

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, December 18, 2019
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 2:00pm by Board Chair Buhler Rienstra. Present were Commissioners Dressler, McComas, Ready, and Kolff. Also, in attendance were Mike Glenn, CEO, Jon French, Chief Legal Officer, Brandie Manuel, Chief Patient Safety and Quality Officer, Tina Toner, Chief Nursing Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Jason McCormick, Interim Chief Financial Officer and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare. Commissioner Kolff arrived at 2:30pm.

Approve Agenda:

No approval needed for special session.

Education:

- Review Board Book

Discussion ensued.

Commissioner Dressler made a motion to accept changes as is. Commissioner McComas seconded.

Discussion ensued.

Commissioner Dressler amended her motion to accept the new changes to the board book from the retreat as well as the recommendations made by Jon French, Chief Legal officer, which included a change to page 1 to state, "the adoption date of the current mission and vision statement was.." instead of " the original adoption date of the mission and vision statement was..", updating the last page to state current year on signature line and updating the revised date on front page. Commissioner McComas seconded.

Action: Motion passed 3 to 1 Commissioner Dressler, McComas, and Buhler Rienstra in favor, Ready opposed.

Discussion ensued.

Commissioner Ready made a motion to update the recording meetings section in board book to state, "If a commissioner decides to record a meeting on their own device it will be announced and no further discussion of it will be had since they are exercising their personal rights". Commissioner McComas seconded.

Discussion ensued.

Action: Motion failed 3 to 1. Commissioner Ready in favor. Commissioner Dressler, McComas, and Buhler Rienstra opposed.

Discussion ensued.

- Board Calendar

Discussion ensued.

Break:

Commissioners recessed for break at 2:35 pm.

Commissioners reconvened from break at 3:30pm.

Patient Story:

Tina Toner, CNO, provided the patient story which explained how Jefferson Healthcare supports the death and dying process and a patient's personal story regarding their death and dying experience.

Minutes:

- November 13, 2019 Special Session
- November 27, 2019 Regular Session

Commissioner Dressler made a motion to approve the November 13, 2019 Special Session Minutes, November 27, 2019 Regular Session Minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- November Warrants and Adjustments
- Resolution 2019-21 Surplus Equipment
- Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the November Warrants and Adjustments, Resolution 2019-21 Surplus Equipment, Medical Staff Credentials/ Appointments/ Reappointment, Commissioner Kolff seconded.

Action: Motion passed unanimously.

Public Comment:

No public comment was made.

Financial Report:

Jason McCormick, Interim CFO, presented the November Financial Report.

Discussion ensued.

Quality Report:

Brandie Manuel, Chief Patient Safety and Quality Officer, presented the November Quality report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO, introduced Dr. Molly Parker's Childcare Task Force report.

Childcare Task Force:

Dr. Molly Parker, MD, Medical Director, Population Health, presented the Childcare Task Force report.

Discussion ensued.

Board Business:

Commissioner Kolff reported that the Board of Health recently had a meeting and one of the topics was the possibility of the Board of Health declaring climate change as a health emergency.

Meeting Evaluation:

Commissioners evaluated the meeting.

Executive Session:

- Performance of a public employee

Commissioner Buhler Rienstra announced they will go into Executive Session for 15 minutes to discuss the performance of a public employee. Action may be taken. Commissioner went into Executive Session at 4:25pm.

Commissioners came out of Executive Session at 4:40pm. No public present.

Commissioner Buhler Rienstra announced the board will go back into Executive Session for 10 minutes to continue the discussion of the performance of a public employee. Action may be taken. Commissioners went into Executive Session at 4:40pm.

Commissioners came out of Executive Session at 4:50pm. No public present.

Commissioner Buhler Rienstra announced the board will go back into Executive Session for 10 minutes to continue the discussion of the performance of a public employee. Action may be taken. Commissioners went into Executive Session at 4:50pm.

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

Commissioner Dressler made a motion to give the CEO a 3% increase, 40 hours of PTO and allow the CEO to cash out no more than 100 hours of earned but unused PTO and/or direct no more than 100 hours earned but unused PTO to a 457F deferred compensation plan. Commissioner McComas seconded.

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

Discussion ensued.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:06pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____



Patient Story- Supporting the Death and Dying Process

December 18, 2019

TO HOLD THE TRUST... AND HONOR THE DEATH AND DYING PROCESS

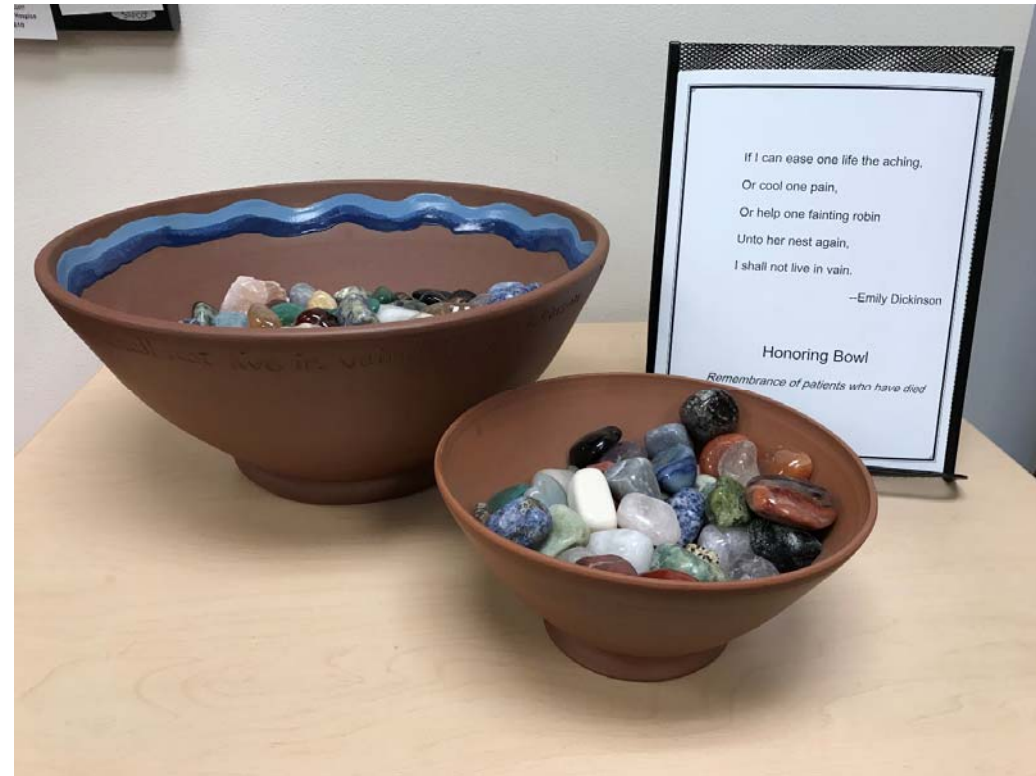
- THE STAFF EXPERIENCE

- SUPPORT PERSONNEL TO CARE FOR PATIENTS AND THEIR FAMILIES/CAREGIVERS DURING ALL STAGES OF THE DYING PROCESS

- THE PATIENT EXPERIENCE

- OFFER ANTICIPATORY GRIEF SUPPORT BEFORE A PATIENTS DEATH
- PROVIDE SUPPORT FOR A PATIENT AND FAMILY DURING THE DYING PROCESS
- DELIVER BEREAVEMENT SUPPORT AFTER THE PATIENTS DEATH

THE STAFF EXPERIENCE



THE PATIENT EXPERIENCE

WHEN THE ORDINARY
BECOMES THE
EXTRAORDINARY

Jefferson Healthcare

November 2019 Finance Report

December 18, 2019

Jason McCormick, interim CFO

EDUCATION

Cost Report Revisited

- 2018 cost report (data through 12/31/2018) submitted 5/31/2019
 - Resulted in a \$680,000 MCR estimate for 2019
 - Monies received August 2019 and treated as a liability to MCR until we received the interim cost report results
- 2019 interim cost report (data through 7/31/2019) submitted August 2019.
 - Resulted in a \$450,997 settlement for 2019 – estimate
 - Resulted in a \$649,000 MCR estimate for 2019
 - Monies received November 2019; \$450,997 recognized in the November income statement, while the rest treated as a liability to MCR
- Outlook for 2019 cost report
 - YTD 2019 over YTD 2018 13.6% increase in gross patient revenue; 10.8% increase in expense
 - How is that different from the last few years?

Service Line Highlight

Diagnostic Imaging— How are we doing on our 2019 objectives?

