

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, December 19, 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 by phone; 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, Caitlin Harrison, Chief Human Resources Officer, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Commissioner Dressler made a motion to approve the agenda. Commissioner Ready seconded.

Action: Motion passed unanimously.

Patient Story:

Tina Toner, CNO, read aloud a letter regarding a patient's pleasant experience in the Emergency Department.

Commissioner Kolff told a story regarding his granddaughter's visit to the emergency room. He said the visit was outstanding and his granddaughter ended up having a good experience.

Minutes:

- November 7 Special Session
- November 28 Regular Session

Commissioner Dressler made a motion to approve the November 7 Special Session Minutes and November 28 Regular Session Minutes. Commissioner Ready seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- November Warrants and Adjustments
- Resolution 2018-20 Cancel Warrants
- Resolution 2018-21 Surplus Equipment
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Kolff made a motion to approve November Warrants and Adjustments, Resolution 2018-20 Cancelled Warrants, 2018-21 Surplus Equipment, Medical Staff Credentials/ Appointments/ Reappointments, and Medical Staff Policies. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Public Comment:

Public comment was made by Matt Tyler, Jefferson County Parks and Recreation Manager, Tina Herschelman, Marketing and Community Engagement Coordinator, Tanya Barnett, WSU 4-H Coordinator, and Patricia Beathard Superintendent, Brinnon School District. They gave a brief presentation regarding the success of the Brinnon Afterschool 4-H Program and thanked Jefferson Healthcare for its involvement in making it happen.

Financial Report:

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

Discussion ensued.

Quality Report:

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

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the November Administrative report.

Discussion ensued.

Board Business:

Commissioner Kolff announced he had the October Board of Health minutes and passed out articles pertaining to the Port Townsend Community Prevention and Wellness Initiative, Governor Inslee's comprehensive behavioral health plan, climate change, and physicians and gun policy.

Meeting Evaluation:

Commissioners evaluated the meeting.

Commissioners recessed for break at 3:48pm.

Commissioners reconvened from break at 3:53pm.

Executive Session: Action May Be Requested

- Real Estate
- Personnel/ CEO Evaluation

Commissioners went into Executive Session at 4:00pm to discuss Real Estate and Personnel/ CEO Evaluation. Action may be taken.

Commissioners came out of Executive Session at 4:20pm.

No public present.

Commissioner went back in to Executive Session at 4:20pm.

Commissioners came out of Executive Session at 4:45pm.

No public present.

Commissioners recessed for break at 4:45pm.

Commissioners reconvened from break at 4:50pm.

No public present.

Commissioners went back into Executive Session at 4:50pm.

Commission came out of Executive Session at 5:02pm.

No public present.

Commissioner Ready made a motion to allow Mr. Glenn to direct up to 110 hours of earned PTO to a 457F Retirement Savings Account and Cash out up to 110 hours of earned PTO. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:04pm.

Approved by the Commission:

Chair of Commission: Jill Rienstra_____

Secretary of Commission: Marie Dressler _____

BRINNON AFTERSCHOOL 4-H PROGRAM



Youth Benefiting from a
Caring, Collaborating Community



*2017 letter to WSU 4-H from Trish Beathard
Brinnon Principal and Superintendent:*

"The students of the Brinnon School District
would thoroughly enjoy after school programming.
...The District is not currently provided with any such
programs.

