

#### BOARD OF COMMISSIONERS' MEETING

March 31, 2020, 10:30 a.m., via Zoom call-in number Meeting ID: 488 908 260 Dial by your location +1 253 215 8782 US +1 301 715 8592 US Meeting ID: 488 908 260

**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 |

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.

| Approval of Consent AgendaACT• Minutes 2/19/20 Special Board Meeting• Minutes 2/25/20 Board Meeting• Minutes 3/20/20 Emergency Meeting Minutes• Approval of Warrants• Financial Write-Off Report• Resolution 2020#3 Surplus Small Equipment  | TION                                | Nancy Giddings | 3-10     |
|--|-------------------------------------|----------------|----------|
| Activation of Emergency Plan ACT   | TION                                | Nancy Giddings |          |
| <ul> <li>Credentialing ACT</li> <li>1. Request for reappointment of Courtesy Medical Staff privileges</li> <li>2. Request for appointment of Courtesy Medical Staff privileges for</li> <li>3. Request for appointment of Courtesy Medical Staff privileges b</li> <li>Castle, MD</li> </ul> | s for Eric Arons<br>for Laura Karg, | LCSW           | : Jordan |
| CNO Report & Quality Improvement and Compliance/Risk Management  |                                     | Cindy Chase    | 11-12    |
| Clinic Report  |                                     | JoAnn Ehlers   | 13-14    |
| CFO/COO Report   |                                     | Brant Truman   | 15       |
| Financial Report   |                                     | Brant Truman   | 16-23    |
| CEO Report   |                                     | Aaron Edwards  | 24-25    |
| Adjournment  |                                     | Nancy Giddings |          |

Board of Commissioners 36 Klondike Rd, Republic, WA 99166 P. (509) 775-8242 F. (509) 775-3866 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 April 28, 2020 @ 10:30 a.m. in the HUB Conference Room



#### BOARD OF COMMISSIONERS' SPECIAL MEETING February 19, 2020

**CALL TO ORDER:** Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 9:15 a.m. on February 19, 2020 in the Hospital conference room at Ferry County Health. Commissioners in attendance were Nancy Giddings, Ronald Bacon, DiAnne Lundgren, Sarah Krausse and Jody Jannot. Aaron Edwards, CEO, Brant Truman, CFO/COO, were also present.

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

STRATEGIC PLANNING: Brain stormed ideas for the Strategic Plan:

- Population Health to include transportation, day care, and home health
- > Building, needing a specific plan on how to move forward
- > Improve communications to include patient portal, gaining trust of patients
- > Out of debt by 2024
- Pharmacy integration
- Maintain current services, ED, IP, Swing bed, Procedures, MRI, orthopedics, endocrinology
- > Growth
- > Culture

Next Strategic Planning meeting will be March 18<sup>th</sup> at 9:00 a.m.

ADJOURNMENT: As there was no further business the meeting was adjourned at 11:10 a.m.

Nancy Giddings, Chair

Date

DiAnne Lundgren, Secretary Date



#### BOARD OF COMMISSIONERS' MEETING February 25, 2020

**CALL TO ORDER:** Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:34 a.m. on January 25, 2020, in the HUB Conference room at Ferry County Health. Commissioners in attendance were Nancy Giddings, Ronald Bacon, DiAnne Lundgren, Sarah Krausse and Jody Jannot. Aaron Edwards, CEO; Brant Truman, CFO/COO; JoAnn Ehlers, Clinic Manager; Mike Martinoli, Nurse Manager, Jordan Leonard, Social Worker 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 Krausse to accept the agenda as written. The motion passed unanimously.

GUEST: Kevin Young, Rob Slagle

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

#### CORRESPONDENCE: None

**PUBLIC COMMENTS:** Kevin Young, Republic School District Superintendent discussed the distressed school grant they will be getting and what that means for our community.

**CNO/QUALITY IMPROVEMENT AND COMPLIANCE/RISK MANAGEMENT:** Martinoli (in for Chase) reviewed the attached report.

**CLINIC REPORT:** Ehlers reviewed the attached report.

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

- We have a new cardiologist reading echos and may lead to more services including stress tests.
- Swing bed going well and new PT.

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

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

- Katy has been going through the Decon trailer to see what supplies we have.
- Currently have enough PPE's.
- We are following the CDC and Tri County Health in regards to the Coronavirus.

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

Board of Commissioners 36 Klondike Rd, Republic, WA 99166 P. (509) 775-8242 F. (509) 775-3866 FINANCIAL REPORT: Truman reviewed the January financials.

**CEO REPORT:** Edwards reviewed the attached report.

#### OLD BUSINESS:

- Board QI Project: Working on the Strategic Plan.
- Facility Update: DOH will be here to inspect the heating system.
- Health Foundation: Next meeting is the 4<sup>th</sup>.
- Board Succession Planning: Jannot attending the QHR conference in March. Bacon and Jannot will attend the NW Rural Health Conference in March. Giddings, Krausse and Lundgren will attend the WSHA Annual Conference in June.
- Strategic Planning: The Board will have a Special Board Workshop meeting on 3/18/20 at 9:00 a.m. in the Hospital conference room.

## **BOARD REPRESENTATIVE REPORTS:**

- Finance: No Board concerns.
- Quality Improvement: Next meeting is scheduled for 3/5/20.
- Compliance/Risk Management: No board concerns.
- Medical Staff: No Board concerns.
- Credentialing:
  - 1. A motion was made by Lundgren and seconded by Krausse to approve the appointment of Courtesy Medical Staff privileges by telemedicine proxy for Integra Imaging providers Scott Bruschwein, MD; Allison Tillack, MD; Michael Posch, MD; Richard Kennard, MD. The motion passed unanimously.
  - 2. A motion was made by Lundgren and seconded by Krausse to approve the reappointment of Mid-Level Medical Staff privileges for Mari Hunter, ARNP. The motion passed unanimously.
  - 3. A motion was made by Lundgren and seconded by Krausse to approve the reappointment of Courtesy Medical Staff privileges for Christopher Montague, MD. The motion passed unanimously.
  - A motion was made by Lundgren and seconded by Krausse to approve the appointment of Courtesy Medical Staff privileges for Tyler Zaugg, PA-C. The motion passed unanimously.
  - 5. A motion was made by Lundgren and seconded by Krausse to approve the reappointment of Courtesy Medical Staff privileges by telemedicine proxy for Integra Imaging providers Jade Regan, DO; Jason Vergnani, MD; Jacob Pickering, DO. The motion passed unanimously.
- EMS: Giddings noted that the Levy passed.

