

BOARD OF COMMISSIONERS

PUBLIC HOSPITAL DISTRICT NO. 1 OF PEND OREILLE COUNTY

May 22, 2025

In Attendance: Commissioners: Lois Robertson, Susan Johnson, Melanie Kiss, Becky Walrath, Lynnette Elswick; Executive Officers: Kim Manus, Joseph Clouse, Justin Peters Others: RaeLynn Wellman, Jane Tilley, Tina Batsch, Tonia Wells, Cassie Wise, Trina Gleese, Michelle Knight, Rachel Davis, Angela Stitt, Glenn Talmage, Daniel Eldred, Jeremy Lewis, MD.

CALL TO ORDER:

Chairperson Elswick called the meeting to order at 8:30 a.m.

READING OF LEGAL NOTICE:

The regular meeting legal notice was distributed as required.

APPROVAL OF AGENDA / CONSENT ITEMS:

The Meeting Agenda, Auditors Reports and Uncompensated Report (Consent Packet) were approved via motion made, seconded, and passed unanimously.

Bad Debt/Charity: May, inclusive District Write-off: \$ 110,308.55

APPROVAL OF PREVIOUS MEETING MINUTES,

April 24th, minutes were approved via a motion made, seconded, and unanimously approved.

BUSINESS FROM THE AUDIENCE:

There wasn't any business from the audience.

COMMITTEE REPORTS:

Medical Staff: Dr. Lewis asked if there were any questions, there were none. There wasn't much to report highlighting the numbers at the clinic are increasing and numbers in the inpatient setting of the hospital are down. Surgery department is going well. Dr. Gill is back in the ED.

Finance: Justin Peters, CFO, advised there are 108 days cash on hand. AR days are at 43. FTE is in line with budget. Inpatient numbers are down, this has become a trend nationwide. This is partially attributed to surgery recovery is faster, so patients are sent home quicker. There is a focus on cost containment in all areas. He will be meeting with leaders individually to kick off an initiative to standardize statistic reporting across the District.

Revenue Cycle Report: Cassie Wise reviewed the Revenue Cycle Report. She reviewed the clinic and hospital numbers – last month there was \$6.7M in revenue which is \$300K less than previous. She explained this is due to the season – sickness is not as prevalent right now. Summer should see an increase. This month should end at \$6.8M. There was a small increase in aged over 90 days. Hard work is being done to resolve this.

Cassie also reviewed the Residential Care Revenue Cycle Report. She explained admits are increasing, but discharges (due to death) are matching. There are a lot of inquiries, but not a lot of follow through after. Krista will be following up on the inquiries to see if she can answer questions or assist with paperwork.

Cassie shared kudos to admitting for making the surveyors feel welcome during their visit.

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Quality & Compliance: Rhi Drake reviewed the quality report. She advised reported events have been in the 40s the last couple of months. There was a fall in ACU that led to an injury that was reported to the DOH. An RCA has already been done. WSHA is providing fall prevention education. Blood culture contamination rates should be at the national average of 1% the District is at 6%. Training to take place with teams. There haven't been any other trends. Residential Care has been doing great with fall prevention – RMAC has seen a decrease in falls with injuries.

The survey data for surgery is now available – they are sitting at 100%. The District score increased 2% now sitting at 83% likelihood to recommend.

Administrative Services Report: Joseph Clouse reviewed the administrative services report. He explained there is a continued focus on overtime. The goal is still \$500K, with the current trend we are not on track. He shared that EVS was rated 1 of 5 Washington State hospitals at the Becker's Conference with a 5-star rating. He also shared that residential care numbers are the lowest they've been in years.

Clinical Services Report: Tina Batsch reviewed the clinical services report. Highlighting there were 9 deliveries last month. Rehab hit a record number of visits with 1063. She provided an update on ECHO, noting they are taking small steps in moving forward to ensure adding this service line is appropriate.

CEO Report – Kim Manus discussed the CEO report. She shared that Hospital Week was a success and well received by staff. The mock survey provided feedback on where things are going well and where opportunities lie. Stressing the importance of education simulation lab and infant security. The full report from the surveyors should be received next week.

Regarding the Specialized Dementia Care project, DSHS encouraged construction review be done simultaneously with the submission of the DSHS application due to the length of processing time.

The parking lot project will start June 1st by Ramey Construction – this includes a 5% contingency in case more work on other lots is needed. The current patient parking lot closest to the hospital may need asphalt and paint.

The surplus shed viewing was yesterday. The grass area next to the shed is being converted into a garden and picnic area. Engineering is utilizing existing trees from other properties located on the District's campus.

Kim and Tonia met with a couple of the OB providers to discuss staffing concerns. There will be a posting for a 2nd OB nurse 48 hours with 24 hours on call.

She advised the District has applied for Distressed Hospital grant. The grant funding is attributed to \$10M residual dollars left over in last year's Safety Net funding – awards will be announced 5/31.

It appears the safety net assessment program funding is going to be approved for 2025.

The draft cost report is under review.

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ACTION ITEMS:

Motion to approve the moving forward with engagement with Blue Room Architect & Design with an estimated cost in fee ranging from \$25K-\$30K based on anticipated services budgeted at 10 hours per week between June 1 and Halloween was made, seconded and unanimously approved.

Motion to approve Resolution 2025-08 appointing Jusin Peters as District Auditor and Kim Manus as Deputy Auditor was made, seconded and unanimously approved.

Motion to approve Resolution 2025-09 adding Justin Peters as an authorized signer to the operating fund was made, seconded and unanimously approved.

Motion to approve the Resolution 2025-010 authorizing the adoption of the Pend Oreille County Hazard Mitigation Plan was made, seconded and unanimously approved.

Motion to approve the 2025 Quality Improvement Plan was made, seconded and unanimously approved.

Motion to approve cancelling the June Regular Board meeting and reconvening at the next regular meeting scheduled for July 24th was made, seconded and unanimously approved.

EXECUTIVE SESSION

As permitted by RCW 42.30.110, the meeting was moved to the Executive Session at 10:22 am for approximately fifteen minutes to consider information regarding staff privileges or quality improvement committees under RCW [70.41.205](#)

RETURN TO OPEN SESSION

The Commission returned to Open Session at 10:37 am.

NEXT MEETING DATE

The next meeting will be on July 24, 2025, at 8:30 am.

Per the recommendation of the Medical Staff Executive Committee, the Board of Commissioners approved the following privileges by motion made, seconded, and passed unanimously:

Re-Appointment – Off Site Radiology Dallin Johansen, DO – NPI #1831686740- 05.23.2025-05.23.2026

Re-Appointment – Off Site Radiology Will Fletcher, MD – NPI #1467956342– 05.23.2025-05.23.2026

Re-Appointment – Off Site Radiology Wilson Bowlby, MD – NPI #1720538937 – 05.23.2025-05.23.2026

ADJOURNMENT

There being no further business, the meeting was adjourned at approximately 10:37 am.

Minutes recorded by RaeLynn Wellman, Executive Administrative Assistant.

Signed by:

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Lynnette Elswick, President
Board of Commissioners

Signed by:

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Melanie Kiss, Secretary
Board of Commissioners