Call to Order: The meeting was called to order at 2:30pm by Board Chair Buhler. Also present were Commissioners Dressler, Ready, and Kolff, McComas by phone, Mike Glenn, CEO, Hilary Whittington, Chief Administrative Officer/Chief Financial Officer, Brandie Manuel, Chief Patient Care Officer, Jon French, Chief Legal Officer, Tina Toner, Chief Nursing Officer, Caitlin Harrison, Chief Human Resources Officer, Brandie Manuel, Chief Patient Safety and Quality Officer, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.


Discussion ensued.

Break: Commissioners recessed for break at 3:15 pm.

Commissioners reconvened from break at 3:30 pm.

Team and Employee of the Quarter: Mike Glenn, CEO and Commissioners presented the employee of the quarter award to Jarrod Johnson, who works in the Facilities department.

Approve Agenda: Special Session agendas do not need to be approved.

Patient Story: Tina Toner, CNO, read a letter regarding a patient’s visit from the Port Ludlow Clinic to the ED to the ACU. The patient said everyone was very attentive and the patient felt very cared for. Although the patient had been told to never go to Jefferson Healthcare, the patient now wouldn’t want to go anywhere else and she wanted administration and the board to know.
Minutes:
• August 22 Regular Session
Commissioner Dressler made a motion to approve the August 22 Regular Session Minutes. Commissioner McComas seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested
• August Warrants and Adjustments
• Resolution 2018-14 Cancel Warrants
• Medical Staff Credentials/Appointments/Reappointments
• Medical Staff Policy
Commissioner Kolff made a motion to approve August Warrants and Adjustments, Resolution 2018-14 Cancelled Warrants, Medical Staff Credentials/Appointments/Reappointments, and Medical Staff Policy. Commissioner Dressler seconded.
Action: Motion passed unanimously.

Public Comment:
No public comment was made.

Financial Report:
Hilary Whittington, CFO/CAO gave the August 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.

Commissioner Dressler made a motion to approve the Castle Hill Parking Interlocal Agreement. Commissioner Ready seconded.
Action: Motion passed unanimously.

Discussion ensued.

Commissioner Ready made a motion that the Jefferson County Public Hospital District no. 2 board agrees with the 2018 WSHA advocacy agenda and will support it. Commissioner Dressler seconded.

Discussion ensued.
Action: Motion passed unanimously.
Chief Medical Officer Report:
Dr. Joe Mattern, CMO, presented the Chief Medical Officer’s report, which included an update on the ACO, provider engagement, MAT, AIMS model, and Tele pulmonology.

Board Business:
Commissioner Dressler questioned the start time of the next meeting and suggested drafting a resolution to adjust the start time.

Commissioner Kolff suggested updating the CEO succession plan due to strategic leadership changes.

Discussion ensued.

Meeting Evaluation
Commissioners evaluated the meeting.

Conclude:
Commissioner Dressler made a motion to conclude the meeting. Commissioner Ready seconded the motion.
Action: Motion passed unanimously.

Meeting concluded at 5:30pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _________________________________

Secretary of Commission: Marie Dressler __________________________
Agenda

1. The Four Phases of Emergency Management
2. The Requirements
3. Preparation: Personal and Organizational
4. Community Involvement
How Most People Approach Emergency Management:

CHICKEN WINGS®

OH NO! THERE IS A PROBLEM WITH THE LANDING GEAR! IT SEEMS WE HAVE TO MAKE AN EMERGENCY LANDING!

BY MICHAEL AND STEFAN STRASSER

NOT IT!!

www.chickenwingscomics.com
Emergency Management

Prevent

Recover

Mitigate

Prepare

Mitigation: Efforts to reduce the effects or risks associated with hazards

Preparedness: Actions taken prior to an emergency to facilitate response and promote readiness

Response: Actions taken during an emergency to save lives, property, and the environment

Recovery: Actions taken after an emergency to restore and resume normal operations

Continuity: Actions taken to protect the organization from disruption. Continuity influences all four planning phases of Emergency Management.
Emergency Management
And Planning Requirements
Who Requires us to Have a Plan? Everyone.