Our plan for Diagnostic Imaging in 2019:

- Maximize use of resources by expanding coverage using our existing staff
- – right person - right role - right location
- Reassess and modify our current staffing model to allow for more efficiency
- Continue to maintain the highest quality and patient focused care throughout this time of change
- Expand existing modalities where possible to capture a larger market share and serve our community where they live
- Continue to be the sole community provider of 24/7 emergency diagnostic imaging services

2019 YTD as of November

- Income Statement: **0.9%** ahead of budget for the month of November as a service line
- Income Statement: **6.5%** ahead of budget YTD as a service line
- Total FTEs: **0.05** FTEs over budget for the month of November as a service line
- Total FTEs: **0.92** FTEs under budget YTD as a service line

November 2019

Operating Statistics

STATISTIC DESCRIPTION

FTEs - TOTAL (AVG)

ADJUSTED PATIENT DAYS

ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)

ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)

PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION

SURGERY CASES (IN OR)

SPECIAL PROCEDURE CASES

LAB BILLABLE TESTS

TOTAL DIAGNOSTIC IMAGING TESTS

PHARMACY MEDS DISPENSED

RESPIRATORY THERAPY PROCEDURES

REHAB/PT/OT/ST RVUs

ER CENSUS

DENTAL CLINIC

TOTAL RURAL HEALTH CLINIC VISITS

TOTAL SPECIALTY CLINIC VISITS

NOVEMBER 2019						NOVEMBER 2018			
MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
587	616	5%	573	616	7%	544	-8%	542	-6%
1,735	2,198	-21%	23,297	24,470	-5%	1,679	3%	21,443	9%
60	83	-28%	790	928	-15%	90	-33%	733	7%
300	338	-11%	3,488	3,766	-7%	340	-12%	2,865	18%
384	429	-10%	4,440	4,783	-7%	436	-12%	3,696	17%
120	105	14%	1,208	1,174	3%	114	5%	892	26%
82	75	9%	774	834	-7%	65	26%	611	21%
17,797	18,343	-3%	204,166	204,214	0%	17,674	1%	159,174	22%
2,841	2,765	3%	31,503	30,798	2%	2,699	5%	23,745	25%
20,949	24,177	-13%	241,941	269,168	-10%	22,816	-8%	200,585	17%
3,339	3,355	0%	39,356	37,351	5%	3,066	9%	28,122	29%
7,295	9,069	-20%	93,098	100,977	-8%	8,994	-19%	78,453	16%
1,039	1,054	-1%	11,585	11,738	-1%	915	14%	9,292	20%
198	205	-3%	1,288	2,288	-44%	-	0%	-	100%
5,519	6,141	-10%	64,868	68,375	-5%	5,319	4%	46,758	28%
3,626	3,641	0%	39,505	40,538	-3%	3,252	12%	28,316	28%

November 2019

Income Statement Summary

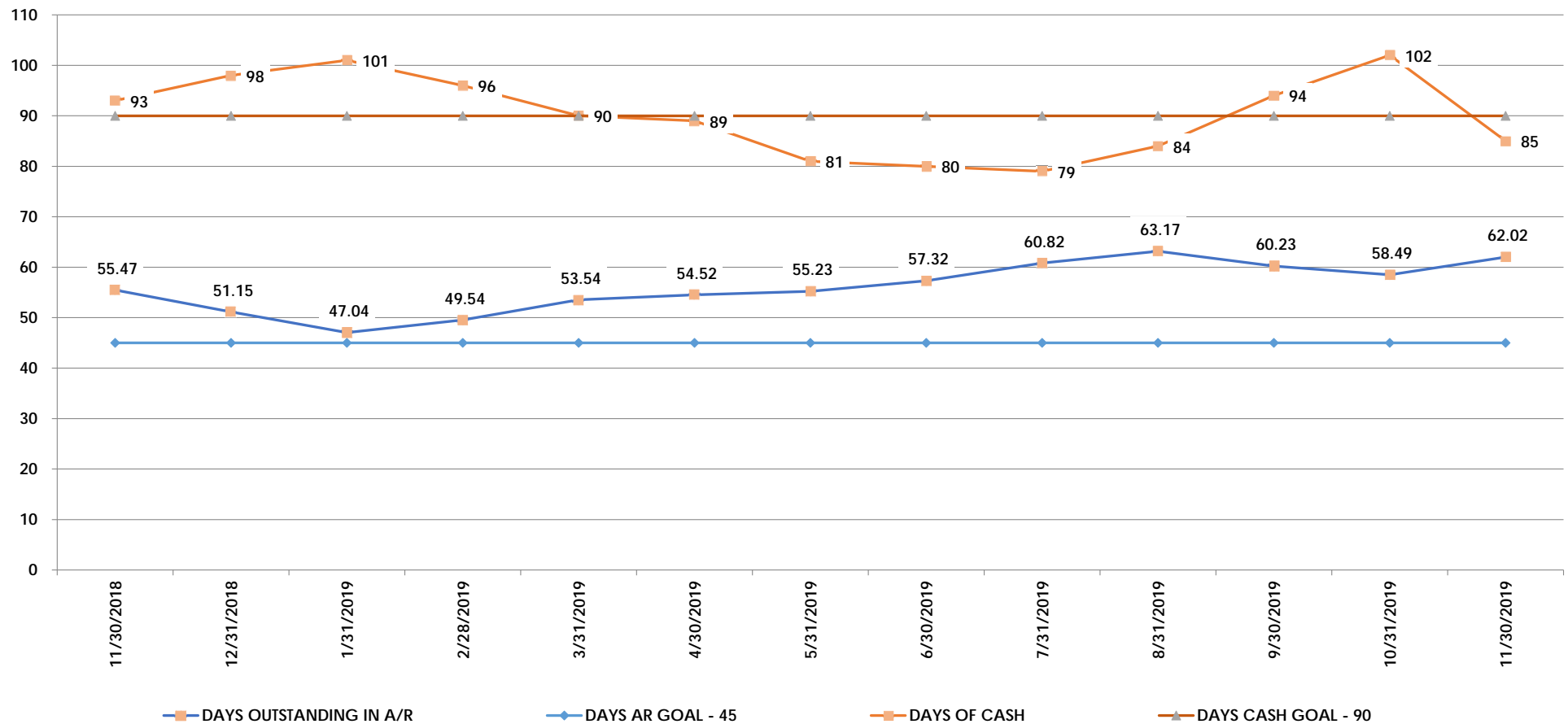


	November 2019 Actual	November 2019 Budget	Variance Favorable/ (Unfavorable)	%	November 2019 YTD	November 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	November 2018 YTD
Operating Revenue									
Gross Patient Service Revenue	22,437,503	20,483,910	1,953,594	10%	238,903,457	228,054,320	10,849,137	5%	210,269,933
Revenue Adjustments	11,753,149	10,876,337	(876,812)	-8%	128,825,258	121,089,951	(7,735,306)	-6%	112,719,340
Charity Care Adjustments	372,107	234,284	(137,823)	-59%	2,784,103	2,608,364	(175,739)	-7%	2,249,546
Net Patient Service Revenue	10,312,247	9,373,289	938,959	10%	107,294,096	104,356,004	2,938,092	3%	95,301,047
Other Revenue	469,659	754,000	(284,341)	-38%	6,900,769	8,394,534	(1,493,765)	-18%	5,126,502
Total Operating Revenue	10,781,906	10,127,288	654,618	6%	114,194,864	112,750,538	1,444,326	1%	100,427,549
Operating Expenses									
Salaries And Wages	4,918,974	4,869,983	(48,991)	-1%	52,346,236	54,219,174	1,872,939	3%	48,857,065
Employee Benefits	1,214,149	1,218,340	4,191	0%	12,910,237	13,564,193	653,957	5%	12,366,974
Other Expenses	4,284,172	3,821,316	(462,856)	-12%	44,006,305	42,544,007	(1,462,298)	-3%	37,346,448
Total Operating Expenses	10,417,295	9,909,639	(507,656)	-5%	109,262,777	110,327,375	1,064,597	1%	98,570,487
Operating Income (Loss)	364,611	217,649	146,962	68%	4,932,087	2,423,163	2,508,924	104%	1,857,062
Total Non Operating Revenues (Expenses)	(3,039)	6,182	(9,221)	-149%	187,593	68,831	118,762	173%	(29,674)
Change in Net Position (Loss)	361,572	223,832	137,740	62%	5,119,680	2,491,994	2,627,686	105%	1,827,388
Operating Margin	3.4%	2.1%	1.2%	57.4%	4.3%	2.1%	2.17%	101.0%	1.8%
Total margin	3.4%	2.2%	1.1%	51.7%	4.5%	2.2%	2.27%	102.8%	1.8%
Salaries & Benefits as a % of net pt svc rev	-59.5%	-65.0%	5.5%	8.4%	-60.8%	-65.0%	4.13%	6.4%	-64.2%

November 2019

Cash and Accounts Receivable

Days Cash and Accounts Receivable



November 2019

Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	Nov Actual	Nov Budget	Nov Variance	2019 to Date Actual	2019 to Date Budget	2019 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	3,200.00	5,050.00	1,850.00	53,559.00	56,222.00	2,663.00
			601400	BENEFITS MEDICAL INS-UNION	5,071.00	4,262.00	(809.00)	55,105.00	47,447.00	(7,658.00)
			601900	BENEFITS EMPLOYEE ASSISTANCE	9.00	-	(9.00)	85.00	-	(85.00)
			602300	CONSULT MNGMT FEE	5,491.00	2,055.00	(3,436.00)	19,554.00	22,877.00	3,323.00
			602500	AUDIT FEES	-	3,288.00	3,288.00	31,428.00	36,603.00	5,175.00
			604200	CATERING	-	123.00	123.00	982.00	1,373.00	391.00
			604500	OFFICE SUPPLIES	-	24.00	24.00	12.00	269.00	257.00
			604850	COMPUTER EQUIPMENT	-	82.00	82.00	-	915.00	915.00
			606500	OTHER PURCHASED SERVICES	-	822.00	822.00	-	9,151.00	9,151.00
			609400	TRAVEL/MEETINGS/TRAINING	515.00	1,644.00	1,129.00	21,141.00	18,301.00	(2,840.00)
		Exp Total			14,286.00	17,350.00	3,064.00	182,237.00	193,158.00	10,921.00
	BOARD Total				14,286.00	17,350.00	3,064.00	182,237.00	193,158.00	10,921.00

December 2019

Preview — (*as of 0:00 12/17/19)

- **\$24,309,805 in HB charges**
 - Average: \$784,187/day (HB only)
 - Budget: \$669,505/day
 - 117.1% of Budget
- **\$10,416,174 in HB cash collections**
 - Average: \$336,006/day (HB only)
 - Goal: \$294,582/day
- **59.7 Days in A/R**
- **Questions**

