

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, October 27, 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, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Brandie Manuel, Chief Quality and Patient Safety 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

Education Topic:

- 2022-2023 DRAFT Strategic Plan Review
 - Mike Glenn, CEO

Mike Glenn, CEO, presented the 2022-2023 DRAFT Strategic Plan.

Discussion ensued.

- Methodology of Patient and Employee Satisfaction
 - Caitlin Harrison, Chief Human Resources Officer
 - Brandie Manuel, Chief Patient Safety and Quality Officer

Brandie Manuel, Chief Patient Safety and Quality Officer presented the Methodology of Patient and Employee Satisfaction Presentation.

Discussion ensued.

Break:

Commissioners recessed for break at 3:27pm.

Commissioner reconvened from break at 3:40 pm.

Minutes:

- September 22, 2021 Regular Session Minutes
- September 29, 2021 Special Session Minutes

Commissioner Dressler made a motion to approve the September 22, 2021 Regular Session Minutes and September 29, 2021 Special Session Minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- September Warrants and Adjustments
- Resolution 2021-06 Canceled Warrants
- Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the September Warrants and Adjustments, 2021-06 Canceled Warrants, and Medical Staff Credentials/ Appointments/ Reappointments. Commissioner Ready seconded.

Action: Motion passed unanimously.

Budget Hearing for Fiscal Year 2022: Tyler Freeman, CFO

- 2022 Operations Budget Summary
- 2022 Capital Budgets Summary

Tyler Freeman, CFO, presented the Operations and Capital Budget.

Discussion ensued.

- Public Comment

No public comment was made.

- Commissions Discussion

Discussion ensued.

Adopt Resolutions:

- Resolution 2021-07 With/Without Property Tax Increase

Commissioner Kolff made a motion to approve Resolution 2021-07 With Property Tax Increase. Commissioner McComas seconded.

Discussion ensued.

Action: Motion passed unanimously.

- Resolution 2021-08 Fiscal Year 2022 Budget

Commissioner Dressler made a motion to approve Resolution 2021-08 Fiscal Year 2022 Budget. Commissioner Ready seconded.

Discussion ensued.

Action: Motion passed unanimously.

Quality Report:

Brandie Manuel, CPSO, presented the September Quality Report

Discussion ensued.

Financial Report:

Tyler Freeman, CFO, presented the September Financial Report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the October Administrative report.

CMO Report

Dr. Joe Mattern, CMO, provided the CMO report which included COVID prevalence, testing, Washington State COVID Dashboard, county vaccinations, vaccine hesitancy, booster vaccines, pediatric COVID vaccines, employee vaccinations, accommodations, pediatric vaccinations, testing and reagents, antigen testing, monoclonal antibody treatment, testing reimbursement, Maslach and Arch Collaborative Survey and Medical Executive Committee Structure.

Discussion ensued.

Board Business:

- Board of Health Report

Commissioner Kolff provided the Board of Health Report which included the Septage Crisis and Reducing Green House Gas Emissions.

Discussion ensued around a Letter to the Editor response and recent article about hospital expansion.

Commissioner Kolff made a motion to authorize Commissioner Buhler Rienstra to draft a response to the Letter of the Editor regarding hospital expansion.
Commissioner Ready seconded.

Action: Motion passed unanimously.

- Appoint Independent Auditor

Commissioner Dressler made a motion to continue with DZA as the independent auditor and allow them to do Administrations cost report. Commissioner Kolff seconded.

Action: Motion passed unanimously.

- Agenda Evaluation

Commissioner Kolff made a motion to move Agenda Evaluation to December Special Session Board Meeting. Commissioner Dressler.

Action: Motion passed unanimously.

Meeting Evaluation:

Commissioners evaluated the meeting.

Commissioners went to break at 6:00pm

Commissioners reconvened from break at 6:05pm.

Executive Session:

- Current or Potential Litigation

Commissioner Buhler Rienstra announced they will go into Executive Session for 30 minutes to discuss current or potential litigation. No action will be taken.

Commissioners went into Executive Session at 6:06pm

Commissioners came out of Executive Session at 6:36pm

No action was taken.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner McComas seconded.

Action: Motion passed unanimously.

Meeting concluded at 6:37pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

Jefferson Healthcare Strategic Plan 2022-2023 (DRAFT)



Objective:

**To be the highest performing
rural healthcare system and
critical access hospital in the
country.**

Goals:

- 1. Guide our community through the COVID-19 pandemic.**
- 2. Deliver the highest quality care.**
- 3. Be a great place to work.**
- 4. Provide services our community needs most.**
- 5. Improve the patient experience.**
- 6. Remain financially independent.**

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.

Goal #1: Guide our community through the COVID-19 pandemic

Strategies	Initiatives
Keep our employees safe and well	<ol style="list-style-type: none">1. Promote effective infection prevention and control measures<ol style="list-style-type: none">a) Ensure adequate supply and use of personal protective equipmentb) Maintain a safe work environmentc) Provide effective contact tracing for employees
Provide necessary COVID-19 preventive, diagnostic and treatment services	<ol style="list-style-type: none">1. Prevent and treat COVID-19 infections<ol style="list-style-type: none">a) Promote vaccinationsb) Provide therapeutic treatments2. Support COVID-19 testing
Maintain accessibility of inpatient and outpatient services	<ol style="list-style-type: none">1. Promote prevention and pre-hospital care2. Expand the use of telemedicine3. Design a system that adjusts based on community prevalence of COVID-19
Collaborate with public health and other partners to provide and promote pandemic-ending interventions (such as vaccines, masking, and distancing)	<ol style="list-style-type: none">1. Maintain active engagement with Jefferson Public Health2. Collaborate with DEM to continue to provide services for our community

Goal #2: Deliver the safest, highest quality care.

Strategies:

1. Deliver care that is guided by the best evidence.
2. Enhance our systematic approach to avoid medical errors.
3. Design the most effective performance improvement and quality management system.
4. Continue transition to value-based care.

Goal #2: Deliver the highest quality care.

Strategies	Initiatives
Deliver care that is guided by the best evidence	<ol style="list-style-type: none">1. Assess and address health equity.2. Enhance the use of infrastructure, technology, data, and analytics for improving patient outcomes.3. Promote excellent outcomes through the delivery of evidence-based care.
Design the most effective performance improvement and quality management system	Ensure the availability and deployment of process improvement tools.
Enhance our systematic approach to avoid medical errors.	<ol style="list-style-type: none">1. Implement best practices in event reporting, investigation, analysis and mitigation.2. Promote a Learning Culture by sharing 'lessons learned' from system defects
Continue transition to value-based care	<ol style="list-style-type: none">1. Explore the addition of value-based contracts2. Top performance in MIPS Reporting

Goal #3: Be a great place to work.

Strategies:

1. Recruit, retain and implement innovative solutions to address current staffing shortages.
2. Reconnect to purpose and promote wellness of our team.
3. Support and invest in our leaders.
4. Promote thriving and rewarding clinician practices.
5. Advance the work of transforming our culture.

Goal #3: Be a great place to work.

Strategies	Initiatives
Recruit, retain and implement innovative solutions to address current staffing shortages	<ol style="list-style-type: none">1. Use data to track recruiting and workforce shortages2. Offer onsite training programs for multiple positions.3. Assess and track diversity in hiring and retention4. Ensure compensation is market based
Reconnect to purpose and promote wellness of our team	<i>Under construction</i>
Support and invest in our leaders	<ol style="list-style-type: none">1. Create a leader onboarding2. Offer "new leader" training3. Partner with a vendor for ongoing leadership development
Promote thriving and rewarding clinician practices	<i>Under construction</i>
Advance the work of transforming our culture	<ol style="list-style-type: none">1. Finalize agreement with Huron and fully implement the tools and resources aimed at transforming our organizational culture.2. Identify and introduce organizational development (OD) resources to Jefferson Healthcare's Leadership Team.

Goal #4: Provide services our community needs most.

Strategies:

1. Grow existing and identify new needed services.
2. Finalize the hospital replacement and campus modernization plan.
3. Promote population health to improve community wellness.

Goal #4 Provide services our community needs most.

Strategies	Initiatives
Grow existing and identify new needed services	<ol style="list-style-type: none">1. Enhance out business analytic platform.2. Implement a neurology clinic and geriatric consultative service.3. Expand cardiology services to include inpatient care support.4. Increase orthopedic surgery market share.
Finalize the hospital replacement and campus modernization plan	<ol style="list-style-type: none">1. Select a design/build team.2. Identify the scope, scale and estimated cost of necessary building replacement projects.3. Work with Jefferson Healthcare governance, medical staff leadership, community leaders and stakeholders, and the Public at Large to determine the most appropriate building replacement solution and cost viable method to pay for it.
Promote population health and the Community Health Improvement Plan (CHIP) to improve community wellness	<ol style="list-style-type: none">1. Maintain and build new relationships with organizations that promote the community's health.2. Recognize the opportunity of anchor institutions and the impact they have on their community.

Goal #5: Improve the patient experience.

Strategies:

1. Remove the friction between our patients and their care.
2. Guide patients through every encounter.
3. Advance the use of data and tools to monitor and improve patient engagement.
4. Facilitate kindness and compassion through training and service standards.

Goal #5 Improve the patient experience.

Strategies	Initiatives
Remove the friction between our patients and their care.	<ol style="list-style-type: none">1. Implement cross location scheduling to increase access across different service lines.2. Enhance use of technology and analytics to connect patients with health services.
Guide patients through every encounter	Implement closed loop referrals and care navigation to support patients with transitions of care.
Advance the use of data and tools to monitor and improve patient engagement	<ol style="list-style-type: none">1. Leverage the use of patient engagement data to:<ol style="list-style-type: none">a) Connect staff at every level with patient feedbackb) Create improvement plansc) Adjust existing plans as needed
Facilitate kindness and compassion through training and service standards	<ol style="list-style-type: none">1. Personalize the patient or customer experience with every encounter through service standards2. Improve teamwork across departments

Goal #6: Remain financially independent.

Strategies:

1. Implement a COVID-19 financial and operational recovery plan.
2. Improve the value of services by increasing efficiency and reducing waste.
3. Maximize revenue capture rate by improving internal processes and working more efficiently with insurers.
4. Finalize a financial plan to support the hospital replacement and campus modernization plan.
5. Perform in value-based payment models.

Questions



Employee and Patient Engagement: Survey Methodology

Presented by:

Caitlin Harrison, Chief Human Resources Officer

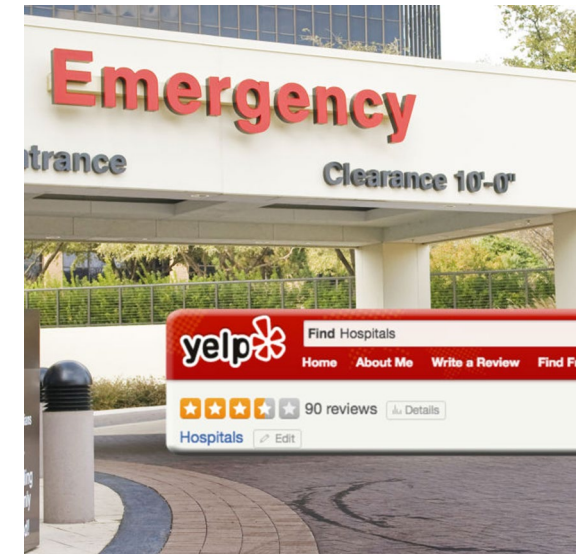
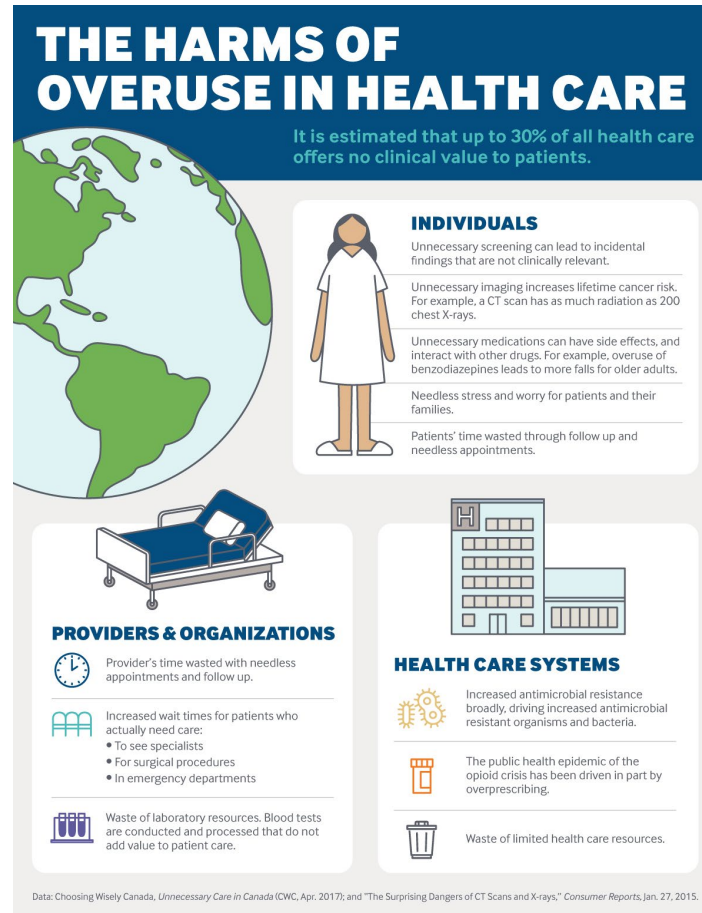
Brandie Manuel, Chief Patient Safety and Quality Officer

October 27, 2021

Agenda



Question. What was your last major purchase?



