

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

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 _____



Washington State
Hospital Association



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.

Collaboration

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

Integrity

We operate with transparency and accountability.

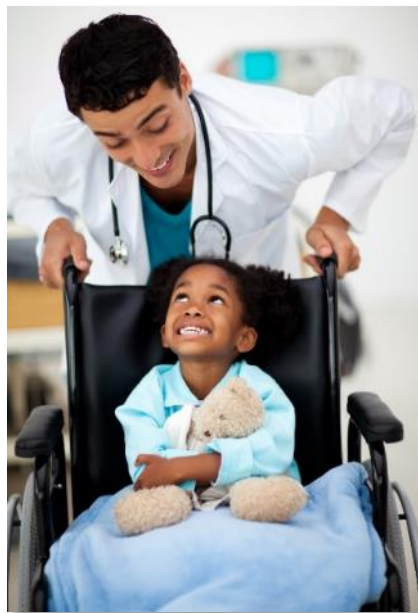
Innovation

We are dynamic and seek modern solutions.

Government Affairs



Safety & Quality



Coordinated Action on Major Issues



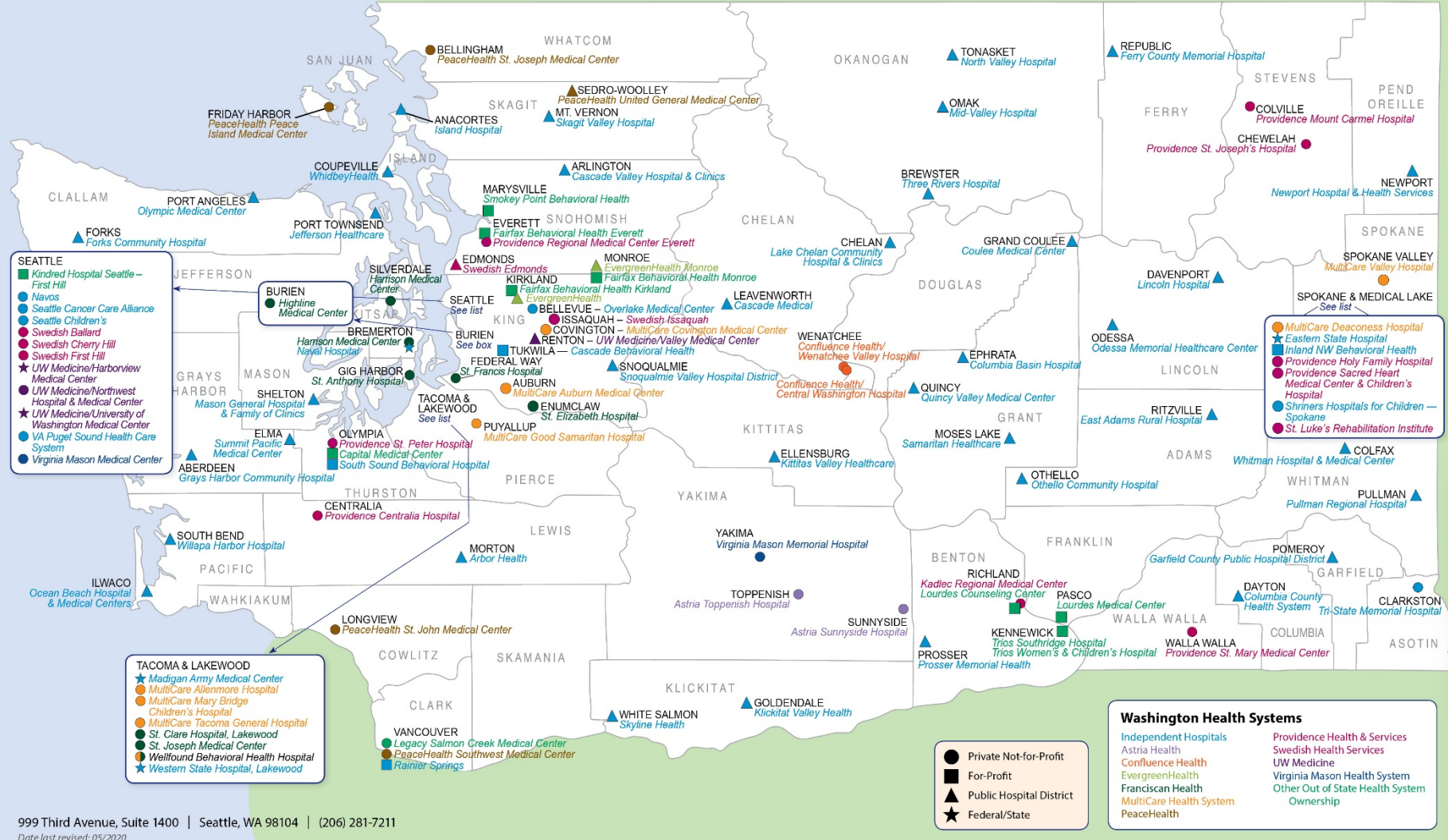
Power in Unity

Data Analytics

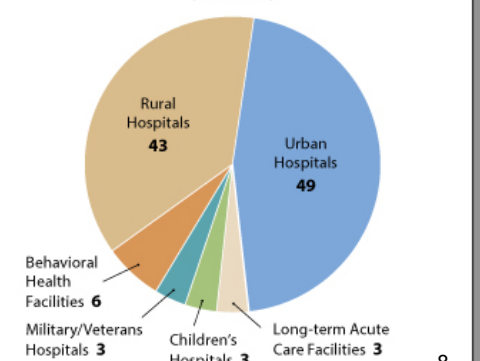


Proud to Represent All Washington Hospitals

WSHA Member Hospitals & Health Systems



WSHA MEMBER HOSPITALS BY SERVICE
(107 TOTAL)



Policy and Advocacy

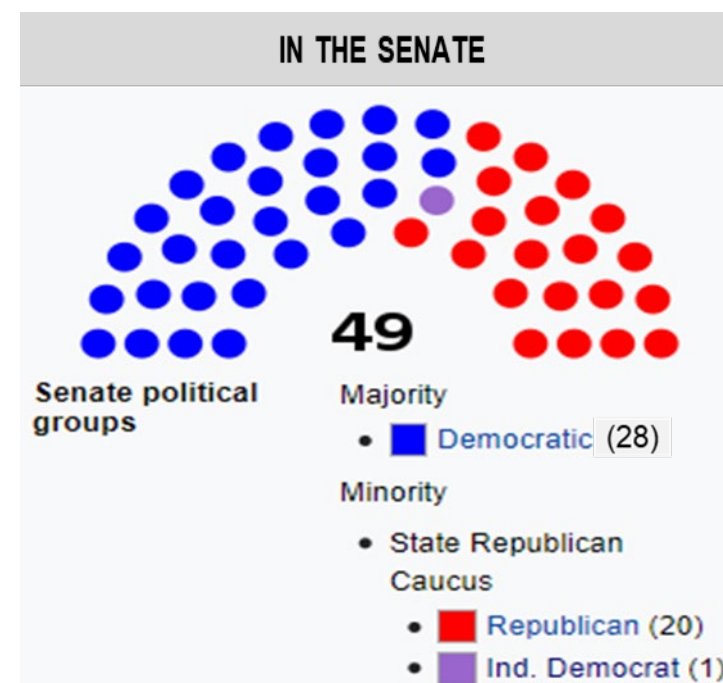
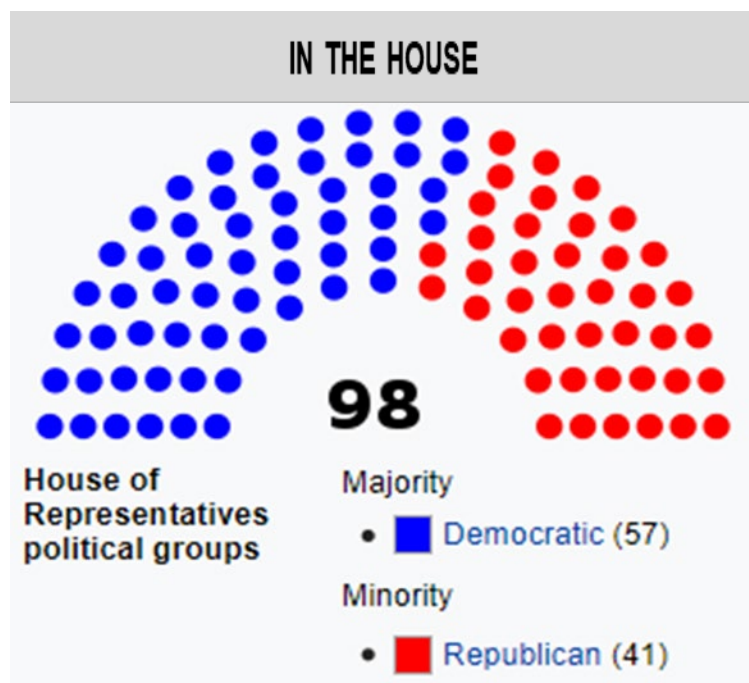
Washington State Legislature



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!



