



Ferry County Health

BOARD OF COMMISSIONERS' MEETING

July 28, 2020, 10:30 a.m. via Zoom

Join Zoom Meeting

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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 6/18/20 Board Meeting • Minutes 7/15/20 Special Board Meeting • Approval of Warrants • Financial Write-Off Report 			
Correspondence		Nancy Giddings	
Public Comments			
CNO Report & Quality Improvement and Compliance/Risk Management		Cindy Chase	7-8
Clinic Report		JoAnn Ehlers	9-10
Medical Staff Report		Dr. Garcia	
Safety Report:		Brant Truman	
CFO/COO Report		Brant Truman	11
Financial Report		Brant Truman	12-17
CEO Report		Aaron Edwards	18-19
Old Business		Nancy Giddings	
<ul style="list-style-type: none"> • Board QI Project • Facility Update 			

- Health Foundation
- Board Succession planning
- Strategic Planning – Nina presentation
- Pharmacy

Board Representative Reports

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

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

New Business

-

Nancy Giddings

Executive Session

Nancy Giddings

Open Session – Action, if applicable regarding executive session

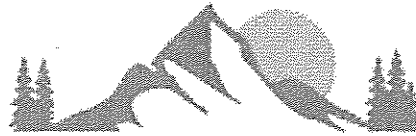
Nancy Giddings

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 August 25, 2020 @ 10:30 a.m.



Ferry County Health

BOARD OF COMMISSIONERS' MEETING June 18, 2020

CALL TO ORDER: Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 12:07 p.m. on June 18, 2020, in the HUB conference room at Ferry County Health. Commissioners in attendance were Nancy Giddings, Ronald Bacon, DiAnne Lundgren, Sarah Krausse and Jody Jannot. Aaron Edwards, CEO; Brant Truman, CFO/COO; Cindy Chase, CNO; Joann Ehlers, Clinic Manager, Austin Gibbs, PT; Mena Cassell, Controller and Lacy Sharbono, Executive Assistant were present.

QUORUM ESTABLISHED: A quorum was present.

REVIEW, AMEND, ACCEPT AGENDA: A motion was made by Lundgren and seconded by Krausse amend the agenda to add Resolution 2020#6 to the Consent Agenda. The motion passed unanimously.

GUEST: Char Sheaffer, Debbie Dunn, Craig Dunn

DZA PRESENTATION: Char Sheaffer presented the 2019 Financial Audit

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

CORRESPONDENCE: Giddings read multiple different thank you letters.

PUBLIC COMMENTS: Debbie and Craig Dunn recently purchased the Curlew Clinic. They would like to look at having the District add services back to the clinic. Aaron and Brant will look more into this and get back to the Dunn's.

CNO/QUALITY IMPROVEMENT AND COMPLIANCE/RISK MANAGEMENT: Chase reviewed the attached report. She also noted she is setting up a work place violence committee.

Giddings called for a break at 1:32 p.m. Open session continued at 1:42 p.m.

MEDICAL STAFF REPORT: Dr. Garcia noted the following:

- Looking at working with a cardiologist via telemedicine.
- Working on finishing the OB order set.
- Dr. Kelley is doing a great job as the Clinic Medical Director.

CLINIC REPORT: Ehlers reviewed the attached report.

SAFETY REPORT: Truman noted the following:

- Looking at putting new doors in the facility for LTC and the Acute Care.

- Also looking to have the ER entrance on the side door by ER room 3.
- Getting bids to fix the roof of the hospital.

CFO/COO REPORT: Truman reviewed the attached report.

FINANCIAL REPORT: Truman reviewed the May financials.

CEO REPORT: Edwards reviewed the attached report. He also noted the following:

- Dr. Hsieh from Coulee came up to discuss possibly doing some procedures in the Hospital. More to come.
- Will be discussing the future of senior meals with Rural Resources.

OLD BUSINESS:

- Board QI Project: Tabled
- Facility Update: None
- Health Foundation: They did not meet.
- Board Succession Planning: Nothing to report.
- Strategic Planning: Will meet on 7/15/20 to complete the plan.
- Pharmacy: Trying to see how we can move forward.
- Aaron's annual evaluation/contract: Will discuss in executive session.