First...why is patient engagement data important?

- Our Mission.
- Without data we have blind spots
- Engaged patients tend to be safer patients
- Value Based Care



Patient Engagement Focus Areas.



Where do we survey? Everywhere

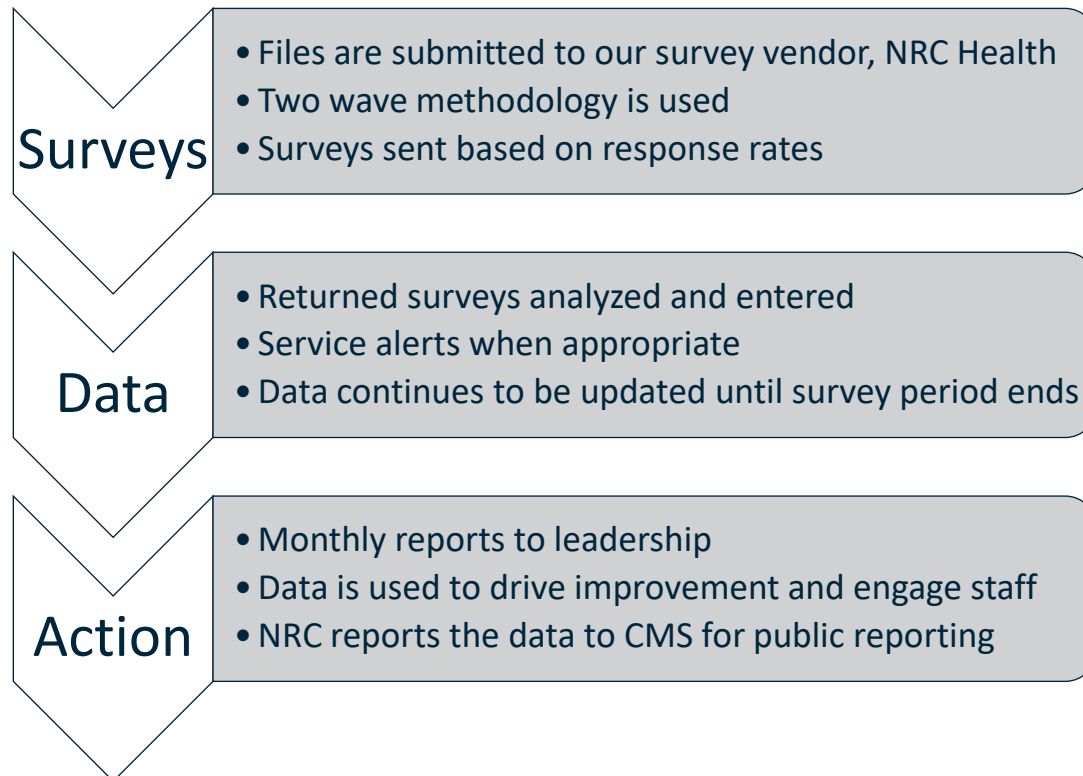
- Hospital: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHS)
- Ambulatory Clinics: CAHPS
- Outpatient Surgery: OSCAHS
- Home Health: HHCAHS
- Emergency Department
- Hospice
- Rehab
- Outpatient Testing
 - Sleep
 - Diagnostic Imaging
 - Lab





A note about the survey results.

The process.



The results.

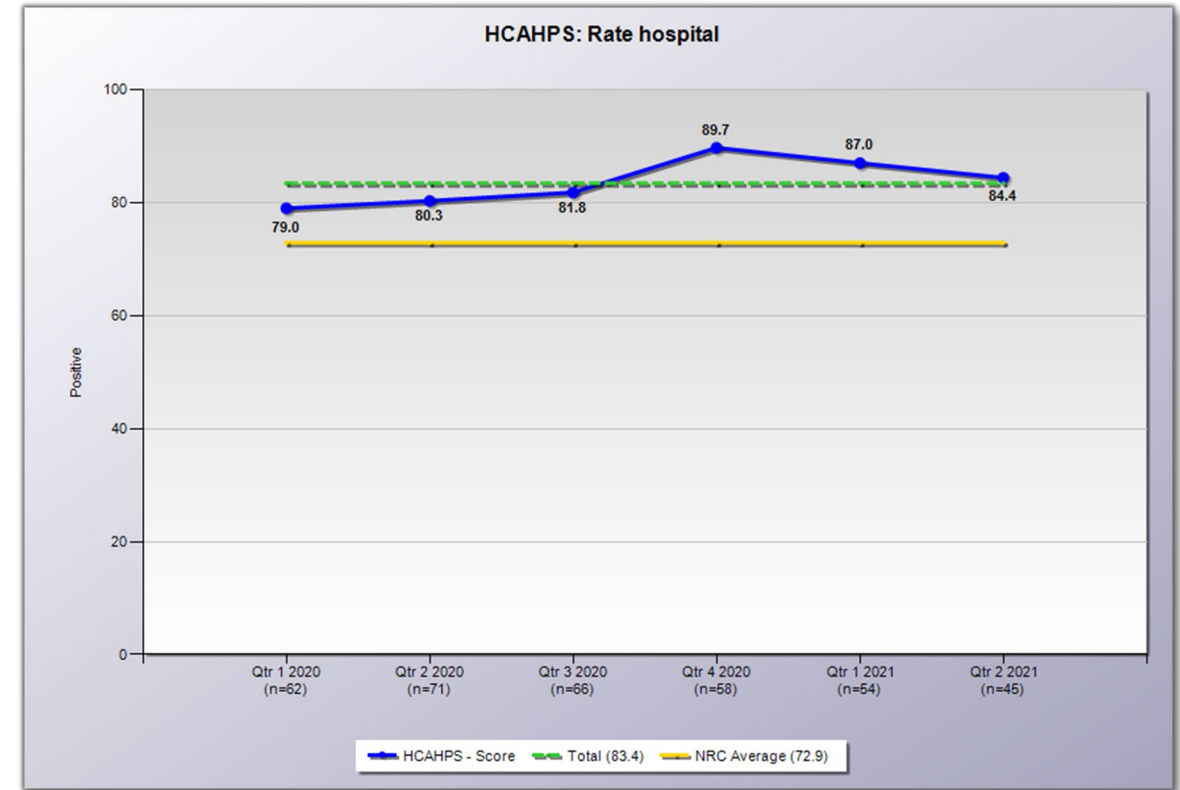
Satisfaction is not the goal.

- Results are based on a loyalty score – not satisfaction
- A loyalty score is a score of 9 or 10, or ‘always’



How are we doing?

- The nursing staff taking care of me was exceptional
- The emergency room doctor who done my surgery is definitely a 10. Carefully explained what it entailed.
- Excellent care in spite of being extremely busy with many Covid patients. I never saw anything but calm, competent staff - In addition to nurses & doctors in this survey, a shout out to lab, radiology, pharmacy, housekeeping & dietary (food was awesome) & a huge thanks to respiratory for keeping me oxygenated!!
- I am a retired RN and was impressed by my small rural hospital.
- Great experience 5 star
- The staff in the ICU unit were exceptional. What a great group of professionals! They saved my life & for that I will be eternally grateful. Cheers to all in the ICU
- I thought all staff did an excellent job especially with staff shortages + covid numbers high



Highest Scoring Dimensions

Emotional Support
Communication
Patient Safety

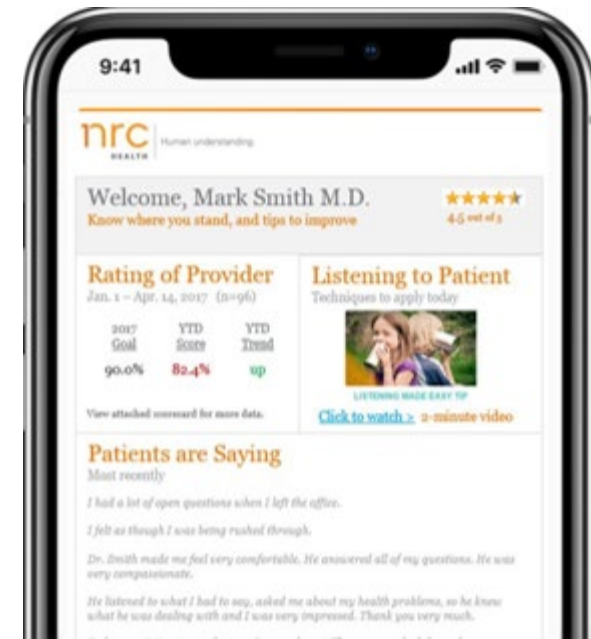
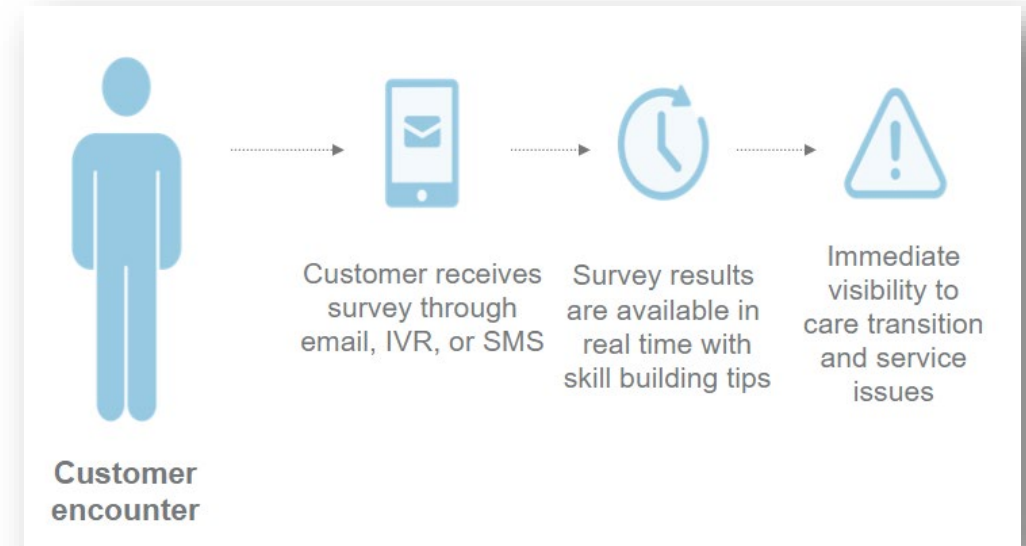
Opportunities to Improve

Information and education
Coordination of care



Current Project: Survey Transition

- What is changing: Real-Time Feedback provides hospitals and healthcare providers the ability to receive and act on patient feedback within hours of the encounter
- Why change methodology:
 - Improve transparency
 - Provide an opportunity for service recovery at the earliest possible stage
- Who is surveyed: 100% of patients
- When will they be surveyed: immediately after their care experience via email, text, or phone
- How soon will we receive feedback: immediately



A task force is working on a transition plan with an expected go-live in the first quarter of 2022

Healthcare

Medical Center

Focus areas in 2022:

- Make it easier for our patients to share their feedback.
- Leverage our survey data to continue to improve
- Connect leaders and providers with timely feedback and opportunities for improvement
- Improve the patient journey
 - Explore technology solutions that support patient access to care
 - Improve care navigation

A final thought.



