
Special Session Agenda
Wednesday, February 26, 2020

<u>Call to Order:</u>	2:00
<u>Education Topic:</u>	2:01
• OPMA/PRA Training	
• Compliance Report	3:05
○ Jon French, Chief Legal Officer	
<u>Break:</u>	3:20
<u>Team, Employee, Provider of the Quarter</u>	3:30
<u>Patient Story:</u> Tina Toner, CNO	3:40
<u>Minutes:</u> Action Requested	3:50
• January 22, 2020 Regular Session (pg. 2-5)	
<u>Required Approvals:</u> Action Requested	3:52
• January Warrants and Adjustment (pg. 6-11)	
• Resolution 2020-02 Surplus Equipment (pg. 12)	
• Medical Staff Credentials/ Appointments/ Reappointments (pg. 13)	
• Medical Staff Policy (pg. 14-31)	
<u>Public Comment:</u>	3:55
<i>(In lieu of in-person comment, members of the public may provide comment on any agenda item or any other matter related to the District via a letter addressed to the Commissioners at 834 Sheridan Street, Port Townsend, Washington 98368, or via email to commissioners@jeffersonhealthcare.org.</i>	
<u>Patient Advocate Report:</u> Jackie Levin, RN, Patient Advocate	4:05
<u>Financial Report:</u> Jason McCormick, Interim Chief Financial Officer	4:15
<u>Quality Report:</u> Brandie Manuel, Chief Pt Safety and Quality Officer	4:25
<u>Administrative Report:</u> Mike Glenn, CEO	4:35
<u>Chief Medical Officer Report:</u> Dr. Joseph Mattern, MD, CMO	4:45
<u>Board Business:</u>	4:55
<u>Meeting Evaluation:</u>	5:00
<u>Conclude:</u>	5:05

This Special Session will be officially audio recorded.
Times shown in agenda are estimates only.

**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 _____



**Jefferson
Healthcare**

	January 2020 Actual	January 2020 Budget	Variance Favorable/ (Unfavorable)	%	January 2020 YTD	January 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	January 2019 YTD
Gross Revenue									
Inpatient Revenue	3,732,160	4,332,537	(600,376)	-14%	3,732,160	4,332,537	(600,376)	-14%	3,745,972
Outpatient Revenue	19,646,833	19,812,278	(165,445)	-1%	19,646,833	19,812,278	(165,445)	-1%	17,828,346
Total Gross Revenue	23,378,993	24,144,814	(765,821)	-3%	23,378,993	24,144,814	(765,821)	-3%	21,574,318
Revenue Adjustments									
Cost Adjustment Medicaid	1,754,611	2,221,642	467,032	21%	1,754,611	2,221,642	467,032	21%	2,130,283
Cost Adjustment Medicare	8,422,739	8,252,442	(170,297)	-2%	8,422,739	8,252,442	(170,297)	-2%	7,276,468
Charity Care	177,476	233,516	56,039	24%	177,476	233,516	56,039	24%	162,328
Contractual Allowances Other	1,833,027	1,883,514	50,487	3%	1,833,027	1,883,514	50,487	3%	1,590,518
Administrative Adjustments	235,245	110,246	(124,999)	-113%	235,245	110,246	(124,999)	-113%	131,416
Allowance for Uncollectible Accounts	25,128	441,121	415,994	94%	25,128	441,121	415,994	94%	337,298
Total Revenue Adjustments	12,448,225	13,142,481	694,255	5%	12,448,225	13,142,481	694,255	5%	11,628,310
Net Patient Service Revenue	10,930,768	11,002,334	(71,566)	-1%	10,930,768	11,002,334	(71,566)	-1%	9,946,008
Other Revenue									
340B Revenue	262,676	277,357	(14,680)	-5%	262,676	277,357	(14,680)	-5%	300,249
Other Operating Revenue	201,708	304,781	(103,073)	-34%	201,708	304,781	(103,073)	-34%	69,010
Total Operating Revenues	11,395,152	11,584,471	(189,319)	-2%	11,395,152	11,584,471	(189,319)	-2%	10,315,267
Operating Expenses									
Salaries And Wages	5,630,759	5,555,425	(75,333)	-1%	5,630,759	5,555,425	(75,333)	-1%	4,841,208
Employee Benefits	1,443,501	1,431,213	(12,288)	-1%	1,443,501	1,431,213	(12,288)	-1%	1,216,395
Professional Fees	212,106	194,246	(17,860)	-9%	212,106	194,246	(17,860)	-9%	389,613
Purchased Services	564,314	715,638	151,324	21%	564,314	715,638	151,324	21%	490,755
Supplies	1,824,177	2,110,910	286,732	14%	1,824,177	2,110,910	286,732	14%	1,710,372
Insurance	63,106	58,565	(4,541)	-8%	63,106	58,565	(4,541)	-8%	65,055
Leases And Rentals	134,693	15,461	(119,232)	-771%	134,693	15,461	(119,232)	-771%	146,133
Depreciation And Amortization	401,700	549,516	147,817	27%	401,700	549,516	147,817	27%	386,303
Repairs And Maintenance	69,302	107,679	38,377	36%	69,302	107,679	38,377	36%	26,495
Utilities	111,864	105,814	(6,050)	-6%	111,864	105,814	(6,050)	-6%	91,200
Licenses And Taxes	73,952	56,552	(17,400)	-31%	73,952	56,552	(17,400)	-31%	64,464
Other	201,433	227,418	25,985	11%	201,433	227,418	25,985	11%	145,015
Total Operating Expenses	10,730,907	11,128,437	397,530	4%	10,730,907	11,128,437	397,530	4%	9,573,009
Operating Income (Loss)	664,246	456,034	208,212	46%	664,246	456,034	208,212	46%	742,258
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	22,098	22,750	(652)	-3%	22,098	22,750	(652)	-3%	14,820
Taxation For Debt Service	18,975	18,837	138	1%	18,975	18,837	138	1%	14,097
Investment Income	31,853	28,103	3,750	13%	31,853	28,103	3,750	13%	53,058
Interest Expense	(80,242)	(94,102)	13,860	15%	(80,242)	(94,102)	13,860	15%	(83,763)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	0
Contributions	500	16,940	(16,440)	-97%	500	16,940	(16,440)	-97%	13,836
Total Non Operating Revenues (Expenses)	(6,816)	(7,471)	655	-9%	(6,816)	(7,471)	655	-9%	12,048
Change in Net Position (Loss)	657,429	448,563	208,867	47%	657,429	448,563	208,867	47%	754,306

