

COVID-19 Notice

No in-person attendance allowed, pursuant to Governor Inslee's Proclamation 20-28.

All meeting attendees, including Board of Commissioners, staff and members of the public must participate virtually. No physical meeting location will be provided.

To attend the meeting, dial Phone Conference Line: (509) 598-2842
When prompted, enter Conference ID number: 383682973

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, August 25, 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, 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:

Commissioners 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.

Jefferson Healthcare

HOME HEALTH, HOSPICE
AND PALLIATIVE CARE

Caring for our community at home.

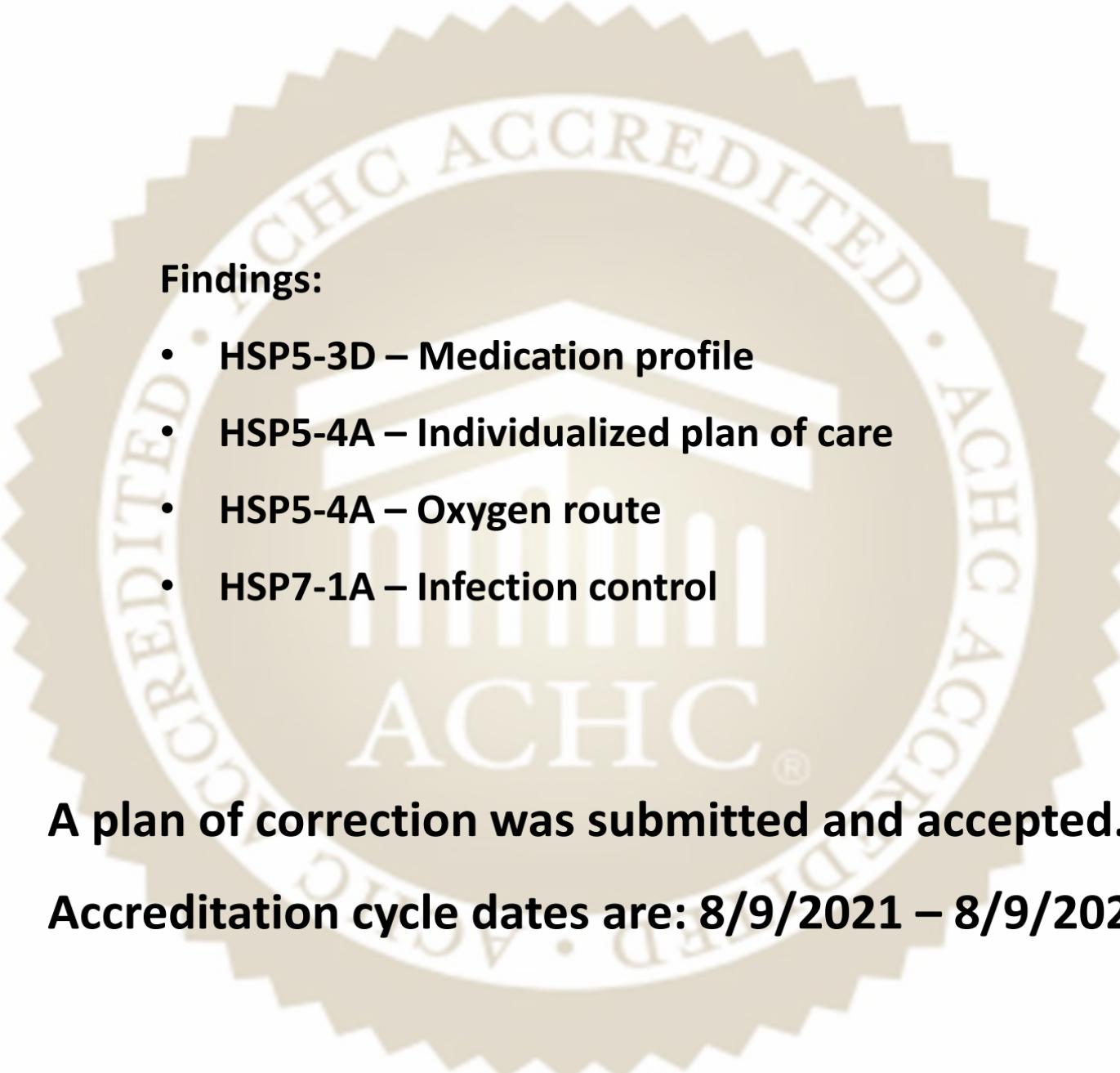
Hospice

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



A large, light beige circular seal with a serrated outer edge. The text "ACHC ACCREDITED" is written in a circular path around the top half of the seal. In the center, there is a stylized building with columns and the letters "ACHC" below it.

