
Educational Session Agenda
Wednesday, November 1, 2017

<u>Call to Order:</u>	3:30
<u>Approve Agenda:</u>	3:31
<u>Patient Story:</u> Brandie Manuel, Chief Patient Care Officer	3:32
<u>Minutes:</u> Action Requested	3:42
• October 18 Regular Session Minutes (pg. 2-4)	
• October 26 Special Session Minutes (pg. 5)	
<u>Required Approvals:</u> Action Requested	3:50
• Medical Staff Credentials/Appointments/Reappointments (pg. 6)	
• Medical Staff Policy (pg. 7-11)	
• 2017-39 Surplus Equipment (pg. 12)	
<u>Debrief October 4, 2017 Special Session Board Retreat:</u>	3:55
<u>Board Reports:</u>	4:30
<u>Conclude:</u>	4:45

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, October 18, 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, Dressler, De Leo, Kolff, and Ready. Also present were Mike Glenn, Chief Executive Officer, Hilary Whittington, Chief Administrative Officer/Chief Financial Officer, Lisa Holt, Chief Ancillary and Specialty Services Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Joe Mattern, MD, Chief Medical Officer, Kent Smith, DO, Medical Staff Director, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

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

Action: Motion passed unanimously.

Patient Story:

Brandie Manuel, Chief Patient Care Officer, read aloud a patient letter regarding a patient who had to have an emergency surgery after hours on a weekend and the lack of communication given to the family regarding the patient's whereabouts. She explained that as a result of this letter new electronic processes have been put in place to help improve the communication that family members receive when their loved one is receiving care after regular work hours.

Minutes:

- September 20 Regular Session minutes

Commissioner Ready made a motion to approve the September 6 Regular Session Minutes. Commissioner Dressler seconded.

Action: Motion passed unanimously

- October 4 Special Session Minutes

Commissioner Ready made a motion to approve the October 4 Special Session Minutes. Commissioner Dressler seconded.

Action: Motion passed unanimously

- October 6 Special Session Minutes

Commissioner Ready made a motion to approve the October 6 Special Session Minutes. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Required Approvals:

- September Warrants and Adjustments
- Medical Staff Credentials/ Appointments/ Reappointments/ Medical Staff Policy
- Resolution 2017-38 Cancel Warrants

Commissioner Buhler included Medical Staff Policy to the list of recommended approvals.

Commissioner Kolff made a motion to approve September Warrants and Adjustment, Medical Staff Credentials/ Appointments/ Reappointments and Medical Staff Policy, and Resolution 2017-38 Cancel Warrants as presented. Commissioner De Leo seconded the motion.

Action: Motion passed unanimously.

Public Comment:

Public comment was made.

Jefferson County Proposition 1: Resolution 2017-36: Action Requested
A Resolution Regarding the Creation of the Jefferson County Home Opportunity Fund.

Commissioner Ready made a motion to approve Resolution 2017-36. Commissioner Kolff seconded the motion.

Discussion ensued.

Commissioner Kolff made an amended motion to change Resolution 2017-36 title to “Regarding Proposition 1 which creates a Jefferson County Home Opportunity Fund” Commissioner Ready seconded.

Action: Motion passed 3 to 2. Commissioner De Leo, Kolff, and Ready in favor, Commissioner Dressler and Buhler abstained.

Discussion ensued.

Public comment was made.

Action: Resolution 2017-36 failed due to lack of majority of the full board voting in favor of passage. Commissioners Ready and Kolff voted in favor, Commissioner De Leo opposed, Commissioner Dressler and Buhler abstained.

Critical Access Hospital Report:

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

Discussion ensued.

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

Action: Motion passed unanimously.

Financial Report:

Hilary Whittington, CAO/CFO presented the September Financial Report and the Pricing Review and Adjustment Recommendations.

Discussion ensued.

Administrator's Report:

Mike Glenn, CEO, gave the administrator's report.

Discussion ensued.

Chief Medical Officer Report:

CMO, Joe Mattern, gave his report on ACO updates, Provider Engagement, Provider Recruitment, and the Palliative Care pilot.

Board Reports:

Commissioner Buhler asked Mike Glenn, CEO, for his recommendation for an independent auditor.

Mike Glenn, CEO, recommended Dingus, Zarecor, and Associates (DZA).

