



# Ferry County Health

## BOARD OF COMMISSIONERS' MEETING

April 23, 2024 @ 10:30 AM in the HUB

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

Meeting ID: 895 8432 9356

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
<ul style="list-style-type: none"> <li>• Minutes 03.26.24 Board Meeting</li> <li>• Minutes 04.09.24 Special Board Meeting</li> <li>• Approval of Warrants</li> <li>• Financial Write-Off Report</li> </ul>		
Correspondence	DiAnne Lundgren	
Public Comments	DiAnne Lundgren	
Environment of Care/ Safety Update	Adam Volluz	
Compliance Report	Spencer Hargett	
Department Spotlight – Drug Store	Ben Walling	
Infection Control Plan Presentation	Katy Ricard	
<ul style="list-style-type: none"> <li>• Adoption of the 2024 Infection Control Plan</li> </ul>		
CNO Report/ Quality Improvement	Mike Martinoli	18-25
COO Report	Debbie DeCorde	26-32
CFO Report	Coryelle Rogers	33-37
Revenue Cycle Report	Coryelle Rogers	38-39

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

Medical Staff Report	Richard Garcia, MD	40
CEO Report	Jennifer Reed	41-45
On-going Business	DiAnne Lundgren	

- Board QI Project
- Health Foundation
- Board Introduction Project
- Facility Update/Master Plan
- Rural Resources Building
- New Hire Orientation Schedule
  - 05/06 -

Board Representative Reports

- |                              |                                 |
|------------------------------|---------------------------------|
| • Finance                    | Ron Bacon/Sarah Krausse         |
| • Quality Improvement        | DiAnne Lundgren/Nancy Giddings  |
| • Compliance/Risk Management | Ron Bacon/Sarah Krausse         |
| • Medical Staff              | DiAnne Lundgren/Solomon-Hopkins |
| • EMS                        | Nancy Giddings                  |
| • PFAC                       | Sarah Krausse/Nancy Giddings    |
| • Credentialing              | DiAnne Lundgren/Nancy Giddings  |

Request for **Re Appointment of Courtesy Medical Staff Privileges by Proxy** for the following Integra Imaging Providers:

Casey Cable, MD	Matthew Curtis, MD	Ryne Dougherty, MD	Phillip Smith, MD
Brian Gump, DO	Pushpender Gupta, MD	Douglas Handley, MD	Chet Hunter, DO
Edward Iuliano, DO	Elizabeth Joiner, MD	Sean Koskinen, MD	Gregory Kujawski, DO
Matthew Mesick, MD	Amy Newton, MD	Richard Nguyen, MD	Samuel Plesner, DO
Jedidiah Schlung, MD	Mariam Shehata, MD	Adam Skibinski, MD	Jennifer Xiao, MD

New Business	DiAnne Lundgren
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Executive Session – Quarterly Quality Improvement Report pursuant to RCW § 42.30.100.1(g)	Mike Martinoli
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Open Session - Action, if applicable regarding executive session

Adjournment	DiAnne Lundgren
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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 May 28, 2023 @ 10:30 am in the HUB Conference Room**



## Ferry County Health

### BOARD OF COMMISSIONERS' MEETING

March 26, 2024

**CALL TO ORDER:** Board Chair DiAnne Lundgren called the meeting of the Board of Commissioners to order at 10:31 a.m., on March 26, 2024 in the HUB and via Zoom.

Commissioners in attendance were DiAnne Lundgren, Nancy Giddings, Sarah Krausse, Susan Solomon-Hopkins and Ron Bacon (via zoom). Jennifer Reed, CEO/CFO; Debbie DeCorde, COO; Mike Martinoli, CNO; Spencer Hargett, Compliance (zoom); Amber Gangon, Executive Coordinator; Adam Volluz, Facilities Manager; Karen Quinnell (zoom), Informaticist; James Davidson, IT Manager (zoom); Lacy Sharbono, HR Coordinator (zoom); Mena Cassell, Controller (zoom); Julie Twamley, ALF Manager (zoom); and Josh Connor, Materials Manager (zoom) were also present.

**GUESTS:** No guests.

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

**EXECUTIVE SESSION:** The Chair called an executive session pursuant to RCW §42.30.110(1)(g) - Performance of a Public Employee at 10:31 am. The Chair invited the CEO/CFO and COO to join and requested 29 minutes. Open session to resume at 11 a.m.

**OPEN SESSION:** Open session resumed at 11 a.m. No action was taken.

**REVIEW, AMEND, ACCEPT AGENDA:** A motion was made by Giddings and seconded by Krausse to amend and approve the agenda by adding an August meeting discussion to New Business. The motion passed unanimously.

**INTRODUCTION OF THE BOARD AND GUESTS:** No introductions were necessary.

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

**CORRESPONDENCE:** Correspondence read.

**PUBLIC COMMENTS:** No public comments.

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

**COMPLIANCE REPORT:** Hargett gave his report.

**DEPARTMENT SPOTLIGHT:** Chi Pak, Manager of Clinic Practices gave his department spotlight report. The Republic Drug Store was selected for April.

**Lundgren called for a break in session at 11:31 a.m. Open session resumed at 11:35 p.m.**

**CNO REPORT:** Martinoli gave his report. A motion was made by Giddings and seconded by Lundgren to approve the 2024 Quality Improvement Plan as presented. The motion passed unanimously.

**Lundgren called for a break in session at 11:54 a.m. Open session resumed at 12:18 p.m.**

**COO:** DeCorde gave her report.

**MEDICAL STAFF REPORT:** Dr. Garcia provided his report via PowerPoint slide.

**CEO REPORT:** Reed gave her CEO report.

**CFO FINANCIAL REPORT:** Reed gave her CFO financial report.

**REVENUE INTEGRITY REPORT:** Reed reported on behalf of the Revenue Cycle Manager.

**ON-GOING BUSINESS:**

- **Board QI Project:** Board to determine the second quarter project next month.
- **Health Foundation:** Memo of Understanding for review and approval. See new business.







Infection  
Control  
Plan

2023-

2024

# FERRY COUNTY HEALTH INFECTION CONTROL PLAN

## DEMOGRAPHICS

Ferry County Health is based in Republic, Washington and provides services to about 7,800 people. Ferry County Hospital is a 25 bed critical access hospital. Ferry County Health employs approximately 174 employees. Ferry County hospital offers a comprehensive diagnostic and treatment services to diverse patient population, pediatric to geriatric.

Ferry county Health Services		
Emergency Care Level 5 trauma	Observation/Inpatient care	Mobile Integrated Health Care Pilot Program
Endoscopy (outpatient)	Swing bed	Behavioral Health
Laboratory	Non skilled Swing bed	
Physical/Occupational Therapy	Wound Care	
Dietician / Diabetic education	Rural Health Clinic	
Diagnostic Imaging	Out Patient Nursing Care	

## POLICY

Mission: *To strengthen the health and well-being of our community through partnership and trust.*

## SCOPE AND FUNCTIONS OF THE INFECTION PREVENTION PROGRAM

The Infection Prevention Program interfaces with all operational departments and services throughout the organization.

## VISION

The Infection Control program contributes to a safe care environment and practices to be the regional comprehensive healthcare provider of choice.

