Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, June 23, 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 Dressler made a motion to approve the agenda. Commissioner McComas seconded.
Action: Motion passed unanimously

Board Governance Education
The Commissioners discussed the June 15, 2021, and June 17, 2021, Strategic Plan Community Forums.

Discussion ensued.

Education Topic:
- Working Together for the Future of Health Care
  - Cassie Sauer, President and CEO, Washington State Hospital Association
Cassie Sauer, President and CEO, WSHA gave a presentation title, “Working Together for the Future of Health Care”.

Discussion ensued.
**Patient Story: Tina Toner, CNO**
Tina Toner, CNO, provided the patient story regarding a bariatric patient and Jefferson Healthcare’s capabilities of caring for them if the need should arise. Tina explained Jefferson Healthcare has a new CT scanner which now has a weight limit of 650 lbs. Jefferson Healthcare also continued to take a look into the processes around providing safe, appropriate and compassionate care to the bariatric patient population. Tina explained what the team did and are working on going forward to make sure this patient populations needs are met going forward.

Discussion ensued.

**Minutes:**
- May 26, 2021, Regular Session Minutes

Commissioner Dressler made a motion to approve the May 26, 2021, Regular Session minutes. Commissioner McComas seconded.
**Action:** Motion passed unanimously.

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

Commissioner Dressler made a motion to approve the May Warrants and Adjustments, Medical Staff Credentials/ Appointments/ Reappointments, Medical Staff Policies, and Resolution 2021-02 Cancelled Warrants. Commissioner Kolff seconded.
**Action:** motion passed unanimously.

**Quality Report:** Brandie Manuel, CPSO
- Critical Access Hospital Report

Brandie Manuel, CPSO, presented the Critical Access Hospital Report

Discussion ensued.

**Financial Report:**
Tyler Freeman, CFO, presented the May Financial Report.

Discussion ensued.

**Administrative Report**
Mike Glenn, CEO, presented the June Administrative report.

Discussion ensued.
**CMO Report**  
Dr. Joe Mattern, CMO, provided the CMO report which included Vaccine, Testing, Contact Tracing, Nurse Hotline, Screening, Masking, Booster Shots, Variants, Behavioral Health, Hospice/Palliative Care Accreditation, Point of Care Ultrasound.

Discussion ensued.

**Board Business:**  
- Board of Health Report

Commissioner Kolff asked if Commissioner Buhler Rienstra and Commissioner Dressler had access to Health Advocacy Meetings.

Discussion ensued.

Commissioner Kolff provided the Board of Health Report which included update on the Institute for Healthcare Improvement, Vaccinated Population, Jefferson Healthcare leadership over the past 15 months, Public Health received monies to provide 35$/month Farmer Market check to families on WIC program, Teen Clinic at Quilcene Highschool, Vicki Kirkpatrick retirement.

Commissioner Ready asked about the Community Health Improvement Plan Joint Board Meetings and if there will be another Joint Board Meeting soon.

Discussion ensued.

Commissioner Buhler Rienstra suggested adding a 15–30-minute Community Health Improvement Plan update at the next Board Meeting during the Board Governance Education.

Commissioner Kolff mentioned he will be out of state during the July meeting.

**Meeting Evaluation:**  
Commissioners evaluated the meeting.

**Conclude:**  
Commissioner Kolff made a motion to conclude the meeting. Commissioner Dressler seconded.  
**Action:** Motion passed unanimously.

Meeting concluded at 5:44pm.

Approved by the Commission:  
Chair of Commission: Jill Buhler Rienstra _____________________________  
Secretary of Commission: Marie Dressler _____________________________
WSHA and Jefferson Healthcare

Working Together for the Future of Health Care

Cassie Sauer, President and CEO
WSHA’s Mission:
The Washington State Hospital Association (WSHA) advocates for and provides value to members in achieving their missions.

WSHA’s Vision:
WSHA will be the trusted voice and indispensable resource that leads, challenges and assists hospitals and health systems to improve the health of the communities they serve.
WSHA’s Values

Service
We provide servant leadership to our members and each other.

Integrity
We operate with transparency and accountability.

Collaboration
We use the power of the collective to achieve WSHA’s mission and vision.

Innovation
We are dynamic and seek modern solutions.
Government Affairs

Safety & Quality

Coordinated Action on Major Issues

Data Analytics

Power in Unity
Proud to Represent All Washington Hospitals

WSHA Member Hospitals & Health Systems

999 Third Avenue, Suite 1400 | Seattle, WA 98104 | (206) 281-2711

Washington State Hospital Association

www.wSHA.org

WSHA MEMBER HOSPITALS BY SERVICE (In Total)
Legislative Framework

1. Ensure patients have access to care during and after hospitalization

2. Ensure hospitals can be stable institutions serving their communities, long into the future.

3. Maintain flexibility for hospital operations while preventing burdensome and costly new regulations.
The Political Landscape – We Had an Election!

