
Regular Session Agenda
Wednesday, August 28, 2019

<u>Call to Order:</u>	2:30
<u>Approve Agenda:</u>	2:30
<u>Education Topic:</u>	2:31
<ul style="list-style-type: none"> • Compliance Report- Jon French, Chief Legal Officer • Patient Advocate Report- Jackie Levin, RN, Patient Advocate 	
<u>Break:</u>	3:15
<u>Team/Employee/ Provider of the Quarter</u>	3:30
<u>Minutes:</u> Action Requested	3:40
<ul style="list-style-type: none"> • July 24 Regular Session (pg. 2-4) 	
<u>Required Approvals:</u> Action Requested	3:41
<ul style="list-style-type: none"> • July Warrants and Adjustment (pg. 5-10) • Resolution 2019-16 Surplus Equipment (pg. 11) • Medical Staff Credentials/ Appointments/ Reappointments (pg. 12) • Medical Staff Policy (pg. 13-18) 	
<u>Public Comment:</u>	3:45
<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	3:55
<u>Quality Report:</u> Brandie Manuel, Chief Pt Safety and Quality Officer	4:20
<u>Administrative Report:</u> Mike Glenn, CEO	4:30
<u>Chief Medical Officer Report:</u> Dr. Joseph Mattern, MD, CMO	4:40
<u>Board Business:</u>	4:50
<u>Meeting Evaluation:</u>	5:00
<u>Executive Session:</u>	5:05
<u>Conclude:</u>	5:15

This Regular 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, 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 _____

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)

	July 2019 Actual	July 2019 Budget	Variance Favorable/ (Unfavorable)	%	July 2019 YTD	July 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	July 2018 YTD
Gross Revenue									
Inpatient Revenue	3,622,049	4,174,885	(552,837)	-13%	26,716,583	28,550,820	(1,834,237)	-6%	26,102,676
Outpatient Revenue	18,553,665	16,991,840	1,561,824	9%	122,945,384	116,202,229	6,743,155	6%	106,574,569
Total Gross Revenue	22,175,714	21,166,726	1,008,988	5%	149,661,967	144,753,049	4,908,918	3%	132,677,245
Revenue Adjustments									
Cost Adjustment Medicaid	1,852,754	2,050,705	197,951	10%	13,441,922	14,024,175	582,254	4%	12,556,961
Cost Adjustment Medicare	8,097,663	7,241,073	(856,590)	-12%	52,666,077	49,519,581	(3,146,496)	-6%	45,622,147
Charity Care	361,746	242,094	(119,652)	-49%	1,594,569	1,655,609	61,039	4%	1,551,273
Contractual Allowances Other	1,854,173	1,577,989	(276,184)	-18%	11,805,946	10,791,404	(1,014,542)	-9%	10,267,991
Administrative Adjustments	73,787	94,156	20,369	22%	645,999	643,906	(2,093)	0%	594,899
Allowance for Uncollectible Accounts	139,204	274,968	135,764	49%	2,582,713	1,880,428	(702,285)	-37%	2,079,966
Total Revenue Adjustments	12,379,328	11,480,985	(898,343)	-8%	82,737,226	78,515,103	(4,222,123)	-5%	72,673,239
Net Patient Service Revenue	9,796,386	9,685,740	110,645	1%	66,924,741	66,237,946	686,795	1%	60,004,007
Other Revenue									
340B Revenue	469,397	325,967	143,430	44%	2,273,693	2,229,194	44,500	2%	2,044,734
Other Operating Revenue	221,394	453,167	(231,773)	-51%	2,488,760	3,099,074	(610,314)	-20%	985,909
Total Operating Revenues	10,487,177	10,464,874	22,303	0%	71,687,194	71,566,214	120,981	0%	63,034,649
Operating Expenses									
Salaries And Wages	4,833,162	5,032,320	199,158	4%	33,373,809	34,414,568	1,040,759	3%	31,099,072
Employee Benefits	1,150,839	1,258,953	108,114	9%	8,479,577	8,609,608	130,031	2%	7,546,581
Professional Fees	595,346	353,256	(242,090)	-69%	3,286,118	2,415,812	(870,306)	-36%	2,760,226
Purchased Services	566,923	680,889	113,967	17%	3,789,949	4,656,403	866,454	19%	3,671,666
Supplies	1,960,996	1,815,992	(145,005)	-8%	12,718,116	12,419,036	(299,080)	-2%	10,457,683
Insurance	51,656	54,427	2,771	5%	364,906	372,207	7,301	2%	406,584
Leases And Rentals	152,101	159,048	6,947	4%	920,650	1,087,684	167,035	15%	862,357
Depreciation And Amortization	386,451	417,794	31,343	8%	2,716,608	2,857,172	140,564	5%	2,768,533
Repairs And Maintenance	49,012	97,708	48,696	50%	403,097	668,195	265,098	40%	391,355
Utilities	95,632	107,104	11,472	11%	683,798	732,451	48,653	7%	651,630
Licenses And Taxes	65,809	55,617	(10,192)	-18%	406,779	380,351	(26,428)	-7%	369,178
Other	164,238	206,862	42,625	21%	1,200,047	1,414,670	214,623	15%	975,834
Total Operating Expenses	10,072,165	10,239,970	167,804	2%	68,343,453	70,028,158	1,684,705	2%	61,960,698
Operating Income (Loss)	415,012	224,904	190,107	85%	3,343,741	1,538,056	1,805,685	117%	1,073,951
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	6,197	21,530	(15,333)	-71%	145,825	147,238	(1,413)	-1%	173,173
Taxation For Debt Service	5,630	19,373	(13,743)	-71%	136,234	132,485	3,749	3%	127,571
Investment Income	45,327	28,180	17,146	61%	353,077	192,717	160,360	83%	194,189
Interest Expense	(81,882)	(84,692)	2,810	3%	(567,644)	(579,184)	11,541	2%	(609,267)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	0
Contributions	17,597	21,997	(4,400)	-20%	55,784	150,433	(94,649)	-63%	52,339
Total Non Operating Revenues (Expenses)	(7,131)	6,388	(13,519)	-212%	123,277	43,689	79,588	182%	(61,995)
Change in Net Position (Loss)	407,881	231,293	176,588	76%	3,467,018	1,581,745	1,885,273	119%	1,011,956

