
Special Session Agenda
Wednesday, December 19, 2018

<u>Call to Order:</u>	2:30
<u>Approve Agenda:</u>	2:30
<u>Patient Story:</u> Tina Toner CNO	2:35
<u>Minutes:</u> Action Requested <ul style="list-style-type: none">• November 7 Special Session (pg. 2-3)• November 28 Regular Session (pg. 4-7)	2:45
<u>Required Approvals:</u> Action Requested <ul style="list-style-type: none">• November Warrants and Adjustment (pg. 8-13)• Resolution 2018- 20 Cancel Warrants (pg. 14)• Resolution 2018- 21 Surplus Equipment (pg. 15)• Medical Staff Credentials/ Appointments/ Reappointments (pg. 16)• Medical Staff Policy (pg. 17-18)	2:50
<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> <ul style="list-style-type: none">• Matt Tyler, Jefferson County Parks and Recreation Manager	2:55
<u>Financial Report:</u> Hilary Whittington, CAO/CFO	3:05
<u>Quality Report:</u> Brandie Manuel, Chief Quality Officer	3:15
<u>Administrator's Report:</u> Mike Glenn, CEO	3:25
<u>Board Business:</u>	3:35
<u>Meeting Evaluation:</u>	3:40
<u>Executive Session:</u> Action May Be Requested <ul style="list-style-type: none">• Real Estate• Personnel/ CEO Evaluation	3:45
<u>Conclude:</u> This Special Session will be officially audio recorded. Times shown in agenda are estimates only.	4:15

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, November 7, 2018
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 2:30 pm by Board Chair Buhler Rienstra. Also present were Commissioners Dressler, McComas, Ready, and Kolff, Mike Glenn, CEO, Hilary Whittington, Chief Administrative Officer/ Chief Financial Officer, Brandie Manuel, Chief Patient Care officer, Jon French, Chief Legal Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Tina Toner, Chief Nursing Officer and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Work Session:

The purpose of this special session is to have the Jefferson County Public Hospital District No. 2 Commissioners attend the Finance Committee Meeting to review and discuss the 2019 Budget. No action will be taken.

Mike Glenn introduced Hilary Whittington, CFO/CAO

Hilary Whittington, CFO/CAO presented the 2019 budget which included the budget process timeline, operating budget, overview of 2019, disclaimers, pricing, property tax assessment, regional perspective on property tax assessment, inpatient and nursing services, outpatient- imaging and radiology, laboratory services, respiratory therapy, rehab services, emergency services, sleep medicine, clinics- primary care clinics, specialty clinics, outpatient surgical services,

Commissioners recessed for break at 4:00pm

Commissioners reconvened after the break at 4:07pm

Hilary Whittington, CFO/CAO continued with Home Health and Hospice, Hospice Foundation, Home Health, Support Services- Accounting, Board of Commissioners, Legal/Compliance and Risk Management, Dietary, Environmental Services and Laundry, Facilities, Human Resources, Informatics Technology and Clinical Informatics, Marketing/ Public Relations, Materials Management, medical staff, Revenue Cycle Operations, Quality, Helping our Community Live Well- Jefferson Healthcare Foundation, Population Health, Care Transformation, Wellness, Exercise for Health, Community health Improvement Plan, Sexual Assault Nurse Examiners Program, Reproductive Services. Hilary Whittington CFO/CAO explained the draft income statement, key operating ratios, Staffing by department, volumes by department.

Hilary Whittington, CFO/CAO also explained the Capital Budget which included the capital budget process, and items, contingent purchases, planning 2020-2024.

Discussion ensued.

Public comment was made.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:16pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

DRAFT

**Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, November 28, 2018
Victor J. Dirksen Conference Room**

Call to Order:

The meeting was called to order at 2:30pm by Board Chair Rienstra. Also, present were Commissioners Dressler, Ready, Kolff, and McComas, 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, Jenn Wharton, Chief Ambulatory and Medical Group Officer, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Education:

John Nowak and Lori Fleming, Executive Directors of CHIP gave a presentation on the implementation and Jefferson Healthcare's role in the Community Health Improvement Plan.

Discussion ensued.

Break:

Commissioners recessed for break at 3:19 pm.

Commissioners reconvened from break at 3:31pm.

