



BOARD OF COMMISSIONERS' MEETING

June 22, 2021, 10:30 a.m., in the HUB Conference Room & Zoom

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 5/25/21 Board Meeting • Approval of Warrants • Financial Write-Off Report • Resolution 2021#4 Surplus Small Equipment 			
Correspondence		Nancy Giddings	
Public Comments			
CNO Report & Quality Improvement and Compliance/Risk Management		Cindy Chase	7-9
Clinic Report		Julia Santana	10
Medical Staff Report		Dr. Garcia	
Safety Report:		Brant Truman	
CFO/COO Report		Brant Truman	11-12
Financial Report		Brant Truman	13-21
CEO Report		Aaron Edwards	22
Old Business		Nancy Giddings	
<ul style="list-style-type: none"> • Board QI Project • Facility Update • Health Foundation • Strategic Planning • Curlew Clinic • Pharmacy 			

Board Representative Reports

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

Ron Bacon/Sarah Krausse
Jody Jannot/DiAnne Lundgren
Ron Bacon/Sarah Krausse
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 July 27, 2021 @ 10:30 a.m. in the HUB Conference Room & via Zoom



Ferry County Health

BOARD OF COMMISSIONERS' MEETING

May 25, 2021

CALL TO ORDER: Chair Nancy Giddings called the meeting of the Board of Commissioners to order at 10:31 a.m. on May 25, 2021, in person and via Zoom. Commissioners in attendance were Nancy Giddings, Ronald Bacon, DiAnne Lundgren and Sarah Krausse. Jody Jannot had an excused absence. Aaron Edwards, CEO; Brant Truman, CFO/COO; Julia Santana, Cindy Chase, CNO, James Davidson, IT Manager, 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 to accept the consent agenda as written. The motion passed unanimously.

GUEST: None

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

CORRESPONDENCE: Giddings read two thank you letters from patients.

PUBLIC COMMENTS: None

CNO REPORT: Chase reviewed the attached report.

CLINIC REPORT: Santana reviewed the attached report.

MEDICAL STAFF REPORT: Garcia gave an update on how the district is handling the Covid outbreak. The medical staff is also working on revamping their bylaws. Hope to have them completely updated in a few months.

SAFETY REPORT: Truman reviewed the numbers for fully vaccinated people in our county.

Giddings called for a break at 11:38 a.m. Open session continued at 12:01 p.m.

CFO/COO REPORT: Truman reviewed the attached report.

FINANCIAL REPORT: Truman reviewed the April financials.

CEO REPORT: Edwards reviewed the attached report.

OLD BUSINESS:

- Board QI Project: The Board will buy the pharmacy staff pizza.



Ferry County Health

RESOLUTION 2021 #4

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 June 2021.

APPROVED at regular meeting of the Commissioners of Ferry County Health, Republic, Washington, this 22nd day of June 2021.

Nancy Giddings, Chair Date

Ronald Bacon, Vice Chair Date

DiAnne Lundgren, Secretary Date

Sarah Krausse, Commissioner Date

Jody Jannot, Commissioner Date

Board of Commissioners

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

Asset Disposal Sheet (Quarterly Report)
 Disposal of Surplus Property other than Real Estate (Policy 25.01.001 - Exhibit A)
 For 2nd Quarter, 2021

DATE OF ACQUISITION	DESCRIPTION (Model/Serial #/ Quantity/Current Location)	REASON FOR DISPOSAL	DISPOSITION PROCESS		DISPOSAL TIMELINE		COMMENTS
2007	6 - Office master chairs	replaced	Yardsale		ASAP		
	4 - misc chairs	replaced	Yardsale		ASAP		
2008	8 - Burgandy conference room chairs	replaced	Yardsale		ASAP		
2008	Drive Pat bed 0703000174	replaced	Yardsale		ASAP		
2012	Computed Radiography Machine Model # Classic	replaced	donate		ASAP		
2018	3 - folding sleep chairs	Do not use	Yardsale		ASAP		

APPROVED BY:

