

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, April 25, 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 Buhler, Dressler, McComas, Kolff, and Ready. Mike Glenn, CEO, Caitlin Harrison, Chief Human Resources Officer, Brandie Manuel, Chief Patient Care officer, Jon French, Chief Legal Officer and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Education:

Cassie Sauer, President and Chief Executive Officer, Washington State Hospital Association gave a presentation titled, WSHA and Jefferson Healthcare: Working Together for Great Care.

Discussion ensued.

Break:

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

“We Are Here” A Transgender Video for Healthcare Professionals:

Mandala Center for Change and Whaleheart Productions, premiered their film “We Are Here” A Transgender Video for Healthcare Professionals.

Discussion ensued.

Approve Agenda:

Commissioner Kolff made a motion to approve the agenda. Commissioner McComas seconded.

Action: Motion passed unanimously.

Commissioner Kolff made a motion to include Board Reports into the Board Business section and to excuse Dr. Mattern. Commissioner McComas seconded.

Action: Motion passed unanimously.

Minutes:

- March 20 Special Session
- March 28 Regular Session

Commissioner Dressler made a motion to approve the March 20 Special Session and March 28 Regular Session. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- March Warrants and Adjustments
- Resolution 2018-05 Cancel Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner McComas made a motion to approve Medical Staff Credentials/Appointments/ Reappointments, Medical Staff Policy, March Warrants and Adjustments, and Resolution 2018-05 Cancel Warrants. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Public Comment:

No public comment was made.

Financial Report:

Mike Glenn, CEO, gave the March financial report.

Discussion ensued.

Quality Report:

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

Discussion ensued.

Administrative Report

Mike Glenn, CEO, gave his administrative report.

Mike Glenn, CEO, asked for authorization from Commissioners to go to bid.

Commissioner Dressler made a motion to authorize administration to go to bid for the ESSB Cardiology and Dermatology project for a not to exceed construction price of \$1.2 million. Commissioner McComas seconded.

Action: Motion passed unanimously.

Discussion ensued.

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

Action: Motion passed unanimously.

Chief Medical Officer Report:

Dr. Joe Mattern, Chief Medical Officer was excused. No CMO report given.

Board Business:

Commissioner Kolff reported on the hearing challenge of the Dirksen Conference Room and suggested getting a microphone system.

Commissioner Kolff reported on the Community Health Improvement Plan Access to Healthcare and acknowledged the amount of resources Jefferson Healthcare puts into the Community Health Improvement Plan.

Commissioner Kolff questioned carpool options for upcoming conferences.

Commissioner Buhler distributed the Board of Health minutes.

Commissioner Buhler distributed a report that she had presented at the previous Board of Health meeting.

Commissioners discussed the Substance Abuse Advisory Committee.

Commissioner Ready made a motion to have a Jefferson Healthcare representative on the Substance Abuse Advisory Committee. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Commissioner Buhler asked for the board's approval to be a member of the Substance Abuse Advisory Committee.

Commissioner Kolff made a motion to have Commissioner Buhler be the Jefferson Healthcare representative for the Substance Abuse Advisory committee. Commissioner Dressler seconded.

Commissioner Dressler amended the original motion that Commissioner Kolff made to have a Jefferson Healthcare representative on the Substance Abuse Advisory Committee with an alternate option of Commissioner Ready. Commissioner McComas seconded.

Action: Motion passed unanimously.

Action: Main motion made by Commissioner Kolff passed unanimously.

Discussion ensued.

Meeting Evaluation

Commissioners evaluated the meeting.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner Kolff seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 5:32pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____



**WSHA and Jefferson Healthcare:
Working Together for Great Care**

Cassie Sauer, WSHA CEO



Agenda

- Perspectives on Jefferson Healthcare
- Background on WSHA
- Financial Trends
- Federal Politics
- State Politics
- Whatever you want to talk about!

Perspectives on Jefferson Healthcare

- Strategic and forward-looking
- Strong employee and physician satisfaction
- Great work on charity care
- Strong performance on quality indicators
- Understands politics and seeks policy solutions (dental clinic)
- Willing to share quality breakthroughs with others
- Engaged commissioners – Thank you for active participation in Patient Safety Summit and Chelan!

What Does WSHA Do?



Policy & Advocacy



Power in
Unity

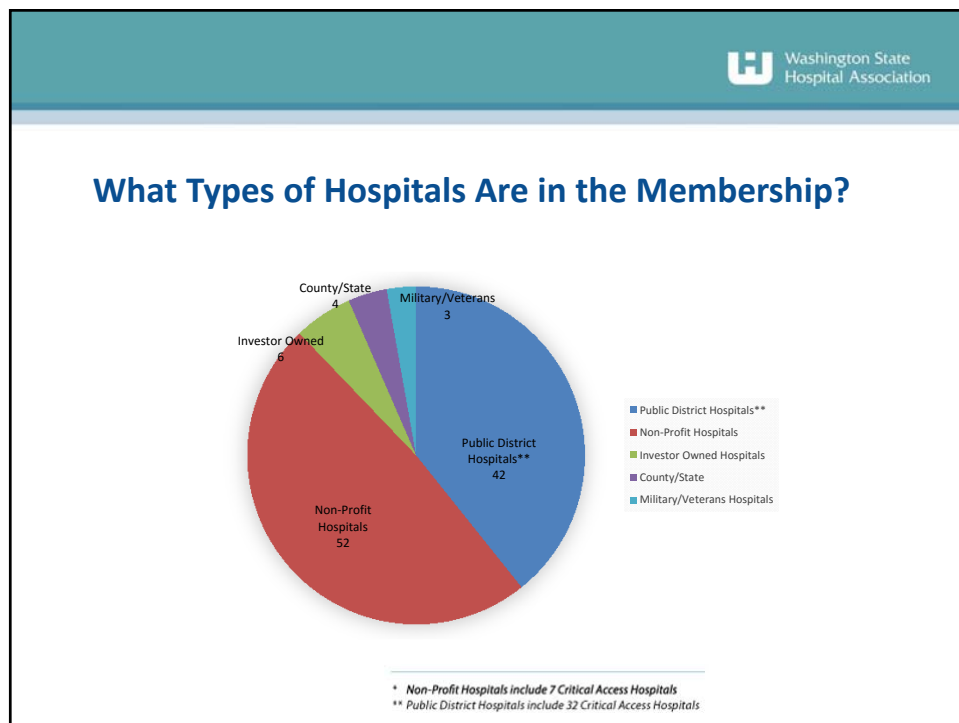
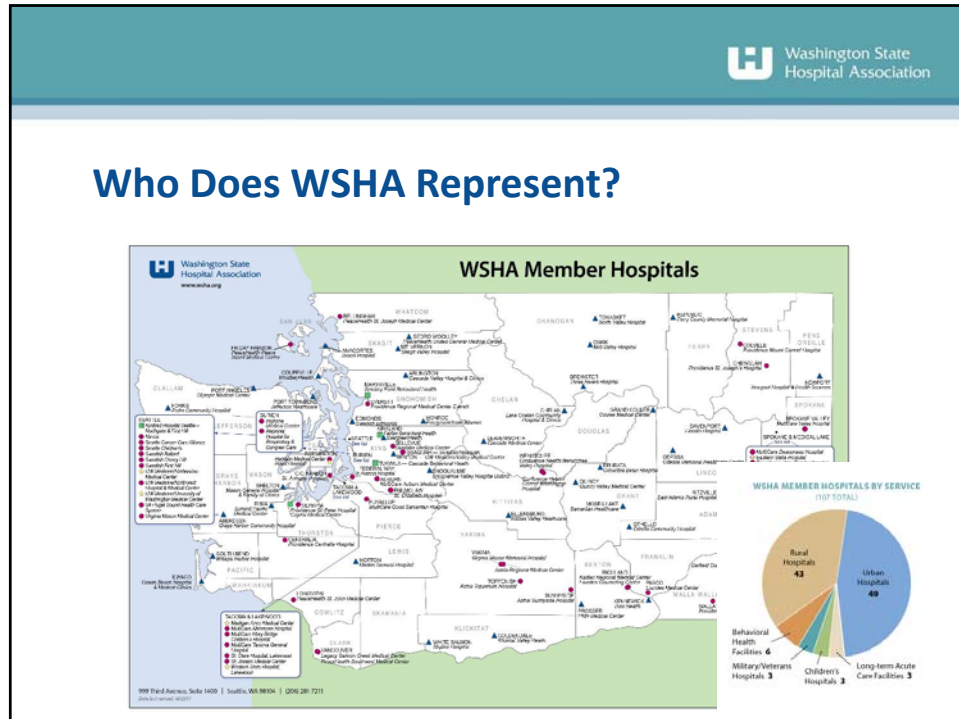
Patient Safety



