

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, May 22, 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, Brandie Manuel, Chief Patient Safety and Quality Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Dr. Joe Mattern, Chief Medical 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:

Mike Glenn, CEO, presented the Jefferson Healthcare Strategic Plan Update.

Discussion ensued.

Break:

Commissioners recessed for break at 3:18 pm.

Commissioners reconvened from break at 3:30pm.

Approve Agenda:

Commissioner Kolff made a motion to amend the agenda to add discussion regarding how the board would like to discuss the issue of collections. Commissioner Ready seconded.

Discussion ensued.

Action: Motion failed 2 to 3. Commissioner Kolff and Ready in favor. Commissioner McComas, Dressler, and Buhler opposed.

Team/Employee/Provider of the Quarter:

Mike Glenn, CEO and Dr. Mattern, CMO, presented the Provider of the Quarter, Kari Griffin-Harte, ARNP, Family Medicine. Mike Glenn, CEO, presented the Employee of the Quarter, Cheryl Hudson, Respiratory Care Practitioner. Mike Glenn, CEO, presented the Team of the Quarter, Home Health and Hospice.

Patient Story:

Jenn Wharton, Chief Ambulatory and Medical Group Officer, provided the patient story regarding a fellow community member who relies on public transportation and had developed knee pain that progressively got worse and made it difficult to walk. She wasn't a candidate for surgery because she needed a dental and cardiac clearance.

She become food insecure and became socially isolated. She had rapidly started to deteriorate. Jefferson Healthcare questioned what they could do for her dental issues. Susan Gile, Dental Manager, reached out to OlyCap, who was able to provide the patient with a dental voucher. Susan called local dentists to see who would take the voucher. The patient ended up having the dental procedure and is now waiting on cardiac clearance. Once she has been cleared, she will wait to be cleared for her orthopedic surgery and then will be able to move on with her life.

Minutes:

- April 24 Regular Session
- May 8 Special Session

Commissioner McComas made a motion to approve the April 24 Regular Session Minutes and May 8 Special Session Minutes. Commissioner Ready seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- April Warrants and Adjustments
- Resolution 2019-07 Surplus Equipment
- Medical Staff Credentials/Appointments/Reappointments
- 2019-08 Interlocal Agreement for Expansion of Summer Meal Program
- 2019-09 Interlocal Agreement for Expansion of Summer Meals and Programming

Commissioner Dressler made a motion to approve April Warrants and Adjustments, Resolution 2019-07 Surplus Equipment, Medical Staff Credentials/ Appointments/ Reappointment, 2019-08 Interlocal Agreement for Expansion of Summer Meal Program, and 2019-09 Interlocal Agreement for Expansion of Summer Meals and Programming. Commissioner Ready seconded.

Action: Motion passed unanimously.

Public Comment:

Public comment was made.

Health Grades Presentation:

Katharine Mongoven, MBA, Senior Director, Quality Solutions presented the Patient Safety Excellence Award and the Patient Experience Award.

Financial Report:

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

Discussion ensued.

Quality Report:

Brandie Manuel, Chief Patient Safety and Quality Officer, presented the May Quality report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the May Administrative report.

Discussion ensued.

Chief Medical Officer Report:

Dr. Joseph Mattern, CMO, provided the Chief Medical Officer Report which included an update on opioids and MAT, staffing, telemedicine, and provider engagement events.

Board Business:

Commissioner Kolff reported on the Board of Health which included that they had signed the document to eliminate nuclear weapons and they are digging into youth vaping and will amend the clean indoor air regulations for the county to include vaping which will result in a public hearing in June.

Meeting Evaluation:

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:28pm.

Approved by the Commission:

Chair of Commission: Jill Rienstra_____

Secretary of Commission: Marie Dressler _____

Jefferson Healthcare

Strategic Plan Update

May 22, 2019

Mike Glenn, CEO



Jefferson Healthcare

Strategic Plan 2017-2020



mission and vision

MISSION

Jefferson Healthcare is working to hold the trust and improve the health of our community through compassionate care, innovation and medical excellence.

VISION

Jefferson Healthcare will be the community's first choice for quality care by providing exceptional patient care to every person we serve.

JEFFERSON HEALTHCARE WILL:

- 🏆 Be a Top 100 Critical Access Hospital.
- 📈 Capture 60% market share in the county.
- 🏠 Be locally owned and operated.
- 🌱 Improve on the Robert Wood Johnson – "Health of the Community" score.

GOALS

Quality & Safety Provide the highest quality, safest care of any hospital in the region.

People Recruit and retain an engaged, high performing workforce.

Service Deliver an experience that exceeds patients' and families' expectations.

Community Health Support a healthier community for Jefferson County.

Changing Environment Position Jefferson Healthcare to thrive as an independent organization in a rapidly changing environment.



GOAL | Provide the highest
quality, safest care of any
hospital in the region.

STRATEGIES TO ACHIEVE GOAL

One Drive best practice clinical care.

Define best practice care.

Leverage provider leadership to implement best practice.

Two Enhance the culture of safety.

Team STEPPS

Three Achieve excellent clinical outcomes.

Update and monitor clinical scorecard.

Four Align care with patient goals.

Cultivate patient centered care culture.

PFAC

INITIATIVES TO ACHIEVE GOAL

Create and monitor clinical best practices and outcomes scorecard.

X

Leverage technology to improve delivery of care.

X

Ensure staff understand their connection to patient safety.

X

Implement an award winning Palliative Care Program for Jefferson Healthcare.

X

Educate patients on the benefits of advanced care planning.

X

METRICS

✔ Achieve status as a CMS 5 Star Hospital. X

✔ Earn recognition by WSHA for Achieving Best Care Award. X

✔ Achieve 90% performance on all Jefferson Healthcare scorecards. X



GOAL

Recruit and retain an engaged, high performing workforce.

STRATEGIES TO ACHIEVE GOAL

One Seek, hire and retain remarkable employees.

Recruited and developed a best in class recruitment team.
Expanded New Employee Orientation.
Successfully negotiated 3 labor agreements.

Two Develop a highly engaged workforce.

Maintain an engageable work environment.
Invest in employee engagement events.
Invest in employee recognition events and awards.

Three Create a culture of high performance

Clearly communicate performance expectations.
Celebrate Jefferson Healthcare awards and recognition.
Create a culture of overperformance.

Four Promote a thriving, rewarding provider practice that nurtures the provider-patient relationship.

Continue to invest in provider leadership.
Double down on admin/provider leader dyads.

INITIATIVES TO ACHIEVE GOAL

Develop a workforce plan that incorporates projected workforce shortages and overages.

X

Explore the development of a Jefferson Healthcare Learning Institute.

X

Provide leadership development resources for all Jefferson Healthcare leaders.

X

Support teaching, CME and career development for providers and staff.

X

METRICS

- ✔ Hit the top Quartile in the Employee/Provider engagement survey for recommendation as a place to work and likelihood to continue affiliation. X
- ✔ Maintain a turnover rate of 10% or less. X



GOAL | Deliver an experience that exceeds patients' and families' expectations.

STRATEGIES TO ACHIEVE GOAL

One Create and infrastructure that supports radically convenient access to care.

Stand up Express Clinic.
Implement call center.
Recruited new primary care and specialty providers

Two Consistently deliver an outstanding patient care experience with every encounter.

Update and monitor patient satisfaction scores.
Support patient advocates in services recovery work.

Three Improve care navigation for patients and their families.

Implement care navigation function in clinics and patient care access.

Four Create informed healthcare consumers in the community.

Annual review of Jefferson Healthcare budget.
Annual review of Jefferson Healthcare charges.
Monthly review/ education of Jefferson Healthcare service line.

INITIATIVES TO ACHIEVE GOAL

Enhance services available to keep care local.

X

Transform the current care model to encourage shared healthcare decision making to close care gaps and improve patient outcomes.

X

Build an estimation tool to better assist patients with the financial planning of their care.

X

METRICS

- ✔ Shorter wait times for appointments – 30 days new patient, 1–14 days post hospital, 0–10 days established patient. X
- ✔ Patient advocate reports – meet open (7 days) and close (30 day) targets. X



GOAL

Support a healthier
community of
Jefferson County.

