Call to Order:
The meeting was called to order at 2:30pm by Board Chair Buhler Rienstra. Present were Commissioners Dressler, McComas, Ready, Commissioner Kolff was present by phone. 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, Dr. Joseph Mattern, Chief Medical officer, and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:
Commissioner Dressler made a motion to approve the agenda with the removal of Team/Employee/and Provider of the Quarter and the placement of Resolution 2019-14 and 2019-15 after the Administrative Report. Commissioner McComas seconded.
Action: Motion passed unanimously.

Education:
Cassie Sauer, President and Chief Executive Officer, Washington State Hospital Association provided a presentation on Looking Ahead: Big Issues for Hospitals and Health Care.

Discussion ensued.

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

Commissioners reconvened from break at 3:30 pm.

Patient Story:
Tina Toner, CNO, provided a presentation on the Upper Floor Refresh project.

Discussion ensued.

Minutes:
• June 19 Special Session
Commissioner McComas made a motion to approve the June 19 Special Session Minutes. Commissioner Dressler seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested
• June Warrants and Adjustments
• Resolution 2019-12 Surplus Equipment
• Resolution 2019-13 Cancel Warrants
• Medical Staff Credentials/Appointments/Reappointments
• Medical Staff Policy
Commissioner Dressler made a motion to approve the June Warrants and Adjustments, Resolution 2019-12 Surplus Equipment, Resolution 2019-13 Cancel Warrants, Medical Staff Credentials/ Appointments/ Reappointment, and Medical Staff Policy. Commissioner Ready seconded.
Action: Motion passed unanimously.

Public Comment:
Public comment was made.

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.

Action: Motion passed unanimously.

Resolution 2019-15 Interlocal Agreement for Provision of Automated External Defibrillators (AEDs) in Chimacum Schools: Action Requested
Commissioner Dressler made a motion to approve Resolution 2019-15 Interlocal Agreement for Provision of Automated External Defibrillators (AEDs) in Chimacum School. Commissioner Ready second.
Action: Motion passed unanimously.

Chief Medical Officer Report:
Dr. Joseph Mattern, CMO presented on Palliative Care.

Discussion ensued.
**Board Business:**
Commissioner Dressler applauded the work being done through the Jefferson Healthcare Foundation which will help pay for the inpatient area refresh. Commissioner Dressler also noted that First Federal Community Foundation has been awarding grants in our community for 5 years.

Commissioner Kolff stated that he will be unable to attend the August 15 County Board of Health meeting. He asked if a Jefferson Healthcare Commissioner would be able to replace him as a Jefferson Healthcare representative for this meeting.

Commissioner Kolff discussed the ongoing letters from Exercise for Health and requested to have an update at the August board meeting.

Commissioner Kolff discussed having an in-depth conversation and presentation regarding collections at the August board meeting

**Meeting Evaluation:**
Commissioners evaluated the meeting.

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

Meeting concluded at 5:36pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra ________________________________

Secretary of Commission: Marie Dressler ________________________________
Our Guiding Principal

• The first step of facility design development is a planning process that begins with a shared, aligned vision which has identified champion(s) for that vision.
Our Vision

• To create a space that is:
  • Positioned to stand the test of time
  • Patient Centered
  • Optimal for Employee workflows and processes
Phases of the Project

Phase 1

Phase 2 – ICU Rooms

Phase 3 – ACU Rooms

Phase 4

Key:
A. Case managers (x3)
B. Staff lounge
C. Hospitalist office
D. Director +1
E. ACU supervisor
F. FRC supervisor
G. MSW
H. Amber Bakula
I. ICU Supervisor

