Washington State Hospital Association | Association of Washington Public Hospital Districts

**GOVERNANCE EDUCATION**

WASHINGTON STATE HOSPITAL ASSOCIATION

ASSOCIATION OF WASHINGTON PUBLIC HOSPITAL DISTRICTS

# OPMA Hot Topics
A Closer Look at Hospital District FAQs

Flannary Collins and Oskar Rey, MRSC

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# Presenters



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# About MRSC

- Research and Consulting Services for Washington Local Governments and State Agencies

- Ask MRSC – Free, one-on-one
Legal and policy consultation
- Webinars and in-person trainings
- Timely news and information

- Sample document library
- Online research tools and publications
- And more!

# Agenda

- Serial meetings—when do a series of communications result in an illegal meeting?
- Communication Best Practices—structuring communications to avoid OPMA problems;
- Executive session procedures and a look at when hiring and personnel matters can be discussed in ES;
- MRSC Executive Session Resources
- Legislative update—what the future (might) hold.

# Serial Meetings

# What is a Serial Meeting?

- A serial meeting occurs when a majority of members of a *governing body* have a series of smaller gatherings or communications that results in a majority of the body collectively taking action, even if a majority is never part of any one communication.

- A serial meeting requires a "collective intent to meet" in addition to a series of communications between a majority of the governing body.

- So what does that mean?  Case law provides some answers.

# *Wood*—Understanding the Basics

- *Wood v. Battle Ground Sch. Dist.* (Wash Ct. App. 2001) involved a five-member school district board. Three newly elected board members exchanged emails about the superintendent's job performance.

- The emails involved the active exchange of information and opinions between members as opposed to "mere passive receipt of information," which, by itself, is not a violation of the OPMA.

- Defendants submitted declarations stating they did not know their emails violated the OPMA, but at least one member raised OPMA concerns in the emails themselves.

- *Wood* was decided before the adoption of OPMA training requirements for elected officials in RCW 42.30.205.

# Serial Meetings—Newly Elected Officials

**Q** Some of the communications in Wood occurred prior to taking the oath of office. Are those communications subject to the OPMA?

**A** No. The court found that the OPMA applies once an official assumes office.

# Serial Meetings—Knowledge of Violation

**Q** Is an official's claim of lack of knowledge of an OPMA violation a defense in an action to impose penalties?

**A** *Wood* is an early serial meeting case. In the present day, it is unlikely that "I didn't know it was a violation" is a defense.

# *Citizen's*—Collective Intent to Meet

- The Washington Supreme Court later confirmed that a serial meeting requires a "collective intent to meet" by the participants. *Citizens Alliance v. San Juan County*, 184 Wn.2d 428, 359 P.3d 753 (2015).

- County commissioners formed an advisory committee of stakeholders (including less than a quorum of commissioners) regarding development of a critical areas ordinance.

- An email and telephone exchange included an additional commissioner (which made a majority), who received communications but did not respond.

- Court found no OPMA violation because the commissioners were not aware that the communications included a majority, and passive receipt of information is not "action" under the OPMA.

# Serial Meetings—State of Mind

**Q** Assume newly elected officials conduct a serial meeting after taking office but prior to taking OMPA training. Have they violated the OPMA if they honestly believe they weren't acting unlawfully?

**A** Yes, because the standard is whether there is a collective intent to meet. An official who does not know that his or her conduct violates the OPMA might not be personally liable for civil penalties, but the meeting would still violate the OPMA.

# *Seattle v. Kaseburg*--Constituents

- *City of Seattle v. Kaseburg*, 13 Wn. App. 2d 322, 467 P.3d 115 (2018) clarifies that communications between individual councilmembers and members of the broader community do not trigger serial meeting concerns.

- A large group of citizens lobbied all nine councilmembers regarding use of eminent domain to create a park. All nine members agreed at a council meeting to send a letter to the mayor requesting commencement of eminent domain proceedings.

- Since the emails were between individual councilmembers and the public, there was no evidence that a majority communicated with each other or acted outside an open public meeting.

# Serial Meetings—Forwarding Emails

**Q** A commissioner receives an email from a constituent who has a great idea for a District wellness campaign. The commissioner immediately forwards the email to all of the other commissioners seeking input and support. Does emailing a majority of the governing body constitute a serial meeting?

**A** Not yet. At this point, the other commissioners are passive recipients of the email. However, there is a likely OPMA violation if the commissioners use "reply all" to continue the discussion.

# *Egan v. Seattle*—Employee Head Tax

- *Egan v. City of Seattle*, 471 P.3d 899 (2020), illustrates the potential complexity of serial meeting scenarios.
- In a three-day period, there are over 25 separate communications by text, email, phone and in-person about repealing the employee "head tax" adopted by Seattle in 2018 between councilmembers, city staff and the mayor's office. A staffer also prepared a vote tally sheet(!)
- Court finds insufficient evidence of a serial meeting (no quorum or knowledge of other communications) until the press release:
  - "We heard you. It is time to hit reset. This week, instead of prolonging a fight, we are moving forward with legislation to repeal the current tax on large businesses to address the homelessness crisis – <u>this bill has the support of a majority of the City Council</u>.
- The underlined language was deleted (apparently on advice of legal counsel) a few minutes before it was released.

# *Egan v. Seattle*—Employee Head Tax

- The trial court had ruled that there was not a serial meeting. The Court of Appeals remanded, finding that the press release created a material issue of fact.

- Under *Egan*, does it violate the OPMA for a quorum of a governing body to communicate to each other, in advance of a public meeting, on how they intend to vote on a particular item?

- "We thus conclude if a quorum of a legislative body, such as the city council, collectively commits or promises to each other to vote — as a group — in favor of or in opposition to a piece of pending legislation at a future public meeting, then such a commitment may be evidence that a majority of the body attended a "meeting" with the collective intent to take an "action" in violation of the OPMA."

# Serial Meetings—Pre-deciding

**Q** If a majority of a governing body has pre-decided how it will vote, is that a violation of the OPMA?

**A** Not by itself.  According to *Egan*: If each individual council member "pre-decided" how they intended to vote, that fact would be insufficient to establish the collective intent to deliberate. But if it is proven that, through serial approval of a draft press release, they "pre-decided" and then expressed that intent outside of a public meeting to a quorum, then a serial meeting may be established.

Communications Best Practices

# Best Practices--Avoiding Serial Meetings

- Structure your District's communications to channel communications to the Board through a single point of contact (non-elected).

- Staff should send communications individually to each member of a governing body instead of including all of them in one communication.

- Train frequently and remind commissioners to direct communications to a staff point-of contact instead of fellow commissioners.

- Maintain appearances. Communications between commissioners—even those that do not relate to District business—can be a cause for public concern.

# Use MRSC Practice Tips

- MRSC has a series of OMPA Practice Tips and Checklists on its **OPMA basics webpage** that help identify potential problem areas:



**OPMA – ELECTRONIC COMMUNICATIONS**

**PRACTICE TIPS**
For Local Government Success

These practice tips are intended to provide practical information to local government officials and staff about electronic communications and requirements under the Open Public Meetings Act (OPMA), chapter 42.30 RCW. Electronic communications between members of an agency's governing body can implicate the OPMA, and these practice tips will help guide you in identifying and addressing key issues in this regard.* For more information and resources visit www.mrsc.org/opmapra.

**An Email Exchange Can Constitute a Meeting**
If you, as a member of the governing body (e.g., city council, board of commissioners, planning commission), communicate with other members of the governing body by email, keep in mind that email exchanges involving a majority of members of the governing body can constitute a "meeting" under the OPMA. This principle also applies to text messaging and instant messaging.

# Best Practices—Train Frequently

- MRSC offers training not just in OMPA compliance but effective organizational communication:
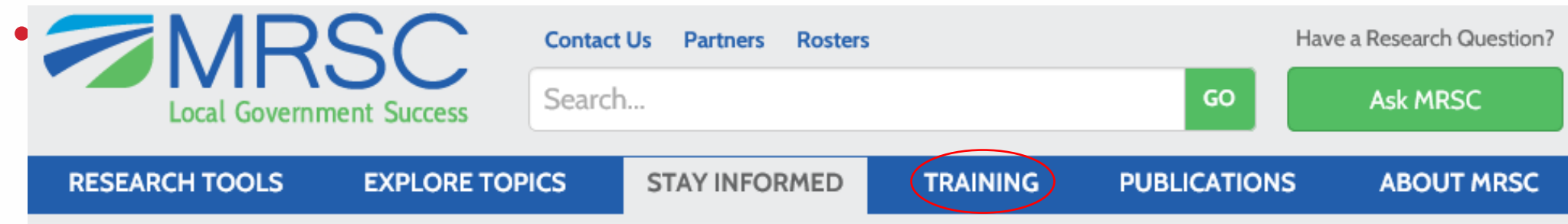
# Best Practices—Ask MRSC!

- If you are an employee or official of an AWPHD member, you are eligible to use MRSC's inquiry service.  Just submit your question on governance issues to <u>Ask MRSC</u> or give us a call!

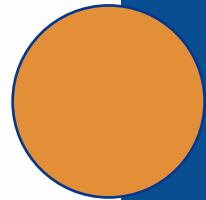# Executive Session Procedures

# Executive Sessions Defined
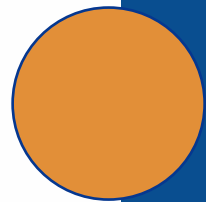
Executive sessions are part of a public meeting where members of the public are excluded.

Can **only** be held for ones of the statutory reasons in RCW 42.30.110.

# Executive Sessions - Common Topics

## Real Estate:

- Consideration of selection/acquisition when public knowledge is likely to increase price;

- Consideration of minimum sale price if public knowledge is likely to decrease price.

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# Executive Sessions - Common Topics

**To discuss with agency legal counsel:**

- Agency enforcement action

- Current or potential litigation

- Legal risks of current or proposed action

# Executive Sessions - Common Topics

**Employees/Officials:**

- **Qualifications:** To discuss qualifications of an applicant for public employment or for elected official (vacancy situations)

- **Performance:** To discuss an employee's performance

- **Complaints:** To receive and evaluate complaints or charges brought against an employee or elected official

# Executive Sessions – Public Notice

1. Can occur during a regular or special meeting

2. Chair must announce:

   a. Purpose of the executive session (be precise)

   b. Time when the executive session will end

# Executive Session: Ending Early

**Q** What if we announce that we will be in executive session from 5:00-6:00 pm, but we finish early?

**A** If your board ends an executive session early, wait to reconvene until the time stated – in this example, 6:00pm.

# Executive Session: Ending Late

**Q** What if we've announced we'll be done by 6:00pm, but we need another hour?

**A** If your board has reached the announced adjournment time but still has more to discuss, the chair must publicly announce that the session is extended.

# Executive Sessions – Attendance

- Staff and non-staff can attend with approval of the board

  *Should have a reason to be there: relationship to the matter at hand or to provide assistance to the board*

- Agency counsel **must** attend if enforcement action, litigation or legal risks of an action are discussed

# Executive Session: Personnel

**Q** We need to go into executive session to discuss an employee. Is this allowed?

**A** Yes, so long as the board is:

(1) Discussing qualifications of an applicant

(2) Discussing the performance of a current employee; or

(3) Evaluating complaints brought against a current employee.

📁 The notice of the executive session must say more than "to discuss personnel." Identify the specific RCW and use the statutory language.