Budget Hearing for Fiscal Year 2019:

- 2019 Operations Budget Summary
- 2019 Capital Budget Summary
- Public Comment
- Commission Discussion

Hilary Whittington, CAO/CFO, presented the Operating and Capital Budget Summaries.

Public Comment was made.

Commissioners Discussed.

Adopt Resolutions: Action Requested

- Resolution 2018-18 With Property Tax Increase
- Resolution 2018-19 Adopt Fiscal Year 2019 Budget

Commissioner Kolff made a motion to approve Resolution 2018-18 With Property Tax Increase. Commissioner McComas seconded.

Action: Motion passed unanimously.

Commissioner Dressler made a motion to approve the 2018-19 Adopt Fiscal Year 2019 Budget. Commissioner Ready seconded.

Action: Motion passed unanimously.

Approve Agenda:

Commissioner McComas made a motion to approve the agenda with the removal of the “Scope of Practice for Medical Students” policy from required approvals. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Team and Employee of the Quarter:

Mike Glenn, CEO, introduced the Employee of the Quarter, Alissa Shockley and the Team of the Quarter, the CNO Selection Interviewing Team.

Patient Story:

Tina Toner, CNO, read aloud a patient letter that involved a women’s adult sons’ visit to Dr. Claire Haycox at the Dermatology Clinic. Her son suffers from Tuberous Sclerosis Complex (TSC). The mother felt their visit with Dr. Haycox was a refreshing experience because Dr. Haycox was familiar with TSC. She feels that in Dr. Haycox they have an advocate for her son’s care.

Minutes:

- October 18 Special Session
- October 24 Regular Session

Commissioner Dressler made a motion to approve the October 18 Special Session Minutes and October 24 Regular Session Minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- October Warrants and Adjustments
- Resolution 2018-17 Cancel Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Dressler made a motion to approve October Warrants and Adjustments, Resolution 2018-17 Cancelled Warrants, Medical Staff Credentials/ Appointments/ Reappointments, and Medical Staff Policies with the removal of the “Scope of Practice for Medical Students” policy. Commissioner Ready seconded.

Action: Motion passed unanimously.

Public Comment:

No public comment was made.

Patient Advocate Report:

Jackie Levin, Patient Advocate presented the 3rd quarter Patient Advocate Report.

Discussion ensued.

Financial Report:

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

Discussion ensued.

Quality Report:

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

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the October Administrative report.

Mike Glenn, CEO, recommended board approval for authorization to sign the Interlocal Agreement for School-Based Health Clinic Services.

Commissioner Dressler made a motion to approve the recommendation from Mike Glenn, CEO, to sign the Interlocal Agreement for School-Based Health Clinic Services. Commissioner Ready seconded.

Action: Motion passed unanimously.

Mike Glenn, CEO, asked for a motion authorizing administration to accept the bid to construct a dental clinic at 915 Sheridan submitted by RDH in the amount of \$970,004.00, excluding tax, and to authorize administration to successfully negotiate and upon doing so enter into all agreements and contracts related to the project.

Commissioner Dressler made a motion to approve the recommended authorization by Mike Glenn, CEO. Commissioner McComas seconded.

Action: Motion passed unanimously.

Discussion ensued.

Chief Medical Officer Report:

Dr. Joe Mattern, CMO, presented the Chief Medical Officer report which included an ACO update.

Discussion ensued.

Board Business:

Commissioner Dressler announced that the Jefferson Healthcare Foundation's, Festival of Wreaths event was very successful and that the extra wreaths will be on the Jefferson Healthcare Foundation website. She explained there was good support from the community artists who made the wreaths, Arran Stark who made a great brunch, 7 cedars casino, Hazelwood motor group and more.

Meeting Evaluation:

Commissioners evaluated the meeting.

Executive Session: No Action Requested

- Real Estate
- CEO Evaluation

Commissioners recessed for break at 6:03pm.
Commissioners reconvened from break at 6:08pm.

Commissioners went into Executive Session at 6:08pm to discuss Real Estate and CEO Evaluation.

Commissioners came out of Executive Session at 6:30pm. No action was taken. No public was present.

Conclude:

Meeting concluded at 6:30pm.