- CMS Conditions of Participation and DNV Require planning and preparation
  - Emergency Plan
  - Policies and Procedures
  - Communication Plan
  - Testing
  - Training
  - Emergency and Standby Power Systems
Emergency Management: Prepare
Think Globally, Act Locally.
What can you do? Gather your Supplies.
Train, communicate, and practice the Plan.

- Training:
  - National Incident Management System (NIMS)
  - Incident Command System (ICS)
  - TeamSTEPPS
  - Hospital Incident Command System (HICS)
    - ICS 100, 200, 700
    - Cost: Time – but the training is free
    - Emergency Management Coordinator Training

- Practice
  - Decontamination Drill – October
  - Evacuation Drill

- Actual Events:
  - Epic Downtime
  - IT events
  - Construction
Hospital Incident Command System

- Incident Commander
  - Public Information Officer
  - Safety Officer
  - Liaison Officer
  - Medical/Technical Specialists
  - Operations Section Chief
  - Planning Section Chief
  - Logistics Section Chief
  - Finance/Admin. Section Chief
What did we learn? Use Lessons Learned to update the Plan.

- Lessons Learned:
  - We need bench strength
    - Who runs incident command?
  - Who is trained?
  - Who is comfortable?
  - When do we activate HICS?
Collaboration: Emergency Management Planning is a Team Sport

• Partners:
  • Jefferson County Department of Emergency Management
  • Jefferson Preparedness (JPREP)
  • Local 20/20, All County Picnic
  • Map your neighborhood
  • Volunteer Emergency Communications (VECOMM)
  • Jefferson County Community Emergency Response Team (C.E.R.T)
  • Disaster Aviation Response Team
  • Olympic Medical Center, Emergency Management
  • CHI Franciscan Emergency Management
  • North West Healthcare Response Network
  • Washington State Office of Emergency Management
  • Washington Army National Guard
  • FEMA
Thank you Brandie!
# August 2018

**Education – Charity Care**

Jefferson Healthcare’s Expanding Charity Care Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Post date</th>
<th>Charges written off to charity care</th>
<th>Ratio of cost to charges</th>
<th>Equivalent cost</th>
<th>Allowance for uncollectible accounts</th>
<th>Total charges</th>
<th><em>ACTUAL</em> Charity care as % of total charges</th>
<th><em>ESTIMATE</em> Uncollectable as % of total charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>169</td>
<td>$5,659,421</td>
<td>45%</td>
<td>$2,546,739</td>
<td>$3,940,047</td>
<td>$139,732,720</td>
<td>4.05%</td>
<td>2.82%</td>
</tr>
<tr>
<td>2014</td>
<td>960</td>
<td>$2,719,948</td>
<td>44%</td>
<td>$1,196,777</td>
<td>$3,614,328</td>
<td>$150,919,085</td>
<td>1.80%</td>
<td>2.39%</td>
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<tr>
<td>2015</td>
<td>559</td>
<td>$1,010,205</td>
<td>44%</td>
<td>$444,490</td>
<td>$3,375,293</td>
<td>$164,864,376</td>
<td>0.61%</td>
<td>2.05%</td>
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<tr>
<td>2016</td>
<td>564</td>
<td>$927,129</td>
<td>44%</td>
<td>$407,937</td>
<td>$2,807,357</td>
<td>$172,946,001</td>
<td>0.54%</td>
<td>1.62%</td>
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<tr>
<td>2017</td>
<td>989</td>
<td>$1,437,426</td>
<td>44%</td>
<td>$632,467</td>
<td>$2,778,473</td>
<td>$209,294,306</td>
<td>0.69%</td>
<td>1.33%</td>
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<tr>
<td>2018 annualized</td>
<td>1650</td>
<td>$2,706,215</td>
<td>44%</td>
<td>$1,190,734</td>
<td>$3,614,318</td>
<td>$228,425,469</td>
<td>1.18%</td>
<td>1.58%</td>
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</table>
August 2018
Education – Contractual adjustments

Collections are a percentage of billed charges; estimates are complex

When a patient visit is recorded
Recognize revenue
Recognize A/R

At month end
Estimate contractual adjustments on new revenue
Analyze allowances already recorded, adjust up or down

When payment is received
Reduce A/R
Account for "actual" contractual adjustment

<table>
<thead>
<tr>
<th>Payor</th>
<th>IP contractual adjustments %</th>
<th>OP contractual adjustments %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>46.31%</td>
<td>58.3%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>54.38%</td>
<td>67.03%</td>
</tr>
<tr>
<td>Insurance</td>
<td>28.55%</td>
<td>28.55%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
</tbody>
</table>

Medicare and Medicaid estimates are based on expected cost to charge ratios; these fluctuate with changes in volumes/% of total revenue per department and cost structure.

