

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT #2
Meeting of the Board of Commissioners
April 27, 2022
East Adams Rural Healthcare
Conference Room
Ritzville, WA

- I) Call to Order
- II) Additions or Corrections to the Agenda
- III) Public Comment
- IV) Approval of Minutes-March 23, 2022
- V) Consent Agenda
 - i) Chief Nursing Officer Report
 - ii) EMS Report
 - iii) HR Report
 - iv) Quality Report
- VI) Medical Staff Report
- VII) CEO Report
- VIII) Committee Reports
 - i) Finance Committee
 - (1) Financials – March
 - (2) Approval of Warrants and Vouchers
- IX) Old Business
 - None
- X) New Business
 - i) Code of Conduct Policy
- XI) Next Board Meeting at 5:30 p.m. May 25, 2022
- XII) Adjourn

Washington State law states that all meetings of public bodies such as ours be open to attendance by the public, save for executive sessions or if a meeting has been closed owing to disruption. But that law is equally clear that there is no requirement that public attendees at such meetings be permitted to take any part in the proceedings. This Board, however, promotes open dealings with our community, and welcomes appropriate public participation; but, considering interests such as efficiency and simple civility, we do have rules governing that participation.

We generally have on our agenda a period intended for public comments and questions, and we ask that members of the public confine questions and comments to that period. If, however, during our deliberations on a given matter a member of the public believes that he or she has some clearly relevant information that we have not considered, he or she may raise his or her hand and the Board Chair, in his or her discretion, may allow that member of the public to provide a brief factual comment.

Moreover, both during meetings and in the specified comment period, we require that questions or comments be concise, factual, and, notably, that they be civil. We willingly accept tough questions and critical comments, but we will not accept generalized negative opinions, rambling, personal attacks, or perceived disparagement of individuals. Comments are limited to three minutes.

The Board reserves the right to terminate a question or comment at any point if the Board determines in its discretion that the comment or question is unacceptable or disruptive. Please remember the need for civility and compliance with our rules.

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
East Adams Rural Hospital
903 S. Adams
Ritzville, WA 99169
Meeting of the Board of Commissioners
March 23, 2022

PRESENT:	John Kragt	Board Chair
	Stacey Plummer	Vice Chair
	Eric Walker	Commissioner
	Jerry Crossler	Commissioner
	Dan Duff	Commissioner/Secretary
	Corey Fedie	CEO
	Kimberly Polanco	CFO
	Jennifer Pepperd	Chief Nursing Officer

ABSENT: Dr. Sackmann

GUESTS: Rod Larse, Ritzville Journal, Kelly Wiggins, Dr. Nelson McKay, Jackie Mathis

There were 0 community members present.

The meeting was called to order at 5:30pm by John Kragt, Board Chair

INTRODUCTIONS- None

ADDITIONS AND CORRECTIONS-None

APPROVAL OF MINUTES

The February 23rd Board Meeting minutes were presented. Commissioner Dan Duff made a motion to approve the February 23rd Board Meeting minutes. Commissioner Eric Walker seconded. Motion passed unanimously. Vice-Chair Stacey Plummer was unable to register a vote due to connectivity issues.

CONSENT AGENDA:

Board Chair John Kragt polled the Board if they would like anything moved from the Consent Agenda to the regular agenda. The Board did not request anything to be moved.

MEDICAL STAFF REPORT:

Dr. McKay reported on behalf of Dr. Sackmann. Dr. McKay informed the Board that the general mood at the facility is more relaxed and less stressful with the drop in COVID. Dr. McKay reported information from the Med Staff meeting. Dan Crisp, Lab Manager brought an issue to Med Staff regarding sodium levels that were being reported inaccurately however, they were not clinically significant. Dr. McKay explained that the issue has since been resolved and all patients that could have been affected have been contacted. There were no negative outcomes from the discrepancies.

Dr. McKay reported that Dr. Anderson was in attendance at the Med Staff meeting. He will be performing Peer Review of ER charts. Dr. Anderson seemed pleased with the documentation and treatment for patients that the Medical Staff has been doing and gave overall positive feedback. There was a brief discussion regarding Medical By-laws. Jennifer and Marnie have begun meeting to review and edit them as necessary and will present to Med Staff for approval when complete. Jennifer asked Med Staff to make sure they are completing timely documentation and to use out-patient forms when sending a clinic patient over to the hospital side for out-patient services. Dr. McKay said that Dr. Sackmann wanted to ask about starting to meet in person again soon. There was a general consensus that we should be able to resume meeting in person.

CEO REPORT- See attached

Corey Fedie, CFO reported that he, as well as, other Admin and some managers had attended the Rural Health Conference this week. There were several EMS discussions and it appears that we are not the only facility that is having issues at least for the Eastern side of the state. Vice-Chair Stacey Plummer asked why the Board was not invited to the conference. Corey apologized for not sharing that information. Corey then explained that they are making some changes in the conferences regarding who is to be in attendance. Corey will share more information as he gets it and be sure to include the Board for any upcoming conferences. Corey reminded the Board of the Board Retreat that will start tomorrow and conclude on Friday. This will be to provide some Board education and discuss the Strategic Plan. Corey informed the Board that we are pushing more informational items out on Facebook regarding the service lines that we can provide so keep an eye out for those. Vice-Chair Stacey Plummer asked about being able to attend the Board Retreat virtually. Kim informed Stacey that she will be sending out the information later this evening.

COMMITTEE REPORTS

Finance Committee- See Attached Report

CFO REPORT - See attached

Kim Polanco, CFO reported that February was a better month. There were some issues with billing for Pain Management services for prior months. These have been audited and we have captured more revenue which will show up in the ancillary patient services in February however, it is mostly from prior months. There were higher volumes the second half of the month and are continuing in March. We are recognizing more revenue after analyzing the collections from each payer after the financial audit. We have cleaned up Accounts Receivable and have better trends to look at we have revised the uncollectable estimates which reflects higher revenues that we are collecting in the past year then we have in previous years. Every month according to GAAP regulations we recognize how much revenue we expect to collect by payer and that expectation has gone up so we are reflecting more revenue now which also drove up the net AR days and gross AR days because we are saying that we are going to collect more money that is on the books. While those measures are higher right now the KPI-s are not a bad thing because some of it is new revenue and showing that we are collecting more and will bring those KPI-s down in the coming months. Cash on hand holds steady. Consistently paying Medicare cash advance payments back. There was a slight dip in the payments due to having less patients in beds the last couple of months, but there has been an increase in patients recently. We were rewarded \$100,000 from the Empire Capital Grant. These funds are not reflected in the financials in February because it is recorded as deferred income. Those funds are reserved for the mobile clinic so when that purchase happens we will recognize the revenue at the same time.

Expenses are 9% lower than budgeted and that is mostly due to lower salaries and wages, our reduced estimate of bad debt because we expect to collect more and lower maintenance and repair expenses. These are partially offset by contract nursing, ER coverage and audit expenses.

Overall we are in good shape and everything is where we expected it to be at this point. Board Chair John Kragt asked about the swing bed room revenue. Last month only showed \$738. How would we only have that small amount with the amount that is collected for Medicare swing bed patients, is it due to an adjustment? Kim said that it is due to adjustments. There were more services in that month. Had we not had to adjust the type of bed the patient was in the prior month you would have seen more there. Sometimes if a patient changes status and if there is an error it has to be adjusted. John asked for clarification that if we had a Medicare swing bed patient and they had met their 90 days that the revenue would show up there. Kim confirmed that yes that is where it would be seen. John asked for an update on how the conversation with Rose Garden went. That is someone that could be competition but could also be a great partner for us. Kim believes that communication is better. Jennifer reported that she and Pam have met with the new owner. The conversation went very well. There was a lot of discussion about how we could be partners. It was a little complicated because the full purchase had not been complete at the time. There was discussion about wants and needs to make things easier on both facilities. Conversations are continuing every other week. There are new residents that are pleased with our Care-A-Van services, as well as, our providers and the care that was provided. We did get a few new patients from them. We want to continue to improve and grow the relationship. We would like to work with them to bridge some gaps such as home health services. Make sure we can take care of the patients and easily transition them from us to them. Jennifer said it has been a lot of productive communication that is going in a positive direction.

WARRANTS & VOUCHERS: EARH

Dan Duff presented the following warrants for approval Accounts Payable Warrants #063588 to #063792 for the amount of \$475,937.86 and an additional \$343,634.04 for payroll direct deposits and \$118,438.11 for payroll tax deposits. Vice-Chair Stacey Plummer made a motion to approve, Commissioner Eric Walker seconded. Motion passed unanimously.

OLD BUSINESS

Vice-Chair Stacey Plummer asked Jennifer about Airlift NW. Jennifer explained that they are putting in a service out of Davenport. We will then have the option to use them or Life Flight. Stacey asked about negotiations. Jennifer said it's a done deal there was no negotiating. They were just starting business and reaching out to all the local facilities. Stacey asked about memberships. Jennifer said that it is separate from Life Flight so it would be a totally separate membership. Jennifer will get the pamphlets to Amanda to get them send out to employees. There is a discount for employees. Commissioner Eric Walker asked what would happen if a patient came to the ER and had to be airlifted out, and was not able to communicate which membership they had how would that work if they were flown by the non-membership team. Jennifer said that regardless it would be determined which agency could get here the soonest to get the patient transferred to the care they need. However, she believes that if a patient was brought in and a family member was able to sign them up for Airlift NW that coverage would begin the same day. Board Chair John Kragt stated that Airlift NW is putting a lot of infrastructure and cost up in Davenport and he believes that they are focusing on the Highway 2 corridor and at this time they don't currently have any staff willing to live in Davenport. It will all be ran as on call. As the company grows he believes that they will share more information throughout the community so that everyone is aware of that option. Jennifer explained that Life Flight operates as on call as well.

John asked about what base we pull out of. Jennifer said that there are actually three around us, Spokane, Moses Lake and Tri-Cities. John asked what the process is for calling Life Flight. Jennifer explained that they just call Life Flight and they determine which one they are going to send. They determine weather and crew availability. Sometimes ambulance calls them directly to the scene. Jennifer is not sure what type of ground service Airlift NW will be using. Most of the crew will be out of Spokane. Jennifer explained that a helicopter coming from Davenport is not going to take very long to get to us.

NEW BUSINESS

Annual Quality Report:

Jackie Mathis reported that we just finished up our annual report. There was 100% participation which is amazing. Even with new staff coming on and taking over there was still great participation and have submitted great measures and goals for 2022. Our annual survey was done in the beginning of January. Surveyors hit pretty hard on Quality/Compliance. Surveyors wanted to see participation from all departments. It was recommended that at least monthly QI provides their minutes to the Board so that they are aware of all of the projects and status of those goals and any corrective actions that are in place. Surveyors want to ensure that the Board is holding QI accountable and that it is a meaningful program and not just going through the motions. We are working on good participation from all departments and Board members. John asked how often the QI report has to be presented. Jackie said that it is an annual report. Jackie will also need to attend at least two meetings per year. Jennifer reiterated that it is important that the Board members are attending. John asked about the participation from Board. Jackie said that no Board members had attended thus far however, in lieu of today's meeting she is presenting to Board this evening. John apologized for not being in attendance however, it is on his calendar now and he will be attending. John asked who else is on committee. Stacey is also on the committee. Stacey asked about something on the quality report regarding privileges not being signed off on by Board. It was not the credentialing. It was referring to not having the Med Staff by-laws being signed.

Purchase Request/Mobile Clinic:

Corey Fedie explained that we have had several executive sessions regarding several business opportunities and still don't have all those ironed out which is why some of it is still confidential. Corey reminded the Board that we have been working on fund raising to purchase a mobile clinic for approximately a year now. Corey had two things to report. The first being that the senate bill that was delayed for various reasons late last year and presented by Senator Maria Cantwell on behalf of us passed in the amount of \$812,000. Corey is cautiously optimistic that it is approved and we will receive the funding. This rounds out with additional funding resources to total the complete \$1.6 million for the project which does not only include the vehicle but also the technology, infrastructure, equipment and location to park the vehicle. Corey said it is very exciting that within a year we were able to receive that amount of funding. Corey also shared with the Board that it was a group effort of several people in the organization. Corey asked the Board to approve the purchase of the mobile clinic vehicle tonight due to cost and lead time variables. There are six different quotes that have been collected with varying costs and lead time of anywhere between a couple of months to a couple of years. Corey asked for a very generic ask to give him the authority to choose the best bid by cost and time up to \$450,000 plus applicable taxes and licensing fees. The quotes obtained range from \$285,000-\$750,000. Corey is confident that we can select one of the vehicles and get it the way we want it. Jennifer and Corey have already looked at some vehicles. Once a vehicle is selected then it is just a matter of determining the total cost with options and timing.

Kim added that the total cost with the taxes and licensing was included on the purchase requisition in the amount of \$490,500. Corey then explained in more detail the type of vehicle that they are looking for which will be a truck or recreational vehicle type similar to what Vitalant has.

We are looking for two exam rooms, lab space, possibly a couple chairs for waiting and bathroom with a generator so it will be all self-contained. We may want to take it to some of the smaller communities or local fairs. It will be an extension of our health clinic. Stacey asked about who will be doing the maintenance on the vehicle. Corey said he believes that the routine maintenance could be done by us and if it is a bigger project then it could be taken to someone locally or taken out of town to Spokane or Moses Lake for repairs. Corey said that the exam tables would be similar to what we have in the clinic and the lab equipment would be specific to what we needed. Jennifer and Corey have looked at the one that Odessa recently purchased and they both agreed that they liked that one and have received a quote from that company and it is on the lower range of the scale. After seeing some of the timelines Corey wanted to get it in front of the Board as soon as possible to purchase the unit and then will present to Board the additional equipment and infrastructure for approval later. Stacey asked if there was a preference between gas and diesel. Corey said that we do prefer gas because if it is like the ambulance and it sits for a while you can't just start it up and take off down the road. Eric Walker asked if we would still be using the Washtucna clinic once the mobile clinic was up and running. Corey said he would like to get feedback from the community but the mobile clinic would be the latest and greatest. Corey said that there have also been requests from the schools to provide physicals and vaccinations. We don't want to step on anyone's toes but if it is requested we want to be able to provide the service. John asked if there was documentation confirming the award of the senate bill. Corey said that he has been told by Jake a consultant from Senator Maria Cantwell's office that it has been voted on and approved. Corey said that he does not have any documentation but there is a safety net because we still have another \$800,000 to purchase the vehicle and then some with the knowledge that it is highly likely that the project is totally funded. John asked if without the knowledge and confirmation would Corey still be wanting to purchase this vehicle right now and Corey said yes he would. John asked about where the vehicle would be parked. Corey said right now they are hoping to get permitted to add on to the ambulance barn and the city has already agreed to entertain that idea. John asked if we would have to go out to bid on this or can we just pick which one we want and purchase. Corey said that we are required to solicit multiple bids but we don't have to put it in the newspaper because there is no vendor around us. Corey said if we need to put it in the paper then we can do that. John suggested double checking with legal counsel about going out to bid. John asked if anyone wanted to make a motion to approve the vehicle purchase up to \$490,500 with the proper bid process put in place if necessary. Commissioner Dan Duff made the motion. Vice-Chair Stacey Plummer seconded. Motion passed.

