
Regular Session Agenda
Wednesday, November 28, 2018

<u>Call to Order:</u>	2:30
<u>Education Topic:</u> Community Health Improvement Plan – Implementation John Nowak and Lori Fleming, Executive Directors for CHIP	2:31
<u>Break:</u>	3:15
<u>Budget Hearing for Fiscal Year 2019:</u> Hilary Whittington CAO/CFO	3:30
<ul style="list-style-type: none"> • 2019 Operations Budget Summary • 2019 Capital Budgets Summary • Public Comment • Commission Discussion 	
<u>Adopt Resolutions: Action Requested</u>	3:55
<ul style="list-style-type: none"> • Resolution 2018-18 With Property Tax Increase (pg. 2) • Resolution 2018-19 Adopt Fiscal Year 2019 Budget (pg.3) 	
<u>Approve Agenda:</u>	4:05
<u>Team and Employee of the Quarter:</u>	4:06
<u>Patient Story:</u> Tina Toner CNO	4:15
<u>Minutes:</u> Action Requested	4:25
<ul style="list-style-type: none"> • October 18 Special Session (pg. 4-5) • October 24 Regular Session (pg. 6-9) 	
<u>Required Approvals:</u> Action Requested	4:27
<ul style="list-style-type: none"> • October Warrants and Adjustment (pg. 10-15) • Resolution 2018-17 Cancel Warrants (pg. 16) • Medical Staff Credentials/ Appointments/ Reappointments (pg. 17) • Medical Staff Policy (pg. 18-25) 	
<u>Public Comment:</u>	4:30
<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>	
<u>Patient Advocate Report:</u> Jackie Levin, Patient Advocate	4:40
<u>Financial Report:</u> Hilary Whittington, CAO/CFO	4:50
<u>Quality Report:</u> Brandie Manuel, Chief Quality Officer	5:05
<u>Administrator's Report:</u> Mike Glenn, CEO	5:15
<ul style="list-style-type: none"> • Interlocal Agreement for School Based Health Clinic Services 	
<u>Chief Medical Officer Report:</u> Joe Mattern, MD, CMO	5:25
<u>Board Business:</u>	5:40
<u>Meeting Evaluation:</u>	5:50
<u>Executive Session:</u> No Action Requested	5:55
<ul style="list-style-type: none"> • Real Estate • CEO Evaluation 	
<u>Conclude:</u>	6:25

This Regular Session will be officially audio recorded. Times shown in agenda are estimates only.

Jefferson County Public Hospital District No. 2

RESOLUTION 2018-18 PROPERTY TAX INCREASE RESOLUTION

WHEREAS the Board of Commissioners has properly given notice of the public hearing held November 28, 2018, to consider the Hospital District's current expense budget for the 2019 calendar year, pursuant to RCW 84.55.120; and

WHEREAS the Board of Commissioners, after hearing, and after duly considering all relevant evidence and testimony presented, has determined that Jefferson County Public Hospital District No.2 requires increase in property tax revenue from the previous year, in addition to the increase resulting from the addition of new construction and improvements to property and any increase in the value of state-assessed property, in order to discharge the expected expenses and obligations of Jefferson County Public Hospital District No. 2 and in its best interest;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners, that increase in the regular property tax levy, in addition to any amount resulting from the addition of new construction and improvements to property, refunds from the previous year, and any increase in the value of state-assessed property is hereby authorized for the 2019 levy of \$467,082.98 which is a percentage increase of 1 percent (\$4,624.58) from the previous year (see RCW 84.55.092).

ADOPTED and APPROVED by the Board of Commissioners of Public Hospital District No. 2, Jefferson County, Washington, at an open public meeting, the following Commissioners being present and voting in favor of the resolution.

APPROVED THIS 28th day of November, 2018

APPROVED BY THE COMMISSION:

Commission President – Jill Rienstra: _____

Commission Secretary – Marie Dressler _____

Attest:

Commissioner – Bruce McComas: _____

Commissioner – Matt Ready: _____

Commissioner – Kees Kolff: _____

Jefferson County Public Hospital District No. 2

RESOLUTION 2018-19 ADOPT FISCAL YEAR 2019 BUDGET

WHEREAS the Board of Commissioners has properly given notice of the public hearing held November 28, 2018, to consider the Hospital District's current expense budget for the 2019 calendar year, pursuant to RCW 84.55.120;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Jefferson County Public Hospital District No. 2, that the Operations and Capital Budget for fiscal year 2019 as presented to the Board, as hereto attached, is hereby approved.

ADOPTED and APPROVED by the Board of Commissioners of Public Hospital District No. 2, Jefferson County, Washington, at an open public meeting, the following Commissioners being present and voting in favor of the resolution.

