

**\*COVID-19 Notice\***

**No in-person attendance allowed, pursuant to Governor Inslee's Proclamation 20-28.**

All meeting attendees, including Board of Commissioners, staff and members of the public must participate virtually. No physical meeting location will be provided.

**To attend the meeting, dial Phone Conference Line: (509) 598-2842**  
**When prompted, enter Conference ID number: 197938556**

**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Special Session Minutes**  
**Wednesday, May 27, 2020**

**Call to Order:**

The meeting was called to order at 3:30pm by Board Chair Buhler Rienstra. Present by phone were Commissioners Dressler, McComas, Ready, and Kolff. Also, in attendance by phone were Mike Glenn, CEO, Hilary Whittington, Chief Administrative Officer/Chief Financial 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, Jenn Wharton, Chief Ambulatory and Medical Group Officer, and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

**Approve Agenda:**

Commissioner Dressler approved the agenda. Commissioner Kolff seconded.

**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested

- April Warrants and Adjustments
- Resolution 2020-04 Designation of Applicant's Agent
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Kolff made a motion to approve the April Warrants and Adjustments, Resolution 2020-04 Designation of Applicant's Agent, Medical Staff Credentials/ Appointments/ Reappointments, and medical staff policies. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Financial Report:**

Hilary Whittington, CFO, presented the April Financial Reports.

Discussion ensued.

**Quality Report:**

Brandie Manuel, Chief Patient Safety and Quality Officer, presented the 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 COVID-19, quality work and antibody testing.

Discussion ensued.

**Board Business:**

Commissioner Kolff provided a report from the Board of Health discussing various topics such as receiving input from key players in the community, the variance being granted and now 5 or fewer people are allowed to gather but no overnight camping, directive will come out regarding community use of masks, restaurant openings and retail in store purchases.

Discussion ensued.

**Meeting Evaluation:**

Commissioners evaluated the meeting.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 5:39pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra \_\_\_\_\_

Secretary of Commission: Marie Dressler \_\_\_\_\_

# Jefferson Healthcare

April 2020 Finance Report

May 27, 2020

Hilary Whittington, CAO/CFO

# April 2020

## Operating Statistics

### STATISTIC DESCRIPTION

FTEs - TOTAL (AVG)

ADJUSTED PATIENT DAYS

ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)

ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)

PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION

SURGERY CASES (IN OR)

SPECIAL PROCEDURE CASES

LAB BILLABLE TESTS

TOTAL DIAGNOSTIC IMAGING TESTS

PHARMACY MEDS DISPENSED

RESPIRATORY THERAPY PROCEDURES

REHAB/PT/OT/ST RVUs

ER CENSUS

DENTAL CLINIC

TOTAL RURAL HEALTH CLINIC VISITS

TOTAL SPECIALTY CLINIC VISITS

APRIL 2020						APRIL 2019			
<u>MO</u> <u>ACTUAL</u>	<u>MO</u> <u>BUDGET</u>	<u>%</u> <u>VARIANCE</u>	<u>YTD</u> <u>ACTUAL</u>	<u>YTD</u> <u>BUDGET</u>	<u>%</u> <u>VARIANCE</u>	<u>MO</u> <u>ACTUAL</u>	<u>%</u> <u>VARIANCE</u>	<u>YTD</u> <u>ACTUAL</u>	<u>%</u> <u>VARIANCE</u>
591	625	5%	598	625	4%	573	-3%	565	-6%
1,238	2,418	-49%	6,903	9,752	-29%	2,563	-52%	9,141	-24%
48	81	-41%	217	329	-34%	88	-45%	343	-58%
129	336	-62%	913	1,355	-33%	381	-66%	1,378	-51%
178	446	-60%	1,228	1,800	-32%	478	-63%	1,785	-45%
37	114	-68%	353	460	-23%	118	-69%	424	-20%
6	71	-92%	207	285	-27%	72	-92%	257	-24%
10,378	19,170	-46%	60,813	77,318	-21%	18,695	-44%	74,462	-22%
1,486	3,004	-51%	9,589	12,115	-21%	2,831	-48%	11,249	-17%
11,417	21,772	-48%	68,674	87,813	-22%	21,900	-48%	88,937	-30%
1,063	3,835	-72%	9,995	15,467	-35%	3,882	-73%	15,259	-53%
4,062	8,895	-54%	27,886	35,877	-22%	9,101	-55%	34,326	-23%
632	1,061	-40%	3,530	4,278	-17%	1,004	-37%	4,032	-14%
61	329	-81%	934	1,326	-30%	-	0%	-	100%
3,320	6,395	-48%	19,567	25,793	-24%	5,971	-44%	23,524	-20%
2,083	3,448	-40%	11,442	13,912	-18%	3,169	-34%	11,618 <sup>3</sup>	-2%