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

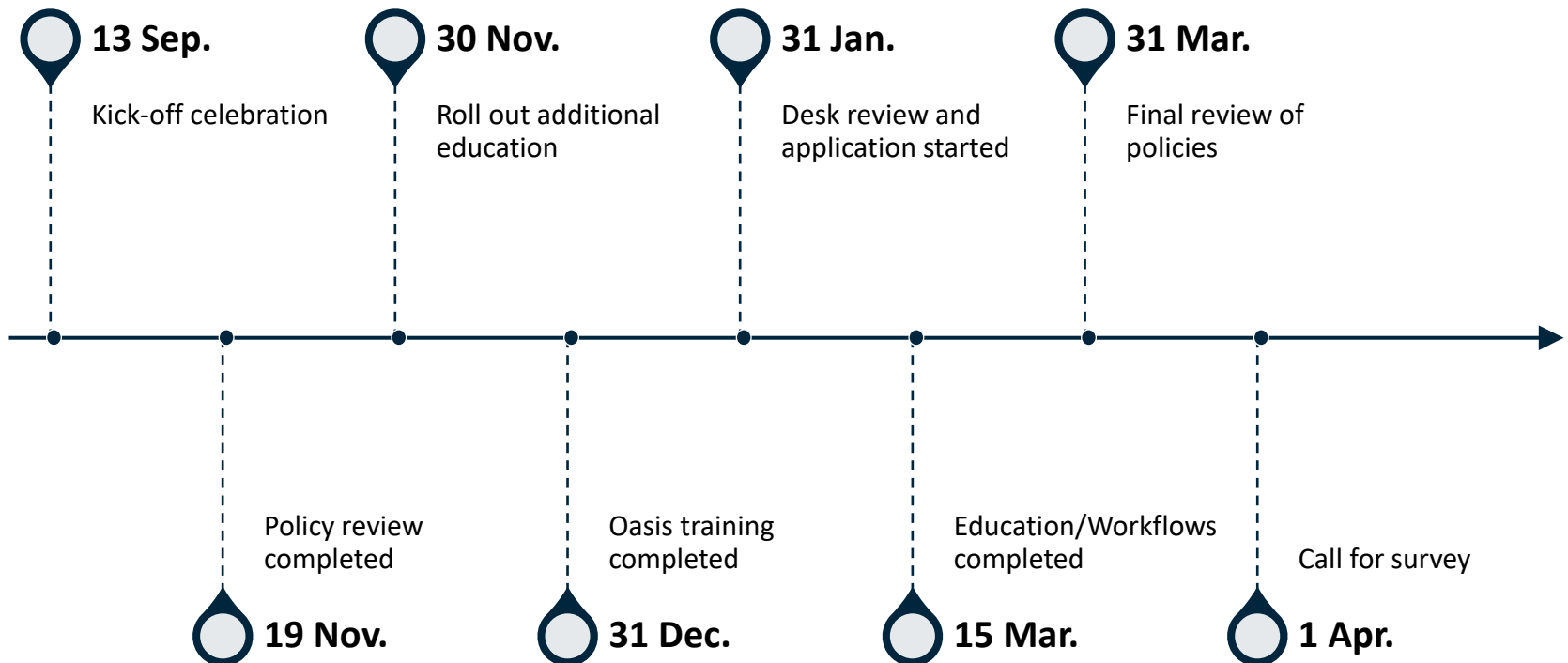
Home Health

Providing medical care to homebound patients
who have a skilled need.

Andrea Smith, Home Health Clinical Manager



Accreditation Timeline

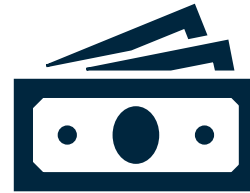


General Updates



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



A large, light beige circular seal with a serrated outer edge. Inside the seal, the words "ACHC ACCREDITED" are written in a circular path around a central graphic of a classical building with columns and a pediment.

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



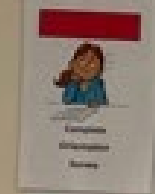
Challenges...

Staffing



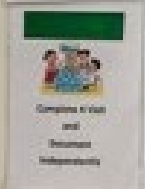
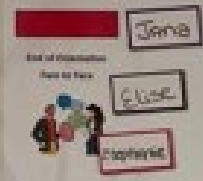
Creative
Staffing...

Looking closely at discipline scopes
Telehealth
Who do we have that we could utilize differently



Welcome
Piper

Welcome
to our
Team?

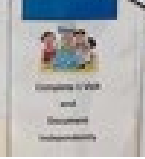
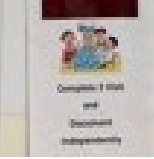
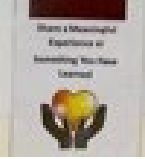
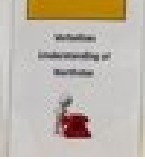
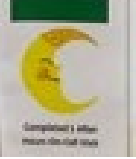
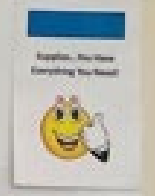
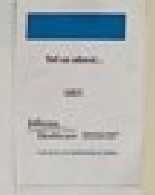
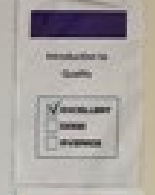


Michael
Aide

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
 - Care Plans
 - Visit Model
 - 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**



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**

OPTIONS FOR THE PHARMACY

- **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

PART D CO-PAY (cost-share) WAIVER

➤ **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.

Critical Access **Safety-Net** Pharmacy

► 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

UNCOMPENSATED CARE

➤ **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)

