
Regular Session Agenda
Wednesday, April 24, 2019

<u>Call to Order:</u>	2:30
<u>Education Topic:</u>	2:31
<ul style="list-style-type: none">Jefferson Healthcare Medical Group:<ul style="list-style-type: none">Jenn Wharton, Chief Ambulatory and Medical Group OfficerDr. Steve Butterfield, Chief Medical Officer, Medical Group	
<u>Break:</u>	3:15
<u>Approve Agenda:</u>	3:30
<u>Patient Story:</u> Tina Toner CNO	3:31
<u>Minutes:</u> Action Requested	3:41
<ul style="list-style-type: none">March 19 Special Session (pg. 2-3)March 27 Regular Session (pg. 4-6)	
<u>Required Approvals:</u> Action Requested	3:43
<ul style="list-style-type: none">March Warrants and Adjustment (pg. 7-12)Resolution 2019-06 Cancel Warrants (pg. 13)Medical Staff Credentials/ Appointments/ Reappointments (pg. 14-16)Medical Staff Policy (pg. 17-23)	
<u>Report on Exercise for Health:</u>	3:45
<u>Report on Washington State Collection Practices:</u>	3:55
<u>Public Comment:</u>	4:05
<i>(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.</i>	
<u>Patient Advocate Report:</u> Jackie Levin, Patient Advocate	4:15
<u>Financial Report:</u> Hilary Whittington, CAO/CFO	4:25
<u>Quality Report:</u> Brandie Manuel, Chief Pt Safety and Quality Officer	4:35
<ul style="list-style-type: none">Critical Access Hospital Report	
<u>Administrative Report:</u> Mike Glenn, CEO	4:45
<u>Chief Medical Officer Report:</u> Dr. Joseph Mattern, MD, CMO	4:55
<u>Board Business:</u>	5:05
<u>Meeting Evaluation:</u>	5:15
<u>Conclude:</u>	5:20

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, March 19, 2019
Legislative Building, Olympia, WA 98504

Call to Order:

The meeting was called to order at 10:02am by Board Chair Buhler Rienstra. Present were Commissioners Dressler, Kolff, Ready and CEO, Mike Glenn. Commissioner McComas was excused.

Purpose:

To meet with Representative Tharinger, Senator Van De Wege and Representative Chapman regarding relevant legislative issues.

Representative Tharinger:

- 314 John L. O'Brien Building, 504 15th Ave SW, Olympia, WA

Representative Tharinger joined the group at 10:07am. Mike Glenn, CEO, thanked Representative Tharinger for his support for the Jefferson Healthcare Dental Clinic and for the funding assistance for the proposed Behavioral Health services in Sequim, which will also benefit Jefferson County residents. Other issues discussed were Cascadia Care health insurance proposal., Nurse meal and rest breaks and scheduled 'on-call' staffing.

The meeting adjourned at 10:17am, relocated to the office of Senator Kevin Van De Wege in 212 John A Cherberg Building, then recommenced at 10:30am.

Senator Van De Wege:

- 212 John A. Cherberg Building, 304 15th Ave SW, Olympia, WA

Present were Senator Kevin Van de Wege, Board Chair Buhler Rienstra, Commissioners Dressler, Kolff, Ready, and CEO Mike Glenn. The issues which were discussed with Representative Tharinger were then discussed with the Senator Van De Wege. Mike Glenn also thanked Senator Van De Wege for his support of Jefferson Healthcare and Rural Healthcare. This meeting recessed at 10:51am.

Representative Chapman:

- 132B Legislative Building, 416 Sid Snyder Ave SE Olympia, WA

At 1:00pm, the aforementioned Commissioners and CEO Mike Glenn reconvened in the office of Representative Mike Chapman. Mike Glenn thanked Representative Chapman for his ongoing support for Jefferson Healthcare and efforts on behalf of our community. The issues discussed earlier in the day with Representative Tharinger and Senator Van

De Wege were discussed once again, emphasizing the importance of them to our community. This meeting concluded at 1:27pm.

Meeting concluded at 1:27pm.

Approved by the Commission:

Chair of Commission: Jill Rienstra _____

Secretary of Commission: Marie Dressler _____

DRAFT

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

Action: Motion passed unanimously.

