
Regular Session Agenda
Wednesday, October 24, 2018

<u>Call to Order:</u>	2:00
<u>Education Topic:</u> Board Discussion: The Community Conversation around Ballot Measures -Mary Kay Clunies-Ross, Sunshine Communications	2:01
<u>Break:</u>	3:15
<u>Approve Agenda:</u>	3:30
<u>Employee of the Quarter:</u>	3:31
<u>Patient/Caregiver Story:</u> Tina Toner, CNO • Nurses Recognition	3:40
<u>Minutes:</u> Action Requested • September 19 Special Session (pg. 2-4)	3:50
<u>Required Approvals:</u> Action Requested • September Warrants and Adjustment (pg. 5-10) • Resolution 2018-15 Cancel Warrants (pg. 11) • Medical Staff Credentials/ Appointments/ Reappointments (pg.12-13) • Medical Staff Policy (pg. 14-24) • Resolution 2018-16 Meeting Change (pg. 25)	3:52
<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>	3:55
<u>Financial Report:</u> Hilary Whittington, CAO/CFO	4:05
<u>Quality Report:</u> Brandie Manuel, Chief Quality Officer • Strategic Plan Scorecard	4:20
<u>Administrator's Report:</u> Mike Glenn, CEO • Sexual Assault Nurse Examiners Recommendation, Dr. Molly Parker	4:30
<u>Chief Medical Officer Report:</u> Joe Mattern, MD, CMO	4:50
<u>Board Business:</u> • Appoint Independent Auditor	5:05
<u>Meeting Evaluation:</u>	5:10
<u>Conclude:</u> This Regular Session will be officially audio recorded. Times shown in agenda are estimates only.	5:15

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 _____

Gross Revenue

Inpatient Revenue	3,443,846	4,266,516	(822,670)	-19%	33,041,944	38,825,316	(5,783,372)	-15%	33,376,459
Outpatient Revenue	13,911,430	15,350,319	(1,438,889)	-9%	136,596,978	139,687,980	(3,091,002)	-2%	121,896,950

Total Gross Revenue

	17,355,275	19,616,834	(2,261,559)	-12%	169,638,922	178,513,296	(8,874,374)	-5%	155,273,409
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Revenue Adjustments

Cost Adjustment Medicaid	1,540,519	1,963,582	423,063	22%	16,120,588	17,868,607	1,748,019	10%	14,252,771
Cost Adjustment Medicare	5,648,526	6,844,964	1,196,438	17%	58,175,067	62,289,213	4,114,146	7%	55,528,358
Charity Care	131,113	120,948	(10,164)	-8%	1,935,256	1,100,630	(834,626)	-76%	816,455
Contractual Allowances Other	1,512,799	1,508,495	(4,304)	0%	13,454,405	13,727,315	272,910	2%	11,856,822
Administrative Adjustments	113,734	43,670	(70,064)	-160%	834,293	397,398	(436,895)	-110%	344,151
Adjust Bad Debt	191,768	284,860	93,092	33%	2,601,313	2,592,231	(9,082)	0%	2,185,999

Total Revenue Adjustments

	9,138,459	10,766,521	1,628,061	15%	93,120,921	97,975,394	4,854,472	5%	84,984,556
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Net Patient Service Revenue

	8,216,816	8,850,314	(633,498)	-7%	76,518,000	80,537,902	(4,019,902)	-5%	70,288,853
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Other Revenue

340B Revenue	313,013	285,518	27,495	10%	2,629,945	2,598,211	31,734	1%	2,518,667
Meaningful Use Ehr Incentive	-	-	-	0%	-	0	-	0%	136,784
Other Operating Revenue	261,095	124,246	136,849	110%	1,691,785	1,130,639	561,146	50%	1,191,873

Total Operating Revenues

	8,790,924	9,260,077	(469,153)	-5%	80,839,730	84,266,751	(3,427,021)	-4%	74,136,176
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Operating Expenses

