Call to Order:
The meeting was called to order at 2:00pm by Board Chair Buhler Rienstra. Present were Commissioners Dressler, McComas, Ready, and Kolff. Also, in attendance were Mike Glenn, CEO, 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.

Education:
- OPMA/PRA Training
Commissioners watched a training video from MRSC called, “Advanced PRA and OPMA Learning.”

Discussion ensued.

- Compliance Report
  - Jon French, Chief Legal Officer, presented the Compliance Report.

Discussion ensued.

Break:
Commissioners recessed for break at 3:18pm.

Commissioners reconvened from break at 3:30pm.

Team, Employee, and Provider the Quarter:
Caitlin Harrison, CHRO, presented the Employee of the Quarter, Cody Kuhnline, Provider of the Quarter, Dr. Joseph Meyerson and Team of the Quarter, Family Birth Center.

Patient Story:
Tina Toner, CNO, provided the patient story, which explained the Code Blue Committee and the Patient Initiated Rapid Response team.

Minutes:
- January 22, 2020 Regular Session
Commissioner Dressler made a motion to approve the January 22 Regular Session Minutes. Commissioner McComas seconded.  
**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested
- January Warrants and Adjustments
- Resolution 2020-02 Surplus Equipment
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Dressler made a motion to approve the January Warrants and Adjustments, Resolution 2020-02 Surplus Equipment, Medical Staff Credentials/Appointments/Reappointments, Medical Staff Policies with the removal of the Life Support Requirements Policy. Commissioner Kolff seconded.

Commissioner Dressler made an amended motion to approve the Required Approvals with the removal of item number 4, Medical Staff Policies, pages (14-31). Commissioner Kolff seconded.  
**Action:** Motion passed unanimously.

**Public Comment:**
No public comment was made.

**Patient Advocate Report**
Jackie Levin, RN, presented the 2019 4th quarter patient advocate report.

Discussion ensued.

**Financial Report:**  

Discussion ensued.

**Quality Report:**  
Brandie Manuel, Chief Patient Safety and Quality Officer, presented the January 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 an update on flu, an update from Laura Showers on COVID19, staffing, advocacy, provider wellness, Greeley, and FBC.

Discussion ensued.

**Board Business:**
Commissioner Kolff reported out on the Board of Health meeting which included discussion on COVID19, influenza season, climate change, and vaping.

Commissioner Dressler provided a report stating that she attended the AHA Rural Health Conference and explained that Jenn Wharton, Chief Ambulatory and Medical Group Officer, and Dr. Steve Butterfield, CMO, Medical Group, gave a great presentation at this event. Topics discussed at the event included government hospitals and rural hospital obstetrics care.

**Meeting Evaluation:**
Commissioners evaluated the meeting.

**Conclude:**
Commissioner Dressler made a motion to conclude the meeting. Commissioner Kolff seconded.

**Action:** Motion passed unanimously.

Meeting concluded at 5:22pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra ________________________________

Secretary of Commission: Marie Dressler ________________________________
Compliance and Integrity Program Report

Jon French
CHIEF LEGAL OFFICER
& COMPLIANCE OFFICER

2.26.2020
Agenda

• Role of the Board and the “Duty of Care”

• Compliance Updates and Actions

• Questions
Role of the Board in Compliance

• From *Federal Sentencing Guidelines*:

  “The organization’s governing authority shall be knowledgeable about the content and operation of the compliance and ethics program and shall exercise reasonable oversight with respect to the implementation and effectiveness of the compliance and ethics program.”

• From *OIG Guidance for Healthcare Governing Boards on Compliance Oversight*:

  “Directors have a fiduciary responsibility to exercise a reasonable duty of care in overseeing a company’s compliance program.”

