

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, September 23, 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, Caitlin Harrison, Chief Human Resources Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Tina Toner, Chief Nursing Officer, and Brittany Huntingford, Kent Smith, DO, Chief of Staff, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Commissioner McComas approved the agenda. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Education Topic:

- Employee Engagement Presentation
 - Caitlin Harrison, Chief Human Resources Officer

Caitlin Harrison, Chief Human Resources Officer presented the Employee Engagement presentation

Discussion ensued.

Commissioners recessed for break at 3:15pm.

Commissioner reconvened from break at 3:30pm.

Team of the Quarter:

Caitlin Harrison, CHRO presented Dr. Sarah Schmidt, Provider of the Quarter; Jess Cigalotti, Employee of the Quarter & Surgical Associates, Team of the Quarter

Minutes:

- August 26, 2020 Minutes

Commissioner Kolff made a motion to amend the August 26, 2020 minutes to include the addition of “per 100,000 population” in board reports. Commissioner Ready seconded.

Action: The amended motion passed unanimously.

Required Approvals: Action Requested

- August Warrants and Adjustments
- Resolution 2020-10 Cancelled Warrants
- Medical Staff Credentials/Appointments/Reappointments

Commissioner Ready made a motion to approve the August Warrants and Adjustments, Resolution 2020-10 Cancelled Warrants, and Medical Staff Credentials/ Appointments/ Reappointments Commissioner Dressler seconded.

Action: Motion passed unanimously.

Financial Report:

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

Discussion ensued.

Quality Report:

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

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the Administrative report.

Discussion ensued.

Board Business:

- Health Equity Report Resolution Discussion

Commissioner Kolff suggests a resolution by the board to support this work.

Commissioners Kolff and McComas will move forward and will have something specific for the boards review, comments, and potential adoption at the October meeting.

Board of Health report

Commissioner Kolff gave a report from the Board of Health activities. Jefferson Healthcare was applauded by Dr. Locke during a County Commissioner meeting

for our transparency, fostering an ideal relationship of cooperation. At the Board of Health key items were discussed-

1. Health department staff are facing similar pandemic challenges as are JHC staff.
2. Enforcement for violations of public health officer mandates are currently limited to criminal offences. This is being addressed with a new enforcement code.
3. Forest fire smoke causes increased asthma and heart disease. Commissioner Kolff would be curious to hear from the Emergency department if there had been a rise of cases here when we had the smoke.
4. COVID-19 testing options are increasing in the county, but how to use results is tricky.
5. Commissioner Kolff commented on the number of new COVID-19 cases per hundred thousand in the past 2 weeks in Jefferson, Clallam, and Kitsap Counties.
6. The Health department encourages everyone to be safe to help keep schools open.

Discussion ensued.

- Agenda Evaluation

Commissioner Buhler Rienstra gave the board book overview of this topic.

Commissioner Kolff suggested the board send written evaluations to Brittany with further discussion to be had at the October meeting.

Meeting Evaluation:

Commissioners evaluated the meeting.

Conclude:

Commissioner Kolff made a motion to conclude the meeting. Commissioner Ready seconded.

Action: Motion passed unanimously.

Meeting concluded at 5:10pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

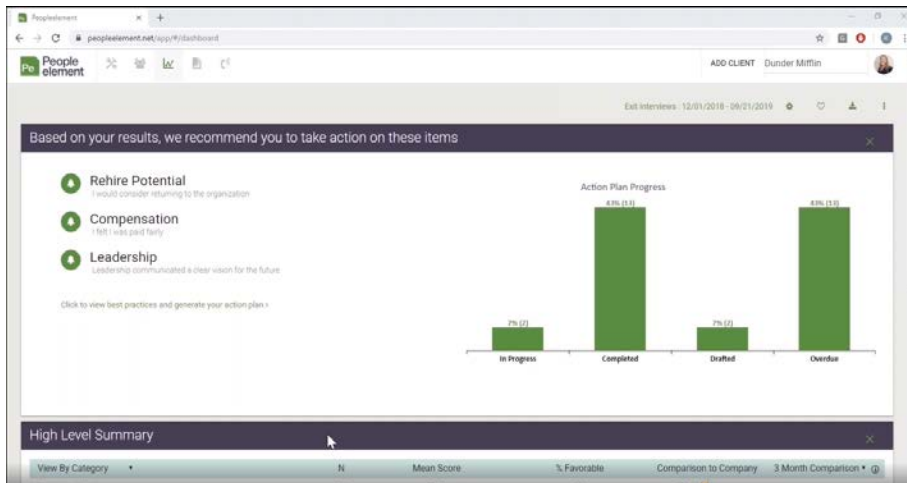
Secretary of Commission: Marie Dressler _____

Employee Engagement

September 23, 2020

Caitlin Harrison, CHRO

A New Engagement Survey Vendor



- Better scoring scale
- Real time reporting for Leaders
- Built in Action Items & Action Planning
- Easier Data Analysis
 - “Hotspots”
 - Trends over time
 - More

Standard Question Scoring

- Likert Scale
 - Strongly Disagree
 - Disagree
 - Somewhat Agree/Somewhat Disagree
 - Agree
 - Strongly Agree
 - No Answer/Does not apply

Overview & Participation

- A total of **97** survey items are included in the engagement survey
- Data collected via internet
- Participation: **77%**, good strong numbers for a current population
 - The way the data is handled and acted upon has a significant impact on future survey participation
- Confidentiality is always maintained in reporting in order to protect the confidentiality of the respondents and the integrity of the process. Must meet minimum number of participants.

A landscape photograph featuring a dirt road that forks into two paths, leading through a vast field of golden-brown crops. The sky is filled with large, dramatic clouds, and the sun is visible on the left side, creating a strong light source. In the background, there are dark silhouettes of trees and distant hills.

Satisfaction & Engagement

Engagement Index

Connection



My work gives me a sense of personal **accomplishment**



I feel **proud** to work for *Organization*

Advocacy



I would **recommend** *Organization* as a good place to work

Commitment



I plan to work at *Organization* for at least **one year** from now



I **don't consider** **looking** for a new job elsewhere

Effort



I am motivated to **go beyond** what is normally expected of me to help *Organization* be successful

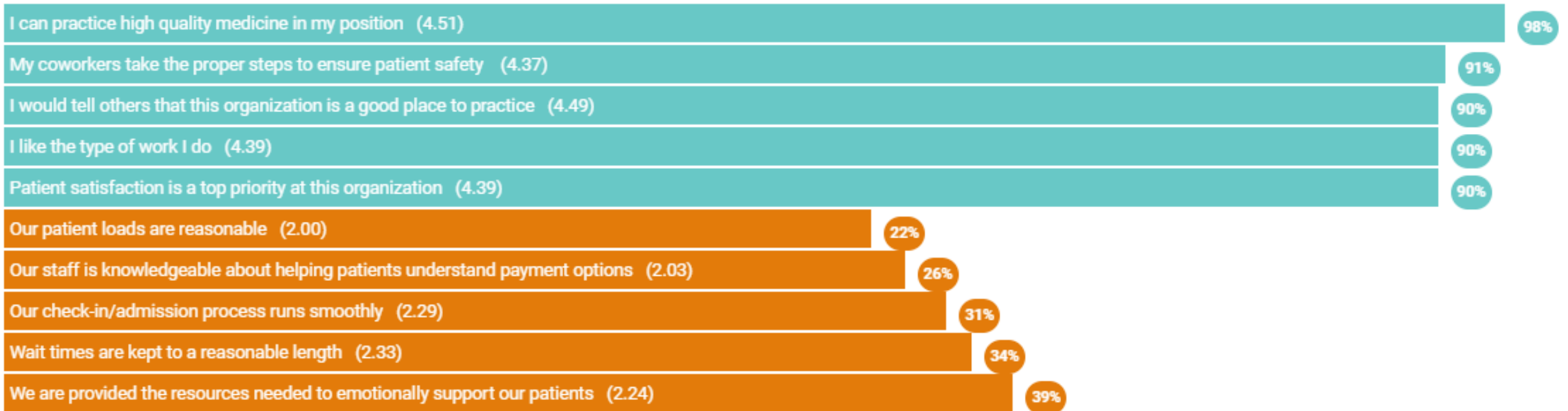
Levels of Engagement

Actively Disengaged	Opportunity Group	Engaged Contributor	Actively Engaged
Employees who consistently view their work and the company unfavorably	Employees who are ambivalent about their work and workplace	Employees who are satisfied with their work and speak well of the company	Employees who take personal satisfaction in what they do and how they do it
Most likely to disparage and talk negatively about the company and leaders	Work just enough to get by and fly under the radar	Meet expectations of the job but not likely to take risks or go above and beyond	Likely to take personal risks and stretch themselves to do more and learn new things
Tend to blame the company and point finger at others	Do not actively contribute to the workplace	Tend to stay in their comfort zone	Learning and growing, helping the company to develop
Will quit, or stay and contribute to a negative environment if no change occurs	The main reason for staying is contractual and to get paid	Committed to their work	Love their work