#### **NEW BUSINESS:**

• Hot Topic:

The Board will drive down to the Republic Drug Store to tour the building.

**ADJOURNMENT:** As there was no further business the meeting was adjourned at 3:30 p.m.

| Nancy Giddings, Chair              | Date | DiAnne Lundgren, Secretary | Date |
|------------------------------------|------|----------------------------|------|
| Lacy Sharbono, Recording Secretary | Date |                            |      |



#### BOARD OF COMMISSIONERS' EMERGENCY MEETING March 20, 2020

**CALL TO ORDER:** Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:43 a.m. on March 20, 2020 in the HUB conference room at Ferry County Health. Commissioners in attendance (via phone) were Nancy Giddings, Ronald Bacon and Sarah Krausse. Aaron Edwards, CEO, Brant Truman, CFO/COO; Cindy Chase, CNO; Nina Novikoff, HR Director; JoAnn Ehlers, Clinic Manager and Lacy Sharbono, Executive Assistant (via phone) were also present.

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

## COVID19 UPDATE:

Edwards noted the following:

- Wanting anyone who has the COVID symptoms to come and get tested so if they test positive we can get them isolated.
- Will be activating our Emergency Plan, which will help give clear titles to staff.
- Goals are to protect Employees, LTC and ALF staff and do our best for the community.
- Will have 4 ventilators on site. Medical staff and nursing will be training on these.
- Rehab department is closed and has been working with Rural Resources for food supplies. They were also able to secure ages 60+ for special shopping hours at Andersons and the Republic Market.
- Looking to hire a Respiratory Therapist.
- We have 2 local hotels willing to help if we need to isolate patients.

Chase noted the following:

- All staff is getting their temps taken at front entrances to Hospital and Clinic.
- We have the LTC closed off with plastic walls that have zippers. When LTC staff arrive they are staying in that area for their shift.
- Any physical therapy is being done in the patient's room.

#### • No visitors allowed. If there is a hospice patient they can have 1 visitor.

Ehlers noted the following:

• We are utilizing the Rehab department as our respiratory area for clinic patients.

• Splitting up the clinic staff to work on the respiratory side and the regular side. Truman noted the following:

- Currently have 90 days cash on hand.
- Working on strategies with accounts payable.

**ADJOURNMENT:** As there was no further business the meeting was adjourned at 11:45 a.m.

Nancy Giddings, Chair

Date

Ronald Bacon, Vice Chair

Date

Board of Commissioners 36 Klondike Rd, Republic, WA 99166 P. (509) 775-8242 F. (509) 775-3866 Lacy Sharbono, Secretary Date



A RESOLUTION OF THE FERRY COUNTY HEALTH BOARD OF COMMISSIONERS, REPUBLIC WASHINGTON, AUTHORIZING THE DISPOSAL OF SURPLUS SMALL EQUIPMENT AND SUPPLIES.

WHEREAS, the District purchased and/or was donated several pieces of small equipment and supplies several years ago for multiple uses in different departments.

WHEREAS, the small equipment and supplies listed on attached Exhibit A are no longer in use and are in poor shape or obsolete,

WHEREAS, Exhibit A list of items are no longer necessary for the District's use and it would be an inefficient use of resources to move or continue to store them,

THEREFORE, the Ferry County Health Commissioners hereby resolve the aforementioned small equipment and supplies listed on Exhibit A shall be deemed surplus and disposed of by the District Policy, at the discretion of the Plant Manager.

**RESOLVED**, this 31<sup>st</sup> day of March 2020.

**APPROVED** at regular meeting of the Commissioners of Ferry County Health, Republic, Washington, this 31<sup>st</sup> day of March 2020.

| Nancy Giddings, Chair      | Date | Ronald Bacon, Vice Chair    | Date |  |
|----------------------------|------|-----------------------------|------|--|
| DiAnne Lundgren, Secretary | Date | Sarah Krausse, Commissioner | Date |  |
| Jody Jannot, Commissioner  | Date |                             |      |  |

#### Asset Disposal Sheet (Quarterly Report) Disposal of Surplus Property other than Real Estate (Policy 25.01.001 - Exhibit A) For 1st Quarter, 2020

| DATE OF<br>ACQUISITION | DESCRIPTION (Model/Serial #/<br>Quantity/Current Location) | REASON FOR DISPOSAL            | DISPOSITION PROCESS                           | DISPOSAL TIMELINE | COMMENTS   |
|------------------------|--|--------------------------------|---|-------------------|--|
| 2008                   | 1 - Electric Patient Bed<br>15000HF/0703000103             | purchased new                  | sell/donate to community                      | asap              |  |
|                        | 1 - Electric Patient Bed                                   |                                |   |                   |  |
|                        | 15000HF/0703000196<br>1 - Electric Patient Bed             | purchased new                  | sell/donate to community                      | asap              |  |
|                        | 15000HF/0703000102<br>1 - Invacare Elec. Patient Bed       | purchased new<br>purchased new | sell/donate to community Donated to NAC class | asap<br>asap      |  |
| APPROVED BY:           |  |                                |   |                   |  |
| Facilities Mgr         |  |                                | Date:   |                   |  |
|                        |  |                                | Date  |                   |  |
| CFO                    |  |                                | Date:   |                   |  |
|                        |  |                                |   |                   |  |
| CEO                    |  |                                | _Date:  |                   |  |
| POD                    |  |                                | Data  |                   | Recolution 2020#2                                  |
| BOD                    |  |                                | Date:   |                   | Resolution 2020#3<br>Date Approved by BOC: 3/31/20 |