...Our **needs** are big and so is our **enthusiasm!**"

...Our **needs**^{*} are big and so is our **enthusiasm**^{**}”

- The second-highest absenteeism rate in the ESD
- 89% of students rely on free- and reduced-priced meals
- 44% increase in student enrollment between 2011-2018

*Sources: www.ke.wa.us/DataAdmin and <http://reportcard.ospi.k12.us>

- ASP currently past capacity with 38 students enrolled
- Averaging 25-28 students each Mon., Tues., & Weds.
- One lead teacher, one support teacher, 5 committed volunteers, & 1 student helper

** Source: Alicia Simmons, Brinnon ASP Lead Teacher; K-8 grade students in May 18 = 74



Through 4-H's afterschool programs (ASPs) youth access safe and challenging activities, healthy foods, caring mentors, and practical life skills - all of which help prevent chronic absenteeism and promote successful youth development.*

*Source: <http://www.k12.wa.us/Attendance>

WHO'S COMING TO 4-H ASP?



| | |
|-----------------------|----|
| Kindergarten | 3 |
| 1 st Grade | 8 |
| 2 nd Grade | 5 |
| 3 rd Grade | 5 |
| 4 th Grade | 4 |
| 5 th Grade | 7 |
| 6 th Grade | 2 |
| 7 th Grade | 3 |
| 8 th Grade | 1 |
| Total ASP Students | 38 |

DAILY SCHEDULE

- Arrival, Attendance, & Snack #1
- Recess
- Team Building Activities & Group Games
- Circle Up & Snack #2
- Group Project Time (with alt. homework groups)
- Circle Up & Debrief the Day
- Parent/Guardian Pick up

HEALTHY SNACKS



VIGOROUS EXERCISE





TEAM BUILDING



1. Safety First
2. No Put Downs
3. Commit to Support
4. Challenge by Choice
5. HAVE FUN!

GROUP PROJECT TIME



- Mondays: Sports & Fitness
- Tuesdays: Arts, Crafts, & Nutrition
- Wednesdays: Robotics, Electronics, & Sciences

MONDAYS: SPORTS & FITNESS



TUESDAYS: ARTS, CRAFTS, & NUTRITION



WEDNESDAYS: ROBOTICS, ELECTRONICS, & SCIENCES

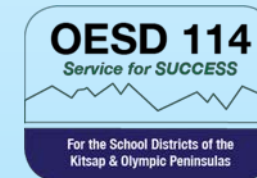


BRINNON AFTERSCHOOL 4-H PROGRAM

Program Partners:



Other Program Supporters:



Youth Benefiting from a
Caring, Collaborating Community

BRINNON AFTERSCHOOL 4-H PROGRAM

*Thank you
for your
support!*



Youth Benefiting from a
Caring, Collaborating Community

Jefferson Healthcare

November 2018 Finance Report

December 19, 2018

Hilary Whittington, CAO/CFO

EDUCATION

Materiality

Material

Information is material if omitting, misstating or obscuring it could reasonably be expected to influence the decisions that the primary users of general purpose financial statements make on the basis of those financial statements, which provide financial information about a specific reporting entity

(International Accounting Standards Board)

EDUCATION (cont'd)

Material things open as we approach the end of the year

What's open?

- Medicare cost reports
 - **2018**: Currently payable back to Medicare booked for \$1.5M. Some or all of this may become income in 2018.
 - **2017**: When desk review occurs, will request edit of how 340B transactions were handled. Likely \$320k receivable (income)
 - **2016**: Requested reopening of cost report for 340B related transactions. Likely \$300k receivable (income)
- Revenues
 - Delay in recording observation charges – additional revenue from before Dec will be recorded in Dec
- Expenses
 - Benefits expenses will toggle as we reconcile the year
 - Salaries will jump in December for wage increases effective at year end; PTO balances “get a raise”
 - Additional depreciation for items purchased in December; 6 months of depreciation for some assets in Dec. This is intentional to push reimbursement into 2018.
 - Vendors tend to chase IOUs at year end