Many freshman legislators in both houses
Advocacy in a Virtual Environment

- Advocacy week was successful
- Testifying in Olympia was easier
- However, overall terrible
- Keep connecting with legislators!
WSHA’s Legislative Priorities

- **SB 5271:** Liability Protections
- **HB 1196 / SB 5325:** Audio-only Telemedicine
- **SB 5247:** Nurse Licensure Compact
- **SB 5178:** State Waiver Process

WSHA Priorities
Lots and Lots of COVID Legislating

- First time together since pandemic began
- PPE
- Unemployment
- Workers’ compensation
- Started terribly; WSHA got these to reasonably okay
- Who governs in an emergency?
Budget Landscape

Summer and Fall 2020: Dark and Stormy Budget Environment

Winter and Spring 2021: Clear and Sunny Budget Environment

1 Quicker than expected economic recovery
2 Proposed State Capital Gains Tax
3 Federal Funds from the American Rescue Plan Act
Policy and Advocacy
Federal
The WA State Delegation – We’ve Got Players!

**Senate**
- Patty Murray
  - Chair, HELP
  - Chair, Labor-HHS Approps. Sub
  - Third in Senate Dem leadership
- Maria Cantwell
  - Senior member Finance Comm.
  - Chair, Commerce Committee

**House**
- Rep. Kilmer – Appropriations
- Rep. Newhouse -- Appropriations
Infrastructure!

• Biden Administration unveiled the $2 trillion American Jobs Plan
  • Not much in health care
  • $400 billion to expand home and community long-term care supports

• House Democrats LIFT Act
  • Broadband expansion
  • Limited expansion of Hill-Burton

• Up Next: American Family Plan
  • Child care and universal pre-K
  • Expand family leave programs
  • More likely vehicle for health care related priorities

• Our Priorities:
  • Broadband
  • Workforce
  • Behavioral Health
  • Hill-Burton
Questions Remain

• How will America pay for all this?

• Does Congress have an interest in our priorities?
  • Attention has turned away from COVID
  • Perception that hospitals have been taken care of via Provider Relief Fund, etc.

• Will Democrats “go it alone” or is bi-partisanship possible?
  • Republicans’ infrastructure likely in the $600-$800B range
Get Creative with Advocacy

• You are an expert right now

• Legislators will be home soon

• Bring legislators to see COVID changes
  • Drive through testing
  • Vaccine sites
  • PPE donning and doffing
  • Laboratory

• Offer to be on a legislator’s town hall
Stay Informed, Stay Engaged

Subscribe to Inside Olympia

Sign up to be a hospital advocate

Follow us on social media

wsha.org/advocacy
Two important tools: Increase engagement!

HOSPITALS for a HEALTHY FUTURE PAC
A Bit About COVID
Headlines from other states

Alabama hospitals overwhelmed, ICU beds full

by James Gordon  |  Monday, November 23rd 2020

With LA hospitals overwhelmed by COVID-19, EMS told not to transport certain patients

California has more hospitalizations from COVID-19 than any other state.

By Matt Gutman, Esther Castillejo, and Anthony Rivas
January 5, 2021, 6:19 PM  •  5 min read
Thank You: Hospital Core Commitments to Patients and Equity

• Every hospital will work together to ensure every patient can get care and there is no wrong door for care
• No hospital will go into crisis standards alone
• All hospitals will freely share knowledge, skills, medications, supplies as needed
Encourage People to Mask Up and Social Distance! Repeatedly!

“What we need is hospital leaders standing shoulder to shoulder with local elected and other local community leaders getting folks to wear face coverings.”

- John Wiesman, former Secretary of Health
Montana health system implements mandatory COVID-19 vaccinations

Kelly Gooch - Friday, April 16th, 2021 Print  |  Email

UW requiring COVID vaccines for all employees, students by the fall

A Texas hospital system will require employees to get the Covid-19 vaccine and could fire them if they don't comply

By Scottie Andrew, CNN

Updated 3:44 PM ET, Mon April 26, 2021
Governance Education Program

- Content delivered virtually and in-person
- Recordings of courses available on demand
- Washington-specific content
- Certification available to those completing at least 12 credit hours
- Open to all health care leaders and board members

Visit [www.wsha.org/governance](http://www.wsha.org/governance) for more information
Thank you for your leadership! Questions?
COMMISSION MEETING:
PATIENT STORY
JULY 23, 2021
OUR STORY:

A shared goal of safe and appropriate care for our bariatric patients

Collaboration across multiple departments

Dedicated and committed staff on board

The best experience and care for our patients!
WHAT WE HAVE ACCOMPLISHED:

• Shared understanding & communication
• Expanded education, tools & resources
• Better understanding of our patient population
• Updated supplies, equipment and setting of care
• Review of regulatory requirements and current policies
There is a room dedicated as a “bariatric room” given placement of ceiling tracks as well as a larger size of room. This is in room 316 in ACU.
WHAT WE ARE WORKING ON:

• Enhancing our huddle/communication process
• Expanding our work
• Improving our capabilities
2020 Critical Access Hospital Report
Prepared for the Board of Commissioners

Presented June 23, 2021
Agenda: Critical Access Hospital 2020 Annual Report

Executive Summary
Volume and Utilization
Audit of Medical Records

Policies and Procedures
Patient Safety & Quality: Evaluation of services
Infection Control

Department Reports

(a)(1) The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year.
## Conditions of Participation: CAH Report

The full listing of the records reviewed are maintained in the Patient Safety and Quality office.

Policies and procedures are maintained in an electronic, cloud-based system. Full, department specific policies are available via PolicyStat.