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

MEETING DATE: March 31, 2020,

|           | As of March 26 , 2020  |
|-----------|--|
| People    | <ul> <li>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.</li> <li>Nurse Staffing We continue to hang on. Have had a sick call here and there and Mike doing well with coverage. Sickest actually have been in the NAC world. We have hired two more nurses which is outstanding. I knew them both during my time at Mount Carmel. We are pretty lucky to be hiring staff. Aaron looking for a Respiratory Therapist to help us out during this Pandemic.</li> <li>Workflow Evaluation We began bedside shift report so still in early phases. Covid has put a dent in all the plans. Looking forward to a better April</li> </ul>  |
| Quality   | <ul> <li>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.</li> <li>Infection Control/ Employee Health. Having had our first case in Ferry County, Katy has been super busy as you can imagine. She has been checking off staff to ensure they are donning and doffing PPE correctly. Folks working in LTC stay there for the whole shift and wear a mask. So far residents are doing well. Masks by NACs primarily due to that work group having illness. Katy has made every possible move to protect them. The unit is closed with heavy plastic "doors" that unzip. Our homemade masks have arrived and will be distributed to those patients who visit the resp clinic or the drive up testing trailer</li> </ul>  |
| Service   | <ul> <li>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.</li> <li>Swing Beds. The process is going so much smoother. Jordan and Austin doing a great job with all aspects. We currently have 2 sb now. Our goal is to get to 5. Austin providing excellent PT service. No other information to share at this point</li> <li>Activities Coordinator. Christa has been doing some activities with LTC only. No SWB at this time so she doesn't go back and forth between areas.</li> <li>New Equipment. We did get our new vent and all attachments and training for all nurses and provider training is in full force. Also, spacelabs is able to install earlier so training to begin shortly. Also, our med scanners are here and SpaceLabs working to get them talking with our computers. Not sure when they will be ready to go.</li> <li>QI/RISK/QMM. Steps are in process to ensure covid19 information remains protected. Covid has pretty much taken over everything that we do. I continue to take the Coverys risk course although sometimes not easy with all the things that are going on HIPPA and covid on very bigb alort.</li> </ul> |
| Financial | <ul> <li>high alert.</li> <li>To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.</li> <li>Covid is not a cheap virus to fight. We have had to use a bit more agency than we like but on</li> </ul>   |
| Growth    | <ul> <li>a good note, the hospital is staying busy.</li> <li>To be the healthcare provider choice for our community. To identify service growth areas. To market service</li> </ul>  |

programs to community and constituents.

We are doing our best to keep public informed and educate community about the covid 19 and how to protect self....primarily to stay home!!

CNO I have been busy with Covid Virus 19 as everyone who works here. Our hospital has been working very hard to keep residents, patients and staff safe. We reviewed those things at the emergency board meeting so opted not to repeat again here. I have been manning the drive up trailer and it seems to be going as expected. I feel we are offering a great service to the community. This is a short report I know! Be safe everyone.



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

MEETING DATE: March 31, 2020

|         | As of March 25, 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.   |
|         | Moving 2 providers and two nurses to Isolation side of the Clinic (PT area) to keep them separated  |
|         | from the rest of the clinic and to handle all respiratory patients no matter what they make an  |
|         | appointment for. Screening at the front door has kept several respiratory visits out of the main  |
|         | clinic.   |
|         | <ul> <li>We have had some super challenging days and we have held together quite well.</li> </ul>   |
|         | <ul> <li>Laura Karg has started work and has already offered to help us and the County if needed with some<br/>counseling.</li> </ul>   |
| Quality | To lead the community that improves community health status and access to care. To provide quality healthcare that can be   |
| Quanty  | defined, measured and published. To enforce and invest in a pervasive culture of safety.  |
|         | • We are now in Covid mode and there is not any work toward the new teams plan at this time due to  |
|         | lack of staff to do so.   |
|         | <ul> <li>We have four phones in the front office and we have manned all of them as well as possible including</li> </ul>  |
|         | one day where we had 4 people on the phones and still heard some complaints that we were not  |
|         | getting to everyone.  |
|         | • Even with the Covid situation we are trying to keep people taken care of to the best of our ability.  |
| 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. |
|         | <ul> <li>The Clinic is screening staff with temps taken when they arrive at work.</li> </ul>  |
|         | <ul> <li>Any person needing to enter the Clinic is being screened with a temp check. No one has refused. All</li> </ul>   |
|         | are asked to use hand sanitizer before entering the building and they have complied. (Have not even   |
|         | had to offer too much candy.)   |
|         | Dr. Garcia's injections have been canceled through April.   |
|         | • Dr. Kelley's Endo has been canceled through the April 14 <sup>th</sup> date so far.   |
|         | • As we can renew our programs we will call people back in and get them going. We have had no   |
|         | issues with this from hardly anyone.  |
|         | • Dr. Hsu moved her patients this month to phone calls and we have no plans to resume with her for  |
|         | now.  |
|         | <ul> <li>Dr. Pavlic is still willing to come in but may be canceled. Not sure yet.</li> </ul>   |
|         | • We are sharing news such as the opening of a special enrollment with the Marketplace plans via the  |
|         | Health Care Authority and early med refills being authorized by the Apple Health plans. We continue   |
|         | to help people get coverage and help.   |
|         | Bill Hartman was here our first day of Covid Precautions, he had some tech issues but otherwise all   |
|         | went well. Not sure if he will be returning either yet.   |
|         | All plans for things like the Dental Bus and such have been placed on HOLD.   |
|         | Right now our goal is to get back to people in a timely manner and help people remain calm.   |
|         | • We are working closely with the Drug Store as many are requesting their meds early.   |
|         | We shared some hand-outs regarding hand washing and such with the Drug Store that they can  |