## AUTHORITY AND STRUCTURE OF THE INFECTION PREVENTION PROGRAM

The Infection Prevention Program is managed by the infection preventionist (IP) who reports to Chief Nursing Officer and resides within the Quality Department. The infection preventionist interfaces with administration, staff, medical providers, and other professionals and has the authority to cross operational lines to meet the goals of the program. The IP is the chairman of the Antimicrobial Stewardship Committee and the Safe Patient Handling Committee. The IP reports to Quality Improvement Committee, Chief Nursing Officer, Medical Director through the authority of the Governing Board, shall have clinical authority over the infection prevention and control program. Infection Prevention data is shared with providers through the Medical Staff Meetings.

The infection preventionist is responsible for overseeing day-to-day monitoring of infection prevention program activities and for surveillance and reporting to external organizations, per regulations, and communicates analysis and feedback of reported infection prevention and control information to the district for action.

## **FERRY COUNTY HEALTH INFECTION CONTROL PLAN**

The Ferry County IP shall have the authority to institute any appropriate surveillance, prevention, and/or control measures when any condition exists that could result in the spread of infection within the hospital or its facilities or create a hazard for any person at the hospital or its facilities. The Ferry County Health infection preventionist shall have the authority to investigate any outbreaks. Examples of appropriate prevention and/or control measures include but are not limited to: institution of appropriate isolation precautions in accordance with hospital policy and/or CDC guidelines, initiation of culture and sensitivity testing in the face of obvious indication, restricting visitors, temporarily closing a unit or ward to further admissions in case of a suspected or actual outbreak, restricting movement of patients from one area to another, and provision of education to staff, patients, and other persons at the hospital or its facilities. Other control measures may be initiated based on surveillance findings, reports of infections, and potential emerging infections.

### **HEALTH INFORMATION:**

Ferry County Health retrieves, disseminates, and transmits health information in practical formats. The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services. Ferry County Health went live with Meditech Expense in January of 2023. The Surveillance Desktop under Quality Management has been set up to drop all correctly documented urinary catheters, IV, Microbiology, phlebitis, and possible sepsis; these will decrease the data mining the previous EHR needed. Auditing of all admits is still required due to potential errors and incorrect documentation and will be done every quarter. For example, documentation from the notes will not drop down to the surveillance page. The surveillance page only drops information from hospital-based admits, Republic Medical clinic data inhibiting clinic data collection.

### **INFECTION PREVENTION AND CONTROL PROGRAM RESOURCES**

Hospital leaders allocate necessary resources for the infection prevention and control program. Ferry County Health provides access to information needed to support the infection prevention and control program. Ferry County Health provides equipment and supplies to support the infection prevention and control program. This includes access to the electronic health records used by the organization and the use of Med Mined, a data-mining program, for tracking and monitoring lab data.

### **INFLUENZA VACCINATION FOR LICENSED INDEPENDENT PRACTITIONERS AND STAFF:**

The organization has an annual influenza vaccination program that is offered to all licensed independent practitioners, staff, students and adult volunteers. Ferry County Health has a goal of 98% influenza vaccination for the 2022-2023 Influenza season. Ferry County Health will maintain that goal for the 2023-2024.

### **INFLUENZA and COVID-19 VACCINATION PROCEDURE**

1. Ferry County Health will offer annual influenza vaccination to licensed independent practitioners and staff.
2. The infection preventionist or designee will provide education to licensed independent practitioners and staff about:
  - A. The vaccine
  - B. Non-vaccine control and prevention measures
  - C. The diagnosis, transmission, and impact of each virus.

## FERRY COUNTY HEALTH INFECTION CONTROL PLAN

3. The infection preventionist will provide accessible options for vaccinations to licensed independent practitioners and staff.
4. Ferry County Health has an organizational goal to improve Flu vaccination rates.
5. Ferry County Health had a goal of 98% influenza vaccination (all staff, students, and volunteers) for the 2022-2023 flu season. The organization missed the goal for 2022-2023 with an overall immunization rate of 67%.
  - A. **PLAN:** Discussed not meeting flu vaccination in Quality Improvement Committee-reached 94% with education/ declination of flu vaccination. The main reason staff declined flu vaccination was they were going to have to wear a mask because of COVID and they were tired of vaccinations and wanted a break. Will continue with Flu vaccination plan as we have in the past.
6. Ferry County Health shall determine the influenza vaccination rate by calculating a numerator, which will then be divided by a denominator and multiplied by 100%.
  - A. **Numerator Statement:** HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:
    - Staff received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
    - Were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination; or
    - Declined influenza vaccination; or
    - Persons with unknown vaccination status or who do not otherwise meet any of the definitions of the above-mentioned numerator categories.
    - Numerators are to be calculated separately for each of the above groups.
  - B. **Denominator Statement:** Number of HCP who are working in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.
  - C. Denominators are to be calculated separately for:
    - Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
    - Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.
    - Adult students/trainees and volunteers: include all adult students/trainees and volunteers who do not receive a direct paycheck from the reporting facility.
    - Contracted staff not accounted for in the above categories but who are working in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.
7. Ferry County Health will provide influenza vaccination rate data to key stakeholders at least annually.

# FERRY COUNTY HEALTH INFECTION CONTROL PLAN

## MEDICAL EQUIPMENT, DEVICES, AND SUPPLIES

Ferry County Health implements infection prevention and control activities when cleaning and performing low-level disinfection of medical equipment, devices, and supplies as outlined in applicable hospital policy #4.1.001. Ferry County Health implements infection prevention and control activities when performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies as outlined in applicable hospital policy. Ferry County Health send their instruments and devices requiring sterilization to the Central Sterile Department for sterile processing. The organization implements infection prevention and control activities when disposing of medical equipment, devices, and supplies as outlined in applicable hospital policy# 22.1.001, 12.02.003, 12.02.001, 23.08.007.

All cleaning and disinfection products used within the organization are approved through the Product Evaluation Committee led by the Material Manager.

The organization implements infection prevention and control activities when storing medical equipment, devices, and supplies as outlined in applicable hospital policy 22.01.094.

## OUTBREAK INVESTIGATION

Any outbreaks or suspected outbreaks of disease will be investigated by the infection preventionist with the full and timely cooperation of employees. Outbreak investigation strategies may include, as appropriate:

1. Confirming the presence of an outbreak
2. Alerting key partners about the investigation
3. Performing a literature review
4. Establishing a preliminary case definition
5. Developing a methodology for case finding
6. Preparing an initial line list and epidemic curve
7. Observing and reviewing potentially implicated patient care activities
8. Considering whether environmental sampling should be performed
9. Implementing initial control measures
10. Follow-up investigation of an outbreak will include, as appropriate:
  - A. Refining the case definition
  - B. Continuing case finding and surveillance
  - C. Reviewing control measures
  - D. Considering whether an analytic study should be performed
  - E. Follow up report to Quality Improvement committee

## POLICY AND PRACTICE DEVELOPMENT

Ferry County Health uses evidence-based national guidelines from Center of Disease Control or, in the absence of such guidelines, DOH expert consensus in the development of infection control and prevention policy and practice.

