

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: 383682973#

Regular Session Agenda
Wednesday, June 23, 2021

<u>Call to Order:</u>	2:00
<u>Approve Agenda:</u>	2:00
<u>Board Governance Education:</u>	2:01
• Summary of Community Forums	
<u>Education Topic:</u>	2:15
• Working Together for the Future of Health Care	
○ Cassie Sauer, President and CEO, Washington State Hospital Association	
<u>Break:</u>	3:15
<u>Patient Story:</u> Tina Toner, CNO	3:30
<u>Minutes:</u>	3:40
• May 26 Regular Session Minutes	
<u>Required Approvals:</u> Action Requested	3:50
• May Warrants and Adjustments	
• Medical Staff Credentials/ Appointments/ Reappointments	
• Medical Staff Policies	
• Resolution 2021-02 Cancelled Warrants	
<u>Quality Report:</u> Brandie Manuel, CPSO	4:00
• Critical Access Hospital Report	
<u>Financial Report:</u> Tyler Freeman, CFO	4:15
<u>Administrative Report:</u> Mike Glenn, CEO	4:30
<u>CMO Report:</u> Dr. Joe Mattern, CMO	4:45
<u>Board Business:</u>	5:00
• Board of Health Report	
<u>Meeting Evaluation:</u>	5:10
<u>Conclude:</u>	5:15
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, May 26, 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, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Dr. Joseph Mattern, Chief Medical Officer, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Commissioner Buhler Rienstra suggested amending the motion to state under April Warrants and Adjustments instead of March Warrants and Adjustments under Required Approvals. Commissioner Dressler made a motion to approve the amended agenda. Commissioner Kolff seconded.

Action: Motion passed unanimously

Board Governance Education

The Commissioners watched a section of a recorded webinar title, "Governance Clinic" by James Orlikoff, President, Orlikoff and Associates, Inc, regarding board evaluations.

Discussion ensued.

Education Topic:

- 2022-2025 Strategic Plan Update

Mike Glenn, CEO, provided the 2022-2025 Strategic Plan Update.

Commissioners provided feedback which included:

Goal 1 – To attain health outcomes for all.

- Commissioner Kolff would like to see patient centered included in this goal.

1) Deliver care guided by the best evidence:

- Commissioner Kolff suggested using the word racism and updating sentence to say assess and address health equity *within* Jefferson Healthcare and our community.

2) Improve transitions of care

- Commissioner Kolff felt the phrase “ensure frictionless encounters” sounds more like a goal than a strategy

2) Harm No Patient

- Commissioner Kolff asked for Mike to send them the five principles of Highly Reliable Organizations.

Goal 2: Deliver a care experience that exceeds patient expectations

1) Define and fully embed radically convenient access to care.

- Commissioner Kolff suggested adding continuously identify and eliminate barriers to care

2) Develop and cultivate a Service Excellence Culture with all employees of Jefferson Healthcare.

- Commissioner Kolff asked to include the board in the first bullet, “Reinstitute Jefferson University for all staff and providers.”

3) Consistently deliver an outstanding experience with every encounter

- Commissioner Dressler asked if there should be something about patient satisfaction regarding the health issue they went to the provider for.
- Commissioner Kolff said the term “outreach” implies we are reaching out to them and add pending “resolution” of patient accounts.

Goal 3: To be an incredible place to work and practice. (No Changes)

Goal 4: to remain an independent, financially strong healthcare organization

4) Develop new facilities to grow existing services and introduce/expand new services to meet community need and maintain financial viability.

- Commissioner Kolff asked if the word facility should be plural

6) Continue to grow services to ensure the community can be served and Jefferson Healthcare remains viable.

- Commissioner Kolff asked if advocating for changing the healthcare system which undervalues CAH and rural hospital districts. Advocating at both the state and federal level as well as advocating a change in the system so that

healthcare is viewed as a right for everyone. These changes would help support to remain an independent, financially strong healthcare organization.

