

**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Regular Session Minutes**  
**Wednesday, February 27, 2019**  
**Victor J. Dirksen Conference Room**

**Call to Order:**

The meeting was called to order at 2:30pm by Board Chair Buhler Rienstra. Present were Commissioners Dressler, Kolff, and Ready. Commissioner McComas and CEO, Mike Glenn, present by phone, Hilary Whittington, Chief Administrative Officer/ Chief Financial Officer, Jon French, Chief Legal Officer, Tina Toner, Chief Nursing Officer, Brandie Manuel, Chief Patient Safety and Quality Officer, Caitlin Harrison, Chief Human Resources Officer, and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

**Education:**

- Patient Advocate Report

Jackie Levin, Patient Advocate, presented the 4<sup>th</sup> quarter Patient Advocate Report.

Discussion ensued.

- Jefferson Healthcare Foundation Update

Kris Becker, Director of Jefferson Healthcare Foundation, provided a Jefferson Healthcare Foundation update.

Discussion ensued.

- AHA Rural Health Care Leadership Conference Debrief

Commissioner Dressler gave an update on the AHA Rural Health Care Leadership Conference which she and Commissioner Buhler Rienstra attended in February.

Discussion ensued.

**Break:**

Commissioners recessed for break at 3:16 pm.

Commissioners reconvened from break at 3:30pm.

**Approve Agenda:**

Commissioner Dressler made a motion to approve the agenda with the removal of the Practitioner Re-Entry Policy and the Onboarding for clerkship for Medical Students, PA Students and Nurse Practitioner Students Policy under required approvals for further review by medical staff. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Team/ Employee/ Provider of Quarter:**

Caitlin Harrison, Chief Human Resources Officer, announced the Provider of the Quarter, Dr. Tracie Harris, the Employee of the Quarter, Adam York, and the Team of the Quarter, Dietary.

**Patient Story:**

Tina Toner, CNO, gave the patient story presentation which focused on celebrating the Express Clinics first year in service and celebrating the Express Clinic staff, providers, and program over the past year.

Discussion ensued.

**Minutes:**

- January 9 Special Session
- January 23 Regular Session

Commissioner Dressler made a motion to approve the January 9 Special Session Minutes and January 23 Regular Session Minutes. Commissioner Ready seconded.

**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested

- January Warrants and Adjustments
- Resolution 2019-03 Cancel Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Dressler made a motion to approve January Warrants and Adjustments, Resolution 2019-03 Cancelled Warrants, Medical Staff Credentials/ Appointments/ Reappointments, and Medical Staff Policies with the removal of the Practitioner Re-Entry Policy and the Onboarding for clerkship of Medical Students, PA Students and Nurse Practitioner Students. Commissioner McComas seconded.

**Action:** Action passed unanimously.

**Public Comment:**

No public comment was made.

**Chief Human Resources Officer Presentation:**

- Resolution 2019-04 Union Contracts Ratification.

Caitlin Harrison, Chief Human Resources Officer, asked the Commissioners to ratify the union contract.

Commissioner Ready made a motion to approve Resolution 2019-04. Commissioner Dressler seconded.

**Action:** Motion passed unanimously.

**Financial Report:**

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

Discussion ensued.

**Quality Report:**

Brandie Manuel, Chief Patient Safety and Quality Officer presented the January Quality Report.

Discussion ensued.

**Administrative Report**

Administrative Report was attached to board packet.

**Chief Medical Officer Report:**

Dr. Joe Mattern, CMO, presented the Chief Medical Officer report.

Discussion ensued.

**Board Business:**

Commissioner Kolff discussed topics from board of health meeting which included bigotry as a public health issue, an influenza update, measles update, resolution regarding legal age for sales of vape and tobacco, and the resignation of Ariel Speser from board chair and the election of Commissioner Kolff as the new board chair.

**Meeting Evaluation:**

Commissioners evaluated the meeting.

**Executive Session:**

- To review the performance of a public employee.

Commissioners went into executive session to review the performance of a public employee at 5:25pm.

Commissioners came out of executive session at 5:46pm.

Commissioner Buhler Rienstra made a motion for a 3% or cost of living increase and a 6% market adjustment increase to Mr. Glenn's salary to place him in the mid-range of 11 of his closest peers. Commissioner Kolff seconded.

**Action:** Motion passed unanimously.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 5:49pm.

Approved by the Commission:

Chair of Commission: Jill Rienstra \_\_\_\_\_

Secretary of Commission: Marie Dressler \_\_\_\_\_



# Patient Advocate Report

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4TH QUARTER 2018

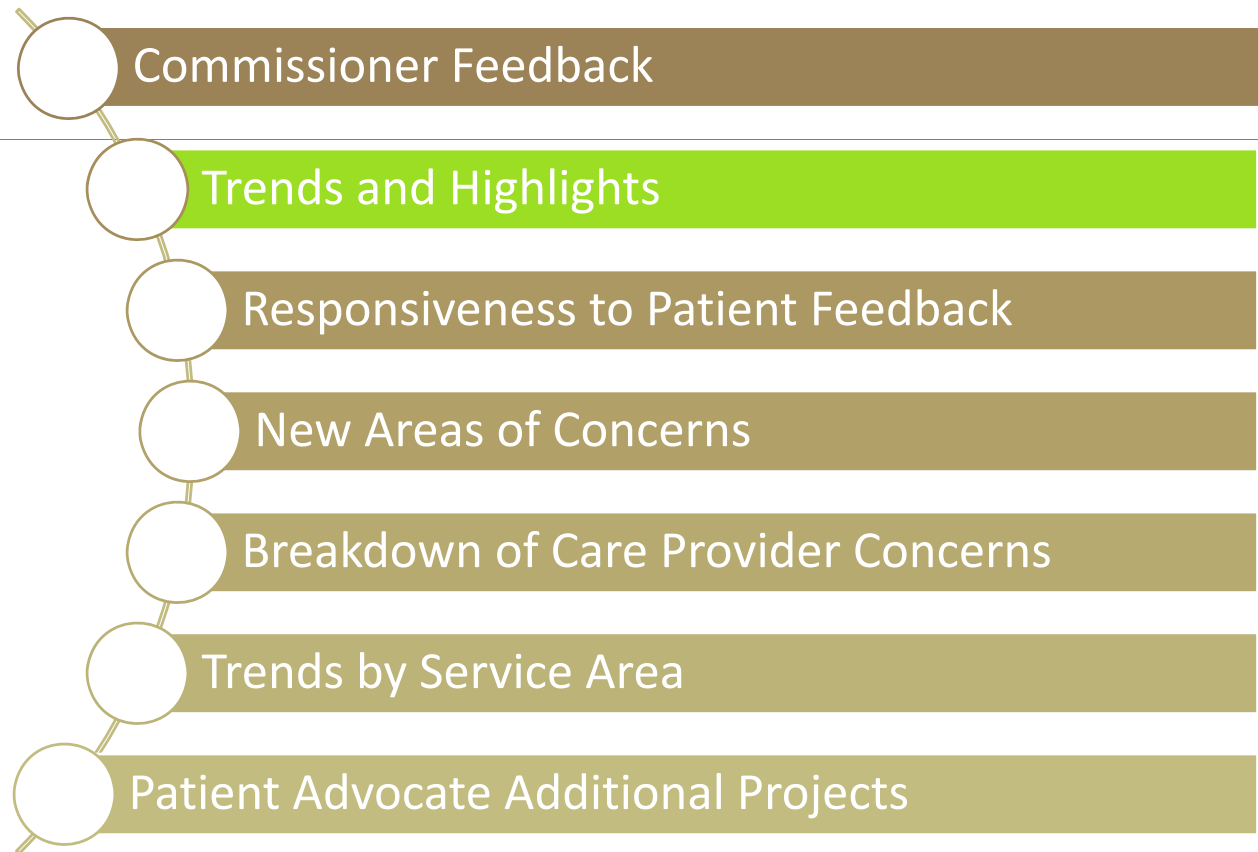
FEBRUARY 28, 2019

BOARD OF COMMISSIONERS

JACKIE LEVIN MS, RN

# Agenda

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# The Highlights

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The average time to close cases was 14.7 days, meeting our target of 30 days or less

Average receiving concern to acknowledgement letter was 2.7 days.

**Express Clinic 1 concern in 4<sup>th</sup> Quarter** vs. 11 concerns 3<sup>rd</sup> Quarter.

**Meet and Greet with new providers** increases their awareness of our process, some of the “normal snags” they can expect, and how we can support them.

Phone calls: calls dropped (people leave messages, but not received by reception) calls not returned.

Access to appointments – remains improved.

# Current Year by Quarter 2018

## Clinic and ED Concerns/1000 Visits

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### 1<sup>st</sup> Quarter 2018

	ED	Clinics
1 <sup>st</sup> Q 2018	3.5/1000 visits	1.4/1000 visits
Total	11	18

### 2nd Quarter 2018

	ED + EC	Clinics
2nd Q 2018	1.6/1000 visits	.50/1000 visits
Total	5	14

### 3rd Quarter 2018

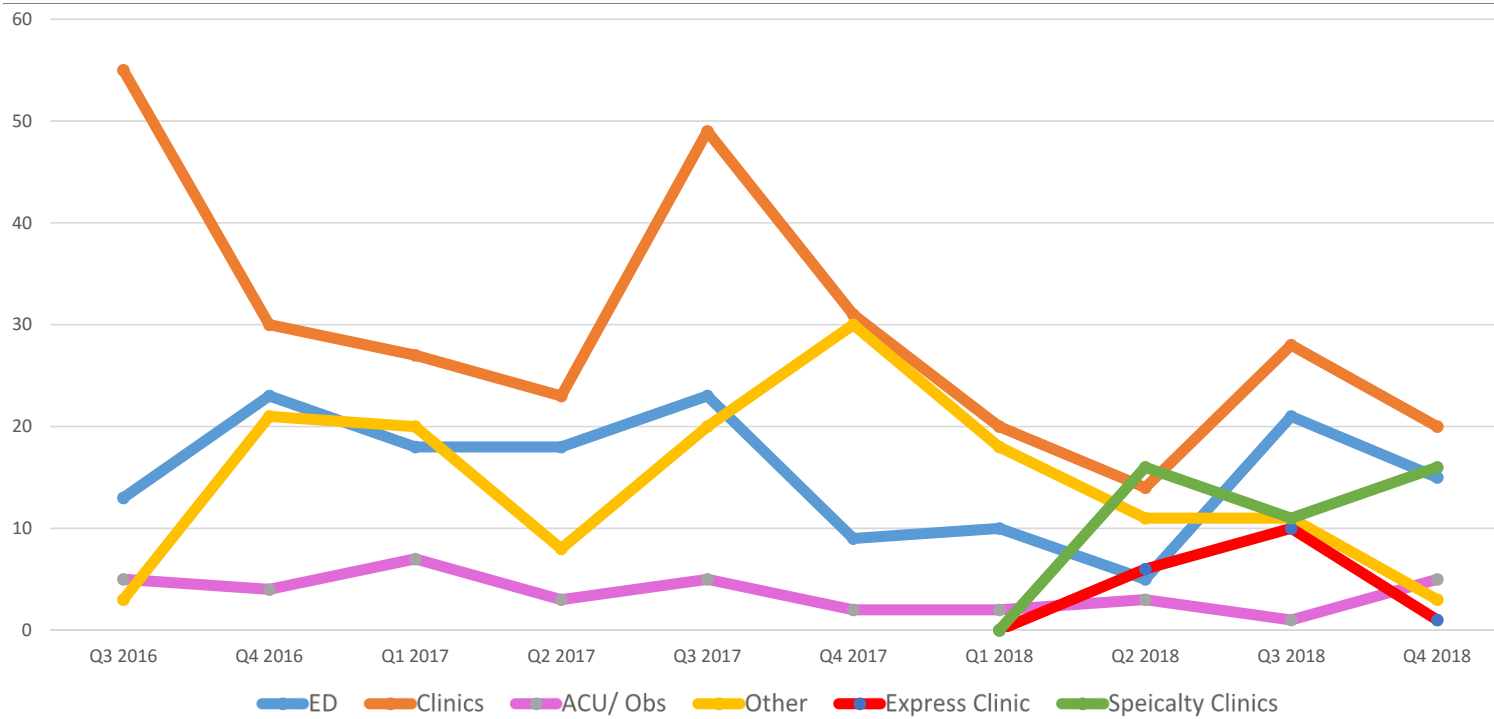
	ED + Ex Clinic	Primary Care Clinics
3 <sup>th</sup> Q 2018	10/1000	2/1000 visits
Total	32 21 ED; 11 EC	28

