

**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Regular Session Minutes**  
**Wednesday, May 23, 2018**  
**Victor J. Dirksen Conference Room**

**Call to Order:**

The meeting was called to order at 2:01pm by alternate Board Secretary, Dressler. Also present were Commissioners McComas, Kolff, and Ready. Mike Glenn, CEO, Hilary Whittington, Chief Administrative Officer/ Chief Financial Officer, Brandie Manuel, Chief Patient Care officer, Jon French, Chief Legal Officer and Alyssa Rodrigues, Administrative Assistant were also in attendance. Commission Chair Buhler was excused. This meeting was officially audio recorded by Jefferson Healthcare.

**Education:**

Jackie Levin, Patient Advocate, presented the quarterly Patient Advocate Report.

Discussion ensued.

**Break:**

Commissioners recessed for break at 2:41pm.

Commissioner Kolff made a motion to adjourn the meeting until 3:30pm. Commissioner Ready seconded.

**Action:** motion passed unanimously.

Commissioners reconvened from break at 3:28pm.

**Approve Agenda:**

Commissioner Ready made a motion to approve the agenda and amend to add the Patient story. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Minutes:**

- March 29 Special Session
- April 25 Regular Session
- May 14 Special Session

Commissioner Kolff made a motion to approve the March 29 Special Session, April 25 Regular Session, and May 14 Special Session. Commissioner Ready seconded.

**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested

- April Warrants and Adjustments
- Resolution 2018-06 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, April Warrants and Adjustments, and Resolution 2018-06 Cancel Warrants. Commissioner Kolff seconded.

**Action:** Motion passed unanimously.

**Public Comment:**

No public comment was made.

**Financial Report:**

Hilary Whittington, CFO/CAO gave the financial report.

Discussion ensued.

**Quality Report:**

Brandie Manuel, Chief Patient Care Officer presented the Quality report.

Discussion ensued.

**Administrative Report**

Mike Glenn, CEO presented the administrative report.

**Chief Medical Officer Report:**

Dr. Joe Mattern, Chief Medical Officer presented the CMO report, he gave an update on the ACO, opioid crisis update, telemedicine, physician engagement and burnout.

**Patient Story:**

Brandie Manuel, Chief Patient Care officer presented the patient story. Ms. Manuel discussed the extensive work done by the team in regards to the appropriateness of catheter utilization which resulted in a patient from the ICU relaying a message to her nurse that she had a positive experience with a female external catheter. The feedback the patient provided to the nurse was validation for the team that they had found a way to provide safer care that was less invasive, more comfortable, and less expensive.

**Board Business:**

Commissioner Kolff reported that he attended the senior symposium for the Port Townsend High School senior projects. He mentioned that many seniors are interested in the healthcare field. He also mentioned that he wasn't aware that Jefferson Healthcare auxiliary provides scholarship awards and was curious if the board could get a report regarding what scholarships we offer.

Commissioner Kolff reported that he went to the May 17 Board of Health meeting. He reported that he gave an update on Jefferson Healthcare and also reported that Tom Locke gave an update on oral healthcare access issues and Jefferson Healthcare's involvement.

Commissioner Dressler reported that she attended the CHIP Immunization meeting and announced there may be a portable freezer available in South County Medical Clinic soon.

Commissioner Ready reported that he attended the CHIP Access meeting, Jefferson Healthcare sponsored Rhody Run, and Jefferson Healthcare sponsored Kid Sprint which he mentioned were a success

Commissioner Kolff reported that he attended the CHIP Mental health and Chemical Dependency Meeting.

Commissioner Kolff reported that the Tour de Forts event is Saturday, June 9, and announced that employees are eligible to be reimbursed from Sound Health for entry fee.

**Meeting Evaluation**

Commissioners evaluated the meeting.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 5:18pm.

Approved by the Commission:

Chair of Commission: Jill Buhler \_\_\_\_\_

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



# Patient Advocate Report

May 23, 2018

*Commissioner-Patient Advocate Quarterly Meeting*



live here. thrive here.

