Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, June 19, 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, 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:
Tom Dingus, Dingus, Zarecor & Associates, PLLC presented the Independent Auditors Report.

Discussion ensued.

Break:
Commissioners recessed for break at 3:20 pm.

Commissioners reconvened from break at 3:30pm.

Approve Agenda:
Commissioner Dressler made a motion to approve the agenda with the removal of the CMO report due to Dr. Matterns e. Commissioner McComas seconded.
Action: Motion passed unanimously.

Patient Story:
Tina Toner, CNO, gave the patient story regarding a patient with a finger infection. The patient presented to the Express Clinic and antibiotics were prescribed. Unfortunately, the antibiotics did not work, and the patient was later sent to the operating room. The patient felt the outcome would have been worse if the team hadn't worked so closely and collaboratively together. The patient felt the team was professional and very helpful, and the patient is very grateful.

Minutes:
- May 22 Regular Session

Commissioner Ready made a motion to approve the May 22 Regular Session Minutes.
Commissioner Dressler seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested
- May Warrants and Adjustments
- Resolution 2019-10 Cancel Warrants
- Resolution 2019-11 Surplus Equipment
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Dressler made a motion to approve May Warrants and Adjustments, Resolution 2019-10 Cancel Warrants, Resolution 2019-11 Surplus Equipment, Medical Staff Credentials/ Appointments/ Reappointment, Medical Staff Policy. Commissioner McComas seconded.
Action: Motion passed unanimously.

Public Comment:
Public comment was made.

Financial Report:
Hilary Whittington, CFO/CAO presented the May Financial Report.

Discussion ensued.

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

Discussion ensued.

Administrative Report
Mike Glenn, CEO, presented the Administrative report.

Discussion ensued.

Chief Medical Officer Report;
Dr. Joseph Mattern, CMO was excused.

Board Business:
Commissioners discussed Measles outbreak.

Meeting Evaluation:
Commissioners evaluated the meeting.

Commissioners discussed moving the approval of the agenda to beginning of the agenda.

Conclude:
Commissioner Dressler made a motion to conclude the meeting. Commissioner Ready seconded.
Action: Motion passed unanimously.

Meeting concluded at 4:38 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

May 2019 Finance Report

June 19, 2019

Hilary Whittington, CAO/CFO

May 2019
Operating Statistics

| STATISTIC DESCRIPTION	MAY 2019						MAY 2018			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL		YTD ACTUAL	
FTEs - TOTAL (AVG)	573	616	7%	566	616	8%	540	-6%	544	-4%
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%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	435	444	-2%	2,220	2,162	3%	384	13%	2,184	2%
SURGERY CASES (IN OR)	116	109	6%	540	531	2%	116	0%	496	8%
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%
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%
RESPIRATORY THERAPY PROCEDURES	3,694	3,467	7%	18,953	16,886	12%	3,207	15%	16,796	11%
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%
TOTAL RURAL HEALTH CLINIC VISITS	6,162	6,133	0%	29,700	29,877	-1%	5,402	14%	25,742	13%
TOTAL SPECIALTY CLINIC VISITS	3,760	3,763	0%	17,409	18,327	-5%	3,461	9%	15,587	10%
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%

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May 2019
Income Statement Summary

	May 2019 Actual	May 2019 Budget	Variance Favorable/ (Unfavorable)	%	May 2019 YTD	May 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	May 2018 YTD
Operating Revenue									
Gross Patient Service Revenue	21,427,501	21,166,726	260,775	1%	106,290,791	103,102,414	3,188,377	3%	95,576,997
Revenue Adjustments	11,370,041	11,238,892	(131,149)	-1%	57,453,627	54,744,266	(2,709,361)	-5%	52,764,933
Charity Care Adjustments	291,469	242,094	(49,375)	-20%	1,046,888	1,179,231	132,343	11%	1,096,093
Net Patient Service Revenue	9,765,991	9,685,740	80,251	1%	47,790,276	47,178,917	611,359	1%	41,715,971
Other Revenue	428,133	779,134	(351,001)	-45%	3,496,055	3,795,134	(299,079)	-8%	2,193,553
Total Operating Revenue	10,194,124	10,464,874	(270,750)	-3%	51,286,332	50,974,051	312,280	1%	43,909,524
Operating Expenses									
Salaries And Wages	4,881,038	5,032,320	151,283	3%	23,926,533	24,512,264	585,731	2%	22,119,923
Employee Benefits	1,238,266	1,258,953	20,687	2%	6,218,304	6,132,316	(85,989)	-1%	5,511,506
Other Expenses	3,667,947	3,948,697	280,750	7%	18,530,851	19,233,969	703,118	4%	16,806,476
Total Operating Expenses	9,787,250	10,239,970	452,720	4%	48,675,689	49,878,549	1,202,861	2%	44,437,905
Operating Income (Loss)	406,874	224,904	181,969	81%	2,610,643	1,095,502	1,515,141	138%	(528,381)
Total Non Operating Revenues (Expenses)	9,856	6,388	3,467	54%	160,517	31,118	129,399	416%	(8,669)
Change in Net Position (Loss)	416,730	231,293	185,437	80%	2,771,160	1,126,620	1,644,540	146%	(537,050)

