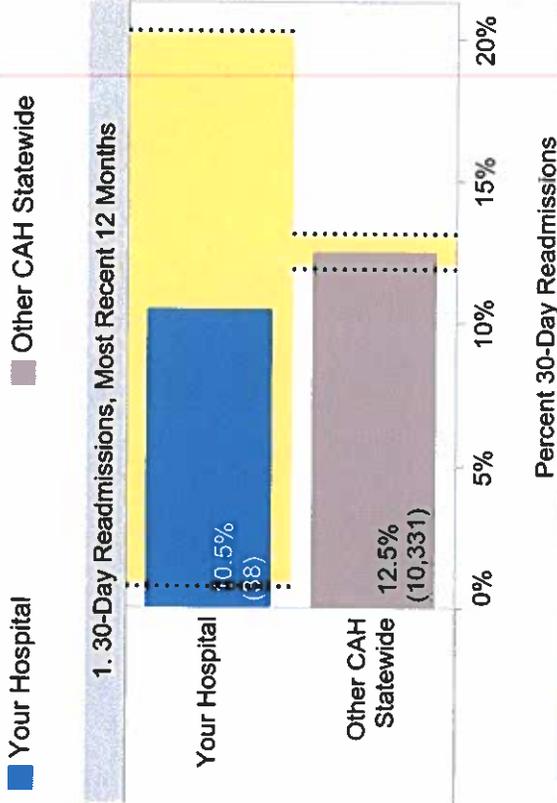|	
	Implementing Policy Medical system o Go-live April 1st.
Growth	To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.

Patient Related
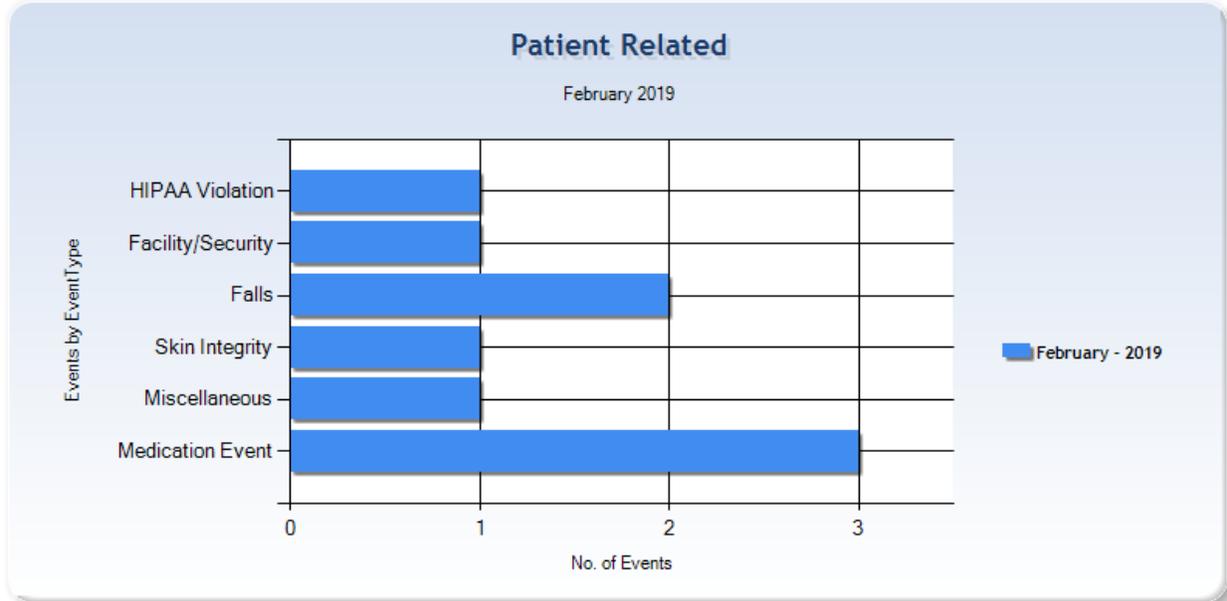
February 2019

Month	Medication Event	Miscellaneous	Skin Integrity	Falls	Facility/Security	HIPAA Violation
February - 2019	3	1	1	2	1	1
Totals	3	1	1	2	1	1

- Patient report: 9 events (above) Medications: 3 (AC/LTC), Falls: 2 (LTC/ALF), Skin Integrity: 1 (LTC), Facility/Security: 1 (SSB), Misc: 1 (ALF), Hipaa.: 1 (Lab)
- Employee report: 2 events. Injury: 1, Near Miss: 1 (AC)
- Complaints/Compliments: 4 (RMC/Guest). Compliments: 1 (RMC) Complaint/Concern: 3 (RMC/WIC) Follow-up calls: ~20 (ED, AC), Sent via email. Others across facility sent in email.
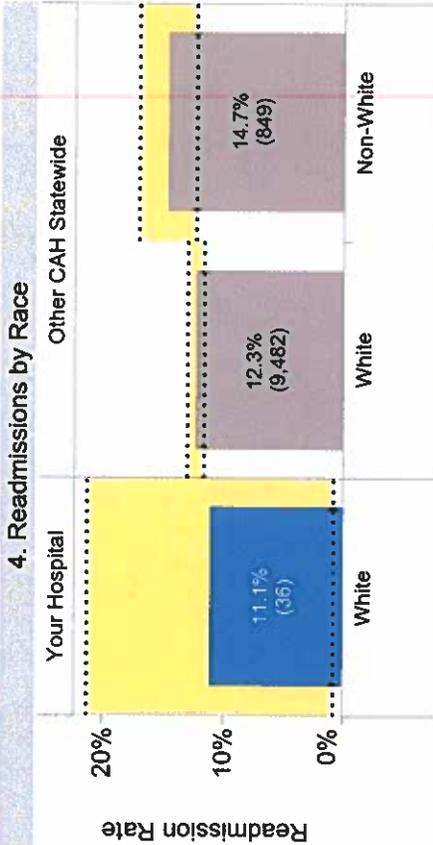
30-Day Readmission as a Percent of Traditional (Fee-For-Service) Medicare Discharges
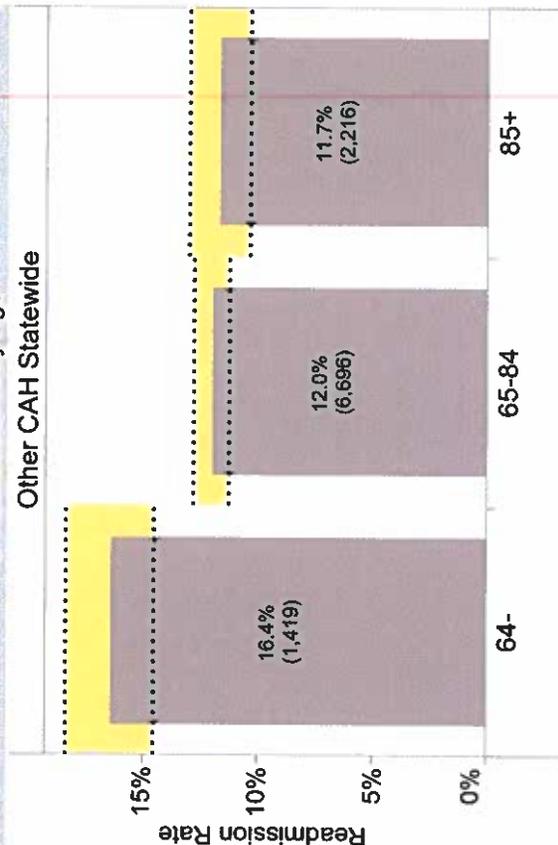
■ Your Hospital   ■ Other CAH Statewide   ■ No Difference from State Aggregate

1. 30-Day Readmissions, Most Recent 12 Months

Your Hospital — 10.5% (38)

Other CAH Statewide — 12.5% (10,331)

Percent 30-Day Readmissions: 0% 5% 10% 15% 20%

2. Rolling 12-Month Readmission Rates

22.5%, 20.4%, 18.3%, 11.6%, 13.2%, 13.0%, 9.0%, 9.3%, 9.3%, 6.5%, 9.7%, 13.1%, 13.2%, 13.0%, 12.8%, 14.6%, 12.5%

Top Decile 9.0%

Discharge Month/Year: 08/16 12/16 04/17 08/17 12/17 04/18 08/18

3. 30-Day Readmissions by Primary Diagnosis on Index Admission

Other CAH Statewide

Diagnosis	Live Discharges	Readmission Rate
Osteoarthritis	1,064	4.1%
Pneumonia	706	13.5%
Septicemia	657	13.5%
Chronic obstructive pulmonary disease and bronchiectasis	614	17.1%
Urinary tract infections	444	12.6%
Congestive heart failure; nonhypertensive	293	17.1%
Hypertension with complications and secondary hypertension	310	22.9%
Acute cerebrovascular disease	294	8.5%
Fracture of neck of femur (hip)	279	10.4%

Note: Counts and denominators less than 11 are not displayed

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Is Your Hospital Contributing to Equity in Care Outcomes?

