



Ferry County Health

BOARD OF COMMISSIONERS' MEETING

May 27, 2025 @ 10:30 AM in the HUB Conference Room and via Zoom

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

Meeting ID: 895 8432 9356 (Audio Only)

Passcode: 260559

One tap mobile

+12532158782, 89584329356# US (Tacoma)

Mission Statement:

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

AGENDA

	Page(s)
Call to Order	DiAnne Lundgren
Quorum Established	DiAnne Lundgren
Review, Amend, Accept Agenda	DiAnne Lundgren
Introduction of Board, District Employees, and Guests	DiAnne Lundgren
<i>Items listed under the consent agenda are considered routine board matters and will be approved by a single motion of the Board without separate discussion. If a separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.</i>	
Approval of Consent Agenda	ACTION DiAnne Lundgren
<ul style="list-style-type: none">• Minutes 04.22.25 Board Meeting• Minutes 05.01.25 Special Board Meeting• Approval of Warrants• Financial Write-Off Report	
Correspondence	DiAnne Lundgren
Public Comments	DiAnne Lundgren
WSHA Board Education	Joanna Castellanos
Department Spotlight – Rehabilitation	Chi Pak
Environment of Care/Safety Update	Adam Volluz
Compliance Report	Spencer Hargett
CNO Report	Zane Gibbons
CFO Report	Lance Spindler
Medical Staff Report	Silas Wiefelspuett, MD
CEO Report	Emmett Schuster

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 June 17, 2025 @ 10:30 am in the HUB Conference Room



On-going Business

DiAnne Lundgren

- Project HOME
- Board Self-Assessment
- Public Comment Policy
- New Hire Orientation Schedule
 - 06/02 -
 - 06/16 -
 - 06/30 -

Board Representative Reports

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

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

New Business

- Oath of Office Swearing –
 - Ron Bacon
 - Sarah Krausse

DiAnne Lundgren

Executive Session(s)

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

DiAnne Lundgren

Open Session - Action, if applicable regarding executive session

Adjournment

DiAnne Lundgren

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

The next regularly scheduled meeting is June 17, 2025 @ 10:30 am in the HUB Conference Room



BOARD OF COMMISSIONERS' MEETING

April 22, 2025

CALL TO ORDER: Board Chair DiAnne Lundgren called the meeting of the Board of Commissioners to order at 10:40 a.m., on April 22, 2025 in the old Outfitters building and via Zoom.

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

Emmett Schuster, Interim CEO; Zane Gibbons, CNO; Debbie DeCorde, COO; Amber Gangon, Executive Coordinator; Adam Volluz, Facilities Manager; James Davidson, IT Manager; Lacy Sharbono, HR Coordinator; Christina Beckwith, Lab Manager; Melinda Michaels, Revenue Cycle Manager; and Silas Wiefelspuett, MD were also present.

Zoom participants: Spencer Hargett, Compliance Officer; Mari Hunter, ARNP; Rosh Moore, Patient Access Supervisor; Jeanette Klingensmith, HIM Supervisor; Mena Cassell, Controller; ; HarmonJI (Julie Twamley, ALF Manager); Jamie Green, Referral Coordinator; and Karen Quinnell, Clinical Informaticist were present.

GUESTS: Mike Brown, Steve VanSlyke, Mark Critchlow, Melissa Rose, Charlotte Coombes, Sarah Lawrence Carmen Peterson, Melissa Rose, Charlotte Coombes, Grandpa (Nancy McIntyre), and Greg Sheffield were present.

QUORUM ESTABLISHED: A quorum was present.

REVIEW, AMEND, ACCEPT AGENDA: A motion was made by Giddings and was seconded by Krausse to approve the agenda as amended with the addition of the following items to New Business: Chelan Retreat Discussion, Board Education, and 2025 QI Plan Approval. The motion passed unanimously.

INTRODUCTION OF THE BOARD AND GUESTS: Introductions were made.

APPROVAL OF CONSENT AGENDA: A motion was made by Giddings and was seconded by Solomon-Hopkins to accept the consent agenda with the identified correction to the date of the previous minutes. The motion passed unanimously.

CORRESPONDENCE: No correspondence was received.

PUBLIC COMMENTS: Public Comments were shared: Charlotte Coombes complimented the more detailed minutes from the previous meeting posted for the public. She also voiced a concern about the colors on one of the HR graphs being too similar to convey meaning. She did ask why the day's cash on hand listed in the packet was different than had been previously reported to which Interim CFO, Spindler clarified that financials has been updated to match the general ledger and so the day's cash on hand was being restated. Melissa Rose also provided positive feedback on the minutes from the previous meeting. She asked for clarification on the listed Resolution on the Public Records Policy and if it was a new policy or revision. Board Chair Lundgren clarified that it was a new policy and being presented for public review and comment. Melissa Rose then ask for the day's cash on hand information but Interim CFO Spindler was unable to provide the data at this time. Steve VanSlyke asked for the total cost of the new build, how it would be funded, and what new services the hospital expected to offer. Board Chair Lundgren shared that we don't have the final numbers for the build yet and that the plan is to utilize USDA funding with no plans at this time for a tax or levy increase and that no new services are planned at this time. CNO Gibbons also shared that while no plan but this build will allow for growth. Mike Brown just shared that he was on his way to the Post Office and thought he would stop in and see what everything was about. Sarah Lawrence asked how much had already been invested in the project to date and Interim CFO Spindler answered that about \$1 million in architect fees had been invested so far. Sarah Lawrence then asked if we are getting a loan to pay for the building, who pays if the hospital can't? Board Chair Lundgren answered that the goal is to get through phase one to see what the true cost of the project is and if we have the financials to move forward. The Board has no intention of moving forward with a project that it cannot afford. Charlotte Coombes asked if the hospital would have to raise the Mill rate which is often done with USDA loans. Melissa Rose added that with EMS, they were just required to ask for the already set maximum at each levy. Commissioner Krausse shared that our financial consultant on the project is very familiar with the USDA process for critical access hospitals and

