Jefferson County Public Hospital District No.2 Board of Commissioners, Regular Session Minutes Wednesday, May 17, 2017 Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 3:30pm by Commissioner Buhler. Present were Commissioners Buhler, De Leo, Dressler, Kolff, and Ready. Also present were Mike Glenn, CEO, Hilary Whittington, CFO, Steven Feland, CHRO, Lisa Holt, CAO, Brandie Manuel, Executive Director of Quality and Safety, Jenn Wharton, Executive Director Medical Group, Steve Feland, CHRO, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Team and Employee of the Quarter:

Mike Glenn introduced Employee of the Quarter Kaye Giese, EVS, and Team of the Quarter, Information Technology.

Approve Agenda:

Commissioner Dressler made a motion to approve the agenda. Commissioner De Leo seconded.

Commissioner De Leo made an amended motion to have Commissioner Kolff reports taken off of board reports and listed under presentations. Commissioner Kolff seconded.

Discussion ensued.

Commissioner Kolff made an amended motion to take off "Commissioner Kolff reports" from board report and leave as "Board reports". Commissioner Dressler seconded.

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

<u>Patient Story</u>: Jackie Mossakowski, CNO, described a behavioral health and tele psych patient stay. She also gave kudos to Information Technology, for their help with the tele psychiatry equipment.

Discussion ensued.

Minutes:

May 3 Regular Session minutes

Commissioner Dressler made a motion to approve the May 3 Regular Session Minutes. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Required Approvals:

- Medical Staff Credentials/Appointments/Reappointments
- April Warrants and Adjustments
- Resolution 2017-21 Cancel Warrants
- Resolution 2017-20 Surplus Equipment

Commissioner Dressler made a motion to approve Medical Staff Credentials/ Appointments/ Reappointments, April Warrants and Adjustment, Resolution 2017-21 Cancel Warrants, Resolution 2017-20 Surplus Equipment as presented. Commissioner De Leo seconded the motion.

Action: Motion passed unanimously.

Patient Safety & Quality Presentation:

Brandie Manuel, Executive Director Quality and Patient Safety gave a presentation on Quality and Patient Safety.

Discussion ensued.

Public comment.

Public comment was made.

Financial Report:

Hilary Whittington, CFO, presented the April financial report.

Discussion ensued.

Administrator's Report:

Mike Glenn, CEO, presented his administrator's report.

Discussion ensued.

Chief Medical Officer Report:

Dr. Mattern gave a CMO report regarding ACO update, care transformation, provider recruitment, Swedish affiliation, Epic upgrade, Discovery Behavioral Health.

Board Reports:

Commissioner De Leo reported that he attended Patient Financial Experience Task Force meeting and said it was very productive. He also participated in two webinars, a Washington State Hospital Association webinar regarding integration of behavioral health in the clinic setting and a Brigham Young University webinar regarding acute inpatient care home.

Commissioner Kolff questioned when the next special session regarding the PT Safety Summit will be.

Discussion ensued.

Commissioner Kolff reported that he is serving on an advisory committee mentorship program for Port Townsend High School.

Discussion ensued.

Commissioner Kolff reported that the Tuesday Morning Breakfast Club asked him to present on the Jefferson Healthcare and Discovery Behavioral Health affiliation. Commissioner Kolff questioned the scheduling of several items in the Board Book.

Discussion ensued.

Commissioner Buhler reported that the May Board of Health meeting has been canceled.

Conclude:

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

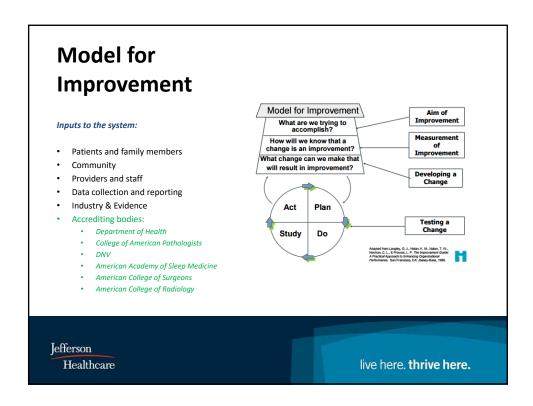
Action: Motion passed unanimously.

Meeting concluded at 5:44pm.

Approved by the Commission:	
President of Commission: Jill Buhler	
Secretary of Commission: Marie Dressler _	

Patient Safety & Quality Report May, 2017 Jefferson Healthcare live here, thrive here.



