

**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Regular Session Minutes**  
**Wednesday, July 24, 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, 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:**

Hilary Whittington, CFO/CAO presented the June 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.

**Resolution 2019-14 Interlocal Agreement for Equipment Use Agreement between Jefferson Healthcare and East Jefferson Fire Rescue:** Action Requested

Commissioner McComas made a motion to approve the 2019-14 Interlocal Agreement for Equipment use Agreement between Jefferson Healthcare and East Jefferson Fire Rescue. Commissioner Dressler seconded.

**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 \_\_\_\_\_



# Jefferson Healthcare

Wednesday, July 24<sup>th</sup>, 2019



# 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







95 BUILDING 2ND FLOOR SOUTH

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

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# Timeline

ACTIVITY	START	END
ICU Room 301 & 302	7/15/2019	8/2/2019
ICU Room 303 & 304	8/12/2019	8/30/2019
ICU Room 305 & 306	9/9/2019	9/27/2019
ACU Room 312 & 313	10/7/2019	10/25/2019
ACU Room 315 & 316	11/4/2019	11/22/2019
ACU Room 317 & 318	12/2/2019	12/20/2019
ACU Room 319 & 320	1/13/2020	1/31/2020
ACU Room 321 & 323	2/10/2020	2/28/2020
ACU Room 324 & 325	3/9/2020	3/27/2020
ACU Room 326 & 327	4/6/2020	4/24/2020
ACU Room 328 & 307	5/11/2020	5/29/2020
ACU Room 308 & 309	6/8/2020	6/26/2020
ACU Room 310	7/6/2020	7/24/2020





# Color Board





# Hospitalist Room





# Break Room





# ACU/ICU Before



ACU



ICU



# Headwall





# Foundation Presentation

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.





# Jefferson Healthcare

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**

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



# June 2019

## Operating Statistics

STATISTIC DESCRIPTION	JUNE 2019						JUNE 2018					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL		YTD ACTUAL			
FTEs - TOTAL (AVG)	572	616	7%	567	616	8%	540	-6%	543	-4%		
ADJUSTED PATIENT DAYS	1,995	2,198	-9%	13,467	13,261	2%	1,828	9%	12,228	10%		
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	67	83	-19%	483	503	-4%	71	-6%	492	-2%		
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	281	338	-17%	1,995	2,041	-2%	282	0%	1,998	0%		
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	361	429	-16%	2,581	2,592	0%	353	2%	2,537	2%		
SURGERY CASES (IN OR)	92	105	-12%	632	636	-1%	98	-6%	594	6%		
SPECIAL PROCEDURE CASES	73	75	-3%	417	452	-8%	76	-4%	414	1%		
LAB BILLABLE TESTS	18,531	18,343	1%	112,131	110,667	1%	16,518	12%	108,334	3%		
TOTAL DIAGNOSTIC IMAGING TESTS	2,735	2,765	-1%	16,999	16,690	2%	2,653	3%	15,792	7%		
PHARMACY MEDS DISPENSED	16,400	24,177	-32%	128,587	145,867	-12%	20,248	-19%	136,646	-6%		
RESPIRATORY THERAPY PROCEDURES	3,696	3,355	10%	22,649	20,241	12%	2,828	31%	19,624	13%		
REHAB/PT/OT/ST RVUs	8,419	9,069	-7%	52,149	54,721	-5%	8,507	-1%	51,987	0%		
ER CENSUS	1,120	1,054	6%	6,304	6,361	-1%	1,029	9%	6,228	1%		
TOTAL RURAL HEALTH CLINIC VISITS	5,717	5,936	-4%	35,403	35,815	-1%	5,406	6%	31,148	12%		
TOTAL SPECIALTY CLINIC VISITS	3,354	3,641	-8%	20,763	21,968	-5%	3,116	8%	18,703	10%		
HOME HEALTH EPISODES	69	67	3%	453	406	12%	68	1%	397	12%		
HOSPICE CENSUS/DAYS	1,018	1,116	-9%	5,347	6,734	-21%	1,103	-8%	6,346	-19%		