STATISTIC DESCRIPTION

STATISTIC DESCRIPTION	JULY 2019						JULY 2018			
	MO	MO	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	571.74	615.68	7%	567.77	615.68	8%	537.16	-6%	542.39	-5%
FTEs - PRODUCTIVE (AVG)	501.35	553.64	9%	506.75	553.64	8%	469.72	-7%	487.60	-4%
ADJUSTED PATIENT DAYS	2,160	2,271	-5%	15,627	15,532	1%	1,782	21%	14,010	12%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	55	86	-36%	538	589	-9%	74	-26%	566	-5%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	312	350	-11%	2,307	2,391	-4%	272	15%	2,270	2%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	20	8	150%	123	56	120%	-	0%	47	62%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	387	444	-13%	2,968	3,036	-2%	346	12%	2,883	3%
BIRTHS	9	11	-18%	63	73	-14%	17	-47%	70	-11%
SURGERY CASES (IN OR)	120	109	10%	752	745	1%	94	28%	688	9%
SURGERY MINUTES (IN OR)	13,924	14,630	-5%	97,864	100,051	-2%	13,782	1%	92,460	6%
SPECIAL PROCEDURE CASES	70	77	-9%	487	529	-8%	71	-1%	485	0%
LAB BILLABLE TESTS	18,532	18,954	-2%	130,663	129,621	1%	17,018	9%	125,352	4%
BLOOD BANK UNITS MATCHED	41	60	-32%	304	409	-26%	54	-24%	403	-33%
MRIs COMPLETED	181	169	7%	1,263	1,154	9%	161	12%	1,107	12%
CT SCANS COMPLETED	546	417	31%	3,399	2,851	19%	452	21%	2,835	17%
RADIOLOGY DIAGNOSTIC TESTS	1,480	1,500	-1%	10,323	10,259	1%	1,437	3%	9,848	5%
ECHOs COMPLETED	124	138	-10%	896	943	-5%	140	-11%	789	12%
ULTRASOUNDS COMPLETED	331	327	1%	2,204	2,237	-1%	283	17%	2,117	4%
MAMMOGRAPHS COMPLETED	249	249	0%	1,604	1,705	-6%	236	6%	1,634	-2%
NUCLEAR MEDICINE TESTS	39	58	-33%	260	399	-35%	31	26%	202	22%
TOTAL DIAGNOSTIC IMAGING TESTS	2,950	2,858	3%	19,949	19,548	2%	2,740	8%	18,532	7%
PHARMACY MEDS DISPENSED	21,409	24,983	-14%	155,146	170,849	-9%	20,301	5%	156,947	-1%
ANTI COAG VISITS	428	549	-22%	2,724	3,752	-27%	453	-6%	3,040	-12%
RESPIRATORY THERAPY PROCEDURES	3,003	3,467	-13%	25,652	23,708	8%	2,563	17%	22,187	14%
PULMONARY REHAB RVUs	234	272	-14%	1,412	1,860	-24%	237	-1%	1,839	-30%
PHYSICAL THERAPY RVUs	7,364	7,559	-3%	51,047	51,694	-1%	7,585	-3%	49,083	4%
OCCUPATIONAL THERAPY RVUs	926	1,321	-30%	7,199	9,032	-20%	1,177	-21%	8,798	-22%