<table>
<thead>
<tr>
<th>CMS Condition of Participation</th>
<th>Standard</th>
<th>Survey Procedures (questions that CMS asks to support compliance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>§485.641(a)</td>
<td>The CAH Carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year</td>
<td>How is the information obtained and how does the CAH conduct the evaluation? Who is responsible for the periodic evaluation</td>
</tr>
<tr>
<td>§485.641(a)(1)(i)</td>
<td>The utilization of CAH services, including at least the number of patients served and the volume of services;</td>
<td>How does the CAH ensure that the yearly program evaluation includes a review of all CAH services, the number of patients served and the volume of services provided?</td>
</tr>
<tr>
<td>§485.641(a)(1)(ii)</td>
<td>A representative sample of both active and closed clinical records, and</td>
<td>Who is responsible for the review of both active and closed clinical records? How are records selected in the periodic evaluation? How does the evaluation process ensure that the sample is representative of the services furnished? What criteria are utilized in the review of both active and closed records?</td>
</tr>
<tr>
<td>§485.641(a)(1)(iii)</td>
<td>&quot;A representative sample of both active and closed clinical records&quot; means not less than 10 percent of both active and closed patient records.</td>
<td>What evidence demonstrates that the health care policies of the CAH are evaluated, reviewed and/or revised as part of the annual program evaluation?</td>
</tr>
<tr>
<td>§485.641(a)(2)</td>
<td>The CAH’s health care policies</td>
<td>How does the CAH use the results of the yearly program evaluation? Were policies, procedures and/or facility practices added, deleted or revised as a result of the yearly program evaluation if needed?</td>
</tr>
</tbody>
</table>

The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed.
The Year of COVID-19

BIGGEST COVID19 IMPACT
- Staffing: 4%
- Discontinued Services: 28%
- New Services: 13%
- Infrastructure support (for COVID19): 18%
- Not Impacted: 37%

Incident Command Goals and Objectives

Activation February 4, 2020

Objectives:
- Testing of Incident Command System
- Identify and use PPE appropriately
- Minimize exposure
- Plan for patient surge
- Outline communication plan

Transition - March 2020

Objectives:
- Keep our employees safe
- Stay connected through effective, transparent communication
- Build the right delivery system
- Safeguard our future
Responding to COVID-19: Expanding Services

Provide the right care in the right location
- March 5, 2020: Opened COVID19 Nurse Hotline
- March 6, 2020: Opened Respiratory Evaluation Station
- December 16, 2020: Opened Vaccine Clinic

Minimize exposure to employees and patients
- March 17, 2020: Drive through testing offered
- Separate waiting areas for well/symptomatic patients
- Surge plan and patient cohorting
- Drive through vaccines

Elevating Innovation and Technology
- March 24, 2020: Implemented telehealth visits for primary care
- April 2020: Implemented the use of iPads for inpatients
- Virtual platform for hosting meetings to encourage social distancing
- December 2020: Implemented online scheduling for COVID-19 vaccines
Utilization of Services

§485.641(a)(1)(i) The utilization of CAH services, including at least the number of patients served and the volume of services;

- Acute Care Utilization
  - Census
  - Patient Type
  - Length of Stay

- Departments and Services
  - Departments and Services
  - 2020 Annual Volumes
  - Payor Mix

- Transfers
  - Transfer Statistics
  - Top Transfer Diagnoses
# Utilization of Services

<table>
<thead>
<tr>
<th>Department</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Visits</td>
<td>9,256</td>
<td>10,481</td>
<td>11,641</td>
<td>12,908</td>
<td>12,464</td>
<td>12,682</td>
<td>10,664</td>
</tr>
<tr>
<td>Express Clinic Visits</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>7,201</td>
<td>8,788</td>
<td>6,820</td>
</tr>
<tr>
<td>Family Birthing Center Births</td>
<td>107</td>
<td>125</td>
<td>99</td>
<td>115</td>
<td>115</td>
<td>100</td>
<td>88</td>
</tr>
<tr>
<td>Acute Care Unit Patient Days (includes SB)</td>
<td>3,580</td>
<td>3,857</td>
<td>3,622</td>
<td>4,415</td>
<td>3,937</td>
<td>3,650</td>
<td>3,169</td>
</tr>
<tr>
<td>Intensive Care Unit Patient Days</td>
<td>515</td>
<td>541</td>
<td>611</td>
<td>838</td>
<td>761</td>
<td>790</td>
<td>682</td>
</tr>
<tr>
<td>Operating Room Cases</td>
<td>1,865</td>
<td>927</td>
<td>834</td>
<td>1,162</td>
<td>1,217</td>
<td>1,208</td>
<td>1,278</td>
</tr>
<tr>
<td>Outpatient Testing Diagnostic Imaging</td>
<td>19,150</td>
<td>23,702</td>
<td>23,586</td>
<td>29,587</td>
<td>33,791</td>
<td>34,076</td>
<td>32,053</td>
</tr>
<tr>
<td>Laboratory</td>
<td>185,784</td>
<td>175,333</td>
<td>186,584</td>
<td>204,659</td>
<td>211,095</td>
<td>221,752</td>
<td>223,520</td>
</tr>
<tr>
<td>OP Rehab Visits (OT, ST, PT)</td>
<td>6,985</td>
<td>12,256</td>
<td>12,262</td>
<td>21,002</td>
<td>24,430</td>
<td>25,912</td>
<td>20,492</td>
</tr>
<tr>
<td>Rural Health Clinic Visits</td>
<td>45,818</td>
<td>64,867</td>
<td>62,170</td>
<td>61,825</td>
<td>64,428</td>
<td>64,867</td>
<td>62,809</td>
</tr>
<tr>
<td>Specialty Clinic Visits</td>
<td>14,636</td>
<td>24,164</td>
<td>22,754</td>
<td>34,564</td>
<td>39,509</td>
<td>32,863</td>
<td>37,078</td>
</tr>
</tbody>
</table>

