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, 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. Commissioner Kolff was excused.

Approve Agenda:
Commissioner Dressler made a motion to approve the agenda. Commissioner McComas seconded.
Action: Motion passed unanimously

Board Governance Education
- Review Community Health Improvement Plan Update
Commissioners reviewed the Community Health Improvement Plan Update.

Discussion ensued.

Education Topic:
- Pharmaceutical Update- Nell Allen, Pharmacy Technician Specialist

Nell Allen, Pharmacy Technician Specialist provided the Pharmaceutical Update.

Discussion ensued.
• Home Health and Hospice Update- Tammy Tarsa, Executive Director, HHH

Tammy Tarsa, Executive Director, HHH provided the Quarterly Home Health and Hospice Update.

Discussion ensued.

Break: Commissioner recessed for break at 3:18pm.
Commissioner reconvened from break at 3:30pm.

Patient Story:
Tina Toner, CNO, provided the Patient Story and detailed the difficult past 18 months with COVID and staffing crisis. She explained how proud she is of her team and how much they are giving our patients. She acknowledged how they continue to be there for their patients even though they are experiencing the toughest days they have been experiencing in healthcare and how proud she is to work with them. She thanked her team.

Minutes:
- June 28, 2021 Regular Session Minutes
- August 9, 2021 Special Session Minutes

Commissioner Dressler made a motion to approve the June 28, 2021 Regular Session Minutes and August 9, 2021 Special Session Minutes. Commissioner McComas seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested
- July Warrants and Adjustments
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policies

Commissioner Dressler made a motion to approve the July Warrants and Adjustments, Medical Staff Credentials/ Appointments/ Reappointments, Medical Staff Policies. Commissioner McComas seconded.
Action: Motion passed unanimously.

Quality Report:
Brandie Manuel, CPSO, presented the July Quality Report

Discussion ensued.

Financial Report:
Tyler Freeman, CFO, presented the July Financial Report.
Discussion ensued.

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

Discussion ensued.

**CMO Report**
Dr. Joe Mattern, CMO, provided the CMO report which included COVID Update, Vaccine Mandate, Bed Capacity, COVID testing, Immunocompromised, and Masking.

Discussion ensued.

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

Commissioner Buhler Rienstra read aloud the Board of Health Report which included updates on leadership changes at Jefferson County Public Health, New Legislation with Public Health Officers and addition of new elective member, COVID-19 pandemic, Opioid Epidemic Deaths, and Community Health Improvement Plan.

- Amendment to Superintendent Employment Agreement- Carryover of Paid Time Off.
Commissioner Dressler made a motion to modify certain provisions of the Agreement to allow Mr. Glenn to use, carry over and dispose of Paid Time Off on substantially the same terms as other District senior management. Commissioner McComas seconded.
**Action:** Motion passed unanimously.

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

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

Meeting concluded at 5:27pm.

Approved by the Commission:
Chair of Commission: Jill Buhler Rienstra
Secretary of Commission: Marie Dressler

Jefferson County Public Hospital District No. 2 Board of Commissioners acknowledge that Jefferson Healthcare is on the ancestral and contemporary homelands of the S’Klallam, Chemakum, Twana and other indigenous nations and we recognize the tribal governments sovereignty across the region.
Caring for our community at home.
Hospice

Providing comfort care to terminally ill patients
Monday, July 12th – Wednesday, July 14th

- Reviewed 13 patient charts
- Completed 3 home visits
- Reviewed QAPI program
- Reviewed policies and procedures
- Reviewed 13 personnel files
- Reviewed contracts
- Reviewed infection control program
- Reviewed emergency management plan
Findings:

- HSP5-3D – Medication profile
- HSP5-4A – Individualized plan of care
- HSP5-4A – Oxygen route
- HSP7-1A – Infection control

A plan of correction was submitted and accepted.

Accreditation cycle dates are: 8/9/2021 – 8/9/2024
Generous Gifts...

Roho cushions

Bladder scanner

Patient needs – briefs, CPAP equipment, etc.

Increasing Comfort Therapy to offer additional services

New position – Bereavement/Spiritual Care Support to provide to assist with providing community bereavement services

Education
Patient Controlled Analgesics (PCA’s)

A collaborative project, hospice has worked closely with pharmacy, clinical informatics, purchasing and the hospice medical group to bring this new service to our hospice patients.

