

Jefferson Healthcare

Just Culture: Health Equity

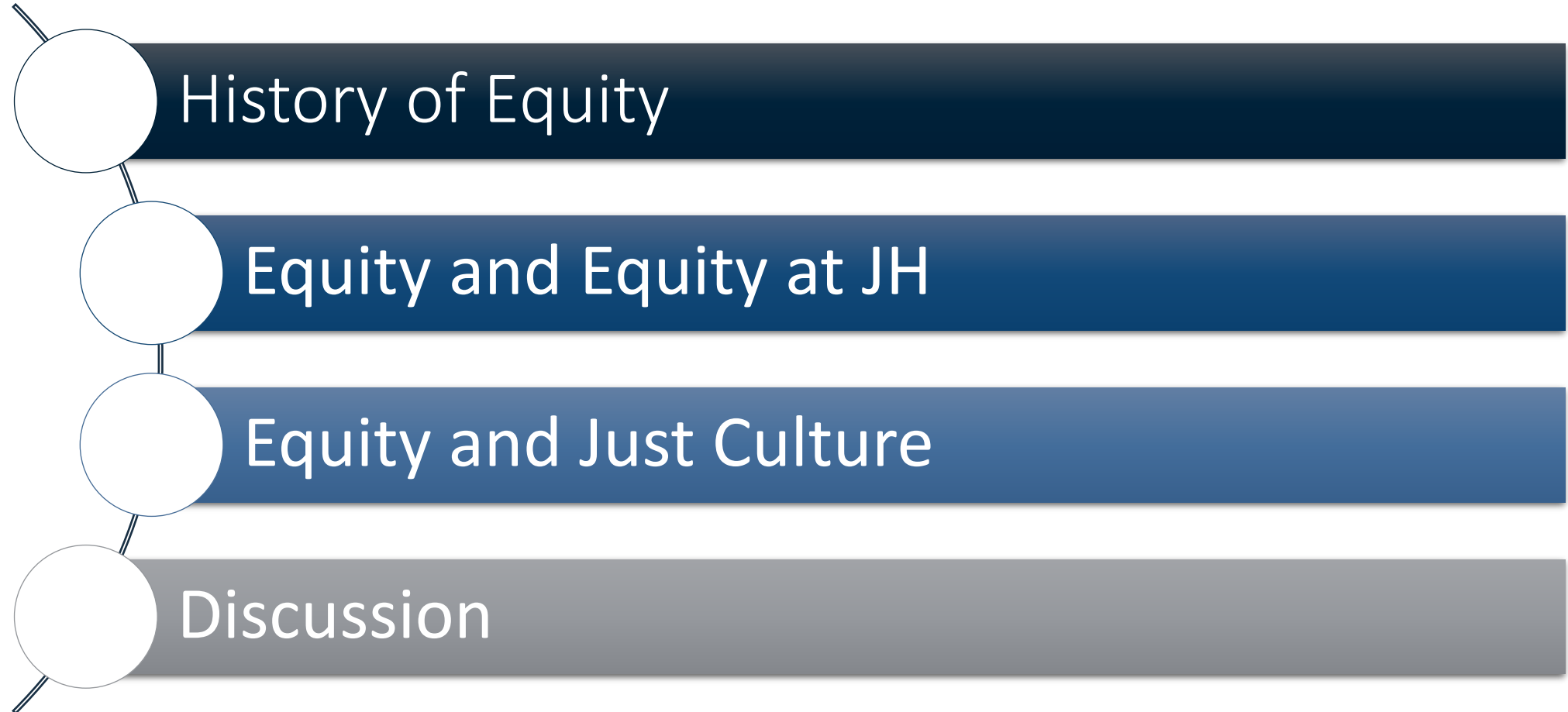
Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

Commentary by Dunia Faulx, Director of Population Health

January 27, 2021



Agenda



The History of Equity in Healthcare

Or, racism and the lack of equity

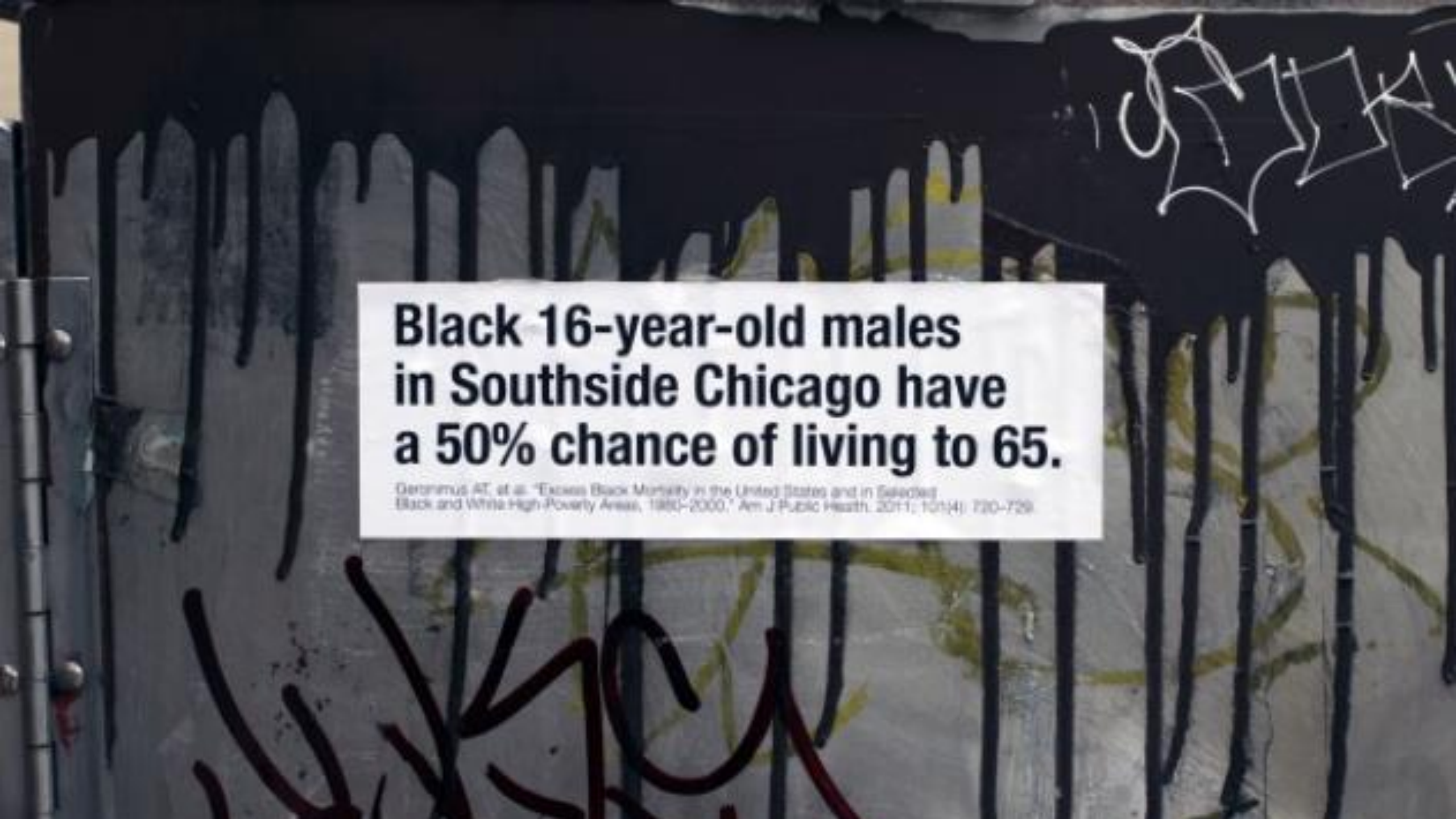


Tuskegee Syphilis Study



**Black women in California
are 400% as likely to die in
childbirth as white women.**

CA Dept of Public Health, California Birth and Death Statistical Master Files, 1999-2013.

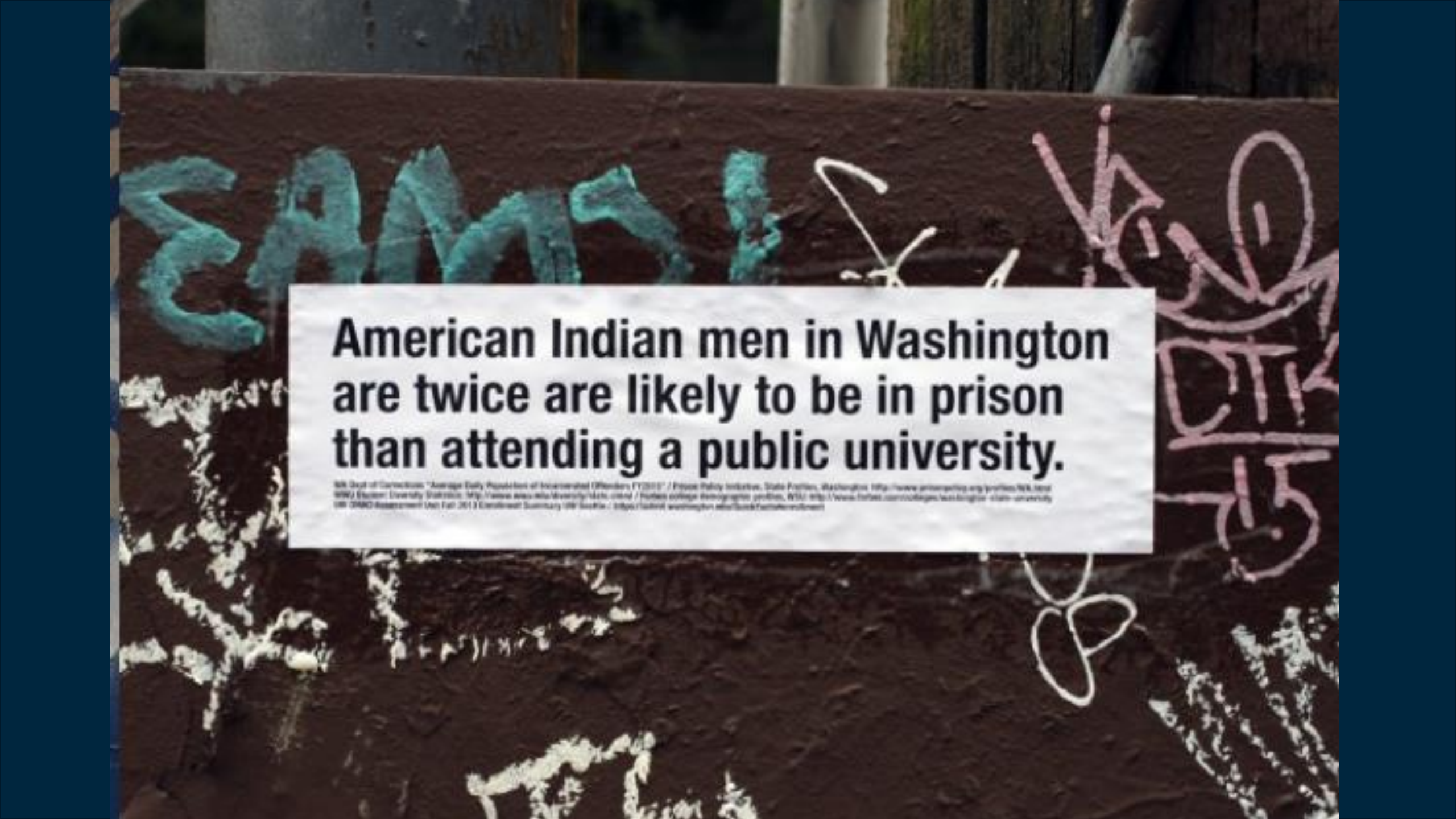
A photograph of a metal door, possibly a prison cell door, covered in graffiti. The graffiti includes the word "JAZZ" in white at the top right and "LOVE" in red at the bottom. A white rectangular text box is centered on the door.

**Black 16-year-old males
in Southside Chicago have
a 50% chance of living to 65.**

Gerominus AT, et al. "Excess Black Mortality in the United States and in Selected
Black and White High-Poverty Areas, 1980-2000." *Am J Public Health*. 2011; 101(4): 720-729.

New York has more
men of color in its
prisons than public
universities. GRAPHIC BY JEFFREY M. HARRIS

Handwritten signature



**American Indian men in Washington
are twice as likely to be in prison
than attending a public university.**

WA Dept of Corrections: "Average Daily Population of Incarcerated Offenders FY2013" / Prison Policy Initiative, State Profiles, Washington: <http://www.prisonpolicy.org/profiles/WA.html>
WWU Eastern University Statistics: <http://www.wwu.edu/university/facts.cfm> / Forbes college demographics profiles, WSU: <http://www.forbes.com/colleges/washington-state-university>
US OIGD Assessment Unit Fall 2013 Enrollment Summary USIA: <http://usia.gov/washington-state/university-enrollment>

Published on September 15, 2016

Cone Health Apologizes for Discriminatory Past

Cone Health apologizes to remaining plaintiff of lawsuit that opened doors of U.S. hospitals to African-Americans

Cone Health has apologized to the last living plaintiff and others involved in a lawsuit that desegregated hospitals nationwide. The establishment of a scholarship fund came during a Sept. 15 ceremony before the start of the annual medical and dental staff meeting.