# April 2020

## Income Statement Summary

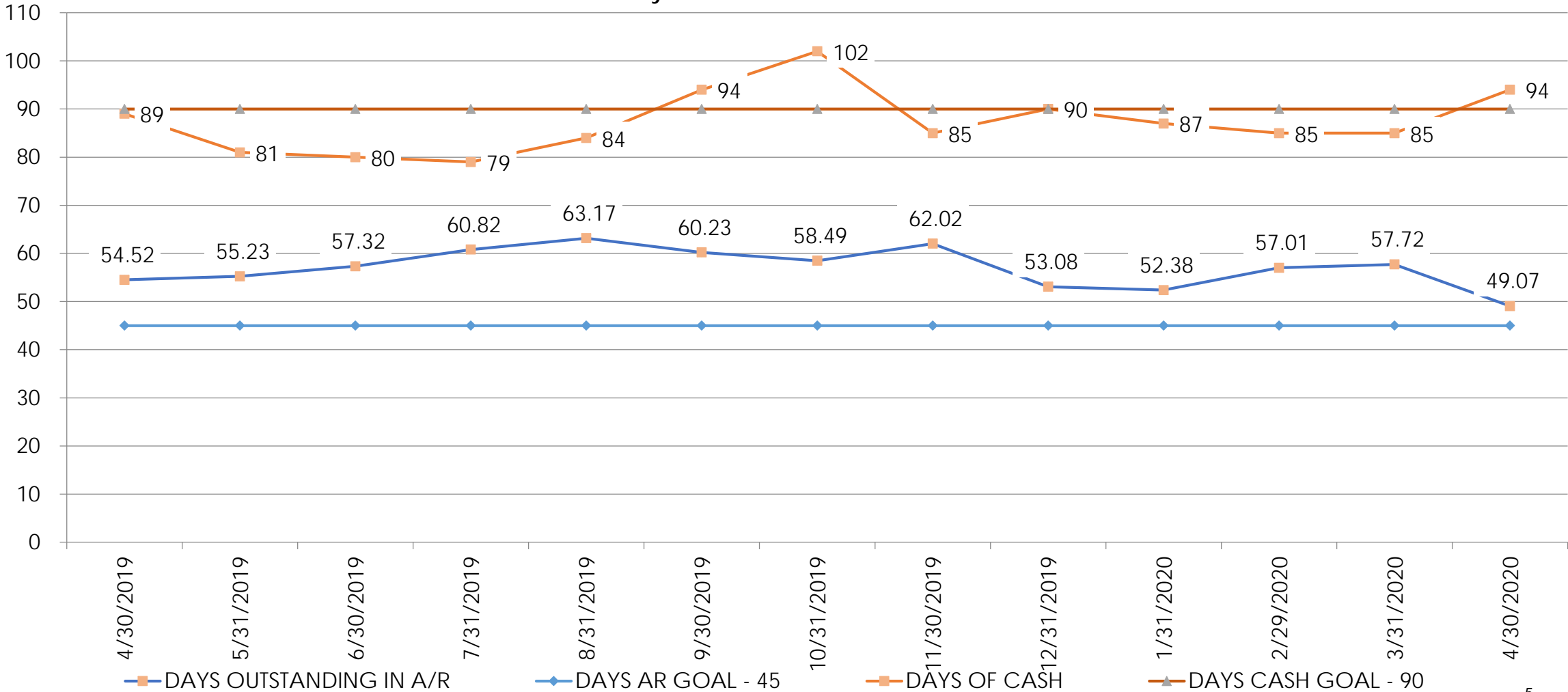


	April 2020 Actual	April 2020 Budget	Variance Favorable/ (Unfavorable)	%	April 2020 YTD	April 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	April 2019 YTD
<b>Operating Revenue</b>									
Gross Patient Service Revenue	12,629,732	23,365,960	(10,736,228)	-46%	75,319,910	94,242,667	(18,922,757)	-20%	84,863,290
Revenue Adjustments	6,983,209	12,492,553	5,509,344	44%	40,876,853	50,386,608	9,509,755	19%	46,083,586
Charity Care Adjustments	211,069	225,983	14,914	7%	941,028	911,465	(29,564)	-3%	755,419
Net Patient Service Revenue	5,435,454	10,647,425	(5,211,970)	-49%	33,502,029	42,944,595	(9,442,566)	-22%	38,024,286
Other Revenue	2,709,993	563,359	2,146,634	381%	4,590,136	2,272,214	2,317,922	102%	3,067,923
<b>Total Operating Revenue</b>	<b>8,145,448</b>	<b>11,210,784</b>	<b>(3,065,336)</b>	<b>-27%</b>	<b>38,092,165</b>	<b>45,216,809</b>	<b>(7,124,644)</b>	<b>-16%</b>	<b>41,092,208</b>
<b>Operating Expenses</b>									
Salaries And Wages	5,103,840	5,376,221	272,381	5%	21,264,550	21,684,081	419,531	2%	19,045,496
Employee Benefits	1,019,641	1,385,046	365,404	26%	5,060,375	5,586,349	525,974	9%	4,980,039
Other Expenses	3,468,184	4,008,195	540,011	13%	14,931,899	16,166,377	1,234,478	8%	14,862,904
<b>Total Operating Expenses</b>	<b>9,591,665</b>	<b>10,769,461</b>	<b>1,177,796</b>	<b>11%</b>	<b>41,256,824</b>	<b>43,436,807</b>	<b>2,179,983</b>	<b>5%</b>	<b>38,888,439</b>
<b>Operating Income (Loss)</b>	<b>(1,446,217)</b>	<b>441,322</b>	<b>(1,887,540)</b>	<b>-428%</b>	<b>(3,164,659)</b>	<b>1,780,002</b>	<b>(4,944,661)</b>	<b>-278%</b>	<b>2,203,769</b>
<b>Total Non Operating Revenues (Expenses)</b>	<b>(25,908)</b>	<b>(7,230)</b>	<b>(18,678)</b>	<b>-258%</b>	<b>(55,971)</b>	<b>(29,162)</b>	<b>(26,810)</b>	<b>-92%</b>	<b>150,661</b>
<b>Change in Net Position (Loss)</b>	<b>(1,472,125)</b>	<b>434,092</b>	<b>(1,906,218)</b>	<b>-439%</b>	<b>(3,220,630)</b>	<b>1,750,840</b>	<b>(4,971,470)</b>	<b>-284%</b>	<b>2,354,431</b>
<b>Operating Margin</b>	<b>-17.8%</b>	<b>3.9%</b>	<b>-21.7%</b>	<b>-551.0%</b>	<b>-8.3%</b>	<b>3.9%</b>	<b>-12.24%</b>	<b>-311.0%</b>	<b>5.4%</b>
<b>Total margin</b>	<b>-18.1%</b>	<b>3.9%</b>	<b>-21.9%</b>	<b>-566.7%</b>	<b>-8.5%</b>	<b>3.9%</b>	<b>-12.33%</b>	<b>-318.4%</b>	<b>5.7%</b>
<b>Salaries &amp; Benefits as a % of net pt svc rev</b>	<b>-112.7%</b>	<b>-63.5%</b>	<b>-49.2%</b>	<b>-77.4%</b>	<b>-78.6%</b>	<b>-63.5%</b>	<b>-15.08%</b>	<b>-23.7%</b>	<b>-63.2%</b>

# April 2020

## Cash and Accounts Receivable

Days Cash and Accounts Receivable



# April 2020

## Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	Apr Actual	Apr Budget	Apr Variance	2020 to Date Actual	2020 to Date Budget	2020 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	4,485.00	5,036.00	551.00	15,570.00	20,312.00	4,742.00
			601100	BENEFITS FICA	303.00	312.00	9.00	1,151.00	1,259.00	108.00
			601150	BENEFITS WA F&MLA	6.00	-	(6.00)	22.00	-	(22.00)
			601400	BENEFITS MEDICAL INS-UNION	5,153.00	4,133.00	(1,020.00)	19,674.00	16,671.00	(3,003.00)
			601600	BENEFITS RETIREMENT	-	252.00	252.00	-	1,016.00	1,016.00
			601900	BENEFITS EMPLOYEE ASSISTANCE	-	9.00	9.00	-	37.00	37.00
			602300	CONSULT MNGMT FEE	-	2,049.00	2,049.00	-	8,265.00	8,265.00
			602500	AUDIT FEES	22,000.00	3,443.00	(18,557.00)	24,000.00	13,885.00	(10,115.00)
			604200	CATERING	-	121.00	121.00	105.00	488.00	383.00
			604500	OFFICE SUPPLIES	-	24.00	24.00	-	98.00	98.00
			604850	COMPUTER EQUIPMENT	-	81.00	81.00	-	326.00	326.00
			606500	OTHER PURCHASED SERVICES	-	807.00	807.00	(27.00)	3,256.00	3,283.00
			609400	TRAVEL/MEETINGS/TRAINING	(3,240.00)	1,615.00	4,855.00	4,068.00	6,513.00	2,445.00
		Exp Total			28,707.00	17,882.00	(10,825.00)	64,563.00	72,126.00	7,563.00
	BOARD Total				28,707.00	17,882.00	(10,825.00)	64,563.00	72,126.00	7,563.00



