



Ferry County Health

BOARD OF COMMISSIONERS' MEETING

January 28, 2025 @ 10:30 AM in the HUB Conference Room

<https://us06web.zoom.us/j/89584329356?pwd=Y0dZT1VldmNkV2JMZ09MRVROalZvQT09>

Meeting ID: 895 8432 9356 (Audio Only)

Passcode: 260559

One tap mobile

+12532158782, 89584329356# US (Tacoma)

Mission Statement:

"To strengthen the health and well-being of our community through partnership and trust."

AGENDA

		Page(s)
Call to Order	DiAnne Lundgren	
Quorum Established	DiAnne Lundgren	
Review, Amend, Accept Agenda	DiAnne Lundgren	
Introduction of Board, District Employees, and Guests	DiAnne Lundgren	
<i>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 a separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.</i>		
Approval of Consent Agenda	ACTION	DiAnne Lundgren
<ul style="list-style-type: none"> • Minutes 12.17.24.Board Meeting • Minutes 01.21.25 Special Board Meeting • Minutes 01.23.23 Special Board Meeting • Approval of Warrants • Financial Write-Off Report 		
Correspondence	DiAnne Lundgren	
Public Comments	DiAnne Lundgren	
Environment of Care/Safety Update	Adam Volluz	
Compliance Report <i>2025 Compliance Plan approval</i>	Spencer Hargett	
Department Spotlight Selection - HIM	Jeanette Klingensmith	
CNO Report	Mike Martinoli	
COO Report	Debbie DeCorde	
CFO/Revenue Cycle Report	Jennifer Reed	
Medical Staff Report	Silas Wiefelspuett, MD	
CEO Report	Jennifer Reed	

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

On-going Business

DiAnne Lundgren

- Health Foundation
- Board QI Project
- Project HOME
- Rural Resources Building
- 2025 Calendar of Events
- Board Self-Assessment
- Board Governance Policy
 - Strategic Planning Governance
- New Hire Orientation Schedule
 - 02/10-
 - 02/24-

Board Representative Reports

- Finance
- Quality Improvement
- Compliance/Risk Management
- Medical Staff
- EMS
- PFAC
- Building Committee
- Credentialing Committee

Ron Bacon/Sarah Krausse
 DiAnne Lundgren/Nancy Giddings
 Ron Bacon/Sarah Krausse
 DiAnne Lundgren/Solomon-Hopkins
 Nancy Giddings
 Sarah Krausse/Ron Bacon
 DiAnne Lundgren. Nancy Giddings
 DiAnne Lundgren/Nancy Giddings

Request for New Appointment of Courtesy Medical Staff Privileges by Proxy for the following Integra Imaging Provider(s): **David Gimarc, MD**

Request for Re Appointment of Advanced Practice Practitioner Privileges for the following provider(s):
Matthew Johnson, ARNP
Melissa Mitchell, ARNP

Request for Re Appointment of Active Medical Staff Privileges for the following Provider(s):
Samuel Artzis, MD

Request for Re Appointment of Courtesy Medical Staff Privileges for the following Provider(s).
John Victor Cowley, CRNA
William Hartman, PAC

New Business

- Board Officer Elections
- Board Committee Assignments
- Project HOME Budget Discussion (2-3 pm)
- CEO Quarterly Check-in

David Johnson, JJCA

Executive Session(s)

- Performance of a Public Employee –
Pursuant to RCW §42.30.110(1)(g)

DiAnne Lundgren

Open Session - Action, if applicable regarding executive session

Adjournment

DiAnne Lundgren

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.
The next regularly scheduled meeting is February 25, 2025 @ 10:30 am in the HUB Conference Room



**BOARD OF COMMISSIONERS' MEETING
December 17, 2024**

CALL TO ORDER: Board Chair DiAnne Lundgren called the meeting of the Board of Commissioners to order at 10:34 a.m., on December 17, 2024 in the HUB and via Zoom.

Commissioners in attendance were DiAnne Lundgren, Nancy Giddings, Sarah Krausse, Susan Solomon-Hopkins and Ron Bacon.

Jennifer Reed, CEO; Debbie DeCorde, COO; Mike Martinoli, CNO; Amber Gangon, Executive Coordinator; and Adam Volluz, Facilities Manager; were also present.

Zoom participants: Spencer Hargett, Compliance Officer; Coryelle Rogers, CFO; James Davidson, IT Manager; Dawn Fritts, Nurse Manager; Mena Cassell, Controller; and Lacy Sharbono, HR Coordinator.

GUESTS: No guests.

QUORUM ESTABLISHED: A quorum was present.

REVIEW, AMEND, ACCEPT AGENDA: A motion was made by Giddings and was seconded by Krausse to approve the agenda with the addition of a new business item; Board Self-Assessment. The motion passed unanimously.

INTRODUCTION OF THE BOARD AND GUESTS: No introductions necessary.

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

CORRESPONDENCE: Correspondence was read.

PUBLIC COMMENTS: No public comments.

ENVIRONMENT OF CARE/ SAFETY UPDATE: Volluz gave his report.

COMPLIANCE REPORT: Hargett gave his report.

DEPARTMENT SPOTLIGHT: The board selected the HIM Department for January 2025. Jeanette Kligensmith, HIM Supervisor, will be notified.

CNO REPORT: Martinoli gave his report.

COO: DeCorde gave her report.

CFO FINANCIAL/REVENUE INTEGRITY REPORT: Rogers gave her reports.

MEDICAL STAFF REPORT: Dr. Garcia provided his report via text.

Lundgren called for a break in session at 11:48 a.m. for the annual Winter Open House. Open session resumed at 12:01 p.m.

CEO REPORT: Reed gave her report.

ON-GOING BUSINESS:

- **Health Foundation:** No concerns
- **Board Introduction Project:** Running each ad on Facebook to end with the final Board ad and then project will be completed.
- **Project HOME:** Reed provided an update during her report. JJCA will be making a site visit and presentation to the board during the January 28, 2025 meeting.
- **Rural Resources Building:** Reed provided an update during her report. Waiting on the County Commissioners' final signatures for change in ownership.

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- **2025 Holiday Schedule Approval:** A motion was made by Giddings and was seconded by Bacon to approve the presented 2025 organizational holiday calendar. The motion passed unanimously.
- **2025 Calendar Review:** Discussed meeting changes for 2025 and will complete a final review for approval and formal adoption during the regular January 2025 board meeting.
- **Board of Commissioners By-Laws Approval:** A motion was made by Giddings and was seconded by Solomon-Hopkins to approve Resolution 2024 #11 and adopt the updated Board By-Laws. The motion passed unanimously.
- **Board Governance Policies:**
 - A motion was made by Giddings that was seconded by Solomon-Hopkins to approve the Clinical Services Governance Policy with the corrections of; Superintendent to CEO/Superintendent and Medical Executive Committee to Chief of Medical Staff in all applicable places. The motion passed unanimously.
 - A motion was made by Giddings that was seconded by Solomon-Hopkins to approve the Human Resources Governance Policy with the correction of CEO/Superintendent in all applicable places. . The motion passed unanimously.
 - A motion was made by Giddings that was seconded by Solomon-Hopkins to approve the Quality Governance Policy with the correction of CEO/Superintendent in all applicable places. . The motion passed unanimously.
 - **Strategic Planning Governance:** The board will revisit this policy during the January 2025 board meeting.
 - A motion was made by Giddings and was seconded by Bacon to approve the Annual Budget Approval Process Policy with the correction of CEO/Superintendent in all applicable places. The motion passed unanimously.

Lundgren called for a break in session at 1:54 p.m. Open session resumed at 2:03 p.m.

- **Corrected 2025 Budget Resolutions #9.** A motion was made by Giddings and was seconded by Solomon-Hopkins to approve the Revised Resolution 2024 #9. The motion passed unanimously.
- **New Hire Orientation Schedule:**
 - 01/13 – Nancy Giddings
 - 01/27 – DiAnne Lundgren

BOARD REPRESENTATIVE REPORTS:

- **Finance:** No concerns. Board requested additional finance clarification during the regular board meetings.
- **Quality Improvement:** No concerns.
- **Compliance/Risk Management:** No concerns.
- **Medical Staff:** Board was concerned that only one ER provider attended the meeting. There was a question from providers about a request for privileges for an outside surgeon.
- **EMS:** Some minor things still left to finish up but the official move in will be taking place for the rest of December into January. An Open House will be planned for better weather.
- **PFAC:** No concerns.
- **Building Committee:** No concerns. Debt capacity information should arrive mid-January for board to review during a Special Meeting before making a decision on project budget during the January 28, 2025 meeting.
- **Credentialing Committee:** The committee also discussed the credentialing request for Courtesy General Surgery Privileges for Sam Hsieh, MD. The request has been put on hold.

