Ferry County Health

BOARD OF COMMISSIONERS' MEETING
April 23, 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

			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 Agenda • Minutes 3/26/19 Board Meeting • Approval of Warrants • Financial Write-Off Report • Resolution 2019#5 Surplus Small Equipment	ACTION	Nancy Giddings	3-7
Correspondence		Nancy Giddings	
Public Comments			
CNO Report & Quality Improvement and Compliance/Risk Management		Cherie Hanning	8-25
Clinic Report		JoAnn Ehlers	26-28
Medical Staff Report		Dr. Garcia	
Safety Report:		Brant Truman	
CFO/COO Report		Brant Truman	29
Financial Report		Brant Truman	30-37
CEO Report		Aaron Edwards	38
Old Business • Board QI Project • Facility Update • Health Foundation • Levy		Nancy Giddings	
Board Representative Reports • Finance • Quality Improvement		 Ron Bacon/David Iverson 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 Holznagel, MD & Mark McVee, MD
- EMS — Nancy Giddings
- ACH/HFCC — David Iverson

New Business — Nancy Giddings

- Hot Topic

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.

Next regularly scheduled meeting is May 28 @ 10:30 a.m. in the HUB Conference Room

Ferry County Health

BOARD OF COMMISSIONERS' MEETING
March 26, 2019

CALL TO ORDER: Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:38 a.m. on March 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 Krausse to amend the agenda and add Resolution 2019#4 Surplus Small Equipment under the Consent Agenda. The motion passed unanimously.

VISITORS: Adam Volluz, Kevin Robinson and Mena Cassell

APPROVAL OF CONSENT AGENDA: A motion was made by Iverson and seconded by Lundgren to approve the consent agenda with the added Resolution 2019#4 Surplus Small Equipment. The motion passed unanimously.

CORRESPONDENCE: None

PUBLIC COMMENTS: None

CNO/QUALITY IMPROVEMENT AND COMPLIANCE/RISK MANAGEMENT: Hanning reviewed.

Kevin Robinson and Adam Volluz discussed the new ultrasound unit and what an improvement it has been. Kevin has been training on the new machine and will soon be able to offer more services.

CLINIC REPORT: The Board reviewed the attached report.

Giddings called for a break at 12:01 p.m. Open session continued at 12:29 p.m.

Mena Cassell discussed the March of Dimes the Wellness Committee is hosting on 4/27/19.

MEDICAL STAFF REPORT: Dr. Garcia noted the following via text:

- Reviewing and working on our work flow for Swing Bed patients.
- Very impressed with our new ultrasound. Great improvement for injections.
- Will continue to work towards treadmill and stress echo's.

SAFETY REPORT: Truman noted that Mike Jager will be going to a training next month for EOC and Disaster Preparedness.

CFO/COO REPORT: Truman reviewed the attached report.

FINANCIAL REPORT: Truman reviewed the attached February financials.

Dr. Kelley came and introduced himself to the Board members.

CEO REPORT: Edwards reviewed the attached report.

OLD BUSINESS:

- Board QI Project: The Board/Provider luncheon is scheduled for 4/4/19 at 12:30pm in the RMC Conference room.
- Facility Update: Discussed HVAC. Job Corps will also be installing an in ground sprinkler system in the lawn.
- Health Foundation: They are working on their bylaw updates.
- Levy: Tabled
- Marketing: Job Corps will be making our new signage for the District.

BOARD REPRESENTATIVE REPORTS:

- Finance: No Board concerns.
- Quality Improvement: The team is working on the patient portal. Lundgren noted she really liked the reflection at the beginning of the meeting.
- Compliance/Risk Management: Bacon noted there is consistent progression in this meeting.
- Medical Staff: Giddings noted that Larissa and Mike presented the SANE program. They are very happy to have this program running.
- Credentialing:
  1. A motion was made by Lundgren and seconded by Iverson to approve the reappointment of Courtesy Medical Staff privileges by telemedicine proxy for Integra Imaging providers David Keaton, MD and Douglas Murrey, MD. The motion passed unanimously.
- EMS: Giddings noted there was a discussion regarding building the EMS building on the hospital property behind the ALF. Frank Jacobson is now the community member on the Board and Melissa Rose was named Dr. Artzis' medical representative. Jenny Konz is the board secretary.
- ACH/HFCC: Iverson noted they are working on work plan templates.

NEW BUSINESS:

- Hot Topic: None

EXECUTIVE SESSION: Executive Session was called a 3:30 p.m. for 45 minutes regarding performance of a public employee RCW 42.30.110(1)(g).

Open session resumed at 4:15 p.m. No action taken.

ADJOURNMENT: As there was no further business the meeting was adjourned at 4:15 p.m.

_____ _____

Nancy Giddings, Chair Date DiAnne Lundgren, Secretary Date

_____

Lacy Sharbono, Recording Secretary Date

Ferry County Health

RESOLUTION 2019 #5

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 23rd day of April 2019.

APPROVED at regular meeting of the Commissioners of Ferry County Health, Republic, Washington, this 23rd day of April 2019.

_____ _____

Nancy Giddings, Chair Date Ronald Bacon, Vice Chair Date

_____ _____

DiAnne Lundgren, Secretary Date David Iverson, Commissioner Date

_____

Sarah Krausse, Commissioner Date

Asset Disposal Sheet (Quarterly Report)
Disposal of Surplus Property other than Real Estate (Policy 25.01.001 - Exhibit A)
For 2nd Quarter, 2019

DATE OF ACQUISITION	DESCRIPTION (Model/Serial #/ Quantity/Current Location)	REASON FOR DISPOSAL	DISPOSITION PROCESS	DISPOSAL TIMELINE		COMMENTS
	1 - Landice Pro Sport Trainer Treadmill model L-7 Serial # L7-48012	Does not work for all weigh types	Donated to the FCH Wellness Committee	asap		

APPROVED BY:

Facilities Mgr _____ Date:_____

CFO _____ Date:_____

CEO _____ Date:_____

BOD _____ Date:_____

Resolution 2019#5
Date Approved by BOC: 4/23/19

Ferry County Health

TO: Ferry County Public Hospital District #1 Board of Commissioners MEETING DATE: April 23, 2019
FROM: Cherie Hanning, CNO
Subject: Board Report

As of April 17, 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:

- Current Staffing Needs
  - RNs – Need 1 FT RN
    - Theresa Bryan (P/T) Retired
    - Larissa Cribby resigned as Resident Care Coordinator
  - 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).

- Patient Family Advisory Council (PFAC)
  - Development of patient guidebook.
  - Next meeting May 9.

Informatics/Protocols and Order Sets:

- SANE Order Set – Now under review by Med Staff – **Completed**
- Sepsis Order Set – In progress
- Endoscopy Order Set and protocol; In collaboration with Dr Kelley – **Completed**

Revised Discharge Planning Policy – **Completed**

Review and revision of Swing Bed process – **Completed**

Quality Metrics – March 2019 Patient Safety Data Report - See Attachment 1

AHRQ Q4 2018 Antibiotic Safety Project Report - See Attachment 2

2018 Dashboard Tissue Donation - See Attachment 3

2019 QI Project List - See Attachment 4

Employee Health and Infection Prevention Update:

- ICAR (Infection Control Assessment and Response) completed. LTC will be scheduled next month.
  - Report will itemize priority items to build a better IP program.
- Larissa Lewis with NHSN visited to help set up the NHSN reporting platform.
- Working on better work flow/reporting of culture reports from ED/OBS/INP with Antimicrobial Stewardship Program.

LTC Activities:

- We have two new volunteers; one will be coming in about 3-4 times a month and the other one will come in for scripture reading 1:1 with residents.

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

- New project reviewing and implementing:
  - Telepharmacy – In Progress
  - New Shelving in Pharmacy - **Completed**
  - Bar code medication administration – In Progress
  - Pyxis medication dispensing
    - Pyxis Go Live – July

Nurse Orientation Project – In Progress

New Beds – 2 new acute care beds – In Progress (expected in June)

Wheelchair assessment **– Completed**

Training

- Risk Management (HIPAA, Clinical Documentation) – Sharon with Coverys – April 18
- 12 Lead EKG for NAC/UC.
- BLS – April 19.
- Wound VAC – Scheduled in May.
- BLS/ACLS/PALS – June 11 & 12th.

Financial

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

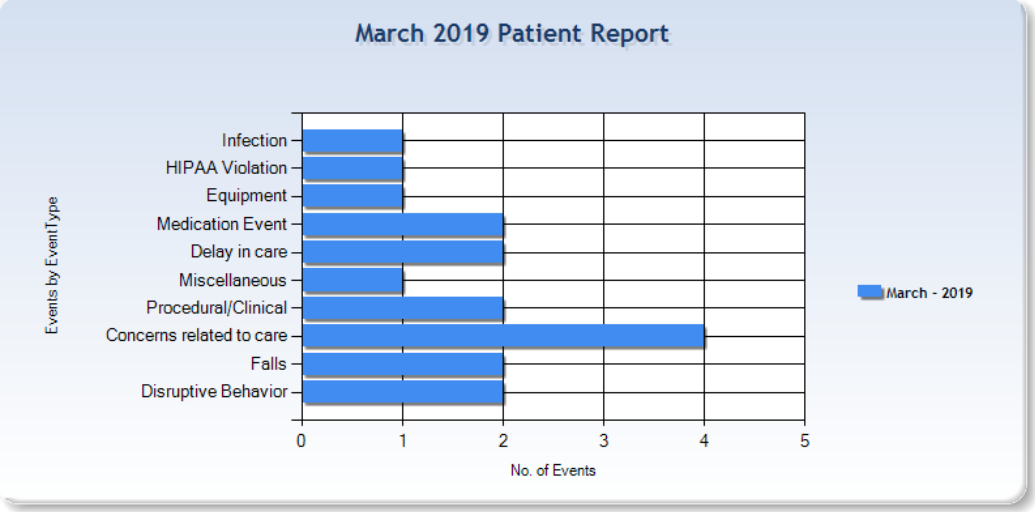
Growth

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

High School Job Fair – In Curlew - May 2019

In discussion to put on a NAC Class for Republic and Curlew High Schools.

