Call to Order:
The meeting was called to order at 2:30pm by Board Chair Buhler Rienstra. Present were Commissioners Dressler, McComas, Ready, and Kolff. 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 Kolff made a motion to approve the agenda. Commissioner Dressler seconded.
Action: Motion passed unanimously.

Education:
Jody Carona, facilitator, provided the Master Site Planning Community forum presentation.

Discussion ensued.

Public comment was made.

Break:
Commissioners recessed for break at 3:23pm.

Commissioners reconvened from break at 3:30pm.

Patient Story:
Tina Toner, CNO, read aloud two emails that she received this month. One email was regarding a patient’s successful trip to the Express Clinic where they felt the staff was professional and provided compassionate care. The other email was a thank you to the ACU caregivers, the patient felt the staff was skillful, compassionate, and professional.

Tina Toner explained the Rockstar of the Month process and shared the names of recipients.
Minutes:
- September 18 Special Session
- September 30 Special Session
Commissioner Dressler made a motion to approve the September 18 Special Session Minutes and the September 30 Special Session Minutes. Commissioner Ready seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested
- September Warrants and Adjustments
- Resolution 2019-17 Surplus Equipment
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy
Commissioner McComas made a motion to approve the September Warrants and Adjustments, Resolution 2019-17 Surplus Equipment, Medical Staff Credentials/Appointments/Reappointments, and Medical Staff Policy. Commissioner Dressler seconded.
Action: Motion passed unanimously.

Public Comment:
No public comment was made.

Financial Report:
Discussion ensued.

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

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

Chief Medical Officer Report:
Dr. Joseph Mattern, CMO, presented the CMO report which included the Regional Convening, Home Health and Hospice Epic implementation, value-based contracts, staffing update, flu season, MAT and Greeley.
Discussion ensued.

Board Business:
Commissioner Dressler made a motion to appoint Dingus, Zarecor, and Associates as the independent auditor. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

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

**Executive Session:**
Commissioners went into Executive Session at 4:48pm for 12 minutes to discuss current or potential litigation. General counsel was present, and no action was to be taken.

Commissioners came out of Executive Session at 5:00pm. No public was present.

Commissioners went back into Executive Session at 5:00pm for 10 minutes.

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
What is a Master Site Plan?

• Uses data as well as input from end users (patients, residents, community, visitors, providers and staff) to:
  • Quantify the types of growth that is expected, and which departments/functional areas need to grow;
  • Estimate the amount of additional space needed;
  • Create efficiencies in circulation and people/staff/supplies movement;
  • Assure infrastructure can support needed growth/changes.

• Establishes the vision and direction for how and where the campus and any satellite locations will grow 10-15+ years into the future.
Goals for Today’s Conversation

- Collect insight into how Jefferson County residents expect the Jefferson Healthcare campus and facilities to “look” and function over the next 10-15+ years.

- Understand what “right-sized” and “right-location” facilities that support:
  - Access
  - Quality
  - Efficiency
  - Patient Satisfaction
  - High Performance, and
  - Clinically Comprehensive Care Delivery

mean to the community.
Some background on Jefferson Healthcare (JH)

- JH serves the entirety of Jefferson County. The County’s population is about 30,000.
- Today, more than 1 of every 3 County residents is over the age of 65.
- The County grew by nearly 5% in the last seven years, while JH volumes nearly doubled in the same time frame.
- In 2018, JH served more than 600 patients on an average day, including those visiting a JH primary care or specialty provider, those using a JH outpatient service or its hospice, emergency room or hospital.
- Washington State has 39 Critical Access Hospitals (CAHs). JH is one of the largest and provides one of the most comprehensive array of services.
Have you noticed changes at Jefferson Healthcare in the past 5 year or so?

We want your input—both positive and negative:

On the positive side, what have the changes included?

What about on the negative side?
Jefferson Healthcare’s (JH) current facilities and services

- Which departments, clinics or services are easy for you to use and access? Which are the most challenging?

- Which spaces are most comfortable/most pleasing to be in? Which seem undersized, too noisy or otherwise unpleasing?

- What about moving around and between various departments or services at JH— is that working well, or what are the concerns?

- Are there services or programs that you have to leave the County to receive, that you think JH should evaluate providing locally?
Jefferson Healthcare’s strategic plan calls for radically convenient access to care.

- What does “radically convenient access to care” mean to you?
- How would you know if it existed?
- How would your care be different?
What about telemedicine and telecare?

- **Includes**

  - **Remote patient monitoring for chronic conditions** such as COPD and diabetes (the ability for the patient to be at home and connect with a provider to check vitals, scores, etc.)

  - **Provider to provider e-consults** that often reduce the need for the patient to travel to a remote location

  - **Remote access for local providers to specialty providers**, typically intensivists and critical care staff in local hospitals to support inpatients by exchanging health information through real-time audio, visual, and electronic means.