A motion was made by Giddings and was seconded by Bacon to approve the Request for New Appointment of Courtesy Medical Staff Privileges by Proxy for the following Integra Imaging Provider(s): David Gimarc, MD. The motion passed unanimously.

A motion was made by Giddings and was seconded by Bacon to approve the Request for Re Appointment of Advanced Practice Practitioner Privileges for the following provider(s): Matthew Johnson, ARNP and Melissa Mitchell, ARNP. The motion passed unanimously.

A motion was made by Giddings and was seconded by Bacon to approve the Request for Re Appointment of Active Medical Staff Privileges for the following Provider(s): Samuel Artzis, MD. The motion passed unanimously.

2025

BOARD OF COMMISSIONERS Calendar of Events



January							February							March								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
			1	2	3	4							1							1		
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8		
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15		
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22		
26	27	28	29	30	31	23	24	25	26	27	28	23	24	25	26	27	28	29				
														30								
1/1	New Year's Holiday						2/6	Medical Staff Meeting						3/6	Medical Staff Meeting							
1/2	Medical Staff Meeting						2/12	QI Committee						3/12	QI Committee							
1/8	QI Committee						2/20	Finance Committee						3/20	Finance Committee							
1/23	Finance Committee						2/25	Board Meeting						3/25	Board Meeting							
1/28	Board Meeting																					
April							May							June								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
			1	2	3	4	5					1	2	3								1
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14		
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21		
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28		
27	28	29	30	25	26	27	28	29	30	31	29	30										
4/3	Medical Staff Meeting						5/1	Medical Staff Meeting						6/5	Medical Staff Meeting							
4/9	QI Committee						5/14	QI Committee						6/11	QI Committee							
4/17	Finance Committee						5/22	Finance Committee						6/16	Finance Committee							
4/22	Board Meeting						5/26	Memorial Day Holiday						6/17	Board Meeting							
							5/27	Board Meeting						6/23-6/26	Board Retreat							
July							August							September								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
			1	2	3	4	5						1	2								1
6	7	8	9	10	11	12	3	4	5	6	7	8	9	7	8	9	10	11	12	13		
13	14	15	16	17	18	19	10	11	12	13	14	15	16	14	15	16	17	18	19	20		
20	21	22	23	24	25	26	17	18	19	20	21	22	23	21	22	23	24	25	26	27		
27	28	29	30	31	24	25	26	27	28	29	30	28	29	30								
7/3	Medical Staff Meeting						8/7	Medical Staff Meeting						9/2	Labor Day Holiday							
7/4	Independence Day Holiday						8/13	QI Committee						9/4	Medical Staff Meeting							
7/9	QI Committee						8/21	Finance Committee						9/10	QI Committee							
7/17	Finance Committee						8/26	Board Meeting-Curlew Civic Hall						9/18	Finance Committee							
7/22	Board Meeting													9/23	Board Meeting							
October							November							December								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
				1	2	3	4							1								1
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13		
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20		
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27		
26	27	28	29	30	31	23	24	25	26	27	28	29	28	29	30	31						
10/2	Medical Staff Meeting						11/5	Budget Hearing						12/4	Medical Staff Meeting							
10/8	QI Committee						11/6	Medical Staff Meeting						12/10	QI Committee							
10/23	Finance Committee						11/12	QI Committee						12/15	Finance Committee							
10/28	Board Meeting						11/20	Finance Committee						12/16	Board Meeting							
							11/25	Board Meeting						12/25	Christmas Day Holiday							

- QI COMMITTEE MEETING
- FINANCE MEETING
- HOLIDAY
- BOARD MEETING
- SPECIAL BOARD MEETING
- BOARD CONFERENCE
- BUDGET HEARING
- MED STAFF MEETING
- BUILDING COMMITTEE
- PFAC
- STAFF APPRECIATION EVENT

SUBJECT: Ferry County Public Hospital District Compliance Program	REFERENCE# 20.0.000
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DEPARTMENT: Compliance	EFFECTIVE: 6/20/17
	REVISIED: 6/8/23 LAST REV.: 1/20/25
APPROVED BY: Board of Commissioners, Compliance Committee, CEO	

PURPOSE:

Ferry County Public Hospital District (District), its Board of Commissioners (Board), and its administration are committed to quality and efficient patient care; high standards of ethical, professional and business conduct; and full compliance with all federal and state laws affecting the delivery or payment of health care, including those that prohibit fraud and abuse or waste of healthcare resources.

The purpose of this Compliance Program and it’s component policies and procedures is to establish and maintain a culture within the District that promotes quality and efficient patient care, high standards of ethical and business conduct and the prevention, detection and resolution of conduct that does not conform to the District’s standards and policies, applicable law, and health care program or payor requirements. The Compliance Program applies to all District personnel, including but not limited to physicians and other practitioners, board commissioners, employees, volunteers, and other entities providing services on behalf of the District. Although the implementation for the Program and enforcement will be centrally directed, the responsibility for compliance rests with each department or service. Ultimately, compliance is the responsibility of every District employee and every independent professional that enjoys District staff privileges.

OBJECTIVES:

1. To assist the District in avoiding unsuitable transactions,
2. To assist the District in avoiding irregularities in payment, reimbursement, and other transactions,
3. To assist the District’s management in identifying areas of possible concern that might adversely affect the District’s good reputation, its participation in public programs, or its status as the holder of public licenses, certifications, and exemptions, and
4. To provide additional oversight of the District’s compliance with laws, regulations and special conditions imposed upon it by any licensing or regulatory authorities.

BOARD OF COMMISSIONERS OF COMMISSIONERS RESPONSIBILITIES:

1. The Board is responsible for ensuring that the District has an effective Compliance Program.
2. Appoint an appropriate Compliance Officer and members of the Compliance Committee.
3. Ensure that the Board receives regular reports, including approval of the annual compliance work plan.
4. Takes appropriate action to ensure the District is following the Compliance Program.
5. Participate in periodic Compliance training.
6. Maintain the confidentiality of any compliance issues brought before it consistent with applicable District policies, laws and regulations.

SUBJECT: Ferry County Public Hospital District Compliance Program	REFERENCE# 20.0.000
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DEPARTMENT: Compliance	EFFECTIVE: 6/20/17
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APPROVED BY: Board of Commissioners, Compliance Committee, CEO	

COMPLIANCE OFFICER SHALL:

1. Be appointed by the Board.
2. Report directly to the Chief Executive Office and as appropriate, the Board;
3. Oversee, monitor and coordinate the implementation and maintenance of an effective Compliance Program;
4. Serve as Chairperson of the Compliance Committee;
5. Report directly to the Board on a quarterly basis, or more frequently as deemed necessary by the Board, CEO, or Compliance Officer. The Compliance Officer shall have the authority and responsibility to report directly to the Board if he/she believes the CEO is not adequately addressing compliance concerns;
6. Periodically revise the Compliance Program as necessary to meet the needs of the District and comply with relevant laws, regulations and third-party payor program requirements. The Program Plan, policies and procedures will be reviewed at least biannually;
7. Facilitate a periodic compliance risk assessment to identify high priority risks to the District and develop an annual compliance work plan.
8. In coordination with Human Resources, develop programs that educate and train District personnel concerning the Compliance Program;
9. Oversee the District's compliance hotline and take appropriate action on matters that raise compliance concerns, including but not limited to reports or complaints of suspected violations. The Compliance Officer shall have flexibility to design and coordinate internal investigations and any resulting corrective action with relevant District departments, providers, agents and if appropriate, independent contractors;
10. Perform such other duties and responsibilities as the Board or Chief Executive Officer may request.

COMPLIANCE COMMITTEE:

1. The Compliance Committee shall be responsible for assisting and advising the Compliance Officer in implementing, monitoring, and coordinating such action as is necessary and appropriate to facilitate an effective Compliance Program.
2. The members of the Compliance Committee shall be appointed by the Board and shall consist of:
 - a. The Compliance Officer, who shall serve as Chairperson of the Compliance Committee,
 - b. CEO or his/ her representative,
 - c. Chief Financial Officer or his/her representative,
 - d. Clinic Manager or his/her representative,
 - e. Human Resources,
 - f. Clinic staff-Chief Nursing Officer,
 - g. Board representatives, and,

SUBJECT: Ferry County Public Hospital District Compliance Program	REFERENCE# 20.0.000
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APPROVED BY: Board of Commissioners, Compliance Committee, CEO	

- h. Other staff as appropriate.
- 3. Composition of the Compliance Committee will change at the recommendation of the CEO to the Board.
- 4. The presence of at least six of the regular members of the Committee shall constitute a quorum. All actions of the Committee require a majority vote of the members present.
- 5. The Compliance Officer shall communicate the Committee's actions and recommendations to appropriate District managers, employees and representatives.
- 6. The Committee shall meet at least quarterly or more frequently as deemed necessary by the Board, CEO or Compliance Officer.
- 7. Shall assist the Compliance Officer and department managers in developing, implementing, monitoring and evaluating standards, policies and procedures to ensure compliance in specific departments.
- 8. Shall participate in periodic training concerning issues relevant to the Compliance Program.
- 9. Shall maintain the confidentiality of any compliance issues brought before Committee.
- 10. The written agendas for all meetings shall be prepared and maintained by the Compliance Officer, along with a written record of all discussions and recommendations made by the Committee.

