

COVID-19 Notice

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

All meeting attendees, including Board of Commissioners, staff and members of the public must participate virtually. No physical meeting location will be provided.

To attend the meeting, dial Phone Conference Line: (509) 598-2842
When prompted, enter Conference ID number: 613756871#

Regular Session Agenda
Wednesday, May 26, 2021

<u>Call to Order:</u>	2:00
<u>Approve Agenda:</u>	2:00
<u>Board Governance Education:</u>	2:01
<ul style="list-style-type: none"> AHA 34th Annual Rural Health Care Leadership Conference <ul style="list-style-type: none"> Board Meeting Evaluation <ul style="list-style-type: none"> James Orlikoff, President, Orlikoff & Associates 	
<u>Education Topic:</u>	2:15
<ul style="list-style-type: none"> 2022-2025 Strategic Plan Update <ul style="list-style-type: none"> Mike Glenn, CEO 	
<u>Break:</u>	3:15
<u>Minutes:</u>	3:30
<ul style="list-style-type: none"> April 28 Regular Session Minutes (pg. 2-5) 	
<u>Required Approvals:</u> Action Requested	3:35
<ul style="list-style-type: none"> March Warrants and Adjustments (pgs. 7-11) Medical Staff Credentials/ Appointments/ Reappointments (pgs.12-18) 	
<u>Patient Advocate Report:</u> Jackie Levin, RN, Patient Advocate	3:40
<u>Financial Report:</u> Tyler Freeman, CFO	3:55
<u>Administrative Report:</u> Mike Glenn, CEO	4:10
<u>CMO Report:</u> Dr. Joe Mattern, CMO	4:25
<u>Board Business:</u>	4:40
<ul style="list-style-type: none"> Board of Health Report 	
<u>Meeting Evaluation:</u>	4:50
<u>Conclude:</u>	5:00

This Regular Session will be officially recorded.
Times shown in agenda are estimates only.

No Live Public Comment

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

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Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, April 28, 2021

Call to Order:

The meeting was called to order at 2:00pm by Board Chair Buhler Rienstra. Present by phone and video were Commissioners Dressler, Kolff, McComas and Ready. Also, in attendance by phone were Mike Glenn, CEO, Tyler Freeman, Chief Financial Officer, Jon French, Chief Legal Officer, Jake Davidson, Chief Ancillary & Specialty Services Officer, Caitlin Harrison, Chief Human Resources Officer, Tina Toner, Chief Nursing Officer, Brandie Manuel, Chief Patient Safety and Quality Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Commissioner Buhler Rienstra suggested amending the agenda to replace the discussion on Roberts Rules of Order and Code of Conduct with a recorded webinar by Karma Bass, Principal, Via Healthcare Consulting and Maria Hernandez, PhD, President/COO, Impact4Health, titled, "What's in Your Health Equity Playbook? Roles and Responsibilities for Hospital Boards. In addition, she suggested including an update from Commissioner Kolff directly following the webinar on Jefferson Healthcare Health Equity work and include a moment of silence at the beginning of the Business section based off Commissioners Kolff's request.

Commissioner Kolff made a motion to approve the amended changes. Commissioner Ready seconded.

Action: Motion passed unanimously

Education Topic:

The Commissioners watched a recorded webinar by Karma Bass, Principal, Via Healthcare Consulting and Maria Hernandez, PhD, President/COO, Impact4Health,

titled, "What's in Your Health Equity Playbook? Roles and Responsibilities for Hospital Boards.

Discussion ensued.

Commissioners recessed for break at 3:15 pm.

Commissioners reconvened from break at 3:30 pm.

Commissioner Kolff requested a moment of silence for the three Jefferson County residents who have passed away because of COVID-19. Commissioner Kolff explained in United States we have had 573,000 deaths because of COVID-19, worldwide at the beginning of this meeting we were at 3,140,000 deaths because of COVID-19 and explained India was in a horrible state of the pandemic and he wanted to take a moment of silence to recognize everyone that have died so far with this pandemic.

