

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, September 19, 2018
Victor J. Dirksen Conference Room

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.

Education:

Bill Hunt, Emergency Management Coordinator gave an update on Emergency Preparedness.

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 _____



Update on Emergency Management

September 19, 2018

Bill Hunt, Emergency Management Coordinator

Agenda

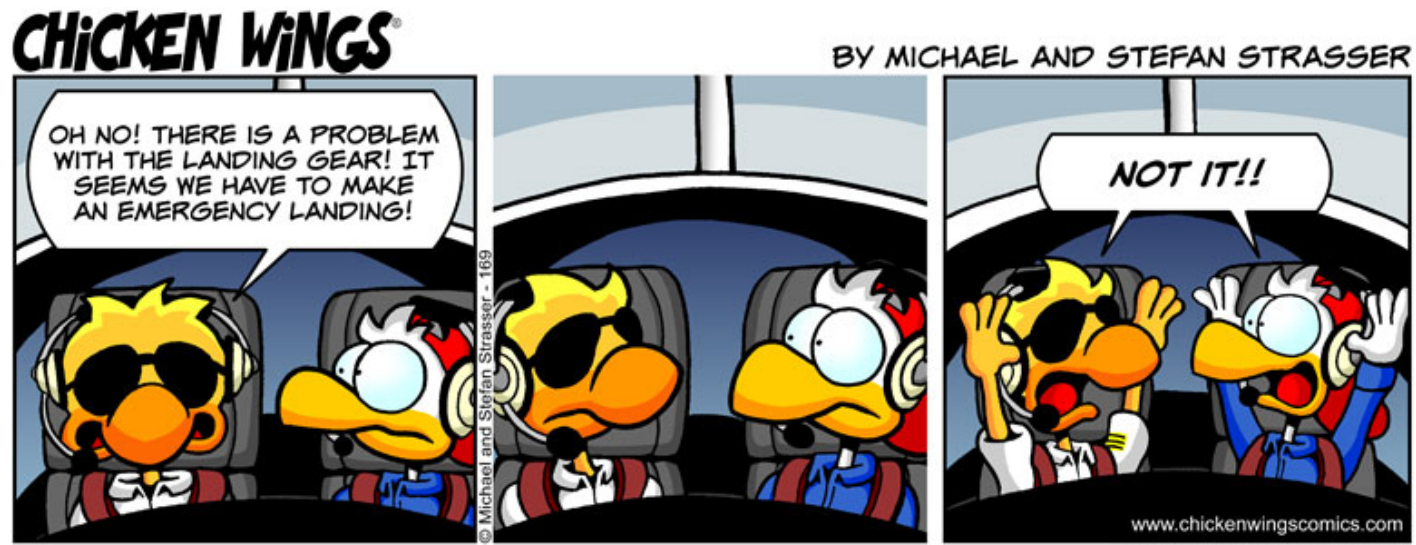
The Four Phases of Emergency Management

The Requirements

Preparation: Personal and Organizational

Community Involvement

How Most People Approach Emergency Management:



Emergency Management




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.

Current Status: Active	PolicyStat ID: 4904616
	
Origination:	01/2015
Last Approved:	06/2018
Last Revised:	03/2018
Next Review:	06/2019
Owner:	Bill Hunt: Emergency Management Coordinator / Telemetry Techn
Policy Area:	Emergency Management Policies
References:	
Emergency Operations Plan	
STATEMENT OF POLICY:	
<p>The Emergency Operations Plan (EOP) is the core response to all emergencies for Jefferson Healthcare Medical Center and its Rural Health Clinics. The Emergency Operations Plan allows for coordination with the Department of Emergency Management (DEM) for an all hazards approach to emergency response in the region.</p>	
STATEMENT OF PURPOSE:	
<p>The Jefferson Healthcare Emergency Operations Plan (EOP) outlines the response to events that occur away from campuses (external triage) or within the hospital/clinic campuses (internal triage) which cause, or have the potential to cause an impact on normal operations or services.</p>	
Campus locations:	