## PRECAUTIONS

## FERRY COUNTY HEALTH INFECTION CONTROL PLAN

Ferry County Health uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection as outlined in the Standard and Transmission-Based Precautions policy 22.01.139 and other applicable procedures.

### REPORTS

Surveillance data is reported internally to the Quality Improvement Committee Quarterly or sooner if a Health Acquired Infection is discovered. A dashboard, which includes infection control measures for the entire organization, is updated monthly by the Infection Prevention RN. Surveillance data is reported externally to NHSN monthly and as required WAC 246-440-100. When NHSN (National Health Safety Network) data has been submitted for the quarter, the infection preventionist informs the CNO that reporting is complete. Surveillance data is reported externally to the North East Tri County Health District as required per [WAC 246-101-101](#). The infection preventionist may report surveillance data in other forms and to other individuals or groups for informational purposes, performance improvement activities, or as required by law. Infection Prevention data is shared with external partners such as WSHA and DOH.

### REPROCESSING SINGLE-USE DEVICES

Ferry County Health implements infection prevention and control activities consistent with regulatory and professional standards when reprocessing single-use devices as outlined in the Reprocessing Single Use Devices Defined Policy and Procedure (Policy # 4.1.014).

### MULTI-DRUG RESISTANT ORGANISMS (MDRO)

Antibiotic stewardship/infection prevention RN receives a hard copy of all culture reports. All MDRO's are tracked through hard copies from lab. Plan to have all Culture reports drop in Infection control surveillance page in Meditech, still working with Informatics, a goal to all culture reports drop to surveillance page by the end of 2024, to eliminate the paper process.

MDRO's are tracked on Infection control dashboard for Quality Improvement Committee to review, any patterns or concerns will be addressed within the QIC. Antimicrobial Stewardship meet monthly to address the facilities plan to reduce the occurrence of MDRO and antibiotic use.

Infection Prevention will look into joining the University of Washington Tele-Antimicrobial Stewardship Program, and have others with in ABS stewardship committee join weekly.

### ORGANISMS OF CLINICAL SIGNIFICANCE

In 2023, COVID 19, Monkey Pox, and Medical Resistant Candida Auris have been the organisms of clinical concern. Providers and staff will receive education on the significance of these other concerns as the IP is informed via CDC, DOH or LHJ notification.

Ferry County Health did not see a significant impact from Candida Auris or Monkey pox in 2023. We are still seeing cases of COVID 19 within Ferry County, new guidelines are reviewed through CDC and LHJ monthly.

# FERRY COUNTY HEALTH INFECTION CONTROL PLAN

## TUBERCULOSIS CONTROL PLAN

Ferry County Health has an infection prevention and control plan to minimize, reduce, or eliminate the risk of infection from tuberculosis as outlined in this TB Control Plan. Ferry County Health is a low risk (< 3 patients with active TB in an inpatient setting <200 beds) facility per the 2022 TB risk assessment and plan. The tuberculosis plan will be updated annually during the month as the previous year’s data is released. Any suspected case of active TB is reported immediately to the Northeast Tri County Health District for evaluation of potential risks to the community.

## TUBERCULOSIS RISK ASSESSMENT

Incidence of Tuberculosis	2018	2019	2020	2021	2022
Community rate/100,000 residents	0	0	0	0	0
State rate	2.5	2.5	2.0	2.5	3.2
National rate	2.8	2.7	2.2	2.4	2.4
Facility rate (cases/10000 patient admission)	0	0	0	0	0
# Suspected	3	1	0	0	0
# Confirmed cases	0	0	0	0	0
Cluster of MTb	0	0	0	0	0
Employee conversion rates	0	0	0	0	0
Any group/trend with increased rate	0	0	0	0	0
# Beds	25	25	25	25	25
# Patients with MTb	0	0	0	0	0
Risk assigned	Low Risk				
TB screening program: (Initial TB screening of staff and post exposure)	YES	YES	YES	YES	YES
Written TB control plan (including triage)					
Effective/original date	5/2007	5/2007	5/2007	5/2007	5/2007
Reviewed/updated	N/A	N/A	N/A	N/A	5/26/2022
Is ongoing education provided to HCP?	YES	YES	YES	YES	YES
Person responsible for implementing program	IP/EH	IP/EH	IP/EH	IP/EH	IP/EH
# + acid-fast bacilli smears	0	0	0	0	0
# + MTb cultures	0	0	0	0	0
Number of AIIRs available rooms	0	0	0	0	0
All routinely checked?	YES	YES	YES	YES	YES
Directional flow checked daily on AIIRs when in use?	YES	YES	YES	YES	YES
Process in place for annual assessment of negative pressures and air changes per hour for AIIR?	YES	YES	YES	YES	YES
What type of mask is used?	CAPR & N95				
Is initial fit test completed?	YES	YES	YES	YES	YES
Is annual fit test completed?	YES	YES	On Hold	YES	YES

## INFECTION CONTROL RISK ASSESSMENT

This risk assessment is completed based on the care, treatment and services provided at Ferry County Health. It was developed by analysis of surveillance activities and other infection control data. The tool is an update to the annual assessment completed last year. It reflects input from the IP, Chief Nursing Officer, Director of Quality, Individual departments and members of the associated committee. The Risk

## FERRY COUNTY HEALTH INFECTION CONTROL PLAN

Level is determined by evaluating the previous year’s data. This generates values which indicate areas of higher risk and lower risk.

### SURVEILLANCE PLAN EVALUATION PROCESS

The Surveillance Plan will be evaluated at least as often as the Infection Control Plan by comparing outcomes to goals. Additionally, the Surveillance Plan may be modified, amended, or abridged at any time by the IP to improve processes, respond to changes in requirements, or apply innovations.

### SURVEILLANCE PLAN 2023

Indicator	Criteria	Reason	Methodology	Data Collection	Analysis
CAUTI	NHSN	Optional; Outcomes	Targeted; concurrent and/or retrospective	Monthly record review; other horizontal surveillance	Numerator: events; denominator: patient urine dwelling catheter days; individual inpatient unit rates calculated; cases reviewed for improvement opportunities and trends
CLABSI	NHSN	Optional; Outcomes	Targeted; concurrent and/or retrospective	Monthly record review; other horizontal surveillance	Numerator: events; Denominator: patient line days; individual inpatient unit rates; cases reviewed for improvement opportunities and trends.
BSI Blood Stream Infections	NHSN	Optional Outcomes	Targeted; concurrent and/or retrospective	Monthly record review; other horizontal surveillance	Numerator: events; Denominator: patient intravenous line days; individual inpatient unit rates; cases reviewed for improvement opportunities and trends.
MDROs: MRSA, VRE, Acinetobacter, C. diff, VRSA, ESBL and CRE	CDC	Required; Outcomes	Targeted; concurrent and/or retrospective	EHR Review; lab Culture surveillance; monthly positive culture review; other surveillance	Cultures reviewed and assessed as HAI or not; HAI cases reviewed for QI opportunities, trends, and possible outbreak detection.
Public Health Notifiable Conditions	WA State DOH	Required; Outcomes	Combination;	Lab concurrent Culture surveillance; Monthly review of positive cultures;	Records submitted to Yakima or Benton County Public Health as required and documented in Med Mined.
Hand Hygiene	WHO, TJC	Required; Outcomes	Targeted; concurrent	Unit-level audits	Monthly rate by unit calculated.