Netflix did not kill Blockbuster.
Ridiculous late fees did.

UBER

Uber did not kill the taxi business.
Limited access and fare control did.



Apple did not kill the music industry.
Being forced to buy full-length albums did.



Amazon did not kill other retailers.
Poor customer service and experience did.



Airbnb isn't killing the hotel industry.
Limited availability and pricing options are.

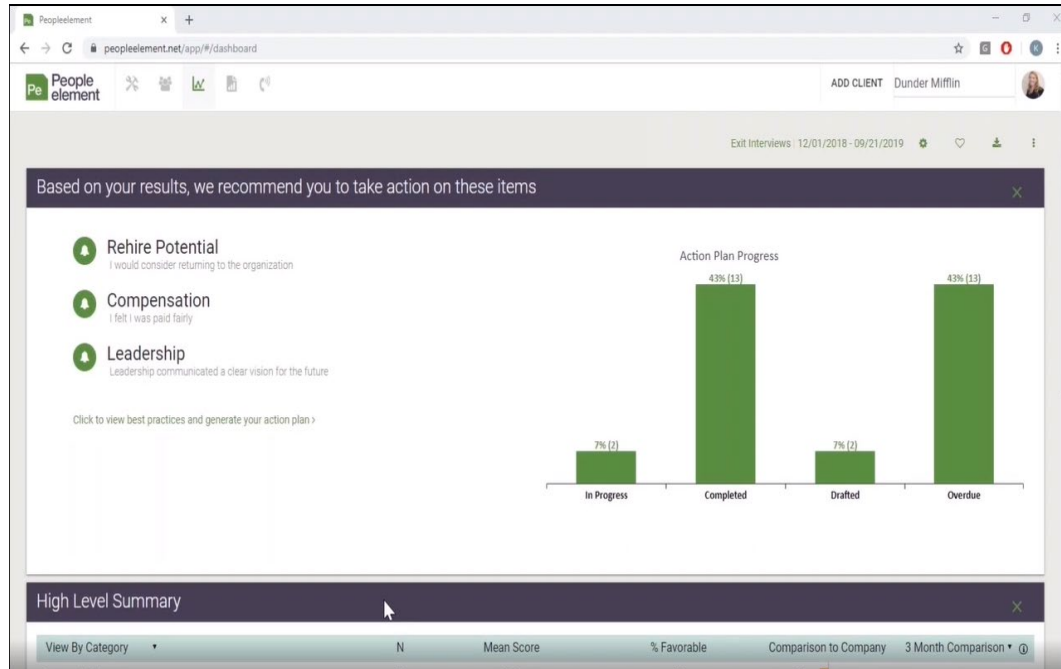
Technology by itself is not the disruptor.
Not being customer-centric is the biggest
threat to any business.



Image Courtesy of: Income Secrets, Retrieved from Twitter, 2021

Employee Engagement

Engagement Survey Vendor



- Able to measure many employee experience & engagement variables
- Better scoring scale & easier data analysis
 - “Hotspots”
 - Trends over time
 - More
- Real time reporting for Leaders
- Built in Action Items & Action Planning for Leaders

Methodology & Lessons Learned

- Likert Scale
 - Strongly Disagree
 - Disagree
 - Somewhat Agree/Somewhat Disagree
 - Agree
 - Strongly Agree
 - No Answer/Does not apply
- A total of 97 survey items
- Participation in 2020: 77%, good strong numbers for population at that time
- Timeline & Communication Matter – allowing enough time for responses
- Be conscious of access to employee email & computers in order to take survey
- Ask what we want to know (but also be aware of benchmarking)
- Following through on responses

A photograph of a forest path in autumn. The path is covered in fallen orange and yellow leaves. Tall, thin trees with similar foliage line the path, creating a canopy of warm colors. The lighting is soft, suggesting a misty or overcast day.

Questions?

2022 BUDGET

OPERATING AND CAPITAL BUDGET HEARING



Tyler Freeman, CFO
Board of Commissioners
October 27, 2021

THE PLAN



SETTING THE LANDSCAPE

Our process

Philosophy and decisions that
affect the entire budget

OPERATING BUDGET

In summary

Key performance indicators

CAPTIAL INVESTMENTS

Capital & projects budget
2022-2025

ANY REMAINING QUESTIONS

Please stop me for questions
throughout the presentation as
well.

01

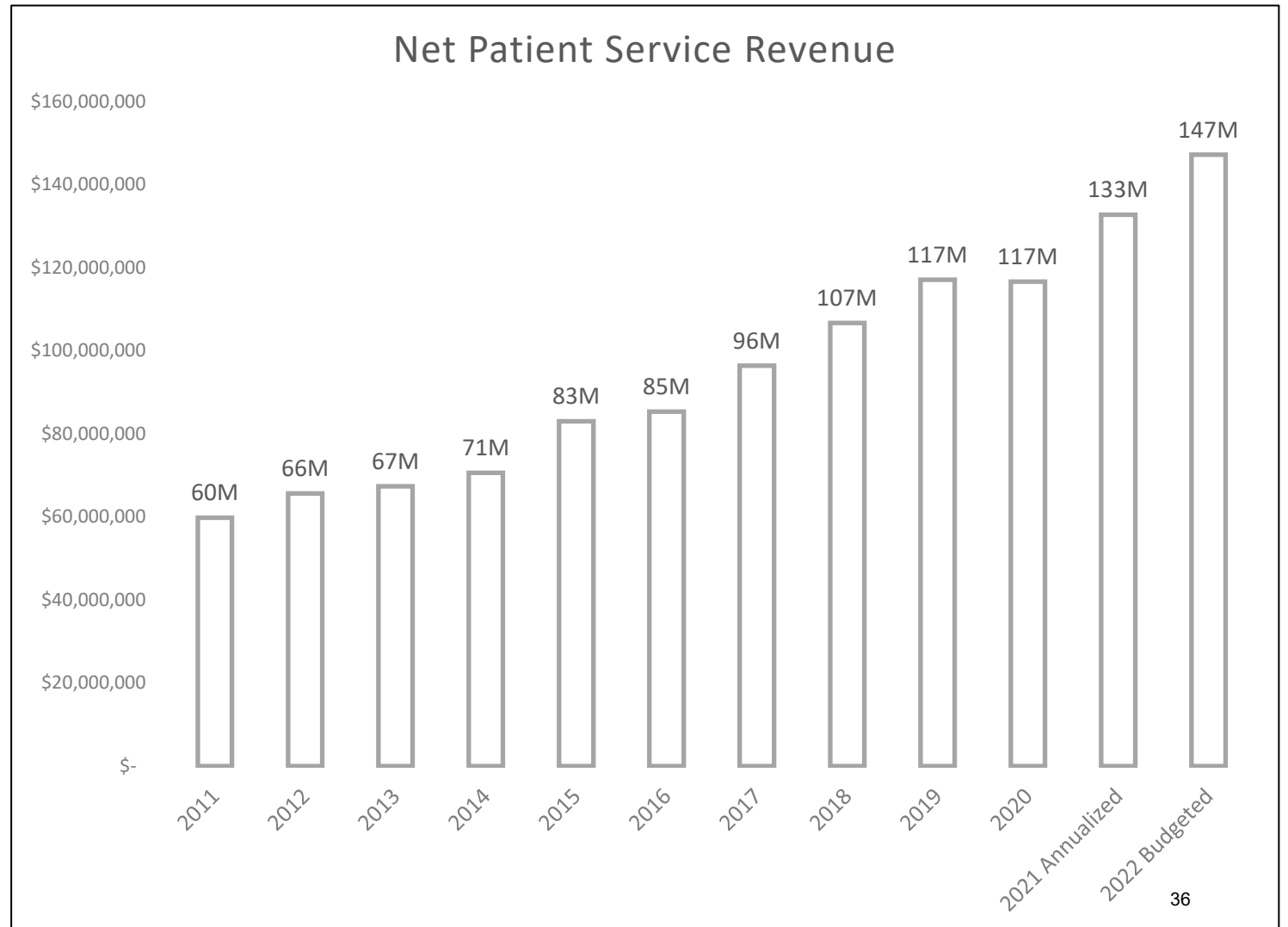


SETTING THE LANDSCAPE

Need for healthy finances
Our budget process
Philosophy & key themes of the 2022 budget
Vocabulary reference
Tax revenues

GROWTH IN SERVICES

2011	Port Ludlow Clinic
2012	Oncology Clinic, Revised Total Joint Program
2013	Implementation of Smart IV Pumps, Hand Therapy Program
2014	Surgical Associates joined JH
2015	Care Coordination Department, Cardiac Service Line
2016	Opened ESSB
2017	New Port Ludlow Clinic, Women's Clinic, Dermatology
2018	Express Clinic, Specialty Pharmacy
2019	Dental Clinic, Hand and Plastics, Port Ludlow Retail Pharmacy





COMMUNITY BENEFIT (2020 & 2019)

\$6M

Free and
Discounted Care
(Charity Care)

\$7M

Uncompensated
Care (Bad Debt)

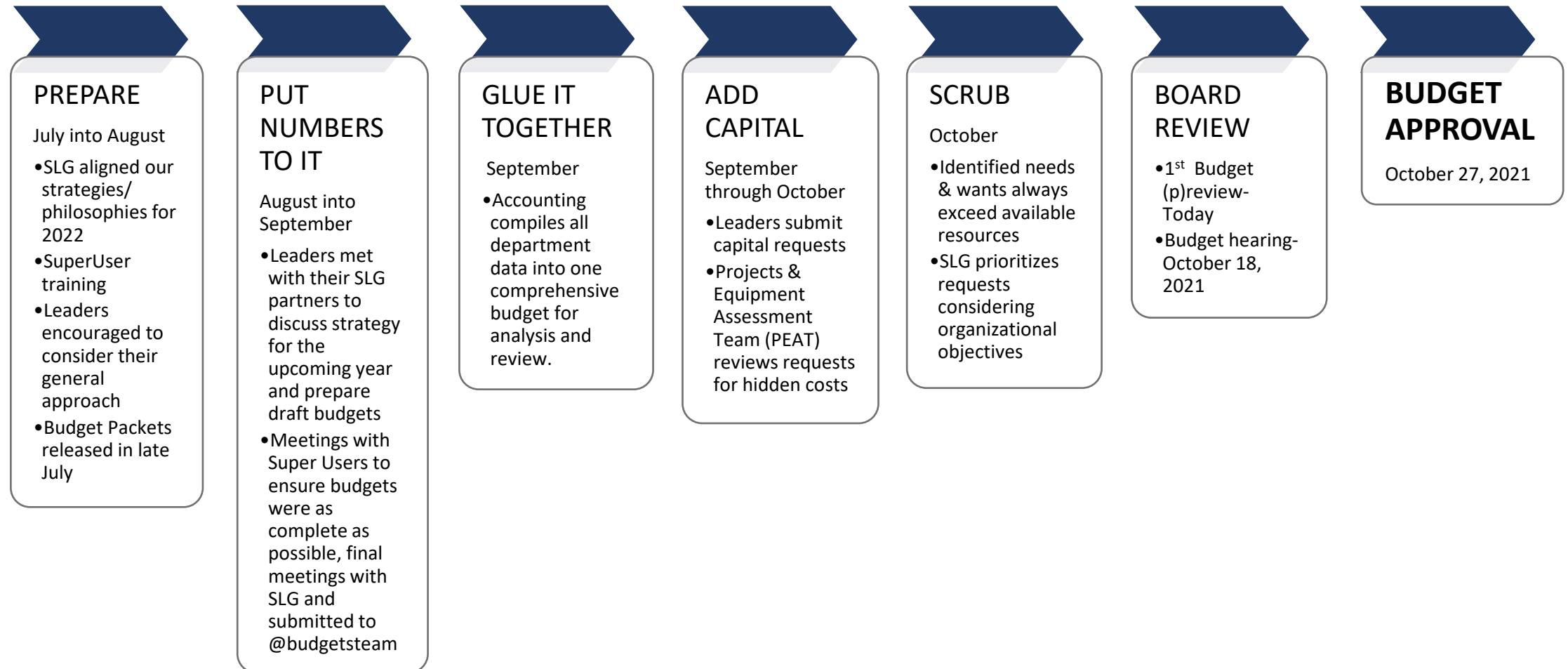
\$1.7M

Reimbursed
Employee
Patient
Responsibility



OUR BUDGET PROCESS

Our intent is to facilitate a conversation to bring organization goals and ideas from leaders across Jefferson Healthcare into a comprehensive plan for the year(s) ahead



PHILOSOPHY & KEY THEMES AS WE HEAD INTO 2022

General approach:
Continued vigilance in managing costs.
Aim for improved margin in each department.