TOTALS: 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**

CONTACT

► *NELL ALLEN, CPHT*

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9481 OAK BAY RD

SUITE A

PORT LUDLOW, WA 98368

EXT 2326

360-379-2254

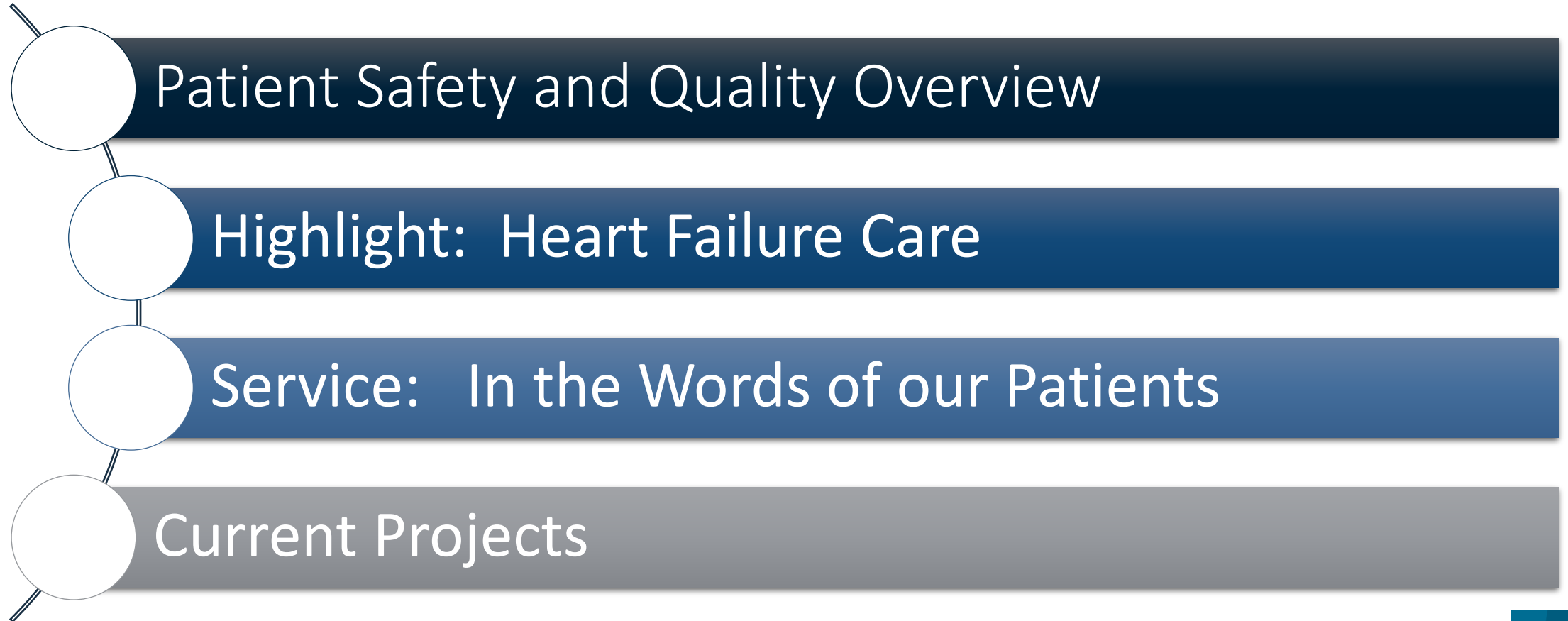
Jefferson Healthcare

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

August 25, 2021

Agenda

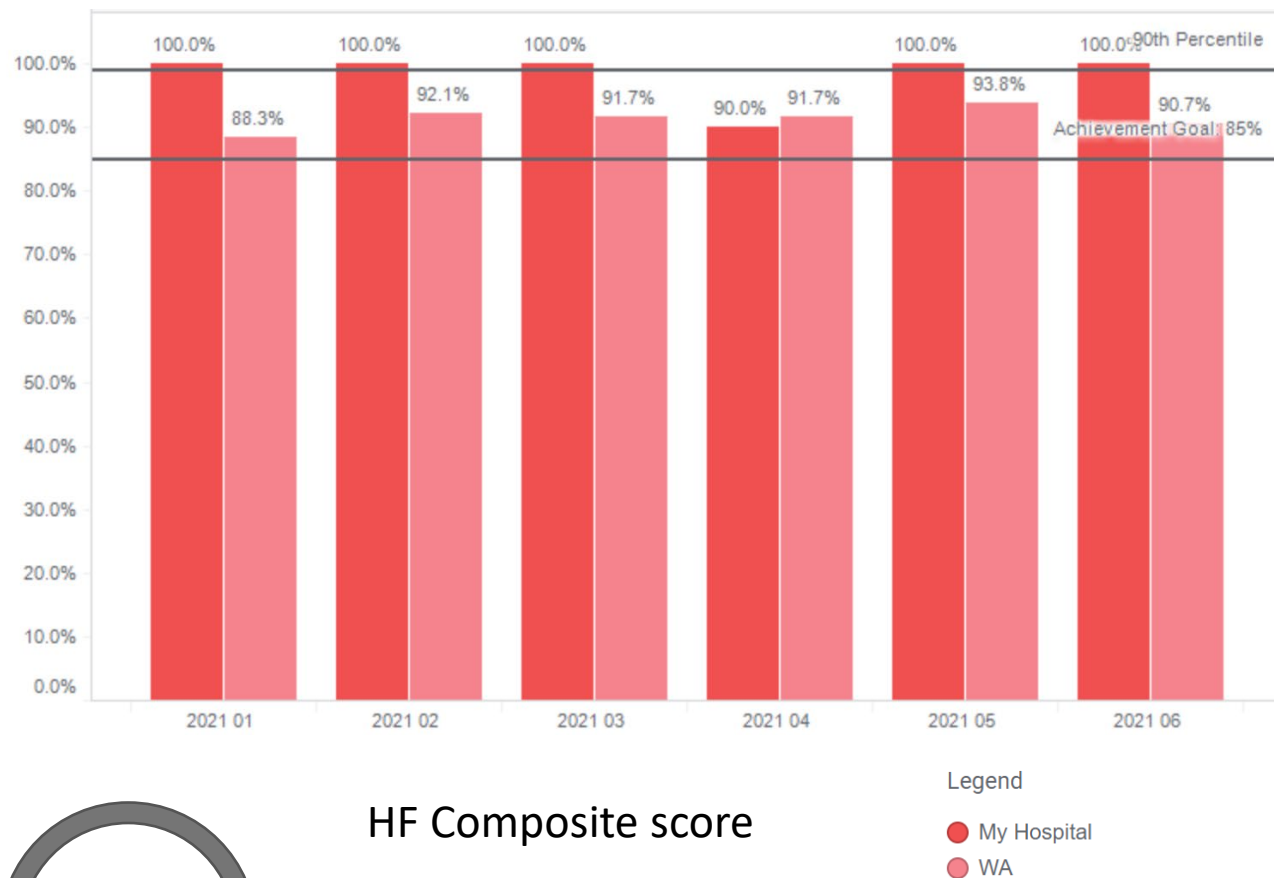


Patient Safety & Quality Overview

	Goals	Strategy	Initiatives	Targets
Quality and Safety	Provide the Highest Quality, Safest Care	Drive Best Practice Clinical Care	Achieve zero harm events	Zero avoidable healthcare acquired harm events
		Achieve Excellent Quality Outcomes	Antimicrobial Stewardship	Zero cases of hospital acquired C.Diff
			Implement and adhere to evidence based practices.	Avoid the over-use of antibiotics when not medically indicated
		Enhance Culture of Safety	Workplace Violence Prevention (Initiative)	90% or greater compliance with core measures
			Leader Rounding	Zero Incidents of Workplace Violence
		Align care with patient goals	Implement a palliative care program	Weekly Rounding Compliance
				Readmission rate < 12%

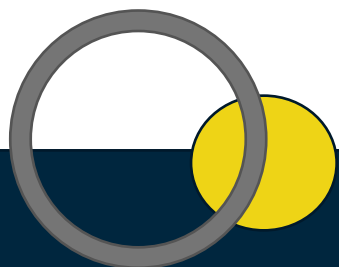
July 2021 data
Core Measures is from Q2 (Q3 in progress)

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





American Heart Association®

Target: HFSM



American Heart Association®
Get With The Guidelines®
Heart Failure

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 FailureSM** 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

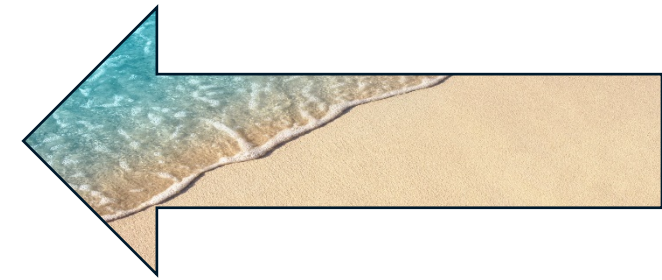
Bar Code Medication Administration expansion and improvement

Analysis of override data

Medication Safety Team

Medication Security Task Force

Sharing events as part of a Culture of Learning





Questions?