Patient Story:

Tina Toner, CNO, presented a patient story from a patient's family member about how their mother received care from Dr. Naumann. The patient's family member explained in her letter that after Dr. Naumann's care she was able to enjoy two more years of being able to walk. The patient spent the last 8 months of her life in hospice and would explain to the nurses how Dr. Naumann had saved her life. The patient's family member explained the patient wanted them to thank him for everything he did and that he was sincerely appreciated.

Minutes:

March 24, 2021 Regular Session Minutes

Commissioner McComas made a motion to approve the March 24, 2021 Regular Session minutes. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- March Warrants and Adjustments
- Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler moved to approve the March Warrants and Adjustments and Medical Staff Credentials/ Appointments/ Reappointments. Commissioner Kolff seconded.

Action: motion passed unanimously.

Financial Report:

Mike Glenn, CEO, introduced Tyler Freeman, Chief Financial Officer.

Mike Glenn, CEO, presented the March Financial Report.

Discussion ensued.

Quality Report:

Brandie Manuel, CPSQO, presented the March Quality Report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the April Administrative report.

Discussion ensued.

The Board agreed of their support for Phase 1 of the Master Site Plan.

CMO Report

Dr. Joe Mattern, CMO provided an CMO report which included updates on CAHMA, Medicare ACO, COVID-19, Vaccine, Vaccine Hesitancy, Infection Control/CDC Guidance, Masking, Provider Wellness and Sustainability, Clinical Documentation, Staff Engagement Event.

Discussion ensued.

Board Business:

- Board of Health Report

Commissioner Kolff provided a Board of Health Report which included introducing Dr. Melinda Boyer, new South County School Clinic provider, COVID-19 and summary of the legislation that was passed forming four comprehensive Public Health Districts in the state.

Commissioner Dressler gave an update about the Jefferson Healthcare Foundation Board and introduced the two new board members, Christine Walsh Rogers and Dr. Kate Marshall. In addition, she introduced the two new board members who joined last year, Stephanie Gale and Rebecca Kimball.

Commissioners Buhler Rienstra suggested the board watch a video presentation by James Orlikoff at the beginning of next month's meeting to stimulate conversation around meeting evaluations.

Meeting Evaluation:

Commissioners evaluated the meeting.

Conclude:

Commissioner Dressler moved to conclude the meeting. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Meeting concluded at 5:31 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra

Secretary of Commission: Marie Dressler

DRAFT

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: APRIL 2021 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	APR	APR YTD	APR YTD BUDGET
Allowance for Uncollectible Accounts:	151,051.00	2,235,270.00	1,788,006.00
Charity Care:	252,919.00	1,227,535.00	902,102.00
Other Administrative Adjustments:	15,833.00	191,437.00	425,895.00
	<hr/>		
TOTAL FOR MONTH:	\$419,803.00	\$3,654,242.00	\$3,116,003.00
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**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: APRIL 2021 WARRANT SUMMARY**

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

General Fund Warrants & ACH Transfers	\$18,782,890.00	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	\$419,803.00	(Attached)
Canceled Warrants	\$0.00	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: APRIL 2021 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

272251 - 273031	\$4,427,524.40
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ACH TRANSFERS	<u>\$14,355,365.60</u>
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	<u>\$18,782,890.00</u>
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YEAR-TO-DATE:	<u><u>\$65,655,529.26</u></u>
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Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: APRIL 2021 WARRANT CANCELLATIONS

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

DATE	WARRANT	AMOUNT
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TOTAL:	<u>\$ -</u>
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Gross Revenue

Inpatient Revenue

Outpatient Revenue

Total Gross Revenue

Revenue Adjustments

Cost Adjustment Medicaid

Cost Adjustment Medicare

Charity Care

Contractual Allowances Other

Administrative Adjustments

Allowance for Uncollectible Accounts

Total Revenue Adjustments

Net Patient Service Revenue

Other Revenue

340B Revenue

Other Operating Revenue

Total Operating Revenues

Operating Expenses

Salaries And Wages

Employee Benefits

Professional Fees

Purchased Services

Supplies

Insurance

Leases And Rentals

Depreciation And Amortization

Repairs And Maintenance

Utilities

Licenses And Taxes

Other

Total Operating Expenses

Operating Income (Loss)

