

**\*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: 783776582#**

**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Special Session Minutes**  
**Wednesday, November 17, 2021**

**Call to Order:**

The meeting was called to order at 2:01pm 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, and Brittany Huntingford, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

**Education Topic:**

- Health Equity Report
  - Dunia Faulx, Care Transformation and Population Health Director
  - Tina Herschelman, Marketing and Community Engagement Coordinator
- Annual Hospice Report and Home Health and Hospice Update
  - Tammy Tarsa, Executive Director, Home Health and Hospice

**Break:**

Commissioners recessed for break at 3:19 pm.

Commissioner reconvened from break at 3:30 pm.

**Team, Employee, Provider of the Quarter:**

Caitlin Harrison, CHRO presented the Team of the Quarter, Rehab, Employee of the Quarter, Chanda Johnson, Leader of the Quarter, Corey Quigley and Provider of the Quarter Dr. David Harris.

**Minutes:**

- October 18, 2021 Special Session Minutes
- October 27, 2021 Regular Session Minutes

Commissioner McComas made a motion to approve the October 18, 2021 Special Session Minutes and October 27, 2021 Regular Session Minutes. Commissioner Dressler seconded.

**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested

- October Warrants and Adjustments
- Resolution 2021-09 Canceled Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policies

Commissioner Dressler made a motion to approve the October Warrants and Adjustments, 2021-09 Canceled Warrants, Medical Staff Credentials/ Appointments/ Reappointments, and Medical Staff Policies. Commissioner Kolff seconded.

**Action:** Motion passed unanimously.

**Quality Report:**

Brandie Manuel, CPSO, presented the October Quality Report.

**Financial Report:**

Tyler Freeman, CFO, presented the October Financial Report.

**Administrative Report**

Mike Glenn, CEO, presented the November Administrative report.

**CMO Report**

Dr. Joe Mattern, CMO, was excused.

**Board Business:**

- Board of Health Report

Commissioner Kolff shared that the Board of Health will be meeting tomorrow, some of the topics of conversation will be Presentation from Dr. Barry's report on COVID in

children as well as a presentation by Laura Tucker & Mike Dawson who work for Public Health around global climate crisis.

Commissioner Dressler brought up the potential to have board representation for HHHPC governing body meetings and suggestion was made to discuss this during the December 1<sup>st</sup> meeting.

**Meeting Evaluation:**

Commissioners evaluated the meeting.

**Break:**

Commissioners recessed for break at 5:14 pm.

Commissioner reconvened from break at 5:19 pm.

**Executive Session:**

- Real Estate Sale, Purchase or Lease

Commissioner Buhler Rienstra announced they will go into Executive Session for 30 minutes to discuss Real Estate Sale, Purchase, or Lease and Performance of a Public Employee. No action will be taken.

Commissioners went into Executive Session at 5:20 pm.

Commissioners came out of Executive Session at 5:47 pm.

No action was taken.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 5:49 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra \_\_\_\_\_


Secretary of Commission: Marie Dressler \_\_\_\_\_

# Health Equity Update

November 17, 2021



# Agenda

- 
- Partnering with other organizations to set our direction
  - Equity Strategic Plan 2021
  - Data and Analytics
  - REAL Data Collection
  - Next Steps

# JH Land Acknowledgement (2021)

We acknowledge that Jefferson Healthcare is on the ancestral and contemporary homelands of the S'Klallam, Chemakum, T'wana and other indigenous nations and we recognize the tribal governments' sovereignty across the region.

# Taking Advantage of all Opportunities




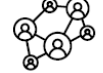

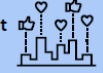





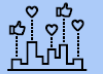



IHI Equity Cohort, WSHA Equity Collaborative

# Institute for Healthcare Improvement

- Includes self-assessment tool and guides for five framework components:
  - Make health equity a strategic priority
  - Build infrastructure to support health equity
  - Address the multiple determinants of health
  - Eliminate racism and other forms of oppression
  - Partner with the community to improve health equity



# WSHA Equity Collaborative

<b>July</b>  Kick-off	<b>August</b> Learning & Action Planning 	<b>September</b> Peer coaching 	<b>October</b> Peer coaching 	<b>November</b> Peer coaching 
	<b>December</b>	<b>January</b> Virtual report out 	<b>February</b> Learning & Action Planning 	<b>March</b> Peer coaching 
<b>April</b> Peer coaching 	<b>May</b> Peer coaching 	<b>June</b> Learning & Action Planning 	<b>July</b>	
<b>August</b> Virtual report out 	<b>September</b> Peer coaching 	<b>October</b> Peer coaching 	<b>November</b> Peer coaching 	

Northwest Safety and Quality Partnership

Oregon Association of Hospitals and Health Systems

Northwest Safety and Quality Partnership

Thank you for submitting your entry. A copy is included below for your records.

## Action Planning

Select Hospital(s) Jefferson Healthcare

Sprint Selection Sprint 1 ( September 2021 - November 2021)

What is your area of focus for improvement? Data Collection

What is your goal? Our overarching goal is to improve data collection of race, ethnicity and gender identity at all of our registration points by December 31, 2021. Our ambitious goal is to screen 75% of patients (old and new) who come through any of our clinics or our hospital for race, ethnicity and gender identity.

# Equity Initiative Strategic Plan

JH 2021 Plan for Equity – how did we do?

## HEALTH EQUITY 2021

Make health equity a strategic priority

Build infrastructure to support health equity

Address multiple determinants of health

Eliminate racism and other forms of oppression

Partner with the community

Implement projects that will make a local difference



- Include equity as a priority in the organization's strategic plan
- Demonstrate leadership commitment to improving health equity
- Develop and communicate a shared vision for health equity



- Equity Dashboard
- Apply equity lens to existing improvement projects
- Staff and provider training



- Stratify clinical data by race, ethnicity, age, language, and payer

Primarily internal



- Understand historical context for racism & other forms of oppression
- Recognize the original occupants of the land



- Work with community partners to identify ways to improve equity
- Work with community partners to ensure COVID-19 vaccine equity



- Implement business practices that support racial equity including supporting local businesses owned by BIPOC community members
- Recognize contributions of BIPOC individuals to the healthcare field
- Utilize our voice as an anchor institution to support BIPOC communities

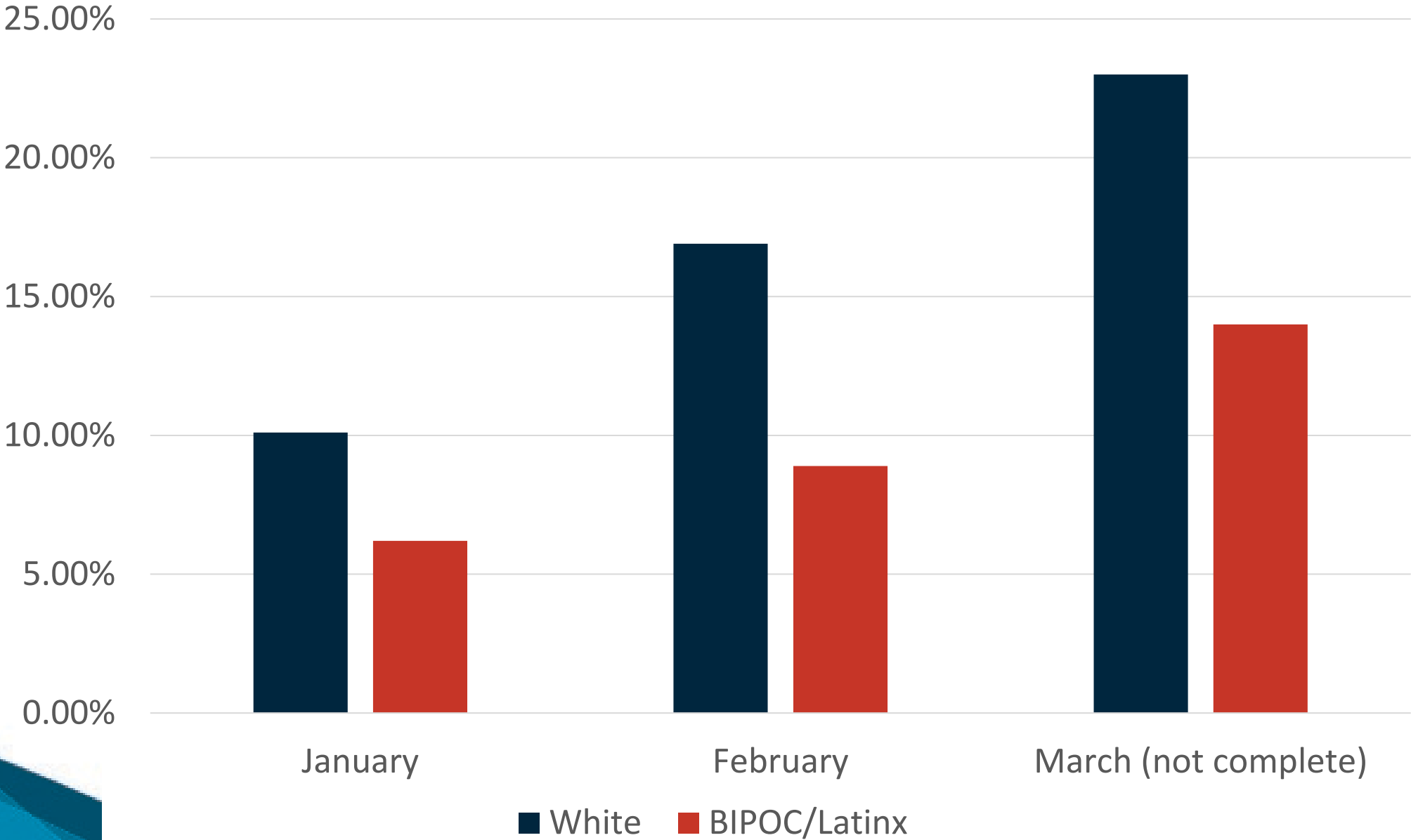
External component

# 2021 Focus: Data and Analytics

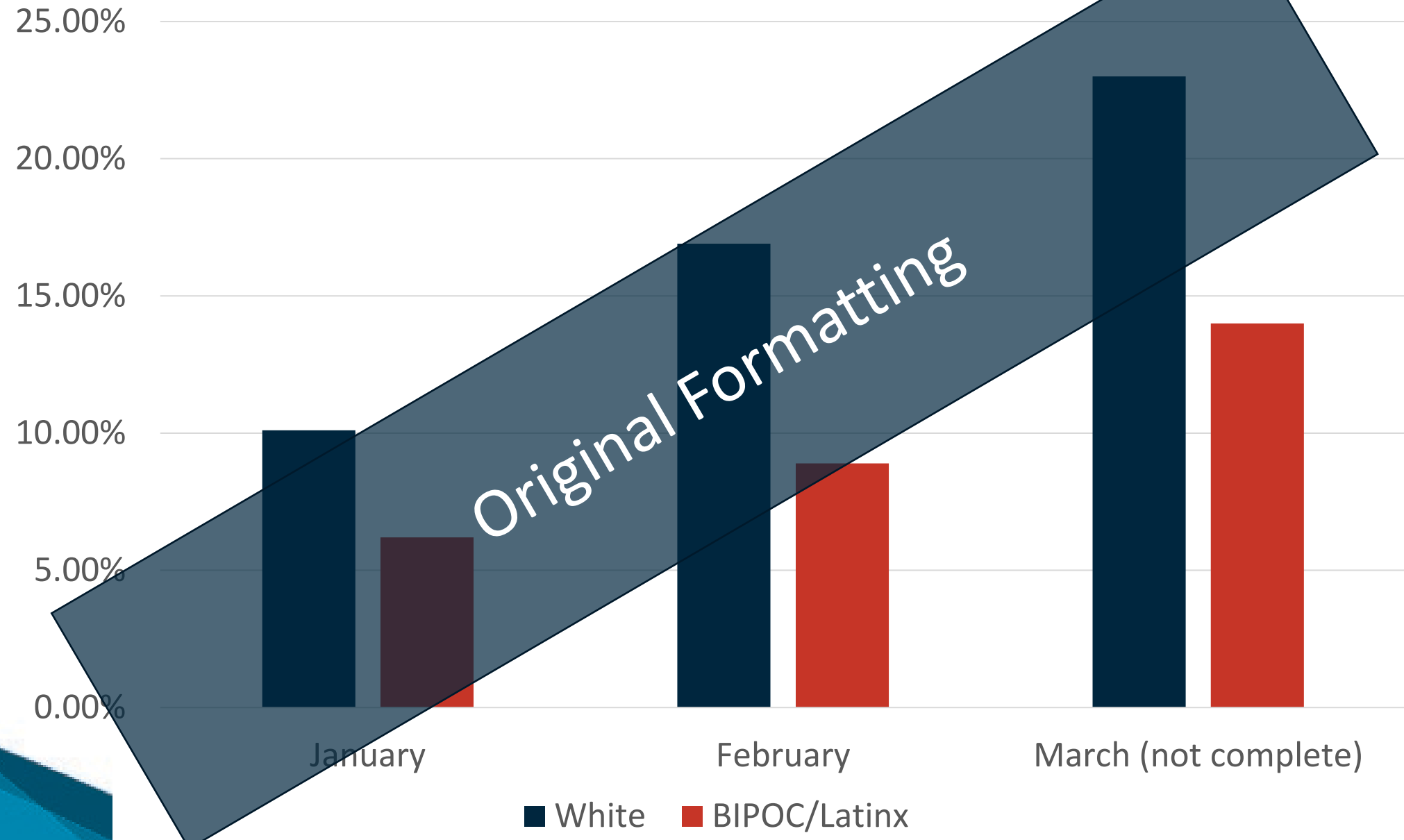
Using data to identify gaps or disparities in care



# COVID-19 Vaccination Rates



# COVID-19 Vaccination Rates



# COVID-19 Equity

## COVID-19 Equity Index

Select a demographic and an result category to compare % distributions.

Selected Demographic: **Race and Ethnicity,**

The closer these numbers are to 1.0 means a balanced ratio for that demographic in the JH patient population. The circles represent an all time equity index for the selected result.

