



BOARD OF COMMISSIONERS' MEETING
 May 28, 2019, 10:30 a.m., in the HUB Conference Room

Mission Statement

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

AGENDA

| | Page(s) | | |
|---|---------|---|-------|
| Call to Order | | Nancy Giddings | |
| Quorum Established | | Nancy Giddings | |
| Review, Amend, Accept Agenda | | Nancy Giddings | |
| Introduction of Board, District Employees and Guests | | Nancy Giddings | |
| <i>Items listed under the consent agenda are considered routine board matters and will be approved by a single motion of the Board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.</i> | | | |
| Approval of Consent Agenda | ACTION | Nancy Giddings | 3-6 |
| <ul style="list-style-type: none"> • Minutes 4/4/19 Special Board Meeting • Minutes 4/23/19 Board Meeting • Approval of Warrants • Financial Write-Off Report | | | |
| Correspondence | | Nancy Giddings | |
| Public Comments | | | |
| CNO Report & Quality Improvement and Compliance/Risk Management | | Cherie Hanning | 7-16 |
| Clinic Report | | JoAnn Ehlers | 17-19 |
| Medical Staff Report | | Dr. Garcia | |
| Safety Report: | | Brant Truman | |
| CFO/COO Report | | Brant Truman | 20 |
| Financial Report | | Brant Truman | 21-29 |
| CEO Report | | Aaron Edwards | 30 |
| Old Business | | Nancy Giddings | |
| <ul style="list-style-type: none"> • Board QI Project • Facility Update • Health Foundation • Levy | | | |
| Board Representative Reports | | | |
| <ul style="list-style-type: none"> • Finance • Quality Improvement • Compliance/Risk Management | | Ron Bacon/David Iverson Sarah Krausse/DiAnne Lundgren Ron Bacon/Sarah Krausse | |

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

- Medical Staff
- Credentialing
- EMS
- ACH/HFCC

Dave Iverson/ Nancy Giddings
 David Iverson/DiAnne Lundgren
 Nancy Giddings
 David Iverson

New Business

- Hot Topic
- Audit Exit Interview update
- CEO Annual review

Nancy Giddings

Executive Session (if necessary)

Nancy Giddings

Open Session – Action, if applicable regarding executive session

Nancy Giddings

Adjournment

Nancy Giddings

**Board meetings are usually the fourth Tuesday of each month at 10:30 a.m. unless otherwise posted.
 The Public is encouraged to attend; Handicap access is available.**

Next regularly scheduled meeting is June 19, 2019 @ 12:00 p.m. in the Hospital Conference Room



Ferry County Health

**SPECIAL BOARD OF COMMISSIONERS' MEETING
April 4, 2019**

CALL TO ORDER: Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 12:30 p.m. on April 4, 2019 in the Republic Clinic conference room at Republic Medical Clinic. Commissioners in attendance were Nancy Giddings, Sarah Krausse, David Iverson and DiAnne Lundgren. Mari Hunter, ARNP

QUORUM ESTABLISHED: A quorum was present.

BOARD/PROVIDER LUNCHEON: The Board had a discussion with Mari Hunter, ARNP. The other providers were unable to attend the meeting.

ADJOURNMENT: As there was no further business the meeting was adjourned at 1:30 p.m.

Nancy Giddings, Chair

Date

DiAnne Lundgren, Secretary

Date

DRAFT



Ferry County Health

BOARD OF COMMISSIONERS' MEETING

April 23, 2019

CALL TO ORDER: Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:31 a.m. on April 23, 2019, in the HUB Conference Room at Ferry County Health. Commissioners in attendance were Nancy Giddings, Ronald Bacon, David Iverson, DiAnne Lundgren and Sarah Krausse. Aaron Edwards, CEO; Brant Truman, CFO/COO; Mike Jager, Plant Manager and Lacy Sharbono, Executive Assistant, were present.

QUORUM ESTABLISHED: A quorum was present.

REVIEW, AMEND, ACCEPT AGENDA: A motion was made by Krausse and seconded by Lundgren to accept the agenda as written. The motion passed unanimously.

VISITORS: Susan Laster

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

CORRESPONDENCE: None

PUBLIC COMMENTS: None

OLD BUSINESS:

- Board QI Project: Giddings discussed how the Board/Provider luncheon went. Mari Hunter was the only attendee due to scheduling conflicts with the other providers.
- Facility Update: Truman noted there is a call with Hermanson tomorrow regarding the air ducts. Maintenance is getting bids to fix the sidewalks in front of the ALF.
- Health Foundation: Lundgren noted she had lunch with a member of the Doc McConnell foundation and they gave her great information about the scholarship.
- Levy: Tabled

BOARD REPRESENTATIVE REPORTS:

- Finance: Bacon noted things are good YTD.
- Quality Improvement: The team is working on the patient portal and had training scheduled but the representative was unable to get the training video working.
- Compliance/Risk Management: No meeting.
- Medical Staff: Giddings noted they are looking to see if we can get a mid-level to do visiting provider visits for cardiology. More to come.
- Credentialing:
 1. A motion was made by Lundgren and seconded by Iverson to approve the reappointment of Courtesy Medical Staff privileges by telemedicine proxy for Integra Imaging providers David Holznagel, MD and Mark McVee, MD. The motion passed unanimously.

- EMS: Giddings noted the EMT's will be getting scheduled to take an IV therapy course. Phillip, Aaron, Mike and Nancy looked around the Hospital District property for a potential EMS location.
- ACH/HFCC: Iverson reviewed the components, criteria and results for based accountability.

EXECUTIVE SESSION: Executive Session was called at 11:30ap.m.for 30 minutes regarding performance of a public employee RCW 42.30.110(1)(g) and lease or purchase of real estate if there's a likelihood that disclosure would increase the price RCW 42.30.110(1)(b).

Open session resumed at 12:00 p.m. No action taken.

NEW BUSINESS:

- Hot Topic: None
- Lacy will see if the Curlew Civic Hall is available for out August 27th regular Board meeting for 4pm.

CNO/QUALITY IMPROVEMENT AND COMPLIANCE/RISK MANAGEMENT: The Board reviewed the attached report.

CLINIC REPORT: The Board reviewed the attached report.

SAFETY REPORT: Mike Jager discussed the drainage issue at the ALF and the sidewalk. The water meter to the building is broke and will be fixed. They got the scope processor up and running.

MEDICAL STAFF REPORT: Dr. Garcia noted the following via text:

- Swing bed check list has been established to improve transition from facilities.
- Continue to work towards exploring cardiac stress tests as a service.
- Ultrasound guided injections are running smoothly.
- Endoscopic services are primed.
- All staff working in the ER has had obstetric training in addition to ACLS, ATLS and PALS.
- Continue to invite new ideas and solutions from our new and old providers.

CFO/COO REPORT: Truman reviewed the attached report.

FINANCIAL REPORT: Truman reviewed the attached March financials.

