

**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Special Session Minutes**  
**Wednesday, February 26, 2020**  
**Victor J. Dirksen Conference Room**

**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 4<sup>th</sup> quarter patient advocate report.

Discussion ensued.

**Financial Report:**

Jason McCormick, Interim CFO, presented the January 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 AHHA)*:

“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

# Jefferson Healthcare

Wednesday, February 26, 2020

CODE BLUE COMMITTEE  
2019 YEAR IN REVIEW

# 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

## **RISING 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	
CODE	WHY
CODE BLUE	CARDIAC OR RESPIRATORY ARREST
RAPID RESPONSE TO ACU/ICU/FBC	YOU NEED RAPID ASSESSMENT SKILLS FOR A PATIENT. THIS PATIENT IS STILL BREATHING
ED RESPONSE TEAM	YOU NEED RAPID ASSESSMENT SKILLS FOR A PATIENT THAT IS NOT ON ACU/ICU/FBC FLOOR. THIS PATIENT IS STILL BREATHING
CODE ORANGE	HAZMAT RESPONSE
CODE GRAY	SECURITY AND CODE GRAY TEAM RESPONSE

# THE PATIENT STORY





# Jefferson Healthcare

## 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

# Data Highlights

The average time to close cases was **14.74** days, meeting our target of **30 days** or less.

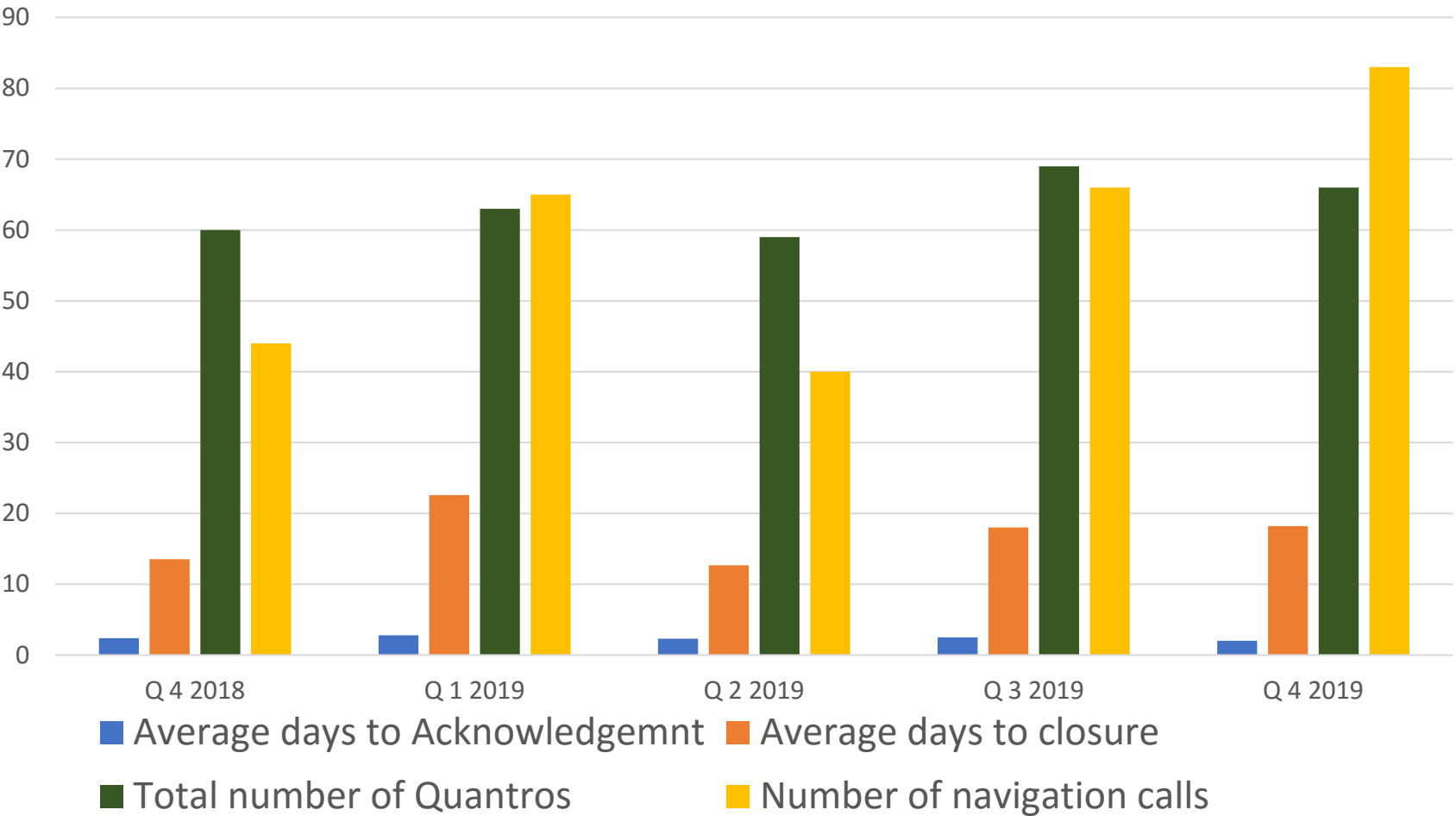
Average receiving concern to acknowledgement letter was **2.6** days.

