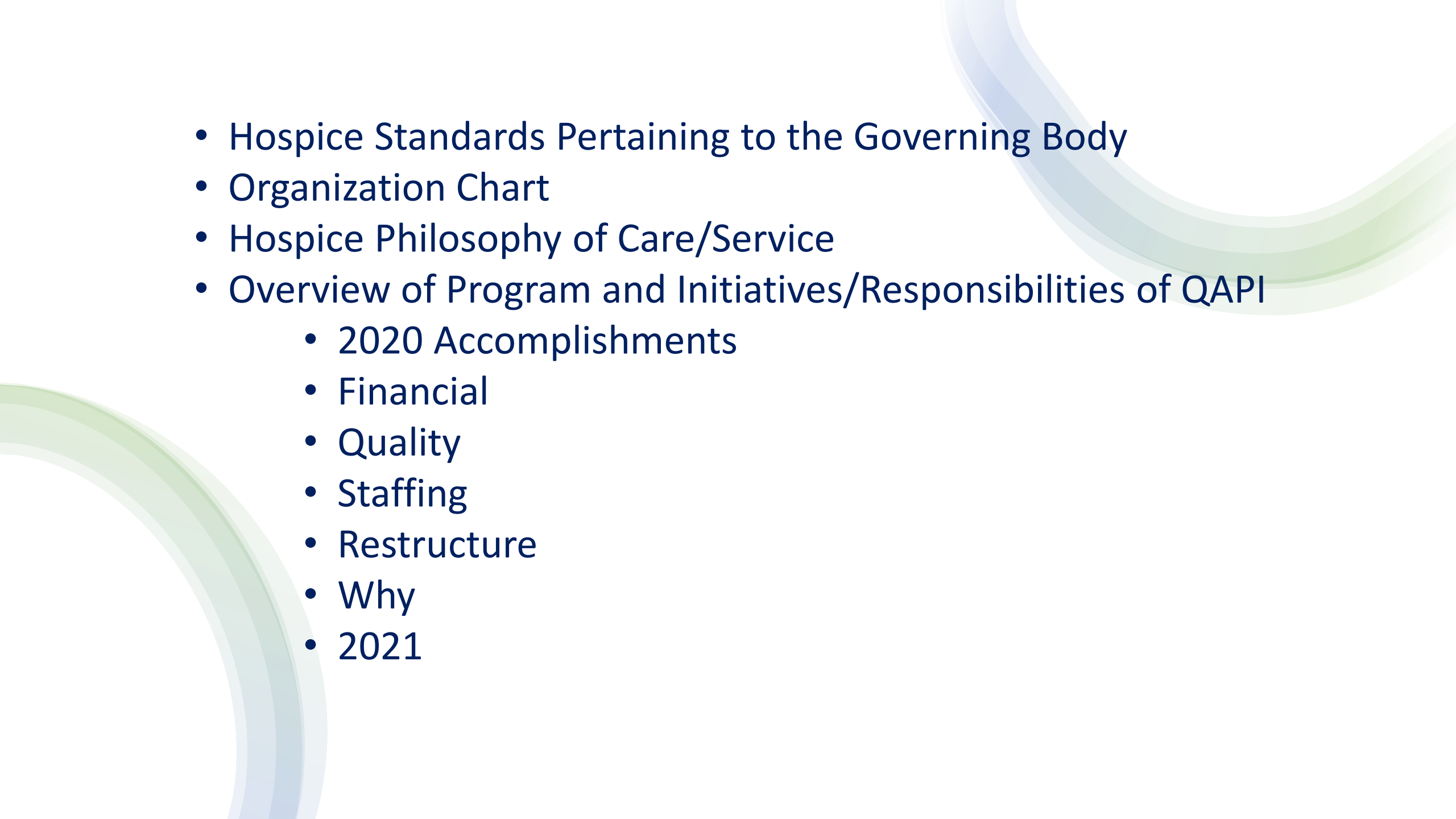



Home Health, Hospice and Palliative Care

...Caring for our Community at Home



- 
- Hospice Standards Pertaining to the Governing Body
 - Organization Chart
 - Hospice Philosophy of Care/Service
 - Overview of Program and Initiatives/Responsibilities of QAPI
 - 2020 Accomplishments
 - Financial
 - Quality
 - Staffing
 - Restructure
 - Why
 - 2021



Hospice Standards Pertaining to the Governing Body

Standard HSP 1-2B

The hospice is directed by a governing body which assumes full legal authority and responsibility for the operations of the hospice. The hospice must organize, manage and administer its resources to provide the hospice care and services to patients, caregivers and families necessary for the palliation and management of the terminal illness and related conditions. The governing body duties and accountabilities are clearly defined.



Decision Making

Appointing a qualified Administrator

Arranging for professional advice

Establishing or approving written policies and procedures governing operations

Human resource management

Quality Assessment Performance Improvement (QAPI)

Community needs planning, if applicable

Oversight of the management and fiscal affairs of the hospice

Annual review of the policies and procedures

Standard HSP 1-2B.03

Governing body members receive an orientation to their responsibilities and accountabilities. Orientation includes, but is not limited to:

- Organizational structure
- Confidentiality practices and signing of a confidentiality agreement
- Hospice philosophy of care/services
- Overview of programs
- Personnel and patient grievance policies and procedures
- Responsibilities of the QAPI
- Organizational ethics
- Conflict of Interest

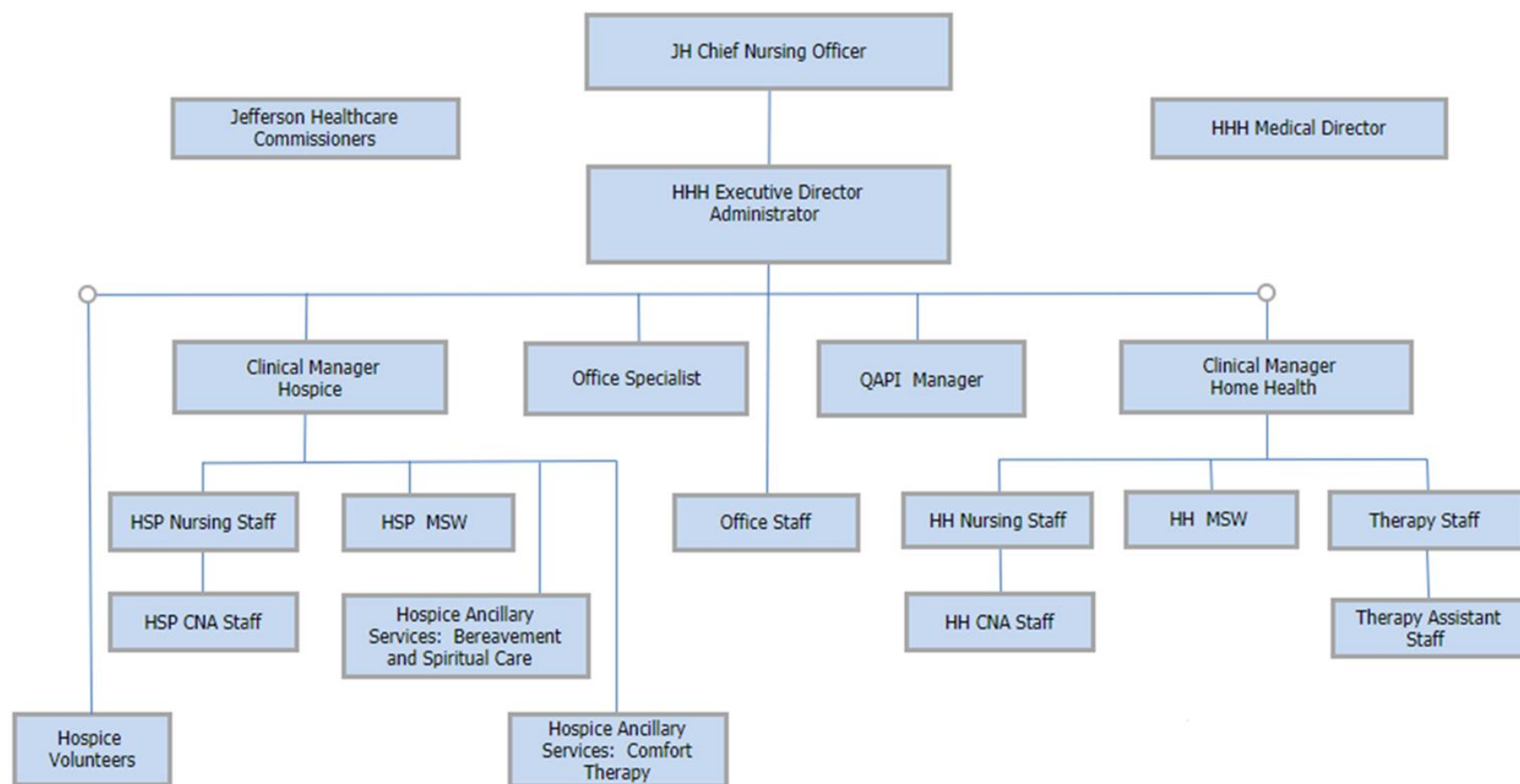
Standard HSP 1-2B.03

Governing body members receive an orientation to their responsibilities and accountabilities. Orientation includes, but is not limited to:

- Organizational structure
- ~~Confidentiality practices and signing of a confidentiality agreement~~
- Hospice philosophy of care/services
- Overview of programs
- ~~Personnel and patient grievance policies and procedures~~
- Responsibilities of the QAPI
- ~~Organizational ethics~~
- ~~Conflict of Interest~~

Organization Chart

Jefferson Healthcare Home Health and Hospice 2020





Hospice Philosophy

The slide features decorative geometric shapes. On the left, there are several overlapping yellow squares and diamonds of various sizes. On the right, there are overlapping blue squares and diamonds, including a large one in the bottom right corner.

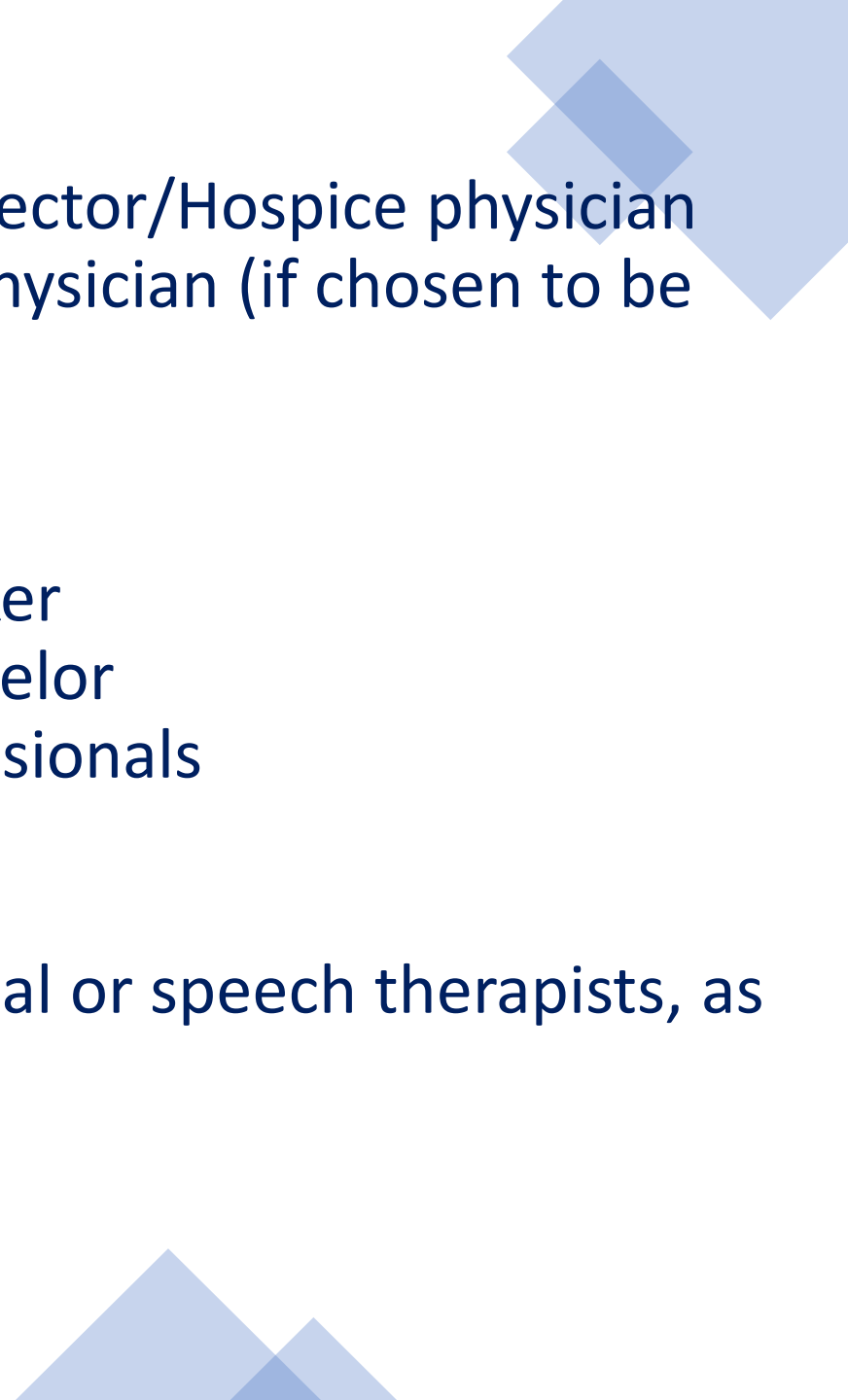
What is Hospice?

