



## Ferry County Health

### BOARD OF COMMISSIONERS' MEETING

June 17, 2025 @ 10:30 AM in the HUB Conference Room and via Zoom

<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	<b>ACTION</b> DiAnne Lundgren	4-25
<ul style="list-style-type: none"><li>• Minutes 05.27.25 Board Meeting</li><li>• Minutes 05.30.25 Special Board Meeting</li><li>• Minutes 06.02.25 Special Board Meeting</li><li>• Approval of Surplus Resolution 2025 #9</li><li>• Approval of Warrants</li><li>• Financial Write-Off Report</li></ul>		
Correspondence	DiAnne Lundgren	
Public Comments	DiAnne Lundgren	
Oath of Office Swearing	DiAnne Lundgren	
<ul style="list-style-type: none"><li>• Ron Bacon</li><li>• Sarah Krausse</li></ul>		
Department Spotlight – for July		
Environment of Care/Safety Update	Adam Volluz	26-27
Compliance Report	Spencer Hargett	28
CNO Report	Zane Gibbons	29-31
CFO Report	Lance Spindler	32-34

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 July 22, 2025 @ 10:30 am in the HUB Conference Room**



Medical Staff Report

Silas Wiefelspuett, MD 35-36

CEO Report

Emmett Schuster 37

**On-going Business**

DiAnne Lundgren

- Project HOME
- Board Self-Assessment
- Succession Planning
- Public Comment Policy
- New Hire Orientation Schedule
  - 07/14 -
  - 07/28 -

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

- **Request for New Appointment of Courtesy Medical Staff Privileges by Proxy for the following Omnicure Inc. Provider(s):** *Sriraman Srinivasan, MD*

- **Request for New Appointment of Courtesy Medical Staff Privileges by Proxy for the following Integra Imaging Provider:** *Trevor Miller, MD*

- **Request for Re Appointment of Courtesy Medical Staff Privileges by Proxy for the following Integra Imaging Provider(s):**

*Cory Rasmussen, MD*  
*George Keng, MD*

*Alexander Kurdi, MD*  
*Chen Yin, MD*

*Nathan Doyle, MD*  
*Paul Anderson, MD*

- **Request for Re Appointment of Active Medical Staff Privileges for the following Provider(s):**  
*James Maeda, MD*

- CEO Selection Committee

DiAnne Lundgren/Nancy Giddings  
Sarah Krausse/Susan Solomon-Hopkins

**New Business**

DiAnne Lundgren

**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

Appoint new Superintendent/CEO Brian Lady

- Resolution 2025 #10

**ACTION**

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Resolution 2025 #11

- Appoint Agent to Receive Tort Claims for Damages

**ACTION**

38-39

Adjournment

DiAnne Lundgren

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The Public is encouraged to attend; Handicap access is available.

The next regularly scheduled meeting is July 22, 2025 @ 10:30 am in the HUB Conference Room



## **BOARD OF COMMISSIONERS' MEETING**

**MAY 27, 2025**

**CALL TO ORDER:** Board Chair DiAnne Lundgren called the meeting of the Board of Commissioners to order at 10:32 a.m., on May 27, 2025, in the HUB and via Zoom.

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

Emmett Schuster, Interim CEO, Lance Spindler, Interim CFO, Zane Gibbons, CNO, Adam Volluz, Facilities Manager, DR. Silas Wiefelspuett, Chief of Staff, Chi Pak, Clinic/PT Manager, Wendy Johnson, RN.

Zoom participants: Spencer Hargett, Compliance Officer, Lacy Sharbono, Interim HR Director, James Davidson, IT Manager, Chi Pak, Clinic/PT Manager, Wendy Johnson, RN.

**GUESTS:** Melissa Rose, Charlotte Coombes, Dave Iverson, via zoom,

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

**REVIEW, AMEND, ACCEPT AGENDA:** a MOTION WAS MADE BY Giddings and seconded by Bacon to accept the agenda as written. The motion passed unanimously.

**INTRODUCTION OF BOARD AND GUESTS:** Introductions were made.

**APPROVAL OF CONSENT AGENDA:** A motion was made by Giddings and seconded by Krausse to accept the Consent Agenda as written. Motion passes unanimously.

**CORRESPONDENCE:** Giddings shared a citizen's complaint about poor communication when calling the hospital for information about a published event.

**PUBLIC COMMENTS:** Melissa Rose commented about the CEO search and the 3<sup>rd</sup> candidate dropping out. She asked if the board would find a third candidate to interview. The board responded that two candidates would be interviewed.

Melissa Rose expressed concern about informing the candidates about our rural location and significant others often having difficulty with that. The board reported that our rural location was discussed in the original zoom interviews with the candidates.

Dave Iverson reported the status of the Rural Health Outreach grant.

**WSHA BOARD EDUCATION:** Joanna Castellanos presented RULES OF THE ROAD, GOVERNANCE PRACTICES. Following her presentation, Joanna was given a facility tour by Adam Volluz.

**DEPARTMENT SPOTLIGHT:** Clinic/PT Manager Chi Pak spotlighted our PT Department. (Report Included.)

**COMPLIANCE REPORT:** Compliance Officer Spencer gave his report. (Report Included.)

**ENVIRONMENT OF CARE:** Facilities Manager gave his report. Report Included.)

**BREAK FOR LUNCH 12:03. BACK IN SESSION @ 12:39**

**CNO REPORT:** Chief Nursing Officer Zane Gibbons gave his report. (Report Included.)

**CFO REPORT:** Interim Chief Finance Officer Lance Spindler gave his report. (Report Included.)

**MEDICAL STAFF REPORT:** Chief of Staff Dr. Silas Wiefelspuett gave his report. (Report Included.)

**CEO REPORT:** Interim CEO Emmett Schuster gave his report. (Report Included.)

#### **ON-GOING BUSINESS**

**PROJECT HOME:** Cardboard mock-ups will be taken down this week.

**BOARD SELF ASSESSMENT:** On hold until CEO is hired.

**PUBLIC COMMENT POLICY:** Draft is coming

#### **NEW HIRE ORIENTATION SCHEDULE:**

6/02: Giddings, 6/16: Krausse, 6/30: Lundgren

#### **BOARD REPRESENTATIVE REPORTS**

**FINANCE:** Nothing further to report.

**QUALITY IMPROVEMENT:** No concerns.

**COMPLIANCE/RISK MANAGEMENT:** Nothing further to report.

**MEDICAL STAFF:** Nothing further to report.

**EMS:** Giddings reported that Open Houses was held two consecutive days, May 25 and 26, during the Firemen's Breakfast.

**PFAC:** Hoping more members can attend next meeting.

**BUILDING COMMITTEE:** Waiting on 2024 Audit.

**CREDENTIALING COMMITTEE:** No action required.

**CEO SELECTION COMMITTEE:** Bryan Hargis Interview held May 20, 2025. Brian Lady Interview will be held May 30, 2025.

**NEW BUSINESS**

*No New Business*

**EXECUTIVE SESSION:** *Executive session called for Performance Of An Employee pursuant to RCW 42.30.110(1)(g) at 2:15-2:45. At 2:15 it was requested an additional 30 minutes. At 3:15, an additional 30 minutes was requested.*

**OPEN SESSION:** *Open session resumed at 3:45. No action taken. Meeting was adjourned at 3:45 p.m.*

*Respectfully Submitted,  
Nancy Didding, Board Secretary*

## Clinic Monthly Board Report (April 2025)

### Republic Medical Clinic

**a. Staffing:** No changes in staffing in April 2025.

a. 1 Clinic Manager (shared with therapy clinic)

b. 10 Providers: 9 Medical

a. 9 Medical

i. Full Time – 5

ii. Part Time – 4

b. 1 Behavioral health

c. 8 Support Staff

i. Full Time – 6

ii. Part Time – 2

**b. Announcements**

a. Clinic Coordinator (Teresa D’Lerma) successfully on-boarded

b. Full time CMA (agency) to start Monday May 5, 2025.

c. Successfully signed-on new clinic provider to start August 11, 2025.

