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:
Commission 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

Agenda

- The Highlights
- Commissioner Feedback
- Responsiveness to Patient Feedback
- New Areas of Concerns
- Breakdown of Care Provider Concerns
- Trends by Service Area
- Patient Advocate Process
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 3rd Quarter 2017 to 1st Quarter 2018 (Raw numbers: 3rd Q 57, 4th Q 49, 1st Q 43)
- Clinic visit volumes have steadily dropped down from 3rd 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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Low</th>
<th>High</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days to Acknowledgement</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Days to Closure</td>
<td>30</td>
<td>0</td>
<td>55</td>
<td>14.3</td>
</tr>
</tbody>
</table>

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 TeamSTEPPS
- 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
4th Quarter  
Clinic and ED Concerns/1000 Visits

<table>
<thead>
<tr>
<th>Quarter</th>
<th>ED</th>
<th>Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Q 2018</td>
<td>3.5/1000 visits</td>
<td>1.4/1000 visits</td>
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<tr>
<td>Total</td>
<td>11</td>
<td>18</td>
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</table>

<table>
<thead>
<tr>
<th>Quarter</th>
<th>ED</th>
<th>Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th Q 2017</td>
<td>2.86/1000 visits</td>
<td>2.4/1000 visits</td>
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<tr>
<td>Total</td>
<td>9</td>
<td>31</td>
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</table>

<table>
<thead>
<tr>
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<th>Orthopedics</th>
<th>Cardiology</th>
</tr>
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<tbody>
<tr>
<td>Total</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Quarter</th>
<th>ED</th>
<th>Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Q 2017</td>
<td>3.2/1000 visits</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>

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 brainstorm 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?
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

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>APRIL ACTUAL</th>
<th>APRIL BUDGET</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>% VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>544</td>
<td>585</td>
<td>-7%</td>
<td>545</td>
<td>585</td>
<td>-7%</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,119</td>
<td>2,102</td>
<td>1%</td>
<td>8,402</td>
<td>8,406</td>
<td>0%</td>
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<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>64</td>
<td>94</td>
<td>-32%</td>
<td>343</td>
<td>377</td>
<td>-9%</td>
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<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>306</td>
<td>351</td>
<td>-13%</td>
<td>1,423</td>
<td>1,403</td>
<td>1%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>372</td>
<td>461</td>
<td>-19%</td>
<td>1,800</td>
<td>1,844</td>
<td>-2%</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>84</td>
<td>99</td>
<td>-15%</td>
<td>380</td>
<td>396</td>
<td>-4%</td>
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<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>62</td>
<td>99</td>
<td>-37%</td>
<td>262</td>
<td>396</td>
<td>-34%</td>
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<tr>
<td>LAB BILLABLE TESTS</td>
<td>17,514</td>
<td>18,505</td>
<td>-5%</td>
<td>73,147</td>
<td>74,018</td>
<td>-1%</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,479</td>
<td>2,945</td>
<td>-16%</td>
<td>10,246</td>
<td>11,784</td>
<td>-13%</td>
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<tr>
<td>MEDS DISPENSED</td>
<td>20,794</td>
<td>22,999</td>
<td>-10%</td>
<td>93,908</td>
<td>91,996</td>
<td>2%</td>
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<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,686</td>
<td>3,647</td>
<td>-26%</td>
<td>13,589</td>
<td>14,590</td>
<td>-7%</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>6,504</td>
<td>6,849</td>
<td>-5%</td>
<td>33,483</td>
<td>27,397</td>
<td>22%</td>
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<tr>
<td>ER CENSUS</td>
<td>996</td>
<td>1,095</td>
<td>-9%</td>
<td>4,340</td>
<td>4,381</td>
<td>-6%</td>
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<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,319</td>
<td>7,055</td>
<td>-25%</td>
<td>22,132</td>
<td>28,220</td>
<td>-22%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>2,983</td>
<td>3,342</td>
<td>-11%</td>
<td>12,125</td>
<td>13,361</td>
<td>-9%</td>
</tr>
<tr>
<td>HOME HEALTH EPISODES</td>
<td>54</td>
<td>66</td>
<td>-18%</td>
<td>243</td>
<td>264</td>
<td>-8%</td>
</tr>
<tr>
<td>HOSPICE CENSUS/DAYS</td>
<td>955</td>
<td>865</td>
<td>-10%</td>
<td>4,127</td>
<td>3,460</td>
<td>19%</td>
</tr>
</tbody>
</table>
### April 2018

