Call to Order:
The meeting was called to order at 2:30pm by Board Chair Buhler Rienstra. Present by phone were Commissioners Dressler, Kolff, McComas and Ready. Also, in attendance by phone were Mike Glenn, CEO, Hilary Whittington, Chief Administrative Officer/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, 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 McComas approved the agenda. Commissioner Dressler seconded. Action: Motions passed unanimously.

Education Topic:
- Jefferson Healthcare’s Equity Initiative
- Discussion

Dunia Faulx, Director of Population Health and Care Transformation, provided a report on the Jefferson Healthcare’s Equity Initiative.

Discussion ensued.

Commissioners recessed for break at 3:25pm.
Commissioners reconvened from break at 3:30pm.
Patient Story:
Tina Toner, CNO, provided the patient story which discussed adjustments in patient care during the pandemic.

Discussion ensued

Required Approvals: Action Requested
• June Warrants and Adjustments
• Resolution 2020-05 Surplus Equipment
• Resolution 2020-06 Cancel Warrants
• Medical Staff Credentials/Appointments/Reappointments
• Emergency CEO Succession Policy
• Resolution 2020-07 Interagency Agreement for Telehealth Case Consultations

Commissioner McComas made a motion to approve the June Warrants and Adjustments, Resolution 2020-05 Surplus Equipment, 2020-06 Cancel Warrants, Medical Staff Credentials/ Appointments/ Reappointments, Emergency CEO Succession Policy and Resolution 2020-07 Interagency Agreement for Telehealth Case Consultations. Commissioner Kolff seconded.
Action: Motion passed unanimously.

Sexual Assault Nurse Examiner Annual Report:
• Dr. Molly Parker, Medical Director, Population Health
• Katie-Rose Fischer-Price, SANE Program Coordinator

Dr. Molly Parker, Medical Director, Population Health and Katie-Rose Fischer-Price, SANE Program Coordinator, presented the Sexual Assault Nurse Examiner Annual Report.

Discussion ensued.

Financial Report:
Hilary Whittington, CAO/CFO, presented the June Financial Reports.

Discussion ensued.

Quality Report:
Brandie Manuel, Chief Pt Safety and Quality Officer presented the June Quality Report.

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 Covid-19, staffing, Greeley and vaccination planning for fall.

Discussion ensued.

**Board Business:**
Commissioners discussed the Jefferson Healthcare’s Equity Initiative and what the board can do to help.

Commissioner Kolff and McComas will work together with the Health Equity Team and present to the board in September.

**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 6:23pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra ________________________________

Secretary of Commission: Marie Dressler ________________________________
JH Health Equity Initiative

Mike Glenn, CEO
Dunia Faulx, Director of Population Health and Care Transformation
July 22\textsuperscript{nd}, 2020
Agenda

- Background
- Staff Conversations
- Priorities
- Structure
- Next Steps
What is ‘equity’?

Terminology, background, and a common understanding.
Traditional Imagery

EQUALITY  EQUITY
Simply put -

Everyone has a fair and just opportunity to be as healthy as possible.
Conversations

11+ Skype calls, 30 staff, 100 perspectives.
How and Who | Methodology

• Invited all staff who were interested in joining in a conversation about health equity at JH to join in a phone call with up to 12 participants per call
• 11 calls scheduled, ranging from 1-11 participants
• Total of almost 30 participants
  • Providers (physicians and advance practice providers)
  • Clinic staff (rehab, nurses, MAs)
  • Administrative and support staff
What | 3 Big Questions

1. What does JH look like in the year 2025 (or 2030) if we have spent the last 5 – 10 years intentionally working on health equity?

