

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT #2
Meeting of the Board of Commissioners
March 26, 2025
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-Regular Board Meeting Minutes February 26, 2025
- V) Consent Agenda
 - i) Chief Nursing Officer Report
 - ii) HR Report
 - iii) Quality Report
- VI) Medical Staff Report
- VII) CEO Report
- VIII) Committee Reports
 - i) Finance Committee
 - (1) Financials – February
 - (2) Approval of Warrants and Vouchers
 - ii) Building Committee
 - iii) Compliance Committee
- IX) Old Business
 - i) Resolution 25-02: Board Bylaws
 - ii) Board Retreat
- X) New Business
 - i) 2022 Audit Presentation
 - ii) Resolution 25-03: Authorized signers; Warrants
 - iii) Resolution 25-04: Authorized signers; Transfers
- XI) Public Comment
- XII) Executive Session
 - i) Medical Staff Credentialing
- XIII) Next Board Meeting April 23, 2025, at 3:30 p.m.
- XIII) Adjourn

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
East Adams Rural Hospital
903 S. Adams
Ritzville, WA 99169
Meeting of the Board of Commissioners
February 26, 2025

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

Absent: Dan Duff, Commissioner

There were five community members present.

Board Chair, Riley Hille called the meeting to order at 3:30 p.m.

INTRODUCTIONS-None

ADDITIONS AND CORRECTIONS- None

PUBLIC COMMENT- Don Sanger raised concerns regarding the December financials. Commissioner John Kragt said that the last three years ended with a net profit however, 2024 was a bad year.

APPROVAL OF MINUTES

The January 22nd regular board meeting minutes were presented. Commissioner Eric Walker made a motion to approve the minutes as presented. Commissioner Matt Kubik seconded. The motion passed.

CONSENT AGENDA

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

MEDICAL STAFF REPORT

Dr. Zuver reported that the Med Staff met last week. Peer review was completed and there was positive feedback. Still working on scheduling issues. Protocols are now in place. The new lab analyzer and central monitoring system are coming soon. Avel training will be completed on April 3rd, and we will go live. Equipment will be installed beginning this weekend. Commissioner Eric Walker asked if we have the capability to do inter-ocular pressure testing. Dr. Zuver said no, we don't have the equipment.

CEO REPORT- See attached.

Corey reported that he is working with legislators and WSHA on the various bills that are being presented and the funding freeze. There is a possibility for a rural health clinic tax levy. If the state mandates the PEBB benefit amounts, we could get less in payments. Commissioner Riley Hille also reported that there is a bill on the table that would reduce reimbursement rates for telehealth services. Corey shared that Dallas Killian has accepted the Marketing Coordinator position and will complete orientation on March 17th. Commissioner John Kragt asked if Commissioner Riley Hille was able to have a phone call with a PA candidate. Commissioner Riley Hille said that she was able to speak to him prior to the meeting. He is very excited about rural health.

COMMITTEE REPORTS

FINANCE COMMITTEE

CFO REPORT – See attached.

Matt G. asked for approval of the finance meeting minutes from December. Commissioner Matt Kubik made a motion to approve the December 17th finance meeting minutes. Commissioner John Kragt seconded. The motion passed. Matt reported that January gross revenue reached \$1.378 million which is our highest ever. Corrected billing issues and higher volumes contributed to this. EMS revenue has increased significantly due to ALS status, updated charges and increased volumes of 50%. There has been an overall increase in inpatients and behavioral health services are exploding. Commissioner John Kragt asked about the February outlook. Matt reported that with just a few days remaining in the month we are looking at \$1.3 million in revenue. Expenses fell below budget while Payroll was above budget due to staffing and payouts. Commissioner John Kragt asked about contracted staffing. Lurisa reported that we have not used any contracted nursing staff since October other than the Passport nurses that are here on long-term contracts. Matt said that we have also reduced DWC services by an estimated \$80,000 per month and have saved a total of \$1.5 million on contracted services. We still owe Wipfli for some contracted services they provided that were not beneficial. We have negotiated down the cost and made payment arrangements with them. MultiCare is doing great by assisting with billing and identifying problems. AR is at \$4 million with \$800,000 that can be resolved rather quickly. Matt shared a Firewall proposal. The Board was notified as a courtesy because it does fall within Corey's approval authority. Commissioner Riley Hille asked if there will be a continual decline in AR days. Yes, we hope to get down to 60. Commissioner Eric Walker asked about the audit. Matt said that Joe is planning on attending the March Board meeting to present the 2022 audit. Commissioner Riley Hille asked how we hold their feet to the fire to ensure they do present next month. Corey recommended that we should go out to bid for upcoming audits. There was discussion regarding what the outcome could potentially be if we choose to do that.

