
Special Session Agenda Wednesday, June 19, 2019

<u>Call to Order:</u>	2:30
<u>Education Topic:</u>	2:30
<ul style="list-style-type: none">• Independent Auditors Report,<ul style="list-style-type: none">◦ Tom Dingus, Dingus, Zarecor & Associates, PLLC	
<u>Break:</u>	3:20
<u>Approve Agenda:</u>	3:30
<u>Patient Story:</u>	3:31
<u>Minutes:</u> Action Requested	3:36
<ul style="list-style-type: none">• May 22 Regular Session (pg. 2-4)	
<u>Required Approvals:</u> Action Requested	3:38
<ul style="list-style-type: none">• May Warrants and Adjustment (pg. 5-10)• Resolution 2019-10 Cancel Warrants (pg. 11)• Resolution 2019-11 Surplus Equipment (pg. 12)• Medical Staff Credentials/ Appointments/ Reappointments (pg.13)• Medical Staff Policy (pg. 14-25)	
<u>Public Comment:</u>	3:40
<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>Financial Report:</u> Hilary Whittington, CAO/CFO	3:50
<u>Quality Report:</u> Brandie Manuel, Chief Pt Safety and Quality Officer	4:00
<u>Administrative Report:</u> Mike Glenn, CEO	4:10
<u>Chief Medical Officer Report:</u> Dr. Joseph Mattern, MD, CMO	4:20
<u>Board Business:</u>	4:30
<u>Meeting Evaluation:</u>	4:40
<u>Conclude:</u>	4:45
This Special 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, 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
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)

May 2019 Actual	May 2019 Budget	Variance Favorable/ (Unfavorable)	%	May 2019 YTD	May 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	May 2018 YTD
3,611,576	4,174,885	(563,309)	-13%	19,566,918	20,335,727	(768,809)	-4%	19,370,506
17,815,925	16,991,840	824,084	5%	86,723,873	82,766,687	3,957,186	5%	76,206,491
21,427,501	21,166,726	260,775	1%	106,290,791	103,102,414	3,188,377	3%	95,576,997
1,775,526	2,050,705	275,179	13%	9,854,838	9,988,918	134,080	1%	9,330,953
7,322,826	7,241,073	(81,753)	-1%	36,913,478	35,271,024	(1,642,454)	-5%	34,194,260
291,469	242,094	(49,375)	-20%	1,046,888	1,179,231	132,343	11%	1,096,093
1,650,104	1,577,989	(72,115)	-5%	8,271,958	7,686,330	(585,627)	-8%	7,204,210
72,017	94,156	22,140	24%	460,825	458,631	(2,194)	0%	442,296
549,568	274,968	(274,600)	-100%	1,952,528	1,339,362	(613,166)	-46%	1,593,214
11,661,510	11,480,985	(180,524)	-2%	58,500,515	55,923,496	(2,577,018)	-5%	53,861,026
9,765,991	9,685,740	80,251	1%	47,790,276	47,178,917	611,359	1%	41,715,971
299,736	325,967	(26,232)	-8%	1,463,529	1,587,775	(124,246)	-8%	1,458,126
128,397	453,167	(324,769)	-72%	2,032,526	2,207,359	(174,833)	-8%	735,427
10,194,124	10,464,874	(270,750)	-3%	51,286,332	50,974,051	312,280	1%	43,909,524
4,881,038	5,032,320	151,283	3%	23,926,533	24,512,264	585,731	2%	22,119,923
1,238,266	1,258,953	20,687	2%	6,218,304	6,132,316	(85,989)	-1%	5,511,506
368,306	353,256	(15,051)	-4%	2,166,793	1,720,696	(446,097)	-26%	2,042,166
645,276	680,889	35,613	5%	2,688,013	3,316,589	628,576	19%	2,614,053
1,659,264	1,815,992	156,728	9%	8,812,320	8,845,635	33,315	0%	7,511,199
49,485	54,427	4,941	9%	267,902	265,110	(2,792)	-1%	308,993
156,678	159,048	2,371	1%	732,427	774,718	42,292	5%	610,967
387,241	417,794	30,553	7%	1,933,684	2,035,061	101,377	5%	1,994,447
87,201	97,708	10,507	11%	305,030	475,931	170,901	36%	283,352
93,503	107,104	13,601	13%	493,911	521,699	27,788	5%	465,439
47,252	55,617	8,365	15%	266,836	270,910	4,074	2%	265,046
173,741	206,862	33,121	16%	863,936	1,007,619	143,683	14%	710,815
9,787,250	10,239,970	452,720	4%	48,675,689	49,878,549	1,202,861	2%	44,437,905
406,874	224,904	181,969	81%	2,610,643	1,095,502	1,515,141	138%	(528,381)
18,507	21,530	(3,023)	-14%	138,339	104,873	33,466	32%	148,669
17,344	19,373	(2,029)	-10%	129,377	94,365	35,012	37%	109,392
51,208	28,180	23,028	82%	263,241	137,265	125,976	92%	133,644
(82,771)	(84,692)	1,922	2%	(403,320)	(412,532)	9,212	2%	(436,344)
-	-	-	0%	-	0	-	0%	0
-	-	-	0%	-	0	-	0%	0
5,567	21,997	(16,430)	-75%	32,881	107,148	(74,267)	-69%	35,970
9,856	6,388	3,467	54%	160,517	31,118	129,399	416%	(8,669)
416,730	231,293	185,437	80%	2,771,160	1,126,620	1,644,540	146%	(537,050)