Approved by the Commission:

Chair of Commission: Jill Rienstra_____

Secretary of Commission: Marie Dressler _____

Gross Revenue

	November 2018 Actual	November 2018 Budget	Variance Favorable/ (Unfavorable)	%	November 2018 YTD	November 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	November 2017 YTD
Inpatient Revenue	4,705,495	4,266,516	438,980	10%	41,839,173	47,500,569	(5,661,396)	-12%	41,526,795
Outpatient Revenue	15,101,783	15,350,319	(248,535)	-2%	168,430,760	170,900,308	(2,469,548)	-1%	150,856,299
Total Gross Revenue	19,807,279	19,616,834	190,444	1%	210,269,933	218,400,877	(8,130,944)	-4%	192,383,094

Revenue Adjustments

Cost Adjustment Medicaid	1,778,912	1,963,582	184,670	9%	19,824,946	21,861,226	2,036,280	9%	18,218,246
Cost Adjustment Medicare	7,155,501	6,844,964	(310,536)	-5%	72,435,302	76,207,314	3,772,011	5%	67,530,108
Charity Care	157,975	120,948	(37,027)	-31%	2,249,546	1,346,558	(902,988)	-67%	1,177,550
Contractual Allowances Other	1,614,795	1,508,495	(106,299)	-7%	16,564,532	16,794,590	230,058	1%	14,941,711
Administrative Adjustments	93,436	43,670	(49,766)	-114%	1,018,822	486,194	(532,628)	-110%	476,759
Adjust Bad Debt	246,032	284,860	38,828	14%	2,875,738	3,171,447	295,709	9%	2,583,187
Total Revenue Adjustments	11,046,650	10,766,521	(280,130)	-3%	114,968,886	119,867,329	4,898,443	4%	104,927,561

Net Patient Service Revenue

	8,760,628	8,850,314	(89,685)	-1%	95,301,047	98,533,548	(3,232,501)	-3%	87,455,533
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Other Revenue

340B Revenue	263,089	285,518	(22,428)	-8%	3,202,756	3,178,764	23,993	1%	3,090,574
Meaningful Use Ehr Incentive	-	-	-	0%	-	0	-	0%	(139,301)
Other Operating Revenue	121,020	124,246	(3,226)	-3%	1,923,746	1,383,272	540,474	39%	1,413,060

Total Operating Revenues

	9,144,738	9,260,077	(115,339)	-1%	100,427,549	103,095,584	(2,668,034)	-3%	91,819,866
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Operating Expenses

Salaries And Wages	4,382,392	4,648,011	265,619	6%	48,857,065	51,747,888	2,890,823	6%	44,876,881
Employee Benefits	1,103,662	1,170,896	67,234	6%	12,366,974	13,035,986	669,012	5%	11,072,853
Professional Fees	317,255	371,156	53,901	15%	4,412,128	4,132,206	(279,922)	-7%	4,524,949
Purchased Services	454,130	565,447	111,317	20%	5,781,421	6,295,318	513,897	8%	5,151,674
Supplies	1,720,235	1,373,060	(347,175)	-25%	17,005,955	15,286,740	(1,719,215)	-11%	14,579,365
Insurance	49,555	55,545	5,990	11%	682,948	618,403	(64,545)	-10%	553,390
Leases And Rentals	173,005	119,292	(53,713)	-45%	1,395,449	1,328,115	(67,334)	-5%	1,281,645
Depreciation And Amortization	394,507	384,102	(10,404)	-3%	4,286,531	4,276,339	(10,192)	0%	3,967,672
Repairs And Maintenance	37,966	78,724	40,758	52%	570,493	876,463	305,971	35%	508,216
Utilities	84,258	85,077	819	1%	1,043,097	947,192	(95,905)	-10%	933,602
Licenses And Taxes	47,103	50,000	2,897	6%	583,678	556,664	(27,014)	-5%	608,108
Other	122,130	191,288	69,157	36%	1,584,747	2,129,669	544,921	26%	1,445,277

Total Operating Expenses

	8,886,198	9,092,598	206,400	2%	98,570,487	101,230,984	2,660,497	3%	89,867,631
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Operating Income (Loss)

	258,540	167,479	91,061	54%	1,857,062	1,864,599	(7,537)	0%	1,952,236
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Non Operating Revenues (Expenses)

