
Agenda

1. **6:00 – Call to Order**
 - a. Introductions as needed
 - b. Business from audience
2. **6:05 – Consent Agenda** – See separate Consent Agenda – *Action (vote)*
3. **6:08 – Approval of Minutes** – *Action (vote)*
 - a. March 23, 2023 Regular Meeting
 - b. April 5, 2023 Special Meeting
 - c. April 21, 2023 Special Meeting
4. **6:10 - Patient Story** – Jennifer Burkhardt– *Info*
5. **Executive Reports**
 - a. **6:20** – Quality Report and Dashboard, Dr. Ken Dietrich – *Info*
 - b. **6:45** – Finance Report, James Hansen – *Info*
6. **7:00 - Elma School District FFA Presentation**
7. **Executive Reports Continued**
 - a. **7:20** – Advocacy Committee, Josh Martin – *(as needed)*
 - b. **7:30** – Executive Report, Josh Martin – *Info*
8. **Commissioner Business**
 - a. **7:45** – Medical Staff Privileges – *Action (vote)*
 - i. Tracie Ross, PMHNP- Primary Behavioral Health Privileges/Telemedicine- Initial appointment
 - ii. Amanda Achterman, DO -Family Medicine/Secondary Hospital & Emergency Medicine- Reappointment
 - iii. Laura Armstrong, MD- Secondary Emergency & Hospital Medicine- Reappointment/Additional Privileges. Board approved initial appointment 03/23/2023.
 - a. **7:50**- Resolution 2023-03 Surplus Property – *Action (vote)*
 - b. **7:55**– Hot Topic Discussion ‘Setting the Record Straight: Letter to Editor of Washington Post and New Blog’
 - c. **8:00** – Upcoming Events, Andrew Hooper
 - d. **8:05** – Meeting Evaluation, Andrew Hooper
9. **8:10 – Adjourn** – *Action (vote)*

Upcoming events: - **BOLD events indicate desired Commissioner attendance.**

- Annual Golf Tournament | Salish Cliffs | May 5, 2023
- **Maximizing Your Board’s Efficiency | Hulscher Conference Room | May 10, 2023 12:00-1:00 pm**
- Ride the Harbor | McCleary, WA | June 17, 2023

- **Rural Hospital Leadership Conference | Campbells Resort Lake Chelan, WA | June 26-28, 2023 12:00-1:00 pm**
- **The Board's Role in CEO Succession Planning | Hulscher Conference Room | July 12, 2023 12:00-1:00 pm**
- **Strategic Plan Retreat | Alderbrook Resort and Spa | July 30-August 2, 2023**
- **Peak Health 5K Walk & Fun Run and Community Wellness Fair | Wellness Center | September 16, 2023**
- **Ladies' Night Out | Wellness Center | October 12, 2023**
- **Harbor Lights Laser Show | Satsop Business Park | December 13 & 14, 2023**
- **Summit Fights Hunger | Wellness Center | December 19 & 20, 2023**

Consent Agenda

A very useful technique involves the use of a consent agenda. The board agenda planners (usually the executive or governance committee, but occasionally the board chair with the CEO) divide agenda issues into two groups of items. The first are those items that must be acted on because of legal, regulatory, or other requirements, but are not significant enough to warrant discussion by the full board. Such issues are combined into a single section of the board agenda book; members review these materials prior to the meeting, and if no one has any questions or concerns, the entire block of issues is approved with one board vote and no discussion. This frees up a tremendous amount of time that would otherwise be squandered on minor issues. Any member can request that an item be removed from the consent agenda and discussed by the full board. The success of the consent agenda is predicated upon all board members reading the material in the consent agenda section of the board agenda book. If they do not, then the board becomes a veritable rubber stamp. The second group of agenda items are those important issues that require discussion, deliberation, and action by the board. These are addressed one by one.

Executive Session Justification

Executive Session is convened to discuss the following topics, as permitted by the cited sections of the Revised Code of Washington (RCW):

- Executive session (RCW 42.30.110)
 - a. (a) national security
 - b. (b) (c) real estate
 - c. (d) negotiations of publicly bid contracts
 - d. (e) export trading
 - e. (f) complaints against public officers/employees
 - f. (g) qualifications of applicant or review performance of public employee/elective office
 - g. (h) evaluate qualifications of candidate for appointment to elective office
 - h. (i) discuss claims with legal counsel
 - i. existing or reasonably expected litigation
 - ii. litigation or legal risks expected to result in adverse legal or financial consequences
 - iii. presence of legal counsel alone does not justify executive session
 - i. QI/peer review committee documents and discussions
- Final action must be in open meeting

For the Period:

March 2023

Description	Amount
Payroll	\$ 3,468,493
A/P Operations	\$ 2,997,047
A/P Capital	\$ 22,489
Community Care	\$ 136,157
Bad Debt	\$ 532,079
Property Tax Credit	\$ 1,516
Total	\$ 7,157,781



BOARD OF COMMISSIONERS MEETING MINUTES

March 23, 2023

AGENDA	DISCUSSION/CONCLUSIONS	ACTIONS/FOLLOW-UP
CALL TO ORDER	<p>CALL TO ORDER</p> <p>The meeting of the Board of Commissioners of the Grays Harbor County Public Hospital District No. 1 was called to order by Andrew Hooper at 6:00 pm</p> <p>Commissioners present: Andrew Hooper, Gary Thumser, Carolyn Wescott, Georgette Hiles, Commissioner Kevin Bossard absent and excused.</p> <p>Present: Josh Martin, Jim Hansen, Jori Stott, Dr. Ken Dietrich, Winfried Danke, Jennifer Burkhardt, Tracy Kately</p>	
CONSENT AGENDA	<ul style="list-style-type: none"> See Consent Agenda for more details. 	<p><i>Commissioner Thumser made a motion to approve the Consent Agenda. Commissioner Hiles seconded the motion. All voted in favor. Commissioner Bossard absent and excused</i></p>
APPROVAL OF MINUTES		<p><i>Commissioner Wescott made a motion to approve February 23, 2023 meeting minutes. Commissioner Hiles seconded the motion. Commissioner Bossard was absent and excused.</i></p>
BUSINESS FROM AUDIENCE	<p><u>Business from Audience</u></p> <p>NA</p>	
PATIENT STORY	<ul style="list-style-type: none"> CXO Burkhardt shared patient story regarding care provided by Ashley Perron (see story for more details). 	
EPIC UPDATE	<ul style="list-style-type: none"> Tracy Kately presented Epic Update (see presentation for more details). Tracy Kately reviewed the highlights of the Epic Go Live. Summit Pacific pulled together and EHR Steering Committee to help continue to optimize Epic. Tracy Kately reviewed challenges: 	