STATISTIC DESCRIPTION

STATISTIC DESCRIPTION	MAY 2019						MAY 2018			
	MO	MO	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	573.33	615.68	7%	566.21	615.68	8%	539.92	-6%	543.80	-4%
FTEs - PRODUCTIVE (AVG)	523.38	553.64	5%	505.97	553.64	9%	490.52	-7%	494.10	-2%
ADJUSTED PATIENT DAYS	2,331	2,271	3%	11,472	11,063	4%	1,998	17%	10,400	10%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	73	86	-15%	416	419	-1%	78	-6%	421	-1%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	336	350	-4%	1,714	1,703	1%	293	15%	1,716	0%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	26	8	225%	90	40	125%	13	100%	47	48%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	435	444	-2%	2,220	2,162	3%	384	13%	2,184	2%
BIRTHS	12	11	9%	45	52	-13%	8	50%	48	-7%
SURGERY CASES (IN OR)	116	109	6%	540	531	2%	116	0%	496	8%
SURGERY MINUTES (IN OR)	15,096	14,630	3%	70,770	71,263	-1%	15,760	-4%	65,753	7%
SPECIAL PROCEDURE CASES	87	77	13%	344	377	-9%	76	14%	338	2%
LAB BILLABLE TESTS	19,138	18,954	1%	93,600	92,324	1%	18,669	3%	91,816	2%
BLOOD BANK UNITS MATCHED	35	60	-42%	226	292	-23%	61	-43%	266	-18%
MRIs COMPLETED	183	169	8%	898	822	9%	185	-1%	779	13%
CT SCANS COMPLETED	482	417	16%	2,387	2,031	18%	456	6%	2,019	15%
RADIOLOGY DIAGNOSTIC TESTS	1,596	1,500	6%	7,452	7,307	2%	1,521	5%	6,949	7%
ECHOs COMPLETED	125	138	-9%	629	671	-6%	112	12%	541	14%
ULTRASOUNDS COMPLETED	337	327	3%	1,575	1,593	-1%	343	-2%	1,545	2%
MAMMOGRAPHYS COMPLETED	251	249	1%	1,131	1,215	-7%	241	4%	1,167	-3%
NUCLEAR MEDICINE TESTS	41	58	-29%	192	284	-32%	35	17%	139	28%
TOTAL DIAGNOSTIC IMAGING TESTS	3,015	2,858	5%	14,264	13,923	2%	2,893	4%	13,139	8%
PHARMACY MEDS DISPENSED	23,250	24,983	-7%	112,187	121,690	-8%	22,490	3%	116,398	-4%
ANTI COAG VISITS	389	549	-29%	1,932	2,672	-28%	477	-18%	2,151	-11%
RESPIRATORY THERAPY PROCEDURES	3,694	3,467	7%	18,953	16,886	12%	3,207	15%	16,796	11%
PULMONARY REHAB RVUs	202	272	-26%	1,008	1,325	-24%	274	-26%	1,337	-33%
PHYSICAL THERAPY RVUs	7,902	7,559	5%	36,307	36,820	-1%	7,690	3%	34,654	5%