**c. Statistics:**

- Increase of 58 visits compared with previous month (March)

RMC	Jan	Feb	Mar	Apr	Total
2025	810	783	841	857	3291
2024	778	833	785	837	3233
2023	50	545	875	660	2130

a. Largest Increases

Appointment Type	March	April	Difference
Office Visit - 45 minutes	258	304	46
Cardiology Visit 30	0	31	31
Nurse Only Visit	41	51	10
Med Review	0	7	7

b. Largest Decreases

Appointment Type	Mar	April	Difference
Walk In	184	165	-19
Physical Exam	14	0	-14
High Dose Flu Vaccine	9	0	-9
Sport Physical Exam	8	0	-8
Well Child Exam	15	8	-7
DOT Physical	9	4	-5

d. **Activity Overview:**

I. Addition of one provider (Nurse Practitioner):

- Successfully presented the addition of 1.0 FTE ARNP to hospital board
- Devon Woodley, prior student placement has signed on with FCH
- Start Date: Monday August 11, 2025.
- His wife also signed on with FCH as Medical Laboratory Scientist (MLS)

II. Pulse Cardiology:

- Hosted visit with representatives from Pulse in Ferry County on 4/24/25
- Clarified the District's interest in revising the current practice contract
- Received information on alternative billable services including:
  - a. Cardiac imaging
  - b. Holter monitors
  - c. Cardiac Rehabilitation

III. MA-R Education:

- Jodi Blackwell (MA Phlebotomist): to be enrolling in July 2025 cohort
- Lori Ackerson (MA-R): to be enrolled un 2025 Cohort
- Paige Richardson(MA-R): removed from the MA-Cohort

IV. Vaccine Program:

- Un-used flu vaccines were gathered and returned to supplier with credit
- Vaccine Pre-Order: 2023/2024 Numbers being reviewed for pre-order

V. Public Presence:

- a. Conservation Fair (April 26, 2025):



- 2 representative from therapy and 2 representatives from nursing managed the FCH 2025 Conservation Fair Booth
- Approximately 400 visitors attended the event
- Successful drawing of gardening tool was published in the local paper (Ferry County View)

VI. Barrel Derby Days (June 21, 2025): Currently in planning phase

#### E. Future Considerations:

- 24 Hour blood pressure monitoring unit: Under review for 2026
  - Dermatology services at Ferry County: Currently operating in Chelan
  - 2025 Vaccine Clinic: In active planning stage
  - Re-assigning treatment room 13 (RMC), from hospital space to clinic space
    - a. RMC activity is increasing
    - b. Additional space is required for patient care
    - c. Addition of new Nurse Practitioner will require additional rooms
    - d. Current nutritionist office to be utilized as a procedure room
      - i. PlumOne Unit: PFT, Spirometry
      - ii. Audiology Tests
      - iii. EKGs
- VII. Dr. M Short to transition to Tuesday to Thursday schedule (from Wednesday to Friday) on the week of June

#### Curlew Medical Clinic

- a. **Staffing:** No changes in staffing in April 2025.
- 1 Provider (Annette Byrd, ARNP)
  - 1 Support Staff (Jodi Blackwell, CMA)
  - RN Candidate:
    - i. Successfully presented new position for RN to hospital board
    - ii. Successfully interviewed and extended offer to RN candidate
      - 1. Awaiting acceptance from candidate
    - iii. Roll out plan to include:
      - 1. Increasing provider presence to 2 days per week
      - 2. Developing lab testing and nurse only visits at CMC

**b. Statistics:**

- a. Total of 5 treatment days in April at Curlew Medical Clinic
- b. An increase of 5 patient encounters compared with March 2025
- c. Current patient wait time for appointment (CMC): 3 weeks

CMC	Jan	Feb	Mar	Apr	Total
2025	29	23	30	35	117
2024	21	24	28	22	95
2023	0	20	40	21	81

**c. Activity Overview:**

**a. iStat Blood Analyzer**

- a. Unit and associated reagent was ordered and has arrived
- b. Currently receiving training on operation of device
- c. Clinic licensing is being verified, and posting of license being arranged

**d. Future Considerations:**

- Medical services to increase to 2 days per week starting July 1, 2025 (Tuesdays and Wednesdays)
- Barrel Derby Days: Public presence to actively promote Curlew Clinic

Republic Therapy Clinic

**a. Staffing:** No changes in Staffing in April 2025.

- 6 Staff members in total
  - 2 FT PT (1.0 FTE)
    - 1 Full Time PT
    - 1 Rehab Manager/PT
  - 1 Agency Physical Therapist (end of contract June 27, 2025.)
  - 1 Agency Occupational Therapist (end of contract Sept 5, 2025.)
  - 1 Rehab Aide

**b. Statistics:**

- An increase of 79 visits compared with March 2025.
  - i. Attributed to decrease in 1 full time staff members (3/28/25)

Month	January	February	March	April	Total
2025	137	154	263	342	896

**c. Activity Overview:**

- Rehab Aide (Jessica Petter), celebrated 30<sup>th</sup> work anniversary on April 21/25.
- No significant changes to service offering at Republic Therapy Clinic in April

**d. Future Considerations:**

- Actively seeking the following positions for Republic Therapy Clinic
  - i. 1 Full Time Physical Therapist
  - ii. 1 Full Time Occupational Therapist

Curlew Therapy Clinic

**a. Staffing:** No changes to staffing at Curlew Therapy Clinic

- a. 1 FT PT (0.9 FTE) - Amanda Grumbach
- b. 1 FT Registrar (0.8 FTE) – Leza Wallace

**b. Statistics:**

- a. 93 Patient encounters in April 2025
- b. Increase of 46 treatments from March 2025.
  - Due to increased provider presence in April

Month	January	February	March	April	Total
2025	72	54	47	93	266

**c. Activity Overview:** Operations continue unchanged

**d. Future Considerations:**

~ Barrel Derby Days: Public presence to actively promote Curlew Clinic

## **Compliance Officer Board Report - May 2025**

**Spencer Hargett**

### **2025 Compliance Workplan Update:**

- **Policy & Procedure Reviews:** Presentation and discussion with managers. Goal to achieve 100% compliance by early 2026. Improved from 40% completed 2 year reviews in April to 48% in May.
- **Portable Device Management:** Final draft to be sent for approval by June 20, 2025.

### **Compliance Program Update:**

- **Public Records Act Compliance:** Designated Public Records Officer, approved PRA policy, and updated training.
- **Open Public Meetings Act Compliance:** Draft Public Comment Policy under review.
- **Licensure Event:** Review of services during expired licensure period to ensure all funds repaid and self-disclosure to HHS OIG by June 2, 2025.
- **Illicit Substances:** Final draft policies to be approved by June 20, 2025.
- **Revenue Cycle Integrity:** Addressing long-term care billing issues.
- **Physician's Insurance Annual Review:** Documents to be sent for review by June 20, 2025.
- **Items due to DOH:** Confirmation of submission of year end financial report by June 20, 2025.
- **Trauma Registry:** Monthly reporting responsibility to be assigned.