# Service line highlight

Our COVID-19 response

Three new categories of spend:

## **Respiratory evaluation station:**

Salaries & benefits for employees in this location

Supplies, space and other operational costs

## **Emergency management:**

Personal Protective Equipment (PPE)

Screeners wages & benefits

Minor equipment purchased for COVID-19 response

## **Off site lab (drive through):**

Salaries & benefits for employees in this location

Equipment/supplies to set up the location





# Looking forward. Our operations have fundamentally changed.

## Respiratory evaluation station (“disaster clinic” in Epic/Infor)

- Centralized coordination point for pre-procedure testing
- Moving from 5 to 3 days/week of provider coverage
- Ongoing structure not certain; reimbursement model will have influence in clinic design
- \$50-80k/month operating costs for 5 days/week; costs > reimbursement even in current environment

## Emergency Management

- PPE is 7-10x+ typical costs
- Screeners will continue, temps hired; \$28-\$40k/month commitment for 3 locations
- Considering technological solutions

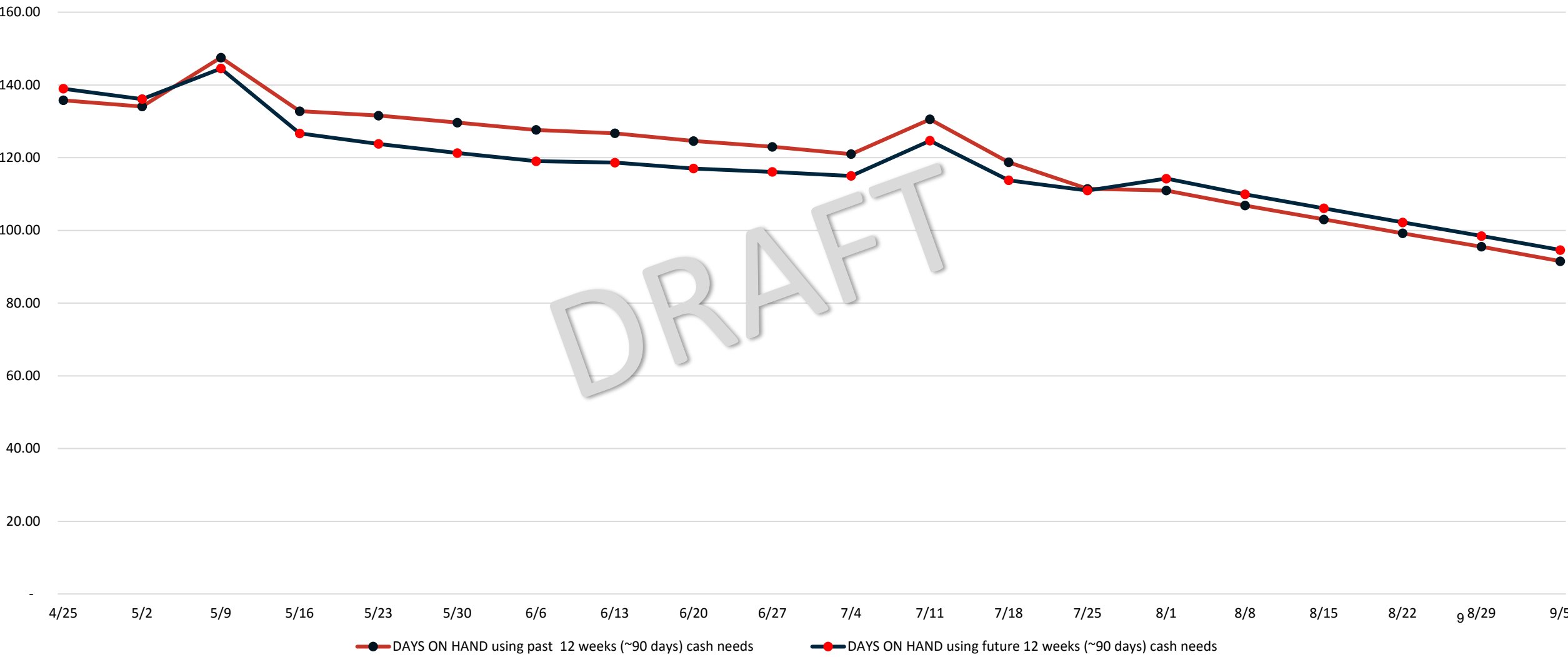
## Drive through

- Testing team will continue; \$10-\$15k/month commitment for current volumes
- Working well for pre-procedure testing
- Courier service \$2-6k/month