### 4th Quarter 2018

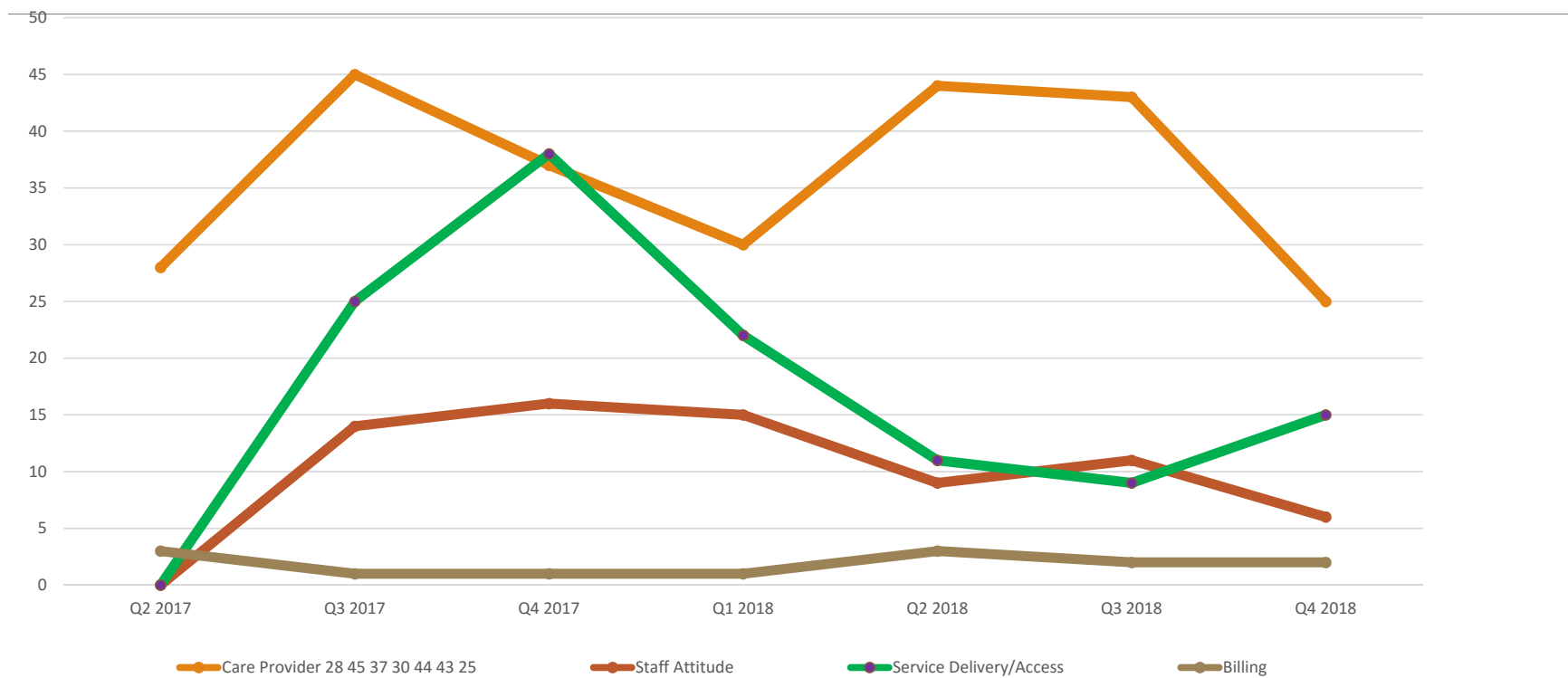
	ED	EC	Clinics
4 <sup>th</sup> Q 2018	3.4/1000	1.3/1000	1.32/1000
Total	10	1	15



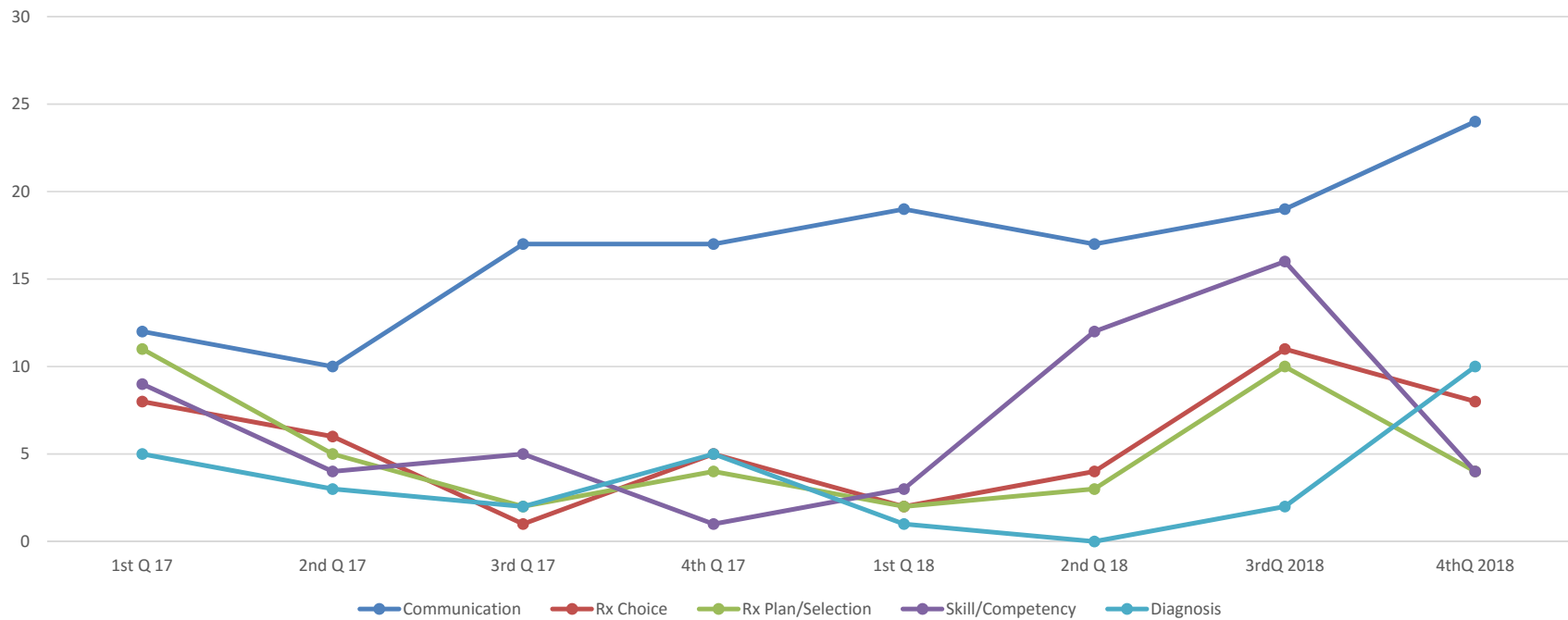
# Trends by Area of Concerns



# Trends by Type of Concern



# Provider Issues



# Additional Patient Advocate Activities

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Patient Family Advisory Council (PFAC)

New Employee Orientation

Health Equity Committee

Quality of Care Projects

- Readmissions
- Service Excellence Committees
- TeamSTEPPS

Mindfulness Programs

Ethics Committee

# Patient Family Advisor Council Activities

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- Mission Statement Revision
- Inpatient Service Refresh
- Signage Walk-through with Leadership
  - New ED signage above Dirksen
  - New Radiology signage –less requests for directions
- Review of Website –PFAC, Volunteer sections, Pay my Bill
- Hosting Whidbey General PFAC Director and Quality Leader
- CMS Webinar: The Person and Family Engagement Journey
- Readmissions project

# PFAC—Membership

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8 Community Members

6 Jefferson Healthcare Staff

3 year terms, with possibility of extending that 1-3 years maximum

New Member Applications now

- Looking for 3 new members
- Marketing through Facebook, word of mouth
- Will do outreach to: Rotary, PFAC member's community organizations, School PTAs, The Mill

Jefferson Healthcare


Care Options Locations Patient Services About Us

360.385.2200 | Font size (+/-)

MY CHART | PAY MY BILL | CAFE MENU

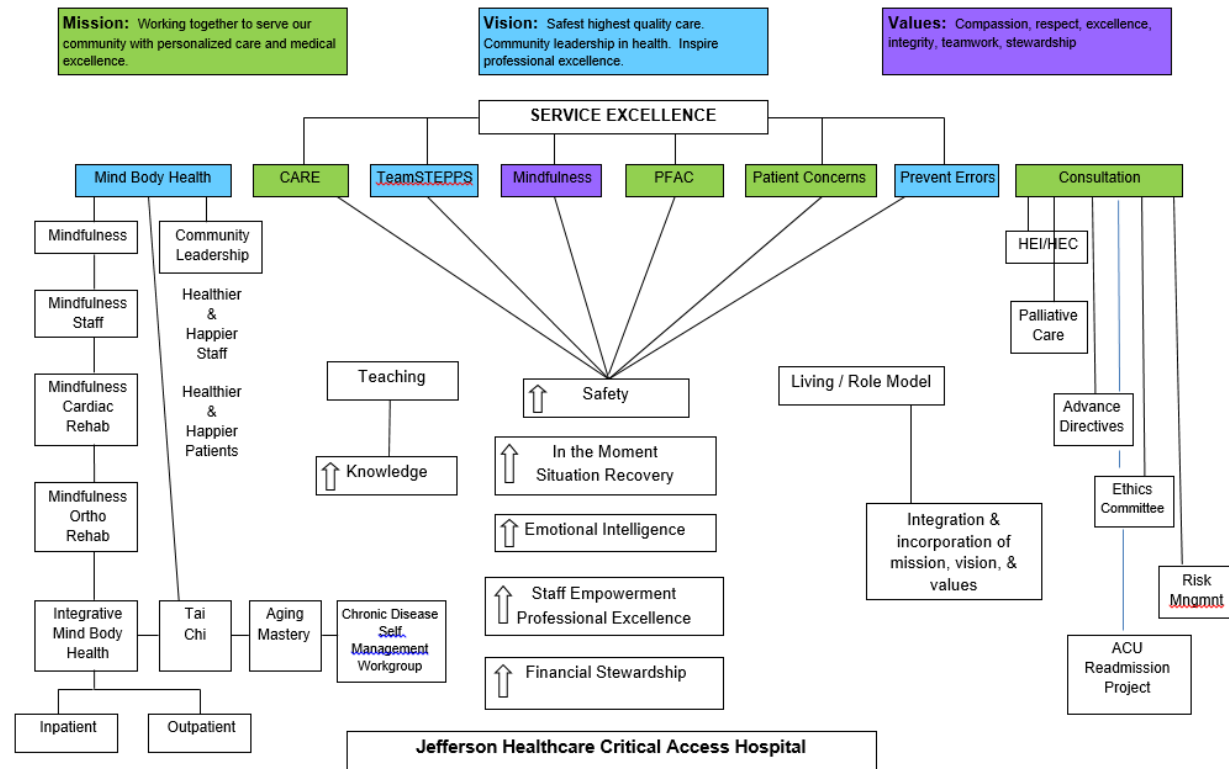
# Pay My Bill

## Payment Options



125% 4:13 PM 2/19/2019

**Patient Advocates working to  
CREATE A CULTURE OF EXCELLENCE & SAFETY**





# Mindfulness at Jefferson Healthcare 2019

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## Community 6-Week Program February 7- March 14, 2019

- 22 Registrations
- New Wellness Center
- New waiting list started

## Orthopedic Staff 4-Week Program

## Northwest Rural Health Annual Conference Presentations:

- Developing Mindfulness Programs at a Critical Access Hospital
- Creating a Transgender patient awareness program

# Questions and Thoughts?

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# Jefferson Healthcare FOUNDATION

Kris Becker  
February 27, 2019

## Our mission

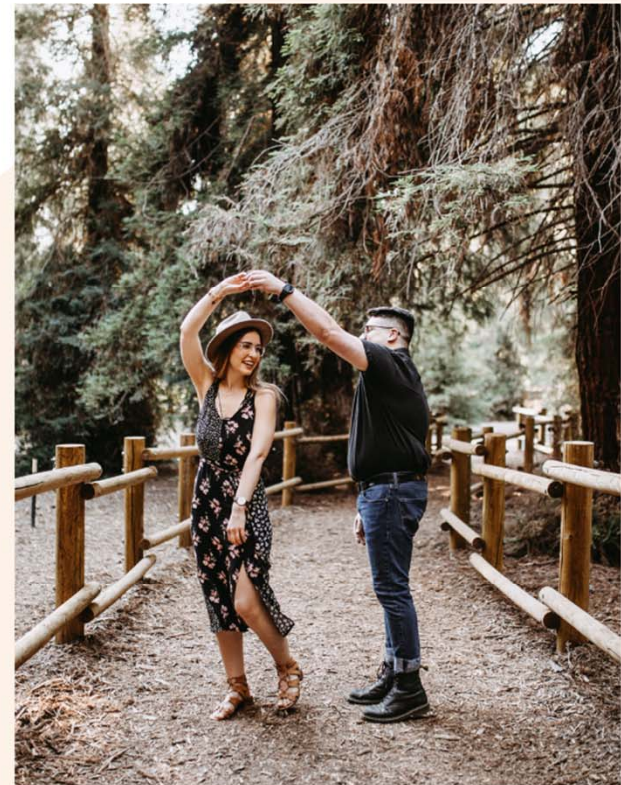


To enhance the excellence of our region's medical services  
through charitable contributions and community involvement