OCCUPATIONAL THERAPY RVUs	1,144	1,321	-13%	5,249	6,433	-18%	1,299	-12%	6,445	-23%
SPEECH THERAPY RVUs	194	220	-12%	1,015	1,073	-5%	214	-9%	1,044	-3%
REHAB/PT/OT/ST RVUs	9,442	9,372	1%	43,579	45,651	-5%	9,477	0%	43,480	0%
ER CENSUS	1,152	1,090	6%	5,222	5,307	-2%	1,058	9%	5,199	0%
EXPRESS CLINIC	843	671	26%	3,832	3,268	17%	-	0%	-	100%
SOCO PATIENT VISITS	149	195	-24%	664	952	-30%	145	3%	830	-25%
PORT LUDLOW PATIENT VISITS	645	722	-11%	3,520	3,516	0%	591	9%	2,819	20%
SHERIDAN PATIENT VISITS	2,894	2,811	3%	13,560	13,693	-1%	2,882	0%	13,461	1%
WATERSHIP CLINIC PATIENT VISITS	973	1,104	-12%	5,288	5,378	-2%	1,194	-19%	5,239	1%
TOWNSEND PATIENT VISITS	658	630	4%	2,836	3,070	-8%	590	12%	3,393	-20%
TOTAL RURAL HEALTH CLINIC VISITS	6,162	6,133	0%	29,700	29,877	-1%	5,402	14%	25,742	13%
CARDIOLOGY CLINIC VISITS	221	285	-22%	1,382	1,386	0%	254	-13%	1,242	10%
DERMATOLOGY CLINIC VISITS	509	560	-9%	2,446	2,730	-10%	348	46%	1,683	31%
GEN SURG PATIENT VISITS	374	322	16%	1,695	1,571	8%	337	11%	1,579	7%
INFUSION CENTER VISITS	787	654	20%	3,452	3,185	8%	639	23%	2,718	21%
ONCOLOGY VISITS	497	510	-3%	2,017	2,482	-19%	401	24%	1,716	15%
ORTHO PATIENT VISITS	677	639	6%	3,001	3,111	-4%	667	1%	2,845	5%
SLEEP CLINIC VISITS	110	197	-44%	607	961	-37%	201	-45%	921	-52%
SURGERY CENTER ENDOSCOPIES	78	70	11%	360	341	6%	75	4%	367	-2%
WOMENS CLINIC VISITS	210	233	-10%	1,069	1,135	-6%	211	0%	1,127	-5%
WOUND CLINIC VISITS	297	293	1%	1,380	1,425	-3%	328	-9%	1,389	-1%
TOTAL SPECIALTY CLINIC VISITS	3,760	3,763	0%	17,409	18,327	-5%	3,461	9%	15,587	10%
SLEEP CENTER SLEEP STUDIES	54	75	-28%	290	364	-20%	77	-30%	347	-20%
HOME HEALTH EPISODES	94	69	36%	384	338	14%	72	31%	329	14%
HOSPICE CENSUS/DAYS	970	1,153	-16%	4,329	5,618	-23%	1,116	-13%	5,243	-21%
CARDIAC REHAB SESSIONS	-	122	-100%	-	594	-100%	6	-100%	552	0%
DIETARY TOTAL REVENUE	77,193	95,823	-19%	379,631	466,748	-19%	78,242	-1%	382,659	-1%
MAT MGMT TOTAL ORDERS PROCESSED	2,385	2,081	15%	10,580	10,136	4%	2,557	-7%	12,619	-19%
EXERCISE FOR HEALTH PARTICIPANTS	890	866	3%	4,090	4,219	-3%	860	3%	4,084	0%

