Jefferson Healthcare

Jefferson County Public Hospital District No.2
Board of Commissioners Meeting
Victor J. Dirksen Conference Room,
834 Sheridan St, 1st Floor ESSB

Regular Session Agenda
Wednesday, March 27, 2019

Call to Order: 2:30

Education Topic: 2:31
- Population Health Update:
  Dr. Molly Parker, Medical Director of Population Health
  Dunia Faulx, Director of Population Health and Care Transformation

Break: 3:15

Approve Agenda: 3:30

Patient Story: Tina Toner CNO 3:31

Minutes: Action Requested 3:40
- February 27 Regular Session (pg. 2-5)

Required Approvals: Action Requested 3:41
- February Warrants and Adjustment (pg. 6-11)
- Resolution 2019-05 Surplus Equipment (pg. 12)
- Medical Staff Credentials/ Appointments/ Reappointments (pg. 13)
- Medical Staff Policy (pg. 14-19)
- CEO Succession Plan Policy

Public Comment: 3:45
(*In lieu of in-person comment, members of the public may provide comment on any agenda item or any other matter related to the District via a letter addressed to the Commissioners at 834 Sheridan Street, Port Townsend, Washington 98368, or via email to commissioners@jeffersonhealthcare.org.*

Financial Report: Hilary Whittington, CAO/CFO 3:55

Quality Report: Brandie Manuel, Chief Pt Safety and Quality Officer 4:05

Administrative Report: Mike Glenn, CEO 4:15

Board Business: 4:25

Meeting Evaluation: 4:30

Conclude: 4:35

This Regular Session will be officially audio recorded.
Times shown in agenda are estimates only.

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 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 3:30pm.

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
Action: Motion passed unanimously.

Meeting concluded at 5:49pm.

Approved by the Commission:

