
Regular Session Agenda
Wednesday, May 23, 2018

Call to Order: 2:00

Education Topic: 2:01

- Patient Advocate Report, Jackie Levin, Patient Advocate

Break: 3:15

Approve Agenda: 3:30

Minutes: Action Requested 3:35

- March 29 Special Session (pg. 2)
- April 25 Regular Session (pg. 3-6)
- May 14 Special Session (pg. 7-8)

Required Approvals: Action Requested 3:40

- April Warrants and Adjustments (pg. 9-14)
- Resolution 2018-06 Cancel Warrants (pg. 15)
- Medical Staff Credentials/ Appointments/ Reappointments (pg. 16)
- Medical Staff Policy (pg. 17-20)

Public Comment: 3:45

(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.)

Financial Report: Hilary Whittington, Chief Administrative Officer/CFO 3:55

Quality Report: Brandie Manuel, Chief Patient Care Officer 4:15

Administrator's Report: Mike Glenn, CEO 4:35

Chief Medical Officer Report: Joe Mattern, MD, CMO 4:55

Board Business: 5:15

Meeting Evaluation: 5:25

Conclude: 5:30

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
Port Ludlow Open Forum, Thursday, March 29, 2018
Port Ludlow Beach Club, 121 Marina View Dr.
Port Townsend, WA 98368**

Special Session:

The purpose of this special session is for the Jefferson County Public Hospital District no. 2 Commissioners to attend an event in which a summary of the Jefferson Healthcare operations and an update on the Port Ludlow Clinic will be provided. No action will be taken.

Mike Glenn, CEO, presented a PowerPoint on Jefferson Healthcare operations and an update on the Port Ludlow Clinic.

Open forum discussion ensued.

Meeting concluded at 5:30pm

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

**Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, April 25, 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 Buhler, Dressler, McComas, Kolff, and Ready. Mike Glenn, CEO, 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:

Cassie Sauer, President and Chief Executive Officer, Washington State Hospital Association gave a presentation titled, WSHA and Jefferson Healthcare: Working Together for Great Care.

Discussion ensued.

Break:

Commissioners recessed for break at 3:15pm.
Commissioners reconvened from break at 3:30pm.

“We Are Here” A Transgender Video for Healthcare Professionals:

Mandala Center for Change and Whaleheart Productions, premiered their film “We Are Here” A Transgender Video for Healthcare Professionals.

Discussion ensued.

Approve Agenda:

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

Action: Motion passed unanimously.

Commissioner Kolff made a motion to include Board Reports into the Board Business section and to excuse Dr. Mattern. Commissioner McComas seconded.

Action: Motion passed unanimously.

Minutes:

- March 20 Special Session
- March 28 Regular Session

Commissioner Dressler made a motion to approve the March 20 Special Session and March 28 Regular Session. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- March Warrants and Adjustments
- Resolution 2018-05 Cancel Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner McComas made a motion to approve Medical Staff Credentials/Appointments/ Reappointments, Medical Staff Policy, March Warrants and Adjustments, and Resolution 2018-05 Cancel Warrants. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Public Comment:

No public comment was made.

Financial Report:

Mike Glenn, CEO, gave the March financial report.

Discussion ensued.

Quality Report:

Brandie Manuel, Chief Patient Care Officer, presented the Critical Access Hospital report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO, gave his administrative report.

Mike Glenn, CEO, asked for authorization from Commissioners to go to bid.

Commissioner Dressler made a motion to authorize administration to go to bid for the ESSB Cardiology and Dermatology project for a not to exceed construction price of \$1.2 million. Commissioner McComas seconded.

Action: Motion passed unanimously.

Discussion ensued.

Commissioner Dressler made a motion to accept the CMS Critical Access Hospital report. Commissioner Ready seconded.

Action: Motion passed unanimously.

Chief Medical Officer Report:

Dr. Joe Mattern, Chief Medical Officer was excused. No CMO report given.

Board Business:

Commissioner Kolff reported on the hearing challenge of the Dirksen Conference Room and suggested getting a microphone system.

Commissioner Kolff reported on the Community Health Improvement Plan Access to Healthcare and acknowledged the amount of resources Jefferson Healthcare puts into the Community Health Improvement Plan.

Commissioner Kolff questioned carpool options for upcoming conferences.

Commissioner Buhler distributed the Board of Health minutes.

Commissioner Buhler distributed a report that she had presented at the previous Board of Health meeting.

Commissioners discussed the Substance Abuse Advisory Committee.

