

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
East Adams Rural Hospital
903 S. Adams
Ritzville, WA 99169
Special Meeting of the Board of Commissioners
August 20, 2024

Present:	John Kragt	Board Chair
	Eric Walker	Vice Chair
	Riley Hille	Commissioner
	Matt Kubik	Commissioner
	Corey Fedie	CEO
	Matt Gosman	CFO

John Kragt, Board Chair called the meeting to order at 3:30 pm.

The Board went into executive session at 3:30 pm to discuss RCW 42.30.110 (b) To consider the selection of a site or the acquisition of real estate by lease or purchase. The estimated length of the executive session was 45 minutes. The Board came out of the executive session at 3:45 pm.

Commissioner Riley Hille made a motion, seconded by Commissioner Eric Walker for CEO Corey Fedie to make an offer for the Scooters property up to the list price. Motion passed unanimously.

There was no public in attendance.

Commissioner Riley Hille made a motion, seconded by Commissioner Matt Kubik to adjourn the meeting. The motion passed.

The meeting was adjourned at 3:50 p.m.

Respectfully Submitted,
Kylie Buell
Executive Administrative Assistant

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
East Adams Rural Hospital
903 S. Adams
Ritzville, WA 99169
Meeting of the Board of Commissioners
August 22, 2024

PRESENT:	John Kragt	Board Chairman
	Eric Walker	Vice-Chair
	Riley Hille	Commissioner/Secretary
	Dan Duff	Commissioner
	Matt Kubik	Commissioner
	Corey Fedic	CEO
	Matt Gosman	CFO
	Lurisa Sackman	CNO
	Lexie Zaver	Chief of Staff

GUESTS: None

There were three community members present.

Board Chair, John Kragt called the meeting to order at 5:30 p.m.

INTRODUCTIONS

Corey introduced Dr. Hatz, our new ED provider.

ADDITIONS AND CORRECTIONS

Corey Fedic asked to add under executive session; RCW 42.30.110 (c) Quality, Risk Compliance and RCW 42.30.110 (b) To consider the selection of a site or the acquisition of real estate by lease or purchase.

PUBLIC COMMENT-None

APPROVAL OF MINUTES

The July 24 regular board meeting and August 7 special board meeting minutes were presented. Commissioner Riley Hille made a motion to approve the July 24 regular board meeting and August 7 special meeting minutes as presented. Commissioner Eric Walker seconded. The motion passed unanimously.

CONSENT AGENDA

Board Chair, John Kragt, polled the Board if they would like anything off the consent agenda moved to the regular agenda. Nothing was requested.

MEDICAL STAFF REPORT

Dr. Zuver reported that peer review was completed last month and we received good marks. New providers have been welcomed and are actively seeing patients. They are seeing walk-in patients and getting some patients established. Commissioner Riley Hille asked about the Docs Who Care providers. Dr. Zuver said that they will phase out in September and have been assisting with training of new providers. John asked scheduling of the ER providers was working. Corey explained that we have kept two of our consistent providers that cover one weekend a month each and Abby and Dr. Hatz have picked up the other dates with DWC still filling in any gaps. John asked Dr. Zuver if it was helpful having DWC providers help with training. Dr. Zuver said that it has been, we have had consistent providers in the clinic so they know our processes.

CEO REPORT- See attached

Corey reported that there are still some questions about therapy around town. If you hear anything or get asked please just assure them that we are licensed and ready to see patients. Corey shared with the board that the Summer Festival went well. Fair weekend is coming up. We will also be attending the Othello fair to make a big push with the mobile clinic. Dr. Zuver shared that Sprague had 12 patients on the mobile clinic this month.

COMMITTEE REPORTS

FINANCE COMMITTEE

CFO REPORT -- See attached

Matt reported that July had 1.3 million in gross charges and 1.4 million in collections. Contract services will be decreasing as DWC is phased out and nursing staff positions being nearly filled. Even with the new providers and nursing staff that was hired it will still be a savings. Our contracted staff through Passport will continue. Matt shared the new department reporting breakdown. BMS showed a loss but was profitable in July. Billing is being updated for ALS services. Riley asked when we started billing. Matt said just started in the month of July however, they will retro back to February 1. Riley asked who determines self-pay charity care. Matt explained that it is out of our hands, we have strict guidelines to follow. Corey explained that Julie Wicks helps sign patients up for insurances. Corey said that we should report the amount of charity care to the public. We do have the Medicaid adjustment in the clinic that should be in effect soon. Dr. Zuver asked how they determined the charges? Corey said that there are criteria in EPIC. Corey discussed the possibility of getting an RT on staff. John asked if we could get our own pain management provider? Dr. Zuver explained that there is too much liability. Eric asked about the EPIC database and would that affect us? Nobody could confirm whether it would or not. AR days are down to 113 while total AR went up. John asked about the 12-month data and are we still collecting on old charges. Matt said that we are still collecting. Eric asked about the EIA of the cost reports. Matt still did not have a definitive answer.

WARRANTS & VOUCHERS

Commissioner Riley Hille presented the following warrants for approval Accounts Payable Warrants #67644 to #67739 for \$770,113.09. Commissioner Eric Walker made a motion to approve, Commissioner Dan Duff seconded. Motion passed unanimously.

BUILDING COMMITTEE-None

COMPLIANCE COMMITTEE

There was a meeting but there was no action to report.

OLD BUSINESS-None

NEW BUSINESS

Mission/Vision Statement: The board was presented with the mission/vision statement. The board provided their feedback. Admin will continue to review and get additional feedback from employees.

Behavioral Health- Matt presented a proposal for a behavioral health provider. The new rates for the clinic will also cover these services. The provider would be available a few days a month. Dr. Zurver said that consistency is the key to these services. Matt explained that we need board approval to add an FTE that was not budgeted for. Riley asked about Better Health grant. Corey said that grant will cover these services for the first year. Commissioner Eric Walker made a motion to approve the proposal as presented, Commissioner Matt Kubik seconded. The motion passed unanimously.

Resolution 24-06- Riley read aloud Resolution 24-06 to request the transfer of fund to reimburse for EMS expenses in the amount of \$172,239. Commission Dan Duff made a motion to approve Resolution 24-06, seconded by Commissioner Eric Walker. The motion passed unanimously.

PUBLIC COMMENT

Lynn Walker shared her excitement for the upcoming Open House.

The Board went into executive session at 6:35 p.m. to discuss Medical Staff Credentialing, RCW 42.30.110(g) to consider the selection of a site or the acquisition of real estate by lease or purchase, and RCW 42.30.110 (o) Quality, Risk, Compliance. The estimated length of the executive session was 20 minutes. The Board came out of executive session at 6:55 p.m.

Commissioner Eric Walker made a motion to approve appointment of Patricia Cruz, NP seconded by Commissioner Matt Kubik. The motion passed unanimously.

Board Chair John Kragt made a motion, seconded by Commissioner Matt Kubik to adjourn the meeting. Motion passed unanimously.

The meeting adjourned at 7:03 p.m.

Respectfully submitted,
Kylie Buell, Executive Assistant



East Adams Rural Healthcare

Sept 2024

August CNO Report:

We had a healthy turnout this year for sports physicals in the area with the mobile clinic going out to Lind and Ritzville during different school functions to maximize the efficiency of parent/kids time. This worked out well and hit the majority of children needing this service.

We have received our flu vaccines for the 2024/2025 flu season. We will begin offering flu clinics for staff as well as the community starting Oct 1.

