

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, November 27, 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 by phone, Ready, and Kolff. Also, in attendance were Mike Glenn, CEO, 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 Ready seconded.

Action: Motion passed unanimously.

Education:

Caitlin Harrison, CHRO, gave a presentation on the Employee Engagement Survey.

Discussion ensued.

Break:

Commissioners recessed for break at 3:02pm.

Commissioners reconvened from break at 3:30pm.

Team, Employee and Provider of the Quarter:

Caitlin Harrison, CHRO, presented the Team of the Quarter, Infusion Center, Employee of the Quarter, Michele Haines, Clinical Informatics, and Provider of the Quarter, Dr. Pavel Vasilyuk, DDS, Dental Clinic.

Minutes:

- October 14, 2019 Special Session
- October 22, 2019 Special Session
- October 23, 2019 Regular Session

Commissioner Kolff made a motion to approve the October 14, 2019 Special Session Minutes, October 22, 2019 Special Session Minutes, and October 23, 2019 Regular Session Minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- October Warrants and Adjustments
- Resolution 2019-20 Surplus Equipment

- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Dressler made a motion to approve the October Warrants and Adjustments, Resolution 2019-20 Surplus Equipment, Medical Staff Credentials/ Appointments/ Reappointment, and Medical Staff Policy. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Public Comment:

No public comment was made.

Patient Story:

Tina Toner, CNO and Jeinell Harper, Director of Infusion, gave a presentation about the resource center in the infusion center and how helpful it has been for patients, families, and staff.

Financial Report:

Mike Glenn, CEO, presented the October Financial Report.

Discussion ensued.

Patient Advocate Report:

Jackie Levin, Patient Advocate, presented the patient advocate report.

Discussion ensued.

Quality Report:

Brandie Manuel, Chief Patient Safety and Quality Officer, presented the October 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 an update on the provider CME symposium, provider wellness, staffing, and flu.

Board Business:

Commissioner Buhler Rienstra explained at the December meeting they will be discussing the board calendar, board book, election of officers, advocacy and committee assignments.

Meeting Evaluation:

Commissioners evaluated the meeting.

Executive Session:

- Real Estate Sale, Purchase, or Lease
- Performance of a Public Employee

Commissioner Buhler Rienstra announced the board will go into Executive Session at 4:56pm for 30 minutes to discuss Real Estate, Purchase, or Lease, Pending Litigation, and Performance of a Public Employee and will come out at 5:26pm. General counsel is present.

Commissioners came out of Executive Session at 5:00pm to announce that action may be taken at the end of Executive Session. No public present.

Commissioner Buhler Rienstra announced the board will come out of Executive Session at 5:26pm.

Commissioners went back into Executive Session at 5:00pm for 26 minutes.

Commissioners came out of Executive Session at 5:26pm.

Commissioner Kolff made a motion to waive remaining contingency periods on the properties discussed in Executive Session and move to closing on the dates and terms in the purchase and sale agreement for respective properties. Commissioner McComas seconded.

Action: Motion passed unanimously.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:27 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

Jefferson Healthcare

Employee Engagement Survey

November 27, 2019

Caitlin Harrison, CHRO

A Little Background...

Workplace Experience Dimensions

- Commitment
- Manager Investment
- Peer Relationships
- Job Satisfaction
- *Custom Culture Questions*

Patient-Centered Care Dimensions

- Access to Care
- Continuity and Transition
- Coordination of Care
- Emotional Support
- Information and Education
- Involvement of Family and Friends
- Physical Comfort
- Respect for Patient Preferences
- Patient Safety

Standard question scoring

- **Positive Score**
 - 0-10 Rating Questions = 9 & 10 responses
 - Would Recommend Questions = Definitely yes
 - Workplace Experience Questions = Strongly Agree & Agree
 - Patient-Centered Care Experience Questions = Always

Lessons Learned

Timing Matters – identify the right time for surveys

- Avoid high vacation time
- Avoid the holiday season
- Avoid other distractions

Scoring Matters – educate employees on the scoring methodology

- Only 9 and 10's are high scores
- JH employees like to give 7 and 8's and think they are high scores

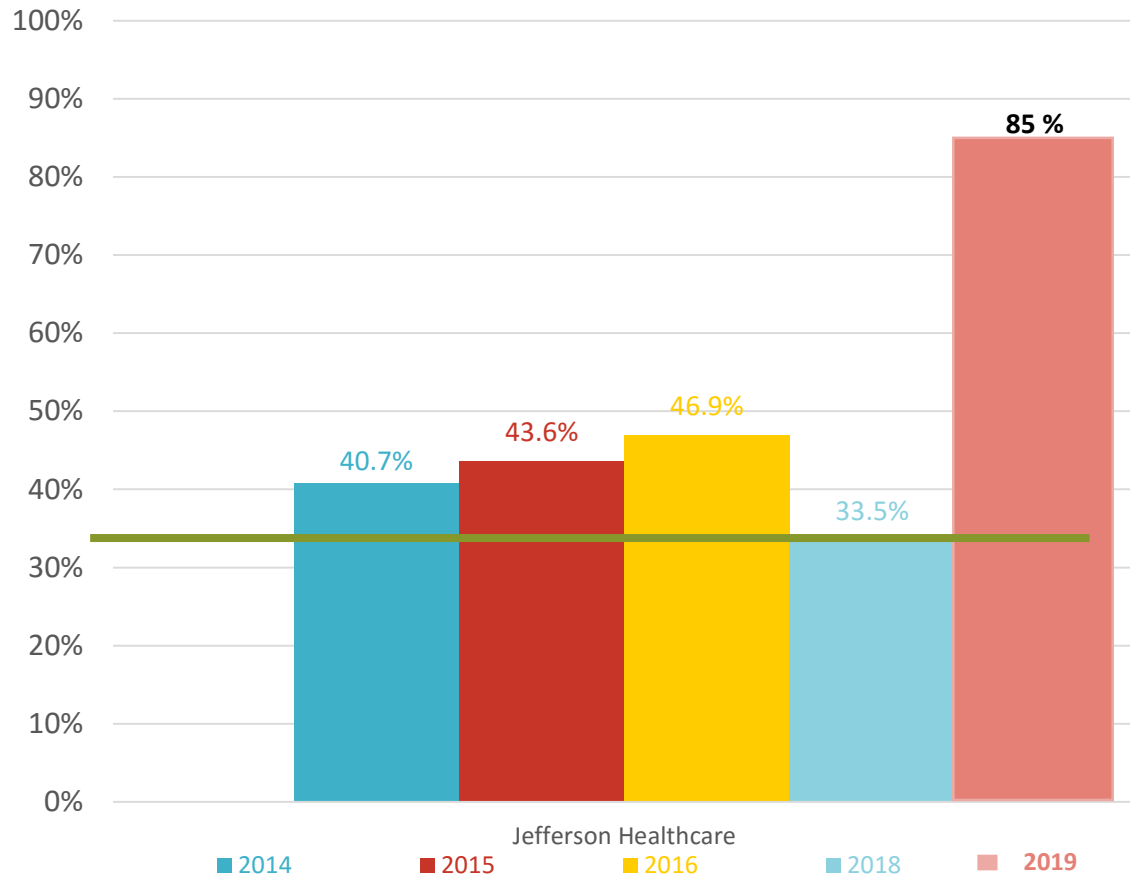
Frequency Matters – we change quickly as an organization

- We need check ins during the “gap” year

Jefferson Healthcare – Employee Engagement Workplace Experience Loyalty Measures

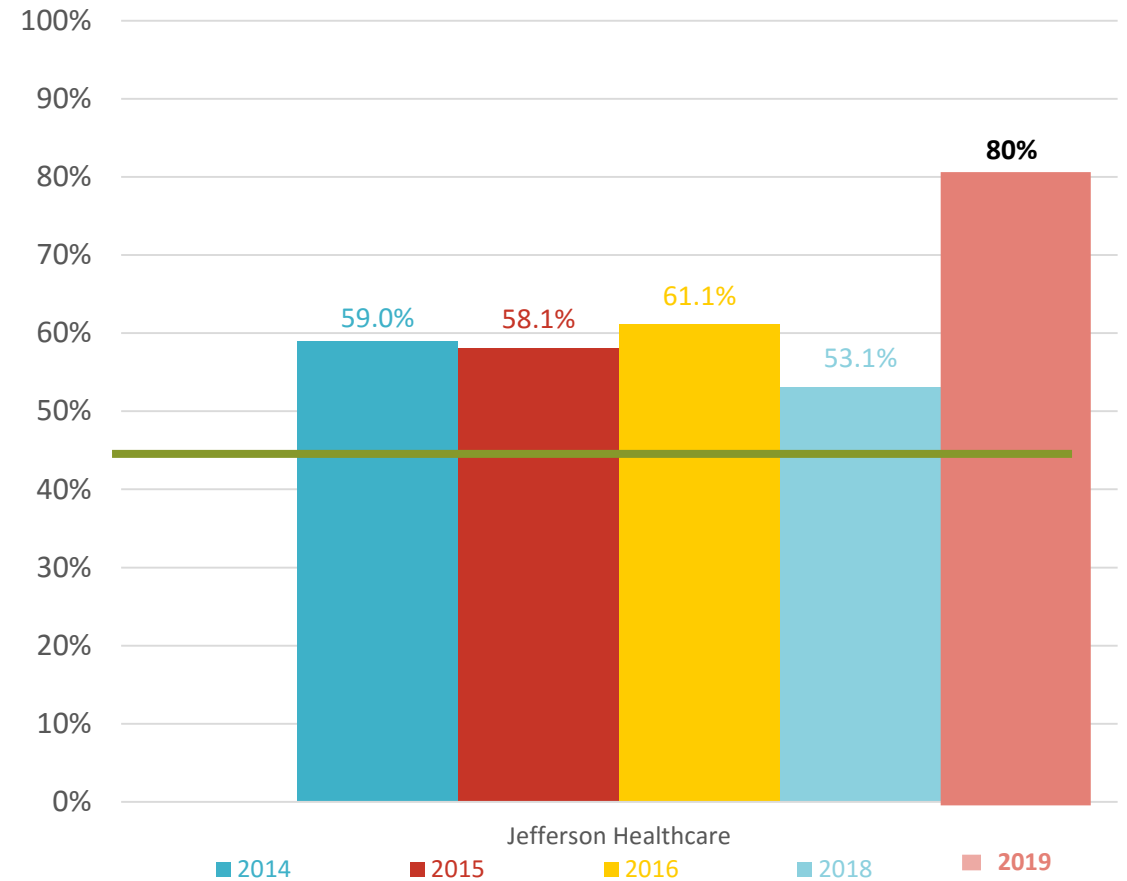
Jefferson Healthcare – Workplace Experience Loyalty Measures

