

**\*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: 613756871#**

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Regular Session Agenda  
Wednesday, December 23, 2020

<b><u>Call to Order:</u></b>	2:30
<b><u>Approve Agenda:</u></b>	2:30
<b><u>Education Topic:</u></b>	2:31
<ul style="list-style-type: none"> <li>Home Health &amp; Hospice Annual Update- Tammy Tarsa, Executive Director Home Health and Hospice.</li> </ul>	
<b><u>Break:</u></b>	3:15
<b><u>Team, Employee &amp; Provider of the Quarter</u></b>	3:30
<b><u>Minutes:</u></b>	3:45
<ul style="list-style-type: none"> <li>November 25 Regular Session Minutes (pgs. 3-5)</li> <li>December 10 Special Session Minute (pg. 6)</li> </ul>	
<b><u>Required Approvals:</u></b> Action Requested	3:50
<ul style="list-style-type: none"> <li>November Warrants and Adjustment (pgs. 7-12)</li> <li>Resolution 2020-18 Cancelled Warrants (pg. 13)</li> <li>Resolution 2020-19 Cash Drawers (pgs14-15)</li> <li>Resolution 2020-20 Surplus Equipment (pg. 16)</li> <li>Medical Staff Credentials/ Appointments/ Reappointments (pgs. 17-32)</li> </ul>	
<b><u>Financial Report:</u></b> Jim Heilsberg, Interim CFO	4:00
<b><u>Quality Report:</u></b> Brandie Manuel, Chief Pt Safety and Quality Officer	4:10
<b><u>Administrative Report:</u></b> Mike Glenn, CEO	4:20
<b><u>CMO Report:</u></b> Dr. Joe Mattern, CMO	4:30
<b><u>Board Business:</u></b>	4:40
<ul style="list-style-type: none"> <li>Board of Health Report</li> <li>Resolution 2020-16 Health Equity</li> <li>Board consultation with Attorney</li> </ul>	
<b><u>Meeting Evaluation:</u></b>	5:10
<b><u>Executive Session:</u></b>	5:15
<ul style="list-style-type: none"> <li>Performance review of a public employee</li> </ul>	
<b><u>Conclude:</u></b>	5:30
This Regular Session will be officially recorded.	

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Times shown in agenda are estimates only.

**No Live Public Comment**

In lieu of live comments, members of the public may comment on any agenda item or any other matter related to the District via a letter addressed to the Commissioners at 834 Sheridan Street, Port Townsend, Washington 98368, or via email to [commissioners@jeffersonhealthcare.org](mailto:commissioners@jeffersonhealthcare.org).

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**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Regular Session Minutes**  
**Wednesday, November 25, 2020**

**Call to Order:**

The meeting was called to order at 2:30 pm 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 Brittany Huntingford, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

**Approve Agenda:**

Commissioner Dressler approved the agenda. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Education Topic:**

- Community Health Improvement Project (CHIP)
  - John Nowak, Co-Executive Director CHIP
  - Lori Fleming, Co-Executive Director CHIP

John Nowak and Lori Fleming, Co-Executive Directors of CHIP provided a presentation titled Community Health Improvement Plan 2020 Update.

Discussion ensued

Commissioners recessed for break at 3:20 pm.

Commissioner reconvened from break at 3:30 pm.

**Patient Story:**

Tina Toner, Chief Nursing Officer presented the patient story.

**Minutes:**

- October 28, 2020 Minutes

Commissioner Dressler made a motion to approve the October 28, 2020 minutes.

Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested

- October Warrants and Adjustments
- Resolution 2020-17 Cancelled Warrants
- Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the October Warrants and Adjustments, Resolution 2020-17 Cancelled Warrants and Medical Staff Credentials/ Appointments/ Reappointments Commissioner Kolff seconded.

**Action:** Motion passed unanimously.

**Patient Advocate Report:**

Jackie Levin, Patient Advocate, presented the 3<sup>rd</sup> Quarter 2020 report.

Discussion ensued.

**Financial Report:**

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

Discussion ensued

**Quality Report:**

Brandie Manuel, CPSQO, presented the September Quality Report.

**Administrative Report**

Mike Glenn, CEO, presented the Administrative report.

Discussion ensued

**Board Business:**

- Board of Health Report

Commissioner Kolff gave a report from the Jefferson County Board of health, Full details are available on their website or the recording of this meeting.

- Resolution 2020-16 Health Equity

Discussion ensued.

- CEO Evaluation schedule

**Meeting Evaluation:**

Commissioners evaluated the meeting.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 5:28pm.

Approved by the Commission:

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

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

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**When prompted, enter Conference ID number: 197938556**

**Jefferson County Public Hospital District No.2  
Board of Commissioners, Special Session Minutes  
Thursday, December 10, 2020**

**Call to Order:**

The meeting was called to order at 12:09 pm by Board Chair Buhler Rienstra. Also present were Commissioners Dressler, McComas, Kolff and Ready. Brittany Huntingford, Administrative Assistant was also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

**Executive Session:**

The purpose of this special session was to discuss the performance of a public employee.

No action will be taken.

Commissioners went into Executive Session for one (1) hour, fifty (50) minutes at 12:10 pm. Commissioners came out of Executive Session at 2:00 pm.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 2:01 pm.

Approved by the Commission:

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

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

**Gross Revenue**  
Inpatient Revenue  
Outpatient Revenue

**Total Gross Revenue**

**Revenue Adjustments**

Cost Adjustment Medicaid

Cost Adjustment Medicare

Charity Care

Contractual Allowances Other

Administrative Adjustments

Allowance for Uncollectible Accounts

**Total Revenue Adjustments**

**Net Patient Service Revenue**

**Other Revenue**

340B Revenue

Other Operating Revenue

**Total Operating Revenues**

**Operating Expenses**

Salaries And Wages

Employee Benefits

Professional Fees

Purchased Services

Supplies

Insurance

Leases And Rentals

Depreciation And Amortization

Repairs And Maintenance

Utilities

Licenses And Taxes

Other

**Total Operating Expenses**  
**Operating Income (Loss)**

**Non Operating Revenues (Expenses)**

Taxation For Maint Operations

Taxation For Debt Service

Investment Income

Interest Expense

Bond Issuance Costs

Gain or (Loss) on Disposed Asset

Contributions

**Total Non Operating Revenues (Ex**

**Change in Net Position (Loss)**

	November 2020 Actual	November 2020 Budget	Variance Favorable/ (Unfavorable)	%	November 2020 YTD	November 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	November 2019 YTD
<b>Gross Revenue</b>									
Inpatient Revenue	2,486,906	4,192,780	(1,705,874)	-41%	34,253,936	46,539,859	(12,285,923)	-26%	41,894,976
Outpatient Revenue	19,059,588	19,173,184	(113,596)	-1%	197,478,660	212,822,344	(15,343,684)	-7%	197,008,481
<b>Total Gross Revenue</b>	<b>21,546,494</b>	<b>23,365,964</b>	<b>(1,819,470)</b>	<b>-8%</b>	<b>231,732,596</b>	<b>259,362,203</b>	<b>(27,629,607)</b>	<b>-11%</b>	<b>238,903,457</b>
<b>Revenue Adjustments</b>									
Cost Adjustment Medicaid	1,808,599	2,149,978	341,379	16%	19,390,453	23,864,753	4,474,300	19%	20,727,521
Cost Adjustment Medicare	7,165,262	7,986,239	820,977	10%	81,410,778	88,647,256	7,236,478	8%	84,299,122
Charity Care	533,379	225,983	(307,396)	-136%	3,258,543	2,508,412	(750,131)	-30%	2,784,103
Contractual Allowances Other	2,750,168	1,822,756	(927,412)	-51%	22,921,246	20,232,594	(2,688,652)	-13%	19,428,055
Administrative Adjustments	8,434	106,690	98,256	92%	114,795	1,184,254	1,069,459	90%	975,717
Allowance for Uncollectible Accounts	(130,221)	426,892	557,113	131%	625,256	4,738,499	4,113,243	87%	3,394,842
<b>Total Revenue Adjustments</b>	<b>12,135,621</b>	<b>12,718,538</b>	<b>582,917</b>	<b>5%</b>	<b>127,721,071</b>	<b>141,175,768</b>	<b>13,454,697</b>	<b>10%</b>	<b>131,609,360</b>
<b>Net Patient Service Revenue</b>	<b>9,410,873</b>	<b>10,647,426</b>	<b>(1,236,553)</b>	<b>-12%</b>	<b>104,011,525</b>	<b>118,186,435</b>	<b>(14,174,910)</b>	<b>-12%</b>	<b>107,294,097</b>
<b>Other Revenue</b>									
340B Revenue	231,325	268,410	(37,085)	-14%	2,773,780	2,979,349	(205,569)	-7%	3,664,253
Other Operating Revenue	255,240	294,949	(39,709)	-13%	10,157,298	3,273,938	6,883,360	210%	3,236,516
<b>Total Operating Revenues</b>	<b>9,897,438</b>	<b>11,210,785</b>	<b>(1,313,347)</b>	<b>-12%</b>	<b>116,942,603</b>	<b>124,439,722</b>	<b>(7,497,119)</b>	<b>-6%</b>	<b>114,194,866</b>
<b>Operating Expenses</b>									
Salaries And Wages	5,972,178	5,376,222	(595,956)	-11%	59,259,794	59,676,061	416,267	1%	52,346,236
Employee Benefits	1,079,163	1,385,046	305,883	22%	13,688,630	15,374,012	1,685,382	11%	12,910,237
Professional Fees	89,014	187,980	98,966	53%	2,122,756	2,086,582	(36,174)	-2%	4,949,227
Purchased Services	904,253	692,554	(211,699)	-31%	8,004,060	7,687,346	(316,714)	-4%	6,840,273
Supplies	2,817,675	2,042,817	(774,858)	-38%	23,485,112	22,675,273	(809,839)	-4%	21,368,027
Insurance	27,172	56,676	29,504	52%	825,080	629,106	(195,974)	-31%	624,226
Leases And Rentals	13,474	14,962	1,488	10%	135,715	166,076	30,361	18%	1,427,117
Depreciation And Amortization	494,889	531,791	36,902	7%	5,648,618	5,902,875	254,257	4%	4,318,640
Repairs And Maintenance	39,604	104,205	64,601	62%	779,493	1,156,678	377,185	33%	662,306
Utilities	87,707	102,401	14,693	14%	1,083,536	1,136,646	53,110	5%	1,067,265
Licenses And Taxes	102,947	54,727	(48,219)	-88%	679,998	607,475	(72,523)	-12%	659,985
Other	123,693	220,082	96,390	44%	1,691,575	2,442,914	751,339	31%	2,089,240
<b>Total Operating Expenses</b>	<b>11,751,769</b>	<b>10,769,464</b>	<b>(982,305)</b>	<b>-9%</b>	<b>117,404,367</b>	<b>119,541,044</b>	<b>2,136,677</b>	<b>2%</b>	<b>109,262,779</b>
<b>Operating Income (Loss)</b>	<b>(1,854,331)</b>	<b>441,321</b>	<b>(2,295,652)</b>	<b>-520%</b>	<b>(461,764)</b>	<b>4,898,678</b>	<b>(5,360,442)</b>	<b>-109%</b>	<b>4,932,087</b>
<b>Non Operating Revenues (Expenses)</b>									
Taxation For Maint Operations	79,619	22,016	57,602	262%	279,567	244,382	35,185	14%	229,075
Taxation For Debt Service	68,188	18,230	49,958	274%	239,992	202,348	37,644	19%	214,003
Investment Income	11,502	27,197	(15,695)	-58%	188,084	301,884	(113,800)	-38%	497,505
Interest Expense	(80,168)	(91,066)	10,899	12%	(988,193)	(1,010,835)	22,642	2%	(897,216)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	(61,507)
Contributions	106,742	16,393	90,349	551%	354,874	181,967.00	172,907	95%	205,733
<b>Total Non Operating Revenues (Ex</b>	<b>185,883</b>	<b>(7,231)</b>	<b>193,114</b>	<b>2671%</b>	<b>74,324</b>	<b>(80,254)</b>	<b>154,578</b>	<b>193%</b>	<b>187,593</b>
<b>Change in Net Position (Loss)</b>	<b>(1,668,448)</b>	<b>434,091</b>	<b>(2,102,538)</b>	<b>-484%</b>	<b>(387,440)</b>	<b>4,818,424</b>	<b>(5,205,864)</b>	<b>-108%</b>	<b>5,119,680</b>

