COVID-19 Notice
No in-person attendance allowed, pursuant to Governor Inslee's Proclamation 20-28.
All meeting attendees, including Board of Commissioners, staff and members of the public must participate virtually. No physical meeting location will be provided.
To attend the meeting, dial Phone Conference Line: **(509) 598-2842**
When prompted, enter Conference ID number: **383682973#**

Regular Session Agenda
Wednesday, July 28, 2021

Call to Order: 2:00

Approve Agenda: 2:00

Board Governance Education: 2:01
- Upcoming Retreats

Education Topic: 2:15
- Independent Auditors Report
  - Tom Dingus, CPA, Dingus, Zarecor & Associates PLLC

Break: 3:15

Team, Employee, Provider of the Quarter 3:30

Minutes: 3:45
- June 15, 2021, Special Session Minutes (pg. 2)
- June 17, 2021, Special Session Minutes (pg. 3)
- June 23, 2021, Regular Session Minutes (pg. 4-6)

Required Approvals: Action Requested 3:50
- June Warrants and Adjustments (pg. 7-13)
- Medical Staff Credentials/ Appointments/ Reappointments (pg. 14)
- Medical Staff Policies (pg. 15-31)

Compliance Report: Jon French, CLO 4:00

Financial Report: Tyler Freeman, CFO 4:15

Administrative Report: Mike Glenn, CEO 4:30
- Medical Office Building Update

CMO Report: Dr. Joe Mattern, CMO 4:45

Board Business: 5:00
- Board of Health Report

Meeting Evaluation: 5:10

Conclude: 5:15

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

No Live Public Comment
In lieu of live comments, members of the public may comment on any agenda item or any other matter related to the District via a letter addressed to the Commissioners at 834 Sheridan Street, Port Townsend, Washington 98368, or via email to commissioners@jeffersonhealthcare.org.

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When prompted, enter Conference ID number: 430661332

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Tuesday, June 15, 2021

Call to Order:
The meeting was called to order at 5:03pm 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, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Community Forum:
The purpose of this special session is to hold a virtual community forum on the Jefferson Healthcare 2022-2025 Strategic Plan. No action will be taken.

Commissioner Buhler Reinstra provided an introduction.

Mike Glenn, CEO, presented the 2022-2025 Strategic Plan.

Discussion ensued.

Conclude:
Commissioner Dressler moved to conclude the meeting. Commissioner Kolff seconded.
Action: Motion passed unanimously.

Meeting concluded at 6:45 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____
Secretary of Commission: Marie Dressler _____

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When prompted, enter Conference ID number: 430661332

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Thursday, June 17, 2021

Call to Order:
The meeting was called to order at 4:04pm by Board Chair Buhler Rienstra. Present by phone and video were Commissioners Dressler, McComas and Ready. Also, in attendance by phone were Mike Glenn, CEO, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare. Commissioner Kolff was excused.

Community Forum:
The purpose of this special session is to hold a virtual community forum on the Jefferson Healthcare 2022-2025 Strategic Plan. No action will be taken.

Commissioner Buhler Reinstra provided an introduction.

Mike Glenn, CEO, presented the 2022-2025 Strategic Plan.

Discussion ensued.

Conclude:
Commissioner Dressler moved to conclude the meeting. Commissioner Ready seconded.
Action: Motion passed unanimously.

Meeting concluded at 5:35 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____
Secretary of Commission: Marie Dressler _____

COVID-19 Notice
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To attend the meeting, dial Phone Conference Line: (509) 598-2842
When prompted, enter Conference ID number: 613 756 871