## Agenda



## The Highlights

- The average time to close cases was 14 days, meeting our target of 30 days or less
- The total 1st Q complaint volume dropped by 25% from 3<sup>rd</sup> Quarter 2017 to 1<sup>st</sup> Quarter 2018 (Raw numbers: 3<sup>rd</sup> Q 57, 4<sup>th</sup> Q 49, 1<sup>st</sup> Q 43)
- Clinic visit volumes have steadily dropped down from 3<sup>rd</sup> Quarter of last year by **42%**
- The top reported issue *of the last year* related to **access and service delivery** —*decreased 73%* over quarter two quarters.
- Communication continues to be an area of opportunity
  - *Prescription refills and referrals*
  - *Return phone calls*
  - *Provider and staff communication*
- *April Preview—we are seeing an uptick again in clinic concerns*

## Responsiveness to Concerns 1st Quarter 2018

Indicator 1 <sup>st</sup> Quarter 2018	Target	Low	High	Avg
Days to Acknowledgement	7	0	7	4
Days to Closure	30	0	55	14.3

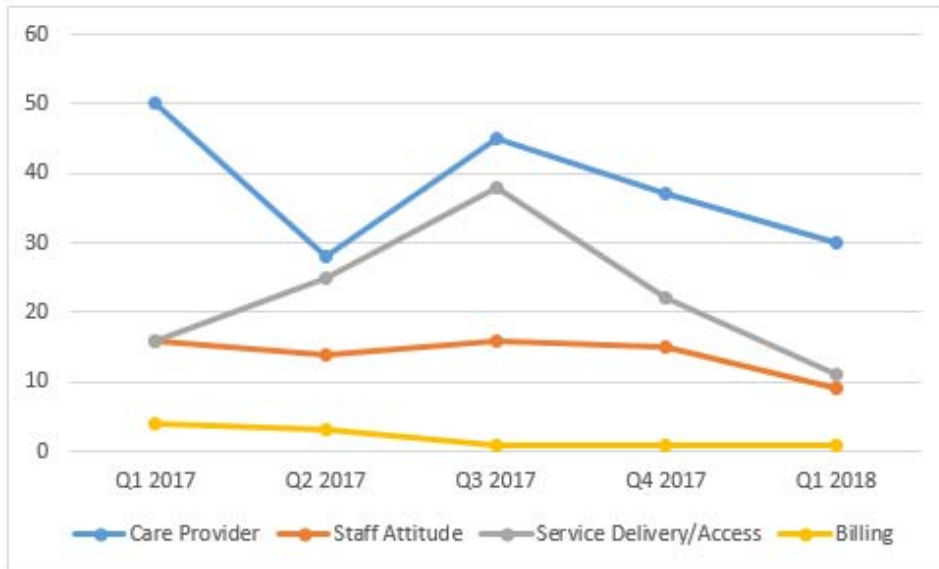
Indicator 4 <sup>th</sup> Quarter 2017	Target	Low	High	Avg
Days to Acknowledgement	7	0	15	3
Days to Closure	30	0	36	9.6

### Comments:

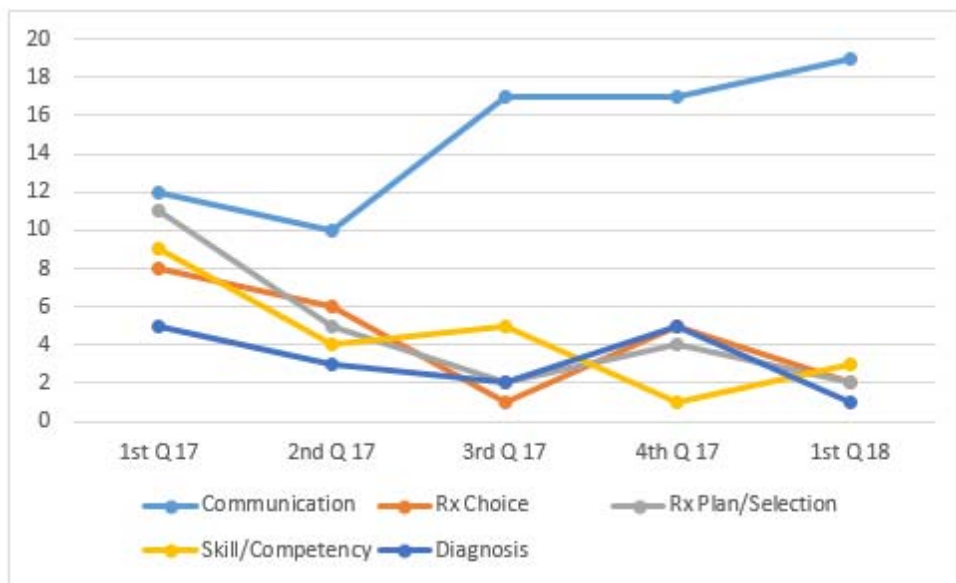
#### Total # of concerns: 43

- Concerns may be resolved in the same day that they were reported – reflected in the ‘zero days’ data
- Some cases required a longer time to closure due to the nature and the complexity of the concern:
  - 6 total cases were closed > 30 days
  - Amy was unexpectedly sick
  - One Peer Review

