



Ferry County Health

BOARD OF COMMISSIONERS' MEETING

July 22, 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	3-7
<ul style="list-style-type: none">Minutes 06.17.25 Board MeetingApproval of Surplus Resolution 2025 #9Approval of WarrantsFinancial Write-Off Report		
Correspondence	DiAnne Lundgren	
Public Comments	DiAnne Lundgren	
Department Spotlight - Clinic	Teresa D'Lerma	
Environment of Care/Safety Update	Adam Volluz	8-9
Compliance Report	Spencer Hargett	10
CNO Report	Zane Gibbons	11-15
CFO Report	Lance Spindler	16-21

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 August 26, 2025 @ 11:00 am at the Curlew Civic Hall



Medical Staff Report	Silas Wiefelspuett, MD	22
CEO Report	Brian Lady	23

On-going Business

DiAnne Lundgren

- Project HOME
- Board Self-Assessment
- Succession Planning
- Public Comment Policy
- New Hire Orientation Schedule
 - 08/11 -
 - 08/25 -

24-25

Board Representative Reports

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

Request for Re Appointment of Courtesy Medical Staff Privileges by Proxy for the following Integra Imaging Provider(s): Scott Bryk, MD; Timothy Gleason, MD; Robert Townsend, MD

Request for Re Appointment of Courtesy Medical Staff Privileges for the following Provider(s):
Cody Reese, PA-C.

New Business

DiAnne Lundgren

- 30 Day assessment- Brian Lady
- Space Lab Monitors
- Appointment of Public Records Officer **ACTION**
Resolution 2025 #13 Appointment of Public Records Officer

Executive Session(s)

- | | |
|---|-----------------|
| • Performance of a Public Employee –
<i>Pursuant to RCW §42.30.110(1)(g)</i> | DiAnne Lundgren |
|---|-----------------|

Adjournment

DiAnne Lundgren

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 August 26, 2025 @ 11:00 am at the Curlew Civic Hall



Ferry County Health

BOARD OF COMMISSIONERS' MEETING

June 17, 2025

CALL TO ORDER: Board Chair Di Anne Lundgren called the meeting of the Board of Commissioners to order at 10:35AM on June 17, 2025 in the HUB Conference Room and via Zoom.

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

Brian Lady, CEO; Lance Spindler, Interim CFO; and Teena Price, Administrative Assistant were also present.

Zoom participants: Zane Gibbons CNO; Dave Iverson; Josh Connor, Central Supply; James Davidson, IT Manager; Lacy Sharbono, HR Coordinator; Melinda Michaels, Revenue Cycle Manager; and Silas Wiefelspuett, MD; Spencer Hargett, Compliance Officer; Rosh Moore, Patient Access Supervisor; Mena Cassell, Controller; Jamie Green, Referral Coordinator; Dana DeWitt, HIM; Kim O'Leary; Wendy Johnson RN,; Colton Meyers, and Karen Quinnell, Clinical Informaticist were present.

GUESTS: Melissa Rose, Colton Meyers, Care Coordinator..

QUORUM ESTABLISHED: A quorum was present.

REVIEW, AMEND, ACCEPT AGENDA: A motion was made by Giddings and was seconded by Solomon Hopkins to approve the agenda as amended with the addition of the following items to New Business: 2024/2025 Infection Control Plan, and the removal of request for New Appointment of Courtesy medical Staff Privileges by Proxy for the Omnicure Provider, Sriraman Srinivasan, MD. **The motion passed unanimously.**

INTRODUCTION OF THE BOARD AND GUESTS: Introductions were made.

CORRESPONDENCE: No correspondence was received.

PUBLIC COMMENTS: Public Comments were shared: Melissa Rose welcomed our new CEO, Brian Lady. Also wanted to state that her recent family member's care at the ER was fantastic.

ENVIRONMENT OF CARE/ SAFETY UPDATE: Please note that Volluz is currently out on PTO. A written update has been provided in lieu of a verbal presentation. Report in board packet found at www.fcphd.org.

COMPLIANCE REPORT: Hargett gave his report found at www.fcphd.org. Work plan update, continues to improve. Hargett shared screen with new and updated law's dashboard. Yellow on graph = working towards. Red on graph = not in compliance.

DEPARTMENT SPOTLIGHT: The Board selected Teresa Dlerma, RN Clinical Coordinator, as July's Spotlight. Teena Price, Admin Assistant, will extend the invitation to Teresa D'lerma RN, Clinical Coordinator.

CNO: Gibbons gave his report: see the CNO slides in the board packet found at www.fcphd.org. Gibbons shared that Trauma Registry is being worked on for compliance. The last report was on June 13, 2024. Working with the Department of Health to get in compliance. Completed VA Tri West application.

Gibbons reports that we now have the RN Utilization position filled, and Pirkey, RN has begun her role as the Utilization RN. Swing bed referrals are now being reviewed and approvals done in under 2 hours by Swing Bed Team. Packets have been made to hand out to discharge patients so they are aware of our Swing Bed facility.

Staffing committee with nursing staff met and we now have a permanent staffing plan. Permanent Staffing Plan with QR Code now posted in our facility. Had PFAC meeting, which was very productive.

Have new contract with Pulse Cardiology-MultiCare. Pulse will be reading our ECHOs, but EKGs will continue to be read in house, by our ED providers. Omnicure (tele intensivists) contract has been termed as of 6.12.25.

