
Educational Session Agenda
Wednesday, May 3, 2017

<u>Call to Order:</u>	3:30
<u>Approve Agenda:</u>	3:35
<u>Patient Story:</u> Jackie Mossakowski	3:40
<u>Minutes:</u> Action Requested	3:50
• April 13 Special Session Minutes (pg. 2-8)	
• April 17 Special Session Minutes (pg. 9-13)	
• April 18 Special Session Minutes (pg. 14-23)	
• April 19 Regular Session Minutes (pg. 24-26)	
<u>Update on the Medical Mal Practice Insurance Marketplace:</u>	4:00
• Jim Chesemore, Principal, Chief Operating Officer, Parker Smith & Feek	
<u>Board Reports:</u>	4:45
<u>Conclude:</u>	5:00

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, Special Session Minutes
Community Forum
Thursday, April 13, 2017
Quilcene Community Center
294952 Hwy 101, Quilcene, WA 98376**

Commissioner Buhler called the meeting to order at 6:02 pm Commissioners Buhler, De Leo, Kolff, and Ready were present. Also present was Katie Holmes, facilitator, Lisa Holt, CAO, and Alyssa Rodrigues, Administrative Assistant. Commissioner Dressler was excused.

Community Forum:

The purpose of this special session is to hold a community forum at Quilcene Community Center, 294952 Hwy 101, Quilcene, WA 98376 on the Jefferson Healthcare 2017-2020 Strategic Plan.

Commissioner Buhler and Katie Holmes gave an introduction to the meeting. Introductions were made from Commissioners.

Katie Holmes explained the 2017-2020 Strategic Plan and displayed the high level goals the board has brainstormed already for People, Service, Quality and Safety, Growth and Innovation, and Sustainability. She explained how the forum will be used to allow the public to give their thoughts and comments about what they want or don't want to see for Jefferson Healthcare in the next three years. She explained how all comments were welcomed.

Public Comment:

The public commented on having a bigger clinic that will serve the growing public. Urgent Care and expanded services to Primary Care and closer pharmacy access.

The public commented that Jefferson Healthcare to fund exercise classes in Quilcene. Jefferson Healthcare to collaborate with local Quilcene groups.

The public commented on having more access to senior care in Quilcene. Jefferson Healthcare to partner with other groups to provide more social opportunities for seniors with limited ability to get to Port Townsend.

The public commented that Jefferson Healthcare should provide assisted living along the canal in order to keep families closer together and have job growth opportunities.

The public commented on the need for Aging in Place and Aging Mastery classes in Quilcene.

The public commented on the need for more home care givers in Quilcene.

The public commented on having more emphasis on the young Quilcene generation and providing education for health careers to result in employment opportunities. The need to work closer with the school district.

Merrily Mount announced there will be a career night with orthopedic surgeons and all levels of employees from Jefferson Healthcare coming up.

The public commented on the need for more scholarships in the area, more job shadowing, organized programs, and outreach from Jefferson Healthcare for employment opportunities.

The public commented on the expansion in Brinnon and Quilcene.

The public commented on telecommunication with pharmacy, having a pharmacy tech available in South County.

The public commented on access to urgent care across the board. It's hard to get an appointment at Family Practice clinics and when you arrive they do not seem busy.

Merrily Mount- Explained the old process for transporting medication years ago.

The public asked what the hospital plans to build in Quilcene.

Katie Holmes explained how it sounds like Quilcene is an older community and is need of Aging in place and basic healthcare services, this is when leadership will sit down with their resources and decide how it fits into the three year strategic plan. She explained the first draft will be finished in June and the final draft will be finished the beginning of July.

The public commented on the importance of having a satellite provider as a result of the Discovery Behavioral Health affiliation in Quilcene at least once a week in the South County Medical Clinic.

Merrily Mount clarified that Mark Cherniak, MSW and Dr. Ehrlich do routinely visit South County Medical Clinic.

The public commented on the importance of succession planning as a result of Dr. Mount's retirement someday.

The public questioned where the money is coming from and how much will Jefferson Healthcare allow to be used in Quilcene growth.

Katie Holmes explained that this is the conversation the Commissioners and leadership will have.

Commissioner Buhler clarified a rumor that happened in years past regarding the closure of South County Medical Clinic. She confirmed this was just a rumor and from this developed the Citizens Advisory Committee. She mentioned that maybe it would be a good thing to start this committee again and if the community was interested to let her know.

The public commented on the need for services and growth in Quilcene. Although the town doesn't look populated there are a lot of new residents that live off the main road.

The public commented if the resort in Brinnon will be built that will have a huge impact on the communities need for growth.

Merrily Mount announced South County Medical Clinic had 19 new patients in the last month.

The public questioned if Medical Doctors have information or research to what the causes of deaths may be.

Commissioner Kolff asked if this member of the public suspected there to be an issue the Medical Doctors should be aware of as far as to why people were passing away.

The public commented about the hospital and its affiliation with Swedish and explained how nice it is to have the connection to make a smooth transition.

The public commented on how sustainability costs money and questioned how all of these ideas will be funded.

Katie Holmes explained that this is why Jefferson Healthcare is getting this important feedback to identify what can be addressed now and what needs to be placed on the strategic plan for a look in the future.

The public commented on the need to spread the word about airlift insurance and how important and inexpensive it is.