Self pay estimates for uncollectable accounts are recorded into “allowance for bad debt”. “Allowance” does not equate to what was actually bad debt, it is what we do not expect to collect on self pay accounts.
# August 2018
## Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>AUG ACTUAL</th>
<th>AUG 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>534</td>
<td>585</td>
<td>9%</td>
<td>541</td>
<td>585</td>
<td>7%</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,919</td>
<td>2,172</td>
<td>-12%</td>
<td>15,929</td>
<td>17,022</td>
<td>-6%</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>64</td>
<td>97</td>
<td>-34%</td>
<td>630</td>
<td>763</td>
<td>-17%</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>304</td>
<td>362</td>
<td>-16%</td>
<td>2,574</td>
<td>2,841</td>
<td>-9%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>371</td>
<td>475</td>
<td>-22%</td>
<td>3,254</td>
<td>3,733</td>
<td>-13%</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>101</td>
<td>102</td>
<td>-1%</td>
<td>789</td>
<td>802</td>
<td>-2%</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>73</td>
<td>102</td>
<td>-28%</td>
<td>558</td>
<td>802</td>
<td>-30%</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>18,150</td>
<td>19,121</td>
<td>-5%</td>
<td>143,502</td>
<td>149,887</td>
<td>-4%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,770</td>
<td>3,044</td>
<td>-9%</td>
<td>21,302</td>
<td>23,860</td>
<td>-11%</td>
</tr>
<tr>
<td>MEDS DISPENSED</td>
<td>21,317</td>
<td>23,766</td>
<td>-10%</td>
<td>178,264</td>
<td>186,291</td>
<td>-4%</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,976</td>
<td>3,769</td>
<td>-21%</td>
<td>25,163</td>
<td>29,544</td>
<td>-15%</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>9,486</td>
<td>7,078</td>
<td>34%</td>
<td>70,262</td>
<td>55,477</td>
<td>27%</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,030</td>
<td>1,132</td>
<td>-9%</td>
<td>8,417</td>
<td>8,872</td>
<td>-5%</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,102</td>
<td>7,291</td>
<td>-30%</td>
<td>43,641</td>
<td>57,146</td>
<td>-24%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,396</td>
<td>3,454</td>
<td>-2%</td>
<td>25,371</td>
<td>27,058</td>
<td>-6%</td>
</tr>
<tr>
<td>HOME HEALTH EPISODES</td>
<td>71</td>
<td>68</td>
<td>4%</td>
<td>522</td>
<td>535</td>
<td>-2%</td>
</tr>
<tr>
<td>HOSPICE CENSUS/DAYS</td>
<td>948</td>
<td>894</td>
<td>6%</td>
<td>8,313</td>
<td>7,006</td>
<td>19%</td>
</tr>
</tbody>
</table>
# August 2018

## Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>August 2018 Actual</th>
<th>August 2018 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>August 2018 YTD</th>
<th>August 2018 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>August 2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>19,606,401</td>
<td>20,270,747</td>
<td>(664,346)</td>
<td>-3%</td>
<td>152,283,646</td>
<td>158,896,461</td>
<td>(6,612,815)</td>
<td>-4%</td>
<td>155,273,409</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>11,056,354</td>
<td>11,000,435</td>
<td>(55,919)</td>
<td>-1%</td>
<td>82,178,319</td>
<td>86,229,191</td>
<td>4,050,872</td>
<td>5%</td>
<td>84,168,101</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>252,870</td>
<td>124,980</td>
<td>(127,890)</td>
<td>-102%</td>
<td>1,804,143</td>
<td>979,682</td>
<td>(824,462)</td>
<td>-84%</td>
<td>816,455</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>8,297,177</td>
<td>9,145,333</td>
<td>(848,155)</td>
<td>-9%</td>
<td>68,301,184</td>
<td>71,687,588</td>
<td>(3,386,404)</td>
<td>-5%</td>
<td>70,288,853</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>716,979</td>
<td>423,423</td>
<td>293,557</td>
<td>69%</td>
<td>3,747,622</td>
<td>3,319,086</td>
<td>428,536</td>
<td>13%</td>
<td>3,847,323</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>9,014,157</td>
<td>9,568,755</td>
<td>(554,598)</td>
<td>-6%</td>
<td>72,048,806</td>
<td>75,006,674</td>
<td>(2,957,868)</td>
<td>-4%</td>
<td>74,136,176</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>4,403,489</td>
<td>4,802,949</td>
<td>399,460</td>
<td>8%</td>
<td>35,502,561</td>
<td>37,648,916</td>
<td>2,146,355</td>
<td>6%</td>
<td>36,483,324</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,137,454</td>
<td>1,209,927</td>
<td>72,473</td>
<td>6%</td>
<td>8,684,035</td>
<td>9,484,266</td>
<td>800,231</td>
<td>8%</td>
<td>9,075,740</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>2,954,861</td>
<td>3,382,817</td>
<td>427,956</td>
<td>13%</td>
<td>26,269,906</td>
<td>26,516,912</td>
<td>247,006</td>
<td>1%</td>
<td>27,165,071</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>8,495,804</td>
<td>9,395,693</td>
<td>899,889</td>
<td>10%</td>
<td>70,456,502</td>
<td>73,650,094</td>
<td>3,193,592</td>
<td>4%</td>
<td>72,724,135</td>
</tr>
<tr>
<td><strong>Operating Income (Loss)</strong></td>
<td>518,352</td>
<td>173,062</td>
<td>345,291</td>
<td>200%</td>
<td>1,592,304</td>
<td>1,356,580</td>
<td>235,724</td>
<td>17%</td>
<td>1,412,041</td>
</tr>
<tr>
<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>3,984 (29,881)</td>
<td>33,865 (58,011)</td>
<td>176,216 (234,227)</td>
<td>75%</td>
<td>411,940 (1,534,293)</td>
<td>411,940 (1,534,293)</td>
<td>75%</td>
<td>258,718</td>
<td></td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>522,337</td>
<td>143,181</td>
<td>379,156</td>
<td>265%</td>
<td>1,534,293</td>
<td>1,122,353</td>
<td>411,940</td>
<td>37%</td>
<td>1,670,759</td>
</tr>
</tbody>
</table>
August 2018
Cash and Accounts Receivable

Medicare settlement received
8/3/18: $4,009,781

Arcora grant funding received
8/10/18: $250,000

PHD workers' comp trust dividend received
8/29/18: $343,950
## August 2018
### Board Financial Report

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Department Description</th>
<th>Rev/Exp</th>
<th>Account</th>
<th>Account Description</th>
<th>August Actual</th>
<th>August Budget</th>
<th>August 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>8612</td>
<td>BOARD</td>
<td>Exp</td>
<td>600010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>3,310.00</td>
<td>4,647.00</td>
<td>1,337.00</td>
<td>36,256.00</td>
<td>36,430.00</td>
<td>174.00</td>
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<td></td>
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<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>6,148.00</td>
<td>-</td>
<td>-(6,148.00)</td>
<td>20,720.00</td>
<td>-</td>
<td>-(20,720.00)</td>
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<td></td>
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<td>602500</td>
<td>AUDIT FEES</td>
<td>-</td>
<td>3,397.00</td>
<td>3,397.00</td>
<td>37,239.00</td>
<td>26,630.00</td>
<td>-(10,609.00)</td>
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<td>604200</td>
<td>CATERING</td>
<td>53.00</td>
<td>165.00</td>
<td>112.00</td>
<td>957.00</td>
<td>1,292.00</td>
<td>335.00</td>
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<td></td>
<td>604500</td>
<td>OFFICE SUPPLIES</td>
<td>-</td>
<td>25.00</td>
<td>25.00</td>
<td>50.00</td>
<td>194.00</td>
<td>144.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>604800</td>
<td>MINOR EQUIPMENT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>591.00</td>
<td>-</td>
<td>-(591.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
<td>82.00</td>
<td>82.00</td>
<td>-</td>
<td>646.00</td>
<td>646.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>849.00</td>
<td>849.00</td>
<td>(250.00)</td>
<td>6,658.00</td>
<td>6,908.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>-</td>
<td>1,699.00</td>
<td>1,699.00</td>
<td>9,384.00</td>
<td>13,315.00</td>
<td>3,931.00</td>
</tr>
<tr>
<td></td>
<td><strong>Exp Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>9,511.00</td>
<td>10,864.00</td>
<td>1,353.00</td>
<td>104,947.00</td>
<td>85,165.00</td>
<td>-(19,782.00)</td>
</tr>
<tr>
<td></td>
<td><strong>BOARD Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>9,511.00</td>
<td>10,864.00</td>
<td>1,353.00</td>
<td>104,947.00</td>
<td>85,165.00</td>
<td>-(19,782.00)</td>
</tr>
</tbody>
</table>
September 2018
Preview – (*as of 11:59pm 09/18/18)