May 2019
Cash and Accounts Receivable

Days Cash and Accounts Receivable

Legend: DAYS OUTSTANDING IN A/R · DAYS AR GOAL - 45 · DAYS OF CASH · DAYS CASH GOAL - 90
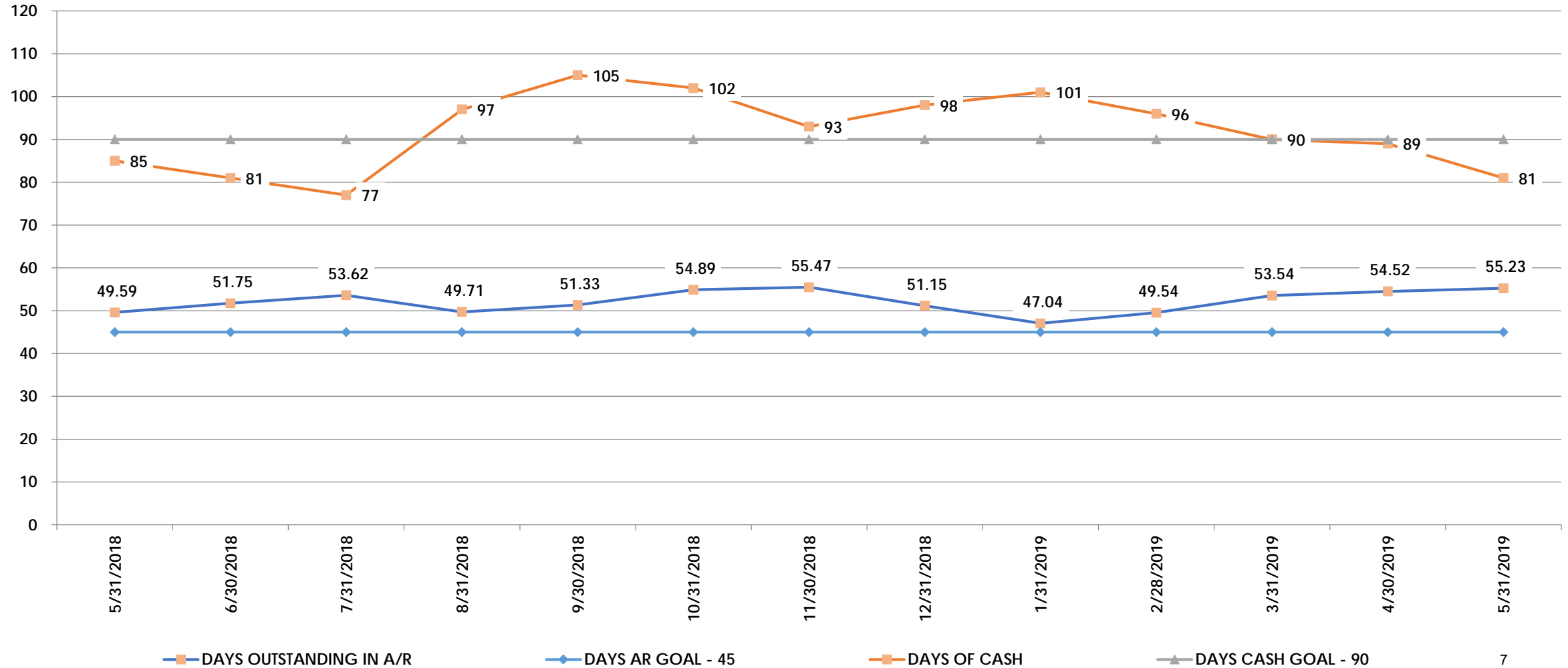
May 2019
Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	May Actual	May Budget	May Variance	2019 to Date Actual	2019 to Date Budget	2019 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	5,833.00	5,218.00	(615.00)	23,643.00	25,418.00	1,775.00
			602300	CONSULT MNGMT FEE	-	2,123.00	2,123.00	-	10,342.00	10,342.00
			602500	AUDIT FEES	-	3,397.00	3,397.00	22,678.00	16,548.00	(6,130.00)
			604200	CATERING	-	127.00	127.00	263.00	621.00	358.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	-	122.00	122.00
			604850	COMPUTER EQUIPMENT	-	85.00	85.00	-	414.00	414.00
			606500	OTHER PURCHASED SERVICES	-	849.00	849.00	-	4,137.00	4,137.00
			609400	TRAVEL/MEETINGS/TRAINING	2,178.00	1,699.00	(479.00)	6,400.00	8,274.00	1,874.00
		Exp Total			8,011.00	13,523.00	5,512.00	52,984.00	65,876.00	12,892.00
	BOARD Total				8,011.00	13,523.00	5,512.00	52,984.00	65,876.00	12,892.00