**RHC visits include Express Clinic**
2020 Acute Care Census

Census and Patient Days by month
The blue bar shows the average number of patients were in house at midnight during the selected timeframe. The orange dot shows the total number of patient days for the timeframe.
By default, all units and patient classes are included. Use the filters to exclude specific units or patient classes as needed.
Hover over the date axis and click the [+] to view by weeks or the [•] to view by quarters or years.

Census by unit
On average, how many patients were in house in each unit at midnight during the selected timeframe.
Critical Access Hospitals are required to maintain an average length of stay of 96 hours or less.
Utilization of Services:
Home Health & Hospice

HHH Visits by Month
The bar represents the number of visits each month. Color indicates the department. The dark blue line indicates the number of patients who had a visit during that timeframe.

2020 PAYOR MIX (ALL OF JH)
- Medicare
- Commercial
- Medicaid HMO
- Medicare HMO
- Self Pay
- Worker’s Comp
- Medicaid
- Other Government

Department
- Home Health
- Hospice
Emergency Department

ED visits and admits, by month
The total patients seen in the ED each month during the selected timeframe, with admits shown in orange and all other visits shown in blue. Last month is likely incomplete.

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Visits</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted to JH - Inpatient</td>
<td>836</td>
<td>7.8%</td>
</tr>
<tr>
<td>Transfer – Higher level of care</td>
<td>551</td>
<td>5.2%</td>
</tr>
<tr>
<td>Held for Observation</td>
<td>252</td>
<td>2.4%</td>
</tr>
<tr>
<td>Left Against Medical Advice</td>
<td>49</td>
<td>0.5%</td>
</tr>
<tr>
<td>Left Without Being Seen</td>
<td>80</td>
<td>0.80%</td>
</tr>
</tbody>
</table>
Emergency Transfers: Top 10 Reasons for Transfer

551 patients were transferred to other facilities in 2020 – most often due to services needed that are not provided at Jefferson Healthcare.
Records Reviewed

Medical Records, Policies, and Procedures

§ 485.641(a)(1)(ii) A representative sample of both active and closed clinical records
Medical Record Review

Record Review:

• Does the patient meet criteria for the services being provided?
• Is the written communication clear between team members?
• Are we meeting Regulatory Requirements?
• Is the record complete?
• Does the documentation support the coding and billing?
• Did we provide evidence-based medicine to the best of our ability?
• Was the standard of care met?
• Were there opportunities for improvement?

Record Review Completed:

Critical Access Hospitals are required to review 10% of their records for quality, appropriateness of services, and compliance

Jefferson Healthcare exceeded this goal in 2020

✅ Quality Review
✅ Infection Control Surveillance
✅ Risk Management Review
✅ Utilization Review
✅ Infection Control
✅ Medical Staff Review
✅ Restraint records
✅ Sedation
✅ Behavioral Health review
✅ Trauma
✅ Compliance Review
New and Enhanced Services

Medical Staff, New Services, Enhanced Services, Quality and Performance Improvement
2020 Policies and Procedures

- 188 Active Contracts
- 113 contracts retired in 2020
- Annual review

- 1851 Total Active Policies and Procedures

- 127 New Policies Created and Approved
- Retired 66 policies

- Annual policy review is required
- 98.06% compliance

Comprehensive department lists are maintained electronically in PolicyStat.
New & Expanded Patient Care Services in 2020

- COVID-19 Services
  - Pre-operative COVID-19 testing/screening
  - New diagnostic testing and expansion
  - COVID-19 radio station for vaccine patients
  - Increased inpatient bed capacity
  - Monoclonal Therapy
  - HHH in-home COVID19 Testing

- Dental clinic isolation bays to safely resume dental services

- CORI Unit for total knee replacement surgery

- Reconstruction (Plastics) following cancer surgery

- Brought Emergency Department Providers in-house

- Expanded Women’s Health Services

- Home Health and Hospice expansion of services, to include extended visit times, night shift, and weekend coverage

- Implemented Hospice tele-visits with the medical director

- New cancer treatments

- New CT Scanner Installed with power back up

- Offered primary and specialty care via TeleHealth

- Methacholine testing to rule out asthma in Respiratory Therapy

- Expanded hours in Oncology and Infusion Clinic
New or Expanded Infrastructure

COVID-19 Related Infrastructure

• Created negative pressure rooms in ACU, ICU, and Emergency Department and increased bed capacity
• Set up Respiratory Evaluation Station (also known as COVID-19 clinic)
• Set up drive through testing
• Set up drive through vaccine clinic
• Set up plexiglass barriers
• Onboarding of Entrance Screeners
• Provided Disaster Credentialing for providers as part of surge plans
• New negative 80-degree freezer (immunizations)
• Created PAPR batteries when they could not be sources
• Created PPE Donning and Doffing areas
• Two isolated bays in Dental Clinic
• Audio/Visual Studio to support ongoing communication
• Radio station setup
• Telemedicine implementation