Chair of Commission: Jill Rienstra_____

Secretary of Commission: Marie Dressler _____

Jefferson Healthcare

	February 2019 Actual	February 2019 Budget	Variance Favorable/ (Unfavorable)	%	February 2019 YTD	February 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	February 2018 YTD
Gross Revenue									
Inpatient Revenue	4,767,880	3,770,863	997,017	26%	8,513,852	7,945,748	568,104	7%	8,646,925
Outpatient Revenue	14,280,031	15,347,464	(1,067,434)	-7%	32,108,377	32,339,305	(230,928)	-1%	28,914,453
Total Gross Revenue	19,047,911	19,118,327	(70,416)	0%	40,622,229	40,285,053	337,176	1%	37,561,378
Revenue Adjustments									
Cost Adjustment Medicaid	1,683,644	1,852,250	168,606	9%	3,813,926	3,902,955	89,029	2%	4,167,589
Cost Adjustment Medicare	6,748,584	6,540,322	(208,262)	-3%	14,025,052	13,781,395	(243,657)	-2%	12,734,416
Charity Care	134,779	218,665	83,886	38%	297,106	460,759	163,653	36%	442,430
Contractual Allowances Other	1,257,209	1,425,280	168,071	12%	2,847,727	3,003,268	155,541	5%	2,770,631
Administrative Adjustments	44,772	85,044	40,272	47%	176,188	179,200	3,012	2%	88,400
Allowance for Uncollectible Accounts	639,721	248,358	(391,363)	-158%	977,019	523,327	(453,692)	-87%	289,359
Total Revenue Adjustments	10,508,709	10,369,919	(138,789)	-1%	22,137,019	21,850,905	(286,114)	-1%	20,492,825
Net Patient Service Revenue	8,539,202	8,748,408	(209,206)	-2%	18,485,210	18,434,148	51,062	0%	17,068,553
Other Revenue									
340B Revenue	298,502	294,422	4,080	1%	598,750	620,389	(21,639)	-3%	494,853
Other Operating Revenue	103,086	409,312	(306,225)	-75%	172,097	862,478	(690,381)	-80%	252,693
Total Operating Revenues	8,940,790	9,452,141	(511,351)	-5%	19,256,057	19,917,015	(660,958)	-3%	17,816,099
Operating Expenses									
Salaries And Wages	4,362,184	4,545,320	183,137	4%	9,203,391	9,577,641	374,249	4%	8,884,344
Employee Benefits	1,081,691	1,137,118	55,427	5%	2,298,086	2,396,071	97,984	4%	2,145,147
Professional Fees	484,101	319,069	(165,032)	-52%	873,714	672,325	(201,389)	-30%	851,757
Purchased Services	417,654	614,997	197,343	32%	908,409	1,295,886	387,477	30%	1,009,048
Supplies	1,529,644	1,640,250	110,606	7%	3,240,016	3,456,242	216,226	6%	2,897,660
Insurance	51,083	49,159	(1,924)	-4%	116,138	103,586	(12,552)	-12%	129,222
Leases And Rentals	150,815	143,656	(7,158)	-5%	296,948	302,705	5,757	2%	253,021
Depreciation And Amortization	386,844	377,362	(9,481)	-3%	773,147	795,157	22,009	3%	796,067
Repairs And Maintenance	69,061	88,252	19,191	22%	95,556	185,960	90,404	49%	0
Utilities	87,569	96,739	9,170	9%	178,769	203,843	25,073	12%	182,958
Licenses And Taxes	48,494	50,235	1,741	3%	112,958	105,852	(7,106)	-7%	98,361
Other	162,986	186,843	23,857	13%	308,001	393,705	85,704	22%	288,258
Total Operating Expenses	8,832,125	9,249,002	416,877	5%	18,405,134	19,488,971	1,083,837	6%	17,535,843
Operating Income (Loss)	108,665	203,140	(94,474)	-47%	850,923	428,044	422,879	99%	280,256
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	8,024	19,447	(11,423)	-59%	22,844	40,977	(18,133)	-44%	29,939
Taxation For Debt Service	7,613	17,498	(9,885)	-56%	21,710	36,871	(15,161)	-41%	19,927
Investment Income	48,030	25,453	22,577	89%	101,088	53,633	47,455	88%	48,864
Interest Expense	(83,214)	(76,496)	(6,718)	-9%	(166,977)	(161,188)	(5,789)	-4%	(175,434)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	0
Contributions	-	19,868	(19,868)	-100%	13,836	41,866	(28,029)	-67%	22,940
Total Non Operating Revenues (Expenses)	(19,547)	5,770	(25,317)	439%	(7,499)	12,159	(19,658)	162%	(53,764)
Change in Net Position (Loss)	89,118	208,910	(119,791)	-57%	843,424	440,203	403,222	92%	226,493