SPEECH THERAPY RVUs	236	220	7%	1,484	1,507	-2%	260	-9%	1,526	-3%
REHAB/PT/OT/ST RVUs	8,760	9,372	-7%	61,142	64,093	-5%	9,259	-5%	61,246	0%
ER CENSUS	1,133	1,090	4%	7,437	7,451	0%	1,122	1%	7,350	1%
EXPRESS CLINIC	902	671	34%	5,555	4,588	21%	704	28%	1,283	77%
SOCO PATIENT VISITS	173	195	-11%	986	1,336	-26%	139	24%	1,092	-11%
PORT LUDLOW PATIENT VISITS	602	722	-17%	4,699	4,937	-5%	519	16%	3,853	18%
SHERIDAN PATIENT VISITS	2,380	2,811	-15%	18,335	19,225	-5%	2,199	8%	18,274	0%
DENTAL CLINIC	208	212	-2%	220	1,452	-85%	-	0%	-	100%
WATERSHIP CLINIC PATIENT VISITS	1,047	1,104	-5%	7,485	7,551	-1%	1,029	2%	7,288	3%
TOWNSEND PATIENT VISITS	542	630	-14%	3,989	4,310	-7%	566	-4%	4,514	-13%
TOTAL RURAL HEALTH CLINIC VISITS	5,854	6,345	-8%	41,269	43,399	-5%	5,156	14%	36,304	12%
CARDIOLOGY CLINIC VISITS	243	285	-15%	1,856	1,946	-5%	203	20%	1,662	10%
DERMATOLOGY CLINIC VISITS	541	560	-3%	3,529	3,833	-8%	431	26%	2,441	31%
GEN SURG PATIENT VISITS	302	322	-6%	2,316	2,205	5%	284	6%	2,184	6%
INFUSION CENTER VISITS	815	654	25%	5,022	4,472	12%	628	30%	3,984	21%
ONCOLOGY VISITS	459	510	-10%	2,888	3,485	-17%	359	28%	2,378	18%
ORTHO PATIENT VISITS	571	639	-11%	4,130	4,368	-5%	572	0%	3,929	5%
SLEEP CLINIC VISITS	109	197	-45%	827	1,349	-39%	159	-31%	1,276	-54%
SURGERY CENTER ENDOSCOPES	87	70	24%	520	479	9%	59	47%	488	6%
WOMENS CLINIC VISITS	163	233	-30%	1,336	1,594	-16%	184	-11%	1,516	-13%
WOUND CLINIC VISITS	292	293	0%	1,921	2,000	-4%	400	-27%	2,124	-11%
TOTAL SPECIALTY CLINIC VISITS	3,582	3,763	-5%	24,345	25,731	-5%	3,279	9%	21,982	10%
SLEEP CENTER SLEEP STUDIES	71	75	-5%	425	511	-17%	68	4%	492	-16%
HOME HEALTH EPISODES	77	69	12%	530	475	12%	54	43%	451	15%
HOSPICE CENSUS/DAYS	1,235	1,153	7%	6,582	7,888	-17%	1,019	21%	7,365	-12%
CARDIAC REHAB SESSIONS	27	122	-78%	27	833	-97%	-	0%	552	-1944%
DIETARY TOTAL REVENUE	80,051	95,823	-16%	538,336	655,302	-18%	73,819	8%	527,688	2%
MAT MGMT TOTAL ORDERS PROCESSED	2,298	2,081	10%	14,712	14,230	3%	2,456	-6%	17,451	-19%
EXERCISE FOR HEALTH PARTICIPANTS	820	866	-5%	5,372	5,924	-9%	872	-6%	5,823	-8%