|           | <ul> <li>share. We will share more as they come in.</li> <li>Telehealth via Zoom and Phone visits have been activated with help from the PT dept staff and so far so good. I am surprised at how many people do NOT want to be seen this way though and wish to come in in-person. We are about mid-April in calling those already scheduled to give options.</li> <li>Many patients also still need to be seen in-person due to what their problems are. I have had very</li> </ul>  |
|-----------|---|
|           | happy responses to the fact that we split the clinic out to keep one side as safe as possible. (we are trying to keep everyone as safe as possible!)  |
| Financial | To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.  |
|           | <ul> <li>If he comes in April Bill Hartman will be seeing patients as our provider. He will be able to see everyone but L&amp;I patients so far. At this time we are working to get his supplies stocked up including medications. His office will still make the appointments and get them to us.</li> <li>A team of us are still working on the Behavioral Health Program and the deadline has been extended in to April which helps. Wish us LUCK!!! Thanks to all that helped!!!</li> <li>February stats: Total of 883 patients. 84 more than February of 2019.</li> <li>100 walk ins. 11% of our total visits.</li> <li>Average patients per day per provider = 12.4 up from 11 last month. Goal is 14. (This is a combined average. Individual numbers are different.)</li> </ul> |
| Growth    | average. Individual numbers are different.)<br>To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to<br>community and constituents.   |
|           | <ul> <li>On the whole, I feel this community should be pretty proud of the response to the Covid situation.<br/>Speaking for the Clinic, we have had nothing but great support from Administration, other<br/>departments, and other entities like Search and Rescue!! Who needs a tent when they have what<br/>they have and they share!!! We are working together through the bumps and it feels good to know<br/>we can pull together like this. <sup>(C)</sup></li> </ul>   |
|           | We are taking care of our patients, and each other.   |
|           | As Always, I respectfully submit this with thanks. JoAnn Ehlers   |



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

#### FROM: Brant Truman

Subject: COO/CFO Report

|           | As of March 26, 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.                             |
|           | <ul> <li>Organizing different departments to help with the current COVID 19 pandemic.</li> </ul>  |
|           | Rehab department currently shut down due to COVID 19.   |
|           | <ul> <li>The response by our staff has been nothing short of extraordinary, extremely proud of all<br/>they have and continue to accomplish.</li> </ul>   |
| 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.                                    |
|           | <ul> <li>Tele video visits present opportunity for family members to visit their loved ones without a<br/>face to face visit.</li> </ul>  |
|           | <ul> <li>Search and Rescue has done a tremendous job with our COVID external testing.</li> </ul>  |
|           | • Spacelabs (cardiac monitoring system) is scheduled to go live shortly.  |
|           | • PPE is a concern at this time, however we are currently somewhat stable still trying to identify a few items. (Face shields, surgical masks)  |
|           | • Tracking patient billing issues brought to us at the Facility with a goal of response within 48 hours.  |
| 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.                 |
|           | • COVID trailer has allowed for an opportunity to keep the community as safe as possible.   |
|           | We continue to improve upon the COVID trailer process.  |
| Financial | To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.  |
|           | <ul> <li>February was a typical month \$56k in net position gain.</li> </ul>  |
|           | <ul> <li>Continue to follow legislation around stimulus package for COVID relief. Currently Medicare<br/>will allow PIP (Periodic Interim Payments) against our future Medicare earnings, not real<br/>helpful to us at the current state.</li> </ul> |
|           | <ul> <li>I have confirmed that our \$500k line of credit with the county is viable.</li> </ul>  |
|           | Financial Statement Review.   |
|           | <ul> <li>Working thru Financial Audit/Cost Report 2019 continues and will be delayed as a<br/>repercussion of the COVID fight.</li> </ul>   |
|           | <ul> <li>We have ramped up telehealth visits to allow for continued revenue.</li> </ul>   |
| Growth    | To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.   |
|           | Focus is on keeping people safe.  |
|           | Telehealth visits offer some opportunity.   |
|           | Will always keep an eye and ear out for great opportunities.  |

MEETING DATE: March 31, 2020

Ferry County Public Hospital District #1 Financial Statements Month Ending February 29, 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 February 29, 2020

|   |    |           |              |    |             | % of      |
|---|----|-----------|--------------|----|-------------|-----------|
|   |    | January   | February     |    | YTD         | Gross Rev |
| Operating revenue:                                      |    |           |              |    |             |           |
| Gross patient service revenue                           |    | 1,710,915 | 1,489,612    | Ś  | 3,200,527   |           |
| Contractual allowances and provisions for uncollectible |    | -,        | _, ,         | •  | -,,:        |           |
| accounts  |    | (665,331) | (448,659)    |    | (1,113,990) | -35%      |
| Patient service revenue - (Net contractual allowances)  | \$ | • • •     | \$ 1,040,954 |    | 2,086,537   | 65%       |
| Bad debt expense  | •  | 18,209    | 35,579       |    | 53,788      | 2%        |
| Other operating revenue                                 |    | 81,814    | 69,163       |    | 150,977     | 5%        |
| Total operating revenue                                 |    | 1,145,607 | 1,145,695    |    | 2,291,302   | 72%       |
| Operating expenses:                                     |    |           |              |    |             |           |
| Salaries and wages                                      |    | 567,489   | 518,333      | \$ | 1,085,822   | 34%       |
| Employee benefits                                       |    | 154,413   | 170,424      |    | 324,837     | 10%       |
| Professional fees                                       |    | 112,596   | 108,235      |    | 220,831     | 7%        |
| Supplies  |    | 92,119    | 67,987       |    | 160,106     | 5%        |
| Purchased services - Utilities                          |    | 24,883    | 31,012       |    | 55,895      | 2%        |
| Purchased services - Other                              |    | 86,392    | 108,389      |    | 194,781     | 6%        |
| Insurance   |    | 7,135     | 7,135        |    | 14,270      | 0%        |
| Other   |    | 28,371    | 21,186       |    | 49,557      | 2%        |
| Rent  |    | 11,573    | 11,573       |    | 23,146      | 1%        |
| Depreciation  |    | 62,559    | 74,447       |    | 137,006     | 4%        |
| Total operating expenses                                |    | 1,147,529 | 1,118,721    |    | 2,266,250   | 71%       |
| Gain (loss) from operations                             |    | (1,922)   | 26,974       | \$ | 25,052      | 1%        |
| Nonoperating revenues (expenses):                       |    |           |              |    |             |           |
| Property taxes  |    | 21,876    | 21,952       |    | 43,828      | 1%        |
| Interest earnings                                       |    | 5,484     | 4,700        |    | 10,184      | 0%        |
| Interest expense  |    | (15,457)  | (15,439)     |    | (30,896)    | -1%       |
| Grants and donations                                    |    | -         | -            |    | -           | 0%        |
| Other   |    | 20,757    | 18,095       |    | 38,853      | 1%        |
| Total nonoperating revenues (expenses) - Net            |    | 32,660    | 29,308       |    | 61,968      | 2%        |
| Increase (decrease) in net position                     | \$ | 30,738    | \$ 56,282    | \$ | 87,020      | 3%        |
|   |    |           |              |    | •           |           |