APPROVED THIS 28th day of November, 2018

APPROVED BY THE COMMISSION:

Commission President – Jill Rienstra: _____

Commission Secretary – Marie Dressler: _____

Attest:

Commissioner – Bruce McComas: _____

Commissioner – Matt Ready: _____

Commissioner – Kees Kolff: _____

**Jefferson County Public Hospital District no. 2
Board of Commissioners,
Special Session Minutes
Joint Board Meeting with Jefferson County Board of Health
Thursday, October 18, 2018
Cotton Building, 607 Water St, Port Townsend, WA 98368**

Call to Order:

The meeting was called to order at 11:03am by Jefferson County Public Hospital District No. 2 chair, Commissioner Buhler. Present were Jefferson County Public Hospital District No. 2 Commissioners Dressler, Kolff, Ready, and McComas. Present from the Jefferson County Board of Health were Jefferson County Commissioners Sullivan, Kler, Dean, and Concerned Citizen, John Austin. Not present was Concerned Citizen, Sheila Westerman, and City of Port Townsend, Ariel Speser. Also, present were Mike Glenn, CEO, Jefferson County Public Hospital District No. 2, Tom Locke, M.D., Jefferson County Health Officer, Vicki Kirkpatrick, Jefferson County Public Health Director, John Nowak, Co-Executive Director of CHIP, Lori Fleming, CO-Executive Director of CHIP, and Alyssa Rodrigues, Administrative Assistant Jefferson County Public Hospital District No. 2.

Special Session:

The purpose of this special session is a joint board meeting between Jefferson County Public Hospital District No.2 Commissioners and Jefferson County Board of Health Commissioners to review the Community Health Improvement Plan progress. Action may be taken.

Introductions:

Introductions were made from board members, presenters, and audience.

Community Health Improvement Plan Implementation:

John Nowak, Executive Director of CHIP introduced the CHIP implementation process and acknowledged his partnership with Lori Fleming, Executive Director of CHIP.

John Nowak and Lori Fleming explained that Jefferson County is the healthiest county in our congressional district, he explained CHIP priority progress states, progress highlights regarding groups such as Access to Care, Chronic Disease Prevention and Healthy Living, Immunization, and Mental Health/ Chemical Dependency.

Jefferson Rural Health Network Update

Lori Fleming provided an update on the Jefferson Rural Health Network funded by HRSA grant that was awarded to CHIP.

Communications and Outreach Efforts

Lori Fleming provided an update on communications and outreaches internal efforts, resource mapping, and proposed categories, upcoming/ ongoing, and external efforts.

The board members watched a video titled, “Dr. Tom Locke’s Discussion on the Opioid Crisis and What the Individual Can Do”.

Discussion ensued.

Public Comment:

Public comment was made.

Discussion ensued.

Conclude:

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

Action: Motion passed unanimously

Meeting concluded at 12:02pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, October 24, 2018
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 2:00pm by Board Chair Buhler. Also, present were Commissioners Dressler, Ready, Kolff, and McComas. Also, present were Mike Glenn, CEO, Hilary Whittington, Chief Administrative Officer/ Chief Financial Officer, Jon French, Chief Legal Officer, Tina Toner, Chief Nursing Officer, Brandie Manuel, Chief Quality Officer, and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Education:

Mary Kay Clunies-Ross, Sunshine Communications gave a presentation titled, "Board Discussion: The Community Conversation around Ballot Measures".

Discussion ensued.

Break:

Commissioners recessed for break at 3:07 pm.

Commissioners reconvened from break at 3:30 pm.

Approve Agenda:

Commissioner Buhler announced that the Employee of the Quarter has been moved to November and that pg. 21- 26 of the medical staff policies will be moved to a later date while medical staff works on verbiage. She also announced that public comment will be made after Required Approvals and the Sexual Assault Nurse Examiners recommendation presentation.

Commissioner Dressler made a motion to approve the amended agenda Commissioner McComas seconded.

Action: Motion passed unanimously.

Patient/Caregiver Story:

Tina Toner, CNO, provided a caregiver story which included introducing all the newly Certified Medical/Surgical Nurses from Jefferson Healthcare.

Minutes:

- September 19 Special Session

Commissioner Dressler made a motion to approve the September 19 Special Session Minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- September Warrants and Adjustments
- Resolution 2018-15 Cancel Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy
- Resolution 2018-16 Meeting Change

Commissioner McComas made a motion to approve September Warrants and Adjustments, Resolution 2018-15 Cancelled Warrants, Medical Staff Credentials/ Appointments/ Reappointments, Medical Staff Policy except pages 21-26, and Resolution 2018-16 Meeting Change. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Public Comment:

No public comment was made.

Financial Report:

Hilary Whittington, CFO/CAO presented the September Financial Report.