STRATEGIES TO ACHIEVE GOAL

- | | | |
|-------|--|--|
| One | Align with partners to implement the 2017 Community Health Improvement Plan (CHIP) . | 2017 CHIP plan implemented. |
| Two | Provide leadership in the completion of the next Community Health Assessment (CHA). | John Nowak is leading the effort to complete 2019 CHA. |
| Three | Engage community partners in advancing programs that support the community's health. | Community partners continue to be engaged. |
| Four | Develop a community impact report. | Community impact template near complete. |

INITIATIVES TO ACHIEVE GOAL

Implement strategies to integrate behavioral health and substance abuse treatments.	X
Increase community vaccination rates.	X
Identify partners with strong alignment for and a focus on improving care to the whole person.	X
Work with community partners to identify plans, projects, and initiatives to advance community health.	X

METRICS

- 👉 Complete the update of the Community Health Assessment Report. X
- 👉 Vaccination rates:
 - 👉 90% children 19–35 months fully immunized by 2020. X
 - 👉 90% of Jefferson Healthcare employees receive annual flu vaccine. X
 - 👉 13–15 year olds meet Healthy People goals by 2020. X
 - 👉 90% of adults 65 or older will have at least one Pneumococcal Vaccination. X
- 👉 Achieve measurable progress in at least 3 out of 4 CHIP priorities. X



changing environment

GOAL

Position Jefferson Healthcare to thrive as an independent organization in a rapidly changing environment.

STRATEGIES TO ACHIEVE GOAL

- | | | |
|--------------|--|---|
| One | Plan the transition from a fee for service to value-based care and reimbursement models. | Participate in ACO.
Invest in care transformation. |
| Two | Actively manage resources to ensure the long-term financial health of Jefferson Healthcare. | Careful management of Jefferson Healthcare resources.
Update and monitor financial management reports. |
| Three | Pursue technology and facility solutions that advance clinical care and business operations. | Install Home Health and Hospice EPIC module.
Install EPIC upgrade.
Install Lawson upgrade. |
| Four | Be a value oriented, financially high performing organization. | Perform annual price and charges review.
Perform annual productivity and efficiency review. |
| Five | Continue to leverage the partnership with Washington Rural Health Collaborative (WRHC). | Washington Rural Health Collaborative. |
| Six | Grow by expanding current services and developing new clinical programs and services. | Service Expansion Committee. |

INITIATIVES TO ACHIEVE GOAL

Position the organization for healthy, sustainable and consistent annual growth.	X
Develop a master site plan with a 5- and 10-year outlook.	X
Utilize technology to enhance cyber security, patient rights and patient safety.	X
Identify new ways to use technology to enhance the patient's experience.	X
Maintain a strong cash position.	X
Achieve a healthy operating margin.	X
Assess and reevaluate specialty services to continue to meet the community's growing needs.	X

METRICS

- ☑ Maintain days in accounts receivable of less than 45. X
- ☑ Maintain 90 days of cash on hand in 2018, 100 days in 2019 and 110 days of cash on hand in 2020. X
- ☑ Participate in at least one value-based or cost saving activity through WRHC annually. X

Goals





Jefferson Healthcare	Goals	Strategy	Initiatives	Targets
Quality and Safety	Provide the Highest Quality, Safest Care	Drive Best Practice Clinical Care	Achieve zero harm events	Zero avoidable healthcare acquired harm events
		Achieve Excellent Quality Outcomes	Antimicrobial Stewardship	80% reduction in reportable cases of c.Difficile
				Overall DOT decreased (IP); Avoidance of antibiotics for URI (clinics); 80% reduction in reportable cases of c.Difficile
			Implement and adhere to evidence based practices.	90% or greater compliance with core measures
		Enhance Culture of Safety	Hardwire team training	Team Training Attendance 48.4%
			Leader Rounding	Weekly Rounding Compliance
		Align care with patient goals	Implement a palliative care program	Readmission rate < 12%
People	Recruit and Retain an Engaged, High Performing Workforce	Develop an Engaged Workforce and a Culture of High Performance	Design communication to align staff and provider with organizational plans, values, and expectations	Top quartile scores for providers/employees: Glad I joined this organization
			Explore JH Learning Institute	Program development in progress
		Hire for Fit	Conduct core value and skill based interviews and pre-employment screening	Turnover rate < 1.5
			Redesign onboarding.	
		Promote a Thriving, Rewarding Provider Practice	Assess burnout rate among providers and develop action plan.	Completion of Maslach Inventory by 2018.

Service	Deliver an Experience that Exceeds Expectations	Improve Care Navigation	Manage care transitions	100% development and Implementation of Transitions of Care bundle
			Referral Management	25% improvement over baseline - referral closure
		Radical Convenience to Care	Implement Access Standards	Top Quartile Access to care dimension Post IP stay (1-14 days); New patient 30 days; estab. Patient < 10 days
			Enhance services	Identify top three needed services
		Consistently Deliver an Outstanding Experience with Every Encounter	Implement service excellence standards	Top quartile scores: Likely to recommend, quiet at night, confidence in provider, communication (MD/RN)
			Promote shared decision making	Participation in ACP classes
		Create informed healthcare consumers	Build an estimation tool	100% implementation of estimation tool, training, and communication
	Support a Healthier Community	Eliminating health disparities	Implement CHIP Strategies	Completion of community health assessment report
				90% children aged 19-35 months fully immunized by 2020
				90% adults age 65 and older will have pneumococcal vaccine
				13-15 year olds meet Healthy People Goals
		Coordinating health initiatives	Advancing Programs to Support Community Health	Completion of JH community impact report
			Engage community partners in advancing programs that support the community's health	90% of JH employees receive annual flu vaccine Decrease in Emergency Department transfers out of the community over baseline (2016)





Sustainability	<i>Thrive and Stay Independent</i>	<i>Financially High Performing Organization</i>	Change in net position	No negative Quarters
		<i>Expand Current Services and Develop New Clinical Services</i>	Evaluate and implement services based on community need	Implement dental clinic
				Implement retail pharmacy
		<i>Actively Manage Resources for Sustainability</i>	% net revenue for salaries, wages, and benefits	Achieve 62% net revenue for salaries, wages, and benefits
			Productivity (overall - adjusted productive FTE)	Reach 90% overall productivity
			Contribution Margin (% of departments meeting contribution)	90% of departments will meet the contribution margin

Quality



Emergency

Metric	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19	Trend	12 mo	Goal	Composite
Stroke Care	92.0%	91.0%	92.0%	100.0%	100.0%	80.0%	100.0%	89.7%	100.0%	100.0%	100.0%	ND		93.1%	≥ 90%	50.0%
Chest Pain time to EKG	8.0	7.5	7.0	11.0	6.0	8.5	8.5	9.0	7.5	7.0	7.0	7.0		8.05	< 7 min	
AMA	0.37%	0.29%	0.79%	0.48%	1.05%	0.30%	0.43%	0.41%	0.58%	0.21%	1.19%	0.79%		0.50%	≤ 1%	
LWBS	1.39%	0.76%	1.32%	2.29%	1.43%	2.39%	2.24%	2.67%	1.17%	0.96%	0.64%	0.99%		1.7%	< 1%	




Inpatient (ACU/ICU)


















Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19	Trend	YTD	Goal	Composite
Stroke Care	92.0%	91.0%	92.0%	100.0%	100.0%	80.0%	100.0%	89.7%	100.0%	100.0%	100.0%	ND		93.1%	≥ 90%	75.0%
Atrial Fibrillation	100.0%	85.7%	71.4%	50.0%	50.0%	66.7%	92.9%	100.0%	100.0%	100.0%	ND	ND		79.5%	≥ 90%	
Hospital Acquired Infections	0	0	0	0	0	0	1	0	0	0	0	ND		0.17	≤ 1	
Adverse Drug Events	0.0%	0.8%	0.0%	0.0%	0.01%	0.9%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%		0.4%	< 1.0%	

Antimicrobial Stewardship

Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19	Trend	YTD	Goal	Composite
Primary Care: Avoidance of antibiotics for URI	93.0%	100.0%	100.0%	88.0%	100.0%	94.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%		96%	90%	50.0%
IP: Days of Therapy	405.8	633.4	550.3	541.1	401.7	467.8	514.4	455.1	449.6	411.5	408.3	428.2		470.3	272	

Surgery

Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19	Trend	YTD	Goal	Composite
Post Operative Infections	0	0	1	0	0	0	1	0	0	0	0	ND		0.2	≤1	100.0%
IntraOperative Blood Utilization	0	1	1	1	0	0	0	0	0	0	0	0		0.4	≤1	
Unanticipated Return to the OR	0.33%	0.00%	0.40%	0.38%	0.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	0.00%		0.2%	<1%	

