
Educational Session Agenda
Wednesday, June 7, 2017

<u>Call to Order:</u>	3:30
<u>Approve Agenda:</u>	3:35
<u>Patient Story:</u> Jackie Mossakowski	3:40
<u>Minutes:</u> Action Requested	3:50
• May 17 Regular Session Minutes (pg. 2-4)	
<u>Required Approvals:</u> Action Requested	3:55
• Medical Staff Credentials/Appointments/Reappointments (pg. 5)	
• Medical Staff Policy (pg. 6-14)	
• Resolution 2017-22 Surplus Equipment (pg. 15)	
<u>Cyber Security in the Healthcare World Presentation:</u>	4:00
• Roger Harrison, IT Director	
<u>Strategic Plan Update:</u> Mike Glenn, CEO	4:30
<u>Board Reports:</u>	5:00
<u>Conclude:</u>	5:10

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 17, 2017
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 3:30pm by Commissioner Buhler. Present were Commissioners Buhler, De Leo, Dressler, Kolff, and Ready. Also present were Mike Glenn, CEO, Hilary Whittington, CFO, Steven Feland, CHRO, Lisa Holt, CAO, Brandie Manuel, Executive Director of Quality and Safety, Jenn Wharton, Executive Director Medical Group, Steve Feland, CHRO, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Team and Employee of the Quarter:

Mike Glenn introduced Employee of the Quarter Kaye Giese, EVS, and Team of the Quarter, Information Technology.

Approve Agenda:

Commissioner Dressler made a motion to approve the agenda. Commissioner De Leo seconded.

Commissioner De Leo made an amended motion to have Commissioner Kolff reports taken off of board reports and listed under presentations. Commissioner Kolff seconded.

Discussion ensued.

Commissioner Kolff made an amended motion to take off "Commissioner Kolff reports" from board report and leave as "Board reports". Commissioner Dressler seconded.

Action: Amended motion made by Commissioner Kolff passed unanimously.

Action: Main motion made by Commissioner Dressler passed unanimously.

Patient Story: Jackie Mossakowski, CNO, described a behavioral health and tele psych patient stay. She also gave kudos to Information Technology, for their help with the tele psychiatry equipment.

Discussion ensued.

Minutes:

- May 3 Regular Session minutes

Commissioner Dressler made a motion to approve the May 3 Regular Session Minutes. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Required Approvals:

- Medical Staff Credentials/Appointments/Reappointments
- April Warrants and Adjustments
- Resolution 2017-21 Cancel Warrants
- Resolution 2017-20 Surplus Equipment

Commissioner Dressler made a motion to approve Medical Staff Credentials/ Appointments/ Reappointments, April Warrants and Adjustment, Resolution 2017-21 Cancel Warrants, Resolution 2017-20 Surplus Equipment as presented. Commissioner De Leo seconded the motion.

Action: Motion passed unanimously.

Patient Safety & Quality Presentation:

Brandie Manuel, Executive Director Quality and Patient Safety gave a presentation on Quality and Patient Safety.

Discussion ensued.

Public comment.

Public comment was made.

Financial Report:

Hilary Whittington, CFO, presented the April financial report.

Discussion ensued.

Administrator's Report:

Mike Glenn, CEO, presented his administrator's report.

Discussion ensued.

Chief Medical Officer Report:

Dr. Mattern gave a CMO report regarding ACO update, care transformation, provider recruitment, Swedish affiliation, Epic upgrade, Discovery Behavioral Health.

Board Reports:

Commissioner De Leo reported that he attended Patient Financial Experience Task Force meeting and said it was very productive. He also participated in two webinars, a Washington State Hospital Association webinar regarding integration of behavioral health in the clinic setting and a Brigham Young University webinar regarding acute inpatient care home.

Commissioner Kolff questioned when the next special session regarding the PT Safety Summit will be.

Discussion ensued.

Commissioner Kolff reported that he is serving on an advisory committee mentorship program for Port Townsend High School.

