

**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Regular Session Minutes**  
**Wednesday, March 15, 2017**  
**Victor J. Dirksen Conference Room**

**Call to Order:**

The meeting was called to order at 3:31pm 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, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

**Approve Agenda:**

Commissioner De Leo made a motion to approve the March 15 regular session agenda. Commissioner Dressler seconded the motion.

Commissioner De Leo made an amendment to add an agenda item of adopting the WSHA statement on Immigration Executive Order under board reports. Commissioner Dressler seconded.

**Action:** Amended motion made by Commissioner De Leo passed unanimously.

**Action:** Main motion made by Commissioner De Leo passed unanimously.

**Patient Story:**

Jackie Mossakowski, CNO, reported that the DNV was on campus reviewing processes. She also read aloud a letter regarding a patient's experience with the diabetic educators Amber Benner, and Irene Marble and how the patient recommends them for the highest honors for the Diabetes Association Program.

**Minutes:**

- March 1 Regular Session minutes

Commissioner De Leo made a motion to approve the March 1 regular session minutes. Commissioner Dressler seconded the motion.

Discussion ensued.

Commissioner Dressler made an amendment to change the action to the motion made by Commissioner De Leo in the March 1 minutes to state the motion failed 3 to 1 with 1 abstention instead of passed 3 to 1 with 1 abstention. Commissioner De Leo seconded.

**Action:** Amended motion made by Commissioner Dressler passed unanimously.

Commissioner Buhler made an amendment that the motion made by Commissioner De Leo in the March 1 minutes was in reference to taking out the section of Resolution 2017-09 that reads "BE IT FURTHER RESOLVED: that the board call on Congress to make no changes to federal health care policies that would reduce the number of people covered; reduced the level of coverage; raise consumer costs for insurance,

care, or prescriptions; or lower reimbursement levels to Critical Access Hospitals and Rural Health Clinics from federal programs; and” The motion was actually in regards to taking out the section in Resolution 2017-09 that reads “BE IT FINALLY RESOLVED that the Board invite other elected bodies, including but not limited to other public hospital districts and the Washington State legislature to support these goals.”

Commissioner De Leo seconded.

**Action:** Amended motion made by Commissioner Buhler passed unanimously.

Discussion ensued.

Commissioner Kolff made a motion to change wording in the action to the motion made by Commissioner De Leo in the March 1 minutes to read, “Commissioner Buhler, Kolff, and Ready opposed, Commissioner De Leo in favor, Commissioner Dressler abstained.” Commissioner De Leo seconded.

**Action:** Amended motion made by Commissioner Kolff passed unanimously.

**Action:** Main motion made by Commissioner De Leo passed unanimously with amended changes.

**Required Approvals:**

- Medical Staff Credentials/Appointments/Reappointments
- February Warrants and Adjustments
- Resolution 2017-11 Cancel Warrants
- Resolution 2017-12 Surplus Equipment
- Resolution 2017-13 Dietary Cash Drawer Increase

Commissioner Dressler made a motion to approve Medical Staff Credentials/ Appointments/ Reappointments, February Warrants and Adjustment, Resolution 2017-11 Cancel Warrants, Resolution 2017-12 Surplus Equipment, Resolution 2017-13 Dietary Cash Drawer Increase as presented. Commissioner De Leo seconded the motion.

Discussion ensued.

**Action:** Motion passed unanimously.

**Public Comment:**

Public comment was made.

**Resolution 2017-09: A Resolution Regarding Medicare, Medicaid, and Federal Health Insurance Policy:**

Commissioner Kolff made a motion to adopt resolution 2017-09. Commissioner Dressler seconded the motion.

Discussion ensued.

**Action:** Motion passed 4 to1, Commissioner Buhler, Dressler, Kolff, and Ready in favor. Commissioner De Leo opposed.

**Resolution 2017-10: CHIP Resolution:**

Commissioner De Leo made a motion to adopt Resolution 2017-10: CHIP Resolution. Commissioner Dressler seconded the motion.

Discussion ensued.

**Action:** Motion passed unanimously.

**Quality and Patient Safety:**

Jeinell Harper, Director of Oncology, Infusion, and Wound Care and Luann Rogers, Lead RN Oncology, presented a "Cancer Care at Jefferson Healthcare" presentation in place of the Quality and Patient Safety report

Commissioner Buhler recessed for break at 4:35pm.

Commissioner Buhler reconvened from break at 4:40pm.

Public Comment was made.

**Financial Report:**

Hilary Whittington, CFO, presented the February financial report.

Discussion ensued.

**Administrator's Report:**

Mike Glenn, CEO, presented his administrator's report regarding strategic goal plans.

Mike Glenn, CEO, asked for a motion from board to authorize administration to take the strategic plan goals the board created at the workshop on March 8, 2017 and begin developing the strategic plan.

Commissioner Dressler made a motion to authorize administration to take the strategic plan goals the board created at the workshop on March 8, 2017 and begin developing the strategic plan. Commissioner De Leo seconded the motion.

Discussion ensued.

Commissioner Ready made an amendment to the motion to add "Improve the Health of the Community" as a separate goal.

Commissioner Kolff seconded.

Discussion ensued.

**Action:** Amended motion made by Commissioner Ready passed 3 to 2. Commissioner Kolff, Ready, and Buhler in favor. Commissioner Dressler and De Leo opposed.

Discussion ensued.

Commissioner Ready made an amendment to the motion to add "Safeguard and Improve Access to Care" under Service. Commissioner Dressler seconded.

**Action:** Amended motion made by Commissioner Ready passed unanimously.

Commissioner De Leo made an amendment to the motion to add a goal under Sustainability to add "Reduce Barriers to Access to Care without Threatening the Survivability of Jefferson Healthcare."  
Commissioner Dressler seconded.

Discussion ensued.

**Action:** Amended motion made by Commissioner De Leo failed 2 to 1 with 2 abstentions. Commissioner De Leo approved. Commissioner Kolff and Ready opposed. Commissioner Dressler and Buhler abstained.

**Action:** Main motion made by Commissioner Dressler passed unanimously with amended changes.

Mike Glenn, CEO, and Hilary Whittington, CFO, explained the process and details of the Patient Financial Experience Task Force.