Jefferson Healthcare

July 2021 Finance Report

August 25, 2021

Tyler Freeman, CFO

July 2021

Operating Statistics

STATISTIC DESCRIPTION	JULY 2021						JULY 2020					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	585	625	6%	604	625	3%	621	6%	600	-1%	600	-1%
ADJUSTED PATIENT DAYS	2,759	2,233	24%	19,299	15,273	26%	1,962	41%	12,761	51%	12,761	51%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	97	76	28%	518	517	0%	58	67%	409	21%	409	21%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	290	331	-12%	1,871	2,261	-17%	244	19%	1,711	9%	1,711	9%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	387	430	-10%	2,484	2,935	-15%	313	24%	2,239	10%	2,239	10%
SURGERY CASES (IN OR)	121	127	-5%	911	871	5%	118	3%	710	22%	710	22%
SPECIAL PROCEDURE CASES	64	77	-17%	515	529	-3%	63	2%	359	30%	359	30%
LAB BILLABLE TESTS	22,001	21,570	2%	153,061	147,508	4%	20,517	7%	119,447	22%	119,447	22%
TOTAL DIAGNOSTIC IMAGING TESTS	3,212	3,147	2%	21,761	21,518	1%	3,036	6%	17,838	18%	17,838	18%
PHARMACY MEDS DISPENSED	19,937	24,451	-18%	136,934	167,216	-18%	20,204	-1%	126,352	8%	126,352	8%
RESPIRATORY THERAPY PROCEDURES	2,592	3,727	-30%	18,623	25,487	-27%	2,455	6%	17,378	7%	17,378	7%
REHAB/PT/OT/ST RVUs	8,806	9,218	-4%	62,371	63,039	-1%	8,604	2%	50,809	19%	50,809	19%
ER CENSUS	1,148	1,110	3%	6,676	7,588	-12%	1,003	14%	6,196	7%	6,196	7%
DENTAL CLINIC	443	398	11%	2,725	2,723	0%	353	25%	1,620	41%	1,620	41%
TOTAL RURAL HEALTH CLINIC VISITS	6,391	6,470	-1%	42,450	44,244	-4%	5,613	14%	34,798	18%	34,798	18%
TOTAL SPECIALTY CLINIC VISITS	3,342	3,460	-3%	23,800	23,659	1%	3,441	-3%	20,113	15%	20,113	15%

July 2021

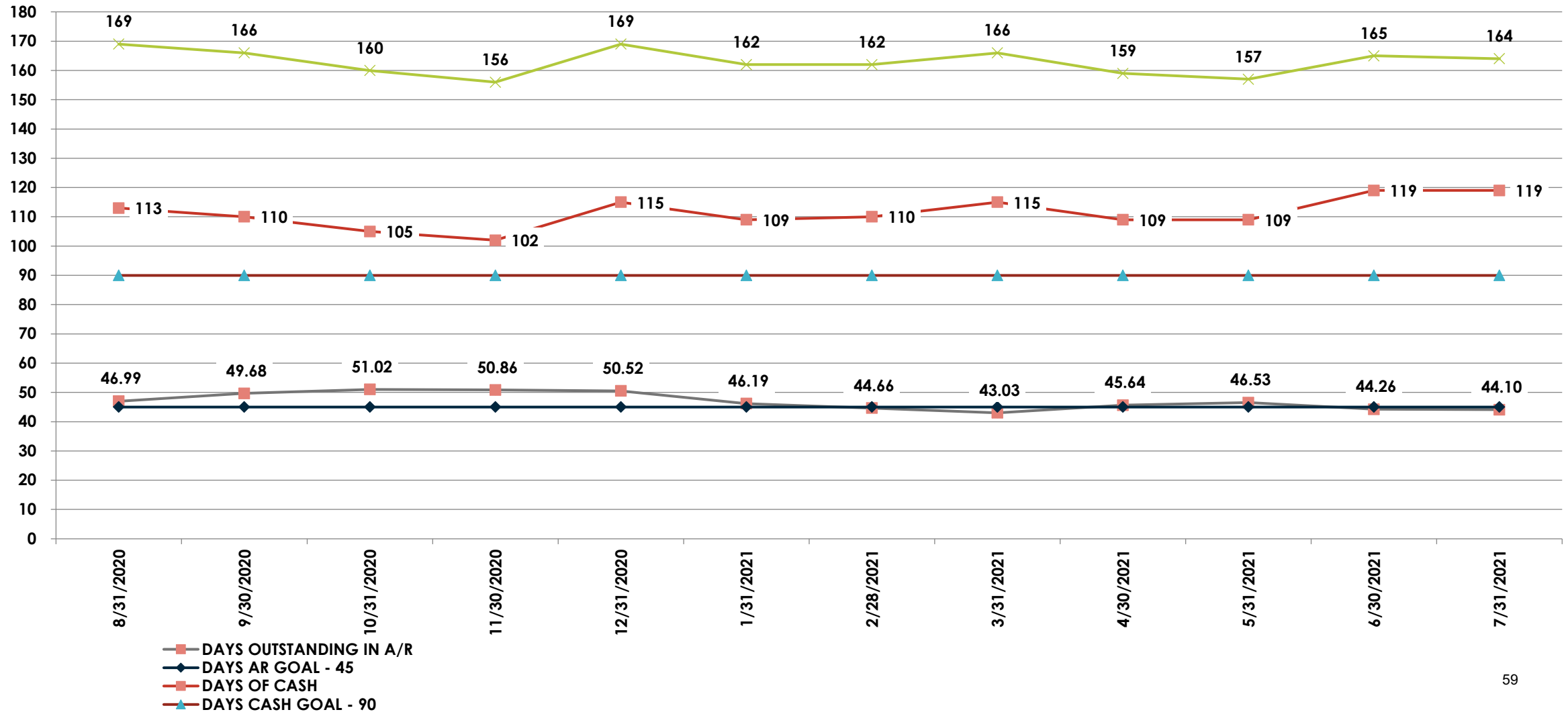
Income Statement Summary

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

July 2021

Cash and Accounts Receivable

Days Cash and Accounts Receivable



July 2021

Board Financial Report

Department	Account	Description	July Actual	July Budget	July Variance	2021 YTD Actual	2021 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	3,337	4,670	1,333	27,756	31,939	4,184
	601100	BENEFITS FICA	401	284	(118)	2,123	1,940	(183)
	601150	BENEFITS WA F&MLA	-	7	7	29	46	18
	601400	BENEFITS MEDICAL INS-UNION	625	4,671	4,046	30,084	31,945	1,861
	601600	BENEFITS RETIREMENT	-	229	229	-	1,565	1,565
	601900	BENEFITS EMPLOYEE ASSISTANCE	0	8	8	0	58	58
	602300	CONSULT MNGMT FEE	-	1,661	1,661	-	11,357	11,357
	602500	AUDIT FEES	14,150	3,838	(10,312)	49,150	26,244	(22,906)
	604200	CATERING	-	90	90	-	618	618
	604500	OFFICE SUPPLIES	-	-	-	-	-	-
	604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
	606500	OTHER PURCHASED SERVICES	-	849	849	-	5,808	5,808
	609400	TRAVEL/MEETINGS/TRAINING	-	1,274	1,274	-	8,712	8,712
	609999	CLEARING	-	-	-	-	-	-
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**