### COVID-19 Positive

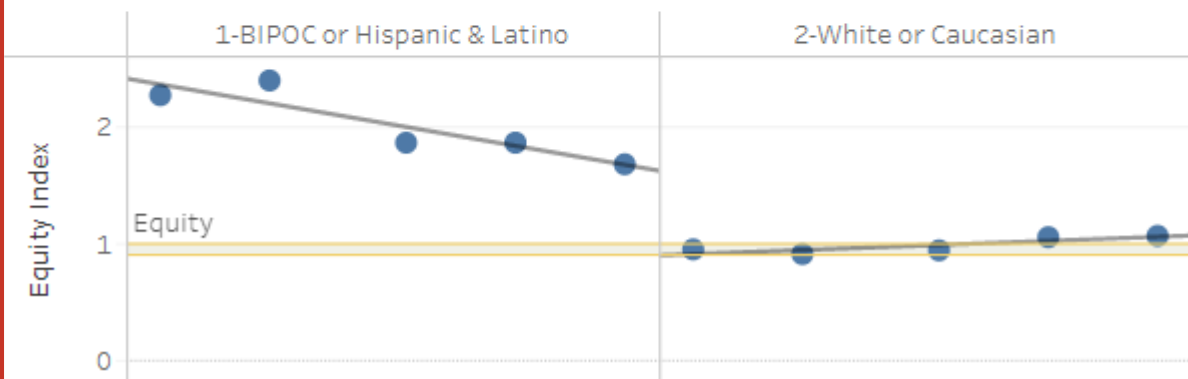
1-BIPOOC or Hispanic & Latino

1.63

2-White or Caucasian

0.93

Monthly Index, 12/16/2020 to 4/30/2021



### Vaccination Rates

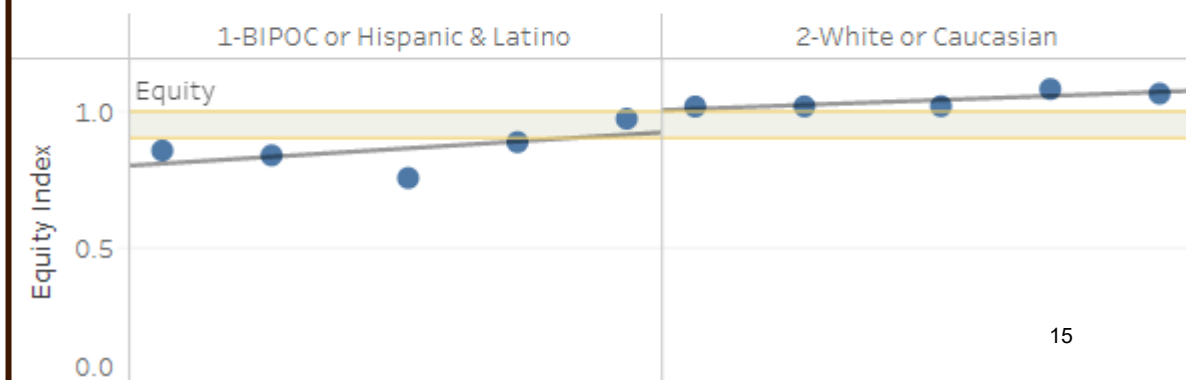
1-BIPOOC or Hispanic & Latino

0.75

2-White or Caucasian

1.01

Monthly Index, 12/16/2020 to 4/30/2021





## 2020 Snapshot

### Key Facts



**27,417**

Patients Served



**249,068**

Total Encounters



**85.2%**

Market Share



**68**

Median Age



**108**

Homeless



**2,153**

Financial Assistance



**88**

Babies Born

### Payor Financial Class

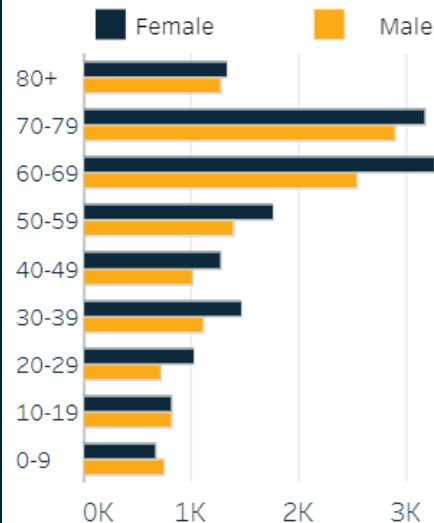
#### Revenue Accounts

Class	#	%
Medicare	137,387	48.7%
Commercial	69,781	24.7%
Medicaid	49,020	17.4%
Dual Eligible	15,989	5.7%
Other/ Gov't / Worker's Comp	9,961	3.5%
Self-pay	6	0.0%

### Demographics

#### Non-Duplicated Patients

#### Age & Sex



Race & Ethnicity	#	%
White or Caucasian	24,127	88.0%
BIPOC or Hispanic & Latino	1,541	5.6%
Unknown	1,457	5.3%
Patient Refused	305	1.1%
Language	#	%
English	27,116	98.9%
Spanish	77	0.3%
Other	75	0.3%
Unknown	149	0.5%



**13,726**

Port Townsend

**3,086**

Port Hadlock

**2,498**

Port Ludlow

**1,594**

Chimacum

**1,210**

Quilcene

**671**

Marrowstone

**709**

Brinnon

**4,631**

Other

### Service Lines

#### Encounters



**59,120**

Primary Care Visits



**2,929**

Dental Visits



**49,888**

Specialty Clinic Visits



**10,643**

Emergency Dept Visits



**6,866**

Express Clinic Visits



**922**

Behavioral Health Visits

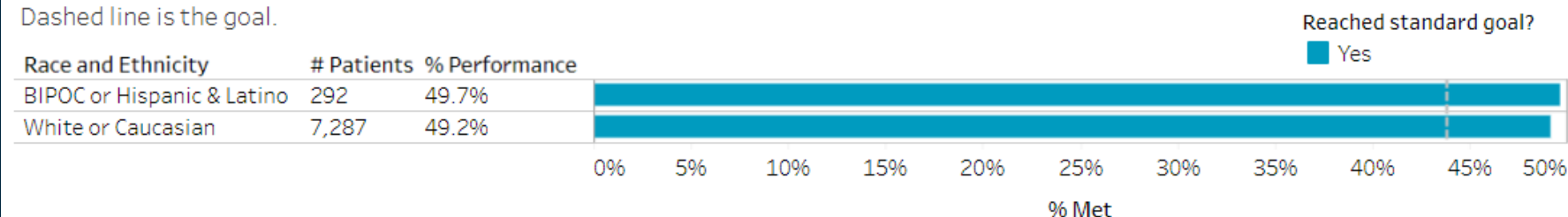
## Primary Care quality incentive measures

## Screening for future fall risk - Equity

This dashboard summarizes clinic- or pod-level performance towards the **standard goal** (2019 system-wide performance): 43.9% of patients 65 years or older with a visit in the measurement period (this is the "denominator"), screened for future fall risk in the measurement period.

## Performance by race and ethnicity as of Q3 2021

Performance for the most recent quarter. # Patients is the number of patients with known responses on race and/or ethnicity in Epic. Dashed line is the goal.

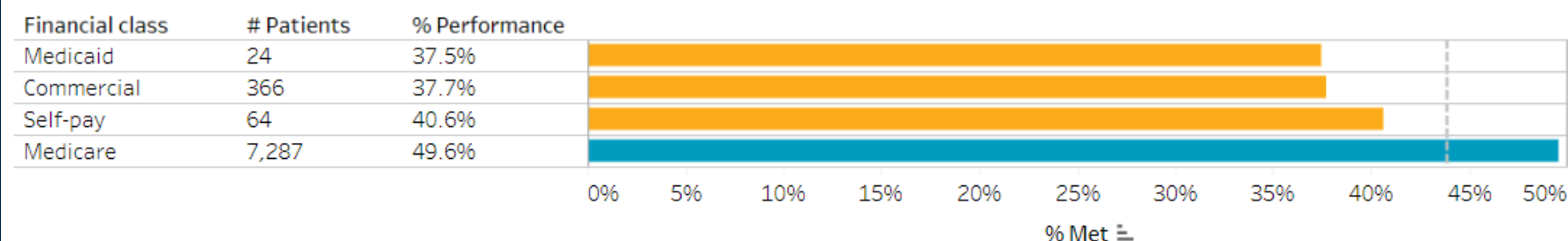


There is **not** a statistically significant difference in performance between these two groups.

See detail on two-group significance testing on the 'Stats' tab

## Performance by financial class as of Q3 2021

Performance for the most recent quarter. # Patients is the number of patients with known financial class based on plurality of appointments. Dashed line is the goal.



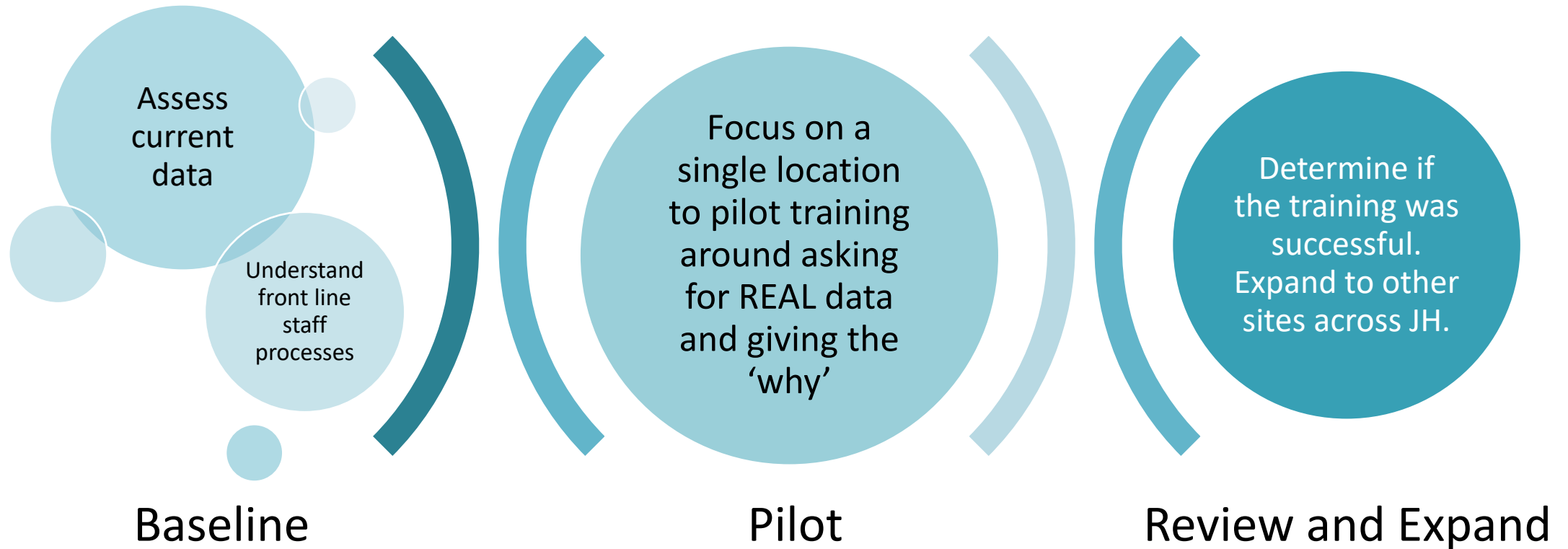
Performance for the Commercial financial class differs statistically from Medicare. No other groups are statistically significantly different from each other. Medicaid has too few patients to be usefully included and is omitted.

See detail on multi-group significance testing on the 'Stats' tab

# Moving Forward: Improving Data Collection

Working with our front-line staff to gather REAL data from all of our patients

# Race, Ethnicity, (Age), Language



# Organizational Strategic Plan

Incorporating equity at the highest level



# Strategic Plan: Equity Focus

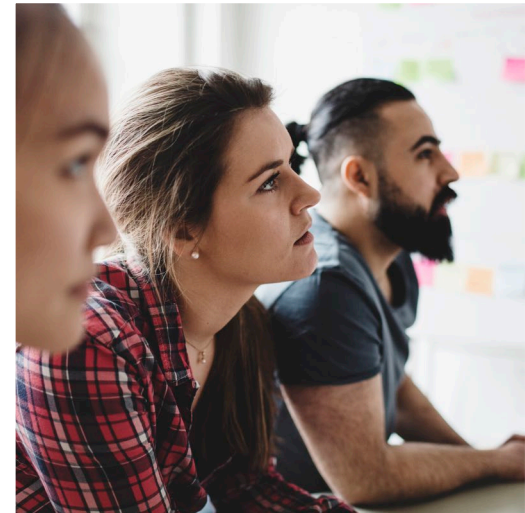


## Safety and Quality

- Deliver care that is guided by the best evidence
- Assess and address health equity.

## HR

- Improve data collection of our employees.
- Work on building competencies around understanding system racism, implicit bias, and diversity.

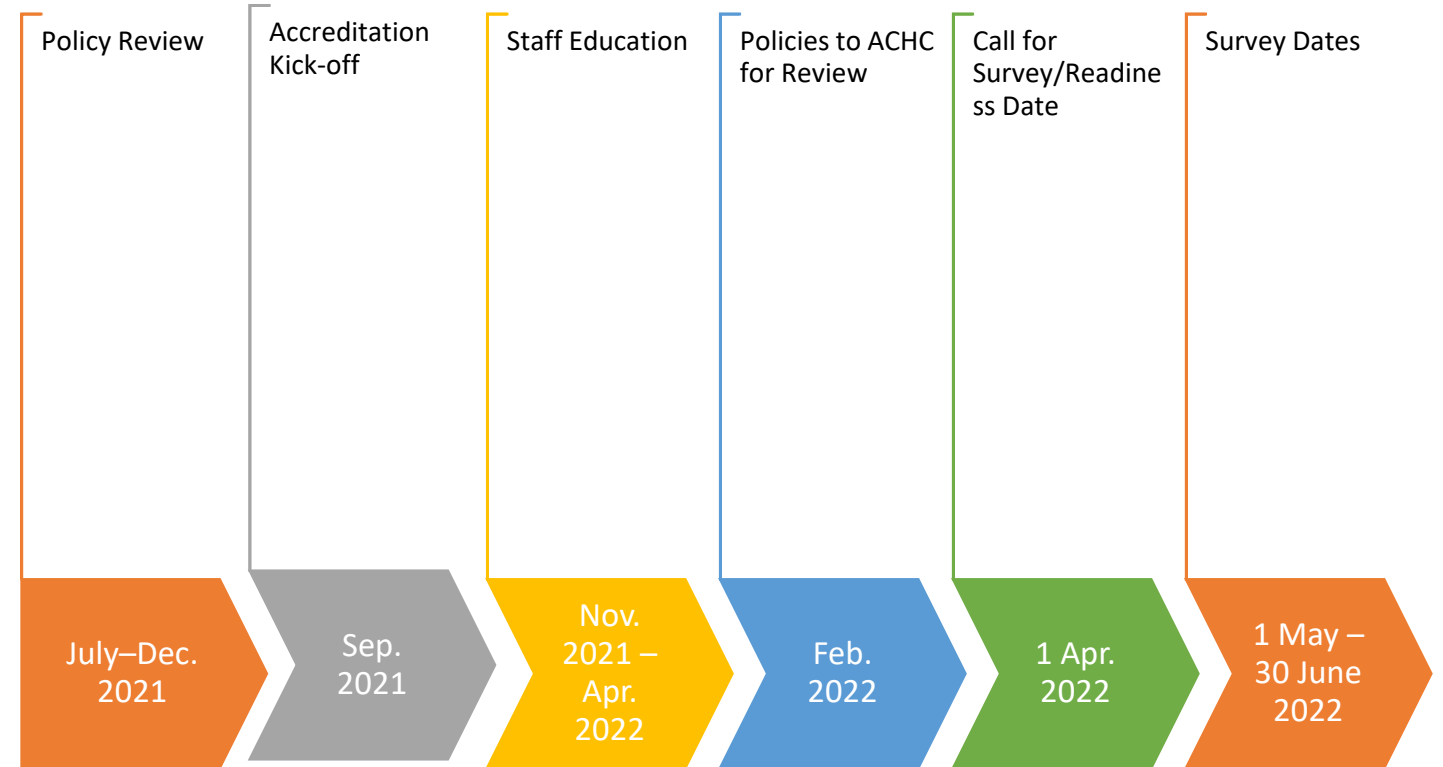


# Discussion and Next Steps



## Home Health Accreditation Governing Body Orientation and HHHPC Annual Report

# Home Health Accreditation Timeline



## STANDARD HH1-2A

The HHA is directed by a governing body (if no governing body is present, owner suffices) who assumes full legal authority and responsibility for the operation of the HHA. The governing body/owner duties and accountabilities are clearly defined.