Coordinated Action on
Major Issues

Decision Support

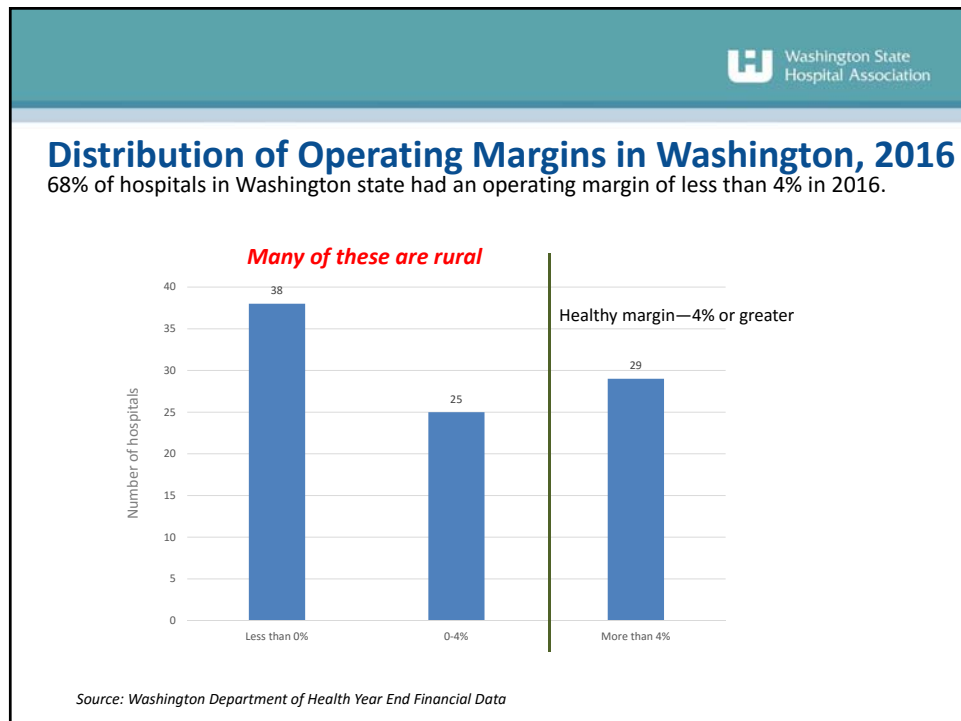
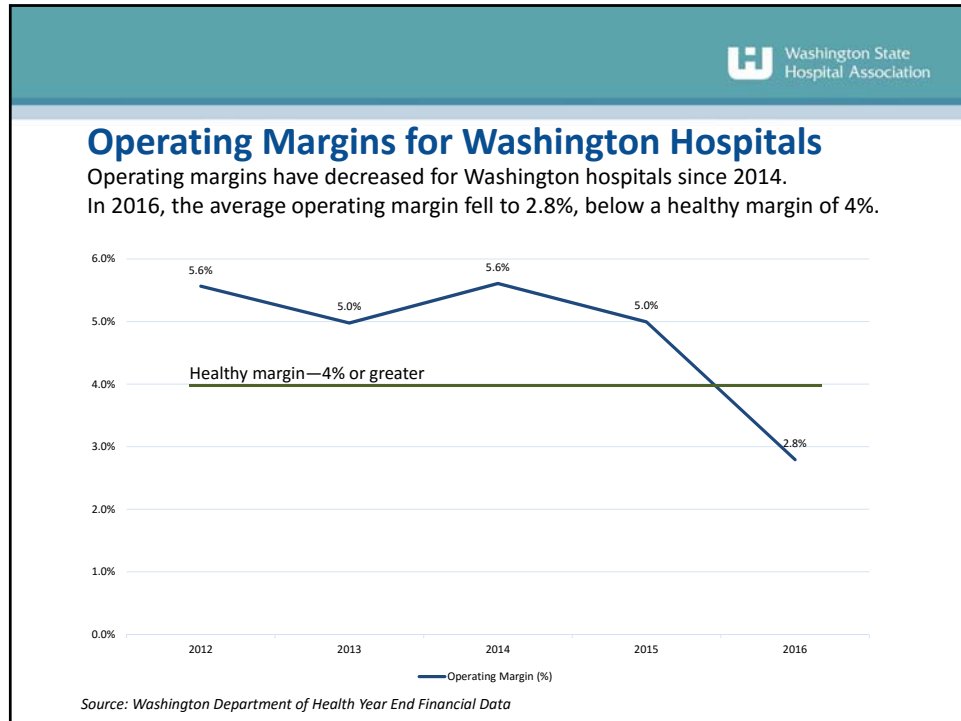