Jefferson Healthcare

Administrative Report

August 25, 2021

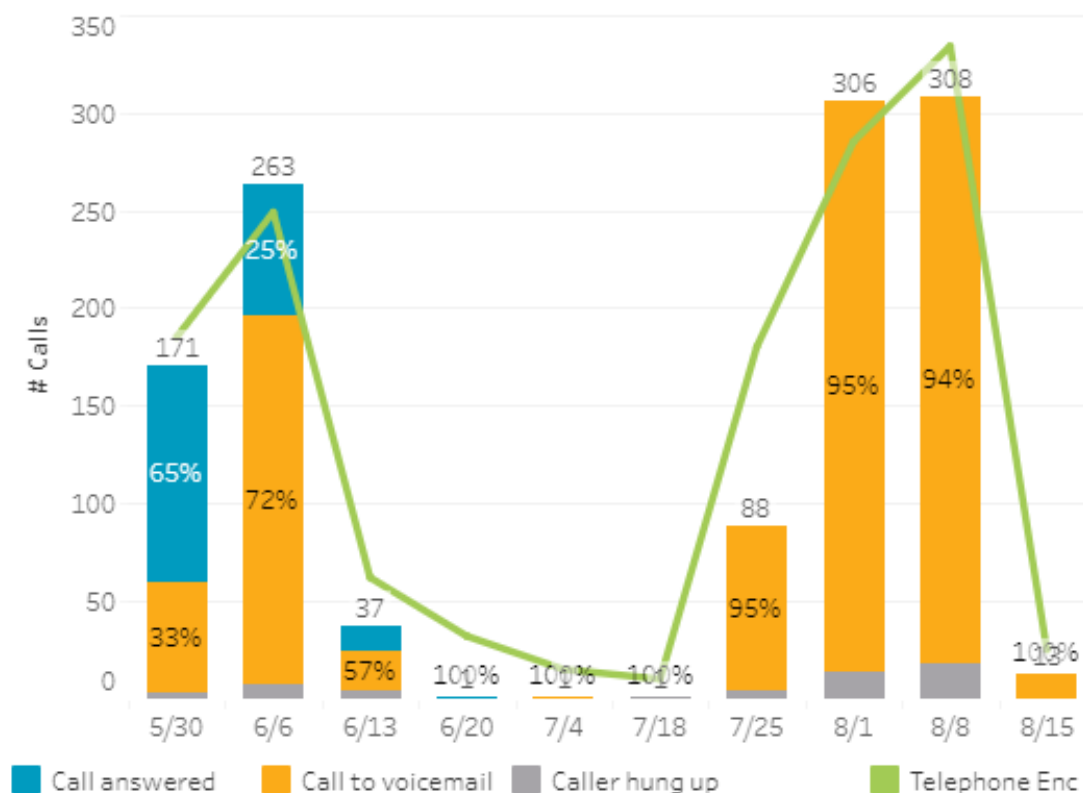
Mike Glenn, CEO

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.