Jefferson Healthcare

STATISTIC DESCRIPTION	FEBRUARY 2019 MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	FEBRUARY 2018 FEB ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	565.01	615.68	8%	555.08	615.68	10%	543.63	-4%	538.97	-3%
FTEs - PRODUCTIVE (AVG)	508.73	553.64	8%	478.24	553.64	14%	515.85	1%	489.09	2%
ADJUSTED PATIENT DAYS	1,517	2,051	-26%	4,350	4,323	1%	1,739	-13%	4,109	6%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	86	78	10%	174	164	6%	88	-2%	190	-9%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	357	316	13%	649	665	-2%	346	3%	772	-19%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	14	7	100%	41	16	156%	14	0%	22	46%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	457	401	14%	864	845	2%	448	2%	984	-14%
BIRTHS	6	10	-40%	16	20	-20%	13	-54%	19	-19%
SURGERY CASES (IN OR)	97	98	-1%	204	207	-1%	82	18%	190	7%
SURGERY MINUTES (IN OR)	12,336	13,214	-7%	26,257	27,844	-6%	11,607	6%	25,446	3%
SPECIAL PROCEDURE CASES	52	70	-26%	110	147	-25%	59	-12%	130	-18%
LAB BILLABLE TESTS	16,544	17,120	-3%	36,299	36,074	1%	17,107	-3%	36,185	0%
BLOOD BANK UNITS MATCHED	44	54	-19%	78	114	-32%	47	-6%	108	-38%
MRIs COMPLETED	168	152	11%	341	321	6%	151	11%	296	13%
CT SCANS COMPLETED	423	377	12%	915	794	15%	368	15%	745	19%
RADIOLOGY DIAGNOSTIC TESTS	1,358	1,355	0%	2,903	2,855	2%	1,272	7%	2,678	8%
ECHOs COMPLETED	117	125	-6%	241	262	-8%	104	13%	211	12%
ULTRASOUNDS COMPLETED	263	295	-11%	609	622	-2%	272	-3%	593	3%
MAMMOGRAPHYS COMPLETED	194	225	-14%	441	475	-7%	215	-10%	480	-9%
NUCLEAR MEDICINE TESTS	37	53	-30%	73	111	-34%	31	19%	50	32%
TOTAL DIAGNOSTIC IMAGING TESTS	2,560	2,582	-1%	5,523	5,440	2%	2,413	6%	5,053	9%
MEDS DISPENSED	22,076	22,565	-2%	44,830	47,548	-6%	22,012	0%	48,803	-9%
ANTI COAG VISITS	343	496	-31%	766	1,044	-27%	407	-16%	838	-9%
RESPIRATORY THERAPY PROCEDURES	3,762	3,131	20%	7,528	6,598	14%	3,128	20%	7,373	2%
PULMONARY REHAB RVUs	143	246	-42%	373	518	-28%	201	-29%	511	-37%
PHYSICAL THERAPY RVUs	5,856	6,827	-14%	13,416	14,386	-7%	6,533	-10%	15,019	-12%
OCCUPATIONAL THERAPY RVUs	938	1,193	-21%	2,096	2,514	-17%	1,278	-27%	2,747	-31%
SPEECH THERAPY RVUs	156	199	-22%	377	419	-10%	189	-17%	424	-12%
REHAB/PT/OT/ST RVUs	7,093	8,465	-16%	16,262	17,837	-9%	8,201	-14%	8,465	48%
ER CENSUS	926	984	-6%	1,942	2,074	-6%	920	1%	2,041	-5%
EXPRESS CLINIC	616	606	2%	1,363	1,277	7%	-	0%	-	100%
SOCO PATIENT VISITS	92	176	-48%	245	372	-34%	126	-27%	309	-26%
PORT LUDLOW PATIENT VISITS	659	652	1%	1,478	1,374	8%	527	25%	1,046	29%
JHPC PATIENT VISITS	2,232	2,539	-12%	5,104	5,350	-5%	2,498	-11%	5,301	-4%
WATERSHIP CLINIC PATIENT VISITS	998	997	0%	2,230	2,101	6%	993	1%	2,060	8%
JHIM PATIENT VISITS	498	569	-12%	1,053	1,199	-12%	658	-24%	1,650	-57%
TOTAL RURAL HEALTH CLINIC VISITS	5,095	5,539	-8%	11,473	11,673	-2%	4,802	6%	10,366	10%
CARDIOLOGY CLINIC VISITS	249	257	-3%	548	542	1%	233	7%	511	7%
DERMATOLOGY CLINIC VISITS	450	506	-11%	875	1,067	-18%	234	92%	607	31%
GEN SURG PATIENT VISITS	265	291	-9%	596	614	-3%	303	-13%	649	-9%
INFUSION CENTER VISITS	558	591	-6%	1,218	1,245	-2%	498	12%	1,049	14%
ONCOLOGY VISITS	345	460	-25%	738	970	-24%	309	12%	674	9%
ORTHO PATIENT VISITS	561	577	-3%	1,168	1,216	-4%	501	12%	1,038	11%
SLEEP CLINIC VISITS	81	178	-54%	300	375	-20%	149	-46%	362	-21%
SURGERY CENTER ENDOSCOPIES	55	63	-13%	130	133	-2%	63	-13%	139	-7%
WOMENS CLINIC VISITS	185	210	-12%	407	444	-8%	195	-5%	444	-9%
WOUND CLINIC VISITS	244	264	-8%	545	557	-2%	241	1%	498	9%
TOTAL SPECIALTY CLINIC VISITS	2,993	3,397	-12%	6,525	7,163	-9%	2,726	10%	5,971	8%
SLEEP CENTER SLEEP STUDIES	46	68	-32%	102	142	-28%	50	-8%	122	-20%
HOME HEALTH EPISODES	55	63	-13%	133	132	1%	66	-17%	134	-1%
HOSPICE CENSUS/DAYS	828	1,042	-21%	1,661	2,195	-24%	1,033	-20%	2,162	-30%
CARDIAC REHAB SESSIONS	-	110	-100%	-	232	-100%	157	-100%	350	0%
DIETARY TOTAL REVENUE	73,434	86,549	-15%	147,926	182,372	-19%	72,415	1%	149,018	-1%
MAT MGMT TOTAL ORDERS PROCESSED	1,841	1,879	-2%	4,093	3,960	3%	2,430	-24%	5,050	-23%
EXERCISE FOR HEALTH PARTICIPANTS	539	782	-31%	1,449	1,649	-12%	734	-27%	1,571	-8%