Discussion ensued.

Quality Report:

Brandie Manuel, Chief Quality Officer presented the September Quality Report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the September Administrative report.

Mike Glenn, CEO, introduced Dr. Molly Parker who presented the Sexual Assault Nurse Examiners Task Force recommendation presentation.

Discussion ensued.

Public Comment

Public comment was made.

Commissioner Dressler made a motion to move forward with developing a Sexual Assault Nurse Examiners program at Jefferson Healthcare. Commissioner Ready seconded.

Action: Motion passed unanimously.

Commissioners recessed for break at 4:58pm
Commissioner reconvened from break at 5:04pm

Mike Glenn, CEO, introduced Aaron Vallat, Construction Manager. Aaron Vallat provided a presentation on Jefferson Healthcare's Dental Clinic construction project.

Mike Glenn, CEO, asked for authorization from Commissioners to go to bid.

Commissioner McComas made a motion authorizing administration to go out to bid for the Dental Clinic project with a not to exceed construction amount of \$900,000. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Chief Medical Officer Report:

Dr. Joe Mattern, CMO, presented the Chief Medical Officer report which included physician recruitment, provider engagement, provider education, ACO, flu update, mental health and MAT, AIMS model, and pulmonology update.

Board Business:

Commissioner Kolff made a motion to appoint Dingus, Zarecor, and Associates as the board's independent auditor. Commissioner McComas seconded.

Action: Motion passed unanimously.

Commissioner Kolff provided announcements from the Public Health Board Minutes which included updates on E. coli, pending pertussis or measles outbreaks, and gun violence laws.

Commissioner Dressler introduced Kris Becker, Executive Director of the Jefferson Healthcare Foundation who explained the November 24 Festival of Wreaths, with Champagne Brunch, fundraising event at Port Ludlow Bay Club from 11am-2pm. She also noted that Santa Claus will be at the Bay Club in Port Ludlow from 9am to 10:30 am, taking pictures with children for no cost. Tickets to the event and all information is on the Jefferson Healthcare Foundation website.

Kris Becker also announced that the Jefferson Healthcare Foundation was the recipient of a grant from First Federal Bank Foundation to replace an infant warmer in the Family Birth Center.

Meeting Evaluation

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:51pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

DRAFT

Gross Revenue

Inpatient Revenue	4,091,734	4,408,737	(317,003)	-7%	37,133,678	43,234,053	(6,100,375)	-14%	37,785,192
Outpatient Revenue	16,731,999	15,862,010	869,989	5%	153,328,977	155,549,990	(2,221,013)	-1%	136,610,187

Total Gross Revenue

	20,823,733	20,270,747	552,986	3%	190,462,655	198,784,043	(8,321,388)	-4%	174,395,380
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Revenue Adjustments

Cost Adjustment Medicaid	1,925,446	2,029,037	103,590	5%	18,046,034	19,897,644	1,851,610	9%	16,601,518
Cost Adjustment Medicare	7,104,735	7,073,136	(31,598)	0%	65,279,802	69,362,349	4,082,547	6%	61,580,794
Charity Care	156,315	124,980	(31,335)	-25%	2,091,571	1,225,610	(865,961)	-71%	945,145
Contractual Allowances Other	1,495,332	1,558,780	63,448	4%	14,949,738	15,286,095	336,358	2%	13,353,647
Administrative Adjustments	91,093	45,126	(45,967)	-102%	925,386	442,524	(482,862)	-109%	391,758
Adjust Bad Debt	28,393	294,356	265,963	90%	2,629,706	2,886,587	256,881	9%	2,470,424

Total Revenue Adjustments

	10,801,314	11,125,415	324,100	3%	103,922,236	109,100,808	5,178,573	5%	95,343,284
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Net Patient Service Revenue

	10,022,419	9,145,333	877,086	10%	86,540,419	89,683,234	(3,142,815)	-4%	79,052,095
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Other Revenue

340B Revenue	309,722	295,035	14,687	5%	2,939,667	2,893,246	46,421	2%	2,806,524
Meaningful Use Ehr Incentive	-	-	-	0%	-	0	-	0%	136,784
Other Operating Revenue	110,941	128,388	(17,447)	-14%	1,802,725	1,259,026	(543,699)	-43%	1,338,441

Total Operating Revenues

	10,443,081	9,568,755	874,326	9%	91,282,811	93,835,506	(2,552,695)	-3%	83,333,844
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Operating Expenses

