

**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Regular Session Minutes**  
**Wednesday, March 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, McComas and Ready. Also, in attendance were Mike Glenn, CEO, 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:**

Dr. Molly Parker, Medical Director of Population Health and Dunia Faulx, Director of Population Health and Care Transformation presented the Population Health update.

Discussion ensued.

**Break:**

Commissioners recessed for break at 3:07pm.

Commissioners reconvened from break at 3:30pm.

**Approve Agenda:**

Commissioner Buhler Rienstra suggested the addition of Executive Session at the end of the meeting to discuss Employee Compensation.

Commissioner Dressler made a motion to approve the agenda with addition of Executive Session. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Patient Story:** Tina Toner, CNO, read aloud a patient story regarding the surgery center and the great care the patient received during her visit and the follow up after their visit. Tina presented a report on service excellence and the importance of happy patients, happy teams.

**Minutes:**

- February 27 Regular Session

Commissioner Dressler made a motion to approve the February 27 Regular Session Minutes. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested

- February Warrants and Adjustments

- Resolution 2019-05 Surplus Equipment
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy
- CEO Succession Plan

Commissioner Dressler made a motion to approve February Warrants and Adjustments, Resolution 2019-05 Surplus Equipment, Medical Staff Credentials/ Appointments/ Reappointments, and Medical Staff Policies with the removal of CEO Succession Plan policy. Commissioner Ready seconded.

Commissioner Bruce amended his motion to remove the CEO Succession Plan policy and vote separately. Commissioner Kolff seconded.

**Action:** Motion passed unanimously.

**Public Comment:**

Public comment was made.

**Financial Report:**

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

Discussion ensued.

**Emergency CEO Succession Plan:**

Commissioner Ready made a motion to amend the policy to say, “up to two.” Commissioner Dressler seconded.

Commissioner Ready amended his motion to say, “at least one successor”. Commissioner Dressler seconded.

**Action:** Motion passed unanimously.

**Quality Report:**

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

Discussion ensued.

**Administrative Report**

Mike Glenn, CEO, presented the Administrative report.

Discussion ensued.

Joyce Cardinal, Interim Executive Director of Home Health and Hospice presented the Home Health and Hospice 2018 Annual Report.

Commissioner Kolff made a motion to approve the Home Health and Hospice 2018 Annual Report and appoint Tammy Tarsa as the new Executive Director of Home Health and Hospice. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Board Business:**

Commissioner Kolff distributed the Board of Health meeting packets which included student participation survey, county health ranking report for 2019, the specific data from the county health ranking report for 2019, and an article in the Seattle Times regarding debt collectors. Commissioner Kolff had also reported to the Board of Health on the Olympic Peninsula Behavioral Health campus and likelihood of the funding going through.

**Meeting Evaluation:**

Commissioners evaluated the meeting.

**Executive Session:**

Commissioners went into executive at 5:29pm to discuss Employee Compensation and will reconvene at 5:40pm. Action may be taken.

Commissioners came out of Executive Session at 5:40pm. No members of public present.

Commissioner Kolff made a motion to make the CEO salary retroactive to January 1, 2019. Commissioner Dressler seconded.

Discussion ensued.

**Action:** Motion passed 4 to 1. Commissioner Buhler Rienstra, Dressler, Kolff, and McComas approved. Commissioner Ready abstained.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 5:44pm.

Approved by the Commission:

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


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

# Population Health at Jefferson Healthcare: Board Update

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Molly Parker, MD MPH  
Dunia Faulx, MPH  
March 27, 2019

# Agenda

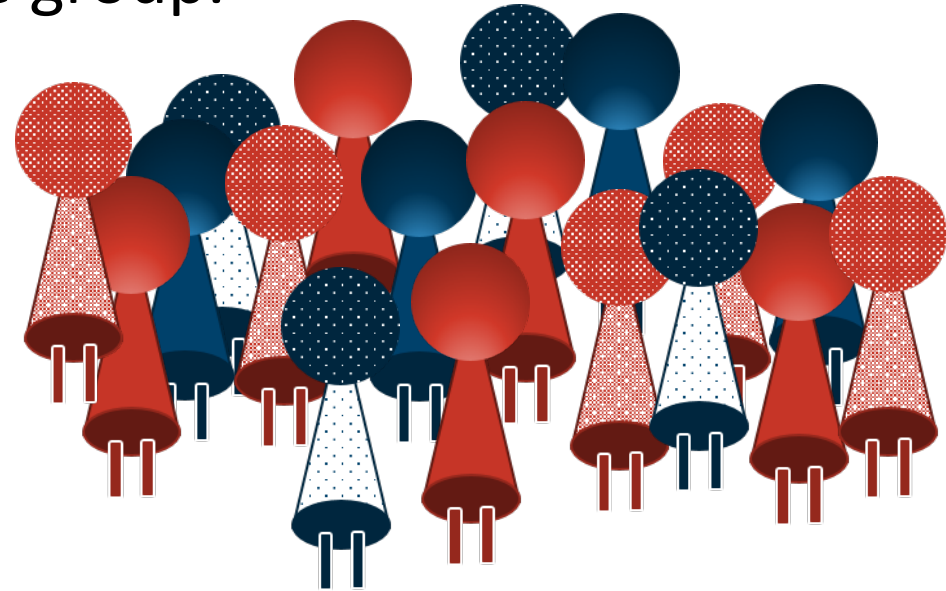
- 
- Process of Population Health
  - PH Strategic Plan Update
  - Other Initiatives
  - Questions and Discussion

# POPULATION HEALTH

“The health outcomes of a group of individuals, including the distribution of outcomes within the group.”



Personal Health



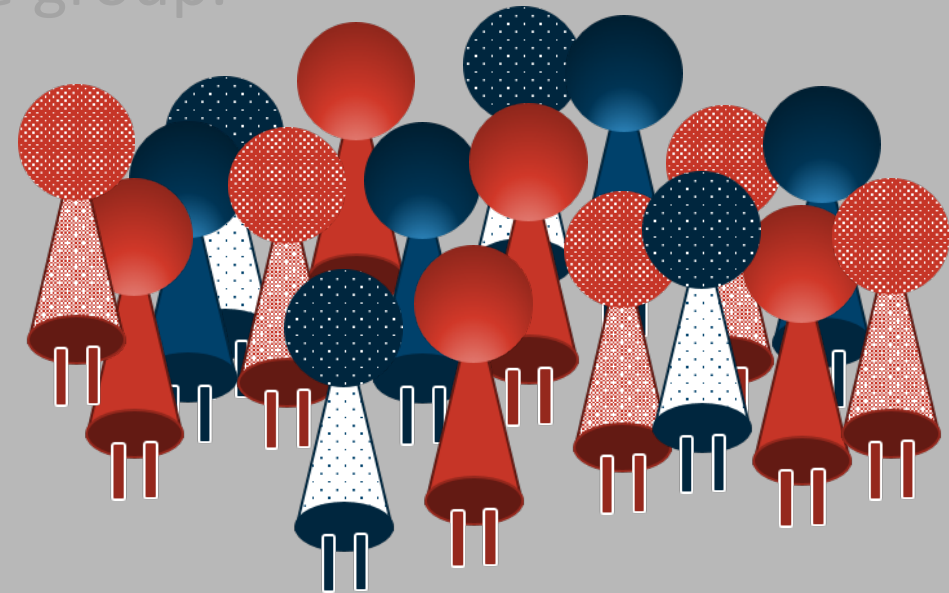
Population Health

*Population health approach puts health care services into **context**.*

# POPULATION HEALTH

“...a group of individuals, including the context of the group.”

- ❖ Understand the population.
  - ❖ *Key features, trends, health outcomes of that particular group.*
- ❖ Identify interventions that might be meaningful.
- ❖ Implement, measure, repeat.

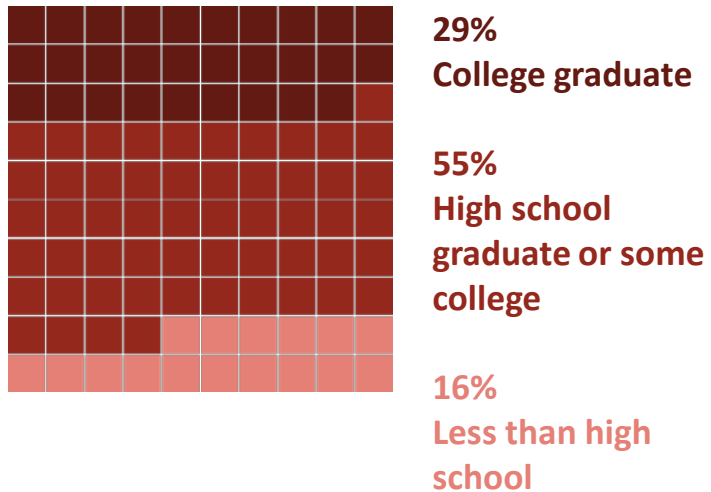


**Population Health**

*Population health approach puts health care services into context.*

# Geographical Subpopulation: Brinnon *(Example)*

## EDUCATIONAL ATTAINMENT



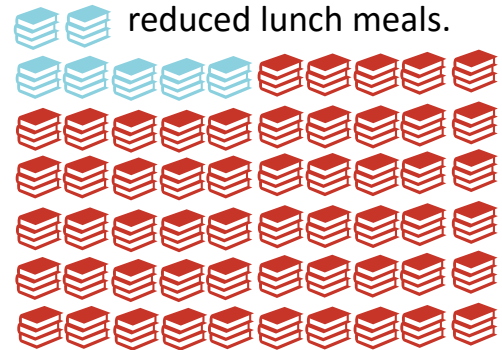
## EMPLOYMENT



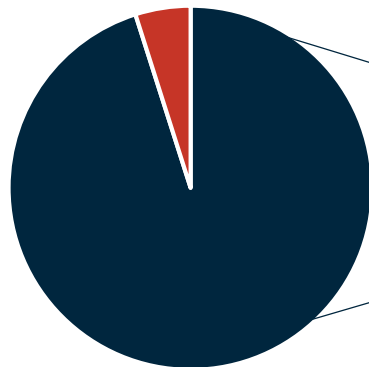
- Unemployed or never employed (23%)
- Disabled (6%)
- Working (full or part time) (21%)
- Student (12%)
- Retired (38%)

## CHILD POVERTY

88.7% of the 62 students enrolled in Brinnon's school district are on free or reduced lunch meals.



