



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 3rd 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 Giddings, Board Secretary

DiAnne Lundgren 6/17/25
DiAnne Lundgren 6/17/25

Nancy Giddings, Secretary
Nancy Giddings

Susan Hopkins 6/17/2025
Susan Solomon-Hopkins

Sarah Krausse 6/17/25
Sarah Krausse

Ronald L. Bacon 6/17/25
Ronald L. Bacon 6

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 30th 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
 - 1 Full Time Physical Therapist
 - 1 Full Time Occupational Therapist

Curlew Therapy Clinic

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

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

b. Statistics:

- 93 Patient encounters in April 2025
- Increase of 46 treatments from March 2025.
 - o 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 1st, with additional changes January 1st 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	Amount	Var %		Actual	Budget	Amount	Var %	
3,227,157	2,738,513	488,644	18%	Gross Patient Service Revenue	11,145,570	10,954,050	191,520	2%	
(1,124,948)	(1,168,506)	43,558	-4%	Contractual Allowances & Provisions for Uncollectible Accounts	(4,887,961)	(4,674,025)	(213,936)	5%	
2,102,209	1,570,006	532,203	34%	Patient Service Revenue (Net of Contractuals)	6,257,609	6,280,025	(22,416)	0%	
263,421	307,000	(43,579)	-14%	Pharmacy Gross Revenue	1,045,877	1,228,000	(182,123)	-15%	
77,819	108,583	(30,764)	-28%	Other Operating Revenue	306,791	434,332	(127,541)	-29%	
2,443,449	1,985,589	457,860	23%	Total Operating Revenue	7,610,277	7,942,357	(332,080)	-4%	
Operating Expense:									
1,165,457	1,158,862	6,595	1%	Salaries & Wages	4,342,089	4,635,448	(293,359)	-6%	
389,088	261,258	127,830	49%	Employee Benefits	910,708	1,045,033	(134,325)	-13%	
62,223	116,682	(54,459)	-47%	Professional Fees	219,005	466,729	(247,724)	-53%	
258,513	277,083	(18,570)	-7%	Supplies	1,107,593	1,108,333	(740)	0%	
22,805	28,495	(5,690)	-20%	Purchased Services - Utilities	97,357	113,980	(16,623)	-15%	
157,608	146,671	10,937	7%	Purchased Services - Other	560,043	586,683	(26,640)	-5%	
17,149	14,000	3,149	22%	Insurance	58,308	56,000	2,308	4%	
39,346	71,244	(31,898)	-45%	Other	133,538	284,977	(151,439)	-53%	
18,986	19,000	(14)	0%	Rents & Leases	75,945	76,000	(55)	0%	
73,070	116,916	(43,846)	-38%	Depreciation	292,179	467,665	(175,486)	-38%	
2,204,245	2,210,212	(5,967)	0%	Total Operating Expenses	7,796,765	8,840,848	(1,044,083)	-12%	
239,204	(224,623)	463,827	-206%	Gain (Loss) from Operations	(186,488)	(898,491)	712,003	-79%	
39,078	139,988	(100,910)	-72%	Total Non-Operating Revenues (Expenses)	204,929	559,952	(355,023)	-63%	
278,282	(84,635)	362,917	-429%	Increase (Decrease) in Net Position	18,441	(338,538)	356,979	-105%	
11%	-4%	16%	20%	Operating Margin	0%	-4%	5%	9%	
387,241				EBITDA	410,370				

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

	<u>Dec 24</u>	<u>Apr 25</u>
<u>Assets</u>		
Current Assets		
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)
Net Patient Accounts Receivable	4,096,220	4,218,939
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
Total Current Assets	7,456,719	7,136,717
Capital Assets		
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
Total Capital Assets	7,101,144	7,435,887
Total Assets	14,557,863	14,572,604
<u>Liabilities and Net Position</u>		
Current Liabilities		
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
Total Current Liabilities	5,041,114	4,936,721
Long Term Liabilities		
Long Term Debt	410,704	410,704
Capital Lease Obligations	171,624	171,805
Total Long Term Liabilities	582,328	582,509
Total Liabilities	5,623,442	5,519,230
Current Year Earnings	803,959	922,912
Equity Accounts	8,130,462	8,130,462
Total Net Position	8,934,421	9,053,374
Total Liabilities and Net Position	14,557,863	14,572,604

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.