
Special Session Agenda
Wednesday, January 17, 2018

Call to Order:

2:00 pm

Required Approvals: Action Requested.

- Medical Staff Credentials/Appointments/Reappointments (pg. 2)
- Medical Staff Policy (pg. 3-9)

Work Session:

The purpose of this special session is to elect officers, introduce committee assignments, discuss medical staff credentialing, discuss meeting evaluation discussion period, review and discuss 2018 board calendar, and finalize advocacy agenda. Action may be taken. (pg. 10-17)

Conclude:

4:30 pm

Times on agenda are estimates only.

FROM: Barbara York – Medical Staff Services
RE: 11-28-2017 and 12-26-2017 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 1-17-2018

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

1. Wulff, Laura, MD – Family Medicine –Port Ludlow Clinic *
2. Heiner, Sarah, MD – Internal Medicine – JHC Family Medicine Clinic
3. Prince, Eric, MD – Tele- Stroke (delegated credentialing via Swedish)
4. Witt, Jennifer, MD – Tele-Stroke (delegated credentialing via Swedish)

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

1. Harris, David, MD – Family Medicine
2. Koenig, Marc, MD – Diagnostic Radiology
3. Smith, Kent, DO – Emergency Medicine
4. Erickson, Stephen, MD – Family Medicine
5. Norman, Kurt, MD – Medical Oncology
6. Carl, Jennifer, MD – Physical Medicine &Rehab

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

1. Bartscher, James, MD – Tele-Neurology
2. Berg, William, MD – Tele-Neurology
3. Chaturvedi, Kiran, MD – Clinical/Anatomical Pathology
4. DiRienzo, Nicole, DO – Tele-Psychiatry
5. Euler, Dillon, MD – Tele-Psychiatry
6. Forouzannia, Arman, MD – Tele-Radiology
7. Foxlee, Heath, MD – Radiation Oncology Consulting
8. Ikelheimer, Doug, MD – Tele- Psychiatry
9. Nikombrorirak, Jakdej, MD – Sleep Medicine
10. Urdaneta-Moncada, Alfonso, MD – Tele-Radiology

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

1. Kimball, Rebecca, ARNP – Medical Oncology

New policy as recommended by Credentials and Medical Executive Committee:

Practitioner Re-Entry Policy

PURPOSE:

To develop a re-entry plan for such applicant depending on circumstances surrounding the provider's absence which may include among other things, a competency evaluation, a refresher course, and/or retraining in order to ensure that the individual's general and specialty skills are up to date.

SCOPE:

Medical Doctors, Osteopathic Doctors, Advanced Registered Nurse Practitioners, Physician Assistants, Dentists, Doctors of Podiatry out of practice for 24 months or more.

DEFINITION:

Physician reentry is a return to clinical practice in the discipline in which one has been previously trained or certified, following an extended period of clinical inactivity not resulting from discipline or impairment. A practitioners returning to clinical practice in an area or scope of practice in which he or she has not been previously trained or certified or in which he or she has not had an extensive work history is NOT considered a reentry practitioner for the purpose of this policy.

PROCEDURE:

If reentry program calls for a practitioner to use a practice mentor upon return to practice, the mentor will be certified by a member board of the American Board of Medical Specialties or American Osteopathic Association and practice in the same clinical area as the returning practitioner. The mentor shall have the capacity to serve as a practice mentor, have no disciplinary history, an active and unrestricted license.

REFERENCES:

AAFP, RCW Chapter 18.71 and RCW 18.130.050(14), AMA

MEC approved 12/2017

Annual policy review without changes:

Onboarding for clerkship of Medical Students, Physician Assistant Students, and Nurse Practitioner Students

POLICY:

Processing of clerkship of Medical Students, Physician Assistant Students and Nurse Practitioner Students at Jefferson Healthcare

PURPOSE:

Ensure that all required documents are present and employee health requirements have been met before students starts clerkship

RESPONSIBILITY:

The administrative assistant or practice manager for the area in which student is training will ensure that all documents are in place (currently ACU/ICU and JHC Primary Care Clinic)

PROCEDURE:

Once administrative assistant/practice manager is notified of the students' schedule, he/she will email student all required documents for signature and return.

Admin assistant/practice manager will create an email via "credentialing" distribution list and cc the Helpdesk with the following information: Name of student, time period she/he will be at Jefferson and Department or Clinic.