Quality Improvement
Organizations

QUALIS
HEALTH.

■ Other CAH Statewide

4. Readmissions by Race

Other CAH Statewide

Your Hospital

	White	White	Non-White
	11.1% (36)	12.3% (9,482)	14.7% (849)

Readmission Rate (20%, 10%, 0%)

5. Readmissions by Age

Other CAH Statewide

64-	65-84	85+
16.4% (1,419)	12.0% (6,696)	11.7% (2,216)

Readmission Rate (15%, 10%, 5%, 0%)

6. Readmissions by Coverage Status

Other CAH Statewide

Medicare Only	Medicare/Medicaid Dual Enrolled
11.4% (7,701)	15.8% (2,630)

Readmission Rate (15%, 10%, 5%, 0%)

7. Readmissions by Rurality

Other CAH Statewide

Your Hospital

Isolated Rural Area	Isolated Rural Area	Large Rural Town	Suburban	Urban
10.8% (37)	11.9% (4,596)	12.9% (2,360)	15.4% (655)	12.6% (2,716)

Readmission Rate (20%, 15%, 10%, 5%, 0%)

Note: Counts and denominators less than 11 are not displayed

Quality Improvement Organizations

QUALIS HEALTH.

Where are Patients Going and to Which Hospitals are They Coming Back?

■ Other CAH Statewide   ■ Other Hospital

8. Percentage of Discharges by Discharge Disposition

Home	HHA	SNF	Hospice	Other Settings (Including Rehab & Psych)
62.1% (6,368)	7.3% (750)	26.6% (2,730)	3.1% (314)	1.0% (100)
Other CAH Statewide	Other CAH Statewide	Other CAH Statewide	Other CAH Statewide	Other CAH Statewide

% of All Discharges — 60%, 40%, 20%, 0%
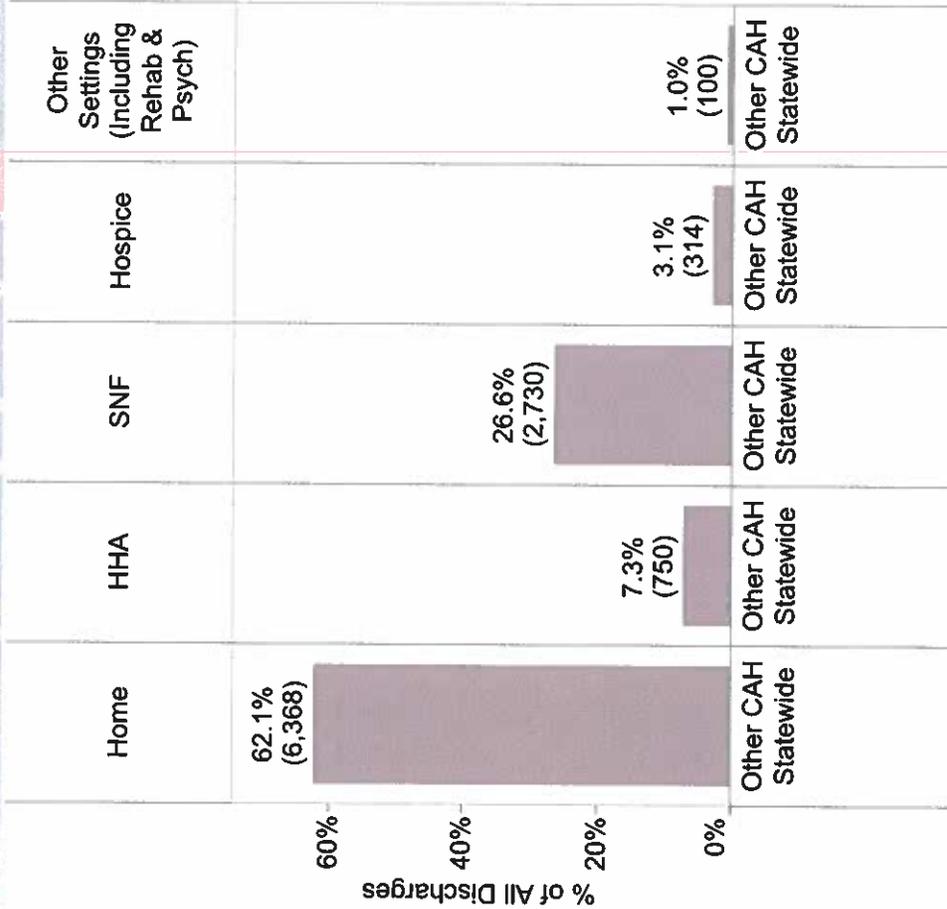
9. Count of Encounters by Which Hospital They Return

# of Readmissions

- 2016: 6
- 2017: 5
- 2018: 2
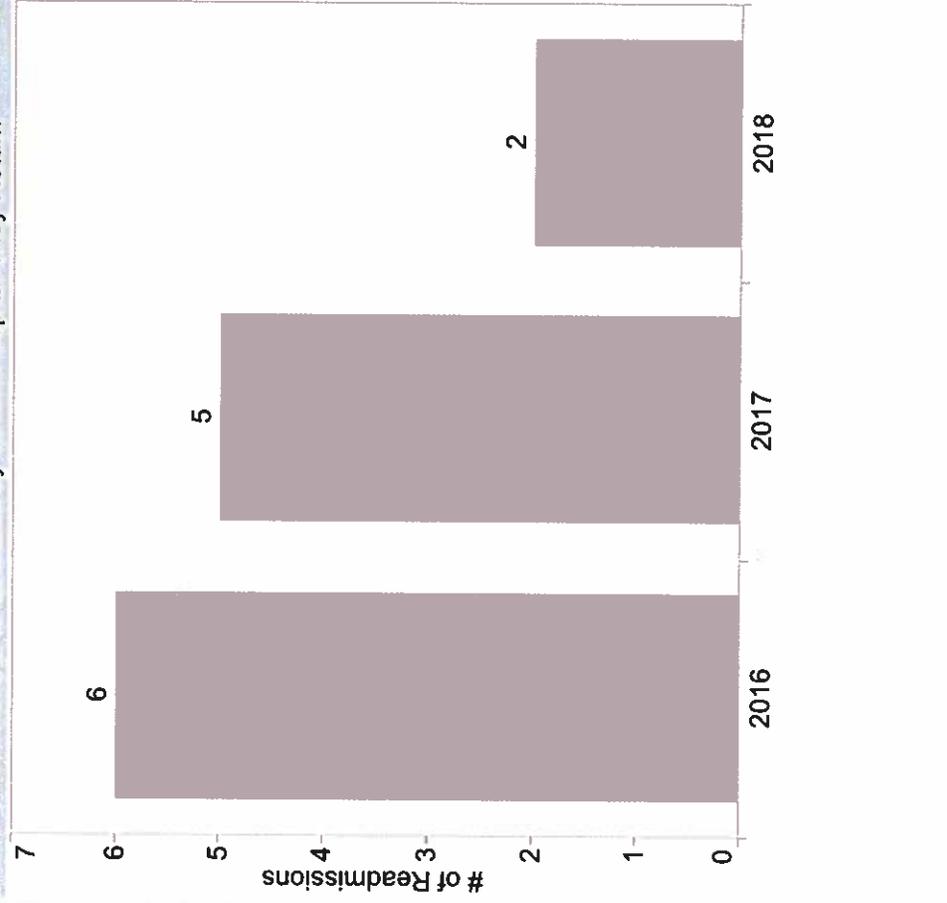
Note: Counts and denominators less than 11 are not displayed. The first and last year displayed above are partial years data (2015 Q4 & 2018 Q1-Q3)

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Percent 30-Day Readmissions by Discharge Disposition

Note: Counts and denominators less than 11 are not displayed.

