

**\*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, August 26, 2020**

**Call to Order:**

The meeting was called to order at 2:30pm by Board Chair Buhler Rienstra. Present by phone and video 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, 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:**

- Medical Group Update
  - Jenn Wharton, Chief Ambulatory and Medical Group Officer
  - Dr. Steve Butterfield, Chief Medical Officer, Medical Group

Jenn Wharton, Chief Ambulatory and Medical Group Officer and Dr. Steve Butterfield, Chief Medical Officer, Medical Group presented the Medical Group update.

Discussion ensued.

Commissioners recessed for break at 3:26pm.  
Commissioner reconvened from break at 3:30pm.

**Minutes:**

- July 22, 2020 Minutes

Commissioner Dressler made a motion to approve the July 22, 2020 minutes.  
Commissioner Kolff seconded.

**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested

- July Warrants and Adjustments
- Resolution 2020-08 Funded Depreciation Account
- Resolution 2020-09 Surplus Equipment
- Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the July Warrants and Adjustments, Resolution 2020-08 Funded Depreciation Account, 2020-09 Surplus Equipment and Medical Staff Credentials/ Appointments/ Reappointments Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Patient Advocate Report:**

- Jackie Levin, RN, Patient Advocate, presented the Patient Advocate Report.

Discussion ensued.

**Quality Report:**

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

Discussion ensued.

**Administrative Report**

Mike Glenn, CEO, presented the Administrative report.

Discussion ensued.

**Financial Report:**

Hilary Whittington, CAO/CFO, presented the July Financial Reports.

**Board Business:**

Commissioner Kolff reported on the Health Equity Report. He explained they are waiting on the Board of Health draft and will hopefully have a draft to share with the board at the September meeting. Commissioner Kolff also reported that the Jefferson County website has COVID 19 case information which includes a new listing labeled “number of new cases that have been confirmed in the previous 2 weeks per 100,000 population”.

He explained the cause for local transmission is not the tourist but the quarantine fatigue of our own residents.

Commissioner Dressler made a report that all the employees are doing such tremendous work and she understands the stress must be enormous. Kudos to you all. Thank you so very much.

**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 5:16pm.

Approved by the Commission:

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

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



# High Performing Multi-Specialty Medical Group

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## *Strategies for Success*

Steve Butterfield, MD

Jennifer Wharton, MHL, PT

# AGENDA

## Services

- Historical
- Current State
- Pandemic Pause~ Current State V2
- Future State

## High Performing Medical Group

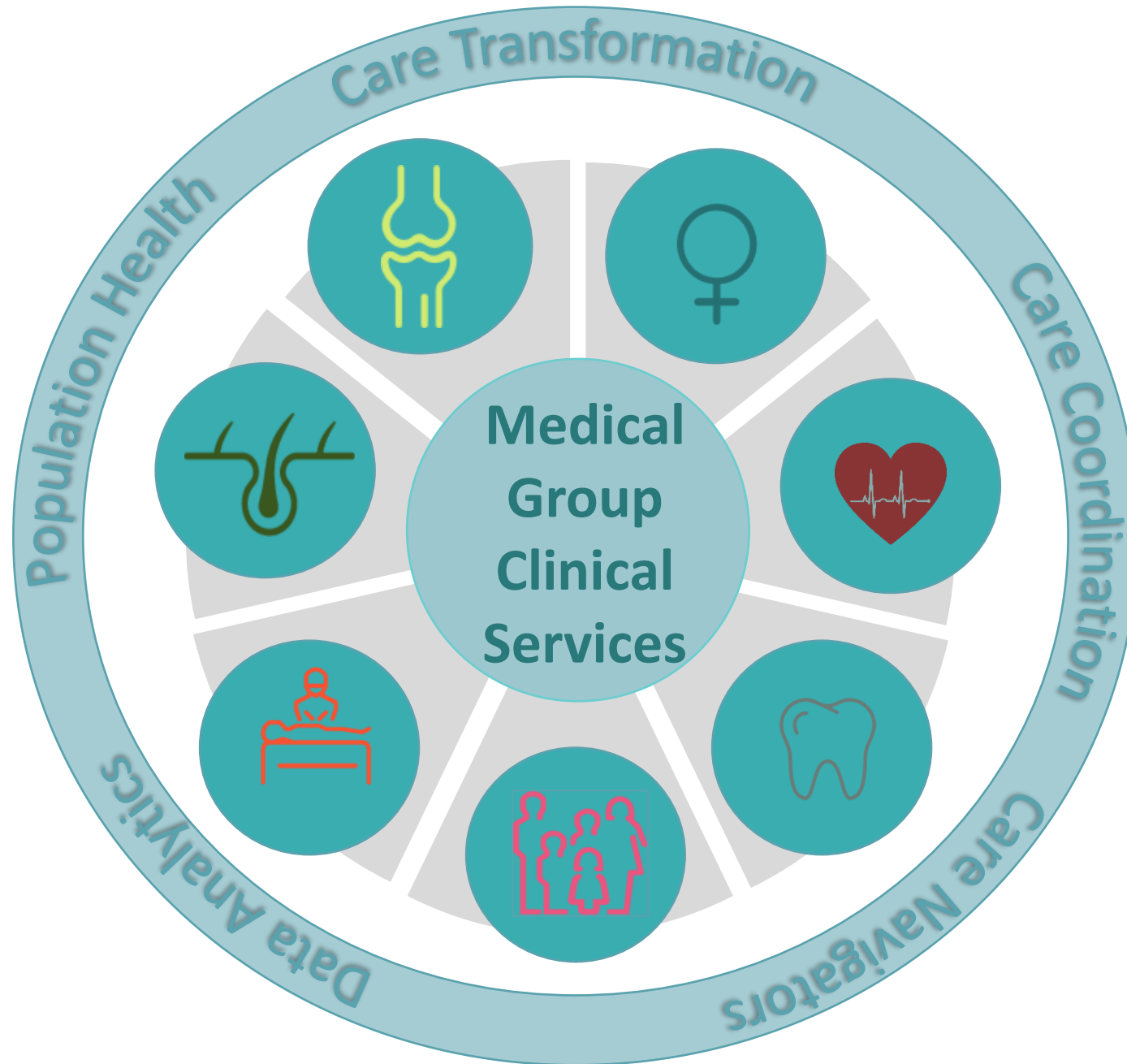
- Strategies for Success

## Measure of Success

## Next Steps

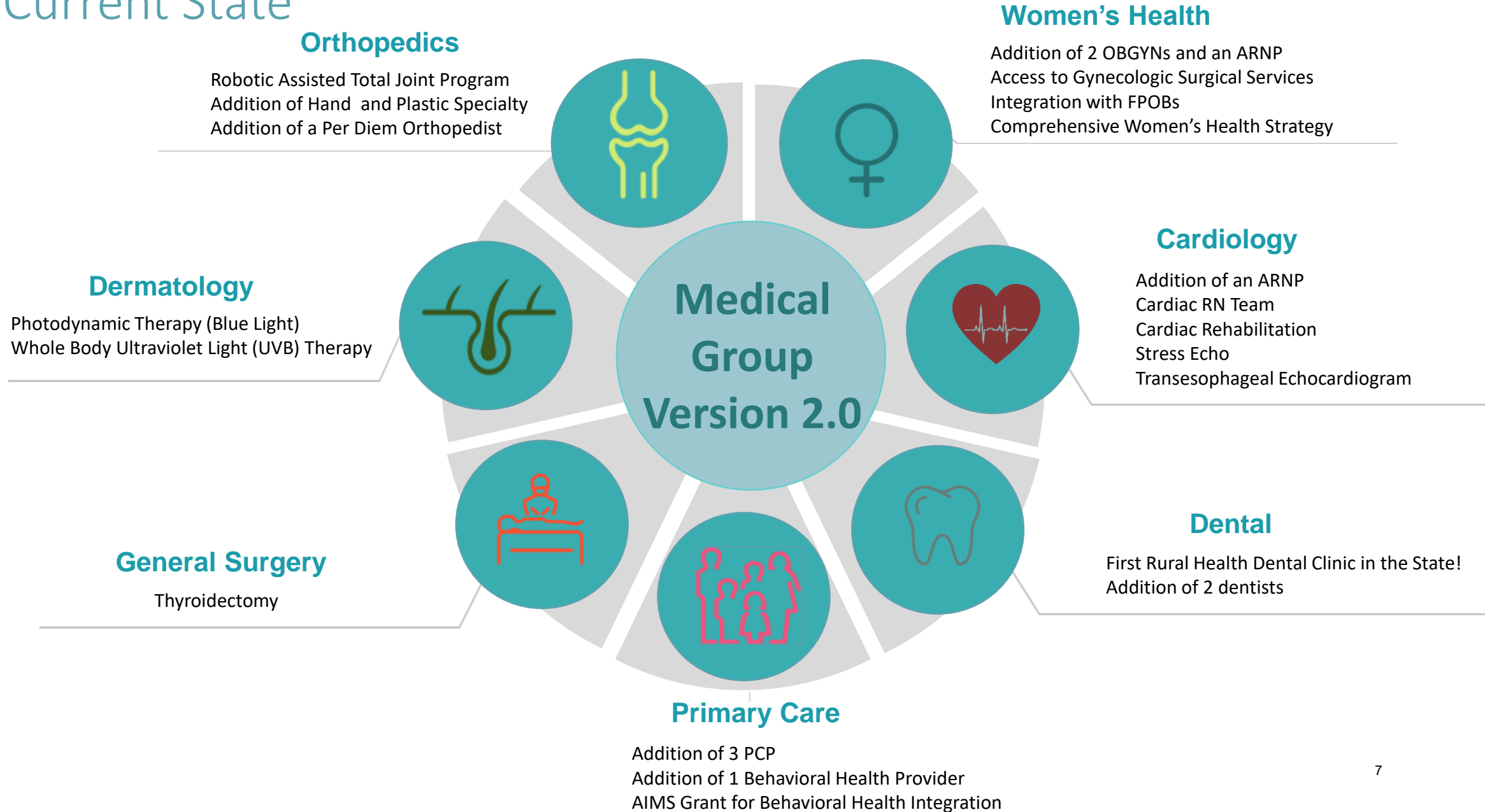
# Services

## Historical



# Services

## Current State



# New OBGYN Providers



*Christine Skorberg, MD FACOG  
Medical Director*



*Asif Luqman, MD, OB/GYN*



*Sarah Kirkegaard, ARNP*

## Strategies

- Stability of Services
- Consistency of Services
- Stability of Call Schedule
- Advance OBGYN Surgical Services
- Development of New Services
- Enhancement of Current Services
- Integration with FPOB to Advance the Women's Health Service Line

# Services

## Pandemic Pause

### Respiratory Evaluation Clinic

Moderate to Several Symptomatic Patients  
Nurse Hotline/Call Center  
Centralize Services to Protect Patients and Staff



### Testing Team

Multi-Disciplined Team  
Continuous Review of Processes  
Continuous Review of Literature and Best Practices



### Drive-Thru Testing

Asymptomatic Patient Screening  
Mild to Moderate Symptoms



## COVID Services



### Medical Case Management

COVID + Patients Requiring Medical Case Management  
Partnership with Public Health



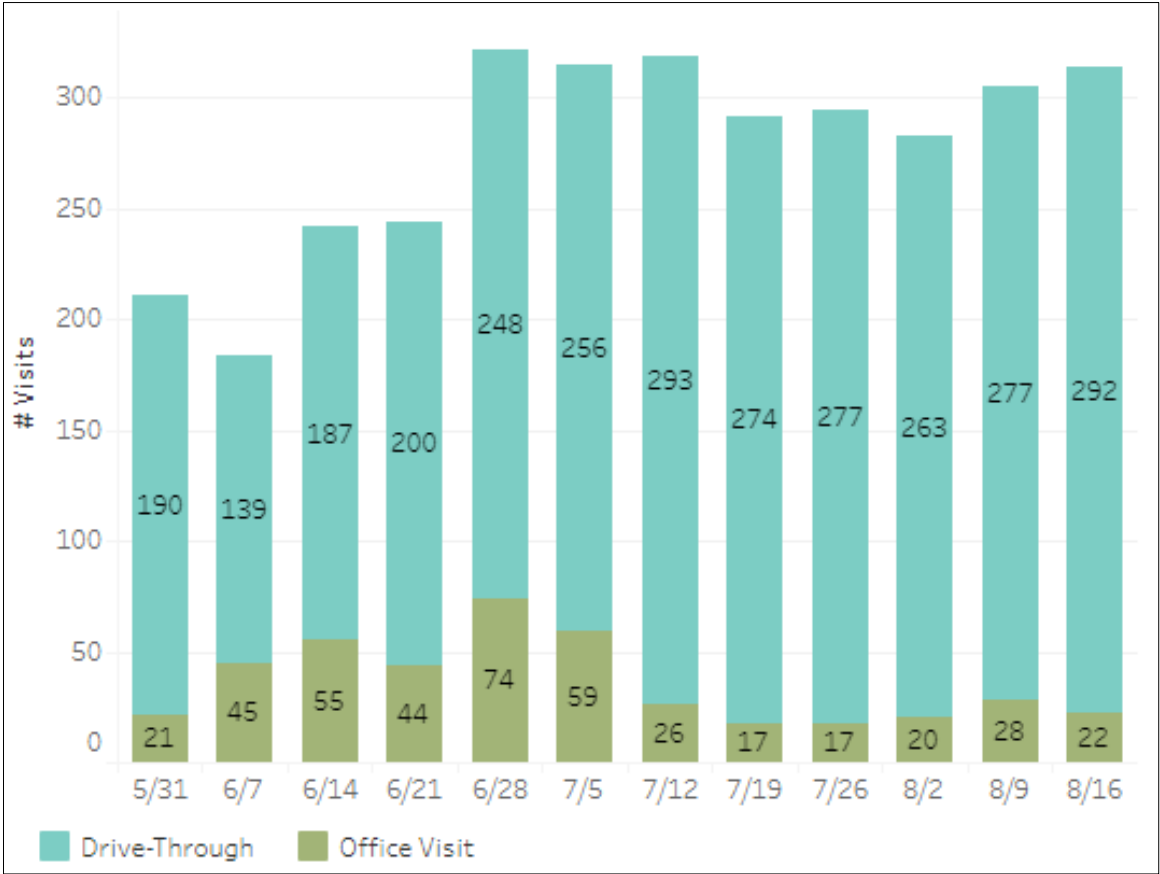
### Telemedicine

All Providers  
Telephone Visits  
Video Visits

# Respiratory Evaluation Clinics

## Volumes

### Visits



Total Respiratory Evaluation Clinic vists - all time	
Drive-Through	3,285
Office Visit	1,197
Total	4,482

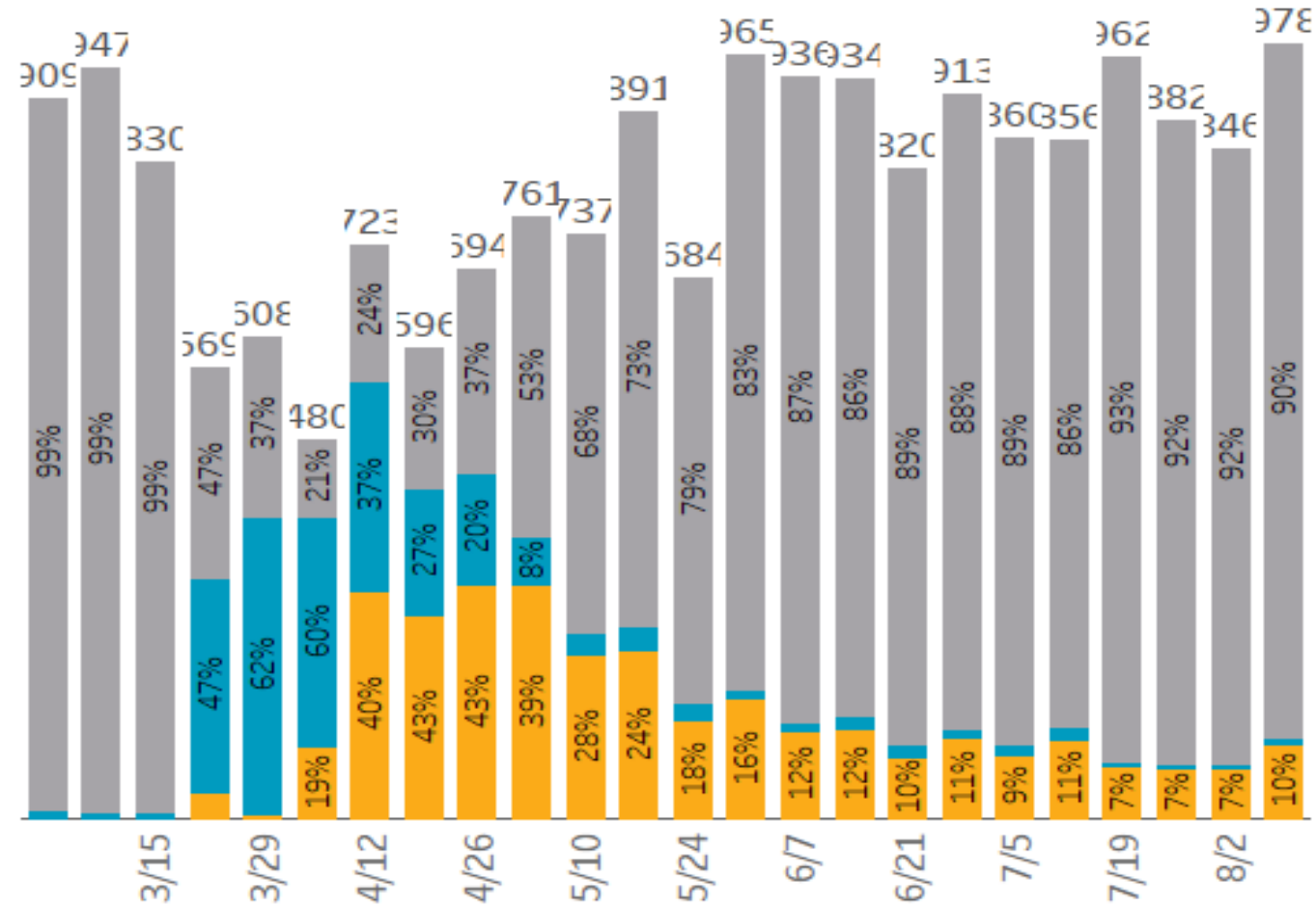
### Calls

Total call volume since launch of triage line	
Inbound Calls	15,121

# Telemedicine Visit Volumes

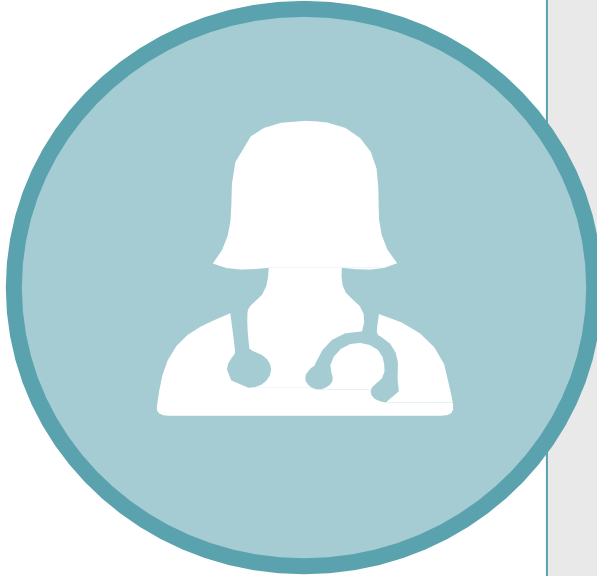
Video Appt Phone Appt Non-Telehealth

Appointment type volume, by week



# Services

## Future State



### Services

- Pulmonology
- Infectious Disease
- Thoracic Surgery Consults
- Cardiothoracic Surgery Consults
- Endocrinology
- Gerontology
- ENT
- Pain
- Neurology
- Specialty Behavioral Health