CEO REPORT: Edwards reviewed the attached report.

ADJOURNMENT: As there was no further business the meeting was adjourned at 2:07 p.m.

Nancy Giddings, Chair

Date

DiAnne Lundgren, Secretary

Date

Lacy Sharbono, Recording Secretary Date



TO: Ferry County Public Hospital District #1 Board of Commissioners
FROM: Cherie Hanning, CNO
Subject: Board Report

MEETING DATE: May 28, 2019

As of May 22, 2019

People

To be the employer of choice. To develop and support a culturally diverse, competent, motivated and productive workforce. To recruit and retain highly competent staff to meet the District's patient and resident needs.

Clinical Staffing Needs:

- Current Staffing Needs
 - RNs, NACs, UCs fully staffed

- Positions Recently Filled or In the Process Thereof:
 - Laura Rightmyer - RN

Quality

To lead the community that improves community health status and access to care. To provide quality healthcare that can be defined, measured and published. To enforce and invest in a pervasive culture of safety.

Quality, Risk, and Compliance Updates:

We continue our work with WSHA on implementing “Partnership for Person and Family Engagement” (PFE).

- Patient Family Advisory Council (PFAC)
 - Development of patient guidebook – In Progress
 - 2 new community members have joined
 - Cherie Gorton
 - Melissa Rose

Informatics/Protocols and Order Sets:

- Skin Assessments – In Progress
- Sepsis Order Set – In progress

Quality Metrics – April 2019 Patient Safety Data Report - See Attachment 1

Employee Health and Infection Prevention Update

- Revision Hand Hygiene Policy
- Revision MRSA Policy
- ICAR Assessment – Good beginning to Quality Infection Control Program

LTC Transition

- RN Candace Perrin – Interim LTC Resident Care Coordinator
- RN Emily Doss – Monthly Skin Assessments
- NAC Tanna Gliddon – LTC Support

DOH Plan of Correction – See Attachment 2

- Resulted from a resident family complaint.
- Citation in LTC regarding no systematic process for skin assessments/wound follow up.
- Plan of Correction includes:
 - Policy revision

Service

- Wound Care Order Set in CPOE
- New Skin Assessment – daily, monthly

To provide an environment in which patients, families, providers and employees are highly satisfied. To provide an experience for patients that exceeds expectations in all areas of the District. To identify areas for improvement.

Implementation of Pharmacy – In Progress

- New project reviewing and implementing:
- Telepharmacy – In Progress
- Bar code medication administration – In Progress
- Pyxis medication dispensing
 - Will arrive onsite in June
 - Pyxis Go Live – July 2019

Nurse Orientation Project – **Completed**

New Beds: 2 new acute care beds – In Progress (expected in June)

Training

- BLS/ACLS/PALS – June 11 & 12th
- Risk Management (HIPAA, Clinical Documentation) – Sharon with Coverys – **Completed**
- 12 Lead EKG for NAC/UC – **Completed**
- BLS – April 19 – **Completed**
- Wound VAC – Scheduled in May – **Completed**

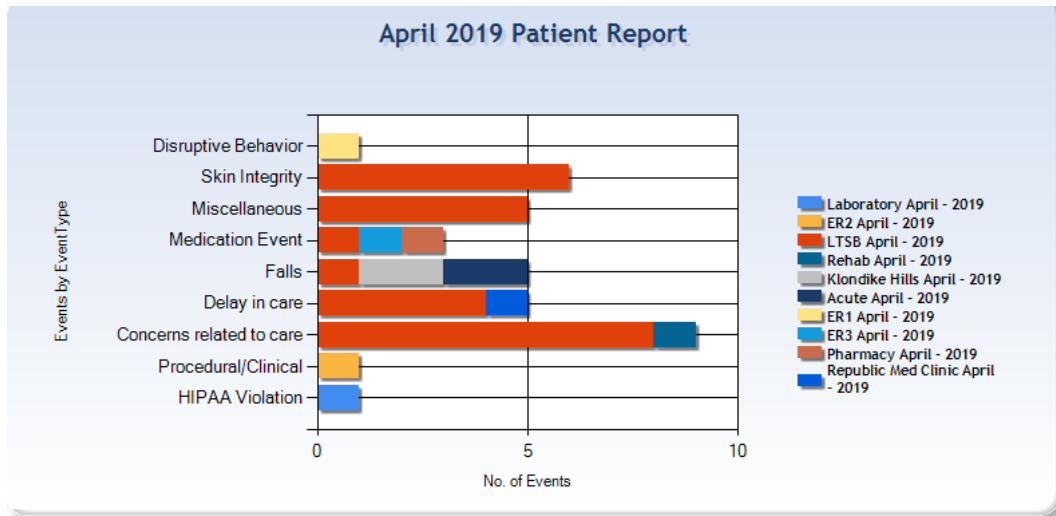
Financial

To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.

Growth

To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.

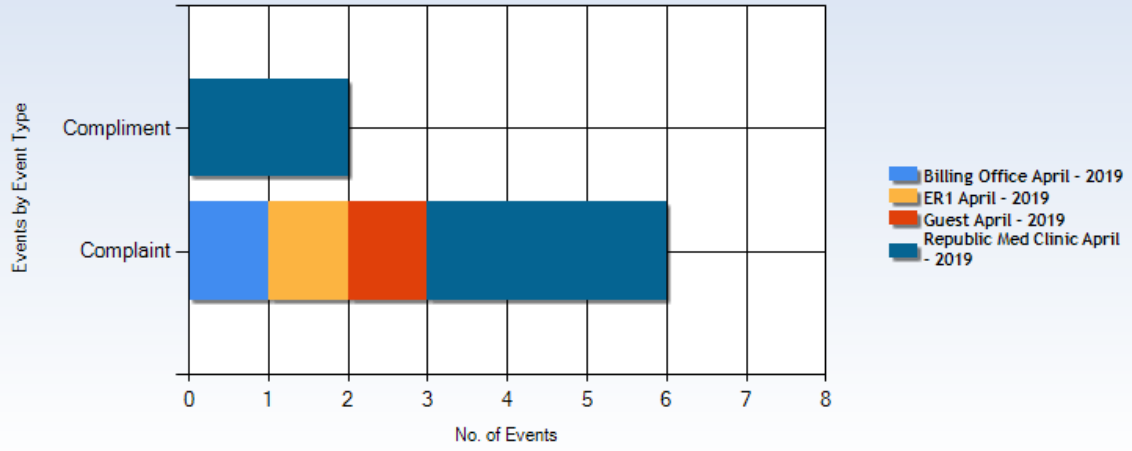
APRIL 2019 HEALTHCARE SAFETY ZONE (QMM) District-wide/QI Metrics



| Month | HIPAA Violation | Procedural/Clinical | Concerns related to care | Delay in care | Falls | Medication Event | Miscellaneous | Skin Integrity | Disruptive Behavior |
|----------------------------------|-----------------|---------------------|--------------------------|---------------|-------|------------------|---------------|----------------|---------------------|
| Laboratory April - 2019 | 1 | | | | | | | | |
| ER2 April - 2019 | | 1 | | | | | | | |
| LTSB April - 2019 | | | 8 | 4 | 1 | 1 | 5 | 6 | |
| Rehab April - 2019 | | | 1 | | | | | | |
| Klondike Hills April - 2019 | | | | | 2 | | | | |
| Acute April - 2019 | | | | | 2 | | | | |
| ER1 April - 2019 | | | | | | | | | 1 |
| ER3 April - 2019 | | | | | | 1 | | | |
| Pharmacy April - 2019 | | | | | | 1 | | | |
| Republic Med Clinic April - 2019 | | | | 1 | | | | | |
| Totals | 1 | 1 | 9 | 5 | 5 | 3 | 5 | 6 | 1 |