Facilities Mgr _____ Date: _____

CFO _____ Date: _____

CEO _____ Date: _____

BOD _____ Date: _____

Resolution 2021 #4
 Date Approved by BOC: 6/22/21



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

MEETING DATE: June 22, 2021

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"> • Nurse Staffing: We are more nurses to the permanent staff!! We have a nurse who joined our own agency and now wants to come on permanently!! Better news, he brings his wife with him who is also a nurse! She has been in OR the last few years and looking forward to floor work again. We are getting closer and closer to a full staff. Wendy, who also has a Master's in education, joins us the end of June. She has hopes of starting a new grad program here. NACs and UCs are in good supply. Things are looking up. • Workflow Evaluation We have identified a few gaps in our workflow and are working with providers and staff to close those gaps. The pandemic stopped the wheels of progress we had made 15 months ago. We are back on track and moving forward. Our ED has been hopping for several weeks. We are looking at a new design of care to share a bit more of the burden as opposed to the charge nurse doing everything!! Stay tuned.
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"> • Infection Control/ Employee Health Katy continues to be busy on a variety of fronts. The Covid 19 surge has lost a lot of steam but not quite out of the woods yet but we are getting there. Our new hand sanitizer pumps have arrived and it is so nice to stick your hand under one and have it actually dispense hand gel! We continue to have vaccine clinics. The range team from WSU has finished up. We are giving J & J a whirl July 9th and will see how it goes. We have just begun to advertise. We do still have positive cases but not out of control as before. Katy continues to work with Lab and DOH.
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"> • Swing Beds. We are back up to 4 swing beds and continue to get requests. Chi is looking for an in house PT support and it appears he has someone applying. We have a new OT for hospital work, Amy, and our program will begin to flourish again since the Surge. • QI/RISK/QMM I listened to a possible Compliance Line hook up through the collaborative, however there are costs associated with it and I had heard it was free.... It isn't. Although the program is fine, we will continue to use Lighthouse. No complaints to that line. Qi continues to be a challenge to keep the dashboard going. Might need a different approach. Folks do seem to be trying to use the dashboard. Qi next week. Will see our progress at that time • Wound Care This need department is going great guns. Emily now is assisting Tina as there is much too much work for one wound care nurse. We are looking at expanding the Out Patient area in order to care for these patients. There are lots of them. Will report more next month.
Financial	<p>To be financially viable, to support advancing the mission and vision. To be operationally efficient. To offer value to</p>

Growth

payer and consumers.

- We are saving money! We found a vendor that collects used hospital equipment and got terrific prices for 2 blanket warmers. One small table top for our isolation room in the ED and then a new tall one for the rest of the building. They actually warm blankets!! It is past time to send the current warmer out to pasture. We also have a final plan for the ED facelift and lots of organization units are on the way. We will make the ED less cluttered and more efficient! Stay tuned

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

- We continue to offer the best thing we can.....vaccinations for Covid 19. We heard the community has interest in Johnson & Johnson so have opened up a schedule for July 9th. We will vaccinate anyone, and as many as necessary on that day of the J & J. The notice is out so hopefully, we will get a lot of takers. The DOH is putting together a flyer about vaccines as well as what do if becomes sick.

CNO

Well, surgery did not happen in June and slated again for July. Fingers crossed it happens. In support of the Board's Strategic Plan, I will be reporting on "Communication" that will share where we excel in interdepartmental communication as well as gaps and challenges within our own nursing areas when it comes to communications with each other and most importantly, our patients. Patients are at the center of all we do, but we can do better in keeping them informed. Oh we can talk at them and tell them what is what, but that is not always well retained. We need consistency so here are just one of the plans in the works as Strategic Communication Part 1 launches.

When patients arrive to our hospital their first stop is the Emergency Room and if necessary, they stay the night. Those first couple of hours can be overwhelming and scary for a patient who may not know what is coming down the pike in regards to treatment plan and poof, before you know it, it is time for change of shift and the fears can start all over again. How can the patient trust, the new guy coming on knows the scoop?

Communication Step 1. Bedside Shift Report

We are in the process of designing a new white board for each patient that is all about them. If you have ever been to SHMC, they have these in each of their patient rooms. I stole their idea and created a new one for Mt Carmel several years ago. The company is still in business and sent me a mockup of what I had created before. We are in the process of tweaking it to fit us. These boards are not small. Ours will most likely be 3 Feet by 3 Feet. It is patient care and goal focused. The nurses will be retrained on BSR where the report is more interactive with the patient and the on-coming nurse. The whiteboard is updated throughout report and since it is about the patient, the patient is focused as to what is happening even at 0600. The plan of care tells the patient this is what has happened since last shift, including when their last pain med was and other care plan topics. The other side of the board talks about the actual treatment plan for the day. Rehab goals, when lab will come, when is it time to go to Xray? What are my goals for

today? What can the staff do to make the patient's stay the best it can be? The plan of their day is right in front of them so they can refer to it anytime they need. They also will have the phone numbers of their care team. They can reach them quickly if a call light not the best choice at the time. The patient knows then the new person coming on knows too what the plan is and fears are alleviated since everyone is on the same page. It is this honest communication with the patient that keeps them informed and the ability to call their care giver anytime by phone makes the communication a two-way win. Believe it or not, an excellent bedside report can be done in less than 5 mins!