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

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

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

General Fund Warrants & ACH Transfers	\$11,527,606.22	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	\$913,054.18	(Attached)
Canceled Warrants	\$125.00	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following warrants:

GENERAL FUND:

254778 - 255602	\$4,087,831.16
ACH TRANSFERS	<u>\$7,439,775.06</u>
	<u>\$11,527,606.22</u>
YEAR-TO-DATE:	<u><u>\$51,693,293.92</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: MAY 2019 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	MAY	MAY YTD	MAY YTD BUDGET
Allowance for Uncollectible Accounts:	549,568.48	1,952,528.09	1,339,361.70
Charity Care:	291,469.17	1,046,887.90	1,179,230.68
Other Administrative Adjustments:	72,016.53	460,825.02	458,631.39
TOTAL FOR MONTH:	\$913,054.18	\$3,460,241.01	\$2,977,223.77

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CAO/CFO
RE: MAY 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
5/1/2018	245626	\$ 125.00

TOTAL:	<u>\$ 125.00</u>
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2019-10

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$125.00

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 \$125.00 be canceled.

Date of Issue	Warrant #	Amount
05/01/2018	245626	125.00
Total		125.00

APPROVED this 19th day of June, 2019.

APPROVED BY THE COMMISSION:

Commission Chair Jill Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2019-11

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

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

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

NOW, THEREFORE, BE IT RESOLVED THAT:

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

Description	Asset #	Serial #	Model #
Ventilator (RT07006)	04-00089	2004W020142	Inspiration (E Vent)
Stryker Stretcher Chair	n/a	160937158	5050 (ER01231)

APPROVED this 19th day of June, 2019.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Bruce McComas: _____

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

FROM: Barbara York – Medical Staff Services
RE: 5/28/2019 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 06/19/2019

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. Busso, Oscar, MD – IM/Hospitalist Locum Tenens *
 2. Chaney, Heide, ARNP – Cardiology *
 3. Cheung, Tobun, MD – IM/Hospitalist
 4. Jackson, Shari, MD – Tele-Radiology
 5. McClelland, Kerani, MD – FM/OB Locum Tenens (for Dr. Hong)
 6. Peng, Holly, MD – Family Medicine Locum Tenens (JHC Family Medicine Clinic) *
- * temp privileges since 5/28/2019

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

None

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

1. Deuel, Thomas, MD – Tele-Neurology
2. Huhdanpaa, Hannu, MD – Tele-Radiology
3. Smith, Sheila, MD – Tele-Neurology
4. Stayman, Aaron, MD – Tele-Neurology
5. Vieco, Pedro, MD – Diagnostic Radiology

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

1. Albee, Jane, ARNP – Women's Health
2. Galbraith, Lisa, PA-C – Port Ludlow Clinic

Medical Student Rotation:

1. Tessa More, MS – University of Washington (sponsored by Dr. M. Hong)
2. Jenny Jensen, MS – University of Washington (sponsored by Dr. M. Hong)

90 day provisional performance review completed successfully:

1. Abrams, Deborah, MD – Med. Oncology
2. Rao, Kartik, DO – Emergency Medicine

ACCESS TO PROVIDER CREDENTIALING AND QUALITY FILES

POLICY/PURPOSE:

It is the policy of the Medical Staff of Jefferson Healthcare to maintain the confidentiality of all records, discussions and deliberations relating to credentialing, medical staff quality assessment and peer review committees. All practitioners have the right to access their credentialing quality data files upon request. Disclosure and/or access are as follows.

PROCEDURE:

Location and Security: All records shall be maintained under the care and custody of Jefferson Healthcare's Medical Staff Services Coordinator. Credentialing and peer review records must remain stored and locked in office and file cabinets except when in use for official business. Records stored electronically must have passwords and possess read/write control protections.

ACCESS TO RECORDS:

The following individuals may access credentialing and peer review records to the extent necessary to conduct official business and as described:

1. An individual practitioner may review his or her credentials and quality assessment file providing:
 - The practitioner will contact the Medical Staff Coordinator to make an appointment.
 - The Medical Staff Services Coordinator or officer of the medical staff is present during the file review.
 - The practitioner understands that he/she may not remove any items from the credentials file.
 - The practitioner understands that he/she may add an explanatory note or other document to the file and correct erroneous information.
 - The practitioner understands that he/she may not review confidential letters of reference received during the initial appointment or any subsequent reappointment.
 - Photocopying: The practitioner may photocopy items that he/she submitted as part of the application or reappointment process (i.e., application, diplomas, licenses, clinical performance reviews, etc.). The practitioner may not photocopy any other items unless express written permission is received from the Chief Executive Officer.
 - For initial and reappointment application processes, the practitioner may receive status on his application upon request.
2. Medical Executive Committee member
3. Medical Staff Committee member conducting credentialing or peer review
4. A representative of the Governing Board
5. The Chief Executive Officer, Chief Medical Officer or designated Assistant Administrator
6. Medical Staff Services personnel for purposes of official medical staff committee business and routine filing of information

7. Consultants or attorneys engaged by Jefferson Healthcare or a Jefferson Healthcare credentialed provider
8. Representatives of regulatory or accreditation agencies

SUBPOENAS:

The hospital will refer all subpoenas pertaining to medical staff records to the Risk Manager and Medical Staff Services Coordinator, who shall consult with legal counsel regarding appropriate response and shall notify the involved practitioner and the Chief of Staff.

VERIFICATION OF INFORMATION:

Routine requests for verifications of affiliation and appointment, reappointment and privileges recommendations shall be released with an appropriate release of information form signed by the practitioner. Routine releases shall not be kept on file. Legal counsel will be obtained by Medical Staff Services Coordinator for release of adverse information and such release shall be documented.