Meeting concluded at 5:44pm.

Approved by the Commission:

Chair of Commission: Jill Rienstra _____

Secretary of Commission: Marie Dressler _____

Gross Revenue

Inpatient Revenue
Outpatient Revenue

Total Gross Revenue

Revenue Adjustments

Cost Adjustment Medicaid
Cost Adjustment Medicare
Charity Care
Contractual Allowances Other
Administrative Adjustments
Allowance for Uncollectible Accounts

Total Revenue Adjustments

Net Patient Service Revenue

Other Revenue

340B Revenue
Other Operating Revenue

Total Operating Revenues

Operating Expenses

Salaries And Wages
Employee Benefits
Professional Fees
Purchased Services
Supplies
Insurance
Leases And Rentals
Depreciation And Amortization
Repairs And Maintenance
Utilities
Licenses And Taxes
Other

Total Operating Expenses
Operating Income (Loss)

Non Operating Revenues (Expenses)

Taxation For Maint Operations
Taxation For Debt Service
Investment Income
Interest Expense
Bond Issuance Costs
Gain or (Loss) on Disposed Asset
Contributions

Total Non Operating Revenues (Expenses)

Change in Net Position (Loss)

	March 2019 Actual	March 2019 Budget	Variance Favorable/ (Unfavorable)	%	March 2019 YTD	March 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	March 2018 YTD
Gross Revenue									
Inpatient Revenue	3,770,658	4,174,885	(404,227)	-10%	12,284,510	12,120,634	163,876	1%	12,513,975
Outpatient Revenue	17,339,495	16,991,840	347,654	2%	49,447,872	49,331,145	116,727	0%	45,128,296
Total Gross Revenue	21,110,153	21,166,726	(56,573)	0%	61,732,382	61,451,779	280,603	0%	57,642,271
Revenue Adjustments									
Cost Adjustment Medicaid	1,839,485	2,050,705	211,221	10%	5,653,411	5,953,661	300,249	5%	6,086,828
Cost Adjustment Medicare	7,144,744	7,241,073	96,329	1%	21,169,796	21,022,468	(147,328)	-1%	19,905,781
Charity Care	210,786	242,094	31,307	13%	507,893	702,853	194,960	28%	672,566
Contractual Allowances Other	1,798,115	1,577,989	(220,126)	-14%	4,645,842	4,581,257	(64,585)	-1%	4,380,546
Administrative Adjustments	93,681	94,156	475	1%	269,869	273,357	3,488	1%	210,519
Allowance for Uncollectible Accounts	357,229	274,968	(82,261)	-30%	1,334,248	798,295	(535,953)	-67%	763,029
Total Revenue Adjustments	11,444,041	11,480,985	36,945	0%	33,581,060	33,331,890	(249,170)	-1%	32,019,269
Net Patient Service Revenue	9,666,112	9,685,740	(19,628)	0%	28,151,322	28,119,889	31,434	0%	25,623,002
Other Revenue									
340B Revenue	286,105	325,967	(39,862)	-12%	884,856	946,356	(61,500)	-6%	752,004
Other Operating Revenue	353,706	453,167	(99,460)	-22%	525,803	1,315,645	(789,842)	-60%	418,897
Total Operating Revenues	10,305,924	10,464,874	(158,950)	-2%	29,561,981	30,381,889	(819,909)	-3%	26,793,903
Operating Expenses									
Salaries And Wages	5,021,961	5,032,320	10,359	0%	14,225,353	14,609,961	384,608	3%	13,530,376
Employee Benefits	1,317,994	1,258,953	(59,042)	-5%	3,616,081	3,655,023	38,942	1%	3,262,834
Professional Fees	454,558	353,256	(101,302)	-29%	1,328,272	1,025,581	(302,691)	-30%	1,298,394
Purchased Services	530,413	680,889	150,476	22%	1,438,823	1,976,775	537,953	27%	1,543,044
Supplies	1,872,120	1,815,992	(56,128)	-3%	5,112,136	5,272,233	160,098	3%	4,595,826
Insurance	51,196	54,427	3,231	6%	167,333	158,013	(9,321)	-6%	189,179
Leases And Rentals	154,000	159,048	5,048	3%	450,948	461,753	10,805	2%	372,588
Depreciation And Amortization	387,140	417,794	30,654	7%	1,160,287	1,212,951	52,664	4%	1,192,670
Repairs And Maintenance	73,768	97,708	23,939	25%	169,324	283,668	114,344	40%	159,690
Utilities	118,297	107,104	(11,193)	-10%	297,066	310,946	13,880	4%	293,353
Licenses And Taxes	46,060	55,617	9,557	17%	159,018	161,470	2,451	2%	149,045
Other	180,400	206,862	26,462	13%	488,401	600,568	112,166	19%	451,618
Total Operating Expenses	10,207,908	10,239,970	32,061	0%	28,613,042	29,728,941	1,115,899	4%	27,038,617
Operating Income (Loss)	98,015	224,904	(126,889)	-56%	948,939	652,948	295,990	45%	(244,714)
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	15,826	21,530	(5,704)	-26%	38,669	62,507	(23,837)	-38%	63,354
Taxation For Debt Service	15,246	19,373	(4,127)	-21%	36,956	56,244	(19,288)	-34%	44,328
Investment Income	49,803	28,180	21,623	77%	150,892	81,814	69,078	84%	73,578
Interest Expense	(82,941)	(84,692)	1,751	2%	(249,918)	(245,880)	(4,038)	-2%	(262,664)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	0
Contributions	7,554	21,997	(14,444)	-66%	21,390	63,863	(42,473)	-67%	30,069
Total Non Operating Revenues (Expenses)	5,488	6,388	(901)	14%	(2,011)	18,547	(20,559)	111%	(51,336)
Change in Net Position (Loss)	103,503	231,293	(127,790)	-55%	946,927	671,496	275,432	41%	(296,050)

