

**\*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

Commissioner 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.

- 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

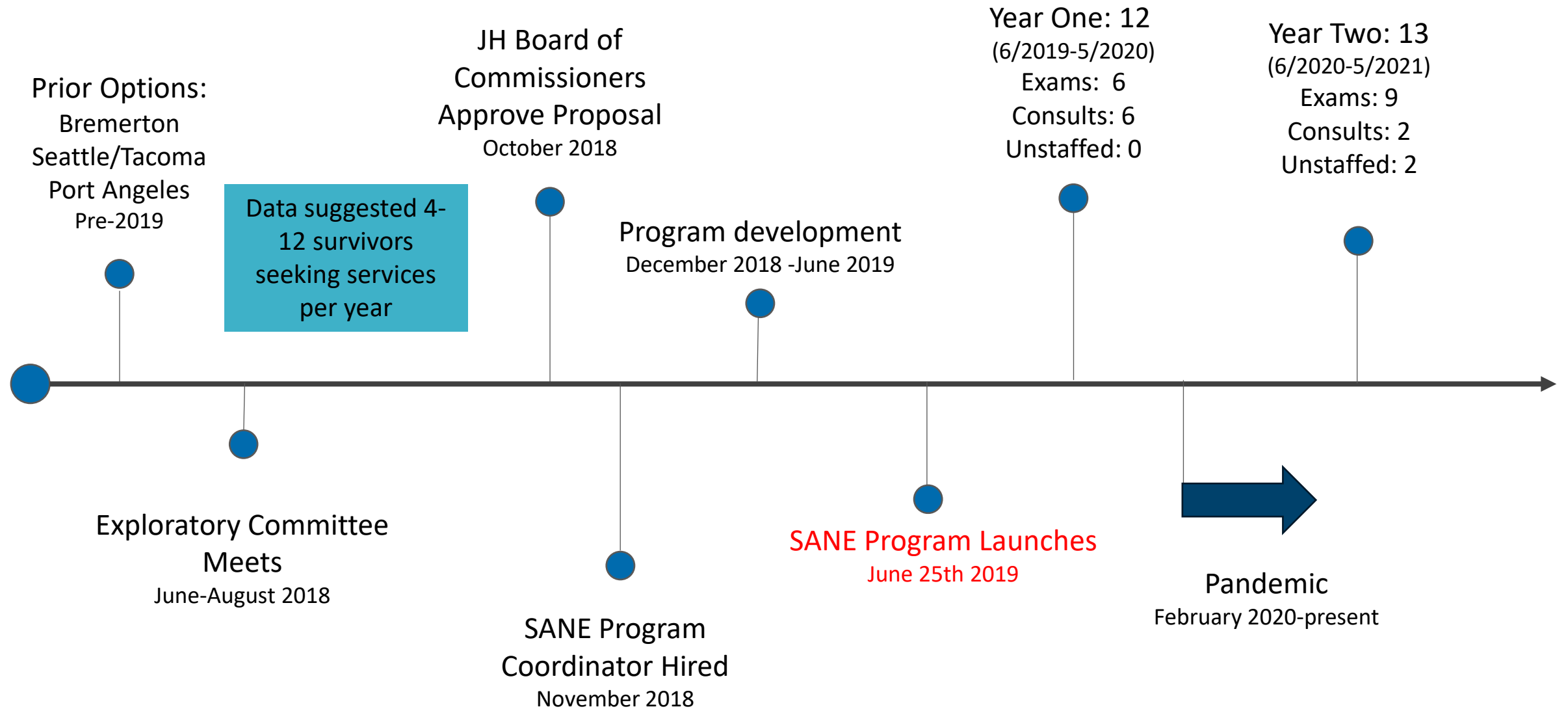
## Program model

- "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

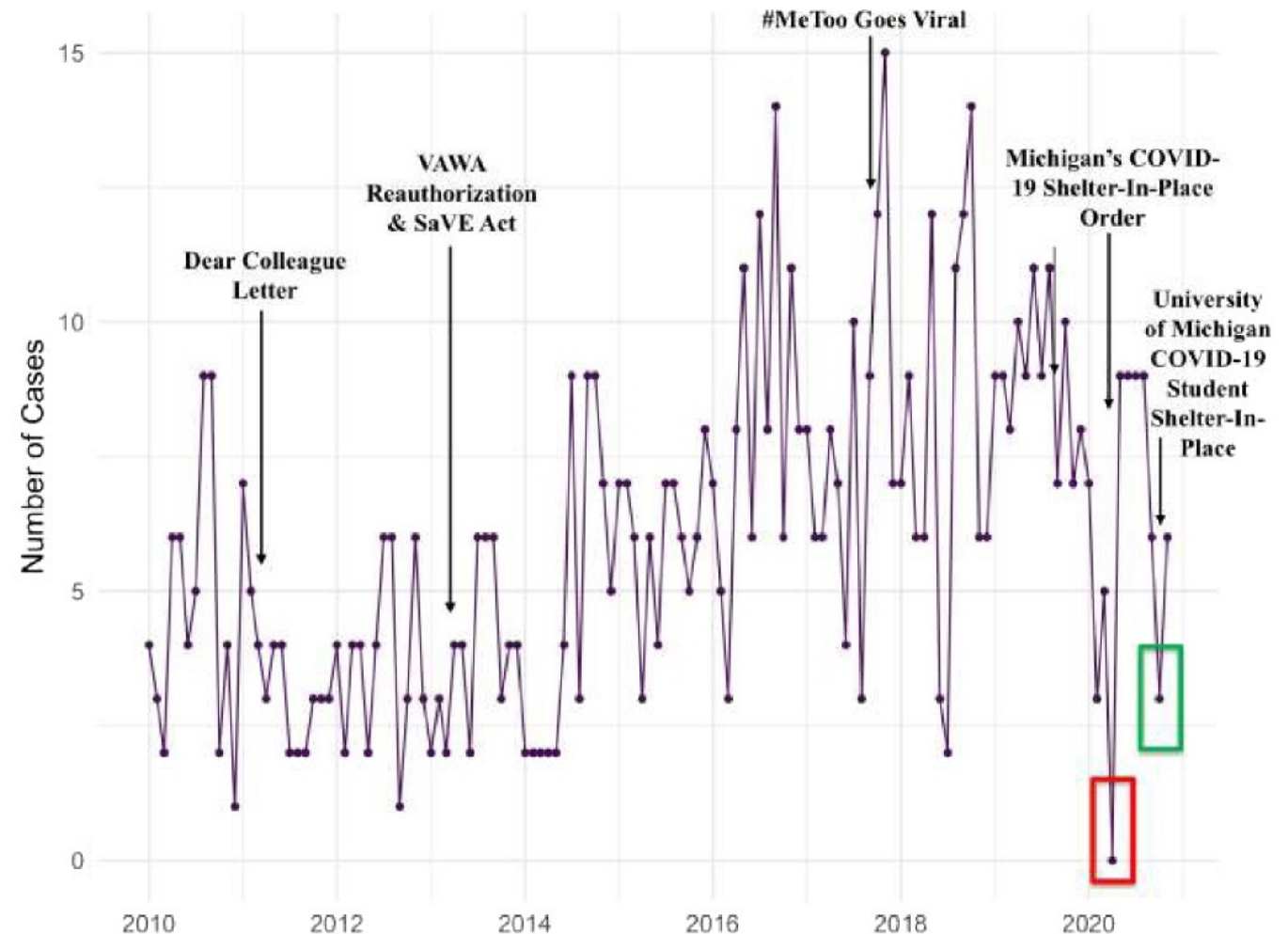


# Covid Impact on Sexual Assault



- 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.**

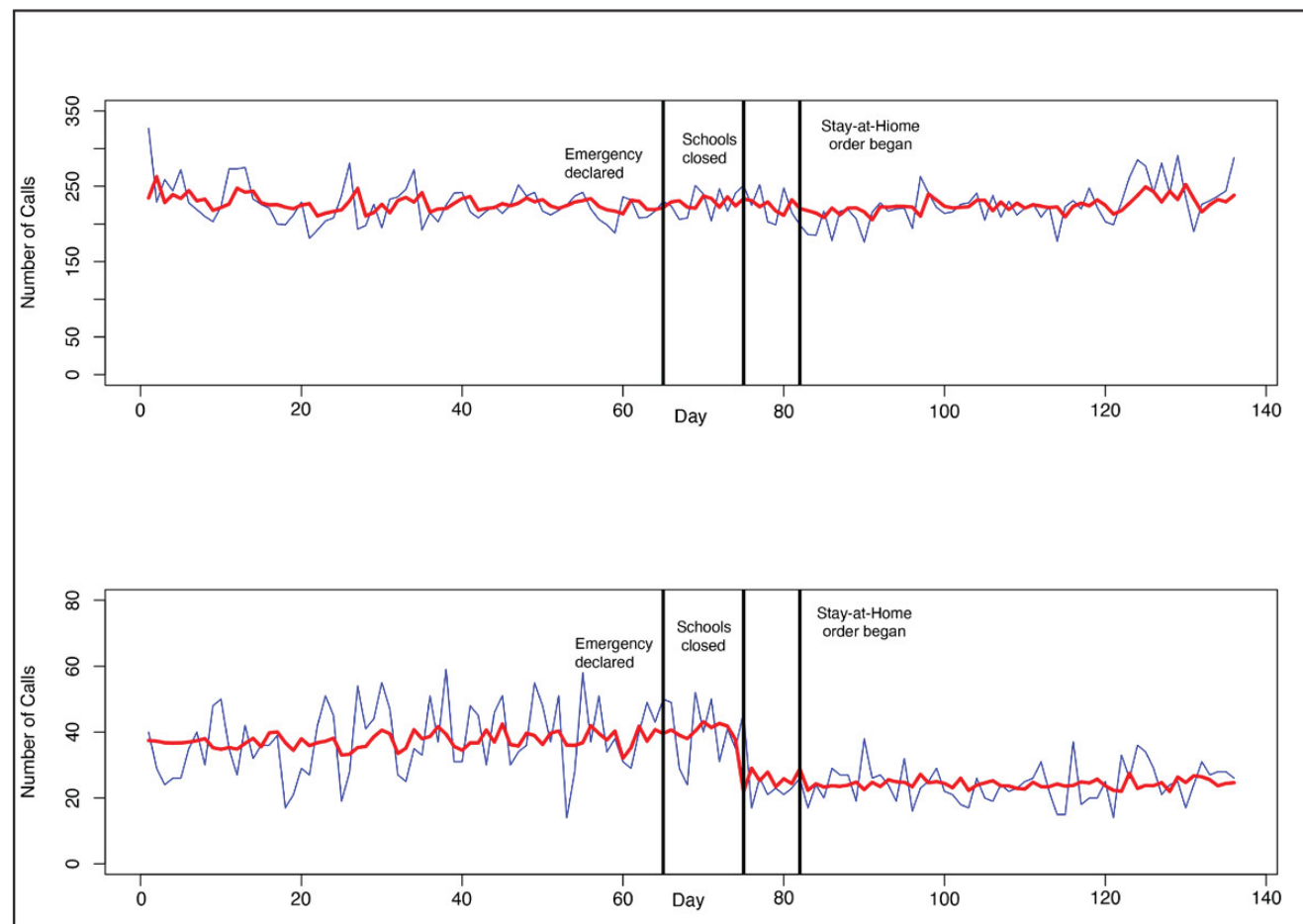
JOURNAL OF FORENSIC NURSING

# 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



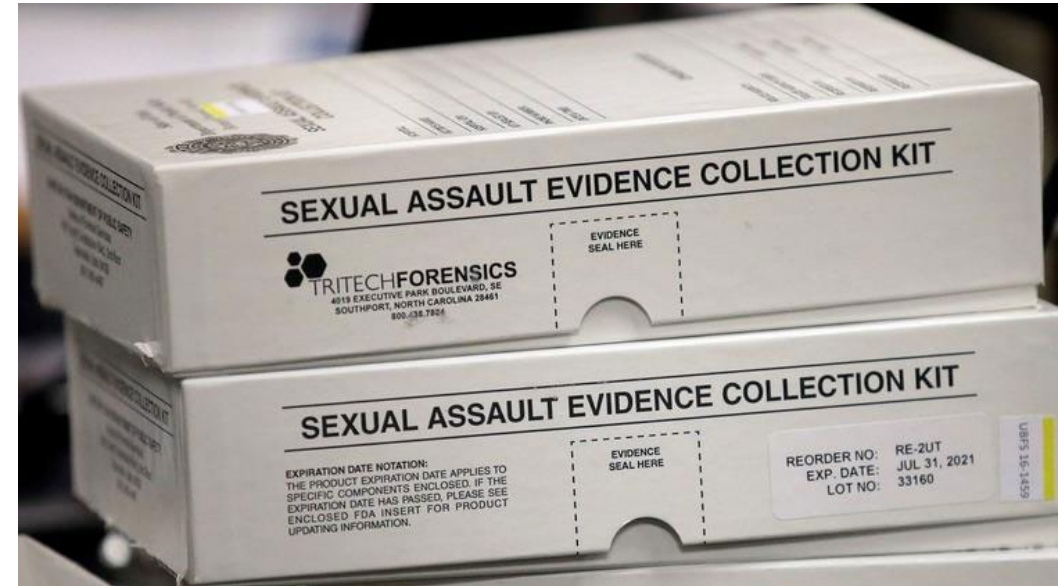
# United Nations 2020

- 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.*  
United Nations Office of Drug and Crimes, November 2020.

# 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

Components of a successful program	Program Outcomes
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

Challenges identified	Program Outcomes
Retention	2020 85% 2021 60% Emphasis on emotional debrief
Developing and maintaining experience	Engagement and education <ul style="list-style-type: none"><li>• 2020 Harborview annual and shadowing and online</li><li>• 2021 Online</li></ul> Monthly education Two RN's per exam to allow additional support and ongoing learning
Funding	Remains a challenge <ul style="list-style-type: none"><li>• Funded by JHC</li></ul>





# 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



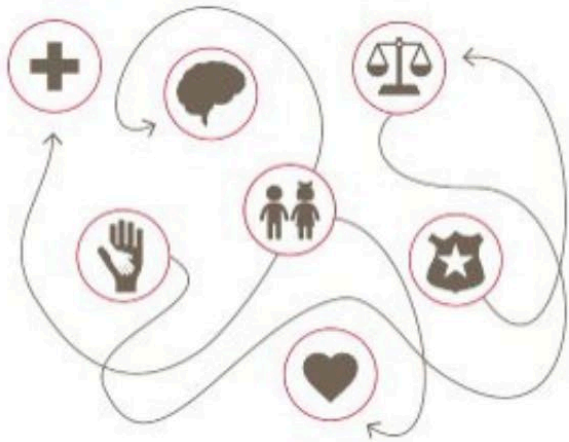
# Community Connections

- 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

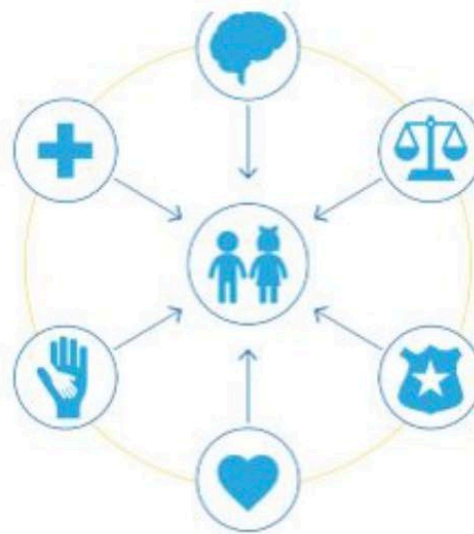
# Child Advocacy Center development

- Children's Advocacy Center of Washington ([cacwa.org](http://cacwa.org))