We had a successful activity at the fair this year. We took both the EMS ambulances and the mobile clinic for tours of each and EMT's were able to treat minor injuries and offered cold water, popsicles and ice packs, wraps, and Band-Aids to fair goers.

We also joined in the Othello fair with the mobile clinic offering same prize giveaways for the kids and tours for the adults, emphasizing the offerings the mobile clinic has each Wednesday outside the Othello hospital. We had Spanish speaking employees and signs in Spanish to help translate to the Hispanic population. We got some good information of additional opportunities and made a connection with a few other non-profit companies that are looking for the services we have so we are hoping for an increase in exposure in the next few months.

With the increase in core staffing, we have been working on cross-training all nursing staff to be trained and getting full competency in the ER. This will increase our availability to continue with utilizing our own staff and decreasing the need for contract labor. I anticipate all staff being cross trained by the end of the year and the expectation of TNCC training within two years of employment.

We are continuing with the additional trainings for all staff to include emergency management, inpatient care (to encourage increasing Swing Bed usage). We did Safe Patient Handling training with positive feedback. We are looking to include a monthly offering of different areas each month to highlight different areas of focus. An example of this is that we will be inviting Assured Hospice to come out and educate our staff on what services they have to offer.

If you have any questions, please don't hesitate to ask!

Sincerely,

Lurisa Sackman, RN, MSN, CRRN

Job Openings

Department	Job Opening	Date Open	Status	Notes
EMSS	EMT/Paramedics	08/31/2022	Closed	7 full-time EMTs hired 8/11/24
Clinic/ER/Hospital	Nurse Practitioner/P.A.-C	07/24/2023	Open	1 NP starting 10/01/24
Administration	Accounting Clerk	09/28/2023	Open	Hired remote to help with entering invoices
Administration	Nurse Manager	03/28/2024	Closed	Scheduled to start 10/01/2024
Administration	Compliance/Risk/Survey Readiness Coordinator	02/27/2024	Open	
Clinic	Scheduling and Referral Specialist	06/17/2024	Closed	Position absorbed by Lead Registrar
Administration/Business Office	Accountants	05/30/2024	Open	
Laboratory	MT/MLT	06/30/2024	Open	
Housekeeper	Plant	08/05/2024	Closed	Hired internally 08/1/2024
Clinic	Licensed Independent Clinical Social Worker (Part-Time)	08/27/2024	Closed	Orientation on 9/26/24

Topic	Report	Follow-Up	Responsibility
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MINUTES

East Adams Rural Healthcare

8/15/2024 at 9:00am | Meeting called to order by Lurisa Sackman

Attendance

Attended		Absent
✓ Commissioner Hille	✓ Matthew Gosman	Corey Fedic
✓ Dr. Ziver	✓ Cynthia Lewis	Bruce Garner
✓ Teri Abney	✓ Jason McCoy	Vanessa Grimm
✓ Navin Adhikary	✓ Michael Navarro	Todd Nida
✓ Amelia Bernal	✓ Lurisa Sackman	Amanda Osborne
✓ Dan Crisp	✓ Megan Shepard,	Sheona Starkel
✓ Tyler Dennis	✓ Carolyn St. Charles	
✓ Pam Gilmore	✓ Neil Verberne	

Approval of Minutes

July minutes approved.

Governing Board

No report.

Old Business

No old business.

New Business

Quality Meeting Attendance	<p>Discussion regarding whether attendance by Zoom (remote) should be allowed for quality committee attendance. Various opinions were voiced. An advisory vote of three options was taken</p> <ol style="list-style-type: none"> 1) Restrict meetings to core group with dept. leaders attending only when they report. 2) Allow remote attendance but in-person if there is a scheduled report 	<p>Review at meeting in September when CEO is in attendance.</p>	
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Topic	Report	Follow-Up	Responsibility
	<p>3) Do not allow remote attendance except board member and staff whose position is primarily remote</p> <p>Lurlsa noted that if Option 1 is chosen, the QAPI plan would need to be revised.</p> <p>The vote was evenly split between Option 2 and Option 3.</p>		
Reporting	<p>Carolyn asked that department reports include:</p> <ol style="list-style-type: none"> 1. Goal 2. Data related to goal 3. Assessment and corrective action plan <p>Carolyn asked that anyone scheduled to report in September contact her at carolyn.stcharles@healthtech.us</p>	Contact Carolyn if you are scheduled to report in September.	Department Leaders

Organizational Goals

Organizational Goals	Each organizational goal was reviewed and discussed. See end of the minutes.		
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Department and Committee Reports

Infection Prevention and Employee Health

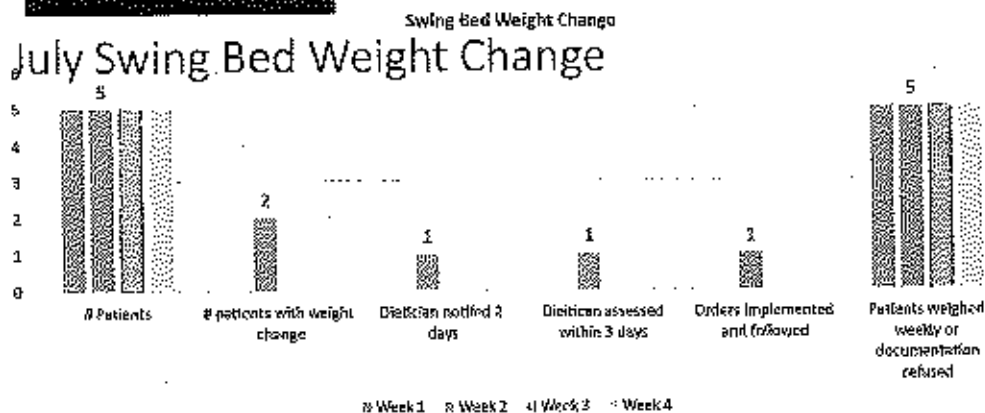
NSHN	<p>Jason stated that NSHN data is being reported.</p> <p>He stated that there is a discrepancy between actual ER visits and reported ER visits. Patients who are in the ER after midnight are counted as two visits. Jason is working with Navin to ensure statistics are accurate.</p>	Follow-up is needed to verify the correct ER visit count.	Jason Navin
Hand Hygiene	<p>Jason stated that approximately twenty secret shopper hand hygiene forms are collected weekly, and 80 forms were returned.</p> <p>Use of hand sanitizer Goal 100%.</p>	Review methodology	Jason

Topic	Report	Follow-Up	Responsibility
	Comments were made that the compliance rate may be higher than actual performance.		
Hand Sanitizer entering patient's room		Hand Sanitizer exiting patient's room	
Total In	80	Total out	80
Rubbed In	72	Rubbed out	76
Compliance	90%	Compliance	95%
Mandated Infectious Disease Reporting	Jason reported that two potential TB patients were identified and reported to the Department of Health. After additional testing, neither patient was positive for TB.	None	

Department Report -Dietary

Dietary	Terri presented data for Swing Bed change in weight and dietician assessment.	Report in 3 months	Terri
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Dietary Data



Topic	Report	Follow-Up	Responsibility
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Department Report -Rural Health Clinic