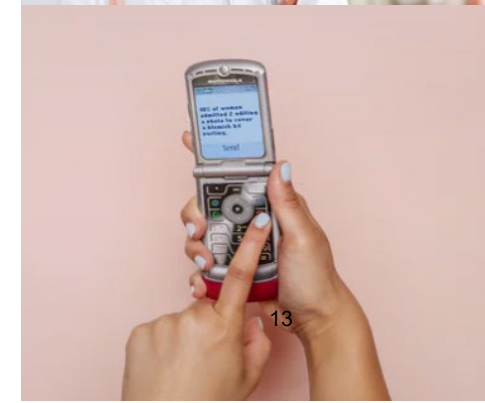
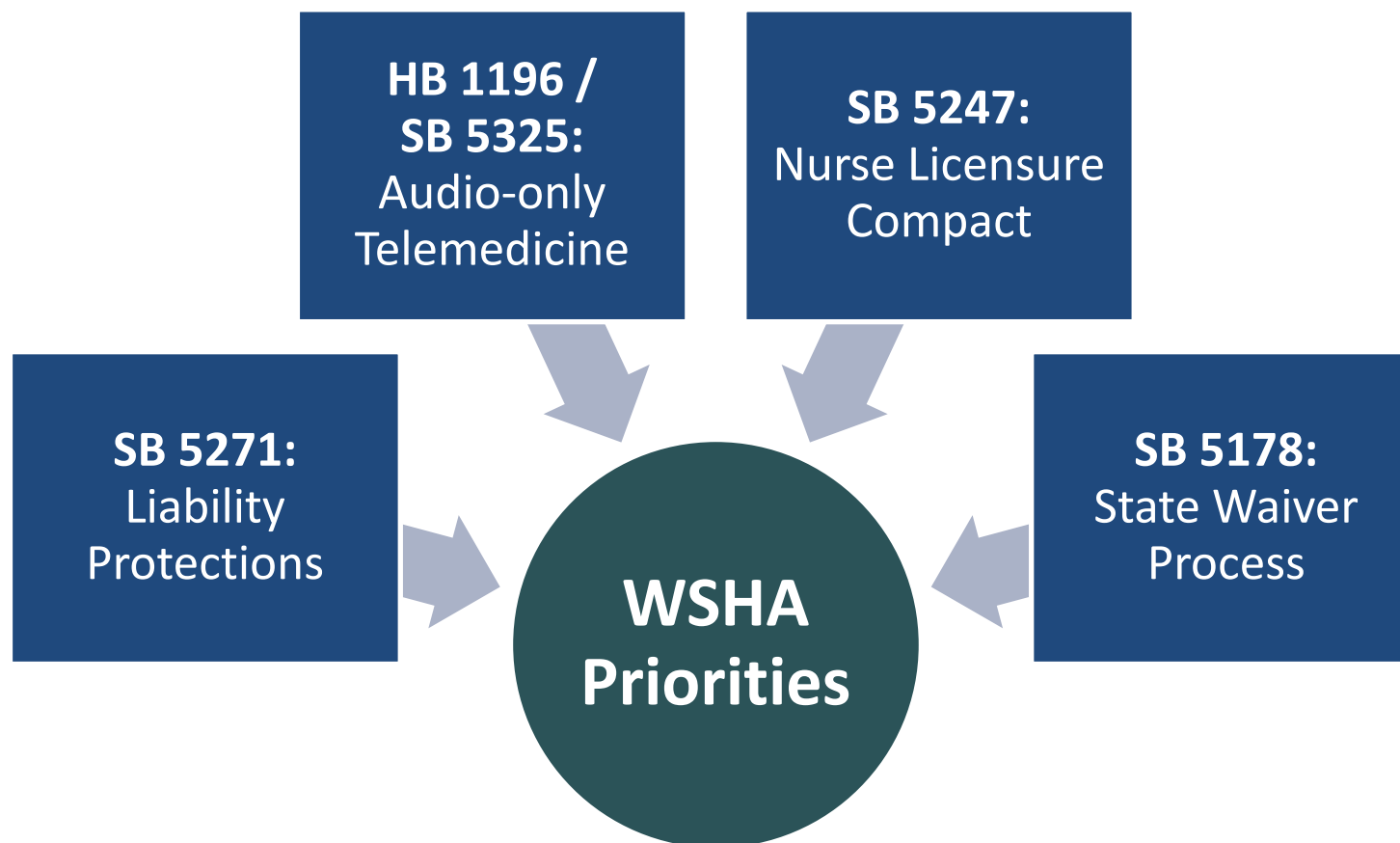
Many freshman legislators in both houses

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



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. McMorris Rodgers – Energy & Commerce (senior Republican)
- Rep. DelBene – Ways & Means
- Rep. Schrier – Energy & Commerce, Health Subcommittee
- Rep. Herrera Beutler – Appropriations, Labor-HHS Appropriations Subcommittee
- 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

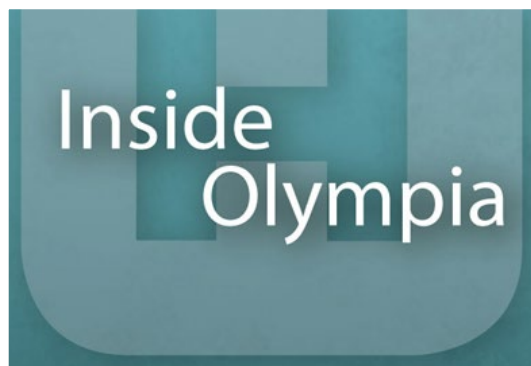
- **How will America pay for all this?**
- **Does Congress have an interest in our priorities?**
 - Attention has turned away from COVID
 - Perception that hospitals have been taken care of via Provider Relief Fund, etc.
- **Will Democrats “go it alone” or is bi-partisanship possible?**
 - Republicans’ 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!

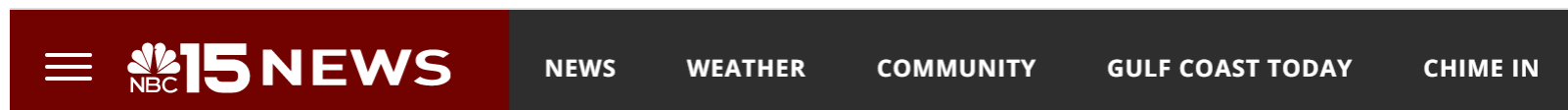


HOSPITALS for a
HEALTHY FUTURE
PAC



A Bit About COVID

Headlines from other states



Alabama hospitals overwhelmed, ICU beds full

by James Gordon | Monday, November 23rd 2020

AA



VIDEO

LIVE

SHOWS

2020 ELECTIONS

CORONAVIRUS



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

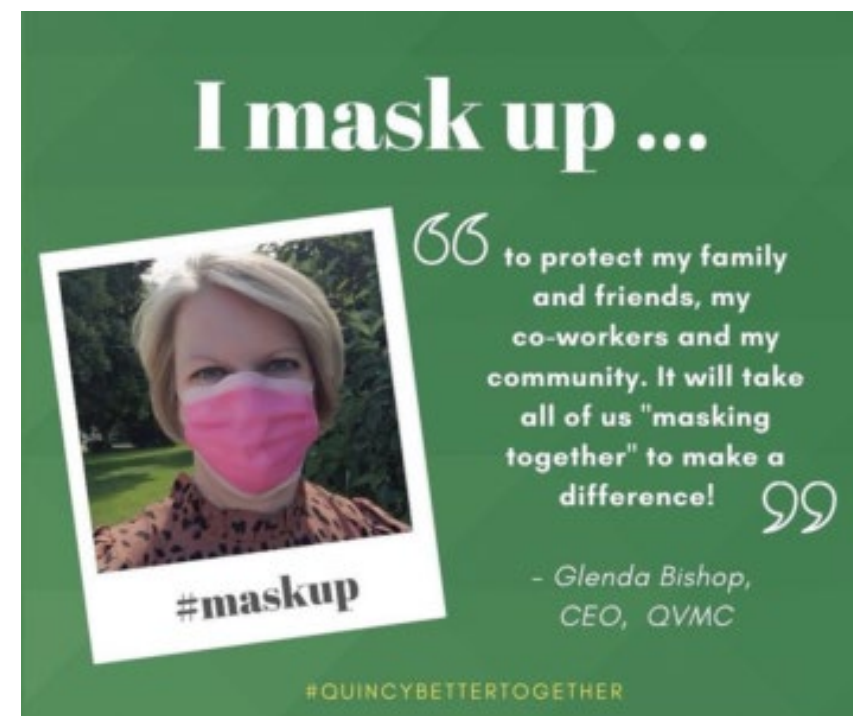
- Every hospital will work together to ensure every patient can get care and there is no wrong door for care
- No hospital will go into crisis standards alone
- All hospitals will freely share knowledge, skills, medications, supplies as needed



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](#)



Share



Tweet



Share 38

Q13 FOX
SEATTLE

[Live](#)

[News](#)

[COVID](#)

[Weather](#)

[Sports](#)

[This Morning](#)

[Contests](#)

[More](#)



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

By Q13 News Staff and Associated Press (AP) | Published June 2, 1 | University of Washington | Q13 FOX

CNN

US [Crime + Justice](#) [Energy + Environment](#) [Extreme Weather](#) [Space + Science](#)

[LIVE TV](#) [Edition](#) 

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 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



Jefferson Healthcare

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

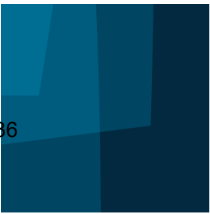


Infection Control



Department Reports

§485.641 Condition of Participation: Periodic Evaluation.
(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

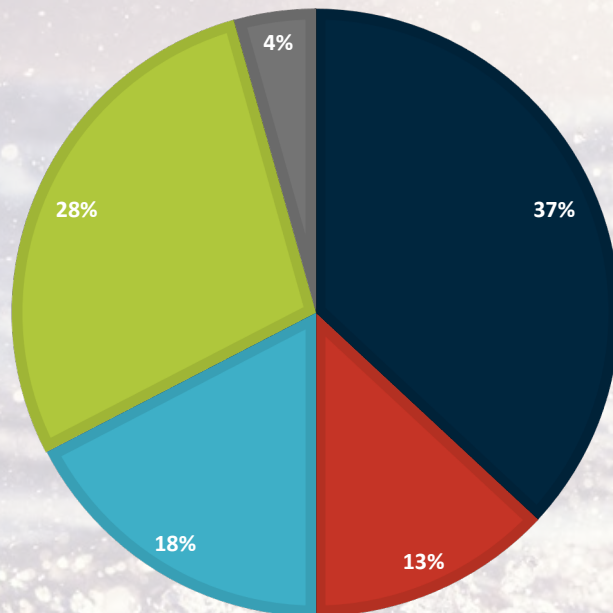
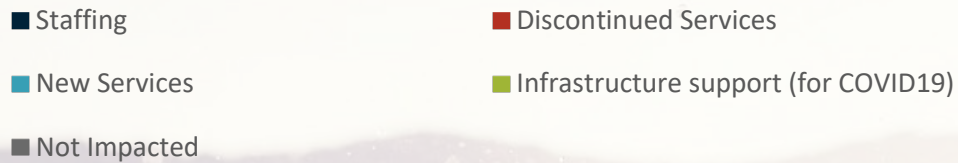
The full listing of the records reviewed are maintained in the Patient Safety and Quality office.

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

CMS Condition of Participation	Standard	Survey Procedures (Questions that CMS asks to support compliance)
C-0331		
§485.641(a)	The CAH Carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year	How is the information obtained and how does the CAH conduct the evaluation? Who is responsible for the periodic evaluation
C-0332		
§485.641(a)(1)(i)	The utilization of CAH services, including at least the number of patients served and the volume of services;	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?
C-0333		
§485.641(a)(1)(ii)	A representative sample of both active and closed clinical records; and	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?
	“A representative sample of both active and closed clinical records” means not less than 10 percent of both active and closed patient records.	
C-0334		
§485.641(a)(1)(iii)	The CAH’S health care policies	What evidence demonstrates that the health care policies of the CAH are evaluated, reviewed and/or revised as part of the annual program evaluation?
C-0335		
§485.641(a)(2)	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	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?

