Jefferson Healthcare

Jefferson County Public Hospital District No.2
Board of Commissioners Meeting
Victor J. Dirksen Conference Room
834 Sheridan St, 1st Floor ESSB

Educational Session Agenda
Wednesday, March 1, 2017

Call to Order: 3:30

Approve Agenda: 3:35

Patient Story: Jackie Mossakowski 3:40

Minutes: Action Requested 3:50
- February 15 Regular Session(pg. 2-4)

Required Approvals: Action Requested 4:00
- Medical Staff credentials/appointments/reappointments(pg. 5-11)

Resolution 2017-09: Action Requested (pg.12-13) 4:10
- Diana Jones,

Board Chair, North Olympic Peninsula Organizing Committee,
Board Member, Puget Sound Advocates for Retirement Action.
- Resolution 2017-09:

A Resolution Regarding Medicare, Medicaid, and Federal Health Insurance Policy

Business of the Board: 4:25
- Committee Assignments
- Evaluate Board Compliance

Open Government Training: 4:50
- Lesson 1: Open Government Overviews and General Principals
- Lesson 2: Open Public Records- RCW 42.56
- Lesson 3: Open Public Meetings- RCW 42.30, RCW 42.32

Conclude: 5:50

This Regular Session will be officially audio recorded.
Times shown in agenda are estimates only.

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, February 15, 2017
Victor J. Dirksen Conference Room

Call to Order:
The meeting was called to order at 3:33pm by Commissioner Buhler. Present were Commissioners Buhler, De Leo, Dressler, Kolff, and Ready. Also present were Mike Glenn, CEO, Lisa Holt, CAO, Hilary Whittington, CFO, Jennifer Wharton, Executive Director Medical Group, Jackie Mossakowski, CNO, Steven Feland, CHRO, Dr. Kent Smith, Chief of Staff and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:
Commissioner Buhler recommended adding a Swedish Affiliation PowerPoint by CEO Mike Glenn as an additional agenda item after Required Approvals and before Public Comment and recommended moving the 2017-07: Affiliation resolution and 2017-08 Purchase of Real Estate resolution before the Patient Advocate report.

Commissioner Buhler also recommended adding the Puget Sound Advocates for Retirement Action (PSARA) resolution presented by Diane Jones to the March 1 agenda.

Commissioner Ready made a motion to add recommendations from Commissioner Buhler. Commissioner Kolff seconded.
Action: Motion passed unanimously.

Team of the Quarter and Employee:
CEO Mike Glenn announced the Employees of the Quarter, Alicia Syverson, Krystal Brock-Farrington, and Colleen Rodrigues. Jenn Wharton, Executive Director Medical Group expressed her gratitude for the Employees of the Quarter. Mike Glenn announced Laboratory as Team of the Quarter. Lisa Holt expressed her gratitude for the Team of Quarter.

Patient Story:
CNO Jackie Mossakowski introduced Commissioner Kolff to tell a patient story. Commissioner Kolff read aloud a patient letter regarding the patient's visit to hospital and the kindness he received from the staff.

Minutes:
- February 1 Regular Session minutes

Commissioner De Leo made a motion to approve the February 1 regular session minutes. Commissioner Dressler seconded the motion.
Action: Motion passed unanimously.

Required Approvals:

- Medical Staff Credentials/Appointments/Reappointments
- January Warrants and Adjustments
- Resolution 2017-06 Cancel Warrants

Commissioner Dressler made a motion to approve Medical Staff Credentials/ Appointments/ Reappointments, January Warrants and Adjustments, and Resolution 2017-06 Cancel Warrants as presented. Commissioner De Leo seconded the motion.
Action: Motion passed unanimously.

Swedish Medical Center Affiliation:
CEO Mike Glenn gave a presentation regarding the Jefferson Healthcare and Swedish Medical Center Affiliation.

Public asked questions.

Discussion ensued.

Public Comment:
Public comment was made.

Resolution 2017-07: Affiliation
CEO Mike Glenn introduced the Jefferson Healthcare and Discovery Behavioral Health Affiliation Agreement and Resolution 2017-07.

Public comment was made regarding Jefferson Healthcare & Discovery Behavioral Health Affiliation.