309: PT/OT
310: OBS beds
311: OBS
## Timeline

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>START</th>
<th>END</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU Room 301 &amp; 302</td>
<td>7/15/2019</td>
<td>8/2/2019</td>
</tr>
<tr>
<td>ICU Room 303 &amp; 304</td>
<td>8/12/2019</td>
<td>8/30/2019</td>
</tr>
<tr>
<td>ICU Room 305 &amp; 306</td>
<td>9/9/2019</td>
<td>9/27/2019</td>
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<tr>
<td>ACU Room 312 &amp; 313</td>
<td>10/7/2019</td>
<td>10/25/2019</td>
</tr>
<tr>
<td>ACU Room 317 &amp; 318</td>
<td>12/2/2019</td>
<td>12/20/2019</td>
</tr>
<tr>
<td>ACU Room 319 &amp; 320</td>
<td>1/13/2020</td>
<td>1/31/2020</td>
</tr>
<tr>
<td>ACU Room 321 &amp; 323</td>
<td>2/10/2020</td>
<td>2/28/2020</td>
</tr>
<tr>
<td>ACU Room 324 &amp; 325</td>
<td>3/9/2020</td>
<td>3/27/2020</td>
</tr>
<tr>
<td>ACU Room 326 &amp; 327</td>
<td>4/6/2020</td>
<td>4/24/2020</td>
</tr>
<tr>
<td>ACU Room 328 &amp; 307</td>
<td>5/11/2020</td>
<td>5/29/2020</td>
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<tr>
<td>ACU Room 308 &amp; 309</td>
<td>6/8/2020</td>
<td>6/26/2020</td>
</tr>
<tr>
<td>ACU Room 310</td>
<td>7/6/2020</td>
<td>7/24/2020</td>
</tr>
</tbody>
</table>
Color Board
Hospitalist Room
Headwall
Thank you to the JH Foundation for working with First Federal Community Foundation (FFCF) and a huge thank you to FFCF on the contributions for the Upper Floor Refresh! We wouldn’t have been able to do it without you.
June 2019 Finance Report
July 24, 2019
Hilary Whittington, CAO/CFO
Education

Metrics and review of potential KPIs for monthly review

1) Liquidity
   a) Days cash on hand √
   b) Days in AR √

2) Cap structure
   a) LTD to capitalization frequency ?
   b) Debt service coverage ratio frequency ?

3) Activity and efficiency
   a) Total asset turnover frequency ?
   b) Average age of plant frequency ?

4) Profitability
   a) Total mar √
   b) Operating margin gin √
Service Line Highlight
Oncology – How are we doing on our 2019 objectives?

**Our plan for Oncology in 2019:**

- Add 0.5 physician + 0.6 ARNP
- Add 2.809 FTE
- Increase volumes 48.6% (4,036 visits projected 2018 to 6,000 visits budgeted 2019)
- Enhance financial counseling support and prior authorization efforts
- Reduce prices 15% by standardizing professional fees across specialties

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>2019 Objectives</th>
<th>June 2019 Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volumes (Visits)</td>
<td>48.6% growth</td>
<td>16% under budget for June/18% under budget YTD</td>
</tr>
<tr>
<td>Pricing change</td>
<td>15% decrease</td>
<td>Revenue is aligned with volumes for June &amp; YTD</td>
</tr>
<tr>
<td>Expenses</td>
<td>49.5% increase</td>
<td>Under budget in expenses and net income YTD, which also aligns with volumes.</td>
</tr>
<tr>
<td>FTE change</td>
<td>Add 2.809 support FTE</td>
<td>Under budget YTD by 3.63 FTE. (across 3 depts under budget YTD by 1.29 FTE)</td>
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</tbody>
</table>
## June 2019 Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>JUNE 2019</th>
<th>JUNE 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>572</td>
<td>616</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,995</td>
<td>2,198</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>67</td>
<td>83</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>281</td>
<td>338</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>361</td>
<td>429</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>92</td>
<td>105</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>73</td>
<td>75</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>18,531</td>
<td>18,343</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,735</td>
<td>2,765</td>
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<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>16,400</td>
<td>24,177</td>
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<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,696</td>
<td>3,355</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>8,419</td>
<td>9,069</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,120</td>
<td>1,054</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,717</td>
<td>5,936</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,354</td>
<td>3,641</td>
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<tr>
<td>HOME HEALTH EPISODES</td>
<td>69</td>
<td>67</td>
</tr>
<tr>
<td>HOSPICE CENSUS/DAYS</td>
<td>1,018</td>
<td>1,116</td>
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</table>
## June 2019
### Income Statement Summary