Hospice is a team-oriented model for providing compassionate care to people who are facing a life limiting illness. Care is palliative and not curative. It is centered around the belief that each of us has the right to die pain-free and with dignity.

Different from other types of care, hospice also uses this team-oriented model to provide care and support to families. The hospice team understands that the patient, family and caregiver walk this journey together, in such, our care encompasses all of these individuals, providing the support needed to allow this journey to occur. Hospice care is provided wherever the patient lives.



Who Makes up the Hospice Team?

- Hospice Medical Director/Hospice physician
 - Patient's personal physician (if chosen to be the attending)
 - Nurses
 - Hospice aides
 - Medical Social Worker
 - Spiritual Care Counselor
 - Bereavement professionals
 - Volunteers
 - Comfort Therapists
 - Physical, occupational or speech therapists, as needed
- 

What Services are Provided by Hospice?

- Manages the patient's pain and symptoms
- Assists the patient with the emotional and psychosocial and spiritual aspects of dying
- Provides needed medications, medical supplies and equipment
- Provides education and support to the family/caregiver on how to care for the patient
- Delivers support services through volunteers and comfort therapists
- Makes available short-term inpatient care should family/caregiver need respite services.
- Provides bereavement care and counseling to surviving family

Who is Eligible for Hospice?

Individuals who have a life limiting illness, with a prognosis of six months or less, should the illness run its natural course, and are no longer seeking treatment are eligible for hospice. Many hospice patients live longer than six months and can remain on hospice, so long as their life limiting illness remains. Research shows that individuals with hospice services live longer than those without.



Who Pays for Hospice?

- Medicare
- Medicaid and
- Most private insurance include a hospice benefit.
- Self-Pay
- Charity Care



Overview of Programs and Initiatives

Responsibility of QAPI



2020 Accomplishments

Home Health and Hospice

We Survived!