at this time, there is no plan to raise the Mill rate. Melissa Rose strongly encouraged us to clarify with the financial consultant so we don't miss anything. Mark Critchlow asked if anyone was making progress on the issue with Medicare denying diabetic supplies at the drug store. Interim CEO Schuster stated he wasn't aware of the issue but that he would look into it. Interim CFO Spindler also committed to a review of the issue. Mark Critchlow also asked how the hospital came to the conclusion that he was no longer good enough to be a pharmacist. Board Chair Lundgren clarified that the issue was a personnel issue that could not be discussed during open session. Commissioner Giddings notified Mark Critchlow that it was his right to request an executive session during the meeting. Mark Critchlow exercised his rights and will return when notified that the executive session has been called.

ENVIRONMENT OF CARE/ SAFETY UPDATE: Volluz gave his report: The focus the past month was on policy improvement including updating the Illegal Activities on FCH Property. Working on training for staff to deal with and report issues. Volluz reported also working with Steve Bonner from Emergency Management on resource collaboration. Update on new door alarms provided-alarms installed on the exit door near the ER and the front door were being tripped due to pressure changes. Working on identifying other areas where they may be more effective and experience fewer false trips. Commissioner Giddings commended Volluz on his part of managing the design mock-up process and how valuable it was to experience.

COMPLIANCE REPORT: Hargett gave his report: The committee met last Friday and discussed Policy and Procedure reviews, including an update to the policy on Policy Development, and cleaning up the storage location for staff to easily access policies for review. The Policy Development policy is with the CEO for final review and approval, and then it will be rolled out to the staff. Staff are also working on the policy/procedure for Mobile Device Management. Hargett reported on work bringing the district into compliance with the Public Records Act requirements, including naming Amber Gangon as the Public Records Officer. The Public Records Requests policy is on the agenda today for review, approval, and adoption by the board. Hargett reported working with Adam on the Suspicious Substances policy with Volluz. Hargett provided clarification on the issue with the District Long Term Care license expiring, which has resulted in claims not being paid, and that we did not receive any overpayments and CMS is aware that we are working through the issue. Hargett reported that he is doing a final review of refunds for service payments received during a period when a provider's license was expired. Finally, Hargett reported work to come into compliance with the 120-day DOH reporting requirement. The first goal is to have our price transparency information on the website by May 1st.

DEPARTMENT SPOTLIGHT: The Board selected Rehabilitation for the May Spotlight. Clerk Gangon will extend the invitation to Chi Pak, Manager of Clinical Practices.

CNO: Gibbons gave his report: (see the CNO slides in the board packet found at www.fcphd.org). In addition to his written report:

He shared that he was able to attend the Rural Resources Health Fair (very short notice) but that it seemed to have a lower-than-expected turnout. Organizers are going to re-evaluate timing for next spring so it won't be held during parent/teacher conference break. Gibbons also shared that they had a very good presence at the Curlew career fair and confirmed that there will be a nursing and rehab presence at the Conservation Fair this weekend.

Gibbons shared that after meeting with stakeholders and staff, Rebecca Thompson, NAC, has been tapped to be the FCH Swing Bed Recruiter. She will be connecting with local healthcare partners to share our Swing Bed availability twice weekly and work on marketing pieces to promote the services.

Gibbons also shared information from his attendance of the recent Rural Collaborative CNO Committee meeting in Leavenworth, where the big topic was the upcoming staffing laws. The new requirements take effect July 1st and while we were feeling a bit behind, it appears that we are actually ahead of most in planning and implementing processes to meet the requirements. He reported that his team continues to work on the project and that he is confident we will be ready when July arrives.

Gibbons is still working with HR to get Union approval on the RN Utilization position. It has been 21 days since the original notification was sent. Lacy Sharbono, HR Coordinator, has been following up daily to get this approved. .

COO: DeCorde gave her final report with the district: (see the COO slides in the board packet found at www.fcphd.org). In additional to her written report:

DeCorde shared that Friday, April 27th would be her last day with Ferry County Health and that the COO position would be eliminated.

DeCorde shared that Interim CFO Spindler would continue to monitor the outpatient volumes to help find the right levels for the teams to be successful and stay in the green.

DeCorde shared that since she compiled the information on the ALF report, another room has become available, and the team has already identified residents for admission.

DeCorde stated that she would work with Lacy Sharbono, HR Coordinator, to find the best reporting metrics to meet the board's request for the state average turnover for all WA hospitals that can also be filtered for CAH facilities.

DeCorde shared that work will continue to happen on Mammography Bus services. While the fundraiser raised an amazing amount, it is not enough to purchase the machine and fund the service across the county. Additional options are being considered, and there will be more to come.

DeCorde made a personal thank you to everyone at the District, the Board, and the community as a whole. She stated that she is very proud of the projects and processes she was able to help implement and/or improve and of the team collaboration she experienced during her time here. She thanked the community for being so welcoming and willing to work as partners to ensure Ferry County Health can continue to provide the same outstanding care to residents for years to come.