Rural Health Clinic	Pam presented the work plan for the mock survey follow-up.	Report in 3 months	Pam
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Project Start Date:	Aug 8-24					
Project Name:	RHC Plan of Correction					
Project Manager:	Pamela Gilmore					
Activity	Assigned To	Start Date	Workdays Needed	End Date	Status	% Completed
Emergency medications for 40-site Clinic	Pamela Gilmore	Aug-7-24	11	Aug-23-24	Completed	0%
Complete RHC certification (least 6 hrs J021)	Pamela Gilmore	Aug-7-24	58	Dec-7-24	Not Started	0%
Monthly collaborative review of medical records by physician and PA	Pamela Gilmore	Aug-7-24	45	Oct-6-24	Not Started	10%
Competency for Medical Assistants who administer medications	Pamela Gilmore	Aug-7-24	18	Sep-16-24	Not Started	16%
Competency for Medical Assistants that perform waived test	Pamela Gilmore	Aug-7-24	21	Sep-16-24	Not Started	10%
Review, update and implement RHC policy and procedure	Pamela Gilmore	Aug-7-24	58	Dec-03-24	Not Started	10%
Obtain current copy of certifications and licensure from Clinic staff	Pamela Gilmore	Aug-7-24	10	Aug-21-24	Not Started	70%
Review and update job descriptions for Clinic staff	Pamela Gilmore	Aug-7-24	190	Feb-5-25	Not Started	10%
Weekly email and/or meeting with CEO	Pamela Gilmore	Aug-7-24	14	Aug-27-24	Completed	100%
Setup and schedule quarterly provider meetings for RHC providers and Manager	Pamela Gilmore	Aug-16-24	7	Aug-13-24	Completed	100%
Posted Inves of RHC on the front door entering the building via ramp area	Pamela Gilmore	Aug-14-24	13	Sep-28-24	Not Started	0%

Department Report Pharmacy

Medication Errors and Adverse Drug Reactions	Jason reported for Sheena who was not in attendance.	Educate contract staff about using paper form.	Lurisa
	Jason stated there were no medication errors in July. However, the electronic reporting system still only goes to the CEO under the compliance portal and is inaccessible.	Add reporting processes to orientation for new employed and contact staff.	Jason Sheena
	Lurisa reported that digital reporting is scheduled to go online in September. In the meantime, a paper form will be used for reporting. Hospital staff, but not contract staff, have been educated about using the paper form for reporting adverse events.		

Topic	Report	Follow-Up	Responsibility
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Pharmacy

WAC 246-320-171(3): collect, measure and assess data including but not limited to: (d) medication use; (e) medication management or administration related to wrong medication, wrong dose, wrong time, near misses and any other medication errors and incidents; (f) adverse drug reactions

ADVERSE DRUG EVENT (ADE)

Harm resulting from medication, including harm from the standard drug dose and harm due to inappropriate dose and overdose

Q1	Q2	Q3	Q4
0	0		



MEDICATION ERRORS

No data for Q2 2024

Type of Error	Category of Error								
	A	B	C	D	E	F	G	H	I
Wrong Patient									
Wrong Drug									
Wrong Dose									
Wrong Route									
Wrong Time									
Omission									
Other									

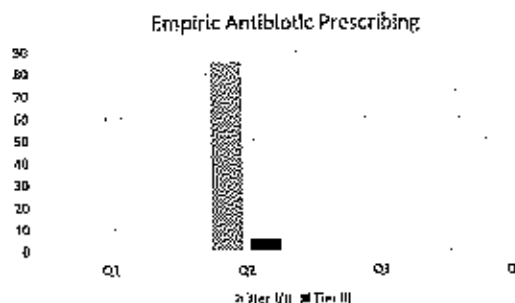
Department Report - Antibiotic Stewardship

Antibiotic Use	Jason reported for Sheena, who was not in attendance. Tier I/II is currently at 85% with a goal of 100%.	Report in 3 months	Sheena
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Antibiotic Stewardship



- **Tier I/II (85):** recommended empiric antibiotics for treatment of specific diagnosis based on societal guidelines. (Sanford Guide, UW TASP, UpToDate, Infectious Diseases Society of America [IDSA], etc)
- **Tier III (5):** antibiotics used for empiric therapy WITHOUT proven efficacy in societal guidelines.
- **Goal is 100% Tier I/II antibiotic use (94%)**



Topic	Report	Follow-Up	Responsibility
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Announcements

Next Meeting September 19, 2024
Current PowerPoint and previous quarter data

What	Target	Who	When	Update	Follow-Up
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Organizational Goal 1
Continuous Survey Readiness
Measure of Success: NO conditional recommendations on State or CMS surveys

Continuous Survey Readiness Core Team
 Russell, Megan, Josh, Todd, Jason, Lurisa

Goal 1: Implement survey readiness rounding and mock surveys

1. Environment of Care / Life Safety / Infection Prevention rounds conducted quarterly	100% completed quarterly	Jason Lurisa Todd	7/2024 & quarterly	August: Rounds initiated.	Quarterly report. Report findings at Sept. meeting
2. Department mock survey conducted quarterly by each dept. leader	100%	All dept. leaders	10/2024 NEW 1/2025	August: Department surveys have not been implemented Managers have yet to be instructed about what to do or given a template. The Committee asked that the date for implementation be postponed.	Carolyn will distribute the template. Review at Sept. meeting with potential implementation starting in January.
3. Hospital and Rural Health Clinic mock survey annually	100%	Lurisa Pam	May 2025	August: Ongoing	Schedule surveys for May 2025

What	Target	Who	When	Update	Follow-Up
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Goal 2: Increase manager accountability for survey readiness

1. Include continuous survey readiness as part of manager/leader job descriptions	100%	Amanda	1/2025	August: In process	Amanda to report progress in September.
2. Include continuous survey readiness as part of leader performance evaluations	100%	Amanda	1/2025	August: In process.	Amanda to report progress in September.

Goal 3: Current and Evidence-Based P&P

1. Develop a reliable process for P&P review and approval to ensure P&Ps are current	100%	Lurisa Jason Russell Megan Neil Dr. Zuver	NEW 1/2025 4/2025 7/2025 10/2025	August: The Committee felt that reviewing all P&Ps by January was not feasible. Therefore, it was decided to review P&Ps quarterly until all were completed for 2024/2025. Carolyn noted that the CoPs require that a physician and a mid-level review all clinical policies and then submit to the governing board for approval.	Develop a process for P&P review that includes a physician and mid-level review. Report review schedule at next quality meeting.
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What	Target	Who	When	Update	Follow-Up
				Dr. Zuver noted that there is no mid-level on the medical staff committee.	
2. Utilize Lippincott or Mosby for nursing procedures	100%	Lurisa	7/2024	Completed	

Goal 4: Continue reviewing and implementing Plan of Correction (POC)

AND/OR – State requirements that are not being met – AND/OR High Risk areas

Blood Administration documentation	100%	Jason Russell Megan	Ongoing	No report	Report in Sept.
FIT Testing	100% annually	Jason		August: (Info provided after the meeting): FIT testing is not current for 100% of staff.	Jason will report at the September meeting.
Emergency Department documentation				August: Will report as part of dept. report in October	Report at Oct. meeting
Swing Bed documentation				August: In process	
Safe Patient Handling				No report	Report in Sept.
Antibiotic Stewardship				August: Will report as part of pharmacy quarterly reports. See dept. reports for information.	Report in December.

Goal 5 : Implement QAP! Program

What	Target	Who	When	Update	Follow-Up
1. QAPI Program developed and meets regulatory requirements	Implemented	Carolyn	1/2025	August: In process.	Carolyn
2. Participate in MBQIP for 2025	Signed up with State to participate in MBQIP	Megan	Sign up by July 2024	August: Not met. Did not sign up now to participate in MBQIP. Will review when Jason assumes responsibility for Quality.	Jason is to report back by 1/2025.
3. Orientation for Jason	Implemented	Carolyn	12/2024	August: Carolyn will start the official orientation in October.	Carolyn will develop an orientation plan for approval by the CNO.