Salaries And Wages	4,452,193	4,648,011	195,818	4%	39,954,754	42,296,927	2,342,173	6%	36,483,324
Employee Benefits	993,578	1,170,896	177,318	15%	9,677,613	10,655,163	977,549	9%	9,075,740
Professional Fees	416,474	371,156	(45,318)	-12%	3,617,817	3,377,522	(240,295)	-7%	3,769,942
Purchased Services	489,929	565,447	75,519	13%	4,664,863	5,145,574	480,712	9%	4,503,640
Supplies	1,722,699	1,373,060	(349,639)	-25%	13,349,663	12,494,851	(854,812)	-7%	11,448,696
Insurance	75,565	55,545	(20,020)	-36%	551,784	505,461	(46,323)	-9%	465,245
Leases And Rentals	129,595	119,292	(10,304)	-9%	1,100,853	1,085,555	(15,298)	-1%	1,026,759
Depreciation And Amortization	367,134	384,102	16,968	4%	3,501,395	3,495,331	(6,064)	0%	3,178,544
Repairs And Maintenance	32,269	78,724	46,456	59%	465,582	716,391	250,808	35%	398,367
Utilities	93,874	85,077	(8,796)	-10%	829,684	774,202	(55,483)	-7%	733,587
Licenses And Taxes	54,074	50,000	(4,074)	-8%	477,194	454,998	(22,196)	-5%	481,222
Other	168,740	191,288	22,547	12%	1,261,422	1,740,717	479,295	28%	1,159,068

Total Operating Expenses

	8,996,123	9,092,598	96,475	1%	79,452,625	82,742,692	3,290,067	4%	72,724,135
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Operating Income (Loss)

	(205,199)	167,479	(372,678)	-223%	1,387,104	1,524,059	(136,954)	-9%	1,412,041
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Non Operating Revenues (Expenses)

Taxation For Maint Operations	22,842	22,356	486	2%	220,004	203,441	16,563	8%	151,737
Taxation For Debt Service	16,975	16,027	948	6%	161,361	145,849	15,512	11%	163,963
Investment Income	44,857	13,356	31,500	236%	272,263	121,541	150,722	124%	135,944
Interest Expense	(87,060)	(94,793)	7,733	8%	(781,462)	(862,621)	81,160	9%	(483,851)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	(10,000)
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	(39,039)
Contributions	8,375	14,137	(5,762)	-41%	75,812	128,647	(52,834)	-41%	339,964

Total Non Operating Revenues (Expenses)

	5,989	(28,917)	34,906	121%	(52,022)	(263,143)	211,121	80%	258,718
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Change in Net Position (Loss)

	(199,210)	138,562	(337,772)	-244%	1,335,082	1,260,915	74,167	6%	1,670,759
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STATISTIC DESCRIPTION