Commissioner De Leo and Ready volunteered to be a part of the Patient Financial Experience Task Force.

Mike Glenn, CEO, presented an advocacy update.

**Chief Medical Officer Report:**

Dr. Joe Mattern, CMO, gave an update on the ACO, Behavioral Health, Access in the Primary Care group, and the March 30 Provider Engagement dinner at the NW Maritime Center.

Discussion ensued.

**Board Reports:**

Commissioner De Leo suggested tabling his addition to the agenda until the next meeting.

Commissioner De Leo mentioned the February 27 article in the Port Townsend Leader regarding Wayne King and the PUD's violation of the Open Public Meeting Act.

Commissioner De Leo mentioned the tele-psych providers that were tentatively approved pending the Jefferson Healthcare confidentiality and code of conduct forms, and that most have been returned.

Commissioner De Leo mentioned the great YouTube videos showcasing Jefferson Healthcare Orthopedic providers.

Commissioner De Leo suggested reviewing options for hearing devices to be used in Dirksen Conference Room for Commissioners meetings.

Discussion ensued.

Commissioner Buhler distributed the February 16 Board of Health meeting minutes.

Commissioner Buhler mentioned the University of Washington Japan faculty site visits on March 24 and discussed when it would be appropriate for Commissioners to be present. Commissioner De Leo suggested having details sent to him regarding the visit.

Discussion ensued.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 6:22pm.

Approved by the Commission:

President of Commission: Jill Buhler \_\_\_\_\_

Secretary of Commission: Marie Dressler \_\_\_\_\_

# Cancer Care at Jefferson Healthcare

A personalized experience

Jefferson  
Healthcare

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## Our Story

Jefferson Healthcare has been caring for the people of Jefferson County for more than 125 years.

St John's  
Hospital  
ca. 1890s



St John's  
Hospital  
ca. 1920s



Jefferson  
General  
Hospital  
1995



Jefferson  
Healthcare  
Medical  
Center  
2016



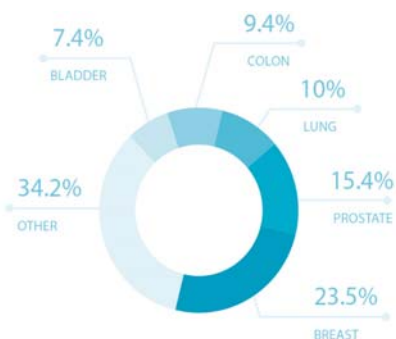
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## Why Cancer Care?

- Jefferson County is the oldest county in Washington State
- 6<sup>th</sup> oldest county in the United States with a median age of 57
- Jefferson Healthcare Medical Center chose to focus on three services that this demographic will need:
  - orthopedics
  - cardiology
  - oncology
- 1 in 2 American men and 1 in 3 women will be diagnosed with cancer in their lifetime.
- Leading cause of death in Jefferson County and Washington State

## Cancer Needs Assessment



*In 2016 there were 170 new cancer patients who were diagnosed or received treatment at Jefferson Healthcare, with the most common sites of breast (23.5%), prostate (15.4%), lung (10%), colon (9.4%), and bladder (7.4%).*



Commission  
on Cancer®  
2014 OUTSTANDING  
ACHIEVEMENT AWARD

## Driving Quality



A **QUALITY PROGRAM**  
OF THE AMERICAN  
COLLEGE OF SURGEONS

- Commission on Cancer today
  - Establish and ensure high quality multidisciplinary care
  - Requires cancer prevention and screening programs
  - Goal setting
  - Develops effective research & educational programs to achieve goals.

[CoC Accreditation video](#)

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Commission  
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2014 OUTSTANDING  
ACHIEVEMENT AWARD

## CoC Gold Standard spoke to our mission statement

A **QUALITY PROGRAM**  
OF THE AMERICAN  
COLLEGE OF SURGEONS

*The only national accreditation program that recognizes  
cancer centers for their commitment to providing  
comprehensive, high quality, multidisciplinary patient  
centered care.*

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## 2016 Goals Accomplished

- **Clinical Goal: Improve Advanced Directive completion**
  - Base line data: 29% of charts reviewed (77 charts) had an advanced directive present
  - ✓ Completed staff education
  - ✓ 85% of staff have completed an advanced directive and are wearing buttons stating “I have an advanced directive, do you?”
  - ✓ Staff talked with patients and gave information and answered questions related to advanced directives
  - ✓ Results:
    - Follow up chart review: 57% of charts (84 charts) had an advanced directive present



## Community Needs Assessment



- ✓ Compiled September 2014
- ✓ Purpose is to identify the cancer-related needs of the population served
- ✓ Utilize the results for outreach (Kick Butts program)
- ✓ Utilized results for screening activities (Skin cancer screening at the Health Expo)
- ✓ Assessment to be repeated in 2017

## 2016 Goals Accomplished

✓ Outreach based on Youth Smoking Rates



✓ Completed Skin Cancer Screening



Prevent. Detect. Live.™



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## Cancer Committee drives our Cancer Program

Meets very other month and requires the membership of the following team members a minimum of 75% of the time to meet accreditation standards:

- Diagnostic Radiologist- Dr. Marc Koenig, MD
- General Surgeon- Dr. Jackie Osland, MD
- Medical Oncologist- Dr. Anne Murphy, MD
- Radiation Oncologist- Dr. Heath Foxlee, MD
- Cancer Liaison Physician- Dr. Joe Mattern, MD
- Pathologist- Dr. John Hoyt, MD
- Oncology Nurse- Jeinell Harper, RN, OCN
- Certified Tumor Registrar- Carla Woodward, MSW, CTR
- Cancer Program Administrator- Lisa Holt, PhD (C), MS, RN
- Palliative Care professional- Mary Landberg, RN
- Social worker- Lisa Lawrence, MSW
- Cancer Conference Coordinator- Brittany Huntingford
- Quality Improvement Coordinator- Rebecca Strona, RN
- Cancer Registry Quality Coordinator- Rebecca Strona, RN
- Community Outreach Coordinator- Tina Herschelman
- Clinical Research Coordinator- LuAnn Rogers, RN, OCN
- Psychosocial Services Coordinator- Lisa Lawrence, MSW



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## Provider members of Cancer Conference



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## Medical Oncology Providers



Dr. Ann Murphy, MD  
Medical Oncology, treating  
all cancer patients with a  
specialty in breast cancer.