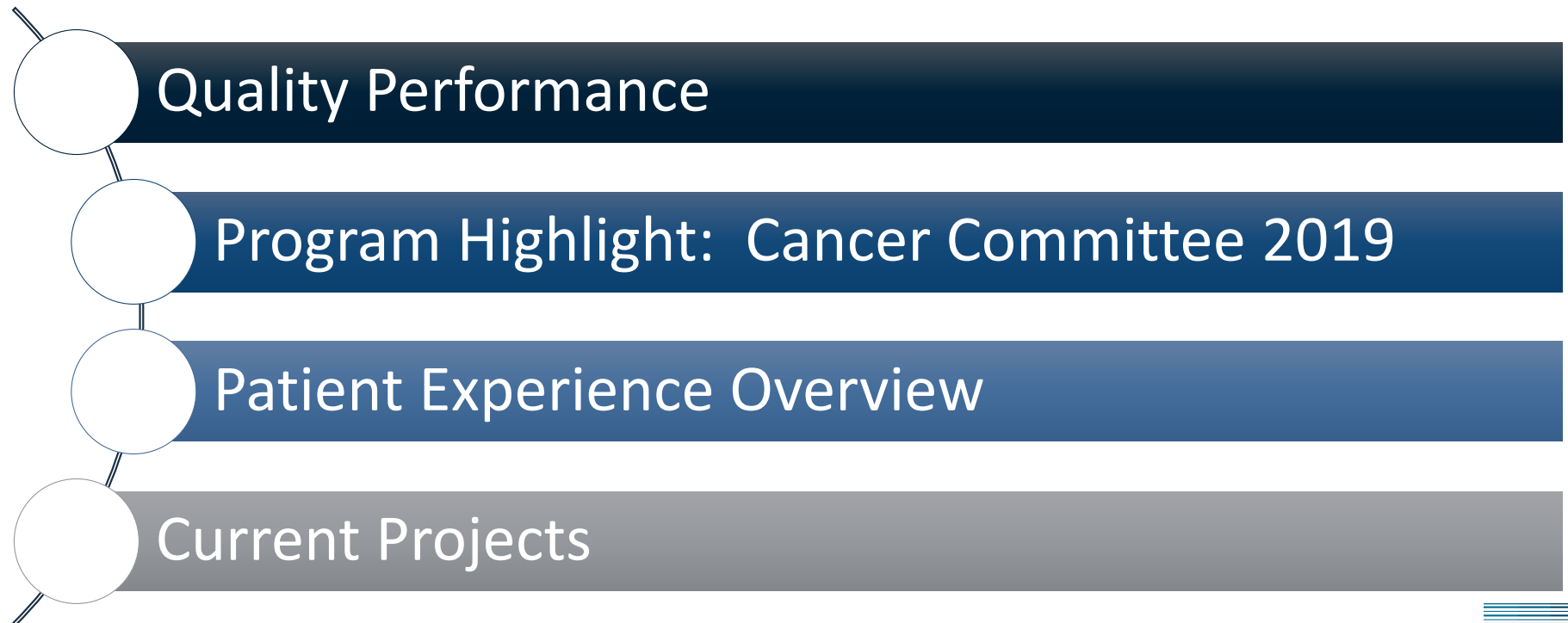
Jefferson Healthcare

Patient Safety and Quality Report

Prepared for the Board of Commissioners

Wednesday December 18, 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
	Align care with patient goals	Implement a palliative care program	Weekly Rounding Compliance
			Readmission rate < 12%



Program Highlight: 2019 Cancer Committee Overview

Enhance Services. Keep Care Local: Patients Served in 2019

New partnership with Western States Cancer Research

235 Oncology Patients served

Clinical Trial Accrued: 7% (n=17)

Genetic Testing: 12% (n=29)

Infusion Center

2018: 7340 total visits

2019: 9062 Projected visits

Oncology Clinic

2018: 4196 total visits

2019: 5203 Projected visits

Specialty Pharmacy

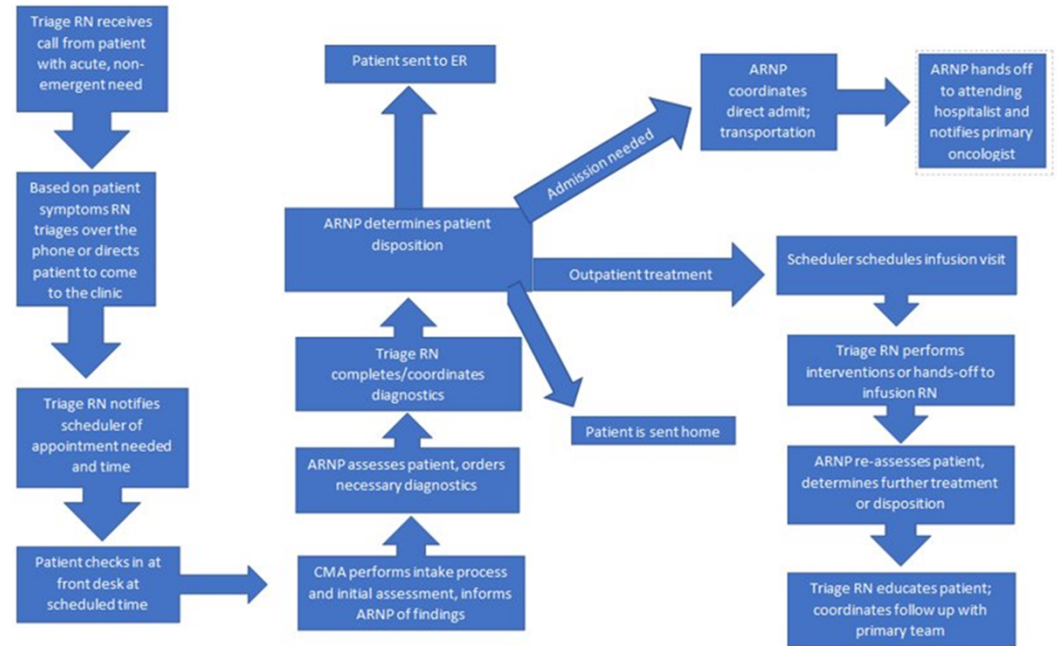
4,620 prescriptions (August through November)



Meeting the needs of our patients

- Expanded weekend hours for oncology patients
- Increased staffing in Infusion Clinic
- Additional nursing support during the week
- Greater access for patients that need symptom management
- Standing orders implemented
- Specialty Pharmacy

Development of Clinic Roles and Triage Pathways



Creation of a triage role and a process to support enhanced workflows and timely access to services

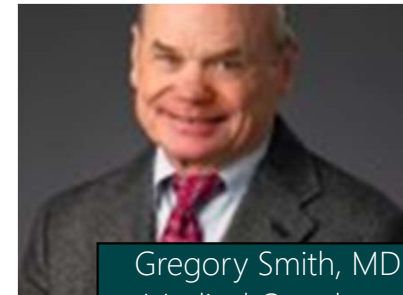
Recruit and Retain an Engaged, High Performing Workforce



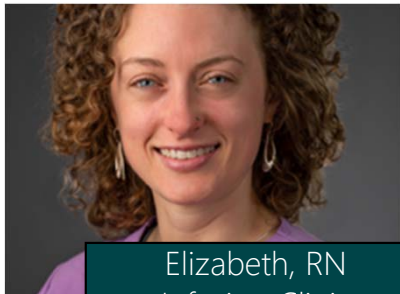
Deborah Abrams, MD
Medical Oncology



AnnaLiisa McGlinn, MD
Radiation Oncology



Gregory Smith, MD
Medical Oncology



Elizabeth, RN
Infusion Clinic



Lynn, RN
Infusion Clinic



Mary, RN
Infusion Clinic

Also – welcome to:

Tess, LICSW
Jessica, MSW

Penny, CMA
Dayna, CMA

Emma, Front Office
Ayla, Clinical Research
Coordinator

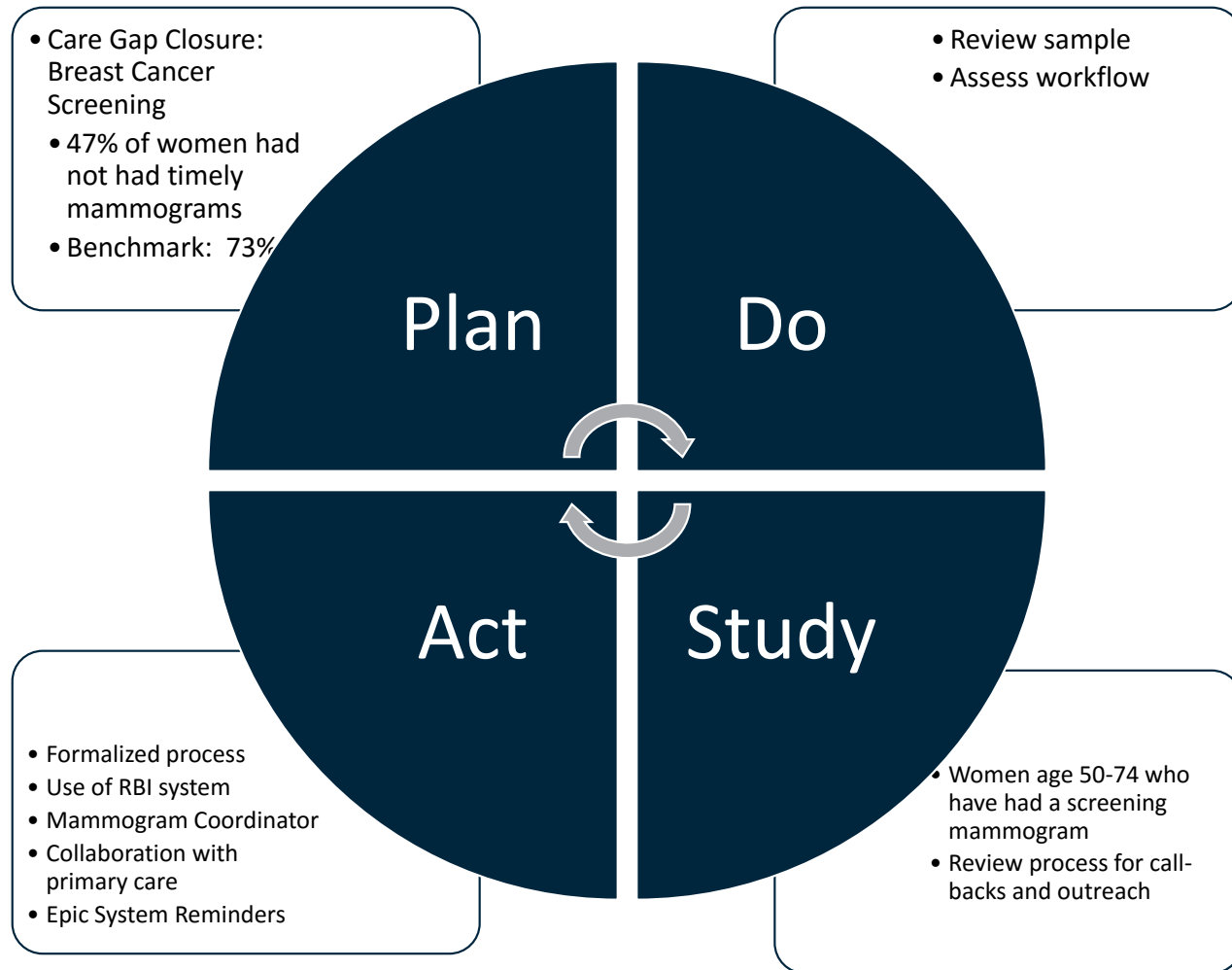
Identifying those in need. Before they need it.