**I Believe
Dr. Ben
Danielson**

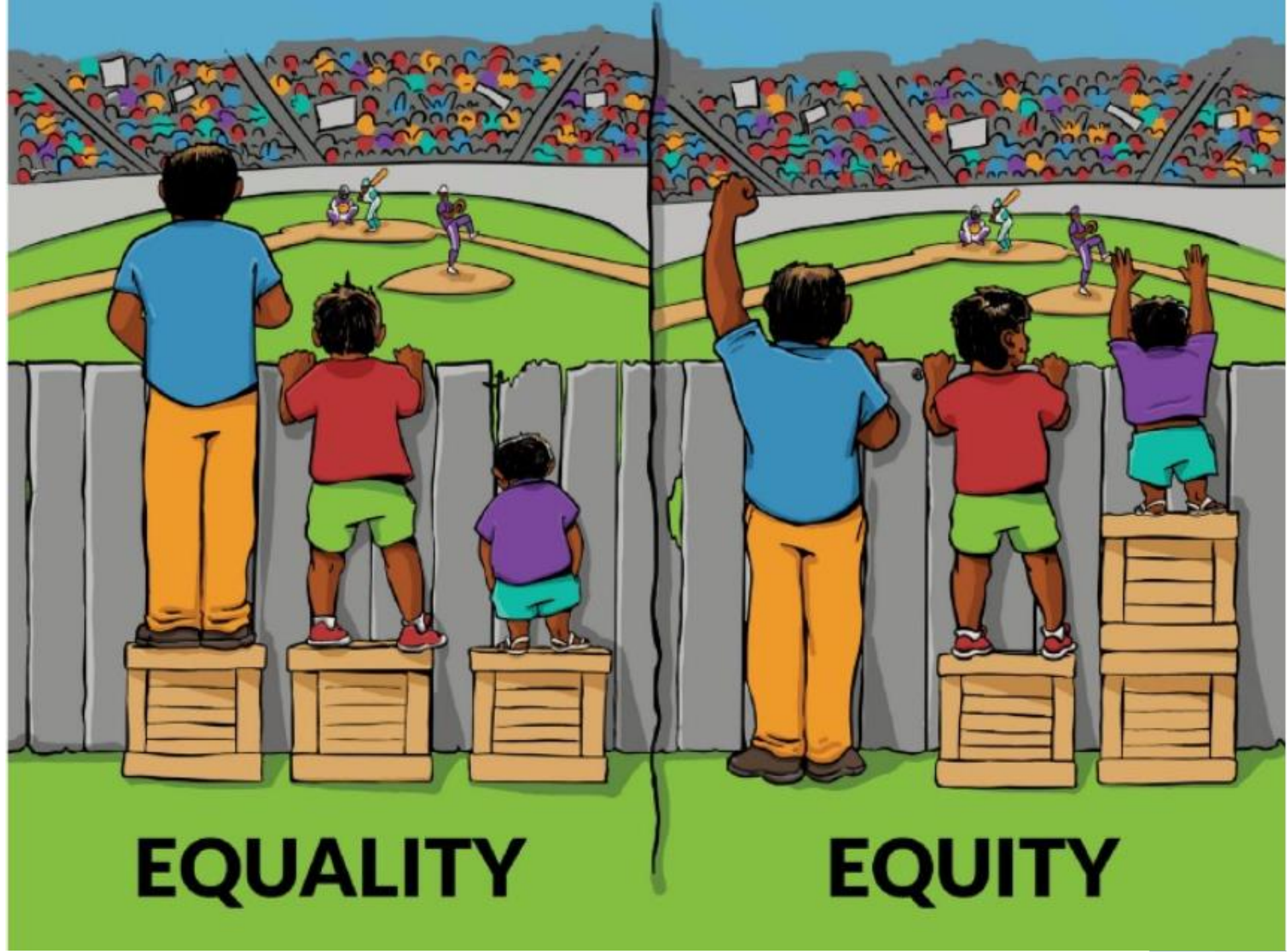
Racism in Jefferson County

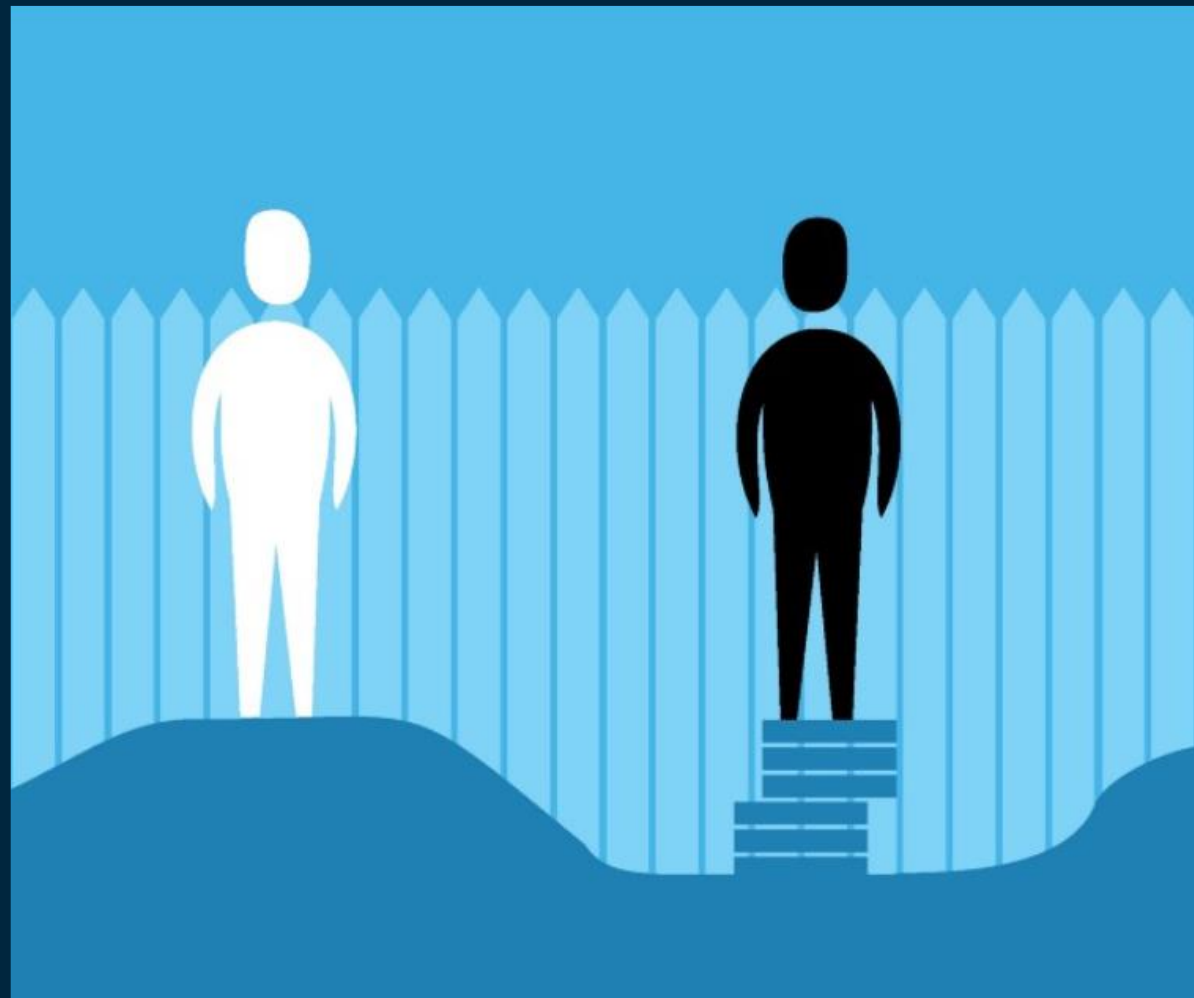
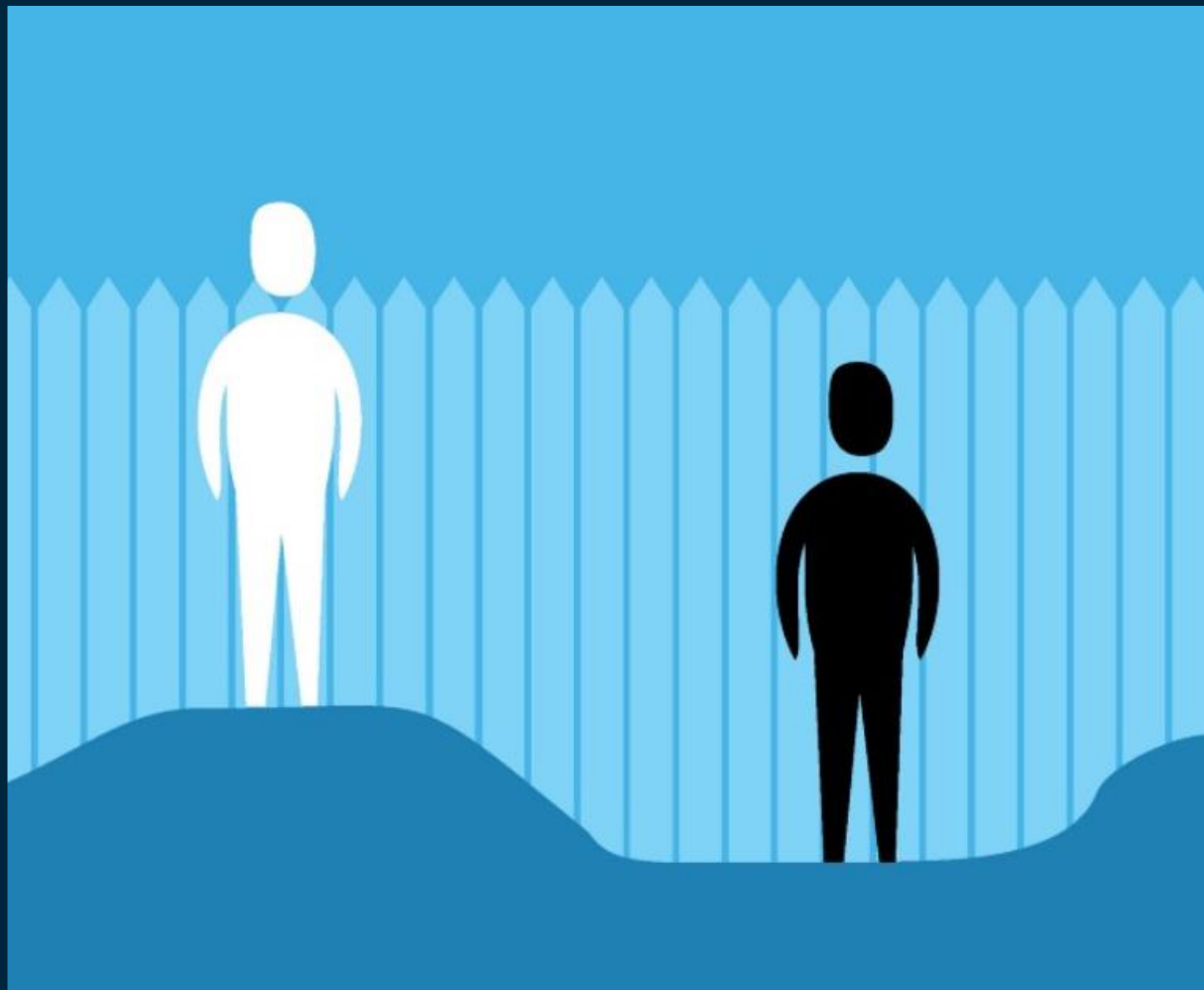
Jefferson Healthcare occupies and serves a predominantly white community (91.4%) living on the S'Klallam and the Chemakum's colonized lands.

What is 'equity'?

Terminology, background, and a common understanding.

Traditional Imagery





Health Equity – the sixth aim.



Institute of Medicine

Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Equity at JH

Strategic decision making in times of turmoil.

Theme of 2020: *Where do we go from here?*



Employee Conversations | Major themes

Patient-Centered Care

Trauma-informed

Inclusive

Minimize barriers

Employee Opportunities

Education

Representative workforce

Community

Influence of the social determinants

Partnerships

Organizational Culture

Hardwiring a just culture

Authentic interactions

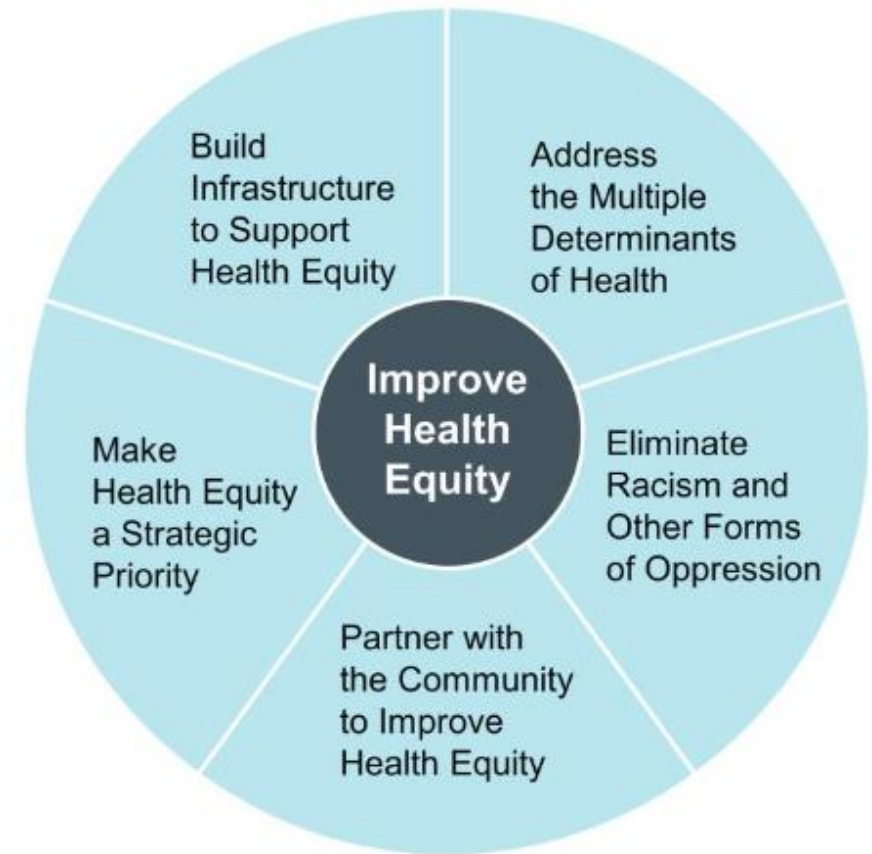
Data and Analytics – Process and Platforms

Review of Equity Initiatives | Agency and Colleagues

- Institute for Healthcare Improvement
- MultiCare's Health Equity Strategic Plan
- American Hospital Association Health Equity
- UW Medical Center Health Equity Blueprint
- WSHA Health Equity

Equity 2.0 : IHI Model, but Jeffersonized

Name	Role
Mike Glenn, CEO	Executive Sponsor
Dunia Faulx, Director Pop. Health	Team Lead
Tina Herschelman	Team Manager
Chris Harris, Dietary Cook	Key Team Member
Jackie Levin, Patient Advocate	Patient/Community Liaison
Adam York, Data Analyst	Data & Measurement Lead
Brandie Manuel, Chief Quality Officer	Quality Improvement Lead
Joe Mattern, MD, CMO	Clinical Lead
Caitlin Harrison, CHRO	Content Expert, Human Resources
Molly Parker, CMO Pop. Health	Content expert, Clinical/ SDoH



Employee Conversations | Major themes

Patient-Centered Care

Trauma-informed

Inclusive

Minimize barriers
(ACCESS)

Employee Opportunities

Education

Representative
workforce

Community

Influence of the
social
determinants

Partnerships

Organizational Culture

Hardwiring a just
culture

Authentic
interactions

Data and Analytics – Process and Platforms

The Role of Equity in Just Culture

A photograph of a modern, multi-story building with a mix of tan, grey, and dark blue panels and large glass windows. The building is identified by a sign on its upper right corner. The sky is overcast.


Jefferson
Healthcare

Overlaying an Equity Lens when asking the Just
Culture Question of 'why'

Healthcare

Medical Center

 **EMERGENCY**

 **Main Entrance**
Water Side
Entrance
Receiving

Questions?