WARRANTS & VOUCHERS

Commissioner Matt Kubik presented the following warrants for approval Accounts Payable Warrants #68093 to #68288 for \$776,274.82. Commissioner Eric Walker made a motion to approve the warrant voucher, Commissioner John Kragt seconded. Motion passed unanimously.

BUILDING COMMITTEE-There was no meeting. Commissioner John Kragt asked if there was any progress with the Scooters building. Corey said that our facilities team is working on getting everything ready to go out for bids and present to the State for approval.

COMPLIANCE COMMITTEE-There was no meeting.

OLD BUSINESS

Executive Assistant Kylie Buell shared the recommended changes that were provided by the district attorney. The Board was asked if they would like to approve the resolution pending the recommended changes are made. The Board would like to table the approval until the changes are made and reviewed.

Executive Assistant Kylie Buell presented the Board with several dates of availability for the Board retreat. There was discussion regarding how soon the date was coming up, location and items for the agenda. It was decided that it will be pushed out to April so that we will hopefully have the audit findings for 2022 as a topic for discussion.

NEW BUSINESS

Corey reported that we received our list of citations from the State survey. We will likely get a waiver for life/safety items at the Care Center. Facilities have fixed most items already. Lurisa shared that Infection Control and QA measures had quite a few citations that just needed to be explained due to a newer employee in this role. There were some citations regarding documentation that the Nurse Manager has already resolved. Corey said that the surveyors mentioned the improvement several times.

The Firewall proposal was discussed during the CFO report.

PUBLIC COMMENT- Don Sanger had printed off from the website under the governing board's responsibilities regarding the oversight of financials. Commissioner Eric Walker explained that we took three major hits including an insurance cyberattack, Medicare lapse in renewal and our own cyberattack. Don asked about reducing expenses. Board Chair Riley Hille pointed out the reduction of contracted services. Lynn Walker asked about mobile clinic volumes. Corey said we are evaluating each location. Othello will be dependent on funding.

Matt G. acknowledged and recognized EMS in attendance and thanked them for their success and continued growth.

The Board went into an executive session at 4:26 p.m. to discuss Medical Staff Credentialing. The estimated length of the executive session was 10 minutes. The Board came out of executive session at 4:36 p.m.

Commissioner Eric Walker made a motion to approve the list of Avel providers as presented. Commissioner Matt Kubik seconded. The motion passed.

Commissioner John Kragt made a motion to adjourn the meeting, seconded by Commissioner Eric Walker. Motion passed unanimously.

The meeting adjourned at 4:36 p.m.

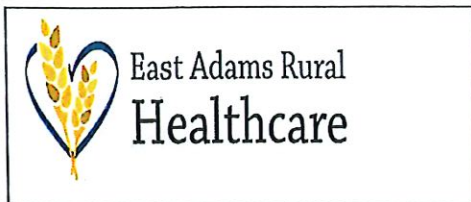
Respectfully submitted,
Kylie Buell, Executive Assistant

Job Openings

Department	Job Opening	Date Open	Status	Notes
EMS	EMT/Paramedics	08/31/2022	Closed	2 EMTs and 1 Paramedic orientated 3/13/25
Administration	Compliance/Risk/Survey Readiness Coordinator	02/27/2024	Open	Offer accepted- orientation 3/17/25
Administration/Business Office	Accountant	05/30/2024	Open	Multiple interviews completed, Applications still being processed
Laboratory	MT/MLT	06/30/2024	Open	Looking at hiring through Health Carousel
Plant	Housekeeper	10/28/2024	Open	3 per diem housekeepers hired 3/07/2025
Therapy	Speech Language Pathologist (Temp for 16 weeks)	11/18/2024	Open	
Hospital	Wound Care Nurse RN or LPN	12/12/2024	Open	Orientation 3/17/25
Administration	Marketing and Communications Coordinator	11/01/2024	Open	Orientation 3/17/25
Clinic	Clinic Manager	03/12/2025	Open	Applications being processed

