
Special Session Agenda
Wednesday, June 20, 2018

<u>Call to Order:</u>	2:00
<u>Education Topic:</u> Population Health Initiatives at Jefferson Healthcare: Biannual Board Update -Dunia Faulx, Director of Care Transformation and Population Health, -Dr. Molly Parker, Population Health Medical Director	2:01
<u>Break:</u>	3:15
<u>Team and Employee of the Quarter:</u>	3:30
<u>Approve Agenda:</u>	3:45
<u>Patient Story:</u> Joyce Cardinal, CNO	3:47
<u>Minutes:</u> Action Requested <ul style="list-style-type: none">• May 23 2018 Regular Session (pg. 2-4)• June 5 2018 Special Session (pg. 5)	4:00
<u>Required Approvals:</u> Action Requested <ul style="list-style-type: none">• May Warrants and Adjustments (pg. 6-11)• Resolution 2018-07 Cancel Warrants• Resolution 2018-08 Surplus Equipment (pg. 12)• Medical Staff Credentials/ Appointments/ Reappointments (pg. 13)• Medical Staff Policy (pg. 14-18)• Emergency CEO Succession Policy (pg. 19)	4:05
<u>Public Comment:</u> <i>(In lieu of in-person comment, members of the public may provide comment on any agenda item or any other matter related to the District via a letter addressed to the Commissioners at 834 Sheridan Street, Port Townsend, Washington 98368, or via email to commissioners@jeffersonhealthcare.org.</i>	4:10
<u>Financial Report:</u> Mike Glenn, CEO	4:20
<u>Quality Report:</u> Brandie Manuel, Chief Patient Care Officer	4:35
<u>Administrator's Report:</u> Mike Glenn, CEO	4:45
<u>Chief Medical Officer Report:</u> Joe Mattern, MD, CMO	5:00
<u>Board Business:</u>	5:10
<u>Meeting Evaluation:</u>	5:20
<u>Conclude:</u> This Regular Session will be officially audio recorded. Times shown in agenda are estimates only.	5:30

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 _____

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, June 6, 2018
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 3:30pm by Board Chair, Buhler. Present were Commissioners Dressler, McComas, and Ready. Mike Glenn, Chief Executive Officer, Hilary Whittington, Chief Administrative Officer/Chief Financial Officer, Lisa Holt, Chief Ancillary and Specialty Services Officer, Joyce Cardinal, interim Chief Nursing Officer, and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Independent Auditors Report:

The purpose of this special session is to receive the annual Independent Auditors Report from Tom Dingus, Zarecor & Associates, PLLC. The report will include a review of the 2017 financial statement audit and related financial statements, single audit report, and communication with those charged with governance. No action will be taken.

Tom Dingus presented the 2017 financial statement audit and related financial statements, single audit report.

Discussion ensued.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 4:11pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

Gross Revenue

Inpatient Revenue
Outpatient Revenue

Total Gross Revenue

Revenue Adjustments

Cost Adjustment Medicaid
Cost Adjustment Medicare
Charity Care
Contractual Allowances Other
Administrative Adjustments
Adjust Bad Debt

Total Revenue Adjustments

Net Patient Service Revenue

Other Revenue

340B Revenue
Other Operating Revenue

Total Operating Revenues

Operating Expenses

Salaries And Wages
Employee Benefits
Professional Fees
Purchased Services
Supplies
Insurance
Leases And Rentals
Depreciation And Amortization
Repairs And Maintenance
Utilities
Licenses And Taxes
Other

Total Operating Expenses

Operating Income (Loss)

Non Operating Revenues (Expenses)

Taxation For Maint Operations
Taxation For Debt Service
Investment Income
Interest Expense
Gain or (Loss) on Disposed Asset
Contributions

Total Non Operating Revenues (Expenses)

Change in Net Position (Loss)