# Executive Sessions – Personnel

**Evaluate qualifications of an applicant may include:**

- Interviews

- Review of qualifications

- Discussion of salaries and wages

**May not include:**

- A vote to select the individual (including preliminary votes)

# Executive Sessions – Personnel

**Discuss performance of an employee:**

- Any performance issues may be *discussed* in executive session

**But the board must do the following in open session:**

- Take a vote affecting salary, discipline or discharge

# Executive Sessions – Personnel

**Receive and evaluate complaints or charges brought against an officer or employee**

1. There must be a complaint or a charge

2. The complaint does not need to be formal

3. If the subject of the complaint requests the board consider it in in open session, then that request must be honored

## Collective Bargaining

Collective bargaining negotiations or discussions are not subject to the OPMA.

# Executive Session—Staff Privileges

PHDs may meet in executive session to discuss the status of clinical or staff privileges of a physician or other health care provider and to review the reports or activities of its quality improvement committee.  RCW 70.44.062.

MRSC Resources on Executive Sessions

# Executive Session Checklist

## OPMA – EXECUTIVE SESSIONS

# CHECKLIST
For Local Government Success

The Open Public Meetings Act (OPMA) requires specific steps be taken in order to hold an executive session. Use this checklist to guide your agency's compliance with the OPMA related to executive sessions.*

| | Requirement | Completed |
|---|---|---|
| **Meeting** | An executive session can only be held as part of a regular or special meeting. | ☐ |
| **Purpose** | The presiding officer announces in open session the purpose of the executive session. | ☐ |
| **End Time** | The presiding officer announces in open session the time the executive session will end. | ☐ |
| **Legal Counsel** | Legal counsel is present during the executive session, if required. | ☐ |
| **Confidentiality** | At the start of the executive session, participants are reminded that discussions are confidential. | ☐ |
| **Topics** | Local governments can discuss the following topics set forth in RCW 42.30.110(1) in executive session: | |
| | • Matters affecting national security. RCW 42.30.110(1)(a)(i). | ☐ |
| | • Infrastructure and security of agency computer and telecommunications network. RCW 42.30.110(a)(ii). See back of page. **Note:** Requires presence of legal counsel. | ☐ |
| | • Real estate sale, purchase, or lease if a likelihood that disclosure would increase price. RCW 42.30.110(1)(b), (c). If agency is seller/lessor, only minimum price may be discussed & factors influencing price must be discussed in public session. *Columbia Riverkeeper v. Port of Vancouver*. | ☐ |

# Executive Session Script



**EXECUTIVE SESSION SCRIPT**

Date: _____          Starting Time: _____ a.m. / p.m.

**"The board of commissioners will now meet in executive session for a period of _____ minutes to discuss _____. . ."**

*(Identify the RCW that applies, e.g., qualifications of a candidate for appointment to elective office pursuant to RCW 42.30.110(1)(h).)*

**"The board is/is not expected to take final action following the executive session."**

*If an extension is required, the presiding officer emerges from the room in which the session is being held and makes the following announcement:*

*(Time: _____ a.m. / p.m.)*

**"The board is extending the executive session for a period of _____ minutes, until _____ a.m. /**

# Blog Articles

# OPMA FAQs – Executive Sessions



## Executive / Closed Sessions

What is the difference between an executive session and a closed session?

Who decides who gets to attend an executive session?

Can an executive session be recorded?

Can we conduct interviews in executive session?

Can we discuss the city manager's performance evaluation/contract renewal/compensation in executive session?

# Legislative Update

# Three OPMA Bills at the Legislature

- HB 1180 did not pass out of committee by the 2/12 deadline. It would have:
    - Authorized regular, special and emergency meetings in a "virtual setting;"
    - Required time be provided for public testimony or comment at every meeting;
    - If virtual access is provided, it would have required that public comment be allowed in at least one of three ways: (1) in person; (2) by telephone; or (3) submitted in writing in advance to be read aloud at the meeting, subject to the public comment time limits established by rule.

- Although this did not make it out of committee, it is possible that some aspects of it could be added to the two other bills.

# Three OPMA Bills at the Legislature

- SHB 1329 is alive in the House of Representatives. It would do the following:
  - Encourage agencies to allow public comment and use technology to increase public participation (telephonic, electronic, internet);
  - Encourage agencies to record their meetings, provide online streaming options, and make recordings available online for at least six months;
  - Require agencies to enter into their meeting minutes the announced purpose for going into an executive session;
  - Requires agencies to provide an opportunity for public comment at all regular meetings (except in an emergency) either orally at the meeting, or in writing (submitted beforehand).
  - If oral comments are allowed, the agency must provide a remote comment option to any individual for whom physical attendance at the meeting would be difficult.
- This bill was passed out of the House Local Government Committee and referred to the House Rules Committee.

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# Three OPMA Bills at the Legislature

- ESHB 1056 has been passed unanimously by the House and is currently before the Senate Committee on State Government and Elections.  It would do the following:
  - Allow an agency to hold a meeting remotely (without a physical location) in the event of a declared emergency if an in-person meeting cannot be held with reasonable safety;
  - Allow an agency's governing body to meet in-person but limit attendance of the public in an emergency;
  - If public attendance is limited, the agency must provide for telephonic or other means of access that does not result in additional cost to the public.
  - No action may be taken at such a meeting if remote public access is not provided (except for executive session);
  - Notices of meetings where in-person attendance of the public will be limited must include instructions on how to access the meeting remotely.  Notice requirements are suspended if there is an expedited/emergency need to meet;
  - Changes the requirements for when agencies must have a website.  Agencies may share websites or host each other for the purpose of meeting these requirements.  Small agencies with no websites may be exempt from this requirement if certain criteria are met (see Sections 6 and 7).

# THANK YOU!

PATIENT STORY
Commission Meeting
February 24, 2021

# Board of Commissioners
# Patient Advocate
# Q4 2020 Report

Jackie Levin, MS, RN

February 24, 2021

# Patient Advocate Q4 2020 Report

Responsiveness to Patient Feedback

Distribution of Care Provider Concerns

Access and LGBTQ Health Equity Task Force

Trends by Service Area

Resolved Common Concerns

# Responding to Patient Concerns, Q4 2020

**75**
concerns reported

**78**
patient navigation calls

**73% increase in Navigation Calls over Q 3. Concerns remain steady**
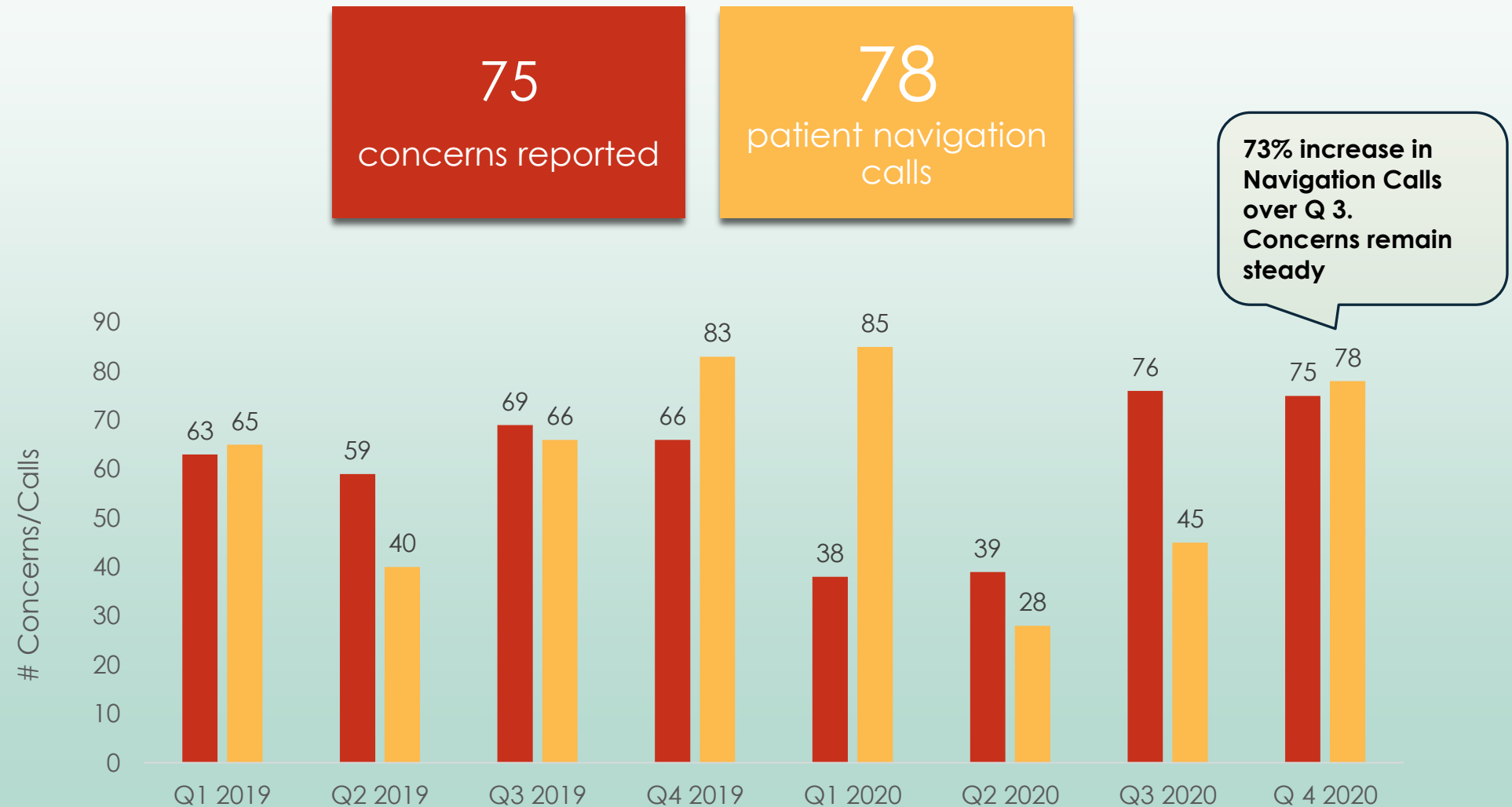
# Responding to Patient Concerns, Q4 2020

**1.8**
average days to acknowledgement
High: 7 -- Low: 0

**13.2**
average days to resolution
High: >30 (2) -- Low: 0

Average resolution time **decreased by 2.6 days** (16%) despite 73% increase in Navigation Calls.