MARCH 2019 HEALTHCARE SAFETY ZONE (QMM) District-wide/QI Metrics



Month	Disruptive Behavior	Falls	Concerns related to care	Procedural/Clinical	Miscellaneous	Delay in care	Medication Event	Equipment	HIPAA Violation	Infection
March - 2019	2	2	4	2	1	2	2	1	1	1
Totals	2	2	4	2	1	2	2	1	1	1

- Patient report: 18 events (above). Infection: 1 (AC), HIPAA: 1 (Lab) Equip.: 1 (AC), Medications: 2 (LTC), Delay in Care: 2 (LT/RMC), Misc: 1 (ALF), Procedural: 2 (LT/RMC) Care Concerns: 4 (LT/AC) Falls: 2 (AC/ALF), Disruptive Behavior: 2 (LT/AC)
- Employee report: 1 event. Injury: 1 (AC)
- Complaints/Compliments: 3, Compliments: 1 (OP) Complaint/Concern: 2 (ER/RMC) Follow-up calls: 35

Quarterly Benchmarking Report, 4th Quarter, October - December 2018

Facility: Ferry County Public Hospital District [109300]
Unit: Acute Care Unit
Hospital Benchmark: all participating units from Critical Access Hospitals
Unit Benchmark: all participating Med/Surg units/wards from all participating hospitals

As part of participation in the AHRQ Safety Program for Improving Antibiotic Use, your unit will receive quarterly benchmarking reports to compare your unit's progress to those of units in similar facilities.

This report contains individualized results from all the data submitted by your unit for the 1st, 2nd, 3rd, and 4th quarters (January – December 2018). It includes the following results for your unit:

- Baseline Structural Assessment (SA)
- Endline Structural Assessment (SA)
- Baseline Hospital Survey on Patient Safety Culture (HSOPS)
- 1st quarter antibiotic days of therapy (DOT)
- 2nd quarter antibiotic days of therapy (DOT)
- 3rd quarter antibiotic days of therapy (DOT)
- 4th quarter antibiotic days of therapy (DOT)
- 1st quarter *C. difficile* LabID events
- 2nd quarter *C. difficile* LabID events
- 3rd quarter *C. difficile* LabID events
- 4th quarter *C. difficile* LabID events
- March - May 2018 Team Antibiotic Review Forms
- June - August 2018 Team Antibiotic Review Forms
- September - November 2018 Team Antibiotic Review Forms

The report also includes aggregate data results from all participating units in similar facilities (Hospital Benchmark) and from similar units in all participating hospitals (Unit Benchmark). Both benchmarks include data available at the time of production of this report. The benchmarks and your unit's relation to these benchmarks may have changed from previous quarterly reports as more data from participating facilities has been included.

If your unit submitted: data that are not specific to your registered unit, incomplete quarterly data (e.g., missing data for one month), a denominator other than patient-days (e.g., days-present), and/or out-of-range data (low or high patient-days/rates in comparison to the benchmark), your unit's data will be excluded from the benchmark calculation as they are not directly comparable to benchmark data. Please see individual results below for more detail.

Quarterly Benchmarking Report, 4th Quarter, October - December 2018

Please note that results from individual units will not be shared with other participating hospitals; the report only includes aggregate benchmark data from other hospitals. We welcome your feedback on the report. If you have any questions about the report, or the individual results from your unit, please contact your implementation adviser.

Structural Assessment

See program website for Structural Assessment Form

The table below summarizes the data from the Baseline and Endline Structural Assessment forms submitted by your unit, as well as the data from all participating units from Critical Access Hospitals, and Med/Surg units/wards from all participating hospitals.

Assessment items	Baseline Your unit	Baseline Hospital benchmark	Baseline Unit benchmark	Endline Your unit	Endline Hospital benchmark	Endline Unit benchmark
Number of hospital beds	25	24	125	25	22	123
Number of unit beds	7	20	31	7	21	30
Have experience using the CUSP approach before	No	9% Yes	6% Yes	Yes	8% Yes	8% Yes
Have an existing antibiotic stewardship (AS) program	Yes	71% Yes	86% Yes	Yes	94% Yes	97% Yes
Development of antibiograms	No	68% Yes	77% Yes	No	62% Yes	71% Yes
Developed antibiotic-related educational modules	Yes	40% Yes	54% Yes	Yes	57% Yes	64% Yes
Developed local antibiotic treatment guidelines	Yes	60% Yes	67% Yes	No	67% Yes	81% Yes
Prior-approval of select antibiotics	Yes	16% Yes	37% Yes	Yes	28% Yes	41% Yes
Post-prescription review for selected antibiotics	Yes	42% Yes	59% Yes	Yes	64% Yes	73% Yes
Days of antibiotic therapy reported periodically to track antibiotic usage	Yes	40% Yes	61% Yes	Yes	86% Yes	83% Yes
Have an antibiotic stewardship committee	Yes	82% Yes	93% Yes	Yes	91% Yes	95% Yes

Hospital Survey on Patient Safety Culture (HSOPS)

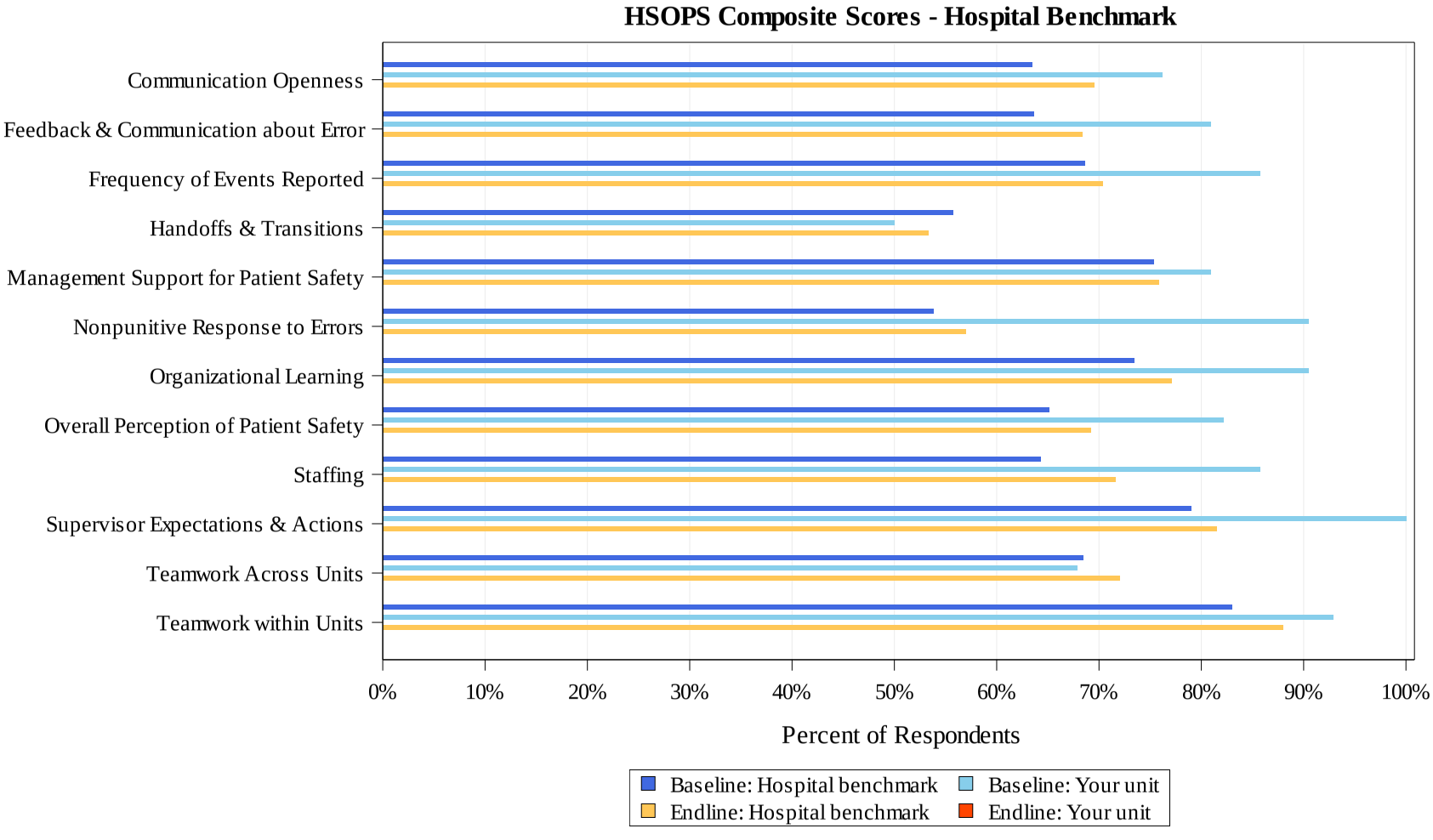
See program website for HSOPS questionnaire