# June 2019

## Income Statement Summary



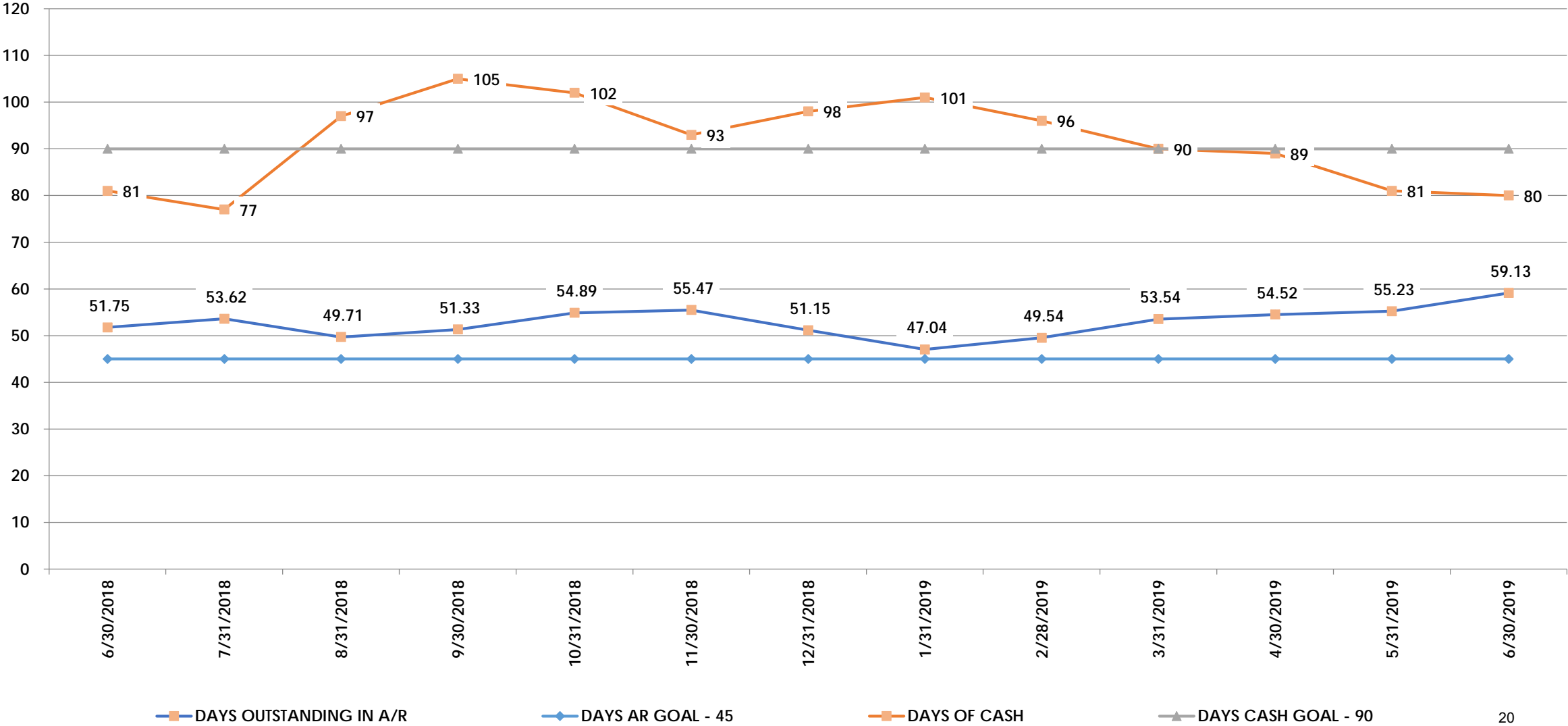
	June 2019 Actual	June 2019 Budget	Variance Favorable/ (Unfavorable)	%	June 2019 YTD	June 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	June 2018 YTD
Operating Revenue									
Gross Patient Service Revenue	21,195,462	20,483,910	711,553	3%	127,486,253	123,586,323	3,899,930	3%	113,741,516
Revenue Adjustments	11,671,448	10,876,337	(795,111)	-7%	69,125,075	65,620,603	(3,504,472)	-5%	62,213,774
Charity Care Adjustments	185,935	234,284	48,349	21%	1,232,823	1,413,515	180,692	13%	1,300,908
Net Patient Service Revenue	9,338,079	9,373,289	(35,209)	0%	57,128,356	56,552,206	576,150	1%	50,226,833
Other Revenue	575,606	754,000	(178,394)	-24%	4,071,661	4,549,134	(477,472)	-10%	2,646,742
Total Operating Revenue	9,913,685	10,127,288	(213,603)	-2%	61,200,017	61,101,340	98,677	0%	52,873,576
Operating Expenses									
Salaries And Wages	4,614,113	4,869,983	255,870	5%	28,540,646	29,382,247	841,601	3%	26,610,959
Employee Benefits	1,110,434	1,218,340	107,906	9%	7,328,738	7,350,656	21,918	0%	6,598,993
Other Expenses	3,871,053	3,821,316	(49,737)	-1%	22,401,904	23,055,285	653,381	3%	20,011,116
Total Operating Expenses	9,595,599	9,909,639	314,040	3%	58,271,288	59,788,188	1,516,900	3%	53,221,068
Operating Income (Loss)	318,086	217,649	100,437	46%	2,928,729	1,313,151	1,615,578	123%	(347,492)
Total Non Operating Revenues (Expenses)	(30,110)	6,182	(36,292)	-587%	130,408	37,301	93,107	250%	(46,139)
Change in Net Position (Loss)	287,976	223,832	64,145	29%	3,059,137	1,350,452	1,708,685	127%	(393,632)
Operating Margin	3.2%	2.1%	1.1%	49.3%	4.8%	2.1%	2.64%	122.7%	-0.7%
Total margin	2.9%	2.2%	0.7%	31.4%	5.0%	2.2%	2.79%	126.2%	-0.7%
Salaries & Benefits as a % of net pt svc rev	-61.3%	-65.0%	3.7%	5.6%	-62.8%	-65.0%	2.17%	3.3%	-66.1%