Non Operating Revenues (Expenses)

Taxation For Maint Operations

Taxation For Debt Service

Investment Income

Interest Expense

Bond Issuance Costs

Gain or (Loss) on Disposed Asset

Contributions

Total Non Operating Revenues (Expenses)

Change in Net Position (Loss)

	April 2021 Actual	April 2021 Budget	Variance Favorable/ (Unfavorable)	%	April 2021 YTD	April 2021 Budget YTD	Variance Favorable/ (Unfavorable)	%	April 2020 YTD
Gross Revenue									
Inpatient Revenue	2,742,554	4,118,282	(1,375,727)	-33%	11,858,798	16,473,127	(4,614,330)	-28%	11,396,212
Outpatient Revenue	22,182,417	19,596,962	2,585,455	13%	83,981,854	78,387,847	5,594,007	7%	63,923,698
Total Gross Revenue	24,924,971	23,715,243	1,209,728	5%	95,840,651	94,860,974	979,677	1%	75,319,910
Revenue Adjustments									
Cost Adjustment Medicaid	1,732,110	2,559,095	826,985	32%	7,195,322	10,236,381	3,041,059	30%	6,198,314
Cost Adjustment Medicare	8,721,669	7,691,098	(1,030,571)	-13%	32,726,105	30,764,393	(1,961,712)	-6%	26,574,992
Charity Care	252,919	225,526	(27,393)	-12%	1,227,535	902,102	(325,433)	-36%	941,028
Contractual Allowances Other	2,624,429	1,812,454	(811,975)	-45%	8,573,549	7,249,817	(1,323,732)	-18%	6,991,091
Administrative Adjustments	15,833	106,474	90,641	85%	191,437	425,895	234,458	55%	31,986
Allowance for Uncollectible Accounts	151,051	447,001	295,950	66%	2,235,270	1,788,006	(447,264)	-25%	1,080,470
Total Revenue Adjustments	13,498,012	12,841,648	(656,363)	-5%	52,149,218	51,366,593	(782,625)	-2%	41,817,881
Net Patient Service Revenue	11,426,960	10,873,595	553,365	5%	43,691,433	43,494,381	197,053	0%	33,502,029
Other Revenue									
340B Revenue	352,074	304,110	47,964	16%	1,153,160	1,216,438	(63,278)	-5%	1,165,242
Other Operating Revenue	256,028	227,986	28,042	12%	833,275	911,946	(78,671)	-9%	3,424,895
Total Operating Revenues	12,035,062	11,405,691	629,371	6%	45,677,869	45,622,765	55,104	0%	38,092,166
Operating Expenses									
Salaries And Wages	5,946,034	5,609,938	(336,096)	-6%	23,276,968	22,439,754	(837,214)	-4%	21,264,550
Employee Benefits	1,507,747	1,439,719	(68,028)	-5%	5,745,527	5,758,875	13,347	0%	5,060,375
Professional Fees	174,155	129,042	(45,113)	-35%	613,588	516,168	(97,420)	-19%	775,719
Purchased Services	489,171	678,462	189,291	28%	2,797,417	2,713,847	(83,570)	-3%	2,636,326
Supplies	1,838,193	2,117,736	279,543	13%	8,767,259	8,470,945	(296,314)	-3%	7,360,410
Insurance	90,489	82,670	(7,819)	-9%	362,052	330,678	(31,373)	-9%	259,779
Leases And Rentals	33,694	34,623	929	3%	96,332	138,494	42,161	30%	67,503
Depreciation And Amortization	489,895	519,863	29,968	6%	1,968,448	2,079,453	111,005	5%	2,064,073
Repairs And Maintenance	51,975	99,930	47,955	48%	240,692	399,720	159,029	40%	397,422
Utilities	118,083	95,357	(22,726)	-24%	439,039	381,429	(57,610)	-15%	407,035
Licenses And Taxes	85,740	61,988	(23,752)	-38%	321,751	247,953	(73,798)	-30%	232,357
Other	251,716	193,412	(58,304)	-30%	589,939	773,648	183,708	24%	731,274
Total Operating Expenses	11,076,892	11,062,740	(14,152)	0%	45,219,011	44,250,963	(968,048)	-2%	41,256,823
Operating Income (Loss)	958,170	342,951	615,219	179%	458,859	1,371,803	(912,944)	-67%	(3,164,657)
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	23,101	23,030	71	0%	92,404	92,121	283	0%	88,260
Taxation For Debt Service	97,400	18,066	79,334	439%	182,437	72,263	110,174	152%	75,804
Investment Income	4,019	27,288	(23,269)	-85%	20,110	109,151	(89,041)	-82%	108,721
Interest Expense	(93,922)	(86,744)	(7,178)	-8%	(351,288)	(346,977)	(4,311)	-1%	(357,690)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	3,531	17,877	(14,346)	-80%	20,936	71,507	(50,571)	-71%	28,934
Total Non Operating Revenues (Expenses)	34,129	(483)	34,612	7166%	(35,402)	(1,936)	(33,466)	-1729%	(55,971)
Change in Net Position (Loss)	992,299	342,468	649,831	190%	423,457	1,369,867	(946,410)	-69%	(3,220,628)

