
Regular Session Agenda
Wednesday, October 23, 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">Jefferson Healthcare Master Site Plan Community Forum<ul style="list-style-type: none">Jody Carona, Facilitator	
<u>Break:</u>	3:15
<u>Patient Story:</u> Tina Toner, CNO	3:30
<u>Minutes:</u> Action Requested	3:40
<ul style="list-style-type: none">September 18, 2019 Special Session (pg. 2-4)September 30, 2019 Special Session (pg. 5-6)	
<u>Required Approvals:</u> Action Requested	3:42
<ul style="list-style-type: none">September Warrants and Adjustment (pg. 7-12)Resolution 2019-17 Surplus Equipment (pg. 13)Medical Staff Credentials/ Appointments/ Reappointments (pg. 14-23)Medical Staff Policy	
<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	4:05
<u>Administrative Report:</u> Mike Glenn, CEO	4:15
<u>Chief Medical Officer Report:</u> Dr. Joseph Mattern, MD, CMO	4:25
<u>Board Business:</u>	4:35
<ul style="list-style-type: none">Appoint Independent Auditor	
<u>Meeting Evaluation:</u>	4:40
<u>Executive Session:</u>	4:50
<ul style="list-style-type: none">To discuss current or potential litigation	
<u>Conclude:</u>	4:55
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, Special Session Minutes
Wednesday, September 18, 2019
Victor J. Dirksen Conference Room**

Call to Order:

The meeting was called to order at 2:30pm by Board Chair Buhler Rienstra. Present were Commissioners Dressler, Kolff, and Ready. Commissioner McComas 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, 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. Commissioner McComas seconded.

Action: Motion passed unanimously.

Education:

Cindy Kratochvil, Emergency Department Director, presented the Emergency Management Update.

Discussion ensued.

Break:

Commissioners recessed for break at 3:13pm.

Commissioners reconvened from break at 3:30pm.

Patient Story:

Tina Toner, CNO, read aloud a thank you note a nursing student wrote to their nurse preceptor from Jefferson Healthcare. Tina explained the Peninsula College and Jefferson Healthcare nurse residency program as well as different professional development opportunities Jefferson Healthcare offers.

Discussion ensued.

Minutes:

- August 28 Regular Session

Commissioner Dressler made a motion to approve the July 24 Regular Session minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- August Warrants and Adjustments

- Medical Staff Credentials/Appointments/Reappointments

Commissioner Ready made a motion to approve the August Warrants and Adjustments and Medical Staff Credentials/ Appointments/ Reappointment. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Public Comment:

Public comment was made.

Financial Report:

Hilary Whittington, CFO/CAO presented the August 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.

Commissioner Kolff made a motion to authorize Mike Glenn and board representatives to support the federal advocacy as outlined and more specifically defined by WSHA. Commissioner Dressler seconded.

Discussion ensued.

Action: Motion passed 4 to 1, Commissioners Buhler Rienstra, Dressler, Kolff, and McComas in favor. Commissioner Ready opposed.

Chief Medical Officer Report:

Dr. Joseph Mattern, CMO presented the CMO report which included Home Health and Hospice EPIC Go Live, point of care ultrasound, staffing, opioid update, Greeley, and flu season.

Discussion ensued.

Board Business:

Commissioner Kolff reported that Jefferson County Public Health is holding a hearing in order to repeal and replace the clean indoor air ordinance which includes vaping in order to get a handle on the epidemic.

Commissioner Kolff reported that he will be joining the climate strike on Friday and will not be able to attend the Swedish Symposium.

Meeting Evaluation:

Commissioners evaluated the meeting.

Executive Session:

Commissioners went into Executive Session to discuss real estate sale, purchase, or lease.

Commissioners went into Executive Session at 5:05pm.

Commissioners came out of Executive Session at 5:10pm. No action was taken.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner Ready seconded.

Action: Motion passed unanimously.