Impacts from COVID on Support Services Teams

Jefferson Healthcare Board of Commissioner's Meeting
January 27th, 2021

JANUARY

8TH – CDC issues an official health advisory

10TH – WHO confirms human-to-human transmission, CDC immediately activates Emergency Operation Center. First case in USA reported the same day

30TH – WHO declares a Public Health Emergency of International Concern (PHEIC), it's highest level of alarm. The first person-to-person case in America reported

FEBRUARY

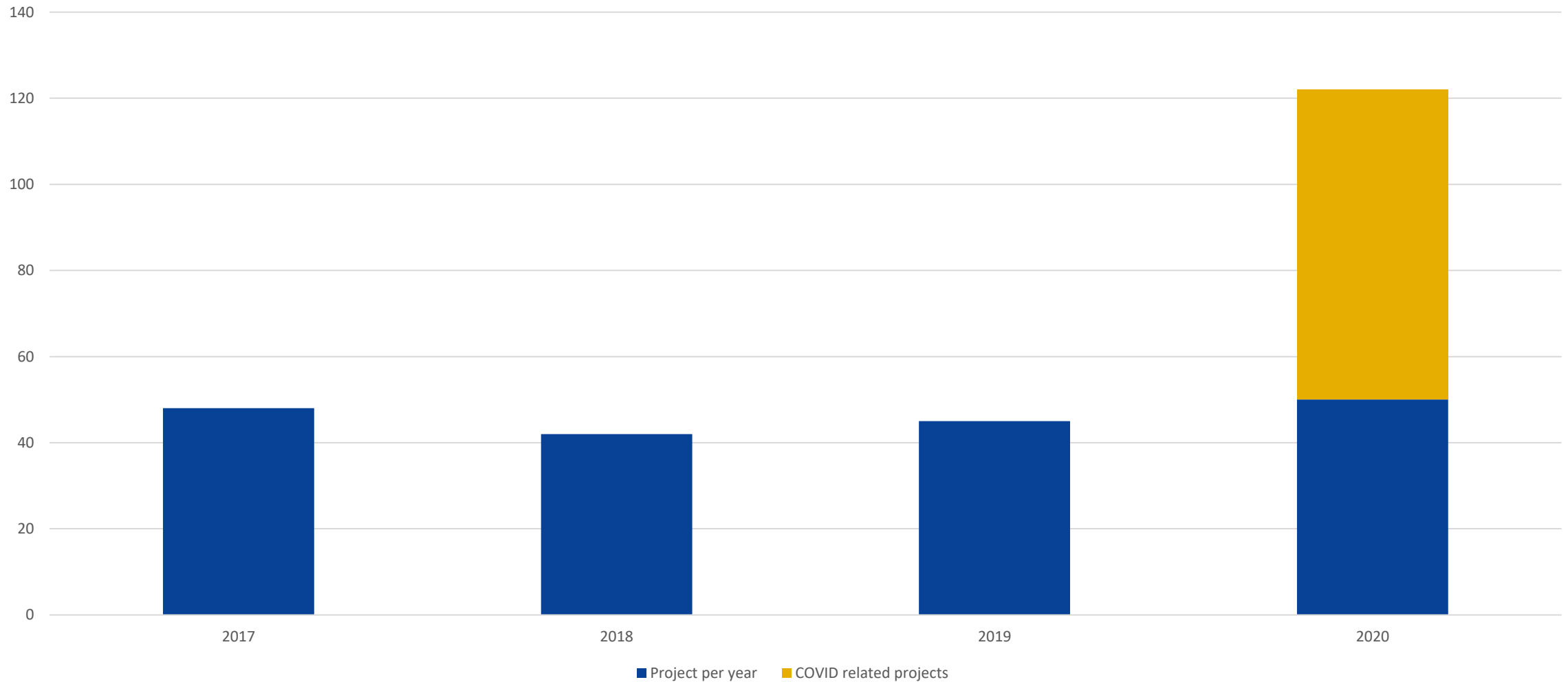
2nd – Travel restrictions to and from China put into place

6TH – First COVID – 19 death in USA confirmed in Santa Clara County, CA

25th – CDC warned the American public for the first time to prepare for local outbreaks

Mike Pence took over for Secretary Azar as chair of the White House Coronavirus Task Force

Number of projects by year with COVID impacts



Q1

Jefferson Healthcare begins to prepare

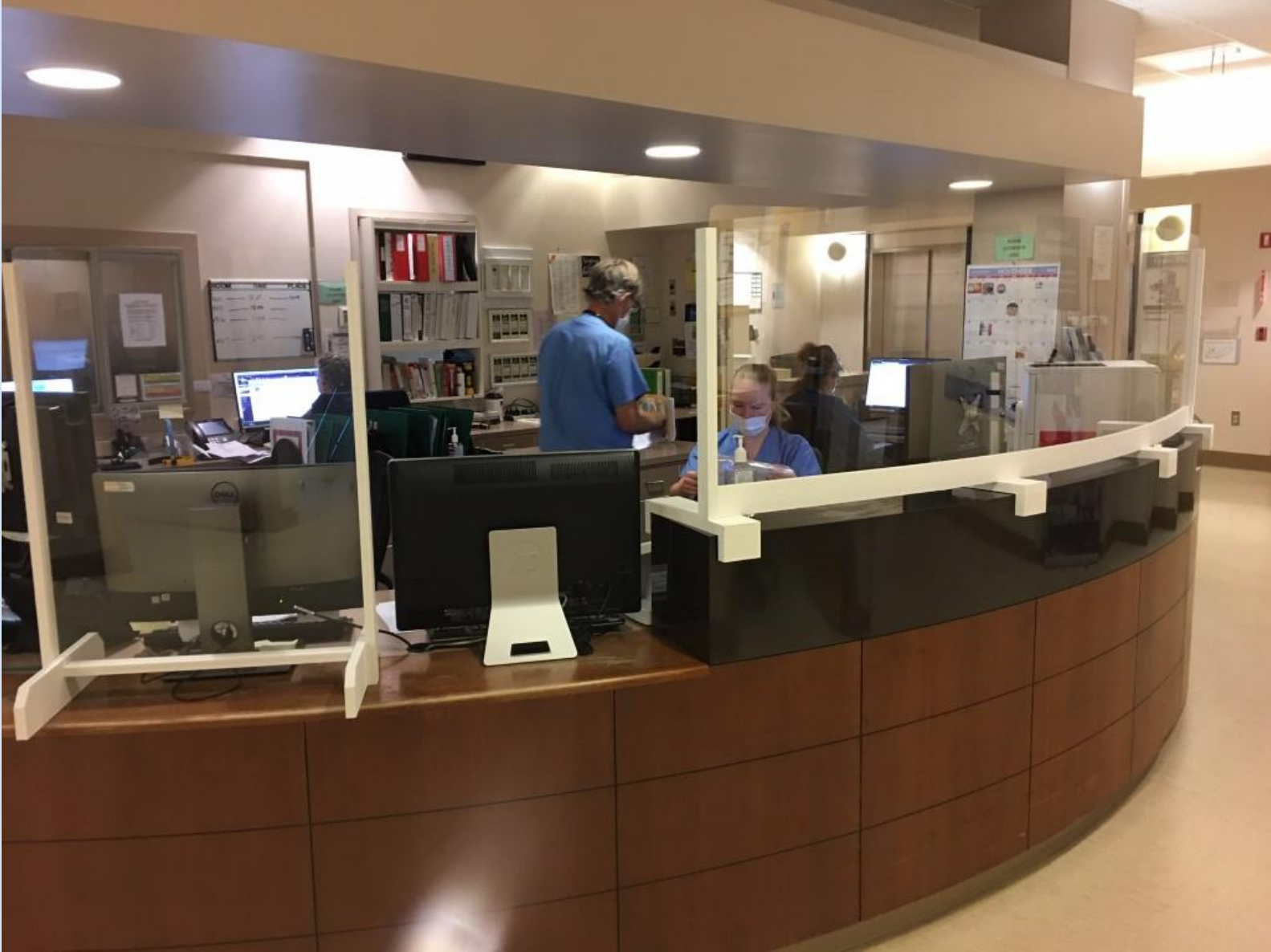
March

12
COVID
Projects

- Create three negative pressure rooms in ACU
- Create the RES clinic at 7th St. for testing and phone triage
- Create don/doff ante rooms in ACU and ICU
- Set decontamination tent up outside Express Clinic with tables, chairs, heaters, etc
- Surge Unit Planning - separate emergency department waiting area into COVID/NON-COVID (design and purchase of materials only)
- Find or invent batteries for PAPRS
- Remove all occupational therapy equipment from rooms 308 and 314 and make both double occupancy rooms (install second nurse call station and over-bed light in each)
- Set up temperature screening stations at appointed entrances (main campus and clinics)
- COVID-19 Inpatient Unit concept and design. Includes making all of the patient rooms on the north side of 3rd floor negative, don/doff stations, corridor separations)
- Set up the Drive Thru Testing Clinic in lower waterside parking lot
- Add 6 to 8 more bed capacity in ACU. Involved re-creating all rooms that were originally designed as double occupancy. Same process at rooms 308 and 314. Rooms included 308, 309, 310, 314 and 316
- Design and creation of cough/sneeze guards for all public facing areas of the organization begins

First negative
pressure rooms in
ACU created.

The design was so successful that we were asked to share it with the collaboration



Cough and Sneeze Guards

Drive Thru Immunization,
waterside parking lot

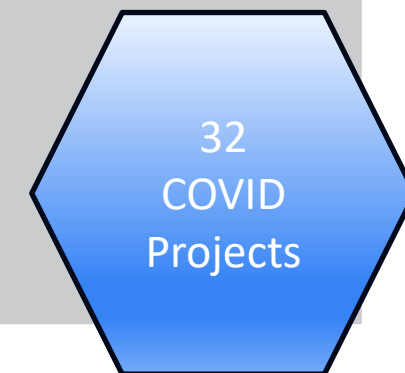




PPE don and doff stations in ICU and ACU

Q2

April	May	June
<ul style="list-style-type: none"> ➤ Make all ICU rooms negative (5 rooms total) ➤ Install stainless steel door infection control barrier in Dental Clinic between reception and operatories ➤ Create an Audio/Visual studio at 915 upper floor for creating informational videos ➤ Hang line in Express Clinic dirty utility to hang used masks on ➤ Surge Unit Planning - install medical air connections in PACU headwalls for use if needed ➤ Biomed creates battery packs for PAPRS ➤ Perform physical distancing evaluation of all staff working areas and make recommendations to Incident Command to optimize for safety of staff and patients ➤ Mark all conference rooms with table locations and chair placement for proper physical distancing ➤ Remove excess lobby furniture from all JHC lobby areas for proper physical distancing for waiting patients ➤ Build an intubation box based on specifications presented by Dr Mattern ➤ Finish paint in upper 915 (contractors no longer allowed on campus) ➤ Begin relocating staff to upper 915 building to accommodate physical distancing ➤ Create additional conference room at upper 915 ➤ Cough and sneeze guard production and installation continues 	<ul style="list-style-type: none"> ➤ Create an additional 5 negative rooms in ACU (312 – 316) ➤ Construct an additional intubation box with modifications to the first design ➤ Surge Unit planning – find storage for surgery supplies ➤ Surge Unit Planning – seal door in operatory 2 to sterile core ➤ Create physical barriers between operatories 5 and 6 in Dental Clinic ➤ Create specialized barriers for developmentally delayed pediatric and adult speech therapy patients ➤ Relocate staff to upper 915 building to accommodate physical distancing (ongoing) ➤ Extend height of existing cubicles at 915 to accommodate WA Governor's phase II physical distancing mandate ➤ Surge Unit Planning – design and order materials for creating physical separation of the surgery department ➤ Make one Family Birth Center room negative ➤ Cough and sneeze guard production and installation continues 	<ul style="list-style-type: none"> ➤ Relocate staff to upper 915 building to accommodate physical distancing (ongoing) ➤ Create dictation area for Dr Dimitri (found alternate work solution) ➤ Separate current surgery dictation room with barrier (found alternate work solution) ➤ Salvage and purchase used cubicles to accommodate 160 individual cubicle work stations planning begins ➤ Extend height of existing cubicles to accommodate WA Governor's phase II physical distancing mandate (ongoing) ➤ Make upgrades/modifications to Audio/Visual studio at 915 ➤ Cough and sneeze guard production and installation continues



Intubation box built by facilities



All ICU inpatient
rooms turned
negative





Cafeteria
set up for
physical
distancing



Barriers between
Dental operatories 5
and 6 constructed



Audio/visual studio at 915 Sheridan

This studio has been used to create:

- Messages from the CEO
- Doc Talk Series
- JH Townhall series



Q3

July	August	September
<ul style="list-style-type: none"> ➤ Extend height of existing cubicles to accommodate WA Governor's phase II physical distancing mandate (ongoing) ➤ Cough and sneeze guard production and installation continues 	<ul style="list-style-type: none"> ➤ Create storage in ICU for PPE ➤ Salvage used cubicles from Bainbridge Island clinic ➤ Cubicle assessment undertaken ➤ Move two Health Navigators to 915 upper floor ➤ Extend height of existing cubicles to accommodate WA Governor's phase II physical distancing mandate (ongoing) ➤ Cough and sneeze guard production and installation continues 	<ul style="list-style-type: none"> ➤ Move accounting department to 915 upper floor ➤ Evaluate break spaces; indoor (café conference room, departmental, 915 upper lobby) and outdoor (lawn furniture, surgery covered area heaters, courtyard options, picnic tables) ➤ Create Drive Thru Immunization Clinic at 915 parking lot as groundwork for eventual COVID vaccine distribution (will conduct flu and children's vaccinations) ➤ Begin installing salvaged cubicles ➤ Extend height of existing cubicles to accommodate WA Governor's phase II physical distancing mandate (ongoing) ➤ Cough and sneeze guard production and installation continues

14
COVID
Projects

Cubicle Extensions



Cubicle Assessment

SLG Leader	Leader	Department	Office/Area	Categories	# of people	Notes	Assessment Needed	# of Cubicles Needed in space	# of Cubicles that fit in space	Additional space needed	Timeline	Notes
Brandie Manuel	Mary Fortman	MSW	Office (ACU)	Office	4	Mary	Yes	4	2	2	Later	could we place 1 cube?
Brandie Manuel	Mary Fortman	MSW	Office Lower	Office	3	Mary	Yes	3	3	0	Later	add 1 cube
Tina Toner	Jackie Levin	Patient Advocates	Office	Office	2		Yes	2	2	0	Later	Rejected
Hilary Whittington	Mitzi Hazard	Physical Therapy	Cubicle Area	Office	3	Mitzi	Yes	3	2	1	Later	
Brandie Manuel	Josh Brocklesby	Clinical Informatics	Support Tech area	Office	4	Josh	Yes	2	2	0	Now	Completed
Brandie Manuel	Josh Brocklesby	Information Technology	Bullpen	Facility support	3	Josh	yes	4	4	0	Now	Project
Hilary Whittington	Kelly O'Connell	Materials Management	Main office	Facility support	2		Yes	2	2	0	Now	Rejected
Jenn Wharton	Stacey Roth	Sheridan Clinic South S	Nurse Station 1	Medical support	5	Against wall - Jake	Yes	2	2	0	Now	Rejected
Jenn Wharton	Stacey Roth	Sheridan Clinic South S	Nurse Station 2	Medical support	5	Against wall - Jake	Yes	2	2	0	Now	Rejected
Jenn Wharton	Stacey Roth	Sheridan Clinic Upper R	Call center	Office	6	Jake	Yes	6	5	1	Now	Completed
Mike Glenn	Jenn Wharton	Administration	AA Office	Office	2	Jessie and Suzy	Yes	2	2	0	Soon	In progress
Mike Glenn	Hilary Whittington	Administration	AA Office	Office	2	Brittany and Shannon	Yes	2	2	0	Soon	Completed
Brandie Manuel	Allison Crispen	Credentialing	Office	Office	2		Yes	2	2	0	Soon	Maybe?
Hilary Whittington	Jen Goodwin	Park Ave	General work area	Office	32	Proposal given to Hilary 7/30	Yes	32	32	0	Soon	
Hilary Whittington	Jen Goodwin	Park Ave	Registration	Registrars	2	Proposal given to Hilary 7/30	Yes	2	2	0	Soon	
Hilary Whittington	Mitzi Hazard	Physical Therapy	Tech Work Room	Medical support	3	Mitzi	Yes	4	4	0	Soon	
Jenn Wharton	Lindsay Dykes	Cardiology	Provider Office	Provider	2	email sent 8/3	Yes	2	0	2		
Jenn Wharton	Kirsten Golden	Dermatology	Mohs	Medical support	3		Yes	3	0	3		
Jenn Wharton	Kirsten Golden	Dermatology	Provider Office	Provider	3		Yes	3	0	3		
Hilary Whittington	Randy Holeman	Diagnostic Imaging	Bullpen	Medical support	2	email sent 8/3, 8/4 Randy	Yes	2	0	2		
Hilary Whittington	Randy Holeman	Diagnostic Imaging	West Back Work	Medical support	2	email sent 8/3, 8/4 Randy	Yes	2	0	2		