- Assess which patients are likely to need additional interventions and
- Target them for early and frequent contact
- Reviewed daily with provider and care team in huddle
- Interdisciplinary Care Plan is made to support the patient



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

- Performance Improvement Goal: Increase the number of screening mammograms for patients between the ages of 50 and 74.
- Issues Identified:
 - Reminders triggered when patients are seen for annual exam
 - Paper binder reminder system
 - Human errors
 - Time consuming
 - Inconsistent adherence to Epic Reminder workflow
 - Communication issues
- Corrective Actions:
 - Eliminated paper reminder system
 - Mammogram Coordinator
 - Implement Standard work
 - Teamwork: Primary Care, DI, Care Coordinators

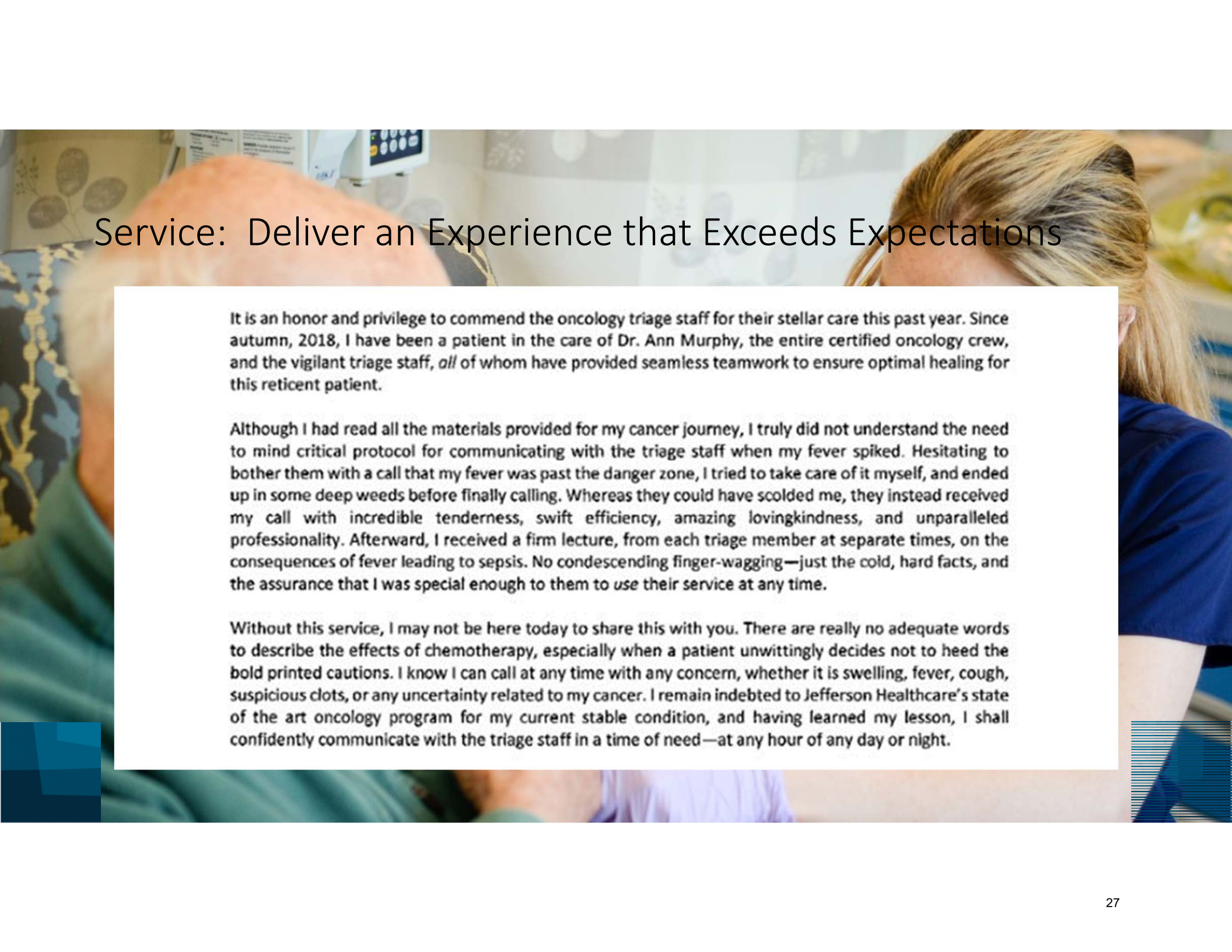


Results: 5.2% increase in Breast Cancer Screening Rates

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



- Reducing adverse outcomes related to medication reactions
 - Nearly all systemic cancer therapies and monoclonal antibodies are associated with hypersensitivity reactions.
- Program Gaps:
 - No formal process for managing medication events
 - Lack of standard response/training
 - Unclear how to report events
 - Lack of coordinated teamwork and patient engagement
- Program Changes:
 - Patient initiated Rapid Response
 - Nurse-Initiated Orders
 - Targeted patient and family education
 - New graded infusion reaction symptom algorithm
 - New code response process that includes standardized Quantros reporting and a huddle debrief process.



Service: Deliver an Experience that Exceeds Expectations

It is an honor and privilege to commend the oncology triage staff for their stellar care this past year. Since autumn, 2018, I have been a patient in the care of Dr. Ann Murphy, the entire certified oncology crew, and the vigilant triage staff, *all* of whom have provided seamless teamwork to ensure optimal healing for this reticent patient.

Although I had read all the materials provided for my cancer journey, I truly did not understand the need to mind critical protocol for communicating with the triage staff when my fever spiked. Hesitating to bother them with a call that my fever was past the danger zone, I tried to take care of it myself, and ended up in some deep weeds before finally calling. Whereas they could have scolded me, they instead received my call with incredible tenderness, swift efficiency, amazing lovingkindness, and unparalleled professionalism. Afterward, I received a firm lecture, from each triage member at separate times, on the consequences of fever leading to sepsis. No condescending finger-wagging—just the cold, hard facts, and the assurance that I was special enough to them to *use* their service at any time.

Without this service, I may not be here today to share this with you. There are really no adequate words to describe the effects of chemotherapy, especially when a patient unwittingly decides not to heed the bold printed cautions. I know I can call at any time with any concern, whether it is swelling, fever, cough, suspicious clots, or any uncertainty related to my cancer. I remain indebted to Jefferson Healthcare's state of the art oncology program for my current stable condition, and having learned my lesson, I shall confidently communicate with the triage staff in a time of need—at any hour of any day or night.

Patient Experience

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
			Enhance services	Post IP stay (1-14 days); New patient 30 days; estab. ...
		Consistently Deliver an Outstanding Experience with Every Encounter	Implement service excellence standards	Identify top three needed services
			Promote shared decision making	Top quartile scores: Likely to recommend, quiet at night, confidence in provider, communication (MD/RN)
		Create informed healthcare consumers	Build an estimation tool	Participation in ACP classes
				100% implementation of estimation tool, training, and communication

In the words of our patients...

- We love Dr. Forbes
- Good surgeon. Did a beautiful job.
- Excellent care as usual from Molly Hong and her staff. I recommend her to others.
- My stay at JH was the best I could imagine. People were kind, informative and friendly. Thank you
- Emergency room visit- The MD and his team that morning were caring, professional and attentive. I felt very confident with their treatment plan.
- Long walk from front desk to x ray room for elderly and handicap person which I am and 85 yrs old.
- Both of the therapists I've been seeing have amazing knowledgeable talent! I've been impressed by their discernment and their abilities to know how to rectify problems!
- Lack of parking made timely arrival difficult!



Current Projects

- Informed Consent
- Referrals FMEA and Action Plan
- Ambulatory Surgery Best Practices
- Cancer Committee Quality Plans 2020
- Emergency Management Reboot and plan
- Value Based Care: Year-End MIPS reporting
- Medical Staff Ongoing Professional Practice Evaluation Process Redesign
- VTE Prevention Workgroup
- Specimen Collection, labeling and management
- Acute Care Behavioral Health
- Preparing for MIR Application and Survey process



Congratulations Molly Hong, MD
Voted BEST DOCTOR by Peninsula Daily News readers!

Questions?