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 _____

Jefferson Healthcare

	June 2021 Actual	June 2021 Budget	Variance Favorable/ (Unfavorable)	%	June 2021 YTD	June 2021 Budget YTD	Variance Favorable/ (Unfavorable)	%	June 2020 YTD
Gross Revenue									
Inpatient Revenue	3,325,273	4,255,558	(930,285)	-22%	18,067,075	24,984,243	(6,917,168)	-28%	17,826,309
Outpatient Revenue	24,335,193	20,250,194	4,084,999	20%	129,800,698	118,888,234	10,912,464	9%	99,153,998
Total Gross Revenue	27,660,465	24,505,752	3,154,714	13%	147,867,773	143,872,477	3,995,296	3%	116,980,308
Revenue Adjustments									
Cost Adjustment Medicaid	2,093,494	2,644,398	550,905	21%	12,105,305	15,525,177	3,419,872	22%	9,820,524
Cost Adjustment Medicare	11,757,194	7,947,468	(3,809,726)	-48%	52,074,959	46,659,329	(5,415,630)	-12%	43,114,228
Charity Care	109,175	233,043	123,868	53%	1,612,948	1,368,188	(244,760)	-18%	1,400,911
Contractual Allowances Other	3,048,118	1,872,869	(1,175,248)	-63%	14,679,586	10,995,556	(3,684,030)	-34%	11,192,506
Administrative Adjustments	65,663	110,023	44,359	40%	287,240	645,941	358,701	56%	176,702
Allowance for Uncollectible Accounts	(847,180)	461,901	1,309,081	283%	2,134,130	2,711,808	577,678	21%	1,228,406
Total Revenue Adjustments	16,226,465	13,269,703	(2,956,761)	-22%	82,894,168	77,906,000	(4,988,168)	-6%	66,933,277
Net Patient Service Revenue	11,434,001	11,236,048	197,952	2%	64,973,605	65,966,477	(992,872)	-2%	50,047,031
Other Revenue									
340B Revenue	438,639	314,247	124,393	40%	1,902,175	1,844,932	57,243	3%	1,578,674
Other Operating Revenue	915,760	235,586	680,174	289%	2,298,494	1,383,119	915,375	66%	9,419,054
Total Operating Revenues	12,788,400	11,785,881	1,002,519	9%	69,174,274	69,194,527	(20,254)	0%	61,044,759
Operating Expenses									
Salaries And Wages	5,453,206	5,796,936	343,731	6%	34,331,694	34,033,626	(298,068)	-1%	31,804,588
Employee Benefits	1,206,953	1,487,709	280,756	19%	8,215,628	8,734,293	518,666	6%	7,635,050
Professional Fees	150,640	133,343	(17,297)	-13%	954,391	782,855	(171,536)	-22%	1,374,843
Purchased Services	648,431	701,077	52,646	8%	4,228,262	4,116,002	(112,261)	-3%	3,744,498
Supplies	2,469,973	2,188,327	(281,645)	-13%	13,538,242	12,847,599	(690,642)	-5%	11,077,832
Insurance	90,496	85,425	(5,071)	-6%	543,037	501,529	(41,508)	-8%	391,518
Leases And Rentals	21,460	35,778	14,318	40%	156,600	210,049	53,449	25%	98,527
Depreciation And Amortization	519,873	537,192	17,319	3%	2,978,813	3,153,836	175,023	6%	3,102,029
Repairs And Maintenance	42,204	103,261	61,058	59%	352,033	606,242	254,209	42%	510,061
Utilities	96,442	98,536	2,093	2%	624,391	578,500	(45,891)	-8%	594,919
Licenses And Taxes	64,112	64,054	(57)	0%	448,361	376,062	(72,299)	-19%	330,329
Other	200,151	199,859	(292)	0%	954,093	1,173,366	219,272	19%	993,294
Total Operating Expenses	10,963,941	11,431,499	467,558	4%	67,325,546	67,113,960	(211,585)	0%	61,657,488
Operating Income (Loss)	1,824,459	354,382	1,470,077	415%	1,848,728	2,080,567	(231,839)	-11%	(612,729)
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	23,101	23,798	(697)	-3%	138,606	139,716	(1,111)	-1%	148,244
Taxation For Debt Service	20,343	18,668	1,675	9%	240,517	109,599	130,918	119%	127,399
Investment Income	(11)	28,197	(28,209)	-100%	25,895	165,545	(139,651)	-84%	128,762
Interest Expense	(137,521)	(89,636)	(47,885)	-53%	(572,865)	(526,249)	(46,617)	-9%	(537,479)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	6,172	18,473	(12,301)	-67%	28,371	108,452	(80,081)	-74%	49,478
Total Non Operating Revenues (Ex	(87,916)	(500)	(87,416)	-17480%	(139,477)	(2,936)	(136,541)	-4650%	(83,597)
Change in Net Position (Loss)	1,736,543	353,882	1,382,661	391%	1,709,251	2,077,631	(368,381)	-18%	(696,325)