PCP



Jefferson PCPs



- Merrily Mount
- Other

■ Jefferson Healthcare ■ Non-JH



Roughly 1 in 7 people have diabetes.

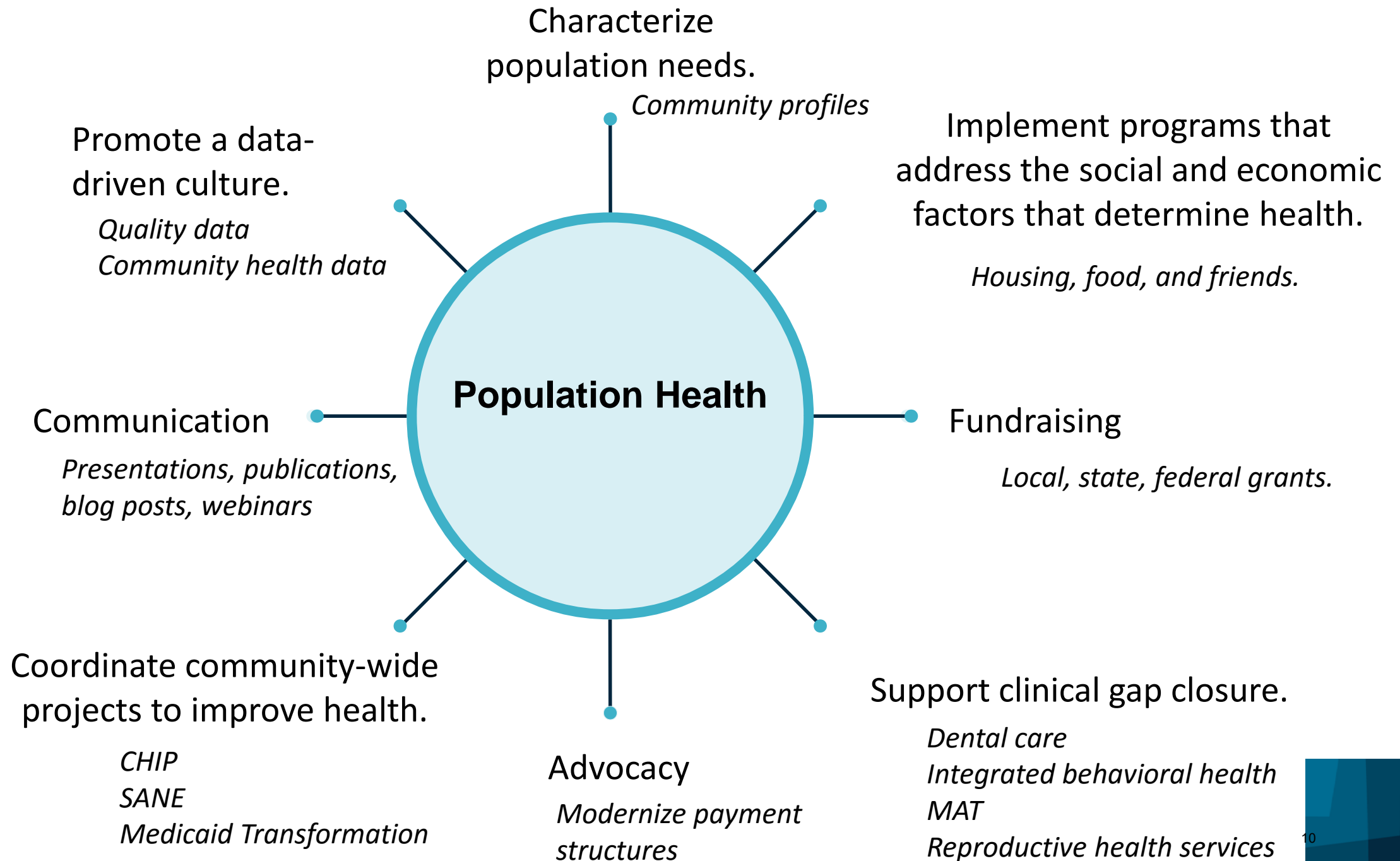


Roughly 1 in 7 people has a cancer diagnosis.



# 2018 Successes

Several to choose from

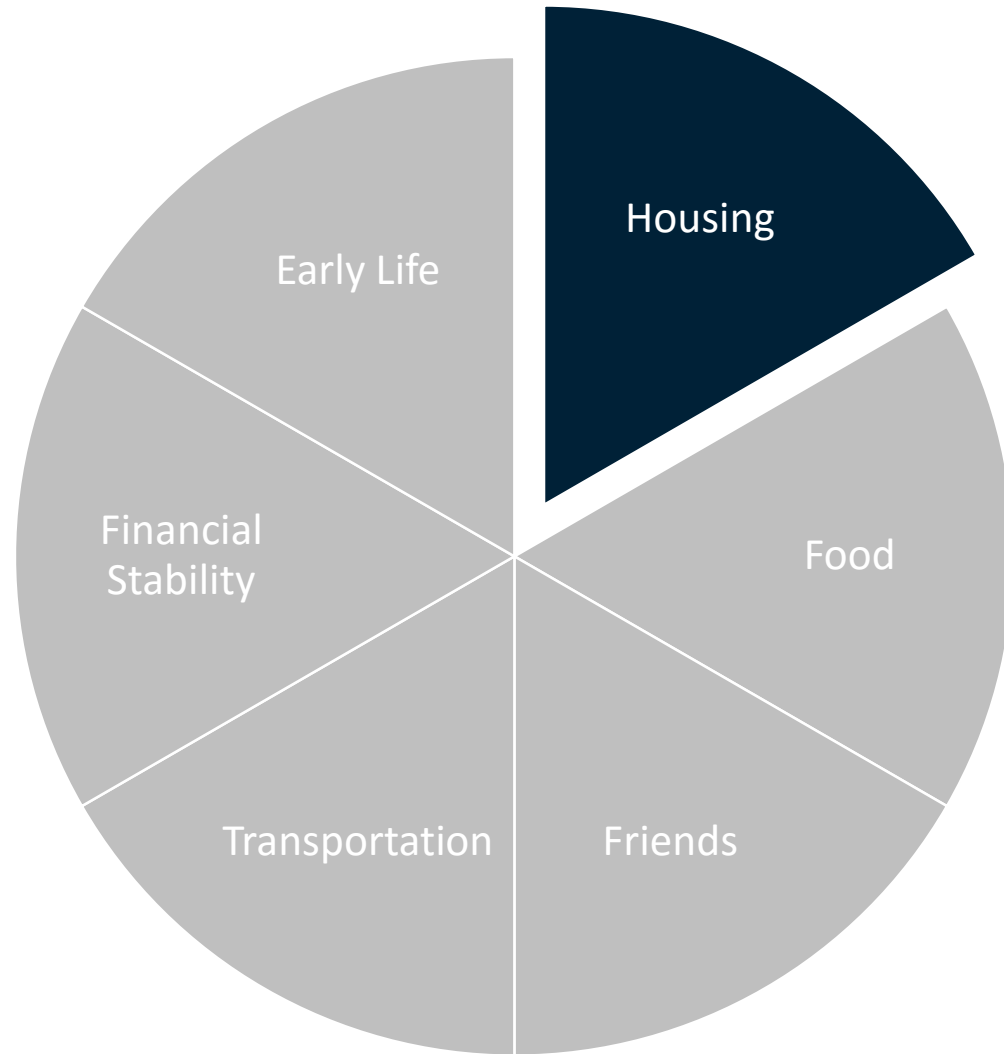


# Lessons learned

1. In healthcare, form follows finance.
2. Success is relative.
3. Partnerships are critical.
4. Start small, but think big.\*
5. This work is intuitive, but very hard.