### Operating Revenue

<table>
<thead>
<tr>
<th></th>
<th>June 2019 Actual</th>
<th>June 2019 Budget</th>
<th>Variance Favorable/(Unfavorable)</th>
<th>%</th>
<th>June 2019 YTD</th>
<th>June 2019 Budget YTD</th>
<th>Variance Favorable/(Unfavorable)</th>
<th>%</th>
<th>June 2018 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Patient Service Revenue</td>
<td>21,195,462</td>
<td>20,483,910</td>
<td>711,553</td>
<td>3%</td>
<td>127,486,253</td>
<td>123,586,323</td>
<td>3,899,930</td>
<td>3%</td>
<td>113,741,516</td>
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<tr>
<td>Revenue Adjustments</td>
<td>11,671,448</td>
<td>10,876,337</td>
<td>(795,111)</td>
<td>-7%</td>
<td>69,125,075</td>
<td>65,620,603</td>
<td>(3,504,472)</td>
<td>-5%</td>
<td>62,213,774</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>185,935</td>
<td>234,284</td>
<td>48,349</td>
<td>21%</td>
<td>1,232,823</td>
<td>1,413,515</td>
<td>180,692</td>
<td>13%</td>
<td>1,300,908</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>9,338,079</td>
<td>9,373,289</td>
<td>(35,209)</td>
<td>0%</td>
<td>57,128,356</td>
<td>56,552,206</td>
<td>576,150</td>
<td>1%</td>
<td>50,226,833</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>575,606</td>
<td>754,000</td>
<td>(178,394)</td>
<td>-24%</td>
<td>4,071,661</td>
<td>4,549,134</td>
<td>(477,472)</td>
<td>-10%</td>
<td>2,646,742</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td><strong>9,913,685</strong></td>
<td><strong>10,127,288</strong></td>
<td><strong>(213,603)</strong></td>
<td>-2%</td>
<td><strong>61,200,017</strong></td>
<td><strong>61,101,340</strong></td>
<td><strong>98,677</strong></td>
<td>0%</td>
<td><strong>52,873,576</strong></td>
</tr>
</tbody>
</table>

### Operating Expenses

<table>
<thead>
<tr>
<th></th>
<th>June 2019 Actual</th>
<th>June 2019 Budget</th>
<th>Variance Favorable/(Unfavorable)</th>
<th>%</th>
<th>June 2019 YTD</th>
<th>June 2019 Budget YTD</th>
<th>Variance Favorable/(Unfavorable)</th>
<th>%</th>
<th>June 2018 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries And Wages</td>
<td>4,614,113</td>
<td>4,869,983</td>
<td>255,870</td>
<td>5%</td>
<td>28,540,646</td>
<td>29,382,247</td>
<td>841,601</td>
<td>3%</td>
<td>26,610,959</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,110,434</td>
<td>1,218,340</td>
<td>107,906</td>
<td>9%</td>
<td>7,328,738</td>
<td>7,350,656</td>
<td>21,918</td>
<td>0%</td>
<td>6,598,993</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>3,871,053</td>
<td>3,821,316</td>
<td>(49,737)</td>
<td>-1%</td>
<td>22,401,904</td>
<td>23,055,285</td>
<td>653,381</td>
<td>3%</td>
<td>20,011,116</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>9,595,599</strong></td>
<td><strong>9,990,639</strong></td>
<td><strong>314,040</strong></td>
<td>3%</td>
<td><strong>58,271,288</strong></td>
<td><strong>59,788,188</strong></td>
<td><strong>1,516,900</strong></td>
<td>3%</td>
<td><strong>53,221,068</strong></td>
</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>318,086</td>
<td>217,649</td>
<td>100,437</td>
<td>46%</td>
<td>2,928,729</td>
<td>1,313,151</td>
<td>1,615,578</td>
<td>123%</td>
<td>(347,492)</td>
</tr>
<tr>
<td>Total Non Operating Revenues (Expenses)</td>
<td>(30,110)</td>
<td>6,182</td>
<td>(36,292)</td>
<td>-587%</td>
<td>130,408</td>
<td>37,301</td>
<td>93,107</td>
<td>250%</td>
<td>(46,139)</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>287,976</td>
<td>223,832</td>
<td>64,145</td>
<td>29%</td>
<td>3,059,137</td>
<td>1,350,452</td>
<td>1,708,685</td>
<td>127%</td>
<td>(393,632)</td>
</tr>
</tbody>
</table>

### Operating Margin

- **Operating Margin**: 3.2%  
  - June 2019: 1.1%  
  - June 2018: 49.3%  
  - June 2019 YTD: 4.8%  
  - June 2018 YTD: 2.1%  
  - Change: 2.64%  
  - YTD Change: 122.7%  
  - Final Change: -0.7%