Jefferson
Healthcare
JeffersonHealthcare.org

fueled by our people

Childcare Task Force: Board Report

Molly Parker, MD, MPH

Population Health

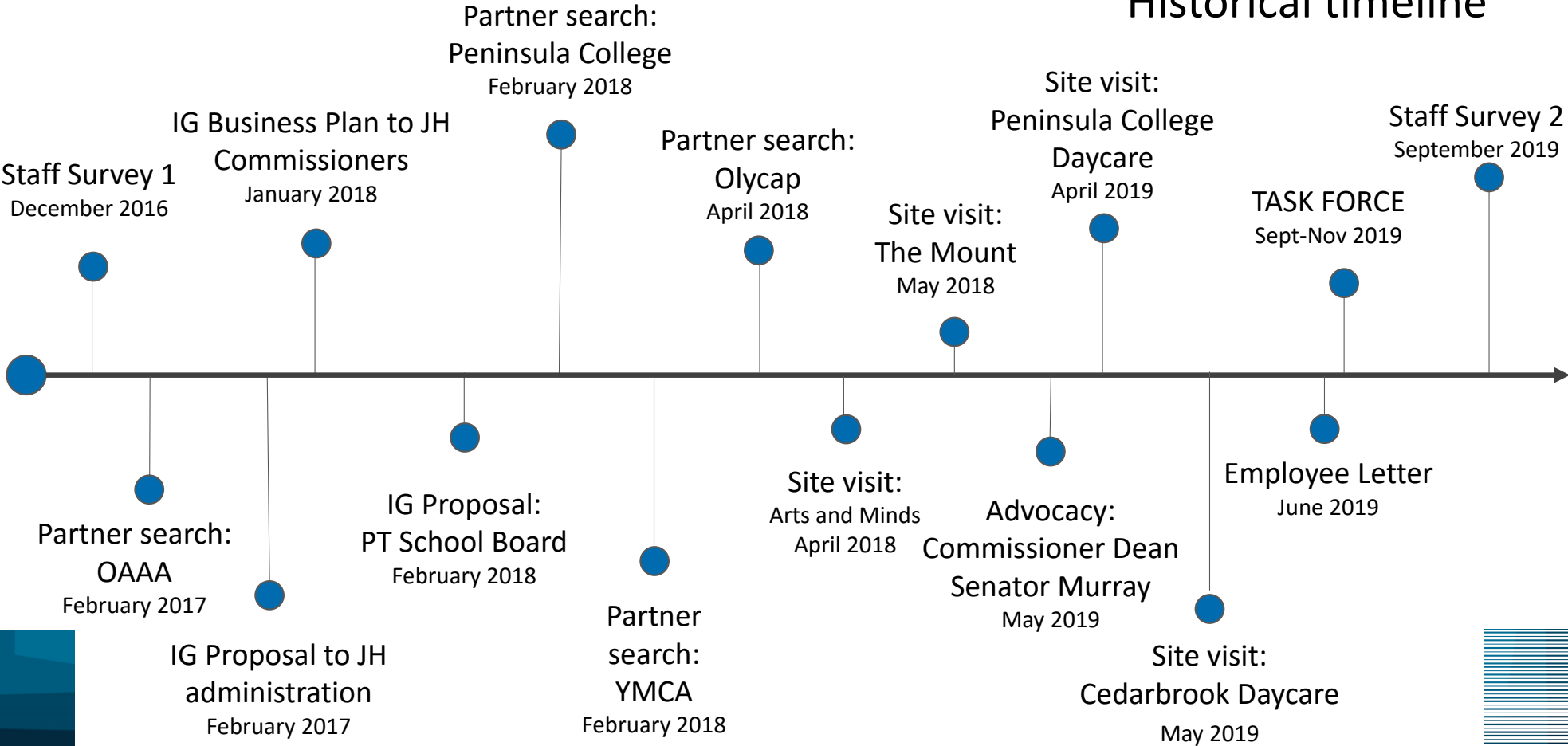
December 18, 2019

Overview

- History
- Charter
- Process
- Data
- Recommendations

Intergenerational (IG) Day Program

Historical timeline



Objective One Charter

Define the need for childcare

- For our employees
- For our organization



Objective Two Charter



Propose solutions

- Time frame
 - Short term (0-12 months)
 - Medium term (1-3 years)
 - Long term (4-10 years)
- Quality
 - Define
- Sustainable

Outcome Charter

“Models to be identified...supporting childcare solutions that optimize lifetime health and learning for employee families and potentially the community.”





Process: Committee members

- HR and Finance representatives
- Employee volunteers
 - Selected to represent departments, employee types, varying shift work, experience with childcare

SEPTEMBER						
M	T	W	T	F	S	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

September 5: Charter review, scope of problem

September 10: Advisory Group review of current resources

September 19:
 2019 employee survey data report
 4 Star Childcare director report
 Childcare Aware report on licensing, challenges

OCT/NOV						
M	T	W	T	F	S	S
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

October 3:

JH parameters
 Solutions development


October 17:

Review of JH parameters by CFO and CHRO
 Solution prioritization

November 7:

Draft proposal review and approval

Sources and data

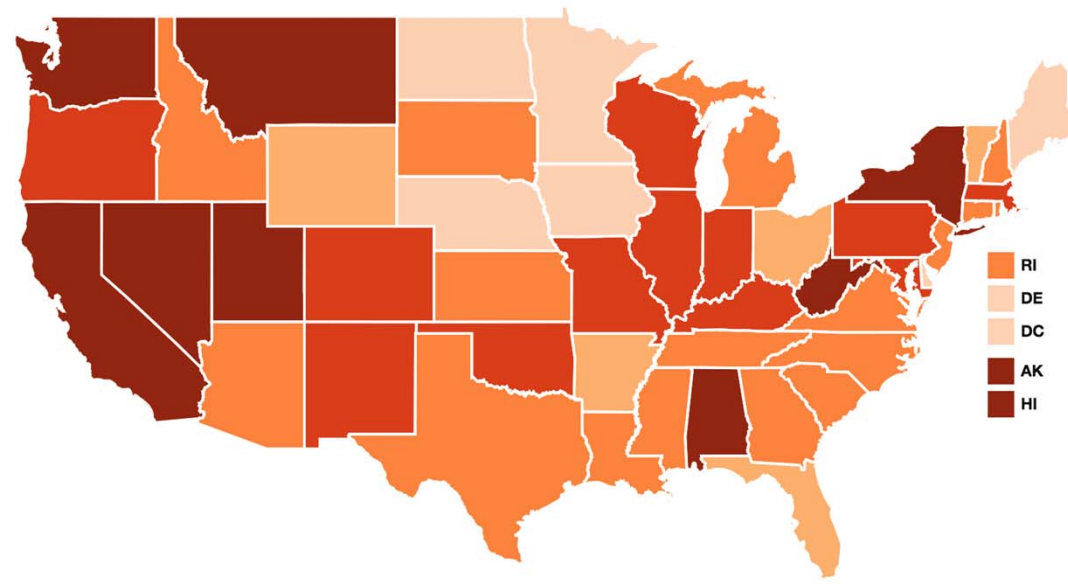
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- 2019 Employee survey
 - Key informant parents and employees
 - Experts
 - Local providers
 - Schools and organizations caring for children
 - State and local data sources (Childcare Aware)

A photograph of two young children, seen from behind, standing on a balcony or near a large window. They are looking out at a suburban neighborhood with houses, lawns, and trees. The child on the left is wearing a light blue long-sleeved shirt and has their hand pressed against the window frame. The child on the right is wearing a dark patterned shirt and is also looking out. The scene is captured in a slightly grainy, cinematic style.

Findings

- Jefferson County is a childcare desert
- Employee impact includes recruitment, retention, stress
 - Availability
 - Quality
 - Cost
- Declining supply
- JH Regulatory Constraints
 - Cannot own and operate a daycare
 - Can find ways to collaborate with another entity

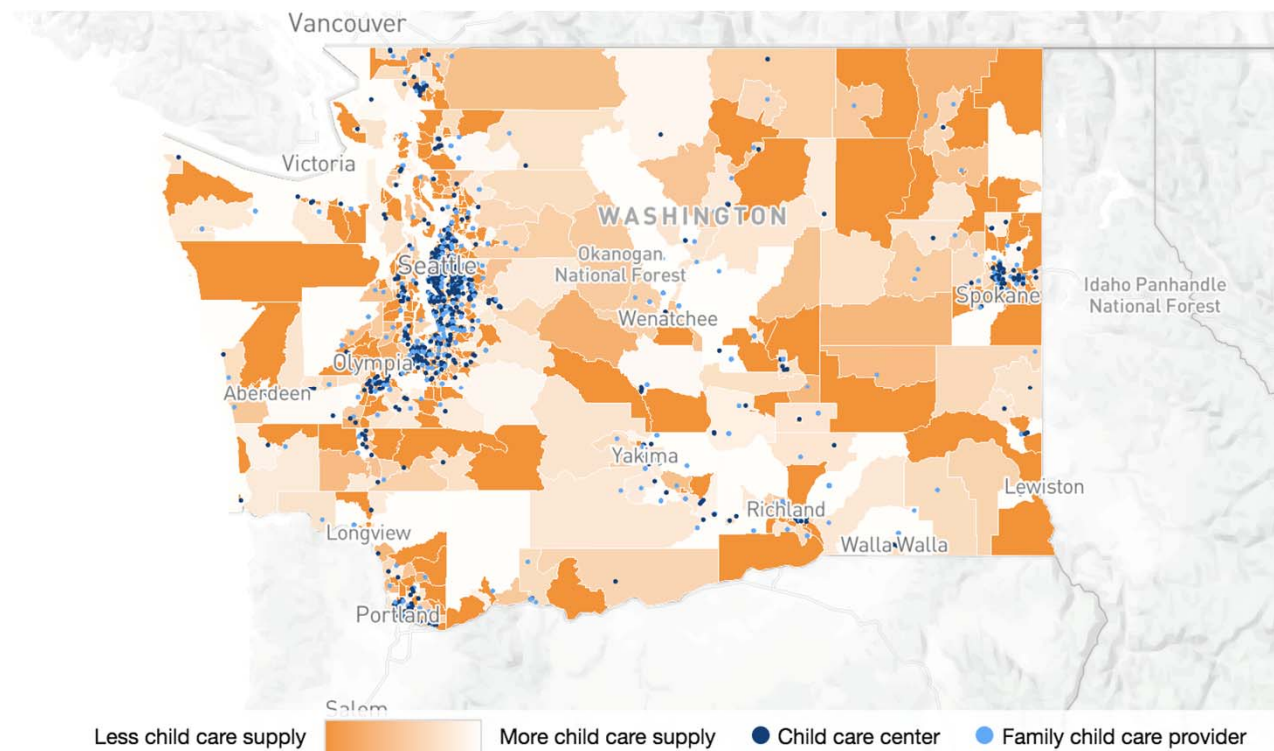
Childcare desert: We are not alone.



