



BOARD OF COMMISSIONERS' MEETING

January 24, 2023 @ 1030AM HUB CONFERENCE ROOM
<https://zoom.us/j/92472952116?pwd=TURCZUg5dGVyUGRKNTI0YmhOczg1dz09>
 Meeting ID: 924 7295 2116
 Passcode: 260559
 One tap mobile
 +12532158782,,92472952116# US (Tacoma)
 +13462487799,,92472952116# US (Houston)
 Mission Statement

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

AGENDA

			Page(s)
Call to Order		Nancy Giddings	
Quorum Established		Nancy Giddings	
Review, Amend, Accept Agenda		Nancy Giddings	
Introduction of Board, District Employees and Guests		Nancy Giddings	
<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 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	Nancy Giddings	3-5
<ul style="list-style-type: none"> • Minutes 12.22.22 Board Meeting • Approval of Warrants • Financial Write-Off Report • Resolution 2023 #18 Surplus 			
Correspondence		Nancy Giddings	
Public Comments		Nancy Giddings	
EHR Report		Karen Quinnell	
Environment of Care/ Safety Update		Adam Volluz	
Compliance Report		Spencer Hargett	6-10
Department Spotlight		Christina Beckwith, Lab Manager	
CNO Report/ Quality Improvement		Mike Martinoli	11-15
COO		Debbie DeCorde	16-18
Medical Staff Report		Richard Garcia, MD	19

CEO/CFO Report

Jennifer Reed

20-42

Old Business

Nancy Giddings

- Board QI Project
- Facility Update/Master Plan
- Health Foundation
- Strategic Planning
- Pharmacy
- Airport update

Board Representative Reports

- Finance
- Quality Improvement
- Compliance/Risk Management
- Medical Staff
- Credentialing

Ron Bacon/Sarah Krausse
Jody Jannot/DiAnne Lundgren
Ron Bacon/Sarah Krausse
Nancy Giddings/DiAnne Lundgren
DiAnne Lundgren/Nancy Giddings

- Request to approve APP Medical Staff Privileges for Craig Christopher, PA-C
- Request to approve Active Medical Staff Privileges for Samuel Artzis, MD
- Request to approve APP Medical Staff Privileges for Susan Bell, NP
- Request to approve APP Medical Staff Privileges for William Hartman, PA-C
- Request to approve Courtesy Medical Staff Privileges for Hsien Sing Sam Hsieh, MD

- EMS

Nancy Giddings

New Business

Nancy Giddings

- Holiday schedule for clinic & admin offices
- CEO Evaluation
- Elections of Officers and Committees

Officers:

Chair
Vice President
Secretary

Committees:

Finance
Quality Improvement
Compliance/Risk Management
Medical Staff
Credentialing

- Review 2023 calendar

Executive Session RCW42.30.110(1)(g)

Nancy Giddings

Open Session

Nancy Giddings

Adjournment

Nancy Giddings

Board meetings are usually the fourth Tuesday of each month at 10:30 a.m. unless otherwise posted.

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

Next regularly scheduled meeting is Tuesday February 28, 2023 @ 10:30 am in the HUB Conference Room



**BOARD OF COMMISSIONERS' MEETING
December 22, 2022**

CALL TO ORDER: Board Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:38 am, on December 22, 2022 in the HUB Conference Room and via zoom. Commissioners in attendance were Nancy Giddings, Sarah Krausse and DiAnne Lundgren and Jody Jannot. Jennifer Reed, CEO/CFO; Mike Martinoli, CNO; Debbie DeCorde, COO; James Davidson, IT Manager; Karen Quinnell, Informaticist, Adam Volluz, Facilities Manager and Teena Price, Executive Assistant were present.

GUESTS: None

QUORUM ESTABLISHED: A quorum was present.

REVIEW, AMEND, ACCEPT AGENDA: A motion was made by Krausse and seconded by Jannot to amend the agenda to add under credentialing: Request to approve APP Medical Staff Privileges for Melissa Mitchell, ARNP and Matthew Johnson, ARNP. Also request Courtesy Medical Staff Privileges for John Victor Cowley, CRNA. The motion passed unanimously.

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

CORRESPONDENCE: Giddings read a few thank you notes from some community members & staff.

PUBLIC COMMENTS: None

EHR REPORT: Quinnell gave update on Meditech.

SAFETY UPDATE: Volluz gave report on de-escalation training and facilities heating system.

COMPLIANCE REPORT: Hargett gave his compliance report.