Outpatient																
Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19	Trend	YTD	Goal	Composite
Hospice LOS (Median)	61	19	43	28	18	12	33	21	16	26	26	23		33.00	45	25.0%
Hospice: LOS (Mean)	109.3	58.5	117.9	65.5	65.6	19.2	69.3	37.5	55.8	61.9	69.8	65.6		72.89	90	
Lab: Blood Culture Contamination	6.30%	1.18%	1.83%	3.03%	2.63%	3.20%	2.56%	2.75%	3.74%	0.00%	6.92%	2.17%		0.55	< 3	
Lab: Urine Mixed Organism (contamination)									43.0%	37.0%	36.0%	43.0%		39.8%	<25%	
DI: Safe Imaging Pediatrics	NA	378.2	367.6	459.4	479.1	432.4	487.9	658.7	439.5	NA	526.3	535.7		503.7	553.3	
Hgb A1C > 9 (lower better)	11.6%	13.9%	12.4%	14.1%	13.1%	11.1%	13.2%	12.2%	12.2%	10.7%	11.1%	7.7%		12.6%	≤ 17.04%	100.0%
Family Birth Center																
Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-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%	0.0%	7.7%	30.0%	38.5%	40.0%	0.0%	0.0%	37.5%	0.0%	11.1%	30.0%		17.2%	<23%	
Induced deliveries ending in c-sections	0.0%	0.0%	0.0%	0.0%	25.0%	50.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%		19.7%	< 19%	
Unexpected Newborn Complications	0	0	0	0	0	0	0	0	0	0	125	111.1		19.675	30.5 per 1,000	
Post Partum Hemorrhage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%		1.1%	<1.3%	
Length of Stay - Vaginal Delivery	2.5	2.5	2.1	2.4	2.6	2.5	1.8	2.5	2.6	2.3	2.2	2.6		2.4	1.9	
Readmission Rate																
Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19	Trend	YTD	Goal	
Known Readmissions in 30 days	1.0%	6.0%	3.0%	4.0%	1.0%	1.0%	2.0%	4.0%	1.0%					3.2%	6.00%	100.0%
Claims based Readmissions	10.5%		9.8%			ND			ND					10.4%	<12%	
Return to the ER within 72 hours	2.97%	3.05%	3.26%	3.44%	2.87%	3.49%	3.20%	2.87%	2.82%	2.89%	3.20%	3.46%		3.11%	<3.6%	
Home Health Readmissions	7.8%		8.8%			7.1%			8.4%					8.8%	11.20%	

Safety

Patient Safety Outcomes								
Metric	April	May	June	July	August	Sept	Oct	Nov
Pressure Ulcers	0	0	0	0	0	0	0	0
Patient Falls with Injury	0	2.7	2.7	0	0	0	0	0
Adverse Drug Events	0.0%	0.0%	0.8%	0.0%	0.0%	0.01%	0.9%	0.0%
Specimen Mislabeling	1	0	0	1	0	0	0	1
Patient Engagement								
	April	May	June	July	August	September	October	November
Advance Care Planning	Planning	Planning	In Progress	In Progress	In Progress	Complete	Complete	Complete
Patient Initiated RRT	No	No	No	No	No	No	No	No
PFE 1: Planning Checklists	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PFE 2: Bedside Reporting	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PFE 4: Quality Teams with PFAC Involvement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Dec	Jan-19	Feb-19	Mar-19	Apr-19	YTD	Goal
0	0	0	0	0	0.000	0
0	0	0	0	1	0.64	0.66
0.0%	0.0%	0.0%	0.9%	0.0%	0.38%	< 1%
0	1	0	1	0	0.53	0





December	Jan-19	Feb-19	Mar-19	Apr-19	YTD	Goal
Complete	Complete	Complete	Complete	Complete	Complete	One event Bi-
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Culture

Teamwork, Communication, and Human Factors																									
					Specialty	Primary	Home											Clinical	Information	Utilization					
	Emergency	ICU	ACU	FBC	Clinics	Care	Health/ Hospice	Rehab	Imaging	Surgery	Lab	RT		Pharmacy / ACS	Dietary	EVS	Facilities / Biomed	Finance	Informatics	Technology	Review				
Data Transparency: HSOPS Feedback about error	57%	62%	62%	62%	73%	46%	44%	88%	67%	80%	74%	88%		63%	61%	60%					62%				
HSOPS Overall Perception of Safety	53%	67%	67%	67%	78%	45%	60%	86%	85%	88%	63%	86%		75%	63%	60%									67%
HSOPS: Patient Safety Grade	B-	B-	B-	B-	B	C-	C	B	B	B	B-	B		B	C+	C+									B-
HSOPS: Patient Safety Grade (Score)	3.15	3.18	3.18	3.18	3.31	2.16	2.3	3.59	3.25	3.65	3.04	3.59		3.34	2.99	2.9					NA	NA	NA	NA	3.18
TeamSTEPPS Attendance	78.1%	45.0%	30.9%	42.9%	58.2%	20.1%	26.7%	78.0%	77.8%	66.7%	28.1%	46.2%		35.0%	33.3%	55.6%					58.8%	83.3%	100.0%	22.2%	80%
Just Culture Leader Training	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes					
Pharmacy = Pharmacy, Retail Pharmacy, and Anticoagulation																									
Surgery = Anesthesiology, Endoscopy, Sterile Processing, PACU, Surgical Services																									
Rehab = Rehab and Wellness																									
Specialty Clinics = Cardiology, Dental, Dermatology, Oncology, Infusion, Wound, Orthopedics, Sleep, Women's																									
DI = Imaging, Mammo, Nuc Med, Ultrasound, Echo																									
Finance = CFO, RCI, Financial Counselors, Accounting, Registration																									
RT = RT and Pulmonary Rehab																									

People

Strategy	Metric	May	June	July	Aug	Sept	Oct	Nov
Hire for Fit	Retention at one year	50%	73%	83%	85%	78%	60%	55%
	Time to fill open positions	36.7	37.67	43.74	26	18.5	38.1	39.2
Develop an Engaged Workforce	Turnover Rate	1.3	2.4	1.6	1.7	1.2	1.3	1.5
	Continue affiliation	92.7%	92.7%	92.7%	92.7%	92.7%	92.7%	92.7%
	Glad I joined this organization							
	Completion of action plan							
Create a culture of high performance	Develop and implement leader education curriculum	Not Started	Not Started	Planning	Planning	In Progress	In Progress	In Progress
	Completion of performance evaluations	Not Started	Planning	Planning	Planning	Planning	In Progress	In Progress
	Align performance with leader compensation	Not Started	Not Started	Planning	In Progress	In Progress	In Progress	In Progress
	Align performance with provider compensation	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress	In Progress
Promote a thriving provider practice	Complete Maslach Survey	Not Started	Not Started	Planning	Planning	Complete	Complete	Complete

Dec	Jan-19	Feb-19	Mar-19	Apr-19	Trend	YTD	Goal
83%	90%	50%	80%	67%		74%	90%
28	37.5	45.4	34.2	18.3		33.9	< 30
1.6	1.3	1.1	1.7	1.6		1.4	<1.5
92.7%	92.2%	92.2%	92.2%	92.2%			90.3%
	89.2%	89.2%	89.2%	89.2%			81.1%
	0%	0%	0%	85%			Complete
In Progress	In Progress	In Progress	In Progress	In Progress			Complete
In Progress	Complete	Complete	Complete	Complete			Complete
In Progress	In Progress	In Progress	In Progress	In Progress			Complete
In Progress	In Progress	In Progress	In Progress	In Progress			Complete
Complete	Complete	Complete	Complete	Complete			Complete ³⁴