NOTE: Total Surgery Minutes Budget and Actual Calculations have changed this month and retroactively to exclude all surgeries not performed in the OR.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: **BOARD OF COMMISSIONERS**
FROM: **HILARY WHITTINGTON, CAO/CFO**
RE: **FEBURARY 2019 WARRANT SUMMARY**

The following items need to be approved at the next commission meeting:

General Fund Warrants & ACH Transfers	**$8,465,821.40**	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	**$819,272.05**	(Attached)
Canceled Warrants	**$0.00**	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: **BOARD OF COMMISSIONERS**
FROM: **HILARY WHITTINGTON, CAO/CFO**
RE: **FEBRUARY 2019 GENERAL FUND WARRANTS & ACH FUND TRANSFERS**

Submitted for your approval are the following warrants:

GENERAL FUND:

252502 - 253132	**$4,292,890.87**
ACH TRANSFERS	**$4,172,930.53**
	$8,465,821.40
YEAR-TO-DATE:	**$21,515,495.52**

Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: **BOARD OF COMMISSIONERS**
FROM: **HILARY WHITTINGTON, CAO/CFO**
RE: **FEBRUARY 2019 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS**

Submitted for your approval are the following:

	FEBRUARY	FEBRUARY YTD	FEBRUARY YTD BUDGET
Allowance for Uncollectible Accounts:	$639,721.13	$977,018.74	$523,326.80
Charity Care:	$134,778.93	$297,106.49	$460,759.05
Other Administrative Adjustments:	$44,771.99	$176,188.08	$179,200.36
TOTAL FOR MONTH:	$819,272.05	$1,450,313.31	$1,163,286.21

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: **BOARD OF COMMISSIONERS**
FROM: **HILARY WHITTINGTON, CAO/CFO**
RE: **FEBRUARY 2019 WARRANT CANCELLATIONS**

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT	AMOUNT
TOTAL:		**$ -**

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2019-05

A RESOLUTION TO DECLARE CERTAIN EQUIPMENT SURPLUS TO THE NEEDS OF JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND TO AUTHORIZE THE DISPOSAL OF SAID EQUIPMENT

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the District, and;

WHEREAS said equipment now represents an unnecessary cost to the District to retain and store it,

NOW, THEREFORE, BE IT RESOLVED THAT:

1) The following equipment be declared surplus to the needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with state law:

Description	**Asset #**	**Serial #**	**Model #**
OR Bed	N/A	B407896032	Date prerecording of assets
Blanket Warmer	N/A	10369-27	F7854
Stretcher	01-00103	C338AN4664	P8000 Hillrom

APPROVED this 27th day of March, 2019.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Bruce McComas: _____