**Without CACs**



**With CACs**



- 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."*

---

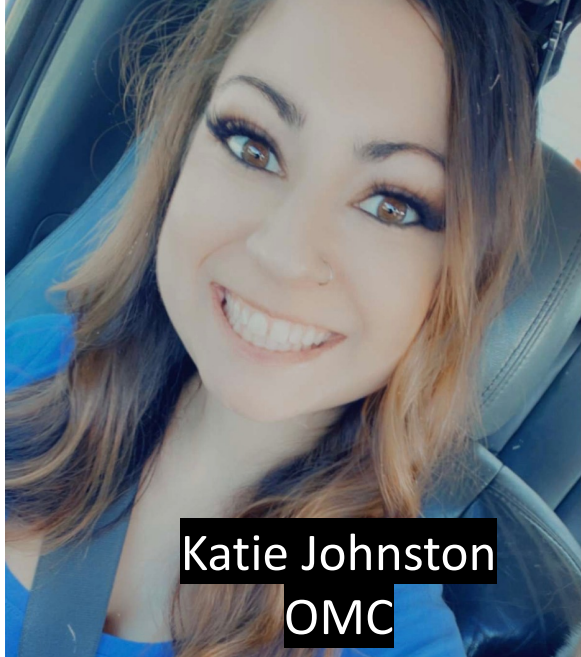
-Dove House Advocate



*"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

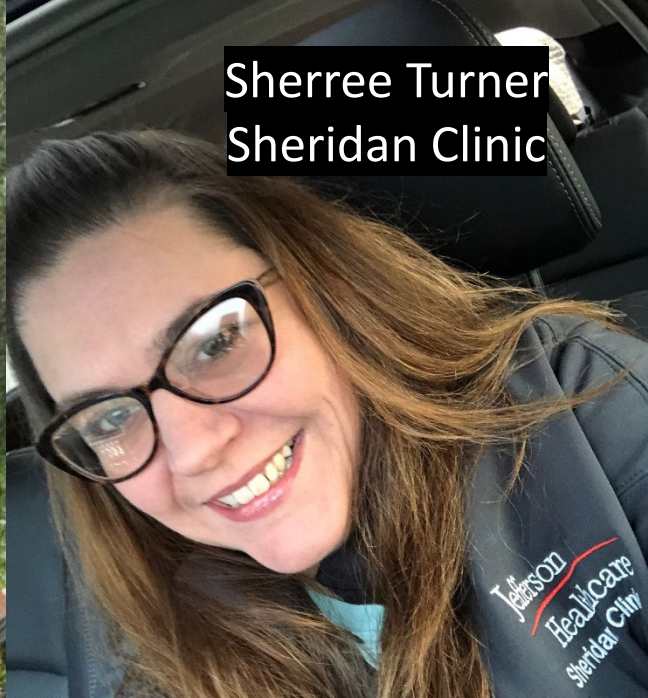




Katie Johnston  
OMC



Anne Beers  
Family Birth Center



Sherree Turner  
Sheridan Clinic



Senovia Rivas  
Wellfound Behavioral  
Health

## Meet our SANEs



Katie-Rose Fischer Price  
JCPH



Sarah Martin  
House Supervisor



Megan Contento  
ICU



Thank you!  
Questions?

## 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

# WHAT IS A “CODE”

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.



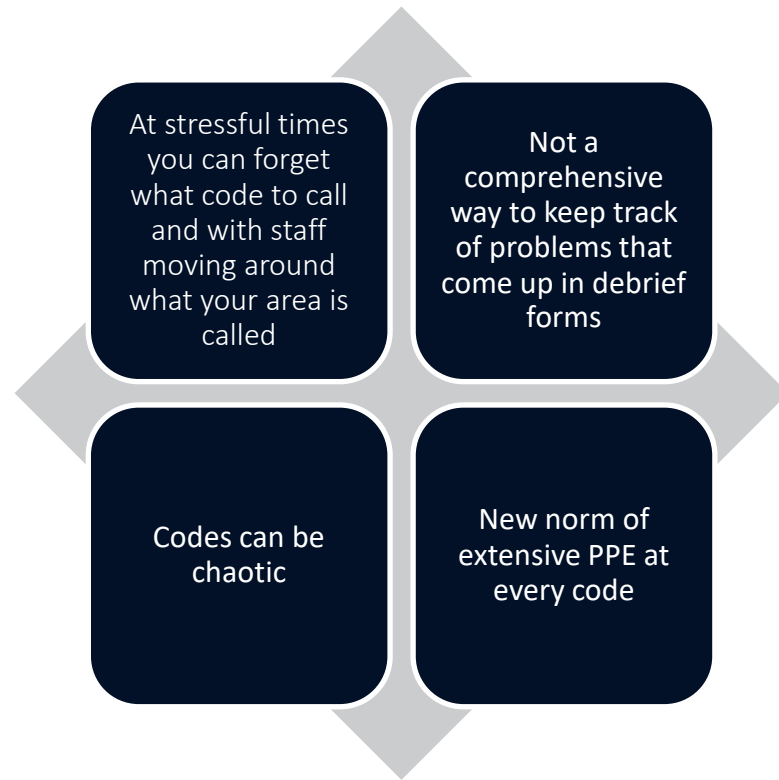
## ACTION:

Debrief forms are turned into and reviewed by the committee



# CHANGES WE'VE MADE

## Issues we've seen:



## 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

# CODE CARDS BY ALL PHONES

Call Code to _____	
Call code by dialing 85-00 and stating your location (above) and the code response you need (below) repeat three times	
CODE	WHY
CODE BLUE	CARDIAC OR RESPIRATORY ARREST
RAPID RESPONSE TO ACU/ICU/FBC	YOU NEED RAPID ASSESSMENT SKILLS FOR A PATIENT. THIS PATIENT IS STILL BREATHING
ED RESPONSE TEAM	YOU NEED RAPID ASSESSMENT SKILLS FOR A PATIENT THAT IS NOT ON ACU/ICU/FBC FLOOR. THIS PATIENT IS STILL BREATHING
CODE ORANGE	HAZMAT RESPONSE
CODE GRAY	SECURITY AND CODE GRAY TEAM RESPONSE

# 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 Sjolín, Director of Surgical Services
- Lanny Turay, Director of Pharmacy
- Kirsten Rosey, Respiratory Care Coordinator
- Shannon Groff, Administrative Support