Goal 6: Implement Infection Prevention and Antimicrobial Stewardship program

1. Orientation for Jason	Developed	Lurisa	7/2024	August: Completed	
2. APIC Basic Course completed	Completed	Jason	7/2024	August: Completed	
3. Antibiotic Stewardship Implemented	Implemented	Sheena Jason	8/2024	August: Completed	
4. Quarterly Infection Prevention and Antibiotic Stewardship Mtg. with a report to QAPI committee	Implemented	Sheena Jason	8/2024	August: An infection control report was provided in August, but it was not comprehensive. Only hand hygiene data were reported.	Jason and Sheena will report quarterly. The next report will be in December.

What	Target	Who	When	Update	Follow-Up
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Organizational Goal 2

Improvement of recognition and care of patients with SEPSIS

Measure of Success: 95% of all emergency department patients are screened for sepsis
Measure of Success: 100% of patients with a sepsis diagnosis receive the appropriate treatment per sepsis protocol and antimicrobial stewardship guidelines

Sepsis Core Team
 Rushel Provider, Sheena, Jason

Goal 1: Develop and implement sepsis screening and evidence-based care in the emergency department.

1. Develop a sepsis nursing protocol/policy and Sepsis activation protocol/policy	Implemented	Lurisa	3/2024	August: Protocol was on policy stat but is no longer there. Not sure why. Providers do not have access to policies.	Lurisa or Russell will report at the Sept. meeting. Lurisa will report regarding provider access at the Sept. meeting.
2. Develop an audit tool	Implemented	Rushel	5/2024	Completed	Lurisa or Russell will report at the Sept. meeting.
3. Develop sepsis algorithm	Implemented	Rushel	4/2024	August: The Algorithm was on policy stat but is no longer there.	Lurisa or Russell will report at the Sept. meeting.
4. Educate nursing staff on sepsis recognition, policies, and algorithms, including a recorded webinar	100%	Lurisa	4/2024	August: Current nursing staff educated.	
5. Implement education for registry/travel nurses and new staff working in the ED	100%	Megan	5/2024	August: Implemented	

What	Target	Who	When	Update	Follow-Up
prior to starting work in the ED					
6. Provide education on the recognition and treatment of sepsis for providers.	100%	Lurisa Rushel	8/2024	August: Dr. Zuver stated that providers cannot access protocols or policy stat.	Lurisa or Russell will follow up and report at the September meeting.
7. All providers will have access to SEPSIS Clinical Guide on their phones.	100%	Lurisa Rushel	8/2024	August: All ER providers do not have access to a phone/iPad in the ER.	Lurisa will follow up with IT. Lurisa will follow up about providing providers a cell phone in the ER with sepsis protocols loaded.
8. Develop a reminder checklist for nurses	Implemented	Rushel	5/2024	August: Completed	
9. Follow up with the provider after the blood culture results to ensure the patient was placed on the right antibiotic.	100%	Dan Jason	5/2024	August: Completed and Ongoing	

What	Target	Who	When	Update	Follow-Up
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Organizational Goal 3

Develop standing orders and protocols for the most frequent diagnosis

Measure of Success: At least five (5) standing orders or protocols implemented by January 2025

Core Team

Bruce, Russell, Megan, Provider

Goal 1: Develop standing order sets and protocols for the most frequent diagnosis.

Collaborate with Sacred Heard and develop protocols/order sets for: <ul style="list-style-type: none"> • Cardiac Level 2 • Stroke Level 3 • Trauma Level 5 • Seizure protocol • Sepsis 	Implemented	Rushel Megan Bruce	10/2024	August: Protocols were sent to medical staff in August for review and approval. Order sets in progress.	Rushel, Megan and Bruce to report in Sept.
Identify other protocols / standing order sets that need to be developed	List completed with dates for development	Rushel Megan Bruce	9/2024	Completed.	
Develop Swing Bed admission order set.	Implemented	Rushel Megan Bruce	10/2024	August: In process	Rushel, Megan and Bruce to report in Sept.

What	Target	Who	When	Update	Follow-Up
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Organizational Goal 4: Improve the Quality of Life for Swing Bed Patients

Swing Bed Team

Megan (Leader), Neal, Occupational Therapist, Dietician

Note: Goal 3: Maintain nutrition and hydration status will be updated by Dietary Manager quarterly as part of dept. goals.

Goal 1: Develop and Report Swing Bed Metrics

<p>1. Short-Term Swing Metrics reported quarterly</p> <ul style="list-style-type: none"> • Readmissions (Amelia) • Length of stay (Amelia) • Return to prior living (Amelia) • Functional status at admission and discharge (Neil) 	Reported quarterly	Varies	11/2024	August: Have not started gathering Swing Bed metrics.	Reporting to start in November. Carolyn will develop a scorecard to enter data and send to each person responsible for collecting data.
<p>2. Long-Term Swing Metrics reported quarterly</p> <ul style="list-style-type: none"> • ER visits (Amelia) • Anti-psychotics gradual dose reduction (Sheena) • Pharmacy review (Sheena) • UTI (Jason) • Falls (Debra) 	Reported quarterly	Varies	1/2025	August: Have not started gathering Swing Bed metrics.	Reporting to start in November. Carolyn will develop scorecard to enter data send to each person responsible for collecting data.

What	Target	Who	When	Update	Follow-Up
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<ul style="list-style-type: none"> Functional status quarterly (Neil) 					
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Goal 2: Implement an activities program for Swing Bed patients

1. OT will complete an activities assessment of ST & LT Swing Bed patients within three days of admission	100%	Dorsey	8/2024	August: Activities assessment has not been implemented. Neil reported that he did not believe it was OT's responsibility. Amelia currently completes an activities assessment but does not develop a plan.	Lurisa, Neil, Dorsey and Amelia to meet and develop a plan and report at the Sept. meeting.
2. Nurses will provide activities as outlined in the activities plan, but at least daily for every ST and LT Swing Bed patient	90%	Nurse Staff	8/2024	August: An activities program has not been implemented.	Lurisa, Neil, Dorsey and Amelia to meet and develop a plan and report at the Sept. meeting.
3. OT will complete an activities re-assessment of ST Swing Bed patients weekly and LT Swing Bed patients quarterly.	100%	Dorsey	8/2024	August: Reassessment has not been implemented. Neal reported that he did not believe that it was OT's responsibility and should be done by nursing.	Lurisa, Neil, Dorsey and Amelia to meet and develop a plan and report at the Sept. meeting.

Goal 3: Ensure every ST and LT Swing Bed patient has appropriate DME

1. Physical Therapy will assess all ST and LT Swing Bed patients	90%	Neil	8/2024	August: Neal reported that this is not an issue with completing	Lurisa, Neil, Dorsey and Amelia to meet and develop a plan and report at the Sept. meeting.
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What	Target	Who	When	Update	Follow-Up
within 3 days of admission and identify DME needs.				an assessment but rather DME availability.	
2. Physical Therapy will assess all LT Swing Bed patients at least quarterly for DME needs.	90%	Neil	8/2024	August: Neal reported that this is not an issue with an assessment but rather DME availability.	Lurisa, Neil, Dorsey and Amelia to meet and develop a plan and report at the Sept. meeting.