POLICY MANUAL:

- 1. The Compliance Officer shall make the Compliance Plan available to all District staff.
- 2. The manual shall be available on the District's designated policy and procedure library with the latest version available to all staff. The policies and procedures shall be reviewed and revised as necessary, at biennially, and more frequently as needed.

REPORTS AND COMMUNICATIONS:

- 1. The District shall establish a confidential reporting system that is accessible to all staff, contractors, patients, visitors and medical staff through which reports of identified or potential compliance issues within the District may be reported without fear of retribution. See 8.006 Anonymous Hotline.
- 2. All reports will be logged, tracked, and investigated to conclusion.
- 3. In conducting investigations, the Compliance Officer and the Committee shall respect the confidentiality of privileged records and information and shall comply with applicable confidentiality laws.
- 4. All files shall be marked "Confidential" and maintained by the Compliance Officer. The files shall not be disclosed except:
 - a. To members of the Committee
 - b. To members of management or management representatives with a "need to know"
 - c. As may be required by law or order of a court of competent jurisdiction

SUBJECT: Ferry County Public Hospital District Compliance Program	REFERENCE# 20.0.000
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DEPARTMENT: Compliance	EFFECTIVE: 6/20/17
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EDUCATION/TRAINING:

1. New Board of Commissioner members and employees as part of the initial orientation will receive training appropriate to the person’s position and responsibilities concerning the Compliance Program.
2. The person will review the District’s Code of Conduct and the Conflict of Interest policy and sign the forms during orientation and at least annually.
3. The content of the District’s compliance training will consider the results from audits and investigations, new regulations, requirements relevant to compliance issues, including “fraud alerts” issued by the Office of Inspector General (OIG) and Centers for Medicare and Medicaid (CMS).
4. Compliance training shall be an ongoing process and compliance issues should be a regular part of department meetings.
5. All District staff shall receive yearly compliance training.

AUDITING AND MONITORING:

1. The District shall implement a self-assessment program to monitor and evaluate the compliance program.
2. The Compliance Officer shall maintain the evidence of the ongoing monitoring and periodic reports shall be given to the Compliance Committee, CEO, and the Board.
3. Auditing and monitoring activities shall include, but not be limited to:
 - a. Compliance with laws governing CPT, HCPCS and ICD-10 coding, claims development, and submission, reimbursement, cost reporting and marketing.
 - b. Compliance with specific rules and policies that have been identified by CMS, the OIG, the State Medicaid Agency, or the Fiscal Intermediary as high risk areas.
 - c. Any overpayments identified as a result of auditing shall be promptly refunded to the applicable payer with appropriate documentation and an explanation of the reason for the refund.
4. Deficiencies shall be addressed in a timely manner implementing a corrective action plan that takes into account the root cause of the violation
5. The review of government survey or inspection results
6. Frequency of auditing and monitoring shall be done at least quarterly.
7. All District staff will complete a “Conflict of Interest” to ensure that no outside activity, personal financial interest or other personal interests influence or appear to influence his/her ability to make objective decisions in the course of the responsibilities to the District.

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8. The District shall routinely check all employees, contractors, and medical staff upon hire and monthly thereafter against government sanctions lists, including the OIG's list of Excluded Individuals/Entities and the General Services Administration Excluded Parties Listing System.

SELF REPORTING:

1. Any evidence of actual violation of civil or criminal law or rules and regulation of government health care programs (e.g. Medicare or Medicaid) shall be thoroughly investigated.
2. If the investigation determines that the concern is valid, the Compliance Officer will immediately notify the CEO, may consult legal counsel and, as appropriate, notify the relevant government authority. The Board will be apprised of findings and actions taken.
3. According to the OIG Self-Disclosure Protocol matters involving exclusively overpayment or errors that do not suggest that violations of law have occurred should be brought to the attention of the government contractor, and need not be reported to government agencies.
4. If possible, disclosure should be made within 60 days from the time that the errors were discovered.

REVIEW OF THE COMPLIANCE PROGRAM PLAN:

The Compliance Program plan will be reviewed, updated and approved biennially or as needed via resolution from the Board of Commissioners.

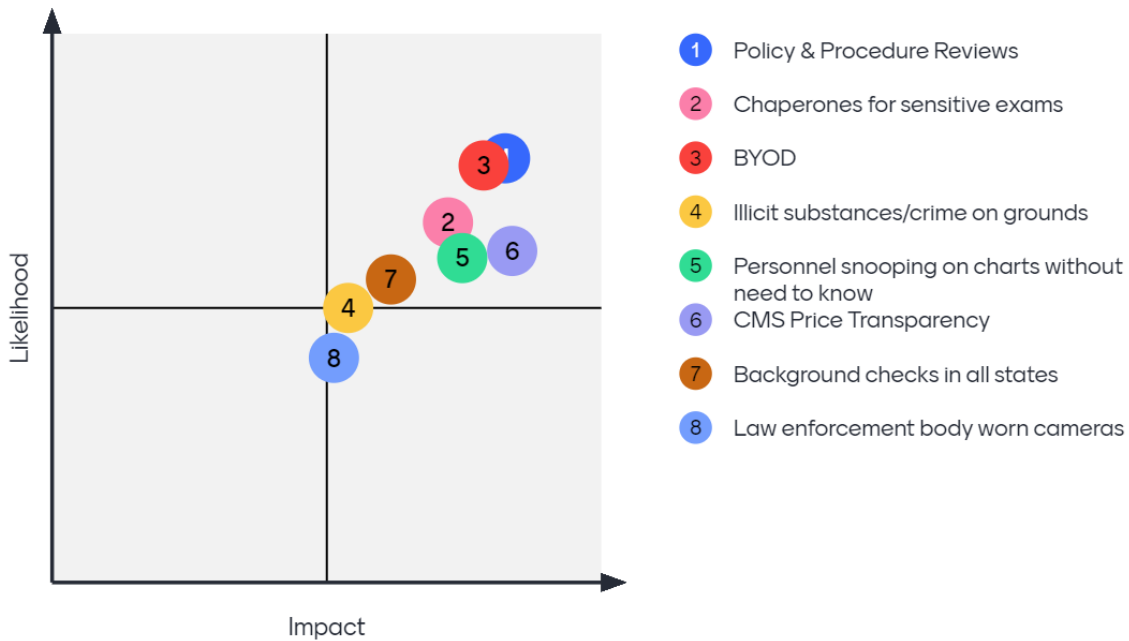


To: Compliance Committee
From: Spencer Hargett, Compliance Officer
Date: 1/14/2025
Subject: 2025 Proposed Compliance Workplan

2024 Workplan Final Status: 99%

Initiative	Status (% Addressed)
1 340B Review	100%
2 Provider Documentation	100%
3 DEA Settlement	100%
4 Coding/Charge Capture	100%
5 Tort Claim Form	100%
6 Artificial Intelligence	100%
Auditing & Monitoring	91% (10/11 Complete)

2024 Year End Risk Assessment



Proposed 2025 Compliance Workplan Key Initiatives:

Key Initiatives	Q1	Q2	Q3	Q4
1 Policy & Procedure Reviews	X	X		
2 Portable Device Management/BYOD	X	X		
3 CMS Price Transparency		X	X	
4 Chaperones for sensitive exams		X	X	
5 Chart access/need to know			X	X
6 Background checks in all states			X	X



Proposed 2025 Audit & Monitoring Activities:

Activity	Q1	Q2	Q3	Q4
1 PEPPER				X
2 340B Internal Audit Report			X	
3 Annual Conflicts of Interest Disclosures				X
4 OIG LEIE Checks		X		X
5 Provider Documentation-Timeliness		X		X
6 Required Signage			X	
7 Business Associate Agreements			X	
8 CMS IPPS/OPPS Final Rule	X			
9 WA State Legislative Summary		X		
10 Security Risk Assessment/Access Review/Back Up Testing			X	
11 Items due to DOH		X		
12 Annual Update HHS Poverty Guidelines (Available 1/15)	X			
13 Coding Accuracy/CDM External Audit			X	
14 PDC Deadline	X			
15 Trauma Registry		X		X