The public asked the question of what kinds of hoops did Port Ludlow have to jump through to get their new clinic.

Commissioner Buhler explained the long two year process of getting the Port Ludlow Clinic and all of the community support they had to have. She explained how important it is to have a clinic in Port Ludlow so community members don't drive across the bridge for access to healthcare and shopping.

Commissioner De Leo explained that in Port Ludlow there is aging in place and it is a lot of peoples dream to live in Port Ludlow.

The public commented on how isolated it is in Quilcene and how much more isolated it is in Brinnon and the large need for access to care. The Brinnon community wouldn't go south if there was more to offer in Quilcene.

Merrily Mount announced that half of the new patients from last month were residents of Brinnon.

Commissioner Kolff asked if there was a way to track how many patients come from Brinnon versus Quilcene.

The public commented on the potential growth in Brinnon in regards to the Master planned community in the works.

The public asked if there were any providers that offered home care

Commissioner De Leo confirmed Dr. Mattern provides home care.

The public asked what the data was for how many residents of Brinnon established care at Jefferson Healthcare.

Commissioner Kolff asked if there had been a recent survey for unmet needs in Quilcene in regards to what services are needed and what types of care do residents have to travel for elsewhere.

The public commented if we have higher than average cancer specific locations.

Commissioner Kolff mentioned that these are health department studies. The problem is that there isn't enough data to calculate proper data between towns in Jefferson County. We can get county wide data but not town specific.

The public commented that there is a need for more EMTs and Emergency Medicine training in the community.

Commissioner Kolff questioned how many times in the past year has it been an issue to get emergency services. Would be it be more sufficient to get more EMT's or build an Urgent Care.

The public commented that many residents are hesitant to call 911 because of the charge associated with the transfer.

The public commented that if you go to the Emergency Room there is always someone there if you go to the Fire Station there may not be someone available.

Commissioner De Leo explained the importance of always making sure you call 911.

Merrily Mount explained that in the past 21 years it has never failed, when she calls 911 from the clinic there is always someone there within two minutes.

The public commented that there is a need for community education in regards to calling 911.

The public questioned how many people actually knew what services we offered in South County.

The public commented that there are many ways of advertising, "I Heard of Quilcene", flyers and posters up at the post office, bank, and schools. The question is if Dr. Mount has the ability to accept and increased volume of patients.

Merrily Mount explained that if a patient calls today that patient will be seen within the next 24 hours

The public commented how lucky they were to have Dr. Mount and also the services of Physical Therapy, Exercise for Health, Acupuncture. Etc.

Commissioner Kolff asked if all the services have been written on a brochure.

The public commented yes, but it was short lived.

The public commented that it is a challenge to communicate.

Commissioner De Leo asked if they feel they have good access to internet services.

The public commented that they do, and "I Heard of Quilcene" and "Quilcene Conversations" is a good way of communicating.

The public commented that the newspaper is not as popular.

Commissioner Buhler asked if they receive their "To Your Health" magazine in the mail.

The public commented that they don't read it because it doesn't affect them. The information is not based on what they need.

Commissioner Buhler asked if they are looking for news more specified to their needs.

The public commented that they are not fond of the Jefferson Healthcare ads in the mail.

The public commented that there wasn't enough time to advertise for the Community Forum and they found out about it a couple of days ago.

The public commented that if there had been a couple of weeks of advertising there would have been at least 30-40 people present tonight.

The public commented that they are thankful that Jefferson Healthcare came.

Katie Holmes explained how they will summarize all the input from the different communities and present it at the April 19 board meeting.

The public asked what the amount of the budget was going to be for Quilcene health expansion.

Katie Holmes explained that while the strategic plan is being developed they will be questioning what is needed in Quilcene and how it will be paid for.

The public asked if this was a 20 year plan.

Katie Holmes explained this was three year plan and anything after three years in healthcare is a wash due to changing rules, laws, and regulations.

The public commented that if there are any questions from more Quilcene or Brinnon residents that were unable to attend the meeting tonight, a good way to communicate with the Commissioners is the Commissioner's email at commissioners@jgh.org.

The public commented that it would be better to deemphasize that the community forums are for the Strategic Plan and more that Jefferson Healthcare wants to hear from the community.

The public asked if there will be a forum in Chimacum and that it is a central area that needs to be considered for services.

The public commented that Chimacum does have a pharmacy.

Merrily Mount confirmed that Cascade Valley closed and that the Tri-Area is a growing community.

Commissioner Kolff announced that anyone is welcome to any forum and to take a flyer and try to carpool to other forums.

Commissioner De Leo reminded everyone of the Jefferson healthcare website and using this as a resource for viewing minutes, audio recordings, and upcoming meetings, along with locating the commissioner's email.

The public commented how they were impressed with the work that Dr. Mount and Jefferson Healthcare are doing and the services they are providing.

The public commented about the great service they had at Jefferson Healthcare.

The public commented that they have been invited to be on the CHIP steering committee.

The public commented on the good care received at Jefferson Healthcare and how they would rather go to Jefferson Healthcare than Harrison.

Conclude:

Katie Holmes and Commissioner Buhler concluded by thanking the public for coming tonight and that they learned a lot and have many great ideas and inputs for the plan. They asked the public to please take the carrot cupcakes that Chef Arran Stark had made for them.

