*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, September 22, 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 was 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
- Karma Bass, MPH, FACHE, President, Via Healthcare Consulting Discussion

Commission Buhler Rienstra reviewed the Via Healthcare Consulting proposal and discussed the logistics of the retreat.

Discussion ensued.

Commissioner Buhler Rienstra will provide logistics in writing to the board.

Commissioner Kolff made a motion to hold a two-hour special session to discuss Generative Governance. Commissioner Ready seconded.
**Action:** Motion passed 3 to 0 with 2 abstentions. Commissioner Kolff, McComas, and Ready in favor. Commissioners Buhler Rienstra and Dressler abstained.

Discussion ensued.

Commissioner Buhler Rienstra asked Commissioners to submit to Alyssa Rodrigues topics for the Special Session.

**Education Topic:**
- Sexual Assault Nurse Examiner Update - Dr. Molly Parker, SANE Medical Director and Katie Rose Fischer-Price, RN, SANE Program Coordinator

Mike Glenn, CEO, introduced Dr. Molly Parker, SANE Medical Director and Katie Rose Fischer-Price, SANE Program Coordinator.

Dr. Parker and Katie Rose Fischer-Price presented the Sexual Assault Nurse Examiner Update.

Discussion ensued.

**Break:**
Commissioners recessed for break at 2:57pm. Commissioner reconvened from break at 3:30 pm.

**Patient Story:**
Tina Toner, CNO, provided the Patient Story which explained the Code Blue Committee, Code Blue Initiative, What is a “Code”, what the Committee does, changes Committee has made, Code cards by all phones, and a thank you to the Code Blue Committee.

Discussion ensued.

**Minutes:**
- August 25, 2021 Regular Session Minutes

Commissioner Dressler made a motion to approve the August 25, 2021 Regular Session Minutes. Commissioner McComas seconded.

**Action:** Motion passed 4 to 0 with 1 abstention. Commissioners Buhler Rienstra, Dressler, McComas and Ready in favor. Commissioner Kolff abstained.

**Required Approvals:** Action Requested
- August Warrants and Adjustments
- Resolution 2021-03 Canceled Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policies
Discussion ensued.

Commissioner Kolff made a motion to approve the August Warrants and Adjustments, 2021-03 Canceled Warrants, Medical Staff Credentials/Appointments/Reappointments, Medical Staff Policies. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Patient Advocate Report:** Jackie Levin, RN, Patient Advocate
Jackie Levin, RN, Patient Advocate presented the Quarter 2 Patient Advocate Report.

Discussion ensued.

**Quality Report:**
- Emergency Preparedness
Brandie Manuel, CPSO, presented the August Quality Report

Discussion ensued.

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

Discussion ensued.

**Administrative Report**
- Strategic Plan Update
Mike Glenn, CEO, presented the September Administrative report.

Discussion ensued.

**CMO Report**
Dr. Joe Mattern, CMO, provided the CMO report which included and updated on COVID case rate, staffing, transports, surgery department, Monoclonal Antibody Therapy, self-testing and vaccinations.

Discussion ensued.

**Board Business:**
- Resolution 2021-04 Honoring Jefferson Healthcare Team Members During the COVID-19 Pandemic 2020-2021

Commissioner Buhler Rienstra introduced and read aloud Resolution 2021-04 Honoring Jefferson Healthcare Team Members During the COVID-19 Pandemic 2020-2021 and asked that this Resolution be passed today to stay in line with September Employee Appreciation Month.
Commissioner Dressler made a motion to approve Resolution 2021-04 Honoring Jefferson Healthcare Team Members During the COVID-19 Pandemic 2020-2021. Commissioner Kolff seconded. **Action:** Motion passed unanimously.

- Resolution 2021-05 Jefferson County Board of Health Resolution 56-21 of the Jefferson County Board of Health in the Matter of the Spread of Health Misinformation and Support for Public Health and Healthcare Workers

Commissioner Kolff Introduced and read aloud Resolution 2021-05 Jefferson County Board of Health Resolution 56-21 of the Jefferson County Board of Health in the Matter of the Spread of Health Misinformation and Support for Public Health and Healthcare Workers. Commissioner Kolff explained this Resolution is a Jefferson County Board of Health Resolution and would like to have the Jefferson County Public Hospital District Board of Commissioners approve this resolution as a joint Resolution.

Commissioner Ready made a motion to adopt Resolution 2021-05 Jefferson County Board of Health Resolution 56-21 of the Jefferson County Board of Health in the Matter of the Spread of Health Misinformation and Support for Public Health and Healthcare Workers. Commissioner Kolff seconded.

Discussion ensued.

Commissioner Kolff explained the title should have been, A Joint Resolution of the Jefferson County Board of Health and of the Board of the Jefferson County Public Hospital District no. 2 in support of all public health and hospital district employees and declaring health misinformation a health crisis.

Commissioner Kolff made a motion to accept Resolution 2021-05 with the updated title of, “A Joint Resolution of the Jefferson County Board of Health and of the Board of the Jefferson County Public Hospital District No. 2 in support of all public health and hospital district employees and declaring health misinformation a health crisis.” **Action:** Motion failed with 2 in favor, and 3 abstentions. Commissioners Kolff and Ready voted in favor. Commissioners Buhler Rienstra, Dressler, McComas abstained.