Board Report

January 28, 2025



COO Report

Debbie DeCorde

January 28, 2025



COO

➤ Follow Up

- Diagnostic Imaging
 - ❖ MRI reevaluation
 - ❖ Staffing updates
- Medical Clinics
 - ❖ Dedicated walk-in provider with occasional ER Doctors' support
 - ❖ Walk-in Clinic hours expanded
 - ❖ Marked decline in overtime pay and practice efficiencies on the rise
- Laboratory
 - ❖ Influenza A had a 21% positivity rate in December



COO

➤ Coming Up

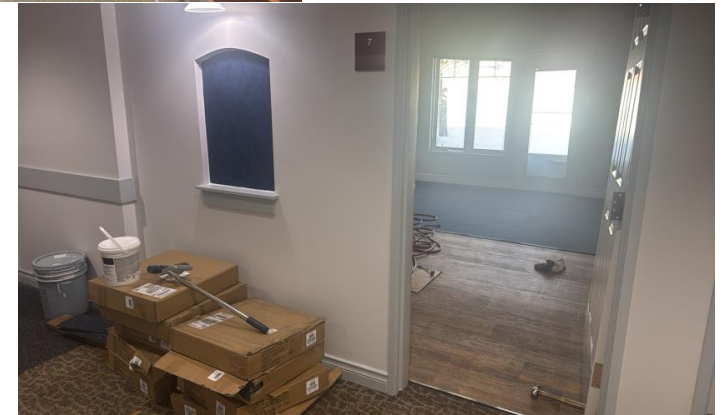
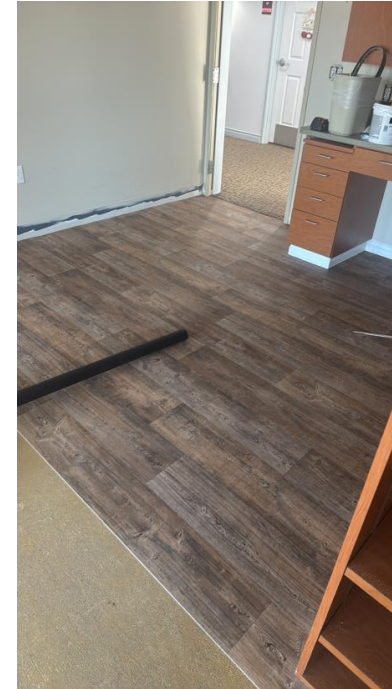
- Medical Clinic
 - ❖ On-site medical provider to MJs Adult Family Home
 - ❖ Artificial Intelligence-based dictation software long-term acceptance
- Physical and Occupational Therapy Clinics
 - ❖ Decline in patient encounters in 2024 due to decline in staffing and swing bed variability
- Republic Drug Store and Hospital Pharmacy
 - ❖ Cross-training and staffing considerations



COO

➤ Need to Know

- HR
 - ❖ License audits - current for January, next 7 due are in February
 - ❖ UFCW Updates
- Laboratory
 - ❖ Year End Inventory completed
 - ❖ The cost of supplies has noticeably increased across the board
 - ❖ Total dollar amount at the end of 2024 had decreased from 2023
- ALF
 - ❖ 2 units being remodeled and future residents being assessed
 - ❖ Care Learning was completed in December for entire department (due April 2025)
 - ❖ New resident activities include Project HOME meeting with ET and a Nutrition meeting



COO - Dashboard

*Ferry County Public Hospital District #1
December 31, 2024*

Outpatient and Ancillary Services			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	Target
11	Medical Clinic #Visits	●	800	833	813	860	887	849	828	926	811	1040	849	842	10,338	9,220
12	PT/OT Visits	●	393	404	298	256	539	353	525	484	355	462	317	306	4,692	5,780
13	Imaging Exams	●	334	371	377	402	420	436	426	430	404	404	347	355	4,706	4,825
14	Lab # Billable Tests	●	2703	3196	2807	3018	3048	2875	3103	3352	2696	2788	2,374	2671	34,631	27,216
15	Drugstore Prescriptions Filled	●	4501	4213	4254	4370	4377	4081	4486	4344	4116	4338	4073	4236	51,389	53,000