Dr. Kurt Norman, MD  
Medical Oncology, also  
treats all cancer patients  
with a specialty in  
Hematology.



Rebecca Kimball, ARNP  
Medical Oncology, has a  
strong background in  
family and internal  
medicine.

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Providing high quality, patient-centered cancer care.

Offering as many cancer treatment services as possible

Keeping patients local to reduce fatigue and travel outside of the community for their cancer care.



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## Oncology Nursing Services

- All nursing staff who administer chemotherapy are oncology certified.
  - Members of Puget Sound Oncology Nursing Society
- Oncology Certification what does it mean?
  - 1,000 hours of oncology nursing
  - Complete 6 week course
  - Pass an exam
  - Log ongoing continuing education in Oncology
  - Recertify every 4 years.



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## Our oncology care team



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## The care from a patients eyes



We came down from Alaska to have treatment at the Seattle Cancer Care Alliance, but rented a place in Port Townsend. After a few months, I ended up in the Jefferson Healthcare emergency room with a terrible infection. The emergency room staff were very kind and quickly diagnosed me and sent me upstairs. Besides having a room with an incredible view, the staff went overboard in their care. I was thin, weak, unable to eat and very depressed. They sent someone up daily from the kitchen to try and find something I could ingest. They came up with protein shakes, different flavors for each meal that I could slowly sip and gain nutrients.

The hospitalist, Dr. Chris Geidt, looked after me but went way above the usual doctor relationship. Besides good medical care, he made sure we had his contact info and followed up with us after I went to Swedish for further care. He became invaluable to us at that time. He was someone we could trust and he liaised with Swedish for us. He was adamant they find the cause of the infection and not just send me home after getting the infection under control.

Once back in Port Townsend, I had daily visits to the outpatient facility. I had good treatment at SCCA, but no care. I was still weak and depressed when Rebecca Kimball took us under her wing. We ended up transferring our care to Jefferson Healthcare because of Rebecca and the personalized cancer care I have received has been amazing.

Everyone in oncology knows my name and my health situation and they all make a point of saying hello when I come in for my drips. They have given me moral support as well as life saving healthcare. The treatment is working and I am now strong enough to take a break while we pursue our next step. We have since moved here because of the kindness and involvement we have received here. I am deeply grateful for the care and treatment I have received.

~Alexandra Feit

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## Emergency & Specialty Services Building 2016

*"We saved our best view for our sickest patients"*  
~Mike Glenn, CEO Jefferson Healthcare



*"The attentive, humane, understanding care I have received here is without equal"*  
~Jim O'Neil, patient





*"I'm proud to report that at every point where resources were requested... the answer has always been: 'Yes! We can do that!'"*

*~ Dr. Ann Murphy, Jefferson Healthcare Oncologist*



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## Supportive Services

- Cancer Navigation Services
- Genetic Counseling
- Oncology Resource Center
- Lymphedema Treatment
- Nutrition Services
- Home Health Services
- Look Good Feel better
- Palliative Care
- Cancer Support Groups
- Pain Management Services
- Rehabilitation Services
- Survivorship Program
- Harmony Hill
- Hospice



*No questions go unanswered, no processes go unexplained.  
~ Diane M. Witcher, patient*

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## Our Story Continues & 2017 goals

- Clinical trials
  - Partnered with Multicare to allow appropriate patients to participate in Clinical Trials at Jefferson Healthcare
- Genetic Counseling
  - Working with Myriad Genetics
  - Rebecca Kimball to receive training in genetic counseling to allow patients to have counseling at Jefferson Healthcare
- Survivorship Care Plans
  - Started in June 2016
  - 12 care plans are completed
- Oncology Accreditation



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## live here. thrive here. stay here... because we care

We believe the health of Jefferson County is fueled by the health of its people. That's why delivering excellent, personalized care right here at home drives everything we do.

Jefferson Healthcare is your local healthcare system, offering the full spectrum of services. So you have access to better care, where you live.

*"I believe that I received the best care possible with the added benefit of being only minutes from my home."*

~ Joe Daubenberger

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## Overview of February

High fluctuation in inpatient census



Clinic and ED volumes generally exceeded budget, but other ancillary services did not meet budgeted levels



Reconciliation of year to date expenses and revenues as 2016 is truly closed out; some late invoices from January



Overall, February was a bumpy month

## Accrual vs. Cash Accounting

### Accrual (what we do):

Revenues recognized when earned

Account for things when they happen, not when you pay for them

Invoices/expenses are recorded as soon as we learn of the amount due

Amortize expenses over the applicable time (depreciation, prepaids)

### Cash accounting:

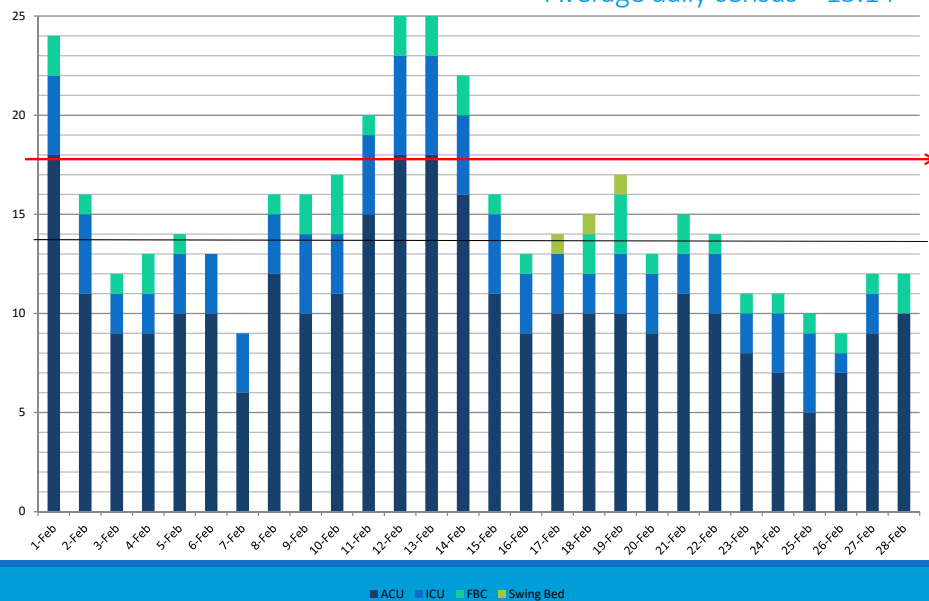
Revenue recognized when cash is received