Looking at multiple ways to get college students here. SCC and WVCC. Christa Davidson got her Behavioral Health Technician training, and after a year of hard work she will be graduating on 6/18/25. This made us eligible for an \$8,000 grant. Charting is up to date and managed. Had A3 problem solving meeting/presentation.

2024/2025 Infection Control Plan presented and accepted by the Board. (Copy of plan in the board packet found at www.fcphd.org)

Interim CFO: Spindler gave his report: (see the CFO slides in the board packet at www.fcphd.org). Spindler reported that cashed detailed worksheet available in packet (page 32). Cash continues to improve. We are now at about 29 days cash on hand, continuing to pay architects. Anticipate topping at 30 days very soon. Healthy \$69,000 in May (page 33) Trubridge billing has increased, and we have not made a decision yet to change companies. (Page 34) but Trubridge deposits will need to continue. Incomes-loss. Close to budget. Balance sheet in good shape. Completed cost report Recommends cost interim report in 2025. See DZA Handout. Getting revision on square footage to help with Medicare cost report.

Medical Staff Report: Dr. Wiefelspuett gave his report (see the Medical Staff Report in the board packet at www.fcphd.org). Dr. Wiefelspuett reports that patient volumes are going up. (10-12 per day) Great job all around. Building up EMS program, great willingness from EMT and RN Staff. Not extending Omni cure's contract. Nurse Practitioner, Devon, starting in clinic, August 2025. He is interested in shadowing in ED. Ongoing collaboration with the residency program in Colville, WA continues and we are in discussions to increase resident rotations. Continue to have new faces in ED, welcoming travel staff. Gibbons and Marin have been great at filling all gaps and openings. Revenue: No open charts right now. Working with Utilization RN.

Lundgren called for a break in session at 11:48 AM. Open session resumed at 12:20 PM.

Interim CEO: Schuster gave his report: (see the CEO slides in the board packet at www.fcphd.org). Schuster reports that Marketing Team gathered team members and produced a float for the upcoming Prospector's Day Parade. Kudos to Medical Staff for having Nichole Hunt with Revenue Cycle come in and work with them. Lost our registered dietician, but we are actively working on recruiting. Employee Comment Boxes have been reinvigorated in the hospital at various locations. Lots of good feedback. A3 documents re quality improvement worksheets handed out if interested. Will be moving forward with CFO applicants.

ON-GOING BUSINESS:

- **Project HOME:** Asking everyone to come to next board meeting with numbers and ideas.
- **Board Self-Assessment:** On hold
- **Succession Planning:** Each board member will need to start a plan and will have a workshop/roundtable.
- **New Hire Orientation Schedule:**
 - 07/14- Ron Bacon
 - 07/28 - Susan Solomon-Hopkins

BOARD REPRESENTATIVE REPORTS:

- **Finance:** Bacon recommends to have financial meeting the day prior to the board. Financials should be done by 15th of every month.
 - **Quality Improvement:** No updates
 - **Compliance/Risk Management:** No updates
 - **Medical Staff:** Curlew Clinic will see patients 2 days a week. ED patient increase.
 - **EMS:** Excited that RN's can be trained as EMT's without ambulance rig time. (1-2 week course) to help transport patients.
 - **PFAC (Patient Family Advisory Committee)** No updates.
 - **Credentialing Committee:** Giddings moved to amend the agenda for credentialing, to remove new appointment of Omnicure MD, Sriraman Srinivasan, MD, due to contract termed. 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 Integra Imaging Provider: Trevor Miller, MD**

A motion was made by Giddings and was seconded by Solomon-Hopkins to approve the request for Re Appointment of Courtesy Medical Staff Privileges by Proxy for the following Integra Imaging Provider(s):

*Cory Rasmussen, MD
George Keng, MD*

*Alexander Kurdi, MD
Chen Yin, MD*

*Nathan Doyle, MD
Paul Anderson, MD*

A motion was made by Giddings and was seconded by Krausse to approve Request for Re Appointment of Active Medical Staff Privileges for the following Provider(s): James Maeda, MD

NEW BUSINESS:

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 12:53 p.m. The Chair requested 15 minutes with open session to resume at 1:25 p.m.*

OPEN SESSION: *Open session resumed at 1:27 p.m. with no decisions made or actions taken.*

INFECTION PREVENTION: *2024/2025 infection control plan required by the state. 2 year plan. Vaccination plan reviewed. A Motion was made by Giddings and was seconded by Krausse to approve the 2024 2025 vaccination plan as written.*

A motion was made by Giddings and was seconded by Krausse, to approve the Resolution 2025 #10 to appoint new Superintendent/CEO Brian Lady. The motion passed unanimously.

A motion was made by Giddings and was seconded by Krausse, to approve the Resolution 2025 #11 to appoint agent to receive tort claims for damages. The motion passed unanimously.

ADJOURNMENT: *As there was no further business, the meeting was adjourned at 1:35 p.m.*

DiAnne Lundgren, Chair Date

Nancy Giddings, Secretary Date

Teena Price, Recording Secretary Date



Ferry County Health

RESOLUTION 2025 #12

A RESOLUTION OF THE FERRY COUNTY HEALTH BOARD OF COMMISSIONERS, REPUBLIC WASHINGTON, AUTHORIZING THE DISPOSAL OF SURPLUS SMALL EQUIPMENT AND SUPPLIES.

WHEREAS, the District purchased and/or was donated several pieces of small equipment and supplies several years ago for multiple uses in different departments.