# June 2019

## Cash and Accounts Receivable

Days Cash and Accounts Receivable





# June 2019

## Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	Jun Actual	Jun Budget	Jun Variance	2019 to Date Actual	2019 to Date Budget	2019 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	5,230.00	5,050.00	(180.00)	28,873.00	30,467.00	1,594.00
			601400	BENEFITS MEDICAL INS-UNION	29,942.00	4,262.00	(25,680.00)	29,942.00	25,712.00	(4,230.00)
			601900	BENEFITS EMPLOYEE ASSISTANCE	56.00	-	(56.00)	56.00	-	(56.00)
			602300	CONSULT MNGMT FEE	4,250.00	2,055.00	(2,195.00)	4,250.00	12,397.00	8,147.00
			602500	AUDIT FEES	8,750.00	3,288.00	(5,462.00)	31,428.00	19,836.00	(11,592.00)
			604200	CATERING	105.00	123.00	18.00	368.00	744.00	376.00
			604500	OFFICE SUPPLIES	-	24.00	24.00	-	146.00	146.00
			604850	COMPUTER EQUIPMENT	-	82.00	82.00	-	496.00	496.00
			606500	OTHER PURCHASED SERVICES	-	822.00	822.00	-	4,959.00	4,959.00
			609400	TRAVEL/MEETINGS/TRAINING	1,507.00	1,644.00	137.00	7,908.00	9,918.00	2,010.00
			Exp Total				49,840.00	17,350.00	(32,490.00)	102,825.00
BOARD Total				49,840.00	17,350.00	(32,490.00)	102,825.00	104,675.00	21,850.00	