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

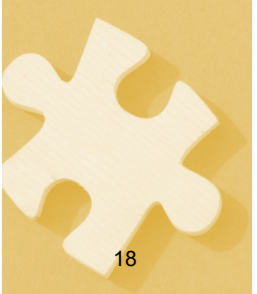
Q 4 Ave = 2.26 Days

## Days to Closure

Q 4 H = 59 Days

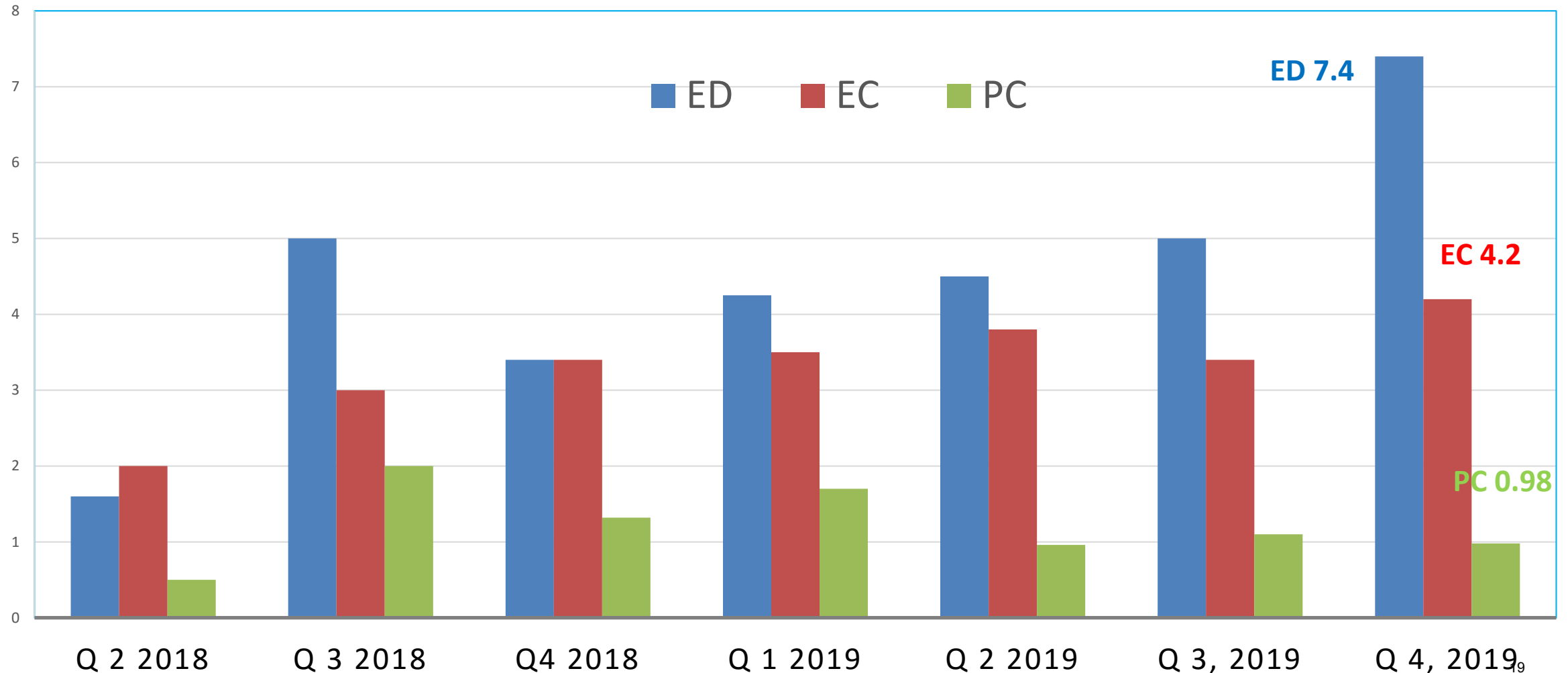
Q 4 L = 1 Days

Q 4 Ave = 14.74 Days

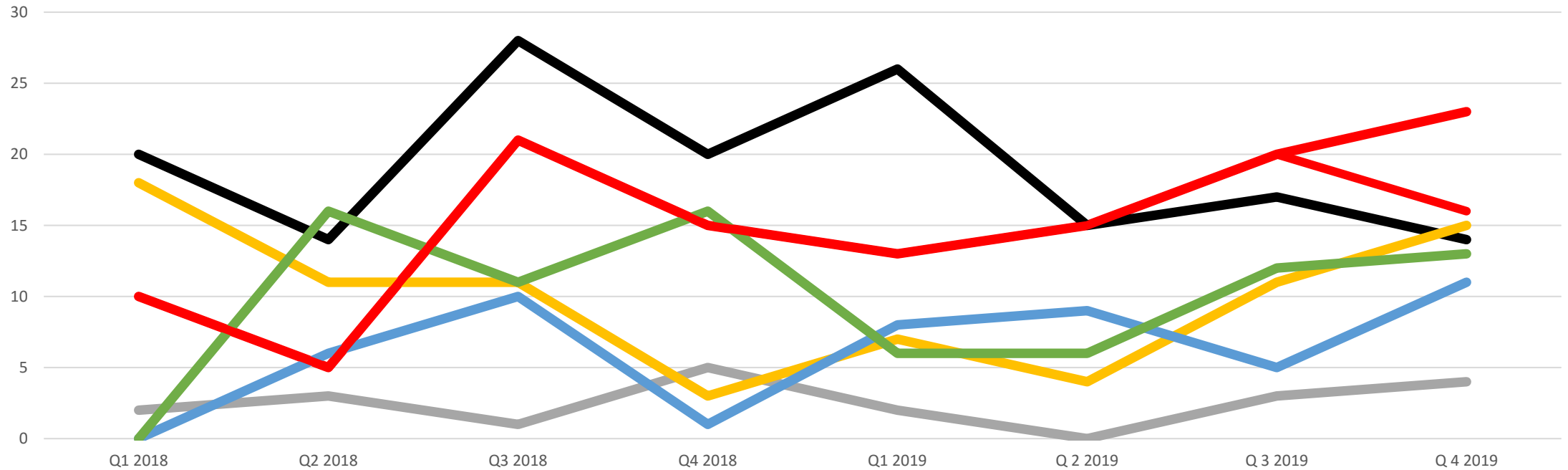