High Level Summary

View By Questions ▾	Category text ▴ ▾	N ▴ ▾	Mean Score ▲	% Favorable ▴ ▾
I can practice high quality medicine in my position	Provider Satisfaction	43	4.51	98
I would tell others that this organization is a good place to practice	Provider Satisfaction	39	4.49	90
Patient satisfaction is a top priority at this organization	Healthcare	629	4.39	90
I like the type of work I do	Job Satisfaction	641	4.39	90
My coworkers take the proper steps to ensure patient safety	Healthcare	614	4.37	91
Would you recommend Jefferson Healthcare for the care of your own friends and family?	Overall Impressions	626	4.31	85
I plan to be here at least 1 year from now	Culture	620	4.30	81
I feel proud to work for this organization	Culture	643	4.27	87
My work gives me a sense of personal accomplishment	Job Satisfaction	643	4.26	83
I am motivated to go beyond what is normally expected of me to help the organization be successful	Job Satisfaction	642	4.26	84
Jefferson Healthcare's core values are well aligned with my own.	Overall Impressions	622	4.23	86
Patient-centered care is a deeply embedded value of our organization.	Overall Impressions	619	4.22	84

Highest/Lowest Favorable Items

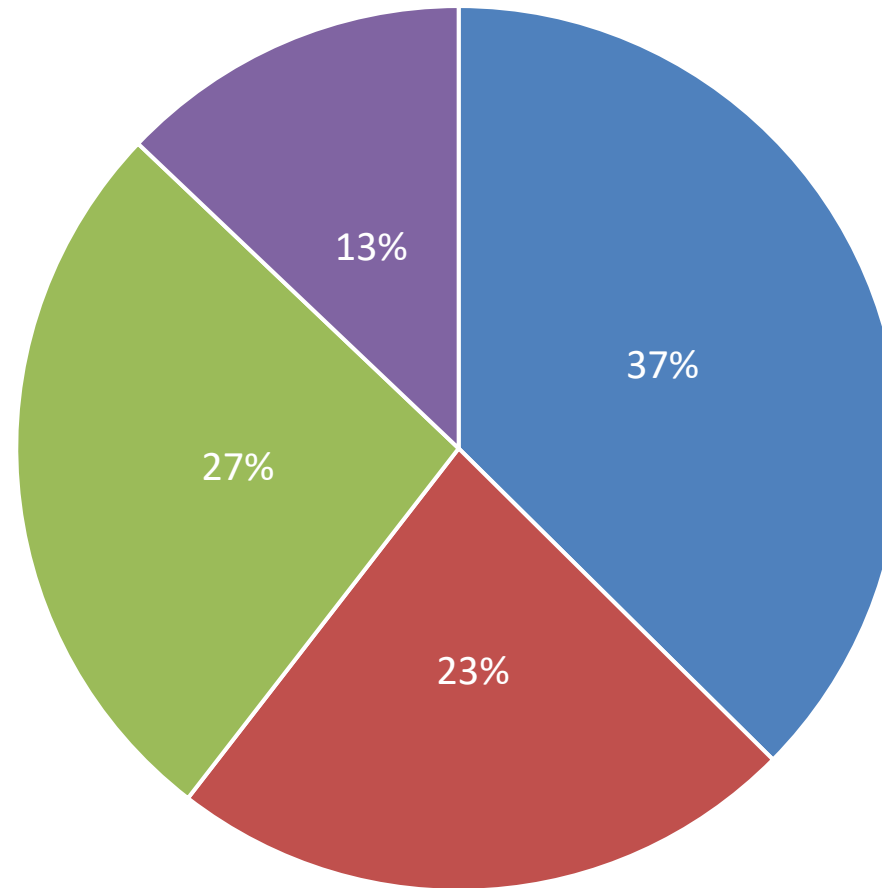


Benchmarking Snapshot

Questions	Category	Your % Favorable	Benchmark Comparison
My benefits are competitive with similar organizations in the area	Benefits	83	 17
The benefits package meets my needs	Benefits	84	 11
I would recommend this organization as a good place to work	Culture	76	 5
I don't consider looking for a new job elsewhere	Culture	68	 3
I feel proud to work for this organization	Culture	87	 3

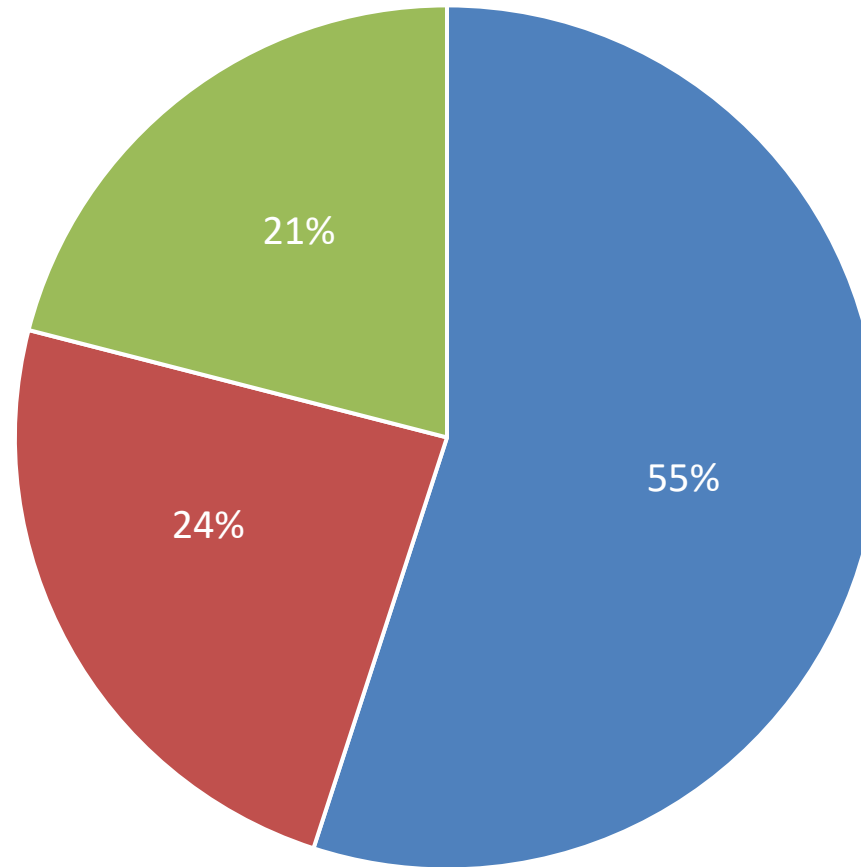
Jefferson Healthcare data is compared to industry data
collected by PE in 2019-2020 (the past year)

Engagement at Jefferson Healthcare



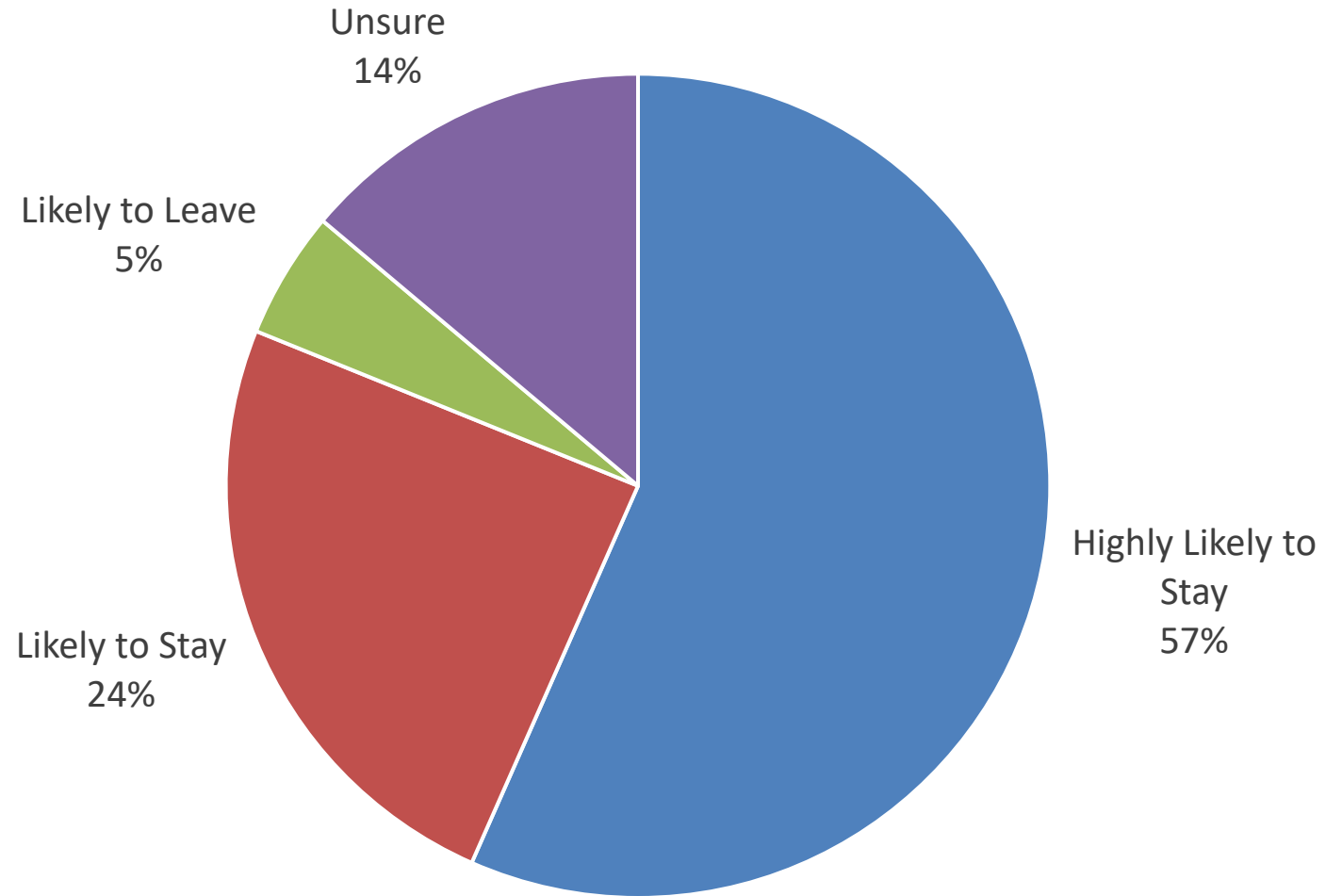
■ Actively Engaged ■ Engaged/Contributor ■ Opportunity Group ■ Actively Disengaged