### P&P ESSENTIAL COMPONENTS

- Policies must define the activities of the governing body to include, at a minimum:
  - » Decision-making
  - » Appointing a qualified Administrator
  - » Adopting and periodically reviewing written bylaws or equivalent
  - » Establishing or approving written policies and procedures governing overall operations
  - » Human resource management
  - » Quality Assessment and Performance Improvement (QAPI) Program
  - » Community needs planning, if applicable
  - » Oversight of the management, operation plans, and fiscal affairs of the HHA
  - » Annual review of the P&P

**HINT** If interviewed, the Administrator and governing body should be able to discuss how the governing body exercises its responsibilities for the overall operations of the organization.

The Surveyor will expect to see evidence of oversight of the HHA by the governing body.

CoP/G tag Reference: 484.105(a) (G942)

### STANDARD HH1-2A.03

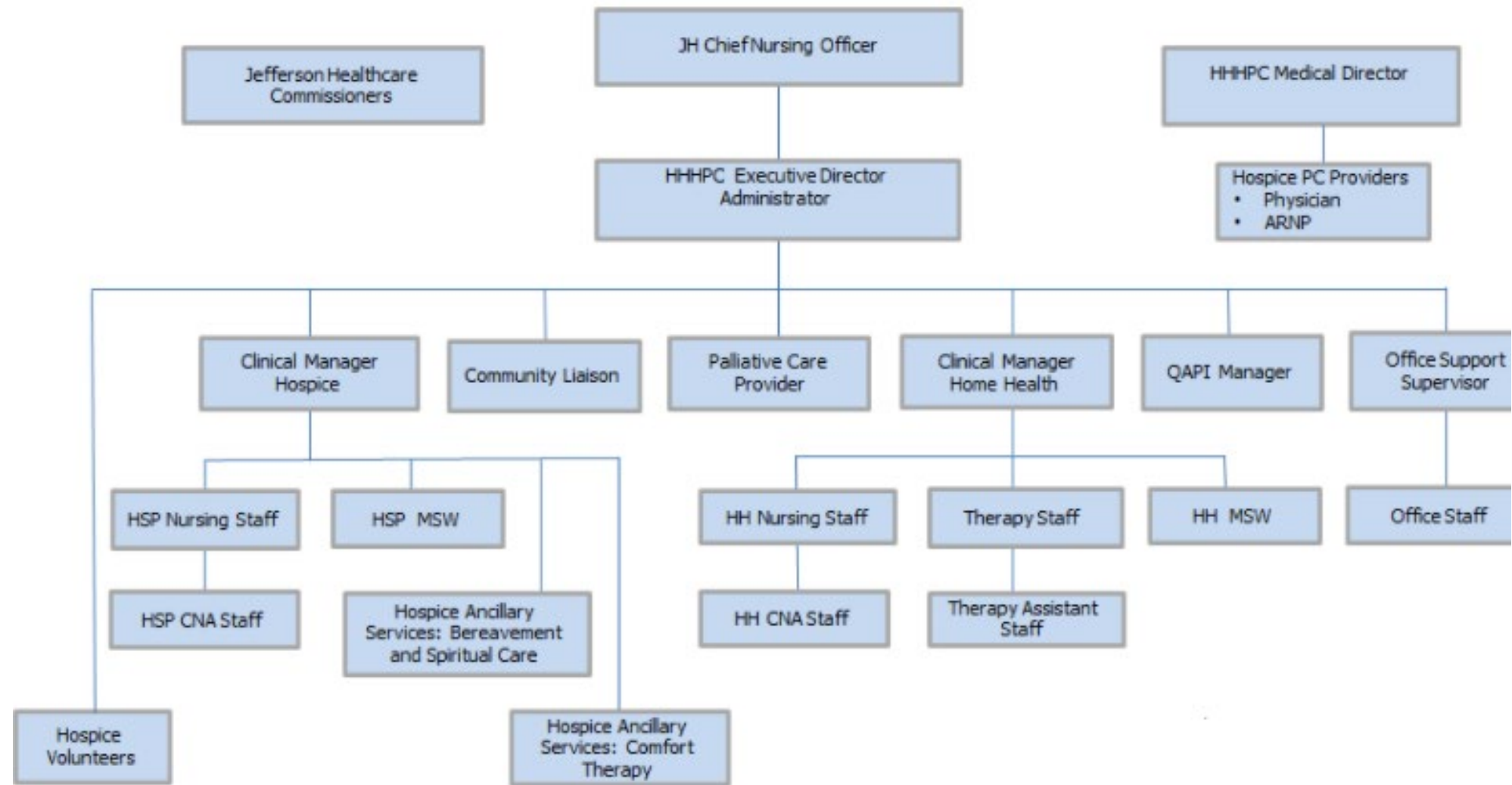
Governing body members receive an orientation to their responsibilities and accountabilities.

#### GOVERNING BODY ORIENTATION ESSENTIAL COMPONENTS

- Organizational structure
- Confidentiality practices and signing of a confidentiality agreement
- Review of the HHA's values, mission, and/or goals
- Overview of programs, operation plans, services, and initiatives
- Personnel and patient grievance/complaint P&P
- Responsibilities in the Quality Assessment and Performance Improvement (QAPI) Program
- Organizational ethics
- Conflicts of interest

**HINT** The HHA must produce written evidence of an orientation for governing body members that includes at least the minimal requirements. (This does not apply to organizations that have a single owner who serves as the governing body.) It is recommended that the agency develop an orientation checklist for governing body orientation.

The Surveyor will expect to see a list of governing body members that includes name, address, and telephone number for each.



# What is Home Health?

Home health care is short term, intermittent care that is directed by a medical provider and provided by skilled clinicians in the home. Home health care is designed to help individuals prevent or recover from an illness, injury or hospital stay.

Home Health does not provide activities of daily living.



# Who Makes up the Home Health Team?

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Patient's Attending Provider

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Nurses

---

Physical Therapists

---

Occupational Therapists

---

Speech Therapists

---

Medical Social Workers

---

Home Health aide

# What Services are Provided by Home Health?

Symptom monitoring for exacerbation of an acute or chronic condition

Education to patient and family/caregiver following a new diagnosis, treatment or medication

Wound care for pressure sores or surgical wounds

Assistance to patients in regaining strength, teaches balance techniques and provides education on ongoing exercises

Education and assistance to patients in modifying their home environment and lifestyle to safely perform activities of daily living

# Who is Eligible for Home Health?

To be eligible for home health services, individuals must meet the following Medicare eligibility requirements:

- Be under the care of a physician
- Have a skilled need (a need that requires a medical professional)
- Meet homebound status (requires assistance or taxing effort to leave the home)
- Level of care needed from home health service is “intermittent”
- Requires a face-to-face visit with provider for that diagnosis for which the patient is being referred 90 days prior or 30 days after receipt of referral.

# Who Pays for Home Health

Medicare – 87.2%

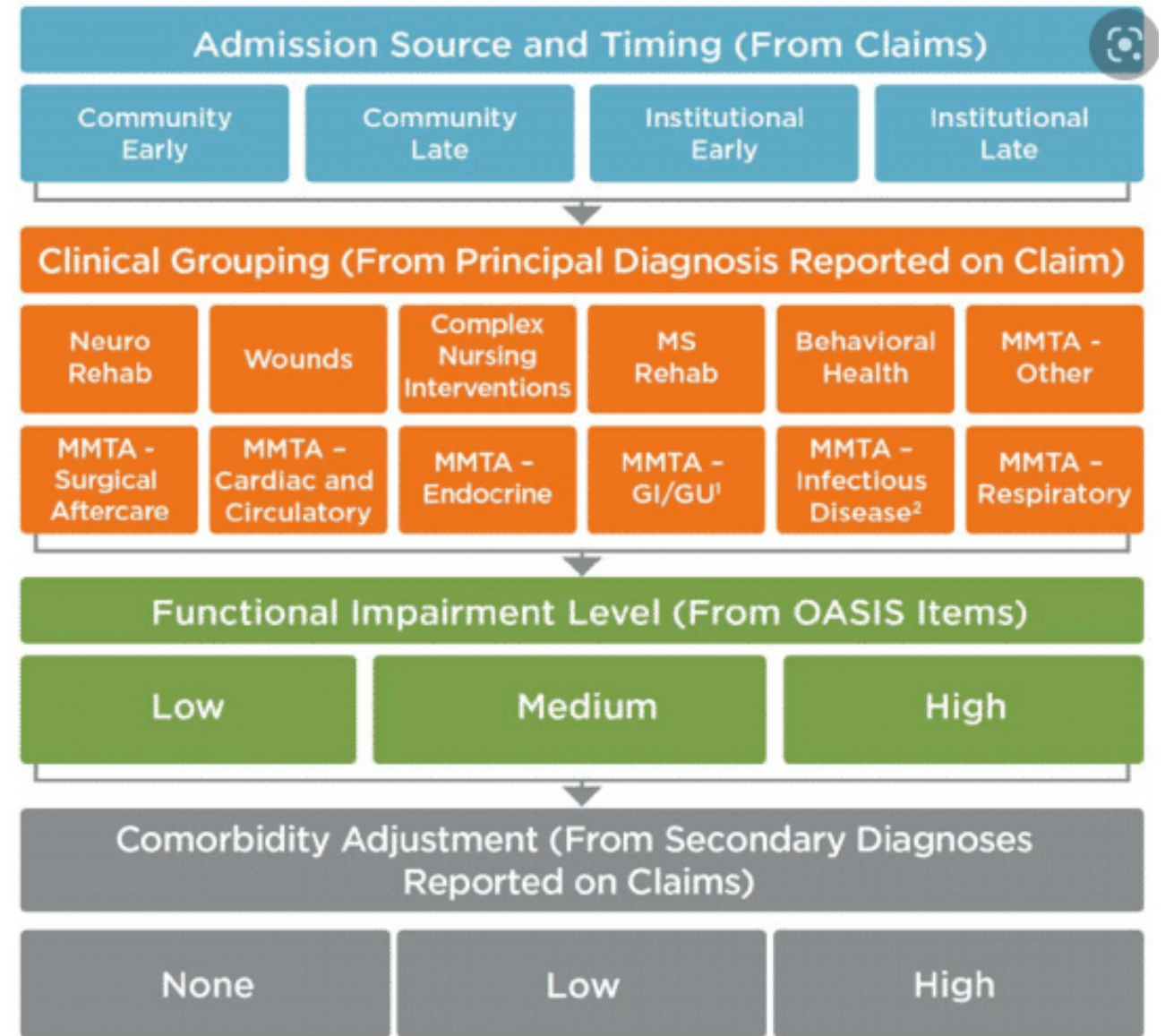
Medicaid – 4.5%

Commercial – 5.65%

Other – 2.39%

# Payment Model

- 60 Day Benefit Period
- Two 30-Day Billing Episodes within each 60 Day Benefit Period
- Patient Data Grouping Model (PDGM) – January 2020
- Implementation of 4-Day IDG
- Low Utilization Payment Adjustment (LUPA)



# Patient Complaints and Grievances

## Quantros

- Feedback
- Safety

## Home Health Compliant/Grievance Process

- In PolicyStat
- Reported to Supervisor within 5 Days
- Supervisor Response to Patient within 10 Business Days
- If not resolved, Executive Director response within 10 Business Days
- Patients are Informed of their Right to File a Complaint/Grievance at the Time of Admission. Numbers are Provided to the Home Health Office, Jefferson Healthcare Patient Advocates and Washington State Department of Health.

# QAPI

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Home Health is highly regulated, therefore much of our quality is related to compliance measures such as...

- Referral to Admission – 48 Hours
- Disciplines at SOC – 5 Days
- Oasis Submission – 5 Days
- IDG
- Policies and Procedures – PolicyStat and VNAA
- Notice of Non-Coverage (NOMNC)
- ?





# Home Health, Hospice and Palliative Care 2021 Annual Report



# 2021 Accomplishments

Hospice Accreditation

Established a Palliative Care Program and Ended Original Pilot Program

Palliative Care Accreditation

Hired a Home Health Manager

Hired a Community Liaison

Patient Controlled Analgesics (PCA's)

Core Measures

Significant Hospice Donation

Lite up a Life

# 2021 Challenges



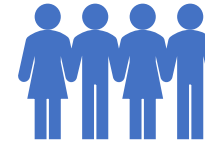
## Team Morale

COVID  
Staffing  
Took Summer “Off”  
Healing Circles



## Communication

Monthly Newsletters  
Education Wednesday’s/Re-Worked  
Morning Huddles  
Tammy Time  
Re-vamped Tiger Text Forum  
Groups