• $17,542,70 in HB charges
  • Average: $601,667/day (HB only)
  • Budget: $642,350/day

• $7,160,261 in HB cash collections
  • Average: $258,766/day (HB only)
  • Goal: $289,057/day

• 49.4 Days in A/R

• Questions
Patient Safety & Quality Report

September 19, 2018

Brandie Manuel, Chief Patient Safety & Quality Officer
Goal: Provide the Highest Quality, Safest Care of any Hospital in the Region

Strategy: Enhance the Culture of Safety

Strategy: Align care with Patient Goals

Strategy: Drive best practice clinical care

Strategy: Achieve excellent clinical outcomes
Culture of Safety Initiatives

**Culture**
- TeamSTEPPS
- Target: 75%
- Actual: 54%
- Just Culture
- Focus Groups

**Prevent**
- FMEA: Medication Administration
- Risk Committee
- Workplace Violence Prevention

**Connect**
- Safety Rounds: In progress
- Data Transparency
- Safety Briefing: Planning Stage

*If I had six hours to chop down a tree, I’d spend the first four hours sharpening the axe.*
~ Abraham Lincoln

Enhance the culture of safety
### Strategy: Align Care with Patient Goals

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Status</th>
<th>Comments/Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative Care Program</td>
<td><em>In Progress</em></td>
<td>Pilot Initiated in August 2017; participating in the Washington Rural Palliative Care Initiative</td>
</tr>
<tr>
<td>Advance Care Planning</td>
<td><em>In Progress</em></td>
<td>Materials presented, training completed, and classes scheduled to begin September 27th</td>
</tr>
<tr>
<td>Engage patient in quality and safety work</td>
<td><em>In Progress</em></td>
<td>PFAC Involvement continues to be a model for state and national patient engagement work. Examples: Ethics, Policy review, health equity, readmissions, wayfinding, advance care planning</td>
</tr>
</tbody>
</table>
## Align Care with Patient Goals: Service

<table>
<thead>
<tr>
<th>HCAHPS</th>
<th>90th Percentile</th>
<th>WA 2017</th>
<th>2017</th>
<th>Q2 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Communication</td>
<td>89.3%</td>
<td>86.2%</td>
<td>84%</td>
<td>87.3%</td>
</tr>
<tr>
<td>Doctor Communication</td>
<td>91.4%</td>
<td>86%</td>
<td>85%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Responsiveness of Staff</td>
<td>84.4%</td>
<td>78.5%</td>
<td>77%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Communication about Medicines</td>
<td>77%</td>
<td>66.4%</td>
<td>63%</td>
<td>75.5%</td>
</tr>
<tr>
<td>Cleanliness/Quiet</td>
<td>82.1%</td>
<td>65%</td>
<td>65%</td>
<td>67.9%</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>94.9%</td>
<td>92.5%</td>
<td>93%</td>
<td>96.5%</td>
</tr>
<tr>
<td>Willingness to Recommend</td>
<td>89.5%</td>
<td>83.5%</td>
<td>81%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Overall Rating</td>
<td>88.3%</td>
<td>79.1%</td>
<td>77%</td>
<td>77.9%</td>
</tr>
</tbody>
</table>