Hired a Hospice Manager

Introduced E-Kits

Reviewed all Policies for Accreditation

Patient/Caregiver Guide

Decreased Hospice AR Days

Purchased PCA Pumps

Hired Palliative Care ARNP and Hospice Physician

Representation on WSHPCO

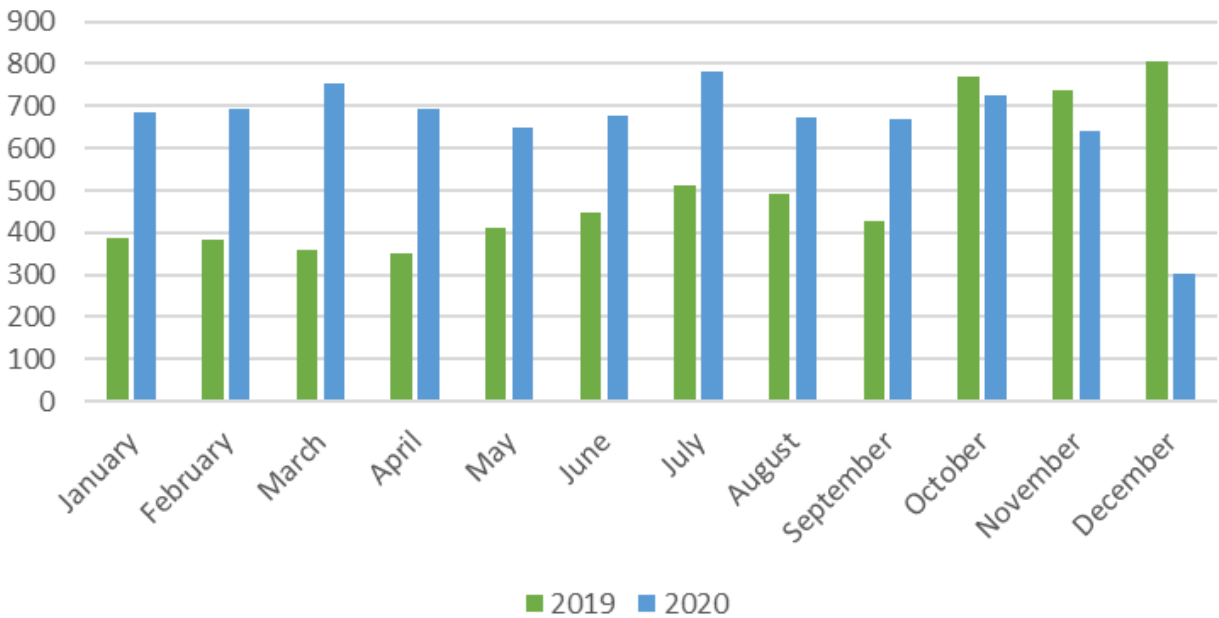
Restructured our Department



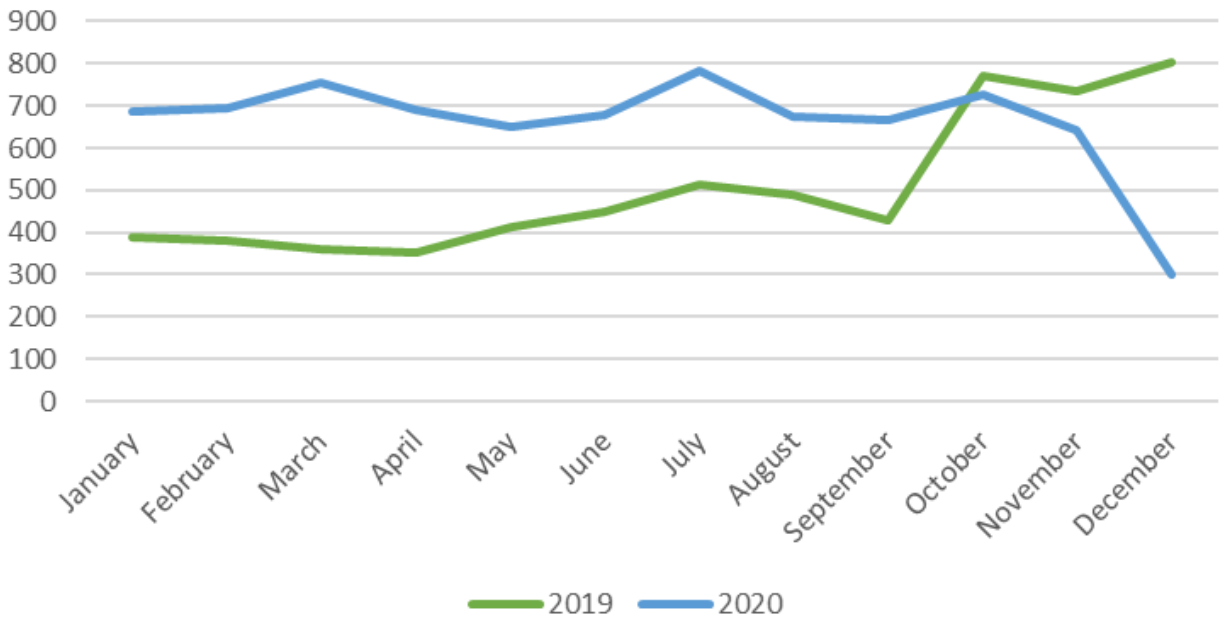
Financial Overview

Hospice Visits by Month

Visits per Month 2019/2020

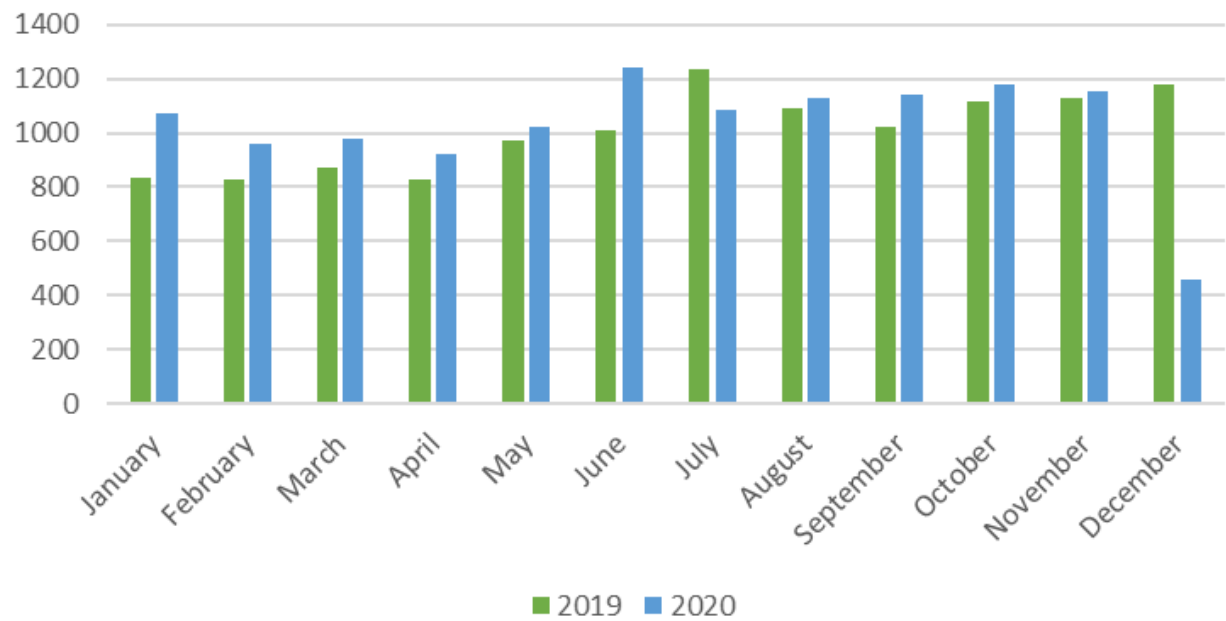


Visits per Month 2019/2020

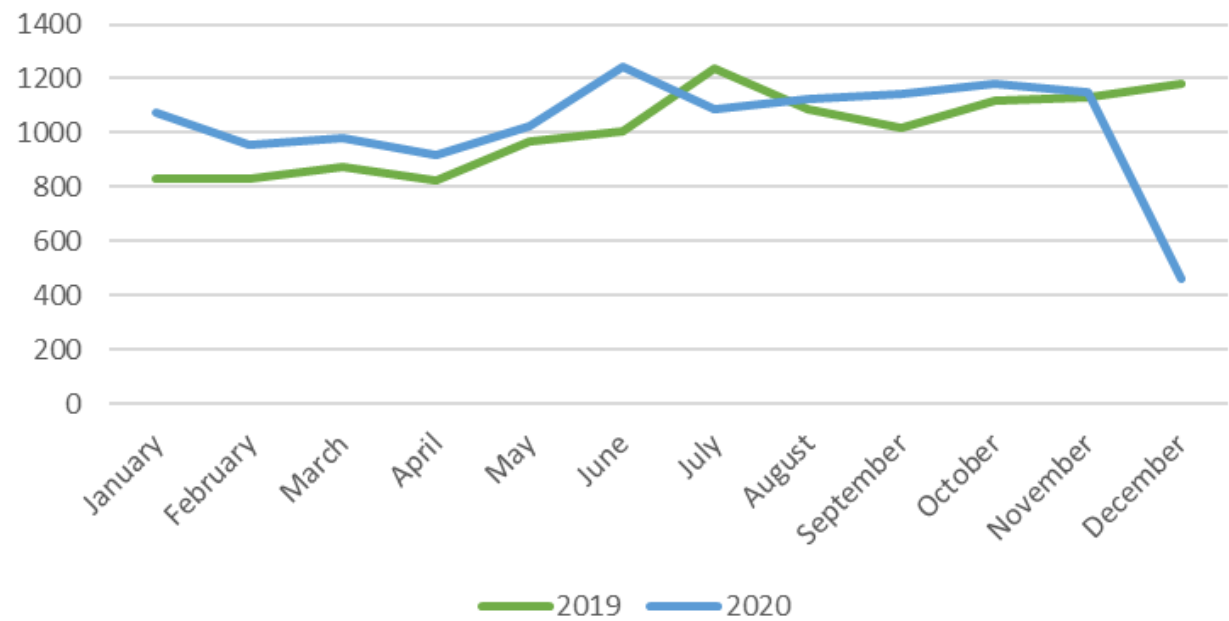


Length of Stay

Days of Care 2019/2020



Days of Care 2019/2020



Hospice Expense and Revenue Highlights

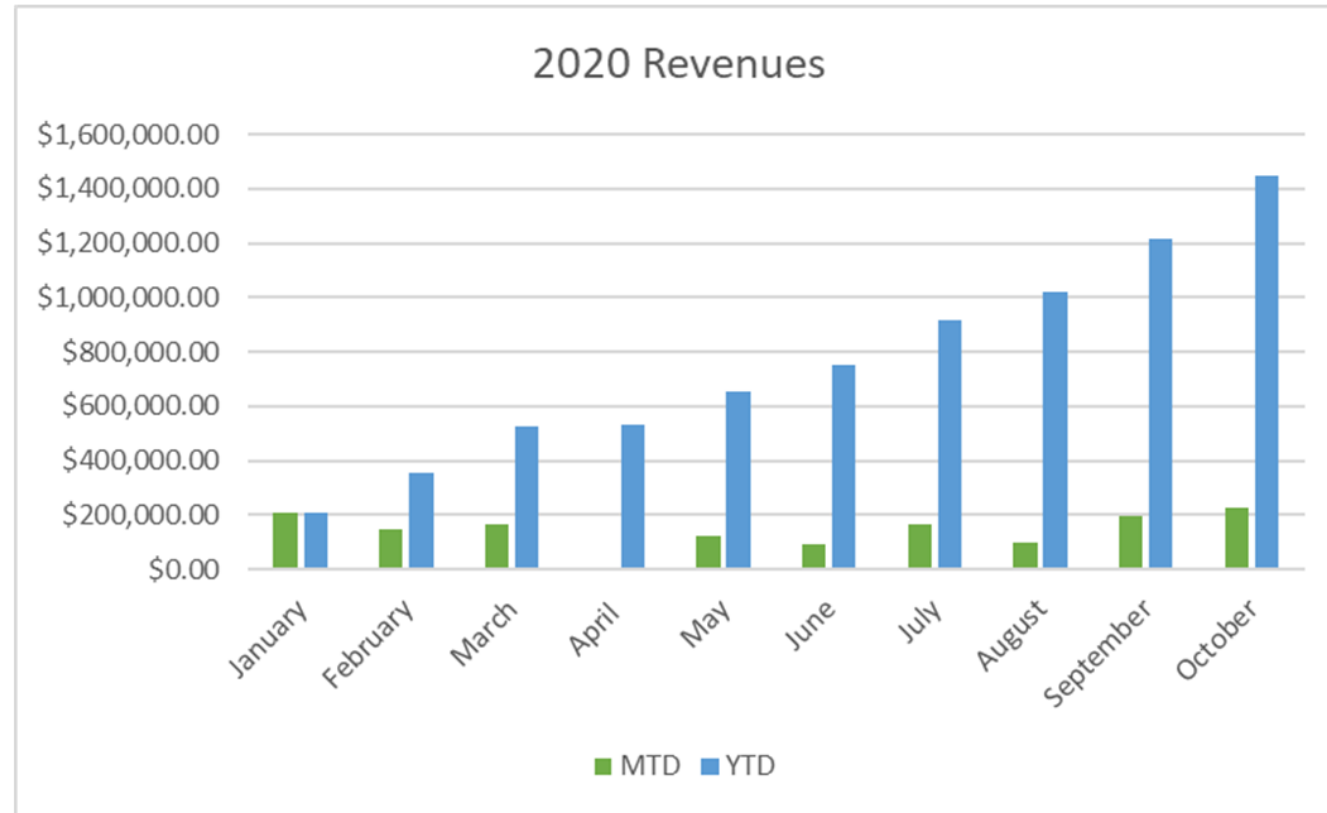
Largest Expense Areas

- Staffing – Wages, Benefits and Travel
- Purchased Services – LCC, JHC, Other Medical Expenses
- Other Purchased Services - SHP, Northstar, Verizon, Epic, Skookum
- Leased Equipment – DME

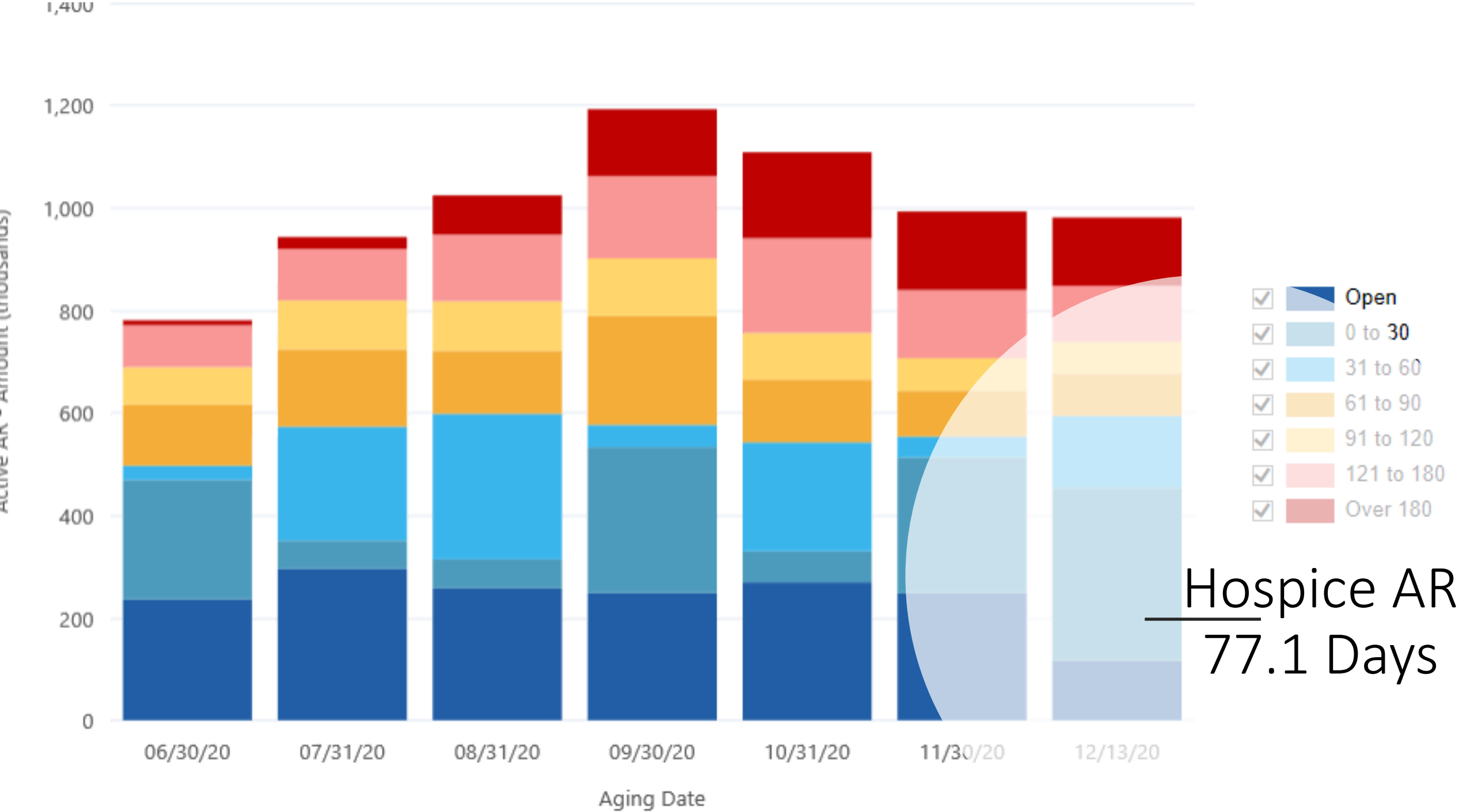
Largest Revenue Areas

- Medicare – 88%
- Medicaid – 7%
- Other Insurance – 5%

Hospice Revenue



Data through October





Quality Overview

Hospice Stoplight Report

Service Dates From Oct 1, 2019 to Sep 30, 2020

<https://catalyst.nrcpicker.com/JeffersonH/PatExp/hospsr2/default.aspx>

December 1, 2020



Picker Dimensions	Benchmarks			Rolling Averages up to 8/28/2020	Jefferson Healthcare Hospice		
	NRC 75th Percentile*	NRC Average	Bed Size 0-49 Average	3 Months‡	Qtr 3 2020‡	Qtr 2 2020	Qtr 1 2020
Overall Please answer the following questions about your family member's care from the hospice named on the survey cover. Do not include care from other hospices in your answers. Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?	89.4% (n=9,053)	85.7% (n=9,053)	--	94.1%µ PR=98 (n=17)	92.9%µ PR=97 (n=14)	100.0%µ PR=100 (n=11)	88.2%µ PR=59 (n=17)

Key Drivers		NRC 75th Percentile*	NRC Average	Bed Size 0-49 Average	3 Months‡	Qtr 3 2020‡	Qtr 2 2020	Qtr 1 2020
How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?	Respect for Family Preferences	89.2% (n=3,070)	84.8% (n=3,070)	--	83.3%µ PR=43 (n=6)	75.0%µ PR=7 (n=4)	100.0%µ PR=100 (n=7)	100.0%µ PR=100 (n=2)
While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?	Emotional Support	91.3% (n=9,013)	88.6% (n=9,013)	--	94.4%µ PR=93 (n=18)	93.3%µ PR=88 (n=15)	100.0%µ PR=100 (n=11)	81.3%µ PR=4 (n=16)
While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?	Respect for Family Preferences	97.2% (n=9,076)	95.7% (n=9,076)	--	100.0%µ PR=100 (n=18)	100.0%µ PR=100 (n=15)	100.0%µ PR=100 (n=11)	93.8%µ PR=16 (n=16)

Highest Scores		NRC 75th Percentile*	NRC Average	Bed Size 0-49 Average	3 Months‡	Qtr 3 2020‡	Qtr 2 2020	Qtr 1 2020
How often did your family member get the help he or she needed for trouble with constipation?	Physical Comfort	78.9% (n=3,493)	73.6% (n=3,493)	--	100.0%µ PR=100 (n=6)	100.0%µ PR=100 (n=5)	75.0%µ PR=53 (n=4)	66.7%µ PR=23 (n=9)
In the weeks after your family member died, how much emotional support did you get from the hospice team?	Emotional Support	92.5% (n=8,608)	88.9% (n=8,608)	--	100.0%µ PR=100 (n=18)	100.0%µ PR=100 (n=15)	90.9%µ PR=60 (n=11)	87.5%µ PR=37 (n=16)
While your family member was in hospice care, how much emotional support did you get from the hospice team?	Emotional Support	97.0% (n=8,900)	95.2% (n=8,900)	--	100.0%µ PR=100 (n=18)	100.0%µ PR=100 (n=15)	100.0%µ PR=100 (n=11)	88.2%µ PR=4 (n=17)

Lowest Scores		NRC 75th Percentile*	NRC Average	Bed Size 0-49 Average	3 Months‡	Qtr 3 2020‡	Qtr 2 2020	Qtr 1 2020
While your family member was in hospice care, how often was the information you were given about your family member by the nursing home staff different from the information you were given by the hospice team?	Coordination of Care	--	63.1% (n=2,348)	--	50.0%µ (n=2)	0.0%µ (n=1)	100.0%µ (n=1)	66.7%µ (n=3)
While your family member was in hospice care, how often did the nursing home staff and hospice team work well together to care for your family member?	Coordination of Care	--	65.1% (n=2,350)	--	50.0%µ (n=2)	0.0%µ (n=1)	100.0%µ (n=1)	33.3%µ (n=3)
Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?	Information and Education	71.0% (n=5,196)	65.4% (n=5,196)	--	45.5%µ PR=1 (n=11)	37.5%µ PR=1 (n=8)	55.6%µ PR=6 (n=9)	58.3%µ PR=14 (n=12)



Staffing Overview

Volunteers:

- Hospice Waiver for volunteer services
- Re-established virtual meetings in June
- Created Sharepoint site for volunteers
- Added them to tiger text
- Changed volunteer assignment process
- Created online template for notes
- Re-established virtual volunteer services in November
- Re-established bereavement support groups in November
- Working with volunteers for accreditation
- Planning to offer volunteer training this winter for new volunteers