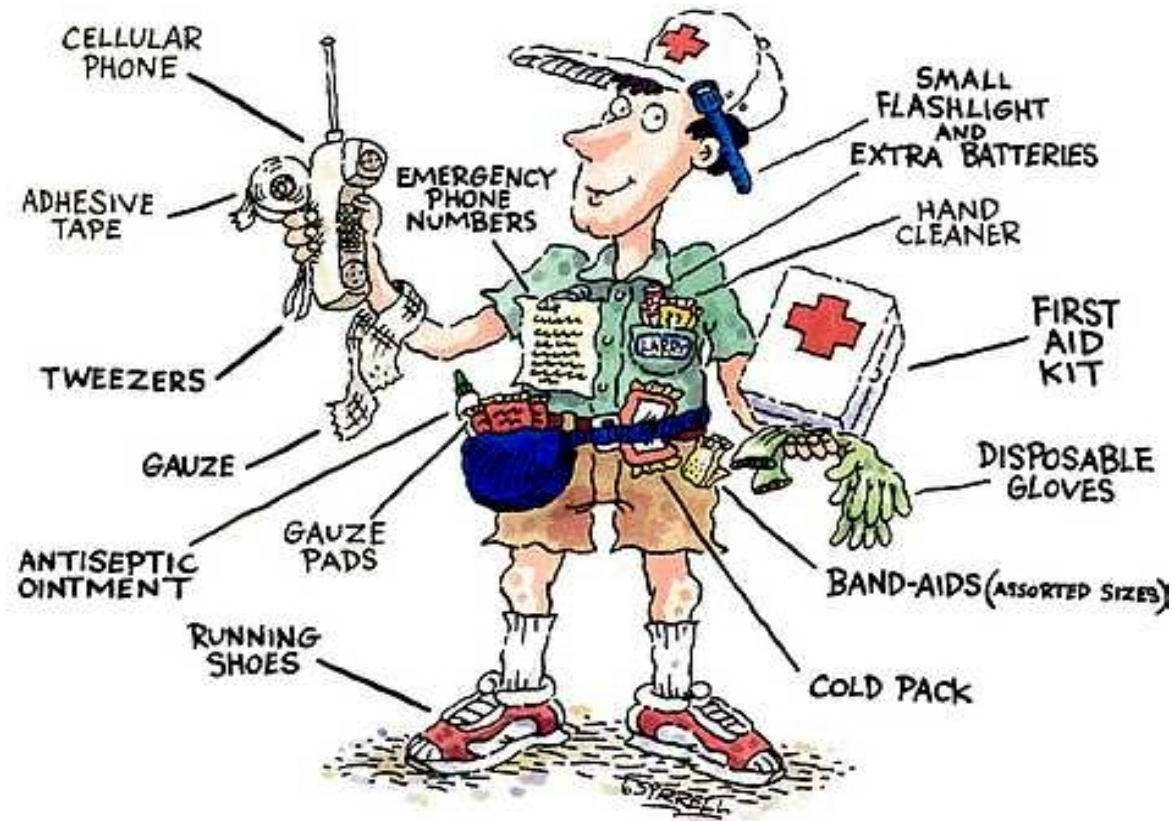
- CMS Conditions of Participation and DNV Require planning and preparation
 - Emergency Plan
 - Policies and Procedures
 - Communication Plan
 - Testing
 - Training
 - Emergency and Standby Power Systems



Emergency Management:
Prepare

DISASTER PREPARATION

Think Globally, Act Locally.
What can *you* do? Gather your Supplies.



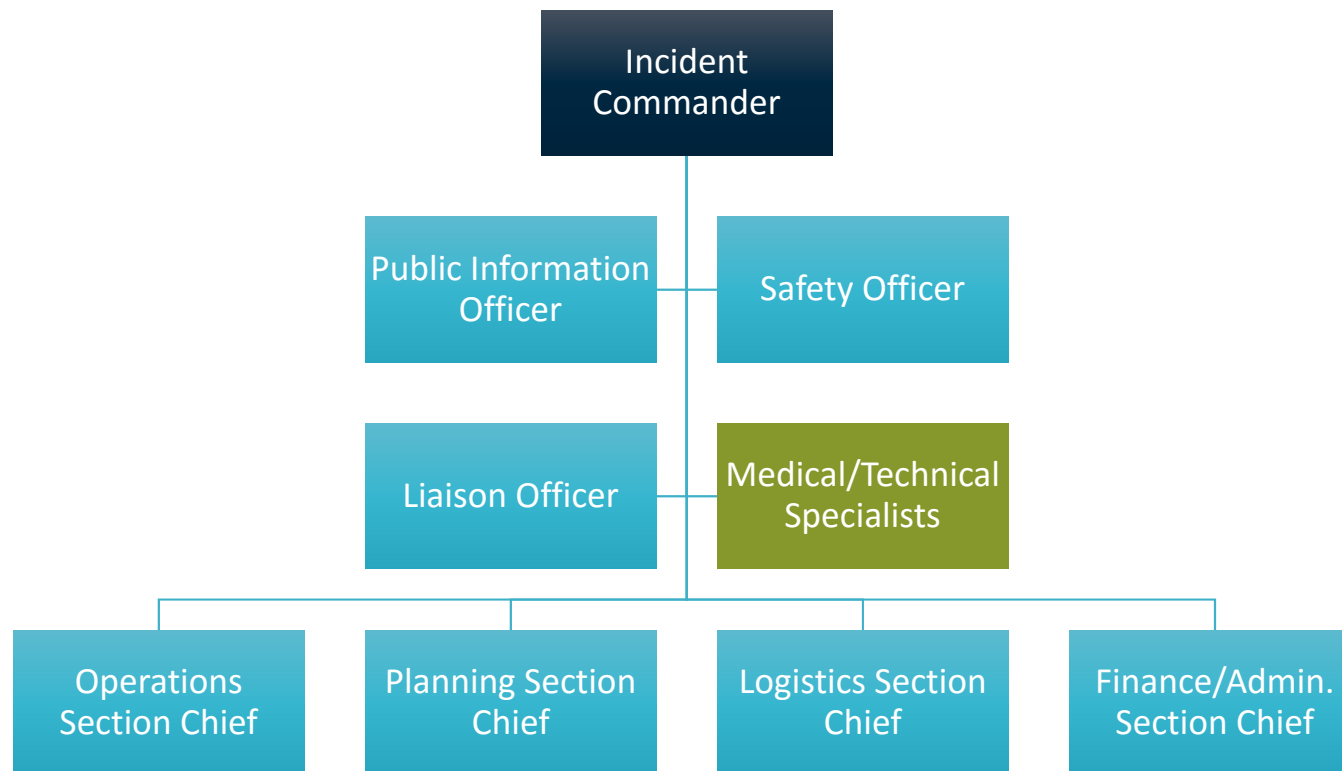
...back at the shop....