# FERRY COUNTY HEALTH INFECTION CONTROL PLAN

## INFECTION CONTROL PLAN EVALUATION AND GOALS

Priority	Program Component	2023 Goal	Evaluation of Goals 2023	2024 Goal	2024 Plan
1	Blood borne Pathogen Exposures	Goal: <5 BBP exposures annually	<u>BBP Exposures:</u> 2020: 0 2021: 1 2022: 0 2023: 1	Goal: <3 BBP exposures annually	Employee Health RN to assist with monitoring and response to BBP exposures.
2	GI HAI	<3 HAI C. Difficile	<u>Clostridium difficile (HAI)</u> 2020: 0 2021: 1 2022: 0 2023: 0 Community C-diff 2020: 2 2021: 0 2022: 0 2023: 2	<2 HAI C. Difficile  Community Acquired C-diff is monitored for surveillance, determining the prevalence in the community is an indicator of potential threat of spread with in the facility	Focus on MDRO prevention in facility Educate and promote hand hygiene compliance. Use of Glow Germ and Competency Based Education.
3	CAUTI	< 2 CAUTI	<u>CAUTI</u> 2020: 0 2021: 1 2022: 0 2023: 1	< 2 CAUTI	Monitor Indwelling catheter care for standards. Review and monitor the use of Foley catheters by tracking Foley days.
4	CLABSI	<2 CLABSI	<u>CLABSI:</u> 2020: 0 2021: 0 2022: 0 2023: 0	< 2 CLABSI	Initiate case reviews of positive CLABSI to insure care consistent with policy and procedure.
5	BSI	<2 BSI	<u>BSI</u> 2020: 0 2021: 1 2022: 0 2023: 0	< 1 BSI	Bloodstream infection will be monitored through blood culture evaluation for patients with IVs. A standard marker for potential BSI begins with Phlebitis at the site of the IV; this will be part of the surveillance and evaluation of possible changes of procedure when starting IVs.
6	Hand Hygiene	>90%	2020: 80% 2021: 80% 2022: 89% 2023: 91%	>97%	Managers/Directors or designee will continue monthly hand hygiene observations in their areas.
7	MDROs	MDRO HAIs	2020: 0 2021: 1 (MRSA) 2022: 0 2023: 1 (E. Coli)	0 MDRO HAIs	Identify and appropriately manage HAI MDRO when identified.
8	Construction	100% ICRA Completed	2020: n/a 2021: n/a 2022: n/a 2023: 99.5	100% ICRA Completed	ICRA education will be shared with facility staff to ensure staff are completing the forms.

## FERRY COUNTY HEALTH INFECTION CONTROL PLAN

Priority	Program Component	2023 Goal	Evaluation of Goals 2023	2024 Goal	2024 Plan
9	Employee Health	95% employee Influenza immunization	2020: 78% 2021: 51% 2022: 50% 2023: 67%	98% of employees will be immunized for influenza	Educate employees regarding influenza vaccination and provide influenza vaccination clinics. Encourage COVID-19 Vaccination for staff and report results into NHSN.
10	Organism of Clinical Significance	Staff will be educated on notification process	2020: COVID -19 2021: Ebola 2022: Monkey Pox 2023: Candida Auris	All events reported appropriately	All clinical staff will be educated on potential risk for MPV and ongoing emerging pathogens

### TERM

This Infection Control Plan is reviewed annually and is in effect until revoked or revised.

### APPROVALS

The signatures below represent approval and acceptance of the Infection Control Plan.

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CHAIRMAN OF BOARD OF TRUSTEES DATE

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CEO- \_\_\_\_\_ HOSPITAL AND HEALTH CENTERS DATE

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CHIEF OF THE MEDICAL STAFF DATE

# FERRY COUNTY HEALTH INFECTION CONTROL PLAN

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CNO-\_\_\_\_\_ HOSPITAL AND HEALTH CENTERS

DATE

# Board Report

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April 23, 2024



# CNO Report

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Mike Martinoli

April 23, 2024



# CNO

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## ➤ Follow Up

- **MIH Pilot**—John is performing a variety of services. Most recent addition is performing INR lab draws in the home. Ready to trial home tele-visits when needed (telescopic camera and Starlink wifi set up).
- **NAC Class**—Clinicals are underway this week. One student had to drop out due to a family needs. We now have three students who are continuing with the Spring class with current high school students participating.
  - ❖ DOH and Board of Nursing are supporting the state with the 'Frontrunners for Rural Health' initiative.
  - ❖ Connecting hospital and school partners to increase collaboration and expansion of NAC classes in school settings.
  - ❖ Board of Nursing has connected us with Providence in Colville as we have similar goals to collaborate with local schools.



# CNO

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## ➤ Coming Up

- **Gatekeeper Training**—collaboration with our BH LCSW Provider, Better Health Together, and district staff to increase training on suicide prevention and expand discussions with patients at time of service.
- **Behavioral Health**—increasing policy preparation and staff education for care of patients at high risk for self-harm
  - ❖ Strong collaborations continue with Hospital and New Alliance Designated Crisis Responder Staff
  - ❖ Planning a training program for a 'Patient Monitor' role for nursing staff along with non-clinical staff for extra support when necessary
  - ❖ Making preventative safety improvements to ER environment for behavioral health patient preparedness preparedness



# CNO

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## ➤ Need to know

- Workflow Productivity
  - ❖ Nursing staff is filling out surveys to note workstation ergonomic issues, nurse station improvements are pending.
  - ❖ Supply closet organization revamp is pending to help with workflow efficiency
  - ❖ “Spring Cleaning” theme and initial focus for the upcoming new Nurse Practice Committee
- Safe Patient Handling Committee
  - ❖ Committee team includes bedside staff, Employee Health, Administration, and Rehab Management
  - ❖ 2024 risk assessment completed, will share highlights from the plan in future meetings.
  - ❖ Strong focus on maintaining mobility precautions, compliance with equipment and inspiring staff to speak up for safety when necessary to keep each other and patients safe.



CENTRAL & EASTERN WA  
(40 Hospitals)

Beds Available Adult

ICU	21
ACUTE	162

Beds Available Peds

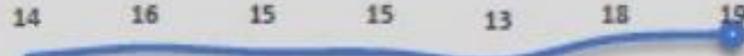
ICU	1
ACUTE	16
NICU L4	0

Previous Day ED Visits

Adult	Pediatric
1640	356
<b>Total</b>	<b>1996</b>



COVID+ Patients (In Hospital) 19



ED Visits 1996  
Previous Day (Adult & Peds)



Hospital Boarders 42



SPOKANE CATCHMENT  
(19 Hospitals)

Beds Available Adult

ICU	10
ACUTE	76

Beds Available Peds

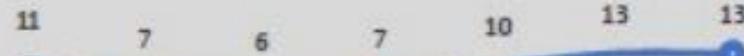
ICU	1
ACUTE	5
NICU L3	3

Previous Day ED Visits

Adult	Pediatric
671	125
<b>Total</b>	<b>796</b>



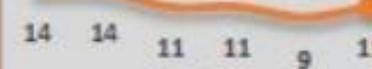
COVID+ Patients (In Hospital) 13



ED Visits 796  
Previous Day (Adult & Peds)