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

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

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

General Fund Warrants & ACH Transfers	\$9,472,842.60	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	\$574,737.81	(Attached)
Canceled Warrants	\$0.00	(Attached)

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

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

Submitted for your approval are the following warrants:

GENERAL FUND:

256269 - 257231	\$3,840,938.88
ACH TRANSFERS	<u>\$5,631,903.72</u>
	<u>\$9,472,842.60</u>
YEAR-TO-DATE:	<u><u>\$70,217,810.71</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: JULY 2019 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	JULY	JULY YTD	JULY YTD BUDGET
Allowance for Uncollectible Accounts:	139,204.29	2,582,712.79	1,880,428.24
Charity Care:	361,746.05	1,594,569.06	1,655,608.54
Other Administrative Adjustments:	73,787.47	645,999.04	643,906.28
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TOTAL FOR MONTH:	\$574,737.81	\$4,823,280.89	\$4,179,943.06
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**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CAO/CFO
RE: JULY 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
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TOTAL:		<u><u>\$ -</u></u>
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2019-16

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 #
Jouan B41 Centrifuge	02-00017	402010004	B41 (LAB03602)

APPROVED this 28th day of August 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: 8/27/2019 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 08/28/2019

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. Atluri, Mahesh, MD – Tele-Radiology
2. Wildeman, Marcella, ARNP - Express Care Clinic
3. Moll, Steven, DO – Family Medicine Clinic
4. Shawky, Mona, MD – IM/Hospitalist

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

1. Lynn, Richard, MD – Hospice Assoc. Medical Director

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

1. Cox, Patrick, MD – Tele-Radiology
2. Mank, Catherine, DO – Emergency Medicine
3. Murray, John, MD – Emergency Medicine
4. Squire, Michael, MD – Tele-Radiology

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

1. Stickler- Ivie, Jodi, PA-C

Medical Student Rotation:

1. Cole, Molly, MS III, Primary Care Clinic (who supervises her in Hong's absence?)

90 day provisional performance review completed successfully: n/a

Annual review – no changes:

Verification of Licensure, Malpractice Insurance and DEA Certificates

POLICY:

All members of the medical staff and allied health professional staff shall have current state license, DEA (when applicable) and malpractice insurance coverage.

PROCEDURE:

The Medical Staff Services Coordinator or designee will:

1. Periodically review Modio Alerts for expiring state licenses, DEA certification and malpractice insurance.
2. Send reminders to provider and office manager one month prior to expirations requesting renewal of expiring document and a copy if necessary.
 - a. Query Department of Health provider license verification website weekly for license renewal and print verification. Note any adverse actions.
3. If license/certification documentation is not received one week prior to expiration, the provider will be contacted to provide new document(s) and reminded that current license/certificates are a condition of medical staff membership.
4. At least one day prior to expiration, a final call will be made to the provider and office manager informing him/her that the document is needed by the morning of expiration.
5. On the morning of expiration, the state licensing board, DEA and/or insurance company is called to verify renewal. If not renewed, the provider and office manager are notified by telephone.
6. The provider and office manager will be sent a letter notifying him/her that hospital privileges are suspended as of the license/insurance expiration date, pending receipt of current information and will be reinstated upon verification of renewal.
 - a. DEA expiration: Provider will be notified that co-signature is required for Schedule II-V drugs.
7. Appropriate departments are notified.
8. At reappointment time valid DEA certificate will be primary source verified through the DEA website: <https://apps.deadiversion.usdoj.gov/webforms/dupeCertLogin.jsp>
9. Should a new provider's valid DEA be pending at time of Medical Executive Committee review for appointment, the provider will obtain signature from a credentialed practitioner with a valid DEA certificate until the DEA arrives. The Medical Staff Coordinator will facilitate this arrangement and document it in new provider's credentialing file.

Reappointments and Renewal of Clinical Privileges

POLICY:

All reappointments and the granting of/revision of clinical privileges are for a period not to exceed 2 years within the month of last reappointment.

DEFINITION:

The renewal/reappraisal of medical staff membership and privileges of a practitioner whose previous service on the medical staff has met the standard of patient care.