Overall Rating as a Place to Work



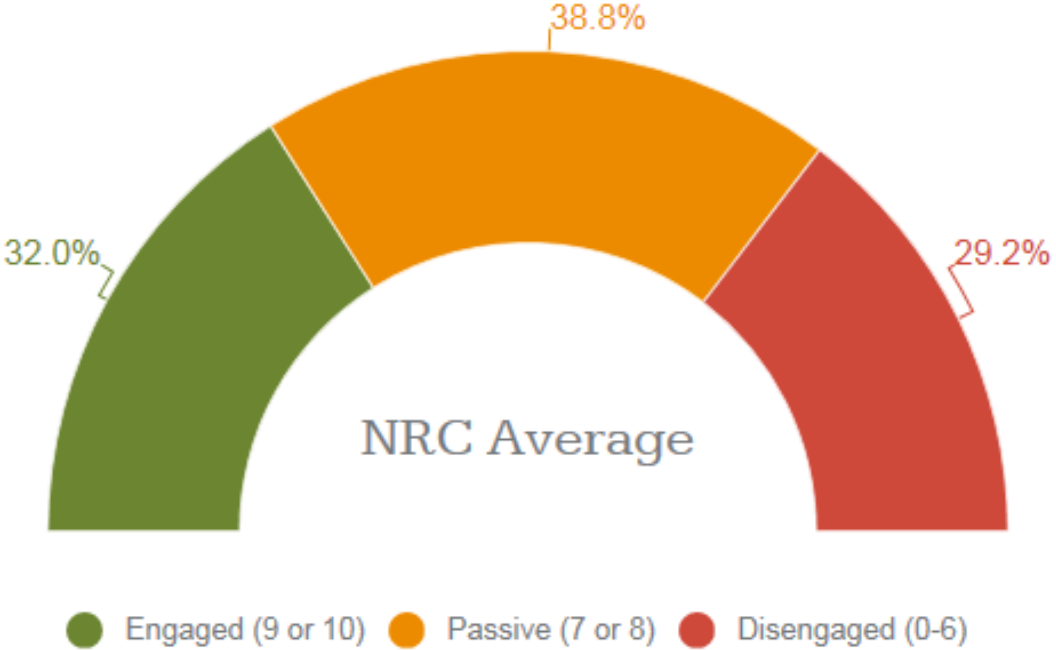
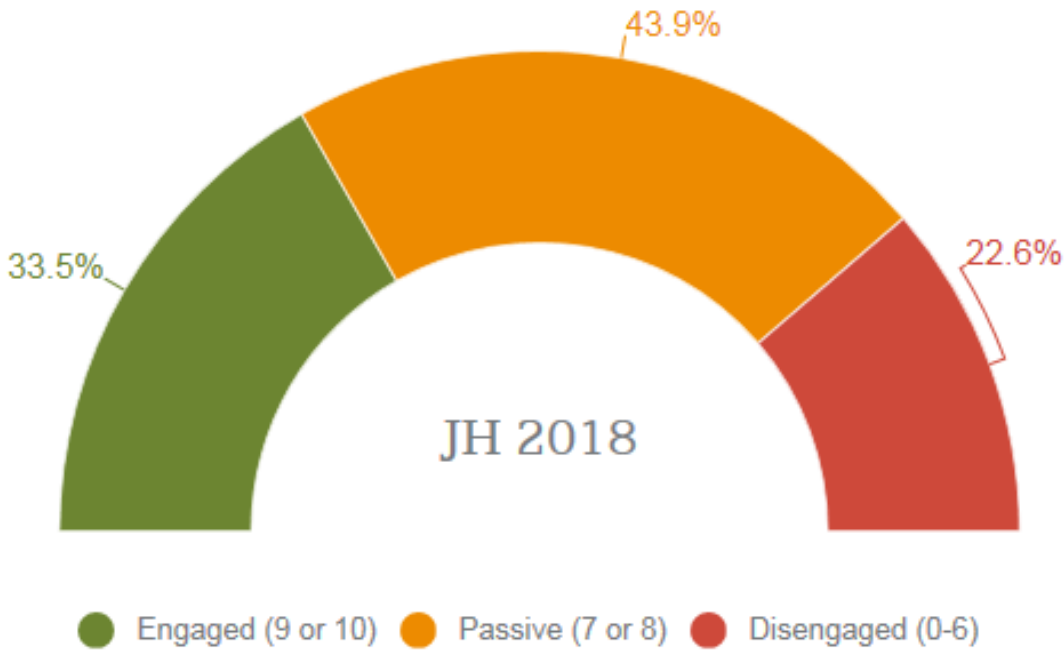
NRC Avg = 32.0% / 2019 Survey: "I am glad I joined Jefferson Healthcare."

Would Recommend as a Place to Work



NRC Avg = 43.9% / 2019 Survey: "I would recommend Jefferson Healthcare as a place to work"

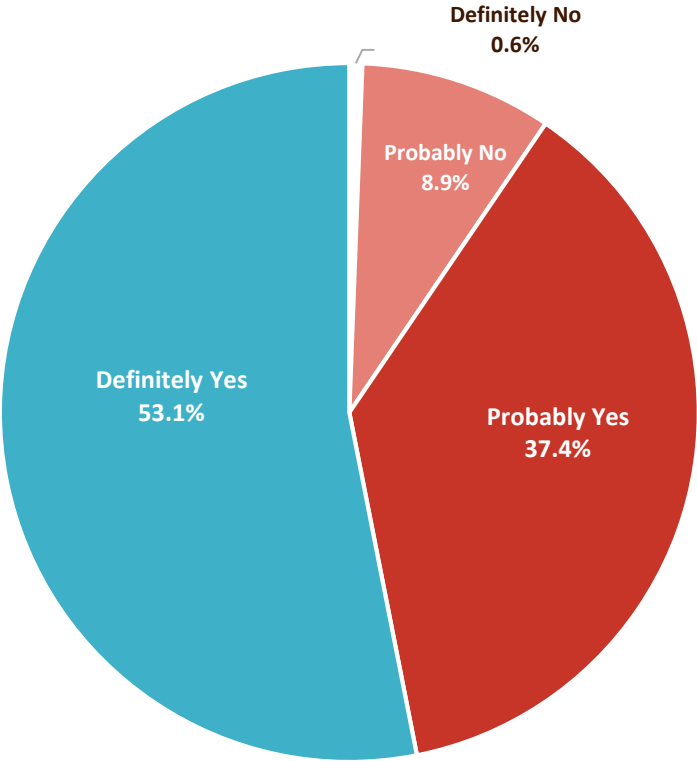
Where 0 is the worst organization possible and 10 is the best organization possible, how would you rate Jefferson Healthcare as a place to work?



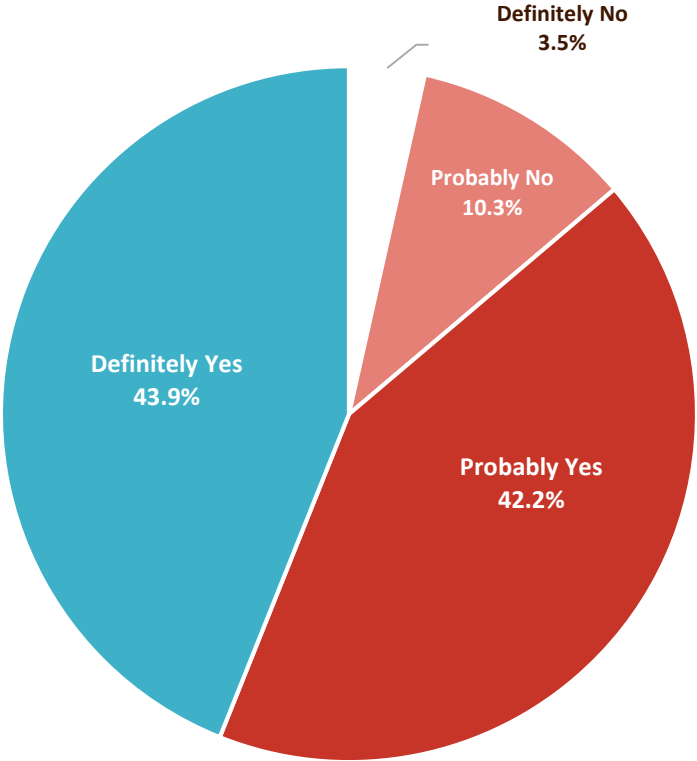
Scores 7-10 JH Avg= 77.4%: NRC Avg = 70.8%

Would you recommend Jefferson Healthcare to others as a place to work?

Jefferson Healthcare 2018



NRC Average

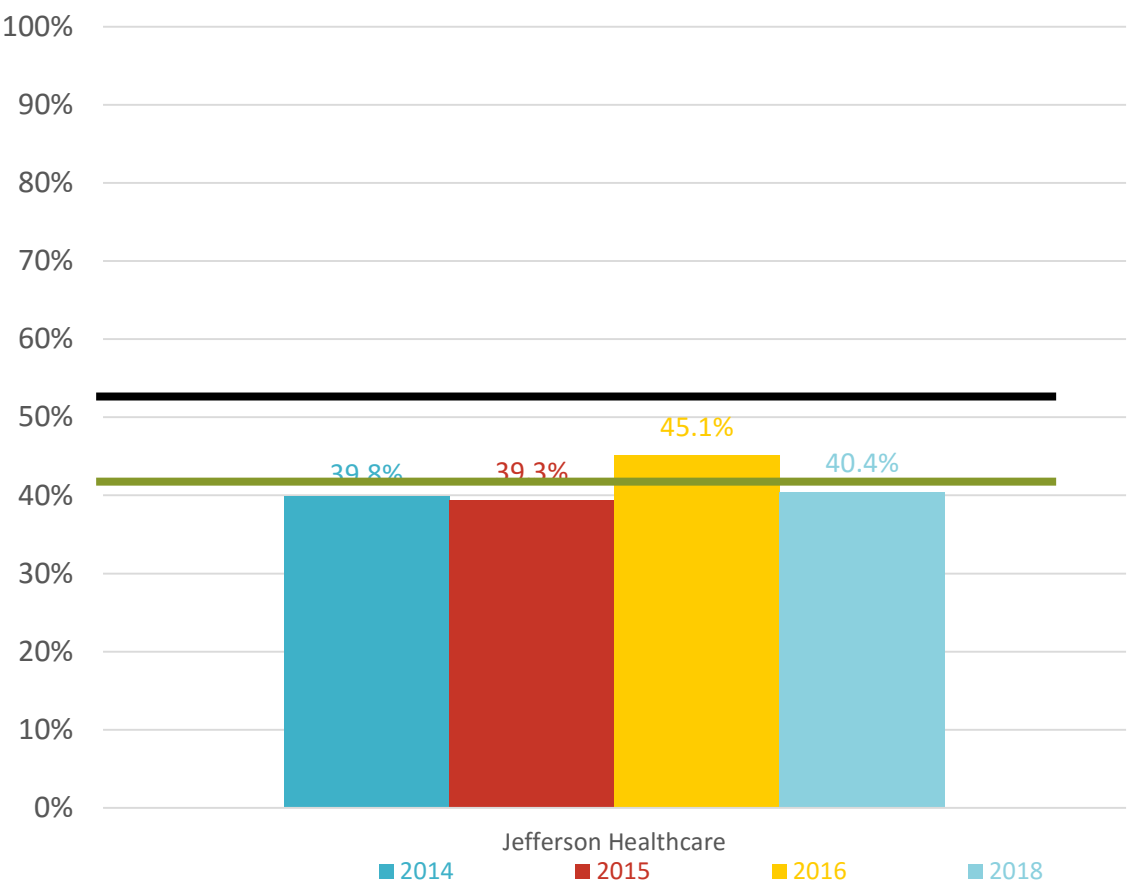


“Yes” scores JH 90.5%: NRC 86.1%

Jefferson Healthcare – Employee Engagement Patient-Centered Care Experience Loyalty Measures