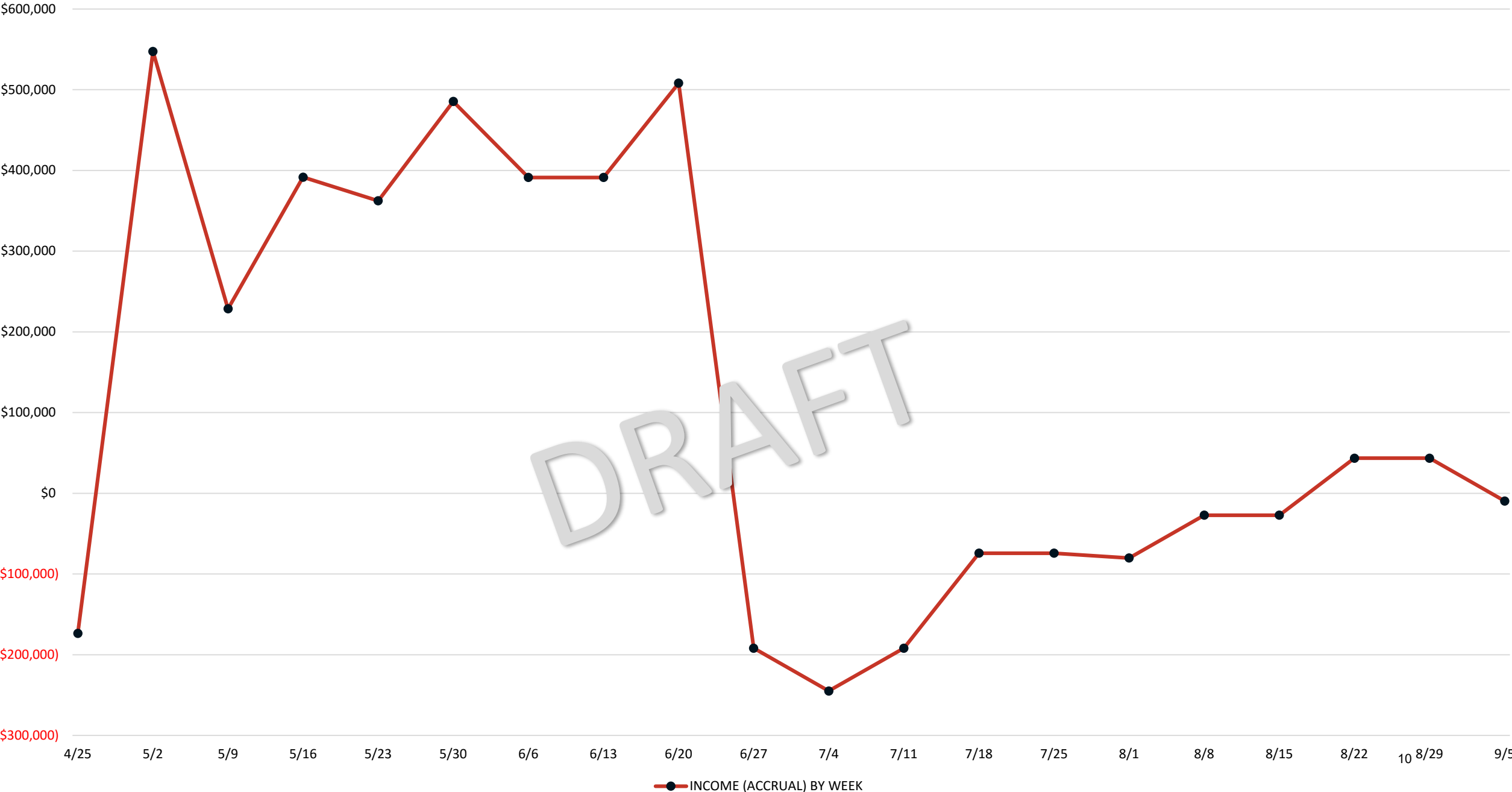
# Education

## Cash & Income Management during COVID-19

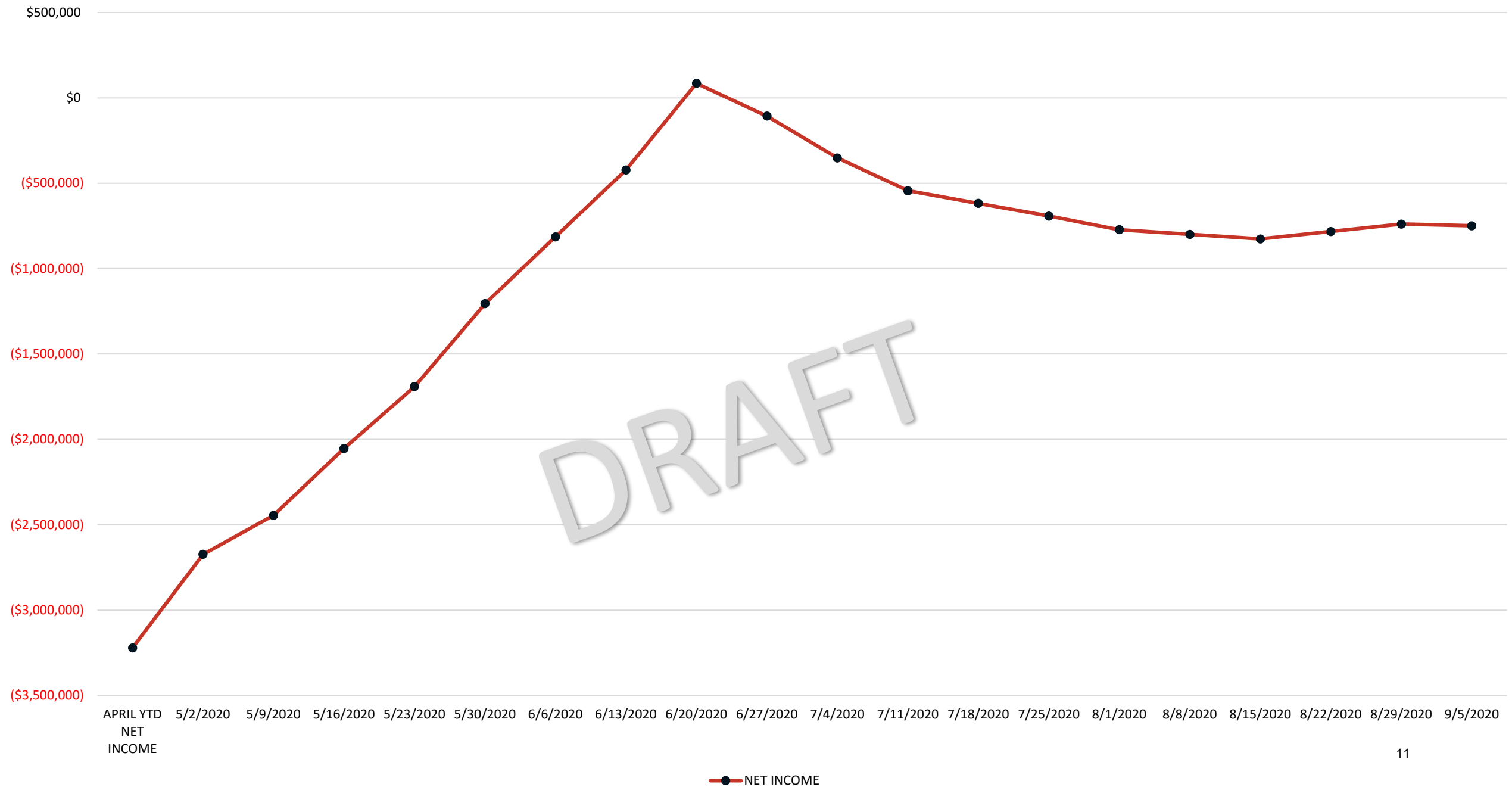
Days cash on hand - 90 day look ahead



Income (loss) by week - Accrual Method - 90 day look ahead



## Net income YTD - 90 day look ahead





# May 2020

Preview — (\*as of 0:00 05/27/20)

- **\$17,843,075 in HB charges**
  - Average: \$575,583/day (HB only)
  - Budget: \$762,462/day
  - 75.7% of Budget
- **\$6,726,521 in HB cash collections**
  - Average: \$216,985/day (HB only)
  - Goal: \$335,524/day
- **46.1 Days in A/R**
- **Questions**