### Total Margin

- **Total margin**: 2.9%  
  - June 2019: 0.7%  
  - June 2018: 31.4%  
  - June 2019 YTD: 5.0%  
  - June 2018 YTD: 2.2%  
  - Change: 2.79%  
  - YTD Change: 126.2%  
  - Final Change: -0.7%

### Salaries & Benefits as a % of net pt svc rev

- **Salaries & Benefits as a % of net pt svc rev**: -61.3%  
  - June 2019: -65.0%  
  - June 2018: 3.7%  
  - June 2019 YTD: -62.8%  
  - June 2018 YTD: -65.0%  
  - Change: 2.17%  
  - YTD Change: 3.3%  
  - Final Change: -66.1%
June 2019
Cash and Accounts Receivable

Days Cash and Accounts Receivable

<table>
<thead>
<tr>
<th>Days Outstanding in A/R</th>
<th>Days AR Goal - 45</th>
<th>Days of Cash</th>
<th>Days Cash Goal - 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/30/2018</td>
<td>51.75</td>
<td>49.71</td>
<td>53.54</td>
</tr>
<tr>
<td>7/31/2018</td>
<td>53.62</td>
<td>51.33</td>
<td>54.52</td>
</tr>
<tr>
<td>8/31/2018</td>
<td>54.89</td>
<td>54.89</td>
<td>55.23</td>
</tr>
<tr>
<td>9/30/2018</td>
<td>55.47</td>
<td>55.47</td>
<td>59.13</td>
</tr>
<tr>
<td>10/31/2018</td>
<td>51.15</td>
<td>51.15</td>
<td>55.23</td>
</tr>
<tr>
<td>11/30/2018</td>
<td>98</td>
<td>98</td>
<td>54.52</td>
</tr>
<tr>
<td>12/31/2018</td>
<td>101</td>
<td>101</td>
<td>53.54</td>
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<tr>
<td>1/31/2019</td>
<td>96</td>
<td>96</td>
<td>54.23</td>
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<tr>
<td>2/28/2019</td>
<td>90</td>
<td>90</td>
<td>55.23</td>
</tr>
<tr>
<td>3/31/2019</td>
<td>89</td>
<td>89</td>
<td>53.54</td>
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<tr>
<td>4/30/2019</td>
<td>81</td>
<td>81</td>
<td>54.52</td>
</tr>
<tr>
<td>5/31/2019</td>
<td>81</td>
<td>81</td>
<td>55.23</td>
</tr>
<tr>
<td>6/30/2019</td>
<td>80</td>
<td>80</td>
<td>59.13</td>
</tr>
</tbody>
</table>
# June 2019
## Board Financial Report

<table>
<thead>
<tr>
<th>Dept#</th>
<th>Department</th>
<th>Rev/Exp</th>
<th>Account</th>
<th>Account Description</th>
<th>Jun Actual</th>
<th>Jun Budget</th>
<th>Jun Variance</th>
<th>2019 to Date Actual</th>
<th>2019 to Date Budget</th>
<th>2019 to Date Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>8612</td>
<td>BOARD</td>
<td>Exp</td>
<td>60010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>5,230.00</td>
<td>5,050.00</td>
<td>(180.00)</td>
<td>28,873.00</td>
<td>30,467.00</td>
<td>1,594.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>29,942.00</td>
<td>4,262.00</td>
<td>(25,680.00)</td>
<td>29,942.00</td>
<td>25,712.00</td>
<td>(4,230.00)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>601900</td>
<td>BENEFITS EMPLOYEE ASSISTANCE</td>
<td>56.00</td>
<td>-</td>
<td>(56.00)</td>
<td>56.00</td>
<td>-</td>
<td>(56.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>4,250.00</td>
<td>2,055.00</td>
<td>(2,195.00)</td>
<td>4,250.00</td>
<td>12,397.00</td>
<td>8,147.00</td>
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<tr>
<td></td>
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<td>602500</td>
<td>AUDIT FEES</td>
<td>8,750.00</td>
<td>3,288.00</td>
<td>(5,462.00)</td>
<td>31,428.00</td>
<td>19,836.00</td>
<td>(11,592.00)</td>
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<tr>
<td></td>
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<td>604200</td>
<td>CATERING</td>
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<td></td>
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<td>604500</td>
<td>OFFICE SUPPLIES</td>
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<td>146.00</td>
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<tr>
<td></td>
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<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
<td>82.00</td>
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<td>-</td>
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<td>496.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>822.00</td>
<td>822.00</td>
<td>-</td>
<td>4,959.00</td>
<td>4,959.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>1,507.00</td>
<td>1,644.00</td>
<td>137.00</td>
<td>7,908.00</td>
<td>9,918.00</td>
<td>2,010.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Exp Total</strong></td>
<td><strong>49,840.00</strong></td>
<td><strong>17,350.00</strong></td>
<td><strong>(32,490.00)</strong></td>
<td><strong>102,825.00</strong></td>
<td><strong>104,675.00</strong></td>
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<td><strong>BOARD Total</strong></td>
<td><strong>49,840.00</strong></td>
<td><strong>17,350.00</strong></td>
<td><strong>(32,490.00)</strong></td>
<td><strong>102,825.00</strong></td>
<td><strong>104,675.00</strong></td>
<td><strong>1,850.00</strong></td>
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July 2019
Preview – (*as of 0:00 07/24/19)