Jefferson
Healthcare

STATISTIC DESCRIPTION

STATISTIC DESCRIPTION	JANUARY 2020						JANUARY 2019			
	MO	MO	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	576.30	625.21	8%	576.30	625.21	8%	545.16	-6%	545.16	-6%
FTEs - PRODUCTIVE (AVG)	482.75	559.80	14%	482.75	559.80	14%	447.76	-8%	447.76	-8%
ADJUSTED PATIENT DAYS	1,940	2,498	-22%	1,940	2,498	-22%	2,833	-32%	2,833	-32%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	64	84	-24%	64	84	-24%	88	-27%	88	-38%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	288	347	-17%	288	347	-17%	292	-1%	292	-1%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	37	30	23%	37	30	23%	27	37%	27	27%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	389	461	-16%	389	461	-16%	407	-4%	407	-5%
BIRTHS	6	10	-40%	6	10	-40%	10	-40%	10	-67%
SURGERY CASES (IN OR)	129	118	9%	129	118	9%	107	21%	107	17%
SURGERY MINUTES (IN OR)	18,237	15,669	16%	18,237	15,669	16%	13,921	31%	13,921	24%
SPECIAL PROCEDURE CASES	86	73	18%	86	73	18%	58	48%	58	33%
LAB BILLABLE TESTS	18,666	19,809	-6%	18,666	19,809	-6%	19,755	-6%	19,755	-6%
BLOOD BANK UNITS MATCHED	70	46	52%	70	46	52%	34	106%	34	51%
MRIs COMPLETED	239	196	22%	239	196	22%	173	38%	173	28%
CT SCANS COMPLETED	456	516	-12%	456	516	-12%	492	-7%	492	-8%
RADIOLOGY DIAGNOSTIC TESTS	1,570	1,560	1%	1,570	1,560	1%	1,545	2%	1,545	2%
ECHOs COMPLETED	117	139	-16%	117	139	-16%	124	-6%	124	-6%
ULTRASOUNDS COMPLETED	305	337	-9%	305	337	-9%	346	-12%	346	-13%
MAMMOGRAPHS COMPLETED	239	313	-24%	239	313	-24%	247	-3%	247	-3%
NUCLEAR MEDICINE TESTS	29	42	-31%	29	42	-31%	36	-19%	36	-24%
TOTAL DIAGNOSTIC IMAGING TESTS	2,955	3,103	-5%	2,955	3,103	-5%	2,963	0%	2,963	0%
PHARMACY MEDS DISPENSED	17,981	22,497	-20%	17,981	22,497	-20%	22,754	-21%	22,754	-27%
ANTI COAG VISITS	395	390	1%	395	390	1%	423	-7%	423	-7%
RESPIRATORY THERAPY PROCEDURES	3,547	3,963	-10%	3,547	3,963	-10%	3,766	-6%	3,766	-6%
PULMONARY REHAB RVUs	244	220	11%	244	220	11%	230	6%	230	6%
PHYSICAL THERAPY RVUs	7,407	7,653	-3%	7,407	7,653	-3%	7,667	-3%	7,667	-4%
OCCUPATIONAL THERAPY RVUs	1,061	1,107	-4%	1,061	1,107	-4%	1,158	-8%	1,158	-9%
SPEECH THERAPY RVUs	191	212	-10%	191	212	-10%	223	-14%	223	-17%
REHAB/PT/OT/ST RVUs	8,903	9,192	-3%	8,903	9,192	-3%	9,278	-4%	9,278	-4%
ER CENSUS	1,046	1,096	-5%	1,046	1,096	-5%	1,016	3%	1,016	3%
EXPRESS CLINIC	949	974	-3%	949	974	-3%	747	27%	747	21%
SOCO PATIENT VISITS	160	155	3%	160	155	3%	153	5%	153	4%
PORT LUDLOW PATIENT VISITS	588	736	-20%	588	736	-20%	819	-28%	819	-39%
SHERIDAN PATIENT VISITS	2,351	2,714	-13%	2,351	2,714	-13%	2,872	-18%	2,872	-22%
DENTAL CLINIC	339	340	0%	339	340	0%	-	0%	-	100%
WATERSHIP CLINIC PATIENT VISITS	1,134	1,099	3%	1,134	1,099	3%	1,232	-8%	1,232	-9%
TOWNSEND PATIENT VISITS	535	591	-9%	535	591	-9%	555	-4%	555	-4%
TOTAL RURAL HEALTH CLINIC VISITS	6,056	6,609	-8%	6,056	6,609	-8%	6,378	-5%	6,378	-5%
CARDIOLOGY CLINIC VISITS	319	365	-13%	319	365	-13%	299	7%	299	6%
DERMATOLOGY CLINIC VISITS	683	514	33%	683	514	33%	412	66%	412	40%
GEN SURG PATIENT VISITS	294	310	-5%	294	310	-5%	331	-11%	331	-13%
INFUSION CENTER VISITS	733	855	-14%	733	855	-14%	660	11%	660	10%
ONCOLOGY VISITS	496	547	-9%	496	547	-9%	393	26%	393	21%
ORTHO PATIENT VISITS	676	739	-9%	676	739	-9%	607	11%	607	10%
SLEEP CLINIC VISITS	176	244	-28%	176	244	-28%	219	-20%	219	-24%
SURGERY CENTER ENDOSCOPES	74	79	-6%	74	79	-6%	75	-1%	75	-1%
WOMENS CLINIC VISITS	171	234	-27%	171	234	-27%	222	-23%	222	-30%
WOUND CLINIC VISITS	231	356	-35%	231	356	-35%	301	-23%	301	-30%
TOTAL SPECIALTY CLINIC VISITS	3,853	4,243	-9%	3,853	4,243	-9%	3,519	9%	3,519	9%
SLEEP CENTER SLEEP STUDIES	58	71	-18%	58	71	-18%	56	4%	56	3%
HOME HEALTH EPISODES	48	85	-44%	48	85	-44%	78	-38%	78	-63%
HOSPICE CENSUS/DAYS	1,084	1,017	7%	1,084	1,017	7%	833	30%	833	23%
CARDIAC REHAB SESSIONS	183	170	8%	183	170	8%	-	0%	-	100%
DIETARY TOTAL REVENUE	84,504	96,755	-13%	84,504	96,755	-13%	74,491	13%	74,491	12%
MAT MGMT TOTAL ORDERS PROCESSED	2,291	2,376	-4%	2,291	2,376	-4%	2,252	2%	2,252	2%
EXERCISE FOR HEALTH PARTICIPANTS	506	796	-36%	506	796	-36%	913	-45%	913	-80%