PROCEDURE:

- I. The Medical Staff Coordinator or designee will:
 1. Provide the practitioner at least 90 days prior to expiration of reappointment with the following:
 - a. Cover letter requesting completion of reappointment and/or privileges
 - b. Application for Reappointment
 - c. Copy of currently approved privileges
 - d. New privilege forms
 - e. Other forms as deemed appropriate
 2. If reappointment packet has not been returned within four weeks from issue, a reminder will be sent to the practitioner.
 3. If the reappointment packet has not been returned 6 weeks in advance of expiration of current appointment, a certified letter will be sent informing the practitioner that the appointment will automatically expire at the conclusion of the appointment period. Reinstatement would require a new application for appointment.
 4. The returned application and/or request for privileges shall be reviewed for completion and all necessary documentation. Privilege requests will be reviewed with those currently granted. Any questions, clarifications or additional information required, will be immediately referred to the practitioner.
- II. Complete reappointment and or request for renewal of privileges includes at least the following:
 1. Specific staff category and clinical privileges requested. Any changes shall be noted. Requests for privileges new to practitioner shall follow policy *New or Additional Privileges/ Procedures*.
 2. Evidence of current Washington State license.
 3. Evidence of current DEA registration (if applicable).
 4. Evidence of current professional liability insurance (coverage must meet at least the minimum requirements established by the Governing Board, Executive Committee and Medical Staff).
 5. Attestation of any physical or mental condition that could affect the ability to perform the privileges requested and duties of medical Staff appointment, with or without accommodation. See attached form.
 6. Evidence of continuing medical education obtained during the previous two years which relate in part to privileges granted and requested **is not required** unless requested by

Credentials Committee or Medical Executive Committee.

7. Documentation of any proceedings initiated or pending involving allegation of professional medical misconduct or completed proceedings involving findings of professional medical conduct in this or other states
8. Documentation of any proceedings initiated, pending or completed involving denial, revocation, suspension, reduction, limitation, probation, or non-renewal of any of the following:
 - a. License or certificate to practice any profession in any state or country
 - b. DEA or other controlled substance registration/certification
 - c. Membership or fellowship in local, state or national professional organizations
 - d. Faculty membership at any medical or other professional school
 - e. Appointment or employment status, prerogative or clinical privileges at any other hospital, facility or organizations; or
 - f. Limitation, cancellation, imposition of surcharge on professional liability insurance
9. Documentation of any voluntary relinquishment of medical license or DEA or other controlled substance registration.
10. Documentation of any voluntary termination of medical staff membership or voluntary limitation, reduction or surrender of clinical privileges.
11. Documentation of any felony criminal charges pending and/or any charges during the past two (2) years, including their resolutions.
12. Signed and dated reappointment attestation, confidentiality, consent and release from liability.
13. Documentation of any malpractice claims or suits initiated, pending, or completed since practitioner's last appointment/reappointment or granting of privileges.
14. Documentation of any claims or suits for alleged malpractice that resulted in payments by practitioner or on practitioner's behalf by an insurance company (this shall include suits in which a judgment or settlement was made against a professional corporation of which practitioner is/was a member, shareholder, or employee and the practitioner was named in the claim or suit).

III. Verifications to be completed and information obtained:

1. Verification of current Washington State license and any evidence of disciplinary actions will be completed. Negative responses are referred to the Chief(s) of Service, Vice Chief of Staff and/or Credentials Committee Chair.
 - a. *Washington State license and current licenses held in other states are verified at initial appointment, at reappointment or renewal or revision of clinical privileges, and at the time of expiration of the license.*
2. The National Practitioner Data Bank will be queried. Adverse responses are referred to the Chief(s) of Service, the Chief of Staff and/or Credentials Committee Chair.
3. Federal agency resources (Office of Inspector General, System Awards Management, Noridian) shall be queried for exclusion from participation from government sponsored programs (such as Medicare, Medicaid, Tricare, VA).
4. Patient Activity Information will be requested from other sources, when there is limited patient contact at the hospital (less than 3 patient contacts per year).
 - a. Any practitioner with minimal activity at the hospital must submit evidence of current clinical competency and ability to perform privileges requested such as:
 - i. a copy of his/her confidential quality profile from his/her primary hospital;
 - ii. copy of his/her quality profile from a health care plan/managed care organization; or
 - iii. recommendations from three (3) active members of the Jefferson Healthcare Medical Staff who are knowledgeable about the quality of the practitioner's patient care.
 - iv. Blinded copies of patient records (3) for peer review.

Failure of the practitioner to ensure necessary competency assessment information is provided shall result in the application being deemed incomplete with no further processing and considered a voluntary resignation.