November 2018

Operating Statistics

| <u>STATISTIC DESCRIPTION</u> | <u>NOV ACTUAL</u> | <u>NOV BUDGET</u> | <u>% VARIANCE</u> | <u>YTD ACTUAL</u> | <u>YTD BUDGET</u> | <u>% VARIANCE</u> |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| FTEs - TOTAL (AVG) | 544 | 585 | 7% | 542 | 585 | 7% |
| 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% |
| PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION | 436 | 461 | -5% | 4,491 | 5,130 | -12% |
| SURGERY CASES (IN OR) | 114 | 99 | 15% | 1,119 | 1,102 | 2% |
| SPECIAL PROCEDURE CASES | 65 | 99 | -34% | 752 | 1,102 | -32% |
| LAB BILLABLE TESTS | 17,674 | 18,505 | -4% | 195,760 | 206,018 | -5% |
| 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% |
| RESPIRATORY THERAPY PROCEDURES | 3,066 | 3,647 | -16% | 34,276 | 40,608 | -16% |
| 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% |
| TOTAL RURAL HEALTH CLINIC VISITS | 5,318 | 7,055 | -25% | 61,109 | 78,546 | -22% |
| TOTAL SPECIALTY CLINIC VISITS | 3,267 | 3,342 | -2% | 35,654 | 37,190 | -4% |
| HOME HEALTH EPISODES | 82 | 66 | 24% | 718 | 735 | -2% |