BOARD OF COMMISSIONERS MEETING MINUTES

March 23, 2023

- Patient Experience challenges with MyChart acceptance and extended phone wait times.
 - Additional training needs due to gaps in Providence training.
 - User provisioning is detailed and time consuming.
- A new process is being developed to optimize the onboarding process for new staff.
- Discussion regarding whether the Epic project might impact our ability to achieve goals around our pursuit towards HRO.
- Epic has exponentially improved our ability to report, improve processes and gather data.
- CEO Martin introduced conversation about challenges with patient access. Summit Pacific is aware of the challenges around patient access and are actively working to address:
 - Patient appointment/ care access
 - Patient Access Department
 - MyChart
 - Communication and Community Perception
 - Phone Timeliness and Routing
- CFO Hansen provided an update on patient access.
- COO Danke provided an update on patient access. They have identified areas of need: providers know how to best use Epic correctly, training needs for providers and staff, pre-charting before visits (ie medication reconciliation etc.), staff proficiency.
- Training is occurring inside and outside business owners.
- Summit Pacific IT is creating recorded training content to enhance staff training experience.
- Two-fold plan for pre-charting internal staff assisting providers to reconcile charts for immediate patients, and secondly contracting with a third-party the 5th of April to help expedite reconciling patient charts. There are roughly 10,000 charts that need to be verified.
- There are significant security protocols and firewalls to ensure patient information confidentiality.
- There are built in redundancies with Epic to ensure there is no data loss.
- Phone issues are compounded by high volumes and an understaffed patient access department.
- MyChart allows patients the ability to view medical records, scheduling



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	<p>appointments and communicating with providers.</p> <ul style="list-style-type: none"> • Staff are temporarily making reminder calls to ensure people are being notified of their upcoming appointments. • CTLO Burkhardt provided an update on communication plan and patient perception. Summit Pacific set up a centralized hub to direct all patient access issues. • Communication has been very transparent about our challenges. • Message was sent to 4,000+ patients through our portal. • Staff scripting has been created to provide staff tools on what we are experiencing and how we are addressing concerns. • CFO Hansen shared challenges with voicemail, dead air, call wait times, hold issues. • Strategies implemented updated voicemail software issues, expanding phone circuits from 52 to 78, developing analog fax lines and expanding unique numbers from 500 to 1,000. 	
QUALITY	<ul style="list-style-type: none"> • CMO Dietrich presented the Quality Report and Dashboard (see report and dashboard for more details). • CMO Dietrich reviewed 34 UORs in February. • Hand hygiene is 90% or greater. Currently beneath our standards. At a national level, hand hygiene is at an all-time low of 40%. February we were at 89%. • There were no HAIs in February. • The Policy Committee implemented seven (7) new policies in February. • CMO Dietrich reviewed the Quality Dashboard. • ED Length of stay continues to be up in February due to patient ED boarding. • There is an increase of antibiotic usage in February. • Patients LWBS also included people who left waiting to hear results although they had already been seen. This should be better in March data. • 72 hour readmits is influx because the ED asks patients to come back on certain diagnoses if patients are not able to get into primary care. Summit Pacific hopes to use Summit Health clinic providers as an interim primary care provider. • There is a new quality committee community delegate Vickie McNealey who was highly recommended by previous delegate Brenda Orffer. • The Masking mandate is ending April. Summit Pacific will need to update our standards with emergency protocols coming to end. Pandemic steering committee is coming together one last time to review policy and implement new policy mid-April. 	<p><i>Commissioner Wescott made a motion to approve 2023 Environment of Care Plan approval. Commissioner Hiles seconded the motion. All voted in favor. Commissioner Bossard was absent and excused.</i></p> <p><i>Commissioner Thumser made a motion to approve the 2023 Quality Improvement Plan. Commissioner Wescott seconded the motion. All voted in favor. Commissioner Bossard was absent and excused.</i></p> <p><i>Commissioner Hiles made a motion to improve the 2023 Infection Plan and Risk Assessment. Commissioner</i></p>



BOARD OF COMMISSIONERS MEETING MINUTES

March 23, 2023

	<ul style="list-style-type: none"> An all staff announcement is pending next week. 	<p><i>Wescott seconded the motion. All voted in favor. Commissioner Bossard was absent and excused.</i></p> <p><i>Commissioner Hiles made a motion to approve the 2023 Infection Prevention Annual Plan. Commissioner Thumser seconded the motion. All voted in favor. Commissioner Bossard was absent and excused.</i></p>
FINANCE	<ul style="list-style-type: none"> CFO Hansen presented the Finance Report (see report for more details). Volumes continue to exceed the budget. Operating expenses are below budget by 3%. Days in AR went up to 54 days. Summit Pacific does not expect it to breach 64 days. Days cash on hand dropped to 290, although still very strong. Operating cash is lower because we are not collecting as fast due to transition with Epic. Most statistics are down because January was so exponentially busy. 	
ADVOCACY	<ul style="list-style-type: none"> CEO Martin provided an update on advocacy. The Nurse Staffing Bill is still in negotiations. More to come. The SNAP bill is ongoing. Advocacy looks very promising that it is coming to a conclusion. 	
EXECUTIVE REPORT	<ul style="list-style-type: none"> CEO Martin reviewed the Executive Report (see report for more details). CMO Dietrich provided an update on recruitment. Summit Pacific brought on two new providers in primary care. The department is budgeted to bring in three more. CTLO Burkhardt gave an update on HR. Summit Pacific had an Epic Celebration March 4th. Funding for the event was provided by a grant. Franklin Covey training is underway for leadership development. Peak Wellness is being relaunched and will include all modes of wellbeing and how the organization can support employees. 	