5. The practitioner is responsible for providing any reasonable evidence of current ability to perform the privileges requested.
6. Information will be requested from any hospital or facility with or at which the physician had or has any association, employment, privilege or practice.
7. Verification of current insurance and claims history will be conducted.
8. Results of peer review, complaints and concerns, quality assessment and improvement activities and practitioner practice information will be considered.
9. Continuing medical education may be considered.
10. The Medical Staff Coordinator or designees will ensure that practitioner directories and other materials for members are consistent with education, training, certification, specialty, etc.

IV. Review and approval:

After collection of all necessary information the reappointment and/or request for privileges will be referred for evaluation, recommendations and approval as follows:

1. Chief(s) of appropriate service(s) and Credentials Committee Chair shall review the reappointment and or privileges application, credentials file, and quality assessment file and document their evaluation. When the Department Chief is being reappointed, the Chief of Staff or designee (i.e. Chief Medical Officer) and members of the department shall review the reappointment application, credentials file and quality assessment file and document their evaluation. Evaluations will be based on performance, conduct, compliance with Medical Staff Bylaws, Rules and Regulation and Policies and Procedures and includes the **six general competencies** of the ACGME and ABMS:
 - a. **Patient care** as demonstrated in findings of ongoing and/or focused quality assessment/ performance improvement activities
 - b. **Medical/Clinical knowledge**
 - c. **Practice based learning and improvement** (use of scientific evidence and methods to investigate, evaluate and improve patient care – continuing education)
 - d. **Interpersonal and communication skills** (with patients, families, and other members of healthcare teams)
 - e. **Professionalism** reflected by a commitment to continuous professional development, ethical practice and understanding and sensitivity to diversity and a responsible attitude toward patients, profession and society
 - f. **Systems Based Practice** demonstrated by participation and understanding of established systems and the ability to apply this knowledge to improve and optimize health care
2. Evaluations and recommendations of the Chief of Service shall be documented and referred to the Credentials Committee Chair and the Medical Executive Committee.
3. The recommendations from the Medical Executive Committee shall be submitted to the Governing Board for final action.
4. A letter will be sent to the practitioner informing him/her of the Governing Board's decision with a copy of the approved privileges within 60 days of the Board's decision.
5. Approved privileges will be updated (manuals or electronic files) by Medical Staff Services personnel.

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 state⁶

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.

REFERENCES

CMS Ref S&C 05-04, Requirements for Hospital Medical Staff Privileging, CoP 482.22

RCW 70.41.230 Duty of hospital to request information on physicians granted privileges

WAC 246-320-182; NCQA CR1, A12; CR1, Element A, Factor 7

Telemedicine Services

POLICY:

Jefferson Healthcare (originating site) will grant credentialing and privileging of all telemedicine providers through an agreement with the 'Medicare participating' distant site or a telemedicine entity and will rely upon the credentialing and privileging decisions made by the 'Medicare participating' distant site or telemedicine entity when making recommendations for appointments/re-appointments. For non Medicare participating sites the CMS Conditions of Participation must be met.

The written agreement **includes but is not limited to the following conditions:**

- Distant site telemedicine entity medical staff credentialing and privileging process
- The provider is privileged at the distant site
- The provider holds license or is recognized by the state where the originating site (Jefferson Healthcare) is located
- Jefferson Healthcare has evidence of internal review of the distant site practitioner's performance of these privileges and sends the distant site performance information for use in periodic appraisals (at a minimum patient complaints and adverse events).

Jefferson Healthcare Medical Staff Bylaws and Policies and Procedures for appointment, reappointment and granting of clinical privileges will be followed.

PURPOSE:

To establish guidelines for credentialing and privileging physicians who provide telemedicine.

DEFINITION OF TELEMEDICINE:

Remote licensed, independent practitioners who are responsible for patient care, treatment and services (e.g: providing official readings of images, tracings or interpretive studies, consultations) via telemedicine link.

Telemedicine sites consist of both an originating site and a distant site. An originating site is the hospital/facility where the patient is receiving care, whereas a distant site is the institution where telemedicine provider is located or telemedicine entity from which the prescribing or treating services are provided.

REFERENCES:

CMS CoPs: §482.22 (3), § 482.22(4), §482.12(a)(1) through (a)(7) and the Medical Staff standards at § 482.22(a)(1) through (a)(2); DNV MS.17, SR.1; 42 C.F.R. 485.616(c)