Service

Emergency																		
Metric	May	June	Q2 2018	July	Aug	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Median Length of Stay (discharged)	132	118	129	122	128	119	123	136	142	131	136	136	134	124	131	132	< 104 min	
Median Length of Stay (admitted)	249	248	243	211	250	217	226	237	267	240	248	234	251	248	244	234	< 199 min	
Overall	80.0%	60.9%	75.5%	67.6%	74.2%	70.0%	70.4%	73.1%	72.0%	78.1%	74.7%	60.6%	69.0%	80.0%	68.3%	87.5%	66.3%	80.1%
Confidence in Provider	83.9%	65.0%	78.7%	73.7%	78.6%	79.3%	76.8%	69.6%	64.0%	80.6%	71.3%	63.6%	69.2%	68.4%	67.5%	50.0%	70.4%	81.1%
Likely to Recommend	80.0%	72.7%	78.5%	73.7%	75.8%	77.4%	75.5%	76.9%	84.0%	78.1%	79.5%	64.7%	78.6%	81.0%	73.5%	75.0%	68.9%	82.4%
Communication (MD/RN)	75.0%	69.6%	72.7%	61.1%	92.9%	75.9%	75.3%	76.0%	56.0%	74.2%	69.1%	66.7%	55.6%	85.0%	67.5%	37.5%	66.5%	79.2%
Inpatient (ACU/ICU/FBC)																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Overall	80.0%	69.2%	75.0%	78.6%	72.0%	86.4%	78.7%	75.0%	87.5%	81.3%	80.8%	83.3%	92.3%	73.3%	82.7%	100.0%	73.5%	84.1%
Likely to Recommend	92.0%	80.8%	83.8%	82.8%	68.0%	86.4%	78.9%	76.2%	80.0%	93.8%	82.7%	91.7%	100.0%	93.3%	94.2%	100.0%	75.5%	86.4%
Quiet at Night	50.0%	34.6%	51.9%	46.4%	34.6%	52.4%	44.0%	38.1%	73.3%	40.0%	49.0%	62.5%	76.9%	46.7%	61.5%	50.0%	58.7%	76.3%
Confidence in Nurse	87.5%	80.8%	78.5%	78.6%	80.8%	82.6%	80.5%	80.0%	94.1%	81.3%	84.9%	87.5%	78.6%	66.7%	79.2%	80.0%	74.6%	84.3%
Confidence in Provider	87.5%	76.9%	82.1%	82.1%	72.0%	91.3%	81.8%	80.0%	76.5%	93.8%	83.0%	87.5%	92.9%	80.0%	86.8%	100.0%	78.4%	88.8%
Communication (MD/RN)	79.2%	73.1%	71.8%	55.6%	69.6%	78.9%	66.7%	63.2%	85.7%	86.7%	77.1%	78.3%	78.6%	81.8%	76.9%	50.0%	61.4%	74.0%
Clinics (Primary Care and Specialty Clinics)																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Rate Provider	88.0%	84.4%	84.5%	81.7%	80.3%	80.0%	80.6%	78.4%	79.8%	83.6%	80.8%	85.1%	85.2%	75.9%	82.5%	87.5%	83.1%	93.8%
Likely to Recommend	91.3%	91.9%	92.0%	88.3%	89.8%	87.0%	88.2%	90.4%	90.7%	87.9%	89.5%	91.4%	91.3%	85.1%	89.6%	92.0%	89.3%	97.5%
Confidence in Provider	91.3%	91.1%	91.8%	90.2%	90.8%	89.7%	90.2%	93.2%	92.5%	93.7%	93.1%	93.1%	92.1%	89.7%	91.7%	92.0%	90.0%	97.5%
Access to Care Dimension	56.4%	70.9%	65.9%	67.8%	65.3%	66.5%	66.6%	65.5%	64.2%	67.5%	65.9%	62.9%	67.6%	63.8%	64.9%	73.9%	64.3%	79.5%
Established Patient Visit	9.7	11.7	11.0	16.3	14.1	12.6	14.3	12.0	14.5	14.3	13.6	10.3	9.9	12.98	11.10	12.26	< 10 days	
New patient visit	56.6	54	58.03	46.9	52.7	60.2	53.27	47.5	45.9	62.9	52.1	46.6	46.8	49.2	47.53	56	30	

Rehab Therapy																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Overall	86.4%	78.3%	75.8%	72.0%	92.3%	90.9%	81.6%	100.0%	86.4%	83.3%	90.7%	73.3%	78.6%	90.0%	79.2%	ND	85.6%	92.3%
Likely to Recommend	95.5%	90.5%	85.0%	80.8%	83.3%	90.0%	83.3%	95.0%	95.5%	81.8%	92.5%	80.0%	79.3%	90.0%	81.5%	ND	88.4%	94.6%
Access to Care Dimension	79.5%	64.6%	70.6%	65.4%	76.9%	54.5%	66.0%	85.0%	80.4%	70.8%	80.0%	73.3%	67.2%	75.0%	70.4%	ND	74.7%	85.3%
Confidence in Therapist	81.8%	86.4%	82.0%	76.0%	92.3%	63.6%	77.6%	90.0%	69.6%	91.7%	81.8%	86.7%	86.2%	90.0%	87.0%	ND	88.9%	94.3%
Home Health																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Overall	70.0%	78.6%	77.1%	100.0%	58.3%	88.9%	78.6%	75.0%	100.0%	77.8%	84.4%	81.8%	84.6%	80.0%	82.6%	87.5%	85.0%	92.8%
Likely to Recommend	70.0%	76.9%	79.4%	100.0%	75.0%	87.5%	85.2%	91.7%	100.0%	90.0%	93.9%	90.9%	76.9%	100.0%	86.2%	85.7%	80.3%	89.6%
Confidence in Care Provider	70.0%	85.7%	80.0%	85.7%	83.3%	88.9%	85.7%	91.7%	72.7%	80.0%	81.8%	81.8%	76.9%	100.0%	82.8%	85.7%	82.5%	91.0%
Outpatient Testing (Sleep, Lab, DI)																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Goal
Overall	78.8%	78.7%	79.4%	75.6%	82.1%	77.3%	78.2%	88.2%	85.7%	83.5%	85.8%	92.5%	79.5%	84.5%	85.8%	84.0%	82.5%	90.4%
Likely to Recommend	79.7%	78.7%	78.8%	78.5%	81.8%	86.1%	82.0%	88.3%	90.8%	83.7%	87.6%	90.0%	86.3%	78.2%	85.6%	76.0%	82.8%	90.6%
Told when/how to receive results	68.2%	68.9%	67.2%	72.7%	68.7%	79.5%	73.7%	69.2%	71.8%	68.7%	69.7%	76.5%	66.7%	63.2%	69.5%	75.0%	71.3%	82.6%
Confidence in Staff	76.8%	88.5%	83.8%	87.3%	82.6%	84.5%	84.9%	87.2%	89.6%	89.7%	88.9%	87.7%	90.4%	77.4%	85.8%	83.3%	85.2%	91.1%
Patient Advocate Reports																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	Goal	
Days to Acknowledgement	1.8	4.1	3.53	3	1.66	2.3	2.32	3.26	1.74	2.17	2.39	3.04	3.25	1.96	2.75	1.76	7	
Days to Closure	11	11.6	12.73	13.9	7.8	14.2	11.97	13.65	12.8	14.14	13.53	18.28	9.66	11.42	13.2	11.16	≤ 30	






Community

Strategy	Metric	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Align with partners to implement the CHIP	Colorectal Cancer Screening	70.0%	70.0%	71.0%	71.0%	71.0%	69.0%	70.0%	69.0%
Align with partners to implement the CHIP	Contract provider influenza vaccine rates						19.0%	81.0%	92.0%
Align with partners to implement the CHIP	Employee influenza vaccination rates						22.0%	89.0%	94.0%
Align with partners to implement the CHIP	Volunteer influenza vaccination rates						1.0%	67.0%	75.0%
Align with partners to implement the CHIP	Pneumococcal vaccination	81.0%	80.0%	80.0%	81.0%	80.0%	80.0%	80.0%	85.0%
Align with partners to implement the CHIP	% fully immunized children age 19-35 months	22.0%	42.0%	33.0%	39.0%	35.0%	37.0%	41.0%	20%
Provide leadership in the completion of the next Community Health Assessment	Completion of CHA Assessment	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Planning
Engage community partners in advancing programs that support the community's health	Number of ED transfers	4.65%	4.17%	3.14%	4.14%	3.44%	4.40%	4.48%	4.59%
Develop a community impact report	Completion of Report	Not Started	Not Started	Not Started	Not Started	Planning	Planning	Planning	Planning

Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Overall Performance	Trend	Goal
69.0%	68.0%	68.0%	67.0%	66.0%	69.2%		> 45%
92.0%	92.0%	92.0%	92.0%		92.0%		> 90%
95.0%	95.0%	95.0%	95.0%		95.0%		> 90%
75.0%	75.0%	75.0%	75.0%		75.0%		> 90%
85.0%	81.0%	80.0%	81.0%	80.0%	81.1%		60%
33.0%	33.0%	27.0%	21.0%	31.0%	33.0%		60%
Planning	Planning	Planning	In Progress	In Progress	In Progress		Complete
5.03%	4.86%	4.28%	4.94%	5.24%	4.19%		< 3.92%
Planning	Planning	Planning	Planning	Planning	In Progress		Complete

Sustainability

Strategy	Metric	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Actively Manage Resources to ensure the long term financial health of JHC	Contribution Margin (% of departments meeting contribution)	54.3%	61.7%				
Actively Manage Resources to ensure the long term financial health of JHC	Productivity (overall - adjusted productive FTE)	100.7%	130.5%				
Actively Manage Resources to ensure the long term financial health of JHC	% net revenue for salaries, wages, and benefits	61.5%	62.6%				
Be a financially high performing organization	Change in Net Position	\$103,502.92	\$1,407,503.56				
Be a financially high performing organization	Days in A/R	53.54	54.52				
Be a financially high performing organization	Gross Charges: budget to actual	-\$70,415	\$2,646,999				
Be a financially high performing organization	Days Cash on Hand	90	89				
Continue to leverage the partnership with WRHC	Participating in at least one VB or cost saving activity through WHRC	Yes	Yes				36