Admin assist/practice manager will enter student information into the New User Tracking Tool

Admin assist/practice manager will schedule appointment/communicate with Employee Health nurse and notify applicant

Supporting Documents required:

- A. Immunization Record from educational institution
- B. WA State Patrol Background Check Authorization
- C. Scope of Practice acknowledgement
- D. Disclosure of Conviction
- E. Computer Use Agreement
- F. Code of Conduct Regulatory Compliance acknowledgement
- G. Behavioral Code of Conduct
- H. Access and Confidentiality Agreement
- I. EPIC Access Request Form
- J. Infection Control Policy
- K. Dress Code Policy
- L. Code Silver Policy

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 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 _____

**Jefferson Healthcare
NEW TECHNOLOGY/PROCEDURE BRIEFING**

Practitioner Name: _____

Date

NAME OF NEW TECHNOLOGY/PROCEDURE:

**IS THIS A NEW/SERVICE OR AN EXTENSION OF AN EXISTING PRIVILEGE USING A NEW
DEVICE AND/OR TECHNIQUE?**

NAME (3) HOSPITALS WHERE TECHNOLOGY/PROCEDURE IS UTILIZED:

IS THIS PROCEDURE COVERED BY INSURANCE: _____?

RISK AND BENEFITS OF THE NEW TECHNOLOGY/PROCEDURE:

FINANCIAL ANALYSIS OF NEW TECHNOLOGY/PROCEDURE

(Must include operating revenues, expenses, capital equipment and contribution margin):

ANESTHESIA OR OTHER SPECIALTY CONCERNS:

CLINICAL INDICATORS FOR PEER REVIEW:

Please submit the following materials including this form:

- Copies of research/literature concerning the proposed technology/procedure
- Course materials
- Product literature or educational syllabus addressing the new technology/procedure
- FDA approval letter (if applicable)

Annual policy review without changes:

DELINQUENT MEDICAL RECORDS

POLICY:

Compliance with CMS Conditions of Participation and DNV Accreditation requirements that medical records must be completed **within 30 days** of discharge or date of clinic service. Any provider with records incomplete more than 30 days will have his/her privileges suspended and shall be placed on non-admit status until the records are completed.

PURPOSE:

To encourage timely completion of medical records and to outline the process utilized when medical record deficiencies are not completed as required.

PROCEDURE:

The Health Information Management Department shall remind the providers of records that remain incomplete in the following sequence:

1st letter will be sent one week after last visit.

2nd letter - on day 14 HIM will check provider in-basket before letter is sent.

- Letter sent from HIM to provider in EPIC, cc'ing themselves - this way HIM staff member owns this deficiency notification and can follow up with provider.
- Provider will clear in-basket, then reply to message that he/she has completed his/her in-basket work
- HIM staff member confirms there are no outstanding deficiencies (if there remain deficiencies, HIM will directly contact provider and work with him/her one-on-one through completion).
- HIM will reach out to CMIO (or CMO in CMIO's absence) when they have trouble communicating with provider, generally when no response has been received in one week.

3rd letter will be sent on day 21 to provider and Section Chief with cc to Chief of Staff. HIM shall reach out to the provider.

4th letter will be sent on day 28 notifying provider that suspension will be imminent in two days unless records are completed before with cc to Section Chief, Chief of Staff and Executive Leadership.

Suspension letter will be sent on day 31 notifying provider with cc to Section Chief, Chief of Staff and Executive Leadership.

It is the responsibility of each provider to make certain that his or her records are current before taking annual leave. If the delinquency/deficiency is a technical issue and has been submitted as a ticket to Providence, the delinquency/deficiency will be pended until the ticket has been resolved.

When provider is suspended, HIM will notify Registration, Medical Staff Services and the appropriate clinical areas by phone.

When the provider is removed from suspension status, immediate notification to the above areas will be made by telephone from the Health Information Management Department.

NURSING:

Providers on suspension shall not be permitted to admit or treat patients who are in the hospital or admitted for emergent care until all records have been completed. The Nurse Manager/Clinical Nurse Supervisor or Clinic Manager will be notified should the latter occur and contact the Administrator on call.

EMERGENCY DEPARTMENT:

In emergency situations, the care and treatment of a patient's needs is top priority. However, a suspended physician shall not be permitted to treat patients admitted through the ED and must arrange for comparable and appropriate coverage while he/she is on suspension.

INPATIENT MANAGEMENT:

Providers on suspension will not be allowed to manage their existing inpatient population. The suspended physician must arrange comparable and appropriate coverage.