Salaries And Wages	4,519,919	4,802,949	283,030	6%	44,474,673	47,099,876	2,625,204	6%	40,787,650
Employee Benefits	1,585,699	1,209,927	(375,772)	-31%	11,263,312	11,865,090	601,778	5%	10,070,282
Professional Fees	477,057	383,528	(93,528)	-24%	4,094,873	3,761,050	(333,823)	-9%	4,213,131
Purchased Services	662,428	584,296	(78,132)	-13%	5,327,291	5,729,871	402,580	7%	5,053,436
Supplies	1,936,057	1,418,830	(517,227)	-36%	15,285,721	13,913,681	(1,372,040)	-10%	13,141,905
Insurance	81,609	57,397	(24,212)	-42%	633,393	562,858	(70,535)	-13%	514,895
Leases And Rentals	121,591	123,268	1,678	1%	1,222,444	1,208,824	(13,620)	-1%	1,135,082
Depreciation And Amortization	390,629	396,906	6,277	2%	3,892,024	3,892,237	213	0%	3,565,398
Repairs And Maintenance	66,944	81,348	14,404	18%	532,526	797,739	265,213	33%	458,785
Utilities	129,155	87,913	(41,241)	-47%	958,839	862,115	(96,724)	-11%	848,392
Licenses And Taxes	59,381	51,666	(7,715)	-15%	536,575	506,664	(29,911)	-6%	541,709
Other	201,195	197,664	(3,531)	-2%	1,462,617	1,938,381	475,764	25%	1,314,744

Total Operating Expenses

	10,231,663	9,395,693	(835,970)	-9%	89,684,289	92,138,386	2,454,097	3%	81,645,408
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Operating Income (Loss)

	211,418	173,062	38,356	22%	1,598,522	1,697,120	(98,598)	-6%	1,688,436
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Non Operating Revenues (Expenses)

Taxation For Maint Operations	22,717	23,101	(385)	-2%	242,720	226,542	16,178	7%	203,184
Taxation For Debt Service	16,696	16,562	134	1%	178,056	162,411	15,646	10%	221,525
Investment Income	47,422	13,801	33,621	244%	319,685	135,342	184,342	136%	187,722
Interest Expense	(85,799)	(97,953)	12,154	12%	(867,260)	(960,575)	93,314	10%	(548,121)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	(10,000)
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	(25,556)
Contributions	-	14,608	(14,608)	-100%	75,812	143,255	(67,442)	-47%	349,619

Total Non Operating Revenues (Expenses)

	1,035	(29,881)	30,916	103%	(50,987)	(293,024)	242,037	83%	378,372
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Change in Net Position (Loss)

	212,453	143,181	69,272	48%	1,547,536	1,404,096	143,439	10%	2,066,808
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STATISTIC DESCRIPTION