2. Now that we have discussed the big picture, what are steps 1-3?

3. How would you like to be involved?
Output | Major themes and takeaways

Patient-Centered Care
- Trauma-informed
- Inclusive
- Minimize barriers

Employee Opportunities
- Education
- Representative workforce

Community
- Influence of the social determinants
- Partnerships

Organizational Culture
- Hardwiring a just culture
- Authentic interactions

Data and Analytics – Process and Platforms
What is first | Steps 1-3

1. Engage leadership at the highest levels.

2. Understand our reality.

3. Plan to act.
Health Equity Committee Today

Structure and Ongoing Activities
Health Equity Committee:
Dunia (Chair), Mike (Executive Sponsor)

- Employee Engagement in Equity
- Review and advise
- Management and coordination
- Initiative implementation
Current Initiatives

• JH Lending Library
• Data and analytics
• Employee engagement
• Voices
• Policy and advocacy

Future Initiatives

• Healthcare model identification and implementation
• Protocol and process review
• Employee educational opportunities
• Community engagement
What is my answer to the 2025 question?

- There are no differences between subgroups of patients including access, experience, and quality of care.

- JH looks like our community - and is a leader in shaping that community.

- Engagement with my colleagues challenges me to be better.
Thank you and discussion
STAYING CONNECTED DURING COVID-19
HOW HAS CARE CHANGED FOR OUR PATIENTS?
BRIDGING THE GAP
Dear ER Staff of 02 Apr 2020 at 11:00 hrs,

Your positive vibe during my "visit to Town" was much appreciated. Thank you, Team! I am feeling better.

Hug a Medical Professional Today

Medical Advice
PANDA monium PILLS

The Doctor is at the Beach

Olympic National Park

Mar 9 2019
LARGER BADGES FOR STAFF MEMBERS
PLEASE NOTE THAT WE ARE MISSING ONE STAFF MEMBER WHO IS GETTING READY TO GET HER PHOTO TAKEN!

ONCOLOGY / INFUSION / WOUND
VIRTUAL VISITS FOR VISITORS
VIRTUAL VISITS FOR PATIENTS IN ISOLATION
Sexual Assault Nurse Examiner Program
Board of Commissioners
July 22, 2020

Katie-Rose Fischer-Price RN, Program Coordinator
Molly Parker MD, Medical Director
Overview

- Program development
- Program structure
- Case data since launch
- Opportunities and successes
- Future of the program
What is a SANE?

• Unbiased and trauma-informed care
• Evidence collection
• Injury documentation
• Providing prophylactic medications
• Connecting with follow-up resources
• Increased reporting
• Increased conviction rates
SANE Program at Jefferson Healthcare

- Prior Options:
  - Bremerton
  - Seattle/Tacoma
  - Port Angeles
  - Pre-2019

- Exploratory Committee Meets
  - June-August 2018

- JH Board of Commissioners Approve Proposal
  - October 2018

- SANE Program Coordinator Hired
  - November 2018

- SANE Program Launches
  - June 25th 2019

- Data suggests 4-12 survivors seeking services per year

- Process development
  - December 2018 - June 2019
  - ~6 months
Exploratory Committee Identifies...

Components of a successful program
- Quality
- Effectiveness
- Consistent Availability
- Sustainability

Potential challenges
- Retention
- Developing and maintaining experience
- Funding
Process Development

✓ Process research
  • Community research
    • Dove House, PTPD, Jefferson County Sherriff, Prosecutors Office, Public Health Department
  • Internal research
    • ED, billing, charting, pharmacy, legal, and many more

✓ Policy and procedure development:
  • Explored models and policies from other hospitals
    • Olympic, Harrison, Harborview
  • Researched Washington State and national best practice guidelines

✓ Hosted a region-wide SANE training
✓ Hired a team of 7 RNs (3 experienced, 4 inexperienced)
Interdisciplinary Training

- SANEs
- ED physicians
- ED nurses
- Pharmacy
- Security
- Registration
- Billing
- Clinical Informatics
- Health Information Management
- House Supervisors
- Primary Care Clinic staff (triage nurses, physicians)
- Inpatient staff
Program Structure

• "As available model"
  • All SANE’s paged for cases determine availability
• Experienced nurse paired with nurse-in-training for exams
• On-site exams for patients 13 and older
• Resources and referrals for patients 12 and younger
• Medical clearance through ED
• SANE exam done in hospital
Case data since launch (13 and older)