Interim CFO: Spindler gave his report: (see the CFO slides in the board packet at www.fcphd.org). In addition to his written report:

Spindler reported that the rebilling of services for Extended Care Nursing was nearing the \$1 million mark, and he shared his confidence that the District would see most of the funds from those rebilled claims. He clarified that even though they were old claims, they had been billed within the billing timeframes, and so correcting and rebilling would not be an issue. The HCA is aware and has provided recommendations to help us get to this point.

Spindler shared that he is working closely with our insurance consultant, Wendy Wilkins, on stopping the influx of medical records requests from payers that are trying to claw back payments made through a process called repricing. It is an issue across the industry, and Wendy Wilkins is working on our behalf to hold payers to their contractual agreements.

Spindler announced that Nichole Hunt, Revenue Cycle Consultant, arrived yesterday and has started working with Melinda Michaels, Revenue Cycle Manager, on identifying process improvements to help increase our service revenue and decrease our unbilled accounts.

Spindler responded to a community member question that billing companies make about 8% from the revenue they help hospitals bill and collect. Our billing company has historically failed to meet its contractual obligations, and he reported being in talks with other vendors to obtain quotes for new service contracts. Spindler informed meeting attendants about the steps the District has taken over the last couple of years to bring more of the billing processes back in-house, which has already seen immediate improvement in collection numbers. In response to a community question about bringing all coding and billing back in-house, he clarified that at this point, the cost of hiring 12-15 more billing staff is not feasible with our service and collection rates. He did state it is something that should be reevaluated in the future, as our processes improve and our revenue numbers get better.

Medical Staff Report: Dr. Weifelspuett gave his report. (see the Medical Staff Report slides in the board packet at www.fcphd.org). In addition to his written report:

Dr. Weifelspuett reported that the ER has been busy, that providers are excited by the skills and experience of the new nurses, and that the team is doing a great job updating and creating policies. He shared that the Providers, Managers, and Administrators are doing a much better job of listening to staff needs and collaborating to shore up processes.

Dr. Weifelspuett commended the staff for stepping up and continuing to provide excellent care despite all of the changes and challenges that have been with during this transition period.

Dr. Weifelspuett concluded with a report that the team is working on ideas to improve transportation for our residents so that there is less wait time for patients to reach a higher level of care than we can provide.

Interim CEO: Schuster gave his report: (see the CEO slides in the board packet at www.fcphd.org). In addition to his written report:

Schuster reported on the status of the Policy on Policies. Hargett and Gangon are working on updates for final review. Hargett restructured the file storage location to make the process more efficient for staff. This is meant to be a temporary process until a Policy Management program can be added and is part of the plan of correction submitted to state after the 2024 survey.

Schuster commented on the Revenue Cycle Consultant, Nichole Hunt. He reported that bringing her in to evaluate our current processes would allow us to find ways to improve and become more organized and structured in our workflow.

Schuster shared feedback regarding meeting with members of the community and that it was a good opportunity to hear their point of view and share more about hospital processes and policies.

Lundgren called for a break in session at 12:06 p.m. Open session resumed at 12:48 p.m.

ON-GOING BUSINESS:

- **Project HOME:** Mock-up completed and staff tours went well. Staff were able to address a couple of design issues that were not visible on paper. The mock-ups will be available through the last week of May, and the Board will schedule and announce a few opportunities for the community to tour. Still looking towards the end of June/Phase I to determine if the project continues or is put on pause.
- **Rural Resources Building:** All staff scheduled to relocate have been moved, and discussions about an open house are happening. More to come.
- **Board Self-Assessment:** Tabled to next month
- **Public Comments to the Board Policy:** Reviewed and Clerk Gangon will bring the policy back to the board next month with all changes.
- **New Hire Orientation Schedule:**
 - 05/05 – Nancy Giddings
 - 05/19 – DiAnne Lundgren

BOARD REPRESENTATIVE REPORTS:

- **Finance:** No concerns to report at this time. Bacon expressed that he was very encouraged by the progress made over the last month. Cleaning up the ledger and balancing the balance sheet are great accomplishments.
- **Quality Improvement:** No concerns to report at this time. Lundgren reported that it was Gibbons's first official meeting and he brought everything that was needed and was very thorough. Gibbons will be transitioning managers back into the QI Committee. Gibbons reported that he shared the updates to the 2025 QI Plan which will be discussed in new business, including removal of transition to Action Cue, Renewal of Healthcare Safetyzone for another year, adding A3 decision making process training for staff and including Managers in the QI process again.
- **Compliance/Risk Management:** No concerns to report at this time. Giddings said that it was a full agenda and we are making progress on a lot of projects. Items will be coming to the board for approval starting with this meeting.
- **Medical Staff:** No concerns to report at this time. Solomon-Hopkins reported it was a good meeting with good provider involvement.
- **EMS:** Giddings reported that an Open House has been scheduled for Saturday, May 17th 11am -2pm. There will also be a couple of mini Open House events on Sunday and Monday of Memorial Day weekend for community and visitors to have an opportunity to view the new station.
- **PFAC:** Bacon reported not receiving the updated meeting invite. Gibbons will check and make sure he is on the meeting occurrences going forward. Krausse reported that she thinks they have put together a great group of people and that it will be great to have Gibbons leading the council. Gibbons reported that Chi Pak, Manager of Clinical Practices has been added to the council and that there was great community participation.
- **Building Committee:** No concerns to report at this time. Mock-up construction is currently taking place at the old Outfitters building and information has been shared with the community via Facebook.
- **Credentialing Committee:** No concerns.