PUBLIC COMMENT

Jackie Mathis reported that meetings can resume in-person beginning in April as long as masks are worn and there is social distancing. Corey asked if the public could also attend. Jackie said it would be dependent on how many public showed up. We would have to limit the amount of public in order to still be able to practice social distancing. Virtual will still be an option for anyone that is not comfortable coming in-person or if there were an abundance of public in attendance.

Commissioner Eric Walker made a motion, seconded by Vice-Chair Stacey Plummer to adjourn the meeting. The motion passed.

The meeting was adjourned at 6:27 p.m.

Respectfully submitted,
Kylie Buell, Executive Assistant

CNO Board Report

April 27, 2022

1. We currently still have one Charge nurse position open, we did interview a per diem NAC.
2. I have been working with Peggy on our epic conversion, there has been a lot of things that we have had to fill out and answer lots of questions.
3. We are continuing working with the by-law changes
4. Met with new Multi-care Case Manager last week to discuss how we can help each other out with possibly getting some of our patients back to us and trying to see if we could help them with some of their difficult to discharge patients.
5. This last month we had a nursing student here to follow us around in the hospital and ER. We will be having her back for her next quarter.
6. We were recently awarded a grant for our RHC to provide leadership education to some staff.

Sincerely

Jennifer Pepperd CNO

AMBULANCE RUNS March 2022								
UNIT	TRANSPORT	EARH	REFUSAL/ NON- INJURY	CANCEL/ UTL	TREAT & RELEASE	OTHER FACILITY	LIFT ASSIST/ Standby	TOTAL
963	2	11	4	1		1	1	1
964	2	17	7	2				21
966								26
967	1							1
ALL	5	28	11	3		1	1	49
UNIT	STARTING MILEAGE	ENDING MILEAGE						TOTAL MILEAGE
963	90145	UNK						UNK
964	155967	156463						496
966	53545	54000						455
967	23284	23408						124
								1075+
ALL								

2021 YTD Total 761 runs

2022 YTD Total runs runs **165**

% Complete

Month 2021 45 runs

Month 2022 49 runs

Increase/Decrease of +4 from

Job Openings

Department	Job Details	Status	Notes
Business Office	Posting Clerk	Filed	Offer letter presented as of 3/17/21. Candidate start date set for 4/16/21. Candidate will start 5/13/21
Business Office	Health Information Manager	Filed	Candidate accepted position as of 3/15/21. Will onboard/or restate before end of March.
Nursing	Long Term Care Nurse	Filed	Working with recruitment firms. Start date 10/4/2021
Clinic/Hospital	MD	Filed	Called out to 3 applicants to schedule interviews. Only one applicant accepted. Candidates to travel. Still interviewing and accepting applications
Facilities	Maintenance Tech.	Filed	Filed with Resport RN starting 11/7/2021
Nursing	Long Term Care Nurse (Day Shift)	Filed	1 interview scheduled for 7/21/21. Applicant will start orientation 8/16/2021
Information Technology	Help Desk/Support	Filed	4 interviews scheduled. Anticipating an offer being presented Friday 5/28/21. Orientation will start 07/12/21
Facilities	Facilities Manager	Filed	Candidate orientation 5/27/21
Business Office	Remote Biller	Filed	Candidate orientation 5/27/21
Business Office	Referral Specialist	Filed	Candidate orientation 5/27/21
Business Office	Clinic Biller	Filed	Offer letter written up 7/21/21, waiting on clarification from Manager on proposed wage. Candidate accepted and will start orientation 8/16/21
Administration	Executive Assistant	Filed	3 interviews scheduled for the week of 6/31/21. Candidate will start orientation 07/01/21
Rehab	Physical Therapist	Filed	Signed offer letter, start date August 16, 2021
Rehab	Speech Language Pathologist	Filed	Signed offer letter, start date August 16, 2021
Clinic	MA-C	Filed	Candidate started 06/15/21
Clinic	MA-C	Filed	Filed with LPN, candidate started 10/4/2021
Nursing	MA-C Noc-Shift	Filed	Posted and filled with per diem internal candidate
Facilities	Housekeeper	Filed	Offer accepted and candidate will start orientation 11/7/2021
Rehab	OT/COTA	Open	Not currently advertising for position
Lab	MET	Covered	Unable to fill at this time
Lab	Temporary Lab Assistant	Open	Filed with internal candidate
Facilities	Hospital Engineer	Open	Offer accepted and candidate will start orientation 01/27/2022
Business Office	HRM Tech	Filed	Offer accepted and candidate will start orientation 01/27/2022
Clinic	MA-C	Filed	Filed with an MAC that started 10/18/2021
Nursing	MA-C Noc-Shift	Filed	Filed with agency MAC 03/08/22
Business Office	Biller	Filed	Candidate will complete orientation 12/13/2021
Clinic	Clinic Manager	Filed	Hired Internal, candidate started 01/17/2022
IT	Tech	Filed	Candidate accepts offer and started 11/15/2021
Clinic	RN, LPN, OR MA-C	Open	
EMS	EMT	Open	Hired 2 EMT's in March
Imaging	Per Diem Rad Tech	Filed	Hired 4/7/2022



MINUTES

East Adams Rural Healthcare

3/23/2022 at 10:30am | Meeting called to order by Jackie Mathis

In Attendance

Jackie Mathis, Colene Hickman, Neil Verberne, Amanda Osborn, Corey Fedie, Tyler Dennis, Nelson McKay, Kim Polonco, Bruce Garner, Dan Crisp, Terri Abney

Missing: Amelia Bernal (admits), John Kragt, Stacey Plummer, Jennifer Pepperd (conference), Todd Nida

Approval of Minutes

No issues with February minutes, located on I drive.

Board

In lieu of attendance this month the board will be presented with QA report at board meeting tonight.

New Business

As EMS is not considered a part of the hospital services and is not audited in the same way by the DOH and CMS but rather has its own certification, quality requirements, and reporting standards they have been removed from this QA meeting and will continue to report to their medical director for all quality indicators.

PowerPoint Manager Reports

PowerPoint was presented for February 2022 data and findings from January survey were also presented so managers could add and update goals accordingly. All managers explaining current tracking measures, goals, and action plans. Discussion on current measures, questions asked and answered, and current data documented and previous measures referenced as needed. Highlights from discussion below.

Lab: Critical issue identified related to Blood Bank documentation. Remediation completed, staff educated, action plan in place to prevent future issues. Annual QA completed, findings from lab state survey discussed and action plan to correct put in place.

Safety: To resume regular meetings in March. No safety incidents reported for February. Continue with safety briefings related to current events including weather, dangerous

individuals, road conditions, etc. One near miss QMM reported, pending resolution by registration supervisor.

Medical records: monitoring charting and documentation discrepancies, percentage of incomplete charts overdue, and days in total discharge not final billed. Several state findings related to medical records discussed, timely scanning of records in process of being corrected with addition of new staff, as of today all scanned documents are up to date. See PowerPoint for percentages of outstanding documentation deficiencies by provider. Clinic documentation and Hospital documentation to be accounted for separately when reporting documentation deficiencies for clarity. State findings related to complete documentation, timely documentation, and documentation policies and procedures discussed and being corrected in an ongoing basis.

Therapy: February numbers were decreased related to number of patients responding to referrals. Continue to have good success at the school. Building issues resolved, some space needs continue to be in progress for action plans. Goal for retention and successful follow through of referrals is 75% with action plan in place to hit this goal including tracking, implementing a policy to connect with patients, and returning calls to providers for follow-up. Concern expressed over availability of mobility aides, QA manager to follow up offline with PT and Maintenance to help resolve this issue.

Patient Safe Handling: Paperwork being audited by therapy department, (See PPT). All PSH referrals are being monitored through QMM system and addressed immediately as able including Post-Fall Huddle and requested safety assessments. Paperwork completed for all admits for the month of February.

Radiology: See PowerPoint for data, continuing to meet goals. State finding related to expired ultrasound gel. Action plan in place, checklist implemented and completed for the month of January and reported through QA going forward, checks for the month complete, no further action required.

Maintenance/ Facility: 2022 goals identified and elaborated on including action plan for both maintenance and housekeeping. Please see PowerPoint for specific goals and data. All deficiencies identified in state POC corrected at this time. Manager out of facility at time of meeting.

Dietary: All goals were met, Dietician is reporting monthly inspections, RD checks, no issues found. Some weight changes with residents, however were not unexpected r/t goals and changes in life stages. Resident requests are being monitored on a daily basis and dietary staff continue to try to work with residents to help meet their goals. One QMM reported this month with adequate resolution, closed after education given to staff regarding dietary orders and manager meeting with patient.

SS: Continuing with weekly care planning meetings and monitoring of Functional Maintenance with an action plan to review FMP quarterly to get better participation, functional maintenance requests not completed at this time will continue to follow up with therapy for completion. All referrals being monitored and discussed going forward at weekly careplan meetings..

IT: PowerPoint slide was not updated by Tyler was able to verbally report on projects currently in the works including the implementation of Windows 10 to all facility computers to replace Internet Explorer, replacing screens on computers for implementation of EPIC, creating a device list for Epic implementation, moving out current network to new servers, and creating a new Intranet landing page with updated QMM icon for easier reporting.

Nursing reported 1 STEMI. No use of restraints reported, February blood transfusions spot checked for completeness, no CVA for the month. All deaths are reviewed by Medstaff in peer review quarterly by Dr. Anderson. Organ procurement paperwork completed as needed on ongoing basis, 1 February ED deaths. Continuing chart audits and education as needed on excellent documentation of ASA given and actual EKG time for appropriate patients See PPT for current numbers. No nursing findings related to QA, but will continue to monitor ongoing.

Infection control continues to monitor all things COVID and update policies as needed, visitors reinstated at the end of January after cases started to decline. COVID transfers and employee illnesses continue to be monitored, for the month of February with significantly improved rates from previous month. No infection control or COVID related findings from state for correction in POC.

Antibiotic Stewardship/ Pharmacy and Therapeutics/ Infection Control Committee met in February. All med errors/ near misses identified and ongoing issues being monitored closely by pharmacy and reviewed. COVID still on forefront of discussions, documentation requests of providers all reported back through Medstaff. UTI prevention discussed, Pam Gilmore to start attending these meetings as well. TASP participation by IC and Pharmacy regularly.

HR reviewing personnel files as established at the last meeting and is at 100% of the five personnel audits per our POC. Any items missing from personnel files were followed up on by HR for completeness including orientation to their unit. HR monitoring for acknowledgement of all policies and following up with individuals as needed. One finding related to missing documentation of new employee, POC in place and will be reported to QA on a monthly basis. Documentation completed immediately and employee currently in compliance, this will be ongoing.

Business Office is continuing to work towards their goals in correcting any billing discrepancies and training new staff. Progress continues to be made with correct billing and revenue cycle. Several staff members out in months February. Registration and billing goals outlined and current stats given. Goals being met and improvements to measures continue. Please see PPT for exact numbers related to ongoing QA projects. New measures for 2022 including those specific to the RHC are included. Asked to have numbers expressed in fractions in order to see numerator and denominator instead of single numbers or percentages.

QMMs: Two falls for month of February. Additional QMMs reported x4 including 1 near miss, 1 dietary, 1 c/o miscommunication. Education to staff, referrals to appropriate managers, and immediate action taken when necessary. One QMM remains open. No clinic QMMs this month. No findings related to QMM from state survey.

Next Meeting April 27, 2022
Current PowerPoint and Minutes available on I drive
Adjournment at 11:15am



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
April 27th, 2022

March proved to be another challenging month. However, increased collections helped push the budget in a positive direction. We also saw an increase in services that should be reflected in next month's finance report. We are seeing growth. Not steady, but an improvement since the Governors mandates have been lifted. The healthcare system is still not in full swing so our typical patient base has not rebounded. We are looking at multiple areas to grow our volumes. We need to fill our patient beds and grow clinic services to build on our successes. Educating the community on services offered at EARH is critical. Everyone in this community has an opportunity to get care with the services we provide at EARH. Regardless of your provider and their preferences, a patient can choose to stay in our community to get excellent care and testing. It's always "Patient Choice".

A reminder to our community is that although most of the mandates have been lifted, the masking mandate for Healthcare facilities has not been. We still need to follow the mask mandate and have patience with our friends, neighbors and healthcare workers.

The NW Rural Health Conference was well received. It was good to finally meet up with others and share insights. We also made contact with several Emergency Medical Services organizations that are willing to help us as we work towards improving our services for the community. It was also a good time to interact in-person with our larger system partners in the region to talk about growth strategies.

We also held board training in Spokane with speakers from the Association of Public Hospital Districts and Health Facilities Planning. We reviewed Board responsibilities, Goal setting and planning amongst other general topics related to board governance. Although not all could attend it was good to have an updated discussion.

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

Respectfully,

Corey Fedie, CEO

Finance Committee

Meeting Minutes

April 20, 2022

I. Call to order

Corey Fedie called the meeting of the Finance Committee for Adams County Hospital District #2 to order at 12:42 p.m.