• 8 presentations
  • Half presented to clinic, half presented to ED
  • Ages 13-63
  • 2 males, 6 females
  • 5 filed police report
  • All were connected to Dove House

• 6 completed exams
  • Other 2 were offered but declined exams
  • 4 completed medical follow-up
Pediatric case data (younger than 13)

- ~4 presentations
- Triaged 3 (same family)
  - no exam needed
  - psychosocial services through Dove House
- 1 recommended to go to Harrison for exam
  - Did not go
  - CPS called by JHC
- Need better data collection system for pediatric population
  - Harrison completed 0 pediatric exams on Jefferson County Residents in the last year
### Components of a successful program

<table>
<thead>
<tr>
<th>Quality</th>
<th>Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 100% case review: coordinator, SANE team</td>
</tr>
<tr>
<td></td>
<td>• Quarterly cross-department review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 8 presentations</td>
</tr>
<tr>
<td></td>
<td>• 6 exams completed</td>
</tr>
<tr>
<td></td>
<td>• 5 reports to police</td>
</tr>
</tbody>
</table>

| Consistent availability     | Staffed all requests                                                             |

<table>
<thead>
<tr>
<th>Sustainability</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Detailed protocols reviewed yearly</td>
</tr>
<tr>
<td></td>
<td>• Sufficient staffing</td>
</tr>
<tr>
<td></td>
<td>• Program supported by coordinator and medical director</td>
</tr>
</tbody>
</table>
Review from an exploratory committee lens

<table>
<thead>
<tr>
<th>Challenges identified</th>
<th>Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention</td>
<td>• 85% retention this year</td>
</tr>
<tr>
<td></td>
<td>• Competitive pay</td>
</tr>
<tr>
<td></td>
<td>• On-going engagement and education</td>
</tr>
<tr>
<td></td>
<td>• Emphasis on emotional debrief</td>
</tr>
<tr>
<td>Developing and maintaining experience</td>
<td>• Monthly education</td>
</tr>
<tr>
<td></td>
<td>• Annual Harborview classroom training</td>
</tr>
<tr>
<td></td>
<td>• Shadowing at Harborview</td>
</tr>
<tr>
<td></td>
<td>• Two RN's for each exam to allow additional support and ongoing learning</td>
</tr>
<tr>
<td></td>
<td>• Current: 4 fully trained, 2 still in training</td>
</tr>
<tr>
<td>Funding</td>
<td>Remains a challenge</td>
</tr>
<tr>
<td></td>
<td>• Funded by JHC this year</td>
</tr>
</tbody>
</table>
Outcomes

• Compared to national data
  • Increased exams
    • Of those who report, 19-40% have exams (Campbell, 2008, Zinzow 2012)
    • JHC: Of those who presented, 6/8 completed exams (75%)
  • Increased reporting
    • National average: 23% report to police
      • Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2016 (2017)
      • JHC: 62.5% reported
    • 5/8 presentations
Opportunities

• Every case is different
• Communication across departments
• Follow up
• Tracking peds presentations
• Exam length
• Epic privacy
Successes

- "Thank you for helping me understand what happened to me."
- "You have been the only person who listened to me."
- "Everyone has been so nice, thank you."
- "I just needed to talk to someone."
- "I feel safe here."
Looking forward to 2021

• Continue “as-needed” system
• Continue ages 13 and up
• Continue data collection with focus on pediatric data
• Policy and protocol refinement
• Continued interdisciplinary training
  • Clinics, ED, Hospitalists, Express Care
• Community outreach
• Remote pilot with Harborview
Meet our SANEs

Thank you!