# 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 29, 2020

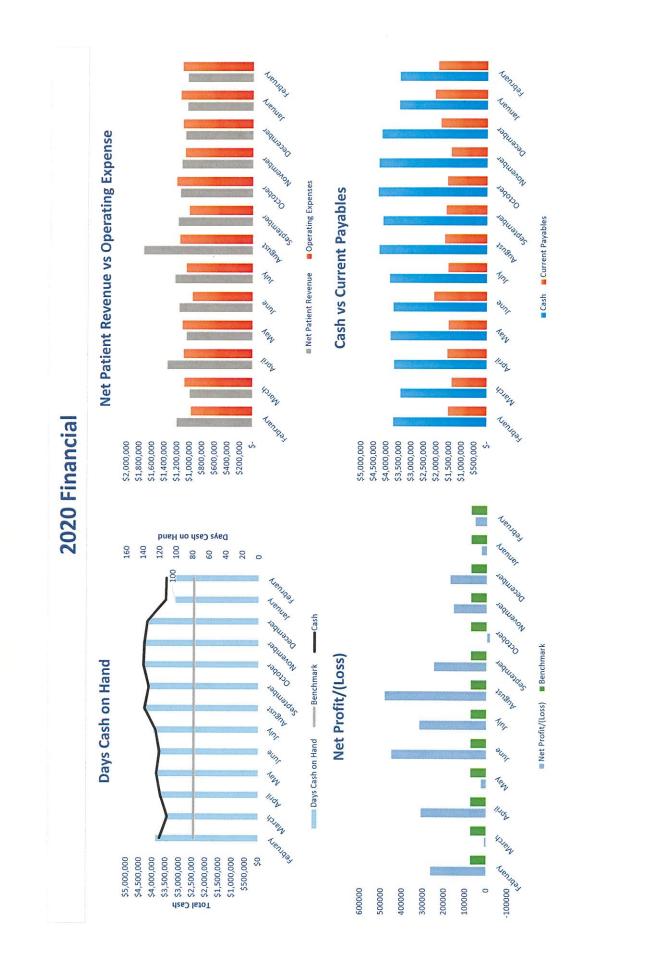
|  | Y                 | YTD Balances |          |            |
|--|-------------------|--------------|----------|------------|
| Assets   |                   | January      | February |            |
| Current assets:  |                   |              |          |            |
| Cash and cash equivalents                                      | \$                | 3,503,022    | \$       | 3,485,192  |
| Patient trust  |                   | 500          |          | 500        |
| Receivables:   |                   |              |          |            |
| Patient AR - Net   |                   | 2,187,915    |          | 2,310,242  |
| Gross AR   |                   | 3,204,454    |          | 3,389,735  |
| Contractual allowance  |                   | (1,016,539)  |          | (1,079,494 |
| Taxes  |                   | 280,664      |          | 267,440    |
| Estimated third-party payor settlements                        |                   | 2,054        |          | 2,054      |
| Other  |                   | 286,755      |          | 167,313    |
| Inventories  |                   | 178,696      |          | 179,730    |
| Prepaid expenses   |                   | 35,750       |          | 52,322     |
|  |                   |              |          |            |
| Total current assets   | \$                | 6,475,355    | \$       | 6,464,792  |
| Noncurrent cash and cash equivalents:                          |                   |              |          |            |
| Restricted cash & cash equivalent, USDA reserve                |                   | -            |          | -          |
| Internally designated cash and cash equip, funded depreciation |                   | -            |          | <u>.</u>   |
| Total noncurrent assets limited as to use                      |                   |              |          | -          |
| Capital assets:  |                   |              |          |            |
| Nondepreciable capital assets                                  | \$                | 27,282       |          | 27,282     |
| Depreciable capital assets - Net of accumulated depreciation   | Ļ                 | 5,996,007    |          | 5,928,669  |
| Depreciable capital assets - Net of accumulated depreciation   | · · · · · · · · · | 5,550,007    |          | 5,520,005  |
| Total capital assets   | \$                | 6,023,290    | \$       | 5,955,951  |
|  |                   |              |          |            |
| TOTAL ASSETS   | \$                | 12,498,644   | \$       | 12,420,744 |

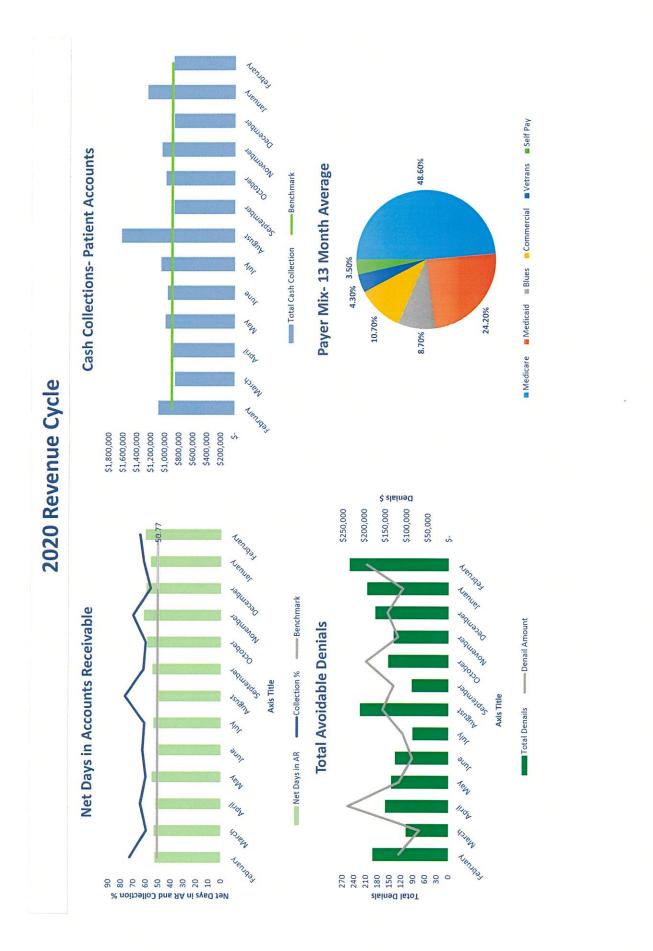
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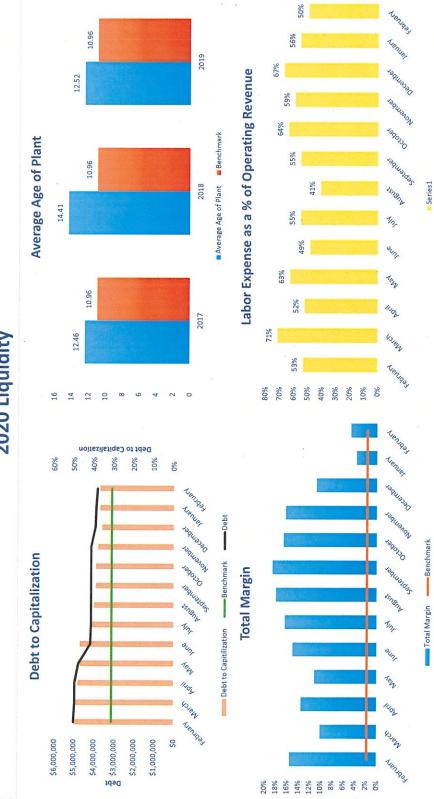
## Ferry County Public Hospital District No. 1 doing business as Ferry County Memorial Hospital