BOARD OF COMMISSIONERS MEETING MINUTES

March 23, 2023

	<ul style="list-style-type: none"> • The gym expanded its hours from 5 am- 6 pm. Commissioners have access if interested. An orientation is required. • COO Danke provided a high-level report on the nutrition services. The staff is helping to create 80 meal kits weekly to provide healthy cooking classes. The program is growing and may move to a bi-weekly pick up. The team is tracking outcomes. One participant has lost 20 lbs and another has lost 30 lbs. • COO Danke to follow up on outcomes of the Food Rx program. • New website design launched this month. • Summit Pacific is close to selecting the HRO vendor either Press Ganey or Virginia Mason. • Summit Pacific submitted the corrective action plan for DOH. • There were 50 people at the second of three Youth Summits. Tricia Roscoe helped facilitate. There was significant focus on exercise spaces, childcare, after school programs, mental health, communication information/ page and career readiness. • Summit Pacific hosted the Elma Chamber of Commerce in March and presented on the Master Facility Plan. • CEO Martin attended the AHA conference and facilitated two topics difficult to discharge and national advocacy. • Summit Pacific submitted the application to Senator Cantwell's office for 5 million to support hospital expansion. 	
COMMISSIONER BUSINESS	<p>Medical Staff Privileges</p> <ul style="list-style-type: none"> • Laura Armstrong, MD- Family Medicine- Initial Appointment • Dianna Kaiser, ARNP- Nurse Practitioner Outpatient Gastroenterology- Initial Appointment • Lisa Koch, MD- Pathologist - Initial Appointment • Kinjal Desai, MD- Neurologist- Reappointment • Hanbing Wand, MD- Neurologist- Reappointment <p>Medical Staff Bylaws</p> <ul style="list-style-type: none"> • Changes to the bylaws were made to the participants of the committee to include the Medical Executive Committee and members at large. <p>Hot topic discussion 'Hospital Purgatory': Confidence in healthcare plunges as criticisms grows louder and larger</p> <ul style="list-style-type: none"> • If legislators are not knowledgeable it can create issues. If there is a political 	<p><i>Commissioner Wescott made a motion to approve the Medical Staff privileges as presented. Commissioner Hiles seconded the motion. All voted in favor. Commissioner Bossard was absent and excused.</i></p> <p><i>Commissioner Thumser made a motion to approve the Medical Staff Bylaws. Commissioner Hiles seconded the motion. All voted in favor. Commissioner Bossard was absent and excused.</i></p>



BOARD OF COMMISSIONERS MEETING MINUTES

March 23, 2023

	<p>movement there could be issues.</p> <ul style="list-style-type: none">• Data isn't working the way it used to, a lot of the lobbyists are emotionally appealing, but rural IS knocking it out of the park.• Discussion why rurals are earning trust but urbans are not.• Discussion regarding the need to share our story for a broader audience. <p>Upcoming Events</p> <ul style="list-style-type: none">• Commissioner Hooper reviewed upcoming events (see events for more details).• Gary and Drew are interested in attending the OMC visit.	
ADJOURNMENT	The regular session of the Board of Commissioner's meeting adjourned at 8:36 pm.	<i>Commissioner Thumser made a motion to adjourn the meeting. Commissioner Wescott seconded the motion. All voted in favor. Commissioner Bossard was absent and excused.</i>

A handwritten signature in cursive script, appearing to read "Krista Sturt", written over a horizontal line.

Recording Secretary

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Board Secretary



BOARD OF COMMISSIONERS MEETING MINUTES


April 5, 2023

AGENDA	DISCUSSION/CONCLUSIONS	ACTIONS/FOLLOW-UP
CALL TO ORDER	<p>CALL TO ORDER</p> <p>The meeting of the Board of Commissioners of the Grays Harbor County Public Hospital District No. 1 was called to order by Commissioner Thumser at 12:00 pm</p> <p>Commissioners present: Gary Thumser, Carolyn Wescott, Georgette Hiles,</p> <p>Commissioner Kevin Bossard and Commissioner Andrew Hooper absent and excused.</p> <p>Present: Jori Stott</p>	
WSHA WEBNAR	<ul style="list-style-type: none"> • Kim Russell presented on topic “2023 Achieving Governance Momentum in an Uncertain Environment” (see presentation for more details). • Discussion regarding the importance of strategic leadership. • There are constraints for board relationships and sensitive topics due to the Open Public Meetings Act. • The Board shared they want more opportunities for strategic discussion. • The Board desires to get together more and it can be challenging to stick to an agenda. • Strategic planning is more than just one meeting a year. • Commissioner Hooper and Commissioner Thumser have more opportunities for strategic discussion due to their role on governance. • Discussion regarding opportunities to speak out about what commissioners are hearing in the community. • Commissioner’s facilitated discussion on evaluation of content. Content was not new information. • Commissioner Thumser suggested more meetings to discuss three voted upon items. 	
ADJOURNMENT	The regular session of the Board of Commissioner’s meeting adjourned at 1:26 pm.	<i>Commissioner Hiles made a motion to adjourn the meeting. Commissioner Wescott seconded the motion. All voted in favor.</i>



BOARD OF COMMISSIONERS MEETING MINUTES

April 5, 2023


Recording Secretary


Board Secretary



BOARD OF COMMISSIONERS MEETING MINUTES

April 20, 2023

AGENDA	DISCUSSION/CONCLUSIONS	ACTIONS/FOLLOW-UP
CALL TO ORDER	<p>CALL TO ORDER</p> <p>The meeting of the Board of Commissioners of the Grays Harbor County Public Hospital District No. 1 was called to order by Andrew Hooper at 11:10 am</p> <p>Commissioners present: Andrew Hooper, Gary Thumser, Carolyn Wescott, Georgette Hiles,</p> <p>Present: Josh Martin, Anne Henninger, Thom Hightower, Jori Stott</p>	
BUSINESS FROM AUDIENCE	<p><u>Business from Audience</u></p> <p>NA</p>	
OLYMPIC MEDICAL CENTER SITE VISIT	<ul style="list-style-type: none"> • Discussion regarding the formation of Summit Pacific's vision. The vision started at the Board level at a strategic planning retreat. Commitment to the vision drives the results of motion to where we want to be. • The Wellness Center was a product of the vision. • Discussion regarding the importance of the chair/ CEO relationship. It drives cultures all the way down. • Discussion on how Summit Pacific shares its story. • Summit Pacific is at the starting line for Blue Zones Activate. • Discussion regarding challenges with the Board and how to deal with disruptions. • Summit Pacific focuses on prevention and how to cultivate a healthy relationship amongst the board. • Summit Pacific developed and Advocacy committee that has focus on federal, state and local advocacy initiatives. The Advocacy Committee also regularly discusses succession planning. • Community members can serve on hospital committees as community delegates. • Discussion regarding how Summit Pacific engages the community and aligns with other organizations that have a shared purpose to drive change. • Discussion regarding the importance of local advocacy. There is power leveraging local official to local official. • CEO Martin reviewed Blue Zones presentation (see presentation for more details). 	