Jefferson Healthcare

STATISTIC DESCRIPTION	JUNE 2021 MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	JUNE 2020 MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	592.00	625.21	5%	608.80	625.21	3%	608.49	3%	596.38	-2%
FTEs - PRODUCTIVE (AVG)	521.82	559.80	7%	540.95	559.80	3%	543.73	4%	529.16	-2%
ADJUSTED PATIENT DAYS	3,737	2,161	73%	16,540	13,040	27%	1,904	96%	10,799	53%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	87	73	19%	421	441	-5%	66	32%	351	17%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	349	320	9%	1,581	1,930	-18%	267	31%	1,467	7%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	7	22	-68%	95	134	-29%	7	0%	108	-14%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	443	415	7%	2,097	2,505	-16%	340	30%	1,926	8%
BIRTHS	11	9	22%	49	57	-14%	4	175%	42	14%
SURGERY CASES (IN OR)	151	123	23%	789	744	6%	130	16%	592	25%
SURGERY MINUTES (IN OR)	20,185	14,381	40%	101,469	86,767	17%	16,095	25%	74,527	27%
SPECIAL PROCEDURE CASES	96	75	28%	451	451	0%	68	41%	296	34%
LAB BILLABLE TESTS	23,356	20,874	12%	131,060	125,939	4%	20,772	12%	98,930	25%
BLOOD BANK UNITS MATCHED	-	46	-100%	-	279	-100%	39	-100%	254	0%
MRIs COMPLETED	226	230	-2%	1,257	1,388	-9%	176	28%	1,046	17%
CT SCANS COMPLETED	593	526	13%	3,224	3,174	2%	478	24%	2,501	22%
RADIOLOGY DIAGNOSTIC TESTS	1,753	1,532	14%	9,141	9,243	-1%	1,347	30%	7,709	16%
ECHOs COMPLETED	183	134	37%	999	806	24%	193	-5%	618	38%
ULTRASOUNDS COMPLETED	337	335	1%	2,036	2,019	1%	335	1%	1,654	19%
MAMMOGRAPHYS COMPLETED	294	252	17%	1,586	1,518	4%	224	31%	1,093	31%
NUCLEAR MEDICINE TESTS	54	37	46%	306	223	37%	38	42%	181	41%
TOTAL DIAGNOSTIC IMAGING TESTS	3,440	3,046	13%	18,549	18,371	1%	2,791	23%	14,802	20%
PHARMACY MEDS DISPENSED	22,856	23,663	-3%	116,997	142,764	-18%	19,390	18%	106,148	9%
ANTI COAG VISITS	409	395	4%	2,401	2,386	1%	383	7%	2,106	12%
RESPIRATORY THERAPY PROCEDURES	3,072	3,607	-15%	16,031	21,760	-26%	2,486	24%	14,923	7%
PULMONARY REHAB RVUs	161	229	-30%	646	1,384	-53%	53	204%	746	-15%
PHYSICAL THERAPY RVUs	7,774	7,403	5%	44,494	44,664	0%	6,436	21%	34,312	23%
OCCUPATIONAL THERAPY RVUs	1,073	1,075	0%	6,464	6,487	0%	1,078	0%	5,991	7%
SPEECH THERAPY RVUs	331	213	55%	1,693	1,287	32%	197	68%	1,156	32%
REHAB/PT/OT/ST RVUs	9,339	8,920	5%	53,297	53,822	-1%	7,764	20%	42,205	21%
ER CENSUS	1,105	1,074	3%	5,528	6,479	-15%	833	33%	5,193	6%
EXPRESS CLINIC	851	803	6%	3,600	4,844	-26%	481	77%	3,610	0%
SOCO PATIENT VISITS	95	159	-40%	751	962	-22%	198	-52%	825	-10%
PORT LUDLOW PATIENT VISITS	650	641	1%	3,798	3,868	-2%	574	13%	3,093	19%
SHERIDAN PATIENT VISITS	2,966	2,581	15%	15,918	15,572	2%	2,305	29%	12,181	23%
DENTAL CLINIC	512	385	33%	2,282	2,325	-2%	222	131%	1,267	44%
WATERSHIP CLINIC PATIENT VISITS	1,074	1,156	-7%	6,352	6,972	-9%	947	13%	5,146	19%
TOWNSEND PATIENT VISITS	593	536	11%	3,358	3,233	4%	541	10%	3,063	9%
TOTAL RURAL HEALTH CLINIC VISITS	6,741	6,261	8%	36,059	37,776	-5%	5,268	28%	29,185	19%
OFF-SITE LAB	705	-	0%	6,328	-	0%	896	-21%	1,575	75%
DISASTER CLINIC	-	-	0%	127	-	0%	119	-100%	910	-617%
TOTAL COVID RESPONSE	705	-	0%	6,455	-	0%	1,015	-31%	2,485	62%
CARDIOLOGY CLINIC VISITS	495	329	50%	2,843	1,984	43%	399	24%	1,779	37%
DERMATOLOGY CLINIC VISITS	798	542	47%	3,870	3,273	18%	727	10%	3,208	17%
GEN SURG PATIENT VISITS	328	302	9%	1,967	1,822	8%	345	-5%	1,254	36%
ONCOLOGY VISITS	509	575	-11%	3,255	3,470	-6%	562	-9%	2,908	11%
ORTHO PATIENT VISITS	776	706	10%	4,208	4,258	-1%	706	10%	3,652	13%
SLEEP CLINIC VISITS	117	137	-15%	497	829	-40%	157	-25%	914	-84%
UROLOGY VISITS	189	222	-15%	1,119	1,339	-16%	216	-13%	941	16%
WOMENS CLINIC VISITS	308	267	15%	1,822	1,610	13%	126	144%	768	58%
WOUND CLINIC VISITS	280	268	4%	1,511	1,617	-7%	235	19%	1,248	17%
TOTAL SPECIALTY CLINIC VISITS	3,800	3,348	14%	21,092	20,202	4%	3,473	9%	16,672	21%
SLEEP CENTER SLEEP STUDIES	38	63	-40%	179	381	-53%	56	-32%	262	-46%
INFUSION CENTER VISITS	735	823	-11%	4,654	4,967	-6%	741	-1%	4,104	12%
SURGERY CENTER ENDOSCOPIES	84	76	11%	461	461	0%	86	-2%	312	32%
HOME HEALTH EPISODES	51	58	-12%	306	351	-13%	59	-14%	307	0%
HOSPICE CENSUS/DAYS	940	725	30%	6,365	4,373	46%	1,251	-25%	6,273	1%
CARDIAC REHAB SESSIONS	79	82	-4%	365	496	-26%	4	1875%	412	-13%
DIETARY TOTAL REVENUE	55,151	58,734	-6%	338,928	354,359	-4%	55,125	0%	391,764	-16%
MAT MGMT TOTAL ORDERS PROCESSED	1,620	2,136	-24%	10,469	12,884	-19%	2,005	-19%	11,574	-11%
EXERCISE FOR HEALTH PARTICIPANTS	-	280	-100%	-	1,691	-100%	-	0%	1,240	0%

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

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

General Fund Warrants & ACH Transfers	**$12,706,614.75**	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	**($915,090.93)**	(Attached)
Canceled Warrants	**$0.00**	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following warrants:

GENERAL FUND:

274708	**275591**	**$3,692,329.38**
ACH TRANSFERS		**$9,014,285.37**
		$12,706,614.75
YEAR-TO-DATE:		**$94,499,172.91**

Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following:

	JUNE	JUNE YTD	JUNE YTD BUDGET
Allowance for Uncollectible Accounts:	(289,929.64)	2,691,380.01	2,711,808.48
Charity Care:	(690,824.74)	812,948.15	1,368,188.06
Other Administrative Adjustments:	65,663.45	287,239.66	645,940.97
TOTAL FOR MONTH:	($915,090.93)	$3,791,567.82	$4,725,937.51