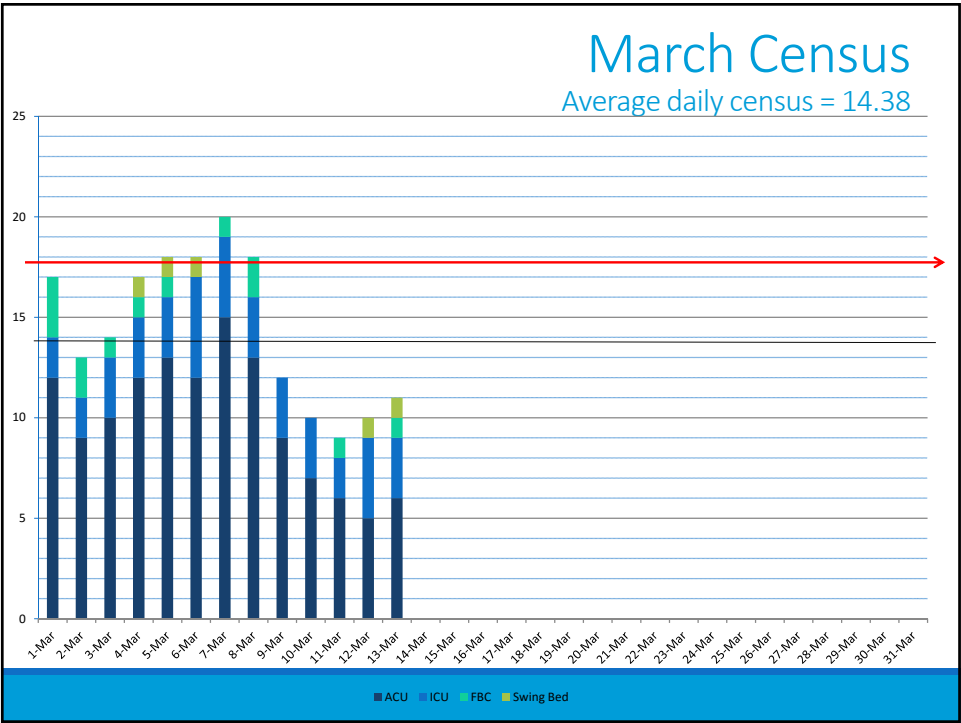
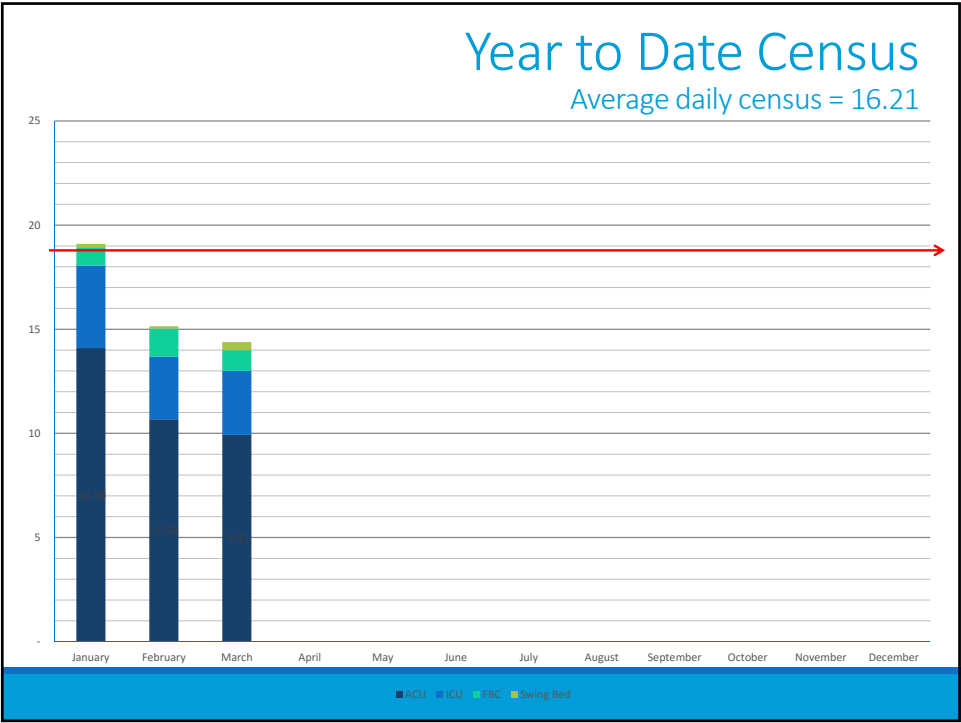
Only record transactions when cash is exchanged

Recognize expenses when paid, not when incurred

## February Census

Average daily census = 15.14





## Operating Statistics

### February 2017

STATISTIC DESCRIPTION	FEBRUARY BUDGET	FEBRUARY ACTUAL	QUANTITY VARIANCE	% VARIANCE
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	74	87	13	17%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	285	319	34	12%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	53	2	(51)	-96%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	414	408	(6)	-1%
BIRTHS	8	7	(1)	-14%
SURGERY MINUTES (IN OR)	7,734	6,784	(950)	-12%
SPECIAL PROCEDURE CASES	115	61	(54)	-47%
RECOVERY MINUTES	6,086	7,537	1,451	24%
LAB BILLABLE TESTS	15,631	17,087	1,456	9%
TOTAL BLOOD BANK UNITS MATCHED	42	61	19	44%
TOTAL RADIOLOGY TESTS	1,299	1,312	13	1%
MRIs COMPLETED	149	132	(17)	-11%
CT SCANS COMPLETED	339	349	10	3%
ULTRASOUNDS COMPLETED	236	259	23	10%
NUC MED TESTS	35	5	(30)	-86%
TOTAL DIAGNOSTIC IMAGING TESTS	2,058	2,057	(1)	0%