	<u>SEP</u>	<u>SEP</u>	<u>%</u>	<u>YTD</u>	<u>YTD</u>	<u>%</u>
	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>
FTEs - TOTAL (AVG)	542.85	584.50	7%	541.23	584.50	7%
FTEs - PRODUCTIVE (AVG)	474.45	525.73	10%	483.77	525.73	8%
ADJUSTED PATIENT DAYS	1,754	2,102	-17%	17,683	19,124	-8%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	77	94	-18%	707	857	-18%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	255	351	-27%	2,829	3,191	-11%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	45	16	181%	95	145	-34%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	377	461	-18%	3,631	4,193	-13%
BIRTHS	12	9	33%	93	82	13%
SURGERY CASES (IN OR)	90	99	-9%	879	901	-2%
SURGERY MINUTES (IN OR)	14,832	9,401	58%	170,122	85,550	99%
SPECIAL PROCEDURE CASES	61	99	-38%	619	901	-31%
LAB BILLABLE TESTS	16,148	18,505	-13%	159,650	168,392	-5%
BLOOD BANK UNITS MATCHED	58	54	7%	521	491	6%
CARDIAC SERVICES (EKG, AMB, TREAD, ECG)	79	104	-24%	929	942	-1%
MRIs COMPLETED	155	184	-16%	1,439	1,673	-14%
CT SCANS COMPLETED	410	455	-10%	3,674	4,144	-11%
RADIOLOGY DIAGNOSTIC TESTS	1,320	1,565	-16%	12,530	14,242	-12%
ECHOs COMPLETED	71	172	-59%	1,013	1,564	-35%
ULTRASOUNDS COMPLETED	304	336	-10%	2,751	3,058	-10%
MAMMOGRAPHYS COMPLETED	220	201	9%	2,144	1,829	17%
NUCLEAR MEDICINE TESTS	34	32	6%	265	295	-10%
TOTAL DIAGNOSTIC IMAGING TESTS	2,514	2,945	-15%	23,816	26,805	-11%
MEDS DISPENSED	20,822	22,999	-9%	199,086	209,290	-5%
ANTI COAG VISITS	397	534	-26%	3,968	4,862	-18%
RESPIRATORY THERAPY PROCEDURES	2,869	3,647	-21%	28,032	33,191	-16%
PULMONARY REHAB RVUs	244	161	52%	2,382	1,469	62%
PHYSICAL THERAPY RVUs	6,722	5,485	23%	63,513	49,913	27%
OCCUPATIONAL THERAPY RVUs	820	956	-14%	10,878	8,698	25%
SPEECH THERAPY RVUs	188	247	-24%	1,963	2,247	-13%
REHAB/PT/OT/ST RVUs	7,974	6,849	16%	78,736	62,327	26%
ER CENSUS	1,027	1,095	-6%	9,444	9,967	-5%
EXPRESS CLINIC	573	880	-35%	4,892	8,010	-39%
SOCO PATIENT VISITS	115	243	-53%	1,373	2,211	-38%
PORT LUDLOW PATIENT VISITS	635	867	-27%	5,201	7,892	-34%
JHPC PATIENT VISITS	2,312	3,197	-28%	22,958	29,094	-21%
JHFM PATIENT VISITS	952	1,235	-23%	9,407	11,234	-16%
JHIM PATIENT VISITS	548	633	-13%	5,718	5,760	-1%
TOTAL RURAL HEALTH CLINIC VISITS	5,135	7,055	-27%	49,549	64,201	-23%
CARDIOLOGY CLINIC VISITS	173	237	-27%	2,053	2,154	-5%
DERMATOLOGY CLINIC VISITS	385	419	-8%	3,268	3,814	-14%
GEN SURG PATIENT VISITS	241	228	6%	2,717	2,075	31%
INFUSION CENTER VISITS	661	584	13%	5,322	5,313	0%
ONCOLOGY VISITS	327	400	-18%	3,039	3,642	-17%
ORTHO PATIENT VISITS	535	692	-23%	4,991	6,295	-21%
SLEEP CLINIC VISITS	159	155	3%	1,648	1,406	17%
SURGERY CENTER ENDOSCOPIES	34	65	-48%	578	587	-2%
WOMENS CLINIC VISITS	269	247	9%	2,012	2,244	-10%
WOUND CLINIC VISITS	325	315	3%	2,852	2,869	-1%
TOTAL SPECIALTY CLINIC VISITS	3,109	3,342	-7%	28,480	30,399	-6%
SLEEP CENTER SLEEP STUDIES	76	72	6%	653	652	0%
HOME HEALTH EPISODES	48	66	-27%	570	601	-5%
HOSPICE CENSUS/DAYS	820	865	-5%	9,133	7,871	16%
DIETARY TOTAL REVENUE	67,404	69,978	-4%	669,619	636,800	5%
MAT MGMT TOTAL ORDERS PROCESSED	2,254	2,522	-11%	22,311	22,946	-3%
EXERCISE FOR HEALTH PARTICIPANTS	755	907	-17%	7,472	8,256	-9%

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

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CAO/CFO
RE: SEPTEMBER 2018 WARRANT SUMMARY**

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

General Fund Warrants & ACH Transfers	\$9,587,370.20	(Provided under separate cover)
Bad Debt / Charity	\$436,615.34	(Attached)
Canceled Warrants	\$133.83	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following warrants:

GENERAL FUND:

248709 - 249381	\$5,714,652.42
ACH TRANSFERS	<u>\$3,872,717.78</u>
	<u>\$9,587,370.20</u>
YEAR-TO-DATE:	<u><u>\$85,897,902.41</u></u>

Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following:

	SEPTEMBER	SEPTEMBER YTD	SEPTEMBER YTD BUDGET
Bad Debts:	\$191,768.24	\$2,601,312.83	\$2,592,230.77
Charity Care:	\$131,112.69	\$1,935,256.08	\$1,100,630.05
Other Administrative Adjustments:	\$113,734.41	\$834,292.64	\$397,398.05
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TOTAL FOR MONTH:	\$436,615.34	\$5,370,861.55	\$4,090,258.87
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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CAO/CFO
RE: SEPTEMBER 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
9/21/2017	239805	\$ 133.83

TOTAL:	<u>\$ 133.83</u>
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-15

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$133.83

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$400.00 are canceled.