Goal 4: Multi-disciplinary Care Planning will meet regulatory requirements for ST Swing Bed patients

1. Multi-disciplinary care plan meetings will be held once per week.	95%	Megan	7/2024	See LT section.	
2. All required disciplines will attend: Patient or representative, Provider, RN caring for patient, CNA caring for patient, representative from dietary, Rehab if patient is receiving rehab services, OT (for activities), Pharmacy if patient is on psychotropics or hypnotics	95%	Megan	7/2024	Meetings have been rescheduled to Thursday to ensure provider attendance.	
3. Multi-disciplinary care plan goals will be (1) measurable and time-limited, (2)	95%	Megan	8/2024		

What	Target	Who	When	Update	Follow-Up
documented in the medical record, (3) shared with the patient and a copy provided of the plan of care – or – put in whiteboard in room					

Goal 5: Multi-disciplinary Care Planning will meet regulatory requirements for LT Swing Bed patients

1. Multi-disciplinary care plan meetings will be held quarterly or more frequently if there is a change in condition	95%	Megan	8/2024	August: Megan reported that out of a total of 8 care plan meetings, 6 were held.	Will add metrics to Swing Bed scorecard.
2. All required disciplines will attend: Patient or representative, Provider, RN caring for patient, CNA caring for patient, representative from dietary, Rehab if patient is receiving rehab services, OT (for activities), Pharmacy if patient is on psychotropics or hypnotics	95%	Megan	8/2024	August: Meetings have been rescheduled to Thursday to ensure provider attendance.	

What	Target	Who	When	Update	Follow-Up
3. Multi-disciplinary care plan goals will be (1) measurable and time-limited, (2) documented in the medical record, (3) shared with the patient and a copy provided of the plan of care – or – put in white board in room	95%	Megan	8/2024	August: Megan reported that more education is needed regarding goals.	Carolyn to follow-up with Debra.

Goal 6: Pharmacy assessment of Long-Term Swing Bed Patients

1. Pharmacist monthly assessment	100%	Sheena	8/2024	Has been implemented.	Sheena will report at the Sept. meeting.
2. Gradual dose reduction for anti-psychotic medications or documentation as to why gradual dose reduction is not appropriate.	100%	Sheena	8/2024	In process.	Sheena will report at the Sept. meeting.



East Adams Rural Healthcare

903 South Adams
Ritzville, Washington 99169
509-659-1200

CEO Report to the Board

Board of Commissioners
East Adams Rural Healthcare
September 25th, 2024

The past month kicked off with a lot of energy around Labor day and the Wheatland Communities Fair & Rodeo. We were pleased to have our mobile clinic and EMS teams there each day again this year. As always we supported the livestock sales as a booster and sponsored the mounted shooters event at the rodeo. If you were there you maybe even noticed our updated rodeo arena sign. It was a great time interacting with the community. EMS also provided some first aid as well. We also took the mobile clinic to the Othello Fair where we spread the word about our services in partnership with Othello Community Hospital. We gained a lot of positive feedback and learned a few things to be better next year.

Our new providers have really jumped in and are already growing their patient panels. Please remember to spread the word about the open house on October 9th at the Legion Hall. Introductions at 5:30 PM. Please attend if you can.

Lastly, we continue our work with the Lind Ritzville Schools toward the common goal of developing a community health and wellness center. Various funding opportunities are being explored. We will continue to press on in hopes of providing for this valuable resource for our community.

As always, it is a privilege to serve the board and our community.

Respectfully,

Corey Fedie, CEO

FINANCE COMMITTEE AGENDA
Adams County Public Hospital District #2
Sep 24, 2024

- I. Call to Order
- II. Attendance
- III. Review/approve meeting minutes: Aug 21, 2024
- IV. Review of Warrants & Vouchers: August 2024
- V. Financial Statements: August 2024
- VI. Additional Information
- VII. Adjourn

Check Date	Vendor Name	Check Number	Check Amount	Purpose
8/1/2024	V00713--Diamond Healthcare Communications	67740	748.38	Billing Expense
8/1/2024	V00194--EAP Consulting L.L.C.	67741	4,550.00	IT Management Expense
8/1/2024	V00747--Healthcare Consulting Services	67742	1,300.00	Contract Expense
8/1/2024	V00784--Home Depot Credit Services	67743	13,783.16	Maintenance Supplies
8/1/2024	V00347--MultiMedical Systems, LLC	67744	2,473.26	Equipment Lease Expense
8/1/2024	V00381--OWENS & MINOR	67745	10,458.64	Medical Supplies Expense
8/1/2024	V00381--OWENS & MINOR	67746	866.13	Medical Supplies Expense
8/12/2024	V00888--Armstrong Medical Industries, Inc.	67747	798.04	Medical Supplies
8/12/2024	V00166--DATAPRO SOLUTIONS INC	67748	18,037.04	IT Network Expense
8/12/2024	V00171--DENNY'S 6870	67749	980.31	EMS Dietary
8/12/2024	V00186--Docs Who Care Northwest, Inc	67750	65,676.00	Contracting Staffing Expense
8/12/2024	V00221--FISHER HEALTHCARE	67751	27,526.98	Medical Supplies Expense
8/12/2024	V00595--Health Carousel	67752	17,773.42	Contracting Staff Expenses
8/12/2024	V00242--HEALTH FACILITIES PLANNING	67753	14,340.50	Contract Services
8/12/2024	V00747--Healthcare Consulting Services	67754	1,300.00	Contract Expense
8/12/2024	V00251--Holistic Pain Management of Colorado LLC	67755	60,723.00	Pain Management Services Expense
8/12/2024	V00253--Hospital Services Corporation	67756	1,139.69	Credentialing/Enrollment Expense
8/12/2024	V00264--INLAND IMAGING BUSINESS Associates, LLC	67757	2,377.21	Imaging Expense
8/12/2024	V00274--Jackson Physician Search	67758	39,523.73	Recruiting Expense
8/12/2024	V00927--KISSLER, JEFFREY	67759	8,568.00	Tuition Assistance
8/12/2024	V00536--US Foods	67760	4,556.71	Dietary Expense
8/12/2024	V00040--ALSCO	67761	4,427.90	Laundry Expense
8/23/2024	V00012--Access Information Protected	67762	943.38	Billing Expense
8/23/2024	V00043--Amanda Osborne	67763	495.58	Medical Supplies Expense
8/23/2024	V00939--Bauer, John	67764	1,286.16	Employee Reimbursement Expense
8/23/2024	V00922--Breanna Simpson	67765	209.84	Employee Reimbursement Expense