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



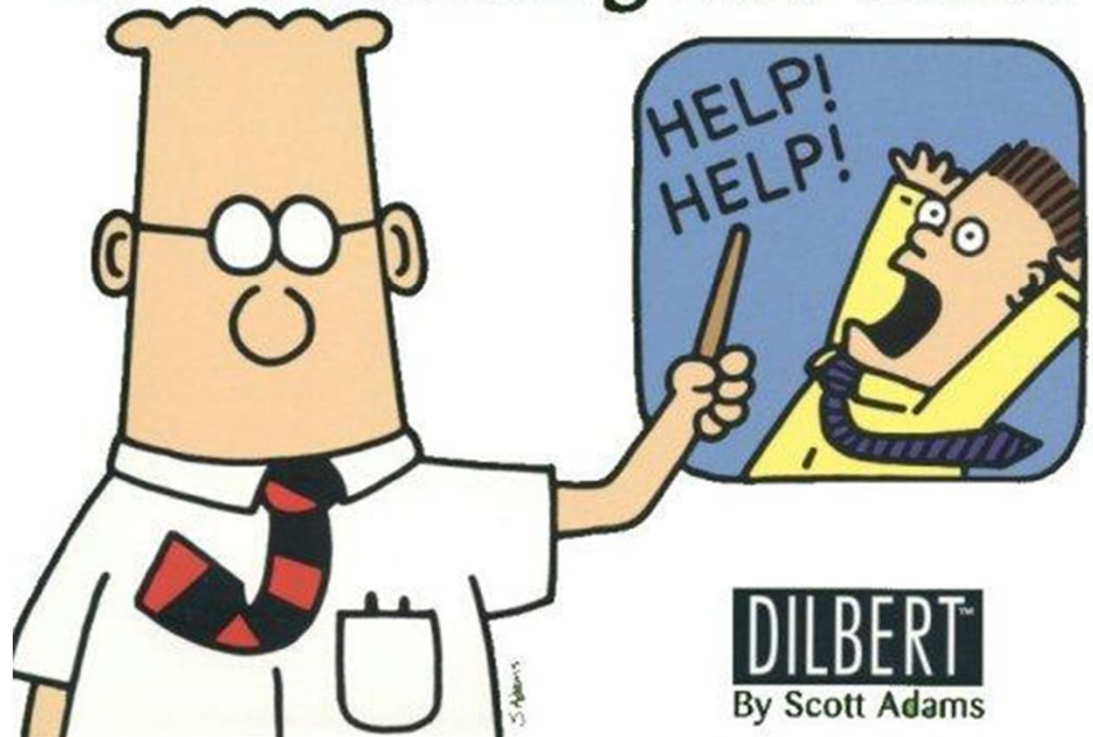
Hospital Incident Command System



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??

Our Disaster Recovery Plan Goes Something Like This...



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!



Jefferson Healthcare

Finance Report

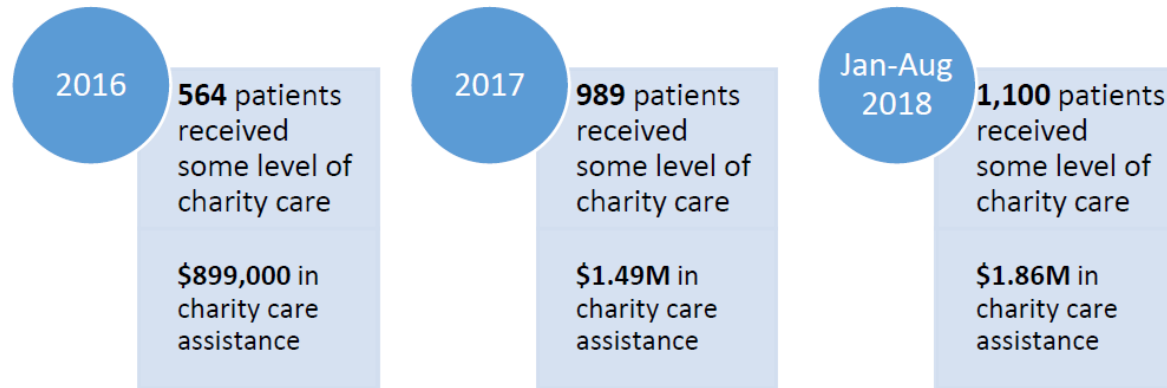
September 19, 2018

Hilary Whittington, CAO/CFO

August 2018

Education – Charity Care

Jefferson Healthcare's Expanding Charity Care Program



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

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

Payor	IP contractual adjustments %	OP contractual adjustments %
Medicare	46.31%	58.3%
Medicaid	54.38%	67.03%
Insurance	28.55%	28.55%
Self Pay	95.0%	95.0%