Meeting concluded at 5:10pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, September 30, 2019
Cotton Building, 607 Water Street, Port Townsend, WA 98368

Call to Order:

The meeting was called to order at 1:00pm by Jefferson County Public Hospital District no. 2 chair, Commissioner Buhler Rienstra. Present were Jefferson County Public Hospital District no. 2 Commissioners Buhler Rienstra, Dressler and Ready. Not present were Commissioners McComas, and Kolff. Present from the Jefferson County Board of Health were Jefferson County Commissioners Brotherton, Dean, and Sullivan, City of Port Townsend, Councilmember Pamela Adams, and Citizen at Large, Denis Stearns. Not present was Citizen at Large, Sheila Westerman. Also present were Mike Glenn, CEO, Jefferson County Public Hospital District No. 2, Tom Locke, M.D., Jefferson County Health Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Jefferson County Public Hospital District No. 2 Vicki Kirkpatrick, Jefferson County Public Health Director, John Nowak, Co- Executive Director of CHIP, Lori Fleming, Co- Executive Director of CHIP, and Alyssa Rodrigues, Administrative Assistant, Jefferson County Public Hospital District No. 2. This meeting was officially audio recorded by Jefferson Healthcare.

Special Session:

The purpose of this special session is a joint board meeting between Jefferson County Public Hospital District No. 2 Board of Commissioners and Jefferson County Board of Health to review the Community Health Improvement Plan (CHIP) progress.

Introductions:

John Nowak, Co-Executive Director of CHIP, welcomed everyone and introductions were made.

Early Community Health Assessment Data Presentation:

John Nowak, Co-Executive Director of CHIP, introduced Siri Kushner, Epidemiologist. Siri presented and explained the early Community Health Assessment Data.

Discussion ensued.

Review of current state and action plan:

John Nowak and Lori Fleming, Co-Executive Directors of CHIP, presented the Community Health Improvement Plan's current state and action plan including metrics and evaluation, activity highlights, community outreach and communication, and upcoming Community Health Assessment- related meetings. They also presented the new CHIP website.

Discussion ensued.

Public Comment:

Public comment was made.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner Dean seconded.

Action: Motion passed unanimously.

Meeting concluded at 2:55pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

DRAFT

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)

