

**\*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, Regular Session Minutes  
Wednesday, July 22, 2020**

**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<sup>nd</sup>, 2020

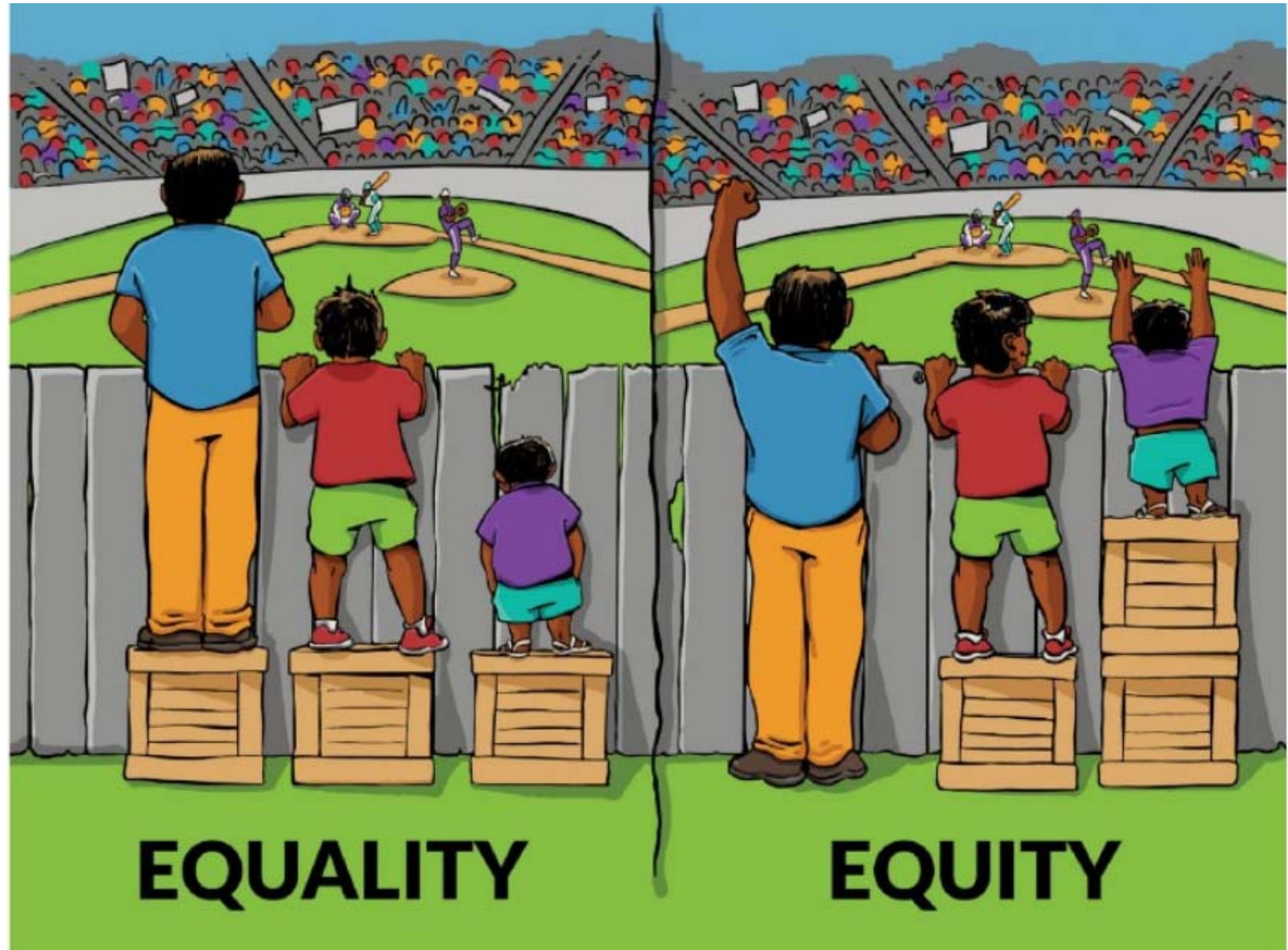
# Agenda

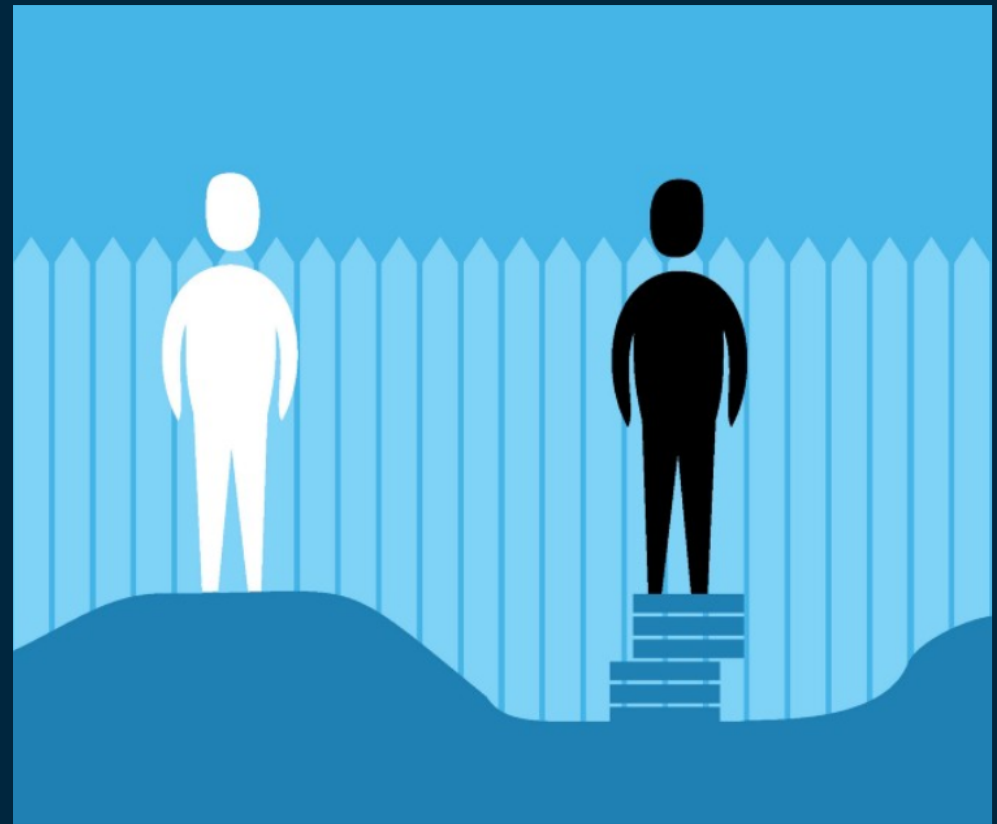
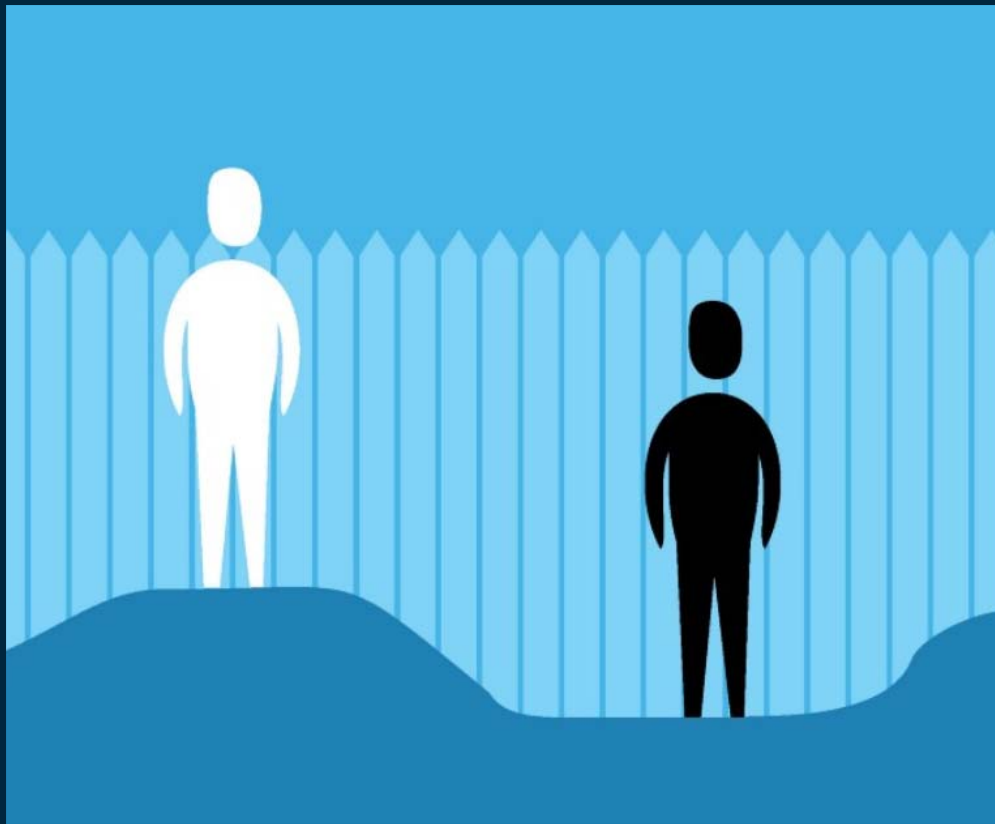