| HOSPICE CENSUS/DAYS | 950 | 865 | 10% | 11,066 | 9,629 | 15% |

November 2018

Income Statement Summary



Operating Revenue

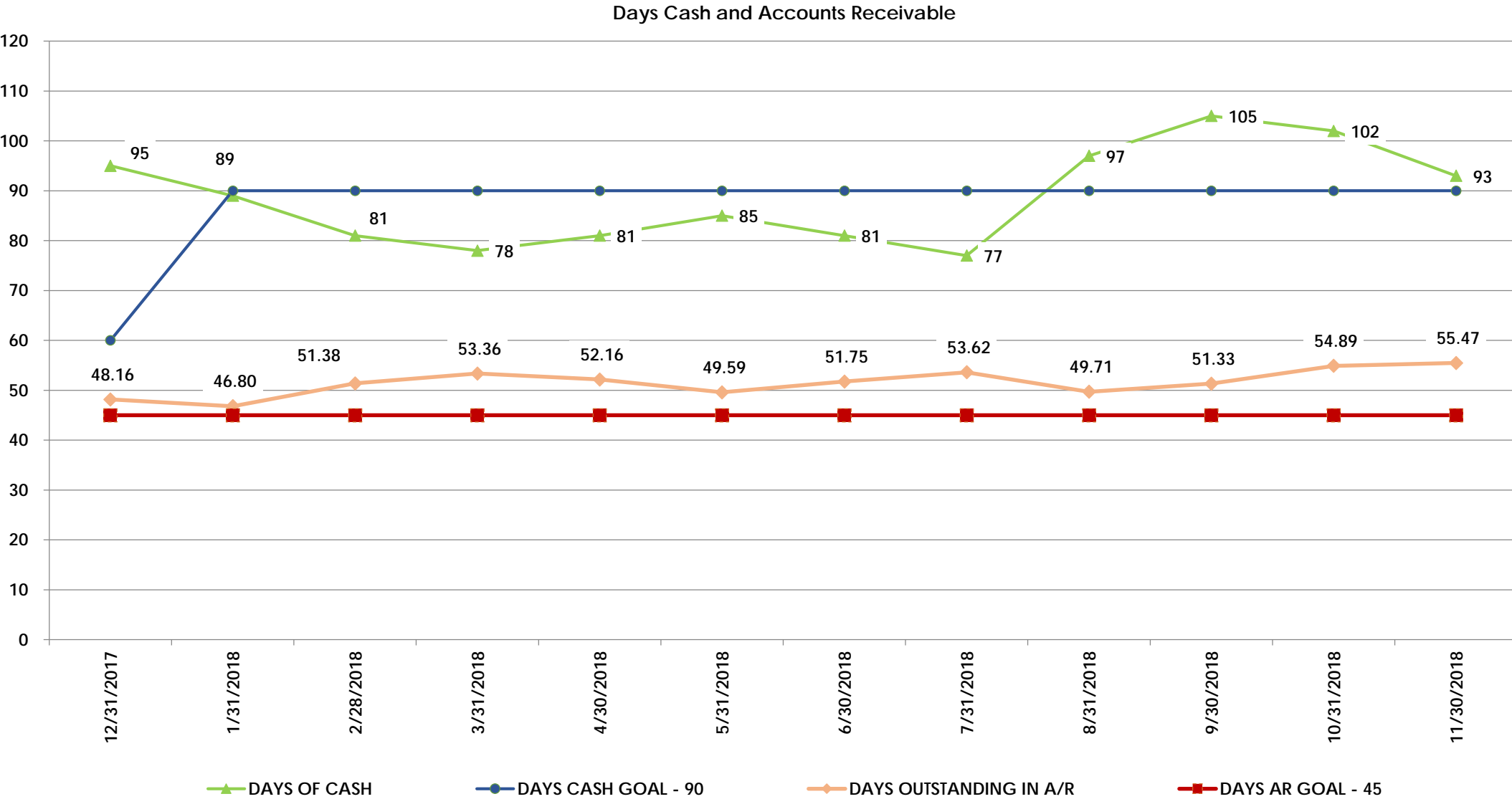
| | November 2018 Actual | November 2018 Budget | Variance Favorable/ (Unfavorable) | % | November 2018 YTD | November 2018 Budget YTD | Variance Favorable/ (Unfavorable) | % | November 2017 YTD |
|-------------------------------|-------------------------|-------------------------|---|------|----------------------|--------------------------------|---|------|----------------------|
| Gross Patient Service 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 | 10,888,675 | 10,645,572 | (243,103) | -2% | 112,719,340 | 118,520,771 | 5,801,431 | 5% | 103,750,011 |
| Charity Care Adjustments | 157,975 | 120,948 | (37,027) | -31% | 2,249,546 | 1,346,558 | (902,988) | -67% | 1,177,550 |
| 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 |
| Other Revenue | 384,110 | 409,763 | (25,654) | -6% | 5,126,502 | 4,562,036 | 564,466 | 12% | 4,364,333 |
| Total Operating Revenue | 9,144,738 | 9,260,077 | (115,339) | -1% | 100,427,549 | 103,095,584 | (2,668,034) | -3% | 91,819,866 |