Provider Engagement

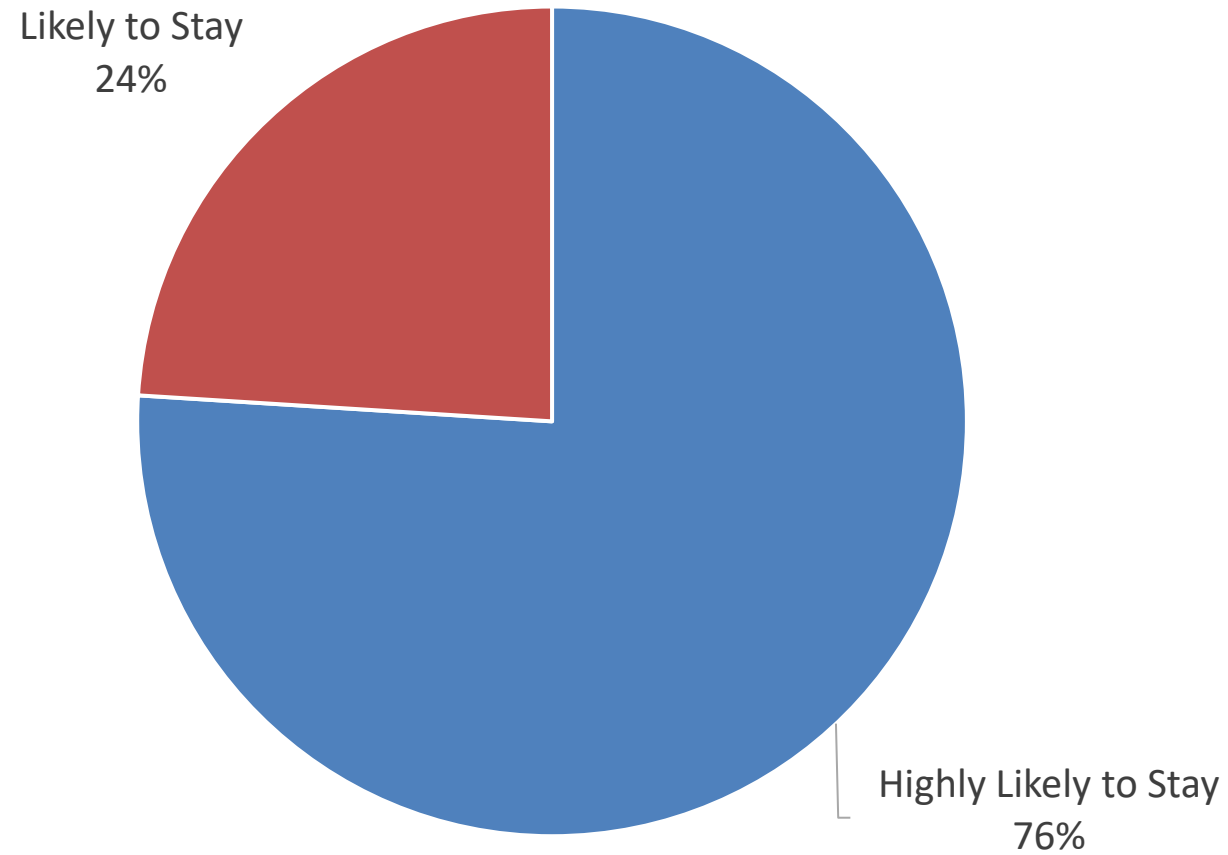


■ Actively Engaged ■ Engaged/Contributor ■ Opportunity Group

Intention to Stay

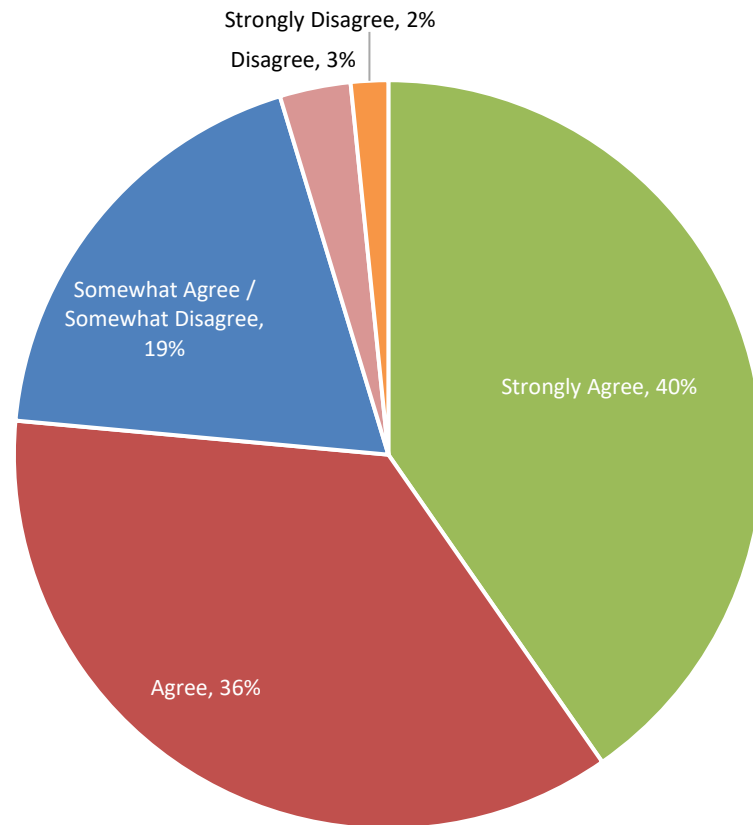


Provider Intention to Stay

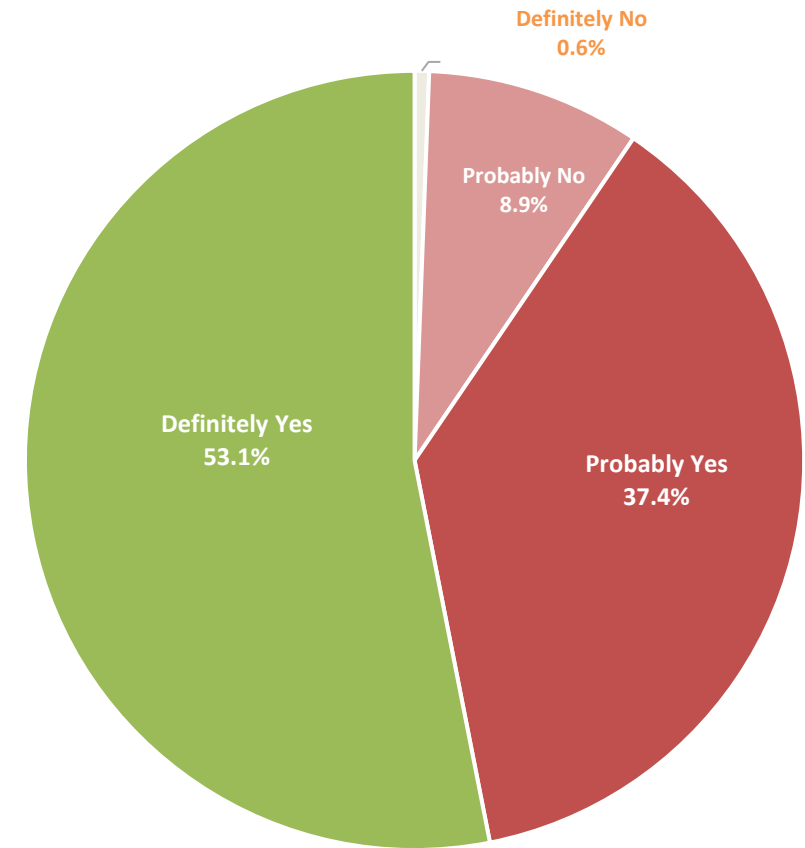


Jefferson Healthcare is a Great Place to Work

I would recommend this organization as a good place to work
(2020)



