

No in-person attendance allowed, pursuant to Governor Inslee's Proclamation 20-28.

<u>All</u> 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#

Regular Session Agenda	
Wednesday, February 24, 2021	
Call to Order:	2:00
Approve Agenda:	2:00
Board Governance Education:	2:01
Education Topic: OPMA/OPRA- AWPHD recorded webinar.	2:30
Break:	3:15
Patient Story: Tina Toner, CNO	3:30
 Minutes: January 27 Special Session Minutes (pgs2-3) January 27 Regular Session Minutes (pgs 4-7) 	3:40
Required Approvals: Action Requested Medical Staff Credentials/ Appointments/ Reappointments (pgs 14-21)	3:50
Patient Advocate Report: Jackie Levin, RN, Patient Advocate	3:55
Financial Report: Jim Heilsberg, Interim CFO	4:10
Quality Report: Brandie Manuel, Chief Pt Safety and Quality Officer	4:25
Administrative Report: Mike Glenn, CEO	4:40
CMO Report: Dr. Joe Mattern, CMO	4:55
Board Business: Board of Health Report	5:15
Meeting Evaluation:	5:30
<u>Conclude</u> : This Regular Session will be officially recorded. Times shown in agenda are estimates only.	5:35

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 <u>commissioners@jeffersonhealthcare.org</u>.



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Jefferson County Public Hospital District No.2 Board of Commissioners, Special Session Minutes Thursday, January 27, 2021

Call to Order:

The meeting was called to order at 1:36pm by Board Chair Buhler Rienstra. Present were Commissioners Dressler, McComas, Ready, and Kolff. Also, in attendance was Brittany Huntingford, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

No approval needed for special session.

Board Business:

Board self-evaluation

Commissioner Kolff moved to use the seven questions that Commissioner Ready provided via email to the group to seek written legal feedback regarding the recording issue. Commissioner Ready seconded.

Discussion ensued.

Action: Motion passed unanimous.

Commissioner Buhler Rienstra appointed Commissioners Dressler and Ready as authorized representatives of the board to ask questions and get estimates of potential law firms to utilize for the questions for the board to select.

The board discussed potential retreat topics and decided on Wednesday, March 3rd, 2021 from 2pm-5pm for the first session.

Commissioner Kolff moved to lengthen the board meetings by 30 minutes beginning at 2:00pm to review the critical questions book from WSHA this year. Commissioner Ready seconded.



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Discussion ensued.

Action: two ayes, one no, two abstentions. The motion passes.

Commissioner Kolff motioned to that the group read Governance as leadership to be prepared for the March retreat. There was no seconded.

Conclude:

Commissioner McComas motioned to conclude the meeting. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Meeting concluded at 2.24 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra

Secretary of Commission: Marie Dressler_

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Jefferson County Public Hospital District No.2 Board of Commissioners, Regular Session Minutes Wednesday, January 27, 2021

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, Jim Heilsberg, Interim 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. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Commissioner Dressler moved to approve the agenda. Commissioner Ready seconded. **Action:** Motion passed unanimously.

Education Topic:

Just Culture- Health Equity

Dunia Faulx, Director Population Health, and Brandie Manuel, Chief of Patient Safety and Quality provided a presentation titled Just Culture: Health Equity.

Discussion ensued.

Commissioners recessed for break at 3:16 pm. Commissioners reconvened from break at 3:30 pm.

Staff Recognition:

Aaron Vallat gave a presentation on the project work done in 2020 and the impacts from COVID 19 on Support Services Teams.

Patient Story:

Tina Toner, CNO gave a presentation thanking and congratulating Jeinell Harper, RN, OCN on 39 wonderful years of service.

Minutes:

December 23, 2020 Minutes January 14, 2021 Minutes Commissioner Kolff moved to amend the January 14, 2021 minutes as follows: Nominations are as follows:

Chair:

Commissioner Buhler Rienstra was nominated by Commissioner Dressler; Commissioner McComas seconded.

Commissioner Dressler was nominated by Commissioner Kolff; Commissioner McComas seconded.

