

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, January 23, 2019
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 2:30pm by Board Chair Rienstra. Present were Commissioners Dressler, Kolff, McComas, and Ready, 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. This meeting was officially audio recorded by Jefferson Healthcare.

Education:

- 2018 Board in Review

Commissioners evaluated the 2018 board year and discussed went well and what had room for improvement.

- Discuss WSHA/AWPHD Governance Webinar

Commissioners discussed the WSHA/AWPHD Governance Webinar and the importance of an orientation process and what they went through when each Commissioner oriented.

Commissioners discussed what a good orientation process would look like.

Commissioner McComas and Dressler were appointed to an ad hoc committee that will be charged with creating a Commissioner Onboarding packet.

Break:

Commissioners recessed for break at 2:57pm.

Commissioners reconvened from break at 3:30pm.

Approve Agenda:

Commissioner Kolff suggested moving public comment after patient story.

Commissioner Rienstra announced the cancellation of Executive Session to collect more information.

Commissioner McComas made a motion to approve the agenda and move public comment after patient story and to cancel Executive Session. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Patient Story:

Tina Toner, CNO, provided the patient story regarding a patient who has Stage 3 Lung Cancer and after being told by other JH oncology patients decided to seek care at JH Oncology center. This patient felt the team was committed to meet their physical, emotional, and financial needs. Patient was soon admitted with small bowel obstruction and there was a concern of possible hidden cancer, surgery was decided and performed, and staff showed upmost care and concern and got them through a difficult time with compassion and humor. The patient felt no other hospital could compete with JH nursing staff. The patient thanked the board and administration for their recruiting efforts for specialties and the providers of direct patient care for their patient centric approach. Tina continued on to explain the oncology department and their Commissioner on Cancer Accreditation.

Public Comment:

Public comment was made.

Minutes:

- December 19 Special Session

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

Action: Motion passed unanimously.

Required Approvals: Action Requested

- December Warrants and Adjustments
- Resolution 2019-01 Cancel Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Resolution 2019-02 Washington Rural Health Collaborative Interlocal Agreement

Commissioner Dressler made a motion to approve December Warrants and Adjustments, Resolution 2019-01 Cancelled Warrants, Medical Staff Credentials/ Appointments/ Reappointments, and Resolution 2019-02 Washington Rural Health Collaborative Interlocal Agreement. Commissioner Ready seconded.

Action: Action passed unanimously.

Financial Report:

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

Discussion ensued.

Quality Report:

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

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the December Administrative report.

Discussion ensued.

Commissioner Kolff made a motion to adopt the letter in spirit and allow Mike to make amendments and corrections to it as well as to identify 3-5 key targeted points to speak to. Commissioner Dressler seconded.

Discussion ensued.

Action: Motion passed unanimously.

Chief Medical Officer Report:

Dr. Joe Mattern, CMO, presented the Chief Medical Officer report which included updates on the ACO, MIPS, MAT, Maslach Inventory, and Telemedicine.

Discussion ensued.

Board Business:

- Adopt Board Book

Commissioner Kolff made a motion to add “to maintain” and “to work and partner” to the preamble. Commissioner McComas seconded.

Action: Motion passed unanimously.

Commissioner Ready made a motion to approve the 2019 Board Calendar.

Commissioner Dressler seconded.

Action: Motion passed unanimously.

Commissioner Kolff made a motion to adopt 2019 Committee Assignments.

Commissioner Dressler seconded.

Action: Motion passed unanimously.

Commissioner Rienstra distributed post cards that were sent to her thanking Jefferson Healthcare’s work around SANE.

Commissioner Rienstra read aloud thank you letters that will be sent to the Auxiliary and Foundation for their generous donations from the board.

Commissioner Kolff gave reports from the Board of Health meeting including drug and alcohol facts proclamation, Foundation Public Health Services resolution, Board of Health election of Ariel Speser as chair and Commissioner Kolff as vice chair.

Meeting Evaluation:

Commissioners evaluated the meeting.

Executive Session:

- To review the performance of a public employee.

Executive Session was canceled.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:22pm.