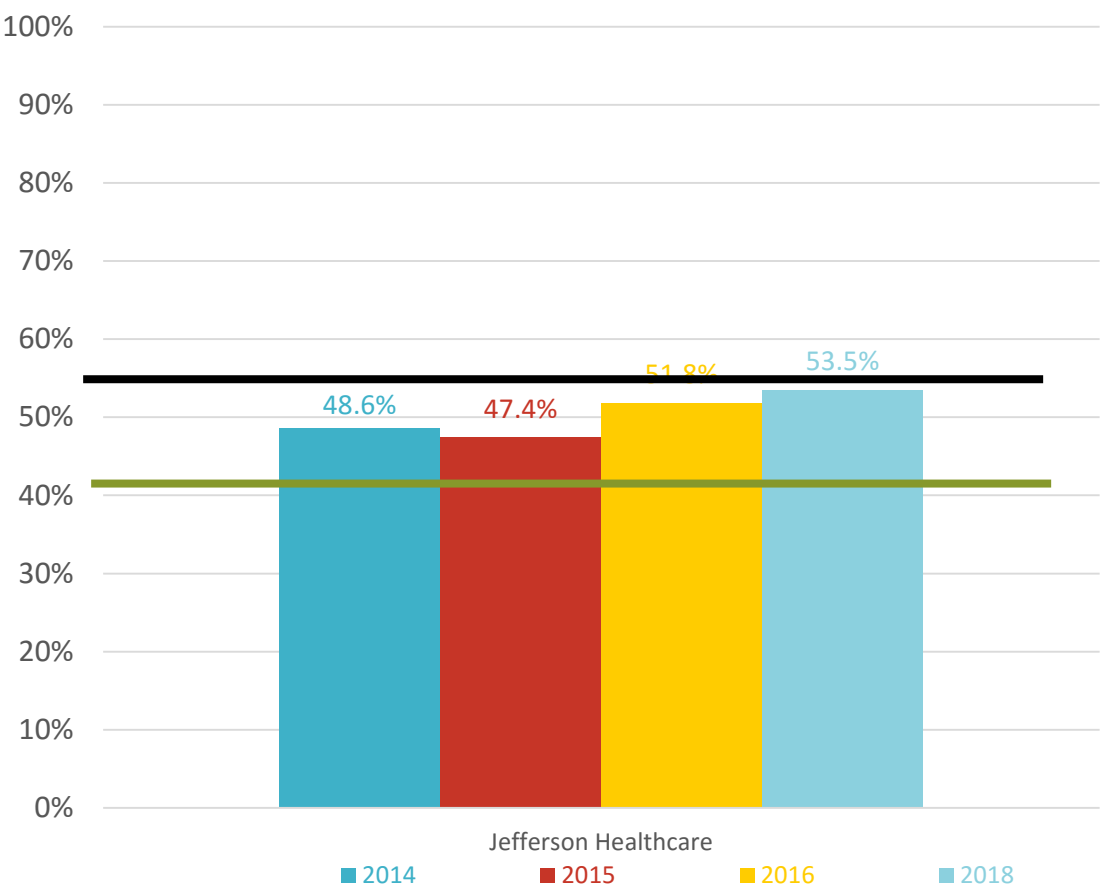
Jefferson Healthcare – Patient-Centered Care Loyalty Measures

Overall Rating as a Place for Care



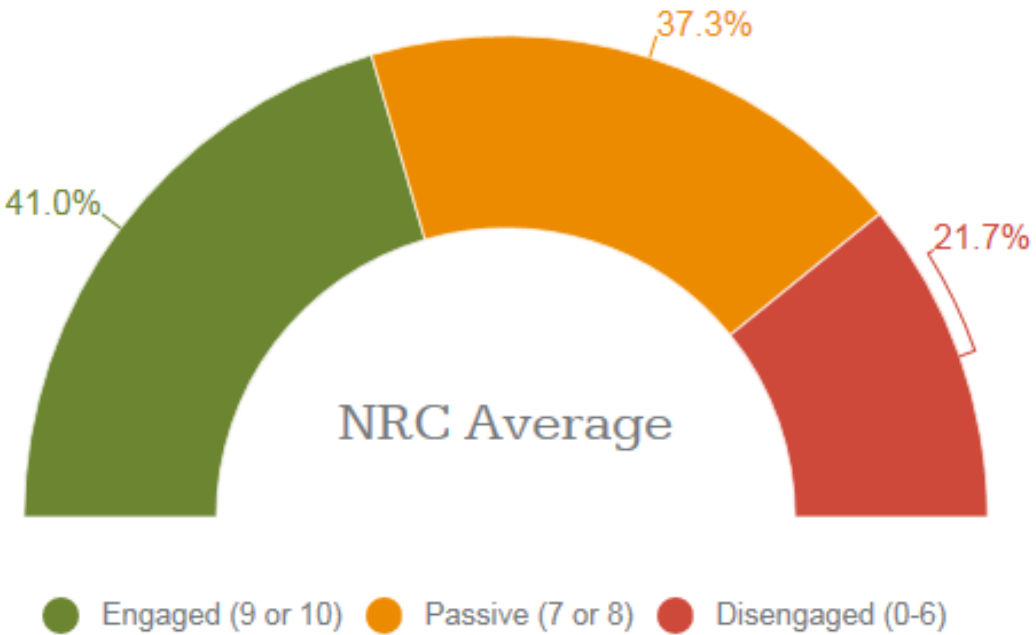
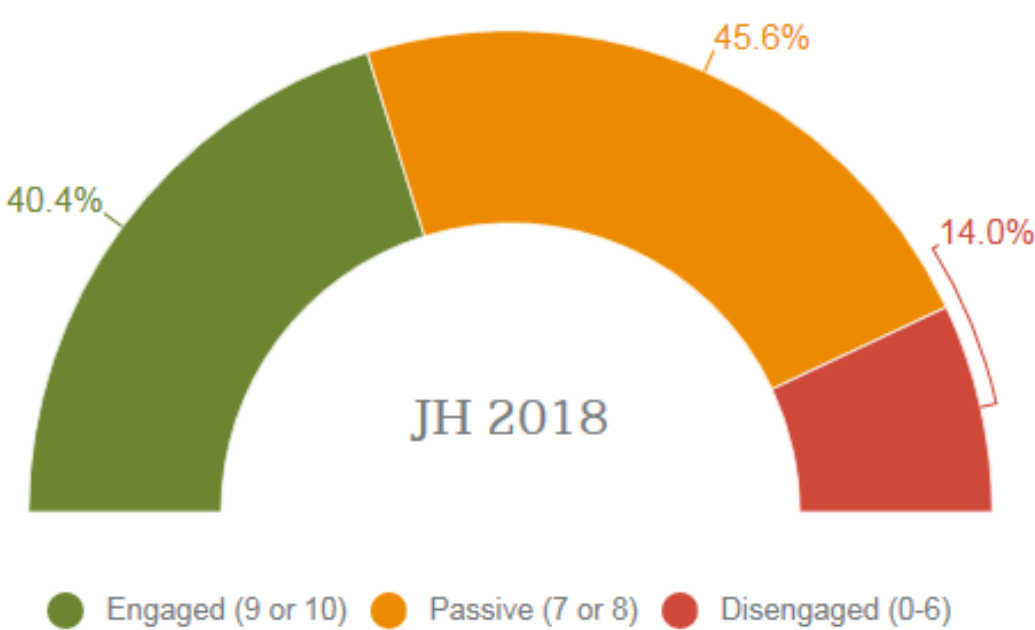
NRC Avg = 41.0% / NRC 75th = 53.1%

Would Recommend as a Place for Care



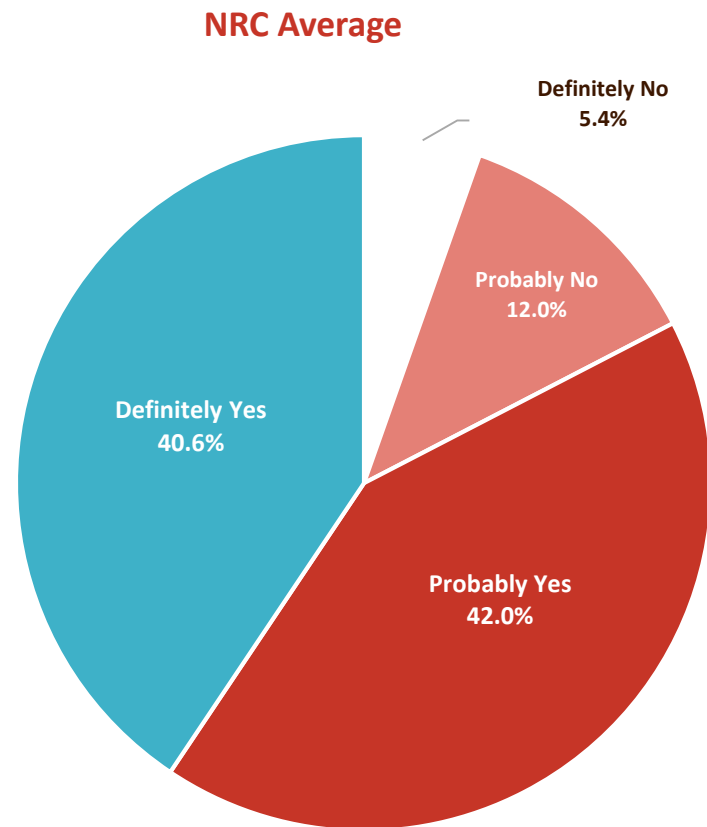
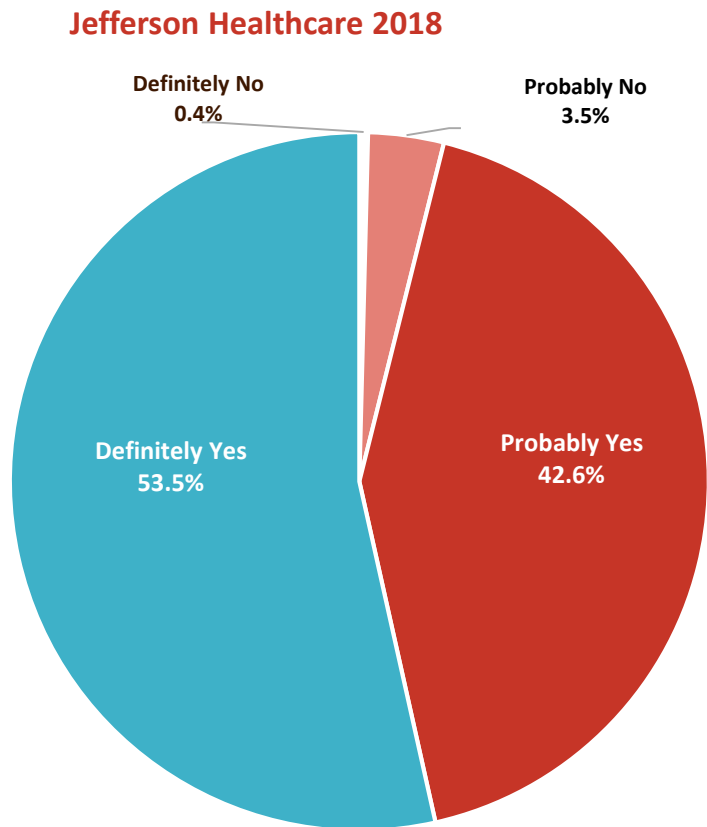
NRC Avg = 40.6% / NRC 75th = 54.3%

Where 0 is the worst possible care and 10 is the best possible care, how would you rate Jefferson Healthcare in terms of patient care?