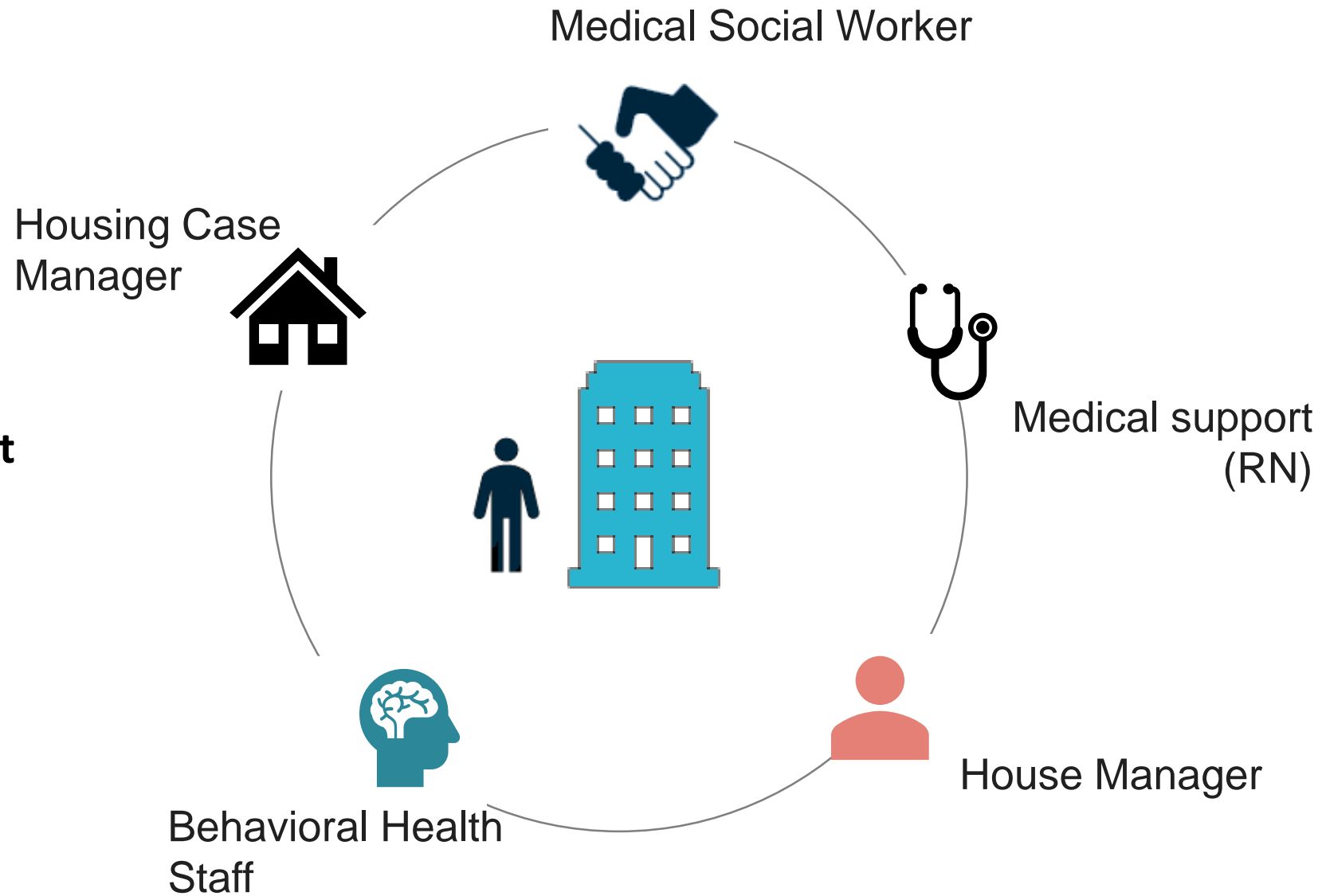
\*And don't give up.

# 2019 POPULATION HEALTH PORTFOLIOS



# Housing

- ❖ Housing units are full.
- ❖ More robust case management process is underway.
- ❖ Continuing to pilot.



# Food

Expand CSA program.

Explore emergency food.

Continue the VegRx program





# Social Isolation

# Up and Coming Portfolios

- Transportation
- Early Life (lasts a lifetime) | The First Thousand Days
- Financial Health
- Civic Engagement





# Participatory Planning and Budgeting

The background features a light beige vertical band on the right side. Overlaid on this and the rest of the slide are several icons: a green circle with a white dollar sign, a light blue circle with a white Twitter bird, a light blue circle with a white envelope, a light red circle with a white laptop, and a light red circle with a white group of three people. At the bottom, there is a dense collection of stylized hands in various shades of blue and orange, reaching upwards.

- Pilot with Chimacum Highschool Students
- Funded by WA DOH Flex Grant
- Soliciting matching funds
- Completion date: 2020

# Other Initiatives

- SDOH Screening and Referral System in Epic
- SANE
- Reproductive Health Work
  - Expansion to Clallam
- Policy and Advocacy
- Health Literacy



## NQF: Health literacy key to rural population health, access

Improving patient health literacy and reducing out-of-pocket health care costs can support improved rural population health, according to [a recent report from the National Quality Forum](#) (NQF). To help overcome these issues, improve rural health outcomes, and ensure representation from rural stakeholders, NQF developed the Measure Applications Partnership Rural Health Workgroup, which recommends potential quality reporting measures to CMS. [The workgroup focused on two primary tasks](#): identifying a core set of the best available rural-relevant measures to address the needs of the rural population, and providing recommendations from a rural perspective regarding measuring and improving access to care. The final report was published last month, and NRHA's Maggie Elehwany was a witness at a hearing by Senate Rural Caucus co-chairs on NQF's release of rural-relevant measures and quality reporting in rural hospitals/clinics.



# Thanks!



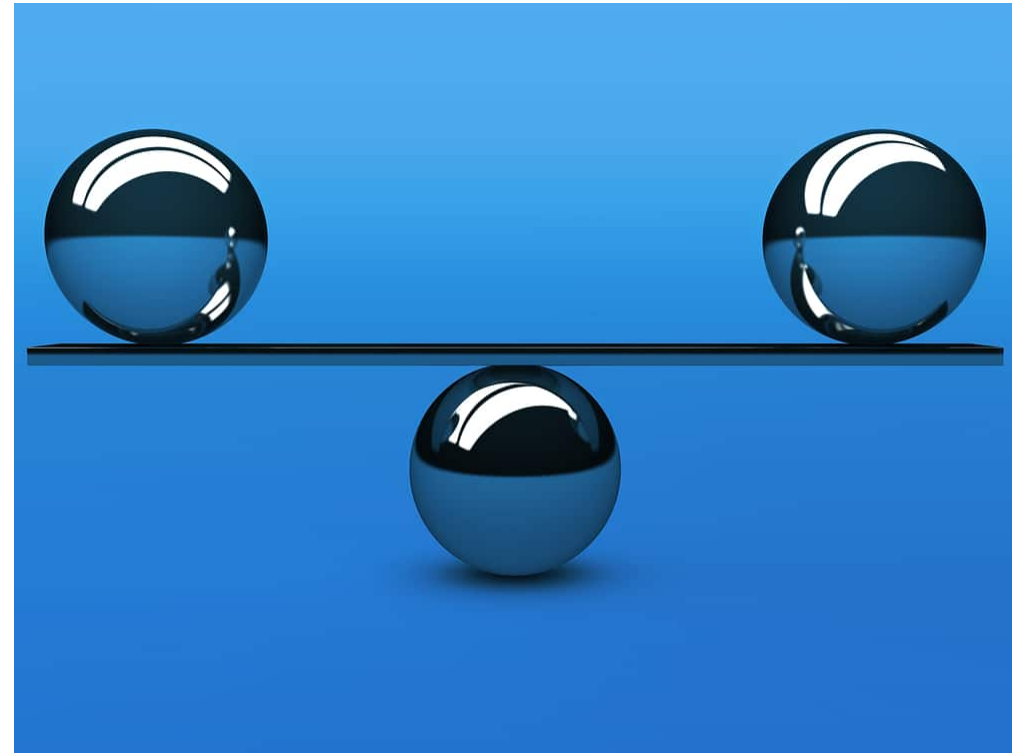


## Board of Commissioners Meeting Report – Service Excellence

March 27th, 2019

# SERVICE EXCELLENCE

- What is service excellence and what does it mean to our patients?
- What is our Strategy?
  - HAPPY PATIENTS
    - Patient Satisfaction
  - HAPPY TEAMS
    - Employee Satisfaction



# HAPPY PATIENTS- PATIENT SATISFACTION

- NURSE LEADER ROUNDING
- PATIENT PERSPECTIVES
- FOCUSING ON KEY STRATEGIES
- RADICAL CONVENIENCE
- IMPROVING COMMUNICATION
- DO AN AWESOME JOB AT SERVICE RECOVERY



# HAPPY TEAMS- EMPLOYEE SATISFACTION

- EMPLOYEE ROUNDING
- WORKFLOW PROCESSES
- SHARED MENTAL MODEL ON STAFFING
- LEADING FROM THE FRONT LINE
- LEVERAGING TECHNOLOGY
- IMPROVING COMMUNICATION
- ENCOURAGING WORK/LIFE BALANCE
- DEVELOPING AND SUPPORTING STRONG LEADERS



# SERVICE EXCELLENCE- CURRENT DATA

## HCAHPS COMPOSITES STOPLIGHT REPORT



### HCAHPS Composites Stoplight Report

[Generate Report](#)
[Export Data](#)