Commissioner McComas made a motion to have two board members rework Resolution 2021-05 and revisit at Special Meeting by September 30. Commissioner Dressler seconded.

Discussion ensued. **Action:** Motion passed unanimously.

- Board of Health Report
Commissioner Kolff explained he had nothing further to report outside of COVID-19 and Resolution 2021-05 Jefferson County Board of Health Resolution 56-21 of the Jefferson County Board of Health in the Matter of the Spread of Health Misinformation and Support for Public Health and Healthcare Workers.
County Board of Health in the Matter of the Spread of Health Misinformation and Support for Public Health and Healthcare Workers.

- Agenda Evaluation

Commissioner Kolff made a motion to table agenda evaluation until next month. Commissioner Dressler seconded.  
**Action:** Motion passed unanimously.

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

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

Meeting concluded at 6:49pm.

Approved by the Commission:
Chair of Commission: Jill Buhler Rienstra  
Secretary of Commission: Marie Dressler
Sexual Assault Nurse Examiner Program
Board of Commissioners
September 22, 2021

Katie-Rose Fischer-Price RN, Program Coordinator
Molly Parker MD, MPH Medical Director
Year Two in Review
June 2020-May 2021

Overview
Case data
Quality oversight
Opportunities
Successes
JH Sexual Assault Nurse Examiner Program

Nurse forensic exams for victims of sexual assault

- Forensic samples and documentation for prosecution
- Trauma informed care
- Resource connections

Program model

- "As available" staffing model
- 4 trained nurses
- 2 nurses in training
- Exams for patients 13 and older
  - Patients younger than 13 yet sent elsewhere
Jefferson Healthcare SANE History

Prior Options:
- Bremerton
- Seattle/Tacoma
- Port Angeles

Pre-2019

Exploratory Committee Meets
June-August 2018

JH Board of Commissioners Approve Proposal
October 2018

Data suggested 4-12 survivors seeking services per year

Program development
December 2018 - June 2019

SANE Program Coordinator Hired
November 2018

SANE Program Launches
June 25th 2019

Year One: 12 (6/2019-5/2020)
- Exams: 6
- Consults: 6
- Unstaffed: 0

Year Two: 13 (6/2020-5/2021)
- Exams: 9
- Consults: 2
- Unstaffed: 2

Pandemic
February 2020-present
Covid Impact on Sexual Assault

• Limited data

• Our numbers are too small to trend

• Anecdotal evidence: WA state lock downs associated with
  • Decrease in adult sexual assault presentations
  • Increase in ED visits for domestic violence and pediatric assault

• Ottawa 2020 March to May:
  • SANE exams decreased by 56% compared to 2018 (Muldoon et al. 2021 Feb 5;19(1):20.)
Michigan hospital:
SANE case counts over time

Note: Red box indicates historic low cases in April 2020 corresponding with the middle of Michigan’s COVID-19 shelter-in-place order. Green box indicates cases in October 2020 corresponding with the University of Michigan COVID-19 student shelter-in-place.
Philadelphia:
Impact of school closure and stay-at-home orders on emergency calls

Domestic violence calls: no change

Assault and rape: decrease after school closure

United Nations 2020

• Helpline use: Increased with stringent lock-downs.

• Reports of rape and sexual assault to authorities:
  • Decreased during confinement periods.
  • Rebounded when confinement ended

• Gender-related killings: stable

*What crime and helpline data say about the impact of the COVID-19 pandemic on reported violence against women and girls.*
Jefferson Case Data

• Year 1:
  • 6 exams
    • Ages 13-63
    • 4 filed police reports; 2 did not
  • 6 consults (4 pediatric, 2 adults)
  • 1 known conviction on a minor case
  • 0 unstaffed requests

• Year 2:
  • 9 exams
    • Ages 20-75
    • 4 filed police reports; 5 did not
  • 2 consults (2 pediatric)
  • 2 unstaffed requests
Ensuring high quality

<table>
<thead>
<tr>
<th>Components of a successful program</th>
<th>Program Outcomes</th>
</tr>
</thead>
</table>
| Quality                           | 100% case review: coordinator, SANE team  
Quarterly cross-department review |
| Effectiveness                     | 2020 Staffed 100% of eligible requests, 67% made police reports  
2021 Staffed 81% of eligible requests, 44% made police reports |
| Sustainability                    | Detailed protocols reviewed yearly  
Program support by coordinator and medical director |
## Ensuring high quality

<table>
<thead>
<tr>
<th>Challenges identified</th>
<th>Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention</td>
<td>2020 85%</td>
</tr>
<tr>
<td></td>
<td>2021 60%</td>
</tr>
<tr>
<td></td>
<td>Emphasis on emotional debrief</td>
</tr>
<tr>
<td>Developing and maintaining experience</td>
<td>Engagement and education</td>
</tr>
<tr>
<td></td>
<td>• 2020 Harborview annual and shadowing and online</td>
</tr>
<tr>
<td></td>
<td>• 2021 Online</td>
</tr>
<tr>
<td></td>
<td>Monthly education</td>
</tr>
<tr>
<td></td>
<td>Two RN’s per exam to allow additional support and ongoing learning</td>
</tr>
<tr>
<td>Funding</td>
<td>Remains a challenge</td>
</tr>
<tr>
<td></td>
<td>• Funded by JHC</td>
</tr>
</tbody>
</table>
Staffing Challenges

