
Regular Session Agenda
Wednesday, April 25, 2018

<u>Call to Order:</u>	2:00
<u>Education Topic:</u> Cassie Sauer, President and Chief Executive Officer, Washington State Hospital Association	
<u>Break:</u>	3:15
<u>“We Are Here” A Transgender Video for Healthcare Professionals:</u> • Mandala Center for Change, Marc Weinblatt	3:30
<u>Approve Agenda:</u>	4:00
<u>Minutes:</u> Action Requested • March 20 Special Session (pg. 2-3) • March 28 Regular Session (pg. 4-6)	4:05
<u>Required Approvals:</u> Action Requested • March Warrants and Adjustments (pg. 7-12) • Resolution 2018-05 Cancel Warrants (pg. 13) • Medical Staff Credentials/ Appointments/ Reappointments (pg. 14) • Medical Staff Policy (pg. 15-18)	4:10
<u>Public Comment:</u> <i>(In lieu of in-person comment, members of the public may provide comment on any agenda item or any other matter related to the District via a letter addressed to the Commissioners at 834 Sheridan Street, Port Townsend, Washington 98368, or via email to commissioners@jeffersonhealthcare.org.)</i>	4:15
<u>Financial Report:</u> Hilary Whittington, Chief Administrative Officer/CFO	4:25
<u>Quality Report:</u> Brandie Manuel, Chief Patient Care Officer	4:45
<u>Administrator’s Report:</u> Mike Glenn, CEO	5:05
<u>Chief Medical Officer Report:</u> Joe Mattern, MD, CMO	5:25
<u>Board Business:</u>	5:45
<u>Meeting Evaluation:</u>	5:55
<u>Conclude:</u>	6:00

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,
Special Session Minutes
Joint Board Meeting with Jefferson County Board of Health
Wednesday, March 20, 2018
Cotton Building, 607 Water St, Port Townsend, WA 98368**

Call to Order:

The meeting was called to order at 3:02pm by Jefferson County Public Hospital District No. 2 chair, Commissioner Buhler. Present were Jefferson County Public Hospital District No. 2 Commissioners Buhler, Dressler, Ready, Kolff and McComas. Present from the Jefferson County Board of Health were board chair Austin, Sullivan, Kler, Dean, Westerman, and Speser. Also present was Mike Glenn, CEO, Jefferson County Public Hospital District No. 2, Philip Morley, Jefferson County Administrator, Vicki Kirkpatrick, Director of Jefferson County Public Health and John Nowak, Executive Director of Community Health Improvement Plan and Alyssa Rodrigues, Administrative Assistant Jefferson County Public Hospital District No. 2.

Special Session:

The purpose of this special session is a joint board meeting between Jefferson County Public Hospital District No.2 Commissioners and Jefferson County Board of Health Commissioners to review the Community Health Improvement Plan progress.

Introductions were made.

Community Health Improvement Plan Program Staffing:

Vicki Kirkpatrick, Director of Jefferson County Public Health gave an introduction and discussed staffing.

Discussion ensued.

Review of current state and action plan:

John Nowak, Executive Director of Community Health Improvement Plan reviewed the current status of plan including: grants and funding, community outreach and communication, metrics and evaluation, and partnership development and next steps.

Discussion ensued.

Public Comment:

Public comment was made.

Commissioners discussed frequency of meeting and agreed on quarterly meetings.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner Kolff seconded the motion.

Meeting concluded at 3:58pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

DRAFT

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, March 28, 2018
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 2:00pm by Board Chair, Buhler. Present were Commissioners Dressler, McComas, Kolff, and Ready. Caitlin Harrison, Chief Human Resources Officer, Brandie Manuel, Chief Patient Care officer, Jon French, Chief Legal Officer and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Education:

- Open Public Meetings and Publics Records Now and Into the Future, Charles (Skip) H. Houser III, J.D., M.P.A., Attorney at Law, Pope, Houser, & Barnes PLLC

Charles (Skip) Houser III presented on the Open Public Meetings and Public Records Now and Into the Future, Open Public Meetings Act and Open Public Records Act.

Discussion ensued.

Break:

Commissioners recessed for break at 3:24pm.

Commissioners reconvened from break at 3:31pm.