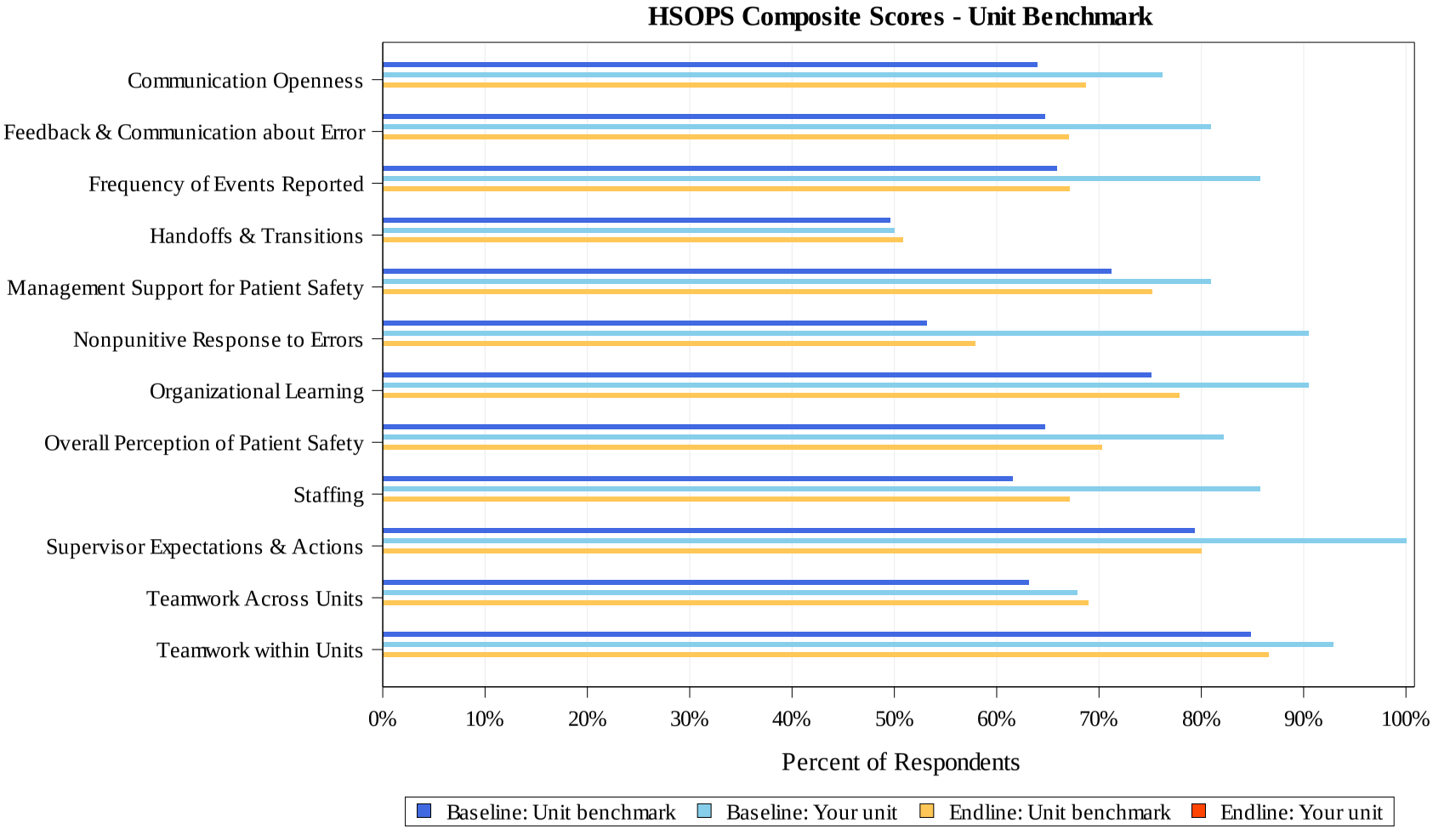
Your unit selected to collect Baseline HSOPS data via the AHRQ Safety Program data collection platform. Eligible staff from your unit completed the online Baseline HSOPS survey in February-April 2018 .

The charts below compare your unit's composite scores from the Endline HSOPS data to the composite scores from the Baseline HSOPS data. The separate charts also provide the average composite Endline and Baseline scores among units in the hospital benchmark as well as units in the unit benchmark.

Please note that individual HSOPS results may not be displayed for the following reasons:

- If 5 or fewer respondents from your unit completed the survey, we are unable to present results
- The data submitted did not follow the AHRQ HSOPS data file specifications
- The HSOPS data submitted was hospital-level instead of unit-level


HSOPS Composite Scores - Hospital Benchmark
Communication Openness
Feedback & Communication about Error
Frequency of Events Reported
Handoffs & Transitions
Management Support for Patient Safety
Nonpunitive Response to Errors
Organizational Learning
Overall Perception of Patient Safety
Staffing
Supervisor Expectations & Actions
Teamwork Across Units
Teamwork within Units
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Percent of Respondents
Baseline: Hospital benchmark
Baseline: Your unit
Endline: Hospital benchmark
Endline: Your unit


HSOPS Composite Scores - Unit Benchmark
Communication Openness
Feedback & Communication about Error
Frequency of Events Reported
Handoffs & Transitions
Management Support for Patient Safety
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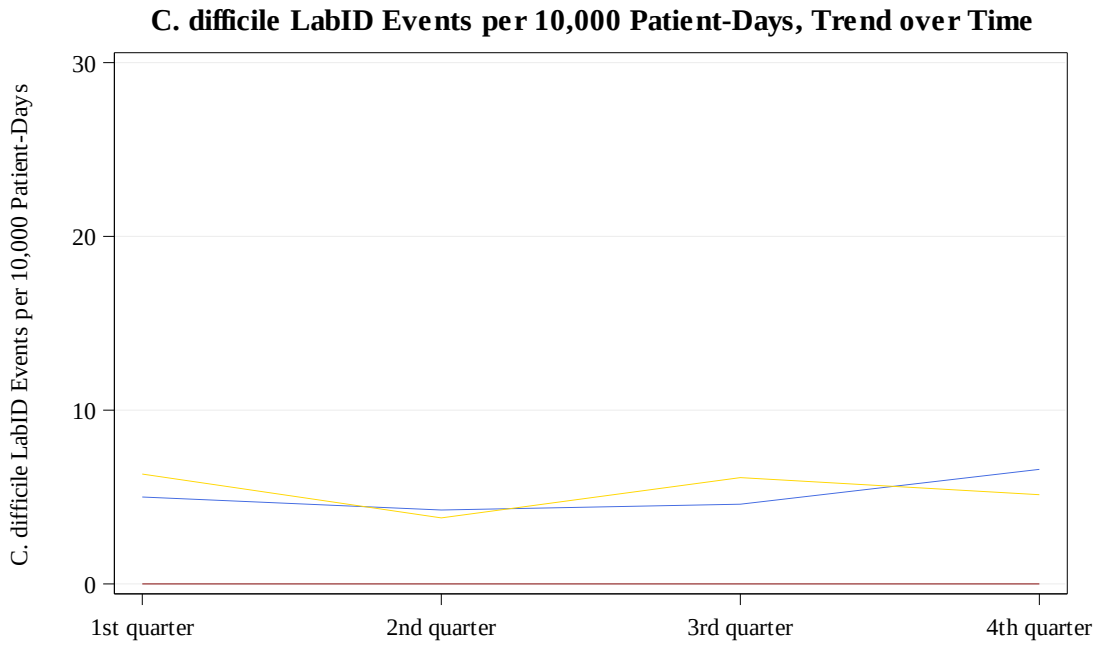
Organizational Learning
Overall Perception of Patient Safety
Staffing
Supervisor Expectations & Actions
Teamwork Across Units
Teamwork within Units
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Percent of Respondents
Baseline: Unit benchmark
Baseline: Your unit
Endline: Unit benchmark
Endline: Your unit

C. difficile LabID Events

C. difficile LabID events per 10,000 patient-days

The following figure shows the trend of number of *C. difficile* LabID events per 10,000 patient-days in your unit, all participating units from Critical Access Hospitals, and Med/Surg units/wards from all participating hospitals. The benchmark rates represent average rates across all included units.



	1st quarter	2nd quarter	3rd quarter	4th quarter
Your unit	0	0	0	0
Hospital benchmark	5	4.3	4.6	6.6
Unit benchmark	6.3	3.8	6.1	5.1

The number of units submitting Q4 data for your unit's benchmarking cohorts are as follows:

- Hospital Benchmark: 52 units from 52 hospitals
- Unit Benchmark: 124 units from 121 hospitals

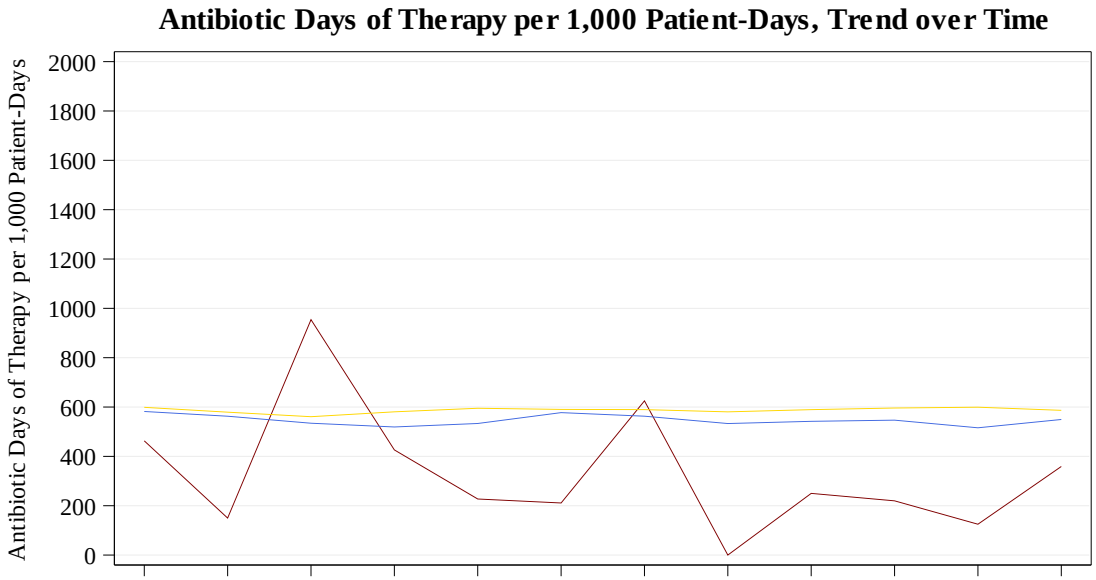
The following results compare your unit's rate to all rates in your unit's benchmark cohorts:

- Compared to individual units in your hospital benchmark, your unit's rate of *C. difficile* LabID events is lower than at least 75% of similar units.
- Compared to individual units in your unit benchmark, your unit's rate of *C. difficile* LabID events is lower than at least 75% of similar units.