DEPARTMENT SPOTLIGHT: Chi Pak with Physical/Rehab Department gave a spotlight report on his department.

CNO REPORT: Martinoli reviewed his attached report.

QI REPORT: Martinoli reviewed his QI report.

COO: DeCorde reviewed her attached report.

MEDICAL STAFF REPORT: Reed gave Dr. Garcia's report.

CEO & CFO REPORT: Reed reviewed her attached report. A motion was made by Jannot and seconded by Krausse to implement 2% COLA wage increase. The motion passed unanimously.

FINANCIAL REPORT: Reed reviewed the November financials.

Asset Disposal Sheet (Quarterly Report)
 Disposal of Surplus Property other than Real Estate (Policy 25-01.001 - Exhibit A)
 For 1st Quarter, 2023

DATE OF ACQUISITION Prior to 2000?	DESCRIPTION (Model/Serial #/ Quantity/Current Location)	REASON FOR DISPOSAL	DISPOSITION PROCESS		DISPOSAL TIMELINE	COMMENTS
			Dump	offer to another facility		
20-Oct	Health O Meter Wheelchair Scale	Broken/Replaced	Dump	offer to another facility	ASAP After new outlet for Big Boy	
	Cambro Plastic Food Cart	replaced				

APPROVED BY:

Facilities Migr _____ Date: _____

CFO/CEO _____ Date: _____

BOD _____ Date: _____

Resolution 2023 #18
 Date Approved by BOC: 1/24/23

SUBJECT: Ferry County Public Hospital District Compliance Program	REFERENCE# 20.0.000
	Page 1 of 5
DEPARTMENT: Compliance	EFFECTIVE: 6/20/17
APPROVED BY: Board of Commissioners, Compliance Committee, CEO	REVISED: 1/2023 LAST REVIEWED:

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, abuse, or waste of healthcare resources.

The purpose of this Compliance Program and its 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 Compliance 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.
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. Ensuring that the District has an effective Compliance Program.
2. Provides final approval and oversight of the Compliance Program.
3. Appoint an appropriate Compliance Officer and members of the Compliance Committee.
4. Receive regular reports, including approval of the annual compliance work plan.
5. Take appropriate action to ensure the District is following the Compliance Program.
6. Participate in periodic compliance training.
7. 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
	Page 2 of 5
DEPARTMENT: Compliance	EFFECTIVE: 6/20/17
	REVISIED: 1/2023 LAST REVIEWED:
APPROVED BY: Board of Commissioners, Compliance Committee, CEO	

COMPLIANCE OFFICER SHALL:

1. Report directly to the CEO and as appropriate, the Board of Commissioners.
2. Oversee, monitor and coordinate the implementation and maintenance of an effective Compliance Program.
3. Serve as Chairperson of the Compliance Committee.
4. 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.
5. 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 Compliance Program, policies and procedures will be reviewed at least biannually.
6. Facilitate a periodic compliance risk assessment to identify high priority risks to the District and develop an annual compliance work plan.
7. In coordination with Human Resources, develop programs that educate and train District personnel concerning the Compliance Program.
8. 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.
9. Perform such other duties and responsibilities as the Board or CEO 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 of Commissioners and shall consist of:
 - a. Board of Commissioners representatives;
 - b. Compliance Officer, who shall serve as Chairperson of the Compliance Committee;
 - c. CEO or his/ her representative;
 - d. Chief Financial Officer or his/her representative;
 - e. Clinic Manager or his/her representative;
 - f. Chief Nursing Officer;
 - g. Chief Operating Officer;

SUBJECT: Ferry County Public Hospital District Compliance Program	REFERENCE# 20.0.000
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- h. Facility Manager;
 - i. Human Resources;
 - j. Information Technology Director;
 - k. Revenue Cycle Supervisor;
 - l. 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 a majority 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.

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
	Page 4 of 5
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EDUCATION/TRAINING:

1. New Board Commissioners and personnel 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, Conflict of Interest Policy, and sign the forms during orientation and annually thereafter.
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 annual 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 personnel will review the Conflict of Interest Policy & Procedure and applicable District personnel will complete the annual conflict of interest form.
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.

SUBJECT: Ferry County Public Hospital District Compliance Program	REFERENCE# 20.0.000
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SELF REPORTING:

1. All potential compliance violations will be thoroughly investigated, including any evidence of actual violation of civil or criminal law or rules and regulation of government health care programs (e.g. Medicare or Medicaid).
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 of Commissioners 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.