STATISTIC DESCRIPTION

	NOVEMBER 2020						NOVEMBER 2019			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	628.06	625.21	0%	604.65	625.21	3%	587.11	-7%	572.66	-6%
FTEs - PRODUCTIVE (AVG)	561.02	559.80	0%	539.73	559.80	4%	545.73	-3%	513.61	-5%
ADJUSTED PATIENT DAYS	2,656	2,418	10%	21,575	26,998	-20%	1,735	53%	23,297	-7%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	53	81	-35%	624	910	-31%	60	-12%	790	-27%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	261	336	-22%	2,781	3,751	-26%	300	-13%	3,488	-25%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	-	29	-100%	152	321	-53%	24	-100%	162	-7%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	314	446	-30%	3,557	4,982	-29%	384	-18%	4,440	-25%
BIRTHS	7	10	-30%	85	110	-23%	7	0%	100	-18%
SURGERY CASES (IN OR)	98	114	-14%	1,129	1,274	-11%	120	-18%	1,208	-7%
SURGERY MINUTES (IN OR)	13,263	15,164	-13%	146,369	169,326	-14%	16,699	-21%	158,815	-9%
SPECIAL PROCEDURE CASES	75	71	6%	645	788	-18%	82	-9%	774	-20%
LAB BILLABLE TESTS	19,074	19,170	-1%	203,685	214,062	-5%	17,797	7%	204,166	0%
BLOOD BANK UNITS MATCHED	-	45	-100%	309	497	-38%	46	-100%	501	-62%
MRIs COMPLETED	186	190	-2%	1,933	2,123	-9%	192	-3%	2,057	-6%
CT SCANS COMPLETED	454	499	-9%	5,074	5,574	-9%	466	-3%	5,288	-4%
RADIOLOGY DIAGNOSTIC TESTS	1,276	1,510	-15%	14,985	16,861	-11%	1,487	-14%	16,271	-9%
ECHOs COMPLETED	161	135	19%	1,464	1,502	-3%	82	96%	1,349	8%
ULTRASOUNDS COMPLETED	289	326	-11%	3,185	3,638	-12%	352	-18%	3,556	-12%
MAMMOGRAPHYS COMPLETED	238	303	-21%	2,210	3,388	-35%	234	2%	2,585	-17%
NUCLEAR MEDICINE TESTS	33	41	-20%	382	454	-16%	28	18%	397	-4%
TOTAL DIAGNOSTIC IMAGING TESTS	2,637	3,004	-12%	29,233	33,540	-13%	2,841	-7%	31,503	-8%
PHARMACY MEDS DISPENSED	16,485	21,772	-24%	201,889	243,117	-17%	16,735	-1%	237,727	-18%
ANTI COAG VISITS	389	377	3%	4,149	4,215	-2%	361	8%	4,242	-2%
RESPIRATORY THERAPY PROCEDURES	2,134	3,835	-44%	26,288	42,822	-39%	3,339	-36%	39,356	-50%
PULMONARY REHAB RVUs	86	212	-59%	1,358	2,373	-43%	198	-57%	2,516	-85%
PHYSICAL THERAPY RVUs	5,808	7,406	-22%	68,896	82,702	-17%	6,493	-11%	79,100	-15%
OCCUPATIONAL THERAPY RVUs	1,095	1,072	2%	12,011	11,967	0%	772	42%	10,278	14%
SPEECH THERAPY RVUs	174	205	-15%	2,419	2,286	6%	182	-4%	2,243	7%
REHAB/PT/OT/ST RVUs	7,163	8,895	-19%	84,684	99,328	-15%	7,645	-6%	94,137	-11%
ER CENSUS	787	1,061	-26%	9,853	11,845	-17%	1,039	-24%	11,585	-18%
EXPRESS CLINIC	493	942	-48%	6,363	10,523	-40%	794	-38%	8,788	-38%
SOCO PATIENT VISITS	158	150	5%	1,567	1,677	-7%	169	-7%	1,747	-11%
PORT LUDLOW PATIENT VISITS	533	712	-25%	5,960	7,951	-25%	583	-9%	7,204	-21%
SHERIDAN PATIENT VISITS	2,384	2,626	-9%	24,195	29,328	-18%	2,267	5%	27,940	-15%
DENTAL CLINIC	296	329	-10%	2,968	3,671	-19%	198	49%	1,288	57%
WATERSHIP CLINIC PATIENT VISITS	840	1,064	-21%	10,259	11,878	-14%	923	-9%	11,615	-13%
TOWNSEND PATIENT VISITS	533	572	-7%	5,865	6,382	-8%	585	-9%	6,285	-7%
TOTAL RURAL HEALTH CLINIC VISITS	5,237	6,395	-18%	57,177	71,410	-20%	5,519	-5%	64,867	-13%
OFF-SITE LAB	1,446	-	0%	8,038	-	0%	-	0%	-	100%
DISASTER CLINIC	103	-	0%	1,468	-	0%	-	0%	-	100%
TOTAL COVID RESPONSE	1,549	-	0%	9,506	-	0%	-	0%	-	100%
CARDIOLOGY CLINIC VISITS	475	353	35%	3,985	3,947	1%	224	112%	2,900	27%
DERMATOLOGY CLINIC VISITS	679	497	37%	6,626	5,553	19%	559	21%	5,809	12%
GEN SURG PATIENT VISITS	256	300	-15%	2,668	3,355	-20%	336	-24%	3,724	-40%
ONCOLOGY VISITS	533	529	1%	5,781	5,911	-2%	434	23%	4,766	18%
ORTHO PATIENT VISITS	633	715	-11%	7,044	7,985	-12%	653	-3%	6,723	5%
SLEEP CLINIC VISITS	158	236	-33%	1,709	2,636	-35%	170	-7%	1,395	18%
UROLOGY VISITS	189	247	-23%	1,790	2,755	-35%	205	-8%	2,479	-38%
WOMENS CLINIC VISITS	261	226	15%	1,669	2,524	-34%	179	46%	2,067	-24%
WOUND CLINIC VISITS	178	345	-48%	2,426	3,850	-37%	263	-32%	3,000	-24%
TOTAL SPECIALTY CLINIC VISITS	3,362	3,448	-2%	33,698	38,516	-13%	3,023	11%	32,863	2%
SLEEP CENTER SLEEP STUDIES	33	69	-52%	526	771	-32%	59	-44%	681	-29%
INFUSION CENTER VISITS	681	828	-18%	7,731	9,242	-16%	741	-8%	8,299	-7%
SURGERY CENTER ENDOSCOPIES	76	76	0%	697	854	-18%	67	13%	822	-18%
HOME HEALTH EPISODES	45	82	-45%	566	915	-38%	37	22%	787	-39%
HOSPICE CENSUS/DAYS	1,155	984	17%	12,020	10,993	9%	1,138	1%	10,839	10%
CARDIAC REHAB SESSIONS	56	164	-66%	768	1,836	-58%	135	-59%	488	36%
DIETARY TOTAL REVENUE	55,249	93,634	-41%	670,743	1,045,576	-36%	78,918	-30%	868,799	-30%
MAT MGMT TOTAL ORDERS PROCESSED	1,923	2,300	-16%	21,378	25,680	-17%	1,950	-1%	23,142	-8%
EXERCISE FOR HEALTH PARTICIPANTS	-	771	-100%	1,240	8,606	-86%	553	-100%	7,964	-542%