# Days

| | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020 | Q2 2020 | Q3 2020 | Q 4 2020 |
|---|---|---|---|---|---|---|---|---|
| Resolution | 22.6 | 12.68 | 18.01 | 18.2 | 13.27 | 18.19 | 15.79 | 13.21 |
| Acknowledgement | 2.8 | 2.31 | 2.51 | 2.02 | 2.95 | 3.5 | 2.13 | 1.75 |
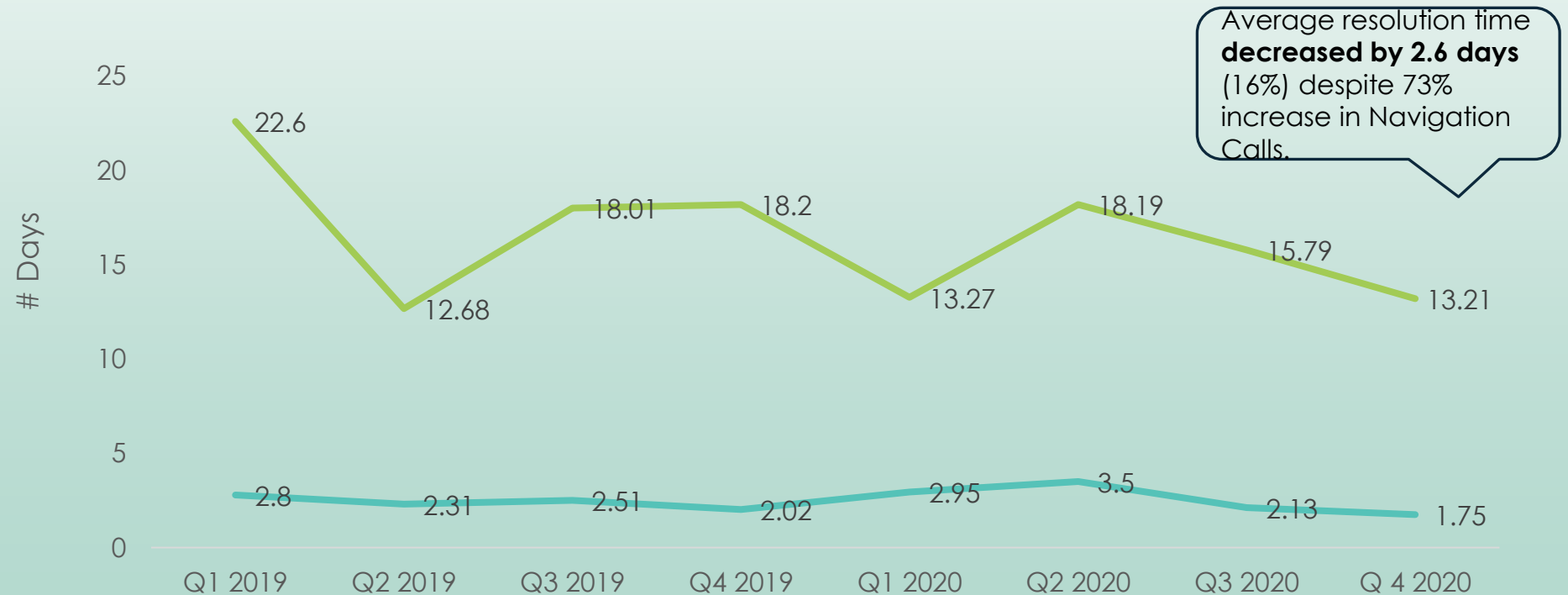
# Concerns per 1,000 visits
## *ED, EC, PC*

- No change in volume in Emergency Department concerns this quarter

- Express Clinic slight tic upward

- Provider communication remains main issue



Y-axis: # Concerns per 1,000 visits (0 to 20)

X-axis: Q 1 2019, Q 2 2019, Q3 2019, Q 4 2019, Q 1 2020, Q 2 2020, Q 3 2020, Q 4 2020

**ED: 5.65/1,000**
**EC: 3.8/1,000**
**PC: 1.8/1,000**
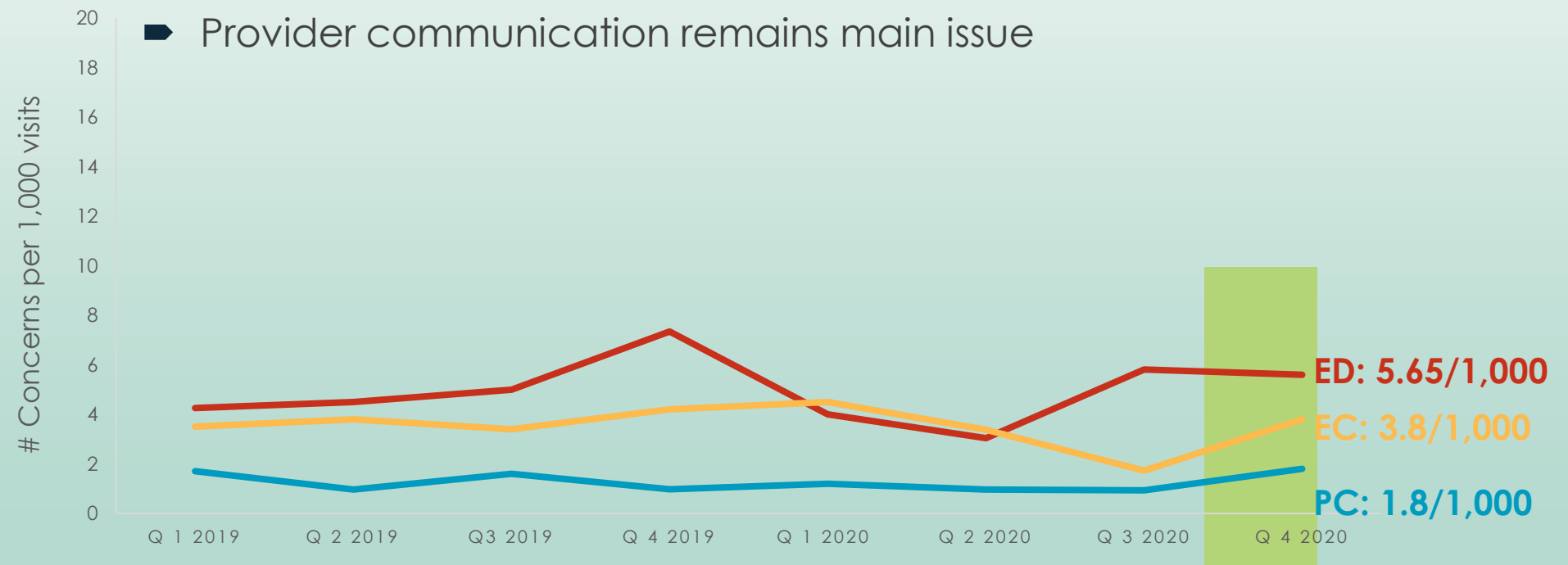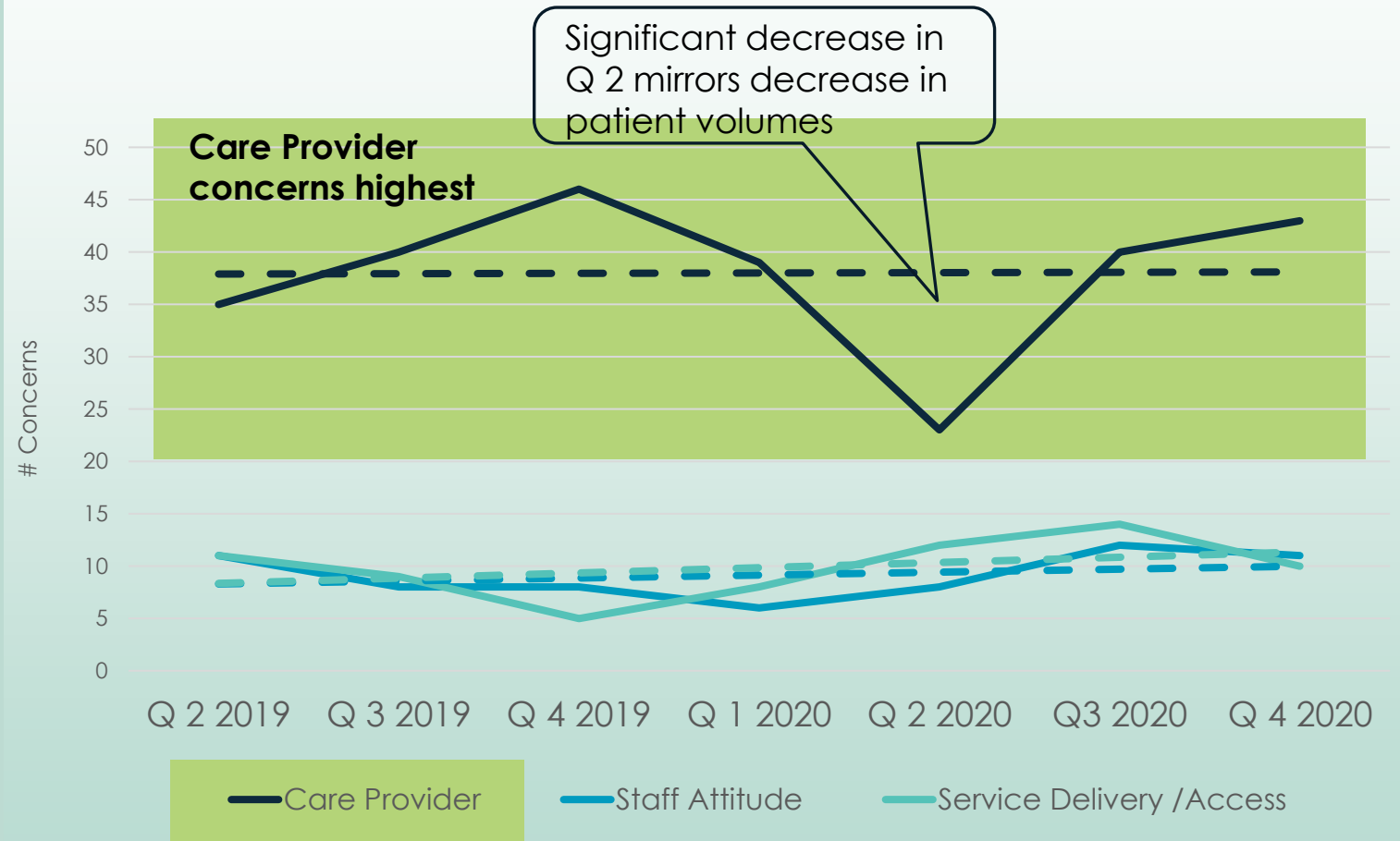
# Types of Concerns

# Types of Concerns: Care Providers

➧ **Care provider** concerns accounted 43% of patient concerns in Q4 2020.

  ➧ 8% increase from Q3

  ➧ **Actions Taken:**

    ➧ Meeting the new providers ---learn our process

    ➧ Practice Managers' support in concern process

Q4 2020 Care Provider Concerns by Type

| Type | Count |
|------|-------|
| Communication | 13 |
| Skill/Competency | 7 |
| RX Choice | 5 |
| RX Plan/Selection | 7 |
| Diagnosis | 5 |
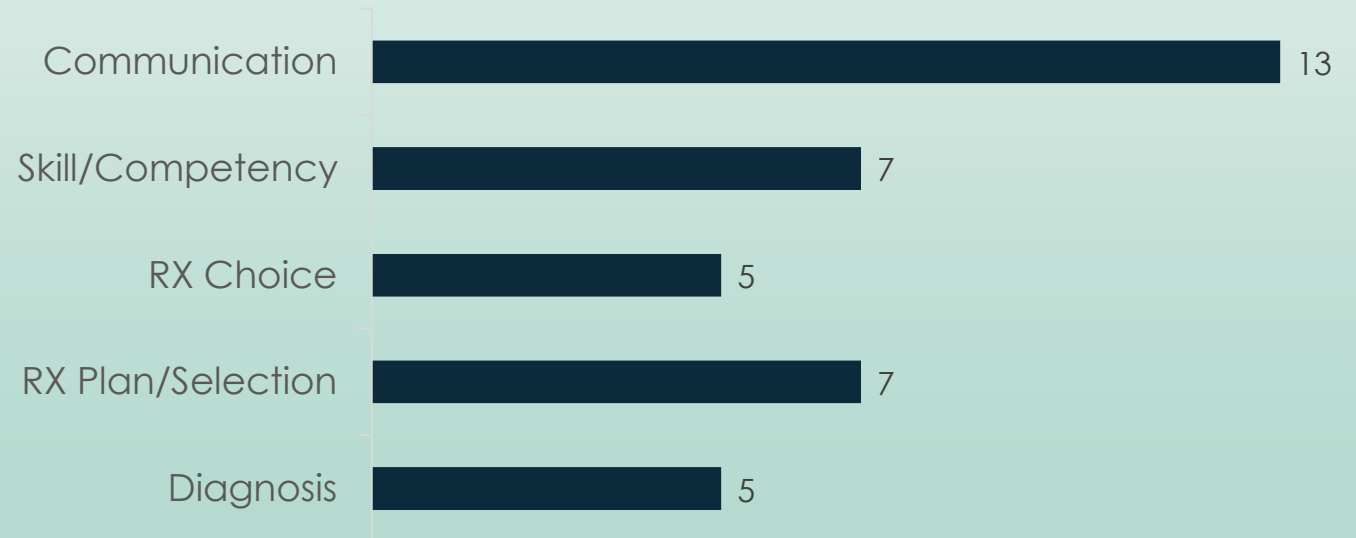
# Types of Concerns:

## Access & Service Delivery

- Focused on access-related concerns in 2020
  - Untimely return of phone calls
  - Medication renewals
  - Time to New Patient Appointments
  - **Improved access for Transgender patients**
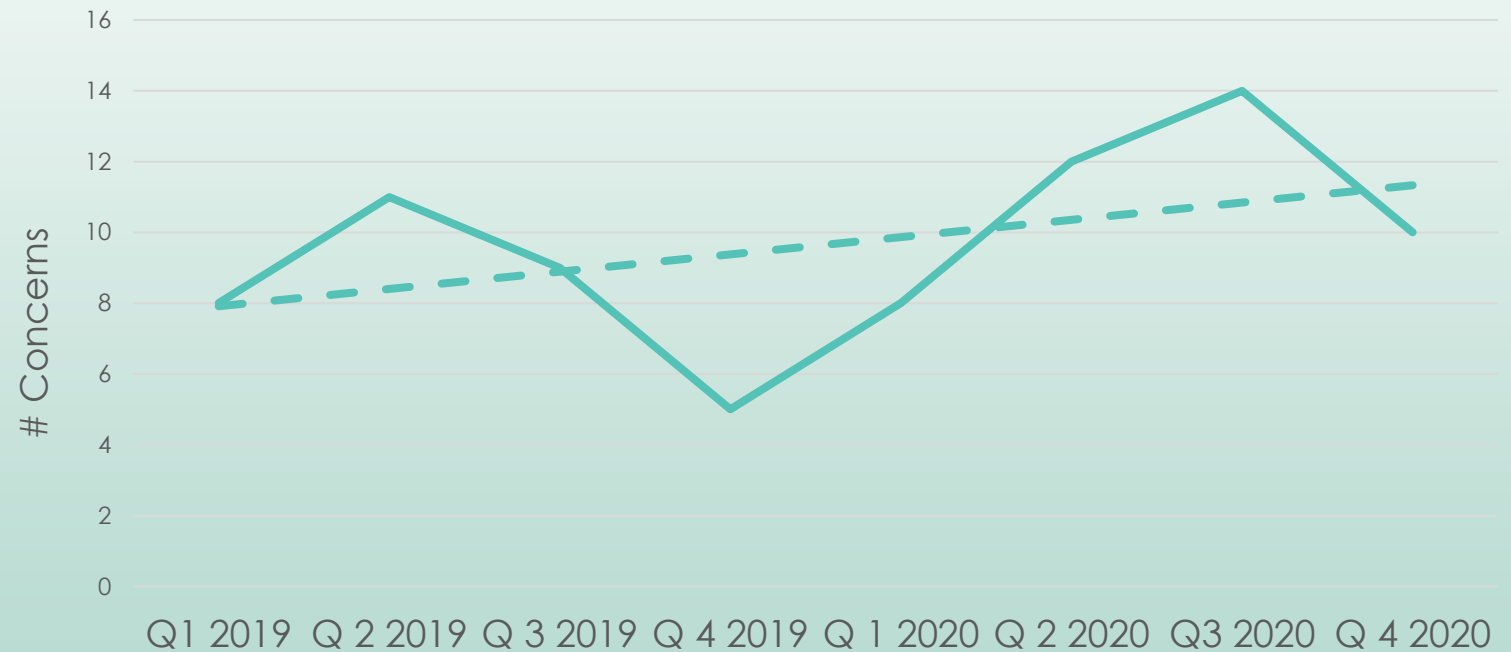
# Access: Transgender Patients & LGBTQ Task Force

10 PCPs Trained
in care for Transgender
Patient in PC
and HRT

Increase in calls for
Transgender Navigator
and positive reports
from community

LGBTQ Taskforce goals:
Front-line staff training
Increase community
representation on TF

Service Area Trend
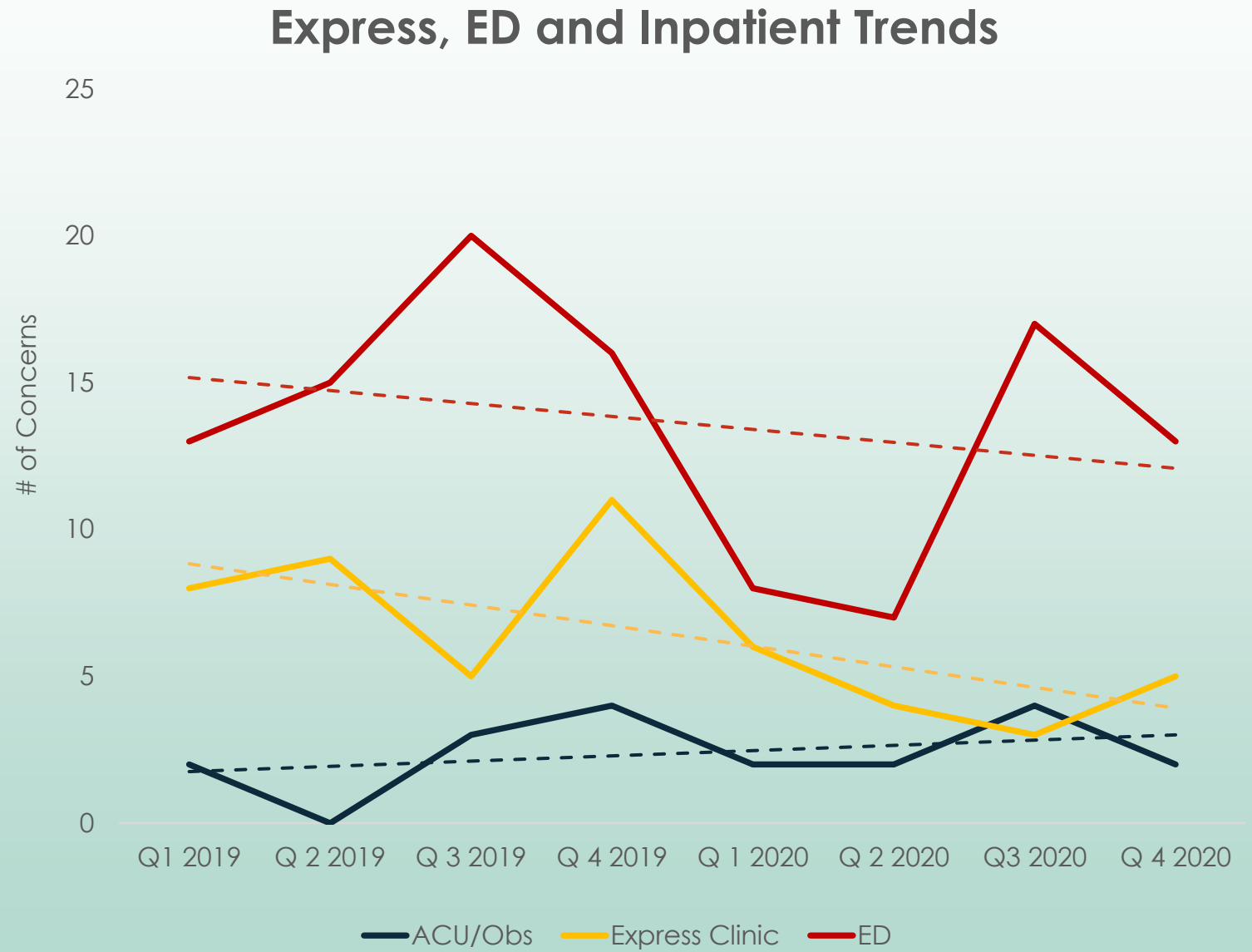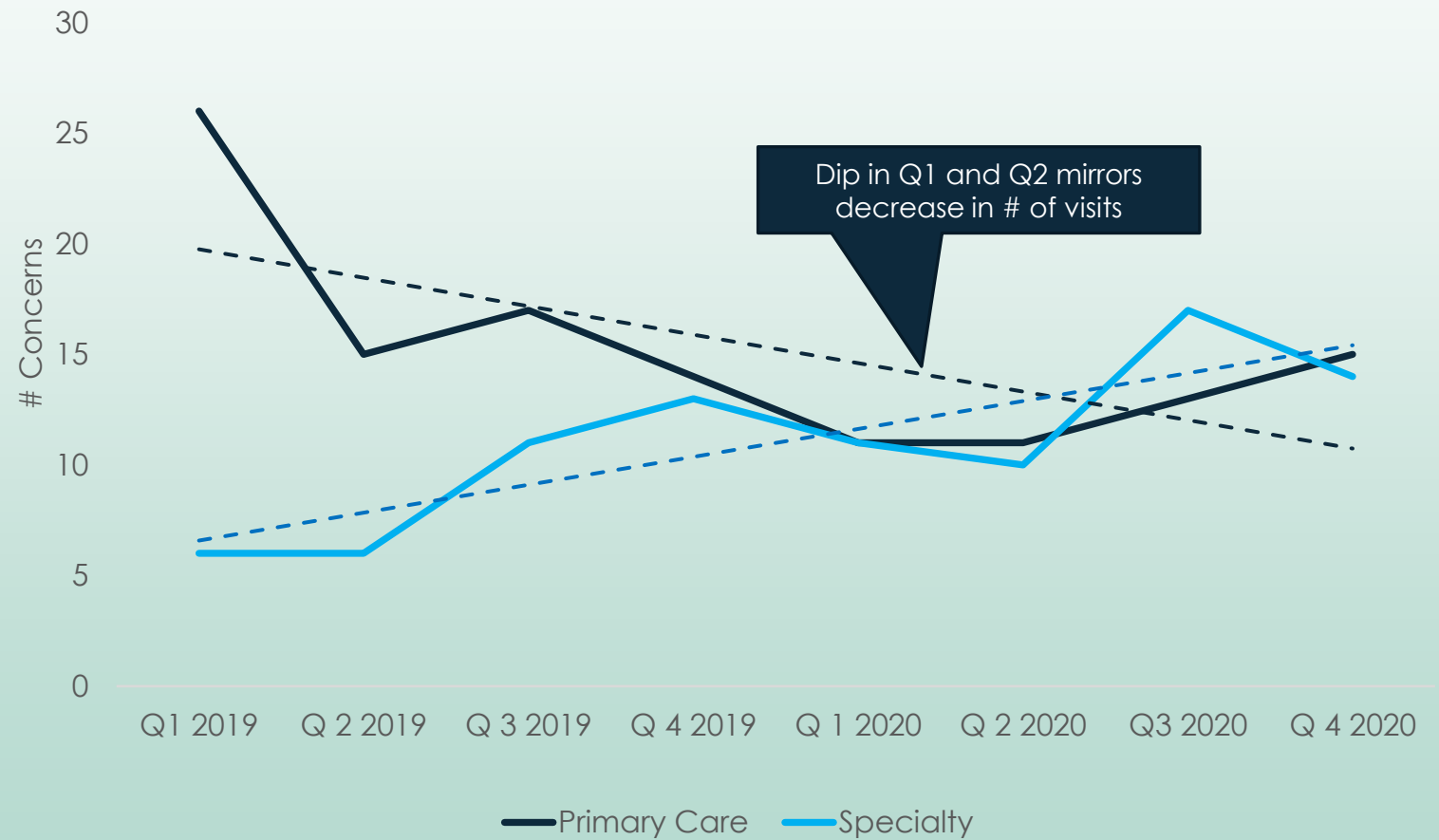
Express, ED and Inpatient Trends