• • • • •

Forecast:
2022 volumes will be better than
2021, but still variable.
3% price increase to pace inflation.



- Healthcare is a challenging industry, and this challenge is amplified by fluctuating volumes and staffing challenges.
- We need to remain focused on using our resources in the best way possible.
- We are engaging a third party to review our prices. We included a 3% increase, but this may change depending on market and inflation pressure.

....

Gross Revenue



The charges generated by each department for services rendered. 2022 gross revenue is increased by both volume, and the 3% price increase.

Net Revenue



What we expect to collect from gross revenue/charges we generate. We generally collect about 45% of gross revenue (charges).

Contractual adjustments



The amount we expect to “write off” from the amount charged to determine net revenue.

FTEs: Full time equivalents



1.0 FTE= 2080 hours, a full-time employee. Hours for part time or per diem employees are added to calculate FTEs for budget and reporting purposes. FTEs include productive (worked) and non-productive (paid time off) time.

Operating/Total Margin



Operating and Total Margin are profitability indicators. Margin is calculated by dividing Operating Income (for Operating Margin) or Change in Net Position (for Total Margin) by Total Operating Revenues. A healthy Total Margin for a hospital is between 2 and 6 percent

Any others?



PROPERTY TAX ASSESSMENT

*Amounts are listed at their highest estimated amount.

Currently, using the 1% option is budgeted in the template but can be adjusted



Tax increase
2022 property taxes
estimates
2022 operating
expenses budget
% of budget



0% INCREASE



1% INCREASE



LOOKING ACROSS OUR REGION

Public Hospital District Tax Support, 2020 *2019

Hospital	2020 Operating expenses	2020 Tax revenues	Property tax revenues as % of total operating expenses
Whidbey Health Coupeville	*\$114,532,041	*\$5,647,435	*4.9%
Olympic Medical Center Port Angeles	\$221,067,087	\$4,654,426	2.1%
Island Hospital Anacortes	\$95,985,257	\$5,674,404	5.9%
Mason General Hospital Shelton	\$118,359,179	\$2,299,605	1.9%
Forks General Hospital Forks	\$33,664,301	\$698,269	2.1%
Jefferson Healthcare Port Townsend	\$128,221,894	\$500,000	0.4%

02



OPERATING BUDGET Income Statement Statistics

BRINGING IT TOGETHER: Income statement [draft]

2022 Budget													
Income Statement Summary													
	2018		2019		2020			2021				2022	Change
	Actual	Budget	Actual	Budget	Actual	Budget		Actual		Budget		Budget	2021 actual to 2022 budget
01_IP REVENUE	(44,536,959)	(51,909,327)	(45,443,362)	(49,155,911)	(36,422,817)	(51,151,916)		(36,134,149)		(50,105,762)		(39,607,278)	(3,473,128)
02_OP REVENUE	(182,829,052)	(186,762,393)	(215,981,528)	(200,065,234)	(219,712,976)	(233,912,846)		(259,601,396)		(238,429,699)		(285,384,160)	(25,782,764)
TOTAL PATIENT REVENUES	(227,366,011)	(238,671,719)	(261,424,890)	(249,221,145)	(256,135,793)	(285,064,762)		(295,735,545)		(288,535,460)		(324,991,437)	(29,255,892)
05_REV DED/MEDICARE	74,145,841	83,280,483	91,492,106	85,257,801	87,017,560	97,432,120	-34%	101,061,918	-34%	93,575,027	-32%	111,068,981	10,007,063
06_REV DED/MEDICAID	21,742,354	23,890,272	22,877,091	24,145,405	20,576,268	26,229,729	-9%	23,524,110	-8%	31,135,658	-11%	26,920,303	3,396,193
07_CHARITY CARE	2,363,239	1,471,539	3,133,646	2,850,459	2,858,135	2,756,994	-1%	3,225,896	-1%	2,743,894	-1%	2,490,441	(735,455)
08_CONT ADJ OTHER	18,266,670	18,353,377	21,556,076	18,579,546	25,834,176	22,237,626	-8%	35,223,161	-12%	22,051,527	-8%	31,016,082	(4,207,079)
09_REV DED/ADMIN	1,583,906	531,320	1,050,540	1,108,613	99,324	1,301,612	0%	574,479	0%	1,295,431	0%	1,034,684	460,205
10_BAD DEBTS	2,539,973	3,465,805	4,156,626	3,237,531	2,943,230	5,208,080	-2%	2,178,770	-1%	5,438,517	-2%	5,053,896	2,875,126
TOTAL REVENUE ADJUSTMENTS	120,641,984	130,992,796	144,266,087	135,179,355	139,328,693	155,166,160	-54.4%	165,788,336	-56.1%	156,240,054	-54.1%	177,584,388	11,796,052
NET PATIENT SERVICE REVENUE	(106,724,027)	(107,678,923)	(117,158,803)	(114,041,790)	(116,807,100)	(129,898,602)		(129,947,210)		(132,295,406)		(147,407,050)	(17,459,840)
11_GRANTS	(162,400)	(20,000)	(1,519,643)	(1,303,325)	(10,093,369)	(709,882)		(1,999,708)		(684,075)		(100,000)	1,899,708
12_OTHER REVENUE	(2,033,863)	(1,491,660)	(1,923,360)	(3,992,346)	(2,181,441)	(2,888,500)		(2,597,279)		(2,089,761)		(2,002,683)	594,596
13_REV/MEANINGFUL USE	(85,000)	-	-	(40,000)	25,500	-		-		-		-	-
14_340B REVENUE	(3,473,711)	(3,473,800)	(4,000,004)	(3,838,000)	(3,013,339)	(3,274,600)		(3,804,350)		(3,700,000)		(4,466,467)	(662,117)
TOTAL OTHER REVENUES	(5,754,975)	(4,985,460)	(7,443,006)	(9,173,671)	(15,262,648)	(6,872,982)		(8,401,338)		(6,473,836)		(6,569,150)	1,832,188
TOTAL OPERATING REVENUES	(112,479,002)	(112,664,383)	(124,601,809)	(123,215,461)	(132,069,748)	(136,771,584)		(138,348,547)		(138,769,242)		(153,976,200)	(15,627,653)

BRINGING IT TOGETHER: Income statement [draft] cont'd

2022 Budget													
Income Statement Summary													
	2018		2019		2020			2021			2022		Change
	Actual	Budget	Actual	Budget	Actual	Budget		Actual		Budget	Budget		2021 actual to 2022 budget
20_SALARIES	53,801,634	56,550,859	57,874,273	59,251,519	65,363,393	65,589,903		68,663,388		68,254,249	77,450,908		8,787,521
21_EMPLOYEE BENEFITS	13,499,328	14,245,919	13,755,361	14,823,152	14,861,023	16,897,560	25.8%	16,431,256	23.9%	17,516,574	17,995,556	23.2%	1,564,301
22_PROFESSIONAL FEES	4,937,240	4,515,736	5,499,428	4,159,300	2,309,334	2,293,360		1,908,783		1,570,012	1,994,970		86,187
23_PURCHASED SERVICES	6,200,407	6,879,616	7,617,053	8,016,924	9,148,215	8,449,155		8,456,525		8,254,618	8,887,469		430,944
24_SUPPLIES	18,385,707	16,705,575	23,368,234	21,381,838	24,723,512	24,922,370		27,076,484		25,759,686	29,644,148		2,567,664
25_INSURANCE	740,154	675,800	697,227	640,829	897,783	691,450		1,086,074		1,005,813	1,470,497		384,423
26_LEASES/RENTALS	1,547,348	1,451,384	1,631,572	1,872,664	1,616,220	182,534		313,201		421,252	592,012		278,811
27_DEPRECIATION	4,703,576	4,673,247	4,743,345	4,919,190	4,814,047	6,487,844		5,957,626		6,325,001	6,231,089		273,462
28_REP&MAINT	634,624	957,812	677,875	1,150,430	1,025,865	1,271,303		704,066		1,215,815	1,134,118		430,052
29_UTILITIES	1,148,119	1,035,105	1,177,149	1,261,060	1,203,550	1,249,286		1,248,782		1,160,179	1,020,783		(227,999)
30_LICENSES/TAXES	641,424	608,331	741,428	654,849	749,437	667,675		896,721		754,189	919,542		22,821
31_OTHER	1,873,659	2,327,333	2,444,340	2,435,636	2,086,683	2,685,003		1,908,187		2,359,276	2,840,703		932,516
TOTAL OPERATING EXPENSES	108,113,219	110,626,717	120,227,285	120,567,390	128,799,064	131,387,443		134,651,091		134,596,664	150,181,795		15,530,704
OPERATING (INCOME) LOSS	(4,365,782)	(2,037,666)	(4,374,524)	(2,648,071)	(3,270,684)	(5,384,141)		(3,697,456)		(4,172,578)	(3,794,405)		(96,949)

BRINGING IT TOGETHER: Income statement [draft] cont'd

2022 Budget													
Income Statement Summary													
	2018		2019		2020			2021			2022		Change
	Actual	Budget	Actual	Budget	Actual	Budget		Actual		Budget	Budget		2021 actual to 2022 budget
40_TAX M&O	(265,881)	(272,000)	(243,964)	(253,500)	(243,631)	(268,600)		(277,211)		(280,200)	(291,200)		(13,989)
41_TAX DEBT	(195,318)	(195,000)	(228,232)	(228,100)	(211,771)	(222,400)		(481,033)		(219,800)	(219,800)		261,233
41.1_TAX REFUNDS	-	-	-	-	-	-		-		-	-		-
42_INVESTMENT INCOME	(416,446)	(162,500)	(527,668)	(331,800)	(198,310)	(331,800)		(51,789)		(332,000)	(332,000)		(280,211)
43_INTEREST EXPENSE	1,033,105	1,153,322	988,333	997,181	977,279	1,106,483		1,145,730		1,055,388	907,486		(121,858)
44_GAIN/LOSS ON SALE	(2,922)	-	61,507	-	-	-		-		-	-		-
45_CONTRIBUTIONS	(145,545)	(172,000)	(206,083)	(259,000)	(354,874)	(200,000)		(56,743)		(217,500)	(103,318)		(46,575)
46_EXTRAORDINARY	-	-	-	-	-	-		-		-	-		-
47_BOND ISSUE COSTS	-	-	-	-	-	-		-		-	-		-
TOTAL NONOPERATING (REVENUES) EXPENSES)	6,992	351,822	(156,107)	(75,219)	(31,306)	83,683		278,954		5,888	(38,832)		(317,786)
CHANGE IN NET POSITION: (POSITIVE)/NEGATIVE	(4,358,791)	(1,685,844)	(4,530,631)	(2,723,290)	(3,301,991)	(5,300,458)		(3,418,502)		(4,166,690)	(3,833,237)		(414,735)
Operating Margin	3.88%	1.81%	3.51%	2.15%	2.48%	3.94%		2.67%		3.01%	2.46%		-0.49%
Total margin	3.88%	1.50%	3.64%	2.21%	2.50%	3.88%		2.47%		3.00%	2.49%		-0.35%
Salaries & Benefits as a % of net pt. service rev.	63.06%	65.75%	61.14%	64.95%	68.68%	63.50%		65.28%		64.83%	64.75%		-0.53%
Salaries & Benefits as a % of total revenue	59.83%	62.84%	57.49%	60.12%	60.74%	60.31%		61.33%		61.81%	61.99%		0.66%
Salaries & Benefits as a % of total expenses	62.25%	64.00%	59.58%	61.44%	62.29%	62.78%		63.20%		63.72%	63.55%		0.36%
Labor Hours (excludes providers)	1,064,959	1,048,847	1,126,311	1,211,588	1,190,489	1,280,821		1,300,425		1,342,864	1,406,850		106,425