	September 2019 Actual	September 2019 Budget	Variance Favorable/ (Unfavorable)	%	September 2019 YTD	September 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	September 2018 YTD
Gross Revenue									
Inpatient Revenue	3,707,595	4,040,208	(332,613)	-8%	33,656,807	36,765,913	(3,109,106)	-8%	33,041,944
Outpatient Revenue	17,375,255	16,443,702	931,553	6%	158,966,899	149,637,771	9,329,127	6%	136,596,978
Total Gross Revenue	21,082,849	20,483,910	598,940	3%	192,623,706	186,403,684	6,220,021	3%	169,638,922
Revenue Adjustments									
Cost Adjustment Medicaid	1,560,764	1,984,552	423,788	21%	16,876,758	18,059,433	1,182,675	7%	16,120,588
Cost Adjustment Medicare	7,553,262	7,007,484	(545,778)	-8%	67,940,157	63,768,138	(4,172,020)	-7%	58,175,067
Charity Care	281,988	234,284	(47,704)	-20%	2,198,175	2,131,986	(66,189)	-3%	1,935,256
Contractual Allowances Other	1,545,317	1,527,084	(18,232)	-1%	15,301,515	13,896,477	(1,405,038)	-10%	13,454,405
Administrative Adjustments	99,946	91,119	(8,827)	-10%	820,521	829,181	8,660	1%	834,293
Allowance for Uncollectible Accounts	353,086	266,098	(86,988)	-33%	3,178,183	2,421,495	(756,688)	-31%	2,601,313
Total Revenue Adjustments	11,394,362	11,110,621	(283,741)	-3%	106,315,309	101,106,709	(5,208,599)	-5%	93,120,921
Net Patient Service Revenue	9,688,487	9,373,289	315,198	3%	86,308,397	85,296,975	1,011,422	1%	76,518,000
Other Revenue									
340B Revenue	452,746	315,452	137,295	44%	3,131,880	2,870,613	261,267	9%	2,629,945
Other Operating Revenue	(72,643)	438,548	(511,191)	-117%	2,850,415	3,990,788	(1,140,373)	-29%	1,691,785
Total Operating Revenues	10,068,590	10,127,288	(58,698)	-1%	92,290,692	92,158,376	132,316	0%	80,839,730
Operating Expenses									
Salaries And Wages	4,620,121	4,869,983	249,862	5%	42,573,176	44,316,871	1,743,695	4%	39,954,754
Employee Benefits	1,190,442	1,218,340	27,898	2%	10,630,519	11,086,901	456,382	4%	9,677,613
Professional Fees	393,791	341,860	(51,931)	-15%	4,351,471	3,110,927	(1,240,544)	-40%	3,617,817
Purchased Services	653,477	658,925	5,448	1%	5,047,245	5,996,217	948,973	16%	4,664,863
Supplies	1,941,709	1,757,410	(184,299)	-10%	16,703,820	15,992,438	(711,382)	-4%	13,349,663
Insurance	73,641	52,671	(20,970)	-40%	500,256	479,305	(20,951)	-4%	551,784
Leases And Rentals	133,691	153,918	20,227	13%	1,186,319	1,400,650	214,331	15%	1,100,853
Depreciation And Amortization	400,253	404,317	4,063	1%	3,504,065	3,679,283	175,218	5%	3,501,395
Repairs And Maintenance	(1,010)	94,556	95,565	101%	475,711	860,458	384,748	45%	465,582
Utilities	73,231	103,649	30,418	29%	850,891	943,203	92,312	10%	829,684
Licenses And Taxes	63,329	53,823	(9,506)	-18%	520,828	489,791	(31,037)	-6%	477,194
Other	194,142	200,189	6,047	3%	1,608,690	1,821,722	213,032	12%	1,261,422
Total Operating Expenses	9,736,817	9,909,639	172,822	2%	87,952,990	90,177,766	2,224,776	2%	79,452,625
Operating Income (Loss)	331,774	217,649	114,125	52%	4,337,702	1,980,609	2,357,092	119%	1,387,104
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	15,468	20,836	(5,368)	-26%	187,425	189,604	(2,179)	-1%	220,004
Taxation For Debt Service	14,580	18,748	(4,168)	-22%	175,093	170,606	4,487	3%	161,361
Investment Income	38,143	27,271	10,871	40%	428,249	248,168	180,080	73%	272,263
Interest Expense	(81,090)	(81,960)	870	1%	(734,786)	(745,836)	11,050	1%	(781,462)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	0
Gain or (Loss) on Disposed Asset	(61,987)	-	(61,987)	0%	(61,987)	0	(61,987)	0%	0
Contributions	130,702	21,288	109,415	514%	190,986	193,718	(2,731)	-1%	75,812
Total Non Operating Revenues (Expenses)	55,816	6,182	49,633	803%	184,980	56,260	128,720	229%	(52,022)
Change in Net Position (Loss)	387,589	223,832	163,758	73%	4,522,681	2,036,869	2,485,812	122%	1,335,082