Overall

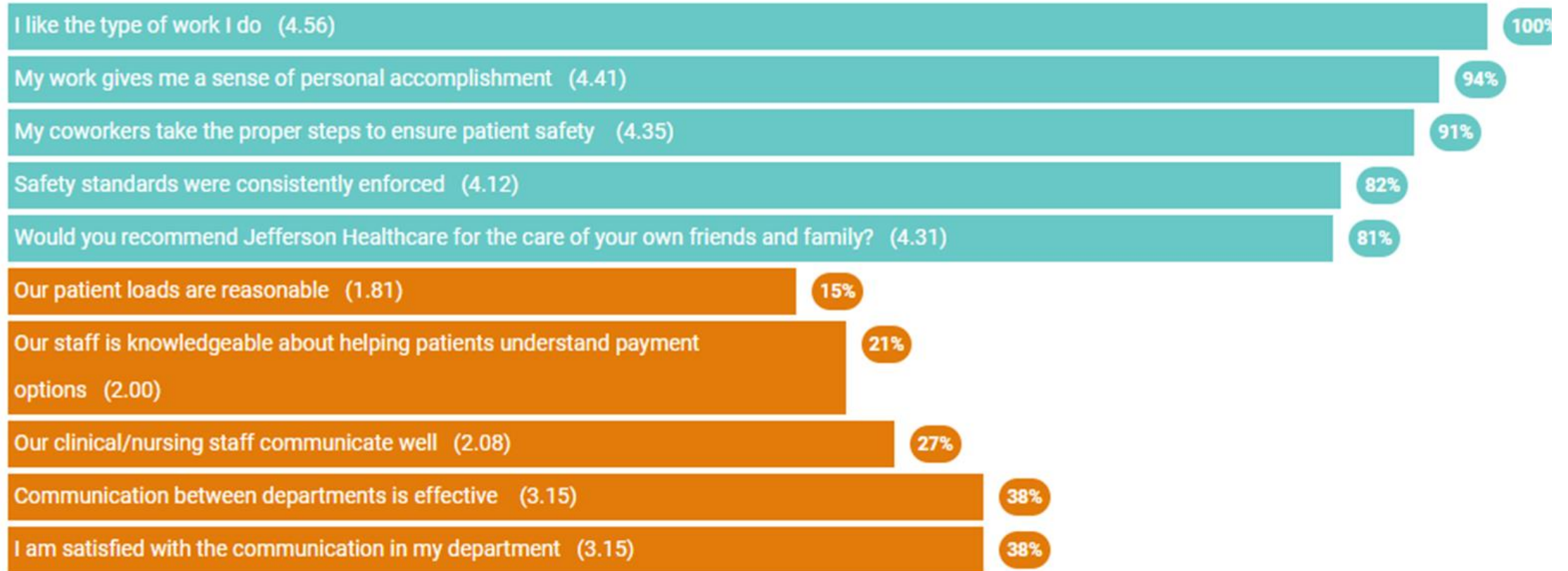
61

Favorable Score

34 responses of 45 invited

Employee
Survey Results

Highest and Lowest Rated Items



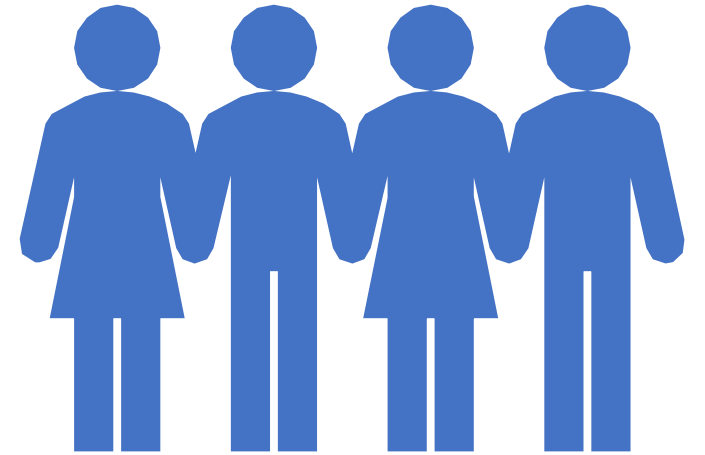
Survey Hotspots



View By Category ▼	Overall	Hospice	Home Health
No. Responses	34	11	23
Overall	61%	49%	66%
Benefits	68%	73	65
Communication	46%	23	57
Compensation	60%	50	65
Culture	63%	46	71
Diversity & Inclusion	63%	43	74
Growth & Development	49%	21	60
Healthcare	80%	69	86
Immediate Supervisor	63%	40	74
Job Satisfaction	67%	57	72
Overall Impressions	77%	75	77

Areas of Focus:

- Communication
- Growth and Development
- Culture





Home Health and Hospice Restructure

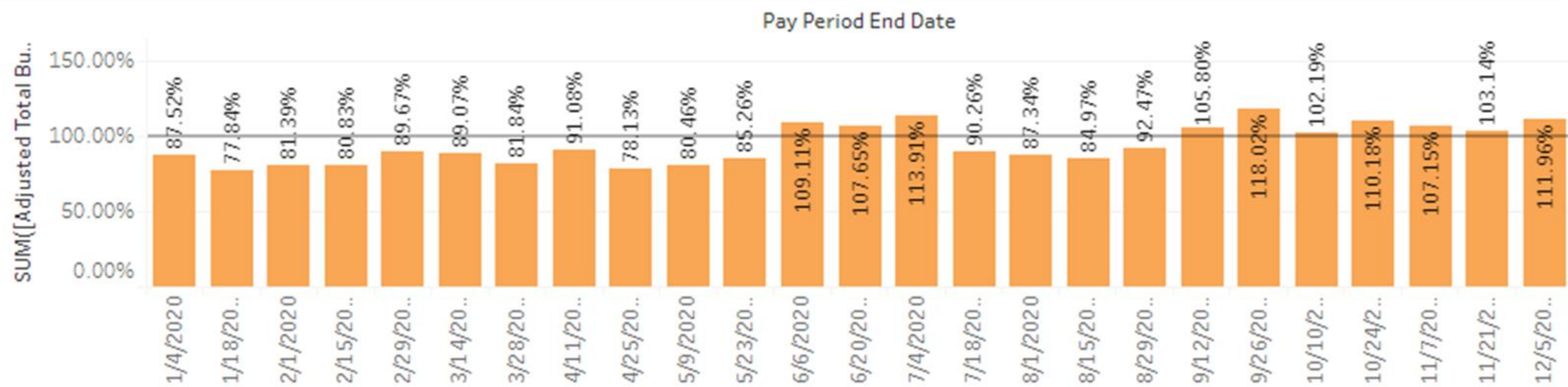
- Limits the number of clinicians to COVID test
- Brought us closer into alignment with hospital needs.
- Reduced crisis situations
- Increased ability to meet patient needs
- Increased ability to meet Service Intensity Add-on (SIA) compliance
- Decreased over time
- Increased compliance with OIG off-hours availability guidance
- Better able to provide continuous care
- Better alignment for private duty services
- Lays foundation for future in-patient goals

RN Schedule and Pairing								
		SUN	MON	TUE	WED	THU	FRI	SAT
Role	NURSES							
Case Manage	Linda P				7am-3:30pm	7am-3:30pm	7am-3:30pm	7am-3:30pm
Visit RN	Linda T	7am-3:30pm	7am-3:30pm	7am-3:30pm				
Visit RN	0.6					11p-7:30a	11p-7:30a	11p-7:30a
Visit RN	0.8	11p-7:30a	11p-7:30a	11p-7:30a	11p-7:30a			
Visit RN	1			8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm Tri
Visit RN	0.8	3p-11:30p	3p-11:30p	3p-11:30p	3p-11:30p			
Visit RN	0.6					3p-11:30p	3p-11:30p	3p-11:30p
Visit RN	0.8 Variable							
Triage			8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm	
CM	1		8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm	
CM	1	8:30am-7pm	8:30am-7pm	8:30am-7pm	8:30am-7pm			
CM	1				8:30am-7pm	8:30am-7pm	8:30am-7pm	8:30am-7pm
Admission	Robin B	8:30am-7pm	8:30am-7pm				8:30am-7pm	8:30am-7pm
CM	1		8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm	
CM	1	8:30am-7pm	8:30am-7pm	8:30am-7pm	8:30am-7pm			
CM	1				8:30am-7pm	8:30am-7pm	8:30am-7pm	8:30am-7pm
CM	1		8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm	8:30a-5pm	

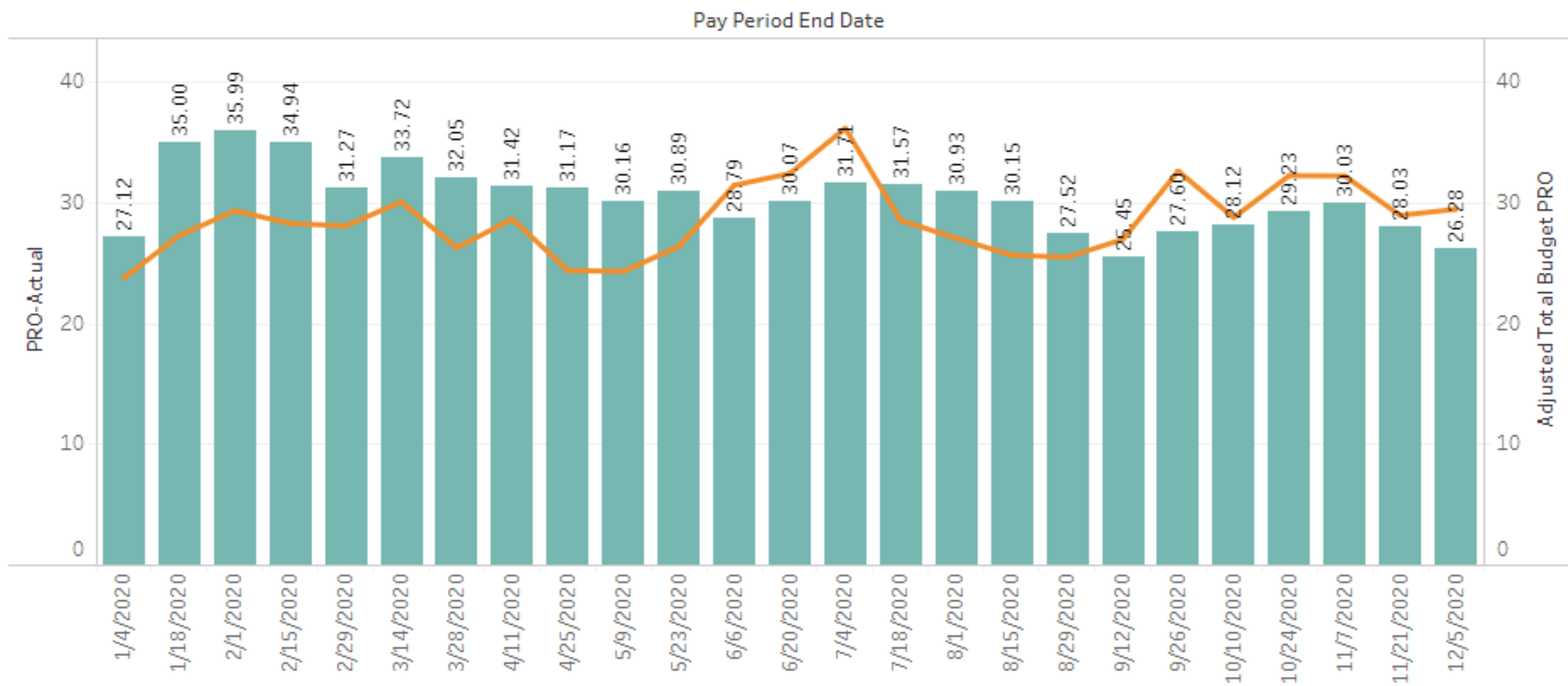
HHH Staffing

- Fully Staffed:
- RN's 16 FTE
- PT 2.6 FTE
- OT 2 FTE
- SLP 0.8 FTE
- MSW 2 FTE
- CNA 3.8 FTE
- SC/Bereavement 0.8 FTE
- Office (CTS/PAR) 4 FTE
- Administrative 5 FTE
- Current Staffing
- RN's 12 FTE (8 FTE)
2 out on FMLA
2 on orientation
- PT 2.6 FTE
- OT 2 FTE
- SLP 0.8 FTE
- MSW 2 FTE (1 FTE)
(1 starts on 12/29)
- CNA 2.8 FTE
- SC/Bereavement 0.8 FTE
- Office (CTS/PAR) 4 FTE
- Administrative 4 FTE

Total PRO Productivity %



Total Productive FTE vs Adjusted Total Budget PRO





Why We Do What We Do





“People don’t buy what you do,
they buy why you do it.”

Simon Sinek



Getting Back to Basics...

I do what I do because love to **help people feel better**, more comfortable and secure.

Because I enjoy being a supportive person, helping others and getting to know people from all walks of life - I find when I give my ALL to others it not only helps them, but also it **helps me on my own personal spiritual path**.

