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:**

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
Questions
EDUCATION
Draft to Final Reports

**December draft Disclaimers**

- 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

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>DEC ACTUAL</th>
<th>DEC BUDGET</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>% VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>550</td>
<td>585</td>
<td>6%</td>
<td>543</td>
<td>585</td>
<td>7%</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,093</td>
<td>2,172</td>
<td>-4%</td>
<td>23,536</td>
<td>25,568</td>
<td>-8%</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>64</td>
<td>97</td>
<td>-34%</td>
<td>936</td>
<td>1,146</td>
<td>-18%</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>280</td>
<td>362</td>
<td>-23%</td>
<td>3,768</td>
<td>4,267</td>
<td>-12%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>358</td>
<td>475</td>
<td>-25%</td>
<td>4,849</td>
<td>5,606</td>
<td>-14%</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>98</td>
<td>102</td>
<td>-4%</td>
<td>1,217</td>
<td>1,205</td>
<td>1%</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>55</td>
<td>102</td>
<td>-46%</td>
<td>807</td>
<td>1,205</td>
<td>-33%</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>15,335</td>
<td>19,121</td>
<td>-20%</td>
<td>211,095</td>
<td>225,139</td>
<td>-6%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,484</td>
<td>3,044</td>
<td>-18%</td>
<td>31,938</td>
<td>35,839</td>
<td>-11%</td>
</tr>
<tr>
<td>MEDS DISPENSED</td>
<td>20,028</td>
<td>23,766</td>
<td>-16%</td>
<td>264,598</td>
<td>279,820</td>
<td>-5%</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,272</td>
<td>3,769</td>
<td>-40%</td>
<td>36,548</td>
<td>44,377</td>
<td>-18%</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>7,706</td>
<td>7,078</td>
<td>9%</td>
<td>105,568</td>
<td>83,330</td>
<td>27%</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>962</td>
<td>1,132</td>
<td>-15%</td>
<td>12,306</td>
<td>13,326</td>
<td>-8%</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,155</td>
<td>7,291</td>
<td>-29%</td>
<td>66,264</td>
<td>85,838</td>
<td>-23%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,026</td>
<td>3,454</td>
<td>-12%</td>
<td>38,680</td>
<td>40,643</td>
<td>-5%</td>
</tr>
<tr>
<td>HOME HEALTH EPISODES</td>
<td>66</td>
<td>68</td>
<td>-3%</td>
<td>784</td>
<td>803</td>
<td>-2%</td>
</tr>
<tr>
<td>HOSPICE CENSUS/DAYS</td>
<td>844</td>
<td>894</td>
<td>-6%</td>
<td>11,910</td>
<td>10,523</td>
<td>13%</td>
</tr>
</tbody>
</table>
## December 2018
### DRAFT Income Statement Summary

<table>
<thead>
<tr>
<th>Operating Revenue</th>
<th>December 2018 Actual</th>
<th>December 2018 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>December 2018 YTD</th>
<th>December 2018 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>December 2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Patient Service Revenue</td>
<td>17,096,078</td>
<td>20,270,842</td>
<td>(3,174,765)</td>
<td>-16%</td>
<td>227,366,011</td>
<td>238,671,719</td>
<td>(11,305,708)</td>
<td>-5%</td>
<td>209,294,306</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>7,484,176</td>
<td>11,000,487</td>
<td>3,516,311</td>
<td>32%</td>
<td>120,203,516</td>
<td>129,521,257</td>
<td>9,317,742</td>
<td>7%</td>
<td>111,389,882</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>113,692</td>
<td>124,981</td>
<td>11,288</td>
<td>9%</td>
<td>2,363,239</td>
<td>1,471,539</td>
<td>(891,700)</td>
<td>-61%</td>
<td>1,437,426</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>9,498,210</td>
<td>9,145,375</td>
<td>352,834</td>
<td>4%</td>
<td>104,799,257</td>
<td>107,678,923</td>
<td>(2,879,666)</td>
<td>-3%</td>
<td>96,466,998</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>819,994</td>
<td>423,424</td>
<td>396,569</td>
<td>94%</td>
<td>5,946,496</td>
<td>4,985,460</td>
<td>961,036</td>
<td>19%</td>
<td>4,434,708</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>10,318,203</td>
<td>9,568,800</td>
<td>749,404</td>
<td>8%</td>
<td>110,745,752</td>
<td>112,664,383</td>
<td>(1,918,631)</td>
<td>-2%</td>
<td>100,901,706</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries And Wages</td>
<td>5,061,739</td>
<td>4,802,971</td>
<td>(258,768)</td>
<td>-5%</td>
<td>53,918,804</td>
<td>56,550,859</td>
<td>2,632,055</td>
<td>5%</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>959,349</td>
<td>1,209,933</td>
<td>250,584</td>
<td>21%</td>
<td>13,326,323</td>
<td>14,245,919</td>
<td>919,596</td>
<td>6%</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>3,453,519</td>
<td>3,382,829</td>
<td>(70,690)</td>
<td>-2%</td>
<td>40,799,967</td>
<td>39,829,939</td>
<td>(970,027)</td>
<td>-2%</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>9,474,607</td>
<td>9,395,733</td>
<td>(78,874)</td>
<td>-1%</td>
<td>108,045,094</td>
<td>110,624,383</td>
<td>2,581,624</td>
<td>2%</td>
</tr>
</tbody>
</table>