Meeting concluded at 7:20 pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

DRAFT

**Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Community Forum
Thursday, April 17, 2017
Port Ludlow Bay Club
120 Spinnaker Pl, Port Ludlow, WA 98365**

Commissioner Buhler called the meeting to order at 5:34pm Commissioners Buhler, De Leo, Kolff, and Ready were present. Also present was Katie Holmes, facilitator, Mike Glenn, CEO, Hilary Whittington, CFO and Alyssa Rodrigues, Administrative Assistant. Commissioner Dressler was excused.

Community Forum:

The purpose of this special session is to hold a community forum at the Port Ludlow Bay Club, 120 Spinnaker Pl, Port Ludlow, WA 98365 on the Jefferson Healthcare 2017-2020 Strategic Plan.

Commissioner Buhler, Mike Glenn, and Katie Holmes gave an introduction to the meeting. Introductions were made from Commissioners and Hilary Whittington, CFO.

Public Comment:

The public commented that as a member of the Patient Family Advisory Council they find out that a lot of the public believes that Providence owns and operates Jefferson Healthcare. Jefferson Healthcare needs to put something in the paper to let the public know that it is still a separate entity.

The public commented that with all the great services offered at Jefferson Healthcare there is no reason we can't get our community to go there. With services like Orthopedics, Cardiology, and Women's Health. There are many services that the public is unaware of.

The public questioned who makes the decision in the case of an emergency whether the patient is sent to Harrison or Jefferson Healthcare. Jefferson Healthcare has a great ER.

Mike Glenn commented that the process is by design and discretion of EMT's.

The public questioned why the process was by design and mentioned the concern of being able to get across the bridge. Why can't the barrier be Port Ludlow instead of 4 corners.

Mike Glenn commented that this was a good question and now that we have more services it may be time to revisit. He mentioned that Jefferson Healthcare and Harrison work closely in regards to Cardiac Services in respect to Orthopedics. Now that we have Ortho Coverage 365 days 24/7 there are more public coming to Jefferson

Healthcare. We are on the EMS council and have been extinguishing rumors and have been reeducating about our services. We are still working on the discussion.

The public commented about the car crash that shut down our Electronic Medical Records and the relation to Providence.

Mike Glenn commented that this car crash broke one big pipe that runs from Port Townsend to Seattle. This particular pipe was the access to the technology needed to drive EPIC. The issues of our EMR being down was less Providence. We contract with Providence to provide our EPIC service, it is a vendor customer type of relationship

Commissioner De Leo commented on having a Plan B.

Mike Glenn commented that we have planned maintenance periods lasting 2-4 hours where we use paper charts, which is not a problem. The problem arises when the outage is for half of a weekend.

Public commented how she had just moved to Port Ludlow and was eager to establish care because of the connection with Providence. She had called the clinic in January and was unable to get an appointment until May. Many of the residents she talks to in Port Ludlow mention that they return to their Primary Care Providers from home states when they visit. There is a need for Primary Care Providers. She also mentioned there is a need to promote airlift insurance and there is a lack of enthusiasm for Jefferson Healthcare in general.

Katie Holmes asked Mike Glenn to talk about the Port Ludlow Clinic.

Mike Glenn commented how many years ago Jefferson Healthcare opened the existing Port Ludlow Clinic because there were no Jefferson Healthcare services in Port Ludlow. It ended up being a huge success. A couple of years ago we decided to expand and will have mostly Primary Care Providers, ARNP, cardiologists, orthopedics, and other specialists. I believe we are seeing more patients in Port Ludlow than 5 or 6 years ago. It can be difficult to give up a PCP that you are comfortable with.

Katie Holmes commented that not a lot of people grew up in Port Ludlow and many have retired and moved to the area.

Commissioner Kolff confirmed the patient went to the clinic in January and did not get an appointment until May.

Public commented on the need for pediatrics and how the tri-area community is growing quickly with families.

Mike Glenn commented that Jefferson Healthcare is experiencing what many communities are experiences in regards to recruiting enough providers to keep up with the demand, this is a huge focus for Jefferson Healthcare and a challenge. They are out there but it's an economic challenge because of the reimbursement of healthcare. We are getting closer.

Public thanked the commissioners and administrators for their interest in behavioral health. Public also mentioned the need for a full time Foundation Director.

Commissioner Buhler commented that the foundation is alive and still in early stages and they are working on it as well as looking for a new director to help us, stay tuned.

Katie Holmes asked the public for additional thoughts.

Public commented the need to re promote Jefferson Healthcare. There are so many more services lines than there was a couple years ago with OB/GYN, cardiology, behavioral health, new building, new ER. It is important to re sell Jefferson Healthcare to the local community though local meeting or articles in the newspaper.

Commissioner Buhler asked what the best way to reach the Port Ludlow residents was.

The public commented that the lady at the front desk of the Port Ludlow Beach Club is a great resource for information. Also neighbor's breakfast club, and the website Next Door.

The public commented that they did not want postcards in the mail about new services. Peninsula Daily News and Next Door, along with regular commissioner meetings and PT Ludlow Voice are good resources.

The public commented on the importance of reeducating the public on services available.

The public commented that they did not notice Jodi Stickler-Ivie in the nice YouTube video of Jefferson Healthcare's orthopedics team.

Mike Glenn commented that she is a very important part of the team.

The public commented on how difficult it is to recruit and retain primary care providers, and asked if we have a training program for nurses to become ARNP's.