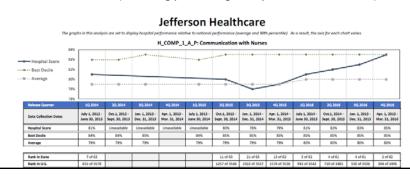


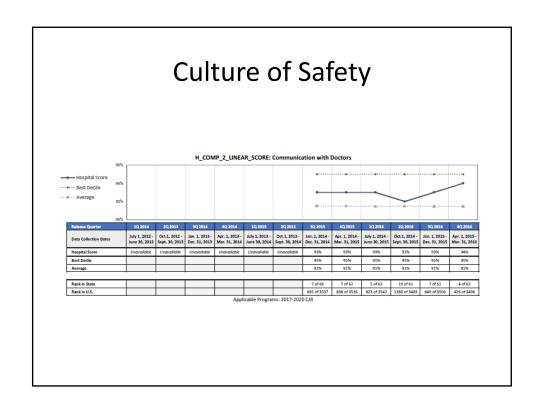
Who	Survey Date	Non- Conformities Found	Action Plan	Status
DNV	March, 2017	Pain Medication	Education	Complete
	Corrective Action Plan due July 11,		Order Set Revision	Pending
	2017		Nursing Audits	In Progress
		Informed Consent	Education, cross monitoring, HIM audit	Complete and ongoing
			Revise consent forms	Complete
		Life Safety Faciliti		Complete
DOH	April, 2017	Documentation	Education, feedback, monitoring	No Action Plan Required
		Infection Control	Cross Monitoring, education, feedback	
		Informed Consent	As above	
CoC	July, 2017	N/A	Prepare for survey	Complete
CAP	Unannounced but soon	N/A	Continual Readiness	In Progress



Culture of Safety

- Bi-annual survey next survey planned for Summer, 2017
 - 2015 Focus areas:
 - · Handoff communication
 - Teamwork (including partnering with patients and families)



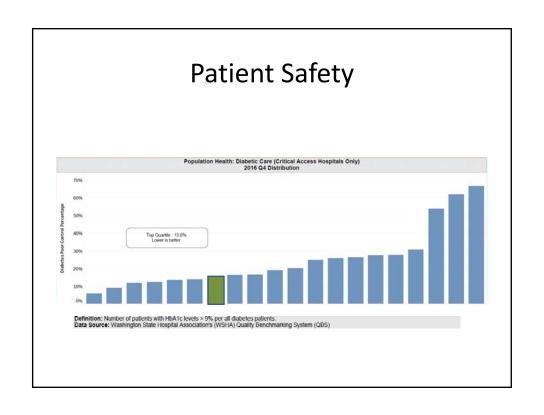


Patient Safety

Indicator	Goal	Quarter 1 2017	Quarter 4 2016	Quarter 3 2016	Quarter 2 2016
CAUTI	0	0	1	0	0
CLABSI	0	0	0	0	0
Severe Sepsis Mortality Rate	2%	0	3.3%*	0	0
Surgical Site Infections: Colon	0	0	0	0	0
Surgical Site Infections: Hip & Knee	0	0	0	0	0
Ventilator Associated Events	0	0	0	0	0

^{*}Hospice patient. Working with WSHA – patient met exclusion criteria.

	1 0	llient	Safety		
Indicator	Goal	Quarter 1 2017	Quarter 4 2016	Quarter 3 2016	Quarter 2 2016
		Adverse Dru	g Events		
Anticoagulants	0	1	0	1	1
Hypoglycemic Agents	0	1	3	0	0
Opiods	0	1	0	0	0
	N	ursing Sensitiv	e Indicators		
Inpatient Falls with Injury	0	1	0	1	0
Pressure Ulcers	0	0	0	0	0
Venous Thromboembolism: Postoperative Pulmonary Embolism or DVT	0	0	0	0	0



Patient Safety: Antimicrobial Stewardship

The Antimicrobial Stewardship Program continued to qualify for the Washington Department of Health Honor Roll for 2017.

The team implemented evidence based practices to:

- Optimize the treatment of infections
- Reduce adverse events attributed to antibiotic use
- Reduce hospital rates of clostridium difficile infections

2017 Honor Roll

Jefferson Healthcare

Port Townsend, WA

- Physician Champion: Tracie Harris, MD
- Pharmacist Champion: Shannon DeWolf, PharmD

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Patient Safety: Readmissions

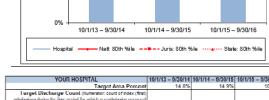
- Transitions of Care Team Focus: Reduce preventable readmissions
 - Strategy: Identify gaps following discharge through post discharge phone calls
 - Strategy: Improve Teamwork: Intentional collaboration between case management and care coordinators
 - Strategy: Follow up visit with primary care within 7 days of discharge
 - Strategy: Improve access for STAR doc patients
 - Strategy: Consider outpatient services (home health, rehab, diabetic educator, etc)

Results:

- Readmissions decreased by 4.5%
- Decreased cost spent on readmissions by 39.7% - or \$524,878 over three years

25% -20% -15% -15% -

30-day Readmissions to Same Hospital or Elsewhere (revised)