General Infrastructure

• New HVAC System (with humidity control improvements in surgery and UV light air purification)
• Remodeled MOH’s area in the Dermatology Clinic
• Digitized Medical Staff Appointments and Reappointments
• Professional Development: Simulation Training (InSytu)
• Infor Upgrade Software Implementation
  • 98% of incoming supply requests are managed through this system (4,000+ per month!)
  • Order fulfillment rates > 99% per month
  • Increased accuracy, decreased manual work/burden on staff members
• New providers
• Epic Upgrade
• Expand Bar Code Readers for Bar-Code Medication Administration
• Increase the use of point of care ultrasound (additional units)
• Investments in data infrastructure
• New workflows in Employee Health to allow employees to return to work earlier
2020 Medical Staff Updates

Credentialing and Privileging

- Total New Providers Includes telemedicine): 52
- Active Medical Staff Resignations: 9
- Telemedicine Resignations: 24
- Total AHP on Staff: 41
- **Total Providers on Staff: 287**

Medical Staff Policies

- Review of 35 Medical Staff Policies
- Creation of 2 New Policies
- Revision of 9 Policies

Medical Staff Privileges

- Review of 5 Delineation of Privileges
- Creation of 1 new privilege
- Revision of 13 Delineation of Privileges
2020 Medical Staff Updates

Welcome to...

Cardiology
- Allan Rassa
- Frank Torres

CRNA
- Christian Schmalz
- Mitch Keszler
- Gustavo Pena

Emergency Medicine
- Frank Martinez
- Karthik Rao
- Shannon Servin - Obert

Hospitalists
- Alexander Pratt

Oncology
- Thomas Kummet
- Theresa Wittenberg

Home Health and Hospice
- Reyne Yamane

Primary Care
- Umberto Orazi
- Carol Venable
- Angela Jackson
- Carl Weber, MD
- Christopher Manik
- Katherine Biccum
- Shawnisa Francis

Women’s Health
- Christine Skorberg
- Asif Luqman

Radiology
- Jonathan Naatz
- Yasmin Akbari
- Lauren Fetty
- Shaheen Umar

Teleradiology
- Anne McLellan
- Xi Zhang
- Benjamin Iles
- Mitchell Kok
- David Lee
- Tadesse Eshetu

Teleneurology
- Bruce Geryk
- Lindsay Frischmann
- Jenny Siv
- Pratik Bhattachary
- James Giles
- James Wang
- George Lopez
- Elizabeth Walz
- Mimi Lee
- Madeline Nguyen
- Kishan Patel
- Joseph Freeburg
- Aixa Espinosa
- Ravi Pande
- Rizwan Kalani
- James Jordan
- Stephen Burton

Telepsychiatry
- Topaz Sampson
- Ryan Bergren
- Oluwatobiloba Odunsi
- Mary Fahrmeier
A Snapshot: Quality and Process Improvement in 2020

- Focused work on provider quality reports, feedback, and improvement
- Professional development opportunities for staff (increased competency and teamwork)
- Completion of COVID-19 related projects (Facilities)
- Created ‘Safe Spaces’ Team to respond to changing COVID-19 needs
- Shortened the time from medical staff application to appointment – digitizing old, paper-based processes
- Reduced blood culture contamination (National benchmark 3%, JH performance <2%)
- Implementation of Cybersecurity plan with reduction in failed sanctioned phishing attempts
- Improvement in the management of dyspnea for home-bound patients
- Improved access to care in Home Health and Hospice
- Enhanced technology to maintain access to critical healthcare services
- Improved documentation and Epic Optimization in Home Health and Hospice
- Implemented Provider Technology Team
- Improved Bar Code Medication Administration in Clinic Settings
- Improved timelines and accuracy of Lactic Acid collection process (reduced the number of rejected specimens due to time errors)
2020 Infection Prevention Plan

2020 Infection Control and Prevention Focus Areas

- Prepare for DNV Certification in Infection Prevention
- Endoscope ATP testing
  - Implemented Endoscope reprocessing program in collaboration with surgical services
  - Training, Policy update, Feedback
- Hand Hygiene Compliance
  - Re-engaged leaders in hand hygiene surveillance and on time coaching
  - Focus area: Surgical Services
- Response to pandemic
  - Overall goals:
    - Keep employees safe
    - Low community prevalence

Despite the increase in work and distraction of the pandemic we have sustained our monitoring and management of previously defined goals in our infection prevention and control system.
Quality/Process Improvement Highlight: Incident Command Objective: Keep Our Employees Safe

**Infection Control**
- Employee Health
- Research evidence-based practices
- Evaluate recommendations from PPE Employee Council

**Product Standards Committee**
- Ensure availability of product
- Provide vetting of new/potential PPE
- Identify alternate suppliers

**Communications**
- Ensure adequate communication
- Produce and publish video library
- Update and Maintain written SharePoint page

**PPE Employee Council**
- Employee engagement and feedback
- Seek input
- PPE Coaches/ PPE Buddy

**Data and Analytics**
- Provide mechanism for reporting daily count
- Ensure compliance with external reporting
- Provide internal data visualization and reports
Feedback from the Leadership Team of Jefferson Healthcare. What [else] do you wish to highlight?