Approved by the Commission:

Chair of Commission: Jill Rienstra_____

Secretary of Commission: Marie Dressler _____



Board of Commissioners Meeting Report – Oncology

January 23, 2019



Exceeding Expectations



An Oncology thank you letter

Our Infusion Center is Born



L to R: Emmy, RN; Jeinell, RN; Sue, RN; Ayla, RN; Rick, RN; Lanny, pharmacist; Leitha, RN; LuAnn, RN

Provider Compliment



Ann E. Murphy, MD



Kurt A. Norman, MD



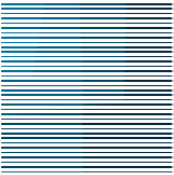
Deborah Abrams, MD



Rebecca Kimball, ARNP



Mary Towns, ARNP



Commission on Cancer Accreditation- Our Structure



**Awarded with first CoC Accreditation
with 4 commendations in July 2017**



CoC Standards and Framework

Community Needs Assessment

Annual Prevention and Screening Events

Clinical Goals

Programmatic Goals

Studies of Quality

Clinical Trials

Genetic Counseling

Cancer Registry

Survivorship Care Plans

Cancer Committee

- Diagnostic Radiologist-
Dr. Marc Koenig, MD
- General Surgeon-
Dr. David Schwartz, DO
- Chair/ Medical Oncologist-
Dr. Anne Murphy, MD
- Radiation Oncologist-
Dr. Heath Foxlee, MD
- Cancer Liaison Physician-
Dr. Joe Mattern, MD
- Pathologist-
Dr. Kelly Lloyd, MD
- Oncology Nurse-
Jeinell Harper, RN, OCN
- Cancer Program Administrator-
Tina Toner, RN, MSN

- Palliative Care professional-
Deb Kaldahl
 - Social worker-
Lisa Lawrence, MSW, LCSW
- Coordinators:
- Cancer Conference Coordinator-
Brittany Huntingford
 - Quality Improvement Coordinator-
Rebecca Strona, RN
 - Cancer Registry Quality
Coordinator-Carla Woodward, MSW,
CTR
 - Community Outreach Coordinator-
John Nowak
 - Clinical Research Coordinator-
LuAnn Rogers, RN, OCN
 - Psychosocial Services Coordinator-
Lisa Lawrence, MSW, LCSW

Additional members:

- Pharmacy
- Rehabilitation
- Nutritionist
- American Cancer Society
Rep
- Pastoral Support
- Survivorship Care
Planning

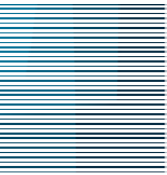
Cancer Annual Report

- Published digitally
- December 20, 2018
- Available on the [Jefferson Healthcare Oncology Services page under Patient Resources](#)

Cancer Annual Report 2018



Questions



Jefferson Healthcare

December 2018 Finance Report

January 23, 2019

Hilary Whittington, CAO/CFO

EDUCATION

Draft to Final Reports **December draft Disclaimers

- ✓ January 2019 – Draft December 2018 Financial Reports
- ✓ June 2019 – Final, Audited December 2018 Financial Reports

What will change?

Revenues



- ☐ Detail review of charges to ensure accurate timing
- ☐ 2018 Medicare and Medicaid cost report estimates
- ☐ Review allowance calculation compared to actual collections activity
- ☐ Reconcile Medicaid managed care enhancement payments
- ☐ 340b Revenue reconciliation (and expense)

Expenses



- ☐ Review accruals for retirement, PTO, and other salary related expenses
- ☐ Late invoices - estimates recorded for services/goods received before year end
- ☐ Update depreciation expense, detail review of every asset & project
- ☐ Reconcile inventory to supply expense; likely increase given magnitude of pharmacy