# Service Area Trends
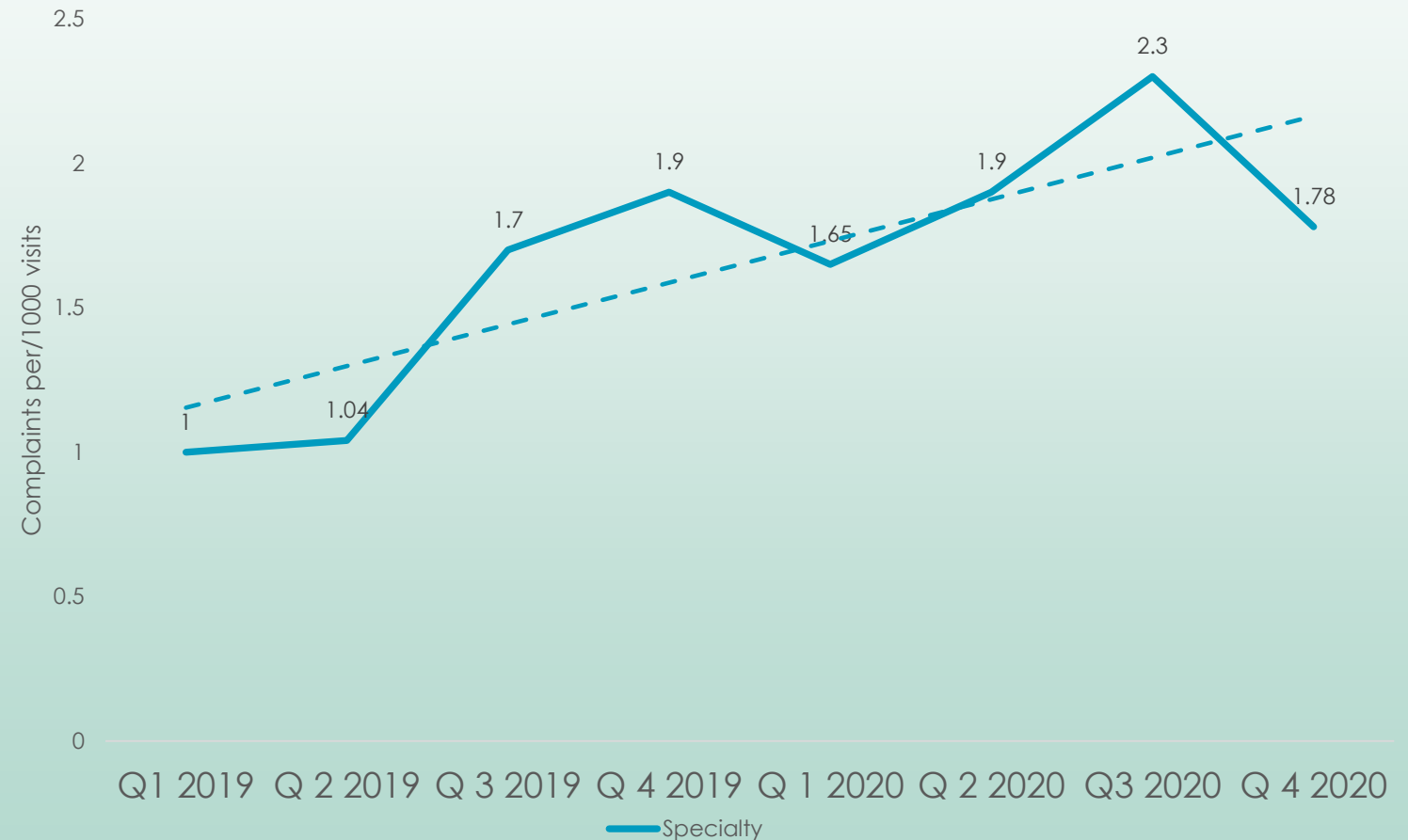
Registration
Laboratory
Diagnostic Imaging
Rehab
Dietary
Billing

## Ancillary and Other Services Trends
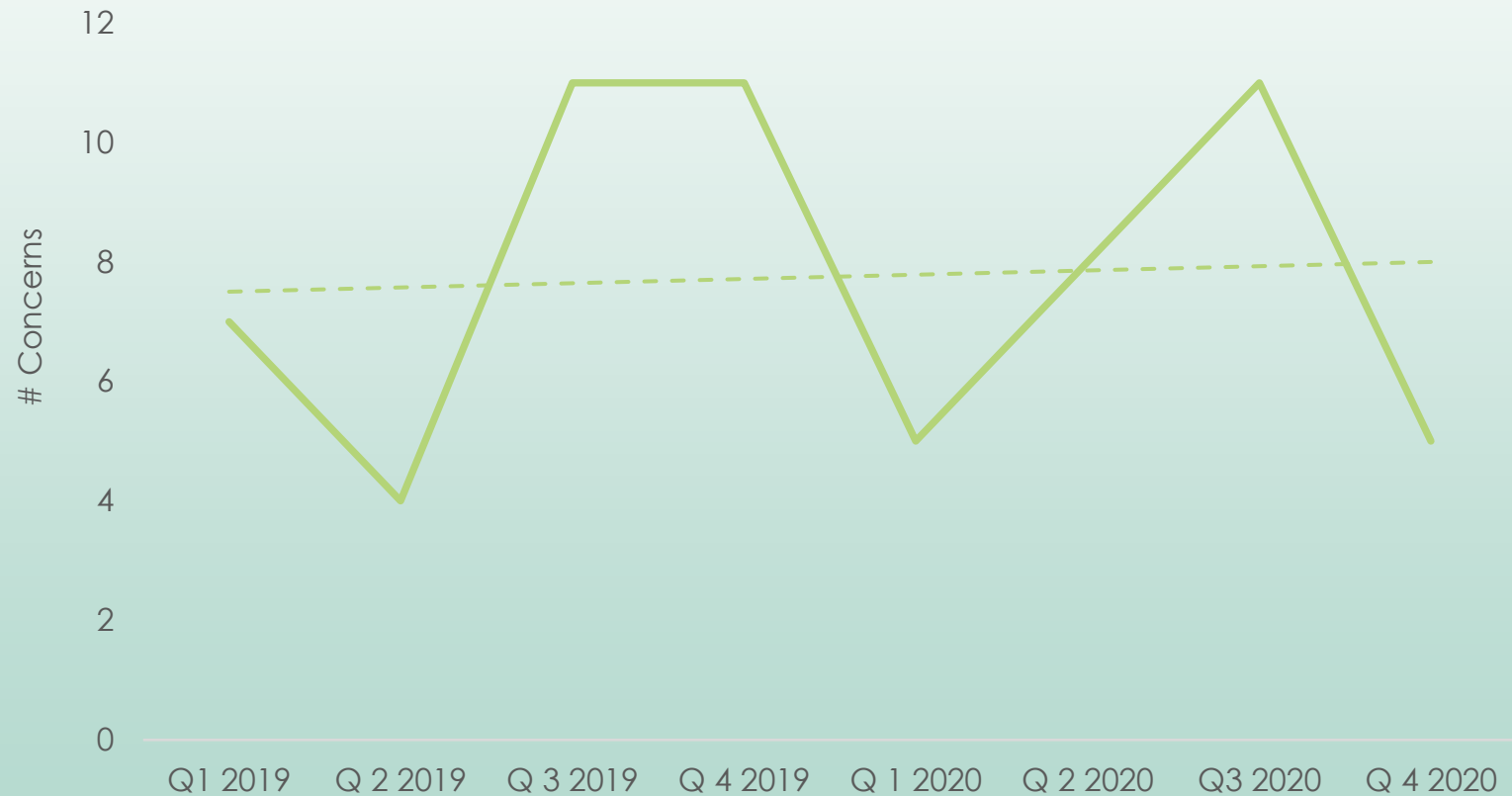
# COVID-19 Common Concerns



**Resolved**: Common Pandemic Concerns

- Masking – rarely an issue now
- Screening Station
  - Advancing training and support-minimal concerns
- Registration
  - Review of scheduling/staffing ongoing

# Concerns & Resolutions



**Resolved:** New Common Concerns

- Person Support during Maternal-Fetal Ultrasounds
    - COVID-19 temporary restrictions prevented support person to attend
    - Review of several hospitals, large and small, practices.
    - Our policy reviewed with DI Director, Chief of OB and IC with input from DI Techs—**Allows partner support to attend.**
- COVID-19 Vaccinations
    - **Brava** to Website Team and Vaccination Organizers

Questions?