8/23/2024	V00750--Patient	67766	427.05	Patient Refund Expense
8/23/2024	V00935--Cruz, Patricia	67767	10,000.00	Recruiting Expense
8/23/2024	V00849--Danielle Neilson	67768	121.27	Employee Reimbursement Expense
8/23/2024	V00167--DAVEY, TRUDY L	67769	542.25	Employee Reimbursement Expense
8/23/2024	V00750--Patient	67770	2,966.76	Patient Refund Expense
8/23/2024	V00194--EAP Consulting L.L.C.	67771	4,550.00	IT Management Expense
8/23/2024	V00203--EMPLOYEE FUND	67772	140.00	Employee Benefit Expense
8/23/2024	V00212--Family Support Registry	67773	278.28	Garnishment Expense
8/23/2024	V00217--Femie, Corey	67774	930.29	Reimbursement
8/23/2024	V00223--FREDERICK, KARI	67775	286.20	Employee Reimbursement Expense
8/23/2024	V00608--Gilmore, Pamela	67776	108.00	Medical Supplies Expense
8/23/2024	V00232--Granger, Greg	67777	61.17	Employee Reimbursement Expense
8/23/2024	V00234--Gretchen Millard	67778	500.00	Dietician Expense
8/23/2024	V00750--Patient	67779	47.62	Patient Refund Expense
8/23/2024	V00750--Patient	67780	12.07	Patient Refund Expense
8/23/2024	V00750--Patient	67781	162.92	Patient Refund Expense
8/23/2024	V00680--Lexie Zaver	67782	888.00	Employee Reimbursement Expense
8/23/2024	V00887--Sackman, Lurisa	67783	496.19	Employee Reimbursement Expense
8/23/2024	V00905--McCoy, Jason	67784	1,878.07	Employee Reimbursement Expense
8/23/2024	V00790--MedCall Northwest	67785	25,181.34	Medication review
8/23/2024	V00916--Megan Shepard	67786	460.59	Employee Reimbursement Expense
8/23/2024	V00918--Morgan Lane	67787	202.48	Employee Reimbursement Expense
8/23/2024	V00517--Nida, Todd	67788	977.53	Employee Reimbursement Expense
8/23/2024	V00401--PHD UNEMPLOYMENT COMPENSATION	67789	2,904.00	Unemployment Insurance Expense
8/23/2024	V00449--Rose Jones	67790	2,139.20	Employee Reimbursement Expense
8/23/2024	V00920--Sara Bayless	67791	162.03	Employee Reimbursement Expense
8/23/2024	V00940--Shields, Michael	67792	47.50	Employee Reimbursement Expense

8/23/2024	V00750--Patient	67793	19.20	Patient Refund Expense
8/23/2024	V00534--US Bank Community Card	67794	216.37	Corporate Card - various
8/23/2024	V00604--Verberne, Neil	67795	82.76	Employee Reimbursement Expense
8/27/2024	V00958--All Points Inspection	67796	600.00	Inspection of Potential Kitchen Property
8/27/2024	V00956--MDKJ Law Firm	67797	5,000.00	Legal Expense
8/27/2024	V00937--Othello Fair - Vendor	67798	550.00	Othello Mobile Clinic Strail
			367,804.25	

Finance Committee Meeting Minutes

August 21, 2024

I. Call to order

Corey Fedie called the meeting of the Finance Committee for Adams County Public Hospital District #2 to order at 1 p.m.

II. In Attendance

Dan Duff, Board Member; Matt Gosman, CFO; Corey Fedie, CEO; Matt Kubik, Board Member

III. Review/Approve Meeting Minutes: Matt Kubik made a motion to approve the July 23rd finance meeting minutes. Dan Duff seconded the motion, motion passed

IV. Review Warrants and Vouchers: July 2024

- a) Matt G discusses the approval of vouchers, mentioning a fraudulent invoice that was denied.
- b) Dan D moves to approve, Matt K seconds the motion, motion passes.

V. Financial Statements:

- a) Matt G reports on the financial statements, noting significant increases in gross charges, especially in the ER and IV therapy.
- b) Corey discussed the challenges with ambulance breakdowns and the need for repairs.
- c) Corey discusses the impact of ambulance breakdowns on EMS operations.
- d) Matt G discusses the significant changes in the ambulance department's performance, noting a shift from a loss to a profit in July.
- e) Matt G reports that expenses and revenues are over budget, with revenues being 30% over budget year to date.
- f) Dan and Matt G discuss the impact of hiring internal staff instead of contract services on expenses.
- g) Corey and Matt G discuss including information on charity care in the annual report to educate the public and highlight the importance of charity care in the hospital's mission.
- h) Corey discusses the potential need for additional funding and the importance of educating the public on the hospital's contributions.
- i) Matt G reports on the progress in reducing accounts receivable days to 113, the lowest since early 2023.
- j) Matt G discusses the strong patient care collections in July, noting a significant increase in revenue.
- k) Matt G mentions challenges with billers having medical issues and the impact on upcoming collections.
- l) Matt reports on the impact of a clerical error resulting in a significant employee benefits payment that should have been timed with a reimbursement by the insurance provider, but instead left the hospital short \$285k with the reimbursement still not received.
- m) Corey discusses the importance of careful financial management and the need to temporarily hold off on invoices.

VI. Additional Information:

- a) Matt G discusses the tuition reimbursement policy and employee who has completed the MA-C program and has requested a tuition reimbursement in the amount of \$19,000.

- b) Matt K asks for confirmation that two years of continued employment are required to retain the reimbursement and Matt G confirms that this is enforced through a signed agreement with payback if the term is not met.
- c) Matt K and Dan confirm that the request has the requisite board member approval.
- d) Matt G confirms the decision to move the tuition reimbursement policy to the CHO for final approval.

Dan Duff moved to adjourn, Matt Kubik seconded. The meeting adjourned at 2:43 p.m.

Respectfully Submitted by Kylie Buell



East Adams Rural Healthcare

903 S Adams Ave.
Ritzville, Washington 99169
509-659-1200

CFO Report to the Board
Board of Commissioners
East Adams Rural Healthcare
September 22, 2024

August Financial Status

Operating Revenue:

Total Gross Patient Revenue for the current month is \$1,077,613, which is 8% below budget. Year-to-date (YTD) revenue of \$9,032,424 is also 15% lower than budgeted. Higher-than-average swing collections have resulted in lower-than-expected deductions from revenue leading to higher Net Patient Service Revenues. Net Patient Service Revenue is \$1,109,190 for the current month, which is 24% above budget. YTD figures show a 15% positive variance compared to budget, totaling \$9,255,117.

Gross charges were at a record high for July at \$1.3m and fell to \$1m in August, which was slightly below August of 2023.

July ER visits increased 30% over June, and IV therapy which had 240% higher charges than the 12-month average. ED volumes decreased 19% from July to August, but are still up from the summer months by about 10%

Operating Expenses:

Total Operating Expenses for the month amount to \$1,695,360, which is 45% above budget. YTD expenses are \$11,703,320, 12% higher than budget.

Salaries and Wages show a 25% increase in the current month, with a notable YTD total of \$4,643,618, though it is 9% under the YTD budget. July had three payrolls, which resulted in the increase in expense. Significant variances include Purchased Services (+111% over budget), Professional Fees (+128% above budget), and Bad Debt Expense, which is up 462% for the month and 639% YTD. The expense tradeoff between internal payroll and contract employees was not realized in August as contract providers were scheduled through the end of the month. These savings will be more apparent in September financial reports. Contract provider utilization decreased by 70% from July to September.

Operating Income (Loss):

The hospital incurred an Operating Loss of \$561,014 for the current month, significantly higher than the budgeted loss of \$260,843 though YTD losses stand at \$2,318,801, a slight improvement over the YTD budget.

The hospital recorded a Net Loss of \$386,377 for the current month, which is a significant decline from the prior period and well below budgeted net income. The YTD loss stands at \$505,958.

Balance Sheet:

The hospital is experiencing liquidity pressure with the limited cash reserves and rising liabilities, particularly in accounts payable.

Revenue Collections

The revenue cycle has been steadily improving EARH's collection rate, which is represented by total money collected through the revenue cycle as a percentage of total charges. This rate was roughly 60% at the end of 2022, 75% at the end of 2023, and currently stands at slightly over 90%.

The departure of a revenue cycle employee and health-related issues affecting two others hindered collections efforts for August resulting in decreased collections. An experienced new biller has been hired.

In August Family Medicine volumes were up 40% over July and this was their best month since December.

Days cash on hand on August 31, 2024, was 27.99.

