

COVID-19 Notice

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

All meeting attendees, including Board of Commissioners, staff and members of the public shall 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#

Regular Session Agenda
Wednesday, January 26, 2022

| | |
|---|------|
| <u>Call to Order:</u> | 2:00 |
| <u>Approve Agenda:</u> | 2:00 |
| <u>Governance Discussion:</u> | |
| • 2022-2023 Final Strategic Plan | |
| <u>Education Topic:</u> | 2:15 |
| • Annual Cancer Report | |
| ○ Corey Quigley, Nursing Supervisor, Oncology & Infusion Services | |
| ○ Tina Toner, Chief Nursing Officer | |
| <u>Break:</u> | 3:15 |
| <u>Patient Story:</u> Tina Toner, CNO | 3:30 |
| <u>Minutes:</u> Action Requested | 3:40 |
| • December 15, 2021 Special Session Minutes (pg. 2-5) | |
| • January 05, 2022 Special Session Minutes (pg. 6-7) | |
| <u>Required Approvals:</u> Action Requested | 3:50 |
| • November and December Warrants and Adjustments (pg. 8-16) | |
| • Resolution 2022-01 Canceled Warrants (pg. 17) | |
| • Resolution 2022-02 Surplus Equipment (pg. 18) | |
| • Medical Staff Credentials/ Appointments/ Reappointments (pg. 19-21) | |
| <u>CHRO Presentation:</u> | 4:00 |
| • Resolution 2022-03 Union Contracts Ratification (pg. 22) | |
| <u>Quality Report:</u> Brandie Manuel, CPSO | 4:15 |
| <u>Financial Report:</u> Tyler Freeman, CFO | 4:30 |
| <u>Administrative Report:</u> Mike Glenn, CEO | 4:45 |
| <u>Board Business:</u> | 5:00 |
| • Board of Health Report | |
| • Adopt Board Book (pg. 23-36) | |
| • Adopt 2022 Board Calendar (pg. 37-40) | |
| • Adopt Committee Assignments | |
| <u>Meeting Evaluation:</u> | 5:10 |
| <u>Conclude:</u> | 5:15 |

This Regular Session will be officially recorded. Times shown in agenda are estimates only.

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Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, December 15, 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 Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Board Governance Education:

- December 1 Special Session Debrief

Commissioners debriefed their December 1 Special Session meeting.

Education Topic:

- 2022-2023 Final Strategic Plan
 - Mike Glenn, CEO

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

Discussion ensued.

Commissioners will vote on 2022-2023 Final Strategic Plan at the January 19 Special Session meeting.

Break:

Commissioners recessed for break at 3:08 pm.

Commissioner reconvened from break at 3:30 pm.

Patient Story:

Tina Toner, CNO, provided the patient story regarding patient's family members visits to hospital during COVID. With negative experiences with an out of state healthcare system the patient was nervous to go to Jefferson Healthcare. The patient explained they ended up receiving great care and felt like the providers listened and responded to their fears and were also taken well care of by nurses. They felt everyone was kind and courteous. The patient explained they felt fortunate to live in a community with a first class healthcare facility and care.

Minutes:

- November 17, 2021 Special Session Minutes
- December 1, 2021 Special Session Minutes

Commissioner Dressler made a motion to approve the November 17 Special Session Minutes and December 1, 2021 Special Session Minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- November Warrants and Adjustments
- Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the November Warrants and Adjustment, Medical Staff Credentials/ Appointments/ Reappointments. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Quality Report:

Brandie Manuel, CPSO, presented the November Quality Report.

Discussion ensued.

Financial Report:

Tyler Freeman, CFO, presented the November Financial Report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the December Administrative report.

Discussion ensued.

CMO Report

Dr. Joe Mattern, CMO, provided the CMO report which included, COVID cases, Vaccinations, Booster reporting, Omicron, and Therapeutics.

Discussion ensued.

Board Business:

- Board of Health Report

Commissioner Kolff explained the Board of Health meeting had not happened yet due to our meeting being moved up a week but explained what will be on the agenda. He went on to explain the agenda will include a detailed update on the pandemic from Dr. Berry and discussion/proposal for Community Health Improvement plan and Board of Health oversight. He explained there will be a presentation about Jefferson County Accessible County Advisory Committee, Septic System repair/replacement and that Climate crisis discussion will be postponed until January.