The Year of COVID-19

BIGGEST COVID19 IMPACT



Incident Command Goals and Objectives

Preparation

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

Response and Mitigation



Responding to COVID-19: Expanding Services



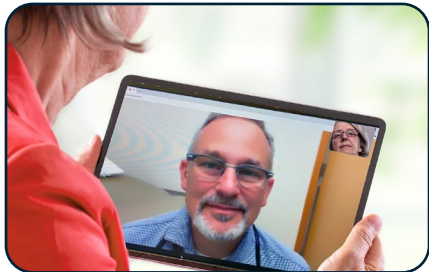
Provide the right care in the right location

- 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

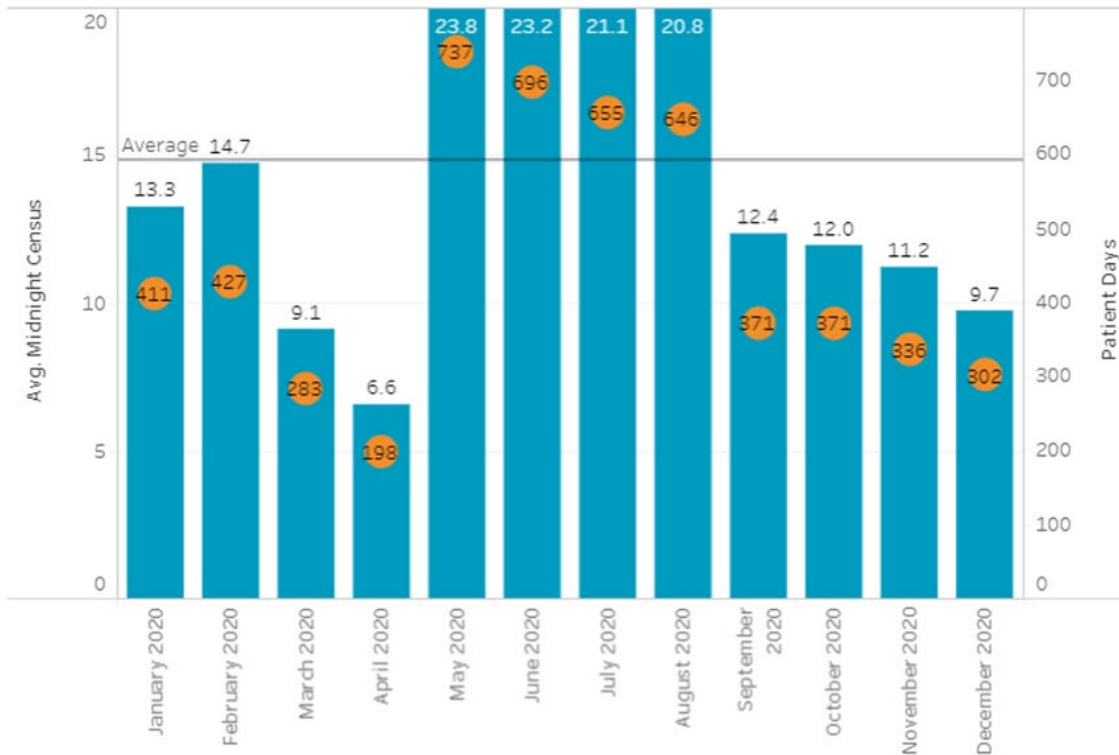
Department		2014	2015	2016	2017	2018	2019	2020*
Emergency Department Visits		9,256	10,481	11,641	12,908	12,464	12,682	10,664
Express Clinic Visits		---	---	---	---	7,201	8,788	6,820
Family Birthing Center Births		107	125	99	115	115	100	88
Acute Care Unit Patient Days (includes SB)		3,580	3,857	3,622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

**RHC visits include Express Clinic

2020 Acute Care Census

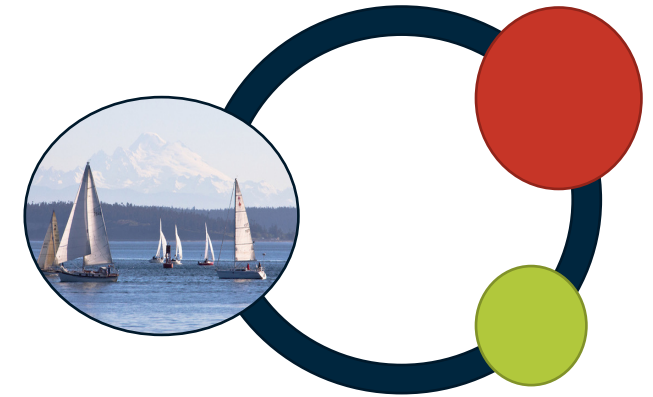
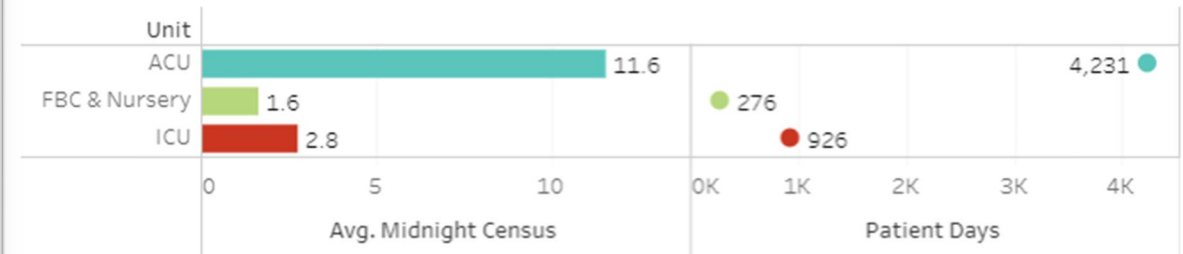
Census and Patient Days by month

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.



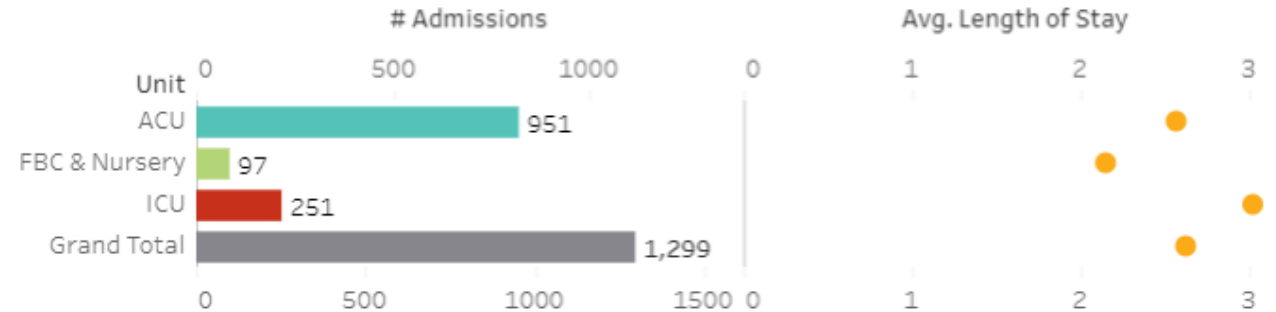
Census by unit

On average, how many patients were in house in each unit at midnight during the selected timeframe.



Hospital Admissions and Length of Stay

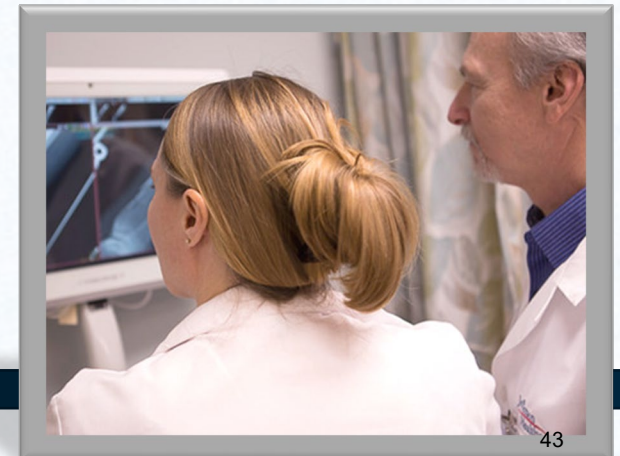
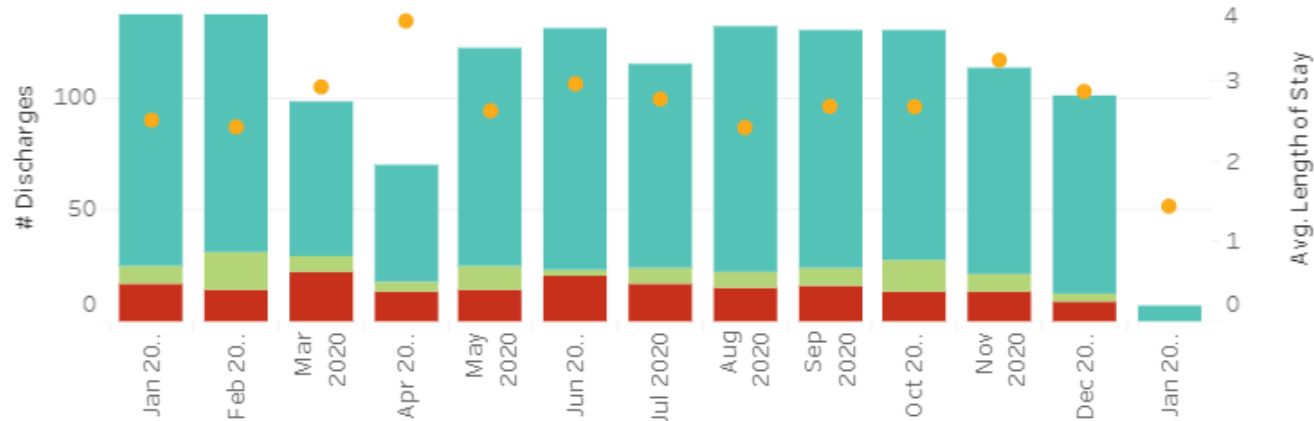
Admissions by unit



Critical Access Hospitals are required to maintain an average length of stay of 96 hours or less.

Discharges per unit, by month

How many discharges occurred each month. Color indicates the unit. The orange dot indicates the overall average length of stay for the month.