  - **In-clinic telehealth consults with specialists**—Here the patient, along side a nurse or other clinical staff person, uses a room usually in the clinic that includes a computer and screen that conferences with a remote specialist real-time.

  - **Virtual patient encounters**—personal video chat communications between a health professional and patient not in the same location as the provider, using a computer, tablet or phone via a secure application.

- How interested are you in these services?
- How much focus should JH place on developing or further developing?
Emerging data on healthy communities

- Data suggests that the health of a community is directly impacted by factors including diet, access to healthy foods, regular low impact exercise, and strong, positive social networks.

- Do you think JH can/should play a role in supporting these factors in our community?

- Any suggestions on future campus design to support and encourage activities and behaviors to improve health?
Anything else we should be considering related to facilities, space, programs?
Thank you for your input!
Rockstar of the Month

YOU’RE A ROCKSTAR!
May

Stacey Burrell - ICU

Jess Cigalotti – Sheridan Clinic

Leitha Patton – Infusion Center
May Continued..

Peggy St. Clair – Emergency Department

Leslie Hagen - JHSA
June

Janan Brown – Surgical Services
July

Mallory Brown - Pharmacy
August/September

Corinna Clemens – HUC for ACU/ICU

Dr. Matthew Crowell - Hospitalist
October

Kristen (Kristy) Rosey – Respiratory Therapy
September 2019 Finance Report
October 23, 2019
Hilary Whittington, CAO/CFO
## September 2019
### Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>SEPTEMBER 2019</th>
<th>SEPTEMBER 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>578</td>
<td>616</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,765</td>
<td>2,198</td>
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<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>51</td>
<td>83</td>
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<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>300</td>
<td>338</td>
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<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>356</td>
<td>429</td>
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<td>SURGERY CASES (IN OR)</td>
<td>106</td>
<td>105</td>
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<td>SPECIAL PROCEDURE CASES</td>
<td>64</td>
<td>75</td>
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<td>LAB BILLABLE TESTS</td>
<td>17,893</td>
<td>18,343</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,825</td>
<td>2,765</td>
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<td>PHARMACY MEDS DISPENSED</td>
<td>21,416</td>
<td>24,177</td>
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<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,417</td>
<td>3,355</td>
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<td>REHAB/PT/OT/ST RVUs</td>
<td>7,110</td>
<td>9,069</td>
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<td>ER CENSUS</td>
<td>1,036</td>
<td>1,054</td>
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<tr>
<td>DENTAL CLINIC</td>
<td>252</td>
<td>205</td>
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<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,553</td>
<td>6,141</td>
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<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,683</td>
<td>3,641</td>
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<td>HOME HEALTH EPISODES</td>
<td>83</td>
<td>67</td>
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<tr>
<td>HOSPICE CENSUS/DAYS</td>
<td>891</td>
<td>1,116</td>
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## September 2019
### Income Statement Summary

<table>
<thead>
<tr>
<th>Operating Revenue</th>
<th>September 2019 Actual</th>
<th>September 2019 Budget</th>
<th>Variance Favorable/(Unfavorable)</th>
<th>%</th>
<th>September 2019 YTD</th>
<th>September 2019 Budget YTD</th>
<th>Variance Favorable/(Unfavorable)</th>
<th>%</th>
<th>September 2018 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Patient Service Revenue</td>
<td>21,082,849</td>
<td>20,483,910</td>
<td>598,940</td>
<td>3%</td>
<td>192,623,706</td>
<td>186,403,684</td>
<td>6,220,021</td>
<td>3%</td>
<td>169,638,922</td>
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<td>Revenue Adjustments</td>
<td>11,112,374</td>
<td>10,876,337</td>
<td>(236,037)</td>
<td>-2%</td>
<td>104,117,133</td>
<td>98,974,723</td>
<td>(5,142,410)</td>
<td>-5%</td>
<td>91,185,665</td>
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<td>Charity Care Adjustments</td>
<td>281,988</td>
<td>234,284</td>
<td>(47,704)</td>
<td>-20%</td>
<td>2,198,175</td>
<td>2,131,986</td>
<td>(66,189)</td>
<td>-3%</td>
<td>1,935,256</td>
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<tr>
<td>Net Patient Service Revenue</td>
<td>9,688,487</td>
<td>9,373,289</td>
<td>315,198</td>
<td>3%</td>
<td>86,308,397</td>
<td>85,296,975</td>
<td>1,011,422</td>
<td>1%</td>
<td>76,518,000</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>380,104</td>
<td>754,000</td>
<td>(373,896)</td>
<td>-50%</td>
<td>5,982,295</td>
<td>6,861,401</td>
<td>(879,106)</td>
<td>-13%</td>
<td>4,321,730</td>
</tr>
</tbody>
</table>

| Total Operating Revenue       | 10,068,590            | 10,127,288            | (58,698)                          | -1%   | 92,290,692        | 92,158,376                 | 132,316                          | 0%    | 80,839,730        |