- Patient report: 36 events (above)
- Employee report: 0
- Complaints/Compliments: 5 events (below)

April 2019 Complaint/Compliment



| Month | Complaint | Compliment |
|----------------------------------|-----------|------------|
| Billing Office April - 2019 | 1 | |
| ER1 April - 2019 | 1 | |
| Guest April - 2019 | 1 | |
| Republic Med Clinic April - 2019 | 3 | 2 |
| Totals | 6 | 2 |

Ferry County Memorial Hospital
 Plan of Correction for Critical Access Hospital
 Complaint Investigation on April 23-24, 2019

| Tag Number | How the Deficiency Will Be Corrected: | Responsible Individual(s) | Estimated Date of Correction |
|------------|---|--|------------------------------|
| B1210 | <p>Deficiency: Per WAC 246-320-226(4)(c) Patient Care Svcs-Plan of Care Assessment Hospitals must have a system to plan and document care in an interdisciplinary manner including: Periodic assessment for risk of falls, skin condition, pressure ulcers, pain, medication use, therapeutic effects and side or adverse effects;</p> <ol style="list-style-type: none"> 1. FCPHD failed to develop and implement a process for periodic assessment of the patient's risk for skin breakdown. 2. FCPHD failure to assess a patient's risk for skin breakdown and to provide nursing interventions. <p>How the Deficiency Will Be Corrected:</p> <p>Create a systematic process for performing and documenting assessments of the patient's skin condition.</p> <p style="text-align: center;"><u>Routine and Acute Skin Assessment</u></p> <ol style="list-style-type: none"> 1. Create an order set for skin/wound care in the EHR for provider order entry. 2. Skin Breakdown assessments will be completed at patient admission, monthly thereafter, and on a daily basis when skin conditions exist. Patients with casts and splints will be assessed on a daily basis. <ol style="list-style-type: none"> a. Skin Breakdown assessments will be completed upon patient admission using the Braden Scale. b. Long-term care patients will be assessed monthly for risk of skin breakdown (head to toe) using the Braden Scale. c. Patients who develop skin conditions will be assessed daily for the risk of skin breakdown. d. Patients with casts and splints will be assessed on a daily basis. 3. Nursing Staff will complete documentation in the Electronic Health Record (EHR) of patient's skin assessments including but not limited to: | <p>CNO Heather Egge Emily Doss Dr. Garcia Amy Haggart Candace P. LTC Nurse</p> | <p>6/14/2019</p> |

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|--------------|---|---|------------------|
| | <ul style="list-style-type: none"> a. No acute issues of skin breakdowns. b. Patient skin breakdowns. c. Patients with casts and/or splints. d. When casts and/or splints are removed. <p>4. If patient skin issues are found the patient plan of care will be adjusted. Daily skin checks will be initiated in the Medication Administration Record (MAR) as a daily order. At this point, a new skin assessment will be completed on a daily basis until wound is healed or patient is transferred.</p> <ul style="list-style-type: none"> a. Daily documentation will be completed on skin condition's including deterioration, healing, and/or assessment of ulcers or wounds, along with the actions that are being taken per the provider order or patient plan of care. b. Patients with casts and/or splints will be assessed daily. c. Patient cast assessments will include but not be limited to CMS (Circulation, mobility, and sensory). A full skin assessment will be completed on the affected area under that cast as the cast is removed. The assessment will be documented. | | |
| <p>B1210</p> | <p>Policies affected and either Created or Modified:</p> <p>Modification of FCPHD policy and procedure titled "Skilled Swing Patient Assessment Reviews", Policy #14.3.018 to include systematic skin assessment time frames and procedure.</p> <p>Monitoring corrected activities to determine that the deficiency has been successfully corrected in a measurable and quantifiable way:</p> <p>The RN performing the monthly skin assessment will document on monthly checklist for auditing purposes after intervention is completed. Skin assessment of all LTC patients will be verified by LTC Coordinator from the monthly checklist.</p> <p>Daily wound assessments will be verified on the daily assignment sheet (checklist) by the Charge Nurse and the LTC Nurse as applicable. LTC Coordinator (or designee) will verify the daily assignment sheet checklist weekly.</p> | <p>CNO Charge Nurse LTC Nurse Emily Doss Candace P.</p> | <p>6/14/2019</p> |

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|--------------|--|--|------------------|
| <p>B1265</p> | <p>Deficiency: Per WAC 246-320-226(5)(g) Patient Care Services-Reassessments</p> <p>Hospital must: Complete and document reassessments according to plan of care and patient's condition.</p> <p>FCPHD failed to ensure that hospital staff members systematically reassessed patients to</p> <ol style="list-style-type: none"> 1. Determine if patients were at risk for skin breakdown due to a change in condition; and 2. Determine if the skin condition of patients with actual skin breakdown was improving or deteriorating. <p>How the Deficiency Will Be Corrected:</p> | | |
| <p>B1265</p> | <p>Create a systematic process for performing and documenting assessments of the patient's skin condition.</p> <p style="text-align: center;"><u>Routine and Acute Skin Assessment</u></p> <ol style="list-style-type: none"> 1. Create an order set for skin/wound care in the EHR for provider order entry. 2. Skin Breakdown assessments will be completed at patient admission, monthly thereafter, and on a daily basis when skin conditions exist. Patients with casts and splints will be assessed on a daily basis. <ol style="list-style-type: none"> a. Skin Breakdown assessments will be completed upon patient admission using the Braden Scale. b. Long-term care patients will be assessed monthly for risk of skin breakdown (head to toe) using the Braden Scale. c. Patients who develop skin conditions will be assessed daily for the risk of skin breakdown. d. Patients with casts and splints will be assessed on a daily basis. 3. Nursing Staff will complete documentation in the Electronic Health Record (EHR) of patient's skin assessments including but not limited to: <ol style="list-style-type: none"> a. No acute issues of skin breakdowns. b. Patient skin breakdowns. c. Patients with casts and/or splints. d. When casts and/or splints are removed. 4. If patient skin issues are found the patient plan of care will be adjusted. Daily skin checks will be initiated in the Medication Administration Record (MAR) as a daily order. At this point, a new skin assessment will be completed on a daily basis until wound is healed or patient is transferred. | <p>CNO Heather Egge Emily Doss Dr. Garcia Amy Haggart Candace P. LTC Nurse</p> | <p>6/14/2019</p> |

