
Business Session Draft Agenda
Wednesday, May 17, 2017

<u>Call to Order:</u>	3:30
<u>Team and Employee of the Quarter:</u>	3:35
<u>Approve Agenda:</u>	3:45
<u>Patient Story:</u> Jackie Mossakowski	3:50
<u>Minutes:</u> Action Requested	4:00
• May 3 Regular Session (pg. 2-4)	
<u>Required Approvals:</u> Action Requested	4:10
• Medical Staff Credentials/Appointments/Reappointments (pg. 5)	
• Medical Staff Policy (pg. 6-14)	
• April Warrants and Adjustments (pg. 15-19)	
• Resolution 2017- 21 Cancel Warrants (pg. 20)	
• Resolution 2017- 20 Surplus Equipment (pg. 21)	
<u>Patient Safety & Quality Presentation:</u> Brandie Manuel	4:20
<u>Public Comment:</u>	4:40
<i>(Alternative methods of providing public comment on any item on the agenda or any other hospital issue is through a letter addressed to Commissioners at 834 Sheridan Street, Port Townsend, WA 98368 or email to Commissioners at commissioners@jgh.org)</i>	
<u>Financial Report:</u> Hilary Whittington	4:50
• April	
<u>Administrator's Report:</u> Mike Glenn	5:10
<u>Chief Medical Officer Report:</u> Joe Mattern, MD	5:30
<u>Board Report :</u>	5:50
• Commissioner Kolff Reports	
<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, Regular Session Minutes
Wednesday, May 3, 2017
Victor J. Dirksen Conference Room**

Call to Order:

The meeting was called to order at 3:30 pm by Commissioner Buhler. Present were Commissioners Buhler, Dressler, Kolff, and Ready. Also present were, Mike Glenn, CEO, Lisa Holt, CAO, Hilary Whittington, CFO, Jackie Mossakowski, CNO, Jenn Wharton, Executive Director Medical Group and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare. Commissioner Buhler announced that Commissioner De Leo will be delayed.

Approve Agenda:

Commissioner Dressler made a motion to approve the agenda. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Patient Story:

CNO Jackie Mossakowski announced that next week is National Healthcare Week and Nurses Week. She also read aloud a patient letter about a recent inpatient visit in which the patient gave kudos to Jefferson Healthcare and staff.

Minutes:

- April 13 Special Session minutes

Commissioner Kolff made a motion to approve the April 13 special session minutes with amendments. Commissioner Ready seconded the motion.

Commissioner Kolff made an amendment to change the sentence “The public commented that Jefferson Healthcare should provide assisted living along the Hood Canal in order to keep families closer together and have job growth opportunities” to “The public commented that Jefferson Healthcare should provide assisted living on this side of the Hood Canal in order to keep families closer together and have job growth opportunities.”

Commissioner Ready seconded.

Action: Motion passed unanimously.

Commissioner Kolff made an amendment to change Merrily Mount to Merrily Mount, ARNP, and remove the reference of Dr. Mount throughout the document.

Commissioner Ready seconded.

Action: Motion passed unanimously.

- April 17 Special Session minutes

Commissioner Kolff made a motion to approve the April 17 special session minutes.
Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

- April 18 Special Session minutes

Commissioner Kolff made a motion to approve the April 18 special session minutes.
Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

- April 19 Regular Session minutes

Commissioner Kolff made a motion to approve the April 19 regular session minutes.
Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

Update on the Medical Mal Practice Insurance Marketplace:

Jim Chesemore, Principal and Chief Operating Officer of Parker Smith & Feek, gave a presentation on Medical Mal Practice Insurance in the Marketplace.

Commissioner De Leo arrived at 3:57.

Discussion ensued.

Board Reports:

Commissioner De Leo apologized for his delay.

Commissioner Kolff reported that Merrily Mount, ARNP, received a wonderful letter from Sherry Schneider from the IPNU program, he read it aloud.

Commissioner Kolff reported on the CEO and Trustee Pt Safety Summit that Commissioners and Mike Glenn attended on May 2. He suggested finding half a day for the board to discuss what was learned and how to incorporate it into Jefferson Healthcare.

Commissioner Kolff reported on the Green Committee and mentioned that Brian Goldstein presented.

Commissioner Dressler agreed that CEO and Trustee Pt Safety Summit workshop was excellent.

Commissioner De Leo mentioned the Women's Clinic open house was well attended and that tomorrow is the first meeting of the Patient Financial Experience Task Force.

Commissioner Buhler distributed the March 15 Board of Health minutes and shared the topics that were discussed at the meeting.

Mike Glenn suggested providing a CHIP update at one of the upcoming board meetings.

Commissioner Kolff asked for an update on the Executive Director position.