Action: Commissioner Dressler declined the nomination.

Action: Motion to have Commissioner Buhler Rienstra serve as chair passed unanimously.

Secretary:

Commissioner Dressler was nominated by Commissioner McComas; Commissioner Kolff seconded.

Commissioner McComas was nominated by Commissioner Kolff; Commissioner Dressler seconded.

Action: Commissioner McComas declined the nomination.

Action: Motion to have Commissioner Dressler serve as secretary passed unanimously.

Commissioner Dressler moved to approve the December 23, 2020 and the amended January 14, 2021 Minutes. Commissioner McComas seconded. **Action:** Motion passed unanimously.

Required Approvals: Action Requested

Medical Staff Credentials/Appointments/Reappointments Resolution 2021-01 Surplus Equipment Interlocal agreement with Jefferson County/JCPH- Vaccine Clinic Services

Commissioner Dressler made a motion to approve the Medical Staff Credentials/ Appointments/ Reappointments, Resolution 2021-01 Surplus Equipment and Interlocal agreement with Jefferson County/JCPH- Vaccine Clinic Services. Commissioner Ready seconded.

Discussion ensued. **Action:** Motion passed unanimously.

Financial Report:

Jim Heilsberg, Interim CFO, presented the December Financial Reports.

Discussion ensued.

Quality Report:

Brandie Manuel, CPSQO, presented the January Quality Report.

Administrative Report

Mike Glenn, CEO, presented the Administrative report.

Discussion ensued.

Commissioner Ready moved to add a 5th point to the Advocacy Letter to include: "Support the aggressive pursuit of a well-designed Single payor healthcare system such as Medicare for all." Commissioner Kolff seconded.

Discussion ensued.

Action: Motion failed 3 to 2 Commissioners Buhler Rienstra, Dressler and McComas opposed. Commissioners Kolff and Ready in favor.

Commissioner McComas moved to send the Advocacy Letter as written. Commissioner Dressler seconded.

Discussion ensued.

Action: Motion passed 4 to 1. Commissioners Buhler Rienstra, Dressler, Kolff and McComas in favor. Commissioner Ready opposed.

Commissioner Dressler moved to accept the Organizational chart presented today with the dyad details removed. Commissioner Kolff seconded **Action:** Motion passed unanimously.

Commissioner Kolff moved to accept the CEO Succession Plan as presented. Commissioner McComas seconded

Action: Motion passed unanimously.

CMO Report

Dr. Joe Mattern, CMO Discussion ensued.

Board Business:

Board of Health packet Commissioner Kolff shared details of Board of Health packet and conversations that would be taking place related to the packet. Commissioner Kolff moved that the Jefferson Healthcare Board of Commissioners support the effort by the Board of Heath and others to resist being pushed into a large public health district by House Bill 1152. Commissioner Dressler seconded. **Action:** Motion passed unanimously.

Commissioner Kolff moved to have Health Equity Resolution 2020-16 to have the formatting/numbering cleaned up. Commissioner Ready seconded. **Action:** Motion passed unanimously.

Adopt Board Book Discussion ensued.

Commissioner Kolff moved to adopt the Board Book. Commissioner McComas seconded.

Adopt Board Calendar Discussion ensued.

Commissioner Dressler moved to adopt the Board Calendar. Commissioner Kolff seconded.

Adopt Committee Assignments Discussion ensued.

Commissioner Kolff moved to adopt the Committee Assignments with the change of Finance Committee from Kolff to Dressler. Commissioner McComas seconded.