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: JIM HEILSBERG, INTERIM CFO  
RE: NOVEMBER 2020 WARRANT SUMMARY

The following items need to be approved at the next commission meeting:

General Fund Warrants & ACH Transfers	<b>\$15,715,238.88</b>	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	<b>\$592.00</b>	(Attached)
Canceled Warrants	<b>\$2,656.50</b>	(Attached)

**JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS  
FROM: JIM HEILSBERG, INTERIM CFO  
RE: NOVEMBER 2020 GENERAL FUND WARRANTS & ACH  
FUND TRANSFERS**

**Submitted for your approval are the following warrants:**

**GENERAL FUND:**

<b>268616</b>	<b>269420</b>	<b>\$4,543,351.21</b>
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<b>ACH TRANSFERS</b>	<b>\$11,171,887.67</b>
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<b>\$15,715,238.88</b>
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<b>YEAR-TO-DATE:</b>	<b>\$189,839,928.38</b>
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Warrants are available for review if requested.

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: JIM HEILSBERG, INTERIM CFO  
RE: NOVEMBER 2020 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	NOV	NOV YTD	NOV YTD BUDGET
Allowance for Uncollectible Accounts:	(541,221.00)	214,256.89	4,738,499.00
Charity Care:	533,379.00	3,258,543.95	2,508,412.00
Other Administrative Adjustments:	8,434.00	114,794.82	1,184,254.00
TOTAL FOR MONTH:	\$592.00	\$3,587,595.66	\$8,431,165.00

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: JIM HEILSBERG, INTERIM CFO  
RE: NOVEMBER 2020 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT	AMOUNT
10/8/2020	268880	\$ 2,536.10
9/19/2019	258733	\$ 120.40

TOTAL:	<u>\$ 2,656.50</u>
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2020-18

A RESOLUTION CANCELING CERTAIN WARRANTS IN  
THE AMOUNT OF \$2,656.50

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$2,656.50 be canceled.

<b>Date of Issue</b>	<b>Warrant #</b>	<b>Amount</b>
10.8.2020	268880	2,536.10
09.19.2019	258733	120.40
<b>Total</b>		<b>\$2,656.50</b>

APPROVED this 23<sup>rd</sup> day of December 2020.

APPROVED BY THE COMMISSION:

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

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

Attest:

Commissioner Matt Ready: \_\_\_\_\_

Commissioner Kees Kolff: \_\_\_\_\_

Commissioner Bruce McComas: \_\_\_\_\_

## RESOLUTION 2020-19

### Jefferson County Public Hospital District No. 2

A Resolution of Jefferson County Public Hospital District No. 2, establishing cash drawer accounts and Petty Cash Funds.

WHEREAS, The Board of Commissioners finds that it is efficient and cost effective to maintain a cash drawer system to receive payments from patients, and to allow small purchases and reimbursements to be made through a petty cash system; and

WHEREAS, the state Budgetary, Accounting, and Reporting (BARS) Manual makes provisions for and outlines procedures for such systems;

NOW, THEREFORE, the Board of Commissioners of the Jefferson County Public Hospital District No.2 do ordain as follows:

Section 1: The following Petty Cash Funds and Cash Drawers are hereby established:

#### **CASH DRAWERS:**

CD 1	\$100
CD 2	\$310
CD 3	\$100
CD 4	\$100
CD 5	\$100
CD 6	\$100
CD 7	\$100
CD 8	\$100
CD 9	\$100
CD 10	\$350
CD 11	\$100
CD 12	\$100
CD 13	\$100
CD 14	\$100
CD 15	\$100
CD 16	\$300
CD 17	\$100

#### **PETTY CASH FUNDS:**

PC 1	\$100
PC 2	\$500

\*\*A key code of cash drawer and petty cash fund locations is filed in the Accounting records.

Section 2: The Controller, under the direction of the Chief Financial Officer, shall amend as needed, the policies and procedures for monitoring the disbursement, accounting, and replenishment of funds.

ADOPTED and APPROVED by the Board of Commissioners of Jefferson County Public Hospital Dist No. 2 at an open public meeting thereof this 23<sup>rd</sup> day of December 2020, the following Commissioners being present and voting in favor of the resolution.

Commission President – Jill Reinstra: \_\_\_\_\_

Commission Secretary – Marie Dressler: \_\_\_\_\_

Attest:

Commissioner – Bruce McComas: \_\_\_\_\_

Commissioner – Kees Kolff: \_\_\_\_\_

Commissioner – Matt Ready: \_\_\_\_\_

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2020-20

A RESOLUTION TO DECLARE CERTAIN EQUIPMENT SURPLUS TO THE NEEDS OF  
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND TO AUTHORIZE THE  
DISPOSAL OF SAID EQUIPMENT

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the District, and;

WHEREAS said equipment now represents an unnecessary cost to the District to retain and store it,

NOW, THEREFORE, BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with state law:

Description	Asset #	Serial #	Model #
Sonicator 720	895-868	83UF1737	Ultrasound, Sonicator 720

APPROVED this 23rd day of December 2020.