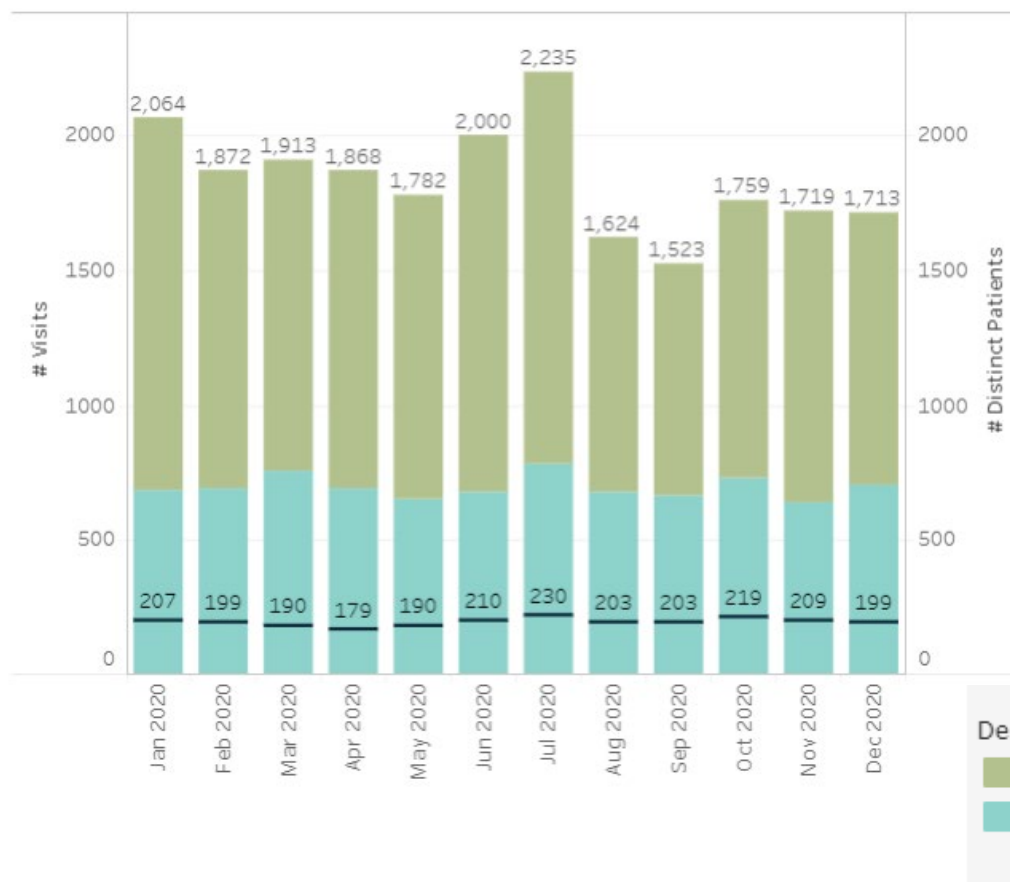


Utilization of Services. Home Health & Hospice



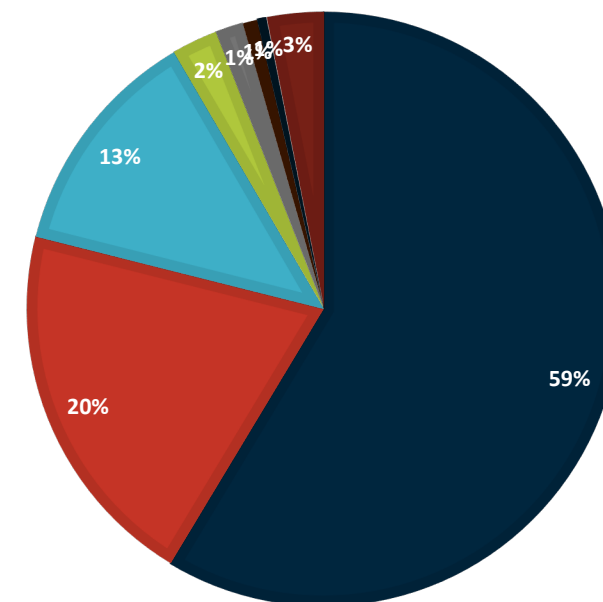
HHH Visits by Month

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

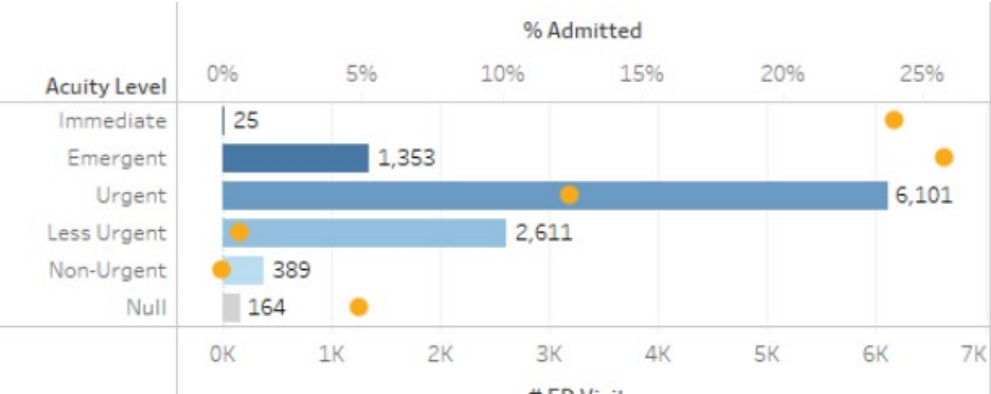
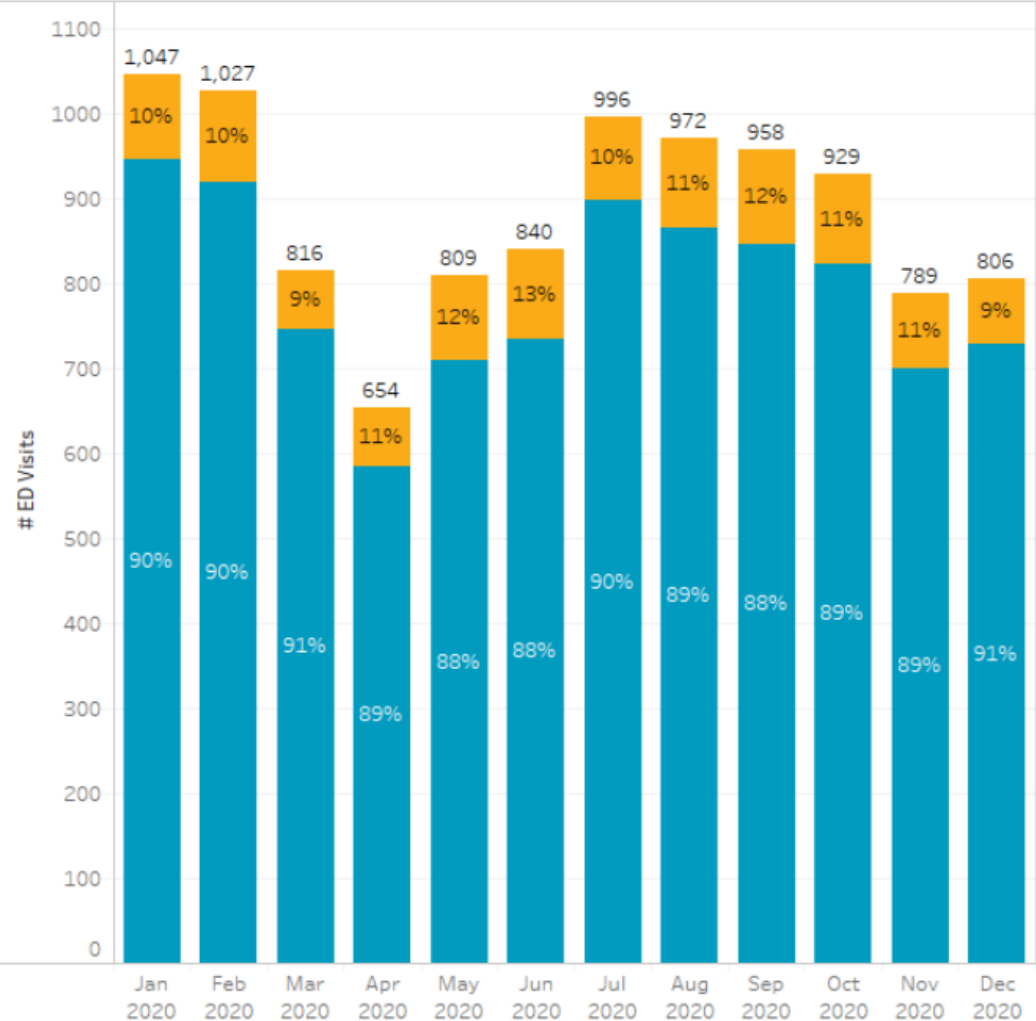


Emergency Department

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.

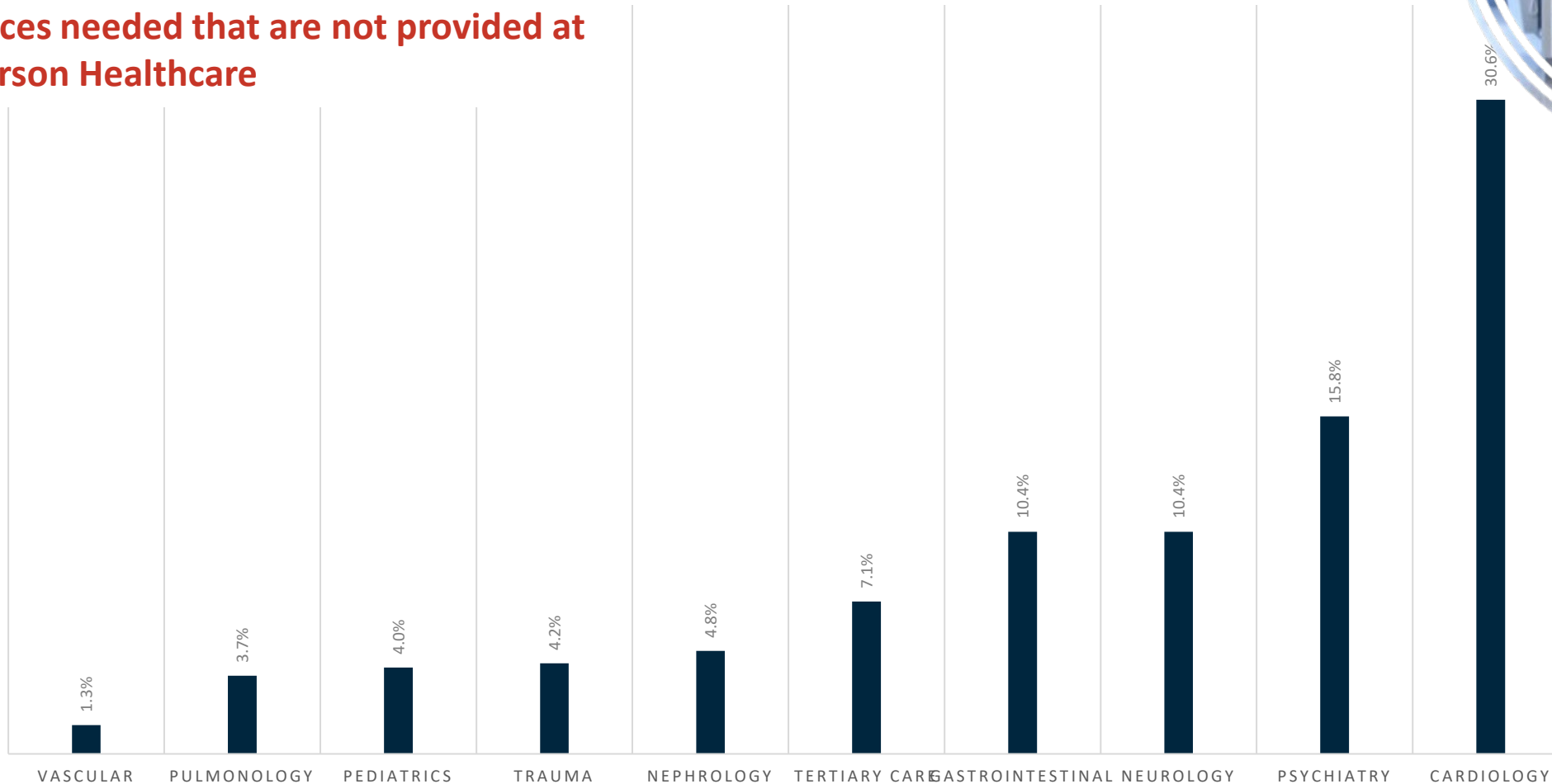
Last month is likely incomplete.