# High Performing Multi-Specialty MEDICAL GROUP

GETTING OUT OF THE BLOCKS Shared Vision		GAINING YOUR STRIDE Coordination & Integration		FINISHING STRONG Care Design	
»	Physicians view themselves as part of single organization with <b>common purpose</b>	»	Culture-Base candidate and screening minimizes later physician turnover	»	<b>Improved access</b> , convenience, and service attracts patients
»	Administrators and physicians agree on a <b>vision of shared values and goals</b>	»	New hires more rapidly internalize group processes, cultural norms	»	<b>Unnecessary-and expensive-variation</b> in clinical care reduced
»	Clinicians more easily accept new processes and standards	»	Administrators able to easily spot best improvement opportunities	»	Care management efforts <b>improve outcomes</b> for complex patients
»	Group able to achieve economies of scale through shared resources	»	Enhanced in-network referral capture boosts revenue performance	»	Clinicians <b>streamline patient handoffs</b> , eliminate care redundancies
»	Open information exchange facilitates administrative and clinical coordination	»	Group begins to move dial on quality, efficiency, patient satisfaction	»	Health system prepared to <b>meet emerging value-based imperatives</b>

33RD  
ANNUAL **AHA RURAL**  
**HEALTH CARE**  
LEADERSHIP  
CONFERENCE

**FEBRUARY 2–5, 2020**

ARIZONA GRAND RESORT & SPA  
PHOENIX, AZ

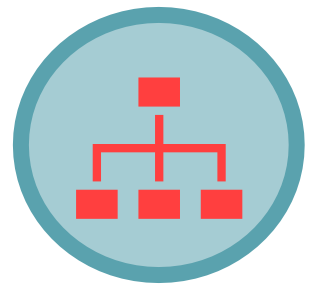


# High Performing Medical Group

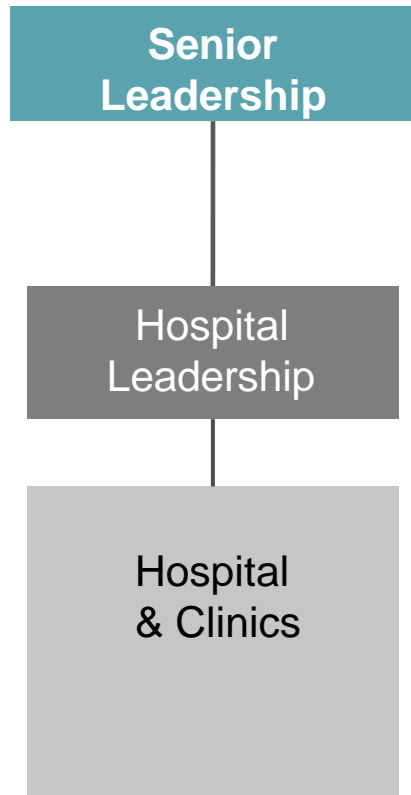


# Organizational Structure

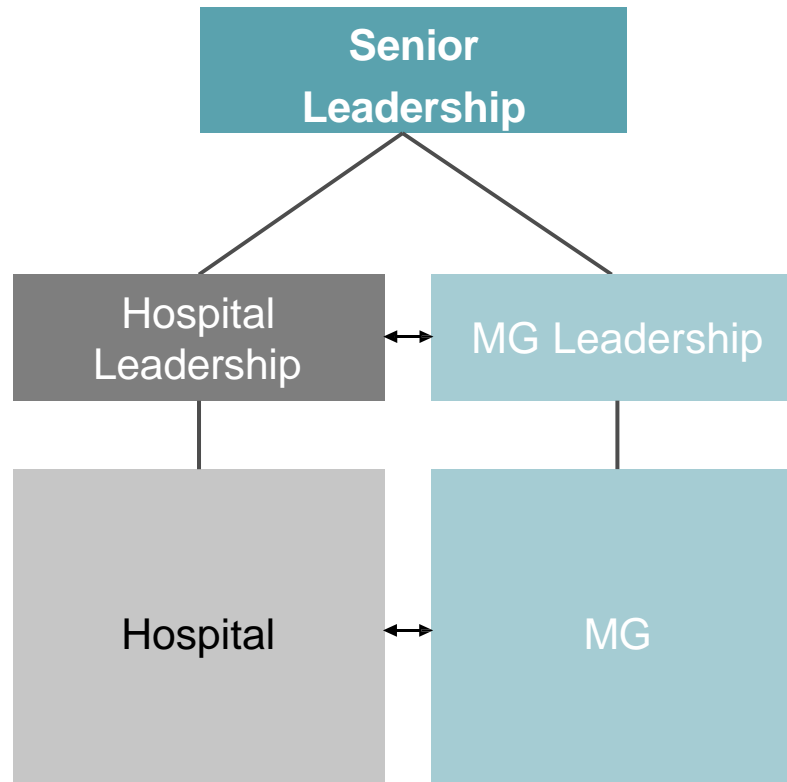
## Fostering Integration



### *Before*



### *After*

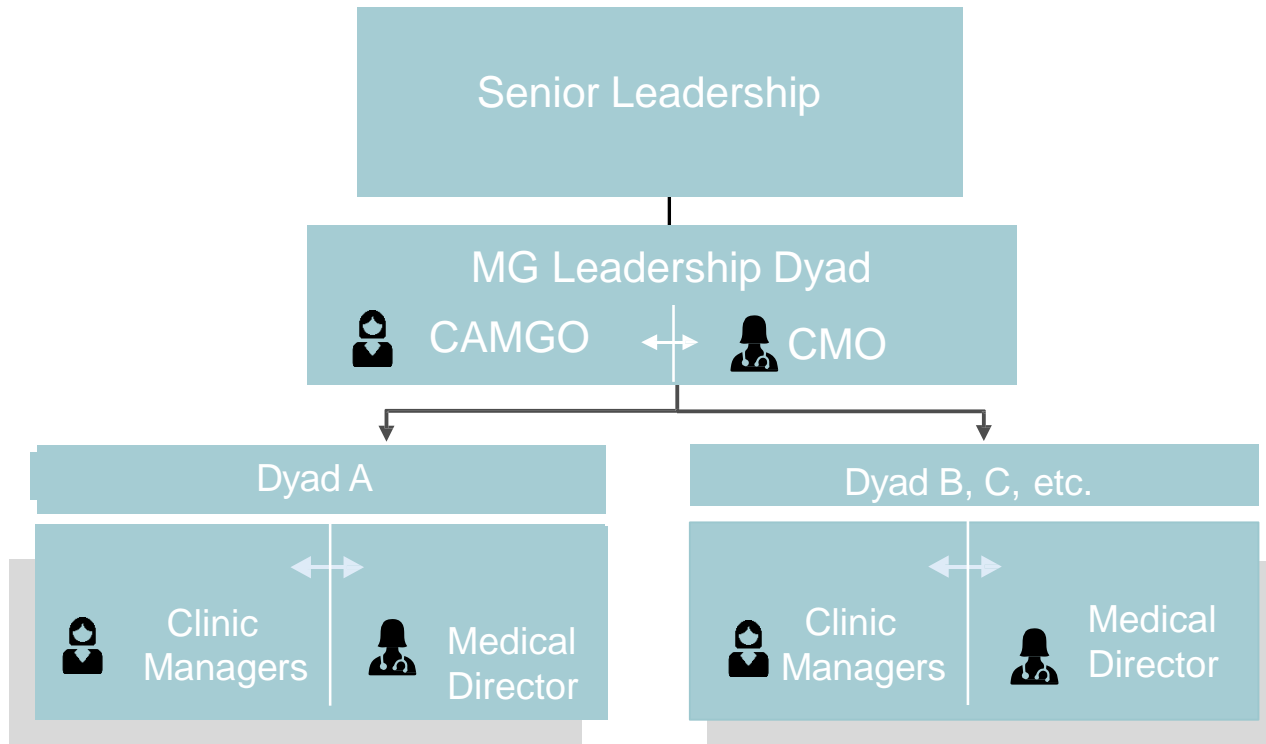


### Structure Dictates Function

- Establishes reporting relationships and partnerships
  - Facilitates integration and enculturation
  - Promotes operating efficiencies
  - Engenders a sense of importance to the organization
- 
- Hired an administrator and engaged physician leaders
  - Developed formal physician leadership roles and compensation model
  - Redesigned clinic management structure
  - Ensured support service alignment

# Dyad Partnership

## Leading Together



**Aligns clinical and administrative leadership at every level**

- Encourages collective decision making
- Reduces unnecessary friction
- Creates a unified voice
- Builds trust

# Dyad Partnership

## Leading Together



### Physician Leaders

- » Provider relations, management and development
- » Clinical innovation
- » Clinical compliance
- » Clinical pathways
- » Coordination with operational leadership



### Joint Responsibilities

- » Quality of care and best patient outcomes
- » Patient experience
- » Provider and staff experience
- » Financial and operational management
- » Alignment of quality, cost, and compensation
- » Strategic and business planning
- » Provider recruitment
- » Provider and program performance monitoring
- » Promotion of culture



### Administrative Leaders

- » Daily operations
- » Staff management and development
- » Revenue management
- » Performance analysis and monitoring
- » Coordination with physician leadership
- » Coordination of operational functions across facilities and locations



# Shared Vision

## Creating Transparency and Ownership



Working together  
systematically to enhance  
partnerships and advance the  
delivery of high quality, safe,  
and cost-effective care to our  
patients and community.

### Authors of our future versus victims of change

- Promotes partnerships and synergies
  - Fosters alignment and accountability
  - Creates a sense of purpose
  - Builds trust
- 
- Aligned quality metrics across specialties
  - Implemented new services
  - Redesigned delivery of care
  - Aligned recruitment and onboarding process
  - Improved referral process

# Care Teams

## Fostering Collaboration



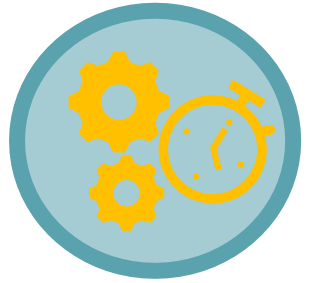
### Patient-Centered Team-Base Care

Utilizing the skill and expertise of each team member

- Promotes team mentality and engagement
  - Allows for rebalancing of work
  - Increases access to care
  - Improves provider experience
- 
- Defined staffing model
  - Developed panel sharing model
  - Hired clinical educator and care coordinators
  - Implemented nurse visits
  - Integrated behavioral health services

# Operational Effectiveness

## Streamlining Processes



### Continuous Process Improvement Support

- Minimizes non-essential work
  - Streamlines workflows
  - Optimizes use of care team
  - Improves provider experience
- 
- Designed scheduling templates and standards
  - Implemented a centralized call center
  - Formed a staffing float pool
  - Created a medical assistant development/retention program

# Recruitment and Onboarding

## Finding Fit & Nurturing Talent



Recruit to  
Our Culture

### *Recruitment:*

- Always be recruiting!
  - Data driven with an eye for opportunity
  - Focus on cultural fit
  - Create a personalized experience for the candidate
- 
- Dedicated provider recruiter
  - Primary role of the CMO
  - Standardized and timely recruitment process
  - Involvement across entire provider group
  - Collective feedback and decision-making

# Recruitment and Onboarding

## Finding Fit & Nurturing Talent



Retain with  
Our Culture

### *Onboarding:*

- Helps with assimilation
  - Cultivates connections
  - Builds a sense of community
  - Strengthens culture
- 
- Standardized with broad touches across the system
  - Mentorship and coaching with space to learn
  - Touchbase meetings with CMO, medical director and administrative team
  - Year long process

# Governance Structure

## Making Collective Decisions



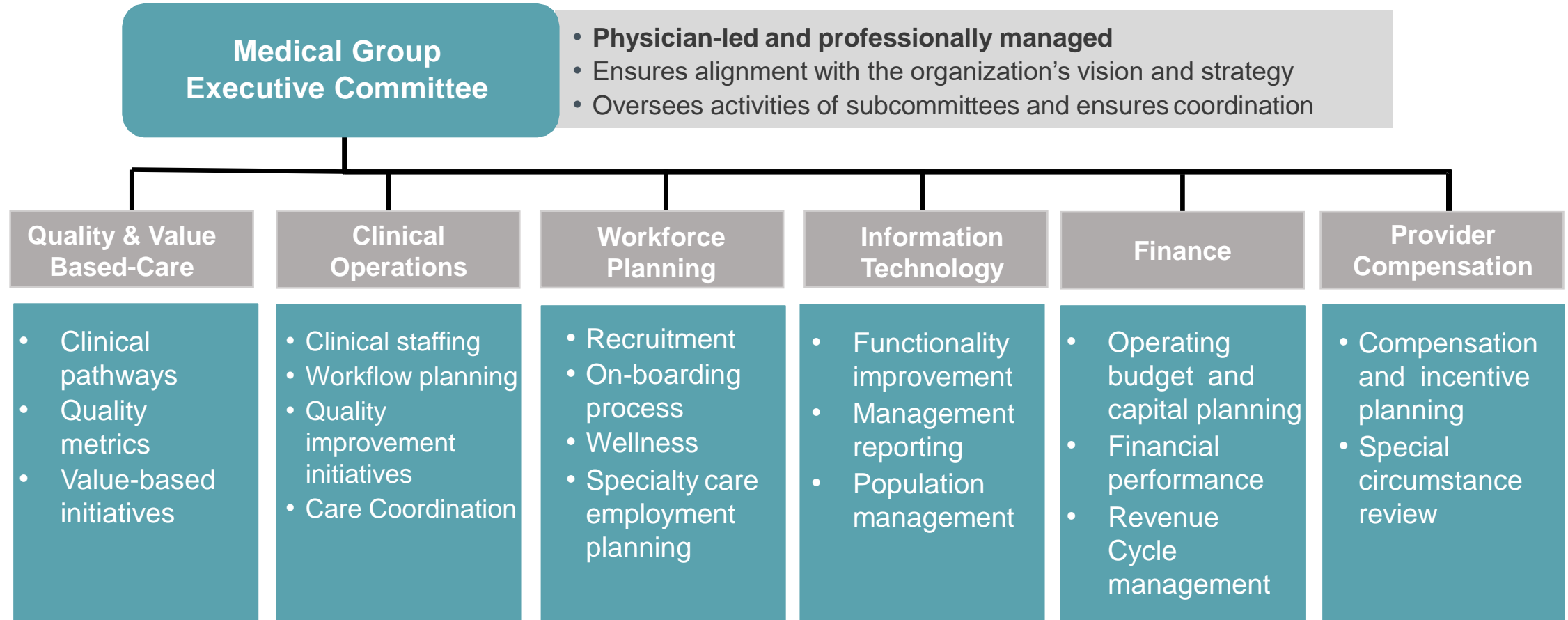
The role of physicians shifts from being informed with minimal advisory duties to consultative and direction-setting.