APPROVED BY THE COMMISSION:

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

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

Attest:

Commissioner Bruce McComas: \_\_\_\_\_

Commissioner Kees Kolff: \_\_\_\_\_

Commissioner Matt Ready: \_\_\_\_\_

**FROM: Medical Staff Services**  
**RE: 12/15/2020 Medical Executive Committee appointments/reappointments for Board approval 12/23/2020**

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

*It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.*

**Recommended provisional appointment to the active/courtesy/allied health/locum tenens staff:**

1. Tadesse Eshetu, MD – Teleradiology
2. Ravi Pande, MD – Teleneurology
3. Rizwan Kalani, MD – Teleneurology
4. James Jordan, MD – Teleneurology
5. Mary Fahrmeier, MD – Tele-psychiatry
6. Reyne Yamane, ARNP – HHH

**Recommended re-appointment to the active medical staff with privileges as requested:**

1. Brian Barger, ARNP – Family Medicine
2. Umberto Orazi, MD – Internal Medicine
3. Reina Parker, MD – Emergency
4. Robert Rookstool, MD – Emergency – Temporary Privileges for 1 month
5. Laura Wulff, MD – Family Medicine

**Recommended re-appointment to the courtesy medical staff with privileges as requested:**

1. Minal Bhanushali, MD - Teleneurology
2. Madison McCulloch, MD – Teleradiology
3. Neha Mirchandani, MD – Teleneurology
4. Roderick Saxey, MD – Teleradiology
5. Kirk Myers, MD – Teleradiology

**Recommended re-appointment to the allied health staff with privileges as requested:**

1. Brian Barger, ARNP – Family Medicine

**Medical Student Rotation:**

1. Tessa Moore – end of September - December
2. Josefine Wallace – September – December

**Disaster Privileging:**

All Express Clinic Providers to have Disaster Privileges to work in the Emergency Department

**90-day provisional performance review completed successfully:**

N/A

**Resignations:**

1. Alex Kallas, MD – Emergency
2. Frank Martinez, MD – Emergency
3. Syed Abbas, MD- Teleneurology

**FROM: Medical Staff Services**  
**RE: 12/15/2020 Medical Executive Committee appointments/reappointments for Board approval 12/23/2020**

C-0241

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## **Summary of Changes for Policy and Privilege Review**

### **Policy Review**

1. OB Patient Management in ACU
  - a. Unchanged
2. Physician Supervision of Physician Assistants
  - a. Two policies, Physician Supervision of Physician Assistants and the Supervision of Non-Physician Providers in Jefferson Healthcare Clinics, were combined and **draft is in your separate packet.**
3. Reappointment and renewal of clinical privileges
  - a. Unchanged
4. Practitioner Re-Entry
  - a. Unchanged
5. Medical Staff Bylaws
  - a. Unchanged
6. Medical Staff Orientation
  - a. Unchanged
7. Medical Staff Peer Review
  - a. Removed that the Committee would send an email to all Medical Staff asking if they would like to participate. Intent is to be more thoughtful when inviting new members to participate as onboarding is a long process.
8. New or Additional Privileges Policy
  - a. Combined this policy with "Additional Privilege Request Approval" and "Medical Staff Request for New Procedure"
  - b. Created new form for request and added as an attachment. **Draft is in your separate packet.**
9. Temporary Medical Staff Privileges
10. Initial Appointment Processing
  - a. Added that participating in MOC qualifies for CME standard. **Draft is in your separate packet.**
11. Provisional Evaluation Process – Focused Professional Performance Review
12. Residents and Medical Students and Scope of Practice for Medical Students
  - a. Combined and edited. Intent and general policy is unchanged. **Draft is in your separate packet.**

**FROM: Medical Staff Services**  
**RE: 12/15/2020 Medical Executive Committee appointments/reappointments for Board approval 12/23/2020**

C-0241

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### **Privileges Review**

1. Sleep Medicine
  - a. CME requirement removed from reappointment per previous decisions made by Credentials/MEC/Board to rely on state licensing requirements for CME.
2. CRNA Privileges
  - a. CME requirement removed from reappointment per previous decisions made by Credentials/MEC/Board to rely on state licensing requirements for CME.
3. Diagnostic (on-site) Privileges
  - a. CME requirement removed from reappointment per previous decisions made by Credentials/MEC/Board to rely on state licensing requirements for CME.
4. General Surgery
  - a. CME requirement removed from reappointment per previous decisions made by Credentials/MEC/Board to rely on state licensing requirements for CME.
5. Cardiology Privileges
  - a. Removed Procedural Sedation from policy body and set as attachment to policy.
6. Outpatient – Family Medicine – Internal Medicine – Pediatrics Privileges

## POLICY:

A physician assistant (PA) may practice medicine at Jefferson Healthcare with active medical staff privileges and completion of the delegation agreement by the Washington State Medical Commission (MQAC) to the extent permitted by the Commission. The sponsoring physician, as an agent of Jefferson Healthcare, will exercise supervision over the PA, and shall retain the professional and legal responsibility for health care tasks rendered by the PA when so required by state law. The sponsoring physician and PA are mutually obligated by the rules and regulations set forth by state and federal laws.

## PURPOSE:

To define the process for supervision of physician assistants.

## SCOPE:

The policy applies to all PAs appointed to the active medical staff at Jefferson Healthcare. This includes the inpatient setting, emergency department, specialty clinics, and rural health clinics.

## DEFINITIONS:

**Physician Assistants** means a person who is licensed by the commission to practice medicine to a limited extent only under the supervision of a physician as defined in chapter 18.71 RCW and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services.

**Medical Quality Assurance Commission (MQAC)** division of the Washington State Department of Health, responsible for the protection of the public by assuring quality health care is provided by physicians and physician assistants.

**Remote Site:** a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than 25% of the practice time of the licensee.

## RESPONSIBILITY:

It is the responsibility of the PA to provide the required information to the Credentials Committee and comply with all medical staff policies and procedures. The Physician Assistant and the Sponsoring Physician are responsible for ensuring that documentation of appropriate consultation and review of work are maintained.

The Medical Executive Committee provides oversight of the quality of medical staff services and makes recommendations regarding credentialing and privileging to the Board of Commissioners.

All credentials and privileges of AHPs are reviewed and approved by the Board of Commissioners per the [Medical Staff Reappointments and Renewal of Clinical Privileges Policy](#) and the [Medical Staff Initial Appointment Policy](#).

## PROCEDURE:

### Application and Approval of PA Privileges

- A. The PA shall apply for appointment and privileges through the Jefferson Healthcare Medical Staff office.
  1. The application shall include information regarding education, training, experience, and competency
- B. The appointment, reappointment, delineation of privileges and approval process shall be

- completed in accordance with Medical Staff Policies as documented above
- C. PAs must be approved by the Governing Board upon recommendation of the Credentials Committee and the Medical Executive Committee