5%

TOUR	OSITIAL	10/1/13 - 3/30/14	10/1/11 - 5/30/13	10/1/10 - 3/30/10
	Target Area Percent	14 8%	14 9%	10.3%
Larget Discharge Cou	mt (Numerator: count of Index (first)			
admissions during the lime perio	barnacco más simbaca a chádw nol ba			
within 30 days to the same critic	al access hospital, to another critical			
access hospital or to a	short term acute care PPS hospital)	90	101	65
Denominator Count (sc	c Definitions workshed for ramplele			
	definition)	608	677	630
Target (Numera	itor) Average I ength of Stay	4.4	3.8	3.6
Denomin	utor Average Length of Stay	3.5	3.5	3.6
Target (No	umerator) Average Payment	\$14,676	\$13,172	\$12,246
larget (N	umerator) Sum of l'ayments	\$1,320,867	\$1,330,338	\$/95,989
		*Data not available wh	en target discharge coun	tless than 11.
COMPARA	LIIVE DATA			
Note: State and/or jurisdiction	National 80th Percentile	19.3%	19.5%	19.1%
Most: State and/or Intradiction				

Palliative Care

- 80% of patients say that they hope to avoid hospitalization at the end of life
- On average, patients make 29 visits to the doctor's office in their last six months
- In the last 30 days of life, half of Medicare patients visit the Emergency Department
 - 1/3 of these will be admitted to the ICU
 - 1/5 will have surgery

Medicare spending for patients in the last year of life is six times what it is for other patients and accounts for 25% of the total Medicare budget

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Who's Who in Palliative Care

Steering Committee

- Executive Sponsor: Lisa Holt
- Physician Champion: Joe Mattern
- Nurse Champion: Lavender Fulton
- Program Manager: Deb Kaldahl (Home Health)
- Quality: Brandie Manuel
- Spiritual Support: Bernie Ward-Crixall
- Community Volunteer: Anna Dupen, ARNP
- Patient Advocate: Jackie Levin
- Pharmacy: Lanny Turay
- Social Work: Mary Fortman

Clinical Palliative Care Team

- Physician: Joe Mattern
- Program Manager: Deb Kaldahl
- Nurse Champion: Lavender Fulton
 - Home Health & Hospice Nurses
 - Home Health & Hospice Aides
- MSW: Mary Fortman
- Chaplain/Bereavement Services: Bernie Ward-Crixall
- Volunteers: Hospice Volunteers

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Palliative Care Update

Palliative Care Steering Committee (who)

- Goals and Objectives
 - Define pilot project
 - Policy and procedure development
 - Inter-disciplinary Role definitions
 - Develop process for reimbursement
 - Create screening tools for clinicians
 - Define measureable outcome goals
 - Implement action plan

Program Update

- Pilot implementation August, 2017
 - Setting: Home Health
- Clinical team members identified:
 - Job descriptions and role definitions drafted
- Adopted an evidence-based screening tool
- Established metrics for defining success and effectiveness

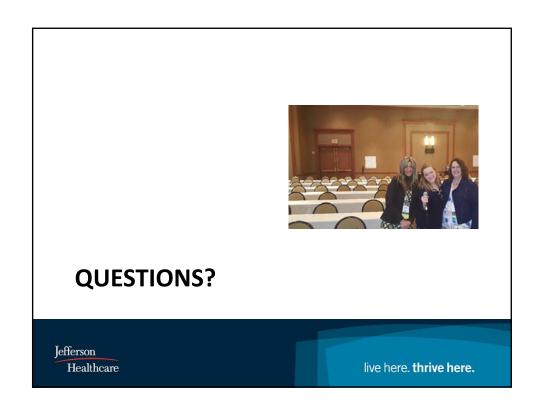
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Jefferson Healthcare in the Spotlight!

Presenters	Торіс	Organization	Location	Dates
Erin Coffey and Christine Curtis	Patient Connect University	National Association of Healthcare Access Management	Dallas, TX	April 25-28, 2017
Jackie Levin	Person and Family Centered Care (specifically, our PFAC)	WSHA	Juneau, AK	May, 2017
Brandie Manuel & Jackie Levin	Person and Family Centered Care & Patient Safety	WSHA	Leavenworth, WA	May, 2017
Brandie Manuel	Teamwork and Innovation in Rural Healthcare: our TeamSTEPPS Journey	National Association for Healthcare Quality	Cincinnati, OH	September 18-20, 2017
Mitzi Hazard	Diabetic Foot Assessments	North American Seminars	Nashville, TN	September, 2017

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AGENDA

- Knowledge sharing: Prepaid expenses
- Overview of April
 - ▶ April's performance
 - ▶ Where are the gaps?
 - Cash management
- May preview
- ▶ Wrapping up 2016
 - Audit schedule
 - Cost report preview