May 2018 Actual	May 2018 Budget	Variance Favorable/ (Unfavorable)	%	May 2018 YTD	May 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	May 2017 YTD
3,682,981	4,408,737	(725,756)	-16%	19,370,506	21,474,810	(2,104,304)	-10%	19,618,768
16,247,225	15,862,010	385,215	2%	76,206,491	77,263,322	(1,056,831)	-1%	65,028,682
19,930,206	20,270,747	(340,542)	-2%	95,576,997	98,738,132	(3,161,135)	-3%	84,647,450
Revenue Adjustments								
1,608,117	2,029,037	420,920	21%	9,330,953	9,883,370	552,417	6%	8,138,514
7,650,057	7,073,136	(576,920)	-8%	34,194,260	34,453,011	258,751	1%	30,336,556
242,365	124,980	(117,385)	-94%	1,096,093	608,773	(487,320)	-80%	426,683
1,600,688	1,558,780	(41,908)	-3%	7,204,210	7,592,765	388,554	5%	6,209,392
141,041	45,126	(95,915)	-213%	442,296	219,806	(222,490)	-101%	180,121
298,398	294,356	(4,042)	-1%	1,593,214	1,433,798	(159,416)	-11%	1,199,629
11,540,666	11,125,415	(415,251)	-4%	53,861,026	54,191,523	330,497	1%	46,490,896
Net Patient Service Revenue								
8,389,540	9,145,333	(755,793)	-8%	41,715,971	44,546,609	(2,830,638)	-6%	38,156,555
Other Revenue								
313,339	295,035	18,304	6%	1,458,126	1,437,106	21,020	1%	1,435,497
170,032	128,388	41,644	32%	735,427	625,372	110,055	18%	582,277
8,872,911	9,568,755	(695,845)	-7%	43,909,524	46,609,087	(2,699,563)	-6%	40,174,329
Operating Expenses								
4,311,806	4,802,949	491,143	10%	22,119,923	23,395,006	1,275,083	5%	19,915,082
1,027,867	1,209,927	182,061	15%	5,511,506	5,893,515	382,009	6%	5,089,476
399,213	383,528	(15,685)	-4%	2,042,166	1,868,153	(174,013)	-9%	2,080,316
490,189	584,296	94,107	16%	2,614,053	2,846,087	232,035	8%	2,550,476
1,551,759	1,418,830	(132,929)	-9%	7,511,199	6,911,072	(600,127)	-9%	6,136,636
59,907	57,397	(2,510)	-4%	308,993	279,577	(29,416)	-11%	239,985
116,772	123,268	6,496	5%	610,967	600,435	(10,531)	-2%	561,485
401,627	396,906	(4,721)	-1%	1,994,447	1,933,315	(61,132)	-3%	1,743,506
58,195	81,348	23,154	28%	283,352	396,245	112,893	28%	243,382
89,126	87,913	(1,213)	-1%	465,439	428,221	(37,217)	-9%	412,149
60,614	51,666	(8,948)	-17%	265,046	251,666	(13,380)	-5%	243,961
137,349	197,664	60,314	31%	710,815	962,814	252,000	26%	661,247
8,704,424	9,395,693	691,270	7%	44,437,905	45,766,109	1,328,204	3%	39,877,700
Operating Income (Loss)								
168,487	173,062	(4,575)	-3%	(528,381)	842,978	(1,371,359)	-163%	296,629
Non Operating Revenues (Expenses)								
21,572	23,101	(1,529)	-7%	148,669	112,526	36,143	32%	83,160
15,926	16,562	(636)	-4%	109,392	80,671	28,721	36%	89,279
30,576	13,801	16,774	122%	133,644	67,226	66,417	99%	67,941
(86,735)	(97,953)	11,218	11%	(436,344)	(477,128)	40,783	9%	(267,530)
-	-	-	0%	-	0	-	0%	10,950
5,901	14,608	(8,707)	-60%	35,970	71,156	(35,186)	-49%	309,880
(12,761)	(29,881)	17,120	57%	(8,669)	(145,548)	136,879	94%	293,679
Change in Net Position (Loss)								
155,726	143,181	12,545	9%	(537,050)	697,430	(1,234,480)	-177%	590,308