## Operating Statistics

### February 2016

STATISTIC DESCRIPTION	FEBRUARY BUDGET	FEBRUARY ACTUAL	QUANTITY VARIANCE	% VARIANCE
TOTAL PHARMACY UNITS	10,188	20,704	10,516	103%
TOTAL RESPIRATORY THERAPY PROCEDURES	2,617	2,834	217	8%
ER CENSUS	922	963	41	4%
SOCO PATIENT VISITS (ENCOUNTERS)	160	188	28	18%
JHPC & JMPG PATIENT VISITS (ENCOUNTERS)	2,316	2,507	191	8%
JHFM PATIENT VISITS (ENCOUNTERS)	1,162	1,163	1	0%
JHIM PATIENT VISITS (ENCOUNTERS)	548	740	192	35%
TOTAL RURAL HEALTH CLINIC VISITS	4,186	4,598	412	10%
JHPLC PATIENT VISITS (ENCOUNTERS)	429	489	60	14%
GEN SURG PATIENT VISITS	316	263	(53)	-17%
ORTHO PATIENT VISITS	941	481	(460)	-49%
INFUSION CENTER VISITS	424	520	96	23%
WOUND CLINIC VISITS	283	225	(58)	-20%
ONCOLOGY VISITS	357	273	(84)	-23%
ANTI COAG VISITS	499	465	(34)	-7%
SLEEP CLINIC VISITS	191	122	(69)	-36%
CARDIOLOGY CLINIC	205	164	(41)	-20%

## February Revenues and adjustments

	February 2017 Actual	February 2017 Budget	Variance Favorable/ (Unfavorable)	%	February 2017 YTD	February 2017 Budget YTD	Variance Favorable/ (Unfavorable)	%	February 2016 YTD
<b>Gross Revenue</b>									
Inpatient Revenue	3,522,499	3,107,820	414,680	13%	8,862,282	8,548,821	2,313,661	35%	6,163,244
Outpatient Revenue	12,105,206	13,021,798	(916,592)	-7%	24,825,859	27,438,794	(2,512,935)	-9%	19,490,436
<b>Total Gross Revenue</b>	<b>15,627,706</b>	<b>16,129,618</b>	<b>(501,912)</b>	<b>-3%</b>	<b>33,788,141</b>	<b>33,987,414</b>	<b>(199,273)</b>	<b>-1%</b>	<b>25,653,680</b>
<b>Revenue Adjustments</b>									
Cost Adjustment Medicaid	1,560,260	1,979,587	419,327	21%	3,333,613	4,171,272	837,659	20%	3,217,642
Cost Adjustment Medicare	5,418,909	5,315,798	(103,111)	-2%	12,115,704	11,201,147	(914,557)	-8%	7,658,663
Charity Care	58,647	100,894	42,246	42%	119,322	212,597	93,275	44%	256,216
Contractual Allowances Other	1,272,290	1,130,153	(142,137)	-13%	2,444,478	2,381,394	(63,084)	-3%	1,887,693
Administrative Adjustments	(8,940)	18,174	28,114	155%	18,446	38,294	19,848	52%	46,343
Adjust Bad Debt	324,958	239,263	(85,675)	-36%	591,536	504,203	(87,334)	-17%	806,758
<b>Total Revenue Adjustments</b>	<b>8,625,123</b>	<b>8,783,887</b>	<b>158,763</b>	<b>2%</b>	<b>18,623,100</b>	<b>18,508,907</b>	<b>(114,193)</b>	<b>-1%</b>	<b>13,873,316</b>
<b>Net Patient Service Revenue</b>	<b>7,002,582</b>	<b>7,345,731</b>	<b>(343,149)</b>	<b>-5%</b>	<b>15,165,041</b>	<b>15,478,507</b>	<b>(313,466)</b>	<b>-2%</b>	<b>11,780,364</b>
<b>Other Revenue</b>									
340B Revenue	307,331	235,054	72,277	31%	611,400	495,293	116,107	23%	586,710
Meaningful Use Ehr Incentive	-	3,068	(3,068)	-100%	-	6,466	(6,466)	-100%	-
Other Operating Revenue	48,759	102,030	(53,271)	-52%	197,068	214,991	(17,923)	-8%	141,545
<b>Total Operating Revenues</b>	<b>7,358,672</b>	<b>7,685,883</b>	<b>(327,212)</b>	<b>-4%</b>	<b>15,973,509</b>	<b>16,195,257</b>	<b>(221,748)</b>	<b>-1%</b>	<b>12,508,618</b>