# Jefferson Healthcare

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

May 27, 2020

# Agenda

- Patient Safety and Quality Updates
- 2019 Trauma 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
		Implement and adhere to evidence based pra..	1. Meet Tier II Antimicrobial Stewardship Requirements 2. Inpatient Days of Therapy below target 3. Ambulatory avoidance of antibiotics for URI
	Enhance Culture of Safety	Hardwire team training	90% or greater compliance with core measures
		Leader Rounding	Team Training Attendance
	Align care with patient goals	Implement a palliative care program	Weekly Rounding Compliance
			Readmission rate < 12%



# 2019 Trauma Report: Agenda

## Program Overview

- Program requirements
- Data Review
- Quality: Improvements and Goals

## Fall Prevention Program

- Fall Program data review
- Goals and Improvements

## Community Outreach

- Impact Teen Drivers
- Stop the Bleed



*Jefferson Healthcare is a level IV Trauma Designated Service*

# Program Overview: Requirements and Types of Trauma Activations at Jefferson Healthcare



Have ER providers that can respond within 10 minutes of patient arrival



General Surgery on call 24/7 for all full trauma activations with ability to be at bedside within 30 min



Ongoing QI- Goal is 80% of charts reviewed in 60 days



Trauma Registry submission Quarterly



Prevention Program for the community



Trauma Coordinator attends regional, County and Trauma Quality Improvement



Policies that are reviewed and updated

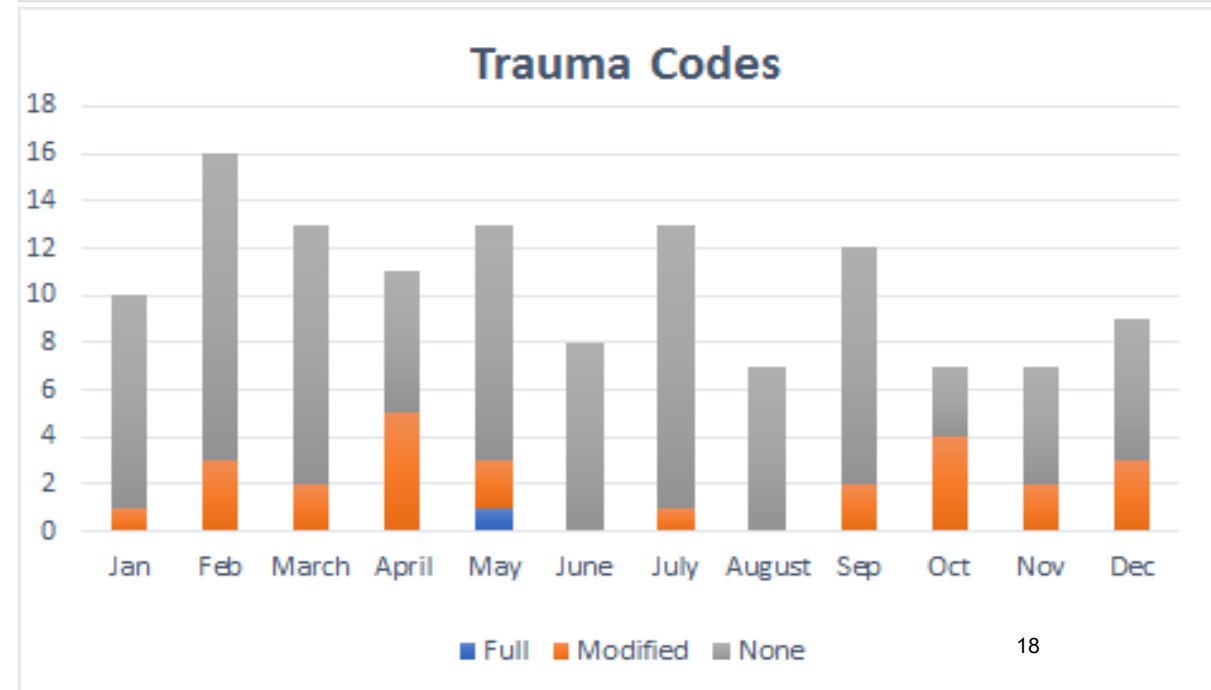
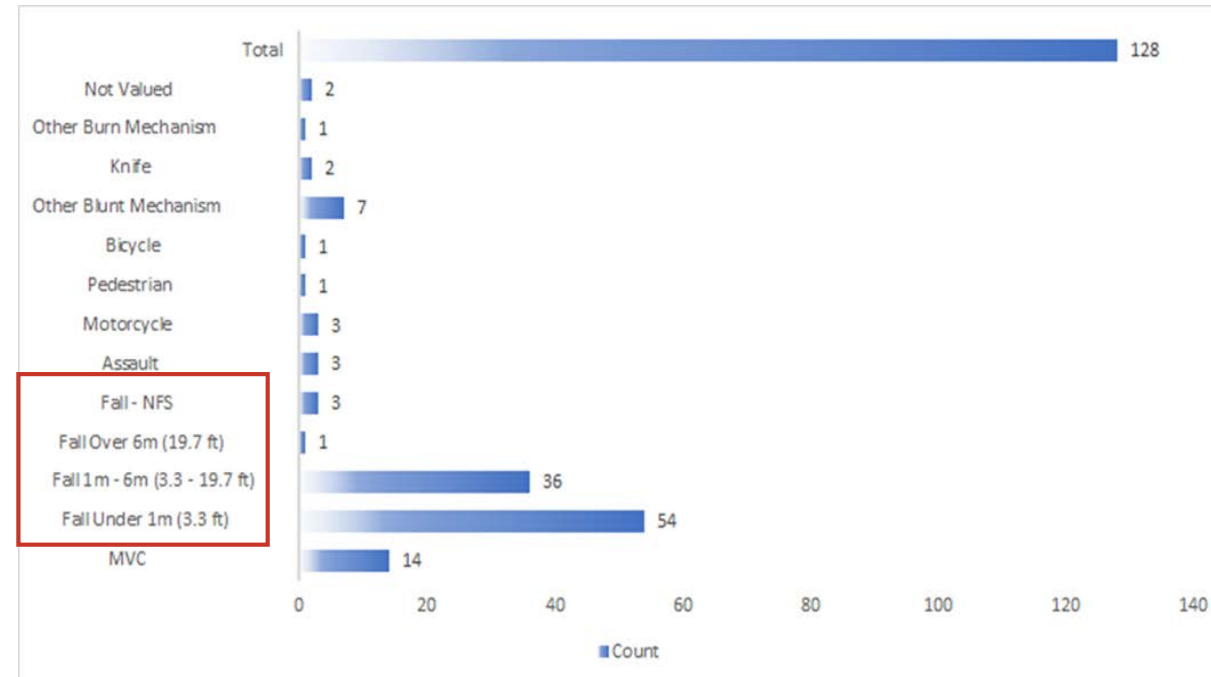