I think my why is deeply embedded in change. Being an agent of change can be difficult in this world but change is always happening and in medicine and nursing you get to affect change in so many ways. Healing a wound, easing pain, even easing a persons transition from living to dying. The change I affect is different day to day and I must always adapt and grow to meet the challenges and I must always *learn*.

My Why:

Affecting change

Always getting to learn new things

Bonus, the science of healthcare and medicine. What we do is backed my evidence and that's why it works. What could be better?!

Why you do what you do? I do what I do for my patients. **I want to see them succeed and have a better quality of life.**

To be of service beyond regular life's needs..

We do what we do at home health and hospice to **support patients in their homes** in our community and to be part of the total medical team for these patients along with their pcps. Changes are made in our department to improve our productivity and safety and to add to the **extension of the patient's medical team in our community**.

To give myself a break from weekend farm work, ok being serious now, because I enjoy **working with people and helping to provide a needed service to our community**.

I believe everyone deserves **quality, compassionate care at the end of life**.

Work? **I work for \$\$ for my family**. I work to live, not live to work!

I do what I do because I like **helping people & making a positive difference in their lives**, especially in the setting were they are most comfortable, usually in their own home.

A large, stylized graphic on the left side of the slide. It consists of a thick, irregular ring shape. The top-left portion of the ring is a light blue color, while the rest of the ring is a light green color. The ring is not perfectly closed, with a small gap at the bottom.

Jefferson
Healthcare

Home Health, Hospice
and Palliative Care...

Caring for our
Community at Home





2021 Overview

Looking Ahead...
what's the plan and
how do we get there

Hospice Accreditation (Lay Groundwork for Home Health)

Hospice Infusion (Lay Groundwork for Home Health)

Palliative Care

Transitions

Private Duty

Develop Practice Models for Success

Financial Stability

Staff Development

Marketing

Leadership Development



Big Hairy Audacious Goal (BHAG)



Employee of the Quarter

Ambir Pankau

"Ambir has provided knowledge that has been critical to keeping our employees safe through the pandemic. Her work has embodied the Teamwork principles and she puts employees and the well-being of the community first in all of her work."

Employee Health

Fourth Quarter 2020



Jefferson
Healthcare

Team of the Quarter

PPE Council

"As content experts, our PPE council has revolutionized what we know about PPE, how we use PPE, and how we feel about PPE."



Fourth Quarter 2020

Jess Cigalotti
Rachael Collins
Arabella Daubenberge
Tasha Davidson
Julia Drew
Karah Ealy
Katie-Rose Fischer-Price
Kalie Fountain
Alice Fox
Shannon Groff
Jainell Harper
Dr. Tracie Harris
Mitzi Hazard
Randy Holeman

Jaimie Hoobler
Larry Koch
Deb Lettau
Kara O'Connell
Kelly O'Connell
Andy Peasley
David Sharpe
Laura Showers
Andrew Skipper
Jessi Taft
Tracy Ware

Jefferson
Healthcare

Provider of the Quarter COVID Physician Team

"They have coordinated surge plans, ... led all infection control efforts, and helped us plan for vaccine administration. They continue to look for ways to connect those at the bedside with the leadership teams supporting them.."



Drs. Mattern, Butterfield & Harris
Fourth Quarter 2020

Jefferson Healthcare

November 2020 Finance Report

December 23, 2020

Jim Heilsberg, Interim CFO

November 2020

Operating Statistics

STATISTIC DESCRIPTION	NOVEMBER 2020						NOVEMBER 2019					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	628	625	0%	605	625	3%	587	-7%	573	-6%	573	-6%
ADJUSTED PATIENT DAYS	2,656	2,418	10%	21,575	26,998	-20%	1,735	53%	23,297	-7%	23,297	-7%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	53	81	-35%	624	910	-31%	60	-12%	790	-27%	790	-27%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	261	336	-22%	2,781	3,751	-26%	300	-13%	3,488	-25%	3,488	-25%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	314	446	-30%	3,557	4,982	-29%	384	-18%	4,440	-25%	4,440	-25%
SURGERY CASES (IN OR)	98	114	-14%	1,129	1,274	-11%	120	-18%	1,208	-7%	1,208	-7%
SPECIAL PROCEDURE CASES	75	71	6%	645	788	-18%	82	-9%	774	-20%	774	-20%
LAB BILLABLE TESTS	19,074	19,170	-1%	203,685	214,062	-5%	17,797	7%	204,166	0%	204,166	0%
TOTAL DIAGNOSTIC IMAGING TESTS	2,637	3,004	-12%	29,233	33,540	-13%	2,841	-7%	31,503	-8%	31,503	-8%
PHARMACY MEDS DISPENSED	16,485	21,772	-24%	201,889	243,117	-17%	16,735	-1%	237,727	-18%	237,727	-18%
RESPIRATORY THERAPY PROCEDURES	2,134	3,835	-44%	26,288	42,822	-39%	3,339	-36%	39,356	-50%	39,356	-50%
REHAB/PT/OT/ST RVUs	7,163	8,895	-19%	84,684	99,328	-15%	7,645	-6%	94,137	-11%	94,137	-11%
ER CENSUS	787	1,061	-26%	9,853	11,845	-17%	1,039	-24%	11,585	-18%	11,585	-18%
DENTAL CLINIC	296	329	-10%	2,968	3,671	-19%	198	49%	1,288	57%	1,288	57%
TOTAL RURAL HEALTH CLINIC VISITS	5,237	6,395	-18%	57,177	71,410	-20%	5,519	-5%	64,867	-13%	64,867	-13%
TOTAL SPECIALTY CLINIC VISITS	3,362	3,448	-2%	33,698	38,516	-13%	3,023	11%	32,863	2%	32,863	2%

November 2020

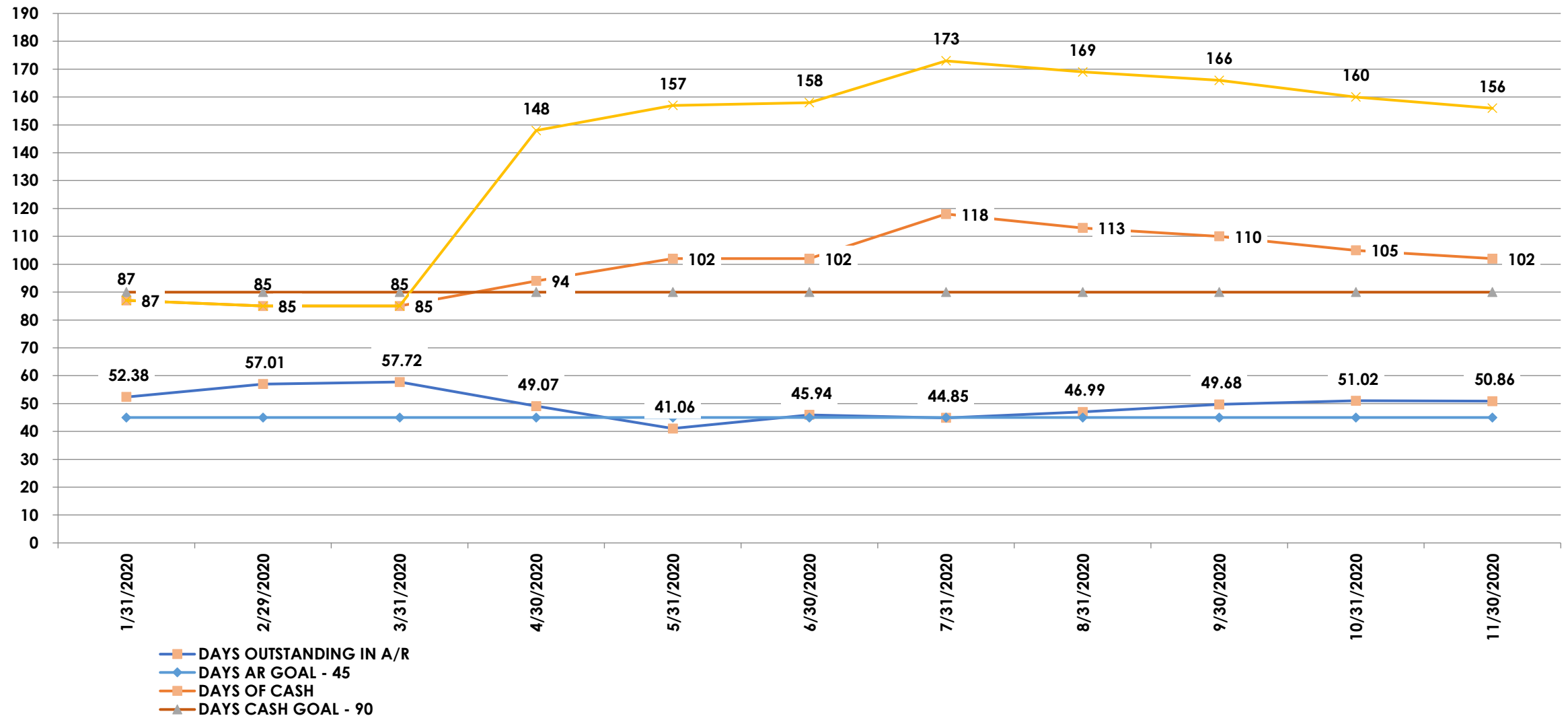
Income Statement Summary

	November 2020 Actual	November 2020 Budget	Variance Favorable/ (Unfavorable)	%	November 2020 YTD	November 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	November 2019 YTD
Operating Revenue									
Gross Patient Service Revenue	21,546,494	23,365,964	(1,819,470)	-8%	231,732,596	259,362,203	(27,629,607)	-11%	238,903,457
Revenue Adjustments	11,602,242	12,492,555	890,313	7%	124,462,528	138,667,356	14,204,828	10%	128,825,257
Charity Care Adjustments	533,379	225,983	(307,396)	-136%	3,258,543	2,508,412	(750,131)	-30%	2,784,103
Net Patient Service Revenue	9,410,873	10,647,426	(1,236,553)	-12%	104,011,525	118,186,435	(14,174,910)	-12%	107,294,097
Other Revenue	486,565	563,359	(76,794)	-14%	12,931,078	6,253,287	6,677,791	107%	6,900,769
Total Operating Revenue	9,897,438	11,210,785	(1,313,347)	-12%	116,942,603	124,439,722	(7,497,119)	-6%	114,194,866
Operating Expenses									
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
Other Expenses	4,700,428	4,008,196	(692,232)	-17%	44,455,943	44,490,971	35,028	0%	44,006,306
Total Operating Expenses	11,751,769	10,769,464	(982,305)	-9%	117,404,367	119,541,044	2,136,677	2%	109,262,779
Operating Income (Loss)	(1,854,331)	441,321	(2,295,652)	-520%	(461,764)	4,898,678	(5,360,442)	-109%	4,932,087
Total Non Operating Revenues (Expenses)	185,883	(7,231)	193,114	2671%	74,324	(80,254)	154,578	193%	187,593
Change in Net Position (Loss)	(1,668,448)	434,091	(2,102,538)	-484%	(387,440)	4,818,424	(5,205,864)	-108%	5,119,680
Operating Margin									
Operating Margin	-18.7%	3.9%	-22.7%	-575.9%	-0.4%	3.9%	-4.33%	-110.0%	4.3%
Total margin	-16.9%	3.9%	-20.7%	-535.4%	-0.3%	3.9%	-4.20%	-108.6%	4.5%
Salaries & Benefits as a % of net pt svc rev	-74.9%	-63.5%	-11.4%	-18.0%	-70.1%	-63.5%	-6.63%	-10.4%	-60.8%

November 2020

Cash and Accounts Receivable

Days Cash and Accounts Receivable



November 2020

Board Financial Report

Department	Account	Description	Nov Actual	Nov Budget	Nov Variance	2020 YTD Actual	2020 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	5,074.29	5,036.07	(38.22)	48,868.59	55,900.33	7,031.74
	601100	BENEFITS FICA	323.12	312.24	(10.88)	3,618.82	3,465.82	(153.00)
	601150	BENEFITS WA F&MLA	6.18	-	(6.18)	69.34	-	(69.34)
	601400	BENEFITS MEDICAL INS-UNION	4,879.58	4,133.20	(746.38)	53,641.38	45,878.49	(7,762.89)
	601600	BENEFITS RETIREMENT	-	251.80	251.80	-	2,795.02	2,795.02
	601900	BENEFITS EMPLOYEE ASSISTANCE	0.00	9.25	9.25	0.00	102.63	102.63
	602300	CONSULT MNGMT FEE	-	2,049.18	2,049.18	-	22,745.91	22,745.91
	602500	AUDIT FEES	-	3,442.62	3,442.62	30,900.00	38,213.12	7,313.12
	604200	CATERING	-	121.11	121.11	105.00	1,344.28	1,239.28
	604500	OFFICE SUPPLIES	-	24.22	24.22	-	268.85	268.85
	604850	COMPUTER EQUIPMENT	-	80.74	80.74	-	896.21	896.21
	606500	OTHER PURCHASED SERVICES	-	807.38	807.38	477.02	8,961.89	8,484.87
	609400	TRAVEL/MEETINGS/TRAINING	-	1,614.75	1,614.75	5,578.13	17,923.76	12,345.63
BOARD Total			10,283.17	17,882.56	7,599.39	143,258.28	198,496.31	55,238.03