WHEREAS, the small equipment and supplies listed on attached Exhibit A are no longer in use and are in poor shape or obsolete,

WHEREAS, Exhibit A list of items are no longer necessary for the District's use and it would be an inefficient use of resources to move or continue to store them,

THEREFORE, the Ferry County Health Commissioners hereby resolve the aforementioned small equipment and supplies listed on Exhibit A shall be deemed surplus and disposed of by the District Policy, at the discretion of the Plant Manager.

RESOLVED, this 22nd day of July 2025.

APPROVED at regular meeting of the Commissioners of Ferry County Health, Republic, Washington, this 22nd day of July 2025.

DiAnne Lundgren, Chair Date

Sarah Krausse, Vice Chair Date

Nancy Giddings, Secretary Date

Ron Bacon, Commissioner Date

Susan Solomon-Hopkins, Commissioner Date

Board of Commissioners

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

FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1
SURPLUS SMALL EQUIPMENT AND SUPPLIES

RESOLUTION: ____2025 #12_____ EXHIBIT A

QUANTITY	ITEM	MODEL/SERIAL # <i>(If available)</i>	ACQUISITION DATE <i>(if available)</i>
1	Invacare Bed – Bed was stored as backup for the last couple of years. All controls are broken.	5301IVC 11HLA005016	unknown

Ferry County Health

EOC/Safety Report

Adam Volluz

Facility Manager and Safety Officer

Board Meeting – July 22, 2025

1. Signage Updates

- We've been working on improving signage across the hospital district.
- New signage for the Billing Department has been ordered.
- We're also updating directional signs to better guide patients and visitors to the Emergency Room entrance.

2. Workplace Hazards

- So far this year, we've had 22 workplace hazards reported.
- 21 have been resolved, and the remaining one is currently being addressed.

3. Fire Safety

- Fire drills are up to date across all areas.
- The two fire hydrants on our property are still not functioning.
- I've brought in Advanced Fire Systems from Spokane to help work with the City to get them repaired and operational.

4. Generator Checks

- All generator inspections are current and everything is in good working order.

5. Security Team Changes

- We've recently lost two of our trained security guards.

- I plan to get our new maintenance tech trained in hospital-specific security procedures over the next few months.
- We're also looking into enrolling the current security team in advanced hospital security training through Washington Guard Services.

6. Sidewalk Repairs

- Sidewalk patching has started around the facility.
- Some sidewalks are in poor enough condition that we'll need to plan for full replacement.
- This work is being budgeted for spring 2026, including sidewalks near the Republic Drug Store.

7. Air Quality

- With the recent smoke and wildfire activity, air quality is a concern.
- We're testing air quality indoors and outdoors as needed and have been adding extra air purifiers when PM 2.5 levels rise above 49 µg/m³ or when staff or patients report breathing issues.

8. De-escalation Training

- Quarterly de-escalation classes are going well.
- This keeps us in compliance with our policy that requires training within 90 days of hire and again every two years.

9. Helipad Improvements

- Big thanks to Jeremy for doing a great job sealing and painting the helipad.

It looks great and is ready for use.

Board Report- Compliance Committee

Date: July 15, 2025

Reporter: Spencer Hargett

2025 Compliance Workplan Update:

- **Policy & Procedure Reviews:** At 66% in June and expect more progress for July. Goal is 100%
- **Contract Management:** Work ongoing to organize contracts to allow for consistent reporting and format.

Compliance Program Update:

- Most items on track or trending to be on track. Three items are off track and need attention.

New & Updated Laws:

- Made substantial progress on CMS Price Transparency item and it is now on track. Some items off track or at risk but all items trending positively.

7/22/25 Board Report

As mentioned last board meeting we have been focusing on the new staffing laws that went into effect on July 1st and then again on January 1st. The new laws include CMS OPPS CY25, E2SSB 5236, E2SSB 5236, E2SSB 5236, and SHB 1879. Our 2026 staffing plan has been reviewed and approved. We developed a new nurse orientation guide along with both emergency and entire shift float policies. We now have our Endo and NAC orientations complete. Our staffing plans are posted in each hospital department and our charge nurse staff will be updating our new daily staffing plans and break sheets. After our last staffing committee meeting we made adjustments to the way our daily staffing sheets are written based on feedback from staff. We are prepared to properly report our compliance to DOH starting in 2026. Our new time clocks with our attestations are on hold until we get further guidance the verbiage we should be using for attestations. The hospital staffing committee has worked tirelessly the past few months to accomplish this task.

In collaboration with Human Resources we have started moving all of our nurse required certifications onto the Bamboo system with a 30 day notification to staff and managers when certifications are about to expire. Kaylla and I have met with RQI to look at brining quarterly training into the facility for BLS, PALS, and ACLS. With increased frequency of training our competencies will be up to date and fresh in nursing staff minds. This will also eliminate the need to schedule these classes and staff can complete the training at any time to remain in compliance.

Allevant, our guidance on swing beds, has been forced to close its doors. This was a great organization that really helped us get our swing bed program back off the ground. The HRSA grant is still funded for 14 months but at this time I am not sure what resources it will give us without Allevant.

We are now at 21 swing bed patients for the year. We started with 9 when we started our active recruitment of patients in May. Rebecca Thompson and Sarina Pirkey have been instrumental in this recruitment. We will continue to strive to reach our 35 swing bed patient goal for the year. We have created a swing bed

decision group that contains the providers and 6 staff members with the goal of continuing to make 2 hour decisions on admit.