New Business

Topic	Report	Follow-Up	Responsibility
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**MINUTES**

East Adams Rural Healthcare

02/20/2024 at 9:14am | Meeting called to order by Jason McCoy

Attendance

Attended		Absent
✓ Dr. Zuver	✓ Matthew Gossman	Commissioner Hille
✓ Teri Abney	✓ Jason McCoy	Commissioner Kubik
✓ Amelia Bernal	✓ Todd Nida	Bruce Garner
✓ Dan Crisp	✓ Michael Navarro	Teri Abney
✓ Tyler Dennis	✓ Lurisa Sackman	
✓ Pam Gilmore	✓ Sheena Starkel	
✓ Amanda Osborne	✓ Neil Verberne	
✓ Kevin Osborne	✓ Deborah Deboard	
✓ Susan Hall	✓ Navin Adhikary	
✓ Coery Fedie	✓ Vanessa Grimm	

Approval of Minutes

January minutes approved. Motin by Sheena Starkel to approve. 2nd by Dr. Zuver and approved by everyone stating AYE

Next meeting March 20th 2025 at 9:00am

Governing Board

No report.

Old Business

Score Card	Scorecard was talked about and Lurisa stated every department is to work with Navin to add their goals and data to the score card		Jason
CSR	I talked about CSR and that EOC rounding with Todd and Myself has a date set. It is everyone's duty to make sure we are survey ready everyday.		Jason

New Business

Topic	Report	Follow-Up	Responsibility
Improvement and recognition and care of patients with sepsis	Deborah stated that the data for January shows a big improvement in the sepsis data. Every patient gets a sepsis screen that comes in the ER.	Deborah	Deborah
Develop 5 standing orders and protocols for the most frequent diagnosis	There have been 5 protocols that have been built and are awaiting approval. This should happen at the next med staff meeting	Deborah	Deborah
Improve the quality of life for SHORT TERM CERTIFIED Swing patients	There has been a push to have 3 NA-Cs scheduled so that the 3rd NA-C can assure that the Swing patients are offered an activity. Even if it is to get them out of bed and read them a book or just talk to them. Something that gets them away from just watching TV.		Jason
Improve the quality of life for SHORT TERM Non-Certified Swing patients	There has been a push to have 3 NA-Cs scheduled so that the 3rd NA-C can assure that the Swing patients are offered an activity. Even if it is to get them out of bed and read them a book or just talk to them. Something that gets them away from just watching TV.		Jason

Department and Committee Reports

Topic	Report	Follow-Up	Responsibility
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Safety