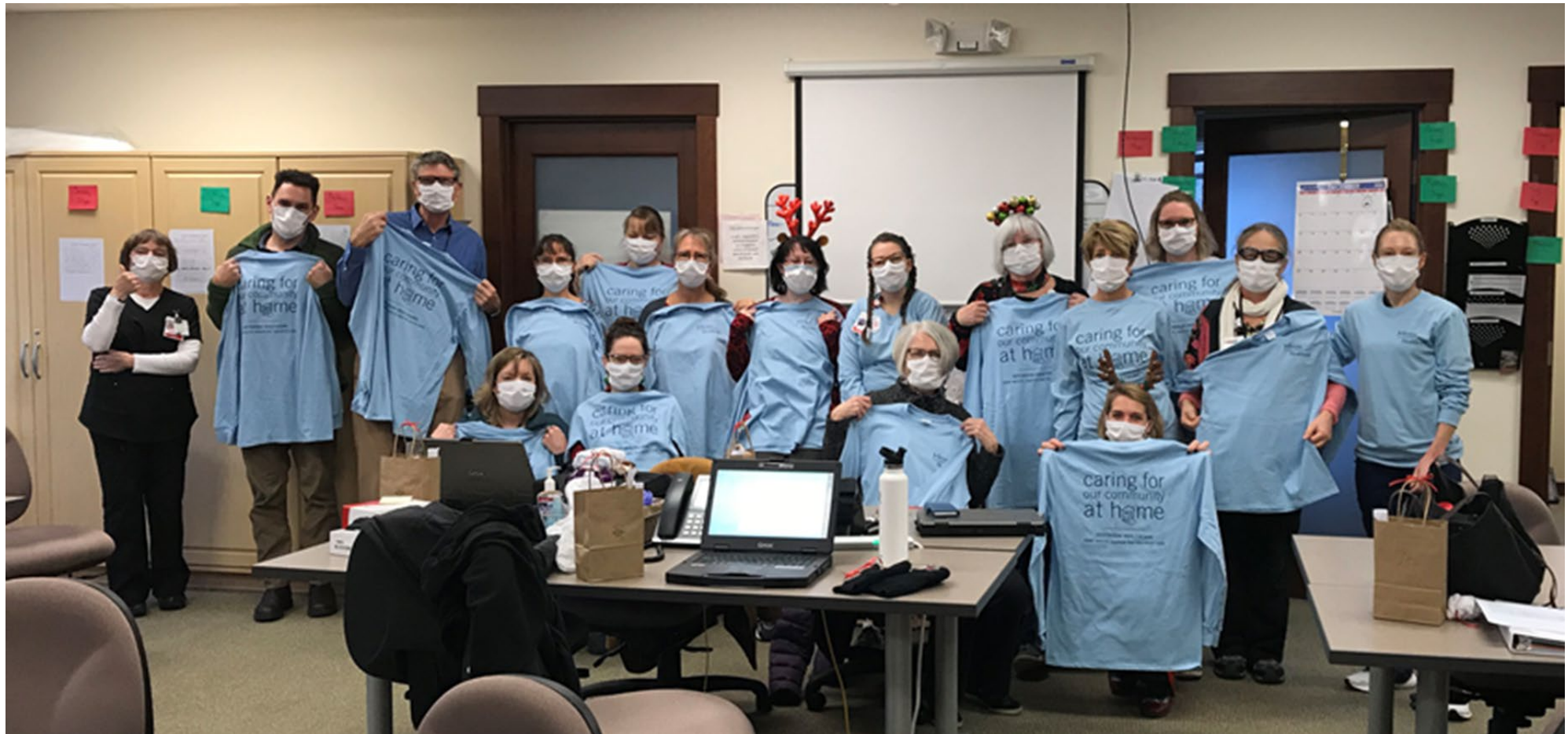


## Community Education

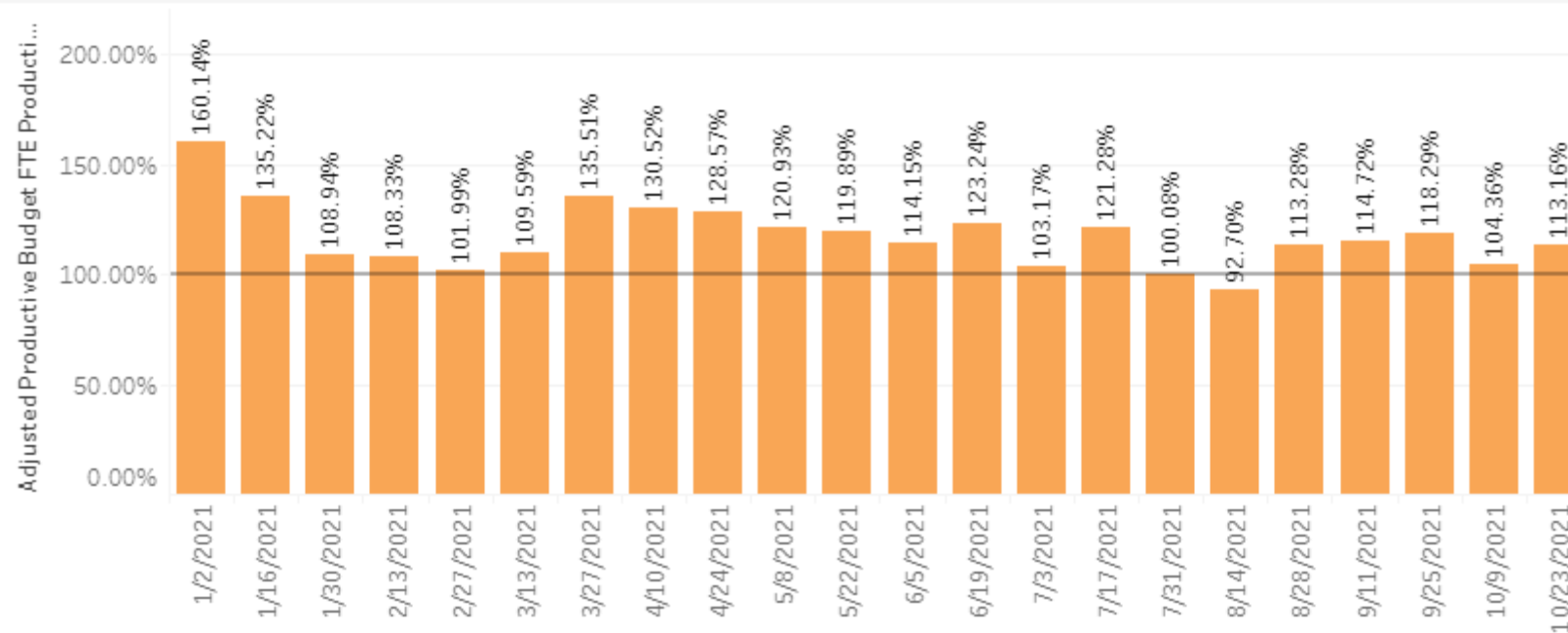
Community Liaison

# Staffing Overview

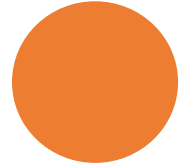
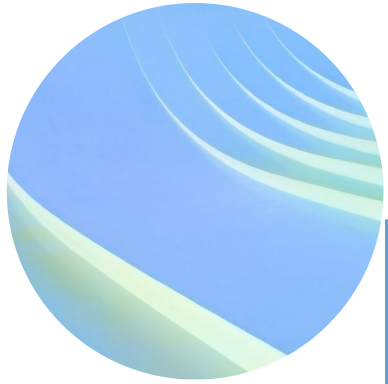
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## Total PRO Productivity %



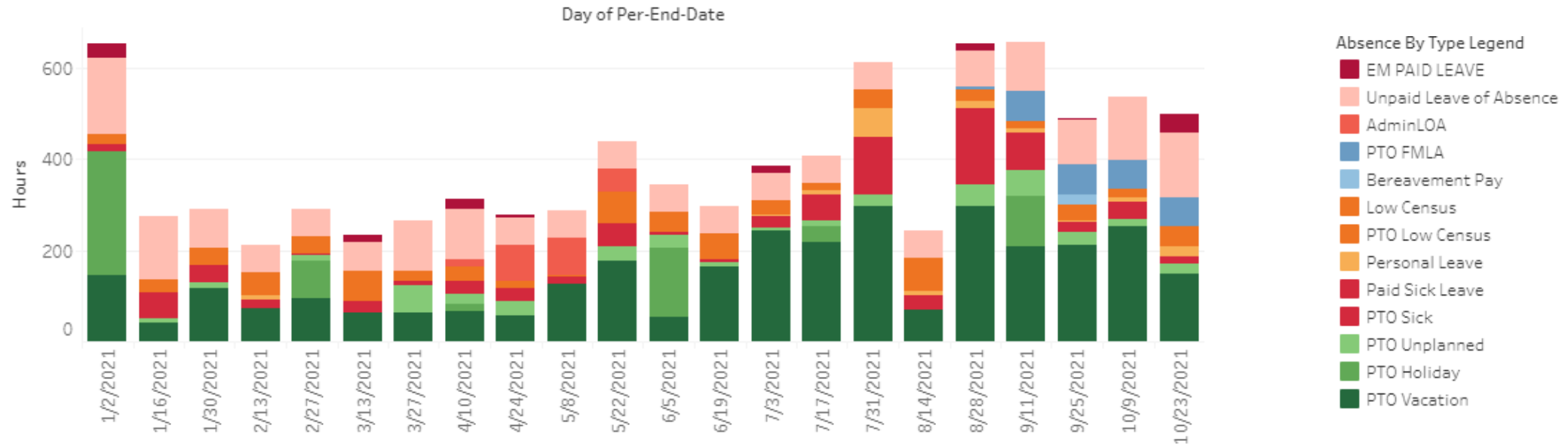
# Current Staffing



Open Positions...	Care Team Support (1.0 FTE)	Patient Account Representative (1.0 FTE)	Registered Nurse (1.0 FTE)
2 Registered Nurses (Per Diem)	Physical Therapy (1.0 FTE)	Medical Social Work (1.0 FTE)	Home Health Aide (1.0 FTE)
On Leave...	Registered Nurse (0.8 FTE)	Registered Nurse (1.0 FTE)	Spiritual Care/Bereavement (0.8 FTE)
In Transition/Open...	Physical Therapy – Wound Care – (0.8 FTE)	Physical Therapy (0.6 FTE)	Registered Nurse – 3 <sup>rd</sup> Week of Orientation - (0.8 FTE)

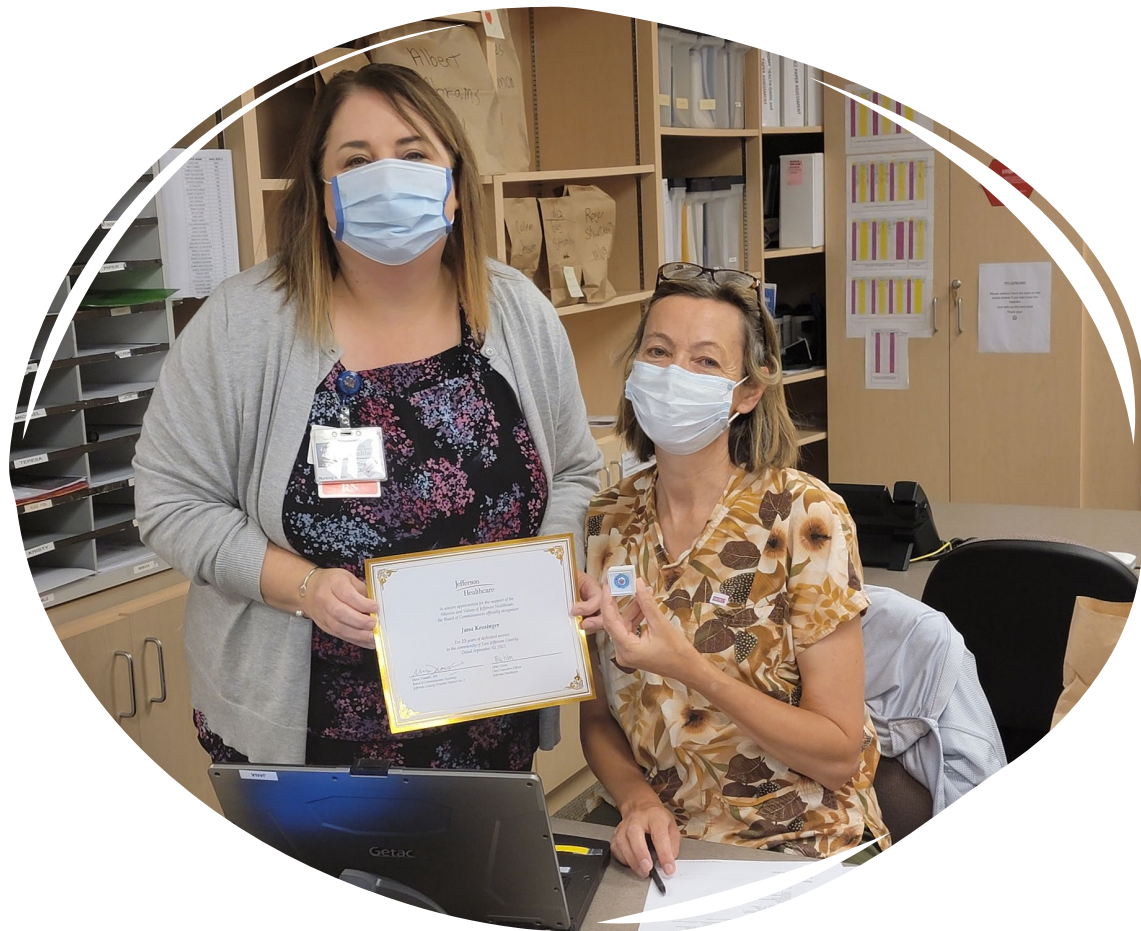


## Absence by Type



# Breakdown of Absence per Type





# Financial Overview

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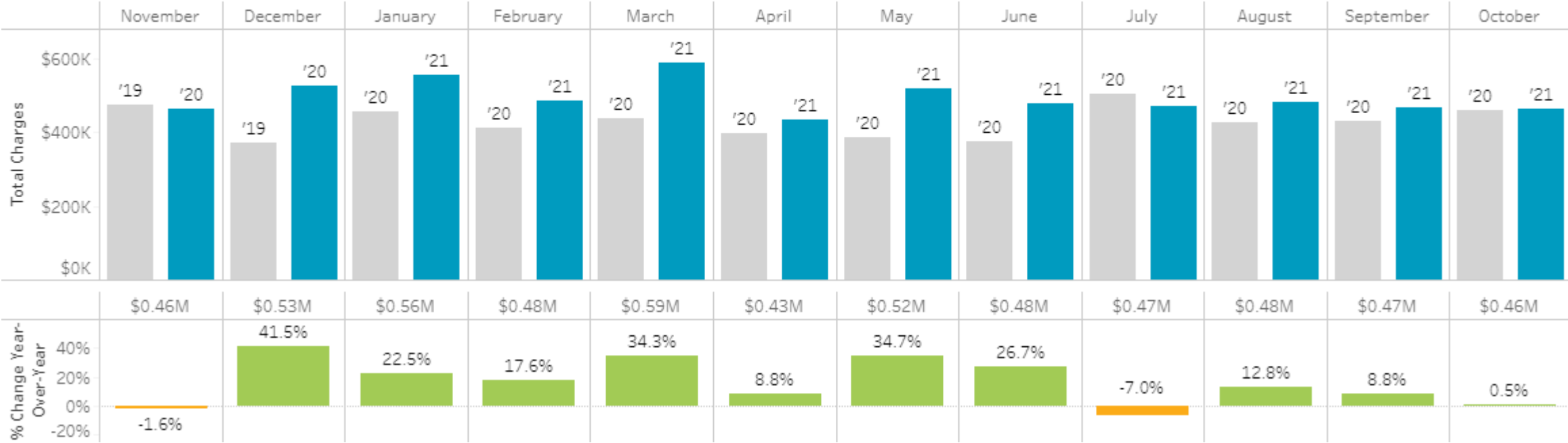


Financial Class	Charge Amount	SUM([Charge Amount])/TOTAL(SUM([Charge Amount]))
Medicare/Medicare HMO	\$4.59M	91.18%
Commercial	\$0.16M	3.17%
Medicaid/Medicaid HMO	\$0.13M	2.57%
L&I/VA/Other	\$0.15M	2.99%
Self-Pay	\$0.00M	0.10%

