*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

Strategies for Success

Steve Butterfield, MD
Jennifer Wharton, MHL, PT
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

Medical Group Clinical Services
Services
Current State

Orthopedics
Robotic Assisted Total Joint Program
Addition of Hand and Plastic Specialty
Addition of a Per Diem Orthopedist

Dermatology
Photodynamic Therapy (Blue Light)
Whole Body Ultraviolet Light (UVB) Therapy

General Surgery
Thyroidectomy

Primary Care
Addition of 3 PCP
Addition of 1 Behavioral Health Provider
AIMS Grant for Behavioral Health Integration

Women’s Health
Addition of 2 OBGYNs and an ARNP
Access to Gynecologic Surgical Services
Integration with FPOBs
Comprehensive Women’s Health Strategy

Cardiology
Addition of an ARNP
Cardiac RN Team
Cardiac Rehabilitation
Stress Echo
Transesophageal Echocardiogram

Dental
First Rural Health Dental Clinic in the State!
Addition of 2 dentists
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

**Drive-Thru Testing**
- Asymptomatic Patient Screening
- Mild to Moderate Symptoms

**Telemedicine**
- All Providers
- Telephone Visits
- Video Visits

**COVID Services**

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

**Medical Case Management**
- COVID + Patients Requiring Medical Case Management
- Partnership with Public Health
Respiratory Evaluation Clinics

Volumes

Visits

Calls

Total Respiratory Evaluation Clinic visits - all time

<table>
<thead>
<tr>
<th></th>
<th>Drive-Through</th>
<th>Office Visit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>3,285</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,197</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4,482</td>
</tr>
</tbody>
</table>

Total call volume since launch of triage line

<table>
<thead>
<tr>
<th></th>
<th>Inbound Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15,121</td>
</tr>
</tbody>
</table>
Telemedicine Visit Volumes

Appointment type volume, by week

- Video Appt
- Phone Appt
- Non-Telehealth
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**
- Physicians view themselves as part of a single organization with **common purpose**
- Administrators and physicians agree on a **vision of shared values and goals**
- Clinicians more easily accept new processes and standards
- Group able to achieve economies of scale through shared resources
- Open information exchange facilitates administrative and clinical coordination

### Gaining Your Stride

**Coordination & Integration**
- Culture-Base candidate and screening minimizes later physician turnover
- New hires more rapidly internalize group processes, cultural norms
- Administrators able to easily spot best improvement opportunities
- Enhanced in-network referral capture boosts revenue performance
- Group begins to move dial on quality, efficiency, patient satisfaction

### Finishing Strong

**Care Design**
- **Improved access**, convenience, and service attracts patients
- **Unnecessary-and expensive-variation** in clinical care reduced
- Care management efforts **improve outcomes** for complex patients
- Clinicians **streamline patient handoffs**, eliminate care redundancies
- Health system prepared to **meet emerging value-based imperatives**
High Performing Medical Group

Strategies for Success

- Governance Structure
- Shared Vision
- Organizational Structure
- Recruitment & Onboarding
- Operational Effectiveness
- Dyad Partnerships
- High Performing Care Teams
Organizational Structure
Fostering Integration

**Before**

- Senior Leadership
  - Hospital Leadership
  - Hospital & Clinics

**After**

- Senior Leadership
  - Hospital Leadership
  - MG Leadership
  - Hospital
  - MG

**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

<table>
<thead>
<tr>
<th>Physician Leaders</th>
<th>Joint Responsibilities</th>
<th>Administrative Leaders</th>
</tr>
</thead>
</table>
| » Provider relations, management and development  
» Clinical innovation  
» Clinical compliance  
» Clinical pathways  
» Coordination with operational leadership | » 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 | » 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

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

Patient-Centered Team-Base Care
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

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

Recruit to Our Culture
Recruitment and Onboarding
Finding Fit & Nurturing Talent

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

Brings the strategic plan to life
• Enhances collaboration
• Fosters clinical integration
• Develops fiduciary obligation
• Creates action and results
• Builds trust

The role of physicians shifts from being informed with minimal advisory duties to consultative and direction-setting.
Governance Structure
Making Collective Decisions

Medical Group Executive Committee

- Physician-led and professionally managed
- Ensures alignment with the organization’s vision and strategy
- Oversees activities of subcommittees and ensures coordination

Quality & Value Based-Care
- Clinical pathways
- Quality metrics
- Value-based initiatives

Clinical Operations
- Clinical staffing
- Workflow planning
- Quality improvement initiatives
- Care Coordination

Workforce Planning
- Recruitment
- On-boarding process
- Wellness
- Specialty care employment planning

Information Technology
- Functionality improvement
- Management reporting
- Population management