Discussion ensued.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 4:33pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

DRAFT

FROM: Barbara York – Medical Staff Services
RE: 4-25-2017 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 5-17-2017

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 active/courtesy/allied health Provisional Staff with privileges as requested:

1. Johns, Michael, MD – Family Medicine/Hospitalist (active staff)
2. Haycox, Claire, MD – Dermatology (active staff)
3. Mohr, Brandt, MD – Tele-Radiology (courtesy staff)
4. Varrell, James, MD – Tele-Psychiatry (courtesy staff)
5. Royster, Morgan, PA-C – Allied Health

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

1. Mount, Merrily, ARNP – South County Clinic
2. Tinley, Colum, CRNA – Surgical Services

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

1. Bohman, Harold, MD – General Surgery
2. Kirchner, Shannan, MD – Family Medicine
3. Kuznetsov, Dimitri, MD – Urology

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

1. Chatterley, Scott, MD – Clinical/Anatomical Pathology
2. Levy, Bertram, MD – Surgical Assist
3. Masangkay, Alfonso, MD – Clinical/Anatomical Pathology
4. McGovern, Regina, MD – Hand Surgery
5. Prow, Harold, MD – Tele-Radiology
6. Vieco, Pedro, MD – Diagnostic Radiology
7. Kushner, Harold, MD – Tele-Neurology (credentialing delegated to Swedish/FYI only)

Annual Policy Review with no changes:

OB Patient Management in ACU

Policy:

To establish guidelines on the treatment of obstetrical patients in ACU with conditions unrelated to pregnancy.

PURPOSE:

To outline the management and co-management between admitting provider (FP/OB) and hospitalist.

SCOPE:

ACU/ICU, Family Birth Center and Emergency Department.

RESPONSIBILITY:

After the patient has been evaluated in the Emergency Department, the Family Practitioner with OB privileges will admit and manage patient. The hospitalist will act in the role of a consultant if requested. The Family Practitioner with OB privileges on call will be available within 20 minutes for urgent issues identified through the "JHPC" OB nurse pager during clinic hours or Amion OB On-Call the covering provider after hours 5 pm - 8 am.

PROCEDURE:

The hospitalist's recommendations will be framed in the context of a medical, non-pregnant patient. **Example:** patient admitted with asthma: Hospitalist will recommend burst prednisone 60 mg daily. Hospitalist will defer to admitting provider to determine appropriateness given the pregnancy. RN leadership and admitting provider will determine the optimal unit in which to care for these patients.

Request for 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.

REFERENCES:

CMS Memo 11/12/2004 S&C-05-04, Hospital Medical Staff Privileging

CMS Conditions of Participation 482.51 (a) (4)

Joint Commission MS.4.00 , MS .4.15, EP 1 and 2

WAC 246.320.185 Medical Staff, WAC 246.320.145 Leadership

APPROVED:

Approved: MEC 3/24/2015, 3/22/2016

Approved: Governing Board 4/15/2015, 4/20/2016

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

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 he/she 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.

Practitioner Proctoring Form

Document Purpose:

Owner: Barbara York

Department: Medical Staff Services

Reference (Policy, Procedure, Other):

Practitioner Proctoring Policy

Practitioner Name: _____

Date of Procedure _____

- One form needs to be completed for each proctored case.
- Please record your assessment of performance of the practitioner by marking below.

Procedure performed: _____

Was this practitioner the primary operator? _____ Yes _____ No

Who is responsible for post - procedure management? _____

CHECK A BOX FOR EACH RESPONSE

	Acceptable	Unacceptable	Not observed
Clinical Indications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre- Procedures			
Clinical Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication (Patient/Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedure			
Approach - Modality/equipment selection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication (Technical Staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post- Procedure			
Clinical Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication (Patient/Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE TURN OVER →

Access and Confidentiality Agreement

PURPOSE:

To adhere to applicable confidentiality laws, HIPAA policies and Jefferson Healthcare policies governing confidential information.

SCOPE:

Hospital Staff, Volunteers, Students, Medical Staff, Commissioners.

DEFINITION:

You may have access to confidential information while performing your duties at Jefferson Healthcare. You are required to conduct yourself in strict conformance to applicable laws (including HIPAA policies) and Jefferson Healthcare policies governing confidential information. Your principal obligations in this area are explained below. The violation of any of these duties will subject you to discipline, which might include but is not limited to termination of employment/medical staff status and privileges and to legal liability.

Confidential information includes patient records, employee personnel/ payroll/ employment medical records, medical staff credentialing records, financial and operating data, records pertaining to the quality improvement process and any other information of a private or sensitive nature. Employees may not look up another employee's information in the electronic record even at the employee's request. Employees may not access the record of their spouse, their partner, their adult children, their friends or relatives unless the information is required to allow them to perform assigned duties of their employment (see Policy "Employees Accessing Their Own or Family Members Medical Record"). These matters should only be discussed in the appropriate business or clinical setting on a need to know basis. You may not release any official information concerning any aspect of the hospital, patients or operations. Only the administrator or designee can authorize the release.