Meeting Evaluation:

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 6:27 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra ______ Secretary of Commission: Marie Dressler ______

Jefferson	January 2021 Actual	January 2021 Budget	Variance Favorable/	%	January 2021 YTD	January 2021 Budget	Variance Favorable/	%	January 2020 YTD
Healthcare	20217/0100	2021 Buugot	(Unfavorable)			YTD	(Unfavorable)		
Gross Revenue	2 000 000	4 055 550	(550.050)	400/		4 955 559	(550.050)	400/	0 700 400
Inpatient Revenue Outpatient Revenue	3,696,206 20,219,288	4,255,558 20,250,194	(559,352) (30,906)	-13% 0%	3,696,206 20,219,288	4,255,558 20,250,194	(559,352) (30,906)	-13% 0%	3,732,160 19,646,833
	20,219,200	20,230,134	(30,900)	U /0	20,219,200	20,230,134	(30,900)	U /0	19,040,055
Total Gross Revenue	23,915,494	24,505,752	(590,258)	-2%	23,915,494	24,505,752	(590,258)	-2%	23,378,993
Revenue Adjustments									
Cost Adjustment Medicaid	1,966,507	2,644,398	677,892	26%	1,966,507	2,644,398	677,892	26%	1,754,611
Cost Adjustment Medicare	7,940,326	7,947,468	7,143	0%	7,940,326	7,947,468	7,143	0%	8,422,739
Charity Care	304,774	233,043	(71,731)	-31%	304,774	233,043	(71,731)	-31%	177,476
Contractual Allowances Other	2,264,946	1,872,869	(392,076)	-21%	2,264,946	1,872,869	(392,076)	-21%	1,833,027
Administrative Adjustments	97,546	110,023	12,477	11%	97,546	110,023	12,477	11%	235,245
Allowance for Uncollectible Accounts	404,065	461,901	57,837	13%	404,065	461,901	57,837	13%	25,128
Total Revenue Adjustments	12,978,163	13,269,703	291,540	2%	12,978,163	13,269,703	291,540	2%	12,448,225
Net Patient Service Revenue	10,937,330	11,236,048	(298,718)	-3%	10,937,330	11,236,048	(298,718)	-3%	10,930,768
Other Revenue									
340B Revenue	263,088	314,247	(51,158)	-16%	263,088	314,247	(51,158)	-16%	262,676
Other Operating Revenue	203,000 154,279	235,586	(81,307)		154,279	235,586	(81,307)	-35%	202,070
Other Operating Revenue	154,279	235,500	(01,307)	-35%	154,275	235,500	(81,307)	-33%	201,708
Total Operating Revenues	11,354,698	11,785,881	(431,183)	-4%	11,354,698	11,785,881	(431,183)	-4%	11,395,152
Operating Expenses									
Salaries And Wages	5,919,515	5,796,936	(122,579)	-2%	5,919,515	5,796,936	(122,579)	-2%	5,630,759
Employee Benefits	1,575,924	1,487,709	(88,215)	-6%	1,546,974	1,487,709	(59,265)	-4%	1,443,501
Professional Fees	115,806	133,343	17,537	13%	115,806	133,343	17,537	13%	212,106
Purchased Services	531,913	701,077	169,164	24%	531,913	701,077	169,164	24%	564,314
Supplies	2,225,598	2,188,327	(37,271)	-2%	2,225,598	2,188,327	(37,271)	-2%	1,824,177
Insurance	90,489	85,425	(5,064)	-6%	90,489	85,425	(5,064)	-6%	63,106
Leases And Rentals	7,061	35,778	28,717	80%	7,061	35,778	28,717	80%	134,693
Depreciation And Amortization	490,182	537,192	47,010	9%	490,182	537,192	47,010	9%	401,700
Repairs And Maintenance	56,390	103,261	46,871	45%	56,390	103,261	46,871	45%	69,302
Utilities	100,976	98,536	(2,440)	-2%	100,976	98,536	(2,440)	-2%	111,864
Licenses And Taxes	46,739	64,054	17,315	27%	46,739	64,054	17,315	27%	73,952
Other	113,617	199,859	86,242	43%	113,617	199,859	86,242	43%	201,433
Total Operating Expenses	11,274,211	11,431,499	157,287	1%	11,245,261	11,431,499	186,237	2%	10,730,907
Operating Income (Loss)	80,486	354,382	(273,896)	-77%	109,436	354,382	(244,946)	-69%	664,245
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	23,102	23,798	(696)	-3%	23,102	23,798	(696)	-3%	22,098
Taxation For Debt Service	19,846	18,668	1,178	6%	19,846	18,668	1,178	6%	18,975
Investment Income	5,556	28,197	(22,641)	-80%	5,556	28,197	(22,641)		31,853
Interest Expense	(86,300)	(89,636)	3,336	4%	(86,300)	(89,636)	3,336	4%	(80,242)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	-	18,473	(18,473)	-100%	-	18,473	(18,473)	-100%	500
Total Non Operating Revenues (Ex	(37,796)	(500)	(37,296)	-7458%	(37,796)	(500)	(37,296)	-7458%	(6,816)
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Change in Net Position (Loss)	42,690	353,882	(311,192)	-88%	71,640	353,882	(282,242)	-80%	657,429