### **New & Updated Laws Dashboard:**

- **Price Transparency:** Update standard charges and shoppable services on the website.
- **Record Retention:** Establish overarching policy for record retention.
- **Nondiscrimination:** HR to implement nondiscrimination training for all staff.
- **RHC Claims:** Addressing items with billing company.
- **Emergency Services Readiness CoP:** Compliance achieved.
- **Hospital Staffing Committee:** Progress towards compliance by July 1, 2025.
- **New Laws from 2025 Legislative Session:** Review and compliance planning.

May Board Report: *Zane Gibbons, CNO*

Swing Bed- We have started our active recruitment of swing bed patients. We will be tracking our denials closely to learn if we should expand services in any direction. We have already seen an uptick in referrals that have headed our way. We had 28 swing beds patients in 2024. So far this year we have only had 10. We set a goal to finish with 35 this year and get to 50 in 2026. The Allevant team will be visiting our facility on 6/11, 6/12. They will be here to assist us in getting our swing bed program to the next level.

QI Committee- We introduced A3 problem solving to our managers. We will be working on getting managers trained on A3 project implementation over the remainder of this year with presentations to the QI committee. We are very fortunate to have Karl Palmer from Allevant traveling to our facility on 6/11, 6/12. During his visit he will give two sessions of A3 training to any and all staff. I have begun my QI district wide A3 project with the goal to have all of our policies and procedures at 100% compliance by January 1 2026.

Shift change- We implemented a shift change “huddle” for the entire nursing staff at 0600 and 1800 each day. This was a nurse driven process that will increase patient safety and continuity of care. We have since started using this huddle as a communication tool with staff to help us implement changes.

Jeannette, Dr. W, and I have worked hard together on getting open charts needing provider notes in the ER and ACU down to 1 open chart! Jeannette and Jamie have been rapidly moving through outpatient charts to complete them.

Working with Lance, Josh, Melinda, and James we have sent the first batch of supply charges for bundling. Lance will discuss this further.

Chi, Lance, and I will be meeting with Pulse on 3/22 to discuss options moving forward. We will have an onsite visit from their mobile cardiac monitor representative in the next few weeks.

Orientation to the nursing units- In order to meet the new state laws for staffing and orientation we have started the process of updating our orientation process. We will be building our orientations to be specific to each unit that someone will work instead of a one size fits all approach. Our traveling staff will also complete the same orientation.

Staffing Plans- We continue to get ready for the new state staffing laws that go into effect on July 1<sup>st</sup>, with additional changes January 1<sup>st</sup> 2026. In order to meet new staffing laws we are working and educating on new staffing workflows.

Staffing- We currently have 2 NAC travelers and 6 nurse travelers. We have hired 1 full time NOC RN and our first RN Temp position. We have done shuffling with our PRN RN staff to creatively fill our education, employee, and trauma coordinator positions without pulling another core full time RN.

Nurse transport- The next meeting with our county EMS department to continue the process of coming up with transportation and staffing alternatives will be on May 30th. The desire is there by both the

county and hospital to figure out a way to provide transportation services to our patients when no other transportation is available. Colton will be planning a visit to Chelan soon to discuss some of the alternatives to transportation they have implemented.

Utilization RN- Sarina Pirkey is an internal candidate that has accepted this new role. Sarina has 30+ years RN in all sorts of RN roles including as a CNO. In her role she will assist with the swingbed program, admission authorizations, utilization review and discharge planning. She will be conducting regular chart reviews to ensure we are hitting the necessary marks in our documentation for proper reimbursement. You will likely start to receive feedback from her regarding documentation. She will serve an essential role in the overall improvement of our nurse documentation and help recover reimbursement for the services we offer. She will also be working closely with the providers.

Community- The Hospital was represented by the Nursing Department at the SCC Job Fair on 5/13. New connections were made with the nursing and respiratory therapy departments. SCC will be at our hospital on 5/23 to discuss nursing student options. We also hope to discuss the same options with EWU with the addition of one of their instructors to our nursing staff. We are also now connected with Gonzaga and WSU to start attending their job fairs in the fall.

# Interim CFO Board Report - May 2025

## Lance Spindler

Ferry County Public Hospital District No. 1  
Consolidated Income Statement - Draft  
Year to Date April 30, 2025

Current Month			Variance			Year to Date			Variance		
Actual	Budget	Var %	Amount	Var %		Actual	Budget	Amount	Var %		
3,227,157	2,738,513	18%	488,644	18%	<b>Operating Revenue:</b>	11,145,570	10,954,050	191,520	2%		
(1,124,948)	(1,168,506)		43,558		Gross Patient Service Revenue	(4,887,961)	(4,674,025)	(213,936)	5%		
<b>2,102,209</b>	<b>1,570,006</b>	<b>34%</b>	<b>532,203</b>	<b>34%</b>	Contractual Allowances & Provisions for Uncollectible Accounts	<b>6,257,609</b>	<b>6,280,025</b>	<b>(22,416)</b>	<b>0%</b>		
					<b>Patient Service Revenue (Net of Contractuals)</b>						
263,421	307,000	-14%	(43,579)	-14%	Pharmacy Gross Revenue	1,045,877	1,228,000	(182,123)	-15%		
77,819	108,583	-28%	(30,764)	-28%	Other Operating Revenue	306,791	434,332	(127,541)	-29%		
<b>2,443,449</b>	<b>1,985,589</b>	<b>23%</b>	<b>457,860</b>	<b>23%</b>	<b>Total Operating Revenue</b>	<b>7,610,277</b>	<b>7,942,357</b>	<b>(332,080)</b>	<b>-4%</b>		
<b>Operating Expense:</b>											
1,165,457	1,158,862	1%	6,595	1%	Salaries & Wages	4,342,089	4,635,448	(293,359)	-6%		
389,088	261,258	49%	127,830	49%	Employee Benefits	910,708	1,045,033	(134,325)	-13%		
62,223	116,682	-47%	(54,459)	-47%	Professional Fees	219,005	466,729	(247,724)	-53%		
258,513	277,083	-7%	(18,570)	-7%	Supplies	1,107,593	1,108,333	(740)	0%		
22,805	28,495	-20%	(5,690)	-20%	Purchased Services - Utilities	97,357	113,980	(16,623)	-15%		
157,608	146,671	7%	10,937	7%	Purchased Services - Other	560,043	586,683	(26,640)	-5%		
17,149	14,000	22%	3,149	22%	Insurance	58,308	56,000	2,308	4%		
39,346	71,244	-45%	(31,898)	-45%	Other	133,538	284,977	(151,439)	-53%		
18,986	19,000	0%	(14)	0%	Rents & Leases	75,945	76,000	(55)	0%		
73,070	116,916	-38%	(43,846)	-38%	Depreciation	292,179	467,665	(175,486)	-38%		
<b>2,204,245</b>	<b>2,210,212</b>	<b>0%</b>	<b>(5,967)</b>	<b>0%</b>	<b>Total Operating Expenses</b>	<b>7,796,765</b>	<b>8,840,848</b>	<b>(1,044,083)</b>	<b>-12%</b>		
<b>239,204</b>	<b>(224,623)</b>	<b>-206%</b>	<b>463,827</b>	<b>-206%</b>	<b>Gain (Loss) from Operations</b>	<b>(186,488)</b>	<b>(898,491)</b>	<b>712,003</b>	<b>-79%</b>		
39,078	139,988	-72%	(100,910)	-72%	Total Non-Operating Revenues (Expenses)	204,929	559,952	(355,023)	-63%		
<b>278,282</b>	<b>(84,635)</b>	<b>-429%</b>	<b>362,917</b>	<b>-429%</b>	<b>Increase (Decrease) in Net Position</b>	<b>18,441</b>	<b>(338,538)</b>	<b>356,979</b>	<b>-105%</b>		
11%	-4%	16%	20%		<b>Operating Margin</b>	0%	-4%	5%	9%		
<b>387,241</b>					<b>EBITDA</b>	<b>410,370</b>					