### **Brings the strategic plan to life**

- Enhances collaboration
- Fosters clinical integration
- Develops fiduciary obligation
- Creates action and results
- Builds trust

# Governance Structure

## Making Collective Decisions

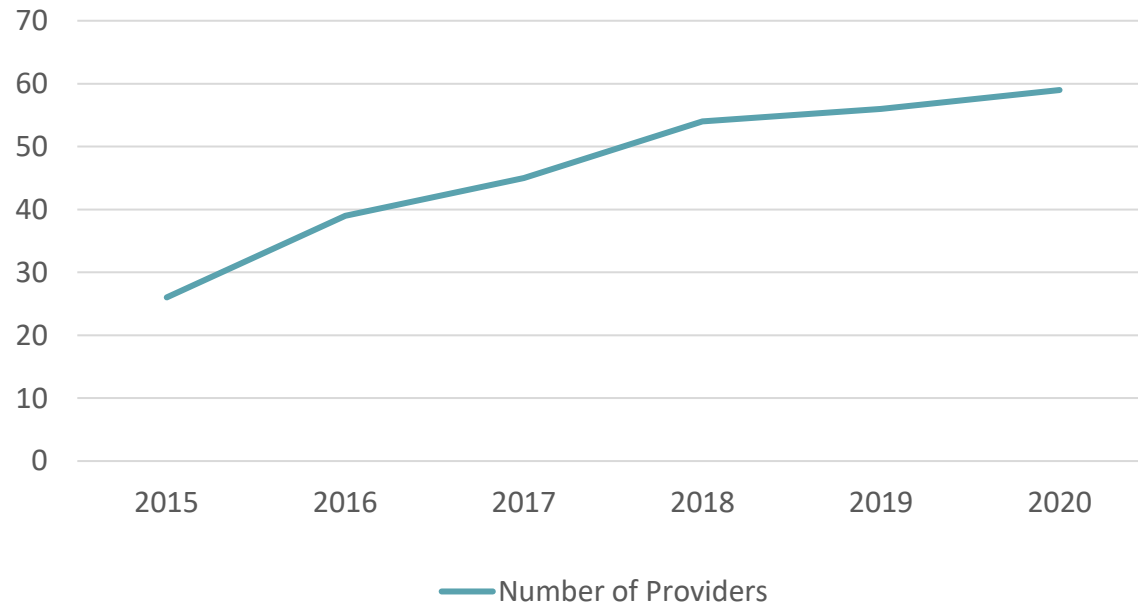


# Measures of Success

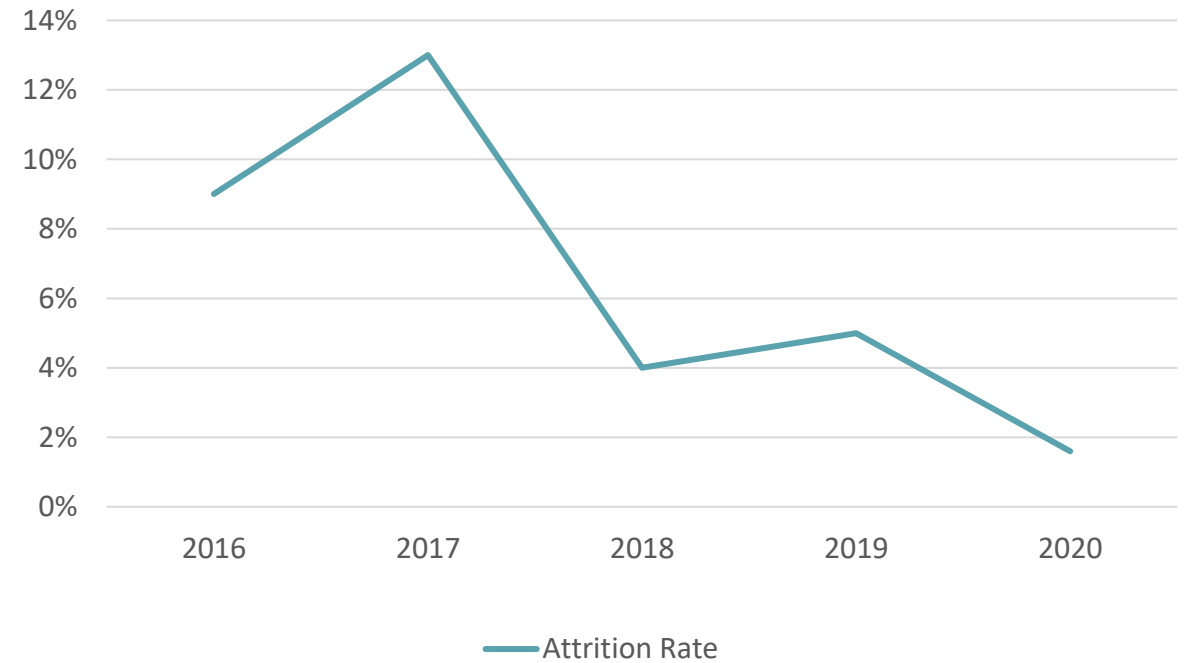
## Recruitment and Retention



### Number of Providers



### Provider Attrition



# Measures of Success

## Retain with Our Culture



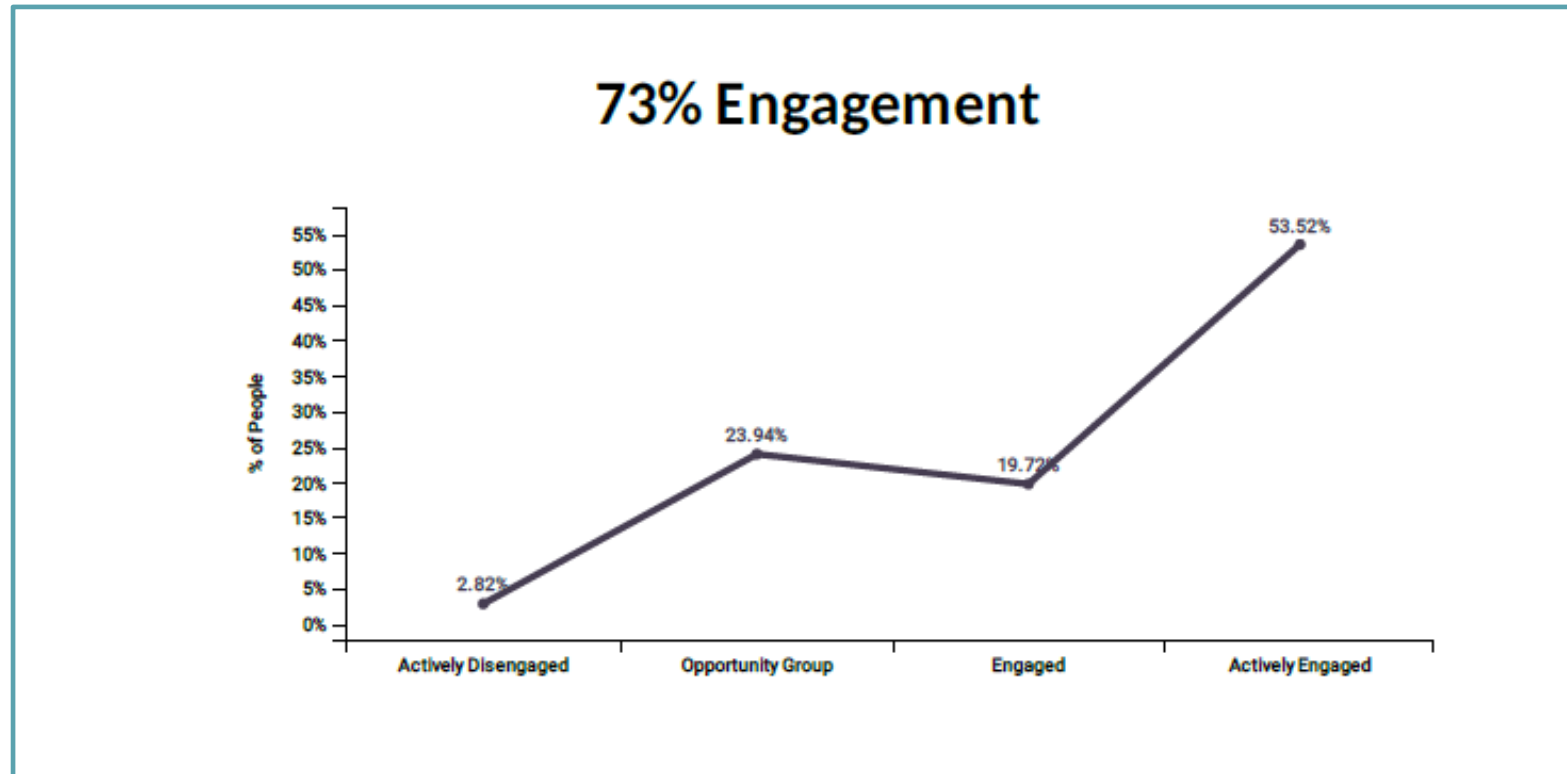
### Global Benchmark

Questions	Category	Your % Favorable	Benchmark Comparison
My benefits are competitive with similar organizations in the area	Benefits	95	28
My ideas and suggestions are given consideration	Culture	86	27
I am paid fairly compared to others at the organization doing similar work with similar experience	Compensation	80	26
The benefits package meets my needs	Benefits	93	23
My compensation is competitive with similar organizations in the area	Compensation	77	22
I am kept informed about matters that affect me	Communication	82	22
I would recommend this organization as a good place to work	Culture	93	20
I am paid fairly for the work I do	Compensation	73	19
I feel proud to work for this organization	Culture	100	18
I have enough freedom in making decisions to do my job effectively	Job Satisfaction	93	17
My work gives me a sense of personal accomplishment	Job Satisfaction	98	17
I am provided with opportunities to grow professionally	Growth & Development	81	17
I feel valued as an employee	Culture	82	17
Procedures for considering employees for job openings are fair	Growth & Development	79	16
I receive adequate training to be successful at my job	Job Satisfaction	86	15
I plan to be here at least 1 year from now	Culture	95	14
I don't consider looking for a new job elsewhere	Culture	79	14
Senior Leadership's actions show they value their employees	Senior Leadership	75	13
Patient satisfaction is a top priority at this organization	Healthcare	98	13
I am motivated to go beyond what is normally expected of me to help the organization be successful	Job Satisfaction	95	11
I am satisfied with the communication in my department	Communication	75	11
There is sufficient communication from Senior Leadership	Senior Leadership	70	10
Communication between departments is effective	Communication	60	10

Questions	Category	Your % Favorable	Benchmark Comparison
Senior Leadership communicates a clear vision for the organization's future	Senior Leadership	73	9
The company's communication tools are useful (i.e. huddles, emails, intranet, company website)	Communication	80	9
Employees are treated fairly (regardless of their race, gender, age, sexual orientation, etc.)	Culture	86	9
My team works well together	Culture	84	8
Safety standards were consistently enforced	Healthcare	89	6
I like the type of work I do	Job Satisfaction	93	5
My supervisor holds people accountable for doing quality work	Immediate Supervisor	77	4
I have the resources and equipment I need to be successful at my job	Job Satisfaction	73	4
I have someone at work who encourages my professional development	Growth & Development	68	3
My supervisor treats employees respectfully	Immediate Supervisor	86	1
My supervisor provides recognition for good work	Immediate Supervisor	73	1
I trust my supervisor	Immediate Supervisor	80	1
My supervisor is effective in resolving issues	Immediate Supervisor	74	
My supervisor clearly communicates expectations for my performance	Immediate Supervisor	75	-2
My supervisor gives me useful feedback on my performance	Immediate Supervisor	68	-4
The amount of work I am expected to do is reasonable	Job Satisfaction	66	-4
My benefits are clearly communicated so that I understand them	Benefits	66	-9
The organization supports me in maintaining a work/life balance	Job Satisfaction	61	-10

# Measures of Success

## Retain with Our Culture



# Measures of Success

## Quality of Care



JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO 2

TIN: \*\*\*\*8081

1200 W SIMS WAY, STE C, PORT TOWNSEND. WA 983683031

### Final Score

**92.96** / 100

● Quality	45.00 / 45
● Improvement Activities	15.00 / 15
● Promoting Interoperability	17.25 / 25
● Cost	14.20 / 15
● Awarded Bonus Points	1.51

# Measures of Success

## Word from the Team



"This team really has their act together. Very organized."

"I feel supported and like I am part of something bigger than myself."

"I can tell that you have something amazing going on! I am telling people about you, hoping you attract an ideal candidate!"

"Physician leadership is hard, but I love it. Thank you for the opportunity."

"The care I receive at Jefferson is wonderful, and I want to be a part of the team."

"You have created a little Mayo!"

"The best orientation I have had in my career. Thank you for the support."

"Thank you for listening. Thank you for giving me a chance to participate in changes."

"A paradigm shift has happened, and I want to come back and work at Jefferson."

## Next Steps

- Be Well Together
- Continued Focus On Process Improvement
- Implement a Governance
- Define and Align Vision



# Thank You

## Questions

Steve Butterfield, MD  
[rbutter@jeffersonhealthcare.org](mailto:rbutter@jeffersonhealthcare.org)

Jenn Wharton, MHL, PT  
[jwharton@jeffersonhealthcare.org](mailto:jwharton@jeffersonhealthcare.org)



# Patient Advocate Report

Jackie Levin, MS, RN

Board of Commissioners Meeting

August 26, 2020

# Agenda

Responsiveness  
to Patient  
Feedback

Distribution of  
Care Provider  
Concerns

Trends by  
Service Area

Patient Advocate  
Additional  
Responsibility

LGBTQ Health  
Equity Task Force

Average time to  
close: 18.19 days

High: >30 (2)

Low: 0

Average time  
acknowledgement  
3.5 days.