# What is 'equity'?

Terminology, background, and a common understanding.

## Traditional Imagery





<https://medium.com/@jessicabellamy/revised-equity-model-6eb42d47cc45>



*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)

```
graph TD; A[Health Equity Committee:  
Dunia (Chair), Mike (Executive  
Sponsor)] --> B[Employee  
Engagement in  
Equity]; A --> C[Review and  
advise]; A --> D[Management and  
coordination]; A --> E[Initiative  
implementation];
```

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





## WORDS THAT MEAN THE WORLD

Dear ER Staff of 02 Apr 2020  
11:00 hrs,  
Your positive vibe during my  
"visit to Town" was much  
appreciated.  
Thank you, Team!

P.S. I am feeling better.

Hug A Medical  
Professional Today



Olympic National Park

MA 9/2019

## LARGER BADGES FOR STAFF MEMBERS





# WALL OF FACES





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

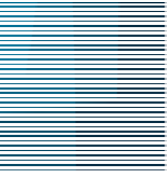
July 22, 2020

Katie-Rose Fischer-Price RN, Program Coordinator

Molly Parker MD, Medical Director

# Overview

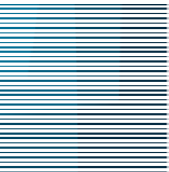
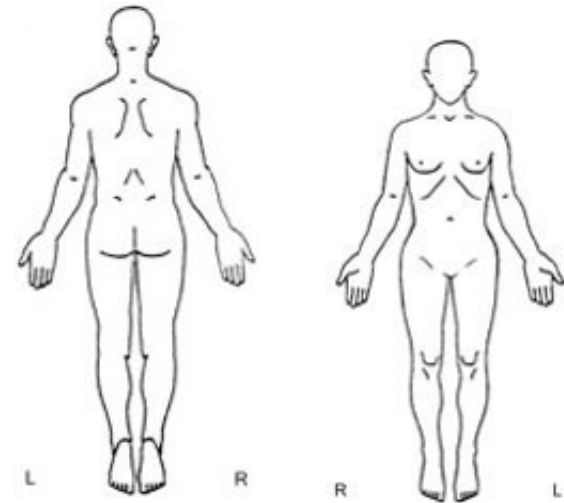
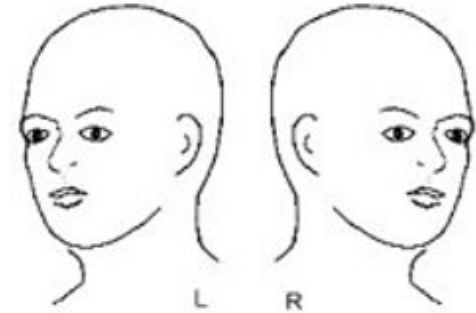
- Program development
- Program structure
- Case data since launch
- Opportunities and successes
- Future of the program