December 2018

Operating Statistics

<u>STATISTIC DESCRIPTION</u>	<u>DEC ACTUAL</u>	<u>DEC BUDGET</u>	<u>% VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>% VARIANCE</u>
FTEs - TOTAL (AVG)	550	585	6%	543	585	7%
ADJUSTED PATIENT DAYS	2,093	2,172	-4%	23,536	25,568	-8%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	64	97	-34%	936	1,146	-18%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	280	362	-23%	3,768	4,267	-12%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	358	475	-25%	4,849	5,606	-14%
SURGERY CASES (IN OR)	98	102	-4%	1,217	1,205	1%
SPECIAL PROCEDURE CASES	55	102	-46%	807	1,205	-33%
LAB BILLABLE TESTS	15,335	19,121	-20%	211,095	225,139	-6%
TOTAL DIAGNOSTIC IMAGING TESTS	2,484	3,044	-18%	31,938	35,839	-11%
MEDS DISPENSED	20,028	23,766	-16%	264,598	279,820	-5%
RESPIRATORY THERAPY PROCEDURES	2,272	3,769	-40%	36,548	44,377	-18%
REHAB/PT/OT/ST RVUs	7,706	7,078	9%	105,568	83,330	27%
ER CENSUS	962	1,132	-15%	12,306	13,326	-8%
TOTAL RURAL HEALTH CLINIC VISITS	5,155	7,291	-29%	66,264	85,838	-23%
TOTAL SPECIALTY CLINIC VISITS	3,026	3,454	-12%	38,680	40,643	-5%
HOME HEALTH EPISODES	66	68	-3%	784	803	-2%
HOSPICE CENSUS/DAYS	844	894	-6%	11,910	10,523	13%