• From *Corporate Responsibility and Corporate Compliance (OIG and AHLA)*:

  “Director obligations with respect to the duty of care arise in two distinct contexts: the decision-making function...and the oversight function.”
Decoding the Duty of Care

- Primary fiduciary obligation of board/commissioner, particularly in the context of corporate compliance
- Refers to the proper amount of inquiry and prudence for exercising both decision-making and oversight responsibilities

### LEGAL ANALYSIS

1. **Did the board/commissioner act in good faith?**
   - No improper intention or interest
   - Duty of loyalty to the organization

2. **Did the board/commissioner use the level of diligence that an ordinarily prudent person would exercise in like circumstances?**
   - Appropriate awareness of the organization and its circumstances
   - Reasonable inquiry to ensure an informed decision

3. **Did the board/commissioner act in a manner they reasonably believed to be in the best interest of the organization?**
   - Rational basis to believe the organization would benefit

### PRACTICAL ANALYSIS

- **Perfection** is not the standard – but board/commissioner must identify and respond to “red flags,” such as:
  - Extraordinary or suspicious circumstances
  - Indications or reports of misconduct
  - Government investigations

- Board/commissioner must ensure that corporate information and reporting system exists and is adequate

- Board/commissioner is entitled to rely upon management and outside experts/advisors, unless you are aware of facts suggesting that such reliance is unwarranted
Compliance Program Updates and Actions

Program Development
- Standards, policies and procedures
  - Fraud, Waste and Abuse policies review/updates – IN PROGRESS
- Process improvement
  - Informed Consent Task Force (Quality/HIM/Compliance) – IN PROGRESS
    - Goals: maintain our responsibility to patients; ensure defensibility; improve form quality; eliminate form completion errors

Training and Education:
- NEO – general compliance; how/when to report concerns; scenario walk-throughs - MONTHLY
- EMTALA training with Emergency Department and FBC personnel – COMPLETE
- Knowledge spot-checks – IN PROGRESS
- Focused training:
  - Conflicts of interest in the context of Home Health and Hospice – PLANNED
  - Fraud, Waste and Abuse prevention: billers and coders, RCI personnel – PLANNED

Opportunities:
- Increase system-wide visibility for Compliance Hotline and reporting channels – IN PROGRESS
- Increase scheduled and spot audits in areas of enforcement focus
  - Conflicts of Interest and Disclosure policy and resolution process – SCHEDULED
- Improve awareness and understanding of specific compliance topics, including goals, roles and rules
Questions
A NEW VISION

REDEFINING THE GOALS:

• THE VISION: To facilitate a successful response to cardiovascular, cerebral and other emergencies designated to have a clinical code status.

• THE EXECUTION: Increase communication and readiness of staff and leaders and create a robust drill schedule and learning opportunity

RISEING UP TO THE CHALLENGE:

• DROP-IN DRILLS: Each drop-in drills would focus on a key skills in a code, for example, compressions, AED use, first three responder roles, etc.

• SURPRISE DRILLS: These drills were hospital wide and would test response and skills.
REFINING SKILLS

Debriefing each Mock Drill
• This is one of the most important steps of the drill process
• Developed a new debriefing form and debriefed each drill as a team

CHANGE in MOTION:
• Clarification of Calling a Code
  • Developed a card for each workstation with the top codes and provided education to staff and leaders
  • Developing safety modules to inform all staff about their important role during a Code Blue emergency
### CODE CARDS

**Call Code to ______________**

Call code by dialing 85-00 and stating your location (above) and the code response you need (below) repeat three times.

<table>
<thead>
<tr>
<th>CODE</th>
<th>WHY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE BLUE</td>
<td>CARDIAC OR RESPIRATORY ARREST</td>
</tr>
<tr>
<td>RAPID RESPONSE TO ACU/ICU/FBC</td>
<td>YOU NEED RAPID ASSESSMENT SKILLS FOR A PATIENT. THIS PATIENT IS STILL BREATHING</td>
</tr>
<tr>
<td>ED RESPONSE TEAM</td>
<td>YOU NEED RAPID ASSESSMENT SKILLS FOR A PATIENT THAT IS NOT ON ACU/ICU/FBC FLOOR. THIS PATIENT IS STILL BREATHING</td>
</tr>
<tr>
<td>CODE ORANGE</td>
<td>HAZMAT RESPONSE</td>
</tr>
<tr>
<td>CODE GRAY</td>
<td>SECURITY AND CODE GRAY TEAM RESPONSE</td>
</tr>
</tbody>
</table>
Patient Advocate Report

February 26, 2020
4th Quarter 2019
Jackie Levin MS, RN
Agenda

- Trends and Highlights
- Responsiveness to Patient Feedback
- Distribution of Care Provider Concerns
- Trends by Service Area
- Patient Advocate Additional Projects
- Process changes related to patient calls
The average time to close cases was 14.74 days, meeting our target of 30 days or less.

Average receiving concern to acknowledgement letter was 2.6 days.