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Salaries And Wages</td>
<td>4,620,121</td>
<td>4,869,983</td>
<td>249,862</td>
<td>5%</td>
<td>42,573,176</td>
<td>44,316,871</td>
<td>1,743,695</td>
<td>4%</td>
<td>39,954,754</td>
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<td>Employee Benefits</td>
<td>1,190,442</td>
<td>1,218,340</td>
<td>27,898</td>
<td>2%</td>
<td>10,630,519</td>
<td>11,086,901</td>
<td>456,382</td>
<td>4%</td>
<td>9,677,613</td>
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<tr>
<td>Other Expenses</td>
<td>3,926,253</td>
<td>3,821,316</td>
<td>(104,937)</td>
<td>-3%</td>
<td>34,749,295</td>
<td>34,773,995</td>
<td>24,699</td>
<td>0%</td>
<td>29,820,258</td>
</tr>
</tbody>
</table>

| 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         |

| 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 |

| Operating Margin              | 3.3% | 2.1% | 1.1% | 53.3% | 4.7% | 2.1% | 2.55% | 118.7% | 1.7% |
| Total margin                  | 3.8% | 2.2% | 1.6% | 74.2% | 4.9% | 2.2% | 2.69% | 121.7% | 1.7% |
| Salaries & Benefits as a % of net pt svc rev | -60.0% | -65.0% | 5.0% | 7.7% | -61.6% | -65.0% | 3.31% | 5.1% | -64.9% |
September 2019
Cash and Accounts Receivable

Days Cash and Accounts Receivable

Days Outstanding in A/R
Days AR Goal - 45
Days of Cash
Days Cash Goal - 90
## September 2019
### Board Financial Report

<table>
<thead>
<tr>
<th>Dept#</th>
<th>Department</th>
<th>Rev/Exp</th>
<th>Account</th>
<th>Account Description</th>
<th>Sep Actual</th>
<th>Sep Budget</th>
<th>Sep Variance</th>
<th>2019 to Date Actual</th>
<th>2019 to Date Budget</th>
<th>2019 to Date Variance</th>
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<tbody>
<tr>
<td>8612</td>
<td>BOARD</td>
<td>Exp</td>
<td>60010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>6,784.00</td>
<td>5,050.00</td>
<td>(1,734.00)</td>
<td>44,279.00</td>
<td>45,954.00</td>
<td>1,675.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>4,974.00</td>
<td>4,262.00</td>
<td>(712.00)</td>
<td>45,059.00</td>
<td>38,782.00</td>
<td>(6,277.00)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>601900</td>
<td>BENEFITS EMPLOYEE ASSISTANCE</td>
<td>9.00</td>
<td>-</td>
<td>(9.00)</td>
<td>66.00</td>
<td>-</td>
<td>(66.00)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>9,813.00</td>
<td>2,055.00</td>
<td>(7,758.00)</td>
<td>14,063.00</td>
<td>18,699.00</td>
<td>4,636.00</td>
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<td>AUDIT FEES</td>
<td>-</td>
<td>3,288.00</td>
<td>3,288.00</td>
<td>31,428.00</td>
<td>29,918.00</td>
<td>(1,510.00)</td>
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<td>604200</td>
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<td>COMPUTER EQUIPMENT</td>
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<td></td>
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<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
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<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>2,973.00</td>
<td>1,644.00</td>
<td>(1,329.00)</td>
<td>15,544.00</td>
<td>14,959.00</td>
<td>(585.00)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Exp Total</strong></td>
<td>24,672.00</td>
<td>17,350.00</td>
<td>(7,322.00)</td>
<td>150,978.00</td>
<td>157,881.00</td>
<td>6,903.00</td>
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<tr>
<td></td>
<td>BOARD</td>
<td></td>
<td></td>
<td><strong>BOARD Total</strong></td>
<td>24,672.00</td>
<td>17,350.00</td>
<td>(7,322.00)</td>
<td>150,978.00</td>
<td>157,881.00</td>
<td>6,903.00</td>
</tr>
</tbody>
</table>
October 2019
Preview – (*as of 0:00 10/23/19)

• $23,597,549 in HB charges
  • Average: $761,211/day (HB only)
  • Budget: $669,505/day
  • 113.7% of Budget

• $8,178,127 in HB cash collections
  • Average: $263,811/day (HB only)
  • Goal: $294,582/day

• 61.3 Days in A/R

• Questions
Patient Safety & Quality Report

Presented to the Board of Commissioners

October 23, 2019
Agenda

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

Program Highlight: Infection Prevention

Community: Influenza vaccines

Service: Deliver an experience that exceeds patients’ and families’ expectations.
Provide the highest quality, safest care of any hospital in the region.