BOARD REPRESENTATIVE REPORTS:

- Finance: No Board concerns.
- Quality Improvement: Working on vendor evaluations and the QI dashboard.
- Compliance/Risk Management: No Board concerns.
- Medical Staff: No Board concerns.
- Credentialing:
 1. A motion was made by Lundgren and seconded by Krause to approve the reappointment of Courtesy Medical Staff privileges by telemedicine proxy for Integra Imaging providers: Amit Habbu, MD; Dwane Brittain, MD; Timothy Gormley, MD; Pushpender Gupta, MD; Chet Hunter, MD; Edward Iuliano, MD; Sean Koskinen, MD; Matthew Mesick, MD; Richard Nguyen MD; Isaac Reeve, MD. The motion passed unanimously.
- EMS: No Board concerns.

EXECUTIVE SESSION: Executive Session was called at 4:27 p.m. regarding RCW 42.30.110(1)(g).

Open session resumed at 5:30 p.m. No action taken.

ADJOURNMENT: As there was no further business the meeting was adjourned at 5:30 p.m.

Nancy Giddings, Chair Date

DiAnne Lundgren, Secretary Date

Lacy Sharbono, Recording Secretary Date



TO: Ferry County Health Board of Commissioners
 FROM: Cindy Chase, CNO
 Subject: CNO Report

MEETING DATE: July 28, 2020

As of July 15, 2020

<p>People</p>	<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"> • Nurse Staffing Mike has done a good job in finding agency help as new nurses have yet to start. Our bigger crunch is in NACs. We have a class in progress and desperately need them! Agency NACs are not easy to find. • Workflow Evaluation We continue to do screenings in the hospital without much hoopla. Masking has not been an issue with staff and no major issues with patients as they come to visit us. We are assessing how to address those who come in who are unable to wear a mask and the front staff is dealing with situations well.
<p>Quality</p>	<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"> • Infection Control/ Employee Health. Testing has increased immensely in the triage trailer which is now being manned by the clinic. We have had one non respiratory isolation in the last couple of weeks. PPE continues to be in good shape. Staff are on high alert for any respiratory illness and will take the necessary precautions
<p>Service</p>	<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"> • Swing Beds. The Swing bed world has not let up. Mike and Austin continue to reach out to hospitals who we know have members of our community. Austin working with the SW patients a couple times a day has truly turned the swing bed program into an actual program. • New Equipment. Our new ventilator has arrived and the in-services have completed by the time this is read. We are finding little odds and ends "must haves" and continue to assess our needs. Delving into medication scanning is on the top of the list but many steps need to be taken before we can get there • QI/RISK/QMM. Brant arranged for an In service on how to better use our patient satisfaction scores (NRC) so that we can use the data for QI. No further Ethics committee update at this time and will present information when gathered.
<p>Financial</p>	<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"> • Staffing has led us to use more agency staff due to various staffing shortages. Cannot see the light at the end of tunnel just yet
<p>Growth</p>	<p>To be the healthcare provider choice for our community. To identify service growth areas. To market service programs to community and constituents.</p> <p>Mike continues to lead the charge on the hospital garden. We received a \$5000 donation earmarked for the garden and Mike is going to town. Some of the LTC patients have been out on the patio and many of the hospital staff are in the gardening mode. We continue to push for swing bed patients. Life is good in the SW world.</p>

CNO No major happening in my world. Still plugging away and completing the Trauma homework. Making progress in the resubmission but it is so slow. We have experienced more falls lately within the district which does keep me up night. Not always the staffing point but sometimes that can be a part of the problem. We are trying hard to grow our admissions and that will put pressure on the staff. I have a couple of ideas and hopefully will be able to get staff buy in to put up a fight against the falls. RCA first and then the Trauma homework, and then full speed ahead to combat falls. It takes a village.



TO: Ferry County Health Board of Commissioners
 FROM: JoAnn Ehlers
 Subject: Clinic Report

MEETING DATE: May 26th, 2020

As of May 18th, 2020

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.

- Still working with one full time person short and waiting to see what happens with Central Supply before I move to do anything. Using PRN's while waiting.
- Moving to one main scheduler on the days that we can. This should reduce errors and keep us up with better control of each provider's day. It really should make a difference for the better to have one person doing this as much as possible. There is a lot we could avoid denial-wise to put more focus on the admit part of a patient's visit.