## February Expenses, nonoperating activities, and change in net position

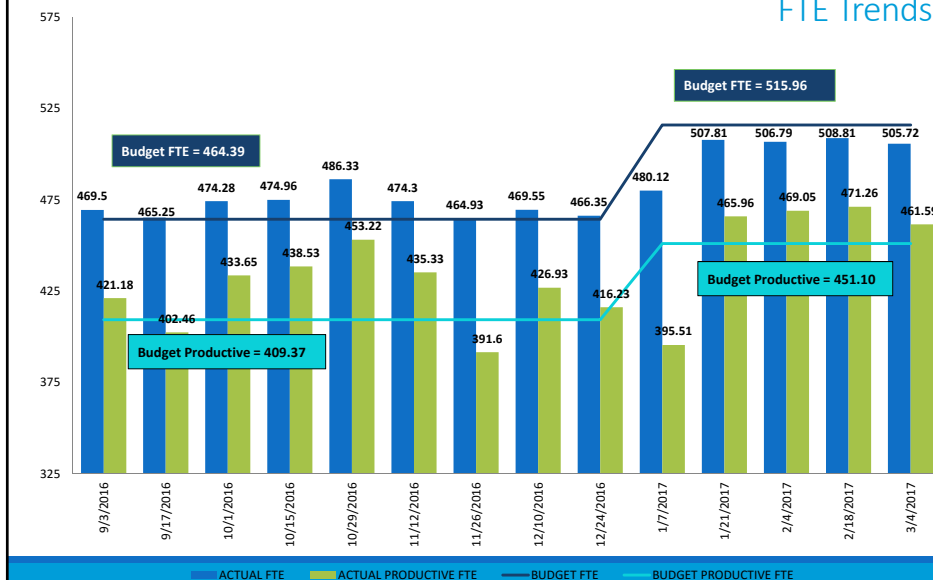
	February 2017 Actual	February 2017 Budget	Variance Favorable/ (Unfavorable)	%	February 2017 YTD	February 2017 Budget YTD	Variance Favorable/ (Unfavorable)	%	February 2016 YTD
<b>Operating Expenses</b>									
Salaries And Wages	3,952,580	3,803,584	(148,997)	-4%	7,668,263	8,014,696	346,433	4%	6,249,189
Employee Benefits	1,025,600	939,568	(86,032)	-9%	2,006,171	1,979,805	(26,366)	-1%	1,510,269
Professional Fees	440,172	282,364	(177,808)	-60%	759,823	552,838	(206,985)	-37%	476,918
Purchased Services	429,893	487,736	57,843	12%	875,231	1,027,730	152,499	15%	595,890
Supplies	1,297,280	1,095,087	(202,201)	-16%	2,581,851	2,307,505	(274,346)	-12%	1,749,365
Insurance	47,845	52,164	4,320	8%	95,460	109,918	14,458	13%	83,750
Leases And Rentals	119,876	133,437	13,562	10%	247,526	281,171	33,645	12%	185,825
Depreciation And Amortization	348,375	282,625	(65,750)	-23%	696,469	595,531	(100,938)	-17%	699,216
Repairs And Maintenance	56,328	69,754	13,426	19%	96,811	146,983	50,172	34%	156,850
Utilities	91,218	70,567	(20,651)	-29%	173,472	148,694	(24,778)	-17%	137,600
Licenses And Taxes	(17,827)	42,059	59,885	142%	86,281	88,623	2,342	3%	109,117
Other	135,945	157,911	21,966	14%	283,074	332,741	49,667	15%	213,413
<b>Total Operating Expenses</b>	<b>7,927,293</b>	<b>7,396,858</b>	<b>(530,437)</b>	<b>-7%</b>	<b>15,570,432</b>	<b>15,598,235</b>	<b>15,003</b>	<b>0%</b>	<b>12,157,481</b>
<b>Operating Income (Loss)</b>	<b>(568,622)</b>	<b>289,027</b>	<b>(857,649)</b>	<b>-297%</b>	<b>403,077</b>	<b>609,022</b>	<b>(205,945)</b>	<b>-34%</b>	<b>351,217</b>
<b>Non Operating Revenues (Expenses)</b>									
Taxation For Maint Operations	14,485	15,496	(1,011)	-7%	35,410	32,652	2,758	8%	29,291
Taxation For Debt Service	12,345	17,164	(4,820)	-28%	37,341	36,168	1,174	3%	43,269
Investment Income	14,655	5,945	8,710	147%	26,285	12,527	13,757	110%	3,857
Interest Expense	(79,321)	(77,330)	(1,991)	-3%	(104,739)	(162,945)	58,207	36%	(64,345)
Bond Issuance Costs	-	(11,507)	11,507	0%	-	(24,247)	24,247	0%	-
Gain on (Loss) on Disposed Asset	-	-	-	0%	5,500	0	5,500	0%	6,171
Contributions	4,794	10,740	(5,946)	-55%	10,319	22,630	(12,311)	-54%	18,243
<b>Total Non Operating Revenues (Expenses)</b>	<b>(33,043)</b>	<b>(39,492)</b>	<b>6,449</b>	<b>16%</b>	<b>10,116</b>	<b>(83,215)</b>	<b>93,330</b>	<b>112%</b>	<b>36,487</b>
<b>Change in Net Position (Loss)</b>	<b>(601,664)</b>	<b>249,536</b>	<b>(851,200)</b>	<b>-341%</b>	<b>413,193</b>	<b>525,807</b>	<b>(112,615)</b>	<b>-21%</b>	<b>387,704</b>

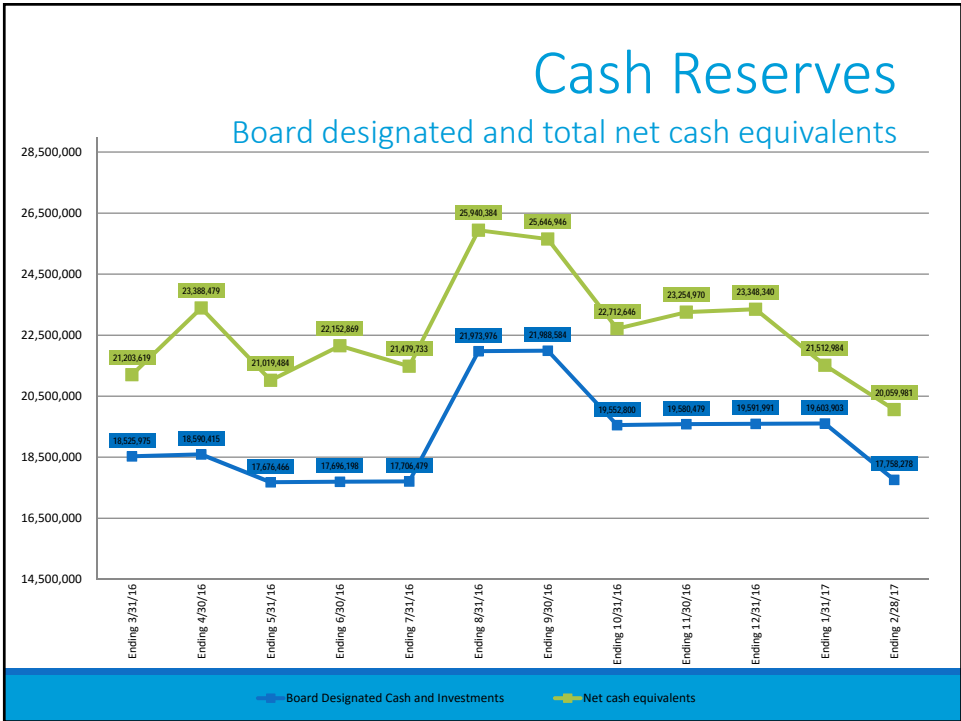
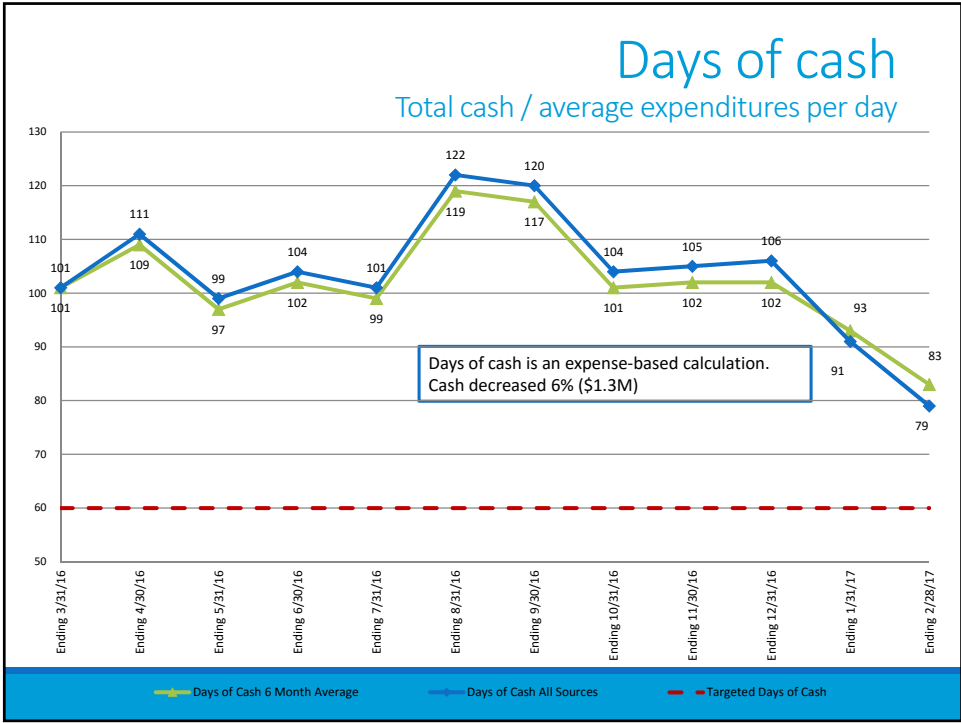
# Financial Snapshot

