

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:

Jason McCormick, Interim CFO, presented the December 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 single greatest impediment to error prevention in the medical industry is that we punish people for making mistakes. Lucian Leape

- 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*

Begin at the Beginning. Ask the right questions.

First, we ask...

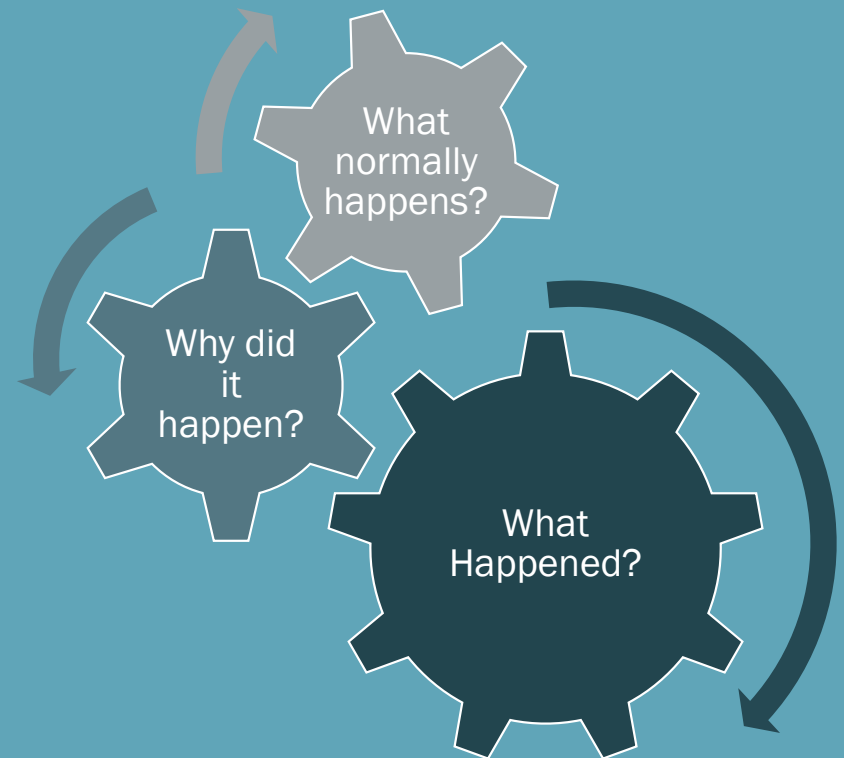
- What happened?
- What normally happens?
- Why did it happen?

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

Human Error:

- An inadvertent action
- A slip, lapse, or a mistake

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

At-Risk Behavior:

- Behavioral choice that increases risk where risk is not recognized *or believed to be justified*
- Drifting

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

Reckless Behavior:

- Behavioral choice to consciously disregard a substantial and unjustifiable risk.

Response:
Remedial/Punitive
action

An example of systems-based thinking...

Case Study:

- The location: Amsterdam Airport, Schiphol
- The time: 2001
- The issue: A small insect was causing a major problem for the men's restroom
- The solution:
 - ✓ Provide a small insect trap
 - ✓ Tell the men about the trap
 - ✓ Make a sign for the trap
 - ✓ Ask nice



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

Employees: learn about Just Culture and manage behavioral choices. Share feedback when systems are flawed.