December 2020

Preview — (*as of 0:00 12/16/20)


- **\$23,963,349 in Projected HB charges**
 - Average: \$773,011/day (HB only)
 - Budget: \$760,420/day
 - 101.7% of Budget
- **\$9,843,965 in HB cash collections**
 - Average: \$317,547/day (HB only)
 - Goal: \$335,524/day
- **44.7 Days in A/R**
- **Received 2.8 million from our 2019 cost report. Impact on days is an increase from 156 as of 11/30 to 169 as of today**
- **Questions**

Jefferson Healthcare

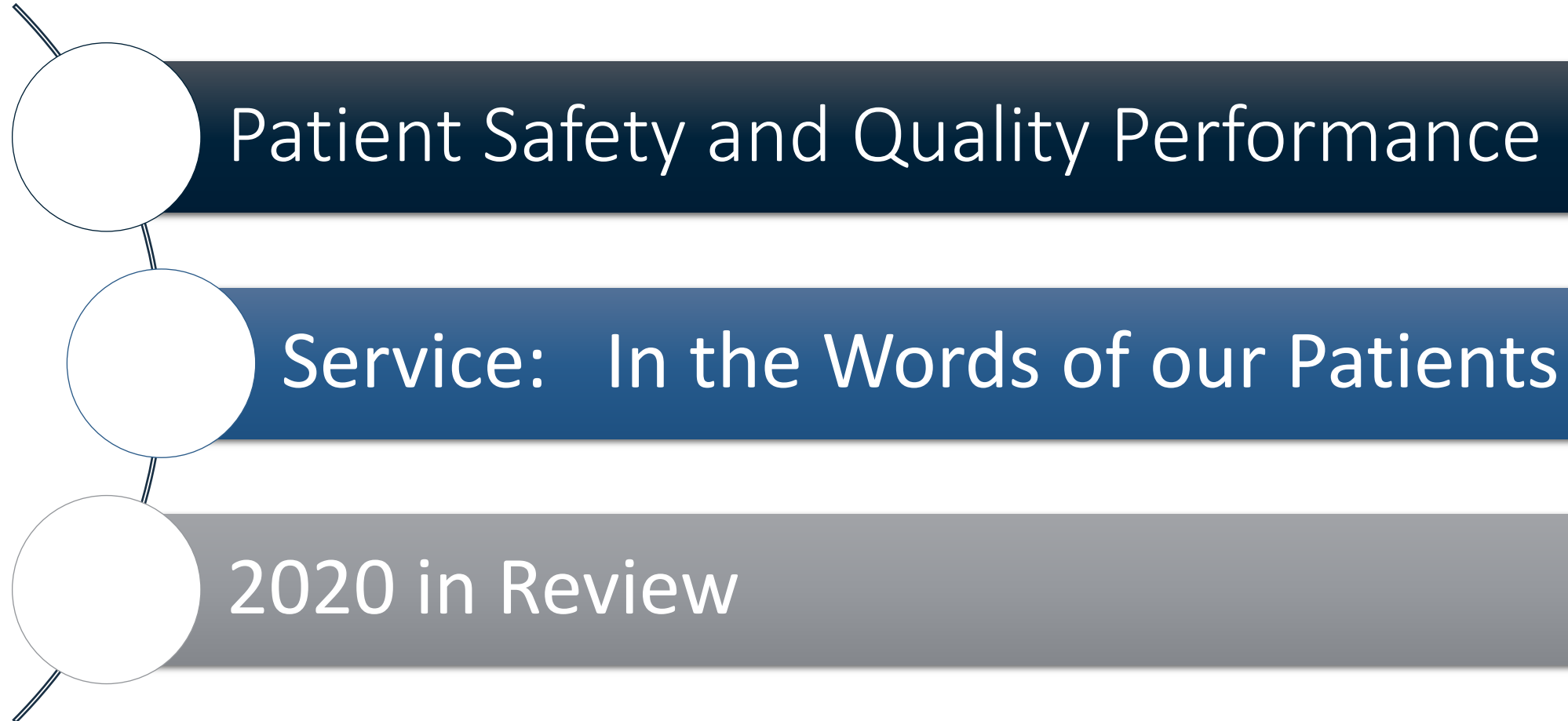
Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

December 23, 2020

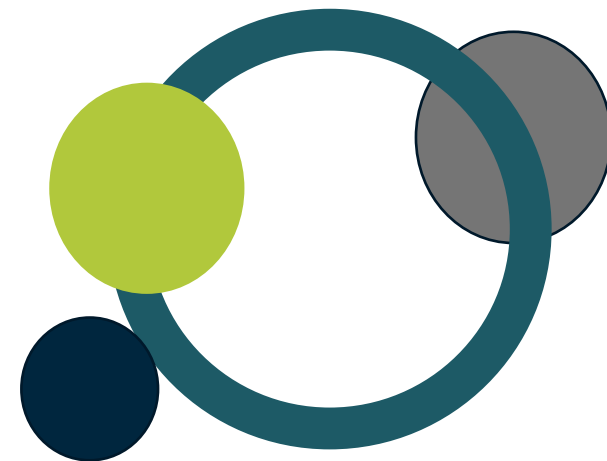


Agenda

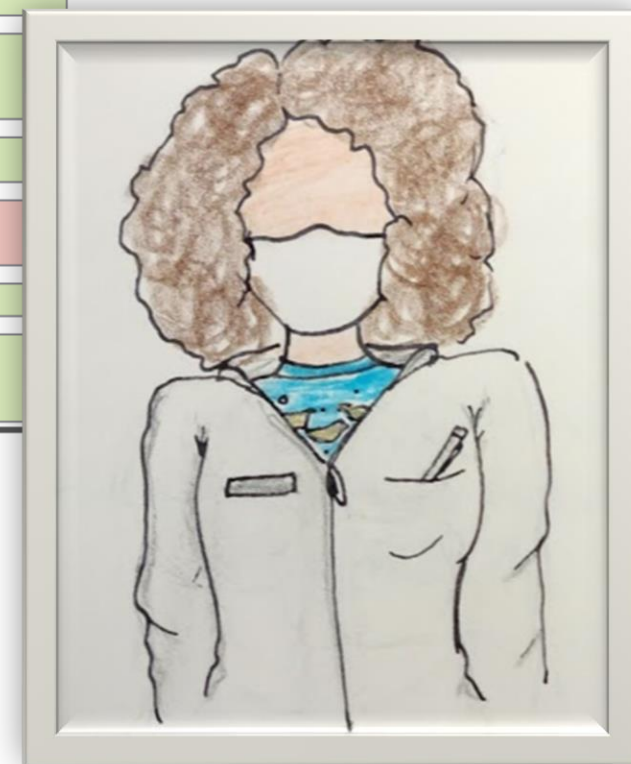


Artwork in this presentation is courtesy of: Students from the Sunfield Farm & Waldorf School

Quality Performance



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



Patient Safety Performance

- No changes in adverse drug events
- Antimicrobial Days of Therapy decreased
- Falls with Injury (inpatient) decreased
- Number of central line days *increased*

November 2020

Quality Dashboard - Select Metric Jefferson Healthcare

Select Hospital

Jefferson Healthcare

Select Metric Category

Select Metric

Hospital Metrics

[Click Measure to Go To Trend](#)

↓ Improving ↑ Worsening → No Change

ADE Anticoagulants	QBS	0.00%	→
ADE Hypoglycemic	QBS	0.00%	→
ADE Opioids	QBS	0.00%	→
Antimicrobial Stewardship	QBS	438	↓
Falls With Injury	QBS	2.76	↓
Pressure Injuries	CHARS	0.00	→
Sepsis	CHARS	0.0%	→
VTE	CHARS	0.00	→
C DIFF	NHSN	0.00	→
CAUTI Rate	NHSN	0.00	→
CLABSI Rate	NHSN	0.00	→
MRSA	NHSN	0.00	→
UR Central Line	NHSN	0.09	↑
UR Urinary Catheter	NHSN	0.20	→
UR Ventilator	NHSN	0.00	→
VAE	NHSN	0.00	→
SSI Rate	NHSN SSI		→

Service Excellence

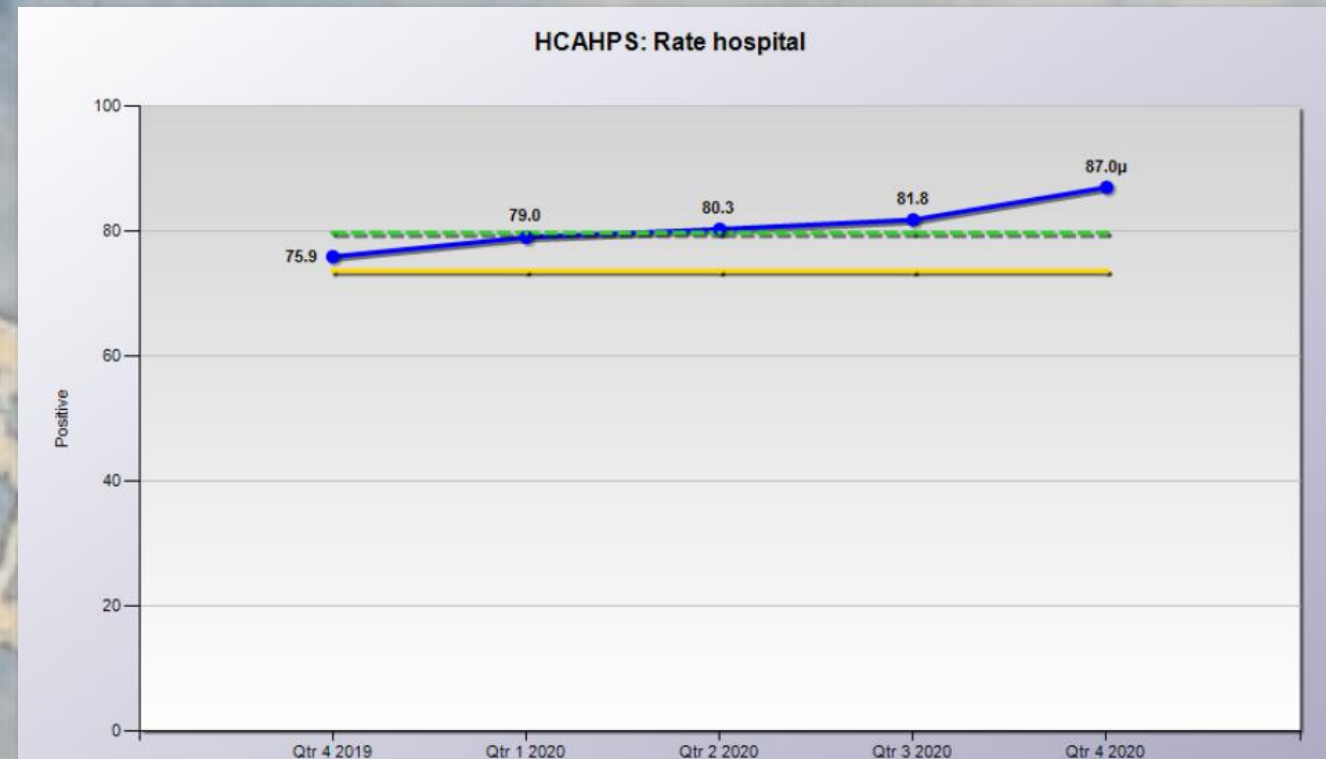
Meeting Target

- Hospital: PR 92
- Emergency: PR 90
- Hospice: PR 99

Not at Target

- Clinics
- Home Health
- Rehab Therapy
- Outpatient Testing
- Ambulatory Surgery*