	<u>OCT</u>	<u>OCT</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)	548.45	584.50	6%	541.88	584.50	7%
FTEs - PRODUCTIVE (AVG)	495.92	525.73	6%	484.87	525.73	8%
ADJUSTED PATIENT DAYS	2,081	2,172	-4%	19,764	21,295	-7%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	75	97	-23%	782	955	-18%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	319	362	-12%	3,148	3,554	-11%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	30	16	88%	125	161	-22%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	424	475	-11%	4,055	4,670	-13%
BIRTHS	10	9	11%	103	91	13%
SURGERY CASES (IN OR)	126	102	24%	1,005	1,003	0%
SURGERY MINUTES (IN OR)	21,647	9,714	123%	191,769	95,264	101%
SPECIAL PROCEDURE CASES	68	102	-33%	687	1,003	-32%
LAB BILLABLE TESTS	18,436	19,121	-4%	178,086	187,513	-5%
BLOOD BANK UNITS MATCHED	49	56	-13%	570	547	4%
CARDIAC SERVICES (EKG, AMB, TREAD, ECG)	121	107	13%	1,050	1,049	0%
MRIs COMPLETED	186	190	-2%	1,625	1,864	-13%
CT SCANS COMPLETED	481	471	2%	4,155	4,615	-10%
RADIOLOGY DIAGNOSTIC TESTS	1,550	1,617	-4%	14,080	15,860	-11%
ECHOs COMPLETED	111	178	-38%	1,124	1,742	-35%
ULTRASOUNDS COMPLETED	337	347	-3%	3,088	3,405	-9%
MAMMOGRAPHYS COMPLETED	243	208	17%	2,387	2,037	17%
NUCLEAR MEDICINE TESTS	31	33	-6%	296	328	-10%
TOTAL DIAGNOSTIC IMAGING TESTS	2,939	3,044	-3%	26,755	29,851	-10%
MEDS DISPENSED	22,668	23,766	-5%	221,754	233,056	-5%
ANTI COAG VISITS	451	552	-18%	4,419	5,414	-18%
RESPIRATORY THERAPY PROCEDURES	3,178	3,769	-16%	31,210	36,960	-16%
PULMONARY REHAB RVUs	197	167	18%	2,727	1,636	67%
PHYSICAL THERAPY RVUs	8,043	5,668	42%	71,742	55,580	29%
OCCUPATIONAL THERAPY RVUs	979	988	-1%	11,950	9,685	23%
SPEECH THERAPY RVUs	241	255	-5%	2,219	2,502	-11%
REHAB/PT/OT/ST RVUs	9,460	7,078	34%	88,638	69,403	28%
ER CENSUS	985	1,132	-13%	10,429	11,099	-6%
EXPRESS CLINIC	729	910	-20%	5,621	8,919	-37%
SOCO PATIENT VISITS	89	251	-65%	1,462	2,462	-41%
PORT LUDLOW PATIENT VISITS	719	896	-20%	5,920	8,789	-33%
JHPC PATIENT VISITS	2,939	3,304	-11%	25,897	32,397	-20%
JHFM PATIENT VISITS	1,162	1,276	-9%	10,569	12,510	-16%
JHIM PATIENT VISITS	604	654	-8%	6,322	6,414	-1%
TOTAL RURAL HEALTH CLINIC VISITS	6,242	7,291	-14%	55,791	71,491	-22%
CARDIOLOGY CLINIC VISITS	307	245	25%	2,360	2,399	-2%
DERMATOLOGY CLINIC VISITS	381	433	-12%	3,649	4,247	-14%
GEN SURG PATIENT VISITS	299	236	27%	3,016	2,310	31%
INFUSION CENTER VISITS	730	603	21%	6,052	5,916	2%
ONCOLOGY VISITS	450	414	9%	3,489	4,055	-14%
ORTHO PATIENT VISITS	655	715	-8%	5,646	7,010	-19%
SLEEP CLINIC VISITS	256	160	60%	1,904	1,566	22%
SURGERY CENTER ENDOSCOPIES	66	67	-1%	644	654	-2%
WOMENS CLINIC VISITS	441	255	73%	2,453	2,499	-2%
WOUND CLINIC VISITS	322	326	-1%	3,174	3,195	-1%
TOTAL SPECIALTY CLINIC VISITS	3,907	3,454	13%	32,387	33,851	-4%
SLEEP CENTER SLEEP STUDIES	76	74	3%	729	727	0%
HOME HEALTH EPISODES	66	68	-3%	636	669	-5%
HOSPICE CENSUS/DAYS	983	894	10%	10,116	8,764	15%
DIETARY TOTAL REVENUE	83,033	72,311	15%	752,653	709,110	6%
MAT MGMT TOTAL ORDERS PROCESSED	2,830	2,606	9%	25,141	25,551	-2%
EXERCISE FOR HEALTH PARTICIPANTS	914	937	-2%	8,386	9,193	-9%

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

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

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

General Fund Warrants & ACH Transfers	\$14,765,160.01	(Provided under separate cover)
Bad Debt / Charity	\$275,801.20	(Attached)
Canceled Warrants	\$1,051.65	(Attached)

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

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

Submitted for your approval are the following warrants:

GENERAL FUND:

249382 - 250135	\$10,718,345.88
ACH TRANSFERS	\$4,046,814.13
	<u>\$14,765,160.01</u>
YEAR-TO-DATE:	<u><u>\$100,663,062.42</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: OCTOBER 2018 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	OCTOBER	OCTOBER YTD	OCTOBER YTD BUDGET
Bad Debts:	\$28,393.11	\$2,629,705.94	\$2,886,586.74
Charity Care:	\$156,315.01	\$2,091,571.09	\$1,225,610.06
Other Administrative Adjustments:	\$91,093.08	\$925,385.72	\$442,523.85
TOTAL FOR MONTH:	\$275,801.20	\$5,646,662.75	\$4,554,720.65

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CAO/CFO
RE: OCTOBER 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
10/5/2017	240093	\$ 1.07
10/5/2017	240102	\$ 731.00
10/5/2017	240113	\$ 162.00
10/5/2017	240122	\$ 144.51
10/12/2017	240399	\$ 13.07
TOTAL:		<u>\$ 1,051.65</u>

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-17

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$1051.65

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 \$1051.65 are canceled.