Commissioner Kees Kolff: _____

Commissioner – Matt Ready: _____

FROM: Barbara York – Medical Staff Services
RE: 3/26/2019 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 03/27/2019

C-0241
§485.627(a) Standard: Governing Body or Responsible Individual
The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)
It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Recommended provisional appointment to the active/courtesy/allied health staff:

1. Vasilyuk, Pavel, DDS – General Dentistry
2. Gulati, Kavita, MD – Tele-Radiology

Recommended re-appointment to the active medical staff with privileges as requested:

1. Carlson, Todd, MD – Family Medicine/OB – Credentials Committee/MEC is recommending proctoring of vacuum deliveries until ALSO Course has been completed and proctoring of 5 D&Cs or until simulation training has been completed
2. Parker, Molly, MD – Family Medicine/OB – Credentials Committee/MEC is recommending proctoring of 5 D&Cs or until simulation training has been completed
3. Janssen, Claus, MD – Family Medicine
4. Lawrence, Jay, DO – General Surgery

Recommended re-appointment to the courtesy medical staff with privileges as requested:

1. Lubinski, Lissa MD – Family Medicine

Recommended re-appointment to the allied health staff with privileges as requested:

1. Griffin, David, CRNA
2. Griffin-Harte, Kari, ARNP – Family Medicine
3. Sample, Denise, ARNP – Family Medicine

Medical Student Rotation:

1. Moore, Tessa, Medical Student – University of Washington 3/19/2019-3/22/2019
   Sponsor: Molly Hong, MD

90 day provisional performance review completed successfully:

1. Ernst, Kate, ARNP – Dermatology
2. Giesler, Jordan, PA-C –Orthopedics
3. Heistand, Kari, MD – Psychiatry
4. Towns, Mary, MD – Medical Oncology
5. Walker-Leu, Stefanie, ARNP – Express Care

Annual review – no changes

Chaperone Policy

PURPOSE:

The use of chaperones is well established in healthcare. The presence of a chaperone during the physical examination of a patient offers several important benefits as reported by the Council on Ethical and Judicial Affairs (CEJA Report 10-A98), and American Medical Association (AMA). First, it provides reassurance to patients of the professional character of the exam. The availability of this service also demonstrates an attention to the patients' well-being, a respect for their concerns, and an understanding of their vulnerability.

The use of chaperones during physical exams has three benefits:

1. It provides reassurance to patients of the professional character of the exam.
2. A witness is available to support the physician's innocence should a misunderstanding or false accusation be made by the patient, and,
3. It offers advantages in convenience and time efficiency when authorized health professionals serve as chaperones and can assist with procedures such as gynecologic examinations.[1]

POLICY:

Patients are free to make a request for a chaperone in each health care setting. This policy should be communicated to patients through a conversation initiated by the intake nurse or the physician.

An authorized health professional (nurse, ER technician, nurse aide, medical assistant) should serve as a chaperone whenever possible. In the case of a pediatric patient or home health and hospice patient, a family member may serve as a chaperone. If a chaperone is to be provided, a separate opportunity for private conversation between the patient and the physician should be allowed. The physician should keep inquiries and history-taking, especially those of a sensitive nature, to a minimum during the course of the chaperoned examination.

This policy applies to all healthcare professionals working within Jefferson Healthcare including medical staff, nurses, midwives, healthcare assistants, allied health professionals, medical students, radiographers and complementary therapists working with individual patients in surgeries, clinic situations, departments, outpatient and in the patient's home.

