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 4th 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 3:30 pm.

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:
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:
Patient Advocate Report

4TH QUARTER 2018
FEBRUARY 28, 2019
BOARD OF COMMISSIONERS
JACKIE LEVIN MS, RN
Commissioner Feedback
Trends and Highlights
Responsiveness to Patient Feedback
New Areas of Concerns
Breakdown of Care Provider Concerns
Trends by Service Area
Patient Advocate Additional Projects
The Highlights

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 4th Quarter** vs. 11 concerns 3rd Quarter.

**Meet and Greets 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

<table>
<thead>
<tr>
<th>Quarter</th>
<th>ED + Ex Clinic</th>
<th>Primary Care Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Quarter 2018</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Q 2018</td>
<td>3.5/1000 visits</td>
<td>1.4/1000 visits</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td><strong>2nd Quarter 2018</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Q 2018</td>
<td>1.6/1000 visits</td>
<td>.50/1000 visits</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td><strong>3rd Quarter 2018</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Q 2018</td>
<td>10/1000</td>
<td>2/1000 visits</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td><strong>4th Quarter 2018</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; Q 2018</td>
<td>3.4/1000 00</td>
<td>1.3/1000 00</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>
Trends by Area of Concerns
Trends by **Type** of Concern
Provider Issues

[Graph showing Provider Issues across different quarters from 1st Q 17 to 4th Q 2018]
Additional Patient Advocate Activities

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

- 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

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
Pay My Bill

Payment Options
Patient Advocates working to
CREATE A CULTURE OF EXCELLENCE & SAFETY

**Mission:** Working together to serve our community with personalized care and medical excellence.

**Vision:** Safest highest quality care. Community leadership in health, inspire professional excellence.

**Values:** Compassion, respect, excellence, integrity, teamwork, stewardship.

---

**SERVICE EXCELLENCE**

- Mind Body Health
  - Mindfulness
  - Mindfulness Staff
  - Mindfulness Cardiac Rehab
  - Mindfulness Ortho Rehab
  - Integrative Mind Body Health
    - Tai Chi
    - Aging Mastery
    - Chronic Disease Self Management Workshop
  - Impatient
  - Outpatient

- CARE
  - Community Leadership
  - Healthier & Happier Staff
  - Healthier & Happier Patients

- TeamSTEPPS

- Mindfulness

- PFAC

- Patient Concerns

- Prevent Errors

---

**Consultation**

- HRI/HEC
- Palliative Care
- Advance Directives
- Ethics Committee

**Integration & incorporation of mission, vision, & values**

- In the Moment Situation Recovery
- Emotional Intelligence
- Staff Empowerment
  - Professional Excellence
  - Financial Stewardship

---

**Living / Role Model**

---

Jefferson Healthcare Critical Access Hospital
Mindfulness at Jefferson Healthcare 2019

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?
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
Desgnated funds

Women's Health $20,558
Heart Health $23,515
Family Birth Center $6,560
Reaching out

Connecting community and cause
Cash results

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Events</td>
<td>$38,454</td>
<td>$44,001</td>
<td>+14%</td>
</tr>
<tr>
<td>Donations</td>
<td>$20,513</td>
<td>$46,480</td>
<td>+126%</td>
</tr>
<tr>
<td>Grants</td>
<td>$0</td>
<td>$26,000</td>
<td></td>
</tr>
</tbody>
</table>

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

Arrival Times YTD 2018

- 700: 1
- 800: 2
- 900: 120
- 1000: 171
- 1100: 830
- 1200: 644
- 1300: 631
- 1400: 142
- 1500: 497
- 1600: 214
- 1700: 28
- 1800: 17
- 1900: 2

Total: 1,912

Express Clinic Arrival Times YTD 2019

Arrival Times YTD 2019

- 700: 7
- 800: 171
- 900: 138
- 1000: 128
- 1100: 115
- 1200: 82
- 1300: 102
- 1400: 91
- 1500: 99
- 1600: 55
- 1700: 17
- 1800: 17
- 1900: 2

Total: 715

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 2/13/2019. The Arrival Dep1 filter keeps CC WSH EXPRESS CLINIC.
The Patient Experience
The Patient Experience
Quality Focus

- Express Clinic to Emergency Department Handoff’s
  - 11 Concerns 3rd Quarter
  - 1 Concern 4th Quarter
- Express Clinic to Primary Care Coordination
Questions
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