# 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**



# Jefferson Healthcare

Patient Safety and Quality Report

Wednesday, July 24, 2019



# Topics





# Provide the Highest Quality, Safest Care of any Hospital in the Region

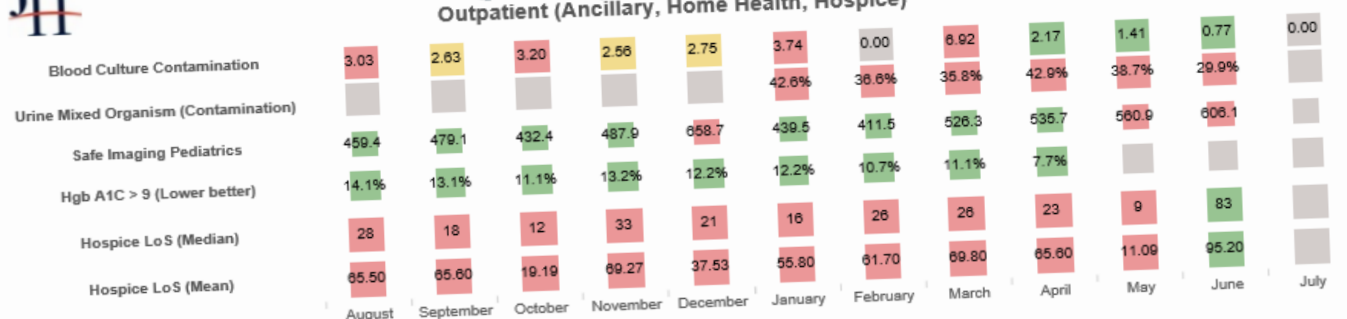
Patient Safety Outcomes														
Metric	July	August	Sept	Oct	Nov	Dec	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD	Goal
Pressure Ulcers	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0
Patient Falls with Injury (IP)	0	0	0	0	0	0	0	0	0	2.3	2.5	0	0.63	0.66
Adverse Drug Events	0.0%	0.0%	0.01%	0.9%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	1.0%	0.22%	< 1%
Specimen Mislabeling	1	0	0	0	1	0	1	1	1	0	0	0	0.42	0
Patient Engagement														
	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	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete	One event Bi-
Patient Initiated RRT	No	No	No	No	No	Yes	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