• 60% retention
• All SANEs have other full time nursing jobs
• Increased work burden
• Pandemic related fatigue and burn-out
• Fewer opportunities for connection and learning due to pandemic
Community Connections

- Dove House
- Saint Michael's SANE
- Harborview Virtual Pilot Program
- Lower Elwha Sexual Assault Response Team
- Children’s Advocacy Center development
- SAFE Advisory Group – State level
Child Advocacy Center development

- Children’s Advocacy Center of Washington (cacwa.org)
- Prosecutor’s office
- Dove House
- Olympic Peninsula YMCA
- Discovery Behavioral Health
- Jefferson Healthcare
- PT Police
- County Sheriff
- State Attorney General
- State Dept of Children, Youth and Families
SAFE Advisory Group

- SANEs from across Washington
- Meetings with State Attorney General's Office
- Topics
  - Tracking of assaults that happen across state lines
  - Training resources
    - Specifically in rural areas
  - Case attrition
  - State kit tracking system
Opportunities

- Every case is different
- Emergency department flow
- Follow up
- Epic privacy
- Reimbursement for crimes committed across state lines
- Pediatric case support
Successes

- Length of exams
- Improved ancillary process (billing, safety and HIM)
- Pediatric case support
- Conviction
- Community partnerships
"Your nurses are amazing. They consistently treat our clients with kindness and respect. I have been doing this work a long time and your team is the best I have ever worked with. I feel so much better knowing our clients will get such quality care right next door."

-Dove House Advocate
"Thank you for holding my hand and my heart through one of the hardest days of my life. You helped me regain some comfort and strength."

-Thank you note written to SANE by a 2021 patient
Meet our SANEs

Katie Johnston
OMC

Anne Beers
Family Birth Center

Sherree Turner
Sheridan Clinic

Katie-Rose Fischer-Price
JCPH

Senovia Rivas
Wellfound Behavioral Health

Megan Contento
ICU

Sarah Martin
House Supervisor
PATIENT STORY
September 22, 2021
Presented by Tina Toner, CNO
Our Initiative:

Facilitating successful responses to cardiovascular, cerebral, and other emergencies that are clinical in nature
A code is called at any time staff need advanced care providers to respond to a patient in distress.

Example of Codes you will hear called overhead at the hospital:

- "Code Blue" - Cardiac or Respiratory Arrest.
- "Rapid Response" - any staff on the inpatient floor can use this code if they feel a patient needs a rapid assessment by the team and the Hospitalist
- "ED Response Team". Very similar to the rapid response but used everywhere else besides the inpatient floor.
WHAT WE DO

PROCESS: The committee’s job is to ensure a successful, educated, and well-practiced response to clinical codes, when called.

DEBRIEF: We receive information from the actual codes, that are called by the way of a debrief form that is filled out by a participant at the code that is called.

ACTION: Debrief forms are turned into and reviewed by the committee.
CHANGES WE’VE MADE

Issues we’ve seen:
- At stressful times you can forget what code to call and with staff moving around what your area is called
- Codes can be chaotic
- Not a comprehensive way to keep track of problems that come up in debrief forms

Solutions we’ve made:
- Added code placard to every phone with description of codes and the area is listed at the top.
- Ongoing review worksheet that is shared at every meeting
- Code drills scheduled at different areas of the hospital every month
- Incorporated into every code drill

Upcoming changes:
- Replacing our fleet of Defibrillators
- Educating more staff to be able to lead code drills
Call Code to _______________

Call code by dialing 85-00 and stating your location (above) and the code response you need (below) repeat three times.

<table>
<thead>
<tr>
<th>CODE</th>
<th>WHY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE BLUE</td>
<td>CARDIAC OR RESPIRATORY ARREST</td>
</tr>
<tr>
<td>RAPID RESPONSE TO ACU/ICU/FBC</td>
<td>YOU NEED RAPID ASSESSMENT SKILLS FOR A PATIENT. THIS PATIENT IS STILL BREATHING</td>
</tr>
<tr>
<td>ED RESPONSE TEAM</td>
<td>YOU NEED RAPID ASSESSMENT SKILLS FOR A PATIENT THAT IS NOT ON ACU/ICU/FBC FLOOR. THIS PATIENT IS STILL BREATHING</td>
</tr>
<tr>
<td>CODE ORANGE</td>
<td>HAZMAT RESPONSE</td>
</tr>
<tr>
<td>CODE GRAY</td>
<td>SECURITY AND CODE GRAY TEAM RESPONSE</td>
</tr>
</tbody>
</table>
A BIG THANK YOU TO...