Quality Improvement
Organizations

QUALIS
HEALTH.
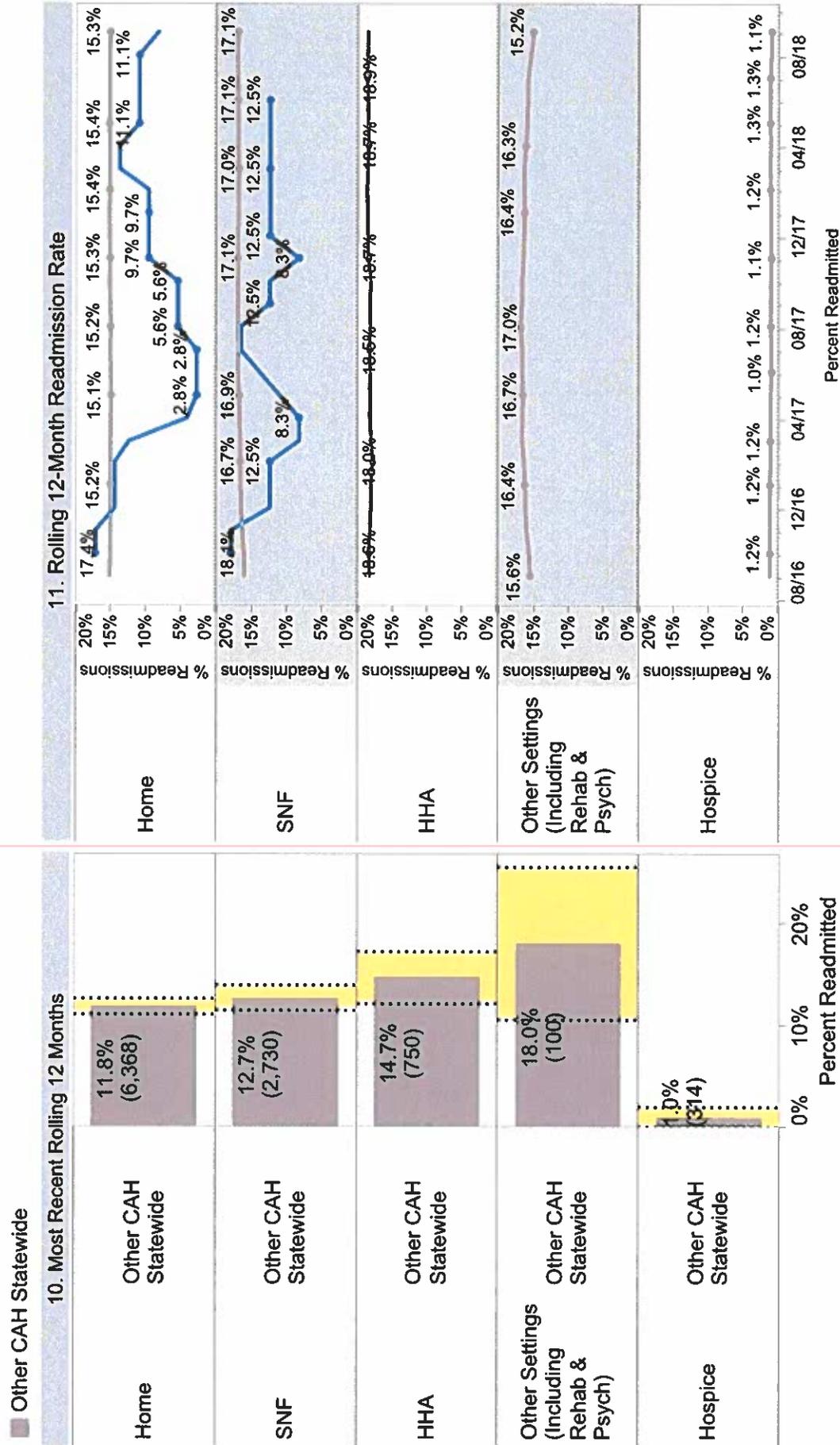
Hospital Ranking by Percent 30-Day Readmissions by Discharge Disposition (Current Year)

Your Hospital
All Other CAH

12. All Discharges

Median 12%

Percent Readmissions

Hospitals in Your State

13. Discharged to Skilled Nursing Facility (SNF)

Median 13%

Percent Readmissions

Hospitals in Your State

14. Discharged to Home

Median 11%

Hospitals in Your State

15. Discharged to Home Health (HHA)

Median 14%

Hospitals in Your State
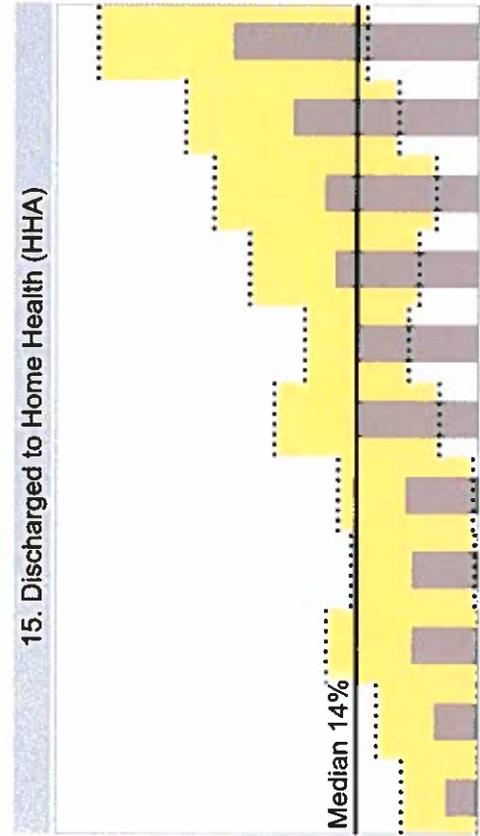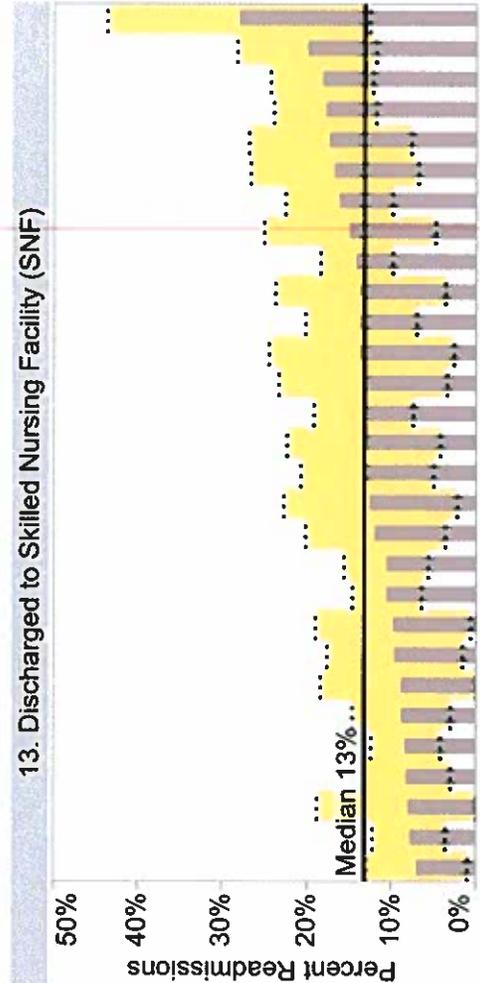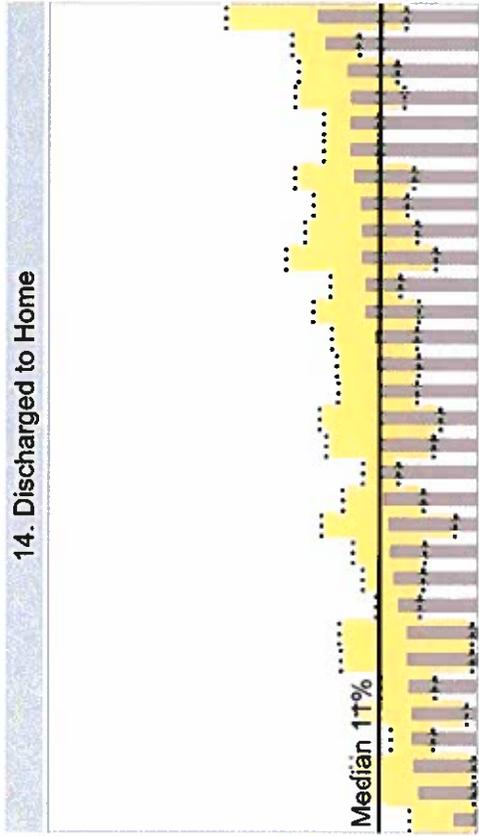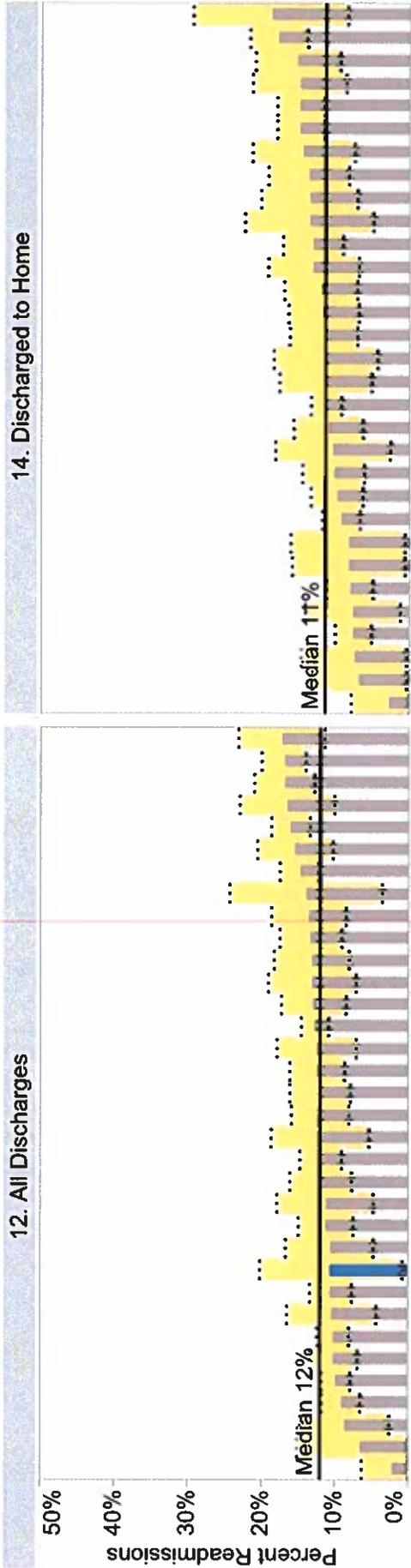
Hospitals with fewer than 11 discharges are not ranked.