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

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>JAN ACTUAL</th>
<th>JAN 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>545</td>
<td>616</td>
<td>11%</td>
<td>545</td>
<td>616</td>
<td>11%</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,833</td>
<td>2,271</td>
<td>25%</td>
<td>2,833</td>
<td>2,271</td>
<td>25%</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>88</td>
<td>86</td>
<td>2%</td>
<td>88</td>
<td>86</td>
<td>2%</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>292</td>
<td>350</td>
<td>-17%</td>
<td>292</td>
<td>350</td>
<td>-17%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>407</td>
<td>444</td>
<td>-8%</td>
<td>407</td>
<td>444</td>
<td>-8%</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>107</td>
<td>109</td>
<td>-2%</td>
<td>107</td>
<td>109</td>
<td>-2%</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>58</td>
<td>77</td>
<td>-25%</td>
<td>58</td>
<td>77</td>
<td>-25%</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>19,755</td>
<td>18,954</td>
<td>4%</td>
<td>19,755</td>
<td>18,954</td>
<td>4%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,963</td>
<td>2,858</td>
<td>4%</td>
<td>2,963</td>
<td>2,858</td>
<td>4%</td>
</tr>
<tr>
<td>MEDS DISPENSED</td>
<td>22,754</td>
<td>24,983</td>
<td>-9%</td>
<td>22,754</td>
<td>24,983</td>
<td>-9%</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,766</td>
<td>3,467</td>
<td>9%</td>
<td>3,766</td>
<td>3,467</td>
<td>9%</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>9,120</td>
<td>9,372</td>
<td>-3%</td>
<td>9,120</td>
<td>9,372</td>
<td>-3%</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,016</td>
<td>1,090</td>
<td>-7%</td>
<td>1,016</td>
<td>1,090</td>
<td>-7%</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>6,377</td>
<td>6,133</td>
<td>4%</td>
<td>6,377</td>
<td>6,133</td>
<td>4%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,531</td>
<td>3,763</td>
<td>-6%</td>
<td>3,531</td>
<td>3,763</td>
<td>-6%</td>
</tr>
<tr>
<td>HOME HEALTH EPISODES</td>
<td>78</td>
<td>69</td>
<td>13%</td>
<td>78</td>
<td>69</td>
<td>13%</td>
</tr>
<tr>
<td>HOSPICE CENSUS/DAYS</td>
<td>833</td>
<td>1,153</td>
<td>-28%</td>
<td>833</td>
<td>1,153</td>
<td>-28%</td>
</tr>
</tbody>
</table>
# January 2019
## Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>21,574,318</td>
<td>21,166,726</td>
<td>407,592</td>
<td>2%</td>
<td>21,574,318</td>
<td>2%</td>
<td>19,970,541</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>11,465,983</td>
<td>11,238,892</td>
<td>(227,091)</td>
<td>-2%</td>
<td>11,465,983</td>
<td>-2%</td>
<td>10,623,091</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>162,328</td>
<td>242,094</td>
<td>79,766</td>
<td>33%</td>
<td>162,328</td>
<td>33%</td>
<td>195,629</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>9,946,008</td>
<td>9,685,740</td>
<td>260,268</td>
<td>3%</td>
<td>9,946,008</td>
<td>3%</td>
<td>9,151,821</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>369,259</td>
<td>779,134</td>
<td>(409,875)</td>
<td>-53%</td>
<td>369,259</td>
<td>-53%</td>
<td>420,571</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>10,315,267</td>
<td>10,464,874</td>
<td>(149,607)</td>
<td>-1%</td>
<td>10,315,267</td>
<td>-1%</td>
<td>9,572,392</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>4,841,208</td>
<td>5,032,320</td>
<td>191,113</td>
<td>4%</td>
<td>4,841,208</td>
<td>4%</td>
<td>4,716,382</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,216,395</td>
<td>1,258,953</td>
<td>42,557</td>
<td>3%</td>
<td>1,216,395</td>
<td>3%</td>
<td>1,124,657</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>3,515,406</td>
<td>3,948,697</td>
<td>433,291</td>
<td>11%</td>
<td>3,515,406</td>
<td>11%</td>
<td>3,457,965</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>9,573,009</td>
<td>10,239,970</td>
<td>666,961</td>
<td>7%</td>
<td>9,573,009</td>
<td>7%</td>
<td>9,299,003</td>
</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>742,258</td>
<td>224,904</td>
<td>517,354</td>
<td>230%</td>
<td>742,258</td>
<td>230%</td>
<td>273,388</td>
</tr>
<tr>
<td>Total Non Operating Revenues (Expenses)</td>
<td>12,048</td>
<td>6,388</td>
<td>5,659</td>
<td>-89%</td>
<td>12,048</td>
<td>6,388</td>
<td>5,659</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>754,306</td>
<td>231,293</td>
<td>523,013</td>
<td>226%</td>
<td>754,306</td>
<td>226%</td>
<td>256,872</td>
</tr>
</tbody>
</table>
January 2019
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
## January 2019
### 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>January Actual</th>
<th>January Budget</th>
<th>January Variance</th>
<th>2019 to Date Actual</th>
<th>2019 to Date Budget</th>
<th>2019 to Date Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>8612</td>
<td>BOARD Exp</td>
<td></td>
<td>60010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>4,718.00</td>
<td>5,218.00</td>
<td>500.00</td>
<td>4,718.00</td>
<td>5,218.00</td>
<td>500.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>-</td>
<td>2,123.00</td>
<td>2,123.00</td>
<td>-</td>
<td>2,123.00</td>
<td>2,123.00</td>
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<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>-</td>
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<td>3,397.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>604200</td>
<td>CATERING</td>
<td>105.00</td>
<td>127.00</td>
<td>22.00</td>
<td>105.00</td>
<td>127.00</td>
<td>22.00</td>
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<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>-</td>
<td>25.00</td>
<td>25.00</td>
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<td>OTHER PURCHASED SERVICES</td>
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<tr>
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<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
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**Exp Total**