Discussion ensued.

Commissioner Kolff reported that the Tuesday Morning Breakfast Club asked him to present on the Jefferson Healthcare and Discovery Behavioral Health affiliation. Commissioner Kolff questioned the scheduling of several items in the Board Book.

Discussion ensued.

Commissioner Buhler reported that the May Board of Health meeting has been canceled.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner De Leo seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 5:44pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

FROM: Barbara York – Medical Staff Services
RE: 5-23-2017 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 6-7-2017

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. Layman, Leah, ARNP – Dermatology
2. Thomas, Ben, MD – locum tenens for Dr. Magill
3. Lemly, William, MD – Tele-Radiology (Radia)
4. Zaleski, Christopher, MD – Tele-Radiology (Radia)

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

1. Osland, John, MD – Orthopedic Surgery

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

1. Huhdanpaa, Hannu, MD – Tele-Radiology

Recommended approval of requests for additional privileges:

1. Kallas, Alexander, MD – Request for ED Ultrasound privileges
2. Forbes, Karen, MD – Request for General Treadmill interpretation, supervision/interpretation of stress ECGs, post myocardial infarction treadmill

Annual review – no changes

Access to Provider Credentialing and Quality Files

POLICY/PURPOSE:

It is the policy of the Medical Staff of Jefferson Healthcare to maintain the confidentiality of all records, discussions and deliberations relating to credentialing, medical staff quality assessment and peer review committees. All practitioners have the right to access their credentialing quality data files upon request. Disclosure and/or access are as follows.

PROCEDURE:

Location and Security: All records shall be maintained under the care and custody of Jefferson Healthcare's Medical Staff Services Coordinator. Credentialing and peer review records must remain stored and locked in office and file cabinets except when in use for official business. Records stored electronically must have passwords and possess read/write control protections.

ACCESS TO RECORDS:

The following individuals may access credentialing and peer review records to the extent necessary to conduct official business and as described:

1. An individual practitioner may review his or her credentials and quality assessment file providing:
 - The practitioner will contact the Medical Staff Coordinator to make an appointment.
 - The Medical Staff Services Coordinator or officer of the medical staff is present during the file review.
 - The practitioner understands that he/she may not remove any items from the credentials file.
 - The practitioner understands that he/she may add an explanatory note or other document to the file and correct erroneous information.
 - The practitioner understands that he/she may not review confidential letters of reference received during the initial appointment or any subsequent reappointment.
 - Photocopying: The practitioner may photocopy items that he/she submitted as part of the application or reappointment process (i.e., application, diplomas, licenses, clinical performance reviews, etc.). The practitioner may not photocopy any other items unless express written permission is received from the Chief Executive Officer.
 - For initial and reappointment application processes, the practitioner may receive status on his application upon request.
2. Medical Executive Committee member
3. Medical Staff Committee member conducting credentialing or peer review
4. A representative of the Governing Board
5. The Chief Executive Officer or designated Assistant Administrator
6. Medical Staff Services personnel for purposes of official medical staff committee business and routine filing of information
7. Consultants or attorneys engaged by Jefferson Healthcare
8. Representatives of regulatory or accreditation agencies

SUBPOENAS:

The hospital will refer all subpoenas pertaining to medical staff records to the Risk Manager and Medical Staff Services Coordinator, who shall consult with legal counsel regarding appropriate response and shall notify the involved practitioner and the Chief of Staff.

VERIFICATION OF INFORMATION:

Routine requests for verifications of affiliation and appointment, reappointment and privileges recommendations shall be released with an appropriate release of information form signed by the practitioner. Routine releases shall not be kept on file. Legal counsel will be obtained by Medical Staff Services Coordinator for release of adverse information and such release shall be documented.

DOCUMENTATION OF ACCESS:

Any person accessing credentialing or quality assessment files (other than Medical Staff Services Director/personnel conducting routine medical staff file upkeep) shall sign and document the purpose and date of the access on the *Access and Released Information* form to be kept in the file.