High: 7

Low: 0

Total number of  
concerns for this  
quarter **#39.**

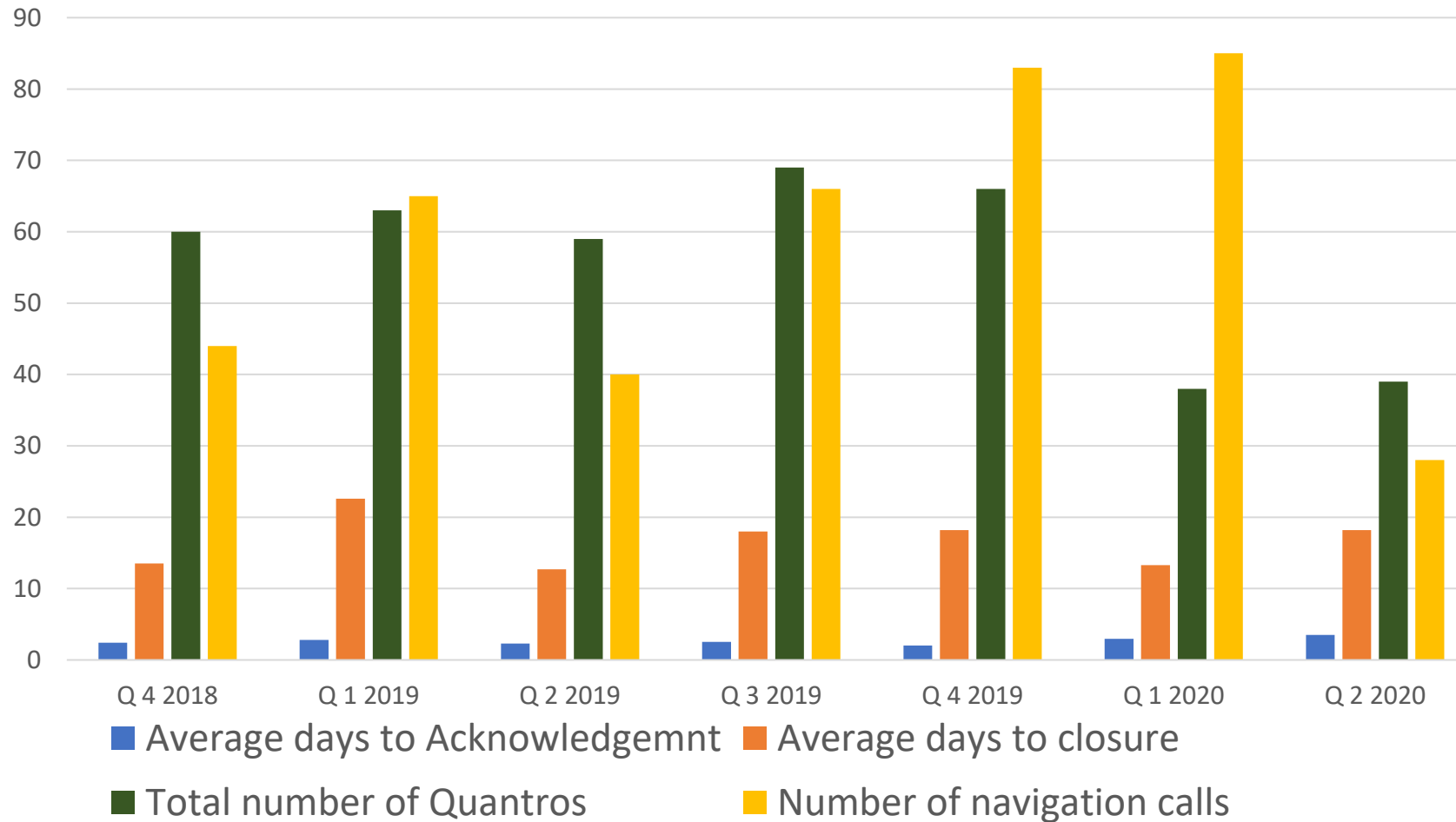
Patient Navigation  
Calls: **# 56**

# Data Highlights

## 2<sup>nd</sup> Q 2020



# The Highlights—2<sup>nd</sup> Q 2020



## Days to Acknowledgement

Q 2 H = 7 Days

Q 2 L = 0 Days

Q 2 Ave = 3.5 Days

## Days to Closure

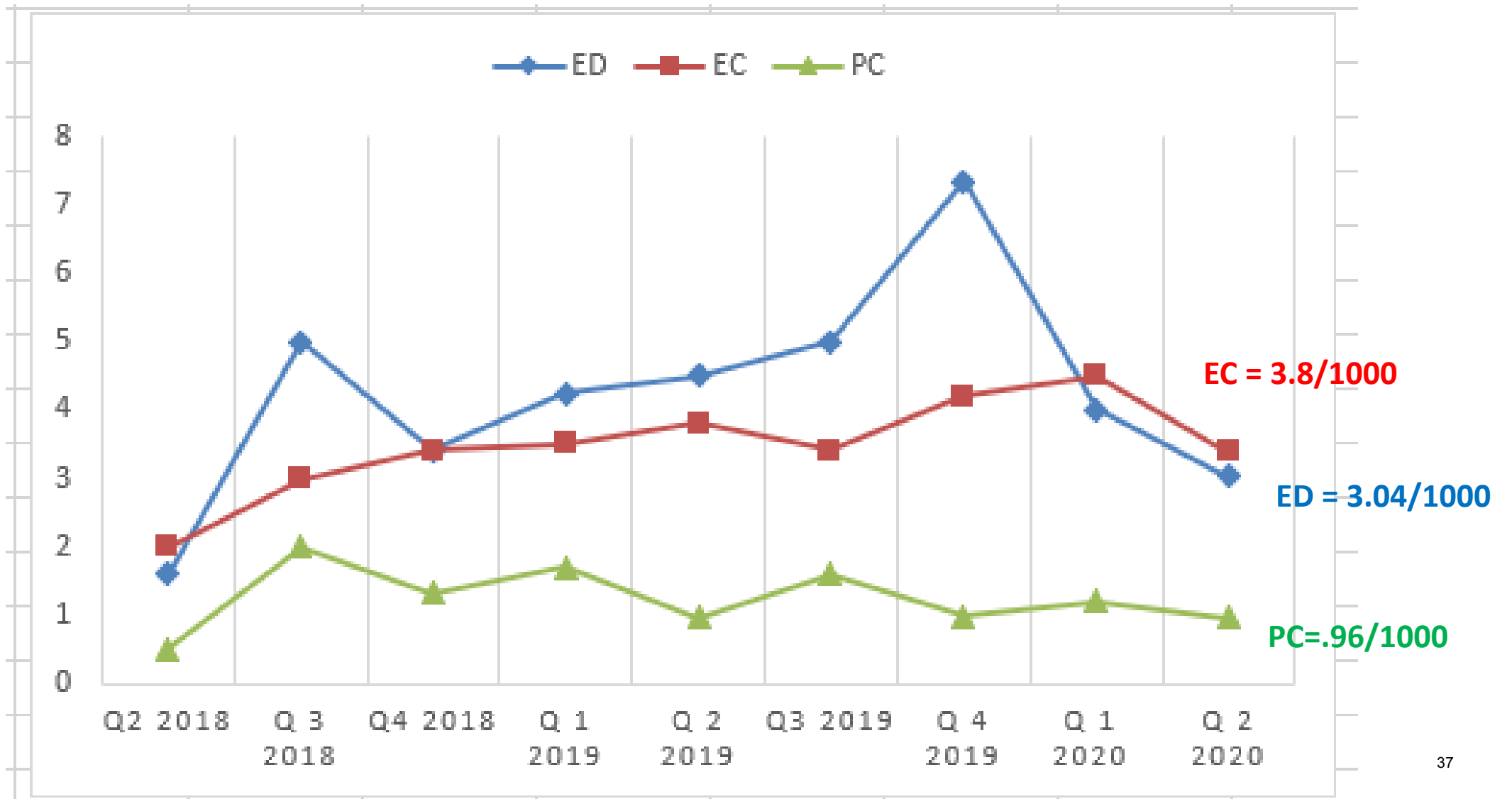
Q 2 H = 43 Days (1)