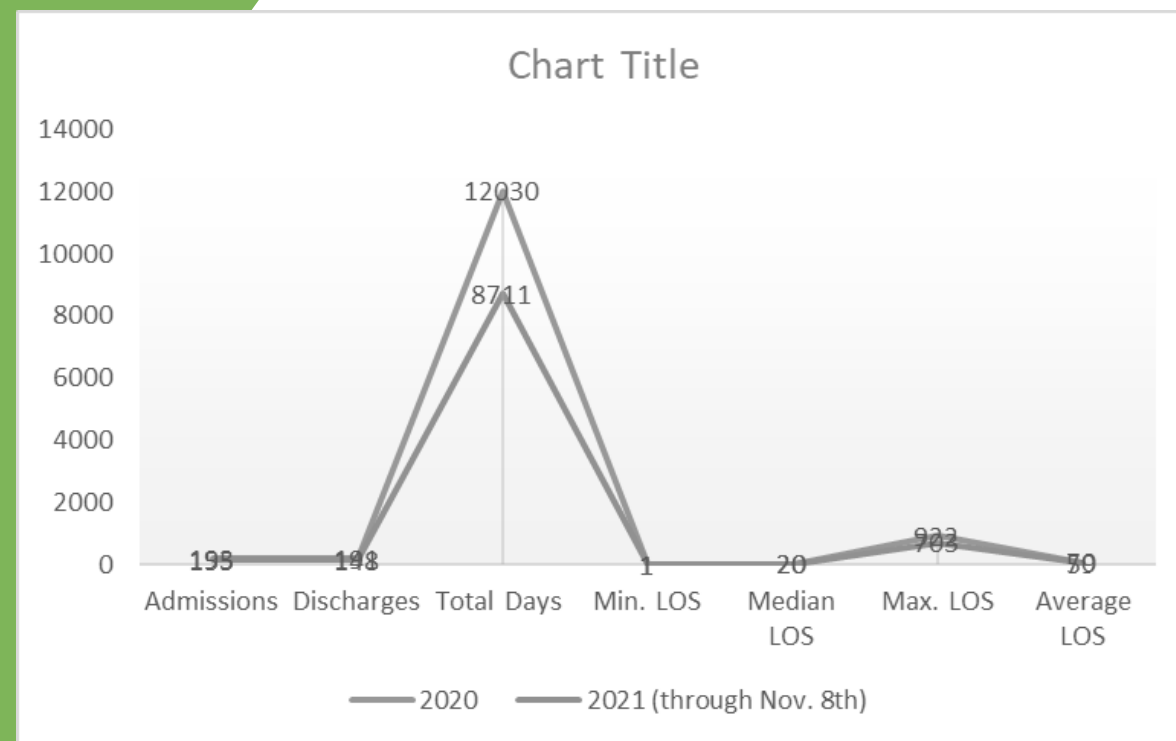


### Gross revenue by month for the last 12 complete months, by post date

Monthly values from the year previous are shown in grey. Percent change from the same month in the year previous is shown below the bar graph. This chart is not impacted by the date filter.



# Hospice Financial Review



	Admissions	Discharges	Total Days	Min. LOS	Median LOS	Max. LOS	Average LOS
2020	193	191	12030	1	20	922	70
2021 (through Nov. 8th)	155	148	8711	1	20	703	59

### Episode Timing Totals

Early	49.5%
Late	50.5%

### Functional Impairment Level Totals

Low	29.9%
Medium	30.6%
High	39.0%

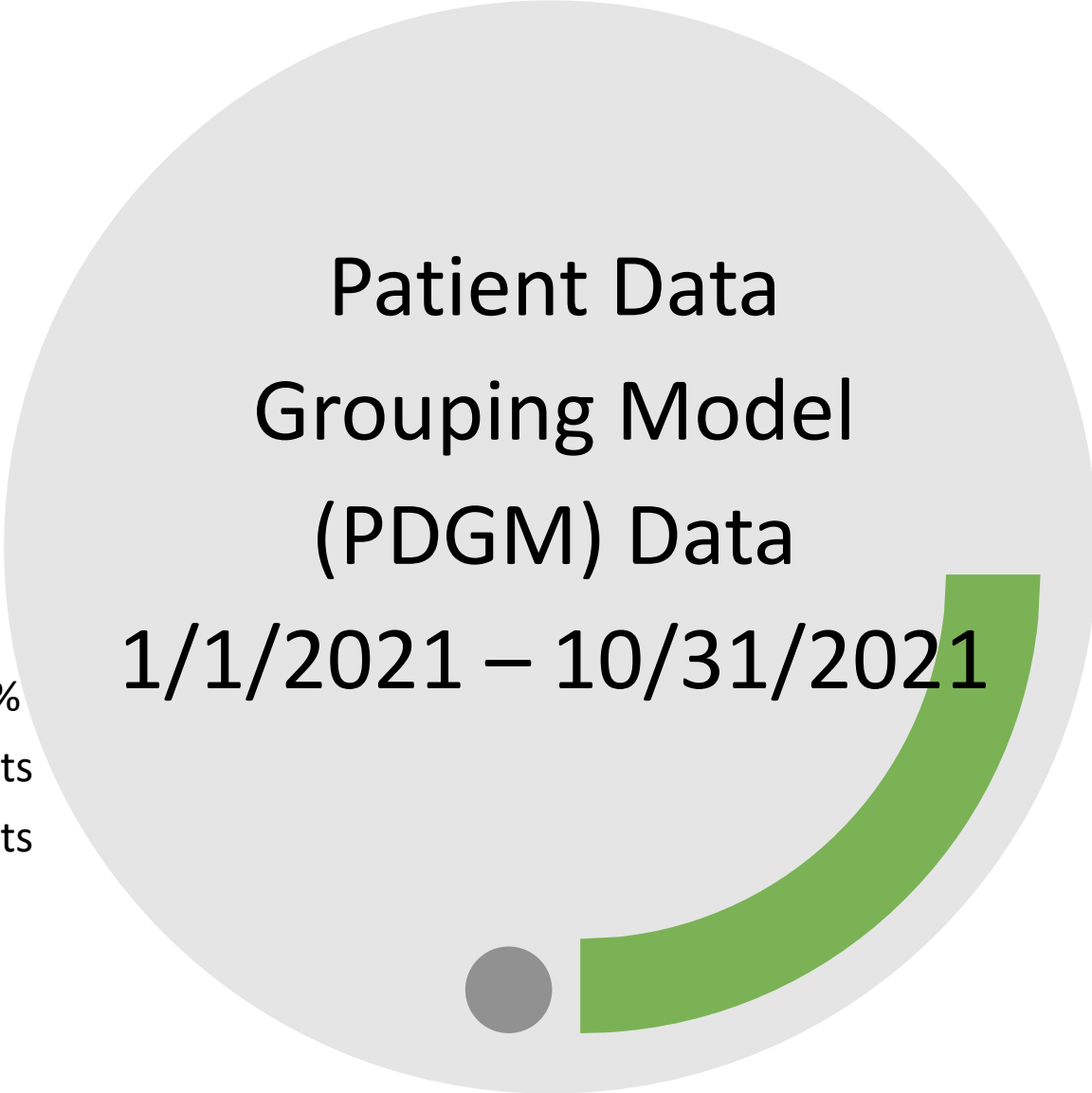
### Admission Source Totals

Community	61.3%
Institutional	31.8%

<u>LUPA Percentage</u>	11.7%
Average LUPA Threshold	4 visits
Average Billable Visits	6 visits

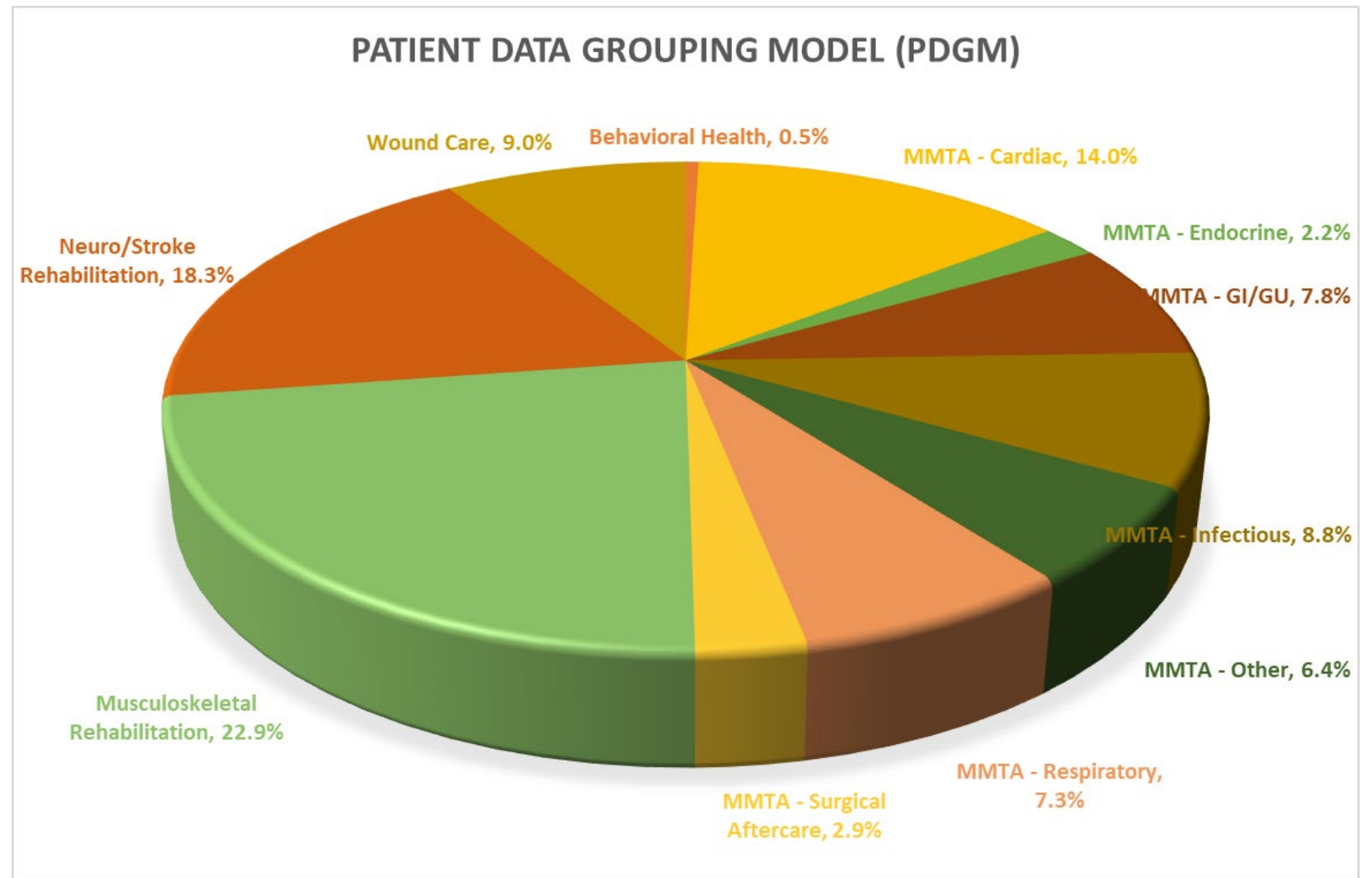
### Comorbidity Adjustment Totals

No Comorbidity	59.2%
Low Comorbidity	27.2%
High Comorbidity	13.6%



Patient Data  
Grouping Model  
(PDGM) Data  
1/1/2021 – 10/31/2021

## Home Health Financial Review



Average Expected Reimbursement    \$1914.65

# 2021 Annual Budget Review

- Home Health
  - 59.3% of Budgeted Revenue
  - Largest Expenditures
    - Staffing
    - Supplies
    - Recruiting
- Hospice
  - 120.7% of Budgeted Revenue
  - Largest Expenditures
    - Staffing
    - Supplies
- Palliative Care
  - 36.11% of Budgeted Revenue (zero revenue first 5 months)
  - Largest Expenditures
    - Staffing

# Quality Overview

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# HHHPC QAPI 2021

- Accreditation and Compliance
  - 2021 Hospice successful Survey and ACHC Accreditation
  - 2021 Palliative Care ACHC Accreditation
  - 2021 Home Health Program Review
  - 2022 Home Health ACHC Accreditation
- Emergency Preparedness Program
- Infection Control Program
- Employee Engagement
  - Education and Orientation
  - Intentional Communication
- Patient Feedback/Concern process
- Care Coordination across settings – Navigator
- Supply Management

# Hospice QAPI

## Physical Comfort/Symptom Management

- E-Kit – Emergency comfort medications available

## Emotional Comfort

## Standardized Patient Education

## Access to Care

## Appropriate Care at End of Life



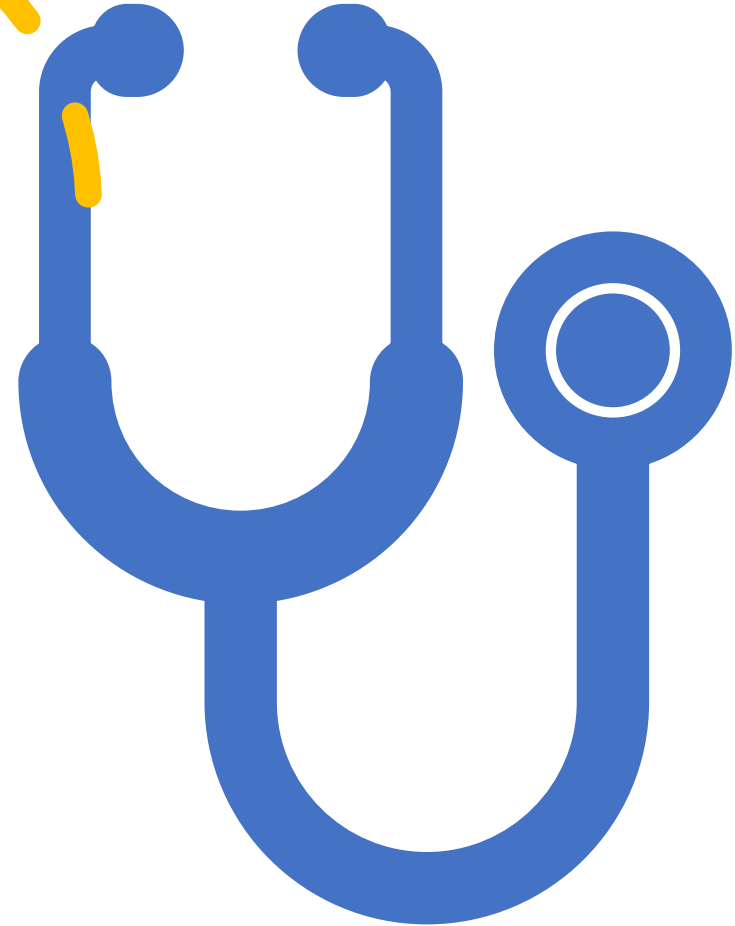


# Home Health QAPI

- Program and Policy Review
  - Compliance with Regulations and ACHC Standards
- Case Management Transition to Team Approach
  - Interdisciplinary Communication
  - Financial review – PDGM
  - Pre-Admission Care Plan
- Access to care/Scheduling
- OASIS Excellence
- Compliance in Documentation

# Palliative Care QAPI

- Program Structure
  - Patient Flow
  - Documentation
  - Billing
  - Transition HH Palliative Care Pilot
  - Data Collection Criteria



# 2022 HHHPC Goals

## Fully Integrated with JH

- Smooth patient transitions across settings
  - Programmatic
- Home Health to Hospice
- Hospice to Home Health
- Palliative Care to either Home Health or Hospice
- Home Health or Hospice to Palliative Care

## Great Place to Work

- Strong team culture with “we got this!” attitude
- Awesome orientation and staff development programs
  - Second phase of orientation
  - Clinical education champions
- Certified Staff:
  - RN’s – CHPN
  - Aides - CHPNA
- Employer of choice

## Satisfied Patients with Excellent Outcomes

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

## Financially viable

- AR days at 45 for home health and hospice
- Meet budget in all programs

## Initiatives:

- We Honor Vets Program
- Chronic Disease Management (patient education)
- Community Bereavement (fully funded)
- Lay Groundwork for Home Health Infusion
- Private Duty
- Develop Practice Model for Success
  - Care Plans
  - Visit Model
  - Standardization
- Telehealth

## Foundation Engagement:

- Patient discretionary funds

# Employee of the Quarter

## Chanda Johnson

“True team leader that holds the respect of everyone in the kitchen through her dedication and camaraderie.