• 3 pumps were purchased through a donation in 2020
• Protocols have been written
• Medications have been attained
• Working with purchasing on the sub-q buttons needed
• Education beginning with hospice team this week.
• Education with home health team coming soon

Go-Live mid-September
General Updates

- **Census**
  - 32 to 48 (January – July)

- **Volunteers**

- **Hospice Foundation**

- **Budget (January – June)**
  - Revenues at 85% of budget
  - Expenses at 42% of budget
Home Health

Providing medical care to homebound patients who have a skilled need.
Andrea Smith, Home Health Clinical Manager
General Updates

Census
68 to 99 (January – July)

Budget
40% of expected revenues
56% of expected expenses
4-Day IDG
Palliative Care

Specialized care for people living with serious illness and health conditions. Care focuses on symptom management with a goal of improving quality of life.
Thursday, July 15th

- Reviewed 5 patient charts
- Completed 1 home visit
- Reviewed 3 personnel files
- Reviewed QAPI program
- Reviewed Emergency management plan
- Reviewed policies and procedures
- Reviewed infection control
- Asked general questions about program
Findings:

• CBPC5-3D – Medication profile
• CBPC5-3F – Oxygen route

A plan of correction was submitted and accepted.

Accreditation cycle dates are: 8/2/2021 – 8/2/2024
General Updates

Census – Current 19 with 3 more scheduled for admission

2022 – Have requested an MA position that would add efficiency for Reyne
Departmentally

Home Health, Hospice and Palliative Care
Staffing

Positive...

24/7 Staffing – Improved availability and quality of care
Community Liaison

Challenges...

Staffing

Creative Staffing...

Looking closely at discipline scopes
Telehealth
Who do we have that we could utilize differently
Welcome to our Team!

Welcome Pipie

Michael, Aria RN, Jenny MSW, Elise RN
Looking Ahead...

**Fully Integrated with JH**
- Smooth patient transitions across settings
  - Programmatic
    - Home Health to Hospice
    - Hospice to Home Health
    - Palliative Care to either Home Health or Hospice
    - Home Health or Hospice to Palliative Care

**Great Place to Work**
- Strong team culture with “we got this!” attitude
- Awesome orientation and staff development programs
  - Second phase of orientation
  - Clinical education champions
- Certified Staff:
  - RN’s – CHPN
  - Aides - CHPNA
- Department of choice
Satisfied Patients with Excellent Outcomes

• 4 Star Rating – our patients love us and get better!
• Fully Accredited Home Health
• Meeting our community need – increased Census
  ○ HH - 120, Hospice -40, PC – 40
• Robust Quality and Compliance program

Financially viable

• AR days at 45 for home health and hospice
• Meet budget in all programs
Initiatives:
• We Honor Vets Program
• Chronic Disease Management (patient education)
• Community Bereavement (fully funded)
• Lay Groundwork for Home Health Infusion
• Private Duty
• Develop Practice Model for Success
  o Care Plans
  o Visit Model
  o Standardization
• Telehealth

Foundation Engagement:
• Patient discretionary funds
GETTING TO “YES”: MEDICATION ACCESS

NELL ALLEN, CPHT
PHARMACY TECHNICIAN SPECIALIZED
JHC PORT LUDLOW RETAIL PHARMACY
PORT LUDLOW RETAIL PHARMACY

- **SPECIALTY**
  - Oncology, Biologics, Anti-coag

- **OUTPATIENT RETAIL**
  - Everything else

- **HOSPICE**
ACCESS THROUGH FINANCIAL ASSISTANCE

- Current assistance programs
- Who we help and what we cover
- How we discovered a need
- How programs were created
- How and Why they work
RETAIL PHARMACY
FINANCIAL ASSISTANCE PROGRAMS

- JHC CO-PAY ASSISTANCE
- PRIVATE GRANTS
- UNCOMPENSATED CARE
WHO DO WE HELP?

JEFFERSON HEALTHCARE PATIENTS

- ONCOLOGY PATIENTS
- ACU DISCHARGE
- ER DISCHARGE
- PRIMARY CARE
- CASE-BY-CASE
WHAT MEDICINE DO WE COVER?

- ONCOLOGY
- Direct-Acting Oral Anticoagulants (DOACs)
- INHALERS
- INSULIN
- Anything else…
PATIENT NEED

- Medicare Patients: Part D
  - High Co-Pays and Deductible
  - Coverage Gap (FKA The Doughnut Hole)
- Commercial Insurance
  - High Co-Pays and High Deductible
- Case-by-Case
Yearly Deductible
$445

Initial Coverage
$4,130

Coverage Gap
“Donut hole”
$6,550

2021 Medicare Part D
EXAMPLE DRUGS, 30-DAY SUPPLY

- TUKYSA 150MG $25,743.48
- LYNPARZA 150MG $18,793.53
- ELIQUIS 5MG $615.65
- XARELTO 20MG $607.66
- LANTUS SOLOSTAR $526.13
- SYMBICORT AERO $461.03
CONNECT THE PATIENT WITH A MANUFACTURER PROGRAM?

- Patient must qualify for their program, creates delays
- Prescription must be transferred to the manufacturer’s pharmacy
- WE LOSE BOTH THE PATIENT AND THE PRESCRIPTION

FIND A GRANT?

