Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, January 22, 2020
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, Ready, and Kolff. Also, in attendance were Mike Glenn, CEO, Jason McCormick, Interim Chief Financial Officer, Jon French, Chief Legal Officer, Brandie Manuel, Chief Patient Safety and Quality Officer, Caitlin Harrison, Chief Human Resources Officer, Tina Toner, Chief Nursing Officer, Dr. Joseph Mattern, Chief Medical officer, and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:
Commissioner Dressler made a motion to approve the agenda. Commissioner McComas seconded.
Action: Motion passed unanimously.

Education:
• Just Culture.
Brandie Manuel, Chief Patient Safety and Quality Officer, gave a presentation on Just Culture.

Discussion ensued.

• State Auditors Exit Conference.
State Auditors provided the results from their recent audit.

Discussion ensued.

Break:
Commissioners recessed for break at 3:12pm.

Commissioners reconvened from break at 3:30pm.

Patient Story:
Tina Toner, CNO, provided the patient story which discussed the nurse leader rounding process.

Minutes:
• December 16, 2019 Special Session
• December 18, 2019 Special Session
Commissioner Dressler made a motion to approve the December 16 Special Session Minutes and the December 18 Special Session Minutes. Commissioner Ready seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested
• December Warrants and Adjustments
• Resolution 2020-01 Cash Drawer and Petty Cash Funds
• Medical Staff Credentials/Appointments/Reappointments
Commissioner McComas made a motion to approve the December Warrants and Adjustments, Resolution 2020-01 Cash Drawer and Petty Cash Funds and Medical Staff Credentials/ Appointments/ Reappointments. Commissioner Kolff seconded.
Action: Motion passed unanimously.

Public Comment:
Public comment was made.

Financial Report:
Discussion ensued.

Quality Report:
Brandie Manuel, Chief Patient Safety and Quality Officer, presented the December 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 updates on flu, coronavirus, staffing, provider wellness, Dr. Shatsky, opioid work, and epic implementation- Home Health and Hospice.
Discussion ensued.

Board Business:
• Election of Officers
Commissioner Dressler made a motion to nominate Jill Buhler Rienstra as board chair. Commissioner McComas seconded.
Action: Motion passed unanimously.
Commissioner Kolff made a motion to nominate Commissioner Dressler as board chair. 
**Action:** Motion failed for lack of second.

Commissioner McComas made a motion to nominate Commissioner Dressler as Commission secretary. Commissioner Kolff seconded. 
**Action:** Motion passed 3 to 2. Commissioner Buhler Rienstra, Dressler, and McComas, in favor. Commissioner Ready and Kolff opposed.

Commissioner Kolff made a motion to nominate Commissioner McComas as Commission Secretary. Commissioner Ready seconded. 
**Action:** Motion failed 2 to 3. Commissioner Ready and Kolff in favor. Commissioner Buhler Rienstra, Dressler, and McComas opposed.

- **Adopt Board Book**

Commissioner Kolff made a motion to adopt the board book with the following amended changes, update the table of contents to read “Board Education and Orientation” instead of “Board Development and Keeping the Board Informed” and to change the statement “the adoption date of the current mission and vision statement was February 20, 2013. The mission and vision statement are to be reviewed every six years” to “The mission and vision statement is to be reviewed every six years; it was last reviewed in 2019.”. Commissioner McComas seconded.

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

- **Adopt Board Calendar**

Commission Kolff made a motion to approve the board calendar. Commissioner McComas seconded. 

Discussion ensued. 

Commissioner Kolff made a motion to find a time in February or March for a 4-hour retreat to explore further the concept of a generative board. 
**Action:** Motion died for lack of a second.

Discussion ensued. 

Commissioner Kolff made a motion to find the time to explore the concept of generative board governance in the next 6 months. Commissioner McComas seconded. Discussion ensued.
Commissioner Kolff amended his motion to state that the board will find some time within the next 6 months to spend at least two hours to explore generative board governance. Commissioner McComas seconded.

Discussion ensued.

**Action:** Motion passed 4 to 0 with 1 abstention, Commissioner Buhler Rienstra, Dressler, Kolff, and McComas in favor. Commissioner Ready abstained.