Commissioner Kolff made a motion to approve Resolution 2017-07: Affiliation with amended change to add the word “hospital” after Jefferson Healthcare in the second “Whereas” paragraph. Commissioner Ready seconded the amended motion.
Action: Motion passed unanimously.

Commissioner Buhler announced a break at 4:50pm.
Commissioner Buhler reconvened the meeting at 5:02pm.

Jeinell Harper RN, Director of Oncology, Wound Care, and Infusion Services, clarified part of the report she had given during Public Comment.

Resolution 2017-08: Purchase of Real Estate:
No public comment was made regarding 1010 Sheridan, Watership Medical Building.

Commissioner Dressler made a motion to approve Resolution 2017-08: Purchase of Real Estate. Commissioner De Leo seconded the motion with mention to his changes that were emailed to Alyssa Rodrigues, CEO Mike Glenn, and Commissioner Buhler earlier.

Discussion ensued.
Action: Motion passed unanimously.

Patient Advocate Report:
Patient Advocate Jackie Levin presented the 4th quarter patient advocate report. Jenn Wharton, Executive Director Medical Group spoke to clinic data.

Financial Report:
CFO Hilary Whittington presented the January financial report.

Administrator's Report:
CEO Mike Glenn presented the administrators report.

Board Report:
Commissioner Kolff made a motion to approve the 2017-05 Hazard Mitigation Plan. Commissioner Dressler seconded the motion.
Action: Motion passed unanimously.

Commissioner De Leo received a request for a commissioner to be a representative for the Public Transit Advisory Board.

Commissioner Kolff announced he received a request to be on the Citizen's Healthcare Access Group.

Commissioner De Leo mentioned the March 3 Disability Awareness Starts Here (DASH) bench dedication and having a representative from the board attend. Commissioner Buhler suggested Commissioners De Leo and Ready.

Commissioner Kolff requested putting the Swedish Medical Center PowerPoint on the website at the same time as the audio minutes.

Conclude:
Commissioner Dressler made a motion to conclude the meeting. Commissioner Ready seconded the motion.
Action: Motion passed unanimously.

Meeting concluded at 6:01pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

FROM: Barbara York – Medical Staff Services
RE: 2-28-2017 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 3-1-2017

C-0241
§485.627(a) Standard: Governing Body or Responsible Individual
The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)
It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Recommended appointment to the courtesy provisional staff:

1. Alter, Mark, MD - Tele-Psychiatry
2. Arroyo, Hansel, MD - Tele-Psychiatry
3. Norrell, Nelly, MD - Tele-Psychiatry
4. Allende, Jenys, MD - Tele-Psychiatry
5. Callahan, Richard, MD - Tele-Psychiatry
6. Sharpe, Robert, MD - Tele-Psychiatry
7. Lampen, Rhonda, MD - Tele-Psychiatry
8. Venard, Neil, MD - Tele-Psychiatry
9. Smith, Elton John, MD - Tele-Psychiatry
10. Lowe, Philip, MD - Tele-Radiology

Resignations:
1. Parkman, Catherine, MD, Internal Medicine eff 2/13/2017
2. Asbell, Kristie, PA-C – Family Medicine eff 3/1/2017

Minor revision of policy – note modifications under Peer Review Body:

Medical Staff Peer Review Policy

POLICY:

To ensure that the healthcare organization through the activities of its medical staff assesses on an ongoing basis the quality and appropriateness of patient care and the clinical performance of individuals granted privileges and uses the results of such assessments to identify opportunities to improve care.

PURPOSE:

The medical staff is accountable for the quality of care provided to patients.

SCOPE:

Representatives of the active medical staff and the active allied health staff will fairly and consistently assess quality performance of licensed independent practitioners. The results of those evaluations will be used to improve patient care, educate medical staff and service committees through regular feedback and provide outcomes and conclusions to the Medical Executive Committee and the Board.

DEFINITIONS:

PPEC: Professional Practice Excellence Committee

Peer Review: The evaluation of an individual practitioner's performance for all relevant competency categories using multiple sources of data and the identification of opportunities to improve care. Through this process, practitioners receive feedback for potential improvement or confirmation of personal achievement related to the effectiveness of their professional practice in all practitioner competencies. During this process, the practitioner is not considered to be "under investigation" for the purposes of reporting requirements under the Healthcare Quality Improvement Act.