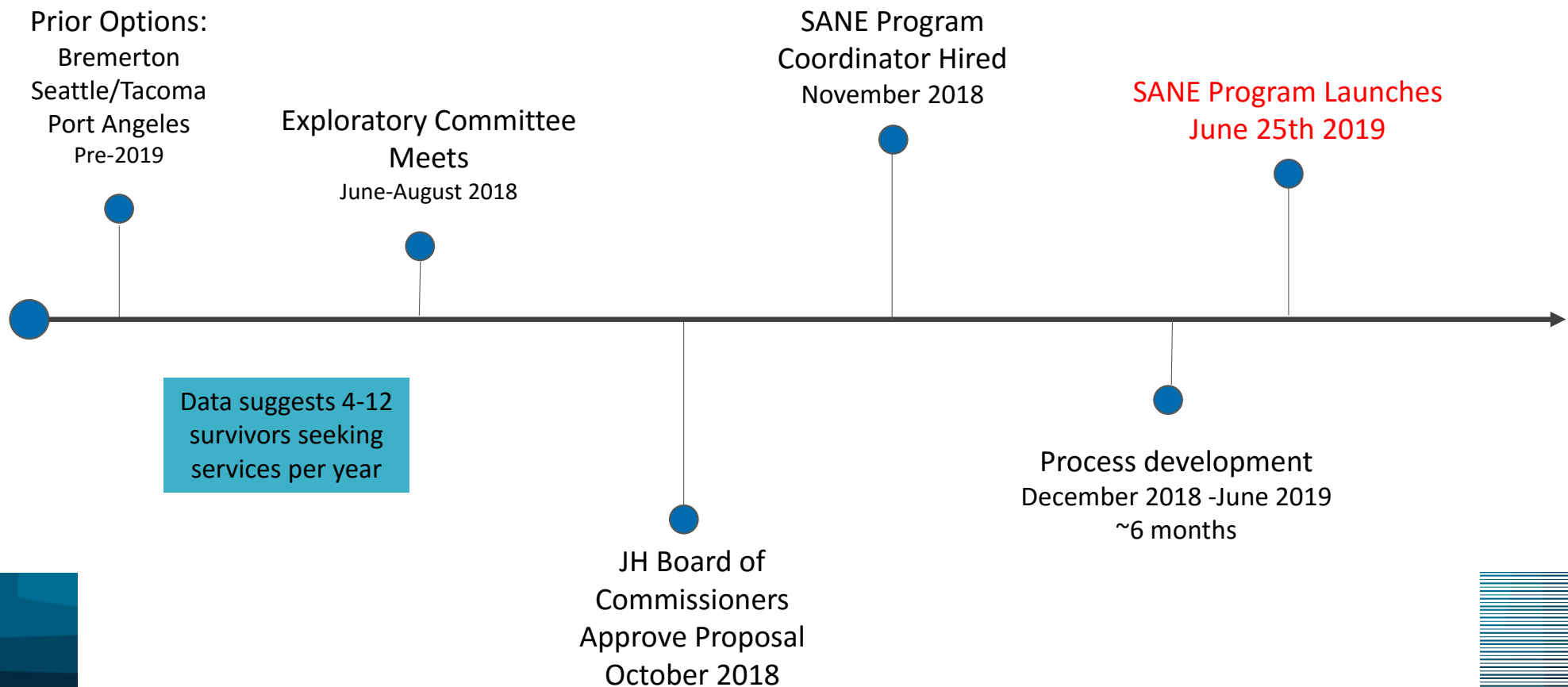


# What is a SANE?

- 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





# 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)

**Core  
SANE  
Training**  
**3-Day**



Jefferson Healthcare  
Dirksen Conference Room  
834 Sheridan St  
Port Townsend, WA



February 6-8, 2019  
8:00-4:30pm

Confirmation

# 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



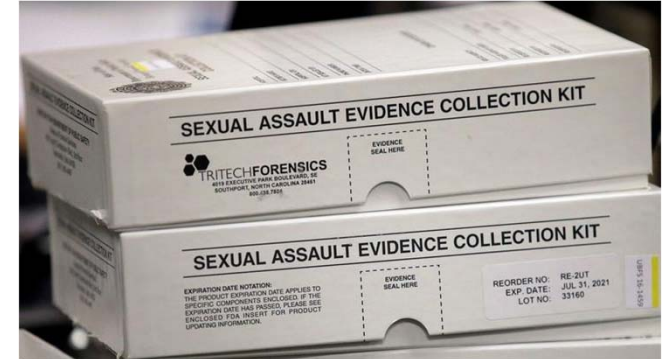
# Program Structure

- "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

# Review from an exploratory committee lens

Components of a successful program	Program Outcomes
Quality	<ul style="list-style-type: none"><li>• 100% case review: coordinator, SANE team</li><li>• Quarterly cross-department review</li></ul>
Effectiveness	<ul style="list-style-type: none"><li>• 8 presentations</li><li>• 6 exams completed</li><li>• 5 reports to police</li></ul>
Consistent availability	Staffed all requests
Sustainability	<ul style="list-style-type: none"><li>• Detailed protocols reviewed yearly</li><li>• Sufficient staffing</li><li>• Program supported by coordinator and medical director</li></ul>

# Review from an exploratory committee lens

Challenges identified	Program Outcomes
Retention	<ul style="list-style-type: none"><li>• 85% retention this year</li><li>• Competitive pay</li><li>• On-going engagement and education</li><li>• Emphasis on emotional debrief</li></ul>
Developing and maintaining experience	<ul style="list-style-type: none"><li>• Monthly education</li><li>• Annual Harborview classroom training</li><li>• Shadowing at Harborview</li><li>• Two RN's for each exam to allow additional support and ongoing learning</li><li>• Current: 4 fully trained, 2 still in training</li></ul>
Funding	<p>Remains a challenge</p> <ul style="list-style-type: none"><li>• Funded by JHC this year</li></ul>



# 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

## OUT OF EVERY 1000 SEXUAL ASSAULTS, 995 PERPETRATORS WILL WALK FREE

**230** are reported to police<sup>i</sup>



**46** reports lead to arrest<sup>ii</sup>



**9** cases get referred to prosecutors<sup>ii</sup>



**5** cases will lead to a felony conviction<sup>iii</sup>



**4.6** rapists will be incarcerated<sup>iii</sup>



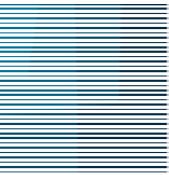
**RAINN**

National Sexual Assault Hotline | 800.656.HOPE | [online.rainn.org](https://online.rainn.org)

Please visit [rainn.org/statistics/criminal-justice-system](https://rainn.org/statistics/criminal-justice-system) for full citation.<sup>1</sup>

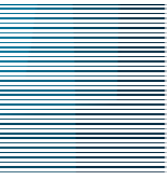
# Opportunities

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



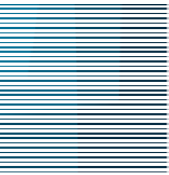
# Successes

- "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

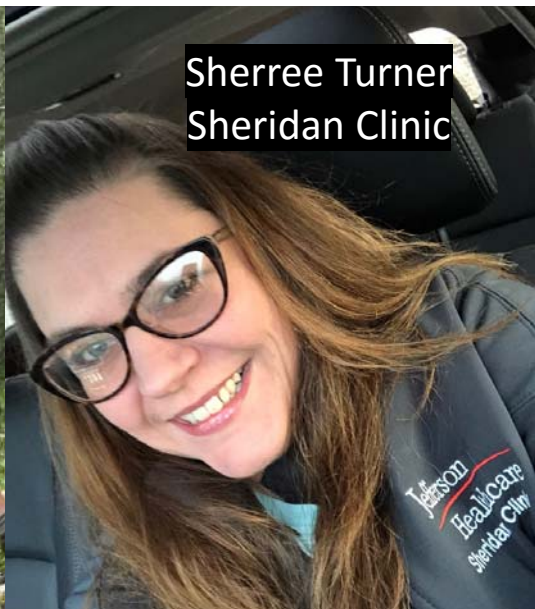




Jaimie Hoobler  
Clinic Manager



Anne Beers  
Family Birth Center



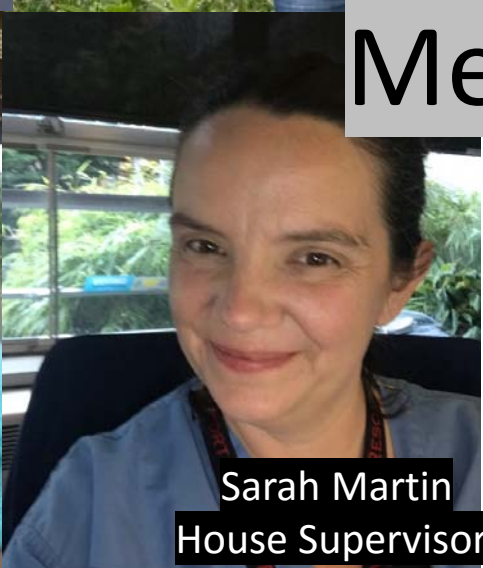
Sherree Turner  
Sheridan Clinic



Jess Cigalotti  
RN Clinic Coordinator



Katie-Rose Fischer-Price  
ACU and JCPH

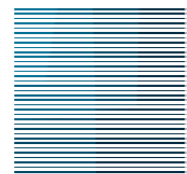


Sarah Martin  
House Supervisor

# Meet our SANEs

Thank you!