The Code Blue Committee Team:

**Physician Leaders:**
- Dr. Ivan Mendez-Escobar
- Dr. Kent Smith

**Strategic Leaders:**
- Tina Toner, CNO
- Brandie Manuel, Chief Patient Safety & Quality Office

**Committee Chair:**
- Jeff Heistand

**Active Members:**
- Jennifer Peach-Guzman, Executive Director of Nursing Operations
- Andrea Armstrong, Manager of ACU/ICU
- Karah Ealy, RN Educator
- Kara O’Connell, ER RN
- Bill Sjolin, Director of Surgical Services
- Lanny Turay, Director of Pharmacy
- Kirsten Rosey, Respiratory Care Coordinator
- Shannon Groff, Administrative Support
Responding to Patient Concerns, Q2 2021

106 concerns reported
71 patient navigation calls

9% increase in Concern Calls over Q1 '21
21% decrease in Navigation Calls over Q1 '21
Responding to Patient Concerns, Q2 2021

2.5 average days to acknowledgement
High: 7 -- Low: 0

15 average days to resolution
High: >30 (7) -- Low: 0

Average days to resolution decreased by 3.4 days with 9.3% increase in patient concern calls to Patient Advocates
Concerns per 1,000 visits

**ED, EC, PC**

- **Emergency Department**: 16% decrease in concerns this quarter with a 15% increase in visit volume.
- **Express Clinic**: 31% decrease in concerns with an increase in 32% in visit volume.
- **Primary Care**: reduced 64%
  - Primary Care still represents more than half of Patient Navigation calls.
- Provider communication remains main issue

<table>
<thead>
<tr>
<th>Quarter</th>
<th>ED Concerns Per 1,000 Visits</th>
<th>EC Concerns Per 1,000 Visits</th>
<th>PC Concerns Per 1,000 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2019</td>
<td>5.4</td>
<td>2.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Q3 2019</td>
<td>5.0</td>
<td>2.2</td>
<td>0.5</td>
</tr>
<tr>
<td>Q4 2019</td>
<td>6.0</td>
<td>2.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Q1 2020</td>
<td>5.5</td>
<td>2.7</td>
<td>0.5</td>
</tr>
<tr>
<td>Q2 2020</td>
<td>5.0</td>
<td>2.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Q3 2020</td>
<td>5.0</td>
<td>2.5</td>
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<td>Q1 2021</td>
<td>5.0</td>
<td>2.5</td>
<td>0.5</td>
</tr>
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<td>Q2 2021</td>
<td>5.5</td>
<td>2.7</td>
<td>0.5</td>
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</tbody>
</table>
Do ED patients complain because they are seeking some type of compensation, or is it really about wanting to be heard?

"In fact, most people who complain are doing so because they want to see improvement," David Chaulk, MD.

Types of Concerns: Care Providers

1865 Patient Complaints 177 (9%) related to diagnostic errors.

Deeper review 39 (22%) of the 177 were diagnostic errors.

Jefferson Healthcare Extrapolation: 22% of 6 concerns = 1 dx error

AHC Media Research from Diagnostic Error Complaints

- Care provider concerns accounted 47% of patient concerns in Q2 2021.
  - No change from Q 1
  - Actions Taken:
    - Meeting the new providers ---learn our process
    - Practice Managers’ support in concern process
    - Work with Executive Director Dan Z

Q1 and 2 2021 Care Provider Concerns by Type

- Communication: 19 (Q 2 2021) vs 21 (Q 1 2021)
- Skill/Competency: 4 (Q 2 2021) vs 5 (Q 1 2021)
- RX Choice: 4 (Q 2 2021) vs 4 (Q 1 2021)
- RX Plan/Selection: 4 (Q 2 2021) vs 9 (Q 1 2021)
- Diagnosis: 6 (Q 2 2021) vs 8 (Q 1 2021)
When to ask a patient for feedback?

When meeting the patient, the emergency physician (EP) can say:

“Healthcare today can be very complex. Please let me know right away if you have any concerns that something has not gone well in your care.”

Immediately before discharge, the EP or ED nurse can ask:

“Do you have any concerns that we have not addressed?”

AHC MEDIA, September 2021
Types of Concerns: Access & Service Delivery

- Focused on access-related concerns in Q2 2021
  - Delayed Referral Processing: process reorganization & hiring staff
  - Time to New Patient Appointments trending up
  - Rerouting pre-procedure, travel Covid testing

Spike related to change in Covid-Testing policy
Our Why?
Barriers to Healthcare:

- Real or perceived stigma and discrimination
- Financial (lack of insurance, lack of income)
- Lack of cultural competence by health care providers
- Health systems barriers (inappropriate electronic records, forms, lab references, clinic facilities) and
- Socioeconomic (transportation, housing, mental health).

Gender Affirming Care
w/ Beau Ohlgren
Wildly Successful!
45 attendees, 22 replay
More to Come

Internal Audit inquiry on needs and questions regarding Gender-Affirming Care

LGBTQ Taskforce goals: Front-line staff training Provider Training with Dr. Wang,
Service Area Trend

Express, ED and Inpatient Trends

# of Concerns

Q 2 2019  Q 3 2019  Q 4 2019  Q 1 2020  Q 2 2020  Q 3 2020  Q 4 2020  Q 1 2021  Q 2 2021

ACU/Obs  Express Clinic  ED
Service Area Trends

# of Concerns

Primary and Specialty Clinic Trends

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Primary Care</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2019</td>
<td></td>
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<tr>
<td>Q3 2019</td>
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<tr>
<td>Q4 2019</td>
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<td>Q1 2020</td>
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<td>Q4 2020</td>
<td></td>
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<tr>
<td>Q1 2021</td>
<td></td>
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<tr>
<td>Q2 2021</td>
<td></td>
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</tr>
</tbody>
</table>
Service Area Trends

Specialty Clinic Concerns per 1,000 visits

- Q1 2019: 1.04
- Q2 2019: 1.7
- Q3 2019: 1.9
- Q4 2019: 1.65
- Q1 2020: 2.3
- Q2 2020: 1.9
- Q3 2020: 1.65
- Q4 2020: 1.78
- Q1 2021: 1.9
- Q2 2021: 1.1

Specialty
Service Area Trends

Registration
Laboratory
Diagnostic Imaging
Rehab
Dietary
Billing

Ancillary and Other Services Trends
COVID-19 Common Concerns

Resolved: Common Pandemic Concerns

- Policy change for pre-procedure Covid testing
- Not knowing if their provider was vaccinated or not
- Proof of negative test for return to work
Thank you notes!