II. In Attendance

Jerry Crossler, Board Member; Dan Duff, Board Member; Corey Fedie, CEO; Kim Polanco, CFO, Colene Hickman, Revenue Cycle Manager, Kelly Wiggins, Interim Revenue Cycle Manager

Absent: Beverly Kelley, Volunteer Committee Member;

III. Review and Approve meeting minutes: March 2022

- a) See attached- Dan Duff moved to approve the March 2022 meeting minutes, Kim Polanco seconded the motion, motion passed.

IV. Review Warrants and Vouchers: March 2022

- a) See attached- Jerry Crossler moved to approve, Dan Duff seconded the motion, motion passed.

V. Financial Statements: March 2022

- a) See Attached – Kim reported details in the CFO Report. March business resulted in a Net Loss of (\$27,040) and Net Loss of (\$267,183) for the first quarter. Lengthy discussion around the higher gross and net AR days as well as receivables over 120 days. Overall the collection expectation is higher based on 2021 actual collection rates as compared to prior years. The previously higher estimated rate of deductions indicated lower days in AR. Now, with lower estimated deductions and higher collection rates the days in AR rates have increased. The revenue cycle team is separating various receivables the team can work to improve collection timeframes on and those dependent on external partners. External partners being federal COVID reimbursement through HRSA, insurance payors' extended time to pay due to COVID, state regulations requiring 120 days from final statement prior to sending to collection, etc. A graphical display of these categories will be provided with April financials. In addition to these there are factors within the current EMRs which slow efficiency throughout the process. As we work on the Epic implementation we're seeing opportunity for better process in improving billing timeframes.
- b) Brief discussion around clinic revenue and collections.
- c) Kim reported YTD expenses being 8.7% lower than budget primarily due to lower salaries and wages offset by continued higher contract nursing expense.

VI. Additional Information

VII. Adjourn

Dan Duff moved to adjourn, Jerry Crossler seconded. Meeting adjourned at 1:29 p.m.

Respectfully Submitted by Kim Polanco

DRAFT

FINANCE COMMITTEE AGENDA
Adams County Public Hospital District #2
April 20, 2022

- I. Call to Order
- II. Attendance
- III. Review/approve meeting minutes: March 2022
- IV. Review of Warrants & Vouchers: March 2022
- V. Financial Statements: March 2022
- VI. Additional Information
- VII. Adjourn

Finance Committee

Meeting Minutes

March 16, 2022

I. Call to order

Corey Fedie called the meeting of the Finance Committee for Adams County Hospital District #2 to order at 12:34 p.m.

II. In Attendance - Virtual Meeting

Jerry Crossler, Board Member; Dan Duff, Board Member; Corey Fedie, CEO; Kim Polanco, CFO, Colene Hickman, Revenue Cycle Manager, Kelly Wiggins, Interim Revenue Cycle Manager

Absent: Beverly Kelley, Volunteer Committee Member;

III. Review and Approve meeting minutes: February 2022

- a) See attached- Jerry Crossler moved to approve the February 2022 meeting minutes, Dan Duff seconded the motion, motion passed.

IV. Review Warrants and Vouchers: February 2022

- a) See attached- Dan Duff moved to approve, Jerry Crossler seconded the motion, motion passed.

V. Financial Statements: February 2022

- a) See Attached – Kim reported details in the CFO Report. February business resulted in a Net Loss of (\$55,996) and an Operating Loss of (\$167,509) for the month. Kim described the pain management claims recovered from prior months. Kim also described the GAAP requirement for revenue recognition and the estimated uncollectible revenue which included an explanation for the increase in gross and net AR days. While these KPIs are higher temporarily the measures represent new revenue and a higher percentage of collectible revenue than in previous years. These KPIs will be dropping in the future moving toward goals set for the year. Kim reported the reduction of bad debt expense as well as the lower expenses and continued higher contract nursing expense.

VI. Additional Information

- a) **Discussion – Mobile Clinic Purchase** – Corey discussed the grant revenues awarded to fund the mobile health clinic and the proposed purchase request for the board meeting this month. The Committee agreed to move forward with a request to the Board.

VII. Adjourn

Dan Duff moved to adjourn, Jerry Crossler seconded. Meeting adjourned at 1:08 p.m.

Respectfully Submitted by Kim Polanco

EARH

Check Number	Vendor Name	Check Date	Check Amount
0000063793	A-L COMPRESSED GASES	03/11/2022	\$ 593.35
0000063794	ABILITY NETWORK INC	03/11/2022	\$ 1,159.36
0000063795	AFLAC	03/11/2022	\$ 1,035.64
0000063796	AION Women's Health	03/11/2022	\$ 7,147.00
0000063797	ALSCO	03/11/2022	\$ 1,300.54
0000063798	AMERISOURCEBERGEN	03/11/2022	\$ 13,536.58
0000063799	Accrue Solutions, LLC	03/11/2022	\$ 750.00
0000063800	Aimee Guiles	03/11/2022	\$ 27.46
0000063801	Amerigroup	03/11/2022	\$ 424.21
0000063802	Automated Accounts Inc	03/11/2022	\$ 292.53
0000063803	Backus Marketing & Design	03/11/2022	\$ 947.00
0000063804	Big Bend Electric Cooperative, Inc.	03/11/2022	\$ 75.00
0000063805	CENTURYLINK	03/11/2022	\$ 5,509.23
0000063806	Catherine Sloan	03/11/2022	\$ 16.50
0000063807	Clearwater Springs	03/11/2022	\$ 119.85
0000063808	Colene Hickman	03/11/2022	\$ 87.25
0000063809	Columbia Basin Media Group	03/11/2022	\$ 895.00
0000063810	Custom Ink	03/11/2022	\$ 1,388.07
0000063811	DATAPRO SOLUTIONS INC	03/11/2022	\$ 4,444.63
0000063812	DEPARTMENT OF LABOR & INDUSTRIES	03/11/2022	\$ 142.00
0000063813	Department of Health	03/11/2022	\$ 1,955.00
0000063814	Dorcey Hunt	03/11/2022	\$ 4,000.00
0000063815	EARH INSURANCE & PENSION	03/11/2022	\$ 12,964.46
0000063816	ECOLAB	03/11/2022	\$ 86.11
0000063817	EMPLOYEE FUND	03/11/2022	\$ 95.00
0000063818	Emergency Medical Products	03/11/2022	\$ 464.39
0000063819	FARMER BROS CO	03/11/2022	\$ 108.23
0000063820	FIRST CHOICE HEALTH	03/11/2022	\$ 62.40
0000063821	Family Support Registry	03/11/2022	\$ 92.76
0000063822	Fasthealth	03/11/2022	\$ 325.00
0000063823	Granger, Greg	03/11/2022	\$ 71.37
0000063824	Grove Menus Inc	03/11/2022	\$ 55.00
0000063825	Health Care Authority	03/11/2022	\$ 300.00
0000063826	Health Carousel, LLC	03/11/2022	\$ 9,332.00
0000063827	Holistic Pain Management of Colorado LLC	03/11/2022	\$ 25,200.00
0000063828	Hospital Services Corporation	03/11/2022	\$ 910.00
0000063829	Hunt, Dorcey	03/11/2022	\$ 224.56
0000063830	Jamie Morgan	03/11/2022	\$ 45.00
0000063831	Jeffrey Williams	03/11/2022	\$ 50.00
0000063832	Jesse Mays	03/11/2022	\$ 140.00
0000063833	LANDAUER INC.	03/11/2022	\$ 199.85
0000063834	MALBY, NEVA	03/11/2022	\$ 10.00
0000063835	MEDICATION REVIEW	03/11/2022	\$ 4,200.00
0000063836	MRI MOBILE	03/11/2022	\$ 4,982.99
0000063837	MultiMedical Systems, LLC	03/11/2022	\$ 1,194.93

0000063838	Nuance Communications, Inc	03/11/2022	\$	258.12
0000063839	ODESSA MEMORIAL HEALTHCARE CENTER	03/11/2022	\$	340.02
0000063840	OMNI STAFFING SERVICES, INC.	03/11/2022	\$	56,004.76
0000063841	OWENS & MINOR	03/11/2022	\$	222.58
0000063842	PC Connection Sales Corporation	03/11/2022	\$	2,906.29
0000063843	Press Ganey Association	03/11/2022	\$	695.10
0000063844	Providence Health and Services	03/11/2022	\$	575.00
0000063845	Quadient Finance USA, Inc	03/11/2022	\$	208.00
0000063846	Quadient Leasing USA, Inc	03/11/2022	\$	1,042.51
0000063847	QuadraMed	03/11/2022	\$	1,980.30
0000063849	RITZVILLE JOURNAL	03/11/2022	\$	2,324.05
0000063850	RITZVILLE, CITY OF	03/11/2022	\$	1,412.83
0000063851	RLDatix	03/11/2022	\$	246.24
0000063852	Rebecca Thompson	03/11/2022	\$	50.00
0000063853	SPHC Service	03/11/2022	\$	415.70
0000063854	Todd Nida	03/11/2022	\$	642.72
0000063855	United Health Care	03/11/2022	\$	49,134.67
0000063856	WASHTUCNA, TOWN OF	03/11/2022	\$	156.43
0000063857	A-L COMPRESSED GASES	03/22/2022	\$	230.49
0000063858	ALSCO	03/22/2022	\$	4,507.20
0000063859	AMERISOURCEBERGEN	03/22/2022	\$	5,952.77
0000063860	AVISTA UTILITIES	03/22/2022	\$	8,539.55
0000063861	Access Information Protected	03/22/2022	\$	182.26
0000063862	Armanino LLP	03/22/2022	\$	7,350.00
0000063863	Automated Accounts Inc	03/22/2022	\$	340.98
0000063864	Avanos Medical, Inc.	03/22/2022	\$	12,142.76
0000063865	BASIC Benefits	03/22/2022	\$	150.00
0000063866	BASIN REFRIGERATION	03/22/2022	\$	377.46
0000063867	BIORAD	03/22/2022	\$	489.97
0000063868	BW BRONCO INN	03/22/2022	\$	391.98
0000063869	Bright Light Solutions	03/22/2022	\$	350.00
0000063870	CAREFUSION	03/22/2022	\$	2,324.16
0000063871	COBRA Management Services, LLC	03/22/2022	\$	276.00
0000063872	Canon Medical Systems	03/22/2022	\$	6,290.55
0000063873	Caravan Health	03/22/2022	\$	2,500.00
0000063874	Curtis Greenwalt	03/22/2022	\$	10.00
0000063875	DINGUS, ZARECOR & ASSOCIATES PLLC	03/22/2022	\$	7,000.00
0000063876	DT Micro	03/22/2022	\$	1,155.00
0000063877	Dorcey Hunt	03/22/2022	\$	5,680.00
0000063878	EAP Consulting L.L.C.	03/22/2022	\$	4,550.00
0000063879	EARH INSURANCE & PENSION	03/22/2022	\$	18,375.85
0000063880	ECOLAB	03/22/2022	\$	177.70
0000063881	FISHER HEALTHCARE	03/22/2022	\$	36,127.34
0000063882	Family Support Registry	03/22/2022	\$	92.76
0000063883	Granger, Greg	03/22/2022	\$	106.24
0000063884	Grove Menus Inc	03/22/2022	\$	55.00
0000063885	Heidi Hennings	03/22/2022	\$	51.69

0000063886	Hospital Services Corporation	03/22/2022	\$	10.00
0000063887	INLAND IMAGING BUSINESS Associates	03/22/2022	\$	1,523.80
0000063888	JENNIFER PEPPERD	03/22/2022	\$	434.40
0000063889	Jackson Physician Search	03/22/2022	\$	3,416.40
0000063890	James Mcanally	03/22/2022	\$	100.00
0000063891	Johnson Law Group	03/22/2022	\$	2,500.00
0000063892	Kevin Osborne	03/22/2022	\$	53.12
0000063893	MEDICATION REVIEW	03/22/2022	\$	5,820.37
0000063894	MEDLINE INDUSTRIES, INC.	03/22/2022	\$	364.21
0000063895	MRI MOBILE	03/22/2022	\$	5,660.90
0000063896	MedWorxs	03/22/2022	\$	788.00
0000063897	Medi-Dose Inc	03/22/2022	\$	132.03
0000063898	NextGen Healthcare, Inc	03/22/2022	\$	8,852.28
0000063899	OMNI STAFFING SERVICES, INC.	03/22/2022	\$	18,067.55
0000063900	OWENS & MINOR	03/22/2022	\$	4,195.25
0000063901	PC Connection Sales Corporation	03/22/2022	\$	4,717.89
0000063902	PETTY CASH - H	03/22/2022	\$	72.98
0000063903	PHD UNEMPLOYMENT COMPENSATION	03/22/2022	\$	1,136.00
0000063904	PHD WORKERS COMPENSATION	03/22/2022	\$	2,752.00
0000063905	RICOH USA INC	03/22/2022	\$	1,080.44
0000063906	RICOH USA INC	03/22/2022	\$	239.76
0000063907	Ritzville Akins	03/22/2022	\$	57.44
0000063908	Ritzville Eagles Auxiliary	03/22/2022	\$	100.00
0000063909	Rogers Machinery Company, Inc	03/22/2022	\$	1,568.81
0000063910	STAPLES	03/22/2022	\$	512.56
0000063911	STATE AUDITOR'S OFFICE	03/22/2022	\$	638.55
0000063912	Sandra Berg	03/22/2022	\$	112.64
0000063913	Shamrock Labeling Systems	03/22/2022	\$	323.14
0000063914	TIERPOINT	03/22/2022	\$	640.00
0000063915	Todd Nida	03/22/2022	\$	175.75
0000063916	U.S. BANCORP	03/22/2022	\$	9,760.58
0000063917	US Foods	03/22/2022	\$	2,679.19
0000063918	VERIZON WIRELESS	03/22/2022	\$	1,209.55
0000063919	WHIT	03/22/2022	\$	8,395.19
0000063920	A-L COMPRESSED GASES	03/31/2022	\$	185.16
0000063921	AION Women's Health	03/31/2022	\$	4,480.00
0000063922	ALSCO	03/31/2022	\$	2,689.90
0000063923	AM Hardware	03/31/2022	\$	3,607.20
0000063924	Ackerman Heating & Air Conditioning	03/31/2022	\$	491.40
0000063925	Allied Fire and Security	03/31/2022	\$	298.57
0000063926	Amanda Osborne	03/31/2022	\$	79.85
0000063927	BRONCO FARM SUPPLY	03/31/2022	\$	1,243.33
0000063928	Bayer Healthcare	03/31/2022	\$	817.04
0000063929	Brooke Hays	03/31/2022	\$	1,400.00
0000063930	COVERYS	03/31/2022	\$	372.00
0000063931	Colene Hickman	03/31/2022	\$	161.66
0000063932	EARH INSURANCE & PENSION	03/31/2022	\$	13,822.39