Jefferson										
Healthcare	JANUARY 2021			JANUARY 2020						
STATISTIC DESCRIPTION	<u>MO</u> ACTUAL	<u>MO</u> BUDGET	<u>%</u> VARIANCE	<u>YTD</u> ACTUAL	<u>YTD</u> BUDGET	<u>%</u> VARIANCE	<u>MO</u> ACTUAL	<u>%</u> VARIANCE	<u>YTD</u> ACTUAL	<u>%</u> VARIANCE
FTEs - TOTAL (AVG)	614.63	625.21	2%	614.63	625.21	2%	576.30	-7%	576.30	-7%
FTEs - PRODUCTIVE (AVG)	528.81	559.80	6%	528.81	559.80	6%	482.75	-10%	482.75	-10%
ADJUSTED PATIENT DAYS	2,436 87	2,233 76	9% 14%	2,436 87	2,233	9%	1,940 64	26% 36%	1,940 64	26%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS) ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	291	331	-12%	291	76 331	14% -12%	288	36% 1%	288	26% 1%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	15	23	-35%	15	23	-35%	37	-59%	37	-147%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	393	430	-9%	393	430	-9%	389	1%	389	1%
BIRTHS	8	10	-20%	8	10	-20%	6	33%	6	25%
SURGERY CASES (IN OR)	127	127	0%	127	127	0%	129	-2%	129	-2%
SURGERY MINUTES (IN OR) SPECIAL PROCEDURE CASES	14,417 54	14,861 77	-3% -30%	14,417 54	14,861 77	-3% -30%	18,237 86	-21% -37%	18,237 86	-26% -59%
LAB BILLABLE TESTS	21,077	21,570	-2%	21,077	21,570	-2%	18,666	13%	18,666	11%
BLOOD BANK UNITS MATCHED	-	48	-100%	-	48	-100%	70	-100%	70	0%
MRIS COMPLETED	192	238	-19%	192	238	-19%	239	-20%	239	-24%
CT SCANS COMPLETED	522	544	-4%	522	544	-4%	456	14%	456	13%
RADIOLOGY DIAGNOSTIC TESTS	1,425	1,583	-10%	1,425	1,583	-10%	1,570	-9%	1,570	-10%
ECHOS COMPLETED ULTRASOUNDS COMPLETED	136 334	138 346	-1% -3%	136 334	138 346	-1% -3%	117 305	16% 10%	117 305	14% 9%
MAMMOGRAPHYS COMPLETED	250	260	-3% -4%	250	260	-3% -4%	239	10%	239	9% 4%
NUCLEAR MEDICINE TESTS	51	38	34%	51	38	34%	29	76%	29	43%
TOTAL DIAGNOSTIC IMAGING TESTS	2,910	3,147	-8%	2,910	3,147	-8%	2,955	-2%	2,955	-2%
PHARMACY MEDS DISPENSED	19,958	24,451	-18%	19,406	24,451	-21%	20,978	-5%	20,978	-8%
ANTI COAG VISITS	359	409	-12%	359	409	-12%	395	-9%	395	-10%
RESPIRATORY THERAPY PROCEDURES	2,612	3,727	-30%	2,512	3,727	-33%	3,547	-26%	3,547	-41%
PULMONARY REHAB RVUs PHYSICAL THERAPY RVUs	8 6 975	237	-97%	8 6,875	237	-97%	271	-97%	271	-3288%
OCCUPATIONAL THERAPY RVUs	6,875 1,163	7,650 1,111	-10% 5%	6,875 1,161	7,650 1,111	-10% 5%	7,646 1,141	-10% 2%	7,646 1,141	-11% 2%