WRITTEN COMPLIANCE PROGRAM AND PERIODIC REVIEWS::

1. The Compliance Officer shall make the Compliance Program available to all District staff. The Compliance Program shall be available on the District's designated policy and procedure library with the latest version available to all staff.
2. The Compliance Program plan will be reviewed, updated, and approved biannually or as needed via resolution from the Board of Commissioners.

Board Report

January 24, 2023



CNO Report

Mike Martinoli

January 24, 2023



CNO

➤ Follow-up

- Nurse Recruitment Updates
- Updates from Rural Nursing Workgroup-upcoming Legislative proposal
- Infection Control Updates
- Quality Improvement Committee-Restructure updates and plans for Q1
- Nurse Staffing Committee Updates
- Allevant Grant Program Updates

➤ Coming-up

- Future goals for collaboration with Republic High School
- Meditech Nurse Education Sessions this week-hosted by Consultant and CNO
- New ED doorbell is improving staff to patient communication

➤ Need to Know

- SANE and DV Forensic team updates
- CNO Invitation to join WSHA Staffing Advisory Group
- CNO serving on WSHA testimony panel-Legislative SB 5236 Staffing Bill



CNO

➤ Nurse Volume Data: December 2022

Stats	Current Month		Prior Year
	Current Total	Target	
1 Acute Care Patient Days	45	45	16
2 Skilled Swing Bed Patient Days	64	64	38
3 Non-Skilled Long Term Care Patient Days	310	310	362
4 Observation/Short Stay Hours	173	173	197
5 Admissions	13	13	6
6 Average Length of Stay (ALOS)	3.78	3.78	4.00
8 ED # Visits	195	195	143
10 Procedures/Treatment #Patients	31	31	20

➤ Recent Equipment:

- New Stryker ICU Bed
- Updated Ventilator

Quality Report

Mike Martinoli

January 24, 2023



COO Report

Debbie DeCorde

January 24, 2023



COO

- Follow-up
 - Winterfest success
 - Operational Focus Projects
- Coming Up
 - Committees and Councils Charter Development
 - Employee Council – any feedback regarding the Buckboard evening?
 - Patient concerns and ideas being implanted to mitigate
- Need to Know
 - Operational Metrics
 - BambooHR and Review season
 - Swift Navigation Proposal
- Q&As



COO - Volumes

11 Republic Clinic #Visits	615	877	669
12 Physical Therapy Treatments	930	863	1063
13 Imaging Visits	435	350	369
14 Lab # Billable Tests	2725	2268	2309



Medical Staff Report

Dr. Garcia

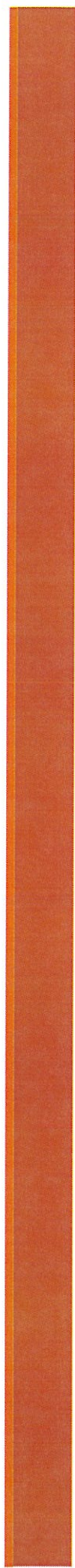
January 24, 2023



CEO/CFO Report

Jennifer Reed

January 24, 2023



CEO/CFO

Statement of Values

1. **Quality/Safety: by constantly holding ourselves to a higher standard.**
2. **Integrity: through honesty and respect.**
3. **Compassion: by providing a nurturing and caring environment.**
4. **Stewardship: by utilizing our resources to their highest and best purpose.**
5. **Teamwork: by working together in a culture that promotes excellence.**

> Follow-up

- ☐ COLA was implemented first pay period of 2023.
- ☐ No word as yet from PERC on the third party representation.
- ☐ No word on other issue from US Attorney.
- ☐ Mock survey happened, with list of opportunities and red flags. We will prioritize and get busy on addressing the issues
- ☐ IT security survey happened and was presented to Compliance Committee. James following up on any issues, but mostly related to old software that will go away with Meditech. HIPAA audit is coming and James anticipates some work around that will be required. This goes along with the Compliance project for HIPAA policies.
- ☐ ER doors finally got installed.

> Coming Up

- ☐ Meeting regarding Integrated Mobile Health Wednesday in Colville.
- ☐ Market survey completed and now analyzing to implement as budgeted.
- ☐ Made changes to survey questions to better reflect what we're wanting to know and measure.
- ☐ Curlew going well, well received.
- ☐ Working on Committee Charters
- ☐ Behavioral Health still an issue - Matt Johnson (fellow) is wanting to take on the project of identifying solutions.
- ☐ Meditech Go-live on the 30th! I think MOST are feeling okay, but are of course nervous too!