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

STATISTIC DESCRIPTION

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

August 2018

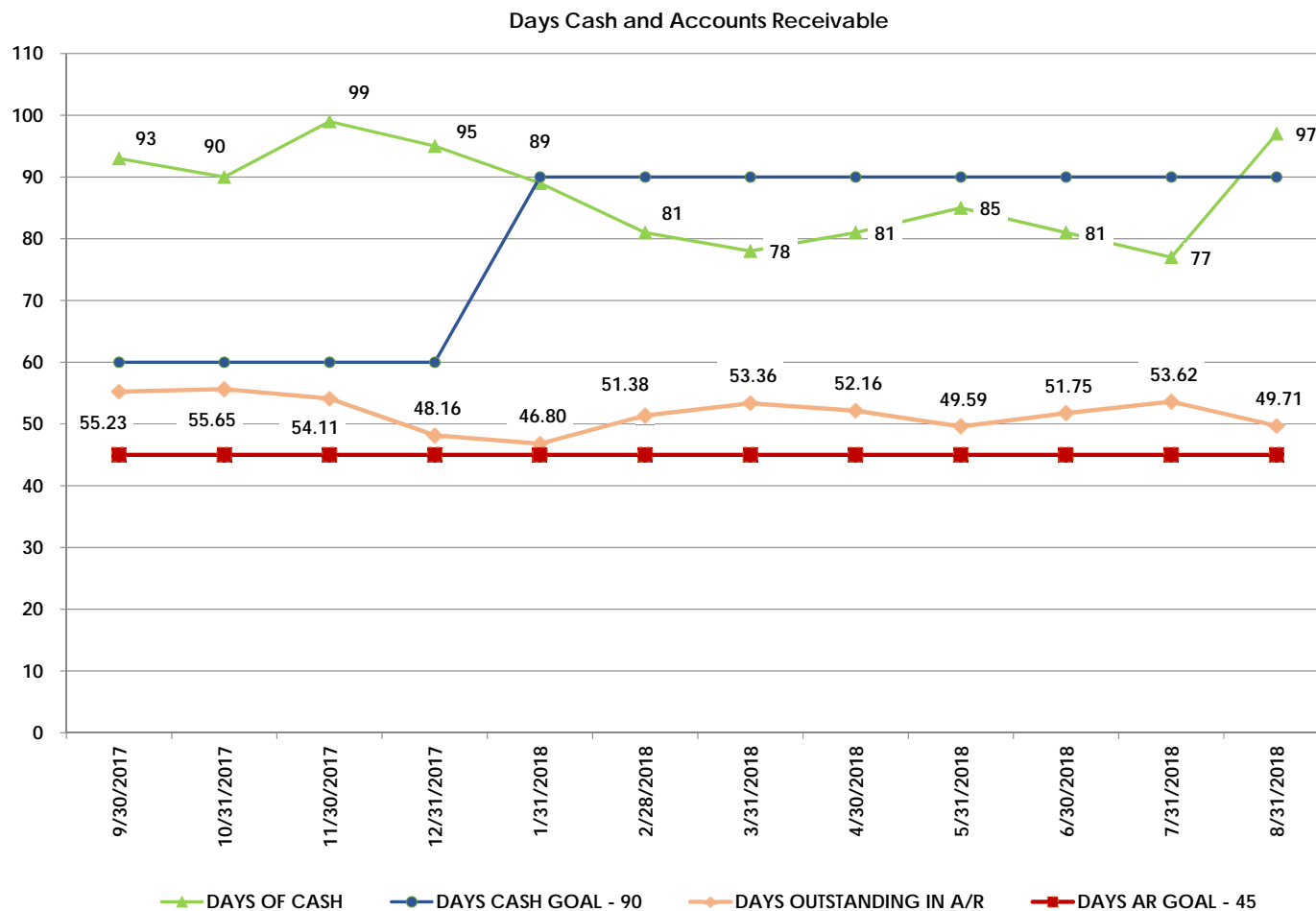
Income Statement Summary



	August 2018 Actual	August 2018 Budget	Variance Favorable/ (Unfavorable)	%	August 2018 YTD	August 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	August 2017 YTD
Operating Revenue									
Gross Patient Service Revenue	19,606,401	20,270,747	(664,346)	-3%	152,283,646	158,896,461	(6,612,815)	-4%	155,273,409
Revenue Adjustments	11,056,354	11,000,435	(55,919)	-1%	82,178,319	86,229,191	4,050,872	5%	84,168,101
Charity Care Adjustments	252,870	124,980	(127,890)	-102%	1,804,143	979,682	(824,462)	-84%	816,455
Net Patient Service Revenue	8,297,177	9,145,333	(848,155)	-9%	68,301,184	71,687,588	(3,386,404)	-5%	70,288,853
Other Revenue	716,979	423,423	293,557	69%	3,747,622	3,319,086	428,536	13%	3,847,323
Total Operating Revenue	9,014,157	9,568,755	(554,598)	-6%	72,048,806	75,006,674	(2,957,868)	-4%	74,136,176
Operating Expenses									
Salaries And Wages	4,403,489	4,802,949	399,460	8%	35,502,561	37,648,916	2,146,355	6%	36,483,324
Employee Benefits	1,137,454	1,209,927	72,473	6%	8,684,035	9,484,266	800,231	8%	9,075,740
Other Expenses	2,954,861	3,382,817	427,956	13%	26,269,906	26,516,912	247,006	1%	27,165,071
Total Operating Expenses	8,495,804	9,395,693	899,889	10%	70,456,502	73,650,094	3,193,592	4%	72,724,135
Operating Income (Loss)	518,352	173,062	345,291	200%	1,592,304	1,356,580	235,724	17%	1,412,041
Total Non Operating Revenues (Expenses)	3,984	(29,881)	33,865	113%	(58,011)	(234,227)	176,216	75%	258,718
Change in Net Position (Loss)	522,337	143,181	379,156	265%	1,534,293	1,122,353	411,940	37%	1,670,759

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

Dept.	Department Description	Rev/Exp	Account	Account Description	August Actual	August Budget	August Variance	2018 to Date Actual	2018 to Date Budget	2018 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	3,310.00	4,647.00	1,337.00	36,256.00	36,430.00	174.00
			602300	CONSULT MNGMT FEE	6,148.00	-	(6,148.00)	20,720.00	-	(20,720.00)
			602500	AUDIT FEES	-	3,397.00	3,397.00	37,239.00	26,630.00	(10,609.00)
			604200	CATERING	53.00	165.00	112.00	957.00	1,292.00	335.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	50.00	194.00	144.00
			604800	MINOR EQUIPMENT	-	-	-	591.00	-	(591.00)
			604850	COMPUTER EQUIPMENT	-	82.00	82.00	-	646.00	646.00
			606500	OTHER PURCHASED SERVICES	-	849.00	849.00	(250.00)	6,658.00	6,908.00
			609400	TRAVEL/MEETINGS/TRAINING	-	1,699.00	1,699.00	9,384.00	13,315.00	3,931.00
		Exp Total			9,511.00	10,864.00	1,353.00	104,947.00	85,165.00	(19,782.00)
	BOARD Total				9,511.00	10,864.00	1,353.00	104,947.00	85,165.00	(19,782.00)