Antibiotic Use Data

Antibiotic days of therapy (DOT) per 1,000 patient-days
The following figure shows the trend of monthly days of therapy per 1,000 patient-days in your unit, all participating units from Critical Access Hospitals, and Med/Surg units/wards from all participating hospitals. It includes data for all antibiotics reported by your unit. The benchmark rates represent an average rate across all included units.

Please note that the benchmark reflected the same antibiotics in the shortlist template which your unit selected to use.



	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018
Your unit	463	150	954	426	227	211	625	0	250	220	125	359
Hospital benchmark	582	563	534	519	533	577	563	533	542	547	516	550
Unit benchmark	599	579	561	581	595	590	590	580	589	596	599	587

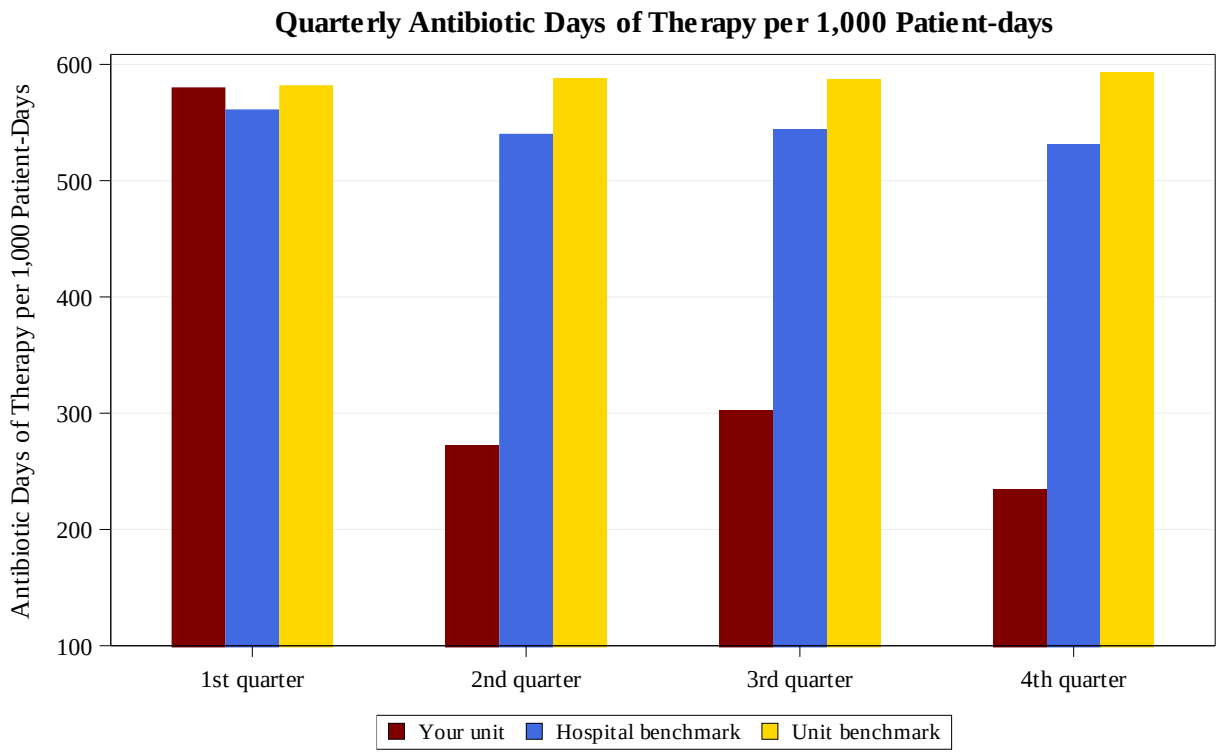
The number of units submitting Q4 data for your unit's benchmarking cohorts are as follows:

- Hospital Benchmark: 60 units from 60 hospitals
- Unit Benchmark: 138 units from 136 hospitals

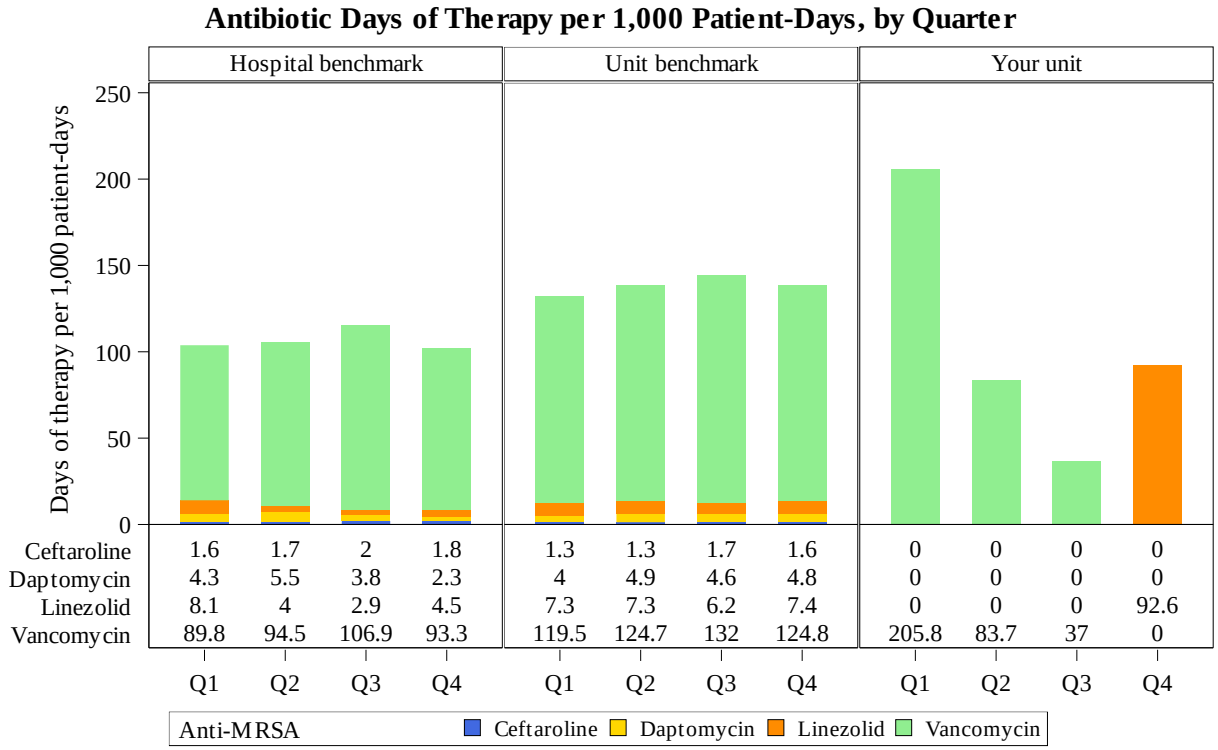
The following results compare your unit's rate to all rates in your unit's benchmark cohort:

- Compared to individual units in your hospital benchmark, your unit's rate of days of therapy is lower than at least 75% of similar units.
- Compared to individual units in your unit benchmark, your unit's rate of days of therapy is lower than at least 75% of similar units.

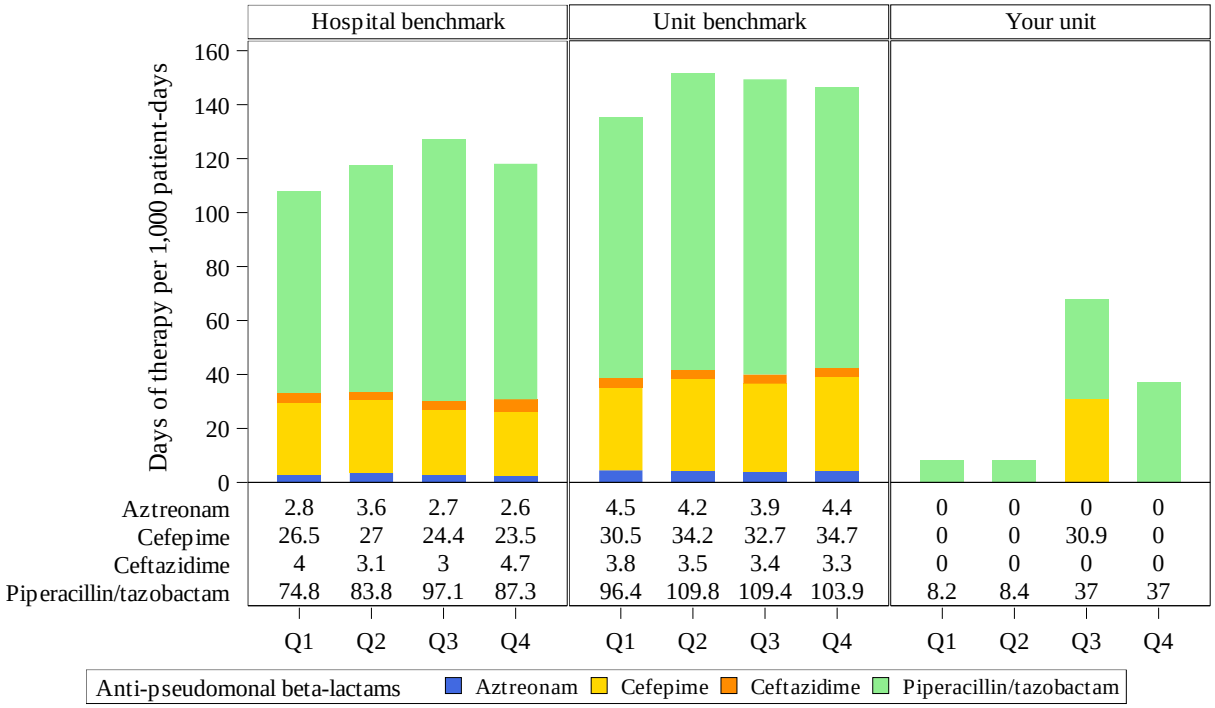
The figure below shows the quarterly antibiotic days of therapy per 1,000 patient-days from Q1 to each subsequent program quarter, for your unit and for the hospital and unit benchmarks, respectively. The benchmark rates represent an average rate across all included units.