With our swing bed success we are working towards providing a higher set of standards and rehab. Nursing wise we are working on improving our documentation and interventions in the three areas of education, activities, and care planning. We will also be working on this with our inpatients.

We will be moving our ECB patients around to open up ACU room 7 to provide in hospital PT/OT. This will enhance the patient and family experience with rehab. We will also use this room for community dining and activities for our swing bed patients. Giving them a better opportunity to get out of their rooms and interact with others.

During our last QI meeting we had the first of our A3 project presentations. Adam introduce a plan to address our AED batteries and required checks. Kaylla presented her project on our certifications. Jamie presented on the joint injection workflow. I reported on my A3 for policy compliance. I will have an updated completion percentage at the time of the board meeting. Currently:

Status	4/18/2025	5/14/2025	6/19/2025
Complete	39%	47%	66%
Overdue	61%	53%	34%
Grand Total	100%	100%	100%

Policies Needing Review			
Department	4/18/2025	5/14/2025	6/19/2025
ALF	147	148	0
Business Office	7	6	0
Central Supply	16	16	16
EOC	9	0	0
Fiscal	8	0	8
Fiscal Services		8	0
General(District-wide)	13	10	10
HIPAA	14	0	0
Human Resources	1	0	0
Infection Prevention	113	109	58
IT	3	2	0
Laboratory	137	131	126
Laundry & Housekeeping	17	2	2
Maintenance	10	0	0
Medical Staff	7	7	7
Nursing	82	81	54
Pharmacy	73	72	72
Radiology	9	9	9
Bohah, DT, JT	551	501	301

: Showing

With our policies we currently are relying on Spencer and I to monitor this. This is not a long term solution. We are exploring a policy software solution. We will be having a demo from Polycstat in a couple weeks. Lucydoc is also a possibility that might come with a rural collaborative discount. The managers will be involved in

the final process in selecting this if we go down this path. We have started a list of goals for the 2026 QI Plan.

Our managers were part of a Meditech Business and Clinical Analytics demonstration. This would tie in data tracking and give us tools we can use from supply chain, lab, nursing, and billing. We will also be able to go back from when we implemented Meditech and use that data to give us a couple years of historical trends.

In the PFAC July 10th meeting we had our Medical Director Dr. Weiffelspuet, Clinic Manager Chi Park, and CEO Brian Lady. Marketing of our current services and community outreach were topics of discussion along with MIH and our current Website. We have also proposed a PFAC charter and draft that community members now have for review.

I have drafted a New Grad Nurse Residency Program outline. It is off to the nursing leadership for review and fine tuning. The goal with this is to have a structured path for new grad. We will then post our packet to the job boards our local nursing schools. Once it's complete I will share this with the board.

We have addressed our non-compliance issue with WAC 70.41.367 and our inability to perform a SANE exam at this time. We have a current travel RN who used to be the head of the forensics program at a large facility. She has offered to start helping us get our SANE program back on track.

Our required QBS reporting is complete and up to date.

The process of continuing to do our EKGs from the clinic has gone well. Thank you to the ER providers for being willing to give fast EKG reads to the clinic providers.

We are still looking at finding or creating a back-up wound care nurse. We have had multiple swing bed referrals requiring wound vacs. Our nursing staff has stepped up and is willing to take these patients with some support. We are looking at purchasing wound vac supplies.

In working with Airlift on getting a streamlined education course for our nursing staff they shared there is an easier option. They forwarded documentation from the DOH highlighting "special care transport." With a full orientation to the back of an ambulance and approval by the overseeing provider any nurse can transport. At the time of this report I have passed this information onto Phillip and am waiting for a response. I will update at the meeting with any new information.

We will continue to keep the framework in place for MIH. Jenny will continue to on with the MIH program. We have promoted her to be the lead of the program. She has been with the program since the beginning and knows it well. I have tasked her with focusing on procedures, billing, and referral process over the next few months. In the meantime we are actively looking for a nurse that would be willing to take on this role and give the program the scope of practice it needs to be successful.

Our education RN Kaylla went to Chelan to meet with their education department. She came back with several creative ideas including QI codes on equipment that go directly to videos on how to use them.

We have gone live with Lippincott procedures. This gives us backing for procedures for, nursing, NACs, medical assistants, and lab. We used to have this program in the past and most of us are already familiar with it.

Wendy, Jamie, Sarina, and Karen have formed a Meditech task force. Taking one issue at a time and getting permanent fixes in Meditech when possible. They have already fixed several things including a Potassium documentation issue that has plagued us for years.

Staffing wise we have 8 RN travel nurses and 2 NAC travelers. We did get a new full time NOC shift RN hired this week that will start next month. We have another offer out to another full time nurse and are awaiting a reply.

Update to our nursing department road map for 2025. Implementing financial measures and meeting the new staffing plans have been addressed. We have

shifted our attention to improving policies, procedures, workflows, and readdressing our DOH 2024 survey to be ready for our 2026 DOH survey.