KNOWLEDGE SHARING

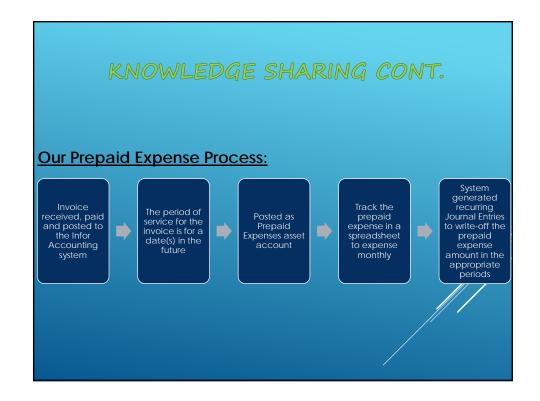
Matching Principle:

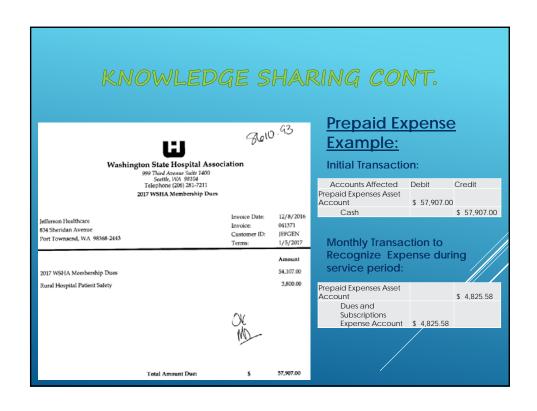
- Expenses are recorded when they are incurred, matched to the revenues of the period
- Matching concept is at the heart of accrual basis of accounting
- Without matching, the net income for a period may be either understated or overstated (and so are the related balance sheet balances)

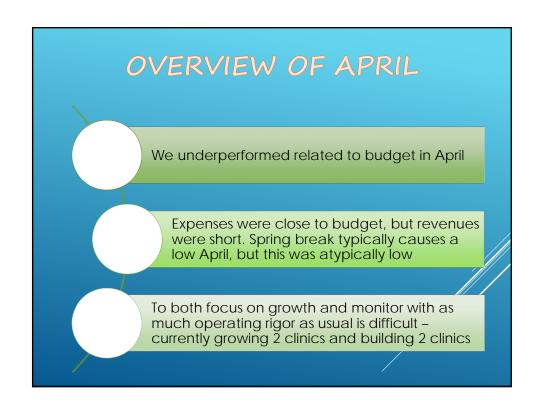
KNOWLEDGE SHARING CONT.

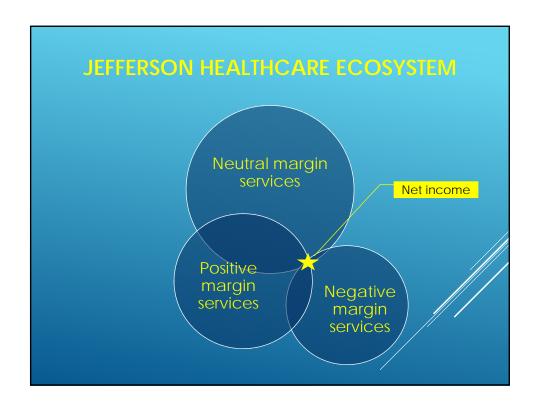
Prepaid Expenses:

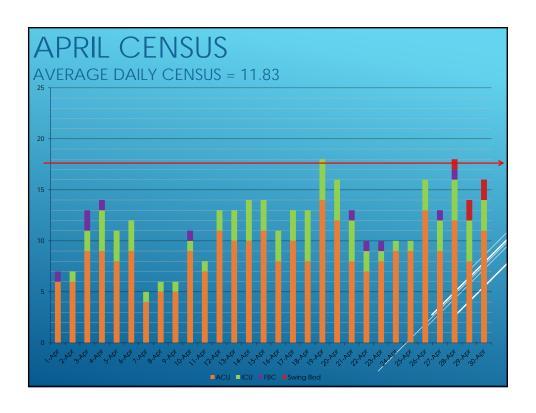
- > A prepaid expense or prepayment is an asset which arises when a business pays an expense in advance.
- Following the matching principle, the advance payment is not recorded as an expense at the time of payment because it relates to future expenses.
- > Current asset = 12 months or less, noncurrent asset if >12 months
- Common prepaid expenses include prepaid insurance expense, prepaid lease rentals, prepaid subscriptions, etc.