December 2018

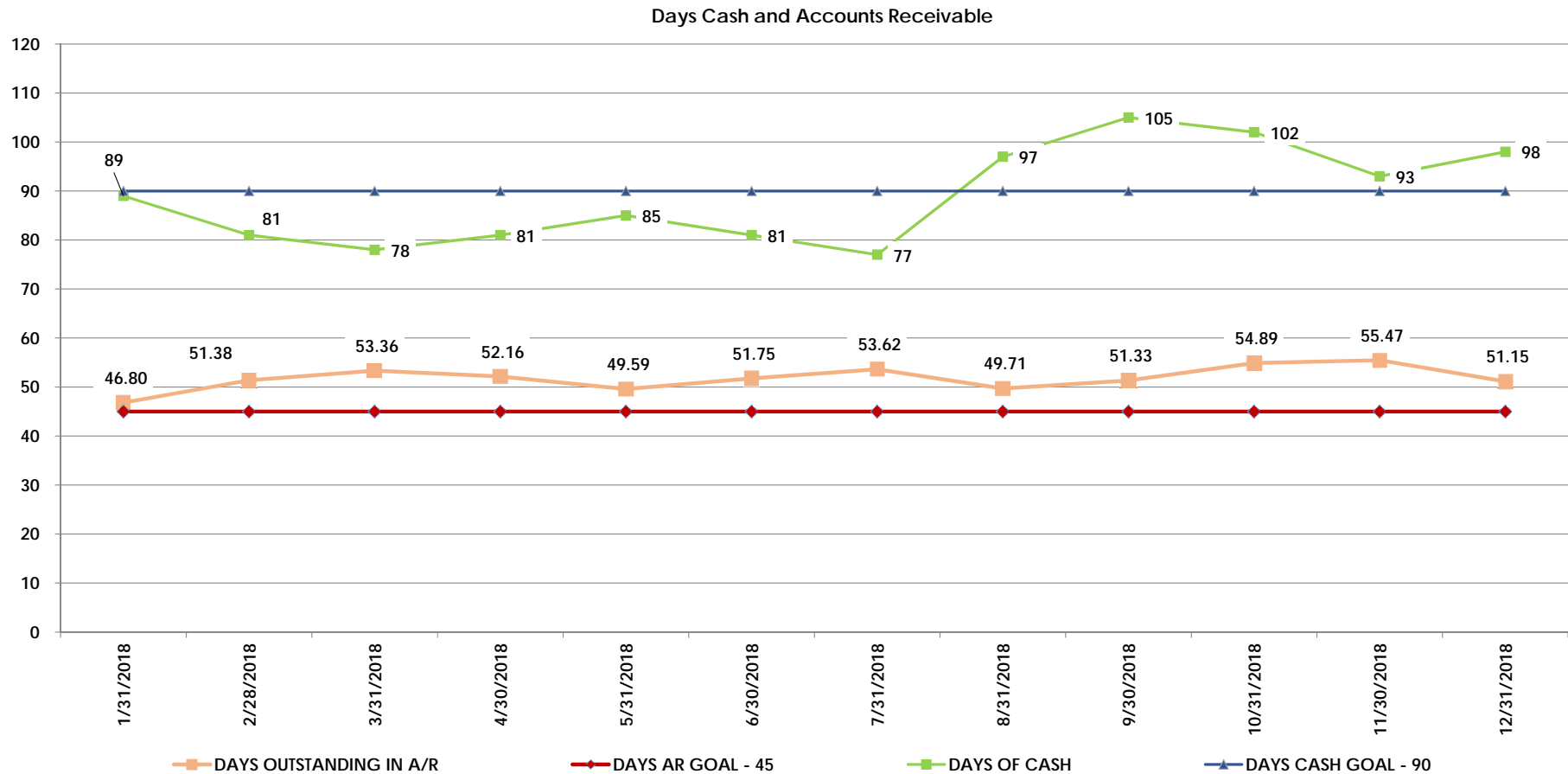
DRAFT Income Statement Summary



	December 2018 Actual	December 2018 Budget	Variance Favorable/ (Unfavorable)	%	December 2018 YTD	December 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	December 2017 YTD
Operating Revenue									
Gross Patient Service Revenue	17,096,078	20,270,842	(3,174,765)	-16%	227,366,011	238,671,719	(11,305,708)	-5%	209,294,306
Revenue Adjustments	7,484,176	11,000,487	3,516,311	32%	120,203,516	129,521,257	9,317,742	7%	111,389,882
Charity Care Adjustments	113,692	124,981	11,288	9%	2,363,239	1,471,539	(891,700)	-61%	1,437,426
Net Patient Service Revenue	9,498,210	9,145,375	352,834	4%	104,799,257	107,678,923	(2,879,666)	-3%	96,466,998
Other Revenue	819,994	423,424	396,569	94%	5,946,496	4,985,460	961,036	19%	4,434,708
Total Operating Revenue	10,318,203	9,568,800	749,404	8%	110,745,752	112,664,383	(1,918,631)	-2%	100,901,706
Operating Expenses									
Salaries And Wages	5,061,739	4,802,971	(258,768)	-5%	53,918,804	56,550,859	2,632,055	5%	49,279,446
Employee Benefits	959,349	1,209,933	250,584	21%	13,326,323	14,245,919	919,596	6%	11,814,074
Other Expenses	3,453,519	3,382,829	(70,690)	-2%	40,799,967	39,829,939	(970,027)	-2%	37,292,519
Total Operating Expenses	9,474,607	9,395,733	(78,874)	-1%	108,045,094	110,626,717	2,581,624	2%	98,386,039
Operating Income (Loss)	843,597	173,067	670,530	387%	2,700,659	2,037,666	662,993	33%	2,515,667
Total Non Operating Revenues (Expenses)	6,415	(29,881)	36,296	121%	(23,259)	(351,822)	328,563	93%	113,681
Change in Net Position (Loss)	850,012	143,186	706,826	494%	2,677,399	1,685,844	991,555	59%	2,629,348

December 2018

Cash and Accounts Receivable



December 2018

Board Financial Report

Dept.	Department Description	Rev/Exp	Account	Account Description	December Actual	December Budget	December Variance	2018 to Date Actual	2018 to Date Budget	2018 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	2,377.00	4,647.00	2,270.00	53,880.00	54,720.00	840.00
			602300	CONSULT MNGMT FEE	1,546.00	-	(1,546.00)	26,904.00	-	(26,904.00)
			602500	AUDIT FEES	-	3,397.00	3,397.00	37,239.00	40,000.00	2,761.00
			604200	CATERING	53.00	165.00	112.00	1,129.00	1,940.00	811.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	50.00	291.00	241.00
			604800	MINOR EQUIPMENT	-	-	-	591.00	-	(591.00)
			604850	COMPUTER EQUIPMENT	-	82.00	82.00	-	970.00	970.00
			606500	OTHER PURCHASED SERVICES	-	849.00	849.00	(250.00)	10,000.00	10,250.00
			609400	TRAVEL/MEETINGS/TRAINING	1,880.00	1,699.00	(181.00)	23,544.00	20,000.00	(3,544.00)
Exp Total				5,856.00	10,864.00	5,008.00	143,087.00	127,921.00	(15,166.00)	
BOARD Total				5,856.00	10,864.00	5,008.00	143,087.00	127,921.00	(15,166.00)	