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: JASON McCORMICK, INTERIM CFO
RE: JANUARY 2020 WARRANT SUMMARY**

The following items need to be approved at the next commission meeting:

General Fund Warrants & ACH Transfers	\$15,820,395.15	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	\$437,848.56	(Attached)
Canceled Warrants	\$0.00	(Attached)

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: JASON McCORMICK, INTERIM CFO
RE: JANUARY 2020 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS**

Submitted for your approval are the following warrants:

GENERAL FUND:

261789 - 265526	\$3,656,045.11
ACH TRANSFERS	<u>\$12,164,350.04</u>
	<u>\$15,820,395.15</u>
YEAR-TO-DATE:	<u><u>\$31,640,790.30</u></u>

Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: JASON McCORMICK, INTERIM CFO
RE: JANUARY 2020 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	JANUARY	JANUARY YTD	JANUARY YTD BUDGET
Allowance for Uncollectible Accounts:	25,127.70	25,127.70	441,121.23
Charity Care:	177,476.32	177,476.32	233,515.70
Other Administrative Adjustments:	235,244.54	235,244.54	110,245.77
	<hr/>		
TOTAL FOR MONTH:	\$437,848.56	\$437,848.56	\$784,882.70
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**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: JASON McCORMICK, INTERIM CFO
RE: JANUARY 2020 WARRANT CANCELLATIONS**

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT	AMOUNT
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TOTAL:		<u><u>\$ -</u></u>
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2020-02

A RESOLUTION TO DECLARE CERTAIN EQUIPMENT SURPLUS TO THE NEEDS OF
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND TO AUTHORIZE THE
DISPOSAL OF SAID EQUIPMENT

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the District, and;

WHEREAS said equipment now represents an unnecessary cost to the District to retain and store it,

NOW, THEREFORE, BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with state law:

Description	Asset #	Serial #	Model #
Grab and Go Cooler	n/a	n/a	n/a
Fuji CR Reader FCR XG 5000	XRAY01135	97250160	FCR XG5000- Reader only- No Workstation
Stryker Stretcher	03-00139	312050700	660 Zoom ER01065

APPROVED this 26th day of February 2020.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Bruce McComas: _____

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

FROM: Medical Staff Services
RE: 2/25/2020 Medical Executive Committee appointments/reappointments for Board approval 2/26/2020

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Recommended provisional appointment to the active/courtesy/allied health/locum tenens staff:

1. N/A

Recommended re-appointment to the active medical staff with privileges as requested:

1. Pavel Vasilyuk, DDS - Dentistry

Recommended re-appointment to the courtesy medical staff with privileges as requested:

1. Kavita Gulati, MD – Teleradiology
2. John McGowan, MD – Diagnostic Radiology
3. David Westman, MD – Teleradiology
4. Theodore Lowenkopf, MD - Teleneurology
5. Mark Alter, MD – Telepsychiatry
6. Richard Callahan, MD – Telepsychiatry
7. Rhonda Lampen, MD – Telepsychiatry
8. Nelly Norrell, MD – Telepsychiatry
9. Elton Smith, MD – Telepsychiatry
10. Jeffrey Wagner, MD – Telepsychiatry

Recommended re-appointment to the allied health staff with privileges as requested:

1. N/A

Temporary Privileges:

1. Sergey Apokov, MD – Teleneurology (3/20/2020– 4/22/2020)

Medical Student Rotation:

1. Molly Cole, MD – Sheridan Clinic

90-day provisional performance review completed successfully:

1. Randall Beck, PA-C – Ortho
2. Gregory Smith, MD – Medical Oncology
3. Elizabeth Yeater, ARNP – Sleep medicine

Resignations:

1. Michael Fishman, MD – Teleradiology
2. Ann Hoffman, MD – OB/GYN
3. Mary Keppler, ARNP – Primary Care Locums
4. Nicholas Shawnik, MD - Emergency
5. Neil Venard, MD - Telepsychiatry

Autopsy Criteria

Statement of Purpose:

Attempt to identify cause in certain patient death outcomes that meets RCW 68.50 or request for autopsy from patient's attending provider or family.

Statement of Policy:

Medical Staff shall attempt to secure autopsies in all deaths meeting autopsy criteria in Heading IV Paragraph B of this policy.