STATISTIC DESCRIPTION

STATISTIC DESCRIPTION	MARCH 2019						MARCH 2018			
	MO	MO	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	574.21	615.68	7%	562.36	615.68	9%	552.56	-4%	544.79	-3%
FTEs - PRODUCTIVE (AVG)	525.64	553.64	5%	497.08	553.64	10%	505.55	-4%	496.14	0%
ADJUSTED PATIENT DAYS	2,229	2,271	-2%	6,579	6,594	0%	2,174	3%	6,283	5%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	81	86	-6%	255	250	2%	89	-9%	279	-9%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	348	350	-1%	997	1,015	-2%	345	1%	1,117	-12%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	14	8	75%	55	24	129%	10	40%	32	42%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	443	444	0%	1,307	1,289	1%	444	0%	1,428	-9%
BIRTHS	10	11	-9%	26	31	-16%	9	11%	28	-8%
SURGERY CASES (IN OR)	102	109	-6%	306	316	-3%	106	-4%	296	3%
SURGERY MINUTES (IN OR)	13,995	14,630	-4%	40,252	42,475	-5%	13,710	2%	39,156	3%
SPECIAL PROCEDURE CASES	75	77	-3%	185	225	-18%	70	7%	200	-8%
LAB BILLABLE TESTS	19,468	18,954	3%	55,767	55,028	1%	19,448	0%	55,633	0%
BLOOD BANK UNITS MATCHED	65	60	8%	143	174	-18%	53	23%	161	-13%
MRIs COMPLETED	173	169	2%	514	490	5%	164	5%	460	11%
CT SCANS COMPLETED	478	417	15%	1,393	1,210	15%	421	14%	1,166	16%
RADIOLOGY DIAGNOSTIC TESTS	1,512	1,500	1%	4,415	4,355	1%	1,439	5%	4,117	7%
ECHOs COMPLETED	132	138	-4%	373	400	-7%	119	11%	330	12%
ULTRASOUNDS COMPLETED	315	327	-4%	924	950	-3%	324	-3%	917	1%
MAMMOGRAPHYS COMPLETED	243	249	-2%	684	724	-6%	221	10%	701	-2%
NUCLEAR MEDICINE TESTS	42	58	-28%	115	169	-32%	26	62%	76	34%
TOTAL DIAGNOSTIC IMAGING TESTS	2,895	2,858	1%	8,418	8,298	1%	2,714	7%	7,767	8%
PHARMACY MEDS DISPENSED	22,507	24,983	-10%	67,337	72,530	-7%	24,311	-7%	73,114	-9%
ANTI COAG VISITS	368	549	-33%	1,134	1,593	-29%	447	-18%	1,285	-13%
RESPIRATORY THERAPY PROCEDURES	3,849	3,467	11%	11,377	10,065	13%	3,530	9%	10,903	4%
PULMONARY REHAB RVUs	204	272	-25%	577	790	-27%	282	-28%	793	-37%
PHYSICAL THERAPY RVUs	7,151	7,559	-5%	20,741	21,945	-5%	6,728	6%	21,747	-5%