Questions?



# Jefferson Healthcare

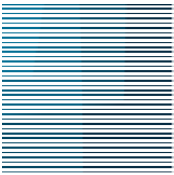
June 2020 Finance Report

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

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



# June 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

JUNE 2020						JUNE 2019			
MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
608	625	3%	596	625	5%	572	-6%	567	-5%
1,904	2,418	-21%	10,799	14,668	-26%	1,995	-5%	13,380	-19%
66	81	-19%	351	494	-29%	67	-1%	483	-38%
267	336	-21%	1,467	2,038	-28%	336	-21%	2,050	-40%
340	446	-24%	1,926	2,707	-29%	429	-21%	2,649	-38%
130	114	14%	591	692	-15%	116	12%	656	-11%
68	71	-4%	297	428	-31%	87	-22%	431	-45%
20,772	19,170	8%	98,930	116,297	-15%	19,138	9%	112,738	-14%
2,791	3,004	-7%	14,802	18,221	-19%	3,015	-7%	17,279	-17%
19,375	21,772	-11%	106,971	132,082	-19%	23,250	-17%	135,437	-27%
2,486	3,835	-35%	14,923	23,265	-36%	3,694	-33%	22,647	-52%
7,533	8,895	-15%	41,722	53,964	-23%	9,624	-22%	53,574	-28%
834	1,061	-21%	5,195	6,435	-19%	1,152	-28%	6,336	-22%
222	329	-33%	1,267	1,995	-36%	-	0%	-	100%
5,268	6,395	-18%	29,185	38,796	-25%	6,162	-15%	35,848	-23%
4,575	3,448	33%	19,244	20,924	-8%	3,089	48%	17,796	8%