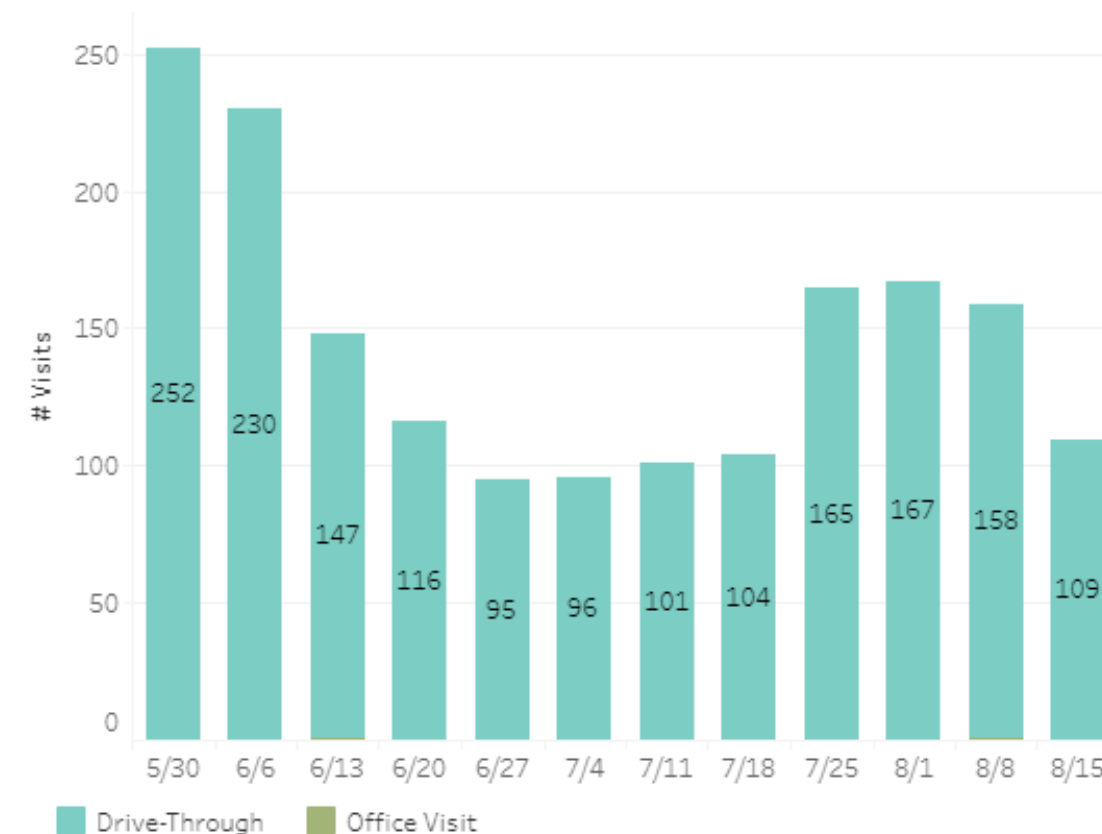


Total call volume since launch of triage line

Inbound Calls	256,298
Calls Answered	197,397
# Telephone Encounters	61,351

Respiratory Clinic visit volumes - by week

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



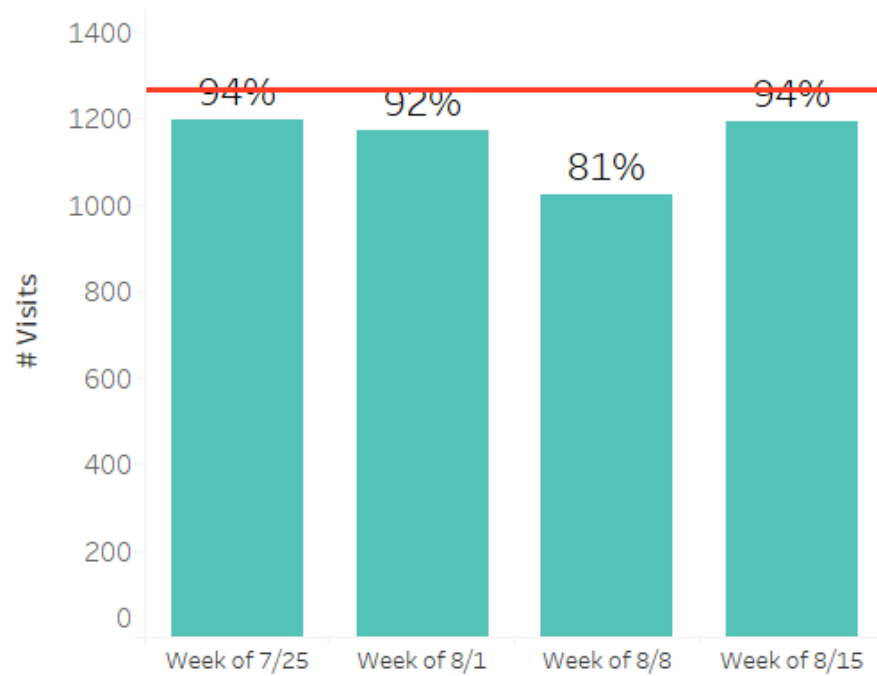
Total Respiratory Evaluation Clinic visits - all time

Drive-Through	13,592
Office Visit	63,320
Total	17,912

Jefferson Healthcare Volumes

Primary Care variance to budgeted visits

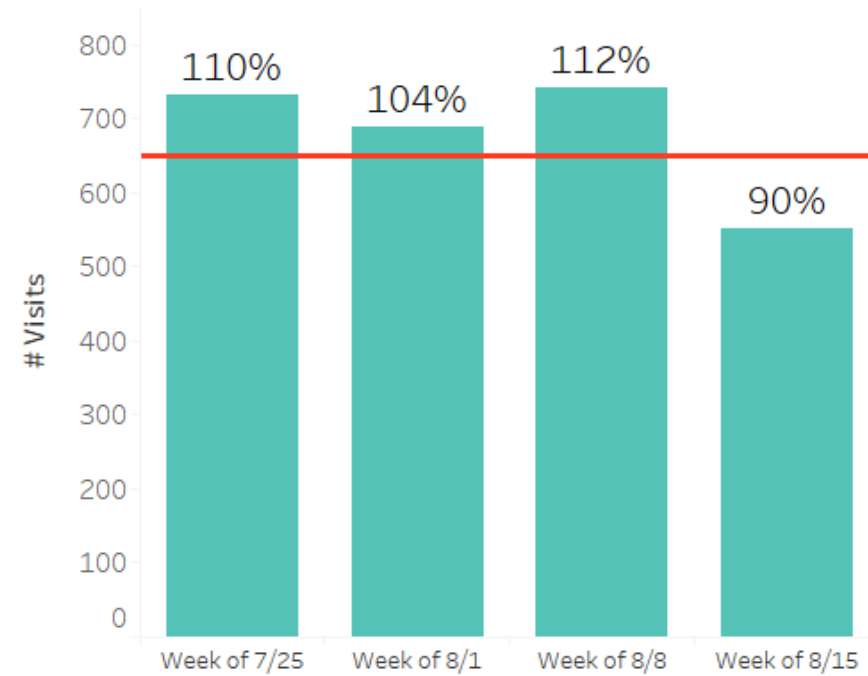
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2021 annual budgets. The labels are % volume to budget for the selected clinics.



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

Specialty clinic variance to budgeted visits

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



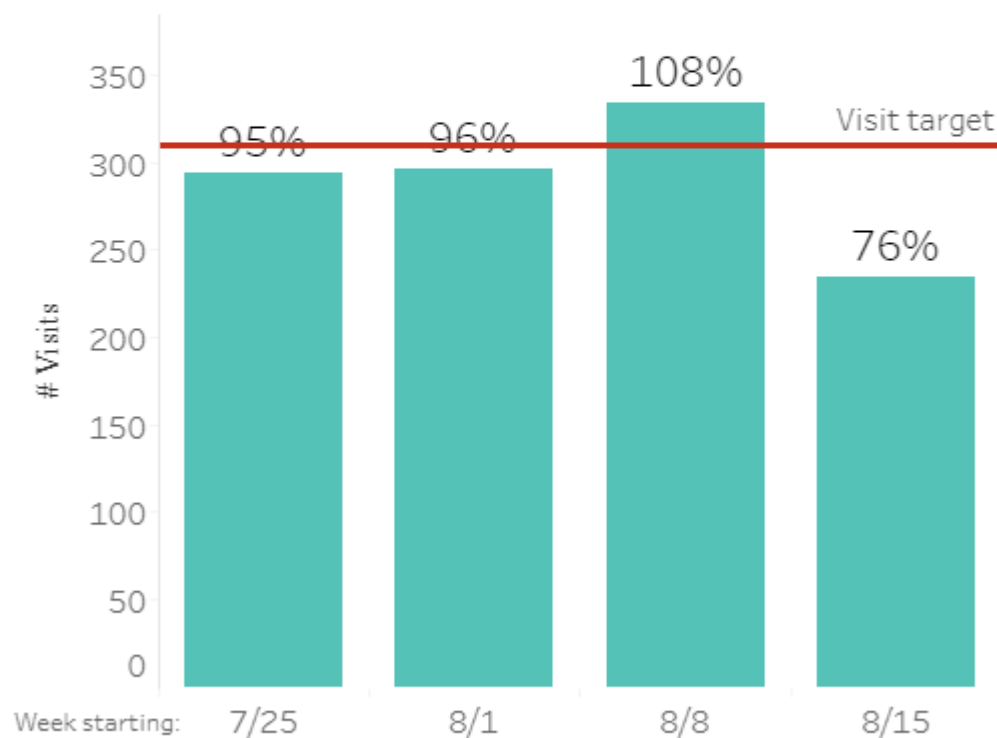
Includes visits in: JHSA clinic, Sleep Medicine, Urology, Women's Clinic, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