- **Adopt Committee Assignments**

Commissioner Kolff made a motion to approve the committee assignments with proposed new advocacy committee as administrative committee with members being the board chair and board secretary. Commissioner McComas seconded.

Discussion ensued.

**Action:** Motion passed 3 to 2. Commissioner Buhler Rienstra, Dressler, and McComas, in favor. Commissioners Kolff and Ready opposed.

- **Advocacy Agenda**

Commissioner Kolff made a motion to approve the WSHA advocacy agenda. Commissioner Dressler seconded.

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

Commissioner Kolff reported that the Board of Health is continuing to look at the possibility of declaring climate change as a public health emergency crisis.

**Meeting Evaluation:**

Commissioners evaluated the meeting.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 5:09pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra ____________________________________

Secretary of Commission: Marie Dressler ____________________________________
Leading a Just Culture at Jefferson Healthcare
Strategic Plan: Ensure staff understand their connection to patient safety
What is a Just Culture?

- The acknowledgement that all humans are destined to make mistakes, and destined to drift into at-risk behavioral choices, regardless of how well the system is designed
- Shift of focus: from errors and outcomes, to system design and behavioral choices
- **KEY: Acknowledge Human Fallibility**
  - Manage behavioral choices
  - Design safe systems
  - Apply situational awareness and provide mutual support
  - Eliminate ‘no harm, no foul’ mentality

The single greatest impediment to error prevention in the medical industry is that we punish people for making mistakes. Lucian Leape
First, we ask...
• What happened?
• What normally happens?
• Why did it happen?

Next, we consider...
• What does the procedure require?
• How was the organization managing the risk?

Finally...
• Did an employee put an organizational interest or value in harm’s way?
• Did the employee breach a duty to follow a procedural rule in a system designed by the employer?
• Did the employee breach a duty to produce an outcome?
### Managing Behavioral Choices

<table>
<thead>
<tr>
<th>Human Error:</th>
<th>At-Risk Behavior:</th>
<th>Reckless Behavior:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• An inadvertent action</td>
<td>• Behavioral choice that increases risk where risk is not recognized or believed to be justified</td>
<td>• Behavioral choice to consciously disregard a substantial and unjustifiable risk.</td>
</tr>
<tr>
<td>• A slip, lapse, or a mistake</td>
<td>• Drifting</td>
<td></td>
</tr>
</tbody>
</table>

**Response: Human Error**
- Support the person who made the error. Investigate how the system can be altered to prevent the error from happening again.

**Response: At-Risk Behavior**
- Counsel the person as to why the behavior is risky; investigate the reasons they chose this behavior, and enact system improvements if necessary.

**Response: Reckless Behavior**
- Remedial/Punitive action
An example of systems-based thinking...

Case Study:

- The location: Schiphol Airport, Amsterdam
- The time: 1990s
- The issue: cleanliness of men’s restrooms
- The solution:
  - Provide the equipment
  - Tell them where to go
  - Make a rule
  - Ask nicely
**Employees:** learn about Just Culture and manage behavioral choices. Share feedback when systems are flawed.

**Key takeaway:** If one individual within the organization is punished for a system flaw, just culture efforts can be severely undermined.

**CEOs:** ensure that Just Culture principles are understood and implemented.

**Who's Who in Just Culture**

**Providers:** utilize Just Culture in quality and safety review.

**Leaders:** implement Just Culture, and consistently use it as part of fact-finding. Provide timely feedback about adverse events and why they occur.

Just Culture requires robust reporting systems with mechanisms in place to provide timely feedback to the workforce about not only what went wrong, but why it went wrong.
How are we doing?
You are getting ready for a big presentation when you get a call – there is a problem at work.

A new EVS employee was on duty last night and was assigned to clean the MRI suite.

She’d had limited training, was still in her orientation phase and was working alone.

MRI Safety education was included in her initial orientation – along with several other safety modules.

Hospital leadership had appointed an MRI Safety officer

Policies were in place for MRI Safety.

Now what?
What Happened?