STATISTIC DESCRIPTION

	SEPTEMBER 2019						SEPTEMBER 2018			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	577.93	615.68	6%	570.12	615.68	7%	540.75	-7%	541.23	-5%
FTEs - PRODUCTIVE (AVG)	513.83	553.64	7%	507.76	553.64	8%	473.11	-9%	483.77	-5%
ADJUSTED PATIENT DAYS	1,765	2,198	-20%	19,576	20,001	-2%	1,754	1%	17,683	11%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	51	83	-39%	650	758	-14%	77	-34%	643	1%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	300	338	-11%	2,890	3,079	-6%	255	18%	2,525	13%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	5	8	-38%	138	73	89%	45	-89%	92	33%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	356	429	-17%	3,678	3,910	-6%	377	-6%	3,260	11%
BIRTHS	11	10	10%	84	93	-10%	12	-8%	82	2%
SURGERY CASES (IN OR)	106	105	1%	963	960	0%	90	18%	778	19%
SURGERY MINUTES (IN OR)	13,789	14,158	-3%	125,520	128,839	-3%	11,963	15%	104,423	17%
SPECIAL PROCEDURE CASES	64	75	-15%	614	681	-10%	61	5%	546	11%
LAB BILLABLE TESTS	17,893	18,343	-2%	166,302	166,917	0%	16,148	11%	141,500	15%
BLOOD BANK UNITS MATCHED	53	58	-9%	401	527	-24%	58	-9%	461	-15%
MRIs COMPLETED	190	163	17%	1,648	1,486	11%	155	23%	1,262	23%
CT SCANS COMPLETED	449	403	11%	4,338	3,672	18%	410	10%	3,245	25%
RADIOLOGY DIAGNOSTIC TESTS	1,515	1,452	4%	13,261	13,211	0%	1,320	15%	11,168	16%
ECHOs COMPLETED	102	133	-23%	1,142	1,214	-6%	71	44%	860	25%
ULTRASOUNDS COMPLETED	300	317	-5%	2,853	2,880	-1%	304	-1%	2,421	15%
MAMMOGRAPHYS COMPLETED	235	241	-2%	2,087	2,196	-5%	220	7%	1,854	11%
NUCLEAR MEDICINE TESTS	34	56	-39%	331	514	-36%	34	0%	236	29%
TOTAL DIAGNOSTIC IMAGING TESTS	2,825	2,765	2%	25,660	25,173	2%	2,514	12%	21,046	18%
PHARMACY MEDS DISPENSED	21,416	24,177	-11%	197,709	220,009	-10%	20,822	3%	177,769	10%
ANTI COAG VISITS	352	531	-34%	3,480	4,832	-28%	397	-11%	3,437	1%
RESPIRATORY THERAPY PROCEDURES	3,417	3,355	2%	32,341	30,530	6%	2,869	19%	25,056	23%
PULMONARY REHAB RVUs	240	263	-9%	1,933	2,396	-19%	352	-32%	2,191	-13%
PHYSICAL THERAPY RVUs	5,980	7,315	-18%	63,969	66,568	-4%	6,780	-12%	55,863	13%
OCCUPATIONAL THERAPY RVUs	766	1,278	-40%	8,843	11,631	-24%	892	-14%	9,690	-10%
SPEECH THERAPY RVUs	124	213	-42%	1,871	1,940	-4%	189	-34%	1,715	8%
REHAB/PT/OT/ST RVUs	7,110	9,069	-22%	76,616	82,535	-7%	8,213	-13%	69,459	9%
ER CENSUS	1,036	1,054	-2%	9,572	9,595	0%	1,027	1%	8,377	12%
EXPRESS CLINIC	824	649	27%	7,165	5,909	21%	573	44%	1,856	74%
SOCO PATIENT VISITS	202	189	7%	1,365	1,720	-21%	115	76%	1,207	12%
PORT LUDLOW PATIENT VISITS	543	699	-22%	5,889	6,358	-7%	635	-14%	4,488	24%
SHERIDAN PATIENT VISITS	2,330	2,721	-14%	23,112	24,757	-7%	2,312	1%	20,586	11%
DENTAL CLINIC	252	205	23%	769	1,870	-59%		0%		100%
WATERSHIP CLINIC PATIENT VISITS	950	1,068	-11%	9,504	9,723	-2%	952	0%	8,240	13%
TOWNSEND PATIENT VISITS	452	610	-26%	4,991	5,550	-10%	548	-18%	5,062	-1%
TOTAL RURAL HEALTH CLINIC VISITS	5,553	6,141	-10%	52,795	55,887	-6%	5,135	8%	41,439	22%
CARDIOLOGY CLINIC VISITS	248	275	-10%	2,344	2,506	-6%	173	43%	1,835	22%
DERMATOLOGY CLINIC VISITS	531	542	-2%	4,621	4,936	-6%	371	43%	2,799	39%
GEN SURG PATIENT VISITS	354	312	13%	2,991	2,840	5%	241	47%	2,425	19%
INFUSION CENTER VISITS	786	633	24%	6,678	5,759	16%	661	19%	4,645	30%
ONCOLOGY VISITS	469	493	-5%	3,829	4,488	-15%	327	43%	2,705	29%
ORTHO PATIENT VISITS	616	618	0%	5,291	5,625	-6%	535	15%	4,464	16%
SLEEP CLINIC VISITS	154	191	-19%	1,086	1,737	-37%	159	-3%	1,435	-32%
SURGERY CENTER ENDOSCOPIES	73	68	7%	669	616	9%	34	115%	522	22%
WOMENS CLINIC VISITS	197	226	-13%	1,762	2,052	-14%	269	-27%	1,785	-1%
WOUND CLINIC VISITS	255	283	-10%	2,479	2,576	-4%	325	-22%	2,449	1%
TOTAL SPECIALTY CLINIC VISITS	3,683	3,641	1%	31,750	33,135	-4%	3,095	19%	25,064	21%
SLEEP CENTER SLEEP STUDIES	59	72	-18%	557	658	-15%	76	-22%	568	-2%
HOME HEALTH EPISODES	83	67	24%	686	612	12%	48	73%	499	27%
HOSPICE CENSUS/DAYS	891	1,116	-20%	8,561	10,157	-16%	820	9%	8,185	4%
CARDIAC REHAB SESSIONS	83	118	-30%	219	1,073	-80%	-	0%	552	-152%
DIETARY TOTAL REVENUE	81,044	92,731	-13%	697,781	843,856	-17%	67,404	20%	595,092	15%
MAT MGMT TOTAL ORDERS PROCESSED	2,079	2,014	3%	18,821	18,325	3%	2,254	-8%	19,705	-5%
EXERCISE FOR HEALTH PARTICIPANTS	598	838	-29%	6,742	7,628	-12%	755	-21%	6,578	2%