- Climate Action Committee

Commissioner Kolff has been asked to join the Climate Action Committee. Commissioner Buhler would like to appoint Commissioner Kolff as the Jefferson Healthcare board representative on the Climate Action Committee.

Discussion ensued.

Commissioners decided to delay discussion/vote until January 19 Special Session.

Discussion ensued around recording special session meetings and upcoming special session meetings.

Commissioner Kolff discussed a Racism Ted Talk provided by Heather McGhee and suggested having the board watch.

Meeting Evaluation:

Commissioners evaluated the meeting.

Break:

Commissioners recessed for break at 5:15pm

Commissioners reconvened from break at 5:25pm

Executive Session:

- Performance of a Public Employer

Commissioner Buhler Rienstra announced they will go into Executive Session for 30 minutes to discuss Performance of a Public Employee. No action will be taken.

Commissioners went into Executive Session at 5:25 pm.

Commissioners came out of Executive Session at 5:55 pm.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:55pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

DRAFT

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When prompted, enter Conference ID number: 849356633#

Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, January 5, 2022

Call to Order:

The meeting was called to order at 5:00pm 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, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Executive Session:

- Discuss potential litigation

Commissioner Buhler Rienstra announced they will go into Executive Session for 60 minutes to discuss potential litigation. No action will be taken.

Commissioners went into Executive Session at 5:00pm.
Commissioners came out of Executive Session at 6:00 pm.

No action was taken.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 6:00pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

DRAFT

Gross Revenue
Inpatient Revenue
Outpatient Revenue

Total Gross Revenue

Revenue Adjustments

Cost Adjustment Medicaid
Cost Adjustment Medicare
Charity Care
Contractual Allowances Other
Administrative Adjustments
Allowance for Uncollectible Accounts

Total Revenue Adjustments

Net Patient Service Revenue

Other Revenue

340B Revenue
Other Operating Revenue

Total Operating Revenues

Operating Expenses

Salaries And Wages
Employee Benefits
Professional Fees
Purchased Services
Supplies
Insurance
Leases And Rentals
Depreciation And Amortization
Repairs And Maintenance
Utilities
Licenses And Taxes
Other

Total Operating Expenses
Operating Income (Loss)

Non Operating Revenues (Expenses)

Taxation For Maint Operations
Taxation For Debt Service
Investment Income
Interest Expense
Bond Issuance Costs
Gain or (Loss) on Disposed Asset
Contributions

Total Non Operating Revenues (Ex

Change in Net Position (Loss)