In your duties at Jefferson Healthcare, you understand that you may have access to confidential information. This confidential information may include but is not limited to information relating to medical records, credentialing records, conversations, financial information, salaries, employment records, disciplinary actions, etc. Human Resources and Medical Staff Services Departments are responsible for obtaining and maintaining signed agreements. The signed copy of the agreement shown below will be kept in the appropriate Human Resources or Medical Staff file.

ACCESS AND CONFIDENTIALITY AGREEMENT:

Accordingly, as a condition of and in consideration of your access to confidential information, you agree to use confidential information only as needed to perform the legitimate duties associated with your affiliation with Jefferson Healthcare. This means, among other things, that you will only access confidential information on a need-to-know basis; you will not in any way divulge, copy, release, alter or destroy any confidential information except as properly authorized within the scope of your professional activities, you will safeguard your access code or any other authorization that allows you to access confidential information including your computer log on and payroll codes, and you will report activities by any individual or entity that you suspect may compromise the confidentiality of information. You understand that your failure to comply with this Agreement may result in disciplinary action up to and including termination of employment/affiliation at Jefferson Healthcare.

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

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: APRIL 2017 WARRANT SUMMARY**

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

General Fund Warrants & ACH Transfers	\$7,584,893.67	(Provided under separate cover)
Bad Debt / Charity	\$245,325.92	(Attached)
Canceled Warrants	\$123.05	(Attached)

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

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: APRIL 2017 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS**

Submitted for your approval are the following warrants:

GENERAL FUND:

235544 - 236179	\$3,656,345.96
ACH TRANSFERS	\$3,928,547.71
	<hr/>
	\$7,584,893.67
YEAR-TO-DATE:	<hr/> \$33,917,921.15 <hr/>

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: APRIL 2017 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	APRIL	APRIL YTD	APRIL YTD BUDGET
Bad Debts:	\$178,688.12	\$1,208,274.67	\$769,122.85
Charity Care:	\$71,752.07	\$301,877.74	\$324,300.63
Other Administrative Adjustments:	(\$5,114.27)	\$153,787.29	\$58,415.28
	<hr/>		
TOTAL FOR MONTH:	\$245,325.92	\$1,663,939.70	\$1,151,838.76
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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: APRIL 2017 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
4/7/2016	225616	\$ 13.07
4/14/2016	225829	\$ 9.98
4/14/2016	225833	\$ 40.00
4/18/2016	225934	\$ 20.00
4/19/2016	225941	\$ 40.00