January 2021 Finance Report

February 24, 2021

Jim Heilsberg, Interim CFO

# January 2021
## Operating Statistics

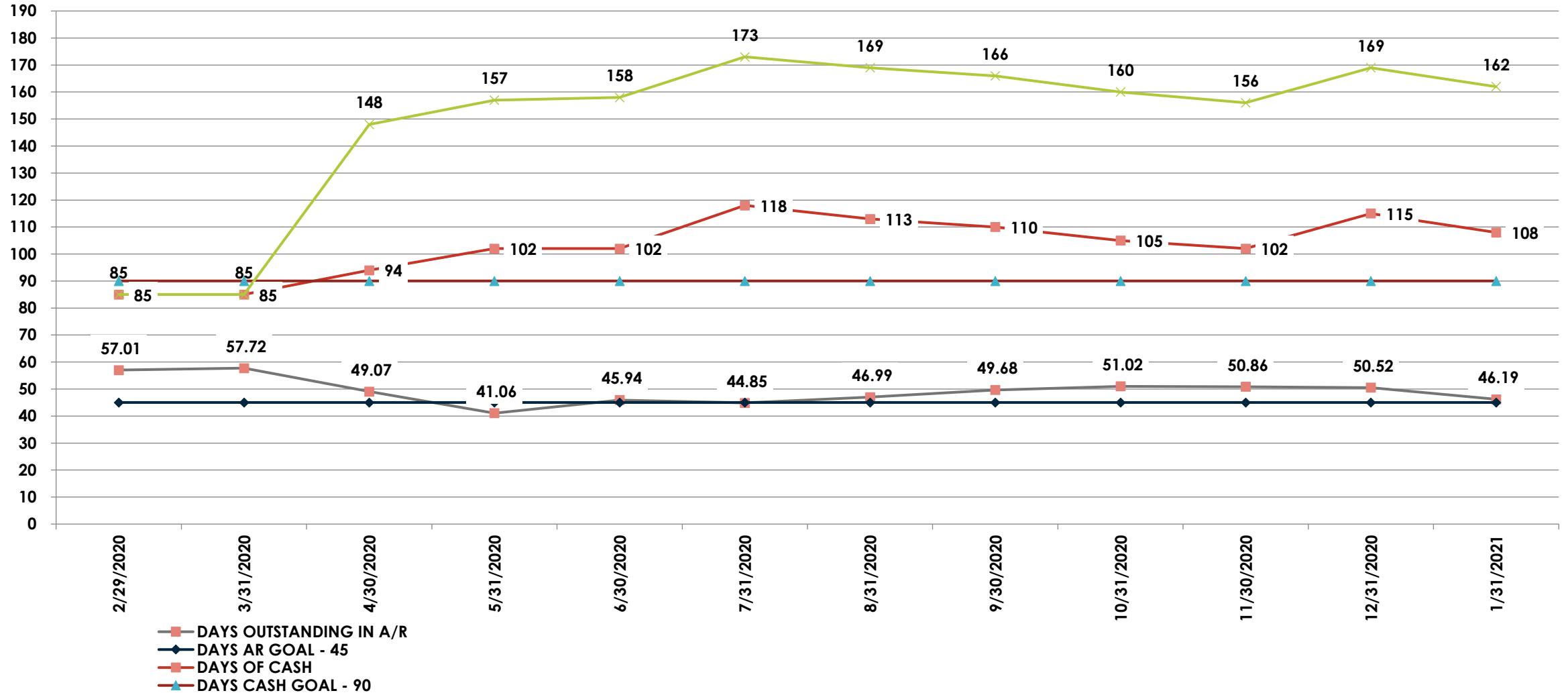| STATISTIC DESCRIPTION | JANUARY 2021 | | | | | | | JANUARY 2020 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | MO ACTUAL | MO BUDGET | % VARIANCE | YTD ACTUAL | YTD BUDGET | % VARIANCE | | MO ACTUAL | % VARIANCE | YTD ACTUAL | % VARIANCE |
| FTEs - TOTAL (AVG) | 615 | 625 | 2% | 615 | 625 | 2% | | 576 | -7% | 576 | -7% |
| ADJUSTED PATIENT DAYS | 2,436 | 2,233 | 9% | 2,436 | 2,233 | 9% | | 1,940 | 26% | 1,940 | 26% |
| ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS) | 87 | 76 | 14% | 87 | 76 | 14% | | 64 | 36% | 64 | 26% |
| ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS) | 291 | 331 | -12% | 291 | 331 | -12% | | 288 | 1% | 288 | 1% |
| PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION | 393 | 430 | -9% | 393 | 430 | -9% | | 389 | 1% | 389 | 1% |
| SURGERY CASES (IN OR) | 127 | 127 | 0% | 127 | 127 | 0% | | 129 | -2% | 129 | -2% |
| SPECIAL PROCEDURE CASES | 54 | 77 | -30% | 54 | 77 | -30% | | 86 | -37% | 86 | -59% |
| LAB BILLABLE TESTS | 21,077 | 21,570 | -2% | 21,077 | 21,570 | -2% | | 18,666 | 13% | 18,666 | 11% |
| 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% |
| RESPIRATORY THERAPY PROCEDURES | 2,612 | 3,727 | -30% | 2,512 | 3,727 | -33% | | 3,547 | -26% | 3,547 | -41% |
| 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% |
| DENTAL CLINIC | 303 | 398 | -24% | 303 | 398 | -24% | | 339 | -11% | 339 | -12% |
| TOTAL RURAL HEALTH CLINIC VISITS | 5,541 | 6,470 | -14% | 5,541 | 6,470 | -14% | | 6,056 | -9% | 6,056 | -9% |
| TOTAL SPECIALTY CLINIC VISITS | 3,271 | 3,460 | -5% | 3,271 | 3,460 | -5% | | 3,265 | 0% | 3,265 | 0% |

# January 2021
## Income Statement Summary

| | January 2021 Actual | January 2021 Budget | Variance Favorable/ (Unfavorable) | % | January 2021 YTD | January 2021 Budget YTD | Variance Favorable/ (Unfavorable) | % | January 2020 YTD |
|---|---|---|---|---|---|---|---|---|---|
| **Operating Revenue** | | | | | | | | | |
| **Gross Patient Service Revenue** | 23,915,494 | 24,505,752 | (590,258) | -2% | 23,915,494 | 24,505,752 | (590,258) | -2% | 23,378,993 |
| **Revenue Adjustments** | 12,673,389 | 13,036,660 | 363,271 | 3% | 12,673,389 | 13,036,660 | 363,271 | 3% | 12,270,749 |
| **Charity Care Adjustments** | 304,774 | 233,043 | (71,731) | -31% | 304,774 | 233,043 | (71,731) | -31% | 177,476 |
| **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** | 417,367 | 549,833 | (132,466) | -24% | 417,367 | 549,833 | (132,466) | -24% | 464,384 |
| **Total Operating Revenue** | 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 |
| **Other Expenses** | 3,778,772 | 4,146,853 | 368,081 | 9% | 3,778,772 | 4,146,853 | 368,081 | 9% | 3,656,647 |
| **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 |
| **Total Non Operating Revenues (Expenses)** | (37,796) | (500) | (37,296) | -7458% | (37,796) | (500) | (37,296) | -7458% | (6,816) |
| **Change in Net Position (Loss)** | 42,690 | 353,882 | (311,192) | -88% | 71,640 | 353,882 | (282,242) | -80% | 657,429 |
| | | | | | | | | | |
| **Operating Margin** | 0.7% | 3.0% | -2.3% | -76.4% | 1.0% | 3.0% | -2.04% | -67.9% | 5.8% |
| **Total margin** | 0.4% | 3.0% | -2.6% | -87.5% | 0.6% | 3.0% | -2.37% | -79.0% | 5.8% |
| **Salaries & Benefits as a % of net pt svc rev** | -68.5% | -64.8% | -3.7% | -5.7% | -68.3% | -64.8% | -3.43% | -5.3% | -64.7% |

# January 2021
## Cash and Accounts Receivable

**Days Cash and Accounts Receivable**

# January 2021
## Board Financial Report

| Department | Account | Descrption | Jan Actual | Jan Budget | Jan Variance | 2021 YTD Actual | 2021 YTD Budget | YTD Variance |
|---|---|---|---|---|---|---|---|---|
| BOARD | 600010 | MANAGEMENT & SUPERVISION WAGES | 4,332 | 4,670 | **339** | 4,332 | 4,670 | **339** |
| | 601100 | BENEFITS FICA | 331 | 284 | **(48)** | 331 | 284 | **(48)** |
| | 601150 | BENEFITS WA F&MLA | 6 | 7 | **0** | 6 | 7 | **0** |
| | 601400 | BENEFITS MEDICAL INS-UNION | 4,880 | 4,671 | **(208)** | 4,880 | 4,671 | **(208)** |
| | 601600 | BENEFITS RETIREMENT | - | 229 | **229** | - | 229 | **229** |
| | 601900 | BENEFITS EMPLOYEE ASSISTANCE | 0 | 8 | **8** | 0 | 8 | **8** |
| | 602300 | CONSULT  MNGMT FEE | - | 1,661 | **1,661** | - | 1,661 | **1,661** |
| | 602500 | AUDIT FEES | - | 3,838 | **3,838** | - | 3,838 | **3,838** |
| | 604200 | CATERING | - | 90 | **90** | - | 90 | **90** |
| | 604500 | OFFICE SUPPLIES | - | - | **-** | - | - | **-** |
| | 604850 | COMPUTER EQUIPMENT | - | - | **-** | - | - | **-** |
| | 606500 | OTHER PURCHASED SERVICES | - | 849 | **849** | - | 849 | **849** |
| | 609400 | TRAVEL/MEETINGS/TRAINING | - | 1,274 | **1,274** | - | 1,274 | **1,274** |
| **BOARD Total** | | | **9,549** | **17,581** | **8,033** | **9,549** | **17,581** | **8,033** |

# February 2021

Preview – (*as of 0:00 2/17/20)

- **$20,851,257 in Projected HB charges**
  - Average:     $744,688/day (HB only)
  - Budget:     $766,899/day
  - 92% of Budget

- **$8,866,839 in HB cash collections**
  - Average:     $340,632/day (HB only)
  - Goal:     $338,386/day
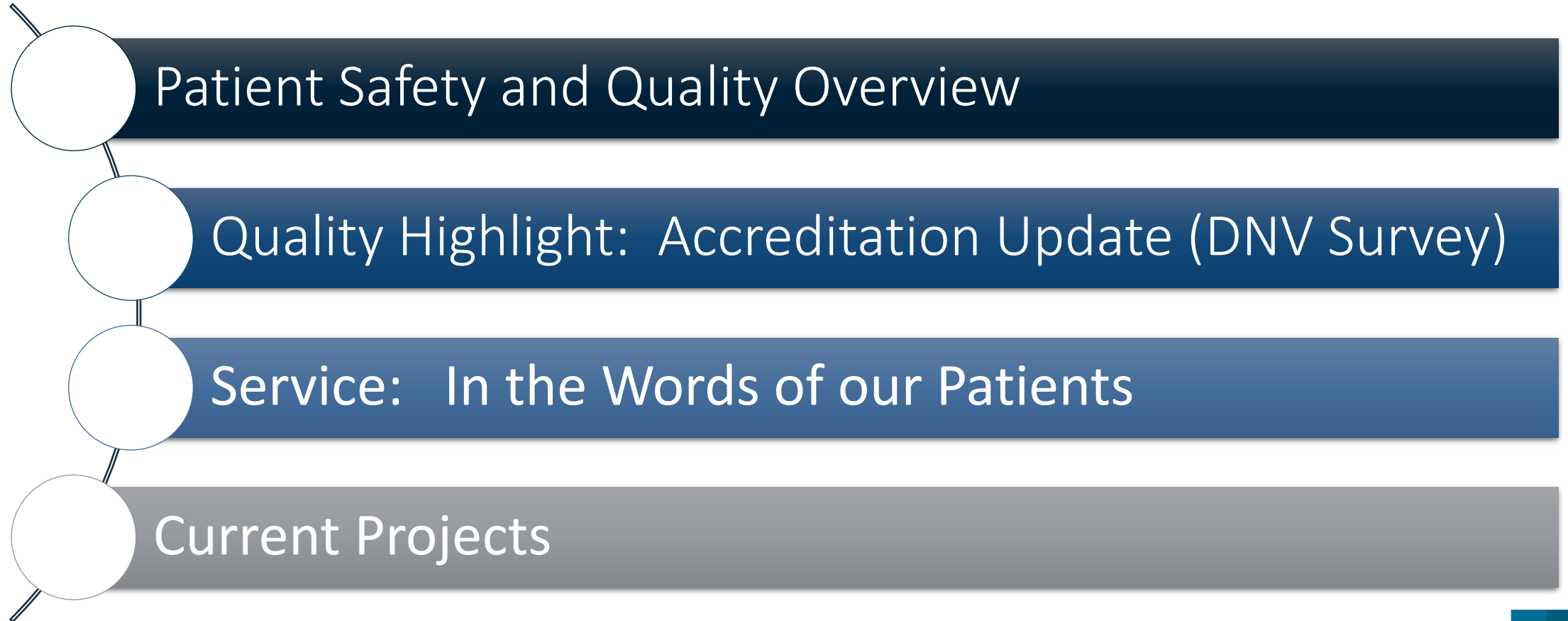
- **43.7 Days in A/R**

- **Questions**

# Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

February 24, 2021

# Agenda

- Patient Safety and Quality Overview
- Quality Highlight:  Accreditation Update (DNV Survey)
- Service:   In the Words of our Patients
- Current Projects