Goal 5: To support health and promote wellness in the communities we serve

- Commissioner Ready asked if the Community Health Improvement Plan was still part of the Strategic Plan. Mike will add to this goal.

Commissioners recessed for break at 3:19pm.
Commissioners reconvened from break at 3:30pm.

Minutes:

- April 28, 2021 Regular Session Minutes

Commissioner Dressler made a motion to approve the April 28, 2021 Regular Session minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

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

Commissioner Dressler made a motion to approve the April Warrants and Adjustments and Medical Staff Credentials/ Appointments/ Reappointments. Commissioner Kolff seconded.

Action: motion passed unanimously.

Patient Advocate Report: Jackie Levin, RN

Jackie Levin, RN, Patient Advocate presented the 1st quarter Patient Advocate Report.

Discussion ensued.

Financial Report:

Tyler Freeman, CFO, presented the April Financial Report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the May Administrative report.

Discussion ensued

CMO Report

Dr. Joe Mattern, CMO provided the CMO report which included COVID-19 Community Prevalence, Visitor Policy, COVID-19 Cases and Vaccine, Vaccine Hesitancy, Vaccine

Integration, COVID-19 De-escalation, Masking, Pre-Procedure Testing, Medical Staff Changes and Behavioral Health.

Discussion ensued.

Board Business:

- Board of Health Report

Commissioner Kolff provided a Board of Health report which included Needle Exchange Program, Grants for WIC families, pollution sources, promoting breast feeding, Entheogenic plant use by adults and Social Determinants of Health training.

Commissioner Buhler Rienstra thanked Commissioner Kolff for his work on the Board of Health as a representative of Jefferson Healthcare Board of Commissioners.

Commissioner Dressler thanked all the staff for what they do. Commissioner McComas seconded and shared he had enjoyed being able to participate in the activities of Hospital Week.

Commissioner Kolff was delighted to say he was happy Commissioner Dressler and Kolff will be able to be apart of the board for another six years.

Meeting Evaluation:

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:17pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____



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)