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.

- We changed the nursing schedules to 5/8's for all full time staff and that has made a huge positive difference in the work that we are able to keep up with each day. It has been, and still is, a learning curve to get everyone on the same track but we are getting there. If you think of a Hot Wheels Car and those orange plastic tracks. We now have only two tracks for messages: Scheduling and Nurse Stream. The Nurse Stream goes to all front office, referral, and nurse staff. Any nurse free to grab the message is free to do so. This helps so that one nurse is not bogged down with the majority of messages, and it helps us to all have a bit of knowing what is happening in terms of being able to let a patient know that someone is working on them. This is a huge change but each day gets a little better. Back office coordinator has been tracking to be sure all messages are taken care of and there has only been one day that we missed some since we started this.
- There have been fewer complaints to me as the Clinic Manager regarding a lack of getting a message back or getting a refill sent in.

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.

- The COVID Triage Trailer is now in the Clinic Parking Lot and we are ready for business. The whole Clinic Staff would like to thank the SAR folks for all they do and did for us in the last months. We actually miss those little radio blips.
- All services have been returned and we can schedule for Dr. Garcia's injections again.
- We had a wait list of 29 still after the three procedures this month. Dr. Kelley aware.
- Dr. Kelley has a new schedule coming up where he will be in the Clinic for two full days every week except when that he has ER block during the week. He is available to us every day.
- Dr. Hsu's office has contacted us and will start back on her Telemed visits.
- Dr. Pavlic has indicated he is ready to return.
- Bill Hartman has scheduled the rest of the year with us.

Financial

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

- In May we had 670 visits for the month, including a Holiday out. (May 2019= 900)
- We had 16 Walk-ins at 3% of our total. (May 2019 = 196)
- Phone visits = 49, ZOOM = 9, Drive-Up = 1 to equal 59. 8% of our total.

- Patients per provider per day came up to 11.
- Laura Karg increased from 10 visits in April to 23 in May.
- We did recently have a couple days of 30+ and up to 45 patients in one day. Like the good old days.

In June we will start some RN Home Visits as allowed by what I will call the COVID rules re Home Health shortage areas. At this time our RN will go out via direction from Dr. Kelley and mostly for those that leave our facility's Clinic, ER, or Hospital and need to be checked on. As time goes by we hope to expand this.

Dr. Kelley added a 3rd Endoscopy day and we were able to get some patients in with very short notice to fill the slots that we could fill.

I did also share with the team that one of the patients from the June 1st scope day called in to tell me what a great job was done. Patient said the visit went off like dominoes and there were not any problems at all. Patient felt they had excellent care.

We are adding to our Endoscope services by providing patients with the laxative medication and Gatorade (including sugar free).

Molina offered us \$1,000 to help us set up Laura's counseling office as a more comfortable and welcoming area. We still have a little under \$300 to spend and we are looking at some sound options to help drown out the Clinic noise for patients. So far we have a heated/vibrating chair that a patient may sit in. We have nice calm lighting from a new floor lamp and two nice calm photos on the walls. A tapestry for another wall is still to come. We did get a little sound machine but it is too small for the need but is being used for now. Will continue to cozy up the room.

Molina is also looking for some face shields for us and maybe some hand out sanitizers.

Amerigroup is offering funding for some type of event. We are checking on them helping us to get providers up to speed on Suicide Prevention. Otherwise, or along with, may offer a town hall type of presentation via video as has been done successfully already to keep the community up on what is happening.

Growth

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

My focus for growth will be to work on the Behavioral Health things we need to have up and ready for Laura such as the Policies and Procedures in Manuals and signed off. Also we will continue to let folks know that Laura is here.

The clinic does not turn patients away unless we find we cannot provide care for some with Pain Management needs. In that case, we do try to let patients know where they might be able to go for the care they require.

We have continued to gain new patients.

Thanks so much and have a great day.