Finance
- Operating budget and capital planning
- Financial performance
- Revenue Cycle management

Provider Compensation
- Compensation and incentive planning
- Special circumstance review
Measures of Success
Recruitment and Retention

Number of Providers

Provider Attrition

Attrition Rate
# Measures of Success

Retain with Our Culture

## Global Benchmark

<table>
<thead>
<tr>
<th>Questions</th>
<th>Category</th>
<th>Your % Favorable</th>
<th>Benchmark Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>My benefits are competitive with similar organizations in the area</td>
<td>Benefits</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>My ideas and suggestions are given consideration</td>
<td>Culture</td>
<td>86</td>
<td>27</td>
</tr>
<tr>
<td>I am paid fairly compared to others in the organization doing similar work with similar experience</td>
<td>Compensation</td>
<td>86</td>
<td>76</td>
</tr>
<tr>
<td>The benefits package meets my needs</td>
<td>Benefits</td>
<td>90</td>
<td>23</td>
</tr>
<tr>
<td>My compensation is competitive with similar organizations in the area</td>
<td>Compensation</td>
<td>77</td>
<td>22</td>
</tr>
<tr>
<td>I am kept informed about matters that affect me</td>
<td>Communication</td>
<td>92</td>
<td>22</td>
</tr>
<tr>
<td>I would recommend this organization as a good place to work</td>
<td>Culture</td>
<td>92</td>
<td>20</td>
</tr>
<tr>
<td>I am paid fairly for the work I do</td>
<td>Compensation</td>
<td>73</td>
<td>18</td>
</tr>
<tr>
<td>I feel proud to work for this organization</td>
<td>Culture</td>
<td>100</td>
<td>18</td>
</tr>
<tr>
<td>I have enough freedom in making decisions to do my job effectively</td>
<td>Job Satisfaction</td>
<td>93</td>
<td>17</td>
</tr>
<tr>
<td>My work gives me a sense of personal accomplishment</td>
<td>Job Satisfaction</td>
<td>98</td>
<td>17</td>
</tr>
<tr>
<td>I am provided with opportunities to grow professionally</td>
<td>Growth &amp; Development</td>
<td>81</td>
<td>17</td>
</tr>
<tr>
<td>I feel valued as an employee</td>
<td>Culture</td>
<td>82</td>
<td>17</td>
</tr>
<tr>
<td>Procedures for considering employees for job openings are fair</td>
<td>Growth &amp; Development</td>
<td>79</td>
<td>16</td>
</tr>
<tr>
<td>I receive adequate training to be successful at my job</td>
<td>Job Satisfaction</td>
<td>86</td>
<td>15</td>
</tr>
<tr>
<td>I plan to be here at least 1 year from now</td>
<td>Culture</td>
<td>95</td>
<td>14</td>
</tr>
<tr>
<td>I don’t consider looking for a new job when I am unhappy with my job</td>
<td>Culture</td>
<td>79</td>
<td>14</td>
</tr>
<tr>
<td>Senior Leadership’s actions show they value their employees</td>
<td>Senior Leadership</td>
<td>75</td>
<td>13</td>
</tr>
<tr>
<td>Patient satisfaction is a top priority at this organization</td>
<td>Healthcare</td>
<td>98</td>
<td>13</td>
</tr>
<tr>
<td>I am motivated to go beyond what is normally expected of me to help the organization be successful</td>
<td>Job Satisfaction</td>
<td>95</td>
<td>11</td>
</tr>
<tr>
<td>I am satisfied with the communication in my department</td>
<td>Communication</td>
<td>75</td>
<td>11</td>
</tr>
<tr>
<td>There is sufficient communication from Senior Leadership</td>
<td>Senior Leadership</td>
<td>70</td>
<td>10</td>
</tr>
<tr>
<td>Communication between departments is effective</td>
<td>Communication</td>
<td>68</td>
<td>10</td>
</tr>
</tbody>
</table>
Measures of Success
Retain with Our Culture

73% Engagement

- Actively Disengaged: 2.82%
- Opportunity Group: 23.34%
- Engaged: 19.73%
- Actively Engaged: 53.52%
# Measures of Success

## Quality of Care

<table>
<thead>
<tr>
<th>JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIN: ****8081</td>
</tr>
<tr>
<td>1200 W SIMS WAY, STE C, PORT TOWNSEND, WA 983683031</td>
</tr>
</tbody>
</table>

## Final Score

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>45.00 / 45</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15.00 / 15</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>17.25 / 25</td>
</tr>
<tr>
<td>Cost</td>
<td>14.20 / 15</td>
</tr>
<tr>
<td>Awarded Bonus Points</td>
<td>1.51</td>
</tr>
</tbody>
</table>

#### Total Score: **92.96 / 100**
Measures of Success
Word from the Team

“This team really has their act together. Very organized.”