Commissioner Dressler made a motion to appoint DZA to be the independent auditor and also allow Administration to use DZA for the Cost Reports. Commissioner De Leo seconded.

Discussion ensued.

Action: Motion passed 4 to 1. Commissioner De Leo, Dressler, Ready, Buhler in favor, Commissioner Kolff abstained.

Commissioner De Leo reported that he had attended the Executive Quality Committee meeting and mentioned how proud he is of the work our organization does to be safe and compliant.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:38pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

**Jefferson County Public Hospital District No.2
Board of Commissioners
Finance Committee Special Session Minutes
October 26, 2017
Victor J. Dirksen Conference Room**

Call to Order

The meeting was called to order at 1:03pm by Commissioner Buhler. Present were Commissioners Buhler, De Leo, Dressler, Kolff, Ready, and Mike Glenn, CEO. Also present were Mike Glenn, CEO, Hilary Whittington, CFO/CAO, Kelly O’Connell, Purchasing Director, Anne Burton, Controller, Lisa Holt, Chief Ancillary and Specialty Services Officer, Brandie Manuel, Chief Patient Care Officer, Caitlin Harrison, Chief Human Resources Officer, Josh Brocklesby, Interim Executive Director of Nursing, Chris O’Higgins, Facility Director, Jenny Goodwin, Director of Revenue Cycle, and Alyssa Rodrigues, Administrative Assistant. The meeting was officially audio recorded by Jefferson Healthcare.

Special Session- Finance Committee:

Commissioner Buhler gave an introduction to the meeting and explained that the purpose of the special session is for the Public Hospital District No. 2 Commissioners to attend the Finance Committee to review and discuss the 2018 budget and no action will be taken. Commissioner Buhler introduced Hilary Whittington, CFO/CAO.

Hilary Whittington, CFO/CAO presented the 2018 Budget Operating and Capital Budget Review. Hilary Whittington, CFO/CAO explained the operating budget process, the strategic plan, overview of 2018, discussed disclaimers, key highlights of 2018 budget, property tax assessment, Access, Primary Care, Ancillary and Specialty Services Growth, Provider Based Clinic, Surgical Services, Diagnostic Imaging Services, Rehab, Emergency Department, Home Health, Hospice, Inpatient Care, Family Birth Center, Support Team appreciation, FTE Budget, 2018 Operating Budget, Expenses and non-operating activity, key ratios, Capital Budget, 2017 Capital Additions, and 2019-2020 Capital Requests.

Discussion ensued.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 2:34pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

FROM: Barbara York – Medical Staff Services
RE: 10-24-2017 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 11-1-2017

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

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

Recommended appointment to the active/courtesy/allied health provisional staff with privileges as requested:

1. Schwartz, Chrystal, DO – Family Medicine/OB
2. Lee, Julie, MD – Diagnostic Radiology
3. Krissovitch, Martha ARNP – Wound Care
4. Hallowell, Charlene, PA-C – Primary Care
5. Sullivan, Heather, ARNP – Primary Care

Recommend appointment as locum tenens with privileges as requested:

1. Assadabadi, Roberto, PA-C – Walk In Clinic

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

2. Butterfield, Steve, MD – Internal Medicine/Peds
3. Eissmann, Edward, MD – Orthopedic Surgery
4. Forbes, Gary, MD – Internal Medicine
5. Giedt, Chris, MD – Internal Medicine/Hospitalist
6. Magill, Frank, MD – Internal Medicine/Pediatrics
7. Naumann, Paul, MD – Orthopedic Surgery
8. Schmidt, Sarah, MD – Internal Medicine/Peds

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

1. Kallas, Alexander, MD – Emergency Medicine
2. McEvoy, Jennifer, MD – Tele-Radiology
3. Spinning, Kristopher, MD – Tele-Radiology

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

1. Mari (former Fournier), Alethea, ARNP - Psychiatry

Satisfactory completion of provisional status: n/a

Annual policy review – no changes:

Ongoing Monitoring of State Licensure Sanctions, Medicare/Medicaid and Medicare Opt out List

POLICY:

Compliance with NCQA Standards to regularly monitor for State Licensure Sanctions, Medicare/Medicaid Sanctions and limitations on licensure including providers who opt out of Medicare

PURPOSE:

To ensure regular monitoring of Medicare/Medicaid Sanctions, limitations on licensure of providers and providers who opt out of Medicare

PROCEDURE:

At initial appointment, reappointment and on an ongoing *monthly* basis, the Medical Staff Office will obtain opt-out information from the local Medicare Part B carrier (Noridian), State licensure sanctions and Medicare/Medicaid sanctions through the Department of Health, the Office of Inspector General (OIG), List of Excluded Individuals/Entities (LEIE) and the System for Award Management (SAM), Excluded Parties List System.