<u>STATISTIC DESCRIPTION</u>	<u>MAY</u> <u>ACTUAL</u>	<u>MAY</u> <u>BUDGET</u>	<u>%</u> <u>VARIANCE</u>	<u>YTD</u> <u>ACTUAL</u>	<u>YTD</u> <u>BUDGET</u>	<u>%</u> <u>VARIANCE</u>
FTEs - TOTAL (AVG)	539.92	584.50	8%	543.80	584.50	7%
FTEs - PRODUCTIVE (AVG)	490.60	525.73	7%	494.10	525.73	6%
ADJUSTED PATIENT DAYS	1,998	2,172	-8%	10,400	10,578	-2%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	78	97	-20%	421	474	-11%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	293	362	-19%	1,716	1,765	-3%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	13	16	-19%	47	80	-41%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	384	475	-19%	2,184	2,319	-6%
BIRTHS	8	9	-11%	48	45	7%
SURGERY CASES (IN OR)	116	102	14%	496	498	0%
SURGERY MINUTES (IN OR)	22,385	9,714	130%	100,228	47,319	112%
SPECIAL PROCEDURE CASES	76	102	-25%	338	498	-32%
LAB BILLABLE TESTS	18,669	19,121	-2%	91,816	93,140	-1%
BLOOD BANK UNITS MATCHED	61	56	9%	266	272	-2%
CARDIAC SERVICES (EKG, AMB, TREAD, ECG)	111	107	4%	532	521	2%
MRIs COMPLETED	185	190	-3%	779	926	-16%
CT SCANS COMPLETED	456	471	-3%	2,019	2,292	-12%
RADIOLOGY DIAGNOSTIC TESTS	1,521	1,617	-6%	6,949	7,878	-12%
ECHOs COMPLETED	112	178	-37%	541	865	-37%
ULTRASOUNDS COMPLETED	343	347	-1%	1,545	1,691	-9%
MAMMOGRAPHYS COMPLETED	241	208	16%	1,167	1,012	15%
NUCLEAR MEDICINE TESTS	35	33	6%	139	163	-15%
TOTAL DIAGNOSTIC IMAGING TESTS	2,893	3,044	-5%	13,139	14,827	-11%
MEDS DISPENSED	22,490	23,766	-5%	116,398	115,761	1%
ANTI COAG VISITS	476	552	-14%	2,148	2,689	-20%
RESPIRATORY THERAPY PROCEDURES	3,207	3,769	-15%	16,796	18,359	-9%
PULMONARY REHAB RVUs	199	167	19%	1,209	812	49%
PHYSICAL THERAPY RVUs	7,365	5,668	30%	33,946	27,607	23%
OCCUPATIONAL THERAPY RVUs	1,211	988	23%	6,311	4,811	31%
SPEECH THERAPY RVUs	198	255	-22%	1,019	1,243	-18%
REHAB/PT/OT/ST RVUs	8,973	7,078	27%	42,485	34,473	23%
ER CENSUS	1,058	1,132	-7%	5,198	5,513	-6%
EXPRESS CLINIC	537	910	-41%	2,330	4,430	-47%
SOCO PATIENT VISITS	145	251	-42%	830	1,223	-32%
PORT LUDLOW PATIENT VISITS	591	896	-34%	2,819	4,365	-35%
JHPC PATIENT VISITS	2,882	3,304	-13%	13,461	16,092	-16%
JHFM PATIENT VISITS	1,194	1,276	-6%	5,239	6,214	-16%
JHIM PATIENT VISITS	590	654	-10%	3,392	3,186	6%
TOTAL RURAL HEALTH CLINIC VISITS	5,939	7,291	-19%	28,071	35,510	-21%
CARDIOLOGY CLINIC VISITS	254	245	4%	1,242	1,191	4%
DERMATOLOGY CLINIC VISITS	348	433	-20%	1,683	2,109	-20%
GEN SURG PATIENT VISITS	337	236	43%	1,580	1,148	38%
INFUSION CENTER VISITS	636	603	5%	2,713	2,938	-8%
ONCOLOGY VISITS	401	414	-3%	1,716	2,014	-15%
ORTHO PATIENT VISITS	667	715	-7%	2,845	3,482	-18%
SLEEP CLINIC VISITS	201	160	26%	921	778	18%
SURGERY CENTER ENDOSCOPIES	75	67	12%	367	325	13%
WOMENS CLINIC VISITS	211	255	-17%	1,127	1,241	-9%
WOUND CLINIC VISITS	328	326	1%	1,389	1,587	-12%
TOTAL SPECIALTY CLINIC VISITS	3,458	3,454	0%	15,583	16,813	-7%
SLEEP CENTER SLEEP STUDIES	77	74	4%	346	361	-4%
HOME HEALTH EPISODES	55	68	-19%	298	332	-10%
HOSPICE CENSUS/DAYS	1,116	894	25%	5,243	4,353	20%
DIETARY TOTAL REVENUE	78,242	72,311	8%	382,659	352,223	9%
MAT MGMT TOTAL ORDERS PROCESSED	2,557	2,606	-2%	12,619	12,692	-1%
EXERCISE FOR HEALTH PARTICIPANTS	860	937	-8%	4,084	4,566	-11%