- Grant funds run out quickly, usually by January 15th of each year

WAIVE THE CO-PAY?
Jane Doe – Oncology Patient

**LYNPARZA 150MG - ONE MONTH SUPPLY**

**AMOUNT BILLED TO INSURANCE:** $17,347.00

- **DEDUCTIBLE:** $112.00 (remaining)
- **INITIAL BENEFIT:** $3,389.00
- **COVERAGE GAP:** $5,450.00
- **CATASTROPHIC COVERAGE:** $6,462.00

**INSURANCE PAID:** $12,769.00

**JANE’S OUT OF POCKET COST:** $2,645.00
Jane Doe - Grants

- HEALTHWELL FUND 6/22/21 $3,500
- PAN FUND GRANT THROUGH 3/24/22 $3,500
  - Patient had a zero co-pay.
PRIVATE GRANTS

- Available based on disease AND medication
- NOT manufacturer funds or assistance programs
  - PAN FOUNDATION
  - PATIENT ADVOCATE FOUNDATION
  - HEALTHWELL FOUNDATION
  - PATIENT SERVICES INC
Can a Medicare Part D participant have their co-pay waived?

- **YES**

Per the CMS Manual System Pub. 100-18

Medicare Prescription Drug Benefit Manual
Section 30.4 – Pharmacy Waiver/Reduction of Cost-Sharing

The Medicare Modernization Act (MMA) added a new exception to the anti-kickback statute under which *pharmacies are permitted to waive or reduce Part D cost-sharing amounts, provided they do so in an unadvertised, non-routine manner* after determining that the beneficiary is financially needy.
WHAT ARE SAFETY NET PROVIDERS?

Safety net providers are defined by the Institute of Medicine as “providers that... deliver a significant level of health care and other health-related services to the uninsured, Medicaid, and other vulnerable patients.”

... typically include federal, state... public hospital systems... small rural hospitals, critical access hospitals (CAHs)...are important examples of key components of the safety net.

Pharmacists in these settings serve a major role in improving the health outcomes of the facilities’ patients.
THE 340B DRUG PRICING PROGRAM

- An estimated 12,000 safety net providers participate in HRSA’s 340B Drug Pricing Program, which allows them to buy their prescription drugs at significantly discounted prices.
- All inpatient pharmaceuticals including the infusion center
- Contract pharmacies: Safeway, QFC, Don’s, JHC Pt Ludlow Pharmacy
PAY IT FORWARD

- 340B is **not** patient specific
  - Does not create a discount to overall services for one patient

- Money saved by participating in this program is then recycled back into programs that JHC offers.
  - Uncompensated Care program through the finance department
  - Dental Clinic
  - Pt Ludlow Pharmacy Co-pay Waivers
JHC CO-PAY ASSISTANCE

- Assistance when a patient has insurance but cannot afford their co-pay.
- Based on their household size and income.
- Income max of 500% of FPL (Federal Poverty Level)
  - Example: Household of two: MAX $87,100 AGI (Adjusted Gross Income)
- Waiver good for 12 months
John Doe – ACU Discharge

- **ELIQUIS 5MG – ONE MONTH SUPPLY**
  
  **AMOUNT BILLED TO INSURANCE: $598.88**
  
  • **DEDUCTIBLE:** $180.00 (remaining)
  
  • **INITIAL BENEFIT:** $323.35
  
  • **CO-PAY:** $47.00

  **INSURANCE PAID:** $276.35

  **JOHN’S OUT OF POCKET COST:** $227.00
Waives cost to the uninsured
- VERY LOW INCOME PATIENTS
- ER DISCHARGE
- HOMELESS
TOTALS: CO-PAY ASSISTANCE

41 PATIENTS

- 22 SPECIALTY (PRIMARILY ONCOLOGY)
- 14 DOAC
- 3 INHALERS
- 2 INSULIN

Average 340B value $9,250 per month

Average waived per month: $6,000 ($72,000/year)
Average income after: $3,250 ($39,000/year)
TOTAŁS: GRANTS
1/1/21 to present

- **15 GRANTS**
- **13 PATIENTS** (2 patients received grants)
  - 10 Oncology
  - 2 Asthma
  - 1 Hepatic Encephalopathy

**Total: $98,561.19**
NELL ALLEN, CPHT
JEFFERSON HEALTHCARE PORT LUDLOW PHARMACY
9481 OAK BAY RD
SUITE A
PORT LUDLOW, WA 98368
EXT 2326
360-379-2254
Patient Safety and Quality Report
Presented by Brandie Manuel, Chief Patient Safety and Quality Officer
August 25, 2021
Agenda

1. Patient Safety and Quality Overview
2. Highlight: Heart Failure Care
3. Service: In the Words of our Patients
4. Current Projects
Patient Safety & Quality Overview