My deep gratitude goes out to all the dedicated healthcare workers. You have all gone way above and beyond what is required of you and poured your heart and soul and tremendous energy into helping others.

Thank you from the bottom of my heart,
A.

I received a survey and just had to call and let you know I had 3 visits to different clinics for my ______. Every person, at every visit, was absolutely perfect, lovely, and engaging.
JW
Questions?


Patient Safety and Quality Report
Presented by Brandie Manuel, Chief Patient Safety and Quality Officer
September 22, 2021
Agenda

- Patient Safety and Quality Overview
- Highlight: Emergency Management
- Service: In the Words of our Patients
- Current Projects
Patient Safety & Quality Overview

August 2021 data
Core Measures is from Q2 (Q3 in progress)
Prevention and Mitigation:
- Risk Assessment
- Hazard prediction
- Planning and Contingency Mapping

Preparedness:
- Training
- Emergency Planning & Scenario Creation

Response:
- Command Structure Deployment
- Dispatch resources
- Situational awareness
- Communication

Recovery:
- Damage assessment
- Business continuity
- Demobilization and Lessons learned

Highlight: Emergency Management

Preparedness

Mitigation

Response

Recovery

Prepare to Protect
Emergency Management Team

**MISSION:** The mission of the Emergency Management Team is to lead a coordinated, organized approach to Emergency Management that prepares providers, staff, and volunteers at all levels to respond to emergencies.

**2021 Program Goals:**
- EM Professional Development
- Improve Organizational Emergency Preparedness
- Demonstrate effective response to actual or simulated events

**Interventions:**
- Leadership training in Emergency Management
- Staff and leader engagement in planning, mitigating, and responding to actual or simulated emergency events
- Teamwork: conduct debriefings and share lessons learned from Incident Command Activations/ EM responses

**Measures of Success:**
- 80% of leaders will complete training by December 31, 2021
- Incident Command will be activated or maintained for four+ events by December 31, 2021
- 80% of staff/leaders will review the 2021 Emergency Operations Plan and demonstrate an understanding of IC role during emergency management activations
Mitigation, Preparedness, and Response

- **Preparedness: Logistics**
  - People, Supplies, Food & Water

- **Planning:** Training, Education, and practice

- **Response:** Each year, our goal is to activate an emergency management response four times (more if needed)
  - Generally, this includes two live activations and two practice drills, also called ‘Tabletop Exercises’
  - We have also used this type of structure to plan activities, such as backflow change out
2021 Emergency Management Responses.

- COVID-19 – Continued activation – Live Response
- Patient Surge – Hospital – Tabletop Exercise
- Power Outage – Live Response
- Patient Surge – Community – Tabletop Exercise
- Backflow Change Out – Facilities/Waterside driveway
- Spill Response/Code Orange – Lab
- Earthquake Drill – Planned
- Active Shooter - Planned
Patient Perspective: In the Words of Our Patients...

Caring & concerned staff. It would have been nice to have been told why everything was taking so long. We were left unattended for long periods of time. We were told when we left how extraordinarily busy it was, it would have helped to know that sooner.

Thank you to each and everyone that took care of me. Thank you so very much.

The nurses & doctors were EXCELLENT - the best I have ever had. My emergency stay & surgery gave me the best care imaginable.

The doctors and staff in Port Townsend Hospital are amazing. I can’t thank them enough for what they did for me.

I had a wonderful all around experience and would definitely recommend Jefferson Healthcare.

Julie was "exceptional" as my phy. therapist!

I know it's hard to believe consistently high ratings, but Jefferson truly is consistent in delivering a high quality treatment service. Arlene is top notch, but all physical therapists I observed satisfied high standards.

Best treatment I've ever had with a mammogram.

Very professional; information provided in a clear, concise manner. Care provided in a personal manner which made me feel comfortable + heard.
Current Projects

Projects and Teamwork

Performance Improvement: Closing the Loop on Referrals (continued)
Health Equity: REaL Data Entry
Patient Engagement & Technology
Medical Staff: Arch/Maslach Surveys
Emergency Management: Great Shakeout participation; Active Shooter drills/training

Quality

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

Medication Safety

Bar Code Medication Administration expansion and improvement
Medication Safety Team
Medication Security Task Force
Sharing events as part of a Culture of Learning
Questions?
Education: Bad Debt vs Charity Care

Disclaimer: These terms are governed by Washington Administrative Code (246-453) and CMS

Definitions:

• **Bad Debt** occurs when an account is written off following a reasonable collection effort (the minimum requirement for a collection period is 120 days, per CMS).