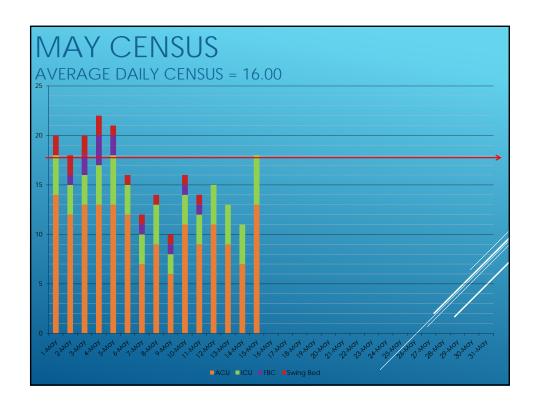


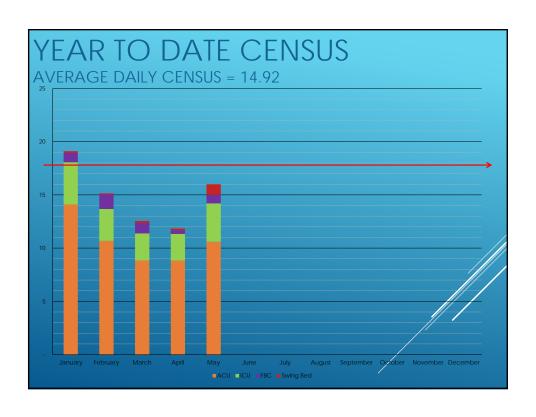








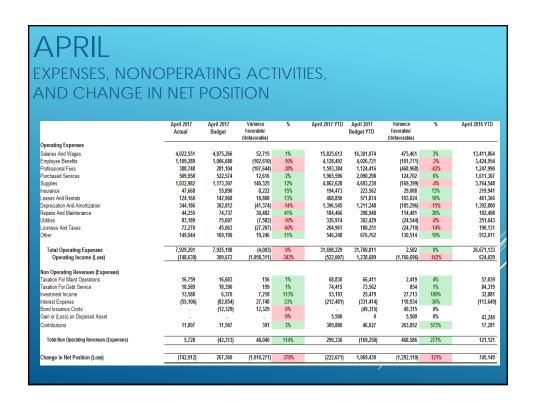


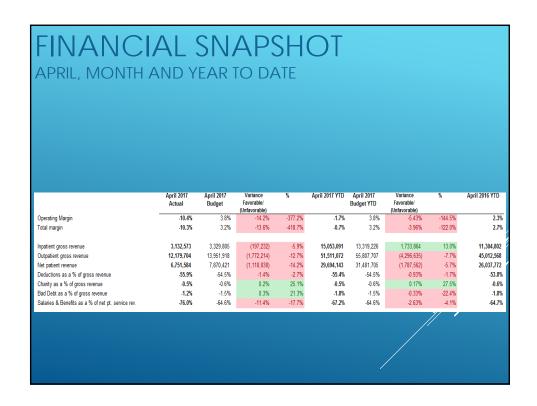


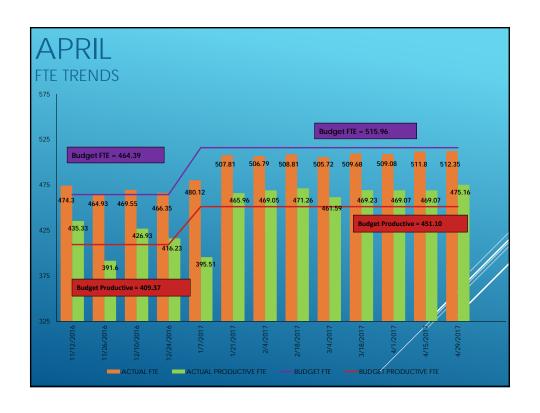
OPERATING STATIS				
PRIL 2017				
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STATISTIC DESCRIPTION	APRIL BUDGET	APRIL ACTUAL	<u>QUANTITY</u> <u>VARIANCE</u>	% VARIAN
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	79	78	(1)	-
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	306	274	(32)	-1
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	57	2	(55)	-9
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	443	354	(89)	-2
BIRTHS	9	8	(1)	-
SURGERY MINUTES (IN OR)	8,287	7,816	(471)	-
SPECIAL PROCEDURE CASES	123	54	(69)	-5
RECOVERY MINUTES	6,521	5,941	(580)	-
LAB BILLABLE TESTS	16,748	16,431	(317)	-
TOTAL BLOOD BANK UNITS MATCHED	45	44	(1)	-
TOTAL RADIOLOGY TESTS	1,392	1,298	(94)	-
MRIS COMPLETED	160	149	(11)	-
CT SCANS COMPLETED	363	368	5	
ULTRASOUNDS COMPLETED	253	279	26	1
NUC MED TESTS	38	30	(8)	-2
TOTAL DIAGNOSTIC IMAGING TESTS	2,205	2,124	(81)	-