<table>
<thead>
<tr>
<th>Goals</th>
<th>Strategy</th>
<th>Initiatives</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide the Highest Quality, Safest Care</td>
<td>Drive Best Practice Clinical Care</td>
<td>Achieve zero harm events</td>
<td>Zero avoidable healthcare acquired harm events</td>
</tr>
<tr>
<td>Achieve Excellent Quality Outcomes</td>
<td>Achieve excellent quality outcomes</td>
<td>Antimicrobial Stewardship</td>
<td>Zero cases of hospital acquired C. Diff</td>
</tr>
<tr>
<td>Enhance Culture of Safety</td>
<td>Implement and adhere to evidence based practices.</td>
<td>Workplace Violence Prevention (Initiative)</td>
<td>Avoid the over-use of antibiotics when not medically indicated</td>
</tr>
<tr>
<td>Align care with patient goals</td>
<td>Implement a palliative care program</td>
<td>Leader Rounding</td>
<td>90% or greater compliance with core measures</td>
</tr>
</tbody>
</table>

July 2021 data
Core Measures is from Q2 (Q3 in progress)
Quality Highlight: Heart Failure

Overall Performance:

- **Medication:**
  - ACEI at discharge
  - Aldosterone Antagonist at Discharge (patients with LVEF < 35%)
  - Evidence based beta blocker at discharge

- **Patient Assessment:**
  - Measurement of left ventricular function

- **Follow Up:**
  - Post discharge follow up appointment within 7 days
  - Referral to HF disease management or cardiac rehabilitation
The American Heart Association proudly recognizes

Jefferson Healthcare
Port Townsend, WA

Get With The Guidelines® - Heart Failure GOLD PLUS with Honor Roll
Achievement Award Hospital

The American Heart Association recognizes this hospital for its continued success in using the Get With The Guidelines® - Heart Failure and Target: Heart Failure™ programs. Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.

Nancy Brown
Chief Executive Officer
American Heart Association

Donald M. Lloyd-Jones, MD, ScM, FAHA
President
American Heart Association
Patient Perspective: In the Words of Our Patients…

- **Dr. Frick** was an excellent provider and one I had complete confidence.

- I travelled from Port Angeles, due to an overwhelming ER here - Because of your service and staff, I hope to ALWAYS use your ER, as it's TOP NOTCH!

- Perhaps the best care I have received in recent years.

- I went to the express clinic for a covid shot. I had good care and treatment.

- **Kate Ernst** was a joy - responsive, cheerful, knowledgeable and competent

- Every staff member was pleasant to be paired up with. The people who run this place made one of the most miserable times in my bearable. And saved my LIFE. And the food is live for!!! Thank you

- I was treated very well by all, even maintenance

- They were very caring and loving people. I was really glad they were there, I could not have done it without them.

- I had to guess what the receptionist was saying do in part to mask & shield & they made me effort to speak up. I am 85 & have big time hearing loss

Very pleased with efficiency and care in the treatment I received. Thanks to all of the providers I encountered!
Current Projects

Projects and Teamwork
- Performance Improvement: Closing the Loop on Referrals; specimen labeling
- Health Equity: IHI Pursuing Equity
- Medical Staff: chart closure, Provider Mastery, provider onboarding, quality metric review/updates
- Emergency Management: IC activation in Facilities; Great Shakeout participation; Active Shooter drills/training
- Clinical Documentation Improvement

Quality
- Ongoing: Merit-based Incentive Payment System (MIPS) Reporting, Core Measures, Patient Engagement
- Clinical Quality Teams: Stroke, Restraints, Medication Safety, Fall Prevention, Pressure Ulcer Prevention
- Cancer Committee Study of Quality: Cervical Cancer Screening
- Accreditation Coordination and Management
- CIP Survey scheduled September 23, 2021
- TeamSTEPPS Reboot

Medication Safety
- Bar Code Medication Administration expansion and improvement
- Analysis of override data
- Medication Safety Team
- Medication Security Task Force
- Sharing events as part of a Culture of Learning
Questions?
July 2021 Finance Report
August 25, 2021
Tyler Freeman, CFO
## Operating Statistics

### July 2021

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>MO ACTUAL</th>
<th>MO BUDGET % VARIANCE</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET % VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>585</td>
<td>625 -6%</td>
<td>604</td>
<td>625 3%</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,759</td>
<td>2,233 24%</td>
<td>19,299</td>
<td>15,273 26%</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>97</td>
<td>76 -28%</td>
<td>518</td>
<td>517 0%</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>290</td>
<td>331 -12%</td>
<td>1,871</td>
<td>2,261 -17%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>387</td>
<td>430 -10%</td>
<td>2,484</td>
<td>2,935 -15%</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>121</td>
<td>127 -5%</td>
<td>911</td>
<td>871 5%</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>64</td>
<td>77 -17%</td>
<td>515</td>
<td>529 -3%</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>22,001</td>
<td>21,570 2%</td>
<td>153,061</td>
<td>147,508 4%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>3,212</td>
<td>3,147 2%</td>
<td>21,761</td>
<td>21,518 1%</td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>19,937</td>
<td>24,451 -18%</td>
<td>136,934</td>
<td>167,216 -18%</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,592</td>
<td>3,727 -30%</td>
<td>18,623</td>
<td>25,487 -27%</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>8,806</td>
<td>9,218 -4%</td>
<td>62,371</td>
<td>63,039 -1%</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,148</td>
<td>1,110 3%</td>
<td>6,676</td>
<td>7,588 -12%</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>443</td>
<td>398 11%</td>
<td>2,725</td>
<td>2,723 0%</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>6,391</td>
<td>6,470 -1%</td>
<td>42,450</td>
<td>44,244 -4%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,342</td>
<td>3,460 -3%</td>
<td>23,800</td>
<td>23,659 1%</td>
</tr>
</tbody>
</table>