A motion was made by Giddings and was seconded by Krausse to approve the request for Re-Appointment of Courtesy Medical Staff Privileges by Proxy for the following Integra Imaging Provider(s): Gruprett Dhillon, MD; Paige Flett, MD; Jace Hilton, DO; Oksana Prychyna, MD; David Thayer, MD; Robert Frost, MD; and Tyson Finlinson, DO. The motion passed unanimously.

A motion was made by Giddings and was seconded by Solomon-Hopkins to approve the request for New Appointment of Courtesy Medical Staff Privileges by Proxy for the following Omnicure Inc. Provider(s): Jeremy Pamplin, MD. The motion passed unanimously.

A motion was made by Giddings and was seconded by Krausse to approve the request for New Appointment of Courtesy Medical Staff Privileges by Proxy for the following Omnicure Inc. Provider(s): Sanjay Subramanian, MD. The motion passed unanimously.

NEW BUSINESS:

TORT AGENT RESOLUTION 2025 #6: A motion was made by Giddings and was seconded by Solomon-Hopkins to approve appointing Interim CEO, Emmett C. Schuster, as the District Tort Agent. The motion passed unanimously.

PUBLIC RECORDS RESOLUTION 2025 #7: A motion was made by Giddings and was seconded by Krausse to approve the adoption of the Public Records Requests Policy, which includes adoption of the state's standard fee schedule, and a statement of exemption per RCW 42.56.0709(4) that maintaining an index would be unduly burdensome to the District and with the addition of the exemption list attachment. The motion passed unanimously.

CHELAN REATREAT: The Board requested that registration and lodging arrangements be made for the Interim CEO and Interim CFO to attend the 2025 WSHA Leadership Conference in Chelan, June 22-25.

BOARD EDUCATION: Gangon, Clerk of the Board, shared that there is a requirement for refresher education every four years (RCW § 42.56.150 and RCW § 42.56.152) on the Open Public Meetings Act (OPMA) and Public Records Act (PRA). She requested copies of the Commissioners' Health Care Governance Certificates and any educational certificates showing updated training. Gangon will complete a chart audit, notify Commissioners if they need refresher training, and provide the links to educational options that meet the requirement.

2025 QI PLAN UPDATES: Gibbons presented the updated 2025 District Quality Improvement Plan to the board. ***A motion was made by Giddings and was seconded by Solomon-Hopkins to approve the updated 2025 District Quality Improvement plan as presented. The motion passed unanimously.***

EXECUTIVE SESSION: The Chair called for an executive session for the Quarterly Quality Improvement report pursuant to RCW §42.30.110(1)(o) & RCW § 70.41.205 - regarding staff privileges or quality improvement committees at 1:30 p.m. The Chair requested thirty (20) minutes with open session to resume at 1:50 p.m. The Interim CEO, Interim CFO, COO, CNO, and recorder were invited to attend.

OPEN SESSION: Open session resumed at 1:50 p.m. with no decisions made or actions taken.

EXECUTIVE SESSION: The Chair called for an executive session regarding the Performance of a Public Employee pursuant to RCW §42.30.110(1)(g) at 1:55 p.m. The Chair requested 10 minutes with open session to resume at 2:05 p.m. At 2:05 p.m., the Chair requested an additional 50 minutes with open session to resume at 2:55 p.m. At 2:55 p.m., the Chair requested an additional 35 minutes with open session to resume at 3:30 p.m. At 3:30 p.m., the Chair requested an additional 10 minutes with open session to resume at 3:40 p.m.

OPEN SESSION: Open session resumed at 3:40 p.m. with the following actions;

A motion was made by Giddings and was seconded by Solomon-Hopkins to approve the proposal by the Lab Manager to add an additional 1.0 FTE MLS position in the Laboratory. The motion passed unanimously.

A motion was made by Solomon-Hopkins and was seconded by Krausse to approve the proposal from the Manager of Clinical Practices to add an additional provider to the clinic clinical team. The motion passed unanimously.



A motion was made by Krausse and was seconded by Giddings to approve the proposal of adding an additional 0.5 FTE RN position at the Curlew Clinic. The motion passed unanimously.

ADJOURNMENT: *As there was no further business, the meeting was adjourned at 3:44 p.m.*

DiAnne Lundgren, Chair Date

Nancy Giddings, Secretary Date

Amber Gangon, Recording Secretary Date



**BOARD OF COMMISSIONERS' SPECIAL MEETING
May 1, 2025**

CALL TO ORDER: Chair DiAnne Lundgren called the Special Meeting of the Board of Commissioners to order at 9:34 a.m. in the HUB Conference Room and on Zoom at Ferry County Health. Commissioners in attendance were DiAnne Lundgren, Nancy Giddings, Sarah Krausse (Zoom), Susan Solomon-Hopkins (Zoom), and Ron Bacon.

Staff in attendance were: Emmett Schuster, Interim CEO; Lance Spindler, Interim CFO; Amber Gangon, Executive Coordinator; and Zane Gibbons, CNO.

Zoom participants included: James Davidson, IT Manager; Dani Lundgren, Admin Float; Ben Walling, Pharmacist; Silas Weifelspuett, MD; Richard Garcia, MD; Jeanette Klingensmith, HIM Supervisor, Dana Melinda Michaels, Revenue Cycle Manager; and Jeanette Klingensmith, HIM Supervisor, Dana Dewitt, HIM tech; Jamie Green, Referral Coordinator; and Rosh Moore, Patient Access Supervisor.