Disposition	Visits	
Admitted to JH - Inpatient	836	7.8%
Transfer – Higher level of care	551	5.2%
Held for Observation	252	2.4%
Left Against Medical Advice	49	0.5%
Left Without Being Seen	80	0.80%

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

Contracts



- 1851 Total Active Policies and Procedures

Total Policies



- 127 New Policies Created and Approved
- Retired 66 policies

Policy Changes



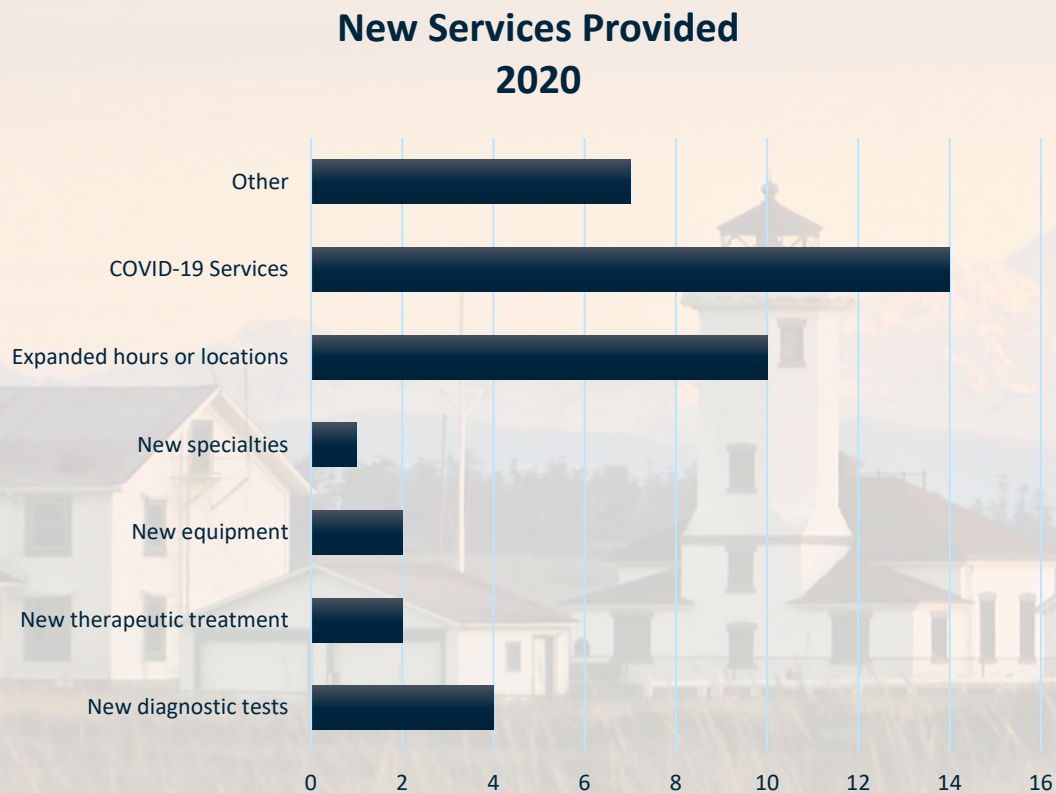
- Annual policy review is required
 - 98.06% compliance

Policy Review



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



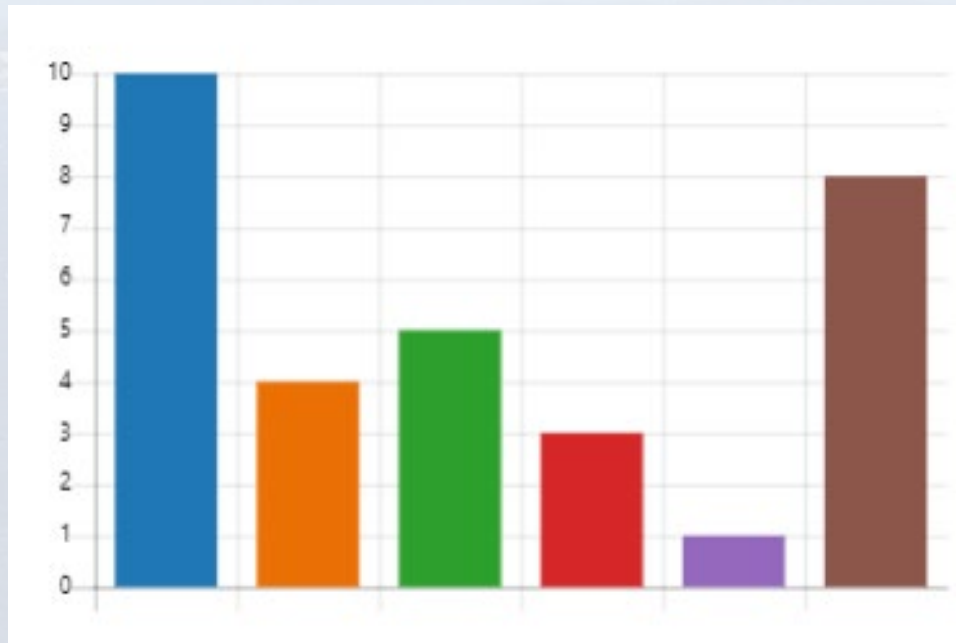
Teleneurology

- 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



- Create dedicate
- Attend a tr
- More tools
- Time with my direct leader
- I'm not sure where to start
- N/A - my project was awesome!

- 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.

CENTER OF EXCELLENCE IN INFECTION PREVENTION

Certificate No.:
310740-2020-CIP

Initial date:
10/6/2020

Valid until:
10/6/2023

This is to certify that:

Jefferson Healthcare

834 Sheridan, Port Townsend, WA 98368

has been found to comply with the:

▪ Infection Prevention (CIP) Requirements

The DNV GL Healthcare USA, Inc. Infection Prevention Center of Excellence designation integrates the Certification in Infection Prevention (CIP) Requirements; OSHA, and compliance with the CMS requirements relative to its scope of operations (e.g., Conditions of Participation, Conditions for Coverage.)

This certificate is valid for a period of three (3) years from the Effective Date of Certification.

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

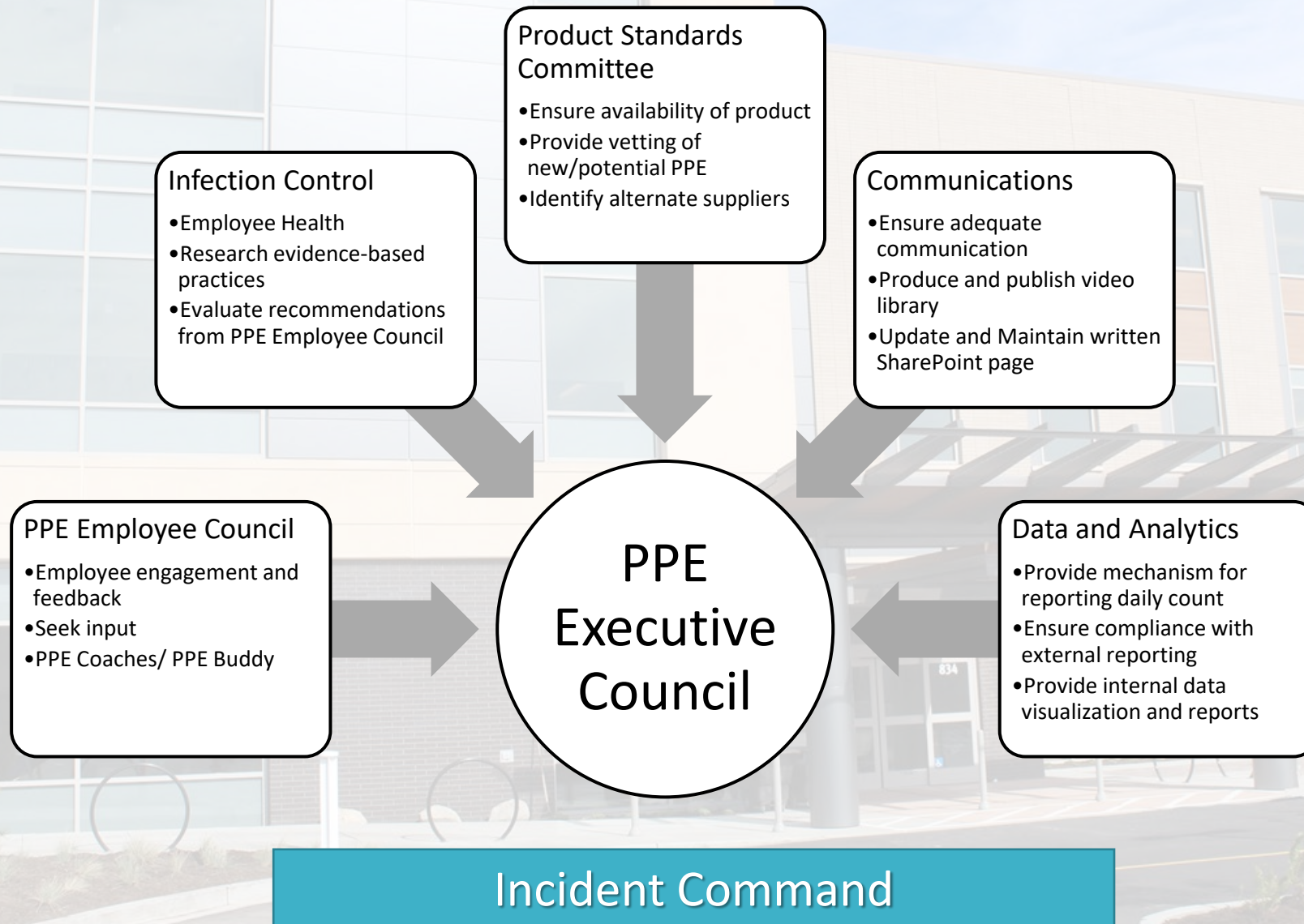
For the Accreditation/Certification Body:
DNV GL- Healthcare
Katy, TX


Patrick Horine
Chief Executive Officer



Quality/Process Improvement Highlight:

Incident Command Objective: Keep Our Employees Safe



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.



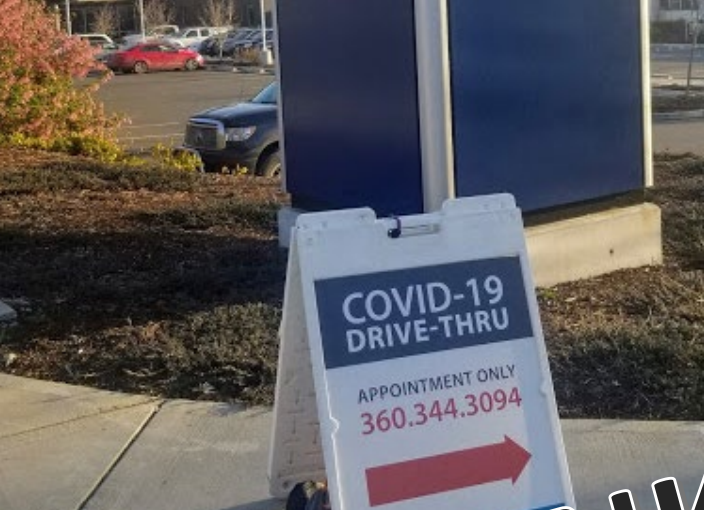
2020 Accreditation & Awards



QUESTIONS?