BRINGING IT TOGETHER: Statistics

STATISTIC DESCRIPTION	2022	2021 – ANNUALIZED*				2020	2019
	YTD BUDGET	YTD ACTUAL	YTD BUDGET	% VARIANCE 2021 ACTUAL TO 2022	% VARIANCE 2021 BUDGET TO 2022	YTD ACTUAL	YTD ACTUAL
				BUDGET	BUDGET		
FTEs - TOTAL (AVG)	674	602	625	-12%	-8%	606	573
FTEs - PRODUCTIVE (AVG)	604	532	560	-14%	-8%	539	514
ADJUSTED PATIENT DAYS	42,232	33,064	25,530	28%	65%	24,709	25,530
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	890	917	890	-3%	0%	682	864
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	3,257	3,207	3,892	2%	-16%	3,002	3,779
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	190	158	271	21%	-30%	167	201
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	4,337	4,281	5,053	1%	-14%	3,851	4,844
BIRTHS	96	92	115	5%	-17%	88	112
SURGERY CASES (IN OR)	1,633	1,521	1,500	7%	9%	1,278	1,339
SURGERY MINUTES (IN OR)	202,938	200,363	174,972	1%	16%	164,548	174,972
SPECIAL PROCEDURE CASES	929	894	910	4%	2%	707	834
LAB BILLABLE TESTS	262,120	262,422	253,965	0%	3%	223,520	221,752
BLOOD BANK UNITS MATCHED	-	-	563	0%	-100%	309	536
MRIs COMPLETED	2,589	2,496	2,800	4%	-8%	2,147	2,246
CT SCANS COMPLETED	6,641	6,650	6,400	0%	4%	5,555	5,720
RADIOLOGY DIAGNOSTIC TESTS	18,830	18,666	18,640	1%	1%	16,265	17,752
ECHOs COMPLETED	2,098	1,956	1,625	7%	29%	1,651	1,438
ULTRASOUNDS COMPLETED	4,194	4,104	4,072	2%	3%	3,535	3,878
MAMMOGRAPHYS COMPLETED	3,331	3,170	3,062	5%	9%	2,464	2,835
NUCLEAR MEDICINE TESTS	621	597	449	4%	38%	436	436
TOTAL DIAGNOSTIC IMAGING TESTS	38,304	37,638	37,048	2%	3%	32,053	34,305

BRINGING IT TOGETHER: Statistics (continued)

STATISTIC DESCRIPTION	2022	2021 – ANNUALIZED*				2020	2019
	<u>YTD BUDGET</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>% VARIANCE 2021 ACTUAL TO 2022 BUDGET</u>	<u>% VARIANCE 2021 BUDGET TO 2022 BUDGET</u>	<u>YTD ACTUAL</u>	<u>YTD ACTUAL</u>
PHARMACY MEDS DISPENSED	250,374	235,302	287,895	6%	-13%	219,718	261,723
ANTI COAG VISITS	4,802	4,820	4,811	0%	0%	4,536	4,671
RESPIRATORY THERAPY PROCEDURES	38,300	32,559	43,881	18%	-13%	28,724	42,603
PULMONARY REHAB RVUs	1,486	1,362	2,790	9%	-47%	1,364	2,709
PHYSICAL THERAPY RVUs	97,396	88,817	90,068	10%	8%	75,498	84,970
OCCUPATIONAL THERAPY RVUs	12,930	12,704	13,082	2%	-1%	13,118	10,723
SPEECH THERAPY RVUs	3,476	3,465	2,596	0%	34%	2,593	2,339
REHAB/PT/OT/ST RVUs	115,288	106,347	108,536	8%	6%	92,573	100,741
ER CENSUS	11,909	11,727	13,065	2%	-9%	10,664	12,684
EXPRESS CLINIC	9,000	8,324	9,768	8%	-8%	6,820	9,768
SOCO PATIENT VISITS	1,612	1,478	1,940	9%	-17%	1,701	1,936
PORT LUDLOW PATIENT VISITS	8,052	7,473	7,800	8%	3%	6,559	7,738
SHERIDAN PATIENT VISITS	32,791	31,602	31,402	4%	4%	26,817	30,027
DENTAL CLINIC	5,066	4,743	4,689	7%	8%	3,268	1,568
WATERSHIP CLINIC PATIENT VISITS	13,403	12,470	14,059	7%	-5%	11,240	12,561
TOWNSEND PATIENT VISITS	6,850	6,659	6,519	3%	5%	6,404	6,855
TOTAL RURAL HEALTH CLINIC VISITS	76,774	72,747	76,177	6%	1%	62,809	70,453
OFF-SITE LAB	12,656	11,156	-	13%	0%	9,293	-
DISASTER CLINIC	-	191	-	-100%	0%	1,539	-
TOTAL COVID RESPONSE	12,656	11,346	-	12%	0%	10,832	-

*Data through August annualized

BRINGING IT TOGETHER: Statistics (continued)

STATISTIC DESCRIPTION	2022	2021 – ANNUALIZED*				2020	2019
	YTD BUDGET	YTD ACTUAL	YTD BUDGET	% VARIANCE 2021 ACTUAL TO 2022	% VARIANCE 2021 BUDGET TO 2022	YTD ACTUAL	YTD ACTUAL
				BUDGET	BUDGET		
CARDIOLOGY CLINIC VISITS	5,288	5,688	4,000	-7%	32%	4,453	3,209
DERMATOLOGY CLINIC VISITS	8,824	6,564	6,600	34%	34%	7,311	6,287
GEN SURG PATIENT VISITS	4,131	3,750	3,675	10%	12%	2,866	4,020
ONCOLOGY VISITS	6,966	6,426	6,997	8%	0%	6,365	5,277
ORTHO PATIENT VISITS	10,099	8,232	8,586	23%	18%	7,750	7,369
SLEEP CLINIC VISITS	999	1,092	1,671	-9%	-40%	1,805	1,622
UROLOGY VISITS	2,238	2,111	2,700	6%	-17%	1,944	2,687
WOMENS CLINIC VISITS	4,008	3,557	3,246	13%	23%	1,970	2,226
WOUND CLINIC VISITS	3,626	3,117	3,260	16%	11%	2,614	3,260
TOTAL SPECIALTY CLINIC VISITS	46,179	40,536	40,735	14%	13%	37,078	35,957
SLEEP CENTER SLEEP STUDIES	501	419	768	20%	-35%	554	746
INFUSION CENTER VISITS	9,960	9,096	10,016	9%	-1%	8,457	9,105
SURGERY CENTER ENDOSCOPIES	987	920	930	7%	6%	764	887
HOME HEALTH EPISODES	612	599	707	2%	-13%	607	830
HOSPICE CENSUS/DAYS	12,730	12,701	8,818	0%	44%	13,231	12,037
CARDIAC REHAB SESSIONS	730	702	1,000	4%	-27%	768	656
DIETARY TOTAL MEALS**	56,488	680,252	714,592		-92%	727,429	952,789
MAT MGMT TOTAL ORDERS PROCESSED	20,938	20,495	25,982	2%	-19%	22,838	25,225
EXERCISE FOR HEALTH PARTICIPANTS	-	-	3,410	0%	-100%	1,240	8,526

*Data through August annualized

**This stat is changing from Total Revenue to Total Meals in 2022

03



CAPITAL BUDGET



FLAVORS OF CAPITAL

The capital budget process captures different categories of capital expenditures.

- ☐ Equipment, routine replacement
- ☐ Equipment, new
- ☐ Construction project
- ☐ Software (new or upgrade)
- ☐ Technology (new or upgrade)

CAPITAL BUDGET: Planning ahead for 2022-2025

Budget placeholders set, but detail review completed annually Pricing and needs can change significantly, but the roadmap is essential

Request Type	Department	Title of Request	2022	2023	2024	2025	Grand Total
Equipment (Routine Replacement)	BioMed	Philips Monitors	\$300,000				\$300,000
	CT	CT Injector	\$36,450				\$36,450
	Facilities	AHU 1			\$300,000		\$300,000
	Facilities	AHU 2		\$300,000			\$300,000
	Facilities	AHU 4	\$300,000				\$300,000
	Facilities	Variable Frequency Drives 2, 3, 4	\$45,522				\$45,522
	Facilities	AHU 7	\$280,000				\$280,000
	ICU	ICU Beds	\$56,000				\$56,000
	FBC	Labor and PP Beds (2)	\$13,000				\$13,000
	Pulmonary Rehab	Treadmill	\$5,150				\$5,150
	MRI	MRI Injector			\$36,450		\$36,450
	Materials Mgmnt	Courier Van	\$36,675				\$36,675
	Pharmacy	Double Refrigerator	\$13,000				\$13,000
	LAB	CellaVision DC-1	\$63,000				\$63,000
	LAB	iQ Workcell Series Urinalysis	\$105,000				\$105,000
	Rehab	Upper Body Ergometer	\$6,000				\$6,000
	Rehab	Dynatronics Solaris Estim	\$6,500				\$6,500
	Rehab	Ergotron Computer Carts	\$15,600				\$15,600
	Surgery	Bladder Scanner	\$11,550				\$11,550
	Surgical Services	CAPR Cart	\$17,800				\$17,800
	Surgical Services	TPX Stryker Power Small	\$30,600				\$30,600
	EVS	Floor Machine Replacement	\$10,000				\$10,000
	EVS	EVS Copier	\$11,000				\$11,000
	Respiratory Therapy	Defibrillator Replacement	\$190,000				\$190,000
	HIM	HIM Copier	\$9,000				\$9,000
Equipment (Routine Replacement) Total			\$1,561,847	\$300,000	\$336,450	\$-	\$2,198,297

CAPITAL BUDGET: Planning ahead for 2022-2025

Budget placeholders set, but detail review completed annually Pricing and needs can change significantly, but the roadmap is essential

Request Type	Department	Title of Request	2022	2023	2024	2025	Grand Total
Equipment (New)	CI	Epic Rover	\$6,000				\$6,000
	Facilities	Generator Tank Fuel Scrubber		\$28,000			\$28,000
	Sheridan	OB Procedure Table	\$14,218				\$14,218
	Wound	MolecuLight	\$19,500				\$19,500
	Emergency Mgmt	Decon Trailer	\$16,000				\$16,000
Equipment (New) Total			\$55,718	\$28,000	\$-	\$-	\$83,718
Construction Project	Dental	Dental Constructiom	\$10,000				\$10,000
	Facilities	Replace 95 Building Roofing			\$800,000		\$800,000
	Pop Health	Pop Health Office Refresh	\$6,850				\$6,850
	Orthopedics	Automatic Door Opener	\$6,500				\$6,500
	Project	Hospital Replacement Design Fees	\$3,000,000				\$3,000,000
Construction Project Total			\$3,023,350	\$-	\$800,000	\$-	\$3,823,350

CAPITAL BUDGET: Planning ahead for 2022-2025

Budget placeholders set, but detail review completed annually Pricing and needs can change significantly, but the roadmap is essential

Request Type	Department	Title of Request	2022	2023	2024	2025	Grand Total
Technology	Facilities	Upgrade Building Automation				\$ 600,000	\$ 600,000
	IT	Clinic Fiber Loop	\$ 30,000				\$ 30,000
	IT	MDF UPS 7yr Bat Rplcmnt	\$ 25,000				\$ 25,000
	IT	SAN VMWare Upgrade	\$ 250,000				\$ 250,000
	IT	Switch Upgrades	\$ 111,000				\$ 111,000
	IT	UPS for 915 Sheridan	\$ 15,000				\$ 15,000
	IT	Vocera Hardware	\$ 6,000				\$ 6,000
	IT	Vocera Upgrade	\$ 15,000				\$ 15,000
	IT	WLAN Upgrade	\$ 180,000				\$ 180,000
	Quality	Tableau Cloud	\$ 15,000				\$ 15,000
	Radiology	Updated PACS	\$ 9,500				\$ 9,500
	Echo	New Cardiac PACS	\$ 55,057				\$ 55,057
	Nuc Med	NM Dose Calibrator	\$ 8,673				\$ 8,673
	Sleep	Philips Equipment	\$ 69,000				\$ 69,000
	PLRP	Accreditation Software	\$ 13,950				\$ 13,950
	PLRP	Retail Software	\$ 37,000				\$ 37,000
Technology Total			\$ 840,180	\$ -	\$ -	\$ 600,000	\$ 1,440,180
Software	CI	Jotform	\$ 6,906				\$ 6,906
	IT	Network Config Manager	\$ 20,207				\$ 20,207
	IT	Service Management Solutions	\$ 180,000				\$ 180,000
Software Total			\$ 207,113	\$ -	\$ -	\$ -	\$ 207,113
Grand Total			\$ 5,688,208	\$ 328,000	\$ 1,136,450	\$ 600,000	\$ 7,752,658

Thank you.



Tyler Freeman

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Jefferson Healthcare

834 Sheridan

Port Townsend, WA

2022 Operations and
Capital Budget Hearing
October 27, 2021

Jefferson Healthcare

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

October 27, 2021

Infection Prevention and Control System (QMS)



A look backstage. Assessing and mitigating risk.