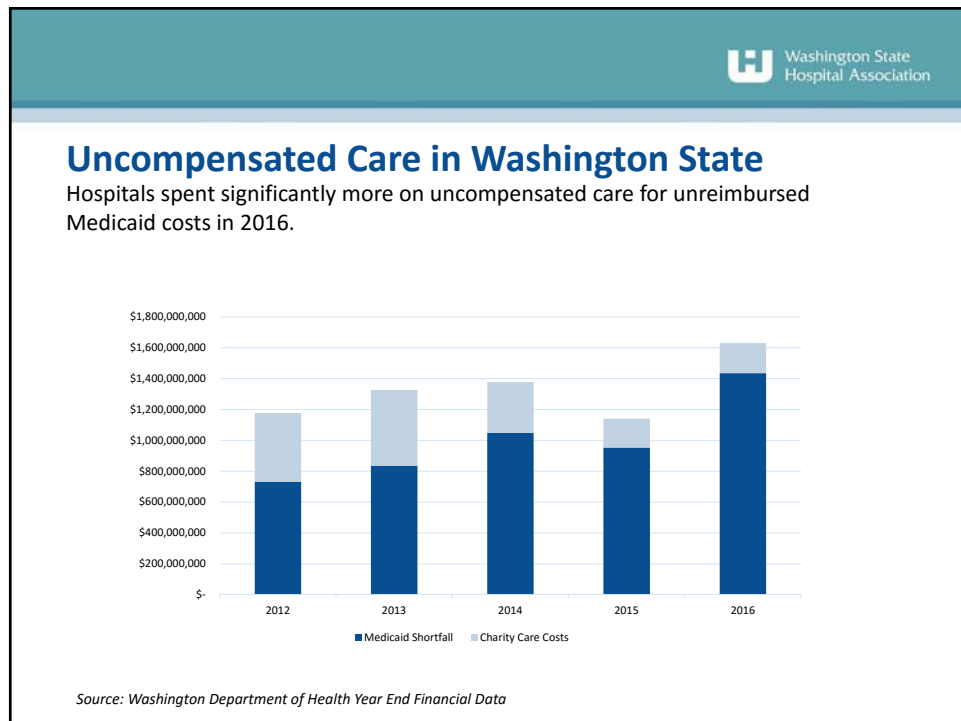
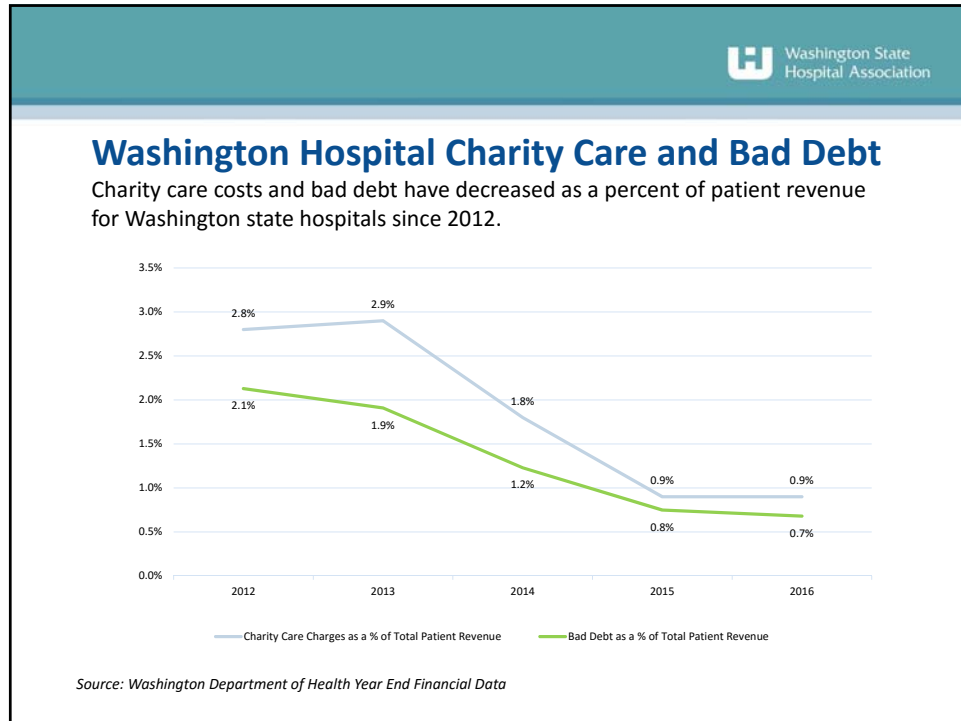


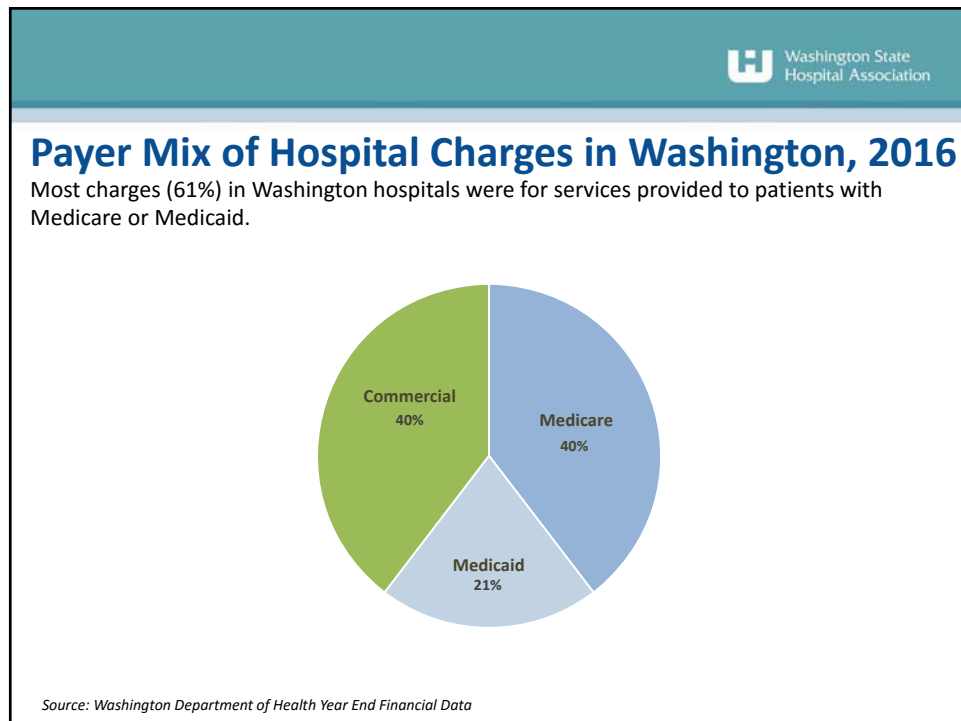
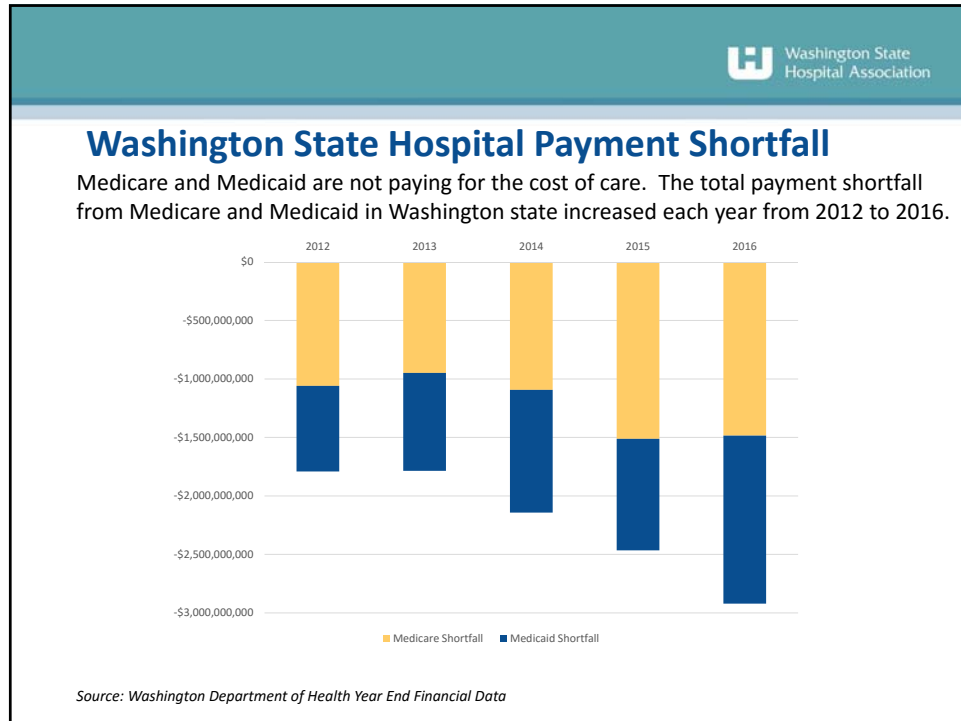


Hospital and Health Care Financial Trends

 Washington State Hospital Association

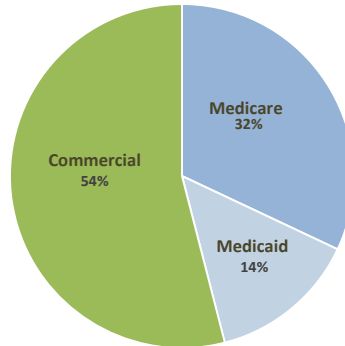






Payer Mix of Net Revenue in Washington, 2016

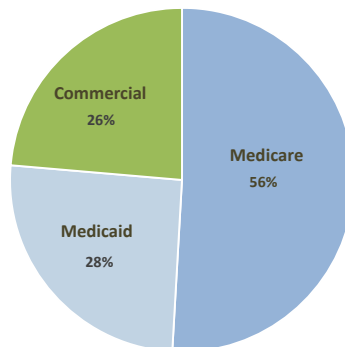
Nearly half (46%) of net patient revenue in Washington hospitals comes from Medicare or Medicaid, but far less than the share of charges.