# ED, PC and EC Concerns/1000 visits



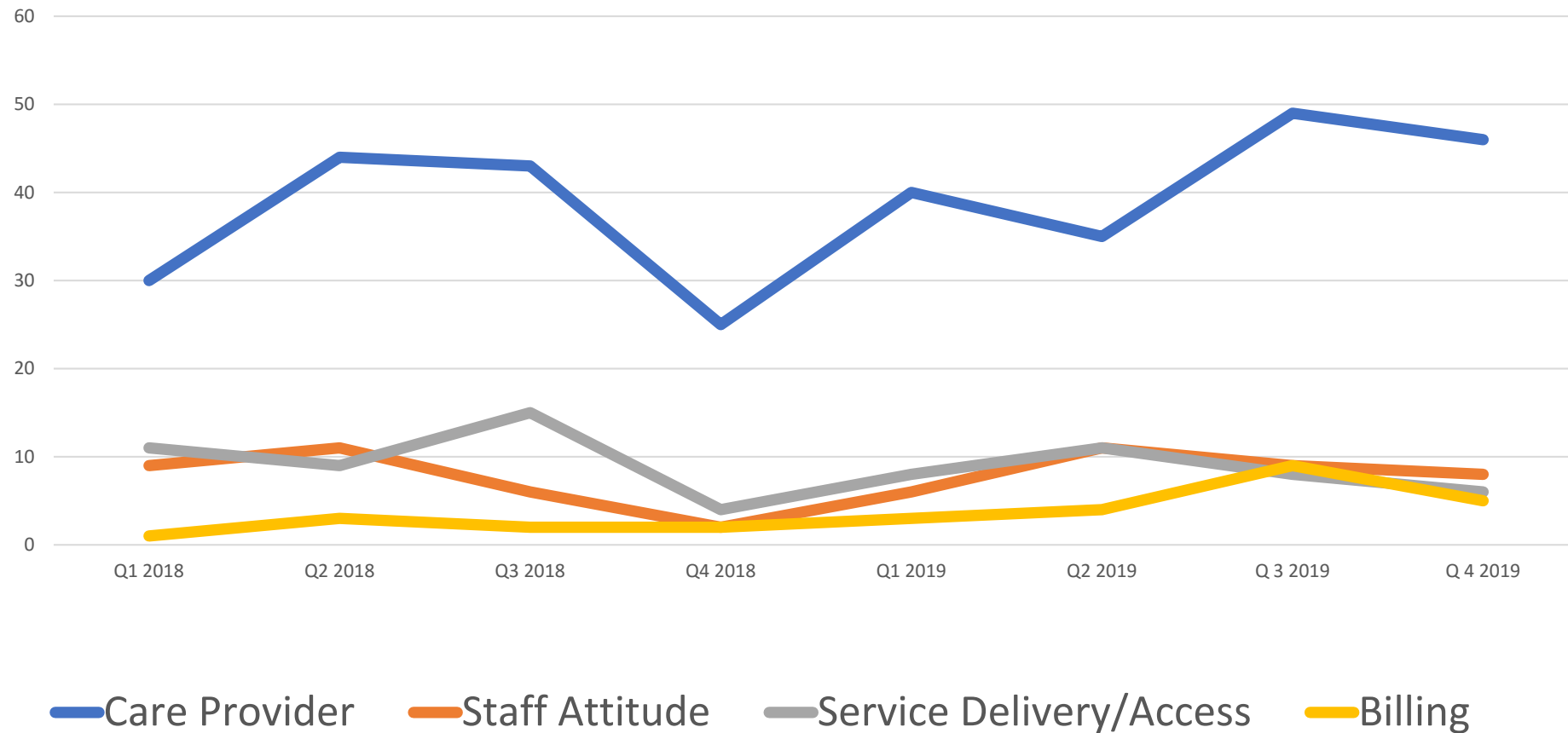
# Trends by Service Area of Concern (Raw Data)