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<th>January Actual</th>
<th>January Budget</th>
<th>January Variance</th>
<th>2019 to Date Actual</th>
<th>2019 to Date Budget</th>
<th>2019 to Date Variance</th>
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<tr>
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<td>4,823.00</td>
<td>13,523.00</td>
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<td>8,700.00</td>
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**BOARD Total**

<table>
<thead>
<tr>
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<th>January Actual</th>
<th>January Budget</th>
<th>January Variance</th>
<th>2019 to Date Actual</th>
<th>2019 to Date Budget</th>
<th>2019 to Date Variance</th>
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<tr>
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<td>8,700.00</td>
<td>4,823.00</td>
<td>13,523.00</td>
<td>8,700.00</td>
</tr>
</tbody>
</table>
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**
Agenda

- Quality Performance
- Patient Safety
- Service
- Work in Progress
<table>
<thead>
<tr>
<th>Goals</th>
<th>Strategy</th>
<th>Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruit and Retain an Engaged, High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performing Workforce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote a Training, Rewarding Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hire for Fit</td>
<td>Conduct core values and skill base interviews</td>
<td>Turnover rate &lt; 1.5</td>
</tr>
<tr>
<td></td>
<td>and pre-employment screening</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pedagogy onboarding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliver an Experience that Exceeds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve Care Navigation</td>
<td>Manage care transition</td>
<td>Top quartile Access to care</td>
</tr>
<tr>
<td></td>
<td>Referral Management</td>
<td>Post IP stay (≤14 days); 3 days; sstab. Patients ≤ 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quality and Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide the Highest Quality, Safest Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achieve Excellent Quality Outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement and adhere to evidence-based</td>
<td></td>
<td></td>
</tr>
<tr>
<td>practices.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhance Culture of Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hardware team training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader Rounding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Align care with patient goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement a palliative care program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Goals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive Best Practice Clinical Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achieve zero harm events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80% reduction in reportable Clostridium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80% reduction in reportable MRSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90% or greater compliance measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Top quartile scores for providers/employees. We recommend to work with affiliate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
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
## Service

### Emergency

<table>
<thead>
<tr>
<th>Metric</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan-19</th>
<th>Total</th>
<th>13 mos</th>
<th>Top 1Q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Length of Stay (Admitted)</td>
<td>168</td>
<td>157</td>
<td>162</td>
<td>153</td>
<td>159</td>
<td>163</td>
<td>155</td>
<td>165</td>
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<td>158</td>
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<tr>
<td>Readmit Length of Stay (Admitted)</td>
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<td>251</td>
<td>260</td>
<td>245</td>
<td>239</td>
<td>235</td>
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<td>246</td>
<td>240</td>
<td>238</td>
<td>233</td>
<td>235</td>
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</table>

### Rehab Therapy

<table>
<thead>
<tr>
<th>Metric</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan-19</th>
<th>Total</th>
<th>13 mos</th>
<th>Top 1Q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melt by Recommend</td>
<td>82.6%</td>
<td>84.7%</td>
<td>83.9%</td>
<td>83.4%</td>
<td>83.1%</td>
<td>83.2%</td>
<td>83.3%</td>
<td>83.4%</td>
<td>83.5%</td>
<td>83.6%</td>
<td>83.7%</td>
<td>83.8%</td>
<td>83.9%</td>
<td>83.9%</td>
<td>83.9%</td>
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</tbody>
</table>