Focus areas:
- Antimicrobial stewardship
- Swallow Screen – Stroke
- Specimen Labeling
Program Highlight: Infection Prevention

• Infection Prevention Program Evaluation
• 2019 Goals and performance
• Infection Prevention Strategies
Jefferson Healthcare Infection Prevention Strategies

Using evidence-based practices with reliable bundles of activities to standardize patient care and health-care practice

Collaboration between infection prevention and care-providers, including Medical providers and Clinicians such as RN’s, RT’s, & MA’s

Monitoring and updating our care to include emerging best practices

Follow up on practice changes with active and retrospective surveillance with on-time and aggregated feedback about outcomes

Engagement of department area leadership, organizational prioritization of a threshold of zero harm with support and resource allocation
Infection Prevention Improvement Efforts

- Gloves should be used only when needed and changed often with hand hygiene performed.
- Opportunity to improve glove use practices in the Emergency Department.
- A targeted improvement effort was to increase the frequency of glove changes in the ER.
  - Strategies used: identify glove overuse and do on-time coaching by peers within the department.

ED HH Glove Overuse

Big Win! Reduced glove overuse
## 2019 Priorities and Program Evaluation

### 2019 Priorities:
- Surgical Site Infection Prevention
- Prevention of Healthcare Acquired Infections (HAIs)
- Hand Hygiene

### Surgical Site Infections

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
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<td>Ortho Total SSI</td>
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<td>Cesarean Section</td>
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### Hand Hygiene

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<th>Mar</th>
<th>Apr N=34</th>
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<th>Jun</th>
<th>Jul N=28</th>
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<td>ED HH compliance after care</td>
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<td>ED HH compliance</td>
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<td>glove overuse</td>
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### Notes:
- **Surgical Site Infection Prevention**
- **Prevention of Healthcare Acquired Infections (HAIs)**
- **Hand Hygiene**
Employee Health: Influenza Vaccines

- Immunizations started October 1st
- 24 Departments are at 100% compliance
- Vaccination Rates:
  - Employees: 77.42%
  - Volunteers: 40%
  - Contracted Providers: 76%
- Flu Testing – September 22nd
- Number of patients tested: 61
- Percent of positive tests: 6.55%

Updated October 22, 2019
Service: Deliver an experience that exceeds patients’ and families’ expectations.

- Improve Care Navigation
  - Manage care transitions
  - Referral Management
- Radical Convenience to Care
  - Implement Access Standards
  - Enhance services
- Consistently Deliver an Outstanding Experience with Every Encounter
  - Implement service excellence standards
  - Promote shared decision making
- Create informed healthcare consumers
  - Build an estimation tool

100% development and Implementation of Transitions...
25% improvement over baseline - referral closure
Top Quartile Access to care dimension
Post IP stay (1-14 days); New patient 30 days; estab...
Identify top three needed services
Top quartile scores: Likely to recommend, quiet at night, confidence in provider, communication (MD/RN)
Participation in ACP classes
100% implementation of estimation tool, training, and communication
Service: In the words of our patients...

- I feel very cared for and comfortable in the ED at JHC.
- This questionnaire is too long
- Even though Dr. Butterfield has lots of patients every day, he always is knowledgeable & devotes his time to me. Great care!
- Dr. Vasilyuk was so patient with my fears and made me feel better about myself & hopeful that I can have my smile back. He was humorous, kind, and his shots did not hurt much at all. Real nice guy.
- Really great people. (Dr. David Schwartz)
- Yes! Amelia is amazing!! Sharp, efficient, very kind! Always smiles + treats me so professionally. I really like J.J too - she treats me with such great care + sincere!! (Sleep Lab)
- He seems obsessed with opioid use. I have been on Norco for more than 20 yrs. without problems or an increase in use. I am a 70 yr. old man. I have never had a problem with abuse or overuse.
- Thank God, Dr. Eissmann is available @ hospital.
- She is an excellent dr + I credit her with saving my life. She gave me a correct cancer diagnosis when I had been treated for 2 yrs. prior for something different. (Dr. Murphy)
- Amazing experience of nurses / doctors. The cafeteria team were also wonderful, providing great food.
- Very fortunate to have this facility in our county. So very convenient. (Radiology)
Congratulation Jefferson Healthcare Rehabilitation
Voted TOP FINALIST by Peninsula Daily News readers!

Questions?
Administrative Report

October 23, 2019

Mike Glenn, CEO
• Master Site Plan Comments

• Annual SAO Audit
  • Scheduled for November 12-27

• Jefferson Healthcare Leadership Retreat
  • LEAD Leadership Training, 2020

• Report on the Regional Convening:
  • “The Health of Older Adults in Rural Communities: Mind, Body, and Soul.”

• Other
Regional Convening on the Health of Older Adults: Mind, Body and Soul