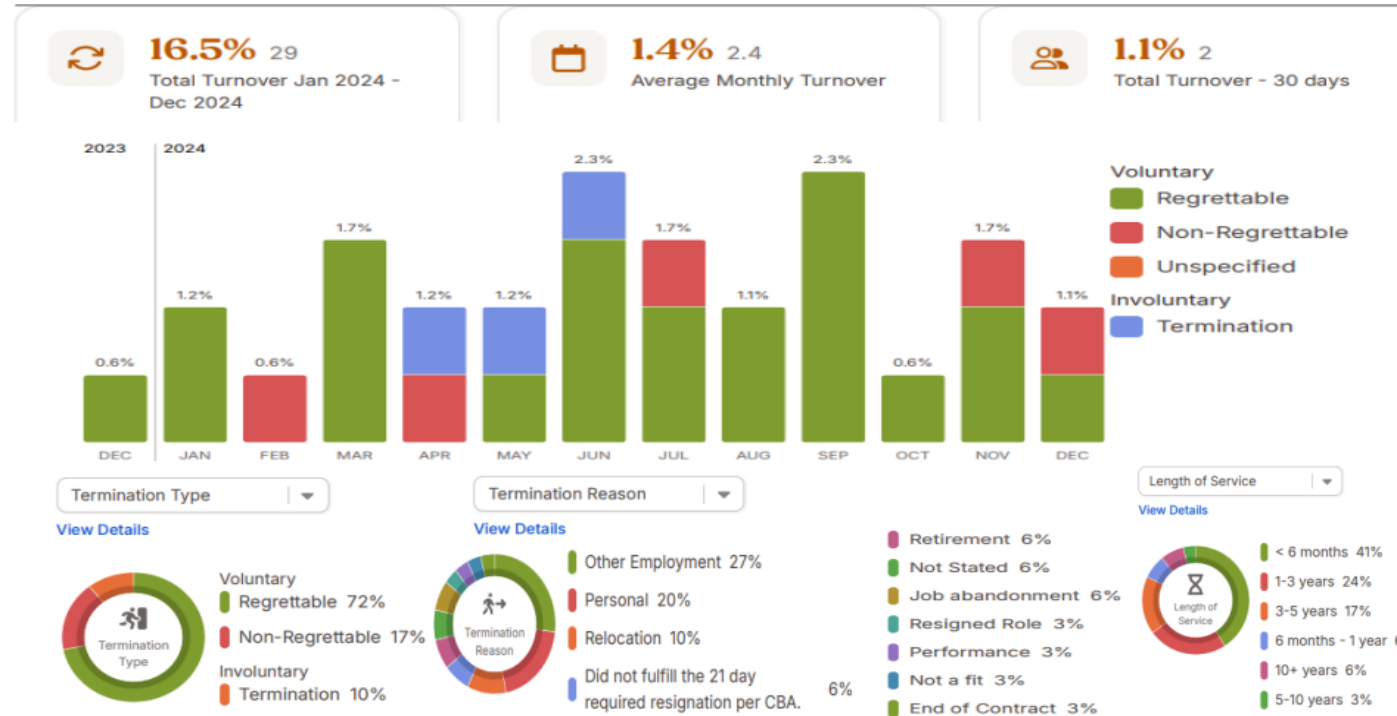
Key

- 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%

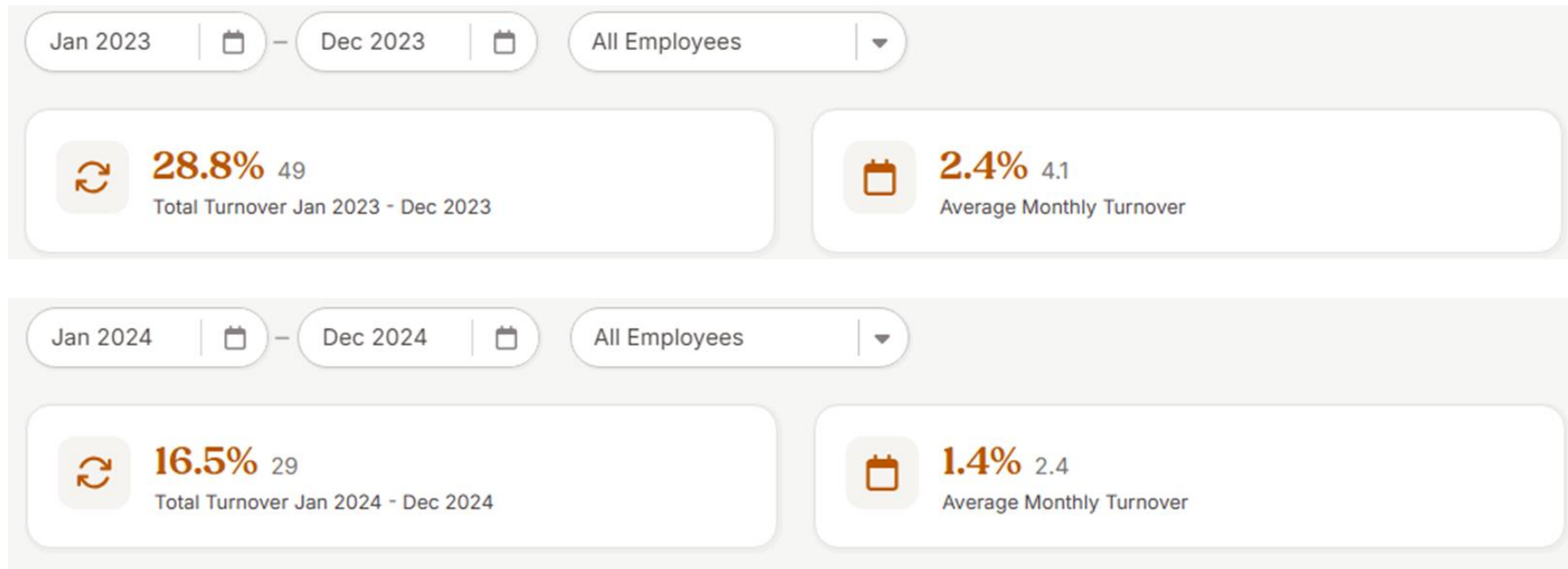


COO – Turnover Report YTD

Dates
2024-01-01 - 2024-12-31



Turnover Data 2024 to 2023 views

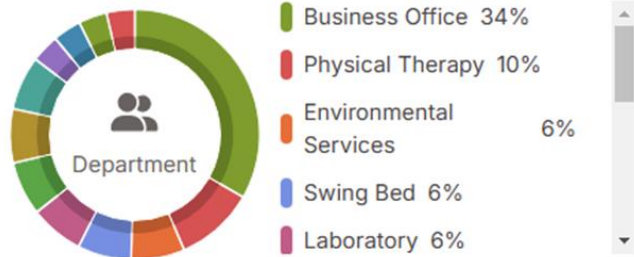


Exit Interview Data

by Department, reason and type 2024

Department | ▾

[View Details](#)



Termination Reason | ▾

[View Details](#)

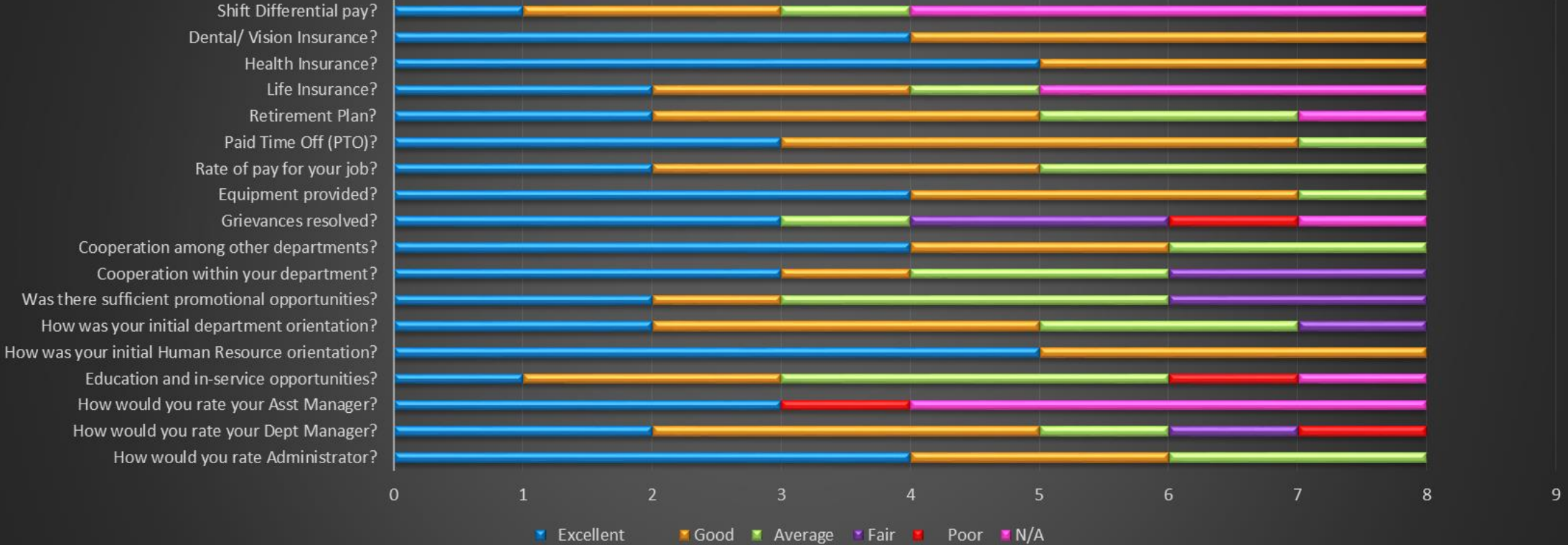


Termination Type | ▾

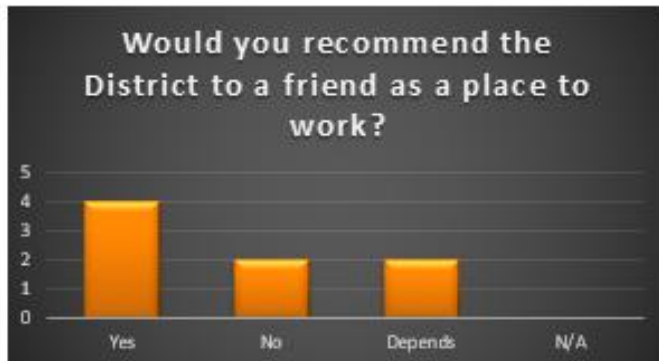
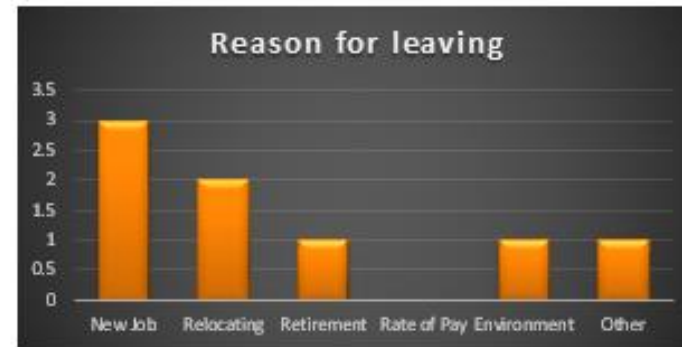
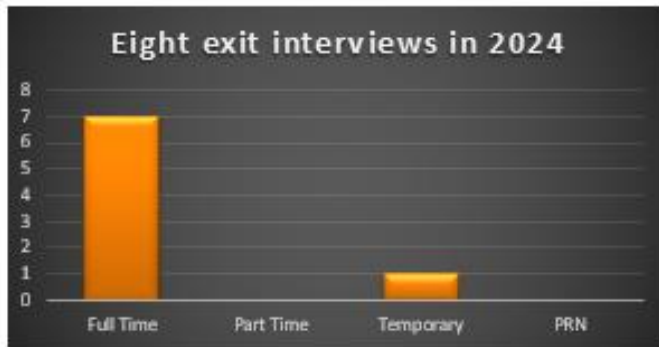
[View Details](#)