Part of the whiteboard content is the estimated day of discharge as well as an idea where the patient is going. Is it home or to another facility? As we all understand, the discharge plan of care begins on admission. Getting an idea when that might be, gives the patient something to look forward to and understand what goals have to be achieved to make it happen. They can see the goals listed on their whiteboard. Good communication at every shift change takes away the mystery for the patient and impacts how well we met their expectations. This is a HUGE gap we need to address. And when these beautiful white boards arrive, Operation BSR commences.



TO: Ferry County Public Hospital District #1 Board of Commissioners
 FROM: Julia R Santana
 Subject: Board Report

MEETING DATE: June 22nd 2021

As of May 18th

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"> We are currently interviewing for FOC's for the clinic. I've also asked Chi and Melinda to be part of these interviews for their insight and opinions. I am very proud of our district, Melinda and Chi helping the Clinic with front office staffing issues. Our departments have come together to share front office employees (or as I call it "my custody agreements with Melinda and Chi) I feel that this really shows a type of value and ownership that is not limited to just individual departments. I am finishing up the WSHA Womens Leadership course. I will be starting WSHA's LEAD Academy and a health care risk management course in July. Adam and I have discussed the 3 EMR's we are looking at and how the registration and scheduling portions are "medical" in their structure. I feel we need to be sure our FOC's have the education and knowledge base to maximize job performance and job satisfaction.
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"> Our search for a new EMR is in full swing. We are currently doing Demo's with Cerner and Meditech and are trying to set something up with Epic
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"> Katie Jo Raebel's visit and mock survey went very well. We were able to make quick tweaks immediately and are awaiting her final report. There has been a (rare) glitch in Centriq changing a patients birth gender. CMS says we need to be asking patients their birth gender and identified gender. We have changed our patient demographic sheet to reflect both categories.
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"> May 2021 numbers were not to far off from April, providers saw a total of 697 patients in May (700 in April) and total clinic number for May was 730 (736 for April) Once the 2020 cost report is finalized I will submit with NARHC to have them do a benchmark report for the clinic.
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"> Pulse cardiology is sending their PA this month, he will be seeing 18 pt's and I have 2 support staff (MA/RN) for him We would like to reevaluate the billing for our RHC to do EKG's in the clinic. This also means we would need a newer, updated, EKG machine. I met with Mr. & Mrs. Dr. Short a few weeks ago and we discussed their expectations and ours, how they see their practice here looking.



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

MEETING DATE: June 22, 2021

As of June 18, 2021

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"> • Pharmacy will be fully staffed July 1st. • Approximately 10 FTE's have been added over the last year and half, providing additional jobs to the community. • AP/Payroll clerk has started and is currently training. • Have a Rev Cycle consultant in to help our facility continue to improve and grow our staff locally. • Inventory clerk has started at the drug store, looking forward to progress.
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"> • Improved quality across Registration and program continues to progress, with a focus of add a lead. Excited for improvement. • Believe that all the EMR options we are currently pursuing will be an upgrade for the facility and allow staff to provide better information and take care of patients at a higher level. • Delay in CT installation moved back to August of this year, a lot of delays caused due to COVID. • Working on improved Revenue Cycle, which will provide greater service to our community.
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"> • Looking at different opportunities to improve use of our survey tool. • Working on 501c3 application in an effort to make sure we can compete with other non-profit employers. • Continual work across the district to improve customer service, through more focus towards improvement. • Continue to improve EOC opportunities.
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"> • Continue to look at opportunities to pay off debt at accelerated rate, focusing on refi of current debt to save money. Will discuss further at board. • Total Fiscal Support from the Federal Government. • CARES ACT: \$3,752,874 PPP LOAN: \$1,280,000 (Grant) • Received additional \$200k in govt support related to COVID. • Working on getting inventory in place in pharmacy to allow for track and trace on a monthly basis • 2020 audit and cost report review will occur in July.