OCCUPATIONAL THERAPY RVUs	961	1,321	-27%	3,087	3,834	-19%	1,400	-31%	4,147	-34%
SPEECH THERAPY RVUs	222	220	1%	599	640	-6%	197	13%	621	-4%
REHAB/PT/OT/ST RVUs	8,538	9,372	-9%	25,004	27,209	-8%	8,607	-1%	27,308	-9%
ER CENSUS	1,086	1,090	0%	3,028	3,163	-4%	1,103	-2%	3,144	-4%
EXPRESS CLINIC	869	671	30%	2,232	1,948	15%	-	0%	-	100%
SOCO PATIENT VISITS	144	195	-26%	389	567	-31%	180	-20%	489	-26%
PORT LUDLOW PATIENT VISITS	693	722	-4%	2,171	2,096	4%	612	13%	1,658	24%
JHPC PATIENT VISITS	2,828	2,811	1%	7,932	8,162	-3%	2,729	4%	8,030	-1%
WATERSHIP CLINIC PATIENT VISITS	1,035	1,104	-6%	3,265	3,205	2%	1,038	0%	3,098	5%
JHIM PATIENT VISITS	511	630	-19%	1,564	1,830	-15%	701	-27%	2,351	-50%
TOTAL RURAL HEALTH CLINIC VISITS	6,080	6,133	-1%	17,553	17,808	-1%	5,260	16%	15,626	11%
CARDIOLOGY CLINIC VISITS	280	285	-2%	828	826	0%	250	12%	761	8%
DERMATOLOGY CLINIC VISITS	466	560	-17%	1,341	1,627	-18%	412	13%	1,019	24%
GEN SURG PATIENT VISITS	337	322	5%	933	936	0%	283	19%	932	0%
INFUSION CENTER VISITS	685	654	5%	1,903	1,899	0%	549	25%	1,598	16%
ONCOLOGY VISITS	389	510	-24%	1,127	1,479	-24%	339	15%	1,013	10%
ORTHO PATIENT VISITS	584	639	-9%	1,752	1,854	-6%	588	-1%	1,626	7%
SLEEP CLINIC VISITS	95	197	-52%	395	573	-31%	159	-40%	521	-32%
SURGERY CENTER ENDOSCOPIES	71	70	1%	201	203	-1%	77	-8%	216	-7%
WOMENS CLINIC VISITS	218	233	-6%	625	677	-8%	245	-11%	689	-10%
WOUND CLINIC VISITS	280	293	-4%	825	849	-3%	270	4%	768	7%
TOTAL SPECIALTY CLINIC VISITS	3,405	3,763	-10%	9,930	10,923	-9%	3,172	7%	9,143	8%
SLEEP CENTER SLEEP STUDIES	56	75	-25%	158	217	-27%	78	-28%	200	-27%
HOME HEALTH EPISODES	77	69	12%	210	202	4%	65	18%	199	5%
HOSPICE CENSUS/DAYS	873	1,153	-24%	2,534	3,348	-24%	1,010	-14%	3,172	-25%
CARDIAC REHAB SESSIONS	-	122	-100%	-	354	-100%	128	-100%	478	0%
DIETARY TOTAL REVENUE	75,713	95,823	-21%	223,639	278,194	-20%	76,024	0%	225,042	-1%
MAT MGMT TOTAL ORDERS PROCESSED	2,041	2,081	-2%	6,134	6,041	2%	2,559	-20%	7,609	-24%
EXERCISE FOR HEALTH PARTICIPANTS	869	866	0%	2,321	2,515	-8%	847	3%	2,418	-4%