Over the past year plus, as Lead Cook Chanda has taken on any challenge to ensure the success of the Jefferson Healthcare dietary department. Chanda is always approachable and always willing to give advise and encouragement.

Great customer service with a smile.

Chanda always has a positive attitude with a sense of urgency that makes things happen.

Chanda represents professionalism and passion in everything she does in the kitchen.

Phone calls to the kitchen from floor staff can often times be stressful, Chanda has a way of elevating the situation and getting problems resolved.”



## Lead Cook- Dietary

### Third Quarter 2021

# Provider of the Quarter

## David Harris, MD

“We are thrilled to nominate Primary Care Physician Dr. David Harris for the provider of the quarter. Dr. Harris shows kindness and compassion for his patients, colleagues, staff, and community daily.

In the height of the COVID19 pandemic, he was quick to help and ready to volunteer, no matter the task. As the vaccine team operationalized the vaccine clinic, the team created education materials and consent forms in Spanish. The team soon realized that getting the message out to our Spanish-speaking communities in Jefferson County was still a challenge. Knowing that Dr. Harris speaks Spanish, he was approached to help with marketing the vaccine clinic. He jumped at the opportunity to help our community by recording messaging and getting the message out.

Also, COVID-related, Dr. Harris volunteered to provide pediatric vaccines to our pediatric patients, highlighting his willingness, kindness, and compassion for others.

Words used to describe Dr. Harris include kind, approachable, patient, relatable, team player, steady, and methodical. We are lucky to work with him and thankful we can count on his kindness and willingness every day. “



Medical Group  
Third Quarter 2021



# Team of the Quarter

## Rehab Team

“This team is truly overdue for a nomination. Some of the Therapists have often covered shifts in the inpatient part of the hospital on top of their full outpatient case load. The Front desk has taken it upon themselves to cover the breaks of the COVID screeners so they may have breaks and a lunch, on top of their already busy days. The Occupational therapists have been amazing at working with Ortho upstairs for last minute needs and splinting.

With over 20+ providers Rehab has shown that a mixture of teaching/education styles can truly work harmoniously together. It's reassuring knowing your colleagues support you.

During the most stressful times of COVID they stayed open and maintained caring hands and a positive attitude. As TEAM, they became more like a family in those times.”



Third Quarter 2021

# Leader of the Quarter

## Corey Quigley

“Corey’s approach to leadership combines both empathy and advocacy in a way that fosters a supportive and caring team environment. She is an incredible listener who creates space for our feelings to be heard, literally, she has feelings jar in her office! Corey really understands that true leadership comes in the form of action. In the past nine months, she has been met with challenges but has always risen to occasion by advocating for the needs of her team. We are able to do our best because Corey matches our enthusiasm, dedication, and passion for excellent patient care. The exceptional patient care we are able to deliver in our clinic is a direct result of her fantastic leadership skills. It is truly an honor and privilege to have Corey as the leader for the oncology and infusion clinic and we cannot wait to see where she will take us next!”



## Nursing Supervisor – Oncology & Infusion

Third Quarter 2021

# Jefferson Healthcare

## Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

November 17, 2021



# Agenda

- Quality & Patient Safety Snapshot
- Highlight: Emergency Department Throughput
- Service Excellence: In the words of our patients
- Current Projects

# Quality and Safety Snapshot

		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
			Enhance Culture of Safety	Implement and adhere to evidence based practices.	Avoid the over-use of antibiotics when not medically indicated
			Align care with patient goals	Workplace Violence Prevention (Initiative)	90% or greater compliance with core measures
				Leader Rounding	Zero Incidents of Workplace Violence
				Implement a palliative care program	Weekly Rounding Compliance
					Readmission rate < 12%

## Harm events:

- Two patient falls with temporary injury/testing

## Workplace Violence:

- One vendor to employee
- One patient to employee
- One employee to employee

# Core Measures: ED Throughput

## Arrival to Room:

- 7 minutes (target < 10 min)

## Arrival to Provider:

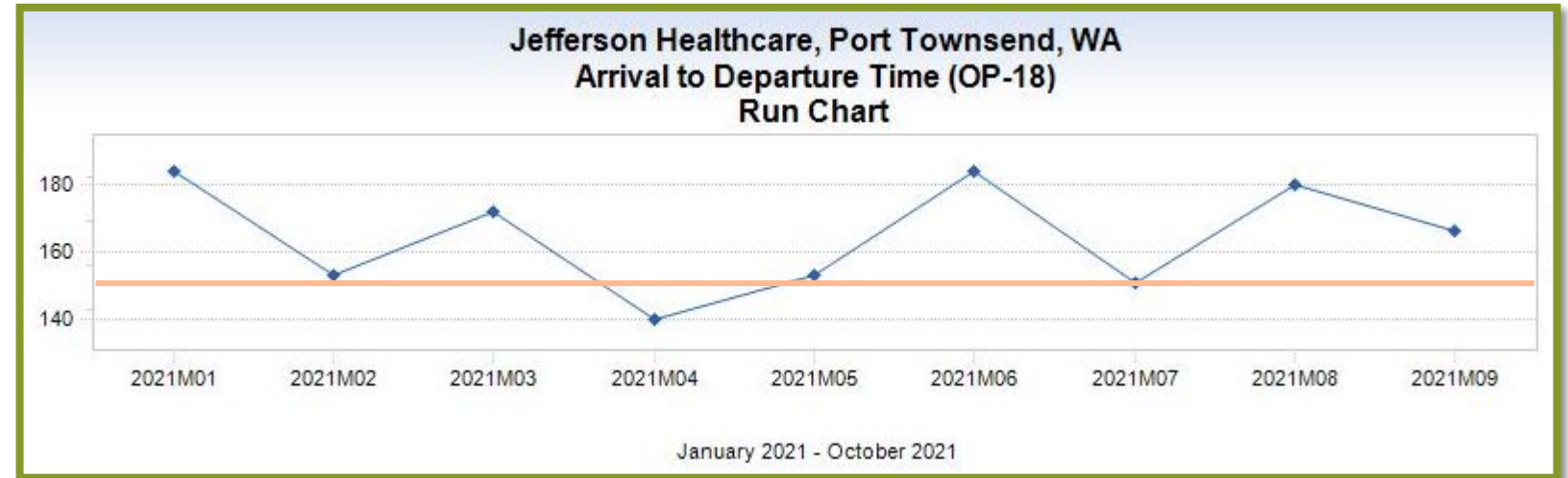
- 9.0 minutes (target < 15 min)

## MD to Disposition:

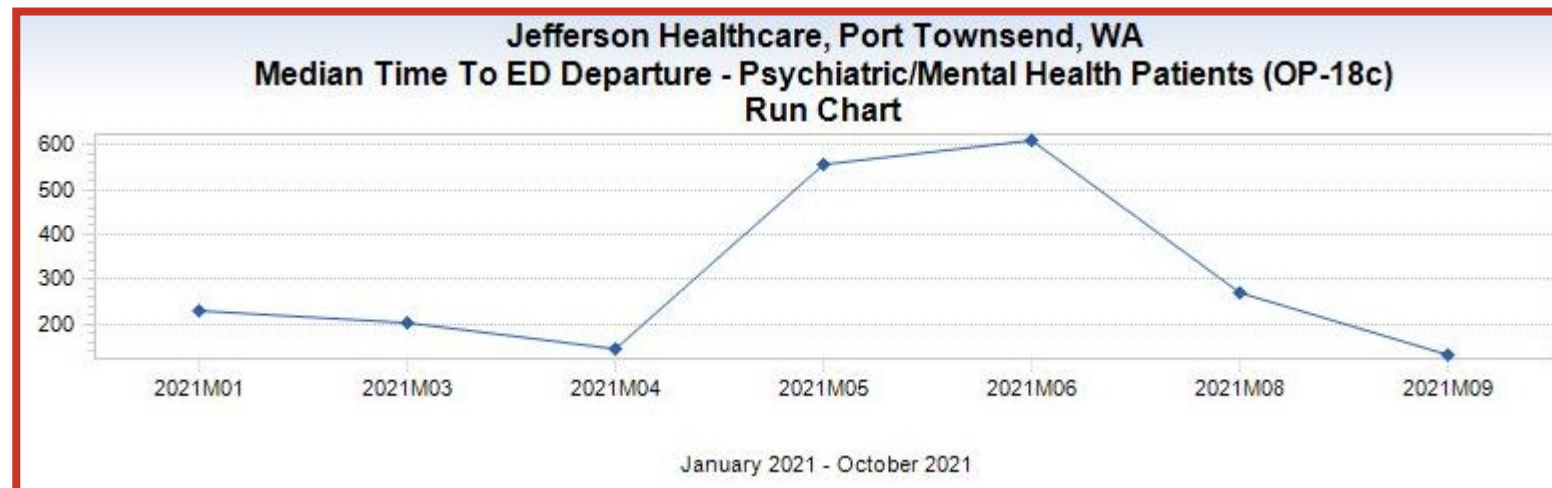
- 104 minutes (target < 100 min)

## Admit Decision to Admit:

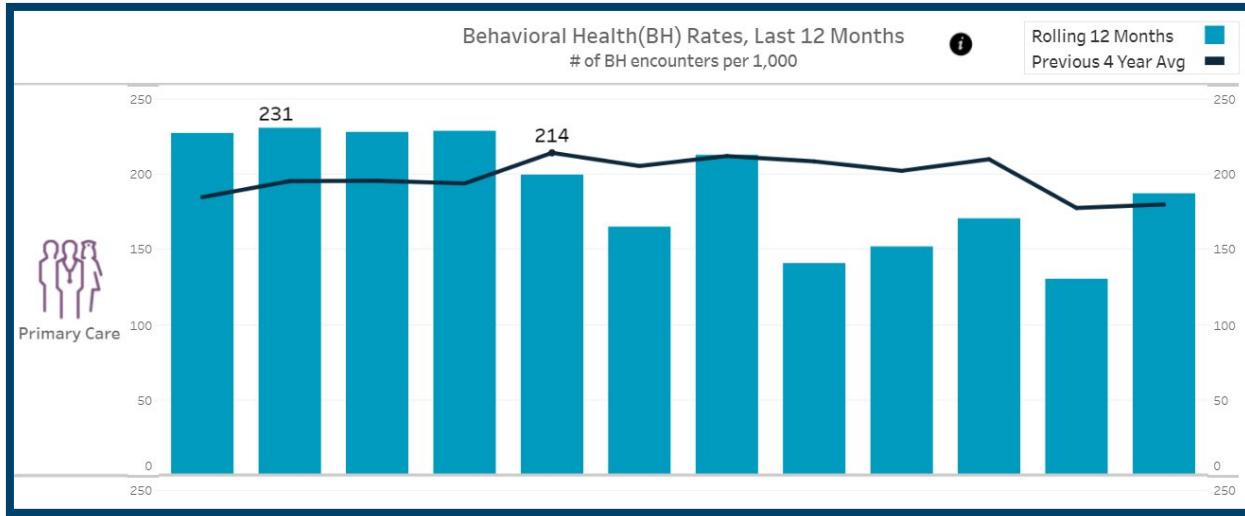
- 76 minutes (target < 45 min)



Target:  $\leq 150$  min



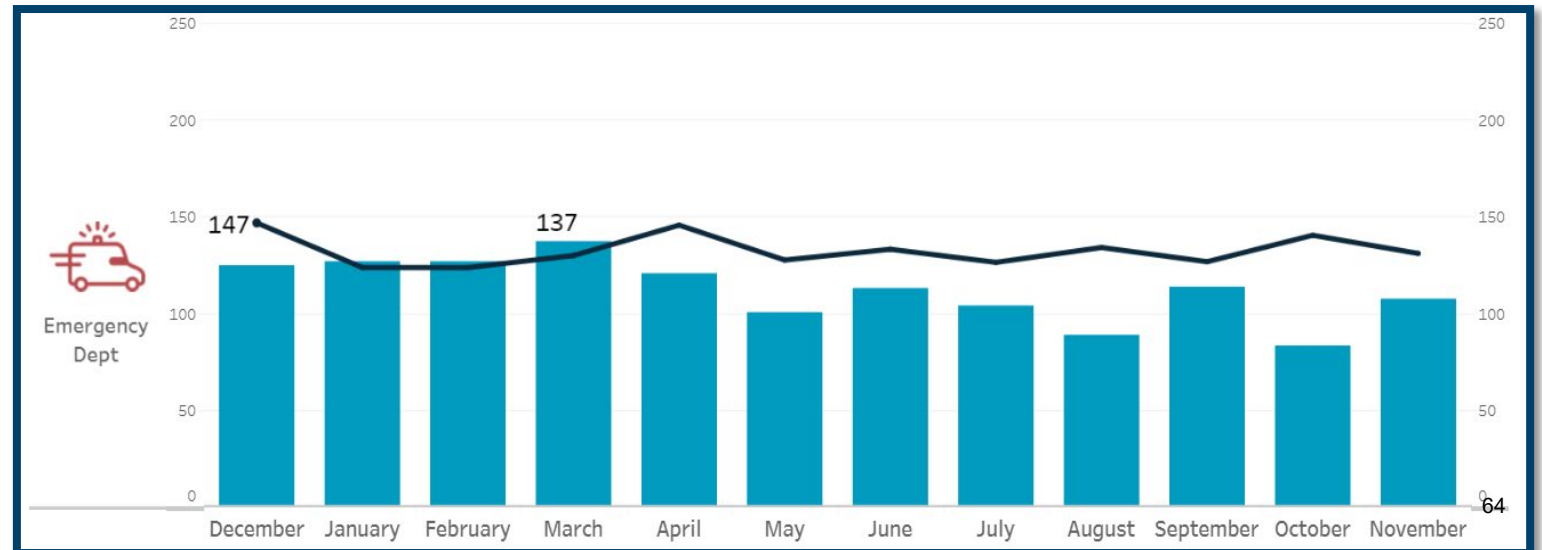
# Behavioral Health



*Behavioral-health-related visits contain at least one ICD-10-CM code associated with a mental health or substance use disorder (SUD). Tobacco/nicotine-related diagnoses are excluded, but we can easily bring that back in if needed.*