How do you rate the following

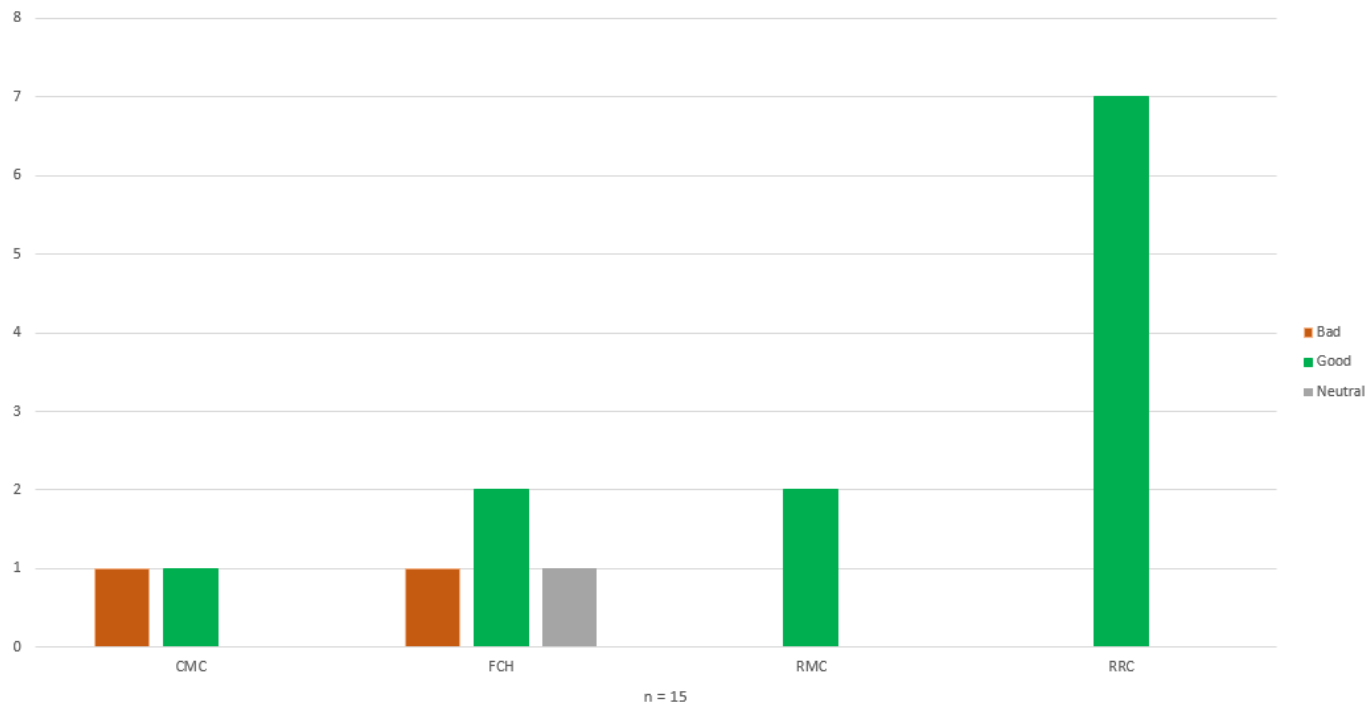


Exit Interview Data Jan. 1 – Dec. 31, 2024



Comment Cards

Q4 2024 Responses by Location



CMC = Curlew Medical Clinic CRC = Curlew Rehab Center FCH = Ferry County Hospital RDS = Republic Drug Store RMC = Republic Medical Clinic RRC = Republic Rehab Center

Please continue to have Dr. Canaday here in Republic because he is very good and I am so tired of going to Spokane a lot! I really appreciate his effort to be here in Republic for my convenience! He has helped me through my heart issues so please keep him here if possible. -RMC

I love the patience, guidance, and confidence I now have to move forward. Thank you. -RRC

Patient Family Member wondering why there is no tv in waiting room - FCH

Everyone is so nice here and welcoming. - CMC

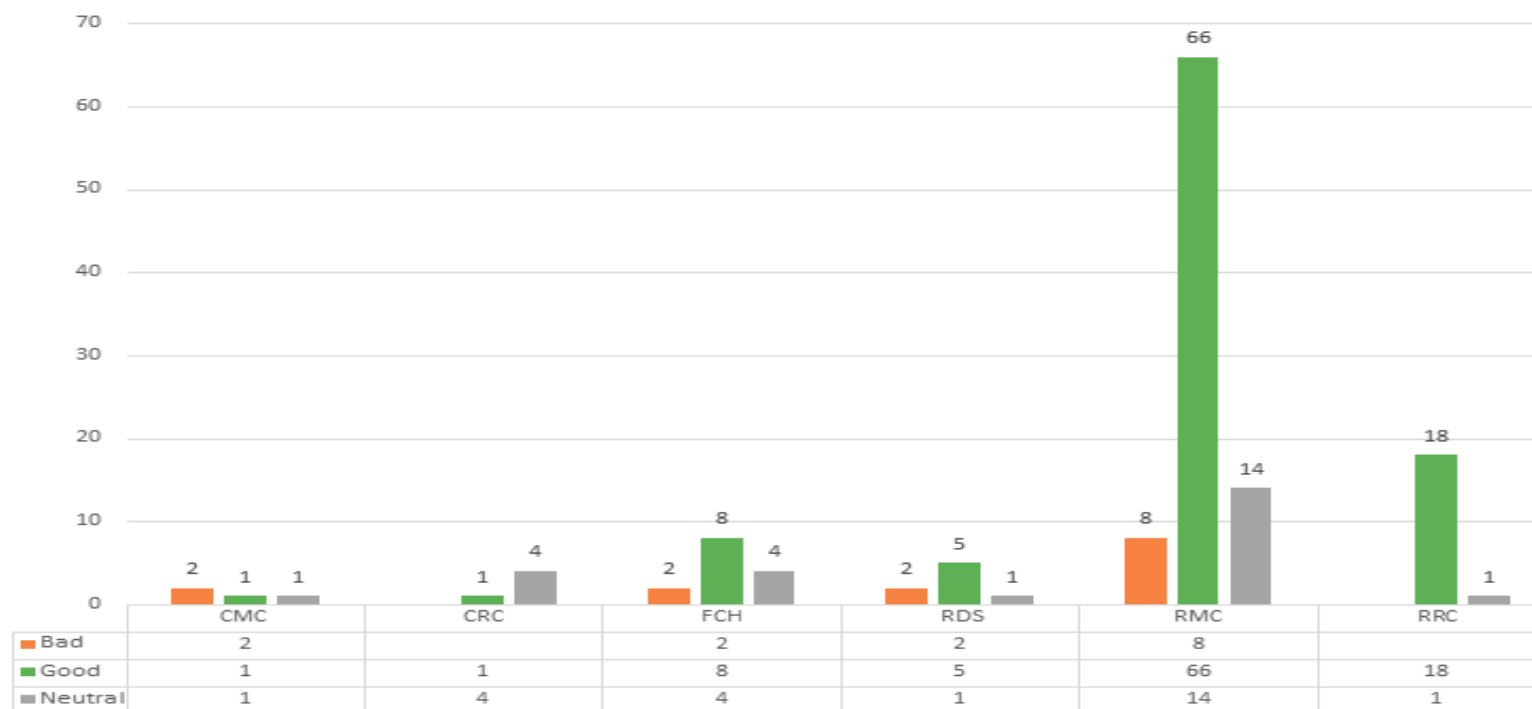




Comment Cards

CMC = Curlew Medical Clinic CRC = Curlew Rehab Center FCH = Ferry County Hospital RDS = Republic Drug Store RMC = Republic Medical Clinic RRC = Republic Rehab Center

2024 Responses by Location



n = 138

CFO

Jennifer Reed

January 28, 2025



CFO - Financials

- Financial Statements
- Key Performance Indicators
- Revenue Cycle Update



Ferry County Public Hospital District No. 1
Preliminary Draft Consolidated Income Statement
Year to Date December 31, 2024

Actuals	Budget	Var \$		Actuals	Budget	Var%
Operating revenue:-						
2,650,823	2,600,904	49,919	Gross patient service revenue	29,668,054	29,031,163	2%
(21,712)	(962,334)	940,623	Contractual allowances and provisions for uncollectible accounts	(10,145,974)	(11,077,074)	-8%
2,629,111	1,638,569	990,542	Patient service revenue - (Net contractual allowances)	19,522,080	17,954,089	0%
0.01	0.37			0.34	0.38	
307,825	292,495	15,330	Drug Store gross revenue	3,428,810	3,458,951	-1%
(86,416)	90,430	(176,846)	Other operating revenue	1,105,931	1,138,421	-3%
221,409						
\$ 2,850,520	\$ 1,638,569	\$ 990,542	Total operating revenue	\$ 19,522,080	\$ 17,954,089	9%
Operating expenses:-						
1,041,490	1,016,950	(24,540)	Salaries and wages	13,388,566	12,202,430	-10%
244,237	263,737	19,500	Employee benefits	2,913,142	2,607,716	-12%
63,774	107,474	43,700	Professional fees	1,263,654	1,249,991	-1%
240,042	346,748	106,706	Supplies	3,681,268	3,892,518	5%
4,435	27,421	22,986	Purchased services - Utilities	254,328	298,618	15%
346,967	122,091	(224,876)	Purchased services - Other	1,674,653	1,287,596	-30%
77,489	56,589	(20,900)	Other	772,407	695,757	0%
73,205	83,413	10,208	Depreciation	990,782	1,007,401	2%
\$ 2,091,639	\$ 2,024,423	\$ (67,216)	Total operating expenses	\$ 24,938,800	\$ 23,242,027	-7%
758,882	(385,853)	1,144,735	Gain (loss) from operations	(742,627)	(1,073,489)	-31%
\$ (351,944)	\$ 53,769	\$ (405,713)	Total nonoperating revenues (expenses) - Net	\$ 474,211	\$ 650,262	-27%
406,938	(332,084)	739,022	Increase (decrease) in net position	(268,416)	(423,227)	-37%
14%	-20%	Operating Margin		-1%	-2%	