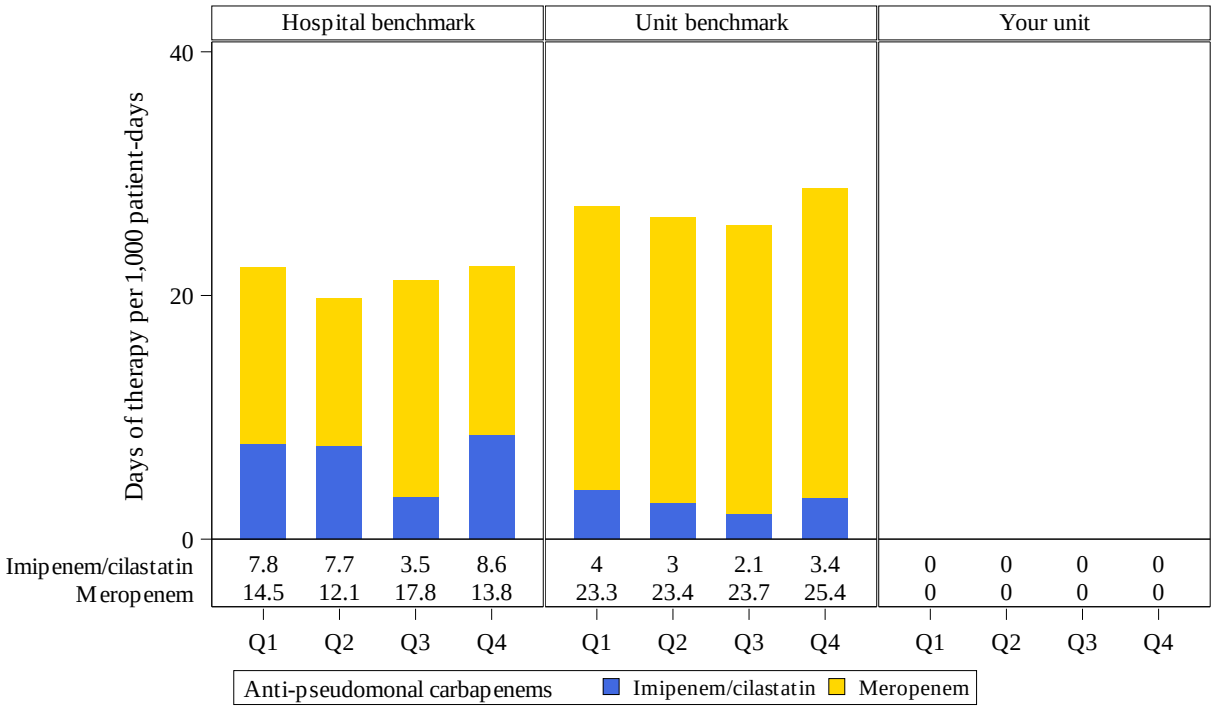
The following figures show the quarterly days of therapy per 1,000 patient-days for antibiotics in each of five drug classes of interest. Data are shown for the hospital benchmark, unit benchmark, and your unit.



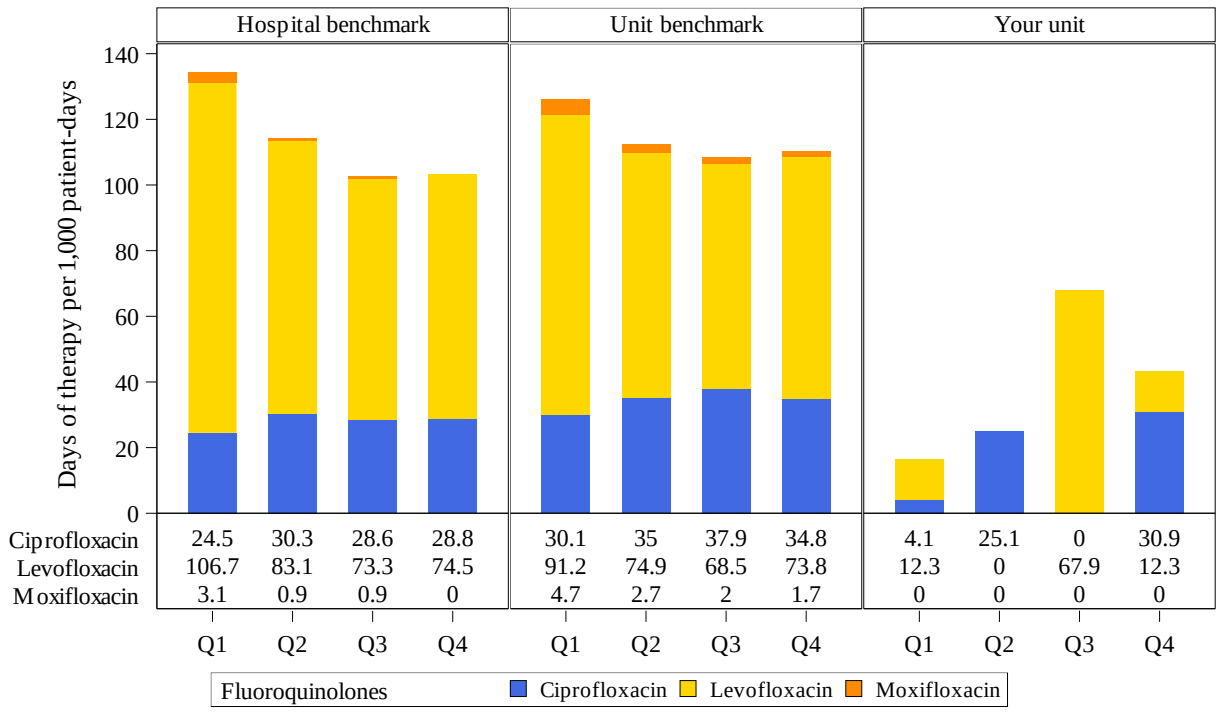
Antibiotic Days of Therapy per 1,000 Patient-Days, by Quarter



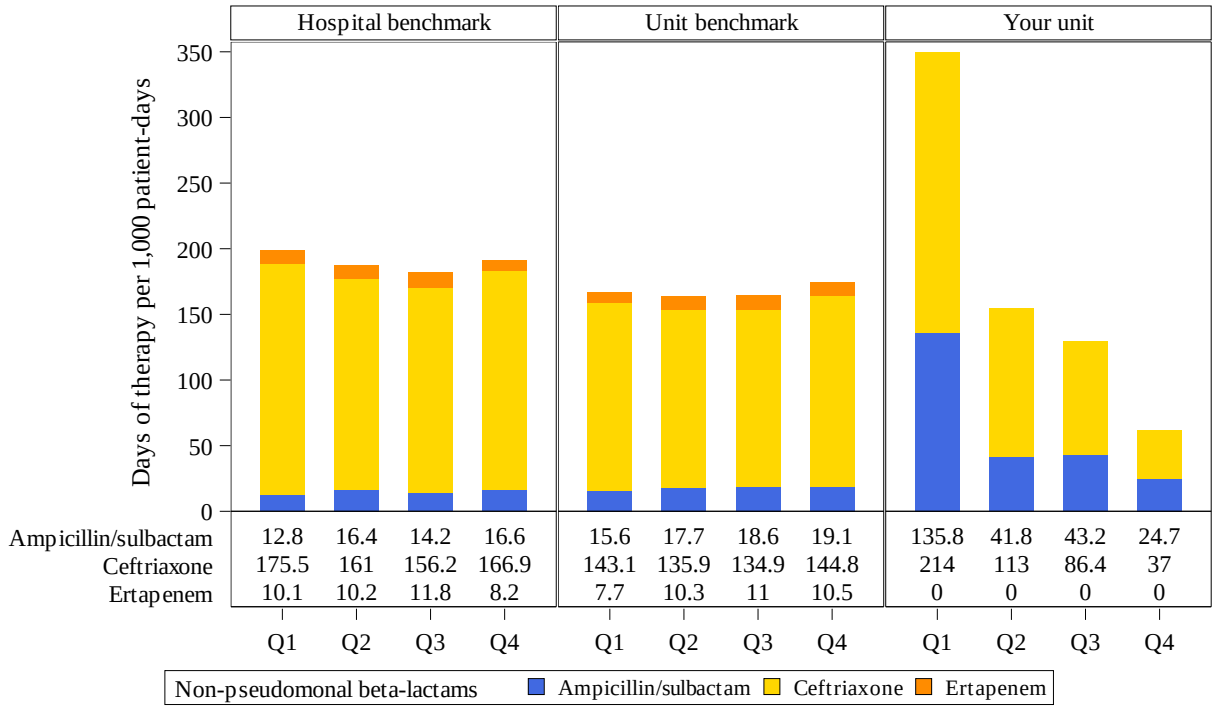
Antibiotic Days of Therapy per 1,000 Patient-Days, by Quarter