Patient Story:

Brandie Manuel, Chief Patient Care Officer, deferred the patient story to Commissioner Kolff who read aloud a letter he was sent from a mother of a child who is part of the Ratfish mountain bike team. Mother wrote a letter in regards to the great care that her son receive from Patricia Hoyecki, ARNP, and team at Jefferson Healthcare Wound Care Clinic, after her son had been in a mountain biking accident. The letter explained that Patricia Hoyecki, ARNP, and team were very involved, easily accessible, and the explanation of care they received was great. Ultimately, the mother was very pleased with the clinic and her and her son's experience.

Approve Agenda:

Commission Dressler made a motion to approve the agenda. Commissioner McComas seconded.

Action: Motion passed unanimously.

Minutes:

- February 28 Regular Session

Commissioner Dressler made a motion to approve the February 28 Regular Session. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- February Warrants and Adjustments
- Resolution 2018-04 Cancel Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Dressler made a motion to approve Medical Staff Credentials/Appointments/ Reappointments, Medical Staff Policy, February Warrants and Adjustments, and Resolution 2018-04 Cancel Warrants. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Public Comment:

Public comment was made.

Financial Report:

Hilary Whittington, gave the February financial report.

Discussion ensued.

Quality Report:

Brandie Manuel, Chief Patient Care Officer presented the quality report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO gave his administrative report.

Discussion ensued.

Chief Medical Officer Report:

Dr. Joe Mattern, Chief Medical Officer gave an update on the ACO, provider comings and goings, telemedicine and tele pulmonology, provider engagement event, behavioral health integration, medically assisted treatment, and high dose flu shot.

Discussion ensued.

Board Reports:

Commissioner Kolff inquired about carpooling to the Port Ludlow event.

Commissioner Buhler distributed the February 15 Board of Health minutes.

Meeting Evaluation

Commissioners evaluated the meeting.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner McComas seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 5:10pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

DRAFT

Jefferson
Healthcare

Gross Revenue

Inpatient Revenue
Outpatient Revenue

Total Gross Revenue

Revenue Adjustments

Cost Adjustment Medicaid
Cost Adjustment Medicare
Charity Care
Contractual Allowances Other
Administrative Adjustments
Adjust Bad Debt

Total Revenue Adjustments

Net Patient Service Revenue

Other Revenue

340B Revenue
Meaningful Use Ehr Incentive
Other Operating Revenue

Total Operating Revenues

Operating Expenses

Salaries And Wages
Employee Benefits
Professional Fees
Purchased Services
Supplies
Insurance
Leases And Rentals
Depreciation And Amortization
Repairs And Maintenance
Utilities
Licenses And Taxes
Other

Total Operating Expenses

Operating Income (Loss)

Non Operating Revenues (Expenses)

Taxation For Maint Operations
Taxation For Debt Service
Investment Income
Interest Expense
Bond Issuance Costs
Gain or (Loss) on Disposed Asset
Contributions

Total Non Operating Revenues (Expenses)

Change in Net Position (Loss)