# Board of Commissioners Patient Advocate Q2 2021 Report

Jackie Levin, MS, RN  
September 22, 2021

# Patient Advocate Q2 2021 Report

Responsiveness  
to Patient  
Feedback

Distribution of  
Care Provider  
Concerns

LGBTQ Health  
Equity Task  
Force

Trends by  
Service Area

Resolved  
Common  
Concerns

# Responding to Patient Concerns, Q2 2021

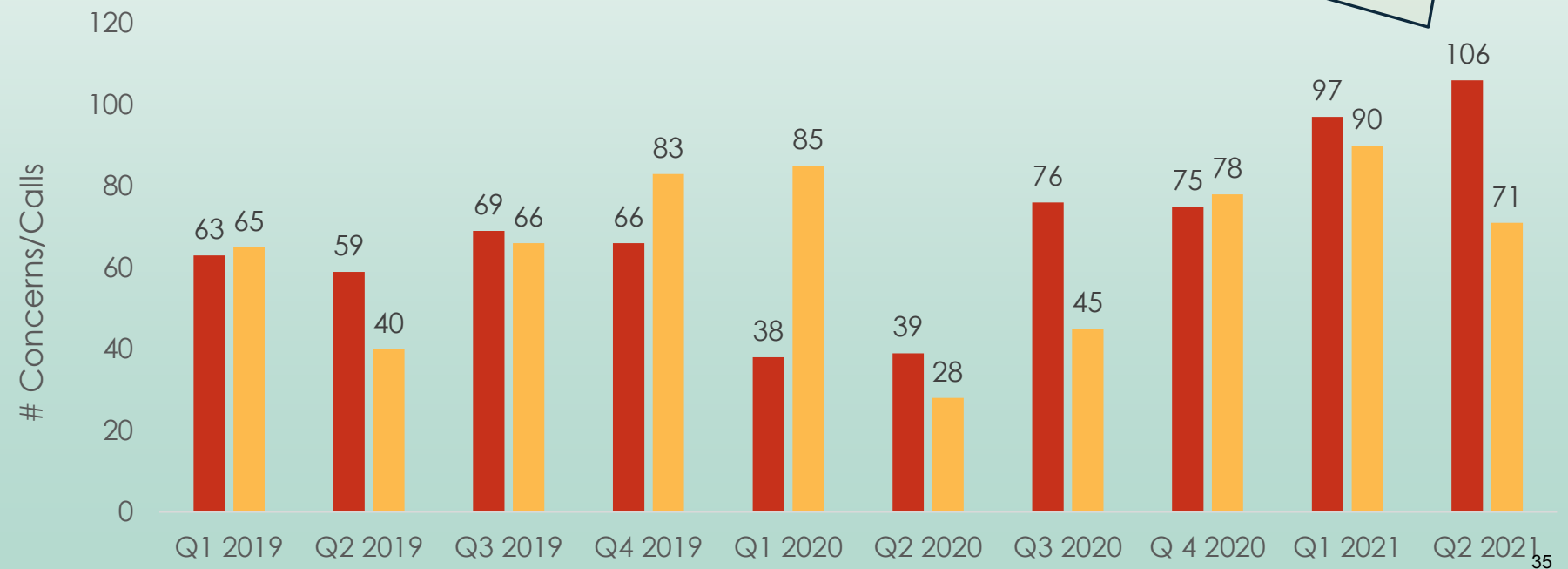
106

concerns reported

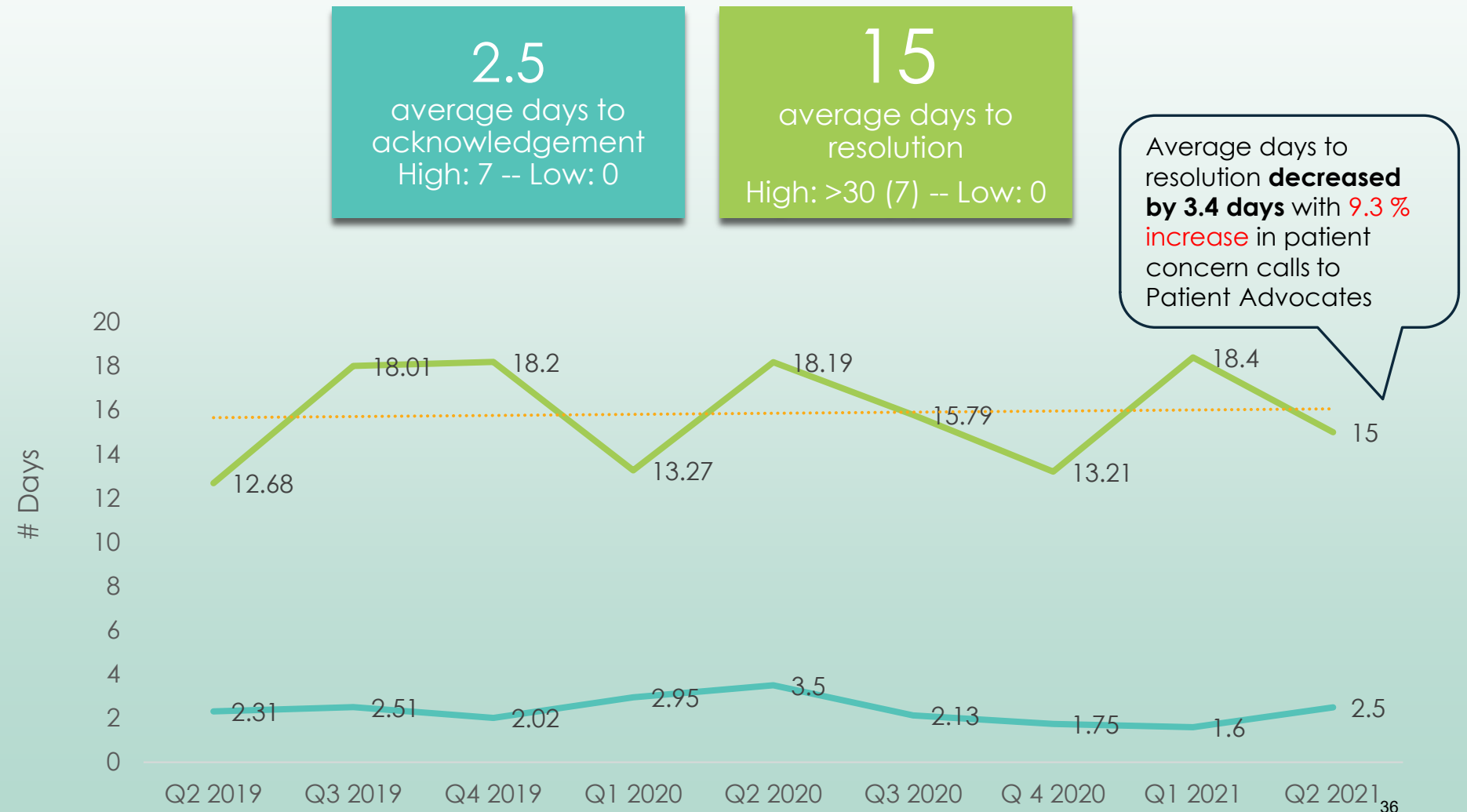
71

patient navigation  
calls

**9% increase** in Concern  
Calls over Q 1 '21  
**21 % decrease** in  
Navigation Calls over Q1  
'21



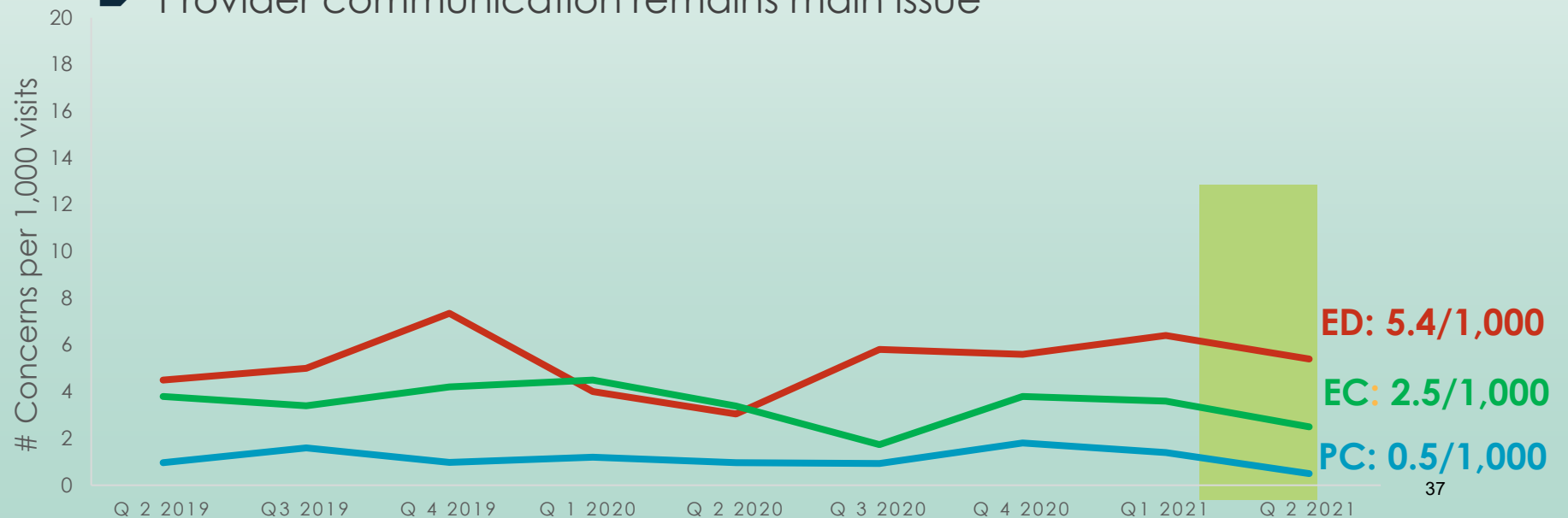
# Responding to Patient Concerns, Q2 2021