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

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

DATE	WARRANT	AMOUNT

***Due to changes in County Software we are unable to confirm at this time.**

TOTAL:	**$ -**

FROM: **Medical Staff Services**
RE: **07/27/2021 Medical Executive Committee appointments/reappointments for Board approval 07/28/2021**

C-0241
§485.627(a) Standard: Governing Body or Responsible Individual
The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)
It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

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

1. Addison Richert, PA-C – Orthopedics

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

1. Kevin Bowman, MD – Emergency/HHH

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

1. Melike Arslan, MD - Cardiology

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

N/A

Recommended POCUS Privileges:

N/A

Medical Student Rotation:

1. Katherine Sexton – Primary Care
2. Charles McElroy – Primary Care Shadow

Disaster Privileging

N/A

90-day provisional performance review completed successfully:

N/A

Resignations:

N/A

FROM: **Medical Staff Services**
RE: **<u>07/27/2021 Medical Executive Committee appointments/reappointments for Board approval 07/28/2021</u>**

C-0241
§485.627(a) Standard: Governing Body or Responsible Individual
The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)
It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Summary of Changes for Policy and Privilege Review

Policies

1. Physician Supervision of Physician Assistants
    i. Changes are noted document and are made to reflect the new PA laws.
2. Expectations of Providers
    i. No changes
3. Pathologic Examination of Tissue and Cytology
    i. No Changes
4. Provider Conduct Policy
    i. No Changes
5. Telemedicine Services
    i. No Changes
6. Verifications of Licensure, Malpractice Insurance Coverage and DEA Certificates
    i. No Changes

Privileges

N/A

POLICY:

A physician assistant (PA) may practice medicine at Jefferson Healthcare with active medical staff privileges and completion of the practice ~~delegation~~ agreement by the Washington ~~State~~ Medical Commission (WMC)~~MQAC)~~ to the extent permitted by the Commission. The sponsoring physician, as an agent of Jefferson Healthcare, will exercise supervision over the PA, and shall retain the professional and legal responsibility for health care tasks rendered by the PA when so required by state law. The sponsoring physician and PA are mutually obligated by the rules and regulations set forth by state and federal laws.

PURPOSE:

To define the process for supervision of physician assistants.

SCOPE:

The policy applies to all PAs appointed to the active medical staff at Jefferson Healthcare. This includes the inpatient setting, emergency department, specialty clinics, and rural health clinics.

DEFINITIONS:

Physician Assistants means a person who is licensed by the commission to practice medicine to a limited extent only under the supervision of a physician as defined in chapter 18.71 RCW and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services.

~~***Medical Quality Assurance Commission (MQAC)*** division of the Washington State Department of Health, responsible for the protection of the public by assuring quality health care is provided by physicians and physician assistants.~~

Washington Medical Commission (WMC) It is the purpose and responsibility of the Washington Medical Commission (WMC) to protect the public by ensuring quality healthcare is provided by physicians and physician assistants. The WMC establishes, monitors, and enforces qualifications for licensure, consistent standards of practice, and continuing competency.

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Remote Site: a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than 25% of the practice time of the licensee.

RESPONSIBILITY:

It is the responsibility of the PA to provide the required information to the Credentials Committee and comply with all medical staff policies and procedures. The Physician Assistant and the Sponsoring Physician are responsible for ensuring that documentation of appropriate consultation and review of work are maintained.

The Medical Executive Committee provides oversight of the quality of medical staff services and makes recommendations regarding credentialing and privileging to the Board of Commissioners.

All credentials and privileges of AHPs are reviewed and approved by the Board of Commissioners per the Medical Staff Reappointments and Renewal of Clinical Privileges Policy and the Medical Staff Initial Appointment Policy.

PROCEDURE:

Application and Approval of PA Privileges

A. The PA shall apply for appointment and privileges through the Jefferson Healthcare Medical Staff office.
    1. The application shall include information regarding education, training, experience, and competency
B. The appointment, reappointment, delineation of privileges and approval process shall be completed in accordance with Medical Staff Policies as documented above
C. PAs must be approved by the Governing Board upon recommendation of the Credentials Committee and the Medical Executive Committee

Sponsor and Supervision Requirements

A. Limitations: A physician may enter into ~~delegation~~practice agreements with no more than five PA's as outlined in WAC 246-915-055.
    ~~A.~~1. A physician may apply for a waiver with the WMC to supervise up to 10 PAs as outlined in SHB 2378.
B. Every PA is required to have an approved ~~delegation~~practice agreement with ~~MQAC~~WMC.
    1. The ~~delegation~~practice agreement shall delineate the manner and extent to which the PA will practice and be supervised.
        a. The ~~delegation~~practice agreement must specify the detailed description of the scope of practice and the supervision process for the practice
        b. The sponsoring physician and the PA shall determine which services are provided and the degree of supervision
C. PAs are required to be sponsored by a physician who is currently appointed to the active medical staff of Jefferson Healthcare.
    1. If the sponsoring physician terminates his or her relationship with Jefferson Healthcare a new sponsor must be arranged for the PA. WMC must be notified of the practice agreement termination.
    2. A PA who practices in multiple specialties may need more than one ~~delegation~~practice agreement, according to state and federal law and based upon the PAs training and scope of practice
D. Supervision may consist of concurrent observation; however, it does not *require* the physical presence of the sponsor unless indicated on the privilege list
E. The sponsoring physician or designee shall review care provided by the PA on a continuous basis and countersign any admission History & Physical (H & P) examinations and Discharge Summary
F. In accordance with state and federal laws and regulations, for the first year of the PA's practice at Jefferson Healthcare, the sponsoring physician or designee shall review 10 outpatient cases per month *for the first year*, then five cases per month after.
    1. Additional review is not required when the care is provided in collaboration with a physician
G. The sponsoring physician shall always be available to the PA for clinical questions and the resolution of quality of care issues.
H. Supervision must be continuous but does not require the personal presence of the sponsoring physician at the place where health care tasks are performed so long as the PA and sponsoring physician can be in contact by telecommunication.
I. In cases where the sponsoring physician is not immediately available, a back-up sponsoring physician shall be available to the PA for the resolution of clinical or quality of care issues.