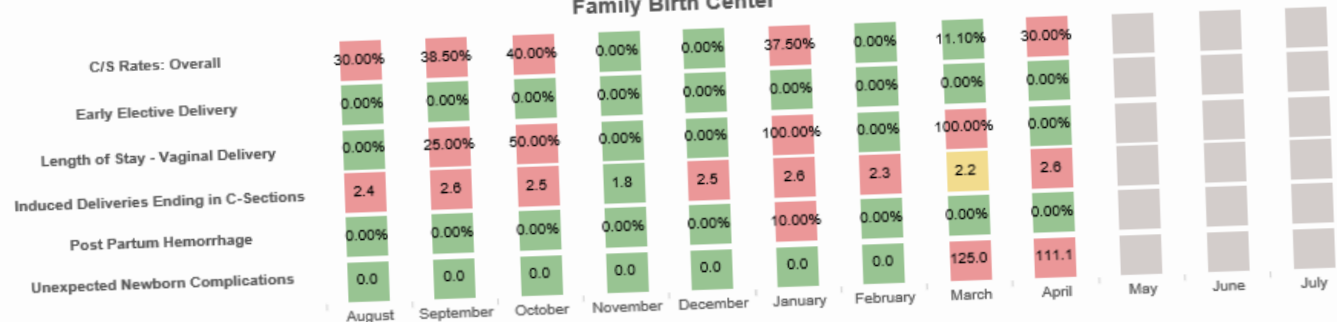


## Quality Dashboard

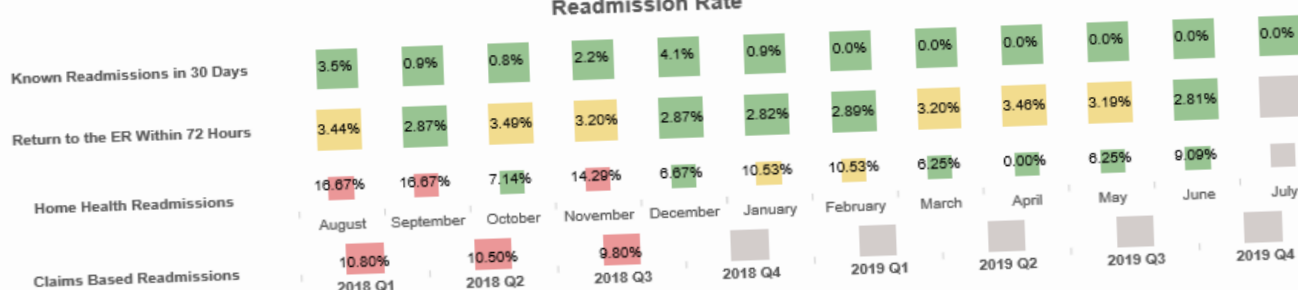
Outpatient (Ancillary, Home Health, Hospice)



### Family Birth Center



### Readmission Rate



## 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

Clinics (Primary Care and Specialty Clinics)																		
Metric	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	Jun-19	Q2 2019	NRC Average	Top Quartile
Rate Provider	81.7%	80.3%	80.0%	80.6%	78.4%	79.8%	83.6%	80.8%	85.1%	85.2%	76.3%	82.4%	82.5%	82.3%	75.0%	81.9%	83.1%	93.8%
Likely to Recommend	88.3%	89.8%	87.0%	88.2%	90.4%	90.7%	87.9%	89.5%	91.4%	91.3%	85.3%	89.5%	89.6%	86.8%	84.2%	88.0%	89.3%	97.5%
Confidence in Provider	90.2%	90.8%	89.7%	90.2%	93.2%	92.5%	93.7%	93.1%	93.1%	92.1%	89.4%	91.6%	90.5%	91.1%	85.0%	90.4%	90.0%	97.5%
Access to Care Dimension	67.8%	65.3%	66.5%	66.6%	65.5%	64.2%	67.5%	65.9%	62.9%	67.6%	63.0%	64.9%	63.5%	65.5%	65.9%	64.6%	64.3%	79.5%
Established Patient Visit	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	20.63	15.57	< 10 days	
New patient visit	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	60.6	59.57	30	
Rehab Therapy																		
Metric	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	Jun-19	Q2 2019	NRC Average	Top Quartile
Overall	72.0%	92.3%	90.9%	81.6%	100.0%	86.4%	83.3%	90.7%	73.3%	78.6%	81.3%	78.0%	73.3%	77.8%	ND	75.0%	86.0%	92.3%
Likely to Recommend	80.8%	83.3%	90.0%	83.3%	95.0%	95.5%	81.8%	92.5%	80.0%	79.3%	87.5%	81.7%	92.9%	77.8%	ND	87.0%	88.5%	94.6%
Access to Care Dimension	65.4%	76.9%	54.5%	66.0%	85.0%	80.4%	70.8%	80.0%	73.3%	67.2%	75.0%	69.2%	73.3%	72.0%	ND	72.9%	75.0%	85.3%
Confidence in Therapist	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%	87.5%	ND	82.6%	88.9%	94.3%
Home Health																		
Metric	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	Jun-19	Q2 2019	NRC Average	Top Quartile
Overall	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%	80.0%	100.0%	88.9%	85.1%	92.8%
Likely to Recommend	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%	90.0%	100.0%	88.9%	80.3%	89.6%
Confidence in Care Provider	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%	66.7%	100.0%	76.0%	82.5%	91.0%
Outpatient Testing (Sleep, Lab, DI)																		
Metric	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	Jun-19	Q2 2019	NRC Average	Goal
Overall	75.6%	82.1%	77.3%	78.2%	88.2%	85.7%	83.9%	85.8%	92.5%	79.7%	84.8%	85.8%	85.3%	87.1%	76.5%	85.2%	82.5%	90.4%
Likely to Recommend	78.5%	81.8%	86.1%	82.0%	88.3%	90.8%	84.1%	87.6%	90.0%	86.5%	79.4%	85.7%	86.8%	81.4%	76.5%	83.2%	83.1%	90.6%
Told when/how to receive results	72.7%	68.7%	79.5%	73.7%	69.2%	71.8%	68.2%	69.7%	76.5%	65.8%	63.1%	68.9%	72.3%	73.9%	64.7%	72.2%	71.4%	82.6%
Confidence in Staff	87.3%	82.6%	84.5%	84.9%	87.2%	89.6%	89.9%	88.9%	87.7%	89.2%	75.8%	84.6%	93.9%	86.8%	86.7%	89.9%	85.5%	91.1%
Patient Advocate Reports																		
Metric	July	August	Sept	Q3 2018	Oct	Nov	Dec	Q4 2018	Jan-19	Feb-19	Mar-19	Q1 2019	Apr-19	May-19	Jun-19	Q2 2019	Goal	
Days to Acknowledgement	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	1.3	2.22	7	
Days to Closure	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	6.85	9.74	≤ 30	