Lessons Learned:
• There is a LOT of information provided during orientation.
• Relying on memory is not mistake proof.
• Humans make mistakes.
• Systems are important.

Actions Taken:
• Console employee
• Re-visit training and competencies
• Role designation: MRI Safety
• Patient scanning when unable to respond
• Manage behavioral choices: Support safer behaviors by using metal detectors
Key Concepts...
Final thoughts about a Just Culture.

Leading people can be hard – and most humans don’t love conflict.

Just Culture provides a fair, consistent, organized process when things have not gone as planned.

A Just Culture is *not* a blameless culture.

Humans are fallible – and they always will be.

A just culture approach encourages the reporting of errors, lapses, near-misses, and adverse events.

We have done good work. There is more to do. Consistency is key.
What Questions do you Have?
Patient Story-
Nurse Leader Rounding

January 22, 2020
The Keys to Nurse Leader Rounding

- Keeping the promise to our patients
- Validating expectations of care
- Managing up our teams
- Recognition for great work
- Validating our patient experience
- Filling our cup!
- Closing the loop with our team
Validation of Nurse Leader Rounding

• What do I know about the care provided for this patient?
• What will I do with the information I have learned?
December 2019 Finance Report
January 22, 2020
Jason McCormick, interim CFO
EDUCATION

Draft to Final Reports  **December Draft Disclaimers Reminder  ** What will change?

- June 2020 – Final, Audited December 2019 Financial Reports

**Revenues**
- Detail review of charges to ensure accurate timing
- 2019 Medicare and Medicaid cost report estimates
- Review allowance calculation compared to actual collections activity
- Reconcile Medicaid managed care enhancement payments
- 340b Revenue reconciliation (and expense)
- Port Ludlow Retail Pharmacy reconciliation (and expense)
- Dental Clinic reconciliation (and expense)

**Expenses**
- Review accruals for retirement, PTO, and other salary related expenses
- Late invoices - estimates recorded for services/goods received before year end
- Update depreciation expense, detail review of every asset & project
- Reconcile inventory to supply expense; likely increase given magnitude of pharmacy
## December 2019
### Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>DECEMBER 2019</th>
<th>DECEMBER 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>584</td>
<td>616</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,233</td>
<td>2,271</td>
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<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>74</td>
<td>86</td>
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<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>291</td>
<td>350</td>
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<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>404</td>
<td>444</td>
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<tr>
<td>SURGERY CASES (IN OR)</td>
<td>131</td>
<td>109</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>60</td>
<td>77</td>
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<tr>
<td>LAB BILLABLE TESTS</td>
<td>17,586</td>
<td>18,954</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,802</td>
<td>2,858</td>
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<td>PHARMACY MEDS DISPENSED</td>
<td>23,996</td>
<td>24,983</td>
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<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,247</td>
<td>3,467</td>
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<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>7,305</td>
<td>9,372</td>
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<tr>
<td>ER CENSUS</td>
<td>1,099</td>
<td>1,090</td>
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<tr>
<td>DENTAL CLINIC</td>
<td>280</td>
<td>212</td>
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<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,586</td>
<td>6,345</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,757</td>
<td>3,763</td>
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</table>
# December 2019

## Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>December 2019 Actual</th>
<th>December 2019 Budget</th>
<th>Variance Favorable/(Unfavorable) %</th>
<th>December 2019 YTD</th>
<th>December 2019 Budget YTD</th>
<th>Variance Favorable/(Unfavorable) %</th>
<th>December 2018 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>22,521,433</td>
<td>21,166,826</td>
<td>1,354,608</td>
<td>6%</td>
<td>261,424,890</td>
<td>249,221,145</td>
<td>12,203,745</td>
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<tr>
<td>Revenue Adjustments</td>
<td>10,945,993</td>
<td>11,238,945</td>
<td>292,951</td>
<td>3%</td>
<td>139,771,251</td>
<td>132,328,896</td>
<td>(7,442,355)</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>349,543</td>
<td>242,095</td>
<td>(107,448)</td>
<td>-44%</td>
<td>3,133,646</td>
<td>2,850,459</td>
<td>(283,187)</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>11,225,897</td>
<td>9,685,786</td>
<td>1,540,111</td>
<td>16%</td>
<td>118,519,992</td>
<td>114,041,790</td>
<td>4,478,202</td>
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<tr>
<td>Other Revenue</td>
<td>489,930</td>
<td>779,137</td>
<td>(289,207)</td>
<td>-37%</td>
<td>7,390,699</td>
<td>9,173,671</td>
<td>(1,782,972)</td>
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<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>11,715,827</td>
<td>10,464,923</td>
<td>1,250,903</td>
<td>12%</td>
<td>125,910,691</td>
<td>123,215,461</td>
<td>2,695,230</td>
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<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>5,460,109</td>
<td>5,032,345</td>
<td>(427,764)</td>
<td>-9%</td>
<td>57,806,344</td>
<td>59,251,519</td>
<td>1,445,175</td>
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<tr>
<td>Employee Benefits</td>
<td>1,243,849</td>
<td>1,258,959</td>
<td>15,109</td>
<td>1%</td>
<td>14,155,486</td>
<td>14,823,152</td>
<td>669,066</td>
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<tr>
<td>Other Expenses</td>
<td>4,512,906</td>
<td>3,948,712</td>
<td>(564,194)</td>
<td>-14%</td>
<td>48,519,211</td>
<td>46,492,719</td>
<td>(2,026,492)</td>
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<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>11,216,864</td>
<td>10,240,015</td>
<td>(976,849)</td>
<td>-10%</td>
<td>120,479,642</td>
<td>120,567,390</td>
<td>87,748</td>
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<tr>
<td><strong>Operating Income (Loss)</strong></td>
<td>498,962</td>
<td>224,908</td>
<td>274,054</td>
<td>122%</td>
<td>5,431,049</td>
<td>2,648,071</td>
<td>2,782,978</td>
</tr>
<tr>
<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>(6,278)</td>
<td>6,388</td>
<td>(12,666)</td>
<td>-198%</td>
<td>181,315</td>
<td>75,219</td>
<td>106,096</td>
</tr>
<tr>
<td><strong>Change in Net Position (Loss)</strong></td>
<td>492,684</td>
<td>231,296</td>
<td>261,388</td>
<td>113%</td>
<td>5,621,364</td>
<td>2,723,290</td>
<td>2,889,074</td>
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<tr>
<td><strong>Operating Margin</strong></td>
<td>4.3%</td>
<td>2.1%</td>
<td>2.1%</td>
<td>98.2%</td>
<td>4.3%</td>
<td>2.1%</td>
<td>2.16%</td>
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<tr>
<td><strong>Total margin</strong></td>
<td>4.2%</td>
<td>2.2%</td>
<td>2.0%</td>
<td>90.3%</td>
<td>4.5%</td>
<td>2.2%</td>
<td>2.25%</td>
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<tr>
<td><strong>Salaries &amp; Benefits as a % of net pt svc rev</strong></td>
<td>-59.7%</td>
<td>-65.0%</td>
<td>5.2%</td>
<td>8.1%</td>
<td>-60.7%</td>
<td>-65.0%</td>
<td>4.24%</td>
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</tbody>
</table>

*Jefferson Healthcare*
December 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

12/31/2018
1/31/2019
2/28/2019
3/31/2019
4/30/2019
5/31/2019
6/30/2019
7/31/2019
8/31/2019
9/30/2019
10/31/2019
11/30/2019
12/31/2019