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**

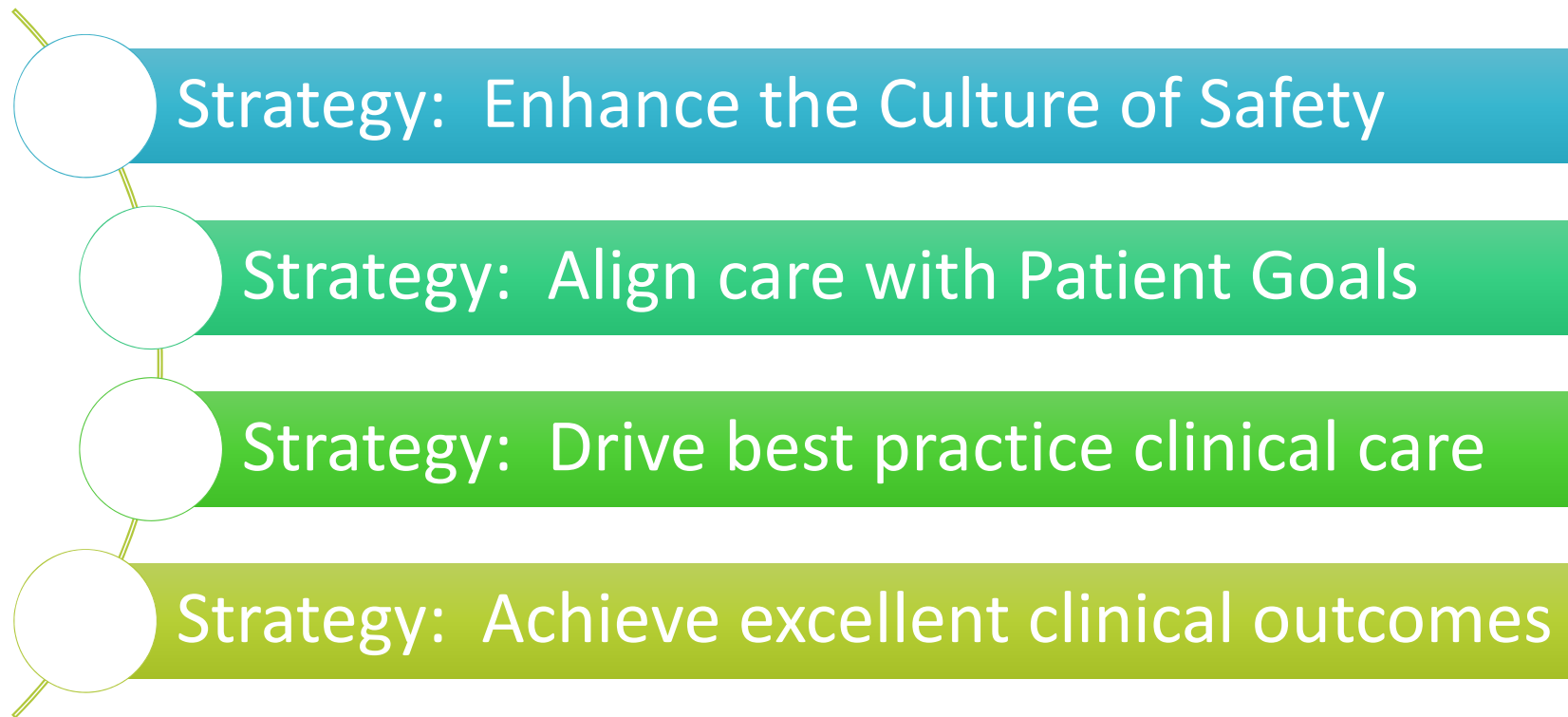


Patient Safety & Quality Report

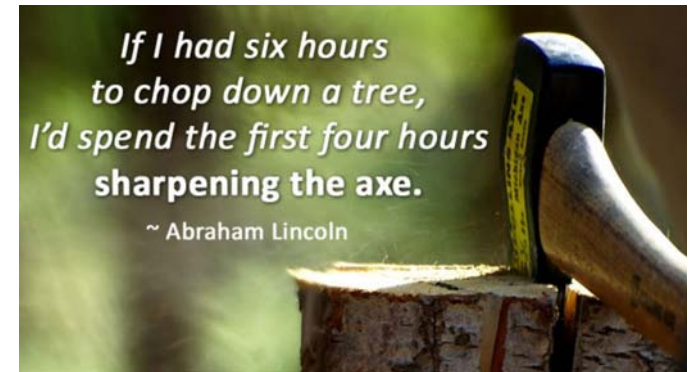
September 19, 2018

Brandie Manuel, Chief Patient Safety & Quality Officer

Goal: Provide the Highest Quality, Safest Care of any Hospital in the Region



Culture of Safety Initiatives



Culture

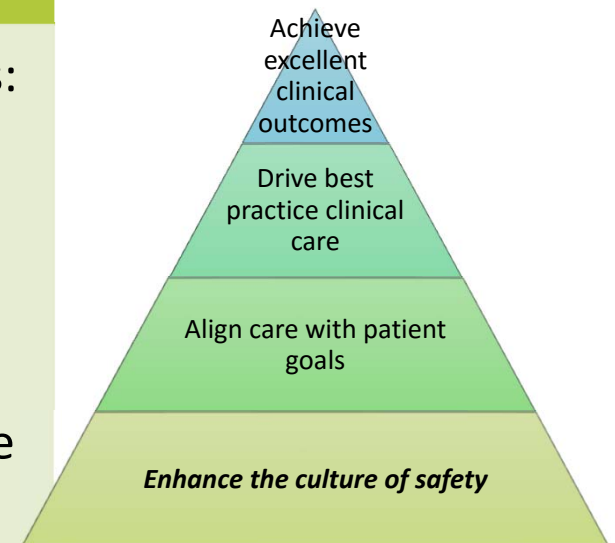
- TeamSTEPPS
 - Target: 75%
 - Actual: 54%
- Just Culture
- Focus Groups

Prevent

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

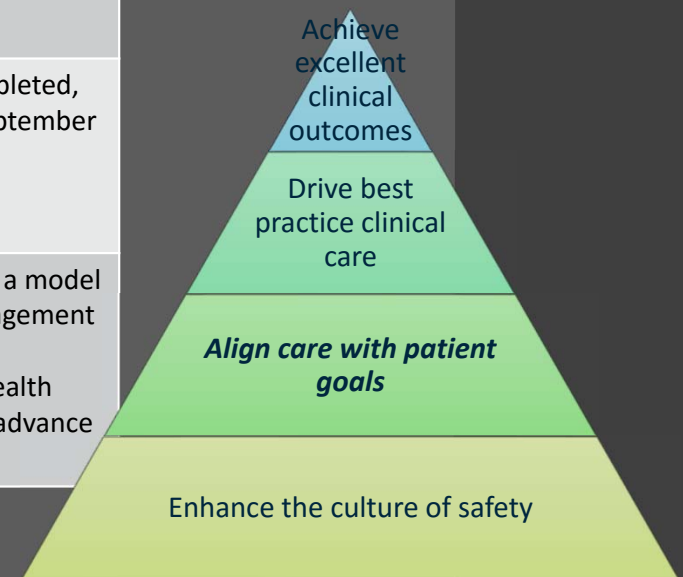
Connect

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



Strategy: Align Care with Patient Goals

Initiatives	Status	Comments/Next Steps
Palliative Care Program	<i>In Progress</i>	Pilot Initiated in August 2017; participating in the Washington Rural Palliative Care Initiative
Advance Care Planning	<i>In Progress</i>	Materials presented, training completed, and classes scheduled to begin September 27th
Engage patient in quality and safety work	<i>In Progress</i>	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