	May 2021 Actual	May 2021 Budget	Variance Favorable/ (Unfavorable)	%	May 2021 YTD	May 2021 Budget YTD	Variance Favorable/ (Unfavorable)	%	May 2020 YTD
Gross Revenue									
Inpatient Revenue	2,883,004	4,255,558	(1,372,554)	-32%	14,741,802	20,728,685	(5,986,883)	-29%	14,370,122
Outpatient Revenue	21,483,652	20,250,194	1,233,458	6%	105,465,505	98,638,040	6,827,465	7%	79,371,549
Total Gross Revenue	24,366,656	24,505,752	(139,096)	-1%	120,207,307	119,366,725	840,582	1%	93,741,670
Revenue Adjustments									
Cost Adjustment Medicaid	2,412,489	2,644,398	231,909	9%	10,011,812	12,880,779	2,868,967	22%	8,038,109
Cost Adjustment Medicare	7,449,180	7,947,468	498,288	6%	40,317,765	38,711,861	(1,605,904)	-4%	34,899,255
Charity Care	276,238	233,043	(43,195)	-19%	1,503,773	1,135,145	(368,628)	-32%	1,100,472
Contractual Allowances Other	2,734,959	1,872,869	(862,089)	-46%	11,631,468	9,122,687	(2,508,781)	-28%	9,132,878
Administrative Adjustments	30,139	110,023	79,884	73%	221,576	535,918	314,342	59%	133,673
Allowance for Uncollectible Accounts	1,686,000	461,901	(1,224,098)	-265%	2,981,310	2,249,907	(731,403)	-33%	937,183
Total Revenue Adjustments	14,589,005	13,269,703	(1,319,301)	-10%	66,667,703	64,636,296	(2,031,407)	-3%	54,241,570
Net Patient Service Revenue	9,777,651	11,236,049	(1,458,397)	-13%	53,539,604	54,730,429	(1,190,825)	-2%	39,500,100
Other Revenue									
340B Revenue	310,375	314,247	(3,872)	-1%	1,463,536	1,530,685	(67,149)	-4%	1,415,784
Other Operating Revenue	549,458	235,587	313,871	133%	1,382,734	1,147,533	235,201	20%	7,396,452
Total Operating Revenues	10,637,484	11,785,883	(1,148,398)	-10%	56,385,874	57,408,646	(1,022,773)	-2%	48,312,337
Operating Expenses									
Salaries And Wages	5,601,521	5,796,936	195,415	3%	28,878,488	28,236,690	(641,798)	-2%	26,758,799
Employee Benefits	1,263,147	1,487,709	224,562	15%	7,008,674	7,246,584	237,910	3%	6,373,261
Professional Fees	155,164	133,343	(21,821)	-16%	768,751	649,512	(119,240)	-18%	924,941
Purchased Services	817,415	701,077	(116,338)	-17%	3,614,832	3,414,924	(199,907)	-6%	3,212,983
Supplies	2,301,010	2,188,327	(112,683)	-5%	11,068,269	10,659,272	(408,997)	-4%	9,166,502
Insurance	90,489	85,425	(5,064)	-6%	452,541	416,103	(36,437)	-9%	325,649
Leases And Rentals	38,808	35,778	(3,030)	-8%	135,140	174,272	39,131	22%	72,742
Depreciation And Amortization	490,492	537,192	46,700	9%	2,458,940	2,616,645	157,704	6%	2,568,730
Repairs And Maintenance	69,138	103,261	34,123	33%	309,829	502,981	193,152	38%	468,159
Utilities	88,910	98,536	9,626	10%	527,948	479,965	(47,984)	-10%	508,057
Licenses And Taxes	62,498	64,054	1,556	2%	384,249	312,007	(72,242)	-23%	231,260
Other	164,003	199,859	35,856	18%	753,942	973,507	219,564	23%	844,662
Total Operating Expenses	11,142,595	11,431,497	288,902	3%	56,361,605	55,682,461	(679,144)	-1%	51,455,745
Operating Income (Loss)	(505,111)	354,386	(859,496)	-243%	24,269	1,726,185	(1,701,916)	-99%	(3,143,409)
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	23,101	23,798	(697)	-3%	115,505	115,918	(414)	0%	154,685
Taxation For Debt Service	37,737	18,668	19,069	102%	220,174	90,931	129,243	142%	112,434
Investment Income	5,796	28,197	(22,401)	-79%	25,906	137,348	(111,442)	-81%	118,940
Interest Expense	(84,057)	(89,636)	5,579	6%	(435,345)	(436,613)	1,268	0%	(444,859)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	1,264	18,473	(17,209)	-93%	22,200	89,979	(67,780)	-75%	49,364
Total Non Operating Revenues (Expenses)	(16,159)	(500)	(15,659)	-3132%	(51,561)	(2,436)	(49,125)	-2017%	(9,437)
Change in Net Position (Loss)	(521,270)	353,886	(875,155)	-247%	(27,292)	1,723,749	(1,751,041)	-102%	(3,152,845)