BOARD OF COMMISSIONERS MEETING MINUTES

April 20, 2023

	<ul style="list-style-type: none">• Discussion how Summit focuses on what we can provide as well as what we can partner with to have the highest level of care for our patients.• Discussion regarding the difference between rural close to urban vs rural.• Discussion why it was important for Summit Pacific to build a playground.• Discussion regarding the challenges to fund wellness. There are many different strategies for different types of programs ie value based payment, grants, funding models etc.• Discussion how we work together as boards to engage in wellness with our communities and drive payment reform.• Thomas Highwater suggested looking into ACLM and PCRM.• CEO Martin and Drew Hooper took the OMC members on a facility tour.	
ADJOURNMENT	The regular session of the Board of Commissioner's meeting adjourned at 12:40 am.	<i>Commissioner Hiles made a motion to adjourn the meeting. Commissioner Wescott seconded the motion. All voted in favor.</i>

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Recording Secretary

A handwritten signature in dark ink, appearing to read "Georgette Hiles", is written over a horizontal line.

Board Secretary



BOARD OF COMMISSIONERS MEETING MINUTES

April 21, 2023

AGENDA	DISCUSSION/CONCLUSIONS	ACTIONS/FOLLOW-UP
CALL TO ORDER	<p>CALL TO ORDER</p> <p>The meeting of the Board of Commissioners of the Grays Harbor County Public Hospital District No. 1 was called to order by Andrew Hooper at 11:03 am</p> <p>Commissioners present: Andrew Hooper, Gary Thumser, Carolyn Wescott, Georgette Hiles, Kevin Bossard</p> <p>Present: Josh Martin, Jim Hansen, Mike Mueller, Clayton Franke, Jori Stott</p>	
BUSINESS FROM AUDIENCE	<p><u>Business from Audience</u></p> <p>NA</p>	
Bon Discussion	<ul style="list-style-type: none">• CEO Martin and CFO Hansen presented financing options for the hospital expansion project.• USDA guaranteed loan is no longer a viable option as USDA has denied pre-application as the District exceeds the criteria for project funding.• The District is committed to not going out to vote for taxation on our community that is already struggling with finances and competing for funds that other agencies in our area could benefit.• An opportunity came up for the District which be favorable to go directly to market for revenue bonds.• CFO Hansen presented a financial analysis created by Cain Brothers that highlights financing options.• CFO Hansen gave a presentation on financials (see presentation for more details).• CFO Hansen reviewed differences between revenue bonds and a USDA loan.• The timeline for revenue bonds would be much shorter than 3-4 months and have fewer requirements.• The USDA loan process is highly political and can take months to secure, as well variations with interest rates as interest rate can only be locked in at closing.• The District continues to push for a breaking of ground quarter 1 of 2024.• There is some pressure from consultants and experts to act quickly as the market is highly favorable of these types of projects.	



BOARD OF COMMISSIONERS MEETING MINUTES

April 21, 2023

	<ul style="list-style-type: none">• Expert council believes Summit Pacific could qualify for a triple b bond rating.• CEO Martin and CFO Hansen need the Board's approval to move forward with seeking financing through revenue bonds.	<i>Commissioner Hiles made a motion to grant permission to the Hospital District to explore tax-exempt revenue bonds as a possible option for financing the new hospital expansion.</i>
ADJOURNMENT	The regular session of the Board of Commissioner's meeting adjourned at 9:21 am.	<i>Commissioner Bossard made a motion to adjourn the meeting. Commissioner Hiles seconded the motion. All voted in favor.</i>



Recording Secretary



Board Secretary

Financial Highlights – Monthly Dashboard

Summit Pacific Medical Center Finance Dashboard Month-to-Date

Key Financial Results used in review of Operational and Financial Performance

Favorable Variance = + Unfavorable Variance = ()

March	Month-to-Date				Month	Year-to-Date				
	Actual	Budget	Variance	Var%		Actual	Budget	Variance	Var%	YTD
Gross Operating Revenue	\$ 15,786,393	\$15,210,314	\$ 576,078	3.8%	●	\$ 44,957,141	\$ 42,688,091	\$ 2,269,050	5.3%	●
Total Operating Expenses	\$ 5,321,246	\$ 5,988,503	\$ 667,257	11.1%	●	\$ 15,693,284	\$ 17,221,476	\$ 1,528,192	8.9%	●
EBITDA Margin	18.7%	11.3%		7.4%	●	23.4%	9.4%		14.1%	●
Operating Margin	10.6%	3.6%		7.0%	●	16.6%	1.6%		15.0%	●
Net Income Margin	13.3%	5.6%		7.8%	●	19.7%	3.1%		16.6%	●
Payment %						43.2%	42.3%		0.9%	●
Days in AR						58	47	(11)	(22.9%)	●
DCOH						279	250	29	11.6%	●