Questions?
June 2020 Finance Report
July 22, 2020
Hilary Whittington, CAO/CFO
Education

*Funded depreciation*
Service line highlight

**General Surgery**

*Primary objectives for 2020:*
- Utilize block time as effectively as possible
- Change FTE allocation to show actual use in Pre/Post op (more) and combine endoscopy into general surgery budget
- Develop in-house surgical tech program & other strategies to stabilize staffing
- Grow with addition of specialty surgeon & efficiencies

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>2020 Objectives</th>
<th>June 2020 Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volumes (Cases)</td>
<td>10.0% growth</td>
<td>14% above budget for month / 15% below budget YTD</td>
</tr>
<tr>
<td>Gross Revenue</td>
<td>12.1% increase</td>
<td>16% above budget for month / 14% below budget YTD</td>
</tr>
<tr>
<td>Expenses</td>
<td>7.8% increase</td>
<td>9% over budget for month / 3% over budget YTD</td>
</tr>
<tr>
<td>FTE change</td>
<td>Add 4.36 FTE (7020-7050)</td>
<td>Under budget for support staff (7020-7050) 6/20/20 by 8.28 FTE</td>
</tr>
</tbody>
</table>
# June 2020
## Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>JUNE 2020 MO ACTUAL</th>
<th>MO BUDGET</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>% VARIANCE</th>
<th>JUNE 2019 MO ACTUAL</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>% VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>608</td>
<td>625</td>
<td>3%</td>
<td>596</td>
<td>625</td>
<td>5%</td>
<td>572</td>
<td>-6%</td>
<td>567</td>
<td>-5%</td>
<td></td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,904</td>
<td>2,418</td>
<td>-21%</td>
<td>10,799</td>
<td>14,668</td>
<td>-26%</td>
<td>1,995</td>
<td>-5%</td>
<td>13,380</td>
<td>-19%</td>
<td></td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>66</td>
<td>81</td>
<td>-19%</td>
<td>351</td>
<td>494</td>
<td>-29%</td>
<td>67</td>
<td>-1%</td>
<td>483</td>
<td>-38%</td>
<td></td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>267</td>
<td>336</td>
<td>-21%</td>
<td>1,467</td>
<td>2,038</td>
<td>-28%</td>
<td>336</td>
<td>-21%</td>
<td>2,050</td>
<td>-40%</td>
<td></td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>340</td>
<td>446</td>
<td>-24%</td>
<td>1,926</td>
<td>2,707</td>
<td>-29%</td>
<td>429</td>
<td>-21%</td>
<td>2,649</td>
<td>-38%</td>
<td></td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>130</td>
<td>114</td>
<td>14%</td>
<td>591</td>
<td>692</td>
<td>-15%</td>
<td>116</td>
<td>12%</td>
<td>656</td>
<td>-11%</td>
<td></td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>68</td>
<td>71</td>
<td>-4%</td>
<td>297</td>
<td>428</td>
<td>-31%</td>
<td>87</td>
<td>-22%</td>
<td>431</td>
<td>-45%</td>
<td></td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>20,772</td>
<td>19,170</td>
<td>8%</td>
<td>98,930</td>
<td>116,297</td>
<td>-15%</td>
<td>19,138</td>
<td>9%</td>
<td>112,738</td>
<td>-14%</td>
<td></td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,791</td>
<td>3,004</td>
<td>-7%</td>
<td>14,802</td>
<td>18,221</td>
<td>-19%</td>
<td>3,015</td>
<td>-7%</td>
<td>17,279</td>
<td>-17%</td>
<td></td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>19,375</td>
<td>21,772</td>
<td>-11%</td>
<td>106,971</td>
<td>132,082</td>
<td>-19%</td>
<td>23,250</td>
<td>-17%</td>
<td>135,437</td>
<td>-27%</td>
<td></td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,486</td>
<td>3,835</td>
<td>-35%</td>
<td>14,923</td>
<td>23,265</td>
<td>-36%</td>
<td>3,694</td>
<td>-33%</td>
<td>22,647</td>
<td>-52%</td>
<td></td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>7,533</td>
<td>8,895</td>
<td>-15%</td>
<td>41,722</td>
<td>53,964</td>
<td>-23%</td>
<td>9,624</td>
<td>-22%</td>
<td>53,574</td>
<td>-28%</td>
<td></td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>834</td>
<td>1,061</td>
<td>-21%</td>
<td>5,195</td>
<td>6,435</td>
<td>-19%</td>
<td>1,152</td>
<td>-28%</td>
<td>6,336</td>
<td>-22%</td>
<td></td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>222</td>
<td>329</td>
<td>-33%</td>
<td>1,267</td>
<td>1,995</td>
<td>-36%</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,268</td>
<td>6,395</td>
<td>-18%</td>
<td>29,185</td>
<td>38,796</td>
<td>-25%</td>
<td>6,162</td>
<td>-15%</td>
<td>35,848</td>
<td>-23%</td>
<td></td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>4,575</td>
<td>3,448</td>
<td>33%</td>
<td>19,244</td>
<td>20,924</td>
<td>-8%</td>
<td>3,089</td>
<td>48%</td>
<td>17,796</td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>
## June 2020

### Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>June 2020 Actual</th>
<th>June 2020 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>June 2020 YTD</th>
<th>June 2020 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>June 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>23,238,637</td>
<td>23,365,960</td>
<td>(127,323)</td>
<td>-1%</td>
<td>116,980,308</td>
<td>141,753,441</td>
<td>(24,773,134)</td>
<td>-17%</td>
<td>127,486,253</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>12,391,267</td>
<td>12,492,553</td>
<td>101,285</td>
<td>1%</td>
<td>65,532,366</td>
<td>75,788,125</td>
<td>10,255,759</td>
<td>14%</td>
<td>69,125,075</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>300,439</td>
<td>225,983</td>
<td>(74,456)</td>
<td>-33%</td>
<td>1,400,911</td>
<td>1,370,963</td>
<td>(29,948)</td>
<td>-2%</td>
<td>1,232,823</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>10,546,931</td>
<td>10,647,425</td>
<td>(100,494)</td>
<td>-1%</td>
<td>50,047,031</td>
<td>64,594,353</td>
<td>(14,547,322)</td>
<td>-23%</td>
<td>57,128,356</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>2,185,492</td>
<td>563,359</td>
<td>1,622,133</td>
<td>288%</td>
<td>10,997,728</td>
<td>3,417,711</td>
<td>7,580,017</td>
<td>222%</td>
<td>4,071,661</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>12,732,422</td>
<td>11,210,784</td>
<td>1,521,639</td>
<td>14%</td>
<td>61,044,759</td>
<td>68,012,063</td>
<td>(6,967,304)</td>
<td>-10%</td>
<td>61,200,017</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>5,045,789</td>
<td>5,376,221</td>
<td>330,432</td>
<td>6%</td>
<td>31,804,588</td>
<td>32,615,728</td>
<td>811,140</td>
<td>2%</td>
<td>28,540,646</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,261,790</td>
<td>1,385,046</td>
<td>123,256</td>
<td>9%</td>
<td>7,635,050</td>
<td>8,402,607</td>
<td>767,557</td>
<td>9%</td>
<td>7,328,738</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>3,894,164</td>
<td>4,008,195</td>
<td>114,031</td>
<td>3%</td>
<td>22,217,850</td>
<td>24,316,371</td>
<td>2,098,521</td>
<td>9%</td>
<td>22,401,904</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>10,201,742</td>
<td>10,769,461</td>
<td>567,719</td>
<td>5%</td>
<td>61,657,488</td>
<td>65,334,706</td>
<td>3,677,218</td>
<td>6%</td>
<td>58,271,288</td>
</tr>
<tr>
<td><strong>Operating Income (Loss)</strong></td>
<td>2,530,680</td>
<td>441,322</td>
<td>2,089,358</td>
<td>473%</td>
<td>(612,729)</td>
<td>2,677,358</td>
<td>(2,908,077)</td>
<td>-123%</td>
<td>2,928,729</td>
</tr>
<tr>
<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>(74,160)</td>
<td>(7,230)</td>
<td>(66,930)</td>
<td>-926%</td>
<td>(83,597)</td>
<td>(43,863)</td>
<td>(39,734)</td>
<td>-91%</td>
<td>130,408</td>
</tr>
<tr>
<td><strong>Change in Net Position (Loss)</strong></td>
<td>2,456,520</td>
<td>434,092</td>
<td>2,022,428</td>
<td>466%</td>
<td>(696,325)</td>
<td>2,633,495</td>
<td>(3,329,820)</td>
<td>-126%</td>
<td>3,059,137</td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>19.9%</td>
<td>3.9%</td>
<td>15.9%</td>
<td>404.9%</td>
<td>-1.0%</td>
<td>3.9%</td>
<td>-4.94%</td>
<td>-125.5%</td>
<td>4.8%</td>