Mike Glenn commented that we have a tuition reimbursement program and does not believe there is anyone actively enrolled in that now in regards to being an ARNP. We had an OB director become an ARNP.

Public commented on having people write about their experiences from Jefferson Healthcare verse another hospital in regards to Orthopedics for example.

Commissioner De Leo asked if the public received the quarterly health newsletter "To Your Health".

Katie Holmes asked if there were any other thoughts or questions and mentioned that the Electronic Medical Records will be turned on for the new Port Ludlow Clinic on June 26 and will hopefully start seeing patients.

Public asked what services were going to be offered in the new Port Ludlow Clinic.

Mike Glenn commented that there will be primary care providers, laboratory, x-ray, blood draws, Coumadin monitoring.

Public commented on access to a pharmacy and the closest pharmacy to them is in Port Hadlock.

Public commented on how difficult it was to get a flu shot this year. He ended up going to a Rite Aid in Silverdale.

Commissioner De Leo mentioned that the topic of 911 came up in Quilcene and to make sure that if you have any medical emergencies call 911.

The public commented that they had experienced a dangerous driver in front of them in Paradise Bay and tried to call 911 but the services was very patchy. They were told by a Police officer that it is hard to get through to 911 in that area.

Public commented that if you call Jefferson Healthcare it tells you on the answering machine to call 911 if you are having a medical emergencies.

Commissioner Buhler mentioned there is a Sheriff's office in Port Hadlock.

Public commented that they had been the secret sleeper at Jefferson Healthcare twice and slept on the 3rd floor. He mentioned the improved changes from the first sleep to the second sleep. He mentioned the carts were quieter, nurses were always professional and quick, reception was good at asking questions regarding who I was and why I was there.

Mike Glenn commented that one of our goals is increasing our patient satisfaction scores, we haven't done very well. We have tried several different interventions but the score hasn't raised, it may be finally taking hold. One issue is trying to figure out how to get from new building to inpatient floor and an easy flow for patients to get around.

Public asked what Jefferson Healthcare would like to see done at the hospital.

Mike Glenn commented that we have done some work and have a need for some comprehensive cancer care. Chemotherapy has grown over the years and it's not because people are getting sicker it's because people are seeking more care locally. About 70 percent of patients seeking chemotherapy will seek radiation oncology. The question is are there people in the community that will seek this care, it is a huge capital investment and if we buy this the question becomes what will you not be able to purchase if you purchase this service.

Commissioner Buhler commented that she wants to see the best possible services provided to our community while still being sustainable with patient safety in mind.

Public asked for an update on the psych evaluation room, will this be connected with telemedicine, and have we had any patients.

Mike Glenn commented that it is in use.

Mike Glenn commented that he would like to have the facility as the patients need it and to have adequate capacity in our Primary Care clinics, unfortunately this is a problem we share with the entire country.

Commissioner Kolff commented that Jefferson Healthcare has spent a lot of time, energy, and money on the Community Health Improvement Plan and was happy that it was adopted by Jefferson Healthcare board of commissioners and the Board of Health commissioners. There were dozens of people who helped develop the CHIP and Jefferson Healthcare is working collaboratively with the city and county to hire someone to implement this plan. He would like to improve the health of the community and improve sustainability.

Commissioner Ready commented that from a high level the purpose of a hospital district is health. The struggle is how to manage resources to best do that, my focus is on the biggest gaps such as behavioral health, chemical, dental, inequity in healthcare systems. It's our responsibility to keep our eye on it. We have made a lot of progress while I've been on the board, it's important to align our vision and priorities and focus our resources.

Conclude:

Commissioner Buhler thanked everyone in attendance for coming.

Commissioner Buhler made a motion to conclude. Commissioner Kolff seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 6:36 pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

**Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Community Forum
Thursday, April 18, 2017
Northwest Maritime Center
431 Water St, Port Townsend, WA 98368**

Commissioner Buhler called the meeting to order at 5:00pm. Commissioner Buhler, De Leo, Kolff, and Ready were present. Also present was Katie Holmes, facilitator, Mike Glenn, CEO, Lisa Holt, CAO, Brandie Manuel, Executive Director of Quality and Pt. Safety, Randy Holeman, Director of Radiology, Christine Curtis, Process Improvement Specialist, and Alyssa Rodrigues, Administrative Assistant. Commissioner Dressler was excused.

Community Forum:

The purpose of this special session is to hold a community forum at the Northwest Maritime Center, 431 Water St, Port Townsend, WA 98368 on the Jefferson Healthcare 2017-2020 Strategic Plan.

Commissioner Buhler, Mike Glenn, and Katie Holmes gave an introduction to the meeting. Introductions were made from Commissioners, Lisa Holt, CAO, Brandie Manuel, Executive Director Quality, Randy Holeman, Director of Radiology, and Christine Curtis, Process Improvement Specialist.

Public Comment:

Public commented that they had heard from others that lab costs and services are higher than Poulsbo and Silverdale, and this is where they end up going. Public wondered if this is something that Jefferson Healthcare can fix.

Mike Glenn commented that Jefferson Healthcare is very sensitive to hospital charges and routinely performs market assessments to make sure pricing is competitive. It is difficult compare hospital prices for services offered 24/7 with outpatient imaging centers offering services M-F, 9-5. Because of the increased emergency availability (nights and week-ends) hospital costs are higher and therefore prices will be higher. We do everything we can to keep our costs and prices low.