Align Care with Patient Goals: Service

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

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-

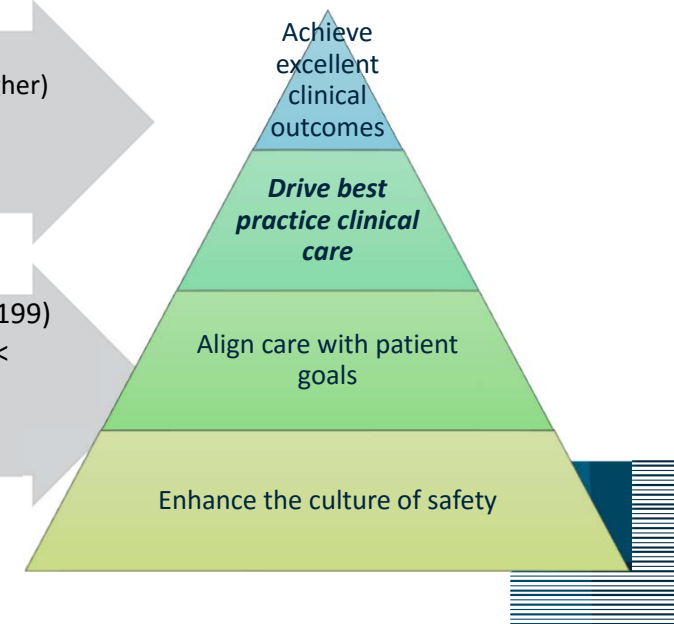
- Stroke: **93%** (goal 90% or higher)
- Chest pain/Myocardial Infarction: **94%** (goal 90% or higher)
- Sepsis: **33%** (Goal 90% or higher)
- Atrial Fibrillation: **93%** (goal 90% or higher)