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| Tag Number | How the Deficiency Will Be Corrected | Responsible Individual(s) | Estimated Date of Correction |
|------------|--|--|------------------------------|
| C 294 | <p>Deficiency: NURSING SERVICES CFR(s): 485.635(d), (d)(1) \$485.635(d) Standard: Nursing Services</p> <p>Nursing services must meet the needs of patients:</p> <ol style="list-style-type: none"> 1. A registered nurse must provide (or assign to other personnel) the nursing care of each patient, including patients at a SNF level of care in a swing-bed CAH. The care must be provided in accordance with the patient's needs and the specialized qualifications and competence of the staff available. 2. FCPHD failed to ensure that hospital staff members systematically reassessed patients to 1) determine if they were at risk for skin breakdown; and 2) determine if the skin condition of patients with actual or potential skin Breakdown was improving or deteriorating. 3. FCPHD failed to assess patient risk for skin breakdown and to provide nursing interventions. <p>How the Deficiency Will Be Corrected:</p> <p>Create a systematic process for performing and documenting assessments of the patient's skin condition.</p> <p style="text-align: center;"><u>Routine and Acute Skin Assessment</u></p> <ol style="list-style-type: none"> 1. Create an order set for skin/wound care in the EHR for provider order entry. 2. Skin Breakdown assessments will be completed at patient admission, monthly thereafter, and on a daily basis when skin conditions exist. Patients with casts and splints will be assessed on a daily basis. <ol style="list-style-type: none"> a. Skin Breakdown assessments will be completed upon patient admission using the Braden Scale. b. Long-term care patients will be assessed monthly for risk of skin breakdown (head to toe) using the Braden Scale. | <p>CNO Heather Egge Emily Doss Dr. Garcia Amy Haggart Candace P. LTC Nurse</p> | <p>6/14/2019</p> |

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TO: Ferry County Public Hospital District #1 Board of Commissioners
 FROM: JoAnn Ehlers, Clinic Manager
 Subject: Clinic

MEETING DATE: May 28, 2019

As of May 22, 2019

People

To be the employer of choice. To develop and support a culturally diverse, competent, motivated and productive workforce. To recruit and retain highly competent staff to meet the District's patient and resident needs.

- PRN positions are open for Front Office and for an MA.
- We were very desperate for coverage in the front office in the last few several weeks. Jane Plesac was able to come and help. The other helper has been me, so you may have seen me working out front!

Quality

To lead the community that improves community health status and access to care. To provide quality healthcare that can be defined, measured and published. To enforce and invest in a pervasive culture of safety.

- Due to shortages in Nursing Staff (lots of illness lately) we may have to try a new work schedule to keep us covered. There is no end in sight at this time for shortages, though the nurse team has done well in filling in for each other. It does back up work, especially in terms of med refills and messages. I will be working with the Providers on this.
- Medical Staff is also running short on many days. I would like to point out and thank those that I have asked to rearrange schedules so that we can have better coverage.
- Phones continue to be an issue and we continue to try new things. At this time, Jeanette Phillips is moving to be the main phone person. She will be admitting, scheduling, and answering phones and helping with messages all she can. She is taking William's messages from his voice mail and sending them to him on Qliq. He can then send back any calls that she can return for him. Jeanette can also reassure people that we have their message and that they will get a response.
- That said, we can't explain some of the calls that we seem to not be getting. We often receive calls well after they were left on our voice mail. We have no explanation for where they were between times. Right now the next plan is that we will have the Clinic Providers meet with IT to have a say in what they would like a new phone system to be able to do.
- Walk-ins are being given appointment times if they call in and that has been a bit hit and miss on any reduction in wait times but I think that overall, it is helping. We still have a very hard time if the ER provider cannot help out. Days that we have Dr. Kelley in, he has been willing to see walk-ins and that has been a huge relief.
- Signs have been made to change the walk in hours to end at 4 pm. June 1st has been set as the GO date and nursing will be moving to the new "Check out and Track" system for better continuity of care regarding all patients.
- I noted that we get at least one patient in a wheelchair per day and often several. They have had to go around the chairs and do quite a jig to get to the door to see providers and there has not been good space for the chairs to wait in the lobby. (This is what comes from having me in admitting.) So, I re-arranged furniture and got rid of some things that to me said "We don't want you here" (Stop sign, barrier stands) and a couple unnecessary tables were removed. We now have a nice line from the front door, to where a wheelchair or two can sit and go right into the provider door. There is the same number of chairs as before though it may not look like it. The room is an odd shape, I did what I could so far.

Service

To provide an environment in which patients, families, providers and employees are highly satisfied. To provide an experience for patients that exceeds expectations in all areas of the District. To identify areas for improvement.

- Dr. Kelley continues to get referrals for procedures and we are incrementally building his days up as he wants.
- Dr. Hsu's patient list is growing and she will be seeing 6 patients for us in May.
- Forefront has three patients that still come in to the Clinic to be seen.
- The Veterans Choice Program is changing on June 6th and we are preparing. Kandee in Referrals is keeping tabs on what we need to do to keep being able to see our patients and how to refer them out. Brant is working with the contracting side.
- I hope to get a few Medicare Wellness Visits set up with Cindy for June to test the waters.
- We will attempt to start seeing a couple of test Chronic Care Management folks in July.

Financial

To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.

- Registration has had a second month of no errors. This is a districtwide thing and we are quite happy and proud to be a part.
- The Clinic continues to be busy. We continue to work to make things more efficient and to smooth out patient care. The smoother we run, the more patients we should be able to see.
- A small change in scheduling should bring in at least one more patient per day per provider. This part of the new plan regarding walk-ins where we will avoid long appointments from 8 am to 10 am and try to work in a couple of shorter appointments for each provider to better accommodate any walk in that may come in. So far, we are still clearing the schedule of preset appointments at those times.

Growth

To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.

- I have had a preliminary conversation with both schools with my Sport Physical plan and both seem happy with the idea. There seems to be a meeting that takes place in the summer before practices start and I hope to work with those as our dates to do the physicals. The plan is to take one Provider from approx. 4 pm to 6 pm and get in all the physicals we can in an assembly line system. I hope to use coaches and school staff in this assembly line.
- Marketing Committee has ok'd my wish for gym towels for physicals as well as toss outs for the schools and pens for flu shot events. Nina is on the ordering end of this now.
- I will set tentative Flu Shot Event dates soon.
- MAT program is moving along.
- Dental Van has been arranged for the Friday of August 9th. The PFAC group has taken on the job of helping me get the funding to pay for the cost of this 38' Winnebago that has two dental offices in it. It comes with all the supplies but we need to pitch in on gas and upkeep. The cost is \$1200 or whatever we can get. My hope is to pay the whole amount so we can arrange this on a yearly basis at the least. A dentist from the Brewster/Omak area is our volunteer at this time and I was just notified that we have a dental hygienist now too!!! We can only see 6-8 patients per provider. Patients will need to be over 18 and meet a certain poverty level for this FREE (to them) service. Services will include a checkup, filling or tooth extraction by the Dentist. The hygienist will offer cleaning. The DSHS Mobile unit will be invited to come on this date as well, they can help with Dental registration as well as work with people to enroll or clear up issues with Medicaid, including those on Medicare. I am hitting up Molina now and just got a contact with Amerigroup that I will pester for helping funding this Van. I will also go after CHPW who has not been responsive to much so far. If I have to, I will fund this myself, that is how much I want this to happen.