| | November 2021 Actual | November 2021 Budget | Variance Favorable/ (Unfavorable) | % | November 2021 YTD | November 2021 Budget YTD | Variance Favorable/ (Unfavorable) | % | November 2020 YTD |
|--|-------------------------|-------------------------|---|---------------|----------------------|--------------------------------|---|---------------|----------------------|
| Gross Revenue | | | | | | | | | |
| Inpatient Revenue | 3,763,355 | 4,118,282 | (354,926) | -9% | 36,461,187 | 45,850,204 | (9,389,017) | -20% | 34,253,936 |
| Outpatient Revenue | 21,114,525 | 19,596,962 | 1,517,564 | 8% | 237,157,598 | 218,179,506 | 18,978,092 | 9% | 197,478,660 |
| Total Gross Revenue | 24,877,881 | 23,715,243 | 1,162,637 | 5% | 273,618,785 | 264,029,710 | 9,589,074 | 4% | 231,732,596 |
| Revenue Adjustments | | | | | | | | | |
| Cost Adjustment Medicaid | 1,669,007 | 2,559,095 | 890,088 | 35% | 21,962,327 | 28,491,259 | 6,528,933 | 23% | 19,390,453 |
| Cost Adjustment Medicare | 7,831,493 | 7,691,098 | (140,395) | -2% | 92,371,863 | 85,627,559 | (6,744,303) | -8% | 81,410,778 |
| Charity Care | 265,096 | 225,526 | (39,570) | -18% | 3,688,744 | 2,510,851 | (1,177,894) | -47% | 3,258,543 |
| Contractual Allowances Other | 2,153,132 | 1,812,454 | (340,677) | -19% | 23,500,274 | 20,178,658 | (3,321,617) | -16% | 22,921,246 |
| Administrative Adjustments | 13,594 | 106,474 | 92,880 | 87% | 396,098 | 1,185,408 | 789,310 | 67% | 114,795 |
| Allowance for Uncollectible Accounts | 426,670 | 447,001 | 20,331 | 5% | 7,484,220 | 4,976,616 | (2,507,604) | -50% | 625,256 |
| Total Revenue Adjustments | 12,358,991 | 12,841,648 | 482,657 | 4% | 149,403,526 | 142,970,351 | (6,433,175) | -4% | 127,721,072 |
| Net Patient Service Revenue | 12,518,889 | 10,873,595 | 1,645,294 | 15% | 124,215,259 | 121,059,359 | 3,155,899 | 3% | 104,011,524 |
| Other Revenue | | | | | | | | | |
| 340B Revenue | 394,642 | 304,110 | 90,532 | 30% | 3,695,457 | 3,385,753 | 309,703 | 9% | 2,773,780 |
| Other Operating Revenue | 411,265 | 227,987 | 183,278 | 80% | 3,882,530 | 2,538,251 | 1,344,279 | 53% | 10,157,298 |
| Total Operating Revenues | 13,324,796 | 11,405,691 | 1,919,105 | 17% | 131,793,245 | 126,983,364 | 4,809,881 | 4% | 116,942,602 |
| Operating Expenses | | | | | | | | | |
| Salaries And Wages | 5,670,912 | 5,609,938 | (60,974) | -1% | 63,583,523 | 62,457,314 | (1,126,209) | -2% | 59,259,794 |
| Employee Benefits | 1,147,980 | 1,439,719 | 291,739 | 20% | 14,547,690 | 16,028,868 | 1,481,178 | 9% | 13,688,630 |
| Professional Fees | 200,395 | 129,042 | (71,353) | -55% | 1,991,078 | 1,436,668 | (554,410) | -39% | 2,122,756 |
| Purchased Services | 875,287 | 678,462 | (196,825) | -29% | 8,394,579 | 7,553,541 | (841,038) | -11% | 8,004,060 |
| Supplies | 2,770,595 | 2,117,736 | (652,859) | -31% | 26,784,341 | 23,577,462 | (3,206,879) | -14% | 23,485,112 |
| Insurance | 106,594 | 82,670 | (23,924) | -29% | 1,048,181 | 920,388 | (127,794) | -14% | 825,080 |
| Leases And Rentals | 67,378 | 34,623 | (32,754) | -95% | 398,670 | 385,475 | (13,196) | -3% | 135,715 |
| Depreciation And Amortization | 391,217 | 519,863 | 128,646 | 25% | 5,212,290 | 5,787,810 | 575,520 | 10% | 5,648,618 |
| Repairs And Maintenance | 53,801 | 99,930 | 46,129 | 46% | 597,228 | 1,112,555 | 515,327 | 46% | 779,493 |
| Utilities | 71,024 | 95,357 | 24,334 | 26% | 1,086,841 | 1,061,644 | (25,198) | -2% | 1,083,536 |
| Licenses And Taxes | 100,484 | 61,988 | (38,495) | -62% | 776,744 | 690,135 | (86,609) | -13% | 679,998 |
| Other | 117,325 | 193,412 | 76,087 | 39% | 1,669,243 | 2,153,320 | 484,077 | 22% | 1,691,575 |
| Total Operating Expenses | 11,572,990 | 11,062,741 | (510,250) | -5% | 126,090,410 | 123,165,180 | (2,925,231) | -2% | 117,404,368 |
| Operating Income (Loss) | 1,751,806 | 342,951 | 1,408,855 | 411% | 5,702,835 | 3,818,184 | 1,884,651 | 49% | (461,766) |
| Non Operating Revenues (Expenses) | | | | | | | | | |
| Taxation For Maint Operations | 23,101 | 23,030 | 71 | 0% | 254,110 | 256,402 | (2,292) | -1% | 279,567 |
| Taxation For Debt Service | 40,691 | 18,066 | 22,626 | 125% | 424,837 | 201,132 | 223,705 | 111% | 239,992 |
| Investment Income | 4,716 | 27,288 | (22,572) | -83% | 52,307 | 303,803 | (251,495) | -83% | 188,084 |
| Interest Expense | (82,719) | (86,744) | 4,025 | 5% | (932,264) | (965,753) | 33,489 | 3% | (988,193) |
| Bond Issuance Costs | - | - | - | 0% | - | - | - | 0% | 0 |
| Gain or (Loss) on Disposed Asset | - | - | - | 0% | - | - | - | 0% | - |
| Contributions | 1,840 | 17,877 | (16,037) | -90% | 36,647 | 199,027 | (162,380) | -82% | 354,874 |
| Total Non Operating Revenues (Ex | (12,371) | (484) | (11,887) | -2456% | (164,362) | (5,388) | (158,974) | -2950% | 74,323 |
| Change in Net Position (Loss) | 1,739,435 | 342,467 | 1,396,968 | 408% | 5,538,473 | 3,812,795 | 1,725,677 | 45% | (387,443) |