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Statewide Data for CAH in Your State (Current Year)

16. Percent of Readmissions by Days Elapsed and Discharge Disposition
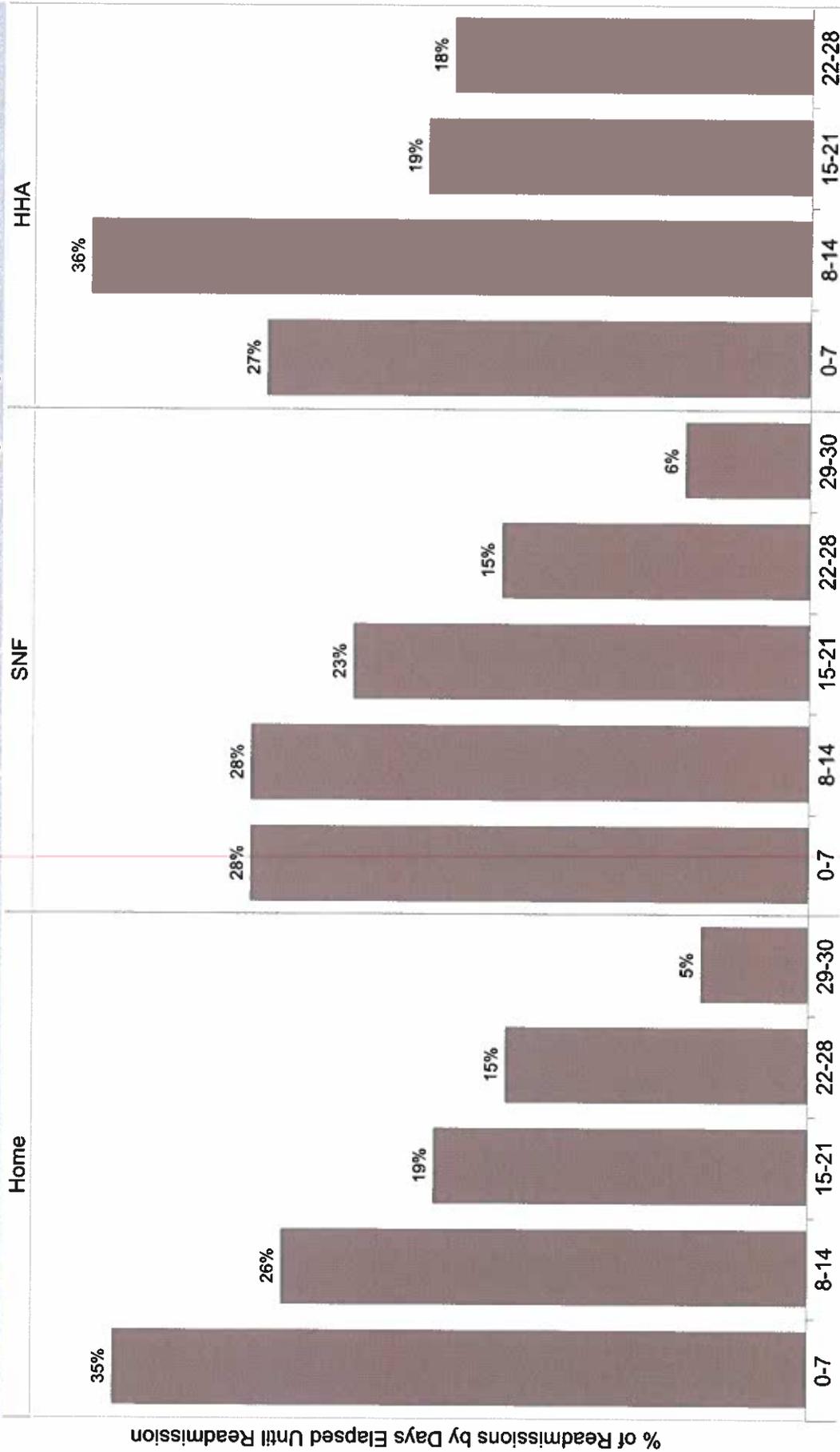
HHA

- 0-7: 27%
- 8-14: 36%
- 15-21: 19%
- 22-28: 18%

SNF

- 0-7: 28%
- 8-14: 28%
- 15-21: 23%
- 22-28: 15%
- 29-30: 6%

Home

- 0-7: 35%
- 8-14: 26%
- 15-21: 19%
- 22-28: 15%
- 29-30: 5%

% of Readmissions by Days Elapsed Until Readmission

Note: Counts and denominators less than 11 are not displayed.

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Washington State Hospital Association

Ferry County Memorial Hospital

Data as of 2019-03-13

	2018 Medicaid Quality Incentive Program				
Measures	**Performance Period**	**Numerator**	**Denominator**	**Rate / Percentage**	**Points Awarded**
Antimicrobial Stewardship: Both Tiers	JUL2018 - DEC2018			Basic: 88% / Intermediate: 100%	0
CDI per 10,000 patient days	JUL2018 - DEC2018	0	336	0	10
ER is for Emergencies	JUL2018 - DEC2018	0	28	0%	0
Falls with Injury	JUL2018 - DEC2018	0	327	0	10
Pressure Ulcer	JUL2018 - DEC2018	0	13	0	10
Workforce Safety	JUL2018 - DEC2018	2	96,303	4.15	5
Average Points Awarded: 6					
Critical access hospitals are not eligible for the financial incentive, however, we appreciate your efforts in this important quality improvement work.					

Notes:

- It is the hospital's responsibility to validate which measures are applicable. If changes are needed, please contact WSHA Decision Support (DecisionSupport@WSHA.org).

- The average points awarded is the total points divided by the number of eligible measures. The result is rounded to the nearest integer.