Q 2 L = 0 Days

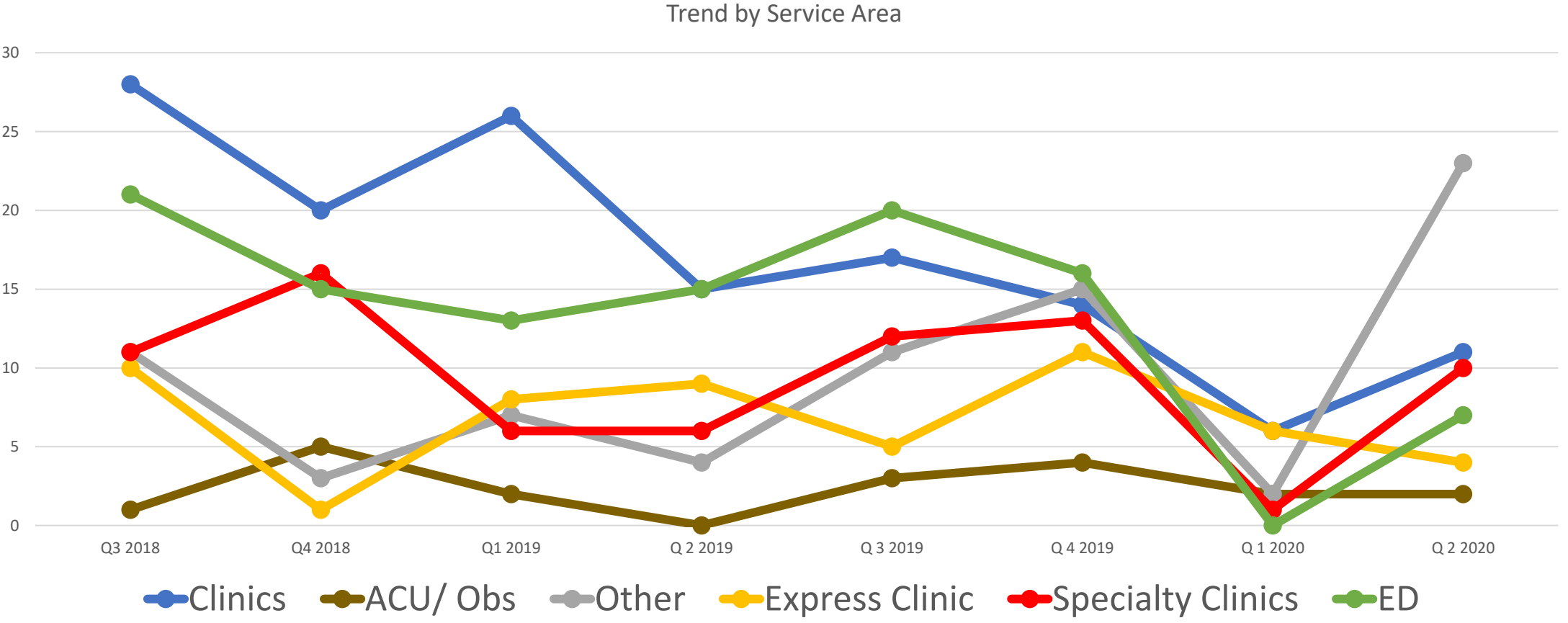
Q 2 Ave = 18.19 Days



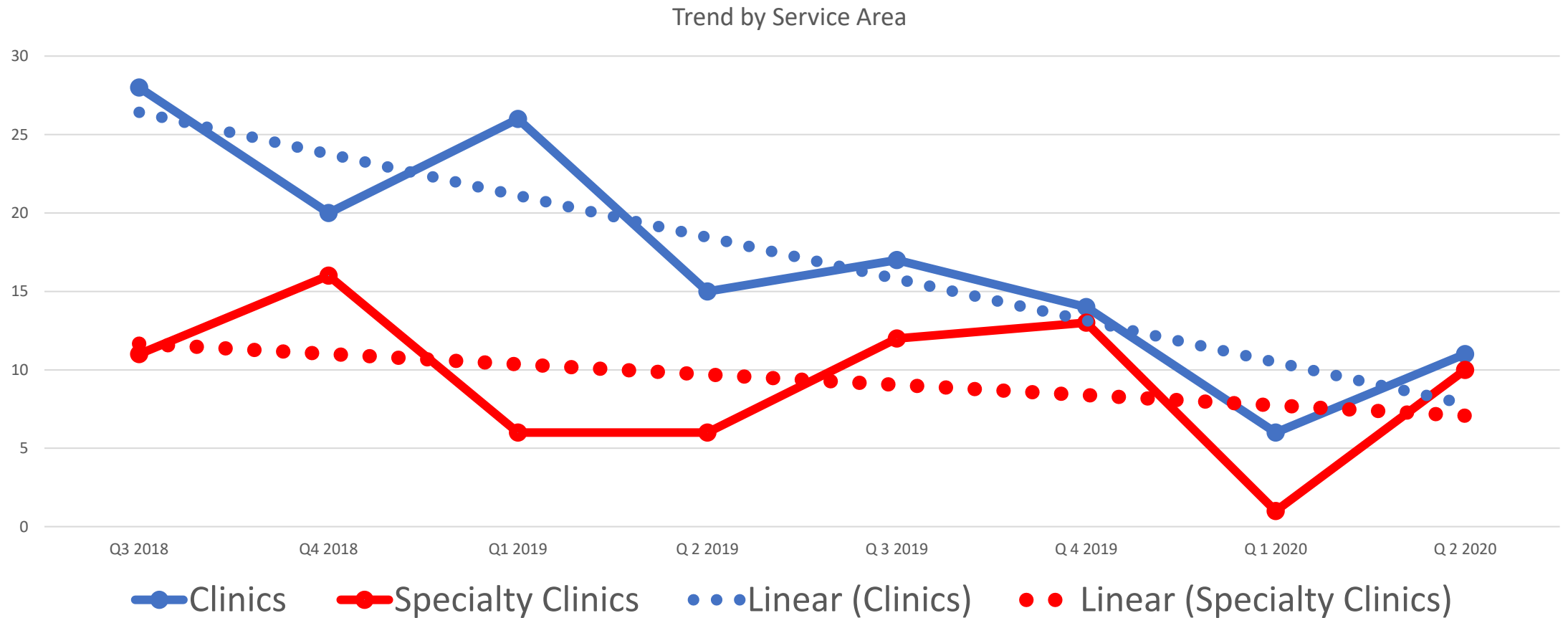
# ED, PC and EC Concerns/1000 visits



# Trend by Service Area

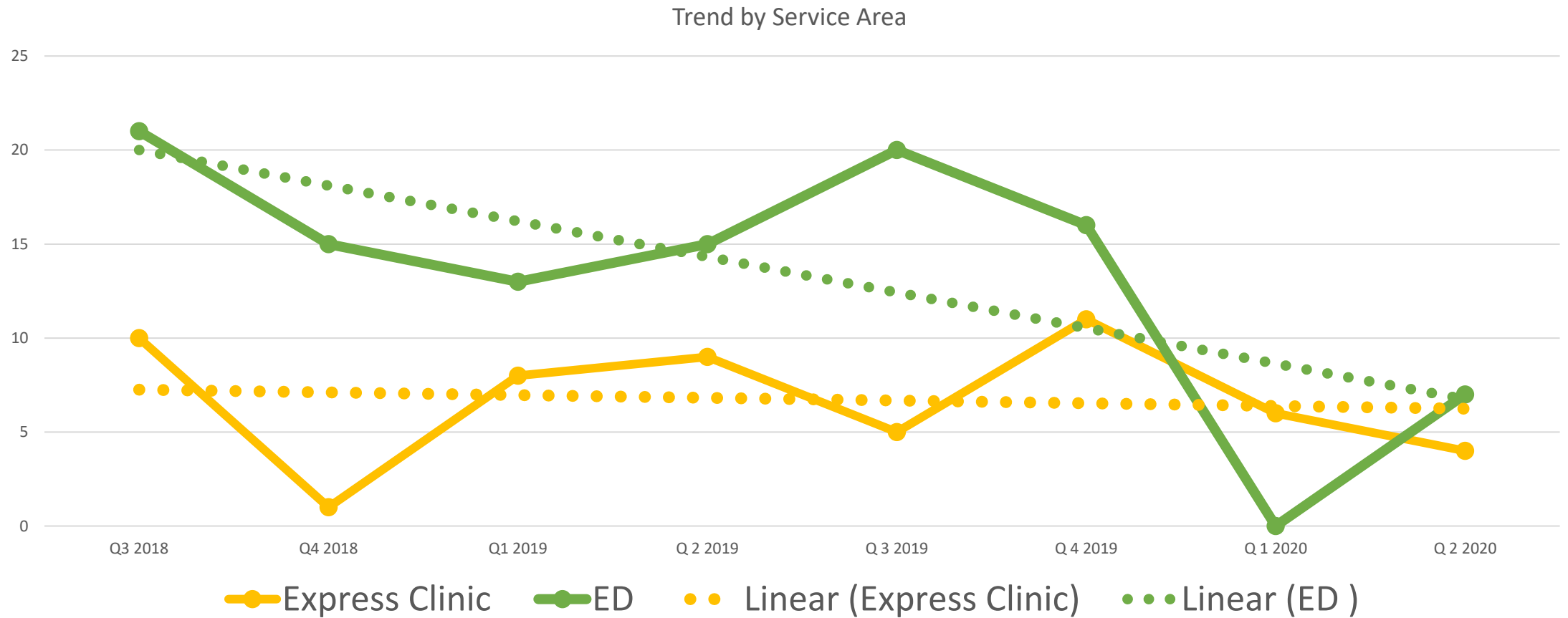


# Trend by Service Area: PCP and Specialty Clinics



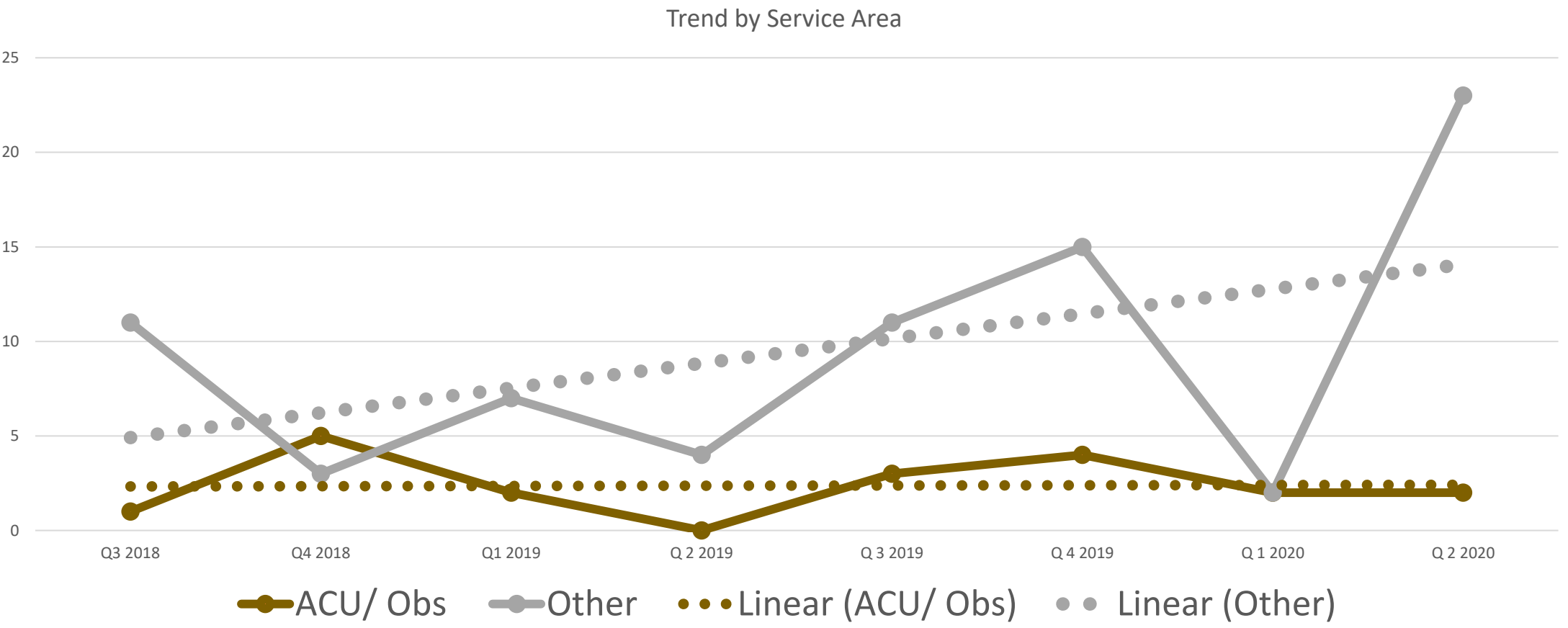
# Trend by Service Area

## Express Clinic and ED



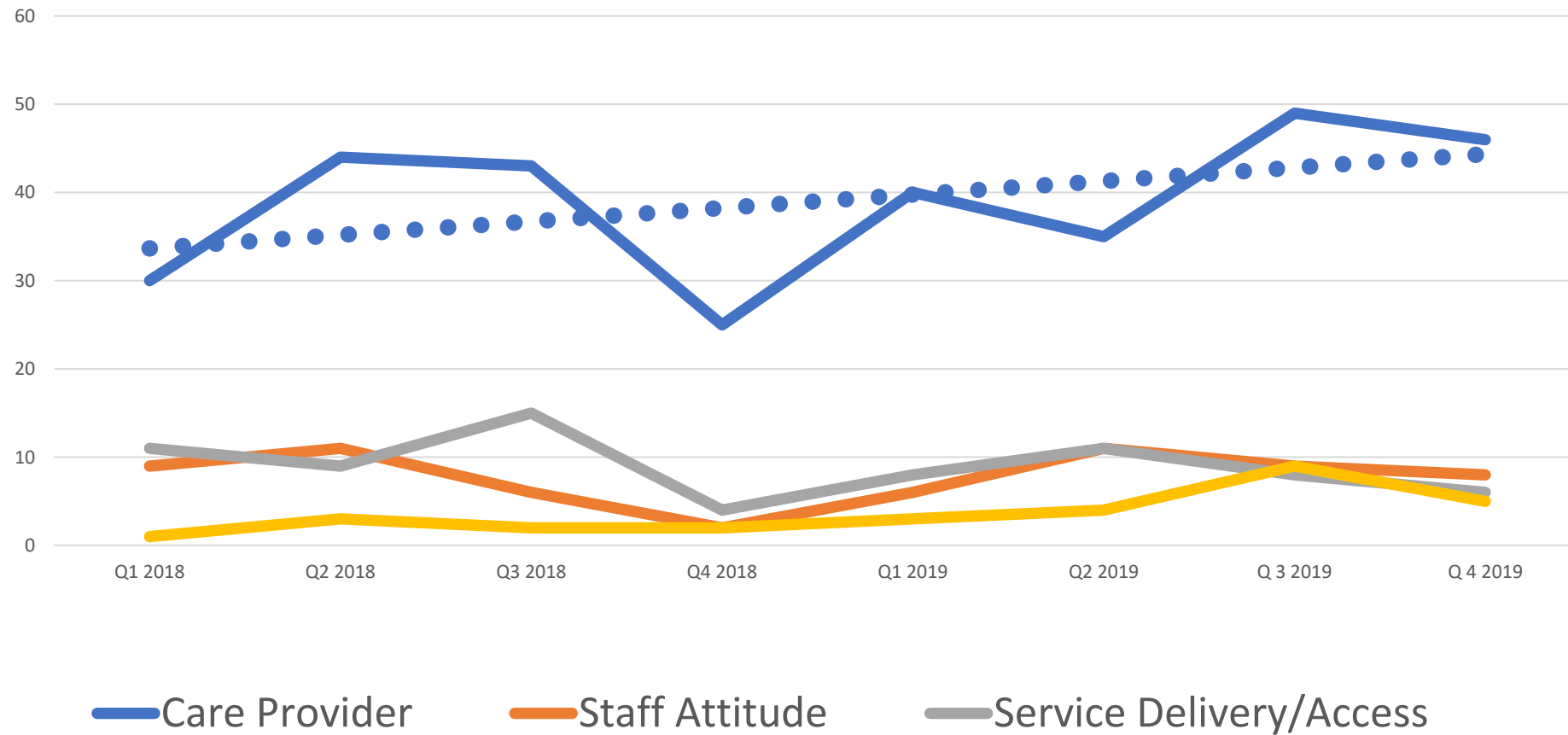
# Trend by Service Area

## ACU/OBS and Ancillary/Surgery/Rehab

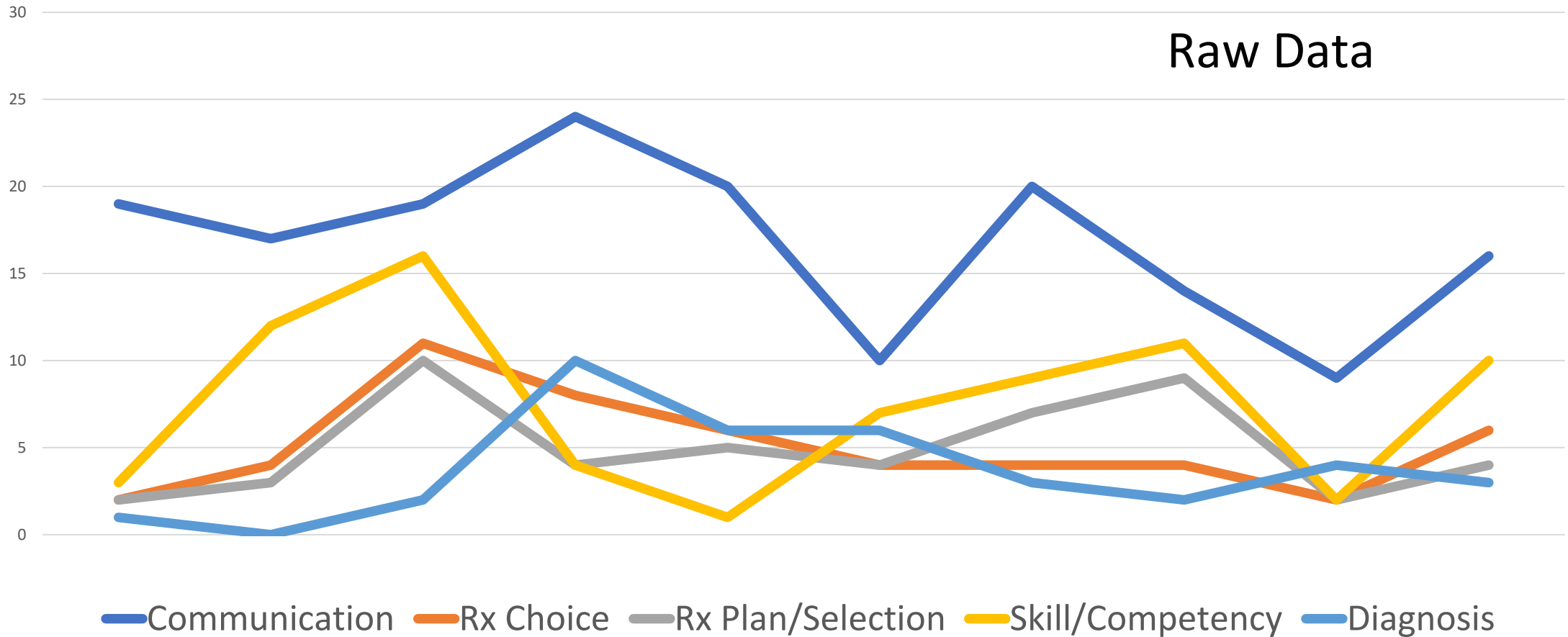




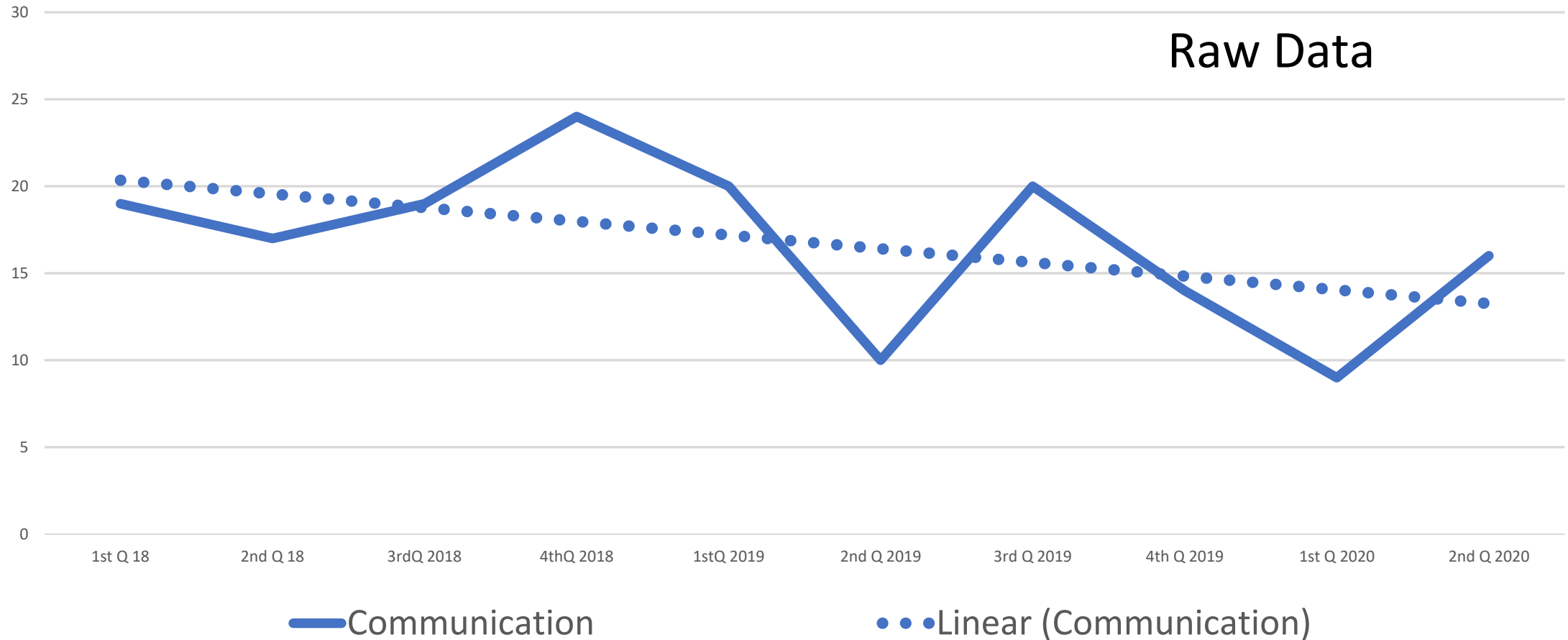
# Trends by Type of Concerns



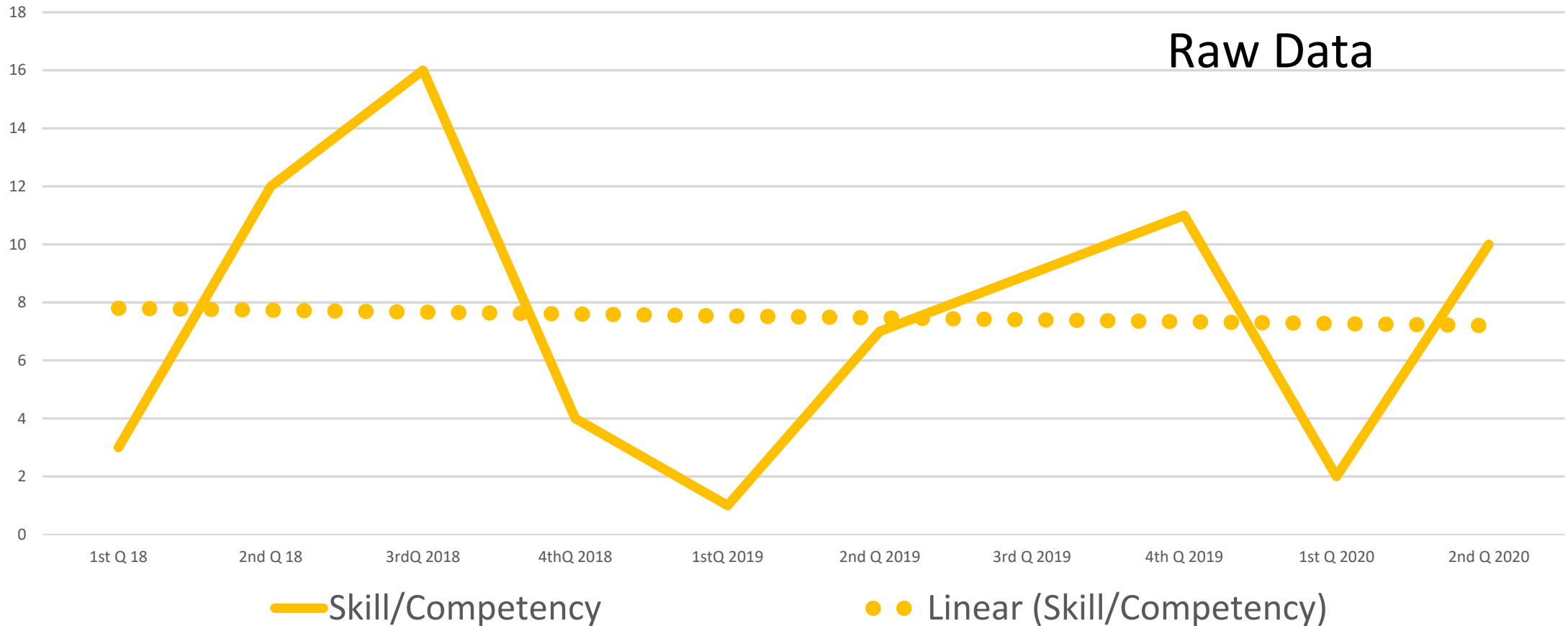
# Provider Issues: How patients frame their concerns



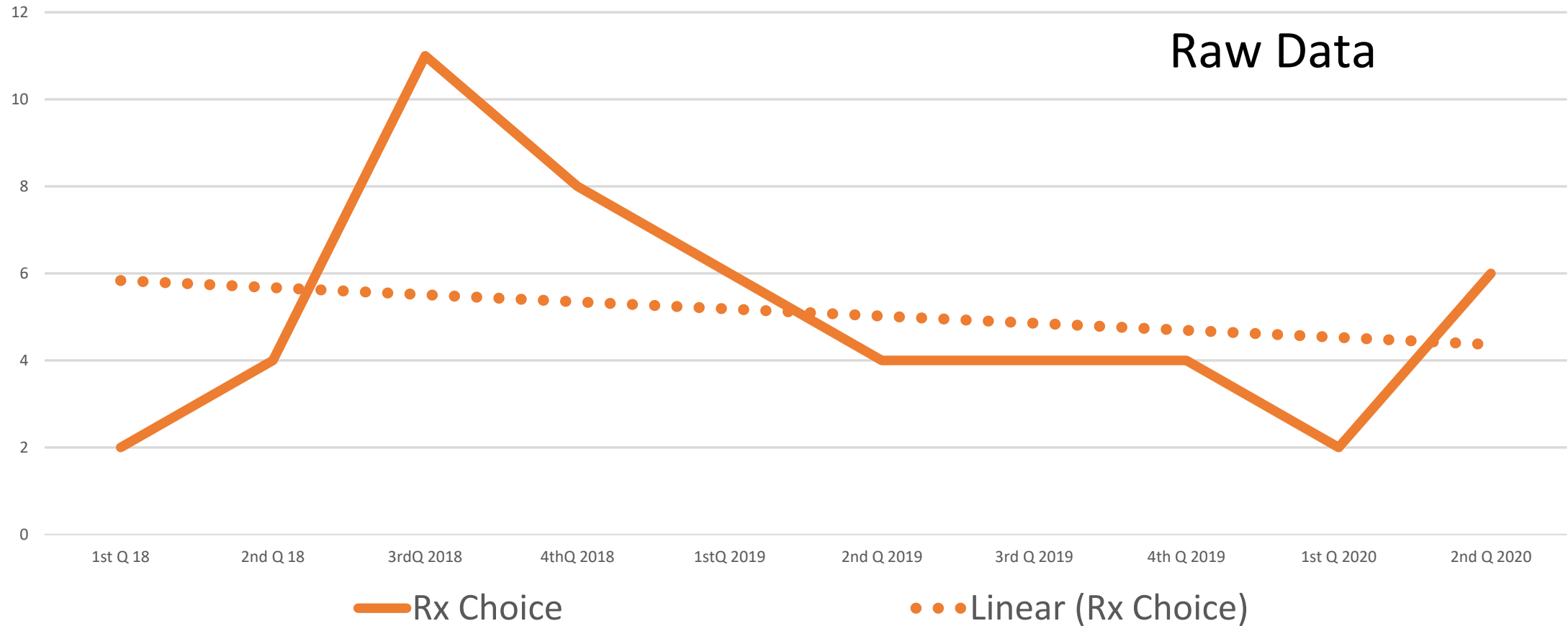
# Provider Issues: How patients frame their concerns



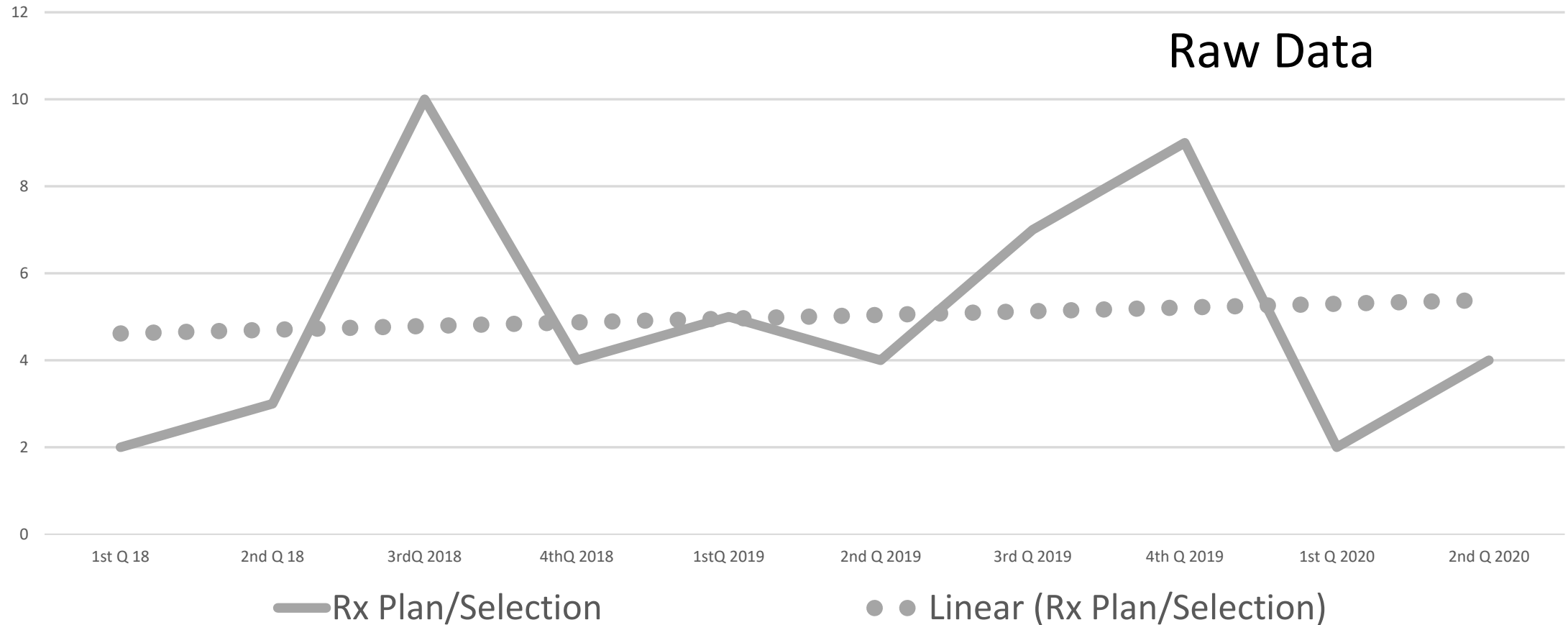
# Provider Issues: How patients frame their concerns