March	Month-to-Date				Year-to-Date			
	Actual	Budget	Variance	Var%	Actual	Budget	Variance	Var%
Gross Operating Revenue								
Medicare Revenue	\$ 6,862,739	\$ 5,931,487	\$ 931,252	15.7%	\$ 17,591,752	\$ 16,853,483	\$ 738,269	4.4%
Medicaid Revenue	\$ 4,244,815	\$ 4,236,310	\$ 8,505	0.2%	\$ 11,973,903	\$ 11,828,018	\$ 145,885	1.2%
Other Revenue	\$ 4,678,839	\$ 5,042,517	\$ (363,678)	(7.2%)	\$ 15,391,486	\$ 14,006,590	\$ 1,384,895	9.9%
Total Gross Operating Revenue	\$ 15,786,393	\$ 15,210,314	\$ 576,078	3.8%	\$ 44,957,141	\$ 42,688,091	\$ 2,269,050	5.3%
Revenue Deductions								
Medicare Contractual	\$ 4,511,930	\$ 3,781,119	\$ (730,811)	(19.3%)	\$ 11,104,418	\$ 10,611,796	\$ (492,622)	(4.6%)
Medicaid Contractual	\$ 2,796,302	\$ 2,546,719	\$ (249,583)	(9.8%)	\$ 7,001,107	\$ 7,147,425	\$ 146,318	2.0%
Other Contractual	\$ 1,512,479	\$ 1,616,392	\$ 103,912	6.4%	\$ 5,108,616	\$ 4,536,440	\$ (572,176)	(12.6%)
Bad Debt Expense	\$ 748,351	\$ 544,388	\$ (203,963)	(37.5%)	\$ 1,548,599	\$ 1,527,837	\$ (20,762)	(1.4%)
Community Care	\$ 136,157	\$ 205,391	\$ 69,234	33.7%	\$ 586,920	\$ 576,434	\$ (10,486)	(1.8%)
Administrative Adjustments	\$ 83,312	\$ 84,516	\$ 1,203	1.4%	\$ 182,375	\$ 237,195	\$ 54,821	23.1%
Total Revenue Deductions	\$ 9,788,532	\$ 8,778,524	\$ (1,010,008)	(11.5%)	\$ 25,532,034	\$ 24,637,127	\$ (894,908)	(3.6%)
Net Patient Revenue	\$ 5,997,860	\$ 6,431,790	\$ (433,930)	(6.7%)	\$ 19,425,106	\$ 18,050,964	\$ 1,374,142	7.6%
Other Revenue								
Other Operating Income	\$ 545,233	\$ 316,354	\$ 228,879	72.3%	\$ 1,071,457	\$ 949,062	\$ 122,395	12.9%
Total Other Revenue	\$ 545,233	\$ 316,354	\$ 228,879	72.3%	\$ 1,071,457	\$ 949,062	\$ 122,395	12.9%
Net Operating Revenue	\$ 6,543,093	\$ 6,748,144	\$ (205,051)	(3.0%)	\$ 20,496,563	\$ 19,000,026	\$ 1,496,537	7.9%
Operating Expenses								
Salaries & Wages	\$ 2,798,418	\$ 3,022,027	\$ 223,608	7.4%	\$ 8,096,501	\$ 8,725,953	\$ 629,452	7.2%
Benefits	\$ 678,892	\$ 814,693	\$ 135,801	16.7%	\$ 2,185,119	\$ 2,323,094	\$ 137,975	5.9%
Professional Fees	\$ 128,617	\$ 102,367	\$ (26,249)	(25.6%)	\$ 247,018	\$ 321,245	\$ 74,227	23.1%
Supplies	\$ 295,680	\$ 397,442	\$ 101,762	25.6%	\$ 950,712	\$ 1,116,484	\$ 165,773	14.8%
Utilities	\$ 49,708	\$ 48,389	\$ (1,320)	(2.7%)	\$ 148,292	\$ 126,105	\$ (22,187)	(17.6%)
Purchased Services	\$ 973,668	\$ 1,093,570	\$ 119,901	11.0%	\$ 3,011,427	\$ 3,232,670	\$ 221,244	6.8%
Insurance	\$ 41,036	\$ 36,650	\$ (4,386)	(12.0%)	\$ 123,009	\$ 109,951	\$ (13,059)	(11.9%)
Other Expenses	\$ 278,833	\$ 429,289	\$ 150,455	35.0%	\$ 785,705	\$ 1,119,511	\$ 333,806	29.8%
Rentals & Leases	\$ 76,392	\$ 44,076	\$ (32,316)	(73.3%)	\$ 145,501	\$ 146,462	\$ 961	0.7%
Total Operating Expenses	\$ 5,321,246	\$ 5,988,503	\$ 667,257	11.1%	\$ 15,693,284	\$ 17,221,476	\$ 1,528,192	8.9%
EBITDA	\$ 1,221,847	\$ 759,641	\$ 462,206	60.8%	\$ 4,803,279	\$ 1,778,550	\$ 3,024,729	170.1%
Interest & Depreciation Expenses								
Interest	\$ 141,262	\$ 148,050	\$ 6,788	4.6%	\$ 424,227	\$ 434,572	\$ 10,345	2.4%
Depreciation	\$ 387,280	\$ 370,804	\$ (16,475)	(4.4%)	\$ 984,062	\$ 1,043,380	\$ 59,318	5.7%
Total Interest & Depreciation Expenses	\$ 528,541	\$ 518,855	\$ (9,687)	(1.9%)	\$ 1,408,289	\$ 1,477,952	\$ 69,663	4.7%
Operating Income (Loss)	\$ 693,306	\$ 240,786	\$ 452,520	187.9%	\$ 3,394,991	\$ 300,598	\$ 3,094,392	1,029.4%
Non-Operating Revenue/(Expenses)								
Tax Revenue	\$ 74,116	\$ 71,927	\$ 2,188	3.0%	\$ 115,066	\$ 112,707	\$ 2,358	2.1%
Misc Revenue/(Expenses)	\$ 105,714	\$ 64,000	\$ 41,714	65.2%	\$ 530,276	\$ 175,304	\$ 354,971	202.5%
Total Non-Operating Rev/(Expenses)	\$ 179,829	\$ 135,927	\$ 43,902	32.3%	\$ 645,341	\$ 288,012	\$ 357,330	124.1%
Net Income (Loss)	\$ 873,135	\$ 376,713	\$ 496,422	131.8%	\$ 4,040,332	\$ 588,610	\$ 3,451,722	586.4%
METRICS								
EBITDA Margin	18.7%	11.3%	7.4%	65.9%	23.4%	9.4%	14.1%	150.3%
Operating Margin	10.6%	3.6%	7.0%	197.0%	16.6%	1.6%	15.0%	946.9%
Net Income Margin	13.3%	5.6%	7.8%	139.0%	19.7%	3.1%	16.6%	536.3%
Days in AR					58	47	(11)	(22.9%)
DCOH					279	250	29	11.6%
Deduction %	62.0%	57.7%	(4.3%)	(7.4%)	56.8%	57.7%	0.9%	1.6%
NPSR %	38.0%	42.3%	(4.3%)	(10.1%)	43.2%	42.3%	0.9%	2.2%
Net Operating Revenue %	41.4%	44.4%	(2.9%)	(6.6%)	45.6%	44.5%	1.1%	2.4%
Benefits as a % Of SW	24.3%	27.0%	2.7%	10.0%	27.0%	26.6%	(0.4%)	(1.4%)
Benefits as a % of SWB	19.5%	21.2%	1.7%	8.1%	21.3%	21.0%	(0.2%)	(1.1%)
Paid FTEs (excludes Agency)	324.2	381.3	57.1	15.0%	954.7	380.6	(574.1)	(150.9%)
Salary per FTE	\$ 8,633	\$ 7,926	\$ (706)	(8.9%)	\$ 8,480	\$ 22,927	\$ 14,447	63.0%
Hours	56,787	67,706	10,919	16.1%	162,053	196,148	34,095	17.4%
Avg Hourly Rate	\$ 49.28	\$ 44.63	\$ (4.64)	(10.4%)	\$ 49.96	\$ 44.49	\$ (5.48)	(12.3%)