Engaged (7-10) JH Score 86%: NRC 78.3%

Would you recommend Jefferson Healthcare for the care of your own friends and family?



“Yes” JH scores = 96.1%: NRC = 82.6%

Improving the Culture: Key Takeaways (Employees)



Career Pathing / Training
and Educational
Opportunities



We've created career path opportunities in different departments and made our loan repayment programs more robust



Ensure managers are
meeting with their direct
reports on a regular basis



Many of our leaders "action plans" are focused on better communication.



Look at patient team
structures and leader
rounding accountability



85% of our employees feel Jefferson's values are aligned with their own

Emphasizing education and engagement: Key Takeaways (providers)



Continuing to focus on development of our providers



We are investing in improving the Medical staff leadership and organizational structure



Continue to provide opportunities for provider leadership and participation in administration



Nearly 20% increase of providers feel that JHC provides growth opportunities



Focus on our dyad approach to healthcare and improving processes



94% of our providers feel that they are able to get timely patient information, treatment and tests.

Call to Action

- Communication and Taking Action are key to driving up engagement scores:
 - Global initiatives for the Hospital
 - *Unique department level initiatives*



Engagement Survey Rollout Guide



- Keep It Simple
- Focus on Key Objectives
- Action Plan Templates
 - Organizational and departmental goals
- Communication Plan Templates
- Evaluation Forms

Departmental Action Plans

- Vote on Top 1-2 Priorities
- Develop 90 day Action Plan
- Ask for feedback
- Establish progress updates
- Evaluate the process
- Repeat.



Action Plan Example

Priority Area	Priority Inception Date	Target Completion Date	90 Day Goals	Action Steps	Owners	Results
Commitment	01/01/2019	Ongoing	Begin Monthly department potlucks	<p>After review of the 2018 Picker Employee Satisfaction Survey it was realized that our department scores for “I have fun at work” have decreased from 73.7% in 2016 to 55.0% in 2018</p> <ul style="list-style-type: none"> To achieve at least the 75th percentile in the next survey 	DI Staff	Began January 2019
			Identify opportunities for improvement	We discussed things that bring a team together and food is a common response	DI Staff	Staff informed January
			Create Action Plan	One day per month will be designated for a potluck to celebrate birthdays and other events for that month.	Casey Paredes Jeremiah Fountain Randy Holeman	Ongoing
			Implement new process	We have all been very receptive to the concept, adding themes to our potlucks and inviting others from around the organization.	DI Staff	Ongoing

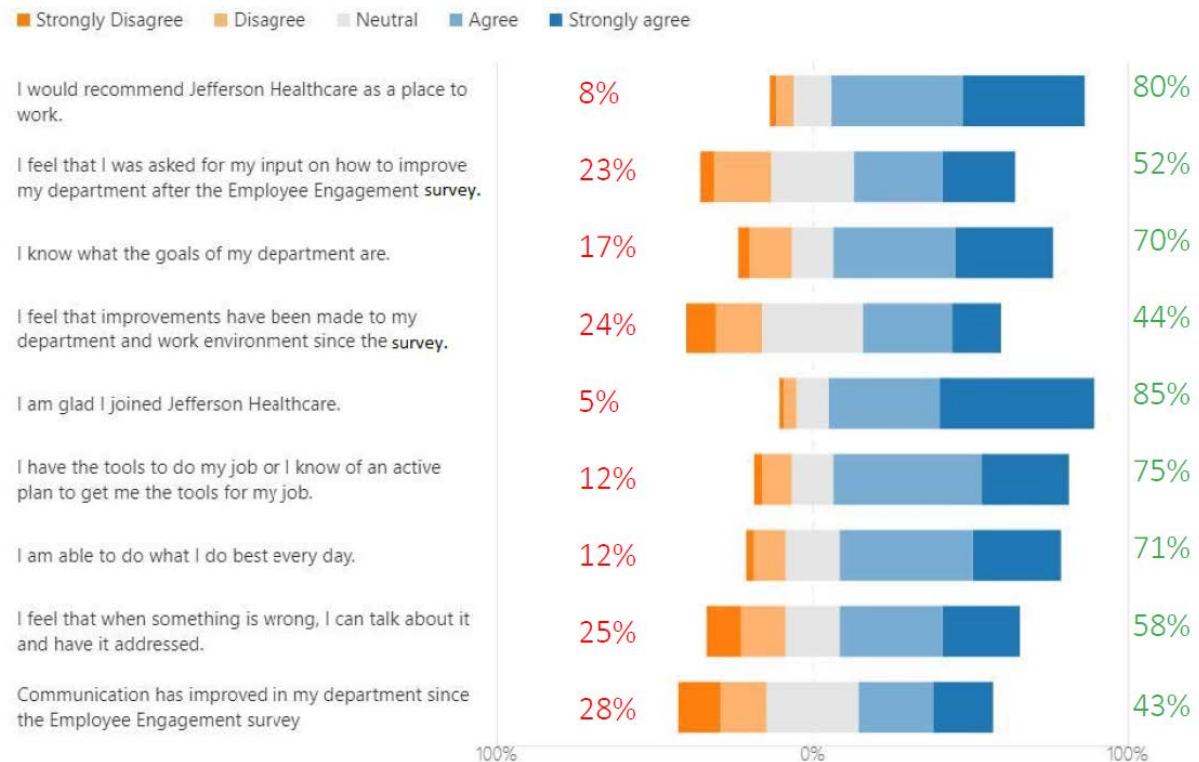
Action Plan Example

Priority Area	Priority Inception Date	Target Completion Date	90 Day Goals	Action Steps	Owners	Results
Communication	4/15/19	ongoing	Subjective report from staff that they feel that they are getting information in a timely and meaningful way	<ol style="list-style-type: none"> 1. Suggestion box 2. Weekly email updates 3. Will forward organizational update emails as they come to me. 4. Will continue to use email as a primary means of disseminating information. 	Mitzi	7/11—Staff feedback overwhelmingly positive. Suggestion box was not helpful, staff favors e-mail. Will continue
Patient Centeredness			Picker survey results for patient /therapist communication in relation to their plan of care and goals	<ol style="list-style-type: none"> 1. Postcard will be filled out by therapists in conjunction with the patient listing patient-driven goals-this will be given to patient for reference 		Postcards mock up ready for therapist feedback today 7/11

We continue to seek feedback...

In October we sent a simple 10 question survey to get a sense of what the Jefferson Healthcare staff felt since the last survey.

How strongly do you agree with the following statements?



Educating Our Leaders



LEAD Academy

positive leaders, thriving employees, and extraordinary performance.

- Specifically designed for health care leaders
- Helps our leaders build productive relationships to support excellence in patient care, sustainable business objectives, and a safe patient environment

Coming Soon...



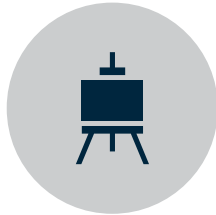
Jefferson Healthcare

Wednesday, November 27, 2019

Patient Resource Area within Jefferson Healthcare



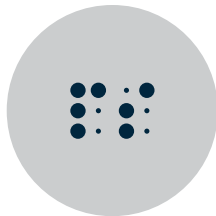
Infusion Center



Display area in reception that created a warm and inviting space



Provides and exhibits resource materials for patients/caregivers



Resource pamphlets/handouts are available for patients to take home!



Jefferson Healthcare volunteers keep the education materials stocked and up-to-date.

Resources

- <https://jeffersonhc.sharepoint.com/cnosupportteam/Shared%20Documents/Oncology%20Resources.docx>



Jefferson Healthcare

October 2019 Finance Report

November 27, 2019

Mike Glenn, CEO

October 2019

Operating Statistics

STATISTIC DESCRIPTION	OCTOBER 2019						OCTOBER 2018			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	584	616	5%	571	616	7%	541	-8%	541	-6%
ADJUSTED PATIENT DAYS	1,986	2,271	-13%	21,562	22,272	-3%	2,081	-5%	17,683	22%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	80	86	-7%	650	845	-23%	77	4%	643	1%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	298	350	-15%	2,890	3,428	-16%	255	17%	2,525	13%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	378	444	-15%	3,678	4,354	-16%	377	0%	3,260	11%
SURGERY CASES (IN OR)	125	109	15%	963	1,069	-10%	90	39%	778	19%
SPECIAL PROCEDURE CASES	78	77	1%	614	759	-19%	61	28%	546	11%
LAB BILLABLE TESTS	20,067	18,954	6%	166,302	185,871	-11%	16,148	24%	141,500	15%
TOTAL DIAGNOSTIC IMAGING TESTS	3,002	2,858	5%	25,660	28,031	-8%	2,514	19%	21,046	18%
PHARMACY MEDS DISPENSED	23,283	24,983	-7%	197,709	244,992	-19%	20,822	12%	177,769	10%
RESPIRATORY THERAPY PROCEDURES	3,676	3,467	6%	32,341	33,996	-5%	2,869	28%	25,056	23%
REHAB/PT/OT/ST RVUs	8,439	9,372	-10%	76,818	91,907	-16%	8,213	3%	69,459	10%
ER CENSUS	974	1,090	-11%	9,572	10,684	-10%	1,027	-5%	8,377	12%
DENTAL CLINIC	321	212	51%	769	2,082	-63%	-	0%	-	100%
TOTAL RURAL HEALTH CLINIC VISITS	6,554	6,345	3%	52,795	62,232	-15%	5,135	28%	41,439	22%
TOTAL SPECIALTY CLINIC VISITS	4,129	3,763	10%	31,750	36,895	-14%	3,095	33%	25,064	21%