### Trends by Type of Concern



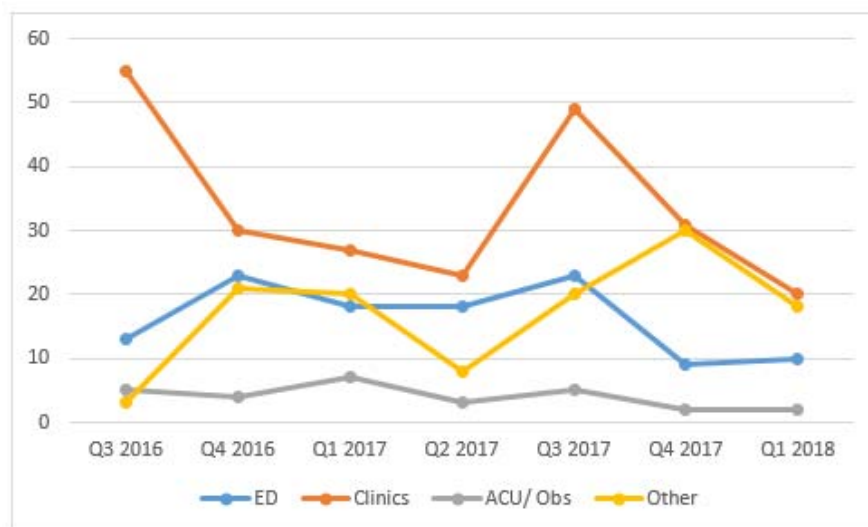
### Provider Concern Trends



## Suggested Provider Communication Strategies

- Education/Training Team STEPPS
- Provide feedback to providers eg. Scorecards
- Work with Medical Director
- Medical Staff/Peer Review process
- Implementation of Shared Decision Making
- Two providers stand out for the last 2 Quarters

## Trends by Area of Concerns



## 4<sup>th</sup> Quarter Clinic and ED Concerns/1000 Visits

	ED	Clinics
1 <sup>st</sup> Q 2018	3.5/1000 visits	1.4/1000 visits
Total	11	18

	ED	Clinics
4 <sup>th</sup> Q 2017	2.86/1000 visits	2.4/1000 visits
Total	9	31

Raw Data	Orthopedics	Cardiology
1 <sup>st</sup> Q 2018	6 Rude/demeaning Surgeons,	(3)MyChart response (2) Cardiac Rehab

	ED	Clinics
3 <sup>rd</sup> Q 2017		3.2/1000 visits
Total		49

## From Patient Concern to Process Change

### Patient Concern

- Mammogram Results letter
  - Simple, non-specific and check box
- New patient arrived, but medical records from previous location were not in EMR yet. Frustrating for patient and provider
- Staff at PLC declined 24 hr urine because of refrigerator space

### Process Change

- New letter generated from Epic with more information and PCP contact info
- New Process: KBF prioritizing scanning in new patient records into Epic
- Christine Roberts, reviewing concern and working to make ease of drop off for patients living in PL



## From Patient Concern to Process Change

### Patient Concern

- ACU HUC receiving 50-100 calls/day from patients going through main hospital line asking for clinic providers.

### Process Change

- Stakeholder meeting with IT and new phone tree at 2200 line established. Drastically reduced the number of calls fielded by ACU HUC

## Patient Advocates Role and Concerns Process

## Role of Patient Advocates

- Review and understand patient experiences and concerns across the Jefferson Healthcare continuum of care.
- Review processes that may hinder quality of receiving care or in providing care.
- Support staff and leaders in addressing challenges in providing quality patient care experiences.
- Committee Work

## Patient Advocate Team

- Patient Advocates Jackie Levin and Amy Carlson
- Rena Sleight, Risk Manager
- Directors, Supervisors, Managers
- Strategic Leadership Team Members and Board of Commissioner Members
- All Staff

## How Concerns Come In

- Patient/family phone call
- Patient drops by the office
- Patient sets up an appointment
- Feedback Form
- Letter or email
- Referred from other provider, staff, Commissioner

## We start with Listening

- Ask clarifying questions, getting as much detail as possible
- Ask what the person feels would be a positive result from the review
- P.A. writes an acknowledgment letter within 7 business days (DOH requirement) and includes "Rights and Responsibilities" brochure



## Lots of Threads to Untangle



## Communicate with Staff

- Enter concern into Quantros
  - Notify SLG
  - Notify Director
- Review medical record
- Interviews with Director, Staff
- Access medical records from other facilities if applicable
- Sometimes put bill on hold
  - Partner with Pt Financial Services
- Notify Risk Manager as appropriate

Some clarity emerges



Knit the threads together into a cohesive story.