# 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

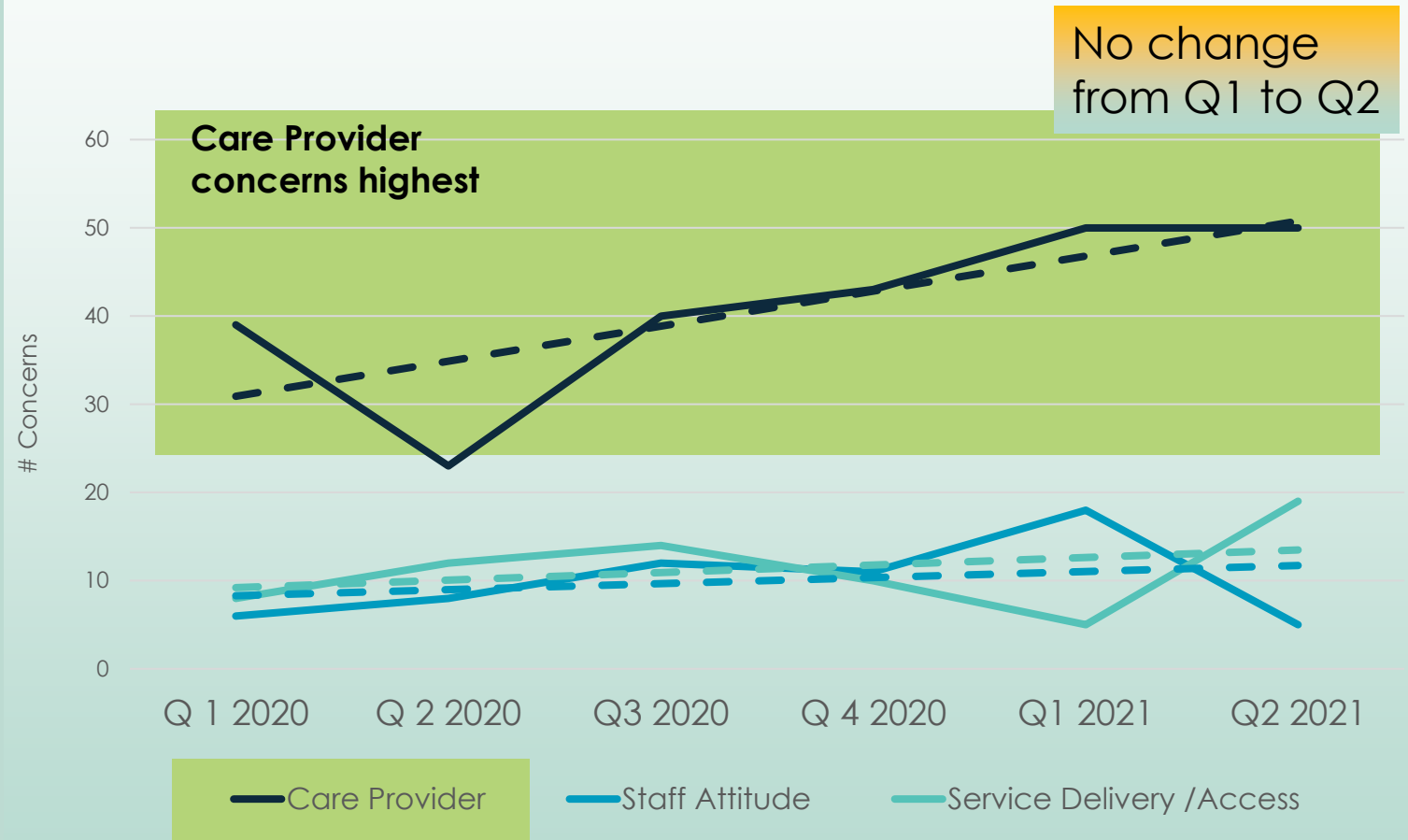


# Types of Concerns

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.

From:  
<https://www.reliasmedia.com/articles/148294-patient-complaints-can-reveal-surprising-ed-safety-concerns>



# Types of Concerns: Care Providers

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

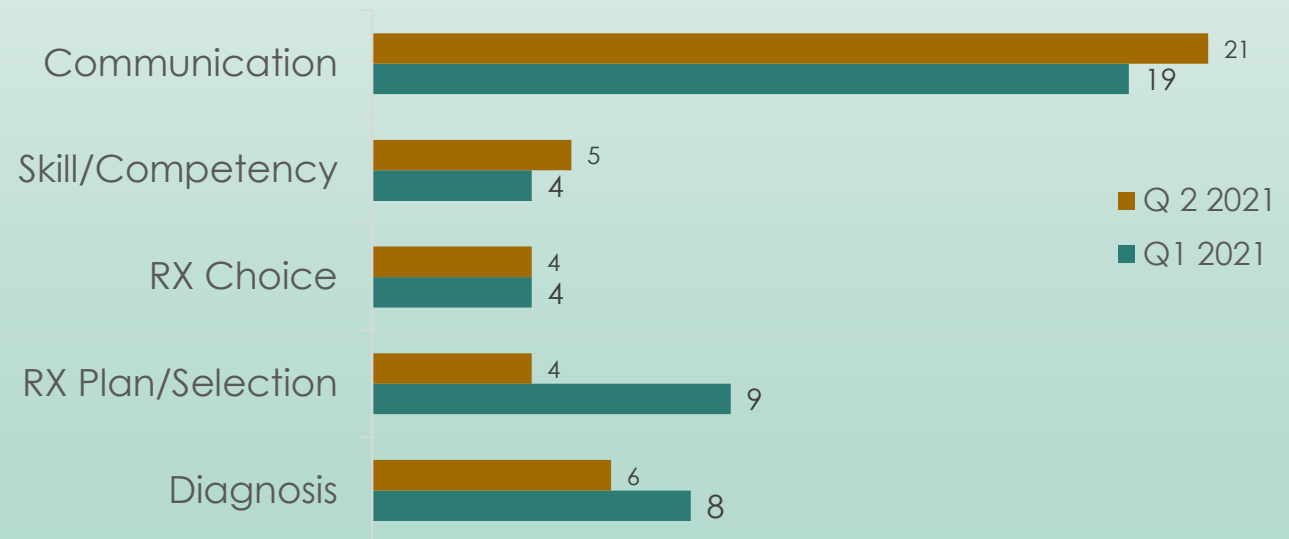
Deeper review 39 (22%) of the 177 were diagnostic errors.

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





# 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?”

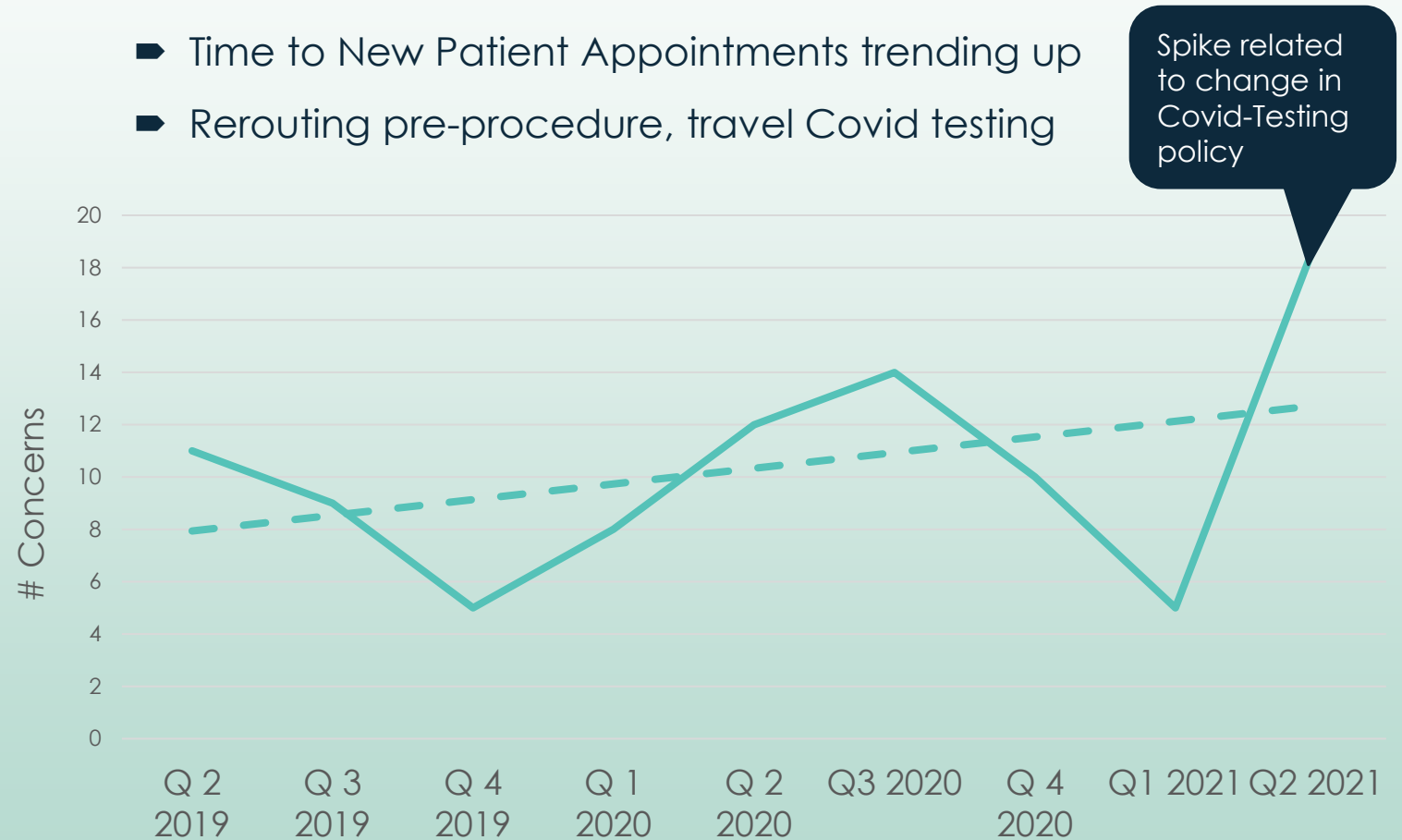


# Types of Concerns:

## 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



# 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).



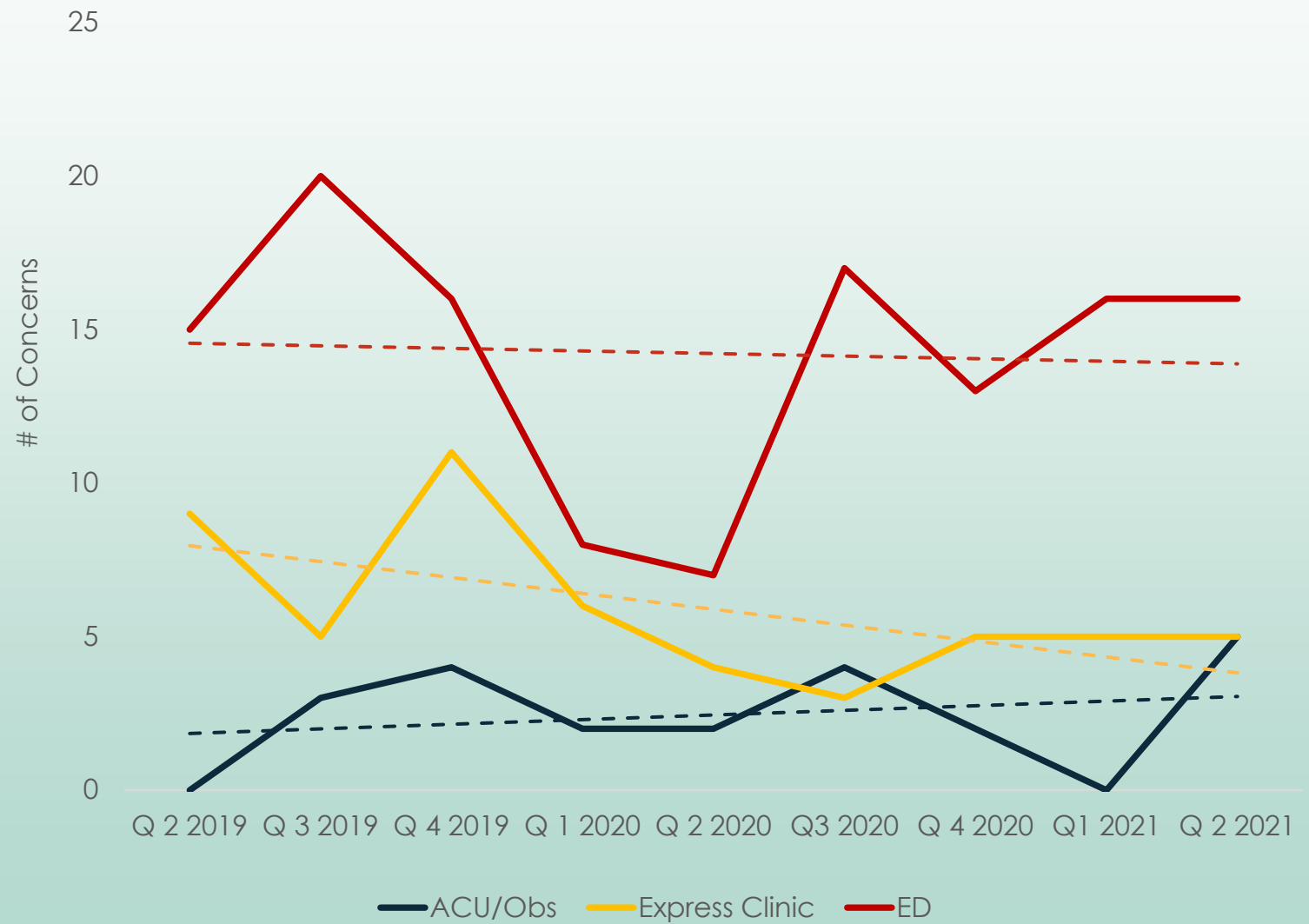
Gender Affirming Care  
w/ Beau Ohlgren  
Wildly Successful!  
45 attendees, 22 replay  
More to Come