Date of Issue	Warrant #	Amount
09/21/2017	239805	133.83
Total		133.83

APPROVED this 24th day of October, 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

FROM: Barbara York – Medical Staff Services
RE: 09/25/2018 and 10/23/2018 Medical Executive Committee
appointments/reappointments and annual policy review recommendations for
Board approval 10/24/2018

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. Hebert, Kenneth, MD – Tele-Radiology
2. Lemke, Shayna, DO – Fam Medicine/Hospitalist
3. Nautsch, Felix, MD – Tele-Radiology
4. Pavlov, Sergei, CRNA
5. Peters, Michael, MD – Tele-Radiology
6. Rao, Kartik, DO – Emergency Medicine
7. Walker-Leu, Stefanie, NP – Express Care
8. Towns, Mary, ARNP – Med. Oncology
9. Michalewicz, Leszek, MD – Tele-Psychiatry

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

1. Hong, Molly, MD – Family Medicine w/OB
2. Mattern, Joseph, MD – Family
3. Forbes, Karen, MD – IM/Cardiac Services
4. Irick, Chance, DO – Emergency Medicine
5. Schwartz, David, DO – General Surgery

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

1. Babusis, Benis, MD – Diagnostic Radiology
2. Ch'en, Ian, MD – Tele-Radiology
3. Harmon, Ben, MD – Diagnostic Radiology
4. Hastreiter, Dawn, MD – Diagnostic Radiology
5. Hawkins, Robert, MD – Diagnostic Radiology
6. Hoyt, John, MD – Pathology
7. Josafat, Alice, MD – Tele-Radiology
8. Lee, Julie, MD – Diagnostic Radiology
9. O'Connor, Rachel, MD – Tele-Radiology
10. Olson, Andrew, MD – Tele-Radiology
11. Segerson, Nathan, MD – Cardiology
12. Tryon, Bryan, MD – Tele-Radiology

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

1. Hines, Kevin, PA-C – Surgical Associates
2. Byers, Candace, PA-C – South County Clinic
3. Erickson, Todd, CRNA
4. Krissoovich, Marta, ARNP – Wound Care
5. Schott, Wes, ARNP – Port Ludlow Clinic

Medical Student Rotation: Liz Reed, MS III – UW – sponsor Molly Hong, MD

Completion of 90 day provisional status:

1. Johns, Michael, MD
2. Speed, Chuck, PA-C

New Policy

Temporary Medical Staff Privileges

POLICY:

Temporary privileges may be granted to fulfill an urgent patient care need while awaiting completion of the formal initial appointment process, and are not intended to supplant the [initial appointment process](#).

There is no right to temporary privileges. If available information is inconsistent or casts any reasonable doubts on the applicant's qualifications, action on the request for temporary privileges may be deferred until they have been satisfactorily resolved.

A determination to grant temporary privileges shall not be binding or conclusive with respect to applicant's pending request for appointment to the Medical Staff.

Conditions Permitting Grant of Temporary Clinical Privileges and Staff Membership

Temporary privileges are not intended for routine use. An applicant with a current or previous challenge to licensure or registration, who has been subject to involuntary termination of medical staff membership at another organization, or has been subject to involuntary limitation, reduction, denial or loss of clinical privileges is not eligible for temporary staff membership.

Temporary privileges may be granted to an appropriately licensed practitioner only in the following circumstances:

- A. Pending Board Action: After proper processing of an application for Professional Staff appointment and review and approval of application by the Credentials Committee and MEC.
 1. Temporary clinical privileges and Staff appointment may be granted by the President/CEO and Chief of Staff, or their designees, for a period not to exceed the time until the next scheduled Board meeting following processing and approval of an applicant
- B. Care Specific Patients: Temporary clinical privileges and Staff appointment may be granted to an individual by the President/CEO and Chief of Staff, or their designees, when the Hospital has identified a patient care, treatment and service need for the admission or care of one or more specified patients. Such privileges shall not exceed 120 days and shall not be granted for treatment of more than three (3) identified patients in any 12-month period, after which the person shall be required to apply for appointment to the Active, Courtesy, or Consulting Professional Staff or for AHP privileges before being allowed to attend additional patients.
- C. Locum Tenens: Temporary privileges and Staff appointment may be granted by the President/CEO and Chief of Staff or their designees, to a Locum Tenens physician when the Hospital has identified a patient care, treatment and service need in his or her specific practice area. Locum Tenens privileges will be granted, not to exceed 120 days.