June 2019

Preview – (*as of 0:00 06/19/19)

- **$22,205,448 in HB charges**
  - Average: $740,182/day (HB only)
  - Budget: $669,505/day
  - 110.6% of Budget

- **$8,359,387 in HB cash collections**
  - Average: $278,646/day (HB only)
  - Goal: $294,582/day

- **55.0 Days in A/R**

- **Questions**

Patient Safety and Quality Report

Wednesday, June 19, 2019

Agenda

- Quality and Patient Safety Performance
- Service Highlight: Antimicrobial Stewardship, Lab
- Patient Experience
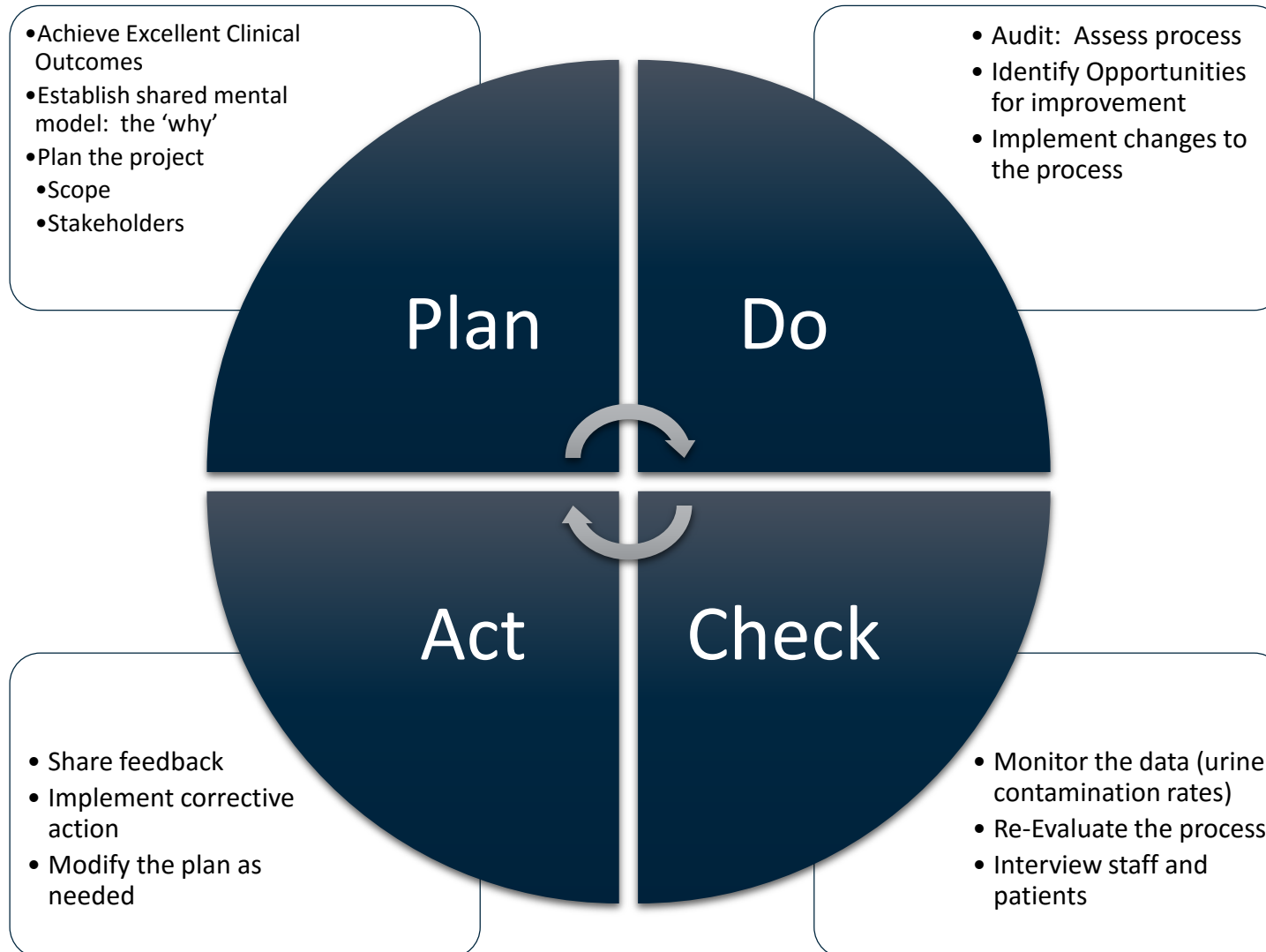- Current Projects and Noteworthy Events

