*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

Call to Order: 2:00
Approve Agenda: 2:00
Board Governance Education: 2:01
  • Summary of Community Forums

Education Topic: 2:15
  • Working Together for the Future of Health Care
    o Cassie Sauer, President and CEO,
      Washington State Hospital Association

Break: 3:15
Patient Story: Tina Toner, CNO 3:30
Minutes: 3:40
  • May 26 Regular Session Minutes

Required Approvals: Action Requested 3:50
  • May Warrants and Adjustments
  • Medical Staff Credentials/ Appointments/ Reappointments
  • Medical Staff Policies
  • Resolution 2021-02 Cancelled Warrants

Quality Report: Brandie Manuel, CPSO 4:00
  • Critical Access Hospital Report

Financial Report: Tyler Freeman, CFO 4:15
Administrative Report: Mike Glenn, CEO 4:30
CMO Report: Dr. Joe Mattern, CMO 4:45

Board Business: 5:00
  • Board of Health Report

Meeting Evaluation: 5:10

Conclude: 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.
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

<table>
<thead>
<tr>
<th>Description</th>
<th>May 2021 Actual</th>
<th>May 2021 Budget</th>
<th>Variance (Favorable)</th>
<th>%</th>
<th>May 2021 YTD</th>
<th>May 2021 Budget YTD</th>
<th>Variance (Favorable)</th>
<th>%</th>
<th>May 2020 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Revenue</td>
<td>2,883,004</td>
<td>4,255,558</td>
<td>(1,372,554)</td>
<td>-32%</td>
<td>14,741,802</td>
<td>20,728,685</td>
<td>(5,986,883)</td>
<td>-29%</td>
<td>14,370,122</td>
</tr>
<tr>
<td>Outpatient Revenue</td>
<td>21,483,652</td>
<td>20,250,194</td>
<td>1,233,458</td>
<td>6%</td>
<td>105,465,505</td>
<td>98,638,040</td>
<td>6,827,465</td>
<td>7%</td>
<td>79,371,549</td>
</tr>
</tbody>
</table>

**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**
  - 2021: 2,412,489
  - 2020: 2,644,398
  - Variance: (231,909) -9%
  - YTD: 10,011,812
  - Variance: 2,868,967 22%

- **Cost Adjustment Medicare**
  - 2021: 7,449,180
  - 2020: 7,947,468
  - Variance: (498,288) -6%
  - YTD: 38,711,861
  - Variance: (1,605,904) -4%

- **Charity Care**
  - 2021: 276,238
  - 2020: 233,043
  - Variance: (43,195) -19%
  - YTD: 1,503,773
  - Variance: 1,135,145 7%

- **2021 Medicaid**
  - 2020 Medicaid

- **Cost Adjustment Medicaid**
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  - 2020: 2,644,398
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  - YTD: 1,503,773
  - Variance: 1,135,145 7%

### 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**
  - 2021: 310,375
  - 2020: 314,247
  - Variance: (3,872) -1%
  - YTD: 1,463,536
  - Variance: 67,149 -4%

- **Other Operating Revenue**
  - 2021: 549,456
  - 2020: 235,587
  - Variance: 313,871 133%
  - YTD: 1,382,734
  - Variance: 235,201 20%

### 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**
  - 2021: 5,601,521
  - 2020: 5,796,936
  - Variance: 195,415 3%
  - YTD: 28,878,488
  - Variance: 1,224,098 -265%

- **Employee Benefits**
  - 2021: 155,164
  - 2020: 133,343
  - Variance: (21,821) -16%
  - YTD: 768,751
  - Variance: 119,240 -18%

### Operating Income (Loss)

(1,142,595) 11,431,497 288,902 3% 56,361,565 55,682,461 (679,144) -1% 51,455,745

### Non Operating Income (Loss)

- **Operating Income (Loss)**
  - (505,111)
  - (24,269)

### Non Operating Revenues (Expenses)

- **Taxation For Maint Operations**
  - 2021: 23,101
  - 2020: 23,798
  - Variance: (697) -3%
  - YTD: 115,505
  - Variance: 115,918 (414) 0%

- **Taxation For Debt Service**
  - 2021: 37,737
  - 2020: 19,069
  - Variance: 18,668 102%
  - YTD: 220,174
  - Variance: 90,931 129

- **Investment Income**
  - 2021: 5,796
  - 2020: 28,197
  - Variance: (22,401) -79%
  - YTD: 25,906
  - Variance: 137,348 (111,442) -81%