Sep-19	Oct-19	Nov-19	Dec-19	Trend	YTD	Goal
					58.0%	90% 
					102.3%	90%
					60.9%	62%
					#####	No Negative Quarters
					51.16	≤ 45 Days
						
					94.00	≥ 90 Days
					In Progress	Complete

Questions



Jefferson Healthcare

April 2019 Finance Report

May 22, 2019

Hilary Whittington, CAO/CFO

Education

2019 Capital budget status

Finance Category	Department	Project Name	Budgeted Quarter	Status
Capital	ACU	Bariatric Bed Bart 10-A series	Q1	Complete
Capital	ACU	Copier	Q1	Complete
Capital	Dental Clinic	Dental Clinic	Q1	Complete
Capital	Dietary	Upgrade POS System	Q1	On Hold
Capital	Facilities	Remax Space Project	Q1	Complete
Capital	Facilities	Replace/Add Security Cameras and Servers	Q1	Complete
Capital	IT	Infor – Improve/Upgrade/Replace	Q1	In Progress
Capital	Lab	Osmometer	Q1	Complete
Capital	Nursing Admin	Upper Floor Refresh	Q1	Start delayed to Q3.
Capital	Rehab	Senaptec Sensory System	Q1	Complete
Capital	Respiratory/RT	ABG Machine	Q1	Complete
Capital	Surgery	Dual Channel Rigid Ureteroscope	Q1	Complete
Project-Capital	Dietary	Coffee Kiosk	Q1	On Hold
Project-Capital	JHSA	Automatic Door Opener	Q1	Complete
Project-Capital	Pharmacy	Retail Pharmacy-Phase 2	Q1	In Progress
Project-Capital	Rehab	Repurpose Shower Room	Q1	In Progress
Project-Capital	Surgery	Blanket and Fluid Warmer Cabinet	Q1	Complete
Capital	Employee Health	Respiratory Quantitative N95 Fit Testing Machine	Q2	Complete
Capital	EVS	Copier	Q2	Complete
Capital	Facilities	Steam Generators and Boilers	Q2	Complete
Capital	IT	Network Firewall	Q2	
Capital	IT	Replacement of Clinic Fiber Optic Loop	Q2	
Capital	Lab	Cepheid-Genexpert 4 Module	Q2	On Hold
Capital	Rehab	Copier	Q2	Complete
Project-Capital	JHSA	Double Sink w/Counter Area	Q2	Canceled

Finance Category	Department	Project Name	Budgeted Quarter	Status
Capital	Cardiac Rehab	Cardiopulmonary Rehab Patient Monitoring System	Q3	Complete
Capital	Dietary	Outdoor Walk In Cooler and Shelving Unit	Q3	Complete
Capital	Echocardiography	ECHO PACS Interpretation System	Q3	
Capital	Facilities	Medical Gas Oxygen	Q3	
Capital	Infusion Clinic	Copier	Q3	
Capital	Lab	Beckman Coulter Iricell Urine Analyzer	Q3	On Hold
Capital	Respiratory/RT	Transport Ventilator	Q3	Complete
Project-Capital	Rehab	Reception Desk Remodel	Q3	
Capital	Home Health	HHH - Epic module	Q4	
Capital	Lab	Microscopes	Q4	
Capital	Orthopedic Clinic	Copier	Q4	
Capital	Surgery	Flexible Cystoscope	Q4	
Project-Capital	Diagnostic Imaging	Remodel Radiologist's Reading Room in ESSB	Q4	
Project-Capital	Lab	Outpatient Lab Automatic Door Opener	Q4	
Unbudgeted Requests	SOCO	Exam Table x2		Complete
Unbudgeted Requests	Dermatology	Full Body Phototherapy Unit (budgeted w/derm buildout)		Complete
Unbudgeted Requests	FBC	Prazair Nitrous Oxide		Complete
Unbudgeted Requests	Facilities	HepaCart		Complete
Unbudgeted Requests	Surgery	Styker System 8 Saw x2		Complete

Service Line Highlight

SLEEP CLINIC & SLEEP CENTER – How are we doing on our 2019 objectives?

Our plan for Sleep Medicine in 2019:

- **Submit application for accreditation in 2020**
- **Hire a scoring Technician to work during the day**
- **Expand patient services through education**
- **Maintain and increase clinic visits through billable services implemented in 2018 (mask adjustments, PAPNAPs)**

PARAMETER	2019 Objectives	April 2019 Progress
Volumes (Visits – Clinic / Sleep Studies - Center)	4% growth	Clinic - 47% under budget for Apr/35% under budget YTD Center – 8% over budget for Apr/18% under budget YTD
Pricing change	20% decrease in clinic visit prices to more closely align with primary care rates / 10% increase in sleep study prices	Revenue is aligned with volumes for April & YTD
Expenses	5.8% increase	Under budget in expenses both for April & YTD, but net income YTD is under budget by 18.8% as a combined number.
FTE change	Add 0.5 FTE (0.6 tech)	Under budget YTD by 1.04 FTE.

April 2019

Operating Statistics

STATISTIC DESCRIPTION

	APRIL 2019						APRIL 2018					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL		YTD ACTUAL			
FTEs - TOTAL (AVG)	573	616	7%	565	616	8%	544	-5%	545	-4%		
ADJUSTED PATIENT DAYS	2,563	2,198	17%	9,141	8,792	4%	2,119	21%	8,402	9%		
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	88	83	6%	343	333	3%	64	38%	343	0%		
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	381	338	13%	1,378	1,353	2%	306	25%	1,423	-3%		
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	478	429	11%	1,785	1,718	4%	372	28%	1,800	-1%		
SURGERY CASES (IN OR)	118	105	12%	424	422	0%	84	40%	380	10%		
SPECIAL PROCEDURE CASES	72	75	-4%	257	300	-14%	62	16%	262	-2%		
LAB BILLABLE TESTS	18,695	18,343	2%	74,462	73,370	1%	17,514	7%	73,147	2%		
TOTAL DIAGNOSTIC IMAGING TESTS	2,831	2,765	2%	11,249	11,065	2%	2,479	14%	10,246	9%		
PHARMACY MEDS DISPENSED	21,900	24,177	-9%	88,937	96,707	-8%	20,794	5%	93,908	-6%		
RESPIRATORY THERAPY PROCEDURES	3,882	3,355	16%	15,259	13,420	14%	2,686	45%	13,589	11%		
REHAB/PT/OT/ST RVUs	8,892	9,069	-2%	34,015	36,280	-6%	6,695	33%	34,003	0%		
ER CENSUS	1,042	1,054	-1%	4,070	4,217	-3%	997	5%	4,141	-2%		
TOTAL RURAL HEALTH CLINIC VISITS	5,985	5,936	1%	23,538	23,743	-1%	4,714	27%	20,340	14%		
TOTAL SPECIALTY CLINIC VISITS	3,719	3,641	2%	13,649	14,565	-6%	2,983	25%	12,126	11%		
HOME HEALTH EPISODES	80	67	19%	290	269	8%	58	38%	257	11%		
HOSPICE CENSUS/DAYS	825	1,116	-26%	3,359	4,465	-25%	955	-14%	4,127	-23%		



April 2019

Income Statement Summary



Operating Revenue

	April 2019 Actual	April 2019 Budget	Variance Favorable/ (Unfavorable)	%	April 2019 YTD	April 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	April 2018 YTD
Gross Patient Service Revenue	23,130,909	20,483,910	2,646,999	13%	84,863,290	81,935,688	2,927,602	4%	75,646,791
Revenue Adjustments	13,010,419	10,876,337	(2,134,083)	-20%	46,083,586	43,505,374	(2,578,212)	-6%	41,466,632
Charity Care Adjustments	247,526	234,284	(13,242)	-6%	755,419	937,137	181,718	19%	853,728
Net Patient Service Revenue	9,872,963	9,373,289	499,675	5%	38,024,286	37,493,177	531,108	1%	33,326,431
Other Revenue	1,657,264	754,000	903,264	120%	3,067,923	3,016,000	51,922	2%	1,710,182
Total Operating Revenue	11,530,227	10,127,288	1,402,939	14%	41,092,208	40,509,177	583,031	1%	35,036,613