January 2019

Preview – (*as of 0:00 01/23/19)

- **\$20,291,449 in HB charges**
 - Average: \$623,065/day (HB only)
 - Budget: \$669,505/day
- **\$9,056,900 in HB cash collections**
 - Average: \$266,674 /day (HB only)
 - Goal: \$294,582/day
- **51.4 Days in A/R**
- **Questions**



Patient Safety & Quality Report

January, 2019











Prepared for the Board of Commissioners

Quality and Safety

Jefferson Healthcare	Goals	Strategy	Initiatives	Targets
Quality and Safety	Provide the Highest Quality, Safest Care	Drive Best Practice Clinical Care	Achieve zero harm events	Zero avoidable healthcare acquired harm events
		Achieve Excellent Quality Outcomes	Antimicrobial Stewardship	80% reduction in reportable cases of c.Difficile
				Overall DOT decreased (IP); Avoidance of antibiotics for URI (clinics); 80% reduction in reportable cases of c.Difficile
			Implement and adhere to evidence based practices.	90% or greater compliance with core measures
		Enhance Culture of Safety	Hardwire team training	Team Training Attendance
			Leader Rounding	Weekly Rounding Compliance
		Align care with patient goals	Implement a palliative care program	Readmission rate < 12%

Quality Dashboard 2018

Emergency																
Metric	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Trend	YTD	Goal	Composite
Stroke Care	91.0%	84.6%	90.5%	100.0%	92.0%	91.0%	92.0%	100.0%	100.0%	80.0%	100.0%	89.7%		92.6%	≥ 90%	83.3%
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	9.0		8.05	< 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%	0.41%		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%	2.67%		2.0%	< 1%	
Inpatient (ACU/ICU)																
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Trend	YTD	Goal	Composite
Stroke Care	91.0%	84.6%	90.5%	100.0%	92.0%	91.0%	92.0%	100.0%	100.0%	80.0%	100.0%	89.7%		92.6%	≥ 90%	60.0%
Inpatient Influenza Vaccination	87.8%	84.8%	89.2%	NC	NC	NC	NC	NC	NC	51.0%	87.8%	97.7%		83.1%	≥ 90%	
Hospital Acquired Infections	0	0	0	1	0	0	1	0	0	0				0.20	≤ 1	
Sepsis	20.0%	0.0%	100.0%	14.0%	33.0%	33.0%	0.0%	0.0%	50.00%	ND	100.0%	0.0%		31.8%	≥ 90%	
Adverse Drug Events	1.8%	0.9%	0.8%	0.0%	0.0%	0.8%	0.0%	0.0%	0.01%	0.9%	0.0%	0.0%		0.4%	< 1.0%	
Antimicrobial Stewardship																
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Trend	YTD	Goal	Composite
Primary Care: Avoidance of antibiotics for URI	100.0%	93.0%	90.0%	93.0%	93.0%	100.0%	100.0%	88.0%	100.0%	91.0%	100.0%	100.0%		96%	90%	33.0%
Primary Care: appropriate testing for pharyngitis (peds)	77.0%	86.0%	80.0%	60.0%	100.0%	83.0%	100.0%	100.0%	50.0%	67.0%	20.0%	0.0%		69%	90%	
IP: Days of Therapy	462.9	400.4	542.9	451.9	405.8	633.4	550.3	541.1	401.7	467.8	514.4	455.1		485.6	272	
Surgery																
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Trend	YTD	Goal	Composite
Post Operative Infections	0	0	0	0	0	0	1	0	0	0				0.1	≤1	100.0%
IntraOperative Blood Utilization	0	0	0	2	0	1	1	1	0	0	0	0		0.4	≤1	
Unanticipated Return to the OR	0.00%	0.43%	0.68%	0.00%	0.33%	0.00%	0.40%	0.38%	0.47%	0.00%	0.00%	0.00%		0.2%	<1%	
Outpatient (Ancillary, Home Health, Hospice)																
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Trend	YTD	Goal	Composite
Hospice LOS (Median)	56	50	62	10	61	19	43	28	18	12	33	21		34.42	45	50.0%
Hospice: LOS (Mean)	68.5	90.8	119.7	70.0	109.3	58.5	117.9	65.5	65.6	19.2	69.3	37.5		74.32	90	
DI: Safe Imaging Pediatrics	543	NC	525.6	769.7	NC	378.2	367.6	459.4	479.1	432.4	487.9	658.7		510.2	553.3	