> Need to Know

- ☐ Chelan conference is June 26-28. We have made reservations and will firm and confirm as the dates come closer.
- ☐ My leadership training starts on February 14 and will go for 18 weeks. Looking forward to that!
- ☐ Ceiling issues in ALF and Rehab have been fixed and repair was not as extensive as anticipated.
- ☐ Maintenance Manager put in notice.

> Q&As



CEO/CFO-Volumes

Profitability					
14	Revenue Deductions % of Gross Revenue	●	40%	30%	37%
15	Salaries % Gross Patient Revenue	●	31%	45%	33%
16	Benefits % of Salary Expense	●	21%	26%	31%
17	Bad Debt % Gross Patient Revenue	●	0.6%	1.78%	2.30%
18	Charity % Gross Patient Revenue	●	1.0%	1%	0.27%
19	Total Salary Expense	●	\$ 837,859	\$ 600,000	\$ 599,825



CEO/CFO-Financials



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

Combined Income Statement: Hospital, Klondike Hills and Republic Drug Store

Year to Date December 31, 2022

	Q3	November	December	Q4	% of Gross Rev	YTD	% of Gross Rev
Operating revenue:							
Gross patient service revenue	7,175,714	2,293,059	2,346,645	7,209,800	0.87 %	28,146,823	
Drug Store gross revenue	966,150	301,050	335,781	934,299	13%	3,606,975	
Contractual allowances and provisions for uncollectible accounts	(3,152,590)	(1,265,851)	(1,071,319)	(3,381,634)	-40%	(11,653,666)	-37%
Patient service revenue - (Net contractual allowances)	4,989,274	1,328,258	1,611,107	4,762,455	60%	20,219,230	64%
Bad debt expense	21,804	59,725	14,031	79,469	1%	197,066	1%
Other operating revenue	147,280	62,096	74,036	200,557	3%	676,745	2%
Total operating revenue	5,158,359	1,450,078	1,699,174	5,042,491	63%	21,093,041	66%
Operating expenses:							
Salaries and wages	2,269,372	788,860	837,859	2,447,992	31%	9,033,262	28%
Employee benefits	505,647	180,419	185,361	548,763	7%	2,116,343	7%
Professional fees	474,562	84,310	178,495	442,964	7%	1,861,893	6%
Supplies	371,620	115,895	134,661	457,329	5%	1,478,157	5%
Purchased services - Utilities	54,610	22,591	32,516	77,594	1%	295,173	1%
Purchased services - Other	497,600	103,946	179,445	425,122	7%	1,672,103	5%
Pharmacy Drugs	588,341	103,521	271,105	533,026	10%	2,066,697	7%
Drug Store Retail	30,627	8,902	20,675	40,343	1%	126,884	0%
Insurance	46,704	4,414	19,568	34,789	1%	141,649	0%
Other	87,070	57,409	89,233	199,387	3%	538,040	2%
Rent	64,662	21,006	21,428	63,649	1%	254,759	1%
Amortization	10,989	3,663	3,663	10,989	0%	43,955	0%
Depreciation	231,578	77,301	77,391	231,993	3%	910,738	3%
Total operating expenses	5,233,383	1,572,238	2,051,400	5,513,939	87%	20,539,655	65%
Gain (loss) from operations	(75,025)	(122,160)	(352,226)	(471,448)	-5%	553,387	2%
Nonoperating revenues (expenses):							
Property taxes	93,550	29,648	36,554	95,883	2%	389,476	1%
Interest earnings	-	-	-	-	0%	7,238	0%
Interest expense	(11,548)	(3,551)	(3,599)	(10,800)	0%	(48,067)	0%
Grants and donations	13,337	1,000	-	1,000	0%	21,286	0%
Other	79,357	23,154	30,888	79,837	1%	316,327	1%
Total nonoperating revenues (expenses) - Net	174,696	50,251	63,844	165,920	3%	686,260	2%
Increase (decrease) in net position	\$ 99,671	\$ (71,909)	\$ (288,382)	\$ (305,528)	-11%	\$ 1,239,646	4%