REFERENCED DOCUMENTS:

NCQA, CR.1, Element B

INITIAL APPOINTMENT PROCESSING

POLICY:

The medical staff shall have a uniform process to obtain and verify evidence of a practitioner's education, relevant training, experience and current competency.

PURPOSE:

Qualifications need to be met to be appointed to the Medical Staff.

PROCEDURE:

- A. Applicants who meet the qualifications described in the Medical Staff Bylaws, Qualifications for Membership, Article 3.2, shall receive the following information and forms:
 1. Medical Staff Application (Washington State Practitioner Application)
 2. Forms to request privileges, as appropriate
 3. Letter "Information for Applicants"
 4. Disclosure statement
 5. Justifacts (Employment Background Investigation)
 6. Other forms as deemed appropriate
- B. Applicant submits the following:
 1. Completed and signed, application and privilege forms.
 2. Current curriculum vitae.
 3. Listing of recent postgraduate medical education activities (past 18 months).
 4. Documentation of special training and experience in the areas where specialized privileges are requested
 5. Copy of current Washington State license.
 6. DEA registration if applicable.
 7. Documentation of CME for prior two years (excluding graduates of residency or fellowship programs in the past 24 months).
 8. Documentation of liability insurance in the amount required by the Medical Staff and Governing Board if not employed by Jefferson Healthcare
 9. If applicant has completed a residency program, in the past 24 months, a summary of clinical experience in each of the areas in which privileges are being requested, i.e., types and numbers of cases shall be submitted.
 10. Applicants out of training greater than 24 months shall provide clinical performance data for the last 12 months of practice to include approximate numbers of cases, types of procedures, service areas and types of patients treated. This may come from current hospital affiliations and/or office practice.
 11. Signed Disclosure Statement and Washington State Patrol or Justifacts form.
 12. Documentation of ACLS/BLS/Neonatal Resuscitation certification, as applicable per privilege requirements.
 13. Identification: Valid picture ID issued by a state or federal agency (driver's license, passport).

- C. In the case of delays in responses to verifications or peer recommendations, the applicant will be notified and will be responsible for following up to the degree necessary to obtain adequate response. Failure of the applicant to respond to a request for assistance within 45 days shall result in the application being deemed incomplete with no further processing and considered withdrawn.
- D. When collection of documentation and verification is completed, the Medical Staff Services Department submits the application and all supporting information to the Chiefs of Service for evaluation as per *Bylaws 6.1.4*. After the Chiefs of Service reviews are completed, the application is forwarded to the Credentials Committee. The Medical Staff Coordinator shall promptly notify the applicant of any further information required. This must be a special notice and must indicate the nature of the information the applicant is to provide within thirty (30) days. Failure without good cause to respond in a satisfactory manner by that date is deemed a voluntary withdrawal of the application.
- E. The recommendations of Chiefs of Service and Credentials Committee are forwarded to the Medical Executive Committee and evaluation and actions continue per *Bylaws 6.2.16*
- F. Notice of Final Decision:
The Chief Executive Officer provides written notice of the final decision to the applicant. A notice of decision includes:
 - 1. The clinical privileges the applicant may exercise
 - 2. Any special conditions attached to the appointment
- G. Documentation:
The recommendations of the Chiefs of Service, Credentials Committee, Executive Committee, and the decision of the Governing Board shall be documented in the individual practitioner's file.

TELE MEDICINE PROVIDERS: With applicants seeking appointment with clinical privileges to the Medical Staff to perform telemedicine services, Jefferson Healthcare may but need not, request information from the telemedicine entity to make a decision to grant the practitioner privileges (shared approach).

Time Periods for Processing:

Applications shall be processed within the following time periods:

Medical Staff Services Department/CVO to collect and verify information: Processing of verification to begin within 7 days of receipt of completed application. Verifications to be completed within 60 working days of receipt of completed application.