*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.***



THANK YOU



Jefferson Healthcare

May 2021 Finance Report

June 23, 2021

Tyler Freeman, CFO

May 2021

Operating Statistics

STATISTIC DESCRIPTION	MAY 2021						MAY 2020					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	598	625	4%	612	625	2%	578	-4%	594	-3%	594	-3%
ADJUSTED PATIENT DAYS	2,590	2,233	16%	12,803	10,879	18%	1,992	30%	8,895	44%	8,895	44%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	65	76	-14%	326	368	-11%	66	-2%	285	13%	285	13%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	237	331	-28%	1,232	1,610	-23%	280	-15%	1,200	3%	1,200	3%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	312	430	-27%	1,646	2,090	-21%	349	-11%	1,586	4%	1,586	4%
SURGERY CASES (IN OR)	119	127	-6%	638	621	3%	106	12%	462	28%	462	28%
SPECIAL PROCEDURE CASES	91	77	18%	355	376	-6%	22	314%	228	36%	228	36%
LAB BILLABLE TESTS	21,021	21,570	-3%	107,704	105,065	3%	16,654	26%	78,158	27%	78,158	27%
TOTAL DIAGNOSTIC IMAGING TESTS	3,147	3,147	0%	15,109	15,327	-1%	2,359	33%	12,011	21%	12,011	21%
PHARMACY MEDS DISPENSED	19,582	24,451	-20%	94,141	119,102	-21%	18,575	5%	86,758	8%	86,758	8%
RESPIRATORY THERAPY PROCEDURES	2,886	3,727	-23%	12,959	18,154	-29%	2,379	21%	12,437	4%	12,437	4%
REHAB/PT/OT/ST RVUs	8,257	9,218	-10%	43,854	44,901	-2%	5,860	41%	34,441	21%	34,441	21%
ER CENSUS	1,016	1,110	-8%	4,423	5,405	-18%	806	26%	4,360	1%	4,360	1%
DENTAL CLINIC	368	398	-8%	1,770	1,940	-9%	108	241%	1,045	41%	1,045	41%
TOTAL RURAL HEALTH CLINIC VISITS	5,701	6,470	-12%	29,426	31,515	-7%	4,184	36%	23,917	19%	23,917	19%
TOTAL SPECIALTY CLINIC VISITS	3,215	3,460	-7%	17,292	16,852	3%	2,450	31%	13,199	24%	13,199	24%

May 2021

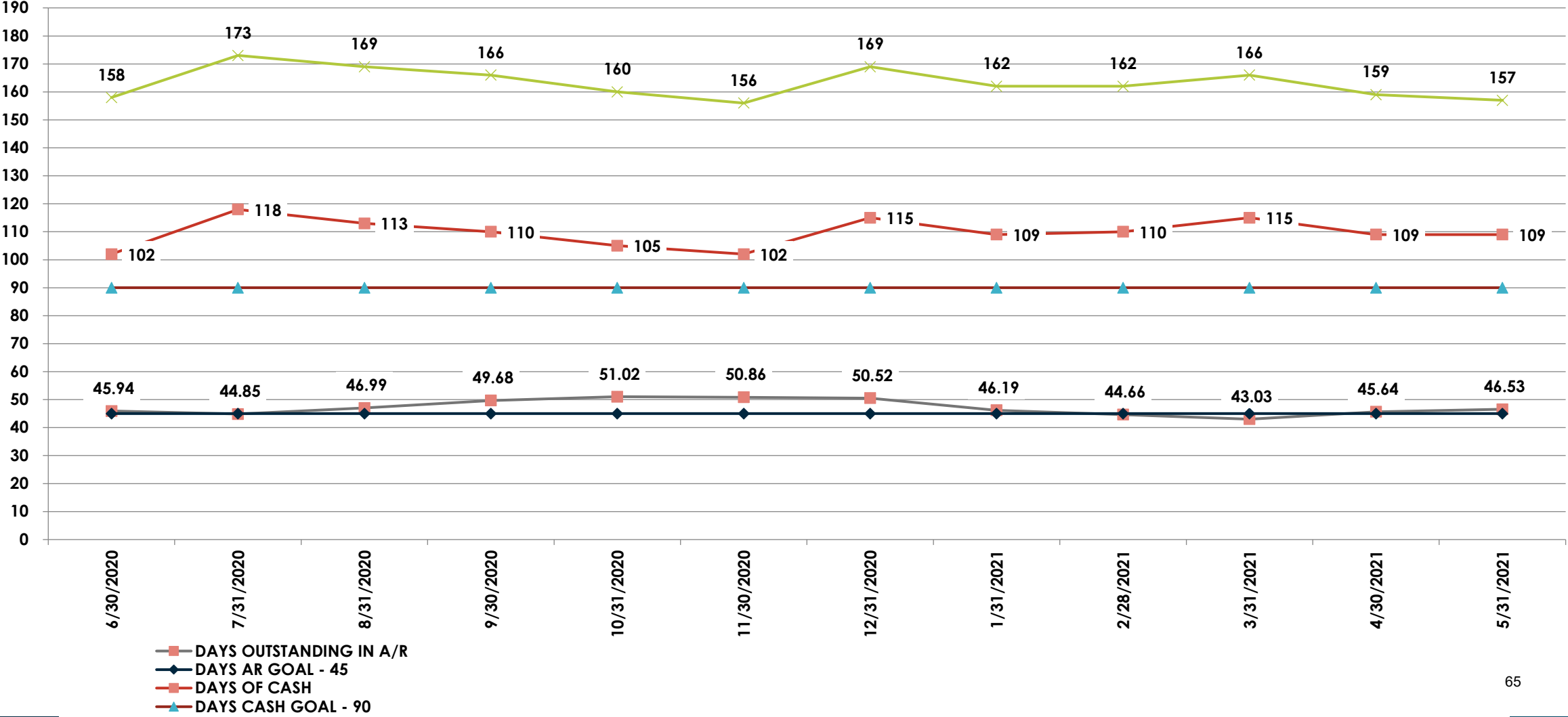
Income Statement Summary

	May 2021 Actual	May 2021 Budget	Variance Favorable/ (Unfavorable)	%	May 2021 YTD	May 2021 Budget YTD	Variance Favorable/ (Unfavorable)	%	May 2020 YTD
Operating Revenue									
Gross Patient Service Revenue	24,366,656	24,505,752	(139,096)	-1%	120,207,307	119,366,725	840,582	1%	93,741,670
Revenue Adjustments	14,312,767	13,036,660	(1,276,106)	-10%	65,163,930	63,501,151	(1,662,779)	-3%	53,141,098
Charity Care Adjustments	276,238	233,043	(43,195)	-19%	1,503,773	1,135,145	(368,628)	-32%	1,100,472
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	859,833	549,834	309,999	56%	2,846,270	2,678,217	168,052	6%	8,812,236
Total Operating Revenue	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
Other Expenses	4,277,927	4,146,852	(131,075)	-3%	20,474,443	20,199,187	(275,255)	-1%	18,323,686
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)
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)
Operating Margin									
Operating Margin	-4.7%	3.0%	-7.8%	-257.9%	0.0%	3.0%	-2.96%	-98.6%	-6.5%
Total margin	-4.9%	3.0%	-7.9%	-263.2%	0.0%	3.0%	-3.05%	-101.6%	-6.5%
Salaries & Benefits as a % of net pt svc rev	-70.2%	-64.8%	-5.4%	-8.3%	-67.0%	-64.8%	-2.20%	-3.4%	-83.9%

May 2021

Cash and Accounts Receivable

Days Cash and Accounts Receivable



May 2021

Board Financial Report

Department	Account	Description	May Actual	May Budget	May Variance	2021 YTD Actual	2021 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	4,041	4,670	629	19,984	22,749	2,765
	601100	BENEFITS FICA	255	284	29	1,428	1,382	(46)
	601150	BENEFITS WA F&MLA	4	7	2	27	33	6
	601400	BENEFITS MEDICAL INS-UNION	5,061	4,671	(390)	24,580	22,753	(1,826)
	601600	BENEFITS RETIREMENT	-	229	229	-	1,115	1,115
	601900	BENEFITS EMPLOYEE ASSISTANCE	0	8	8	0	41	41
	602300	CONSULT MNGMT FEE	-	1,661	1,661	-	8,089	8,089
	602500	AUDIT FEES	35,000	3,838	(31,162)	35,000	18,693	(16,307)
	604200	CATERING	-	90	90	-	440	440
	604500	OFFICE SUPPLIES	-	-	-	-	-	-
	604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
	606500	OTHER PURCHASED SERVICES	-	849	849	-	4,137	4,137
	609400	TRAVEL/MEETINGS/TRAINING	-	1,274	1,274	-	6,205	6,205
	BOARD Total		44,361	17,581	(26,780)	81,019	85,639	4,620

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**

Jefferson Healthcare

Administrative Report

June 23, 2021

Mike Glenn, CEO

Jefferson Healthcare Vaccination Update

Doses administered
Total # doses given & recorded (all time).
As of 6/22/2021

25,898

Patients receiving 1st dose
Patients receiving at least their 1st dose.
As of 6/22/2021

13,149

Patients completing series
Patients receiving all doses in a series. As
of 6/22/2021

12,807

Wasted (all time)
% Doses unviable (195 doses). Uses vials-
to-doses factors. As of 6/22/2021

