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:**

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. Commissioners 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
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

  • 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
## Operating Statistics

### November 2019

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>NOVEMBER 2019</th>
<th>NOVEMBER 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET % VARIANCE</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>587</td>
<td>5%</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,735</td>
<td>-21%</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>60</td>
<td>-28%</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>300</td>
<td>-11%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>384</td>
<td>-10%</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR), INCLUDES OBSERVATION</td>
<td>120</td>
<td>14%</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>82</td>
<td>9%</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>17,797</td>
<td>-3%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,841</td>
<td>3%</td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>20,949</td>
<td>-13%</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,339</td>
<td>0%</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>7,295</td>
<td>-20%</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,039</td>
<td>-1%</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>198</td>
<td>-3%</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,519</td>
<td>-10%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,626</td>
<td>0%</td>
</tr>
</tbody>
</table>
## November 2019
### Income Statement Summary

<table>
<thead>
<tr>
<th>Operating Revenue</th>
<th>November 2019 Actual</th>
<th>November 2019 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>November 2019 YTD</th>
<th>November 2019 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>November 2018 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Patient Service Revenue</td>
<td>22,437,503</td>
<td>20,483,910</td>
<td>1,953,594</td>
<td>10%</td>
<td>238,903,457</td>
<td>228,054,320</td>
<td>10,849,137</td>
<td>5%</td>
<td>210,269,933</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>11,753,149</td>
<td>10,876,337</td>
<td>(876,812)</td>
<td>-8%</td>
<td>128,825,258</td>
<td>121,089,951</td>
<td>(7,735,306)</td>
<td>-6%</td>
<td>112,719,340</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>372,107</td>
<td>234,284</td>
<td>(137,823)</td>
<td>-59%</td>
<td>2,784,103</td>
<td>2,608,364</td>
<td>(175,739)</td>
<td>-7%</td>
<td>2,249,546</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>10,312,247</td>
<td>9,373,289</td>
<td>938,959</td>
<td>10%</td>
<td>107,294,096</td>
<td>104,356,004</td>
<td>2,938,092</td>
<td>3%</td>
<td>95,301,047</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>469,659</td>
<td>754,000</td>
<td>(284,341)</td>
<td>-38%</td>
<td>6,900,769</td>
<td>8,394,534</td>
<td>(1,493,765)</td>
<td>-18%</td>
<td>5,126,502</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>10,781,906</td>
<td>10,127,288</td>
<td>654,618</td>
<td>6%</td>
<td>114,194,864</td>
<td>112,750,538</td>
<td>1,444,326</td>
<td>1%</td>
<td>100,427,549</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th>November 2019 Actual</th>
<th>November 2019 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>November 2019 YTD</th>
<th>November 2019 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>November 2018 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries And Wages</td>
<td>4,918,974</td>
<td>4,869,983</td>
<td>(48,991)</td>
<td>-1%</td>
<td>52,346,236</td>
<td>54,219,174</td>
<td>1,872,939</td>
<td>3%</td>
<td>48,857,065</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,214,149</td>
<td>1,218,340</td>
<td>4,191</td>
<td>0%</td>
<td>12,910,237</td>
<td>13,564,193</td>
<td>653,957</td>
<td>5%</td>
<td>12,366,974</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>4,284,172</td>
<td>3,821,316</td>
<td>(462,856)</td>
<td>-12%</td>
<td>44,006,305</td>
<td>42,544,007</td>
<td>(1,462,298)</td>
<td>-3%</td>
<td>37,346,448</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>10,417,295</td>
<td>9,909,639</td>
<td>(507,656)</td>
<td>-5%</td>
<td>109,262,777</td>
<td>110,327,375</td>
<td>1,064,597</td>
<td>1%</td>
<td>98,570,487</td>
</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>364,611</td>
<td>217,649</td>
<td>146,962</td>
<td>68%</td>
<td>4,932,087</td>
<td>2,423,163</td>
<td>2,508,924</td>
<td>104%</td>
<td>1,857,062</td>
</tr>
<tr>
<td>Total Non Operating Revenues (Expenses)</td>
<td>(3,039)</td>
<td>6,182</td>
<td>(9,221)</td>
<td>-149%</td>
<td>187,593</td>
<td>68,831</td>
<td>118,762</td>
<td>173%</td>
<td>(29,674)</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>361,572</td>
<td>223,832</td>
<td>137,740</td>
<td>62%</td>
<td>5,119,680</td>
<td>2,491,994</td>
<td>2,627,686</td>
<td>105%</td>
<td>1,827,388</td>
</tr>
</tbody>
</table>

