Jefferson Healthcare

Jefferson County Public Hospital District No.2
Board of Commissioners Meeting
Victor J. Dirksen Conference Room,
834 Sheridan St, 1st Floor ESSB

Regular Session Agenda
Wednesday, March 28, 2018

Call to Order: 2:00

Education Topic:
- Open Public Meetings and Public Records Now and Into the Future – Charles (Skip) H. Houser III, J.D., M.P.A., Attorney at Law, Pope, Houser, & Barnes PLLC

Break: 3:15

Patient Story: Brandie Manuel 3:30

Approve Agenda: 3:40

Minutes: Action Requested 3:42
- February 28 Regular Session (pg. 2-4)

Required Approvals: Action Requested 3:45
- February Warrants and Adjustments (pg. 5-9)
- Resolution 2018-04 Cancel Warrants (pg. 10)
- Medical Staff Credentials/ Appointments/ Reappointments (pg. 11)
- Medical Staff Policy (pg. 12-14)

Public Comment: 3:50
(*In lieu of in-person comment, members of the public may provide comment on any agenda item or any other matter related to the District via a letter addressed to the Commissioners at 834 Sheridan Street, Port Townsend, Washington 98368, or via email to commissioners@jeffersonhealthcare.org*)

Financial Report: Hilary Whittington, Chief Administrative Officer/CFO 4:00
- February

Quality Report: Brandie Manuel, Chief Patient Care Officer 4:20

Administrator's Report: Mike Glenn, CEO 4:40

Chief Medical Officer Report: Joe Mattern, MD, CMO 5:00

Board Reports: 5:20

Meeting Evaluation: 5:30

Conclude: 5:40

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, February 28, 2018
Victor J. Dirksen Conference Room

Call to Order:
The meeting was called to order at 2:00pm by Board Chair, Buhler. Present were Commissioners Dressler, McComas, Kolff, and Ready. Lisa Holt, Chief Ancillary and Specialty Services Officer, Caitlin Harrison, Chief Human Resources Officer, Brandie Manuel, Chief Patient Care officer, Josh Brocklesby, Interim Executive Director of Nursing and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Education:
OPMA/OPRA Primer
Commissioners participated in the Open Public Records Act and Records Retention/ Management Act Training

Discussion ensued.

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

Patient Story:
Brandie Manuel, Chief Patient Care Officer, read aloud a story regarding a gymnast who presented herself to the hospital with a sports injury. After being seen she was scheduled to go to physical therapy. The gymnast was nervous that she wouldn't be able to practice and was pleasantly surprised when she received positive feedback from the physical therapist telling the girl that if she strengthened her core with exercise she would be allowed to return to her gym. This particular physical therapist became an overnight celebrity in the local gymnastics world.

Approve Agenda:
Commission Dressler made a motion to approve the agenda. Commissioner McComas seconded.
Action: Motion passed unanimously.

Minutes:

- January 17 Special Session
- January 24 Regular Session
- January 26 Special Session
- February 14 Special Session

Commissioner Kolff made a motion to approve the January 17 Special Session minutes, January 24 Regular Session minutes, January 26 Special Session minutes, and February 14 Special Session minutes. Commissioner Ready seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested

- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy
- January Warrants and Adjustments
- Resolution 2018-02 Cancel Warrants
- Resolution 2018-03 Surplus Equipment

Commissioner Dressler made a motion to approve Medical Staff Credentials/Appointments/ Reappointments, Medical Staff Policy, January Warrants and Adjustments, Resolution 2018-02 Cancel Warrants, Resolution 2018-03 Surplus Equipment. Commissioner Ready seconded.
Action: Motion passed unanimously.

Public Comment:
No public comment was made.

Financial Report:
Anne Burton, Controller, gave the January finance report.

Discussion ensued.

Board Report:
Commissioner Kolff gave a report regarding CHIP workgroup participation from board members.

Discussion ensued.

Commissioners decided their top choices for CHIP workgroups.

Commissioners participated in Open Public Meetings Act training.

Discussion ensued.

Meeting Evaluation
Commissioners evaluated the meeting.