Source: Washington Department of Health Year End Financial Data

Jefferson Payer Mix of Hospital Charges, 2016

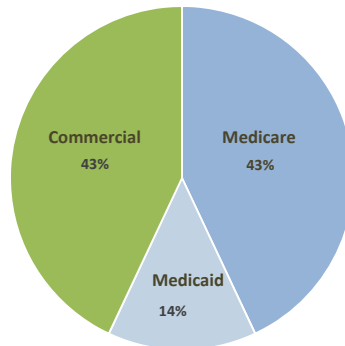
In 2016, 74% of charges at Jefferson Healthcare were for services provided to patients with Medicare or Medicaid (vs 61% statewide).



Source: Washington Department of Health Year End Financial Data

Jefferson Payer Mix of Net Revenue, 2016

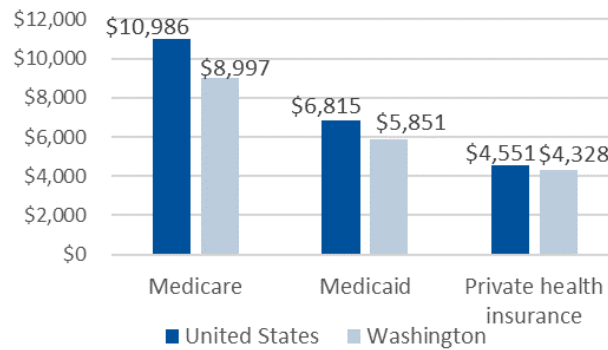
In 2016, 57% of net patient revenue at Jefferson Healthcare came from Medicare or Medicaid.



Source: Washington Department of Health Year End Financial Data

Health Spending per Capita by Payer, 2014

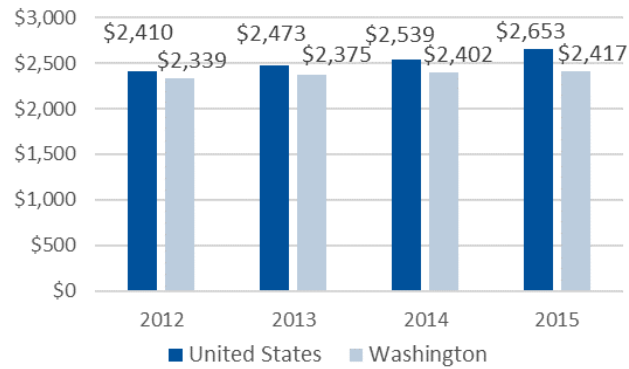
Health care spending is less in Washington State than the nation – for all payers, Medicare, Medicaid and private insurers.



Source: Kaiser Family Foundation

Average per Capita Hospital Spending

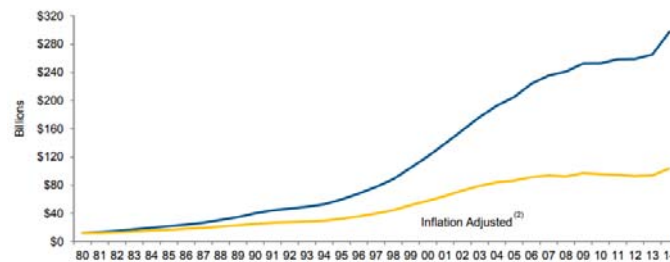
Per capita hospital spending was lower in Washington than the national average from 2012 to 2015.



Source: Center for Medicare and Medicaid Services Cost Reports, U.S. Census Bureau

Total Prescription Drug Spending, 1980-2014

National health care expenditures have steadily increased in both real and nominal dollars since 1980, with spending increasing more quickly since 2013.



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December 3, 2015.
⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.
⁽²⁾ Expressed in 1980 dollars, adjusted using the overall Consumer Price Index for All Urban Consumers.

The Political Climate & Context



21



Federal Politics – Washington Out of Favor

Environment | Local News | Local Politics

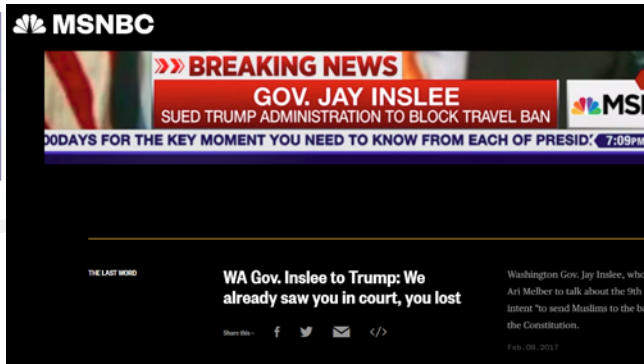
AG Bob Ferguson sues over EPA ozone rule, his 18th suit against the Trump administration

(Originally published December 8, 2017 at 2:45 pm | Updated December 8, 2017 at 8:45 am)

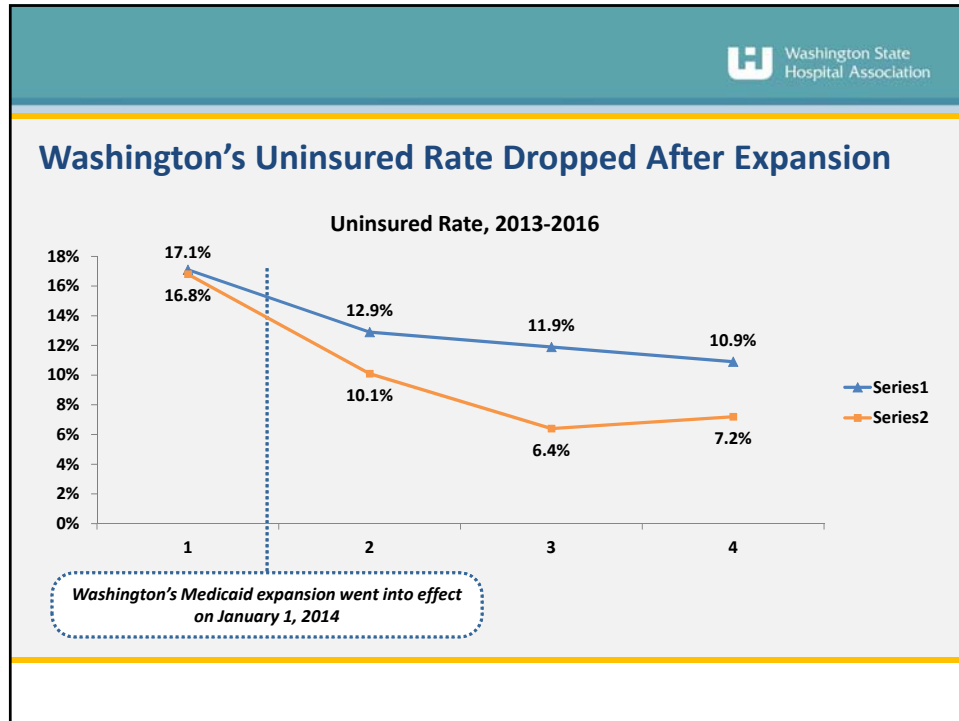


Washington Attorney General Bob Ferguson. (AP Photo/Chris Wedel)

Washington Attorney General Bob Ferguson filed a lawsuit alleging the



22



If You Can't Pass Legislation to Kill the Affordable Care Act . . .