Ferry County Public Hospital District No. 1
Consolidated Income Statement - Draft
Year to Date Jun 30, 2025

Current Month		Variance			Year to Date		Variance	
Actual	Budget	Amount	Var %		Actual	Budget	Amount	Var %
2,846,981	2,738,513	108,468	4%	Operating Revenue:	17,068,094	16,431,076	637,019	4%
				Gross Patient Service Revenue				
				Contractual Allowances & Provisions for				
(1,440,085)	(1,168,506)	(271,579)	23%	Uncollectible Accounts	(7,859,639)	(7,011,038)	(848,601)	12%
1,406,896	1,570,006	(163,110)	-10%	Patient Service Revenue (Net of Contractuals)	9,208,455	9,420,038	(211,583)	-2%
-51%	-43%				-46%	-43%		
272,294	307,000	(34,706)	-11%	Pharmacy Gross Revenue	1,587,169	1,842,000	(254,831)	-14%
120,420	108,583	11,837	11%	Other Operating Revenue	484,956	651,498	(166,542)	-26%
1,799,610	1,985,589	(185,979)	-9%	Total Operating Revenue	11,280,580	11,913,536	(632,956)	-5%
Operating Expense:								
1,140,442	1,158,862	(18,420)	-2%	Salaries & Wages	6,523,881	6,953,172	(429,291)	-6%
242,858	261,258	(18,400)	-7%	Employee Benefits	1,394,815	1,567,550	(172,735)	-11%
147,337	116,682	30,655	26%	Professional Fees	438,546	700,093	(261,547)	-37%
319,086	277,083	42,003	15%	Supplies	1,756,742	1,662,500	94,242	6%
20,434	28,495	(8,061)	-28%	Purchased Services - Utilities	140,275	170,970	(30,695)	-18%
140,774	146,671	(5,897)	-4%	Purchased Services - Other	835,036	880,025	(44,989)	-5%
11,207	14,000	(2,793)	-20%	Insurance	80,323	84,000	(3,677)	-4%
67,470	71,244	(3,774)	-5%	Other	230,187	427,466	(197,279)	-46%
18,986	19,000	(14)	0%	Rents & Leases	113,917	114,000	(83)	0%
73,070	116,916	(43,846)	-38%	Depreciation	438,319	701,497	(263,178)	-38%
2,181,664	2,210,212	(28,548)	-1%	Total Operating Expenses	11,952,041	13,261,272	(1,309,231)	-10%
(382,054)	(224,623)	(157,431)	70%	Gain (Loss) from Operations	(671,461)	(1,347,736)	676,275	-50%
195,189	139,988	55,201	39%	Total Non-Operating Revenues (Expenses)	431,031	839,929	(408,898)	-49%
(186,865)	(84,635)	(102,230)	121%	Increase (Decrease in Net Position)	(240,430)	(507,808)	267,378	-53%
-10%	-4%	-6%	-2%	Operating Margin	-2%	-4%	2%	6%
(113,795)				EBITDA	203,912			

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

	<u>Dec 24</u>	<u>Apr 25</u>	<u>May 25</u>	<u>Jun 25</u>
<u>Assets</u>				
Current Assets				
Cash & Cash Equivalents	1,334,091	1,692,635	1,747,229	1,256,942
Receivables				
Centriq Receivables, Net	772,872	739,371	736,050	732,830
Gross Accounts Receivables	7,283,892	8,140,280	7,663,386	7,127,418
Contractual Allowance	(2,845,446)	(3,435,796)	(3,253,061)	(2,713,443)
Bad Debt Allowance	(1,115,098)	(1,224,916)	(1,233,324)	(1,293,070)
Net Patient Accounts Receivable	4,096,220	4,218,939	3,913,051	3,853,735
Tax Levy Receivable	24,608	185,701	154,442	150,240
Estimated Third-Party Settlements	1,012,895	-	347,786	347,786
Other Receivables	325,419	367,455	347,518	683,684
Inventories	579,852	592,178	595,623	595,965
Pre-paid Expenses	83,634	79,809	79,160	63,105
Total Current Assets	7,456,719	7,136,717	7,184,809	6,951,457
Capital Assets				
Non-Depreciable Assets	49,282	49,282	49,282	49,282
Fixed Assets, net of Depreciation	5,765,698	5,490,813	5,417,743	5,344,673
Construction In Progress	1,286,164	1,895,792	1,909,792	2,153,634
Total Capital Assets	7,101,144	7,435,887	7,376,817	7,547,589
Total Assets	14,557,863	14,572,604	14,561,626	14,499,046
<u>Liabilities and Net Position</u>				
Current Liabilities				
Accounts Payable	2,113,008	1,749,430	1,776,030	1,884,732
Payroll Liabilities	877,107	1,194,126	809,713	850,771
Unearned Tax Revenue	(6,072)	103,556	190,950	182,061
Other Current Liabilities	2,057,071	1,889,609	1,847,640	1,805,539
Total Current Liabilities	5,041,114	4,936,721	4,624,333	4,723,103
Long Term Liabilities				
Long Term Debt	410,704	410,704	410,704	410,704
Capital Lease Obligations	171,624	171,805	171,805	171,805
Total Long Term Liabilities	582,328	582,509	582,509	582,509
Total Liabilities	5,623,442	5,519,230	5,206,842	5,305,612
Current Year Earnings	803,959	922,912	876,536	715,186
Equity Accounts	8,130,462	8,130,462	8,478,248	8,478,248
Total Net Position	8,934,421	9,053,374	9,354,784	9,193,434
Total Liabilities and Net Position	14,557,863	14,572,604	14,561,626	14,499,046