STATISTIC DESCRIPTION

	MAY 2021						MAY 2020			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	598.25	625.21	4%	611.85	625.21	2%	577.92	-4%	594.17	-3%
FTEs - PRODUCTIVE (AVG)	540.83	559.80	3%	544.43	559.80	3%	499.37	-8%	526.51	-3%
ADJUSTED PATIENT DAYS	2,590	2,233	16%	12,803	10,879	18%	1,992	30%	8,895	44%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	65	76	-14%	326	368	-11%	66	-2%	285	13%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	237	331	-28%	1,232	1,610	-23%	280	-15%	1,200	3%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	10	23	-57%	88	112	-21%	3	233%	101	-15%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	312	430	-27%	1,646	2,090	-21%	349	-11%	1,586	4%
BIRTHS	12	10	20%	38	48	-21%	10	20%	38	0%
SURGERY CASES (IN OR)	119	127	-6%	638	621	3%	106	12%	462	28%
SURGERY MINUTES (IN OR)	18,211	14,861	23%	81,284	72,386	12%	12,141	50%	58,432	28%
SPECIAL PROCEDURE CASES	91	77	18%	355	376	-6%	22	314%	228	36%
LAB BILLABLE TESTS	21,021	21,570	-3%	107,704	105,065	3%	16,654	26%	78,158	27%
BLOOD BANK UNITS MATCHED	-	48	-100%	-	233	-100%	25	-100%	215	0%
MRIs COMPLETED	228	238	-4%	1,031	1,158	-11%	136	68%	870	16%
CT SCANS COMPLETED	536	544	-1%	2,631	2,648	-1%	443	21%	2,023	23%
RADIOLOGY DIAGNOSTIC TESTS	1,576	1,583	0%	7,388	7,711	-4%	1,224	29%	6,362	14%
ECHOs COMPLETED	139	138	1%	816	672	21%	81	72%	425	48%
ULTRASOUNDS COMPLETED	337	346	-3%	1,699	1,685	1%	250	35%	1,319	22%
MAMMOGRAPHYS COMPLETED	285	260	10%	1,292	1,267	2%	190	50%	869	33%
NUCLEAR MEDICINE TESTS	46	38	21%	252	186	35%	35	31%	143	43%
TOTAL DIAGNOSTIC IMAGING TESTS	3,147	3,147	0%	15,109	15,327	-1%	2,359	33%	12,011	21%
PHARMACY MEDS DISPENSED	14,495	24,451	-41%	85,735	119,102	-28%	18,575	-22%	86,758	-1%
ANTI COAG VISITS	391	409	-4%	1,992	1,990	0%	307	27%	1,723	14%
RESPIRATORY THERAPY PROCEDURES	2,886	3,727	-23%	12,959	18,154	-29%	2,379	21%	12,437	4%
PULMONARY REHAB RVUs	143	237	-40%	469	1,154	-59%	9	1489%	693	-48%
PHYSICAL THERAPY RVUs	6,933	7,650	-9%	36,618	37,261	-2%	4,759	46%	27,876	24%
OCCUPATIONAL THERAPY RVUs	862	1,111	-22%	5,354	5,412	-1%	963	-10%	4,913	8%
SPEECH THERAPY RVUs	295	220	34%	1,312	1,074	22%	129	129%	959	27%
REHAB/PT/OT/ST RVUs	8,233	9,218	-11%	43,753	44,901	-3%	5,860	40%	34,441	21%
ER CENSUS	1,016	1,110	-8%	4,423	5,405	-18%	806	26%	4,360	1%
EXPRESS CLINIC	698	830	-16%	2,749	4,041	-32%	411	70%	3,129	-14%
SOCO PATIENT VISITS	113	165	-32%	656	803	-18%	101	12%	627	4%
PORT LUDLOW PATIENT VISITS	604	662	-9%	3,256	3,227	1%	449	35%	2,519	23%
SHERIDAN PATIENT VISITS	2,388	2,667	-10%	12,952	12,991	0%	1,927	24%	9,876	24%
DENTAL CLINIC	368	398	-8%	1,770	1,940	-9%	108	241%	1,045	41%
WATERSHIP CLINIC PATIENT VISITS	1,015	1,194	-15%	5,278	5,816	-9%	719	41%	4,199	20%
TOWNSEND PATIENT VISITS	515	554	-7%	2,765	2,697	3%	469	10%	2,522	9%
TOTAL RURAL HEALTH CLINIC VISITS	5,701	6,470	-12%	29,426	31,515	-7%	4,184	36%	23,917	19%
OFF-SITE LAB	1,137	-	0%	5,623	-	0%	456	149%	679	88%
DISASTER CLINIC	-	-	0%	127	-	0%	217	-100%	791	-523%
TOTAL COVID RESPONSE	1,137	-	0%	5,750	-	0%	673	69%	1,470	74%
CARDIOLOGY CLINIC VISITS	449	340	32%	2,348	1,655	42%	233	93%	1,380	41%
DERMATOLOGY CLINIC VISITS	436	561	-22%	3,072	2,730	13%	471	-7%	2,481	19%
GEN SURG PATIENT VISITS	332	312	6%	1,639	1,520	8%	148	124%	909	45%
ONCOLOGY VISITS	504	594	-15%	2,746	2,895	-5%	473	7%	2,346	15%
ORTHO PATIENT VISITS	702	729	-4%	3,432	3,552	-3%	560	25%	2,946	14%
SLEEP CLINIC VISITS	77	142	-46%	380	691	-45%	114	-32%	757	-99%
UROLOGY VISITS	201	229	-12%	930	1,117	-17%	142	42%	725	22%
WOMENS CLINIC VISITS	278	276	1%	1,514	1,343	13%	114	144%	642	58%
WOUND CLINIC VISITS	236	277	-15%	1,231	1,349	-9%	195	21%	1,013	18%
TOTAL SPECIALTY CLINIC VISITS	3,215	3,460	-7%	17,292	16,852	3%	2,450	31%	13,199	24%
SLEEP CENTER SLEEP STUDIES	33	65	-49%	141	318	-56%	47	-30%	206	-46%
INFUSION CENTER VISITS	830	851	-2%	3,919	4,144	-5%	656	27%	3,363	14%
SURGERY CENTER ENDOSCOPIES	71	79	-10%	377	385	-2%	26	173%	226	40%
HOME HEALTH EPISODES	41	60	-32%	249	292	-15%	58	-29%	248	0%
HOSPICE CENSUS/DAYS	1,095	749	46%	5,425	3,648	49%	1,027	7%	5,022	7%
CARDIAC REHAB SESSIONS	84	85	-1%	286	414	-31%	-	0%	408	-43%
DIETARY TOTAL REVENUE	58,317	60,691	-4%	283,777	295,626	-4%	51,660	13%	336,639	-19%
MAT MGMT TOTAL ORDERS PROCESSED	1,453	2,207	-34%	8,849	10,749	-18%	1,503	-3%	9,569	-8%
EXERCISE FOR HEALTH PARTICIPANTS	-	290	-100%	-	1,411	-100%	-	0%	1,240	0%