Screening, Brief Intervention, and Referral to Treatment (SBIRT) for alcohol and substance abuse

# 2019 Trauma Activations

- 2019 Summary:
  - 127 patients documented into the trauma registry
  - 25 were considered a Modified Activation
  - 1 Revised Full Activation
  - Pediatric Trauma Cases
    - 8 pediatric patients were seen in 2019
    - Average Injury Severity Score (ISS): 2.5
- 2018 Comparison
  - 100 patients documented into the trauma registry
  - 53 Modified Activations
  - 1 Full Activation
  - 7 Pediatric Trauma Activations

*Falls continue to be the top mechanism of injury for Trauma Activation at Jefferson Healthcare*



# QI Performance and Patient Disposition

- Disposition from ED

- Admit 39%
- Acute Care Facility 46%
- Home/law 14%
- Transferred to Acute care after admit 10%
  - 12% of transfers were sent to non-designated trauma facilities

- QI Filters for Activation

- C-Spine Clearance: 100%
- Backboard < One Hour: 100%
- No delays in blood product: 100%

## Transfers Graph

Location	
Harborview Medical Center - Seattle	47
Harrison Memorial Hospital - Bremerton	6
Mary Bridge Children's Hospital-Tacoma	2
Providence Medical Center - Everett	1
Seattle Children's Hospital - Seattle	2
Swedish Medical Center - Cherry Hill	3
Swedish Medical Center-First Hill	1
Virginia Mason Medical Center - Seattle	2
Total	64

# Hip Fractures



## 2019

5 hip fracture patients that went into registry stayed in hospital

5 hip fracture patients were transferred

37 patients with hip fractures >65 were not placed into registry



## 2020

All hip fracture patients to be placed in registry



## Summary

Geriatrics is our greatest population

Hip fractures r/t falls are a common injury



# Service: In the words of our patients – Emergency Department

EXCELLENT CARE AS ALWAYS

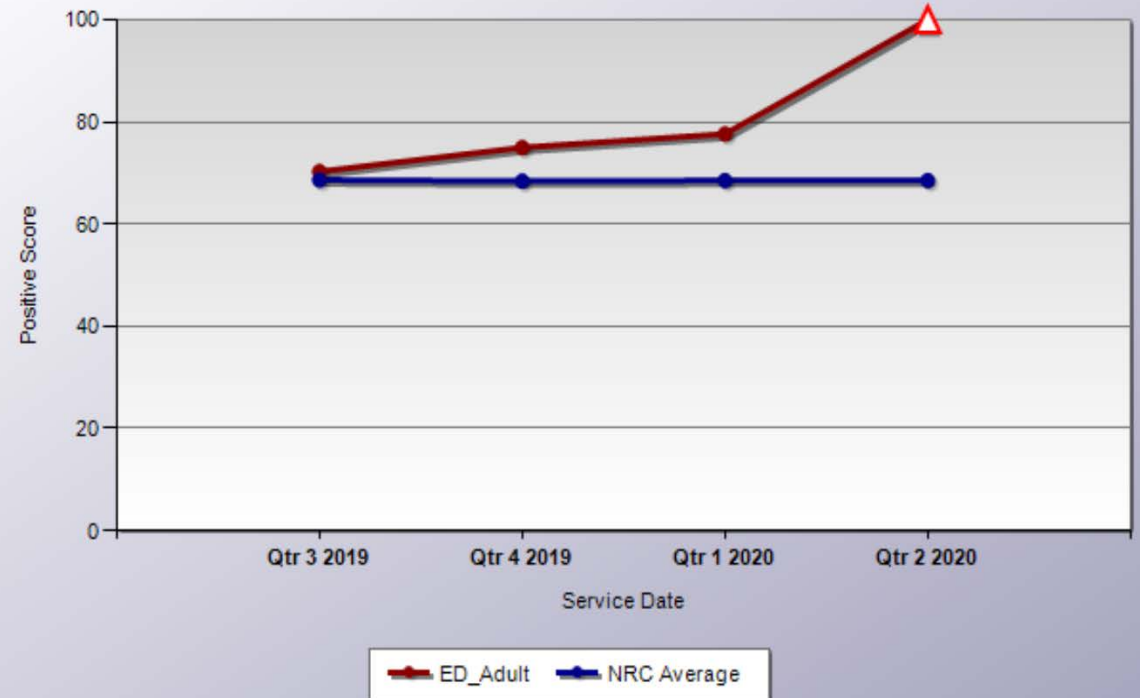
I APPRECIATED THE DEDICATION OF ALL STAFF DURING COVID 19

GREAT CARE, THANKS

I WAS ALWAYS TREATED WITH RESPECT & TOLD WHAT THEY WERE DOING FOR ME.

THERE WERE SEVERAL FOLLOW-UP PHONE CALLS FROM THE HOSPITAL BUT I COULDN'T ACCESS THE VOICE MAIL. WHEN I CALLED BACK I WAS TOLD THEY COULDN'T CONNECT ME W/OUT THE INFO IN THOSE MESSAGES ... FRUSTRATING!

Would you recommend this emergency department to your friends and family?



Source: NRC Health on May 27, 2020

# Current Projects



## **ACCELERATE: Collaborative with WSHA**

Post-Operative Prevention of  
Venous Thromboembolism

Sepsis: Best Practice  
Implementation and Decreasing  
Mortality



## **EQC Goals/Projects**

Transitions of Care: Medication  
Reconciliation Improvement,  
Closing the Referrals Loop

Surgical Safety: Informed  
Consent, Ambulatory Surgery  
Safety, Infection Control,  
Specimen labeling

Workplace Violence Prevention



## **Care Transformation**

Merit-based Incentive Payment  
System (MIPS) Reporting

Equity: Cancer Committee  
Study of Quality to study Health  
Equity



## **Medication Safety**

AHRQ and Johns Hopkins  
University – Ambulatory  
Antimicrobial Stewardship

Bar Code Medication  
Administration in the Medical  
Group



Questions?





# Jefferson Healthcare

## Administrative Report

May 27, 2020

Mike Glenn, CEO

# New Providers



- Dr. Umberto Orazi, MD, FACP  
Watership Clinic  
March 9, 2020

- Frank Martinez, MD  
Emergency Department  
Start Date- June 2020
- Dr. Alexander Pratt, MD  
Hospitalist  
Start Date- August 1, 2020

**Memorandum of Understanding for  
COVID-19 Contact Tracing and Case Management Collaboration  
Between Jefferson County Public Health  
and Jefferson Healthcare**

This Memorandum of Understanding (“MOU”) is made effective as of May 11, 2020, by and between Jefferson County Public Health (“JCPH”) and Jefferson County Public Hospital District No. 2 d/b/a Jefferson Healthcare (“JH”). To better promote and ensure the health of Jefferson County residents during the ongoing COVID-19 pandemic, the parties set forth this MOU to enhance their existing collaborations and establish roles and responsibilities in tracing virus exposure and supporting residents isolated due to exposure. Accordingly, the parties agree to consult and collaborate as set forth herein.