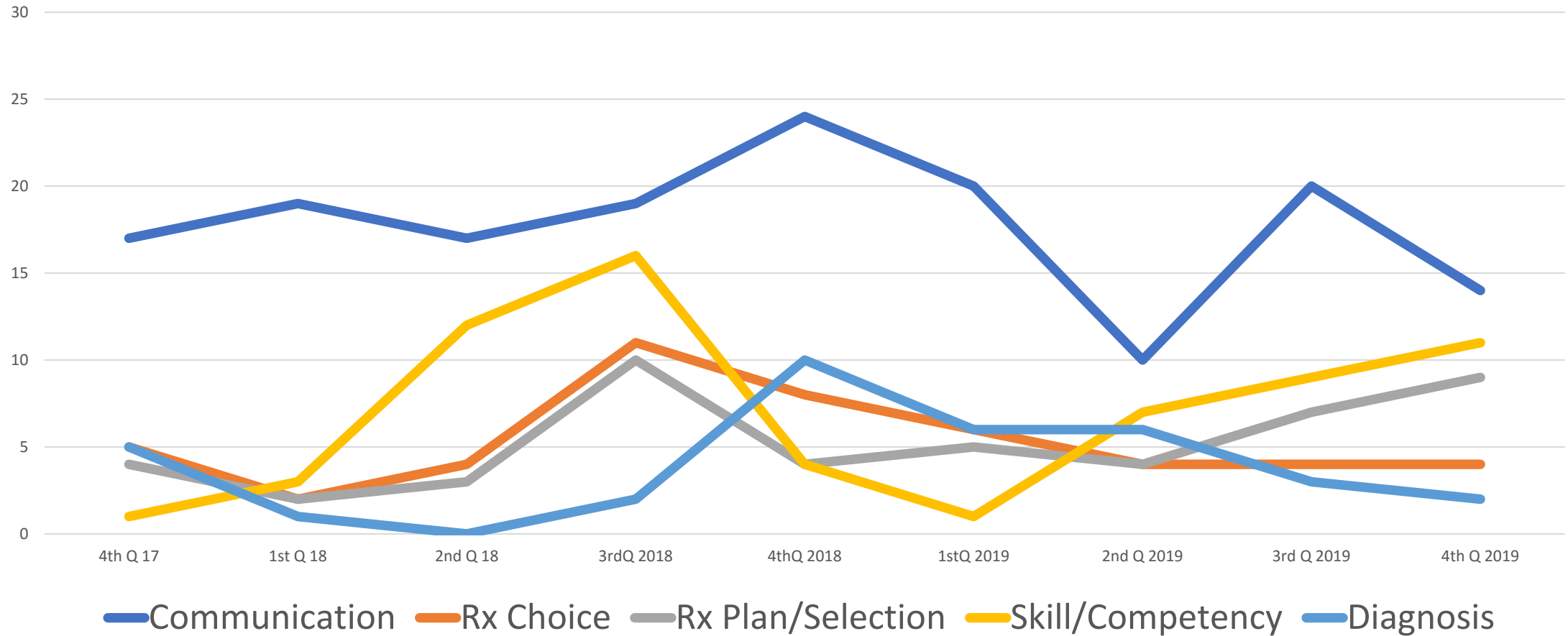
— ED #1 — Clinics — ACU/ Obs — Other — Express Clinic — Specialty Clinics — ED #2



# Trends by Type of Concerns



# Provider Issues: How patients frame their concerns







Putting the pieces of the puzzle together is a team effort.

**C H A N G E**

# Jefferson Healthcare

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

STATISTIC DESCRIPTION	JANUARY 2020						JANUARY 2019					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE		
FTEs - TOTAL (AVG)	576	625	8%	576	625	8%	545	-6%	545	-6%		
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%		
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	389	461	-16%	389	461	-16%	407	-4%	407	-5%		
SURGERY CASES (IN OR)	129	118	9%	129	118	9%	107	21%	107	17%		
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%		
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%		
RESPIRATORY THERAPY PROCEDURES	3,547	3,963	-10%	3,547	3,963	-10%	3,766	-6%	3,766	-6%		
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%		
DENTAL CLINIC	339	340	0%	339	340	0%	-	0%	-	100%		
TOTAL RURAL HEALTH CLINIC VISITS	6,056	6,609	-8%	6,056	6,609	-8%	6,378	-5%	6,378	-5%		
TOTAL SPECIALTY CLINIC VISITS	3,853	4,243	-9%	3,853	4,243	-9%	3,519	9%	3,519 <sup>27</sup>	9%		