October 2019

Income Statement Summary

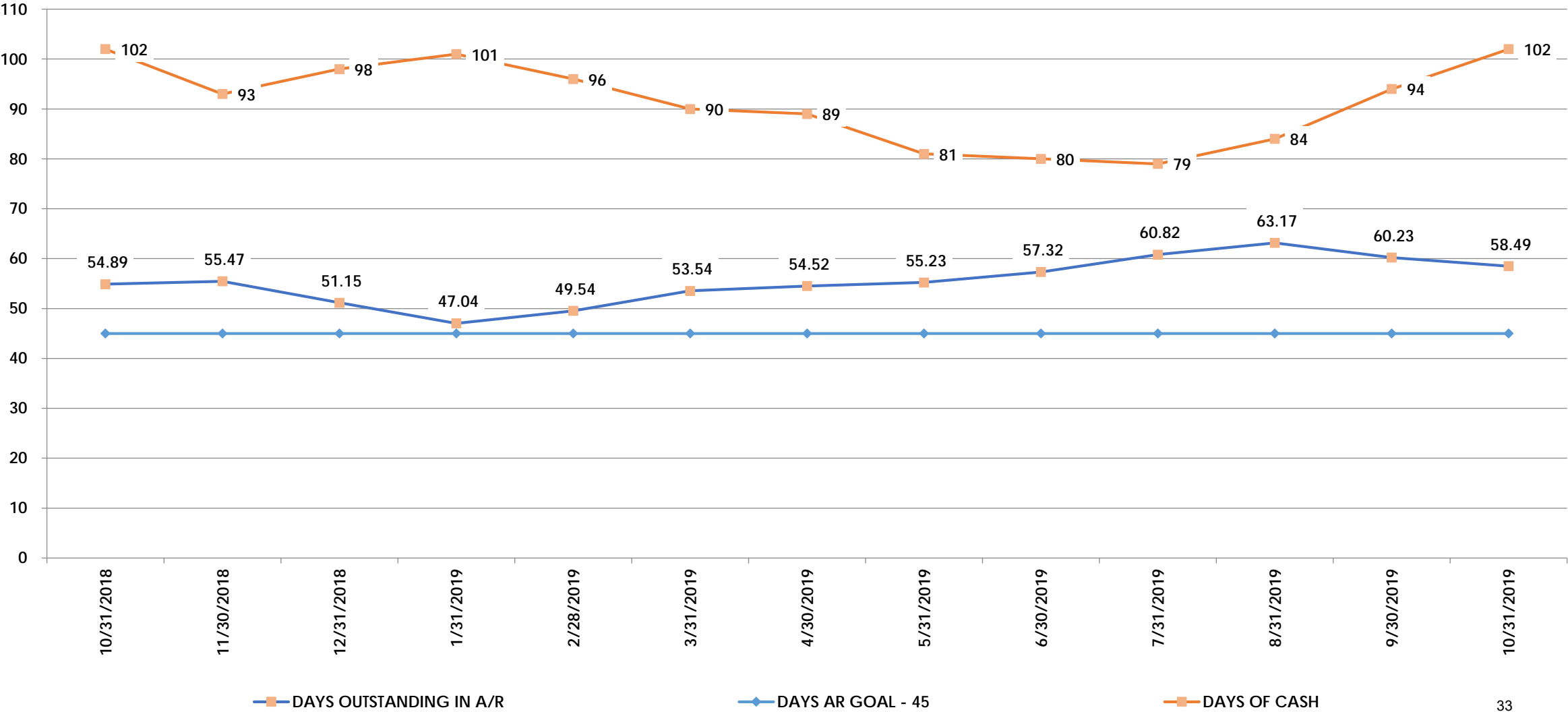


	October 2019 Actual	October 2019 Budget	Variance Favorable/ (Unfavorable)	%	October 2019 YTD	October 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	October 2018 YTD
Operating Revenue									
Gross Patient Service Revenue	23,842,247	21,166,726	2,675,522	13%	216,465,953	207,570,410	8,895,543	4%	190,462,655
Revenue Adjustments	12,954,975	11,238,892	(1,716,084)	-15%	117,072,109	110,213,614	(6,858,494)	-6%	101,830,665
Charity Care Adjustments	213,821	242,094	28,273	12%	2,411,996	2,374,080	(37,916)	-2%	2,091,571
Net Patient Service Revenue	10,673,451	9,685,740	987,711	10%	96,981,848	94,982,715	1,999,133	2%	86,540,419
Other Revenue	448,815	779,134	(330,319)	-42%	6,431,110	7,640,534	(1,209,424)	-16%	4,742,392
Total Operating Revenue	11,122,266	10,464,874	657,392	6%	103,412,958	102,623,250	789,708	1%	91,282,811
Operating Expenses									
Salaries And Wages	4,854,085	5,032,320	178,236	4%	47,427,261	49,349,191	1,921,930	4%	44,474,673
Employee Benefits	1,065,569	1,258,953	193,383	15%	11,696,088	12,345,853	649,765	5%	11,263,312
Other Expenses	4,972,838	3,948,697	(1,024,141)	-26%	39,722,133	38,722,691	(999,442)	-3%	33,946,304
Total Operating Expenses	10,892,492	10,239,970	(652,522)	-6%	98,845,482	100,417,736	1,572,254	2%	89,684,289
Operating Income (Loss)	229,774	224,904	4,870	2%	4,567,476	2,205,514	2,361,962	107%	1,598,522
Total Non Operating Revenues (Expenses)	5,652	6,388	(736)	-12%	190,632	62,648	127,984	204%	(50,987)
Change in Net Position (Loss)	235,427	231,293	4,134	2%	4,758,108	2,268,162	2,489,946	110%	1,547,536
Operating Margin	2.1%	2.1%	-0.1%	-3.9%	4.4%	2.1%	2.27%	105.5%	1.8%
Total margin	2.1%	2.2%	-0.1%	-4.2%	4.6%	2.2%	2.39%	108.2%	1.7%
Salaries & Benefits as a % of net pt svc rev	-55.5%	-65.0%	9.5%	14.6%	-61.0%	-65.0%	3.99%	6.1%	-64.4%

October 2019

Cash and Accounts Receivable

Days Cash and Accounts Receivable



October 2019

Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	Oct Actual	Oct Budget	Oct Variance	2019 to Date Actual	2019 to Date Budget	2019 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	6,080.00	5,218.00	(862.00)	50,359.00	51,172.00	813.00
			601400	BENEFITS MEDICAL INS-UNION	4,974.00	4,404.00	(570.00)	50,033.00	43,185.00	(6,848.00)
			601900	BENEFITS EMPLOYEE ASSISTANCE	9.00	-	(9.00)	75.00	-	(75.00)
			602300	CONSULT MNGMT FEE	-	2,123.00	2,123.00	14,063.00	20,822.00	6,759.00
			602500	AUDIT FEES	-	3,397.00	3,397.00	31,428.00	33,315.00	1,887.00
			604200	CATERING	456.00	127.00	(329.00)	982.00	1,249.00	267.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	12.00	245.00	233.00
			604850	COMPUTER EQUIPMENT	-	85.00	85.00	-	833.00	833.00
			606500	OTHER PURCHASED SERVICES	-	849.00	849.00	-	8,329.00	8,329.00
			609400	TRAVEL/MEETINGS/TRAINING	5,082.00	1,699.00	(3,383.00)	20,626.00	16,658.00	(3,968.00)
		Exp Total		16,972.00	17,927.00	955.00	167,949.00	175,808.00	7,859.00	
		BOARD Total		16,972.00	17,927.00	955.00	167,949.00	175,808.00	³⁴ 7,859.00	

November 2019

Preview — (*as of 0:00 11/27/19)

- **\$22,700,877 in HB charges**
 - Average: \$756,696/day (HB only)
 - Budget: \$669,505/day
 - 113.0% of Budget
- **\$8,231,452 in HB cash collections**
 - Average: \$274,382/day (HB only)
 - Goal: \$294,582/day
- **59.6 Days in A/R**
- **Questions**