# Patient Safety & Quality Overview

| | 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 | Zero cases of hospital acquired C.Diff |
| | | | | Avoid the over-use of antibiotics when not medically indicated |
| | | | Implement and adhere to evidence based practices. | 90% or greater compliance with core measures |
| | | Enhance Culture of Safety | Workplace Violence Prevention (Initiative) | Zero Incidents of Workplace Violence |
| | | | Leader Rounding | Weekly Rounding Compliance |
| | | Align care with patient goals | Implement a palliative care program | Readmission rate < 12% |

*Fourth Quarter Abstraction not included in Core Measures; C. Diff not yet reported – surveillance in progress for Q4*

# Quality Highlight: Accreditation Update (DNV Survey)

**Jefferson Healthcare**

- Survey dates: February 17-19, 2021
- Three surveyors: Life Safety, Clinical, Generalist
  - *All non-conformities from 2020 were resolved*
- Areas Surveyed:
  - Quality Management System
  - Infection Control
  - Patient Advocates
  - Emergency Management
  - Environment of Care
  - Clinical Departments and Discharge planning
  - Safety and Security
  - Medical Staff
  - Staffing Management
  - Medication Management
  - Hazardous Waste

## Issues Identified:

- Clinical team engagement in quality and safety
- Code Blue planning and role for PPE monitor
- Environmental Services – cleanliness and infection control/safety
- High Reliability systems and correction of non-conformities
- Medical Staff engagement in Incident Command
- Human Resources – coordination of staffing vaccine clinic
- Medical Group leadership
- IT – transition to Office 365, use of SharePoint and technology
- Medical Staff Programs – transition to digital systems
- DATA AND ANALYTICS Team (DART)

**"Continuous focus on the community at all levels"**
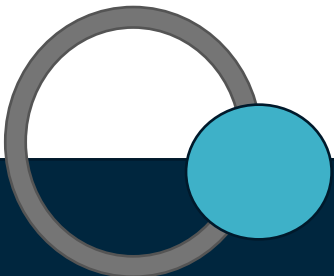
As the organization's primary contact, I am notifying you there were zero nonconformities identified during the February 17-19, 2021 NIAHO (CAH) (Annual) ISO Periodic (Certification) survey conducted at Jefferson Healthcare.  Therefore, no further action is required at this time.

**Have questions, concerns or need any additional information or clarification?**
Please let us know if you have any questions, concerns or need any additional clarification regarding the information provided.  The client drop box remains your central source for questions related to your account including standards interpretation and report submittals and will ensure your inquiry is routed appropriately - DNVClientDropBox@dnvgl.com  Please direct specific questions to this account directly.

**Changes in the Organization?**
Please notify us of changes within the organization as they occur.  Log on to the DNV- GL Healthcare website, Customer Portal link, to update your hospital profile http://dnvglhealthcare.com/   If account log in information is needed you may make a request by emailing healthcare@dnvgl.com


For DNV GL Healthcare USA, Inc.

**Sarah Trippel**
**\*Please note my name and email (previously sarah.hopkins@dnvgl.com) has changed to sarah.trippel@dnvgl.com. Please save and send future correspondence to my updated email.**
**Accreditation Coordinator**
**Healthcare Accreditation Services, DNV GL – Business Assurance**
Sarah.Trippel@dnvgl.com
DNVClientDropBox@dnvgl.com
www.dnvglhealthcare.com
Central Office: 513-947-8343

**DNV·GL**

# Patient Perspective:  In the Words of Our Patients...

- Just that I only marked that my husband wasn't allowed to come back with me due to the restrictions due to the COVID thing. That's all

- Jefferson County is fortunate to have this excellent facility.

- The facility and staff were superb.

- I see every effort to keep things clean & safe.

- Dr. Harris and all the nurses were very kind and helpful.

- I feel very blessed to have received such great care and support.

- I thought I had excellent care. And all my nurses were so kind and nice.

- The entire team was compassionate + helpful. My dad was only at home a week b/f dying but it was a peaceful week.

- The biggest issue for me was the fan noise and vibration in my room. This made it difficult to sleep and rest.

- Too many people in the group therapy room to be confident during COVID.

- Effective and inspiring to continue self guided home therapy. All staff from covid assessment to front desk to therapists - were incredibly friendly and welcoming. Exceptional.



*The level of professionalism is impeccable! Throughout the facility awesome equipment - really courteous staff - great listening and explaining! Rock on!*

The award goes to…

# 2020 Top 5 providers
*in order of performance*

Dr. Butterfield

Dr. Magill

Dr. Schmidt

Dr. Murphy

Dr. Norman

*Disclaimer: Photo taken prior to universal masking mandate

# Current Projects

## Projects and Teamwork

Performance Improvement:  Reducing the time to CT for stroke patients

Surgical Safety:  Informed Consent, Specimen labeling

Health Equity:  IHI Pursuing Equity

Medical Staff Improvements

Emergency Management:  Patient Surge Tabletop

## Quality

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

Closing the Referrals Loop (PLANNED)

Clinical Quality Teams: Stroke, Restraints, Medication Safety, Fall Prevention, Pressure Ulcer Prevention

Cancer Committee Study of Quality:  Cervical Cancer Screening compliance

Accreditation Coordination and Management

## Medication Safety

Bar Code Medication Administration expansion in the Medical Group

Medication Safety Team

Data Analysis, Event Investigation Training and leader engagement

# Questions?

Administrative Report

February 24, 2021

Mike Glenn, CEO

# Admin Report

Jefferson Healthcare Volumes
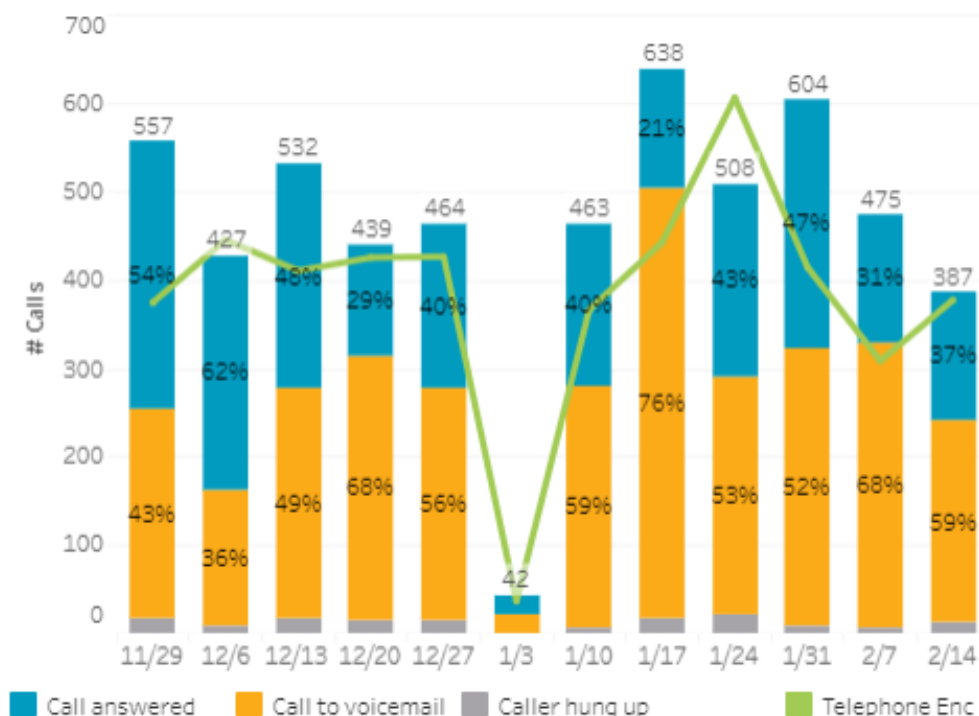
Vaccination Update

Strategic Plan Review

Other

# COVID-19 Phone Line and Clinic Visit Volumes

## Respiratory nurse line calls and telephone encounters - by week
Last 12 weeks of respiratory phone line call data (bars) and telephone encounters created (line), excluding partial weeks.
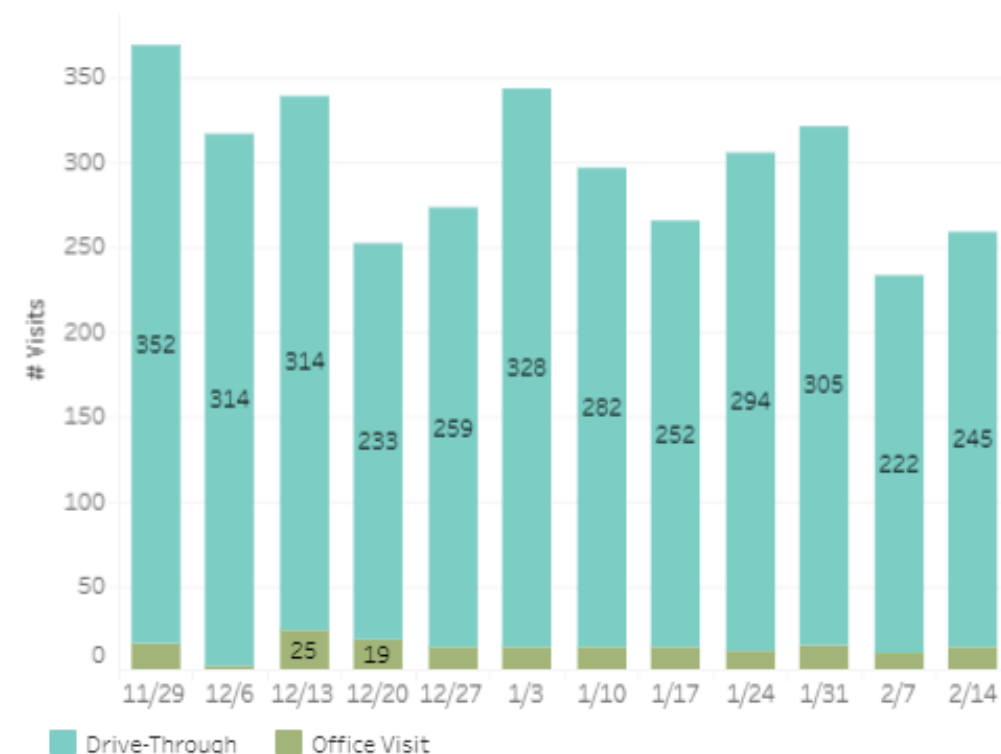


Legend: ■ Call answered  ■ Call to voicemail  ■ Caller hung up  ━ Telephone Enc

## Respiratory Clinic visit volumes - by week
Last 12 weeks of visits in the Respiratory Eval Clinic, excluding partial weeks.