CEO: ensure that Just Culture principles are understood and implemented



Who's Who in Just Culture



Providers: utilize Just Culture in quality and safety review

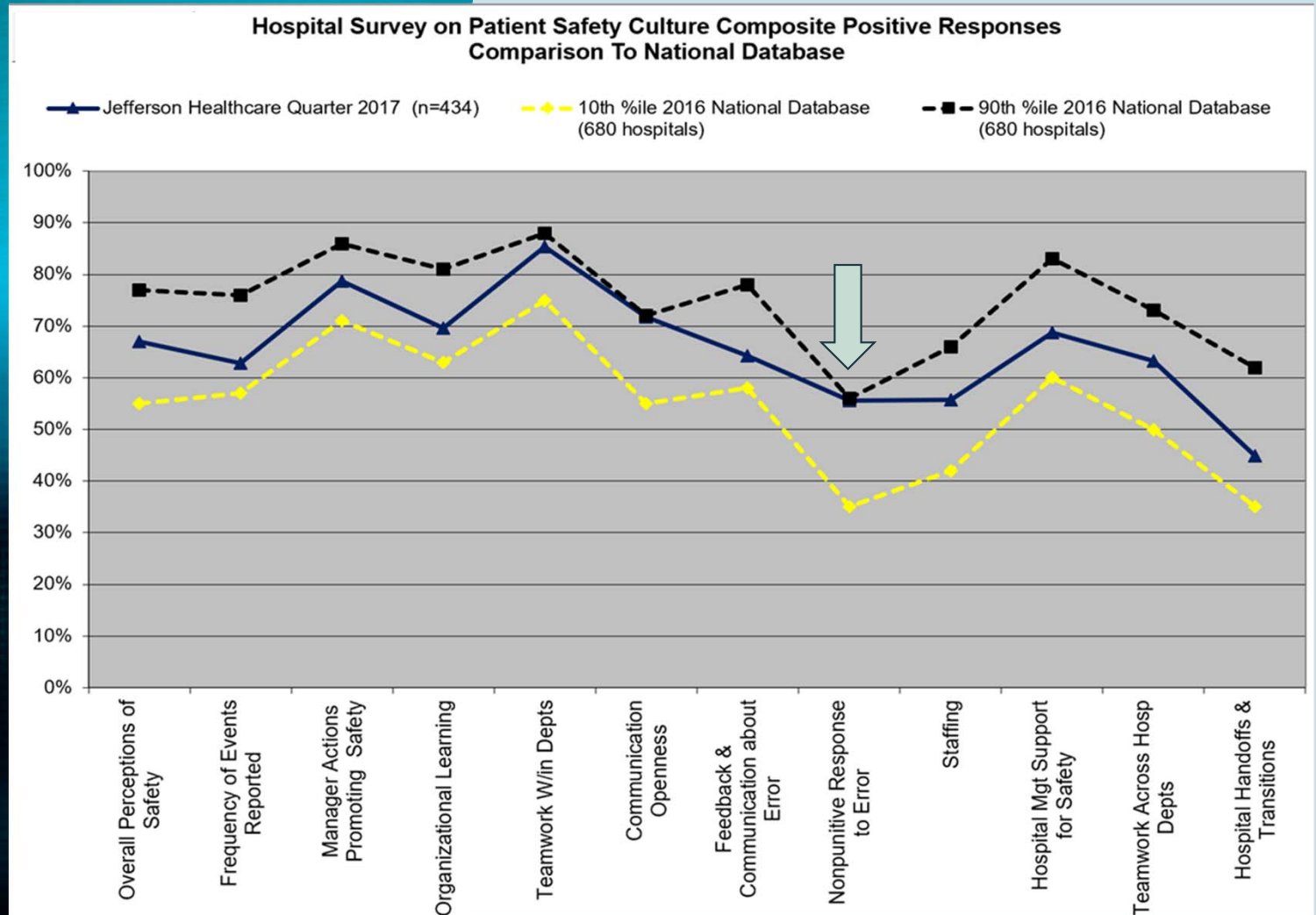


Leaders: implement Just Culture, and consistently use it as part of fact-finding.

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?



Practice Round.

- 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.



Enhance Situational Awareness



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.

THIS MAGNET IS ALWAYS ON!

© 2017 Institute for Magnetic Resonance Safety, Education and Research www.IMRSER.org

www.MRIsafety.com

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?

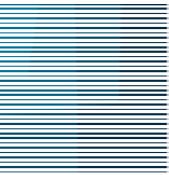


Patient Story- Nurse Leader Rounding

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?



Jefferson Healthcare

December 2019 Finance Report

January 22, 2020

Jason McCormick, interim CFO

EDUCATION

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

- ❖ January 2020 – Draft December 2019 Financial Reports
- ❖ June 2020 – Final, Audited December 2019 Financial Reports

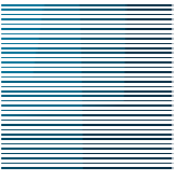


Revenues

- 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
- Capital Leases – reclass 2019 operating leases to the 2020 method for future reporting purposes.
- 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