Peer review body: The committee designated by the Medical Executive Committee to conduct the review of individual practitioner performance for the medical staff. The peer review body will be the Professional Practice Excellence Committee as described in the PPEC Charter. Members of the peer review body may render assessments of practitioner performance based on information provided by individual reviewers with appropriate subject matter expertise and will typically serve a three year term.

The peer review panel will be open to interested practitioners annually with the appropriate mix of advanced practitioners and physicians in mind. At the same time, current committee members who have served the three year term will have the option to stay or leave the peer review body.

The Professional Practice Excellence Committee Chair will send an email to all general medical and allied health staff offering participation.

Peer: An individual practicing in the same profession who has the expertise to evaluate the subject matter under review. The level of subject matter expertise required will be determined on a case-by-case basis.

Practitioner: A medical staff member (MD, DO, DPM, DDS or DMD) or a licensed independent practitioner (ARNP, CRNA, PA).

Peer Review Data: Data sources may include case reviews and aggregate data based on review, rule, and rate indicators in comparison with generally recognized standards, benchmarks, or norms. The data may be objective or perception-based as appropriate for the competency under evaluation. Peer review cases may be identified via the following non-inclusive sources:

- Outcome Indicators
- Issues identified by members of the patient care team
- Cases identified by Risk Management and/or patient advocates
- Issues referred by any medical staff member or committee
- Practitioners may self-refer

The PPEC will also make recommendations at time of reappointment to MEC. The mandatory bi-annual review will **not** include the annual clinic report card.

Practitioner competencies: The general or core practitioner competencies for evaluation as described are:

- Patient Care
- Medical Knowledge
- Interpersonal and communication skills
- Professionalism
- System based practice
- Practice based learning and improvement

Conflict of Interest: A member of the medical staff requested to perform peer review may have a conflict of interest if he/she may not be able to render a fair and constructive opinion. A family or household member will constitute a conflict of interest.

PEER REVIEW PROCEDURES:

Information Management: All peer review information is privileged and confidential in accordance with medical staff and hospital bylaws, state and federal laws, regulations, and accreditation requirements pertaining to confidentiality and non-discoverability.

The involved provider will receive provider-specific feedback on a routine basis.

The medical staff will use the peer review results in making its recommendations to the hospital regarding the credentialing and privileging process and, as appropriate, in its performance improvement activities.

Any written documents the medical staff determines should be retained related to provider specific peer review information will be kept in a secure, locked file. This may include:

- Individual case findings
- Aggregate performance data for all competencies

Peer review information in a practitioner's quality file is available only to authorized individuals who have a legitimate need to know this information based upon their responsibilities (refer to Access Policy).

Internal Peer Review:

- **Circumstances**: Internal Peer Review is conducted by PPEC using its own members as the evaluation source of practitioner performance. Its findings are reported to the

appropriate committee for review and action

- **Participants**: All participants will sign statement of confidentiality prior to participating in peer review activities. PPEC members will sign the statement on appointment and at least annually. Reviewers who are not committee members will sign a statement for each requested review.
- **Conflict of Interest Procedure**: In the event of a conflict, it is the obligation of the reviewer to disclose to the PPEC the potential conflict. It is the responsibility of the committee to determine on a case-by-case basis if a relative conflict is substantial enough to prevent the individual from participating. Examples of conflict of interest include reviews of family members, direct competitors, etc... When a potential conflict is indicated, the PPEC chair will be informed in advance and determine whether a substantial conflict exists. When either an absolute or substantial conflict is determined to exist, the individual may not participate in or be present during peer review body discussions or decisions other than to provide specific information requested as described in the peer review process. In the event of a conflict of interest or circumstances that would suggest a biased review beyond that previously described, the PPEC or the MEC will replace, appoint, or determine who will participate in the process.

External Peer Review:

Circumstances that merit external peer review may include, but are not limited to the following:

- Lack of internal expertise
- Ambiguity: dealing with vague or conflicting recommendations from internal reviewers or medical staff committees
- Legal concerns: when medical staff needs confirmation of internal findings or an expert witness for potential litigation or fair hearing
- Credibility: when one of the medical staff or board need to verify the overall credibility of the Internal Peer Review process, typically as an audit of Internal Peer Review findings
- Benchmarking: when an organization is concerned about the care provided by its providers relative to best practices and wishes to better define its expectations and as future quality monitoring to determine whether improvement has been achieved
- The MEC or Governing Board may require external peer review in any circumstances deemed appropriate by either of these bodies

Authorization: The PPEC, the MEC, Risk Management of the Governing Board will determine the need for external peer review. No practitioner can require the hospital to obtain external peer review if these determining bodies have not deemed it appropriate.