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

Republic Drug Store Income Statement
 Year to Date December 31, 2022

	Q3	November	December	Q4	% of Total Rev	YTD
Operating revenue:						
Pharmacy revenue - (Allowances)	880,678	272,475	289,195	825,130	84%	3,256,445
Retail Revenue	85,472	28,575	52,586	109,169	16%	350,531
Total operating revenue	\$ 966,150	\$ 301,050	\$ 335,781	\$ 934,299	100%	\$ 3,606,975
Operating expenses:						
Salaries and wages	107,098	36,981	37,930	107,546	11%	376,475
Employee benefits	26,910	12,385	11,767	33,386	4%	107,866
Utilities	3,743	1,339	1,497	6,984	0%	20,806
Pharmacy Drugs	588,341	103,521	271,105	533,026	81%	2,066,697
Retail	30,627	8,902	20,675	40,343	6%	126,884
Supplies	4,235	221	142	3,425	0%	14,674
Purchased services- Other	7,990	2,574	2,649	7,561	1%	28,319
Taxes and Licences	11,667	3,799	5,836	13,412	2%	45,788
Advertising	344	288	-	432	0%	1,608
Professional Fees	67,272	5,393	4,136	13,510	1%	186,716
Other	9,460	945	203	2,452	0%	24,095
Amortization	10,989	3,663	3,663	10,989	1%	43,955
Depreciation	3,751	1,250	1,250	3,751	0%	15,005
Total operating expenses	\$ 872,427	\$ 181,262	\$ 360,854	\$ 776,816	107%	\$ 3,058,889
Gain (loss) from operations	93,723	119,788	(25,073)	157,483	-7%	548,087
Nonoperating revenues (expenses):						
Grants and Donations	-	-	-	-	0%	-
Interest Expense	(3,009)	(910)	(1,028)	(2,880)	0%	(12,868)
Interest earnings	-	-	-	-	0%	-
Total nonoperating revenues (expenses) - Net	\$ (3,009)	\$ (910)	\$ (1,028)	\$ (2,880)	0%	\$ (12,868)
Increase (decrease) in net position	\$ 90,714	\$ 118,878	\$ (26,101)	\$ 154,604	-8%	\$ 535,219
						15%

Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

Balance Sheet (Combined Statement of Net Position: Hospital, Klondike Hills and Republic Drug Store)

Year to Date December 31, 2022

<i>Assets</i>	YTD Balances November	YTD Balances December
Current assets:		
Cash and cash equivalents	\$ 7,041,282	\$ 6,474,923
Receivables:		
Gross AR	\$ 5,637,360	5,971,686
Contractual allowance	(2,047,375)	(2,850,448)
Patient AR - Net	3,993,232	3,499,239
Taxes	19,216	16,224
Estimated third-party payor settlements	-	4,143
Other	18,071	(139,166)
Inventories	479,588	464,322
Prepaid expenses	178,151	160,192
Total current assets	\$ 11,729,540	\$ 10,479,876
Noncurrent cash and cash equivalents:		
Restricted cash & cash equivalent, USDA reserve	-	-
Internally designated cash and cash equip, funded depreciation		
Total noncurrent assets limited as to use	-	-
Capital assets:		
Nondepreciable capital assets	\$ 27,282	\$ 27,282
Depreciable capital assets - Net of accumulated depreciation	6,466,944	6,391,290
Construction in Progress	518,711	606,496
Total capital assets	\$ 7,012,938	\$ 7,025,068
TOTAL ASSETS	\$ 18,742,478	\$ 17,504,944

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

Balance Sheet (Combined Statement of Net Position: Hospital, Klondike Hills and Republic Drug Store)
 Year to Date December 31, 2022

<i>Liabilities and Net Position</i>	YTD Balances November	YTD Balances December
Current liabilities:		
Current maturities - Long term debt	\$ 51,015	\$ (0)
Current maturities - Capital lease obligations	22,815	20,065
Accounts payable	493,204	404,293
Warrants payable	-	-
Sales Tax Payable	3,799	5,836
Patient trust	500	500
Payroll and related expenses	538,832	236,087
Accrued vacation	435,379	443,469
Unearned tax revenue	13,413	(9,900)
Accrued interest payable	-	-
CARES ACT FEDERAL FUNDING	588,962	500,619
Estimated third-party payor settlements	156,967	(246,033)
Total current liabilities	\$ 2,304,885	\$ 1,354,936
Noncurrent liabilities:		
Long term debt	\$ 2,132,946	\$ 2,132,730
Capital lease obligations - Less current portion	20,574	21,589
Total noncurrent liabilities	2,153,521	2,154,319
Total liabilities	\$ 4,458,406	\$ 3,509,255
Net position:		
Invested in capital assets	\$ 4,266,877	\$ 4,244,188
Restricted expendables	-	-
Unrestricted	10,017,195	9,751,502
Total net position	\$ 14,284,072	\$ 13,995,690
TOTAL LIABILITIES AND NET POSITION	\$ 18,742,478	\$ 17,504,944

STRATEGIC PLAN

2022 Reflections & 2023 Workplan

Taking it to the next phase

December 1, 2022



2022 Reflections

Where did we go and what did we learn?