Gross Revenue
Inpatient Revenue
Outpatient Revenue

Total Gross Revenue

Revenue Adjustments

Cost Adjustment Medicaid
Cost Adjustment Medicare
Charity Care
Contractual Allowances Other
Administrative Adjustments
Allowance for Uncollectible Accounts

Total Revenue Adjustments

Net Patient Service Revenue

Other Revenue

340B Revenue
Other Operating Revenue

Total Operating Revenues

Operating Expenses

Salaries And Wages
Employee Benefits
Professional Fees
Purchased Services
Supplies
Insurance
Leases And Rentals
Depreciation And Amortization
Repairs And Maintenance
Utilities
Licenses And Taxes
Other

Total Operating Expenses
Operating Income (Loss)

Non Operating Revenues (Expenses)

Taxation For Maint Operations
Taxation For Debt Service
Investment Income
Interest Expense
Bond Issuance Costs
Gain or (Loss) on Disposed Asset
Contributions

Total Non Operating Revenues (Ex

Change in Net Position (Loss)

| | December 2021 Actual | December 2021 Budget | Variance Favorable/ (Unfavorable) | % | December 2021 YTD | December 2021 Budget YTD | Variance Favorable/ (Unfavorable) | % | December 2020 YTD |
|--|-------------------------|-------------------------|---|---------------|----------------------|--------------------------------|---|---------------|----------------------|
| Gross Revenue | | | | | | | | | |
| Inpatient Revenue | 3,337,048 | 4,255,558 | (918,510) | -22% | 39,798,235 | 50,105,762 | (10,307,527) | -21% | 36,422,817 |
| Outpatient Revenue | 21,058,028 | 20,250,194 | 807,835 | 4% | 258,215,627 | 238,429,700 | 19,785,927 | 8% | 219,712,976 |
| Total Gross Revenue | 24,395,077 | 24,505,752 | (110,675) | 0% | 298,013,861 | 288,535,462 | 9,478,399 | 3% | 256,135,793 |
| Revenue Adjustments | | | | | | | | | |
| Cost Adjustment Medicaid | 1,701,030 | 2,644,398 | 943,369 | 36% | 23,663,356 | 31,135,658 | 7,472,302 | 24% | 20,576,268 |
| Cost Adjustment Medicare | 6,906,863 | 7,947,468 | 1,040,605 | 13% | 99,278,725 | 93,575,027 | (5,703,698) | -6% | 87,017,560 |
| Charity Care | 183,518 | 233,043 | 49,525 | 21% | 3,872,263 | 2,743,894 | (1,128,369) | -41% | 2,858,135 |
| Contractual Allowances Other | 908,027 | 1,872,869 | 964,842 | 52% | 24,408,302 | 22,051,527 | (2,356,775) | -11% | 25,834,176 |
| Administrative Adjustments | 23,925 | 110,023 | 86,098 | 78% | 420,023 | 1,295,431 | 875,408 | 68% | 99,324 |
| Allowance for Uncollectible Accounts | 2,928,270 | 461,901 | (2,466,369) | -534% | 10,412,490 | 5,438,517 | (4,973,973) | -91% | 2,943,230 |
| Total Revenue Adjustments | 12,651,634 | 13,269,703 | 618,070 | 5% | 162,055,160 | 156,240,054 | (5,815,106) | -4% | 139,328,693 |
| Net Patient Service Revenue | 11,743,443 | 11,236,048 | 507,394 | 5% | 135,958,701 | 132,295,408 | 3,663,293 | 3% | 116,807,100 |
| Other Revenue | | | | | | | | | |
| 340B Revenue | 322,632 | 314,247 | 8,386 | 3% | 4,018,089 | 3,700,000 | 318,089 | 9% | 3,013,339 |