Hospital Boarders 11



# CNO-Volumes

Inpatient and Emergency Department		Jan	Feb	Mar	YTD	YTD Target	Var	31-Mar
Acute Care Patient Days	●	22	16	24	62	63	-1	20
Acute Care Admissions	●	7	10	8	25	18	7	8
Average Length of Stay	●	3	2	3	2	3	-1	3
Skilled Swingbed patient days	●	112	144	146	402	369	33	119
Admissions	●	9	4	6	19	12	7	5
Average SSB Census	●	4	5	5	13	1	12	4
Average Length of Stay	●	12	36	24	73	1	72	24
ED Visits	●	179	199	170	548	584	-36	126
ED Transfers	●	-	9	10	19	12	7	8
Left Against Medical Advice	●	-	1	-	1	1	0	0
Admitted to Inpatient	●	1	9	8	18	18	0	7
Same Day Surgery	●	13	14	5	32	41	-9	11
Outpatient Procedures	●	70	71	94	235	241	-6	71
OBS Patients	●	2	3	4	9	13	-4	2

## Key

●	Meets or exceeds budget/target
●	Does not meet budget/target expectations by 5%
●	Does not meet budget/target expectations by gre





**Building Connected Communities** helps us reduce the likelihood of sexual abuse, assault, and harassment in our communities. Any space where people come together is a community, whether in neighborhoods, workplaces, campuses, organizations, or even online spaces. We are all a part of a community, often many, even when we may feel disconnected or apart from them.

# QI Committee Report

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➤ **2023 Q4 and 2024 Q1 Quality Board Report** –to be reviewed during Executive Session with Q&A

- CNO will attend upcoming Forensic Nursing Education Forum in June
  - ❖ Training will include:
    - Human trafficking
    - Non-fatal strangulation
    - Elder sex-abuse
    - Community Hangout



# COO Report

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Debbie DeCorde

April 23, 2024



# COO

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## ➤ Follow Up

- Assisted Living Facility (ALF)
  - ❖ Plan of Correction (POC) has been accepted by DSHS . The completion due date for the remedies is May 3<sup>rd</sup>. Surveyor will revisit after May 5<sup>th</sup>.
  - ❖ WHCA coursework for Administrators is completed! (CEO and COO, as of April 18<sup>th</sup>)
- Medical, Physical/Occupational Therapy Clinics
  - ❖ 3<sup>rd</sup> anniversary tomorrow - Med and PT/OT Clinics in Curlew going strong!
    - Curlew Clinic celebration: April 24<sup>th</sup> 3 pm - 6 pm
    - Medical and Rehab Clinic in Curlew - 3rd anniversary tomorrow! (April 24<sup>th</sup> 3 pm - 6 pm)
    - Rehab numbers down this month due to 2 exiting therapists and delay in traveler starting.



# COO

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## ➤ Coming Up

- Employee Relations
  - ❖ Relationship with Third party is challenged – requested to calibrate and focus on what is in the best interest of our employees.
  - ❖ RN contract negotiations being planned prior to expiration of Aug. 1<sup>st</sup>
- Marketing Committee
  - ❖ April 30<sup>th</sup> at 10 am – Will be drafting charter, voting chair, etc.
  - ❖ Will ensure consistent branding, support strategic plan with better communication
- Radiology
  - ❖ Staff testing for ARRT license is May 23<sup>rd</sup>





# COO - Dashboard

*March 31, 2024*

Outpatient and Ancillary Services		Jan	Feb	Mar	YTD	Target	YTD Target	2023
11 Medical Clinic #Visits	●	800	833	813	2,446	9,220	2,305	796
12 Physical Therapy Visits	●	393	404	298	1,095	5,780	1,445	506
13 Imaging Exams	●	334	371	377	1,082	4,825	1,206	321
14 Lab # Billable Tests	●	2703	3053	2807	8,563	27,216	6,804	2,628
15 Drugstore Prescriptions	●	4501	4213	4254	12,968	53,000	13,250	4,526

## Key

- Meets or exceeds budget/target
- Does not meet budget/target expectations by 5% or less
- Does not meet budget/target expectations by greater than 5%



# COO – Turnover Report YTD



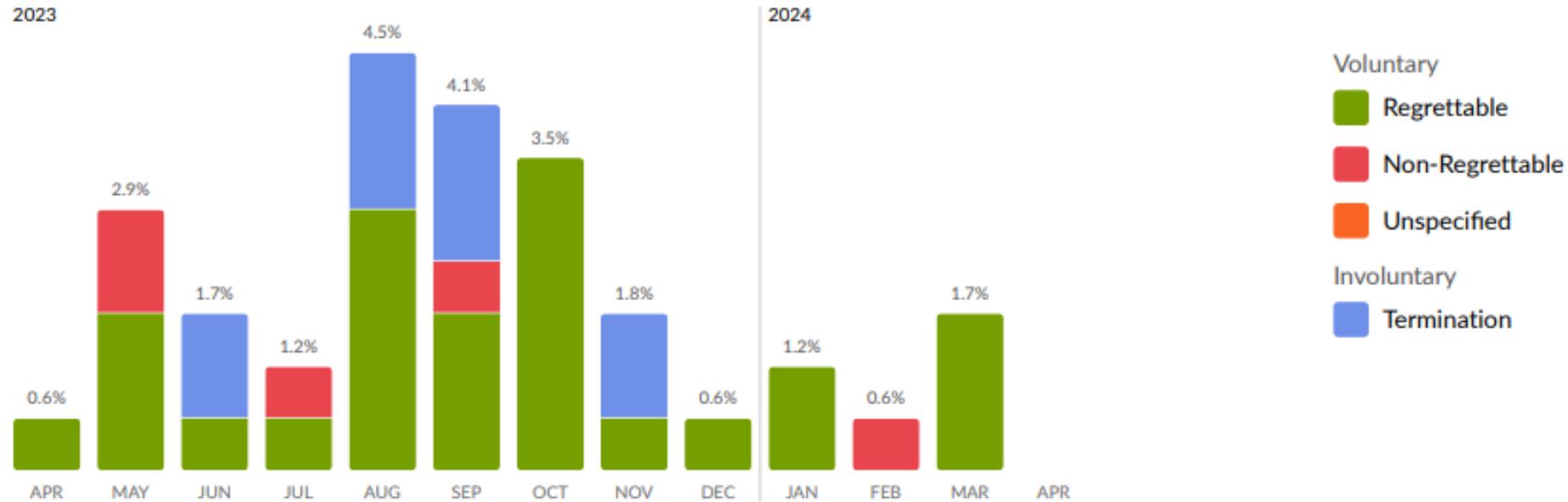
**3.5%** 6 people  
Total Turnover Jan 2024 - Apr 2024