Goal: Restore Trust, Improve JHMC services for this patient, future patients, and staff.



## Closure Letter

- Thank person for opportunity to review concern.
- Summarize issue of concern.
- Identify if care did (or did not) meet our standards.
- What we learned and/or action taken as a result of the review.
- Request to contact P.A. with further questions or comments.

## Grievance Committee

- When patient not satisfied with result of Patient Advocate review results
- Committee discusses person's remaining concerns, reviews facts of the situation, and brainstorms possible resolutions
- Grievance review findings letter sent

## Commissioner – Patient Advocate Quarterly meetings

- Learn what Commissioners have been hearing from the community
- Present our data
- Report on process changes

## Additional Patient Advocate Activities

- Patient Family Advisory Council—New Members and WSHA Readmissions Project
- Healthcare Equity Committee—Presentation, Video, Jeff Co Pride
- Mindful Awareness for Teamwork
  - Ortho Clinic Support Staff and Leadership
  - Preparing for Derm and DI Staff
- TeamSTEPPS mixed group and FBC
- Nursing Skills Day-Quiet at Night
- Wellness Task Force and Wellness Lecture Series combined with Cardiac Rehab Lecture Series.
- Palliative Care Team and Advance Directives
- Ethics Committee

Questions?



# Jefferson Healthcare

## Finance Report

May 23, 2018

Hilary Whittington, CAO/CFO

## April 2018

Education – How we record adjustments

- **At month end:**
  - Estimate adjustments based on payor category by historical write off rates for all A/R on the books
    - More written off for older accounts
    - Ranges from 10-100% of A/R depending on the payor and age of account
    - This is what shows up as “adjustments” on the income statement
  - Typically 1-2% gap between what we actually write off and what we estimate
- **As accounts are paid/closed**
  - Record actual amounts written off and cash collected based on remittance advice or statement
  - Actual adjustments can exceed or be less than estimated adjustments
- **At the next month end:**
  - By payor detail would exclude accounts actually paid
  - Estimates updated for remaining A/R

### **In April, our Financial Counselors and Billing teams focused on working down self pay A/R, resulting in:**

- A combination of both bad debt (actual write offs) and estimates for future bad debt in the bad debt accounts
- More administrative adjustments
- More charity care processed (charity care is actual, not estimates)