0.61%

Latest inventory (Pfizer)
Vials from physical inventory. As of
6/22/2021

281 vials

Latest inventory (Moderna)
Vials from physical inventory. As of
6/22/2021

426 vials

Latest inventory (Johnson)
Vials from physical inventory. As of
6/22/2021

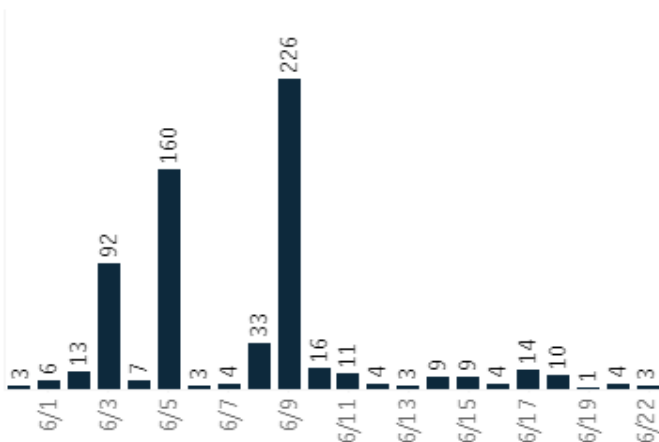
52 vials

Doses on hand (all vendors)
Uses vials-to-doses factors. As of
6/22/2021

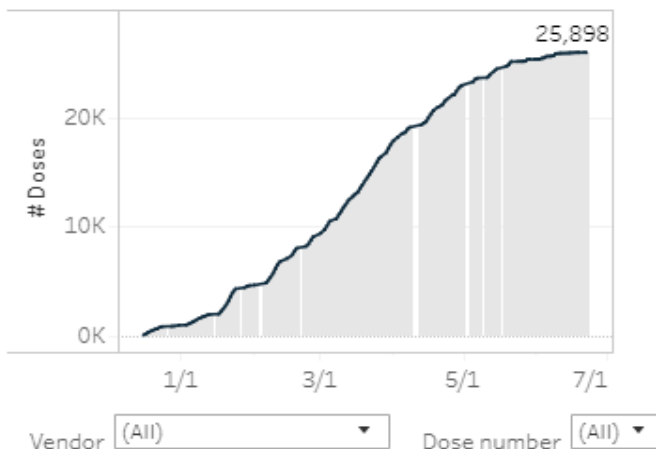
6,206

ADMINISTRATIONS

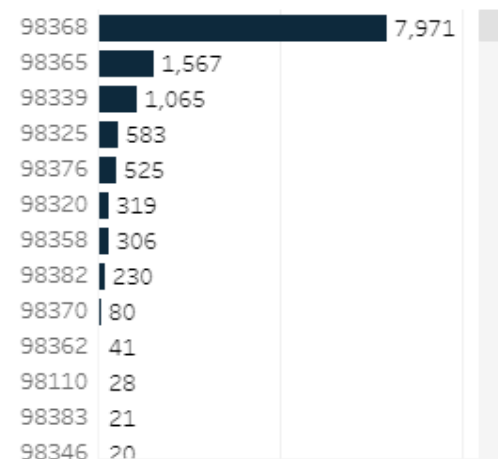
Daily vaccinations (last 4 weeks)
Doses administered & recorded by day. As of
6/22/2021



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

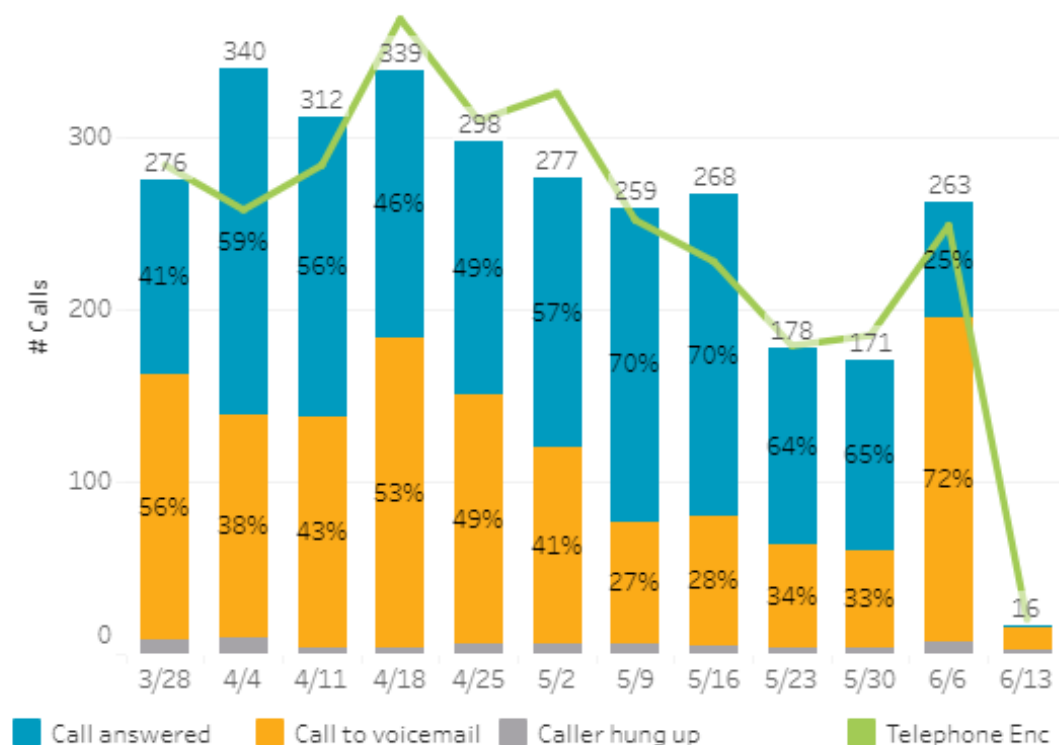


Jefferson Healthcare Volumes

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.

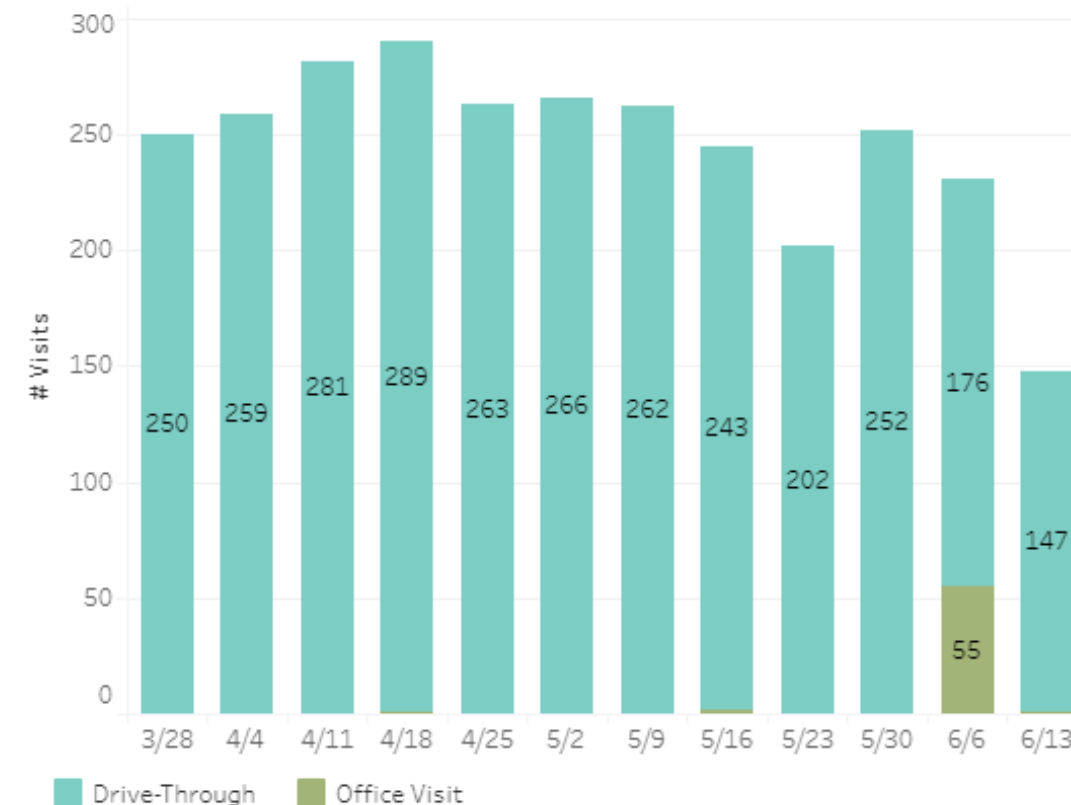


Total call volume since launch of triage line

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

Respiratory Clinic visit volumes - by week

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



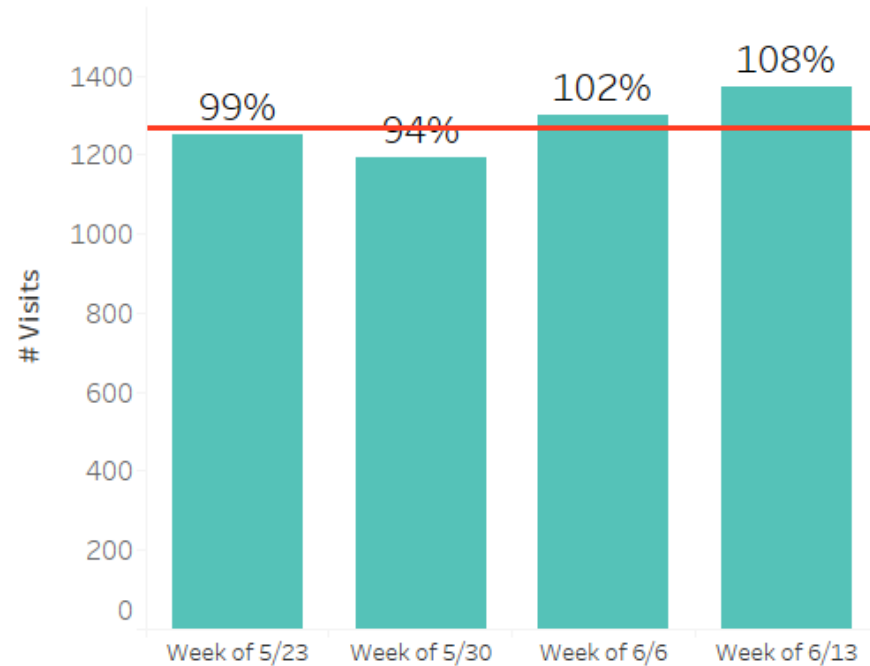
Total Respiratory Evaluation Clinic visits - all time

Drive-Through	12,422
Office Visit	4,370
Total	16,796

Jefferson Healthcare Volumes

Primary Care variance to budgeted visits

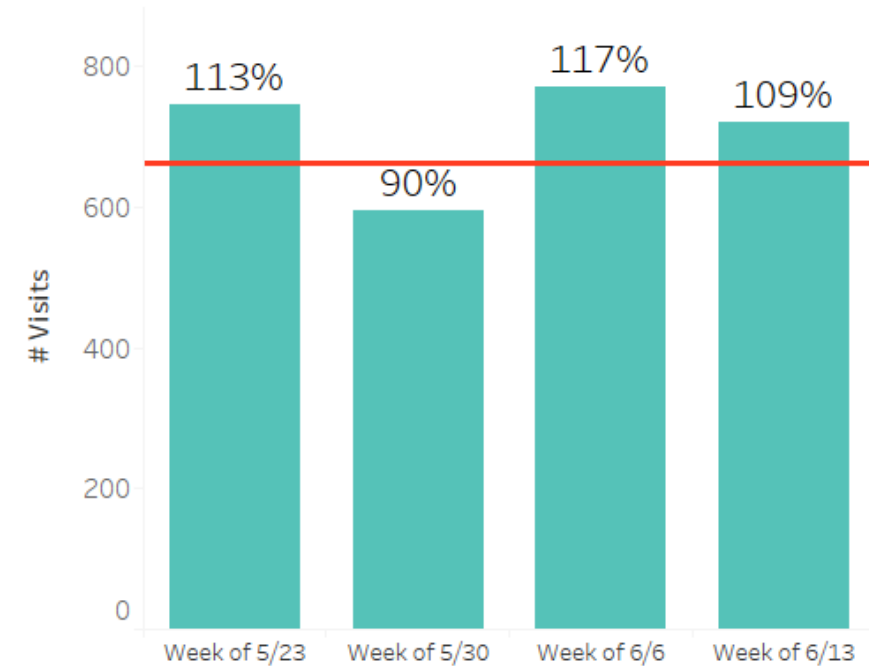
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2021 annual budgets. The labels are % volume to budget for the selected clinics.