# June 2020

## Income Statement Summary

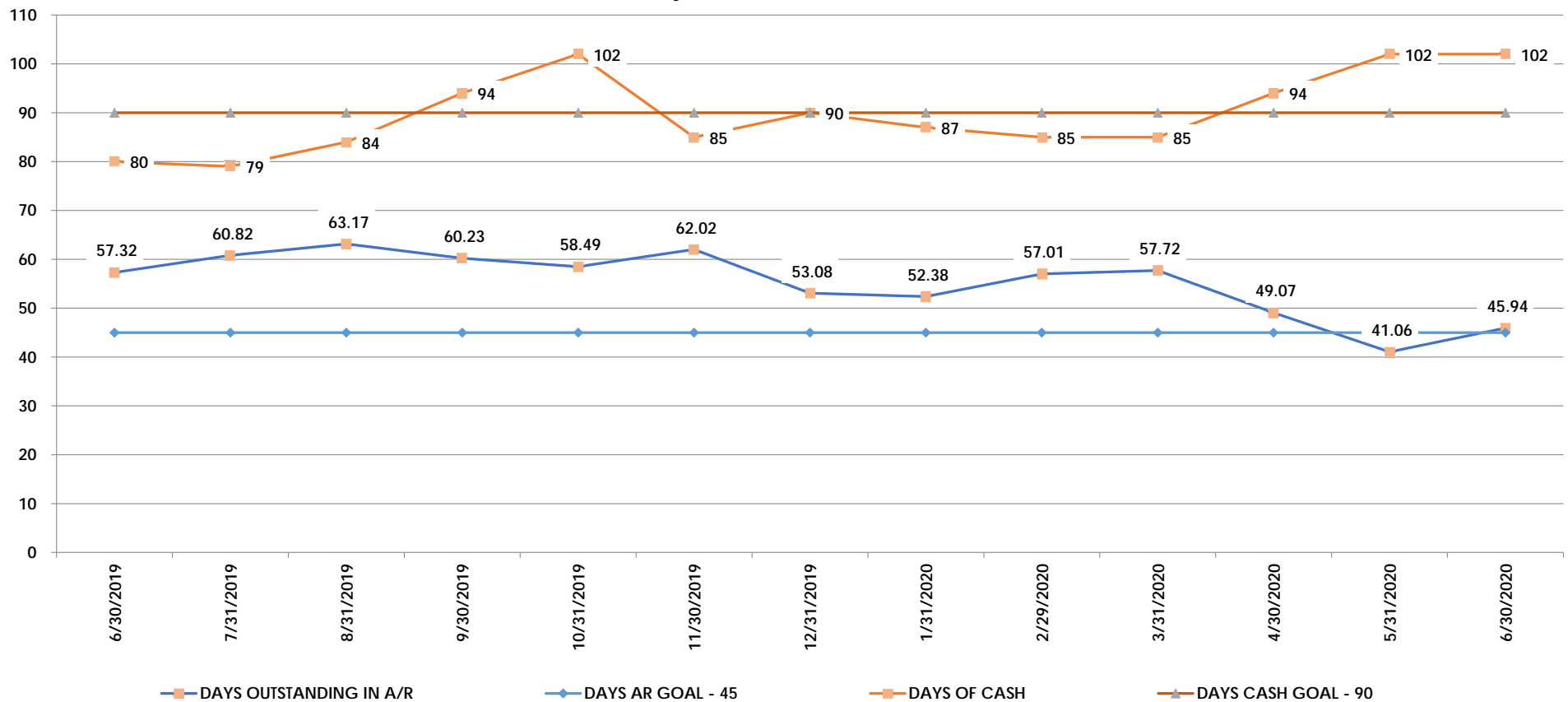


	June 2020 Actual	June 2020 Budget	Variance Favorable/ (Unfavorable)	%	June 2020 YTD	June 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	June 2019 YTD
<b>Operating Revenue</b>									
Gross Patient Service Revenue	23,238,637	23,365,960	(127,323)	-1%	116,980,308	141,753,441	(24,773,134)	-17%	127,486,253
Revenue Adjustments	12,391,267	12,492,553	101,285	1%	65,532,366	75,788,125	10,255,759	14%	69,125,075
Charity Care Adjustments	300,439	225,983	(74,456)	-33%	1,400,911	1,370,963	(29,948)	-2%	1,232,823
Net Patient Service Revenue	10,546,931	10,647,425	(100,494)	-1%	50,047,031	64,594,353	(14,547,322)	-23%	57,128,356
Other Revenue	2,185,492	563,359	1,622,133	288%	10,997,728	3,417,711	7,580,017	222%	4,071,661
<b>Total Operating Revenue</b>	<b>12,732,422</b>	<b>11,210,784</b>	<b>1,521,639</b>	<b>14%</b>	<b>61,044,759</b>	<b>68,012,063</b>	<b>(6,967,304)</b>	<b>-10%</b>	<b>61,200,017</b>
<b>Operating Expenses</b>									
Salaries And Wages	5,045,789	5,376,221	330,432	6%	31,804,588	32,615,728	811,140	2%	28,540,646
Employee Benefits	1,261,790	1,385,046	123,256	9%	7,635,050	8,402,607	767,557	9%	7,328,738
Other Expenses	3,894,164	4,008,195	114,031	3%	22,217,850	24,316,371	2,098,521	9%	22,401,904
<b>Total Operating Expenses</b>	<b>10,201,742</b>	<b>10,769,461</b>	<b>567,719</b>	<b>5%</b>	<b>61,657,488</b>	<b>65,334,706</b>	<b>3,677,218</b>	<b>6%</b>	<b>58,271,288</b>
<b>Operating Income (Loss)</b>	<b>2,530,680</b>	<b>441,322</b>	<b>2,089,358</b>	<b>473%</b>	<b>(612,729)</b>	<b>2,677,358</b>	<b>(3,290,087)</b>	<b>-123%</b>	<b>2,928,729</b>
<b>Total Non Operating Revenues (Expenses)</b>	<b>(74,160)</b>	<b>(7,230)</b>	<b>(66,930)</b>	<b>-926%</b>	<b>(83,597)</b>	<b>(43,863)</b>	<b>(39,734)</b>	<b>-91%</b>	<b>130,408</b>
<b>Change in Net Position (Loss)</b>	<b>2,456,520</b>	<b>434,092</b>	<b>2,022,428</b>	<b>466%</b>	<b>(696,325)</b>	<b>2,633,495</b>	<b>(3,329,820)</b>	<b>-126%</b>	<b>3,059,137</b>
<b>Operating Margin</b>	<b>19.9%</b>	<b>3.9%</b>	<b>15.9%</b>	<b>404.9%</b>	<b>-1.0%</b>	<b>3.9%</b>	<b>-4.94%</b>	<b>-125.5%</b>	<b>4.8%</b>
<b>Total margin</b>	<b>19.3%</b>	<b>3.9%</b>	<b>15.4%</b>	<b>398.3%</b>	<b>-1.1%</b>	<b>3.9%</b>	<b>-5.01%</b>	<b>-129.5%</b>	<b>5.0%</b>
<b>Salaries &amp; Benefits as a % of net pt svc rev</b>	<b>-59.8%</b>	<b>-63.5%</b>	<b>3.7%</b>	<b>5.8%</b>	<b>-78.8%</b>	<b>-63.5%</b>	<b>-15.30%</b>	<b>-24.1%</b>	<b>-62.8%</b>

# June 2020

## Cash and Accounts Receivable

Days Cash and Accounts Receivable



# June 2020

## Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	Jun Actual	Jun Budget	Jun Variance	2020 to Date Actual	2020 to Date Budget	2020 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	4,116.00	5,036.00	920.00	24,631.00	30,552.00	5,921.00
			601100	BENEFITS FICA	238.00	312.00	74.00	1,807.00	1,894.00	87.00
			601150	BENEFITS WA F&MLA	5.00	-	(5.00)	35.00	-	(35.00)
			601400	BENEFITS MEDICAL INS-UNION	4,785.00	4,133.00	(652.00)	29,338.00	25,075.00	(4,263.00)
			601600	BENEFITS RETIREMENT	-	252.00	252.00	-	1,528.00	1,528.00
			601900	BENEFITS EMPLOYEE ASSISTANCE	-	9.00	9.00	-	56.00	56.00
			602300	CONSULT MNGMT FEE	-	2,049.00	2,049.00	-	12,432.00	12,432.00
			602500	AUDIT FEES	4,400.00	3,443.00	(957.00)	28,400.00	20,885.00	(7,515.00)
			604200	CATERING	-	121.00	121.00	105.00	735.00	630.00
			604500	OFFICE SUPPLIES	-	24.00	24.00	-	147.00	147.00
			604850	COMPUTER EQUIPMENT	-	81.00	81.00	-	490.00	490.00
			606500	OTHER PURCHASED SERVICES	-	807.00	807.00	(27.00)	4,898.00	4,925.00
			609400	TRAVEL/MEETINGS/TRAINING	-	1,615.00	1,615.00	4,068.00	9,796.00	5,728.00
		Exp Total			13,544.00	17,882.00	4,338.00	88,357.00	108,488.00	20,131.00
	BOARD Total				13,544.00	17,882.00	4,338.00	88,357.00	108,488.00	20,131.00

# 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**

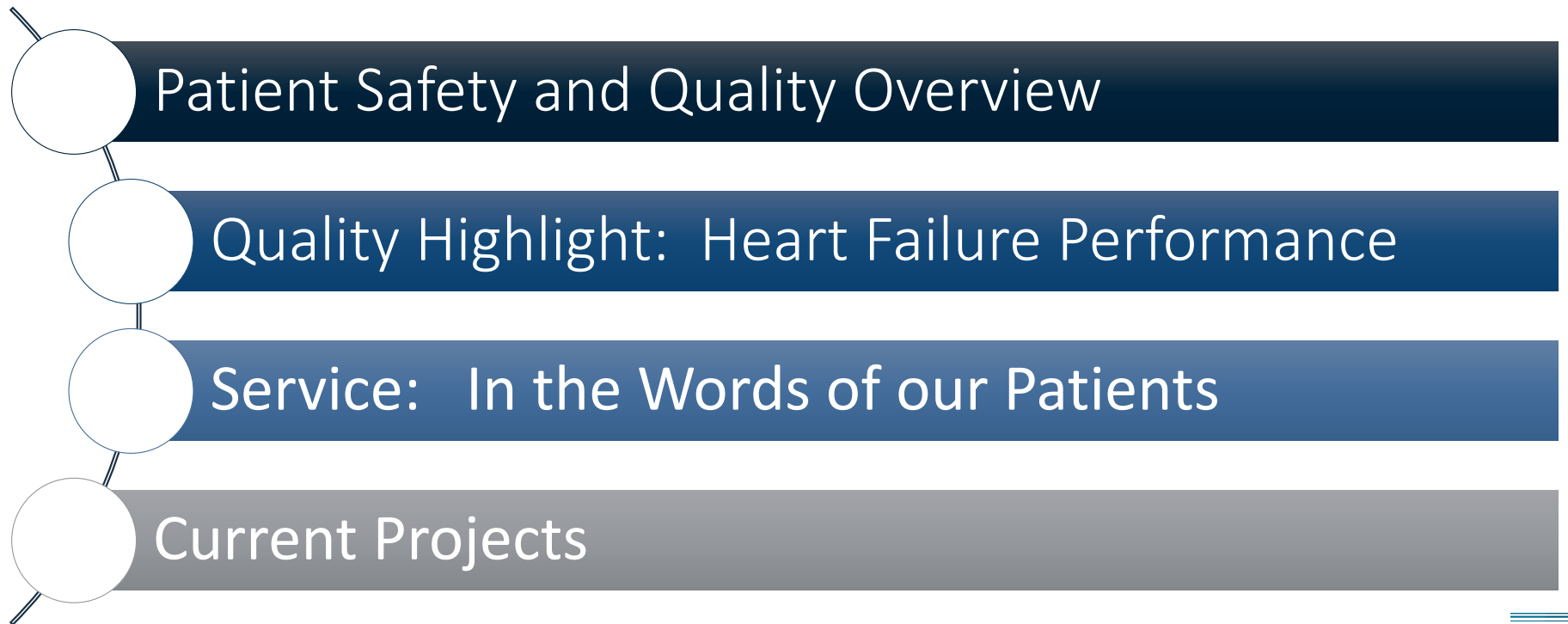
# Jefferson Healthcare

## Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

July 22, 2020

# Agenda



**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 practices	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	Workplace Violence Prevention (Initiative)	90% or greater compliance with core measures
	Align care with patient goals	Leader Rounding	Zero Incidents of Workplace Violence
		Implement a palliative care program	Weekly Rounding Compliance
			Readmission rate < 12%