You can starve it administratively

- Cut to outreach funding of ____% (guess)
 - Discussion: What are you doing about this?
- Destabilize the Exchange market
- Don't fund the Cost Sharing Reductions
- Many places with Secretary discretion

Leadership

- Governor Jay Inslee (D)
 - Easily re-elected to second term
 - Candidacies underway
- House Speaker Frank Chopp (D)
 - Maintains narrow majority
 - Rep. Eileen Cody (D) continues as chair of House Health Care
 - Rep. Tim Ormsby (D) new chair of House Appropriations
- Senate Majority Leader Sharon Nelson (D) - retiring
 - New narrow majority
 - Sen. Annette Cleveland (D) new chair of Senate Health and Long Term Care
 - Sen. Christine Rolfes (D) new chair of Senate Ways and Means



26

2018 Legislative Priorities

www.wsha.org/policy-advocacy/state-legislative-agenda/

1. Ensure that hospitals can be stable institutions in their communities, long into the future.
2. Within a safety-focused regulatory environment, maintain the flexibility to respond to changing needs and opportunities to improve care.
3. Make it easier to meet patient needs in lower-cost and non-hospital settings.
4. Advocate for patients and hospital employees.

27

2018 Session Policy Successes

- Charity care
- Opioids
- Body-worn cameras in hospitals
- Pilot for telemedicine parity
- Service animals
- Study on sexual assault nurse examiners
- Individual market coverage

28

Issues We Successfully Opposed or Negotiated

- Nurse meals and breaks/pre-scheduled on-call
- Mergers and affiliations
- Wrongful death
- Balance billing
- Noncompete agreements
- Limiting a health care entity's ability to manage and standardize care

29

2018 Supplemental Budget Highlights

Issue	Final Budget
Opioids	\$4.4 million state/\$16.5 million total funds
Medicaid physician pediatric primary care rate increase (does not apply to RHCs or FQHCs)	\$5.8 million state/\$13.8 million total funds
State psychiatric hospitals	\$105.5 million state funds
Community mental health <ul style="list-style-type: none"> • BHO rate increase • Children's long term beds • IMD backfill • Crisis reserves • Partial hospitalization programs 	<ul style="list-style-type: none"> • \$23 million state/\$69.3 total funds • \$2 million state/\$4 million total funds • \$3.3 million state funds • \$14.5 million state funds • Not funded
Restores unrealized savings from Healthier WA	\$30.2 million/\$67.7 total funds
Restores unrealized savings preferred drug list	\$11.5 million state/\$39 million total funds
WHRAP and rural transformation study	Transferred funds/study for all rural hospitals

WSHA budget chart: http://www.wsha.org/wp-content/uploads/2018-Final-supplemental-budget-CHART_3.7.2018.pdf

30

Possible Legislative Priorities for 2019

- Many issues will be returning from 2018, in addition:
 - Community Safety
 - Rural transformation
- WSHA Public Policy Committee has set the direction for major budget issues:
 - Difficult to discharge patients
 - Work force
 - Outpatient Medicaid rates
 - Partial hospitalization: mental health

31

Advocacy: Telling the Hospital Story

Advocate

- Meet with your local legislators and share your story and priorities
- Testify on bills that matter to you
- Call/write/email your elected officials


Communicate

- Share WSHA priorities with your exec team and board
- Talk about these priorities in your community

Donate

- Promote the importance of WHPAC

32



WHPAC 2018



**Building Bipartisan Relationships
Unifying Hospitals' Political Voice
Electing Champions for Health Care**

www.wshaweb.com/whpac



Events and Education

- CEO/Medical Officer Summit – January
- CEO/Trustee Patient Safety Summit – May 1 & 2
- WSHA Delegation to AHA Annual Meeting - May
- Rural Hospital Workshop, Chelan – June 24-27
- Rural Advocacy Days – September
- WSHA Annual Membership Meeting – October 11
- Governance Education Day – October 12
- Safe Table Learning Collaboratives – ongoing
- Newsletters, Publications, Webcasts – ongoing



Thank you for your leadership! Questions?



Finance Report

March 2018

Date	April 25, 2018
Name	Hilary Whittington
Title	Chief Administrative Officer / Chief Financial Officer

March 2018

Education – Contractual adjustments

Collections are a percentage of billed charges; estimates are complex

When a patient visit is recorded

Recognize revenue

Recognize A/R

At month end

Estimate contractual adjustments on new revenue

Analyze allowances already recorded, adjust up or down

When payment is received

Reduce A/R

Account for "actual" contractual adjustment

Payor	IP contractual adjustments %	OP contractual adjustments %
Medicare	46.31%	58.3%
Medicaid	54.38%	67.03%
Insurance	28.55%	28.55%
Self Pay	95.0%	95.0%

Medicare and Medicaid estimates are based on expected cost to charge ratios; these fluctuate with changes in volumes/% of total revenue per department and cost structure.

1% increase for Medicare = \$1,390,000 in adjustments; these calculations are sensitive.

Between November and March, our estimates veered low and it's the right thing to correct them to more accurately state our balance sheet. -\$371,000 impact to March.

March 2018

Operating Statistics

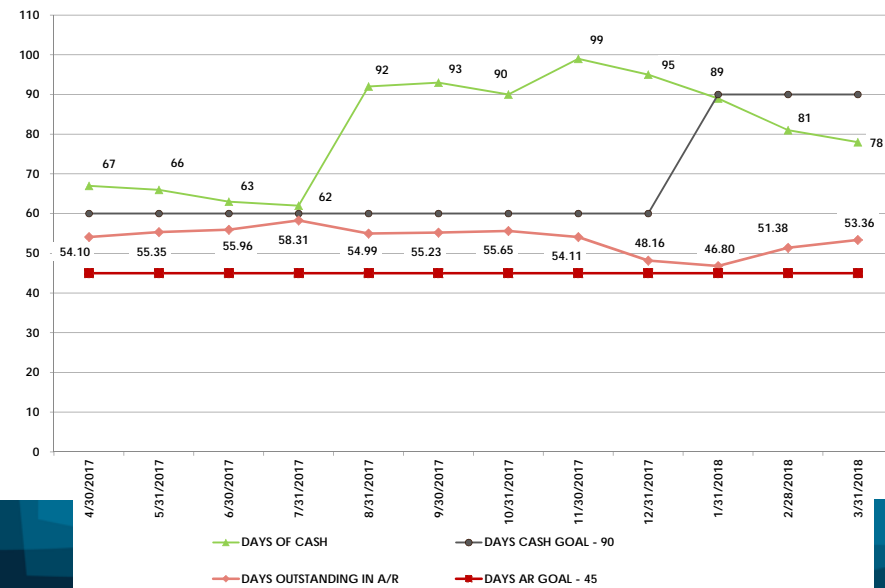
STATISTIC DESCRIPTION	MARCH ACTUAL	MARCH BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE
FTEs - TOTAL (AVG)	553	585	5%	545	585	7%
ADJUSTED PATIENT DAYS	2,174	2,172	0%	6,283	6,305	0%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	89	97	-8%	279	283	-1%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	345	362	-5%	1,117	1,052	6%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	444	475	-7%	1,428	1,383	3%
SURGERY CASES (IN OR)	106	102	4%	296	297	0%
SPECIAL PROCEDURE CASES	70	102	-31%	200	297	-33%
LAB BILLABLE TESTS	19,448	19,121	2%	55,633	55,514	0%
TOTAL DIAGNOSTIC IMAGING TESTS	2,714	3,044	-11%	7,767	8,837	-12%
MEDS DISPENSED	24,311	23,766	2%	73,114	68,997	6%
RESPIRATORY THERAPY PROCEDURES	3,530	3,769	-6%	10,903	10,942	0%
REHAB/PT/OT/ST RVUs	8,248	7,078	17%	26,745	20,547	30%
ER CENSUS	1,104	1,132	-2%	3,144	3,286	-4%
TOTAL RURAL HEALTH CLINIC VISITS	5,967	7,291	-18%	16,813	21,166	-21%
TOTAL SPECIALTY CLINIC VISITS	3,172	3,454	-8%	9,142	10,022	-9%
HOME HEALTH EPISODES	61	68	-10%	189	198	-5%
HOSPICE CENSUS/DAYS	1,010	894	13%	3,172	2,595	22%