Safety Goals

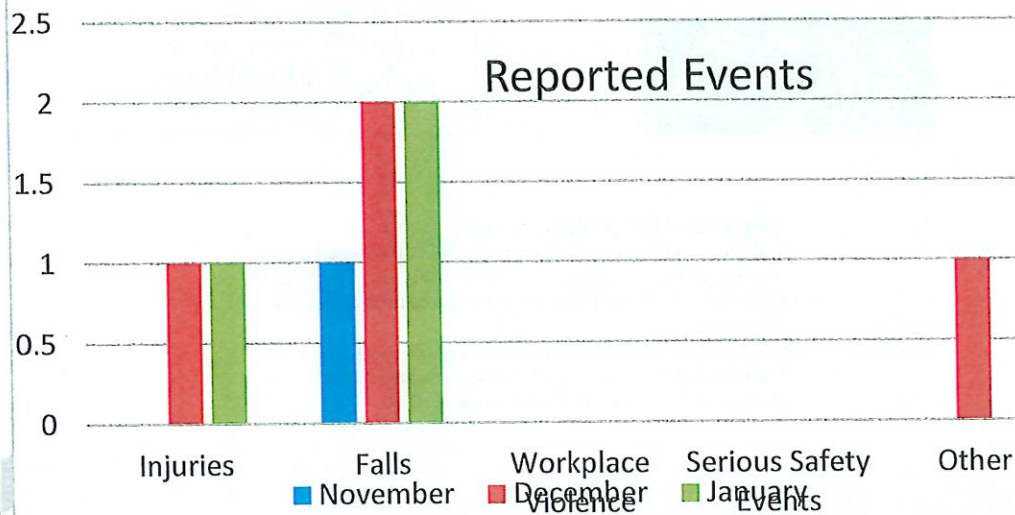




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- Completion of OSHA Ladder Safety training for Facilities, IT, and EVS staff. (Purchase required for training licenses)
- Review of JSA with department supervisors with updates as needed.
- Planning and Coordination for 2025 N95 Mask Fit Testing.
- Increased participation in Safety Committee Meetings by primary workforce
- Access to reporting system for better tracking of injuries and safety events

Josh
Brownlow
e



Topic	Report	Follow-Up	Responsibility
	<div data-bbox="386 216 792 338"> <h3>Safety Assessment and Action Plan</h3> </div> <div data-bbox="816 216 1276 331">  <p>East Adams Rural Healthcare <small>903 S Adams Ave Ellensburg, WA 99169 (509) 659-1200 Office (509) 659-0532 Fax</small></p> </div> <ul style="list-style-type: none"> • Ongoing vigilance with tracking of inclement weather and environmental conditions • Continued encouragement of reporting injuries and near misses no matter how minor • Reinforcement by department supervisors to follow best practice and department safety policies • Encouraging recommendations from all staff members on any improvements that can be made 		
Medical Records	<div data-bbox="397 831 688 953"> <h3>Medical Records Goals</h3> </div> <div data-bbox="849 827 1318 947">  <p>East Adams Rural Healthcare <small>903 S Adams Ave Ellensburg, WA 99169 (509) 659-1200 Office (509) 659-0632 Fax</small></p> </div> <p>Completion of Records Requests 100% Want to pass on the medical claims to the billing department who is certified and license to do claims. This has not ever been a Medical Records duty and not in the job description for the MR department. Get the correct number of EARH death notices each month, and not all deaths in Washington State who are not patients of this facility and report the deaths to Lurissa CNO</p>		Susan

Topic	Report	Follow-Up	Responsibility
	<div data-bbox="391 222 683 338" data-label="Section-Header"> <h3>Medical Records Data</h3> </div> <div data-bbox="850 216 1328 338" data-label="Image"> </div> <p data-bbox="581 338 1105 688"> Medical Records deficiency numbers have always been reported incorrect (not sure who does this). The Release of Information data is showing deficiencies which should show @ 100% completion these are completed On a daily basis. Navin prints off a death notice list that is sent to Lurissa, in return she forwards the list to Medical Records and I print the list and check The patient names to verify they are patients at EARH and or passed away elsewhere, therefore I do not receive a Death Notice from the facility The patient passed away at or at their home. For 4th quarter we had 2 patients that passed here, 2 passed not patients here, 4 passed away at other facilities. </p>		
	<div data-bbox="402 842 873 978" data-label="Section-Header"> <h3>Medical Records Assessment and Action Plan</h3> </div> <div data-bbox="873 846 1354 968" data-label="Image"> </div> <p data-bbox="597 1062 1146 1213"> Make sure that I receive correct numbers on my dashboard so I can report correct information to QA/QI community. Will continue to review my numbers in my dashboard to verify I have no outstanding ROI's pending which should never be. I will continue to work with Navin on the death notice list that has only EARH patients that have passed away at this facility </p>		

Topic	Report	Follow-Up	Responsibility
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Emergency Department

Emergency Department Goals



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Throughput: Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment.

1. Reduce arrival to triage start time to less than or = 10 minutes by the end of 2nd Qtr 2025.
2. Reduce arrival to disposition time to less than 120 minutes by the end of 3rd Qtr 2025.
3. Reduce admit decision to admit time to less than 180 minutes by the end of 4th Qtr 2025.