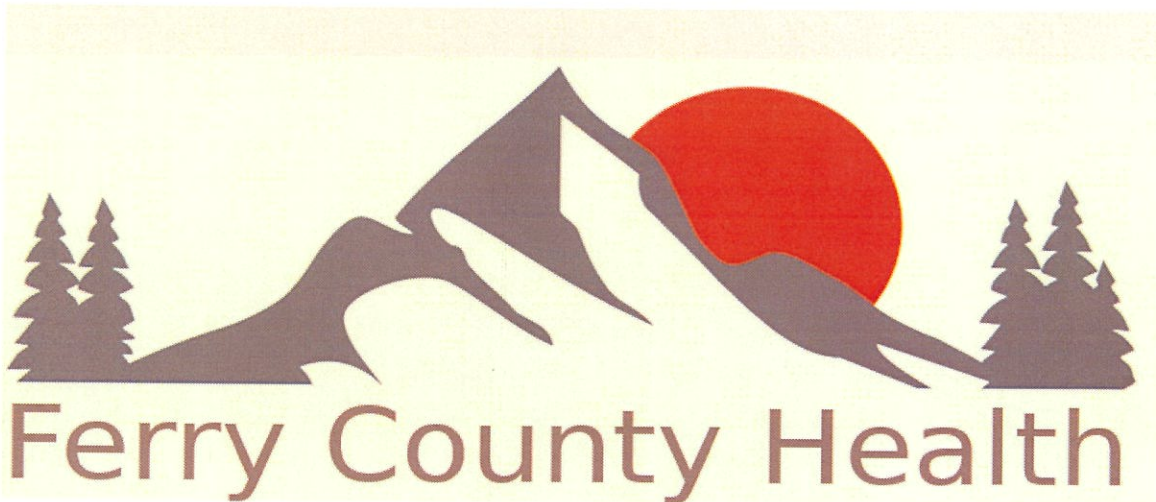
Growth

- Working with county Treasurer to review the hospital treasurer position.
- Continue to work on new investment policies.
- Review of Financials presented.

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

- Potential opportunities to improve facilities.

Ferry County Public Hospital District #1 Financial Statements
Month Ending May 31, 2021



Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

Combined Income Statement: Hospital, Klondike Hills and Republic Drug Store

Year to Date May 31, 2021

	April	May	% of Gross Rev	YTD	% of Gross Rev
Operating revenue:					
Gross patient service revenue	2,085,606	2,111,890	100%	\$ 9,835,712	
Contractual allowances and provisions for uncollectible accounts	(56,224)	(842,282)	-40%	\$ (2,879,307)	-29%
Patient service revenue - (Net contractual allowances)	2,371,707	1,503,635	71%	\$ 8,235,648	84%
Bad debt expense	14,943	49,750	2%	\$ 378,876	4%
Other operating revenue	27,828	858	0%	\$ 46,236	0%
Total operating revenue	2,414,478	1,554,244	74%	8,660,760	88%
Operating expenses:					
Salaries and wages	639,614	833,158	39%	\$ 3,359,413	34%
Employee benefits	164,479	189,698	9%	\$ 885,071	9%
Professional fees	141,749	145,516	7%	\$ 707,621	7%
Supplies	136,507	125,694	6%	\$ 553,084	6%
Purchased services - Utilities	24,677	21,481	1%	\$ 137,365	1%
Purchased services - Other	139,258	170,481	8%	\$ 678,857	7%
Pharmacy Drugs	85,610	88,621	4%	\$ 661,302	7%
Drug Store Retail	11,333	8,564	0%	\$ 37,168	0%
Insurance	7,946	2,911	0%	\$ 36,324	0%
Other	37,447	41,486	2%	\$ 167,484	2%
Rent	11,709	11,883	1%	\$ 58,453	1%
Amortization	3,601	3,601	0%	\$ 18,004	0%
Depreciation	77,607	65,639	3%	\$ 360,305	4%
Total operating expenses	\$ 1,481,537	1,708,731	82%	7,660,451	78%
Gain (loss) from operations	932,941	(154,488)	-7%	\$ 1,000,309	10%
Nonoperating revenues (expenses):					
Property taxes	22,490	22,230	1%	\$ 122,739	1%
Interest earnings	744	645	0%	\$ 3,774	0%
Interest expense	(8,647)	(14,066)	-1%	\$ (67,229)	-1%
Grants and donations	7,342	1,191	0%	\$ 24,596	0%
Other	44,829	178,232	8%	\$ 1,652,134	17%
Total nonoperating revenues (expenses) - Net	\$ 66,757	188,233	9%	1,736,015	18%
Increase (decrease) in net position	\$ 999,697	\$ 33,745	2%	\$ 2,736,323	28%

Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

Republic Drug Store Income Statement

Year to Date May 31, 2021

	April	May	% of Total Rev	YTD
Operating revenue:				
Pharmacy revenue - (Allowances)	310,502	205,654	88%	1,148,403
Retail Revenue	31,822	28,375	12%	130,840
Total operating revenue	\$ 342,325	\$ 234,028	100%	\$ 1,279,243
Operating expenses:				
Salaries and wages	30,263	28,522	12%	141,306
Employee benefits	9,512	10,705	5%	51,404
Utilities	460	697	0%	4,730
Pharmacy Drugs	85,610	88,621	38%	661,302
Retail	11,333	8,564	4%	37,168
Supplies	1,244	403	0%	4,379
Purchased services- Other	2,756	2,166	1%	11,718
Taxes and Licences	3,095	7,370	3%	13,531
Advertising	-	-	0%	321
Professional Fees	1,262	92	0%	1,435
Other	1,789	1,303	1%	3,935
Amortization	3,601	3,601	2%	18,004
Depreciation	4,544	4,544	2%	22,606
Total operating expenses	\$ 155,469	\$ 156,586	67%	\$ 971,840
Gain (loss) from operations	186,855	77,442	33%	307,403
Nonoperating revenues (expenses):				
Grants and Donations	(153)	-	0%	7,028
Interest Expense	(1,624)	(1,305)	-1%	(7,359)
Interest earnings	-	-	0%	-
Total nonoperating revenues (expenses) - Net	\$ (1,778)	\$ (1,305)	-1%	\$ (332)
Increase (decrease) in net position	\$ 185,078	\$ 76,137	33%	\$ 307,071

Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

Balance Sheet (Combined Statement of Net Position: Hospital, Klondike Hills and Republic Drug Store)
Year to Date May 31, 2021

<i>Assets</i>	YTD Balances April	YTD Balances May
Current assets:		
Cash and cash equivalents	\$ 10,833,971	\$ 10,659,235
Patient trust	500	500
Receivables:		
Gross AR	3,551,193	3,726,722
Contractual allowance	(1,404,944)	(1,581,715)
Patient AR - Net	2,342,999	2,278,217
Taxes	140,639	107,957
Estimated third-party payor settlements	(4,874)	-
Other	353,121	113,907
Inventories	396,788	405,272
Prepaid expenses	91,450	88,086
Total current assets	\$ 14,154,595	\$ 13,653,173
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	6,442,517	6,402,025
Total capital assets	\$ 6,469,799	\$ 6,429,308
TOTAL ASSETS	\$ 20,624,394	\$ 20,082,481

Ferry County Public Hospital District No. 1

doing business as

Ferry County Memorial Hospital

Balance Sheet (Combined Statement of Net Position: Hospital, Klondike Hills and Republic Drug Store)
Year to Date May 31, 2021

<i>Liabilities and Net Position</i>	YTD Balances April	YTD Balances May
Current liabilities:		
Current maturities - Long term debt	255,134	\$ 231,359
Current maturities - Capital lease obligations	34,579	26,867
Accounts payable	626,405.79	358,221
Warrants payable	164,653.69	172,953.31
Sales Tax Payable	-	3,309
Patient trust	500	500
Payroll and related expenses	319,663	406,862
Accrued vacation	409,101	419,579
Unearned tax revenue	177,840	155,610
Accrued interest payable	40,797	51,537
CARES ACT FEDERAL FUNDING	3,606,763	3,167,561
Estimated third-party payor settlements	715,211	350,953
Total current liabilities	\$ 6,350,648	\$ 5,345,312
Noncurrent liabilities:		
Long term debt - Less current maturities	3,983,038	3,888,510
Capital lease obligations - Less current portion	141,181	39,436
Total noncurrent liabilities	4,124,219	3,927,945
Total liabilities	\$ 10,474,867	\$ 9,273,257
Net position:		
Invested in capital assets	2,015,070	\$ 2,191,599
Restricted expendables	-	-
Unrestricted	8,134,457	\$ 8,617,625
Total net position	10,149,528	\$ 10,809,224
TOTAL LIABILITIES AND NET POSITION	\$ 20,624,394	\$ 20,082,481

FINANCE DASHBOARD
Ferry County Public Hospital District #1
May 31, 2021

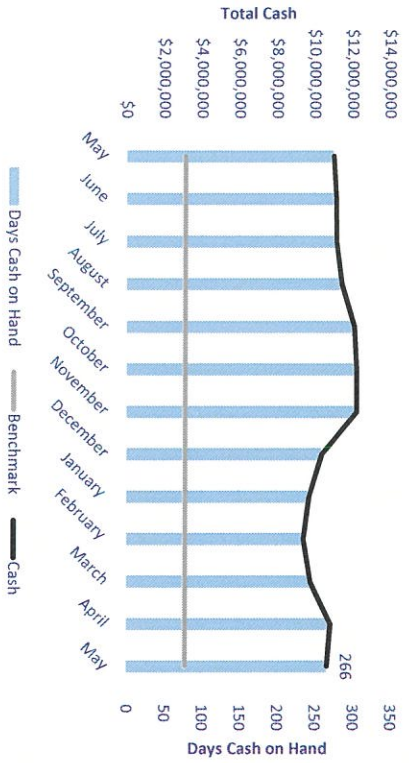
Stats	Year To Date				Current Month				
	Current Total	Target	Prior Year		Current Total	Target	Prior Year		
1 Acute Care Days	77	81	124		17	16	12		
2 Skilled Swing Bed Days	478	188	220		49	38	41		
3 Long Term Swing Bed Days	1177	1810	1356		248	362	249		
4 Observation Hours	1217	986	1082		288	197	359		
5 Admissions (Acute)	23	32	27		6	6	3		
6 Average Length of Stay (Acute)	3.21	3.00	2.98		3.38	4.00	2.92		
7 Outpatient Visits	5184	4158	3236		1045	832	517		
8 ED Visits	779	714	689		209	143	156		
9 Emergency Admit to Inpatient	1.67%	3.00%	4.50%		1.91%	2.80%	1.28%		
10 Procedures	76	98	51		13	20	5		
11 Clinic Visits	3757	4386	3842		738	877	670		
12 Rehab Treatments	5708	4315	2794		1029	863	203		
13 Imaging Visits	1565	1750	1520		340	350	345		
14 Lab Visits	13214	11342	10493		2732	2268	2389		
Profitability									
14 Revenue Deductions % of Gross Revenue	29%	30%	33%		3%	30%	22%		
15 Salaries % of Gross Patient Revenue	34%	45%	35%		39%	45%	31%		
16 Benefits % of Salary Expense	26%	26%	27%		23%	26%	27%		
17 Bad Debt % of Gross Patient Revenue	4%	2%	2%		2%	2%	3%		
18 Charity % of Gross Patient Revenue	1%	1%	0.64%		0.59%	1%	0.46%		
19 Total Salary Expense	\$ 3,359,413	\$ 3,000,000	\$ 2,739,372		\$ 639,614	\$ 600,000	\$ 510,788		