### **Sponsor and Supervision Requirements**

- A. Limitations: A physician may enter into delegation agreements with no more than five PA's as outlined in WAC 246-915-055.
- B. Every PA is required to have an approved delegation agreement with MQAC.
1. The delegation agreement shall delineate the manner and extent to which the PA will practice and be supervised.
    - a. The delegation must specify the detailed description of the scope of practice and the supervision process for the practice
    - b. The sponsoring physician and the PA shall determine which services are provided and the degree of supervision
- C. PAs are required to be sponsored by a physician who is currently appointed to the active medical staff of Jefferson Healthcare.
1. If the sponsoring physician terminates his or her relationship with Jefferson Healthcare a new sponsor must be arranged for the PA.
  2. A PA who practices in multiple specialties may need more than one delegation agreement, according to state and federal law and based upon the PAs training and scope of practice
- D. Supervision may consist of concurrent observation; however, it does not *require* the physical presence of the sponsor unless indicated on the privilege list
- E. The sponsoring physician or designee shall review care provided by the PA on a continuous basis and countersign any admission History & Physical (H & P) examinations and Discharge Summary
- F. In accordance with state and federal laws and regulations, for the first year of the PA's practice at Jefferson Healthcare, the sponsoring physician or designee shall review 10 outpatient cases per month *for the first year*, then five cases per month after.
1. Additional review is not required when the care is provided in collaboration with a physician
- G. The sponsoring physician shall always be available to the PA for clinical questions and the resolution of quality of care issues.
- H. Supervision must be continuous but does not require the personal presence of the sponsoring physician at the place where health care tasks are performed so long as the PA and sponsoring physician can be in contact by telecommunication.
- I. In cases where the sponsoring physician is not immediately available, a back-up sponsoring physician shall be available to the PA for the resolution of clinical or quality of care issues.

### **Remote Sites**

- A. PAs may not be utilized in a remote site without documentation of approval from the MQAC
- B. Exceptions must be approved by the MQAC based upon demonstration of need for such use
1. There must be an adequate provision for the timely communication between the PA and the supervising physician
  2. The supervising physician must spend at least 10% of his or her practice time of the PA in the remote site
  3. The names of the supervising physician and the PA must be prominently displayed at the entrance to the clinic or in the reception area of the remote site

## **RECORDS REQUIRED:**

Reports are provided to the medical staff office at reappointment or as requested by Medical Staff.

## **REFERENCES:**

- CMS Benefit Policy Manual Chapter 13, Rural Health Clinics (RHC)
  - RHC Staffing requirements 30.1.1

- CMS CAH Conditions of Participation: §485.631(b)(1)
- Washington State Legislature RCWs, Chapter 18.71A, Physician's Assistants
- Washington State Legislature WACs; Physician Assistants - Medical Quality Assurance Commission

# POLICY:

To cover approval process for:

- Privileges/procedures new to the facility
- Requests for additional privilege(s) not previously granted

# PURPOSE:

In accordance with CMS, the State of Washington, the Joint Commission and DNV:

1. It must be a privilege/procedure that the hospital can support and offer, evidenced by approval of the Governing Board
2. It includes criteria for determining privileges that will be consistently applied to all practitioners requesting the privilege
3. It includes a process for evaluating the competency of the individual holding the privilege

# PROCEDURE:

## **Requests for privileges/procedures new to the facility:**

The interested practitioner shall first meet with their Senior Leadership Group member or designee to determine the scope of request. The practitioner and SLG member or designee will work in collaboration with any needed support to submit the following documentation to the respective Chief(s) of Service and the Credentials Committee:

- New privilege/procedure name
- Names of other hospitals in which it is used;
- Any research demonstrating the risks and benefits of this privilege/procedure;
- Any product literature or educational syllabus addressing the privilege/procedure;
- FDA approval letter if applicable
- Anesthesia or other specialty concerns;
- Recommended minimum education, training, experience necessary to perform the new privilege/procedure
- Extent of proctoring, monitoring and/or supervision, if any, that should occur
- Recommendation for requirements to maintain clinical competency
- Recommendations for clinical indicators for peer review

## **Review and Approval:**

The Chief (s) of Service and Chair of the Credentials Committee shall review the information and make their recommendation to Medical Executive Committee which will then forward their recommendation to the Governing Board. Upon approval of the new privilege/procedure at Jefferson Healthcare, the Medical Staff will be notified. Medical Staff Services personnel will add the new privilege/procedure and the criteria to the appropriate privilege form(s). The interested providers (s) may then apply for the new privilege/procedure, which shall follow the process outlined in *Bylaws, Article 6, Processing the Application*, as applicable.

## **Requests for privileges new to practitioner's practice:**

1. Practitioner shall request the new privilege(s) by completing the attached form with evidence of training, education, or experience that meets established criteria to the Medical Staff Services office. The Chief of Service will review the request and forward recommendation to the Chair of

the Credentials Committee.

- If proctoring is a criteria for obtaining the privilege, that proctoring is to be approved by the Chief of Service prior to the proctoring. It will be the responsibility of the applicant to arrange for proctoring and to ensure that proctors submit any required evaluations.
2. The Chief of Service and Credential Committee Chair's recommendations for privileges will be forwarded to the Medical Executive Committee, which will review and make recommendations to the Governing Board for final action.

### **Denials of Requests:**

Denials of requests for privileges unrelated to quality of care concerns are reviewable by the involved practitioner by requesting a meeting with Medical Executive Committee for reconsideration. Denials based on involved practitioner quality concerns shall be processed in accordance with *Bylaws, Article 12*.

In the event the Chief of Service is the requesting practitioner, the request will be forwarded directly to the Chair of the Credentials Committee for review and recommendation.

## **REFERENCES:**

CMS Memo 11/12/2004 S&C-05-04, Hospital Medical Staff Privileging

CMS Conditions of Participation 482.51 (a) (4)

Joint Commission MS.4.00 , MS .4.15, EP 1 and 2

WAC 246.320.185 Medical Staff, WAC 246.320.145 Leadership

## **APPROVED:**

Approved: MEC 3/24/2015, 3/22/2016; 4/25/2017; 4/24/2018

Approved: Governing Board 4/15/2015, 4/20/2016, 5/17/2017, 4/25/2018, 6/19/2019

Reference Type	Title	Notes
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## Additional Privilege Request Approval

Owner: Medical Staff Services

Department: Medical Staff Services

*To be completed by provider:*

Provider Name: \_\_\_\_\_ Department: \_\_\_\_\_

Privilege Requested: \_\_\_\_\_

Documentation/Support:

*To be complete by Medical Staff Office only:*

Verification	Yes, no, or n/a	*Adverse Information
Verification of hospital affiliations		
Current WA license verified		
Verification of other current medical licenses		
Current DEA certificate on file (if applicable)		
Current insurance on file and claims history verified		
Current WPA Attestation		
National Practitioner Data Bank queried		
OIG and SAM queried for sanctions/exclusions		
ACLS/NRP/PALS/ATLS (as applicable)		
Is documentation or training/experience present to support request?		