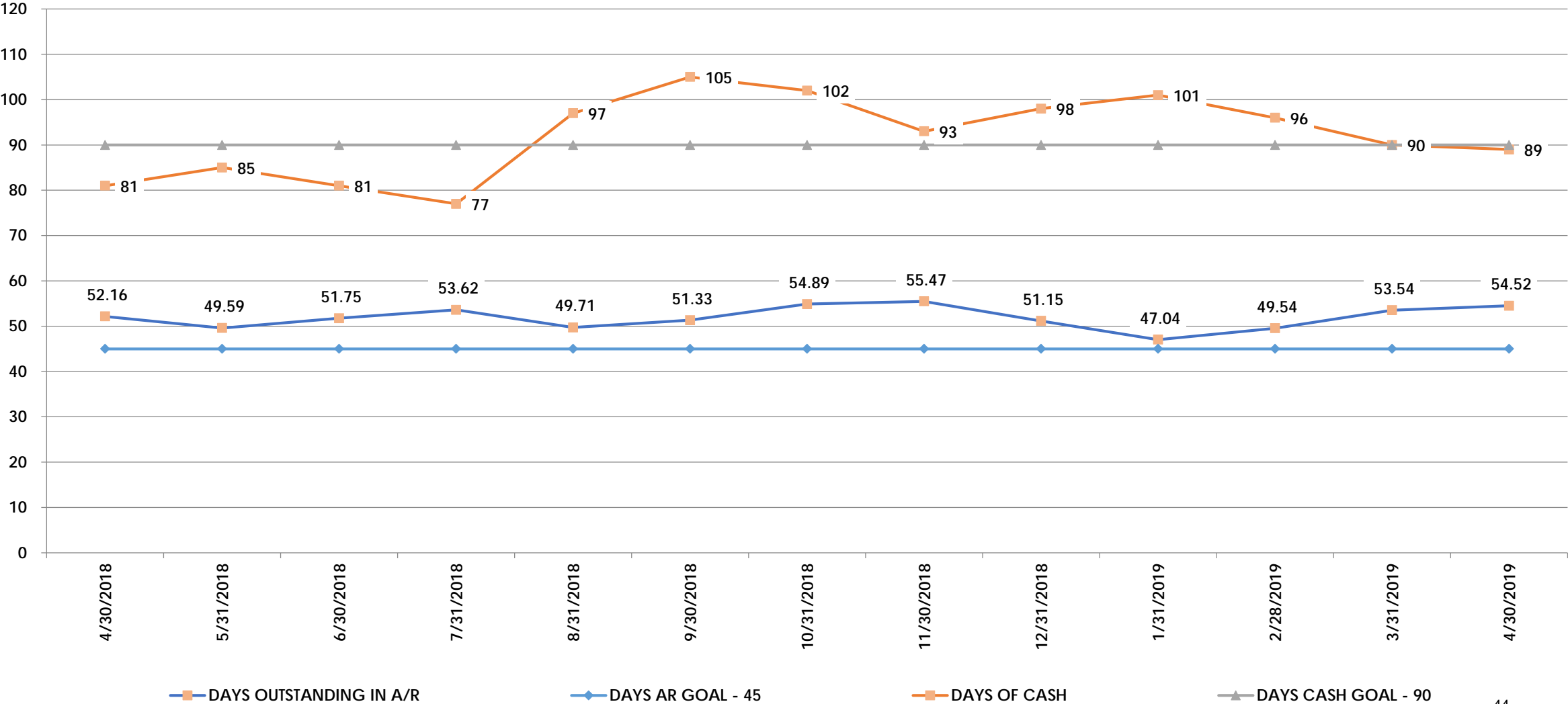
Operating Expenses

Salaries And Wages	4,820,143	4,869,983	49,840	1%	19,045,496	19,479,944	434,448	2%	17,808,117
Employee Benefits	1,363,958	1,218,340	(145,618)	-12%	4,980,039	4,873,363	(106,676)	-2%	4,483,640
Other Expenses	4,091,296	3,821,316	(269,980)	-7%	14,862,904	15,285,273	422,368	3%	13,441,724
Total Operating Expenses	10,275,396	9,909,639	(365,757)	-4%	38,888,439	39,638,580	750,141	2%	35,733,481
Operating Income (Loss)	1,254,831	217,649	1,037,182	477%	2,203,769	870,598	1,333,172	153%	(696,868)
Total Non Operating Revenues (Expenses)	152,673	6,182	146,490	2369%	150,661	24,730	125,932	509%	4,091
Change in Net Position (Loss)	1,407,504	223,832	1,183,672	529%	2,354,431	895,327	1,459,104	163%	43 (692,776)

April 2019

Cash and Accounts Receivable


Days Cash and Accounts Receivable



April 2019

Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	April Actual	April Budget	April Variance	2019 to Date Actual	2019 to Date Budget	2019 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	3,529.00	5,050.00	1,521.00	17,810.00	20,199.00	2,389.00
			602300	CONSULT MNGMT FEE	-	2,055.00	2,055.00	-	8,219.00	8,219.00
			602500	AUDIT FEES	22,678.00	3,288.00	(19,390.00)	22,678.00	13,151.00	(9,527.00)
			604200	CATERING	105.00	123.00	18.00	263.00	493.00	230.00
			604500	OFFICE SUPPLIES	-	24.00	24.00	-	97.00	97.00
			604850	COMPUTER EQUIPMENT	-	82.00	82.00	-	329.00	329.00
			606500	OTHER PURCHASED SERVICES	-	822.00	822.00	-	3,288.00	3,288.00
			609400	TRAVEL/MEETINGS/TRAINING	116.00	1,644.00	1,528.00	4,222.00	6,575.00	2,353.00
		Exp Total			26,428.00	13,088.00	(13,340.00)	44,973.00	52,351.00	7,378.00
	BOARD Total				26,428.00	13,088.00	(13,340.00)	44,973.00	52,351.00	7,378.00



May 2019

Preview — (*as of 0:00 05/22/19)

- **\$21,618,439 in HB charges**
 - Average: \$697,369/day (HB only)
 - Budget: \$669,505/day
 - 104.2% of Budget
- **\$8,796,414 in HB cash collections**
 - Average: \$283,755/day (HB only)
 - Goal: \$294,582/day
- **53.2 Days in A/R**
- **Questions**

Jefferson Healthcare

Patient Safety and Quality Report

Wednesday, May 22, 2019

Agenda



Emergency														Trend	12 mo	Goal	Composite
Metric	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19		93.1%	≥ 90%	50.0%	
Stroke Care	92.0%	91.0%	92.0%	100.0%	100.0%	80.0%	100.0%	89.7%	100.0%	100.0%	100.0%	ND		8.05	< 7 min		
Chest Pain time to EKG	8.0	7.5	7.0	11.0	6.0	8.5	8.5	9.0	7.5	7.0	7.0	7.0		0.50%	≤ 1%		
AMA	0.37%	0.29%	0.79%	0.48%	1.05%	0.30%	0.43%	0.41%	0.58%	0.21%	1.19%	0.79%		1.7%	< 1%		
LWBS	1.39%	0.76%	1.32%	2.29%	1.43%	2.39%	2.24%	2.67%	1.17%	0.96%	0.64%	0.99%					
Inpatient (ACU/ICU)														Trend	YTD	Goal	Composite
Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19		93.1%	≥ 90%	75.0%	
Stroke Care	92.0%	91.0%	92.0%	100.0%	100.0%	80.0%	100.0%	89.7%	100.0%	100.0%	100.0%	ND		79.5%	≥ 90%		
Atrial Fibrillation	100.0%	85.7%	71.4%	50.0%	50.0%	66.7%	92.9%	100.0%	100.0%	100.0%	ND	ND		0.17	≤ 1		
Hospital Acquired Infections	0	0	0	0	0	0	1	0	0	0	0	ND		0.4%	< 1.0%		
Adverse Drug Events	0.0%	0.8%	0.0%	0.0%	0.01%	0.9%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%					
Antimicrobial Stewardship														Trend	YTD	Goal	Composite
Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19		96%	90%	50.0%	
Primary Care: Avoidance of antibiotics for URI	93.0%	100.0%	100.0%	88.0%	100.0%	94.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%		470.3	272		
IP: Days of Therapy	405.8	633.4	550.3	541.1	401.7	467.8	514.4	455.1	449.6	411.5	408.3	428.2					
Surgery														Trend	YTD	Goal	Composite
Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19		0.2	≤1	100.0%	
Post Operative Infections	0	0	1	0	0	0	1	0	0	0	0	ND		0.4	≤1		
IntraOperative Blood Utilization	0	1	1	1	0	0	0	0	0	0	0	0		0.2%	<1%		
Unanticipated Return to the OR	0.33%	0.00%	0.40%	0.38%	0.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	0.00%					
Outpatient														Trend	YTD	Goal	Composite
Metric	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19		33.00	45	25.0%	
Hospice LOS (Median)	61	19	43	28	18	12	33	21	16	26	26	23		72.89	90		
Hospice: LOS (Mean)	109.3	58.5	117.9	65.5	65.6	19.2	69.3	37.5	55.8	61.9	69.8	65.6		3.15	< 3		
Lab: Blood Culture Contamination	6.30	1.18	1.83	3.03	2.63	3.20	2.56	2.75	3.74	0.00	6.9	ND					
Lab: Urine Mixed Organism									42.0%	27.0%	26.0%	42.0%					