Break Spaces for Physical Distancing



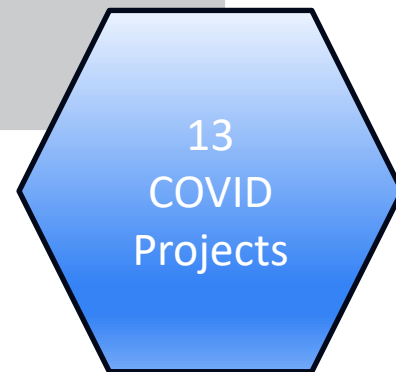


Drive Thru Immunization Clinic, 915



Q4

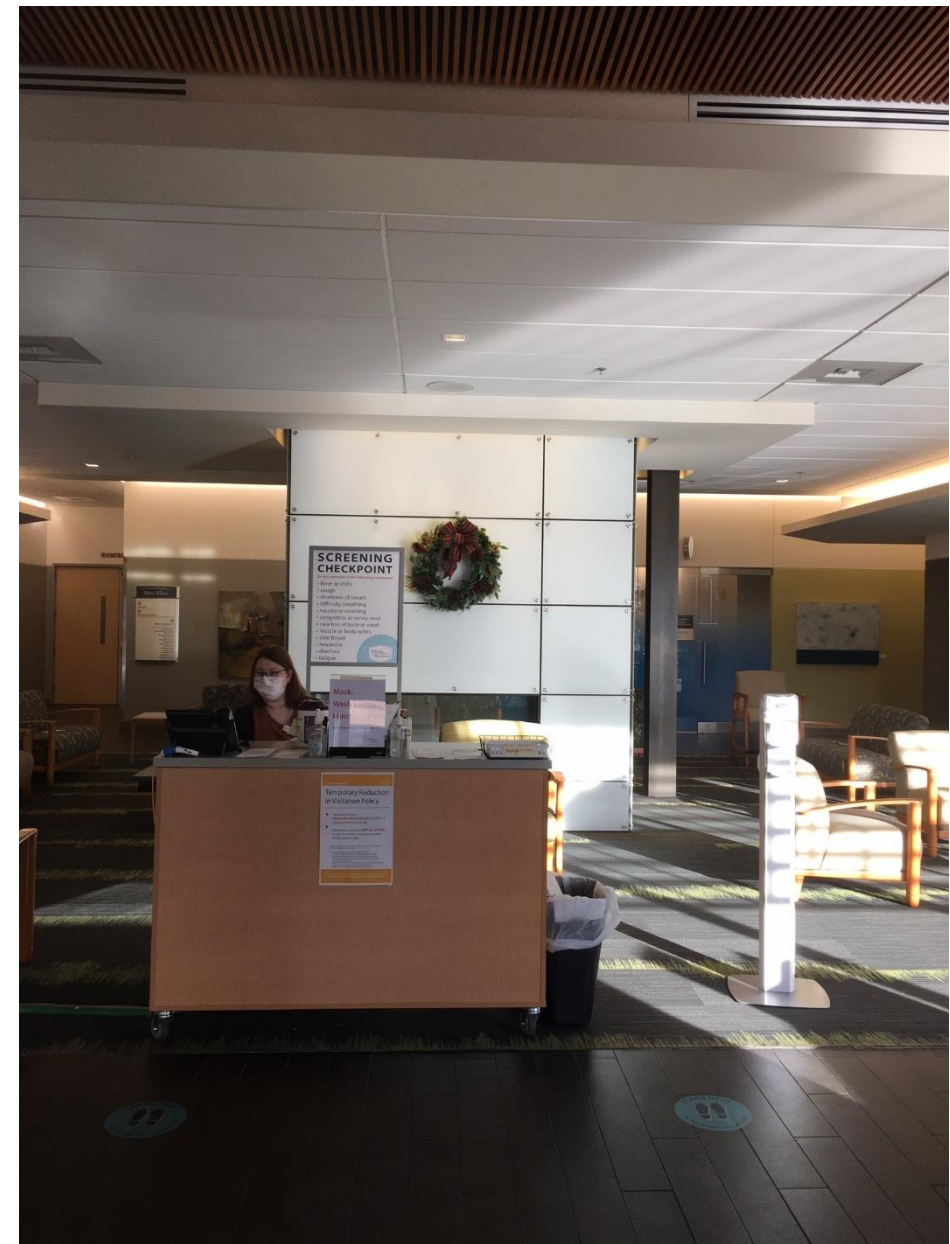
October	November	December
<ul style="list-style-type: none">➤ Modify counter in main lab to accommodate physical distancing➤ Cardiac/pulmonary rehab gym modifications to add a third patient (Plexiglas barriers)➤ Break space evaluation continues➤ Extend height of existing cubicles to accommodate WA Governor's phase II physical distancing mandate (ongoing)➤ Cough and sneeze guard production and installation continues	<ul style="list-style-type: none">➤ Make three rooms in Emergency Department negative (rooms 6, 7, 8)➤ Install new screener furniture➤ Cough and sneeze guard production and installation continues	<ul style="list-style-type: none">➤ Acquire and install a negative 75 degree freezer for COVID vaccine storage and distribution➤ Set up a Drive Thru COVID Immunization Clinic in gravel lot at 7th and Cleveland➤ Set up temporary COVID Immunization dispersal in Dirksen Conference Room➤ Modify and adjust location of current Drive Thru Immunization Clinic at 915 to act as a temporary COVID Drive Thru vaccination clinic until the new location is complete➤ Cough and sneeze guard production and installation continues



Plexiglass barriers in cardiac/pulmonary gym

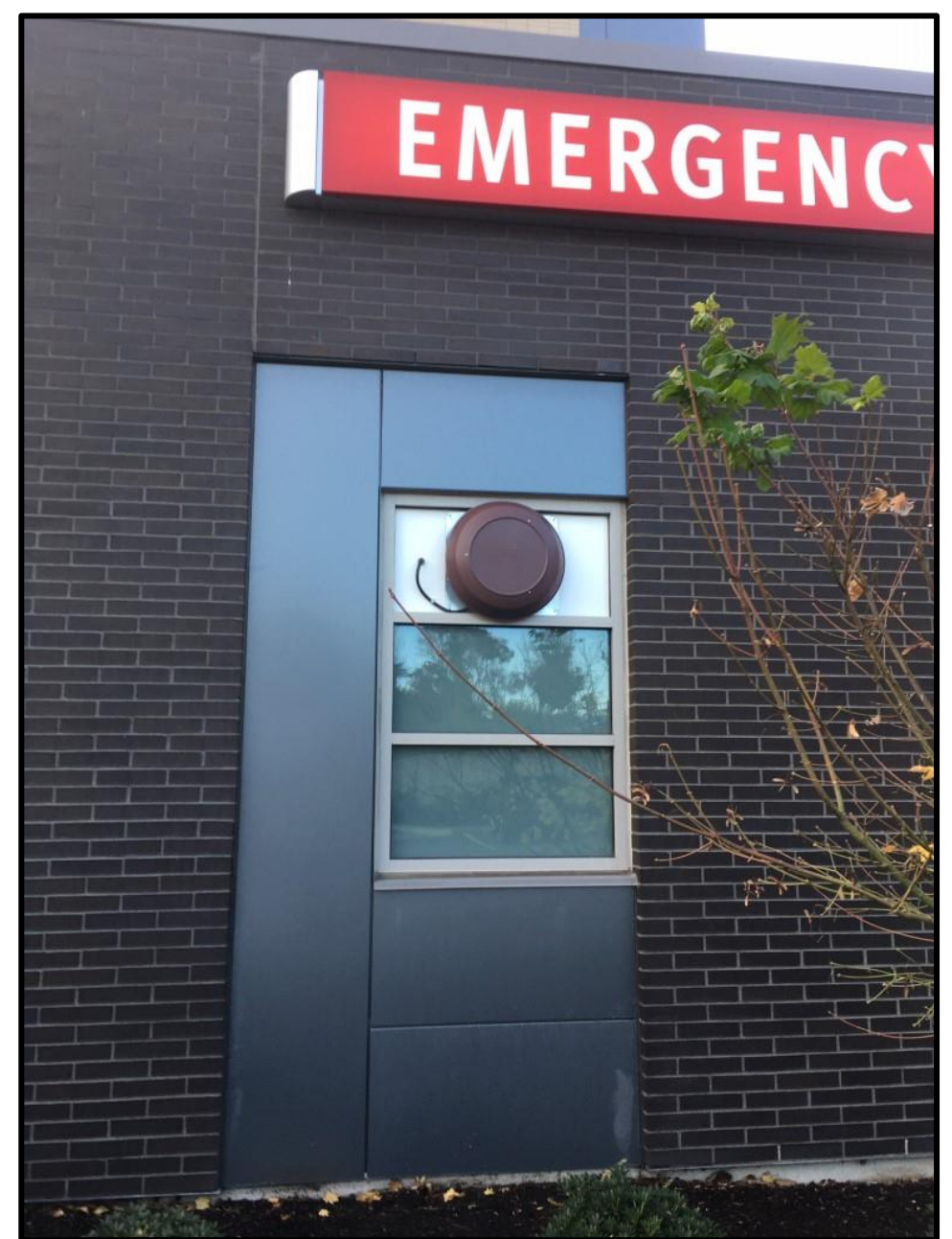


New
screener
furniture
designed,
purchased
and
installed





Making three rooms in Emergency Department negative





Drive thru Immunization Clinic



COVID Projects in 2020

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- Create physical barriers between operatories 5 and 6 in Dental Clinic
- Create specialized barriers for developmentally delayed pediatric and adult speech therapy patients
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- Move two Health Navigators to 915 upper floor
- Move accounting department to 915 upper floor
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- Mark all conference rooms with table locations and chair placement for proper physical distancing
- Remove excess lobby furniture from all JHC lobby areas for proper physical distancing for waiting patients
- Build an intubation box based on specifications presented by Dr Mattern
- Finish paint in upper 915 (contractors no longer allowed on campus)

Non-COVID Projects in 2020

JANUARY

- Rehab room swap
- Soundproof CLO door
- Billing Director office furniture
- Pre-paint and sign lettering in Infusion waiting area
- Wayfinding signage to Surgery and post-install painting
- 3-D X-ray installed in Dental Clinic

FEBRUARY

- Staff shower in lower 95 building
- Moh's Lab relocation
- Drinking fountain retrofit – ESSB
- Express Clinic registration desk modifications
- Chief Medical Officer sit to stand desk and office refresh
- Dr Butterfield sit to stand desk

MARCH

- Home Health and Hospice space modification phase II
- Drinking fountain retrofit – lower 95 lobby
- Sheridan Clinic refresh finish
- New Mission Statement lettering for updated Mission Statement in Surgery corridor

APRIL

- Paint 915 upper floor (JHC finish for contractors who are no longer allowed on campus)
- 915 moves phase 1 (Elaina Harland, Aaron Vallat, John Nowak, Julie Deen, Meg Darling)
- All signs needed for Port Ludlow Pharmacy including interior directional signs for customers

MAY

- Express Clinic entry air curtain install
- 915 moves phase II (Care Coordinators, Referral Coordinators)

JUNE

- Prepare mobile pad for temporary CT trailer

JULY

- New CT scanner install
- Port Ludlow Pharmacy workstation and shelving modifications
- New organization wide phone system go-live

AUGUST

- Home Health and Hospice expand to east side offices
- Employee Recognition Wall redesign to add providers, full repaint and added framed pictures

SEPTEMBER

- 915 card readers installed
- Dietary break space
- Wound Clinic nurse station modification
- JHSA provider office modification
- CNO office furniture and refresh
- Surgery flooring repairs outside elevators

OCTOBER

- Autoclave install in Surgery sterile processing
- Surgery women's locker room lockers installed
- Ani-coag modifications in Outpatient Lab Draw
- Emergency Department provider sleep room and dictation office modifications
- Dishwasher install in Dietary
- AHU 5 install on roof of 95 building
- Medical staff accent wall paint
- Women's Clinic additional workstation

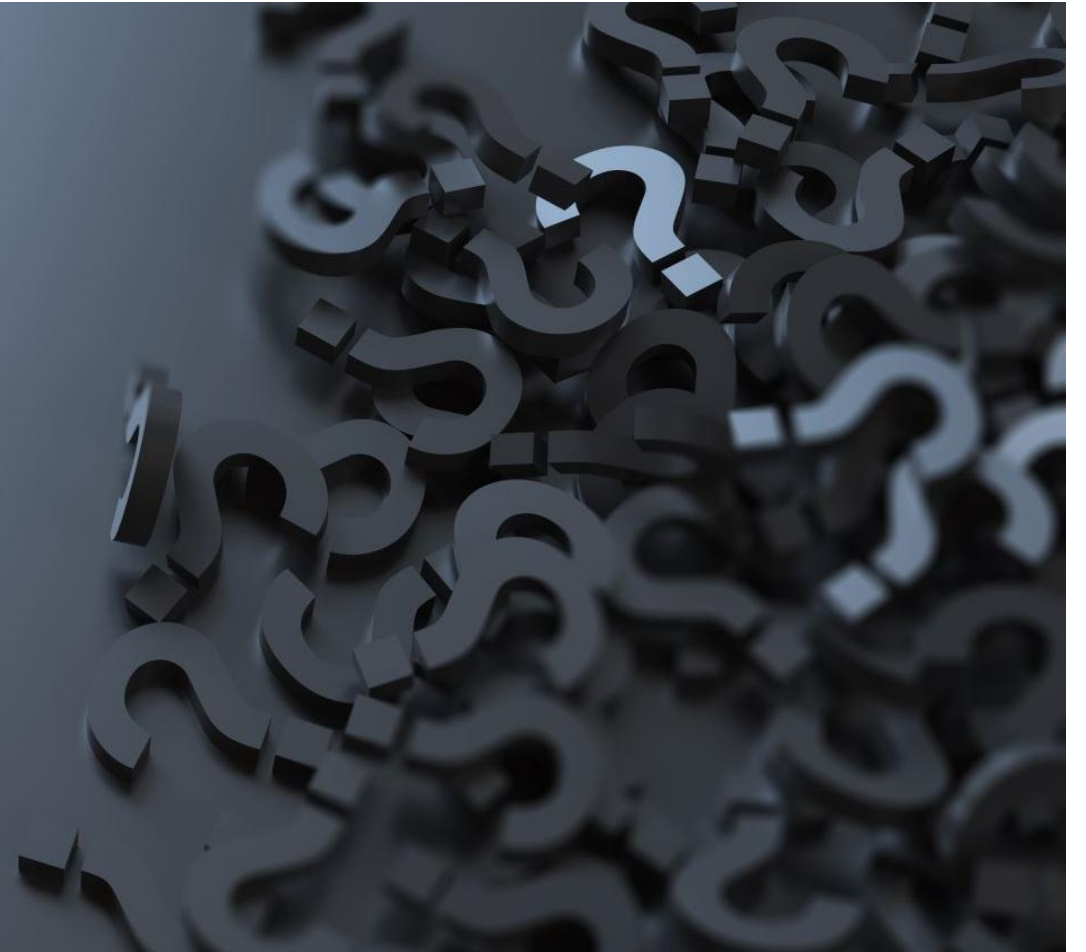
NOVEMBER

- Cardiac/Pulmonary new furniture, additional workstation
- Express Clinic Omnicell shelf modifications
- Interim CFO office set up
- Katie-Rose move
- JH Foundation Director move to 915
- Population Health move to 915
- Medical Staff move to Population Health office
- Infusion work room modification
- Infor upgrade go-live

DECEMBER

- Amber Rukkila office move
- Childcare specialist workspace created
- Laura Showers office move
- Jenn Wharton new office furniture
- Infusion additional workstations in corridor
- Asphalt repairs outside purchasing entrance

Questions or comments?



PATIENT STORY

COMMISSION MEETING

JANUARY 27, 2021

JEINELL HARPER, RN, OCN



THANK YOU FOR 39 YEARS OF SERVICE!

Please enjoy this video from her departments: Oncology, Infusion and Wound Clinic.