PROCEDURE:

1. Upon intake or triage prior to disrobing, as appropriate, a patient may be asked if they wish to have a chaperone present during exam and/or procedure. The chaperone should be the same sex as the patient with the exception being when infants are patients.
2. It is strongly recommended to have a chaperone during examination and/or procedure (particularly pelvic, breast, rectum or testicular exams) for the following patients:
    - Pediatric/minor (please note: parents may be used as the chaperone only if a healthcare worker is not available)
    - Elderly
    - Ethnicities, religious or cultural backgrounds of some women can make intimate

examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others.
    - Mental Health Issues or Learning Difficulties.
    - Home Visit (please note that family members/friends may take on the role of the informal chaperone during intimate examinations).
3. Patients should be offered a private, undisturbed area to undress. Gowns are provided for the patient to wear.
4. There should be no undue delay prior to examination once the patient has removed any clothing. **Knock** on the door (or wall outside of privacy curtain) and wait for response prior to entering the patient's room.
5. Intimate examination should take place in a closed exam room and to not be entered without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages.
6. Where appropriate a choice of position for the examination should be offered for example left lateral, dorsal, recumbent and semi-recumbent positions for speculum and bimanual examinations. This may reduce the sense of vulnerability and powerlessness complained of by some patients. Unveil only segments of the gown relevant to the body part being examined, at all times being cognizant of the patient's reaction.
7. During the examination the healthcare provider must explain the process.

    For example, explaining the nature of the procedure and how it relates to the complaint helps further reduce both the patient's concerns and the likelihood of a negative reaction to the exam, especially if the patient may not expect it to be part of the evaluation. For instance, the patient being examined by a rheumatologist for bone and joint complaints would not expect a breast examination, and could experience a negative reaction unless the doctor explains that the breasts may contain a cancer leading to osseous metastases.

8. After the procedure the healthcare professional will let the patient know that they may get dressed and if they need assistance the chaperone will remain in the room if the patient needs assistance getting dressed.
9. Once the patient is dressed following an examination or procedure the findings must be communicated to the patient. If appropriate this can be used as an educational opportunity for the patient. The healthcare provider must consider (asking the patient as necessary) if it is appropriate for the chaperone to remain at this stage.

During an intimate examination:

- Offer reassurance
- Be courteous
- Keep discussion relevant
- Avoid unnecessary personal comments
- Encourage question and discussion
- Remain alert to verbal and non verbal indications of distress from the patient.

Communication and Record Keeping

The most common cause of patient complaints is a failure on the patient's part to understand what the practitioner was doing in the process of treating them. It is essential that the healthcare professional explains the nature of the examination to the patient and offers them a choice whether to proceed with that examination at that time.

Recording in the Patient Record

Details of the examination including presence/absence of chaperone and information given must be documented in the patient's medical record. This could include physician reports, nursing notes, or therapist's record notes.

If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing then it would be a good practice to record this in the patient notes. The records should make clear from the history that an examination was necessary.

In any situation where concerns are raised or an incident has occurred and a report is required this should be completed immediately after the consultation.

REFERENCES:

1. American Medical Association, Use of Chaperones during Physical Exams. *CEJA Report 10-A-98.* 1998

http://www.ama-assn.org/ama1/pub/upload/mm/369/ceja_10a98.pdf

REFERENCED DOCUMENTS:

Reference Type	Title	Notes

Documents referenced by this document

Referenced Documents	http://www.ama-assn.org/ama1/pub/upload/mm/369/ceja_10a98.pdf

Annual review – no changes

ETHICS CONSULTATION

POLICY:

Patients at Jefferson Healthcare have the right to receive patient centered, respectful care, and to be involved in the healthcare decision making process. When ethical concerns are identified, upon request, an ethics consultation will be facilitated.

The ethics committee does not make treatment decisions. The consultation process enhances communication and decision making in order to provide the best outcome for the patient.

PURPOSE:

To establish a process for obtaining an ethics consultation at Jefferson Healthcare. The general goal of an ethics consultation is to improve the quality of healthcare through the identification, analysis, and resolution of ethical questions or concerns.

Effective ethics consultation has been shown to improve ethical decision making and practice, enhance patient and provider satisfaction, facilitate the resolution of disputes, and increase knowledge of health care ethics.

SCOPE:

An ethics consultation may be requested by any Jefferson Healthcare patient, provider, or employee. The scope of an ethics consultation service includes both case consultations and non case consultations.