Key

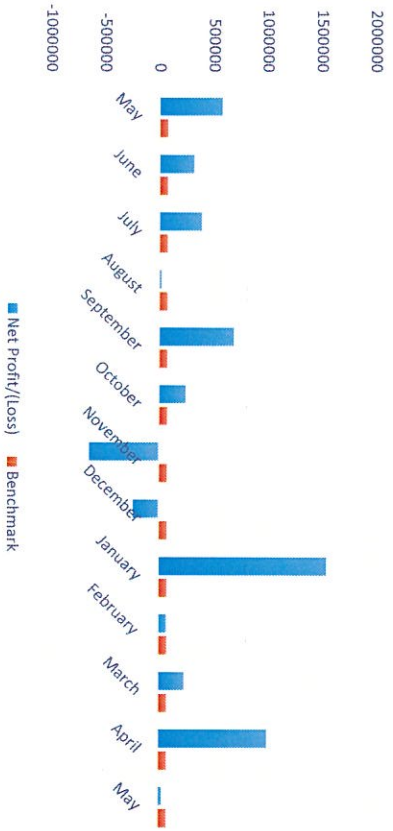
- Meets or exceeds budget/target
- Does not meet budget/target expectations by 5% or less
- Does not meet budget/target expectations by greater than 5%

2021 Financial

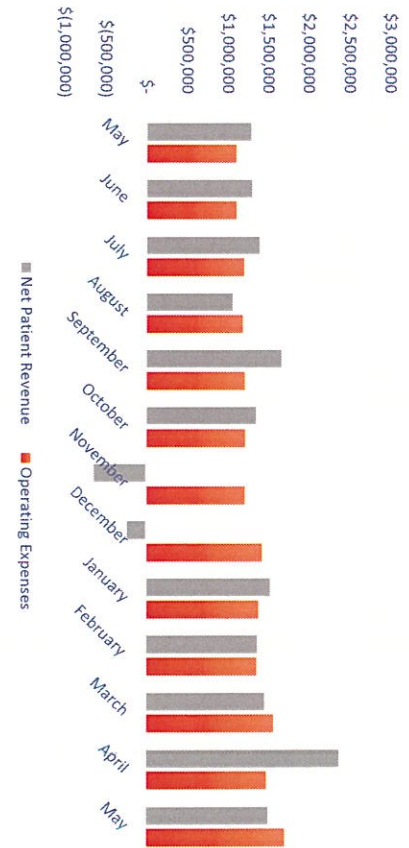
Days Cash on Hand



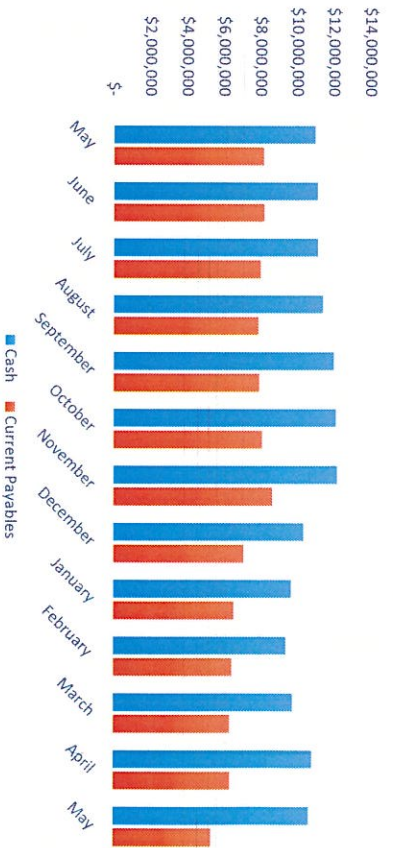
Net Profit/(Loss)