- **Interest Expense**
  - 2021: 84,057
  - 2020: 89,636
  - Variance: (5,579) 6%
  - YTD: 435,345
  - Variance: 436,613 (1,268) 0%

- **Bond Issuance Costs**
  - 2021: 220,174
  - 2020: 90,931
  - Variance: 129,243 142%

- **Gain or (Loss) on Disposed Asset**
  - 2021: 1,264
  - 2020: 18,473
  - Variance: (17,209) -93%
  - YTD: 22,200
  - Variance: 89,979 (67,780) -75%

### Change in Net Position (Loss)

(521,270) 353,886 (875,155) -247% (27,292) 1,723,749 (1,751,041) -102% (3,152,845)
<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>MAY 2021</th>
<th>MAY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO</td>
<td>YTD</td>
</tr>
<tr>
<td></td>
<td>ACTUAL</td>
<td>% VARIANCE</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>598.25</td>
<td>625.21 %</td>
</tr>
<tr>
<td>FTEs - PRODUCTIVE (AVG)</td>
<td>540.83</td>
<td>559.80 %</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,590</td>
<td>2,223 %</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>65</td>
<td>76</td>
</tr>
<tr>
<td>ACL PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>237</td>
<td>331</td>
</tr>
<tr>
<td>SWING IP PATIENT DAYS (MIDNIGHT CENSUS)</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>312</td>
<td>430</td>
</tr>
<tr>
<td>BIRTHS</td>
<td>12</td>
<td>10 %</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>119</td>
<td>127 %</td>
</tr>
<tr>
<td>SURGERY MINUTES (IN OR)</td>
<td>18,211</td>
<td>14,861 %</td>
</tr>
<tr>
<td>SPECIAL CASES</td>
<td>91</td>
<td>77 %</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>21,021</td>
<td>21,570 %</td>
</tr>
<tr>
<td>BLOOD BANK UNITS MATCHED</td>
<td>-</td>
<td>- %</td>
</tr>
<tr>
<td>MRI COMPLETED</td>
<td>228</td>
<td>238 %</td>
</tr>
<tr>
<td>CT SCANS COMPLETED</td>
<td>536</td>
<td>544 %</td>
</tr>
<tr>
<td>RADIOLOGY DIAGNOSTIC TESTS</td>
<td>1,576</td>
<td>1,583 %</td>
</tr>
<tr>
<td>ECHO COMPLETED</td>
<td>139</td>
<td>138 %</td>
</tr>
<tr>
<td>ULTRASOUND COMPLETED</td>
<td>337</td>
<td>346 %</td>
</tr>
<tr>
<td>MAMMOGRAPHIES COMPLETED</td>
<td>285</td>
<td>260 %</td>
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<tr>
<td>NUCLEAR MEDICINE TESTS</td>
<td>146</td>
<td>138 %</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>3,147</td>
<td>3,147 %</td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>14,495</td>
<td>24,451 %</td>
</tr>
<tr>
<td>ANTI COAG VISITS</td>
<td>391</td>
<td>409 %</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,886</td>
<td>3,727 %</td>
</tr>
<tr>
<td>PULMONARY REHAB RVUs</td>
<td>143</td>
<td>237 %</td>
</tr>
<tr>
<td>PHYSICAL THERAPY RVUs</td>
<td>6,933</td>
<td>7,650 %</td>
</tr>
<tr>
<td>OCCUPATIONAL THERAPY RVUs</td>
<td>862</td>
<td>1,111 %</td>
</tr>
<tr>
<td>SPEECH THERAPY RVUs</td>
<td>295</td>
<td>220 %</td>
</tr>
<tr>
<td>RVUs/PATIENTS</td>
<td>8,233</td>
<td>9,218 %</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,016</td>
<td>1,110 %</td>
</tr>
<tr>
<td>EXPRESS CLINIC</td>
<td>698</td>
<td>830 %</td>
</tr>
<tr>
<td>SOCOC PATIENT VISITS</td>
<td>113</td>
<td>165 %</td>
</tr>
<tr>
<td>PORT LUDLOW PATIENT VISITS</td>
<td>604</td>
<td>662 %</td>
</tr>
<tr>
<td>SHERIDAN PATIENT VISITS</td>
<td>2,388</td>
<td>2,667 %</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>368</td>
<td>398 %</td>
</tr>
<tr>
<td>WATERSHIP CLINIC PATIENT VISITS</td>
<td>1,015</td>
<td>1,194 %</td>
</tr>
<tr>
<td>TOWNSEND PATIENT VISITS</td>
<td>515</td>
<td>554 %</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,701</td>
<td>6,470 %</td>
</tr>
<tr>
<td>OCEANIC HEALTH LAB</td>
<td>1,137</td>
<td>- %</td>
</tr>
<tr>
<td>DISASTER CLINIC</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL COVID RESPONSE</td>
<td>1,137</td>
<td>- %</td>
</tr>
<tr>
<td>CARDIOLOGY CLINIC VISITS</td>
<td>449</td>
<td>340 %</td>
</tr>
<tr>
<td>DERMATOLOGY CLINIC VISITS</td>
<td>436</td>
<td>561 %</td>
</tr>
<tr>
<td>GEN SURG PATIENT VISITS</td>
<td>332</td>
<td>312 %</td>
</tr>
<tr>
<td>ONCOLOGY VISITS</td>
<td>504</td>
<td>594 %</td>
</tr>
<tr>
<td>ORTHO PATIENT VISITS</td>
<td>702</td>
<td>729 %</td>
</tr>
<tr>
<td>SLEEP CLINIC VISITS</td>
<td>77</td>
<td>142 %</td>
</tr>
<tr>
<td>UROLOGY VISITS</td>
<td>201</td>
<td>229 %</td>
</tr>
<tr>
<td>WOMENS CLINIC VISITS</td>
<td>278</td>
<td>276 %</td>
</tr>
<tr>
<td>WOUND CLINIC VISITS</td>
<td>236</td>
<td>277 %</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,215</td>
<td>3,460 %</td>
</tr>
<tr>
<td>SLEEP CENTER SLEEP STUDIES</td>
<td>33</td>
<td>65 %</td>
</tr>
<tr>
<td>INFUSION CENTER VISITS</td>
<td>830</td>
<td>851 %</td>
</tr>
<tr>
<td>SURGERY CENTER ENDOSCOPIES</td>
<td>71</td>
<td>79 %</td>
</tr>
<tr>
<td>HOME HEALTH EPISODES</td>
<td>41</td>
<td>60 %</td>
</tr>
<tr>
<td>HOSPICE CENSUS/DAYS</td>
<td>1,095</td>
<td>749 %</td>
</tr>
<tr>
<td>CARDIAC REHAB SESSIONS</td>
<td>84</td>
<td>85 %</td>
</tr>
<tr>
<td>DIETARY TOTAL REVENUE</td>
<td>58,317</td>
<td>60,691 %</td>
</tr>
<tr>
<td>MAT MGMT TOTAL ORDERS PROCESSED</td>
<td>1,453</td>
<td>2,207 %</td>
</tr>
<tr>
<td>EXERCISE FOR HEALTH PARTICIPANTS</td>
<td>-</td>
<td>290 %</td>
</tr>
</tbody>
</table>
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)
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:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>273939</td>
<td>274707</td>
<td>$4,084,027.81</td>
</tr>
<tr>
<td>ACH TRANSFERS</td>
<td></td>
<td>$12,053,001.09</td>
</tr>
<tr>
<td>YEAR-TO-DATE:</td>
<td></td>
<td>$81,792,558.16</td>
</tr>
</tbody>
</table>