Ferry County Public Hospital District No. 1
Cash Detail Worksheet

Ferry County Public Hospital District No. 1 Cash Detail Worksheet								Deposit in Transit 10.12000.01000			
	General Operating 10.10000.0000						KH Deposits in Transit 20.12000.01000				
	Funded Deprec 10.10000.62000	Petty Cash 10.10000.20000	Merchant Account 10.10000.10000	CMS EFT 10.10000.30000	KH Gen Operating 20.10000.00000	General Operating 30.10000.00000		RD Deposits 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	\$ 93,381.34	\$ 6,374.87	\$ 7,381.48	\$ 62,717.35	\$ 8,959.78	\$ 858,098.57	\$ 1,036,913.39	\$ 709,379.48	\$ 937.09	\$ 1,747,229.96	
June 2025	\$ 270,405.77	\$ 4,126.66	\$ 14,421.01	\$ 150,185.39	\$ 20,214.35	\$ 533,896.23	\$ 993,249.41	\$ 262,755.98	\$ 937.09	\$ 1,256,942.48	
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	Medicare		
March 2025	\$ 1,257,919.32	\$ 1,257,919.32	21.07	Underpayments		
April 2025	\$ 1,692,635.32	\$ 1,692,635.32	28.21	Rec'd 7/2		
May 2025	\$ 1,747,229.96	\$ 1,747,228.96	29.12	\$ 882,893.00	Days Cash	
June 2025	\$ 1,256,942.48	\$ 1,256,942.48	20.95	\$ 2,139,835.48	\$ 35.66	
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		
May	\$ 69,040.00		
Jun	\$ 94,266.98		
2025 Total	\$ 453,931.27	\$ 75,655.21	

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
May	\$ 1,467,621.36
Jun	\$ 1,261,981.75
Total	\$ 8,016,083.02

Truebridge HRG DashBoard									
Date	REVENUE	TOTAL INS AR	SELF PAY AR	TOTAL AR	DEPOSITS	# CLAIMS	\$ CLAIMS	UNBILLED \$	TOTAL AR DAYS
06.01.25	\$57,796.86	\$5,266,738.82	\$1,453,843.20	\$6,720,582.02	\$0.00	0	\$ -	\$ 705,169.50	70.3
06.02.25	\$174,543.78	\$5,309,302.29	\$1,472,880.78	\$6,782,183.07	\$71,402.97	60	\$ 226,542.74	\$ 717,121.25	71.6
06.03.25	\$107,016.09	\$5,273,300.45	\$1,484,202.60	\$6,757,503.05	\$69,671.28	59	\$ 247,184.22	\$ 579,748.24	70.3
06.04.25	\$35,555.77	\$5,192,598.59	\$1,473,320.29	\$6,665,918.88	\$49,502.16	188	\$ 484,320.91	\$ 596,230.57	69.2
06.05.25	\$116,899.15	\$5,157,326.46	\$1,421,207.68	\$6,578,534.14	\$51,350.74	95	\$ 195,908.39	\$ 436,084.11	68.9
06.06.25	\$129,692.47	\$5,180,100.12	\$1,429,051.66	\$6,609,151.78	\$55,686.29	155	\$ 250,324.17	\$ 449,044.45	69.3
06.07.25	\$20,023.54	\$5,180,100.12	\$1,429,051.66	\$6,609,151.78	\$0.00	32	\$ 44,560.16	\$ 469,067.99	68.6
06.08.25	\$35,133.01	\$5,179,967.50	\$1,429,051.66	\$6,609,019.16	\$0.00	0	\$ -	\$ 504,201.00	68.6
06.09.25	\$116,013.81	\$5,174,775.99	\$1,447,388.13	\$6,622,164.12	\$88,745.59	59	\$ 119,800.26	\$ 455,092.72	69.8
06.10.25	\$175,656.98	\$5,211,485.05	\$1,453,081.28	\$6,664,566.33	\$45,893.09	154	\$ 339,550.92	\$ 488,139.87	70.3
06.11.25	\$128,229.37	\$5,221,935.57	\$1,453,747.87	\$6,675,683.44	\$64,158.29	195	\$ 205,688.42	\$ 475,316.64	69.9
06.12.25	\$99,226.82	\$4,766,406.15	\$1,457,657.26	\$6,224,063.41	\$24,733.74	171	\$ 285,913.23	\$ 474,223.14	65.1
06.13.25	\$84,657.66	\$4,733,326.76	\$1,469,190.10	\$6,202,516.86	\$31,350.48	139	\$ 150,335.24	\$ 439,127.17	64.9
06.14.25	\$30,801.91	\$4,762,456.88	\$1,469,190.10	\$6,231,646.98	\$0.00	93	\$ 105,657.71	\$ 440,798.96	64.7
06.15.25	\$26,267.25	\$4,773,836.47	\$1,469,190.10	\$6,243,026.57	\$0.00	0	\$ -	\$ 455,686.62	64.8
06.16.25	\$152,895.56	\$4,750,690.26	\$1,478,288.84	\$6,228,979.10	\$66,697.44	69	\$ 167,309.01	\$ 526,212.51	65.2
06.17.25	\$130,432.80	\$4,731,654.97	\$1,479,828.94	\$6,211,483.91	\$79,238.20	121	\$ 164,631.56	\$ 548,817.92	65.1
06.18.25	\$199,049.52	\$4,695,422.07	\$1,479,527.12	\$6,174,949.19	\$77,862.61	135	\$ 246,721.59	\$ 653,999.30	64.7
06.19.25	\$104,160.32	\$4,695,169.88	\$1,479,779.31	\$6,174,949.19	\$804.50	154	\$ 172,177.77	\$ 607,017.22	63.9
06.20.25	\$96,578.30	\$4,717,969.76	\$1,479,779.31	\$6,197,749.07	\$88,462.52	107	\$ 118,600.58	\$ 608,335.51	64.0
06.21.25	\$35,127.76	\$4,745,341.69	\$1,499,588.75	\$6,244,930.44	\$0.00	44	\$ 81,079.63	\$ 596,281.90	64.2
06.22.25	\$41,833.23	\$4,736,806.69	\$1,508,123.75	\$6,244,930.44	\$0.00	0	\$ -	\$ 638,115.13	64.2
06.23.25	\$168,454.63	\$4,818,031.75	\$1,494,391.88	\$6,312,423.63	\$42,459.36	76	\$ 246,598.45	\$ 655,900.53	65.3
06.24.25	\$127,422.22	\$4,841,664.44	\$1,466,706.80	\$6,308,371.24	\$77,584.77	162	\$ 242,597.92	\$ 665,392.51	65.1
06.25.25	\$170,996.42	\$4,854,993.80	\$1,474,667.00	\$6,329,660.80	\$46,157.51	130	\$ 171,552.25	\$ 726,512.11	65.1
06.26.25	\$149,573.83	\$4,756,316.15	\$1,479,789.45	\$6,236,105.60	\$57,070.12	110	\$ 190,241.65	\$ 853,296.77	63.6
06.27.25	\$106,298.05	\$4,766,269.21	\$1,486,973.74	\$6,253,242.95	\$100,734.63	67	\$ 144,300.81	\$ 765,800.84	63.9
06/28.25	\$37,444.41	\$4,824,002.95	\$1,486,973.74	\$6,310,976.69	\$0.00	57	\$ 97,848.51	\$ 745,511.51	64.0
06/29.25	\$64,333.15	\$4,824,002.95	\$1,486,973.74	\$6,310,976.69	\$0.00	0	\$ -	\$ 809,844.66	64.1
06.30.25	\$145,031.32	\$4,893,966.06	\$1,479,374.64	\$6,373,340.70	\$72,415.46	62	\$ 279,985.13	\$ 753,909.16	65.2
Jun	\$3,067,145.99				\$1,261,981.75	2,694	\$ 4,979,431.23		65.2
May	\$2,893,425.33				\$1,467,624.36	2,890	\$ 4,777,758.37		70.4
Apr	\$2,978,006.57				\$1,598,671.85	3,491	\$ 6,445,300.95		76.5