| 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

DAYS OUTSTANDING IN A/R
DAYS AR GOAL - 45
DAYS OF CASH
DAYS CASH GOAL - 90
## November 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>Nov Actual</th>
<th>Nov Budget</th>
<th>Nov Variance</th>
<th>2019 to Date Actual</th>
<th>2019 to Date Budget</th>
<th>2019 to Date Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>8612</td>
<td>BOARD</td>
<td>Exp</td>
<td>60010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>3,200.00</td>
<td>5,050.00</td>
<td>1,850.00</td>
<td>53,559.00</td>
<td>56,222.00</td>
<td>2,663.00</td>
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<td></td>
<td></td>
<td></td>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>5,071.00</td>
<td>4,262.00</td>
<td>(809.00)</td>
<td>55,105.00</td>
<td>47,447.00</td>
<td>(7,658.00)</td>
</tr>
<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>85.00</td>
<td>-</td>
<td>(85.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>5,491.00</td>
<td>2,055.00</td>
<td>(3,436.00)</td>
<td>19,554.00</td>
<td>22,877.00</td>
<td>3,323.00</td>
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<td></td>
<td></td>
<td></td>
<td>602500</td>
<td>AUDIT FEES</td>
<td>-</td>
<td>3,288.00</td>
<td>3,288.00</td>
<td>31,428.00</td>
<td>36,603.00</td>
<td>5,175.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>604200</td>
<td>CATERING</td>
<td>-</td>
<td>123.00</td>
<td>123.00</td>
<td>982.00</td>
<td>1,373.00</td>
<td>391.00</td>
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<td></td>
<td></td>
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<td>604500</td>
<td>OFFICE SUPPLIES</td>
<td>-</td>
<td>24.00</td>
<td>24.00</td>
<td>12.00</td>
<td>269.00</td>
<td>257.00</td>
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<td></td>
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<td></td>
<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
<td>82.00</td>
<td>82.00</td>
<td>-</td>
<td>915.00</td>
<td>915.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>822.00</td>
<td>822.00</td>
<td>-</td>
<td>9,151.00</td>
<td>9,151.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>515.00</td>
<td>1,644.00</td>
<td>1,129.00</td>
<td>21,141.00</td>
<td>18,301.00</td>
<td>(2,840.00)</td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exp Total</td>
<td>14,286.00</td>
<td>17,350.00</td>
<td>3,064.00</td>
<td>182,237.00</td>
<td>193,158.00</td>
<td>10,921.00</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BOARD Total</td>
<td>14,286.00</td>
<td>17,350.00</td>
<td>3,064.00</td>
<td>182,237.00</td>
<td>193,158.00</td>
<td>10,921.00</td>
</tr>
</tbody>
</table>
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
Agenda

- Quality Performance
- Program Highlight: Cancer Committee 2019
- Patient Experience Overview
- Current Projects
<table>
<thead>
<tr>
<th>Quality and Safety</th>
<th>Goals</th>
<th>Strategy</th>
<th>Initiatives</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide the Highest Quality, Safest Care</td>
<td>Drive Best Practice Clinical Care</td>
<td>Achieve zero harm events</td>
<td>Zero avoidable healthcare acquired harm events</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Achieve Excellent Quality Outcomes</td>
<td>Antimicrobial Stewardship</td>
<td>80% reduction in reportable cases of C. Difficile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enhance Culture of Safety</td>
<td>Implement and adhere to evidence based practices.</td>
<td>Overall DOT decreased (IP); Avoidance of antibiotics for URI (clinics); 80% reduction in reportable cases of C. Difficile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Align care with patient goals</td>
<td>Hardwire team training</td>
<td>90% or greater compliance with core measures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Leader Rounding</td>
<td>Team Training Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weekly Rounding Compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Readmission rate &lt; 1.2%</td>
</tr>
</tbody>
</table>
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

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

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

- Care Gap Closure: Breast Cancer Screening
  - 47% of women had not had timely mammograms
  - Benchmark: 73%

- Use of RBI system
- Mammogram Coordinator
- Collaboration with primary care
- Epic System Reminders

Plan

Do

Act

Study

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 Quantrros 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 loving-kindness, 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
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
fueled by our people

JeffersonHealthcare.org
Childcare Task Force: Board Report

Molly Parker, MD, MPH
Population Health
December 18, 2019
Overview

• History
• Charter
• Process
• Data
• Recommendations
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Intergenerational (IG) Day Program</td>
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<tr>
<td>IG Proposal to JH administration</td>
<td>February 2017</td>
</tr>
<tr>
<td>IG Business Plan to JH Commissioners</td>
<td>January 2018</td>
</tr>
<tr>
<td>Partner search: OAAA</td>
<td>February 2017</td>
</tr>
<tr>
<td>Partner search: Peninsula College</td>
<td>May 2018</td>
</tr>
<tr>
<td>Site visit: The Mount</td>
<td>May 2018</td>
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<tr>
<td>Site visit: Peninsula College Daycare</td>
<td>April 2019</td>
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<tr>
<td>Task Force</td>
<td>Sept-Nov 2019</td>
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<tr>
<td>Staff Survey 1</td>
<td>December 2016</td>
</tr>
<tr>
<td>Staff Survey 2</td>
<td>September 2019</td>
</tr>
<tr>
<td>IG Proposal: PT School Board</td>
<td>February 2018</td>
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<tr>
<td>Partner search: Olycap</td>
<td>April 2018</td>
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<tr>
<td>Site visit: Arts and Minds</td>
<td>April 2018</td>
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<tr>
<td>Advocacy: Commissioner Dean Senator Murray</td>
<td>May 2019</td>
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<tr>
<td>Site visit: Cedarbrook Daycare</td>
<td>May 2019</td>
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<tr>
<td>Employee Letter</td>
<td>June 2019</td>
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<tr>
<td>Historical timeline</td>
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<tr>
<td>TASK FORCE</td>
<td>Sept-Nov 2019</td>
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<tr>
<td>Staff Survey 2</td>
<td>September 2019</td>
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<td>Employee Letter</td>
<td>June 2019</td>
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</table>
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 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