#### Balance Sheet (Combined Statement of Net Position: Hospital and Klondike Hills) Year to Date February 29, 2020

|  | Y  | TD Balances | Y        | TD Balances |
|--|----|-------------|----------|-------------|
| Liabilities and Net Position                     |    | January     | February |             |
| Current liabilities:                             |    |             |          |             |
| Current maturities - Long term debt              | \$ | 92,962      | \$       | 92,939      |
| Current maturities - Capital lease obligations   |    | 11,3,248    |          | 112,786     |
| Accounts payable                                 |    | 95,833      |          | 47,475      |
| Warrants payable                                 |    | 299,940     |          | 415,110     |
| Patient trust                                    |    | 500         |          | 500         |
| Payroll and related expenses                     |    | 125,067     |          | 146,083     |
| Accrued vacation                                 |    | 300,457     |          | 321,242     |
| Unearned tax revenue                             |    | 240,635     |          | 218,759     |
| Accrued interest payable                         |    | 13,699      |          | 27,402      |
| Estimated third-party payor settlements          |    | 797,846     |          | 572,788     |
| Total current liabilities                        | \$ | 2,080,187   | \$       | 1,955,084   |
| Noncurrent liabilities:                          |    |             |          |             |
| Long term debt - Less current maturities         |    | 3,801,049   |          | 3,801,072   |
| Capital lease obligations - Less current portion |    | 102,580     |          | 93,477      |
| Total noncurrent liabilities                     |    | 3,903,629   |          | 3,894,549   |
| Total liabilities                                | \$ | 5,983,816   | \$       | 5,849,633   |
| Net position:                                    |    |             |          |             |
| Invested in capital assets                       |    | 1,899,752   |          | 1,828,275   |
| Restricted expendables                           |    |             |          | -           |
| Unrestricted                                     |    | 4,615,076   |          | 4,742,835   |
| Total net position                               |    | 6,514,828   |          | 6,571,110   |
| TOTAL LIABILITIES AND NET POSITION               | \$ | 12,498,644  | \$       | 12,420,744  |