**0.9%** 1.5 people  
Average Monthly Turnover

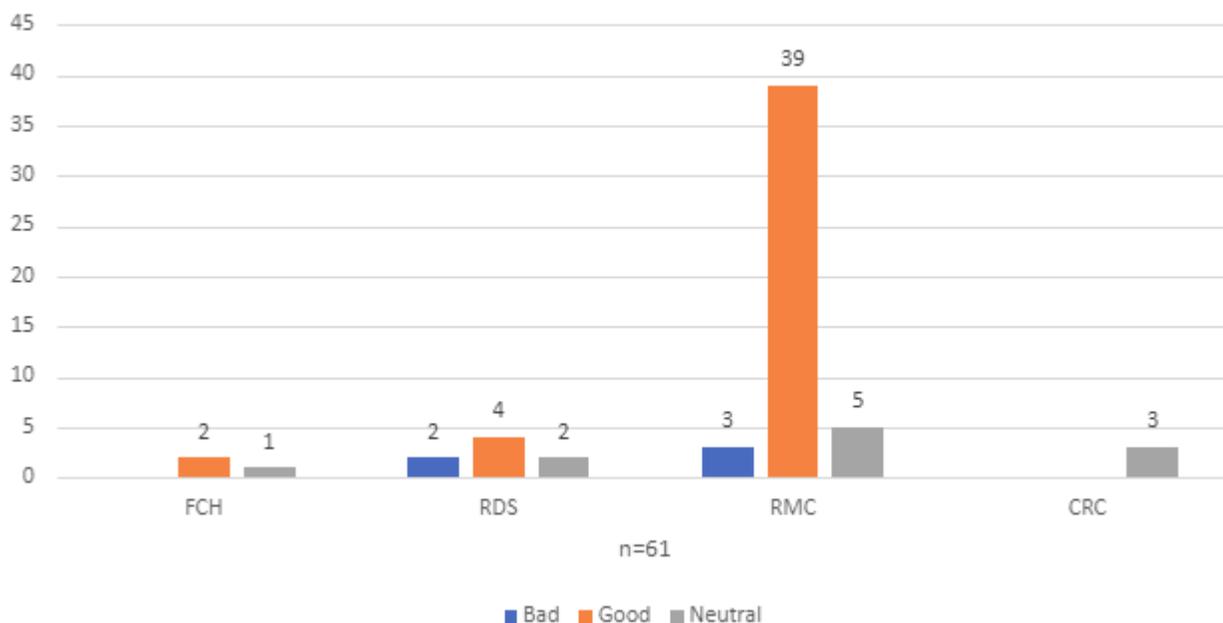


**1.1%** 2 people  
Total Turnover - 30 days



# Comment Cards

Q1 2024 Responses by Location



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

We are VERY THANKFUL that Ferry County Hospital is here for us. Including Dr. M Short, Dr. P Short, Lab-Chris Torres, ER All doctors and nurses every one has been thorough and caring.- Hospital

It is really nice to have someone answer the phone when I call. It didn't work out for me to have someone call me later. I would be busy doing something else and usually don't have the phone by me. – Republic Medical Clinic

Very difficult to get appointments if you need one rather soon. Example: UTIs – Republic Medical Clinic

Please add water fountain. Curlew has bad water. – Curlew Rehab Clinic

I love this clinic, everyone is friendly helpful. – Republic Medical Clinic



# CFO

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Coryelle Rogers

April 23, 2024



# CFO - Financials

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➤ Financial Statements

➤ Ratios



Ferry County Public Hospital District  
**Consolidated Income Statement**  
Year to Date March 31, 2024

Actuals	Budget	Var #		Actuals	Budget	Var%	Var\$
<i>Operating revenue:</i>							
1,432,710	1,647,724	(215,014)	Patient service revenue - (Net contractual allowances)	4,262,871	4,233,302	0%	
270,348	307,035	(36,687)	Drug Store gross revenue	800,092	833,492	-4%	(33,400)
62,566	137,812	(75,246)	Other operating revenue	199,802	289,339	-31%	(89,537)
\$ 1,765,624	\$ 2,092,571	\$ (326,947)	Total operating revenue	\$ 5,262,765	\$ 5,356,133	-2%	(93,368)
<i>Operating expenses:</i>							
1,163,191	1,016,950	(146,241)	Salaries and wages	3,209,607	3,013,089	-7%	(196,518)
251,364	213,560	(37,804)	Employee benefits	728,187	640,235	-14%	(87,952)
(53,675)	95,000	148,675	Professional fees	167,686	276,718	39%	109,032
324,739	380,457	55,718	Supplies	865,876	968,061	11%	102,185
23,812	31,834	8,022	Purchased services - Utilities	77,796	73,122	-6%	(4,674)
106,924	158,330	51,406	Purchased services - Other	362,724	340,283	-7%	(22,441)
13,375	12,360	(1,015)	Insurance	47,878	37,080	-29%	(10,798)
(39,432)	41,662	81,094	Other	92,769	124,678	26%	31,909
1,750	2,669	919	Rent	5,668	7,226	22%	1,558
82,976	83,807	831	Depreciation	247,355	243,380	-2%	(3,975)
\$ 1,875,024	\$ 2,036,629	\$ 161,605	Total operating expenses	\$ 5,822,783	\$ 5,723,873	-2%	(98,910)
(109,399)	55,942	+	Gain (loss) from operations	(560,018)	(367,740)	52%	(192,278)
\$ 139,976	\$ 53,498		Total nonoperating revenues (expenses) - Net	\$ 332,294	\$ 160,495	107%	171,799
30,577	109,440		Increase (decrease) in net position	(227,724)	(207,244)	10%	(20,479)
0.02	0.05			(0.04)	(0.04)		



# Ferry County Public Hospital District No. 1

Consolidated Balance Sheet

Year to Date March 31, 2024

<i>Assets</i>	March	February
<b>Current assets:</b>		
Cash and cash equivalents	\$ 2,948,680	\$ 3,465,154
<b>Receivables:</b>		
Centriq Gross Accounts Receivable	1,043,427	1,108,163
Gross AR	7,995,224	7,990,291
Contractual allowance	(1,458,394)	(3,895,504)
Patient AR - Net	6,536,830	5,202,950
Taxes	315,308	360,915
Estimated third-party payor settlements	(14,182)	-
Other	48,976	12,400
Inventories	542,289	539,834
Prepaid expenses	194,701	270,340
<b>Total current assets</b>	<b>\$ 11,616,029</b>	<b>\$ 11,384,654</b>
<b>Capital assets:</b>		
Nondepreciable capital assets	\$ 47,282	\$ 47,282
Depreciable capital assets - Net of accumulated depreciation	6,044,453	5,614,672
Construction in Progress	110,059	602,340
<b>Total capital assets</b>	<b>\$ 6,201,794</b>	<b>\$ 6,264,294</b>
<b>TOTAL ASSETS</b>	<b>\$ 17,817,823</b>	<b>\$ 17,648,948</b>

<i>Liabilities and Net Position</i>	March	February
<b>Current liabilities:</b>		
Accounts payable	527,503	542,235
Payroll and related expenses	1,083,178	807,333
Other Current Liabilities	875,470	1,018,708
<b>Total current liabilities</b>	<b>\$ 2,486,151</b>	<b>\$ 2,368,276</b>
<b>Noncurrent liabilities:</b>		
Long term debt	\$ 1,930,513	\$ 1,930,534
Capital lease obligations - Less current portion	20,445	-
<b>Total noncurrent liabilities</b>	<b>1,950,958</b>	<b>1,930,534</b>
<b>Total liabilities</b>	<b>\$ 4,437,109</b>	<b>\$ 4,298,810</b>
<b>Net position:</b>		
Current Year Earnings	(227,724)	(258,300)
Equity Accounts	13,608,438	13,608,438
<b>Total net position</b>	<b>\$ 13,380,714</b>	<b>\$ 13,350,138</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>\$ 17,817,823</b>	<b>\$ 17,648,948</b>