1. **Purpose and Scope.** Contact tracing is a key method used by Public Health officials to identify individuals who have been, or who may have been, exposed to a person with a known COVID-19 infection, in order to isolate and assess those exposed individuals before they may further spread the virus. Assessment includes assigning each exposed or potentially exposed individual to a broad health risk group (low, medium or high) during the period the individual is isolated (up to 14 days following suspected exposure) for recovery or rule-out of COVID-19 infection, to ensure the individual receives the appropriate level of case management support. Case management is provided according to the health needs of the individual, and may include volunteer grocery delivery for low risk individuals up to delivery of in-home health care for those at high health risk due to COVID-19 exposure and related isolation.

- a. JCPH, as Jefferson County’s public health department, is the lead organization for COVID-19 infection prevention/control and community response in Jefferson County, including contact tracing. Using all available information resources, including read-only access to electronic patient medical records where necessary (subject to confidentiality rules and requirements, as outlined further below), JCPH will conduct comprehensive contact tracing activities to identify potentially exposed individuals and assign them to a health risk group based on their health and medical status and other applicable factors. In addition, JCPH will provide case management for individuals designated as low health risk, with the primary goal of helping these individuals to stay home and safe, including basic (non-medical) assistance with daily living, during their isolation period.
- b. JH, as east Jefferson County’s medical care delivery system, will provide case management for individuals assigned to the medium and high health risk groups. These groups will require, at minimum, regular telephonic check-ins from JH case managers and care coordinators, who will also support access to medical services as needed. JH will also assist these individuals in connecting to public and non-profit assistance and services as needed to support them during isolation.

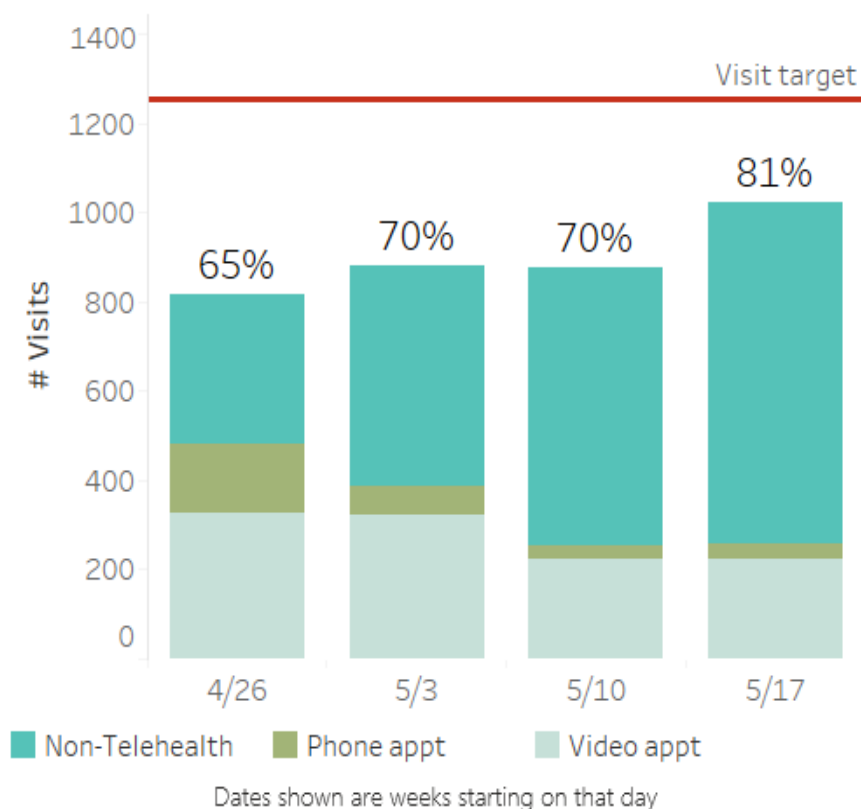
In addition, future collaborations between JCPH and JH are expected to include serological testing and vaccination campaigns, as these tools become available.

# Operations Update

## We are seeing more patients:

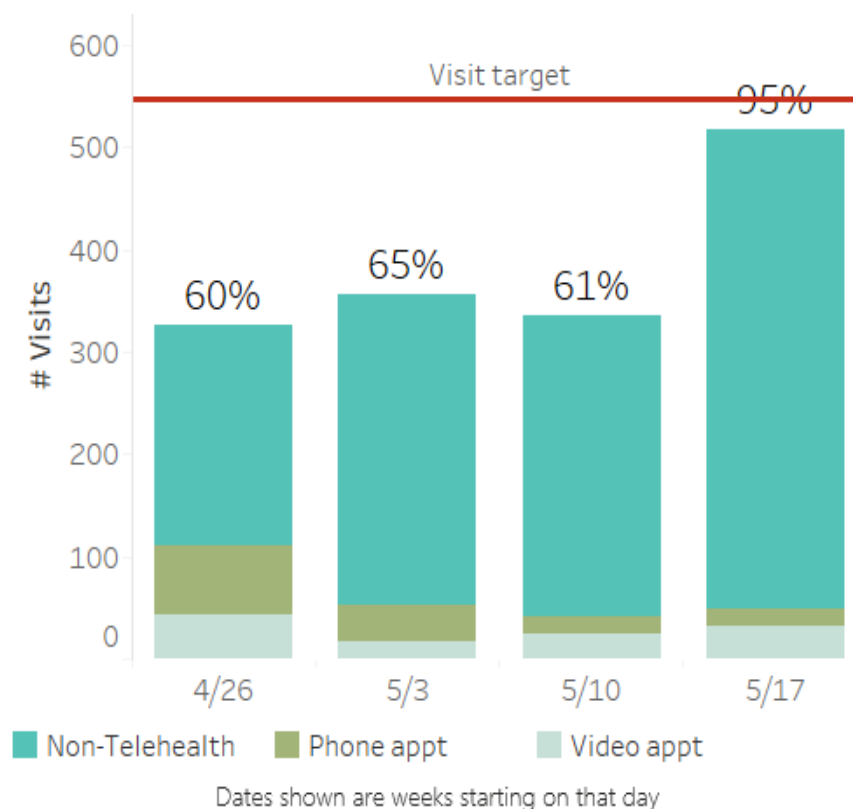
### Primary Care variance to target visits

Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.



### Specialty clinic variance to target visits

Visit volumes in Medical Group's specialty clinics. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.