#### Saved Reports Report Configuration

Measure Type: Positive  
 Date Type: Discharge Date  
 Periods: 4  
 Trending Period: Quarterly  
 Stoplight Benchmark: NRC 75th Percentile

|   | Improvement Planning | Benchmarks           | Rolling Averages Up To 2/13/2019 | HCAHPS      |            |            |            |
|---|----------------------|----------------------|----------------------------------|-------------|------------|------------|------------|
| Overall   |                      | NRC 75th Percentile* | 3 Months‡                        | Qtr 1 2019‡ | Qtr 4 2018 | Qtr 3 2018 | Qtr 2 2018 |
| Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? |                      | 78.9%                | 82.4% PR=88                      | 85.7% ▼     | 80.0%      | 78.7%      | 77.9%      |
| Key Drivers <a href="#">more...</a>   |                      | NRC 75th Percentile* | 3 Months‡                        | Qtr 1 2019‡ | Qtr 4 2018 | Qtr 3 2018 | Qtr 2 2018 |
| + Communication with Nurses   |                      | 84.0%                | 90.8% PR=97                      | 90.5% ▼     | 87.6%      | 85.5%      | 87.3%      |
| + Communication about Pain  |                      | 70.8%                | 67.6% PR=58                      | 61.4% ▼     | 72.1%      | 65.0%      | 73.5%      |
| + Care Transitions  |                      | 57.2%                | 83.3% PR=99                      | 86.3% ▼     | 65.6%      | 56.2%      | 58.2%      |
| Highest Scores <a href="#">more...</a>  |                      | NRC 75th Percentile* | 3 Months‡                        | Qtr 1 2019‡ | Qtr 4 2018 | Qtr 3 2018 | Qtr 2 2018 |
| + Discharge Information   |                      | 90.7%                | 97.8% PR=99                      | 98.0% ▼     | 92.0%      | 89.7%      | 96.5%      |
| + Communication with Doctors  |                      | 85.3%                | 94.1% PR=98                      | 97.6% ▼     | 86.9%      | 85.5%      | 90.3%      |
| + Would Recommend Hospital  |                      | 81.0%                | 90.2% PR=95                      | 92.9% ▼     | 82.0%      | 78.9%      | 85.7%      |
| Lowest Scores <a href="#">more...</a>   |                      | NRC 75th Percentile* | 3 Months‡                        | Qtr 1 2019‡ | Qtr 4 2018 | Qtr 3 2018 | Qtr 2 2018 |
| + Communication about Pain  |                      | 70.8%                | 67.6% PR=58                      | 61.4% ▼     | 72.1%      | 65.0%      | 73.5%      |
| + Communication About Meds  |                      | 69.4%                | 68.8% PR=73                      | 73.8% ▼     | 66.7%      | 69.1%      | 75.5%      |
| + Cleanliness / Quietness   |                      | 73.3%                | 71.6% PR=67                      | 76.8% ▼     | 65.7%      | 62.0%      | 67.9%      |

#### Legend

Green - score is equal to or greater than the NRC 75th Percentile

Yellow - score is less than the NRC 75th Percentile, but may not be significantly

Red - score is significantly less than the NRC 75th Percentile



- QUESTIONS?



# Jefferson Healthcare

February 2019 Finance Report

March 27, 2019

Hilary Whittington, CAO/CFO

# Education

How the financial statement audit works

- General timeline
- What the auditors do while they're here
  - Interim fieldwork
  - Fieldwork
- What happens between the fieldwork and May 31

# Service Line Highlight

JEFFERSON HEALTHCARE PORT LUDLOW CLINIC – How are we doing on our 2019 objectives?

**Model: 2 FTE physicians, 1.5 FTE APPs, 3 visiting specialists**

**2018 visits actual: 6,668**

**2019 visits budget: 8,500**

**2019 YTD visits: 108% of budget**

**Our key objectives for next year across Primary Care are:**

- Improve efficiency and reduce waste in our workflows
- Streamline/standardize job duties across all primary care clinics
- Increase patient awareness and services we provide
- Embed quality goals into daily operations

**Our key objectives for next year specific to Port Ludlow clinic are:**

- Continue to market to increase our market share in this zip code and build our specialty presence.

# February 2019

## Operating Statistics

| STATISTIC DESCRIPTION                                | FEBRUARY 2019 |           |            |            |            |            | FEBRUARY 2018 |      |            |      |
|--|---------------|-----------|------------|------------|------------|------------|---------------|------|------------|------|
|  | MO ACTUAL     | MO BUDGET | % VARIANCE | YTD ACTUAL | YTD BUDGET | % VARIANCE | FEB ACTUAL    |      | YTD ACTUAL |      |
| FTEs - TOTAL (AVG)                                   | 565           | 616       | 8%         | 555        | 616        | 10%        | 544           | -4%  | 539        | -3%  |
| 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% |
| PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION | 457           | 401       | 14%        | 864        | 845        | 2%         | 448           | 2%   | 984        | -14% |
| SURGERY CASES (IN OR)                                | 97            | 98        | -1%        | 204        | 207        | -1%        | 82            | 18%  | 190        | 7%   |
| 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%   |
| 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%  |
| RESPIRATORY THERAPY PROCEDURES                       | 3,762         | 3,131     | 20%        | 7,528      | 6,598      | 14%        | 3,128         | 20%  | 7,373      | 2%   |
| 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%  |
| TOTAL RURAL HEALTH CLINIC VISITS                     | 5,095         | 5,539     | -8%        | 11,473     | 11,673     | -2%        | 4,802         | 6%   | 10,366     | 10%  |
| TOTAL SPECIALTY CLINIC VISITS                        | 2,993         | 3,397     | -12%       | 6,525      | 7,163      | -9%        | 2,726         | 10%  | 5,971      | 8%   |
| 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% |