GUESTS: Community member Julio joined via Zoom.

QUORUM ESTABLISHED: A quorum was present.

INTRODUCTIONS: No introductions made.

CEO SEARCH DISCUSSION: The CEO Taskforce has narrowed the potential candidate pool down to three candidates it would like to submit to the board for on-site interview consideration. We propose doing this in three separate visits: May 19-21, May 29-31 and the first week of June.

As has been done in previous on-site interview, we also propose holding a provider meet & greet breakfast, time for managers and staff to meet each candidate, lunch and interview with the board and to end the day with tour of the area, with our tour guide of choice, Rob Slagle. We would like the kitchen to provide breakfast, lunch, and cookies and beverage service (during the staff meet and greet session).

We propose one day of travel for candidates to arrive, to use the next full day for interview/tour and then have the candidates depart the following day, so three days, and two nights in total for each candidate. We are thinking that K Diamond K, Tiffany's Resort, Black Beach Resort and Fisherman's Cove would be great options for the candidates to choose from. For the staff portion we propose using score cards for staff to provide feedback to the board during their decision process.

EXECUTIVE SESSION: The Chair called an executive session at 9:50 a.m. to review the qualifications of the candidates selected by the taskforce to decide which to extend interview offers to pursuant to RCW § 42.30.110(1)(g)-Qualifications of an applicant for public employment. The Chair requested one hour with open session to resume at 10:50 am.

OPEN SESSION: Open session resumed at 10:50 am with the following action:

A motion was made by Giddings and was seconded by Krausse to invite all three candidates selected by the task force for on-site interviews. The motion passed unanimously.

ADJOURNMENT: As there was no further business, the meeting was adjourned at 11:08 a.m.

DiAnne Lundgren, Chair Date

Nancy Giddings, Secretary Date

Amber Gangon, Recorder Date

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.

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.

HR Board Report – May 2025

Lacy Sharbono

License Audit:

May: 3 employees have licenses due. They have been reminded via Bamboo and qliq.

June: 2 employees have licenses due

Positions posted in April:

1.0 FTE Dietitian

0.9 FTE Temp Hospital RN ER/ACU

New Hires: (1) Position filled in April

Steve Bradshaw, Radiology Consultant 4/25/25

Transfers (2)

Lacy Sharbono – HR Coordinator to Interim HR Manager 4/28/25

Teresa D'Lerma – Interim Resident Care Coordinator to Clinical Coordinator 4/7/25

Exits (5)

1.0 FTE Debbie DeCorde, COO 4/25/25

0.9 FTE Denice Collins, RN 4/21/25

0.9 FTE Michelle Sankey, NAC 4/17/25

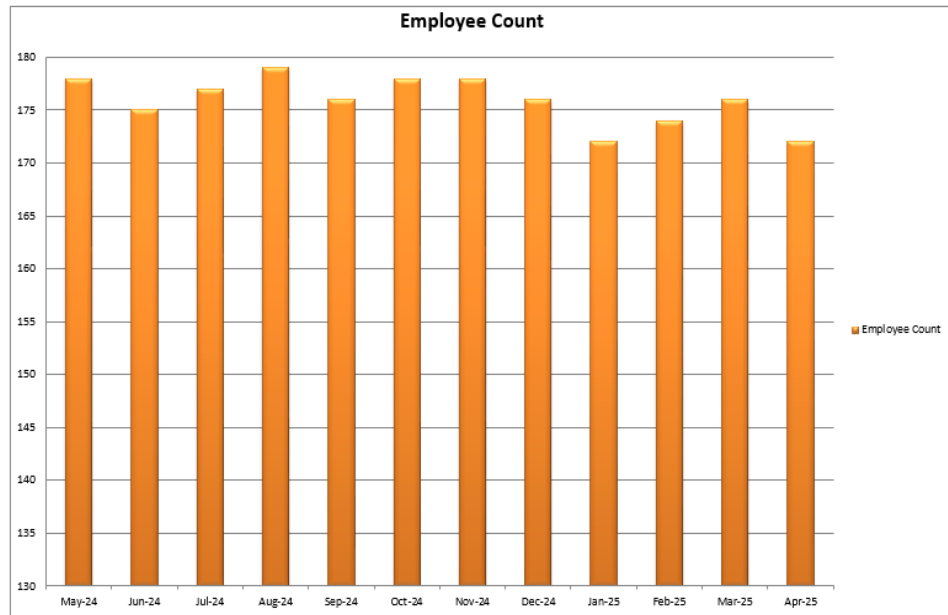
1.0 FTE Christine Stevens, HIM Tech 4/11/25