Warrants are available for review if requested.
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:

<table>
<thead>
<tr>
<th></th>
<th>MAY</th>
<th>MAY YTD</th>
<th>MAY YTD BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowance for Uncollectible Accounts</td>
<td>1,464,000.00</td>
<td>2,759,310.00</td>
<td>2,249,907.00</td>
</tr>
<tr>
<td>Charity Care:</td>
<td>276,238.00</td>
<td>1,503,773.00</td>
<td>1,135,145.00</td>
</tr>
<tr>
<td>Other Administrative Adjustments:</td>
<td>30,139.00</td>
<td>221,576.00</td>
<td>535,918.00</td>
</tr>
<tr>
<td><strong>TOTAL FOR MONTH:</strong></td>
<td><strong>$1,770,377.00</strong></td>
<td><strong>$4,484,659.00</strong></td>
<td><strong>$3,920,970.00</strong></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>DATE</th>
<th>WARRANT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/21/2020</td>
<td>265482</td>
<td>$ 900.00</td>
</tr>
</tbody>
</table>

TOTAL:  
$ 900.00
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
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 of 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.
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

Attachments

No Attachments

Approval Signatures

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<thead>
<tr>
<th>Approver</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allison Crispen: Director of Medical Staff Programs</td>
<td>pending</td>
</tr>
<tr>
<td>Allison Crispen: Director of Medical Staff Programs</td>
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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.

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<th>Date of Issue</th>
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<tr>
<td>05/21/2020</td>
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<td><strong>Total</strong></td>
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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: _____________________________________________________