Date of Issue	Warrant #	Amount
10/5/2017	240093	1.07
10/5/2017	240102	731.00
10/5/2017	240113	162.00
10/5/2017	240122	144.51
10/12/2017	240399	13.07
Total		1051.65

APPROVED this 28th day of November 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

FROM: Barbara York – Medical Staff Services
RE: 10/23/2018 and 11/27/2018 Medical Executive Committee
appointments/reappointments and annual policy review recommendations for
Board approval 11/28/2018

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. Ernst, Kate, ARNP – Dermatology
2. Giesler, Jordan, PA-C – Orthopedics
3. Doyle, Christine, ARNP – Family Medicine

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

1. Murphy, Ann, MD – Medical Oncology
2. Nadig, Daniel, MD – General Surgery
3. Voorsanger, Matthew, MD – Cardiology
4. Tinker, David, MD – Cardiology
5. Schwartz, Chrystal, DO – FM/OB

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

1. Niedzwiecki, Matthew, MD – Tele-Psychiatry

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

1. Hallowell, Char, PA-C – Family Medicine
2. Sullivan, Heather, ARNP – Family Medicine

Medical Student Rotation: n/a

Completion of 90 day provisional status: Lisa Galbreath, PA-C Port Ludlow Clinic

Pathologic examination of Tissue and Cytology

POLICY:

This policy pertains to specimens obtained during any procedures and at any location in the system. All specimens, cytology, tissue and non-tissue, with the following exceptions, will be sent to the pathologist for gross and microscopic review:

PROCEDURE:

1. ***The following specimens are exempt from routine submission to pathology. Their removal and disposition will be documented in the operative note and by the surgical department staff.***
 - a. Bone segments removed and immediately used as part of autologous corrective or reconstructive orthopedic procedures (for example, removed from iliac crest and used in spinal fusion). (Specimens removed for suspected infection, tumor, vascular insufficiency or necrosis are not exempt from routine submission to pathology.)
 - b. Bone and related soft tissue removed as part of corrective or reconstructive orthopedic procedures which are not suspected of infection, tumor, vascular insufficiency, or necrosis are exempt.
 - c. Cataracts
 - d. Dental appliances
 - e. Grossly normal fat (e.g. liposuction, reduction surgery)
 - f. Foreign bodies, such as bullets, or other medico legal evidence that are given directly to law enforcement personnel
 - g. Foreskin from the circumcision of pediatric patients up to age sixteen (16)
 - h. Intrauterine contraceptive devices without attached soft tissue
 - i. Medical devices, such as catheters, gastrostomy tubes, myringotomy tubes, stents, and sutures that have not contributed to patient illness, injury or death
 - j. Middle ear ossicles
 - k. Orthopedic hardware and other radiopaque mechanical devices
 - l. Placentas from vaginal and Cesarean section deliveries (all placentas from fetal distress or where apgars are less than 6 at 5 minutes, are not exempt from routine submission to pathology.)
 - m. Any appliance or prosthesis when removal had been planned at the time of placement.
 - n. Rib segments or other tissues removed only for the purposes of gaining surgical access from patients who do not have a history of malignancy
 - o. Skin or other normal tissue removed during a cosmetic or reconstructive procedure that is not contiguous with a lesion.
 - p. Teeth, providing proper description is included in operative record and providing these teeth were the product of planned extraction
 - q. Therapeutic radioactive sources
 - r. Toenails and fingernails that are grossly unremarkable
 - s. Fluids aspirated for therapeutic purposes only, or repeat aspirations not requiring cytologic examination as determined by the performing physician (for example, hydroceles, therapeutic thoracentesis and paracentesis, fluids from drains, abscesses, renal cysts, urine, synovial fluid).
2. ***The following specimens are exempt from routine microscopic examination. These specimens should be submitted to pathology for gross examination. Microscopic examination of***

specimens on this list is performed at the discretion of the pathologist or when requested by the submitting physician.

- a. Accessory digits
 - b. Bunions and hammertoes
 - c. Extraocular muscle from corrective surgical procedures (example-strabismus repair)
 - d. Inguinal hernia sacs in adults
 - e. Nasal bone and cartilage from rhinoplasty or septoplasty
 - f. Prosthetic breast implants
 - g. Prosthetic cardiac valves without attached tissue
 - h. Tonsils and adenoids from children
 - i. Umbilical hernia sacs in children
 - j. Varicose veins
 - k. Any specimen may be sent to pathology by physician request
3. ***Tracking of those devices covered under the Safe Medical Devices Act of 1990 will be performed by the Surgical Department.***
- a. **Permanently implantable devices:**
 - vascular graft prostheses
 - vascular bypass (assist) devices
 - implantable pacemaker pulse generator
 - cardiovascular permanent pacemaker electrode
 - annuloplasty ring
 - replacement heart valve
 - automatic implantable cardioverter/defibrillator
 - tracheal prosthesis
 - implanted cerebellar stimulator
 - implanted diaphragmatic/phrenic nerve stimulator
 - implantable infusion devices
 - b. **Life sustaining or life supporting devices:**
 - breathing frequency monitors (apnea monitors)
 - continuous ventilator
 - CD-defibrillator and paddles
 - c. **FDA designated devices:**
 - silicone inflatable breast prosthesis
 - silicone gel-filled breast prosthesis
 - silicone gel-filled testicular prosthesis
 - silicone gel-filled chin prosthesis
 - silicone gel filled angel chik reflux valve
 - electromechanical infusion pumps