Total number of concerns for this quarter #66.

Patient Navigation Calls: #83
The Highlights

**Days to Acknowledgement**
- Q 4 H = 7 Days
- Q 4 L = 0 Days
- Q 4 Ave = 2.26 Days

**Days to Closure**
- Q 4 H = 59 Days
- Q 4 L = 1 Days
- Q 4 Ave = 14.74 Days
ED, PC and EC Concerns/1000 visits

Q2 2018, Q3 2018, Q4 2018, Q1 2019, Q2 2019, Q3 2019, Q4 2019

ED: 7.4
EC: 4.2
PC: 0.98
Trends by Service Area of Concern (Raw Data)
Trends by Type of Concerns
Provider Issues: How patients frame their concerns
Putting the pieces of the puzzle together is a team effort.
CHANGE
January 2020 Finance Report
February 26, 2020
Jason McCormick, interim CFO
EDUCATION

INFOR/LAWSON Upgrade

• In Q4 2019 we started a major upgrade to human, supply, and finance management software. This upgrade is more like converting to an entirely different system than an upgrade.

• Go live anticipated for mid Q4 2020.

• Resources from IT, HR, MM, and Accounting are heavily involved in the process and dedicating a lot of human capital to the project.

• In February there was a 3-week conference room pilot (testing); and the teams are getting started on round two of testing this week.

• Looking forward to better process flow within system, functionality for users and end-users, and drill-down reporting for leaders.
## January 2020
### Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>JANUARY 2020</th>
<th>JANUARY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>576</td>
<td>625</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,940</td>
<td>2,498</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>64</td>
<td>84</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>288</td>
<td>347</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>389</td>
<td>461</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>129</td>
<td>118</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>86</td>
<td>73</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>18,666</td>
<td>19,809</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,955</td>
<td>3,103</td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>17,981</td>
<td>22,497</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,547</td>
<td>3,963</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>8,903</td>
<td>9,192</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,046</td>
<td>1,096</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>339</td>
<td>340</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>6,056</td>
<td>6,609</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,853</td>
<td>4,243</td>
</tr>
</tbody>
</table>
## January 2020
### Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>January 2020 Actual</th>
<th>January 2020 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>January 2020 YTD</th>
<th>January 2020 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>January 2019 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>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>23,378,993</td>
<td>24,144,814</td>
<td>(765,821)</td>
<td>-3%</td>
<td>23,378,993</td>
<td>24,144,814</td>
<td>(765,821)</td>
<td>-3%</td>
<td>21,574,318</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>12,270,749</td>
<td>12,908,965</td>
<td>638,216</td>
<td>5%</td>
<td>12,270,749</td>
<td>12,908,965</td>
<td>638,216</td>
<td>5%</td>
<td>11,465,983</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>177,476</td>
<td>233,516</td>
<td>56,039</td>
<td>24%</td>
<td>177,476</td>
<td>233,516</td>
<td>56,039</td>
<td>24%</td>
<td>162,328</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>10,930,768</td>
<td>11,002,334</td>
<td>(71,566)</td>
<td>-1%</td>
<td>10,930,768</td>
<td>11,002,334</td>
<td>(71,566)</td>
<td>-1%</td>
<td>9,946,008</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>464,384</td>
<td>582,137</td>
<td>(117,753)</td>
<td>-20%</td>
<td>464,384</td>
<td>582,137</td>
<td>(117,753)</td>
<td>-20%</td>
<td>369,259</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>11,395,152</td>
<td>11,584,471</td>
<td>(189,319)</td>
<td>-2%</td>
<td>11,395,152</td>
<td>11,584,471</td>
<td>(189,319)</td>
<td>-2%</td>
<td>10,315,267</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>5,630,759</td>
<td>5,555,425</td>
<td>(75,333)</td>
<td>-1%</td>
<td>5,630,759</td>
<td>5,555,425</td>
<td>(75,333)</td>
<td>-1%</td>
<td>4,841,208</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,443,501</td>
<td>1,431,213</td>
<td>(12,288)</td>
<td>-1%</td>
<td>1,443,501</td>
<td>1,431,213</td>
<td>(12,288)</td>
<td>-1%</td>
<td>1,216,395</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>3,656,647</td>
<td>4,141,799</td>
<td>485,152</td>
<td>12%</td>
<td>3,656,647</td>
<td>4,141,799</td>
<td>485,152</td>
<td>12%</td>
<td>3,515,406</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>10,730,907</td>
<td>11,128,437</td>
<td>397,530</td>
<td>4%</td>
<td>10,730,907</td>
<td>11,128,437</td>
<td>397,530</td>
<td>4%</td>
<td>9,573,009</td>
</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>664,246</td>
<td>456,034</td>
<td>208,212</td>
<td>46%</td>
<td>664,246</td>
<td>456,034</td>
<td>208,212</td>
<td>46%</td>
<td>742,258</td>
</tr>
<tr>
<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>(6,816)</td>
<td>(7,471)</td>
<td>655</td>
<td>-9%</td>
<td>(6,816)</td>
<td>(7,471)</td>
<td>655</td>
<td>-9%</td>
<td>12,048</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>657,429</td>
<td>448,563</td>
<td>208,867</td>
<td>47%</td>
<td>657,429</td>
<td>448,563</td>
<td>208,867</td>
<td>47%</td>
<td>754,306</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>5.8%</td>
<td>3.9%</td>
<td>1.9%</td>
<td>48.1%</td>
<td>5.8%</td>
<td>3.9%</td>
<td>1.9%</td>
<td>48.1%</td>
<td>7.2%</td>
</tr>
<tr>
<td><strong>Total margin</strong></td>
<td>5.8%</td>
<td>3.9%</td>
<td>1.9%</td>
<td>49.0%</td>
<td>5.8%</td>
<td>3.9%</td>
<td>1.9%</td>
<td>49.0%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Salaries &amp; Benefits as a % of net pt svc rev</td>
<td>-64.7%</td>
<td>-63.5%</td>
<td>-1.2%</td>
<td>-1.9%</td>
<td>-64.7%</td>
<td>-63.5%</td>
<td>-1.22%</td>
<td>-1.9%</td>
<td>-60.9%</td>
</tr>
</tbody>
</table>
January 2020
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