DOCUMENTATION OF ACCESS:

Any person accessing credentialing or quality assessment files (other than Medical Staff Services Director/personnel conducting routine medical staff file upkeep) shall sign and document the purpose and date of the access on the *Access and Released Information* form to be kept in the file.

REFERENCED DOCUMENTS:

NCQA, CR.1, Element B

Annual review:
Minor changes in *Italics*:

Practitioner Re-Entry

PURPOSE:

To develop a re-entry plan for such applicant depending on circumstances surrounding the provider's absence which may include among other things, a *Focused Professional Practice Evaluation*, a refresher course, and/or retraining in order to ensure that the individual's general and specialty skills are up to date.

SCOPE:

Medical Doctors, Osteopathic Doctors, Advanced Registered Nurse Practitioners, Physician Assistants, Dentists, Doctors of Podiatry out of practice for 24 months or more (*Washington State Standard*).

DEFINITION:

Physician reentry is a return to clinical practice in the discipline in which one has been previously trained or certified, following an extended period of clinical inactivity not resulting from discipline or impairment. A practitioner returning to clinical practice in an area or scope of practice in which he or she has not been previously trained or certified or in which he or she has not had an extensive work history is NOT considered a reentry practitioner for the purpose of this policy.

PROCEDURE:

An individual re-entry plan will be created in conjunction with Chief of Service, Department Medical Director and/or representative from Credentials Committee which may include a refresher course and retraining and/or formal Focused Professional Practice Evaluation. The formal Focused Professional Practice Evaluation will be presented to MEC or delegate by Department Chair within 90 days or at next available committee meeting.

If reentry program calls for a practitioner to use a practice mentor upon return to practice, the mentor will be certified by a member board of the American Board of Medical Specialties or American Osteopathic Association and practice in the same clinical area as the returning practitioner. The mentor shall have the capacity to serve as a practice mentor, have no disciplinary history, and have an active and unrestricted license.

REFERENCES:

AAFP, RCW Chapter 18.71 and RCW 18.130.050(14), AMA

INITIAL APPOINTMENT PROCESSING

POLICY:

The medical staff shall have a uniform process to obtain and verify evidence of a practitioner's education, relevant training, experience and current competency.

PURPOSE:

Qualifications need to be met to be appointed to the Medical Staff.

PROCEDURE:

- A. Applicants who meet the qualifications described in the [Medical Staff Bylaws](#), Qualifications for Membership, Article 3.2, shall receive the following information and forms:
 1. Medical Staff Application (Washington State Practitioner Application)
 2. Forms to request privileges, as appropriate
 3. Disclosure statement
 4. CastleBranch(Criminal Background Check)
 5. Other forms as deemed appropriate
- B. Applicant submits the following:
 1. Completed and signed, application and privilege forms.
 2. Current curriculum vitae.
 3. Listing of recent postgraduate medical patient care activities (past 24 months).
 4. Documentation of special training and experience in the areas where specialized privileges are requested
 5. Copy of current Washington State license.
 6. DEA registration if applicable.
 7. Documentation of CME for prior two years (excluding graduates of residency or fellowship programs in the past 24 months).
 8. Documentation of liability insurance in the amount required by the Medical Staff and Governing Board if not employed by Jefferson Healthcare
 9. If applicant has completed a residency program, in the past 24 months, a summary of clinical experience in each of the areas in which privileges are being requested, i.e., types and numbers of cases shall be submitted.
 10. Applicants out of training greater than 24 months shall provide clinical performance data for the last 12 months of practice to include approximate numbers of cases, types of procedures, service areas and types of patients treated. This may come from current hospital affiliations and/or office practice.
 11. Signed Disclosure Statement and Washington State Patrol or CastleBranch form.
 12. Documentation of ACLS/BLS/Neonatal Resuscitation certification, as applicable per privilege requirements.
 13. Identification: Valid picture ID issued by a state or federal agency (driver's license, passport).
- C. In the case of delays in responses to verifications or peer recommendations, the applicant will be notified and will be responsible for following up to the degree necessary to obtain adequate response. Failure of the applicant to respond to a request for assistance within thirty (30) days

shall result in the application being deemed incomplete with no further processing and considered withdrawn. This will be communicated with the stakeholders.