| Other Operating Revenue | 770,326 | 235,586 | 534,740 | 227% | 4,652,856 | 2,773,837 | 1,879,019 | 68% | 12,249,310 |
| Total Operating Revenues | 12,836,401 | 11,785,881 | 1,050,520 | 9% | 144,629,646 | 138,769,245 | 5,860,401 | 4% | 132,069,748 |
| Operating Expenses | | | | | | | | | |
| Salaries And Wages | 5,909,552 | 5,796,936 | (112,615) | -2% | 69,493,075 | 68,254,251 | (1,238,824) | -2% | 65,363,393 |
| Employee Benefits | 1,177,522 | 1,487,709 | 310,188 | 21% | 15,725,212 | 17,516,577 | 1,791,365 | 10% | 14,861,023 |
| Professional Fees | 327,172 | 133,343 | (193,829) | -145% | 2,318,251 | 1,570,012 | (748,239) | -48% | 2,309,334 |
| Purchased Services | 770,126 | 701,077 | (69,048) | -10% | 9,164,705 | 8,254,619 | (910,086) | -11% | 9,148,215 |
| Supplies | 2,402,590 | 2,188,327 | (214,263) | -10% | 29,186,932 | 25,765,790 | (3,421,142) | -13% | 24,723,512 |
| Insurance | 113,951 | 85,425 | (28,526) | -33% | 1,162,132 | 1,005,813 | (156,319) | -16% | 897,783 |
| Leases And Rentals | 66,440 | 35,778 | (30,663) | -86% | 465,111 | 421,252 | (43,859) | -10% | 1,616,220 |
| Depreciation And Amortization | 380,438 | 537,192 | 156,754 | 29% | 5,592,728 | 6,325,002 | 732,274 | 12% | 4,814,047 |
| Repairs And Maintenance | 32,457 | 103,261 | 70,804 | 69% | 629,685 | 1,215,816 | 586,131 | 48% | 1,025,865 |
| Utilities | 110,592 | 98,536 | (12,056) | -12% | 1,197,433 | 1,160,179 | (37,254) | -3% | 1,203,550 |
| Licenses And Taxes | 61,769 | 64,054 | 2,286 | 4% | 838,512 | 754,189 | (84,323) | -11% | 749,437 |
| Other | 104,625 | 199,859 | 95,234 | 48% | 1,773,868 | 2,353,179 | 579,312 | 25% | 2,086,683 |
| Total Operating Expenses | 11,457,233 | 11,431,499 | (25,734) | 0% | 137,547,643 | 134,596,679 | (2,950,964) | -2% | 128,799,064 |
| Operating Income (Loss) | 1,379,168 | 354,382 | 1,024,786 | 289% | 7,082,003 | 4,172,566 | 2,909,437 | 70% | 3,270,684 |
| Non Operating Revenues (Expenses) | | | | | | | | | |
| Taxation For Maint Operations | 23,101 | 23,798 | (697) | -3% | 277,211 | 280,200 | (2,989) | -1% | 243,631 |
| Taxation For Debt Service | 20,321 | 18,668 | 1,653 | 9% | 445,159 | 219,800 | 225,359 | 103% | 211,771 |
| Investment Income | 4,023 | 28,197 | (24,175) | -86% | 56,330 | 332,000 | (275,670) | -83% | 198,310 |
| Interest Expense | (82,762) | (89,636) | 6,874 | 8% | (1,015,026) | (1,055,389) | 40,363 | 4% | (977,279) |
| Bond Issuance Costs | - | - | - | 0% | - | - | - | 0% | 0 |
| Gain or (Loss) on Disposed Asset | - | - | - | 0% | - | - | - | 0% | - |
| Contributions | 13,616 | 18,473 | (4,856) | -26% | 50,264 | 217,500 | (167,236) | -77% | 354,874 |
| Total Non Operating Revenues (Ex | (21,700) | (500) | (21,200) | -4239% | (186,062) | (5,889) | (180,173) | -3059% | 31,306 |
| Change in Net Position (Loss) | 1,357,468 | 353,882 | 1,003,586 | 284% | 6,895,940 | 4,166,677 | 2,729,263 | 66% | 3,301,991 |