Taxation For Maint Operations	22,580	22,356	224	1%	265,300	248,899	16,401	7%	203,203
Taxation For Debt Service	16,662	16,027	634	4%	194,718	178,438	16,280	9%	221,545
Investment Income	49,412	13,356	36,056	270%	369,097	148,699	220,398	148%	133,985
Interest Expense	(85,624)	(94,793)	9,169	10%	(952,885)	(1,055,368)	102,484	10%	(613,145)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	(10,000)
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	(29,919)
Contributions	18,283	14,137	4,146	29%	94,095	157,392	(63,296)	-40%	357,012

Total Non Operating Revenues (Expenses)

	21,312	(28,917)	50,229	174%	(29,674)	(321,941)	292,267	91%	262,681
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Change in Net Position (Loss)

	279,852	138,562	141,290	102%	1,827,388	1,542,658	284,730	18%	2,214,917
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STATISTIC DESCRIPTION

	NOV	NOV	%	YTD	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE
FTEs - TOTAL (AVG)	544.30	584.50	7%	542.09	584.50	7%
FTEs - PRODUCTIVE (AVG)	477.32	525.73	9%	484.24	525.73	8%
ADJUSTED PATIENT DAYS	1,679	2,102	-20%	21,443	23,397	-8%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	90	94	-4%	872	1,049	-17%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	340	351	-3%	3,488	3,904	-11%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	6	16	-63%	131	177	-26%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	436	461	-5%	4,491	5,130	-12%
BIRTHS	7	9	-22%	110	100	10%
SURGERY CASES (IN OR)	114	99	15%	1,119	1,102	2%
SURGERY MINUTES (IN OR)	19,483	9,401	107%	211,252	104,666	102%
SPECIAL PROCEDURE CASES	65	99	-34%	752	1,102	-32%
LAB BILLABLE TESTS	17,674	18,505	-4%	195,760	206,018	-5%
BLOOD BANK UNITS MATCHED	48	54	-11%	618	601	3%
CARDIAC SERVICES (EKG, AMB, TREAD, ECG)	96	104	-8%	1,146	1,152	-1%
MRIs COMPLETED	175	184	-5%	1,800	2,047	-12%
CT SCANS COMPLETED	448	455	-2%	4,603	5,070	-9%
RADIOLOGY DIAGNOSTIC TESTS	1,395	1,565	-11%	15,475	17,425	-11%
ECHOs COMPLETED	88	172	-49%	1,212	1,914	-37%
ULTRASOUNDS COMPLETED	322	336	-4%	3,410	3,741	-9%
MAMMOGRAPHYS COMPLETED	240	201	19%	2,627	2,238	17%
NUCLEAR MEDICINE TESTS	31	32	-3%	327	361	-9%
TOTAL DIAGNOSTIC IMAGING TESTS	2,699	2,945	-8%	29,454	32,796	-10%
MEDS DISPENSED	22,816	22,999	-1%	244,570	256,054	-4%
ANTI COAG VISITS	410	534	-23%	4,829	5,949	-19%
RESPIRATORY THERAPY PROCEDURES	3,066	3,647	-16%	34,276	40,608	-16%
PULMONARY REHAB RVUs	222	161	38%	3,068	1,797	71%
PHYSICAL THERAPY RVUs	7,170	5,485	31%	78,993	61,065	29%
OCCUPATIONAL THERAPY RVUs	1,190	956	24%	13,174	10,641	24%
SPEECH THERAPY RVUs	218	247	-12%	2,441	2,749	-11%
REHAB/PT/OT/ST RVUs	8,800	6,849	28%	97,676	76,252	28%
ER CENSUS	915	1,095	-16%	11,344	12,194	-7%
EXPRESS CLINIC	737	880	-16%	6,358	9,800	-35%
SOCO PATIENT VISITS	106	243	-56%	1,568	2,705	-42%
PORT LUDLOW PATIENT VISITS	669	867	-23%	6,589	9,656	-32%
JHPC PATIENT VISITS	2,410	3,197	-25%	28,307	35,594	-20%
JHFM PATIENT VISITS	939	1,235	-24%	11,508	13,744	-16%
JHIM PATIENT VISITS	457	633	-28%	6,779	7,047	-4%
TOTAL RURAL HEALTH CLINIC VISITS	5,318	7,055	-25%	61,109	78,546	-22%
CARDIOLOGY CLINIC VISITS	265	237	12%	2,625	2,635	0%
DERMATOLOGY CLINIC VISITS	402	419	-4%	4,051	4,666	-13%
GEN SURG PATIENT VISITS	307	228	35%	3,323	2,538	31%
INFUSION CENTER VISITS	633	584	8%	6,685	6,500	3%
ONCOLOGY VISITS	376	400	-6%	3,865	4,456	-13%
ORTHO PATIENT VISITS	583	692	-16%	6,229	7,702	-19%
SLEEP CLINIC VISITS	180	155	16%	2,084	1,720	21%
SURGERY CENTER ENDOSCOPIES	57	65	-12%	701	718	-2%
WOMENS CLINIC VISITS	201	247	-19%	2,654	2,745	-3%
WOUND CLINIC VISITS	263	315	-17%	3,437	3,510	-2%
TOTAL SPECIALTY CLINIC VISITS	3,267	3,342	-2%	35,654	37,190	-4%
SLEEP CENTER SLEEP STUDIES	67	72	-7%	796	798	0%
HOME HEALTH EPISODES	82	66	24%	718	735	-2%
HOSPICE CENSUS/DAYS	950	865	10%	11,066	9,629	15%
DIETARY TOTAL REVENUE	70,633	69,978	1%	823,286	779,088	6%
MAT MGMT TOTAL ORDERS PROCESSED	2,519	2,522	0%	27,660	28,073	-1%
EXERCISE FOR HEALTH PARTICIPANTS	783	907	-14%	9,169	10,100	-9%