Remote Sites

~~A.~~ Physician Assistants no longer need to be approved by the WMC to practice in remote sites. The remote site practice must be documented as part of the PA practice agreement.~~PAs may not be utilized in a remote site without documentation of approval from the MQAC~~
~~B. Exceptions must be approved by the MQAC based upon demonstration of need for such use~~
~~1. There must be an adequate provision for the timely communication between the PA and the~~

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~~supervising physician~~

~~2.~~A. ~~The supervising physician must spend at least 10% of his or her practice time of the PA in the remote site~~

~~3.~~1. The names of the supervising physician and the PA must be prominently displayed at the entrance to the clinic or in the reception area of the remote site

RECORDS REQUIRED:

Reports are provided to the medical staff office at reappointment or as requested by Medical Staff.

REFERENCES:

- CMS Benefit Policy Manual Chapter 13, Rural Health Clinics (RHC)
  - RHC Staffing requirements 30.1.1
- CMS CAH Conditions of Participation: §485.631(b)(1)
- Washington State Legislature RCWs, Chapter 18.71A, Physician's Assistants
- Washington State Legislature WACs; Physician Assistants - Medical Quality Assurance Commission

- Washington State Legislature: SBH 2378

Current Status: *Active*	**PolicyStat ID:** *6932152*

Origination:	*08/2014*
Last Approved:	*09/2019*
Last Revised:	*09/2019*
Next Review:	*09/2021*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Expectations of Providers

POLICY:

This policy sets forth expectations for all medical staff and allied health professional staff with regard to quality of care and service, resource utilization, professional behavior and contributions to hospital and community.

DEFINITIONS:

Personal Accountability:

1. Follow Provider Conduct policy
2. Act in a professional manner

- Take steps to deal with personal stress if it is affecting your work
- Commit to finding solutions to problems
- Take appropriate action if you see disruptive behavior in others, including any form of discrimination, abuse or harassment.
- Maintain a warm and welcoming attitude in the workplace
- Work together as an organization; not only as individuals or departments

Quality of Care:

1. Practice the standard of care for your specialty.
2. Maintain skills and participate in CME on a regular basis.
3. Participate in peer review/performance improvement and outcomes.
4. Utilize medical staff resources appropriately and seek early consultation willingly.

Quality of Service Expectations:

1. Treat all patients with dignity and respect.
2. Complete all medical records within 30 days and ensure that documentation supports billed level of care.
3. Assure there is an appropriate progress note for each acute care patient at least once every day.
4. When on call, provider will return phone call from emergency physician within 10 minutes of receiving the call.
5. The on call physician is to present to the Emergency Department within 30 minutes of request **or** at the clinical discretion of the ED provider.

6. Communicate feedback to patients, consultants and fellow staff members in a timely manner.
7. Provide for or arrange continuous care for hospitalized patients.

Resource Utilization:

1. Be a responsible steward of available resources by providing care that is cost effective in accordance with current standards in your field.
2. Always consider transfer of patients requiring treatment beyond the practical capability of this institution.
3. Willingly provide Emergency Department coverage as defined by Medical Staff Policy.

Respectful Communication:

1. Work to communicate effectively and respectfully with co-workers and patients
2. Whenever possible resolve conflict with one-to one communication
3. Do not triangulate issues that arise; use appropriate chain of command for resolution -do not gossip
4. Give constructive feedback on issues

Peer and Co-Worker Relationships:

1. Treat all fellow medical staff, administrative staff and hospital staff with the respect deserved of a fellow member of the healthcare team at all times.
2. Handle disagreements in a civilized and professional manner, in private surrounds, through the proper channels.
3. Avoid acts of sexual harassment or any violation of the civil rights of patients, their families, hospital employees or medical staff members.
4. Maintain strict adherence of patient confidentiality at all times regardless of the source of information or the circumstances of your surroundings.

Contributions to Hospital and Community:

1. Actively participate in the medical staff organization by attending meetings, and serving on committees.
2. Be open to participate in hospital functions.
3. Be aware of community needs and the activities the hospital participates in to meet those needs.

Personal Improvement:

1. Follow Standard Work including work developed in Lean Events
2. If you do not know where to find Standard Work, seek instruction or training
3. Participate in Lean Events
4. Strive to master the skills needed to do your best work

Recognition of Excellence:

1. Expect excellence in yourself and others and take time to recognize it.
2. Bring out the best in each individual and group, acknowledging others' moments of excellence
3. Give praise for a job well done

What You Can Expect:

1. We will be respectful and professional
2. We will recognize and acknowledge excellence and exemplary behavior in care and service
3. We will provide clear guidelines for conflict resolution
4. We will support you in problem resolution and performance improvement

CONDUCT AND EXPECTATIONS:

My signature below indicates that I have received a copy of the Jefferson Healthcare policy, ***Expectations of Providers*** and I agree to abide by the policy.