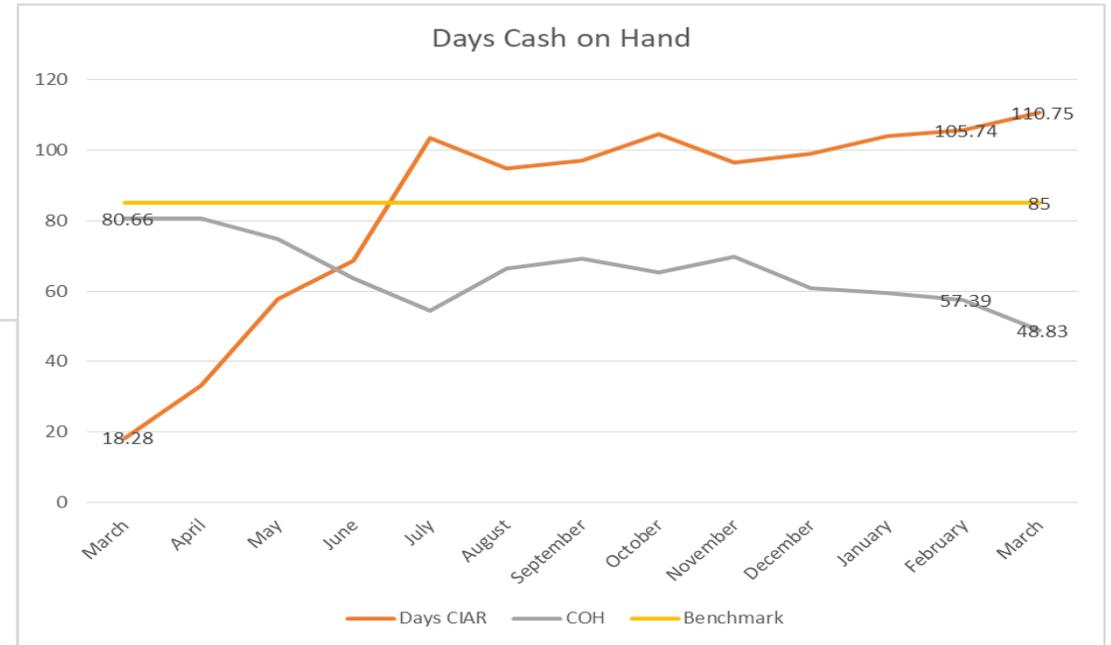
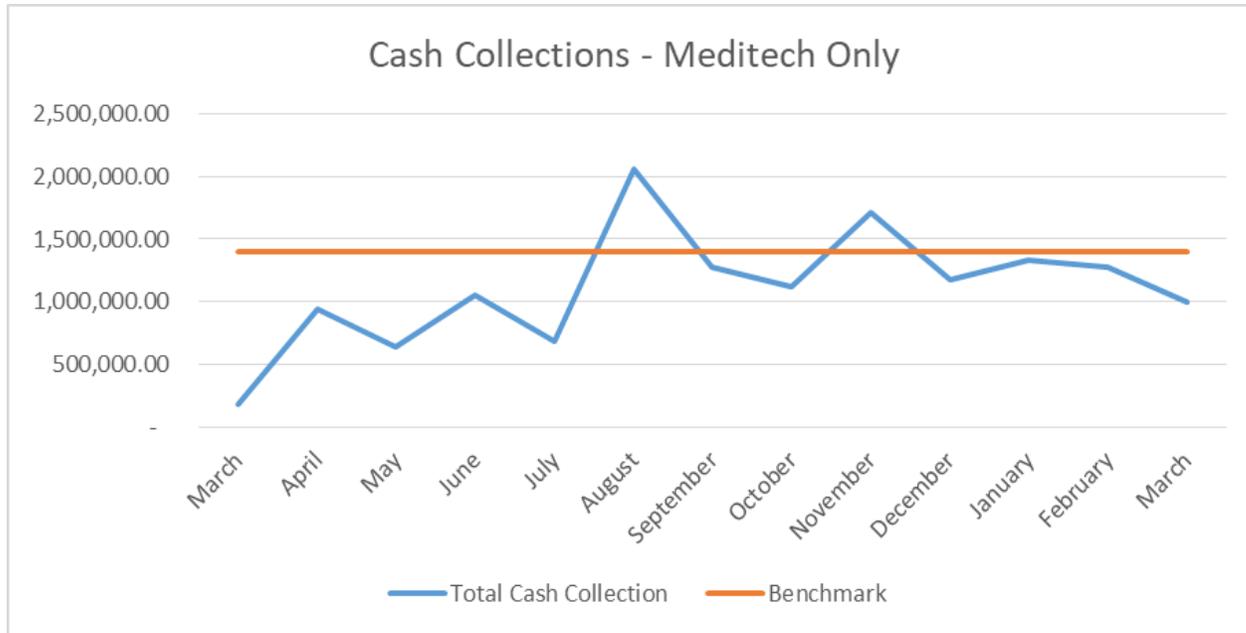