Chief of Service: 15 days from notification by Medical Staff Services of completed verified application.

Credentialing Committee: Refers to Medical Executive Committee

Medical Executive Committee: Next regularly scheduled meeting after receiving recommendation from Credentials Committee

Governing Board: Next regularly scheduled meeting after receiving recommendation from Executive Committee

These time periods are guidelines and do not create any rights for a practitioner to have an application processed within these precise periods. If the provisions of the Fair Hearing Plan (as defined in the Medical Staff Bylaws) are activated, the time requirements provided therein govern the continued processing of the application. If action does not occur at a particular step in the process within the time frame specified, and the delay is unwarranted, the next higher authority may immediately proceed to consider the application and all the supporting information, or may be directed by the Chief of Staff on behalf of the Executive Committee or by the Chief Executive Officer on behalf of the Governing Board to so proceed.

The applicant will be notified of the credentialing (and re-credentialing) decision within 60 calendar days of the Board's decision.

RIGHT TO IMPARTIAL, NON-DISCRIMINATORY OF CREDENTIALS:

All Jefferson Healthcare practitioners have the right to an impartial, non-discriminatory, and confidential selection and review process. JHC monitors for and prevents discriminatory credentialing by the following:

JHC does not collect information on an applicant's race, ethnic/national identity and sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law. Medical Executive Committee members are required to sign an annual attestation statement assuring credentialing and re-credentialing decisions are not discriminatory or based on applicant's race, ethnic/national identity, gender, age, sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law.

Current updates of listings in Health Plan practitioner directories and other materials for members are ensured by the payor credentialing team.

REFERENCES:

DNV MS.6, SR.1; CMS 482.12(A)(5); NCQA CR1, Element A, Factor 7

REPRODUCTIVE HEALTHCARE

POLICY:

It is the policy of Jefferson Healthcare to abide by RCW's 0.02.100 and 9.02.160 within the limitations of the resources and services offered at the organization

PURPOSE:

To outline the process to meet the reproductive health care requirements of Washington State Department of Health.

SCOPE:

This policy applies to all areas where reproductive health care is offered and provided at Jefferson Healthcare

DEFINITIONS:

RCW 9.02.100, Reproductive privacy—Public Policy: the sovereign people hereby declare that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions.

Accordingly, it is the public policy of the state of Washington that:

1. Every individual has the fundamental right to choose or refuse birth control;
2. Every woman had the fundamental right to choose or refuse to have an abortion, except as specifically limited by RCW 9.02.100 through 9.02.170 and 9.02.900 through 9.02.902;
3. Except as specifically permitted by RCW 9.02.100 through 9.02.170 and 9.02.900 through 9.02.902, the state shall not deny or interfere with a woman's fundamental right to choose or refuse to have an abortion; and
4. The state shall not discriminate against the exercise of these rights in the regulation or provision of benefits, facilities, services or information.

RCW 9.02.160, State-provided benefits:

If the state provides, directly or by contract, maternity care benefits, services, or information to women through any program administered or funded in whole or in part by the state, the state shall also provide women otherwise eligible for any such program with substantially equivalent benefits, services, or information to permit them to voluntarily terminate their pregnancies.

RCW 9.02.150, Refusing to perform:

No person or private medical facility may be required by law or contract in any circumstances to participate in the performance of an abortion if such person or private medical facility objects to so doing. No person may be discriminated against in employment or professional privileges because of the person's participation or refusal to participate in the termination of a pregnancy.

RESPONSIBILITY:

Healthcare providers at Jefferson Healthcare are responsible to be aware of the laws regarding reproductive healthcare.

Leadership at Jefferson Healthcare is responsible to be aware of laws regarding reproductive healthcare and to facilitate meeting requirements that are within the scope and resources of the organization.

PROCEDURE:

Reproductive healthcare services offered at Jefferson Healthcare include women's health exams, low risk prenatal care and childbirth care including childbirth and lactation education, birth control including insertion of IUD's and implants, low risk abortions and abortion care, referrals for high risk pregnancies including high risk abortion needs, referrals for fertility management, diagnosis and treatment or referral for reproductive cancer.