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 |
| Other Expenses | 3,400,144 | 3,273,691 | (126,453) | -4% | 37,346,448 | 36,447,110 | (899,337) | -2% | 33,917,896 |
| 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 |
| Operating Income (Loss) | 258,540 | 167,479 | 91,061 | 54% | 1,857,062 | 1,864,599 | (7,537) | 0% | 1,952,236 |
| Total Non Operating Revenues (Expenses) | 21,312 | (28,917) | 50,229 | 174% | (29,674) | (321,941) | 292,267 | 91% | 262,681 |
| Change in Net Position (Loss) | 279,852 | 138,562 | 141,290 | 102% | 1,827,388 | 1,542,658 | 284,730 | 18% | 2,214,917 |

November 2018

Cash and Accounts Receivable



November 2018

Board Financial Report

| Dept. | Department Description | Rev/Exp | Account | Account Description | November Actual | November Budget | November Variance | 2018 to Date Actual | 2018 to Date Budget | 2018 to Date Variance |
|-------|------------------------|---------|-----------|--------------------------------|-----------------|-----------------|-------------------|---------------------|---------------------|-----------------------|
| 8612 | BOARD | Exp | 600010 | MANAGEMENT & SUPERVISION WAGES | 1,350.00 | 4,498.00 | 3,148.00 | 51,503.00 | 50,073.00 | (1,430.00) |
| | | | 602300 | CONSULT MNGMT FEE | 1,546.00 | - | (1,546.00) | 25,358.00 | - | (25,358.00) |
| | | | 602500 | AUDIT FEES | - | 3,288.00 | 3,288.00 | 37,239.00 | 36,603.00 | (636.00) |
| | | | 604200 | CATERING | 68.00 | 159.00 | 91.00 | 1,077.00 | 1,775.00 | 698.00 |
| | | | 604500 | OFFICE SUPPLIES | - | 24.00 | 24.00 | 50.00 | 266.00 | 216.00 |
| | | | 604800 | MINOR EQUIPMENT | - | - | - | 591.00 | - | (591.00) |
| | | | 604850 | COMPUTER EQUIPMENT | - | 80.00 | 80.00 | - | 888.00 | 888.00 |
| | | | 606500 | OTHER PURCHASED SERVICES | - | 822.00 | 822.00 | (250.00) | 9,151.00 | 9,401.00 |
| | | | 609400 | TRAVEL/MEETINGS/TRAINING | - | 1,644.00 | 1,644.00 | 21,664.00 | 18,301.00 | (3,363.00) |
| | | | Exp Total | | | 2,964.00 | 10,515.00 | 7,551.00 | 137,232.00 | 117,057.00 |
| | BOARD Total | | | 2,964.00 | 10,515.00 | 7,551.00 | 137,232.00 | 117,057.00 | (20,175.00) | |

December 2018

Preview — (*as of 11:59pm 12/18/18)

- **\$18,986,753 in HB charges**
 - Average: \$630,157/day (HB only)
 - Budget: \$642,350/day
- **\$6,943,485 in HB cash collections**
 - Average: \$245,563 /day (HB only)
 - Goal: \$289,057/day
- **55.4 Days in A/R**
- **Questions**

Jefferson Healthcare

Patient Safety & Quality Report
December, 2018

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

Initiatives and Strategies



Best Practice
Care



Culture of
Safety



Excellent
Outcomes



Patient-
Centered Care



| Goals | Strategy | Initiatives | Targets |
|--|---|---|--|
| <i>Provide the Highest Quality, Safest Care</i> | <i>Drive Best Practice Clinical Care</i> | Achieve zero harm events | Zero avoidable healthcare acquired harm events |
| | <i>Achieve Excellent Quality Outcomes</i> | Antimicrobial Stewardship | Overall DOT decreased (IP); Avoidance of antibiotics for URI (clinics) |
| | | Implement and adhere to evidence based practices. | 90% or greater compliance with core measures |
| | <i>Enhance Culture of Safety</i> | Hardwire team training | Team Training Attendance (43.3%) |
| | | Leader Rounding | Weekly Rounding Compliance |