1.0 FTE Mark Critchlow, Pharmacist 4/9/25

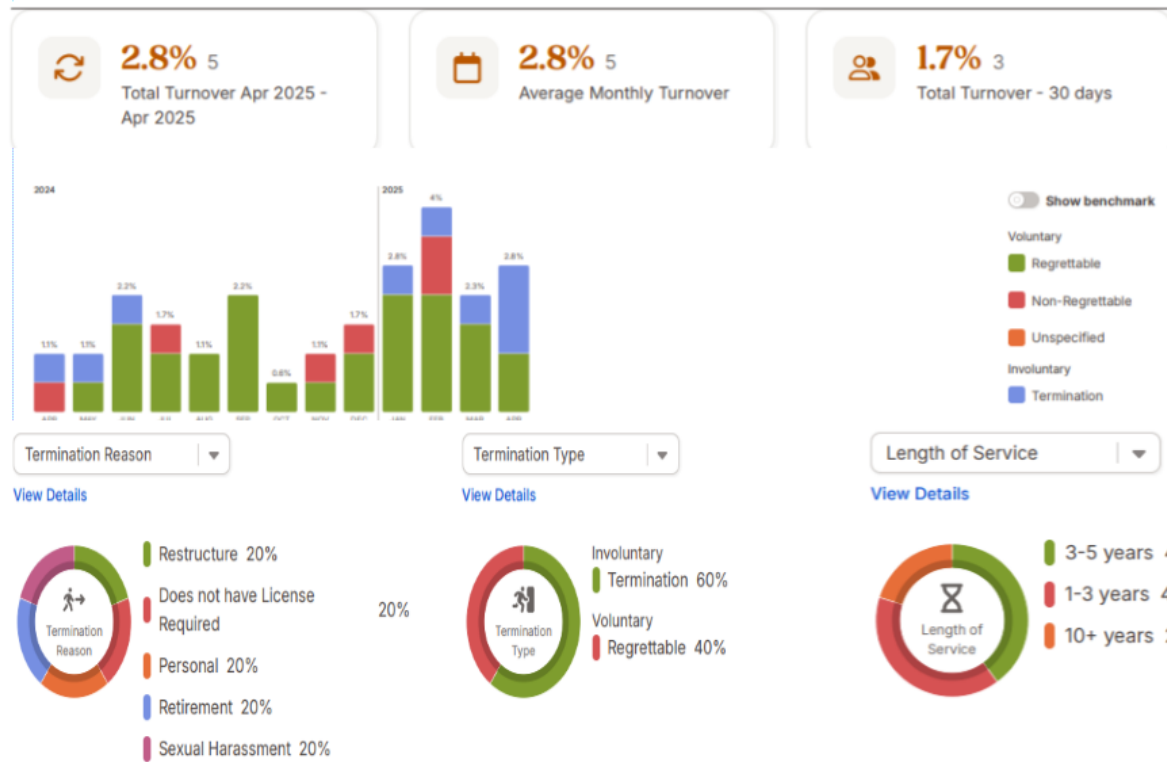
Agency Staff as of 5/12/25: Total of 11 agency staff for RN's, PT, OT, NAC's, Rad Techs. we have 2 more RN's coming.

As of 5/12/25, **Total Employees: 172 FCH 154 KH 11 RDS 7 = 172**

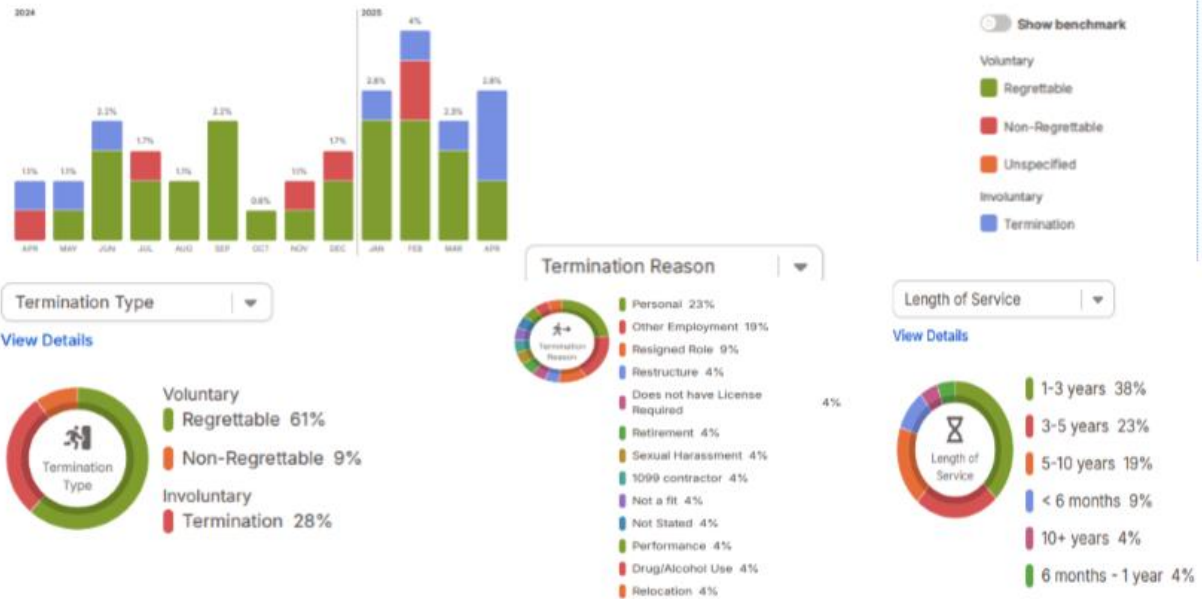
Month	Employee Count
May-24	178
Jun-24	175
Jul-24	177
Aug-24	179
Sep-24	176
Oct-24	178
Nov-24	178
Dec-24	176
Jan-25	172
Feb-25	174
Mar-25	176
Apr-25	172



Dates
2025-04-01 - 2025-04-30



Dates
2025-01-01 - 2025-04-30



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%	Operating Revenue:				
				Gross Patient Service Revenue	11,145,570	10,954,050	191,520	2%
				Contractual Allowances & Provisions for				
(1,124,948)	(1,168,506)	43,558	-4%	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