### Chief of Service Recommendation

☐ Approved as requested

☐ Not approved/reason

Chief of Service Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Credentials Committee Recommendation

☐ Approved as requested

☐ Not approved/reason

Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Medical Executive Committee Recommendation

☐ Approved as requested

☐ Not approved/reason

Chief of Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Governing Board Recommendation

☐ Approved as requested

☐ Not approved/Reason

Chair, Governing Board Signature: \_\_\_\_\_ Date \_\_\_\_\_

*\*adverse information to be noted on separate form which may be confidential and privileged information pursuant to RCW 4.24.17.310, RCW 4.24.250 and RCW 70.41.200.*

# POLICY:

The medical staff shall have a uniform process to obtain and verify evidence of a practitioner's education, relevant training, experience and current competency.

# PURPOSE:

Qualifications need to be met to be appointed to the Medical Staff.

# PROCEDURE:

- A. Applicants who meet the qualifications described in the [Medical Staff Bylaws](#), Qualifications for Membership, Article 3.2, shall receive the following information and forms:
  1. Medical Staff Application (Washington State Practitioner Application)
  2. Forms to request privileges, as appropriate
  3. Disclosure statement
  4. Criminal Background Check
  5. Other forms as deemed appropriate
- B. Applicant submits the following:
  1. Completed and signed, application and privilege forms.
  2. Current curriculum vitae.
  3. Listing of recent postgraduate medical patient care activities (past 24 months).
  4. Documentation of special training and experience in the areas where specialized privileges are requested
  5. Copy of current Washington State license.
  6. DEA registration if applicable.
  7. Documentation of CME for prior two years (excluding graduates of residency or fellowship programs in the past 24 months) or **proof of current MOC (Maintenance-Of-Certification)**
  8. Documentation of liability insurance in the amount required by the Medical Staff and Governing Board if not employed by Jefferson Healthcare
  9. If applicant has completed a residency program, in the past 24 months, a summary of clinical experience in each of the areas in which privileges are being requested, i.e., types and numbers of cases shall be submitted.
  10. Applicants out of training greater than 24 months shall provide clinical performance data for the last 12 months of practice to include approximate numbers of cases, types of procedures, service areas and types of patients treated. This may come from current hospital affiliations and/or office practice.
  11. Signed Disclosure Statement and Washington State Patrol or criminal background check form.
  12. Documentation of ACLS/BLS/Neonatal Resuscitation certification, as applicable per privilege requirements.
  13. Identification: Valid picture ID issued by a state or federal agency (driver's license, passport).
- C. In the case of delays in responses to verifications or peer recommendations, the applicant will be notified and will be responsible for following up to the degree necessary to obtain adequate response. Failure of the applicant to respond to a request for assistance within thirty (30) days shall result in the application being deemed incomplete with no further processing and considered withdrawn. This will be communicated with the stakeholders.
- D. When collection of documentation and verification is completed, the Medical Staff Services Department submits the application and all supporting information to the Chiefs of Service for evaluation as per *Bylaws 6.1.4*. After the Chiefs of Service reviews are completed, the application

is forwarded to the Credentials Committee. The Medical Staff Coordinator shall promptly notify the applicant of any further information required. This must be a special notice and must indicate the nature of the information the applicant is to provide within thirty (30) days. Failure without good cause to respond in a satisfactory manner by that date is deemed a voluntary withdrawal of the application.

E. The recommendations of Chiefs of Service and Credentials Committee are forwarded to the Medical Executive Committee. Evaluation and actions will continue as outlined in the *Bylaws* 6.2.16

F. Notice of Final Decision:

The Chief Executive Officer provides written notice of the final decision to the applicant.

A notice of decision includes:

1. The clinical privileges the applicant may exercise
2. Any special conditions attached to the appointment

G. Documentation:

The recommendations of the Chiefs of Service, Credentials Committee, Executive Committee, and the decision of the Governing Board shall be documented in the individual practitioner's file.

**TELE MEDICINE PROVIDERS:** With applicants seeking appointment with clinical privileges to the Medical Staff to perform telemedicine services, Jefferson Healthcare may request information from the telemedicine entity to make a decision to grant the practitioner privileges (shared approach).

Time Periods for Processing:

Applications shall be processed within the following time periods:

**Medical Staff Services Department/Credentials Verification Organization to collect and verify information:** Processing of verification to begin within 7 days of receipt of completed application. Verifications to be completed within 60 working days of receipt of completed application.

**Chief of Service:** 15 days from notification by Medical Staff Services of completed verified application.

**Credentialing Committee:** Refers to Medical Executive Committee

**Medical Executive Committee:** Next regularly scheduled meeting after receiving recommendation from Credentials Committee

**Governing Board:** Next regularly scheduled meeting after receiving recommendation from Executive Committee

These time periods are guidelines and do not create any rights for a practitioner to have an application processed within these precise periods. If the provisions of the Fair Hearing Plan (as defined in the Medical Staff Bylaws) are activated, the time requirements provided therein govern the continued processing of the application. If action does not occur at a particular step in the process within the time frame specified, and the delay is unwarranted, the next higher authority may immediately proceed to consider the application and all the supporting information, or may be directed by the Chief of Staff on behalf of the Executive Committee or by the Chief Executive Officer on behalf of the Governing Board to so proceed.

The applicant will be notified of the credentialing (and re-credentialing) decision within 60 calendar days of the Board's decision.

**RIGHT TO IMPARTIAL, NON-DISCRIMINATORY OF CREDENTIALS:**

All Jefferson Healthcare practitioners have the right to an impartial, non-discriminatory, and confidential selection and review process. JHC monitors for and prevents discriminatory credentialing by the following:

JHC does not collect information on an applicant's race, ethnic/national identity and sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law . Medical Executive Committee members are required to sign an annual attestation statement assuring credentialing and re-credentialing decisions are not discriminatory or based on applicant's race, ethnic/national identity, gender, age,sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law.

Current updates of listings in Health Plan practitioner directories and other materials for members are ensured by the payor credentialing team.

## **REFERENCES:**

DNV MS.6, SR.1; CMS 482.12(A)(5); NCQA CR1, Element A, Factor 7

Board Approved: 6/7/2017; 6/19/19

# POLICY:

To manage and delineate the educational experience for residents, medical students, physician assistant students and nurse practitioner students as well as define scope of practice.

# PURPOSE:

To provide guidelines and clear understanding for medical staff members who provide an educational learning experience for residents and students within Jefferson Healthcare. To define requirements and process for residents/students to provide patient care activities at Jefferson Healthcare.