### July 2020

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>MO ACTUAL</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>% VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>621</td>
<td>6%</td>
<td>600</td>
<td>1%</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,962</td>
<td>41%</td>
<td>12,761</td>
<td>51%</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>58</td>
<td>67%</td>
<td>409</td>
<td>21%</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>244</td>
<td>19%</td>
<td>1,711</td>
<td>9%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>313</td>
<td>24%</td>
<td>2,239</td>
<td>10%</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>118</td>
<td>3%</td>
<td>710</td>
<td>22%</td>
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<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>63</td>
<td>2%</td>
<td>359</td>
<td>30%</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>20,517</td>
<td>7%</td>
<td>119,447</td>
<td>22%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>3,036</td>
<td>6%</td>
<td>17,838</td>
<td>18%</td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>20,204</td>
<td>-1%</td>
<td>126,352</td>
<td>8%</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,455</td>
<td>6%</td>
<td>17,378</td>
<td>7%</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>8,604</td>
<td>2%</td>
<td>50,809</td>
<td>19%</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,003</td>
<td>14%</td>
<td>6,196</td>
<td>7%</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>353</td>
<td>25%</td>
<td>1,620</td>
<td>41%</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,613</td>
<td>14%</td>
<td>34,798</td>
<td>18%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,441</td>
<td>-3%</td>
<td>20,113</td>
<td>15%</td>
</tr>
</tbody>
</table>
## July 2021

### Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>July 2021 Actual</th>
<th>July 2021 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>July 2021 YTD</th>
<th>July 2021 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>July 2020 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>25,485,086</td>
<td>24,505,752</td>
<td>979,334</td>
<td>4%</td>
<td>173,352,858</td>
<td>167,587,720</td>
<td>5,765,138</td>
<td>3%</td>
<td>140,941,803</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>13,424,174</td>
<td>13,036,660</td>
<td>(387,514)</td>
<td>-3%</td>
<td>94,705,394</td>
<td>89,153,934</td>
<td>(5,551,459)</td>
<td>-6%</td>
<td>79,055,146</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>630,772</td>
<td>233,043</td>
<td>(397,729)</td>
<td>-171%</td>
<td>2,243,721</td>
<td>1,593,714</td>
<td>(650,007)</td>
<td>-41%</td>
<td>1,613,326</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>11,430,140</td>
<td>11,236,048</td>
<td>194,091</td>
<td>2%</td>
<td>76,403,744</td>
<td>76,840,072</td>
<td>(436,328)</td>
<td>-1%</td>
<td>60,273,330</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>583,832</td>
<td>549,833</td>
<td>33,999</td>
<td>6%</td>
<td>4,784,501</td>
<td>3,760,146</td>
<td>1,024,354</td>
<td>27%</td>
<td>11,138,976</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>12,013,971</td>
<td>11,785,881</td>
<td>228,090</td>
<td>2%</td>
<td>81,188,245</td>
<td>80,600,219</td>
<td>588,026</td>
<td>1%</td>
<td>71,412,307</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>5,862,179</td>
<td>5,796,936</td>
<td>(65,243)</td>
<td>-1%</td>
<td>40,193,873</td>
<td>39,643,565</td>
<td>(550,308)</td>
<td>-1%</td>
<td>37,242,089</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,148,393</td>
<td>1,487,709</td>
<td>339,316</td>
<td>23%</td>
<td>9,364,021</td>
<td>10,174,012</td>
<td>809,991</td>
<td>8%</td>
<td>8,617,588</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>4,655,221</td>
<td>4,146,853</td>
<td>(508,368)</td>
<td>-12%</td>
<td>29,433,444</td>
<td>28,359,125</td>
<td>(1,074,319)</td>
<td>-4%</td>
<td>26,641,474</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>11,665,793</td>
<td>11,431,499</td>
<td>(234,295)</td>
<td>-2%</td>
<td>78,991,338</td>
<td>78,176,702</td>
<td>(814,636)</td>
<td>-1%</td>
<td>72,501,151</td>
</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>348,178</td>
<td>354,382</td>
<td>(6,204)</td>
<td>-2%</td>
<td>2,196,907</td>
<td>2,423,517</td>
<td>(226,610)</td>
<td>-9%</td>
<td>(1,088,844)</td>
</tr>
<tr>
<td>Total Non Operating Revenues (Expenses)</td>
<td>565 (500)</td>
<td>1,065 (1,065)</td>
<td>213%</td>
<td>(138,912)</td>
<td>(3,420)</td>
<td>(135,492)</td>
<td>-3962%</td>
<td>24,316</td>
<td></td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>348,743</td>
<td>353,882</td>
<td>(5,139)</td>
<td>-1%</td>
<td>2,057,995</td>
<td>2,420,097</td>
<td>(362,102)</td>
<td>-15%</td>
<td>(1,064,528)</td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>2.9%</td>
<td>3.0%</td>
<td>-0.1%</td>
<td>-3.6%</td>
<td>2.7%</td>
<td>3.0%</td>
<td>-0.30%</td>
<td>-10.0%</td>
<td>-1.5%</td>
</tr>
<tr>
<td><strong>Total margin</strong></td>
<td>2.9%</td>
<td>3.0%</td>
<td>-0.1%</td>
<td>-3.3%</td>
<td>2.5%</td>
<td>3.0%</td>
<td>-0.47%</td>
<td>-15.6%</td>
<td>-1.5%</td>
</tr>
<tr>
<td><strong>Salaries &amp; Benefits as a % of net pt svc rev</strong></td>
<td>-61.3%</td>
<td>-64.8%</td>
<td>3.5%</td>
<td>5.4%</td>
<td>-64.9%</td>
<td>-64.8%</td>
<td>-0.03%</td>
<td>0.0%</td>
<td>-76.1%</td>
</tr>
</tbody>
</table>
July 2021
Cash and Accounts Receivable