# February 2019

## Income Statement Summary

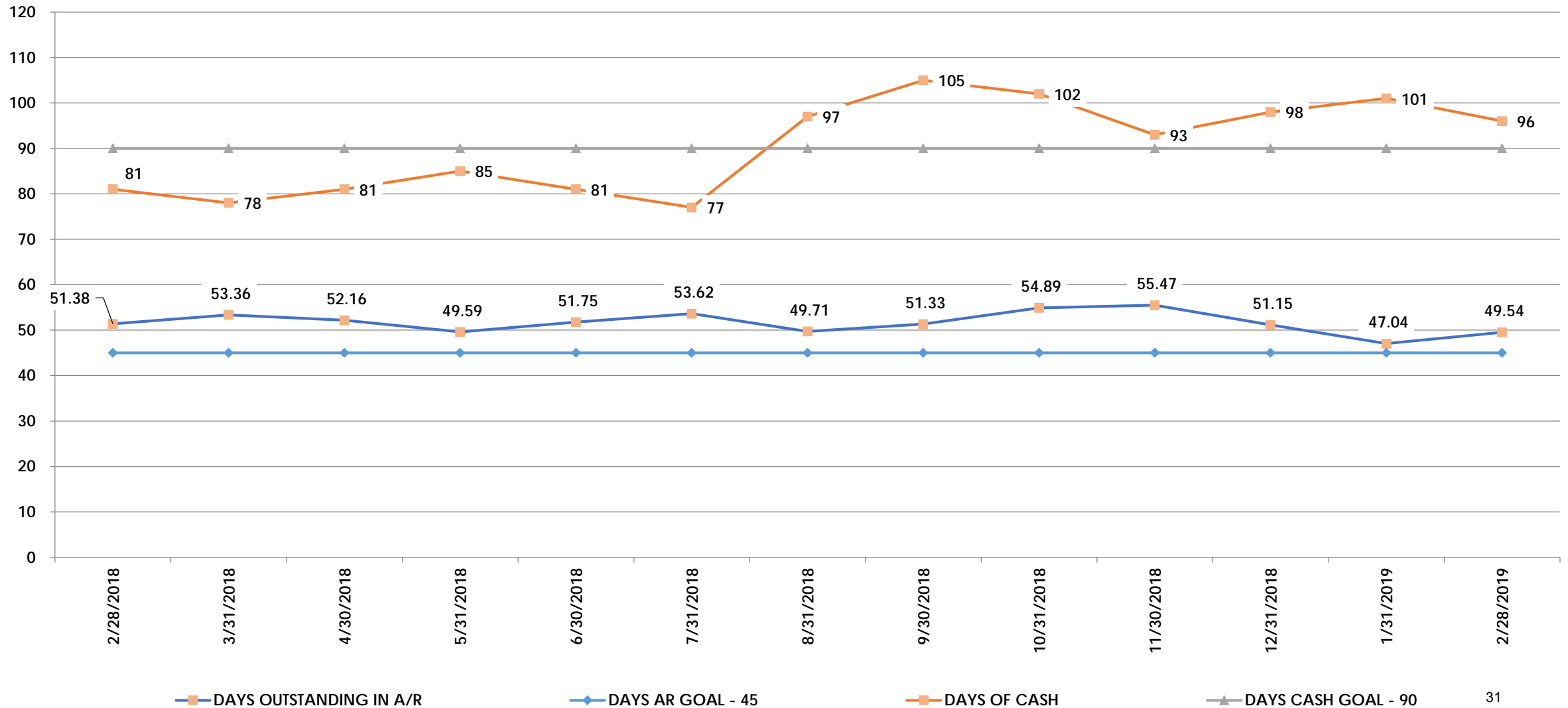


|  | February<br>2019 Actual | February<br>2019 Budget | Variance<br>Favorable/<br>(Unfavorable) | %           | February 2019<br>YTD | February 2019<br>Budget YTD | Variance<br>Favorable/<br>(Unfavorable) | %           | February 2018<br>YTD |
|--|-------------------------|-------------------------|---|-------------|----------------------|-----------------------------|---|-------------|----------------------|
| <b>Operating Revenue</b>                       |                         |                         |   |             |                      |                             |   |             |                      |
| Gross Patient Service Revenue                  | 19,047,911              | 19,118,327              | (70,416)                                | 0%          | 40,622,229           | 40,285,053                  | 337,176                                 | 1%          | 37,561,378           |
| Revenue Adjustments                            | 10,373,930              | 10,151,254              | (222,676)                               | -2%         | 21,839,912           | 21,390,146                  | (449,767)                               | -2%         | 20,050,395           |
| Charity Care Adjustments                       | 134,779                 | 218,665                 | 83,886                                  | 38%         | 297,106              | 460,759                     | 163,653                                 | 36%         | 442,430              |
| 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                                  | 401,588                 | 703,733                 | (302,145)                               | -43%        | 770,847              | 1,482,867                   | (712,020)                               | -48%        | 747,546              |
| <b>Total Operating Revenue</b>                 | <b>8,940,790</b>        | <b>9,452,141</b>        | <b>(511,351)</b>                        | <b>-5%</b>  | <b>19,256,057</b>    | <b>19,917,015</b>           | <b>(660,958)</b>                        | <b>-3%</b>  | <b>17,816,099</b>    |
| <b>Operating Expenses</b>                      |                         |                         |   |             |                      |                             |   |             |                      |
| 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            |
| Other Expenses                                 | 3,388,250               | 3,566,563               | 178,313                                 | 5%          | 6,903,656            | 7,515,260                   | 611,604                                 | 8%          | 6,506,351            |
| <b>Total Operating Expenses</b>                | <b>8,832,125</b>        | <b>9,249,002</b>        | <b>416,877</b>                          | <b>5%</b>   | <b>18,405,134</b>    | <b>19,488,971</b>           | <b>1,083,837</b>                        | <b>6%</b>   | <b>17,535,843</b>    |
| <b>Operating Income (Loss)</b>                 | <b>108,665</b>          | <b>203,140</b>          | <b>(94,474)</b>                         | <b>-47%</b> | <b>850,923</b>       | <b>428,044</b>              | <b>422,879</b>                          | <b>99%</b>  | <b>280,256</b>       |
| <b>Total Non Operating Revenues (Expenses)</b> | <b>(19,547)</b>         | <b>5,770</b>            | <b>(25,317)</b>                         | <b>439%</b> | <b>(7,499)</b>       | <b>12,159</b>               | <b>(19,658)</b>                         | <b>162%</b> | <b>(53,764)</b>      |
| <b>Change in Net Position (Loss)</b>           | <b>89,118</b>           | <b>208,910</b>          | <b>(119,791)</b>                        | <b>-57%</b> | <b>843,424</b>       | <b>440,203</b>              | <b>403,222</b>                          | <b>92%</b>  | <b>226,493</b>       |

# February 2019

## Cash and Accounts Receivable

Days Cash and Accounts Receivable



# February 2019

## Board Financial Report

| Dept# | Department  | Rev/Exp   | Account | Account Description            | February Actual | February Budget | February Variance | 2019 to Date Actual | 2019 to Date Budget | 2019 to Date Variance   |
|-------|-------------|-----------|---------|--------------------------------|-----------------|-----------------|-------------------|---------------------|---------------------|-------------------------|
| 8612  | BOARD       | Exp       | 600010  | MANAGEMENT & SUPERVISION WAGES | 4,919.00        | 4,713.00        | (206.00)          | 9,637.00            | 9,931.00            | 294.00                  |
|       |             |           | 602300  | CONSULT MNGMT FEE              | -               | 1,918.00        | 1,918.00          | -                   | 4,041.00            | 4,041.00                |
|       |             |           | 602500  | AUDIT FEES                     | -               | 3,068.00        | 3,068.00          | -                   | 6,466.00            | 6,466.00                |
|       |             |           | 604200  | CATERING                       | -               | 115.00          | 115.00            | 105.00              | 242.00              | 137.00                  |
|       |             |           | 604500  | OFFICE SUPPLIES                | -               | 23.00           | 23.00             | -                   | 48.00               | 48.00                   |
|       |             |           | 604850  | COMPUTER EQUIPMENT             | -               | 77.00           | 77.00             | -                   | 162.00              | 162.00                  |
|       |             |           | 606500  | OTHER PURCHASED SERVICES       | -               | 767.00          | 767.00            | -                   | 1,616.00            | 1,616.00                |
|       |             |           | 609400  | TRAVEL/MEETINGS/TRAINING       | 1,448.00        | 1,534.00        | 86.00             | 1,448.00            | 3,233.00            | 1,785.00                |
|       |             | Exp Total |         |                                | 6,367.00        | 12,215.00       | 5,848.00          | 11,190.00           | 25,739.00           | 14,549.00               |
|       | BOARD Total |           |         |                                | 6,367.00        | 12,215.00       | 5,848.00          | 11,190.00           | 25,739.00           | <sup>32</sup> 14,549.00 |



# March 2019

Preview — (\*as of 0:00 03/27/19)

- **\$20,443,500 in HB charges**
  - Average: \$659,468/day (HB only)
  - Budget: \$669,505/day
  - 98.5% of Budget
- **\$7,277,022 in HB cash collections**
  - Average: \$234,743/day (HB only)
  - Goal: \$294,582/day
- **51.9 Days in A/R**
- **Questions**

# Patient Safety and Quality Report

Board of Commissioners

March 27, 2019

# Agenda



## Quality Improvement

Performance  
Overview  
ER Throughput  
Overall Patient Care  
Experience



## Patient Experience

Patient Highlights  
Performance



## Upcoming Projects

DNV Follow-up  
Achieving the Triple  
Aim  
Reducing  
Readmissions  
Sepsis Task Force

# Quality Performance

- Quality Highlights
  - Emergency Department Throughput
  - Treatment of Atrial Fibrillation
  - Time to EKG
  - Readmissions
- Keeping an Eye On...
  - Home Health Readmissions
  - Antimicrobial Stewardship:
    - Specimen collection
    - Days of Therapy
    - C.Diff Rates
    - Indications for use in outpatient settings