CMS Star Rating: ★★★★★
Strategy: Drive Best Practice Clinical Care

Antimicrobial Stewardship: B-
- Positives: Fully implemented CDC best practices for AS
- Days of Therapy: Decreased overall, still higher than many of our peers
- Opportunities: Outpatient Antimicrobial Stewardship

Quality: Best Practices: A-
- Stroke: 93% (goal 90% or higher)
- Chest pain/Myocardial Infarction: 94% (goal 90% or higher)
- Sepsis: 33% (Goal 90% or higher)
- Atrial Fibrillation: 93% (goal 90% or higher)

Patient Flow and Throughput: D
- ER Throughput: Admitted patients 255 min (goal < 199)
- ER Throughput: Discharged patients 156 min (goal < 104)
- ER Left without being seen: 1.9% (goal < 1%)

Factors in grading system:
- Overall performance
- Systems in Place
- Are defects known?
- Do we have a plan?
- Impact to patient care/clinical course

Achieve excellent clinical outcomes
Drive best practice clinical care
Align care with patient goals
Enhance the culture of safety
Strategy: Achieve Excellent Clinical Outcomes

**Eliminate Harm: Target Zero**
- Healthcare Acquired Infections: 2 (1 colon SSI, 1 c.diff)
- Patient Falls with Injury (rate): 1.4 (WSHA target 0.66)
- Pressure Ulcers: 0
- Venous Thromboembolism: 0

**Demonstrate Excellent Outcomes**
- OP Diabetes Care: A1C < 9% **14.1%** (goal < 17.04%)
- Pediatric Radiation Safety: **459.4 Dose Length Product** (DLP) (goal < 553)
- Newborn Complications: 2
- Readmissions: **10.8%** (WA CAH 12.9%)

**On our radar...**
- Medication Safety: Alarm Fatigue
- Patient Falls (ED)
- Sepsis, Patient Flow, Discharge process
- Glycemic management in the OR
Questions
Organizational Chart Revisions

Goals of re-organization: To better align with immediate clinical and business needs and better position for a rapidly changing healthcare environment.

• Develops a (near) fully integrated, multi-disciplinary medical group, including both primary and specialty care clinics and providers

• Tightly aligns clinical services under nursing services

• Streamlines executive leaders
Organizational Chart

Jefferson County Residents

Board of Commissioners

- Medical Staff
  - Chief Medical Officer
    * Medical Staff Affairs

- Chief Executive Officer
  - Patient Advocate
  - Chief Administrative Officer / Chief Financial Officer

- Chief Ambulatory & Medical Group Officer
- Chief Human Resources Officer
- Chief Quality Officer
- Chief Nursing Officer
- Chief Legal Officer
<table>
<thead>
<tr>
<th>Chief Executive Officer</th>
<th>Chief Administrative Officer / Chief Financial Officer</th>
<th>Chief Ambulatory &amp; Medical Group Officer</th>
<th>Chief Human Resources Officer</th>
<th>Chief Quality Officer</th>
<th>Chief Nursing Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Management</td>
<td>Accounting</td>
<td>JH Family Medicine</td>
<td>Human Resources</td>
<td>Quality</td>
<td>Inpatient Services</td>
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<tr>
<td>Marketing &amp; Communications</td>
<td></td>
<td>JH Townsend Clinic</td>
<td>Employee</td>
<td>Education</td>
<td>Acute Care</td>
</tr>
<tr>
<td>Patient Advocates</td>
<td></td>
<td>JH Primary Care</td>
<td>Engagement</td>
<td>Utilization</td>
<td>Intensive Care</td>
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<tr>
<td></td>
<td></td>
<td>Dental Clinic</td>
<td>Personnel</td>
<td>Management</td>
<td>Swing Bed</td>
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<tr>
<td></td>
<td></td>
<td>JH Port Ludlow Clinic</td>
<td>Talent</td>
<td>Infection Control</td>
<td>Family Birth Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>South County Medical Clinic</td>
<td>Acquisition &amp; Retention</td>
<td>Medical Staff Services</td>
<td>Surgical Services</td>
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<tr>
<td></td>
<td></td>
<td>JH Cardiology Clinic</td>
<td>Labor Relations</td>
<td>Performance</td>
<td>House Supervisors</td>
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<tr>
<td></td>
<td></td>
<td>JH Orthopedics Clinic</td>
<td>Employee</td>
<td>Improvement</td>
<td>Emergency Dept.</td>
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<td></td>
<td></td>
<td>JH Dermatology Clinic</td>
<td>Development</td>
<td></td>
<td>Jefferson Healthcare</td>
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<td></td>
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<td>Population Health</td>
<td>Benefits</td>
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<td>Express Clinic</td>
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<td>Volunteers</td>
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<td>Pharmacy</td>
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<td>Employee Health Services</td>
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<td>Respiratory Therapy</td>
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<td>Pulmonary Rehab</td>
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<td>Sleep Medicine</td>
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<td>Hospital Based</td>
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<td>Physicians</td>
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<td>Home Health, Hospice</td>
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<td>JH Oncology Clinic</td>
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<td>JH Infusion Clinic</td>
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<td>JH Wound Care Clinic</td>
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SANE Update