**Ferry County Public Hospital District No. 1**  
**Consolidated Balance Sheet - Draft**  
**April 30, 2025**

	<u>Dec 24</u>	<u>Apr 25</u>
<b><u>Assets</u></b>		
<b>Current Assets</b>		
Cash & Cash Equivalents	1,334,091	1,692,635
Receivables		
Centriq Receivables, Net	772,872	739,371
Gross Accounts Receivables	7,283,892	8,140,280
Contractual Allowance	(2,845,446)	(3,435,796)
Bad Debt Allowance	(1,115,098)	(1,224,916)
<b>Net Patient Accounts Receivable</b>	<b>4,096,220</b>	<b>4,218,939</b>
Tax Levy Receivable	24,608	185,701
Estimated Third-Party Settlements	1,012,895	-
Other Receivables	325,419	367,455
Inventories	579,852	592,178
Pre-paid Expenses	83,634	79,809
<b>Total Current Assets</b>	<b>7,456,719</b>	<b>7,136,717</b>
<b>Capital Assets</b>		
Non-Depreciable Assets	49,282	49,282
Fixed Assets, net of Depreciation	5,765,698	5,490,813
Construction In Progress	1,286,164	1,895,792
<b>Total Capital Assets</b>	<b>7,101,144</b>	<b>7,435,887</b>
<b>Total Assets</b>	<b>14,557,863</b>	<b>14,572,604</b>
<b><u>Liabilities and Net Position</u></b>		
<b>Current Liabilities</b>		
Accounts Payable	2,113,008	1,749,430
Payroll Liabilities	877,107	1,194,126
Unearned Tax Revenue	(6,072)	103,556
Other Current Liabilities	2,057,071	1,889,609
<b>Total Current Liabilities</b>	<b>5,041,114</b>	<b>4,936,721</b>
<b>Long Term Liabilities</b>		
Long Term Debt	410,704	410,704
Capital Lease Obligations	171,624	171,805
<b>Total Long Term Liabilities</b>	<b>582,328</b>	<b>582,509</b>
<b>Total Liabilities</b>	<b>5,623,442</b>	<b>5,519,230</b>
Current Year Earnings	803,959	922,912
Equity Accounts	8,130,462	8,130,462
<b>Total Net Position</b>	<b>8,934,421</b>	<b>9,053,374</b>
<b>Total Liabilities and Net Position</b>	<b>14,557,863</b>	<b>14,572,604</b>



# **Interim CEO Board Report – May 2025**

## **Emmett C. Schuster**

We have a Clinical Pharmacist from the VA that has accepted our position. This will allow us to have a clearer delineation between the Hospital and one for the Republic Drug Store. More to come on the reporting structure and titles.

Chi, Zane, Dr. Wiefelspuett and Melissa Mitchel, (DNP) have agreed to host a Specialty Rotation for a credentialed Advanced Practice Nurse from the UW Premera RNHI (Rural Nursing Health Initiative) Fellowship program. This fellowship candidate will be a new Psychiatric Mental Health Nurse Practitioner (PMHNP). The candidate will follow Melissa in the clinic learning how we provide care and how we refer to specialty providers. The start date is to be determined.

We have received the Revenue Cycle initial report and have spoken with Nichole about the recommendations. We should be able to share the final document at the Board of Commissioners meeting this month. Lance and Team are excited about the recommendations and have already begun to work on many of the processes and ideas.

The CEO selection continues. Excited to host the two candidates in May (5/20, 5/30), then the third the first week of June (6/5). There is a planned Special Board of Commissioners meeting (6/6) to select one of the candidates. We will work as quickly as possible to coordinate the transition of the new CEO.

We have reopened the CFO posting and have already received several candidates interested in coming to Republic.

The JJCA Team continues to work with Zane and Team to clarify drawing changes. Adam and Team will be tearing down the mock up downtown the last week of May. There have been several departmental tours supported by Adam and Board members. There has been a nice effort by everyone to be as transparent as possible. The community and staff appreciate the opportunity to be in the know.

Lance continues to streamline the financials. He has produced a departmental budget based on the numbers we are able to find. The departments have been told to look at the budget information, identify any short falls they believed would be in the budget and then bring issues back to Lance for resolution. Lance has provided the 2024 budget with the projection so the departments have a reference point to compare. This is the first step in planning the 2026 budget process, which is not far away.

Zane has begun a rebuild of the Hospital Quality Improvement program. He has started with the basics of quality improvement training for the managers. One of his big projects he's taken on is the update of the Hospital Policy process. James and Amber just provided a training program to better understand the Policy on Policies the recent Managers Meeting. There was a

lot of suggestions and ideas integrated into the P on P. There is more understanding of how the process works across the hospital departments and approval processes. The requested changes are being incorporated in the policy.

The Department Managers continue to look at ways to improve the everyday support of the hospital. This month we celebrated the Nurses Week and the Hospital Week. Zane and Team had multiple surprises for the nursing staff and made it fun. The Marketing Team did a great job of coordinating and supporting multiple Hospital Week activities. Everyone enjoyed the change of pace/new activity and general appreciation shared.

# **EOC/Safety Board Report - May 2025**

**Adam Volluz**

## **1. Training & Compliance**

- All Maintenance and Grounds keeping staff have successfully completed Fall Protection Training. Certificates are with HR.
- Fire drills across the district are current and in full compliance with regulatory standards.
- Generator checks are fully up to date and recorded, ensuring continued emergency readiness.

## **2. Emergency Preparedness**

- From a Facilities standpoint, we are fully prepared for the scheduled power outage on May 21st. All contingency measures are in place to maintain operations where required.

## **3. Security Projects**

All data has been gathered for the hospital key inventory project.

- The next step will be implementing a formal key check-in/check-out process.
- This new system will improve accountability and significantly enhance facility security.

## **4. Workplace Safety**

13 workplace hazard tickets have been submitted year-to-date.

- 11 have been resolved; 2 remain open and are being actively addressed.

## **5. Fire Safety Infrastructure**

We continue to work with the City of Republic to resolve the issue of two seized fire hydrants on hospital grounds.

- At present, one functional hydrant is available outside the Sanpoil Plaza Apartments.
- The Fire Department has been briefed and will utilize the Sanpoil Plaza hydrant if necessary.
- Communication with the City remains ongoing.

## **6. Committee Restructure**

We are currently restructuring the EOC/Safety Committee to improve attendance and engagement across all departments and facilities.

- Our goal is to ensure meaningful, district-wide representation and participation.

## **7. Emergency Operations Plan**

The updated Emergency Operations Plan has been finalized and officially approved.

# Medical Staff Report

Dr. Silas Wiefelspuett

## Emergency Department Board Summary – May 2025

The Emergency Department continues to perform with strength and adaptability amid sustained high patient volumes and increasing case complexity. Physician staffing remains stable with no schedule gaps—thanks to the dedication and reliability of our providers.

Interdepartmental collaboration has been a cornerstone of our continued success, ensuring effective, coordinated care. The presence of nurses with acute care backgrounds has proven vital in managing complex cases, bolstered by Zane’s exceptional efforts in maintaining robust nurse scheduling.

**Transfers and transport** logistics remain a persistent challenge, particularly due to inclement weather. We are actively exploring new solutions, including the potential use of EMT-trained nurses to support safe and timely transfers.

We are also **trialing Omnicure**, a contracted consulting service for inpatient medical needs. This trial will continue through July and offers promising support for complex cases requiring internal medicine consultation.

On the **education and recruitment** front, we are in early discussions with the Colville Residency Program to host medical residents, introducing them to rural emergency care and creating a pipeline for future recruitment.