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: MAY 2018 WARRANT SUMMARY**

The following items need to be approved at the next commission meeting:

General Fund Warrants & ACH Transfers	\$4,530,763.17	(Provided under separate cover)
Bad Debt / Charity	\$681,804.22	(Attached)
Canceled Warrants	\$0.00	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: MAY 2018 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

245535 - 246468 \$4,530,763.17

ACH TRANSFERS

\$4,530,763.17

YEAR-TO-DATE:

\$39,158,463.07

Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: MAY 2018 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	MAY	MAY YTD	MAY YTD BUDGET
Bad Debts:	\$298,397.60	\$1,593,213.67	\$1,433,798.11
Charity Care:	\$242,365.39	\$1,096,093.26	\$608,773.45
Other Administrative Adjustments:	\$141,041.23	\$442,296.49	\$219,806.27
TOTAL FOR MONTH:	\$681,804.22	\$3,131,603.42	\$2,262,377.83

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: MAY 2018 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT	AMOUNT
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TOTAL:		<u>\$ -</u>
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-08

A RESOLUTION TO DECLARE CERTAIN EQUIPMENT SURPLUS TO THE NEEDS OF
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND TO AUTHORIZE THE
DISPOSAL OF SAID EQUIPMENT

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the District, and;

WHEREAS said equipment now represents an unnecessary cost to the District to retain and store it,

NOW, THEREFORE, BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with state law:

Description	Asset #	Serial #	Model #
Hewlett Packard ECG Machine M1770A	396.928	CNB2910045	Page Writer 200i (CLIN06025)
Carometric 120 Fetal Heart Monitor	04-00079	0128AAN	120 (OB03018)

APPROVED this 20th day of June, 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Bruce McComas: _____

Commissioner Kees Kolff: _____

Commissioner – Matt Ready: _____

FROM: Barbara York – Medical Staff Services
RE: 05-22-2018 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 06/20/2018

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Recommended provisional appointment to the active/courtesy/allied health staff:

1. Janss, William, MD - Internal Medicine/Hospitalist
2. Galbreath, Lisa, PA-C - Family Medicine/Port Ludlow Clinic

Recommended re-appointment to the active medical staff with privileges as requested:

1. Ehrlich, Sue, MD - Psychiatry

Recommended re-appointment to the courtesy medical staff with privileges as requested:

1. Bell, James, MD - Diagnostic Radiology/Radia
2. Harris, Jacob, MD - Diagnostic Radiology/Radia
3. Shaw, Hillary, MD - Tele-Radiology/Radia

Recommended re-appointment to the allied health staff with privileges as requested:

1. Katz, Sara, PA-C - Family Medicine/ Primary Care Clinic
2. Layman, Leah, ARNP - Dermatology

Medical Student Rotation:

Molly Cole, MS II – Preceptor Molly Hong, MD, Primary Care Clinic
6/18/2018 – 7/13/2018

Initial Appointment Processing

POLICY:

The medical staff shall have a uniform process to obtain and verify evidence of a practitioner's education, relevant training, experience and current competency.

PURPOSE:

Qualifications need to be met to be appointed to the Medical Staff.

PROCEDURE:

- A. Applicants who meet the qualifications described in the [Medical Staff Bylaws](#), Qualifications for Membership, Article 3.2, shall receive the following information and forms:
 1. Medical Staff Application (Washington State Practitioner Application)
 2. Forms to request privileges, as appropriate
 3. Disclosure statement
 4. CastleBranch(Criminal Background Check)
 5. Other forms as deemed appropriate
- B. Applicant submits the following:
 1. Completed and signed, application and privilege forms.
 2. Current curriculum vitae.
 3. Listing of recent postgraduate medical patient care activities (past 24 months).
 4. Documentation of special training and experience in the areas where specialized privileges are requested
 5. Copy of current Washington State license.
 6. DEA registration if applicable.
 7. Documentation of CME for prior two years (excluding graduates of residency or fellowship programs in the past 24 months).
 8. Documentation of liability insurance in the amount required by the Medical Staff and Governing Board if not employed by Jefferson Healthcare
 9. If applicant has completed a residency program, in the past 24 months, a summary of clinical experience in each of the areas in which privileges are being requested, i.e., types and numbers of cases shall be submitted.
 10. Applicants out of training greater than 24 months shall provide clinical performance data for the last 12 months of practice to include approximate numbers of cases, types of procedures, service areas and types of patients treated. This may come from current hospital affiliations and/or office practice.
 11. Signed Disclosure Statement and Washington State Patrol or CastleBranch form.
 12. Documentation of ACLS/BLS/Neonatal Resuscitation certification, as applicable per privilege requirements.
 13. Identification: Valid picture ID issued by a state or federal agency (driver's license, passport).
- C. In the case of delays in responses to verifications or peer recommendations, the applicant will be notified and will be responsible for following up to the degree necessary to obtain adequate response. Failure of the applicant to respond to a request for assistance within thirty (30) days shall result in the application being deemed incomplete with no further processing and considered withdrawn. The notification will be communicated with the stakeholders.

- D. When collection of documentation and verification is completed, the Medical Staff Services Department submits the application and all supporting information to the Chiefs of Service for evaluation as per *Bylaws 6.1.4*. After the Chiefs of Service reviews are completed, the application is forwarded to the Credentials Committee. The Medical Staff Coordinator shall promptly notify the applicant of any further information required. This must be a special notice and must indicate the nature of the information the applicant is to provide within thirty (30) days. Failure without good cause to respond in a satisfactory manner by that date is deemed a voluntary withdrawal of the application.
- E. The recommendations of Chiefs of Service and Credentials Committee are forwarded to the Medical Executive Committee. Evaluation and actions will continue as outlined in the *Bylaws 6.2.16*
- F. Notice of Final Decision:
The Chief Executive Officer provides written notice of the final decision to the applicant.
A notice of decision includes:
 - 1. The clinical privileges the applicant may exercise
 - 2. Any special conditions attached to the appointment
- G. Documentation:
The recommendations of the Chiefs of Service, Credentials Committee, Executive Committee, and the decision of the Governing Board shall be documented in the individual practitioner's file.

TELE MEDICINE PROVIDERS: With applicants seeking appointment with clinical privileges to the Medical Staff to perform telemedicine services, Jefferson Healthcare may request information from the telemedicine entity to make a decision to grant the practitioner privileges (shared approach).

Time Periods for Processing:

Applications shall be processed within the following time periods:

Medical Staff Services Department/Credentials Verification Organization to collect and verify information: Processing of verification to begin within 7 days of receipt of completed application.
Verifications to be completed within 60 working days of receipt of completed application.

Chief of Service: 15 days from notification by Medical Staff Services of completed verified application.

Credentialing Committee: Refers to Medical Executive Committee

Medical Executive Committee: Next regularly scheduled meeting after receiving recommendation from Credentials Committee

Governing Board: Next regularly scheduled meeting after receiving recommendation from Executive Committee

These time periods are guidelines and do not create any rights for a practitioner to have an application processed within these precise periods. If the provisions of the Fair Hearing Plan (as defined in the Medical Staff Bylaws) are activated, the time requirements provided therein govern the continued processing of the application. If action does not occur at a particular step in the process within the time frame specified, and the delay is unwarranted, the next higher authority may immediately proceed to consider the application and all the supporting information, or may be directed by the Chief of Staff on behalf of the Executive Committee or by the Chief Executive Officer on behalf of the Governing Board to so proceed.

The applicant will be notified of the credentialing (and re-credentialing) decision within 60 calendar days of the Board's decision.

RIGHT TO IMPARTIAL, NON-DISCRIMINATORY OF CREDENTIALS:

All Jefferson Healthcare practitioners have the right to an impartial, non-discriminatory, and confidential selection and review process. JHC monitors for and prevents discriminatory credentialing by the following:

JHC does not collect information on an applicant's race, ethnic/national identity and sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law . Medical Executive Committee members are required to sign an annual attestation statement assuring credentialing and re-credentialing decisions are not discriminatory or based on applicant's race, ethnic/national identity, gender, age, sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law.

Current updates of listings in Health Plan practitioner directories and other materials for members are ensured by the payor credentialing team.