- If data were omitted over the performance period, data are considered incomplete and no points are awarded.
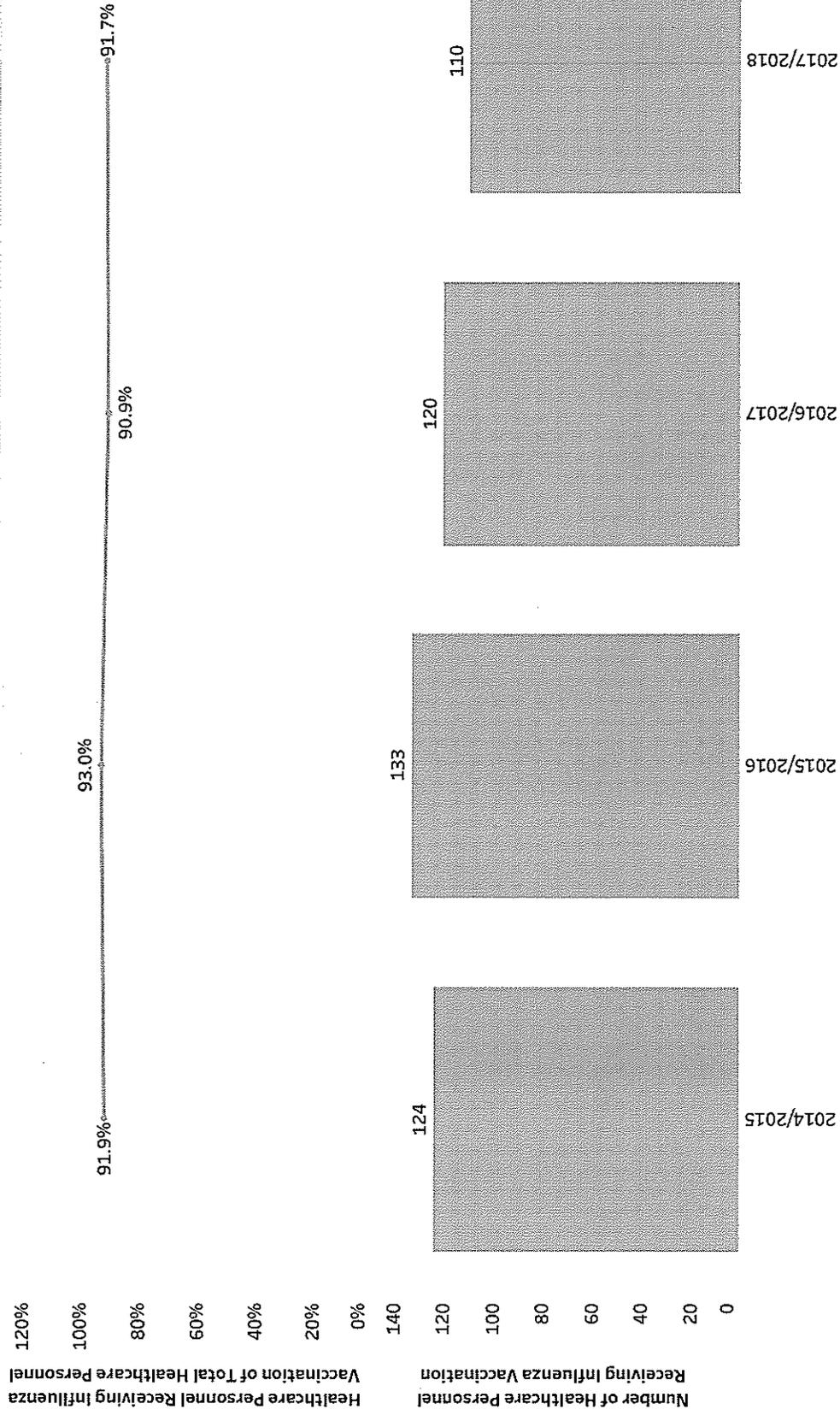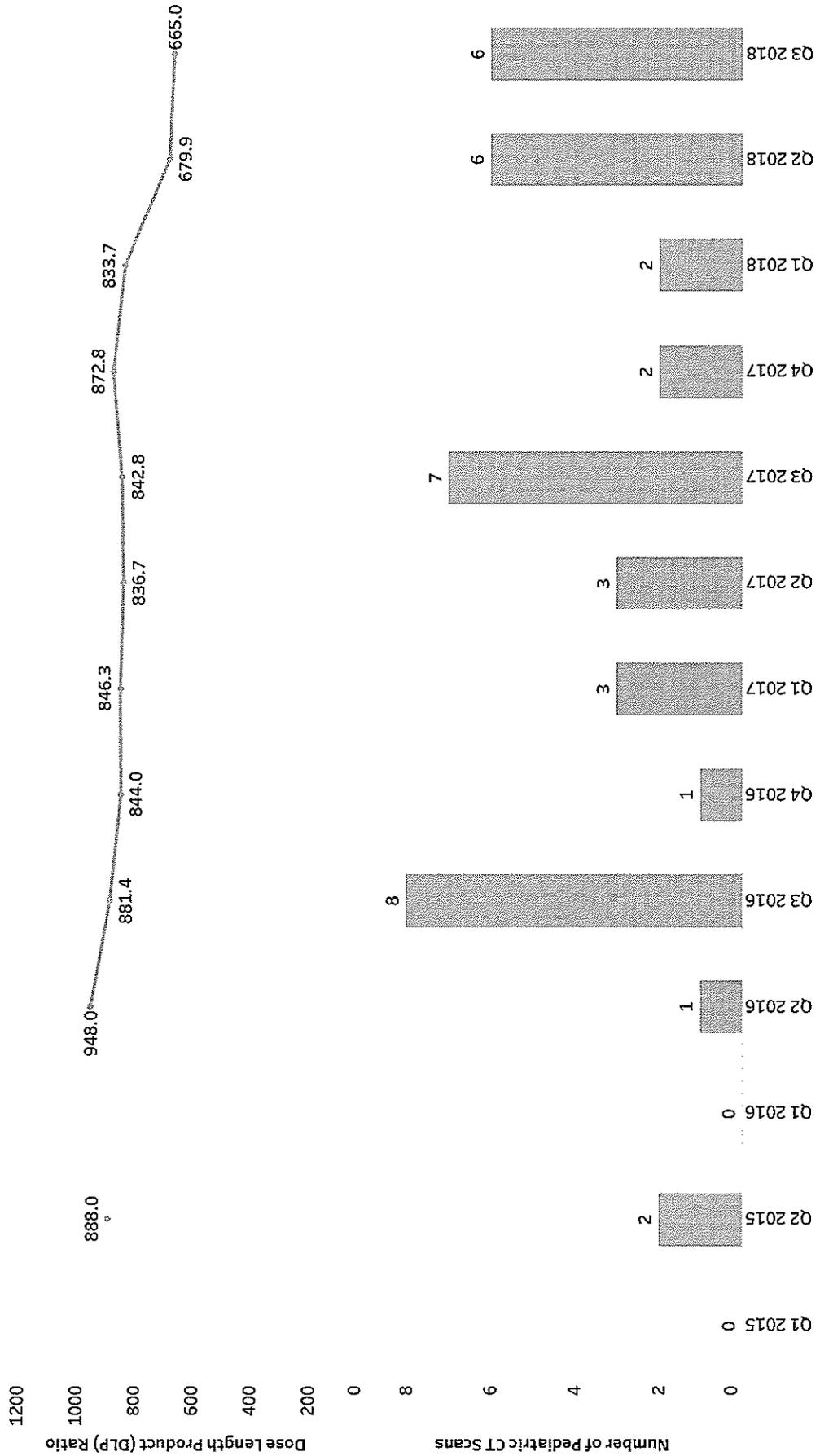
Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

Ferry County Memorial Hospital
Patient Safety Trend Report - February 2019

Influenza Immunization of Healthcare Personnel

Healthcare Personnel Receiving Influenza Vaccination of Total Healthcare Personnel

- 91.9%
- 93.0%
- 90.9%
- 91.7%

(y-axis: 0%, 20%, 40%, 60%, 80%, 100%, 120%)

Number of Healthcare Personnel Receiving Influenza Vaccination

2014/2015	2015/2016	2016/2017	2017/2018
124	133	120	110

(y-axis: 0, 20, 40, 60, 80, 100, 120, 140)

Definition: Healthcare Personnel receiving influenza vaccine out of those who are physically present in the Healthcare facility for at least one working day between October 1st and March 31st of the following year (Excludes total number of Healthcare Personnel with contraindication).
Data Source: CDC NHSN.

Washington State Hospital Association - for questions or support in improving results, please contact Patient@wsha.org.
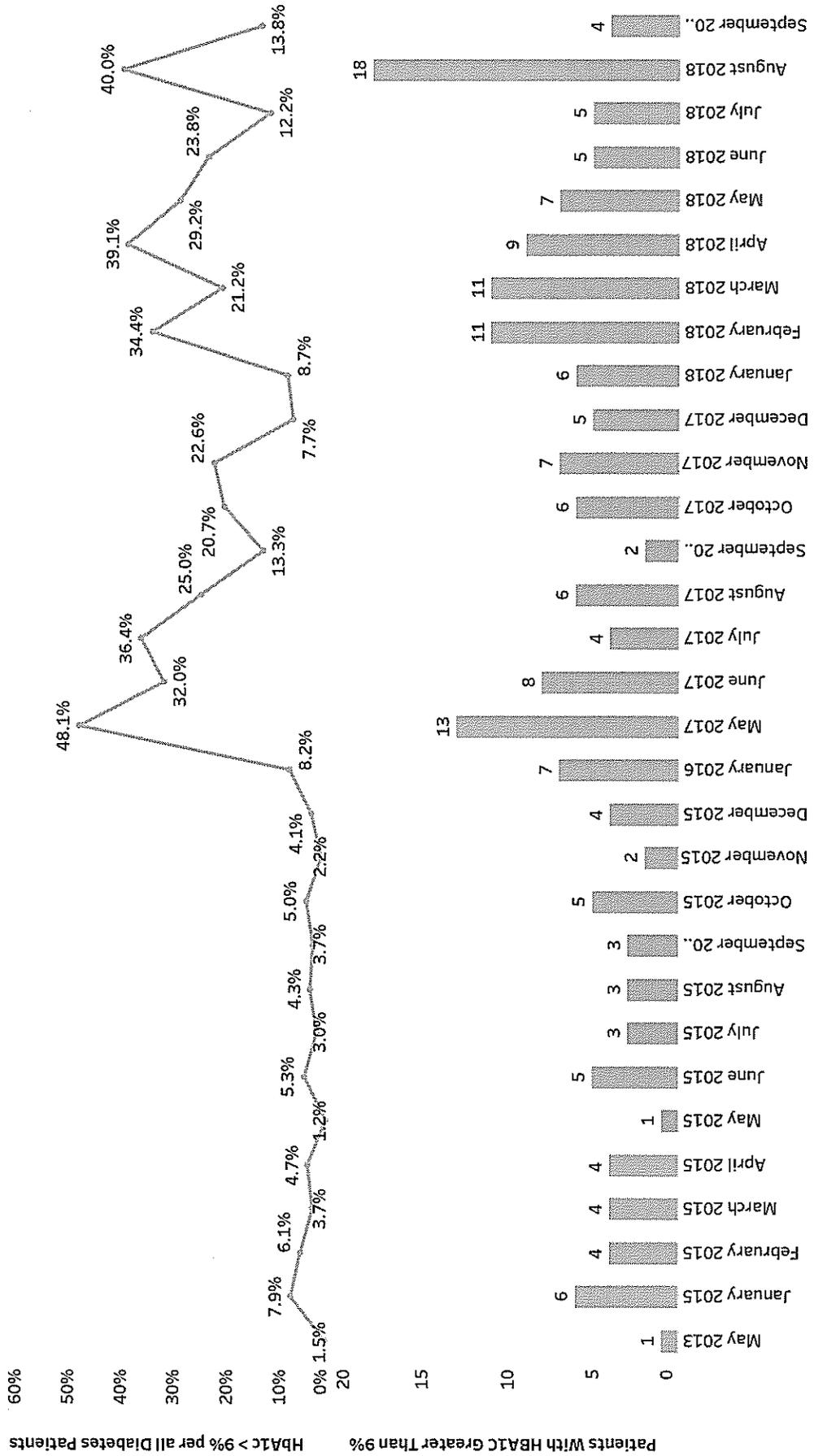
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ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