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

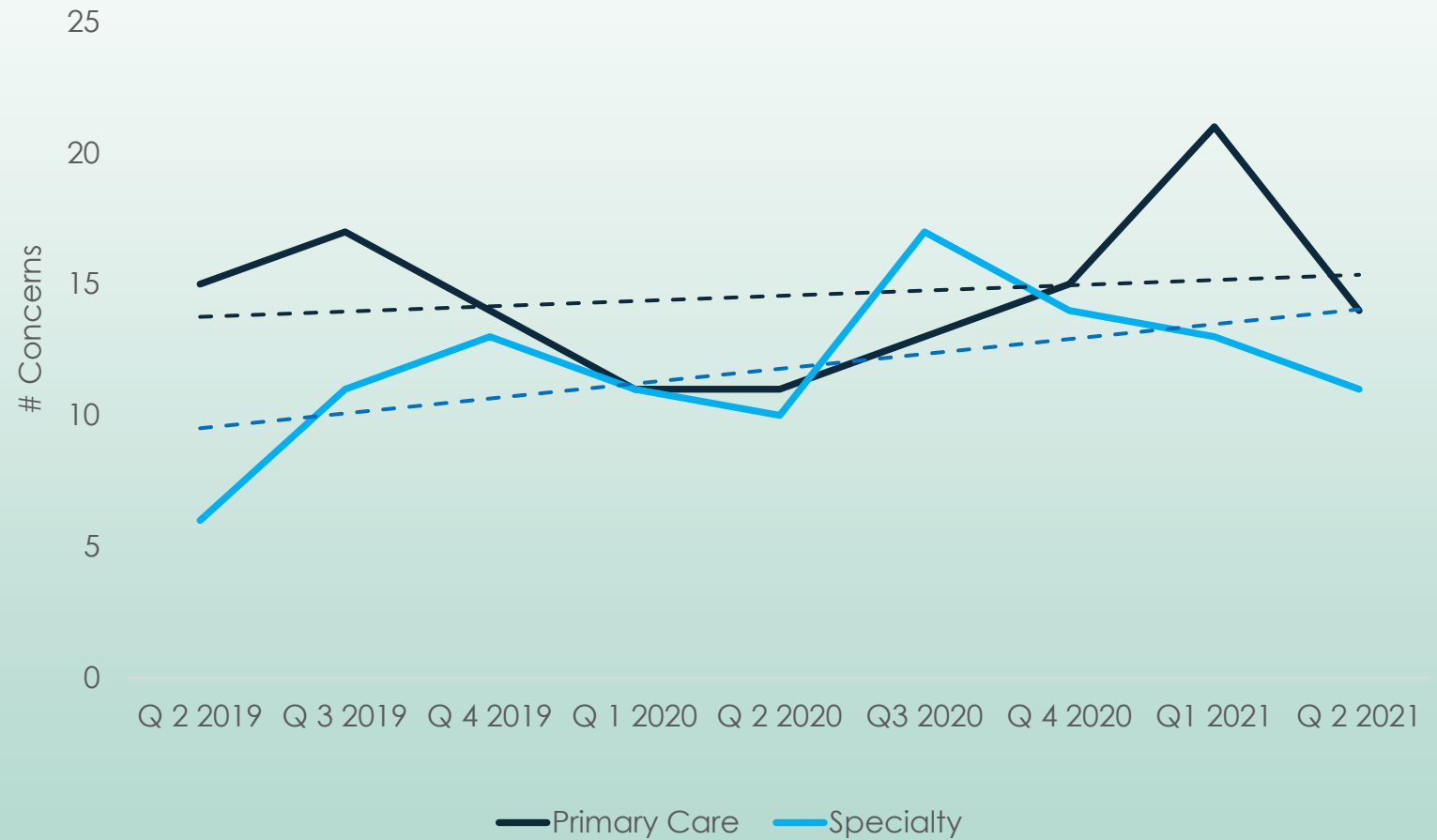
### Express, ED and Inpatient Trends



# Service Area Trends

# of Concerns

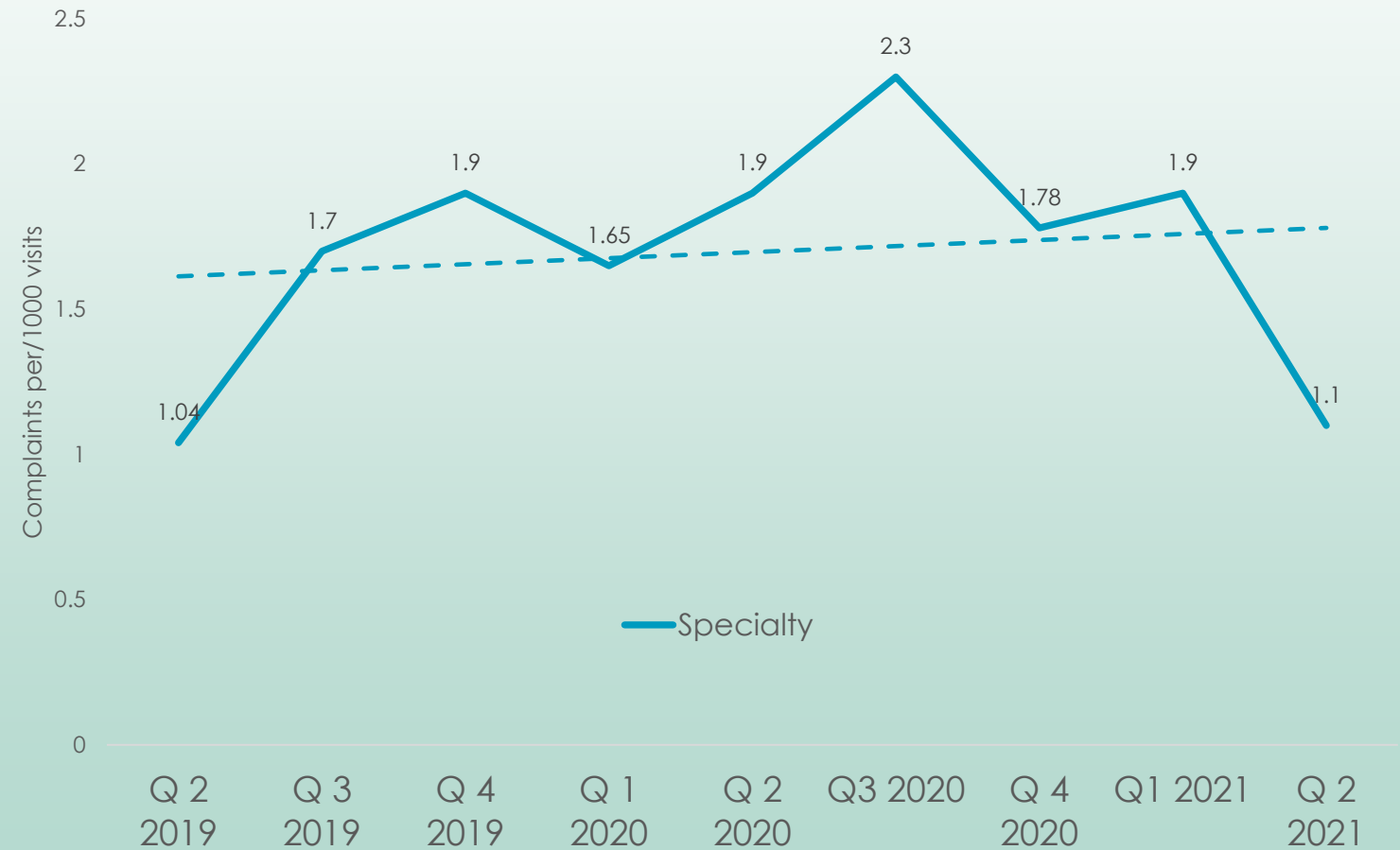
## Primary and Specialty Clinic Trends



# Service Area Trends

decrease

## Specialty Clinic Concerns per 1,000 visits



# 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,  
Jefferson  
Healthcare

## 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?





# References

- AHC MEDIA. Patient Complaints Can Reveal Surprising ED Safety Concerns. *ED Management*. 2021;33(8):1-3. Accessed September 10, 2021.
- Krakower, M. *To Err Is Human, to Apologize Is Hard*. JAMA July 20, 2021 Volume 326, Number 3.
- Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). Barriers to healthcare for transgender individuals. *Current opinion in endocrinology, diabetes, and obesity*, 23(2), 168–171.

# Jefferson Healthcare

## Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

September 22, 2021

# Agenda

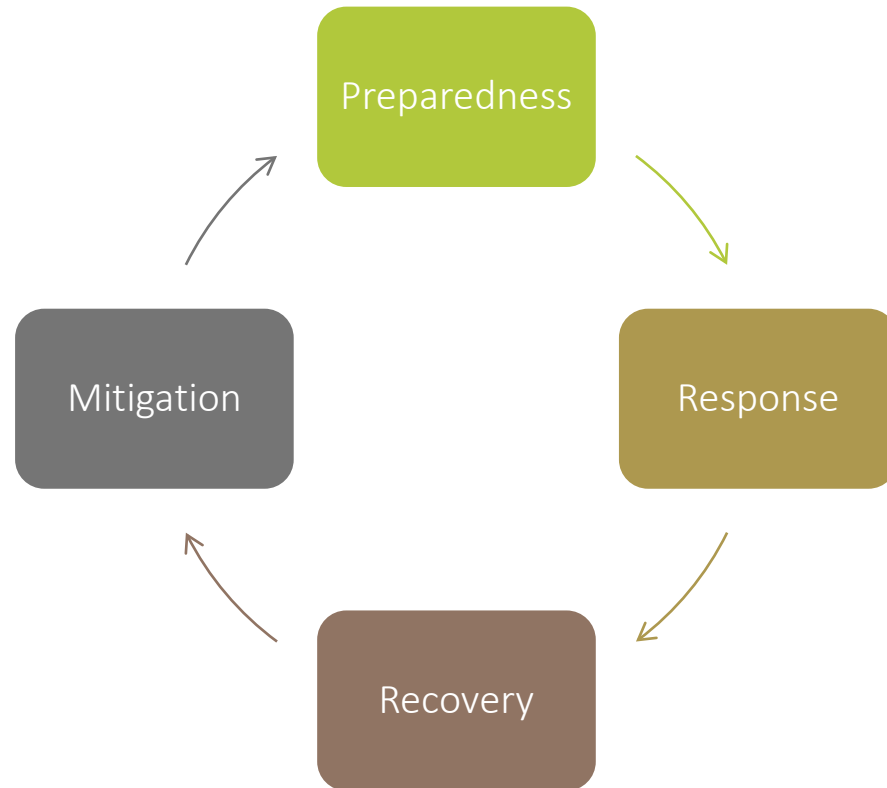


# Patient Safety & Quality Overview

	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%

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

## Highlight: Emergency Management



Prepare to Protect

### Prevention and Mitigation:

- Risk Assessment
- Hazard prediction
- Planning and Contingency Mapping

### Preparedness:

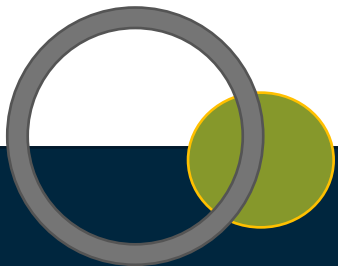
- Training
- Emergency Planning & Scenario Creation

### Response:

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

### Recovery:

- Damage assessment
- Business continuity
- Demobilization and Lessons learned



# Emergency Management Team



Manuel, Brandie  
Chief Patient Care Officer

**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

## 3" Backflow changeout September 3<sup>rd</sup>, 2021

The work that is required to complete the 3" backflow coming into the 1995 building because of leaks that cannot be repaired are as follows. Location of this work is on the waterside by the main driveway.