Jefferson Healthcare does not have the facilities to conduct autopsies on site. Any autopsies will be done at an off-site facility after making arrangements with the attending physician and the pathologist on call.

Procedure/Interventions:

Financial Responsibility and Consent:

1. If the death meets the coroner's criteria in accordance with RCW 68.50, it will be performed by the county agent (Deputy Coroner at Kosec's funeral home), and the county will have financial responsibility.
2. If a provider requests autopsy arrangements that does not meet the coroner's criteria arrangements can be made with Kosec's or NW pathology to conduct the autopsy. Obtain consent in accordance with Informed Consent policy. Financial responsibility will be with patient's estate.

Criteria:

1. All deaths will be evaluated for autopsy by the patient's attending provider including but not limited to the following:
 - i. Death in which an autopsy may explain unknown or unanticipated medical complications.
 - ii. Deaths in which the cause is sufficiently obscure on clinical grounds as to delay completion of the death certificate.
 - iii. Deaths in which an autopsy would allay concerns of the public/family regarding death to provide reassurance to them regarding the same, if not subject to forensic medical jurisdiction.
 - iv. Deaths of patients who participated in clinical trials at Jefferson Healthcare or other institution.
 - v. Intra-operative or intra-procedural death.
 - vi. Death occurring within 48 hours after surgery or an invasive diagnostic procedure.

- vii. Death incident to pregnancy.
- viii. Death in infants/children with congenital malformations.
- ix. Unexplained, unexpected deaths.
- x. Death of a woman while pregnant or within one year of the end of a pregnancy, from any cause.

2. Coroner will be notified by Jefferson Healthcare in accordance with RCW 68.50 of the following cases:

- i. All deceased persons who come to their death suddenly when in apparent good health without medical attendance within the 36 hours preceding death.
- ii. Circumstances of death indicate death was caused by unnatural or unlawful means.
- iii. Death occurs under suspicious circumstances.
- iv. Death results from unknown or obscure causes.
- v. Death occurs within one year following an accident.
- vi. Death is caused by any violence whatsoever.
- vii. Death results from a known or suspected abortion, whether self-induced or otherwise.
- viii. Death results from drowning, hanging, burns, electrocution, gunshot wounds, stabs or cuts, lightning, starvation, radiation, exposure, alcoholism, narcotics or other addictions, tetanus, strangulation, suffocation, or smothering.
- ix. Death due to premature birth or still birth.
- x. Death due to a violent contagious disease or suspected contagious disease which may be a public health hazard.
- xi. Death results from alleged rape, carnal knowledge or sodomy.
- xii. Deaths that occur during pregnancy or within forty-two days of the end of pregnancy.

A preliminary autopsy report will be available to the managing physician within two (2) days of autopsy. The final autopsy report will be completed within thirty (30) days unless special studies are required.

The managing physician may inform the family of autopsy results.

REFERENCES:

DNV Standards MS19, S.R.1-3

Coroner's jurisdiction over remains, RCW 68.50.010

Maternal Mortality Review Panel (MMRP), RCW 70.54.450

Reference Type	Title	Notes
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History and Physical

PURPOSE:

The purpose of a medical history and physical examination (H&P) is to determine whether there is anything in the patient's overall condition that would affect the planned course of the patient's treatment, such as a medication allergy, or a new or existing co-morbid condition that requires additional interventions to reduce risk to the patient.

PROCEDURE:

A. Documentation Requirements:

1. The history and physical must be performed and documented within 30 days prior to a scheduled admission or within twenty-four (24) hours after an unscheduled admission.
2. At the time of admission, or at the time of the physician's first visit, but no longer than 24 hours after admission, all charts must include a documented H&P in EPIC. This note will include the diagnosis, reason for admission, indications for any planned procedure, relevant assessment of the patient's condition and plan for therapeutics and diagnostics.
 - An HP completed within 30 days prior to admission or registration shall include an entry in the medical record documenting an examination for any change in the patient's current medical condition completed by a doctor of medicine or osteopathy.
 - This examination and update of the patient's current medical condition shall be completed and placed in the medical record within twenty four (24) hours after admission or registration, but prior to surgery or other procedure requiring anesthesia services.

B. History and Physical Requirements by Patient Status:

1. Inpatient, Same Day Surgery and Observation Charts:

To include chief complaint, details of the present illness, relevant past medical history, relevant social history, relevant family history, summary of psychosocial needs as appropriate, relevant review of body systems, relevant physical exam, allergies, medications, and impression/plan or conclusion.

 - A preoperative history and physical shall be on chart prior to performance of a non-emergent surgical procedure. If history and physical is not recorded before the time scheduled for procedure, the operation shall be canceled or postponed, unless the attending surgeon documents on the record that such delay would be detrimental to the patient. All cases which are canceled due to absence of history and physical shall be reported to Surgical Services Committee.
2. Recurring Patients, Medical Short Stay Procedures or Treatment (i.e., IV medications, chemo):
 - Initial visit for the recurring, Medical Short Stay patient: The following options are available:
 1. *Complete H&P in EPIC; or*
 2. *Office notes that contain all elements of an H&P, as referenced above in Section B1*
 - Following the initial visit, for recurring medical outpatients: Entries are required at least every four (4) weeks, or prior to the next treatment if the treatment is longer than four (4) weeks apart.
3. Diagnostic Procedures (ie: lab, cath flushes, radiology, physical therapy): No history and physical required.
4. Emergent/Stat Treatment: At the time of admission, the patient's diagnosis must be documented. A progress note, Short Stay Form or office notes that contain all elements of

an H&P, as referenced above in Section B1, need to be entered into EPIC within twenty-four hours.