Ferry County Memorial Hospital
Patient Safety Trend Report - February 2019

Undue Exposure to Radiation: Radiology Dosage Per Pediatric Head CT

Dose Length Product (DLP) Ratio

888.0
948.0
881.4
844.0
846.3
836.7
842.8
872.8
833.7
679.9
665.0

Number of Pediatric CT Scans

Quarter	Number
Q1 2015	0
Q2 2015	2
Q1 2016	0
Q2 2016	1
Q3 2016	8
Q4 2016	1
Q1 2017	3
Q2 2017	3
Q3 2017	7
Q4 2017	2
Q1 2018	2
Q2 2018	6
Q3 2018	6

Definition: Total dose length product (DLP) for all head CTs divided by number of head CTs for pediatric patients.
Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS).

Washington State Hospital Association - for questions or support in improving results, please contact Patient@wsha.org.

Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

Ferry County Memorial Hospital
Patient Safety Trend Report - February 2019

Population Health: Diabetic Care (Critical Access Hospitals Only)

HBA1C > 9% per all Diabetes Patients

Data points (left chart):
1.5%, 7.9%, 6.1%, 3.7%, 4.7%, 1.2%, 5.3%, 3.0%, 4.3%, 3.7%, 5.0%, 2.2%, 4.1%, 8.2%, 48.1%, 32.0%, 36.4%, 25.0%, 20.7%, 22.6%, 13.3%, 34.4%, 39.1%, 21.2%, 29.2%, 23.8%, 8.7%, 7.7%, 40.0%, 12.2%, 13.8%

Axis: 60%, 50%, 40%, 30%, 20%, 10%, 0%

Patients With HBA1C Greater Than 9%

Month	Value
May 2013	1
January 2015	6
February 2015	4
March 2015	4
April 2015	4
May 2015	1
June 2015	5
July 2015	3
August 2015	3
September 20...	3
October 2015	5
November 2015	2
December 2015	4
January 2016	7
May 2017	13
June 2017	8
July 2017	4
August 2017	6
September 20...	2
October 2017	6
November 2017	7
December 2017	5
January 2018	6
February 2018	11
March 2018	11
April 2018	9
May 2018	7
June 2018	5
July 2018	5
August 2018	18
September 20...	4

Axis: 20, 15, 10, 5, 0

Definition: Number of patients with HbA1c levels > 9% per all diabetes patients.
Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS).

Washington State Hospital Association - for questions or support in improving results, please contact Patient@wsha.org.

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Dear Board,

Since taking the over infection control in late January, I have start work on my making the infection prevention and employee health up to state standards: I have gone down once to Coulee Medical Center and met with their Infection Control and Employee Health nurse to understand this position a little better and how she ran her department . I learned a lot about how to build a better program for us here at FCH and look forward to going back and sitting with her again (not everything was answered in one day).

With the suggestion from the IP and EH from CMC, I have started with WSDOH Investigation and Inspection office, Assessing Hospital Compliance with WAC 246.320.176 Infection Prevention and Control Program a 55 page document on all the things a that are needed in a IP program. I have been working on implementing elements of this survey.

- I have started a spreadsheet for our micro surveillance that incorporates the needs for IP (surveillance of epidemiological important organisms, and targeted HAI) and ASP, and have taken over the review of culture and monitoring of correct usage of antibiotic treatment for ASP.
- I have started a spreadsheet for all call-ins from the employee health line/ absentee reports, to track patterns of illnesses for early detection of possible infectious illness.
- I have read through IP/EH policies that are in place and hopefully will start the process of updating them to CDC and DOH recommendation (this will be a slow process due to the fact that each will have to be researched for adherence to the CDC and DOH recommendations) The first policy I am working on is the MRSA/MRDO policy #22.01.0161 (per Cherie request). During researching this policy I have stumbled on a required annual risk assessment to be done before these policies can be updated. I will be receiving assistance from a Dorothy MacEachern IP Epidemiologist on performing the ICAR assessment. This will be scheduled when she returns from vacation.
- I have updated the procedure for education on and Handwashing and the donning and doffing of PPE to have a signed skills check off and will be Auditing staff as recommended by the before mentioned compliance recommendation.

- I have also gained access to the NHSN website for reporting HAI and after watching the you tube from the CDC on proper reporting procedures, I will be receiving a free one on one training from a Larissa Lewis, RN, BSN, CIC Nurse Consultant, Healthcare-Associated Infections & Antimicrobial Resistance here on April 9th.

- I am working on a QI project to increase compliance of appropriate use of isolation and compliance when isolation has been put in place compliance with donning and doffing

- I have also been working on making sure all employee vaccination records are on file and working with Cherie on how to have staff completely immunized.

- I have also completed the Safe Patient Handling hazard assessment and will be scheduling a meeting to review this information.

- I have also met with the clinic manager and the manager of the ALF on how to I further assist them with IP/EH and Safe Patient Handling needs.   I will set-up a hand washing monitoring system similar to the one up here in the hospital for the clinic, possibly something similar for the ALF. Both Clinic and ALF manager expressed they will encourage staff to use the employee illness line.

TO: Ferry County Public Hospital District #1 Board of Commissioners   MEETING DATE: March 26, 2019
FROM: JoAnn Ehlers, Clinic Manager
Subject: Clinic

As of March 19, 2019

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.

- Happy and Sad (for us) news… Jane in the front office has welcomed a baby girl to her home and will not be returning to us.
- Joy Culp, our PRN, has been hired to replace Jane. Joy is doing a great job.
- We have opened a PRN position and need this filled as soon as possible. I will be asking this person to fill in for Kandee in Referrals as well as the Front office. I have staff with planned days out coming up.
- We continue to "break in" the new nursing staff and things seem to be working out well.
- We had a great Clinic Nurse Meeting and discussed how we can introduce our new staff as part of the patient care teams so that patients won't be upset if they hear from a new person rather than the one they are used to.   Cindy, Pearl, and William have been great at teaming up to help the Provider nursing staff.

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.

- Jeanette, the lead in the front office has been working with James in IT to do the best we can with our phone system per the suggestions of the PFAC committee.   We are still trying to determine if we can offer a "hold" or "leave a message" option. We are moving some calls straight to our Message Nurse (HUB) and our Medications Nurse voice mails per the options available to the caller.
- Pearl is meeting with each Provider/Nurse team to discuss how they process their refill requests. I have asked that each Nurse still go through the piles of requests their provider gets and pass refills to Pearl. (There are some refills that will get held back for specific reasons.)
- One provider has started to use the E-Prescribe system electronically for patients that have had to come to the Clinic each month to pick up a paper copy of their prescription. This had some glitches which we jumped right on and with the help of the provider team, it should all calm down. As more providers use this system there should be less runaround for the patient.
- I am continuing to track the walk-ins timewise.   There are some definite times coming up as the main times though we can never expect that this won't change – wondering if the time change will move things a bit??
- Have a new walk-in experiment to try out. I call it Experiment #1001.   A couple of us met with Dr. Garcia on the 18th and he has given this his blessing.
- We did get our new phones and they are in use. I have not heard of any problems with connectivity.

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.

- We had our first Forefront Telehealth patient into the Clinic to see a provider and the end

result was a very happy patient.   This is exciting.

- I have noted some very great "over and above" care given by several staff members district-wide.
- I feel that the number of complaints that I was receiving has gone down a bit. When I have had a complaint, I have been able to work with the person(s) involved to resolve it to the satisfaction of the patient(s).   I really appreciate how hard everyone is working on this; it really is a team effort each time.

Financial

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

- Dr. Brauer and I will be working together with providers to bring the Clinic volume up a bit in terms of how many patients we can see each day.
- I continue to see an improvement in filling our provider schedules over all.
- We have started billing the facility fee for the telehealth visits.
- Dr. Kelley has given us a schedule to get the Endoscopy Program going. We have approximately 12 patients we will be scheduling soon.