# SCOPE:

Applies to all members of the medical staff who provide an educational experience and the residents and students who receive the training.

# DEFINITION:

**Resident:** A person who has received a medical degree (usually either a [M.D.](#) or [D.O.](#)) who practices medicine usually in a hospital or clinic.

**Medical Student:** A person accepted into a medical school and undertaking an educational program in medicine towards becoming a medical doctor.

**Physician Assistant Student:** A person enrolled in a Physician Assistant Program.

**Nurse Practitioner Student:** A person enrolled in a Nurse Practitioner Program.

# SCOPE OF PATIENT CARE:

- Scope of patient care activities shall be defined upon mutual affiliation agreement with the program and sponsoring physician.
- The scope of patient care activities of the resident/student will not exceed privileges of the physician supervisor(s).
- 

## **Inpatient and Outpatient Students:**

Students may participate in patient care activities in accordance with a letter of affiliation agreement as above.

Under the direction of a preceptor, a student may:

1. Perform histories, physicals, order diagnostic and therapeutic modalities, enter progress notes, enter discharge summaries and perform certain procedures. For billing purposes, attendings must verify any student documentation of components of E/M services, rather than re-documenting the work. Attendings must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The attending must personally perform or re-perform the physical exam and medical decision-making activities of the service being billed but may verify any student documentation in the medical record, rather than re-documenting the work. Reports must be countersigned by preceptor within 48 hours before they

are accepted as part of the permanent medical record.

2. Scrub-in to surgeries and perform non-critical tasks under the direct supervision of the active medical staff provider.
3. Perform minor diagnostic procedure under the direct supervision of the active medical staff provider.

### **Restrictions:**

Students may document orders in the chart, but the orders must be co-signed with the sponsoring active medical staff provider before the order is taken off.

### **Outpatient Residents:**

Residents shall be precepted and proctored as deemed appropriate by current GME and CMS standards. Reports must be countersigned by preceptor within 24 hours before they are accepted as part of the permanent medical record.

### **Inpatient Residents:**

1. Hospitalized patients will be seen either in the Emergency Department or upon arrival to the medical floor. Admitting orders should be written at that time.
2. After the patient is examined and a plan formulated, the resident will present the case to the attending physician and document a formal History and Physical.
3. IMMEDIATELY refer all the following directly to the attending physician:
  - a. Calls regarding any potential ICU admission
  - b. Calls regarding any patient requiring a transfer (ground or air ambulance)
  - c. Calls regarding patients who are complex with urgent problems, even though ICU admission may not be indicated
4. Residents are to review the chart, examine and evaluate their patients daily and document their findings.
5. On potentially unstable patients, the resident should alert the attending physician of the need for care management changes.
6. Consultation requests are to be made in conjunction with by the attending physician. The attending physician may designate that the resident should make the verbal contact with the consulting physician.
7. ICU admission policy: If an ACU patient is assessed by the resident to need ICU care, the resident should contact the attending physician immediately.

## **RESPONSIBILITY:**

### **Supervision:**

1. The attending physician of record is responsible for the supervision of the resident/student and must be an active member of the medical staff. The attending physician should provide instruction on a case-by-case basis.
2. The attending physician must **countersign resident documentation within 24 hours and student reports within 48 hours.**
3. The attending physician is responsible for mortality summaries.

### **Roles and Responsibilities in the Clinic/Hospital setting:**

1. A name tag must be worn by the resident/student, identifying the program/school and level.
2. Residents/students are required to comply with Jefferson Healthcare's employee health program, Policy and Procedures, and provide to Employee Health Services results to TB skin test within the

- last twelve months, and documentation of MMR immunity, either through proof of vaccination or titer.
3. Patient acknowledgement of and consent to the resident/student's presence during any appropriate patient care activity is required and must be documented wherever possible (based on condition of patient).
  4. The resident/student must inform their supervising provider when they are not proficient in a given procedure so that they may receive the necessary supervision.

## PROCEDURE:

### Documents and Verifications:

One month prior to student or resident rotation the medical staff services department or designee shall:

- A. Obtain copies of the following documents:
  1. Washington State Medical License (if applicable)
  2. Resident's DEA certificate (or DEA certificate of facility)
  3. Immunization Record
  4. Signed Disclosure, Release of Information and Confidentiality Statements
  5. Approved scope of patient care activities (which shall not exceed sponsor's privileges)
  6. Dates of rotation and name of supervising physician(s)
  7. Copy of the residency program agreement
  8. Scope of Practice for Students
- B. Verifications and Queries will be done in accordance with CMS and GME standards.
- C. Upon receipt and verification of information, forward information to the appropriate chief of service, chief of staff and CEO for review and recommendation to approve the resident's scope of activities.
- D. Notify appropriate departments with resident information to include dates of rotation, approved scope of activities, and supervising physician.

**Affiliation Agreement between Jefferson Healthcare and the Residency Program/School:** Agreement be signed and completed *at least* two months prior to start date and must contain:

- Written description of the roles, responsibilities, and patient care activities of the participants of the graduate educational program.
- Identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.

The agreement shall outline the responsibility of Jefferson Healthcare Active Staff same specialty physician(s) who will serve as sponsor(s) for the resident/student; assure that the resident/student is in good standing in the residency program or medical program

For residents, the agreement shall also outline that the resident is in compliance with medical licensure requirements of the State of Washington; that the Residency Program will provide salary, benefits and malpractice insurance for the resident during this rotation; outline the sponsor(s) responsibilities.

For both residents and students, the agreement shall state that the residents/students are subject to all Jefferson Healthcare policies, rules and regulations and procedures of the program and those required by Jefferson Healthcare; state that any disciplinary action will be conducted by the Residency Program or school with cooperation from Jefferson Healthcare; state that Jefferson Healthcare shall have the right to discontinue the rotation of any resident or student whose performance, health, general conduct or failure to abide by any policy, directive, rule or regulation is determined to be detrimental to patients or the achievement of the program's objectives.

The agreement will be signed by the Jefferson Healthcare Administration and the administration of the residency program or school. The residency program or school will provide an approved scope of activities which shall be approved by the credentials committee, MEC and Governing Board.

For longstanding interagency relationships, the scope of activities may remain standard without needing approval with each student or resident unless the scope changes.

**Medical Staff Oversight and Communication:**

The Medical Executive Committee shall oversee resident and student participation in patient care.

Any concerns with quality of care or incidents will be reported immediately to the Chief of Service and the residency program director/school will be notified.