RIL 2017				
STATISTIC DESCRIPTION	<u>APRIL</u> BUDGET	APRIL ACTUAL	QUANTITY VARIANCE	% VARIANCE
FOTAL PHARMACY UNITS	10,916	19,416	8,500	78%
TOTAL RESPIRATORY THERAPY PROCEDURES	2,804	2,718	(86)	-3%
ER CENSUS	988	1,044	56	6%
SOCO PATIENT VISITS (ENCOUNTERS)	171	174	3	2%
IHPC & JMPG PATIENT VISITS (ENCOUNTERS)	2,481	2,207	(274)	-11%
IHFM PATIENT VISITS (ENCOUNTERS)	1,245	1,142	(103)	-8%
IHIM PATIENT VISITS (ENCOUNTERS)	587	673	86	15%
TOTAL RURAL HEALTH CLINIC VISITS	4,485	4,196	(289)	-6%
HPLC PATIENT VISITS (ENCOUNTERS)	460	460	0	09
GEN SURG PATIENT VISITS	339	281	(58)	-17%
DRTHO PATIENT VISITS	1,008	574	(434)	-43%
NFUSION CENTER VISITS	454	454	0	0%
WOUND CARE VISITS	303	241	(62)	-20%
DNCOLOGY VISITS	382	270	(112)	-29%
ANTI COAG VISITS	534	457	(77)	-14%
SLEEP CLINIC VISITS	205	136	(69)	-34%
SLEEP CLINIC VISITS				

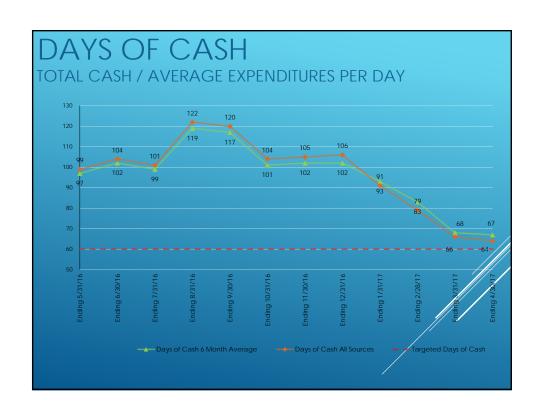
REVENUES ANI	D ADJUS	TMF	VITC						
REVENUES AM	D ADJUS	√ \/	\ I I \						
		/ I I V I 🗀 I	VIJ						
	April 2017	April 2017	Variance	- 56	April 2017 YTD	April 2017	Variance	5	April 2016
	Actual	Budget	Favorable/ (Unfavorable)			Budget YTD	Favorable/ (Unfavorable)		
ross Revenue			(dillattiació)				(6)		
patient Revenue	3,132,573	3,329,805	(197,232)	-6%	15,053,091	13,319,226	1,733,864	13%	11,30
lutpatient Revenue	12,179,704	13,951,918	(1,772,214)	-13%	51,511,072	55,807,707	(4,296,635)	.8%	45,0
Total Gross Revenue	15,312,277	17,281,723	(1,969,446)	-11%	66,564,162	69,126,934	(2,562,771)	4%	56,3
1000 01000 11010100	TOTOTELECT	77,207,120	(1,500,1440)		DOLOGICAL	00/10/004	fetoceters		9010
evenue Adjustments									
ost Adjustment Medicaid	1,474,455	2,120,984	646,529	30%	6,769,859	8,483,943	1,714,084	20%	6,7
ost Adjustment Medicare	5,698,167	5,695,494	(2,673)	0%	23,560,656	22,781,990	(778,666)	-3%	18,4
hanty Care	71,752	108,100	36,348	34%	301,878	432,401	130,523	30%	33
ontractual Allowances Other	1,142,745	1,210,877	68,132	6%	4,875,565	4,843,512	(32,053)	-1%	3,66
dministrative Adjustments diust Bad Debt	(5,114) 178,688	19,472 256,374	24,586 77,686	126%	153,787	77,887 1,025,497	(75,900) (182,778)	-18%	1,02
ajust bad beat	170,000	230,314	77,000	20.14	1,200,213	1,023,431	[102,110]	-1979	1,0
Total Revenue Adjustments	8,560,693	9,411,302	850,608	9%	36,870,020	37,645,229	775,209	2%	30,27
Net Patient Service Revenue	6,751,584	7,870,421	(1,118,838)	-14%	29,694,143	31,481,705	(1,787,562)	-6%	26,03
	20020024	20000000			5363,8555	S. Talket Market			0.000
ther Revenue									
40B Revenue	255,234	251,844	3,390	1%	982,275	1,007,375	(25,100)	-2%	94
feaningful Use Ehr Incentive		3,288	(3,288)	-100%		13,151	(13,151)	-100%	-000
ther Operating Revenue	173,744	109,317	64,427	59%	499,804	437,270	62,534	14%	31
	7.180.561	8.234.870	(1,054,309)	-13%	31,176,222	32,939,500	(1,763,278)	-5%	27,25
Total Operating Revenues	1,180,561								