Conclude:
Commissioner Kolff made a motion to conclude the meeting. Commissioner Dressler seconded the motion.
Action: Motion passed unanimously.

Meeting concluded at 4:45pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

Jefferson Healthcare

	February 2018 Actual	February 2018 Budget	Variance Favorable/ (Unfavorable)	%	February 2018 YTD	February 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	February 2017 YTD
Gross Revenue									
Inpatient Revenue	4,449,342	3,982,084	467,258	12%	8,646,925	8,390,821	256,104	3%	8,862,282
Outpatient Revenue	13,141,495	14,326,973	(1,185,478)	-8%	28,914,453	30,188,983	(1,274,530)	-4%	24,925,859
Total Gross Revenue	17,590,837	18,309,057	(718,220)	-4%	37,561,378	38,579,804	(1,018,426)	-3%	33,788,141
Revenue Adjustments									
Cost Adjustment Medicaid	1,721,292	1,832,678	111,386	6%	4,167,589	3,861,714	(305,874)	-8%	3,333,613
Cost Adjustment Medicare	6,305,365	6,388,637	83,273	1%	12,734,416	13,461,774	727,357	5%	12,115,704
Charity Care	246,801	112,885	(133,916)	-119%	442,430	237,865	(204,565)	-86%	119,322
Contractual Allowances Other	1,286,596	1,407,930	121,334	9%	2,770,631	2,966,710	196,078	7%	2,444,478
Administrative Adjustments	42,327	40,759	(1,568)	-4%	88,400	85,885	(2,515)	-3%	18,446
Adjust Bad Debt	71,725	265,870	194,144	73%	289,359	560,226	270,867	48%	591,536
Total Revenue Adjustments	9,674,105	10,048,759	374,654	4%	20,492,825	21,174,173	681,348	3%	18,623,100
Net Patient Service Revenue	7,916,732	8,260,298	(343,566)	-4%	17,068,553	17,405,630	(337,078)	-2%	15,165,041
Other Revenue									
340B Revenue	234,178	266,483	(32,306)	-12%	494,853	561,518	(66,665)	-12%	611,400
Meaningful Use Ehr Incentive	-	-	-	0%	-	0	-	0%	0
Other Operating Revenue	92,798	115,963	(23,165)	-20%	252,693	244,350	8,343	3%	197,068
Total Operating Revenues	8,243,707	8,642,744	(399,037)	-5%	17,816,099	18,211,499	(395,400)	-2%	15,973,509
Operating Expenses									
Salaries And Wages	4,167,962	4,338,147	170,184	4%	8,884,344	9,141,096	256,752	3%	7,668,263
Employee Benefits	1,020,491	1,092,837	72,347	7%	2,145,147	2,302,765	157,617	7%	2,006,171
Professional Fees	381,936	346,413	(35,523)	-10%	851,757	729,941	(121,817)	-17%	759,823
Purchased Services	503,874	527,751	23,877	5%	1,009,048	1,112,047	103,000	9%	875,231
Supplies	1,365,367	1,281,523	(83,844)	-7%	2,897,660	2,700,353	(197,308)	-7%	2,581,851
Insurance	62,157	51,842	(10,315)	-20%	129,222	109,239	(19,983)	-18%	95,460
Leases And Rentals	129,671	111,339	(18,332)	-16%	253,021	234,607	(18,414)	-8%	247,526
Depreciation And Amortization	398,162	358,496	(39,666)	-11%	796,067	755,401	(40,666)	-5%	696,469
Repairs And Maintenance	57,681	73,476	15,795	21%	106,091	154,824	48,733	31%	96,811
Utilities	89,180	79,405	(9,775)	-12%	182,958	167,318	(15,639)	-9%	173,472
Licenses And Taxes	41,056	46,666	5,611	12%	98,361	98,333	(28)	0%	86,281
Other	125,394	178,535	53,142	30%	288,258	376,199	87,941	23%	283,074
Total Operating Expenses	8,342,931	8,486,430	143,499	2%	17,641,934	17,882,123	240,189	1%	15,570,432
Operating Income (Loss)	(99,223)	156,314	(255,538)	-163%	174,165	329,376	(155,211)	-47%	403,077
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	11,170	20,866	(9,696)	-46%	29,939	43,967	(14,028)	-32%	35,410
Taxation For Debt Service	8,248	14,959	(6,711)	-45%	19,927	31,521	(11,594)	-37%	37,341
Investment Income	25,886	12,466	13,420	108%	48,864	26,267	22,596	86%	26,285
Interest Expense	(87,470)	(88,474)	1,004	1%	(175,434)	(186,427)	10,994	6%	(104,739)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	5,500
Contributions	4,920	13,195	(8,274)	-63%	22,940	27,803	(4,862)	-17%	10,319
Total Non Operating Revenues (Expenses)	(37,247)	(26,989)	(10,258)	-38%	(53,764)	(56,870)	3,106	5%	10,116
Change in Net Position (Loss)	(136,471)	129,325	(265,796)	-206%	120,401	272,506	(152,105)	-56%	413,193