In addition, the Medical Staff Coordinator receives on a regular basis notification of sanctions or limitations licensure through subscription to the Department of Health News releases. All review results are documented in the Sanction Monitoring Log.

REFERENCES:

NCQA CR 6, Element A, Factor 1-2; HP Element C, Factor 2; Element D&E.

Annual policy review – no changes:

Scope of Practice for Medical Students, Physician Assistant Student and Nurse Practitioner Students during Rotation with members of the Active Medical Staff of Jefferson Healthcare.

Under the direction of a Preceptor, a Medical Student may:

1. Perform histories, physicals, write orders, order diagnostic and therapeutic modalities, write progress notes, dictate discharge summaries and perform certain procedures. For billing purposes, attendings may only use the review of systems and past medical, family and social history obtained by the medical student. Reports must be countersigned by preceptor immediately before they are accepted as part of the permanent medical record.
2. Scrub-in and perform non-critical tasks under the direct supervision of the active medical staff provider.
3. Perform minor diagnostic procedure under the direct supervision of the active medical staff staff provider.
4. Accept verbal orders from the sponsoring active medical staff provider and so document in the chart

Restrictions:

1. Students may document orders in the chart but the orders must be co-signed with the sponsoring active medical staff provider before the order is taken off. Such orders will be documented with the both the student's and the provider's names attached.
2. A name tag must be worn by the medical student, identifying the medical school and the student's level.
3. Students are required to comply with Jefferson Healthcare's employee health program, Policy and Procedures, and provide to Employee Health Services results to TB skin test within the last twelve months, and documentation of MMR immunity, either through proof of vaccination or titer.
4. Patient acknowledgement of and consent to the medical student's presence during any appropriate patient care activity is required and must be documented; the sponsoring physician or staff member must introduce the medical student to the patient and obtain verbal consent, wherever possible (based on condition of patient).
5. The student must inform their supervising provider when they are not proficient in a given procedure so that they may receive the necessary supervision.

I, _____ agree to comply with the terms outlined above.

Date: _____

Signature _____

Annual policy review – no changes:

Residents and Medical Students

POLICY:

To manage and delineate the educational experience for residents, medical students, physician assistant students and nurse practitioner students.

PURPOSE:

To provide guidelines and clear understanding for Medical Staff Members who provide an educational learning experience for Residents and Students within Jefferson Healthcare. To define requirements and process for residents/students to provide patient care activities at Jefferson Healthcare.

SCOPE:

Applies to all members of the Medical Staff who provide an educational experience and the residents and students who receive the training.

SCOPE OF PATIENT CARE:

1. Scope of patient care activities shall be defined upon mutual agreement with the program and sponsoring physician.
2. The scope of patient care activities of the resident will not exceed privileges of the physician supervisor(s).
3. The resident/student may complete the history and physical exam, write orders, write progress notes, order diagnostic and therapeutic modalities and dictate the discharge summary. For students, countersignature by preceptor is required immediately before accepted as part of permanent medical record.

DEFINITION:

Resident: A person who has received a medical degree (usually either a [M.D.](#) or [D.O.](#)) who practices medicine usually in a hospital or clinic.

Medical Student: A person accepted into a medical school and undertaking an educational program in medicine towards becoming a medical doctor.

Physician Assistant Student: A person enrolled in a Physician Assistant Program.

Nurse Practitioner Student: A person enrolled in a Nurse Practitioner Program.

RESPONSIBILITY:

Supervision:

1. The attending physician of record is responsible for the supervision of the resident/medical student and must be an active member of the medical staff. The attending physician should provide instruction on a case by case basis.
2. The attending physician must **countersign resident documentation within 24 hours and student reports immediately.**
3. The attending physician is responsible for mortality summaries.