</tr>
<tr>
<td><strong>Total Margin</strong></td>
<td>19.3%</td>
<td>3.9%</td>
<td>15.4%</td>
<td>398.3%</td>
<td>-1.1%</td>
<td>3.9%</td>
<td>-5.01%</td>
<td>-129.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td><strong>Salaries &amp; Benefits as a % of net pt svc rev</strong></td>
<td>-59.8%</td>
<td>-63.5%</td>
<td>3.7%</td>
<td>5.8%</td>
<td>-78.8%</td>
<td>-63.5%</td>
<td>-15.30%</td>
<td>-24.1%</td>
<td>-62.8%</td>
</tr>
</tbody>
</table>
June 2020
Cash and Accounts Receivable
<table>
<thead>
<tr>
<th>Dept#</th>
<th>Department</th>
<th>Rev/Exp</th>
<th>Account</th>
<th>Account Description</th>
<th>Jun Actual</th>
<th>Jun Budget</th>
<th>Jun 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>4,116.00</td>
<td>5,036.00</td>
<td>920.00</td>
<td>24,631.00</td>
<td>30,552.00</td>
<td>5,921.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601100</td>
<td>BENEFITS FICA</td>
<td>238.00</td>
<td>312.00</td>
<td>74.00</td>
<td>1,807.00</td>
<td>1,894.00</td>
<td>87.00</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>35.00</td>
<td>-</td>
<td>(35.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>4,785.00</td>
<td>4,133.00</td>
<td>(652.00)</td>
<td>29,338.00</td>
<td>25,075.00</td>
<td>(4,263.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601600</td>
<td>BENEFITS RETIREMENT</td>
<td>-</td>
<td>252.00</td>
<td>252.00</td>
<td>-</td>
<td>1,528.00</td>
<td>1,528.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601900</td>
<td>BENEFITS EMPLOYEE ASSISTANCE</td>
<td>-</td>
<td>9.00</td>
<td>9.00</td>
<td>-</td>
<td>56.00</td>
<td>56.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>-</td>
<td>2,049.00</td>
<td>2,049.00</td>
<td>-</td>
<td>12,432.00</td>
<td>12,432.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>602500</td>
<td>AUDIT FEES</td>
<td>4,400.00</td>
<td>3,443.00</td>
<td>(957.00)</td>
<td>28,400.00</td>
<td>20,885.00</td>
<td>(7,515.00)</td>
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<tr>
<td></td>
<td></td>
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<td>604200</td>
<td>CATERING</td>
<td>-</td>
<td>121.00</td>
<td>121.00</td>
<td>105.00</td>
<td>735.00</td>
<td>630.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>604500</td>
<td>OFFICE SUPPLIES</td>
<td>-</td>
<td>24.00</td>
<td>24.00</td>
<td>-</td>
<td>147.00</td>
<td>147.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
<td>81.00</td>
<td>81.00</td>
<td>-</td>
<td>490.00</td>
<td>490.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>807.00</td>
<td>807.00</td>
<td>(27.00)</td>
<td>4,898.00</td>
<td>4,925.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>-</td>
<td>1,615.00</td>
<td>1,615.00</td>
<td>4,068.00</td>
<td>9,796.00</td>
<td>5,728.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exp Total</td>
<td>13,544.00</td>
<td>17,882.00</td>
<td>4,338.00</td>
<td>88,357.00</td>
<td>108,488.00</td>
<td>20,131.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BOARD Total</td>
<td>13,544.00</td>
<td>17,882.00</td>
<td>4,338.00</td>
<td>88,357.00</td>
<td>108,488.00</td>
<td>20,131.00</td>
</tr>
</tbody>
</table>
July 2020
Preview — (*as of 0:00 07/22/20)