The **clinic downstairs** has initiated recruitment for a new practitioner, with a focus on involving them in the Emergency Department. Additionally, the new candidate **has expressed interest in covering a weekly ED shift**—a potential opportunity to ensure both continued coverage and her clinical competence within the department.

Overall, the ED remains resilient, forward-thinking, and deeply collaborative in its approach to delivering high-quality patient care.



FERRY COUNTY HEALTH  
BOARD OF COMMISSIONER'S SPECIAL MEETING

MAY 30, 2025

**CALL TO ORDER:** Chair DiAnne Lundgren called the Special Meeting of the Board of Commissioners to order at 12:00 p.m., on May 30, 2025.

**COMMISSIONERS IN ATTENDANCE:** DiAnne Lundgren, Nancy Giddings, Sarah Krausse, Ron Bacon, Susan Solomom-Hopkins.

**EXECUTIVE SESSION:** The Chair called an executive session at 12:00 p.m., to 2:00, per RCW 42.30.110(1)(g), Qualifications for an applicant for public employment. Chair requested 30 additional minutes at 2:00. Chair requested 30 additional minutes at 2:30.

**OPEN SESSION:** Open Session resumed at 3:00. No action taken. Meeting adjourned at 3:01 p.m..

*Respectfully Submitted,  
Nancy Giddings  
Board Secretary*



FERRY COUNTY HEALTH  
BOARD OF COMMISSIONERS' SPECIAL MEETING MINUTES  
JUNE 2, 2025

**CALL TO ORDER:** Chair DiAnne Lundgren called the Special Meeting of the Board of Commissioners to order at 10:03 a.m.

**COMMISSIONERS IN ATTENDANCE:** DiAnne Lundgren, Sarah Krausse, Ron Bacon, Nancy Giddings. Susan Solomon-Hopkins via zoom.

Interim CEO Emmett Schuster

Via zoom: Dani Lundgren, Dana Dewitt, Rosh Moore, James Davidson

**QUORUM ESTABLISHED:** All board members present.

**REVIEW, AMEND, ACCEPT AGENDA:** Motion made by Giddings and seconded by Krausse to amend the agenda to have Executive Session listed on agenda before CEO Candidate Discussion. Motion passed unanimously.

**EXECUTIVE SESSION:** Chair Lundgren called an Executive Session at 10:07 a.m. to 11:00 a.m., per RCW 42.30.110(1)(g), Qualifications for an applicant for public employment. Chair requested 20 additional minutes at 11:00.

**OPEN SESSION:** Open session resumed at 11:20 a.m. Motion made by Krausse and seconded by Bacon to offer CEO position to Brian Lady. Motion passed unanimously. Meeting adjourned at 11:22 a.m.

*Respectfully Submitted:*  
*Nancy Giddings*  
*Board Secretary*



Ferry County Health  
**RESOLUTION 2025 #9**

**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 17<sup>th</sup> day of June 2025.**

**APPROVED** at regular meeting of the Commissioners of Ferry County Health, Republic, Washington, this 17<sup>th</sup> day of June 2025.

\_\_\_\_\_  
DiAnne Lundgren, Chair                      Date

\_\_\_\_\_  
Sarah Krausse, Vice Chair                      Date

\_\_\_\_\_  
Nancy Giddings, Secretary                      Date

\_\_\_\_\_  
Ron Bacon, Commissioner                      Date

\_\_\_\_\_  
Susan Solomon-Hopkins, Commissioner                      Date

*Board of Commissioners*

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



FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1  
SURPLUS SMALL EQUIPMENT AND SUPPLIES

RESOLUTION: \_\_\_\_2025 #9\_\_\_\_\_ EXHIBIT A

QUANTITY	ITEM	MODEL/SERIAL # (If available)	ACQUISITION DATE (if available)
1	Advance GW 6016 vacuum	GW 6016 AS/1401618	unknown

## **Board Report – Environment of Care (EOC) Safety Committee**

Date: June 17<sup>th</sup>, 2025

Reporting Period: May 2025

Reporter: Adam Volluz

### **Summary of Event:**

On May 21, 2025, Ferry County Health participated in a planned 9.5-hour power outage from 8:00 AM to 5:30 PM to allow for power system infrastructure maintenance. The outage served as an opportunity for FCH evaluate operational readiness, emergency system functionality, and department-level preparedness across the organization. All essential services remained operational under generator power, though the event highlighted several key areas for improvement.

### **What Went Well:**

- All emergency generators started within the required timeframe and remained operational throughout the outage.
- Communication across departments was clear and effective both before and during the event.
- Internet remained active, with Starlink available as a contingency.
- Medication and vaccine refrigeration units stayed within safe temperature ranges under emergency power.
- Downtime procedures were readily available, though they were ultimately not needed.
- Portable X-ray and ultrasound services remained available and functional.
- Fuel supplies were sufficient to support generator operation for the full duration.
- EMS agencies (Republic and Curlew) were notified in advance and prepared for possible patient diversions.
- Setup at the Republic Drug Store was completed with zero complications. A portable generator was placed at the side entrance with a power cord running under the door to power the medication fridge and security system. No issues were reported.

### **Areas for Improvement:**

- Emergency power gaps were anticipated but reinforced the need to consider long-term solutions for critical imaging equipment (CT, MRI, X-ray), which were offline during the outage.
- Lab label printers and office computers were not on emergency power. Relocation or alternative power solutions, such as extension cords, are being considered.
- Several lab devices are not supported by uninterruptible power supplies (UPS); acquiring UPS units will be evaluated.
- The Health Information Management (HIM) department lacked emergency power. Portable generators and extension cord solutions will be trialed for future outages.

- The employee break room time clock was not powered, which affected time tracking during the outage.
- Additional flashlights are needed in departments not covered by emergency lighting.
- Reception phones were not answered due to reduced clinic staffing during the outage window.
- The hospital front desk was staffed with three employees and maintained operations; however, having a clearer setup plan beforehand would have supported a more proactive response.
- Nursing staff were not fully aware that patient room doors with magnetic holders would automatically close when power was lost. While staff were prepared to wedge doors open, they were reminded that using door props in this manner is a life safety code violation.
- A review of emergency outlet and lighting verification protocols may help ensure better preparation for future planned outages.

### **Next Steps:**

Although the organization was prepared overall, it became clear that departmental-level policies and procedures for emergency situations are lacking. The absence of these documents can lead to inconsistent responses during critical events. The EOC will be initiating a coordinated effort to ensure all department managers review and update their policies and procedures to reflect the most likely emergency scenarios. This effort aims to support consistent and predictable responses across all departments and improve overall emergency readiness.

If you would like to review the findings in more detail or discuss specific aspects of the report, please don't hesitate to contact me directly. I would be happy to schedule a time to walk through the document and address any questions or concerns.

### **2025 Compliance Workplan Update:**

- **Policy & Procedure Reviews:** At 48% in May and expect more progress for June. Goal is 100%
- **Contract Management:** Review of patient care contracts and presence of quality metrics.

### **Compliance Program Update:**

- **Licensure Event:** Self disclosure to HHS OIG submitted on May 28<sup>th</sup>, 2025. All funds from public and commercial payers have been returned.
- **Revenue Cycle Integrity:** Addressing long-term care billing issues.
- **CMS Request for Gender Affirming Care:** May receive letter from CMS.
- **Death with Dignity:** Reviewing requirements for ALF.
- **Items due to DOH:** Confirmation of submission of year end financial report by June 20, 2025.
- **Trauma Registry:** Monthly reporting responsibility to be assigned.
- **OIG LEIE Checks:** Updating process for monthly checks.