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: MARCH 2019 WARRANT SUMMARY**

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

General Fund Warrants & ACH Transfers	\$8,919,788.23	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	\$661,696.63	(Attached)
Canceled Warrants	\$65.00	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following warrants:

GENERAL FUND:

253133 - 253905	\$4,140,078.25
ACH TRANSFERS	<u>\$4,779,709.98</u>
	<u>\$8,919,788.23</u>
YEAR-TO-DATE:	<u><u>\$30,435,283.75</u></u>

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: MARCH 2019 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	MARCH	MARCH YTD	MARCH YTD BUDGET
Allowance for Uncollectible Accounts:	\$357,229.39	\$1,334,248.13	\$798,295.16
Charity Care:	\$210,786.49	\$507,892.98	\$702,852.82
Other Administrative Adjustments:	\$93,680.75	\$269,868.83	\$273,356.50
TOTAL FOR MONTH:	\$661,696.63	\$2,112,009.94	\$1,774,504.48

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CAO/CFO
RE: MARCH 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
3/12/2018	244229	\$ 15.00
3/29/2018	244737	\$ 25.00
3/29/2018	244738	\$ 25.00

TOTAL:	<u>\$ 65.00</u>
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2019-06

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$65.00

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$65.00 be canceled.

Date of Issue	Warrant #	Amount
03/12/2018	244229	15.00
03/29/2018	244737	25.00
03/29/2018	244738	25.00
Total		65.00

APPROVED this 24th day of April, 2019.

APPROVED BY THE COMMISSION:

Commission Chair Jill Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

FROM: Barbara York – Medical Staff Services
RE: 3/26/2019 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 04/24/2019

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/locum tenens staff:

1. Balawi, Tariq, MD – Tele-Radiology
2. Catelli, William DDS General Dentistry
3. Khan, Zafar, MD – Hospitalist locum tenens

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

1. Kirchner, Shannan, MD – Family Medicine

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

1. Levy, Bertram, MD – Surgical Assist in Urology
2. McGovern, Regina, MD – Hand Surgery
3. Sumner, Peter, DO – Tele-Neurology

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

1. Irick, Sarah, ARNP – Family Medicine

Medical Student Rotation: none

90 day provisional performance review completed:

1. Olinger, Elizabeth, ARNP

Jefferson Healthcare General Dentistry Privileges

To be eligible to request privileges the following minimum threshold criteria must be met:

Basic education: Doctor of Dental Surgery (DDS) or Doctor of Medical Dentistry (DMD)

Formal training and experience at initial appointment:

Successful completion of an American Dental Association-Approved school of dentistry accredited by the Commission of Dental Accreditation (CODA) and board certification in adult and pediatric dentistry.

Clinical Experience (initial) Applicants for initial appointment must be able to demonstrate active dental practice in the past 24 months or successful completion of accredited training program in the past 12 months.

Clinical Experience (reappointment) Current demonstrated competency and adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluations and outcomes. Evidence of current ability to perform privileges as requested is required of all applicants for renewal of privileges.

Providers must be BLS certified.

❑ Requesting: **GENERAL DENTISTRY** Core Privileges:

Consult, evaluate oral health needs, diagnose, and provide general dental diagnostic, preventive, and therapeutic oral healthcare to patients of all ages to correct or treat various routine conditions of the oral cavity and dentition.

A representative, but of necessity, not a complete list of the General Dentistry Core Procedures is stated below:

- Oral exams including cancer screening
- Composite restorations (fillings)
- Simple extractions
- Surgical extractions
- Hygiene prophylaxis
- Medication prescribing
- Interim caries arresting
- Sealant and sealant repairs
- Place prefabricated crowns
- Crown and bridge preparations
- Pulp cap direct or indirect
- Periodontal scaling and root planning
- Nitrous Oxide administration

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

Dentist Signature

Print Name

Date

Governing Board Approval date:

MEC appr: 3/26/2019

MEDICAL STAFF PEER REVIEW

POLICY:

To ensure that the healthcare organization through the activities of its medical staff assesses on an ongoing basis the quality and appropriateness of patient care and the clinical performance of individuals granted privileges and uses the results of such assessments to identify opportunities to improve care.