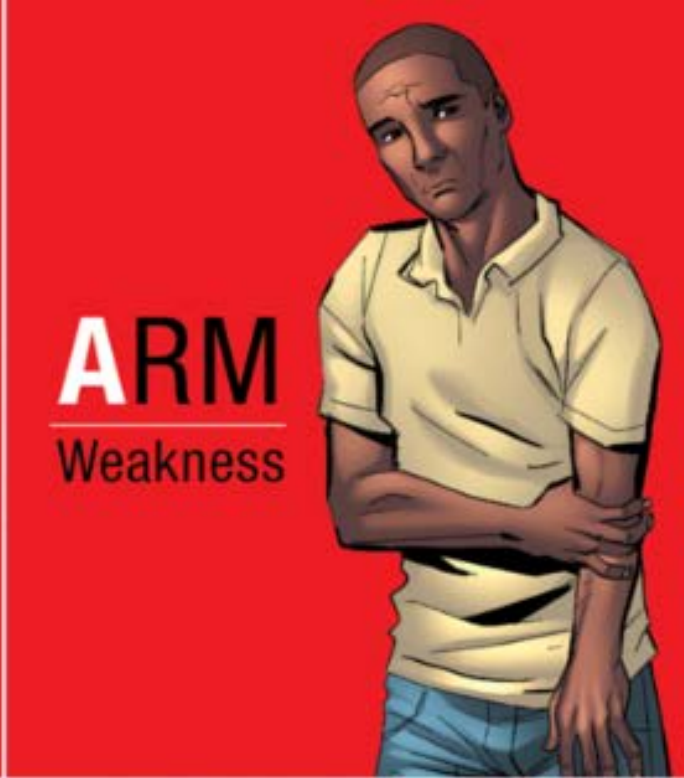


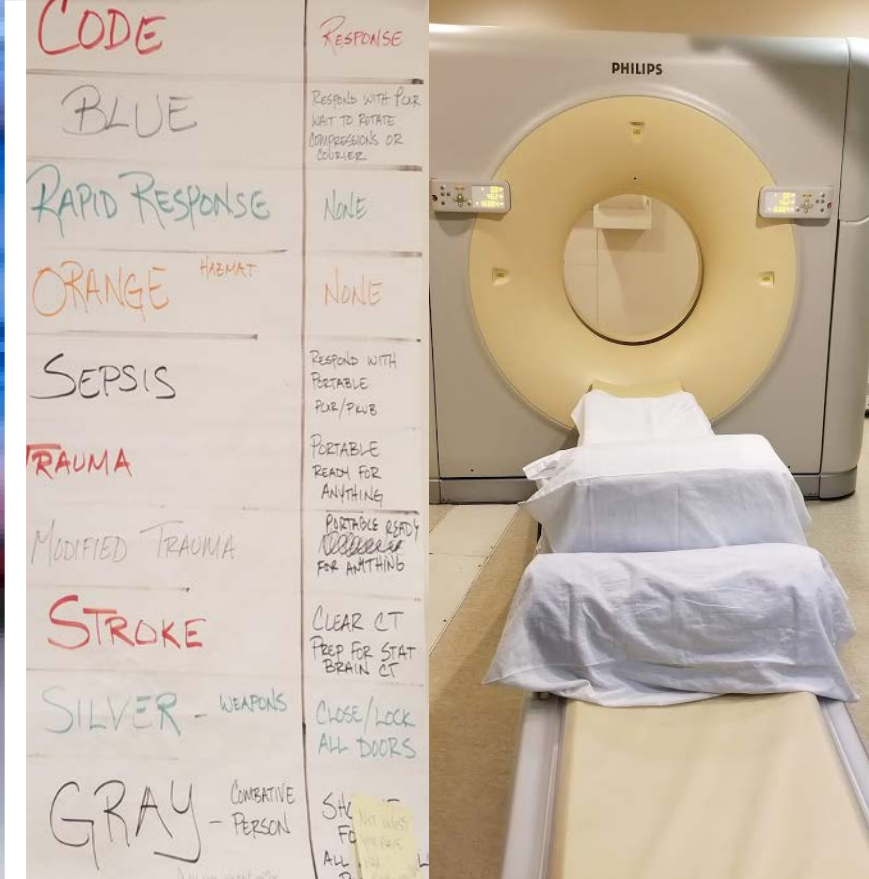
Stroke Awareness Month

- Community Engagement:
 - 80% of Strokes are PREVENTABLE
 - Early activation of 911 is best
- Code Stroke: Partnership with EMS
- Through the lens of our patients...

Think F.A.S.T ...and call 911

- Face drooping
 - Does one side of the face droop or is it numb?
 - Ask the person to smile – is it uneven or lopsided?
- Arm weakness
 - Is one arm weak or numb?
 - Ask the person to raise both arms
 - Does one drift downward?
- Speech
 - Is speech slurred?
 - Is the person hard to understand or unable to speak?
 - Ask the person to repeat a simple sentence
- Time to call 9-1-1
 - Minutes = BRAIN: patients who are treated within 90 minutes are three times more likely to recover with little or no disability





Paging: Code Stroke

- Initial Assessment: Includes National Institute of Health Stroke Scale
- Communication and Handoff
- Labs and Imaging orders
 - A1C, lipid panel, INR, Metabolic panel
- Patient goes to CT when appropriate: Goal is 25 minutes or less



High Quality Specialty Care – At home

- Our providers and staff have a close working relationship with our TeleStroke Team
- The Emergency Department staff are trained to use the Telestroke equipment and support the physicians on the other end
- After the exam is started, we reach out to the Stroke Team using telemedicine
- A specialty team assesses the patient and provides a recommendation
 - Looks at clinical picture and results of assessment and tests
 - Best Practices and need for ongoing services
 - Most importantly – the wishes of our patients

Medications

- Medications may be given
 - Thrombolytics – time sensitive - generally within 60 minutes of arrival
 - Anticoagulants by day 2 of hospitalization
 - Anticoagulants at discharge
 - Intensive Statin Therapy at discharge



Going for Gold: The Dream Team

- Clinical expertise and Communication
- Collaboration and partnerships:
 - TeleStroke
 - EMS
- Passion and Commitment:
 - Kara O'Connell, RN, Stroke Coordinator
 - Dr. Lemke, Stroke Champion
- Leadership:
 - Cindy Kratochvil, RN
 - Tina Toner, CNO
 - Kent Smith, ER Medical Director
 - Mike Glenn, CEO
 - Board of Commissioners



Patient Safety Outcomes															
Metric	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19	YTD	Goal
Pressure Ulcers	0	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0
Patient Falls with Injury	0	2.7	2.7	0	0	0	0	0	0	0	0	0	1	0.64	0.66
Adverse Drug Events	0.0%	0.0%	0.8%	0.0%	0.0%	0.01%	0.9%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.38%	< 1%
Specimen Mislabeling	1	0	0	1	0	0	0	1	0	1	0	1	0	0.53	0
Patient Engagement															
	April	May	June	July	August	September	October	November	December	Jan-19	Feb-19	Mar-19	Apr-19	YTD	Goal
Advance Care Planning	Planning	Planning	In Progress	In Progress	In Progress	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	One event Bi-
Patient Initiated RRT	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PFE 1: Planning Checklists	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PFE 2: Bedside Reporting	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PFE 4: Quality Teams with PFAC Involvement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Patient Safety