5. Procedural Sedation (moderate/conscious sedation): Refer to policy for documentation requirements.
6. The obstetrical record shall include a complete prenatal record. The prenatal record may be a copy of the attending practitioner's Office record transmitted to the hospital before admission, but an interval admission note must be written that includes pertinent additions to the history and subsequent changes in physical findings. Un-established patients will need a full history and physical.

C. Readmission: When a patient is readmitted within 30 days for the same problem, an interval history and physical exam may be completed. Reference to the previous history and physical must be inserted in the chart and the interval note must reflect any subsequent changes in the patient.

D. Who Can Perform the History and Physical:

A history and physical examination may be performed by physicians and specified allied health professionals.

It is expected that the operating surgeon will be the admitting physician under normal circumstances for scheduled procedures. If the admitting physician is not the operating surgeon, the surgeon must provide a pre-operative consultation which shall be documented in the medical record.

Dentists may perform a history and physical related to dentistry.

Podiatrists may perform a pre-operative history and physical examination independently on their patients of surgical risk ASA Category I or II. The podiatrist is responsible for arranging an additional H&P by a MD, DO, ARNP or PA for podiatric patients with risk greater than ASA category II.

Advanced Registered Nurses Practitioners and Physician Assistants may perform a history and physical; Co-signature by sponsoring physician is required.

Residents and students may perform a history and physical. Co-signature by sponsoring physician who has verified the accuracy via an in depth exam is required.

Admission is defined as patient registration in any inpatient, observation, same day surgery, or short-stay hospital service.

REFERENCE:

CMS 482.22c5, 485.638 a4ii, 485.639, 482.24 2i, DNV MS.17 H&P

Life Support Requirements

SCOPE:

All Jefferson Healthcare providers.

DEFINITIONS:

All clinic-only providers must at a **minimum maintain BLS certification** but may hold dual certification BLS/ACLS, if so desired.

- For providers who care for **adult** patients in the hospital's ICU and clinic setting, ACLS supersedes the need for BLS.
- For providers who care for **pediatric** patients in the hospital's ICU and clinic setting, PALS supersedes the need for BLS.

Treating patients in the hospital setting may require additional certification such as NRP, ATLS or as delineated in the privilege requirements.

PROCEDURE:

Applicants to the Medical/Allied Health Professional Staff:

1. Applicants to the medical/allied health professional staff will be notified of this policy and be requested to submit copies of certification(s) with their application to the medical/allied health professional staff as required by specific privilege request. A three month grace period will be afforded new applicants.

Members of the Medical/Allied Health Professional Staff:

1. Practitioners who are currently members of the medical/allied health professional staff will maintain current certification(s) in compliance with this policy.
2. A six month grace period will automatically be extended to providers with expiring certification, provided they have signed up for the next available class.
3. If a grace period is extended to practitioner, certification must be submitted to the Medical Staff Services Department by the end of the extension period or privilege to manage patients in the ICU and/or caring for neonates will be suspended temporarily until documentation of re-certification is received. Privilege(s) will be reactivated upon receipt of said documentation.

RECORDS REQUIRED:

Current certificate copies must be located in provider's credentialing file.

REFERENCED DOCUMENTS:

Reference Type	Title	Notes
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Practitioner Proctoring

POLICY:

Proctoring is an objective evaluation of a provider's competence by a proctor who represents and is responsible to the Jefferson Healthcare Medical Staff. Proctoring is a way to assess current competence in performing the clinical privileges granted and provides assessment of the practitioner's clinical judgment, skills and technique. In the absence of a qualified proctor within Jefferson Healthcare, the Medical Executive Committee will modify the proctoring protocol accordingly; examples include but are not limited to hiring an outside proctor or sending a provider to an outside source for proctoring.

PURPOSE:

Proctoring may involve direct observation (or retrospective review) by a practitioners who is experienced in the area of expertise or procedures being performed by another practitioner

SCOPE:

Except as otherwise determined by the Medical Executive Committee, proctoring may apply to the following:

New practitioners appointed to the Medical Staff in the event of specific privileging criteria not being met to the satisfaction of the Department Chair (privileges are considered based on documented education, training and/or experience, specialized training certification, references and other relevant information).

Providers on the Medical Staff who are requesting additional privileges or privileges involving new technology

Providers who are returning from extended leave of absence (as per Medical Staff Bylaws)

Providers requesting renewal of privileges performed so infrequently that assessment of current competence is not feasible

Any practitioner for whom the Medical Executive Committee determines a need for specific monitoring or assessment of current competence

RESPONSIBILITY:

The proctor must be a member in good standing (board certified or eligible, no clinical concerns, not under disciplinary action or on initial 90 days standard review) or be an outside delegated provider approved by Medical Executive Committee and must have unrestricted privileges to perform the procedure that is to be proctored.

The proctor's primary responsibility is to evaluate performance, however, if the proctor reasonably believes that intervention is warranted to prevent harm to the patient, he/she has the ability to intervene and take whatever action is reasonably necessary to protect the patient. The intervention shall be reported to the Department Chair.

The proctor will review the results of the proctoring with the physician.

The proctoring report will not be attached to the patient's medical record to assure confidentiality of the proctoring report.

The proctor shall ensure that the evaluation report is completed and sent to the Medical Staff Office within 24 hours of the completion of the proctored procedure(s).

The proctored practitioner must inform the patient that a proctor will be present during the procedure, may examine the patient and may participate in the procedure.

Duties:

The Medical Staff office will notify patient care areas as deemed appropriate (i.e. Surgery Department, ACU/ICU) of the names and privileges of those providers under proctoring requirements and when the requirement has been completed.

Medical Staff Office will notify MEC when the proctoring period has been completed.

Medical Staff Office will secure and confidentially store the evaluations for each case in the practitioners Quality File.