Would you recommend Jefferson Healthcare to others as a place to work? (2018)



What JH Employees Enjoy Most



A word cloud visualization of employee preferences. The words are arranged in a roughly circular shape, with 'work' and 'patients' being the most prominent. Other significant words include 'community', 'care', 'team', and 'people'. Smaller words like 'friendly', 'valued', and 'environment' are also present.

people feel coworkers well
love patients get team support
workers patient community
able work job best enjoy staff department
sense family organization working care
employees benefits good co quality small
friendly valued environment

Taking Action and Communication

the keys to increasing engagement scores

Unique department level initiatives

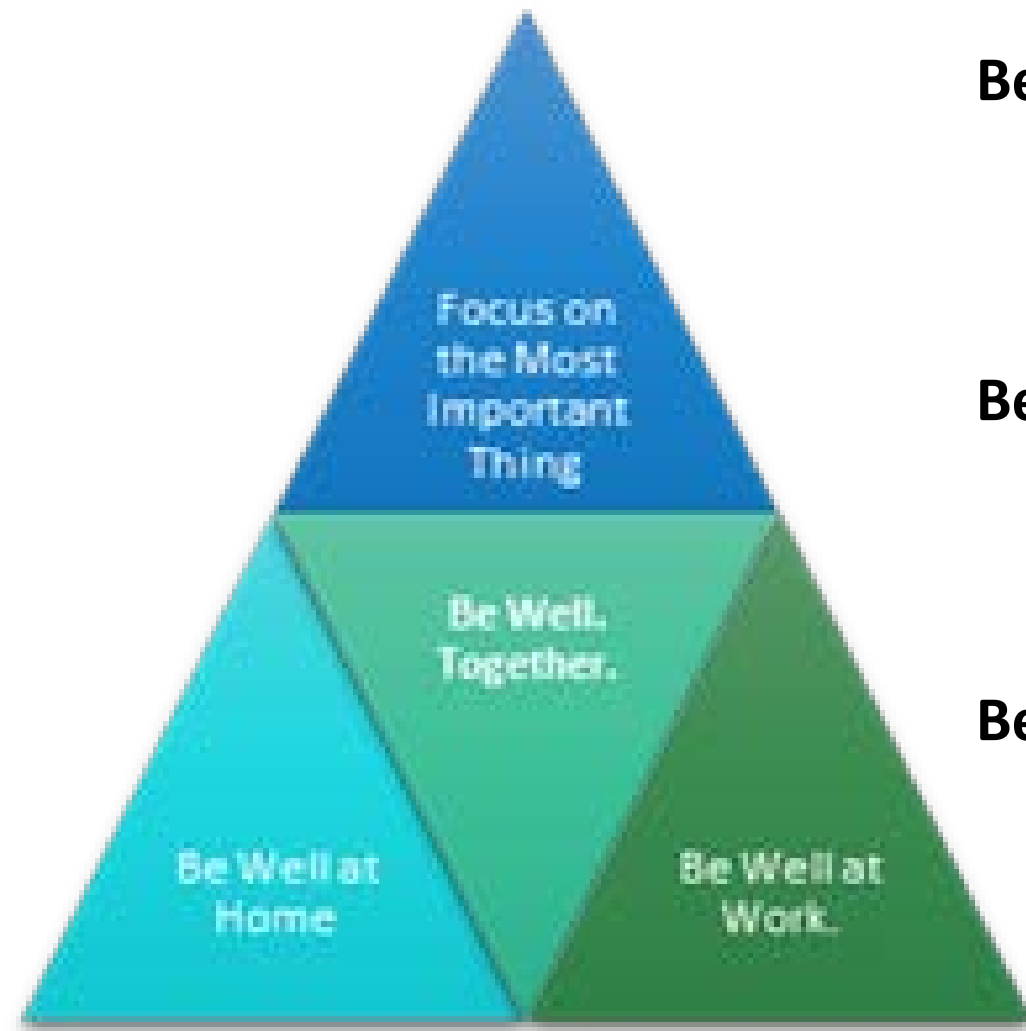
- Developed by leaders & staff together
- Vote on Top 1-2 Priorities
- Develop 90 day Action Plan
- Ask for feedback
- Establish progress updates
- Evaluate the process
- Repeat.

Inclusive initiatives for the Hospital

- Be Well. Together
- Developed by Strategic Initiatives Group
- Communicated by CEO



Be Well. Together



Be well at home:

- Ensure access to childcare via Child Care SharePoint & Funding opportunities and supports
- Be off when you are off

Be well at work:

- Flexible or decreased schedules/hours
- Telecommuting
- Create/actively manage to professional behavior standards

Be focused on what is most important:

- Our first focus is to Keep all JH employees and patients safe
- The Strategic Leadership Group is inventorying our work to identify our top-10 most important initiatives to keep us focused through the end of the year

NEXT STEPS

- In progress:
 - Exit Surveys with People Element
 - Create action plans
- Upcoming:
 - Pulse Surveys with People Element
 - 90 day check in around November 9
 - 2021 Survey

Questions?

Employee of the Quarter

Jess Cigalotti

"Jess took the lead at the Covid clinic, figuring out workflows and supporting clinic providers. She is a great resource for all clinic staff."

Sheridan Clinic
Third Quarter 2020



Jefferson
Healthcare

Team of the Quarter

"It is such an honor and privilege to work with not only the Surgical Associates family but also the Jefferson Healthcare family."



Surgical Associates

Third Quarter 2020

Jefferson
Healthcare

Provider of the Quarter

Dr. Schmidt

"Dr. Schmidt is incredible. She has a very calm demeanor. Patients and her clinical team love this about her as she is never phased."

Sheridan Clinic
Third Quarter 2020



Jefferson
Healthcare

Jefferson Healthcare

August 2020 Finance Report

September 23, 2020

Hilary Whittington, CAO/CFO

Education

CARES funding

Aka: Stimulus, Provider Relief funds, COVID band-aid

- 1. Cost Report Accounting***
- 2. Demonstrating use of funds***



August 2020

Operating Statistics

STATISTIC DESCRIPTION

	AUGUST 2020						AUGUST 2019			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	592	625	5%	598	625	4%	577	-3%	569	-5%
ADJUSTED PATIENT DAYS	1,655	2,498	-34%	14,416	19,665	-27%	1,765	-6%	19,576	-26%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	54	84	-36%	463	662	-30%	61	-11%	599	-29%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	252	347	-27%	1,963	2,732	-28%	283	-11%	2,590	-32%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	306	461	-34%	2,545	3,628	-30%	354	-14%	3,322	-31%
SURGERY CASES (IN OR)	98	118	-17%	808	928	-13%	105	-7%	857	-6%
SPECIAL PROCEDURE CASES	69	73	-5%	428	574	-25%	63	10%	550	-29%
LAB BILLABLE TESTS	20,761	19,809	5%	140,208	155,914	-10%	17,746	17%	148,409	-6%
TOTAL DIAGNOSTIC IMAGING TESTS	2,932	3,103	-6%	20,770	24,429	-15%	2,886	2%	22,835	-10%
PHARMACY MEDS DISPENSED	18,939	22,497	-16%	146,108	177,076	-17%	21,147	-10%	176,293	-21%
RESPIRATORY THERAPY PROCEDURES	2,154	3,963	-46%	19,532	31,190	-37%	3,272	-34%	28,924	-48%
REHAB/PT/OT/ST RVUs	7,701	9,192	-16%	58,315	72,346	-19%	8,447	-9%	70,081	-20%
ER CENSUS	974	1,096	-11%	7,170	8,628	-17%	1,099	-11%	8,536	-19%
DENTAL CLINIC	311	340	-9%	1,931	2,674	-28%	297	5%	529	73%
TOTAL RURAL HEALTH CLINIC VISITS	5,422	6,609	-18%	40,220	52,012	-23%	5,973	-9%	47,254	-17%
TOTAL SPECIALTY CLINIC VISITS	3,073	3,564	-14%	23,186	28,052	-17%	3,007	2%	23,384	-1%