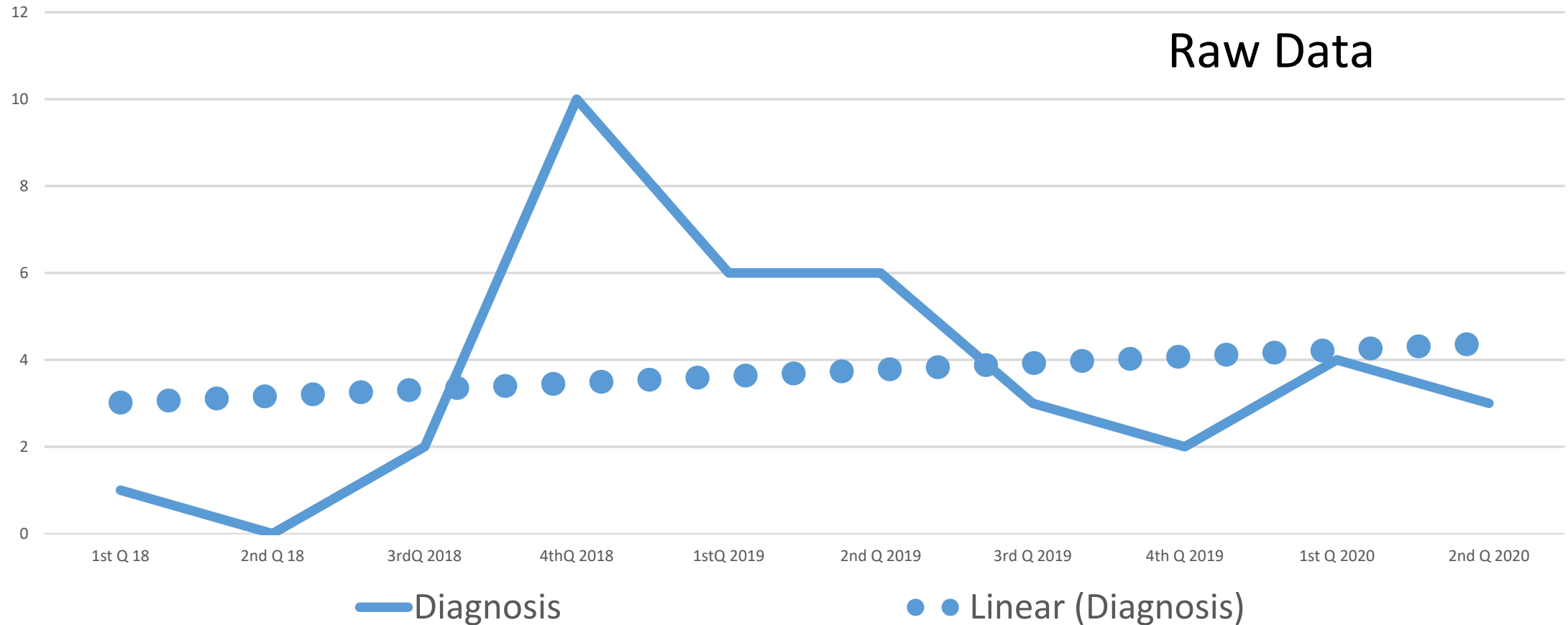
# Provider Issues: How patients frame their concerns



# Provider Issues: How patients frame their concerns

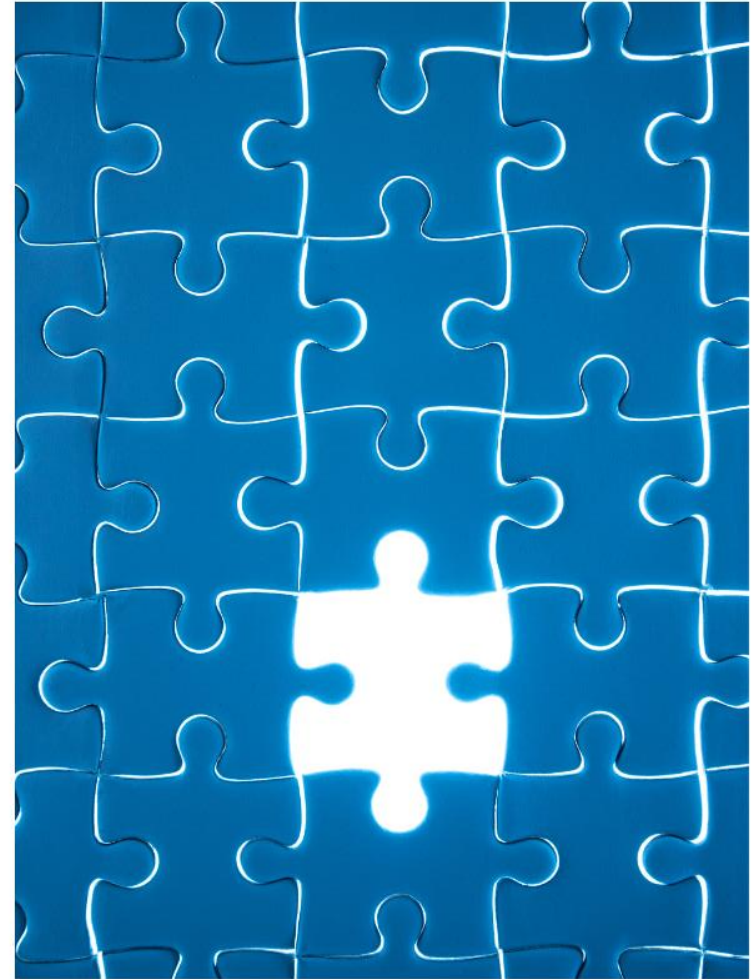


# Provider Issues: How patients frame their concerns



# Community Feedback Trends

- Community Citizens Report on:
  - Masking
    - Regular Mask Team Meetings
  - Screening Station
    - Advancing training and support
  - Registration
    - Review of scheduling/staffing



# Patient Family Advisory Council

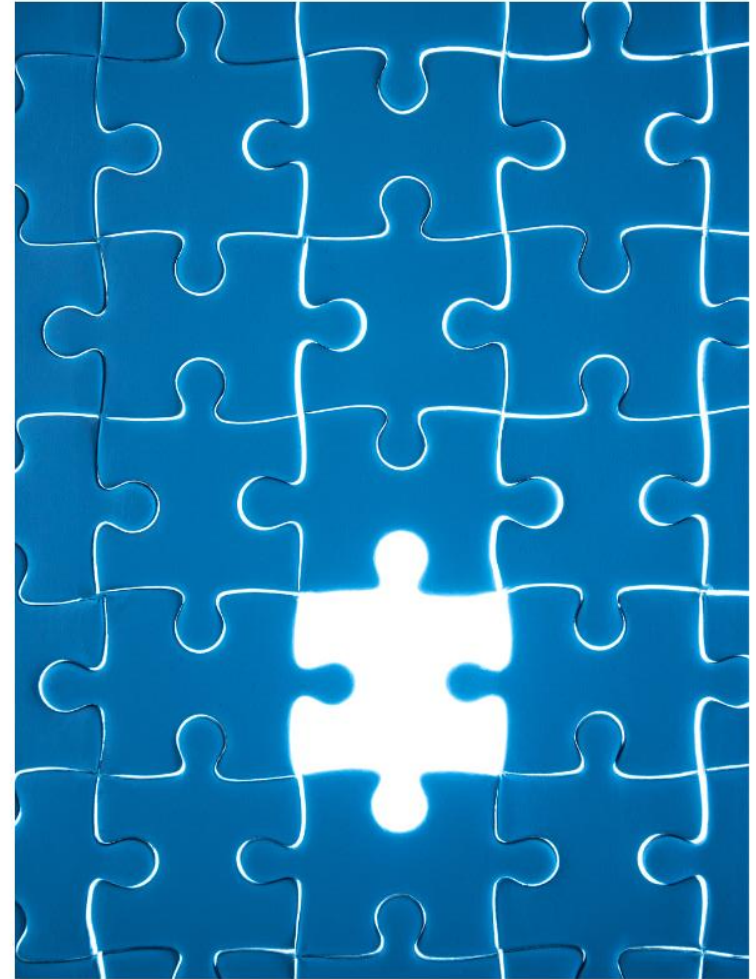
- Skype Meetings
- Open Notes Comments

*The notes on my primary care visit are so helpful. I completely understand them. We talked about a lot of things and it's helpful to be able to refer back to the details so I can follow up as discussed.*

*Also, she mentioned and made note of something from a specialist visit I had in January. It was something I hadn't remembered and also is not in my After Visit Summary from that visit.*

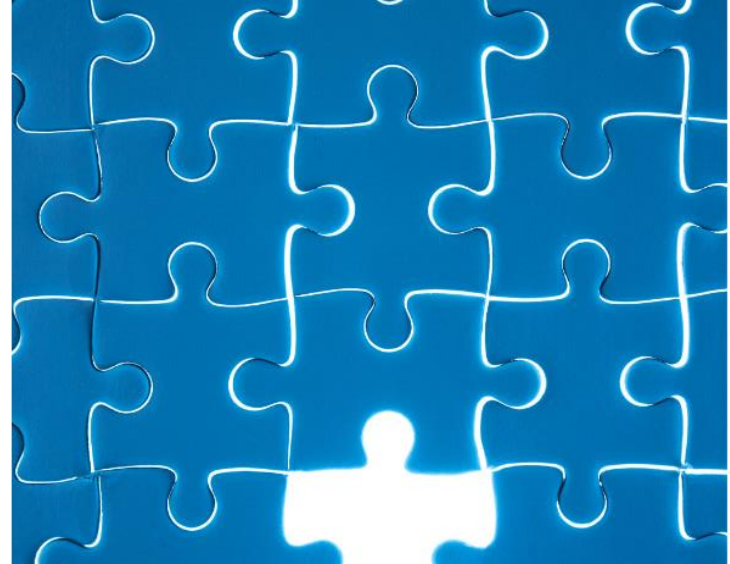
*Since she made notes of that, I can follow up in understanding more about this particular issue.*

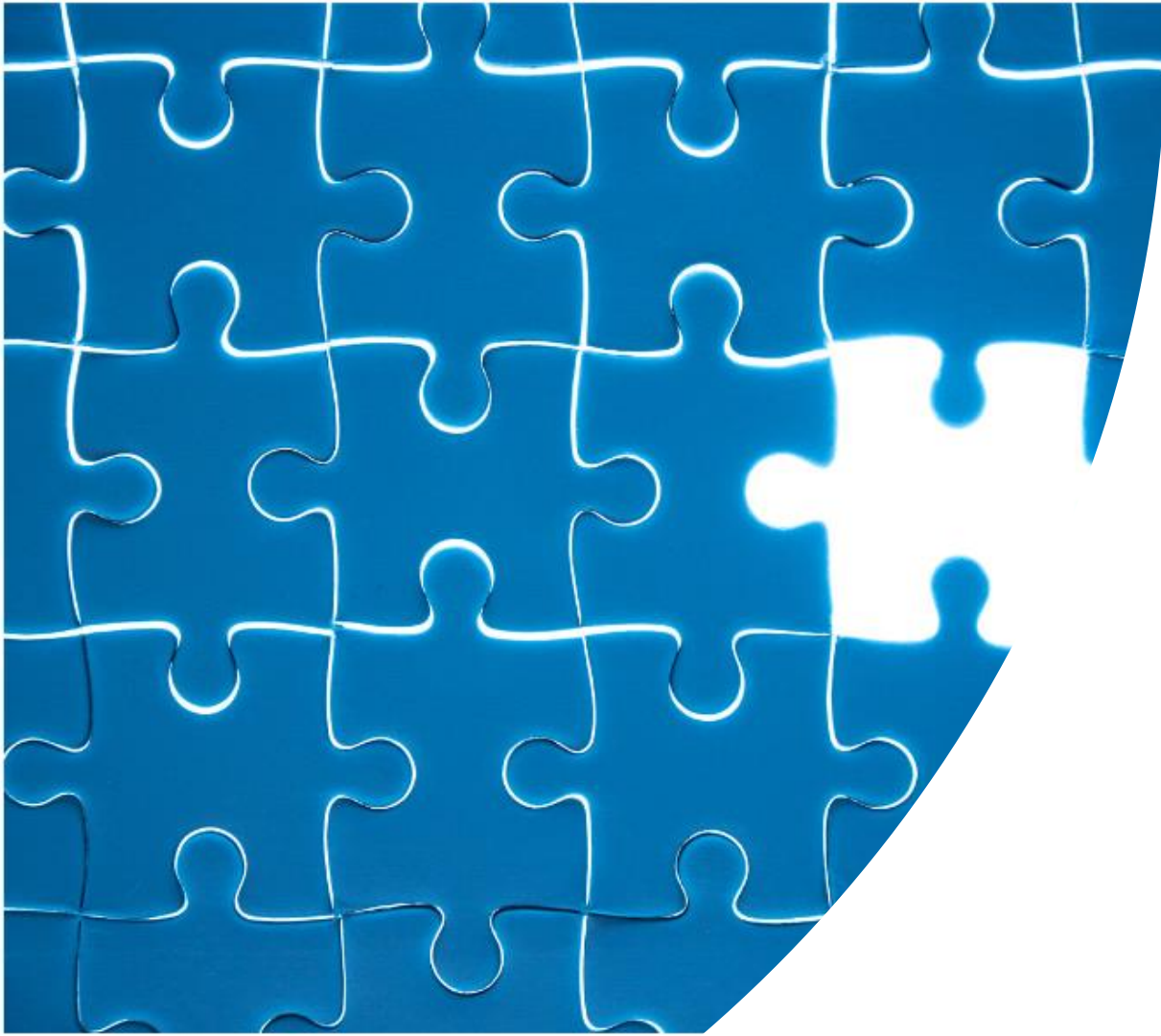
Share Open Notes with patients as we speak with them about their concerns.



# LGBTQ+ Health Equity Task Force

- HEI Leader Award 2020 100%!
- Front-Line Staff Education
- Primary Care Education Gender-Affirming Care for Youth through Seattle Children's Gender Center