## Past year focus

Organizing info and data  
Updating systems and structures  
Refreshing public-facing materials

Shoring up for  
reaching out



## Shoring up



Infrastructure for improved donor experience

Accounting

Communication

Stewardship



## Designated funds

Women's Health  
\$20,558

Heart Health  
\$23,515

Family Birth Center  
\$6,560



## Reaching out



Connecting community and cause



## Cash results

	2017	2018	
Events	\$38,454	\$44,001	+14%
Donations	\$20,513	\$46,480	+126%
Grants	\$0	\$26,000	

Empowering a  
healthier future



## Beyond-cash results

New relationships : 114

Participation in giving: 45%

Gift ranges: \$6 - \$3,000

Empowering a  
healthier future



## Coming next



Board Retreat

THANK YOU

Kris Becker  
kbecker@jeffersonhealthcare.org  
x 2345



## Board of Commissioners Meeting Report – Express Clinic

February 27, 2019

# Happy Birthday to our Express Clinic



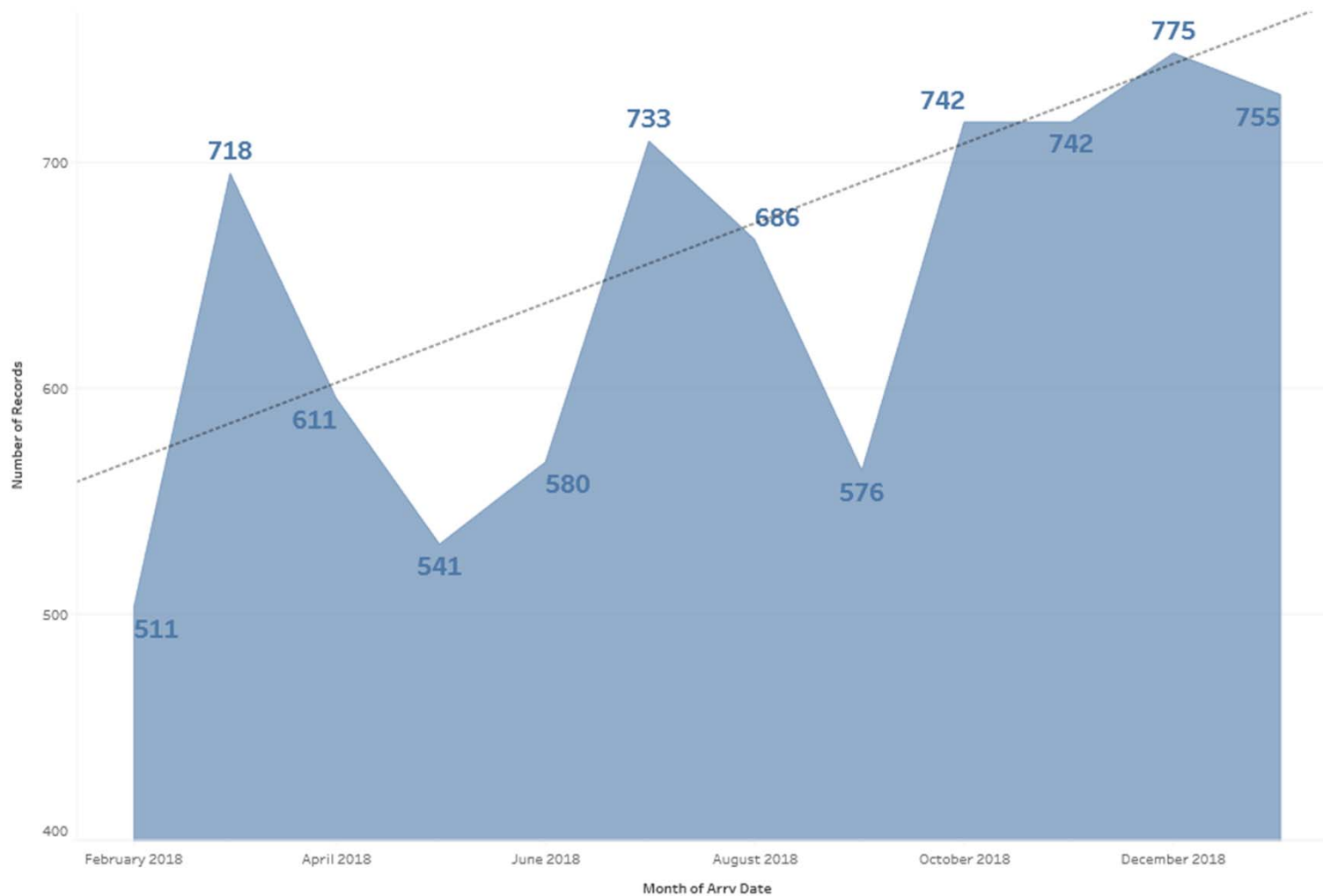


# Exceeding Expectations



Appreciating our Express Clinic Team  
*(not pictured- Dr. Reina Parker, Express Clinic Medical Director)*

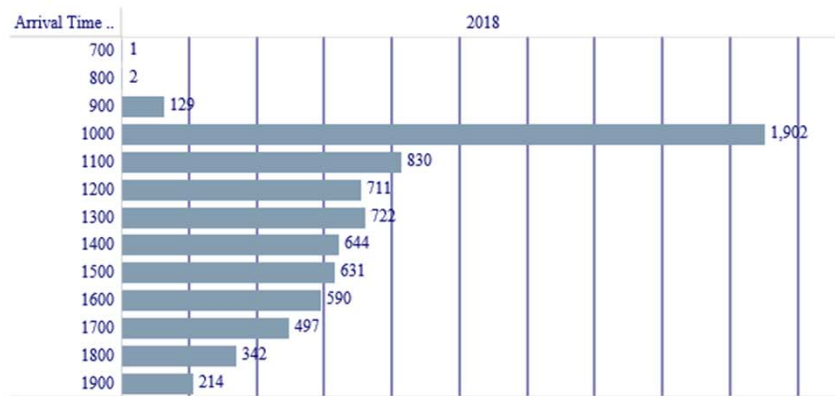
# Express Clinic Growth





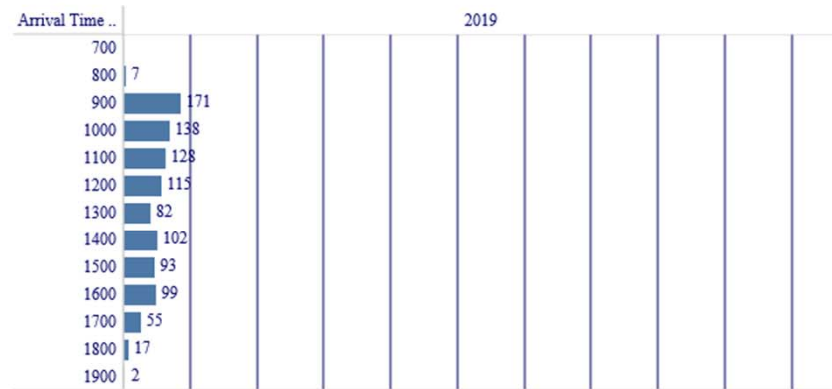
# Arrival Times-Meeting the Need

Express Clinic Arrival Times YTD



Sum of Number of Records for each Arrival Time (Hourly group) broken down by Arrv Date1 Year. Color shows details about Arrv Date1 labeled by sum of Number of Records. The data is filtered on Arrv Date1 and Arrival Dep1. The Arrv Date1 filter ranges from 2/1/2018 to 2 filter keeps CC WJH EXPRESS CLINIC.