Deborah

Emergency Data



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Healthcare

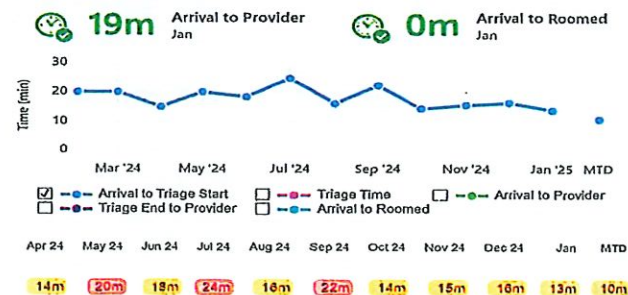
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Measure specifically looks at the time the patient arrives to the ED and the nurse begins the triage process.

- Importance of rapid triage and evaluation to determine severity of illness and acuity level
- Consistently at 10 minutes or above
- Consideration of other factors influencing delay

Median Initial Evaluation Times

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Emergency Data



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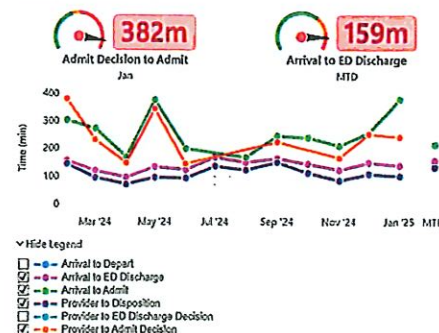
Median Throughput Times




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Provider to disposition = Decision has been made to admit/discharge/transfer

Arrival to ED discharge = Time of arrival to when they discharge. (Depart time is within benchmark) **GOAL <120 minutes**

Provider to admit decision correlates with arrival to admit. Once admit decision is made to actual admission **GOAL is <180 minutes**



Topic	Report	Follow-Up	Responsibility
	<div><div>Emergency Department Assessment and Action Plan</div><div><div>East Adams Rural Healthcare 903 S Adams Ave Riverview, WA 99169 (509) 859-1200 Office (509) 859-0632 Fax</div></div></div> <div><div><div>1. Reduce arrival to triage start time to <u>less than or =</u> 10 minutes by the end of 2nd Qtr 2025.</div><div>2. Reduce arrival to disposition time to <u>less than</u> 120 minutes by the end of 3rd Qtr 2025.</div><div>3. Reduce admit decision to admit time to <u>less than</u> 180 minutes by the end of 4th Qtr 2025.</div></div><div>ASSESSMENT/PLAN -</div><div><div>a. Determine barriers to rapid triage by completing RCA. Continuous monitoring of triage times.</div><div>b. Education and posting of individual nurse door to triage times.</div><div>c. Discussion with providers on workflow and barriers to admission and RCA.</div><div>d. Evaluation of current workflow within EPIC to ensure validation in reporting.</div><div>e. Education with ED providers on admit workflows and collaborative efforts with nursing since part of admission workflow is done by nursing staff.</div></div></div>		
Plant	<div><div>Plant/Facilities Goals</div><div><div>East Adams Rural Healthcare 903 S Adams Ave Riverview, WA 99169 (509) 859-1200 Office (509) 859-0632 Fax</div></div></div> <div><div><div>• EOC Rounding program</div><div>• Conducted quarterly by Nursing, Infection Control and Facilities</div><div>• Above 95% Compliance target</div></div><div></div></div>		

Topic	Report	Follow-Up	Responsibility
	<div><div>Plant/Facilities Data</div><div><div><div>East Adams Rural Healthcare</div><div><small>5023 S. Adams Ave. Hot Springs, VA 90310 (503) 839-1200 Office (503) 839-2027 Fax</small></div></div></div><div><ul style="list-style-type: none">• 2024 Q3 stats:<ul style="list-style-type: none">• 6 non-compliant checkpoints of 62 total• 91% compliant• 2024 Q4 stats:<ul style="list-style-type: none">• 4 non-compliant checkpoints of 67 total• 94% compliant</div><div></div></div>		
	<div><div>Plant/Facilities Assessment and Action Plan</div><div><div><div>East Adams Rural Healthcare</div><div><small>5023 S. Adams Ave. Hot Springs, VA 90310 (503) 839-1200 Office (503) 839-2027 Fax</small></div></div></div><div><div><div>Seeing Improvement from survey to survey</div></div><div><div><div>Problem areas to be monitored more closely by facilities and medical staff</div></div><div><div>Supply storage areas, Items being stored on floors</div><div>Wall coverings/paint damage, being addressed in problem areas by end of Q2 2025</div></div></div><div></div></div></div>		