Quality and Safety

| Emergency | | | | | | | | | | | | | Trend | YTD | Goal |
|---|---------|----------|--------|--------|-------|-------|-------|--------|-------|-------|-------|------|-------|--------|----------|
| Metric | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | | | |
| Stroke Care | 91.0% | 84.6% | 90.5% | 100.0% | 92.0% | 91.0% | 92.0% | 93.0% | 92.0% | 92.0% | 93.0% | | | 91.92% | ≥ 90% |
| Chest Pain time to EKG | 10 | 10 | 8.0 | 7.0 | 8.0 | 7.5 | 7.0 | 11.0 | 6.0 | 8.5 | 8.5 | | | 7.94 | < 7 min |
| AMI Care | 88.9% | 94.1% | 94.0% | 94.0% | 93.0% | 94.0% | | | | | | | | 93.0% | ≥ 90% |
| AMA | 0.18% | 0.32% | 0.27% | 0.30% | 0.37% | 0.29% | 0.79% | 0.48% | 1.05% | 0.30% | 0.43% | | | 0.43% | ≤ 1% |
| LWBS | 1.58% | 4.09% | 1.80% | 1.88% | 1.39% | 0.76% | 1.32% | 2.29% | 1.43% | 2.39% | 2.24% | | | 1.9% | < 1% |
| Inpatient (ACU/ICU) | | | | | | | | | | | | | Trend | YTD | Goal |
| Metric | January | February | March | April | May | June | July | August | Sept | Oct | Nov | Dec | | | |
| Stroke Care | 91.0% | 84.6% | 90.5% | 100.0% | 92.0% | 91.0% | 92.0% | 93.0% | 92.0% | 92.0% | 93.0% | | | 78.2% | ≥ 90% |
| Inpatient Influenza Vaccination | 87.8% | 84.8% | 89.2% | NC | NC | NC | NC | NC | NC | NC | ND | | | 0.20 | ≤ 1 |
| Hospital Acquired Infections | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | ND | | | 27.8% | ≥ 90% |
| Sepsis | 20.0% | 0.0% | 100.0% | 14.0% | 33.0% | 33.0% | 0.0% | 0.0% | 0.0% | 0.01% | 0.9% | 0.0% | | 0.5% | < 1.0% |
| Adverse Drug Events | 1.8% | 0.9% | 0.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | 0 | 0 |
| Pressure Ulcers (HCA) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0.873 | 0.66 |
| Patient Falls with Injury | 0 | 4.2 | 0 | 0 | 2.7 | 2.7 | 0 | 0 | 0 | 0 | 0 | | | | |
| Surgery | | | | | | | | | | | | | Trend | YTD | Goal |
| Metric | January | February | March | April | May | June | July | August | Sept | Oct | Nov | Dec | | | |
| Post Operative Infections | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | ND | | | 0.1 | ≤ 1 |
| IntraOperative Blood Utilization | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | | | 0.5 | ≤ 1 |
| Unanticipated Return to the OR | 0.00% | 0.43% | 0.68% | 0.00% | 0.33% | 0.00% | 0.40% | 0.38% | 0.47% | 0.33% | 0.00% | | | 0.3% | < 1% |
| Outpatient (Ancillary, Clinics, Home Health, Hospice) | | | | | | | | | | | | | Trend | YTD | Goal |
| Metric | January | February | March | April | May | June | July | August | Sept | Oct | Nov | Dec | | | |
| Pneumonia Vaccine | 81.0% | 81.0% | 81.0% | 81.0% | 80.0% | 80.0% | 81.0% | 80.0% | 80.0% | 80.0% | | | | 80.5% | 60% |
| Childhood Immunizations | 41.0% | 39.0% | 34.0% | 22.0% | 42.0% | 33.0% | 39.0% | 35.0% | 37.0% | 41.0% | | | | 36.3% | 60% |
| Hgb A1C > 9 (lower better) | 15.6% | 13.3% | 15.2% | 13.6% | 11.6% | 13.9% | 12.4% | 14.1% | 13.1% | 11.1% | | | | 13.4% | ≤ 17.04% |
| Hospice LOS (Median) | 56 | 50 | 62 | 10 | 61 | 19 | 43 | 28 | 18 | 12 | | | | 35.90 | 45 |
| Hospice: LOS (Mean) | 68.5 | 90.8 | 119.7 | 70.0 | 109.3 | 58.5 | 117.9 | 65.5 | 65.6 | 19.2 | | | | 78.50 | 90 |
| DI: Safe Imaging Pediatrics | 543 | NC | 525.6 | 769.7 | NC | 378.2 | 367.6 | 459.4 | 479.1 | 432.4 | 487.9 | | | 493.7 | 553.3 |
| Family Birth Center | | | | | | | | | | | | | Trend | YTD | Goal |
| Metric | January | February | March | April | May | June | July | August | Sept | Oct | Nov | Dec | | | |
| Early Elective Delivery | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | 0.0% | < 0.6% |
| Patient Falls with Injury | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 |
| C/S Rates: Overall | 16.7% | 22.2% | 0.0% | 41.7% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 25.0% | 50.0% | 0.0% | | 17.9% | < 23% |
| Induced deliveries ending in c-sections | 0.0% | 0.0% | 20.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | 8.6% | < 19% |
| Newborn Complications | 0.0% | 11.1% | 10.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | 1.9% | < 2.6% |
| Post Partum Hemorrhage | 0.0% | 0.0% | 0.0% | 8.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | 0.8% | < 1.3% |
| Length of Stay - Vaginal Deliverv | 2.6 | 1.7 | 2.9 | 2.6 | 2.5 | 2.5 | 2.1 | 2.4 | 2.6 | 2.5 | 1.8 | | | 2.4 | 2 |