# January 2020

## Income Statement Summary

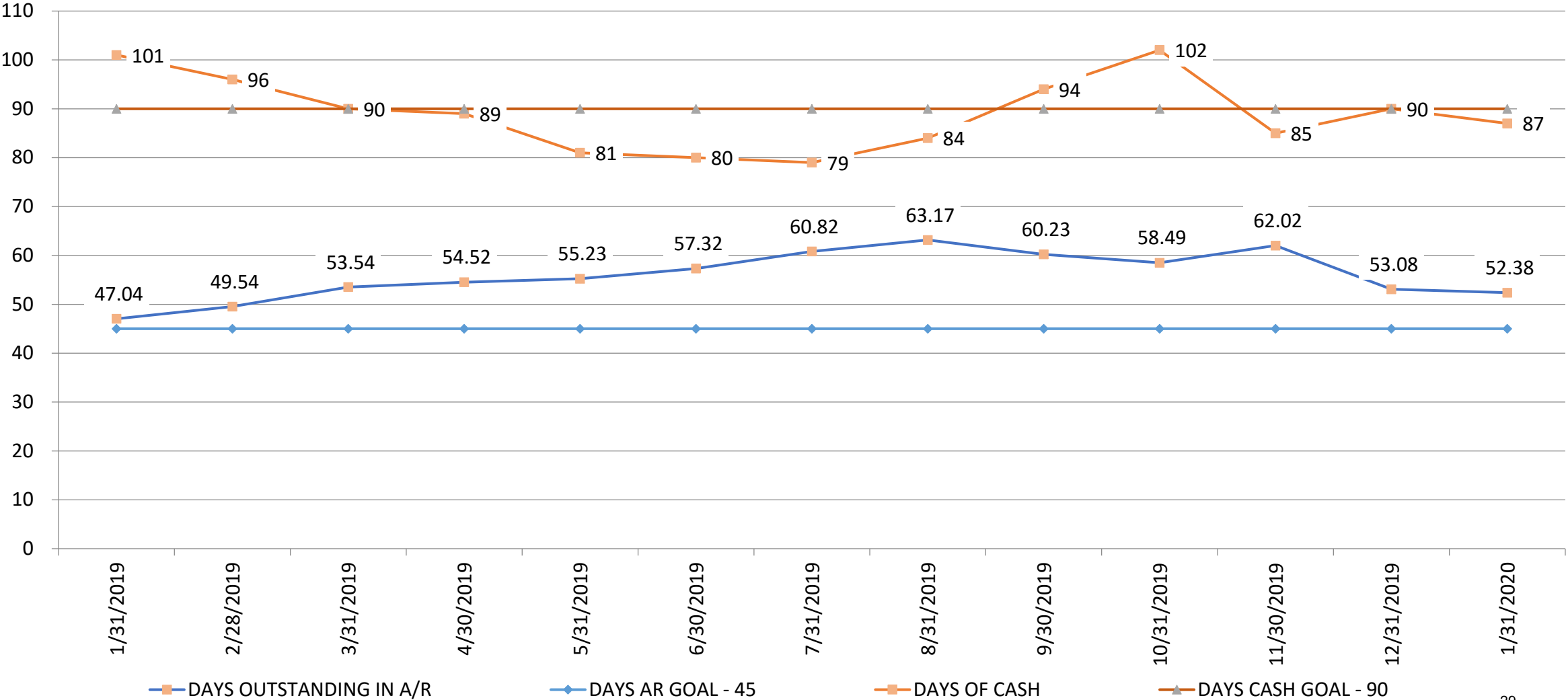
	January 2020 Actual	January 2020 Budget	Variance Favorable/ (Unfavorable)	%	January 2020 YTD	January 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	January 2019 YTD
<b>Operating Revenue</b>									
Gross Patient Service Revenue	23,378,993	24,144,814	(765,821)	-3%	23,378,993	24,144,814	(765,821)	-3%	21,574,318
Revenue Adjustments	12,270,749	12,908,965	638,216	5%	12,270,749	12,908,965	638,216	5%	11,465,983
Charity Care Adjustments	177,476	233,516	56,039	24%	177,476	233,516	56,039	24%	162,328
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	464,384	582,137	(117,753)	-20%	464,384	582,137	(117,753)	-20%	369,259
Total Operating Revenue	11,395,152	11,584,471	(189,319)	-2%	11,395,152	11,584,471	(189,319)	-2%	10,315,267
<b>Operating Expenses</b>									
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
Other Expenses	3,656,647	4,141,799	485,152	12%	3,656,647	4,141,799	485,152	12%	3,515,406
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
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
Operating Margin	5.8%	3.9%	1.9%	48.1%	5.8%	3.9%	1.89%	48.1%	7.2%
Total margin	5.8%	3.9%	1.9%	49.0%	5.8%	3.9%	1.90%	49.0%	7.3%
Salaries & Benefits as a % of net pt svc rev	-64.7%	-63.5%	-1.2%	-1.9%	-64.7%	-63.5%	-1.22%	-1.9%	28 -60.9%