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

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

“You have created a little Mayo!”

“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 best orientation I have had in my career. Thank you for the support.”

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

“Thank you for listening. Thank you for giving me a chance to participate in changes.”
Next Steps

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

- Governance Structure
- Shared Vision
- Organizational Structure
- Dyad Partnerships
- High Performing Care Teams
- Operational Effectiveness
- Recruitment & Onboarding

Thank You
Questions

Steve Butterfield, MD
rbutter@jeffersonhealthcare.org

Jenn Wharton, MHL, PT
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
2nd Q 2020
The Highlights—2\textsuperscript{nd} 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

EC = 3.8/1000
ED = 3.04/1000
PC = .96/1000
Trend by Service Area

Trend by Service Area

Q3 2018  Q4 2018  Q1 2019  Q2 2019  Q3 2019  Q4 2019  Q1 2020  Q2 2020

Clinics  ACU/ Obs  Other  Express Clinic  Specialty Clinics  ED
Trend by Service Area: PCP and Specialty Clinics

Trend by Service Area

Clinics
Specialty Clinics
Linear (Clinics)
Linear (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

Raw Data

- Communication
- Rx Choice
- Rx Plan/Selection
- Skill/Competency
- Diagnosis
Provider Issues:
How patients frame their concerns
Provider Issues:
How patients frame their concerns

Raw Data
Provider Issues: How patients frame their concerns

Raw Data

- Rx Choice
- Linear (Rx Choice)
Provider Issues:
How patients frame their concerns

Raw Data

- Rx Plan/Selection
- Linear (Rx Plan/Selection)
Provider Issues:
How patients frame their concerns

Raw Data

![Graph showing changes in provider issues from 1st Q 2018 to 2nd Q 2020 with line for Diagnosis and points for Linear (Diagnosis).]
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?
Agenda

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

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

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

Initiatives

Targets
- Zero avoidable healthcare acquired harm events
  - Healthcare Acquired C. Diff
    - Meet Tier II Antimicrobial Stewardship Requirements
    - Inpatient Days of Therapy below target
    - Antimicrobial avoidance of antibiotics for URI
  - 90% or greater compliance with care measures
- Zero incidents of Workplace Violence
  - Weekly Rounding Compliance
- Readmission rate < 17%
The American Heart Association and American Stroke Association proudly recognize

Jefferson Healthcare
Port Townsend, WA

Get With The Guidelines®-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®-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 in 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
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?
Administrative Report

August 26, 2020

Mike Glenn, CEO
# COVID-19 Response Update

## Testing

<table>
<thead>
<tr>
<th>Tests</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Tested</strong></td>
<td>5,854</td>
</tr>
<tr>
<td><strong>Negatives</strong></td>
<td>5,789</td>
</tr>
<tr>
<td><strong>Positives</strong></td>
<td>65</td>
</tr>
<tr>
<td><strong>Percentage Positive</strong></td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Employee Tests</strong></td>
<td></td>
</tr>
<tr>
<td>2 positive</td>
<td></td>
</tr>
<tr>
<td>200 negatives</td>
<td></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>10,007</td>
<td>986</td>
<td>1,490</td>
<td>826</td>
<td>35</td>
</tr>
<tr>
<td>JH General Stores</td>
<td>37,395</td>
<td>15,398</td>
<td>15,040</td>
<td>320</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>
</tr>
<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</strong></td>
<td><strong>81,869</strong></td>
<td><strong>21,044</strong></td>
<td><strong>31,430</strong></td>
<td><strong>1,646</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.

<table>
<thead>
<tr>
<th>Week starting</th>
<th>Non-Telehealth</th>
<th>Phone appt</th>
<th>Video appt</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/26</td>
<td>84%</td>
<td>84%</td>
<td>91%</td>
</tr>
<tr>
<td>8/2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Week starting</th>
<th>Non-Telehealth</th>
<th>Phone appt</th>
<th>Video appt</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/26</td>
<td>102%</td>
<td>103%</td>
<td></td>
</tr>
<tr>
<td>8/2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/16</td>
<td></td>
<td></td>
<td>98%</td>
</tr>
</tbody>
</table>
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.
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**