# Questions and Thoughts?

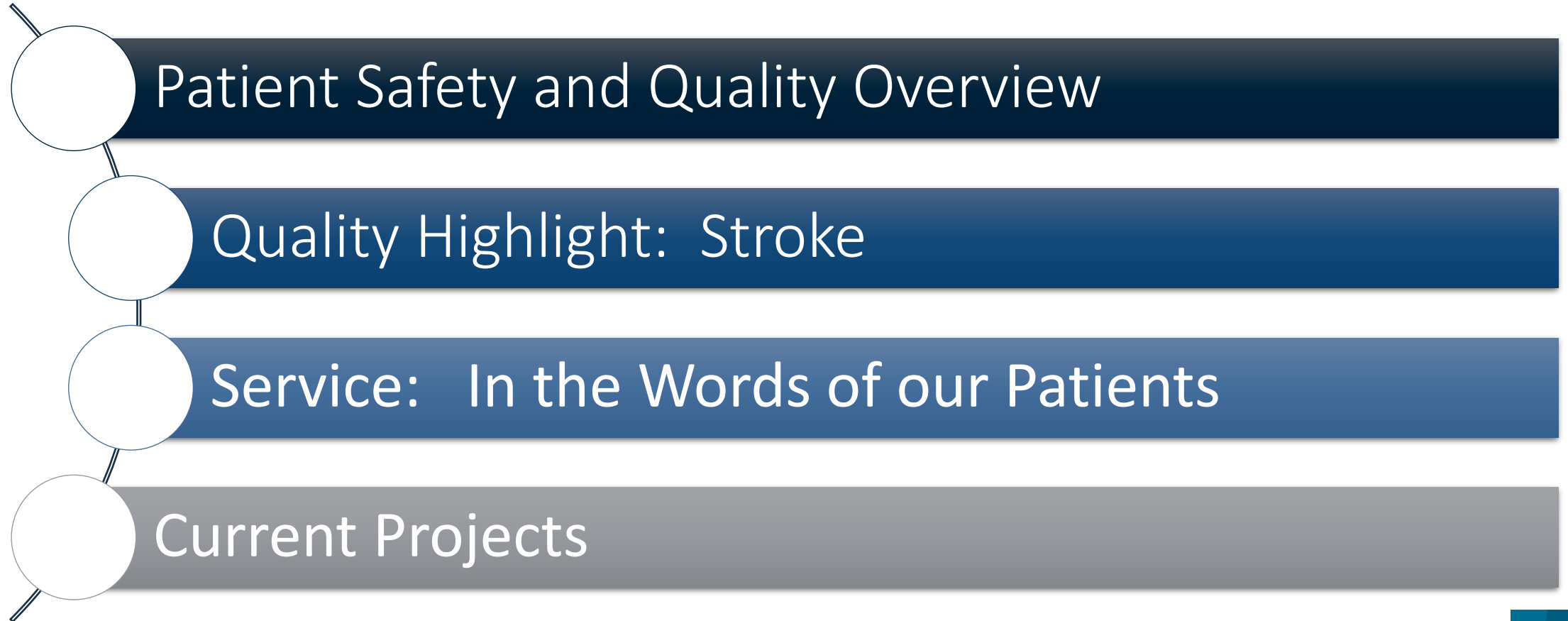
# Jefferson Healthcare

## Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

August 26, 2020

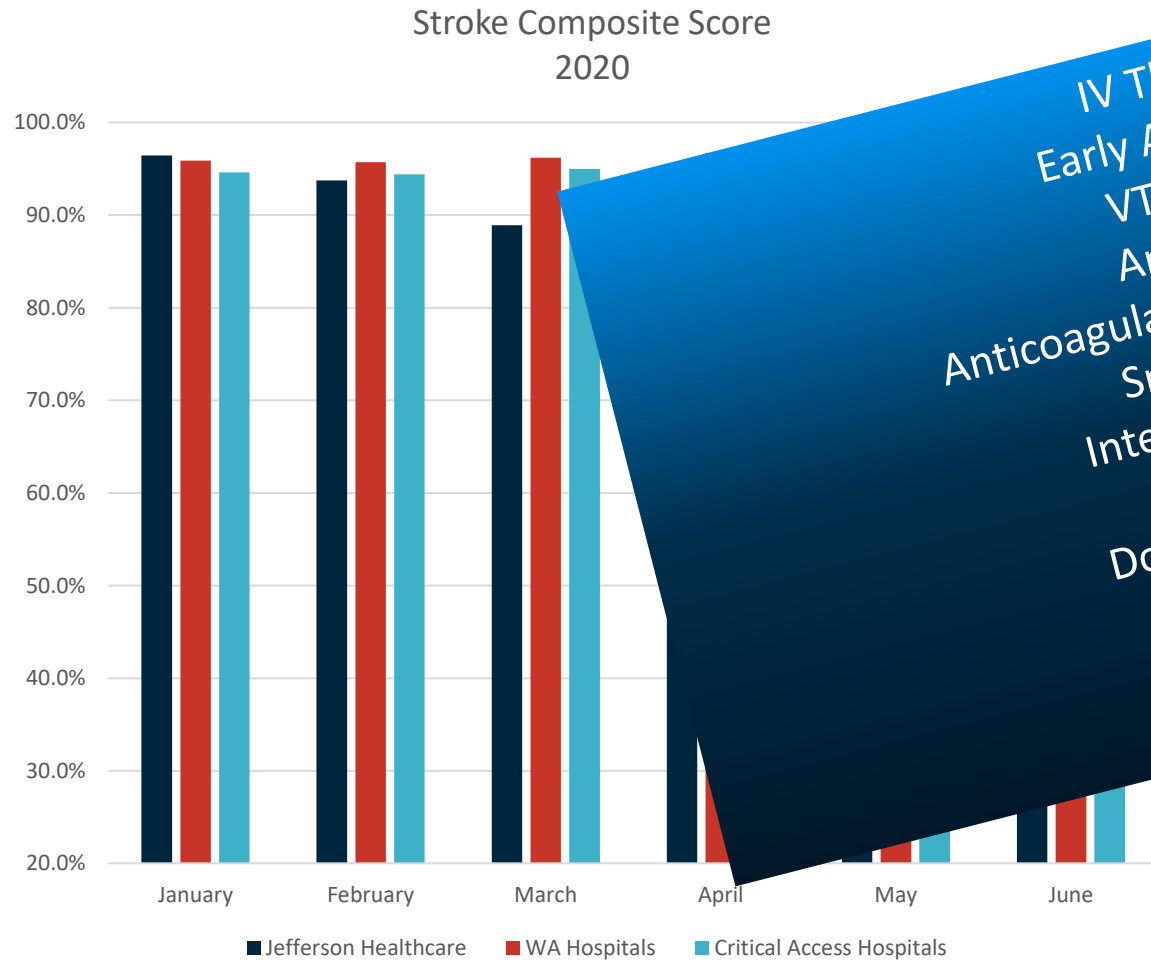
# Agenda



**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%

# Stroke Performance Report



IV Thrombolytic  
Early Antithrombotics  
VTE Prophylaxis  
Antithrombotics  
Anticoagulation for Atrial Fibrillation  
Smoking Cessation  
Intensive Statin Therapy  
Dysphagia Screen  
Door to Needle < 60 min  
NIHSS Screening  
Stroke Education  
LDL Screening





American Heart Association.  
**Target: Stroke<sup>SM</sup>**



American Heart Association.  
**Get With The Guidelines.<sup>SM</sup>**  
Stroke

The American Heart Association and  
American Stroke Association proudly recognize

## Jefferson Healthcare Port Townsend, WA

**Get With The Guidelines<sup>®</sup>-Stroke GOLD PLUS with  
Target: Type 2 Diabetes Honor Roll Achievement Award Hospital**

The American Heart Association and American Stroke Association recognize this hospital for its continued success in using the **Get With The Guidelines<sup>®</sup>-Stroke** and **Target: Type 2 Diabetes** 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



# Patient Perspective: In the Words of Our Patients

- I was originally slated to spend 1 night. Due to a fever they kept me an additional night. The care I received throughout was exemplary.
- Everyone was great. They treated me with the utmost respect and kindness putting my fears at ease. Thank you so much Jefferson Healthcare
- This is my 3rd go having P.T. and I wouldn't go anywhere else. I especially appreciate how well the staff get along - making for a happier healing environment.
- Nicole (OT) is amazing!!
- **Best I've ever been treated.**



# Patient Perspective: In the Words of Our Patients



- A+
- Dr. Meyerson is caring, sincere & genuine - I am thankful for him & his staff for help.
- Dr. Erickson is an excellent doctor. I am very grateful to have him my life
- Excellent care. Dr. Schwartz makes you feel at ease, he's easy to talk to and explains things very well.
- The provider listened and heard the patient. She obviously cares about the patients. She is one of the best providers I have had since I moved here, including the doctors.

# Accreditation: DNV Summary

## Current status and Next Steps

- Our Corrective Action Plan was approved this week
- Submit evidence of standards compliance
- Continue to monitor the effectiveness of our Quality Management System

## Certification in Infection Prevention

- Visit scheduled for next week

## New CAH Standards expected this year



## CERTIFICATE OF ACCREDITATION

Certificate No.:  
217573-2020-AHC-USA-NIAHO

Initial date:  
5/26/2020

Valid until:  
5/26/2023

This is to certify that:

### Jefferson Healthcare

834 Sheridan, Port Townsend, WA 98368

has been found to comply with the requirements of the:  
**NIAHO® Hospital Accreditation Program**

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:  
DNV GL - Healthcare  
Katy, TX

  
Patrick Morine  
Chief Executive Officer



# Current Projects



## Projects and Teamwork

Transitions of Care: Closing the Referrals Loop

Performance Improvement: Reducing the time to CT for stroke patients

Surgical Safety: Informed Consent, Infection Control, Specimen labeling

Workplace Violence Prevention



## Quality

Ongoing: Merit-based Incentive Payment System (MIPS) Reporting

Cancer Committee Study of Quality: Cervical Cancer Screening compliance

COVID19 Partnership with Public Health



## Medication Safety

AHRQ and Johns Hopkins University – Ambulatory Antimicrobial Stewardship

Bar Code Medication Administration in the Medical Group

Launching Medication Safety Team



Questions?



# Jefferson Healthcare

## Administrative Report

August 26, 2020

Mike Glenn, CEO

# COVID-19 Response Update

## Testing

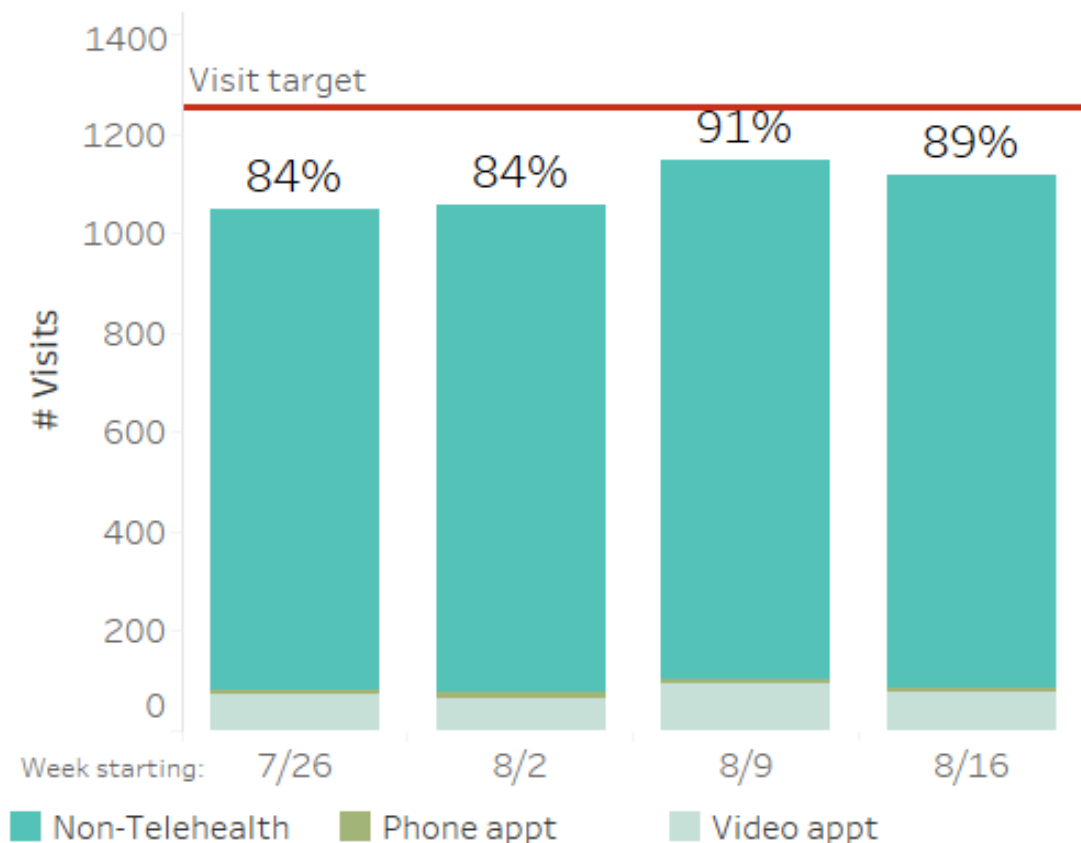
Tests	
Total Tested	5,854
Negatives	5,789
Positives	65
Percentage Positive	1.1%
Employee Tests	2 positive 200 negatives

COVID-19 Response Update					
PPE					
Location	Procedure Masks	N 95	Gowns	Eye Protection	PAPR Hood
JH Department Inventory	10,007	986	1,490	826	35
JH General Stores	37,395	15,398	15,040	320	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
Total Total	81,869	21,044	31,430	1,646	35

# Jefferson Healthcare Operations Update

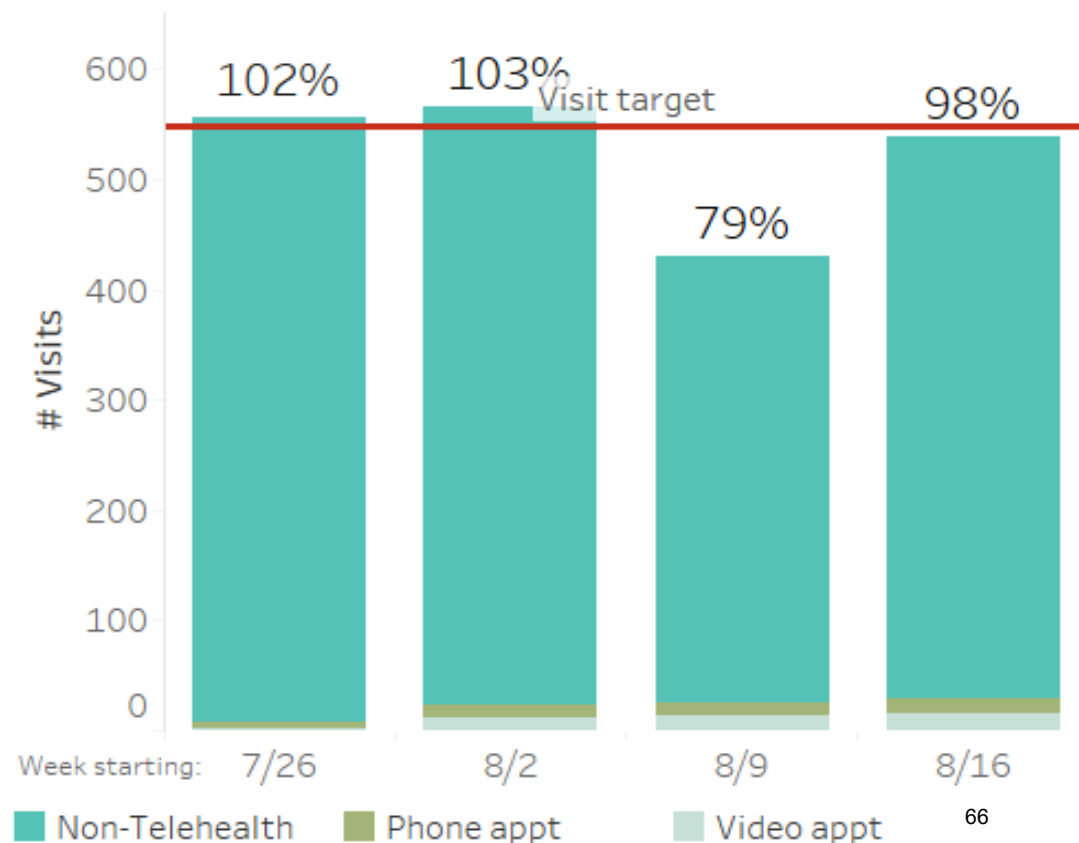
## Primary Care variance to target visits

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

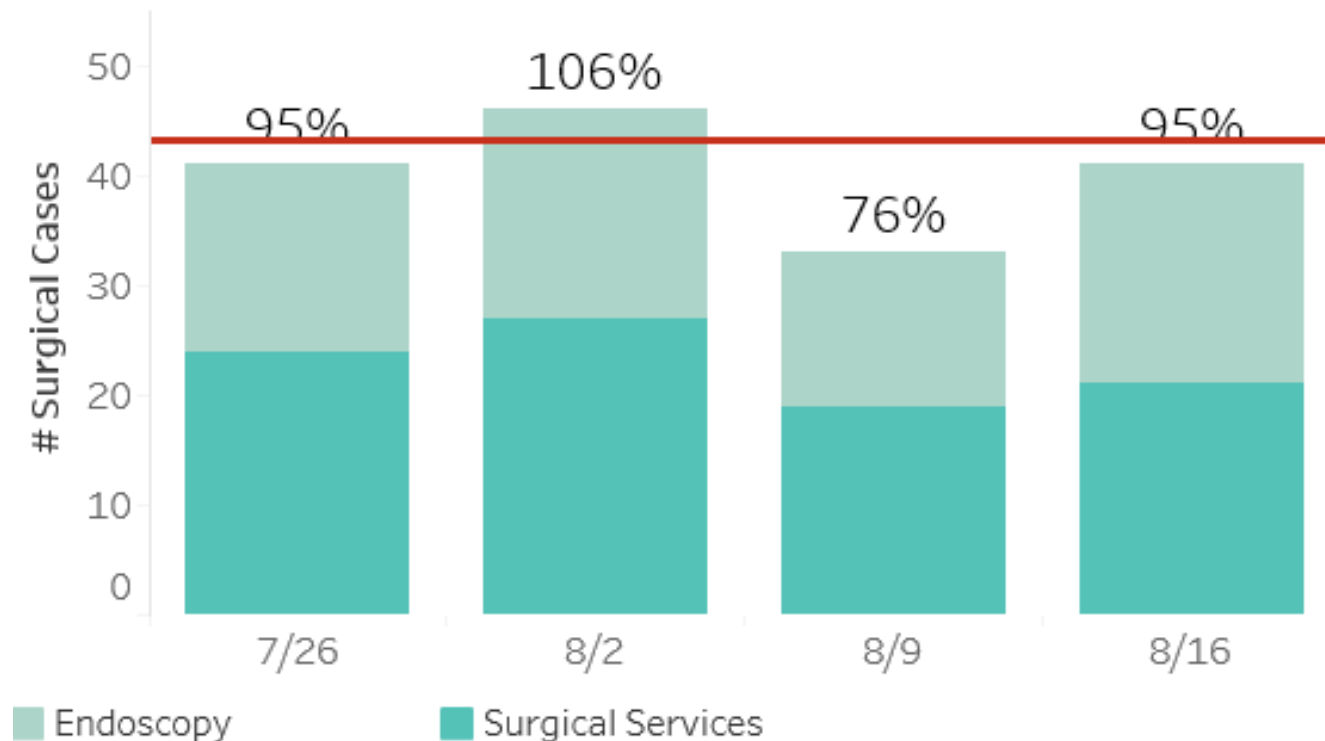
Visit volumes in Medical Group's specialty clinics. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.