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

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

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

General Fund Warrants & ACH Transfers	\$9,449,295.48	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	\$735,020.15	(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: SEPTEMBER 2019 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS**

Submitted for your approval are the following warrants:

GENERAL FUND:

258250 - 259136	\$4,040,733.67
ACH TRANSFERS	\$5,408,561.81
	\$9,449,295.48
YEAR-TO-DATE:	\$90,061,565.59

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: SEPTEMBER 2019 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	SEPTEMBER	SEPTEMBER YTD	SEPTEMBER YTD BUDGET
Allowance for Uncollectible Accounts:	353,085.69	3,178,182.61	2,421,494.78
Charity Care:	281,988.29	2,198,175.43	2,131,986.40
Other Administrative Adjustments:	99,946.17	820,521.03	829,181.17
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TOTAL FOR MONTH:	\$735,020.15	\$6,196,879.07	\$5,382,662.35
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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CAO/CFO
RE: SEPTEMBER 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>
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2019-17

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 #
ESR- Auto Plus Analyzer	LAB03551	504-3657	ESR-Auto Plus

APPROVED this 23rd day of October 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: 9/24/2019 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 10/23/2019

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. Beck, Randall, PA-C Orthopedics
2. Smith, Gregory MD Medical Oncology
3. Yeater, Elizabeth ARNP Sleep Medicine

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

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

1. Penn, Justin, MD Tele-Cardiology

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

1. Jacus, Ellen, PA-C Watership Clinic
2. Olinger, Elizabeth ARNP South County Clinic

Medical Student Rotation:

n/a

90 day provisional performance review completed successfully:
n/a

Recommended new process for all new ARNPs:

If the applicant has neither specialty certification nor at least two years of clinical experience, the specialty department shall submit a formal training and evaluation plan to the Credentials Committee/MEC prior to the granting of initial privileges. At minimum, the practitioner is required to work alongside a specialty trained physician until a recommendation for independent practice is made during formal review at 3 months, 6 months and/or 1 year of work.