DEFINITIONS:

Ethics Consultation: activities performed by an individual ethics consultant, a team of ethics consultants, or an ethics committee to help patients, providers, or other parties resolve ethical concerns in the health care setting.

Ethical Concerns: uncertainties or conflicts about values

Ethics Consultant: an individual who is trained in ethics, who provides ethics consultations and may also serve as an educator to the committee or program

Case Consultations: consultations pertaining to an active patient case

Non-Case Consultations: consultations that do not pertain to an active patient case. Could include requests for general information, policy clarification, document review, or ethics questions about hypothetical or retrospective circumstances.

RESPONSIBILITY:

All Jefferson Healthcare providers, staff, and volunteers are responsible for fostering an ethical environment and culture.

It is the responsibility of the House Supervisor or designee to contact the ethics consultant when an ethics consult has been requested.

The Ethics Committee is responsible for the oversight of the Ethics Consultation services, and reports to the Executive Quality Council.

PROCEDURE:

A. When an ethical concern is identified, the clinician or staff member will assess the need for an ethics consultation
B. To request an ethics consultation, contact the Ethics Committee referral line at (360) 344-0417
C. The House Supervisor or designee will contact the ethics consultant to communicate the referral
D. The ethics consultant shall respond within one business day and evaluate the case
    1. Ethics consultants are typically scheduled to be on campus Monday through Friday between 9 a.m. to 5 p.m.
        a. After hours, the house supervisor will assess the need and the urgency of the request for ethics consultation
            i. For urgent or emergent cases, the house supervisor shall attempt to contact an ethics consultant after hours
E. The ethics consultant will identify the appropriate level of consultation:
    1. Ethics Consultation Team
        a. Responsibility for the ethics consultation is shared by an individual or small team of qualified consultants, chosen on the basis of their background, expertise, and perspective relative to the specifics of the ethical concern
        b. Every team member should possess basic ethics consultation knowledge and skills
        c. The team model accommodates a wide range of situations and levels of consultant expertise and allows tasks to be divided among members of the team
    2. Ethics Committee Consultation
        a. The interdisciplinary Ethics Committee from across the organization jointly performs a given consultation
        b. Each team member should possess basic ethics consultation knowledge and skills
        c. Is effective for ensuring broad organizational input into difficult consultations
F. The patient, if unable to participate or communicate, will be represented by his or her decision-maker whenever possible
    1. The decision-maker is responsible for providing information on the patient's wishes as it relates to care and medical services
G. The ethics consultant, team, or committee evaluates the situation using the Four Topic Chart as a framework
H. Case consultation and subsequent recommendations shall be documented in the electronic health record
    1. Documentation shall include:
        a. The identity of the requester and reason for the consultation
        b. Activities that occurred before the consultation
        c. Ethics issues identified
        d. Steps taken to address the ethics issues
        e. Options and ethical rationales considered
        f. Outcome and recommendation
I. The Ethics Consultant shall follow up as necessary and provide ongoing support
J. The Ethics Committee shall evaluate the quality of the consultation and identify opportunities for improvement and additional educational needs

Education and Competencies:

Ethics consultants are required to have education and training regarding the process of ethical analysis, ethical issues and concepts, health care practice, and health care systems.

Ethics consultants also requires skill in the following areas:

- Ethical assessment skills
- Ethical analysis skills

- Effective communication and teamwork
- Evaluative and quality improvement skills
- Ability to run an effective ethics consultation service
- Interpersonal skills

REFERENCES:

ECRI. (2009, January). Institutional Ethics Committees. *Healthcare Risk Control* , *2* (Ethics 1)

Jonsen, A., Siegler, M., & Winslade, W. (2010). *Clinical Ethics* (7th ed.). : McGraw Hill

University of Washington School of Medicine. (2013). Ethics Committees, Programs and Consultation. Retrieved from https://depts.washington.edu/bioethx/topics/ethics.html

US Department of Veterans Affairs. (n.d.). National Center for Ethics in Health Care. Retrieved from http://www.ethics.va.gov/integratedethics/ecc.asp