Respectfully submitted,
Matthew Gosman, CFO

Adams County Public Hospital District No. 2
Statement of Operations

For the Period and Year-to-Date Ending August 31, 2024

Prior Month	Month Ending			Year To Date			Prior YTD			
	7/31/2023	8/31/2024	8/31/2024	8/31/2024	8/31/2024	8/31/2023				
Prior Month Actual	Current Month Actual	Budget	Variance to Budget	% Variance	YTD Actual	YTD Budget	YTD Variance	% Variance	Prior Year YTD	
	\$ 29,708	\$ 5,124	\$ 101,149	\$ (96,025)	-95%	\$ 225,880	\$ 910,344	\$ (684,464)	-75%	\$ 581,552
Operating Revenue	\$ 98,351	\$ 95,756	\$ 135,087	\$ (39,331)	-29%	\$ 692,744	\$ 845,605	\$ (152,861)	-18%	\$ 910,902
Patient Service Revenue	\$ 101,101	\$ 148,633	\$ 104,552	\$ 43,871	42%	\$ 812,407	\$ 944,659	\$ (132,252)	-14%	\$ 581,532
Physician/Clinic Services	\$ 29,708	\$ 5,124	\$ 101,149	\$ (96,025)	-95%	\$ 225,880	\$ 910,344	\$ (684,464)	-75%	\$ 6,080,061
Ancillary Inpatient Services	\$ 1,071,433	\$ 822,876	\$ 781,935	\$ 40,941	5%	\$ 6,942,284	\$ 6,857,453	\$ 84,831	1%	\$ 8,899,495
Ancillary Outpatient Services	\$ 1,330,273	\$ 1,077,813	\$ 1,174,267	\$ (96,454)	-8%	\$ 9,332,424	\$ 10,568,405	\$ (1,235,981)	-12%	\$ (1,816,518)
Total Gross Patient Revenue	\$ 156,259	\$ (51,577)	\$ 282,487	\$ (314,074)	-111%	\$ (222,893)	\$ 2,542,473	\$ (2,765,166)	-108%	\$ 10,416,013
Deductions from Patient Revenue	\$ 1,174,004	\$ 1,109,190	\$ 891,770	\$ 271,422	24%	\$ 9,255,117	\$ 8,325,932	\$ 929,185	11%	\$ 152,271
Net Patient Service Revenue	\$ 38,255	\$ 25,113	\$ 133,333	\$ (11,228)	-9%	\$ 129,462	\$ 120,000	\$ 9,462	8%	\$ 13,608,284
Other Operating Revenue	\$ 1,212,011	\$ 1,134,346	\$ 905,104	\$ 228,242	26%	\$ 8,384,519	\$ 8,145,932	\$ 238,587	3%	\$ 3,808,839
Total Operating Revenue	\$ 555,487	\$ 714,262	\$ 569,597	\$ 144,665	25%	\$ 4,843,518	\$ 5,126,374	\$ (282,856)	-6%	\$ 977,525
Expenses	\$ 138,990	\$ 102,839	\$ 114,400	\$ (11,561)	-10%	\$ 502,387	\$ 1,029,587	\$ (527,200)	-51%	\$ 2,405,442
Salary and Wages	\$ 226,431	\$ 399,319	\$ 189,046	\$ 210,273	111%	\$ 2,480,655	\$ 1,701,417	\$ 779,238	45%	\$ 779,534
Employee Benefits	\$ 117,407	\$ 135,546	\$ 59,954	\$ 75,592	128%	\$ 1,100,322	\$ 539,587	\$ 560,735	104%	\$ 563,338
Purchased Services	\$ 52,439	\$ 91,791	\$ 45,239	\$ 46,552	98%	\$ 808,496	\$ 416,423	\$ 392,073	46%	\$ 24,051
Professional Fees	\$ 25,781	\$ 5,216	\$ 3,915	\$ 1,301	39%	\$ 83,087	\$ 35,240	\$ 47,847	136%	\$ 164,574
Supplies	\$ 31,215	\$ 22,802	\$ 21,322	\$ 1,473	7%	\$ 229,454	\$ 191,963	\$ 37,492	20%	\$ 74,234
Repairs and Maintenance	\$ 17,902	\$ 7,053	\$ 4,348	\$ (2,695)	-51%	\$ 116,468	\$ 128,182	\$ (11,714)	-10%	\$ 517,788
Utilities	\$ 64,724	\$ 84,724	\$ 62,253	\$ 22,471	4%	\$ 517,789	\$ 121,550	\$ (396,239)	-74%	\$ 64,192
Advertising and Marketing	\$ 18,971	\$ 12,498	\$ 13,506	\$ (1,008)	-7%	\$ 31,489	\$ 60,280	\$ (28,791)	-46%	\$ 200,030
Depreciation	\$ 15,505	\$ 51,368	\$ 11,740	\$ 39,628	338%	\$ 32,902	\$ 105,660	\$ (72,758)	-26%	\$ 237,124
Insurance	\$ 28,844	\$ 28,843	\$ 29,635	\$ (792)	-3%	\$ 239,541	\$ 263,715	\$ (24,174)	-10%	\$ 20,181
Education/Travel/Dues	\$ 1,600	\$ 1,600	\$ 3,028	\$ (1,428)	-45%	\$ 3,820	\$ 27,251	\$ (23,431)	-49%	\$ 2,440
Interest Expense	\$ 57,961	\$ 24,076	\$ 4,288	\$ 19,788	46%	\$ 285,167	\$ 58,588	\$ (226,579)	-68%	\$ (54,981)
Bad Debt Expense	\$ 75,543	\$ 32,423	\$ 22,354	\$ 10,069	13%	\$ 329,735	\$ 201,186	\$ 128,549	64%	\$ 245,513
Other Expenses	\$ 1,428,824	\$ 1,695,360	\$ 1,155,347	\$ 539,413	45%	\$ 11,753,320	\$ 10,493,522	\$ 1,259,798	12%	\$ 10,030,234
Total Operating Expenses	\$ (217,813)	\$ (561,014)	\$ (263,843)	\$ (300,171)	115%	\$ (2,318,801)	\$ (2,947,589)	\$ 628,788	-21%	\$ 578,050
Operating Income (Loss)	\$ 41,985	\$ (61,313)	\$ 130,341	\$ (99,028)	-53%	\$ (505,283)	\$ 1,173,067	\$ (1,678,134)	-33%	\$ 420,562
Non-Operating Income	\$ 182	\$ 133	\$ 4,417	\$ (4,284)	-87%	\$ 1,639	\$ 38,750	\$ (37,111)	-96%	\$ 1,444
Grant Revenue	\$ 113,190	\$ 113,190	\$ 141,090	\$ (27,900)	-20%	\$ 967,823	\$ 1,259,809	\$ (291,986)	-23%	\$ 1,040,600
Interest Income	\$ 159,337	\$ 174,636	\$ 275,847	\$ (101,211)	-37%	\$ 1,812,842	\$ 2,492,625	\$ (679,783)	-27%	\$ 1,482,405
Tax Levy Income	\$ (82,476)	\$ (386,377)	\$ 15,004	\$ (401,381)	-267%	\$ (505,958)	\$ 135,033	\$ (640,991)	-475%	\$ 2,040,456
Total Non-Operating Income	\$ (22,827)	\$ (298,828)	\$ 196,358	\$ (495,199)	-252%	\$ (306,686)	\$ 1,423,667	\$ (1,730,354)	-54%	\$ 2,524,905
Net Income	\$ 19,158	\$ (357,848)	\$ 327,700	\$ (694,227)	-213%	\$ (811,971)	\$ 1,606,734	\$ (2,418,708)	-51%	\$ 2,945,461
Operating Margin	4%	4%	5%	1%	4%	4%	5%	1%	4%	
Total Profit Margin	4%	4%	5%	1%	4%	4%	5%	1%	4%	