• $22,327,651 in HB charges
  • Average: $720,247/day (HB only)
  • Budget: $762,462/day
  • 94.7% of Budget

• $9,149,530 in HB cash collections
  • Average: $295,146/day (HB only)
  • Goal: $335,524/day

• 42.3 Days in A/R

• Questions
Patient Safety and Quality Report
Presented by Brandie Manuel, Chief Patient Safety and Quality Officer
July 22, 2020
Agenda

1. Patient Safety and Quality Overview
2. Quality Highlight: Heart Failure Performance
3. Service: In the Words of our Patients
4. Current Projects
Quality and Safety

Goals
- Drive Best Practice Clinical Care
- Achieve Excellent Quality Outcomes
- Enhance Culture of Safety
- Align care with patient goals

Strategy
- Provide the Highest Quality, Safest Care

Initiatives
- Achieve zero harm events
- Antimicrobial Stewardship
- Implement and adhere to evidence based practices
- Workplace Violence Prevention (Initiative)
- Leader Rounding
- Implement a palliative care program

Targets
- Zero avoidable healthcare acquired harm events
- Healthcare Acquired C. Diff
- 1. Meet Tier II Antimicrobial Stewardship Requirements
   2. Inpatient Days of Therapy below target
   3. Ambulatory avoidance of antibiotics for URI
- 90% or greater compliance with core measures
- Zero Incidents of Workplace Violence
- Weekly Rounding Compliance
- Readmission rate < 12%
Quality Focus: Heart Failure

Why Heart Failure?

Heart failure happens when the heart cannot pump enough blood and oxygen to support other organs in your body. Heart failure is a serious condition, but it does not mean that the heart has stopped beating.

1. 6.5 Million adults in the United States have Heart Failure
2. Heart Failure costs the US an estimated $30.7 billion in 2012.
3. Heart failure was a contributing cause of 1 in 8 deaths in 2017.
4. Heart failure causes nearly 2 hospitalizations every minute.

Data Source: National Vital Statistics Systems, CDC

Heart Failure Performance Report

Heart Failure Composite Score 2020

*There were no patients who met inclusion criteria in April
The American Heart Association proudly recognizes

Jefferson Healthcare
Port Townsend, WA

Get With The Guidelines®-Heart Failure SILVER PLUS with Honor Roll
Achievement Award Hospital

The American Heart Association recognizes this hospital for its continued success in using the Get With The Guidelines®-Heart Failure and Target: Heart Failure™ programs. Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.

Nancy Brown
Chief Executive Officer
American Heart Association

John Warner, MD
Chairperson, Quality Oversight Committee

Robert A. Harrington, MD
President American Heart Association
### Inpatient
- Great food, yummy! Kept me out of pain.
- I wasn’t given information about what to expect after surgery.
- While I have only been hospitalized a few times in my life, this was the best because of the staff and their kindness and helpfulness and their obvious abilities as health care providers.
- I thought my care was exceptional!
- Dr. Mendez was awesome!
- As a retired RN I appreciate Jefferson Healthcare, an excellent community facility and I have always received good care.

### Medical Group
- Not only am I happy about care from Dr. Schmidt, but I am happy with the specialists she referred me to. I was able to get blood tests right in the dr's office!
- Thank you for taking my concerns seriously.
- I was very impressed by the entire experience from walking into the facility to leaving. Financial office was very helpful as well. Very smart and congenial people.
- Excellent care by Dr. Paul Naumann, staff and all nurses. Great food and environment.

### Outpatient Testing and Rehab
- Sandy was great at noticing when I need more privacy + she supplied it carefully.
- La Verne is hands down the best PT. Knowledgeable, professional and friendly Good listener, customizes plans.
- Only saw lymphedema therapist & she was wonderful!
- Painless (almost) blood draw. Thanks!
- Care is always the best.
- Everyone was very considerate - also very nice when taking temp etc. because of the virus.