| 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

Days Cash and Accounts Receivable

- Days Outstanding in A/R
- Days AR Goal - 45
- Days of Cash
- Days Cash Goal - 90

1/31/2018: 46.80
2/28/2018: 51.38
3/31/2018: 53.36
4/30/2018: 52.16
5/31/2018: 49.59
6/30/2018: 51.75
7/31/2018: 53.62
8/31/2018: 49.71
9/30/2018: 51.33
10/31/2018: 54.89
11/30/2018: 55.47
12/31/2018: 51.15
### December 2018
#### Board Financial Report

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

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strategy</th>
<th>Initiatives</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide the Highest Quality, Safest Care</strong></td>
<td><strong>Drive Best Practice Clinical Care</strong></td>
<td>Achieve zero harm events</td>
<td>Zero avoidable healthcare acquired harm events</td>
</tr>
<tr>
<td><strong>Achieve Excellent Quality Outcomes</strong></td>
<td><strong>Antimicrobial Stewardship</strong></td>
<td>Implement and adhere to evidence based practices</td>
<td>80% reduction in reportable cases of c.Difícile</td>
</tr>
<tr>
<td><strong>Enhance Culture of Safety</strong></td>
<td><strong>Hardwire team training</strong></td>
<td><strong>Leader Rounding</strong></td>
<td>Overall DOT decreased (IP); Avoidance of antibiotics for URI (clinics); 80% reduction in reportable cases of c.Difícile</td>
</tr>
<tr>
<td><strong>Align care with patient goals</strong></td>
<td><strong>Implement a palliative care program</strong></td>
<td></td>
<td>90% or greater compliance with core measures</td>
</tr>
<tr>
<td><strong>Quality and Safety</strong></td>
<td></td>
<td></td>
<td>Team Training Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weekly Rounding Compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Readmission rate &lt; 12%</td>
</tr>
</tbody>
</table>
## Quality Dashboard 2018

### Emergency

<table>
<thead>
<tr>
<th>Metric</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Trend</th>
<th>YTD</th>
<th>Goal</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Care</td>
<td>91.0%</td>
<td>94.0%</td>
<td>96.0%</td>
<td>92.0%</td>
<td>90.0%</td>
<td>91.0%</td>
<td>92.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Chest Pain time to EKG</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
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<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>AMI Care</td>
<td>94.0%</td>
<td>94.0%</td>
<td>96.0%</td>
<td>94.0%</td>
<td>93.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
<td>94.0%</td>
</tr>
<tr>
<td>AMA</td>
<td>1.0%</td>
<td>0.9%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.2%</td>
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<td>0.3%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>LWBS</td>
<td>1.5%</td>
<td>4.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
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<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