No person will be discriminated against and no health care within the scope of Jefferson Healthcare services will be refused based upon the choice to terminate a pregnancy.

RECORDS REQUIRED:

Documentation of all aspects of care will be recorded in the EMR including counseling, procedure notes and any referrals generated regarding reproductive healthcare including voluntary termination of pregnancy.

REFERENCES:

Washington State Department of Health RCW's 9.02.100 and 9.02.160

Bulletin: WSHA: Submission of Policies to the Washington State Department of Health. Date 1/29/2014

New Privileges for Dermatology ARNP:

**Jefferson Healthcare
Dermatology Privileges
Advanced Registered Nurse Practitioner**

To be eligible to request ARNP privileges the following minimum threshold criteria must be met:

Basic education: Advanced Registered Nurse Practitioner

Minimal formal training:

- Master's Degree in nursing from accredited college or university if training was completed after January 1, 1995, or certified by a board approved national certification program prior to December 31, 1994 and recognized by another state board of nursing for advanced practice prior to December 31, 1994.

Credentials:

- Current Washington State advanced registered nurse practitioner license
- Current Washington State registered nurse license
- Certification by American Nurses Credentialing Center (ANCC), AANP or NCC
- Valid DEA registration for ordering medications and prescriptions
- Current BLS certification (ACLS supersedes BLS for care of adult patients)

Required previous experience:

- Minimum of one year of experience in a clinic or hospital setting

Reappointment Criteria:

- Documented clinical activity within the scope of privileges without significant variations identified
- Continuing education related to applicant's primary practice area is required

Orders:

Diagnostic tests, medications (including Schedule II-V controlled substance with appropriate DEA registration), and other patient treatments may be ordered by the ARNP and treated as a physician's order. ARNP may initiate referrals to other disciplines or specialist as necessary

Medical Records:

The ARNP will document all care provided in accordance with standard work/policies and procedures

A representative but not inclusive list of ARNP scope of services and specific procedures is stated below. Other procedures and problems of similar complexity will fall within the identified core privileges. The ARNP must obtain consultation for all clinical situations that lie outside his/her training or experience.



Core Privileges:

Evaluate, diagnose, treat and provide consultation to patients of all ages, except as specifically excluded from practice, with benign and malignant disorders of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, mouth, external genitalia, and cutaneous glands) as well as sexually transmitted diseases. Privileges include but are not limited to diagnosis and treatment of skin cancers, moles, and other benign and malignant tumors of the skin and subcutis; the management of contact dermatitis, allergic and non-allergic skin disorders, and skin manifestations of systemic and infectious diseases; management of cosmetic disorders of the skin, such as hair loss, scars, and the skin changes associated with aging; interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes; and the performance of following procedures:

- Excision and simple or intermediate repair
- Skin and nail biopsy

- Electrodesiccation and curettage
- Scalp surgery
- Botulinum toxin injections (axillary hyperhidrosis)
- Patch Testing
- Cosmetic Botulinum toxin injections and injections of approved cosmetic fillers
- Cryosurgery
- Administration of intralesional and intramuscular pharmaceuticals
- Dermabrasion (for scar revision)
- Nail surgery to include nail avulsion, matrixectomy and evacuation of subungual hematoma
- Light therapy including PUVA and UVB
- Photodynamic therapy with BluLight™ or Daylight
- Application of Unna boots
- Incision and drainage
- Chemical face peels
- First assist with Mohs Surgery

Use of Laser

Successful completion of training in laser principles or provide documentation appropriate to the specific laser to be utilized.

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

Provider Signature

Date

Governing Board Approval Date

RESOLUTION 2017-22

**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 #
Sub Zero Freezer	99-00098	T07J439057-TJ	ELT-13V-85A28

APPROVED THIS 7 day of June, 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: _____