• **Charity Care** is the legal term that refers to the financial assistance (up to 100% of patient responsibility) offered to patients that are unable to pay (our sliding scale applies to patients at or below 400% of the federal poverty level, WAC 246-453 is at or below 200% FPL).

• **Indigent Care** is a term for all Medicare “charity care”. For indigent care to be claimed, a patient’s assets must be considered in addition to their income (specifically, a hospital should look for assets that can be converted to cash and are not for the patients daily living). We must have an Indigent Care policy in addition to a Charity Care policy.
## August 2021 Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>AUGUST 2021</th>
<th>AUGUST 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>582</td>
<td>625</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,744</td>
<td>2,233</td>
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<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>93</td>
<td>76</td>
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<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>267</td>
<td>331</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>370</td>
<td>430</td>
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<tr>
<td>SURGERY CASES (IN OR)</td>
<td>103</td>
<td>127</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>81</td>
<td>77</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>21,887</td>
<td>21,570</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>3,331</td>
<td>3,147</td>
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<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>19,934</td>
<td>24,451</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,083</td>
<td>3,727</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>8,132</td>
<td>9,218</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,142</td>
<td>1,110</td>
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<tr>
<td>DENTAL CLINIC</td>
<td>437</td>
<td>398</td>
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<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>6,048</td>
<td>6,470</td>
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<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,224</td>
<td>3,460</td>
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</table>

### Notes:
- **% VARIANCE** reflects the deviation from the budget and historical performance.
- **YTD ACTUAL** and **YTD BUDGET** indicate the year-to-date performance and budget.
- **% VARIANCE** for **YTD** compares the year-to-date actuals against the budgeted figures.

## Comparisons

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>AUGUST 2021</th>
<th>AUGUST 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>% VARIANCE</td>
</tr>
<tr>
<td></td>
<td>592</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>1,655</td>
<td>53%</td>
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<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>54</td>
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<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
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<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>306</td>
<td>11%</td>
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<tr>
<td>SURGERY CASES (IN OR)</td>
<td>98</td>
<td>20%</td>
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<td>SPECIAL PROCEDURE CASES</td>
<td>69</td>
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<tr>
<td>LAB BILLABLE TESTS</td>
<td>20,761</td>
<td>20%</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,932</td>
<td>17%</td>
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<td>PHARMACY MEDS DISPENSED</td>
<td>18,939</td>
<td>7%</td>
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<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,154</td>
<td>10%</td>
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<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>8,073</td>
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<tr>
<td>ER CENSUS</td>
<td>974</td>
<td>8%</td>
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<tr>
<td>DENTAL CLINIC</td>
<td>311</td>
<td>39%</td>
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<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
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<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,073</td>
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</table>
# August 2021

## Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>August 2021 Actual</th>
<th>August 2021 Budget</th>
<th>Variance Favorable/(Unfavorable)</th>
<th>%</th>
<th>August 2021 YTD</th>
<th>August 2021 Budget YTD</th>
<th>Variance Favorable/(Unfavorable)</th>
<th>%</th>
<th>August 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>25,473,232</td>
<td>24,505,752</td>
<td>967,480</td>
<td>4%</td>
<td>198,826,090</td>
<td>192,093,472</td>
<td>6,732,618</td>
<td>4%</td>
<td>162,794,884</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>13,497,763</td>
<td>13,036,660</td>
<td>(461,103)</td>
<td>-4%</td>
<td>108,203,158</td>
<td>102,190,595</td>
<td>(6,012,563)</td>
<td>-6%</td>
<td>90,655,457</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>553,668</td>
<td>233,043</td>
<td>(320,625)</td>
<td>-138%</td>
<td>2,797,389</td>
<td>1,826,757</td>
<td>970,632</td>
<td>-53%</td>
<td>1,836,018</td>
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<tr>
<td>Net Patient Service Revenue</td>
<td>11,421,800</td>
<td>11,236,048</td>
<td>185,752</td>
<td>2%</td>
<td>87,825,543</td>
<td>88,076,120</td>
<td>(250,577)</td>
<td>0%</td>
<td>70,303,410</td>
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<tr>
<td>Other Revenue</td>
<td>601,321</td>
<td>549,833</td>
<td>51,489</td>
<td>9%</td>
<td>5,385,823</td>
<td>4,309,979</td>
<td>1,075,844</td>
<td>25%</td>
<td>11,401,570</td>
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<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>12,023,122</td>
<td>11,785,881</td>
<td>237,241</td>
<td>2%</td>
<td>93,211,366</td>
<td>92,386,099</td>
<td>825,267</td>
<td>1%</td>
<td>81,704,980</td>
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<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>5,897,201</td>
<td>5,796,936</td>
<td>(100,265)</td>
<td>-2%</td>
<td>46,091,075</td>
<td>45,440,501</td>
<td>(650,574)</td>
<td>-1%</td>
<td>42,546,191</td>
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<tr>
<td>Employee Benefits</td>
<td>1,250,259</td>
<td>1,487,709</td>
<td>237,450</td>
<td>16%</td>
<td>10,614,280</td>
<td>11,661,721</td>
<td>1,047,441</td>
<td>9%</td>
<td>9,779,721</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>4,263,758</td>
<td>4,146,853</td>
<td>(116,905)</td>
<td>-3%</td>
<td>33,697,203</td>
<td>32,505,978</td>
<td>(1,191,225)</td>
<td>-4%</td>
<td>30,798,502</td>
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<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>11,411,219</td>
<td>11,431,499</td>
<td>20,280</td>
<td>0%</td>
<td>90,402,558</td>
<td>89,608,200</td>
<td>(794,358)</td>
<td>-1%</td>
<td>83,124,414</td>
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<tr>
<td>Operating Income (Loss)</td>
<td>591,313</td>
<td>353,882</td>
<td>237,431</td>
<td>67%</td>
<td>2,649,306</td>
<td>2,773,978</td>
<td>(124,672)</td>
<td>-4%</td>
<td>(1,394,531)</td>
</tr>
<tr>
<td>Total Non Operating Revenues (Expenses)</td>
<td>(20,590)</td>
<td>(500)</td>
<td>(20,090)</td>
<td>-4017%</td>
<td>(159,502)</td>
<td>(155,581)</td>
<td>(3,921)</td>
<td>-3968%</td>
<td>24,903</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>591,313</td>
<td>353,882</td>
<td>237,431</td>
<td>67%</td>
<td>2,649,306</td>
<td>2,773,978</td>
<td>(124,672)</td>
<td>-4%</td>
<td>(1,394,531)</td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>5.1%</td>
<td>3.0%</td>
<td>2.1%</td>
<td>69.3%</td>
<td>3.0%</td>
<td>3.0%</td>
<td>0.01%</td>
<td>0.2%</td>
<td>-1.7%</td>
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<tr>
<td><strong>Total margin</strong></td>
<td>4.9%</td>
<td>3.0%</td>
<td>1.9%</td>
<td>63.8%</td>
<td>2.8%</td>
<td>3.0%</td>
<td>-0.16%</td>
<td>-5.3%</td>
<td>-1.7%</td>
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<tr>
<td>Salaries &amp; Benefits as a % of net pt svc rev</td>
<td>-62.6%</td>
<td>-64.8%</td>
<td>2.3%</td>
<td>3.5%</td>
<td>-64.6%</td>
<td>-64.8%</td>
<td>0.27%</td>
<td>0.4%</td>
<td>-74.4%</td>
</tr>
</tbody>
</table>
## August 2021