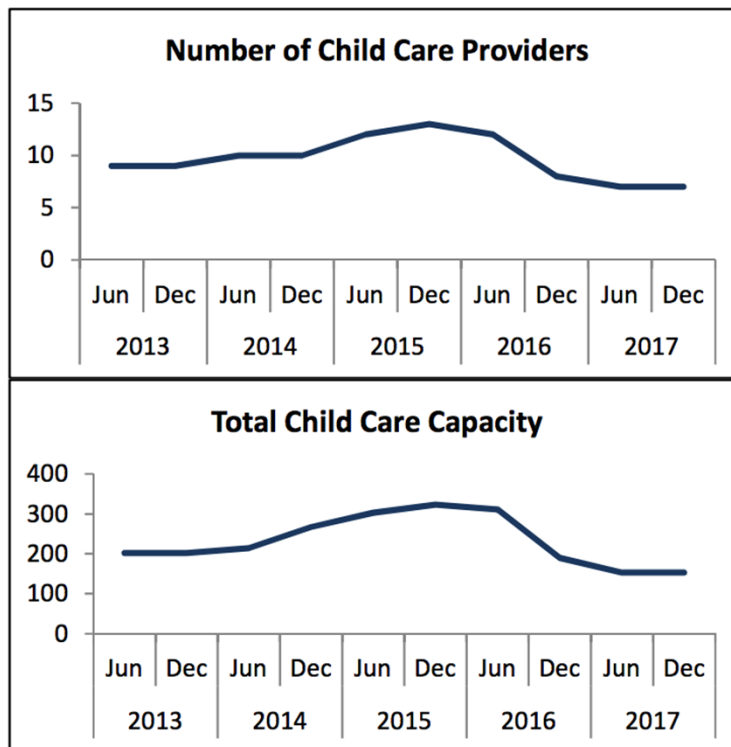
51 percent of people in the United States live in a child care desert.

A child care desert is any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots.

63% of people in Washington live in a childcare desert

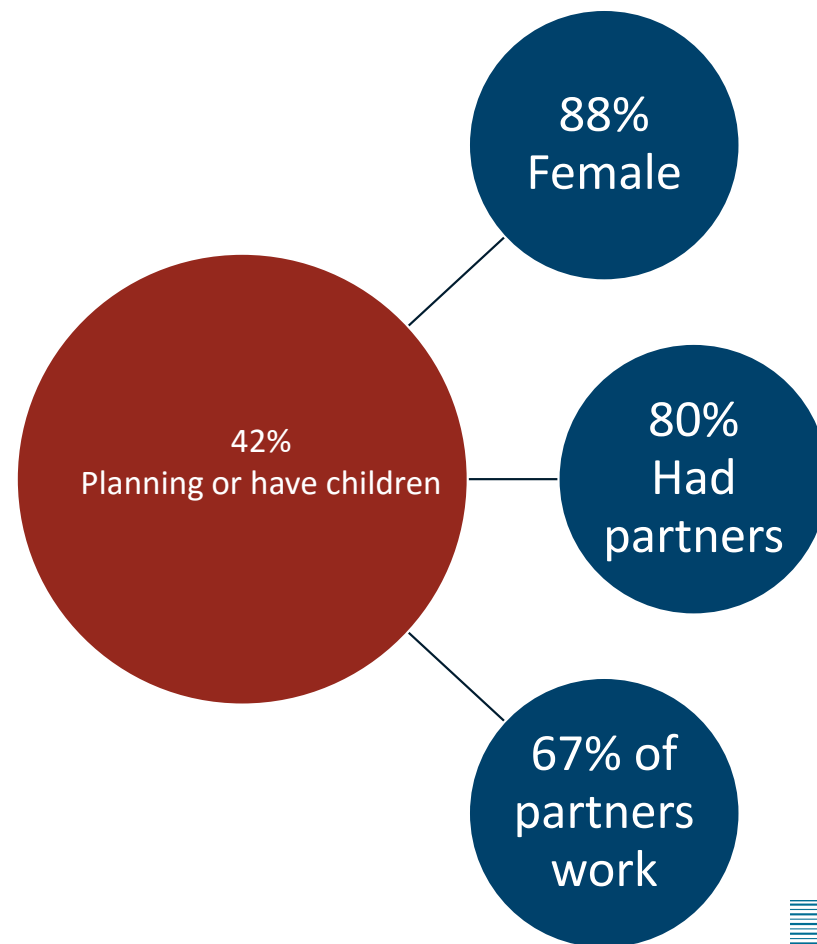
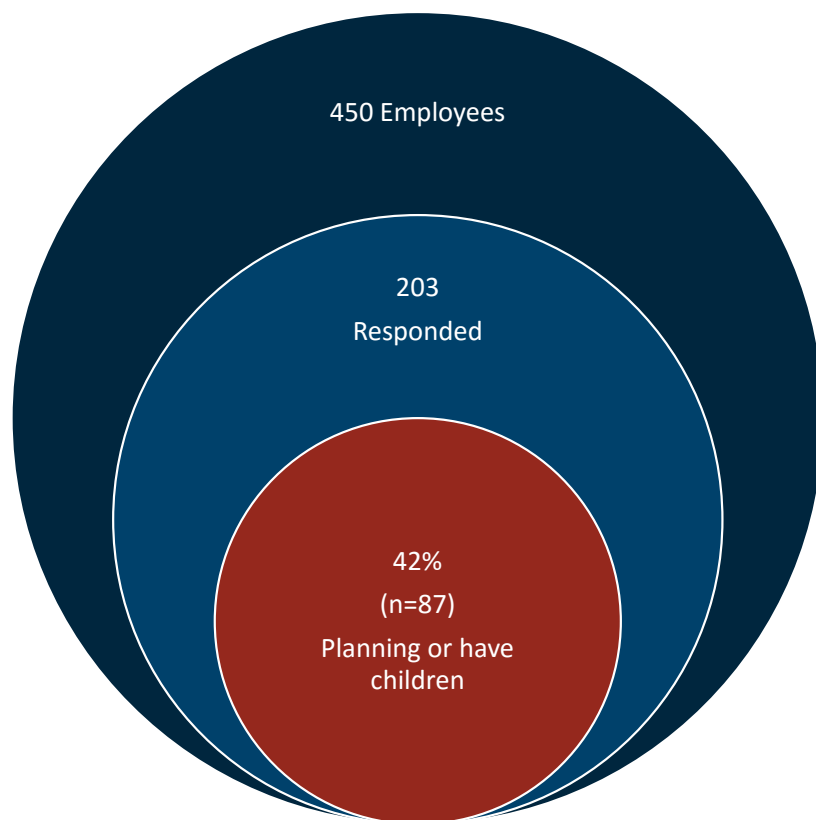


Jefferson County 2018: Declining supply



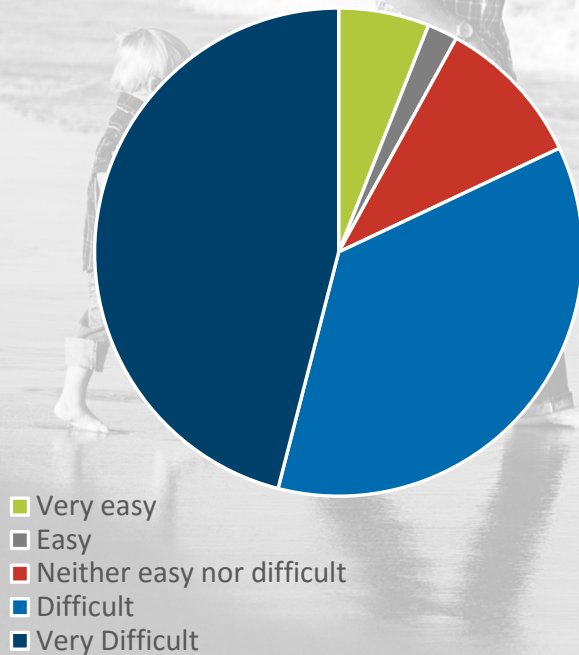
Early Achievers (QRIS) Participation	
Total	4
Child Care Centers	1
Family Child Care	3
Head Start & State Preschool Sites	0
Enrollment as of	3/8/18