| Medical Group                                  |       |        |        |        |        |        |        |       |        |        |        |        |       |       |          |           |
|--|-------|--------|--------|--------|--------|--------|--------|-------|--------|--------|--------|--------|-------|-------|----------|-----------|
| Metric   | March | April  | May    | June   | July   | August | Sept   | Oct   | Nov    | Dec    | Jan-19 | Feb-19 | Trend | YTD   | Goal     | Composite |
| Hgb A1C > 9 (lower better)                     | 15.2% | 13.6%  | 11.6%  | 13.9%  | 12.4%  | 14.1%  | 13.1%  | 11.1% | 13.2%  | 12.2%  | 12.2%  | 10.7%  |       | 13.0% | ≤ 17.04% | 100.0%    |
| Family Birth Center                            |       |        |        |        |        |        |        |       |        |        |        |        |       |       |          |           |
| Metric   | March | April  | May    | June   | July   | August | Sept   | Oct   | Nov    | Dec    | Jan-19 | Feb-19 | Trend | YTD   | Goal     |           |
| Early Elective Delivery                        | 0.0%  | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%  | 0.0%   | 0.0%   | 0.0%   | 0.0%   |       | 0.0%  | <0.6%    | 85.7%     |
| Patient Falls with Injury                      | 0     | 0      | 0      | 0      | 0      | 0      | 0      | 0     | 0      | 0      | 0      | 0      |       | 0     | 0        |           |
| C/S Rates: Overall                             | 0.0%  | 41.7%  | 0.0%   | 0.0%   | 7.7%   | 30.0%  | 38.5%  | 40.0% | 0.0%   | 0.0%   | 30.0%  | 0.0%   |       | 16.2% | <23%     |           |
| Induced deliveries ending in c-sections        | 20.0% | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 25.0%  | 50.0% | 0.0%   | 0.0%   | 100.0% | 0.0%   |       | 13.9% | < 19%    |           |
| Unexpected Newborn Complications               | 10.0% | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%  | 0.0%   | 0.0%   | 0.0%   | 0.0%   |       | 1.5%  | <2.6%    |           |
| Post Partum Hemorrhage                         | 0.0%  | 8.3%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%   | 0.0%  | 0.0%   | 0.0%   | 10.0%  | 0.0%   |       | 1.3%  | <1.3%    |           |
| Length of Stay - Vaginal Delivery              | 2.9   | 2.6    | 2.5    | 2.5    | 2.1    | 2.4    | 2.6    | 2.5   | 1.8    | 2.5    | 2.6    | 2.3    |       | 2.4   | 1.9      |           |
| Readmission Rate                               |       |        |        |        |        |        |        |       |        |        |        |        |       |       |          |           |
| Metric   | March | April  | May    | June   | July   | August | Sept   | Oct   | Nov    | Dec    | Jan-19 | Feb-19 | Trend | YTD   | Goal     |           |
| Known Readmissions in 30 days                  | 6.0%  | 6.0%   | 1.0%   | 6.0%   | 3.0%   | 4.0%   | 1.0%   | 1.0%  | 2.0%   | 4.0%   | 1.0%   | ND     |       | 3.2%  | 6.00%    | 100.0%    |
| Claims based Readmissions                      | 10.8% |        | 10.5%  |        |        | 9.8%   |        |       | ND     |        | ND     |        |       | 10.4% | <12%     |           |
| Return to the ER within 72 hours               | 4.23% | 4.65%  | 2.97%  | 3.05%  | 3.26%  | 3.44%  | 2.87%  | 3.49% | 3.20%  | 2.87%  | 2.82%  | 2.89%  |       | 3.11% | <3.6%    |           |
| Home Health Readmissions                       | 11.8% |        | 7.8%   |        |        | 8.8%   |        |       | 7.1%   |        | 10.5%  |        |       | 9.2%  | 11.20%   |           |
| Emergency                                      |       |        |        |        |        |        |        |       |        |        |        |        |       |       |          |           |
| Metric   | March | April  | May    | June   | July   | Aug    | Sept   | Oct   | Nov    | Dec    | Jan-19 | Feb-19 | Trend | 12 mo | Goal     | Composite |
| Stroke Care                                    | 90.5% | 100.0% | 92.0%  | 91.0%  | 92.0%  | 100.0% | 100.0% | 80.0% | 100.0% | 89.7%  | 100.0% | ND     |       | 93.1% | ≥ 90%    | 50.0%     |
| Chest Pain time to EKG                         | 8.0   | 7.0    | 8.0    | 7.5    | 7.0    | 11.0   | 6.0    | 8.5   | 8.5    | 9.0    | 7.5    | 7.0    |       | 8.05  | < 7 min  |           |
| AMA  | 0.27% | 0.30%  | 0.37%  | 0.29%  | 0.79%  | 0.48%  | 1.05%  | 0.30% | 0.43%  | 0.41%  | 0.58%  | 0.21%  |       | 0.43% | ≤ 1%     |           |
| LWBS   | 1.80% | 1.88%  | 1.39%  | 0.76%  | 1.32%  | 2.29%  | 1.43%  | 2.39% | 2.24%  | 2.67%  | 1.17%  | 0.96%  |       | 1.9%  | < 1%     |           |
| Inpatient (ACU/ICU)                            |       |        |        |        |        |        |        |       |        |        |        |        |       |       |          |           |
| Metric   | March | April  | May    | June   | July   | August | Sept   | Oct   | Nov    | Dec    | Jan-19 | Feb-19 | Trend | YTD   | Goal     | Composite |
| Stroke Care                                    | 90.5% | 100.0% | 92.0%  | 91.0%  | 92.0%  | 100.0% | 100.0% | 80.0% | 100.0% | 89.7%  | 100.0% | ND     |       | 93.1% | ≥ 90%    | 75.0%     |
| Atrial Fibrillation                            | 75.0% | 83.3%  | 100.0% | 85.7%  | 71.4%  | 50.0%  | 50.0%  | 66.7% | 92.9%  | 100.0% | 100.0% | ND     |       | 79.5% | ≥ 90%    |           |
| Hospital Acquired Infections                   | 0     | 1      | 0      | 0      |        | 0      | 0      | 0     | 0      | 0      | 0      | ND     |       | 0.09  | ≤ 1      |           |
| Adverse Drug Events                            | 0.8%  | 0.0%   | 0.0%   | 0.8%   | 0.0%   | 0.0%   | 0.01%  | 0.9%  | 0.0%   | 0.0%   | 0.0%   | 0.0%   |       | 0.4%  | < 1.0%   |           |
| Antimicrobial Stewardship                      |       |        |        |        |        |        |        |       |        |        |        |        |       |       |          |           |
| Metric   | March | April  | May    | June   | July   | August | Sept   | Oct   | Nov    | Dec    | Jan-19 | Feb-19 | Trend | YTD   | Goal     | Composite |
| Primary Care: Avoidance of antibiotics for URI | 90.0% | 93.0%  | 93.0%  | 100.0% | 100.0% | 88.0%  | 100.0% | 94.0% | 100.0% | 100.0% | 95.0%  | ND     |       | 96%   | 90%      | 50.0%     |
| IP: Days of Therapy                            | 542.9 | 451.9  | 405.8  | 633.4  | 550.3  | 641.1  | 401.7  | 467.8 | 514.4  | 455.1  | 449.6  | 411.5  |       | 477.8 | 272      |           |
| Surgery  |       |        |        |        |        |        |        |       |        |        |        |        |       |       |          |           |
| Metric   | March | April  | May    | June   | July   | August | Sept   | Oct   | Nov    | Dec    | Jan-19 | Feb-19 | Trend | YTD   | Goal     | Composite |
| Post Operative Infections                      | 0     | 0      | 0      | 0      | 1      | 0      | 0      | 0     | 0      | 0      | 0      | ND     |       | 0.1   | ≤1       | 100.0%    |
| IntraOperative Blood Utilization               | 0     | 2      | 0      | 1      | 1      | 1      | 0      | 0     | 0      | 0      | 0      | 0      |       | 0.4   | ≤1       |           |
| Unanticipated Return to the OR                 | 0.68% | 0.00%  | 0.33%  | 0.00%  | 0.40%  | 0.38%  | 0.47%  | 0.00% | 0.00%  | 0.00%  | 0.00%  | 0.00%  |       | 0.2%  | <1%      |           |
| Outpatient (Ancillary, Home Health, Hospice)   |       |        |        |        |        |        |        |       |        |        |        |        |       |       |          |           |
| Metric   | March | April  | May    | June   | July   | August | Sept   | Oct   | Nov    | Dec    | Jan-19 | Feb-19 | Trend | YTD   | Goal     | Composite |
| Hospice LOS (Median)                           | 62    | 10     | 61     | 19     | 43     | 28     | 18     | 12    | 33     | 21     | 16     | ND     |       | 33.00 | 45       | 50.0%     |
| Hospice: LOS (Mean)                            | 119.7 | 70.0   | 109.3  | 58.5   | 117.9  | 65.5   | 65.6   | 19.2  | 69.3   | 37.5   | 55.8   | ND     |       | 72.89 | 90       |           |
| DI: Safe Imaging Pediatrics                    | 525.6 | 769.7  | NA     | 378.2  | 367.6  | 459.4  | 479.1  | 432.4 | 487.9  | 658.7  | 439.5  | NA     |       | 503.7 | 553.3    |           |

# Quality Improvement Highlight:

## Emergency Department: Improving Patient Throughput

- Opportunity to improve patient throughput times
- Strategy: Look at best practice and current performance, ask the staff what could be different, communicate
- Engagement of staff and Providers
- Measurement and Feedback:
  - Continuous feedback by staff, providers, and patients
  - Throughput times
- Lessons Learned...so far





## Five Star Experience: Clinical Outcomes, Compliance with Best Practice, and Patient Experience

| Jefferson Healthcare | Olympic Medical Center | Harrison Medical Center | Providence Everett |
|----------------------|------------------------|-------------------------|--------------------|
| ★★★★★                | ★★★                    | ★★★                     | ★★                 |

| Hospital Information  | Overall rating | Distance      | Emergency Services | Hospital Type                 |
|---|----------------|---------------|--------------------|-------------------------------|
| <br><b>JEFFERSON HEALTHCARE</b><br>834 SHERIDAN STREET<br>PORT TOWNSEND, WA 98368<br>(360) 385-2200 | <br>★★★★★      | <br>3.7 Miles | <br>Yes            | <br>Critical Access Hospitals |







## Patient Experience Highlights: By our Patients

- Clinics:
  - "I actually look forward to my visits!"
  - "Dr. Mattern is a great doctor. Very competent and trustworthy."
  - "Dr. Tinker is my heart doctor and he does not mess around."
  - "Dr. Jay – best of best, Lawrence"
- Emergency:
  - "First rate all around – particularly considering the agony I was in!"
  - "Long periods of waiting in the room. Almost everyone asked me what was wrong..."
- Inpatient:
  - "Terrific experience – great food! Thanks for the wonderful care."
  - "I was positively impressed with the care I received. The positive attitude of the staff was wonderful...This hospital gets an A+ in all areas."
- Rehab Therapy:
  - "I was elated with my therapist. The delay of getting an appt was a disappointment."
  - "I have been to other PT Offices around four. This one is by far the best. I am pain free now. This time was also the best therapists ever."
- Outpatient Testing:
  - "I love Jefferson Healthcare. Never had a bad experience."
  - "Excellent Staff"
  - "This survey is too long."