- D. When collection of documentation and verification is completed, the Medical Staff Services Department submits the application and all supporting information to the Chiefs of Service for evaluation as per *Bylaws 6.1.4*. After the Chiefs of Service reviews are completed, the application is forwarded to the Credentials Committee. The Medical Staff Coordinator shall promptly notify the applicant of any further information required. This must be a special notice and must indicate the nature of the information the applicant is to provide within thirty (30) days. Failure without good cause to respond in a satisfactory manner by that date is deemed a voluntary withdrawal of the application.
- E. The recommendations of Chiefs of Service and Credentials Committee are forwarded to the Medical Executive Committee. Evaluation and actions will continue as outlined in the *Bylaws 6.2.16*
- F. Notice of Final Decision:
The Chief Executive Officer provides written notice of the final decision to the applicant.
A notice of decision includes:
 - 1. The clinical privileges the applicant may exercise
 - 2. Any special conditions attached to the appointment
- G. Documentation:
The recommendations of the Chiefs of Service, Credentials Committee, Executive Committee, and the decision of the Governing Board shall be documented in the individual practitioner's file.

TELE MEDICINE PROVIDERS: With applicants seeking appointment with clinical privileges to the Medical Staff to perform telemedicine services, Jefferson Healthcare may request information from the telemedicine entity to make a decision to grant the practitioner privileges (shared approach).

Time Periods for Processing:

Applications shall be processed within the following time periods:

Medical Staff Services Department/Credentials Verification Organization to collect and verify information: Processing of verification to begin within 7 days of receipt of completed application.
Verifications to be completed within 60 working days of receipt of completed application.

Chief of Service: 15 days from notification by Medical Staff Services of completed verified application.

Credentialing Committee: Refers to Medical Executive Committee

Medical Executive Committee: Next regularly scheduled meeting after receiving recommendation from Credentials Committee

Governing Board: Next regularly scheduled meeting after receiving recommendation from Executive Committee

These time periods are guidelines and do not create any rights for a practitioner to have an application processed within these precise periods. If the provisions of the Fair Hearing Plan (as defined in the Medical Staff Bylaws) are activated, the time requirements provided therein govern the continued processing of the application. If action does not occur at a particular step in the process within the time frame specified, and the delay is unwarranted, the next higher authority may immediately proceed to consider the application and all the supporting information, or may be directed by the Chief of Staff on behalf of the Executive Committee or by the Chief Executive Officer on behalf of the Governing Board to so proceed.

The applicant will be notified of the credentialing (and re-credentialing) decision within 60 calendar days of the Board's decision.

RIGHT TO IMPARTIAL, NON-DISCRIMINATORY OF CREDENTIALS:

All Jefferson Healthcare practitioners have the right to an impartial, non-discriminatory, and confidential selection and review process. JHC monitors for and prevents discriminatory credentialing by the following:

JHC does not collect information on an applicant's race, ethnic/national identity and sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law. Medical Executive Committee members are required to sign an annual attestation statement assuring credentialing and re-credentialing decisions are not discriminatory or based on applicant's race, ethnic/national identity, gender, age, sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law.

Current updates of listings in Health Plan practitioner directories and other materials for members are ensured by the payor credentialing team.

REFERENCES:

DNV MS.6, SR.1; CMS 482.12(A)(5); NCQA CR1, Element A, Factor 7

NEW OR ADDITIONAL PRIVILEGES

POLICY:

To cover approval process for:

- Privileges/procedures new to the facility
- Requests for additional privilege(s) not previously granted

PURPOSE:

In accordance with CMS, the State of Washington, the Joint Commission and DNV:

1. It must be a privilege/procedure that the hospital can support and offer, evidenced by approval of the Governing Board
2. It includes criteria for determining privileges that will be consistently applied to all practitioners requesting the privilege
3. It includes a process for evaluating the competency of the individual holding the privilege

PROCEDURE:

The interested practitioner shall supply the following information in collaboration with appropriate department director to the respective Chief(s) of Service and the Chair of the Credentials Committee:

- New privilege/procedure name
- Names of other hospitals in which it is used;
- Any research demonstrating the risks and benefits of this privilege/procedure;
- Any product literature or educational syllabus addressing the privilege/procedure;
- Financial analysis of the new privilege/procedure which should include operating revenue, expenses, capital equipment, and contribution margin if requested
- FDA approval letter if applicable
- Anesthesia or other specialty concerns;
- Recommended minimum education, training, experience necessary to perform the new privilege/procedure
- Extent of proctoring, monitoring and/or supervision, if any, that should occur
- Recommendation for requirements to maintain clinical competency
- Recommendations for clinical indicators for peer review

Review and Approval:

The Chief (s) of Service and Chair of the Credentials Committee shall review the information and make their recommendation to Medical Executive Committee which will then forward their recommendation to the Governing Board. Upon approval of the new privilege/procedure at Jefferson Healthcare, the Medical Staff will be notified. Medical Staff Services personnel will add the new privilege/procedure and the criteria to the appropriate privilege form(s). The interested physician(s) may then apply for the new privilege/procedure, which shall follow the process outlined in *Bylaws, Article 6, Processing the Application*, as applicable.