**Income Statement Summary**

<table>
<thead>
<tr>
<th>Operating Revenue</th>
<th>April 2018 Actual</th>
<th>April 2018 Budget</th>
<th>Variance Favorable/(Unfavorable) %</th>
<th>April 2018 YTD</th>
<th>April 2018 Budget YTD</th>
<th>Variance Favorable/(Unfavorable) %</th>
<th>April 2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Patient Service Revenue</td>
<td>18,044,521</td>
<td>19,616,034</td>
<td>(1,612,514) -8%</td>
<td>70,644,791</td>
<td>70,467,385</td>
<td>(1,177,406) -2%</td>
<td>69,701,887</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>10,119,929</td>
<td>10,645,572</td>
<td>525,643 5%</td>
<td>41,466,632</td>
<td>42,892,215</td>
<td>(1,425,583) -3%</td>
<td>36,562,142</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>101,162</td>
<td>120,384</td>
<td>(19,222) -16%</td>
<td>653,726</td>
<td>683,793</td>
<td>(29,067) -4%</td>
<td>661,878</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>7,763,429</td>
<td>8,505,314</td>
<td>(741,885) -9%</td>
<td>33,236,431</td>
<td>35,491,277</td>
<td>(2,254,846) -6%</td>
<td>29,894,143</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>539,281</td>
<td>486,763</td>
<td>52,518 10%</td>
<td>1,710,182</td>
<td>1,639,855</td>
<td>70,327 4%</td>
<td>1,482,079</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>8,242,710</td>
<td>9,260,077</td>
<td>(1,017,367) -11%</td>
<td>35,036,613</td>
<td>37,040,331</td>
<td>(2,003,718) -5%</td>
<td>31,176,222</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries And Wages</td>
<td>4,277,740</td>
<td>4,648,011</td>
<td>370,271 8%</td>
<td>17,808,117</td>
<td>18,592,056</td>
<td>783,940 4%</td>
<td>15,825,613</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,220,805</td>
<td>1,170,896</td>
<td>50,909 4%</td>
<td>4,483,640</td>
<td>4,683,588</td>
<td>199,948 4%</td>
<td>4,128,492</td>
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<tr>
<td>Other Expenses</td>
<td>3,196,318</td>
<td>3,273,691</td>
<td>77,373 2%</td>
<td>13,441,724</td>
<td>13,094,771</td>
<td>346,954 3%</td>
<td>11,744,125</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>8,694,864</td>
<td>9,092,598</td>
<td>397,734 4%</td>
<td>35,733,481</td>
<td>36,370,415</td>
<td>636,934 2%</td>
<td>31,698,229</td>
</tr>
</tbody>
</table>

| Operating Income (Loss) | (452,154) | 167,479 | (619,632) -370% | (696,868) | 669,916 | (1,366,784) -204% | (522,007) |

| Total Non Operating Revenues (Expenses) | 54,427 | 20,977 | 33,450 162% | 6,991 | (113,667) | 119,759 104% | 299,339 |

| Change in Net Position (Loss) | (396,726) | 138,562 | (535,288) -386% | (692,776) | 554,249 | (1,247,025) -225% | (222,671) |

### April 2018

**Cash and Accounts Receivable**

- Days Cash and Accounts Receivable
- Days Cash Goal - 90
- Days AR Goal - 45
- Days in A/R

<table>
<thead>
<tr>
<th>Days Cash and Accounts Receivable</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

### April 2018

- Operating Revenue
- Gross Patient Service Revenue
  - April 2018 Actual: 18,044,521
  - April 2018 Budget: 19,616,034
  - Variance: (1,612,514) -8%
- Revenue Adjustments
  - April 2018 Actual: 10,119,929
  - April 2018 Budget: 10,645,572
  - Variance: 525,643 5%
- Charity Care Adjustments
  - April 2018 Actual: 101,162
  - April 2018 Budget: 120,384
  - Variance: (19,222) -16%
- Net Patient Service Revenue
  - April 2018 Actual: 7,763,429
  - April 2018 Budget: 8,505,314
  - Variance: (741,885) -9%
- Other Revenue
  - April 2018 Actual: 539,281
  - April 2018 Budget: 486,763
  - Variance: 52,518 10%