- Still need to check into the VA mobile unit, I think I heard someone is working on it.
- The VSP coupons have arrived and I am tracking who gets them and what their situation is. Rural Resources has sent a couple of people my way. Folks on Medicare do not have vision coverage unless they have a medical reason and even then, except for cataract surgery, there is no coverage for glasses so those patients are good targets for us. The first lady that I gave a coupon to has been without new glasses for 15 years. One other lady has a bill at a VSP clinic and we are trying to pay for her previous exam with the coupon, we shall see if it works!
- PFAC plans to work with folks at the Food Truck to find our patients for both the Vision Coupons and the Dental Van. Of course if we have any we know of via our Clinic and Hospital patients, we will let them know too.

As Always, I thank you. Respectfully submitted, JoAnn Ehlers



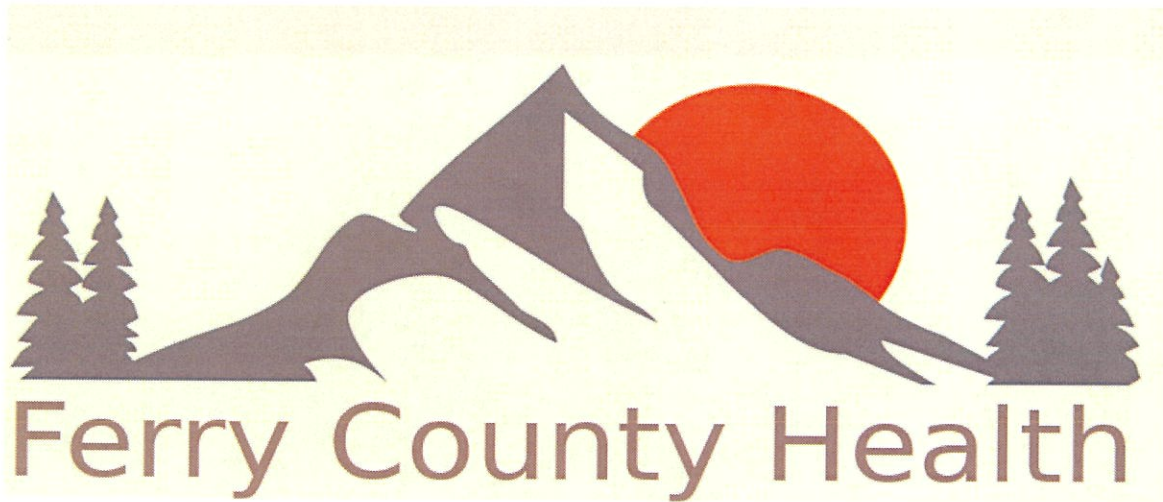
TO: Ferry County Public Hospital District #1 Board of Commissioners
 FROM: Brant Truman
 Subject: COO/CFO Report

MEETING DATE: May 28, 2019

As of May 22, 2019

| | |
|-----------|---|
| People | <p>To be the employer of choice. To develop and support a culturally diverse, competent, motivated and productive workforce. To recruit and retain highly competent staff to meet the District's patient and resident needs.</p> <ul style="list-style-type: none"> • March of Dimes hit fundraiser goal, currently have exceeded expected costs for Gold Rush Run. T-shirts being ordered soon. • Working on Volunteer Committee start. • Registration committee started by Front Office Coordinators to improve up front learning and process improvement throughout district. • Loss of HIM department staff coming shortly. |
| Quality | <p>To lead the community that improves community health status and access to care. To provide quality healthcare that can be defined, measured and published. To enforce and invest in a pervasive culture of safety.</p> <ul style="list-style-type: none"> • Continue to work on improved Endoscopy program. • Working thru an improved Activities program for the LTC residents. • New Sign with Ferry County Health placed to help with branding! |
| Service | <p>To provide an environment in which patients, families, providers and employees are highly satisfied. To provide an experience for patients that exceeds expectations in all areas of the District. To identify areas for improvement.</p> <ul style="list-style-type: none"> • Increased resources used in Nursing in the hospital to help out. • Working thru Pyxis ADDD system to allow for improved medication delivery. • Starting on process for new cardiac monitoring system. • Humidifiers being installed in both the Lab and CT room to allow for code to be met. Extra Generator is being installed to allow for additional back up heat. |
| Financial | <p>To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.</p> <ul style="list-style-type: none"> • Accelerated Depreciation of Clinic/Alf allows for additional \$50k in yearly depreciation. • Review of 2018 cost report shows miscalculation of square feet causing a large payable on behalf of the hospital. • Rehab requiring pre auth's for most services causing increase administrative burden. • Average daily revenue again was at an all-time high. • Paid additional \$240k towards debt principal year to date, continue to be aggressive with approach of paying debt off. • AR days at 51 days. • EMR incentive payment of \$134.5k coming shortly. • Working on RHC Reconciliation for 2014 thru 2017. |
| Growth | <p>To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.</p> <ul style="list-style-type: none"> • Continued attempts at new/improved services is currently being attempted. |

Ferry County Public Hospital District #1 Financial Statements
Month Ending April 30, 2019



Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

Combined Income Statement: Hospital and Klondike Hills % of Gross Revenue

Year to Date April 30, 2019

| | March | April | Q1 2018 | Q1 2019 | YTD |
|--|------------|------------|------------|------------|------------|
| Operating revenue: | | | | | |
| Gross patient service revenue | | | | | |
| Contractual allowances and provisions for uncollectible accounts | -41% | -17% | -38% | -34% | -30% |
| Patient service revenue - (Net contractual allowo | 59% | 83% | 64% | 66% | 70% |
| Bad debt expense | -2% | -3% | -2% | -3% | -3% |
| Other operating revenue | 5% | 4% | 8% | 5% | 4% |
| Total operating revenue | 63% | 84% | 69% | 68% | 72% |
| Operating expenses: | | | | | |
| Salaries and wages | 32% | 31% | 35% | 31% | 31% |
| Employee benefits | 9% | 8% | 9% | 8% | 8% |
| Professional fees | 8% | 10% | 5% | 7% | 8% |
| Supplies | 4% | 4% | 5% | 5% | 5% |
| Purchased services - Utilities | 2% | 1% | 2% | 2% | 2% |
| Purchased services - Other | 4% | 4% | 9% | 5% | 4% |
| Insurance | 0% | 0% | 1% | 0% | 0% |
| Other | 1% | 1% | 1% | 2% | 2% |
| Rent | 1% | 1% | 0% | 1% | 1% |
| Depreciation | 3% | 4% | 4% | 3% | 3% |
| Total operating expenses | 64% | 67% | 70% | 63% | 64% |
| Gain (loss) from operations | -2% | 17% | -1% | 5% | 8% |
| Nonoperating revenues (expenses): | | | | | |
| Property taxes | 1% | 1% | 2% | 1% | 1% |
| Interest earnings | 0% | 0% | 0% | 0% | 0% |
| Interest expense | -1% | -1% | -2% | -1% | -1% |
| Grants and donations | 0% | 0% | 0% | 0% | 0% |
| Other | 2% | 1% | 5% | 1% | 1% |
| Total nonoperating revenues (expenses) - Net | 2% | 2% | 6% | 2% | 2% |
| Increase (decrease) in net position | 1% | 19% | 5% | 7% | 10% |

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

Hospital Income Statement
Year to Date April 30, 2019

| | Q1 2018 | Q1 2019 | March | April | YTD |
|--|-------------------|-------------------|------------------|-------------------|-------------------|
| Operating revenue: | | | | | |
| Gross patient service revenue | 4,005,187 | 4,652,157 | 1,631,921 | 1,590,487 | 6,242,644 |
| Contractual allowances and provisions for uncollectible accounts | (1,527,154) | (1,625,177) | (680,561) | (286,113) | (1,911,290) |
| Patient service revenue - (Net contractual allowances) | 2,468,354 | 3,026,980 | 951,359 | 1,304,374 | 4,331,354 |
| Bad debt expense | (98,034) | (123,940) | (32,633) | (45,439) | (169,379) |
| Other operating revenue | 300,461 | 218,956 | 87,233 | 65,508 | 284,464 |
| Total operating revenue | 2,670,780 | 3,121,996 | 1,005,960 | 1,324,443 | 4,446,439 |
| Operating expenses: | | | | | |
| Salaries and wages | 1,344,783 | 1,375,562 | 508,875 | 484,352 | 1,859,915 |
| Employee benefits | 324,128 | 355,356 | 136,038 | 125,792 | 481,148 |
| Professional fees | 196,674 | 359,326 | 130,908 | 167,334 | 526,660 |
| Supplies | 178,138 | 230,665 | 73,202 | 70,152 | 300,817 |
| Purchased services - Utilities | 68,842 | 77,955 | 26,316 | 21,487 | 99,442 |
| Purchased services - Other | 356,115 | 201,257 | 67,446 | 61,138 | 262,395 |
| Insurance | 21,600 | 20,429 | 6,871 | 7,454 | 27,882 |
| Other | 56,738 | 77,515 | 17,837 | 23,313 | 100,827 |
| Rent | 4,697 | - | - | - | - |
| Depreciation | 152,461 | 145,926 | 48,566 | 71,833 | 217,758 |
| Total operating expenses | 2,704,177 | 2,843,990 | 1,016,060 | 1,032,854 | 3,876,844 |
| Gain (loss) from operations | (33,397) | 278,006 | (10,099) | 291,590 | 569,595 |
| Nonoperating revenues (expenses): | | | | | |
| Property taxes | 65,587 | 68,497 | 22,300 | 23,200 | 91,697 |
| Interest earnings | 1,653 | 15,821 | 5,025 | 5,650 | 21,472 |
| Interest expense | (60,855) | (58,821) | (21,262) | (17,957) | (76,779) |
| Grants and donations | 18,251 | 19,449 | 5,132 | 3,745 | 23,194 |
| Other | 213,955 | 59,921 | 27,035 | 17,104 | 77,025 |
| Total nonoperating revenues (expenses) - Net | 238,591 | 104,868 | 38,230 | 31,742 | 136,610 |
| Increase (decrease) in net position | \$ 205,195 | \$ 382,873 | \$ 28,131 | \$ 323,332 | \$ 706,205 |

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

Klondike Hills Income Statement
 Year to Date April 30, 2019

| | Q1 2018 | Q1 2019 | March | April | YTD |
|--|-------------------|--------------------|--------------------|--------------------|--------------------|
| Operating revenue: | | | | | |
| Patient service revenue - (Net contractual allowances) | \$ 107,714 | \$ 154,669 | \$ 46,207 | \$ 47,094 | \$ 201,762 |
| Other Operating Revenue | - | 27 | 14 | 9 | 36 |
| Total operating revenue | 107,714 | 154,696 | 46,221 | 47,103 | 201,798 |
| Operating expenses: | | | | | |
| Salaries and wages | 76,647 | 103,416 | 35,052 | 28,937 | 132,353 |
| Employee benefits | 28,448 | 30,600 | 9,126 | 9,805 | 40,405 |
| Supplies | 5,044 | 5,454 | 2,004 | 2,359 | 7,813 |
| Purchased services - Utilities | 2,667 | 3,240 | 998 | 1,214 | 4,455 |
| Purchased services - Other | 73 | 20,154 | 6,863 | 7,254 | 27,408 |
| Other | 253 | 362 | 158 | 109 | 471 |
| Rent | - | 32,125 | 10,708 | 10,708 | 42,833 |
| Total operating expenses | 113,132 | 195,350 | 64,909 | 60,387 | 255,738 |
| Gain (loss) from operations | (5,418) | (40,655) | (18,688) | (13,285) | (53,940) |
| Nonoperating revenues (expenses): | | | | | |
| Interest earnings | 59 | 293 | 93 | 104 | 396 |
| Total nonoperating revenues (expenses) - Net | 59 | 293 | 93 | 104 | 396 |
| Increase (decrease) in net position | \$ (5,359) | \$ (40,362) | \$ (18,595) | \$ (13,181) | \$ (53,543) |