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

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

General Fund Warrants & ACH Transfers	**$8,514,018.83**	(Provided under separate cover)
Bad Debt / Charity	**$360,853.07**	(Attached)
Canceled Warrants	**$1,067.61**	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following warrants:

GENERAL FUND:

243244 - 243941	**$4,588,270.06**
ACH TRANSFERS	**$3,925,748.77**
	$8,514,018.83
YEAR-TO-DATE:	**$18,151,195.97**

Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: **BOARD OF COMMISSIONERS**
FROM: **HILARY WHITTINGTON, CFO**
RE: **FEBRUARY 2018 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS**

Submitted for your approval are the following:

	FEBRUARY	FEBRUARY YTD	FEBRUARY YTD BUDGET
Bad Debts:	**$71,725.47**	**$289,359.20**	**$560,225.81**
Charity Care:	**$246,800.79**	**$442,429.93**	**$237,865.14**
Other Administrative Adjustments:	**$42,326.81**	**$88,399.71**	**$85,884.58**
TOTAL FOR MONTH:	**$360,853.07**	**$820,188.84**	**$883,975.53**

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: **BOARD OF COMMISSIONERS**
FROM: **HILARY WHITTINGTON, CFO**
RE: **FEBRUARY 2018 WARRANT CANCELLATIONS**

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT	AMOUNT
2/9/2017	234129	$ 317.61
2/21/2017	234486	$ 750.00
	TOTAL:	**$ 1,067.61**

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-04

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF $1067.61

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of $1067.61 be canceled.

Date of Issue	**Warrant #**	**Amount**
02/09/2017	234129	317.61
02/21/2017	234486	750.00
Total		**$1067.61**

APPROVED this 28th day of March, 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

FROM: Barbara York – Medical Staff Services
RE: 03-27-2018 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 3-28-2018

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. Griffin-Hare, Kari, ARNP – Internal Medicine Clinic
2. Sample, Denise, ARNP – Family Medicine (LT for Sara Katz, PA-C)

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

1. Allende, Jenys, MD - Tele-Psychiatry
2. Alter, Mark, MD – Tele-Psychiatry
3. Arroyo, Hansel, MD - Tele Psychiatry
4. Callahan, Richard, MD – Tele- Psychiatry
5. Lampen, Rhonda, MD – Tele-Psychiatry
6. Norrell, Nelly, MD – Tele-Psychiatry
7. Sharpe, Robert, MD – Tele-Psychiatry
8. Smith, Elton, MD – Tele-Psychiatry
9. Venard, Neil, MD - Tele-Psychiatry
10. McGowen, John, MD – Diagnostic Radiology
11. Westman, David, MD – Diagnostic Radiology

Annual Review of Risk Management Policy with no changes:

CHAPERONE POLICY

PURPOSE:

The use of chaperones is well established in healthcare. The presence of a chaperone during the physical examination of a patient offers several important benefits as reported by the Council on Ethical ad Judicial Affairs (CEJA Report 10-A98), American Medical Association (AMA). First, it provides reassurance to patients of the professional character of the exam. The availability of this service also demonstrates an attention to the patients' well-being, a respect for their concerns, and an understanding of their vulnerability.