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

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

![Graph showing declining supply of child care providers and capacity from June 2013 to December 2017.](image)

<table>
<thead>
<tr>
<th>Early Achievers (QRIS) Participation</th>
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<tbody>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Child Care Centers</td>
</tr>
<tr>
<td>Family Child Care</td>
</tr>
<tr>
<td>Head Start &amp; State</td>
</tr>
<tr>
<td>Preschool Sites</td>
</tr>
<tr>
<td>Enrollment as of 3/8/18</td>
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</tbody>
</table>
2016 Employee Survey

- 450 Employees
- 203 Responded (42% of total)
- 88% Female
- 80% Had partners
- 67% of partners work
- 42% Planning or have children (n=87)
Support for Working Families

Ease of Finding Child Care

Ease or difficulty finding dependent senior care arrangements

- Very easy/easy
- Neither easy nor difficult
- Difficult/very difficult
- N/A
- Other

The Problem:

Social Isolation

Support for Working Families

Ease or difficulty finding dependent senior care arrangements

- Very easy/easy
- Neither easy nor difficult
- Difficult/very difficult
- N/A
- Other
2019 Employee Survey

781 Employees

307 (39%) Responded

170 (55%) Have dependents under age 18

Of the 307 respondents:

83% (n=93) would use nearby childcare

65% (n=69) would use regularly

52% (n=156) knew someone who left or did not take a job at JH due to childcare
2019 Employee survey childcare qualities:

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Options</th>
<th>First choice</th>
<th></th>
<th></th>
<th></th>
<th>Last choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Affordable cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Licensed care givers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Convenient location</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Program includes some plann...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Age range of other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Provider is able to care for all ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Meals are provided</td>
<td></td>
<td></td>
<td></td>
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</table>
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.”
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

**Year 1**

- **Actions**
  - Hire coordinator to: Narrow options and plan
  - Finalize partner(s)
  - Facilitate expansion of childcare capacity for employees
- **Planning**
  - Detailed needs assessment: For employees and county
  - Explore and identify potential partners: Detail incentives and interest
  - Develop proformas for potential solutions
  - Develop funding plan

**Year 2**

- **Actions**
  - Develop Childcare Program Specialist role
  - Rack card – binder - parent connector: Housed in HR
  - Pilot: Guarantee slots in existing daycares: Stabilize businesses
  - Pilot: Support expansion of daycare capacity: Subsidize staff, space expansion, guarantee payment, explore drop-in and after hours options
  - Fundraise: Foundation, grants, partnerships: To support above expansion
  - Convene local stakeholders: Explore community solutions

**Year 3**

- **Planning**
  - Planning
    - Detailed needs assessment
    - Explore and identify potential partners
    - Develop proformas for potential solutions
    - Develop funding plan
Proposed solutions: Mid-term

Year 1

- Actions: determined by year 1-2 planning
  - Assist partner to open new childcare center
  - Continue any successful pilots
  - Based on needs and feasibility evaluation, select to support other options
  - Temporary site
  - Based on evaluation of:
    - partner needs
    - pilot success in increasing capacity
  - *Homecare agency model*
  - *Parent co-op model*
  - *Multipronged approach i.e. support multiple businesses for small # of children*

Year 2

- Hire coordinator to drive process

Year 3

- Development
  - Identify and obtain funding
  - Advocacy
  - Encourage existing hubs for youth activities
  - Ongoing support for development of new childcare center
  - Support policy for rural daycare deserts
  - After school options (YMCA, 4-H)

Year 5

Year 10
Proposed solutions: Long term

- Hire coordinator to: Narrow options and plan Finalize partner(s) Facilitate expansion of childcare capacity for employees

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 5</th>
<th>Year 10</th>
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**Independent licensed childcare provider supported to move into dedicated nearby space with emphasis on JH employees**

- Quality*: Licensed with Early Achiever level 4 or higher
- Safe*: Takes DSHS payments Sliding scale
- Affordable*: With drop-in capacity
- Extended hours
- All ages: Infant to 12 years (if still needed based on after school options)
- Teaching site for Early Childhood Educator students: Partnership with community college
- Advisory board: Allow input from JH employee and admin stakeholders

**Intergenerational partnership**

- Promote development of adult day health: For patients and employee family members
- Partner with childcare center
- Evaluate for success based on senior health measures: Intergenerational curriculum
- Parent co-op, homecare agency, franchise
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.