STATISTIC DESCRIPTION

	APRIL 2021						APRIL 2020			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	609.10	625.21	3%	614.88	625.21	2%	590.99	-3%	597.79	-3%
FTEs - PRODUCTIVE (AVG)	545.05	559.80	3%	545.23	559.80	3%	518.48	-5%	532.55	-2%
ADJUSTED PATIENT DAYS	2,864	2,161	33%	10,224	8,645	18%	1,238	131%	6,903	48%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	68	73	-7%	261	293	-11%	50	36%	219	16%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	256	320	-20%	996	1,280	-22%	136	88%	920	8%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	14	22	-36%	78	89	-12%	1	1300%	98	-26%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	338	415	-19%	1,335	1,662	-20%	187	81%	1,237	7%
BIRTHS	1	9	-89%	26	38	-32%	4	-75%	28	-8%
SURGERY CASES (IN OR)	143	123	16%	519	493	5%	39	267%	356	31%
SURGERY MINUTES (IN OR)	17,353	14,381	21%	63,073	57,525	10%	4,624	275%	46,291	27%
SPECIAL PROCEDURE CASES	68	75	-9%	264	299	-12%	6	1033%	206	22%
LAB BILLABLE TESTS	21,799	20,874	4%	86,683	83,495	4%	11,069	97%	61,504	29%
BLOOD BANK UNITS MATCHED	-	46	-100%	-	185	-100%	34	-100%	190	0%
MRIs COMPLETED	218	230	-5%	803	921	-13%	99	120%	734	9%
CT SCANS COMPLETED	571	526	9%	2,095	2,104	0%	322	77%	1,580	25%
RADIOLOGY DIAGNOSTIC TESTS	1,510	1,532	-1%	5,812	6,128	-5%	802	88%	5,138	12%
ECHOs COMPLETED	194	134	45%	677	534	27%	69	181%	344	49%
ULTRASOUNDS COMPLETED	338	335	1%	1,362	1,339	2%	186	82%	1,069	22%
MAMMOGRAPHYS COMPLETED	278	252	10%	1,007	1,007	0%	49	467%	679	33%
NUCLEAR MEDICINE TESTS	53	37	43%	206	148	39%	22	141%	108	48%
TOTAL DIAGNOSTIC IMAGING TESTS	3,162	3,046	4%	11,962	12,181	-2%	1,549	104%	9,652	19%
PHARMACY MEDS DISPENSED	19,158	23,663	-19%	71,240	94,650	-25%	11,596	65%	68,183	4%
ANTI COAG VISITS	432	395	9%	1,601	1,582	1%	355	22%	1,416	12%
RESPIRATORY THERAPY PROCEDURES	2,781	3,607	-23%	10,073	14,427	-30%	1,126	147%	10,058	0%
PULMONARY REHAB RVUs	160	229	-30%	326	917	-64%	24	567%	684	-110%
PHYSICAL THERAPY RVUs	7,512	7,403	1%	29,607	29,611	0%	3,480	116%	23,117	22%
OCCUPATIONAL THERAPY RVUs	1,236	1,075	15%	4,449	4,301	3%	801	54%	3,950	11%
SPEECH THERAPY RVUs	286	213	34%	1,005	853	18%	82	249%	830	17%