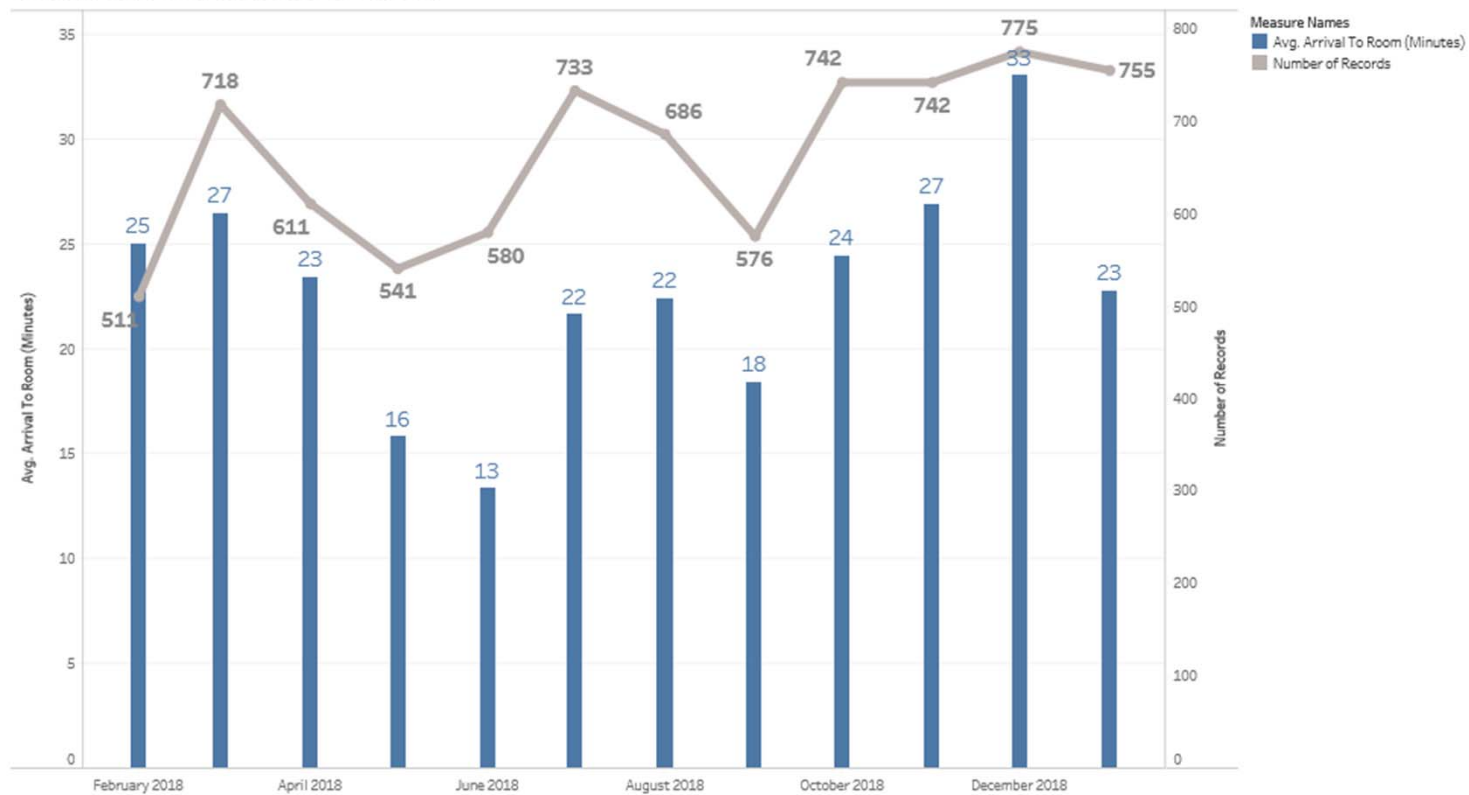
Express Clinic Arrival Times YTD



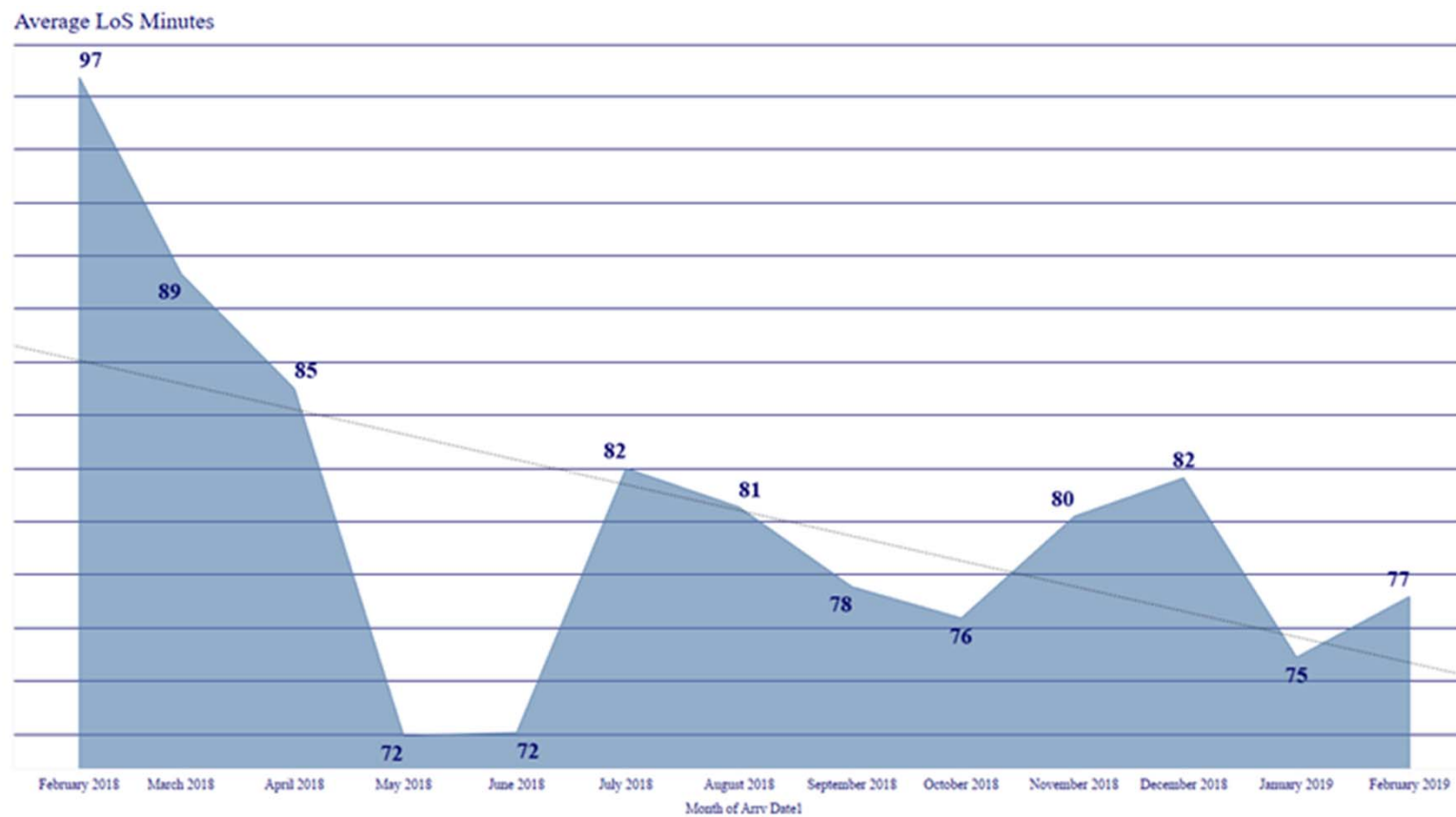
Sum of Number of Records for each Arrival Time (Hourly group) broken down by Arrv Date1 Year. Color shows details about Arrv Date1 Year. The marks are labeled by sum of Number of Records. The data is filtered on Arrv Date1 and Arrival Dep1. The Arrv Date1 filter ranges from 2/1/2018 to 2/13/2019. The Arrival Dep1 filter keeps CC WJH EXPRESS CLINIC.

# The Patient Experience

Average Wait Time vs Number of Patients



# The Patient Experience



# Quality Focus

- Express Clinic to Emergency Department Handoff's
  - 11 Concerns 3<sup>rd</sup> Quarter
  - 1 Concern 4<sup>th</sup> Quarter
- Express Clinic to Primary Care Coordination



# Questions



# Jefferson Healthcare

January 2019 Finance Report

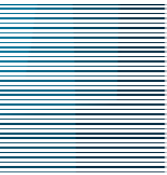
February 27, 2019

Hilary Whittington, CAO/CFO

## EDUCATION

### **Pricing changes:**

- Initial feedback
- Implementation challenges and successes
- Sharing information with our community



# SERVICE LINE HIGHLIGHT

INPATIENT CARE (ACU, Swing and ICU) – How are we doing on our 2019 objectives?

Our plan for 2019 is to

- Focus on improving our budget alignment
- Implement a defined education process
- Create a workflow processes to become more efficient and adapt to volume fluctuations
- Stabilize with new leadership (supervisor and director)
- Update the space to feel fresh & inviting
- Identify opportunities to increase swing bed volumes

PARAMETER	2019 Objectives	January 2019 Progress
Volumes	3% increase	ACU 17%-; Swing 238%+; ICU 2%+
Pricing change	5.3% increase, ACU & Swing 8% decrease, ICU	Appears in line with volumes, may be too soon to tell.
Expenses	15% decrease	January staffing expenses high due to premium pay.
FTE change	-4.7	Under budget YTD by 0.11 FTE. Not fully staffed, so premium pay involved.



# January 2019

## Operating Statistics

<u>STATISTIC DESCRIPTION</u>	<u>JAN ACTUAL</u>	<u>JAN BUDGET</u>	<u>% VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>% VARIANCE</u>
FTEs - TOTAL (AVG)	545	616	11%	545	616	11%
ADJUSTED PATIENT DAYS	2,833	2,271	25%	2,833	2,271	25%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	88	86	2%	88	86	2%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	292	350	-17%	292	350	-17%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	407	444	-8%	407	444	-8%
SURGERY CASES (IN OR)	107	109	-2%	107	109	-2%
SPECIAL PROCEDURE CASES	58	77	-25%	58	77	-25%
LAB BILLABLE TESTS	19,755	18,954	4%	19,755	18,954	4%
TOTAL DIAGNOSTIC IMAGING TESTS	2,963	2,858	4%	2,963	2,858	4%
MEDS DISPENSED	22,754	24,983	-9%	22,754	24,983	-9%
RESPIRATORY THERAPY PROCEDURES	3,766	3,467	9%	3,766	3,467	9%
REHAB/PT/OT/ST RVUs	9,120	9,372	-3%	9,120	9,372	-3%
ER CENSUS	1,016	1,090	-7%	1,016	1,090	-7%
TOTAL RURAL HEALTH CLINIC VISITS	6,377	6,133	4%	6,377	6,133	4%
TOTAL SPECIALTY CLINIC VISITS	3,531	3,763	-6%	3,531	3,763	-6%
HOME HEALTH EPISODES	78	69	13%	78	69	13%
HOSPICE CENSUS/DAYS	833	1,153	-28%	833	1,153	-28%

# January 2019

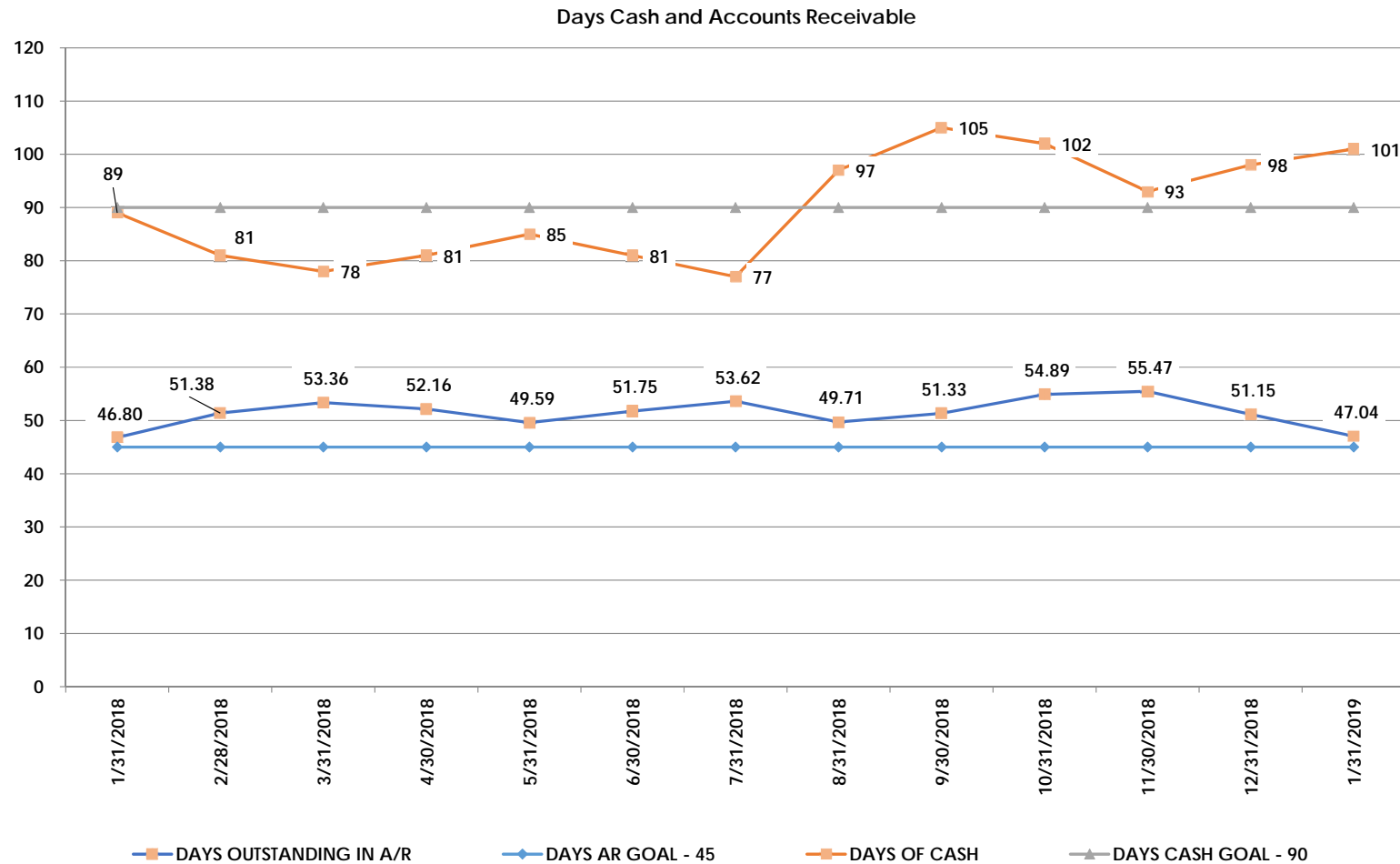
## Income Statement Summary



	January 2019 Actual	January 2019 Budget	Variance Favorable/ (Unfavorable)	%	January 2019 YTD	January 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	January 2018 YTD
<b>Operating Revenue</b>									
Gross Patient Service Revenue	21,574,318	21,166,726	407,592	2%	21,574,318	21,166,726	407,592	2%	19,970,541
Revenue Adjustments	11,465,983	11,238,892	(227,091)	-2%	11,465,983	11,238,892	(227,091)	-2%	10,623,091
Charity Care Adjustments	162,328	242,094	79,766	33%	162,328	242,094	79,766	33%	195,629
Net Patient Service Revenue	9,946,008	9,685,740	260,268	3%	9,946,008	9,685,740	260,268	3%	9,151,821
Other Revenue	369,259	779,134	(409,875)	-53%	369,259	779,134	(409,875)	-53%	420,571
Total Operating Revenue	10,315,267	10,464,874	(149,607)	-1%	10,315,267	10,464,874	(149,607)	-1%	9,572,392
<b>Operating Expenses</b>									
Salaries And Wages	4,841,208	5,032,320	191,113	4%	4,841,208	5,032,320	191,113	4%	4,716,382
Employee Benefits	1,216,395	1,258,953	42,557	3%	1,216,395	1,258,953	42,557	3%	1,124,657
Other Expenses	3,515,406	3,948,697	433,291	11%	3,515,406	3,948,697	433,291	11%	3,457,965
Total Operating Expenses	9,573,009	10,239,970	666,961	7%	9,573,009	10,239,970	666,961	7%	9,299,003
Operating Income (Loss)	742,258	224,904	517,354	230%	742,258	224,904	517,354	230%	273,388
Total Non Operating Revenues (Expenses)	12,048	6,388	5,659	-89%	12,048	6,388	5,659	-89%	(16,517)
Change in Net Position (Loss)	754,306	231,293	523,013	226%	754,306	231,293	523,013	226%	256,872

# January 2019

## Cash and Accounts Receivable



# January 2019

## Board Financial Report

Dept.	Department Description	Rev/Exp	Account	Account Description	January Actual	January Budget	January Variance	2019 to Date Actual	2019 to Date Budget	2019 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	4,718.00	5,218.00	500.00	4,718.00	5,218.00	500.00
			602300	CONSULT MNGMT FEE	-	2,123.00	2,123.00	-	2,123.00	2,123.00
			602500	AUDIT FEES	-	3,397.00	3,397.00	-	3,397.00	3,397.00
			604200	CATERING	105.00	127.00	22.00	105.00	127.00	22.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	-	25.00	25.00
			604850	COMPUTER EQUIPMENT	-	85.00	85.00	-	85.00	85.00
			606500	OTHER PURCHASED SERVICES	-	849.00	849.00	-	849.00	849.00
			609400	TRAVEL/MEETINGS/TRAINING	-	1,699.00	1,699.00	-	1,699.00	1,699.00
		Exp Total			4,823.00	13,523.00	8,700.00	4,823.00	13,523.00	8,700.00
	<b>BOARD Total</b>				<b>4,823.00</b>	<b>13,523.00</b>	<b>8,700.00</b>	<b>4,823.00</b>	<b>13,523.00</b>	<b>8,700.00</b>