CFO Comments of Financial Statements

- 1) This month our Net Income was \$102,230 less than budgeted. This is due to an increase in Contractual Allowances of \$271,579 from 43% of Revenue which was budgeted to 51% of Revenue which was our actual. Much of this is due to Medicare's underpayments (their error, not ours) which we caught and they corrected on July 2. Now that this has been corrected, we should see a positive effect in July's financials.

Operating Expenses were within 1% of Budget.

- 2) The Current Ratio remains healthy at 1.47 with \$6,951,457 in Current Assets available to pay \$4,723,103 in Current Liabilities as they come due.
- 3) Our Cash in the Bank on June 30, including items in transit was \$1,256,942 which is 20.95 Days Cash on Hand. On July 2, we received \$882,893 in Medicare underpayments which brought our Cash in the Bank up to \$2,139,835 for 35.66 Days Cash on Hand.
- 4) In June, the self pay collections were \$94,266.98, which was close to our all time high.
- 5) Days in Accounts Receivable continue to decrease from 76.5 AR Days on April 30 to 65.2 AR Days on June 30. The goal is 45 AR Days.
- 6) We successfully billed and received \$58,551.06 on 3 Extended Care patients. We are working with Trubridge to bill the remaining \$1 million outstanding for these patients.
- 7) We applied for a \$160,000 state grant to assist distressed hospitals. Our grant was approved and the award notice indicated the grant funds should be paid by July 25. We want to use these funds to fund the purchase of additional Space Labs monitors as well as to partially offset a Utilization Review Nurse position which was already approved in the 2025 budget and has been hired.
- 8) We recently received the last payment of \$12,373 on the 2024 SHIP grant.

Emergency Medicine Department – Board Report (July)

- **High Volume & Complex Care**
 - June saw near-daily **trauma/specialty transfers (TSFs)** and **complex patient cases**.
 - The team delivered **excellent medical care** with **positive feedback** from outside institutions and consulting specialists.
- **Evolving Patient Complexity**
 - Continued increase in **patient acuity and complexity**, particularly in **inpatient care** and **orthopedic needs**.
 - Actively exploring **alternative consulting services** with a *Critical Access Hospital* focus to better meet these needs.
- **Observation Admissions & Utilization Management**
 - Team diligently working to **admit patients to observation** when stays are expected to exceed 8 hours.
 - Close collaboration with **Utilization Nurse Sarina** is optimizing billing accuracy and documentation.
 - No **insurance denials** this month due to strengthened admission documentation and reduced need for peer-to-peer reviews.
- **Cardiology Services**
 - Ongoing efforts to **resolve Pulse Cardiology contract issues**.
 - Working toward **sustainable and appropriate cardiac care solutions** for the community.
- **EKG Overread Implementation**
 - Successfully implemented **hospital-wide EKG overreads**.
 - All EKGs have been reviewed with **no losses or documentation errors**.
- **Provider Performance**
 - All hospital ED providers have completed **billing, charting, and workload requirements**.
 - No outstanding charts or documentation delays.
- **Team Growth**
 - Looking forward to **onboarding Devon, new Nurse Practitioner (NP)** in the Emergency Department.
 - Continued emphasis on **team development and strong interdepartmental collaboration**.