• The team’s dedication to improve their customer service to employees through standardizing practices has been extremely impressive. We are still a work in progress, but the improvements are more noticeable each day.

• My Team. They cared for the community during uncertain times and at potentially unknown risks.

• Collaboration between Jefferson Healthcare the Jefferson Public Health Department.

• We are building a strong team with a renewed sense of customer service.

• Being able to re-open cardiac rehab and continue servicing sleep center patients in the sleep lab. The employees in these departments experienced quite the hardship when the programs were closed. The fact that they came back, enthusiastic and ready to serve our patients was amazing.

• The long-term goals of the Medical Staff department will directly impact the quality of patient care and we’re excited to work on it!

• Everything we touched in 2020 had to do with the community. From the swabbing stations, the vaccine lot and converting the patient rooms to be Covid ready, it was all for the community.
2020 Accreditation & Awards
I can’t take any credit for the highly functioning Incident Command Team but I’m very proud to be a part of it. Jefferson Healthcare has done an amazing job of keeping this small community healthcare system safe and viable. Our efforts at being an effective quality management system have shone in this pandemic. The groundwork set in place by top management with the true north unwavering on quality and patient and staff safety have made all the difference. This community has been a haven in the storm and Jefferson Healthcare and our amazing Public Health department have been the helmsmen keeping us on course. We are indeed lucky to live and work here.
May 2021 Finance Report
June 23, 2021
Tyler Freeman, CFO
# May 2021 Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>MAY 2021</th>
<th>MAY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>598</td>
<td>625</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,590</td>
<td>2,233</td>
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<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>65</td>
<td>76</td>
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<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>237</td>
<td>331</td>
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<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>312</td>
<td>430</td>
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<tr>
<td>SURGERY CASES (IN OR)</td>
<td>119</td>
<td>127</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>91</td>
<td>77</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>21,021</td>
<td>21,570</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
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<td>3,147</td>
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<tr>
<td>PHARMACY MDS DISPENSED</td>
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<td>24,451</td>
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<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,886</td>
<td>3,727</td>
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<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>8,257</td>
<td>9,218</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,016</td>
<td>1,110</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>368</td>
<td>398</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,701</td>
<td>6,470</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,215</td>
<td>3,460</td>
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</table>

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>MAY 2021</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>% VARIANCE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td></td>
<td>YTD ACTUAL</td>
<td></td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>578</td>
<td>-4%</td>
<td>594</td>
<td>-3%</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,992</td>
<td>30%</td>
<td>8,895</td>
<td>44%</td>
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<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>66</td>
<td>-2%</td>
<td>285</td>
<td>13%</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>280</td>
<td>-15%</td>
<td>1,200</td>
<td>3%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>349</td>
<td>-11%</td>
<td>1,586</td>
<td>4%</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>106</td>
<td>12%</td>
<td>462</td>
<td>28%</td>
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<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>22</td>
<td>314%</td>
<td>228</td>
<td>36%</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>16,654</td>
<td>26%</td>
<td>78,158</td>
<td>27%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,359</td>
<td>33%</td>
<td>12,011</td>
<td>21%</td>
</tr>
<tr>
<td>PHARMACY MDS DISPENSED</td>
<td>18,575</td>
<td>5%</td>
<td>86,758</td>
<td>8%</td>
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<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,379</td>
<td>21%</td>
<td>12,437</td>
<td>4%</td>
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<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>5,860</td>
<td>41%</td>
<td>34,441</td>
<td>21%</td>
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<tr>
<td>ER CENSUS</td>
<td>806</td>
<td>26%</td>
<td>4,360</td>
<td>1%</td>
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<tr>
<td>DENTAL CLINIC</td>
<td>108</td>
<td>241%</td>
<td>1,045</td>
<td>41%</td>
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<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>4,184</td>
<td>36%</td>
<td>23,917</td>
<td>19%</td>
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<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>2,450</td>
<td>31%</td>
<td>13,199</td>
<td>24%</td>
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</tbody>
</table>
# May 2021