Growth

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

- Clinic Events: We are starting early on Flu Shot and Sport Physical Events for this year: I have made a task list for each and will be getting prices on the things that I hope to order as hand-outs. I will bring these to the Clinic staff to get teams working on these with me.
- Referrals: Kandee has drafted two new policies regarding Referrals and Prior Authorizations. She has also developed three versions of focused, larger print letters to go out to patients regarding specific types of referrals. Our goal is to bring the patient in on helping us get the referral appointments made; for instance, by contacting us if they do not hear from specialists.
- Our Medically Assisted Treatment (MAT) Program has 10 regular patients.   Cindy is doing a great job of keeping this program alive and functioning.
- Brant is building us a Patient Panel report which will make all the work we have done so far good practice and get this project up and running faster.
- Medicare Wellness Exams: I hope to bring in a test patient or two and see how it goes.
- Chronic Care Management: Cindy and I hope to visit Omak to see how their program runs in person.   Once we do that I think we are ready to start a test patient also.
- I am in contact with the "DSHS Mobile Unit" to try to bring them to Republic on a regular basis.   They may still be Mobile but without the bus, either way I will take them in!!
- Also trying to get a Medicaid Dental Bus into our area.   Those with Medicaid have to travel pretty far to get care.   I did give a contact for a Dental Bus available for the local schools to the schools this week.
- Our Front Office has reported a lot of new patients. We had 8 in one day.   We are not sure what is bringing these in but we are sure happy to welcome each one!
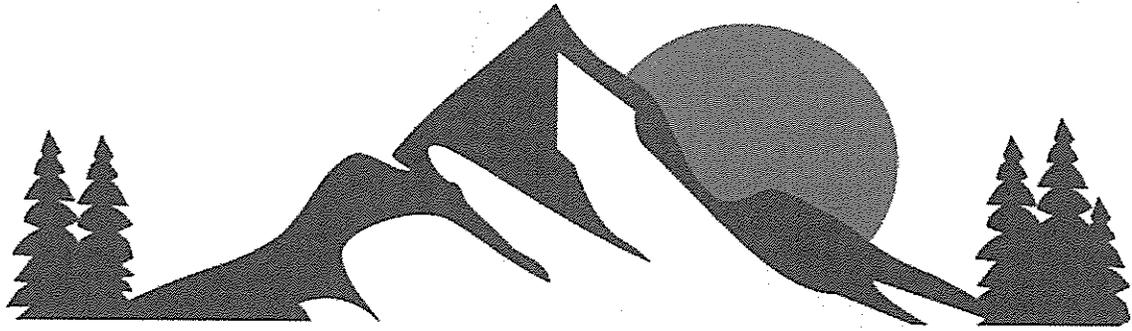
TO: Ferry County Public Hospital District #1 Board of Commissioners   MEETING DATE: March 26, 2019
FROM: Brant Truman
Subject: COO/CFO Report

As of March 21, 2019	
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.
	• Change in Rehab services and attempting to avoid back filling positions. • Completed excel classes with many participants.
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.
	• New signs etc. coming shortly. • HVAC review of current status. • NRC surveying to start shortly will provide benchmark data in real time. • Working on improved stats process for the district.
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.
	• Registration process and procedures lined out with clear expectations. • Ultrasound here with already great results. • Excited about Endoscopy. • Continue to improve financial management by working thru a "shadow" system as a duplicate indicator. • New Cost Report/Accounting Consultants working well.
Financial	To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.
	• Continuing to review accelerated depreciation on the Clinic/ALF. • Highest average daily revenue over the past 13 months. • Paid additional $100k towards debt principal year to date. • EHR incentive payment expected shortly. • Cash collections from operations over $1 million in February. • AR days at 52 days. • Working on RHC Reconciliation for 2014 thru 2017. • 2016 and 2017 SAO audit to finish shortly.
Growth	To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.
	• Wound care starting shortly. • Other opportunities are presenting themselves.

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 February 28, 2019

	January	February	YTD
Operating revenue:			
Patient service revenue - (Net contractual allowa $	997,254 $	1,186,828 $	2,184,082
Gross patient service revenue	1,659,886	1,468,812	3,128,698
Contractual allowances and provisions for			
uncollectible accounts	(692,394)	(343,530)	(1,035,923)
Bad debt expense	(29,762)	(61,546)	(91,308)
Other operating revenue	70,584	61,152	131,736
Total operating revenue	1,038,076	1,186,434	2,224,510
Operating expenses:			
Salaries and wages	478,210	456,840	935,050
Employee benefits	114,667	126,124	240,792
Professional fees	116,367	112,051	228,418
Supplies	55,057	105,856	160,913
Purchased services - Utilities	25,727	28,155	53,882
Purchased services - Other	88,690	58,412	147,102
Insurance	7,161	6,396	13,557
Other	35,246	24,635	59,881
Rent	10,708	10,708	21,417
Depreciation	48,664	48,696	97,360
Total operating expenses	980,499	977,873	1,958,372
Gain (loss) from operations	57,578	208,561	266,138
Nonoperating revenues (expenses):			
Property taxes	22,300	23,898	46,198
Interest earnings	5,590	5,405	10,995
Interest expense	(18,528)	(19,032)	(37,559)
Grants and donations	265	14,053	14,318
Other	16,392	16,493	32,885
Total nonoperating revenues (expenses) - Net	26,019	40,818	66,837
Increase (decrease) in net position $	83,596 $	249,379 $	332,975

⸍ Public Hospital District No. 1

⸍ as

⸝ ⸜ounty Memorial Hospital

Hospital Income Statement
Year to Date February 28, 2019

	January	February	YTD
Operating revenue:			
Gross patient service revenue	1,600,884	1,419,352	6,218,993
Contractual allowances and provisions for uncollectible account	(692,394)	(343,530)	(1,035,923)
Patient service revenue - (Net contractual allowances)	$ 938,252 $	1,137,368 $	1,984,313
Bad debt expense	(29,762)	(61,546)	(91,308)
Other operating revenue	70,570	61,152	131,723
Total operating revenue	979,061	1,136,975	2,024,728
Operating expenses:			
Salaries and wages	435,626	431,061	866,687
Employee benefits	111,584	107,733	219,317
Professional fees	116,367	112,051	228,418
Supplies	52,971	104,492	157,463
Purchased services - Utilities	24,558	27,081	51,639
Purchased services - Other	81,790	52,021	133,811
Insurance	7,161	6,396	13,557
Other	35,127	24,550	59,677
Rent	-	-	-
Depreciation	48,664	48,696	97,360
Total operating expenses	913,848	914,083	1,827,930
Gain (loss) from operations	65,213	222,892	196,797
Nonoperating revenues (expenses):			
Property taxes	22,300	23,898	46,198
Interest earnings	5,493	5,303	10,796
Interest expense	(18,528)	(19,032)	(37,559)
Grants and donations	265	14,053	14,318
Other	16,392	16,493	32,885
Total nonoperating revenues (expenses) - Net	25,922	40,716	66,637
Increase (decrease) in net position	$ 91,135 $	263,608 $	354,743

Public Hospital District No. 1

unty Memorial Hospital

undike Hills Income Statement
Year to Date February 28, 2019

	January	February	YTD
Operating revenue:			
Patient service revenue - (Net contractual allowances)	$ 59,002	$ 49,459	$ 108,461
Other Operating Revenue	14	-	14
Total operating revenue	59,015	49,459	108,475
Operating expenses:			
Salaries and wages	42,585	25,779	68,363
Employee benefits	3,083	18,391	21,474
Supplies	2,087	1,363	3,450
Purchased services - Utilities	1,169	1,074	2,242
Purchased services - Other	6,900	6,391	13,291
Other	119	84	204
Rent	10,708	10,708	21,417
Total operating expenses	66,651	63,791	130,442
Gain (loss) from operations	(7,635)	(14,331)	(21,967)
Nonoperating revenues (expenses):			
Interest earnings	97	102	199
Total nonoperating revenues (expenses) - Net	97	102	199
Increase (decrease) in net position	$ (7,538)	$ (14,229)	$ (21,767)

'blic Hospital District No. 1

_y Memorial Hospital

_e Sheet (Combined Statement of Net Position: Hospital and Klondike Hills)
_ear to Date February 28, 2019

Liabilities and Net Position	YTD Balances Hospital	YTD Balances Klondike Hills		YTD Balances Totals
Current liabilities:				
Current maturities - Long term debt	$ 171,526	$ -	$ -	$ 171,526
Current maturities - Capital lease obligations	93,023	-	-	93,023
Accounts payable	(111,475)	(20,771)	-	(132,246)
Warrants payable	448,084	22,596	-	470,679
Patient trust	500	-	-	500
Payroll and related expenses	267,954	27,189	-	295,144
Accrued vacation	246,984	26,717	-	273,701
Unearned tax revenue	222,996	-	-	222,996
Accrued interest payable	40,100	-	-	40,100
Estimated third-party payor settlements	100,000	-	-	100,000
Interdivison payables	-	1,390,284	(1,390,284)	-
Total current liabilities	1,479,691	1,446,015	(1,390,284)	1,535,422
Noncurrent liabilities:				
Long term debt - Less current maturities	5,013,286	-	-	5,013,286
Capital lease obligations - Less current portion	113,185.04	-	-	113,185
Total noncurrent liabilities	5,126,471	-	-	5,126,471
Total liabilities	6,606,162	1,446,015	(1,390,284)	6,661,893
Net position:				
Invested in capital assets	267,859	-	-	267,859
Restricted expendables	-	-	-	-
Unrestricted	6,082,881	(1,308,692)	-	4,774,189
Total net position	6,350,740	(1,308,692)	-	5,042,048
TOTAL LIABILITIES AND NET POSITION	$ 12,956,902	$ 137,323	$ (1,390,284)	$ 11,703,941