JoAnn Ehlers



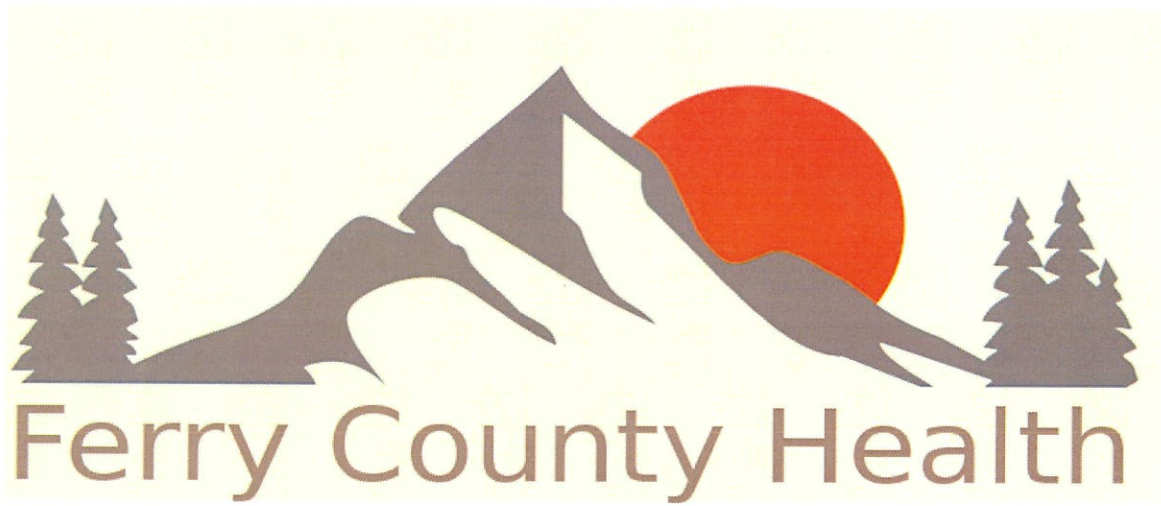
TO: Ferry County Public Hospital District #1 Board of Commissioners
 FROM: Brant Truman
 Subject: COO/CFO Report

MEETING DATE: July 28, 2020

As of July 24, 2020

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"> • Solid candidates for Rehab director currently in process. • Recruitment for additional providers • Recruiting for OT • Open position for Revenue Cycle Specialist • Have had improved patient response regarding mandated masking • Adding Utilization Review Support
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 through fixing the building's roof • Testing fluctuates a lot based on the day, with additional cases we expect more • We maintain approx. 180 days of high use PPE
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"> • Continue to offer a COVID clinic in our visiting provider area, while looking at potentially making walls permanent • Working on bids to replace hospital oxygen system • Improved situation for Hospital rooms • Received Nasal Cannula, which will greatly help our ability to provide oxygen services to our patients • Clinical documentation improvement currently being researched
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"> • Working with finding a compliance 340B vendor • Revenue for June was up, July is up as well • Adjusting Journal Entry delegation of responsibilities complete • Total Fiscal Support from the Federal Government • CARES ACT: \$3,752,874 (Potential Grant) PPP LOAN: \$1,280,000 (Potential Grant) ACCELERATED PAYMENT: \$2,080,000 (LOAN MUST PAY BACK) • Expect finalized approach for CARES funding on August 17th. • Review of Financials presented.
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"> • Working on additional opportunities to expand in Curlew, Cardiac and minor surgery.

Ferry County Public Hospital District #1 Financial Statements
Month Ending June 30, 2020



Ferry County Public Hospital District No. 1
 doing business as
 Ferry County Memorial Hospital
Combined Income Statement: Hospital and Klondike Hills
 Year to Date June 30, 2020