# Quality Focus: Heart Failure

## Why Heart Failure?

### What is 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

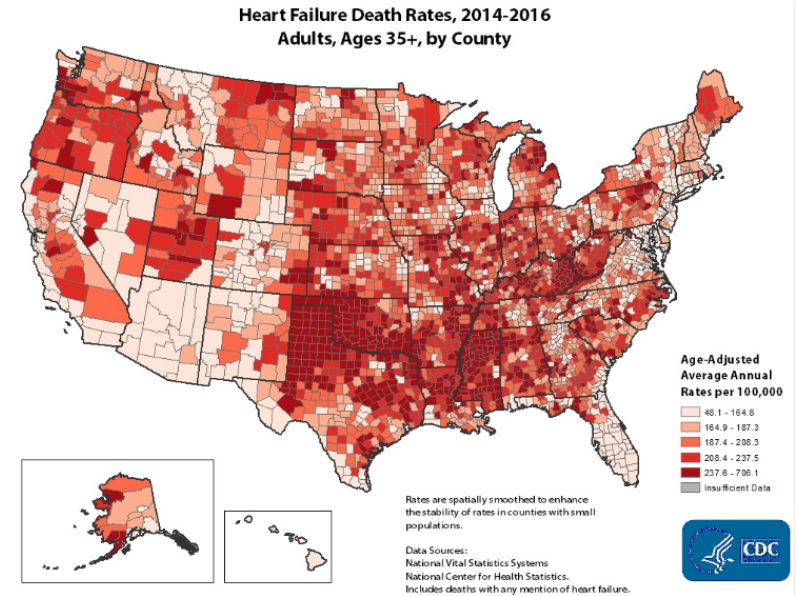
Heart Failure costs the US an estimated \$30.7 billion in 2012.

3

Heart failure was a contributing cause of 1 in 8 deaths in 2017

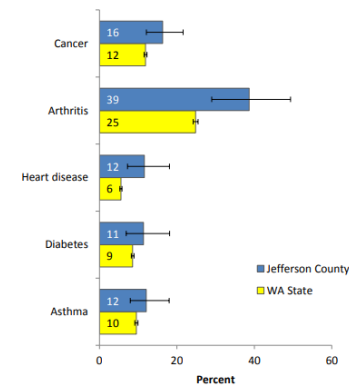
4

Heart failure causes nearly 2 hospitalizations every minute

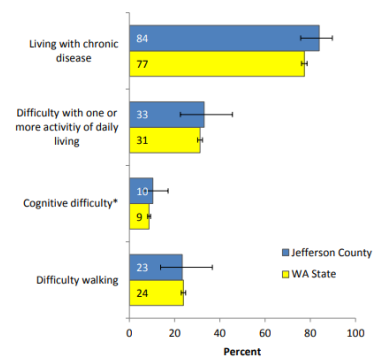


Data Source: National Vital Statistics Systems, CDC

### Adult (Age 18+) Chronic Disease



### Senior (Age 65+) Health Risks

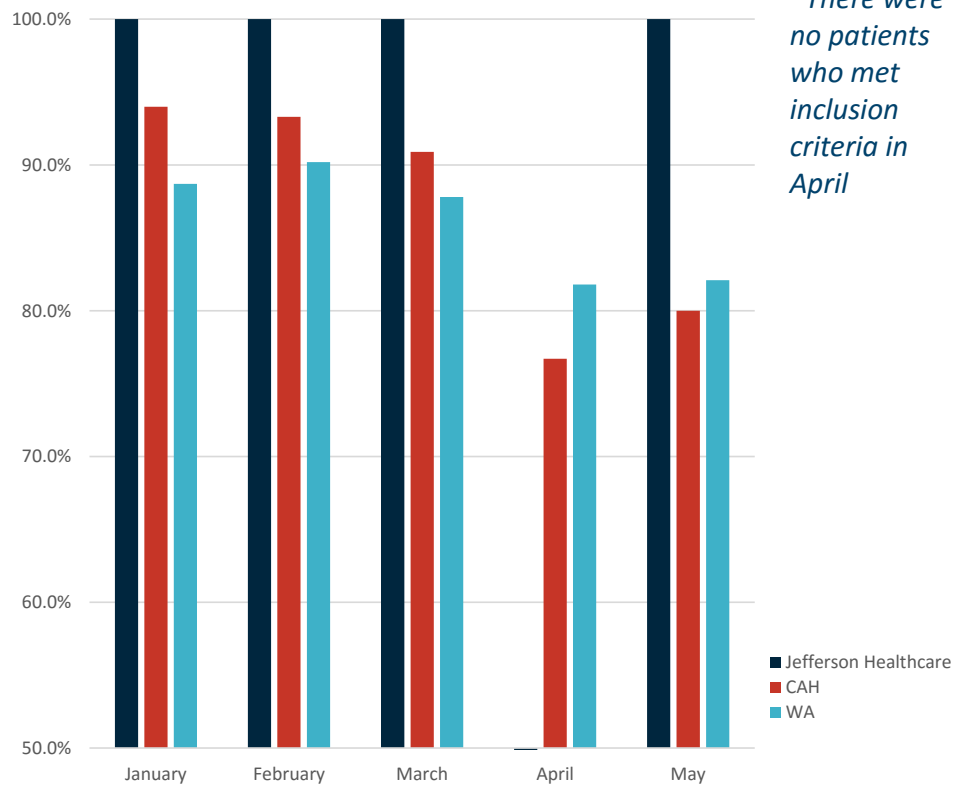


Data Source: Washington Behavioral Risk Factor Surveillance System 2013-2015

# Heart Failure Performance Report



Heart Failure Composite Score  
2020



The American Heart Association proudly recognizes

## Jefferson Healthcare Port Townsend, WA

**Get With The Guidelines<sup>®</sup>-Heart Failure SILVER PLUS with Honor Roll**  
Achievement Award Hospital

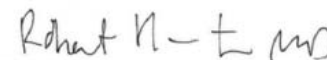
The American Heart Association recognizes this hospital for its continued success in using the **Get With The Guidelines<sup>®</sup>-Heart Failure** and **Target: Heart Failure<sup>SM</sup>** programs. Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care 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