REHAB/PT/OT/ST RVUs	9,194	8,920	3%	35,387	35,682	-1%	4,387	110%	28,581	19%
ER CENSUS	881	1,074	-18%	3,407	4,295	-21%	657	34%	3,554	-4%
EXPRESS CLINIC	548	803	-32%	2,051	3,211	-36%	282	94%	2,718	-33%
SOCO PATIENT VISITS	135	159	-15%	543	638	-15%	85	59%	526	3%
PORT LUDLOW PATIENT VISITS	650	641	1%	2,652	2,564	3%	427	52%	2,070	22%
SHERIDAN PATIENT VISITS	2,658	2,581	3%	10,564	10,324	2%	1,556	71%	7,949	25%
DENTAL CLINIC	424	385	10%	1,402	1,542	-9%	64	563%	937	33%
WATERSHIP CLINIC PATIENT VISITS	1,127	1,156	-3%	4,263	4,622	-8%	660	71%	3,480	18%
TOWNSEND PATIENT VISITS	539	536	1%	2,250	2,143	5%	412	31%	2,053	9%
TOTAL RURAL HEALTH CLINIC VISITS	6,081	6,261	-3%	23,725	25,044	-5%	3,486	74%	19,733	17%
OFF-SITE LAB	1,156	-	0%	4,486	-	0%	81	1327%	223	95%
DISASTER CLINIC	-	-	0%	127	-	0%	209	-100%	574	-352%
TOTAL COVID RESPONSE	1,156	-	0%	4,613	-	0%	290	299%	797	83%
CARDIOLOGY CLINIC VISITS	448	329	36%	1,899	1,315	44%	230	95%	1,147	40%
DERMATOLOGY CLINIC VISITS	642	542	18%	2,636	2,170	21%	277	132%	2,010	24%
GEN SURG PATIENT VISITS	344	302	14%	1,307	1,208	8%	42	719%	761	42%
ONCOLOGY VISITS	575	575	0%	2,242	2,300	-3%	472	22%	1,873	16%
ORTHO PATIENT VISITS	652	706	-8%	2,730	2,823	-3%	419	56%	2,386	13%
SLEEP CLINIC VISITS	70	137	-49%	303	549	-45%	161	-57%	643	-112%
UROLOGY VISITS	153	222	-31%	729	888	-18%	83	84%	583	20%
WOMENS CLINIC VISITS	318	267	19%	1,236	1,067	16%	56	468%	528	57%
WOUND CLINIC VISITS	269	268	0%	995	1,072	-7%	157	71%	818	18%
TOTAL SPECIALTY CLINIC VISITS	3,471	3,348	4%	14,077	13,392	5%	1,897	83%	10,749	24%
SLEEP CENTER SLEEP STUDIES	35	63	-44%	108	252	-57%	-	0%	159	-47%
INFUSION CENTER VISITS	819	823	0%	3,089	3,293	-6%	572	43%	2,707	12%
SURGERY CENTER ENDOSCOPIES	83	76	9%	306	306	0%	1	8200%	200	35%
HOME HEALTH EPISODES	59	58	2%	207	232	-11%	47	26%	190	8%
HOSPICE CENSUS/DAYS	1,030	725	42%	4,330	2,899	49%	938	10%	3,995	8%
CARDIAC REHAB SESSIONS	124	82	51%	202	329	-39%	-	0%	408	-102%
DIETARY TOTAL REVENUE	56,541	58,734	-4%	225,461	234,934	-4%	51,226	10%	284,979	-26%
MAT MGMT TOTAL ORDERS PROCESSED	1,832	2,136	-14%	7,396	8,542	-13%	1,456	26%	8,066	-9%
EXERCISE FOR HEALTH PARTICIPANTS	-	280	-100%	-	1,121	-100%	-	0%	1,240	0%