August 2020

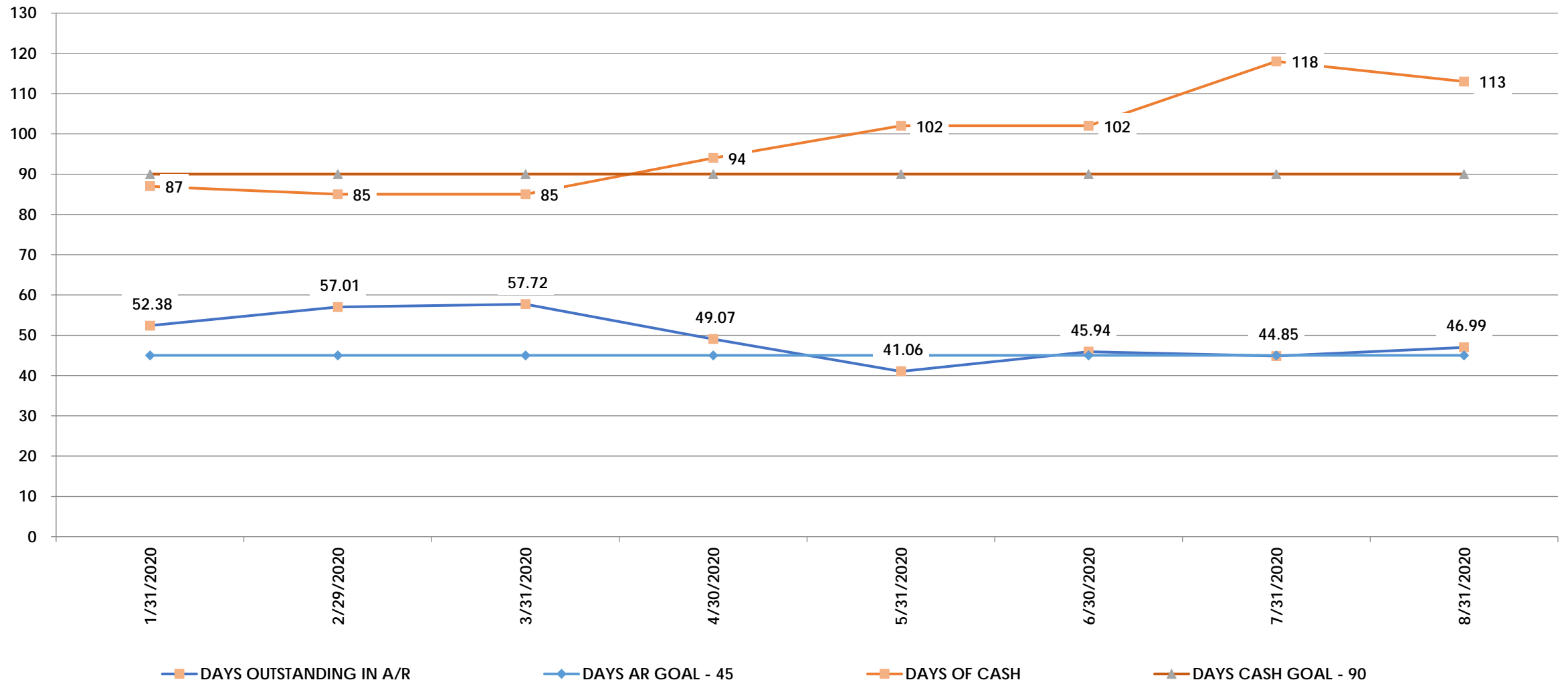
Income Statement Summary

	August 2020 Actual	August 2020 Budget	Variance Favorable/ (Unfavorable)	%	August 2020 YTD	August 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	August 2019 YTD
Operating Revenue									
Gross Patient Service Revenue	21,853,081	24,144,814	(2,291,733)	-9%	162,794,884	190,043,070	(27,248,186)	-14%	171,540,856
Revenue Adjustments	11,600,311	12,908,965	1,308,654	10%	90,655,457	101,606,055	10,950,598	11%	93,004,759
Charity Care Adjustments	222,691	233,516	10,825	5%	1,836,018	1,837,995	1,977	0%	1,916,187
Net Patient Service Revenue	10,030,079	11,002,334	(972,254)	-9%	70,303,410	86,599,020	(16,295,610)	-19%	76,619,910
Other Revenue	262,594	582,137	(319,544)	-55%	11,401,570	4,581,985	6,819,585	149%	5,602,191
Total Operating Revenue	10,292,673	11,584,471	(1,291,798)	-11%	81,704,980	91,181,006	(9,476,026)	-10%	82,222,102
Operating Expenses									
Salaries And Wages	5,304,103	5,555,425	251,323	5%	42,546,191	43,726,578	1,180,387	3%	37,953,055
Employee Benefits	1,162,133	1,431,213	269,081	19%	9,779,721	11,265,034	1,485,313	13%	9,440,076
Other Expenses	4,157,028	4,141,799	(15,229)	0%	30,798,502	32,599,968	1,801,466	6%	30,823,043
Total Operating Expenses	10,623,263	11,128,437	505,174	5%	83,124,414	87,591,580	4,467,166	5%	78,216,174
Operating Income (Loss)	(330,590)	456,034	(786,624)	-172%	(1,419,434)	3,589,426	(5,008,859)	-140%	4,005,928
Total Non Operating Revenues (Expenses)	587	(7,471)	8,058	108%	24,903	(58,805)	83,708	142%	129,164
Change in Net Position (Loss)	(330,003)	448,563	(778,566)	-174%	(1,394,531)	3,530,620	(4,925,151)	-139%	4,135,092
Operating Margin									
	-3.2%	3.9%	-7.1%	-181.6%	-1.7%	3.9%	-5.67%	-144.1%	4.9%
Total margin									
	-3.2%	3.9%	-7.1%	-182.8%	-1.7%	3.9%	-5.58%	-144.1%	5.0%
Salaries & Benefits as a % of net pt svc rev									
	-64.5%	-63.5%	-1.0%	-1.5%	-74.4%	-63.5%	-10.93%	-17.2%	-61.9%

August 2020

Cash and Accounts Receivable

Days Cash and Accounts Receivable



August 2020

Board Financial Report

Dept#	Department	Rev/Exp	Account	Account Description	Aug Actual	Aug Budget	Aug Variance	2020 to Date Actual	2020 to Date Budget	2020 to Date Variance
8612	BOARD	Exp	600010	MANAGEMENT & SUPERVISION WAGES	4,503.00	5,204.00	701.00	33,635.00	40,960.00	7,325.00
			601100	BENEFITS FICA	343.00	323.00	(20.00)	2,571.00	2,540.00	(31.00)
			601150	BENEFITS WA F&MLA	7.00	-	(7.00)	49.00	-	(49.00)
			601400	BENEFITS MEDICAL INS-UNION	4,880.00	4,271.00	(609.00)	39,003.00	33,617.00	(5,386.00)
			601600	BENEFITS RETIREMENT	-	260.00	260.00	-	2,048.00	2,048.00
			601900	BENEFITS EMPLOYEE ASSISTANCE	-	10.00	10.00	-	75.00	75.00
			602300	CONSULT MNGMT FEE	-	2,117.00	2,117.00	-	16,667.00	16,667.00
			602500	AUDIT FEES	-	3,557.00	3,557.00	30,900.00	28,000.00	(2,900.00)
			604200	CATERING	-	125.00	125.00	105.00	985.00	880.00
			604500	OFFICE SUPPLIES	-	25.00	25.00	-	197.00	197.00
			604850	COMPUTER EQUIPMENT	-	83.00	83.00	-	657.00	657.00
			606500	OTHER PURCHASED SERVICES	-	834.00	834.00	(27.00)	6,567.00	6,594.00
			609400	TRAVEL/MEETINGS/TRAINING	-	1,669.00	1,669.00	5,578.00	13,133.00	7,555.00
		Exp Total			9,733.00	18,478.00	8,745.00	111,814.00	145,446.00	33,632.00
	BOARD Total				9,733.00	18,478.00	8,745.00	111,814.00	145,446.00	33,632.00

September 2020

Preview — (*as of 0:00 09/23/20)


- **\$22,596,054 in Projected HB charges**
 - Average: \$723,987/day (HB only)
 - Budget: \$760,420/day
 - 95% of Budget
- **\$8,989,379 in HB cash collections**
 - Average: \$299,610/day (HB only)
 - Goal: \$335,524/day
- **43.1 Days in A/R**
- **Questions**

Jefferson Healthcare

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

September 23, 2020



Agenda

- Patient Safety and Quality Overview
- Quality Highlight: Infection Control & Prevention
- Service: In the Words of our Patients
- Current Projects

	Goals	Strategy	Initiatives	Targets	
Quality and Safety	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	
				1. Meet Tier II Antimicrobial Stewardship Requirements 2. Inpatient Days of Therapy below target 3. Ambulatory avoidance of antibiotics for URI	
				90% or greater compliance with core measures	
		Enhance Culture of Safety	Implement and adhere to evidence based practices	Zero Incidents of Workplace Violence	
			Workplace Violence Prevention (Initiative)	Weekly Rounding Compliance	
		Align care with patient goals	Leader Rounding	Readmission rate < 12%	
			Implement a palliative care program		