There are two vaults in place, the city vault, and our backflow vault. This work is considered confined space because this vault is six foot deep. The work is covered by life safety codes rules and procedures. WAC 296-809-100 and [PolicyStat 9314955](#). Because of this we will have a five-man team, two (2) in the vault doing the work, one (1) as the safety observer/forklift driver, one (1) as runner and one watching the system on the computer during the work.

- Valve off water supply inside the boiler room.
- Valve off both sides of the backflow from the city water to the building.
- Remove eight bolts holding the main body in place.



- Lift old backflow out of the vault with a forklift
- Remove old gaskets and replace with new gaskets
- Lower backflow into place with the forklift



# 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



A photograph of a forest path in autumn. The path is covered in fallen orange and yellow leaves. The trees on either side have dense foliage in similar warm tones, with some bare branches visible. The lighting is soft, creating a warm and inviting atmosphere.

# Questions?



# Jefferson Healthcare

August 2021 Finance Report

September 22, 2021

Tyler Freeman, CFO



# 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

STATISTIC DESCRIPTION	AUGUST 2021						AUGUST 2020			
	MO	MO	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	582	625	7%	602	625	4%	592	2%	598	-1%
ADJUSTED PATIENT DAYS	2,744	2,233	23%	22,043	17,507	26%	1,655	66%	14,416	53%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	93	76	22%	611	593	3%	54	72%	463	24%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	267	331	-19%	2,138	2,591	-17%	252	6%	1,963	8%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	370	430	-14%	2,854	3,364	-15%	306	21%	2,545	11%
SURGERY CASES (IN OR)	103	127	-19%	1,014	999	2%	98	5%	808	20%
SPECIAL PROCEDURE CASES	81	77	5%	596	606	-2%	69	17%	428	28%
LAB BILLABLE TESTS	21,887	21,570	1%	174,948	169,078	3%	20,761	5%	140,208	20%
TOTAL DIAGNOSTIC IMAGING TESTS	3,331	3,147	6%	25,092	24,666	2%	2,932	14%	20,770	17%
PHARMACY MEDS DISPENSED	19,934	24,451	-18%	156,868	191,667	-18%	18,939	5%	145,291	7%
RESPIRATORY THERAPY PROCEDURES	3,083	3,727	-17%	21,706	29,214	-26%	2,154	43%	19,532	10%
REHAB/PT/OT/ST RVUs	8,132	9,218	-12%	70,862	72,257	-2%	8,073	1%	58,882	17%
ER CENSUS	1,142	1,110	3%	7,818	8,698	-10%	974	17%	7,170	8%
DENTAL CLINIC	437	398	10%	3,162	3,122	1%	311	41%	1,931	39%
TOTAL RURAL HEALTH CLINIC VISITS	6,048	6,470	-7%	48,498	50,716	-4%	5,422	12%	40,220	17%
TOTAL SPECIALTY CLINIC VISITS	3,224	3,460	-7%	27,024	27,119	0%	3,073	5%	23,186 <sup>63</sup>	14%

# August 2021

## Income Statement Summary

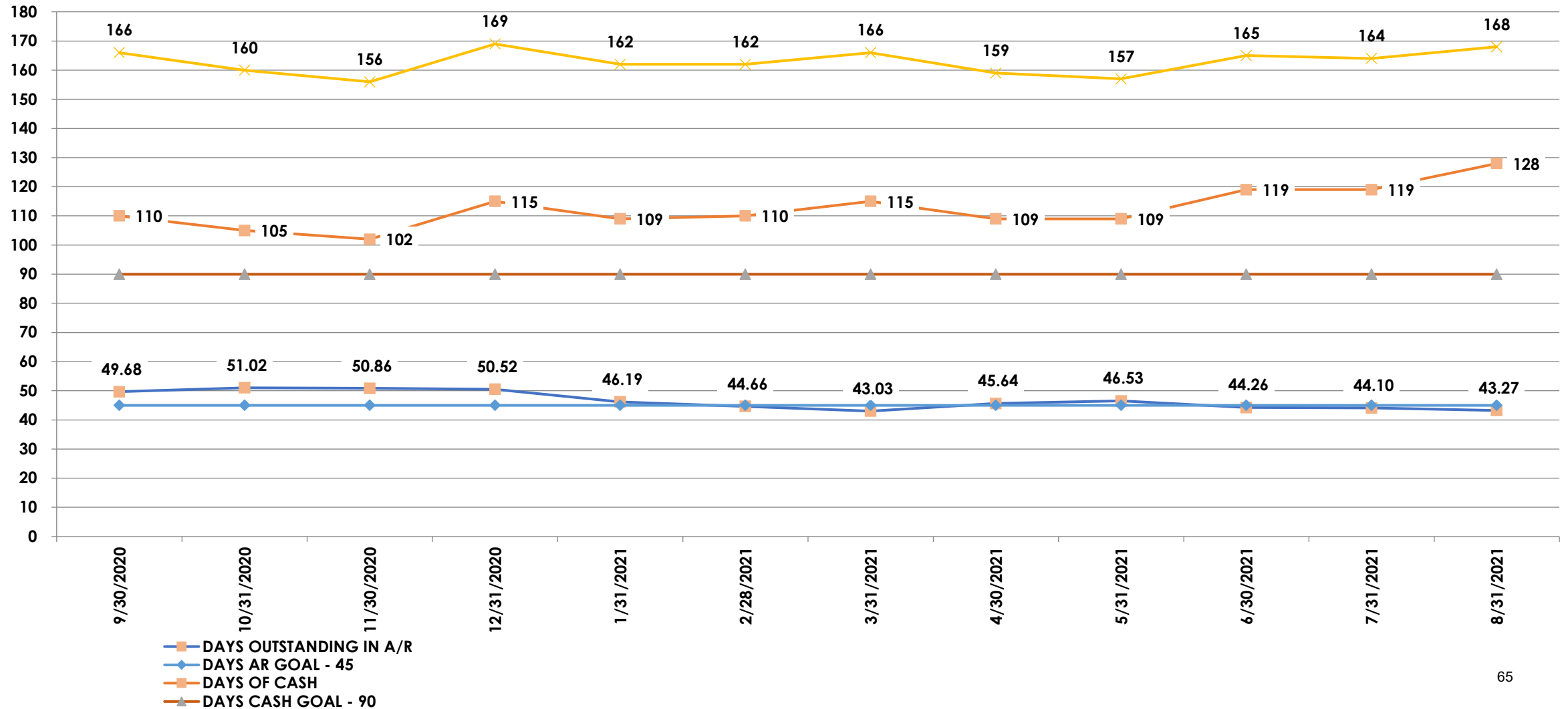
	August 2021 Actual	August 2021 Budget	Variance Favorable/ (Unfavorable)	%	August 2021 YTD	August 2021 Budget YTD	Variance Favorable/ (Unfavorable)	%	August 2020 YTD
<b>Operating Revenue</b>									
Gross Patient Service Revenue	25,473,232	24,505,752	967,480	4%	198,826,090	192,093,472	6,732,618	4%	162,794,884
Revenue Adjustments	13,497,763	13,036,660	(461,103)	-4%	108,203,158	102,190,595	(6,012,563)	-6%	90,655,457
Charity Care Adjustments	553,668	233,043	(320,625)	-138%	2,797,389	1,826,757	(970,632)	-53%	1,836,018
Net Patient Service Revenue	11,421,800	11,236,048	185,752	2%	87,825,543	88,076,120	(250,577)	0%	70,303,410
Other Revenue	601,321	549,833	51,489	9%	5,385,823	4,309,979	1,075,844	25%	11,401,570
Total Operating Revenue	12,023,122	11,785,881	237,241	2%	93,211,366	92,386,099	825,267	1%	81,704,980
<b>Operating Expenses</b>									
Salaries And Wages	5,897,201	5,796,936	(100,265)	-2%	46,091,075	45,440,501	(650,574)	-1%	42,546,191
Employee Benefits	1,250,259	1,487,709	237,450	16%	10,614,280	11,661,721	1,047,441	9%	9,779,721
Other Expenses	4,263,758	4,146,853	(116,905)	-3%	33,697,203	32,505,978	(1,191,225)	-4%	30,798,502
Total Operating Expenses	11,411,219	11,431,499	20,280	0%	90,402,558	89,608,200	(794,358)	-1%	83,124,414
Operating Income (Loss)	611,903	354,382	257,520	73%	2,808,808	2,777,899	30,909	1%	(1,419,434)
Total Non Operating Revenues (Expenses)	(20,590)	(500)	(20,090)	-4017%	(159,502)	(3,921)	(155,581)	-3968%	24,903
Change in Net Position (Loss)	591,313	353,882	237,431	67%	2,649,306	2,773,978	(124,672)	-4%	(1,394,531)
<b>Operating Margin</b>	5.1%	3.0%	2.1%	69.3%	3.0%	3.0%	0.01%	0.2%	-1.7%
Total margin	4.9%	3.0%	1.9%	63.8%	2.8%	3.0%	-0.16%	-5.3%	-1.7%
Salaries & Benefits as a % of net pt svc rev	-62.6%	-64.8%	2.3%	3.5%	-64.6%	-64.8%	0.27%	0.4%	-74.4%



# August 2021

## Cash and Accounts Receivable

Days Cash and Accounts Receivable



# August 2021

## Board Financial Report

Department	Account	Description	Aug Actual	Aug Budget	Aug Variance	2021 YTD Actual	2021 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	6,246	4,670	(1,575)	34,001	36,610	2,609
	601100	BENEFITS FICA	323	284	(39)	2,446	2,224	(222)
	601150	BENEFITS WA F&MLA	-	7	7	29	53	24
	601400	BENEFITS MEDICAL INS-UNION	5,345	4,671	(674)	35,429	36,616	1,187
	601600	BENEFITS RETIREMENT	-	229	229	-	1,794	1,794
	601900	BENEFITS EMPLOYEE ASSISTANCE	0	8	8	0	66	66
	602300	CONSULT MNGMT FEE	-	1,661	1,661	-	13,018	13,018
	602500	AUDIT FEES	6,350	3,838	(2,512)	55,500	30,082	(25,418)
	604200	CATERING	-	90	90	-	708	708
	604500	OFFICE SUPPLIES	-	-	-	-	-	-
	604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
	606500	OTHER PURCHASED SERVICES	-	849	849	-	6,658	6,658
	609400	TRAVEL/MEETINGS/TRAINING	-	1,274	1,274	-	9,986	9,986
	609999	CLEARING	-	-	-	-	-	-
BOARD Total			18,264	17,581	(682)	127,406	137,816	66
								10,410