Net Patient Revenue vs Operating Expense

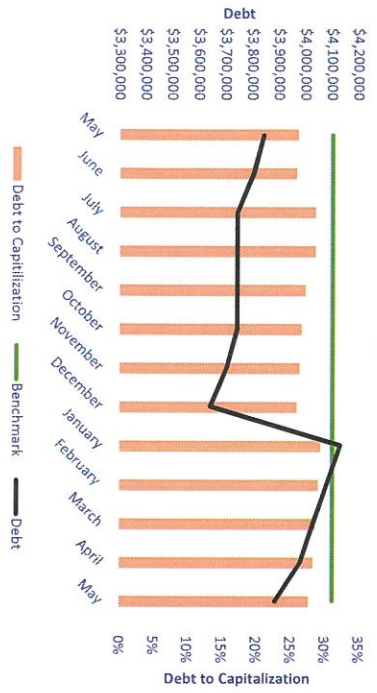


Cash vs Current Payables

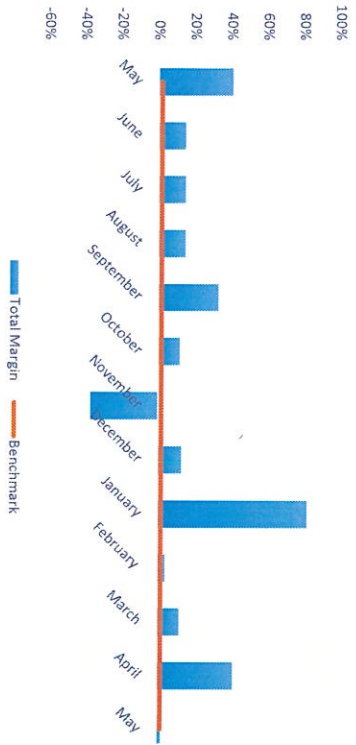


2021 Liquidity

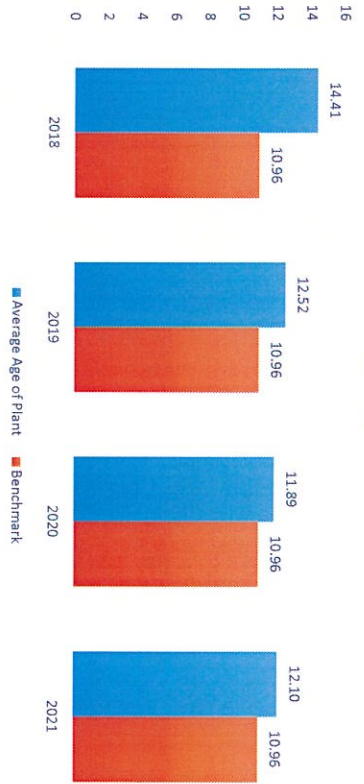
Debt to Capitalization



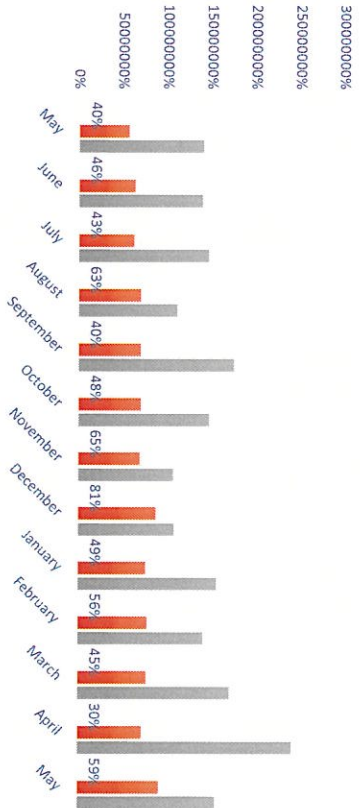
Total Margin



Average Age of Plant

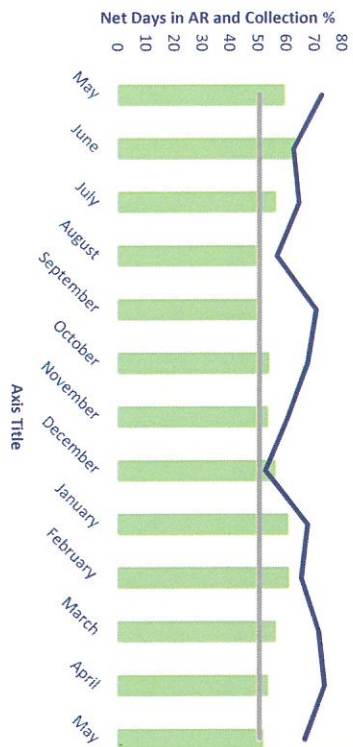


Labor Expense as a % of Operating Revenue

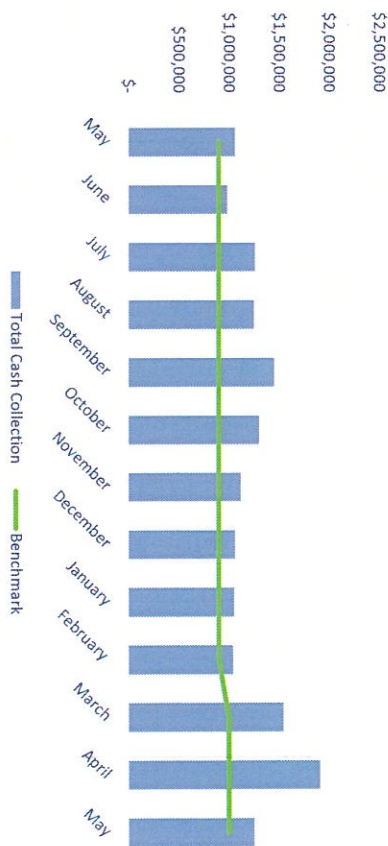


2021 Revenue Cycle

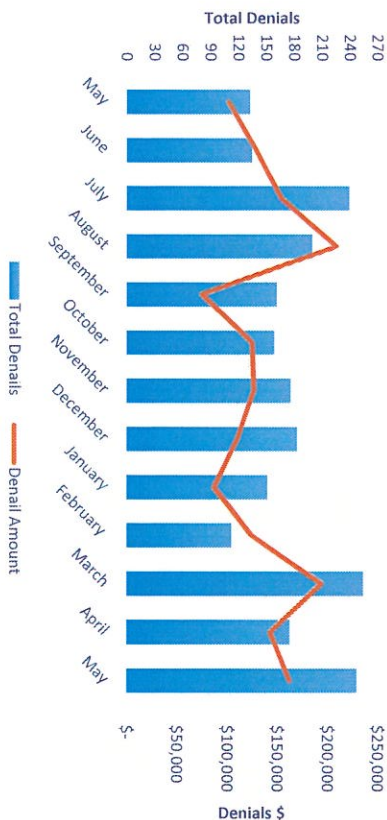
Net Days in Accounts Receivable



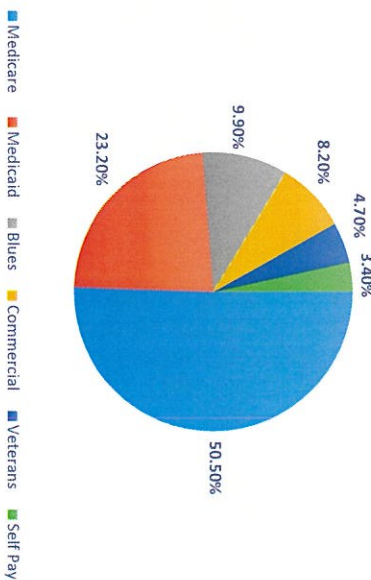
Cash Collections - Patient Accounts



Total Avoidable Denials



Payer Mix - 13 Month Average





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

MEETING DATE: June 22, 2021

As of June 17, 2021

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"> • We had a productive visit with the nurses' union this past week and believe we have agreement on the next contract (next two years). • Battling with Express Scripts over credentialing and change of ownership, intent is to make sure all can fill meds through the June 30th date given on letters sent to our patients for credential expiration. Sen. Short has been extremely helpful by trying to push them to communicate in a timely and straightforward manner.
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"> • Participated in the Better Health Together Trusted Messenger video interview to promote vaccination in Eastern Washington. Jane Jacobson, Rob Slagle, Dr. Artzis and Sarah Krausse participated as well. • Continue to have conversations with hospitals and EHR vendors to further narrow our choices for a new EHR in 2023. • Will be adding two new pieces of equipment to the Lab (the Vidas3 and Bio Fire) which will improve our d-dimer testing & various gastro and respiratory panels. • Have resumed monthly Environment of Care meetings which include walks of departments with checklists to promote a high quality, consistent standard across the district. • Lab and Radiology had DOH inspections with radiology
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"> • It would appear we are the only facility within Northern Ferry, Okanogan and Stevens Counties that are doing PCR testing to allow folks to travel to and from Canada.
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"> • Disappointed that HHS has chosen to not extend the use of CARES \$ past June 30th (we will say goodbye to roughly \$3M+).
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"> • Rehab visits going well in Curlew, Amanda filling up her schedule.