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 February 28, 2019

Assets	YTD Balance Hospital		YTD Balances Klondike Hills	Eliminations	YTD Balances Totals
Current assets:					
Cash and cash equivalents	$	3,723,473	$ 96,303	$ - $	3,819,776
Patient trust		500	-	-	500
Receivables:					-
Patient AR - Net		1,582,552	41,020	-	1,623,572
Gross AR		2,574,286	44,200	-	2,618,486
Contractual allowance		(991,734)	-	-	(991,734)
Taxes		269,065	-	-	269,065
Estimated third-party payor settlements		38,000	-	-	38,000
Interdivision receivables		1,390,284	-	(1,390,284)	-
Other		26,025	-	-	26,025
Inventories		178,282	-	-	178,282
Prepaid expenses		49,742	-	-	49,742
Total current assets		7,257,923	137,323	(1,390,284)	6,004,962
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		5,671,697	-	-	5,671,697
Total capital assets		5,698,979	-	-	5,698,979
TOTAL ASSETS	$	12,956,902	$ 137,323	$ (1,390,284) $	11,703,941

FINANCE DASHBOARD
Ferry County Public Hospital District #1
February 28, 2019

Status key: 🟢 Meets or exceeds budget/target · 🟡 Does not meet by 5% or less · 🔴 Does not meet by greater than 5%

Stats

#	Metric	Current Month — Current Total	Current Month — Target	Current Month — Prior Year	CM Status	Year to Date — Current Total	Year to Date — Target	Year to Date — Prior Year	YTD Status
1	Acute Care Days	22	16	19	🟢	44	31	37	🟢
2	Skilled Swing Bed Days	27	37	58	🔴	85	73	94	🟢
3	Long Term Swing Bed Days	392	360	368	🟢	826	700	813	🟢
4	Observation Hours	275	200	76	🟢	458	381	276	🟢
5	Admissions (Acute)	8	3	5	🟢	14	12	15	🔴
6	Average Length of Stay (Acute)	3.63	3.00	2.68	🔴	3.40	3.00	3.95	🟢
7	Outpatient Visits	822	827	736	🟡	1,623	1,608	1,537	🟢
8	ED Visits	143	141	106	🟢	294	276	268	🟢
9	Emergency Admit to Inpatient	4.90%	3.00%	3.77%	🟢	3.40%	3.00%	4.30%	🔴
10	Procedures	8	19	3	🔴	12	38	4	🟡
11	Clinic Visits	771	700	714	🟢	1,664	1,696	1,474	🟢
12	Rehab Visits	933	959	924	🟡	2,398	1,827	1,862	🟢
13	Imaging Visits	298	250	238	🟢	603	500	520	🟢
14	Lab Visits	1951	2300	2317	🟢	4,346	4,386	4,472	🟢

Profitability

#	Metric	Current Month — Current Total	Current Month — Target	Current Month — Prior Year	CM Status	Year to Date — Current Total	Year to Date — Target	Year to Date — Prior Year	YTD Status
14	Revenue Deductions % of Gross Revenue	23%	30%	19%	🟢	23%	30%	19%	🟢
15	Salaries % Gross Patient Revenue	31%	45%	36%	🟢	31%	45%	36%	🟢
16	Benefits % of Salary Expense	28%	26%	23%	🔴	28%	26%	23%	🔴
17	Bad Debt % Gross Patient Revenue	4.19%	1.78%	5%	🔴	4.19%	2%	5%	🔴
18	Charity % Gross Patient Revenue	0.13%	1%	4%	🟢	0.13%	1%	4%	🟢
19	Total Salary Expense	$456,840	$465,000	$447,300	🟢	$935,050	$891,118	$925,238	🟡

Net Income

#	Metric	Current Month — Current Total	Current Month — Target	Current Month — Prior Year	CM Status	Year to Date — Current Total	Year to Date — Target	Year to Date — Prior Year	YTD Status
20	Hospital/Clinic and Klondike Hills	$187,833	$40,000	$495,836	🟢	$332,975	$80,000	$213,675	🟢

Cash and Liquidity

#	Metric	Current Total	Target	Prior Year	Status
23	Days Cash on Hand	121	73	31	🟢
24	AR Days Gross	52	51.57	52	🟡
25	Current Ratio	3.9	3.49	2.67	🟢
	Total Debt - February	$5,132,815	$0	$5,389,816	🔴
26	Equivalent FTE's - February	93.75	88	89.96	🔴

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%

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Key Ratios (Hospital Only, Excluding ALF)

I). Liquidity Ratios

Key Ratios (Hospital Only, Excluding ALF)	Ferry County Memorial Hospital (Excluding ALF)		* Benchmark - Far West CAH	^ Benchmark - Washington CAH	Desired Trend
	February YTD Ratios	Direction Compared to Bechmarks	Most Current Benchmark in 2017	Most Current Benchmark in 2017	
Current Ratio	3.90	⬆	2.85	3.07	⬆
= Current Assets / Current Liabilities					
Measures the ability to repay current liabilities with current assets.					
Days Cash on Hand (Short-Term Sources Only)	125	⬆	46	Not available	⬆
Days Cash on Hand (All Sources including investments)	125	In between	87	70	⬆
= Cash & Investments / Total Expenses (Less Depreciation & Amortization) / Number of Days					

* BENCHMARKS: 2017 Almanac of Hospital Financial and Operating Indicators: CAH-Fa

^ BENCHMARKS: March 2017 Flex Monitoring Team CAH Financial Indicators Report: Su

II). Capital Ratios

Key Ratios (Hospital Only, Excluding ALF)	Ferry County Memorial Hospital (Excluding ALF)		* Benchmark - Far West CAH	^ Benchmark - Washington CAH	Desired Trend
	February YTD Ratios	Direction Compared to Bechmarks	Most Current Benchmark in 2017	Most Current Benchmark in 2017	
Long Term Debt to Capitalization	50.00%	⬆	22.60%	25.40%	⬇
= Debt / Equity + Debt					
Financial leverage of the Hospital District.					
Equity Financing	39.00%	⬇	56.80%	53.64%	⬆
= Net Position / Total Assets					
Amount of equity used to finance the Hospital District's assets.					

III). Profit Ratios

	February YTD Ratios	Direction Compared to Bechmarks	Far West CAH	Washington CAH	Desired Trend
Operating Margin	13.6%	⬆	-3.99%	1.89%	⬆
= Operating Income (Loss) / Net Revenue					
Measure of operating efficiency.					
Total Margin	15.54%	⬆	2.60%	1.89%	⬆
= Change in Net Position / Total Operating Revenues					
Measures overall profitability of the Hospital District.					
Return on Total Assets	2.54%	⬆	3.79%	Not available	⬆
= Change in Net Position / Total Assets					
Measures profitability relative to the Hospital District's total assets.					
Fixed Asset Turnover	37%	⬆	109.00%	Not available	⬆
= Total Operating Revenue / Net Plant, Property, and Equipment					
Measures the Hospital District's ability to generate net operating revenue from fixed asset investments.					

* BENCHMARKS: 2017 Almanac of Hospital Financial and Operating Indicators: CAH-Fa

^ BENCHMARKS: March 2017 Flex Monitoring Team CAH Financial Indicators Report: Su

TO: Ferry County Public Hospital District #1 Board of Commissioners   MEETING DATE: March 26, 2019
FROM: Aaron Edwards, CEO
Subject: CEO Report

As of March 21, 2019	
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.
	• Laura Martens is our 1st Quarter Employee of the Quarter, please congratulate her. • Nursing Union contract has been voted on and approved by the Union. • Interviewed a provider for possible block back up roll. • Wellness Committee will be hosting the Prospectors Day run; event will benefit the local Forget Me Not Animal Shelter. • The District has formed a team to support the March of Dimes; we are currently being collected and we will have a walk on the 27th of April. • NYU medical student Sarah Leone will be starting March 26th.
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.
	• New Canon Ultrasound has arrived and is making a huge difference. Dr. Garcia and Kevin both have expressed gratitude for having the machine. • Nearing our go live date with Policy Medical and our new vendor for storage and distribution of all of our policies and contracts. • Nearing go live for our new survey vendor NRC. We will be surveying in ED, Lab, Radiology, Rehab along with inpatient and clinic.
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.
	• Attended our community BAT Meeting (Broadband Access); looks like a cell service vendor is adding an additional 5-6 towers to the area. • Will be meeting to finalize our county disaster plan the first week of April. • Nancy and I visited our County Commissioners and gave an update on the State of the District. • Will be speaking at a Digital Symposium in May at Stanford's Medical School. • Spoke at BPW this past week.
Financial	To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.
Growth	• Continue to see growth in most departments across the District for patients seen.
	To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.
	• We currently have 12 referrals for our gastro line with little or no advertising yet (waiting for 2019 full slate of dates).