STATISTIC DESCRIPTION

| | NOVEMBER 2021 | | | | | | NOVEMBER 2020 | | | |
|--|---------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | MO ACTUAL | MO BUDGET | % VARIANCE | YTD ACTUAL | YTD BUDGET | % VARIANCE | MO ACTUAL | % VARIANCE | YTD ACTUAL | % VARIANCE |
| FTEs - TOTAL (AVG) | 599.11 | 625.21 | 4% | 598.01 | 625.21 | 4% | 628.06 | 5% | 604.65 | 1% |
| FTEs - PRODUCTIVE (AVG) | 527.92 | 559.80 | 6% | 526.95 | 559.80 | 6% | 561.02 | 6% | 539.73 | 2% |
| ADJUSTED PATIENT DAYS | - | 2,161 | -100% | 24,823 | 24,063 | 3% | 2,656 | -100% | 21,575 | 15% |
| ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS) | 104 | 73 | 42% | 929 | 814 | 14% | 53 | 96% | 624 | 33% |
| ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS) | 309 | 320 | -3% | 3,052 | 3,561 | -14% | 261 | 18% | 2,781 | 9% |
| SWING IP PATIENT DAYS (MIDNIGHT CENSUS) | - | 22 | -100% | 112 | 248 | -55% | - | 0% | 152 | -36% |
| PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION | 413 | 415 | 0% | 4,093 | 4,623 | -11% | 314 | 32% | 3,557 | 13% |
| BIRTHS | 4 | 9 | -56% | 78 | 105 | -26% | 7 | -43% | 85 | -9% |
| SURGERY CASES (IN OR) | 134 | 123 | 9% | 1,398 | 1,373 | 2% | 98 | 37% | 1,129 | 19% |
| SURGERY MINUTES (IN OR) | 16,591 | 14,381 | 15% | 181,480 | 160,111 | 13% | 13,263 | 25% | 146,369 | 19% |
| SPECIAL PROCEDURE CASES | 68 | 75 | -9% | 807 | 833 | -3% | 75 | -9% | 645 | 20% |
| LAB BILLABLE TESTS | 20,453 | 20,874 | -2% | 238,989 | 232,395 | 3% | 19,074 | 7% | 203,685 | 15% |
| BLOOD BANK UNITS MATCHED | - | 46 | -100% | - | 515 | -100% | - | 0% | 309 | 0% |
| MRIs COMPLETED | 187 | 230 | -19% | 2,211 | 2,562 | -14% | 186 | 1% | 1,933 | 13% |
| CT SCANS COMPLETED | 546 | 526 | 4% | 6,151 | 5,856 | 5% | 454 | 20% | 5,074 | 18% |
| RADIOLOGY DIAGNOSTIC TESTS | 1,363 | 1,532 | -11% | 16,751 | 17,057 | -2% | 1,276 | 7% | 14,985 | 11% |
| ECHOs COMPLETED | 154 | 134 | 15% | 1,785 | 1,487 | 20% | 161 | -4% | 1,464 | 18% |
| ULTRASOUNDS COMPLETED | 293 | 335 | -13% | 3,633 | 3,726 | -2% | 289 | 1% | 3,185 | 12% |
| MAMMOGRAPHYS COMPLETED | 131 | 252 | -48% | 2,718 | 2,802 | -3% | 238 | -45% | 2,210 | 19% |
| NUCLEAR MEDICINE TESTS | 43 | 37 | 16% | 511 | 411 | 24% | 33 | 30% | 382 | 25% |
| TOTAL DIAGNOSTIC IMAGING TESTS | 2,717 | 3,046 | -11% | 33,760 | 33,901 | 0% | 2,637 | 3% | 29,233 | 13% |
| PHARMACY MEDS DISPENSED | 21,290 | 23,663 | -10% | 219,689 | 263,444 | -17% | 16,485 | 29% | 201,889 | 8% |
| ANTI COAG VISITS | 419 | 395 | 6% | 4,351 | 4,402 | -1% | 389 | 8% | 4,149 | 5% |
| RESPIRATORY THERAPY PROCEDURES | 3,181 | 3,607 | -12% | 31,297 | 40,154 | -22% | 2,134 | 49% | 26,288 | 16% |
| PULMONARY REHAB RVUs | 74 | 229 | -68% | 985 | 2,553 | -61% | 90 | -18% | 1,362 | -38% |
| PHYSICAL THERAPY RVUs | 6,323 | 7,403 | -15% | 78,814 | 82,418 | -4% | 6,019 | 5% | 69,114 | 12% |
| OCCUPATIONAL THERAPY RVUs | 894 | 1,075 | -17% | 10,835 | 11,971 | -9% | 1,117 | -20% | 12,034 | -11% |
| SPEECH THERAPY RVUs | 209 | 213 | -2% | 3,126 | 2,376 | 32% | 176 | 19% | 2,423 | 22% |