Days Cash and Accounts Receivable

- DAYS OUTSTANDING IN A/R
- DAYS AR GOAL - 45
- DAYS OF CASH
- DAYS CASH GOAL - 90
## July 2021

### Board Financial Report

<table>
<thead>
<tr>
<th>Department</th>
<th>Account</th>
<th>Description</th>
<th>July Actual</th>
<th>July Budget</th>
<th>July Variance</th>
<th>2021 YTD Actual</th>
<th>2021 YTD Budget</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOARD</td>
<td>60010</td>
<td>Management &amp; Supervision Wages</td>
<td>3,337</td>
<td>4,670</td>
<td>1,333</td>
<td>27,756</td>
<td>31,939</td>
<td>4,184</td>
</tr>
<tr>
<td></td>
<td>601100</td>
<td>Benefits FICA</td>
<td>401</td>
<td>284</td>
<td>(118)</td>
<td>2,123</td>
<td>1,940</td>
<td>(183)</td>
</tr>
<tr>
<td></td>
<td>601150</td>
<td>Benefits WA F&amp;MLA</td>
<td>-</td>
<td>7</td>
<td>7</td>
<td>29</td>
<td>46</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>601400</td>
<td>Benefits Medical Ins-Union</td>
<td>625</td>
<td>4,671</td>
<td>4,046</td>
<td>30,084</td>
<td>31,945</td>
<td>1,861</td>
</tr>
<tr>
<td></td>
<td>601600</td>
<td>Benefits Retirement</td>
<td>-</td>
<td>229</td>
<td>229</td>
<td>-</td>
<td>1,565</td>
<td>1,565</td>
</tr>
<tr>
<td></td>
<td>601900</td>
<td>Benefits Employee Assistance</td>
<td>0</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>602300</td>
<td>Consult Mgmt Fee</td>
<td>-</td>
<td>1,661</td>
<td>1,661</td>
<td>-</td>
<td>11,357</td>
<td>11,357</td>
</tr>
<tr>
<td></td>
<td>602500</td>
<td>Audit Fees</td>
<td>14,150</td>
<td>3,838</td>
<td>(10,312)</td>
<td>49,150</td>
<td>26,244</td>
<td>(22,906)</td>
</tr>
<tr>
<td></td>
<td>604200</td>
<td>Catering</td>
<td>-</td>
<td>90</td>
<td>90</td>
<td>-</td>
<td>618</td>
<td>618</td>
</tr>
<tr>
<td></td>
<td>604500</td>
<td>Office Supplies</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td></td>
<td>604850</td>
<td>Computer Equipment</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>606500</td>
<td>Other Purchased Services</td>
<td>-</td>
<td>849</td>
<td>849</td>
<td>-</td>
<td>5,808</td>
<td>5,808</td>
</tr>
<tr>
<td></td>
<td>609400</td>
<td>Travel/Meetings/Training</td>
<td>-</td>
<td>1,274</td>
<td>1,274</td>
<td>-</td>
<td>8,712</td>
<td>8,712</td>
</tr>
<tr>
<td></td>
<td>609999</td>
<td>Clearing</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Board Total**: 18,514 17,581 (932) 109,142 120,235 11,093
August 2021
Preview – (*as of 0:00 8/25/21)

- $25,335,993 in Projected HB charges
  - Average: $817,290/day (HB only)
  - Budget: $766,899/day
  - 103% of Budget

- $10,485,167 in HB cash collections
  - Average: $338,231/day (HB only)
  - Goal: $338,386/day