PURPOSE:

The medical staff is accountable for the quality of care provided to patients.

SCOPE:

Representatives of the active medical staff and the active allied health staff will fairly and consistently assess quality performance of licensed independent practitioners. The results of those evaluations will be used to improve patient care, educate medical staff and service committees through regular feedback and provide outcomes and conclusions to the Medical Executive Committee and the Board.

DEFINITIONS:

PPEC: Professional Practice Excellence Committee

Peer Review: The evaluation of an individual practitioner's performance for all relevant competency categories using multiple sources of data and the identification of opportunities to improve care. Through this process, practitioners receive feedback for potential improvement or confirmation of personal achievement related to the effectiveness of their professional practice in all practitioner competencies. During this process, the practitioner is not considered to be "under investigation" for the purposes of reporting requirements under the Healthcare Quality Improvement Act.

Peer review body: The committee designated by the Medical Executive Committee to conduct the review of individual practitioner performance for the medical staff. The peer review body will be the Professional Practice Excellence Committee as described in the PPEC Charter. Members of the peer review body may render assessments of practitioner performance based on information provided by individual reviewers with appropriate subject matter expertise and will serve a three year term.

The peer review panel will be open to interested practitioners annually with the appropriate mix of advanced practitioners and physicians in mind. At the same time, current committee members who have served the three year term will have the option to stay or leave the peer review body.

The Professional Practice Excellence Committee Chair will send an email to all general medical and allied health staff offering participation.

Peer: An individual practicing in the same profession who has the expertise to evaluate the subject matter under review. The level of subject matter expertise required will be determined on a case-by-case basis.

Practitioner: A medical staff member (MD, DO, DPM, DDS or DMD) or a licensed independent practitioner (ARNP, CRNA, PA).

Peer Review Data: Data sources may include case reviews and aggregate data based on review, rule, and rate indicators in comparison with generally recognized standards, benchmarks, or norms. The data may be objective or perception-based as appropriate for the competency under evaluation. Peer review cases may be identified via the following non-inclusive sources:

- Outcome Indicators

- Issues identified by members of the patient care team
- Cases identified by Risk Management and/or patient advocates
- Issues referred by any medical staff member or committee
- Practitioners may self refer

The PPEC will also make recommendations at time of reappointment to MEC. The mandatory bi-annual review will **not** include the annual clinic report card.

Practitioner competencies: The general or core practitioner competencies for evaluation as described are:

- Patient Care
- Medical Knowledge
- Interpersonal and communication skills
- Professionalism
- System based practice
- Practice based learning and improvement

Conflict of Interest: A member of the medical staff requested to perform peer review may have a conflict of interest if he/she may not be able to render a fair and constructive opinion. A family or household member will constitute a conflict of interest.

PEER REVIEW PROCEDURES:

Information Management: All peer review information is privileged and confidential in accordance with medical staff and hospital bylaws, state and federal laws, regulations, and accreditation requirements pertaining to confidentiality and non-discoverability.

The involved provider will receive provider-specific feedback on a routine basis.

The medical staff will use the peer review results in making its recommendations to the hospital regarding the credentialing and privileging process and, as appropriate, in its performance improvement activities.

Any written documents the medical staff determines should be retained related to provider specific peer review information will be kept in a secure, locked file. This may include:

- Individual case findings
- Aggregate performance data for all competencies

Peer review information in a practitioner's quality file is available only to authorized individuals who have a legitimate need to know this information based upon their responsibilities (refer to Access Policy).