- 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

 Falls Prevention Team

[+ New](#) [Send by email](#) [Page details](#)

[Team Site Home](#)  
[Team Notebook](#)  
[Team Documents](#)  
[Team Calendar](#)  
[IHI Virtual Expedition...](#)  
[Recycle bin](#)  
[Edit](#)




## Fall Prevention Team

Jefferson Healthcare Mission: To hold the trust and improve the health of our community through compassionate care, innovation, and medical excellence.

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

The Fall Prevention Team is responsible for the development, implementation, and ongoing review of fall prevention training, education, and policies.

The Fall Prevention Team is also generally responsible for reviewing all falls that occur, developing protocols to eliminate or reduce the impact of all risk factors identified in the investigation, and analyzing the efficacy of all interventions in use.

 Washington State  
Hospital Association

### Post-Fall Huddle Tool

**Post-Fall Huddle Facilitation Instructions:**

- **Purposes:** The huddle is to be a positive and safe learning environment to understand why the patient fell and determine the immediate or root cause factor that caused the fall and if the patient was injured during the fall, what was the immediate source of injury. The intent is for the patient/family and clinical care team to identify immediate opportunity to prevent a recurrent fall (based on the same root cause) and injury.
- **Participants:** Three to four clinical team members, interdisciplinary when possible, who know the patient (unless the patient's condition is urgent or emergent upon rescue) and family if present.
- **Guidelines:** Conduct the post-fall huddle after all patient falls whether unassisted or assisted, within 15 minutes, or as soon as possible after patient care is provided.

**Environmental and Interview Factors:**  
Utilize discovery to determine the root cause / immediate cause of the fall

What was the patient doing when the fall occurred? (in patient's words)	
What was different this time? • Ask patient what is different compared to prior	

Post-Fall Debrief Tool

### Next Fall Prevention Team Meeting

102 21 30 10  
days hrs min sec

[Review STEADI Tool](#)



# Patient Safety Highlight: Fall Prevention

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?





# Jefferson Healthcare

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.



# National Center for Complex Health and Social Needs Regional Convening

## Maritime Center

### October 21, 8:30-9:30am

- 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 other 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.



# Interlocal Agreement for Equipment Use Agreement between Jefferson Healthcare and East Jefferson Fire Rescue

- 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.



# Interlocal Agreement for Provision of Automated External Defibrillators (AEDs) in Chimacum Schools

- 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