DAYS OUTSTANDING IN A/R and DAYS AR GOAL - 45 show a general trend of decrease from January 31, 2019, to January 31, 2020. DAYS OF CASH and DAYS CASH GOAL - 90 remain relatively constant throughout the period.
# January 2020

## Board Financial Report

<table>
<thead>
<tr>
<th>Dept#</th>
<th>Department</th>
<th>Rev/Exp</th>
<th>Account</th>
<th>Account Description</th>
<th>Jan Actual</th>
<th>Jan Budget</th>
<th>Jan Variance</th>
<th>2020 to Date Actual</th>
<th>2020 to Date Budget</th>
<th>2020 to Date Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>8612</td>
<td>BOARD</td>
<td>Exp</td>
<td>600010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>3,139.00</td>
<td>5,204.00</td>
<td>2,065.00</td>
<td>3,139.00</td>
<td>5,204.00</td>
<td>2,065.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601100</td>
<td>BENEFITS FICA</td>
<td>240.00</td>
<td>323.00</td>
<td>83.00</td>
<td>240.00</td>
<td>323.00</td>
<td>83.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601150</td>
<td>BENEFITS WA F&amp;MLA</td>
<td>5.00</td>
<td>-</td>
<td>(5.00)</td>
<td>5.00</td>
<td>-</td>
<td>(5.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>4,793.00</td>
<td>4,271.00</td>
<td>(522.00)</td>
<td>4,793.00</td>
<td>4,271.00</td>
<td>(522.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601600</td>
<td>BENEFITS RETIREMENT</td>
<td>-</td>
<td>260.00</td>
<td>260.00</td>
<td>-</td>
<td>260.00</td>
<td>260.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601900</td>
<td>BENEFITS EMPLOYEE ASSISTANCE</td>
<td>-</td>
<td>10.00</td>
<td>10.00</td>
<td>-</td>
<td>10.00</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>-</td>
<td>2,117.00</td>
<td>2,117.00</td>
<td>-</td>
<td>2,117.00</td>
<td>2,117.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>602500</td>
<td>AUDIT FEES</td>
<td>-</td>
<td>3,557.00</td>
<td>3,557.00</td>
<td>-</td>
<td>3,557.00</td>
<td>3,557.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>604200</td>
<td>CATERING</td>
<td>53.00</td>
<td>125.00</td>
<td>72.00</td>
<td>53.00</td>
<td>125.00</td>
<td>72.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>604500</td>
<td>OFFICE SUPPLIES</td>
<td>-</td>
<td>25.00</td>
<td>25.00</td>
<td>-</td>
<td>25.00</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
<td>83.00</td>
<td>83.00</td>
<td>-</td>
<td>83.00</td>
<td>83.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>834.00</td>
<td>834.00</td>
<td>-</td>
<td>834.00</td>
<td>834.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>609400</td>
<td>TRAVEL/METEINGS/TRAINING</td>
<td>-</td>
<td>1,669.00</td>
<td>1,669.00</td>
<td>-</td>
<td>1,669.00</td>
<td>1,669.00</td>
</tr>
</tbody>
</table>