SPEECH THERAPY RVUs	243	220	10%	243	220	10%	300	-19%	300	-23%
REHAB/PT/OT/ST RVUs	8,289	9,218	-10%	8,287	9,218	-10%	9,358	-11%	9,358	-13%
ER CENSUS	854	1,110	-23%	854	1,110	-23%	1,046	-18%	1,046	-22%
EXPRESS CLINIC	481	830	-42%	481	830	-42%	949	-49%	949	-97%
SOCO PATIENT VISITS	111	165	-33%	111	165	-33%	160	-31%	160	-44%
PORT LUDLOW PATIENT VISITS	554 2,584	662 2,667	-16%	554 2,584	662 2,667	-16%	588 2,351	-6%	588 2,351	-6% 9%
SHERIDAN PATIENT VISITS DENTAL CLINIC	303	2,007	-3% -24%	2,584	398	-3% -24%	339	10% -11%	339	-12%
WATERSHIP CLINIC PATIENT VISITS	954	1,194	-20%	954	1,194	-20%	1,134	-16%	1,134	-19%
TOWNSEND PATIENT VISITS	554	554	0%	554	554	0%	535	4%	535	3%
TOTAL RURAL HEALTH CLINIC VISITS	5,541	6,470	-14%	5,541	6,470	-14%	6,056	-9%	6,056	-9%
OFF-SITE LAB	1,310	-	0%	1,310	-	0%	-	0%	-	100%
DISASTER CLINIC	55	-	0%	55	-	0%	-	0%	-	100%
TOTAL COVID RESPONSE CARDIOLOGY CLINIC VISITS	1,365 398	- 340	0% 17%	1,365 398	- 340	0% 17%	- 319	0% 25%	- 319	100% 20%
DERMATOLOGY CLINIC VISITS	611	561	9%	611	561	9%	683	-11%	683	-12%
GEN SURG PATIENT VISITS	320	312	3%	320	312	3%	294	9%	294	8%
ONCOLOGY VISITS	557	594	-6%	557	594	-6%	496	12%	496	11%
ORTHO PATIENT VISITS	656	729	-10%	656	729	-10%	676	-3%	676	-3%
SLEEP CLINIC VISITS	72	142	-49%	72	142	-49%	176	-59%	176	-144%
	169	229	-26%	169	229	-26%	219	-23%	219	-30%
WOMENS CLINIC VISITS WOUND CLINIC VISITS	259 229	276 277	-6% -17%	259 229	276 277	-6% -17%	171 231	51% -1%	171 231	34% -1%
TOTAL SPECIALTY CLINIC VISITS	3,271	3,460	-17%	3,271	3,460	-17%	3,265	-1%	3,265	-1%
SLEEP CENTER SLEEP STUDIES	22	65	-66%	22	65	-66%	58	-62%	58	-164%
INFUSION CENTER VISITS	736	851	-14%	736	851	-14%	733	0%	733	0%
SURGERY CENTER ENDOSCOPIES	68	79	-14%	68	79	-14%	74	-8%	74	-9%
HOME HEALTH EPISODES	56	60	-7%	56	60	-7%	49	14%	49	13%
HOSPICE CENSUS/DAYS	1,030	749	38%	1,030	749	38%	1,073	-4%	1,073	-4%
CARDIAC REHAB SESSIONS DIETARY TOTAL REVENUE	- 56,227	85 60,691	-100%	- 56,227	85 60,691	-100%	183 84 504	-100%	183 84 504	0%
MAT MGMT TOTAL REVENUE	1,759	2,207	-7% -20%	1,759	2,207	-7% -20%	84,504 2,291	-33% -23%	84,504 2,291	-50% -30%
EXERCISE FOR HEALTH PARTICIPANTS	-	2,207	-20%	-	2,207	-20%	506	-23%	506	-30%
		200	10070		200	100/0		10070	500	070