Ferry County Public Hospital District No. 1

Preliminary Draft Consolidated Balance Sheet

Year to Date December 31, 2024

<i>Assets</i>	December	November	Variance	Dec-23	Variance
Current assets:					
Cash and cash equivalents	2,018,463	\$ 2,355,214	\$ (336,751)	\$ 3,757,351	\$ (1,738,888) a
Receivables:					
Centriq Gross Accounts Receivable	448,360	448,984	624	\$ 1,185,853	737,493
Meditech Gross Accounts Receivable	6,763,921	6,756,978	(6,943)	\$ 7,433,106	669,185
Contractual allowance	(2,040,661)	(1,908,228)	132,433	\$ (3,449,474)	(1,408,812)
Patient AR - Net	5,171,620	5,297,734	126,114	5,169,485	(2,134)
Taxes	20,888	23,811	2,923	28,497	7,609
Estimated third-party payor settlements	1,588,311	-	(1,588,311)	588,174	(1,000,137)
Other	841,890	374,530	(467,360)	440,159	(401,731)
Inventories	599,244	516,563	(82,681)	500,459	(98,785)
Prepaid expenses	83,634	224,268	140,634	143,461	59,827
Total current assets	\$ 10,324,049	\$ 8,792,120	(1,531,929) ▲	\$ 10,627,586	\$ (3,174,239)
Capital assets:					
Non-depreciable assets	\$ 47,282	\$ 47,282	\$ -	\$ 47,282	-
Depreciable capital assets - Net of accumulated depreci	5,735,348	5,715,651	(19,697)	5,866,785	131,437
Construction in Progress	957,405	591,978	(365,427)	168,181	(789,224)
Total capital assets	\$ 6,740,035	\$ 6,354,911 ▲	(385,123)	\$ 6,082,248	\$ (657,787)
Deferred Outflow	469,384	469,384	-	375,939	93,445
TOTAL ASSETS	\$ 17,533,467 ▲	\$ 15,616,415	\$ (1,917,052)	\$ 17,085,773	\$ (3,738,580)



Ferry County Public Hospital District No. 1
Preliminary Draft Consolidated Balance Sheet
Year to Date December 31, 2024

<i>Liabilities</i>	December	November	Variance	Dec-23	Variance
Current liabilities:					
Accounts payable	1,135,829	506,657	629,172	1,004,558	131,271
Payroll and related expenses	891,643	853,172	38,471	797,846	93,797
Other Current Liabilities	707,495	294,238	413,257	848,831	(141,336)
Total current liabilities	\$ 2,734,966	\$ 1,654,067	1,080,900	\$ 2,651,235	\$ 83,731
Noncurrent liabilities:					
Long term debt	\$ 1,588,477	\$ 1,784,273	(195,796)	\$ 1,782,881	\$ (194,404)
Capital lease obligations - Less current portion	94,175	128,665	(34,490)	16,386	77,789
Total noncurrent liabilities	1,682,651	1,912,938	(230,287)	1,799,267	(116,616)
Deferred Inflows	295,897	332,428		332,428	
Total liabilities	\$ 4,713,515	\$ 3,899,433	\$ 850,613	\$ 4,782,930	\$ (32,884)
Net position:					
Current Year Earnings	(268,448)	(675,353)	(406,906)	-	268,448
Equity Accounts	13,088,400	12,392,335	(696,065)	12,302,843	(785,557)
Total net position	\$ 12,819,952	\$ 11,716,982	\$ (1,102,971)	\$ 12,302,843	\$ (517,109)
TOTAL LIABILITIES AND NET POSITION	\$ 17,533,467	\$ 15,616,414	\$ (252,357)	\$ 17,085,773	\$ (447,694)



CFO – Key Performance Indicators

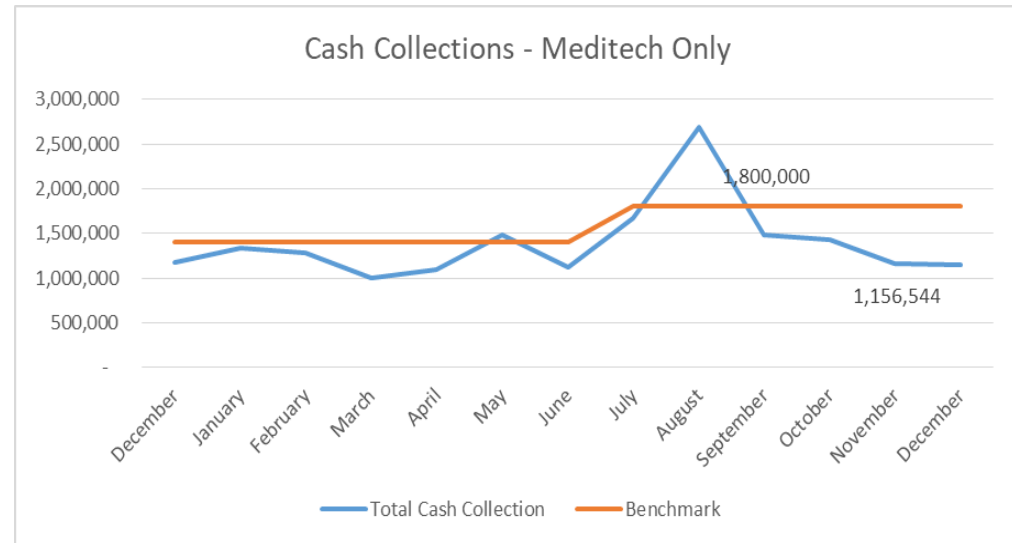
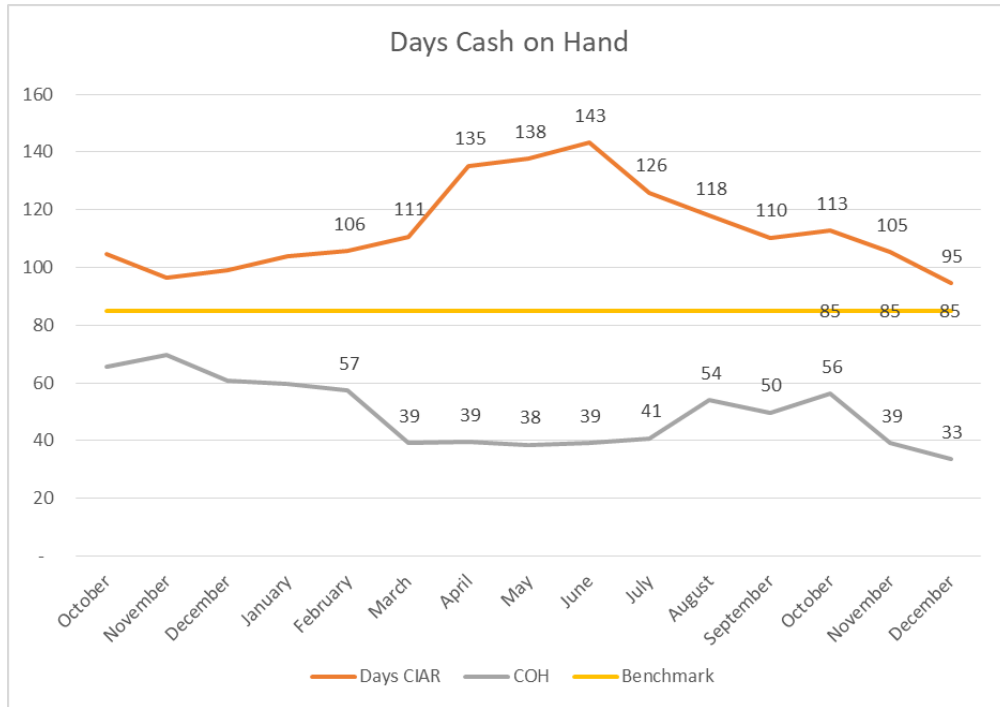