**Exp Total**

| 8,230.00 | 18,478.00 | 10,248.00 | 8,230.00 | 18,478.00 | 10,248.00 |

**BOARD Total**

| 8,230.00 | 18,478.00 | 10,248.00 | 8,230.00 | 18,478.00 | 10,248.00 |
February 2020
Preview — (*as of 0:00 02/26/20)

• $20,177,353 in HB charges
  • Average: $695,771/day (HB only)
  • Budget: $762,462/day
  • 91.5% of Budget

• $7,173,63 in HB cash collections
  • Average: $247,368/day (HB only)
  • Goal: $335,524/day

• 55.3 Days in A/R

• Questions
Patient Safety and Quality Report
Presented by Brandie Manuel, Chief Patient Safety and Quality Officer
February 26, 2020
Agenda

- Patient Safety and Quality Updates
- Home Health and Hospice Quality Report
- Service: In the Words of our Patients
- Current Projects
<table>
<thead>
<tr>
<th><strong>Goals</strong></th>
<th><strong>Strategy</strong></th>
<th><strong>Initiatives</strong></th>
<th><strong>Targets</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide the Highest Quality, Safest Care</td>
<td>Drive Best Practice Clinical Care</td>
<td>Achieve zero harm events</td>
<td>Zero avoidable healthcare acquired harm events</td>
</tr>
<tr>
<td>Achieve Excellent Quality Outcomes</td>
<td>Achieve Excellent Quality Outcomes</td>
<td>Antimicrobial Stewardship</td>
<td>Healthcare Acquired C. Diff</td>
</tr>
<tr>
<td>Enhance Culture of Safety</td>
<td>Enhance Culture of Safety</td>
<td>Implement and adhere to evidence-based practices</td>
<td>(i) Implementation of ambulatory AS program – project started</td>
</tr>
<tr>
<td>Align care with patient goals</td>
<td>Align care with patient goals</td>
<td>Hardwire team training</td>
<td>(ii) Decreased overall days of therapy (IP) – overall DDD 423.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leader Rounding</td>
<td>(iii) Avoidance of Antibiotics for URTI (OP) – 90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implement a palliative care program</td>
<td>90% or greater compliance with core measures</td>
</tr>
</tbody>
</table>

- Team Training Attendance
- Weekly Rounding Compliance
- Readmission rate < 12%
2020 Quality and Patient Safety Focus Areas

Culture of Safety for Employees
- Workplace Violence Prevention
- Management of complex patients (process)
- Training and education strategies
- Use of TeamSTEPPS tools and strategies in de-escalation and support of the team

Quality: Patient Outcomes
- Screening and early identification of sepsis
- Sepsis 3-hour bundle compliance
- Reduced Sepsis Mortality Rates

Surgical Safety
- Informed Consent
- Infection Prevention
- Implementation of ATP Monitoring
- Ambulatory Surgery Safety
- Specimen labeling and collection

Transitions of Care
- Care Coordination for high-utilizer patients
- Referrals
- Medication Reconciliation
- Problem List Reconciliation

‘Big Dot’ Goals:
- Safest patient care
- Safe Employees and Providers
- Effective transitions of care
# Home Health and Hospice Quality Report

<table>
<thead>
<tr>
<th></th>
<th>JEFFERSON HEALTHCARE HOME HEALTH</th>
<th>WASHINGTON AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of patient care star ratings</td>
<td>🟢🌟🌟🌟🌟</td>
<td>🟢🌟🌟🌟🌟</td>
<td>🟢🌟🌟🌟🌟</td>
</tr>
<tr>
<td>Patient survey summary star rating. More stars are better. Learn more</td>
<td>🟢🌟🌟🌟🌟</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
2019 Accomplishments

- Fully Staffed
- Introduced Standardized Visit Model
- Completed Epic Roll-Out
- Increased Focus on Education
- Video Huddles

How Do We Look Different?