_____

Signature Date

Attachments

No Attachments

Approval Signatures

Approver	Date
Barbara York: Medical Staff coordinator	09/2019

Current Status: *Active* **PolicyStat ID:** *8535790*

Origination: *12/2012*
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Owner: *Allison Crispen: Director of Medical Staff Programs*
Policy Area: *Medical Staff Policies*
Standards & Regulations:
References:

Pathologic Examination of Tissue and Cytology

POLICY:

This policy pertains to specimens obtained during any procedures and at any location in the system. All specimens, cytology, tissue and non-tissue, with the following exceptions, will be sent to the pathologist for gross and microscopic review:

PROCEDURE:

1. ***The following specimens are exempt from routine submission to pathology. Their removal and disposition will be documented in the operative note and by the surgical department staff.***
   a. Bone segments removed and immediately used as part of autologous corrective or reconstructive orthopedic procedures (for example, removed from iliac crest and used in spinal fusion). (Specimens removed for suspected infection, tumor, vascular insufficiency or necrosis are not exempt from routine submission to pathology.)
   b. Bone and related soft tissue removed as part of corrective or reconstructive orthopedic procedures which are not suspected of infection, tumor, vascular insufficiency, or necrosis are exempt.
   c. Cataracts
   d. Dental appliances
   e. Grossly normal fat (eg liposuction, reduction surgery)
   f. Foreign bodies, such as bullets, or other medico legal evidence that are given directly to law enforcement personnel
   g. Foreskin from the circumcision of pediatric patients up to age sixteen (16)
   h. Intrauterine contraceptive devises without attached soft tissue
   i. Medical devices, such as catheters, gastrostomy tubes, myringotomy tubes, stents, and sutures that have not contributed to patient illness, injury or death
   j. Middle ear ossicles
   k. Orthopedic hardware and other radiopaque mechanical devices
   l. Placentas from vaginal and Cesarean section deliveries (all placentas from fetal distress or where apgars are less than 6 at 5 minutes, are not exempt from routine submission to pathology.)
   m. Any appliance or prosthesis when removal had been planned at the time of placement.

n. Rib segments or other tissues removed only for the purposes of gaining surgical access from patients who do not have a history of malignancy

o. Skin or other normal tissue removed during a cosmetic or reconstructive procedure that is not contiguous with a lesion.

p. Teeth, providing proper description is included in operative record and providing these teeth were the product of planned extraction

q. Therapeutic radioactive sources

r. Toenails and fingernails that are grossly unremarkable

s. Fluids aspirated for therapeutic purposes only, or repeat aspirations not requiring cytologic examination as determined by the performing physician (for example, hydroceles, therapeutic thoracentesis and paracentesis, fluids from drains, abscesses, renal cysts, urine, synovial fluid).

2. ***The following specimens are exempt from routine microscopic examination. These specimens should be submitted to pathology for gross examination. Microscopic examination of specimens on this list is performed at the discretion of the pathologist or when requested by the submitting physician.***

   A. Accessory digits

   B. Bunions and hammertoes

   C. Extraocular muscle from corrective surgical procedures (example-strabismus repair)

   D. Inguinal hernia sacs in adults

   E. Nasal bone and cartilage from rhinoplasty or septoplasty

   F. Prosthetic breast implants

   G. Prosthetic cardiac valves without attached tissue

   H. Tonsils and adenoids from children

   I. Umbilical hernia sacs in children

   J. Varicose veins

   K. Any specimen may be sent to pathology by physician request

3. ***Tracking of those devices covered under the Safe Medical Devices Act of 1990 will be performed by the Surgical Department.***

   a. **Permanently implantable devices**:

      - vascular graft prostheses
      - vascular bypass (assist) devices
      - implantable pacemaker pulse generator
      - cardiovascular permanent pacemaker electrode
      - annuloplasty ring
      - replacement heart valve
      - automatic implantable cardioverter/defibrillator
      - tracheal prosthesis

- implanted cerebellar stimulator
- implanted diaphragmatic/phrenic nerve stimulator
- implantable infusion devices

b. **Life sustaining or life supporting devices**:
   - breathing frequency monitors (apnea monitors)
   - continuous ventilator
   - CD-defibrillator and paddles

c. **FDA designated devices**:
   - silicone inflatable breast prosthesis
   - silicone gel-filled breast prosthesis
   - silicone gel-filled testicular prosthesis
   - silicone gel-filled chin prosthesis
   - silicone gel filled angel chik reflux valve
   - electromechanical infusion pumps

Referenced Documents

Reference Type	Title	Notes
		10/26/17: Reviewed and approved by Dr. K. Lloyd (NW Pathology) MEC Approved 11/28/2017/by

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: Director of Medical Staff Programs	10/2020

Current Status: *Active*	**PolicyStat ID:** *8892448*
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Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Provider Conduct Policy

POLICY:

It is the policy of Jefferson Healthcare that all individuals within the hospital's or clinics' facilities will be treated with courtesy, respect and dignity. To that end, Jefferson Healthcare requires that all individuals working and/or providing patient care within its hospital and clinics, including all members of the medical staff as well as allied health practitioners with granted privileges, conduct themselves in a professional and cooperative manner in the hospital and/or clinic(s). The Governing Board, hospital management, and medical staff will enforce this policy in a firm, fair and equitable manner.

PURPOSE:

The objective of this policy is to ensure optimal patient care by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate to the extent possible, conduct that disrupts the operation of the hospital/clinics, affects the ability of others to do their jobs, creates a hostile work environment for hospital/clinic employees or other medical staff members, interferes with an individual's ability to practice competently and adversely affects the community's confidence in the hospital's ability to provide quality patient care.