Topic	Report	Follow-Up	Responsibility
Social Service	<div data-bbox="386 268 836 338" data-label="Section-Header"> <h3>Social Services Goals</h3> </div> <div data-bbox="846 258 1328 405" data-label="Image"> </div> <p><u>All hospital inpatients:</u></p> <ul style="list-style-type: none"> -Continuous monitoring of re-admissions -Maintain below a 5% re-admission rate <p><u>All "swing" & longterm care patients:</u></p> <ul style="list-style-type: none"> -Complete 100% of the initial activity evals on each patient admission -Complete 100% of the care conferences per EARH policy -To include full multidisciplinary approach *Meet time frames set by each patients' level of care/needs 		Amelia
	<div data-bbox="363 972 829 1041" data-label="Section-Header"> <h3>Social Services Data</h3> </div> <div data-bbox="857 961 1339 1077" data-label="Image"> </div> <p><u>All Inpatient Re-Admission Rate:</u></p> <ul style="list-style-type: none"> -Zero readmissions to official report *1 local patient was right outside the 30day readmission window, PCP & SS will keep patient on radar for any other resources we can offer to assist at home going forward as needed. <p><u>Swing Bed Activities:</u></p> <ul style="list-style-type: none"> -100% activity evals completed on admit *Now being completed within Epic chart with OT Cosignature required for each. Thank You Neil!! <p><u>Swing/LTC Patient Care Conferences:</u></p> <ul style="list-style-type: none"> -Medicare swing beds met standards *Provider attendance has been at 100% for the last quarter, attendance across departments has been drastically improved! Thank You Abby!! -LTC resident conferences are out of quarterly timeline *Both patients are currently scheduled for next week 2/27 *Situations with both patients are complicated for a number of reasons. Including representation, payment & lack of family support/involvement. However, this should not have affected our conference timeline & will not in the future. Plan going forward is for the care team to meet independently to review patients care plan & progress if necessary. 		

Topic	Report	Follow-Up	Responsibility
	<div data-bbox="386 262 841 342" data-label="Section-Header"> <h3>Social Services Assessment and Action Plan</h3> </div> <div data-bbox="849 258 1325 388" data-label="Image"> </div> <p>Re-admissions remain at zero currently. This trend has continued for the 5 months SS has been tracking!!</p> <p><i>-SS will continue to monitor and offer case management intervention when concerns are detected</i></p> <p>Care team involvement with conferences will continue to increase & remain consistent</p> <p>SS will identify care conference schedule and send to care team weekly as scheduled</p> <p><i>-Tuesdays at 10am will continue to be the blocked time for potential conference needs for Medicare patients, Thursdays at 10am for the overflow needs</i></p>		
Pharmacy	<div data-bbox="373 940 800 1008" data-label="Section-Header"> <h3>Pharmacy Goals</h3> </div> <div data-bbox="919 919 1315 1022" data-label="Image"> </div> <p>WAC 246-320-171(3): collect, measure and assess data including but not limited to: (d) medication use; (e) medication management or administration related to wrong medication, wrong dose, wrong time, near misses and any other medication errors and incidents; (f) adverse drug reactions</p> <p>Adverse Drug Event (ADE): Harm resulting from medication, including harm from the standard drug dose and harm due to inappropriate dose and overdose.</p> <p><u>Quarter Goals:</u></p> <p>ADE Goal: 0</p> <p>Medication Error Goal: <5</p>		Sheena

Topic	Report	Follow-Up	Responsibility
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Pharmacy Data

ADVERSE DRUG EVENT (ADE)

Q1	Q2	Q3	Q4
0	0	0	0

Currently meeting benchmark goals. Continue to Monitor.



MEDICATION ERRORS

Q4 2024

Type of Error	Category of Error									
	A B C D E F G H I									
	Wrong Patient									
	Wrong Drug									
	Wrong Dose			2						
	Wrong Route									
	Wrong Time									
	Omission				1					
	Other	1	2							

Antibiotic Stewardship Goals



Empiric therapy is the initial antibiotic that is used to treat a diagnosis before cultures and sensitivities are obtained. This covers both the antibiotic agent administered to the patient in the facility and the agent prescribed for the patient to finish as an outpatient if applicable.