OPERATING ROOM:

OR staff will deny request for elective surgical booking while provider is suspended

DEFINITIONS:

Non-admit status: The provider may not schedule elective admissions and surgeries, nor may the provider order any diagnostic or therapeutic interventions.

Suspension of privileges: The provider will not be able to see/treat patient

REFERENCES:

CMS §482.24 (b)(viii), CMS § 485.638(a)(3); DNV MR.2, SR.2; MS.10, SR.6d

2018 Administrative Committees

Executive Quality Council

Finance Committee

Patient Advocates

2018 Board Calendar

4th Wednesday of the Month

2:00-5:30pm

Date	Topic/Reports	Frequency	Lead	Notes
January				
01/24/2018- Education 2:00-3:15	Education Topic: Review/ Revise Board Book/ Evaluate Board Compliance			
01/24/2018- Business 3:30-5:30	Board Business: Finance/Administrative/CMO Reports Population Health Presentation Adopt Board Book Adopt Board Calendar Adopt Committee Assignments			<p style="background-color: yellow;">Special Session: January 17</p> <ul style="list-style-type: none"> Election of Officers Committee Introductions Med Staff Credentialing Meeting Evaluation Discussion period. Board Calendar Introduction Advocacy Agenda Finalize <p style="background-color: yellow;">Special Session: TBD Olympia, WA</p>
February				
02/28/2018- Education 2:00-3:15	Education Topic: Jefferson's Strategic Plan Update and Board Monitoring			
02/28/2018- Business 3:30-5:30	Board Business: Finance/Administrative/ CMO Reports			
March				
03/28/2018- Education 2:00-3:15	Education Topic: Legislative Issues for Washington Public Hospital Districts			
3/28/2018- Business	Board Business: Evaluate Agenda Planning Finance/Administrative/CMO Reports			

	Quality/Pt Safety			
April				
04/25/2018- Education 2:00-3:15	Education Topic: Population Health Management and the Public Hospital District/Community Health Improvement Project Update/ Community Health Needs Assessment			
04/25/2018- Business 3:30-5:30	Board Business: Finance/Administrative/CMO Reports			
May				
5/23/2018- Education 2:00-3:15	Education Topic: Critical Questions			
5/23/2018 – Business 3:30-5:30	Board Business: Finance/Administrative/CMO Reports Patient Advocate Report			Special Session: Karma Bass Board Self Evaluation
June				
6/27/2018- Education 2:00-3:15	Education Topic: Methodology of Patient and Employee Satisfaction Scores			DATE CHANGE 06/20/2018
6/27/2018- Business 3:30-5:30	Board Business: Finance/Administrative/CMO Reports Independent Auditors Report CEO Emergency Succession Plan Quality/ Patient Safety			
July				
7/25/2018- Education 2:00-3:15	Education Topic: Emergency Preparedness WSHA Update			
7/25/2018- Business 3:30-5:30	Board Business: Finance/Administrative/CMO Reports CAH Annual Review			
August				

8/22/2018- Education 2:00-3:15	Education Topic: Physician Alignment, Engagement and Satisfaction/ Patient Centered Medical Home			
8/22/2018- Business 3:30-5:30	Board Business: Finance/Administrative/CMO Reports Compliance Report Patient Advocate Report			
September				
9/26/2018- Education 2:00-3:15	Education Topic: The Impact of the Health Care Exchanges, Emerging Business Models and the Changing Reimbursement Environment			
9/26/2018- Business 3:30-5:30	Board Business: Finance/Administrative/CMO Reports Evaluate Agenda Planning Quality/Patient Safety			
October				
10/25/2018- Education 2:00-3:15	Education Topic: Critical Questions			
10/25/2018- Business 3:30-5:30	Board Business: Finance/Administrative/CMO Reports Appoint Independent Auditor			
November				
11/28/2018- Education 2:00-3:15	Education Topic: Critical Questions			
11/28/2018- Business 3:30-5:30	Board Business: In collaboration with CEO, no later than 12/1 Evaluate and consider its role in Community Assessment activities and in the Community Health Improvement process. Capital and Operating Budget Finance/ Administrative/CMO Reports Patient Advocate Report			
December				

12/26/2018- Education 2:00-3:15	Education Topic: Jefferson's Process for Board Oversight of Quality			DATE CHANGE 12/19/2018
12/26/2018- Business 3:30-5:30	Board Business: CEO Evaluation Finance/Administrative/CMO Reports Annual Report Calendar Quality/Patient Safety			

Other Items To Be Scheduled:

- Legislative Visit to Olympia/Advocacy Agenda
- Insurance/Liability Update
- WSHA Update
- Employee Recognition Program Winners
- Strategic Plan
- Green Committee
- Provider Retention

- Patient Satisfaction, Inpatient, Ancillary, clinics, HHH, Employee, Provider
- Market Share/Trends/Marketing
- Emergency Preparedness
- Compensation Data
- CHIP Update
- Pricing Review

DRAFT

January 26, 2018

Senator Kevin Van De Wege

212 John A. Cherberg Building
PO Box 40424
Olympia, WA 98504

Dear Senator Van De Wege,

Thank you for taking the time to meet with Jefferson Healthcare leadership this afternoon. We appreciate your interest in Jefferson County and support of rural healthcare.

Jefferson Healthcare continues to work toward meeting the health and wellness needs of our community. However, as the only hospital in an aging, economically distressed county, keeping up with community need and demand is becoming increasingly more difficult.

In addition to providing inpatient and outpatient hospital care, Jefferson Healthcare employs nearly all of the providers in our community. Further, we have assumed a leadership position in important discussions like the expansion of dental services, behavioral health services and transitional housing facilities. While we are pleased to provide leadership in these areas, we are concerned about our ability to advance the improvements and expansion our community deserves due to the instability and possible disruption of the Affordable Care Act.

We have prioritized our most important legislative issues being discussed during the 2017 legislative session;

1) Ensure that hospitals can be stable institutions in their communities, long into the future.

- ***Preserve Medicaid expansion, individual insurance options and the Children's Health Insurance Program (if Congress fails to act).*** If the face of possible federal changes, ensure that the more than 725,000 low- and moderate- income working Washingtonians can maintain their coverage.
- ***Preserve access to care in communities through partnerships and affiliations.*** Affiliations and contractual relationships among physician offices, hospitals and health systems can maintain access to care, increase efficiency and improve care coordination.
- ***Maintain Medicaid funding to hospital-based clinics.*** Hospital-based clinics provide a substantial portion of primary and specialty care to the Medicaid population.

2) Within a safety-focused regulatory environment, maintain the flexibility to respond to changing needs and opportunities to improve care.

- **Maintain current licensing standards for ambulatory surgical centers (ASCs).** If ASCs want to care for a patient longer than 24 hours, they should comply with hospital licensing standards that include important safety regulations more appropriate for these longer lengths of stays.
- **Ensure reasonable standards for pharmacies.** Jefferson Healthcare supports efforts to modernize laws around electronic prescriptions and out-of-state pharmacies that send drugs to Washington.
- **Protect hospital resources by allowing the use of non-compete agreements in physician contracting.** Jefferson Healthcare supports preserving this important contracting option that allows hospitals to invest in recruiting and supporting new providers.

3) Make it easier to meet patient needs in lower-cost and non-hospital settings.

- **Pause Ricky's law for involuntarily committing people with substance use disorders if there is not enough treatment capacity.** In April 2018, Ricky's law take effect. WSHA has significant concerns about the state not having enough secure detoxification beds to serve patients. If there is not enough capacity, patients will either be released or will be boarded in hospitals without clear legal authority.
- **Fund partial hospitalization programs for Medicaid mental health patients.** WSHA supports improving the low Medicaid rate for partial hospitalization programs and providing MCOs with full funding to provide these first-time services that are not currently built into the actuarial rates.

4) Advocate for patients and hospital employees.

- **Clarify charity care law.**
- **Improve informed consent laws for patients.** Washington State's law is restrictive on who can make medical decisions for an incapacitated patient. The law should be expanded to allow other adult relatives or close friends of patients to assist in important decisions.
- **Increase access to opioid addiction treatment and non-opioid pain management.** WSHA supports budget and policy efforts to increase treatment options for those with opioid addiction.
- **Improve the safety of hospital nurses, doctors and patients through appropriate weapons policy for patients and visitors.** Will support efforts to reduce violence in hospitals.
- **Improve transparency around balance billing.** Hospitals supports efforts to inform patients that groups of providers offering services in a hospital may not be contracted with their insurer.

We look forward to working with you during this legislative session and will be pleased to provide additional information or committee testimony on these or any other issue impacting

rural health care. Please contact me directly at 360-385-2200, extension 2000 if I can answer a question or be of assistance.

Yours very truly,

Mike Glenn
CEO

CC: Jefferson County Public Hospital District No. 2 Board of Commissioners

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