# February 2019

Preview — (\*as of 0:00 02/27/19)

- **\$17,896,301 in HB charges**
  - Average: \$633,519/day (HB only)
  - Budget: \$669,505/day
- **\$7,348,974 in HB cash collections**
  - Average: \$273,528 /day (HB only)
  - Goal: \$294,582/day
- **51.4 Days in A/R**
- **Questions**

# Jefferson Healthcare

Patient Safety & Quality Report  
February, 2019



# Agenda

- *Quality Performance*
- *Patient Safety*
- *Service*
- *Work in Progress*







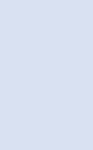
Person Healthcare		Goals	Strategy	Initiatives	Targets
Quality and Safety	Provide the Highest Quality, Safest Care	Drive Best Practice Clinical Care	Achieve zero harm events		Zero avoidable healthcare harm events
		Achieve Excellent Quality Outcomes	Antimicrobial Stewardship		80% reduction in reportable c.Difficile
					Overall DUT decreased (1% of antibiotics for URI (clinic reduction in reportable c.a. Difficile
		Enhance Culture of Safety	Implement and adhere to evidence based practices.		90% or greater compliance measures
		Align care with patient goals	Hardwire team training Leader Rounding		Team Training Attendance Weekly Rounding Compliance
People	Recruit and Retain an Engaged, High Performing Workforce	Develop an Engaged Workforce and a Culture of High Performance	Explore JH Learning Institute	Design communication to align staff and provider with organizational plans, values, and expectations	Top quartile scores for providers/employees: W recommend to work/cont affiliation
				Conduct core value and skill based interviews and pre-employment screening	Program development in
		Hire for Fit	Redesign onboarding.		Turnover rate < 1.5
		Promote a Thriving, Rewarding Provider Practice	Assess burnout rate among providers and develop action plan.		85% completion of Masla by 2018.
Service	Deliver an Experience that Exceeds Expectations	Improve Care Navigation	Manage care transitions		100% development and Implementation of Trans bundle
			Referral Management		25% improvement over b referral closure
		Radical Convenience to Care	Implement Access Standards		Top Quartile Access to ca
			Enhance services		Post IP stay (1-14 days); N days; estab. Patient < 10
		Consistently Deliver an Outstanding Experience with Every Encounter	Implement service excellence standards		Identify top three neede
		Create informed healthcare consumers	Promote shared decision		Top quartile scores: Like recommend, quiet at nigh in provider, communicati
			Build an estimation tool		Participation in ACP class
					100% implementation of tool, training, and commi



# Quality Performance

- Overall most initiatives met the target or are in progress
  - Decrease in antibiotic days of therapy
  - 100% compliance with Stroke care
  - Top performance in readmissions
  - Sepsis improvement work continues

Emergency																
Metric	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-19	Trend	12 mo	Goal	Composite
Stroke Care	84.6%	90.5%	100.0%	92.0%	91.0%	92.0%	100.0%	100.0%	80.0%	100.0%	89.7%	100.0%		93.1%	≥ 90%	50.0%
Chest Pain time to EKG	10	8.0	7.0	8.0	7.5	7.0	11.0	6.0	8.5	8.5	9.0	7.5		8.05	< 7 min	
AMA	0.32%	0.27%	0.30%	0.37%	0.29%	0.79%	0.48%	1.05%	0.30%	0.43%	0.41%	0.58%		0.44%	≤ 1%	
LWBS	4.09%	1.80%	1.88%	1.39%	0.76%	1.32%	2.29%	1.43%	2.39%	2.24%	2.67%	1.17%		1.9%	< 1%	
Inpatient (ACU/ICU)																
Metric	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	YTD	Goal	Composite
Stroke Care	84.6%	90.5%	100.0%	92.0%	91.0%	92.0%	100.0%	100.0%	80.0%	100.0%	89.7%	100.0%		93.1%	≥ 90%	60.0%
Atrial Fibrillation	ND	75.0%	83.3%	100.0%	85.7%	71.4%	50.0%	50.0%	66.7%	92.9%	100.0%	ND		77.5%	≥ 90%	
Hospital Acquired Infections	0	0	1	0	0	1	0	0	0	0	0	ND		0.17	≤ 1	
Sepsis	0.0%	100.0%	14.0%	33.0%	33.0%	0.0%	0.0%	50.00%	ND	100.0%	0.0%	ND		31.8%	≥ 90%	
Adverse Drug Events	0.9%	0.8%	0.0%	0.0%	0.8%	0.0%	0.0%	0.01%	0.9%	0.0%	0.0%	0.0%		0.4%	< 1.0%	
Antimicrobial Stewardship																
Metric	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	YTD	Goal	Composite
Primary Care: Avoidance of antibiotics for URI	93.0%	90.0%	93.0%	93.0%	100.0%	100.0%	88.0%	100.0%	91.0%	100.0%	100.0%	100.0%		96%	90%	33.0%
IP: Days of Therapy	400.4	542.9	451.9	405.8	633.4	550.3	541.1	401.7	467.8	514.4	455.1	449.6		482.9	272	
Surgery																
Metric	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	YTD	Goal	Composite
Post Operative Infections	0	0	0	0	0	1	0	0	0	0	0	ND		0.1	≤ 1	100.0%
IntraOperative Blood Utilization	0	0	2	0	1	1	1	0	0	0	0	0		0.4	≤ 1	
Unanticipated Return to the OR	0.43%	0.68%	0.00%	0.33%	0.00%	0.40%	0.38%	0.47%	0.00%	0.00%	0.00%	0.00%		0.2%	< 1%	
Outpatient (Ancillary, Home Health, Hospice)																
Metric	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	YTD	Goal	Composite
Hospice LOS (Median)	50	62	10	61	19	43	28	18	12	33	21	16		33.00	45	50.0%
Hospice: LOS (Mean)	90.8	119.7	70.0	109.3	58.5	117.9	65.5	65.6	19.2	69.3	37.5	55.8		72.89	90	
DI: Safe Imaging Pediatrics	NC	525.6	769.7	NC	378.2	367.6	459.4	479.1	432.4	487.9	658.7	439.5		503.7	553.3	
Medical Group																
Metric	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	YTD	Goal	Composite
Hgb A1C > 9 (lower better)	13.3%	15.2%	13.6%	11.6%	13.9%	12.4%	14.1%	13.1%	11.1%	13.2%	12.2%	12.2%		13.2%	≤ 17.04%	100.0%
Family Birth Center																
Metric	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	YTD	Goal	Composite
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%	85.7%
Patient Falls with Injury	0	0	0	0	0	0	0	0	0	0	0	0		0	0	
C/S Rates: Overall	22.2%	0.0%	41.7%	0.0%	0.0%	7.7%	30.0%	38.5%	40.0%	0.0%	0.0%	30.0%		17.4%	< 23%	
Induced deliveries ending in c-sections	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	50.0%	0.0%	0.0%	0.0%		7.3%	< 19%	
Unexpected Newborn Complications	11.1%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1.6%	< 2.6%	
Post Partum Hemorrhage	0.0%	0.0%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%		1.4%	< 1.3%	
Length of Stay - Vaginal Delivery	1.7	2.9	2.6	2.5	2.5	2.1	2.4	2.6	2.5	1.8	2.5	2.7		2.4	2	100.0%
Readmission Rate																
Metric	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	YTD	Goal	Composite
Known Readmissions in 30 days	5.0%	6.0%	6.0%	1.0%	6.0%	3.0%	4.0%	1.0%	1.0%	2.0%	4.0%	1.0%		3.2%	6.00%	100.0%
Claims based Readmissions	10.8%			10.5%										10.7%	< 12%	
Return to the ER within 72 hours	1.72%	4.23%	4.65%	2.97%	3.05%	3.26%	3.44%	2.87%	3.49%	3.20%	2.87%	2.82%		3.13%	< 3.6%	
Home Health Readmissions	11.8%			7.8%			8.8%			7.1%				9.2%	11.20%	

Patient Safety Outcomes															
Metric	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	YTD	Goal
Pressure Ulcers	0	0	0	0	0	0	0	0	0	0	0	0		0.000	0
Patient Falls with Injury	4.2	0	0	2.7	2.7	0	0	0	0	0	0	0		0.74	0.66
Adverse Drug Events	0.9%	0.8%	0.0%	0.0%	0.8%	0.0%	0.0%	0.01%	0.9%	0.0%	0.0%	0.0%		0.40%	< 1%
Specimen Mislabeling	0	2	1	0	0	1	0	0	0	1	0	1		0.54	0
Patient Engagement															
	February	March	April	May	June	July	August	September	October	November	December	Jan-19		YTD	Goal
Advance Care Planning	Not Started	Not Started	Planning	Planning	In Progress	In Progress	In Progress	Complete	Complete	Complete	Complete	Complete		Complete	One event Bi-
Patient Initiated RRT	No	No	No	No	No	No	No	No	No	No	Yes	Yes		Yes	Yes
PFE 1: Planning Checklists	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes
PFE 2: Bedside Reporting	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes
PFE 4: Quality Teams with PFAC Involvement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes

## Patient Safety

- Reduction in preventable harm events
- Effective use of daily briefs and huddles for safety
- Continued engagement in Team Training
- Workplace Violence Prevention Taskforce Progress
- State and National leader in patient and family engagement

Emergency																	
Metric	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-19	Trend	12 mo	NRC Average	Top Quartile
Median Length of Stay (discharged)	139	127	132	137	132	118	122	128	119	136	142	131	136		130.7	< 104 min	
Median Length of Stay (admitted)	256	246	243	233	249	248	211	250	217	237	267	240	234		240.8	< 199 min	
Overall	80.6%	72.0%	69.6%	80.5%	80.0%	60.9%	67.6%	74.2%	70.0%	73.1%	75.0%	77.80%	90.00%		74.7%	66.3%	80.1%
Confidence in Provider	75.0%	69.6%	76.2%	81.6%	83.9%	65.0%	73.7%	78.6%	79.3%	69.6%	64.0%	77.8%	80.0%		74.9%	70.4%	81.1%
Likely to Recommend	83.9%	88.0%	66.2%	80.5%	80.0%	72.7%	73.7%	75.8%	77.4%	76.9%	83.3%	77.8%	90.0%		78.9%	68.9%	82.4%
Communication (MD/RN)	73.0%	69.6%	77.8%	73.0%	75.0%	69.6%	61.1%	92.9%	75.9%	76.0%	58.3%	69.2%	75.0%		74.1%	66.5%	79.2%
Inpatient (ACU/ICU/FBC)																	
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	12 mo	NRC Average	Top Quartile
Overall	78.1%	80.0%	87.5%	75.9%	80.0%	68.2%	78.6%	72.0%	86.4%	75.0%	87.5%	80.0%	71.4%		78.6%	73.5%	84.1%
Likely to Recommend	80.6%	83.3%	87.5%	79.3%	92.0%	80.8%	82.8%	68.0%	86.4%	76.2%	80.0%	93.3%	85.7%		82.8%	75.5%	86.4%
Quiet at Night	40.6%	48.0%	52.2%	69.0%	50.0%	34.6%	46.4%	34.6%	52.4%	38.1%	73.3%	35.7%	85.7%		50.8%	58.7%	76.3%
Confidence in Nurse	90.9%	91.7%	91.7%	69.0%	87.5%	80.8%	78.6%	80.8%	82.6%	80.0%	94.1%	80.0%	71.4%		83.0%	74.6%	84.3%
Confidence in Provider	84.8%	83.3%	84.0%	82.1%	87.5%	76.9%	82.1%	72.0%	91.3%	80.0%	76.5%	93.3%	85.7%		83.0%	78.4%	88.8%
Communication (MD/RN)	73.3%	76.2%	79.2%	64.3%	79.2%	73.1%	55.6%	69.6%	78.9%	63.2%	85.7%	85.7%	71.4%		73.5%	61.4%	74.0%
Clinics (Primary Care and Specialty Clinics)																	
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	12 mo	NRC Average	Top Quartile
Rate Provider	83.6%	89.5%	87.3%	80.4%	88.0%	84.4%	81.7%	80.3%	80.0%	78.4%	79.8%	84.9%	86.7%		83.9%	83.1%	93.8%
Likely to Recommend	93.0%	94.7%	94.0%	93.2%	91.3%	91.9%	88.3%	89.8%	87.0%	90.4%	90.7%	89.7%	96.4%		91.5%	89.3%	97.5%
Confidence in Provider	92.3%	94.0%	94.1%	93.3%	91.3%	91.1%	90.2%	90.8%	89.7%	93.2%	92.5%	93.8%	96.7%		91.9%	90.0%	97.5%
Access to Care Dimension	61.0%	65.5%	66.4%	71.3%	56.4%	70.9%	67.8%	65.3%	66.5%	65.5%	64.2%	66.6%	74.9%		66.3%	64.3%	79.5%
Established Patient Visit	10.7	11.4	12.1	11.6	9.7	11.7	16.3	14.1	12.6	12.0	14.5	14.3	10.3		12.4	< 10 days	
New patient visit	79.2	70.2	70.8	63.5	56.6	54	46.9	52.7	60.2	47.5	45.9	62.9	46.6		57.4	< 30	