Antibiotic Days of Therapy per 1,000 Patient-Days, by Quarter



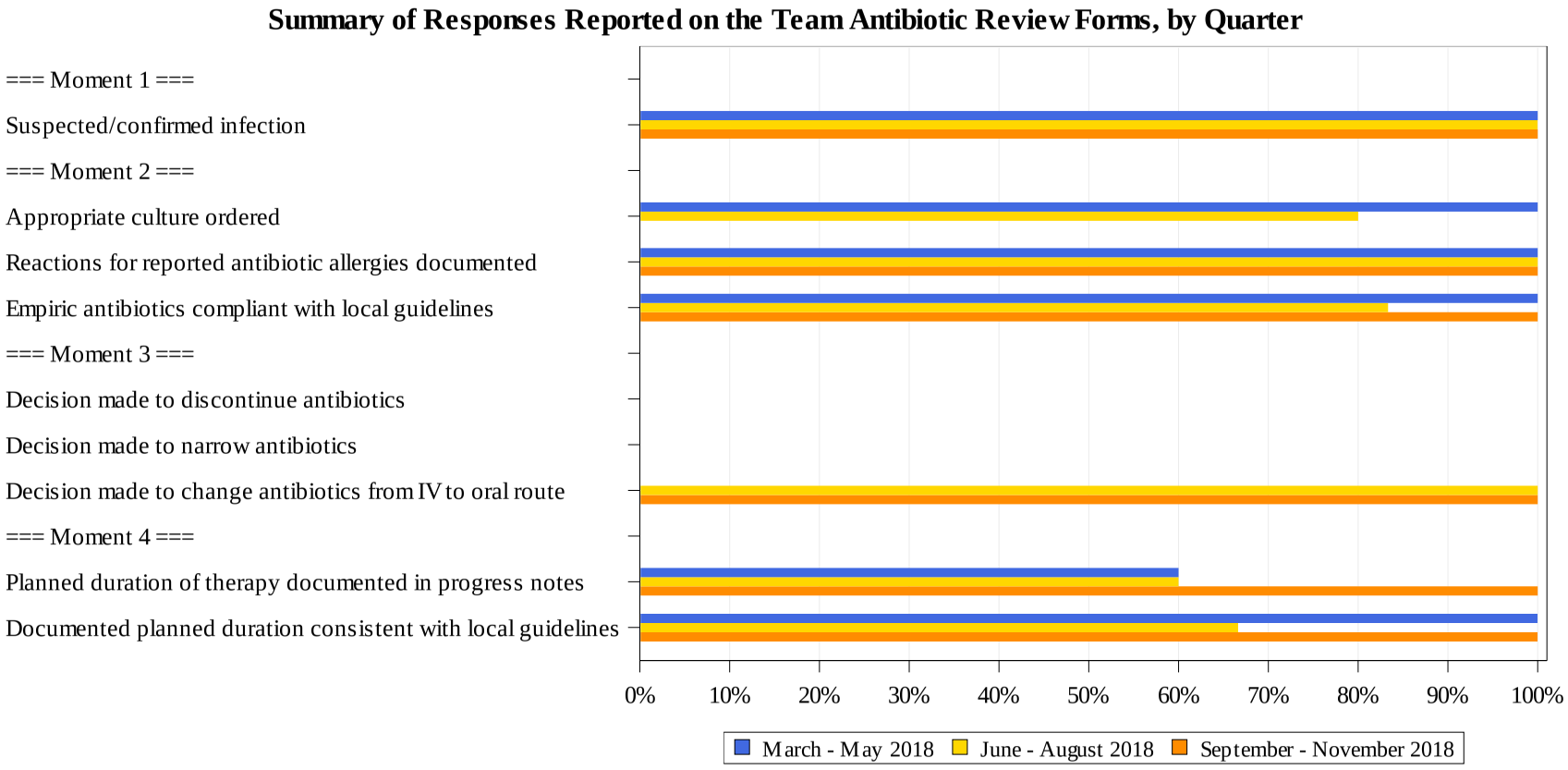
Antibiotic Days of Therapy per 1,000 Patient-Days, by Quarter



Team Antibiotic Review Form

See program website for team antibiotic use review form

Your unit submitted Team Antibiotic Review Forms for 7 months (missing data for August and November), with an average of 3 antibiotic use review forms per month from March to November 2018. The graph below shows the summary of responses reported on the Team Antibiotic Review Forms, by quarter, for your unit. Each bar represents the percentage of submitted forms answering "yes" to a particular question or set of questions related to the patients on antibiotics that were evaluated. Responses of "not applicable" are not included in the graph.



Ferry County Memorial Hospital

2018 Tissue Donation Dashboard

Month	Deaths	Referrals	Potentials	Donors	Missed Referrals	Pre-Approaches	Late Referrals
January	1	1	1	0	0	0	0
February	0	0	0	0	0	0	0
March	2	2	0	0	0	0	0
April	1	0	0	0	1	0	0
May	1	1	0	0	0	0	0
June	1	1	0	0	0	0	0
July	0	0	0	0	0	0	0
August	1	1	0	0	0	0	0
September	0	0	0	0	0	0	0
October	1	1	0	0	0	0	0
November	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0
TOTAL	**8**	**7**	**1**	**0**	**1**	**0**	**0**

*NR = Data not received from hospital

* Watch * Improvement Needed

Quarterly	Donors		Missed Referrals		Pre-Approaches		Late Referrals	
Comparison	2017	2018	2017	2018	2017	2018	2017	2018
Q1	0	0	NR	0	0	0	1	0
Q2	1	0	NR	1	0	0	1	0
Q3	0	0	NR	0	0	0	0	0
Q4	0	0	NR	0	1	0	1	0
TOTAL	**1**	**0**	**NR**	**1**	**1**	**0**	**3**	**0**

2018 Goals	Missed Referrals	Pre-Approaches	Late Referrals

Gretchen Lopez
Donor Relations Account Manager
Cell: (509) 202-2052
Gretchen_Lopez@lifenethealth.org

Quality Improvement Projects 2019

*not all inclusive

Rehab

- Accuracy of tracking Medicare cap/threshold dollar amount in comparison to number of patient visits.

Imaging

- We will be tracking the amount of times the Imaging Department is contacted by patients about their results.

Human Resources

- 100% completion rates for new hire and annual compliance training.

Infection Prevention

- Compliance with isolation precautions.

Nursing/Medical

- Improving the medication reconciliation process to assure the most accurate patient medication list is available.

Fiscal

- 100% accuracy of both financial statements and Centriq reports.

Lab

- Improving quality of blood specimens. Monitoring hemolysis rates and exploring and implementing best practice as it applied to blood specimen collection.

Clinic

- Monitoring wait times for all patients.

Ferry County Health

TO: Ferry County Public Hospital District #1 Board of Commissioners MEETING DATE: April 23, 2019
FROM: JoAnn Ehlers
Subject: Clinic

As of April 17, 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.
	• We have hope of bringing in a new PRN staff member for referrals and front office soon.
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.
	• Per a nurse meeting this month, the nurses identified a couple small tweaks we could make in our new phone system to improve it. These suggestions are being implemented. • The new walk-in experiment is still in the baby stage. I hope to report improvements next month. • As a response to the QI Project and recent complaints heard and brought forward by the Board re timely response for all patient needs; the Clinic, working with Administration, will be implementing a mandatory process for some patient care activities to be checked and verified as "complete" each day. This may include tracking for several days, or longer. I am asking the Clinic to "set the bar" and do better than everyone else in getting test results and responses to patients in a prompt and personal (by telephone as first attempt) manner. We have not set a date for the project to begin as we are giving some time for each Provider/Assistant team to determine how they will accomplish the goal set. (At least one nurse has already started a process.) • The above includes working with the phone nurse system. On the 15th, we saw 19 walk-ins and there were over 34 calls on the phone to handle when I checked on things in the early afternoon. We will work on a way that others can pick up the phone calls and help get patients called back. We are identifying glitches in the system as well. I will be meeting with my walk-in nurse staff this week or next to keep adjusting the plan where needed. Nursing staff is getting better at asking for help and I am happy to see the teamwork and will encourage this to grow. • Binders have been created for the tracking of wait time. Each binder has a supply of tracking pages in it. The idea is that a patient may take this binder and a pen and then turn it in at the end of their visit. This is another QI Project for the District. Those patients that are willing will be asked to track their real time experience as they go through checking in and being seen by a provider. This will be a slow process as not all patients are willing or able to do this. As we gather data we should be able to use it to determine if we can come up more efficiency in patient flow.
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.
	• Forefront has limited their care to only those patients that can see them from their own homes. This is a bit of a blow for us, we just started a couple of patients on visiting these providers from our Clinic and they were very happy with the service. The ones that started before we were notified of the change are going to be able to finish their care but we are not

able to start any new ones. With so many in our area that do not have the proper connectivity required, this will mean we can't provide this service at all until we get another service provider going.

- Dr. Kelley will be performing his first procedures on the 18th. We have a good sized list of folks waiting for his services and will be getting them scheduled for pre-ops. We are finding that those that need the service are not always ready to actually get it done.
- The Clinic has also had the pleasure of Dr. Kelley helping out with Clinic visits for a couple days and it was totally appreciated. We were able to accommodate quite a lot of patients that needed same day services. This was helpful to our ER block providers as well.
- On our radar: Telehealth services from our Clinic and Home Visits.