- EMR Team
- Nurse Think Tank
- PDGM

New Programs

We spent 2019 building a foundation for the future.

Hospice Quality

- Overall Care 100%
- Help with Breathing (n=1)
- Help with Pain 100%
- Help with Pain Meds 80%
- Support with Spiritual Needs 100%
- Support with Emotional Care 100%
- Training 33%

**Patient Experience**
What Are We Most Proud Of?

Staff Engagement

CMS Surveys...

Home Health (2019)
• Disciplines in within 5 Days
• Incomplete Patient Rights
• Failure to Develop, Update and Implement Policies

Managing Transitions and Readmissions
• 100% Admission Audits with Clinician Self-Audits
• Visit Sets – Monitoring for fluidity
• Real-Time Management
• Daily IDG (HH)

Hospice (2017)
• Disciplines in within 5 Days
• Volunteer Training
**Working on Accreditation

Work in Process...
Quality Scores Reflecting the Work we are Doing and the Care we Provide

What Are We Most Proud Of?

Staff Engagement
Service – Home Health: In the words of our patients...

SUPER KIND, RELEVANT, HELPFUL & PERSONABLE. MUCH RESPECT & APPRECIATION.

GOOD PEOPLE GOOD CARE ALWAYS

VERY HELPFUL TO HAVE THEM TAKE BLOOD & URINE TO LAB SINCE I DON’T DRIVE AND HAVE TO FAST FOR IT.
Current Projects

ACCELERATE: Collaborative with WSHA

• Post-Operative Prevention of Venous Thromboembolism
• Sepsis: Best Practice Implementation and Decreasing Mortality

On the State and National Stage:

• WSHA: Fall Prevention Strategies
  • Mitzi Hazard, PT, Director, Rehab and Wellness Services
• American Hospital Association:
  • S. Butterfield, MD, CMO Medical Group Jenn Wharton, CAMGO
• Michigan Hospital Association: TeamSTEPPS and Workplace Violence Prevention
  • Caitlin Harrison, CHRO, Brandie Manuel, CPSQO, and Chris O’Higgins, Security Director

Care Transformation

• Merit-based Incentive Payment System (MIPS) Reporting 2019

Antimicrobial Stewardship

• New collaborative: AHRQ and Johns Hopkins University – Ambulatory Antimicrobial Stewardship
• Decreasing cost and improving patient outcomes

[Image of Breaking News: DNV CIP Survey scheduled for June 30–July 1st]
Questions?

fueled by our people
New Providers

Anne Koomen, MS, ARNP
JH Sheridan Clinic

Umberto Orazi, MD, FACP
JH Watership Clinic
Advocacy Update

- House and Senate released proposed supplemental budgets
  - Both budgets are (mostly) positive for healthcare
  - Neither budget proposes cuts to hospitals
  - Both budgets include funds to replace lost federal funding to maintain Title X family planning services
  - Both budgets include funds to increase nursing home rates
  - Both budgets include funding to increase behavioral health services
  - Both budgets include funding to support monitoring and responding to COVID 19 Cases in Washington State

- Jill, Marie and I attended WSHA Advocacy Days in Olympia and met with our legislative delegation.
- Dunia Faulx attended NRHA Annual Meeting in Washington DC and met with congressional delegation.
- Drs. Mattern, Butterfield, and Forbes attended WSMA Advocacy Day in Olympia and met with legislative delegation.
- Dr. Mattern and I will attend AHA Annual Meeting in DC in April to meet with congressional delegation.
Sheridan Clinics Refresh

6-week project, currently in week 3

- Flooring Repairs
- New Diagnostic Wall Boards
- New Computers
- New Paint
- New Lighting
- New Artwork
- New High-Tech Stress Reduction Device
Sheridan Clinics Refresh
Other

- DNV
  - CMS deemed/ ISO recertification survey... Any day now!

- Master Site Plan Update
  - Demographic and utilization data analysis nearly complete.
  - New box right sizing exercise scheduled for this week.
  - Board presentation March 25 to introduce options and determine go forward plan to complete process.
QUESTIONS