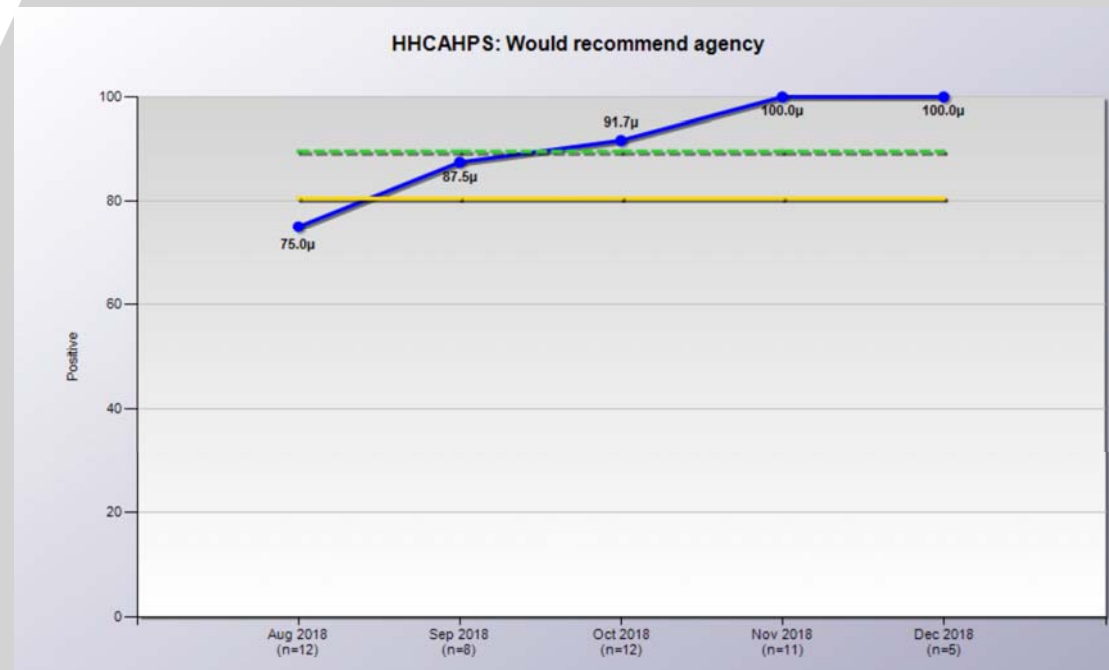
Rehab Therapy																	
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	12 mo	NRC Average	Top Quartile
Overall	58.8%	63.6%	61.9%	58.8%	86.4%	78.3%	72.0%	92.3%	90.9%	100.0%	90.5%	77.8%			77.6%	85.6%	92.3%
Likely to Recommend	82.4%	91.7%	72.7%	64.7%	95.5%	90.5%	80.8%	83.3%	90.0%	95.0%	95.2%	75.0%			84.7%	88.4%	94.6%
Access to Care Dimension	70.6%	58.3%	65.9%	67.6%	79.5%	64.6%	65.4%	76.9%	54.5%	85.0%	79.5%	77.8%			70.5%	74.7%	85.3%
Confidence in Therapist	88.2%	75.0%	86.4%	76.5%	81.8%	86.4%	78.0%	92.3%	83.6%	90.0%	68.2%	88.9%			81.1%	88.9%	94.3%
Home Health																	
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	12 mo	NRC Average	Top Quartile
Overall	75.0%	81.8%	69.2%	81.8%	70.0%	78.6%	100.0%	58.3%	88.9%	75.0%	100.0%	77.8%			79.7%	85.0%	92.8%
Likely to Recommend	82.4%	90.9%	92.3%	90.9%	70.0%	76.9%	100.0%	75.0%	87.5%	91.7%	100.0%	90.0%			87.3%	80.3%	89.6%
Confidence in Care Provider	70.6%	90.0%	83.3%	81.8%	70.0%	85.7%	85.7%	83.3%	88.9%	91.7%	72.7%	80.0%			82.0%	82.5%	91.0%
Outpatient Testing (Sleep, Lab, DI)																	
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	12 mo		Goal
Overall	82.7%	80.6%	81.3%	80.6%	78.8%	78.7%	75.6%	82.1%	77.3%	88.2%	85.1%	84.6%	86.7%		81.7%	82.5%	90.4%
Likely to Recommend	89.2%	78.8%	79.5%	78.1%	79.7%	78.7%	78.5%	81.8%	86.1%	86.3%	91.8%	86.1%	83.3%		83.1%	82.8%	90.6%
Told when/how to receive results	68.0%	58.2%	70.5%	64.8%	68.2%	68.9%	72.7%	68.7%	79.5%	69.2%	70.7%	69.4%	73.7%		69.4%	71.3%	82.6%
Confidence in Staff	90.8%	80.3%	91.0%	86.5%	76.8%	88.5%	87.3%	82.6%	84.5%	87.2%	89.2%	89.5%	78.9%		85.6%	85.2%	91.1%
Patient Advocate Reports																	
Metric	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Trend	12 mo		Goal
Days to Acknowledgement	4.4	3.9	4.6	4.7	1.8	4.1	3	1.66	2.3	3.26	1.74	2.17	3.04		3.1		7
Days to Closure	13.7	18.6	21.2	15.6	11	11.6	13.9	7.8	14.2	13.65	12.8	14.14	18.28		14.3		< 90

# Service

# Best Practice Highlight: Home Health

*“...a single interaction, a single event (either positive or negative) can swing the results.”*  
Deb Kaldahl, Quality and PI Manager, Home Health

- Engage the team: Embraced the “Power of One”
- Feedback and data transparency
  - Drill down reports – it feels real and more attainable
- Communication and Hard-wiring: Regular discussion – in huddle
- Consistency: Knowing there are ups and downs – keep the conversation alive



Sneak Peek...  
What's on the  
Horizon in  
2019?



DATA: CONNECTING OUR TEAMS  
AT EVERY LEVEL WITH RELEVANT,  
ACCURATE, TIMELY INFORMATION



SAFETY: 2019 CULTURE OF SAFETY  
SURVEY



PROVIDERS: WORKING WITH THE  
MEDICAL STAFF EXECUTIVE  
COMMITTEE (MEC)



NURSING: IMPLEMENTATION OF  
PATIENT-INITIATED RAPID  
RESPONSE TEAMS



PEOPLE: PRESENTING AT THE  
AMERICAN HOSPITAL ASSOCIATION  
CONFERENCE IN JUNE

# Update on Organizational Steps to Address Opioid Crisis

Jefferson Healthcare Board of Commissioner Meeting

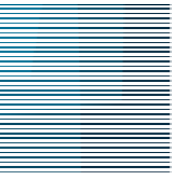
February 27, 2019

Brought to you by:

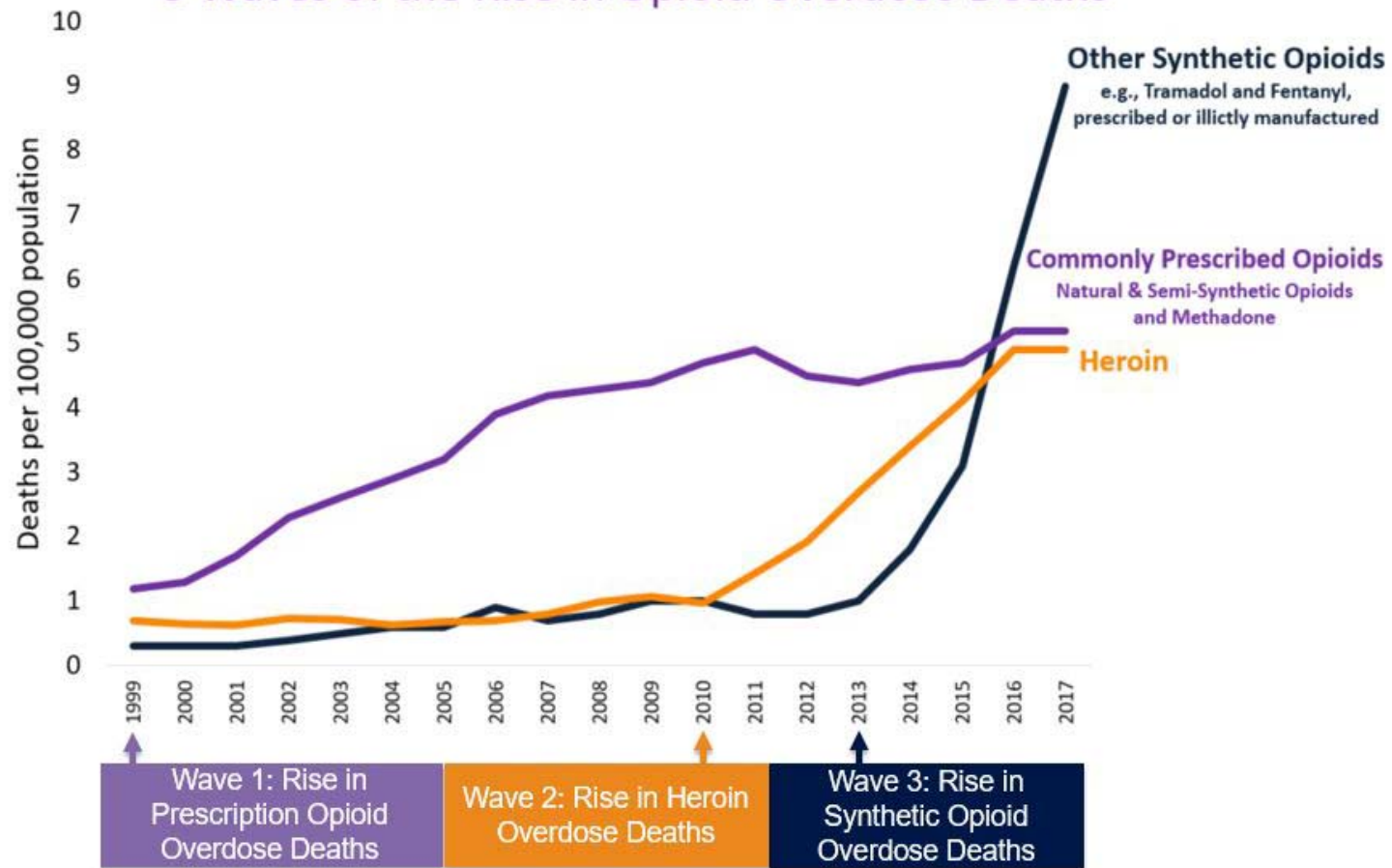
Dr. Joe Mattern, MD, CMO

# What is an opioid?

- Chemically related compounds that bind to opioid receptors in body and brain
- Derived from opium poppy seed or created synthetically
- Examples of prescription opioids
  - Morphine, Codeine
  - Oxycodone, hydrocodone, hydromorphone
  - Fentanyl
  - Tramadol
  - Methadone
  - Buprenorphine
  - Meperidine (rarely used now)
- Heroin is illegal, highly addictive opioid derived from morphine



### 3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.



## THE OPIOID EPIDEMIC BY THE NUMBERS



**130+**

People died every day from  
opioid-related drug overdoses<sup>3</sup>  
(estimated)



**11.4 m**

People misused  
prescription opioids<sup>1</sup>



**47,600**

People died from  
overdosing on opioids<sup>2</sup>



**2.1 million**

People had an opioid use  
disorder<sup>1</sup>



**81,000**

People used heroin  
for the first time<sup>1</sup>



**886,000**

People used heroin<sup>1</sup>



**2 million**

People misused prescription  
opioids for the first time<sup>1</sup>



**15,482**

Deaths attributed to  
overdosing on heroin<sup>2</sup>



**28,466**

Deaths attributed to  
overdosing on synthetic  
opioids other than methadone<sup>2</sup>

### SOURCES

1. 2017 National Survey on Drug Use and Health, Mortality in the United States, 2016
2. NCHS Data Brief No. 293, December 2017
3. NCHS, National Vital Statistics System. Estimates for 2017 and 2018 are based on provisional data.