Board approved 2/27/2018

Provider Conduct

POLICY:

It is the policy of Jefferson Healthcare that all individuals within the hospital's or clinics' facilities will be treated with courtesy, respect and dignity. To that end, Jefferson Healthcare requires that all individuals working and/or providing patient care within its hospital and clinics, including all members of the medical staff as well as allied health practitioners with granted privileges, conduct themselves in a professional and cooperative manner in the hospital and/or clinic(s). The Governing Board, hospital management, and medical staff will enforce this policy in a firm, fair and equitable manner.

PURPOSE:

The objective of this policy is to ensure optimal patient care by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate to the extent possible, conduct that disrupts the operation of the hospital/clinics, affects the ability of others to do their jobs, creates a hostile work environment for hospital/clinic employees or other medical staff members, interferes with an individual's ability to practice competently and adversely affects the community's confidence in the hospital's ability to provide quality patient care.

SCOPE:

All employees of Jefferson Healthcare, as well as individuals providing services through contracts with Jefferson Healthcare, are accountable to the hospital CEO for their conduct within the Jefferson Healthcare premises. The CEO is accountable to the board for effectively addressing unprofessional conduct by these individuals consistent with this policy. All practitioners granted privileges are accountable to the medical staff for their conduct within the hospital and clinics. The medical staff is accountable to the Governing Board for effectively addressing unprofessional conduct by these individuals consistent with this policy. Individual incidents of severe unprofessional conduct or persistent patterns of unprofessional conduct not addressed by the CEO or medical staff in an effective or timely fashion shall be definitely addressed by the Governing Board.

The medical staff will interpret and enforce this policy as its sole process for dealing with egregious incidents and persistent patterns of unprofessional conduct. No other policy or procedure shall be applicable to unprofessional conduct by individuals granted privileges except as designated by the medical staff and governing board.

DEFINITION:

Consistent with the preceding objective, unacceptable, disruptive conduct may include, but is not limited to behavior such as the following:

- **Appropriate behavior** means any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized medical staff, or to engage in professional practice, including practice that may be in competition with the hospital.
- **Inappropriate behavior** means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior."
- **Disruptive behavior** means any abusive conduct, including sexual or other forms of harassment,

or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.

- **Sexual Harassment** means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidation or otherwise hostile work environment (please refer to the Non-Discrimination and Anti-Harassment Policy). Incidents involving sexual harassment, discrimination or hostile work environment are reported to Human Resources. Cases involving medical staff members will be handled by MEC in collaboration with HR as subject matter experts. Investigation, documentation, and discipline will be executed through the MEC.

PROCEDURE:

This policy will be implemented in a manner that carries out the following activities:

- Set, communicate and achieve buy-in to clear expectations of behavior through MEC, including wide dissemination of this policy.
- Measure performance compared to these expectations.
- Provide constructive, timely, and periodic feedback of performance to providers as needed.
- Manage poor performance when patterns of inappropriate/disruptive behavior persist.
- Take corrective action as applicable to terminate or limit employment, a contract, or a provider's medical staff membership or privileges following a single egregious incident (intentional harm or neglect of duties to patient or staff) or when the problem cannot otherwise be resolved in a timely manner.

Any provider, employee, patient or visitor may report conduct that he or she deems inappropriate or disruptive. The standard of reporting conduct issues is through the online occurrence reporting tool on the Jefferson Healthcare Intranet. Once it is received, the case will be assigned to the Section Chief or designee and Medical Staff Services to initiate the investigation. The investigating individual (as determined) may dismiss any unfounded report and will notify the individual who initiated the report of his/her decision. A confirmed report will address the following:

It shall be made clear to the offending individual that attempts to confront, intimidate, or otherwise retaliate against the individual(s) who reported the behavior in question is a violation of this policy and is grounds for further disciplinary action.

A single, confirmed incident warrants a discussion with the offending individual. This shall be carried out by the Chief of Staff with the support of the CMO/CEO and Medical Staff Services. This initial discussion shall emphasize that such conduct is inappropriate and must cease. The Chief of Staff, CMO and CEO conducting the discussion will provide the offender with a copy of this policy and inform the individual that the governing board requires compliance with this policy. The approach during such an initial intervention should be collegial and helpful to the individual and hospital.

Further incidents that do not cluster into a pattern of persistent disruptive behavior will be handled by providing the individual with notification of each incident and a reminder of the expectation that the individual comply with this policy, that is, as a rule violation.

If it is determined that the individual is demonstrating persistent unprofessional conduct, this will be addressed with the individual as outlined. For a provider granted privileges, these steps will be carried out by the Chief of Staff with the support of the CMO, CEO or their designees.

- As with the single, confirmed incident, the individual(s) conducting the intervention will provide the offending individual with a copy of this policy and inform the individual that the governing board requires compliance with this policy. Failure to agree to abide by the terms of this policy

shall be grounds for loss of employment, contract, or summary suspension of medical staff membership and privileges, as appropriate to the individual's status.

- The individual(s) conducting the intervention will inform the offending individual that if the unprofessional conduct recurs, the management, the Medical Executive Committee, and/or the governing board will take more formal action to stop it. The MEC and CEO will receive notification about the recurrence of this behavior.
- Because documentation of each incident of unprofessional conduct is critical as it is ordinarily not one incident alone that leads to corrective action, but rather a pattern of inappropriate conduct, the individual(s) conducting the intervention shall document all meetings regarding the offending individual. The letter will document the content of the discussion and any specific actions the offending individual has agreed to perform.

The letter shall include the following:

1. The date and time of the questionable behavior
2. A statement of whether the behavior affected or involved a patient in any way, and if so, information identifying the patient
3. The circumstances that precipitated this behavior
4. A factual and objective description of the questionable behavior
5. The consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations
6. A record of any action taken to remedy the situation, including the date, time, place, action and name(s) of those intervening and follow-up action steps agreed to by the individual involved and the individual(s) performing the intervention

The hospital will keep a copy of this letter on file in the Medical Staff Office. The involved individual may submit a rebuttal to the charge. This rebuttal will become a permanent part of the record.