Jefferson Healthcare

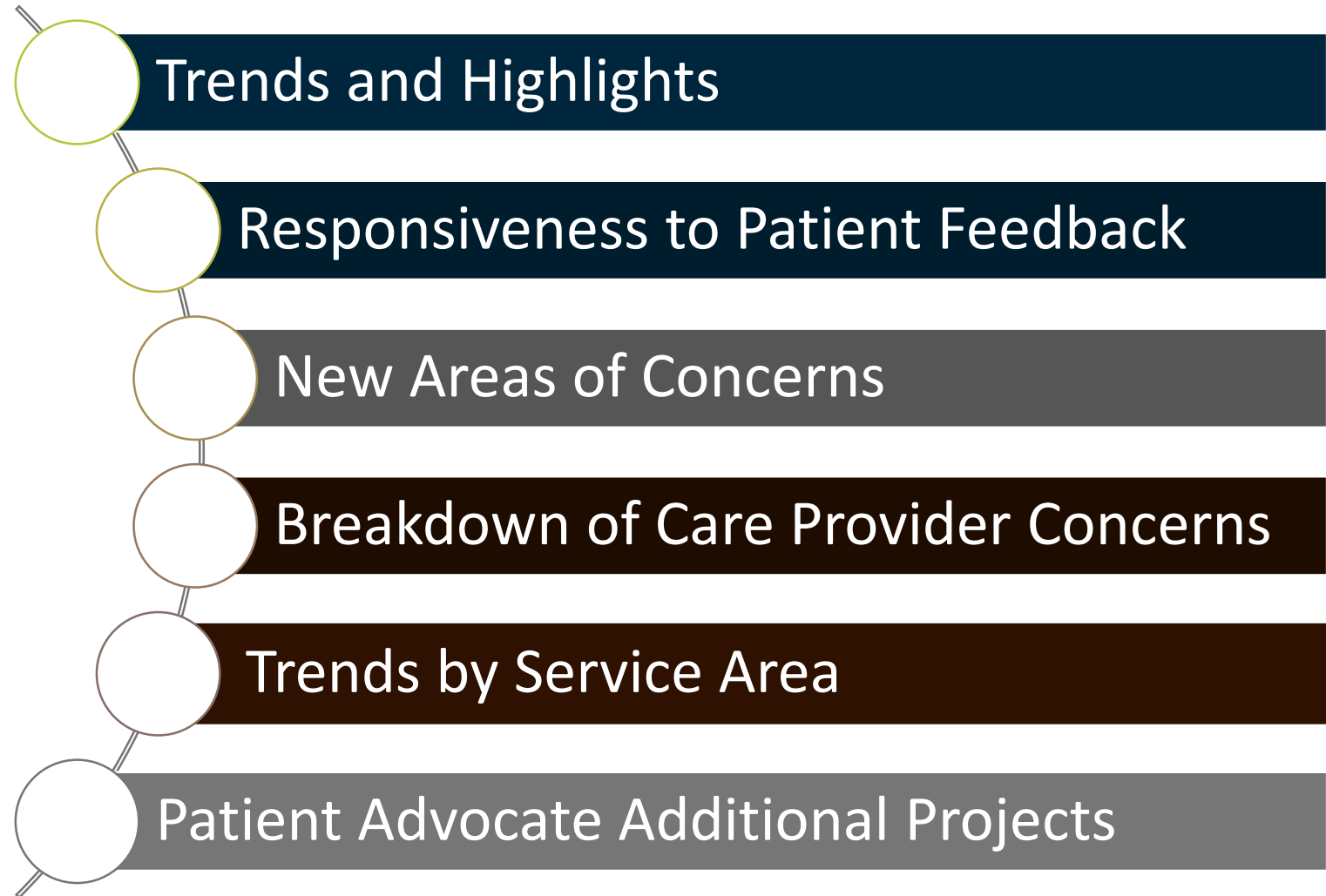
Patient Advocate Report

3rd Quarter 2019

November 27, 2019

Jackie Levin MS, RN, Patient Advocate

Agenda

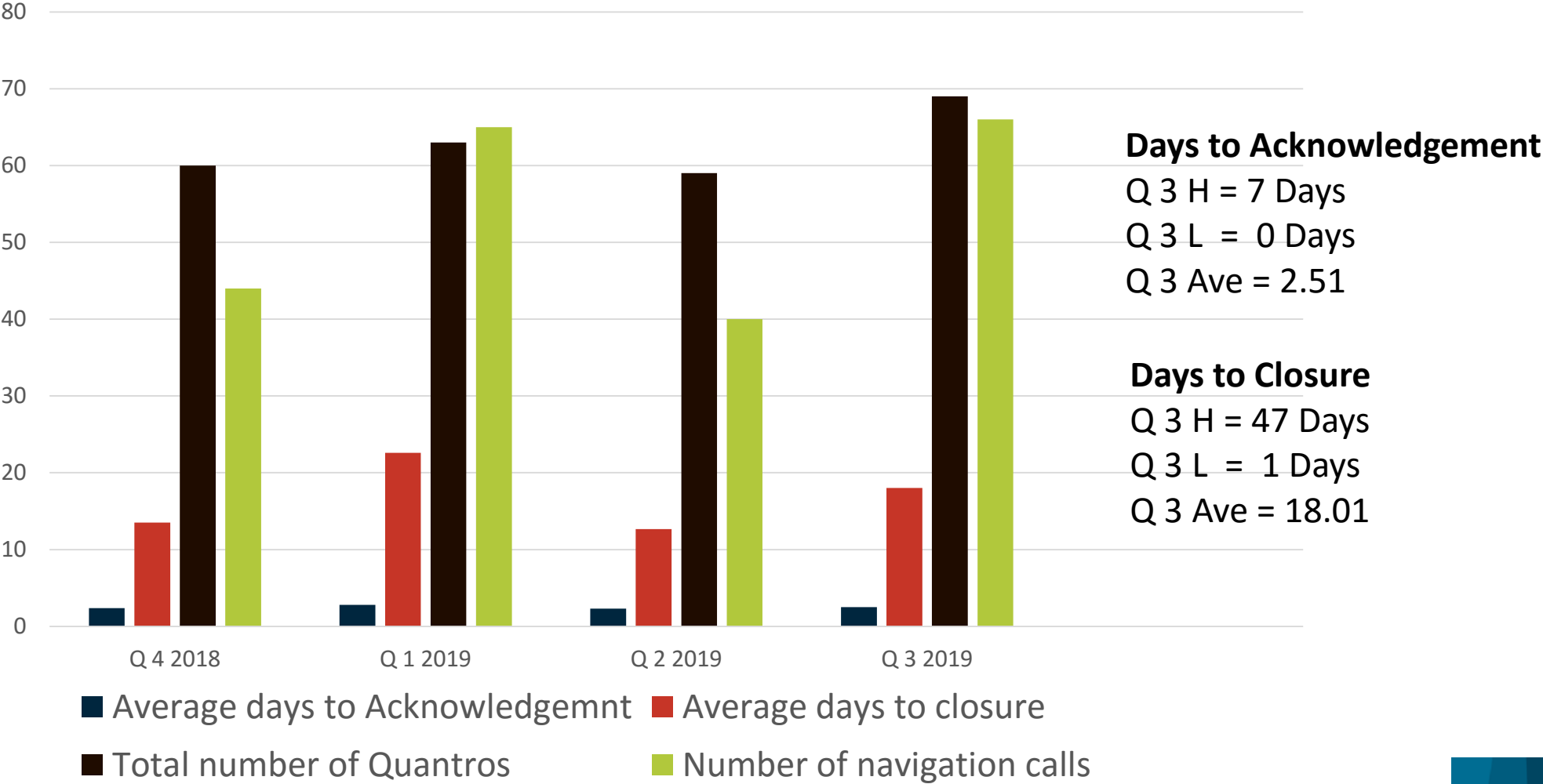


Trends and Highlights: 3rd Q 2019

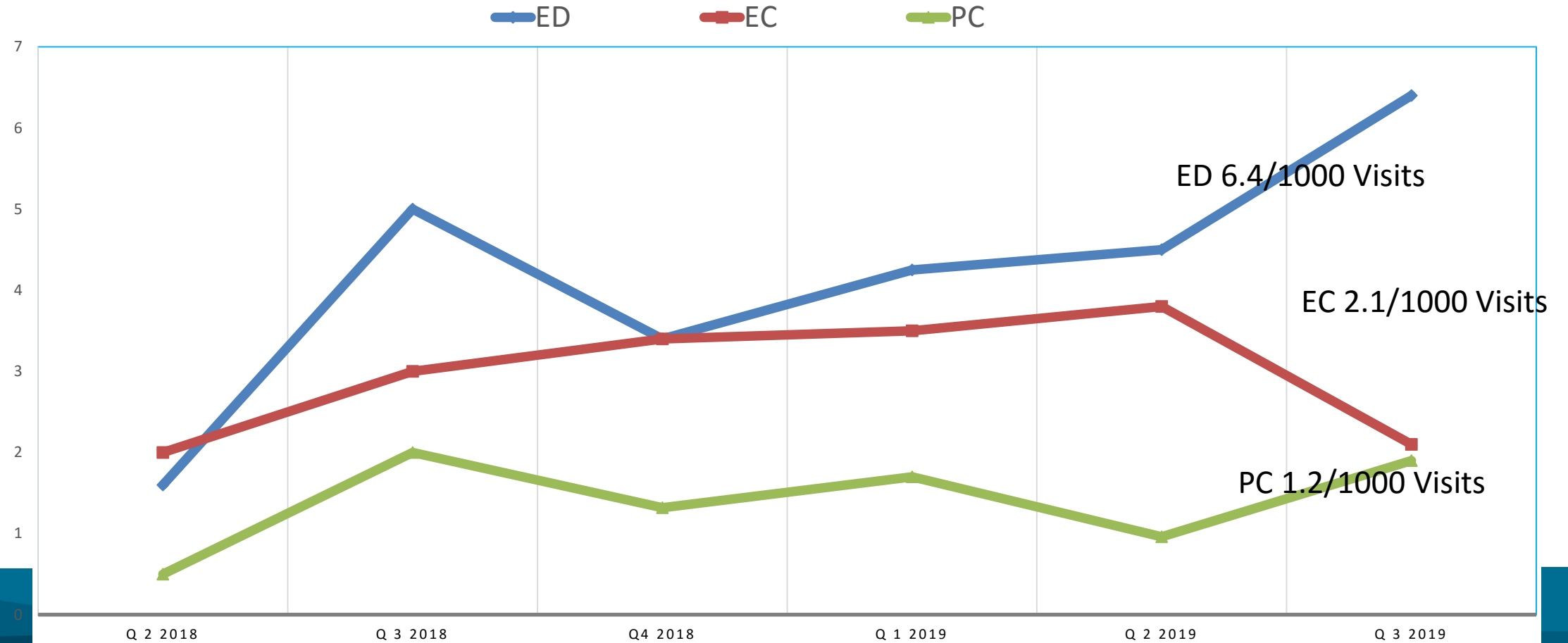
- The average time to close cases was 18.01 days, meeting our target of 30 days or less.
- Average receiving concern to acknowledgement letter was 2.51 days.
- Total number of concerns for this quarter # 69.
- Patient Navigation Calls: # 65
- New Patient Appointment Concerns

Trends:

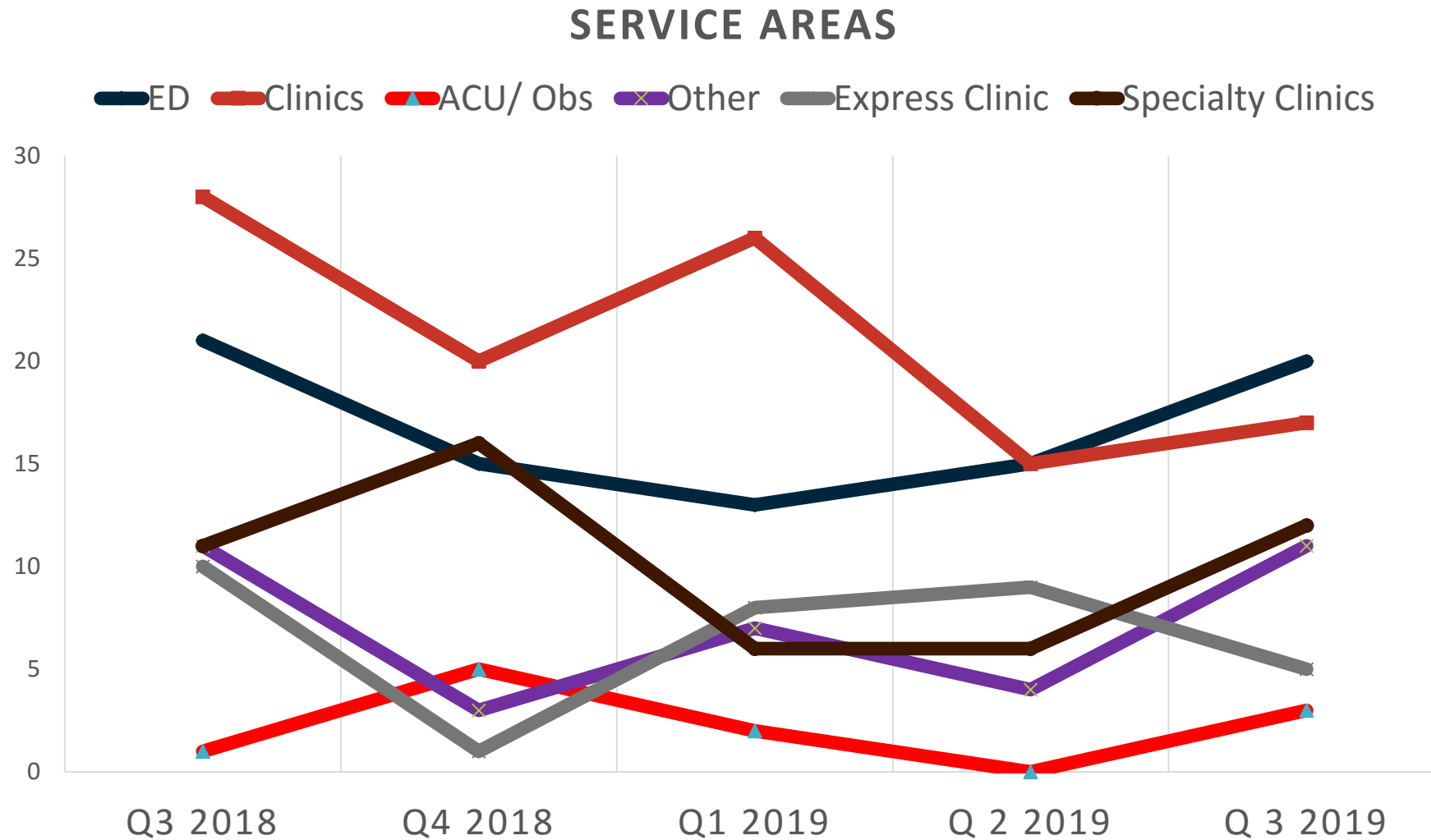
Days to Acknowledge and to Closure of Concerns