Jefferson Healthcare Infection Control Risk Assessment for 2021																
Potential Risks/Problems	Probability					Risk/Impact (Health, Financial, Legal, Regulatory)					Current Systems/Preparedness					Score
	Expect It	Likely	Maybe	Rare	Never	Catastrophic Loss (life/limb/function/financial)	Serious Loss (Function/Financial/Legal)	Prolonged Length of Stay	Moderate Clinical/Financial	Minimal Clinical/Financial	None	Poor	Fair	Good	Solid	
Scoring Scale	4	3	2	1	0	5	4	3	2	1	5	4	3	2	1	
Exposure to Pandemic or Highly Infectious Organisms	4						4								1	9
Exposure to Measles			4						2						1	7
Preparedness for extreme events- Earthquake, Power Outage		3					4							2		9
Risk to Patients of Healthcare Acquired Infections																
Surgical Site Infections (SSI) - Orthopedic Joint Replacement				1				3							1	5
SSI - Colon				1				3							1	5
SSI - Other				1				3							1	5
VAP in ICU					0			3							1	4
CLABSI					0			3						2		5
CAUTI				1					2						1	4
Outbreak			2				4							2		8
MRSA	4								2						1	7
Other MDRO				1				3							1	5
CDI	4							3							1	8
Environment																
Lack of Staff Influenza and/or Covid Immunization			3						2						1	6

Infection Prevention and Control Goals and Performance

Risk Assessment and Focus areas for 2021

Goal	Plan	Measurement
Prevent transmission of COVID-19 through effective PPE Use – target 90% demonstration of appropriate PPE use and zero cases of COVID-19 transmission	Proper PPE use will be monitored via direct observation in the ICU and Emergency Department (2 observations/month minimum)	Direct observation donning and doffing PPE <ul style="list-style-type: none"> • ICU and Emergency Department • Min. two per month per area
Prevent Healthcare Acquired infections	Hand hygiene: enhance leader engagement, increase surveillance, feedback, and coaching	<ul style="list-style-type: none"> • Number of HAI's • Compliance with hand hygiene
Ensure safe infection prevention practices in our environment of care	Ensure that an ICRA (infection control risk assessment) is completed for construction projects	Direct observation of ICRA compliance and permit details <ul style="list-style-type: none"> • Rounding • Barriers • Mitigations

2021 Performance

Indicator	Target	Q1 2021	Q2 2021
Central Line infections	0	0	0
Catheter Associated Infections	0	0	0
Surgical Site Infections	0	0	0
C. Diff: Hospital Onset	0	1	0
Personal Protective Equipment (appropriate use of)	≥ 90%	99%	98.3%
Compliance with ICRA documentation for construction	≥ 90%	100%	100%

DNV CIP Survey

Survey date: September 23rd

Two surveyors arrived for a one-day annual survey



Cathy G Turner, MSN, RN, CIC



Leslie Lloyd MBA, BSN, RN, CIC

CENTER OF EXCELLENCE IN INFECTION PREVENTION

Certificate No.:
310740-2020-CIP

Initial date:
10/6/2020

Valid until:
10/6/2023

This is to certify that:

Jefferson Healthcare

834 Sheridan, Port Townsend, WA 98368

has been found to comply with the:

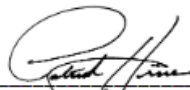
▪ Infection Prevention (CIP) Requirements

The DNV GL Healthcare USA, Inc. Infection Prevention Center of Excellence designation integrates the Certification in Infection Prevention (CIP) Requirements; OSHA, and compliance with the CMS requirements relative to its scope of operations (e.g., Conditions of Participation, Conditions for Coverage.)

This certificate is valid for a period of three (3) years from the Effective Date of Certification.

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

For the Accreditation/Certification Body:
DNV GL- Healthcare
Katy, TX


Patrick Horine
Chief Executive Officer

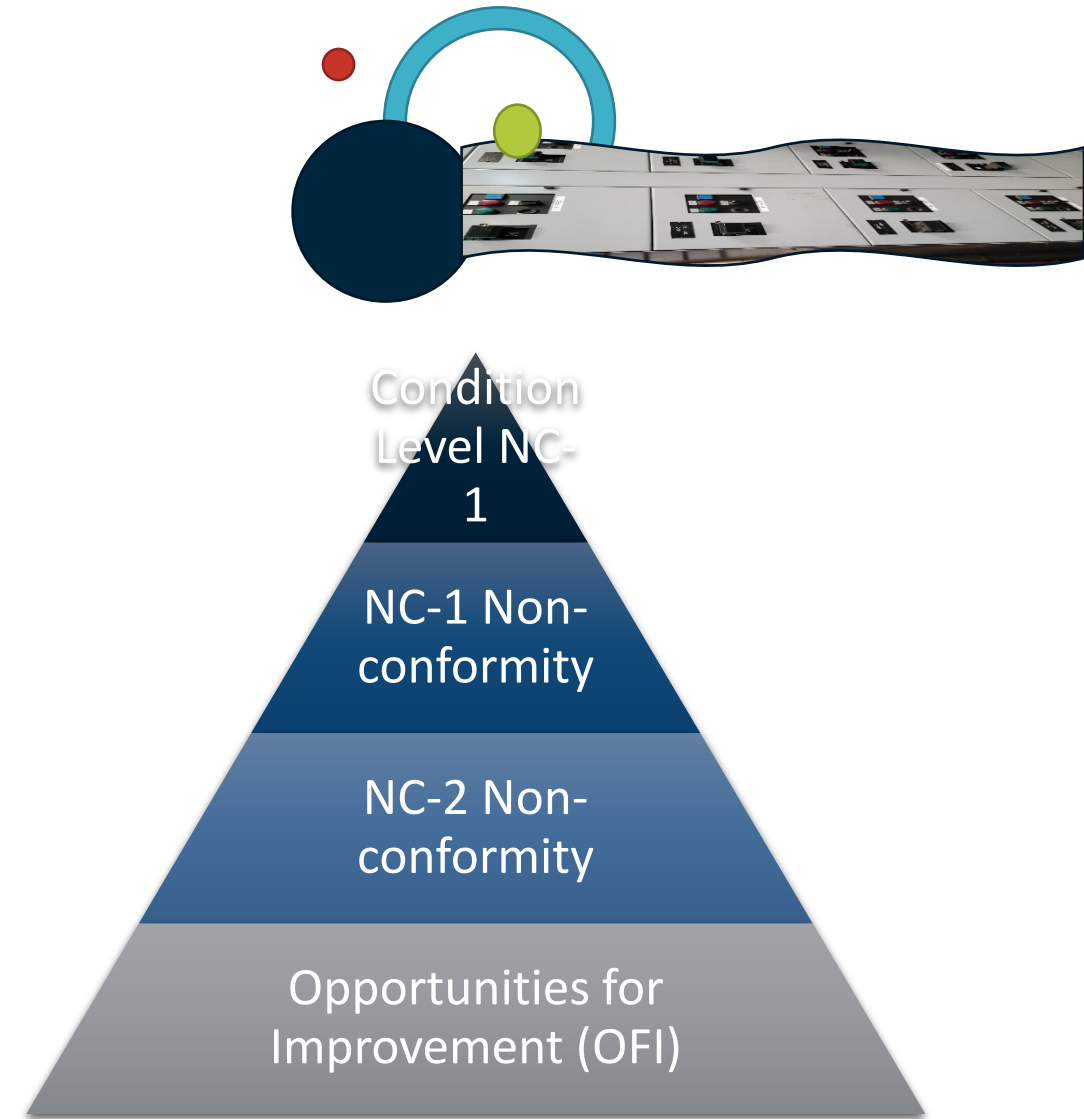


CIP Survey Outcome.

Non-Conformities and Opportunities for Improvement

- Condition Level NC-1: Zero
- NC-1 Non-conformities: 2
 - Dishwasher temperature
 - Medical Staff: hours of infection control education
- NC-2 Non-conformities: 2
 - Staff Training and competency documentation
 - Assessment of temporary invasive medical devices

Corrective Action Plan was submitted and accepted by DNV on October 15th



Current Projects and Focus Areas.



Projects and Teamwork

- Transitions of Care: Closing the Referrals Loop
- Performance Improvement: Reducing the time to CT for stroke patients
- Surgical and OB Quality Committees
- Internal Audit: Workplace Violence Prevention, Informed Consent
- Health Equity
- Emergency Management: Shakeout

Medical Staff

- Finalizing 2022 MEC structure
- Maslach Survey
- Arch Collaborative Survey
- Provider Technology Team
- Provider resources

Quality

- Ongoing: Merit-based Incentive Payment System (MIPS) Reporting, Core Measures, Patient Engagement
- Cancer Committee Study of Quality: Cervical Cancer Screening compliance
- Emergency Management: COVID19 Continued partnership with Public Health Accreditation Coordination and Management

Patient Safety

- Bar Code Medication Administration in the Medical Group
- Medication Safety Team
- Antimicrobial Stewardship
- Medication Security Task Force
- Updated Smart IV Pumps
- Fall Prevention



Questions?



Jefferson Healthcare

September 2021 Finance Report

October 27, 2021

Tyler Freeman, CFO

September 2021

Operating Statistics

STATISTIC DESCRIPTION	SEPTEMBER 2021						SEPTEMBER 2020					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	563	625	10%	598	625	4%	620	9%	601	0%	601	0%
ADJUSTED PATIENT DAYS	2,780	2,161	29%	24,823	19,668	26%	1,918	45%	16,334	52%	16,334	52%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	108	73	48%	719	666	8%	58	86%	521	28%	521	28%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	308	320	-4%	2,446	2,911	-16%	274	12%	2,237	9%	2,237	9%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	416	415	0%	3,270	3,780	-13%	353	18%	2,898	11%	2,898	11%
SURGERY CASES (IN OR)	112	123	-9%	1,126	1,122	0%	103	9%	911	19%	911	19%
SPECIAL PROCEDURE CASES	72	75	-4%	668	681	-2%	73	-1%	501	25%	501	25%
LAB BILLABLE TESTS	21,618	20,874	4%	196,566	189,952	3%	21,997	-2%	162,205	17%	162,205	17%
TOTAL DIAGNOSTIC IMAGING TESTS	3,083	3,046	1%	28,175	27,710	2%	2,834	9%	23,604	16%	23,604	16%
PHARMACY MEDS DISPENSED	21,372	23,663	-10%	178,240	215,330	-17%	20,242	6%	165,533	7%	165,533	7%
RESPIRATORY THERAPY PROCEDURES	3,675	3,607	2%	25,381	32,821	-23%	2,247	64%	21,779	14%	21,779	14%
REHAB/PT/OT/ST RVUs	6,942	8,920	-22%	78,060	81,180	-4%	9,148	-24%	68,030	13%	68,030	13%
ER CENSUS	957	1,074	-11%	8,775	9,772	-10%	965	-1%	8,135	7%	8,135	7%
DENTAL CLINIC	391	385	2%	3,553	3,507	1%	358	9%	2,289	36%	2,289	36%
TOTAL RURAL HEALTH CLINIC VISITS	6,189	6,261	-1%	54,687	56,976	-4%	5,777	7%	45,997	16%	45,997	16%
TOTAL SPECIALTY CLINIC VISITS	3,681	3,348	10%	30,705	30,467	1%	3,506	5%	26,692	13%	26,692	13%