---

“I have autism. I can be hard to work with. The staff treated me very well. Thank you for being accepting of me and my grumpiness.”
Current Projects

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
- Ongoing: Merit-based Incentive Payment System (MIPS) Reporting
- Equity: Learning.
- 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
- Analysis and response to medication safety events
Questions?
Administrative Report
July 22, 2020
Mike Glenn, CEO
Accreditation: DNV Summary

Noteworthy Efforts
- COVID19 Response and Incident Command
- Use of SharePoint for communication
- Shift change handoff reports across departments
- Clean, well-maintained facility

Survey Summary
- All non-conformities from 2019 were closed
- Zero Condition Level NC-1 Nonconformities
- Three NC-1 Nonconformities
- Five NC-2 Nonconformities

NC-1 Category
- QM.8 Adverse event analysis
- NS.3/MR.2 Nursing assessment and plan
- PE.2 Life Safety System Testing

NC-2 Category
- QM.2 Documented information (QMS)
- MM.4 Medication Orders: Instructions
- IC.1 Hand Hygiene compliance
- PR.7 Patient Rights: Restraints/Seclusion
- PE.8 Utility Management: Utility Testing
New Provider Update

• Dr. Christine Skorberg, MD, FACOG Medical Director
  • Women’s Clinic
  • Start Date: November 2020

• Dr. Asif Luqman, MD
  • Women’s Clinic
  • Start Date: November 2020

• Dr. Isabel Liendo Lira, DDS
  • Dental Clinic
  • Start Date: January 2020
Advocacy Update

• State
  Virtual meeting with legislative delegation, July 28.
    • Proposed HCA cuts
    • Proposed DoH cuts

• Federal
  Virtual meetings with Representative Kilmer's office to discuss CAHMA, CARES Act funding, site neutral reversal and other pressing policy issues.
## COVID-19 Response Update

### Testing

<table>
<thead>
<tr>
<th>Tests</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Tested</td>
<td>3,986</td>
</tr>
<tr>
<td>Negatives</td>
<td>3,937</td>
</tr>
<tr>
<td>Positives</td>
<td>49</td>
</tr>
<tr>
<td>Percentage Positive</td>
<td>1.2%</td>
</tr>
<tr>
<td>Employee Tests</td>
<td>1 positive (not an occupational transmission)</td>
</tr>
<tr>
<td></td>
<td>146 negatives</td>
</tr>
</tbody>
</table>
## COVID-19 Response Update

### PPE

<table>
<thead>
<tr>
<th>Location</th>
<th>Procedure Masks</th>
<th>N 95</th>
<th>Gowns</th>
<th>Eye Protection</th>
<th>PAPR Hood</th>
</tr>
</thead>
<tbody>
<tr>
<td>JH Department Inventory</td>
<td>10,338</td>
<td>1,078</td>
<td>1,482</td>
<td>863</td>
<td>35</td>
</tr>
<tr>
<td>JH General Stores</td>
<td>35,270</td>
<td>14,284</td>
<td>14,700</td>
<td>340</td>
<td>0</td>
</tr>
<tr>
<td>State Allocation</td>
<td>0</td>
<td>0</td>
<td>5,900</td>
<td>0</td>
<td>0</td>
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<tr>
<td>JH Donations</td>
<td>4,067</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>JH COVID SURGE STOCKPILE</td>
<td>30,400</td>
<td>4,660</td>
<td>9,000</td>
<td>500</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Total</strong></td>
<td><strong>80,075</strong></td>
<td><strong>20,022</strong></td>
<td><strong>31,082</strong></td>
<td><strong>1,703</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</table>
Jefferson Healthcare Operations Update

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.
Jefferson Healthcare Operations Update

Surgical case variance to target cases

Surgical case volumes in the hospital OR. Red line indicates weekly combined case target based on annual targets for endoscopy and surgical services. The % labels are the variances of actual to target surgical case volume.
Jefferson Healthcare Operations Update

Volumes by arrival department in 2020

Arrival Department
- Orange: Express Clinic
- Blue: Emergency Dept
Operations Update

- Airlift Northwest Update
Questions