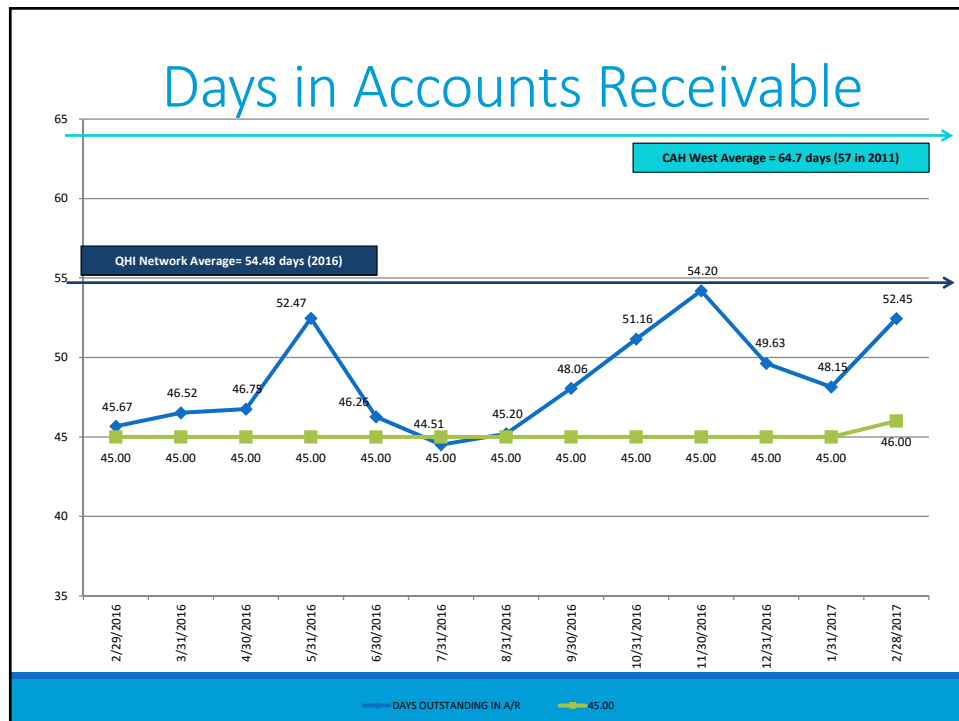
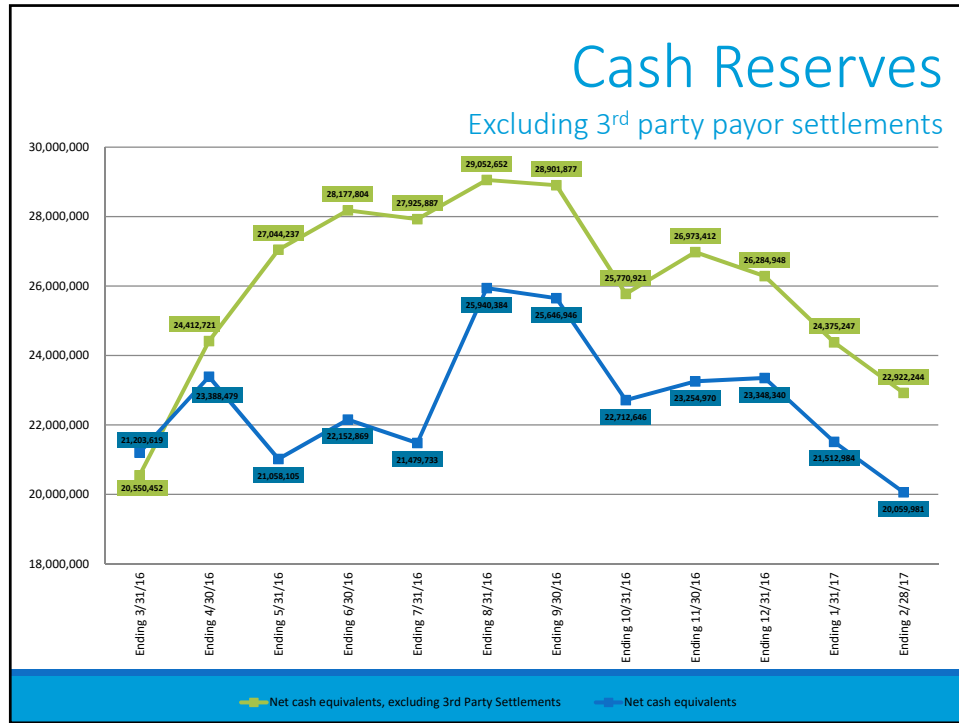
February, month and year to date