## Top ER conditions:

- **Suicidal**
- Alcohol related disorders
- Anxiety/Fear
- **Depressive Disorders**
- Schizophrenia spectrum and other psychotic disorders



## Behavioral Health Quality 2021

Data Extract Date

UW AIMS Caseload Tracker Data

View

### Patients Not Improved w/o Psychiatric Consultation

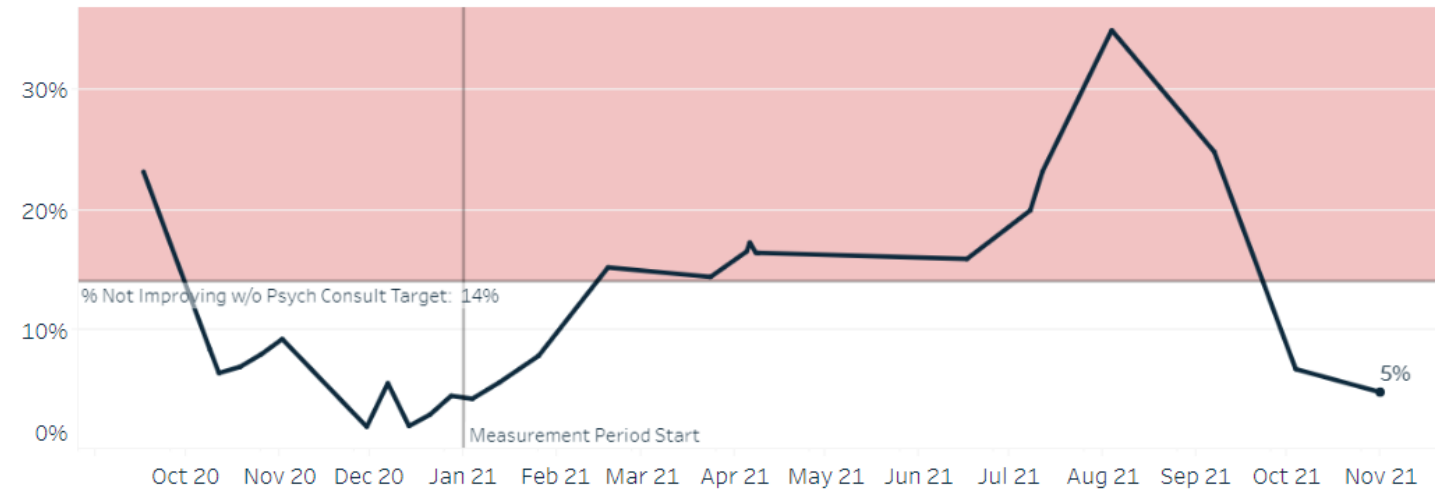
**5%**

Not Improved w/o Psych	4
Active Patients	86
% Patients Not Improved	4.7%
Target (Lower is Better)	14.0%

Active patients in treatment more than 60 days, who are not improving AND do not have a Psychiatric Consultation in the last 60 days.

Not Improving means the last PHQ9 or GAD7 is 10 or more, AND has not improved five or more points from baseline.

### Percent of Patients Not Improved w/o Psychiatric Consultation (Lower is Better)



### PHQ9 Score Improved 50%+

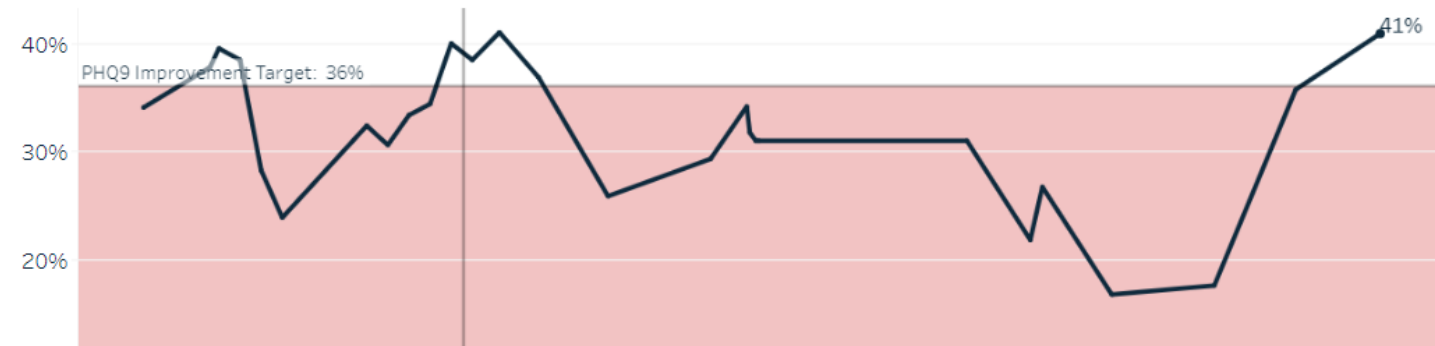
**41%**

PHQ9 Improved	9
PHQ9 Initial Population	22
% PHQ9 Improved	40.9%
Target (Higher is Better)	36.0%

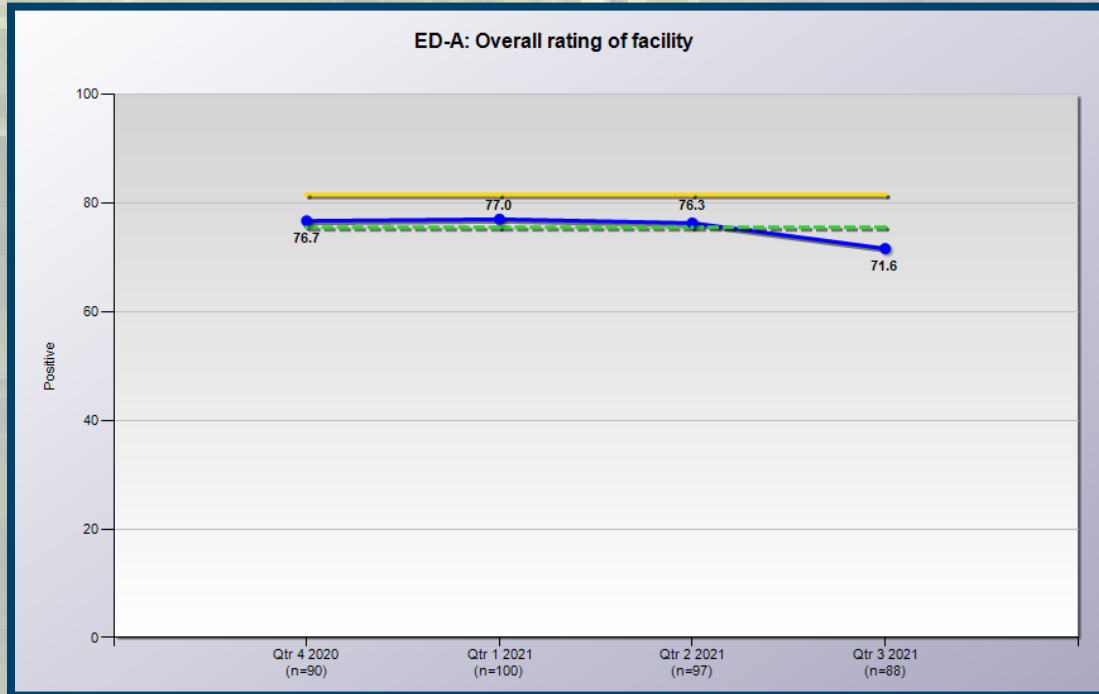
Active patients in treatment at least 10 weeks and whose last PHQ9 score is 50% lower than the first score.

Patients are only included in initial

### Percent of Patients Whose PHQ9 Improved 50% or More (Higher is Better)



# Service Excellence: In the Words of our Patients



## Top Rated Dimensions:

- Respect for patient preferences
- Communication with providers

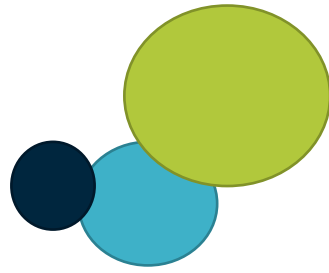
## Opportunities:

- Continuity and Transitions of care
- Coordination of Care

- The nurses and doctors saved my life. They deserve praise for their efforts and sincere appreciation from me. Thank you sincerely.
- I had a very good experience with everyone who helped me at the ER. It was pretty quiet and I was dealt with quickly. Thanks for the help!
- ER was not busy, so I received prompt competent care Covid caused family member to wait in car.
- Given the overcrowding caused by covid 19, the treatment I received was excellent
- Considering how busy they were. I thought the team was quite incredible.
- It was an exceptionally busy night. Triage rooms were full, 2 ambulances arrived & waiting room 4 people. Triage nurse did her best to analyze need & get xrays done in advance. Due to # patients, had long wait but all staff did utmost to communicate.
- It was the best ER exp. I have had. The doctor + nurses were wonderful. It was a long night - But it was busy + during covid. My mom had to stay in the car in the parking lot all night because of covid - But my nurse went out to check on her. Very caring staff from entry to exit.



# 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: IC power outage and Shakeout follow up

## Medical Staff

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

## Quality

- Service Excellence: NRC Transition to RealTime
- Ongoing: Merit-based Incentive Payment System (MIPS) Reporting, Core Measures
- Cancer Committee Study of Quality: Cervical Cancer Screening compliance
- Data & Analytics Governance and Infrastructure
- 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

Healthcare

**Medical Center**

 **EMERGENCY**

 **Main Entrance**  
**Water Side**  
**Entrance**  
**Receiving**

Questions?



# Jefferson Healthcare

October 2021 Finance Report

November 17, 2021

Tyler Freeman, CFO

# October 2021

Preview — (\*as of 0:00 10/31/21)

- **\$24,892,050 in Projected HB charges**
  - Average: \$802,969/day (HB only)
  - Budget: \$766,899/day
  - 105% of Budget
- **\$10,245,579 in HB cash collections**
  - Average: \$330,503/day (HB only)
  - Goal: \$338,386/day
- **38.7 Days in A/R**
- **Questions**

# November 2021

Preview – (\*as of 0:00 11/16/21)

- **\$24,860,067 in Projected HB charges**
  - Average: \$834,379/day (HB only)
  - Budget: \$766,899/day
  - 109% of Budget
- **\$10,861,084 in HB cash collections**
  - Average: \$362,036/day (HB only)
  - Goal: \$338,386/day
- **38.2 Days in A/R**
- **Questions**

# New Rural Health Clinic (RHC) Reimbursement Methodology

Tyler Freeman, CFO  
November 17, 2021

# RHC Medicare Payments

- RHCs were never exactly cost based:
  - Medicare pays 80% of the all-inclusive rate (our per visit cost)
  - Patients are responsible for 20% of charges
- Consolidated Appropriations Act, 2021 (CAA) signed on 12/27/20 changed reimbursement starting on April 1, 2021
  - RHCs owned and operated by a hospital with <50 beds and established on or before 12/31/2020 will use their 2020 rate to establish a clinic-specific grandfathered upper payment limit (UPL) that will then be increased each year based on the Medicare Economic Index (MEI).  
**English version: our RHC rates are capped at 2020 values, adjusted for inflation.**
- Local Impact
  - Jefferson has 6 RHCs subject to caps
  - In 2020, there were 26 WA CAHs that operated 63 RHCs
- Glass half full: 2020 base year rates should have higher cost per visit than a typical year (higher cost, plus productivity standard exemptions).





# Impact of UPL

	UPL	Actual Cost	Difference	MCR Visits	Impact
South County	\$ 267.39	\$ 307.50	\$ (40.11)	226	\$ (9,064.86)
Sheridan	\$ 378.40	\$ 337.52	\$ -	5,100	\$ -
Townsend	\$ 271.21	\$ 280.08	\$ (8.87)	1,146	\$ (10,165.02)
Watership	\$ 309.71	\$ 276.22	\$ -	2,868	\$ -
Port Ludlow	\$ 297.23	\$ 303.55	\$ (6.32)	1,425	\$ (9,006.00)
Express	\$ 261.36	\$ 215.11	\$ -	1,085	\$ -
					<u>\$ (28,235.88)</u>

- The above amounts are from our 1/1/21-8/31/2021 interim cost report
- Reminder: the cap went into effect 4/1/2021
- If we are not cost/production conscious, the negative impact may be significant
- **Future risks:**
  - Clinics that incur significant capital or improvement costs
  - Clinics that add additional services and personnel