### Cash and Accounts Receivable

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<tr>
<th>Date</th>
<th>Days Cash</th>
<th>Days AR</th>
</tr>
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<tbody>
<tr>
<td>6/30/2020</td>
<td>41.06</td>
<td>45.94</td>
</tr>
<tr>
<td>7/31/2020</td>
<td>44.85</td>
<td>46.99</td>
</tr>
<tr>
<td>8/31/2020</td>
<td>46.99</td>
<td>49.68</td>
</tr>
<tr>
<td>9/30/2020</td>
<td>49.68</td>
<td>51.02</td>
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<tr>
<td>10/31/2020</td>
<td>50.86</td>
<td>50.52</td>
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<td>11/30/2020</td>
<td>46.19</td>
<td>44.66</td>
</tr>
<tr>
<td>12/31/2020</td>
<td>43.03</td>
<td>45.64</td>
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<tr>
<td>1/31/2021</td>
<td>46.53</td>
<td>44.26</td>
</tr>
<tr>
<td>2/28/2021</td>
<td>44.66</td>
<td>44.10</td>
</tr>
<tr>
<td>3/31/2021</td>
<td>43.27</td>
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</table>

### Days Outstanding in A/R

- Days AR Goal: 45
- Days Cash Goal: 90
<table>
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<tr>
<th>Department</th>
<th>Account</th>
<th>Description</th>
<th>Aug Actual</th>
<th>Aug Budget</th>
<th>Aug Variance</th>
<th>2021 YTD Actual</th>
<th>2021 YTD Budget</th>
<th>YTD Variance</th>
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</thead>
<tbody>
<tr>
<td>BOARD</td>
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<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>6,246</td>
<td>4,670</td>
<td>(1,575)</td>
<td>34,001</td>
<td>36,610</td>
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<tr>
<td></td>
<td>601100</td>
<td>BENEFITS FICA</td>
<td>323</td>
<td>284</td>
<td>(39)</td>
<td>2,446</td>
<td>2,224</td>
<td>(222)</td>
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<tr>
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<td>601150</td>
<td>BENEFITS WA F&amp;MLA</td>
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<td>7</td>
<td>7</td>
<td>29</td>
<td>53</td>
<td>24</td>
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<tr>
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<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>5,345</td>
<td>4,671</td>
<td>(674)</td>
<td>35,429</td>
<td>36,616</td>
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<td>BENEFITS RETIREMENT</td>
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<td>1,794</td>
<td>1,794</td>
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<td>0</td>
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<tr>
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<td>AUDIT FEES</td>
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<td>55,500</td>
<td>30,082</td>
<td>(25,418)</td>
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<td>CATERING</td>
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<td>OFFICE SUPPLIES</td>
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<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
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<td>849</td>
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<td>6,658</td>
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<tr>
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<td>TRAVEL/MEETINGS/TRAINING</td>
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<td>-</td>
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<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>BOARD Total</td>
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<td>18,264</td>
<td>17,581</td>
<td>(682)</td>
<td>127,406</td>
<td>137,816</td>
<td>10,410</td>
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</tbody>
</table>
August 2021
Preview – (*as of 0:00 8/21/21)