2020 Liquidity

Ferry County Public Hospital District #1 FINANCE DASHBOARD February 29, 2020

| Actree Garee Days         Current Total         Target         Prior Year         Current Total         Current Total         Attact and Swing Bed Days         Attact and Swing Bed Days         Swing Bed Days         Attact and Bed Bed Swing Bed Day  |                                      |
|--|--------------------------------------|
| 5 Killed Swing Bed Days     42     16     44       1 long Term Swing Bed Days     51     71     85       1 long Term Swing Bed Days     531     71     85       1 long Term Swing Bed Days     531     71     85       0 Observation Hours     253     312     12       1 Observation Hours     245     323     330     341       0 Observation Hours     3.20     3.00     3.41       1 Observation Hours     3.20     3.00     3.41       1 Observation Hours     3.20     3.00     3.41       1 Admissions (Acute)     3.20     3.00     3.41       1 Admissions (Acute)     3.22     3.00     3.41       1 Admissions (Acute)     3.23     3.00     3.41       1 Admissions (Acute)     3.23     3.00     3.41       1 Admissions (Acute)     3.23     3.00     3.41       1 Procedures     3.33     3.00     3.41       1 Procedures     3.33     3.00     4.45       1 Dink Visits     182     1.725     1.22       1 Lend Visits     182     1.725     1.346       1 Lend Visits     182     1.725     1.346       1 Lend Visits     146     4.461     4.346       1 Lend   | Current Total                        |
| I one second by the constraint of t  |                                      |
| Character and the constraint many action own gene days       591       712       826         Admissions (Acute)       245       388       458       458         Admissions (Acute)       3.20       3.00       3.41       12       12       12         Admissions (Acute)       3.20       3.00       3.41       12       12       224         Admissions (Acute)       3.22       3.00       3.41       231       1653       1653       1653       1653       234         Outpatient Visits       274       281       1723       1635       1623       294       294       294       294       294       294       294       294       294       294       294       294       294       294       294       294       294       295       1723       294       294       294       295       1723       294       294       295       1722       294       295       1722       294       295       1722       294       295       1722       294       295       1722       294       295       1722       294       295       1722       294       295       1722       294       295       1722       294       295       1722 </td <td></td>   |                                      |
| 245       388       458       458         Admissions (acute)       5       12       12       12         Average length of Stay (Acute)       3.20       3.00       3.41         Outpatient Visits       1723       1635       1623       1623         ED Visits       274       281       294         ED Visits       3.28%       3.00%       3.40%         ED Visits       3.33       3.83       3.00%       3.40%         Procedures       3.33       3.33       3.00%       3.40%         Procedures       3.33       3.33       3.33       3.33       3.33         Clinic Visits       1826       1725       1722       1722         Rehab Treatments       1826       1725       1722       1722         Inaging Visits       682       683       603       40%         Libbity       3.55%       456       7%       7%         Revenue Deductions % of Gross Revenue       3.5%       30%       41%         Salarite % of Salary Expense       3.5%       1.7%       7%         Benefits % Gross Patient Revenue       3.5%       1.001,847       7%       7%         Otal Salary Expense       <  | 826                                  |
| Amenasona Accure)       5       12       12       12         Amenasona Accure)       3.20       3.00       3.41       1723       1653       1623         ED Visits       1723       1635       1623       1623       1623       1623       1623         ED Visits       214       281       234       281       234       281       234         ED Visits       3.288       3.00%       3.40%       3.40%       3.40%       3.40%         Procedures       3.288       3.00%       3.40%       3.40%       3.40%       3.40%         Procedures       3.305       11725       1725       1722       1722       1722         Clinic Visits       1826       1725       1725       1722       1722       1722         Rehab Treatments       2305       1667       2398       668       603       3956       4461       4346         Ibolis Visits       3956       4461       4346       1748       1748       1748       1748       1748       1748       1748       1748       1748       1748       1748       1748       1748       1748       1748       1748       1748       1168       1748       1118<   |                                      |
| The second on a yourde join of the second  |                                      |
| Increduction Market     1723     1635     1623     1623       Emergency Admit to Inpatient     274     281     294       Procedures     3.40%     3.40%     3.40%       Clinic Visits     3.30%     3.40%     3.40%       Procedures     3.30%     3.40%     3.40%       Clinic Visits     3.30%     3.40%     3.40%       Rehab Treatments     3.30%     3.40%     1.725       Inaging Visits     1826     1.725     1.722       Lab Visits     1325     1.725     1.722       Lab Visits     3.350     4461     4.346       Revenue     3.5%     3.0%     1.74%       Salarie % Gross Revenue     3.5%     2.6%     7%       Benefits % of Salary Expense     1.68%     1.78%     1.74%       Charity % Gross Patient Revenue     3.5%     2.6%     7%       Bad Debry Expense     0.011%     1.78%     0.11%       Total Salary Expense     5     1,001,847     4.78,210  |                                      |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |                                      |
| magnetic Visits       3.20%       3.00%       3.40%         Clinic Visits       33       3.20%       3.40%         Clinic Visits       33       3.8       12         Clinic Visits       182.6       172.5       172.2         Rehab Treatments       2305       1697       2398         Imaging Visits       682       688       603         Lab Visits       3950       4461       4346         Revenue Deductions % of Gross Revenue       35%       30%       41%         Salaries % Gross Patient Revenue       35%       26%       7%         Bad Debt % Gross Patient Revenue       0.11%       1.74%       7%         Charity % Gross Patient Revenue       0.11%       1.78%       1.74%         Meets or exceeds budget/farget       0.11%       1.76%       0.11%   |                                      |
| 33       38       12         Clinic Visits       1826       1725       1722         Rehab Treatments       2305       1697       2398         Rehab Treatments       2305       1697       2398         Imaging Visits       682       688       603         Lab Visits       3950       4461       4346         Lab Visits       3950       4461       4346         Revenue Deductions % of Gross Revenue       35%       30%       41%         Salaries & Gross Patient Revenue       35%       30%       41%         Benefits % of Salary Expense       35%       26%       7%         Bad Debt % Gross Patient Revenue       1.68%       1.78%       1.74%         Charity % Gross Patient Revenue       0.11%       1%       0.11%         Total Salary Expense       0.11%       1.78%       1.74%         Meets or exceeds budget/farget       \$ 1,001,847       \$ 478,210       \$ 1   | 0                                    |
| Imaging Visits       1826       1725       1722         Rehab Treatments       2305       1697       2398         Lab Visits       682       688       603         Lab Visits       3950       4461       4346         Lab Visits       3950       4461       4346         Revenue Deductions % of Gross Revenue       35%       30%       41%         Salaries % Gross Patient Revenue       35%       30%       41%         Benefits % of Salary Expense       20%       26%       7%         Bad Debt % Gross Patient Revenue       0.011%       1.78%       1.74%         Charity % Gross Patient Revenue       0.011%       1.78%       1.74%         Charity Secoss Patient Revenue       0.011%       1.78%       1.74%         Meets or exceeds budget/farget       5       1,001,847       5       4.78,10  |                                      |
| Marcan frequencies         2305         1697         2398         603         603         1697         2398         603         1697         2398         603         1697         2398         603         1697         2398         603         1697         2398         603         1697         2398         603         1697         2398         603         1697         2398         603         1697         2398         603         1306         1461         4346         1461         4346         1461         4346         1461         4346         1466         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         1461         4346         163         163         163         163         163         163         163         163         163         163         163         163         1738         1738         1738          174%   | 1722                                 |
| Indexing value682688603Lab Visits395044614346Itability395044614346Revenue Deductions % of Gross Revenue35%30%41%Revenue Deductions % of Gross Revenue35%30%41%Salaries % Gross Patient Revenue35%20%26%7%Benefits % of Salary Expense20%26%7%7%Charity % Gross Patient Revenue1.68%1.78%1.74%7%Charity % Gross Patient Revenue0.11%1.88%1.74%0Total Salary Expense0.11%1%0.11%54Meets or exceeds budget/farget   |                                      |
| Titability395044614346Titability35%30%41%Revenue Deductions % of Gross Revenue35%35%45%Salaries % Gross Patient Revenue35%45%28%Benefits % of Salary Expense20%26%7%Bad Debt % Gross Patient Revenue1.68%1.78%1.74%Charity % Gross Patient Revenue0.11%1.88%0.11%Total Salary Expense0.11%1%0.11%5Meets or exceeds budget/farget   |                                      |
| Itability35%30%41%Revenue Deductions % of Gross Revenue35%35%30%41%Salaries % Gross Patient Revenue35%45%28%Benefits % of Salary Expense20%26%7%Bad Debt % Gross Patient Revenue1.68%1.78%1.74%Charity % Gross Patient Revenue0.11%1.86%1.74%Total Salary Expense0.11%1%0.11%5Meets or exceeds budget/farget   | 4346                                 |
| Revenue Deductions % of Gross Revenue35%30%41%6Salaries % Gross Patient Revenue35%45%28%6Banefits % of Salary Expense20%26%7%7%Bad Debt % Gross Patient Revenue1.68%1.78%1.74%6Charity % Gross Patient Revenue0.11%1.86%1.74%6Total Salary Expense0.11%1%0.11%55   |                                      |
| Denotics % of Salary Expense     35%     45%     28%       Benefits % of Salary Expense     20%     26%     7%       Bad Debt % Gross Patient Revenue     1.68%     1.78%     1.74%       Charity % Gross Patient Revenue     0.11%     1.68%     1.74%       Total Salary Expense     0.11%     1%     0.11%       Meets or exceeds budget/farget     5     1,001,847     5   | C                                    |
| Determs // outstand expense     20%     26%     7%       Bad Debt % Gross Patient Revenue     1.68%     1.78%     1.74%       Charity % Gross Patient Revenue     0.11%     1.68%     0.11%       Total Salary Expense     0.11%     1%     0.11%       Meets or exceeds budget/farget     5     1,001,847     \$     478,210  |                                      |
| Charity & Gross Patient Revenue 1.68% 1.78% 1.74% Charity & Gross Patient Revenue 0.11% 1.74\% 1.74\% 1. |                                      |
| Total Salary Expense 0.11% 0.11% 0.11% 0.11% 0.11% 0.11% 0.11% 0.11% 0.11% 0.11% 0.11% 0.11% 0.11% 0.11% 0.11%   | •                                    |
| Meets or exceeds budget/target   | 0.11%                                |
| Meets or exceeds budget/target   | <ul> <li>→ \$</li> <li>51</li> </ul> |
|  |                                      |
| Does not meet budget/target expectations by 5% or less   |                                      |