## April 2018

### Service Line Highlight – Dietary



#### People:

- Dedicated staff
- Daily huddles



#### Practices:

- Identifying cost savings
- Work flow audits



#### Community:

- Agreements with local farmers
- Dinner Demos

## April 2018

### Operating Statistics

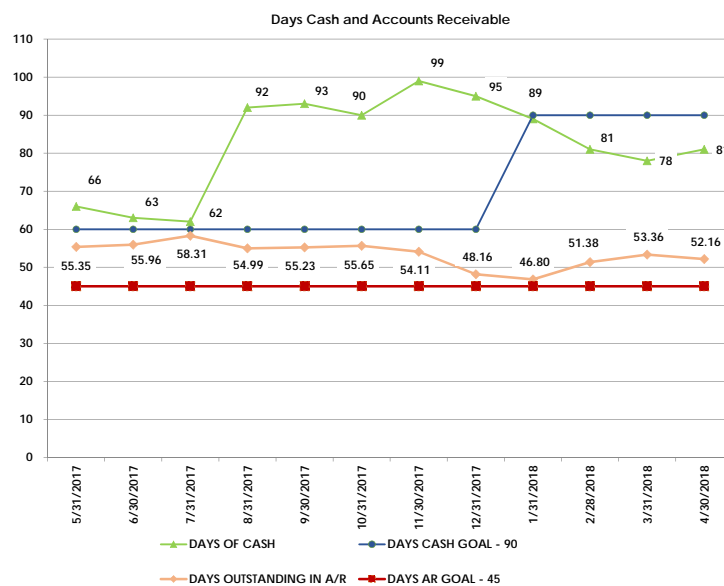
<u>STATISTIC DESCRIPTION</u>	<u>APRIL ACTUAL</u>	<u>APRIL BUDGET</u>	<u>% VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>% VARIANCE</u>
FTEs - TOTAL (AVG)	544	585	7%	545	585	7%
ADJUSTED PATIENT DAYS	2,119	2,102	1%	8,402	8,406	0%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	64	94	-32%	343	377	-9%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	306	351	-13%	1,423	1,403	1%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	372	461	-19%	1,800	1,844	-2%
SURGERY CASES (IN OR)	84	99	-15%	380	396	-4%
SPECIAL PROCEDURE CASES	62	99	-37%	262	396	-34%
LAB BILLABLE TESTS	17,514	18,505	-5%	73,147	74,018	-1%
TOTAL DIAGNOSTIC IMAGING TESTS	2,479	2,945	-16%	10,246	11,784	-13%
MEDS DISPENSED	20,794	22,999	-10%	93,908	91,996	2%
RESPIRATORY THERAPY PROCEDURES	2,686	3,647	-26%	13,589	14,590	-7%
REHAB/PT/OT/ST RVUs	6,504	6,849	-5%	33,483	27,397	22%
ER CENSUS	996	1,095	-9%	4,140	4,381	-6%
TOTAL RURAL HEALTH CLINIC VISITS	5,319	7,055	-25%	22,132	28,220	-22%
TOTAL SPECIALTY CLINIC VISITS	2,983	3,342	-11%	12,125	13,361	-9%
HOME HEALTH EPISODES	54	66	-18%	243	264	-8%
HOSPICE CENSUS/DAYS	955	865	10%	4,127	3,460	19%

## April 2018 Income Statement Summary



	April 2018 Actual	April 2018 Budget	Variance Favorable/ (Unfavorable)	%	April 2018 YTD	April 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	April 2017 YTD
<b>Operating Revenue</b>									
Gross Patient Service Revenue	18,004,521	19,616,834	(1,612,314)	-8%	75,646,791	78,467,385	(2,820,594)	-4%	66,564,162
Revenue Adjustments	10,119,929	10,645,572	525,643	5%	41,466,632	42,582,315	1,115,683	3%	36,568,142
Charity Care Adjustments	181,162	120,948	(60,214)	-50%	853,728	483,793	(369,934)	-76%	301,878
Net Patient Service Revenue	7,703,429	8,850,314	(1,146,885)	-13%	33,326,431	35,401,277	(2,074,845)	-6%	29,694,143
Other Revenue	539,281	409,763	129,517	32%	1,710,182	1,639,055	71,127	4%	1,482,079
<b>Total Operating Revenue</b>	<b>8,242,710</b>	<b>9,260,077</b>	<b>(1,017,367)</b>	<b>-11%</b>	<b>35,036,613</b>	<b>37,040,331</b>	<b>(2,003,718)</b>	<b>-5%</b>	<b>31,176,222</b>
<b>Operating Expenses</b>									
Salaries And Wages	4,277,740	4,648,011	370,271	8%	17,808,117	18,692,056	783,940	4%	15,825,613
Employee Benefits	1,220,805	1,170,896	(49,909)	-4%	4,483,640	4,683,588	199,948	4%	4,128,492
Other Expenses	3,196,318	3,273,691	77,373	2%	13,441,724	13,094,771	(346,954)	-3%	11,744,125
<b>Total Operating Expenses</b>	<b>8,694,864</b>	<b>9,092,598</b>	<b>397,735</b>	<b>4%</b>	<b>35,733,481</b>	<b>36,370,415</b>	<b>636,934</b>	<b>2%</b>	<b>31,698,229</b>
<b>Operating Income (Loss)</b>	<b>(452,154)</b>	<b>167,479</b>	<b>(619,632)</b>	<b>-370%</b>	<b>(696,868)</b>	<b>669,916</b>	<b>(1,366,784)</b>	<b>-204%</b>	<b>(522,007)</b>
<b>Total Non Operating Revenues (Expenses)</b>	<b>55,427</b>	<b>(28,917)</b>	<b>84,344</b>	<b>292%</b>	<b>4,091</b>	<b>(115,667)</b>	<b>119,759</b>	<b>104%</b>	<b>299,336</b>
<b>Change in Net Position (Loss)</b>	<b>(396,726)</b>	<b>138,562</b>	<b>(535,288)</b>	<b>-386%</b>	<b>(692,776)</b>	<b>554,249</b>	<b>(1,247,025)</b>	<b>-225%</b>	<b>(222,671)</b>