Resident Roles and Responsibilities in the hospital setting:

1. Notify the attending physician of any patients whom have been referred to the Emergency Department for evaluation and/or admission.
2. As patient arrives for admission, the resident notifies the attending physician.
3. Stable patients should be seen and evaluated by the resident with a reasonable time frame upon arrival on the floor if not seen immediately prior to arrival at the hospital. Admitting orders and a brief note should be written at that time.
4. After the patient is examined and a plan formulated, the resident is responsible for calling the patient's attending physician.
5. IMMEDIATELY refer all the following directly to the attending physician:
 - a. Calls regarding any potential ICU admission
 - b. Calls regarding any patient requiring a transfer (ground or air ambulance)
 - c. Calls regarding patients whom are complex with urgent problems, even though ICU admission may not be indicated
6. *Residents* are to review the chart, examine and evaluate their patients daily and document their findings.
7. On potentially unstable patients, the *resident* should alert the attending physician of the need for care management changes.
8. Consultation requests are to be made by the attending physician. The attending physician may designate that the *resident* should make the verbal contact with the consulting physician.
9. ICU admission policy: If an ACU patient is assessed by the resident to need ICU care, the resident should contact the attending physician immediately for approval prior to transfer to the patient. Once approval is obtained, the resident should inform the ICU staff and should assist in management and evaluation until the attending physician arrives.

In the outpatient setting, residents shall be precepted and proctored as deemed appropriate by current GME and CMS standards.

Students:

Students may participate in patient care activities in accordance with a letter of agreement as above. Documents and verifications shall be as contained in section A and B of this policy as applicable to students. Reports must be countersigned by supervising physician immediately before they are accepted as part of the permanent medical record.

For scope of practice, please refer to "**Scope of Practice for Students**".

PROCEDURE:

Documents and Verifications:

The medical staff services department or designee shall:

- A. Obtain copies of the following documents:
 1. Washington State Medical License (if applicable)
 2. Resident's DEA certificate (or DEA certificate of facility)
 3. Curriculum vitae
 4. Immunization Record
 5. Signed Disclosure, Release of Information and Confidentiality Statements
 6. Approved scope of patient care activities (which shall not exceed sponsor's privileges)
 7. Dates of rotation and name of supervising physician(s)
 8. Copy of the residency program agreement
 9. Scope of Practice for *Students*
- B. Verifications and Queries will be done in accordance with CMS and GME standards.
- C. Upon receipt and verification of information, forward information to the appropriate chief of service, chief of staff and CEO for review and recommendation to approve the resident's scope of activities.
- D. Notify appropriate departments with resident information to include dates of rotation, approved scope of activities, and supervising physician.

Letter of Agreement between Jefferson Healthcare and the Residency Program/Medical School: Agreement must contain:

- Written description of the roles, responsibilities, and patient care activities of the participants of the graduate educational program.
- Identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.

The agreement shall outline the responsibility of Jefferson Healthcare Active Staff same specialty physician(s) who will serve as sponsor(s) for the resident; assure that the resident is in good standing in the residency program; that the resident is in compliance with medical licensure requirements of the State of Washington; that the Residency Program will provide salary, benefits and malpractice insurance for the resident during this rotation; outline the sponsor(s) responsibilities, state that the residents are subject to all Jefferson Healthcare policies, rules and regulations and procedures of the program and those required by Jefferson Healthcare; state that any disciplinary action will be conducted by the Residency Program with cooperation from Jefferson Healthcare; state that Jefferson Healthcare shall have the right to discontinue the rotation of any resident whose performance, health, general conduct or failure to abide by any policy, directive, rule or regulation is determined to be detrimental to patients or the achievement of the program's objectives. This agreement will be signed by the Jefferson Healthcare Administration, Active staff sponsor(s), Director of Residency Program, and the Director of Graduate Medical Education at the residency program. The residency program will provide an approved scope of activities which shall be approved by the credentials committee, MEC and Governing Board.

Medical Staff Oversight and Communication:

The Medical Executive Committee shall oversee resident and student participation in patient care.

Any concerns with quality of care or incidents will be reported immediately to the Chief of Service and the residency program director/medical school will be notified.

RESOLUTION 2017-39

**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 #
Rad 87 Pulse Oximeter	14-00021	R39115	RT07051
Rad 87 Pulse Oximeter	14-00023	R39106	RT07053
Rad 87 Pulse Oximeter	14-00020	R39102	RT07062
Rad 87 Pulse Oximeter	14-00026	R39090	RT07054

APPROVED THIS 1 day of November, 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: _____