### **New & Updated Laws Dashboard:**

- **Price Transparency:** Standard charges file update to be completed by June 20<sup>th</sup>, 2025.
- **Record Retention:** Establish overarching policy for record retention.
- **RHC Claims:** Addressing items with billing company.
- **Hospital Staffing Committee:** Progress towards compliance by July 1, 2025.
- **New Laws from 2025 Legislative Session:** Applicable new laws added to New Laws Dashboard.
- **ESSB 5480- Removal of barriers created by medical debt:** Update policies by July 27, 2025 to ensure medical debt is not reported to credit agencies.
- **SSB 5239- Hospital medical record retention:** Effective July 27, 2025, must retain medical records for 26 years from the date the record was created.

# CNO Report

Zane Gibbons, CNO

Much of our efforts since last board meeting has been surrounding the new staffing laws that go into effect on July 1<sup>st</sup> and January 1<sup>st</sup>. The new laws include CMS OPPS CY25, E2SSB 5236, E2SSB 5236, E2SSB 5236, and SHB 1879. Our 2026 staffing plan has been reviewed and approved by Interim CEO Emmett Schuster. We developed a new nurse orientation guide along with both emergency and entire shift float policies. We will have our staffing plans posted in each hospital department and our charge nurse staff will be updating our new daily staffing plans and break sheets. We are prepared to properly report our compliance to DOH starting in 2026. Our new time clocks with our attestations will be in place by the end of the month. The hospital staffing committee has worked tirelessly the past few months to accomplish this task.

Nurse Utilization is off and running. We are using the case management portion of Meditech. Tapping into a Meditech tool that we pay for but have never used.

In collaboration with Human Resources we will be moving all of our nurse required certifications onto the Bamboo system. This way both managers and staff will be notified of BLS, ACLS, TNCC, and PALS expirations for our staff.

We are looking into a contract with TriWest that will give us access to VA Swing Bed patients.

Allevant met with us 6/11, 12. We met with the HRSA grant officials on 6/11 and went over goal setting and reviewing our admit and denial data for our swing bed program. During the 6/12 meeting our staff will be receiving additional training in A3 problem solving.

In the PFAC 6/10 we had our Medical Director Dr. Weiffelspuet, HIM and front desk supervisor Rosh Moore, Clinic Manager Chi Park, and Interim CEO Emmett Schuster. I asked these special guests to come and address several questions brought up last meeting. This included automated calls, front desk messaging,

Meditech Portal, clinic walk in hours, ED follow up appointments, mammography, cardiology, and possible expansion of services. Dr. W, Rosh, Chi, and I all received additional feedback to take to our respective areas to improve the community's user experience. We have also proposed a PFAC charter and draft that community members now have for review.

We have addressed our non-compliance issue with WAC 70.41.367 and our inability to perform a SANE exam at this time. We will work to bring back this program in the future.

Our required QBS reporting is complete and up to date.

Our trauma manager, Julie, and I met with 3 officials from the DOH to get a firm understanding of our current trauma standing. We have not reported to the DOH since October 2024 for patients prior to 6/13/24. We do have our provisional designation that takes us through 2026. We will start working on our next designation in 2026. Julie will be going back and updating all of our past trauma cases after 6/13/24 to bring us back into compliance. The DOH officials offered us plenty of support to help us. We also will need to return to quarterly MTQIP meetings along with reports to the QI committee.

We continue to work with Pulse Cardiology. Progress is being made and we have been assigned a new point of contact with Pulse. As soon as we have a new contract we will explore new hospital services.

We will be continuing our EKG reads in house with collaboration from our ER providers even if a new contract is reached with Pulse.

We are going to start the process of finding or creating a back-up wound care nurse. We have had multiple swing bed referrals requiring wound vacs. Our current wound care RN is facing a long and unanticipated leave.

We have been working on a Death with Dignity policy. I am working on the second draft now after receiving feedback on the initial draft from Emmett. We have resubmitted our Hospital End of Life Services paperwork with our updated contacts to the DOH.

Our last nurse transport meeting was productive. Dr. Artzis has given his approval to utilize nursing staff for advanced life support transportation. We have 11 NAC's and RN's who are interesting in training as EMT's. The next step will be getting everyone trained. We continue to work towards a November goal for being for transports before the snow falls.

Our resident activities director, Christa Davidson, has completed her Behavioral Health Technician training. After a year of hard work she will be graduating on 6/18. The nursing department is proud of her for completing this incredible achievement.

Both our ER providers and our swing bed and Utilization met with Nichole Hunt this week to learn about improved documentation and rules around admitting patients. Also represented in these meeting were HIM and our business office.

Our QI committee team of Shannon and Julia met with the quality team at Chelan Hospital. They learned valuable information from that meeting that we will use to improve our quality department.

Update to our nursing department road map for 2025. Implementing the Utilization RN and starting the swing bed recruitment was the last part of our plan to improve our financial picture. We still have outpatient workflows, ekg captures, charge bundling, and earlier established projects all moving along. We then needed to pivot to get meet our new staffing law. This is almost complete. The rest of our year we will spend improving policies, procedures, workflows, and readdressing our DOH 2024 survey to be ready for our 2026 DOH survey.

**Ferry County Public Hospital District No. 1**  
**Cash Detail Worksheet**

	Gen Operating 10.10000.0000							Deposit in Transit 10.12000.01000		
	Funded Deprec 10.10000.62000	Petty Cash 10.10000.20000	Merchant Account 10.10000.10000	CMS EFT 10.10000.30000	KH Gen Operating 20.10000.00000	RDS Gen Operating 30.10000.00000		Deposit in Transit 20.12000.01000	Register Cash 30.11000.10000	
	34	65	17	25	45	16	Total in Bank	Transit	Cash Register	Total Cash
December 2024	\$ 355,263.94	\$ 4,615.27	\$ 2,398.27	\$ 116,548.60	\$ 9,499.63	\$ 810,183.59	\$ 1,298,509.30	\$ 34,645.10	\$ 936.09	\$ 1,334,090.49
January 2025	\$ 134,427.43	\$ 5,614.19	\$ 13,375.54	\$ 118,066.79	\$ 6,596.70	\$ 811,097.21	\$ 1,089,177.86	\$ (11,043.83)	\$ 936.09	\$ 1,079,070.12
February 2025	\$ 565,906.35	\$ 4,492.59	\$ 7,442.63	\$ 113,663.02	\$ 5,520.02	\$ 823,989.16	\$ 1,521,013.77	\$ 66,120.64	\$ 936.09	\$ 1,588,070.50
March 2025	\$ 347,971.79	\$ 5,350.86	\$ 9,951.04	\$ 46,950.48	\$ 7,545.34	\$ 892,548.81	\$ 1,310,318.32	\$ (53,335.09)	\$ 936.09	\$ 1,257,919.32
April 2025	\$ 653,952.86	\$ 5,293.40	\$ 10,535.35	\$ 158,200.55	\$ 20,278.19	\$ 880,885.39	\$ 1,729,145.74	\$ (37,446.51)	\$ 936.09	\$ 1,692,635.32
May 2025	\$ 93,381.34	\$ 6,374.87	\$ 7,381.48	\$ 62,717.35	\$ 8,959.78	\$ 858,098.57	\$ 1,036,913.39	\$ 709,379.48	\$ 936.09	\$ 1,747,228.96
June 2025										
July 2025										
August 2025										
September 2025										
October 2025										
November 2025										
December 2025										