Quality: Provide the highest quality care of any hospital in the region.

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%

Patient Safety Outcomes														
Metric	June	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19	May-19	YTD	Goal
Pressure Ulcers	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0
Patient Falls with Injury (IP)	2.7	0	0	0	0	0	0	0	0	0	2.3	2.5	0.63	0.66
Adverse Drug Events	0.8%	0.0%	0.0%	0.01%	0.9%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.22%	< 1%
Specimen Mislabeling	0	1	0	0	0	1	0	1	0	2	0	0	0.42	0

Patient Engagement														
	June	July	August	September	October	November	December	Jan-19	Feb-19	Mar-19	Apr-19	May-19	YTD	Goal
Advance Care Planning	In Progress	In Progress	In Progress	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	One event
Patient Initiated RRT	No	No	No	No	No	No	Yes	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
PFE 2: Bedside Reporting	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

Patient Safety: Provide the safest care of any hospital in the region.

Quality Highlight: Decreasing Urine Contamination Rates

- Achieve Excellent Clinical Outcomes
- Establish shared mental model: the 'why'
- Plan the project
- Scope
- Stakeholders

- Audit: Assess process
- Identify Opportunities for improvement
- Implement changes to the process

Plan | **Do**

Act | **Check**

- Share feedback
- Implement corrective action
- Modify the plan as needed

- Monitor the data (urine contamination rates)
- Re-Evaluate the process
- Interview staff and patients

STRATEGIC GOAL:

Provide the Highest Quality, Safest Care of Any Hospital in the Region.

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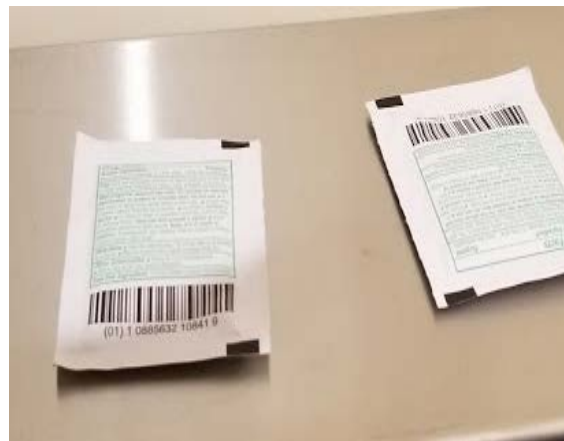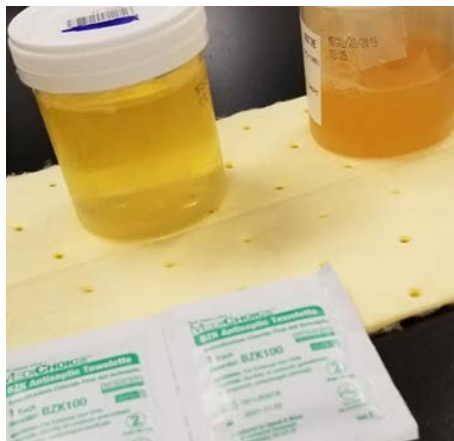# Plan: Looking at what *should* happen Research Best Practice.