FROM: Medical Staff Services
RE: 05/25/2021 Medical Executive Committee appointments/reappointments for Board approval 05/26/2021

C-0241

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

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

Interpretive Guidelines §485.627(a)

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

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

1. Galen Cortina, MD – NW Pathology
2. Natalie Russell, PA-C – Orthopedics, Plastic/Hand

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

1. Idjadi, Jeremy, MD – Orthopedics
2. Kuznetsov, Dimitri, MD – Urology
3. Weber, Carl, MD – Primary Care

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

1. George Lopez, MD – Teleneurology
2. Corey White, MD – Teleneurology
3. Hannu Huhdanpaa, MD – Teleradiology

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

1. Albee, Jane, ARNP – Women's Health
2. Byers, Candace, ARNP – Primary Care
3. Jackson, Angela, PA-C – Primary Care
4. Schmalz, Christian, CRNA – Anesthesia
5. Tinley, Colum, CRNA – Anesthesia

Recommended POCUS Privileges:

1. Stephen Churchley, MD - Emergency

Medical Student Rotation:

N/A

Disaster Privileging

N/A

90-day provisional performance review completed successfully:

N/A

Resignations:

1. Mitch Keszler, CRNA

FROM: Medical Staff Services
RE: 05/25/2021 Medical Executive Committee appointments/reappointments for Board approval 05/26/2021

C-0241

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

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

Interpretive Guidelines §485.627(a)

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

Summary of Changes for Policy and Privilege Review

Policies

1. Computerized Physician Order Entry

Privileges

1. Dermatology Privileges
 - a. Minor Changes
2. Refer and Follow Privileges
 - a. Unchanged



Current Status: *Pending*

PolicyStat ID: 9730525



Origination: 06/2013

Last Approved: N/A

Last Revised: 05/2021

Next Review: *1 year after approval*

Owner: *Allison Crispen:*

Director of Medical

Staff Programs

Policy Area: *Medical Staff Policies*

Standards & Regulations:

References:

Computerized Physician Order Entry

POLICY:

Order entry in the EHR (electronic health record) is to be completed by provider and intended to support timely and best care of the patient. Verbal or telephone communication of orders should be limited to urgent situations where immediate electronic communication is not feasible. Verbal and telephone orders will be carried out in accordance with applicable Washington State Laws and CMS Conditions of Participation. Research and Chemotherapy orders must be entered **only** by the provider.

DEFINITION:

A verbal order is a medical order from a credentialed provider spoken to the registered practitioner. A verbal order may be accepted by a Registered Nurse, Registered Respiratory Therapist, a Registered Pharmacist, a Registered Dietician, a Physical Therapist, an Occupational Therapist, a Speech Therapist or a Medical Technologist, if within their scope of practice. A verbal order may not be accepted by an unlicensed individual such as a Health Unit Coordinator or Certified Nursing Assistant.

PROCEDURE:

Providers can give verbal/telephone orders to be read back and entered into EPIC by the registered practitioner during the following **two** scenarios:

1. Inability for provider to access EPIC
 - Provider is actively engaged in the care of another patient, performing a procedure or doing a patient examination
 - Provider is on call without computer accessibility
2. Urgent clinical situation

Verbal/telephone orders will be managed the following way:

1. When RN makes the call to the provider with update or to get an order, **the RN will have the patient's EPIC chart OPEN and will enter the order all the way through the signing process before hanging up the phone.** This will prevent having to call the provider back for clarification, etc. due to system alerts. The order will be read back to the provider for verification to ensure accuracy and completeness. Please select order mode of *"verbal with read-back"* or *"telephone with read-back"*.
2. Verbal or telephone orders must identify the provider giving the order.

3. The provider may NOT ask a non-licensed employee to enter orders at any time (i.e. HUC or CNA).
4. The ordering provider must sign, date and time a verbal/telephone order as soon as possible, and no later than 48 hours after the verbal/telephone order is received.