STATISTIC DESCRIPTION	DECEMBER 2019						DECEMBER 2018			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	584	616	5%	573	616	7%	550	-6%	543	-6%
ADJUSTED PATIENT DAYS	2,233	2,271	-2%	25,530	26,741	-5%	2,093	7%	23,536	8%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	74	86	-14%	864	1,014	-15%	64	16%	936	-8%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	291	350	-17%	3,779	4,116	-8%	280	4%	3,768	0%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	404	444	-9%	4,844	5,227	-7%	358	13%	4,849	0%
SURGERY CASES (IN OR)	131	109	20%	1,339	1,283	4%	98	34%	1,217	9%
SPECIAL PROCEDURE CASES	60	77	-22%	834	911	-8%	55	9%	807	3%
LAB BILLABLE TESTS	17,586	18,954	-7%	221,752	223,168	-1%	15,335	15%	211,095	5%
TOTAL DIAGNOSTIC IMAGING TESTS	2,802	2,858	-2%	34,305	33,656	2%	2,484	13%	31,938	7%
PHARMACY MEDS DISPENSED	23,996	24,983	-4%	261,723	294,151	-11%	20,028	20%	264,598	-1%
RESPIRATORY THERAPY PROCEDURES	3,247	3,467	-6%	42,603	40,818	4%	2,272	43%	36,548	14%
REHAB/PT/OT/ST RVUs	7,305	9,372	-22%	100,741	110,349	-9%	7,989	-9%	106,201	-5%
ER CENSUS	1,099	1,090	1%	12,684	12,828	-1%	962	14%	12,269	3%
DENTAL CLINIC	280	212	32%	1,568	2,500	-37%	-	0%	-	100%
TOTAL RURAL HEALTH CLINIC VISITS	5,586	6,345	-12%	70,453	74,720	-6%	5,154	8%	66,252	6%
TOTAL SPECIALTY CLINIC VISITS	3,757	3,763	0%	43,262	44,301	-2%	3,015	25%	38,537	11%