## In the Words of Our Patients.

### 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

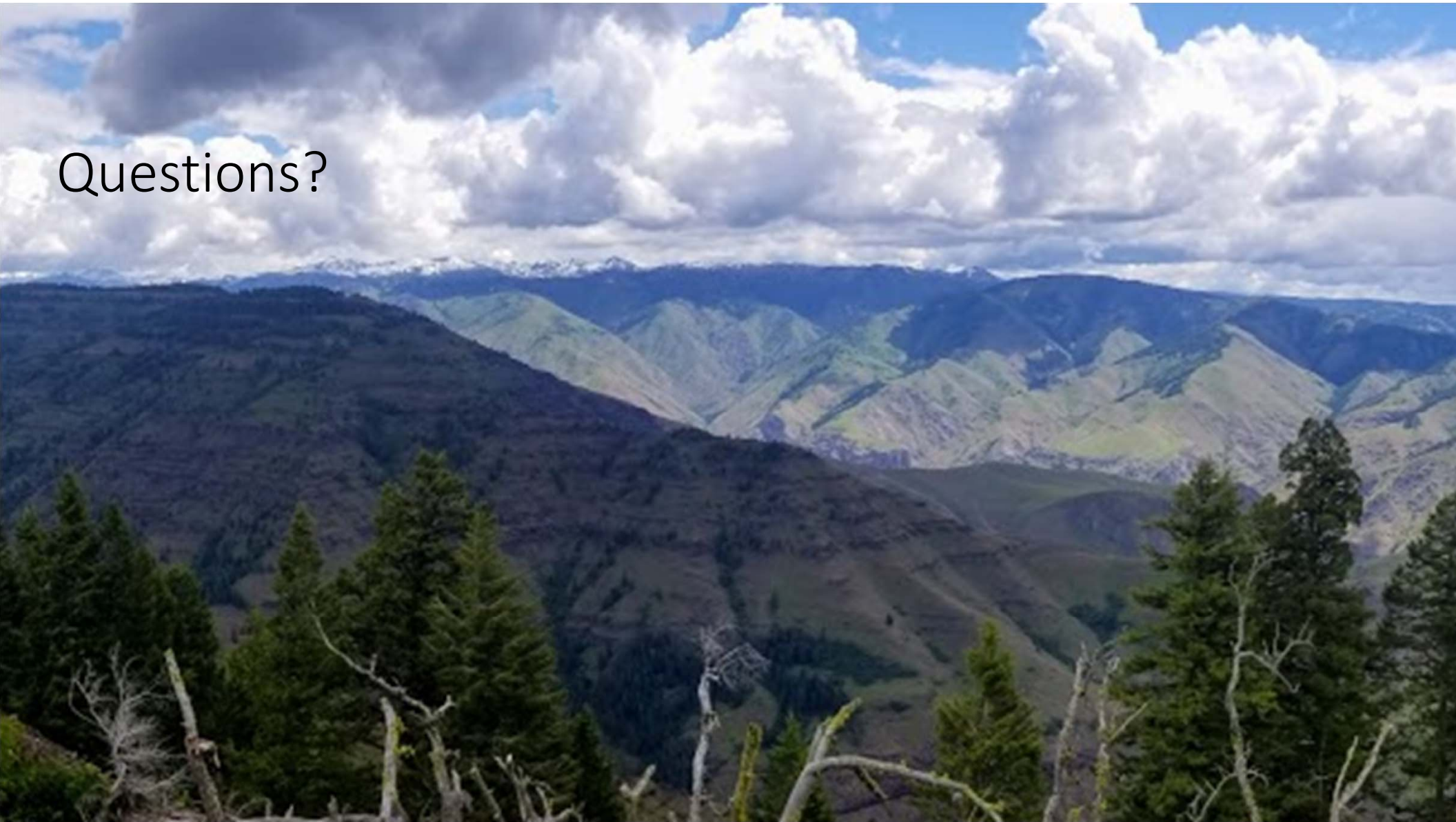
AHRQ and Johns Hopkins University – Ambulatory Antimicrobial Stewardship

Bar Code Medication Administration in the Medical Group

Analysis and response to medication safety events



Questions?



# Jefferson Healthcare

## 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

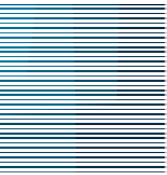
- State

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

Tests	
Total Tested	3,986
Negatives	3,937
Positives	49
Percentage Positive	1.2%
Employee Tests	1 positive (not an occupational transmission) 146 negatives

## COVID-19 Response Update

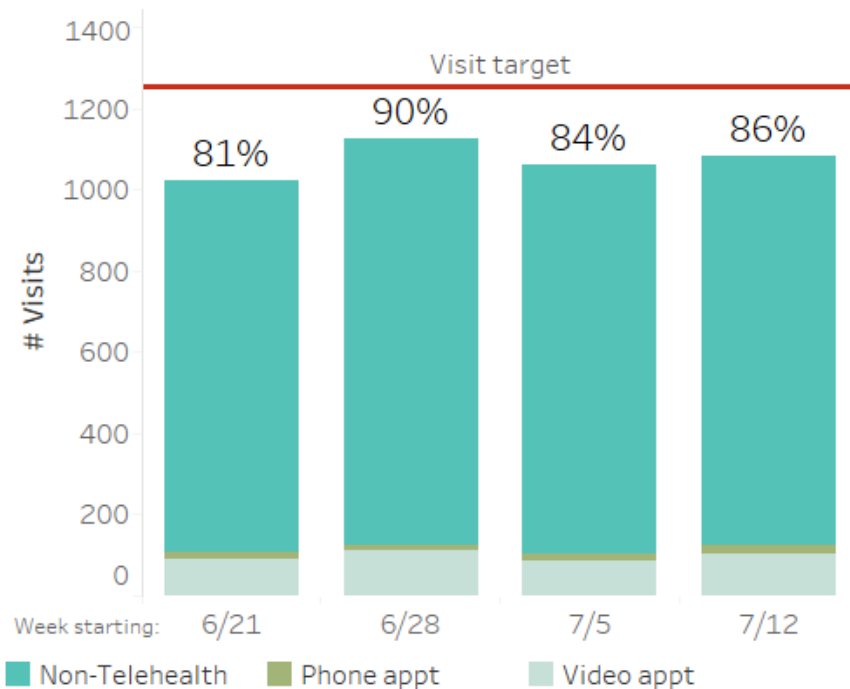
### PPE

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

# Jefferson Healthcare Operations Update

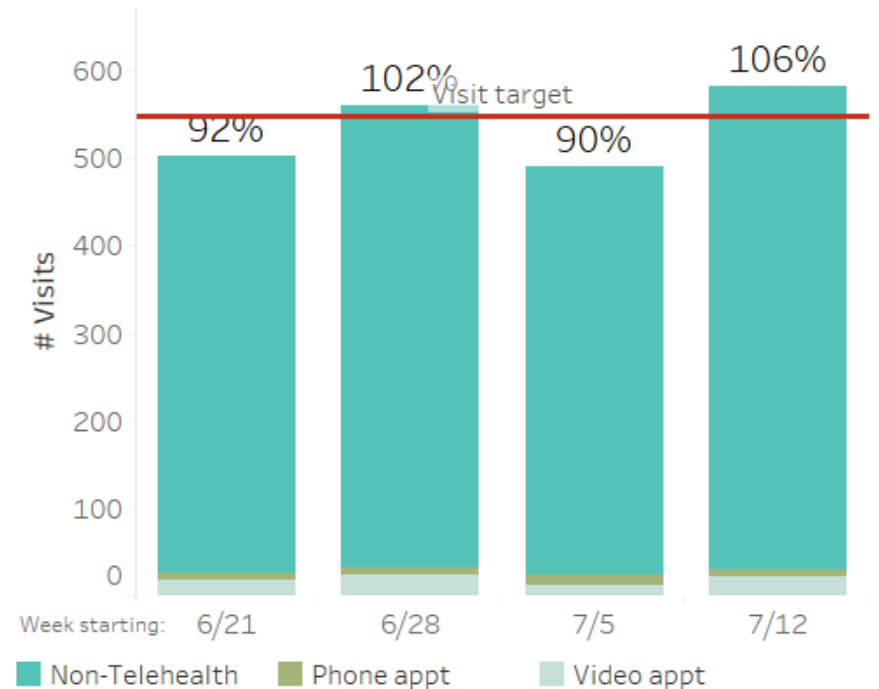
## Primary Care variance to target visits