- 42.9 Days in A/R

- Questions
Administrative Report
August 25, 2021
Mike Glenn, CEO
Jefferson Healthcare Volumes

COVID-19 Phone Line and Clinic Visit Volumes

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

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

Total call volume since launch of triage line

<table>
<thead>
<tr>
<th>Calls</th>
<th>5/30</th>
<th>6/6</th>
<th>6/13</th>
<th>6/20</th>
<th>7/4</th>
<th>7/10</th>
<th>7/25</th>
<th>8/1</th>
<th>8/8</th>
<th>8/15</th>
</tr>
</thead>
<tbody>
<tr>
<td># Calls</td>
<td>171</td>
<td>263</td>
<td>255</td>
<td>68</td>
<td>95</td>
<td>138</td>
<td>306</td>
<td>306</td>
<td>262</td>
<td>230</td>
</tr>
<tr>
<td>Call answered</td>
<td>65%</td>
<td>57%</td>
<td>37%</td>
<td>10%</td>
<td>10%</td>
<td>95%</td>
<td>95%</td>
<td>94%</td>
<td>65%</td>
<td>72%</td>
</tr>
<tr>
<td>Call to voicemail</td>
<td>33%</td>
<td>72%</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
</tr>
<tr>
<td>Caller hung up</td>
<td>37%</td>
<td>25%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
<td>56%</td>
</tr>
<tr>
<td>Telephone Enc</td>
<td>5%</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Total Respiratory Evaluation Clinic visits - all time

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive-Through</td>
<td>262</td>
<td>230</td>
<td>147</td>
<td>116</td>
<td>95</td>
<td>96</td>
<td>101</td>
<td>104</td>
<td>165</td>
<td>157</td>
<td>158</td>
<td>158</td>
<td>158</td>
</tr>
<tr>
<td>Office Visit</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>262</td>
<td>230</td>
<td>147</td>
<td>116</td>
<td>95</td>
<td>96</td>
<td>101</td>
<td>104</td>
<td>165</td>
<td>157</td>
<td>158</td>
<td>158</td>
<td>158</td>
</tr>
</tbody>
</table>

| Inbound Calls           | 255,298 |    |      |      |      |      |      |      |      |      |      |      |      |
| Calls Answered          | 197,297  |    |      |      |      |      |      |      |      |      |      |      |      |
| # Telephone Encounters  | 61,351   |    |      |      |      |      |      |      |      |      |      |      |      |
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.

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

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.
Update on Hospital Operations

• COVID-19 cases are surging in our state and region.
  • ED/Express Clinic, inpatient floors and all COVID services are being stretched.

• There is limited/ no bed availability in the region to transfer high acuity patients and those requiring specially hospital treatment.

• There is limited bed availability in the region/state to discharge patients in need of post acute care or an adult family home living environment.

• Hospitals, including Jefferson Healthcare are experiencing staffing shortages related to summer PTO, COVID and non COVID related leaves, and a rapidly changing healthcare labor market.

• Elective surgical procedures are reviewed on a daily basis. We anticipate suspending all elective surgery cases if conditions don’t dramatically improve.
Governors Order Vaccine Mandate

Timeline of compliance

<table>
<thead>
<tr>
<th>SEPT/ESEMBER</th>
<th>OCTOBER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccine Distribution</strong></td>
<td><strong>Preparation for Mandate</strong></td>
</tr>
<tr>
<td>- Distribution of vaccine to states</td>
<td>- states receive vaccine</td>
</tr>
<tr>
<td>- States begin administration</td>
<td>- Compliance monitoring begins</td>
</tr>
<tr>
<td>- Mandate takes effect</td>
<td>- Enforcement begins</td>
</tr>
</tbody>
</table>

Is there any new to get out of vaccination?
If you are entitled under applicable law to a disability-related reasonable accommodation or俺说 told religious belief accommodation and obtain such an accommodation from J, then you are exempt from the program's vaccine requirement. You are not required to provide evidence for the accommodation or to maintain it in order to qualify. The accommodation must be reasonable and necessary for you to perform the essential functions of the job.
I have a disability. I have a disability that prevents me from safely getting a vaccine...

- The program does not provide any exemptions for individuals who have been recently infected with COVID-19. Experts do not know how long you are protected from getting sick again after recovering from COVID-19 and recommend getting vaccinated regardless of whether you already had COVID-19. People are able to get sick with COVID-19 again after they've already had it. Studies have shown that vaccination provides a strong boost in protection in people who have recovered from COVID-19.

What happens if I can’t get the vaccine because it’s infected with COVID-19?
If you are unable to comply with the program's requirement to be fully vaccinated by October 18, 2021, you may be subject to discipline or termination. If you believe that you have a religious belief that makes you unable to work in a particular function of the program for a reasonable accommodation or you have a disability-related accommodation, you may be entitled to a reasonable accommodation.