September 2021

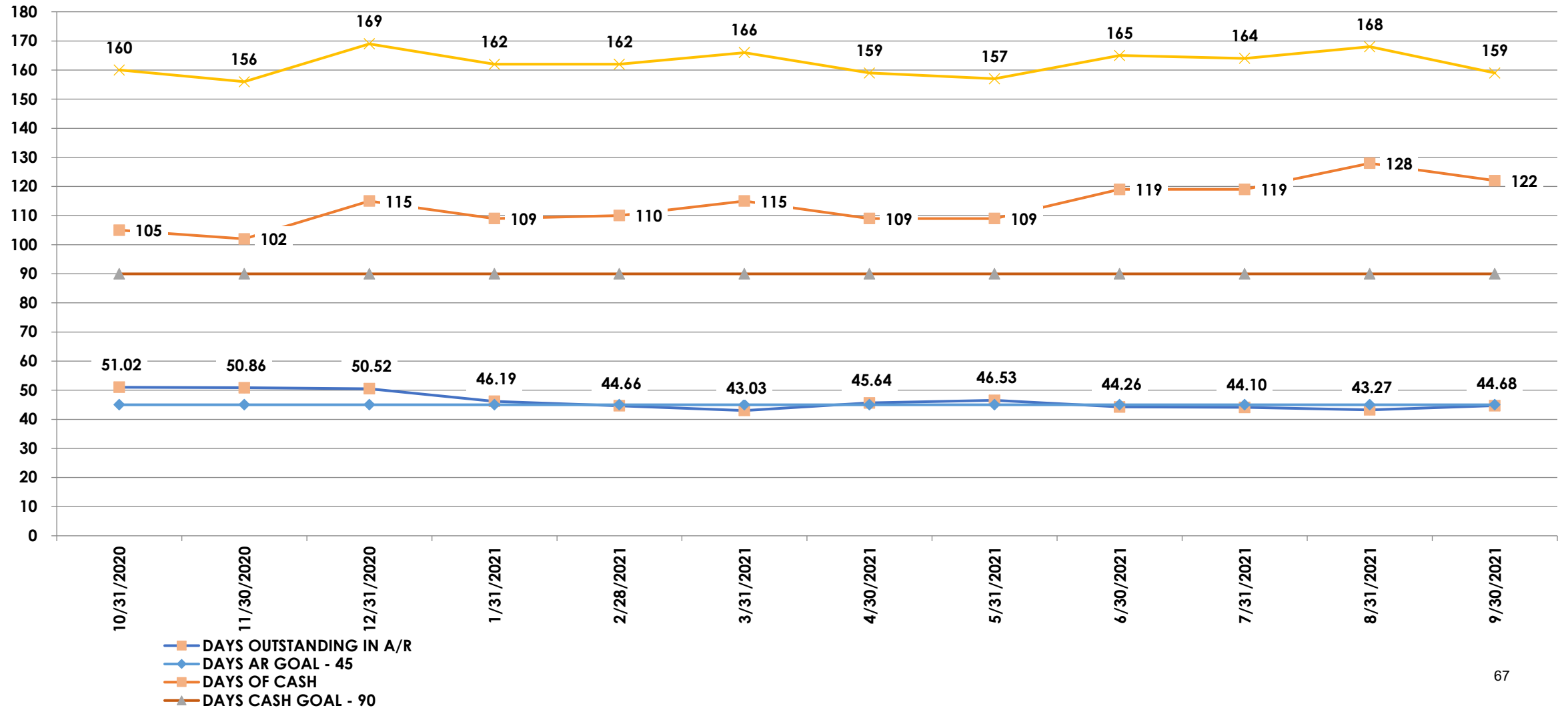
Income Statement Summary

	September 2021 Actual	September 2021 Budget	Variance Favorable/ (Unfavorable)	%	September 2021 YTD	September 2021 Budget YTD	Variance Favorable/ (Unfavorable)	%	September 2020 YTD
Operating Revenue									
Gross Patient Service Revenue	24,864,934	23,715,243	1,149,691	5%	223,691,024	215,808,715	7,882,309	4%	186,309,278
Revenue Adjustments	12,668,184	12,616,123	(52,061)	0%	120,871,340	114,806,717	(6,064,623)	-5%	100,312,348
Charity Care Adjustments	286,145	225,526	(60,620)	-27%	3,083,534	2,052,282	(1,031,252)	-50%	2,551,940
Net Patient Service Revenue	11,910,605	10,873,595	1,037,010	10%	99,736,150	98,949,716	786,434	1%	83,444,989
Other Revenue	569,670	532,096	37,574	7%	5,955,492	4,842,075	1,113,417	23%	12,056,574
Total Operating Revenue	12,480,275	11,405,691	1,074,584	9%	105,691,643	103,791,791	1,899,851	2%	95,501,564
Operating Expenses									
Salaries And Wages	5,758,610	5,609,938	(148,671)	-3%	51,849,684	51,050,439	(799,245)	-2%	47,776,029
Employee Benefits	1,548,495	1,439,719	(108,776)	-8%	12,162,775	13,101,440	938,665	7%	10,985,737
Other Expenses	4,725,695	4,013,084	(712,611)	-18%	38,422,898	36,519,061	(1,903,837)	-5%	35,272,132
Total Operating Expenses	12,032,799	11,062,741	(970,058)	-9%	102,435,357	100,670,940	(1,764,417)	-2%	94,033,898
Operating Income (Loss)	447,476	342,951	104,526	30%	3,256,285	3,120,851	135,435	4%	1,467,665
Total Non Operating Revenues (Expenses)	(2,740)	(484)	(2,256)	-466%	(162,242)	(4,404)	(157,838)	-3584%	(75,769)
Change in Net Position (Loss)	444,736	342,467	102,269	30%	3,094,043	3,116,447	(22,404)	-1%	1,391,896
Operating Margin	3.6%	3.0%	0.6%	19.2%	3.1%	3.0%	0.07%	2.5%	1.5%
Total margin	3.6%	3.0%	0.6%	18.7%	2.9%	3.0%	-0.08%	-2.5%	1.5%
Salaries & Benefits as a % of net pt svc rev	-61.3%	-64.8%	3.5%	5.4%	-64.2%	-64.8%	0.65%	1.0%	-70.4%

September 2021

Cash and Accounts Receivable

Days Cash and Accounts Receivable



September 2021

Board Financial Report

Department	Account	Description	Sep Actual	Sep Budget	Sep Variance	2021 YTD Actual	2021 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	3,773	4,520	747	37,774	41,130	3,356
	601100	BENEFITS FICA	108	275	167	2,554	2,499	(55)
	601150	BENEFITS WA F&MLA	-	7	7	29	60	31
	601400	BENEFITS MEDICAL INS-UNION	5,440	4,521	(920)	40,870	41,137	267
	601600	BENEFITS RETIREMENT	-	222	222	-	2,016	2,016
	601900	BENEFITS EMPLOYEE ASSISTANCE	4	8	4	4	74	70
	602300	CONSULT MNGMT FEE	3,750	1,607	(2,143)	3,750	14,625	10,875
	602500	AUDIT FEES	2,400	3,714	1,314	57,900	33,796	(24,104)
	604200	CATERING	-	87	87	-	796	796
	604500	OFFICE SUPPLIES	-	-	-	-	-	-
	604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
	606500	OTHER PURCHASED SERVICES	-	822	822	-	7,479	7,479
	609400	TRAVEL/MEETINGS/TRAINING	961	1,233	272	961	11,219	10,258
	609999	CLEARING	-	-	-	-	-	-
BOARD Total			16,436	17,014	578	143,842	154,830	68
								10,989

October 2021

Preview — (*as of 0:00 10/27/21)

- **\$25,359,178 in Projected HB charges**
 - Average: \$818,038/day (HB only)
 - Budget: \$766,899/day
 - 107% of Budget
- **\$15,155,451 in HB cash collections**
 - Average: \$488,886/day (HB only)
 - Goal: \$338,386/day
- **38.7 Days in A/R**
- **Questions**

Jefferson Healthcare

Administrative Report

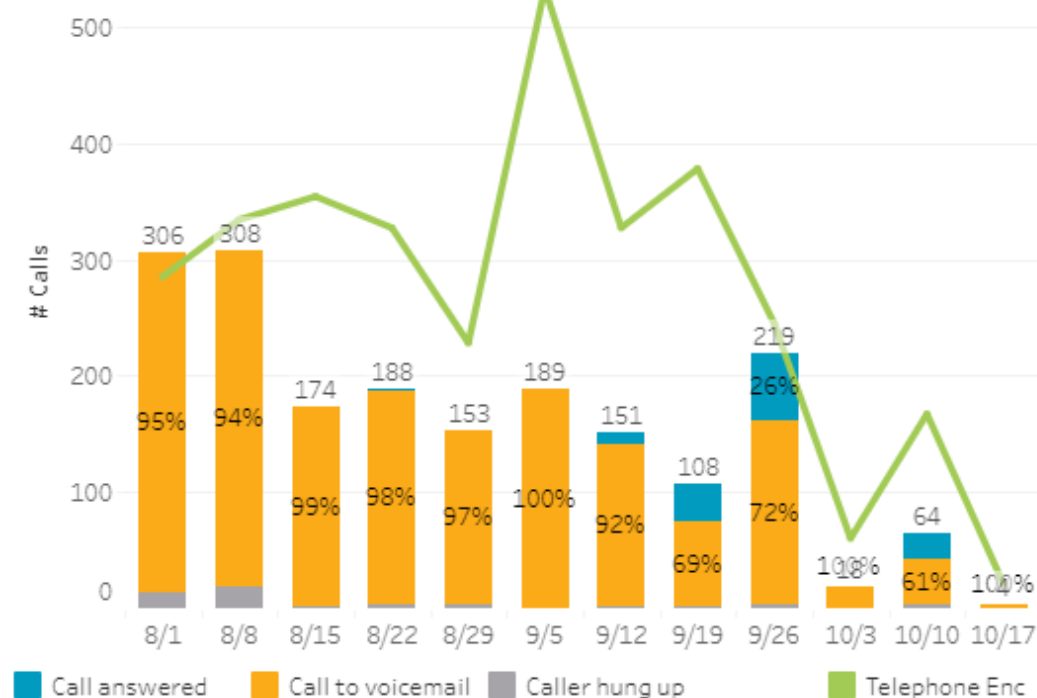
October 27, 2021

Mike Glenn, CEO

Jefferson Healthcare Volumes

COVID-19 Phone Line and Clinic Visit Volumes

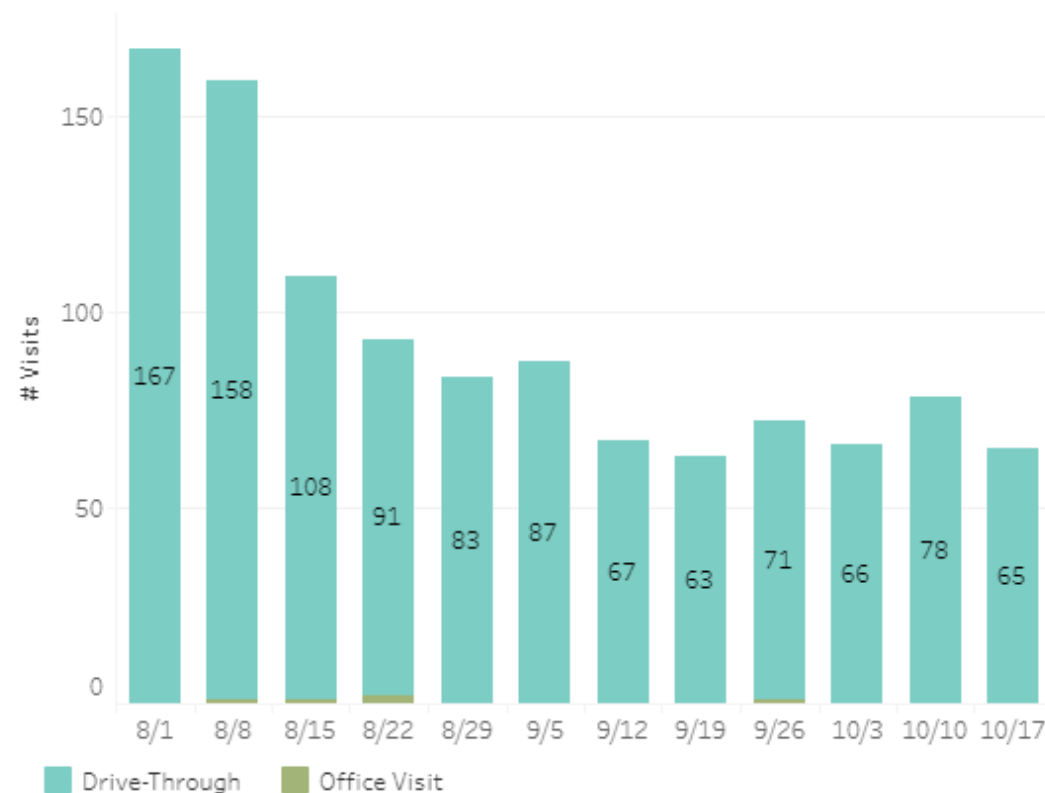
Respiratory nurse line calls and telephone encounters - by week
Last 12 weeks of respiratory phone line call data (bars) and telephone encounters created (line), excluding partial weeks.