December 2019

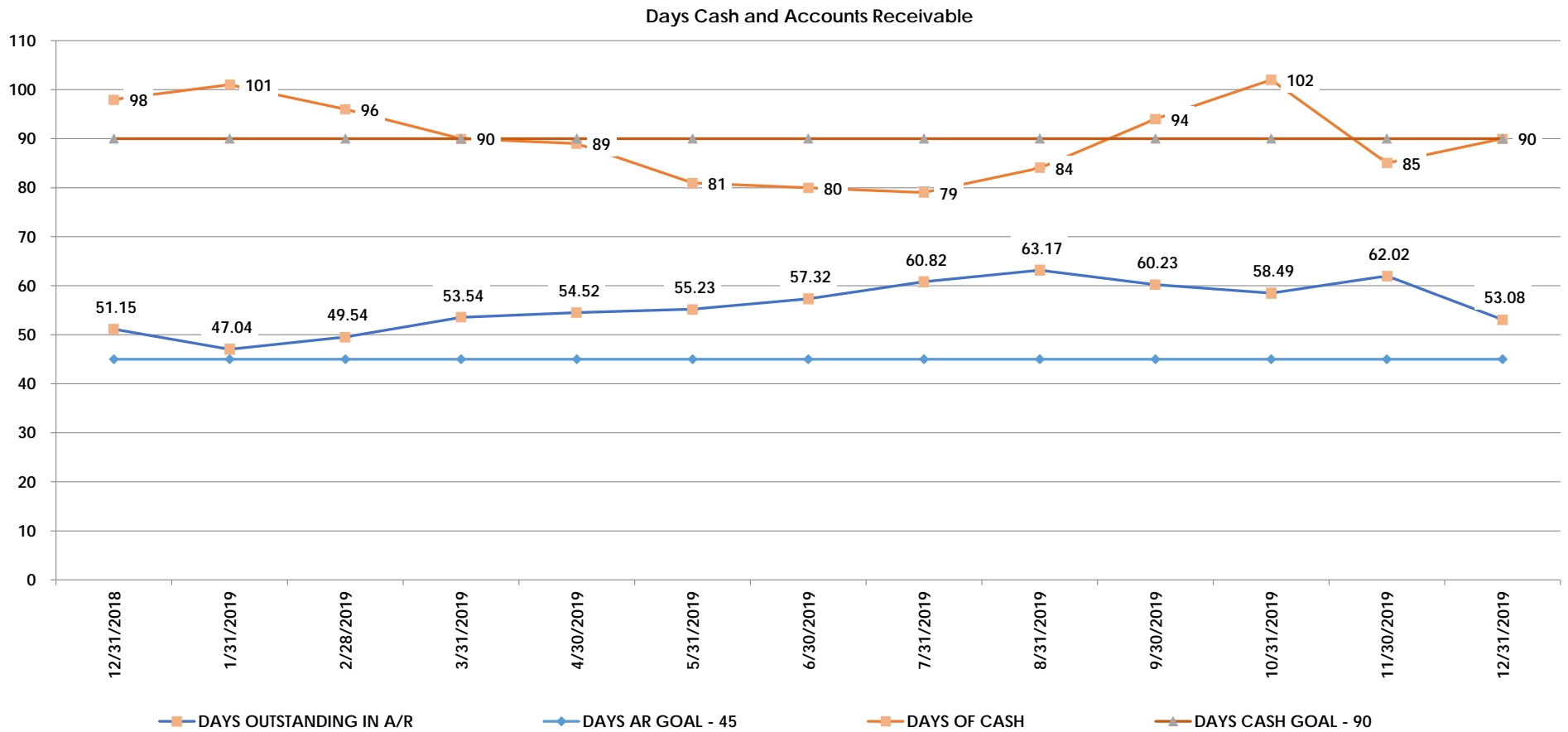
Income Statement Summary



	December 2019 Actual	December 2019 Budget	Variance Favorable/ (Unfavorable)	%	December 2019 YTD	December 2019 Budget YTD	Variance Favorable/ (Unfavorable)	%	December 2018 YTD
Operating Revenue									
Gross Patient Service Revenue	22,521,433	21,166,826	1,354,608	6%	261,424,890	249,221,145	12,203,745	5%	227,366,011
Revenue Adjustments	10,945,993	11,238,945	292,951	3%	139,771,251	132,328,896	(7,442,355)	-6%	118,278,745
Charity Care Adjustments	349,543	242,095	(107,448)	-44%	3,133,646	2,850,459	(283,187)	-10%	2,363,239
Net Patient Service Revenue	11,225,897	9,685,786	1,540,111	16%	118,519,992	114,041,790	4,478,202	4%	106,724,027
Other Revenue	489,930	779,137	(289,207)	-37%	7,390,699	9,173,671	(1,782,972)	-19%	5,669,975
Total Operating Revenue	11,715,827	10,464,923	1,250,903	12%	125,910,691	123,215,461	2,695,230	2%	112,394,002
Operating Expenses									
Salaries And Wages	5,460,109	5,032,345	(427,764)	-9%	57,806,344	59,251,519	1,445,175	2%	53,801,634
Employee Benefits	1,243,849	1,258,959	15,109	1%	14,154,086	14,823,152	669,066	5%	13,499,328
Other Expenses	4,512,906	3,948,712	(564,194)	-14%	48,519,211	46,492,719	(2,026,492)	-4%	40,812,258
Total Operating Expenses	11,216,864	10,240,015	(976,849)	-10%	120,479,642	120,567,390	87,748	0%	108,113,219
Operating Income (Loss)	498,962	224,908	274,054	122%	5,431,049	2,648,071	2,782,978	105%	4,280,782
Total Non Operating Revenues (Expenses)	(6,278)	6,388	(12,666)	-198%	181,315	75,219	106,096	141%	(6,992)
Change in Net Position (Loss)	492,684	231,296	261,388	113%	5,612,364	2,723,290	2,889,074	106%	4,273,791
Operating Margin	4.3%	2.1%	2.1%	98.2%	4.3%	2.1%	2.16%	100.7%	3.8%
Total margin	4.2%	2.2%	2.0%	90.3%	4.5%	2.2%	2.25%	101.7%	3.8%
Salaries & Benefits as a % of net pt svc rev	-59.7%	-65.0%	5.2%	8.1%	-60.7%	-65.0%	4.24%	6.5%	-63.1%

December 2019

Cash and Accounts Receivable



December 2019

Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	Dec Actual	Dec Budget	Dec Variance	2019 to Date Actual	2019 to Date Budget	2019 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	1,271.00	5,218.00	3,947.00	54,830.00	61,440.00	6,610.00
			601100	BENEFITS FICA	171.00	-	(171.00)	171.00	-	(171.00)
			601150	BENEFITS WA F&MLA	3.00	-	(3.00)	3.00	-	(3.00)
			601400	BENEFITS MEDICAL INS-UNION	4,890.00	4,404.00	(486.00)	59,994.00	51,851.00	(8,143.00)
			601900	BENEFITS EMPLOYEE ASSISTANCE	9.00	-	(9.00)	94.00	-	(94.00)
			602300	CONSULT MNGMT FEE	-	2,123.00	2,123.00	19,554.00	25,000.00	5,446.00
			602500	AUDIT FEES	13,757.00	3,397.00	(10,360.00)	45,185.00	40,000.00	(5,185.00)
			604200	CATERING	115.00	127.00	12.00	1,097.00	1,500.00	403.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	12.00	294.00	282.00
			604850	COMPUTER EQUIPMENT	-	85.00	85.00	-	1,000.00	1,000.00
			604900	OTHER NON-MEDICAL SUPPLIES	-	-	-	371.00	-	(371.00)
			606500	OTHER PURCHASED SERVICES	-	849.00	849.00	-	10,000.00	10,000.00
			609400	TRAVEL/MEETINGS/TRAINING	1,520.00	1,699.00	179.00	22,661.00	20,000.00	(2,661.00)
			609900	MISC OTHER EXP	9,924.00	-	(9,924.00)	9,924.00	-	(9,924.00)
		Exp Total				31,660.00	17,927.00	(13,733.00)	213,896.00	211,085.00
BOARD Total				31,660.00	17,927.00	(13,733.00)	213,896.00	211,085.00	(2,811.00)	