Recommended language for ARNP Focused Professional Practice Evaluation form:

_____ *Recommend privileges with independent practice*
_____ *Recommend privileges with ongoing physician supervisor for _____ (time frame)*
_____ *Recommend privileges with physician supervision and extension of formal training plan*
_____ *Do NOT recommend privileges*

DISASTER CREDENTIALING

Medical Staff and Allied Health Providers

POLICY:

To obtain privileges in the event of a disaster for which the Emergency Management Plan has been activated and the organization is unable to meet immediate patient needs.

SCOPE:

Medical Staff and allied health providers.

PROCEDURE:

The practitioner must be identified at a minimum by a valid government issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:

1. Current hospital photo ID card that clearly identifies professional designation
2. Current license to practice in the State of Washington
3. Primary source verification of license.
4. ID as a member of a Disaster Medical Assistance Team (DMAT) or MRC, ESAR-VHP or other state/federal organizations or groups.
5. ID indicating that the individual has been granted authority to render patient care, treatment and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity).
6. ID by current hospital or medical staff member(s) who possess personal knowledge regarding volunteer's ability to act as a LIP during a disaster.

Primary source verification of licensure will be done as soon as the immediate situation is under control and completed within 72 hours from the time the volunteer practice practitioner presents to the organization. In extraordinary circumstances that primary source verification cannot be completed within 72 hours, it is expected to be completed as soon as possible unless said provider has not rendered patient care during the disaster.

Verification to be performed by the Medical Staff Services Coordinator or designee(s) and documented on the Temporary Disaster Privileges Form (see attachment). A record of this information should be retained in the Medical Staff Services Department:

The provider will be assigned to the clinical department of their specialty and supervisory authority shall be under department chairperson of their specialty. When appropriate, the practitioner may be paired with a currently credentialed Hospital Medical Staff or Allied Health Professional Staff member.

These privileges will automatically expire when the disaster situation no longer exists or by action of the CEO, Chief of Staff or designee(s). Termination of these privileges will not give rise to a fair hearing or review.

REFERENCES:

Informational:

National Disaster Medical System under the auspices of the US Public Health Service develops and organizes DMATs which are groups of professional medical personnel designed to provide emergency medical care during a disaster. DMATs deploy to disaster sites with medical supplies and equipment to sustain themselves for a 72-hr period while providing care at a fixed or temporary medical care site.

JEFFERSON HEALTHCARE
Temporary Disaster Privileges Form

Practitioner Name: _____

Specialty: _____

Address: _____

Date of Birth: _____

Social Security #: _____

Medical License #: _____

Malpractice Insurance Company: _____

DEA Number: _____

Hospital Affiliation(s): _____

I hereby certify that I am licensed/certified as a _____ in the State of Washington and possess the necessary training, knowledge and experience in the specialty listed above. I hereby volunteer my medical services during this emergency and agree to practice as directed and under the supervision of the department chair of my specialty at Jefferson Healthcare. I also acknowledge that my privileges at this hospital shall immediately terminate once the emergency has ended as notified by the hospital. In addition, I certify that I have no mental or physical conditions which would limit my clinical abilities.

Signature

Date

Verifications done prior to granting temporary privileges:

One of the following:

- ❑ Current hospital photo ID
- ❑ Current license to practice in WA and valid picture ID issued by state, federal or regulatory agency
- ❑ DMAT ID
- ❑ ID that certifies a state, federal or municipal entity has granted the person authorization to administer patient care under emergency circumstances
- ❑ Current hospital or medical staff member(s) with personal knowledge regarding the practitioner's identification

The following to be verified as soon as possible:

- ▣ Hospital affiliation verified by phone or JHC staff member attestation
- ▣ NPDB
- ▣ Malpractice Insurance
- ▣ State Patrol Background Check

This information will be reviewed and verified by the Medical Staff Coordinator or designee as soon as possible.
On this basis, the practitioner is hereby granted emergency privileges to treat patients during this disaster.