# Patient Experience

| Emergency                                    |       |       |       |       |       |        |       |       |       |       |        |        |       |       |             |              |
|--|-------|-------|-------|-------|-------|--------|-------|-------|-------|-------|--------|--------|-------|-------|-------------|--------------|
| Metric                                       | March | April | May   | June  | July  | Aug    | Sept  | Oct   | Nov   | Dec   | Jan-19 | Feb-19 | Trend | 12 mo | NRC Average | Top Quartile |
| Median Length of Stay (discharged)           | 132   | 137   | 132   | 118   | 122   | 128    | 119   | 136   | 142   | 131   | 136    | 134    |       | 130.9 | < 104 min   |              |
| Median Length of Stay (admitted)             | 243   | 233   | 249   | 248   | 211   | 250    | 217   | 237   | 267   | 240   | 234    | 251    |       | 241.6 | < 199 min   |              |
| Overall                                      | 69.6% | 80.5% | 80.0% | 60.9% | 67.6% | 74.2%  | 70.0% | 73.1% | 72.0% | 78.1% | 66.7%  | 45.5%  |       | 70.8% | 66.3%       | 80.1%        |
| Confidence in Provider                       | 76.2% | 81.6% | 83.9% | 65.0% | 73.7% | 78.6%  | 79.3% | 69.6% | 64.0% | 80.6% | 69.2%  | 45.5%  |       | 72.3% | 70.4%       | 81.1%        |
| Likely to Recommend                          | 65.2% | 80.5% | 80.0% | 72.7% | 73.7% | 75.8%  | 77.4% | 76.9% | 84.0% | 78.1% | 70.4%  | 63.6%  |       | 76.4% | 68.9%       | 82.4%        |
| Communication (MD/RN)                        | 77.8% | 73.0% | 75.0% | 69.6% | 61.1% | 92.9%  | 75.9% | 76.0% | 56.0% | 74.2% | 70.8%  | 45.5%  |       | 74.1% | 66.5%       | 79.2%        |
| Inpatient (ACU/ICU/FBC)                      |       |       |       |       |       |        |       |       |       |       |        |        |       |       |             |              |
| Metric                                       | March | April | May   | June  | July  | August | Sept  | Oct   | Nov   | Dec   | Jan-19 | Feb-19 | Trend | 12 mo | NRC Average | Top Quartile |
| Overall                                      | 87.5% | 75.9% | 80.0% | 69.2% | 78.6% | 72.0%  | 86.4% | 75.0% | 87.5% | 81.3% | 83.3%  | 100.0% |       | 81.1% | 73.5%       | 84.1%        |
| Likely to Recommend                          | 87.5% | 79.3% | 92.0% | 80.8% | 82.8% | 68.0%  | 86.4% | 76.2% | 80.0% | 93.8% | 91.7%  | 100.0% |       | 84.5% | 75.5%       | 86.4%        |
| Quiet at Night                               | 52.2% | 69.0% | 50.0% | 34.6% | 46.4% | 34.6%  | 52.4% | 38.1% | 73.3% | 40.0% | 62.5%  | 83.3%  |       | 51.8% | 58.7%       | 76.3%        |
| Confidence in Nurse                          | 91.7% | 69.0% | 87.5% | 80.8% | 78.6% | 80.8%  | 82.6% | 80.0% | 94.1% | 81.3% | 87.5%  | 100.0% |       | 85.5% | 74.6%       | 84.3%        |
| Confidence in Provider                       | 84.0% | 82.1% | 87.5% | 76.9% | 82.1% | 72.0%  | 91.3% | 80.0% | 76.5% | 93.8% | 87.5%  | 100.0% |       | 84.4% | 78.4%       | 88.8%        |
| Communication (MD/RN)                        | 79.2% | 64.3% | 79.2% | 73.1% | 55.6% | 69.6%  | 78.9% | 63.2% | 85.7% | 86.7% | 78.3%  | 100.0% |       | 76.0% | 61.4%       | 74.0%        |
| Clinics (Primary Care and Specialty Clinics) |       |       |       |       |       |        |       |       |       |       |        |        |       |       |             |              |
| Metric                                       | March | April | May   | June  | July  | August | Sept  | Oct   | Nov   | Dec   | Jan-19 | Feb-19 | Trend | 12 mo | NRC Average | Top Quartile |
| Rate Provider                                | 87.3% | 80.4% | 88.0% | 84.4% | 81.7% | 80.3%  | 80.0% | 78.4% | 79.8% | 83.6% | 85.1%  | 94.0%  |       | 83.9% | 83.1%       | 93.8%        |
| Likely to Recommend                          | 94.0% | 93.2% | 91.3% | 91.9% | 88.3% | 89.8%  | 87.0% | 90.4% | 90.7% | 87.9% | 91.7%  | 94.1%  |       | 91.5% | 89.3%       | 97.5%        |
| Confidence in Provider                       | 94.1% | 93.3% | 91.3% | 91.1% | 90.2% | 90.8%  | 89.7% | 93.2% | 92.5% | 93.7% | 92.6%  | 96.1%  |       | 91.9% | 90.0%       | 97.5%        |
| Access to Care Dimension                     | 66.4% | 71.3% | 56.4% | 70.9% | 67.8% | 65.3%  | 66.5% | 65.5% | 64.2% | 67.5% | 63.1%  | 71.6%  |       | 65.9% | 64.3%       | 79.5%        |
| Established Patient Visit                    | 12.1  | 11.6  | 9.7   | 11.7  | 16.3  | 14.1   | 12.6  | 12.0  | 14.5  | 14.3  | 10.3   | 10.0   |       | 12.2  | < 10 days   |              |
| New patient visit                            | 70.8  | 63.5  | 56.6  | 54    | 46.9  | 52.7   | 60.2  | 47.5  | 45.9  | 62.9  | 46.6   | 46.8   |       | 57.4  | 30          |              |



# Upcoming Projects



## DNV Follow up

Report due  
Identify Stakeholders  
Corrective Actions



## Achieving the Triple Aim

Collaboration: Quality  
, Clinical Informatics  
and Analytics,  
Population Health  
Health Equity  
Value Based Care



## Reducing Readmissions

Enhancing Transitions  
of Care  
Patient Interviews

# Jefferson Healthcare

## Administrative Report

March 27, 2019

Mike Glenn, CEO

# DNV Accreditation and Survey, March 12,13

- Summary of Survey

1 CL NC -1 Citation      Governing body oversight of patient safety and compliance  
Care of suicidal patient/ staff education

1 NC-1 Citation              Nursing Services Assessment of Care  
Assessment of Obstetrical Patients

3 NC-2 Citations            Patient Rights  
Physical Environment- Life Safety  
Physical Environment- Utility Management

## Next Steps:

- Address, complete and resolve all citations
- Prepare for return visit no later than May 12

# Northwest Rural Health Conference

## Jefferson Healthcare Participants

### Topic:

- Designing innovative program to address community needs within a CAH and PHD
- How a CAH incorporates mindfulness meditation program for patients, staff and leaders
- Put the mouth back into the body; integrating dental service lines into RHC's
- Reproductive Services in a rural community

### Speakers:

Dunia, Mike, Hilary

Jackie Levin

Jake Davidson

Dr. Molly Parker

# Welcome New Jefferson Healthcare Leaders

Bill Sjolín

Director, Surgical Services

Tammy Tarsa

Executive Director, Home Health and Hospice

# Updating Jefferson Healthcare's Mission Statement

**Process:** Establish a task force of Jefferson Healthcare leaders, providers, beside caregivers and community members to review the existing mission statement and recommend potential changes.

**Participants:** Randy Holeman, Kris Becker, Dr. Forbes, Jeinell Harper, Amy Yaley, Allison Crispen, Jackie Levin, Dr. Butterfield, Dr. Harris, Dr. Parker, Mike Glenn, Linda Dacon, Sally Robbins, Mitzi Hazard, Jillian Crabtree, Aaron Vallat, Michelle Turner, Matthew Ready, Jill Buhler Rienstra.

# Recommendation:

## **Revise Mission Statement From:**

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

## **To:**

To hold the trust and improve the health of our community through compassionate care, innovation and medical excellence.



# **Home Health and Hospice Annual Report 2018**

- **Joyce Cardinal, Interim Executive Director of Home Health and Hospice**





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# Home Health and Hospice

## Annual Report 2018

**Jefferson Healthcare**

**Port Townsend, Washington**



## Conditions of Participation: Role of the Governing Body

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Assumes responsibility for assuring that the management and operation of HH is effective and within legal bounds

Appoints/Approves an administrator who is responsible for the overall operations of the agency