DAYS OUTSTANDING IN A/R
DAYS AR GOAL - 45
DAYS OF CASH
DAYS CASH GOAL - 90
## December 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>Dec Actual</th>
<th>Dec Budget</th>
<th>Dec Variance</th>
<th>2019 to Date Actual</th>
<th>2019 to Date Budget</th>
<th>2019 to Date Variance</th>
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<tbody>
<tr>
<td>8612</td>
<td>BOARD</td>
<td>Exp</td>
<td>60010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>1,271.00</td>
<td>5,218.00</td>
<td>3,947.00</td>
<td>54,830.00</td>
<td>61,440.00</td>
<td>6,610.00</td>
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<td></td>
<td></td>
<td></td>
<td>601100</td>
<td>BENEFITS FICA</td>
<td>171.00</td>
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<td>(171.00)</td>
<td>171.00</td>
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<td>(171.00)</td>
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<td>601150</td>
<td>BENEFITS WA F&amp;MLA</td>
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<td></td>
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<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>4,890.00</td>
<td>4,404.00</td>
<td>(486.00)</td>
<td>59,994.00</td>
<td>51,851.00</td>
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<td>601900</td>
<td>BENEFITS EMPLOYEE ASSISTANCE</td>
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<td>(94.00)</td>
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<td></td>
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<td>CONSULT MNGMT FEE</td>
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<td>2,123.00</td>
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<td>AUDIT FEES</td>
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<td>40,000.00</td>
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<td>604200</td>
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<td>OFFICE SUPPLIES</td>
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<td>294.00</td>
<td>282.00</td>
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<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
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<td>85.00</td>
<td>-</td>
<td>1,000.00</td>
<td>1,000.00</td>
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<td></td>
<td></td>
<td></td>
<td>604900</td>
<td>OTHER NON-MEDICAL SUPPLIES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>371.00</td>
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<td>(371.00)</td>
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<td></td>
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<td></td>
<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>849.00</td>
<td>849.00</td>
<td>-</td>
<td>10,000.00</td>
<td>10,000.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>1,520.00</td>
<td>1,699.00</td>
<td>179.00</td>
<td>22,661.00</td>
<td>20,000.00</td>
<td>(2,661.00)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>609900</td>
<td>MISC OTHER EXP</td>
<td>9,924.00</td>
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<td>(9,924.00)</td>
<td>9,924.00</td>
<td>-</td>
<td>(9,924.00)</td>
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<td></td>
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<td><strong>Exp Total</strong></td>
<td><strong>31,660.00</strong></td>
<td><strong>17,927.00</strong></td>
<td><strong>(13,733.00)</strong></td>
<td><strong>213,896.00</strong></td>
<td><strong>211,085.00</strong></td>
<td><strong>(2,811.00)</strong></td>
</tr>
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<td></td>
<td><strong>BOARD Total</strong></td>
<td><strong>31,660.00</strong></td>
<td><strong>17,927.00</strong></td>
<td><strong>(13,733.00)</strong></td>
<td><strong>213,896.00</strong></td>
<td><strong>211,085.00</strong></td>
<td><strong>(2,811.00)</strong></td>
</tr>
</tbody>
</table>
January 2020
Preview — (*as of 0:00 01/22/20)

• $21,770,953 in HB charges
  • Average: $702,289/day (HB only)
  • Budget: $762,462/day
  • 92.4% of Budget

• $10,111,791 in HB cash collections
  • Average: $326,187/day (HB only)
  • Goal: $335,524/day

• 51.3 Days in A/R

• Questions
Patient Safety & Quality

Board of Commissioners Report
January 22, 2020
Agenda

- Provide the Highest Quality, Safest Care in the Region
- Department Highlight: Rehab Therapy
- Deliver an Experience that Exceeds Expectation
Provide the Highest Quality, Safest Care of any Hospital in the Region

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strategy</th>
<th>Initiatives</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive Best Practice Clinical Care</td>
<td>Achieve zero harm events</td>
<td>Zero avoidable healthcare acquired harm events</td>
<td></td>
</tr>
<tr>
<td>Achieve Excellent Quality Outcomes</td>
<td>Antimicrobial Stewardship</td>
<td>Healthcare Acquired C.Diff</td>
<td></td>
</tr>
<tr>
<td>Enhance Culture of Safety</td>
<td>Implement and adhere to evidence based procedures</td>
<td>(i) Implementation of ambulatory AS program – project started</td>
<td></td>
</tr>
<tr>
<td>Align care with patient goals</td>
<td>Hardwire team training</td>
<td>(ii) Decreased overall days of therapy (IP) – overall DOT 423.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leader Rounding</td>
<td>(iii) Avoidance of Antibiotics for URI (OP) – 90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implement a palliative care program</td>
<td>90% or greater compliance with core measures</td>
<td></td>
</tr>
</tbody>
</table>