Review: Once the results of the external peer review are obtained, the report will first be reviewed by the PPEC at its next regularly scheduled meeting unless an expedited process is requested by the MEC or the Board. The PPEC will determine whether any potential improvement opportunities are present. If so, they will be handled through the same mechanism as internal peer review unless the issue has already been addressed in the corrective action process.

PROCEDURES AND TIMELINES:

Please refer to attachment "Case Review Process and Timelines"

CORE FALL OUT CRITERIA:

Please refer to attachment "Case Review Process and Timelines"

ETHICS CONSULTATION

POLICY:

Patients at Jefferson Healthcare have the right to receive patient centered, respectful care, and to be involved in the healthcare decision making process. When ethical concerns are identified, upon request, an ethics consultation will be facilitated.

The ethics committee does not make treatment decisions. The consultation process enhances communication and decision making in order to provide the best outcome for the patient.

PURPOSE:

To establish a process for obtaining an ethics consultation at Jefferson Healthcare. The general goal of an ethics consultation is to improve the quality of healthcare through the identification, analysis, and resolution of ethical questions or concerns.

Effective ethics consultation has been shown to improve ethical decision making and practice, enhance patient and provider satisfaction, facilitate the resolution of disputes, and increase knowledge of health care ethics.

SCOPE:

An ethics consultation may be requested by any Jefferson Healthcare patient, provider, or employee. The scope of an ethics consultation service includes both case consultations and non-case consultations.

DEFINITIONS:

Ethics Consultation: activities performed by an individual ethics consultant, a team of ethics consultants, or an ethics committee to help patients, providers, or other parties resolve ethical concerns in the health care setting.

Ethical Concerns: uncertainties or conflicts about values

Ethics Consultant: an individual who is trained in ethics, who provides ethics consultations and may also serve as an educator to the committee or program

Case Consultations: consultations pertaining to an active patient case

Non-Case Consultations: consultations that do not pertain to an active patient case. Could include requests for general information, policy clarification, document review, or ethics questions about hypothetical or retrospective circumstances.

RESPONSIBILITY:

All Jefferson Healthcare providers, staff, and volunteers are responsible for fostering an ethical environment and culture.

It is the responsibility of the House Supervisor or designee to contact the ethics consultant when an ethics consult has been requested.

The Ethics Committee is responsible for the oversight of the Ethics Consultation services, and reports to the Executive Quality Council.

PROCEDURE:

A. When an ethical concern is identified, the clinician or staff member will assess the need for an ethics consultation
B. To request an ethics consultation, contact the Ethics Committee referral line at (360) 344-0417
C. The House Supervisor or designee will contact the ethics consultant to communicate the referral
D. The ethics consultant shall respond within one business day and evaluate the case
    1. Ethics consultants are typically scheduled to be on campus Monday through Friday between 9 a.m. to 5 p.m.
        a. After hours, the house supervisor will assess the need and the urgency of the request for ethics consultation
            i. For urgent or emergent cases, the house supervisor shall attempt to contact an ethics consultant after hours
E. The ethics consultant will identify the appropriate level of consultation:
    1. Ethics Consultation Team
        a. Responsibility for the ethics consultation is shared by an individual or small team of qualified consultants, chosen on the basis of their background, expertise, and perspective relative to the specifics of the ethical concern
        b. Every team member should possess basic ethics consultation knowledge and skills
        c. The team model accommodates a wide range of situations and levels of consultant expertise and allows tasks to be divided among members of the team
    2. Ethics Committee Consultation
        a. The interdisciplinary Ethics Committee from across the organization jointly performs a given consultation
        b. Each team member should possess basic ethics consultation knowledge and skills
        c. Is effective for ensuring broad organizational input into difficult consultations
F. The patient, if unable to participate or communicate, will be represented by his or her decision-maker whenever possible
    1. The decision-maker is responsible for providing information on the patient's wishes as it relates to care and medical services
G. The ethics consultant, team, or committee evaluates the situation using the Four Topic Chart as a framework
H. Case consultation and subsequent recommendations shall be documented in the electronic health record
    1. Documentation shall include:
        a. The identity of the requester and reason for the consultation
        b. Activities that occurred before the consultation
        c. Ethics issues identified
        d. Steps taken to address the ethics issues
        e. Options and ethical rationales considered
        f. Outcome and recommendation
I. The Ethics Consultant shall follow up as necessary and provide ongoing support
J. The Ethics Committee shall evaluate the quality of the consultation and identify