Ferry County Public Hospital District No. 1
Cash Detail Worksheet

							Deposit in Transit 10.12000.01000			
	General Operating 10.10000.0000						KH Deposit in Transit 20.12000.01000			
	Funded Deprec 10.10000.62000						RD Deposit in Transit 30.12000.01000		Register Cash 30.11000.10000	
	34	65	17	25	45	16	Total in Banks	Transit	Cash Register	Total Cash
December 2024	\$ 355,263.94	\$ 4,615.27	\$ 2,398.27	\$ 116,548.60	\$ 9,499.63	\$ 810,183.59	\$ 1,298,509.30	\$ 34,645.10	\$ 936.09	\$ 1,334,090.49
January 2025	\$ 134,427.43	\$ 5,614.19	\$ 13,375.54	\$ 118,066.79	\$ 6,596.70	\$ 811,097.21	\$ 1,089,177.86	\$ (11,043.83)	\$ 936.09	\$ 1,079,070.12
February 2025	\$ 565,906.35	\$ 4,492.59	\$ 7,442.63	\$ 113,663.02	\$ 5,520.02	\$ 823,989.16	\$ 1,521,013.77	\$ 66,120.64	\$ 936.09	\$ 1,588,070.50
March 2025	\$ 347,971.79	\$ 5,350.86	\$ 9,951.04	\$ 46,950.48	\$ 7,545.34	\$ 892,548.81	\$ 1,310,318.32	\$ (53,335.09)	\$ 936.09	\$ 1,257,919.32
April 2025	\$ 653,952.86	\$ 5,293.40	\$ 10,535.35	\$ 158,200.55	\$ 20,278.19	\$ 880,885.39	\$ 1,729,145.74	\$ (37,446.51)	\$ 936.09	\$ 1,692,635.32
May 2025										
June 2025										
July 2025										
August 2025										
September 2025										
October 2025										
November 2025										
December 2025										

			Days Cash on Hand
	Total Cash	GL Balance	
December 2024	\$ 1,334,090.49	\$ 1,334,090.49	22.23
January 2025	\$ 1,079,070.12	\$ 1,079,070.12	17.98
February 2025	\$ 1,588,070.50	\$ 1,588,070.50	26.47
March 2025	\$ 1,257,919.32	\$ 1,257,919.32	21.07
April 2025	\$ 1,692,635.32	\$ 1,692,635.32	28.21
May 2025			
June 2025			
July 2025			
August 2025			
September 2025			
October 2025			
November 2025			
December 2025			

Collections on Self Pay Accounts

		<u>Monthly Average</u>	<u>Comments</u>
2023 Total	\$ 426,831.80	\$ 35,569.32	Trubridge Collected Self Pay
2024 Total	\$ 805,427.33	\$ 67,118.94	Moved Self Pay Inhouse
Jan	\$ 69,701.63		
Feb	\$ 57,513.67		
Mar	\$ 62,786.99		
Apr	\$ 100,622.00		
2025 Total	\$ 290,624.29	\$ 72,656.07	

Deposits from Trubridge Billing Activities

<u>Month</u>	<u>Deposits</u>
Jan	\$ 1,327,933.21
Feb	\$ 1,306,389.26
Mar	\$ 1,053,485.59
Apr	\$ 1,598,671.85
Total	\$ 5,286,479.91