Tier I/II : recommended empiric antibiotics for treatment of specific diagnosis based on societal guidelines. (Sanford Guide, UW TASP, UpToDate, Infectious Diseases Society of America [IDSA], etc).

Tier III: antibiotics used for empiric therapy WITHOUT proven efficacy in societal guidelines.

Goal is 100% Tier I/II antibiotic use empirically.

Topic	Report	Follow-Up	Responsibility
	<div data-bbox="354 247 860 300" data-label="Section-Header"> <h3>Antibiotic Stewardship Goals</h3> </div> <div data-bbox="906 216 1300 321" data-label="Image"> </div> <p data-bbox="365 401 1263 478">Empiric therapy is the initial antibiotic that is used to treat a diagnosis before cultures and sensitivities are obtained. This covers both the antibiotic agent administered to the patient in the facility and the agent prescribed for the patient to finish as an outpatient if applicable.</p> <p data-bbox="365 501 1273 554">Tier I/II : recommended empiric antibiotics for treatment of specific diagnosis based on societal guidelines. (Sanford Guide, UW TASP, UpToDate, Infectious Diseases Society of America [IDSA], etc).</p> <p data-bbox="365 577 1144 604">Tier III: antibiotics used for empiric therapy WITHOUT proven efficacy in societal guidelines.</p> <p data-bbox="370 682 1268 730"><u>Goal is 100% Tier I/II antibiotic use empirically.</u></p>		
	<div data-bbox="365 919 872 972" data-label="Section-Header"> <h3>Pharmacy/Antibiotic Stewardship Assessment and Action Plans</h3> </div> <div data-bbox="917 888 1312 993" data-label="Image"> </div> <ul data-bbox="456 1045 1136 1150" style="list-style-type: none"> • Review Q4 findings and areas of improvement with providers at medical staff and at ASP meeting. • Continue to monitor antibiotic use and make recommendations to ordering staff. 		

Topic	Report	Follow-Up	Responsibility
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EMS

Vanessa

EMS Goals

Achieve

- Achieve 100% adherence to EMS protocols by providing targeted staff training, utilizing 100% chart reviews, and submission of 1-3 charts to the MPDs monthly protocol committee.

Ensure

- Ensure continued compliance with the state requirement of a 45-minute response time for all 911 calls by optimizing staff locations, refining deployment plans, and conducting regular call reviews.

Comply

- Continued compliance with state EMS reporting requirements by implementing automated reporting systems, conducting monthly audits, and providing staff training on documentation standards.



EMS Data



EMS Protocol

100% chart review is being conducted on a daily basis with feedback given to crew members via WEMSIS/NEMSIS messaging system for ease of communication, patient privacy, and tracking purposes.

- 0 charts submitted in January & February to MPDs office.
- ACSL, PALS, BLS CPR training identified.

Response Time Compliance:

- 2024 average response times: 934 Calls for Service-19.10 minutes
- 2025 average response times: 148 Calls for Service-20.50

State WEMSIS reporting

	2023 Q4	2024 Q1	2024 Q2	2024 Q3	2024 Q4
Your average score	100.0	100.0	99.9	100.0	100.0
Average score in your region	89.9	91.5	87.8	92.7	93.0

Topic	Report	Follow-Up	Responsibility
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EMS Data

East Adams Rural
Healthcare

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State WEMSIS reporting

	2023 Q4	2024 Q1	2024 Q2	2024 Q3	2024 Q4
Your average score	100.0	100.0	99.9	100.0	100.0
Average score in your region	89.9	91.5	87.8	92.7	93.0



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
March 26th, 2025

March continues to be solid with patient volumes and cash collections as indicated in the finance report. Work remains steady fixing revenue cycle issues with significant work occurring with the chargemaster and EPIC. We have not yet resolved our Plan of Correction objections with the state fire marshal but continue to work with them at the time of this writing. Specific concerns revolve around the fire sprinkler system at the care center and the cost to repair up against us relocating and not owning the facility.