- Standard training for staff and patients
- Adequate cleansing
- Sterile collection container
- Convenient methods for patients to use
- Help from staff when needed
- Post collection handling standards, keep sample cool if stored

Do: When in doubt…*ASK.*

The process was reviewed against the following ISO Requirements: → 8.5.1 Control of production and service provision → The organization shall implement production and service provision under controlled conditions including:

a. the availability of documented information → d. the use of suitable infrastructure and environment for the operation of processes → g. the implementation of actions to prevent human error.

7.2 Competence → The organization shall: → a. determine the necessary competence of persons doing work under its control that affects the performance and effectiveness of the QMS

b. ensure that these persons are competent on the basis of appropriate education, training or experience → c. take actions to acquire the necessary competence and evaluate the effectiveness of the actions taken → d. retain documented information as evidence of competence.

Check: What did we find? That there is opportunity to improve.

Practice inconsistencies

No feedback loop to staff

Unclear policy

Lack of standard training

Lack of patient engagement

Act. Addressing our Opportunities.

Monitor urine specimen contamination rates (mixed organisms)

Revise policy and procedure, train staff to best practices

Standardize patient instructions

Train staff to new practices

Continue to monitor contamination rates and improve process

Patient Engagement: PFAC involvement

Patient Experience: Deliver an experience that exceeds expectations.

Emergency

Metric	June	Q2 2018	July	Aug	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	NRC Average	Top Quartile
Median Length of Stay (discharged)	118	129	122	128	119	123	136	142	131	136	136	134	124	131	132	119	< 104 min	
Median Length of Stay (admitted)	248	243	211	250	217	226	237	267	240	248	234	251	248	244	234	234	< 199 min	
Overall	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%	69.6%	73.1%	100.0%	66.3%	80.1%
Confidence in Provider	65.0%	78.7%	73.7%	78.6%	79.3%	76.8%	69.6%	64.0%	80.6%	71.3%	63.6%	70.4%	68.4%	67.1%	68.0%	100.0%	70.4%	81.1%
Likely to Recommend	72.7%	78.5%	73.7%	75.8%	77.4%	75.5%	76.9%	84.0%	78.1%	79.5%	64.7%	78.6%	76.9%	72.7%	69.2%	100.0%	68.9%	82.4%
Communication (MD/RN)	69.6%	72.7%	61.1%	92.9%	75.9%	75.3%	76.0%	56.0%	74.2%	69.1%	66.7%	55.6%	80.0%	67.1%	61.5%	75.0%	66.5%	79.2%

Inpatient (ACU/ICU/FBC)

Metric	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	NRC Average	Top Quartile
Overall	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%	83.3%	83.3%	73.5%	84.1%
Likely to Recommend	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%	87.5%	91.7%	75.5%	86.4%
Quiet at Night	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%	41.7%	58.7%	76.3%
Confidence in Nurse	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%	91.3%	100.0%	74.6%	84.3%
Confidence in Provider	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%	91.3%	91.7%	78.4%	88.8%
Communication (MD/RN)	73.1%	71.8%	55.6%	69.6%	78.9%	66.7%	63.2%	85.7%	86.7%	77.1%	78.3%	78.6%	73.3%	76.9%	86.4%	83.3%	61.4%	74.0%

Clinics (Primary Care and Specialty Clinics)

Metric	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	NRC Average	Top Quartile
Rate Provider	84.4%	84.5%	81.7%	80.3%	80.0%	80.6%	78.4%	79.8%	83.6%	80.8%	85.1%	85.2%	76.3%	82.4%	82.8%	94.1%	83.1%	93.8%
Likely to Recommend	91.9%	92.0%	88.3%	89.8%	87.0%	88.2%	90.4%	90.7%	87.9%	89.5%	91.4%	91.3%	85.3%	89.5%	89.3%	97.1%	89.3%	97.5%
Confidence in Provider	91.1%	91.8%	90.2%	90.8%	89.7%	90.2%	93.2%	92.5%	93.7%	93.1%	93.1%	92.1%	89.4%	91.6%	90.2%	91.4%	90.0%	97.5%
Access to Care Dimension	70.9%	65.9%	67.8%	65.3%	66.5%	66.6%	65.5%	64.2%	67.5%	65.9%	62.9%	67.6%	63.0%	64.9%	63.9%	72.7%	64.3%	79.5%
Established Patient Visit	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	13.81	< 10 days	
New patient visit	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	62.1	30	

ACU: "I will recommend this hospital very highly to my friends."
ER: "I think they did a very good job, and I plan to continue to use the hospital specialties for my wife and family as long as possible."