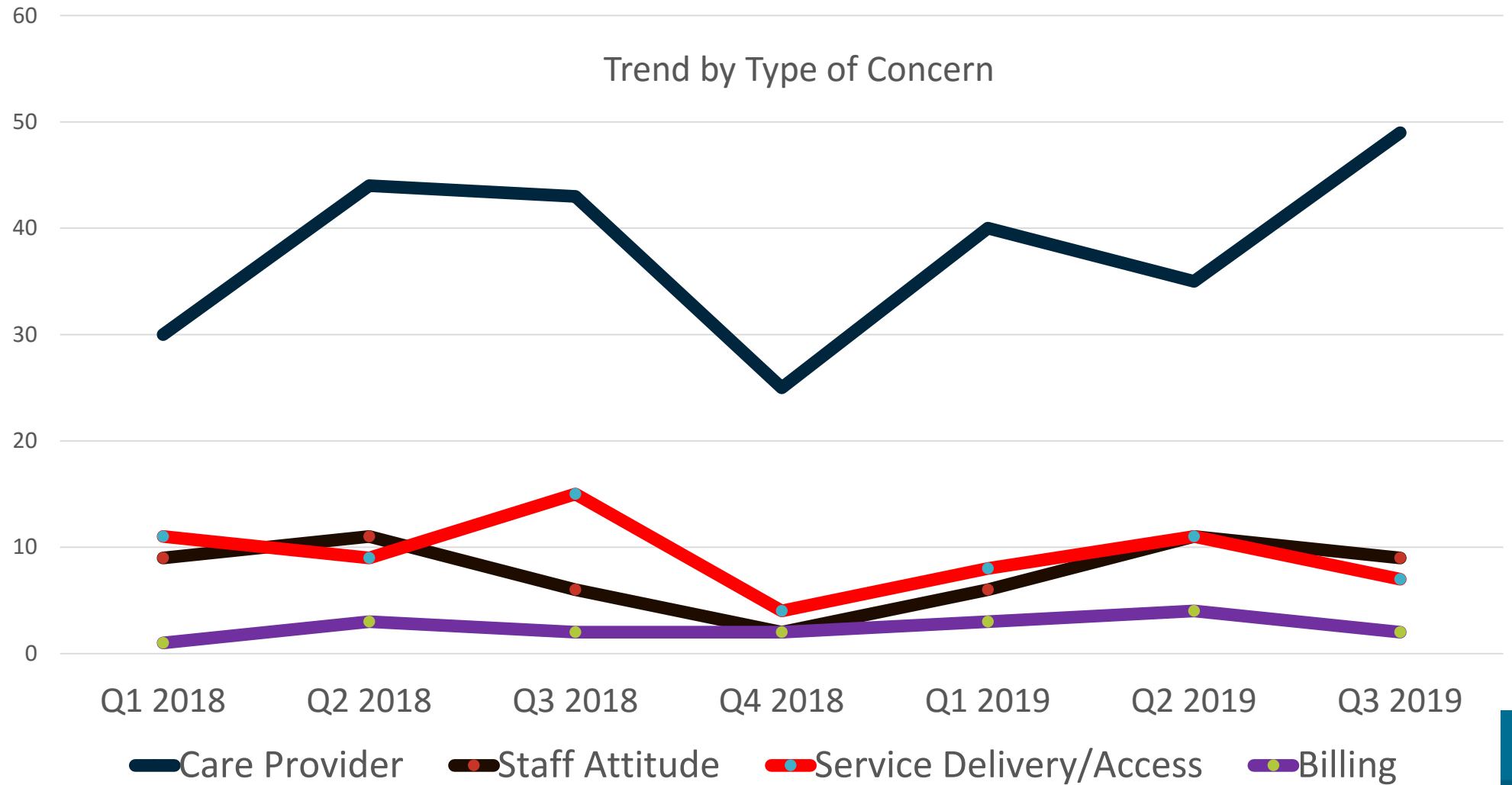
ED, PC and EC Concerns/1000 visits



Trends by Area of Concern (Raw Data)

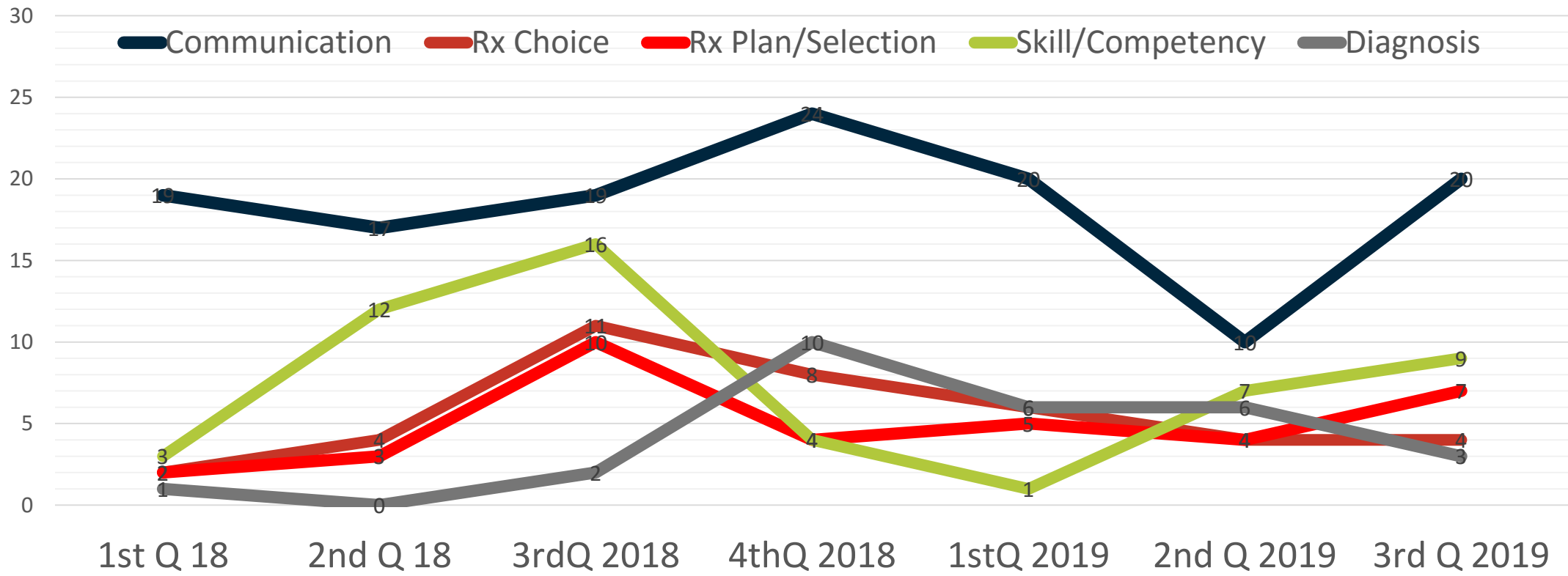


Trends by **Type** of Concerns

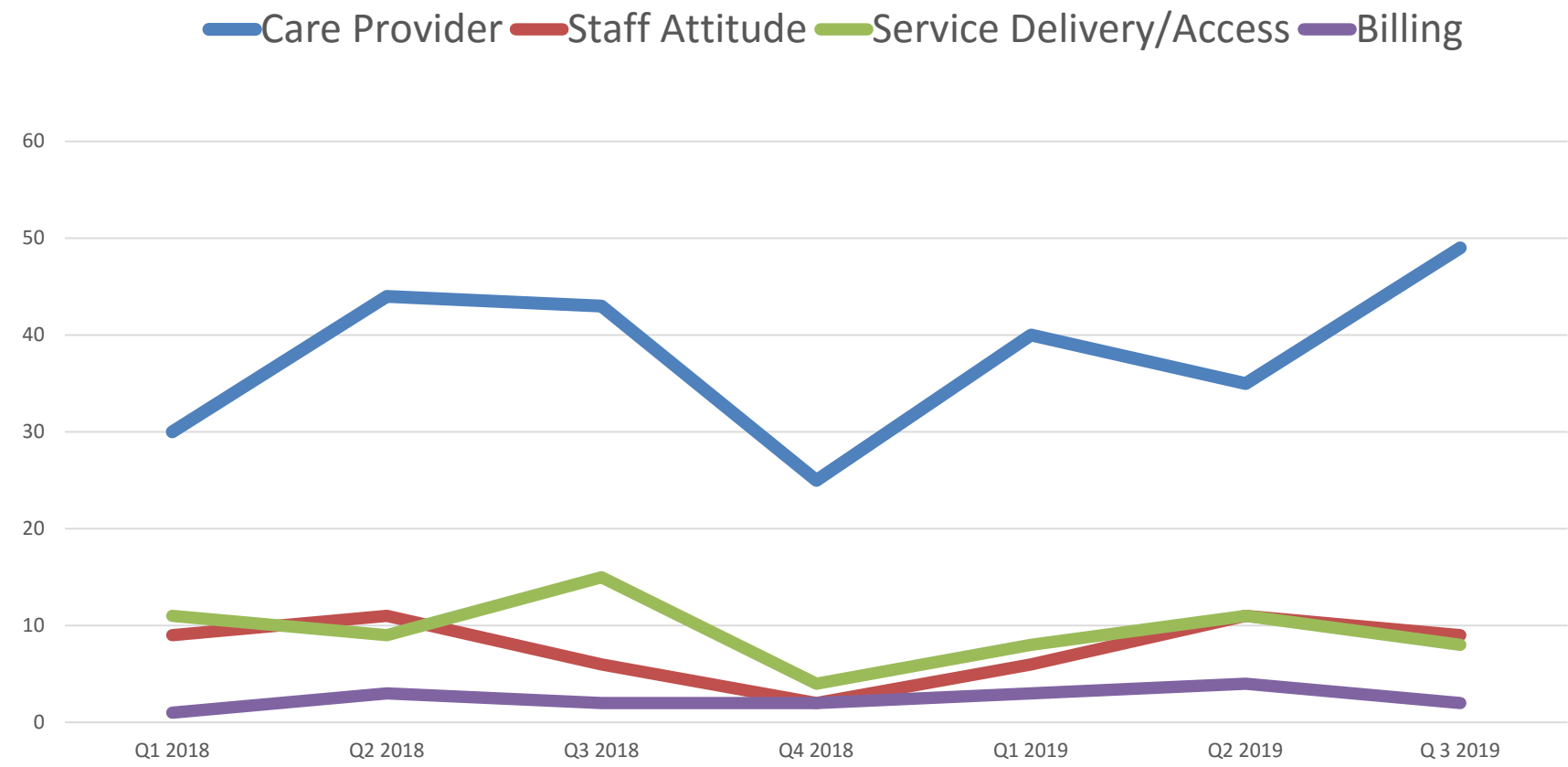


Provider Issues

Provider Concerns



Trends by Type of Concern



Additional Patient Advocate Activities

- Patient Family Advisory Council (PFAC)
 - 4 new members were on-boarded.
 - 3 Members will be "retiring" but continuing to work on committees. Zan Manning on Ethics Committee, Norm Moran on Internal Audit projects.
 - Met with Architect Team for Master Site Plan input
- Health Equity Committee
 - Now the HEC LGBTQ+ Task Force. Larger HEC to work on other areas of health disparities.
 - 9 PCP and 1 MSW attended Dr. Wang's Primary Care for the Transgender Patients 4-hour training on October 4, 2019.
- Quality of Care Projects
 - Aqua Pod Primary Care Clinic -7 Week lunch and learn Mindfulness and Wellness Program for teamwork enhancement and staff wellbeing. Reviewing evaluations to determine if similar programs will be offered to other Pods.
- Meet and Greet with Primary Care Providers