Best Practice Care: Highlights



Antimicrobial Stewardship: **10.2% decrease** in overall days of therapy



Core measure performance: **Top performance** in stroke, CAD, surgery, chest pain



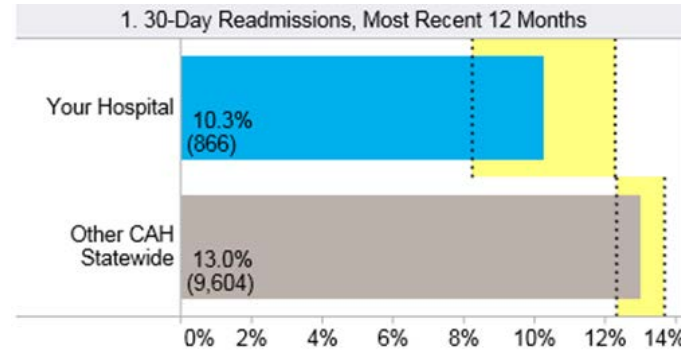
Patient Safety: **Drastic reduction** in healthcare acquired c. diff, top performance in reducing healthcare acquired infections, pediatric radiation safety, and pressure ulcers



Opportunities: Patient Flow, Sepsis

2018 Achievements & Highlights

- AHA Get With the Guidelines: Stroke Gold Award
- Department of Health Antimicrobial Stewardship Honor Roll Achievement
- iVantage Top Performing Hospital in 2018
- AHA GWTG Bronze Award for Coronary Artery Disease
- 2018 Healthgrades Patient Safety Award
- 2018 Healthgrades Five Star Rating for Hip Fracture



Outcomes: Best Practice Alert - Preventing Readmissions



Patient Centered



Transitions of Care



Access to timely follow up



Addressing Social Determinants of Health

Quality: Excellent Outcomes and Patient-Centered Care

2018 Patient Outcomes

- Healthcare Acquired Infection Rates lower than national benchmarks
- Readmission Rates: better than state and national benchmarks (top performer)
- Health Equity: No statistical difference in readmission rates based on income, insurance, age, or sex at Jefferson Healthcare

Patient-Centered Care

- Jefferson Healthcare is currently rated a Four-Star hospital for patient experience by CMS
- 2018 HEI Leader Award for Health Equity among LGBTQ patients
- Jefferson Healthcare was recognized as a state and national leader in patient engagement through its' Patient and Family Advisory Council



Questions?

Jefferson Healthcare

Administrative Report

December 19, 2018

Mike Glenn, CEO

Behavioral Health in the State and on the Peninsula.

- Governor Inslee released a comprehensive behavioral health plan for the state.
- The plan closely follows WSHA's 10 point behavioral health plan, developed over the summer.
- The plan includes significant investment in inpatient, outpatient and housing support services.
- Jefferson Healthcare has partnered with Olympic Medical Center and Jamestown Clinic to explore the viability of a behavioral health campus, located in East Clallam County. The campus would likely house a MAT clinic, inpatient psychiatric E&T Center and inpatient substance abuse E&T center.

Preparing for the 2019 Legislative Agenda.

- Alyssa is working with the offices of Representative Tharinger and Chapman and Senator Van de Wege to schedule our annual advocacy trip.
- WSHA's legislative session kick off webinar is scheduled for January 17, at noon, please contact Alyssa for contact information.

Thoughts on 2018.



Questions