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



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

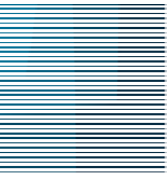
*Achieve
excellent
clinical
outcomes*

Drive best
practice
clinical care

Align care with
patient goals

Enhance the culture of
safety

Questions



Jefferson Healthcare

Administrative Report

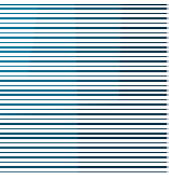
September 19, 2018

Mike Glenn, CEO

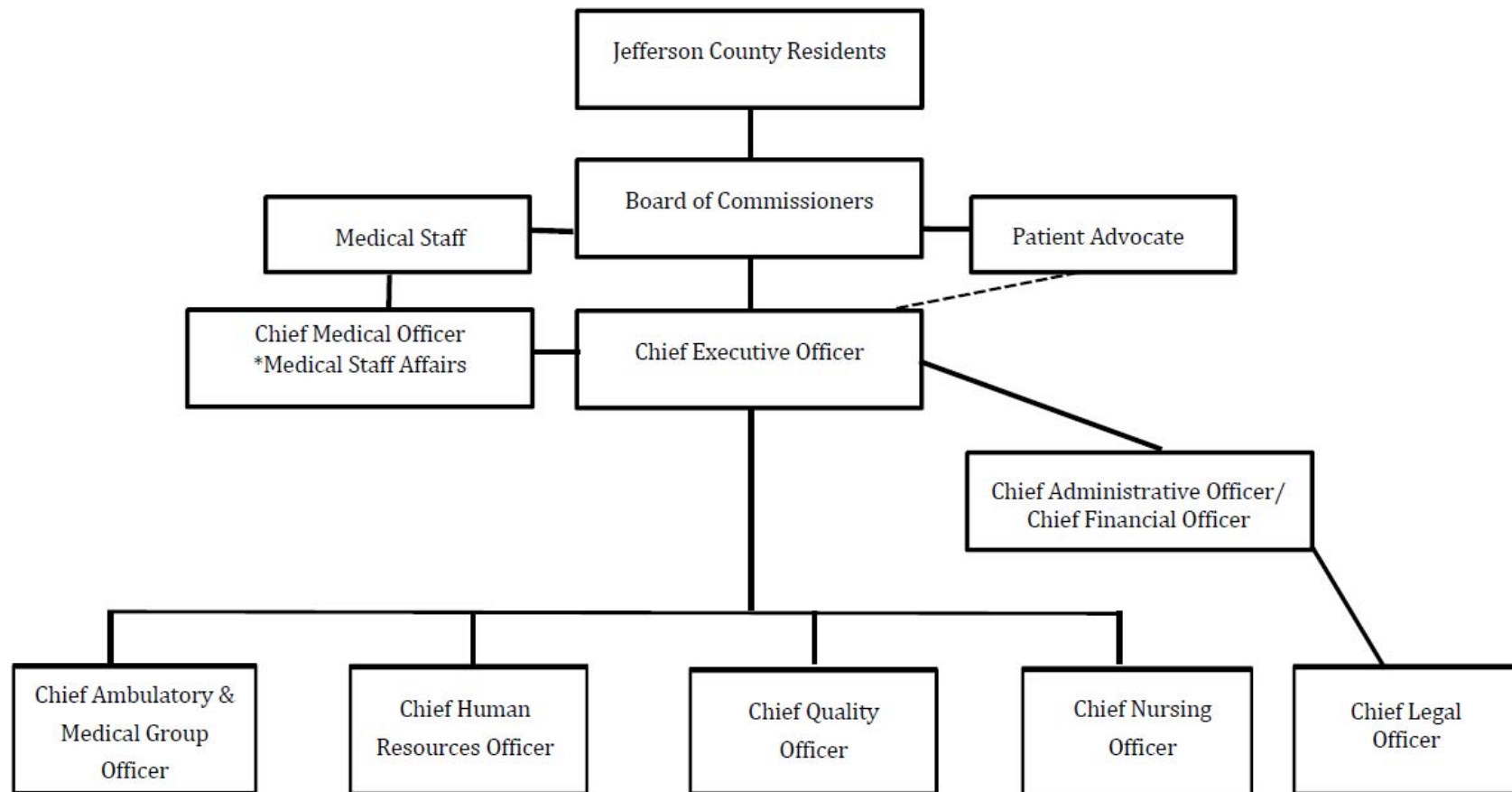
Organizational Chart Revisions

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



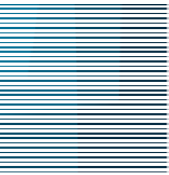
Organizational Chart



Chief Executive Officer	Chief Administrative Officer/ Chief Financial Officer	Chief Ambulatory & Medical Group Officer	Chief Human Resources Officer	Chief Quality Officer	Chief Nursing Officer
<ul style="list-style-type: none"> • Risk Management • Marketing & Communications • Patient Advocates 	<ul style="list-style-type: none"> • Accounting <ul style="list-style-type: none"> ○ Financial Reporting ○ Accounts Payable ○ Payroll • Revenue Cycle Operations <ul style="list-style-type: none"> ○ Registration ○ Patient Accounts ○ Financial Counseling ○ Revenue Cycle Integrity ○ Revenue & Reimbursement ○ Eligibility & Prior Authorization ○ Health Information Management • Information Technology • Support Services <ul style="list-style-type: none"> ○ Materials Management ○ Dietary ○ Environmental Services • Facilities <ul style="list-style-type: none"> ○ Plant Operations ○ Bio-Medical Engineering ○ Security • Diagnostic Imaging • Laboratory • Rehab Services <ul style="list-style-type: none"> ○ Wellness ○ Exercise for Health ○ Community Services 	<ul style="list-style-type: none"> • JH Family Medicine • JH Townsend Clinic • JH Primary Care <ul style="list-style-type: none"> ○ Dental Clinic • JH Port Ludlow Clinic • South County Medical Clinic • JH Cardiology Clinic • JH Orthopedics Clinic • JH Dermatology Clinic • Population Health <ul style="list-style-type: none"> ○ CHIP • Care