- **$21,966,709 in HB charges**
  - Average: $708,604/day (HB only)
  - Budget: $669,505/day
  - 105.8% of Budget

- **$8,061,004 in HB cash collections**
  - Average: $260,032/day (HB only)
  - Goal: $294,582/day

- **58.1 Days in A/R**

- **Questions**
Topics

- Patient Safety
- Quality Performance
- Patient Experience
- Safety Highlight: Fall Prevention
- Current Projects and Focus Areas
Provide the Highest Quality, Safest Care of any Hospital in the Region

### Patient Safety Outcomes

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<tr>
<td>Pressure Ulcers</td>
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<td>Patient Falls with Injury (IP)</td>
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<td>Adverse Drug Events</td>
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<td>0.01%</td>
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### Patient Engagement

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<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Jan-19</th>
<th>Feb-19</th>
<th>Mar-19</th>
<th>Apr-19</th>
<th>May-19</th>
<th>YTD</th>
<th>Goal</th>
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<tbody>
<tr>
<td>Advance Care Planning</td>
<td>In Progress</td>
<td>In Progress</td>
<td>Complete</td>
<td>Complete</td>
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<td>Complete</td>
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<td>Patient Initiated RRT</td>
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<tr>
<td>PFE 1: Planning Checklists</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
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<td>PFE 2: Redside Reporting</td>
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<td>Yes</td>
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<td>PFE 4: Quality Teams with PFAC Involvement</td>
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<td>Yes</td>
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</table>
## Quality Dashboard

**Outpatient (Ancillary, Home Health, Hospice)**

<table>
<thead>
<tr>
<th>Metric</th>
<th>2019 Q4</th>
<th>2019 Q3</th>
<th>2019 Q2</th>
<th>2019 Q1</th>
<th>2018 Q4</th>
<th>2018 Q3</th>
<th>2018 Q2</th>
<th>2018 Q1</th>
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<td>Blood Culture Contamination</td>
<td>5.01</td>
<td>4.01</td>
<td>2.00</td>
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<td>2.00</td>
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<tr>
<td>Lower Urinary Tract Infections</td>
<td>2.65</td>
<td>3.30</td>
<td>3.30</td>
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<tr>
<td>Early Elective Delivery</td>
<td>6.00</td>
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<td>C/S Without Cesarett</td>
<td>5.00</td>
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<td>Induced Delivery End in C. Section3</td>
<td>2.4</td>
<td>2.0</td>
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<tr>
<td>Post Partum Hemorrhage</td>
<td>0.00</td>
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<tr>
<td>Readmission Rate</td>
<td>3.5%</td>
<td>2.4%</td>
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<td>Return to the ER Within 72 Hours</td>
<td>2.6%</td>
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<td>Home Health Readmissions</td>
<td>0.0%</td>
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<td>Outpatient Baseline Readmissions</td>
<td>0.0%</td>
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### Highlights and Opportunities:

- **Prevention of Healthcare-Acquired Infections**
- **Provider management of stroke**
- **Decreased contamination rates (Lab)**
- **Opportunity:**
  - **Swallow Screening (stroke)**
  - **Days of antibiotic therapy**
Deliver an Experience that Exceeds Patients’ and Families’ Expectations