Public commented that their surgeon elsewhere agreed that they can have their scan done at Jefferson Healthcare. Is Jefferson Healthcare able to communicate with these other organization so they can refer back to Jefferson Healthcare? My providers have been very happy with the work done at Jefferson Healthcare.

Randy Holeman commented that Jefferson Healthcare can facilitate the result, do the imaging, and communicate with Swedish.

Mike Glenn commented that Jefferson Healthcare is extremely cost and price sensitive and understand how important this is to our patients. Jefferson Healthcare is constantly looking for ways to reduce both.

Public commented why routine services and the serious services cannot be separated in regards to costs. The public that have cars will travel elsewhere for lower costs.

Mike Glenn commented that you can only have one price and the pricing rules are dictated by regulatory and major payers, Jefferson Healthcare does not have a lot of flexibility.

Public asked if Jefferson Healthcare was classified as a Rural Hospital or Critical Access Hospital and if Jefferson Healthcare receives extra income with that designation.

Mike Glenn commented that Rural Health Clinics are similar to Critical Access hospitals. The structure is more cost based reimbursement for clinic care. The reimbursement Jefferson Healthcare receives is higher than a private clinic, but still below the cost of the services provided.

Public commented that they read that rural health care clinics are reimbursed 125% of costs.

Mike Glenn commented that Jefferson Healthcare does not receive that reimbursement for our clinics.

The public asked if they were to go to the Emergency Department and have a series of x-rays or go to Orthopedics and have a series of x-rays would the costs be the same or billed similarly?

Mike Glenn commented that we have one charge for imaging services regardless of where they are provided.

Katie Holmes commented that if the patient were to go to the ER that they would have the ER costs on top of the x-ray.

Mike Glenn commented that it may not surprise you to learn that the pricing component of healthcare is broken. The system we have now is fee for service. It is difficult to defend certain prices on the charge master. However, it costs a certain amount for a community hospital like Jefferson to meet the needs of our community. Jefferson Healthcare looks at what a cohort of similar costs looks like and what scope of service does our community need and what will it cost. There is a movement now for healthcare providers to be reimbursed differently. The payment model used to be capitation, now it's called population health. Jefferson Healthcare is heading in the right direction.

Public commented that in relation to service it is important to be accessible financially to patients. Location access is important and being able to stay in the community for the care you need most. What is the definition of the community and how do you define the

care that is needed most? I love this system and would love to get my care entirely here.

Mike Glenn asked the board how they would define the community served.

Commissioner Buhler commented that we serve Eastern Jefferson County. We are responsible for Brinnon, Quilcene, Port Ludlow, Port Townsend, Gardiner, Chimacum.

Commissioner Kolff commented that in Port Ludlow there were certain services that they would like close to home. In Quilcene we afford to provide an ARNP that does primary care. Jefferson Healthcare is unable to provide much more than that in a small community to make it efficient care. In Port Ludlow we can provide more services, there will be an x-ray machine, mostly primary care, and any specialty care will be referred to our center. There are limits to what we can provide. It's an ongoing process where it's decided what the highest needs are and how does Jefferson Healthcare balance these needs with what we can afford. Technology and community needs change over time.

Commissioner Buhler commented that we need to make sure our providers have enough work to stay proficient at providing these services. We need to know how much volume to keep providers proficient.

Public commented that to a certain degree you are making assumptions on aging population and you are projecting an assumption on this community in ten years.

Katie Holmes asked the public what else they would like to hear.

Public commented that they don't want to be shipped off to Harborview and that it would be nice to get care here instead.

Mike Glenn commented that people like Katie Holmes take a look at the 25000 people population of Port Townsend and age adjust it and run analysis to predict disease prevalence and service utilization. We live in an aging community, and typically more services are used in an aging community. Jefferson Healthcare has a busy medical oncology because more patients are staying home for chemotherapy. Most patients that get chemotherapy will also have radiation therapy, so a case can be made for a linear accelerator so we can provide this care locally. A linear accelerator doesn't pay for itself so that means we have to charge more elsewhere in order to pay for a service that provides tremendous value to a small group of people. What is right for our community?

Public questioned how our thoughts are being captured and asked if this meeting is being recorded.

Katie Holmes commented that there is a minute taker.

Public commented that they have lived in Port Townsend for 14 years and loved it. They had been to Internal Medicine recently and saw a PA, and thought it probably wasn't the best option to see a PA instead of an MD. If they leave Port Townsend it will be because of the healthcare, the community needs basic care. The community needs

internist, geriatrics, and teen health. A lot of people feel this way and have been patients of doctors that left.

Mike Glenn commented that there are many different ways for community members to access care. In Jefferson Healthcare's view the number one way to access care is to have a doctor available to see patients, and this is a huge problem throughout the country. The aging population is growing faster than available providers. Jefferson Healthcare had a retreat with leaders from our facility to ask their input on what they would like to see on the strategic plan. One topic that kept coming up was access to care. The ability to increase primary care is increasing but not at the pace the community needs. We are in the process of recruiting.

Public commented that we get the providers but can't seem to retain them due to providers moving because of their children, because the schools in the area are not where they think they need to be. I know two doctors that it happened to. Someone will get a physician and two years later are trying to find a new provider and there is a three month wait. Jefferson Healthcare needs to work on retention.