	Q1	May	June	June % of Gross	YTD	% of Gross Rev
Operating revenue:						
Gross patient service revenue	4,822,315	1,651,185	2,104,457		10,040,002	
Contractual allowances and provisions for uncollectible accounts	(1,756,659)	(361,702)	(800,919)	-38%	(3,427,539)	-34%
Patient service revenue - (Net contractual allowances)	\$ 3,065,656	\$ 1,289,483	\$ 1,303,537	62%	\$ 6,612,463	66%
Bad debt expense	55,690.05	48,511	20,414	1%	141,688	1%
Other operating revenue	221,755	71,831	74,905	4%	453,310	5%
Total operating revenue	3,343,101	1,409,825	1,398,857	66%	7,207,461	72%
Operating expenses:						
Salaries and wages	1,657,919	510,788	537,102	26%	3,276,473	33%
Employee benefits	459,783	137,584	146,663	7%	898,379	9%
Professional fees	358,749	136,670	125,207	6%	774,995	8%
Supplies	265,807	64,261	80,159	4%	487,797	5%
Purchased services - Utilities	78,997	17,876	19,828	1%	142,101	1%
Purchased services - Other	352,538	130,244	112,614	5%	676,327	7%
Insurance	21,405	2,358	2,358	0%	34,361	0%
Other	96,950	25,315	5,191	0%	139,650	1%
Rent	34,819	11,573	11,573	1%	69,538	1%
Depreciation	203,832	66,807	67,057	3%	404,395	4%
Total operating expenses	3,530,800	1,103,477	1,107,752	53%	6,904,015	69%
Gain (loss) from operations	(187,698)	306,348	291,105	0	303,445	3%
Nonoperating revenues (expenses):						
Property taxes	65,704	27,634	21,907	1%	138,718	1%
Interest earnings	14,622	2,418	3,574	0%	23,960	0%
Interest expense	(45,893)	(14,812)	(16,260)	-1%	(92,249)	-1%
Grants and donations				0%	1,200	0%
Other	55,651	253,911	17,864	1%	926,396	9%
Total nonoperating revenues (expenses) - Net	90,085	269,150	27,085	1%	998,025	10%
Increase (decrease) in net position	\$ (97,614)	\$ 575,498	\$ 318,190	15%	\$ 1,301,470	13%

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 June 30, 2020

<i>Assets</i>	YTD Balances May	YTD Balances June
Current assets:		
Cash and cash equivalents	\$ 10,996,850	\$ 11,133,588
Patient trust	500	500
Receivables:		
Patient AR - Net	1,764,983	2,016,367
Gross AR	3,168,376	3,608,601
Contractual allowance	(1,403,393)	(1,592,234)
Taxes	114,909	108,875
Estimated third-party payor settlements	9,486	-
Other	301,354	228,634
Inventories	219,073	219,577
Prepaid expenses	44,553	43,405
Total current assets	\$ 13,451,708	\$ 13,750,946
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	5,776,010	5,717,952
Total capital assets	\$ 5,803,292	\$ 5,745,235
TOTAL ASSETS	\$ 19,255,000	\$ 19,496,180