Commissioner Ready made a motion to have a Jefferson Healthcare representative on the Substance Abuse Advisory Committee. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Commissioner Buhler asked for the board's approval to be a member of the Substance Abuse Advisory Committee.

Commissioner Kolff made a motion to have Commissioner Buhler be the Jefferson Healthcare representative for the Substance Abuse Advisory committee. Commissioner Dressler seconded.

Commissioner Dressler amended the original motion that Commissioner Kolff made to have a Jefferson Healthcare representative on the Substance Abuse Advisory Committee with an alternate option of Commissioner Ready. Commissioner McComas seconded.

Action: Motion passed unanimously.

Action: Main motion made by Commissioner Kolff passed unanimously.

Discussion ensued.

Meeting Evaluation

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:32pm.

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, Special Session Minutes
Monday, May 14, 2018
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 3:28pm by Board Secretary Dressler. Board Chair Buhler was excused. Present were Commissioners Dressler, McComas, Kolff, and Ready. Mike Glenn, Chief Executive Officer, Hilary Whittington, Chief Administrative Officer/Chief Financial Officer, Jon French, Chief Legal Officer, Chris O'Higgins, Director of Facilities, Aaron Vallet, Project Manager, and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Special Session

The purpose of this special session is to review the lowest qualified bid for the Dermatology Build Out project and request authorization to accept the bid and enter into a contract with JMG Constructors, LLC. Action will be taken.

Mike Glenn, CEO, explained the Dermatology Build Out project.

Hilary Whittington, CAO/CFO, explained finances regarding the Dermatology Build Out Project.

Discussion ensued.

Mike Glenn asked for a motion authorizing administration to accept the bid to complete the Dermatology and Cardiology Build Out project submitted by JMG Constructors in the amount of \$1,092,050.00 and to authorize administration to enter into all agreements and contracts related to the project.

Commissioner Kolff made a motion to approve authorizing administration to accept the bid to complete the Dermatology and Cardiology Build Out project submitted by JMG Constructors in the amount of \$1,092,050.00 and to authorize administration to enter into all agreements and contracts related to the project. Commissioners McComas seconded.

Action: Motion passed unanimously.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 3:53pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

DRAFT

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)

	April 2018 Actual	April 2018 Budget	Variance Favorable/ (Unfavorable)	%	April 2018 YTD	April 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	April 2017 YTD
Total Gross Revenue	18,004,521	19,616,834	(1,612,314)	-8%	75,646,791	78,467,385	(2,820,594)	-4%	66,564,162
Revenue Adjustments									
Cost Adjustment Medicaid	1,636,008	1,963,582	327,574	17%	7,722,835	7,854,333	131,498	2%	6,769,859
Cost Adjustment Medicare	6,638,421	6,844,964	206,543	3%	26,544,203	27,379,875	835,672	3%	23,560,656
Charity Care	181,162	120,948	(60,214)	-50%	853,728	483,793	(369,934)	-76%	301,878
Contractual Allowances Other	1,222,977	1,508,495	285,519	19%	5,603,523	6,033,985	430,462	7%	4,875,565
Administrative Adjustments	90,736	43,670	(47,066)	-108%	301,255	174,680	(126,575)	-72%	153,787
Adjust Bad Debt	531,787	284,860	(246,927)	-87%	1,294,816	1,139,442	(155,374)	-14%	1,208,275
Total Revenue Adjustments	10,301,091	10,766,521	465,429	4%	42,320,360	43,066,109	745,748	2%	36,870,020
Net Patient Service Revenue	7,703,429	8,850,314	(1,146,885)	-13%	33,326,431	35,401,277	(2,074,845)	-6%	29,694,143
Other Revenue									
340B Revenue	392,783	285,518	107,265	38%	1,144,787	1,142,071	2,716	0%	982,275
Meaningful Use Ehr Incentive	-	-	-	0%	-	0	-	0%	0
Other Operating Revenue	146,498	124,246	22,252	18%	565,395	496,984	68,411	14%	499,804
Total Operating Revenues	8,242,710	9,260,077	(1,017,367)	-11%	35,036,613	37,040,331	(2,003,718)	-5%	31,176,222
Operating Expenses									
Salaries And Wages	4,277,740	4,648,011	370,271	8%	17,808,117	18,592,056	783,940	4%	15,825,613
Employee Benefits	1,220,805	1,170,896	(49,909)	-4%	4,483,640	4,683,588	199,948	4%	4,128,492
Professional Fees	344,559	371,156	26,597	7%	1,642,953	1,484,625	(158,328)	-11%	1,593,384
Purchased Services	580,820	565,447	(15,373)	-3%	2,123,864	2,261,791	137,927	6%	1,965,596
Supplies	1,363,614	1,373,060	9,446	1%	5,959,440	5,492,242	(467,198)	-9%	4,862,628
Insurance	59,907	55,545	(4,362)	-8%	249,086	222,181	(26,905)	-12%	194,473
Leases And Rentals	121,606	119,292	(2,315)	-2%	494,194	477,167	(17,027)	-4%	468,850
Depreciation And Amortization	400,151	384,102	(16,049)	-4%	1,592,821	1,536,409	(56,411)	-4%	1,396,545
Repairs And Maintenance	65,467	78,724	13,257	17%	225,158	314,897	89,739	28%	184,466
Utilities	82,960	85,077	2,118	2%	376,313	340,308	(36,004)	-11%	326,974
Licenses And Taxes	55,387	50,000	(5,387)	-11%	204,431	199,999	(4,432)	-2%	204,961
Other	121,847	191,288	69,440	36%	573,465	765,150	191,685	25%	546,248
Total Operating Expenses	8,694,864	9,092,598	397,735	4%	35,733,481	36,370,415	636,934	2%	31,698,229
Operating Income (Loss)	(452,154)	167,479	(619,632)	-370%	(696,868)	669,916	(1,366,784)	-204%	(522,007)
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	63,744	22,356	41,387	185%	127,097	89,425	37,672	42%	68,830
Taxation For Debt Service	49,138	16,027	33,111	207%	93,466	64,110	29,357	46%	74,415
Investment Income	29,490	13,356	16,134	121%	103,068	53,425	49,643	93%	53,193
Interest Expense	(86,944)	(94,793)	7,849	8%	(349,609)	(379,174)	29,565	8%	(212,481)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	5,500
Contributions	-	14,137	(14,137)	-100%	30,069	56,548	(26,479)	-47%	309,880
Total Non Operating Revenues (Expenses)	55,427	(28,917)	84,344	292%	4,091	(115,667)	119,759	104%	299,336
Change in Net Position (Loss)	(396,726)	138,562	(535,288)	-386%	(692,776)	554,249	(1,247,025)	-225%	(222,671)