# CFO – Key Performance Indicators

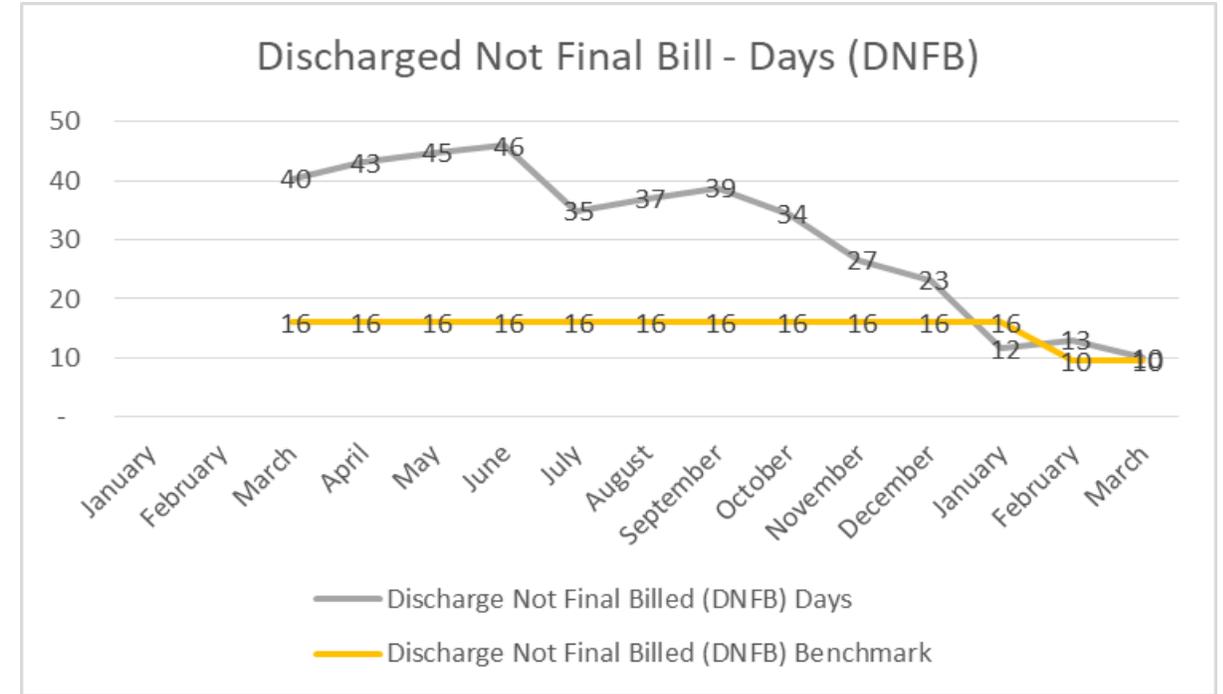
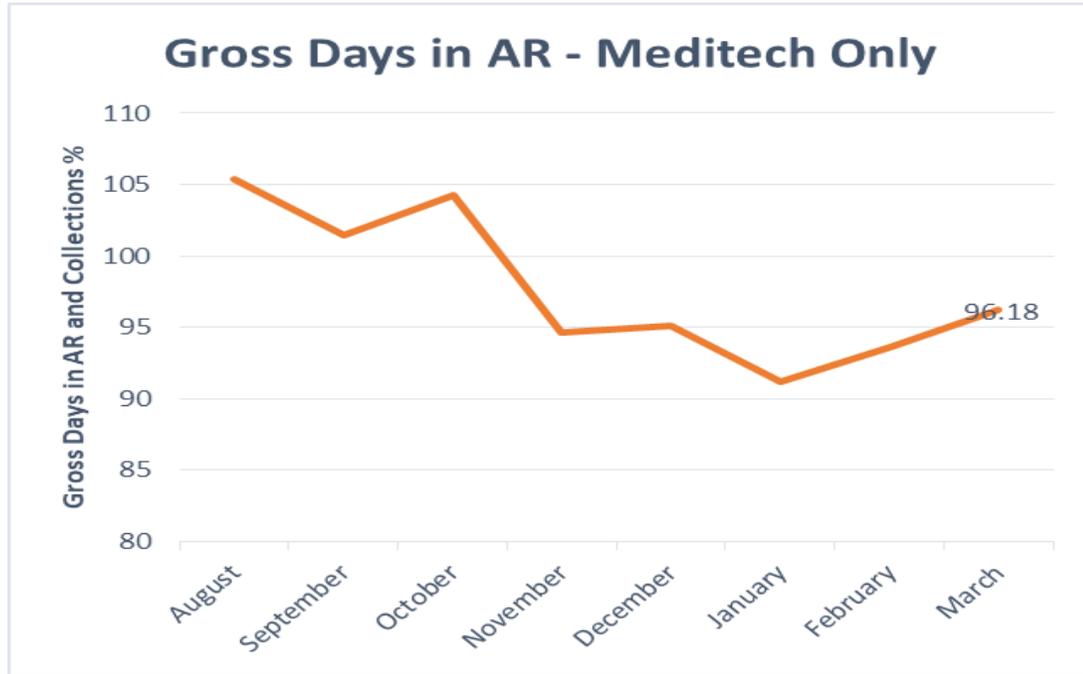
		<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>YTD</u>	<u>Target</u>	<u>Variance</u>	<u>2023</u>
<b>Profitability</b>								
Revenue Deductions % of Gross Revenue	●	37%	37%	35%	36%	37%	1%	36%
Salaries % Gross Patient Revenue	●	46%	43%	49%	46%	39%	-7%	36%
Benefits % of Salary Expense	●	21%	23%	23%	22%	23%	1%	21%
<b>Net Income</b>								
Operating Margin	●	-7%	-8%	2%	-4%	-4%	0%	3%
<b>Cash and Liquidity</b>								
Days Cash on Hand	●	59.9	57.4	49.1	57.0	85.0	(28.0)	65.0
Days Cash in AR	●	107.1	105.7	108.9	107.0	53.0	(54.0)	89.0
Current Ratio	●	5.3	4.8	4.7	5.0	1.0	4.0	4.5
Debt to Equity	●	0.2	0.3	0.3	0.2	1.0	0.8	0.2
<b>Claims Processing and Coding</b>								
# Accounts on Hold	●	237	174	84	174	200	26	650
Net AR Days	●	61	116	113	61	45	(74)	85
Unbilled AR	●	722,229	817,382	629,796	817,382	1,000,000	182,618	524,307
GROSS AR - MEDITECH	●	7,004,996	6,384,449	6,687,246	6,384,449	4,500,000	(1,884,449)	5,637,360
<b>Key</b>								
●	Meets or exceeds budget/target							
●	Does not meet budget/target expectations by 5% or less							
●	Does not meet budget/target expectations by greater than 5%							



# Revenue Cycle Update



# Revenue Cycle Update



# Medical Staff Report

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# CEO Report

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

**Integrity:** through honesty and respect.

**Compassion:** by providing a nurturing and caring environment

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

**Teamwork:** by working together in a culture that promotes excellence.

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Jennifer Reed

April 23, 2024



# CEO

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## ➤ Follow Up

- Commerce Grant – submitted request for funding
  - ❖ Communication Plan and change management
  - ❖ Upgrade in software to enhance Intra-net project
- Rural Resources update – Aiming to be out of building May 1
- MOU with Foundation - Nothing yet, will review at next Foundation meeting
- Update on the workforce grant– Spokane Community College to take the lead. They are at a conference this week to learn more about expectations.
- Drugstore contracting – should be fixed. Until next time.



# CEO

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## ➤ Coming Up

- Contracts with Architect and Finance Analyst
- Conference in Leavenworth on the 28-30th. WSHA/PHD
- Welcome
  - ❖ Coryelle Rogers - CFO
  - ❖ Jennifer Norman - Cash Poster in HIM
  - ❖ Michelle Sankey - NAC in LTC
- Congrats on Transfers
  - ❖ Chi Pak - Manager of Clinical Practices (Medical and Physical/Occupational Therapy Clinics for Republic and Curlew)
  - ❖ Julia Santana - Healthcare Quality Analyst and PRN MA
  - ❖ Brandi Gerken - Patient Account Representative
  - ❖ Michelle Ordway - Patient Account Representative
  - ❖ Rebecca Schatzel - Unit Coordinator



# CEO

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## ➤ Need to Know

- Partner Updates:
  - ❖ Collaborative contract for provider consults coming to ease burden.
  - ❖ Opioid task force meeting in HUB. Requirement from state that counties have a task force. Headed up by TriNet
  - ❖ MIH/Health Ferry County – we will be finished with the MIH feasibility end of month.
- Payer Updates:
  - ❖ WSHA has contracted with an organization to provide consolidated and individual data around payers and issues with payers. First time that WSHA has really confronted the payer "crisis"
  - ❖ New Healthy Options plan for undocumented persons coming. Seriously unorganized, unlimited funds, we are talking with Molina on this one as they are playing nice here. Our consultant and the Collaborative are meeting with the HCA to have impact and input.

## ➤ Q&As