### Inpatient (ACU/ICU)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Trend</th>
<th>YTD</th>
<th>Goal</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Care</td>
<td>91.0%</td>
<td>94.0%</td>
<td>96.0%</td>
<td>92.0%</td>
<td>91.0%</td>
<td>92.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
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<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Inpatient Influenza Vaccination</td>
<td>87.0%</td>
<td>84.0%</td>
<td>83.0%</td>
<td>NC</td>
<td>NC</td>
<td>NC</td>
<td>NC</td>
<td>NC</td>
<td>NC</td>
<td>NC</td>
<td>NC</td>
<td>NC</td>
<td>51.0%</td>
<td>87.8%</td>
<td>97.7%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Hospital Acquired Infections</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.4%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>20.0%</td>
<td>0.0%</td>
<td>100.0%</td>
<td>14.0%</td>
<td>33.0%</td>
<td>33.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Adverse Drug Events</td>
<td>1.8%</td>
<td>0.9%</td>
<td>0.8%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

### Antimicrobial Stewardship

<table>
<thead>
<tr>
<th>Metric</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Trend</th>
<th>YTD</th>
<th>Goal</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care, Avoidance of Antibiotics for UrI</td>
<td>100.0%</td>
<td>93.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>93.0%</td>
<td>93.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>85.0%</td>
<td>100.0%</td>
<td>91.0%</td>
<td>103.0%</td>
<td>100.0%</td>
<td>96%</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>Primary Care: appropriate Testing for pharyngitis (lpoq)</td>
<td>77.0%</td>
<td>86.0%</td>
<td>80.0%</td>
<td>60.0%</td>
<td>100.0%</td>
<td>83.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>50.0%</td>
<td>67.0%</td>
<td>20.0%</td>
<td>20.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>99%</td>
<td>90%</td>
</tr>
<tr>
<td>IP Days of Therapy</td>
<td>402.9</td>
<td>400.4</td>
<td>454.9</td>
<td>451.9</td>
<td>465.8</td>
<td>463.4</td>
<td>550.3</td>
<td>541.1</td>
<td>467.8</td>
<td>514.4</td>
<td>455.1</td>
<td>485.6</td>
<td>372</td>
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</tbody>
</table>

### Surgery

<table>
<thead>
<tr>
<th>Metric</th>
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<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Trend</th>
<th>YTD</th>
<th>Goal</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Operative Infections</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.1</td>
<td>&lt;1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IntraOperative Blood Utilization</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.4</td>
<td>&lt;1</td>
<td></td>
</tr>
<tr>
<td>Unanticipated Return to the OR</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
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<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.2%</td>
<td>&lt;1%</td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient (Ancillary, Home Health, Hospice)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Trend</th>
<th>YTD</th>
<th>Goal</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice LOS (Median)</td>
<td>59</td>
<td>50</td>
<td>62</td>
<td>10</td>
<td>61</td>
<td>10</td>
<td>61</td>
<td>10</td>
<td>61</td>
<td>10</td>
<td>61</td>
<td>10</td>
<td>58.0%</td>
<td>58.0%</td>
<td>58.0%</td>
<td>58.0%</td>
</tr>
<tr>
<td>Hospice: LOS (Mean)</td>
<td>68.5</td>
<td>60.8</td>
<td>115.7</td>
<td>70.8</td>
<td>169.3</td>
<td>58.5</td>
<td>117.9</td>
<td>55.5</td>
<td>56.8</td>
<td>16.2</td>
<td>68.9</td>
<td>37.5</td>
<td>74.32</td>
<td>74.32</td>
<td>74.32</td>
<td>51.0</td>
</tr>
<tr>
<td>Of: Safe Imaging Pediatrics</td>
<td>543</td>
<td>NC</td>
<td>525.6</td>
<td>769.7</td>
<td>NC</td>
<td>37.2</td>
<td>367.6</td>
<td>459.4</td>
<td>479.1</td>
<td>432.4</td>
<td>487.9</td>
<td>658.7</td>
<td>540.2</td>
<td>553.3</td>
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</table>
## Medical Group