[https://jeffersonhc-my.sharepoint.com/:v:/r/personal/jpiper_jeffersonhealthcare_org/Documents/FMAJ1223\[1\].mov?csf=1&web=1&e=VfHEbx](https://jeffersonhc-my.sharepoint.com/:v:/r/personal/jpiper_jeffersonhealthcare_org/Documents/FMAJ1223[1].mov?csf=1&web=1&e=VfHEbx)

Jefferson Healthcare

December 2020 Finance Report

January 27, 2021

Jim Heilsberg, Interim CFO

December 2020

Operating Statistics

STATISTIC DESCRIPTION	DECEMBER 2020						DECEMBER 2019					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	621	625	1%	606	625	3%	584	-6%	573	-6%	573	-6%
ADJUSTED PATIENT DAYS	3,133	2,498	25%	24,709	29,497	-16%	2,233	40%	25,530	-3%	25,530	-3%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	58	84	-31%	682	994	-31%	60	-3%	790	-16%	790	-16%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	221	347	-36%	3,002	4,098	-27%	300	-26%	3,488	-16%	3,488	-16%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	294	461	-36%	3,851	5,443	-29%	384	-23%	4,440	-15%	4,440	-15%
SURGERY CASES (IN OR)	149	118	26%	1,278	1,392	-8%	120	24%	1,208	5%	1,208	5%
SPECIAL PROCEDURE CASES	62	73	-15%	707	861	-18%	82	-24%	774	-9%	774	-9%
LAB BILLABLE TESTS	19,835	19,809	0%	223,520	233,871	-4%	17,797	11%	204,166	9%	204,166	9%
TOTAL DIAGNOSTIC IMAGING TESTS	2,820	3,103	-9%	32,053	36,643	-13%	2,841	-1%	31,503	2%	31,503	2%
PHARMACY MEDS DISPENSED	17,829	22,497	-21%	219,718	265,615	-17%	16,735	7%	237,727	-8%	237,727	-8%
RESPIRATORY THERAPY PROCEDURES	2,436	3,963	-39%	28,724	46,785	-39%	3,339	-27%	39,356	-37%	39,356	-37%
REHAB/PT/OT/ST RVUs	7,640	9,192	-17%	92,573	108,520	-15%	7,645	0%	94,137	-2%	94,137	-2%
ER CENSUS	811	1,096	-26%	10,664	12,941	-18%	1,039	-22%	11,585	-9%	11,585	-9%
DENTAL CLINIC	300	340	-12%	3,268	4,011	-19%	198	52%	1,288	61%	1,288	61%
TOTAL RURAL HEALTH CLINIC VISITS	5,632	6,609	-15%	62,809	78,018	-19%	5,519	2%	64,867	-3%	64,867	-3%
TOTAL SPECIALTY CLINIC VISITS	3,380	3,564	-5%	37,078	42,080	-12%	3,023	12%	32,863	11%	32,863	11%

December 2020

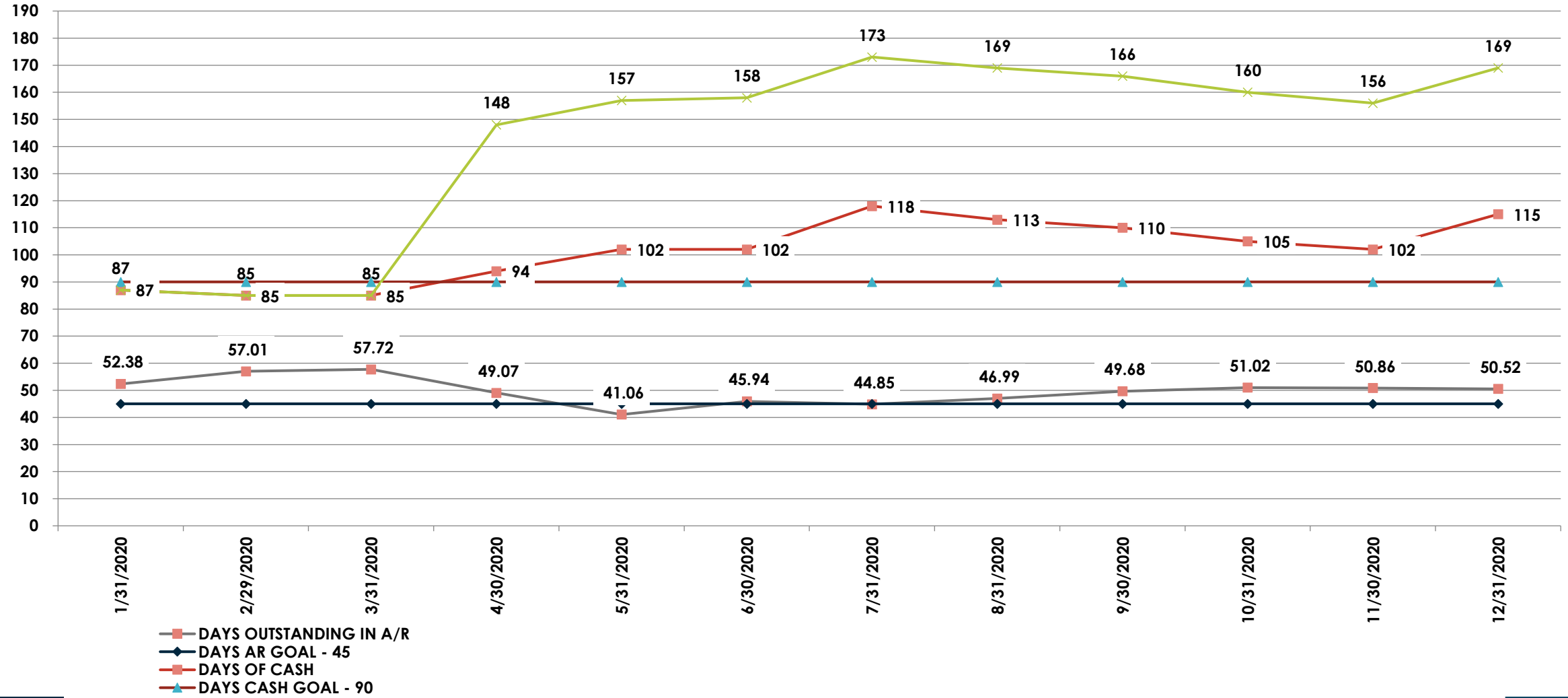
Income Statement Summary

	December 2020 Actual	December 2020 Budget	Variance Favorable/ (Unfavorable)	%	December 2020 YTD	December 2020 Budget YTD	Variance Favorable/ (Unfavorable)	%	December 2019 YTD
Operating Revenue									
Gross Patient Service Revenue	24,403,197	24,144,829	258,368	1%	256,135,793	283,507,033	(27,371,240)	-10%	261,424,890
Revenue Adjustments	10,770,211	12,908,974	2,138,763	17%	135,232,740	151,576,330	16,343,590	11%	141,132,439
Charity Care Adjustments	399,591	233,516	(166,075)	-71%	3,658,135	2,741,928	(916,207)	-33%	3,133,646
Net Patient Service Revenue	13,233,395	11,002,339	2,231,056	20%	117,244,919	129,188,775	(11,943,856)	-9%	117,158,805
Other Revenue	543,592	582,138	(38,546)	-7%	13,474,670	6,835,425	6,639,245	97%	7,443,007
Total Operating Revenue	13,776,987	11,584,477	2,192,510	19%	130,719,589	136,024,200	(5,304,611)	-4%	124,601,812
Operating Expenses									
Salaries And Wages	5,629,091	5,555,429	(73,662)	-1%	64,888,885	65,231,490	342,605	1%	57,874,273
Employee Benefits	1,214,209	1,431,214	217,005	15%	14,902,839	16,805,226	1,902,387	11%	13,755,361
Other Expenses	3,968,415	4,141,802	173,387	4%	48,424,358	48,632,774	208,416	0%	48,597,651
Total Operating Expenses	10,811,715	11,128,445	316,730	3%	128,216,083	130,669,490	2,453,407	2%	120,227,285
Operating Income (Loss)	2,965,272	456,032	2,509,240	550%	2,503,506	5,354,710	(2,851,204)	-53%	4,374,527
Total Non Operating Revenues (Expenses)	(257,058)	(7,472)	(249,586)	-3340%	(182,734)	(87,726)	(95,008)	-108%	156,107
Change in Net Position (Loss)	2,708,214	448,560	2,259,654	504%	2,320,772	5,266,984	(2,946,212)	-56%	4,530,634
Operating Margin									
Operating Margin	21.5%	3.9%	17.6%	446.8%	1.9%	3.9%	-2.02%	-51.3%	3.5%
Total margin	19.7%	3.9%	15.8%	407.7%	1.8%	3.9%	-2.10%	-54.1%	3.6%
Salaries & Benefits as a % of net pt svc rev	-51.7%	-63.5%	11.8%	18.6%	-68.1%	-63.5%	-4.55%	-7.2%	-61.1%

December 2020

Cash and Accounts Receivable

Days Cash and Accounts Receivable



December 2020

Board Financial Report

Department	Account	Description	Dec Actual	Dec Budget	Dec Variance	2020 YTD Actual	2020 YTD Budget	YTD Variance
BOARD	600,010	MANAGEMENT & SUPERVISION WAGES	505	5,204	4,699	48,869	61,104	12,236
	601,100	BENEFITS FICA	158	323	164	3,619	3,788	170
	601,150	BENEFITS WA F&MLA	3	-	(3)	69	-	(69)
	601,400	BENEFITS MEDICAL INS-UNION	4,880	4,271	(609)	53,641	50,149	(3,492)
	601,600	BENEFITS RETIREMENT	-	260	260	-	3,055	3,055
	601,900	BENEFITS EMPLOYEE ASSISTANCE	0	10	10	0	112	112
	602,300	CONSULT MNGMT FEE	-	2,117	2,117	-	24,863	24,863
	602,500	AUDIT FEES	-	3,557	3,557	30,900	41,771	10,871
	604,200	CATERING	-	125	125	105	1,469	1,364
	604,500	OFFICE SUPPLIES	-	25	25	-	294	294
	604,850	COMPUTER EQUIPMENT	-	83	83	-	980	980
	606,500	OTHER PURCHASED SERVICES	-	834	834	477	9,796	9,319
	609,400	TRAVEL/MEETINGS/TRAINING	100	1,669	1,569	5,578	19,592	14,014
	BOARD Total		5,646	18,479	12,833	143,258	216,975	73,717

January 2021

Preview — (*as of 0:00 1/27/20)

- **\$23,766,646 in Projected HB charges**
 - Average: \$766,646/day (HB only)
 - Budget: \$766,899/day
 - 100% of Budget
- **\$8,682,853 in HB cash collections**
 - Average: \$280,092/day (HB only)
 - Goal: \$338,386/day
- **44.4 Days in A/R**
- **Questions**

Jefferson Healthcare

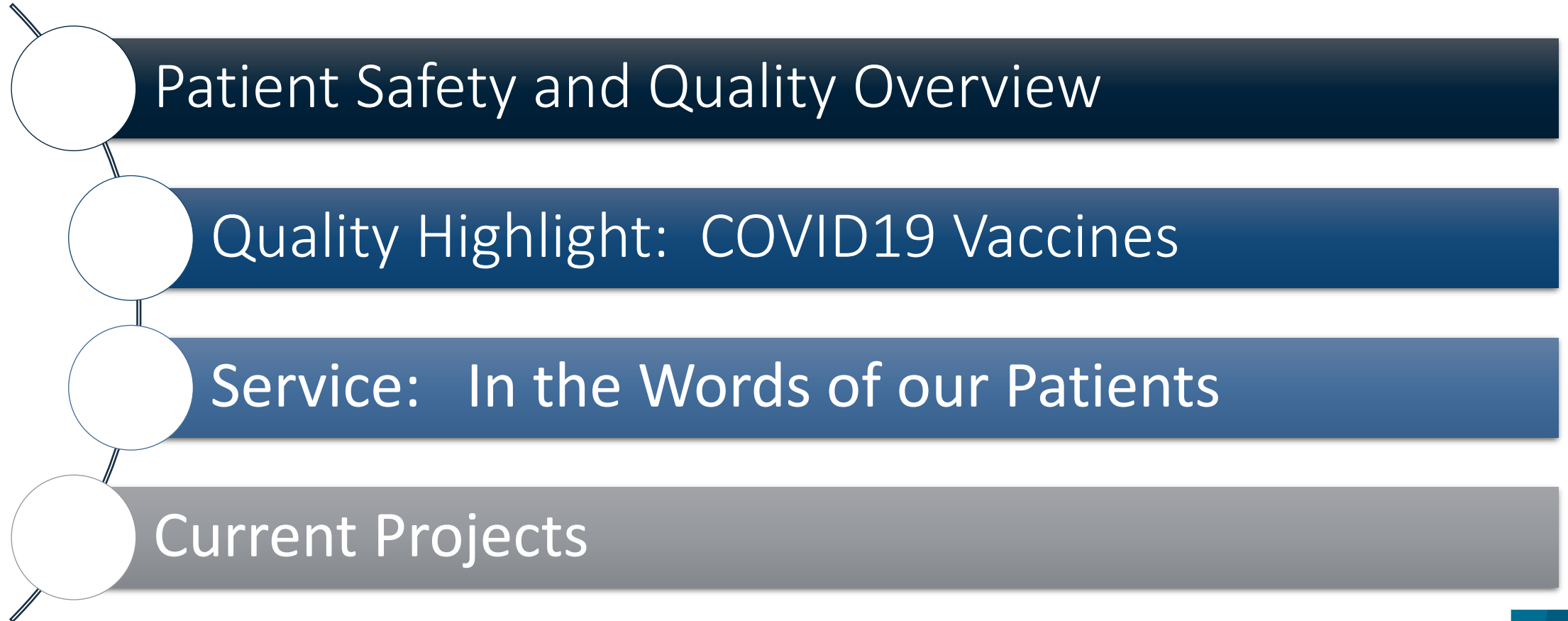
Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

January 27, 2021



Agenda



Patient Safety & Quality Overview

	Goals	Strategy	Initiatives	Targets
Quality and Safety	Provide the Highest Quality, Safest Care	Drive Best Practice Clinical Care	Achieve zero harm events	Zero avoidable healthcare acquired harm events
		Achieve Excellent Quality Outcomes	Antimicrobial Stewardship	Healthcare Acquired C.Diff
			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%