Profitability		Qtr 1	Qtr 2	Qtr 3	Oct	Nov	Dec	YTD	Target	Variance	2023
Revenue Deductions % of Gross Revenue	●	36%	36%	41%	38%	36%	35%	37%	37%	0%	38%
Salaries % Gross Patient Revenue	●	46%	44%	43%	54%	49%	45%	45%	39%	-6%	43%
Benefits % of Salary Expense	●	22%	23%	21%	19%	21%	22%	22%	23%	1%	21%
Net Income											
Operating Margin	●	-4%	1%	0%	-35%	-3%	14%	-1%	0%	-1%	-1%
Cash and Liquidity											
Days Cash on Hand	●	49.1	39.2	49.7	56.0	39.0	33.6	33.6	85.0	(51.4)	62.6
Days Cash in AR	●	108.9	143.2	110.3	113.0	105.3	86.2	86.2	53.0	(33.2)	86.2
Current Ratio	●	4.7	4.1	5.4	4.0	5.0	3.8	3.8	1.0	2.8	4.0
Debt to Equity	●	0.3	0.4	0.3	0.3	0.3	0.4	0.4	1.0	0.6	0.4
Claims Processing and Coding											
# Accounts on Hold	●	84	35	47	174	176	87	87	200	113	650
Net AR Days	●	113	112	85	87	81	109	109	45	(74)	118
Unbilled AR	●	629,796	530,765	625,413	518,214	704,432	756,509	756,509	1,000,000	243,491	1,450,073
GROSS AR - MEDITECH	●	6,687,246	8,647,831	6,662,595	6,801,987	6,356,384	5,706,421	5,706,421	4,500,000	(1,206,421)	5,983,028

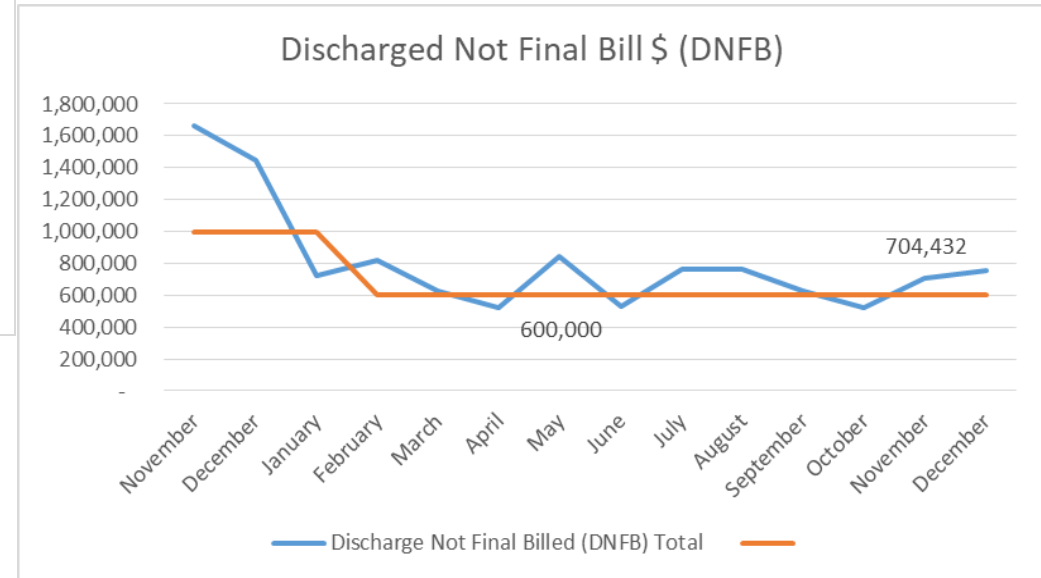
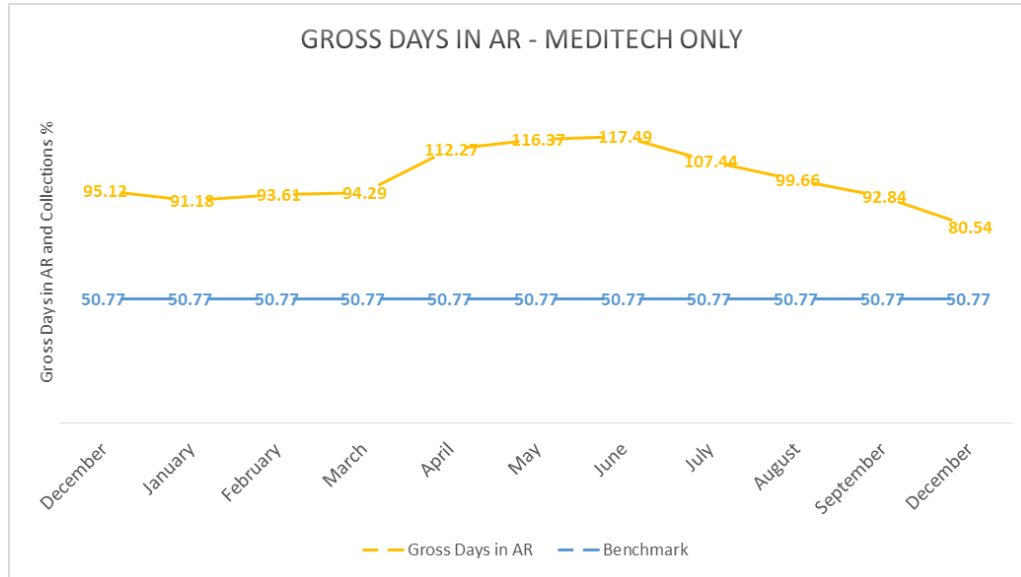
Key

- 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%

Revenue Cycle Update



Revenue Cycle Update



Other Updates

- Agile recovered another \$ 108,000 in B&O and Sales Tax overpayment
- Current implementations include CPS for 340B referral dollars
- Still waiting for the mid-year cost report settlement



Medical Staff Report

➤ Dr. Silas Wiefelspuett to report



Hospital-Volumes

*Ferry County Public Hospital District #1
December 31, 2024*

Inpatient and Emergency Department		Qtr 1	Qtr 2	Jul	Aug	Sep	Oct	Nov	Dec	YTD	YTD Target	Var	2023
Acute Care Patient Days	●	67	135	35	50	19	31	17	31	385	252	133	368
Acute Care Admissions	●	21	32	9	10	4	10	6	5	97	73	24	12
Average Length of Stay	●	9	11	4	5	5	3	3	6	4	3	1	31
		-	-										
Skilled Swingbed patient days	●	88	51	56	22	15	28	32	60	352	1008	-656	690
Admissions	●	10	3	4	0	3	3	3	2	28	47	-19	64
Average SSB Census	●	2.94	1.65	1.81	0.71	0.50	0.90	1.07	1.94	1.4	3	-1	2
Average Length of Stay	●	26	19	14	13	5	9	11	30	13	14	-1	11
ED Visits	●	548	629	238	267	225	246	174	200	2,527	2334	193	217
ED Transfers	●	19	36	18	16	13	13	14	15	144	47	97	8
Left Against Medical Advice	●	1	2	1	0	1	1	-	1	7	1	6	1
Admitted to Inpatient	●	18	28	9	10	4	12	3	5	89	73	16	4
Same Day Surgery	●	32	37	6	15	19	5	-	4	118	165	-47	12
Outpatient Procedures	●	235	215	87	82	83	100	83	93	978	965	13	91
OBS Patients	●	9	16	6	7	5	5	7	5	60	51	9	3

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%

CEO Report

Quality/Safety: by constantly holding ourselves to a higher standard

Integrity: through honesty and respect

Compassion: by providing a nurturing and caring environment

Stewardship: by utilizing our resources to their highest and best purpose

Teamwork: by working together in a culture that promotes excellence

Jennifer Reed

January 28, 2025



CEO

➤ Follow Up

- Rural Resources – Have the Quit Claim, an offer, and the title insurance back from attorney and with Commissioners
- Provider 360 Reviews out – still tracking down completion
- Will begin scheduling meetings for the CHNA with Roosevelt Community Health Centers
- Employee survey back with 32% response rate. Score was 3.91.

➤ Coming Up

- **2025 Goals to be presented February**

6. On a scale from 1 to 5 how likely are you to recommend Ferry County Health as an employer to your friends and family?

[More details](#)



Project HOME

- **Finance - Infrastructure**

- ❖ Would suggest completion of 2024 audit (May) to inform decision on budget.
- ❖ Budget to be reviewed today
- ❖ Nurse call systems presented today



CEO

➤ Need to Know-Strategic Plan 2024 Recap

•People

- ❖ Unique employees involved in committees has increased by 10% - Total Increase = _____
- ❖ Ferry County Health is employer of choice - Carry over to 2025
- ❖ Intranet, second phase to be complete (12/31/24) - Complete, move on to 2025 to implementation
- ❖ AIDET training - Continue in 2025
- ❖ Orientation 2.0 (complete)
- ❖ Town Halls established (complete)
- ❖ Manager Meetings have been implemented and are occurring monthly (Complete)



CEO

➤ Need to Know-Strategic Plan Update

•Patients

- ❖ Patient Panel project complete - Make sure this remains up to date
- ❖ Wait time benchmark at 26 days (Joint Commission) with goal to beat by 50%
 - Our current wait time is 9.47 days ranging from 8 to 14 days.
- ❖ CHNA involvement grows - Putting team together and a plan
- ❖ MIH program has been implemented

•Infrastructure

- ❖ Schematic Design complete
- ❖ Need USDA meetings and approval
- ❖ Need Budget approved