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

Balance Sheet (Combined Statement of Net Position: Hospital and Klondike Hills)
Year to Date April 30, 2019

| Assets | YTD Balance | | YTD Balances | | YTD Balances |
|--|----------------------|-----------|----------------|-----------------------|----------------------|
| | Hospital | | Klondike Hills | Eliminations | |
| Current assets: | | | | | |
| Cash and cash equivalents | \$ 3,692,683 | \$ | 92,262 | \$ | \$ 3,784,945 |
| Patient trust | 500 | | - | | 500 |
| Receivables: | | | | | |
| Patient AR - Net | 1,966,868 | | 46,625 | | 2,013,493 |
| Gross AR | 2,945,064 | | 46,625 | | 2,991,689 |
| Contractual allowance | (978,196) | | - | | (978,196) |
| Taxes | 153,712 | | - | | 153,712 |
| Estimated third-party payor settlements | 38,000 | | - | | 38,000 |
| Interdivision receivables | 1,425,864 | | - | (1,425,864) | - |
| Other | 80,247 | | - | | 80,247 |
| Inventories | 160,287 | | - | | 160,287 |
| Prepaid expenses | 40,223 | | - | | 40,223 |
| Total current assets | 7,558,384 | | 138,887 | (1,425,864) | 6,271,406 |
| Noncurrent cash and cash equivalents: | | | | | |
| Restricted cash & cash equivalent, USDA reserve | - | | - | | - |
| Internally designated cash and cash equip, funded depreciation | | | | | |
| Total noncurrent assets limited as to use | - | | - | | - |
| Capital assets: | | | | | |
| Nondepreciable capital assets | 27,282 | | - | | 27,282 |
| Depreciable capital assets - Net of accumulated depreciation | 5,632,297 | | - | | 5,632,297 |
| Total capital assets | 5,659,579 | | - | | 5,659,579 |
| TOTAL ASSETS | \$ 13,217,963 | \$ | 138,887 | \$ (1,425,864) | \$ 11,930,985 |

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

Balance Sheet (Combined Statement of Net Position: Hospital and Klondike Hills)
 Year to Date April 30, 2019

| <i>Liabilities and Net Position</i> | YTD Balances | | YTD Balances | | YTD Balances Totals |
|--|----------------------|--------------------|-----------------------|----------------------|------------------------|
| | Hospital | Klondike Hills | Eliminations | Totals | |
| Current liabilities: | | | | | |
| Current maturities - Long term debt | \$ 179,039 | \$ - | \$ - | \$ - | 179,039 |
| Current maturities - Capital lease obligations | 93,145 | - | - | - | 93,145 |
| Accounts payable | 196,201 | 8,142 | - | - | 204,342 |
| Warrants payable | 223,928 | 8,187 | - | - | 232,116 |
| Patient trust | 500 | - | - | - | 500 |
| Payroll and related expenses | 191,549 | 8,687 | - | - | 200,236 |
| Accrued vacation | 273,596 | 28,475 | - | - | 302,071 |
| Unearned tax revenue | 178,396 | - | - | - | 178,396 |
| Accrued interest payable | 75,363 | - | - | - | 75,363 |
| Estimated third-party payor settlements | 100,000 | - | - | - | 100,000 |
| Interdivison payables | - | 1,425,864 | (1,425,864) | - | - |
| Total current liabilities | 1,511,718 | 1,479,355 | (1,425,864) | 1,565,208 | |
| Noncurrent liabilities: | | | | | |
| Long term debt - Less current maturities | 4,905,773 | - | - | - | 4,905,773 |
| Capital lease obligations - Less current portion | 98,269.56 | - | - | - | 98,270 |
| Total noncurrent liabilities | 5,004,043 | - | - | 5,004,043 | |
| Total liabilities | 6,515,760 | 1,479,355 | (1,425,864) | 6,569,250 | |
| Net position: | | | | | |
| Invested in capital assets | 307,989 | - | - | - | 307,989 |
| Restricted expendables | - | - | - | - | - |
| Unrestricted | 6,394,213 | (1,340,468) | - | - | 5,053,745 |
| Total net position | 6,702,202 | (1,340,468) | - | 5,361,735 | |
| TOTAL LIABILITIES AND NET POSITION | \$ 13,217,963 | \$ 138,887 | \$ (1,425,864) | \$ 11,930,985 | |

Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

Balance Sheet (Combined Statement of Net Position: Hospital and Klondike Hills)

Year to Date April 30, 2019

| <i>Assets</i> | YTD Balances Q1 2018 | YTD Balances Q1 2019 | YTD Balances April |
|--|-------------------------|-------------------------|-----------------------|
| Current assets: | | | |
| Cash and cash equivalents | \$ 1,362,327 | \$ 3,521,406 | \$ 3,784,945 |
| Patient trust | 500 | 500 | 500 |
| Receivables: | | | |
| Patient AR - Net | 1,894,621 | 1,704,577 | 2,013,493 |
| Gross AR | 2,504,963 | 2,785,577 | 2,991,689 |
| Contractual allowance | (610,342) | (1,080,999) | (978,196) |
| Taxes | 208,370 | 240,786 | 153,712 |
| Estimated third-party payor settlements | 24,566 | 38,000 | 38,000 |
| Other | 66,943 | 108,176 | 80,247 |
| Inventories | 156,374 | 159,223 | 160,287 |
| Prepaid expenses | 18,516 | 48,734 | 40,223 |
| Total current assets | \$ 3,732,216 | \$ 5,821,403 | \$ 6,271,406 |
| Noncurrent cash and cash equivalents: | | | |
| Restricted cash & cash equivalent, USDA reserve | - | - | - |
| Internally designated cash and cash equip, funded depreciation | - | - | - |
| Total noncurrent assets limited as to use | - | - | - |
| Capital assets: | | | |
| Nondepreciable capital assets | 27,282 | \$ 27,282 | 27,282 |
| Depreciable capital assets - Net of accumulated depreciation | 6,180,460 | 5,659,530 | 5,632,297 |
| Total capital assets | \$ 6,207,743 | \$ 5,686,812 | \$ 5,659,579 |
| TOTAL ASSETS | \$ 9,939,959 | \$ 11,508,215 | \$ 11,930,985 |

Ferry County Memorial Hospital

Balance Sheet (Combined Statement of Net Position: Hospital and Klondike Hills)
Year to Date April 30, 2019

| <i>Liabilities and Net Position</i> | YTD Balances Q1 2018 | YTD Balances Q1 2019 | YTD Balances April |
|--|-------------------------|-------------------------|-----------------------|
| Current liabilities: | | | |
| Current maturities - Long term debt | \$ 170,603 | \$ 176,428 | \$ 179,039 |
| Current maturities - Capital lease obligations | 120,409 | 93,104 | 93,145 |
| Accounts payable | 95,014 | 195,454 | 204,342 |
| Warrants payable | 208,328 | 110,893 | 232,116 |
| Patient trust | 500 | 500 | 500 |
| Payroll and related expenses | (30,507) | 159,534 | 200,236 |
| Accrued vacation | 230,859 | 297,313 | 302,071 |
| Unearned tax revenue | 189,335 | 200,696 | 178,396 |
| Accrued interest payable | 62,774 | 57,899 | 75,363 |
| Estimated third-party payor settlements | 31,667 | 100,000 | 100,000 |
| Total current liabilities | \$ 1,078,983 | \$ 1,391,821 | \$ 1,565,208 |
| Noncurrent liabilities: | | | |
| Long term debt - Less current maturities | 5,395,976 | 4,958,384 | 4,905,773.08 |
| Capital lease obligations - Less current portion | 197,692 | 106,426 | 98,270 |
| Total noncurrent liabilities | 5,593,668 | 5,064,810 | 5,004,043 |
| Total liabilities | \$ 6,672,651 | \$ 6,456,631 | \$ 6,569,250 |
| Net position: | | | |
| Invested in capital assets | 260,288 | \$ 294,571 | \$ 307,989 |
| Restricted expendables | - | - | - |
| Unrestricted | 3,007,020 | 4,757,013 | 5,053,747 |
| Total net position | 3,267,308 | \$ 5,051,584 | \$ 5,361,737 |
| TOTAL LIABILITIES AND NET POSITION | \$ 9,939,959 | \$ 11,508,215 | \$ 11,930,987 |