• Jefferson Healthcare created an exploratory committee to evaluate the feasibility of developing and maintaining an effective, quality Sexual Assault Nurse Examiner (SANE) program at Jefferson Healthcare.

• Membership consisted of three SANE registered nurses who have provided SANE services at other facilities, three recently trained SANE’s, a patient advocate, interim CNO, medical group clinic nurse manager and the JH Director of Population Health and Care Transformation.

• Three meetings were held from June 27 to August 8.
SANE Update

• Held meeting with external stakeholders including representatives from the Dove House, PTPD, Jefferson County Sheriff’s office to review draft proposal and seek input.

• Scheduled meeting with community on October 4th to review draft proposal and seek input.

• Committee will forward recommendations to Administration no later than October 19.

• Administration will present recommendation to the board at October 24 meeting
Port Ludlow Retail Pharmacy

• Existing Port Ludlow Clinic undergoing modest remodel to accommodate retail pharmacy service.

• Lanny Turay, R.Ph., Director of Pharmacy Services, is addressing all operational details and recruiting additional staff for the new service.

• Pharmacy will open 1Q of 2019 and will be a local option for Port Ludlow residents/Port Ludlow clinic patients to conveniently fill a prescription.
Washington DC Advocacy Agenda

• Support the continuation of the 340b drug pricing program.
• Support WRHAP program to preserve the smallest, most remote and most vulnerable hospitals.
• Support state led rural payment system redesign.
• Support bills aimed at addressing the opioid crisis.
• Support the preservation of off campus provider based clinic by opposing site neutral payments.
• Support Home Health.
• Support elevating pharmacist services in underserved communities
Dr. Brian Johnston, MD, MPH
Keeping Active Kids Safe at Home and in the Community

Keeping Active Kids Safe at Home and in the Community

Jefferson Healthcare will host Brian Johnston, MD MPH for a free 60-minute presentation exploring prevention strategies for four common causes of pediatric injury and disability: window falls, pedestrian crashes, drowning and concussion. The presentation will focus on patterns of injury and injury hospitalization among children and youth, with a review of local data as available. Brian Johnston MD MPH is professor of Pediatrics and adjunct professor of Health Services at the University of Washington, in Seattle. He is the chief of pediatrics at Harborview Medical Center and an investigator at the Harborview Injury Prevention and Research Center. In addition, he is the associate chief for clinical services in the UW Division of General Pediatrics and a medical director of the Washington Medical-Legal Partnership. He serves on the executive committee of the American Academy of Pediatrics Council on Injury, Violence and Poison Prevention and for 10 years was Editor-in-Chief of the academic journal Injury Prevention. His academic interests include implementation of injury prevention in community settings and studies of the complex relationships between injury prevention, individual health and community wellbeing.
We invite you to attend a community open house to reveal plans for the first Rural Health Dental Clinic in Washington State. Community members will have the first glimpse of the new clinic from design team, Coates Design Architects between 1:00pm -3:00pm. The team will offer virtual tours to the community as well as give details about design plans and dental services offered before the clinic is slated to open in Spring of 2019. In addition, the newly hired dental clinic manager, Susan Gile will be on hand to answer community questions.
Jefferson Healthcare congratulates Hilary Whittington on this impressive achievement. Hilary has been instrumental in our mission to push ourselves to deliver more progressive healthcare and to be courageous in shaping the health of our region. She understands the pivotal role rural hospitals play in our communities.
Questions