Jefferson Healthcare

Patient Safety and Quality Report
Wednesday November 27, 2019

Agenda



**Quality
and
Safety**

Goals	Strategy	Initiatives	Targets
Provide the Highest Quality, Safest Care	Drive Best Practice Clinical Care	Achieve zero harm events	Zero avoidable healthcare acquired harm events
	Achieve Excellent Quality Outcomes	Antimicrobial Stewardship	80% reduction in reportable cases of c.Difficile
		Implement and adhere to evidence based practices.	Overall DOT decreased (IP); Avoidance of antibiotics for URI (clinics); 80% reduction in reportable cases of c.Difficile
	Enhance Culture of Safety	Hardwire team training	90% or greater compliance with core measures
		Leader Rounding	Team Training Attendance 48.4%
	Align care with patient goals	Implement a palliative care program	Weekly Rounding Compliance
			Readmission rate < 12%

Regulatory Updates

Good news for Rural Health Clinics!

- Reduced frequency of policy review
- Reduced the requirement for annual review of RHC Program

Good news for patients!

- Medical staff can delegate ordering patient diets
- New requirements for discharge planning:
 - Requires readmission risk assessment
 - Patient-centered discharge planning
 - Discharge plan requires regular re-evaluation of the patient's condition

Good news for the Hospital!

- Reduced frequency of policy review
- Effective 3/30/2021, removed requirement for annual CAH Evaluation
- Decreased frequency of monitoring Emergency Preparedness plan to every two years

Swing Bed changes

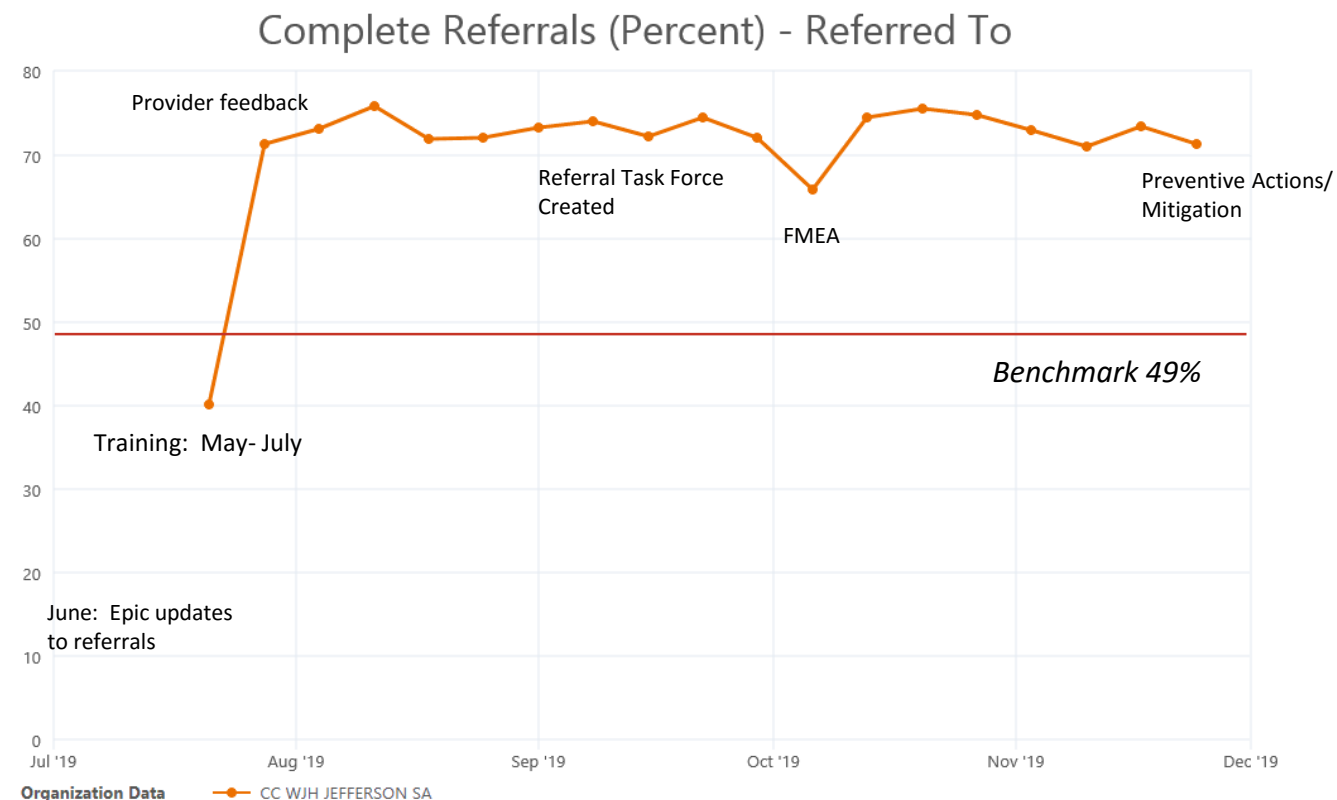
- New distinction between SNF care and CAH SNF care
- Repealed provisions that gave residents the right to choose or refuse to perform services
- Removed activity requirement
- Removed requirement to obtain 24-hour emergency dental care

Good news for Patient Safety

- Requirement for formal Antimicrobial Stewardship program
- QA PI program implements a data-driven system that uses error, adverse event, and other specified quality data

Patient Safety Highlight: Closed Loop Referrals

Initiative: Transform the current care model to encourage shared healthcare decision-making to close care gaps and improve outcomes.



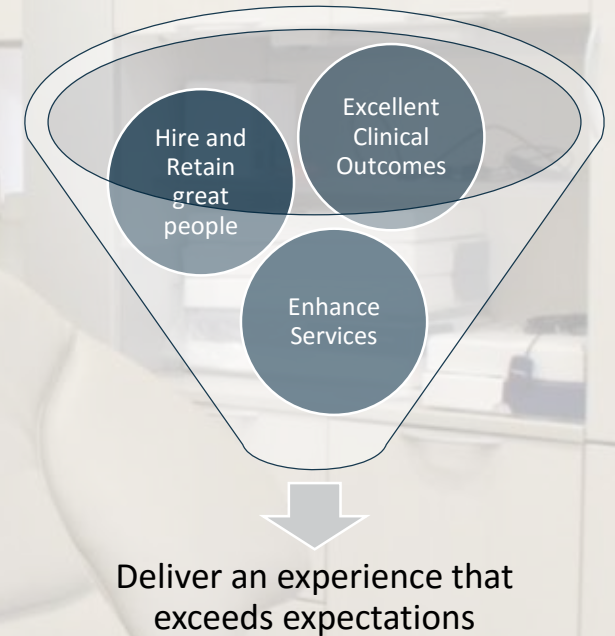
Definition: Percentage of complete referrals, defined as expired referrals with a linked visit or claim, out of all expired referrals.

Service: Deliver an Experience that Exceeds Expectations

Service	Deliver an Experience that Exceeds Expectations	Improve Care Navigation	Manage care transitions	100% development and Implementation of Transitions ...
			Referral Management	25% improvement over baseline - referral closure
		Radical Convenience to Care	Implement Access Standards	Top Quartile Access to care dimension
				Post IP stay (1-14 days); New patient 30 days; estab. ...
		Consistently Deliver an Outstanding Experience with Every Encounter	Enhance services	Identify top three needed services
			Implement service excellence standards	Top quartile scores: Likely to recommend, quiet at night, confidence in provider, communication (MD/RN)
		Create informed healthcare consumers	Promote shared decision making	Participation in ACP classes
			Build an estimation tool	100% implementation of estimation tool, training, and communication

Service: Enhance Service, Enhance Services, and Exceed Expectations

- Identify a need: Dental Services
- Hire and Retain Great People:
 - Dr. Vasilyuk and our Dental Team
- Achieve excellent clinical outcomes
 - Additional equipment needed to ensure high quality patient care
 - Need to be able to visualize the roots of the teeth better
- Enhance Services: Panoramic Dental Imaging
- Deliver an experience that exceeds expectations



I'm sorry it took so long to fill this out, but I wanted to make sure my answers fit after a few appts. I'm so happy that Jefferson Health care sees the need for the community to have proper dental care, it causes so many other problems with our health when we have bad dental, so thank you, thank you, thank you for helping us. I love you all for doing this, we need it. I wish everywhere did what you have done Thank you again!

In the words of our patients...

- My stay at JH was the best I could imagine. People were kind, informative and friendly. Thank you
- This hospital and ER are the best I've ever needed. I've lived in 11 states and 25 cities. Jefferson Health care is the best. Thank you
- Dr. Murphy is an outstanding, oncologist - cancer is a scary deal - she makes it less scary. She is compassionate & helpful - glad to have her
- This was my second knee replacement. Both worked out much better than expected
- Really impressed with Dr. Tinker and my interaction with him.
- I spent my working life in health care, first as a phlebotomist, then medical technologist, quality and compliance, finally returning from an executive quality position from a large hospital which was part of Catholic Healthcare. The care I received at Jefferson HC was what we always aimed for.



Current Projects

- ACCELERATE: Collaborative with WSHA
 - Post Operative Prevention of Venous Thromboembolism
- On the National Stage:
 - DNV Symposium 2019
 - Quality Management System Presentation, Laura Showers, Infection Prevention and Accreditation Manager, and Amanda Anson, Revenue Cycle Analyst
 - *Building a Sustainable Internal Auditing Program in a Small Hospital*
 - National Center for Complex Health and Social Needs – Camden Coalition
 - Population Health Presentation, Dr. Molly Parker and Dunia Faulx, Director Population Health
 - *Rural Population Health: Success is Relative*
- Care Transformation
 - Merit-based Incentive Payment System (MIPS) Reporting 2019
- Antimicrobial Stewardship
 - New collaborative: AHRQ and Johns Hopkins University – Ambulatory Antimicrobial Stewardship
 - Decreasing cost and improving patient outcomes



Other Noteworthy Topics...



*Patient Outcomes
Second Consecutive Year*



Patient Experience



Questions?



Jefferson Healthcare

Administrative Report

November 27, 2019

Mike Glenn, CEO

Update on Sheridan Medical Office Building



ICU Room Refresh Project



Update on Jamestown S'Klallam Healing Campus

- MAT Clinic
- 16 bed Evaluation and Treatment Center
- Social and Support Services

Questions