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

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

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

General Fund Warrants & ACH Transfers	\$16,137,028.90	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	\$1,770,377.00	(Attached)
Canceled Warrants	\$900.00	(Attached)

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

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

Submitted for your approval are the following warrants:

GENERAL FUND:

273939	274707	\$4,084,027.81
ACH TRANSFERS		\$12,053,001.09
		\$16,137,028.90
YEAR-TO-DATE:		\$81,792,558.16

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

Submitted for your approval are the following:

	MAY	MAY YTD	MAY YTD BUDGET
Allowance for Uncollectible Accounts:	1,464,000.00	2,759,310.00	2,249,907.00
Charity Care:	276,238.00	1,503,773.00	1,135,145.00
Other Administrative Adjustments:	30,139.00	221,576.00	535,918.00
TOTAL FOR MONTH:	\$1,770,377.00	\$4,484,659.00	\$3,920,970.00

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: MAY 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
5/21/2020	265482	\$ 900.00

TOTAL:	<u>\$ 900.00</u>
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FROM: Medical Staff Services
RE: 06/22/2021 Medical Executive Committee appointments/reappointments for Board approval 06/23/2021

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. Natalie Russell, PA-C – Orthopedics, Plastic/Hand
2. Ethan Ross, MD – Emergency Medicine

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

1. Martin Ellbogen, MD – Hospitalist
2. Judy Gayne, MD – Hospitalist
3. Rachel Bickling, MD – FPOB
4. Christopher Manik, MD – Primary Care
5. Alexander Pratt, MD – Hospitalist