Financial

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

- I am still getting reports from the front office of new and returning patients to our Clinic.
- Clinic providers have agreed to work as a team with me on a standardization plan in terms of some of the work they do. For Example, we will be looking to choose specific documentation templates to use in specific types of patient visits. Doing this should create greater efficiency.
- We have identified and will be testing some other practices as well.
- Speaking of efficiency, the computers in the Clinic patient rooms have been updated to allow fast sign on just like the Hospital computers. This will allow providers to put more focus on the patient.
- Cindy and I watched a good Webinar that shared some Best Practices in Chronic Care Management and why this is so vital to our patients. The whole idea is to be proactive in our care and not reactive only. By keeping consistent track of our patients with chronic conditions we can reduce their need for emergency care and improve their own engagement regarding their health. Overall, it is a win – win.

Growth

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

- Calls were made to schools for sport physical events but I have yet to get to speak with anyone. I did get a return call from Republic school.
- Referrals are still up: 112 for March. 65 so far for the first half of this month. Kandee will be taking a vacation soon and Tonja from HIM will be filling in.
- MAT program is still going steady.
- Thanks to Brant, patient panels are built and ready for some clean-up work by the providers. I plan to take the panels to the whole crew in May's Clinic Staff meeting to start this process.
- Medicare Wellness Exams and Chronic Care Management: Our RN will be on vacation so my plans are pushed back to mid-June for a soft start. We do have an appointment to shadow the Omak CCM process at the end of May.
- Still working to get the DSHS Mobile Unit in.
- Have not been able to locate a Medicaid Dental Mobile Unit yet.
- It was suggested that I try to bring in a VA Mobile Unit so I will check into that.
- In lieu of providing a Vision Mobile Office, VSP (a vision service company) has let us know that in May they will be sending us 40 certificates that will provide vision exam and glasses services

at local VSP Clinics. There are offices in Kettle Falls and Colville. The value of these in total is $15,400/ $385 per certificate.
Patients must
-have a SSA number,
-be under the 200% FPL and
-be uninsured for vision services.

Though this defeats my purpose of getting a vision service here to our area for those that can't travel, it should still be very helpful to those that qualify and can get to the closest offices. I can keep requesting this service to come in and see what happens. I will be calling the local offices to let them know that we will be giving out these certificates and find out what they would like us to tell any recipients. Maybe they can send me some brochures.

- To give you an idea 200% of FPL = $24,980 for a single person and goes up per size of household. A family of 8 can earn $86,860 per year.

Thank you for your continued support and encouragement.

Respectfully submitted,

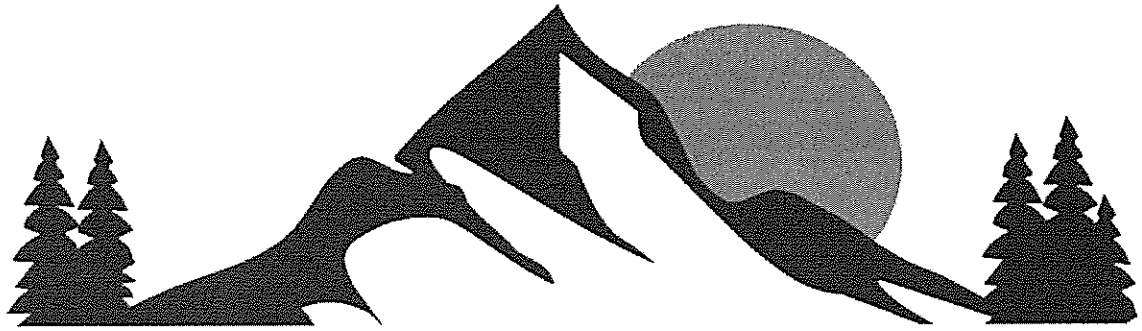
JoAnn Ehlers

Ferry County Health

TO: Ferry County Public Hospital District #1 Board of Commissioners MEETING DATE: April 23, 2019
FROM: Brant Truman
Subject: COO/CFO Report

As of April 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.
	• Working thru some adjustments in job expectations. • Working with community event subcommittee to help with March of Dimes and Gold Rush Run, excited for both events.
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.
	• Registration denials at 13 month low. • Shadow Financial Statement System completed and implemented. • 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.
	• Endoscopy procedures started this last week with much success. • Ortho once week is at capacity • NRC Surveying will improve both quality and service, hence I have it in both quality and service categories. Wondering if anyone will recognize the duplication. • Continued Improvement related to the Registration process is in process. • New Cost Report/Accounting Consultants, expected completion of 2018 cost report shortly.
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 and highest monthly gross revenue at $1.63 million. • Paid additional $150k towards debt principal year to date. • EHR incentive payment expected shortly. • Cash collections from operations close to $900k in March. • AR days at 52 days. • Working on RHC Reconciliation for 2014 thru 2017. • 2016 and 2017 SAO audit is finished with recommendations.
Growth	To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.
	• More opportunities are there then time to complete.

Ferry County Public Hospital District #1 Financial Statements
Month Ending March 31, 2019



Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

Combined Income Statement: Hospital and Klondike Hills

Year to Date March 31, 2019

	January	February	March	YTD
Operating revenue:				
Gross patient service revenue	1,659,886	1,468,812	1,678,128	4,806,826
Contractual allowances and provisions for uncollectible accounts	(662,632)	(281,984)	(680,561)	(1,625,177)
Patient service revenue - (Net contractual allowa	$ 997,254	$ 1,186,828	$ 997,567	$ 3,181,649
Bad debt expense	(29,762)	(61,546)	(32,633)	(123,940)
Other operating revenue	70,584	61,152	87,247	218,983
Total operating revenue	1,038,076	1,186,434	1,052,181	3,276,691
Operating expenses:				
Salaries and wages	478,210	456,840	543,928	1,478,978
Employee benefits	114,667	126,124	145,164	385,956
Professional fees	116,367	112,051	130,908	359,326
Supplies	55,057	105,856	75,206	236,119
Purchased services - Utilities	25,727	28,155	27,314	81,195
Purchased services - Other	88,690	58,412	74,309	221,411
Insurance	7,161	6,396	6,871	20,429
Other	35,246	24,635	17,995	77,876
Rent	10,708	10,708	10,708	32,125
Depreciation	48,664	48,696	48,566	145,926
Total operating expenses	980,499	977,873	1,080,969	3,039,341
Gain (loss) from operations	57,578	208,561	(28,788)	237,351
Nonoperating revenues (expenses):				
Property taxes	22,300	23,898	22,300	68,497
Interest earnings	5,590	5,405	5,119	16,114
Interest expense	(18,528)	(19,032)	(21,262)	(58,821)
Grants and donations	265	14,053	5,132	19,449
Other	16,392	16,493	27,035	59,921
Total nonoperating revenues (expenses) - Net	26,019	40,818	38,323	105,160
Increase (decrease) in net position	$ 83,596	$ 249,379	$ 9,536	$ 342,511

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

Hospital Income Statement
Year to Date March 31, 2019

	January	February	March	YTD
Operating revenue:				
Gross patient service revenue	1,600,884	1,419,352	1,631,921	4,652,157
Contractual allowances and provisions for uncollectible accoun	(662,632)	(281,984)	(680,561)	(1,625,177)
Patient service revenue - (Net contractual allowances)	$ 938,252	$ 1,137,368	$ 951,359	$ 3,026,980
Bad debt expense	(29,762)	(61,546)	(32,633)	(123,940)
Other operating revenue	70,570	61,152	87,233	218,956
Total operating revenue	979,061	1,136,975	1,005,960	3,121,996
Operating expenses:				
Salaries and wages	435,626	431,061	508,875	1,375,562
Employee benefits	111,584	107,733	136,038	355,356
Professional fees	116,367	112,051	130,908	359,326
Supplies	52,971	104,492	73,202	230,665
Purchased services - Utilities	24,558	27,081	26,316	77,955
Purchased services - Other	81,790	52,021	67,446	201,257
Insurance	7,161	6,396	6,871	20,429
Other	35,127	24,550	17,837	77,515
Rent	-	-	-	-
Depreciation	48,664	48,696	48,566	145,926
Total operating expenses	913,848	914,083	1,016,060	2,843,990
Gain (loss) from operations	65,213	222,892	(10,099)	278,006
Nonoperating revenues (expenses):				
Property taxes	22,300	23,898	22,300	68,497
Interest earnings	5,493	5,303	5,025	15,821
Interest expense	(18,528)	(19,032)	(21,262)	(58,821)
Grants and donations	265	14,053	5,132	19,449
Other	16,392	16,493	27,035	59,921
Total nonoperating revenues (expenses) - Net	25,922	40,716	38,230	104,868
Increase (decrease) in net position	$ 91,135	$ 263,608	$ 28,131	$ 382,873

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

Klondike Hills Income Statement
Year to Date March 31, 2019

	January	February	March	YTD
Operating revenue:				
Patient service revenue - (Net contractual allowances)	$ 59,002	$ 49,459	$ 46,207	$ 154,669
Other Operating Revenue	14	-	14	27
Total operating revenue	59,015	49,459	46,221	154,696
Operating expenses:				
Salaries and wages	42,585	25,779	35,052	103,416
Employee benefits	3,083	18,391	9,126	30,600
Supplies	2,087	1,363	2,004	5,454
Purchased services - Utilities	1,169	1,074	998	3,240
Purchased services - Other	6,900	6,391	6,863	20,154
Other	119	84	158	362
Rent	10,708	10,708	10,708	32,125
Total operating expenses	66,651	63,791	64,909	195,350
Gain (loss) from operations	(7,635)	(14,331)	(18,688)	(40,655)
Nonoperating revenues (expenses):				
Interest earnings	97	102	93	293
Total nonoperating revenues (expenses) - Net	97	102	93	293
Increase (decrease) in net position	$ (7,538)	$ (14,229)	$ (18,595)	$ (40,362)