Clinics: June is a higher vacation time of year

Rehab and Outpatient Testing continue to improve

Emergency department throughput times have decreased

Inpatient: Communication is trending upward

<table>
<thead>
<tr>
<th>Clinics (Primary Care and Specialty Clinics)</th>
<th>Metric</th>
<th>July</th>
<th>August</th>
<th>Sept</th>
<th>Q3 2018</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Q4 2018</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>May</th>
<th>Jun</th>
<th>Q2 2019</th>
<th>MRC Average</th>
<th>Top Quartile</th>
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<td>Rate Payer</td>
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<td>Patient Satisfaction Rate Payer</td>
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<td>Outpatient Testing (Sleep, Lab, Br)</td>
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- It was a first visit to follow up on an ER visit. I was most impressed.
- Jefferson Healthcare needs a pain clinic.
- Jefferson Healthcare is superb!
- A+ Rating!
- I was in the ICU & emergency room. Teamwork between the nurses & doctors was outstanding and so obvious. I felt so safe and confident about the care I was receiving. The doctors & ICU nurses were amazingly competent and knowledgeable and so kind to the patients. I loved my nurses.
- Excellent food.
Safety Highlight: Engaging our Teams in Fall Prevention
Patient Safety Highlight: Fall Prevention

Falls with injury
All Facilities

Strategies to keep patients free from fall-related harm:

- Training for employees
- Hourly Rounding
- Use of White Boards
- Communication
- Patient and Family Engagement
- Fall Risk Screening
- Fall Prevention Bundle
- Post-Fall Huddles
A Team-Based Approach to Fall Prevention

Falls are the leading cause of fatal and nonfatal injuries among adults 65 and older – with 25,000+ fall-related deaths in the United States.

- **Risk Factors:**
  - Advanced age
  - Poor balance
  - Medications
  - Hypotension
  - Vision impairment
  - Foot or ankle disorder
  - Environmental risk factors

- Most reported falls at Jefferson Healthcare occur in the acute care setting
- Most falls do not result in injury
- Nearly all falls occur in patients who have been screened as a high fall risk
  - Factors include:
    - Physiologic factors
    - Communication
    - Teamwork
Current Projects and Focus Areas

• Patient Engagement: Informed Consent Task Force
• Patient-Initiated Rapid Response Teams
  • Collaboration with WSHA and the Infusion Clinic
  • Nurse-Initiated Orders and Protocols
  • Patient and Family Engagement
• Team-Based approach to fall prevention
• Culture of Safety
  • HSOPS Survey Coordination
  • AHA Presentation in September
  • Workplace Violence Prevention Committee
• Patient Safety: Antimicrobial Stewardship
  • Decreasing unnecessary antibiotic use
  • Decreasing cost and improving patient outcomes
  • Developing Newsletter and SharePoint Site for clinicians
• Quality: Value Based Care
  • Promoting Interoperability: Referral workflows and closure, clinical information reconciliation
• Medicaid Transformation Project
  • Studying ER utilization patterns
  • Care plans/pathways for high risk patients in the Emergency Department
Questions?
Administrative Report

July 24, 2019

Mike Glenn, CEO
New Services Update

Dental Clinic
Open- Seeing Patients

Port Ludlow Pharmacy
Open- Filling Prescriptions

SANE
Open/Available- Assisting Patients
Visit with Representative Kilmer
Monday, August 12

• Provide update on Jefferson Healthcare

• Present the Critical Access Hospital Modernization Act (CAHMA) and request his support and sponsorship of the bill.

• Open forum with Jefferson Healthcare employees attending New Employee Orientation.
Jefferson Healthcare was chosen by the National Center for Complex Health and Social Needs to organize a regional convening.

The convening will be a one-day meeting in Port Townsend with representatives from across the state, although primarily from the Olympic Peninsula.

We are inviting innovative healthcare systems, community organizations and community members, as well as educational institutions.

We are hoping to catalyze partnerships and innovation around care for rural geriatric populations while placing a large emphasis on the complex social needs of this group.
In developing the *Blueprint for Complex Care*, we heard the need for more local connectivity to create coordinated systems of care for individuals with complex health and social needs.

To address this concern, the National Center will hold *three convenings of regional complex care stakeholders* across the country to address complex care barriers in their own communities. This project aims to facilitate information sharing and collaboration on a regional level and to foster ecosystems of complex care, as outlined in the *Blueprint for Complex Care*.