Medical Group																	
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Trend	YTD	Goal	Composite	
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%	13.2%	12.2%		13.3%	≤ 17.04%		
Family Birth Center																	
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Trend	YTD	Goal		
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%		0.0%	<0.6%	85.6%	
Patient Falls with Injury	0	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%	7.7%	30.0%	38.5%	40.0%	0.0%	0.0%		16.4%	<23%		
Induced deliveries ending in c-sections	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	50.0%	0.0%	0.0%		7.9%	< 19%		
Unexpected Newborn Complications	0.0%	11.1%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1.8%	<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%	0.0%		0.7%	<1.3%		
Length of Stay - Vaginal Delivery	2.6	1.7	2.9	2.6	2.5	2.5	2.1	2.4	2.6	2.5	1.8	2.5		2.4	2		
Readmission Rate																	
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Trend	YTD	Goal		
Known Readmissions in 30 days	2.0%	5.0%	6.0%	6.0%	1.0%	6.0%	3.0%	4.0%	1.0%	1.0%	2.0%	4.0%		3.4%	6.00%	100.0%	
Claims based Readmissions	10.8%			10.5%										10.7%	<12%		
Return to the ER within 72 hours	2.11%	1.72%	4.23%	4.65%	2.97%	3.05%	3.26%	3.44%	2.87%	3.49%	3.20%	2.87%		3.16%	<3.6%		
Home Health Readmissions	11.8%			7.8%			8.8%			7.1%				8.89%	11.20%		

2018 Quality Report

Best Practice Highlight:

Inpatient Influenza Vaccines:
ACU, ICU, Hospitalists, Case Management

October

51%

November

87.8%

December

97.7%

Actions Taken:

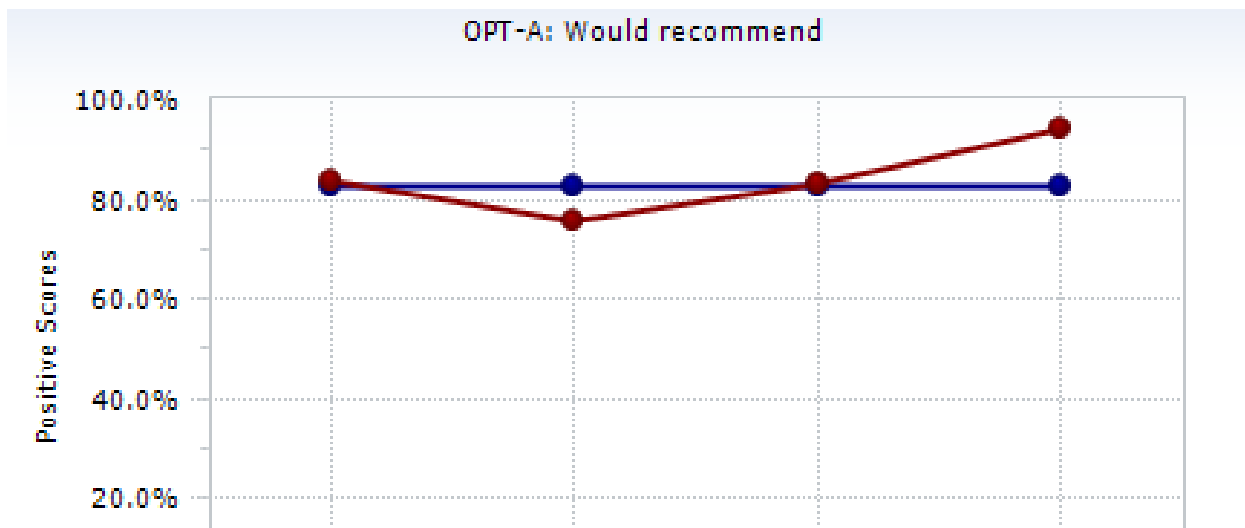
- *Added to New Employee Department Orientation*
- *Provided Nursing Education*
- *Collaborated with Providers*
- *Implemented new process with Case Management*
- *Clinical Informatics support for screening and documentation*
- *Addressed in huddle/discharge planning process*
- *Timely feedback*