The use of chaperones during physical exams has three benefits:

1. It provides reassurance to patients of the professional character of the exam.
2. A witness is available to support the physician's innocence should a misunderstanding of false accusation be made by the patient, and,
3. It offers advantages in convenience and time efficiency when authorized health professionals serve as chaperones and can assist with procedures such as gynecologic examinations.

POLICY:

Patients are free to make a request for a chaperone in each health care setting. This policy should be communicated to patients through a conversation initiated by the intake nurse of the physician.

An authorized health professional (nurse, ER technician, nurse aide, medical assistant) should serve as a chaperone whenever possible. In the case of a pediatric patient of home health and hospice patient, a family member may serve as a chaperone. I a chaperone is to be provided, a separate opportunity for private conversation between the patient and the physician should be allowed. The physician should keep inquiries and history-taking, especially those of a sensitive nature, to a minimum during the course of the chaperoned examination.

This policy applies to all healthcare professionals working within Jefferson Healthcare including medical staff, nurses, midwives, healthcare assistants, allied health professionals, medical students, radiographers and complementary therapists working with individual patients in surgeries, clinic situations, departments, outpatient and in the patient's home.

PROCEDURE:

1. Upon intake or triage prior to disrobing, as appropriate, a patient may be asked if they wish to have a chaperone present during exam and/or procedure. The chaperone should be the same sex as the patient with the exception being when infants are patients.
2. It is strongly recommended to have a chaperone during examination and/or procedure (particularly pelvis, breast, rectum or testicular exams) for the following patients:

    - Pediatric/minor (please note: parents may be used as the chaperone only if a healthcare worker is not available)
    - Elderly

- Ethnicities, religious or cultural backgrounds of some women can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others
- Mental Health Issues or Learning Difficulties
- Home Visit (please note that family members/friends may take on the role of the informal chaperone during intimate examinations

3. Patients should be offered a private place, undisturbed area to undress. Gowns are provided for the patient to wear
4. There should be no undue delay prior to examination once the patient has removed any clothing. Knock on the door (or wall outside of privacy curtain) and wait for response prior to entering the patient's room
5. Intimate examination should take place in a closed exam room and to not be entered without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages.
6. Where appropriate, a choice of position for the examination should be offered for example, left lateral, dorsal, recumbent and semi-recumbent positions for speculum and bimanual examinations. This may reduce the sense of vulnerability and powerlessness complained of by some patients. Unveil only segments of the gown relevant to the body part being examined, at all times being cognizant of the patient's reaction
7. During the examination the healthcare provider must explain the process

   For example, explaining the nature of the procedure and how it relates to the complaint helps further reduce both the patient's concerns and the likelihood of a negative reaction to the exam, especially if the patient may not expect it to be part of the evaluation. For instance, the patient being examined by a rheumatologist for bone and joint complaints would not expect a breast examination, and could experience a negative reaction unless the doctors explains that the breast may contain a cancer leading to osseous metastases.
8. After the procedure, the healthcare professional will let the patient know that they may get dressed and if they need assistance the chaperone will stay in the room if the patient needs assistance getting dressed.
9. Once the patient has dressed following an examination or procedure, the findings must be communicated to the patient. If appropriate, this can be used as an educational opportunity for the patient. The healthcare provider must consider (asking the patient as necessary) if it is appropriate for the chaperone to remain at this stage.

During an intimate examination:

- Offer reassurance
- Be courteous
- Keep discussion relevant
- Avoid unnecessary personal comments
- Encourage question and discussion
- Remain alert to verbal and non-verbal indications of distress from the patient

Communication and Record Keeping

The most common cause of patient complaints is a failure on the patient's part to understand what the practitioner was doing in the process of treating them. It is essential that the healthcare professional explains the nature of the examination to the patient and offers them a choice whether to proceed with that examination at that time.

Recording in the Patient Record

Details of the examination including presence/absence of chaperone and information given must be documented in the patient's medical record. This could include physician reports, nursing notes, or therapist's record notes.

If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing then it would be a good practice to record this in the patient notes. The record should make clear from the history that an examination was necessary.

In any situation where concerns are raised or an incident has occurred and a report is required, this should be completed immediately after the consultation.

References:

American Medical Association, Use of Chaperones during Physical Exams, *CEJA Report 10-A-98. 1998*