DNV Certification in Infection Prevention

Quality Management System,
including policies and
environment of care



Staff, training, job descriptions,
and medical staff



Emergency Management

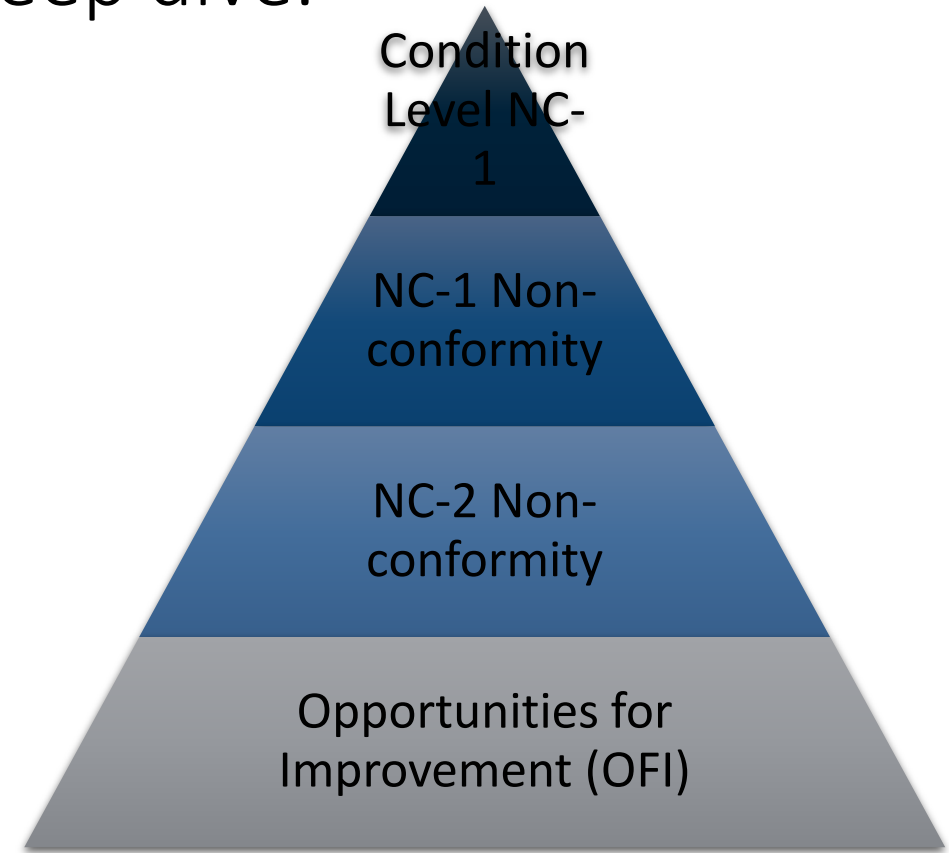


Measurement, Surveillance and
clinical excellence

Infection Prevention Practices: a deep dive.

Non-Conformities and Opportunities for Improvement

- Condition Level NC-1: Zero
- NC-1 Non-conformities: 2
 - Quality Management System
 - Reprocessing of Medical Equipment
- NC-2 Non-conformities: 5
 - Measurement, monitoring and analysis
 - Medical staff
 - Job descriptions and performance evaluations
 - Infection Prevention Risk Assessment
 - Hand hygiene analysis and feedback



Infection Prevention and Control

Risk Assessment and Focus areas for 2020

Goal	Plan	Measurement
Prevent procedural infections due to inadequate endoscope reprocessing	Add ATP testing program to endoscopy sites, implement on time scope reprocessing program and offer feedback.	<ul style="list-style-type: none"> Post procedure infections Number of devices that need to be reprocessed
Prevent Healthcare Acquired infections	Hand hygiene: enhance leader engagement, increase surveillance, feedback, and coaching	<ul style="list-style-type: none"> Number of HAI's Compliance with hand hygiene Survey data
Increase preparedness to respond to infection-related emergency	Enhance practices in emergency management and ensure EM training.	Completion of one active EM drill related to infectious disease (pandemic, community outbreak, exposure to bioterrorism agents)
Assess and improve Infection Prevention Systems	Audit/evaluate IPC processes, and apply for DNV CIP.	Obtain DNV Certification in Infection Prevention

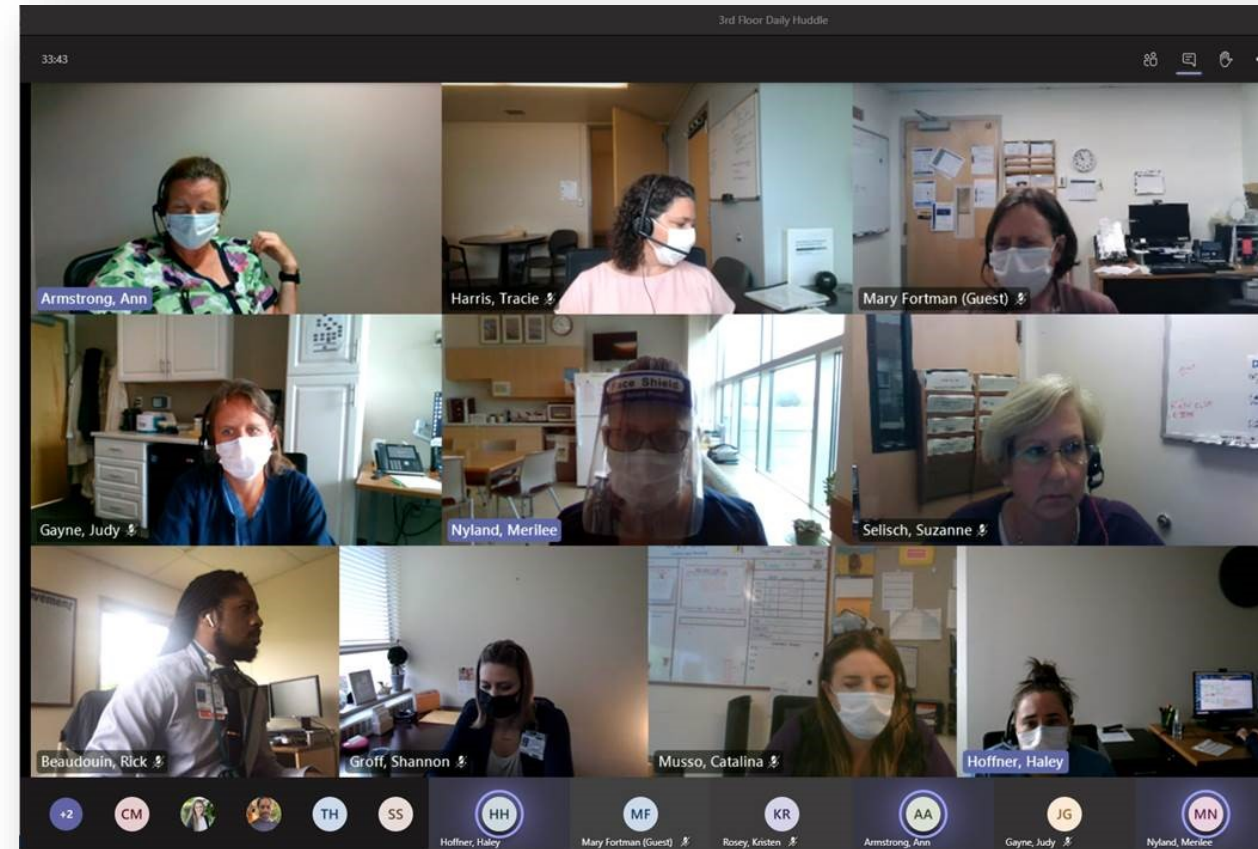
2020 Performance

Indicator	Target	Q1 2020	Q2 2020
Central Line infections	0	0	0
Catheter Associated Infections	0	0	1
Surgical Site Infections	0	1	0
C. Diff Hospital Onset	0	0	1



Patient Perspective: In the Words of Our Patients

- Wonderful, personal, healing
- I was being treated for possible covid-19. All staff followed excellent procedures - I was isolated, they had PPE - the covid test was negative & I was very appropriately treated for pneumonia - well done emergency staff!
- Laura Wulff is an outstanding person and physician. I trust and admire her and respect her advice. She is compassionate and kind also. Thank you.
- Dr. Haycox is an excellent doctor.
- I had a total hip replacement. Dr. Naumann did a superb job. All staff were great. I had a very positive experience.
- Dr. Meyersen is one of the best MD's I have ever seen. JGH is lucky to have him!
- **With Wes' help, I've moved from uncontrolled to controlled diabetes.**



"The care was exemplary on all levels. Standards are important and everyone worked as a team to maintain them."