• $23,624,534 in Projected HB charges
  • Average: $787,484/day (HB only)
  • Budget: $766,899/day
  • 103% of Budget

• $10,140,851 in HB cash collections
  • Average: $338,028/day (HB only)
  • Goal: $338,386/day

• 46.4 Days in A/R

• Questions
Administrative Report
September 22, 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></th>
<th>7/4</th>
<th>7/18</th>
<th>8/1</th>
<th>8/8</th>
<th>8/15</th>
<th>8/29</th>
<th>9/5</th>
<th>9/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call answered</td>
<td>59</td>
<td>95%</td>
<td>66</td>
<td>95%</td>
<td>99%</td>
<td>174</td>
<td>188</td>
<td>153</td>
</tr>
<tr>
<td>Call to voicemail</td>
<td>176</td>
<td>100%</td>
<td>174</td>
<td>100%</td>
<td>208</td>
<td>208</td>
<td>189</td>
<td>151</td>
</tr>
<tr>
<td>Caller hung up</td>
<td>95</td>
<td>95%</td>
<td>95</td>
<td>95%</td>
<td>99%</td>
<td>99%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Telephone Enc.</td>
<td>1,121</td>
<td>59%</td>
<td>1,121</td>
<td>59%</td>
<td>1,121</td>
<td>59%</td>
<td>1,121</td>
<td>59%</td>
</tr>
</tbody>
</table>

Total Respiratory Evaluation Clinic visits - all time

<table>
<thead>
<tr>
<th></th>
<th>Drive-Through</th>
<th>Office Visit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inbound Calls</td>
<td>277,618</td>
<td>313,021</td>
<td>590,639</td>
</tr>
<tr>
<td>Calls Answered</td>
<td>213,021</td>
<td>213,021</td>
<td>426,042</td>
</tr>
<tr>
<td># Telephone Encounters</td>
<td>63,831</td>
<td>63,831</td>
<td>127,662</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>14,116</td>
</tr>
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<td></td>
<td></td>
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<td>30,519</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>44,634</td>
</tr>
</tbody>
</table>
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).
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

Volumes by Arrival Department and Week, 2020 - 2021

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

<table>
<thead>
<tr>
<th>Week</th>
<th>Total</th>
<th>Emergency Dept</th>
<th>Express Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/2/2020</td>
<td>363</td>
<td>19,112</td>
<td>13,033</td>
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<tr>
<td></td>
<td>Express Clinic</td>
<td>143</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency</td>
<td>220</td>
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</tbody>
</table>

Total Visits, 1/1/2020 to 9/19/2021
Select a department to bring in focus.
Jefferson Healthcare Hospital Bed Snapshot
13 hospital patients, including 2 with COVID-19.

Snapshot as of 9/22/2021 1:24:00 PM.
# Employee Appreciation Month

**September 2021 Calendar**

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tr>
<td>30</td>
<td>31</td>
<td></td>
<td>All month – 85% discount on food all month</td>
<td>Bagel Day</td>
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<td>5</td>
<td>6 LABOR DAY</td>
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<td>7</td>
<td>Breakroom Baskets</td>
<td>Flower/thank you notes</td>
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<td>8</td>
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<td>Mean Bean, Convergence and Cove Coffee Day</td>
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<td>Swag Day Blankets</td>
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<td>Swag Day Beanies</td>
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<td>Sugar Hill</td>
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<td>Car Parade</td>
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- **2nd/3rd Week Oct.**
- **Pay Offsite Lunch Deliveries**
- **SDCO, PLC, PLPharm**
- **Park Ave and HHH**
Update on East Jefferson County Rural Childcare Partnership

• MOU with Peninsula College
  o Jefferson Healthcare and Peninsula College intend to collaborate on planning, development and establishment by Peninsula College of an early learning center for up to 40 children, ages 0 to 5, to be sited in east Jefferson County.

• “Short Listed” for $1.5 million grant to purchase childcare facility.
Operations Update

• Defer to CMO Report

• 09/28 Leadership Retreat

JH Leadership Retreat

Goals at our Retreat:

- Follow up on the June Retreat
- Provider input to the CEO on hiring the Huron Group to lead our organizational culture improvement work
- Provide input on Jefferson Healthcare’s draft Strategic Plan
- Participate in abbreviated TeamSTEPPS

Agenda:

8:30am-9:00am: Follow up on June Retreat & review actions taken. Debrief impressions & comments – Mike Glenn

9:00am-11:00am: The path to transforming our Organizational Culture – Huron Group

11:00am-12:00pm: Strategic Plan Review

12:00pm-1:00pm: Travel to Fort Worden & grab boxed lunches!

1:30pm-4:00pm: TeamSTEPPS
Strategic Plan Update

• Propose a 1-year plan.

• Include a goal related to COVID-19.
Goal #1: Guide our community through the COVID-19 pandemic.

Strategies:

1. Keep our employees safe and well.
2. Provide necessary COVID-19 preventive, diagnostic and treatment services.
3. Maintain accessibility of inpatient and outpatient services.
4. Collaborate with public health and other partners to provide and promote pandemic-ending interventions like vaccinations, community masking and social distancing.
Questions