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

1. Ryan Fortna, MD – NW Pathology
2. Madeline Nguyen, MD – Teleneurology
3. Nicholas Okon, DO – Teleneurology
4. Sheila Smith, MD – Teleneurology
5. Elizabeth Walz, MD – Teleneurology
6. Jigish Patel, MD – Teleradiology
7. Daniel Susanto, MD – Teleradiology
8. Pedro Vieco, MD – Teleradiology
9. Lauren Fetty, MD - Teleradiology

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

N/A

Recommended POCUS Privileges:

N/A

Medical Student Rotation:

N/A

Disaster Privileging

N/A

90-day provisional performance review completed successfully:

1. Shawnisa Francis, PA-C

Resignations:

1. Jenny Siv, MD - Teleneurology

FROM: Medical Staff Services
RE: 06/22/2021 Medical Executive Committee appointments/reappointments for Board approval 06/23/2021

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
 - a. No changes
2. Medical Staff Peer Review
 - a. Credentials Committee is added in as a subcommittee of Peer Review

Privileges

N/A

POLICY:

To ensure that the healthcare organization through the activities of its medical staff assesses on an ongoing basis the quality and appropriateness of patient care and the clinical performance of individuals granted privileges and uses the results of such assessments to identify opportunities to improve care.

PURPOSE:

The medical staff is accountable for the quality of care provided to patients.

SCOPE:

Representatives of the active medical staff and the active allied health staff will fairly and consistently assess quality performance of licensed independent practitioners. **This Committee will also oversee and review recommendations from the Credentials Committee.** The results of those evaluations will be used to improve patient care, educate medical staff and service committees through regular feedback and provide outcomes and conclusions to the Medical Executive Committee and the Board.

DEFINITIONS:

PPEC: Professional Practice Excellence Committee

Peer Review: The evaluation of an individual practitioner's performance for all relevant competency categories using multiple sources of data and the identification of opportunities to improve care. Through this process, practitioners receive feedback for potential improvement or confirmation of personal achievement related to the effectiveness of their professional practice in all practitioner competencies. During this process, the practitioner is not considered to be "under investigation" for the purposes of reporting requirements under the Healthcare Quality Improvement Act.

Peer review body: The committee designated by the Medical Executive Committee to conduct the review of individual practitioner performance for the medical staff. The peer review body will be the Professional Practice Excellence Committee as described in the PPEC Charter. Members of the peer review body may render assessments of practitioner performance based on information provided by individual reviewers with appropriate subject matter expertise and will serve a three year term.

The peer review panel will be open to interested practitioners annually with the appropriate mix of advanced practitioners and physicians in mind. At the same time, current committee members who have served the three year term will have the option to stay or leave the peer review body.

Peer: An individual practicing in the same profession who has the expertise to evaluate the subject matter under review. The level of subject matter expertise required will be determined on a case-by-case basis.

Practitioner: A medical staff member (MD, DO, DPM, DDS or DMD) or a licensed independent practitioner (ARNP, CRNA, PA).

Peer Review Data: Data sources may include case reviews and aggregate data based on review, rule, and rate indicators in comparison with generally recognized standards, benchmarks, or norms. The data may be objective or perception-based as appropriate for the competency under evaluation. Peer review cases may be identified via the following non-inclusive sources:

- Outcome Indicators
- Issues identified by members of the patient care team
- Cases identified by Risk Management and/or patient advocates
- Issues referred by any medical staff member or committee

- Practitioners may self refer

The PPEC will also make recommendations at time of reappointment to MEC. The mandatory bi-annual review will **not** include the annual clinic report card.

Practitioner competencies: The general or core practitioner competencies for evaluation as described are:

- Patient Care
- Medical Knowledge
- Interpersonal and communication skills
- Professionalism
- System based practice
- Practice based learning and improvement

Conflict of Interest: A member of the medical staff requested to perform peer review may have a conflict of interest if he/she may not be able to render a fair and constructive opinion. A family or household member will constitute a conflict of interest.

Credentials Committee: Sub-committee of PPEC to evaluate all initial, provisional, and reappointment applications for appointment to the Medical Staff at Jefferson Healthcare.