Ongoing Monitoring of State License Sanctions, Medicare/Medicaid Sanctions and Medicare Opt-out Listing

POLICY:

Compliance with NCQA Standards to regularly monitor for State Licensure Sanctions, Medicare/Medicaid Sanctions and limitations on licensure including providers who opt out of Medicare

PURPOSE:

To ensure regular monitoring of Medicare/Medicaid Sanctions, limitations on licensure of providers and providers who opt out of Medicare

PROCEDURE:

At initial appointment, reappointment and on an ongoing *monthly* basis, the Medical Staff Office will obtain via Gemini Diversified Services opt-out information from the local Medicare Part B carrier (Noridian), State licensure sanctions and Medicare/Medicaid sanctions through the Department of Health, the Office of Inspector General (OIG), List of Excluded Individuals/Entities (LEIE) and the System for Award Management (SAM), Excluded Parties List System.

In addition, the Medical Staff Coordinator receives on a regular basis notification of sanctions or limitations licensure through subscription to the Department of Health News releases. All review results are documented in the Sanction Monitoring Log.

REFERENCES:

NCQA CR 6, Element A, Factor 1-2; HP Element C, Factor 2; Element D&E.

Residents and Medical Students

POLICY:

To manage and delineate the educational experience for residents, medical students, physician assistant students and nurse practitioner students.

PURPOSE:

To provide guidelines and clear understanding for Medical Staff Members who provide an educational learning experience for Residents and Students within Jefferson Healthcare. To define requirements and process for residents/students to provide patient care activities at Jefferson Healthcare.

SCOPE:

Applies to all members of the Medical Staff who provide an educational experience and the residents and students who receive the training.

SCOPE OF PATIENT CARE:

1. Scope of patient care activities shall be defined upon mutual agreement with the program and sponsoring physician.
2. The scope of patient care activities of the resident will not exceed privileges of the physician supervisor(s).
3. The resident/student may complete the history and physical exam, write orders, write progress notes, order diagnostic and therapeutic modalities and dictate the discharge summary. For students, countersignature by preceptor is required immediately before accepted as part of permanent medical record.

DEFINITION:

Resident: A person who has received a medical degree (usually either a [M.D.](#) or [D.O.](#)) who practices medicine usually in a hospital or clinic.

Medical Student: A person accepted into a medical school and undertaking an educational program in medicine towards becoming a medical doctor.

Physician Assistant Student: A person enrolled in a Physician Assistant Program.

Nurse Practitioner Student: A person enrolled in a Nurse Practitioner Program.

RESPONSIBILITY:

Supervision:

1. The attending physician of record is responsible for the supervision of the resident/medical student and must be an active member of the medical staff. The attending physician should provide instruction on a case by case basis.
2. The attending physician must **countersign resident documentation within 24 hours and student reports immediately.**
3. The attending physician is responsible for mortality summaries.

Resident Roles and Responsibilities in the hospital setting:

1. Notify the attending physician of any patients whom have been referred to the Emergency Department for evaluation and/or admission.
2. As patient arrives for admission, the resident notifies the attending physician.
3. Stable patients should be seen and evaluated by the resident with a reasonable time frame upon arrival on the floor if not seen immediately prior to arrival at the hospital. Admitting orders and a brief note should be written at that time.
4. After the patient is examined and a plan formulated, the resident is responsible for calling the patient's attending physician.
5. IMMEDIATELY refer all the following directly to the attending physician:
 - a. Calls regarding any potential ICU admission
 - b. Calls regarding any patient requiring a transfer (ground or air ambulance)
 - c. Calls regarding patients whom are complex with urgent problems, even though ICU admission may not be indicated
6. *Residents* are to review the chart, examine and evaluate their patients daily and document their findings.
7. On potentially unstable patients, the *resident* should alert the attending physician of the need for care management changes.
8. Consultation requests are to be made by the attending physician. The attending physician may designate that the *resident* should make the verbal contact with the consulting physician.
9. ICU admission policy: If an ACU patient is assessed by the resident to need ICU care, the resident should contact the attending physician immediately for approval prior to transfer to the patient. Once approval is obtained, the resident should inform the ICU staff and should assist in management and evaluation until the attending physician arrives.

In the outpatient setting, residents shall be precepted and proctored as deemed appropriate by current GME and CMS standards.

Students:

Students may participate in patient care activities in accordance with a letter of agreement as above. Documents and verifications shall be as contained in section A and B of this policy as applicable to students. Reports must be countersigned by supervising physician immediately before they are accepted as part of the permanent medical record.