2016 Employee Survey



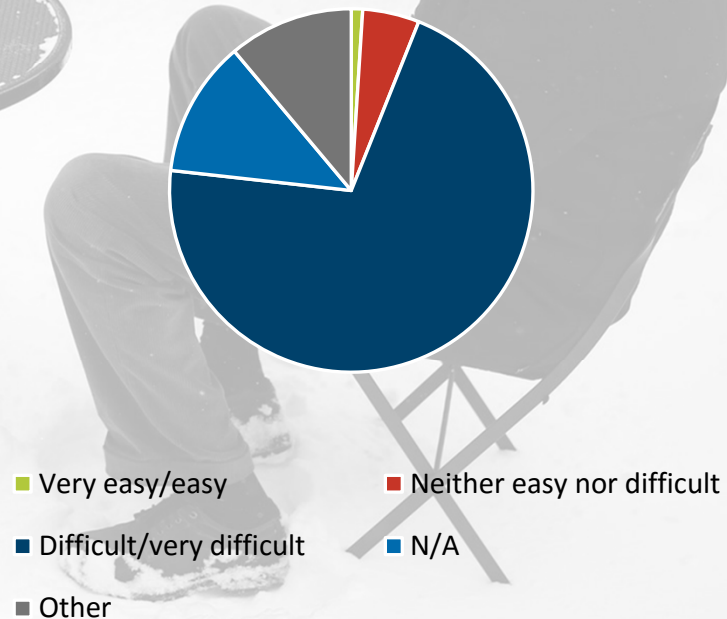
Support for Working Families

Ease of Finding Child Care

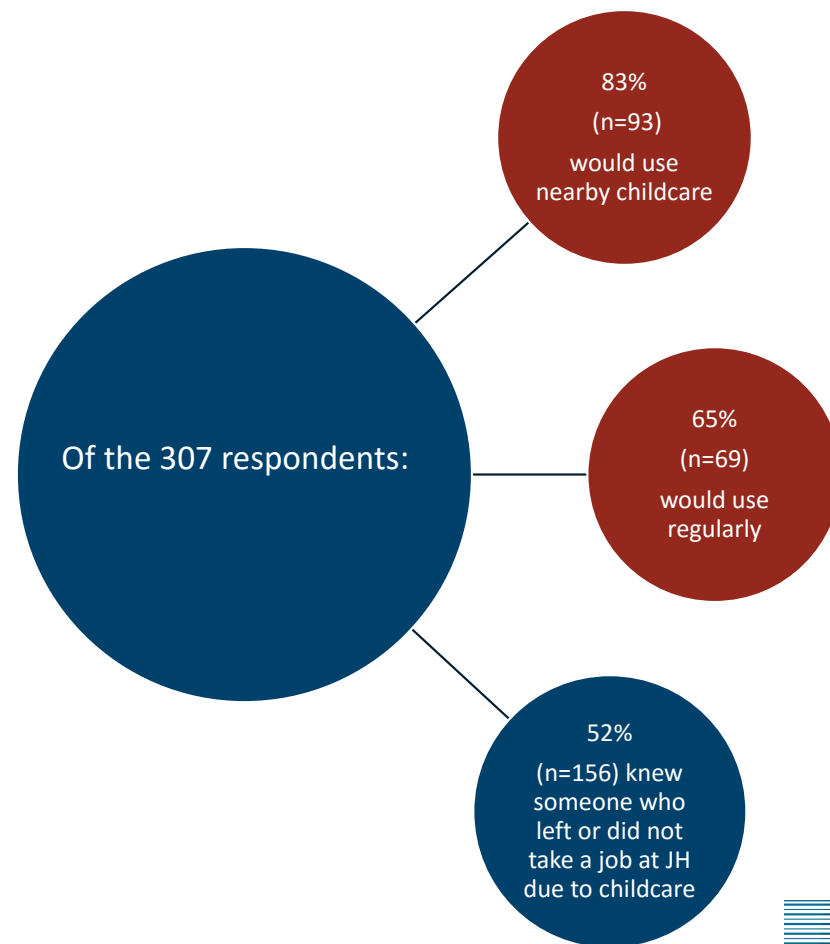
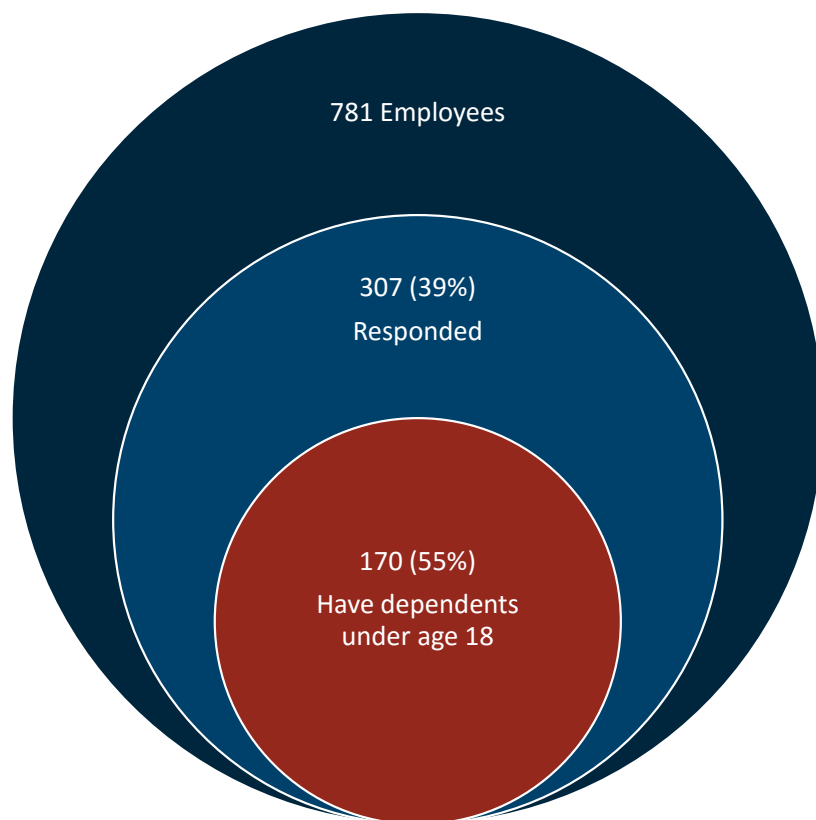


Social Isolation

Ease or difficulty finding dependent senior care arrangements



2019 Employee Survey

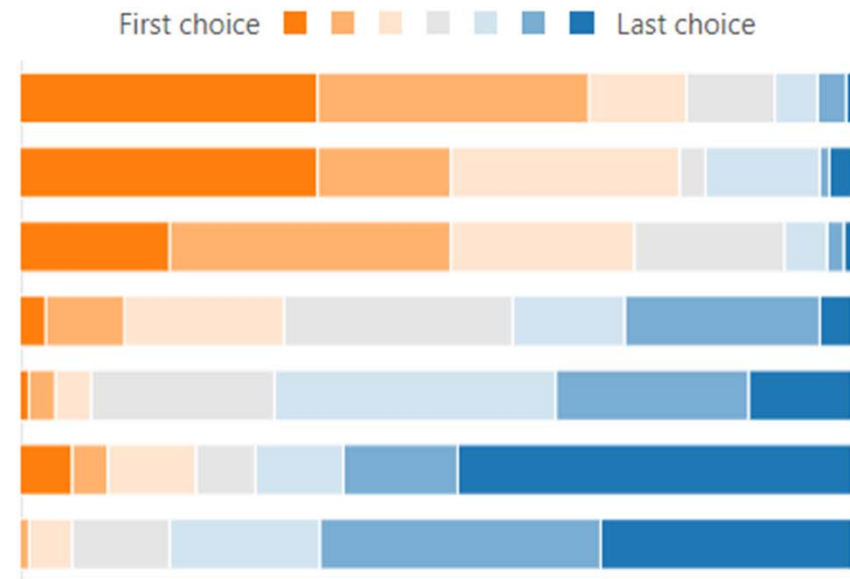


2019 Employee survey childcare qualities:

12. Please rank the following in order of importance to you when selecting child care arrangements:

Rank Options

- 1 Affordable cost
- 2 Licensed care givers
- 3 Convenient location
- 4 Program includes some plann...
- 5 Age range of other children
- 6 Provider is able to care for all ...
- 7 Meals are provided



2019 Employee Impact

“Any help with childcare would be absolutely amazing. I admire other countries that have businesses that provide childcare for their employees. Thank you for considering this!”

“As an organization trying to recruit and grow our services, most cited barriers to joining as an employee are: affordable housing and childcare.”

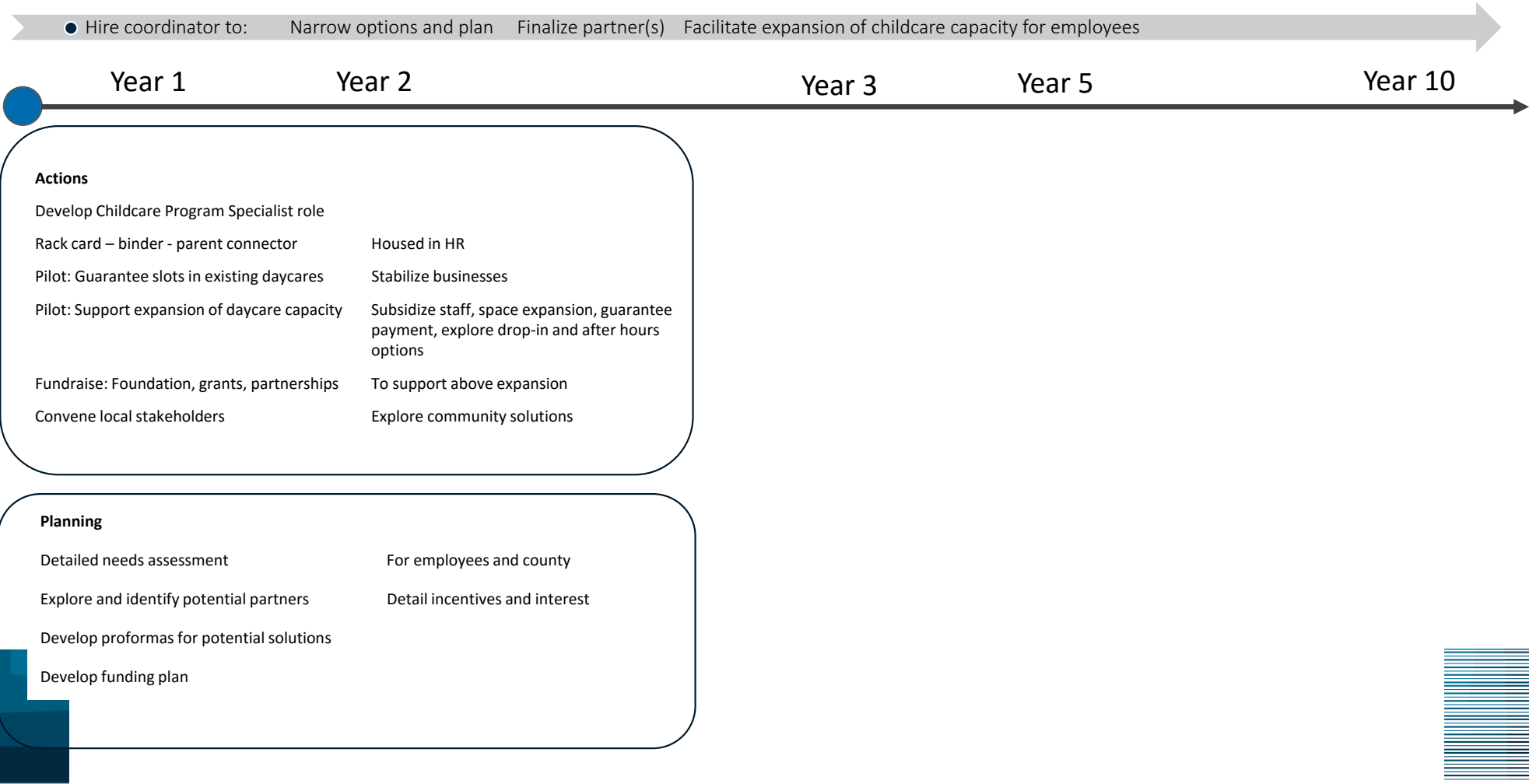
“Should be focused based on need. Many of our staff are making minimum income and they should have more access than those making much higher income.”