	February 2017 Actual	February 2017 Budget	Variance Favorable/ (Unfavorable)	%	February 2017 YTD	February 2017 Budget YTD	Variance Favorable/ (Unfavorable)	%	February 2016 YTD
Operating Margin	-7.7%	3.8%	-11.5%	-305.5%	2.5%	3.8%	-1.24%	-32.9%	2.8%
Total margin	-8.2%	3.2%	-11.4%	-351.8%	2.6%	3.2%	-0.66%	-20.3%	3.1%
Inpatient gross revenue	3,522,499	3,107,820	414,680	13.3%	8,862,282	6,548,621	2,313,661	35.3%	6,163,244
Outpatient gross revenue	12,105,206	13,021,798	(916,592)	-7.0%	24,925,859	27,438,794	(2,512,935)	-9.2%	19,490,436
Net patient revenue	7,002,582	7,345,731	(343,149)	-4.7%	15,165,041	15,478,507	(313,466)	-2.0%	11,780,364
Deductions as a % of gross revenue	-56.2%	-54.5%	-0.7%	-1.3%	-55.1%	-54.5%	-0.66%	-1.2%	-54.1%
Charity as a % of gross revenue	-0.4%	-0.6%	0.3%	40.0%	-0.4%	-0.6%	0.27%	43.5%	-1.0%
Bad Debt as a % of gross revenue	-2.1%	-1.5%	-0.6%	-40.2%	-1.8%	-1.5%	-0.27%	-18.0%	-3.1%
Salaries & Benefits as a % of net pt. service rev.	-71.1%	-64.6%	-6.5%	-10.1%	-63.8%	-64.6%	0.78%	1.2%	-65.9%

## February FTE Trends









## 2017 Board Budget to Actual

Department	Department Description	Rev/Exp	Account	Account Description	February	February	Variance	YTD	YTD	YTD Variance
					Actual	Budget	(Favorable)/ Unfavorable	Actual	Budget	(Favorable)/ Unfavorable
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	3,669.00	4,198.00	(529.00)	7,887.00	8,845.00	(958.00)
			602300	CONSULT MINGMT FEE	-	-	-	-	-	-
			602500	AUDIT FEES	-	2,685.00	(2,685.00)	-	5,658.00	(5,658.00)
			604200	CATERING	33.00	89.00	(56.00)	99.00	188.00	(89.00)
			604500	OFFICE SUPPLIES	84.00	-	84.00	120.00	-	120.00
			604800	MINOR EQUIPMENT	-	-	-	-	-	-
			604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
			604900	OTHER NON-MEDICAL SUPPLIES	-	-	-	3.00	-	3.00
			606500	OTHER PURCHASED SERVICES	-	767.00	(767.00)	-	1,616.00	(1,616.00)
			608100	LEASES/RENTALS-BUILDINGS	-	-	-	-	-	-
			609200	LICENSE LI CENSES AND TAXES	-	-	-	-	-	-
			609400	TRAVEL/MEETINGS/TRAINING	-	1,534.00	(1,534.00)	104.00	3,233.00	(3,129.00)
			609900	MISC OTHER EXP	-	-	-	-	-	-
		Exp Total			3,786.00	9,273.00	(5,487.00)	8,213.00	19,540.00	(11,327.00)
				<b>BOARD Total</b>	<b>3,786.00</b>	<b>9,273.00</b>	<b>(5,487.00)</b>	<b>8,213.00</b>	<b>19,540.00</b>	<b>(11,327.00)</b>
				<b>Grand Total</b>	<b>3,786.00</b>	<b>9,273.00</b>	<b>(5,487.00)</b>	<b>8,213.00</b>	<b>19,540.00</b>	<b>(11,327.00)</b>

## March preview

### Revenues

\$16,600,000 in HB charges

- Average: \$541,000/day (HB only)
- Budget: \$560,500/day

\$6,400,000 in HB cash collections

- Average: \$207,000/day (HB only)
- Goal: \$255,000/day



QUESTIONS AND COMMENTS?

## Administrative Report

March 15, 2017

## Jefferson Healthcare Strategic Plan Goals

### **People:**

Recruit, Engage, and Retain a High Quality, Satisfied Workforce.

Ensure the Retention of a Strong Leadership Team.

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Healthcare

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## Jefferson Healthcare Strategic Plan Goals

### **Service:**

Ensure the Delivery of Patient and Family Centered Care.

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Healthcare

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## Jefferson Healthcare Strategic Plan Goals

### **Quality and Safety:**

Continue to Improve the Quality and Safety of Care Delivered at  
Jefferson Healthcare.

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Healthcare

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## Jefferson Healthcare Strategic Plan Goals

### **Growth and Innovation:**

Collaborate with Other Agencies to Add and Improve the Services  
Needed to Improve the Health of the Community.

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## Jefferson Healthcare Strategic Plan Goals

### **Sustainability:**

Maintain and Improve the Financial Stability to Ensure the Long-term Financial Sustainability of Jefferson Healthcare.

## Patient Financial Experience Task Force

- Launch with board presentation on April 19.
- Composition of task force calls for 2 board representatives.

## Advocacy Update

### **Federal:**

Since the post election debate on repeal and replace of the Affordable Care Act, Jefferson Healthcare has been clear that our top priority is to preserve the coverage expansions for our community. Due to the reduction in coverage under the American Health Care Act (AHCA) as currently written, we do not support the bill.

We are working with the Washington State Hospital Association to communicate our concerns about the bill to our congressional delegation.



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## Advocacy Update

### **State:**

We met with Representative Tharinger last Friday and spoke with Senator Van De Wege on Tuesday about increasing access to dental care on the peninsula. Both are very supportive.

We were pleased to learn our request to add dental care as a cost based reimbursed service to Rural Health Clinics is proceeding without objection and will likely be granted.

We have submitted a \$1,000,000 grant application to fund the construction costs of 4-6 dental rooms.



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## Questions & Comments