	Total Cash	GL Balance	Days Cash on Hand
December 2024	\$ 1,334,090.49	\$ 1,334,090.49	22.23
January 2025	\$ 1,079,070.12	\$ 1,079,070.12	17.98
February 2025	\$ 1,588,070.50	\$ 1,588,070.50	26.47
March 2025	\$ 1,257,919.32	\$ 1,257,919.32	20.97
April 2025	\$ 1,692,635.32	\$ 1,692,635.32	28.21
May 2025	\$ 1,747,228.96	\$ 1,747,228.96	29.12
June 2025			
July 2025			
August 2025			
September 2025			
October 2025			
November 2025			
December 2025			



## Collections on Self Pay Accounts

			<u>Monthly Average</u>	<u>Comments</u>
<b>2023 Total</b>	<b>\$ 426,831.80</b>	<b>\$</b>	<b>35,569.32</b>	Trufridge Collected Self Pay
<b>2024 Total</b>	<b>\$ 805,427.33</b>	<b>\$</b>	<b>67,118.94</b>	Moved Self Pay Inhouse
Jan	\$ 69,701.63			
Feb	\$ 57,513.67			
Mar	\$ 62,786.99			
Apr	\$ 100,622.00			
May	\$ 69,040.00			
<b>2025 Total</b>	<b>\$ 359,664.29</b>	<b>\$</b>	<b>71,932.86</b>	

## Deposits from Trubridge Billing Activities

<u>Month</u>	<u>Deposits</u>
Jan	\$ 1,327,933.21
Feb	\$ 1,306,389.26
Mar	\$ 1,053,485.59
Apr	\$ 1,598,671.85
May	\$ 1,467,621.36
Total	\$ 6,754,101.27

Date	REVENUE	TOTAL INS AR	SELF PAY AR	TOTAL AR	DEPOSITS	# CLAIMS	\$ CLAIMS	UNBILLED \$	TOTAL AR DAYS
05.01.25	\$115,107.98	\$5,279,211.92	\$1,462,306.57	\$6,741,518.49	\$84,393.03	60	\$ 99,935.38	\$813,567.03	75.2
05.02.25	\$89,560.52	\$5,183,515.06	\$1,453,516.17	\$6,637,031.23	\$90,701.18	109	\$ 307,802.16	\$839,928.44	73.7
05.03.25	\$24,160.10	\$5,501,245.57	\$1,457,344.82	\$6,958,590.39	\$0.00	34	\$ 40,087.97	\$542,529.38	76.8
05.04.25	\$32,835.50	\$5,501,245.57	\$1,457,344.82	\$6,958,590.39	\$0.00	0	\$ -	\$575,319.74	76.8
05.05.25	\$123,480.86	\$5,511,795.37	\$1,450,316.71	\$6,962,112.08	\$82,957.03	153	\$ 365,082.24	\$545,615.75	77.6
05.06.25	\$78,187.24	\$5,440,675.76	\$1,446,968.09	\$6,887,643.85	\$45,944.60	94	\$ 450,111.36	\$602,780.57	76.6
05.07.25	\$120,390.87	\$5,466,040.94	\$1,374,408.07	\$6,840,449.01	\$81,224.17	65	\$ 72,922.56	\$564,940.74	76.8
05.08.25	\$77,796.47	\$5,421,823.54	\$1,374,473.48	\$6,796,297.02	\$86,346.60	135	\$ 347,665.25	\$494,837.92	76.1
05.09.25	\$72,076.31	\$5,479,838.76	\$1,391,220.13	\$6,871,058.89	\$51,717.01	102	\$ 153,384.64	\$431,641.65	77.1
05.10.25	\$62,075.04	\$5,486,521.57	\$1,391,220.13	\$6,877,741.70	\$0.00	145	\$ 120,043.99	\$487,033.88	76.7
05.11.25	\$31,649.56	\$5,486,521.57	\$1,391,220.13	\$6,877,741.70	\$0.00	0	\$ -	\$518,683.44	76.4
05.12.25	\$108,751.72	\$5,431,288.85	\$1,404,265.22	\$6,835,554.07	\$68,013.03	61	\$ 58,724.16	\$545,693.22	76.6
05.13.25	\$120,407.97	\$5,479,170.58	\$1,364,876.27	\$6,844,046.85	\$77,842.99	106	\$ 239,802.34	\$502,826.61	76.5
05.14.25	\$94,793.06	\$5,463,030.11	\$1,370,184.49	\$6,833,214.60	\$44,182.41	143	\$ 194,555.87	\$515,630.39	76.4
05.15.25	\$126,622.22	\$5,408,975.34	\$1,353,688.52	\$6,762,663.86	\$61,086.07	94	\$ 88,765.96	\$444,202.97	75.4
05.16.25	\$130,962.67	\$5,385,093.76	\$1,384,480.77	\$6,769,574.53	\$64,303.94	77	\$ 62,682.01	\$463,631.36	75.2
05.17.25	\$15,447.76	\$5,385,093.76	\$1,384,480.77	\$6,769,574.53	\$0.00	49	\$ 83,332.49	\$479,079.12	74.3
05.18.25	\$29,134.77	\$5,385,093.76	\$1,384,480.77	\$6,769,574.53	\$0.00	0	\$ -	\$508,213.89	74.4
05.19.25	\$104,423.67	\$5,320,743.06	\$1,382,062.75	\$6,702,805.81	\$76,793.25	26	\$ 72,690.79	\$525,131.04	74.2
05.20.25	\$165,651.48	\$5,432,787.79	\$1,386,262.54	\$6,819,050.33	\$44,519.88	176	\$ 376,433.10	\$422,676.95	75.4
05.21.25	\$100,988.72	\$5,548,714.55	\$1,393,591.81	\$6,942,306.36	\$585.00	501	\$ 500,401.89	\$402,616.74	76.3
05.22.25	\$134,592.82	\$5,350,604.84	\$1,394,094.01	\$6,744,698.85	\$112,362.58	72	\$ 176,212.22	\$480,711.74	73.8
05.23.25	\$71,823.25	\$5,320,132.15	\$1,449,726.76	\$6,769,858.91	\$65,129.09	59	\$ 70,445.66	\$455,659.92	73.5
05.24.25	\$56,464.72	\$5,327,094.50	\$1,449,726.76	\$6,776,821.26	\$0.00	40	\$ 76,510.24	\$505,162.29	73.1
05.25.25	\$60,265.29	\$5,327,094.50	\$1,449,726.76	\$6,776,821.26	\$0.00	0	\$ -	\$565,427.58	72.7
05.26.25	\$57,380.28	\$5,327,094.50	\$1,449,726.76	\$6,776,821.26	\$0.00	15	\$ 3,991.61	\$622,807.86	73.8
05.27.25	\$191,180.62	\$5,488,533.15	\$1,445,985.91	\$ 6,934,519.06	\$2,298.61	24	\$ 101,527.42	\$654,326.89	75.5
05.28.25	\$185,611.28	\$5,572,051.39	\$1,443,105.40	\$7,015,156.79	\$332.88	150	\$ 307,593.11	\$758,987.72	75.5
05.29.25	\$154,597.72	\$5,182,326.73	\$1,460,059.93	\$6,642,386.66	\$228,535.63	86	\$ 90,259.55	\$825,401.68	70.6
05.30.25	\$114,841.21	\$5,057,174.04	\$1,455,320.76	\$6,512,494.80	\$98,352.38	256	\$ 235,974.09	\$816,030.20	68.8
05.31.25	\$42,163.65	\$5,266,738.82	\$1,453,843.20	\$6,720,582.02	\$0.00	58	\$ 80,820.31	\$647,372.64	70.4
May	\$2,893,425.33				\$1,467,621.36	2,890	\$ 4,777,758.37		
Apr	\$ 2,978,006.57				\$ 1,598,671.85	3,491	\$ 6,445,300.95		

# Medical Staff Report

Dr. Silas Wiefelspuett

## 1. Patient Volume & Transfers

Emergency Department (ED) volume has increased significantly over the last month — by approximately **40%** compared to the previous reporting period. Due to the rise in acuity, we are seeing **near-daily transfers to higher levels of care**, necessitating close coordination with **LifeFlight, airlift services, and ground ambulance providers**.