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

Internal Audit: Workplace Violence Prevention

Health Equity

Medical Staff Leadership ('Greeley')



Quality

Ongoing: Merit-based Incentive Payment System (MIPS) Reporting, Core Measures, Patient Engagement

Cancer Committee Study of Quality: Cervical Cancer Screening compliance

Emergency Management: COVID19 Continued partnership with Public Health

Accreditation Coordination and Management



Medication Safety

AHRQ and Johns Hopkins University – Ambulatory Antimicrobial Stewardship
Bar Code Medication Administration in the Medical Group

Medication Safety Team



Questions?



Jefferson Healthcare

Administrative Report

September 23, 2020

Mike Glenn, CEO

COVID-19 Response Update

Testing

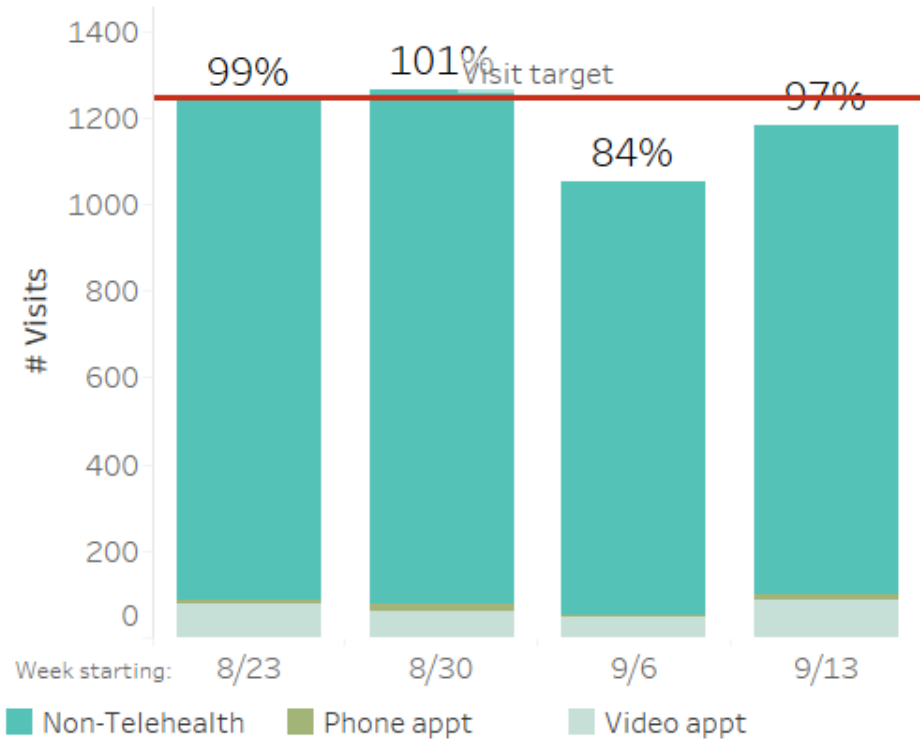
Tests	
Total Tested	6,977
Negatives	6,910
Positives	67
Percentage Positive	.96%
Employee Tests	2 positive 223 negatives

COVID-19 Response Update					
PPE					
Location	Procedure Masks	N 95	Gowns	Eye Protection	PAPR Hood
JH Department Inventory	9,876	896	1,634	866	34
JH General Stores	41,115	16,418	15,950	890	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	85,458	21,974	32,484	1,178	34

Jefferson Healthcare Operations Update

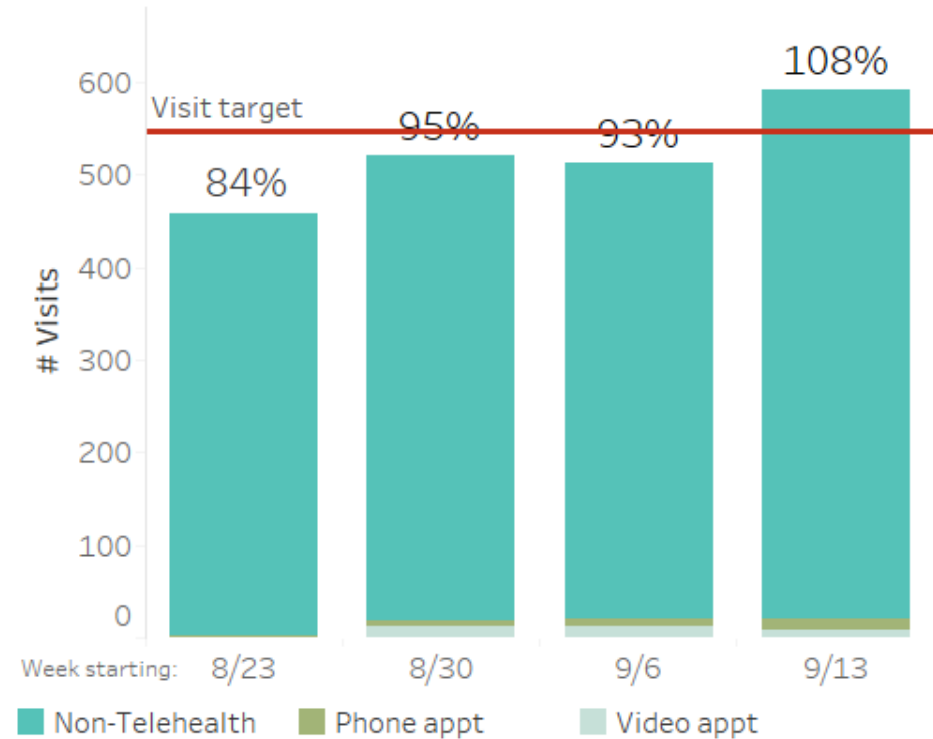
Primary Care variance to target visits

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

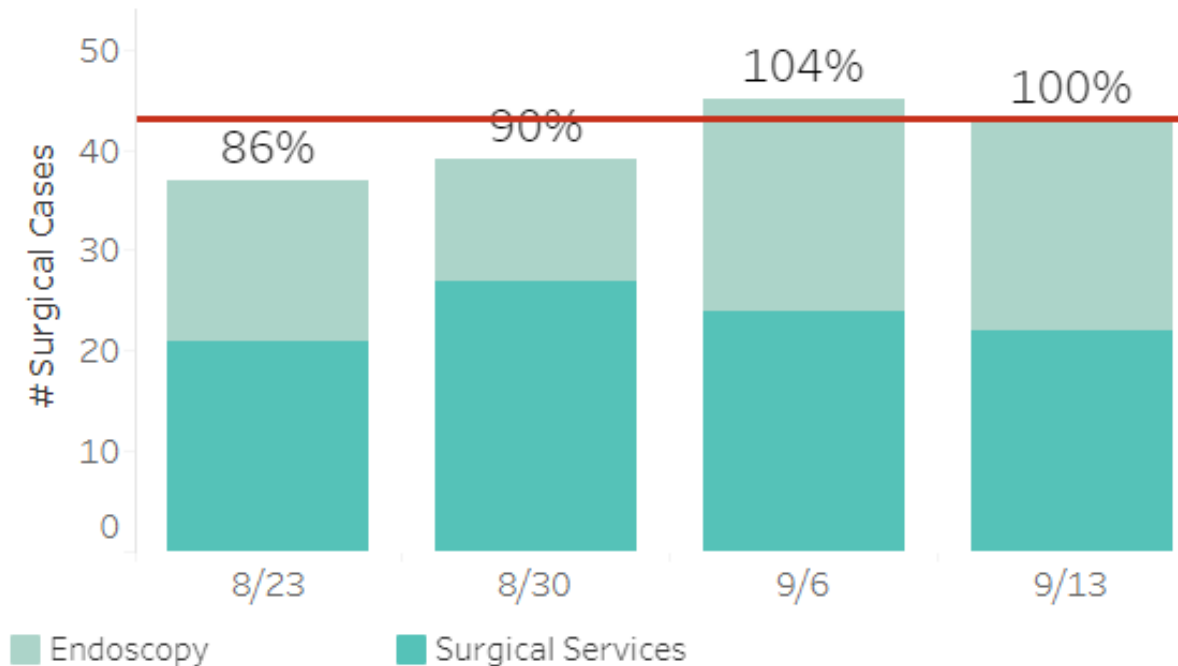
Visit volumes in Medical Group's specialty clinics. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.