# 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**

# Jefferson Healthcare

Administrative Report

September 22, 2021

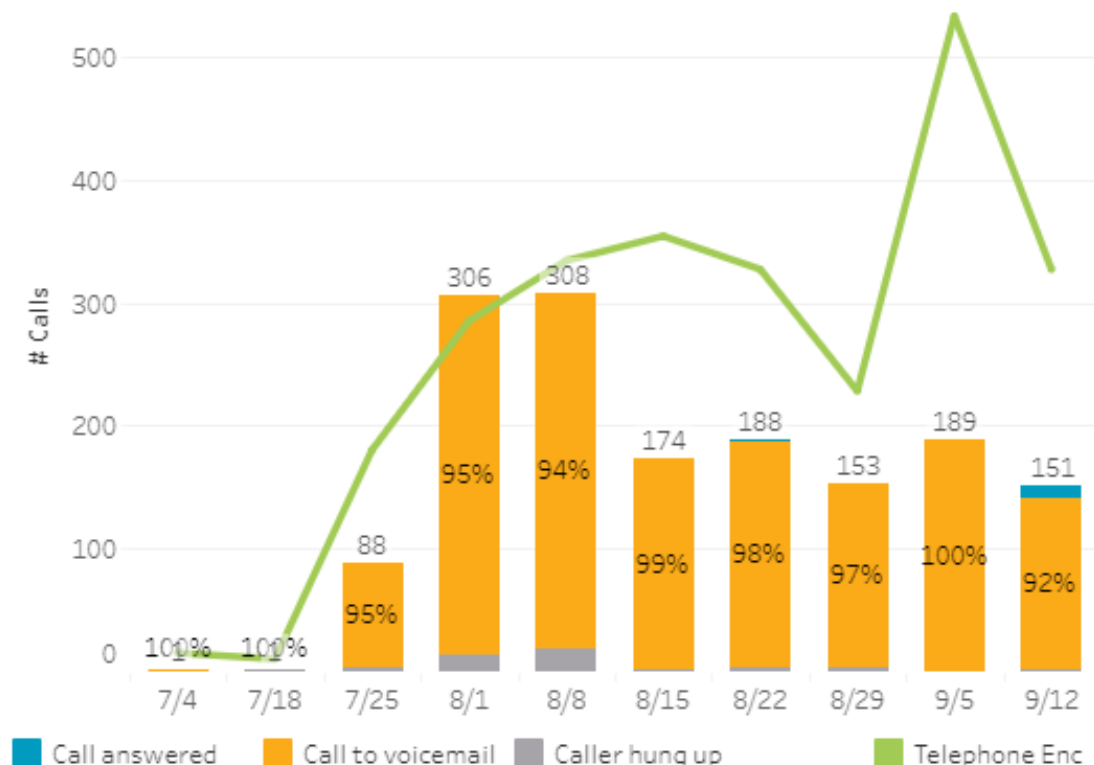
Mike Glenn, CEO

# 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.

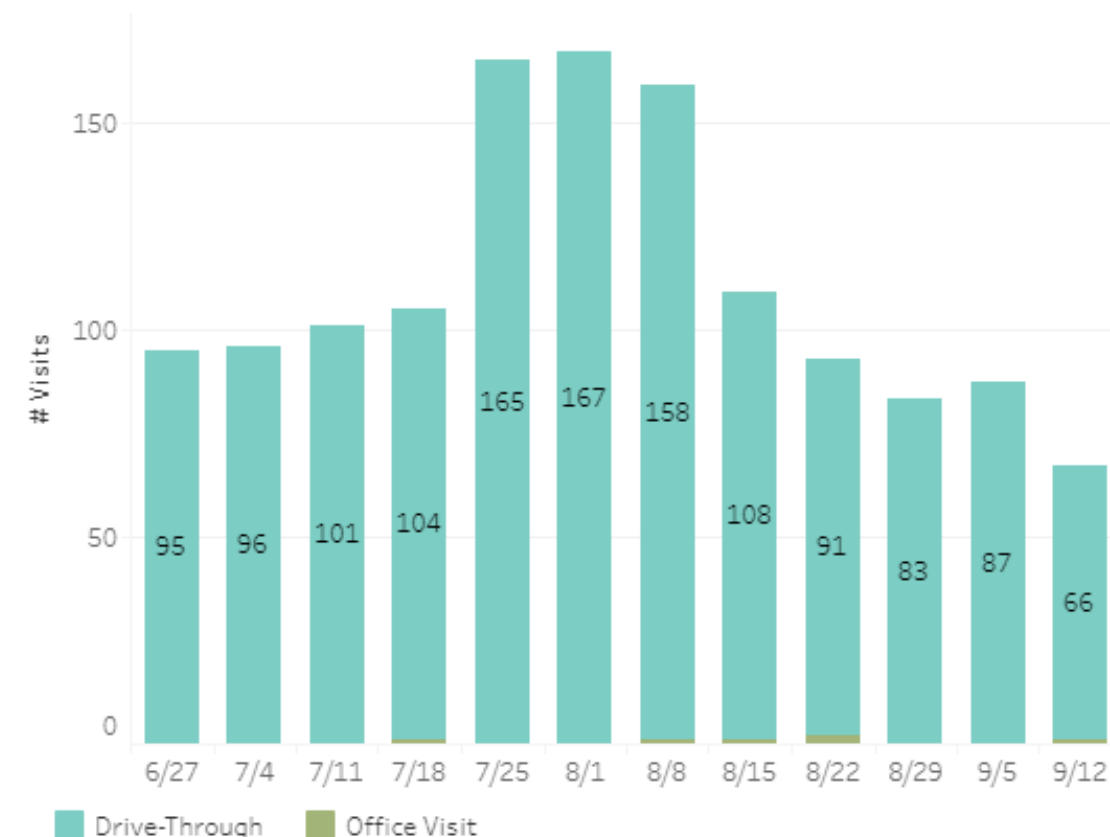


Total call volume since launch of triage line

Inbound Calls	277,618
Calls Answered	213,021
# Telephone Encounters	63,831

Respiratory Clinic visit volumes - by week

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



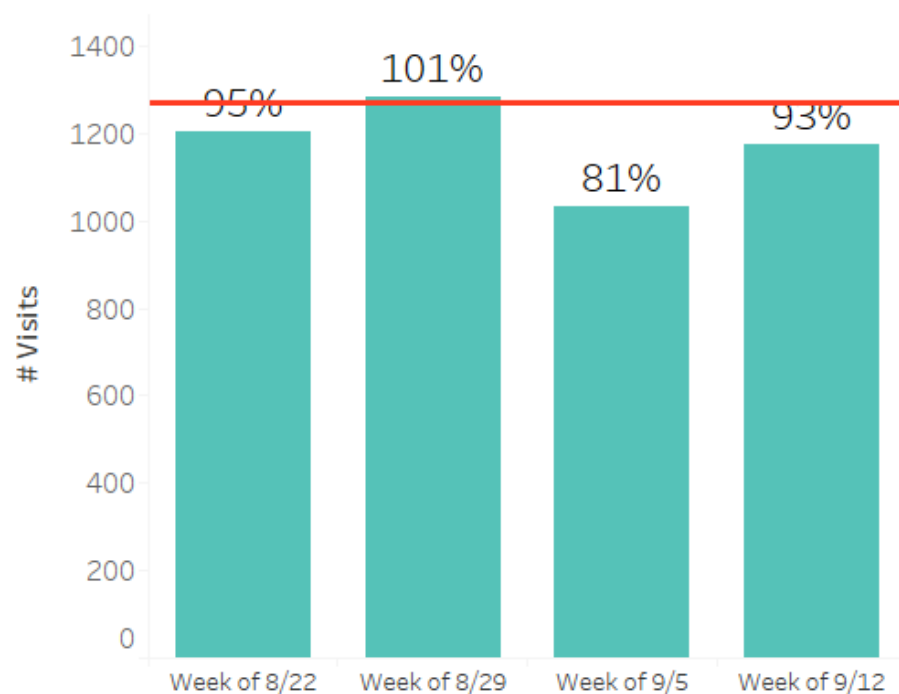
Total Respiratory Evaluation Clinic visits - all time

Drive-Through	14,116
Office Visit	30,519
Total	44,634

# Jefferson Healthcare Volumes

## Primary Care variance to budgeted visits

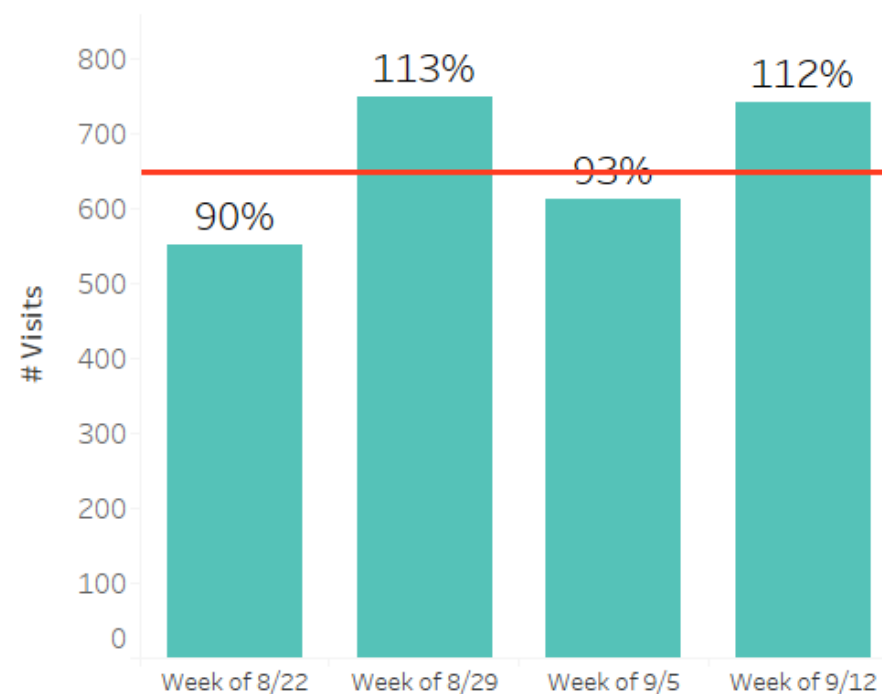
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2021 annual budgets. The labels are % volume to budget for the selected clinics.



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.