Jefferson Healthcare Volumes

Oncology/Infusion variance to target visits

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

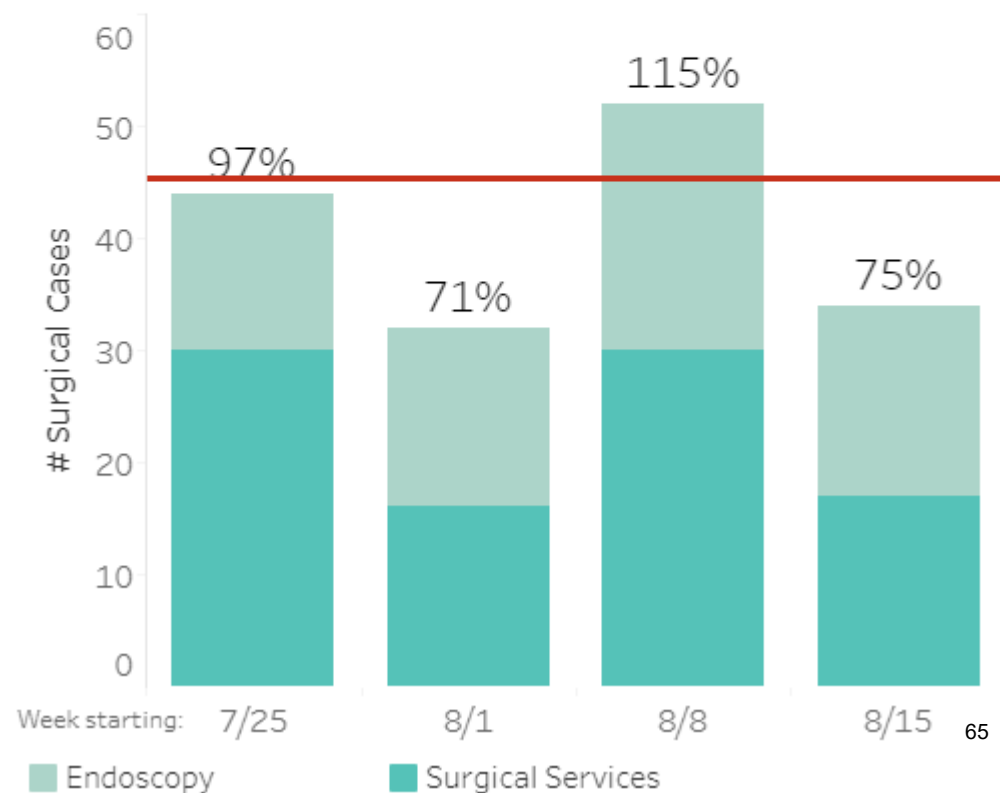
Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.



Surgical case variance to target cases

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

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



Jefferson Healthcare Volumes

Emergency Department and Express Clinic Volume

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

9/13/2020	
Total	345
Express Clinic	121
Emergency	224

Total Visits, 1/1/2020 to 8/22/2021
Select a department to bring in focus.

Emergency Dept

18,173

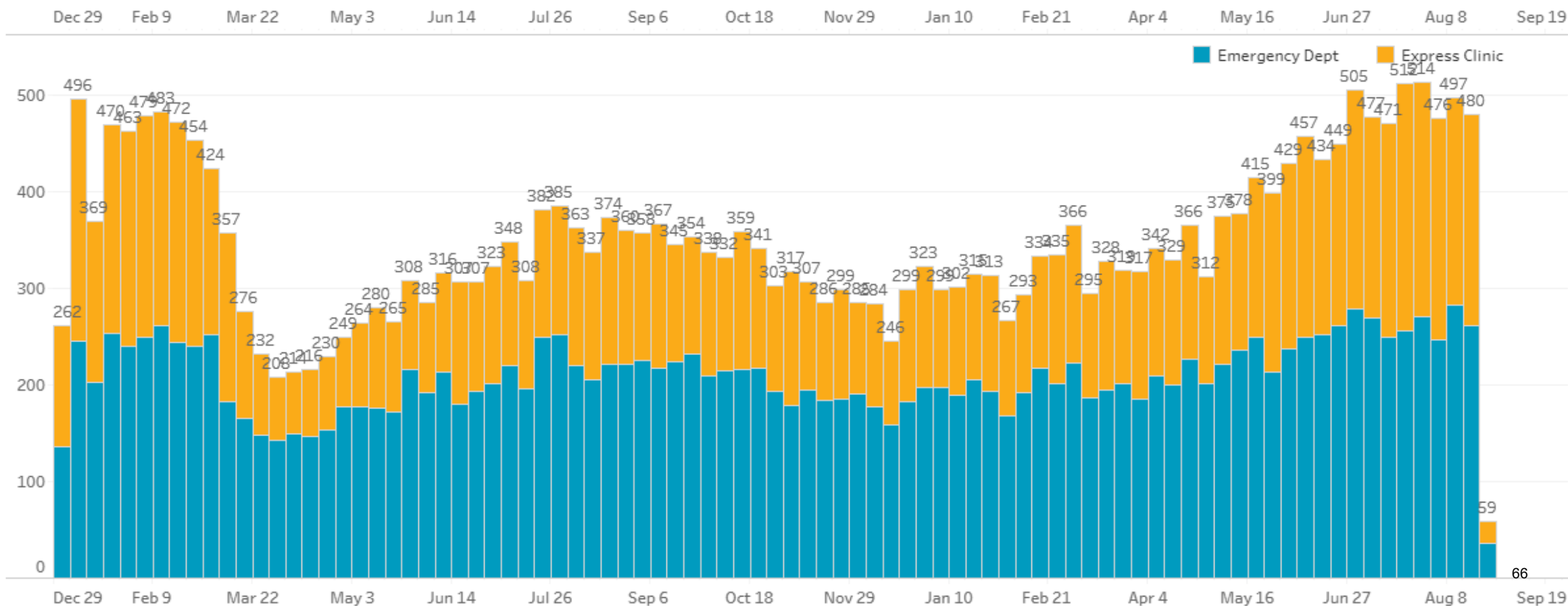


Express Clinic

12,195



Volumes by Arrival Department and Week, 2020 - 2021



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

Good afternoon,

We value you. JH knows and appreciates how hard you have worked to provide care to our patients through the global COVID-19 pandemic. You are on the frontlines everyday sharing your skill, compassion with our patient community. As you know, the number of COVID-19 cases in our state has been growing rapidly, putting stress on the hospital and the health care system. Further as of August 23rd, the Pfizer COVID-19 vaccination has been granted full and complete FDA approval. These trends compelled Governor Jay Inslee to take the unprecedented step of issuing a Proclamation requiring health care workers across the state to be vaccinated for COVID-19, with limited exceptions. As I mentioned in last week's email, Jefferson Healthcare (JH) will follow the Governor's proclamation on mandatory vaccinations, and we will require vaccines for all employees, students, and volunteers who work for JH.

We understand this new requirement may be welcomed by some of you and cause concerns for others. Again, please keep in mind that this is a mandate from the Governor, and not a policy that JH created. Accordingly, JH does not have a choice of whether to follow this government directive; we must do so in order to continue caring for our community members. If you are already vaccinated, thank you for making the decision to protect yourself, your family, your patients and your community. If you are not, we want to provide all the support we can so you can make a fully informed decision and know about the resources available to you as a valued team member.

When will this be in effect?