Balance Sheet as of March 2023

Assets	03/31/2023	02/28/2023	1 Month Variance	03/31/2022	12 Month Variance
Current Assets					
Operating Cash	49,990,330	51,067,079	(1,076,749)	47,676,224	2,314,106
Debt Reserve	2,016,008	2,016,008	-	2,016,008	-
Accounts Receivables	28,851,109	24,713,134	4,137,974	25,214,230	3,636,878
Less Allow for Uncollectables	(3,257,490)	(2,977,140)	(280,350)	(3,741,376)	483,886
Less Contractual Adjustments	(13,226,500)	(10,590,839)	(2,635,661)	(11,856,003)	(1,370,497)
Accounts Receivable - Net	12,367,119	11,145,155	1,221,963	9,616,851	2,750,267
Taxes Receivable	82,826	41,607	41,219	108,539	(25,713)
Other Receivables	2,006,420	2,579,073	(572,653)	1,772,082	234,338
Inventory	923,003	885,033	37,970	691,570	231,432
Prepaid Expenses	832,355	783,670	48,684	701,336	131,019
Total Current Assets	68,218,059	68,517,625	(299,566)	62,582,611	5,635,448
Property, Plant and Equipment					
Land	1,652,029	1,652,029	-	1,652,029	-
Land Improvements	4,473,365	4,473,365	-	4,440,695	32,670
Buildings	44,996,173	44,996,173	-	43,842,103	1,154,070
Equipment	16,170,023	16,104,435	65,588	13,901,366	2,268,658
Construction In Progress	5,029,156	4,629,745	399,412	5,089,471	(60,315)
Less Accumulated Depreciation	(28,835,038)	(28,447,758)	(387,280)	(24,998,782)	(3,836,255)
Property, Plant and Equipment - Net	43,485,709	43,407,989	77,720	43,926,881	(441,173)
Total Assets	111,703,768	111,925,614	(221,846)	106,509,492	5,194,276

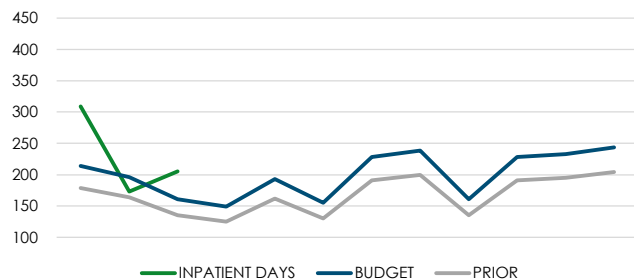
Balance Sheet as of March 2023

Liabilities	03/31/2023	02/28/2023	1 Month Variance	03/31/2022	12 Month Variance
Current Liabilities					
Accounts Payable	599,800	890,552	(290,752)	1,025,559	(425,759)
Other Payables	902,176	739,890	162,285	4,848,233	(3,946,057)
Payroll and Related Liabilities	2,665,550	3,411,800	(746,250)	3,643,345	(977,795)
Interest Payable	234,452	186,744	47,708	245,777	(11,325)
Third Party Settlement Payable	1,303,260	1,303,260	-	954,984	348,276
Other Current Liabilities	1,070,114	1,292,399	(222,285)	1,784,683	(714,569)
Current Maturities of LTD	1,328,424	1,328,424	-	1,192,955	135,469
Total Current Liabilities	8,103,775	9,153,069	(1,049,294)	13,695,535	(5,591,760)
Non Current Liabilities					
Current Maturities of LTD	(1,328,424)	(1,328,424)	-	(1,192,955)	(135,469)
Long Term Debt	45,947,149	45,992,836	(45,687)	47,073,477	(1,126,328)
Total Non Current Liabilities	44,618,725	44,664,412	(45,687)	45,880,522	(1,261,797)
Total Liabilities	52,722,500	53,817,481	(1,094,981)	59,576,056	(6,853,557)
Net Assets					
Unrestricted Fund Balance	54,940,936	54,940,936	-	43,105,087	11,835,849
YTD Excess of Revenues	4,040,332	3,167,197	873,135	3,828,348	211,984
Total Net Assets	58,981,268	58,108,133	873,135	46,933,436	12,047,832
Total Liabilities and Net Assets	111,703,768	111,925,614	(221,846)	106,509,492	5,194,276