	March 2018 Actual	March 2018 Budget	Variance Favorable/ (Unfavorable)	%	March 2018 YTD	March 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	March 2017 YTD
Gross Revenue									
Inpatient Revenue	3,867,050	4,408,737	(541,687)	-12%	12,513,975	12,799,558	(285,583)	-2%	11,920,518
Outpatient Revenue	16,213,843	15,862,010	351,833	2%	45,128,296	46,050,993	(922,697)	-2%	39,331,367
Total Gross Revenue	20,080,893	20,270,747	(189,854)	-1%	57,642,271	58,850,551	(1,208,280)	-2%	51,251,886
Revenue Adjustments									
Cost Adjustment Medicaid	1,919,239	2,029,037	109,798	5%	6,086,828	5,890,751	(196,077)	-3%	5,295,404
Cost Adjustment Medicare	7,171,365	7,073,136	(98,229)	-1%	19,905,781	20,534,910	629,129	3%	17,862,489
Charity Care	230,136	124,980	(105,156)	-84%	672,566	362,845	(309,721)	-85%	230,126
Contractual Allowances Other	1,609,915	1,558,780	(51,135)	-3%	4,380,546	4,525,490	144,943	3%	3,732,820
Administrative Adjustments	122,119	45,126	(76,993)	-171%	210,519	131,010	(79,509)	-61%	158,902
Adjust Bad Debt	473,670	294,356	(179,314)	-61%	763,029	854,582	91,553	11%	1,029,587
Total Revenue Adjustments	11,526,444	11,125,415	(401,029)	-4%	32,019,269	32,299,588	280,319	1%	28,309,326
Net Patient Service Revenue	8,554,449	9,145,333	(590,883)	-6%	25,623,002	26,550,963	(927,961)	-3%	22,942,559
Other Revenue									
340B Revenue	257,152	295,035	(37,884)	-13%	752,004	856,553	(104,549)	-12%	727,041
Meaningful Use Ehr Incentive	-	-	-	0%	-	0	-	0%	0
Other Operating Revenue	166,204	128,388	37,816	29%	418,897	372,738	46,159	12%	326,060
Total Operating Revenues	8,977,805	9,568,755	(590,951)	-6%	26,793,903	27,780,254	(986,351)	-4%	23,995,661
Operating Expenses									
Salaries And Wages	4,646,032	4,802,949	156,917	3%	13,530,376	13,944,045	413,669	3%	11,803,062
Employee Benefits	1,117,687	1,209,927	92,240	8%	3,262,834	3,512,692	249,857	7%	3,019,203
Professional Fees	446,636	383,528	(63,108)	-16%	1,298,394	1,113,469	(184,925)	-17%	1,204,636
Purchased Services	533,996	584,296	50,300	9%	1,543,044	1,696,344	153,300	9%	1,455,638
Supplies	1,698,166	1,418,830	(279,336)	-20%	4,595,826	4,119,183	(476,643)	-12%	3,829,646
Insurance	59,957	57,397	(2,560)	-4%	189,179	166,636	(22,543)	-14%	146,805
Leases And Rentals	119,567	123,268	3,701	3%	372,588	357,875	(14,713)	-4%	344,690
Depreciation And Amortization	396,603	396,906	303	0%	1,192,670	1,152,307	(40,363)	-4%	1,052,359
Repairs And Maintenance	53,599	81,348	27,750	34%	159,690	236,173	76,483	32%	140,211
Utilities	110,396	87,913	(22,483)	-26%	293,353	255,231	(38,122)	-15%	243,784
Licenses And Taxes	50,684	51,666	982	2%	149,045	149,999	954	1%	132,691
Other	163,360	197,664	34,303	17%	451,618	573,863	122,245	21%	396,304
Total Operating Expenses	9,396,683	9,395,693	(990)	0%	27,038,617	27,277,817	239,199	1%	23,769,029
Operating Income (Loss)	(418,879)	173,062	(591,940)	-342%	(244,714)	502,437	(747,151)	-149%	226,632
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	33,414	23,101	10,313	45%	63,354	67,068	(3,715)	-6%	52,071
Taxation For Debt Service	24,401	16,562	7,839	47%	44,328	48,082	(3,754)	-8%	55,826
Investment Income	24,715	13,801	10,913	79%	73,578	40,068	33,510	84%	39,605
Interest Expense	(87,231)	(97,953)	10,723	11%	(262,664)	(284,381)	21,716	8%	(157,375)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	5,500
Contributions	7,129	14,608	(7,480)	-51%	30,069	42,411	(12,342)	-29%	297,982
Total Non Operating Revenues (Expenses)	2,428	(29,881)	32,308	108%	(51,336)	(86,751)	35,415	41%	293,608
Change in Net Position (Loss)	(416,451)	143,181	(559,632)	-391%	(296,050)	415,687	(711,737)	-171%	520,241