Key Ratios (Hospital Only, Excluding ALF)

I). Liquidity Ratios

Current Ratio

$$= \frac{\text{Current Assets}}{\text{Current Liabilities}}$$

Measures the ability to repay current liabilities with current assets.

| Ferry County Memorial Hospital (Excluding ALF) | | | * Benchmark - Far West CAH | ^ Benchmark - Washington CAH | Desired Trend |
|--|-----------------------|----------------------------------|--------------------------------|--------------------------------|---------------|
| 2018 April YTD Ratios | 2019 April YTD Ratios | Direction Compared to Benchmarks | Most Current Benchmark in 2017 | Most Current Benchmark in 2017 | |
| 3.37 | 4.06 | | 2.85 | 3.07 | |

Days Cash on Hand

(Short-Term Sources Only)

Days Cash on Hand

(All Sources including investments)

$$= \frac{\text{Cash \& Investments}}{\text{Total Expenses (Less Depreciation \& Amortization) / Number of Days}}$$

* BENCHMARKS: 2017 Almanac of Hospital Financial and Operating Indicators: CAH-Far West

^ BENCHMARKS: March 2017 Flex Monitoring Team CAH Financial Indicators Report: Summary of Indi

Key Ratios (Hospital Only, Excluding ALF)

II). Capital Ratios

Long Term Debt to Capitalization

$$= \frac{\text{Debt}}{\text{Equity + Debt}}$$

Financial leverage of the Hospital District.

| Ferry County Memorial Hospital (Excluding ALF) | | | * Benchmark - Far West CAH | ^ Benchmark - Washington CAH | Desired Trend |
|--|-----------------------|----------------------------------|--------------------------------|--------------------------------|---------------|
| 2018 April YTD Ratios | 2019 April YTD Ratios | Direction Compared to Benchmarks | Most Current Benchmark in 2017 | Most Current Benchmark in 2017 | |
| 62.00% | 48.00% | | 22.60% | 25.40% | |

Equity Financing

$$= \frac{\text{Net Position}}{\text{Total Assets}}$$

Amount of equity used to finance the Hospital District's assets.

| | | | | | |
|--------|--------|--|--------|--------|--|
| 34.00% | 45.00% | | 56.80% | 53.64% | |
|--------|--------|--|--------|--------|--|

III). Profit Ratios

Operating Margin

$$= \frac{\text{Operating Income (Loss)}}{\text{Net Revenue}}$$

Measure of operating efficiency.

| | | | | | |
|-------|--------|--|--------|-------|--|
| 1.63% | 12.81% | | -3.99% | 1.89% | |
|-------|--------|--|--------|-------|--|

Total Margin

$$= \frac{\text{Change in Net Position}}{\text{Total Operating Revenues}}$$

Measures overall profitability of the Hospital District.

| | | | | | |
|-------|--------|--|-------|-------|--|
| 8.30% | 13.53% | | 2.60% | 1.89% | |
|-------|--------|--|-------|-------|--|

Return on Total Assets

$$= \frac{\text{Change in Net Position}}{\text{Total Assets}}$$

Measures profitability relative to the Hospital District's total assets.

| | | | | | |
|-------|-------|--|-------|---------------|--|
| 3.02% | 5.10% | | 3.79% | Not available | |
|-------|-------|--|-------|---------------|--|

Fixed Asset Turnover

$$= \frac{\text{Total Operating Revenue}}{\text{Net Plant, Property, and Equipment}}$$

Measures the Hospital District's ability to generate net operating revenue from fixed asset investments.

| | | | | | |
|--------|--------|--|---------|---------------|--|
| 59.00% | 79.00% | | 109.00% | Not available | |
|--------|--------|--|---------|---------------|--|

* BENCHMARKS: 2017 Almanac of Hospital Financial and Operating Indicators: CAH-Far West

^ BENCHMARKS: March 2017 Flex Monitoring Team CAH Financial Indicators Report: Summary of Indi



TO: Ferry County Public Hospital District #1 Board of Commissioners
 FROM: Aaron Edwards, CEO
 Subject: CEO Report

MEETING DATE: May 28, 2019

As of May 23, 2019

| | |
|-----------|--|
| People | <p>To be the employer of choice. To develop and support a culturally diverse, competent, motivated and productive workforce. To recruit and retain highly competent staff to meet the District's patient and resident needs.</p> <ul style="list-style-type: none"> • March of Dimes event was a success with 50ish in attendance. • We have found an interim CNO who will start 6/4, work will continue on finding a permanent CNO. Have had many interviews for interim. • Jane Jacobson stepped up and is going to run an on call walk-in clinic during the Memorial Day gun show (On call ED provider will determine the need as the weekend unfolds). • Had an Occupational Therapy candidate in for a site visit which was very promising. |
| Quality | <p>To lead the community that improves community health status and access to care. To provide quality healthcare that can be defined, measured and published. To enforce and invest in a pervasive culture of safety.</p> <ul style="list-style-type: none"> • Working on full time placement for a long term care coordinator. • Have an internal candidate with significant experience with activities for our long term care patients, more on that soon. • A significant amount of time was spent at med staff discussing improving our long term care services which is a first and very nice to see our providers engaged. We also had a very robust discussion on working together more efficiently in the clinic to continue to improve. • Quality surveying throughout most of our services will begin very shortly (NRC is almost done setting us up with a more robust survey program – have only done inpatient and clinic surveying in the past). |
| Service | <p>To provide an environment in which patients, families, providers and employees are highly satisfied. To provide an experience for patients that exceeds expectations in all areas of the District. To identify areas for improvement.</p> <ul style="list-style-type: none"> • Spoke at Stanford Medical School on the challenges and barriers to use of telemedicine. • Will be working with Spokane Community College on a planning grant they received to plan for workforce needs in rural communities. • Attended an emergency planning meeting with our new County Emergency Planner to prepare for the gun show coming to town. Was very happy to see it was well attended. • Continue to attend our County Broadband Access Team meetings and Health Coalition meetings. • Continue to attend PFAC meetings. |
| Financial | <p>To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to payer and consumers.</p> <ul style="list-style-type: none"> • Satisfied with the progress we have made over the past year. Have concerns over what seems to be a slowing of our Swing Bed program. Reversing this slowdown will be a big short term focus. |
| Growth | <p>To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.</p> <ul style="list-style-type: none"> • Continue to work with Dr. Garcia and Brant on adding cardiac stress testing. |