SCOPE:

All employees of Jefferson Healthcare, as well as individuals providing services through contracts with Jefferson Healthcare, are accountable to the hospital CEO for their conduct within the Jefferson Healthcare premises. The CEO is accountable to the board for effectively addressing unprofessional conduct by these individuals consistent with this policy. All practitioners granted privileges are accountable to the medical staff for their conduct within the hospital and clinics. The medical staff is accountable to the Governing Board for effectively addressing unprofessional conduct by these individuals consistent with this policy. Individual incidents of severe unprofessional conduct or persistent patterns of unprofessional conduct not addressed by the CEO or medical staff in an effective or timely fashion shall be definitely addressed by the Governing Board.

The medical staff will interpret and enforce this policy as its sole process for dealing with egregious incidents and persistent patterns of unprofessional conduct. No other policy or procedure shall be applicable to unprofessional conduct by individuals granted privileges except as designated by the medical staff and governing board.

DEFINITION:

Consistent with the preceding objective, unacceptable, disruptive conduct may include, but is not limited to behavior such as the following:

- **Appropriate behavior** means any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized medical staff, or to engage in professional practice, including practice that may be in competition with the hospital.
- **Inappropriate behavior** means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior."
- **Disruptive behavior** means any abusive conduct, including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.
- **Sexual Harassment** means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidation or otherwise hostile work environment (please refer to the Non-Discrimination and Anti-Harassment Policy). Incidents involving sexual harassment, discrimination or hostile work environment are reported to Human Resources. Cases involving medical staff members will be handled by MEC in collaboration with HR as subject matter experts. Investigation, documentation, and discipline will be executed through the MEC.

PROCEDURE:

This policy will be implemented in a manner that carries out the following activities:

- Set, communicate and achieve buy-in to clear expectations of behavior through MEC, including wide dissemination of this policy.
- Measure performance compared to these expectations.
- Provide constructive, timely, and periodic feedback of performance to providers as needed.
- Manage poor performance when patterns of inappropriate/disruptive behavior persist.
- Take corrective action as applicable to terminate or limit employment, a contract, or a provider's medical staff membership or privileges following a single egregious incident (intentional harm or neglect of duties to patient or staff) or when the problem cannot otherwise be resolved in a timely manner.

Any provider, employee, patient or visitor may report conduct that he or she deems inappropriate or disruptive. The standard of reporting conduct issues is through the online occurrence reporting tool on the Jefferson Healthcare Intranet. Once it is received, the case will be assigned to the Section Chief or designee and Medical Staff Services to initiate the investigation. The investigating individual (as determined) may dismiss any unfounded report and will notify the individual who initiated the report of his/her decision. A confirmed report will address the following:

It shall be made clear to the offending individual that attempts to confront, intimidate, or otherwise retaliate against the individual(s) who reported the behavior in question is a violation of this policy and is grounds for further disciplinary action.

A single, confirmed incident warrants a discussion with the offending individual. This shall be carried out by the

Chief of Staff with the support of the CMO/CEO and Medical Staff Services. This initial discussion shall emphasize that such conduct is inappropriate and must cease. The Chief of Staff, CMO and CEO conducting the discussion will provide the offender with a copy of this policy and inform the individual that the governing board requires compliance with this policy. The approach during such an initial intervention should be collegial and helpful to the individual and hospital.

Further incidents that do not cluster into a pattern of persistent disruptive behavior will be handled by providing the individual with notification of each incident and a reminder of the expectation that the individual comply with this policy, that is, as a rule violation.

If it is determined that the individual is demonstrating persistent unprofessional conduct, this will be addressed with the individual as outlined. For a provider granted privileges, these steps will be carried out by the Chief of Staff with the support of the CMO, CEO or their designees.

- As with the single, confirmed incident, the individual(s) conducting the intervention will provide the offending individual with a copy of this policy and inform the individual that the governing board requires compliance with this policy. Failure to agree to abide by the terms of this policy shall be grounds for loss of employment, contract, or summary suspension of medical staff membership and privileges, as appropriate to the individual's status.
- The individual(s) conducting the intervention will inform the offending individual that if the unprofessional conduct recurs, the management, the Medical Executive Committee, and/or the governing board will take more formal action to stop it. The MEC and CEO will receive notification about the recurrence of this behavior.
- Because documentation of each incident of unprofessional conduct is critical as it is ordinarily not one incident alone that leads to corrective action, but rather a pattern of inappropriate conduct, the individual(s) conducting the intervention shall document all meetings regarding the offending individual. The letter will document the content of the discussion and any specific actions the offending individual has agreed to perform.

The letter shall include the following:

1. The date and time of the questionable behavior
2. A statement of whether the behavior affected or involved a patient in any way, and if so, information identifying the patient
3. The circumstances that precipitated this behavior
4. A factual and objective description of the questionable behavior
5. The consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations
6. A record of any action taken to remedy the situation, including the date, time, place, action and name(s) of those intervening and follow-up action steps agreed to by the individual involved and the individual(s) performing the intervention

The hospital will keep a copy of this letter on file in the Medical Staff Office. The involved individual may submit a rebuttal to the charge. This rebuttal will become a permanent part of the record.