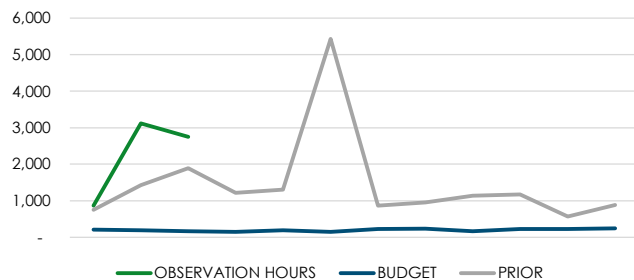
2023 STATISTIC DETAILS

Statistic	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTP
INPATIENT DAYS	309	173	205										687
BUDGET	214	196	161	149	193	155	228	239	161	228	233	243	570
PRIOR	179	164	135	125	162	130	191	200	135	191	195	204	478
OBSERVATION HOURS	871	3,119	2,755										6,745
BUDGET	650	1,235	1,637	1,054	1,126	3,200	752	825	990	1,020	1,092	1,668	3,521
PRIOR	751	1,428	1,892	1,219	1,302	5,433	869	954	1,145	1,179	569	888	4,071
EMERGENCY DEPARTMENT VISITS	1,502	1,372	1,615										4,489
BUDGET	1,383	1,220	1,456	1,495	1,722	1,706	1,635	1,601	1,605	1,580	1,738	1,673	4,059
PRIOR	1,433	1,264	1,509	1,549	1,785	1,789	1,694	1,659	1,663	1,637	1,801	1,713	4,206
GI CASES	97	51	67										215
BUDGET	174	90	174	168	166	161	168	97	135	117	97	103	438
PRIOR	32	43	37	57	36	29	43	49	72	112	101	64	112
SLEEP LAB	-	-	-										-
BUDGET	-	-	-	33	33	33	33	33	33	33	33	33	-
PRIOR	-	-	-	-	-	-	-	-	-	-	-	-	-
LAB TESTS	19,321	12,106	15,358										46,785
BUDGET	15,359	15,445	15,974	15,237	15,957	15,611	16,408	18,325	15,982	17,589	20,808	17,877	46,779
PRIOR	15,376	14,561	16,892	15,253	16,049	15,628	16,426	18,345	15,999	17,608	20,830	17,821	46,829
XRAY EXAMS	1,323	1,123	1,360										3,806
BUDGET	1,380	1,480	1,425	1,399	1,463	1,495	1,442	1,428	1,554	1,509	1,541	1,487	4,285
PRIOR	1,371	1,391	1,495	1,390	1,553	1,530	1,333	1,419	1,544	1,499	1,531	1,432	4,257
CT EXAMS	501	417	453										1,371
BUDGET	547	524	580	574	617	580	643	692	569	618	436	511	1,651
PRIOR	504	455	562	529	596	553	592	638	524	569	402	425	1,521
ULTRASOUND EXAMS	276	208	286										770
BUDGET	440	432	470	441	416	418	333	355	330	352	350	362	1,342
PRIOR	389	364	433	390	385	369	294	314	292	311	309	302	1,186
MRI EXAMS	82	43	59										184
BUDGET	63	80	80	52	77	66	50	118	96	71	90	119	222
PRIOR	43	54	54	35	52	45	34	80	24	-	-	81	151
THERAPY TREATMENTS	650	521	802										1,973
BUDGET	712	629	793	866	893	819	792	867	881	743	734	771	2,134
PRIOR	709	626	790	863	889	816	789	864	877	740	731	768	2,125
URGENT CARE VISITS	1,110	1,296	1,382										3,788
BUDGET	1,165	1,007	1,068	1,115	1,324	1,214	1,050	1,195	1,176	1,252	1,530	1,404	3,241
PRIOR	1,206	1,043	1,106	1,154	1,371	1,257	1,087	1,237	1,217	1,296	1,584	1,453	3,355
KELSEY CLINIC VISITS	-	71	177										248
BUDGET	-	-	-	-	-	-	-	-	-	-	-	-	-
PRIOR	-	-	-	-	-	-	-	-	-	-	-	-	-
MCCLEARY HEALTHCARE CLINIC VISITS	716	451	649										1,816
BUDGET	839	680	1,218	996	998	914	804	981	863	924	949	962	2,737
PRIOR	831	805	948	770	772	705	617	758	664	713	733	583	2,584
SUMMIT PACIFIC HEALTH CLINIC VISITS	-	-	-										-
BUDGET	-	-	304	504	740	739	732	730	715	718	722	715	-
PRIOR	184	180	205	188	195	194	188	186	173	176	179	173	-
WELLNESS CENTER VISITS	3,109	1,787	2,761										7,657
BUDGET	3,690	2,472	3,638	3,083	3,285	3,225	3,349	4,094	3,440	3,807	3,540	3,267	9,800
PRIOR	2,935	2,832	2,977	2,509	2,679	2,629	2,733	3,362	2,810	3,120	2,895	2,664	8,744
OPERATING MARGIN	19.4%	19.3%	10.6%										
GOAL	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	
PRIOR	26.6%	16.1%	15.1%	15.4%	3.3%	14.0%	12.9%	7.0%	15.2%	0.8%	13.3%	4.3%	
DAYS IN AR	50	54	58										
GOAL	47	47	47	47	47	47	47	47	47	47	47	47	
PRIOR	57	56	60	56	52	50	53	52	49	48	47	43	
2017 MEDITECH GO LIVE	65	76	83	84	84	79	77	82	81	81	77	77	
DAYS CASH ON HAND	296	290	279										
GOAL	250	250	250	250	250	250	250	250	250	250	250	250	
PRIOR	323	328	307	281	289	287	277	265	269	265	277	287	
2017 MEDITECH GO LIVE	133	97	88	75	67	63	65	76	72	55	57	76	
FTEs TOTAL PAID	315.9	314.7	324.2										318.2
FTEs INCLUDING AGENCY	339.5	335.0	351.4										342.0
BUDGET	380.3	380.3	381.3	390.0	390.0	390.5	394.5	396.5	396.5	396.5	397.5	397.5	380.6
PRIOR	294.7	313.0	324.5	322.3	325.5	309.5	311.8	333.7	344.0	349.5	351.8	361.7	344.0