Chief of Staff or designee	Date
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Chief Executive Officer or designee	Date
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Temporary Medical Staff Privileges

POLICY:

Temporary privileges may be granted to fulfill an urgent patient care need while awaiting completion of the formal initial appointment process, and are not intended to supplant the [initial appointment process](#).

There is no right to temporary privileges. If available information is inconsistent or casts any reasonable doubts on the applicant's qualifications, action on the request for temporary privileges may be deferred until they have been satisfactorily resolved.

A determination to grant temporary privileges shall not be binding or conclusive with respect to applicant's pending request for appointment to the Medical Staff.

Conditions Permitting Grant of Temporary Clinical Privileges and Staff Membership

Temporary privileges are not intended for routine use. An applicant with a current or previous challenge to licensure or registration, who has been subject to involuntary termination of medical staff membership at another organization, or has been subject to involuntary limitation, reduction, denial or loss of clinical privileges is not eligible for temporary staff membership.

Temporary privileges may be granted to an appropriately licensed practitioner only in the following circumstances:

- A. Pending Board Action: After proper processing of an application for Professional Staff appointment and review and approval of application by the Credentials Committee and MEC.
 - 1. Temporary clinical privileges and Staff appointment may be granted by the President/CEO and Chief of Staff, or their designees, for a period not to exceed the time until the next scheduled Board meeting following processing and approval of an applicant
- B. Care Specific Patients: Temporary clinical privileges and Staff appointment may be granted to an individual by the President/CEO and Chief of Staff, or their designees, when the Hospital has identified a patient care, treatment and service need for the admission or care of one or more specified patients. Such privileges shall not exceed 120 days and shall not be granted for treatment of more than three (3) identified patients in any 12-month period, after which the person shall be required to apply for appointment to the Active, Courtesy, or Consulting Professional Staff or for AHP privileges before being allowed to attend additional patients.
- C. Locum Tenens: Temporary privileges and Staff appointment may be granted by the President/CEO and Chief of Staff or their designees, to a Locum Tenens physician when the Hospital has identified a patient care, treatment and service need in his or her specific practice area. Locum Tenens privileges will be granted, not to exceed 120 days.

QUALIFICATIONS:

The Temporary Professional Staff shall consist of those practitioners who:

- A. Meet the basic qualifications of the Initial Appointment Policy
- B. During the time they hold Temporary Staff appointment, when responsible for call coverage, 20

- reside within reasonable proximity to Jefferson Healthcare to appropriately meet clinical care obligations to patients they admit or have responsibility for;
- C. Regularly practice at the Jefferson Healthcare during the time they hold Temporary Appointment; and
 - D. Have obtained and hold appointment to the Temporary Staff

PREROGATIVES:

- A. Prerogatives: Practitioners holding Temporary Staff appointment shall not be eligible to hold Professional Staff administrative office (Chief of Staff, Vice Chief of Staff, Chair of Department or Chair of a standing Committee) and may not vote in Departmental matters, but may serve as voting members of hearing panels.

RESPONSIBILITY:

The Department Chair and/or Credentials Committee Chair has the discretion to determine if additional information is necessary prior to granting temporary privileges. Such information may include, but not be limited to: case review, performance data, or references from peers.

All temporary privileges are granted by the CEO, or designee, on the recommendation of the department chair and Chief of Staff and Credentials Committee Chair/designee where the privileges will be exercised.

All appointees to the Temporary Medical Staff shall:

- A. Fulfill the agreements set forth in the Medical Staff bylaws and policies and procedures
- B. Attend their own and assigned patients in the Hospital, regardless of ability to pay. Such assignment shall be based on a fair and equitable rotation system
- C. Contribute to the administrative organization of those who practice at the Hospital, which may include:
 - 1. Service on Committees as requested;
 - 2. Participation in quality assurance, utilization review and educational activities as requested;
 - 3. Provision of specialty coverage and consultation in an emergency as consistent with their delineated privileges;
 - 4. Participation in Emergency Department and other Departmental call coverage
 - 5. Discharge of such other functions as reasonably require the expertise or cooperation of Staff appointees and are delegated by the Board or MEC