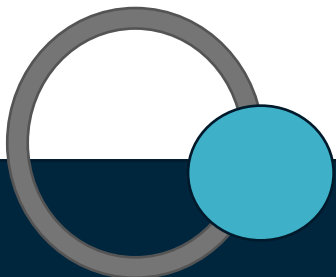
Patient Safety & Quality Overview

**Goal: Provide the Highest Quality,
Safest care in the Region**

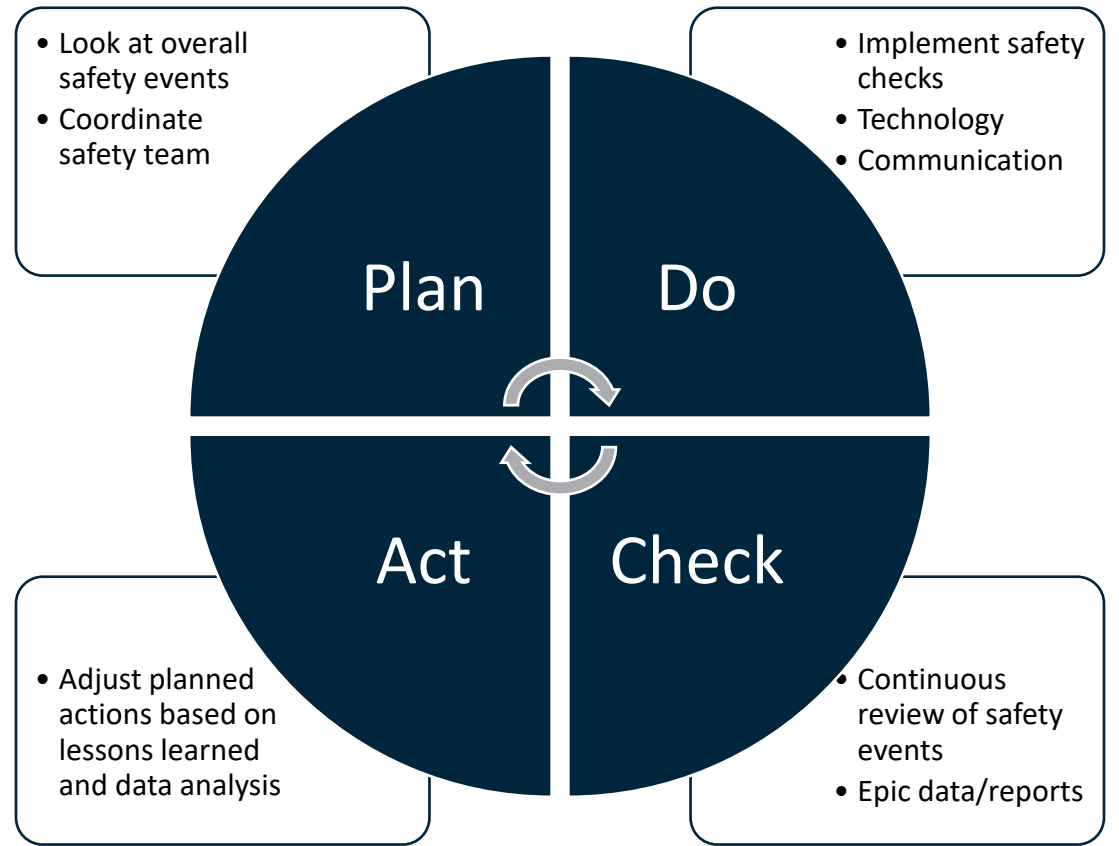
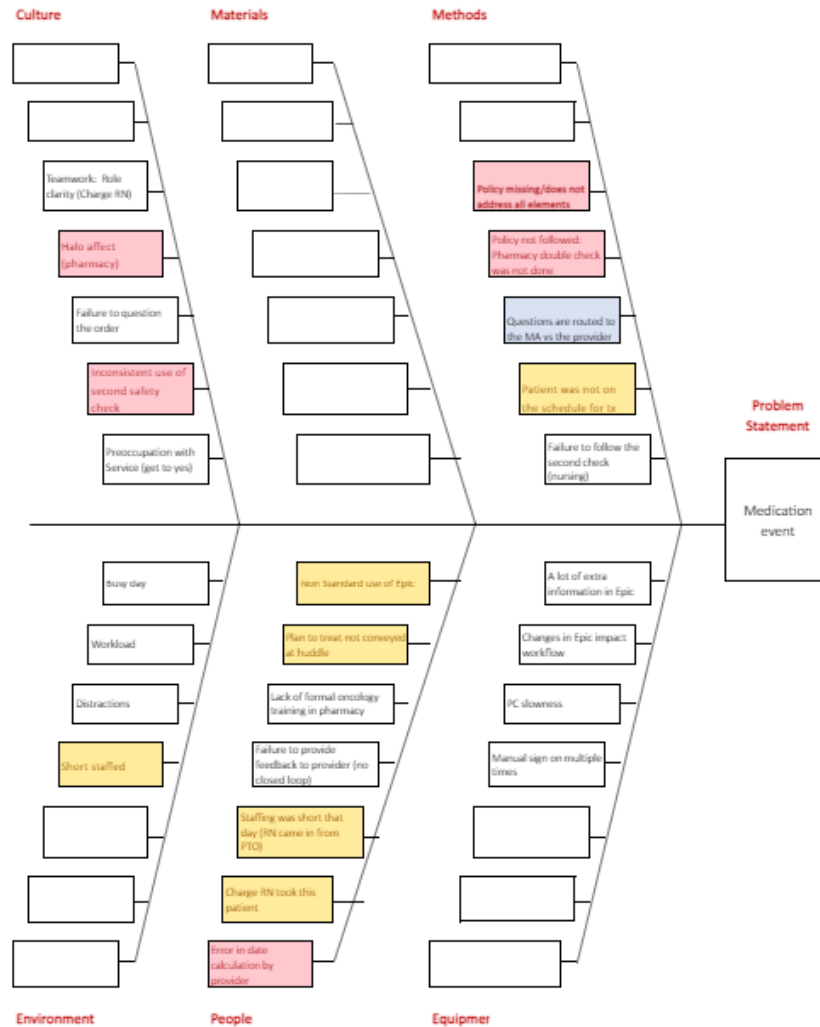
Strategies:

- Maintain zero preventable patient harm events
- Achieve excellent clinical outcomes
- Align Care with patient goals
- Enhance Jefferson Healthcare's Culture of Safety

- Patient Safety (December 2020):
 - Zero preventable harm cases reported
 - One medication reaction event with *temporary* harm
- Excellent Clinical Outcomes (Q3 2020):
 - Q3 IP Composite Stroke: 100%
 - Q3 Acute Myocardial Infarction/Chest Pain: 75%
 - Q3 Follow up interval for normal colonoscopy: 100%
- Opportunity* Patient Flow (Q3 2020):
 - Patient Throughput (ED)
 - Arrival to departure: 185.3 min (goal <130 min)
 - Arrival to departure (d/c home): 166 min (goal <120 min)
 - Time to Departure (psychiatric): 499 min (benchmark 27 min)
 - Time to ED Departure (Transfers): 301.7 min (benchmark 191 min)
- Patient Experience (Q3 2020 – except CGCAHPS):
 - CGCAHPS: 81.9%
 - Emergency: 82.4%
 - HCAHPS: 81.8%
 - HHCAHPS: 85.3%
 - OASCAHPS: 82.5%
 - OP Rehab: 79.2%
 - OP Testing: 82.7



Quality Highlight: Medication Safety



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

- Excellent experience overall! While waiting to have my blood draws (in area adjacent to lab,) I "misread an 8 1/2 x 11" sheet which had been placed right side of on the chair seat. It indicated which seat had been used and needed cleaning. It could have been more clear. Except for Covid-19 rules - no problems
- The therapists & staff constantly worked to update the facility to the latest protocols for preventing the spread of the covid virus.
- Ben, one of my nurses was especially good. I always felt good when he was there.
- Outstanding care!
- All were excellent compassionate caregivers. They are appreciated very much!!!
- Because of Covid 19 my daughter could not be with me in the E.R. room.
- Ms Griffin has increased my quality of life considerably. She is an excellent health care professional



*Great office - great people. A+
Jefferson Healthcare rocks.*

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 Leadership ('Greeley')



Quality

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

Clinical Quality Teams: Stroke, Restraints, Medication Safety, Fall 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?



Jefferson Healthcare

Administrative Report

January 27, 2021

Mike Glenn, CEO

CEO Update

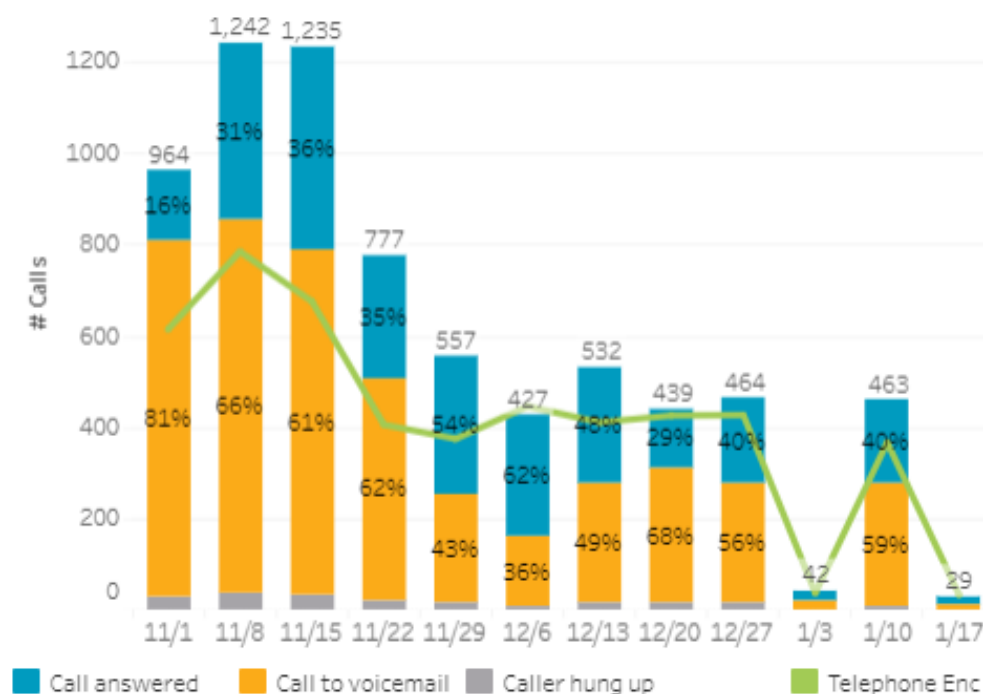
- Volume Update
- Strategic Plan update- 1 year extension
- Organizational Chart update
- Advocacy Letter
 - WSHA State Advocacy Days, February 2nd
- CEO Succession Plan
- Other



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.

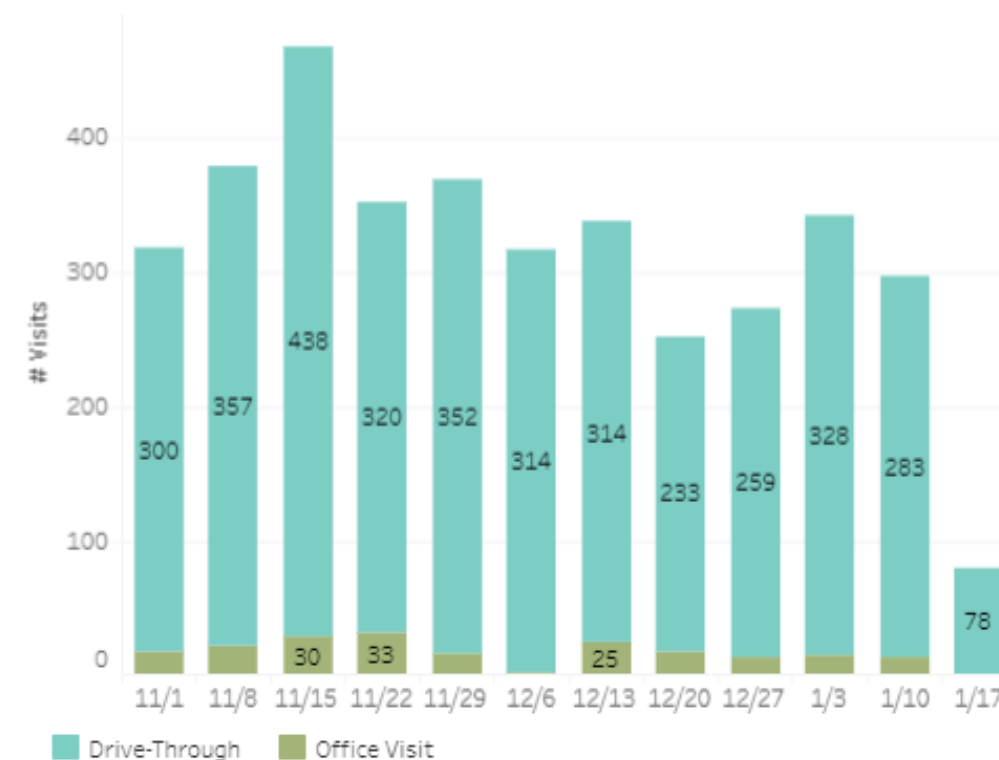


Total call volume since launch of triage line

Inbound Calls	130,673
Calls Answered	93,637
# Telephone Encounters	21,270

Respiratory Clinic visit volumes - by week

Last 12 weeks of visits in the Respiratory Eval Clinic, excluding partial weeks.

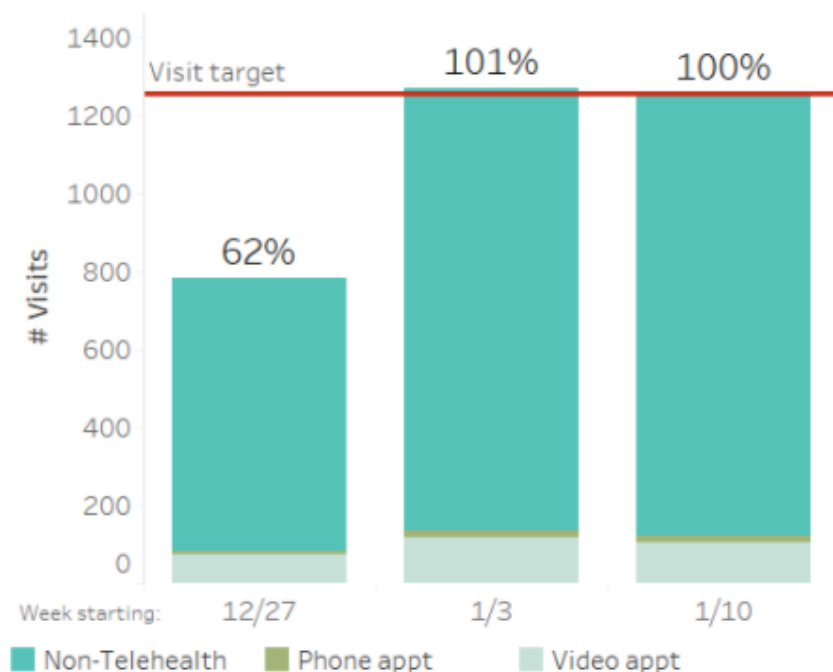


Total Respiratory Evaluation Clinic visits - all time

Drive-Through	7,016
Office Visit	4,234
Total	11,250

Primary Care variance to target visits

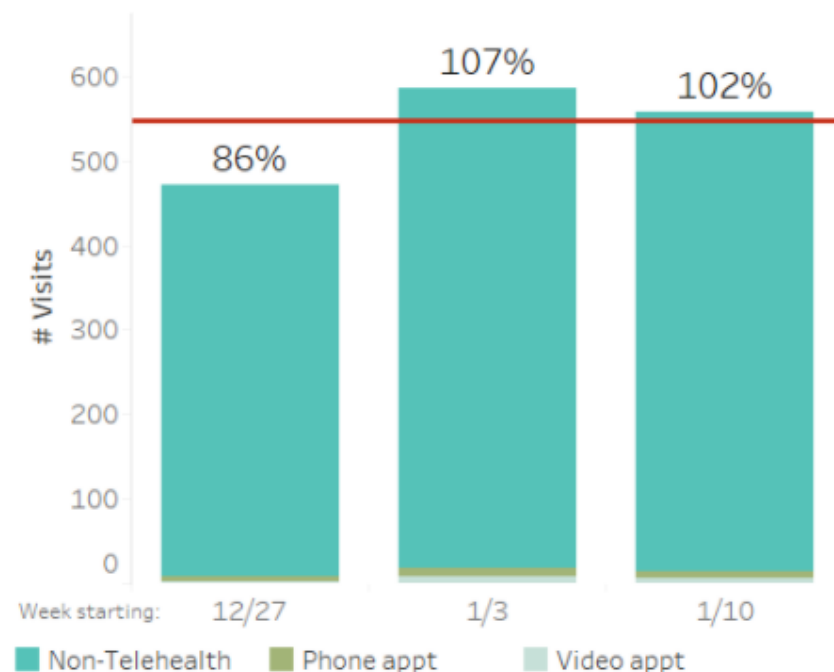
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.