Mike Glenn commented that Jefferson Healthcare has had a few people leave the community Parkman, Meadows, Day. When I look back over the past two years most providers have stayed. Your point however is a good one and it's a challenge we face.

Public commented that they feel providers are rushed because they see so many patients and this causes stress on them. The quality of care has gone down.

Public commented that they went to the ER last week and was there for two hours. They mentioned how crowded it was and how rushed everyone was. There was only one provider and every room was full.

Katie Holmes commented that it is a huge interest for Jefferson Healthcare leadership to retain providers, especially primary care providers.

Public commented that they had seen the last strategic plan but didn't see how it was measured or a conclusion of how it went.

Mike Glenn commented that the board puts together a document with metrics from the Strategic Plan handouts, and questions how we are doing and evaluates the leadership team.

Commissioner Kolff commented that the majority of the issues in the previous strategic plan, leadership has done a wonderful job implementing. Some of the topics are long term, such as recruiting and retaining, which continue to be important issues. Some of these topics never end and Jefferson Healthcare continues to focus on them. We use the strategic plan to evaluate Mike Glenn, who is responsible for following it through.

Public commented that it is unclear what has been accomplished and what is still in the works.

Commissioner Kolff commented that there is still a lot of ongoing work but it's functional and Jefferson Healthcare received great reviews from the DNV.

Public commented that in regards to food Arran Stark's is the best hospital food he had ever experienced and how great it is that he is able to contract with local farmers. A couple of his friends have asked him if they should receive treatment in Seattle or at Jefferson Healthcare and he suggested Jefferson Healthcare. In both cases, they received excellent care. Dr. Norman is a very nice and personable doctor. He said it would be beneficial to have someone study a certain area and present it to the physicians and this could really elevate the level of care.

Public commented that updating the signs to the Emergency Room would be helpful and maybe putting up signs on Sims Way could also be helpful.

Public commented that the hospital took their insurance but the anesthesiologist didn't and wondered why it couldn't be on one bill.

Mike Glenn commented that there has been improvement at Jefferson Healthcare. The CRNA's are now employees and RADIA (who interprets our scans) accept the same insurances. Since it is a closed system it is not a big problem but it becomes a huge problem when separate services are offered. Every once in a while we are informed there is an out of network issue.

Public commented on Grand Rounds and if there is intensive individual learning experience within a group and when this happens the whole group is raised enormously.

Mike Glenn commented that we contract with Swedish and do Grand Rounds once a month.

Public commented that this is a passive way of doing things.

Public commented that they have not had any complaints with Jefferson Healthcare and that the DASH members like the new map. They mentioned that DASH is collaborating with other agencies to do programs such as a Walk and Roll, and the Rhody Run. Also talked about dental services in the community.

Commissioner Kolff commented that the CHIP, which many people in the community helped develop, has access to care as one of the top priorities. One of the goals in access is that Jefferson County residents who seek dental care can receive it. This is an example of how we identify needs and what we are doing about it.

Mike Glenn commented that in some clinic structures dental care can be provided to Medicaid patients at a cost based reimbursement level. Right now our clinics are rural health care clinics. We worked with Rep. Tharinger, Sen. Van de Wege, and Rep. Chapman and spoke about expanding dental services if grant money was made available. We hope to be a one million dollar grant recipient and for that purpose we are

well positioned to have funds to convert and afford a 4-6 chair dental suite and a business model to provide that service at not a huge subsidy.

Public asked what the timeline is for that.

Mike Glenn commented when session ends in June we will know. We will have to make space available and begin working. Maybe this time next year.

Public commented if this dental clinic will provide services to children.

Mike Glenn commented yes it will, and interestingly access to dental care for the Medicaid population in Jefferson County is the worst in the state at the adult and child level.

Commissioner Kolff commented that we need to recruit for dental providers now.

Public commented that they read results that small rural hospitals have a higher mortality rate with joint replacements than larger facilities and that she doesn't not want to be practiced or experimented on. Public asked how do we prove that our surgeons are good.

Mike Glenn commented that our surgeons have read similar studies and disagree with it. They, along with many other clinicians believe that some of the data collections, assumptions, and associations are flawed. The challenge with orthopedics is in order to have an orthopedic surgeon at 3 am there has to be cases for him at 3 pm. You have to have 3 surgeons to have 24/7 coverage, we estimate that over 250 people leave our community for joint procedures, our thinking is that if we maintain the majority of those joints we can provide that service on the same quality and safety par as any organization. I think it is true that small organizations have to be more diligent with patient safety, infection rates, and we are at Jefferson Healthcare.

Commissioner Kolff commented that Jefferson Healthcare did hire very experienced surgeons that have already worked together previously.

Public commented that they will wait until they are a little more experienced, also commented on it being a money losing operation.

Mike Glenn commented that orthopedics provides investment for a positive bottom line and growing this program truly allows it to be a community based program.

Public commented that this could be a huge enormous cost if Jefferson Healthcare is out of line.

Mike Glenn commented that he doesn't think we are and that he agrees they need to be cautious.

Public commented that their husband had excellent care but had to go to a different hospital to see a cardiologist, without having a cardiologist at Jefferson Healthcare people will leave.