Jefferson Healthcare

<u>STATISTIC DESCRIPTION</u>	<u>MARCH</u> <u>ACTUAL</u>	<u>MARCH</u> <u>BUDGET</u>	<u>%</u> <u>VARIANCE</u>	<u>YTD</u> <u>ACTUAL</u>	<u>YTD</u> <u>BUDGET</u>	<u>%</u> <u>VARIANCE</u>
FTEs - TOTAL (AVG)	553.07	584.50	5%	544.79	584.50	7%
FTEs - PRODUCTIVE (AVG)	509.00	525.73	3%	496.14	525.73	6%
ADJUSTED PATIENT DAYS	2,174	2,172	0%	6,283	6,305	0%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	89	97	-8%	279	283	-1%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	345	362	-5%	1,117	1,052	6%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	10	16	-38%	32	48	-33%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	444	475	-7%	1,428	1,383	3%
BIRTHS	9	9	0%	28	27	4%
SURGERY CASES (IN OR)	106	102	4%	296	297	0%
SURGERY MINUTES (IN OR)	21,014	9,714	116%	59,840	28,203	112%
SPECIAL PROCEDURE CASES	70	102	-31%	200	297	-33%
LAB BILLABLE TESTS	19,448	19,121	2%	55,633	55,514	0%
BLOOD BANK UNITS MATCHED	11	56	-80%	119	162	-27%
CARDIAC SERVICES (EKG, AMB, TREAD, ECG)	117	107	9%	329	311	6%
MRIs COMPLETED	164	190	-14%	460	552	-17%
CT SCANS COMPLETED	421	471	-11%	1,166	1,366	-15%
RADIOLOGY DIAGNOSTIC TESTS	1,439	1,617	-11%	4,117	4,695	-12%
ECHOs COMPLETED	119	178	-33%	330	516	-36%
ULTRASOUNDS COMPLETED	324	347	-7%	917	1,008	-9%
MAMMOGRAPHS COMPLETED	221	208	6%	701	603	16%
NUCLEAR MEDICINE TESTS	26	33	-21%	76	97	-22%
TOTAL DIAGNOSTIC IMAGING TESTS	2,714	3,044	-11%	7,767	8,837	-12%
MEDS DISPENSED	24,311	23,766	2%	73,114	68,997	6%
ANTI COAG VISITS	445	552	-19%	1,283	1,603	-20%
RESPIRATORY THERAPY PROCEDURES	3,530	3,769	-6%	10,903	10,942	0%
PULMONARY REHAB RVUs	253	167	51%	757	484	56%
PHYSICAL THERAPY RVUs	6,476	5,668	14%	21,335	16,455	30%
OCCUPATIONAL THERAPY RVUs	1,324	988	34%	4,037	2,867	41%
SPEECH THERAPY RVUs	195	255	-24%	616	741	-17%
REHAB/PT/OT/ST RVUs	8,248	7,078	17%	26,745	20,547	30%
ER CENSUS	1,104	1,132	-2%	3,144	3,286	-4%
EXPRESS CLINIC	708	910	-22%	1,189	2,641	-55%
SOCO PATIENT VISITS	180	251	-28%	489	729	-33%
PORT LUDLOW PATIENT VISITS	612	896	-32%	1,658	2,602	-36%
JHPC PATIENT VISITS	2,728	3,304	-17%	8,029	9,591	-16%
JHFM PATIENT VISITS	1,038	1,276	-19%	3,098	3,704	-16%
JHIM PATIENT VISITS	701	654	7%	2,350	1,899	24%
TOTAL RURAL HEALTH CLINIC VISITS	5,967	7,291	-18%	16,813	21,166	-21%
CARDIOLOGY CLINIC VISITS	250	245	2%	761	710	7%
DERMATOLOGY CLINIC VISITS	412	433	-5%	1,019	1,257	-19%
GEN SURG PATIENT VISITS	283	236	20%	932	684	36%
INFUSION CENTER VISITS	549	603	-9%	1,597	1,751	-9%
ONCOLOGY VISITS	339	414	-18%	1,013	1,201	-16%
ORTHO PATIENT VISITS	588	715	-18%	1,626	2,075	-22%
SLEEP CLINIC VISITS	159	160	-1%	521	464	12%
SURGERY CENTER ENDOSCOPIES	77	67	15%	216	194	11%
WOMENS CLINIC VISITS	245	255	-4%	689	740	-7%
WOUND CLINIC VISITS	270	326	-17%	768	946	-19%
TOTAL SPECIALTY CLINIC VISITS	3,172	3,454	-8%	9,142	10,022	-9%
HOME HEALTH EPISODES	61	68	-10%	189	198	-5%
HOSPICE CENSUS/DAYS	1,010	894	13%	3,172	2,595	22%
DIETARY TOTAL REVENUE	76,024	72,311	5%	225,042	209,934	7%
MAT MGMT TOTAL ORDERS PROCESSED	2,559	2,606	-2%	7,609	7,565	1%
EXERCISE FOR HEALTH PARTICIPANTS	847	937	-10%	2,418	2,722	-11%