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

Specialty clinic variance to target visits

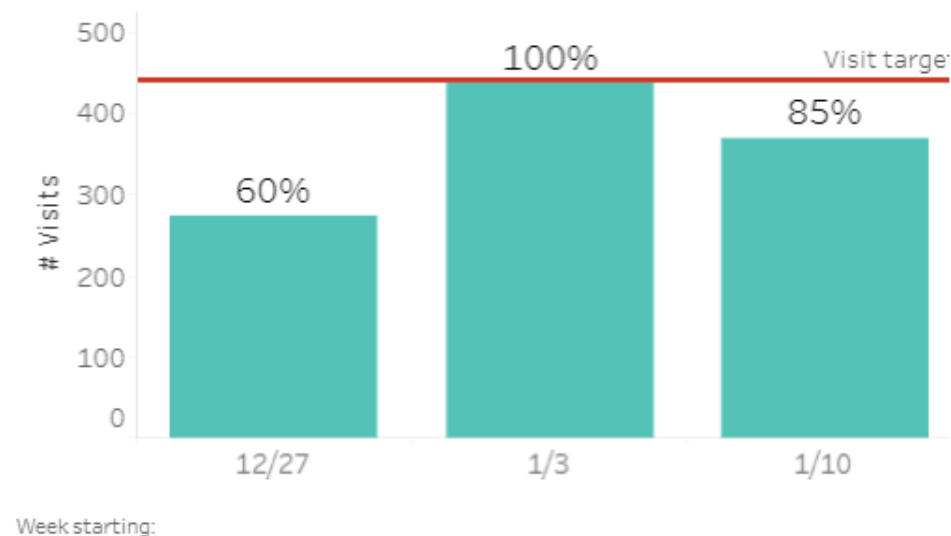
Visit volumes in Medical Group's specialty clinics. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.



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).

Hospital outpatient clinic variance to target visits

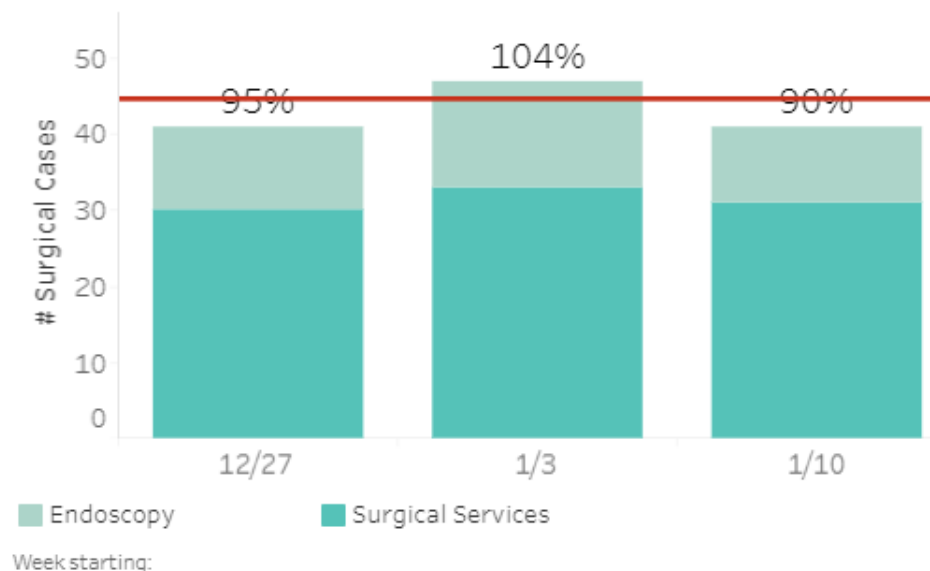
Visit volumes in hospital outpatient departments. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.



Includes visits in these clinics: Oncology, Infusion Center, 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.

Emergency Department and Express Clinic Volume

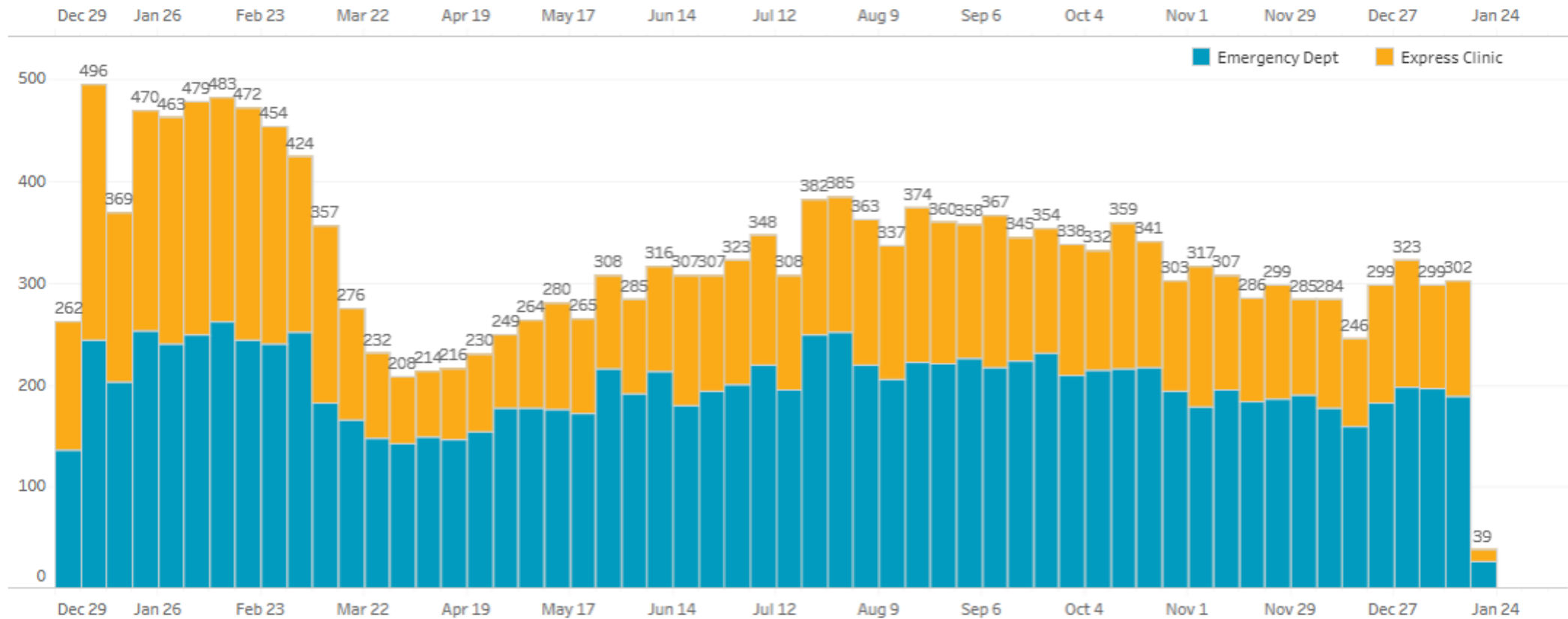
Week in Focus
 Hover over a week below to view underlying data.

11/22/2020	
Total	299
Express Clinic	113
Emergency Dept	186

Total Visits, 1/1/2020 to 1/17/2021
 Select a department to bring in focus.

Emergency Dept	Express Clinic
11,119	7,130

Volumes by Arrival Department and Week, 2020 - 2021



COVID-19 VACCINATIONS

PHASE 1A – 1B1

ADMINISTRATIONS

Doses administered
Total # doses given (all time) to 3,069 unduplicated patients. As of 1/24/2021

4,033

Doses on hand (all vendors)
Doses available from latest inventory. Uses vials-to-doses factors. As of 1/26/2021

590

Wasted (all time)
% Doses unviable. Assumes nominal 5 doses per vial. As of 1/26/2021

0.05%

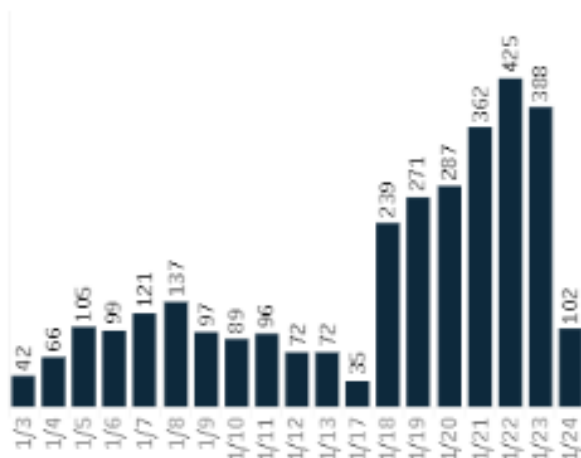
Latest inventory (Pfizer)
Vials from physical inventory. As of 1/26/2021

65 vials

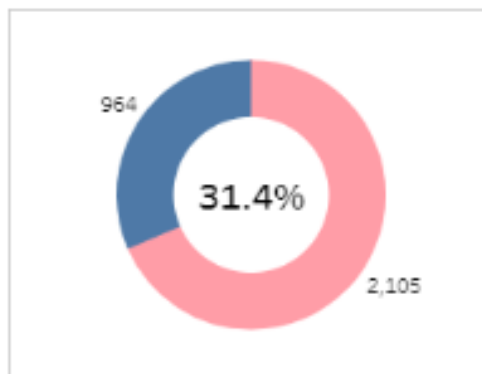
Latest inventory (Moderna)
Vials from physical inventory. As of 1/26/2021

20 vials

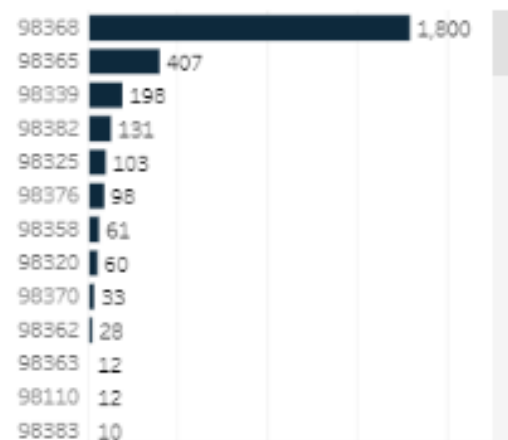
Daily vaccinations (last 4 weeks)
Doses administered by day. As of 1/24/2021



All recipients
Series status for 3,069 patients who have started (pink) or completed (blue) the series. KPI indicates % completing the series. Hover for detail. As of 1/24/2021



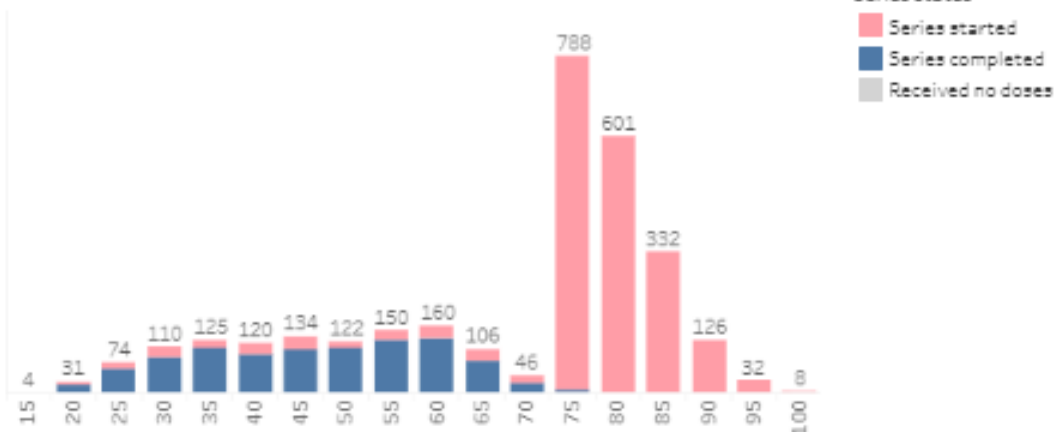
Vaccinations by Zip Code
Distinct patients receiving one or more doses (all time). As of 1/24/2021



COVID-19 VACCINATIONS AND INVENTORY

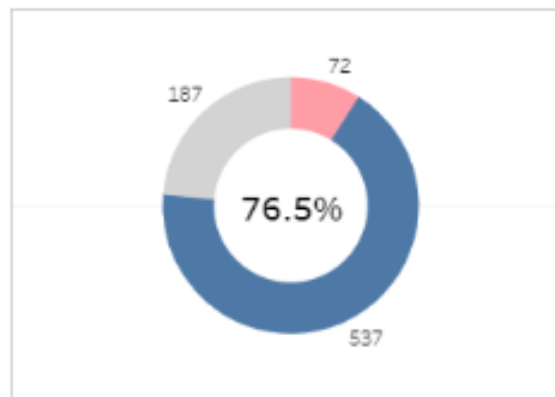
Patients by 5-year age bands

Distinct patients receiving one or more doses (all time). Bands start at the age shown and run through the next band. Hover for detail. As of 1/24/2021



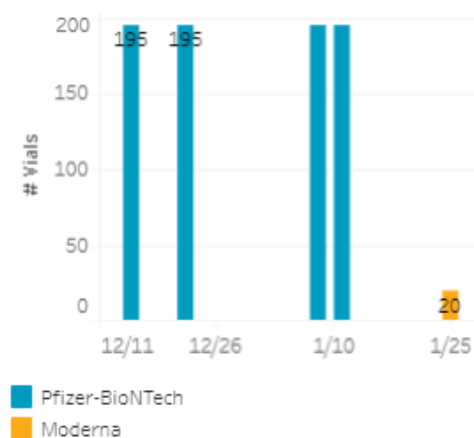
JH employees

Series status for 796 patient- and non patient-facing full employees. KPI indicates the percent of employees receiving at least one dose. As of 1/24/2021



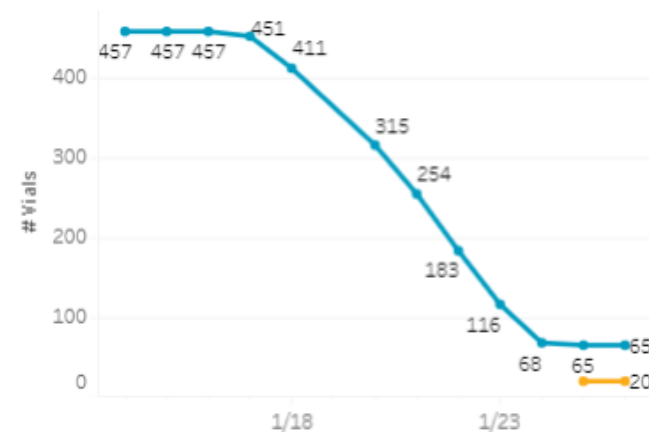
Shipments received

Vials by date of receipt at JH. Color indicates vendor. Hover for detail



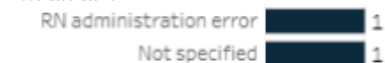
Daily inventory (since 1/14)

Vials reported in physical inventory at end of day by vendor. Color indicates vendor. Hover for detail. As of 1/26/2021



Wastage

Primary reasons for wasting of vaccine product. Numbers are # doses cumulative (all time). Latest wastage report on 1/20/2021



Advocacy Letter



February 1, 2021

Dear Representative Chapman, Representative Tharinger, and Senator Van de Wege,

Jefferson Healthcare appreciates your ongoing support of our community. We enjoyed speaking with you in January about our COVID-19 Vaccine implementation, and since we spoke, we have administered an additional 2,000 doses, and implemented a highly efficient model where we have delivered over 450 vaccines in a single day. In the last twelve months we have, as I am sure you are aware, focused on the COVID-19 pandemic response, including standing up a Respiratory Clinic, a Drive-Thru Testing Station, and robust case management. We have partnered extensively with our partners at public health, especially our health officer, Dr. Tom Locke. Outside of COVID-19, we have continued to see patients in our dental clinic, expanded our women's health service line, and supported our community by addressing child care and food insecurity. All of these initiatives and more have been done with the support, both financial and policy-related, of our legislative delegation. For that, we are incredibly grateful.