Internal Peer Review:

- **Circumstances:** Internal Peer Review is conducted by PPEC using its own members as the evaluation source of practitioner performance. Its findings are reported to the appropriate committee for review and action
- **Participants:** All participants will sign statement of confidentiality prior to participating in peer review activities. PPEC members will sign the statement on appointment and at least annually. Reviewers who are not committee members will sign a statement for each requested review.
- **Conflict of Interest Procedure:** In the event of a conflict, it is the obligation of the reviewer to disclose to the PPEC the potential conflict. It is the responsibility of the committee to determine on a case-by-case basis if a relative conflict is substantial enough to prevent the individual from¹⁸

participating. Examples of conflict of interest include reviews of family members, direct competitors, etc... When a potential conflict is indicated, the PPEC chair will be informed in advance and determine whether a substantial conflict exists. When either an absolute or substantial conflict is determined to exist, the individual may not participate in or be present during peer review body discussions or decisions other than to provide specific information requested as described in the peer review process. In the event of a conflict of interest or circumstances that would suggest a biased review beyond that previously described, the PPEC or the MEC will replace, appoint, or determine who will participate in the process.

External Peer Review:

Circumstances that merit external peer review may include, but are not limited to the following:

- Lack of internal expertise
- Ambiguity: dealing with vague or conflicting recommendations from internal reviewers or medical staff committees
- Legal concerns: when medical staff needs confirmation of internal findings or an expert witness for potential litigation or fair hearing
- Credibility: when one of the medical staff or board need to verify the overall credibility of the Internal Peer Review process, typically as an audit of Internal Peer Review findings
- Benchmarking: when an organization is concerned about the care provided by its providers relative to best practices and wishes to better define its expectations and as future quality monitoring to determine whether improvement has been achieved
- The MEC or Governing Board may require external peer review in any circumstances deemed appropriate by either of these bodies

Authorization: The PPEC, the MEC, Risk Management of the Governing Board will determine the need for external peer review. No practitioner can require the hospital to obtain external peer review if these determining bodies have not deemed it appropriate.

Review: Once the results of the external peer review are obtained, the report will first be reviewed by the PPEC at its next regularly scheduled meeting unless an expedited process is requested by the MEC or the Board. The PPEC will determine whether any potential improvement opportunities are present. If so, they will be handled through the same mechanism as internal peer review unless the issue has already been addressed in the corrective action process.

PROCEDURES AND TIME LINES:

Please refer to attachment "Case Review Process and Timelines"

CORE FALL OUT CRITERIA:

Please refer to attachment "Case Review Process and Timelines"

REFERENCES:

Statutory Authority: This policy is based on the statutory authority of the Health Care Quality Improvement Act of 1986, 42 U.S.C 11101, and RCW 4.24.250 and RCW 70.41.200. All minutes, reports, recommendations, communications and actions made, taken pursuant to this policy are deemed to be covered by such provisions of federal and state law providing protection to peer review related activities and will not be subject to subpoena or discovery proceedings in any civil action.

CASE REVIEW PROCESS AND TIMELINES

Action	Case Review Process	Timelines-Guidelines
Case Identification	<p>Cases screened for indicators by:</p> <ol style="list-style-type: none"> 1. Outcomes indicators 2. Issues identified by members of the patient care team 3. Cases identified by Risk Management and/or patient advocates 4. Issues referred by any medical staff committee or medical staff member 	<p>Upon identification cases are referred to the Peer Review Nurse (Brandie Manuel)</p>
Case Screening and Physician Reviewer Assignment	<p>The screening nurse reviews the case to determine if physician review is required. If physician review is required, the nurse provides the Committee with a case summary, identifies key issues, and assigns case to a physician reviewer. Initial reviewer shall always be member of review committee. Cases to be assigned to committee members on rotating basis. Cases with need of review by specialty expert will be assigned by PPEC chair</p>	<p>PR Nurse will perform the initial screening and assign cases to member of peer review committee.</p> <p>Recommended timeline:</p> <p>10 business days, excluding vacations</p> <p>PR Nurse will summarize those cases that don't warrant review and include in report for PPEC</p>
Physician Review	<p>Physician reviewer reviews case and completes case review form. If the rating form is not completed, the reviewer will be contacted to obtain additional information if needed</p>	<p>It is recommended that review will be completed within 10 business days (vacations excluded) of receipt of case</p>
Additional review needed	<p>If additional expertise is required, the initial reviewer will submit case to the PPEC for case review and determination</p>	<p>Second review to be completed as soon as possible</p>
Completed case review	<p>Completed case review will be submitted to the PR Nurse upon completion. PR nurse will prepare review for Committee review. The case then will be presented by either the reviewer, Chair of PPEC or designee.</p> <p>Only cases with <u>completed</u> case rated forms will be placed on the Peer Review Committee agenda</p>	<p>Cases submitted for review will be entered into the tracking system</p> <p>Report will be submitted to MEC on a monthly basis.</p>

