

# Physical therapist pitches women's program

By Baron Zahuranec

REPUBLIC — The Ferry County Public Hospital District heard a presentation from physical therapist Larry Farnes about a new service and department proposal centered around reducing suffering focused specifically on women. His program—called Optimum Performance Living for Women—was developed in 1997 and undergoes continual refinement.

There are three major reasons why the program is directed toward women: first, women are more teachable; second, women make 80 percent of healthcare decisions in a family; and third, women are naturally nurturers, Farnes said.

The whole program is transparent with all healthcare providers being up front

about all costs and coverages of selected care.

"We want to keep everybody on the same page," Farnes said.

Farnes believes the current healthcare system is broken. Today the basic method of the healthcare model is really about sick care. It is reactive in nature, only helping patients once illness, injury, or disease has already set in. He estimates that 60 to 80 percent of surgeries currently being performed are unnecessary because there really is another issue. Finding out the true issue is his, and the program's, goal, he said.

"We have to find a way to fix it on an individual basis," he added. "It's about cooperation, not corporation. You can give somebody a drug

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to stop pain, but that doesn't solve the problem."

Basically a hospital has to wait for people to get hurt to generate money. Farnes' program focuses on preventative care to get in front of any problems before they actually develop. He wants to be able to unify women through self-empowerment and bring women together as a community.

In Farnes' research he has identified at least 1,200 Ferry County women that could benefit from the help of the Ferry County hospital and this program. He identified a number of areas of need for women. Improving muscle conditioning and skeletal structure to help combat osteoarthritis was one of his first points. He also mentioned a need for some sort of weight management program, along with mental and emotional health programs.

The identification and delay of osteoporosis is a big point too with some 500 to 1,000 women in Ferry County looking at some degree of bone demineralization, he said.

With Optimum Performance Living for Women, the Ferry County Public Hospital could stand to see a potential projected net profit of one million dollars, Farnes said.

Board members seemed intrigued by the program, but were skeptical about some of the specifics. Farnes wants to train and import some of the people who'd be needed to implement the program, replacing some of those currently on the hospital's staff.

Board chair Nancy Betschart questioned how easy it would be to attract potential new employees and wasn't sure how she felt about displacing employees for a new program.

Board member Nancy Giddings wondered why the Optimum Performance program needed to be separate from what the hospital presently offers now.

Running low on time at the meeting, the board decided to schedule a workshop to further discuss Farnes' proposition:

The next regular hospital board meeting will be 1 p.m., March 17 in the HUB conference room.

## Coroners complete investigation training

2/24/16 View

REPUBLIC – The Ferry County coroner and a group of deputy coroners recently completed the Death Investigation Course offered through the Washington Association of Coroners and Medical Examiners.

Ferry County Prosecutor/Coroner Kathryn Burke, Deputy Prosecutor/Coroner Sandra Richartz, as well as Deputy Coroners DiAnne Koontz-Lundgren, Jeannie Hughes, and Darin Odegaard completed the eight-day training earlier this month. The course was attended by prosecutor/coroners, deputy coroners, forensic investigators, medical examiners and other death investigators from across Washington state.

The first installment of the training, which took place in November, addressed issues such as jurisdictional responsibility; confidentiality; organ and tissue donation and procurement; collecting data; forms and report writing; dealing with law enforcement and physicians; interviewing skills; forensic science; scene safety and security; scene photography; gathering evidence; identifying post-mortem changes; and drawing and obtaining analysis of toxicology specimens.

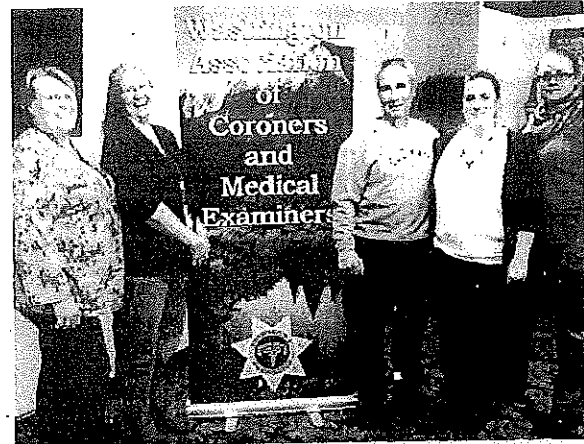
The second half of the training, completed this month, covered topics such as medical terminology, obtaining medical records, forensic pathology, drug overdoses, suicide investigation and sudden infant death investigation.

Washington state statute dictates that in counties of 40,000 or less, the prosecuting attorney serves as coroner.

In larger counties, coroners will often have their own morgue and specialized staff to investigate, gather medical records and perform pre-autopsy examinations and autopsies.