Jefferson Healthcare's legislative priorities for 2021 follow the Washington State Hospital Association's agenda. Focusing on COVID-19 recovery, ensuring the financial sustainability of rural hospitals, and supporting access for all services, including those provided outside of an exam room, are critically important to Jefferson Healthcare.

1. Protect rural health care. Jefferson Healthcare is the medical home for east Jefferson County. In order to ensure the health of our community, we must remain open. We understand the difficult position that the State is in right now with the pandemic and believe in a balanced fiscal approach. That being said, we support a strategy that ensures cuts are responsible and equitable.

2. Support access to services across a continuum of modalities. To continue to provide excellent access to our patients, Jefferson Healthcare shifted our clinic model to include the option of telemedicine visits for our patients. Given that we live in a broadband-poor region, this has proven difficult for community members who are unable to afford or access high speed, reliable broadband. Jefferson Healthcare supports access to health services through audio-only telemedicine models and ensuring that this option is compensated appropriately.

4. Oppose the elimination of local control of individual public health programs. Jefferson County has been well served by a highly engaged and effective public health department. The strong working relationship cultivated between Jefferson Healthcare and Jefferson County Public Health has been a key factor in our success managing the Covid 19 outbreak as well as other innovative collaboration efforts like providing school health services and jointly running our Community Health Improvement Plan. We strongly oppose HB 1152 and any other effort aimed at consolidating public health decision making at the expense of smaller counties.


3. Support bills that promote equity. Jefferson Healthcare has started an organization-wide equity initiative. We are participating in the Institute for Healthcare Improvement Pursuing Equity Cohort program as well as moving forward a number of internal projects. We support legislation that ensures equity across our State and especially within healthcare.

Jefferson Healthcare thanks you again for all that you do for our community. We appreciate our ongoing relationship and look forward to working with you for years to come.

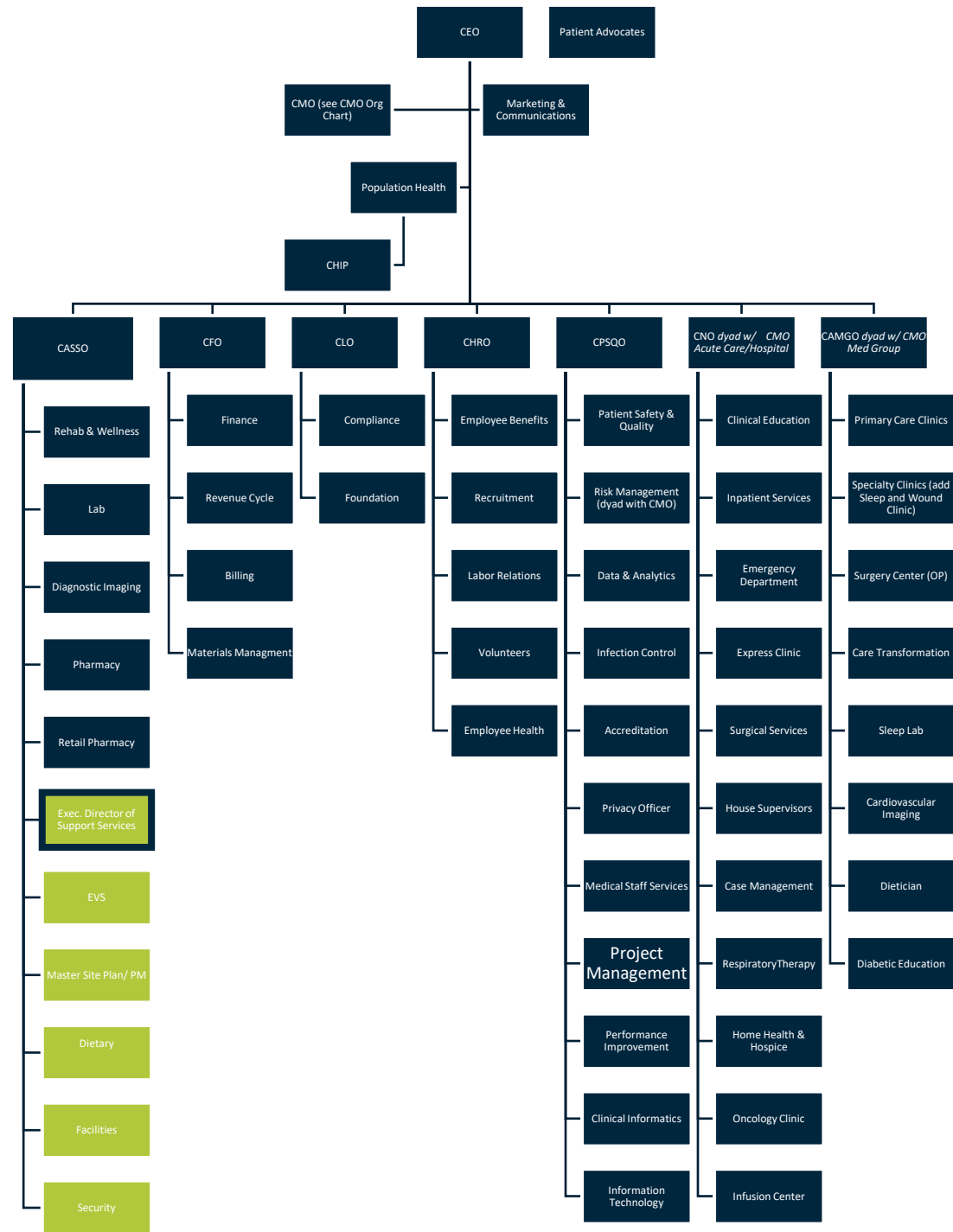
Best,

Mike Glenn, CEO
Jill Buhler Rienstra, Jefferson Healthcare Commissioner
Marie Dressler, Jefferson Healthcare Commissioner

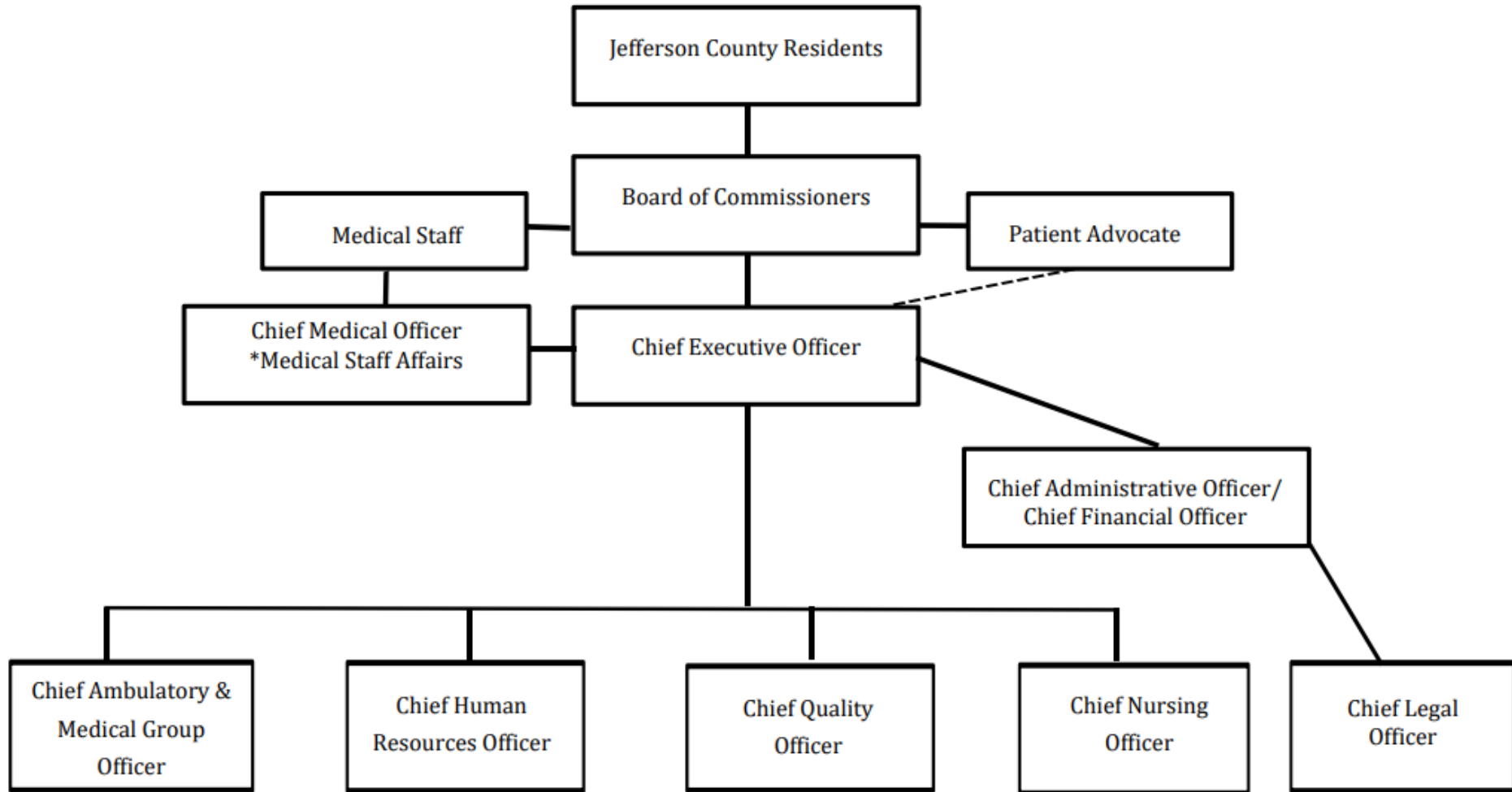
Strategic Plan Update

		Jefferson Healthcare Strategic Planning Session - DRAFT	
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 Healthcare.
		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 Grow by expanding current services and developing new clinical programs and services
		Be a value oriented, financially high performing organization	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 a fee for service to a value-based	Provide pricing estimation tools for patients Pursue value-based contracts (ACO decision)

Organizational Chart Update



Current Organizational Chart



Current Organizational Chart

Chief Executive Officer	Chief Administrative Officer/ Chief Financial Officer	Chief Ambulatory & Medical Group Officer	Chief Human Resources Officer	Chief Quality Officer	Chief Nursing Officer
<ul style="list-style-type: none"> • Risk Management • Marketing & Communications • Patient Advocates 	<ul style="list-style-type: none"> • Accounting <ul style="list-style-type: none"> ◦ Financial Reporting ◦ Accounts Payable ◦ Payroll • Revenue Cycle Operations <ul style="list-style-type: none"> ◦ Registration ◦ Patient Accounts ◦ Financial Counseling ◦ Revenue Cycle Integrity ◦ Revenue & Reimbursement ◦ Eligibility & Prior Authorization ◦ Health Information Management • Information Technology • Support Services <ul style="list-style-type: none"> ◦ Materials Management ◦ Dietary ◦ Environmental Services • Facilities <ul style="list-style-type: none"> ◦ Plant Operations ◦ Bio-Medical Engineering ◦ Security • Diagnostic Imaging • Laboratory • Rehab Services <ul style="list-style-type: none"> ◦ Wellness ◦ Exercise for Health ◦ Community Services 	<ul style="list-style-type: none"> • JH Family Medicine • JH Townsend Clinic • JH Primary Care <ul style="list-style-type: none"> ◦ Dental Clinic • JH Port Ludlow Clinic • South County Medical Clinic • JH Cardiology Clinic • JH Orthopedics Clinic • JH Dermatology Clinic • Population Health <ul style="list-style-type: none"> ◦ CHIP • Care Transformation • Diabetes Clinic <ul style="list-style-type: none"> ◦ Diabetes Education • Cardiac Services <ul style="list-style-type: none"> ◦ Cardiac Rehab • JH Womens Clinic • JH Surgical Associates • JH Urology Clinic • Behavioral Health 	<ul style="list-style-type: none"> • Human Resources <ul style="list-style-type: none"> ◦ Employee Engagement ◦ Personnel Management ◦ Talent Acquisition & Retention ◦ Labor Relations ◦ Employee Development ◦ Employee Benefits • Volunteers • Employee Health Services 	<ul style="list-style-type: none"> • Quality • Education • Utilization Management • Infection Control • Medical Staff Services • Performance Improvement • Clinical Informatics 	<ul style="list-style-type: none"> • Inpatient Services <ul style="list-style-type: none"> ◦ Acute Care ◦ Intensive Care ◦ Swing Bed • Family Birth Center • Surgical Services • House Supervisors • Emergency Dept. • Jefferson Healthcare Express Clinic • Pharmacy • Respiratory Therapy <ul style="list-style-type: none"> ◦ Pulmonary Rehab ◦ Sleep Medicine • Hospital Based Physicians • Home Health, Hospice • JH Oncology Clinic • JH Infusion Clinic • JH Wound Care Clinic

CEO Succession Plan

- Tina Toner, CNO
- Dr. Joe Mattern, CMO

Phishing attempts & Out data breach work

From: Collins, Brandon <bcollins@jeffersonhealthcare.org>

Sent: Wednesday, January 27, 2021 8:25 AM

To: Kura, Caitlin <ckura@jeffersonhealthcare.org>; Tarsa, Tammy <ttarsa@jeffersonhealthcare.org>; Wharton, Jennifer <jwharton@jeffersonhealthcare.org>; Manuel, Brandie <bmanuel@jeffersonhealthcare.org>; Brocklesby, Joshua <jbrocklesby@jeffersonhealthcare.org>; Nowak, John <JNOWAK@jeffersonhealthcare.org>; Bennett, Jonathan <jbennett@jeffersonhealthcare.org>; Biccum, Katherine <kbiccum@jeffersonhealthcare.org>; Yaley, Amy <ayaley@jeffersonhealthcare.org>; Norris, Randal <rnorris@jeffersonhealthcare.org>; Schott, Wes <wschott@jeffersonhealthcare.org>; Ready, Matthew <MREADY@jeffersonhealthcare.org>; Faulx, Dunia <dfaulx@jeffersonhealthcare.org>; Grace, Amy <agrace@jeffersonhealthcare.org>; Holeman, Randy <RHOLEMAN@jeffersonhealthcare.org>; Pieratt, Angela <apieratt@jeffersonhealthcare.org>; O'Higgins, Chris <cohiggins@jeffersonhealthcare.org>; French, Jonathan <jfrench@jeffersonhealthcare.org>; Harrison, Caitlin <charrison@jeffersonhealthcare.org>; Abrams, Deborah <dabrams@jeffersonhealthcare.org>; Crispen, Allison <acrispen@jeffersonhealthcare.org>; Marshall, Sasha <smarshall@jeffersonhealthcare.org>; Kratochvil, Cindy <ckratochvil@jeffersonhealthcare.org>; Davidson, Jacob <jdavidson@jeffersonhealthcare.org>; Hong, Molly <mhong@jeffersonhealthcare.org>

Cc: IT Staff <ITStaff@jeffersonhealthcare.org>; Glenn, Mike <mglenn@jeffersonhealthcare.org>

Subject: FW: Request immediate

Staff,

You received the email copied below around 5:30 this morning. This email is NOT an email from Mike Glenn, it is a spear phishing email that came from an impersonator trying to trick you into making contact. Please make sure to delete and disregard that email. Thank you for being diligent in keeping our network and patient record secure.

Brandon Collins

Jefferson Healthcare

I.T. Systems Administration

360-379-2294

From: Mike Glenn <leev69894@gmail.com>

Sent: Wednesday, January 27, 2021 5:32 AM

To: Harrison, Caitlin <charrison@jeffersonhealthcare.org>

Subject: Request immediate

Good morning Caitlin

Got a moment? Give me your personal cell phone number, I need you to complete a task for me.

Thanks

Mike Glenn

Sent from my iPhone

Questions