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

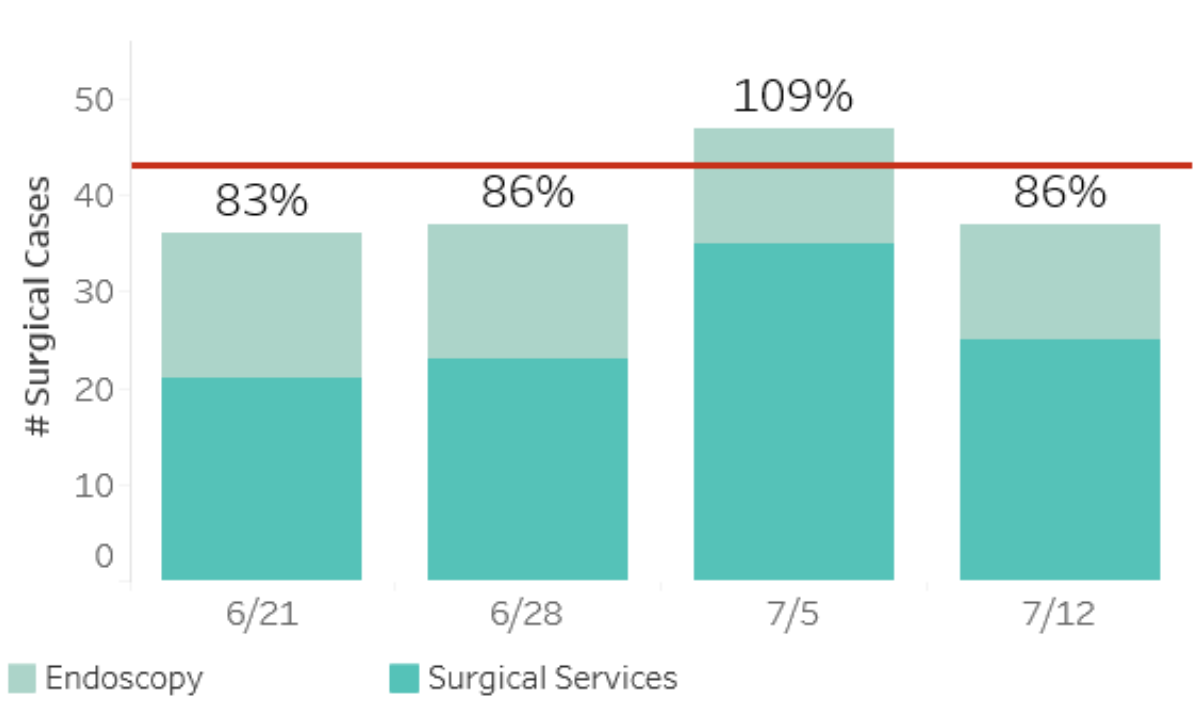
Visit volumes in Medical Group's specialty clinics. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.



# Jefferson Healthcare Operations Update

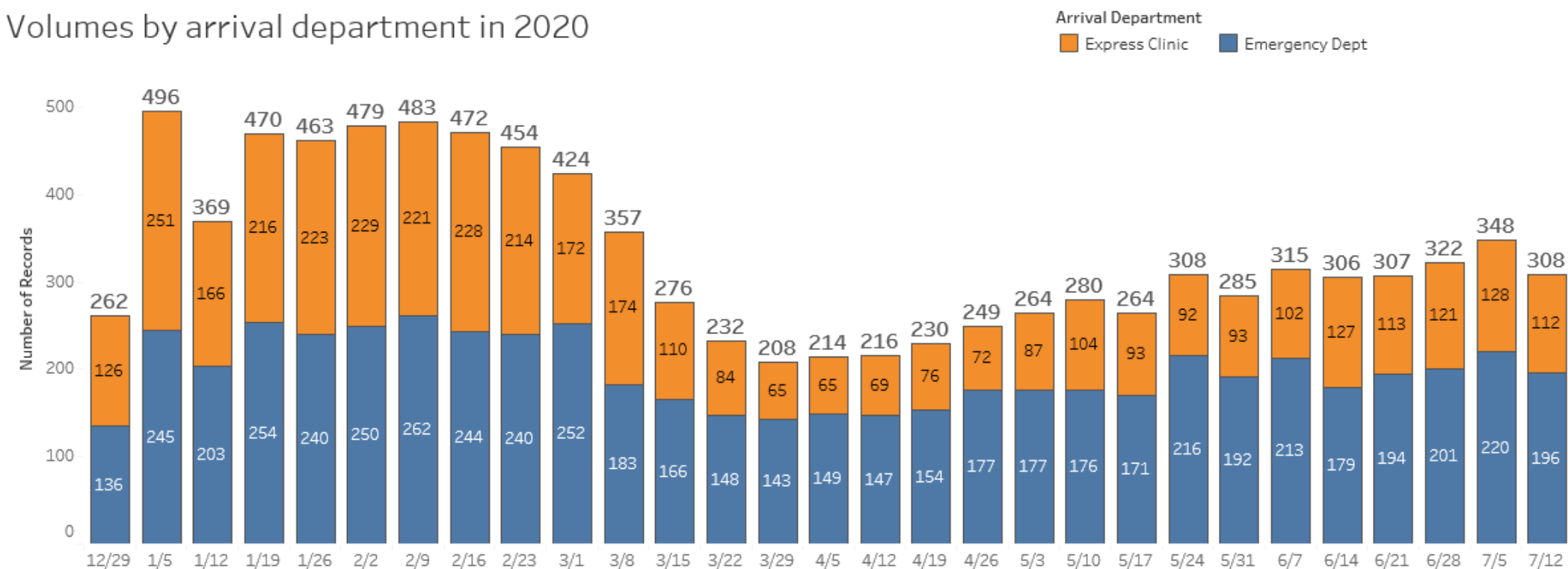
## Surgical case variance to target cases

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.



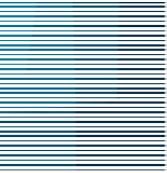
# Jefferson Healthcare Operations Update

Volumes by arrival department in 2020



# Operations Update

- Airlift Northwest Update





# Questions