Mike Glenn commented that Jefferson Healthcare now has a cardiologist. He mentioned that a challenge for rural organizations is providing high risk care. In our OB department the patient may have issues due to their pregnancy we can't address or we don't have a cath lab available or even open heart surgery options in the event there is a very scary outcome. This is a challenge of a rural community, we ask what services we can provide safely at a high quality if something goes to a bad place and we don't have the next layer of specialty services.

Public asked if there are a lot of cardiology patients.

Mike Glenn commented that there are not a lot of people that have cardiology disorders that our orthopedics team would be concerned about.

Commissioner Kolff commented that Jefferson Healthcare has heard of particular patients or situations like the one the public is commenting about and it is very real. When you look at population data this is one of the issues we look at in terms of what percent of patients that have orthopedic surgery and need a cardiologist on site or how many need a cardiologist visit and come back and have surgery. Our guess is that there are very few that can't get surgery here because of their cardiac condition.

Commissioner Buhler commented that Jefferson Healthcare is very centered on patient safety and it is our number one priority. Jefferson Healthcare wants to make sure every service is as safe as possible.

Public commented on safety being the number one priority but how does leadership and the board pick top priorities over others. How does the board and leadership know which is most important and is this part of the process.

Katie Holmes commented that it depends on the situation at the time and this is what the Commissioners think fits best now.

Public commended on whether they get this consensus through conversation.

Public commented where dental would land when prioritizing.

Commissioner Kolff commented that that as a board they set big goals. Mike Glenn and the leadership team add sub goals and strategies which then comes back to board. Each year we rely on Mike Glenn and his leadership team to tell us what they want to work towards and how to allocate those resources and what we can live without.

Public commented on it seems Jefferson Healthcare is picking low hanging fruit.

Commissioner Ready commented that our purpose is to help the community be healthy and we have collective wisdom from every member of the organization channeled up to our Leadership team. It is a messed up healthcare system.

Public commented that in order to make a three year strategic plan Jefferson Healthcare must be making assumptions about the future. Some of us use WebMD there may be technology expertise available to Jefferson Healthcare, are you seeing this in the next three years.

Mike Glenn commented about tele primary care visits and advanced technology.

Commissioner Kolff commented that technology will expand in the future and that is why we look at a three plan rather than a ten year plan.

Public commented about a fifty year plan.

Mike Glenn commented that about a month ago our entire healthcare financing system was being lobbied to change. Not knowing how you will be paid impacts your ability to plan. There is wisdom in a 10-20 year lookout but as far as the demand side, part of the madness is that your whole payment system that drives your delivery system can change.

Commissioner Kolff commented that we weren't sure what we were going to do about dental and now we are a recipient of a million dollar grant.

Public commented on what percentage of care goes to people under 65 and how do you pay for it. What would have happened if the ACA had been appealed and a new plan were to get passed.

Mike Glenn commented that about 60 percent of services are Medicare and 15 percent is Medicaid, with 25 percent commercial insurance. The ACA is no means perfect but it was successful in our county in regards to bringing in people who didn't qualify for old Medicaid now do qualify for Medicaid expansion which is a great thing for their families and we started receiving revenue. Jefferson Healthcare starts to think about what systems we would have to put in place and who would qualify now and not the next day, also how would this be paid for. We want to provide the care easy, how to do this and not go broke.

Public commented that sometimes the same goals get repeated in several goals, has there been a process for scenario planning. Is there a contingency plan in case the world switches.

Mike Glenn commented that Jefferson Healthcare has not gone through a robust contingency/sensitivity plan.

Public commented if there has been scenario planning.

Mike Glenn commented not to the extent that we could. For Jefferson Healthcare if the scenario is Medicaid or Medicare gets reduced or the mill leaves town, this will be fewer resources so Jefferson Healthcare gets smaller. We would then have to go through the painful process of what our community's core services are.

Public commented that it's important to plan for growth also.

Mike Glenn commented that costs are growing so we have to grow just to keep ahead. It is fun to plan for what you can do with more resources, we tend to do more of that.

Public commented that physicians occasionally look at the patient but are very distracted by the computer. When they went to the doctor there was a medical scribe and this was an enormous improvement. There needs to be more direct interaction.

Mike Glenn commented that this was a pilot project after Jefferson Healthcare was experiencing provider dissatisfaction and finding that providers wanted to focus more on the patient.

Public commented that patients are very concerned about not having interaction with doctors and this could have a powerful effect on what the doctor is prescribing.

Public commented that he noticed we have a problem with recruiting and retaining doctors and was notice we have a very low percentage of foreign or minority providers in comparison to other hospitals.

Mike Glenn commented that it is shocking to hear that and it is not by design.

Commissioner Kolff commented that many foreign born may not want to come to a town that's mostly a white population. There are many things that draw a family to the big city. There is a growing interest to grow providers in rural communities so they are used to rural communities. We are looking at that possibility.

Public commented if we are using our nurse practitioners to a higher extent.

Mike Glenn commented that as a rural hospital Jefferson Healthcare is required to have an ARNP or PA on site at least 50 percent of the time. Yes, we do use them and we can and should use them more.

Public commented that UW Japan just came recently to see how our PA's work in a rural health care setting.

Public commented that they do not see where the Community Health Improvement Plan fits in the strategic plan.

Mike Glenn commented that it would fit under Growth and Innovation with collaborations.

Public commented that Jefferson Healthcare said they would get a committee together regarding collections and this never happened.