**Scores reflect rolling 90-day period – ending on December 22, 2020*

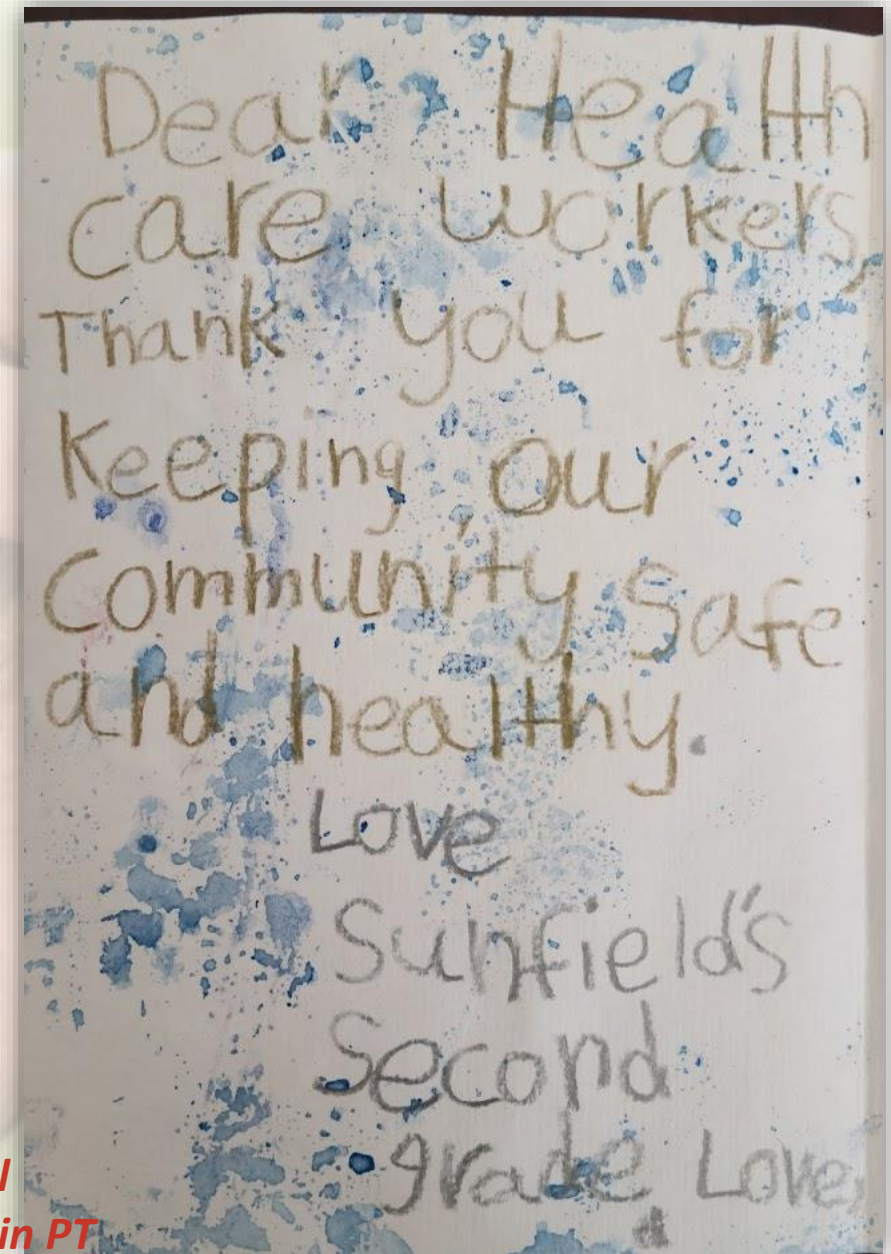


This is one of the best hospital experiences I have ever had.

In the words of our patients (and community).

- Specialty Services:
 - Dr V was very personable; thorough and compassionate. I recommend him to any friends who need a cardiologist.
 - Dr Eissmann is very gentle and knowledgeable
- Rehab Therapy:
 - I quit therapy after 3 sessions because of worries over Covid. I plan to return after getting the vaccine.
- Emergency Department:
 - Peggy St. Clair provided a warm, caring and comfortable place for me. She was very attentive and professional. I felt well cared for by Peggy
- Ambulatory Surgery:
 - All staff were excellent, friendly, courteous and very patient - The facilities were exceptionally clean - I was impressed.
- Inpatient:
 - COVID 19 affected visitations by family.

I'd like to thank the Drs, staff and nurses for taking such great care of me. I feel lucky to have had my emergency occur in Port Townsend. I left my gallbladder in PT and gained admiration for the care I was provided at Jefferson.



An abstract artwork featuring a light beige background. The composition is filled with various shapes and colors. In the upper left, there are several red and orange shapes, some resembling droplets or small circles. The rest of the image is dominated by blue shapes, which are mostly elongated, angular, and somewhat irregular, resembling brushstrokes or splatters. In the lower right, there are green shapes, some of which are circular and others more elongated, interspersed with thin, brown, branching lines that look like roots or a network of veins. The overall effect is a dense, textured collage of organic and geometric forms.

2020: A year in review.

Port Townsend

Jefferson Healthcare

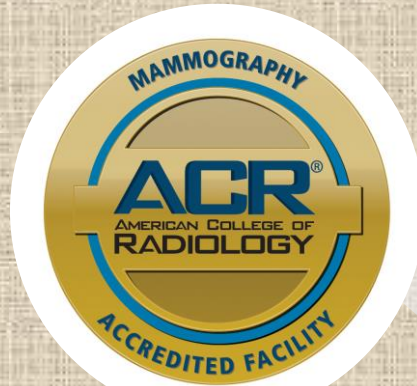


**BEST
HOSPITALS**

WOMEN'S

CHOICE AWARD®

**OUTPATIENT
EXPERIENCE
2020**



Congratulations!

Your site has submitted required monthly data for
the AHRQ Safety Program for
Improving Antibiotic Use



in Ambulatory Care



Jefferson Healthcare Express Clinic



MANAGEMENT SYSTEM CERTIFICATE

Certificate No: 171984-2015-AQ-USA-RUK Initial certification date: 19 February, 2019 Valid: 02 August, 2018 - 26 May, 2020

This is to certify that the management system of

Jefferson Healthcare

834 Sheridan, Port Townsend, WA, 98368, USA
and the sites as mentioned in the appendix accompanying this certificate

has been found to conform to the Quality Management System standard:
ISO 9001:2015



Questions?

Dear Jefferson Healthcare Workers

Your jobs are one of the main lifeboats in this Tsunami of dangerous times. You are being brave, helping people, being their light in the darkness when they're seriously hurt. You are helping them even when you are also being put in danger. For that, we thank you. We are so grateful that you're helping our grandparents, aunts, uncles, parents, wives, husbands, nieces, nephews, cousins, siblings, and friends.

You're saving their **LIVES**.



Jefferson Healthcare

Administrative Report

December 23, 2020

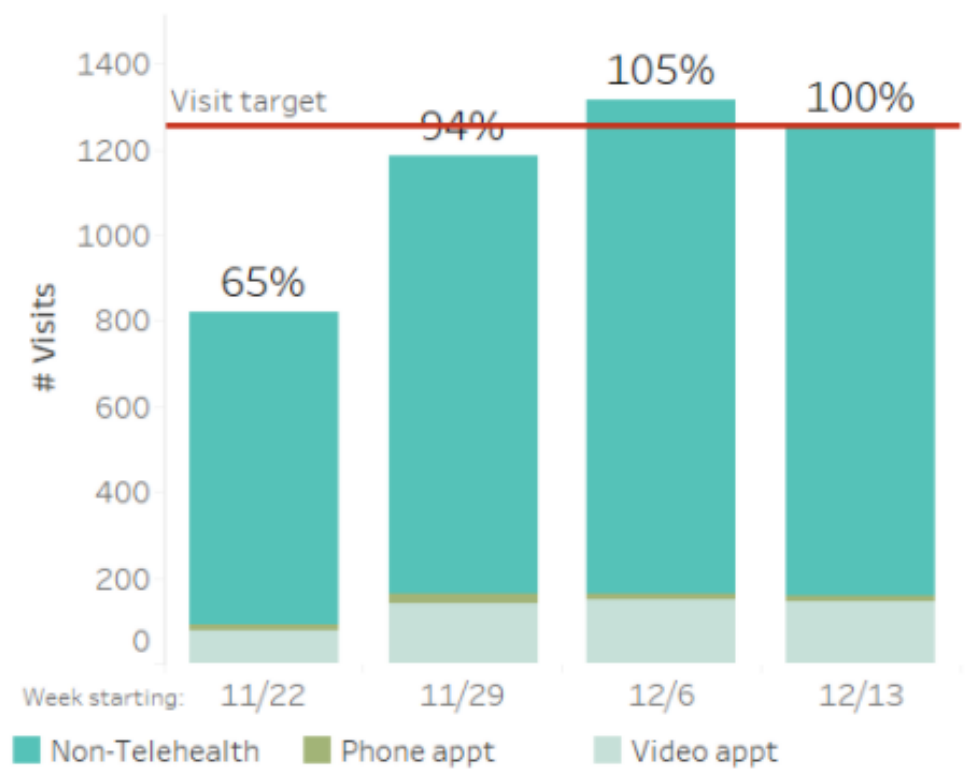
Mike Glenn, CEO

Update 12/22/2020

Tests	
Total Tested	12,752
Negatives	12,583
Positives	169
Percentage Positive	1.3%
Employee Tests	5 positive, 393 negatives

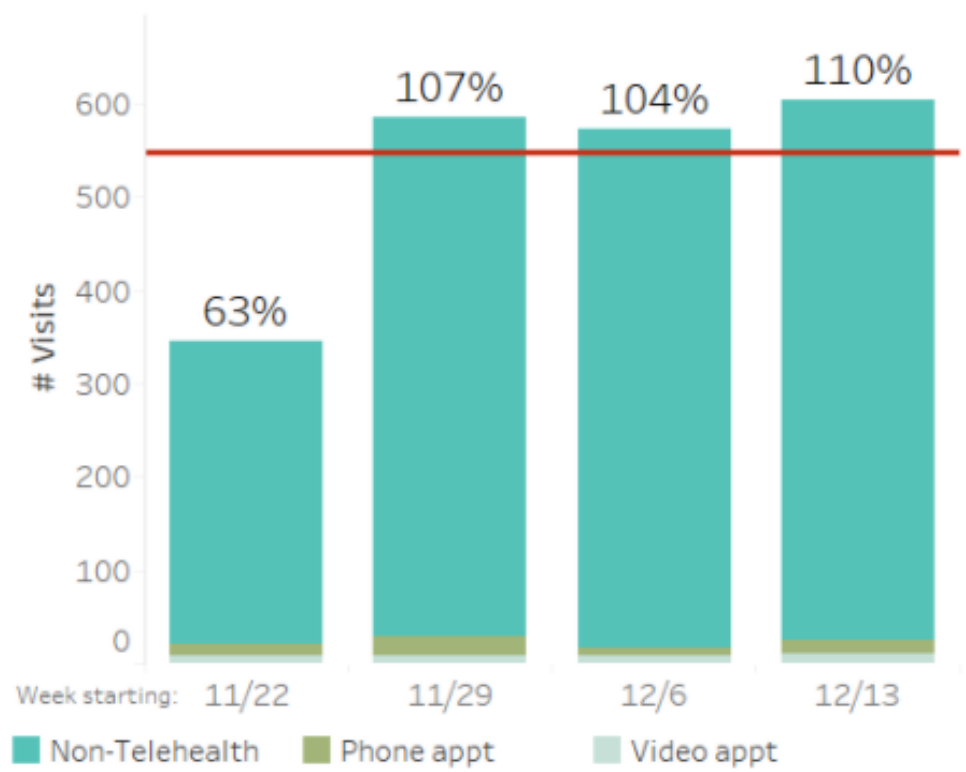
Primary Care variance to target visits

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.