0000063933	ECOLAB	03/31/2022	\$	662.35
0000063934	EMPLOYEE FUND	03/31/2022	\$	103.00
0000063935	Eric Johnson	03/31/2022	\$	40.00
0000063936	FISHER HEALTHCARE	03/31/2022	\$	212.96
0000063937	Family Support Registry	03/31/2022	\$	92.76
0000063938	Fasthealth	03/31/2022	\$	325.00
0000063939	Fedie, Corey	03/31/2022	\$	213.24
0000063940	Gretchen Millard	03/31/2022	\$	150.00
0000063941	Harwin LLC dba The Drain Specialists	03/31/2022	\$	513.00
0000063942	Health Carousel, LLC	03/31/2022	\$	7,964.00
0000063943	Health Financial Systems	03/31/2022	\$	800.00
0000063944	JENNIFER PEPPERD	03/31/2022	\$	376.62
0000063945	Janice Dennis	03/31/2022	\$	24.30
0000063946	Kevin Osborne	03/31/2022	\$	32.99
0000063947	MCKESSON	03/31/2022	\$	703.39
0000063948	MEDLINE INDUSTRIES, INC.	03/31/2022	\$	812.88
0000063949	Nina Klewin	03/31/2022	\$	3,750.00
0000063950	OMNI STAFFING SERVICES, INC.	03/31/2022	\$	24,483.92
0000063951	OWENS & MINOR	03/31/2022	\$	1,032.85
0000063952	PHYSICIAN INSURANCE	03/31/2022	\$	9,277.30
0000063953	Patricia Braz	03/31/2022	\$	15.00
0000063954	Quadient Finance USA, Inc	03/31/2022	\$	1,736.48
0000063955	RITZVILLE HARDWARE	03/31/2022	\$	217.79
0000063956	RITZVILLE PARTS HOUSE INC	03/31/2022	\$	567.10
0000063957	RLDatix	03/31/2022	\$	246.24
0000063958	SENSKE	03/31/2022	\$	140.40
0000063959	SPHC Service	03/31/2022	\$	725.76
0000063960	STAPLES	03/31/2022	\$	27.53
0000063961	Shamrock Labeling Systems	03/31/2022	\$	555.12
0000063962	Todd Nida	03/31/2022	\$	94.17
0000063963	ULINE	03/31/2022	\$	94.52
0000063964	United Health Care	03/31/2022	\$	49,825.88
0000063965	United Healthcare	03/31/2022	\$	68.40
0000063966	VIAVANT, PETER	03/31/2022	\$	11,625.00
0000063967	William Voss	03/31/2022	\$	110.82
			\$	586,713.33



**Adams County Public Hospital District No. 2
DBA: East Adams Rural Healthcare
Ritzville, WA**

Unaudited Financial Statements

for

The Three Months Ended, March 31, 2022

Certification Statement:

To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

Certified by:

Kimberly Polanco, CHFP

Chief Financial Officer

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East Adams Rural Healthcare

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Ritzville, WA

The Three Months Ended, March 31, 2022

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East Adams Rural Healthcare

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

CFO Report to the Board

Board of Commissioners
East Adams Rural Healthcare
April 13, 2022

MARCH 2022 FINANCIAL OVERVIEW

March Financial Status

East Adams Rural Healthcare's March business resulted in a Net Loss of (\$27,040) for the month and (\$267,183) for the first quarter of the year. Operations resulted in a loss of (\$141,614) for the month and (\$610,598) for the year. The District has a negative total margin of (13.9%) and negative operating margin of (31.36%) year to date. As previously reported, the year began with additional restrictions due to the COVID surge, however service delivery volumes have increased in February over January and the increases have maintained in March and are expected to continue.

The District has 222 days cash on hand of which 23 days are Medicare Advance Payments recouped at 25% of Medicare payments each month. To date 61% of the advanced funds have been paid back to CMS with \$778,596 remaining to be paid.

Accounts Receivable

Gross Patient AR decreased (\$355,720) or 7.8%. Net Patient AR decreased (\$165,663) or 6.2%. Gross Accounts Receivable Days decreased by two days to 145. Net Patient Accounts Receivable Days increased eight days to 98. While gross revenues were 25% higher in March than the District's twelve-month average, another record month in revenue collections brought the total AR down.

Accounts receivable over 120 days old represent 43% of the receivables which is a 4% increase from February. Many of the pain management balances are in this category, have recently been billed, and will be resolved in the near future.

Expenses

March expenses were \$1,104,185, which is 8.7% below budget. The reduction in expenses from budget are primarily in salaries and wages and reduced estimated bad debt. These are partially offset by an increase in contract nurse staffing.

Best Regards,

Kimberly Polanco, CHFP



Adams County Public Hospital District No. 2
Statement of Operations
For the Period Ending
The Three Months Ended, March 31, 2022

	Prior Month Last Month	Month to Date Information			Year to Date Information			Last Year YTD		
		Actual	Budget	Variance	% Var	Actual	Budget		Variance	% Var
Patient Service Revenue										
Daily Inpatient Services	\$ 46,690	\$ 7,409	\$ 10,206	\$ (2,797)	-27.41%	\$ 103,087	\$ 30,618	\$ 72,469	236.69%	11,874
Swingbed Room Revenue	50,729	75,091	116,955	(41,865)	-35.80%	126,557	344,144	(217,587)	-63.23%	184,489
Physician/Clinic Services	54,094	92,899	63,279	29,620	46.81%	225,562	189,837	35,725	18.82%	195,314
Ancillary Inpatient Services	42,102	8,853	6,168	2,685	43.52%	106,940	18,504	88,436	477.93%	23,353
Ancillary Outpatient Services	1,189,958	915,793	658,082	257,711	39.16%	2,949,642	1,974,246	975,396	49.41%	1,755,200
Total Gross Patient Revenue	\$ 1,383,573	\$ 1,100,044	\$ 854,690	\$ 245,354	28.71%	\$ 3,511,787	\$ 2,557,349	\$ 954,439	37.32%	\$ 2,170,230
Deductions from Revenue	641,797	172,778	(29,068)	(201,846)	694.39%	1,105,730	(87,204)	(1,192,934)	1367.98%	(1,251,006)
Net Patient Service Revenue	\$ 741,776	\$ 927,267	\$ 883,758	\$ (43,509)	-4.92%	\$ 2,406,057	\$ 2,644,553	\$ 238,496	9.02%	\$ 3,421,236
Other Operating Revenue	10,477	35,305	40,833	(5,528)	-13.54%	52,107	122,499	(70,392)	-57.46%	111,630
Total Operating Revenue	\$ 752,252	\$ 962,572	\$ 924,591	\$ 37,981	4.11%	\$ 2,458,164	\$ 2,767,052	\$ (308,887)	-11.16%	\$ 3,532,867
Expenses										
Salaries and Wages	463,202	448,024	504,845	56,821	11.26%	1,376,400	1,514,536	138,136	9.12%	1,154,531
Employee Benefits	113,186	110,363	107,016	(3,348)	-3.13%	364,722	321,047	(43,676)	-13.60%	311,178
Purchased Services	153,604	136,740	119,558	(17,183)	-14.37%	428,979	349,807	(79,173)	-22.63%	338,219
Professional Fees	53,462	145,353	32,125	(113,228)	-352.46%	288,670	96,374	(192,297)	-199.53%	83,081
Supplies	51,758	122,755	54,780	(67,975)	-124.09%	227,216	164,340	(62,877)	-38.26%	151,372
Repairs and Maintenance	12,485	23,821	22,431	(1,390)	-6.20%	56,234	67,294	11,060	16.43%	41,219
Utilities	28,848	18,294	17,662	(632)	-3.58%	65,837	52,986	(12,851)	-24.25%	53,943
Advertising & Marketing	5,623	125	9,692	9,567	98.71%	9,473	29,076	19,603	67.42%	15,008
Depreciation	61,687	61,687	67,716	6,029	8.90%	185,062	203,148	18,086	8.90%	199,065
Insurance	9,627	9,649	11,205	1,556	13.89%	41,691	33,616	(8,075)	-24.02%	27,304
Education/Travel/Dues	4,749	2,862	2,917	55	1.88%	10,148	8,751	(1,397)	-15.97%	4,852
Interest	30,421	30,457	31,870	1,414	4.44%	91,283	95,611	4,328	4.53%	104,234
Taxes & Licenses	21,454	19,980	15,468	(4,512)	-29.17%	45,685	46,403	718	1.55%	(34,871)
Rent	3,751	3,724	2,446	(1,278)	-52.24%	14,319	7,339	(6,980)	-95.12%	10,524
Bad Debt Expense	(94,940)	(32,263)	13,270	45,533	343.13%	(141,583)	39,810	181,393	455.65%	(611,050)
Other	842	2,613	2,776	163	5.88%	4,624	8,329	3,705	44.48%	(3,319)
Total Operating Expenses	\$ 919,761	\$ 1,104,185	\$ 1,015,777	\$ (88,408)	-8.70%	\$ 3,068,763	\$ 3,038,465	\$ (30,298)	-1.00%	\$ 1,845,290
Operating Income (Loss)	\$ (167,509)	\$ (141,614)	\$ (91,186)	\$ (50,428)	55.30%	\$ (610,598)	\$ (271,413)	\$ (339,185)	124.97%	\$ 1,687,576
Non-Operating Income										
Grant & Other NonOp Revenue	-	19,328	12,340	6,988	56.63%	35,216	37,019	(1,803)	-4.87%	383,811
Tax Levy Income	111,207	94,811	100,019	(5,208)	-5.21%	307,957	300,057	7,900	2.63%	294,922
Interest Income	306	435	17	418	2461.65%	242	51	191	375.47%	55
Donations	-	-	-	-	0.00%	-	-	-	0.00%	-
EACC Gain/Loss on Sale	-	-	-	-	0.00%	-	-	-	0.00%	-
Gain/(Loss) on Sale of Property	-	-	-	-	0.00%	-	-	-	0.00%	-
Total Non-Operating Income	\$ 111,513	\$ 114,574	\$ 112,376	\$ 2,198	1.96%	\$ 343,416	\$ 337,127	\$ 6,288	1.87%	\$ 678,788
Net Income (Loss)	\$ (55,996)	\$ (27,040)	\$ 21,190	\$ (48,230)	-227.61%	\$ (267,183)	\$ 65,713	\$ (332,896)	-506.59%	\$ 2,366,364



ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
EAST ADAMS RURAL HEALTHCARE & DISTRICT CLINICS
13 MONTH COMBINED STATEMENT OF INCOME AND LOSS