By contrast, Ferry County and other small, low-population counties lack these resources and rely more heavily on partners within the community. For instance, EMS will often aid in removal and transport of a decedent, while the hospital or local funeral home will provide a place for the coroner to perform a basic examination and aid in obtaining samples for forensic examination.

For Burke and Richartz, being a coroner comes with being a prosecutor in a small county. Koontz-Lundgren, Hughes and Odegaard all volunteer their service as deputy coroners. Koontz-Lundgren is a nurse while Hughes has served as an



The Ferry County Coroner and her deputies attended the Death Investigation Course through the Washington Association of Coroners and Medical Examiners. Pictured left-right: Deputy Coroners DiAnne Koontz-Lundgren, Jeannie Hughes, Darin Odegaard; Prosecutor/Coroner Kathryn Burke; Deputy Prosecutor/Coroner Sandra Richartz.

EMT within the community. Both served as deputy coroners under former elected prosecutor/coroners, but this was the first coroner training either had attended. Both said they found the training to be enormously beneficial.

"The trainings are designed to impart necessary knowledge to enable coroners and their deputies to effectively investigate unattended deaths within their respective jurisdictions," said Burke. "The training also provided an opportunity to network and form relationships with other offices around the state as well as to obtain training and education to enable the Ferry County Coroner's Office to better serve its community."



# Ferry County Public Hospital District

*Improving Health – Saving Lives*

## Quorum Health Resources

*View  
Extra*

Hospitals have been serving local communities for many years – so why does FCPHD need management support from Quorum Health Resources (QHR)? Let's begin the answer by reviewing some history. With added regulatory and other requirements to be licensed for receiving payment for services (think Medicare, Medicaid, insurance companies, Critical Access Hospital (CAH) designation & regulations, and continuing federal, state and private level changes in all of these), operating a hospital became much more complicated and risky. Through time these changes generally adversely impacted low-volume rural hospitals causing many to cease existence despite special CAH designation.

Not to many years ago FCPHD was just a whisper from joining the ranks of closed rural hospitals when the board decided to enlist the services of QHR to help chart a path back to survival. Those efforts were successful but new system challenges occur constantly that are both a threat to sustaining FCPHD as well as opportunities to improve it. Two years ago the board determined that the net operating cost of QHR services were beneficial to the district and negotiated a new contract. Approximately half the gross cost is recovered through current service reimbursement calculation rules.

QHR has been providing management services to community hospitals for nearly four decades, working with more than 100 hospitals nationwide, of which approximately half are CAH facilities. Quorum provides support to the hospital's community elected board and district leadership teams in making the critical decisions that enables our community to access sustainable Healthcare. The development of the Strategic Plan, Annual Business Plan and budget are but a few services Quorum offers FCPHD. Listed below are other supportive services offered to FCPHD:

- Reviewing insurance contracts.
- Assessing department operations for developing management action plans to assist in improving operations.
- Reimbursement specialists provide valuable cost report reviews and help the hospital model its anticipated reimbursement to make good financial decisions.
- Productivity benchmarks to help understand staffing requirements.
- Board and staff education throughout the year.
- Developing decision support tools such as monthly comparative data on operating indicators to help FCPHD identify areas for financial and quality improvement.
- QHR's CEO nationwide search services are again assisting the board in selecting a new CEO.

*Dave Iverson, Nancy Betschart, DiAnne Lundgren, Ron Bacon, Nancy Giddings*

3/2/10  
View

## Walk-In for Healthcare

*By Cindy Braley, Clinic Manager & Darla Martin, Lead RN*

Republic and Curlew Clinics both accept walk-in patients. Anyone who doesn't have a scheduled appointment and wishes to be seen that day, are considered walk-in patients.

A walk in patient will be seen as soon as possible by the first available provider. There may be a wait time as scheduled patients generally are priority. If the reason for walking in is of an urgent nature, a nurse will assess the patient. This helps our providers find the best possible time to see the patient quickly between scheduled patients. The nursing assessment, with consultation with a provider, may determine that the patient's condition requires an emergency room treatment instead of walk-in treatment at the clinic.

Reasons for being seen as a walk-in vary. Abdominal pain, urinary infections, ear infections, fever in children, fatigue (tiredness) in the elderly and new injuries is a few examples only. Medication refills, chronic condition follow up, and any other non-emergent reasons will most likely be scheduled for the next available appointment with a provider you choose.

Walk in hours for both clinics are 9-11 am and 2-4 pm

If you have questions or comments, please call Cindy Braley, Clinic Manager at 509-775-3153.

Prior Hospital Happenings available at <http://www.fcphd.org/news.html>

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