REFERENCES:

DNV MS.6, SR.1; CMS 482.12(A)(5); NCQA CR1, Element A, Factor 7

Annual Review (no changes):

Access to Provider Credentialing and Quality Files

POLICY/PURPOSE:

It is the policy of the Medical Staff of Jefferson Healthcare to maintain the confidentiality of all records, discussions and deliberations relating to credentialing, medical staff quality assessment and peer review committees. All practitioners have the right to access their credentialing quality data files upon request. Disclosure and/or access are as follows.

PROCEDURE:

Location and Security: All records shall be maintained under the care and custody of Jefferson Healthcare's Medical Staff Services Coordinator. Credentialing and peer review records must remain stored and locked in office and file cabinets except when in use for official business. Records stored electronically must have passwords and possess read/write control protections.

ACCESS TO RECORDS:

The following individuals may access credentialing and peer review records to the extent necessary to conduct official business and as described:

1. An individual practitioner may review his or her credentials and quality assessment file providing:
 - The practitioner will contact the Medical Staff Coordinator to make an appointment.
 - The Medical Staff Services Coordinator or officer of the medical staff is present during the file review.
 - The practitioner understands that he/she may not remove any items from the credentials file.
 - The practitioner understands that he/she may add an explanatory note or other document to the file and correct erroneous information.
 - The practitioner understands that he/she may not review confidential letters of reference received during the initial appointment or any subsequent reappointment.
 - Photocopying: The practitioner may photocopy items that he/she submitted as part of the application or reappointment process (i.e., application, diplomas, licenses, clinical performance reviews, etc.). The practitioner may not photocopy any other items unless express written permission is received from the Chief Executive Officer.
 - For initial and reappointment application processes, the practitioner may receive status on his application upon request.
2. Medical Executive Committee member
3. Medical Staff Committee member conducting credentialing or peer review
4. A representative of the Governing Board
5. The Chief Executive Officer, Chief Medical Officer or designated Assistant Administrator
6. Medical Staff Services personnel for purposes of official medical staff committee business and routine filing of information
7. Consultants or attorneys engaged by Jefferson Healthcare or a Jefferson Healthcare credentialed provider
8. Representatives of regulatory or accreditation agencies

SUBPOENAS:

The hospital will refer all subpoenas pertaining to medical staff records to the Risk Manager and Medical Staff Services Coordinator, who shall consult with legal counsel regarding appropriate response and shall notify the involved practitioner and the Chief of Staff.

VERIFICATION OF INFORMATION:

Routine requests for verifications of affiliation and appointment, reappointment and privileges recommendations shall be released with an appropriate release of information form signed by the practitioner. Routine releases shall not be kept on file. Legal counsel will be obtained by Medical Staff Services Coordinator for release of adverse information and such release shall be documented.

DOCUMENTATION OF ACCESS:

Any person accessing credentialing or quality assessment files (other than Medical Staff Services Director/personnel conducting routine medical staff file upkeep) shall sign and document the purpose and date of the access on the *Access and Released Information* form to be kept in the file.

REFERENCED DOCUMENTS:

NCQA, CR.1, Element B



Current Status: Active

PolicyStat ID: 3759069



Origination: 07/2014
Last Approved: 06/2017
Last Revised: 06/2017
Next Review: 06/2018
Owner: Alyssa Rodrigues: Administrative Assistant
Policy Area: Administration Policies
References:

Emergency Chief Executive Officer Succession

POLICY:

In order to protect the Board of Commissioners from sudden loss of Chief Executive Officer (CEO) services, the CEO will have no fewer than two named executives sufficiently familiar with Board and CEO issues and processes to enable either to take over with reasonable proficiency as an interim successor.

PROCEDURE:

The CEO names Hilary Whittington, Chief Administrative Officer/Chief Financial Officer (CAO/ CFO) and Lisa Holt, Chief Ancillary & Specialty Services Officer (CASSO) as individuals to serve in place of the CEO in case of sudden loss of CEO services.

The CEO recommends Hilary Whittington, CAO/CFO to be the Commission's first choice, and be recognized as acting CEO in the CEO's absence.

Both individuals have good familiarity with the Board and with CEO issues and processes and could adequately fill in during sudden CEO absence.

REFERENCED DOCUMENTS:

Reference Type	Title	Notes
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Attachments:

No Attachments

Approval Signatures

Approver	Date
Alyssa Rodrigues: Executive Assistant	06/2017