## April 2018 Cash and Accounts Receivable



## April 2018

### Board Financial Report

Dept.	Department Description	Rev/Exp	Account	Account Description	April Actual	April Budget	April Variance	2018 to Date Actual	2018 to Date Budget	2018 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	3,677.00	4,498.00	821.00	17,572.00	17,990.00	418.00
			602300	CONSULT MNGMT FEE	1,546.00	-	(1,546.00)	9,934.00	-	(9,934.00)
			602500	AUDIT FEES	2,750.00	3,288.00	538.00	22,588.00	13,151.00	(9,437.00)
			604200	CATERING	105.00	159.00	54.00	481.00	638.00	157.00
			604500	OFFICE SUPPLIES	1.00	24.00	23.00	1.00	96.00	95.00
			604800	MINOR EQUIPMENT	-	-	-	591.00	-	(591.00)
			604850	COMPUTER EQUIPMENT	-	80.00	80.00	-	319.00	319.00
			606500	OTHER PURCHASED SERVICES	-	822.00	822.00	(250.00)	3,288.00	3,538.00
			609400	TRAVEL/MEETINGS/TRAINING	3,438.00	1,644.00	(1,794.00)	6,097.00	6,575.00	478.00
		Exp Total			11,517.00	10,515.00	(1,002.00)	57,014.00	42,057.00	(14,957.00)
	<b>BOARD Total</b>				<b>11,517.00</b>	<b>10,515.00</b>	<b>(1,002.00)</b>	<b>57,014.00</b>	<b>42,057.00</b>	<b>(14,957.00)</b>

## May 2018

Preview — (\*as of 11:59pm 05/22/18)

- **\$19,448,300 in HB charges**
  - Average: \$617,756/day (HB only)
  - Budget: \$642,350/day
- **\$9,208,800 in HB cash collections**
  - Average: \$268,626/day (HB only)
  - Goal: \$289,057/day
- **48.9 Days in A/R**
- **Questions**

# Jefferson Healthcare

## Patient Safety & Quality Report

May 23, 2018

Brandie Manuel, Chief Patient Care Officer

### Agenda

Culture of Safety

Jefferson Healthcare Trends

Joy in Work and a Culture of Safety

The story behind the numbers...

## Elements of a Culture of Safety

- Goal: Zero Harm
- Measurement
- Hospital Survey On Patient Safety Culture Survey
  - National Benchmarks
  - Taken every two years



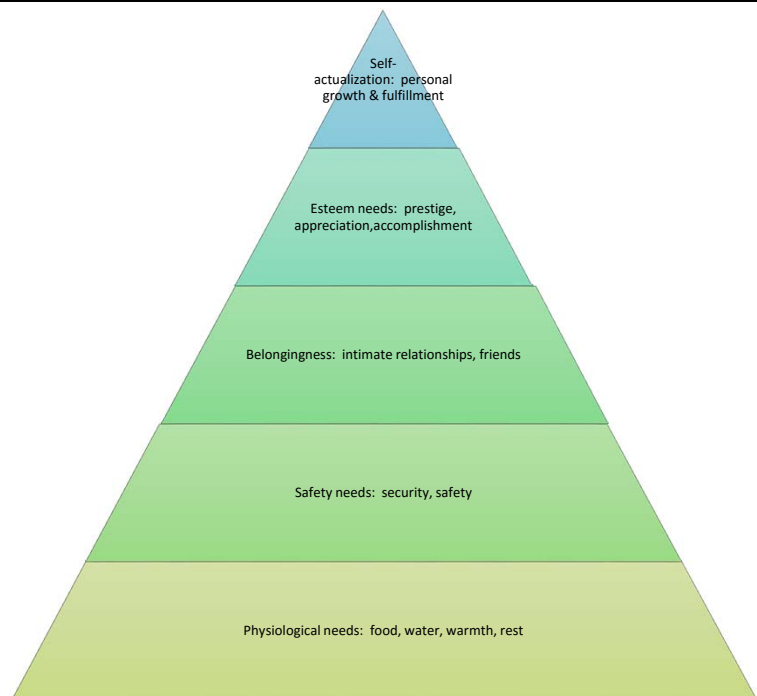
## Maslow's Hierarchy of Needs

Employees and providers **expect** the organization to meet their physiological and the safety needs.