- Team Training Attendance
- Weekly Rounding Compliance
- Readmission rate < 12%
Department Highlight: Rehab Therapy

Development of a Pain Management Program

- Provider Engagement
- Patient Centered Care
- Highest Quality
- Patient Experience
- Staff Engagement
Community Impact: Pain Management Program

- Clinically impactful for our patients and community
- Shared goal: assist patients with pain to decrease or avoid opiates for the management of chronic pain
- Integral to the Opiate Use Disorder Management Program with primary care providers and licensed clinical social work team
Rehab: Pain Management

• 3 to 4 Patient Cohorts per year
• 10-week, twice weekly visits
  • Pain science
  • Mental health and persistent pain
  • Functional status
  • Habits of Health
  • Nutrition
  • Sleep and its benefits
  • Mindfulness and Stress Management
  • Exercise to Promote Wellness
  • Self Care
  • Q & A and Closing Thoughts
• Employee Engagement: Professional development
  – Therapeutic Pain Science Certification
## Service Excellence

<table>
<thead>
<tr>
<th>Service</th>
<th>Deliver an Experience that Exceeds Expectations</th>
<th>Improve Care Navigation</th>
<th>Manage care transitions</th>
<th>100% development and Implementation of Transitions of Care bundle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Radical Convenience to Care</td>
<td>Implement Access Standards</td>
<td>Referral Management</td>
<td>25% improvement over baseline - referral closure</td>
</tr>
<tr>
<td></td>
<td>Consistently Deliver an Outstanding Experience with Every Encounter</td>
<td>Enhance services</td>
<td></td>
<td>Top Quartile Access to care dimension</td>
</tr>
<tr>
<td></td>
<td>Create informed healthcare consumers</td>
<td>Implement service excellence standards</td>
<td>Post IP stay (1-14 days); New patient 30 days; estab. Patient &lt; 10 days</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>Promote shared decision making</td>
<td>Top quartile scores: Likely to recommend, quiet at night, confidence in provider, communication (MD/RN)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Build an estimation tool</td>
<td>Participation in ACP classes</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>100% implementation of estimation tool, training, and communication</td>
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</tr>
</tbody>
</table>
Service Excellence: In the words of our Patients

- I recently completed twelve physical therapy sessions. Each time entering the building, I was greeted by Katie and Marissa. Their smiling faces and sense of humor was always a great part of my day, however brief.
- Staff was excellent- nurses all exceptional!
- Cannot speak highly enough of the staff from surgeons, doctors, (unreadable) staff at all levels. Thanks.
- The incredible staff was amazing! I loved every staff I met. This hospital is so clean and wonderful. Keep up the great work you all do. I hated to leave FOOD WAS AMAZING TOO!
- I was surprised at how far out I had to schedule. That was my only surprise. Did not anger or inconvenience me in any way. In the past, it had only been a few days or a week.
- Excellent care by all
Current Projects

- DNV Managing Infection Risk Accreditation
- Delta Days: VTE Prevention
- Ambulatory Antimicrobial Stewardship
- Closed-Loop Referrals
- Specimen Collection and Management
- Best Practices in Surgery
- Medication Reconciliation
- Care Coordination (Emergency Dept)
Questions
• Molly Parker, MD, MPH, received honorable mention as a 2019 Community Star from the National Organization of State Offices of Rural Health.

• Dr. Parker’s work to make a difference in the health of her community, specifically in improving the rural health landscape, leadership development to grow health equity, and rural health innovation, was cited.
NEW PROVIDERS

- Gregory B. Smith, MD
- Oncology Clinic

- Jenna Hoogestraat, PA-C
- Sheridan Clinic

- Sarah Kirekegaard, MSN, ARNP
- Women’s Clinic

- Elizabeth Yeater, ARNP
- Sleep Medicine Clinic
• Navio robotics-assisted knee surgery system
  o Installed December 2019
  o Adds planning and surgical precision to partial and total knee replacement procedures

• CT Scan
  • Philips Ingenuity elite 128 CT 5000 Scanner
  • To be installed 2Q 2020

NEW TECHNOLOGY UPDATE
QUESTIONS