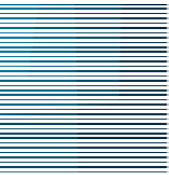
Updated January 2019. For more information, visit: <http://www.hhs.gov/opioids/>



# Why are we changing the way we approach acute and chronic opioid therapy?

## Prevention Strategies to Reduce Opioid Abuse and Harm

- Safer, better care
- Compliance with the law
- Practice consistent with the most recent evidence
- Improve long-term efficiency in managing chronic opioid therapy



# Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths

JAMA. 2011;305(13):1315-1321. doi:10.1001/jama.2011.370

- One of the most cited studies showing the association of opioid dose and the risk of overdose death
- Opioid dosing considered in Morphine Equivalent Dosage (MED)

Risk of death increases with any of the following:

- Coexisting mental health disorders
- Coexisting substance use disorders
- Higher MED => i.e. higher the dose of medications prescribed, greater the risk of death

**Risk of death not associated with the reason for prescribing**



## *Risk Factors for Prescription Opioid Pain Reliever Abuse and Overdose*



Obtaining overlapping prescriptions from multiple providers and pharmacies.



Taking high daily dosages of prescription opioid pain relievers.



Having mental illness or a history of alcohol or other substance abuse.



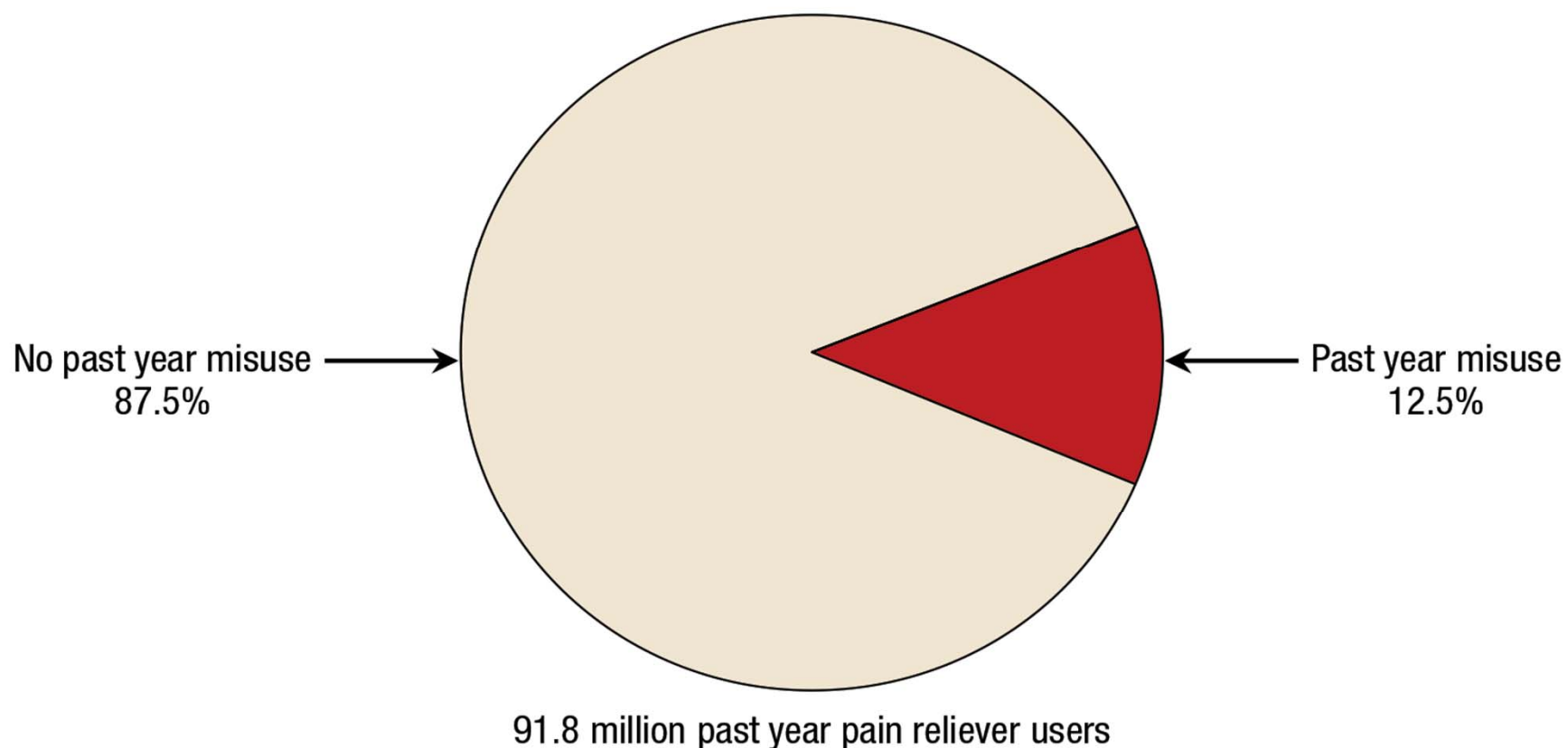
Living in rural areas and having low income.

## Slide 56

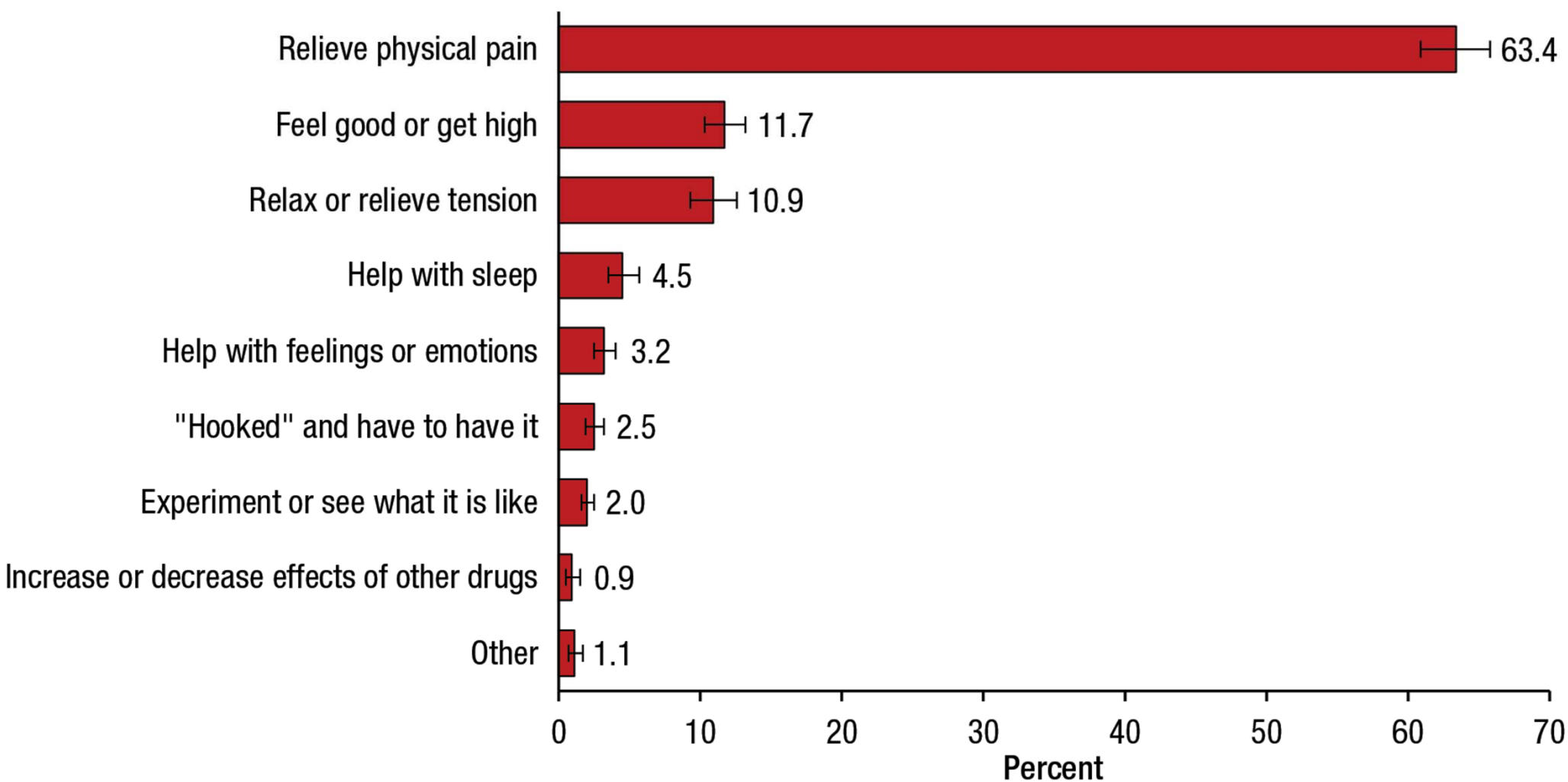
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**JaKM1** Joe and Katie Mattern, 1/22/2019

## Past year misuse of prescription pain relievers among adults aged 18 or older: 2015

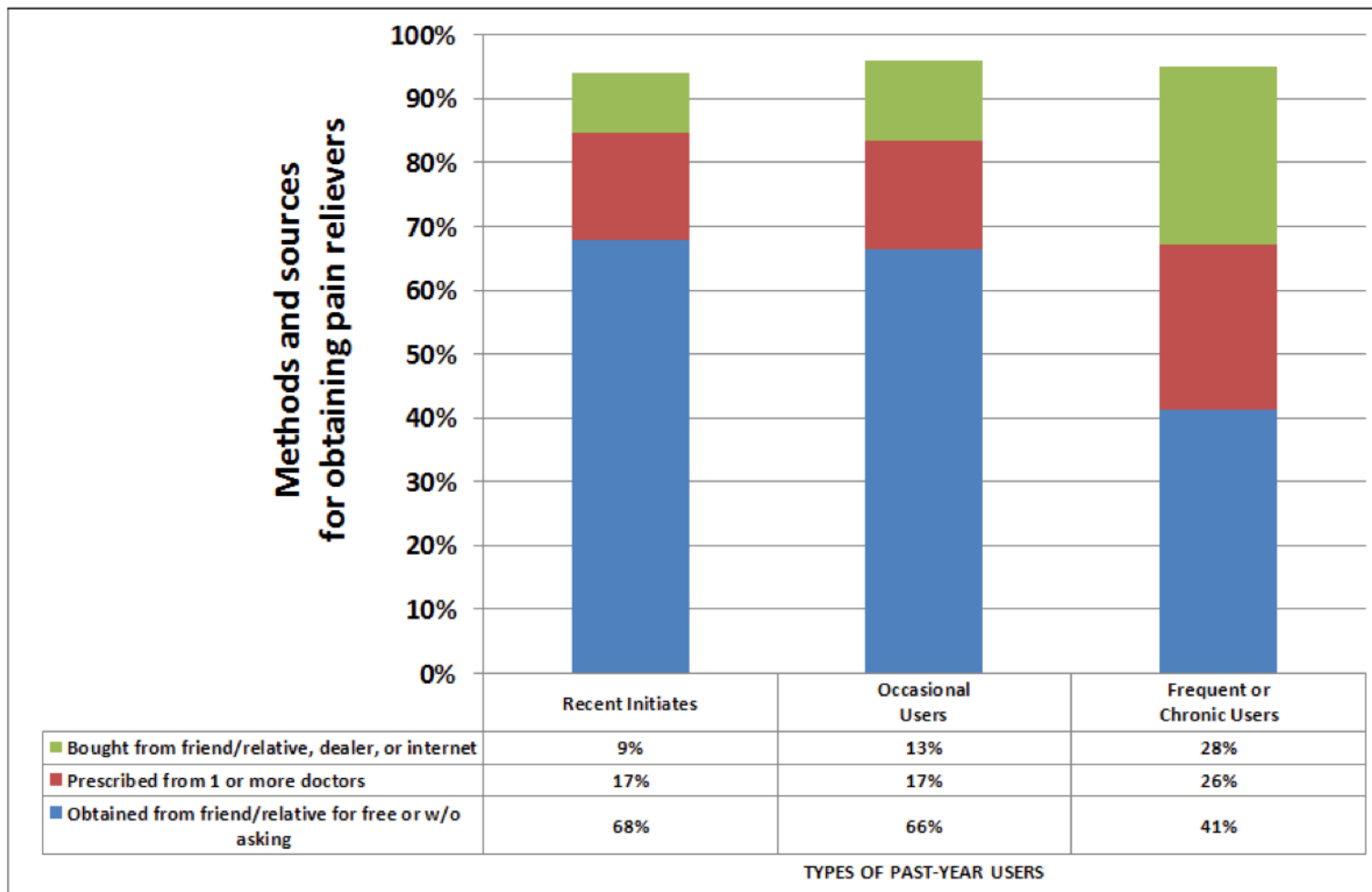


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2015

## How Different Misusers of Pain Relievers Get Their Drugs



Source: SAMHSA. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health. 2009-2010



## The Effectiveness and Risks of Long-Term Opioid Therapy for Chronic Pain: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop

*Roger Chou, MD; Judith A. Turner, PhD; Emily B. Devine, PharmD, PhD, MBA; Ryan N. Hansen, PharmD, PhD; Sean D. Sullivan, PhD; Ian Blazina, MPH; Tracy Dana, MLS; Christina Bougatsos, MPH; Richard A. Deyo, MD, MPH*

No study of opioid therapy versus no opioid therapy evaluated long-term (>1 year) outcomes related to pain, function, quality of life, opioid abuse, or addiction. Good- and fair-quality observational studies suggest that opioid therapy for chronic pain is associated with increased risk for overdose, opioid abuse, fractures, myocardial infarction, and markers of sexual dysfunction, although there are few studies for each of these outcomes; for some harms, higher doses are associated with increased risk. Evidence on the effectiveness and harms of different opioid dosing and risk mitigation strategies is limited.