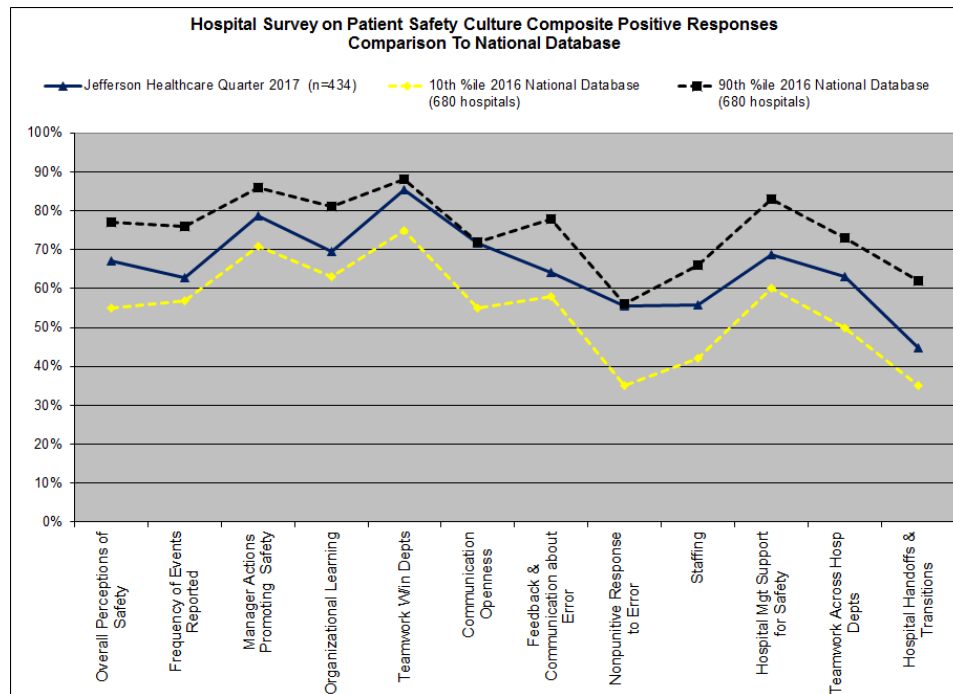
Those who have achieved the belongingness (as well as safety and physiological) are generally **content**.

**Loyal** employees and providers are those who have reached Self Actualization.

**All of these impact the overall CULTURE of the organization. To achieve ZERO...a culture of safety must exist**



## 2017 Survey Results



## The Story Behind the Numbers...

## The Process

- Focus Groups
- Questions behind the question
- What's changed? (The answer: A LOT)

## The Good...

- Interdepartmental Teamwork
- Handoffs and Transitions have improved
- Providers – communication, quality, responsiveness

## The Opportunities...

- Handoffs and Transitions
- Communication
- Environment of Safety
- Staffing
- Equipment