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: MARCH 2018 WARRANT SUMMARY**

The following items need to be approved at the next commission meeting:

General Fund Warrants & ACH Transfers	\$8,751,913.13	(Provided under separate cover)
Bad Debt / Charity	\$825,924.83	(Attached)
Canceled Warrants	\$600.22	(Attached)

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: MARCH 2018 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS**

Submitted for your approval are the following warrants:

GENERAL FUND:

243942 - 244807	\$4,794,633.74
ACH TRANSFERS	<u>\$3,957,279.39</u>
	<u>\$8,751,913.13</u>
YEAR-TO-DATE:	<u><u>\$26,903,109.10</u></u>

Warrants are available for review if requested.

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: MARCH 2018 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS**

Submitted for your approval are the following:

	MARCH	MARCH YTD	MARCH YTD BUDGET
Bad Debts:	\$473,669.50	\$763,028.70	\$854,581.78
Charity Care:	\$230,136.07	\$672,566.00	\$362,845.15
Other Administrative Adjustments:	\$122,119.26	\$210,518.97	\$131,010.38
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TOTAL FOR MONTH:	\$825,924.83	\$1,646,113.67	\$1,348,437.31
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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: MARCH 2018 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT	AMOUNT
3/10/2017	234972	\$ 20.00
3/10/2017	234978	\$ 40.00
3/10/2017	234979	\$ 252.00
3/10/2017	234980	\$ 243.00
3/16/2017	235131	\$ 5.38
3/23/2017	235407	\$ 20.00
3/23/2017	235408	\$ 0.80
3/23/2017	235457	\$ 19.04
TOTAL:		<u>\$ 600.22</u>

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-05

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$600.22

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$600.22 are canceled.

Date of Issue	Warrant #	Amount
03/10/2017	234972	20.00
03/10/2017	234978	40.00
03/10/2017	234979	252.00
03/10/2017	234980	243.00
03/16/2017	235131	5.38
03/23/2017	235407	20.00
03/23/2017	235408	.80
03/23/2017	235457	19.04
Total		\$600.22

APPROVED this 25th day of April, 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

FROM: Barbara York – Medical Staff Services
RE: 04-24-2018 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 4/25/2018

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 re-appointment to the active medical staff with privileges as requested:

1. Haycox, Claire, MD – Dermatology
2. Harris, Tracie, MD – Internal Medicine/Hospitalist
3. Johns, Michael, MD – Family Medicine/Hospitalist

Recommended re-appointment to the courtesy medical staff with privileges as requested:

1. Alexander, David, MD – Diagnostic Radiology
2. Caldwell, Douglas, MD – Diagnostic Radiology
3. Liou, Lee, MD – Tele-Neurology
4. Mohr, Brandt, MD – Tele-Radiology
5. Varrell, James, MD – Tele-Psychiatry

Recommended re-appointment to the allied health staff with privileges as requested:

1. Reiner, Steven, DPM – Podiatry

Practitioner Proctoring

POLICY:

Proctoring is an objective evaluation of a provider's competence by a proctor who represents and is responsible to the Jefferson Healthcare Medical Staff. Proctoring is a way to assess current competence in performing the clinical privileges granted and provides assessment of the practitioner's clinical judgment, skills and technique. In the absence of a qualified proctor within Jefferson Healthcare, the Medical Executive Committee will modify the proctoring protocol accordingly; examples include but are not limited to hiring an outside proctor or sending a provider to an outside source for proctoring.

PURPOSE:

Proctoring may involve direct observation (or retrospective review) by a practitioners who is experienced in the area of expertise or procedures being performed by another practitioner

SCOPE:

Except as otherwise determined by the Medical Executive Committee, proctoring may apply to the following:

New practitioners appointed to the Medical Staff in the event of specific privileging criteria not being met to the satisfaction of the Department Chair (privileges are considered based on documented education, training and/or experience, specialized training certification, references and other relevant information).