Ferry County Public Hospital District No. 1

doing business as

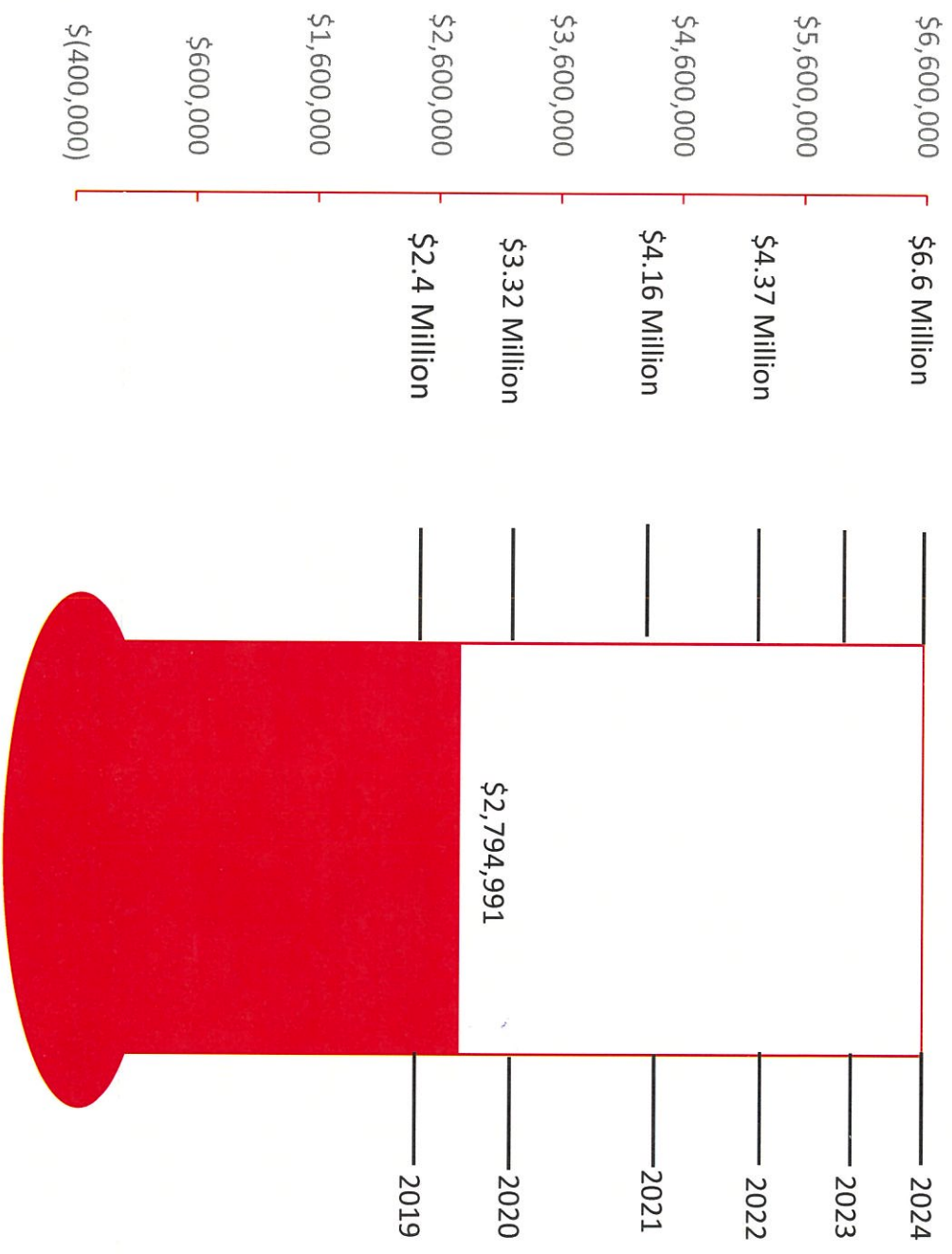
Ferry County Memorial Hospital

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

Year to Date June 30, 2020

<i>Liabilities and Net Position</i>	YTD Balances May	YTD Balances June
Current liabilities:		
Current maturities - Long term debt	\$ 97,532	\$ 96,718
Current maturities - Capital lease obligations	111,504	108,644
Accounts payable	366,961	421,365
Warrants payable	126,422	6,378
Patient trust	500	500
Payroll and related expenses	287,737	338,999
Accrued vacation	374,020	372,029
Unearned tax revenue	153,132	131,256
Accrued interest payable	67,310	81,925
CARES ACT FEDERAL FUNDING	4,347,121	4,344,797
Estimated third-party payor settlements	2,261,995	2,324,974
Total current liabilities	\$ 8,194,234	\$ 8,227,585
Noncurrent liabilities:		
Long term debt - Less current maturities	3,746,479	3,747,293
Capital lease obligations - Less current portion	248,635	137,459
Total noncurrent liabilities	3,995,113	3,884,752
Total liabilities	\$ 12,189,347	\$ 12,112,337
Net position:		
Invested in capital assets	\$ 1,531,832	\$ 1,573,195
Restricted expendables	-	-
Unrestricted	5,533,821	5,810,648
Total net position	\$ 7,065,653	\$ 7,383,843
TOTAL LIABILITIES AND NET POSITION	\$ 19,255,000	\$ 19,496,180