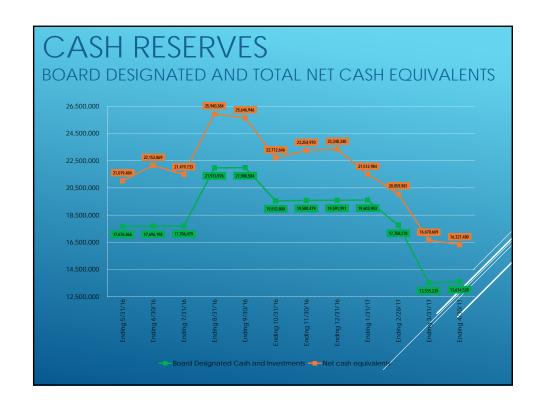


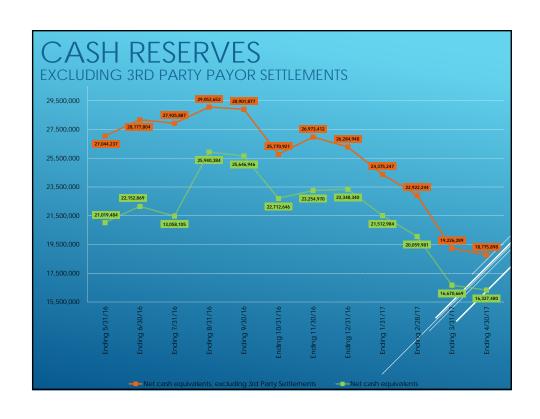


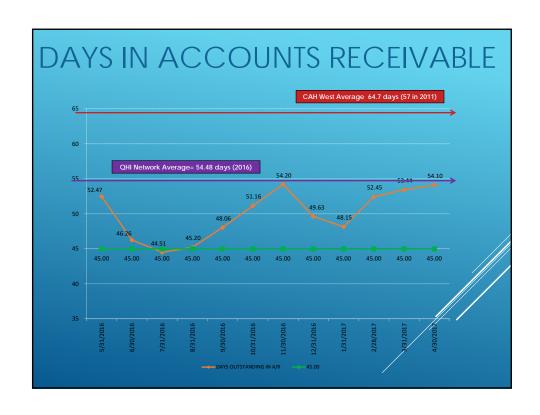


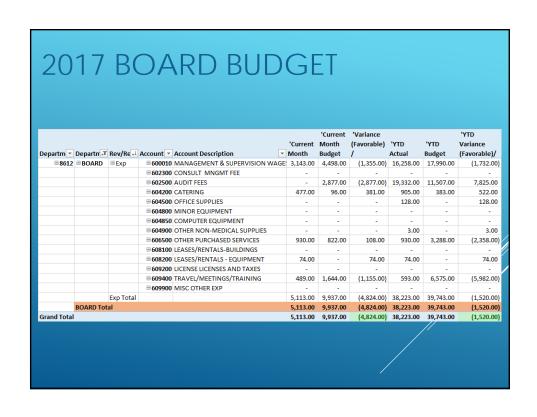
			V 17 (Κ.	GIIV	VARIA	ANCE BY DEF	'AR	HVII		N I	
	Department Description	"Variance (Favorable)/		'YTD Variance (Favorable)/				1000	"Variance (Favorable)/		'YTD Variance (Favorable)/	
Department		Unf	avorable	Unf	avorable	Department	Department Description	Unfa	vorable	Unf	avorable	
6010	ICU	5	5,601	\$	(149,275)	7231	EMERGENCY ROOM PHYSICIAN FEES	5	(317)	5	(100,472	
6070	ACU	\$	138,317	5	39,155	7255	INFUSION CENTER	\$	(61,344)	5	(328,194	
6170	NEWBORN	\$	16,861		7,750	7256	WOUND CLINIC	\$	33,012		79,316	
6210	SWING BED	\$	73,983	\$	314,895	7257	MED SHORT STAY	\$		\$		
6400	HOSPITALIST	\$	23,680	\$	42,982	7258	ONCOLOGY	\$	25,243	\$	77,26	
7010	FBC	\$	91,410	\$	101,368	7260	ANTI COAG	\$	55,628	\$	230,20	
7020	GENERAL SURGERY	\$	(5,126)	\$	(170,840)	7280	SOCO CUNIC	\$	(2,379)	\$	(16,72	
7021	SURGERY-SPEC PROC	\$	99,215	\$	355,442	7281	SURGERY CENTER	\$	16,353	\$	32,61	
7030	PRE/POST OP	s	37,115	ŝ	(53,216)	7381	JHFM	\$	(4,900)	\$	(43,75	
7040	ANESTHESIOLOGY	\$	148,363	\$	392,160	7382	JHPC	S	170,175	\$	199,18	
7050	CENTRAL SUPPLY	S	57,786	\$	115,983	7384	GEN SURG CLINIC	\$	154,378	S	473,11	
7070	LAB	5	57,143	S	(124,536)	7386	UROLOGY CLINIC	\$	32,317	5	2,26	
7078	BLOOD BANK	\$	(7,229)	\$	(39,488)	7387	SLEEP CENTER	5	185,168	5	1,252,06	
7110	EKG	5	(8,635)	5	(51,702)	7388	SLEEP CLINIC	5	(58,130)	\$	(953,23	
7120	MRI	5	43,199	\$	156,717	7390	OUTPATIENT SPECIALISTS	5	1,866	\$	19,69	
7130	CT SCAN	\$	(117,354)	\$	(359,647)	7391	WOMENS CLINIC	5	15,806	5	23,24	
7140	RADIOLOGY	\$	112,467	\$	360,457	7392	EAST JEFF SC	\$	(2,750)	\$	8,51	
7142	ECHO	\$	41,641	\$	121,160	7393	PORT LUDLOW CLINIC	\$	23,765	\$	6,54	
	ULTRASOUND	\$	(27,999)		(105,509)	1,500	MIHI	\$	(698)	\$	(106,92	
10000	MAMMOGRAPHY	\$	169	\$	(17,319)	7395	ORTHO CLINIC	\$	57,749	\$	363,56	
	NUC MED	\$	22,881		100,722		MADRONA FAMILY MED	\$	(5,130)		(3,68	
7,011	PHARMACY	\$	161,893		(696,107)	1000	WOMENS CLINIC	\$	69,147	\$	203,29	
	PHARMACY 340B	\$	61,237		352,951		HOME HEALTH	\$	(16,898)		(66,25	
	RESPIRATORY THERAPY	\$	36,118		(37,563)		HOSPICE	\$		S	249,45	
7,000	PULM REHAB	S	(3,817)		(3,651)		CARE TRANSFORMATION	\$	(37,101)	0.00	68,24	
	PHYSICAL THERAPY	5	(9,514)		(75,800)		CARDIAC REHAB	\$	11,796		17,00	
	COMMUNITY CONTRACT SERVICES	5	13	-	50		DIABETIC ED	5	7,474	_	13,95	
	OCCUPATIONAL THERAPY	5	(22,019)	-7-	(18,816)		CARDIOLOGY CLINIC	\$	1,632	-	33,80	
	SPEECH THERAPY EMERGENCY ROOM	5	(14,592)		(29,809) 235,309	7510	CARDIOLOGY	5	289	\$	49.	