<i>Deliver an Experience that Exceeds Expectations</i>	<i>Improve Care Navigation</i>	Manage care transitions	100% development and Implementation of Transitions of Care bundle
		Referral Management	25% improvement over baseline - referral closure
	<i>Radical Convenience to Care</i>	Implement Access Standards	Top Quartile Access to care dimension
			Post IP stay (1-14 days); New patient 30 days; estab. Patient < 10 days
	<i>Consistently Deliver an Outstanding Experience with Every Encounter</i>	Enhance services	Identify top three needed services
		Implement service excellence standards	Top quartile scores: Likely to recommend, quiet at night, confidence in provider, communication (MD/RN)
		Promote shared decision making	Participation in ACP classes

Service Excellence

- *Best Practices*
- *Highlights*
- *Work in Progress*



Service Best Practice Highlight: Diagnostic Imaging

Strategy: Identify one key metric and work to improve it.

Measurement: Did someone tell you how/when to expect your test results.

Imaging Patient Engagement: Test Results

"Excellent!"

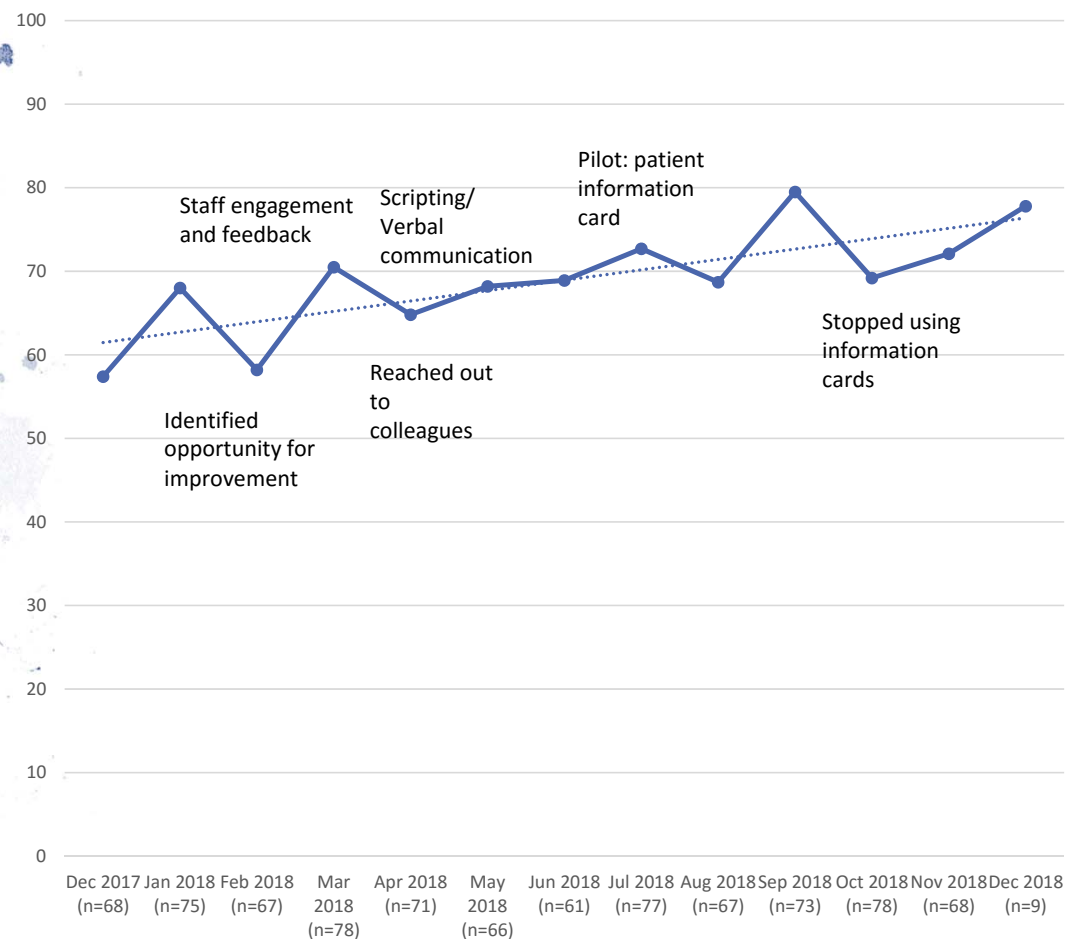
"I love our hospital!! The renovations are wonderful!"