- Total Operating Revenue
  - April 2018 Actual: 8,242,710
  - April 2018 Budget: 9,260,077
  - Variance: (1,017,367) -11%

- Operating Expenses
- Salaries And Wages
  - April 2018 Actual: 4,277,740
  - April 2018 Budget: 4,648,011
  - Variance: 370,271 8%
- Employee Benefits
  - April 2018 Actual: 1,220,805
  - April 2018 Budget: 1,170,896
  - Variance: 50,909 4%
- Other Expenses
  - April 2018 Actual: 3,196,318
  - April 2018 Budget: 3,273,691
  - Variance: 77,373 2%

- Total Operating Expenses
  - April 2018 Actual: 8,694,864
  - April 2018 Budget: 9,092,598
  - Variance: 397,734 4%

- Operating Income (Loss)
  - April 2018 Actual: (452,154)
  - April 2018 Budget: 167,479
  - Variance: (619,632) -370%

- Total Non Operating Revenues (Expenses)
  - April 2018 Actual: 54,427
  - April 2018 Budget: 20,977
  - Variance: 33,450 162%

- Change in Net Position (Loss)
  - April 2018 Actual: (396,726)
  - April 2018 Budget: 138,562
  - Variance: (535,288) -386%
April 2018
Board Financial Report

<table>
<thead>
<tr>
<th>Dept. Description</th>
<th>Rev/Exp Account</th>
<th>Account Description</th>
<th>April Actual</th>
<th>April Budget</th>
<th>April Variance</th>
<th>2018 to Date Actual</th>
<th>2018 to Date Budget</th>
<th>2018 to Date Variance</th>
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</thead>
<tbody>
<tr>
<td>6612 BOARD</td>
<td>Exp</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>3,677.00</td>
<td>4,498.00</td>
<td>821.00</td>
<td>17,572.00</td>
<td>17,990.00</td>
<td>418.00</td>
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<tr>
<td>602300 CONSULT MNGMT FEE</td>
<td>1,546.00</td>
<td>-</td>
<td>(1,546.00)</td>
<td>9,934.00</td>
<td>-</td>
<td>(9,934.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>602500 AUDIT FEES</td>
<td>2,750.00</td>
<td>3,288.00</td>
<td>538.00</td>
<td>22,588.00</td>
<td>13,151.00</td>
<td>(9,437.00)</td>
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<tr>
<td>604200 CATERING</td>
<td>105.00</td>
<td>159.00</td>
<td>54.00</td>
<td>481.00</td>
<td>638.00</td>
<td>157.00</td>
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</tr>
<tr>
<td>604500 OFFICE SUPPLIES</td>
<td>1.00</td>
<td>24.00</td>
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<tr>
<td>604800 MINOR EQUIPMENT</td>
<td>-</td>
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<td>-</td>
<td>591.00</td>
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<td>(591.00)</td>
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<td>604850 COMPUTER EQUIPMENT</td>
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<tr>
<td>606500 OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>822.00</td>
<td>822.00</td>
<td>(250.00)</td>
<td>3,288.00</td>
<td>3,538.00</td>
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<tr>
<td>609400 TRAVEL/MEETINGS/TRAINING</td>
<td>3,438.00</td>
<td>1,644.00</td>
<td>(1,794.00)</td>
<td>6,097.00</td>
<td>6,575.00</td>
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<tr>
<td>Exp Total</td>
<td></td>
<td></td>
<td>11,517.00</td>
<td>10,515.00</td>
<td>(1,002.00)</td>
<td>57,014.00</td>
<td>42,057.00</td>
<td>(14,957.00)</td>
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</table>

BOARD Total | 11,517.00 | 10,515.00 | (1,002.00) | 57,014.00 | 42,057.00 | (14,957.00) |

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
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.
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
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

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