If the offending behavior continues, it is the responsibility of the CEO to ensure that it stops. To do so, the Chief of Staff will collaborate with the CEO or designee in holding meetings with the offending individual until the behavior stops. To do so, the Chief of Staff or designee will collaborate with the Chief Medical Officer and CEO in holding series of meetings with the offending individual until the behavior stops. Regardless of who is carrying out these meetings, the intervention involved in each meeting will progressively increase in severity until the behavior in question ceases.

If, in spite of these interventions, the behavior continues, the offending individual will receive a final warning. The individuals carrying out this intervention will inform the offending individual that a single recurrence of the offending behavior within a specified time period shall result in separation from the hospital through termination of employment or contract or loss of medical staff membership and privileges, as appropriate. This meeting is not a discussion, but rather constitutes the provider's final warning. The offender will also receive a follow up letter that reiterates the final warning.

If, after this final meeting, the offending behavior recurs within the specified time period, the individual's medical staff membership and privileges shall be summarily suspended consistent with the summary suspension terms of the medical staff bylaws and policies and procedures. The MEC and board then will take action to revoke the individual's membership and privileges.

If a single incident of disruptive behavior or repeated incidents of disruptive behavior are determined to place patient care or the liability and reputation of the hospital at risk, the offending individual may be immediately fired or his or her contract terminated. For providers granted privileges, the individual will be summarily suspended and the medical staff and hospital policies for addressing summary suspension will be followed.

REFERENCES:

DNV, MS.4; CMS, § 482.22(b); AMA; RCW 18.130.180; The Greeley Company

Approved: MEC 3/24/2015; 3/22/2016; 9-26-2017

Approved: Board 4/20/2016; 10-18-2017

Residents and Medical Students

POLICY:

To manage and delineate the educational experience for residents, medical students, physician assistant students and nurse practitioner students.

PURPOSE:

To provide guidelines and clear understanding for Medical Staff Members who provide an educational learning experience for Residents and Students within Jefferson Healthcare. To define requirements and process for residents/students to provide patient care activities at Jefferson Healthcare.

SCOPE:

Applies to all members of the Medical Staff who provide an educational experience and the residents and students who receive the training.

SCOPE OF PATIENT CARE:

1. Scope of patient care activities shall be defined upon mutual agreement with the program and sponsoring physician.
2. The scope of patient care activities of the resident will not exceed privileges of the physician supervisor(s).
3. The resident/student may complete the history and physical exam, write orders, write progress notes, order diagnostic and therapeutic modalities and dictate the discharge summary. For students, countersignature by preceptor is required immediately before accepted as part of permanent medical record.

DEFINITION:

Resident: A person who has received a medical degree (usually either a [M.D.](#) or [D.O.](#)) who practices medicine usually in a hospital or clinic.

Medical Student: A person accepted into a medical school and undertaking an educational program in medicine towards becoming a medical doctor.

Physician Assistant Student: A person enrolled in a Physician Assistant Program.

Nurse Practitioner Student: A person enrolled in a Nurse Practitioner Program.

RESPONSIBILITY:

Supervision:

1. The attending physician of record is responsible for the supervision of the resident/medical student and must be an active member of the medical staff. The attending physician should provide instruction on a case by case basis.

2. The attending physician must **countersign resident documentation within 24 hours and student reports immediately.**
3. The attending physician is responsible for mortality summaries.

Resident Roles and Responsibilities in the hospital setting:

1. Notify the attending physician of any patients whom have been referred to the Emergency Department for evaluation and/or admission.
2. As patient arrives for admission, the resident notifies the attending physician.
3. Stable patients should be seen and evaluated by the resident with a reasonable time frame upon arrival on the floor if not seen immediately prior to arrival at the hospital. Admitting orders and a brief note should be written at that time.
4. After the patient is examined and a plan formulated, the resident is responsible for calling the patient's attending physician.
5. IMMEDIATELY refer all the following directly to the attending physician:
 - a. Calls regarding any potential ICU admission
 - b. Calls regarding any patient requiring a transfer (ground or air ambulance)
 - c. Calls regarding patients whom are complex with urgent problems, even though ICU admission may not be indicated
6. *Residents* are to review the chart, examine and evaluate their patients daily and document their findings.
7. On potentially unstable patients, the *resident* should alert the attending physician of the need for care management changes.
8. Consultation requests are to be made by the attending physician. The attending physician may designate that the *resident* should make the verbal contact with the consulting physician.
9. ICU admission policy: If an ACU patient is assessed by the resident to need ICU care, the resident should contact the attending physician immediately for approval prior to transfer to the patient. Once approval is obtained, the resident should inform the ICU staff and should assist in management and evaluation until the attending physician arrives.

In the outpatient setting, residents shall be precepted and proctored as deemed appropriate by current GME and CMS standards.

Students:

Students may participate in patient care activities in accordance with a letter of agreement as above. Documents and verifications shall be as contained in section A and B of this policy as applicable to students. Reports must be countersigned by supervising physician immediately before they are accepted as part of the permanent medical record.

For scope of practice, **please refer to "Scope of Practice for Students"**.

PROCEDURE:

Documents and Verifications:

The medical staff services department or designee shall:

- A. Obtain copies of the following documents:
 1. Washington State Medical License (if applicable)
 2. Resident's DEA certificate (or DEA certificate of facility)
 3. Immunization Record
 4. Signed Disclosure, Release of Information and Confidentiality Statements
 5. Approved scope of patient care activities (which shall not exceed sponsor's privileges)
 6. Dates of rotation and name of supervising physician(s)

7. Copy of the residency program agreement
 8. Scope of Practice for *Students*
- B. Verifications and Queries will be done in accordance with CMS and GME standards.
 - C. Upon receipt and verification of information, forward information to the appropriate chief of service, chief of staff and CEO for review and recommendation to approve the resident's scope of activities.
 - D. Notify appropriate departments with resident information to include dates of rotation, approved scope of activities, and supervising physician.