Truebridge HRG DashBoard

Date	REVENUE	TOTAL INS AR	SELF PAY AR	TOTAL AR	DEPOSITS	# CLAIMS	\$ CLAIMS	UNBILLED \$	AR DAYS
04.01.25	\$104,735.82	\$5,328,496.16	\$1,328,785.48	\$6,657,281.64	\$32,807.31	177	\$ 267,313.95	\$ 759,870.96	74.4
04.02.25	\$85,432.03	\$5,218,619.33	\$1,381,705.33	\$6,600,324.66	\$32,285.95	97	\$ 186,586.87	\$ 806,761.64	72.9
04.03.25	\$61,633.53	\$5,585,917.40	\$1,395,900.67	\$6,981,818.07	\$29,050.35	109	\$ 233,358.48	\$ 444,127.08	77.5
04.04.25	\$84,818.57	\$5,559,604.73	\$1,439,946.33	\$6,999,551.06	\$49,517.63	192	\$ 463,881.04	\$ 442,222.54	78.5
04.05.25	\$18,460.07	\$5,559,604.73	\$1,439,946.33	\$6,999,551.06	\$0.00	42	\$ 37,090.80	\$ 460,682.61	78.1
04.06.25	\$16,803.35	\$5,559,604.73	\$1,439,946.33	\$6,999,551.06	\$0.00	0	\$ -	\$ 477,485.96	78.2
04.07.25	\$159,859.56	\$5,439,358.14	\$1,398,894.06	\$6,838,252.20	\$221,330.24	69	\$ 137,714.61	\$ 489,685.17	77.5
04.08.25	\$129,053.80	\$5,576,616.40	\$1,385,000.52	\$6,961,616.92	\$43,836.17	157	\$ 239,487.44	\$ 437,067.81	78.6
04.09.25	\$150,550.94	\$5,453,165.22	\$1,383,455.40	\$6,836,620.62	\$108,685.48	133	\$ 349,196.48	\$ 483,172.43	77.0
04.10.25	\$90,890.35	\$5,378,136.81	\$1,379,021.81	\$6,757,158.62	\$96,179.16	239	\$ 408,472.33	\$ 498,114.68	75.9
04.11.25	\$164,287.06	\$5,354,812.48	\$1,387,975.13	\$6,742,787.61	\$34,250.16	61	\$ 223,960.78	\$ 602,938.46	75.9
04.12.25	\$40,248.56	\$5,385,911.79	\$1,387,975.13	\$6,773,886.92	\$0.00	94	\$ 69,464.13	\$ 612,087.71	75.0
04.13.25	\$79,778.38	\$5,385,911.79	\$1,387,975.13	\$6,773,886.92	\$0.00	0	\$ -	\$ 691,866.09	75.1
04.14.25	\$148,452.45	\$5,496,852.33	\$1,393,771.95	\$6,890,624.28	\$59,624.16	61	\$ 185,053.97	\$ 629,043.30	76.9
04.15.25	\$140,679.94	\$5,602,940.40	\$1,391,003.48	\$6,993,943.88	\$63,291.57	134	\$ 328,899.58	\$ 554,646.52	78.1
04.16.25	\$121,824.47	\$5,520,135.28	\$1,492,309.49	\$7,012,444.77	\$97,037.82	200	\$ 284,282.69	\$ 510,807.80	78.5
04.17.25	\$81,600.31	\$5,583,655.49	\$1,491,705.70	\$7,075,361.19	\$59,583.31	207	\$ 327,135.37	\$ 418,220.67	79.3
04.18.25	\$71,006.20	\$5,644,986.34	\$1,496,274.74	\$7,141,261.08	\$49,892.67	173	\$ 329,202.16	\$ 376,683.42	80.6
04.19.25	\$35,432.04	\$5,664,152.43	\$1,498,534.37	\$7,162,686.80	\$0.00	61	\$ 84,268.76	\$ 390,689.74	80.8
04.20.25	\$51,900.24	\$5,669,918.25	\$1,498,534.37	\$7,168,452.62	\$0.00	0	\$ -	\$ 436,824.16	80.9
04.21.25	\$116,665.09	\$5,707,729.70	\$1,470,187.25	\$7,177,916.95	\$2,693.32	124	\$ 339,138.95	\$ 456,817.23	81.1
04.22.25	\$116,081.89	\$5,471,632.73	\$1,468,909.13	\$6,940,541.86	\$172,712.04	158	\$ 528,805.62	\$ 510,522.56	78.9
04.23.25	\$161,339.58	\$5,493,592.35	\$1,460,598.82	\$6,954,191.17	\$40,087.15	194	\$ 282,176.29	\$ 642,487.76	79.4
04.24.25	\$141,337.85	\$5,425,383.85	\$1,449,222.95	\$6,874,606.80	\$106,899.81	202	\$ 185,730.71	\$ 677,468.62	77.8
04.25.25	\$106,465.26	\$5,480,369.03	\$1,451,324.65	\$6,931,693.68	\$47,387.25	124	\$ 205,663.96	\$ 676,184.26	78.3
04.26.25	\$35,246.35	\$5,517,085.68	\$1,451,324.65	\$6,968,410.33	\$0.00	0	\$ -	\$ 674,713.96	78.2
04.27.25	\$53,133.81	\$5,537,552.35	\$1,451,324.65	\$6,988,877.00	\$0.00	0	\$ -	\$ 707,381.10	78.3
04.28.25	\$173,848.93	\$5,611,500.53	\$1,447,234.31	\$7,058,734.84	\$68,824.56	219	\$ 369,323.05	\$ 715,572.69	80.0
04.29.25	\$102,753.27	\$5,621,368.86	\$1,458,428.93	\$7,079,797.79	\$51,150.99	160	\$ 209,910.12	\$ 763,202.16	79.4
04.30.25	\$133,686.87	\$5,347,354.30	\$1,465,434.62	\$6,812,788.92	\$131,544.75	104	\$ 169,182.81	\$ 832,971.11	76.5
	\$2,978,006.57				\$1,598,671.85	3,491	\$6,445,300.95		
05.15.25	\$ 1,277,895.42	\$5,408,975.34	\$1,353,688.52	\$6,762,663.66	\$774,408.12	1,301	\$ 2,538,883.88	\$ 444,202.97	75.4
Projected	\$ 2,640,983.87				\$1,600,443.45	2,689	\$ 5,247,026.69		

Other Updates

Carryover Items:

\$350k	\$350k Wellcare settlement received & deposited
\$800k+	First 3 rebills of Extended Skilled (billed as LTC) complete, awaiting payment
\$300k	Working with Trubridge, seeing improving results, \$1.599k in deposits for April
\$50k/mo	Narrowed replacement billing agency to top 2 options Corro Health - currently does coding for us, awaiting proposal InlandRCM - received proposal, it looks good
\$45k/mo	Rate increase completed, effective May 1
\$20k/mo	Referrals & pre-authorization wait times decreasing, implemented log to track missing provider documentation

New Items:

\$165k	Filed application for distressed hospitals grant
Unknown	Centralize & standardize patient registration
\$50k/mo	Bundle supply charges to reduce missing charges
\$50k/mo	Improve admit screening & level of care changes to reduce denials
\$50k/mo	Improve charge capture, reconciliation & control
\$50k/mo	Increase swing bed usage & transfers from other facilities
\$20k/mo	Standardize price mark up
\$20k/mo	Optimize chargemaster increases
\$20k/mo	Improve pharmacy inventory control & charging
\$20k/mo	Work with Wendy Wilkins to reduce insurance underpayments & settle accounts
\$5k/mo	Change bad debt policy to claim more Medicare Bad Debts on the cost report

Targeted Improvements:

\$ 1,615,000	One-time
\$ 400,000	Monthly

FY 2024	\$ (2,945,894)
Improvements	<u>\$ 4,800,000</u>
Bottom Line	\$ 1,854,106

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.

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 Mitchell, (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.