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

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

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

General Fund Warrants & ACH Transfers	\$14,480,754.29	(Provided under separate cover)
Bad Debt / Charity	\$543,443.30	(Attached)
Canceled Warrants	\$93.51	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following warrants:

GENERAL FUND:

250136 - 250939	\$8,918,016.14
ACH TRANSFERS	<u>\$5,562,738.15</u>
	<u>\$14,480,754.29</u>
YEAR-TO-DATE:	<u><u>\$115,143,816.71</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: NOVEMBER 2018 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	NOVEMBER	NOVEMBER YTD	NOVEMBER YTD BUDGET
Bad Debts:	\$292,032.30	\$2,921,738.24	\$3,171,447.10
Charity Care:	\$157,975.19	\$2,249,546.28	\$1,346,558.35
Other Administrative Adjustments:	\$93,435.81	\$1,018,821.53	\$486,193.94
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TOTAL FOR MONTH:	\$543,443.30	\$6,190,106.05	\$5,004,199.39
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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CAO/CFO
RE: NOVEMBER 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
11/7/2017	240928	\$ 6.42
11/7/2017	241029	\$ 50.29
11/28/2017	241573	\$ 36.80

TOTAL:	<u>\$ 93.51</u>
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-20

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$93.51

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 \$93.51 are canceled.

Date of Issue	Warrant #	Amount
11/7/2017	240928	6.42
11/7/2017	241029	50.29
11/28/2017	241573	36.80
Total		93.51

APPROVED this 19th day of December 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-21

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

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

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

NOW, THEREFORE, BE IT RESOLVED THAT:

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

Description	Asset #	Serial #	Model #
Mortara Treadmill System	11-00061	11040082230	Q40-1AF HLM01
Panda Infant Warmer	11-00048	HCCJ10429	Panda3300

APPROVED this 19th day of December 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Bruce McComas: _____

Commissioner Kees Kolff: _____

Commissioner – Matt Ready: _____

FROM: Barbara York – Medical Staff Services
RE: 11/27/2018 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 12/19/2018

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. Peterman, Kelsea DO – General Surgery
2. Frick, David, DO – Emergency Medicine

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

1. Bork, David, MD – Tele-Radiology
2. Nathan, Diane, MD – Tele-Radiology
3. Neubauer, Nancy, MD – Tele-Radiology
4. Stambaugh, Lloyd, MD – Tele-Radiology
5. Marlow, David, MD – Tele-Radiology
6. Saxey, Roderick, MD – Diagnostic Radiology
7. Witrak, Bonnie, MD – Diagnostic Radiology
8. Vanderheiden, Scott, MD – Diagnostic Radiology
9. Yeatman, Carter, MD – Tele-Radiology
10. Krol, Christopher, MD – Diagnostic Radiology
11. Mayhle, Mark, MD – Tele-Radiology

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

Medical Student Rotation: n/a

History and Physical

PURPOSE:

The purpose of a medical history and physical examination (H&P) is to determine whether there is anything in the patient's overall condition that would affect the planned course of the patient's treatment, such as a medication allergy, or a new or existing co-morbid condition that requires additional interventions to reduce risk to the patient.