PROCEDURE:

Application Process:

Once the complete application has been received, the following information will be verified within one week:

- National practitioner database report
- Verification of licensure in each state where a license is held
- DEA confirmation
- Board Certification verification
- AMA/AOA (education/training verification)
- Malpractice Claims Report
 - Current insurance carrier only is queried
- Work History without unexplained gaps in practice

- Peer References
- Requested privileges
- Attestation that the applicant has not been subject to involuntary termination of medical staff membership at another organization
- Attestation that the applicant has not been subject to the involuntary limitation, reduction, denial, or loss of clinical privileges at any organization

Upon receipt of the above information, file will be reviewed/approved by department chair and the Chief of Staff/designee and Credentials Committee Chair/designee and recommended to the CEO (or designee) for approval of temporary privileges not to exceed 120 days during which time the credentialing process will be completed.

Conditions:

Special requirements of consultation, co-admission, proctors, surgical assistance or reporting may, but need not, be imposed in the grant of temporary privileges. The Chair of the Department shall take steps to be generally informed about the quality and results of work performed by persons granted temporary privileges, and to be available for administrative conference with respect to such cases when appropriate.

Termination of Temporary Clinical Privileges:

Upon notice of the occurrence of any event indicating a person holding temporary clinical privileges has failed to comply with the conditions of the temporary privileges, or upon receipt of any information which raises a question about such person's professional qualifications or ability to exercise any or all of the temporary privileges granted, any person authorized to impose a Summary Suspension may terminate the temporary privileges and Staff appointment, subject to review and reinstatement as provided in the Fair Hearing Plan as outlined in the [Medical Staff Bylaws](#) for disputed Automatic Suspensions.

Transfer of Patients:

In the event of any termination or suspension of temporary privileges, the person's patients shall be assisted in selecting another professional with relevant privileges by the Chair of Department if the person has not made arrangements to transfer. The wishes of the patient, when determinable, shall be followed in designating a substitute professional if the chosen person has the required clinical privileges.

Review Rights:

No person is entitled to a hearing because of his or her inability to obtain or renew temporary privileges or Staff appointment or because of modification of temporary privileges, but revocation or modification of temporary privileges may be reviewed in the manner provided for Disputed Temporary and Automatic Suspensions.

FROM: Medical Staff Services
RE: 10/22/2019 Medical Executive Committee appointments/reappointments for Board approval 10/23/2019

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. Cragin, Douglas, MD- Tele Neurology (delegated credentialing through Swedish)
2. Henson, Lily, MD- Tele Neurology (delegated credentialing through Swedish)
3. Wang, Jason, MD- Tele Neurology (delegated credentialing through Swedish)
4. Scott Hankinson, MD – OB/GYN – Locums (contingent on current WA license)
5. Shannon Formakis, MD – Tele-Radiology

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

1. Butterfield, Steve MD – IM/Pediatrics
2. Eissmann, Edward MD – Orthopedic Surgery
3. Forbes, Gary MD – Internal Medicine
4. Giedt, Christopher, MD – IM/Hospitalist
5. Lemke, Shayna DO – Fam Med/Hospitalist
6. Magill, Frank MD – IM/Pediatrics
7. Naumann, Paul, MD – Orthopedic Surgery
8. Peterman, Kelsea, DO – Gen Surgery
9. Schmidt, Sarah, MD – IM/Pediatrics

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

1. Hebert, Kenneth MD – Diagn. Radiology
2. Kallas, Alexander MD – Emergency Medicine
3. Nautsch, Felix MD – Diagn. Radiology
4. Peters, Michael MD – Tele-Radiology
5. Rao, Kartik DO – Emergency Medicine
6. Yessek Michalewicz, MD – Tele-Psychiatry

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

1. Pavlov, Sergei, CRNA
2. Towns, Mary, ARNP – Med. Oncology
3. Walker-Leu, Stefanie ARNP – Express Care Clinic

Medical Student Rotation:

n/a

90-day provisional performance review completed successfully:

n/a