July 2025 CEO Report

Facility Updates – Facilities Mgmt/Maintenance is doing a great job of updating the appearance of several areas of the hospital.

Improved Signage – We are adding signage to assist the public better locate our ER and Billing Office.

Brought on Rosh as EA – I am pleased to announce that Rashaleenia Moore was offered and accepted the role of Executive Assistant.

Community Involvement – I have enjoyed attending events and interacting with the community, and look forward to doing more of that going forward.

Health Foundation – I attended the Health Foundation's meeting this month and received a great orientation about all that they provide to the community.

Rounding – I am enjoying rounding at the Hospital a couple of times per day and on weekends.

Outreach – The Marketing Committee is preparing the Hospital for the County Fair and school physicals. We're also looking at other opportunities to connect with the County.

WSHA Rural Health Conference – Attended the conference in Chelan with the Board members.

Rural Collaborative – Connected with the Director, Elya Prystowsky.

PFAC – Attended the PFAC meeting on 7/8/25.

SUBJECT: Public Comments for the Board of Commissioners	Reference: 2.0.0004
	Page 1 of 2
DEPARTMENT: Administration	EFFECTIVE:
	Revised:
APPROVED BY: CEO and Board	

PURPOSE:

To define the process for public comment submission to the Ferry County Public Hospital District No. 1's Board of Commissioners during regular and special public meetings.

DEFINITIONS:

Board. A group of up to five (5) publicly elected officials who serve to govern the District.

District. Ferry County Public Hospital District No. 1.

Guest. An individual invited by the Board to participate fully and actively in a Regular Meeting or Special Meeting of the Board. A Guest is not bound by this policy.

Public. Any person other than the Board, the Executive Team, the Chief of Medical Staff, Guests and the District's legal counsel desiring to participate in a Regular or Special Meeting.

Public Comment. Unsolicited written and verbal comment made by a member of the Public.

Regular Meeting. Recurring meetings of the Board held in accordance with a periodic schedule as established in the Bylaws of the Board.

Remote Attendance. Attendance through real-time telephonic, electronic, internet or other available means via the link provided on the website at www.fcphd.org.

Special Meetings. Any meeting that is not a Regular Meeting and is not held according to a fixed schedule.

APPLICABILITY:

The Board, District personnel and the Public.

POLICY:

The Board will receive *Public Comment* at any Regular Meeting and at Special Meetings when included in the special meeting notice and agenda. Total time allocated for receiving oral comment is limited to thirty (30) minutes unless extended by the Board. The following procedures must be followed by a member of the *Public* desiring to provide *Public Comment*.

Public Comments may also be sent to the board via email or mail at any time. Once a comment is received by the Clerk it will be forwarded to the Board. A copy of the email will then be presented and read

during the next regular or special public meeting during the Public Comments/Correspondence portion of the meeting.

****Please note that all correspondence sent to the board may be subject to disclosure under the Washington State Public Records Act (RCW 42.56).***

PROCEDURE:

A. Written Comment

1. Written comments should be addressed to the Board and shall include the identity of the individual submitting the comment, and whether they are commenting individually or in a representative capacity.
2. Written comments may be submitted to the Public Records Officer by:
 - a. email at publicrecords@fcphd.org or by
 - b. regular mail at 36 N Klondike Rd, Republic, WA 99166 ATTN: Clerk of the Board; or by
 - c. personal delivery to the hospital's Front Desk.
3. Written comments received by 1200 the Friday immediately preceding the next *Regular Meeting* will be provided to the Board prior to the meeting.

B. Oral Comments.

1. Oral comments may be provided in person or remotely during regularly scheduled board meetings (may also apply to special board meetings if noted on the agenda).
2. Oral comments will be limited to three (3) minutes per individual.
3. If, due to time limits, the Board is unable to receive the oral comments of all individuals requesting to speak, the individual(s) may request to be included in the public comment period at the next meeting.

C. Abusive Comments.

1. *Public Comment* should pertain to matters related to or associated with District activities, policies, practices, procedures or other business. The comment period should not be used for personal attacks directed at any individual or group. The Chair, or the Board has a whole by motion, may cut short any individual who uses the public comment period to personally demean, belittle, disparage or otherwise verbally abuse others.

REFERENCES

RCW 42.30, RCW 42.30.075, RCW 42.30.080, RCW 42.56

FERRY COUNTY PUBLIC HOSPITAL DISTRICT NO. 1
FERRY COUNTY, WASHINGTON

RESOLUTION NO. 2025 #13

RESOLUTION FOR APPOINTING THE
PUBLIC RECORDS OFFICER
OF FERRY COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

WHEREAS, the Ferry County Public Hospital District No.1 feel that this is worthy,

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Ferry County Hospital District No. 1 as follows:

Appointing Rashaleenia Moore, Executive Assistant, Republic Washington is hereby the Public Records Officer of Ferry County Public Hospital District No1 to hold this office until further action of the Commission. WAC 480-07-160 (1)

ADOPTED and APPROVED by the Commissioners of Ferry County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 22nd day of July 2025, the following commissioners being present and voting in favor of this resolution.

DiAnne Lundgren, Chair Date

Sarah Krausse, Vice Chair Date

Nancy Giddings, Secretary Date

Ron Bacon, Commissioner Date

Susan Solomon-Hopkins, Commissioner Date