Requests for privileges new to practitioner's practice:

1. Physician shall request the new privilege(s) in writing and on approved privilege forms to the Chief of Service with evidence of training, education, or experience that meets established criteria. The Chief of Service will review the request and forward recommendation to the Chair of the Credentials Committee.
 - If proctoring is a criteria for obtaining the privilege, that proctoring is to be approved by the Chief of Service prior to the proctoring. It will be the responsibility of the applicant to arrange for proctoring and to ensure that proctors submit any required evaluations.
2. The Chief of Service and Credential Committee Chair's recommendations for privileges will be forwarded to the Medical Executive Committee, which will review and make recommendations to the Governing Board for final action.

Denials of Requests:

Denials of requests for privileges unrelated to quality of care concerns are reviewable by the involved practitioner by requesting a meeting with Medical Executive Committee for reconsideration. Denials based on involved practitioner quality concerns shall be processed in accordance with *Bylaws, Article 12*.

In the event the Chief of Service is the requesting practitioner, the request will be forwarded directly to the Chair of the Credentials Committee for review and recommendation.

REFERENCES:

CMS Memo 11/12/2004 S&C-05-04, Hospital Medical Staff Privileging

CMS Conditions of Participation 482.51 (a) (4)

Joint Commission MS.4.00 , MS .4.15, EP 1 and 2

WAC 246.320.185 Medical Staff, WAC 246.320.145 Leadership

APPROVED:

Approved: MEC 3/24/2015, 3/22/2016; 4/25/2017; 4/24/2018

Approved: Governing Board 4/15/2015, 4/20/2016, 5/17/2017, 4/25/2018

New Privileges:

Jefferson Healthcare Plastic Surgery Clinical Privileges

To be eligible to apply for privileges in plastic and/or reconstructive surgery, the applicant must meet the following criteria:

Basic education: Doctor of Medicine or Doctor of Osteopathy Degree (MD/DO) from an accredited program.

Formal training and experience at initial appointment:

- Successful completion of an approved residency in plastic and/or reconstructive surgery approved by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association
- Current certification or board eligible by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery
- **Documentation of cases:**
 - Must provide clinical performance data for the last 12 months of practice to include approximate number of cases, types of procedures, service areas and types of patients treated. This may come from current hospital affiliations and/or office practice. Applicants for initial appointment must be able to demonstrate that (s) he has performed plastic surgery and related procedures at least 100 times during the last 24 months or demonstrate successful completion of a hospital-affiliated accredited residency, special clinical fellowship or research.
 - Applicants have the burden of producing information deemed adequate by Jefferson Healthcare for a proper evaluation of experience, training and current competence.
- **Current ACLS required**

Reappointment Requirements:

Current demonstrated competence and documentation of clinical activity within the scope of privileges requested without significant quality variations based on results of quality assessment and improvement activities and/or peer review outcomes. In the absence of Jefferson Healthcare specific data, applicant shall provide quality reports from primary hospital or other volume and quality assessment data. Continuing medical education related to Plastic Surgery is required.

____ REQUESTED: Plastic Surgery Core Privileges

Admit, evaluate, diagnose and provide consultation to patients of all ages, except as specifically excluded from practice, presenting with congenital and/or acquired defects of the body's musculoskeletal system, cranio-maxillofacial structures, hand, extremities, breast, trunk, external genitalia, and soft tissue, including the aesthetic management. The core privileges in this specialty include the procedures below and such other procedures that are extensions of the same techniques and skills.

A representative, but of necessity, not a complete list of the Plastic Surgery Core Procedures is stated below. It is not intended to be an all-encompassing list but rather to reflect the categories/types of procedures included in the core.