Rehab Therapy

Metric	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	NRC Average	Top Quartile
Overall	78.3%	75.8%	72.0%	92.3%	90.9%	81.6%	100.0%	86.4%	83.3%	90.7%	73.3%	78.6%	81.3%	78.0%	80.0%	ND	85.6%	92.3%
Likely to Recommend	90.5%	85.0%	80.8%	83.3%	90.0%	83.3%	95.0%	95.5%	81.8%	92.5%	80.0%	79.3%	87.5%	81.7%	88.9%	ND	88.4%	94.6%
Access to Care Dimension	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%	69.2%	75.0%	ND	74.7%	85.3%
Confidence in Therapist	86.4%	82.0%	76.0%	92.3%	63.6%	77.6%	90.0%	69.6%	91.7%	81.8%	86.7%	86.2%	87.5%	86.7%	80.0%	ND	88.9%	94.3%

Home Health

Metric	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	NRC Average	Top Quartile
Overall	78.6%	77.1%	100.0%	58.3%	88.9%	78.6%	75.0%	100.0%	77.8%	84.4%	81.8%	84.6%	88.9%	84.8%	93.8%	77.8%	85.0%	92.8%
Likely to Recommend	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%	87.9%	87.5%	100.0%	80.3%	89.6%
Confidence in Care Provider	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%	84.4%	80.0%	75.0%	82.5%	91.0%

Outpatient Testing (Sleep, Lab, DI)

Metric	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	NRC Average	Goal
Overall	78.7%	79.4%	75.6%	82.1%	77.3%	78.2%	88.2%	85.7%	83.9%	85.8%	92.5%	79.7%	84.8%	85.8%	84.6%	88.0%	82.5%	90.4%
Likely to Recommend	78.7%	78.8%	78.5%	81.8%	86.1%	82.0%	88.3%	90.8%	84.1%	87.6%	90.0%	86.5%	79.4%	85.7%	86.2%	80.0%	82.8%	90.6%
Told when/how to receive results	68.9%	67.2%	72.7%	68.7%	79.5%	73.7%	69.2%	71.8%	68.2%	69.7%	76.5%	65.8%	63.1%	68.9%	71.4%	70.8%	71.3%	82.6%
Confidence in Staff	88.5%	83.8%	87.3%	82.6%	84.5%	84.9%	87.2%	89.6%	89.9%	88.9%	87.7%	89.2%	75.8%	84.6%	93.7%	80.0%	85.2%	91.1%

Patient Advocate Reports

Metric	June	Q2 2018	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	Goal	
Days to Acknowledgement	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	3.59	7	
Days to Closure	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	11.21	≤ 30	

"In the past we have been to Mayo etc. Your professional and all ancillary staff are awesome in their knowledge, treatment, care in explaining, and genuine in profession and consideration. Thankfully, honestly kudos to all!"

Lab: "Consistently Excellent"

Sleep: "1st Rate, beautiful new facility. Staff was magnificent!"

Current Projects and Noteworthy Events

- Patient Initiated Rapid Response Teams in Infusion: collaborative with WSHA

- Investing in our most valuable resource - OUR PEOPLE:
  - Nursing Skills Day
  - Innovation in education and training

- Health Equity:
  - Re-defining how we look at equity.

- Fall Prevention:
  - It's not just about the hospital.

- TeamSTEPPS:
  - Presentation last week at the American Hospital Association in San Antonio, Texas

- Awards:
  - Gold Plus Award for Stroke
  - Silver Award for Atrial Fibrillation