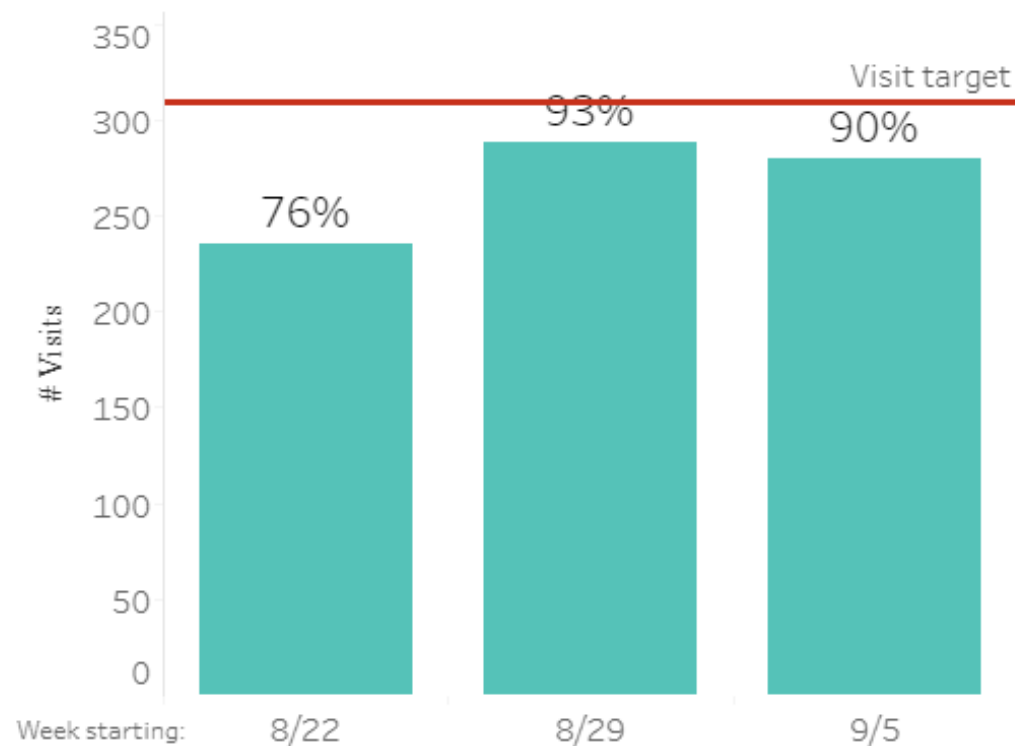
Includes visits in: JHSA clinic, Sleep Medicine, Urology, Women's Clinic, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

# 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.

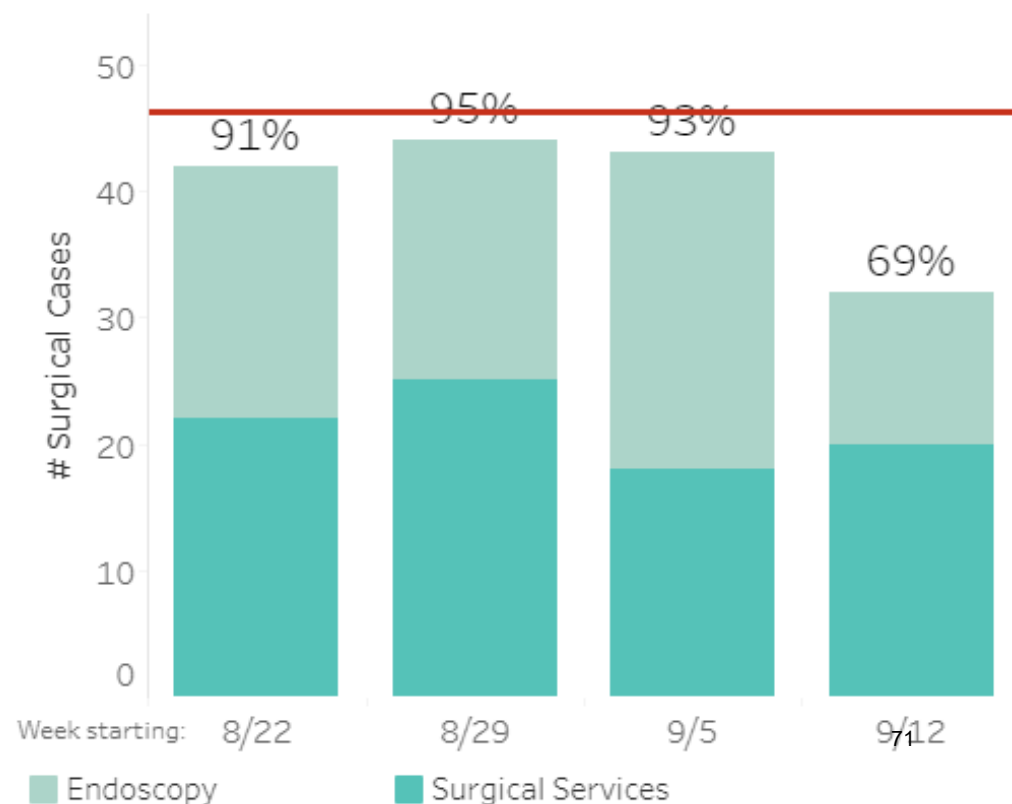
Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.



## 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.

8/2/2020

Total	363
Express Clinic	143
Emergency	220

### Total Visits, 1/1/2020 to 9/19/2021

Select a department to bring in focus.

#### Emergency Dept

19,112

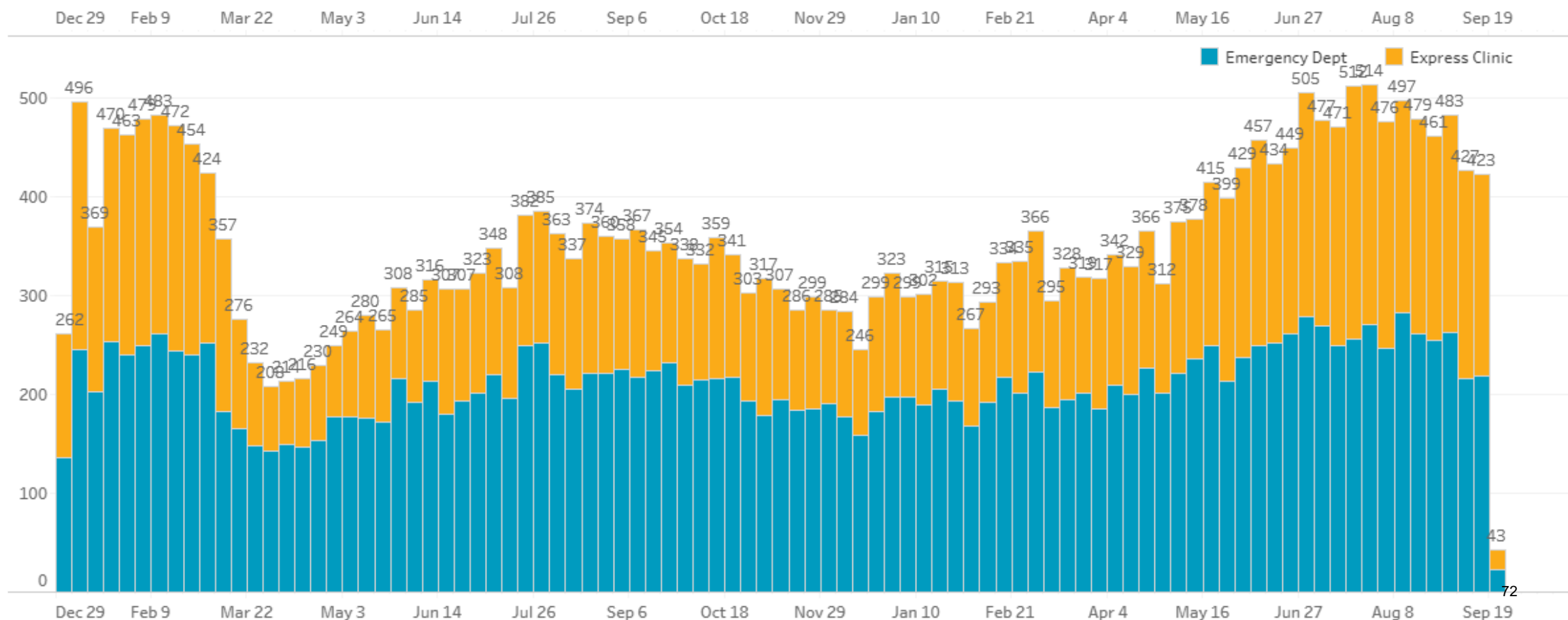


#### Express Clinic

13,033



### Volumes by Arrival Department and Week, 2020 - 2021

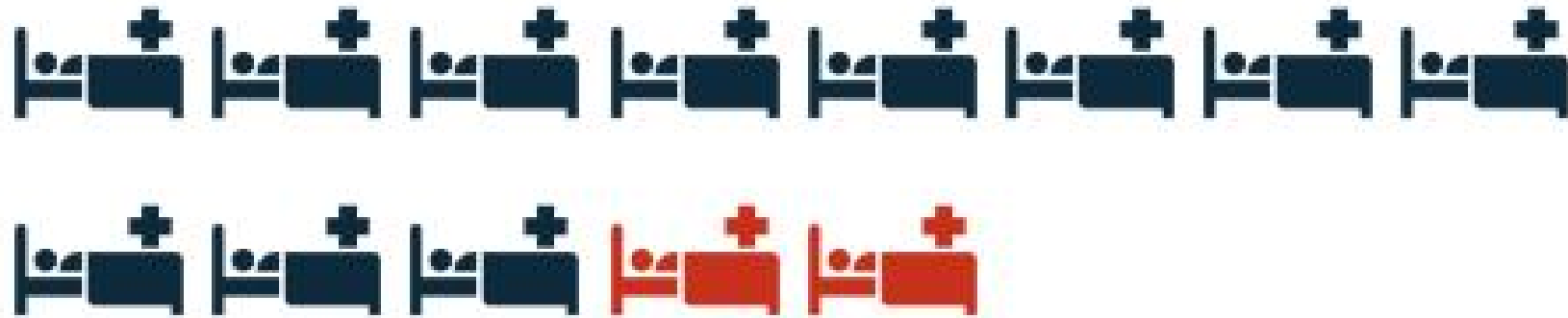




# Inpatient Hospital Census Page

## Jefferson Healthcare Hospital Bed Snapshot

13 hospital patients, including 2 with COVID-19.



-  COVID-19 Patient
-  Other Patient

*Snapshot as of 9/22/2021 1:24:00 PM.*

# Employee Appreciation Month

September						
2021						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	30	31	1 All month – 85% discount on food all month	2 Bagel Day	3	4
5	6 LABOR DAY	7 Breakroom Baskets	8 Flower/thank you notes	9 Mean Bean, Convergence and Cove Coffee Day	10 Blue Friday	11
12	13 Breakroom Baskets	14	15 BBQ	16 Swag Day Blankets	17 Blue Friday	18
19	20 Breakroom Baskets	21 Swag Day Beanies	22 Sugar Hill	23 Car Parade	24 Blue Friday	25
26 *PINNING THANK YOUS TO BE SENT OUT THROUGHOUT THE WEEK	27 Breakroom Baskets	28 Mean Bean, Cove and Easy Times Coffee Day	29 Free Ice Cream Day	30 Swag Day Fanny Packs		2 <sup>nd</sup> /3 <sup>rd</sup> Week Oct. FYI: Offsite Lunch Delivery SOCO, PLC, PL Pharm Park Ave and HHH

# Update on East Jefferson County Rural Childcare Partnership

- MOU with Peninsula College
  - 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

## JH Leadership Retreat

- Defer to CMO Report
- 09/28 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