## Lessons Learned and Next Steps



DO sweat the  
small stuff

Our leaders  
understand  
their staff

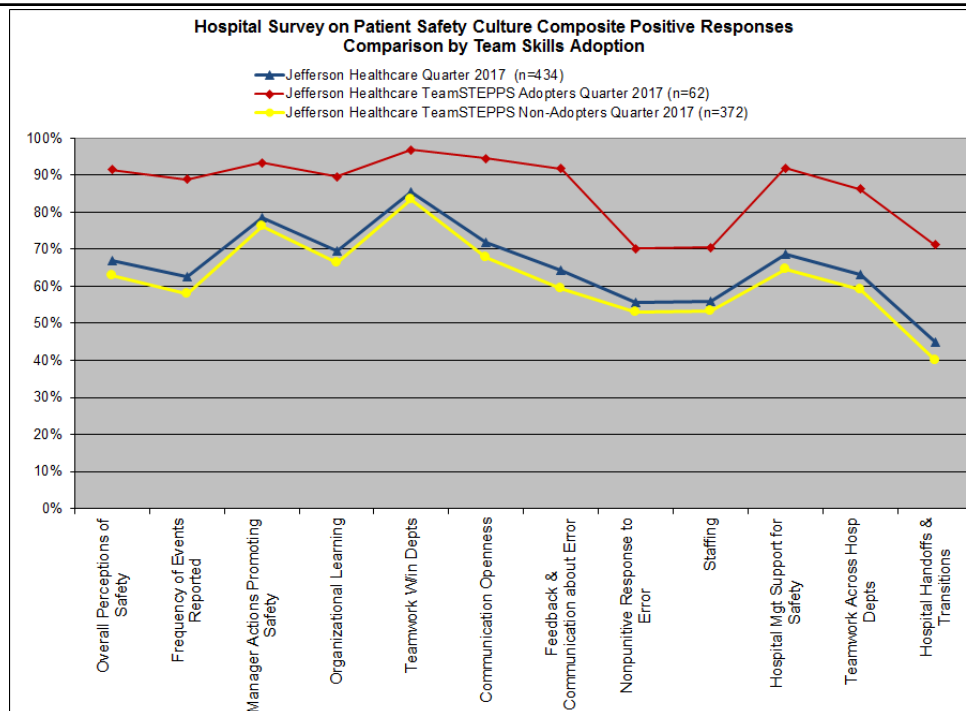
Follow Up

Respect and  
Trust goes a  
long way

Team training  
is making a  
difference

### • Next Steps:

- Finish the focus groups
- Executive Summary
- Team Training refreshers
- Workplace Violence Prevention Task Force
- Master Site Strategy Team
- Employee Engagement Survey this summer





Questions

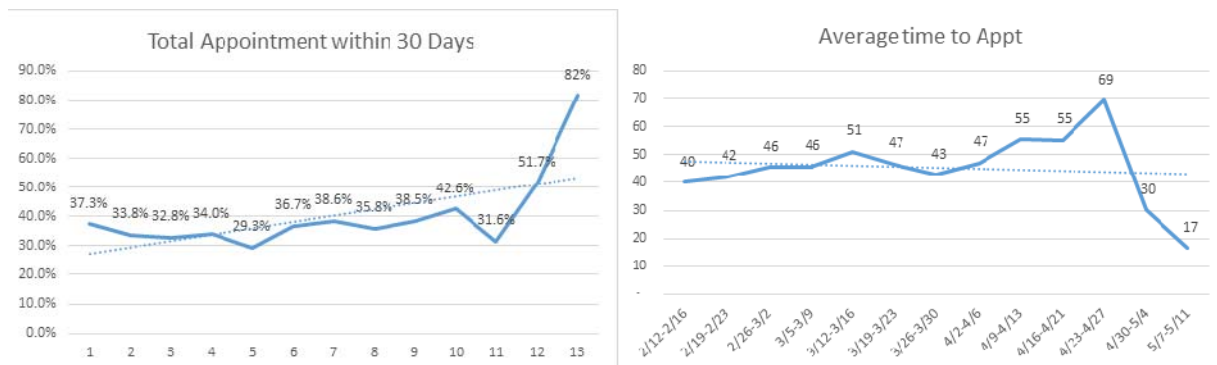


Administrative Report

May 23, 2018

Mike Glenn, CEO

## Access to Primary Care



- We are making progress with our goal of improving access to primary care.
- New providers are oriented, settled and accepting new patients.
- 82% of all appointments are being scheduled within 30 days.
- The average time to appointment is 17 days.
- Continued focus on meeting access to primary care targets.

## House Bill 2101

- Requires the Office of Victims Advocacy to develop best practices for the creation of more access to Sexual Assault Nurse Examiners.
- Requires the Office of Crime Victims Advocacy to develop strategies to make Sexual Assault Nurse Examiner training available to nurses in all regions of the state.

- Jefferson Healthcare reached out to the OCVA and has been asked to participate in the study.
- Dr. Molly Parker will lead this work, monitor the process and coordinated community resources when appropriate.

## Operating Performance

### **While good things are happening operationally**

- Express clinic launch nearly complete
- Access to primary care improving
- Specialty services are in stable state and providing excellent care
- HBP are in stable state and providing excellent care
- JH is hitting most of our quality, safety and satisfaction goals.

### **Financially, we are underperforming**

- Revenues have not caught up with expenses
- Expense inflation is outpacing revenue inflation (per unit of service)
- We are still adapting to aggressive price reductions in CT and MRI

## Operating Performance

### **We have a plan**

- SLG reviewing non labor expense reduction opportunities
- Renewed emphasis on “blocking & tackling” to make sure we hit (or know why we don’t) hit our targets.
- Slowing down non patient care position hiring.
- Continue to closely monitor.

## Medication Assisted Treatment

- 15 providers have signed up for MAT training and orientation.
- Training curriculum includes therapeutic review, treatment options, and how the program will work at JH clinics.
- Salish BHO provided a \$43,000 grant to help offset the cost of training providers.
- Program development and training protocols are being established by providers.
- We hope to launch program by end of summer.

Questions