QUALIFICATIONS:

The Temporary Professional Staff shall consist of those practitioners who:

- A. Meet the basic qualifications of the Initial Appointment Policy
- B. During the time they hold Temporary Staff appointment, when responsible for call coverage, reside within reasonable proximity to Jefferson Healthcare to appropriately meet clinical care obligations to patients they admit or have responsibility for;
- C. Regularly practice at the Jefferson Healthcare during the time they hold Temporary Appointment; and
- D. Have obtained and hold appointment to the Temporary Staff

PREROGATIVES:

- A. Prerogatives: Practitioners holding Temporary Staff appointment shall not be eligible to hold Professional Staff administrative office (Chief of Staff, Vice Chief of Staff, Chair of Department or Chair of a standing Committee) and may not vote in Departmental matters, but may serve as voting members of hearing panels.

RESPONSIBILITY:

The Department Chair and/or Credentials Committee Chair has the discretion to determine if additional information is necessary prior to granting temporary privileges. Such information may include, but not be limited to: case review, performance data, or references from peers.

All temporary privileges are granted by the CEO, or designee, on the recommendation of the department chair and Chief of Staff and Credentials Committee Chair/designee where the privileges will be exercised.

All appointees to the Temporary Medical Staff shall:

- A. Fulfill the agreements set forth in the Medical Staff bylaws and policies and procedures
- B. Attend their own and assigned patients in the Hospital, regardless of ability to pay. Such assignment shall be based on a fair and equitable rotation system
- C. Contribute to the administrative organization of those who practice at the Hospital, which may include:
 - 1. Service on Committees as requested;
 - 2. Participation in quality assurance, utilization review and educational activities as requested;
 - 3. Provision of specialty coverage and consultation in an emergency as consistent with their delineated privileges;
 - 4. Participation in Emergency Department and other Departmental call coverage
 - 5. Discharge of such other functions as reasonably require the expertise or cooperation of Staff appointees and are delegated by the Board or MEC

PROCEDURE:

Application Process:

Once the complete application has been received, the following information will be verified within one week:

- National practitioner database report
- Verification of licensure in each state where a license is held
- DEA confirmation
- Board Certification verification
- AMA/AOA (education/training verification)
- Malpractice Claims Report
 - Current insurance carrier only is queried
- Work History without unexplained gaps in practice
- Peer References
- Requested privileges
- Attestation that the applicant has not been subject to involuntary termination of medical staff membership at another organization
- Attestation that the applicant has not been subject to the involuntary limitation, reduction, denial, or loss of clinical privileges at any organization

Upon receipt of the above information, file will be reviewed/approved by department chair and the Chief of Staff/designee and Credentials Committee Chair/designee and recommended to the CEO (or designee) for approval of temporary privileges not to exceed 120 days during which time the credentialing process will be completed.

Conditions:

Special requirements of consultation, co-admission, proctors, surgical assistance or reporting may, but need not, be imposed in the grant of temporary privileges. The Chair of the Department shall take steps to be generally informed about the quality and results of work performed by persons granted temporary privileges, and to be available for administrative conference with respect to such cases when appropriate.

Termination of Temporary Clinical Privileges:

Upon notice of the occurrence of any event indicating a person holding temporary clinical privileges has failed to comply with the conditions of the temporary privileges, or upon receipt of any information which raises a question about such person's professional qualifications or ability to exercise any or all of the temporary privileges granted, any person authorized to impose a Summary Suspension may terminate the temporary privileges and Staff appointment, subject to review and reinstatement as provided in the Fair Hearing Plan as outlined in the [Medical Staff Bylaws](#) for disputed Automatic Suspensions.

Transfer of Patients:

In the event of any termination or suspension of temporary privileges, the person's patients shall be assisted in selecting another professional with relevant privileges by the Chair of Department if the person has not made arrangements to transfer. The wishes of the patient, when determinable, shall be followed in designating a substitute professional if the chosen person has the required clinical privileges.

Review Rights:

No person is entitled to a hearing because of his or her inability to obtain or renew temporary privileges or Staff appointment or because of modification of temporary privileges, but revocation or modification of temporary privileges may be reviewed in the manner provided for Disputed Temporary and Automatic Suspensions.

Disaster Credentialing: Medical Staff and Allied Health

POLICY:

To obtain privileges in the event of a disaster for which the Emergency Management Plan has been activated and the organization is unable to meet immediate patient needs.

SCOPE:

Medical Staff and allied health providers.