TOTAL: \$ 123.05

	April 2017 Actual	April 2017 Budget	Variance Favorable/ (Unfavorable)	%	April 2017 YTD	April 2017 Budget YTD	Variance Favorable/ (Unfavorable)	%	April 2016 YTD
Gross Revenue									
Inpatient Revenue	3,132,573	3,329,805	(197,232)	-6%	15,053,091	13,319,226	1,733,864	13%	11,304,802
Outpatient Revenue	12,179,704	13,951,918	(1,772,214)	-13%	51,511,072	55,807,707	(4,296,635)	-8%	45,012,568
Total Gross Revenue	15,312,277	17,281,723	(1,969,446)	-11%	66,564,162	69,126,934	(2,562,771)	-4%	56,317,370
Revenue Adjustments									
Cost Adjustment Medicaid	1,474,455	2,120,984	646,529	30%	6,769,859	8,483,943	1,714,084	20%	6,770,733
Cost Adjustment Medicare	5,698,167	5,695,494	(2,673)	0%	23,560,656	22,781,990	(778,666)	-3%	18,412,292
Charity Care	71,752	108,100	36,348	34%	301,878	432,401	130,523	30%	337,417
Contractual Allowances Other	1,142,745	1,210,877	68,132	6%	4,875,565	4,843,512	(32,053)	-1%	3,665,825
Administrative Adjustments	(5,114)	19,472	24,586	126%	153,787	77,887	(75,900)	-97%	67,759
Adjust Bad Debt	178,688	256,374	77,686	30%	1,208,275	1,025,497	(182,778)	-18%	1,025,572
Total Revenue Adjustments	8,560,693	9,411,302	850,608	9%	36,870,020	37,645,229	775,209	2%	30,279,597
Net Patient Service Revenue	6,751,584	7,870,421	(1,118,838)	-14%	29,694,143	31,481,705	(1,787,562)	-6%	26,037,772
Other Revenue									
340B Revenue	255,234	251,844	3,390	1%	982,275	1,007,375	(25,100)	-2%	942,352
Meaningful Use Ehr Incentive	-	3,288	(3,288)	-100%	-	13,151	(13,151)	-100%	-
Other Operating Revenue	173,744	109,317	64,427	59%	499,804	437,270	62,534	14%	315,038
Total Operating Revenues	7,180,561	8,234,870	(1,054,309)	-13%	31,176,222	32,939,500	(1,763,278)	-5%	27,295,162
Operating Expenses									
Salaries And Wages	4,022,551	4,075,266	52,715	1%	15,825,613	16,301,074	475,461	3%	13,411,864
Employee Benefits	1,109,289	1,006,680	(102,610)	-10%	4,128,492	4,026,721	(101,771)	-3%	3,424,954
Professional Fees	388,748	281,104	(107,644)	-38%	1,593,384	1,124,416	(468,968)	-42%	1,247,990
Purchased Services	509,958	522,574	12,616	2%	1,965,596	2,090,298	124,702	6%	1,611,307
Supplies	1,032,982	1,173,307	140,325	12%	4,862,628	4,693,230	(169,399)	-4%	3,764,548
Insurance	47,668	55,890	8,222	15%	194,473	223,562	29,088	13%	219,941
Leases And Rentals	124,160	142,968	18,808	13%	468,850	571,874	103,024	18%	461,366
Depreciation And Amortization	344,186	302,812	(41,374)	-14%	1,396,545	1,211,248	(185,296)	-15%	1,392,880
Repairs And Maintenance	44,255	74,737	30,482	41%	184,466	298,948	114,481	38%	182,498
Utilities	83,189	75,607	(7,582)	-10%	326,974	302,429	(24,544)	-8%	251,643
Licenses And Taxes	72,270	45,063	(27,207)	-60%	204,961	180,251	(24,710)	-14%	190,131
Other	149,944	169,190	19,246	11%	546,248	676,762	130,514	19%	512,011
Total Operating Expenses	7,929,201	7,925,198	(4,003)	0%	31,698,229	31,700,811	2,582	0%	26,671,133
Operating Income (Loss)	(748,639)	309,672	(1,058,311)	-342%	(522,007)	1,238,689	(1,760,696)	-142%	624,029
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	16,759	16,603	156	1%	68,830	66,411	2,419	4%	57,039
Taxation For Debt Service	18,589	18,390	199	1%	74,415	73,562	854	1%	84,319
Investment Income	13,588	6,370	7,218	113%	53,193	25,479	27,713	109%	32,881
Interest Expense	(55,106)	(82,854)	27,748	33%	(212,481)	(331,414)	118,934	36%	(113,649)
Bond Issuance Costs	-	(12,329)	12,329	0%	-	(49,315)	49,315	0%	-
Gain or (Loss) on Disposed Asset	-	-	-	0%	5,500	0	5,500	0%	43,249
Contributions	11,897	11,507	391	3%	309,880	46,027	263,852	573%	17,281
Total Non Operating Revenues (Expenses)	5,728	(42,313)	48,040	114%	299,336	(169,250)	468,586	277%	121,121
Change in Net Position (Loss)	(742,912)	267,360	(1,010,271)	-378%	(222,671)	1,069,439	(1,292,110)	-121%	745,149

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2017-21

A RESOLUTION CANCELING SAID WARRANTS IN
THE AMOUNT OF \$123.05

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 \$123.05 be canceled.

Date of Issue	Warrant #	Amount
04/07/2016	225616	13.07
04/14/2016	225829	9.98
04/14/2016	225833	40.00
04/18/2016	225934	20.00
04/19/2016	225941	40.00
Total		123.05

APPROVED THIS 17th day of May, 2017.

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

APPROVED BY THE COMMISSION:

Commission Chair – Jill Buhler: _____

Commission Secretary – Marie Dressler: _____

Attest:

Commissioner – Anthony De Leo: _____

Commissioner – Kees Kolff: _____

Commissioner – Matt Ready: _____

RESOLUTION 2017-20

**A RESOLUTION TO DECLARE CERTAIN ITEMS SURPLUS TO THE NEEDS OF
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND
TO AUTHORIZE THE DISPOSAL OF SAID EQUIPMENT**

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the needs of the District, and

WHEREAS said equipment now creates a storage problem and represents an unnecessary cost to the District to retain it,

NOW, THEREFORE BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the immediate needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with appropriate State laws:

Description	Asset #	Serial #	Model #
CACI Isolation Hood	N/A	167074020415	HTE-797-600

APPROVED THIS 17 day of May, 2017.

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

APPROVED BY THE COMMISSION:

Commission Chair – Jill Buhler: _____

Commission Secretary – Marie Dressler: _____

Attest:

Commissioner – Anthony De Leo: _____

Commissioner – Kees Kolff: _____

Commissioner – Matt Ready: _____