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## NEWS & PRESS: STATE LEGISLATION

Email to a Friend

### ESHB 1427 - safe opioid prescribing rules

Monday, August 7, 2017 (0 Comments)

Posted by: Janet Anderson

+ Share | G f t p

As you know the nation and the State of Washington are gripped with an opioid epidemic. It is perhaps the worst man-made epidemic we have ever faced. In an effort to further combat this problem the Legislature passed, and the Governor signed into law, [Engrossed Substitute House Bill \(ESHB\) 1427](#). As an aggregation of multiple bills, ESHB 1427 has several intended effects, primarily to implement safe opioid prescribing rules, to expand access and use of Prescription Monitoring Program (PMP) data, and to improve access to medication assisted treatment.

In an effort to promote coordinated and consistent rules across the professions, each board and commission named in the bill will send representatives to form a workgroup. This workgroup will hold 7 stakeholder meetings between September 2017 and March 2018.

The Department of Health filed a CR-101 (notification of intent to amend a rule) with the Office of the Code Reviser July 17, 2017 as [WSR 17-15-132](#) to notify the public it will open chapter 246-470 WAC regarding the Prescription Monitoring Program (PMP) to implement legislation (ESHB 1427).

As our rule making progresses in the next few months, we'll send out additional information via email regarding stakeholder meetings, public comment periods, and public hearings. You may register to get these notices by selecting the green "Subscribe" button at the bottom of the [PMP web page](#) and adding "HB 1427 Implementation" as one of your DOH listserv selections.

If you have questions email us at [prescriptionmonitoring@doh.wa.gov](mailto:prescriptionmonitoring@doh.wa.gov).

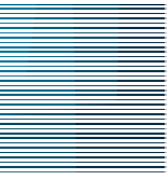
Add Comment

# Background: Guideline Goals

- Safely and effectively manage chronic opioid analgesic therapy (COAT)
- Prevent inappropriate transition from acute to chronic COAT
  - *“Patients who used opioids for at least 90 days were greater than 60% more likely to still be on chronic opioids in 5 years.” Martin et al J Gen Intern Med 2011;26:1450-7.*
- Avoid COAT when alternatives are equally effective and safe
- Reduce opioid related morbidity and mortality

# What can Jefferson patients expect...

- Short-term/acute prescribing
  - Fewer pills dispensed and for shorter durations
  - Urine drug testing if any refills
  - More information about risks of treatment
  - Avoidance of opioids co-prescribed with other sedative medications
  - Monitoring of state pharmacy report (PMP) with initial prescriptions or refills

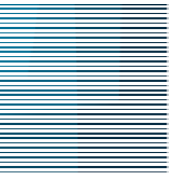


# What can Jefferson patients expect...

- Chronic therapy
  - More frequent visits to discuss pain management
  - Less focus on the pain rating/more focus on functional capacity
  - More regular use of urine drug screening
  - More frequent screening questionnaires for substance abuse/mental health disorders
  - Regular monitoring of state pharmacy profile (PMP)
  - New medication agreement and consent forms
  - Discussion/trials to reduce MED (particularly at higher dosage)
  - Avoidance/reduction of co-prescribing sedatives

# What can Jefferson patients expect...

- Additional treatment strategies
  - Non-opioid pharmacotherapy
  - Physical therapy: Chronic pain pathway
  - Behavioral health focus:
    - Treatment of underlying disorders
    - Cognitive Behavioral Therapy (CBT)
    - Mindfulness program
    - Treatment of opioid use disorder (if identified)
- Additional specialty consultation



# Opioid Use Disorder (OUD)

- OUD is defined in the DSM-5 as a problematic pattern of opioid use leading to clinically significant impairment or distress

Signs of opioid use disorder include:

- Taking more opioid drugs than instructed
- Craving opioids
- Using opioids even when they cause problems with work, family and friends
- Using opioids even when they cause physical and emotional problems
- Lying, stealing, or illegally buying opioids



# Medically-Assisted Treatment

Medication-Assisted Treatment (MAT) is the use of medications, in combination with [counseling and behavioral therapies](#), to provide a “whole-patient” approach to the treatment of substance use disorders.

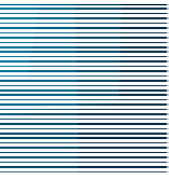


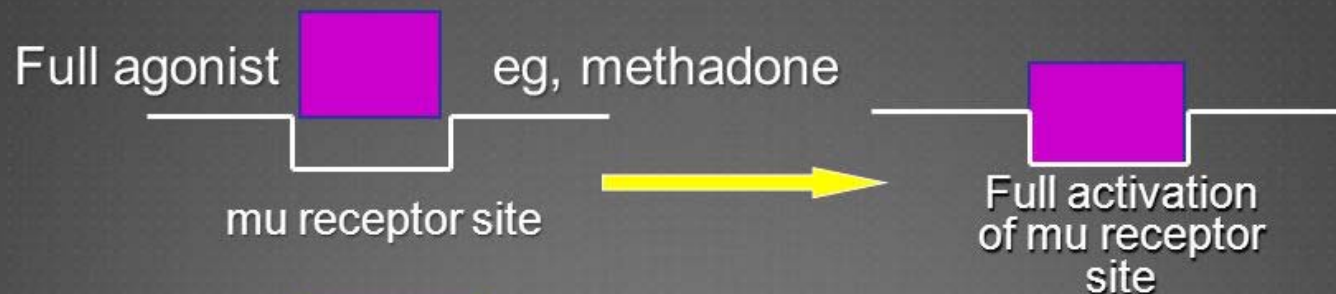


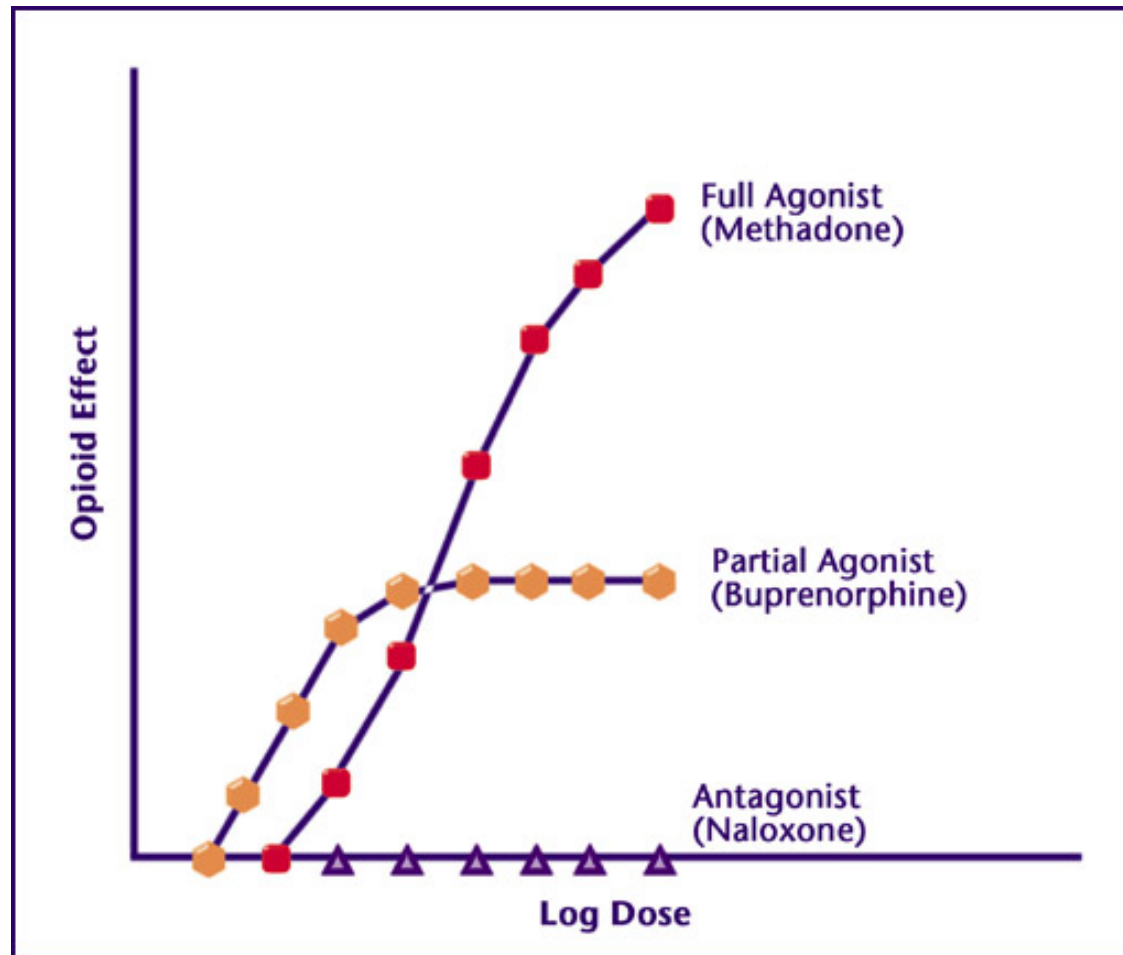
Table 1

OPIOID RECEPTORS	
Opioid Receptor Class	Effects
Mu <sub>1</sub>	Euphoria, supraspinal analgesia, confusion, dizziness, nausea, low addiction potential
Mu <sub>2</sub>	Respiratory depression, cardiovascular and gastrointestinal effects, miosis, urinary retention
Delta	Spinal analgesia, cardiovascular depression, decreased brain and myocardial oxygen demand
Kappa	Spinal analgesia, dysphoria, psychomimetic effects, feedback inhibition of endorphin system

Adapted from references 2 and 3.

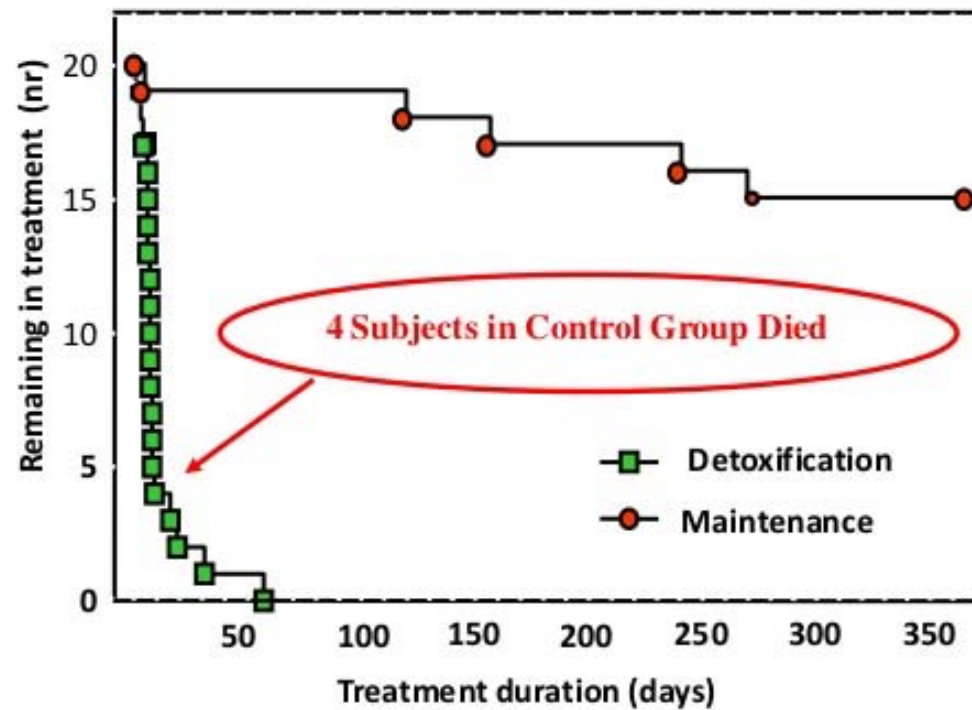
# MU OPIOID RECEPTOR ACTIVATION





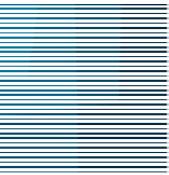
## Buprenorphine vs. Placebo for Heroin Dependence

Kakko, Lancet 2003



# Jefferson Medically Assisted Treatment

- Most of primary care group trained and granted waiver for buprenorphine
- Over 10 providers accepting unassigned patients needing treatment for OUD
- Methadone NOT an option for OUD treatment at Jefferson (need to be a certified methadone clinic)
- Referral resources including use of community agencies in place
- Work flows to be compliant with state and federal law in place



# Questions?