PROCEDURE:

The practitioner must be identified at a minimum by a valid government issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:

1. Current hospital photo ID card that clearly identifies professional designation
2. Current license to practice in the State of Washington
3. Primary source verification of license.
4. ID as a member of a Disaster Medical Assistance Team (DMAT) or MRC, ESAR-VHP or other state/federal organizations or groups.
5. ID indicating that the individual has been granted authority to render patient care, treatment and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity).
6. ID by current hospital or medical staff member(s) who possess personal knowledge regarding volunteer's ability to act as a LIP during a disaster.

Primary source verification of licensure will be done as soon as the immediate situation is under control and completed within 72 hours from the time the volunteer practice practitioner presents to the organization. In extraordinary circumstances that primary source verification cannot be completed within 72 hours, it is expected to be completed as soon as possible unless said provider has not rendered patient care during the disaster.

Verification to be performed by the Medical Staff Services Coordinator or designee(s) and documented on the Temporary Disaster Privileges Form (see attachment). A record of this information should be retained in the Medical Staff Services Department:

The provider will be assigned to the clinical department of their specialty and supervisory authority shall be under department chairperson of their specialty. When appropriate, the practitioner may be paired with a currently credentialed Hospital Medical Staff or Allied Health Professional Staff member.

These privileges will automatically expire when the disaster situation no longer exists or by action of the CEO, Chief of Staff or designee(s). Termination of these privileges will not give rise to a fair hearing or review.

REFERENCES:

Informational:

National Disaster Medical System under the auspices of the US Public Health Service develops and organizes DMATs which are groups of professional medical personnel designed to provide emergency medical care during a disaster. DMATs deploy to disaster sites with medical supplies and equipment to sustain themselves for a 72-hr period while providing care at a fixed or temporary medical care site.

Expectations of Providers

POLICY:

This policy sets forth expectations for all medical staff and allied health professional staff with regard to quality of care and service, resource utilization, professional behavior and contributions to hospital and community.

DEFINITIONS:

Personal Accountability:

1. Follow Provider Conduct policy
 2. Act in a professional manner
- Take steps to deal with personal stress if it is affecting your work
 - Commit to finding solutions to problems
 - Take appropriate action if you see disruptive behavior in others, including any form of discrimination, abuse or harassment.
 - Maintain a warm and welcoming attitude in the workplace
 - Work together as an organization; not only as individuals or departments

Quality of Care:

1. Practice the standard of care for your specialty.
2. Maintain skills and participate in CME on a regular basis.
3. Participate in peer review/performance improvement and outcomes.
4. Utilize medical staff resources appropriately and seek early consultation willingly.

Quality of Service Expectations:

1. Treat all patients with dignity and respect.
2. Complete all medical records within 30 days and ensure that documentation supports billed level of care.
3. Assure there is an appropriate progress note for each acute care patient at least once every day.
4. When on call, provider will return phone call from emergency physician within 10 minutes of receiving the call.
5. The on call physician is to present to the Emergency Department within 30 minutes of request **or** at the clinical discretion of the ED provider.
6. Communicate feedback to patients, consultants and fellow staff members in a timely manner.
7. Provide for or arrange continuous care for hospitalized patients.

Resource Utilization:

1. Be a responsible steward of available resources by providing care that is cost effective in accordance with current standards in your field.
2. Always consider transfer of patients requiring treatment beyond the practical capability of this institution.
3. Willingly provide Emergency Department coverage as defined by Medical Staff Policy.

Respectful Communication:

1. Work to communicate effectively and respectfully with co-workers and patients
2. Whenever possible resolve conflict with one-to one communication
3. Do not triangulate issues that arise; use appropriate chain of command for resolution -do not gossip
4. Give constructive feedback on issues

Peer and Co-Worker Relationships:

1. Treat all fellow medical staff, administrative staff and hospital staff with the respect deserved of a fellow member of the healthcare team at all times.
2. Handle disagreements in a civilized and professional manner, in private surrounds, through the proper channels.
3. Avoid acts of sexual harassment or any violation of the civil rights of patients, their families, hospital employees or medical staff members.
4. Maintain strict adherence of patient confidentiality at all times regardless of the source of information or the circumstances of your surroundings.

Contributions to Hospital and Community:

1. Actively participate in the medical staff organization by attending meetings, and serving on committees.
2. Be open to participate in hospital functions.
3. Be aware of community needs and the activities the hospital participates in to meet those needs.