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



TO: Ferry County Health Board of Commissioners MEETING DATE: March 31, 2020 FROM: Aaron Edwards, CEO Subject: CEO Report

|         | As of March 26, 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. |
|         | <ul> <li>Working on sourcing extra staffing in key clinical areas in preparation for COVID-19 (RT,<br/>Nursing, etc.).</li> </ul>   |
|         | <ul> <li>Two residents have moved out of the ALF, one room will be used to house additional medical<br/>staff short term.</li> </ul>  |
|         | • Laura Karg, LCSW has arrived. Soon we will have her working with staff needing help as we   |
|         | go through these difficult times.   |
|         | Ferry County SAR has been a huge help directing traffic, etc.   |
|         | <ul> <li>Hopefully soon our Ferry County Emergency Manager will move into the HUB so we can easily<br/>and quickly collaborate.</li> </ul>  |
|         | <ul> <li>The Rehab department is closed until April 3 and possibly beyond. A few of their staff are<br/>working hard to help across all departments and even the community.</li> </ul>                                    |
|         | <ul> <li>James doing a great job of supporting employees working from home and our various tele<br/>initiatives.</li> </ul>   |
|         | <ul> <li>Dr. Garcia will be staying in the area to back up other providers and help as needed (we are<br/>extremely grateful for his service to the community and district).</li> </ul>                                   |
|         | <ul> <li>Vitalant Blood Bank is very low on blood supply, will be holding a drive soon to help (even<br/>during COVID-19).</li> </ul>   |
| 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.        |
|         | LTC and ALF patients presently isolated with extra precautions being taken to protect our   |
|         | patients.   |
|         | <ul> <li>Offering video conferencing for our LTC patients to chat with their families.</li> </ul>   |
|         | <ul> <li>ALF is using Facebook chat to help their residents chat with their families.</li> </ul>  |
|         | Offering tele/video visits in the clinic.   |
|         | <ul> <li>Have split the clinic into a "clean" (non-respiratory) and "dirty" (respiratory) side for the<br/>safety of our staff and community.</li> </ul>  |
|         | Staff practicing dawning and doffing PPE.   |
|         | Had a surprise ALF inspection by DSHS. No findings at this point.   |
|         | Ventilator training occurred 3/26.  |
|         | <ul> <li>Validation is almost wrapped up on our blood gas analyzer so we will be ready for vent<br/>management among other things.</li> </ul>   |
| Service | To provide an environment in which patients, families, providers and employees are highly satisfied. To provide tan   |
|         | experience for patients that exceeds expectations in all areas of the District. To identify areas for improvement.  |
|         | <ul> <li>Working with various Ferry County agencies to prepare for a possible surge in COVID-19         notionte     </li> </ul>  |
|         | patients.   |
|         | • Continue to attend all State and Federal calls regarding planning for COVID-19 and possible<br>"crisis care" standards around the State (hopefully we don't have to go there).  |
|         |   |

|           | Amanda Chilvers, along with Rural Resources, was able to get senior hours at area grocery                               |
|-----------|---|
|           | stores.   |
|           | • Continually briefing the public via Facebook, FM100.5, Sheriff's Facebook page, trap-line                             |
|           | boards, our website, among other avenues.   |
|           | Have had several interviews with the View.  |
|           | <ul> <li>Continue to keep the drive up testing trailer open despite staffing challenges.</li> </ul>                     |
| Financial | To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to |
|           | payer and consumers.  |
|           | Closure of Rehab, slowing of visits, and increasing expenses to deal with COVID-19 will                                 |
|           | have/is having a significant negative financial impact.   |
|           | • Lobbying State and Federal for financial support. 15 rural hospitals in Washington are under                          |
|           | 30 days cash on hand and are in jeopardy of closure (at this time we are not one of them).                              |
|           | <ul> <li>Very few options to tap into operating capital at this point.</li> </ul>                                       |
| Growth    | To be the healthcare provider choice for our community. To identify service growth areas. To market service             |
|           | programs to community and constituents.   |
|           | <ul> <li>Staff working together well to meet this unprecedented challenge.</li> </ul>                                   |
|           | Staff has done well to adopt new tele health services in the clinic.  |