A young child with blonde hair, wearing a white long-sleeved shirt, stands in a playroom. The child is looking slightly to the left. In the background, there is a blue storage bin filled with toys, including a red toy and a yellow toy. The floor is carpeted. The text 'Recommendations' is overlaid on the left side of the image.

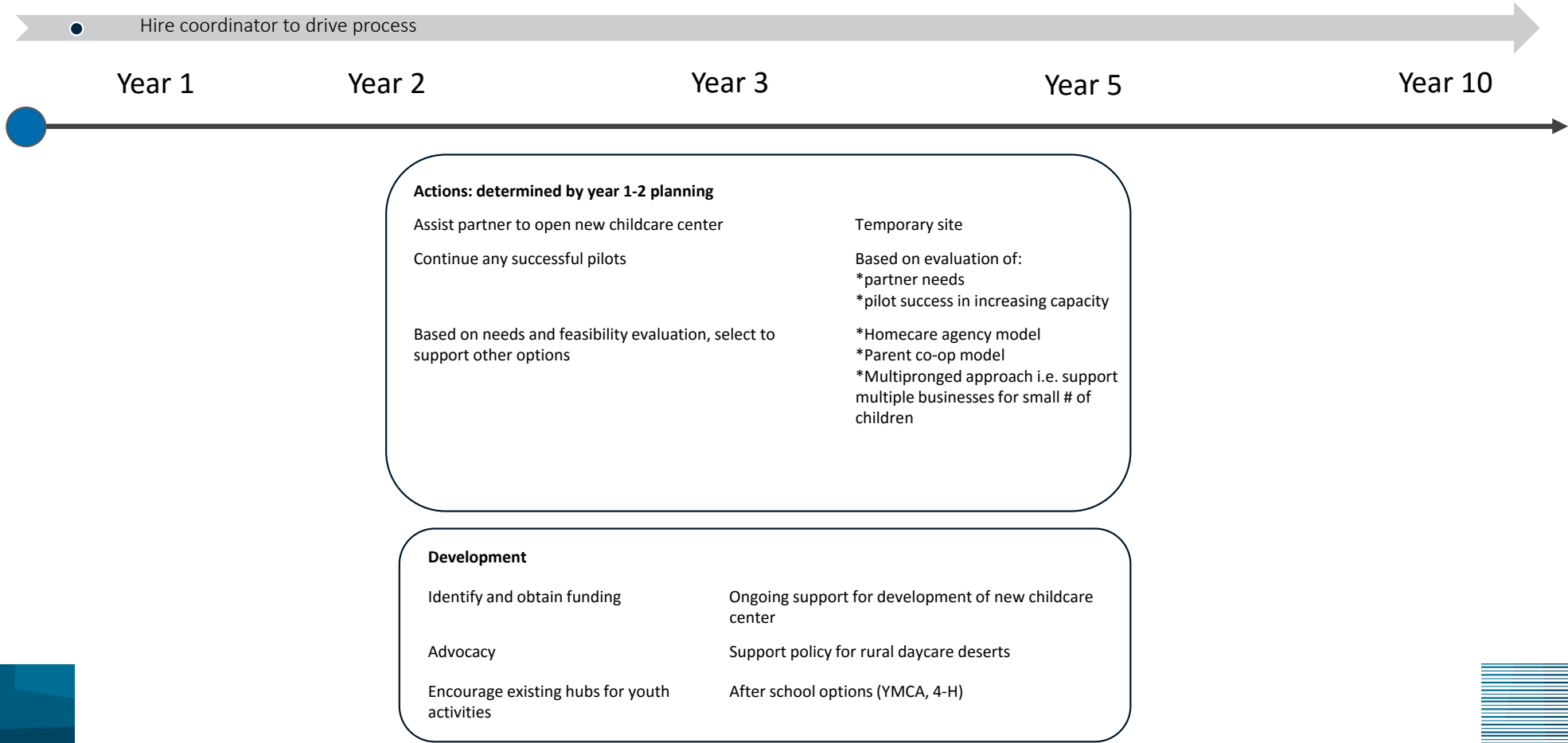
Recommendations

- Collaborate with existing childcare providers to expand access
- Foster development of new childcare center
- Childcare Program Specialist role
- Explore Family Friendly Business certifications
- Engage civic leaders and employers to tackle issue for community

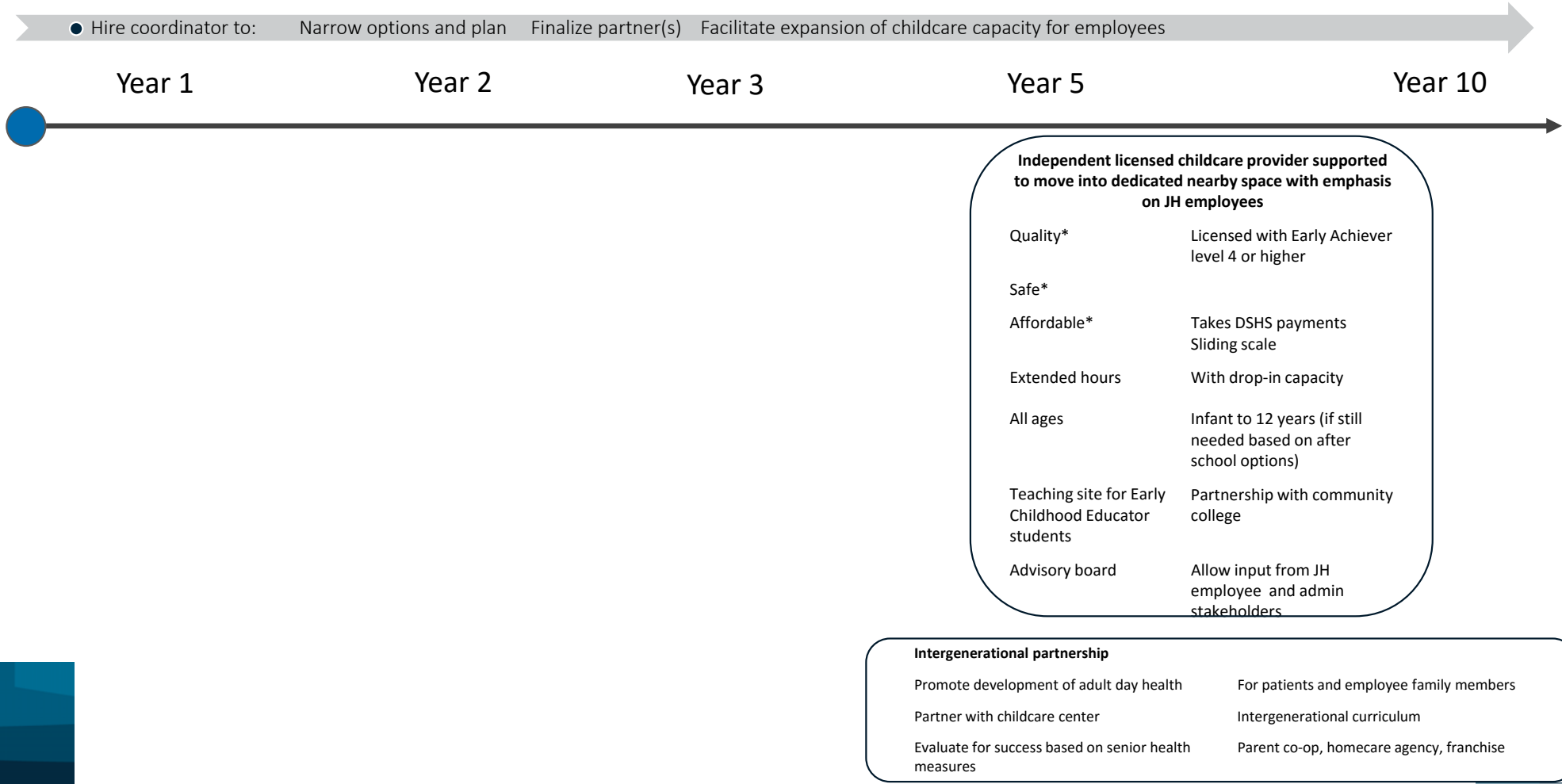
Proposed solutions: Short term



Proposed solutions: Mid-term



Proposed solutions: Long term



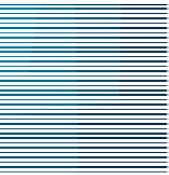
Recommendation: Childcare Specialist

- Research and development
- Collaborations and partnerships
- Seek and secure funding
- Move short and long-term goals forward
- 3-5 year commitment



Recommendations continued

- Family friendly certification
 - With the purpose of understanding how other organizations identify cost effective, meaningful programs to support all employees.
- Engage the community
 - JH has the opportunity and responsibility to advocate for the health of all of Jefferson County, including its youngest inhabitants.





Our children thank you.