Letter of Agreement between Jefferson Healthcare and the Residency Program/Medical School:
Agreement must contain:

- Written description of the roles, responsibilities, and patient care activities of the participants of the graduate educational program.
- Identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.

The agreement shall outline the responsibility of Jefferson Healthcare Active Staff same specialty physician(s) who will serve as sponsor(s) for the resident; assure that the resident is in good standing in the residency program; that the resident is in compliance with medical licensure requirements of the State of Washington; that the Residency Program will provide salary, benefits and malpractice insurance for the resident during this rotation; outline the sponsor(s) responsibilities, state that the residents are subject to all Jefferson Healthcare policies, rules and regulations and procedures of the program and those required by Jefferson Healthcare; state that any disciplinary action will be conducted by the Residency Program with cooperation from Jefferson Healthcare; state that Jefferson Healthcare shall have the right to discontinue the rotation of any resident whose performance, health, general conduct or failure to abide by any policy, directive, rule or regulation is determined to be detrimental to patients or the achievement of the program's objectives. This agreement will be signed by the Jefferson Healthcare Administration, Active staff sponsor(s), Director of Residency Program, and the Director of Graduate Medical Education at the residency program. The residency program will provide an approved scope of activities which shall be approved by the credentials committee, MEC and Governing Board.

Medical Staff Oversight and Communication:

The Medical Executive Committee shall oversee resident and student participation in patient care.

Any concerns with quality of care or incidents will be reported immediately to the Chief of Service and the residency program director/medical school will be notified.

Scope of Practice for Medical Students, Physician Assistant Student and Nurse Practitioner Students during Rotation with members of the Active Medical Staff of Jefferson Healthcare.

Under the direction of a Preceptor, a Medical Student may:

1. Perform histories, physicals, write orders, order diagnostic and therapeutic modalities, write progress notes, dictate discharge summaries and perform certain procedures. For billing purposes, attendings must verify any student documentation of components of E/M services, rather than re-documenting the work. Attendings must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The attending must personally perform or re-perform the physical exam and medical decision making activities of the service being billed, but may verify any student documentation in the medical record, rather than re-documenting the work. Reports must be countersigned by preceptor immediately before they are accepted as part of the permanent medical record.
2. Scrub-in and perform non-critical tasks under the direct supervision of the active medical staff provider.
3. Perform minor diagnostic procedure under the direct supervision of the active medical staff provider.
4. Accept verbal orders from the sponsoring active medical staff provider and so document in the chart

Restrictions:

1. Students may document orders in the chart but the orders must be co-signed with the sponsoring active medical staff provider before the order is taken off. Such orders will be documented with the both the student's and the provider's names attached.
2. A name tag must be worn by the medical student, identifying the medical school and the student's level.
3. Students are required to comply with Jefferson Healthcare's employee health program, Policy and Procedures, and provide to Employee Health Services results to TB skin test within the last twelve months, and documentation of MMR immunity, either through proof of vaccination or titer.
4. Patient acknowledgement of and consent to the medical student's presence during any appropriate patient care activity is required and must be documented; the sponsoring physician or staff member must introduce the medical student to the patient and obtain verbal consent, wherever possible (based on condition of patient).
5. The student must inform their supervising provider when they are not proficient in a given procedure so that they may receive the necessary supervision.

I, _____ agree to comply with the terms outlined above.

Date: _____

Signature _____

MLN#: MM10412 Revised; Release: 5/31/2018

Verbal/Telephone Computerized Physician Order Entry

POLICY:

Order entry in the EHR (electronic health record) is to be completed by provider and intended to support timely and best care of the patient. Verbal or telephone communication of orders should be limited to urgent situations where immediate electronic communication is not feasible. Verbal and telephone orders will be carried out in accordance with applicable Washington State Laws and CMS Conditions of Participation. Research and Chemotherapy orders must be entered **only** by the provider.

DEFINITION:

A verbal order is a medical order from a credentialed provider spoken to the registered practitioner. A verbal order may be accepted by a Registered Nurse, Registered Respiratory Therapist, a Registered Pharmacist, a Registered Dietician, a Physical Therapist, an Occupational Therapist, a Speech Therapist or a Medical Technologist, if within their scope of practice. A verbal order may not be accepted by an unlicensed individual such as a Health Unit Coordinator or Certified Nursing Assistant.

PROCEDURE:

Providers can give verbal/telephone orders to be read back and entered into EPIC by the registered practitioner during the following **two** scenarios:

1. Inability for provider to access EPIC
 - Provider is actively engaged in the care of another patient, performing a procedure or doing a patient examination
 - Provider is on call without computer accessibility
2. Urgent clinical situation

Verbal/telephone orders will be managed the following way:

1. When RN makes the call to the provider with update or to get an order, **the RN will have the patient's EPIC chart OPEN and will enter the order all the way through the signing process before hanging up the phone.** This will prevent having to call the provider back for clarification, etc. due to system alerts. The order will be read back to the provider for verification to ensure accuracy and completeness. Please select order mode of *"verbal with read-back"* **or** *"telephone with read-back"*.
2. Verbal or telephone orders must identify the provider giving the order.
3. The provider may NOT ask a non-licensed employee to enter orders at any time (i.e. HUC or CNA).
4. The ordering provider must sign, date and time a verbal/telephone order as soon as possible, and no later than 48 hours after the verbal/telephone order is received.

REFERENCES:

CMS CoP 485.635 (d)(3)

WAC 246-873-010; 246-873-090

MEC Approval: 6/4/2013;8/26/2014; 2/24/2015, 11/22/2016, 11/28/2017