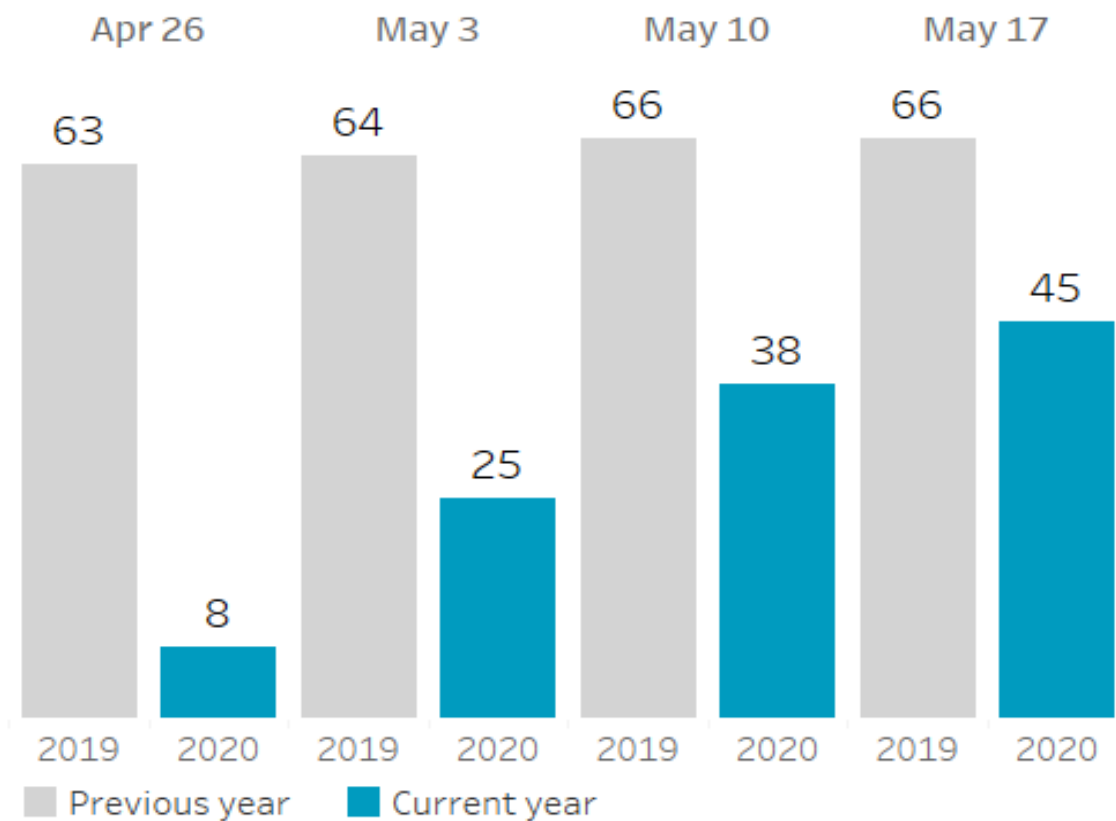


# We are seeing more patients:

## Surgical volumes

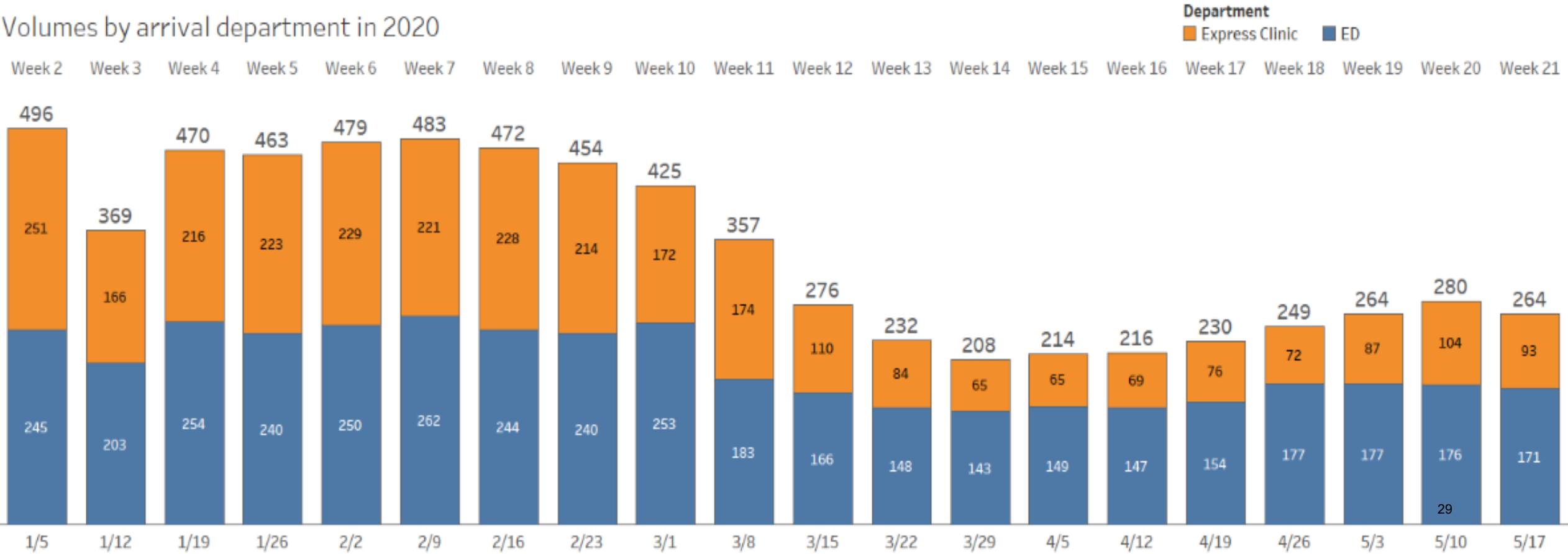
Numbers of surgeries performed by week over the last four weeks (blue) compared with the same period last year (grey).

Dates shown are weeks starting on that day



# We are seeing more patients:

## Emergency Dept and Express Clinic Volumes



# COVID-19 Update

## Tests

Tests	
Total Tested	1,486
Negatives	1,456
Positives	30
Percentage Positive	2.0%
Employee Tests	1 positive (not an occupational transmission) 115 negatives

PPE

COVID-19 Update

Location	Procedure Masks	N 95	Gowns	Eye Protection	PAPR Hood
JH Department Inventory	9,725	1,152	1,458	1,152	35
JH General Stores	28,995	10,110	9,330	164	0
JH Donations	4,067	0	0	0	0
JH COVID SURGE STOCKPILE	30,400	4,660	9,000	500	0
Total Total	73,187	15,922	19,788	1,816	35



# Questions