TO:BOARD OF COMMISSIONERSFROM:JIM HEILSBERG, INTERIM CFORE:JANUARY 2021 WARRANT SUMMARY

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

General Fund Warrants & ACH Transfers Allowance for Uncollectible Accounts / Charity Canceled Warrants
 \$16,997,509.77
 (Provided under separate cover)

 \$806,385.00
 (Attached)

 \$0.00
 (Attached)

TO: BOARD OF COMMISSIONERS

FROM: JIM HEILSBERG, INTERIM CFO

RE: DECEMBER 2020 GENERAL FUND WARRANTS & ACH FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

20879 - 271517	\$3,656,531.44
ACH TRANSFERS	\$13,340,978.33
	\$16,997,509.77
YEAR-TO-DATE:	\$16,997,509.77

Warrants are available for review if requested.

TO: BOARD OF COMMISSIONERS

FROM: JIM HEILSBERG, INTERIM CFO

RE: JANUARY 2021 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

JAN	JAN YTD	JAN YTD BUDGET
404,065.00	404,065.00	461,901.00
304,774.00	304,774.00	233,043.00
97,546.00	97,546.00	110,023.00
\$806,385.00	\$806,385.00	\$804,967.00
	404,065.00 304,774.00 97,546.00	404,065.00 404,065.00 304,774.00 304,774.00 97,546.00 97,546.00

TO: **BOARD OF COMMISSIONERS** FROM:

JIM HEILSBERG, INTERIM CFO

JANUARY 2021 WARRANT CANCELLATIONS RE:

> 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

TOTAL:

\$ -

FROM: Medical Staff Services RE: 02/23/2021 Medical Executive Committee appointments/reappointments for Board approval 02/24/2021

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. N/A

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

- 1. Jay Lawrence, DO General Surgery
- 2. Lissa Lubinski, MD Family Practice

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

- 1. Abdelrahman Beltagy, MD Teleneurology
- 2. Ravi Menon, MD Teleneurology
- 3. John Zurasky, MD Teleneurology
- 4. Jonathan Naatz, MD Teleradiology

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

- 1. Lance Griffin, CRNA Anesthesiology
- 2. Kari Griffin-Harte, ARNP Family Practice

Medical Student Rotation:

- 1. Andrew Leichty Med Student to shadow Dr. Meyerson in February
- 2. Michelle Hedeen Med Student to shadow Dr. Hong in March

Disaster Privileging:

N/A

90-day provisional performance review completed successfully:

N/A

Resignations:

N/A

FROM:Medical Staff ServicesRE:02/23/2021 Medical Executive Committee appointments/reappointments for
Board approval 02/24/2021

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.

Summary of Changes for Policy and Privilege Review

Policies

- 1. Medical Staff Rules and Regulations
 - a. Unchanged
- 2. Practitioner Rights in the Credentialing Process
 - a. Unchanged

Privileges

- 1. Psychiatry Privileges for MD or DO
 - a. Unchanged
- 2. Tele-Psychiatry Privileges (Consults only)
 - a. Unchanged
- 3. Tele-Radiology Privileges
 - a. Removed CME requirement from reappointment
 - b. Changed specific volume to "evidence of adequate patient care volume without evidence of deviation of standard of care"
- 4. Podiatry Privileges
 - a. Major Changes please see new draft in separate packet.
- 5. Clinical/Anatomical Pathology Privileges
 - a. Removed CME requirement from reappointment
 - b. Removed "may admit patients to the medical short stay unit for performance of bone marrow biopsies/aspirates"
- 6. Consulting Radiation Oncology Privileges
 - a. Changed specific volume to "evidence of adequate patient care volume without evidence of deviation of standard of care"
- 7. Medical Oncology Privileges
 - a. Changed specific volume to "evidence of adequate patient care volume without evidence of deviation of standard of care"
 - b. Removed admission
- 8. Orthopedic Surgery Privileges
 - a. Removed CME requirement from reappointment

FROM: Medical Staff Services RE: 02/23/2021 Medical Executive Committee appointments/reappointments for Board approval 02/24/2021

C-0241

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- b. Changed specific volume to "evidence of adequate patient care volume without evidence of deviation of standard of care"
- 9. Physical Medicine and Rehabilitation Privileges
 - a. Changed specific volume to "evidence of adequate patient care volume without evidence of deviation of standard of care"
- 10. POCUS Privileges
 - a. Added in the specific POCUS procedure table to illustrate what is being requested please see draft in separate packet.