### Announcing the 2019 regional convenings

**Host:** Atlanta Regional Collaborative for Health Improvement (ARCHI)

**Issue:** Disconnect between patients and social services

**Convening:** ARCHI and the National Center will convene local partners to further develop support for a real-time, rapid referral network with the larger Atlanta community.

[Learn More](#)

**Host:** California Association for Public Hospitals/Safety Net Institute (CAPH/SNI)

**Issue:** Hiring and supporting peer health workers

**Convening:** CAPH/SNI and the National Center will bring together 25 regional coalitions to learn from one another and problem-solve together on the topic of peer support with the input of peer health workers from across the state.

[Learn More](#)

**Host:** Jefferson Healthcare

**Issue:** Social isolation in older adults living in rural communities

**Convening:** Jefferson Healthcare and the National Center will address professional isolation among rural providers by providing an opportunity for providers to exchange knowledge on principles of complex care as adapted for rural communities.

[Learn More](#)
Regional convenings 2019: Olympic Peninsula, Washington

Host organization: Jefferson Healthcare

Jefferson Healthcare is a critical access hospital that provides healthcare to the approximately 27,000 residents of rural east Jefferson County on the Olympic Peninsula in Washington State. The Jefferson Healthcare Population Health Department works to bridge traditional, individual medical care and healing the social needs of the local community. The department works to expand the boundaries of health care delivery by designing and implementing projects to address determinants of health. In 2018, efforts targeted housing, food insecurity, and social isolation.

Issue: Social isolation in older adults living in rural communities

In rural communities, low population density and geographic isolation pose barriers to the delivery of integrated care models and the development of a comprehensive care ecosystem. Healthcare facilities are often limited and remote from many community members. Access to other social, behavioral, and community services are also limited. Workforce shortages in rural areas make it difficult to recruit all the provider types who would make up an ideal model of coordinated care.

These barriers are particularly true for older adults who have complex health, behavioral, and social needs. In rural contexts, adults aging in place often live remotely and have limited transportation options once they no longer drive. Their already small social networks decline as they age, and family often do not live nearby, due to limited employment and other opportunities. For these older individuals, worsening health, living, and social conditions are exacerbated by this social isolation and lack of support, especially as their cognitive faculties may decline with age. When they are admitted to hospitals, they often end up essentially boarding there because appropriate discharge care planning is challenging and there is a small volume, if any, of available care facilities or home care services.

Convening:

Jefferson Healthcare and the National Center for Complex Health and Social needs will provide an opportunity for rural providers to exchange knowledge on principles of complex care as adapted for rural communities. It will also directly address the barrier of professional isolation for those working to address these issues.

Outcome: Maintain connectivity for rural seniors and practitioners

Through this convening Jefferson Healthcare and the National Center expect to accomplish the following outcomes:

- Increase knowledge among those working in rural communities by sharing approaches to complex care for older adults;
- Catalyze ideas for new and adapted solutions to better serve rural communities; and
- Build networks among those who participate.
Jefferson Healthcare purchased a new transport ventilator (and 5-year service agreement) and wants to make it available to East Jefferson Fire Rescue to better serve our mutual patients.

The equipment:
  - Z-Vent 731 Series Transport Ventilator
Terms of the Interlocal Agreement

- Jefferson Healthcare $15,981.25 purchase and service cost
- EJFR $2,531.50 (one time) to offset JH cost

- Jefferson Healthcare owns the equipment and EJFR will ensure that its personnel are properly trained on its use.
During a recent meeting, Chief Walkowski identified the need for additional automated external defibrillators (AED) to be placed on Chimacum School Districts (CSD) campus.

Currently, CSD owns only one AED unit which is located at Chimacum High School.

Jefferson Healthcare, East Jefferson Fire Rescue, Chimacum School District, and Jefferson Healthcare Foundation agreed to partner to raise funds, properly install the units and provide basic first aid training to school district staff.

The proposed interlocal agreement will increase the number of lifesaving AED units from 1 to 9, placed strategically on the campuses, and provide regular first aid training to Chimacum School District Staff.
Terms of the Interlocal Agreement

• Jefferson Healthcare Foundation: Provide $5,000 of grant funds.
• Jefferson Healthcare: Provide $8,178 of matching funds.

• Chimacum School District and East Jefferson Fire and Rescue: own, operate, manage staff, insure, and set policies and procedures for providing any and all training to person/persons related to use of AED’s and basic first aid.
Questions