March 2018 Income Statement Summary



	March 2018 Actual	March 2018 Budget	Variance Favorable/ (Unfavorable)	%	March 2018 YTD	March 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	March 2017 YTD
Operating Revenue									
Gross Patient Service Revenue	20,080,893	20,270,747	(189,854)	-1%	57,642,271	58,850,551	(1,208,280)	-2%	51,251,886
Revenue Adjustments	11,296,308	11,000,435	(295,873)	-3%	31,346,703	31,936,743	590,040	2%	28,079,201
Charity Care Adjustments	230,136	124,980	(105,156)	-84%	672,566	362,845	(309,721)	-85%	230,126
Net Patient Service Revenue	8,554,449	9,145,333	(590,883)	-6%	25,623,002	26,550,963	(927,961)	-3%	22,942,559
Other Revenue	423,355	423,423	(67)	0%	1,170,901	1,229,291	(58,390)	-5%	1,053,102
Total Operating Revenue	8,977,805	9,568,755	(590,951)	-6%	26,793,903	27,780,254	(986,351)	-4%	23,995,661
Operating Expenses									
Salaries And Wages	4,646,032	4,802,949	156,917	3%	13,530,376	13,944,045	413,669	3%	11,803,062
Employee Benefits	1,117,687	1,209,927	92,240	8%	3,262,834	3,512,692	249,857	7%	3,019,203
Other Expenses	3,632,964	3,382,817	(250,147)	-7%	10,245,406	9,821,080	(424,327)	-4%	8,946,764
Total Operating Expenses	9,396,683	9,395,693	(990)	0%	27,038,617	27,277,817	239,199	1%	23,769,029
Operating Income (Loss)	(418,879)	173,062	(591,940)	-342%	(244,714)	502,437	(747,151)	-149%	226,632
Total Non Operating Revenues (Expenses)	2,428	(29,881)	32,308	108%	(51,336)	(86,751)	35,415	41%	293,608
Change in Net Position (Loss)	(416,451)	143,181	(559,632)	-391%	(296,050)	415,687	(711,737)	-171%	520,241

March 2018 Cash and Accounts Receivable



March 2018

Board Financial Report

Dept.	Department Description	Rev/Exp	Account	Account Description	March Actual	March Budget	March Variance	2018 to Date Actual	2018 to Date Budget	2018 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	4,763.00	4,647.00	(116.00)	13,896.00	13,493.00	(403.00)
			602300	CONSULT MNGMT FEE	5,296.00	-	(5,296.00)	8,388.00	-	(8,388.00)
			602500	AUDIT FEES	15,000.00	3,397.00	(11,603.00)	19,838.00	9,863.00	(9,975.00)
			604200	CATERING	236.00	165.00	(71.00)	376.00	478.00	102.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	-	72.00	72.00
			604800	MINOR EQUIPMENT	-	-	-	591.00	-	(591.00)
			604850	COMPUTER EQUIPMENT	-	82.00	82.00	-	239.00	239.00
			606500	OTHER PURCHASED SERVICES	(250.00)	849.00	1,099.00	(250.00)	2,466.00	2,716.00
			609400	TRAVEL/MEETINGS/TRAINING	1,531.00	1,699.00	168.00	2,659.00	4,932.00	2,273.00
		Exp Total			26,576.00	10,864.00	(15,712.00)	45,498.00	31,543.00	(13,955.00)
	BOARD Total				26,576.00	10,864.00	(15,712.00)	45,498.00	31,543.00	(13,955.00)

April 2018

Preview — (*as of 11:59pm 04/24/18)

- **\$17,854,200 in HB charges**
 - Average: \$616,232/day (HB only)
 - Budget: \$642,350/day
- **\$7,746,300 in HB cash collections**
 - Average: \$238,331/day (HB only)
 - Goal: \$289,057/day
- **51.9 Days in A/R**
- **Questions**

2017 Critical Access Hospital Report

Jefferson Healthcare
Prepared for the Board of Commissioners
April 25, 2018

Jefferson
Healthcare

live here. thrive here.

Critical Access Report and Assessment 2017

Introduction and Service Updates

Utilization of Services

Clinical Records Sample

Policies and Procedures

Performance Improvement

Jefferson
Healthcare

live here. thrive here.

New and Enhanced Services Added in 2017

NEW SERVICES

Jefferson
Healthcare

live here. thrive here.

New Services and Updates

- Health Equity Committee created
 - Enhancing visibility, compassion and access to care for our LGBTQ community
- Mindfulness Stress Reduction Programs
 - Two for our community
 - One for our staff
 - One Leadership specific
- PFAC expansion
 - Recruited and expanded the Patient and Family Advisory Council
- FBC Projects
 - Medication Room
 - Panda Warmer
 - PPH Process Improvements
 - Birth Celebration Dinner
 - Staff Education System
- Orthopedics
 - Physiatrist Added
- Primary Care
 - 3 New Providers
 - 6 New Locums Providers

Jefferson
Healthcare

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New Services and Updates

- Diagnostic Imaging
 - Cardiac Myocardial Perfusion Imaging
 - Lung Cancer Screening in Computed Tomography
 - Nuclear Cardiology Stress Testing
 - Echocardiogram with Contrast
- Primary Care
 - Sphenocatheter
- Pediatric Reading Program
- Rehab Therapy
 - Pelvic Health
 - Adult focused speech/swallowing
- Women's Clinic
- Dermatology
- New Port Ludlow Clinic Grand Opening
- Sleep Medicine Expansion
- Palliative Care Pilot Program
- Lab: Testing for Rubella, mumps, varicella and measles, NAAT GI Panel

2017 Medical Staff

Welcome to...