Jefferson Healthcare Podiatry Privileges

Minimum Criteria for Privileges in Podiatry:

To be eligible for core privileges in podiatry, the applicant must feel the following qualifications:

Licensed DPM

Minimal Formal Training

- Successful completion of an approved residency training program in podiatric medicine
- Compliance with board certification requirements per the Bylaws

AND

Required Previous Experience:

• Must provide evidence of adequate patient care volume without evidence of deviation of standard of care.

Reappointment Requirements

Current demonstrated competence and documentation of clinical activity within the scope of privileges requested without significant quality variations based on results of quality assessment and improvement activities and/or peer review outcomes. In the absence of Jefferson Healthcare specific data, applicant shall provide quality reports from primary hospital or other volume and quality assessment data.

Privileges are limited to procedures/treatment of the forefoot. Emergency trauma is excluded.

Place check mark in the column for each privilege requested. Initial applicants must provide documentation of the number				
and types of hospital cases during the past 24 mon	ths.			
Core Level 1 Privileges: Foot and Ankle				
Privileges to admit as qualified, evaluate, diagnose, provide consultation, order diagnostic st		n surgical and	non-	
surgical procedures of the foot and ankle using any necessary method within the standard of			r	
Procedure	Requested	Granted	Denied	
Soft tissue procedures of the foot and ankle including: incision and drainage, lesion and				
mass excision, ligaments and tendon repair; adjunctive tendon lengthening of the related				
lower leg; skin grafts; tarsal tunnel decompression.				
Ossesous procedures including osteotomies of the foot; ostectomies of the foot and ankle;				
open and closed reduction of the forefoot and lesser tarsal fractures/dislocations; osseous				
fusion of the foot (excluding triple arthrodesis).				
Amputations of portions of the foot				
*Extracorporeal shock wave therapy				
*CO2 laser use				
Bunionectomy				
Bunionectomy, Keller				
Calcaneal Exostectomy				
Common peroneal nerve block anesthesia				
Condylectomy				
Excision of neuroma/ganglion of forefoot				
Excision of exostoses				
Excision of sesamoid/supernumerary bones of foot				
Excision soft or hard corns				
Excision verrucae or callosities				
Hammertoe surgery				
Incision/drainage abscess of forefoot				

*Requires course certificate

Core Level 2 Privileges: Complex Rearfoot, Ankle, and Related Lower Extremity Structures**

Privileges to include performance of complex rearfoot, ankle, and related lower extremity structures using any method within the standard of care.

Procedure	Requested	Granted	Denied
Osteotomy of the ankle and related lower leg; arthrodesis of the ankle (open and			
arthroscopic)			
Tendon reconstruction and transfer of the ankle and related lower leg.			
Fracture management: closed and open repair of major foot and ankle fractures (Calcaneus			
and talus), ankle and related lower leg structures; and osteoarticular cartilage grafts.			
Osseous fusions of the hindfoot and ankle.			
*Arthroscopy of the foot and ankle.			

*Requires course certificate

******Isolated procedures from Core 2 may be granted with proper documentation as defined within this document.

Special procedures non-core privileges

To be eligible to apply for a special non-core privilege listed below requires additional documentation of training, qualification and post graduate training courses specific to the procedures or technologies.

Procedure	Criteria	•	Requested	Granted	Denied
Total ankle replacement					
Management of pilon fractures					
Other:					

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request, I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

Physician name (print)

Physician Signature

Date

Governing Board Approval Date:

Jefferson Healthcare Point of Care Ultrasound Privileges

DEFINITION:

Point of Care Ultrasound (POCUS) is the medical use of portable ultrasound for bedside diagnostic and therapeutic purposes. The exam is performed, interpreted and integrated into direct patient care in an immediate and rapid manner dictated by the clinical scenario to answer brief and important clinical questions (1).