	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	YTD		
														Last Year	This Year	
Patient Service Revenue																
Daily Inpatient Services	\$ 5,535	\$ 22,910	\$ -	\$ 6,520	\$ 5,535	\$ 4,890	\$ 18,235	\$ 15,315	\$ 26,510	\$ 12,055	\$ 48,988	\$ 46,690	\$ 7,409	\$ 17,921	\$ 11,874	\$ 103,087
Swingbed Room Revenue	\$ 56,126	\$ 207,243	\$ 238,906	\$ (63,125)	\$ 137,061	\$ 137,061	\$ (18,369)	\$ 88,627	\$ 133,297	\$ 77,789	\$ 738	\$ 50,729	\$ 75,081	\$ 90,180	\$ 184,489	\$ 126,557
Physician/Clinic Services	\$ 81,854	\$ 73,786	\$ 40,725	\$ 77,541	\$ 43,510	\$ 104,927	\$ 38,867	\$ 98,640	\$ 123,330	\$ 79,619	\$ 78,569	\$ 54,094	\$ 92,899	\$ 72,019	\$ 195,314	\$ 225,562
Ancillary Inpatient Services	\$ 16,148	\$ 13,900	\$ 549	\$ 6,029	\$ 8,964	\$ 10,477	\$ 11,345	\$ 11,345	\$ 11,070	\$ 8,653	\$ 55,985	\$ 42,102	\$ 8,653	\$ 15,166	\$ 23,353	\$ 106,940
Outpatient Services	\$ 501,102	\$ 613,219	\$ 629,442	\$ 504,614	\$ 560,344	\$ 776,053	\$ 644,818	\$ 617,968	\$ 531,178	\$ 389,529	\$ 843,891	\$ 1,189,958	\$ 915,793	\$ 684,734	\$ 1,755,200	\$ 2,949,642
Total Gross Patient Revenue	\$ 660,765	\$ 931,058	\$ 909,622	\$ 531,579	\$ 772,528	\$ 1,033,408	\$ 685,519	\$ 789,594	\$ 825,063	\$ 570,058	\$ 1,028,170	\$ 1,383,573	\$ 1,100,044	\$ 880,020	\$ 2,170,230	\$ 3,511,787
Deductions from Revenue	\$ 212,242	\$ 27,391	\$ 152,288	\$ (47,562)	\$ 251,524	\$ 298,817	\$ 273,031	\$ 157,974	\$ (885,740)	\$ (255,520)	\$ 291,155	\$ 641,797	\$ 172,778	\$ 89,828	\$ (1,251,009)	\$ 1,105,730
Net Patient Service Rev	\$ 448,524	\$ 903,667	\$ 757,334	\$ 579,141	\$ 521,003	\$ 734,591	\$ 412,488	\$ 631,620	\$ 1,710,823	\$ 825,578	\$ 737,015	\$ 741,776	\$ 927,267	\$ 790,192	\$ 3,421,236	\$ 2,406,057
Other Operating Revenue	\$ 27,972	\$ 10,311	\$ 8,944	\$ 24,212	\$ 4,282	\$ 10,639	\$ 75,566	\$ 265,843	\$ 15,195	\$ (76,237)	\$ 6,325	\$ 10,477	\$ 35,305	\$ 32,589	\$ 111,630	\$ 52,107
Total Operating Revenue	\$ 476,495	\$ 913,978	\$ 766,279	\$ 603,353	\$ 525,285	\$ 745,430	\$ 488,054	\$ 897,464	\$ 1,726,017	\$ 749,341	\$ 743,340	\$ 752,252	\$ 962,572	\$ 822,780	\$ 3,532,867	\$ 2,458,164
Expenses																
Salaries and Wages	\$ 375,650	\$ 480,991	\$ 360,413	\$ 367,491	\$ 576,838	\$ 369,818	\$ 407,842	\$ 426,959	\$ 438,823	\$ 625,880	\$ 465,174	\$ 453,202	\$ 448,024	\$ 455,956	\$ 1,154,531	\$ 1,376,400
Employee Benefits	\$ 86,242	\$ 65,628	\$ 136,973	\$ 35,298	\$ 144,513	\$ 91,460	\$ 135,433	\$ 51,357	\$ 88,201	\$ 174,650	\$ 141,172	\$ 113,186	\$ 110,363	\$ 107,603	\$ 311,178	\$ 364,722
Purchased Services	\$ 137,519	\$ 193,090	\$ 99,113	\$ 124,605	\$ 169,674	\$ 147,429	\$ 158,451	\$ 215,742	\$ 126,564	\$ 229,631	\$ 138,635	\$ 136,740	\$ 136,740	\$ 157,789	\$ 336,219	\$ 428,979
Professional Fees	\$ 35,884	\$ 76,321	\$ 82,188	\$ 95,342	\$ 103,230	\$ 112,132	\$ 95,158	\$ 119,343	\$ 56,492	\$ 172,362	\$ 89,856	\$ 53,462	\$ 145,353	\$ 100,103	\$ 83,081	\$ 286,670
Supplies	\$ 32,740	\$ 51,923	\$ 57,156	\$ (149,154)	\$ 36,407	\$ 48,870	\$ 97,088	\$ 66,924	\$ 49,151	\$ 298,145	\$ 52,704	\$ 51,758	\$ 122,755	\$ 65,394	\$ 151,372	\$ 227,216
Repairs and Maintenance	\$ 15,202	\$ 17,552	\$ 17,156	\$ 13,043	\$ 21,305	\$ 15,792	\$ 20,878	\$ 14,782	\$ 19,246	\$ 15,255	\$ 19,928	\$ 12,485	\$ 23,621	\$ 17,604	\$ 41,219	\$ 56,234
Utilities	\$ 19,814	\$ 19,814	\$ 23,857	\$ 19,204	\$ 11,672	\$ 14,939	\$ 22,827	\$ 9,965	\$ 11,574	\$ 17,310	\$ 18,695	\$ 28,848	\$ 18,294	\$ 18,089	\$ 53,943	\$ 65,637
Advertising & Marketing	\$ 1,938	\$ 6,847	\$ 8,175	\$ 5,450	\$ 8,321	\$ 4,519	\$ 12,534	\$ 10,261	\$ 2,376	\$ 21,671	\$ 3,725	\$ 5,623	\$ 125	\$ 7,469	\$ 15,008	\$ 9,473
Depreciation	\$ 66,428	\$ 66,427	\$ 66,428	\$ 66,427	\$ 66,428	\$ 79,839	\$ 63,402	\$ 63,728	\$ 63,728	\$ 63,728	\$ 61,687	\$ 61,687	\$ 61,687	\$ 65,433	\$ 199,065	\$ 165,062
Insurance	\$ 8,308	\$ 19,519	\$ 7,999	\$ 28,803	\$ 7,568	\$ 7,568	\$ 2,979	\$ 7,094	\$ 18,565	\$ 12,599	\$ 22,414	\$ 9,627	\$ 9,649	\$ 12,865	\$ 27,304	\$ 41,691
Education/Travel/Dues	\$ 1,420	\$ 2,909	\$ 2,909	\$ 2,311	\$ 2,148	\$ 430	\$ 3,220	\$ 3,834	\$ 1,697	\$ 2,937	\$ 4,749	\$ 2,862	\$ 2,862	\$ 2,629	\$ 4,852	\$ 10,148
Interest	\$ 31,273	\$ 31,237	\$ 31,262	\$ 31,218	\$ 31,235	\$ 31,220	\$ 31,841	\$ 31,174	\$ 31,160	\$ 30,436	\$ 30,421	\$ 30,421	\$ 30,457	\$ 31,006	\$ 104,234	\$ 91,283
Taxes & Licenses	\$ 20,208	\$ 18,641	\$ 4,925	\$ 16,891	\$ 7,306	\$ 11,615	\$ 15,060	\$ 18,613	\$ 9,760	\$ 30,588	\$ 4,251	\$ 21,454	\$ 19,980	\$ 14,925	\$ (34,871)	\$ 45,685
Rent	\$ 3,224	\$ 8,489	\$ 4,765	\$ 4,866	\$ 4,624	\$ 4,624	\$ 4,677	\$ 4,624	\$ 3,724	\$ 3,724	\$ 6,844	\$ 3,751	\$ 3,724	\$ 4,946	\$ 10,524	\$ 14,319
Bad Debt Expense	\$ (126,016)	\$ (186,691)	\$ (6,853)	\$ 15,719	\$ 41,863	\$ 254,082	\$ 24,791	\$ 12,419	\$ 28,540	\$ 55,375	\$ (14,380)	\$ (94,940)	\$ (32,263)	\$ 8,139	\$ (611,050)	\$ (141,563)
Other	\$ 498	\$ 818	\$ 1,975	\$ 919	\$ 1,330	\$ 629	\$ 641	\$ 847	\$ 696	\$ 1,066	\$ 1,169	\$ 842	\$ 2,613	\$ 1,129	\$ (3,319)	\$ 4,624
Total Operating Expenses	\$ 710,331	\$ 872,604	\$ 918,442	\$ 681,433	\$ 1,234,462	\$ 1,214,968	\$ 1,096,823	\$ 1,057,666	\$ 951,208	\$ 1,756,569	\$ 1,044,816	\$ 919,761	\$ 1,104,185	\$ 1,071,078	\$ 1,845,290	\$ 3,068,763
Operating Income (Loss)	\$ (233,836)	\$ 41,373	\$ (152,163)	\$ (78,080)	\$ (709,177)	\$ (469,538)	\$ (608,769)	\$ (160,202)	\$ 774,810	\$ (1,007,228)	\$ (301,476)	\$ (187,509)	\$ (141,614)	\$ (248,298)	\$ 1,687,576	\$ (610,598)
Non-Operating Income																
Grant & Other NonOp Rev	\$ 60,352	\$ 93,657	\$ -	\$ 1,104,275	\$ -	\$ 12,200	\$ 923	\$ -	\$ 129,608	\$ 977,841	\$ 15,889	\$ -	\$ 19,328	\$ 196,143	\$ 383,811	\$ 35,216
Tax Levy Income	\$ 111,145	\$ 197,355	\$ 67,473	\$ 113,271	\$ 94,317	\$ 94,328	\$ 94,336	\$ 94,353	\$ 94,404	\$ 48,795	\$ 107,939	\$ 111,207	\$ 94,811	\$ 100,549	\$ 294,922	\$ 307,957
Interest Income	\$ 13	\$ 10	\$ -	\$ 31	\$ 6	\$ 6	\$ 5	\$ 5	\$ 8	\$ 27	\$ 141	\$ 306	\$ 435	\$ 82	\$ 55	\$ 242
Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 671
EACC Gain/Loss on Sale	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Gain/Loss on Sale prop	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Non-Operating Income	\$ 171,511	\$ 291,022	\$ 67,480	\$ 1,217,577	\$ 94,323	\$ 106,534	\$ 95,263	\$ 94,358	\$ 224,020	\$ 1,026,663	\$ 117,969	\$ 111,513	\$ 114,574	\$ 296,775	\$ 678,788	\$ 344,087
Net Income (Loss)	\$ (62,325)	\$ 332,396	\$ (84,683)	\$ 1,139,496	\$ (614,854)	\$ (363,004)	\$ (613,506)	\$ (65,844)	\$ 988,830	\$ 19,435	\$ (183,507)	\$ (55,996)	\$ (27,040)	\$ 48,477	\$ 2,366,364	\$ (266,511)



ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
EAST ADAMS RURAL HEALTH CARE & DISTRICT CLINICS
Comparative Balance Sheet

													Change			
	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Current	%	YTD
ASSETS																
Current Assets																
Operating Cash	6,179,535	7,670,159	7,700,804	7,721,302	7,189,349	6,808,469	6,358,827	6,046,167	6,385,864	6,263,807	5,752,377	5,458,515	5,601,240	142,725	2.6%	(662,567)
Accounts Receivable,	4,045,873	3,778,464	3,575,772	3,327,388	3,612,356	4,092,947	3,923,778	4,016,575	4,294,488	4,045,965	4,207,829	4,560,340	4,204,821	(355,720)	-7.8%	158,656
Patients	(1,833,007)	(1,465,986)	(1,254,862)	(1,188,742)	(1,338,036)	(1,724,230)	(1,537,863)	(1,548,802)	(1,540,202)	(1,719,620)	(1,745,088)	(1,870,349)	(1,680,293)	190,057	-10.2%	39,327
Allowance for Bad Debt & Contractuals	2,212,866	2,292,478	2,320,910	2,137,646	2,274,319	2,368,717	2,385,915	2,467,773	2,754,286	2,326,345	2,462,741	2,689,991	2,524,328	(165,663)	-6.2%	197,983
Net Patient Receivables	(393,126)	(393,126)	(393,126)	(393,126)	(393,126)	(393,126)	(393,126)	(393,126)	(393,126)	(393,126)	(393,126)	(393,126)	(393,126)	-	0.0%	-
Third Party Receivables	298,759	(116,383)	(157,990)	(49,119)	40,469	131,450	161,262	62,183	11,963	54,084	153,373	261,452	259,518	(1,934)	-0.7%	205,434
Taxes Receivable	202,376	204,412	207,448	101,948	99,442	96,119	93,541	91,188	86,159	371,874	378,156	386,677	406,195	19,518	5.0%	34,321
Inventory	26,205	26,206	26,207	26,207	26,210	26,212	26,212	26,213	26,214	26,215	26,216	26,218	26,222	4	0.0%	7
Reserve For Operations	1,838,116	1,838,268	1,838,385	1,838,488	1,838,769	1,838,891	1,839,021	1,839,166	1,839,295	1,839,443	1,839,583	1,839,733	1,840,082	349	0.0%	639
Reserve For Funded Depreciation	(0)	(0)	(0)	60,178	59,234	56,292	69,232	87,290	85,348	83,406	116,458	114,517	113,375	(1,142)	-0.1%	29,968
Other Current Assets	10,362,730	11,522,013	11,542,637	11,443,532	11,133,666	10,933,023	10,560,885	10,226,854	10,798,003	10,572,048	10,335,779	10,383,977	10,377,834	(6,143)	-0.1%	(194,214)
Total Current Assets	16,744,134	16,748,235	16,748,235	16,748,235	16,748,235	16,748,235	16,882,345	16,885,830	16,885,830	16,915,848	16,943,206	16,943,206	16,950,556	7,350	0.0%	34,708
Other Assets																
Property, Buildings, & Equipment	(7,408,107)	(7,472,534)	(7,538,962)	(7,605,389)	(7,671,817)	(7,751,656)	(7,815,059)	(7,878,786)	(7,942,514)	(8,006,242)	(8,067,950)	(8,129,617)	(8,191,305)	(61,687)	0.8%	(185,062)
Accumulated Depreciation	9,338,028	9,275,701	9,209,273	9,142,846	9,076,418	8,996,579	9,067,287	9,007,044	8,943,316	8,909,606	8,875,276	8,813,589	8,759,251	(94,337)	-0.6%	(190,355)
Net Property Plant & Equipment	46,788	46,788	46,788	46,788	46,788	46,788	46,788	46,788	46,788	46,788	46,788	46,788	46,788	-	0.0%	-
Investment In Property	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	-
Construction In Progress	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	-
457B Plan Assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	-
Total Property, Plant & Equipment	9,384,815	9,322,468	9,256,061	9,189,633	9,123,206	9,043,367	9,114,074	9,053,832	8,990,104	8,956,393	8,922,064	8,860,376	8,806,039	(54,337)	-0.6%	(150,355)
Total Assets	19,747,545	20,844,501	20,798,698	20,633,165	20,256,872	19,976,390	19,674,959	19,280,686	19,788,106	19,528,442	19,257,843	19,244,353	19,183,873	(60,481)	-0.3%	(344,569)
LIABILITIES																
Current Liabilities:																
Accounts Payable	175,718	153,439	107,903	(96,976)	(149,806)	(74,280)	68,116	(52,181)	(158,606)	588,189	456,133	388,756	371,039	(27,717)	-7.0%	(218,150)
Payroll And Related Liabilities	1,751,382	1,508,630	1,566,876	1,508,218	1,772,927	1,736,404	1,762,642	1,544,404	1,556,514	1,462,376	1,523,264	1,463,743	1,306,728	(157,015)	-10.7%	(175,649)
Third Party Cost Report Settlements	1,024,459	2,032,346	2,032,346	1,146,627	1,146,627	1,146,627	1,146,627	1,146,627	1,146,627	138,740	488,740	488,740	488,740	-	0.0%	300,000
Current Portion of LTD	240,000	240,000	240,000	240,000	240,000	240,000	240,000	240,000	250,000	250,000	250,000	250,000	250,000	-	0.0%	-
Other Accrued Expenses	192,748	183,176	178,103	177,841	173,127	185,409	177,584	176,480	174,859	199,447	174,130	303,139	424,036	120,897	39.9%	224,589
Total Current Liabilities	3,384,307	4,117,591	4,125,228	2,973,710	3,182,874	3,234,150	3,414,969	3,055,310	2,969,394	2,659,752	2,842,266	2,854,378	2,790,543	(63,855)	-2.2%	130,791
Long Term Debt:																
Capital Lease	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0.0%	-
Bonds	8,007,084	8,038,209	8,069,334	7,913,711	7,944,835	7,975,960	8,007,084	8,038,169	7,632,546	7,662,941	7,693,335	7,723,730	7,754,124	30,395	0.4%	91,184
Total Liabilities	8,007,085	8,038,209	8,069,334	7,913,711	7,944,836	7,975,960	8,007,085	8,038,169	7,632,547	7,662,941	7,693,336	7,723,730	7,754,125	30,395	0.4%	91,184
FUND BALANCE (DEFICIT):																
Prior Years	5,989,203	5,989,203	5,989,203	5,989,203	5,989,203	5,989,203	5,989,203	5,989,203	5,989,203	5,989,203	5,989,203	5,989,203	5,989,203	-	0.0%	2,916,545
Current Year	2,366,364	2,698,760	2,614,077	3,753,573	3,138,719	2,775,715	2,262,209	2,196,366	3,195,196	3,214,631	(183,507)	(239,503)	(266,543)	(27,040)	11.3%	(3,481,174)
Total Fund Balance (Deficit)	8,355,568	8,687,963	8,603,280	9,742,776	9,127,923	8,764,919	8,251,413	8,185,569	9,184,399	9,203,834	8,722,241	8,666,245	8,639,205	(27,040)	-0.3%	(564,629)
Total Liabilities And Fund Balance	19,746,960	20,843,764	20,797,842	20,632,197	20,255,633	19,975,029	19,673,467	19,279,049	19,786,340	19,526,528	19,257,843	19,244,353	19,183,873	(60,481)	-0.3%	(342,655)