For scope of practice, **please refer to "Scope of Practice for Students"**.

PROCEDURE:

Documents and Verifications:

The medical staff services department or designee shall:

- A. Obtain copies of the following documents:
1. Washington State Medical License (if applicable)
 2. Resident's DEA certificate (or DEA certificate of facility)
 3. Immunization Record
 4. Signed Disclosure, Release of Information and Confidentiality Statements
 5. Approved scope of patient care activities (which shall not exceed sponsor's privileges)
 6. Dates of rotation and name of supervising physician(s)
 7. Copy of the residency program agreement
 8. Scope of Practice for *Students*
- B. Verifications and Queries will be done in accordance with CMS and GME standards.
- C. Upon receipt and verification of information, forward information to the appropriate chief of service, chief of staff and CEO for review and recommendation to approve the resident's scope of activities.
- D. Notify appropriate departments with resident information to include dates of rotation, approved scope of activities, and supervising physician.

Letter of Agreement between Jefferson Healthcare and the Residency Program/Medical School:

Agreement must contain:

- Written description of the roles, responsibilities, and patient care activities of the participants of the graduate educational program.
- Identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.

The agreement shall outline the responsibility of Jefferson Healthcare Active Staff same specialty physician(s) who will serve as sponsor(s) for the resident; assure that the resident is in good standing in the residency program; that the resident is in compliance with medical licensure requirements of the State of Washington; that the Residency Program will provide salary, benefits and malpractice insurance for the resident during this rotation; outline the sponsor(s) responsibilities, state that the residents are subject to all Jefferson Healthcare policies, rules and regulations and procedures of the program and those required by Jefferson Healthcare; state that any disciplinary action will be conducted by the Residency Program with cooperation from Jefferson Healthcare; state that Jefferson Healthcare shall have the right to discontinue the rotation of any resident whose performance, health, general conduct or failure to abide by any policy, directive, rule or regulation is determined to be detrimental to patients or the achievement of the program's objectives. This agreement will be signed by the Jefferson Healthcare Administration, Active staff sponsor(s), Director of Residency Program, and the Director of Graduate Medical Education at the residency program. The residency program will provide an approved scope of activities which shall be approved by the credentials committee, MEC and Governing Board.

Medical Staff Oversight and Communication:

The Medical Executive Committee shall oversee resident and student participation in patient care.

Any concerns with quality of care or incidents will be reported immediately to the Chief of Service and the residency program director/medical school will be notified.

Scope of Practice for Medical Students, Physician Assistant Student and Nurse Practitioner Students during Rotation with members of the Active Medical Staff of Jefferson Healthcare.

Under the direction of a Preceptor, a Medical Student may:

1. Perform histories, physicals, write orders, order diagnostic and therapeutic modalities, write progress notes, dictate discharge summaries and perform certain procedures. For billing purposes, attendings may only use the review of systems and past medical, family and social history obtained by the medical student. Reports must be countersigned by preceptor immediately before they are accepted as part of the permanent medical record.
2. Scrub-in and perform non-critical tasks under the direct supervision of the active medical staff provider.
3. Perform minor diagnostic procedure under the direct supervision of the active medical staff staff provider.
4. Accept verbal orders from the sponsoring active medical staff provider and so document in the chart

Restrictions:

1. Students may document orders in the chart but the orders must be co-signed with the sponsoring active medical staff provider before the order is taken off. Such orders will be documented with the both the student's and the provider's names attached.
2. A name tag must be worn by the medical student, identifying the medical school and the student's level.
3. Students are required to comply with Jefferson Healthcare's employee health program, Policy and Procedures, and provide to Employee Health Services results to TB skin test within the last twelve months, and documentation of MMR immunity, either through proof of vaccination or titer.
4. Patient acknowledgement of and consent to the medical student's presence during any appropriate patient care activity is required and must be documented; the sponsoring physician or staff member must introduce the medical student to the patient and obtain verbal consent, wherever possible (based on condition of patient).
5. The student must inform their supervising provider when they are not proficient in a given procedure so that they may receive the necessary supervision.

I, _____ agree to comply with the terms outlined above.

Date: _____

Signature _____

Practitioner Rights

POLICY:

All initial credentialing and reappointing applicants are provided the Practitioner Rights policy as included in the application packet

PURPOSE:

The practitioner has the right to:

- Review his/her credentialing file
- Correct erroneous information
- Receive status upon request on his application or re-appointment application
- Expect confidentiality of all information obtained in the credentialing process, except as otherwise provided by law.
- Right to an Impartial, non-discriminatory review of credentials and related activities
- Timely notification of Credentialing Committee Decisions

SCOPE:

For initial appointments and reappointments

REFERENCES:

NCQA Standard CR 1, Element B