**Income Statement Summary**

<table>
<thead>
<tr>
<th></th>
<th>May 2021 Actual</th>
<th>May 2021 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>May 2021 YTD</th>
<th>May 2021 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>May 2020 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>24,366,656</td>
<td>24,505,752</td>
<td>(139,096)</td>
<td>-1%</td>
<td>120,207,307</td>
<td>119,366,725</td>
<td>840,582</td>
<td>1%</td>
<td>93,741,670</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>14,312,767</td>
<td>13,036,660</td>
<td>(1,276,106)</td>
<td>-10%</td>
<td>65,163,930</td>
<td>63,501,151</td>
<td>(1,662,779)</td>
<td>-3%</td>
<td>53,141,098</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>276,238</td>
<td>233,043</td>
<td>(43,195)</td>
<td>-19%</td>
<td>1,503,773</td>
<td>1,135,145</td>
<td>(368,628)</td>
<td>-32%</td>
<td>1,100,472</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>9,777,651</td>
<td>11,236,049</td>
<td>(1,458,397)</td>
<td>-13%</td>
<td>53,539,604</td>
<td>54,730,429</td>
<td>(1,190,825)</td>
<td>-2%</td>
<td>39,500,100</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>859,833</td>
<td>549,834</td>
<td>309,999</td>
<td>56%</td>
<td>2,846,270</td>
<td>2,678,217</td>
<td>168,052</td>
<td>6%</td>
<td>8,812,236</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>10,637,484</td>
<td>11,785,883</td>
<td>(1,148,398)</td>
<td>-10%</td>
<td>56,385,874</td>
<td>57,408,646</td>
<td>(1,022,773)</td>
<td>-2%</td>
<td>48,312,337</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>5,601,521</td>
<td>5,796,936</td>
<td>195,415</td>
<td>3%</td>
<td>28,878,488</td>
<td>28,236,690</td>
<td>(641,798)</td>
<td>-2%</td>
<td>26,758,799</td>
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<tr>
<td>Employee Benefits</td>
<td>1,263,147</td>
<td>1,487,709</td>
<td>224,562</td>
<td>15%</td>
<td>7,008,674</td>
<td>7,246,584</td>
<td>237,910</td>
<td>3%</td>
<td>6,373,261</td>
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<tr>
<td>Other Expenses</td>
<td>4,277,927</td>
<td>4,146,852</td>
<td>(131,075)</td>
<td>-3%</td>
<td>20,474,443</td>
<td>20,199,187</td>
<td>(275,255)</td>
<td>-1%</td>
<td>18,323,686</td>
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<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>11,142,595</td>
<td>11,431,497</td>
<td>288,902</td>
<td>3%</td>
<td>56,361,605</td>
<td>55,682,461</td>
<td>(679,144)</td>
<td>-1%</td>
<td>51,455,745</td>
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<tr>
<td>Operating Income (Loss)</td>
<td>(505,111)</td>
<td>354,386</td>
<td>(859,496)</td>
<td>-243%</td>
<td>24,269</td>
<td>1,726,185</td>
<td>(1,701,916)</td>
<td>-99%</td>
<td>(3,143,409)</td>
</tr>
<tr>
<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>(16,159)</td>
<td>(500)</td>
<td>(15,659)</td>
<td>-3132%</td>
<td>(51,561)</td>
<td>(2,436)</td>
<td>(49,125)</td>
<td>-2017%</td>
<td>(9,437)</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>(521,270)</td>
<td>353,886</td>
<td>(875,155)</td>
<td>-247%</td>
<td>(27,292)</td>
<td>1,723,749</td>
<td>(1,751,041)</td>
<td>-102%</td>
<td>(3,152,845)</td>
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<tr>
<td><strong>Operating Margin</strong></td>
<td>-4.7%</td>
<td>3.0%</td>
<td>-7.8% -257.9%</td>
<td>0.0%</td>
<td>3.0%</td>
<td>-2.96% -98.6%</td>
<td>-6.5%</td>
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<tr>
<td><strong>Total margin</strong></td>
<td>-4.9%</td>
<td>3.0%</td>
<td>-7.9% -263.2%</td>
<td>0.0%</td>
<td>3.0%</td>
<td>-3.05% -101.6%</td>
<td>-6.5%</td>
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<tr>
<td><strong>Salaries &amp; Benefits as a % of net pt svc rev</strong></td>
<td>-70.2%</td>
<td>-64.8%</td>
<td>-5.4% -8.3%</td>
<td>-67.0%</td>
<td>-64.8%</td>
<td>-2.20% -3.4%</td>
<td>-83.9%</td>
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</table>
May 2021
Cash and Accounts Receivable

Days Cash and Accounts Receivable

<table>
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<tr>
<th>Date</th>
<th>DAYS OUTSTANDING IN A/R</th>
<th>DAYS AR GOAL - 45</th>
<th>DAYS OF CASH</th>
<th>DAYS CASH GOAL - 90</th>
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<tr>
<td>6/30/2020</td>
<td>45.94</td>
<td></td>
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<tr>
<td>7/31/2020</td>
<td>44.85</td>
<td></td>
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<tr>
<td>8/31/2020</td>
<td>46.99</td>
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</tr>
<tr>
<td>9/30/2020</td>
<td>49.68</td>
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<tr>
<td>10/31/2020</td>
<td>51.02</td>
<td></td>
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<tr>
<td>11/30/2020</td>
<td>50.86</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/2020</td>
<td>50.52</td>
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<tr>
<td>1/31/2021</td>
<td>46.19</td>
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<tr>
<td>2/28/2021</td>
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<td>3/31/2021</td>
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<td>4/30/2021</td>
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<td>May Budget</td>
</tr>
<tr>
<td>------------</td>
<td>---------</td>
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<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>BOARD</td>
<td>600010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>4,041</td>
<td>4,670</td>
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<td></td>
<td>601100</td>
<td>BENEFITS FICA</td>
<td>255</td>
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<td></td>
<td>601150</td>
<td>BENEFITS WA F&amp;MLA</td>
<td>4</td>
<td>7</td>
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<tr>
<td></td>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>5,061</td>
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<td></td>
<td>601600</td>
<td>BENEFITS RETIREMENT</td>
<td>-</td>
<td>229</td>
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<td>BENEFITS EMPLOYEE ASSISTANCE</td>
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<td>CONSULT MNGMT FEE</td>
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<td>602500</td>
<td>AUDIT FEES</td>
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<td>90</td>
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<td>604500</td>
<td>OFFICE SUPPLIES</td>
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<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
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<tr>
<td></td>
<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
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<td>849</td>
</tr>
<tr>
<td></td>
<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>-</td>
<td>1,274</td>
</tr>
<tr>
<td>BOARD Total</td>
<td></td>
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<td>44,361</td>
<td>17,581</td>
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</tbody>
</table>
June 2021
Preview – (*as of 0:00 6/23/21)