- Dermatology
 - Leah Layman, ARNP
 - Claire Haycox, MD
- Diagnostic Radiology
 - Philip Kesava, MD
 - Jacob Harris, MD
 - John Rago, MD
 - Timothy Neher, MD
 - Julie Lee, MD
- Emergency Medicine
 - Beverly Harn, MD
- Family Medicine
 - Heather Sullivan, ARNP
 - Chrystal Schwartz, DO
 - Charlene Hallowell, PA-C
 - 6 Locums
- General Surgery
 - David Schwartz, DO
- Hospital Medicine
 - Michael Johns, MD
 - Eric Stirling, MD
- Obstetrics and Gynecology
 - Ann Hoffman, DO
- Pathology
 - Kiran Chaturvedi, MD
- Radiation Oncology
 - Richard Foxlee, MD
- Wound Care
 - Marta Krissovitch, AGPCNP
- Tele Neurology
 - 4 New providers
- Tele Psychiatry
 - 19 New Providers
- Tele Radiology
 - 8 New providers

Resignations:

- Kristy Asbell, PA-C
- Donald George, MD
- Mary McCormick, PA-C
- Deborah Nighswonger, ARNP
- John Osland, MD
- Eric Panzer, MD
- Catherine Parkman, MD
- 35 Contracted Providers

UTILIZATION OF SERVICES



Acute, Swing Bed, and Observation



Departments and Services

- Departments and Services
- 2017 Annual Volumes



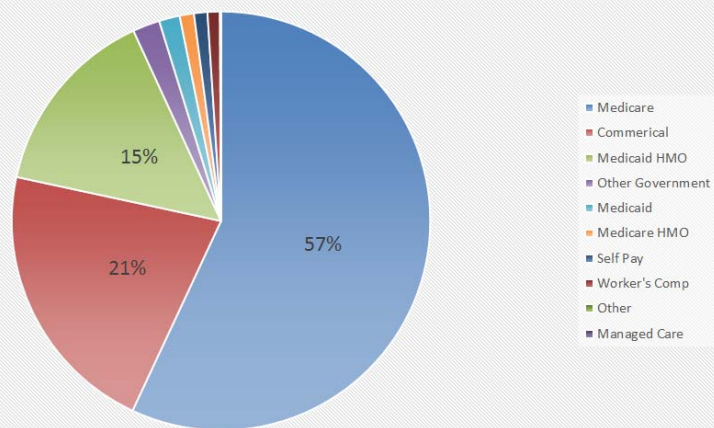
Transfers

- Transfer Statistics
- Top Transfer Diagnoses

Jefferson
Healthcare

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2017 Payor Mix



Jefferson
Healthcare

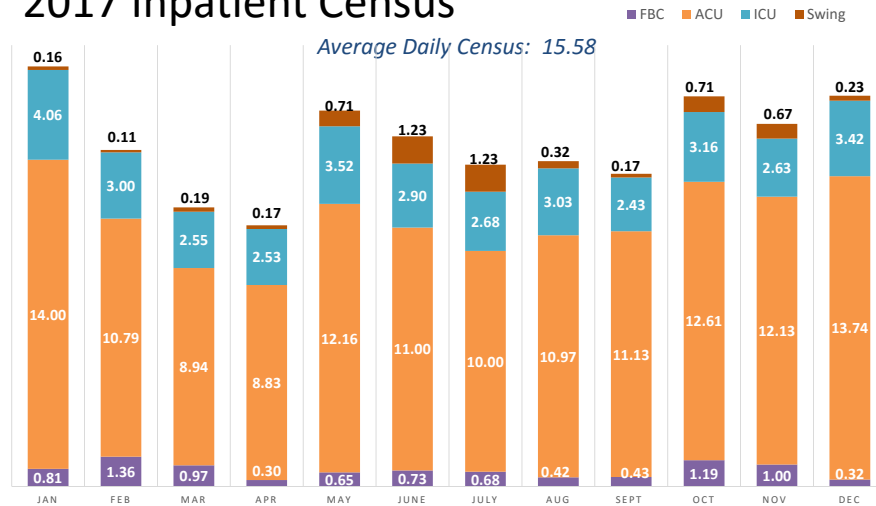
live here. thrive here.

2017 Utilization of Services

- Outpatient
 - 9785 Home Health Visits
 - 4189 Hospice Admissions
- Observation
 - 323 Observation Days
- Inpatient Hospice
 - 106 Patient Days
 - Average LOS 5.3 days
- Pharmacy
 - 143,882 Doses Dispensed
- Swing Bed
 - 175 Swing Bed Days

Average IP Length of Stay
67.89 hours

2017 Inpatient Census



25 beds were not exceeded in 2017

Departments and Services

Department		2013	2014	2015	2016	2017
Emergency Department Visits		8,652	9,244	10,444	11,657	12,789
Family Birthing Center Births		112	107	125	99	115
Acute Care Unit Patient Days		3,318	2,646	3,847	3,622	4,415
Intensive Care Unit Patient Days		815	776	541	611	838
Operating Room Cases		1,079	1,865	1,040	807	1,140
Outpatient Testing	Diagnostic Imaging	24, 457	22,874	23,164	24,200	29,603
	Laboratory	178,436	185,784	175,333	186,584	204,659
OP Rehab Visits		29,790	34,950	15,500	13,217	24,600
Rural Health Clinic Visits		51,767	57,264	58,869	56,005	61,832
Specialty Clinics			26,093	31,162	32,934	44,561

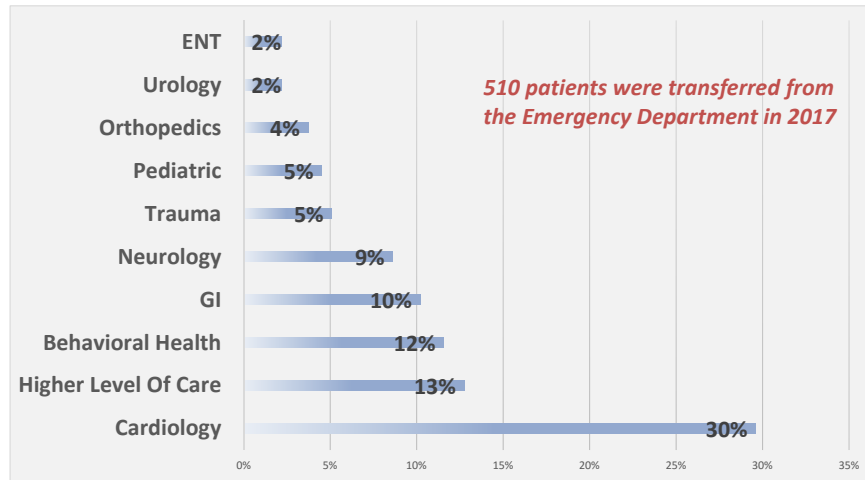


Emergency Department

Disposition	Visits	Percentage of Total Visits
Admitted Inpatient	1486	11.51%
Held for OP/Observation	358	2.77%
Left Against Medical Advice	43	0.33%
Left Without Being Seen	331	2.56%
Transfer	510	3.95%

*12,909 Patients were seen in the Emergency Department in 2017
21.13% were kept for observation, admitted, or transferred*

Top Ten Reasons for Transfer



Medical Records, Policies, and Procedures

§485.641(a)(1)(ii) A representative sample of both active and closed clinical records

RECORD REVIEW

Medical Record Review

Record Review:

- Does the patient meet the criteria for the services being provided?
- Is the written communication clear between team members?
- Are we meeting Regulatory Requirements?
- Is the record complete?
- Does the documentation support the coding and billing?
- Did we provide evidence based medicine to the best of our ability?
- Was the standard of care met?
- Were there opportunities for improvement?