Mike Glenn commented that they are standing that committee up, it has to do with the administrative bandwidth and the small team we have. In order to do all the things we want to, we need to do them well and as quickly as we can. Jefferson Healthcare has made a huge commitment to CHIP and funded half of it and is also hosting the executive director. Jefferson Healthcare is thrilled and along with the county, city, and health department we can ensure that CHIP is a huge part of the health and wellness of this community. I am quite certain that you will see CHIP on strategic plan.

Public commented that they had recommended sending the board each month a list of people that were sent to collections and it should be a big deal. It has not been done.

Public commented on having an update on having mental health services.

Mike Glenn commented that Jefferson Healthcare is in the affiliation process with Discovery Behavioral Health and the next meeting is this Thursday. We are marching through process, clinic, operational, and financial issues. We are developing a co management committee to make sure Jefferson Healthcare understands all we need to know about the services they provide. We are deciding if this is a service line we are comfortable with and can provide it with the same quality that DBH does.

Conclude:

Commissioner Buhler thanked everyone in attendance for coming.

Commissioner Buhler made a motion to conclude. Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 6:37 pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, April 19, 2017
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 3:31pm by Commissioner Kolff. Present were Commissioners Buhler, De Leo, Kolff, and Ready. Also present were Mike Glenn, CEO, Hilary Whittington, CFO, Steven Feland, CHRO, Lisa Holt, CAO, Brandie Manuel, Executive Director of Quality and Safety, Jenn Wharton, Executive Director Medical Group, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare. Commissioner Dressler was excused. Commissioner Buhler assigned Commissioner Kolff as chair for the meeting due to dental issues.

Approve Agenda:

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

Action: Motion passed unanimously.

Minutes:

- March 29 Special Session minutes

Commissioner Ready made a motion to approve the March 29 Regular Session Minutes. Commissioner Buhler seconded.

Action: Motion passed unanimously.

Patient Story:

Jackie Mossakowski, CNO, read aloud a letter regarding the patient's orthopedics experience with Dr. Naumann and the solid team work displayed.

Required Approvals:

- Medical Staff Credentials/Appointments/Reappointments
- March Warrants and Adjustments
- Resolution 2017-16 Cancel Warrants
- Resolution 2017-17 Surplus Equipment
- Resolution 2017-18 Cash Drawer Increase

Commissioner De Leo made a motion to approve Medical Staff Credentials/ Appointments/ Reappointments, March Warrants and Adjustment, Resolution 2017-16 Cancel Warrants, Resolution 2017-17 Surplus Equipment, Resolution 2017-18 Cash Drawer Increase as presented. Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

Public Comment:

No public comment was made.

CHIP Interlocal Agreement Resolution 2017-19:

Commissioner Buhler made a motion to adopt resolution 2017-19. Commissioner Ready seconded the motion.

Discussion ensued.

Commissioner Kolff made an amendment that clarifies whenever it says Jefferson County it refers to East Jefferson County and there are two locations in the document where it talks about service area that the CHIP covers. Commissioner De Leo seconded.

Discussion ensued.

Action: Motion passed unanimously.

Commissioner Kolff made a motion to add the word “cost” so it is read per capita cost Commissioner Buhler.

Action: Motion passed unanimously

Discussion ensued.

Action: Main motion passed unanimously

Summary of Community Meetings:

Katie Holmes, facilitator and Mike Glenn, CEO gave a summary of community meetings.

Discussion ensued.

Commissioner Buhler made a motion that under Growth and Innovation having Improving the Health of the Community as a goal and having implementing the CHIP in collaboration with other partners and agencies as one of the strategies. Commissioner Ready seconded.

Action: Motion passed unanimously.

Discussion ensued.

Patient Advocate Report:

Jackie Levin, Patient Advocate, gave a presentation on 1st Quarter Data.

Discussion ensued.

Financial Report:

Hilary Whittington, CFO, presented the February financial report.

Discussion ensued.

Hilary Whittington, CFO and Erin Coffey, Manager of Patient Access presented on the Patient Financial Experience Task Force.

Discussion ensued.

Administrator’s Report:

Mike Glenn, CEO, gave his administrator’s report.

Discussion ensued.

Chief Medical Officer Report:

Joe Mattern, CMO excused. No CMO report given.

Board Reports:

Commissioner De Leo attended the April 5 Women’s Health Forum. He announced the need expressed for continued support for Jefferson Healthcare’s participation in school health clinics. He mentioned there was a concern that teen pregnancy was not in the CHIP because of the low rate in Jefferson County. People are concerned since it is not on the CHIP it will fall of the radar and teen pregnancy may rise. Also if we have any political capital to work towards maintaining Title 10 funding for Family Planning and Take Charge Program.

Commissioner Kolff announced that Commissioner Ready and himself had attended the Green Committee and was excited about the enthusiasm and what they have already implemented and that he appreciated the energy and innovations that the committee is taking on.

Commissioner Kolff recessed for a 7 minute break at 5:48pm.
Commissioner Kolff reconvened the meeting at 5:55pm.

Executive Session:

Commissioner Kolff announced they will go into executive session to discuss potential litigation with legal counsel Jay Rodne at 5:55pm. No action will be taken.

Commissioner Kolff came out of executive session at 6:10pm.

Conclude:

Commissioner Buhler made a motion to conclude the meeting. Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 6:10pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____