Providers on the Medical Staff who are requesting additional privileges or privileges involving new technology

Providers who are returning from extended leave of absence (as per Medical Staff Bylaws)

Providers requesting renewal of privileges performed so infrequently that assessment of current competence is not feasible

Any practitioner for whom the Medical Executive Committee determines a need a need for specific monitoring or assessment of current competence

RESPONSIBILITY:

The proctor must be a member in good standing with the Medical Staff at Jefferson Healthcare and be approved by Medical Executive Committee and must have unrestricted privileges to perform the procedure that is to be proctored. He/she must be approved by the Medical Executive Committee.

The proctor's primary responsibility is to evaluate performance, however, if the proctor reasonably believes that intervention is warranted to prevent harm to the patient, he/she has the ability to intervene and take whatever action is reasonably necessary to protect the patient. The intervention shall be reported to the Department Chair.

The proctor will review the results of the proctoring with the physician.

The proctoring report will not be attached to the patient's medical record to assure confidentiality of the proctoring report.

The proctor shall ensure that the completed evaluation report is completed and sent to the Medical Staff Office within 24 hours of the completion of the proctored procedure(s).

The **proctored practitioner** must inform the patient that a proctor will be present during the procedure, may examine the patient and may participate in the procedure.

Duties:

The Medical Staff office will notify patient care areas as deemed appropriate (i.e. Surgery Department, ACU/ICU) of the names and privileges of those providers under proctoring requirements and when the requirement has been completed.

Medical Staff Office will notify MEC when the proctoring period has been completed.

Medical Staff Office will secure and confidentially store the evaluations for each case in the practitioners Quality File.

New or Additional Privileges

POLICY:

To cover approval process for:

- Privileges/procedures new to the facility
- Requests for additional privilege(s) not previously granted

PURPOSE:

In accordance with CMS, the State of Washington, the Joint Commission and DNV:

1. It must be a privilege/procedure that the hospital can support and offer, evidenced by approval of the Governing Board
2. It includes criteria for determining privileges that will be consistently applied to all practitioners requesting the privilege
3. It includes a process for evaluating the competency of the individual holding the privilege

PROCEDURE:

The interested practitioner shall supply the following information in collaboration with appropriate department director to the respective Chief(s) of Service and the Chair of the Credentials Committee:

- New privilege/procedure name
- Names of other hospitals in which it is used;
- Any research demonstrating the risks and benefits of this privilege/procedure;
- Any product literature or educational syllabus addressing the privilege/procedure;
- Financial analysis of the new privilege/procedure which should include operating revenue, expenses, capital equipment, and contribution margin if requested
- FDA approval letter if applicable
- Anesthesia or other specialty concerns;
- Recommended minimum education, training, experience necessary to perform the new privilege/procedure
- Extent of proctoring, monitoring and/or supervision, if any, that should occur
- Recommendation for requirements to maintain clinical competency
- Recommendations for clinical indicators for peer review

Review and Approval:

The Chief (s) of Service and Chair of the Credentials Committee shall review the information and make their recommendation to Medical Executive Committee which will then forward their recommendation to the Governing Board. Upon approval of the new privilege/procedure at Jefferson Healthcare, the Medical Staff will be notified. Medical Staff Services personnel will add the new privilege/procedure and the criteria to the appropriate privilege form(s). The interested physician(s) may then apply for the new privilege/procedure, which shall follow the process outlined in *Bylaws, Article 6, Processing the Application*, as applicable.

Requests for privileges new to practitioner's practice:

1. Physician shall request the new privilege(s) in writing and on approved privilege forms to the Chief of Service with evidence of training, education, or experience that meets established criteria. The Chief of Service will review the request and forward recommendation to the Chair of the Credentials Committee.
 - If proctoring is a criteria for obtaining the privilege, that proctoring is to be approved by the Chief of Service prior to the proctoring. It will be the responsibility of the applicant to arrange for proctoring and to ensure that proctors submit any required evaluations.
2. The Chief of Service and Credential Committee Chair's recommendations for privileges will be forwarded to the Medical Executive Committee, which will review and make recommendations to the Governing Board for final action.

Denials of Requests:

Denials of requests for privileges unrelated to quality of care concerns are reviewable by the involved practitioner by requesting a meeting with Medical Executive Committee for reconsideration. Denials based on involved practitioner quality concerns shall be processed in accordance with *Bylaws, Article 12*.

In the event the Chief of Service is the requesting practitioner, the request will be forwarded directly to the Chair of the Credentials Committee for review and recommendation.