If the offending behavior continues, it the responsibility of the CEO to ensure that it stops. To do so, the Chief of Staff will collaborate with the CEO or designee in holding meetings with the offending individual until the behavior stops. To do so, the Chief of Staff or designee will collaborate with the Chief Medical Officer and CEO in holding series of meetings with the offending individual until the behavior stops. Regardless of who is carrying out these meetings, the intervention involved in each meeting will progressively increase in severity

until the behavior in question ceases.

If, in spite of these interventions, the behavior continues, the offending individual will receive a final warning. The individuals carrying out this intervention will inform the offending individual that a single recurrence of the offending behavior within a specified time period shall result in separation from the hospital through termination of employment or contract or loss of medical staff membership and privileges, as appropriate. This meeting is not a discussion, but rather constitutes the provider's final warning. The offender will also receive a follow up letter that reiterates the final warning.

If, after this final meeting, the offending behavior recurs within the specified time period, the individual's medical staff membership and privileges shall be summarily suspended consistent with the summary suspension terms of the medical staff bylaws and policies and procedures. The MEC and board then will take action to revoke the individual's membership and privileges.

If a single incident of disruptive behavior or repeated incidents of disruptive behavior are determined to place patient care or the liability and reputation of the hospital at risk, the offending individual may be immediately fired or his or her contract terminated. For providers granted privileges, the individual will be summarily suspended and the medical staff and hospital policies for addressing summary suspension will be followed.

REFERENCES:

DNV, MS.4; CMS, § 482.22(b); AMA; RCW 18.130.180; The Greeley Company

Approved: MEC 3/24/2015; 3/22/2016; 9-26-2017; 4/21/2020, 10/27/2020

Approved: Board 4/20/2016; 10-18-2017; 4/22/2020, 10/28/2020

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: Director of Medical Staff Programs	11/2020

Current Status: *Active*	**PolicyStat ID:** *8876686*
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Next Review:	*11/2021*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Telemedicine Services

POLICY:

Jefferson Healthcare (originating site) will grant credentialing and privileging of all telemedicine providers through an agreement with the 'Medicare participating' distant site or a telemedicine entity and will rely upon the credentialing and privileging decisions made by the 'Medicare participating' distant site or telemedicine entity when making recommendations for appointments/re-appointments. For non Medicare participating sites the CMS Conditions of Participation must be met.

The written agreement **includes but is not limited to the following conditions**:

- Distant site telemedicine entity medical staff credentialing and privileging process
- The provider is privileged at the distant site
- The provider holds license or is recognized by the state where the originating site (Jefferson Healthcare) is located
- Jefferson Healthcare has evidence of internal review of the distant site practitioner's performance of these privileges and sends the distant site performance information for use in periodic appraisals (at a minimum patient complaints and adverse events).

Jefferson Healthcare Medical Staff Bylaws and Policies and Procedures for appointment, reappointment and granting of clinical privileges will be followed.

PURPOSE:

To establish guidelines for credentialing and privileging physicians who provide telemedicine.

DEFINITION OF TELEMEDICINE:

Remote licensed, independent practitioners who are responsible for patient care, treatment and services (e.g: providing official readings of images, tracings or interpretive studies, consultations) via telemedicine link.

Telemedicine sites consist of both an originating site and a distant site. An originating site is the hospital/facility where the patient is receiving care, whereas a distant site is the institution were telemedicine provider is located or telemedicine entity from which the prescribing or treating services are provided.

REFERENCES:

CMS CoPs: §482.22 (3), § 482.22(4), §482.12(a)(1) through (a)(7) and the Medical Staff standards at §

482.22(a)(1) through (a)(2); DNV MS.17, SR.1; 42 C.F.R. 485.616(c); RCW 70.41.230(3)(d)

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: Director of Medical Staff Programs	11/2020

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Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Verification of Licensure, Malpractice Insurance Coverage and DEA Certificates

POLICY:

All members of the medical staff and allied health professional staff shall have current state license, DEA (when applicable) and malpractice insurance coverage.

PROCEDURE:

The Medical Staff Services Coordinator or designee will:

1. Periodically review Modio Alerts for expiring state licenses, DEA certification and malpractice insurance.
2. Send reminders to provider and office manager one month prior to expirations requesting renewal of expiring document and a copy if necessary.
    a. Query Department of Health provider license verification website weekly for license renewal and print verification. Note any adverse actions.
3. If license/certification documentation is not received one week prior to expiration, the provider will be contacted to provide new document(s) and reminded that current license/certificates are a condition of medical staff membership.
4. At least one day prior to expiration, a final call will be made to the provider and office manager informing him/her that the document is needed by the morning of expiration.
5. On the morning of expiration, the state licensing board, DEA and/or insurance company is called to verify renewal. If not renewed, the provider and office manager are notified by telephone.
6. The provider and office manager will be sent a letter notifying him/her that hospital privileges are suspended as of the license/insurance expiration date, pending receipt of current information and will be reinstated upon verification of renewal.
    a. DEA expiration: Provider will be notified that co-signature is required for Schedule II-V drugs.
7. Appropriate departments are notified.
8. At reappointment time valid DEA certificate will be primary source verified through the DEA website: https://apps.deadiversion.usdoj.gov/webforms/dupeCertLogin.jsp
9. Should a new provider's valid DEA be pending at time of Medical Executive Committee review for appointment, the provider will obtain signature from a credentialed practitioner with a valid DEA certificate

until the DEA arrives. The Medical Staff Coordinator will facilitate this arrangement and document it in new provider's credentialing file.

Approved: MEC 9/22/2015, Board 9/30/2015; MEC 9-26-2017; Board 10-18-2017

Reference Type	Title	Notes

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: Director of Medical Staff Programs	11/2020