2020 Debt Payment Progress



FINANCE DASHBOARD
Ferry County Public Hospital District #1
June 30, 2020

Stats	Year To Date				Current Month				
	Current Total	Target	Prior Year	Ratio	Current Total	Target	Prior Year	Ratio	
1 Acute Care Days	151	98	160	1.00	27	16	24	1.00	
2 Skilled Swing Bed Days	302	227	221	1.00	83	38	27	1.00	
3 Long Term Swing Bed Days	1596	2184	2549	0.73	240	362	410	0.66	
4 Observation Hours	1249	1190	1289	1.05	168	197	180	1.05	
5 Admissions (Acute)	42	38	43	1.11	9	6	9	1.00	
6 Average Length of Stay (Acute)	2.91	3.00	3.54	0.97	3.04	4.00	2.42	0.76	
7 Outpatient Visits	4060	5017	4969	0.81	824	832	837	0.97	
8 ED Visits	851	862	944	0.98	162	143	162	1.00	
9 Emergency Admit to Inpatient	4,58%	3.00%	4,45%	1.53	4,94%	2,80%	4,94%	1.73	
10 Procedures	73	118	73	0.62	22	20	14	1.10	
11 Clinic Visits	4624	5292	5296	0.87	782	877	900	0.87	
12 Rehab Treatments	4106	5207	5917	0.79	1,136	863	732	1.55	
13 Imaging Visits	1931	2112	1953	0.91	411	350	342	1.17	
14 Lab Visits	13145	13687	13709	0.96	2,652	2,268	2,461	1.17	
Profitability									
14 Revenue Deductions % of Gross Revenue	34%	30%	33%	1.13	38%	30%	39%	0.95	
15 Salaries % Gross Patient Revenue	33%	45%	29%	0.73	26%	45%	25%	1.04	
16 Benefits % of Salary Expense	27%	26%	27%	1.04	27%	26%	28%	0.96	
17 Bad Debt % Gross Patient Revenue	1,41%	1,78%	2,10%	0.79	0,97%	1,78%	0,81%	1.17	
18 Charity % Gross Patient Revenue	0,38%	1%	0,82%	1.25	0,21%	1%	0,23%	0.87	
19 Total Salary Expense	\$ 3,276,473	\$ 3,005,539,57	\$ 2,946,142	1.11	\$ 537,102	\$ 500,923	\$ 480,660	1.10	

Key

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



TO: Ferry County Health Board of Commissioners
 FROM: Aaron Edwards, CEO
 Subject: CEO Report

MEETING DATE: July 28, 2020

July 24, 2020

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.

- Currently undergoing rehab manager interviews.
- Two potential long-term med students from WSU.
- The UW would like to send us 4th year medical students (have been sending 1st years or the past 4 years) as they have been pleased with what their students have experienced.
- Have had difficulty with a few patients refusing to mask and showing aggression towards staff. Have asked for community support in various ways to denounce this behavior.
- PPE supplies remain good although pricing has been climbing.

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.

- COVID testing turn around times have been 24-48 hours of late
- Will be able to do on-site lab work for COVID (among other things) soon as we have been able to purchase a GeneXpert PCR testing hardware which is set to arrive in 8 weeks.
- QI meetings have resumed as well as most normal District meetings (although we have returned to Zoom as the State has moved us back to 10 max in a meeting).
- Lab is 100% moved into their new space.
- Ventilator training was held again this week to help nursing stay prepared.
- A new Hi-Flow O2 machine arrived this week (something the hospital has had) which will help not only with COVID if necessary but other patients with respiratory needs.
- Working through some outages with our MRI trailer lately.

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.

- Testing trailer has been able to keep up with demand despite recent cases. Traffic has been increasing for pre-op, travel, and suspected COVID tests.
- Continue to participate in Tri-County and Ferry County Emergency Management meetings and have been supportive of the Northeast Tri-County Health District how we can as they work through positive cases in our area.
- Had a check in conference call with Cathy McMorris Rodgers.

Financial

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

- Pleased to see June's revenue hit a record high. July trending positively as well despite the positive COVID cases in the county.
- HHS has indicated that CAHs and RHCs may have to offset the PPP loan forgiveness program on the cost report which would mean 70-80% of the benefit of the program would be gone. Contacted our federal legislators asking them to intervene.
- Clinic volumes almost back to normal, swing bed days up significantly year over year in June which helped us immensely in June. MRI and CT studies up significantly this June vs last.

Growth

To be the healthcare provider choice for our community. To identify service growth areas. To market service

programs to community and constituents.

- Suspect we will remain at a downgraded phase 3 for some time if not move a little backwards given recent upsurge in COVID cases (and Spokane area increases in hospitalizations).
- Should have a proposal for additional cardiology services in early August for med staff.