opportunities for improvement and additional educational needs

Education and Competencies:

Ethics consultants are required to have education and training regarding the process of ethical analysis, ethical issues and concepts, health care practice, and health care systems.

Ethics consultants also requires skill in the following areas:

- Ethical assessment skills
- Ethical analysis skills
- Effective communication and teamwork
- Evaluative and quality improvement skills
- Ability to run an effective ethics consultation service
- Interpersonal skills

REFERENCES:

ECRI. (2009, January). Institutional Ethics Committees. *Healthcare Risk Control , 2* (Ethics 1)
Jonsen, A., Siegler, M., & Winslade, W. (2010). *Clinical Ethics* (7th ed.). : McGraw Hill
University of Washington School of Medicine. (2013). Ethics Committees, Programs and Consultation. Retrieved from https://depts.washington.edu/bioethx/topics/ethics.html
US Department of Veterans Affairs. (n.d.). National Center for Ethics in Health Care. Retrieved from http://www.ethics.va.gov/integratedethics/ecc.asp

RESOLUTION 2017-09

Jefferson County Public Hospital District No. 2

A Resolution Regarding Medicare, Medicaid, and Federal Health Insurance Policy

WHEREAS, the people of east Jefferson County, a rural county, are served by Jefferson County Public Hospital District No. 2 (Jefferson Healthcare) a municipal corporation and taxing district governed by elected Hospital District Commissioners; and

WHEREAS, the people rely on Jefferson Healthcare's fully-integrated health care system, its Critical Access Hospital, its Rural Health and other clinics, and the many services it provides; and

WHEREAS, Jefferson Healthcare is the largest public employer in Jefferson County, providing local jobs for hundreds of people who support the local economy; and

WHEREAS, the people of Jefferson County are especially reliant on federal health insurance programs, with 32.2% insured through Medicare, 18% insured through Medicaid, and only 40.5% with private insurance*; and

WHEREAS, federal health care insurance changes in the past five years resulted in a decline in the proportion of uninsured people in Jefferson County to 9.3% and a decline in needs for charity care provided by Jefferson Healthcare; and

WHEREAS, three-quarters of revenue to Jefferson Healthcare comes through Medicare and Medicaid reimbursements and this income is critical to the continued success of Jefferson Healthcare and the economy of Jefferson County; and

WHEREAS, many citizens cannot afford dental, hearing, or vision care that contribute to their health, safety, and quality of life;

NOW, THEREFORE BE IT RESOLVED, that the Board of Commissioners of Jefferson Healthcare call on Congress to expand Medicare and Medicaid coverage to more citizens; and

BE IT FURTHER RESOLVED that the Board call on Congress to add coverage for dental, hearing, and vision care to Medicare and Medicaid; and

BE IT FURTHER RESOLVED that the Board call on Congress to make no changes to federal health care policies that would reduce the number of people covered; reduce the level of coverage; raise consumer costs for insurance, care, or prescriptions; or lower reimbursement levels to Critical Access Hospitals and Rural Health Clinics from federal programs; and

BE IT FINALLY RESOLVED that the Board invite other elected bodies, including but not limited to other public hospital districts and the Washington State legislature to support these goals.

Commission Chair – Jill Buhler: _____

Commission Secretary – Marie Dressler _____

Commissioner – Anthony De Leo _____

Commissioner – Kees Kolff _____

Commissioner – Matt Ready _____

*Washington State Health Services Research Project, Research Brief No. 077, April 2016
"County Health Coverage in Washington State, 2014,"
Wei Yen, Office of Fiscal Management Health Care Research Center.
(http://www.ofm.wa.gov/researchbriefs/2016/brief077.pdf)