Personal Improvement:

1. Follow Standard Work including work developed in Lean Events
2. If you do not know where to find Standard Work, seek instruction or training
3. Participate in Lean Events
4. Strive to master the skills needed to do your best work

Recognition of Excellence:

1. Expect excellence in yourself and others and take time to recognize it.
2. Bring out the best in each individual and group, acknowledging others' moments of excellence
3. Give praise for a job well done

What You Can Expect:

1. We will be respectful and professional
2. We will recognize and acknowledge excellence and exemplary behavior in care and service
3. We will provide clear guidelines for conflict resolution
4. We will support you in problem resolution and performance improvement

CONDUCT AND EXPECTATIONS:

My signature below indicates that I have received a copy of the Jefferson Healthcare Medical Staff policies, **Conduct and Expectations** and I agree to abide by the policies.

Signature

Date

Provider Conduct

POLICY:

It is the policy of Jefferson Healthcare that all individuals within the hospital's or clinics' facilities will be treated with courtesy, respect and dignity. To that end, Jefferson Healthcare requires that all individuals working and/or providing patient care within its hospital and clinics, including all members of the medical staff as well as allied health practitioners with granted privileges, conduct themselves in a professional and cooperative manner in the hospital and/or clinic(s). The Governing Board, hospital management, and medical staff will enforce this policy in a firm, fair and equitable manner.

PURPOSE:

The objective of this policy is to ensure optimal patient care by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate to the extent possible, conduct that disrupts the operation of the hospital/clinics, affects the ability of others to do their jobs, creates a hostile work environment for hospital/clinic employees or other medical staff members, interferes with an individual's ability to practice competently and adversely affects the community's confidence in the hospital's ability to provide quality patient care.

SCOPE:

All employees of Jefferson Healthcare, as well as individuals providing services through contracts with Jefferson Healthcare, are accountable to the hospital CEO for their conduct within the Jefferson Healthcare premises. The CEO is accountable to the board for effectively addressing unprofessional conduct by these individuals consistent with this policy. All practitioners granted privileges are accountable to the medical staff for their conduct within the hospital and clinics. The medical staff is accountable to the Governing Board for effectively addressing unprofessional conduct by these individuals consistent with this policy. Individual incidents of severe unprofessional conduct or persistent patterns of unprofessional conduct not addressed by the CEO or medical staff in an effective or timely fashion shall be definitely addressed by the Governing Board.

The medical staff will interpret and enforce this policy as its sole process for dealing with egregious incidents and persistent patterns of unprofessional conduct. No other policy or procedure shall be applicable to unprofessional conduct by individuals granted privileges except as designated by the medical staff and governing board.

DEFINITION:

Consistent with the preceding objective, unacceptable, disruptive conduct may include, but is not limited to behavior such as the following:

- **Appropriate behavior** means any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized medical staff, or to engage in professional practice, including practice that may be in competition with the hospital.
- **Inappropriate behavior** means conduct that is unwarranted and is reasonably interpreted to be²¹

demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior."

- **Disruptive behavior** means any abusive conduct, including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.
- **Sexual Harassment** means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidation or otherwise hostile work environment (please refer to the Non-Discrimination and Anti-Harassment Policy). Incidents involving sexual harassment, discrimination or hostile work environment are reported to Human Resources. Cases involving medical staff members will be handled by MEC in collaboration with HR as subject matter experts. Investigation, documentation, and discipline will be executed through the MEC.

PROCEDURE:

This policy will be implemented in a manner that carries out the following activities:

- Set, communicate and achieve buy-in to clear expectations of behavior through MEC, including wide dissemination of this policy.
- Measure performance compared to these expectations.
- Provide constructive, timely, and periodic feedback of performance to providers as needed.
- Manage poor performance when patterns of inappropriate/disruptive behavior persist.
- Take corrective action as applicable to terminate or limit employment, a contract, or a provider's medical staff membership or privileges following a single egregious incident (intentional harm or neglect of duties to patient or staff) or when the problem cannot otherwise be resolved in a timely manner.

Any provider, employee, patient or visitor may report conduct that he or she deems inappropriate or disruptive. The standard of reporting conduct issues is through the online occurrence reporting tool on the Jefferson Healthcare Intranet. Once it is received, the case will be assigned to the Section Chief or designee and Medical Staff Services to initiate the investigation. The investigating individual (as determined) may dismiss any unfounded report and will notify the individual who initiated the report of his/her decision. A confirmed report will address the following:

It shall be made clear to the offending individual that attempts to confront, intimidate, or otherwise retaliate against the individual(s) who reported the behavior in question is a violation of this policy and is grounds for further disciplinary action.