REFERENCES:

CMS CoP 485.635 (d)(3)

WAC 246-873-010; 246-873-090

MEC Approval: 6/4/2013;8/26/2014; 2/24/2015, 11/22/2016, 11/28/2017; 4/21/2020

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: Director of Medical Staff Programs	pending
Allison Crispen: Director of Medical Staff Programs	05/2021

Jefferson Healthcare Dermatology Privileges

To be eligible to request Hospital Based privileges the following minimum threshold criteria must be met:

Basic education:

Doctor of Medicine or Doctor of Osteopathy Degree (MD/DO) from an accredited program.

~~Physician Assistant must have graduated from an accredited program.~~

Formal training and experience at initial appointment:

- Successful completion of an approved residency in Dermatology approved by the Accreditation Council for Graduate Medical Education (ACGME) or AOA.
- Board Certification in Dermatology by an ABMS or AOA approved Board or active participation in the examination process leading to certification. Must have current re-certification, if required by certifying board.
- **Must maintain current BLS certification.**

Reappointment requirements:

Documentation of clinical activity within the scope of privileges requested without significant quality variations identified.

~~Continuing medical education related to medical specialty is required.~~



Core Privileges:

Evaluate, diagnose, treat and provide consultation to patients of all ages, except as specifically excluded from practice, with benign and malignant disorders of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, mouth, external genitalia, and cutaneous glands) as well as sexually transmitted diseases. Privileges include but are not limited to diagnosis and treatment of skin cancers, moles, and other benign and malignant tumors of the skin and subcutis; the management of contact dermatitis, allergic and non-allergic skin disorders, and skin manifestations of systemic and infectious diseases; management of cosmetic disorders of the skin, such as hair loss, scars, and the skin changes associated with aging; interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes; and the performance of following procedures:

- Excision and simple or intermediate repair
- Excision and complex repair
- Skin and nail biopsy
- Adjacent tissue transfers (i.e.: skin flaps)
- Electrodessication and curettage
- Scalp surgery
- Skin grafting
- Botulinum toxin injections (axillary hyperhidrosis)
- Cryosurgery
- Administration of intralesional and intramuscular pharmaceuticals
- Dermabrasion (for scar revision)
- Nail surgery to include nail avulsion, matrixectomy and evacuation of subungual hematoma
- Light therapy including PUVA and UVB
- Photodynamic therapy with BluLight™ or Daylight
- Application of Unna boots
- Incision and drainage
- Chemical face peels

Privileges Delineated Separately:

Applicant **must provide evidence of training and experience** for privileges delineated separately below.

☐

Use of Laser

Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized.

☐

Mohs Micrographic Surgery

Must provide documentation of completion of ACGME or AOA accredited residency program in dermatology that included MMS training or an approved MMS fellowship training program, or must hold a certificate of added qualifications in MOHS Micrographic Surgery by the American Osteopathic Board of Dermatology

Required previous experience: ~~Must provide evidence of adequate patient care volume without evidence of deviation of standard of care. Demonstrated current competence and evidence of the performance of at least 50 MMS procedures in the past 12 months.~~

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

Provider Signature

Date

Governing Board Approval Date

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Jefferson Healthcare
‘Refer and Follow’ Privileges

To be eligible to request Refer and Follow Privileges the following minimum threshold criteria must be met:

Basic education:

Doctor of Medicine or Doctor of Osteopathy Degree (MD/DO) from an accredited program.

Formal training and previous experience:

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in chosen specialty. Provider must be able to demonstrate that he/she has current clinical competence for requested privilege.

☐ **The Refer and Follow Staff member may:**

- Refer patients to Hospitalist for admission
- Visit and follow his/her patient while in the hospital
- May submit office information as it applies for historical charting only
- Appropriate access to the electronic medical record
- Communicate with attending physician
- Attend meetings of the General Medical Staff and of the section of which he/she is a member, but not required

☐ **The Refer and Follow Staff member may not:**

- Write orders
- Do evaluations on any patient in the hospital
- Vote on matters presented at meetings
- Hold office at any level in the medical staff organization OR be chair of any committee OR serve on MEC
- Provide ER coverage
- Serve on committees of the hospital

I understand that in exercising clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation

Physician Signature Date

Governing Board Approval Date