STATISTIC DESCRIPTION	APRIL	APRIL	%	YTD	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE
FTEs - TOTAL (AVG)	544.21	584.50	7%	544.66	584.50	7%
FTEs - PRODUCTIVE (AVG)	490.45	525.73	7%	494.88	525.73	6%
ADJUSTED PATIENT DAYS	2,119	2,102	1%	8,402	8,406	0%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	64	94	-32%	343	377	-9%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	306	351	-13%	1,423	1,403	1%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	2	16	-88%	34	64	-47%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION BIRTHS	372	461	-19%	1,800	1,844	-2%
BIRTHS	12	9	33%	40	36	11%
SURGERY CASES (IN OR)	84	99	-15%	380	396	-4%
SURGERY MINUTES (IN OR)	18,003	9,401	92%	77,843	37,604	107%
SPECIAL PROCEDURE CASES	62	99	-37%	262	396	-34%
LAB BILLABLE TESTS	17,514	18,505	-5%	73,147	74,018	-1%
BLOOD BANK UNITS MATCHED	44	54	-19%	205	216	-5%
CARDIAC SERVICES (EKG, AMB, TREAD, ECG)	92	104	-12%	421	414	2%
MRIs COMPLETED	134	184	-27%	594	736	-19%
CT SCANS COMPLETED	397	455	-13%	1,563	1,822	-14%
RADIOLOGY DIAGNOSTIC TESTS	1,311	1,565	-16%	5,428	6,260	-13%
ECHOs COMPLETED	99	172	-42%	429	688	-38%
ULTRASOUNDS COMPLETED	285	336	-15%	1,202	1,344	-11%
MAMMOGRAPHS COMPLETED	225	201	12%	926	804	15%
NUCLEAR MEDICINE TESTS	28	32	-13%	104	130	-20%
TOTAL DIAGNOSTIC IMAGING TESTS	2,479	2,945	-16%	10,246	11,784	-13%
MEDS DISPENSED	20,794	22,999	-10%	93,908	91,996	2%
ANTI COAG VISITS	389	534	-27%	1,672	2,137	-22%
RESPIRATORY THERAPY PROCEDURES	2,686	3,647	-26%	13,589	14,590	-7%
PULMONARY REHAB RVUs	224	161	39%	1,010	646	56%
PHYSICAL THERAPY RVUs	5,093	5,485	-7%	26,554	21,940	21%
OCCUPATIONAL THERAPY RVUs	984	956	3%	5,100	3,823	33%
SPEECH THERAPY RVUs	203	247	-18%	819	988	-17%
REHAB/PT/OT/ST RVUs	6,504	6,849	-5%	33,483	27,397	22%
ER CENSUS	996	1,095	-9%	4,140	4,381	-6%
EXPRESS CLINIC	604	880	-31%	1,793	3,521	-49%
SOCO PATIENT VISITS	196	243	-19%	685	972	-30%
PORT LUDLOW PATIENT VISITS	570	867	-34%	2,228	3,469	-36%
JHPC PATIENT VISITS	2,550	3,197	-20%	10,579	12,788	-17%
JHFM PATIENT VISITS	947	1,235	-23%	4,045	4,938	-18%
JHIM PATIENT VISITS	452	633	-29%	2,802	2,532	11%
TOTAL RURAL HEALTH CLINIC VISITS	5,319	7,055	-25%	22,132	28,220	-22%
CARDIOLOGY CLINIC VISITS	227	237	-4%	988	947	4%
DERMATOLOGY CLINIC VISITS	316	419	-25%	1,335	1,676	-20%
GEN SURG PATIENT VISITS	311	228	36%	1,243	912	36%
INFUSION CENTER VISITS	480	584	-18%	2,077	2,335	-11%
ONCOLOGY VISITS	302	400	-25%	1,315	1,601	-18%
ORTHO PATIENT VISITS	552	692	-20%	2,178	2,767	-21%
SLEEP CLINIC VISITS	199	155	28%	720	618	17%
SURGERY CENTER ENDOSCOPIES	76	65	17%	292	258	13%
WOMENS CLINIC VISITS	227	247	-8%	916	986	-7%
WOUND CLINIC VISITS	293	315	-7%	1,061	1,261	-16%
TOTAL SPECIALTY CLINIC VISITS	2,983	3,342	-11%	12,125	13,361	-9%
SLEEP CENTER SLEEP STUDIES	70	72	-3%	269	287	-6%
HOME HEALTH EPISODES	54	66	-18%	243	264	-8%
HOSPICE CENSUS/DAYS	955	865	10%	4,127	3,460	19%
DIETARY TOTAL REVENUE	79,374	69,978	13%	304,416	279,912	9%
MAT MGMT TOTAL ORDERS PROCESSED	2,453	2,522	-3%	10,062	10,086	0%
EXERCISE FOR HEALTH PARTICIPANTS	806	907	-11%	3,224	3,629	-11%