"Very personal, warm, and caring. Staff is cheerful and professional."

"Excellence in all manner of care"

"Felt at home"

Informed How/When Results Recieved
2018



ONE CONVERSATION can make all the difference



An advanced care directive will speak for you when you are not able. Prevent emotional and financial stress on your loved ones. Plan your care. Complete your directive. Free seminar.

END-OF-LIFE PLANNING SEMINAR:

WHEN Saturday, January 26, 1:00—3:00 pm

PLACE Dirksen Room, Jefferson Healthcare
834 Sheridan Street, Port Townsend

RSVP 360.385.2200 ext. 5333

Jefferson
Healthcare
JeffersonHealthcare.org

Next Steps: Focus Areas



Culture of Safety:

Planning for the 2019 Culture of Safety (HSOPS) survey
TeamSTEPPS classes throughout 2019
Patient Initiated Rapid Response Team (Pilot)



Quality/Community:

Care Gap Closure
Advance Care Planning
Expanding Antimicrobial Stewardship



Service:

Care Navigation and Transitions of Care
Referral Management



Questions?

Jefferson Healthcare

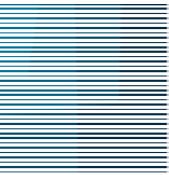
Administrative Report

January 23, 2019

Mike Glenn, CEO

Home Health and Hospice Update

- Interim Executive Director, Joyce Cardinal
- Preparing for Epic Implementation , 4th Quarter 2019
- Recruiting a full time Executive Director



Introducing New Providers



Mitra Jafari, MD



Kelsea Peterman, DO



Mary Towns, ARNP



Elizabeth Olinger, ARNP



**Jordan Giesler,
MPA, PA-C**



Deborah Abrams, MD



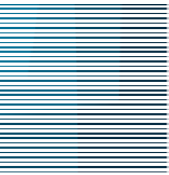
Kate Ernst, ARNP



**Christine Doyle,
ARNP**

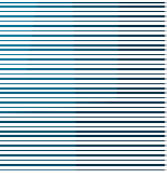
Cancer Care Services

- Seattle Cancer Care Alliance completed its acquisition of Peninsula Cancer Center and intends to develop a comprehensive cancer care center including medical oncology and radiation oncology in Poulsbo.
- Dr. Foxlee is now a SCCA/UWP employee and will continue to see radiation oncology patients in our cancer center.
- The radiation oncology consults will be a Jefferson Healthcare billable service.



Advocacy

- Discussed proposed letter.
- Schedule advocacy trip to Olympia
 - February 14
 - Senator Van de Wege, 10am
 - Representative Tharinger and Chapman, 12pm



New Space, Improved Services

Dermatology

- MOHs waiting room
- Kate Ernst



Cardiology Clinic

- Echo
Cardiography
- Cardiac Rehab



Questions