| REHAB/PT/OT/ST RVUs | 7,500 | 8,920 | -16% | 93,760 | 99,318 | -6% | 7,402 | 1% | 84,933 | 9% |
| ER CENSUS | 964 | 1,074 | -10% | 10,768 | 11,955 | -10% | 787 | 22% | 9,853 | 8% |
| EXPRESS CLINIC | 778 | 803 | -3% | 8,049 | 8,938 | -10% | 493 | 58% | 6,363 | 21% |
| SOCO PATIENT VISITS | 111 | 159 | -30% | 1,295 | 1,775 | -27% | 158 | -30% | 1,567 | -21% |
| PORT LUDLOW PATIENT VISITS | 557 | 641 | -13% | 6,753 | 7,138 | -5% | 533 | 5% | 5,960 | 12% |
| SHERIDAN PATIENT VISITS | 2,571 | 2,581 | 0% | 28,894 | 28,735 | 1% | 2,384 | 8% | 24,195 | 16% |
| DENTAL CLINIC | 414 | 385 | 8% | 4,401 | 4,291 | 3% | 296 | 40% | 2,968 | 33% |
| WATERSHIP CLINIC PATIENT VISITS | 997 | 1,156 | -14% | 11,163 | 12,865 | -13% | 840 | 19% | 10,259 | 8% |
| TOWNSEND PATIENT VISITS | 529 | 536 | -1% | 5,957 | 5,965 | 0% | 533 | -1% | 4,790 | 20% |
| TOTAL RURAL HEALTH CLINIC VISITS | 5,957 | 6,261 | -5% | 66,512 | 69,707 | -5% | 5,237 | 14% | 56,102 | 16% |
| OFF-SITE LAB | 185 | - | 0% | 8,223 | - | 0% | 1,446 | -87% | 8,038 | 2% |
| DISASTER CLINIC | - | - | 0% | 127 | - | 0% | 103 | -100% | 1,468 | -1056% |
| TOTAL COVID RESPONSE | 185 | - | 0% | 8,350 | - | 0% | 1,549 | -88% | 9,506 | -14% |
| CARDIOLOGY CLINIC VISITS | 465 | 329 | 41% | 5,127 | 3,660 | 40% | 475 | -2% | 3,985 | 22% |
| DERMATOLOGY CLINIC VISITS | 631 | 542 | 16% | 6,296 | 6,039 | 4% | 679 | -7% | 6,626 | -5% |
| GEN SURG PATIENT VISITS | 279 | 302 | -8% | 3,377 | 3,363 | 0% | 256 | 9% | 2,668 | 21% |
| ONCOLOGY VISITS | 462 | 575 | -20% | 5,816 | 6,403 | -9% | 533 | -13% | 5,781 | 1% |
| ORTHO PATIENT VISITS | 676 | 706 | -4% | 7,628 | 7,857 | -3% | 633 | 7% | 7,044 | 8% |
| SLEEP CLINIC VISITS | 159 | 137 | 16% | 1,177 | 1,529 | -23% | 158 | 1% | 1,709 | -45% |
| UROLOGY VISITS | 171 | 222 | -23% | 1,906 | 2,471 | -23% | 189 | -10% | 1,790 | 6% |
| WOMENS CLINIC VISITS | 208 | 267 | -22% | 3,073 | 2,970 | 3% | 261 | -20% | 1,669 | 46% |
| WOUND CLINIC VISITS | 237 | 268 | -12% | 2,753 | 2,983 | -8% | 178 | 33% | 2,426 | 12% |
| TOTAL SPECIALTY CLINIC VISITS | 3,288 | 3,348 | -2% | 37,153 | 37,275 | 0% | 3,362 | -2% | 33,698 | 9% |
| SLEEP CENTER SLEEP STUDIES | 59 | 63 | -6% | 450 | 703 | -36% | 33 | 79% | 526 | -17% |
| INFUSION CENTER VISITS | 702 | 823 | -15% | 8,307 | 9,165 | -9% | 681 | 3% | 7,731 | 7% |
| SURGERY CENTER ENDOSCOPIES | 71 | 76 | -7% | 831 | 851 | -2% | 76 | -7% | 697 | 16% |
| HOME HEALTH EPISODES | 54 | 58 | -7% | 547 | 647 | -15% | 46 | 17% | 567 | -4% |
| HOSPICE CENSUS/DAYS | 1,082 | 725 | 49% | 11,532 | 8,069 | 43% | 1,155 | -6% | 12,020 | -4% |
| CARDIAC REHAB SESSIONS | - | 82 | -100% | 468 | 915 | -49% | 56 | -100% | 768 | -64% |
| DIETARY TOTAL REVENUE | 49,925 | 58,734 | -15% | 554,152 | 653,901 | -15% | 55,249 | -10% | 670,743 | -21% |
| MAT MGMT TOTAL ORDERS PROCESSED | 1,415 | 2,136 | -34% | 18,276 | 23,775 | -23% | 1,923 | -26% | 21,378 | -17% |
| EXERCISE FOR HEALTH PARTICIPANTS | - | 280 | -100% | - | 3,120 | -100% | - | 0% | 1,240 | 0% |