Core Procedure List:

<ul style="list-style-type: none"> • Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and lips • Free tissue transfer flap with microvascular anastomosis • Liposuction or lipo-injection procedure for contour restoration, head and neck; trunk and extremities • Major head and neck radical cancer surgery and reconstruction • Management of all forms of facial or maxillofacial trauma including fractures • Management of patients with burns, including plastic procedures on the extremities • Plastic procedures of external and internal male and female genitalia excluding gender dysphoria or hypospadias • Nonsurgical injection of products for cosmetic or functional reconstruction (ie. Botulinum toxin, hyaluronic acid, Kybella) • The use of cosmetic adjuncts including cryolipolysis, laser/resurfacing devices, tattoo removal, chemical peels, dermabrasion • 	<ul style="list-style-type: none"> • Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, post mastectomy reconstruction • Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin-grafting procedures , the use of pedicle flaps, or collagen injection • Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons • Removal of benign and malignant tumors of the skin • Resection of intraoral tumors, oral cavity, palate • Surgery of congenital anomalies , including cleft lip and cleft palate • Surgical management of migraine headaches (including diagnostic botox injection and surgical release) • Management of soft tissue defects, acquired or congenital, for cosmetic or reconstructive reason, including the use of biological substitutes (Integra), grafting, local or regional flaps, tissue expansion • Hair transplantation and electrolysis for hair removal
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Hand Surgery (as part of Plastic Surgery scope of practice):

<ul style="list-style-type: none">• Arthroplasty of large and small joints, including implants• Bone graft pertaining to the hand• Carpal tunnel decompression• Fasciotomy and fasciectomy• Lacerations• Nerve graft• Neurorrhaphy• Fracture of the hand and upper extremity, including implants• Management of neuropathy, including decompression of all nerves of the upper extremity	<ul style="list-style-type: none">• Microvascular procedures (?)• Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc.• Repair of rheumatoid arthritis deformity• Skin grafts• Tendon reconstruction (free graft, staged)• Tendon release, repair and fixation• Tendon transfers• Treatment of infections• Removal of benign and malignant tumors of the hand and upper extremity• Treatment of arthritis of the hands and wrist, including use of implants, arthroscopy• Treatment of peripheral nerve conditions, including repair, grafting, transfers and resection
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Privileges delineated separately:

_____ Procedural sedation – Completion of sedation competency module MUST be evident before privilege will be granted.

_____ Use of Laser – CO2, Argon, YAG: Proof of attendance at course or training during residency is required for these privileges. The course must have basic laser principles and safety, laser physics, laser tissue interaction; and minimum of six hours observation and hands on experience with lasers.

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.

Physician Signature

Date

Governing Board Approval Date:

Hello.

As part of our ongoing commitment to patient safety and quality and in compliance with DNV Rules and Regulations, Jefferson Healthcare is standardizing its approach to procedural sedation training. Documented completion of procedural sedation training is required every 2 years.

Therefore, following please find instructions for online Procedural Sedation training. Please note that this training document is for the sole use of Jefferson Healthcare Authorized Users. Do not reproduce, retain or redistribute this document without prior authorization.

Please review the instructions below, complete the training, print a copy of the completion certificate and forward it to Barbara York, Medical Staff Services, no later than as soon as possible. Thank you!

PROCEDURAL SEDATION ONLINE

For Physicians, CNRAs, and ARNPs:

An online Procedural Sedation Course is offered to JHC physicians, CRNAs, and ANRPs through Swedish.

To access the course, please copy & paste the following link on the address bar of JHC's intranet or the internet:

<http://www.swedish.org/for-health-professionals/cme/online-cmes/adult-procedural-sedation#axzz1rwF8ljkj>

Once the Swedish Procedural Sedation page opens, you are asked to review the information and read all materials listed under "Course Materials & Self-Assessment" before completing the online assessment. These materials consist of:

- Procedural Sedation: Adult Clinical procedure
- Addendum 1 to Procedural Sedation: Adult Clinical procedure
- Addendum 2 to Procedural Sedation: Adult Clinical procedure
- Adult Procedural Sedation Self-Learning Packet
- On the last page of this packet, you will find the "Next Steps" box which will direct you to complete an evaluation, register for CME credit, and print your certificate of completion

Participation Overview

- This is a self-learning module
- CME credit will be granted only if your quiz score is 100%
- Estimated time to complete the training module and exam is one hour
- **The registration fee will be waived if you click on "Swedish Provider" (for Swedish affiliates – Jefferson Healthcare employees only)**

Online Self-Assessment

- If asked, "Would you like to resume the quiz where you left off?" click "No."
- After passing the quiz, you will be directed to:

- Complete the CME Evaluation of this activity
- Register to record participation and claim credit
- Print your CME Certificate

Please note that this training is required every two years. Please forward a copy of your completion certificate to Jefferson Healthcare Medical Staff Services. Thank you.