Initial Reviews Rated "Quality of Care Appropriate"	<p>Reviews indicating appropriate care are submitted to PRC "as information only".</p> <p>Should there be disagreement with the rating by the initial reviewer; the Chair will place the case on the agenda for the next PPEC meeting for discussion</p>	Case is either approved by PPEC or re-submitted for discussion at next PPEC meeting
Initial Reviews Rated "Questionable or Inappropriate Care"	<p>Reviews rated "controversial" or "inappropriate" physician care are presented to Committee for discussion and confirmation or change in preliminary scoring. If Committee feels care may be "controversial" or "inappropriate", the Committee chair will communicate with the involved provider by letter. The involved provider is informed of the key questions regarding the case and asked to respond in writing only or he/she may request an appearance at the next meeting to discuss the case.</p>	<p>Physician under review will respond to the committee within 2 business weeks (vacation excluded). Should the physician fail to respond, the PPEC has the option of choosing either:</p> <p>Further contact to verify lack of response</p> <p><u>Or</u></p> <p>Finalize the rating based on the available information without the benefit of response</p>
Tracking Review Findings	The Peer Review Nurse will enter the results of all final review findings into the database for tracking	Results will be entered in the database within 10 business days of the finalization of rating
Improvement Plan Development	If the results of the case reviews indicate a need for physician performance improvement, the issue will be referred to the appropriate section chair. PPEC Chair and Section Chair will work together to create and implement the improvement action plan	<p>The PPEC Chair will discuss with the Section Chair within 30 days of Committee decision.</p> <p>This information will also be used at reappointment time to evaluate provider's performance</p>
Referrals to Hospital Performance Improvement Committee	For those cases determined to have potential opportunities for improving system performance or potential issues with nursing care, the PPEC Chair will communicate the issue to the Quality Director	The hospital committee receiving the referral will discuss the issue and communicate action plan to the referring Committee
High Risk Cases	High risk cases meeting the sentinel event criteria, timely processing of practitioner- specific information is necessary to ensure patient safety. Sentinel Events requiring peer review, will have <u>immediate</u> review by the PPEC Chair or designee.	Initial review will be performed within 10 business days (or sooner) of case identification, with committee discussion at the next committee meeting or within 30 days of the event if there is no regularly scheduled meeting within 30 days.

	External peer review, second opinions, literature search may be necessary before making a decision on action.	If additional information is needed, the timelines may be extended after approval from the governing body or MEC.
Precautionary or Summary Suspension	The processes and time frames in this document do not apply to precautionary or summary suspensions under the Medical Staff Bylaws.	

Peer Review Core Fall-Out Criteria

Emergency Room

1. Unplanned return to ED within 72 hours
2. Unexpected death in ED
3. Complaint or Concern from any source regarding physician quality of care
4. AMAs

Surgery/Outpatient Procedures

1. Death within 48 hours of surgery/procedure
2. Unanticipated hospital admission or ED visit within 7 days of surgery
3. Unscheduled return to the OR
4. Significant adverse events including anesthesia
5. Post-operative diagnosis different from pre-operative diagnosis
6. Complaint or Concern from any source regarding physician quality of care
7. Cancelled procedures after patient received anesthesia

Inpatient

1. Unexpected death on unit
2. Any Code Blue events
3. Transfers out of facility to higher level of care
4. Complaint or Concern from any source regarding physician quality of care
5. 30 day re-admissions

Labor and Delivery

1. Delivery before 35 weeks
2. Death of term infant
3. Unanticipated transfer out of facility to higher level of care (Mother or baby)
4. Complaint or Concern from any source regarding physician quality of care
5. Maternal death

Primary Care Clinic

1. ED visit within 72 hours of a clinic visit
2. Relocation of patient from clinic to ED
3. Unpredicted/unexpected death within 14 days of a clinic visit with a provider
4. Complaint or Concern from any source regarding physician quality of care