East Adams Rural Healthcare

Adams County Public Hospital District No. 2 Balance Sheet

As of August 31, 2024

Reporting Book:

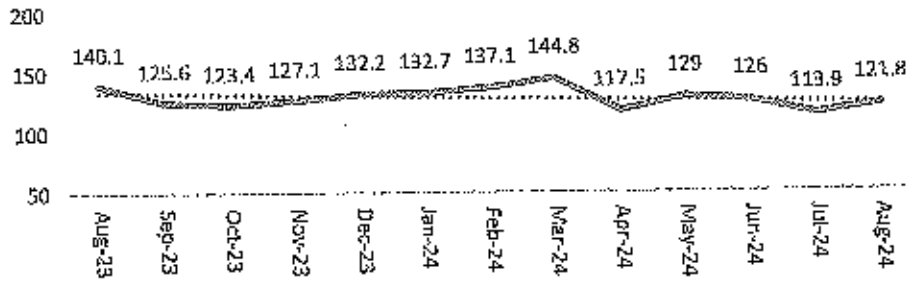
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As of Date:

08/31/2024

	Month To Date 06/30/2024	Month To Date 07/31/2024	Month To Date 08/31/2024
	Actual	Actual	Actual
Current Assets			
Operating Cash	1,308,496	1,458,626	1,131,384
Patient Accounts Receivable	3,994,236	4,156,774	4,537,137
Allowance for Doubtful Accounts	830,021	1,151,956	1,126,612
Third Party Receivables	38,243	68,925	29,924
Taxes Receivable	(213,352)	(108,988)	(214)
Inventory	794,552	803,355	834,673
Reserve for Operations	28,789	28,921	29,052
Reserve for Funded Depreciation	2,303	2,312	2,322
Prepaid Expenses	26,242	37,214	225,565
Total Current Assets	6,809,530	7,599,095	7,916,455
Other Assets			
Property, Buildings, & Equipment	17,704,844	17,704,844	17,710,444
Accumulated Depreciation	(9,822,032)	(9,888,756)	(9,951,480)
Construction in Process	974,350	974,350	974,350
Other Assets	8,857,162	8,792,438	8,733,314
Total Assets	\$ 15,666,692	\$ 16,391,533	\$ 16,649,769
Current Liabilities			
Accounts Payable	1,348,656	1,384,320	1,965,402
Payroll & Related Liabilities	755,195	816,519	797,475
Third Party Cost Report Settlements	41,188	250,000	0
Current Portion of Long Term Debt	280,000	260,000	260,000
Other Accrued Expenses	859,806	874,724	909,584
Total Current Liabilities	(3,264,845)	(3,585,563)	(3,932,461)
Long Term Debt	(7,116,069)	(7,144,912)	(7,173,755)
Equity from Operations	(5,285,778)	(5,661,058)	(5,543,553)
Total Liabilities & Fund Balance	\$ (15,666,692)	\$ (16,391,533)	\$ (16,649,769)

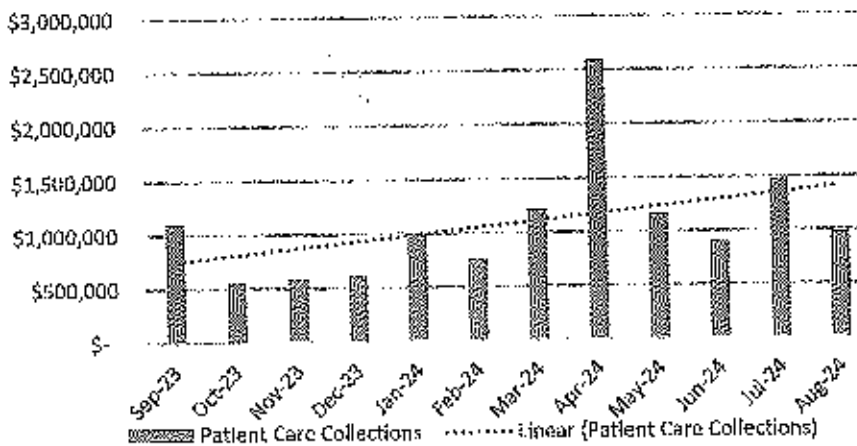
AR Days



EARH Revenue Collections 12 Month Trend

Month/Year	Total Deposits	Grants/Other	Patient Care Collections
Jan-23	\$ 1,327,628	\$ 497,528	\$ 830,099
Feb-23	\$ 782,307	\$ 292,140	\$ 490,167
Mar-23	\$ 717,481	\$ 165,557	\$ 551,924
Apr-23	\$ 1,016,318	\$ 50,294	\$ 966,024
May-23	\$ 984,995	\$ -	\$ 984,995
Jun-23	\$ 252,104	\$ -	\$ 252,104
Jul-23	\$ 477,568	\$ -	\$ 477,568
Aug-23	\$ 1,727,860	\$ 341,979	\$ 1,385,881
Sep-23	\$ 1,097,674	\$ -	\$ 1,097,674
Oct-23	\$ 551,327	\$ -	\$ 551,327
Nov-23	\$ 621,355	\$ 27,886	\$ 593,469
Dec-23	\$ 610,607	\$ -	\$ 610,607
Jan-24	\$ 1,052,833	\$ 51,775	\$ 1,001,058
Feb-24	\$ 763,077	\$ -	\$ 763,077
Mar-24	\$ 1,216,896	\$ -	\$ 1,216,896
Apr-24	\$ 2,592,152	\$ 766	\$ 2,591,386
May-24	\$ 1,915,179	\$ 747,541	\$ 1,167,638
Jun-24	\$ 908,466	\$ -	\$ 908,466
Jul-24	\$ 1,518,793	\$ 41,985	\$ 1,476,808
Aug-24	\$ 1,040,229	\$ 61,313	\$ 978,916

EARH Patient Care Revenue Collected





East Adams Rural Healthcare

VOUCHER CERTIFICATION AND APPROVAL

I, THE UNDERSIGNED AUDITING OFFICER, DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE MATERIALS HAVE BEEN FURNISHED, THE SERVICES RENDERED AND THE LABOR PERFORMED AS DESCRIBED HEREIN AND THAT THE CLAIMS ARE JUST AND PAID OBLIGATIONS BY ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2, AND THAT I AM AUTHORIZED TO AUTHENTICATE AND CERTIFY TO SAID CLAIMS.

CORY FEDIE, SUPERINTENDENT

WARRANTS AUDITED AND CERTIFIED BY THE AUDITING OFFICER HAVE BEEN RECORDED ON THE ATTACHED LISTING.

WE, THE UNDERSIGNED BOARD OF DIRECTORS OF ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2, ADAMS COUNTY, WASHINGTON, DO APPROVE THOSE WARRANTS INCLUDED IN THE ATTACHED LIST AND FURTHER DESCRIBED AS ACCOUNTS PAYABLE WARRANTS #67740 THROUGH #67798 IN THE AMOUNT OF \$367,804.25

SIGNED THIS 25TH DAY OF SEPTEMBER 2024.

JOHN KRAGE, CHAIRMAN

ERIC WALKER, VICE-CHAIRMAN

RILEY HILL, SECRETARY/COMMISSIONER

MATT KUBIK, COMMISSIONER

DAN DUFF, COMMISSIONER