Total call volume since launch of triage line

Inbound Calls	295,710
Calls Answered	226,424
# Telephone Encounters	65,073

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



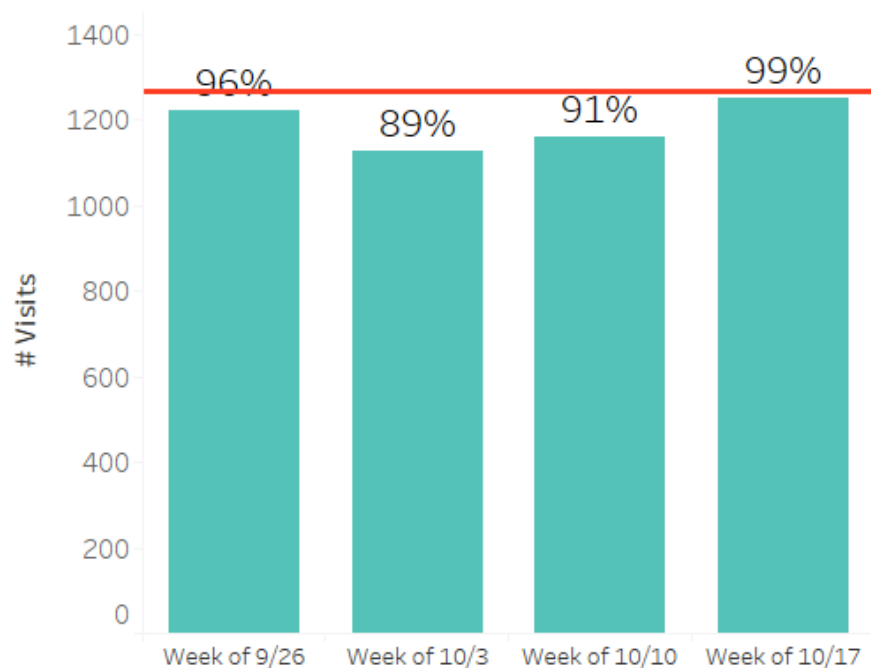
Total Respiratory Evaluation Clinic visits - all time

Drive-Through	14,457
Office Visit	4,822
Total	19,279

Jefferson Healthcare Volumes

Primary Care variance to budgeted visits

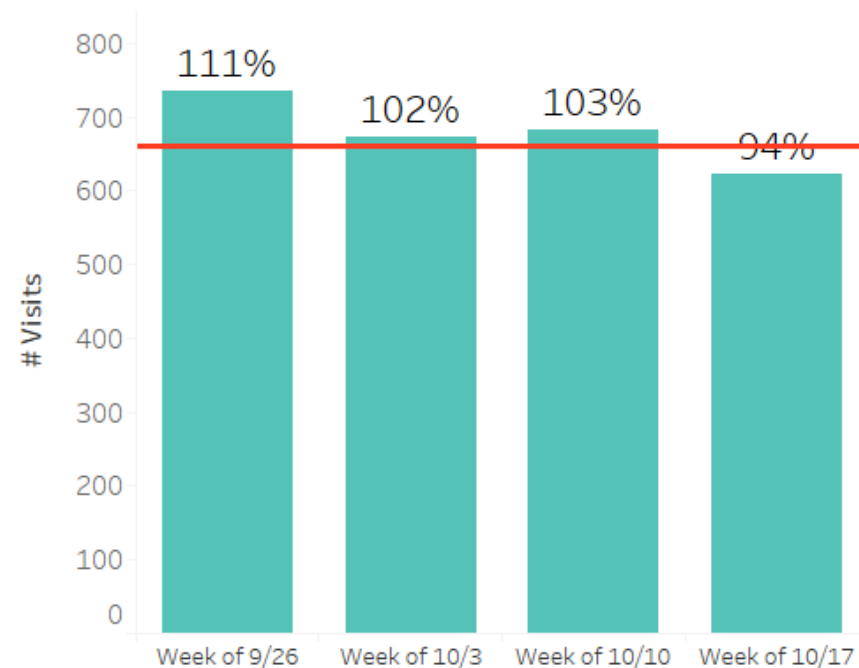
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2021 annual budgets. The labels are % volume to budget for the selected clinics.



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.



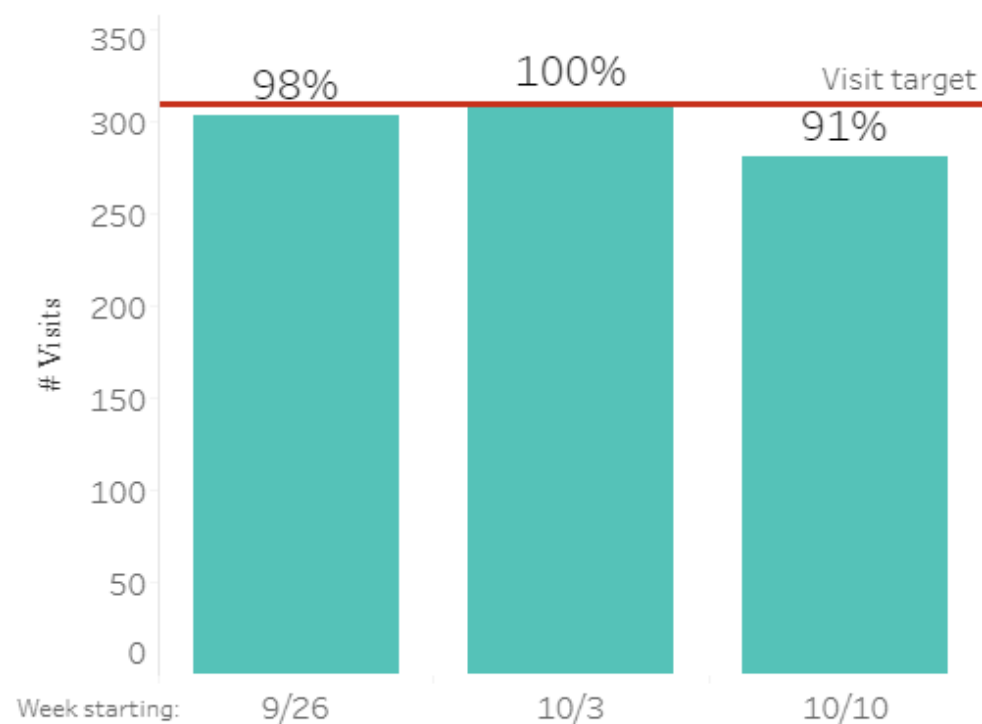
Includes visits in: JHSA clinic, Sleep Medicine, Urology, Women's Clinic, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

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.

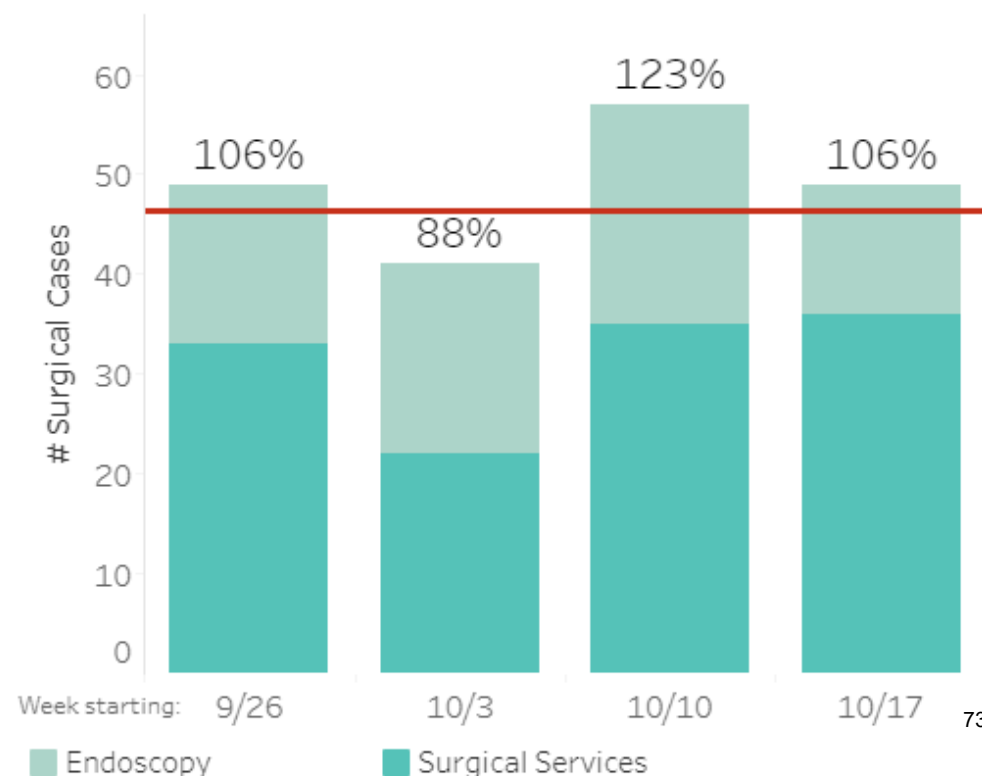
Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.



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.

12/6/2020	
Total	284
Express Clinic	107
Emergency	177

Total Visits, 1/1/2020 to 10/24/2021

Select a department to bring in focus.

Emergency Dept

20,296

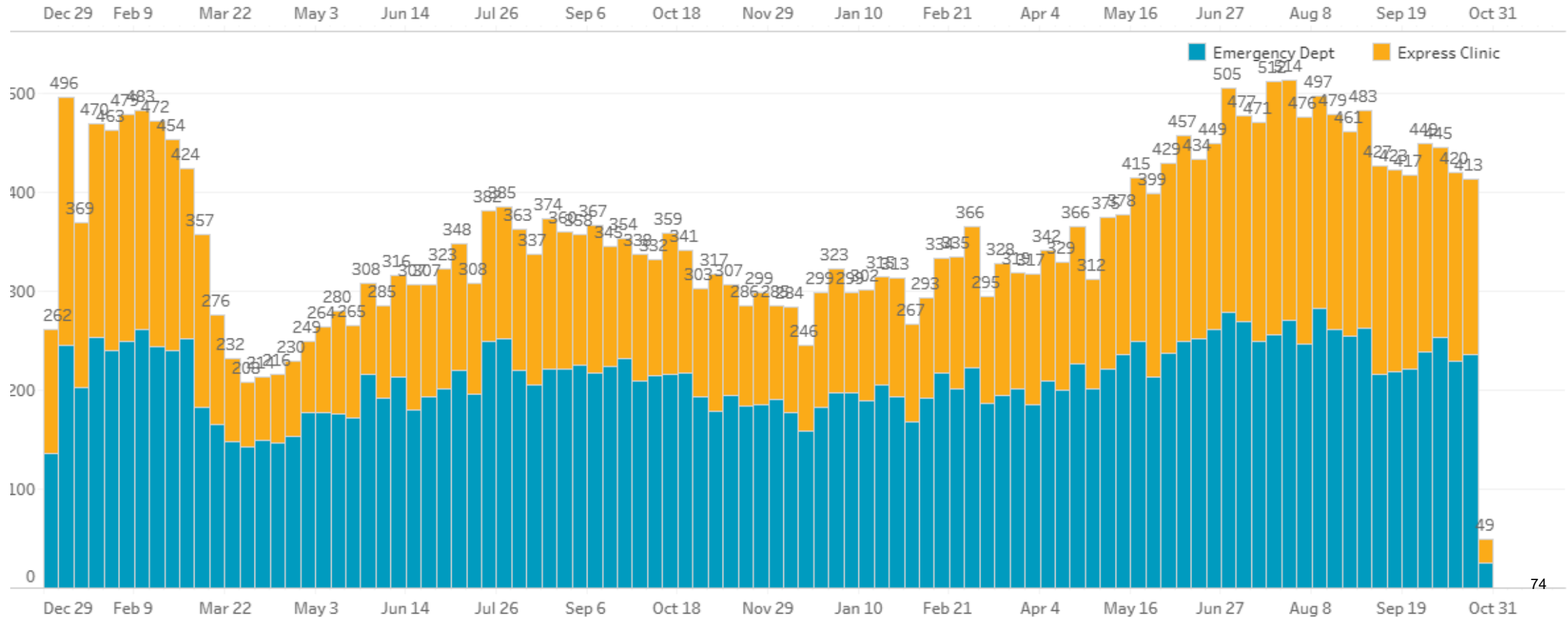


Express Clinic

13,999



Volumes by Arrival Department and Week, 2020 - 2021



COVID Update

Other

Questions