MAY PREVIEW

REVENUES

> \$17,100,000 in HB charges

Average: \$533,000/day (HB only)

▶ Budget: \$560,500/day

> \$7,020,000 in HB cash collections

Average: \$223,000/day (HB only)

▶ Goal: \$255,000/day

WRAPPING UP 2016

2016 AUDIT

- Audit is significantly complete
- One open item related to Medicaid enhancement payments
- Net income will be ~\$3M higher than during the soft close because of MCR settlements and enhancement payments
- ► Tom Dingus will present on June 21

COST REPORT PREVIEW

2016 SETTLEMENT

- ▶ Medicare ~\$3,100,000 receivable
 - ▶ Will be paid in July/August
 - ▶ Will be recorded to 2016
 - Actual report is \$3.4M receivable, but we are withholding a reserve for two new MCR strategies
- ▶ Medicaid ~\$27,000 payable

2017 EXPECTED LUMP SUM PAYMENT

- ▶ Medicare ~ \$1,000,000 receivable
 - ▶ Will be recorded and paid in July/August
- Medicaid does not do interim payments /



Administrative Report

May 15, 2017

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The Delicate Balance

- Growing and promoting margin positive services.
- Modulating the expansion of margin negative/ community benefit services.
- Finding balance is the key to meeting community need and our sustainability.
- April was out of balance.

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Wanna Cry

- International ransomware attack.
- Penetrated some healthcare organizations.
- Jefferson Healthcare was not infected.
- We were in a strong place going in, and are in a stronger place coming out.

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CHIP Update

- The Executive Director position is posted... 13 applicants so far.
- Interlocal agreement has been signed by Jefferson Healthcare and the City .
- Work is still being done by individual teams and agencies, but will be greatly enhanced by having the new Executive Director in place.

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Update from D.C.

- US House of Representatives passed the American Healthcare Act.
 - Repeals Medicaid expansion subsidies.
 - Provides refundable tax credits instead.
 - Repeals individual and employee mandates.
 - Allows stats to obtain waivers to rule in/rule out current policy.
 - Lots more unfriendly stuff.

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Update from DC

- US Senate currently considering the AHCA.
 - It will look dramatically different than house version.

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Update from DC

- Likely impact on Jefferson Healthcare.
 - If a bill can be reconciled and is passed into law it will likely include reductions to Medicaid expansion funding.
 - This will likely create insurance insecurity issues for several members of our community and revenue reduction for the hospital.

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Questions & Comments

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