Questions?
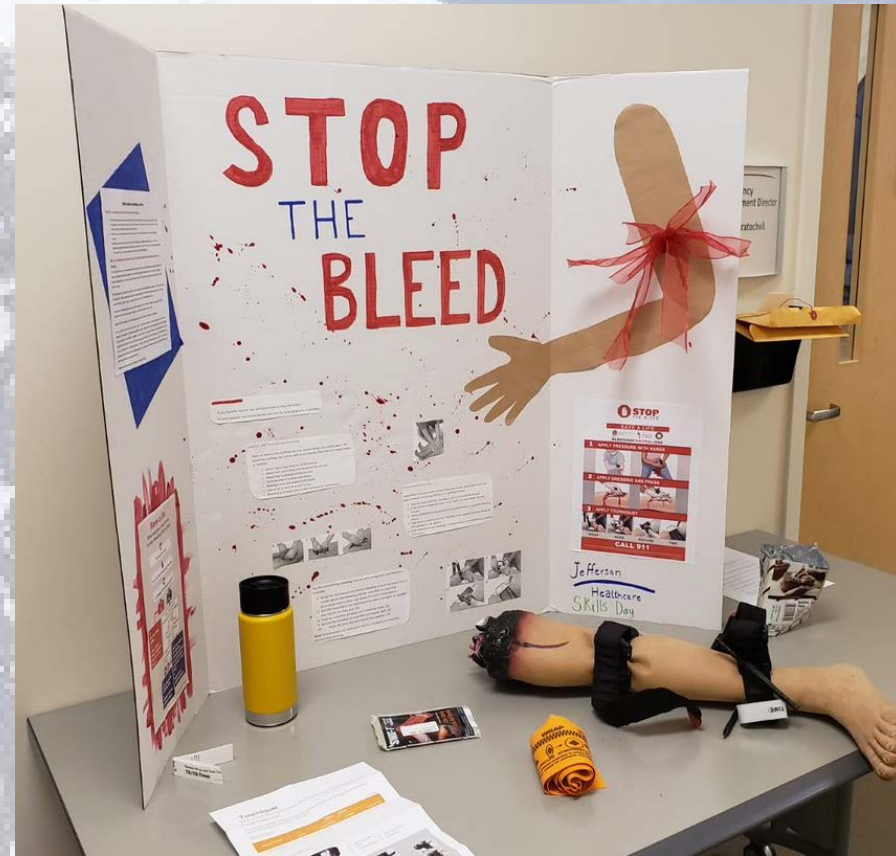
Administrative Report

June 19, 2019

Mike Glenn, CEO

Chimacum School AED Project

- We partnered with East Jefferson Fire Rescue and Jefferson Healthcare Foundation to install AED's in classroom and public spaces at Chimacum Schools.

- $13,178   Total Project Cost

  $2,500   NorthCliffe Foundation Grant (secured by JH Foundation)
  $2,500   Shold Matching Grant (secured by JH Foundation)
  $8,178   Jefferson Healthcare Investment
  _____
  $13,178

- Full presentation on placement of devices and specific transaction terms will occur at July Board Meeting.

New Services Update

June 25   Jefferson Healthcare Dental Clinic Opening

June 25   Jefferson Healthcare Port Ludlow Pharmacy Opening *
- Summer Block Party… date to follow

June 25   Jefferson Healthcare SANE Program
- We are reaching out to the institutional stakeholders to schedule a meeting to update them on the status of the program and develop a budget for 2020.
- Special thanks to Dr. Molly Parker, Tina Toner, and Katie-Rose Fischer-Price for their leadership in making this happen!

October 14   Hand and Plastic Surgery
- Dr. Meyerson will join our Orthopedic group and work closely with General Surgery.
- Offer specialty hand and plastic surgery consultations and surgical procedures.

*contingent on successful Board of Pharmacy visit scheduled for June 20th

Critical Access Hospital Modernization Act (CAHMA)

- Bill aimed at lifting the reimbursement restrictions and financial penalties Critical Access Hospitals face when providing community necessary but non CAH/ cost-based reimbursement eligible services.

- Introduced CAHMA to Senators Murray and Cantwell and Representative Kilmer in 2018.

- Gained endorsement from Western Washington Rural Health Collaborative.

- Drafting a bill for consideration and sponsorship for Representative Kilmer.

- Will advocate for its passage during Rural Advocacy Days, September 2019

Emergency Room Professional Services

- TeamHealth has provided ED Professional Services to Jefferson Healthcare since 2008.

- Effective 4th quarter of 2019, this arrangement will terminate, and Jefferson Healthcare will employ and manage the ED providers.

- We are meeting with existing ED providers on June 20th to answer questions and discuss how they can transition to Jefferson Healthcare employment.

- Jefferson Healthcare currently employs and manages the hospitalist and CRNA groups.

Questions