Legend: ■ Drive-Through  ■ Office Visit

## Total call volume since launch of triage line

| | |
|---|---|
| Inbound Calls | 153,568 |
| Calls Answered | 112,356 |
| # Telephone Encounters | 23,385 |

## Total Respiratory Evaluation Clinic vists - all time

| | |
|---|---|
| Drive-Through | 8,307 |
| Office Visit | 4,302 |
| Total | 12,609 |

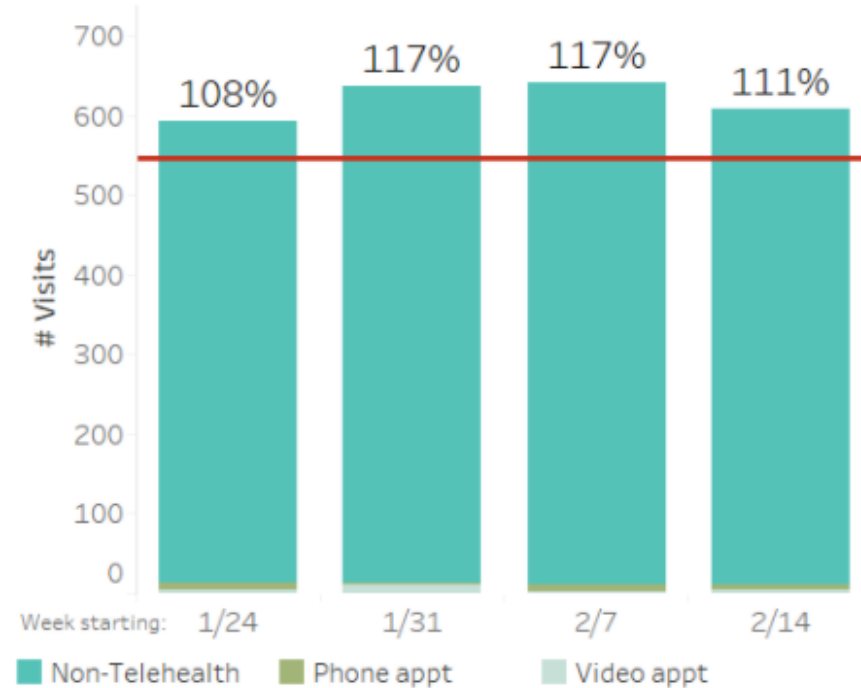## Primary Care variance to target visits

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.
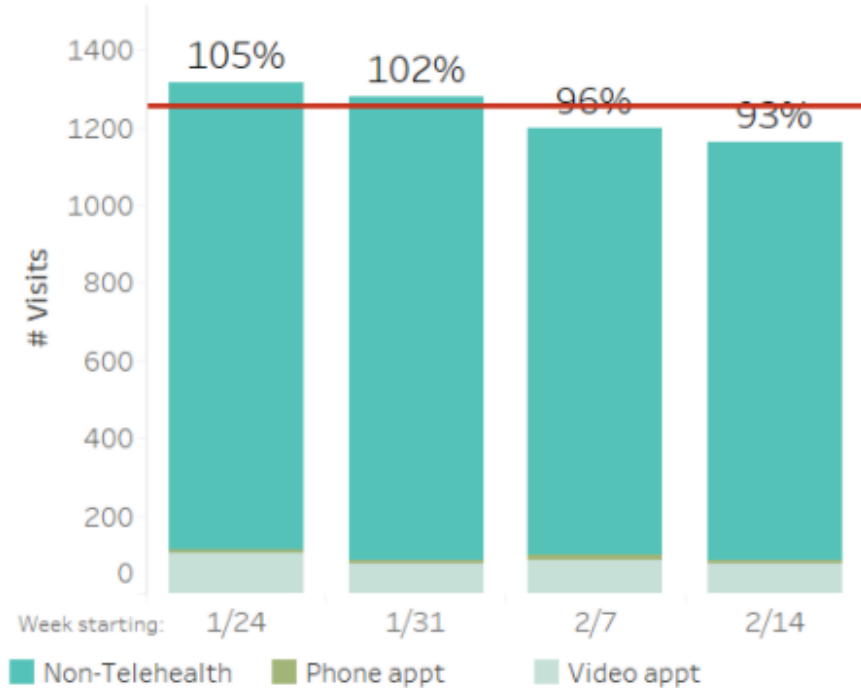


Includes visits in: Sheridan, Watership, Townsend, Port Ludlow and South County primary care clinics and the Dental clinic.

## 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.



Includes visits in these clinics: Urology, Womens Health, JHSA clinic, and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

## Oncology/Infusion variance to target visits

Visit volumes in Oncology Clinic and Infusion Center. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.
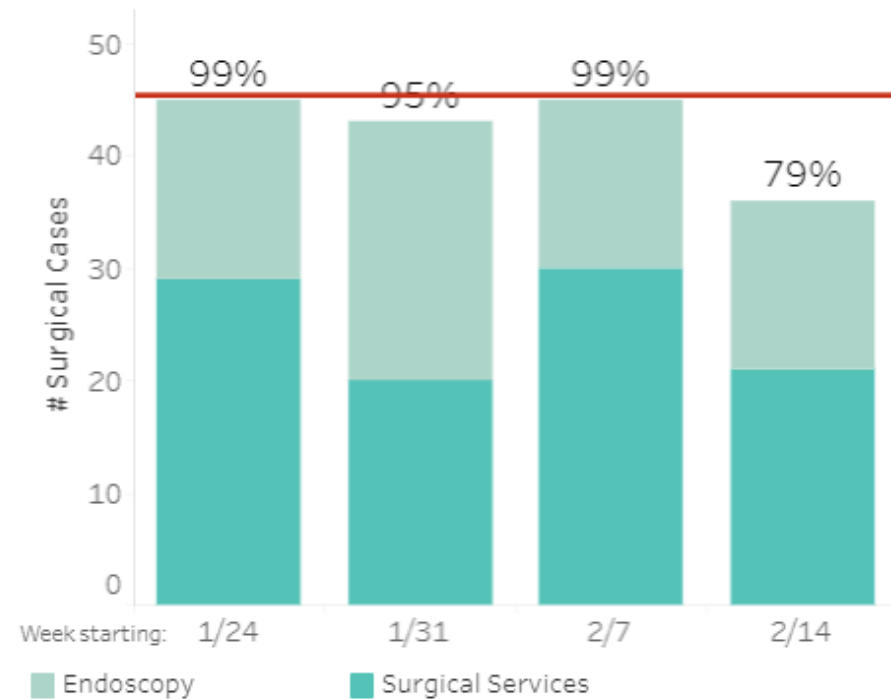
Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.
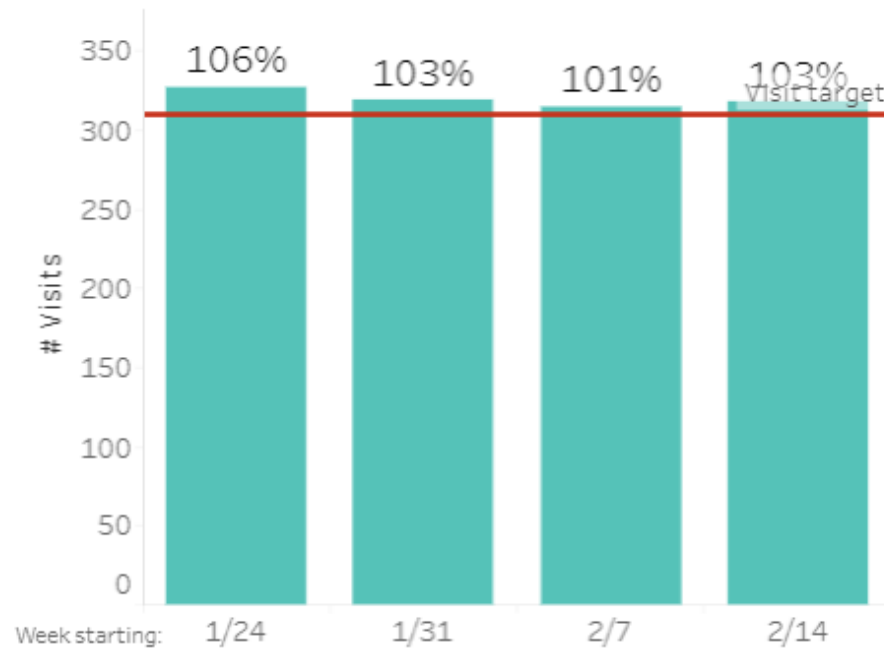
## Surgical case variance to target cases

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.

Includes surgical cases performed in the hospital OR. Does not include the endoscopy suite at JHSA.

# 2022-2025 Strategic Plan Planning Process

March | April | May | June | July | August | September | October | November | December

**1st Board Presentation - high level review of rough draft 2022-2025 Strategic Plan.**

**Series of Community Outreach meetings via TEAMS seeking input on the Plan.**

**2nd Board Presentation- review Strategic Plan draft.**

**3rd Board Presentation- Strategic Plan final draft.**

**4th Board Presentation- Approve Strategic Plan final draft.**

# Jefferson Healthcare Strategic Plan 2017-2021 Update

| Pillar | Objectives | Strategies | Initiatives |
|---|---|---|---|
| **Quality and Patient Safety** | *Provide the highest quality, safest care of any hospital in the region.* | Attain excellent health outcomes | Provide and/or supporting the infrastructure for testing, treating, and preventing COVID19 |
| | | | Assess and address health equity within Jefferson Healthcare and our community |
| | | | Continue to provide evidence based clinical care (core measures, GWTG, Partnership for Patients, OP MIPS/Quality Measures) |
| | | Drive best practice clinical care | Maintain standards compliance with existing accreditations |
| | | | Engage leadership in the internal audit program |
| | | | Pursue additional accreditation opportunities (Hip and Knee Replacement Certification and Home Health & Hospice Accreditation) |
| | | Enhance the Culture of Safety | Leverage technology to improve the delivery of care, enhance cybersecurity, and patient safety. |
| | | | Understand system defects and assure risk mitigation/corrective action implementation. |
| | | | Connect every employee and provider to their role in quality and safety |
| **Service** | *Deliver an experience that exceeds patient's expectations.* | Create an infrastructure that supports radically convenient access to care | Enhance use of technology to connect patients with health services. |
| | | | Enhance services to keep care local. |
| | | Consistently deliver an outstanding patient care experience with every encounter | Personalize the patient experience with every encounter. |
| | | | Deliver consistent and inviting service standards across all of Jefferson Helathcare. |
| | | Improve care navigation for patients and family members | Implement closed loop referrals and care navigation to support patients with transitions of care. |
| **People** | *Recruit and retain an engaged, high performing workforce* | Seek, hire and retain remarkable employees. | Develop a workforce plan that incorporates projected workforce shortages and overages |
| | | | Support teaching and career development for all staff members |
| | | Develop a highly engaged, purpose-driven workforce | Explore the development of a Jefferson Healthcare Learning Institute |
| | | | Provide leadership development and health equity resources for all Jefferson Healthcare leaders |
| | | Promote a thriving, rewarding provider practice that nurtures the provider-patient relationship | Enhance technology solutions that allow the provider to spend more time at the bedside |
| | | | Be well. Together. |
| | | | Support CME and career development for providers |
| **Changing Environment: Sustainability** | *Position Jefferson Healthcare to thrive as an independent organization in a rapidly changing environment* | Pursue facility solutions that advance clinical care and business operations | Develop a master site plan with a 1-, 3- and 5-year outlook |
| | | Be a value oriented, financially high performing organization | Grow by expanding current services and developing new clincial programs and services |
| | | | Maintain a strong cash position |
| | | | Achieve a healthy operating margin |
| | | | Create and operationalize COVID19 financial recovery plan |
| | | Actively manage resources to ensure the long-term financial health of Jefferson Healthcare | Maximize capture of gross revenue (charges) and net revenue (cash). |
| | | Plan the transition from fee for service to value-based care. | Provide pricing estimation tools for patients |
| | | | Pursue value-based contracts (ACO decision) |
| **Community Health** | *Develop Partnerships to support a Healthier Community* | Health Equity | Implement the Institute for Healthcare Improvement community linkage framework |
| | | | Convene community organizations to work together on community challenges to improving health and equity |
| | | COVID-19 Response | Coordinate with Public Health case management of COVID-19 positive community members |
| | | | Partner with Public Health to distribute COVID-19 vaccine |
| | | | Support CHIP and the Behavioral Health Consortium |
| | | Resiliency and Mental Health | Strategize and collaborate to implement adolescent health such as #oktonotbeok initiatives |