Service Excellence

Emergency																		
Metric	May	June	Q2 2018	July	Aug	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Median Length of Stay (discharged)	132	118	129	122	128	119	123	136	142	131	136	136	134	124	131	132	< 104 min	
Median Length of Stay (admitted)	249	248	243	211	250	217	226	237	267	240	248	234	251	248	244	234	< 199 min	
Overall	80.0%	60.9%	75.5%	67.6%	74.2%	70.0%	70.4%	73.1%	72.0%	78.1%	74.7%	60.6%	69.0%	80.0%	68.3%	87.5%	66.3%	80.1%
Confidence in Provider	83.9%	65.0%	78.7%	73.7%	78.6%	79.3%	76.8%	69.6%	64.0%	80.6%	71.3%	63.6%	69.2%	68.4%	67.5%	50.0%	70.4%	81.1%
Likely to Recommend	80.0%	72.7%	78.5%	73.7%	75.8%	77.4%	75.5%	76.9%	84.0%	78.1%	79.5%	64.7%	78.6%	81.0%	73.5%	75.0%	68.9%	82.4%
Communication (MD/RN)	75.0%	69.6%	72.7%	61.1%	92.9%	75.9%	75.3%	76.0%	56.0%	74.2%	69.1%	66.7%	55.6%	85.0%	67.5%	37.5%	66.5%	79.2%
Inpatient (ACU/ICU/FBC)																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Overall	80.0%	69.2%	75.0%	78.6%	72.0%	86.4%	78.7%	75.0%	87.5%	81.3%	80.8%	83.3%	92.3%	73.3%	82.7%	100.0%	73.5%	84.1%
Likely to Recommend	92.0%	80.8%	83.8%	82.8%	68.0%	86.4%	78.9%	76.2%	80.0%	93.8%	82.7%	91.7%	100.0%	93.3%	94.2%	100.0%	75.5%	86.4%
Quiet at Night	50.0%	34.6%	51.9%	46.4%	34.6%	52.4%	44.0%	38.1%	73.3%	40.0%	49.0%	62.5%	76.9%	46.7%	61.5%	50.0%	58.7%	76.3%
Confidence in Nurse	87.5%	80.8%	78.5%	78.6%	80.8%	82.6%	80.5%	80.0%	94.1%	81.3%	84.9%	87.5%	78.6%	66.7%	79.2%	80.0%	74.6%	84.3%
Confidence in Provider	87.5%	76.9%	82.1%	82.1%	72.0%	91.3%	81.8%	80.0%	76.5%	93.8%	83.0%	87.5%	92.9%	80.0%	86.8%	100.0%	78.4%	88.8%
Communication (MD/RN)	79.2%	73.1%	71.8%	55.6%	69.6%	78.9%	66.7%	63.2%	85.7%	86.7%	77.1%	78.3%	78.6%	81.8%	76.9%	50.0%	61.4%	74.0%
Clinics (Primary Care and Specialty Clinics)																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Rate Provider	88.0%	84.4%	84.5%	81.7%	80.3%	80.0%	80.6%	78.4%	79.8%	83.6%	80.8%	85.1%	85.2%	75.9%	82.5%	87.5%	83.1%	93.8%
Likely to Recommend	91.3%	91.9%	92.0%	88.3%	89.8%	87.0%	88.2%	90.4%	90.7%	87.9%	89.5%	91.4%	91.3%	85.1%	89.6%	92.0%	89.3%	97.5%
Confidence in Provider	91.3%	91.1%	91.8%	90.2%	90.8%	89.7%	90.2%	93.2%	92.5%	93.7%	93.1%	93.1%	92.1%	89.7%	91.7%	92.0%	90.0%	97.5%
Access to Care Dimension	56.4%	70.9%	65.9%	67.8%	65.3%	66.5%	66.6%	65.5%	64.2%	67.5%	65.9%	62.9%	67.6%	63.8%	64.9%	73.9%	64.3%	79.5%
Established Patient Visit	9.7	11.7	11.0	16.3	14.1	12.6	14.3	12.0	14.5	14.3	13.6	10.3	9.9	12.98	11.10	12.26	< 10 days	
New patient visit	56.6	54	58.03	46.9	52.7	60.2	53.27	47.5	45.9	62.9	52.1	46.6	46.8	49.2	47.53	56	30	

“Jefferson Healthcare is definitely a first class facility. My family and I are proud of our hospital.”

“I have nothing but good things to say about this hospital Doctors, nurses, and support staff were outstanding, and I went home feeling 100% better than when admitted.”

Service

Rehab Therapy																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Overall	86.4%	78.3%	75.8%	72.0%	92.3%	90.9%	81.6%	100.0%	86.4%	83.3%	90.7%	73.3%	78.6%	90.0%	79.2%	ND	85.6%	92.3%
Likely to Recommend	95.5%	90.5%	85.0%	80.8%	83.3%	90.0%	83.3%	95.0%	95.5%	81.8%	92.5%	80.0%	79.3%	90.0%	81.5%	ND	88.4%	94.6%
Access to Care Dimension	79.5%	64.6%	70.6%	65.4%	76.9%	54.5%	66.0%	85.0%	80.4%	70.8%	80.0%	73.3%	67.2%	75.0%	70.4%	ND	74.7%	85.3%
Confidence in Therapist	81.8%	86.4%	82.0%	76.0%	92.3%	63.6%	77.6%	90.0%	69.6%	91.7%	81.8%	86.7%	86.2%	90.0%	87.0%	ND	88.9%	94.3%
Home Health																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Top Quartile
Overall	70.0%	78.6%	77.1%	100.0%	58.3%	88.9%	78.6%	75.0%	100.0%	77.8%	84.4%	81.8%	84.6%	80.0%	82.6%	87.5%	85.0%	92.8%
Likely to Recommend	70.0%	76.9%	79.4%	100.0%	75.0%	87.5%	85.2%	91.7%	100.0%	90.0%	93.9%	90.9%	76.9%	100.0%	86.2%	85.7%	80.3%	89.6%
Confidence in Care Provider	70.0%	85.7%	80.0%	85.7%	83.3%	88.9%	85.7%	91.7%	72.7%	80.0%	81.8%	81.8%	76.9%	100.0%	82.8%	85.7%	82.5%	91.0%
Outpatient Testing (Sleep, Lab, DI)																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	NRC Average	Goal
Overall	78.8%	78.7%	79.4%	75.6%	82.1%	77.3%	78.2%	88.2%	85.7%	83.5%	85.8%	92.5%	79.5%	84.5%	85.8%	84.0%	82.5%	90.4%
Likely to Recommend	79.7%	78.7%	78.8%	78.5%	81.8%	86.1%	82.0%	88.3%	90.8%	83.7%	87.6%	90.0%	86.3%	78.2%	85.6%	76.0%	82.8%	90.6%
Told when/how to receive results	68.2%	68.9%	67.2%	72.7%	68.7%	79.5%	73.7%	69.2%	71.8%	68.7%	69.7%	76.5%	66.7%	63.2%	69.5%	75.0%	71.3%	82.6%
Confidence in Staff	76.8%	88.5%	83.8%	87.3%	82.6%	84.5%	84.9%	87.2%	89.6%	89.7%	88.9%	87.7%	90.4%	77.4%	85.8%	83.3%	85.2%	91.1%
Patient Advocate Reports																		
Metric	May	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	Goal	
Days to Acknowledgement	1.8	4.1	3.53	3	1.66	2.3	2.32	3.26	1.74	2.17	2.39	3.04	3.25	1.96	2.75	1.76	7	
Days to Closure	11	11.6	12.73	13.9	7.8	14.2	11.97	13.65	12.8	14.14	13.53	18.28	9.66	11.42	13.2	11.16	< 30	

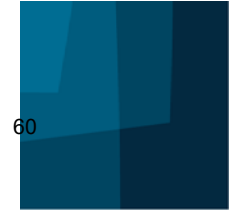
“The quality of healthcare and coordination with complimentary/alternative therapies were critical factors when we moved to PT. We can (and often do walk the mile there)”

“Very helpful front desk Wonderful therapist Clean/bright/cheerful facility Good equipment My surgeon complimented the great PT I received at Jefferson.”

Current Projects

- Patient-Initiated Rapid Response Teams
 - Collaboration with WSHA and the Infusion Clinic
- Commission on Cancer Quality Studies
 - Breast cancer screening
 - Medication Safety
 - Patient Engagement
- Medical Staff Quality
 - Medical Staff Ongoing Professional Practice Evaluation
- Antimicrobial Stewardship
 - Decreasing unnecessary antibiotic use
 - Creating community awareness
 - Decreasing cost and improving patient outcomes
- Medicaid Transformation Project
 - Looking at utilization patterns and high risk patients in the Emergency Department

Questions?



Jefferson Healthcare

Administrative Report

May 22, 2019

Mike Glenn, CEO

Jefferson Healthcare Foundation

- \$100,000 First Federal Community Foundation Community Development Grant
- Funds will be used to offset the cost of updating patient rooms in the ICU, ACU and Birth Center.

Surveys

- DNV returned for a follow up visit to review and accept our correction action plan.
- The College of American Pathologists (CAP) held their biennial survey on May 2. The lab passed with flying colors.

Introduction

- Tammy Tarsa, Executive director, Home Health and Hospice



Workforce Development

Peninsula College

- Partnership with Peninsula College and Olympic Medical Center extended another two years.
- Additions RN's, MA's and CNA slots made available at Peninsula College

Association of Community Health

- Onsite MA training for Jefferson Healthcare Clinic facilities in Port Townsend.
- After 7 weeks on the job, applicant eligible to be registered as MA-R with the State of Washington and of the completion of the program will be prepared to sit for MA-C Certification test.

Questions