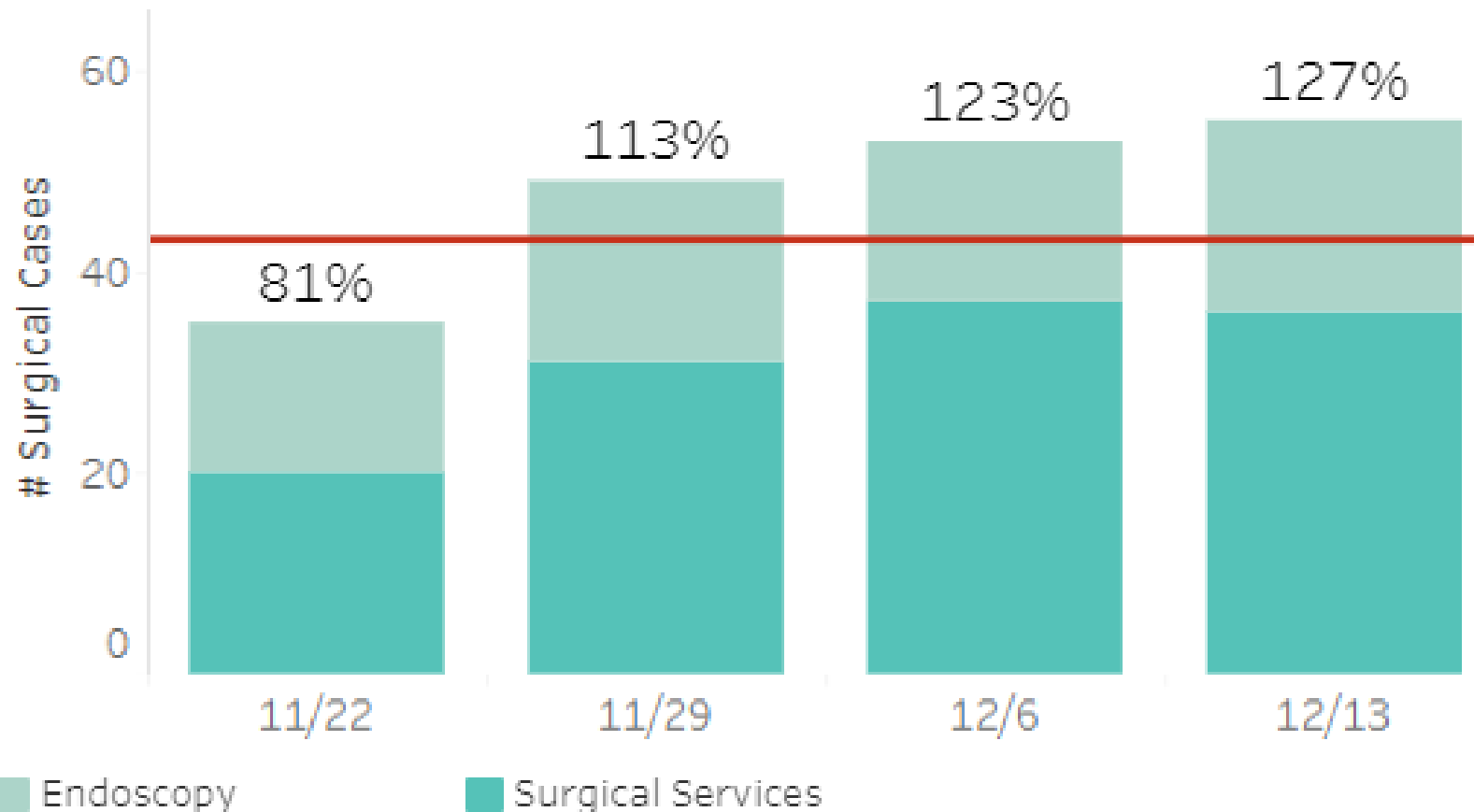
Specialty clinic variance to target visits

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.



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.



Emergency Department and Express Clinic Volume

Week in Focus

Hover over a week below to view underlying data.

	1/12/2020
Total	369
Express Clinic	166
Emergency Dept	203

Year to Date

Select a department to bring in focus.

[Emergency Dept](#)

10,320

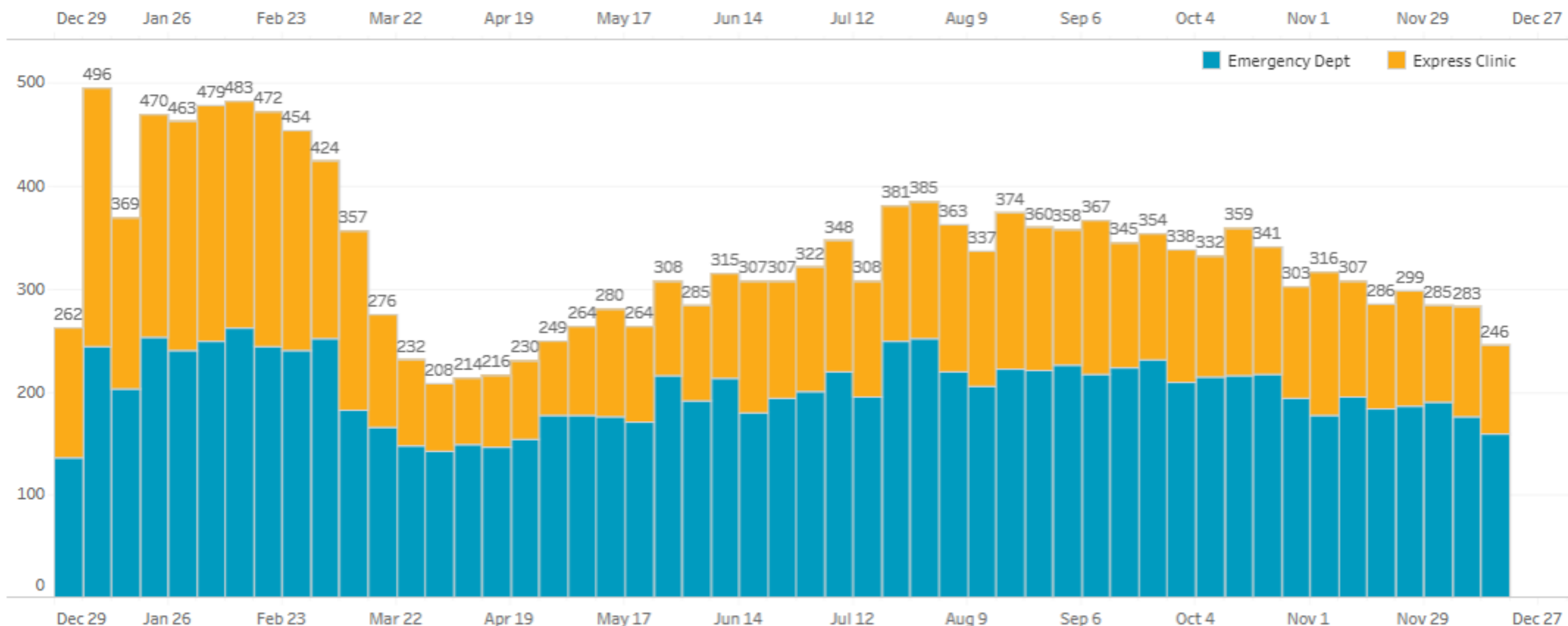


[Express Clinic](#)

6,661



Year 2020 Volumes by Arrival Department and Week



COVID-19 VACCINATIONS

PHASE 1A

Doses acquired (all time)
Doses shipped to JH (all vendors) as of 12/22/2020

1,950

Patients served
Distinct number of patients receiving at least 1 dose (all time). As of 12/22/2020

646

Vaccine on hand
Doses available (calculated using shipments & used). As of 12/22/2020

1,304

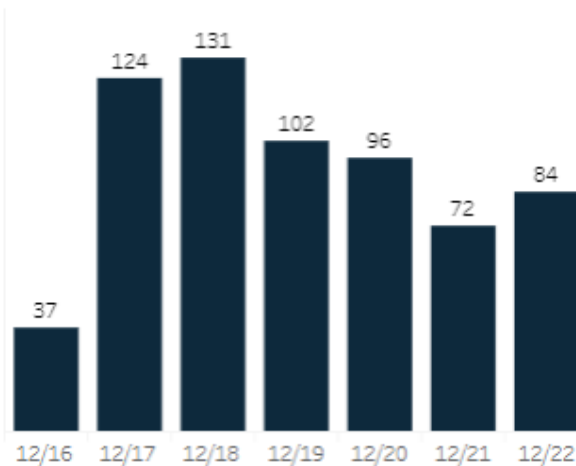
Wasted (all time)
% Doses unviable (from inventory reporting). As of 12/22/2020

0.0%

ADMINISTRATIONS

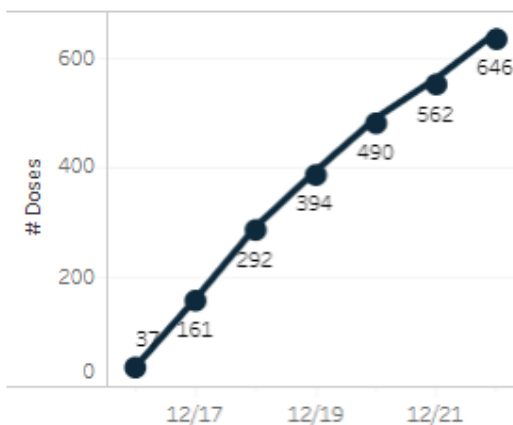
Daily vaccinations given

Doses administered by day. As of 12/22/2020



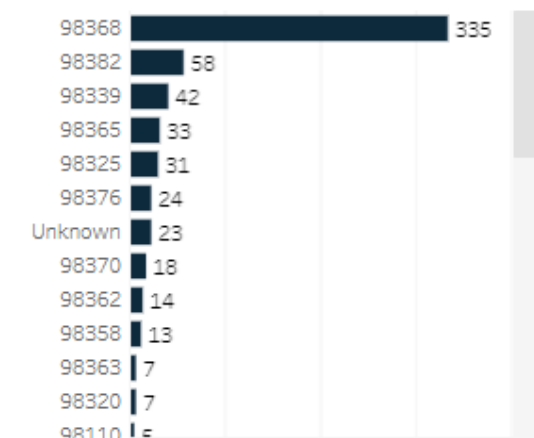
Cumulative doses administered

Cumulative # doses administered up through each date. As of 12/22/2020



Vaccinations by Zip Code

Distinct patients receiving one or more doses (all time). As of 12/22/2020



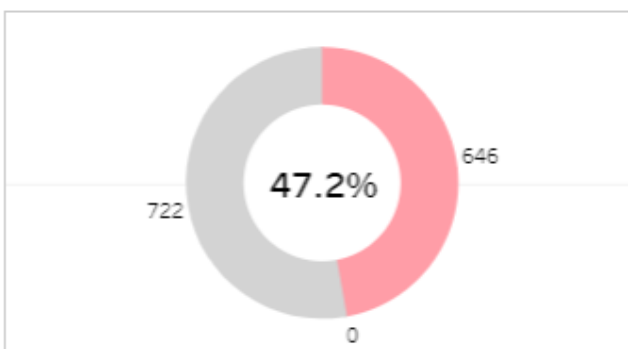
Series status

Populations by # doses received. KPI indicates the percent of each population receiving at least one dose.

- Series started
- Series completed
- Received no doses

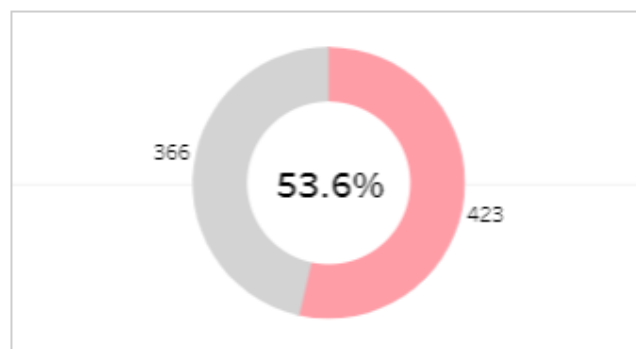
Phase 1A population

Comprised of 1,368 front-line healthcare workers including patient-facing JH employees. As of 12/22/2020



Jefferson Healthcare employees

Comprised of 789 patient- and non patient-facing employees. As of 12/22/2020

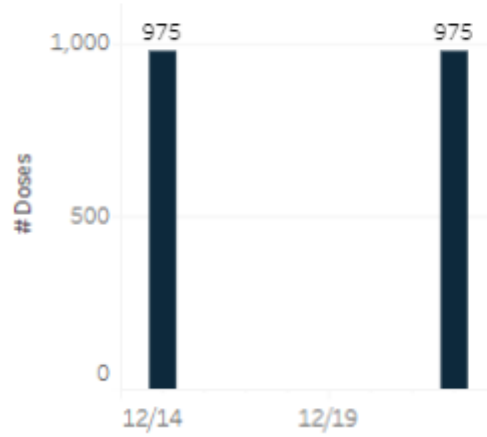


COVID-19 VACCINATIONS

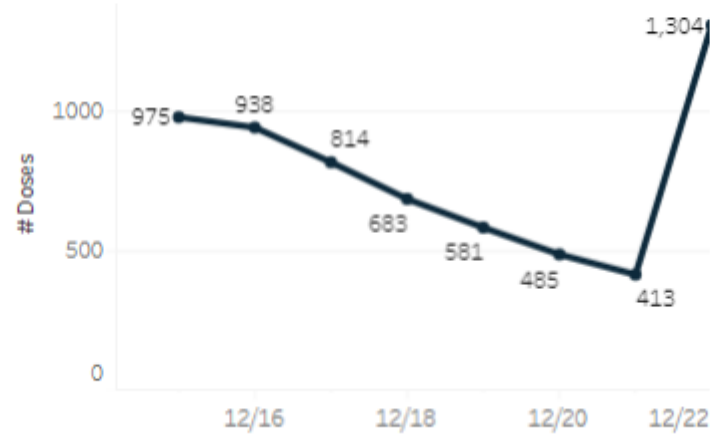
PHASE 1A Inventory

INVENTORY

Vaccine shipments received
Doses by date of receipt at JH. Latest shipment report on 12/22/2020.



Vaccine on hand
Viable doses available by date. Based on calculations, not physical inventory. Data as of 12/22/2020



Wastage

Primary reasons for wasting of vaccine product. Numbers are # doses cumulative (all time). Latest wastage report on 12/16/2020.

None

Questions