A single, confirmed incident warrants a discussion with the offending individual. This shall be carried out by the Chief of Staff with the support of the CMO/CEO and Medical Staff Services. This initial discussion shall emphasize that such conduct is inappropriate and must cease. The Chief of Staff, CMO and CEO conducting the discussion will provide the offender with a copy of this policy and inform the individual that the governing board requires compliance with this policy. The approach during such an initial intervention should be collegial and helpful to the individual and hospital.

Further incidents that do not cluster into a pattern of persistent disruptive behavior will be handled by providing the individual with notification of each incident and a reminder of the expectation that the individual comply with this policy, that is, as a rule violation.

If it is determined that the individual is demonstrating persistent unprofessional conduct, this will be addressed with the individual as outlined. For a provider granted privileges, these steps will be carried out by the Chief of Staff with the support of the CMO, CEO or their designees.

- As with the single, confirmed incident, the individual(s) conducting the intervention will provide the offending individual with a copy of this policy and inform the individual that the governing board requires compliance with this policy. Failure to agree to abide by the terms of this policy shall be grounds for loss of employment, contract, or summary suspension of medical staff membership and privileges, as appropriate to the individual's status.
- The individual(s) conducting the intervention will inform the offending individual that if the unprofessional conduct recurs, the management, the Medical Executive Committee, and/or the governing board will take more formal action to stop it. The MEC and CEO will receive notification about the recurrence of this behavior.
- Because documentation of each incident of unprofessional conduct is critical as it is ordinarily not one incident alone that leads to corrective action, but rather a pattern of inappropriate conduct, the individual(s) conducting the intervention shall document all meetings regarding the offending individual. The letter will document the content of the discussion and any specific actions the offending individual has agreed to perform.

The letter shall include the following:

1. The date and time of the questionable behavior
2. A statement of whether the behavior affected or involved a patient in any way, and if so, information identifying the patient
3. The circumstances that precipitated this behavior
4. A factual and objective description of the questionable behavior
5. The consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations
6. A record of any action taken to remedy the situation, including the date, time, place, action and name(s) of those intervening and follow-up action steps agreed to by the individual involved and the individual(s) performing the intervention

The hospital will keep a copy of this letter on file in the Medical Staff Office. The involved individual may submit a rebuttal to the charge. This rebuttal will become a permanent part of the record.

If the offending behavior continues, it is the responsibility of the CEO to ensure that it stops. To do so, the Chief of Staff will collaborate with the CEO or designee in holding meetings with the offending individual until the behavior stops. To do so, the Chief of Staff or designee will collaborate with the Chief Medical Officer and CEO in holding series of meetings with the offending individual until the behavior stops. Regardless of who is carrying out these meetings, the intervention involved in each meeting will progressively increase in severity until the behavior in question ceases.

If, in spite of these interventions, the behavior continues, the offending individual will receive a final warning. The individuals carrying out this intervention will inform the offending individual that a single recurrence of the offending behavior within a specified time period shall result in separation from the hospital through termination of employment or contract or loss of medical staff membership and privileges, as appropriate. This meeting is not a discussion, but rather constitutes the provider's final warning. The offender will also receive a follow up letter that reiterates the final warning.

If, after this final meeting, the offending behavior recurs within the specified time period, the individual's medical staff membership and privileges shall be summarily suspended consistent with the summary suspension terms of the medical staff bylaws and policies and procedures. The MEC and board then will take action to revoke the individual's membership and privileges.

If a single incident of disruptive behavior or repeated incidents of disruptive behavior are determined to place patient care or the liability and reputation of the hospital at risk, the offending individual may be immediately fired or his or her contract terminated. For providers granted privileges, the individual will be summarily suspended and the medical staff and hospital policies for addressing summary suspension will be followed.

REFERENCES:

DNV, MS.4; CMS, § 482.22(b); AMA; RCW 18.130.180; The Greeley Company

Approved: MEC 3/24/2015; 3/22/2016; 9-26-2017

Approved: Board 4/20/2016; 10-18-2017

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-16

The Commissioners of Jefferson County Public Hospital District No. 2 have mutually agreed to change the regular Board of Commissioners meeting time to the fourth Wednesday of each month at 2:30pm, beginning November 28, 2018.

APPROVED this 24th day of October, 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

Commissioner Bruce McComas: _____