### Home Health

<table>
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<tr>
<th>Metric</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan-19</th>
<th>Total</th>
<th>13 mos</th>
<th>Top 1Q</th>
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</thead>
<tbody>
<tr>
<td>Visit Avg</td>
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<td>92.3%</td>
<td>92.4%</td>
<td>92.5%</td>
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<td>93.3%</td>
<td>93.4%</td>
<td>93.5%</td>
<td>93.6%</td>
<td>93.7%</td>
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### Clinic (Primary Care and Specialty Clinics)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan-19</th>
<th>Total</th>
<th>13 mos</th>
<th>Top 1Q</th>
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<tbody>
<tr>
<td>Ref Recommended</td>
<td>81.1%</td>
<td>81.2%</td>
<td>81.3%</td>
<td>81.4%</td>
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<td>82.2%</td>
<td>82.3%</td>
<td>82.4%</td>
<td>82.5%</td>
<td>82.6%</td>
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### Outpatient Testing (Screening, Lab, DI)

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<tr>
<th>Metric</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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<th>Oct</th>
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<th>Trend</th>
<th>% incr</th>
<th>1Q incr</th>
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<td>Outpatient Testing</td>
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<td>81.4%</td>
<td>81.5%</td>
<td>81.6%</td>
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<td>82.0%</td>
<td>82.1%</td>
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<td>82.3%</td>
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### Patient Advocate Reports

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<th>Metric</th>
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<th>Apr</th>
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<th>Jul</th>
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<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
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<th>Trend</th>
<th>% incr</th>
<th>1Q incr</th>
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<td>Reports</td>
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<td>60.2%</td>
<td>60.4%</td>
<td>60.6%</td>
<td>60.8%</td>
<td>61.0%</td>
<td>61.2%</td>
<td>61.4%</td>
<td>61.6%</td>
<td>61.8%</td>
<td>62.0%</td>
<td>62.2%</td>
<td>62.4%</td>
<td>62.6%</td>
<td>62.8%</td>
</tr>
</tbody>
</table>
Best Practice Highlight: 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

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

- **Wave 1:** Rise in Prescription Opioid Overdose Deaths
- **Wave 2:** Rise in Heroin Overdose Deaths
- **Wave 3:** Rise in Synthetic Opioid Overdose Deaths

**Other Synthetic Opioids**
e.g., Tramadol and Fentanyl, prescribed or illicitly manufactured

**Commonly Prescribed Opioids**
Natural & Semi-Synthetic Opioids and Methadone

**Heroin**

THE OPIOID EPIDEMIC BY THE NUMBERS

130+ People died every day from opioid-related drug overdoses
(estimated)

11.4 m People misused prescription opioids

47,600 People died from overdosing on opioids

2.1 million People had an opioid use disorder

81,000 People used heroin for the first time

886,000 People used heroin

2 million People misused prescription opioids for the first time

15,482 Deaths attributed to overdosing on heroin

28,466 Deaths attributed to overdosing on synthetic opioids other than methadone

SOURCES
2. NCHS Data Brief No. 293, December 2017

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


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

- No past year misuse: 87.5%
- Past year misuse: 12.5%

91.8 million past year pain reliever users

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.
**ESHB 1427 - safe opioid prescribing rules**

*Monday, August 7, 2017  (0 Comments)*  
Posted by: Janet Anderson

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 list serv selections.

If you have questions email us at prescriptionmonitoring@doh.wa.gov.
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>
<thead>
<tr>
<th>Opioid Receptor Class</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mu₁</td>
<td>Euphoria, supraspinal analgesia, confusion, dizziness, nausea, low addiction potential</td>
</tr>
<tr>
<td>Mu₂</td>
<td>Respiratory depression, cardiovascular and gastrointestinal effects, miosis, urinary retention</td>
</tr>
<tr>
<td>Delta</td>
<td>Spinal analgesia, cardiovascular depression, decreased brain and myocardial oxygen demand</td>
</tr>
<tr>
<td>Kappa</td>
<td>Spinal analgesia, dysphoria, psychomimetic effects, feedback inhibition of endorphin system</td>
</tr>
</tbody>
</table>

Adapted from references 2 and 3.
MU OPIOID RECEPTOR ACTIVATION

Full agonist

eg, methadone

mu receptor site

Full activation of mu receptor site

Partial agonist

eg, buprenorphine

mu receptor site

Partial activation of mu receptor site

Antagonist

eg, naltrexone

mu receptor site

Prevents or reverses activation of mu receptor site
Buprenorphine vs. Placebo for Heroin Dependence
Kakko, Lancet 2003

4 Subjects in Control Group Died
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?