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 March 31, 2019

Assets	YTD Balance Hospital	YTD Balances Klondike Hills	Eliminations	YTD Balances Totals
Current assets:				
Cash and cash equivalents	$ 3,435,106	$ 86,301	$ -	$ 3,521,406
Patient trust	500	-	-	500
Receivables:				-
Patient AR - Net	1,665,092	39,486	-	1,704,577
Gross AR	2,746,091	39,486	-	2,785,577
Contractual allowance	(1,080,999)	-	-	(1,080,999)
Taxes	240,786	-	-	240,786
Estimated third-party payor settlements	38,000	-	-	38,000
Interdivision receivables	1,407,815	-	(1,407,815)	-
Other	108,176	-	-	108,176
Inventories	159,223	-	-	159,223
Prepaid expenses	48,734	-	-	48,734
Total current assets	7,103,432	125,786	(1,407,815)	5,821,403
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	5,659,530	-	-	5,659,530
Total capital assets	5,686,812	-	-	5,686,812
TOTAL ASSETS	$ 12,790,244	$ 125,786	$ (1,407,815)	$ 11,508,215

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 March 31, 2019

Liabilities and Net Position	YTD Balances Hospital	YTD Balances Klondike Hills	Eliminations	YTD Balances Totals
Current liabilities:				
Current maturities - Long term debt	$ 176,428	$ -	$ -	$ 176,428
Current maturities - Capital lease obligations	93,104	-	-	93,104
Accounts payable	193,898	1,557	-	195,454
Warrants payable	109,140	1,753	-	110,893
Patient trust	500	-	-	500
Payroll and related expenses	145,059	14,476	-	159,534
Accrued vacation	269,840	27,473	-	297,313
Unearned tax revenue	200,696	-	-	200,696
Accrued interest payable	57,899	-	-	57,899
Estimated third-party payor settlements	100,000	-	-	100,000
Interdivison payables	-	1,407,815	(1,407,815)	-
Total current liabilities	1,346,564	1,453,073	(1,407,815)	1,391,821
Noncurrent liabilities:				
Long term debt - Less current maturities	4,958,384	-	-	4,958,384
Capital lease obligations - Less current portion	106,425.73	-	-	106,426
Total noncurrent liabilities	5,064,810	-	-	5,064,810
Total liabilities	6,411,373	1,453,073	(1,407,815)	6,456,631
Net position:				
Invested in capital assets	294,571	-	-	294,571
Restricted expendables	-	-	-	-
Unrestricted	6,084,300	(1,327,287)	-	4,757,013
Total net position	6,378,871	(1,327,287)	-	5,051,584
TOTAL LIABILITIES AND NET POSITION	$ 12,790,244	$ 125,786	$ (1,407,815)	$ 11,508,215

FINANCE DASHBOARD
Ferry County Public Hospital District #1
March 31, 2019

		Current Month				Year to Date		
Stats		Current Total	Target	Prior Year		Current Total	Target	Prior Year
1 Acute Care Days	🟢	36	16	16	🟢	80	48	37
2 Skilled Swing Bed Days	🟢	39	37	81	🟢	124	112	94
3 Long Term Swing Bed Days	🟢	464	360	433	🟢	1,290	1,074	813
4 Observation Hours	🟢	271	200	292	🟢	729	585	276
5 Admissions (Acute)	🟢	15	3	8	🟢	29	19	15
6 Average Length of Stay (Acute)	🟢	2.97	3.00	2.02	🔴	3.19	3.00	3.95
7 Outpatient Visits	🟢	889	827	830	🟢	2,512	2,467	1,537
8 ED Visits	🟢	154	141	127	🟢	448	424	268
9 Emergency Admit to Inpatient	🟢	7.14%	3.00%	4.72%	🟢	4.69%	3.00%	4.30%
10 Procedures	🟢	19	19	1	🔴	31	58	4
11 Clinic Visits	🟢	871	700	742	🟡	2,535	2,602	1,474
12 Rehab Visits	🟡	956	959	1146	🟢	3,482	2,804	1,862
13 Imaging Visits	🟢	338	250	320	🟢	941	500	840
14 Lab Visits	🟢	2250	2300	2380	🟢	6,596	6,730	4,535
Profitability								
14 Revenue Deductions % of Gross Revenue	🔴	41%	30%	39%	🔴	34%	30%	38%
15 Salaries % Gross Patient Revenue	🟢	32%	45%	34%	🟢	31%	45%	35%
16 Benefits % of Salary Expense	🟢	9%	26%	22%	🟡	26%	26%	25%
17 Bad Debt % Gross Patient Revenue	🔴	1.94%	1.78%	1%	🔴	2.58%	2%	2%
18 Charity % Gross Patient Revenue	🟢	0.57%	1%	1%	🟢	0.24%	1%	1%
19 Total Salary Expense	🔴	$ 543,928	$ 465,000	$ 496,191	🔴	$ 1,478,978	$ 1,367,406	$ 1,421,429
Net Income								
20 Hospital/Clinic and Klondike Hills	🔴	$ 9,536	$ 40,000	$ (13,825)	🟢	$ 342,511	$ 80,000	$ (295,986)
Cash and Liquidity								
23 Days Cash on Hand	🟢	113	73	31				
24 AR Days	🟡	53	51.57	52				
25 Current Ratio	🟢	5.69	3.49	2.67				
25 Total Debt - February	🔴	$ 5,064,044	0	$ 5,389,816				
26 Equivalent FTE's- February	🟢		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%

Key Ratios (Hospital Only, Excluding ALF)	Ferry County Memorial Hospital (Excluding ALF)		* Benchmark - Far West CAH	^ Benchmark - Washington CAH	Desired Trend
I). Liquidity Ratios	March YTD Ratios	Direction Compared to Bechmarks	Most Current Benchmark in 2017	Most Current Benchmark in 2017	
Current Ratio = Current Assets / Current Liabilities Measures the ability to repay current liabilities with current assets.	5.69	↑	2.85	3.07	↑
Days Cash on Hand (Short-Term Sources Only)	113	↑	46	Not available	↑
Days Cash on Hand (All Sources including investments) = Cash & Investments / Total Expenses (Less Depreciation & Amortization) / Number of Days	113	In between	87	70	

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

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

Key Ratios (Hospital Only, Excluding ALF)	Ferry County Memorial Hospital (Excluding ALF)		* Benchmark - Far West CAH	^ Benchmark - Washington CAH	Desired Trend
II). Capital Ratios	March YTD Ratios	Direction Compared to Bechmarks	Most Current Benchmark in 2017	Most Current Benchmark in 2017	
Long Term Debt to Capitalization = Debt / Equity + Debt Financial leverage of the Hospital District.	50.00%	↓	22.60%	25.40%	↓
Equity Financing = Net Position / Total Assets Amount of equity used to finance the Hospital District's assets.	44.00%	↑	56.80%	53.64%	↑
III). Profit Ratios					
Operating Margin = Operating Income (Loss) / Net Revenue Measure of operating efficiency.	8.9%	↑	-3.99%	1.89%	↑
Total Margin = Change in Net Position / Total Operating Revenues Measures overall profitability of the Hospital District.	10.13%	↑	2.60%	1.89%	↑
Return on Total Assets = Change in Net Position / Total Assets Measures profitability relative to the Hospital District's total assets.	2.78%	↑	3.79%	Not available	↑
Fixed Asset Turnover = Total Operating Revenue / Net Plant, Property, and Equipment Measures the Hospital District's ability to generate net operating revenue from fixed asset investments.	55%	↑	109.00%	Not available	↑

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

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

Ferry County Health

TO: Ferry County Public Hospital District #1 Board of Commissioners MEETING DATE: April 23, 2019
FROM: Aaron Edwards, CEO
Subject: CEO Report

As of April 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.
	• Very pleased to see strong interest in many of the Wellness Committee initiatives across the district. • Our NYU student has completed her trip and enjoyed her time with us. We appreciated having her. We will have a UW medical student here shortly as well. • Interviewed a potential fill in for our Block team. • Continue to monitor SHB1155, specifically the 8hr rule amendment, as it has been progressing from the Senate to the House and have been updating our staff. The bill/amendment will have a significant impact on our facility should it pass.
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.
	• Attended the WSHA CEO Retreat where we did training on recognizing and helping folks considering suicide, had a lecture on cognitive bias and how it can hurt a culture of safety, and discussed many other issues. • Took and passed our Basic Life Support Class (BLS).
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.
	• March of Dimes drive has raised roughly $1100 and so far we have roughly $3000 in sponsorship pledged for our Gold Rush Run. • Represented the hospital at the Aging and Long Term Care meeting along with Brant, plus commissioners Dave Iverson and Ron Bacon. • Visited with our jail superintendent re the possibility of providing MAT for inmates. They would also like us to pick up some additional medical oversight tasks and look at being the meal vendor for the jail. • Four of our providers have either signed up or have expressed strong interest taking the MAT classes on May 18th.
Financial	To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.
	• First gastro procedures went very well and we are beginning to schedule through June. • There has been robust interest in the Ortho services being offered here via Providence. • Swing bed patients have been lower than normal lately causing a little concern.
Growth	To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.
	• The Rural Health Committee (WSHA) voted to approve funds to buy payer data so we can see how many patients we retain and where folks migrate. We are likely to be the test facility for some of this work. • Making progress on bringing cardiac stress testing to the facility.