Addresses priorities for improved quality of care and patient safety

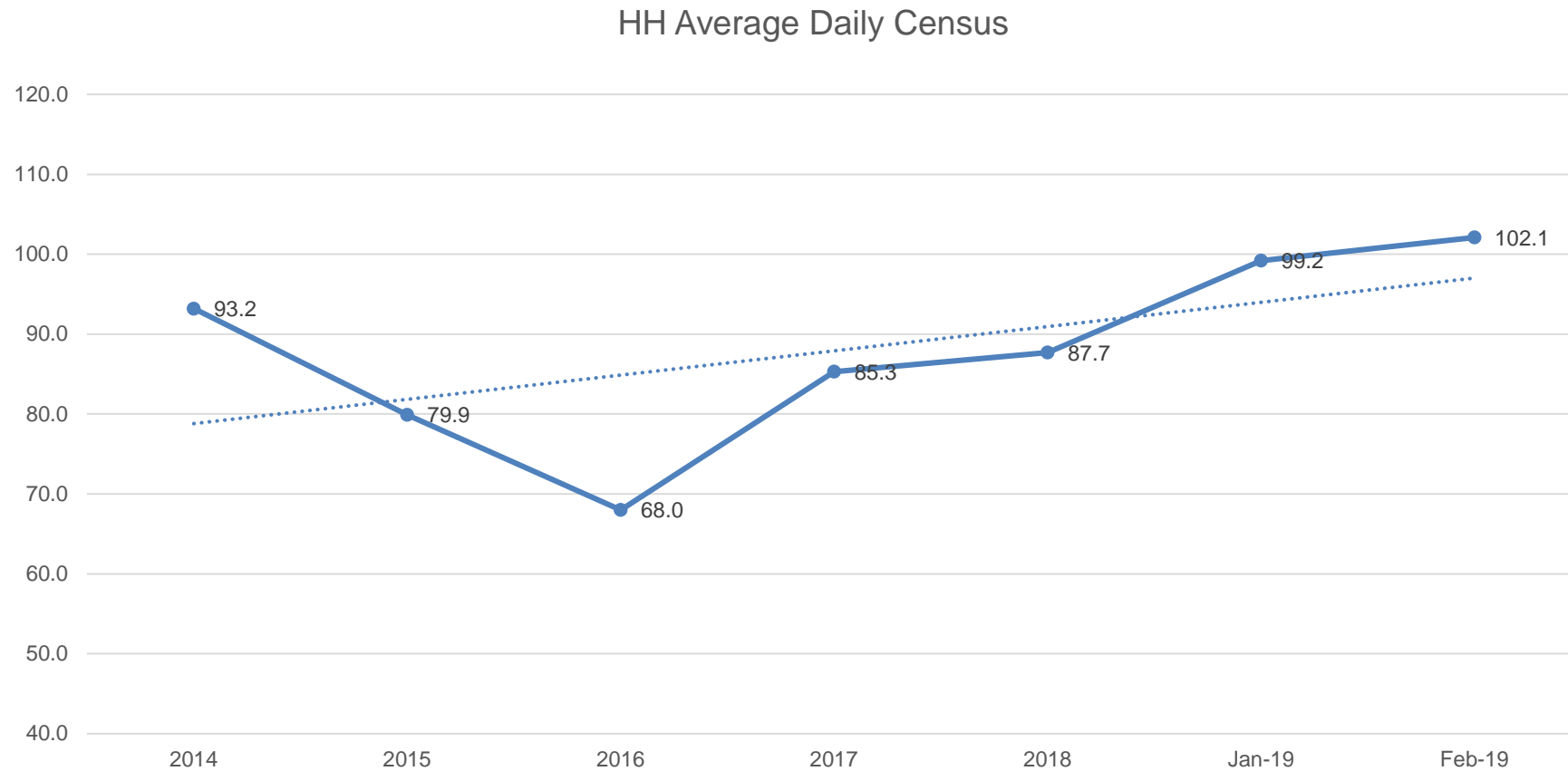


# Home Health Program

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- Skilled intermittent care for patients that find it difficult to access outpatient services
- Paid by the 60 day episode of care
- Services:
  - Skilled Nursing and Certified Nurse Assistants
  - Medical Social Workers
  - Physical Therapy and Occupational Therapy
  - Speech and Language Pathologist
  - Dietary consultation
  - Pharmacy consultation
  - Palliative Care

# Home Health 2019: Average Census



# HH Quality Measures

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- Divided into 3 categories
  - OASIS Based Measures
    - Many measures based on documentation
  - Claims Based Measures
    - Negative events such as hospitalizations and trip to the ED without admit
    - Rate of utilization specified services
  - HHCAPS Measures

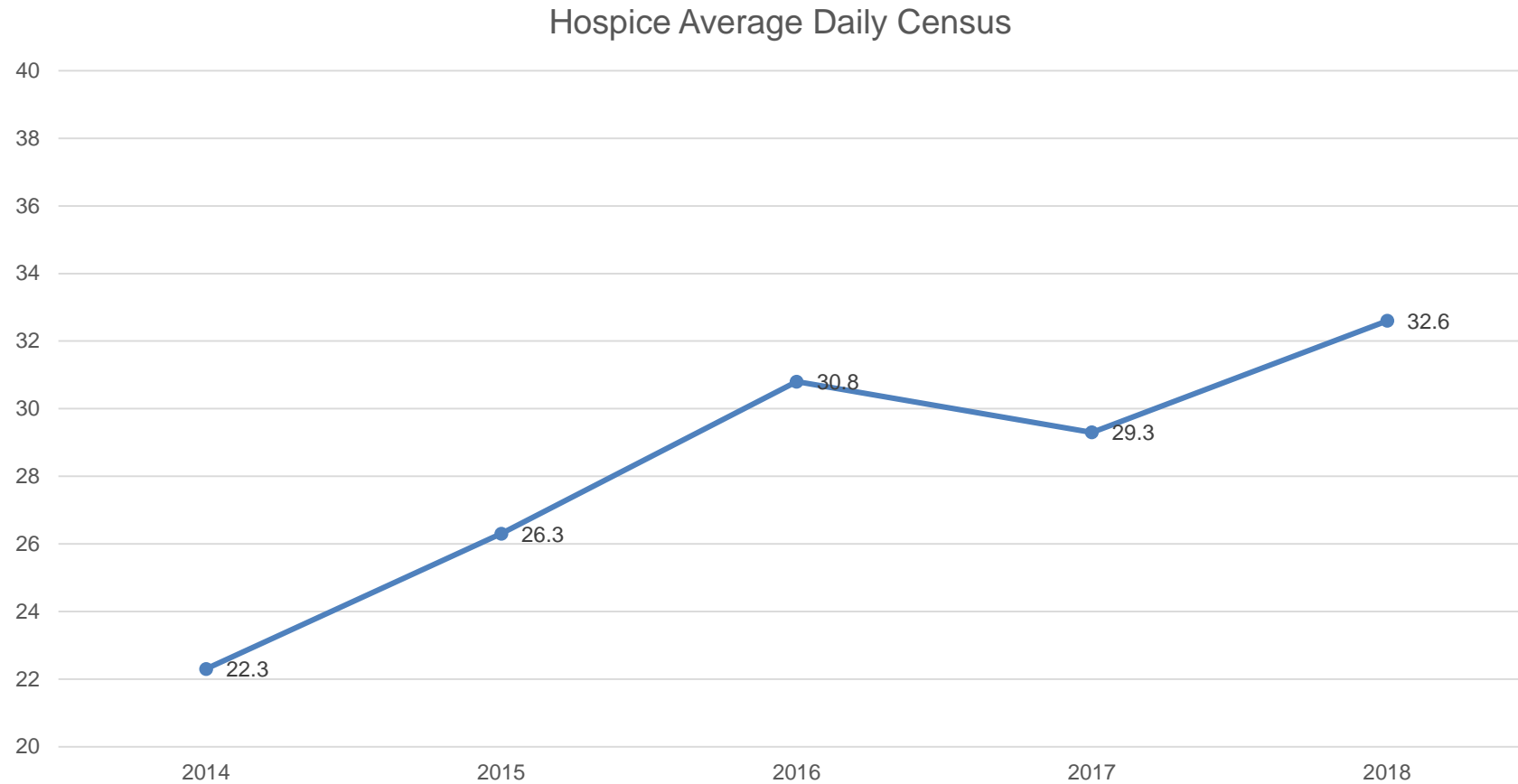


# Hospice Program

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- Medical care and support services to provide comfort for people with a terminal illness
- Paid daily rate by level of care
- Services:
  - Skilled Nursing and Certified Nurse Assistants
  - Medical Social Workers
  - Physical Therapy and Occupational Therapy
  - Speech and Language Pathologist
  - Dietary consultation
  - Pharmacy consultation
  - Spiritual Care and Bereavement support
  - Comfort Therapies
  - Hospice Volunteers

# Hospice Average Daily Census



# Hospice Foundation Supports Hospice

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- ❑ Established in 2009
- ❑ Total Assets \$465,172 (Jan 31, 2019)
- ❑ Annual support enables hospice to provide services not reimbursed by Medicare



# Hospice Volunteers 2018

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- Part Time Volunteer coordinator funded for 2018 by the Foundation
- 33 Volunteers
- Patients Served: 201
- Volunteer Hours: 2095
  - Direct patient care hours: 1389
- Value of Volunteer hours\*: \$51,726
- Medicare Requires Volunteers provide 5% of direct patient care staff hours
  - JH Hospice Volunteers provided 15%

\* independentsector.org values at \$24.69/hour

# 2018 HHH Challenges

## 2019 Opportunities

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### ■ 2018 Challenge: Limited Staffing

- Leadership Restructure
- Interim Executive Director
- RN Manager
- Hiring additional RNs
- New Quality Assessment Performance Improvement and Office Specialist positions added



# Home Health PI 2019

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- Improve Care Management
  - Decrease ED visits
  - Decrease readmissions
  - Improve Patient satisfaction
- Home Health Oasis Accuracy
  - Improve Quality Scores
  - Eliminate value based reimbursement penalty



# Hospice PI 2019

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- Care Management
  - HIS Accuracy– Pain
  - Visits at End of Life
  - Coordination of Care with Jefferson Healthcare, Skilled Nursing Facilities – Life Care Center, Adult Family Home and Assisted Living Facilities
- Continuous Care
- Decrease days in AR