# January 2020

## Cash and Accounts Receivable

Days Cash and Accounts Receivable





# January 2020

## Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	Jan Actual	Jan Budget	Jan Variance	2020 to Date Actual	2020 to Date Budget	2020 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	3,139.00	5,204.00	2,065.00	3,139.00	5,204.00	2,065.00
			601100	BENEFITS FICA	240.00	323.00	83.00	240.00	323.00	83.00
			601150	BENEFITS WA F&MLA	5.00	-	(5.00)	5.00	-	(5.00)
			601400	BENEFITS MEDICAL INS-UNION	4,793.00	4,271.00	(522.00)	4,793.00	4,271.00	(522.00)
			601600	BENEFITS RETIREMENT	-	260.00	260.00	-	260.00	260.00
			601900	BENEFITS EMPLOYEE ASSISTANCE	-	10.00	10.00	-	10.00	10.00
			602300	CONSULT MNGMT FEE	-	2,117.00	2,117.00	-	2,117.00	2,117.00
			602500	AUDIT FEES	-	3,557.00	3,557.00	-	3,557.00	3,557.00
			604200	CATERING	53.00	125.00	72.00	53.00	125.00	72.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	-	25.00	25.00
			604850	COMPUTER EQUIPMENT	-	83.00	83.00	-	83.00	83.00
			606500	OTHER PURCHASED SERVICES	-	834.00	834.00	-	834.00	834.00
			609400	TRAVEL/MEETINGS/TRAINING	-	1,669.00	1,669.00	-	1,669.00	1,669.00
		Exp Total			8,230.00	18,478.00	10,248.00	8,230.00	18,478.00	10,248.00
	<b>BOARD Total</b>				<b>8,230.00</b>	<b>18,478.00</b>	<b>10,248.00</b>	<b>8,230.00</b>	<b>18,478.00</b>	<sup>30</sup> <b>10,248.00</b>

# 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**

# Jefferson Healthcare

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

Quality  
and  
Safety

Goals	Strategy	Initiatives	Targets
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
	Enhance Culture of Safety	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%
	Align care with patient goals	Hardwire team training	90% or greater compliance with core measures
		Leader Rounding	Team Training Attendance
		Implement a palliative care program	Weekly Rounding Compliance
			Readmission rate < 12%

### 'Big Dot' Goals:

- *Safest patient care*
- *Safe Employees and Providers*
- *Effective transitions of care*

# 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

# Home Health and Hospice Quality Report



	JEFFERSON HEALTHCARE HOME HEALTH	WASHINGTON AVERAGE	NATIONAL AVERAGE
Quality of patient care star ratings ⓘ	☆☆●●●	☆☆☆☆●	☆☆☆☆●
Patient survey summary star rating. More stars are better. <a href="#">Learn more</a>	☆☆☆●●	Not Available	Not Available



## How Do We Look Different?

- EMR Team
- Nurse Think Tank
- PDGM

## New Programs

We spent 2019  
building a  
foundation for  
the future.



## 2019 Accomplishments

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

## 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\*\***

## CMS Surveys...

### Home Health (2019)

- Disciplines in within 5 Days
- Incomplete Patient Rights
- Failure to Develop, Update and Implement Policies

### 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

### Managing Transitions and Readmissions

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



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

Breaking  
News:

DNV CIP  
Survey  
scheduled for  
June 30-July 1<sup>st</sup>

# Questions?



# Jefferson Healthcare

## Administrative Report

February 26, 2020

Mike Glenn, CEO

# 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