FPPE: Focused Professional Performance Evaluation

OPPE: Ongoing Professional Practice Evaluation

PEER REVIEW PROCEDURES:

Information Management: All peer review information is privileged and confidential in accordance with medical staff and hospital bylaws, state and federal laws, regulations, and accreditation requirements pertaining to confidentiality and non-discoverability.

The involved provider will receive provider-specific feedback on a routine basis.

The medical staff will **consider** the peer review results in making its recommendations to the hospital regarding the credentialing and privileging process and, as appropriate, in its performance improvement activities.

Any written documents the medical staff determines should be retained related to provider specific peer review information will be kept in a secure, locked file. This may include:

- Individual case findings
- Aggregate performance data for all competencies

Peer review information in a practitioner's quality file is available only to authorized individuals who have a legitimate need to know this information based upon their responsibilities (refer to Access Policy).

Internal Peer Review:

- **Circumstances:** Internal Peer Review is conducted by PPEC using its own members as the evaluation source of practitioner performance. Its findings are reported to the appropriate committee for review and action
- **Participants:** All participants will sign statement of confidentiality prior to participating in peer review activities. PPEC members will sign the statement on appointment and at least annually. Reviewers who are not committee members will sign a statement for each requested review.

- **Conflict of Interest Procedure:** In the event of a conflict, it is the obligation of the reviewer to disclose to the PPEC the potential conflict. It is the responsibility of the committee to determine on a case-by-case basis if a relative conflict is substantial enough to prevent the individual from participating. Examples of conflict on interest include reviews of family members, direct competitors, etc... When a potential conflict is indicated, the PPEC chair will be informed in advance and determine whether a substantial conflict exists. When either an absolute or substantial conflict is determined to exist, the individual may not participate in or be present during peer review body discussions or decisions other than to provide specific information requested as described in the peer review process. In the event of a conflict of interest or circumstances that would suggest a biased review beyond that previously described, the PPEC or the MEC will replace, appoint, or determine who will participate in the process.

External Peer Review:

Circumstances that merit external peer review may include, but are not limited to the following:

- Lack of internal expertise
- Ambiguity: dealing with vague or conflicting recommendations from internal reviewers or medical staff committees
- Legal concerns: when medical staff needs confirmation of internal findings or an expert witness for potential litigation or fair hearing
- Credibility: when one of the medical staff or board need to verify the overall credibility of the Internal Peer Review process, typically as an audit of Internal Peer Review findings
- Benchmarking: when an organization is concerned about the care provided by its providers relative to best practices and wishes to better define its expectations and as future quality monitoring to determine whether improvement has been achieved
- The MEC or Governing Board may require external peer review in any circumstances deemed appropriate by either of these bodies

Authorization: The PPEC, the MEC, Risk Management of the Governing Board will determine the need for external peer review. No practitioner can require the hospital to obtain external peer review if these determining bodies have not deemed it appropriate.

Review: Once the results of the external peer review are obtained, the report will first be reviewed by the PPEC at its next regularly scheduled meeting unless an expedited process is requested by the MEC or the Board. The PPEC will determine whether any potential improvement opportunities are present. If so, they will be handled through the same mechanism as internal peer review unless the issue has already been addressed in the corrective action process.

PROCEDURES AND TIME LINES:

Please refer to attachment "Case Review Process and Timelines"

CORE FALL OUT CRITERIA:

Please refer to attachment "Case Review Process and Timelines"

REFERENCES:

Statutory Authority: This policy is based on the statutory authority of the Health Care Quality Improvement Act of 1986, 42 U.S.C 11101, and RCW 4.24.250 and RCW 70.41.200. All minutes, reports, recommendations, communications and actions made, taken pursuant to this policy are deemed to be covered by such provisions of federal and state law providing protection to peer review related activities and will not be subject to subpoena or discovery proceedings in any civil action.



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 COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2021-02

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$900.00

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$900.00 be canceled.

Date of Issue	Warrant #	Amount
05/21/2020	265482	900.00
Total		\$900.00

APPROVED this 23rd day of June 2021.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____