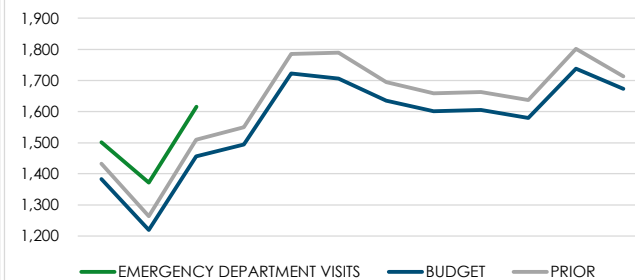
INPATIENT DAYS



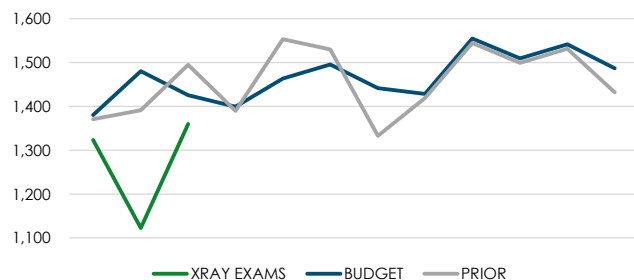
OBSERVATION HOURS



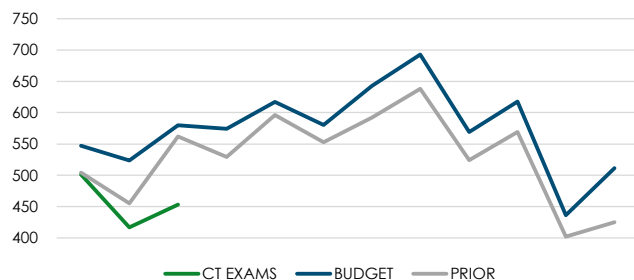
EMERGENCY DEPARTMENT VISITS



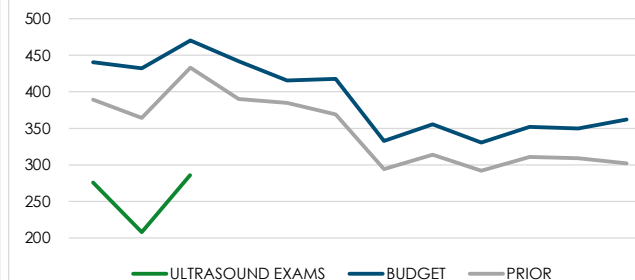
XRAY EXAMS



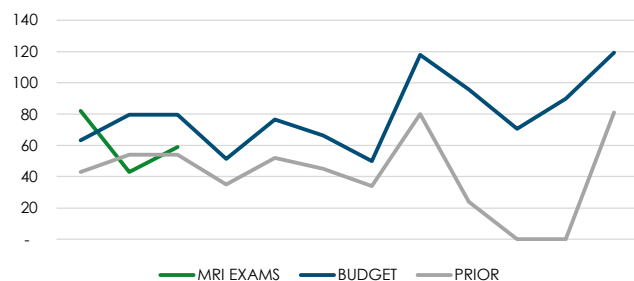
CT EXAMS



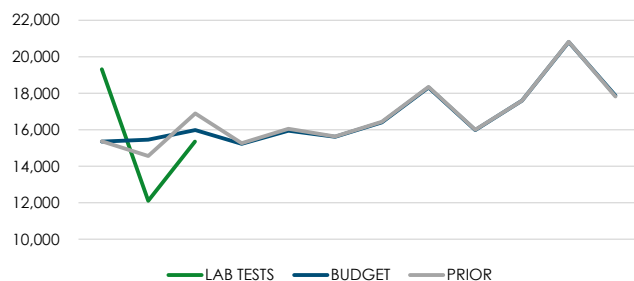
ULTRASOUND EXAMS



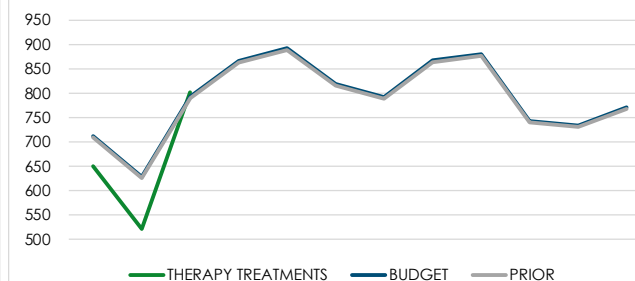
MRI EXAMS



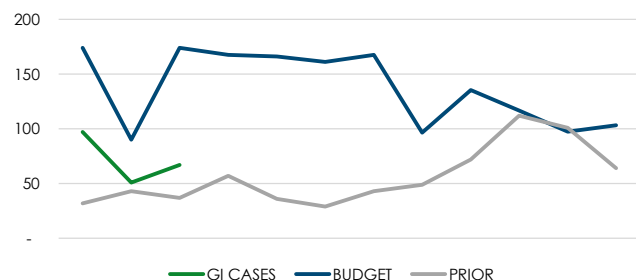
LAB TESTS



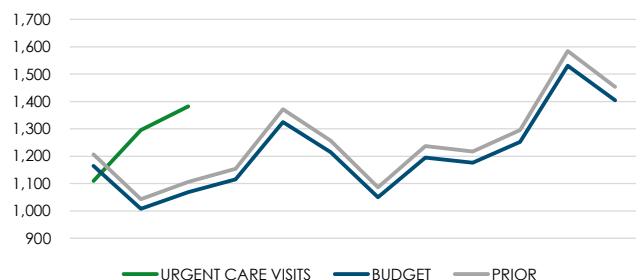
THERAPY TREATMENTS



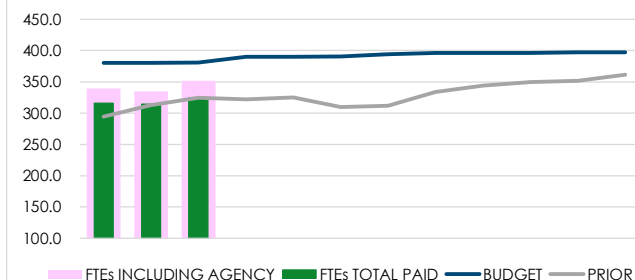
GI CASES



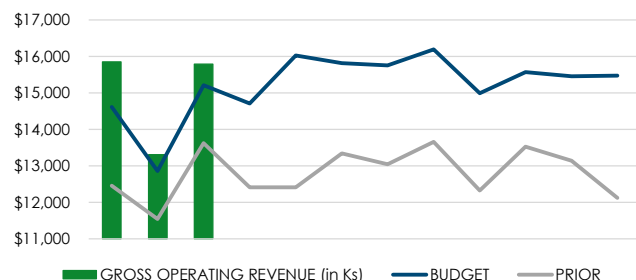
URGENT CARE VISITS



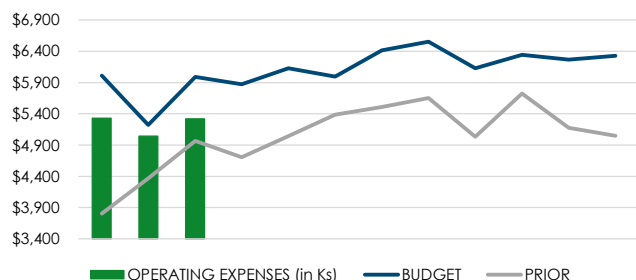
FTEs



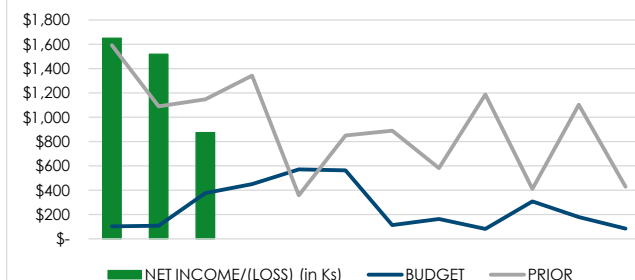
GROSS OPERATING REVENUE



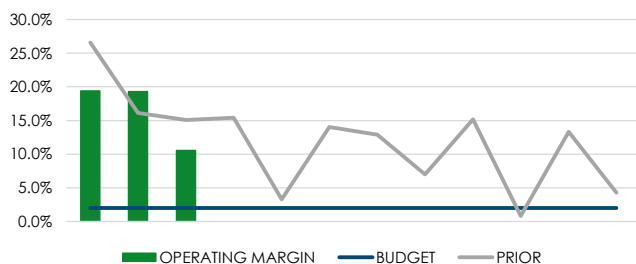
OPERATING EXPENSES



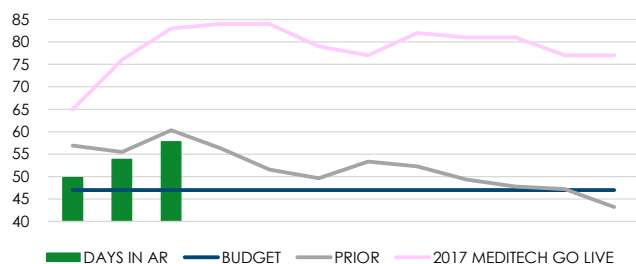
NET INCOME/(LOSS)



OPERATING MARGIN HIGHER IS BETTER



DAYS IN AR LOWER IS BETTER



DAYS CASH ON HAND HIGHER IS BETTER