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>WRHC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recordkeeping and Administration</strong></td>
<td>John Hancock assesses a fee of 0.15% on assets held in the plans. Additionally, PPA assesses fees for services (est. $7,000 annually).</td>
<td>Nationwide collects fee of 0.18% declining to 0.09% when assets in the programs exceed $65M and down to 0.07% when assets in the program exceed $110M.</td>
</tr>
<tr>
<td><strong>Advisor Fee</strong></td>
<td>Estimated 0.16%</td>
<td>Estimated 0.10%</td>
</tr>
<tr>
<td></td>
<td>Plan assesses a 0.30% fee on assets to compensate the adviser.</td>
<td>Asset based fee based on assets in the program ranging from 0.20% down to 0.03% as the program exceeds $100M.</td>
</tr>
<tr>
<td><strong>Total Participant Cost</strong></td>
<td>Estimated 0.30%</td>
<td>Estimated 0.11%</td>
</tr>
<tr>
<td></td>
<td>Weighted 0.91%</td>
<td>Weighted 0.40%</td>
</tr>
</tbody>
</table>

**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
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
P.O. 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
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

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>JULY 2020</th>
<th>JULY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>621</td>
<td>625</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,962</td>
<td>2,498</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>58</td>
<td>84</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>244</td>
<td>347</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>63</td>
<td>73</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>118</td>
<td>118</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>63</td>
<td>73</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>20,517</td>
<td>19,809</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>3,036</td>
<td>3,103</td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>20,204</td>
<td>22,497</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,455</td>
<td>3,963</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>8,245</td>
<td>9,192</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,003</td>
<td>1,096</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>353</td>
<td>340</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,613</td>
<td>6,609</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,441</td>
<td>3,564</td>
</tr>
</tbody>
</table>
# July 2020
## Income Statement Summary

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

Days Cash and Accounts Receivable

Days Outstanding in A/R
Days AR Goal - 45
Days of Cash
Days Cash Goal - 90
<table>
<thead>
<tr>
<th>Dept#</th>
<th>Department</th>
<th>Rev/Exp</th>
<th>Account</th>
<th>Account Description</th>
<th>Jul Actual</th>
<th>Jul Budget</th>
<th>Jul 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>60010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>4,501.00</td>
<td>5,204.00</td>
<td>703.00</td>
<td>29,132.00</td>
<td>35,756.00</td>
<td>6,624.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601100</td>
<td>BENEFITS FICA</td>
<td>421.00</td>
<td>323.00</td>
<td>(98.00)</td>
<td>2,229.00</td>
<td>2,217.00</td>
<td>(12.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601150</td>
<td>BENEFITS WA F&amp;MLA</td>
<td>8.00</td>
<td>-</td>
<td>(8.00)</td>
<td>43.00</td>
<td>-</td>
<td>(43.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>4,785.00</td>
<td>4,271.00</td>
<td>(514.00)</td>
<td>34,123.00</td>
<td>29,346.00</td>
<td>(4,777.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601600</td>
<td>BENEFITS RETIREMENT</td>
<td>-</td>
<td>260.00</td>
<td>260.00</td>
<td>-</td>
<td>1,788.00</td>
<td>1,788.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>601900</td>
<td>BENEFITS EMPLOYEE ASSISTANCE</td>
<td>-</td>
<td>10.00</td>
<td>10.00</td>
<td>-</td>
<td>66.00</td>
<td>66.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>-</td>
<td>2,117.00</td>
<td>2,117.00</td>
<td>-</td>
<td>14,549.00</td>
<td>14,549.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>602500</td>
<td>AUDIT FEES</td>
<td>2,500.00</td>
<td>3,557.00</td>
<td>1,057.00</td>
<td>30,900.00</td>
<td>24,443.00</td>
<td>(6,457.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>604200</td>
<td>CATERING</td>
<td>-</td>
<td>125.00</td>
<td>125.00</td>
<td>105.00</td>
<td>860.00</td>
<td>755.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>604500</td>
<td>OFFICE SUPPLIES</td>
<td>-</td>
<td>25.00</td>
<td>25.00</td>
<td>-</td>
<td>172.00</td>
<td>172.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
<td>83.00</td>
<td>83.00</td>
<td>-</td>
<td>573.00</td>
<td>573.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>834.00</td>
<td>834.00</td>
<td>(27.00)</td>
<td>5,732.00</td>
<td>5,759.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>1,510.00</td>
<td>1,669.00</td>
<td>159.00</td>
<td>5,578.00</td>
<td>11,465.00</td>
<td>5,887.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exp Total</td>
<td>13,725.00</td>
<td>18,478.00</td>
<td>4,753.00</td>
<td>102,083.00</td>
<td>126,967.00</td>
<td>24,884.00</td>
</tr>
<tr>
<td></td>
<td>BOARD</td>
<td></td>
<td></td>
<td>BOARD Total</td>
<td>13,725.00</td>
<td>18,478.00</td>
<td>4,753.00</td>
<td>102,083.00</td>
<td>126,967.00</td>
<td>24,884.00</td>
</tr>
</tbody>
</table>
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