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

Jefferson Healthcare	Goals	Strategy	Initiatives	Targets
Quality and Safety	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	Healthcare Acquired C.Diff
			Implement and adhere to evidence based practices	(i) Implementation of ambulatory AS program – project started (ii) Decreased overall days of therapy (IP) – overall DOT 423.1 (iii) Avoidance of Antibiotics for URI (OP) – 90%
		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%



Department Highlight: Rehab Therapy

Development of a Pain Management Program

- Provider Engagement
- Patient Centered Care
- Highest Quality
- Patient Experience
- Staff Engagement

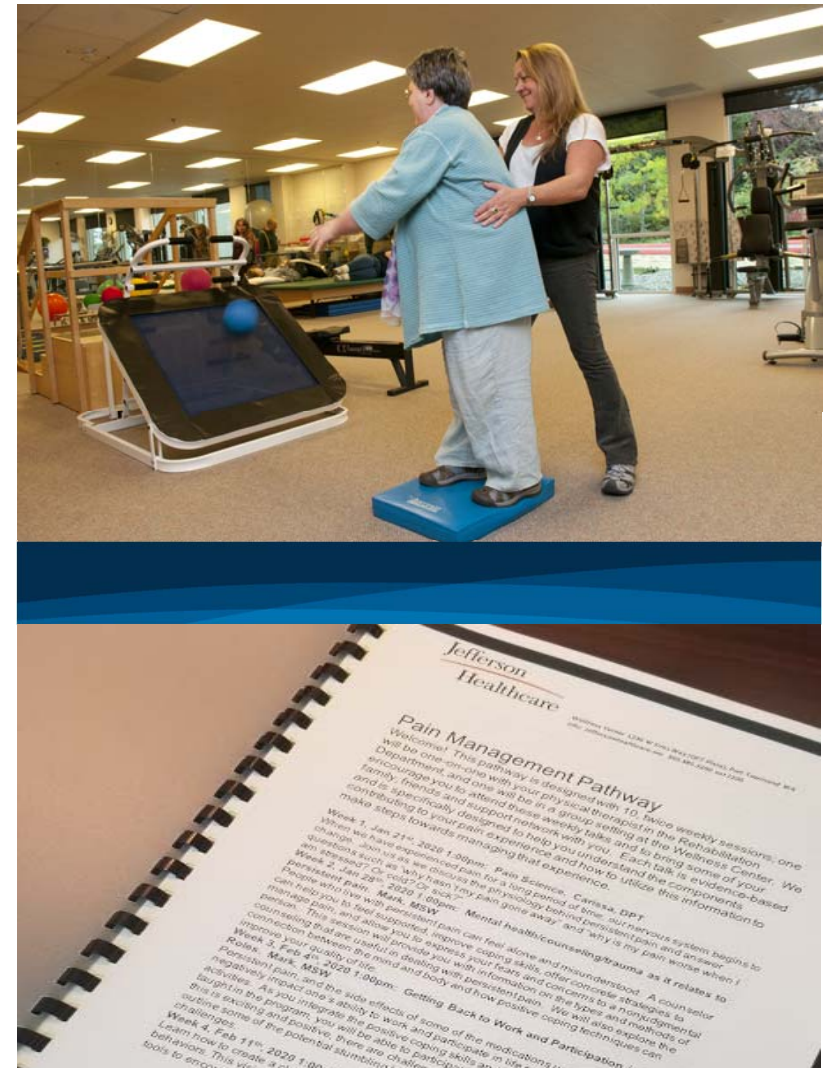
Community Impact: Pain Management Program

- 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

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

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

Jefferson Healthcare

Administrative Report

January 22, 2020

Mike Glenn, CEO

- 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.



MAKING A DIFFERENCE



- Gregory B. Smith, MD
- Oncology Clinic



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



- Jenna Hoogestraat, PA-C
- Sheridan Clinic



- Elizabeth Yeater, ARNP
- Sleep Medicine Clinic

NEW PROVIDERS



- Navio robotics-assisted knee surgery system
 - Installed December 2019
 - 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

OTHER

QUESTIONS