Includes 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.



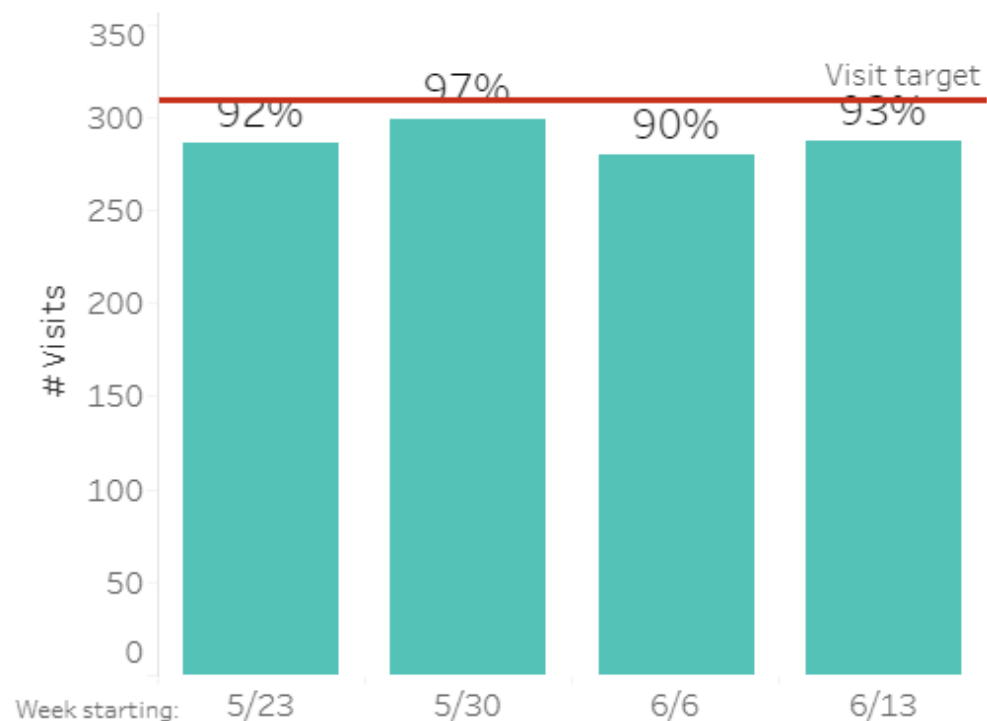
Includes visits in: JHSA clinic, Sleep Medicine, Urology, Women's Clinic, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

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.

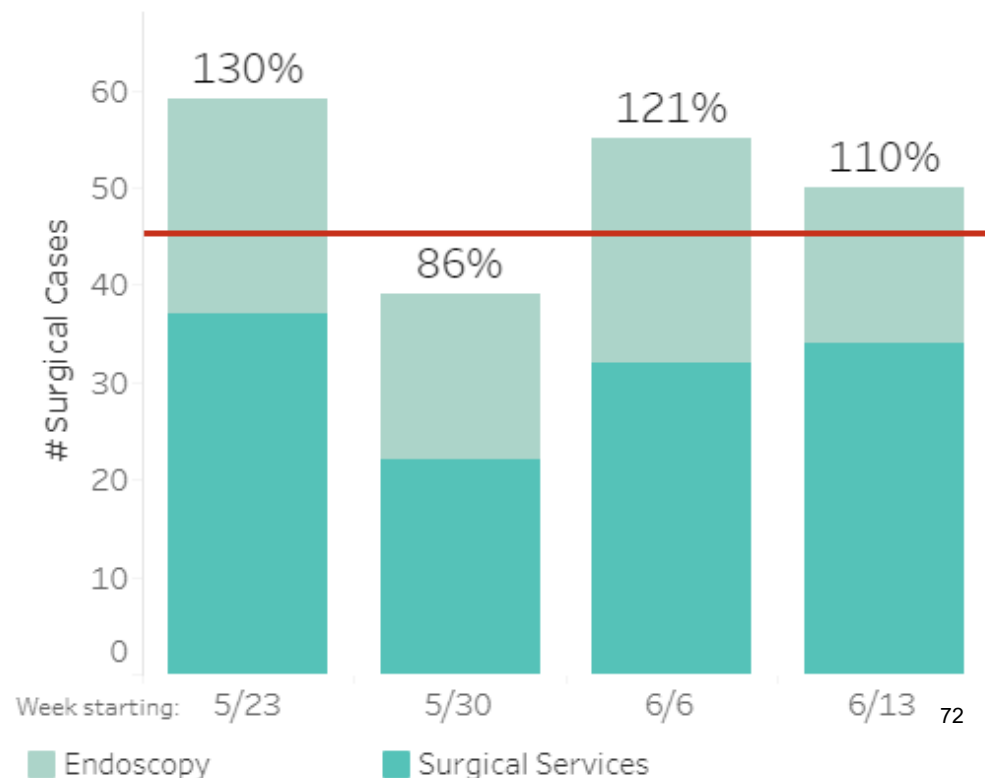
Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.



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	
Total	415
Express Clinic	166
Emergency Dept	249

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

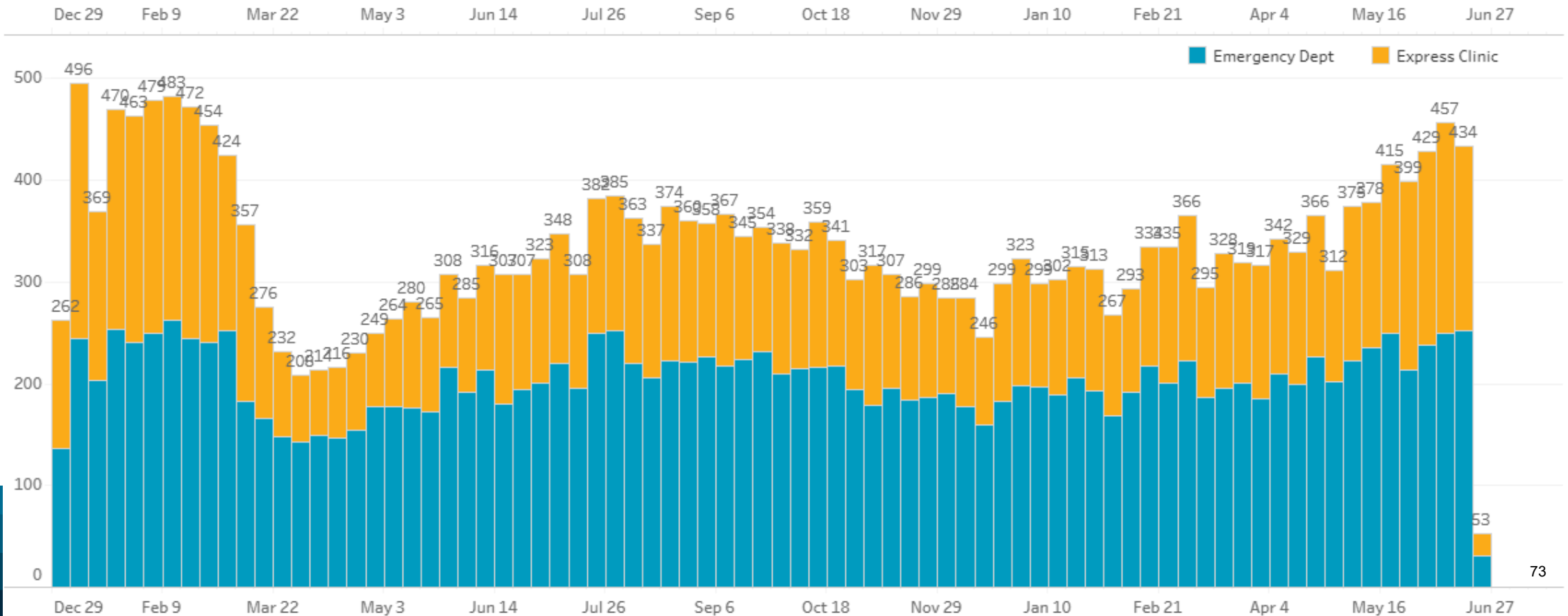
Emergency Dept

15,790

Express Clinic

10,191

Volumes by Arrival Department and Week, 2020 - 2021



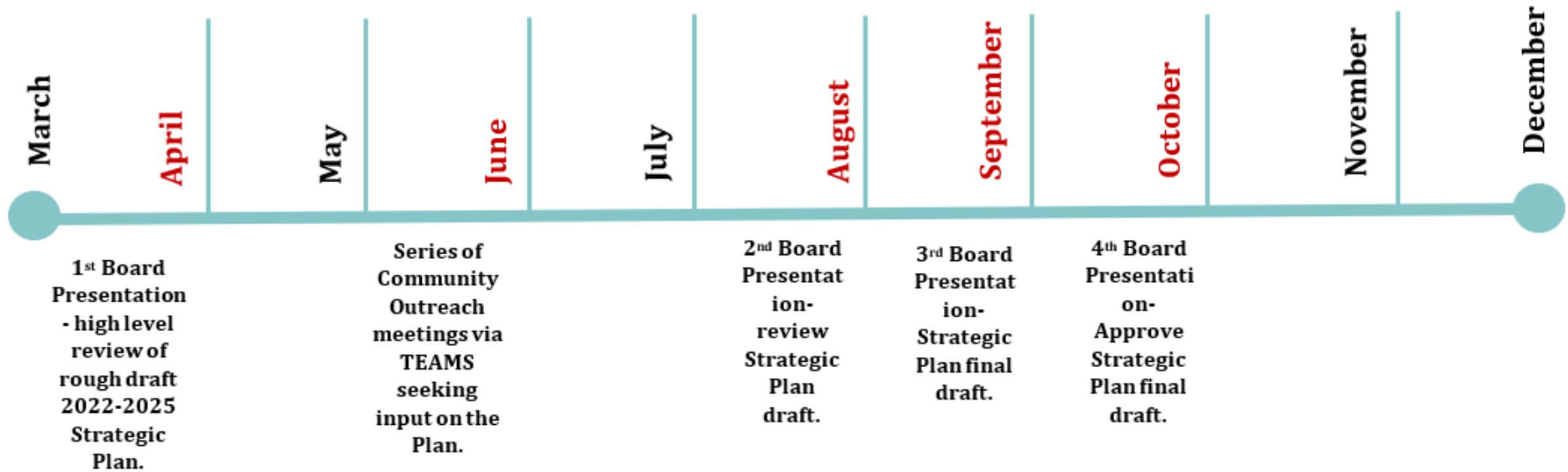
Advocacy Update

- 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



Questions