# Any Questions?





# Jefferson Healthcare

Administrative Report

November 17, 2021

Mike Glenn, CEO

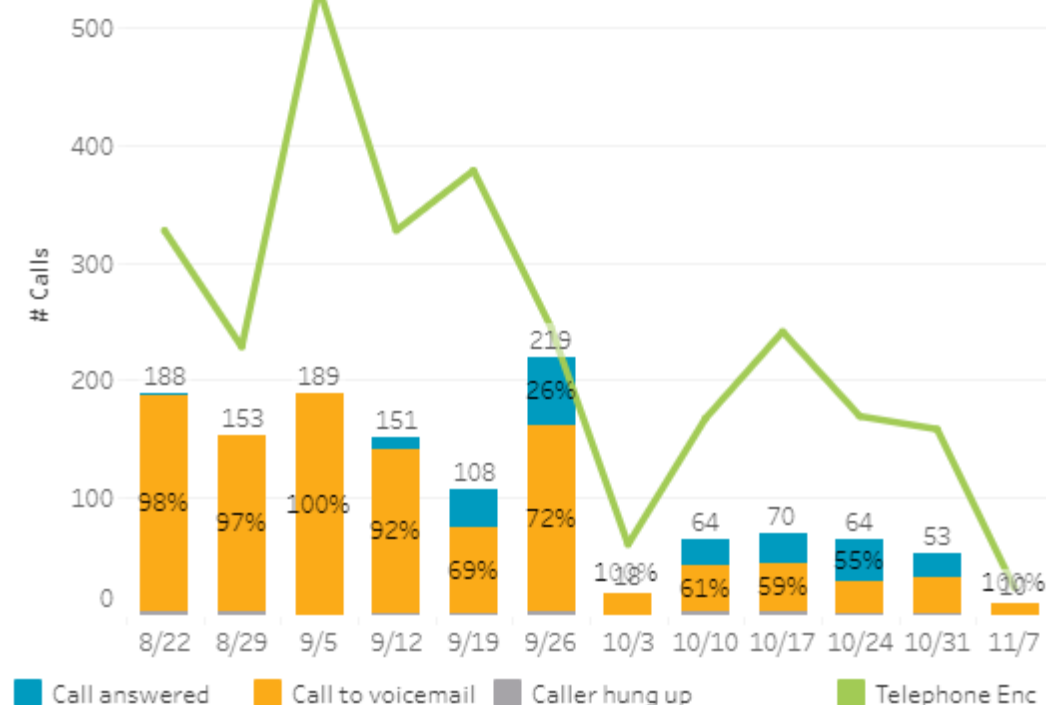


# Jefferson Healthcare Volumes

## 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.

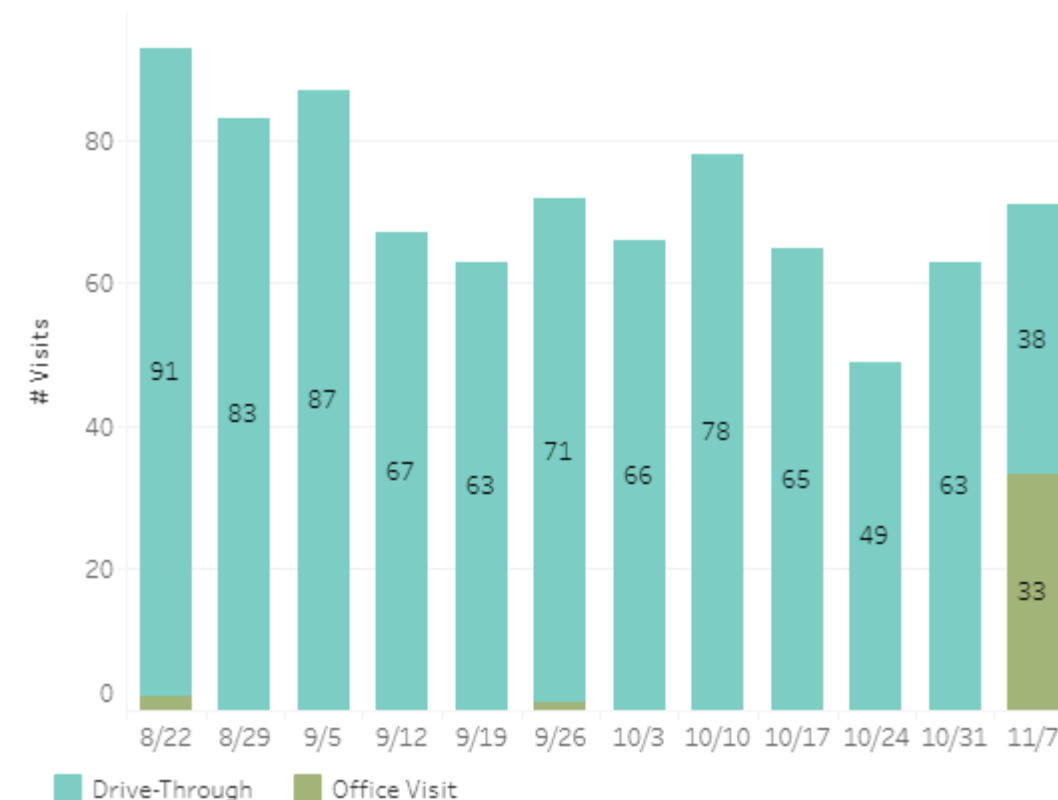


Total call volume since launch of triage line

Inbound Calls	309,110
Calls Answered	236,540
# Telephone Encounters	66,228

Respiratory Clinic visit volumes - by week

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



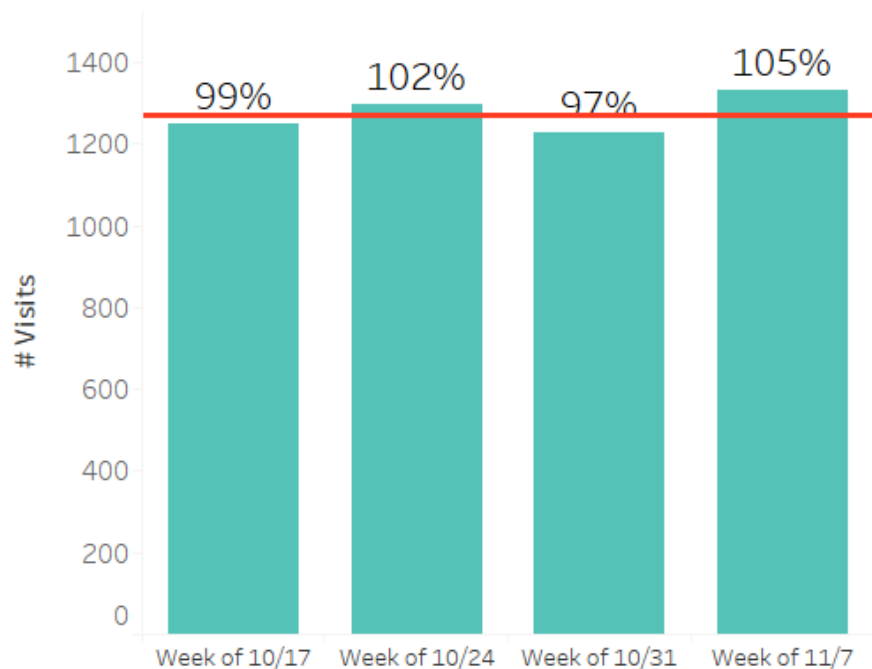
Total Respiratory Evaluation Clinic visits - all time

Drive-Through	14,607
Office Visit	4,855
Total	19,462

# Jefferson Healthcare Volumes

## Primary Care variance to budgeted visits

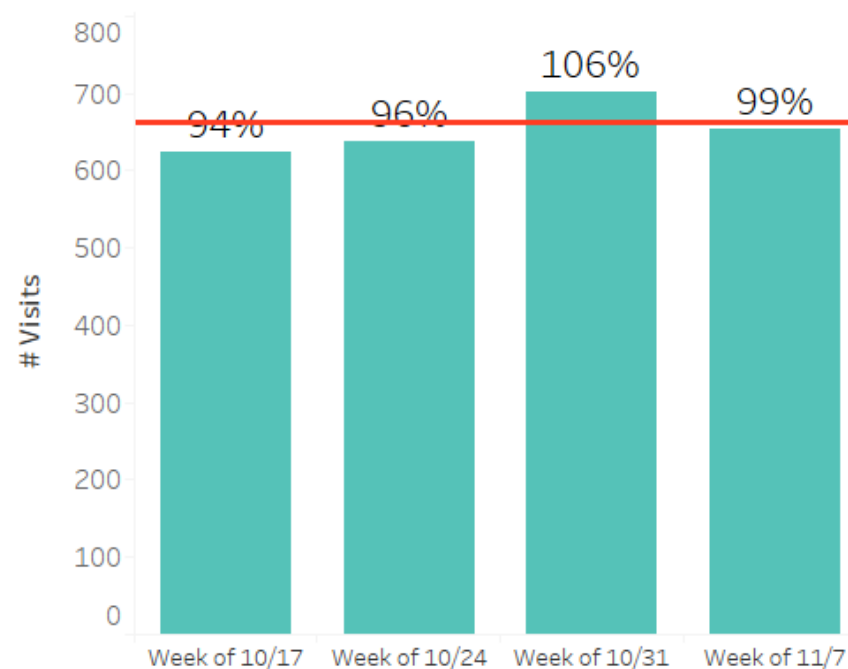
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2021 annual budgets. The labels are % volume to budget for the selected clinics.



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.



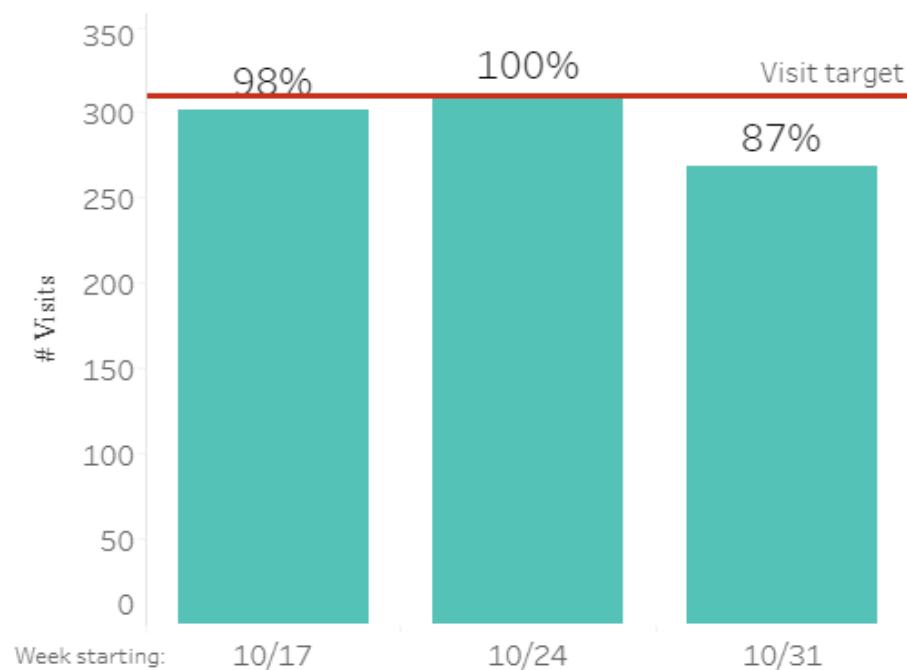
Includes visits in: JHSA clinic, Sleep Medicine, Urology, Women's Clinic, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

# 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.

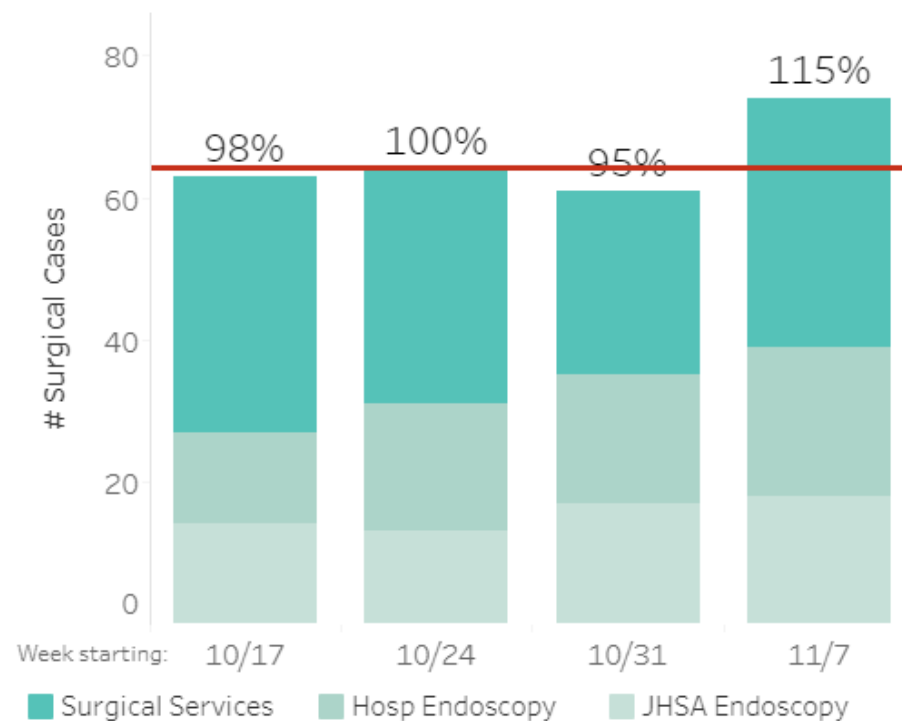
Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.



## 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.

	2/2/2020
Total	479
Express Clinic	229
Emergency	250

### Total Visits, 1/1/2020 to 11/7/2021

Select a department to bring in focus.

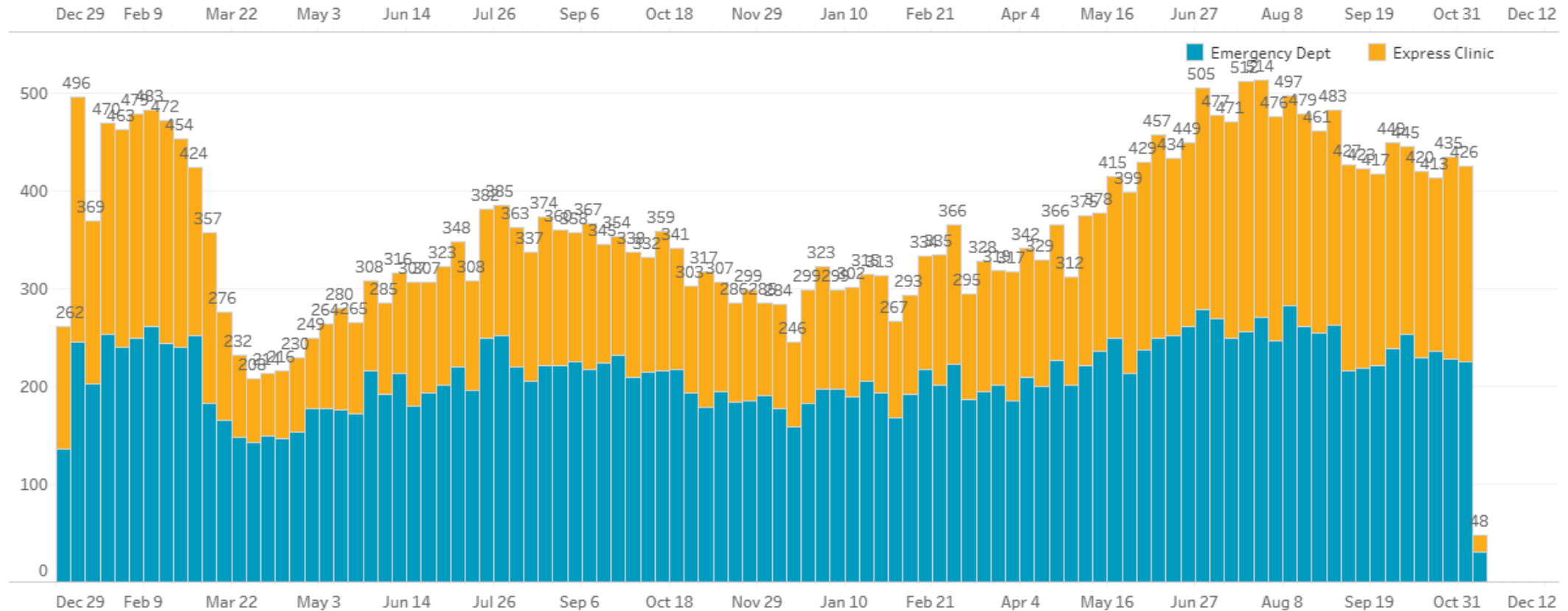
#### Emergency Dept

20,755

#### Express Clinic

14,400

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



# Administrator Update

- Hiring campaign
- November 15 Power outage response
- RN workforce expansion Task Force
- Progressive design build planning process, South Campus (65 building) replacement

# Administrator Update

- Jefferson Healthcare Governance Retreat, January 12
- WSHA Virtual State Advocacy week, January 24-28

# COVID-19 response update

# Questions