## 2. EMS Innovation Project

To address recurring limitations in local EMS capacity — particularly the **25+ missed BLS transports last calendar year** due to lack of available ground units — we are piloting an **innovative EMS project**. This will involve **training select ED nurses in EMS protocols** to support ground transport during critical times, especially **winter months**. This model does not currently exist in other hospitals and will both **strengthen patient care delivery** and improve **community service capacity**.

## 3. Omnicure Contract Update

After review, we have decided **not to continue with Omnicare**, our consulting service for complex inpatient medicine cases. The current contract has not provided sufficient value to our department. We are actively exploring **alternative consulting models** to better support complex inpatient care needs.

## 4. New Hire: Nurse Practitioner

We are pleased to welcome **Devon**, a newly hired nurse practitioner with a strong interest in emergency medicine. He will begin **shadowing in the ED** and working toward his **Emergency Medicine credentials**. Our goal is to integrate him into the ED schedule as a clinical provider in the near future.

## 5. Residency Program Collaboration

Ongoing collaboration with the **residency program** continues to yield positive engagement. We are in discussions to **increase resident rotations** through the ED to promote exposure, develop potential recruitment pipelines, and expand the reach of our medical group.

## 6. Staffing & Scheduling

The ED's **core provider team remains fully staffed**, with **no gaps, vacancies, or unplanned absences** this quarter. Staff are actively engaged in continued education, including participation in various **medical training courses throughout the summer**.

## 7. ECG Overreads Transition

The ED will be taking over **EKG overread responsibilities**, previously provided by Pulse Cardiology. This will ensure **more timely assessments** and allow for **improved continuity of care**.

## 8. Nursing Team & Onboarding

Excellent teamwork continues across all shifts. We have successfully onboarded **several new travel and full-time nurses**, all of whom have received **positive feedback**. Their integration has helped reinforce a **strong, comprehensive care team** alongside ED leadership and Nursing leadership.

## **9. Revenue Optimization & Chart Completion**

We are working closely with **Nicole (Revenue Consultant)** to identify **missed charges** and **streamline billing processes** to ensure complete revenue capture. As of this report, **all outstanding charts are complete**, and **no open workloads** remain for any ED providers.

## **10. Looking Ahead**

We are enthusiastic about working in partnership with the **new CEO, Brian Lady**, and are confident that his leadership and new ideas will bring **fresh momentum and innovation** to our department and organization as a whole.

# Interim CEO Report

Emmett Schuster, Interim CEO

Short month to report but lots of activity.

Our Marketing Team have pulled a rabbit out of the hat and have produced a float for the upcoming Prospector's Day Parade. They will have rocks and gold to pass out to the crowd. Adam has confirmed the parade will use our parking lots for staging the vehicles and animals. I understand the ALF Residents get a front row seat to all the animals. We did send a note to all the patient family members to remind them to park in the rear of the hospital because of the activity and on weekends visitors have to enter the hospital from the back parking area. I'm looking forward to the event.

We are working with Colton to learn more about an Insurance Navigator role for the hospital patients. This Navigator will help guide and direct individuals through the process of Medicaid and Medicare along with the various Advantage plans. I have connected him to a seasoned Navigator out of Odessa that has been doing this type of community support for the past 10-15 years. Colton was able to also visit in Chelan with the Chelan Hospital EMS Director to capture more ways they are making the MIH program work in their area. The MIH program is not doing well in the CAH if they are already lean in staff. We have tried several ideas, but the grant delay is detrimental to the program.

Lacy has reinvigorated the employee comment boxes in the hospital at various locations. This week we received comments in various areas of the hospital. I am working with the different departments to address the issues as soon as possible and some require explanation. I will have sent out a response to all the employees this week. We can't complete the answer on every one of them, but we can inform we have heard it, working on a resolution and keep follow up.

We are having follow up meetings with Nicole Hunt. The Medical Staff have been able to voice questions and worked through the responses. Our Revenue Cycle Team have had several meetings and individual calls with her. There are a lot of Meditech processes that are being reworked to better capture the event and charge. Everyone is working very hard to improve our processes. It's exciting to see the mix of staff members working with each other to better understand the others perspective and resolving it together.

We had the HR Consultant, Jennifer Richards, on site for two days. Jennifer has been with Virginia Mason since 2000 and fulfilled jobs from HR Business Partner to Interim VP/Mktg Dir, HR Operations for Common Spirit/VM. Jennifer was able to meet with several staff members. She reviewed the union contracts, our policies and how the Human Resources Staff are supporting employees from onboarding to retirement or departure. Jennifer will provide a written report for follow up by the staff.

This is my last report to the Board of Commissioners. I want to thank the Commissioners and all the Staff of Ferry County Health. We have made a few changes since February. I hope we have opened some doors we didn't know could open. Now the decision to open more doors is at hand. I believe Brian Lady will continue the journey. This is an organization with many aspiring leaders and new ideas to explore. It has been my honor and pleasure to be a part of this journey with you.

Thank you for this opportunity.

FERRY COUNTY PUBLIC HOSPITAL DISTRICT NO. 1  
FERRY COUNTY, WASHINGTON

RESOLUTION NO. 2025 #11

RESOLUTION APPOINTING AGENT TO RECEIVE TORT CLAIMS FOR DAMAGES  
(RCW 4.96.020)

WHEREAS, the Ferry County Public Hospital District No.1 is a municipal corporation that owns and operates Ferry County Health, a Critical Access Hospital located in Republic, Washington, and;

WHEREAS, pursuant to the provisions of RCW 4.96.020 the governing body of each local governmental entity shall appoint an agent to receive any claim for damages made under Chapter 4.96 RCW; and

WHEREAS, the identity of the agent and the address where he or she may be reached during the normal business hours of the local governmental entity are public records and shall be recorded with the auditor of the county in which the entity is located; and

WHEREAS, all claims for damages against a local governmental entity or against any local governmental entity's officers, employees, or volunteers, acting in such capacity shall be presented to the agent within the applicable period of limitations within which an action must be commenced; and

WHEREAS, the failure of a local governmental entity to comply with the requirements of this section precludes that local governmental entity from raising a defense under Chapter 4.96 RCW.

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Ferry County Public Hospital District No. 1 as follows:

The Board of Commissioners appoints the below-listed agent and deputy agent to receive any claims for damages made under RCW Chapter 4.96:

Agent Appointed:	Brain Lady, CEO
Deputy Agent Appointed:	Amber Gangon, EC
Hospital District Address:	36 N Klondike Rd. Republic, WA 99166
Business Hours:	Monday – Friday 8:00 AM – 4:30 PM



BE IT FURTHER RESOLVED, by the Board of Commissioners of Ferry County Public Hospital District No. 1 that the District shall record this document with the Ferry County Auditor.

ADOPTED and APPROVED by the Commissioners of Ferry County Public Hospital District No.1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 17<sup>th</sup> day of June 2025, the following commissioners being present and voting in favor of this resolution.

\_\_\_\_\_  
DiAnne Lundgren, Board Chair      Date

\_\_\_\_\_  
Nancy Giddings, Secretary      Date

\_\_\_\_\_  
Sarah Krausse, Vice Chair      Date

\_\_\_\_\_  
Ron Bacon, Commissioner      Date

\_\_\_\_\_  
Susan Solomon-Hopkins, Commissioner      Date