PROCEDURE:

A. Documentation Requirements:

1. The history and physical must be performed and documented within 30 days prior to a scheduled admission or within twenty-four (24) hours after an unscheduled admission.
2. At the time of admission, or at the time of the physician's first visit, but no longer than 24 hours after admission, all charts must include a documented H&P in EPIC. This note will include the diagnosis, reason for admission, indications for any planned procedure, relevant assessment of the patient's condition and plan for therapeutics and diagnostics.
 - An HP completed within 30 days prior to admission or registration shall include an entry in the medical record documenting an examination for any change in the patient's current medical condition completed by a doctor of medicine or osteopathy.
 - This examination and update of the patient's current medical condition shall be completed and placed in the medical record within twenty four (24) hours after admission or registration, but prior to surgery or other procedure requiring anesthesia services.

B. History and Physical Requirements by Patient Status:

1. Inpatient, Same Day Surgery and Observation Charts:
To include chief complaint, details of the present illness, relevant past medical history, relevant social history, relevant family history, summary of psychosocial needs as appropriate, relevant review of body systems, relevant physical exam, allergies, medications, and impression/plan or conclusion.
 - A preoperative history and physical shall be on chart prior to performance of a non-emergent surgical procedure. If history and physical is not recorded before the time scheduled for procedure, the operation shall be canceled or postponed, unless the attending surgeon documents on the record that such delay would be detrimental to the patient. All cases which are canceled due to absence of history and physical shall be reported to Surgical Services Committee.
2. Recurring Patients, Medical Short Stay Procedures or Treatment (i.e., IV medications, chemo):
 - Initial visit for the recurring, Medical Short Stay patient: The following options are available:
 1. *Complete H&P in EPIC; or*
 2. *Office notes that contain all elements of an H&P, as referenced above in Section B1*
 - Following the initial visit, for recurring medical outpatients: Entries are required¹⁷

at least every four (4) weeks, or prior to the next treatment if the treatment is longer than four (4) weeks apart.

3. Diagnostic Procedures (ie: lab, cath flushes, radiology, physical therapy): No history and physical required.
 4. Emergent/Stat Treatment: At the time of admission, the patient's diagnosis must be documented. A progress note, Short Stay Form or office notes that contain all elements of an H&P, as referenced above in Section B1, need to be entered into EPIC within twenty-four hours.
 5. Procedural Sedation (moderate/conscious sedation): Refer to policy for documentation requirements.
 6. The obstetrical record shall include a complete prenatal record. The prenatal record may be a copy of the attending practitioner's Office record transmitted to the hospital before admission, but an interval admission note must be written that includes pertinent additions to the history and subsequent changes in physical findings. Un-established patients will need a full history and physical.
- C. **Readmission:** When a patient is readmitted within 30 days for the same problem, an interval history and physical exam may be completed. Reference to the previous history and physical must be inserted in the chart and the interval note must reflect any subsequent changes in the patient.
- D. **Who Can Perform the History and Physical:**
A history and physical examination may be performed by physicians and specified allied health professionals.
It is expected that the operating surgeon will be the admitting physician under normal circumstances for scheduled procedures. If the admitting physician is not the operating surgeon, the surgeon must provide a pre-operative consultation which shall be documented in the medical record.
Dentists may perform a history and physical related to dentistry.
Podiatrists may perform a pre-operative history and physical examination independently on their patients of surgical risk ASA Category I or II. The podiatrist is responsible for arranging an additional H&P by a MD, DO, ARNP or PA for podiatric patients with risk greater than ASA category II.
Advanced Registered Nurses Practitioners and Physician Assistants may perform a history and physical; Co-signature by sponsoring physician is required.
Residents and students may perform a history and physical. Co-signature by sponsoring physician who has verified the accuracy via an in depth exam is required.
Admission is defined as patient registration in any inpatient, observation, same day surgery, or short-stay hospital service.

REFERENCE:

CMS 482.22c5, 485.638 a4ii, 485.639, 482.24 2i, DNV MS.17 H&P