The order was effective as of August 9. The deadline to become fully vaccinated or obtain an approved accommodation is October 18, 2021. In order to be considered fully vaccinated by October 18, you must receive your second dose of Pfizer-BioNTech or Moderna COVID-19 vaccine or your single dose of Johnson & Johnson (Janssen) COVID-19 vaccine on or before October 4, 2021. If you do not get your second dose by that date and provide acceptable proof of being fully vaccinated to Employee Health then you are not permitted to work after October 18, unless you are approved for a disability-related or sincerely held religious belief accommodation.

What is the timing for receiving the vaccine?

Because the vaccines take time to become effective, we want you to be aware of the timeline below. Note that the last possible day to receive your second dose of Pfizer or Moderna or your single dose of Johnson & Johnson (Janssen) is October 4.

How can I get the vaccine?

We will have vaccines available in the Dirksen at the following times:

August 26th (1700 – 2000)
<https://premod.doh.wa.gov/appointment/en/reg/3612608589>

August 31st (1700 – 2000)
<https://premod.doh.wa.gov/appointment/en/reg/8669540321>

September 2nd (1500 – 1800)
<https://premod.doh.wa.gov/appointment/en/reg/0015962098>

Timeline for compliance

SEPTEMBER							OCTOBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
29	30	31	1	2	3	4	26	27	28	29	30	1	2
Last day for first shot of Moderna							Last day for 1st or second shot of Pfizer or Moderna						
5	6	7	8	9	10	11	3	4	5	6	7	8	9
Last day for first shot of Pfizer							Last day for full vaccination						
12	13	14	15	16	17	18	10	11	12	13	14	15	16
19	20	21	22	23	24	25	17	18	19	20	21	22	23
26	27	28	29	30	1	2	24	25	26	27	28	29	30
							31	1	2	3	4	5	6

Is there time off to receive and recover from the vaccination?

Under current JH policy, we will provide you with work time to receive the vaccination. Please work with your leader to identify a time for you to be vaccinated. It is common to experience fatigue, muscle soreness and some other symptoms following the vaccine. If you experience side effects from the vaccine you may take sick time (see sick call policy) to recover from them. Significant adverse effects from the vaccine are very rare. The likelihood of experiencing serious illness and death is much higher if you become ill with COVID-19. However, if you experience a side effect that makes you unable to work for a period of time you may be eligible for worker's compensation. There are also federal programs for individuals experiencing serious injuries from COVID-19 vaccines and their families:
<https://www.hrsa.gov/cicp>

Time off related to the vaccine may be the subject of negotiations with the unions representing some JH employees. If there are changes to JH policy, we will update you on them.

Whom does the proclamation apply to?

Every employee, student, and volunteer that works for Jefferson Healthcare. This includes non-clinical positions and teleworkers.

What documentation do I need to provide to prove my vaccination status?

You must provide proof of full vaccination against COVID-19 to Employee Health:

Under the proclamation, acceptable proof includes one of the following:

- CDC COVID-19 Vaccination Record Card or photo of the card
- Documentation of vaccination from a health care provider or electronic health record
- State Immunization Information System record
- WA State Certificate of COVID-19 Vaccination from MyIRmobile.com

Personal attestation is not an acceptable form of verification.

Is there any way to opt out of vaccination?

If you are entitled under applicable law to a disability-related reasonable accommodation or sincerely held religious belief accommodation and obtain such an accommodation from JH, then you are exempt from the proclamation's vaccine requirement. If you are not approved for an accommodation, then there is no way for you to opt out of the vaccination requirement in the proclamation.

I have had COVID-19 and believe I have natural immunity. Do I still have to be fully vaccinated?

Yes. The proclamation does not provide an exemption for individuals who have previously been infected with COVID-19. Experts do not yet 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 I got infected with COVID-19 just prior to starting work?

If you are unable to comply with the requirement to be fully vaccinated by October 18 because (a) you are infected with COVID-19 in the weeks immediately preceding the deadline or (b) you have an adverse reaction to the first dose of the vaccine, talk to Human Resources (HR) about our reasonable accommodation process.

What happens if I choose not to be vaccinated and have not received an accommodation?

After October 18, 2021, if you are covered by this proclamation and you have not provided Employee Health with acceptable proof of full vaccination against COVID-19 or been approved for an accommodation exempting you from the vaccination requirement, then under the proclamation Jefferson Healthcare can no longer legally allow you to perform work for us.

Under what circumstances will medical and religious exemptions be granted?

Requesting an accommodation. Workers can apply for an exemption from the vaccination requirement based on the need for an accommodation based on disability or a sincerely held religious belief. *(These documents are available from HR and can be found on the HR intranet page).*

- **Disability accommodation.** For a disability-related accommodation you must provide documentation from an appropriate health care or rehabilitation professional authorized to practice in the State of Washington stating you have a disability that necessitates an accommodation from receiving the vaccine and the probable duration of the need for accommodation.
- **Religious accommodation.** For an accommodation for a sincerely held religious belief you must provide a statement explaining the way in which the requirement to be vaccinated conflicts with your religious observance, practice, or beliefs.

Once you apply for an accommodation, it will be reviewed by HR and processed according to our policy.

Will employees who quit or are terminated because they cannot comply with the proclamation be eligible for unemployment benefits?

The Washington State Employment Security Department (ESD), not JH, 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 a number of factors. These factors may include when the employer adopted the requirement, whether the employee is otherwise eligible for benefits, the specific terms of the vaccine policy including allowable exemptions, and the reason why the employee did not comply with the vaccine requirement. For example, when the employer offered religious or medical accommodations, but the employee does not qualify for an accommodation and does not comply with the vaccine requirement, a claim would likely be denied. However, some individuals may still qualify based on their own unique circumstances. ESD will evaluate each case on its own merit.

Do we have to bargain with UFCW since this is a government requirement?

We will be addressing the impacts of this proclamation in accordance with the provisions of our collective bargaining agreements with UFCW. If there are changes to JH policy as a result, 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 make the workplace safer for all employees and patients. As a result, we expect this new vaccine requirement to be welcomed by many of our staff. However, we understand that for others it may cause anxiety or stress. If this is the case, we strongly encourage you to access our Employee Assistance Program resources. Please call (800) 777-4114 to request face to face counseling, virtual counseling (text chat, phone, video), or you can ask to speak with a counselor immediately over the phone 24/7.


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


MG

Helpful Links:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

[General Medical Staff Vaccine Update Aug 2021.pptx \(sharepoint.com\)](#)

 [Medical Exemption Request Form - Vaccine Mandate.pdf](#)

 [Religious Exemption Request Form - Vaccine Mandate Final.pdf](#)



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.



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 Niki Van Duren, Leave and Disability Coordinator, at nvanduren@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 the 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