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
 EAST ADAMS RURAL HEALTHCARE & DISTRICT CLINICS
 Comparative Balance Sheet Changes



	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Cash From Operations													
Net Income	1,066,050	332,396	(84,683)	1,139,496	(614,854)	(363,004)	(513,506)	(65,844)	998,830	19,435	(481,593)	(55,996)	(27,040)
Depreciation	772,183	66,427	66,428	66,427	66,428	79,839	63,402	63,728	63,728	63,728	61,687	61,687	61,687
Change in A/R	1,200,777	(79,612)	(28,432)	183,263	(136,673)	(94,398)	(17,198)	(81,658)	(286,513)	427,941	(136,396)	(227,250)	165,663
Change in Current Liabilities	2,334,912	733,284	7,637	(1,149,518)	207,166	51,276	180,820	(359,659)	(85,916)	(309,642)	182,514	12,112	(63,895)
Change in Other Current Assets	(70,262)	411,106	38,571	(63,547)	(85,140)	(85,717)	(60,174)	103,374	55,191	(323,895)	(138,623)	(114,658)	(16,442)
Net Cash From Operations	5,303,660	1,463,601	(479)	176,121	(563,075)	(412,004)	(346,656)	(340,258)	745,321	(122,433)	(512,411)	(324,105)	120,033
Cash from Financing and Capital													
Change in Long Term Liabilities	-	-	-	-	-	-	-	(3,486)	-	-	-	-	(7,350)
Change in Capital Equipment	591,892	(4,101)	-	-	-	-	(134,110)	(3,486)	-	(30,018)	(27,358)	-	30,395
Bond	(507,769)	31,125	31,125	(155,623)	31,125	31,125	31,125	31,085	(405,623)	30,395	30,395	30,395	30,395
Net Cash From Capital	84,123	27,024	31,125	(155,623)	31,125	31,125	(102,985)	27,599	(405,623)	377	3,037	30,395	23,045
Net Change in Cash	5,387,783	1,490,625	30,646	20,499	(531,950)	(380,880)	(449,641)	(312,659)	339,698	(122,056)	(509,374)	(293,710)	143,078
Beginning Cash	2,655,486	8,043,856	9,534,632	9,565,396	9,586,007	9,054,328	8,673,571	8,224,060	7,911,545	8,251,373	8,129,464	7,618,176	7,324,466
Ending Cash	8,043,270	9,534,480	9,565,278	9,585,894	9,054,057	8,673,448	8,223,929	7,911,401	8,251,243	8,129,317	7,620,090	7,324,466	7,467,544

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
EAST ADAMS RURAL HEALTHCARE & DISTRICT CLINICS
STATISTICS



	Apr 21		May 21		Jun 21		Jul 21		Aug 21		Sep 21		Oct 21		Nov 21		Dec 21		Jan 22		Feb 22		Mar 22		Year To Date		12 Month Average	% Change from Prior Year
	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	Last Year	Current		
Days In Period	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	28	29	28	29	90	90	30.45	
Admits	3	0	2	1	4	1	1	1	4	4	2	2	5	5	6	2	2	2	5	5	4	4	3	3	13	12	2.73	-8%
Discharges	3	0	1	2	3	1	2	3	2	2	2	5	4	4	5	3	3	3	5	5	3	3	3	4	11	11	2.64	175%
Patient Days	9	0	4	3	9	3	3	3	9	9	9	9	9	9	16	8	8	8	26	26	23	23	5	5	54	54	9.64	80%
Average LOS per Discharge	3.00	0.00	4.00	1.50	2.25	3.00	3.00	1.50	2.25	4.50	4.50	2.25	4.50	4.50	3.20	2.87	2.87	2.87	5.20	5.20	7.67	7.67	1.87	1.87	7.50	4.91	3.24	-35%
Average Daily Census	0.30	0.00	0.13	0.10	0.30	0.10	0.10	0.10	0.30	0.29	0.30	0.30	0.29	0.29	0.53	0.26	0.26	0.84	0.84	0.82	0.82	0.16	0.16	0.33	0.60	0.32	0.32	80%
Laboratory Billable Tests	1,414	1,129	1,043	991	1,684	1,091	1,091	991	1,684	1,427	1,398	1,398	1,427	1,427	1,375	1,375	1,375	1,794	1,794	1,438	1,438	1,364	1,364	3,332	4,596	1,339	1,339	38%
EKG Charges	46	35	17	46	27	51	51	46	27	31	35	35	31	31	66	66	66	26	26	42	42	54	54	154	122	39	39	-21%
X-rays	115	104	109	109	104	102	102	109	104	133	112	112	133	133	126	126	126	141	141	114	114	113	113	287	368	115	115	28%
CT Scans	48	45	43	41	46	82	41	43	46	55	50	50	55	55	78	78	78	83	83	101	101	71	71	105	255	63	63	143%
MRI Scans	7	6	5	5	4	7	5	5	4	8	5	5	8	8	7	7	7	4	4	9	9	3	3	10	16	6	6	60%
ULTRASOUND Scans	19	13	14	18	14	9	18	14	14	15	20	20	15	15	23	23	23	30	30	18	18	27	27	51	75	18	18	47%
Pain Management Procedures	0	3	7	32	41	27	32	32	41	33	19	19	33	33	23	23	23	26	26	23	23	35	35	0	84	24	24	47%
ER Visits	93	96	39	122	86	166	166	122	86	100	62	62	100	100	176	176	176	90	90	104	104	84	84	230	278	102	102	21%
Ambulance Runs	62	56	67	71	54	67	67	71	54	49	52	52	49	49	93	93	93	70	70	46	46	49	49	190	165	61	61	-13%
Skilled Swing Days	56	89	47	68	56	58	58	68	56	47	80	80	47	47	78	78	78	5	5	15	15	33	33	226	257	52	52	14%
Non-Skilled Swing Days	70	28	90	61	60	62	61	61	60	96	108	108	96	96	163	163	163	123	123	84	84	84	84	180	87	87	87	-52%
Observation Hours	48	11	76	140	195	43	140	140	195	120	275	275	120	120	70	70	70	128	128	265	265	189	189	166	582	137	137	251%
Observation Days	2.00	0.46	3.17	5.83	8.13	1.79	5.83	5.83	8.13	5.00	11.46	11.46	5.00	5.00	2.92	2.92	2.92	5.33	5.33	11.04	11.04	7.88	7.88	6.92	24.25	5.7	5.7	250%
Physical Therapy Treatments	618	625	528	573	799	657	657	573	799	760	844	844	760	760	779	779	779	498	498	518	518	738	738	1,722	1,754	665	665	2%
FTE's Worked	58.74	42.37	42.36	57.97	48.82	54.00	54.00	57.97	48.82	59.42	58.17	58.17	59.42	59.42	58.80	58.80	58.80	60.52	60.52	57.60	57.60	57.78	57.78	54.87	58.63	54.35	54.35	7%
FTE's Paid	59.71	44.05	44.00	59.60	50.24	55.63	55.63	59.60	50.24	60.81	59.56	59.56	60.81	60.81	60.20	60.20	60.20	62.71	62.71	59.95	59.95	60.00	60.00	55.83	60.89	56.07	56.07	9%
Rev / FTE's	59	42	42	58	49	54	54	58	49	59	58	58	59	59	59	59	59	61	61	58	58	58	58	55	59	54	54	7%



ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
EAST ADAMS RURAL HEALTHCARE & DISTRICT CLINICS
STATISTICS

	Year To Date												% Change from Prior Year		
	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22		Last Year	Current
Days in Period	30	31	30	31	31	30	31	30	31	31	28	31	90	90	30.45
Provider Visits															
Doctors	147	75	45	48	38	33	58	82	107	142	135	125	333	402	80.73
Mid-Levels	306	332	441	453	492	469	461	396	386	365	358	431	897	1,154	416.73
Nurses	1	0	4	4	0	7	85	29	28	12	4	15	17	31	17.09
Total Provider Visits	454	407	490	505	530	509	604	507	521	519	497	571	1,247	1,587	514.55
Provider Visits by Location															
Ritzville	334	403	383	384	396	393	514	489	517	503	489	571	1,220	1,563	458.36
Washtucna	2	4	2	4	4	4	5	3	3	4	4	3	10	11	3.64
Total	336	407	385	388	400	397	519	492	520	507	493	574	1,230	1,574	462.00
Provider Visits by Provider															
Trofibio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Shapiro	109	96	152	109	85	131	79	113	82	66	67	96	201	229	97.82
Jones	2	28	0	5	10	83	96	96	98	96	136	111	0	343	69.00
Boyer	153	124	152	149	164	110	157	133	163	160	125	179	347	464	146.91
Noble	12	7	9	0	11	7	10	8	20	12	12	11	22	35	9.73
Bryant	111	17	16	0	0	0	0	0	0	0	0	0	229	0	3.00
McKay	0	0	0	0	0	0	28	66	93	87	78	85	0	250	39.73
Miner (Pain Mgmt)	0	0	0	0	0	0	0	16	14	31	37	23	0	91	11.00
Zuver (Women's Health)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Visiting Doctors	0	11	22	46	44	38	35	46	23	26	18	34	0	78	31.18
TOTAL	387	283	351	309	314	369	405	478	493	478	473	539	1,148	1,490	408.36

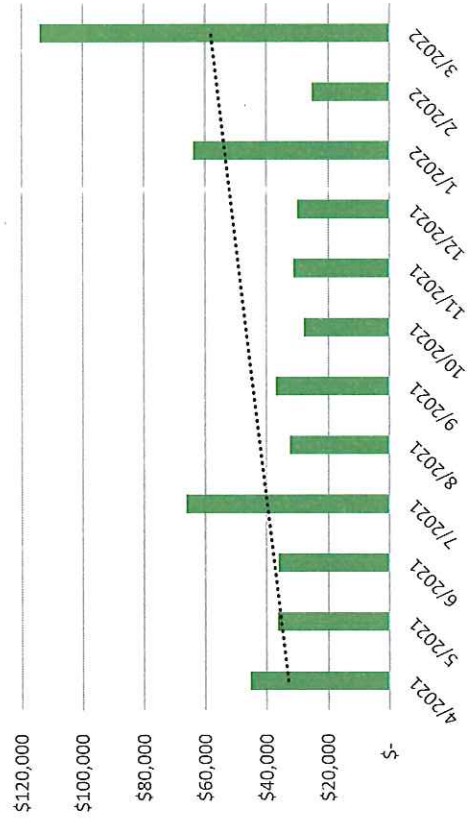
East Adams Rural Healthcare
Ritzville, WA
STATEMENT OF REVENUE & EXPENSES
Period 3, March 2022

Month to Date				Year to Date				
Actual	Budget	Variance \$	Last Year Month	Actual	Budget	Variance \$	Last Year	
Patient Revenue								
7,409	10,206	-27%	5,535	Inpatient Services	103,087	30,618	237%	11,874
75,091	116,955	-36%	56,126	Swing Bed Revenue	126,557	344,144	-63%	184,489
92,899	63,279	47%	81,854	Clinic Revenue	225,562	189,837	19%	195,314
8,853	6,168	44%	16,148	Ancillary IP Services	106,940	18,504	478%	23,353
915,793	658,082	39%	501,102	Ancillary OP Services	2,949,642	1,974,246	49%	1,755,200
1,100,044	854,690	29%	660,765	Total Gross Patient Revenue	3,511,787	2,557,349	37%	2,170,230
172,778	-29,068	-694%	212,242	Deductions from Revenue	1,105,730	-87,204	-1368%	-1,251,006
927,267	883,758	5%	448,524	Net Patient Service Revenue	2,406,057	2,644,553	-9%	3,421,236
35,305	40,833	-14%	27,972	Other Operating Revenues	52,107	122,499	-57%	111,630
962,572	924,591	4%	476,495.3	Total Revenue	2,458,164	2,767,052	-11%	3,532,867
OPERATING EXPENSES								
448,024	504,845	-11%	375,650	Salaries & Wages	1,376,400	1,514,536	-9%	1,154,531
110,363	107,016	3%	86,242	Employee Benefits	364,722	321,047	14%	311,178
136,740	119,558	14%	137,519	Purchased Services	428,979	349,807	23%	338,219
122,755	54,780	124%	32,740	Supplies	227,216	164,340	38%	151,372
145,353	32,125	352%	35,884	Professional Fees	288,670	96,374	200%	83,081
61,687	67,716	-9%	66,428	Depreciation	185,062	203,148	-9%	199,065
9,649	11,205	-14%	8,308	Insurance	41,691	33,616	24%	27,304
30,457	31,870	-4%	31,273	Interest	91,283	95,611	-5%	104,234
18,294	17,662	4%	19,814	Utilities	65,837	52,986	24%	53,943
23,821	22,431	6%	15,202	Repairs & Maintenance	56,234	67,294	-16%	41,219
19,980	15,468	29%	20,208	Taxes & Licenses	45,685	46,403	-2%	-34,871
2,862	2,917	-2%	1,420	Education/Travel/Dues	10,148	8,751	16%	4,852
3,724	2,446	52%	3,224	Rent	14,319	7,339	95%	10,524
-32,263	13,270	-343%	-126,016	Bad Debt	-141,583	39,810	-456%	-611,050
2,738	12,468	-78%	2,436	Other Expenses	14,097	37,405	-62%	11,690
1,104,185	1,015,777	9%	710,331	Total Operating Expenses	3,068,763	3,038,465	1%	1,845,290
NON-OPERATING INCOME								
94,811	100,019	-5%	111,145	Tax Levy Income	307,957	300,057	3%	294,922
435	17	2462%	0	Interest & Dividend Income	242	51	375%	0
19,328	12,340	57%	60,352	Grant Revenue	35,216	37,019	-5%	383,811
0	0	0%	0	Donations	0	0	0%	0
0	0	0%	0	EACC	0	0	0%	0
0	0	0%	0	Gain/Loss Sale of Property	0	0	0%	0
114,574	112,376	2%	171,498	Net Non-Operating Income	343,416	337,127	2%	678,733
-27,040	21,190	-228%	-62,338	Net Income (Loss) From Operations	-267,183	65,714	-507%	-43,808