We are in the process of negotiating with the ER provider that was on site last month in hopes of reaching an agreement by the end of the month. No other candidates have come forward at this time.

We are excited to announce that our Compliance/Risk/Survey readiness coordinator, Marra Schmierer from Odessa and Marketing coordinator Dallas Killian from Ritzville, started Monday March 17th. Their work is instrumental in our growth and compliance with operations going forward. Unfortunately, our clinic manager Pam Gilmore resigned so we are actively recruiting for that role.

We continue to monitor the regulatory environment as well as partnering with WSHA in that effort. There are a number of pieces of legislation that are promising, however the state and federal cuts to healthcare programs would be detrimental if passed. In addition to that you may already know that the President signed a "clean" resolution for the budget which means the funding we expected to receive for the Health and Wellness Center was wiped out. We are reapplying now and will have to see what the next steps will be.

Lastly, several of us received scholarships for attendee fees as well as lodging for the NW Rural Health Conference in Spokane. We are very thankful for that support and will be returning from it just in time for this board meeting. We are excited to learn more about the current healthcare environment and bring some of that knowledge back to our team. We are excited for this new year and the opportunities in front of us.

Sincerely,

Corey Fedie, CEO

**ADAMS COUNTY PUBLIC HOSPITAL DISTRICT #2
ADAMS COUNTY, WA**

RESOLUTION NO. 25-02

RESOLUTION OF THE BOARD OF COMMISSIONERS OF ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 (the "Board") for the following purposes: to amend the District's Bylaws to clarify procedures for electing Board officers, AND,

WHEREAS the Board desires to amend the District's Bylaws in various ways,

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of Adams County Public Hospital District No. 2 that the revised text of District Bylaws as attached hereto shall replace all prior Bylaws and become the District's Bylaws effective on passage of this Resolution.

PASSED, APPROVED AND ADOPTED THIS 26th DAY OF February 2025, at a regular open meeting of the Board of Adams County Public Hospital District No. 2 with the following Commissioners being present and voting:

Riley Hille, Board Chair and Commissioner

Eric Walker, Vice Chair and Commissioner

Matt Kubik, Board Secretary and Commissioner

John Kragt, Commissioner

Dan Duff, Commissioner

**ADAMS COUNTY PUBLIC HOSPITAL DISTRICT #2
ADAMS COUNTY, WASHINGTON**

RESOLUTION NO. 25-03

RESOLUTION OF THE BOARD OF COMMISSIONERS OF ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 (the "Board") for the following purposes: to authorize the following employees authorized to sign warrants for the District, AND,

WHEREAS, the Board desires to ratify the following with respect to authorized signers for warrants for the District.

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of Adams County Public Hospital District No. 2 hereby authorizes Kylie Buell, Corey Fedie, and Gaudencio Michael S. Navarro II to sign warrants for the District and to add Lurisa Sackman as a signer and remove Pamela Gilmore as a signer.

PASSED, APPROVED AND ADOPTED this 26th day of March 2025 at a regular open meeting of the Board of Adams County Public Hospital District No. 2 with the following Commissioners being present and voting:

Riley Hille, Board Chair

Eric Walker, Vice Chair

Matt Kubik, Secretary

John Kragt, Commissioner

Dan Duff, Commissioner

**ADAMS COUNTY PUBLIC HOSPITAL DISTRICT #2
ADAMS COUNTY, WASHINGTON**

RESOLUTION NO. 25-04

RESOLUTION OF THE BOARD OF COMMISSIONERS OF ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 (the "Board") for the following purposes: to authorize the following employees to transfer funds for the District, AND,

WHEREAS, the Board desires to ratify the following with respect to authorized transfers for the District.

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of Adams County Public Hospital District No. 2 hereby authorizes Corey Fedie, Kylie Buell, and Gaudencio Michael S Navarro II to transfer funds for the District and to add Lurisa Sackman and to remove Pamela Gilmore.

PASSED, APPROVED AND ADOPTED this 26th day of March 2025, at a regular open meeting of the Board of Adams County Public Hospital District No. 2 with the following Commissioners present and voting:

Riley Hille, Board Chair

Eric Walker, Vice Chair

Matt Kubik, Secretary

John Kragt, Commissioner

Dan Duff, Commissioner