- **$26,804,321 in Projected HB charges**
  - Average: $893,477/day (HB only)
  - Budget: $766,899/day
  - 117% of Budget

- **$10,396,508 in HB cash collections**
  - Average: $346,477/day (HB only)
  - Goal: $338,386/day

- **43.4 Days in A/R**

- **Questions**
Administrative Report
June 23, 2021
Mike Glenn, CEO
# Jefferson Healthcare Vaccination Update

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doses administered</td>
<td>Total # doses given &amp; recorded (all time).</td>
</tr>
<tr>
<td></td>
<td>As of 6/22/2021</td>
</tr>
<tr>
<td></td>
<td>25,898</td>
</tr>
<tr>
<td>Patients receiving 1st dose</td>
<td># Patients receiving at least their 1st dose.</td>
</tr>
<tr>
<td></td>
<td>As of 6/22/2021</td>
</tr>
<tr>
<td></td>
<td>13,149</td>
</tr>
<tr>
<td>Patients completing series</td>
<td># Patients receiving all doses in a series.</td>
</tr>
<tr>
<td></td>
<td>As of 6/22/2021</td>
</tr>
<tr>
<td></td>
<td>12,807</td>
</tr>
<tr>
<td>Wasted (all time)</td>
<td>% Doses unviable (195 doses). Uses vials-to-doses factors.</td>
</tr>
<tr>
<td></td>
<td>As of 6/22/2021</td>
</tr>
<tr>
<td></td>
<td>0.61%</td>
</tr>
<tr>
<td>Latest inventory (Pfizer)</td>
<td># Vials from physical inventory. As of 6/22/2021.</td>
</tr>
<tr>
<td></td>
<td>281 vials</td>
</tr>
<tr>
<td>Latest inventory (Moderna)</td>
<td># Vials from physical inventory. As of 6/22/2021.</td>
</tr>
<tr>
<td></td>
<td>426 vials</td>
</tr>
<tr>
<td>Latest inventory (Johnson)</td>
<td># Vials from physical inventory. As of 6/22/2021.</td>
</tr>
<tr>
<td></td>
<td>52 vials</td>
</tr>
<tr>
<td>Doses on hand (all vendors)</td>
<td>Uses vials-to-doses factors.</td>
</tr>
<tr>
<td></td>
<td>As of 6/22/2021</td>
</tr>
<tr>
<td></td>
<td>6,206</td>
</tr>
</tbody>
</table>

### Daily vaccinations (last 4 weeks)

# Doses administered & recorded by day. As of 6/22/2021

### Doses administered

Cumulative # doses administered up through each date. Hover for detail. As of 6/22/2021

### Vaccinations by Zip Code

# Distinct patients receiving one or more doses (all time). As of 6/22/2021
Jefferson Healthcare Volumes

COVID-19 Phone Line and Clinic Visit Volumes

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

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

Total call volume since launch of triage line

Inbound Calls: 220,057
Calls Answered: 168,070
# Telephone Encounters: 58,132

Total Respiratory Evaluation Clinic visits - all time

Drive-Through: 12,422
Office Visit: 4,370
Total: 16,792
Jefferson Healthcare Volumes

Primary Care variance to budgeted visits
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2021 annual budgets. The labels are % volume to budget for the selected clinics.

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

Specialty clinic variance to budgeted visits
Visit volumes in Medical Group's specialty clinics. Red line indicates weekly visit budget based on 2021 annual budgets. The labels are % volume to budget for the selected clinics.

Including visits in: JHSA clinic, Sleep Medicine, Urology, Women's Clinic, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).
Jefferson Healthcare Volumes

Oncology/Infusion variance to target visits
Visit volumes in Oncology Clinic and Infusion Center. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.

Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.

Surgical case variance to target cases
Surgical case volumes in the hospital OR. Red line indicates weekly combined case target based on annual targets for endoscopy and surgical services. The % labels are the variances of actual to target surgical case volume.

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

Emergency Department and Express Clinic Volume

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

5/16/2021

<table>
<thead>
<tr>
<th>Total</th>
<th>415</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Clinic</td>
<td>166</td>
</tr>
<tr>
<td>Emergency Dept</td>
<td>249</td>
</tr>
</tbody>
</table>

Total Visits, 1/1/2020 to 6/20/2021
Select a department to bring in focus.

- Emergency Dept: 15,790
- Express Clinic: 10,191

Volumes by Arrival Department and Week, 2020 - 2021

[Bar chart showing weekly volume data for Emergency Department and Express Clinic from Dec 29 to Jun 27, 2020-2021]
Advocacy Update

- Jefferson Healthcare Advocacy Meetings
- CAHMA
- Rural Advocacy Days, Washington DC
- Rural Advocacy Days, Olympia, WA
Juneteenth and Pride Day 2021
Jefferson Healthcare Strategic Plan Process Update

- **March**
  - 1st Board Presentation
    - high level review of rough draft

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

- **May**

- **June**

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

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

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

- **October**

- **November**

- **December**
Questions