Record Review Completed:

Critical Access Hospitals are required to review 10% of their records for quality, appropriateness of services, and compliance

- *Jefferson Healthcare Exceeded this goal in 2017*
 - Quality Review
 - Risk Management Review
 - Utilization Review
 - Infection Control
 - Medical Staff Review
 - Compliance Review

Quality & Appropriateness of Care

Process used to evaluate the quality and appropriateness of care furnished by providers:

- **Case Management Review:**
 - Case Management reviews all inpatient, observation, and swing bed records for quality and appropriateness of care
- **Quality and Safety Teams:**
 - Stroke and Cardiac Quality Teams
 - Patient Safety Committee
 - Emergency Department Operations Team
 - Code Blue Committee
 - Alarm Safety
 - Ventilator Safety
 - Department Quality Reporting
 - Surgical Quality Committee
 - Antimicrobial Stewardship Team
- **Medical Executive Committee:**
 - Department meetings and case review
 - Professional Practice Excellence Committee
 - External Peer Review

The Executive Quality Council provides oversight for the quality and safety of services provided at Jefferson Healthcare





Policies and Procedures

2017 Summary

- 113 New policies created and approved
- Total active policies: 1,711
- **All policies and procedures are to be reviewed and updated annually**
 - Compliance: 99.7%



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2017 Medical Staff Updates

- Credentialing and Privileging
 - Total New Providers (includes telemedicine): 66
 - Total AHP on staff: 31
 - Total providers on staff: **243**
- Policies
 - Review of 23 medical staff policies
 - Creation of 1 new policy
 - Revision of 2 policies



Leadership Development

- Spring 2017 Retreat
 - SWOT Analysis
 - PI Plans
 - Strategic Plan Staff and Leader Input
- Fall 2017 Retreat
 - Breakdown of Strategic Plan
 - Communication Techniques
 - Engaging employees in the Strategic Plan

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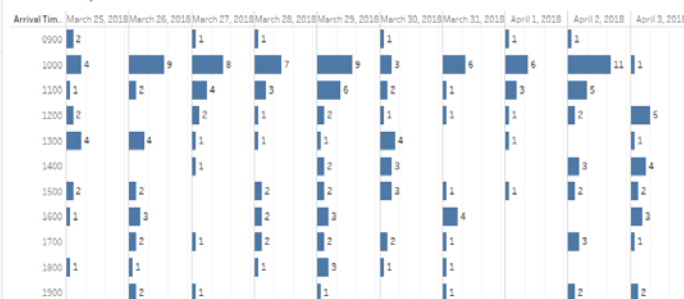
New Data Process

A new data analysis tool was introduced:

- that allows better control of outbound flow of data to leadership
- Fast adjustments and updates
- Simple and easy to read
- Daily updates versus waiting for the end of the month
- Frees up leaders time from running complex reports that could take over an hour to run in Epic.
- Fully interactive dashboards

Express Clinic 2

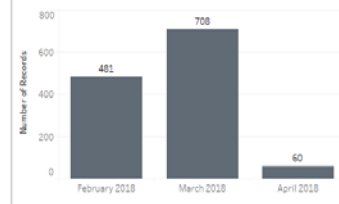
EC Arrival by Hour



EC Visits by Provider - Daily

Last ED Provider	March 25, 2018	March 26, 2018	March 27, 2018	March 28, 2018	March 29, 2018	March 30, 2018	March 31, 2018	April 1, 2018	April 2, 2018	April 3, 2018
Null			1	8						
GRACE, A	17		19	31			29	19		
MULLEN, K	25	19		12	13					
SPEED, J				16						

Express Clinic Total Activity



Noteworthy 2017 PI Projects

- Surgery: Block Utilization Committee
 - Improvements in Turn Around Time
 - Block utilization adjustments based on data
- FBC Medication Room
 - Completed 3 year request for old Tub Room enhancements by converting into a Medication Room
 - Panda Warmer training and implementation
 - Staff Education System
- Clinics Call Center
 - New phased approach including changing call workflows, adjusting existing personnel, and hiring 3 new Call Center employees (Started April 2017)
- Wound Clinic Work Flow
 - Improvements in scheduling and nurse workflow
- Port Ludlow Organization
 - Created a centralized supply room to reduce supply order waste
 - Created standardized patient room set up
- Acute Care: Surge Plan

PI/Strategic Plan Highlight: JHSA

Charge Capture Improvements	
Baseline	Stretch Goals
No patient tracking method	✓ Develop tracking method for patient's not following through with colonoscopy
Missing revenue from no charge screening colon consults	✓ Ensuring charges are entered
2016 Revenue – \$27,814	✓ 2017 Revenue - \$42,997 55% IMPROVEMENT

Improving Rooming Efficiency Colon / EGD Consults

Baseline	Stretch Goals
Provider running behind schedule – 40 - 60 Minutes	✓ Reduce visits by 5 minutes Eliminate redundancies
Patient wait times	✓ Keep provider on time for every visit
Provider and staff dissatisfaction	✓ Scheduled and on time breaks
	Increase visits per day by 2 Currently at 1 extra

PI/Strategic Plan Highlight: JHSA

Increase Utilization of Part Time Surgeons				
Goal	Baseline	Stretch Goals	Month	Performance
Improved access to surgery center for endoscopy procedures	55.4 procedures per month (2017)	65 procedures per month (2018 goal)	January	79
• Added 3 endoscopy procedures per week			February	67
			March	78

A Healthier Community

- Rhody Parade
- Kids Sprint
- Jefferson Healthcare Rhody Run
- Race to Alaska Ruckus
- Wooden Boat Festival
- Jefferson County Farmer's Market
- All County Picnic - Kickoff to our 5210 initiative
- Girls Night Out
- Relay for Life
- Pride Day Parade
- And Many More...



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2017 Accomplishments

Washington State Medical Association
Physician Driven
Patient Focused

William O. Robertson, MD
Patient Safety Award

10Health
Antimicrobial Stewardship
Honor Roll

Commission on Cancer®
ACCREDITED PROGRAM



Get with the Guidelines: Gold Award
for Stroke



CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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Administrative Report

April 25, 2018

Mike Glenn, CEO

Community Health Improvement Plan

Leadership:

John Nowak, Jefferson Healthcare
Lori Fleming, Jefferson County Public Health

Meeting Activity:

<u>Committee</u>	<u>Next Meeting</u>	<u>Lead</u>
Chronic Disease	May 8	Vicki Kirkpatrick
Mental Health & Chemical Dependency	May 10	Dunia Faulx
Immunizations	May 17	Molly Parker, MD, Lisa
McKenzie		
Access to Care	April 25	Jenn Wharton
Brinnon Community	May 10	John Nowak

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

2018 Results

Jefferson County

Health Outcomes

5th in State

Health Factors

9th in State

<http://www.countyhealthrankings.org/app/washington/2018/rankings/jefferson/county/outcomes/overall/snapshot>

Healthiest Communities

HEALTHIEST COMMUNITIES

The Healthiest Communities Honor Roll

U.S. News shines a spotlight on 36 top-performing communities across the country.

By Denise McPhillips Data Editor March 29, 2018 at 12:01 a.m.

<https://www.usnews.com/news/healthiest-communities/articles/honor-roll>

ESSB Shell Space Project

Goal of Project: Provide adequate space for our Cardiology and Dermatology clinics.

- Convert the 3rd floor, north end corridor to an expanded dermatology clinic.
- Allocate entire 2nd floor, north end corridor to expanding cardiology clinic.
- Convert Sheridan side “ bubble” space to stress echo and additional provider office space.
- Project is included in the 2018 capital budget.
- Motion to authorize administration to go to bid for ESSB Cardiology and Dermatology project for a not to exceed construction price of \$1.2 million.

Upcoming Events

- | | | |
|--------------|---|---------------------------|
| • April 26 | • Provider Engagement Dinner
• Dr. Wendy Swanson, Chief of Digital Innovation, Seattle Children's Hospital | Finn River |
| • April 30 | • Board/ CEO Patient Safety Summit | Crown Plaza SeaTac |
| • May 4 | • Honoring Merrily Mount! | Quilcene Community Center |
| • May 9 | • Hospital Week BBQ | Hospital Garden Row Café |
| • May 19 | • Rhody Parade | Uptown |
| • June 25-28 | • Rural Hospital Leadership Conference
• Meeting w/ Olympic Medical Center and Forks General Hospital? | Chelan, WA |

Questions