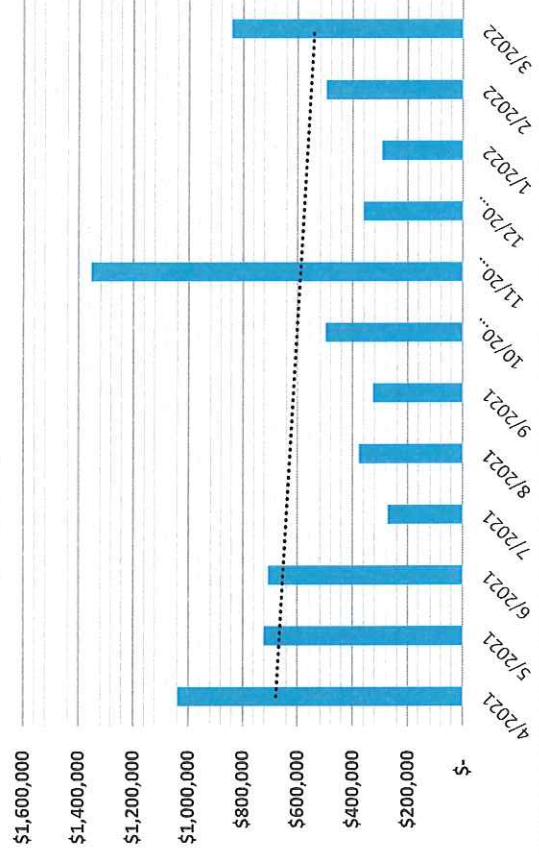
EARH Revenue Collections 12 Month Trend

Month/Year	Total Deposits	Clinic	Hospital	Grants/Other	COVID Funds
2/2021	\$ 313,683	\$ 15,046	\$ 288,047	\$ 10,590	\$ -
3/2021	\$ 665,422	\$ 45,762	\$ 528,844	\$ 90,816	\$ -
4/2021	\$ 2,208,698	\$ 45,257	\$ 1,038,986	\$ 116,568	\$ 1,007,887 (2nd PPP Loan)
5/2021	\$ 770,148	\$ 36,526	\$ 723,984	\$ 9,638	\$ -
6/2021	\$ 987,207	\$ 36,209	\$ 707,871	\$ 43,127	\$ 200,000 (HRSA RHC COVID Vaccine Grant)
7/2021	\$ 352,041	\$ 66,237	\$ 273,773	\$ 12,030	\$ -
8/2021	\$ 442,031	\$ 32,485	\$ 377,607	\$ 31,939	\$ -
9/2021	\$ 438,609	\$ 37,088	\$ 325,985	\$ 75,536	\$ -
10/2021	\$ 806,874	\$ 27,909	\$ 500,063	\$ 26,219	\$ 252,684 (WA SHIP Vaccine Mitigation Grant)
11/2021	\$ 1,540,730	\$ 31,280	\$ 1,354,015	\$ 25,827	\$ 129,608 (CARES Act Phase 4)
12/2021	\$ 819,851	\$ 30,053	\$ 361,866	\$ 427,932	\$ -
1/2022	\$ 646,179	\$ 63,810	\$ 294,334	\$ 272,147	\$ 15,889 (CARES Act Phase 4)
2/2022	\$ 648,252	\$ 25,189	\$ 497,656	\$ 125,407	\$ -
3/2022	\$ 1,112,421	\$ 113,944	\$ 841,596	\$ 156,881	\$ -

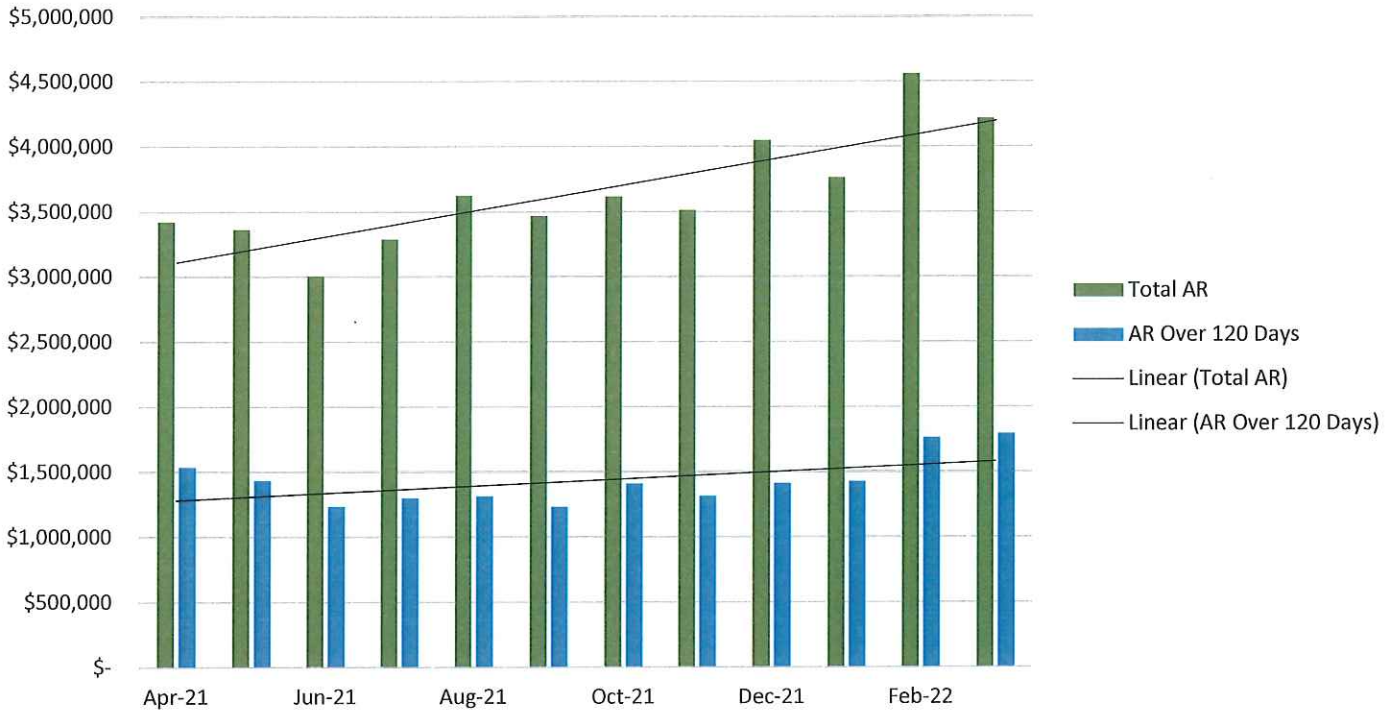
EARH Clinic Revenue Collected



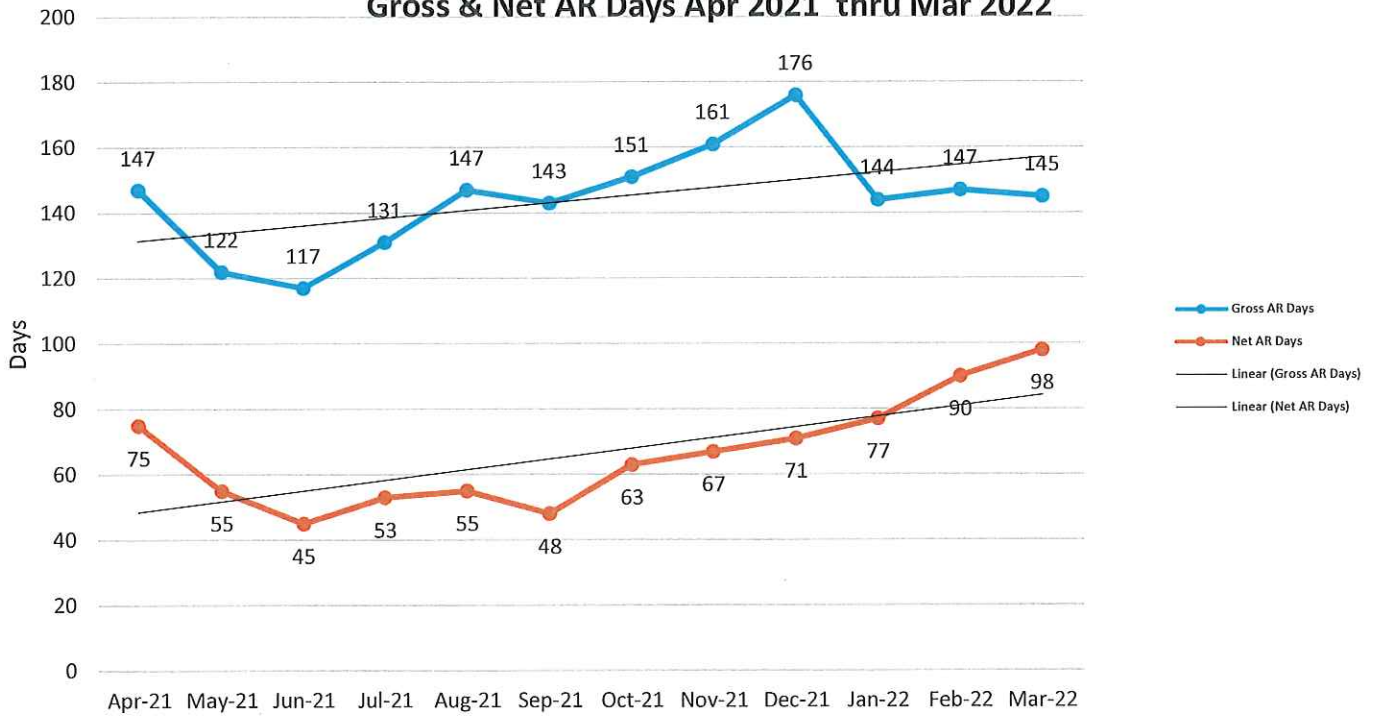
EARH Hospital Revenue Collected



EARH Gross AR Balances Over 120 Days 12 Month Trend Ending March 2022



Gross & Net AR Days Apr 2021 thru Mar 2022





East Adams Rural Healthcare

VOUCHER CERTIFICATION AND APPROVAL

I, THE UNDERSIGNED SUPERINTENDENT, 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.

COREY FEDIE, SUPERINTENDENT

WARRANTS AUDITED AND CERTIFIED BY THE SUPERINTENDENT 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 #063793 THROUGH #063967 IN THE AMOUNT OF \$586,713.33 AND AN ADDITIONAL \$332,965.48 FOR PAYROLL DIRECT DEPOSITS AND \$119,840.53 FOR PAYROLL TAX DEPOSITS.

SIGNED THIS 27TH DAY OF APRIL 2022:

ERIC WALKER, COMMISSIONER

JOHN KRAGT, CHAIRMAN

STACEY PLUMMER, VICE CHAIRMAN

JERRY CROSSLER, COMMISSIONER

DAN DUFF, SECRETARY/COMMISSIONER



East Adams Rural
Healthcare

Code of Conduct

July 9, 2019

East Adams Rural Healthcare

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OUR MISSION

Achieving excellence through exceptional quality to serve the health care needs of the District residents and travelers.

EARH and its District Clinics are a regional hub for health care in Eastern Adams County that is well-integrated with a network of health care partners to offer exceptional care.

OUR VISION

To provide the best possible healthcare to each individual in our community.

Message from the CEO

The Code of Conduct (COC) is a vital part of achieving our mission and vision providing guidance to ensure that our work is performed in an ethical and legal manner. East Adams Rural Healthcare has worked together as a healthcare team to create the core values we believe are the heart of our existence is in providing exceptional healthcare to our community and surrounding area.

The COC is the cornerstone of our Compliance Program based on appropriate ethical and legal standards that will be updated periodically to reflect changes in law. Our Compliance Program outlines what we do as an organization to comply with legal and ethical requirements as follows:

- Establishes standards with written policies, procedures and the COC
- Educates and trains the workforce, volunteers and providers on compliance matters
- Provides a process for reporting potential violations of laws, policies or COC
- Conducts auditing and monitoring to prevent and identify potential improprieties
- Conducts investigations and responds to reported compliance issues
- Performs routine exclusion verifications to ensure we are not conducting business with ineligible parties that cannot participate in federal or state healthcare programs
- Maintains an effective Compliance Committee and organizational structure
- Appoints a Chief Compliance Officer with an independent reporting relationship to the Board of Directors

_____ (CEO Signature)

INTEGRITY WITH PATIENT CARE

COMPASSION

We have the gift to recognize and empathize with each individual's needs and go the extra mile to meet those needs. We will provide support and encouragement in addressing each individual's needs, be considerate and understanding to promote a nurturing and healing environment. Our empathy will be demonstrated through kind thoughts, words and actions.