What happens if I choose not to be vaccinated and have not received an accommodation?
On October 18, 2021, if you are not covered by this proclamation and you have not provided Employee Health with documentation of full vaccination against COVID-19, you will have lost your right to work for the program. The program will terminate your employment. The program will not reinstate you in the event that you provide documentation of full vaccination against COVID-19 within 15 days of being terminated.

Under what circumstances will medical and religious exemptions be granted?
- Personal exceptions require a written statement from a licensed medical or religious leader, including a religious leader of the employee's choice, that the employee's medical or religious belief is an essential function of the job.

Helpful links:
- [https://www.cdc.gov/vaccines/](https://www.cdc.gov/vaccines/)
- [Medical Exemption Request Form - Vaccine Mandate.pdf](https://www.cdc.gov/vaccines/)
- [Religious Exemption Request Form - Vaccine Mandate Form.pdf](https://www.cdc.gov/vaccines/)

Will employers who fail or are terminated because they cannot comply with the proclamation be eligible for unemployment benefits?
The Washington State Employment Security Department (ESD), not J, makes decisions about eligibility for unemployment. When an employee's separation is the result of failure to comply with an employer's requirement to become vaccinated, the ESD will examine the nature of the separation to determine whether it is due to failure to comply.

Do we have to comply with the proclamation?
We will be addressing the impacts of this proclamation in accordance with the provisions of our collective bargaining agreements with UFW. If there are changes to the policy, we will update you on them.

We support your health. As always, the safety of our staff is paramount. We will continue to follow all best infection prevention practices. Vaccines are proven to reduce the workplace risk for all employees and patients. As a result, we expect this new vaccine requirement to be welcomed by many of our staff.

Thank you for your continued commitment to our mission and this community.

MG
Request for Religious Reasonable Accommodation from Mandatory COVID-19 Vaccination

Employee Section, Complete the following:

Name: _______________________________ Badge#: _______________________________
Department/Location: ______________________ Work Phone: _______________________
Manager/Supervisor: __________________________
Position Title: _____________________________

Identify your sincerely-held religious observance, belief, or practice:
________________________________________________

Describe the way in which obtaining any of the available COVID-19 vaccinations (Pfizer-BioNTech COVID-19 vaccine, Moderna COVID-19 vaccine, Janssen (Johnson & Johnson) COVID-19 vaccine) conflict with your sincerely-held religious observance, belief, or practice:

________________________________________________

Length of time the accommodation is needed: ______________________

Describe any accommodations that might permit you to become fully vaccinated while addressing the conflict you described above (for example, obtaining a vaccine that does not include certain materials):

________________________________________________

I have read and understand Jefferson Healthcare’s policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted if providing an accommodation creates an undue hardship or poses a direct threat to my safety or the safety of others. I understand that Jefferson Healthcare may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.
Jefferson Healthcare

Request for Reasonable Accommodation: Medical Exemption from Mandatory COVID-19 Vaccination

**Employee Section. COMPLETE THE FOLLOWING:**

Name: ___________________________ Badge#: ___________________________

Department/Location: ___________________________ Work Phone: ___________________________

Manager/Supervisor: ___________________________

Position Title: ___________________________

I am requesting a medical exemption reasonable accommodation from Jefferson Healthcare’s mandatory COVID-19 vaccination policy. I understand that Jefferson Healthcare may request additional information, including medical information or certification appropriate to my request, from me or my healthcare provider, and that I will cooperate in providing such information in a timely manner. All medical information will be kept confidential in accordance with Jefferson Healthcare policy.

The information I am submitting to substantiate my request for a medical exemption from the mandatory COVID-19 vaccination requirement for Jefferson Healthcare is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination. I further understand that Jefferson Healthcare is not required to provide an accommodation to mandatory COVID-19 vaccination if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Jefferson Healthcare.

Employee Signature: ___________________________ Date: ___________________________

After you and your provider complete this form, please fax to Human Resources at 360-385-1548. For questions, please contact Niko Van Duren, Leave and Disability Coordinator, at manduren@jeffersonhealthcare.org or 360-385-2200 extension 2082.

**Provider Section.** *A physician, PA, or NP licensed in the State of Washington must complete and sign this section.*

Forms completed by the employee will not be accepted.

Instructions: By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered for the patient identified above, and that following medical contraindication precludes any/all vaccinations for COVID-19 for such patient. Guidance for medical exemptions for COVID-19 can be accessed regarding “Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States” at: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html
Vaccinations

• Third doses for immunocompromised patients.
  • Currently providing to Oncology patients as part of treatment
  • Working with Public Health/Department of Emergency Management

• Booster doses for eligible patients.
  • Currently under review
  • Recommended by Biden Administration to begin as soon as September 20
  • First wave likely healthcare workers.
Jefferson Healthcare COVID-19
Infection Control Protocols and Risk Mitigation Services.

- Nurse Consult Line
- Barrier Free Testing
- RES Clinic
- Additional ED Provider
Happy Retirement John Nowak!
You will be missed!
Questions