SCOPE:

Point of Care Ultrasound examinations are focused ultrasounds performed and interpreted by ultrasound credentialed physicians and advanced practice providers (APP). See credentialing pathways below. Applications may include the following clinical categories:

- Resuscitative
- Diagnostic
- Symptom or sign-based
- Procedural guidance
- Therapeutic and physiologic monitoring

INITIAL TRAINING AND CREDENTIALS :

Physicians and APPs seeking POCUS credentials at JHC will need documentation of general ultrasound competency through a *residency pathway* or *practice-based pathway*. Competency requires knowledge of the indications for ultrasound applications, adequate image acquisition and interpretation skills and ability to integrate clinical findings into direct patient care. Clinical departments may request delineation of certain POCUS exams as core privileges within a specialty via the Credential Committee.

□ <u>Residency pathway:</u> Physician has received basic ultrasound training during an ACGME approved residency program. Competency documentation will be requested from the Ultrasound Director or Program Director and will be considered core privileges.

□ <u>Practice Based Pathway</u>: The physician or APP will complete at least 16 hours of in-person point of care ultrasound training OR participate in an (at least) 1 week preceptorship at an institution with an active POCUS education program. Both practice pathways must include the following:

- 1. Learning objectives to include image acquisition, interpretation and integration of POCUS findings into patient care.
- 2. Introduction to ultrasound physics or "knobology"
- 3. Hands-on instruction with live patients, models or simulation
- 4. Ongoing participation in the POCUS Quality Team with directed feedback and image review until such time as POCUS Medical Director recommends fully unsupervised

privileges, typically achieved with > 20 scans of an individual body area, > 5 POCUS guided procedures or > 100 total scans.

POCUS Privileges Requested

	Residency	Practice
FAST-Focused Assessment with		
Sonography in Trauma		
Procedure Guided		
Central Line		
Thoracentesis		
Paracentesis		
Arthrocentesis		
1st Trimester pregnancy		
OB Ultrasounds		
Lower extremity DVT		
Focused Cardiac		
Soft tissue/musculoskeletal		
AAA - Abdominal Aortic Aneurysm		
Ocular		
Thoracis		
Urinary Tract		
Biliary		

RECREDENTIALING REQUIREMENTS:

- 1. Documented clinical activity within scope of privileges without significant variations identified
- 2. Active participation in POCUS quality team until POCUS Medical Director recommends fully unsupervised privileges.
- 3. Recommendation from POCUS Medical Director based on active participation in POCUS Quality Team, Departmental Quality Review (ex OB sub-section) or review of at least 5% of submitted images.

QUALITY ASSURANCE / POCUS QUALITY TEAM:

The objective of the QA process is used to evaluate images for technical competence and interpretations for clinical accuracy and provide feedback to improve physician performance.

The QA process is an integrated part of the educational, training, and credentialing processes. Ongoing QA will be performed by the Point of Care Ultrasound Medical Director, with feedback provided to each credentialed medical staff member at least once per quarter.

Parameters to be evaluated may include image resolution, anatomic definition, and other image quality acquisition aspects such as gain, depth, orientation, focus. In addition, the QA system will compare the impression from the POCUS interpretation to the patient outcome measures such as consultative ultrasound, other imaging modalities, surgical procedures, or patient

Jefferson Healthcare Point of Care Ultrasound Privileges Page 3 of 3

clinical outcome.

REPORTING:

Copies of individual medical staff performance will be sent to the Medical Staff Coordinator as part of ongoing quality monitoring process. Quality reports will be reviewed by the Professional Practice Excellence Committee and/or Credential Committee as a part of the medical staff Ongoing Professional Practice Evaluation

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

Governing Board Approval Date

REFERENCES:

American College of Emergency Physicians, (2016, June). Emergency Ultrasound Guidelines. *ACEP Policy Statement*

Last updated January 2021