Ownership

In 3 months, the ET will have identified the tools needed to direct a thriving culture of ownership. What is ownership and what are the tools?

Employees feel empowered to solve problems & they take initiative

- ❖ Be clear about expectations and have a clear values statement

- ❖ Catch people doing good work

Employees Demonstrate Leadership

Employees are engaged

- ❖ Provide meaningful work, recognize a job well done and help them grow

2022 Results – 76% Employee Engagement





Communication

In 7 months, the ET will have identified common communication problems, where they are occurring and propose potential system-wide solutions to help solve these problems.

1. Internal Communication
 - Information not flowing down from management
 - Communication between hospital & drugstore
2. External Communication
 - Phone issues, call backs, answered phones
 - Communication between staff and patients need improvement



Communication-Implemented



Internal Communication

- ❖ Implemented Data Dump
- ❖ Monthly manager meetings
- ❖ Weekly manager "cuddles"
- ❖ Process improvement at Clinic/Drugstore

External Communication-

- ❖ Established quarterly cadence with newspaper for articles
- ❖ NRC Questions aligned with goals and objectives
- ❖ Began 2 process improvement/customer service projects at drugstore and clinic
- ❖ Comment Boxes and signage



Infrastructure

- Facility Master Plan underway to identify solutions to facility issues



2023 Workplan

- A Culture of Ownership - Ongoing
- Improve Communication - Ongoing
- Infrastructure and operations
- Financial integrity and success
- Quality Improvement
- Communication of plan



Maintaining a Culture of Ownership

Maintaining a culture of ownership is ongoing and continuous. It means your employees are engaged in their work.

- Employees are empowered to solve problems and they take initiative.
 - Implementing and training on "decision tree"
- Employees have clear expectations and boundaries
- Employees are engaged
- Measuring
 - Sit on Committees and attend events – they are connected
 - Engagement Scores maintained and/or improved
 - Internal movement and retention of employees



Building a Culture of Ownership-Projects

- Implement the 'Decision Tree' to empower employees and managers
- Statement of Values
 - ❖ Organizational wide use of value statement for the following:
 - Kudos relate back to values
 - Performance evaluations relate back to values
- New employee orientation and evaluation process
- Set meetings for 1:1's, including cadence, expectations & tools
- Committees (Defined and charters written) and Events
- Building a Safe learning environment (QMM reporting)



Great Communication

- Great communication with patients leads to great patient satisfaction, which will be measured by NRC scores.
 - Patient Portal
 - Patient communication boards, team rounding, discharge surveys
 - Patient Family Advisory Council (PFAC)
- Community awareness and communication
 - Working with community partners
 - Involvement in local events, (cadence calendar)
- Internal Communication
 - Manager Meetings, 1:1 with staff (and expectations), and education
 - Customer Service & patient liaison



Great Communication - NRC Surveys

- NRC Surveys are updated with new questions:
- The following questions are asked with each visit:
 - Did you feel safe and secure here
 - Was the facility clean?
 - Did staff treat you with courtesy and respect?
- In 3 months we will have a new baseline for the new questions, which are tailored specific and are aligned with our mission & values:
 - Did they provide the information that you need
 - Was it easy to get an app't, were you informed about delays, and/or did your appt start on time
 - Were you told when to expect results?
 - A full list of questions is in your pack



Infrastructure & Facilities

- Continue with Master Facility planning
 - ❖ Identify level of debt
- Safety
 - ❖ De-escalation, training and roll-out
 - ❖ Safety assessment of facilities to identify key initiatives.
 - ❖ Signage project
 - ❖ "Ready for Business" work, identify, prioritize and implement



Financial Integrity & Success

- Budget to Actual accountability and support
- Employee education around finance, both business & personal



Quality Improvement & Compliance

- 2023 Workplan identified and aligned with overall strategy
 - ❖ See workplan
- Quality Improvement
 - ❖ Committee charter written
 - ❖ Committee to be re-aligned to match objectives of requirements for the committee



Next Steps

- Board sign-off
- Communication Plan