Transformation • Diabetes Clinic <ul style="list-style-type: none"> ○ Diabetes Education • Cardiac Services <ul style="list-style-type: none"> ○ Cardiac Rehab • JH Womens Clinic • JH Surgical Associates • JH Urology Clinic • Behavioral Health 	<ul style="list-style-type: none"> • Human Resources <ul style="list-style-type: none"> ○ Employee Engagement ○ Personnel Management ○ Talent Acquisition & Retention ○ Labor Relations ○ Employee Development ○ Employee Benefits • Volunteers • Employee Health Services 	<ul style="list-style-type: none"> • Quality • Education • Utilization Management • Infection Control • Medical Staff Services • Performance Improvement • Clinical Informatics 	<ul style="list-style-type: none"> • Inpatient Services <ul style="list-style-type: none"> ○ Acute Care ○ Intensive Care ○ Swing Bed • Family Birth Center • Surgical Services • House Supervisors • Emergency Dept. • Jefferson Healthcare Express Clinic • Pharmacy • Respiratory Therapy <ul style="list-style-type: none"> ○ Pulmonary Rehab ○ Sleep Medicine • Hospital Based Physicians • Home Health, Hospice • JH Oncology Clinic • JH Infusion Clinic • JH Wound Care Clinic

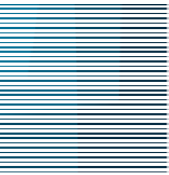
SANE Update

- 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.



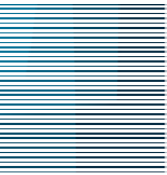
SANE Update

- 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



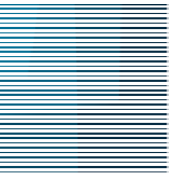
Port Ludlow Retail Pharmacy

- 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.



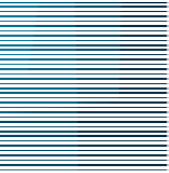
Jefferson Healthcare Dental Clinic Open House Plan Reveal

Jefferson Healthcare Dental Clinic Open House Plan Reveal

Monday, October 15, 1-pm

Dirksen Conference Room, Jefferson Healthcare

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.





Hilary Whittington, CPA, MBA
Chief Administrative Officer /
Chief Financial Officer

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.



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Questions