Jefferson Healthcare Operations Update

Surgical case variance to target cases

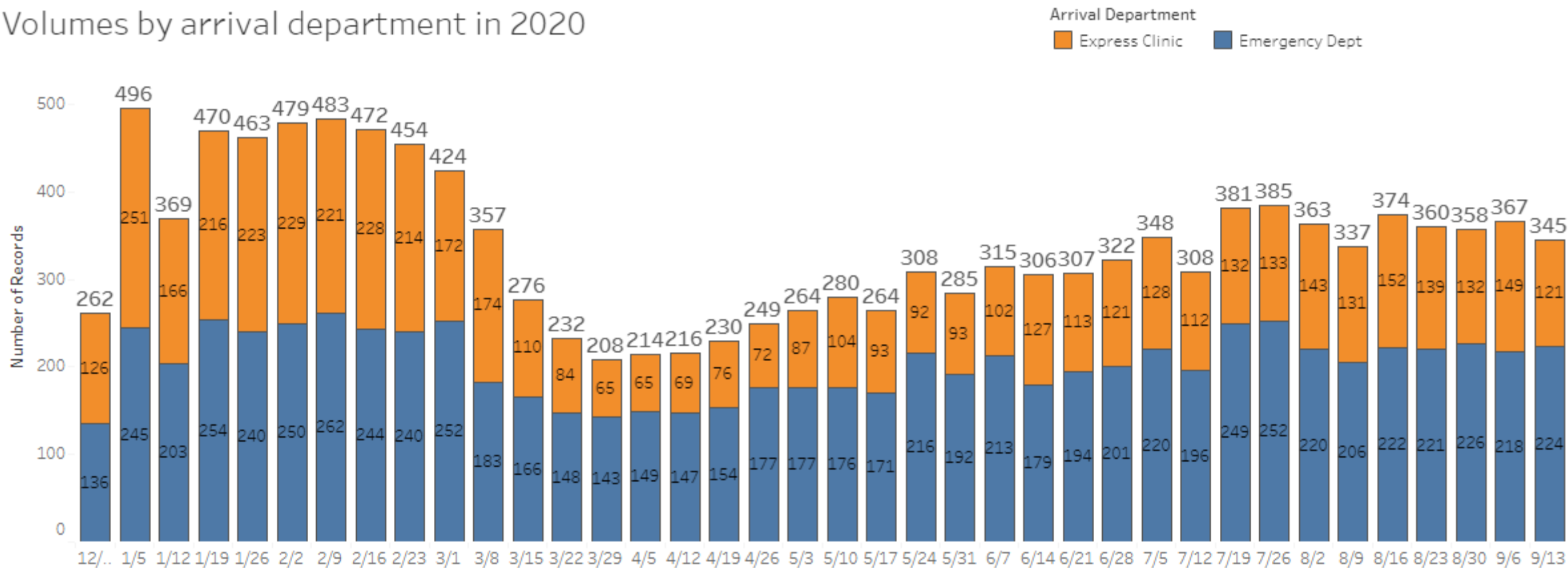
Surgical case volumes in the hospital OR. Red line indicates weekly combined case target based on annual targets for endoscopy and surgical services. The % labels are the variances of actual to target surgical case volume.



Jefferson Healthcare Operations Update

Emergency Dept and Express Clinic Volumes

Volumes by arrival department in 2020



Health Equity Update

- IHI pursuing Equity initiative



Other

- Org chart
 - Rehire Chief Ancillary Services Officer
 - Oversee most of Ancillary Services
- Region MAT Clinic update

PROSPECTUS



Pursuing Equity:

A Learning and Action Network
to Close Equity Gaps in Health Care

October 2020 – March 2022



Institute for
Healthcare
Improvement

Our Approach

The Pursuing Equity Learning and Action Network is designed to foster systemic action by health systems to get measurable results and achieve improvements in equity. The IHI team will mobilize experts in improvement science and health equity to work in close partnership with the participating organizations. Learning activities will be delivered virtually and in person. IHI will:

- Build a network that learns together, in which all participating organizations are committed to testing changes, sharing what does and does not work, tracking progress and sharing data, adapting ideas, joining workgroups to learn from each other on specific topics, and building relationships;
- Engage leading subject matter experts in equity, as well as those who have tested and demonstrated promising results, to deliver case-based discussions on applying systems improvement methods to equity;
- Provide improvement coaching to support ongoing application of tools and methods for improvement;
- Deploy an information infrastructure to support data-driven testing and learning from all participating sites;
- Build community and trust among participating organizations;

Expectations of Participating Teams

The following are requested from organizations interested in joining the Pursuing Equity Learning and Action Network:

- A written letter of support from the CEO committing to supporting advancement of equity across the five components of the IHI framework;
- One senior leader and one alternate senior leader identified to participate in a quarterly leadership call and to provide a written reply of their reflections on the team's quarterly report;
- Identification of a multidisciplinary team to participate in the network and work across the five components of the framework, including at least one community partner and one representative from the health system's quality department;
- Team participation in all network meetings over the 18-month period, including regular virtual calls and team travel to participate in the in-person workshops (workshop travel is covered by the participating organization);
- Identification of high-priority clinical areas where inequities exist, which will be the focus of the organization's equity improvement work (i.e., the network's focus on equity is intended to strengthen critical existing work rather than create a new, siloed equity improvement project);
- Quarterly reports that include data submission on changes tested, learning, process data, and outcomes data to be shared with the network and with your designated senior leader;
- Participation in approximately three calls with program improvement staff to provide your feedback on how IHI can improve your experience and learning in the network;
- Willingness to share learning, challenges, and data transparently and publicly; and
- A required commitment from all participating organizations to advancing their understanding of and action to remediate racial inequities at multiple levels, from structural to individually-mediated.

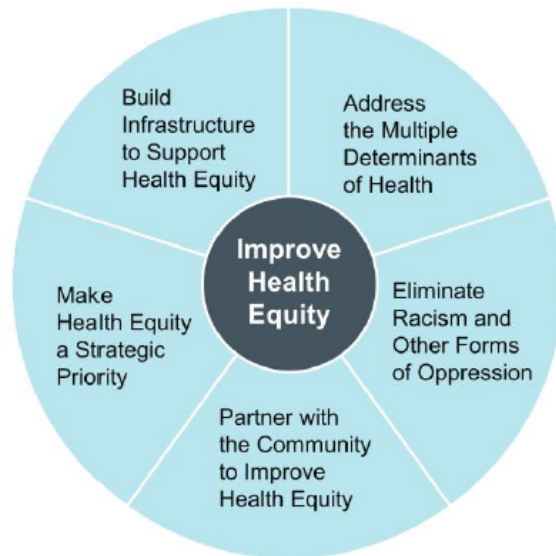
During the two-year initiative, the eight teams made strides to institutionalize a culture of health equity, including making health equity a strategic priority, conversations and actions to address structural racism, gaining buy-in to advance equity, and testing numerous changes to improve equity in both their health systems and their communities. IHI highlighted key lessons and results from the two-year Pursuing Equity initiative in several guidance documents and case studies from each participating team.⁴ Our aim is now to build on those lessons and expand the network with other like-minded health systems that are ready to do the tough and rewarding work personally, in our teams, in our health systems, and in our communities to close equity gaps in health care.

IHI's vision is that everyone has the best care and health possible. Achieving this vision requires a focus on equity. The 18-month Pursuing Equity Learning and Action Network (Oct 2020 - March 2022) will underscore the urgency of eliminating inequities, provide improvement methods and tools for testing and learning our way to solutions, create a network for sharing learning across organizations, and disseminate our results, challenges, and most effective improvements. At the end of the initiative, participating teams will have built knowledge and skills across the five-component framework (e.g., in measurement to advance equity, in making equity a strategic priority), and will be actively working to apply improvement methods to narrow clinical inequities. IHI has a long track record of convening organizations in innovative collaboratives to pursue bold aims to challenging problems such as reducing readmissions and advancing the Triple Aim.⁵

Our Strategy

IHI Framework for Health Care Organizations to Improve Health Equity

Achieving equitable care processes and outcomes requires an approach focused on action and learning. It is essential to address institutional structures, areas where health care systems have direct influence, and areas where the health care system can support equity in the community. Informed by the first two years of Pursuing Equity, our current theory of change for improving equity includes five components, as described below.³ IHI will continue to update and refine this theory based on the continued learning in the Pursuing Equity Learning and Action Network.



- **Make Health Equity a Strategic Priority**

Organizational leaders commit to improving health equity by including equity in the organization's strategy and goals. Equity is viewed as mission critical – that is, the mission, vision, and business cannot thrive without a focus on equity.

- **Build Infrastructure to Support Health Equity**

Operationalizing a health equity strategy requires dedicated resources, including human resources and data resources, as well as an organizational infrastructure.

- **Address the Multiple Determinants of Health**

Health care organizations must develop strategies to address the multiple determinants of health, including health care services, organizational policies, the organization's physical environment, the community's socioeconomic status, and healthy behaviors.

- **Eliminate Racism and Other Forms of Oppression**

Health care organizations must look at their systems, practices, and policies to assess where inequities are produced and where equity can be proactively created.

- **Partner with the Community to Improve Health Equity**

To support communities to reach their full health potential, health care organizations must work in partnership with community members and with community-based organizations that are highly engaged with community members.

Timeline for Pursuing Equity Activities

[illegible]

Questions