# Jefferson Healthcare Operations Update

## Surgical case variance to target cases [↗](#)

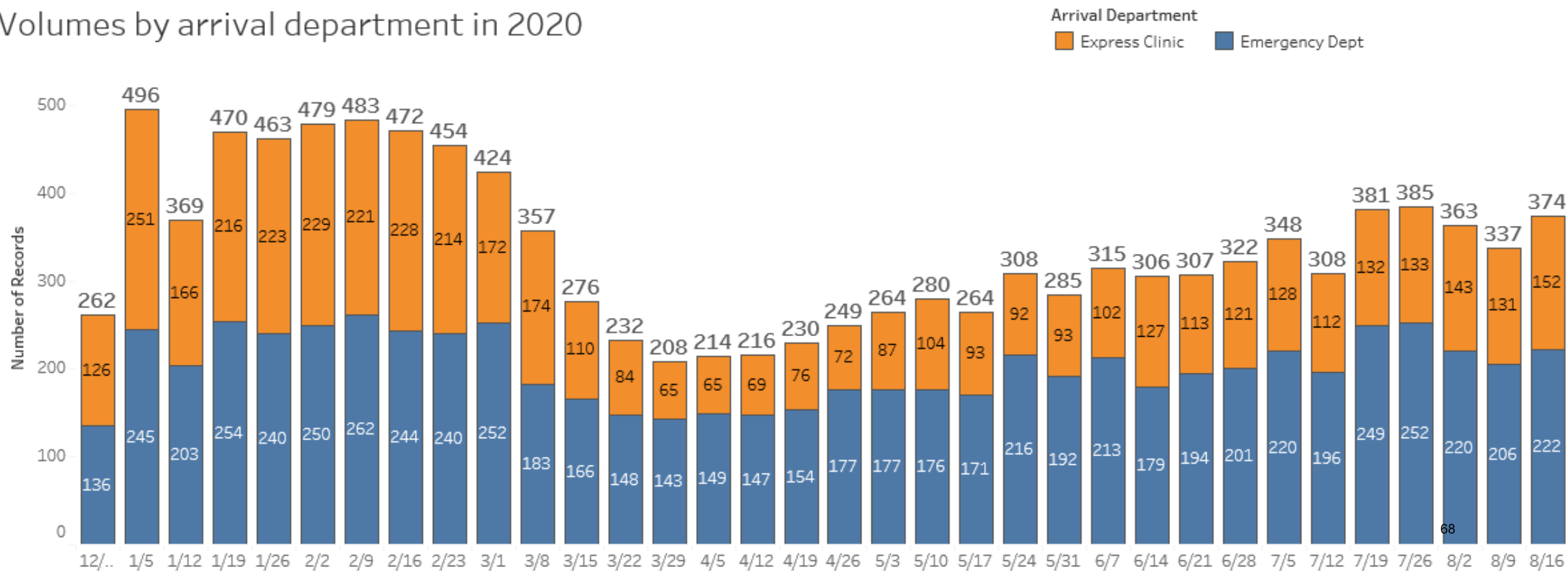
Surgical case volumes in the hospital OR. Red line indicates weekly combined case target based on annual targets for endoscopy and surgical services. The % labels are the variances of actual to target surgical case volume.



# Jefferson Healthcare Operations Update

## Emergency Dept and Express Clinic Volumes

Volumes by arrival department in 2020



# Jefferson Healthcare Operations Update

- Jefferson Healthcare retirement plan update.



**MULTNOMAH GROUP**

## **Jefferson Healthcare**

Washington Rural Healthcare Collaborative

# Jefferson Healthcare Review

## 401(a) Plan

Employer Contributions Only

Eligibility after 2 Years of Service

Fully Vested

## 457(b) Plan

Employee Contributions Only

*Services provided by John Hancock*

# Objectives

- Evaluate critical services participants need to secure their retirement
- Goals
  - Open architecture platform – ability to provide investment not manufactured by the service provider
  - Nonproprietary investments – investment options that are not managed by the service provider
  - Education not biased by sales goals
  - Non-solicitation of participants
  - Reduce the cost of the Plan to participants
  - Simplify the investment structure
  - Ensure Jefferson employees are prepared for retirement

# Jefferson Fee Structure

## Jefferson Healthcare

	Current	WRHC
<i>Recordkeeping and Administration</i>	John Hancock assesses a fee of 0.15% on assets held in the plans. Additionally, PPA assesses fees for services (est. \$7,000 annually).	Nationwide collects fee of 0.10% declining to 0.09% when assets in the programs exceed \$65M and down to 0.07% when assets in the program exceed \$110M.
	Estimated 0.16%	Estimated 0.10%
<i>Advisor Fee</i>	Plan assesses a 0.30% fee on assets to compensate the adviser.	Asset based fee based on assets in the program ranging from 0.20% down to 0.03% as the program exceeds \$100M
	Estimated 0.30%	Estimated 0.11%
<i>Total Participant Cost</i>	Weighted 0.91%	Weighted 0.40%

### Features

- 10 days of employee education annually
- Reduced fees as assets grow
- Third-party fiduciary accountable for investment selection and monitoring
- Structured procurement process through the WRHC
- External committee charged with maintaining fiduciary process
- Regionally located participant educators
- Expertise of Nationwide as recordkeeper to the Plan

# Value Add of Service Providers

- **Attorney**
  - Governance consulting to support well-run committees
  - Ensure compliance with legal and regulatory obligations
- **Investment Consultant**
  - Governance consulting to support well-run committees
  - Help committees to effectively monitor their vendors
  - Research and monitor investment managers
  - Investment menu design services to promote participant decision making
- **Recordkeeper/Custodian**
  - Administer plan in accordance with plan document and plan sponsor direction
  - Help participants make good decisions through education and advice services
  - Participant retirement projection analysis allows committee to improve plan design
  - Serve as an extension of staff to support well-run retirement benefits program

# Improving access to childcare in Jefferson County

- Department of Commerce Childcare Partnership Grant

Congratulations! Jefferson County was selected as an apparently successful applicant for a Child Care Partnership Grant for the Caring for the Future: East Jefferson County Rural Child Care Partnership project.

The Department of Commerce will determine the exact award amount after we discuss grant terms and conditions with you.

Please let us know your availability during one of these timeframes to meet with our team via Skype:

1. August 13 from 4:00 pm to 4:30 pm
2. August 14 from 10:30 am to 11:00 am

If neither of these times work, please let me know and I will try to find another time to connect.

Your designation as an apparently successful applicant is subject to and contingent upon negotiation and execution of a grant agreement with the Department of Commerce. Child Care Partnership Grant agreements will have an *anticipated* start date of September 1, 2020.

Continue to direct correspondence related to this grant opportunity with me.

Regards,

**Mary Baldwin** | PROGRAM COORDINATOR  
Child Care Collaborative Task Force | Washington State Department of Commerce  
[1011 Plum Street](#)  
[PO BOX 42525](#)  
[Olympia, WA 98504-2525](#)

# Improving access to childcare in Jefferson County

- Childcare Access Limited Support Agreement with YMCA

## RECITALS

- A. JH recognizes that stable, affordable access to professional childcare services allows essential healthcare workers who are working parents to be present and focused while performing their vital jobs. JH further recognizes that providing limited and targeted support to a trusted local provider of childcare services will help to facilitate and sustain access to such services for the families of JH employees.
- B. The YMCA is a 501(c)(3) non-profit community service organization. Through its Jefferson County, Washington branch, the YMCA provides, among other services, licensed professional childcare for children ages 5-12, with potential to add services for children under 5.
- C. The Parties intend by this Agreement that JH will provide the YMCA with a limited financial contribution up to a maximum monthly total of \$5,000 to support the YMCA in taking measures needed to sustain its childcare services in Jefferson County. This financial support is also intended to enhance access and increase the YMCA's capacity to offer sliding fee discounts to otherwise eligible families of JH employees.
- D. It is agreed and understood that all aspects of the provision of childcare services, including but not limited to applications, acceptance, determinations of availability and financial need, and all operational and management decisions and actions, are the sole responsibility of the YMCA.
- E. It is agreed and understood that all funds provided hereunder will be applied solely and directly to support and ensure access to childcare services in Jefferson County, Washington.

# Jefferson Healthcare Operations Update

- Master Site Plan update
- Strategic Plan refresh update
- New Siemens 128 Slice CT Scanner

# Operations Update

- Other



# Questions



# Jefferson Healthcare

July 2020 Finance Report

August 26, 2020

Hilary Whittington, CAO/CFO

Education

# ***Medicare Accelerated Payment Program***

# Service line highlight

CT replacement & continuity of services



## Siemens Go.Top - 128

Project costs: ~\$790,000

Budget: \$820,000

Timeline:

07/08 Mobile scanner arrived

07/14 Old scanner removed

07/24 New scanner installed

07/28 First Patient scanned

**48 hours ahead of schedule**

# July 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

### JULY 2020

MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE
-----------	-----------	------------	------------	------------	------------

621	625	1%	600	625	4%
1,962	2,498	-21%	12,761	17,166	-26%
58	84	-31%	409	578	-29%
244	347	-30%	1,711	2,385	-28%
313	461	-32%	2,239	3,167	-29%
118	118	0%	710	810	-12%
63	73	-14%	359	501	-28%
20,517	19,809	4%	119,447	136,105	-12%
3,036	3,103	-2%	17,838	21,326	-16%
20,204	22,497	-10%	127,175	154,579	-18%
2,455	3,963	-38%	17,378	27,227	-36%
8,245	9,192	-10%	50,333	63,156	-20%
1,003	1,096	-8%	6,196	7,531	-18%
353	340	4%	1,620	2,334	-31%
5,613	6,609	-15%	34,798	45,403	-23%
3,441	3,564	-3%	20,113	24,489	-18%

### JULY 2019

MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
-----------	------------	------------	------------

572	-9%	568	-6%
2,160	-9%	15,540	-18%
55	5%	538	-32%
312	-22%	2,307	-35%
387	-19%	2,968	-33%
120	-2%	752	-6%
70	-10%	487	-36%
18,532	11%	130,663	-9%
2,950	3%	19,949	-12%
21,409	-6%	155,146	-22%
3,003	-18%	25,652	-48%
9,034	-9%	61,634	-22%
1,133	-11%	7,437	-20%
208	70%	220	86%
5,854	-4%	41,269	-19%
2,949	17%	20,377 <sup>83</sup>	-1%

# July 2020

## Income Statement Summary

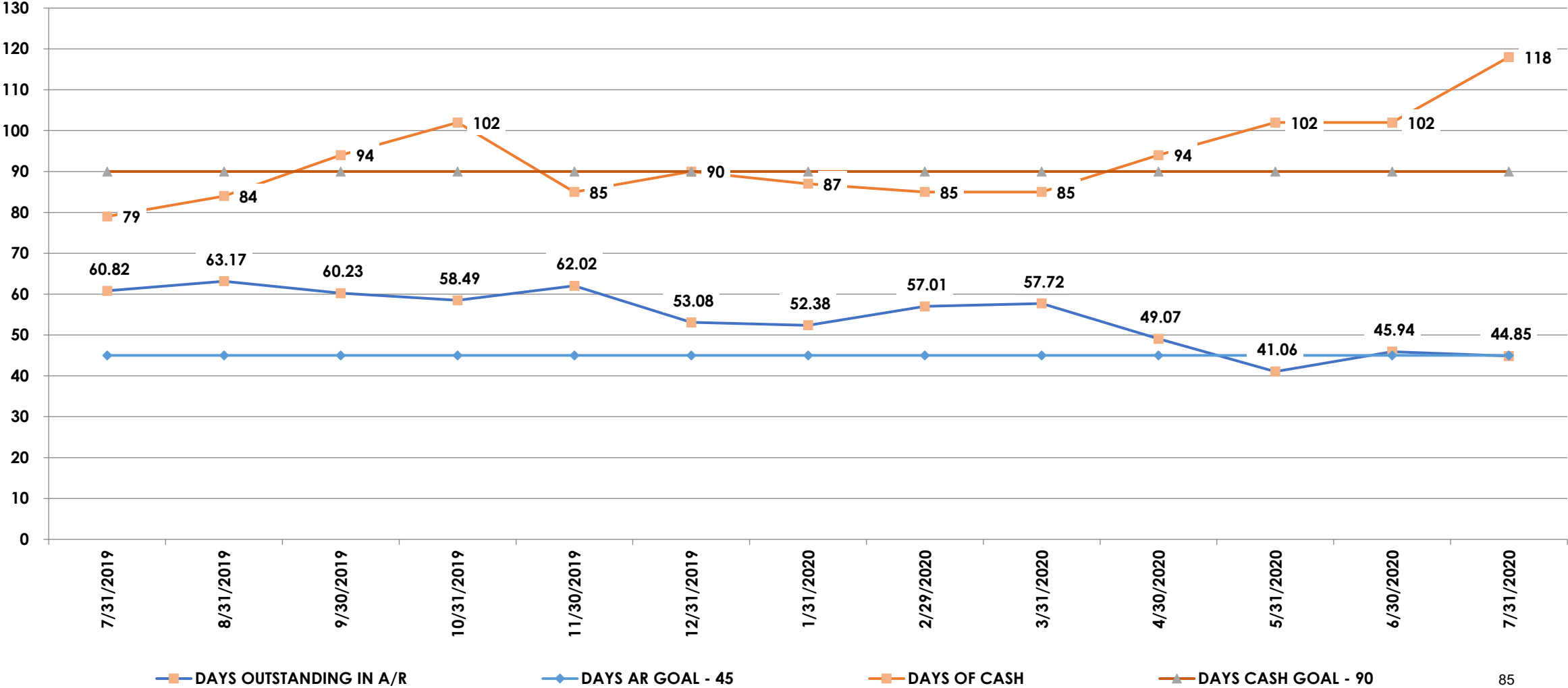


	July 2020 Actual	July 2020 Budget	Variance Favorable/ (Unfavorable)	%	July 2020 YTD	July 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	July 2019 YTD
<b>Operating Revenue</b>									
Gross Patient Service Revenue	23,961,495	24,144,814	(183,319)	-1%	140,941,803	165,898,256	(24,956,453)	-15%	149,661,967
Revenue Adjustments	13,522,780	12,908,965	(613,815)	-5%	79,055,146	88,697,090	9,641,944	11%	81,142,657
Charity Care Adjustments	212,416	233,516	21,100	9%	1,613,326	1,604,479	(8,847)	-1%	1,594,569
Net Patient Service Revenue	10,226,299	11,002,334	(776,034)	-7%	60,273,330	75,596,687	(15,323,356)	-20%	66,924,741
Other Revenue	141,248	582,137	(440,889)	-76%	11,138,976	3,999,848	7,139,128	178%	4,762,453
Total Operating Revenue	10,367,548	11,584,471	(1,216,923)	-11%	71,412,307	79,596,535	(8,184,228)	-10%	71,687,194
<b>Operating Expenses</b>									
Salaries And Wages	5,437,501	5,555,425	117,925	2%	37,242,089	38,171,153	929,064	2%	33,373,809
Employee Benefits	982,538	1,431,213	448,675	31%	8,617,588	9,833,820	1,216,232	12%	8,479,577
Other Expenses	4,423,624	4,141,799	(281,826)	-7%	26,641,474	28,458,169	1,816,695	6%	26,490,068
Total Operating Expenses	10,843,663	11,128,437	284,774	3%	72,501,151	76,463,143	3,961,992	5%	68,343,453
Operating Income (Loss)	(476,115)	456,034	(932,149)	-204%	(1,088,844)	3,133,392	(4,222,236)	-135%	3,343,741
Total Non Operating Revenues (Expenses)	107,913	(7,471)	115,384	1544%	24,316	(51,334)	75,650	147%	123,277
Change in Net Position (Loss)	(368,203)	448,563	(816,765)	-182%	(1,064,528)	3,082,057	(4,146,586)	-135%	3,467,018
<b>Operating Margin</b>									
Operating Margin	-4.6%	3.9%	-8.5%	-216.7%	-1.5%	3.9%	-5.46%	-138.7%	4.7%
Total margin	-3.6%	3.9%	-7.4%	-191.7%	-1.5%	3.9%	-5.36%	-138.5%	4.8%
Salaries & Benefits as a % of net pt svc rev	-62.8%	-63.5%	0.7%	1.1%	-76.1%	-63.5%	-12.58%	-19.8%	-62.5%

# July 2020

## Cash and Accounts Receivable

Days Cash and Accounts Receivable



# July 2020

## Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	Jul Actual	Jul Budget	Jul Variance	2020 to Date Actual	2020 to Date Budget	2020 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	4,501.00	5,204.00	703.00	29,132.00	35,756.00	6,624.00
			601100	BENEFITS FICA	421.00	323.00	(98.00)	2,229.00	2,217.00	(12.00)
			601150	BENEFITS WA F&MLA	8.00	-	(8.00)	43.00	-	(43.00)
			601400	BENEFITS MEDICAL INS-UNION	4,785.00	4,271.00	(514.00)	34,123.00	29,346.00	(4,777.00)
			601600	BENEFITS RETIREMENT	-	260.00	260.00	-	1,788.00	1,788.00
			601900	BENEFITS EMPLOYEE ASSISTANCE	-	10.00	10.00	-	66.00	66.00
			602300	CONSULT MNGMT FEE	-	2,117.00	2,117.00	-	14,549.00	14,549.00
			602500	AUDIT FEES	2,500.00	3,557.00	1,057.00	30,900.00	24,443.00	(6,457.00)
			604200	CATERING	-	125.00	125.00	105.00	860.00	755.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	-	172.00	172.00
			604850	COMPUTER EQUIPMENT	-	83.00	83.00	-	573.00	573.00
			606500	OTHER PURCHASED SERVICES	-	834.00	834.00	(27.00)	5,732.00	5,759.00
			609400	TRAVEL/MEETINGS/TRAINING	1,510.00	1,669.00	159.00	5,578.00	11,465.00	5,887.00
		Exp Total			13,725.00	18,478.00	4,753.00	102,083.00	126,967.00	24,884.00
	BOARD Total				13,725.00	18,478.00	4,753.00	102,083.00	126,967.00	<sup>86</sup> 24,884.00

# August 2020

Preview — (\*as of 0:00 08/26/20)

- **\$21,606,471 in HB charges**
  - Average: \$696,983/day (HB only)
  - Budget: \$762,462/day
  - 91.7% of Budget
- **\$8,988,036 in HB cash collections**
  - Average: \$289,937/day (HB only)
  - Goal: \$335,524/day
- **40.1 Days in A/R**
- **Questions**