<table>
<thead>
<tr>
<th>Metric</th>
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<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Trend</th>
<th>YID</th>
<th>Goal</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>High A1C &gt; 9 (lower better)</td>
<td>15.6%</td>
<td>13.3%</td>
<td>15.2%</td>
<td>13.6%</td>
<td>11.6%</td>
<td>13.9%</td>
<td>12.4%</td>
<td>14.1%</td>
<td>13.1%</td>
<td>11.1%</td>
<td>13.2%</td>
<td>12.2%</td>
<td></td>
<td></td>
<td>13.3%</td>
<td>≤ 17.04%</td>
</tr>
</tbody>
</table>

## Family Birth Center

<table>
<thead>
<tr>
<th>Metric</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Trend</th>
<th>YID</th>
<th>Goal</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Elective Delivery</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td>0.0%</td>
<td>≤ 0.0%</td>
</tr>
<tr>
<td>Patient Falls with injury</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
<td>≤ 0.0%</td>
</tr>
<tr>
<td>C/S Rates: Overall</td>
<td>16.7%</td>
<td>22.2%</td>
<td>0.0%</td>
<td>41.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>7.7%</td>
<td>30.0%</td>
<td>38.5%</td>
<td>40.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td>16.4%</td>
<td>≤ 23%</td>
</tr>
<tr>
<td>Induced deliveries ending in c-sections</td>
<td>0.0%</td>
<td>0.0%</td>
<td>20.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>25.0%</td>
<td>50.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td>7.9%</td>
<td>≤ 19%</td>
</tr>
<tr>
<td>Unexpected Newborn Complications</td>
<td>0.0%</td>
<td>11.1%</td>
<td>10.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td>1.8%</td>
<td>≤ 2.6%</td>
</tr>
<tr>
<td>Post Partum Hemorrhage</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>8.3%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td>0.7%</td>
<td>≤ 1.3%</td>
</tr>
<tr>
<td>Length of Stay - Vaginal Delivery</td>
<td>2.6</td>
<td>1.7</td>
<td>2.9</td>
<td>2.6</td>
<td>2.5</td>
<td>2.5</td>
<td>2.1</td>
<td>2.4</td>
<td>2.6</td>
<td>2.5</td>
<td>1.8</td>
<td>2.5</td>
<td></td>
<td></td>
<td>2.4</td>
<td>2</td>
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</table>

## Readmission Rate

<table>
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<tr>
<th>Metric</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Trend</th>
<th>YID</th>
<th>Goal</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known Readmissions in 30 days</td>
<td>2.0%</td>
<td>5.0%</td>
<td>6.0%</td>
<td>6.0%</td>
<td>1.0%</td>
<td>0.0%</td>
<td>3.0%</td>
<td>4.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>2.0%</td>
<td>4.0%</td>
<td></td>
<td></td>
<td>3.4%</td>
<td>≤ 6.0%</td>
</tr>
<tr>
<td>Claims based Readmissions</td>
<td>10.8%</td>
<td>10.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.7%</td>
<td>≤ 12%</td>
</tr>
<tr>
<td>Return to the ER within 72 hours</td>
<td>2.11%</td>
<td>1.72%</td>
<td>4.23%</td>
<td>4.65%</td>
<td>2.97%</td>
<td>3.05%</td>
<td>3.20%</td>
<td>3.44%</td>
<td>2.67%</td>
<td>3.49%</td>
<td>3.20%</td>
<td>2.07%</td>
<td></td>
<td></td>
<td>3.16%</td>
<td>≤ 3.6%</td>
</tr>
<tr>
<td>Home Health Readmissions</td>
<td>11.8%</td>
<td>7.8%</td>
<td>8.8%</td>
<td>7.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.8%</td>
<td>11.20%</td>
</tr>
</tbody>
</table>

---

2018 Quality Report
Best Practice Highlight:

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

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

October: 51%
November: 87.8%
December: 97.7%
## Service Excellence

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

### Table: Service Excellence

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

“Informed How/When Results Received 2018

December 2017 (n=68)
January 2018 (n=75)
February 2018 (n=67)
March 2018 (n=78)
April 2018 (n=71)
May 2018 (n=61)
June 2018 (n=67)
July 2018 (n=77)
August 2018 (n=68)
September 2018 (n=73)
October 2018 (n=78)
November 2018 (n=68)
December 2018 (n=9)

“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”
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

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**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
Questions?
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