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

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

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

General Fund Warrants & ACH Transfers	\$3,737,809.42	(Provided under separate cover)
Bad Debt / Charity	\$803,685.53	(Attached)
Canceled Warrants	\$6,032.87	(Attached)

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

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

Submitted for your approval are the following warrants:

GENERAL FUND:

244808 - 245534 \$3,737,809.42

ACH TRANSFERS

\$3,737,809.42

YEAR-TO-DATE:

\$30,640,918.52

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 2018 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	APRIL	APRIL YTD	APRIL YTD BUDGET
Bad Debts:	\$531,787.37	\$1,294,816.07	\$1,139,442.14
Charity Care:	\$181,161.87	\$853,727.87	\$483,793.44
Other Administrative Adjustments:	\$90,736.29	\$301,255.26	\$174,680.47
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TOTAL FOR MONTH:	\$803,685.53	\$2,449,799.20	\$1,797,916.05
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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: APRIL 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
4/17/2018	235912	\$ 84.00
4/20/2018	235964	\$ 5,944.33
4/27/2018	236111	\$ 4.54
	TOTAL:	<u>\$ 6,032.87</u>

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-06

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$6032.87

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 \$6032.87 are canceled.

Date of Issue	Warrant #	Amount
04/17/2018	235912	\$84.00
04/20/2018	235964	\$5,944.33
04/27/2018	236111	\$4.54
Total		\$6032.87

APPROVED this 23rd day of May, 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: 05-22-2018 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 05/23/2018

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 courtesy medical staff with privileges as requested:

1. Atkins, David, MD – Tele-Radiology
2. Lloyd, Kelly, MD – Clinical/Anatomical Pathology

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

1. Wambach, Gretchen, PA-C - Orthopedics

Medical Student:

1. Traeger, Shelby MS II – University of Washington - preceptor: Gemma O'Keeffe MD
5/7/2018 – 6/13/2018

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.