PATIENT RIGHTS

Patients and families are given a statement of patient rights and responsibilities upon admission, including information about the right to make decisions regarding medical care. We involve patients and families in decisions regarding care to the extent that this is practical and possible. We inform patients about therapeutic alternatives and the risks associated with the care they are seeking.

We provide coordinated discharge planning to all patients as an integral part of the treatment plan in order to support the level of medical, psychological, occupational, rehabilitative and social services needed post-discharge. Patients, families and caregivers are participants in the care and discharge processes and their preferences and choices are given priority whenever possible. We address the wishes of patients related to advance directives and end of life decisions.

PATIENT PRIVACY

Patients and their families trust us with highly personal and sensitive information regarding their medical conditions. We collect information about a patient's medical condition, history, medication and family illnesses in order to provide quality care. We are committed to complying with state and federal privacy laws, and to assisting patients with exercising their patient privacy rights.

Federal and state laws govern the privacy of our patients and their health information in verbal, written and electronic form. The laws apply to the organization, as well as to you as an individual, even after you are no longer working here. Patient privacy laws include serious consequences for failing to protect patient privacy, including potential fines, imprisonment, loss of your professional license and patients' right to sue both the organization and you personally. Additionally, violating our privacy policies can lead to disciplinary actions, up to and including termination. Our Compliance Department monitors electronic patient records to determine who is accessing the record and whether the access is consistent with job functions.

RESPECT

We believe in treating others with kindness, dignity and courtesy regardless of age, race, gender, respecting cultural and religious personal differences. We will speak clearly concisely to our customers, avoiding the use of complex medical or clinical terminology when possible.

QUALITY OF CARE

We believe in providing healthcare services that exceed the expectation and changing needs of our community. We are committed to putting our customers first, to avoid injuries and provide clinical services based on scientific knowledge, best practice and cost-effectiveness. We provide care that does not vary in quality due to gender, ethnicity, geographic location, socio-economic status, sexual orientation or perceived disability. We treat all patients with dignity, respect and courtesy.

BILLING AND FINANCE

CHARITY CARE

Financial assistance is available to patients in the form of charity care based on the patient's individual financial situation and supports the hospitals not-for-profit mission. Eligibility criteria may be found in the Financial Assistance and Charity Care Policy.

DOCUMENTATION, CODING AND BILLING

East Adams Rural Healthcare will provide medically necessary services that are documented, coded and billed accurately based on current payer and/or government standards, within the scope of applicable federal, state, and professional guidelines and applicable staff by-laws.

GROWTH/FISCAL RESPONSIBILITY

We believe in advancing and extending the services we provide by responsibly using our assets to protect the future of East Adams Rural Healthcare. We maintain a high standard of accuracy and completeness in the documentation and reporting of all financial records. Our financial information conforms to generally accepted accounting principles or other applicable rules and regulations.

State and federal laws require us to submit reports of our operating costs and statistics, known as cost reports. These laws define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to government program beneficiaries. We are committed to the preparation, submission and settlement of accurate, timely and complete cost reports.

OVERPAYMENTS

Any funds identified and reconciled that the facility has received and retained in excess of the amount due or payable will be promptly refunded to the appropriate federal health care program and/or in accordance with commercial payor's policies. A credit balance may exist in a patient account after payment by both the patient and a federal or state healthcare program. We endeavor to accurately track, report and refund credit balances.

RESOURCES

East Adams Rural Healthcare is dedicated to responsible stewardship and resources must be used for business purposes and not for personal gain. All accounts, financial reports, tax returns, expense reimbursements, time sheets, and other documents including those submitted to government agencies must be accurate, clear and complete.

Business Conduct

ACCURACY OF RECORDS/DOCUMENT RETENTION AND DESTRUCTION

It is our duty to create and maintain accurate and complete records, as well as only destroy organizational records, in compliance with federal and state laws and applicable policies. East Adams Rural Healthcare policies provide guidance on the proper creation, amendment, maintenance, retention and destruction of organizational records and documents. Contact the Compliance Officer for additional guidance.

ANTI-KICKBACK LAWS

The federal Anti-Kickback Law prohibits individuals and organizations from knowingly or willfully offering or paying, directly or indirectly, any form of remuneration in return for, or to induce, the referral of any patient or business that is covered by Medicare, Medicaid or any other federal or state health care financing program. Remuneration includes kickbacks, bribes or rebates.

If one purpose or reason for a financial transaction or arrangement with an individual or organization is to induce that individual or organization to refer patients or business to East Adams Rural Healthcare or to recommend the services of either organization, then such transaction or arrangement constitutes a violation of the anti-kickback laws.

All agreements involving patient referral sources, including physicians, hospitals, ambulance services, managed care organizations and other health care organizations and service providers, must be reviewed and approved by the legal counsel prior to execution. The *Contracts Administration Policy* provides additional guidance.

ANTI-TRUST LAWS

We do not engage in activities or negotiate agreements that restrain or obstruct

competition or illegally share proprietary information with competitors. The illegal obtainment or use of proprietary information from competitors is strictly prohibited. Anti-trust violations may subject our organization to severe civil and criminal monetary fines, civil liability for treble damages, and injunctions that could impair our ability to compete effectively. Anti-Trust violations may also subject us individually to imprisonment, personal liability, and substantial monetary fines.

We are required not only to comply with the law but also to avoid activities which, though not illegal, may pose unnecessary risks of litigation, government investigation, or injury to our reputation. The limitations on information exchanges with competitors are designed to aid compliance with Anti-Trust laws and protect our competitive, financial, ethical and reputational interests. Except with legal advice, we do not communicate with a competitor, either directly or indirectly, about the cost of goods, supplies, equipment, salaries, wages, employment contracts, severance agreements, and other proprietary information.

CONFIDENTIAL INFORMATION

We are creators and custodians of various types of confidential, proprietary and private information. East Adams Rural Healthcare workforce and third parties will follow policies regarding access, use protection, disclosure, retention, and disposal of public, private and confidential information.

CONFLICTS OF INTEREST

East Adams Rural Healthcare workforce have an obligation to be objective and impartial making decisions on behalf of East Adams Rural Healthcare. External professional activities, private financial interests, or the receipt of a benefit from third parties can cause an actual or perceived conflict between East Adams Rural Healthcare interests and individual's private interest. East Adams Rural Healthcare workforce will accept benefits, awards, and prizes from external entities only in accordance with established East Adams Rural Healthcare policies and standards. Relationships with third parties, such as consulting, board membership, professional services with a potential or actual conflict of interest will be disclosed to East Adams Rural Healthcare.

EXCLUDED PARTIES

East Adams Rural Healthcare does not hire employees, accept volunteers, contract with or bill for services render by individuals or organizations excluded from participating in federal or state healthcare programs. This includes exclusion from those programs administered by the DHHS Office of Inspector General List of Excluded Individuals Entities (LEIE), the Systems Aware Management (SAM) and the State Medicaid exclusion list. We conduct initial excluded parties checks on potential employees, medical staff, vendors and volunteers, as well as periodic excluded parties checks after the commencement of the

relationship to ensure continued eligibility to participate in federal and state healthcare programs. You have a duty to immediately report any change in your eligibility status to the Compliance Officer.

FALSE CLAIMS ACT AND DEFICIT REDUCTION ACT

The state and federal False Claims Acts (FCA) and the federal Deficit Reduction Act (DRA) protect government programs such as Medicare, Medicaid and Tricare from fraud and abuse. It is illegal to submit claims for payment to government programs that we know, or should know, are false or fraudulent. No specific intent to defraud the government is required for a claim to qualify as a false claim. The FCA defines "knowing" to include not only actual knowledge, but also instances of deliberate ignorance or reckless disregard of the truth or falsity of a claim. Filing false claims may result in damages of up to three times the amount of the government program's loss, fines, imprisonment, entering into a Corporate Integrity Agreement and exclusion from participation in federal and state health care programs. If you know of a potential false claim, contact our Compliance Department immediately, or call the Compliance Hotline to notify the Compliance Officer.

GIFTS

We maintain high ethical standards regarding the offering and acceptance of gifts. Offering or accepting personal gifts may influence our decisions or the decisions of others and may constitute a conflict-of-interest. The appropriateness of offering or accepting gifts depends on the specific circumstances of the gift and who is offering and receiving it. For any questions refer to the policy on Non-monetary compensation for Physicians and to the Gifts policy applicable to employees.

MEDIA

We must contact the CEO before responding to any media inquiries or initiating contact with the media. Additionally, communications with media involving patient information must comply with federal and state privacy laws in order to fulfill our legal and ethical duty to protect patient privacy.

NOT-FOR-PROFIT TAX-EXEMPT ORGANIZATION

We are not-for-profit tax-exempt organizations under the Internal Revenue Code. Therefore, we are not organized or operated for the benefit of private interests. No organizational earnings may financially benefit any private individual.

POLICIES, LAWS, AND REGULATIONS

East Adams Rural Healthcare is committed to sustaining a culture of trust, ethics, and compliance. We want individuals to be comfortable raising concerns when there is a good faith belief that actions of individuals and/or the organization are not consistent with laws, regulations policies or standards. East Adams Rural Healthcare leadership is committed

to maintaining the community trust by ensuring appropriate actions to resolve non-compliance. Employees, providers, students, vendors and volunteers will report suspected compliance violations through standard management channels beginning with one's immediate supervisor, management, the compliance hotline or the Compliance Officer.

POLITICAL CONTRIBUTIONS AND ACTIVITIES

As a not-for-profit entity, East Adams Rural Healthcare is restricted in the amount of political lobbying activities that they may conduct. We are not permitted to influence legislation that is not directly related to our mission. In addition, we may not endorse or intervene on behalf of any candidate for public office, and they may not solicit funds or endorsements in support of political issues or causes.

As individuals, we may exercise our civil liberties by participating, advocating or supporting the political candidates and causes of our choice outside of the workplace. We never engage in or promote the following activities while at East Adams Rural Healthcare or while representing either organization at off-site events and activities, unless those activities are directly related to our mission. Company assets, name and logo may not be used on any written political material. Political campaign clothing, buttons or symbols representing a political candidate or cause, excluding health initiatives or those defined as "protected activities" by the National Labor Relations Board are prohibited.

REPORTING

It is an expectation of the workforce that perceived violations of compliance law, policy or our *Code of Conduct* be reported to the Compliance Department. Failure to report to the Compliance Department may result in disciplinary action, up to and including termination. All reports will be evaluated promptly, completely and fairly. You can report compliance concerns in the following way:

- Calling (509)659-1200 and requesting to speak to the compliance or privacy officer

Reporting a compliance concern in good faith will not jeopardize one's employment. Retaliation against any individual for reporting a compliance concern in good faith is not tolerated. Confirmed violations of this CQC will result in appropriate consequences for the Violators, up to and including termination of employment or other relationships with East Adams Rural Healthcare.

STARK LAW

We conduct all our business practices with physicians in conformity with the federal Physician Self-Referral or "Stark" Law. The Stark Law prohibits referrals for certain Medicare items and services furnished by an organization with which the referring physician, or his or her immediate family member, has a financial relationship, unless a

specific legal exception applies. We are required to immediately report all known or suspected violations of any of these policies to the Compliance Officer.

East Adams Rural Healthcare may directly engage physicians and community providers to provide certain services, such as on-call coverage, moonlighting, training, consulting or administrative services, and pay these physicians directly for such services. In such arrangements, there is a direct compensation relationship between the hospital and the physician and we must consult with the legal counsel to execute a personal services agreement (PSA) with the physician.

We must also strictly follow our organizations' *Non-monetary Physician Compensation Policy* when offering non-monetary compensation or incidental benefits to physicians or their immediate family members.

WORKPLACE ENVIRONMENT

PROFESSIONALISM

We believe in performing our jobs to the highest standards, always demonstrating exceptional character and follow the Code of Conduct. We will demonstrate an ethical work environment by being accountable, responsible and dependable completing jobs assigned and being flexible with change. We will wear our name badges visibly, greet customers with an uplifting spirit and be attentive to our customer's need. We will listen, acknowledge, and respond respectfully to customers concerns, verify understanding by asking questions and encouraging customer feedback.

TEAMWORK

East Adams Rural Healthcare employees are a network of skilled individuals working together to achieve the common goal of providing exceptional healthcare that benefits the people we serve and our organization. We will offer a safe positive, and family orientated environment by executing our core values. We will continue to update our skills, education and training while responsibly managing the assets of East Adams Rural Healthcare.

WORKPLACE HARRASSMENT

As an organization, we are committed to maintaining an environment that is free of unlawful harassment and intimidation. Harassment includes any behavior or conduct that is based on a protected characteristic and that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. Some examples of harassment are: disparaging or abusive words or phrases; persisting in the use of any name or term which you know may be offensive to that individual; or sabotaging someone's work.

Harassment also includes sexual harassment. The determination of what constitutes sexual harassment may vary with the particular circumstances. In general, unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature may constitute sexual harassment when: submission to such behavior is made a term or condition of employment; submission to or rejection of such behavior is used as a basis for making employment decisions; or such conduct unreasonably interferes with someone's work performance or creates an intimidating, hostile, or offensive work environment.

WORKPLACE HEALTH AND SAFETY

In our continuing commitment to an environment of healing and good health, smoking is not permitted anywhere inside the hospital buildings or outside on campus. The use of illegal drugs and abuse of controlled substances in the workplace is prohibited. As a condition of employment, any involvement in the unlawful use, sale, manufacture, distribution or possession of controlled substances, and/or unauthorized use of alcohol in the workplace or working under the influence of such substances is prohibited. Please contact your supervisor or Human Resources if you seek treatment and/or rehabilitation.

We promote personal safety and follow safe workplace practices, including participating in applicable education sessions, using appropriate personal safety equipment, and reporting incidents, injuries, and unsafe situations. We will protect the environment, including carefully handling hazardous waste, harmful agents, materials or conditions and recycle material whenever possible.