STATISTIC DESCRIPTION

| | DECEMBER 2021 | | | | | | DECEMBER 2020 | | | |
|--|---------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | MO ACTUAL | MO BUDGET | % VARIANCE | YTD ACTUAL | YTD BUDGET | % VARIANCE | MO ACTUAL | % VARIANCE | YTD ACTUAL | % VARIANCE |
| FTEs - TOTAL (AVG) | 599.11 | 625.21 | 4% | 598.01 | 625.21 | 4% | 621.02 | 4% | 605.91 | 1% |
| FTEs - PRODUCTIVE (AVG) | 527.92 | 559.80 | 6% | 526.95 | 559.80 | 6% | 536.63 | 2% | 539.49 | 2% |
| ADJUSTED PATIENT DAYS | 2,437 | 2,233 | 9% | 32,396 | 26,296 | 23% | 3,133 | -22% | 24,709 | 31% |
| ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS) | 95 | 76 | 25% | 1,024 | 890 | 15% | 58 | 64% | 682 | 33% |
| ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS) | 240 | 331 | -27% | 3,292 | 3,892 | -15% | 221 | 9% | 3,002 | 9% |
| SWING IP PATIENT DAYS (MIDNIGHT CENSUS) | 15 | 23 | -35% | 127 | 271 | -53% | 15 | 0% | 167 | -31% |
| PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION | 350 | 430 | -19% | 4,443 | 5,053 | -12% | 294 | 19% | 3,851 | 13% |
| BIRTHS | 8 | 10 | -20% | 86 | 115 | -25% | 3 | 167% | 88 | -2% |
| SURGERY CASES (IN OR) | 113 | 127 | -11% | 1,511 | 1,500 | 1% | 149 | -24% | 1,278 | 15% |
| SURGERY MINUTES (IN OR) | 14,185 | 14,861 | -5% | 195,665 | 174,972 | 12% | 18,179 | -22% | 164,548 | 16% |
| SPECIAL PROCEDURE CASES | 66 | 77 | -14% | 873 | 910 | -4% | 62 | 6% | 707 | 19% |
| LAB BILLABLE TESTS | 20,946 | 21,570 | -3% | 259,935 | 253,965 | 2% | 19,835 | 6% | 223,520 | 14% |
| BLOOD BANK UNITS MATCHED | 38 | 48 | -21% | 98 | 563 | -83% | - | 0% | 309 | -215% |
| MRIs COMPLETED | 197 | 238 | -17% | 2,408 | 2,800 | -14% | 214 | -8% | 2,147 | 11% |
| CT SCANS COMPLETED | 569 | 544 | 5% | 6,720 | 6,400 | 5% | 481 | 18% | 5,555 | 17% |
| RADIOLOGY DIAGNOSTIC TESTS | 1,380 | 1,583 | -13% | 18,131 | 18,640 | -3% | 1,280 | 8% | 16,265 | 10% |
| ECHOs COMPLETED | 176 | 138 | 28% | 1,961 | 1,625 | 21% | 187 | -6% | 1,651 | 16% |
| ULTRASOUNDS COMPLETED | 304 | 346 | -12% | 3,937 | 4,072 | -3% | 350 | -13% | 3,535 | 10% |
| MAMMOGRAPHYS COMPLETED | 218 | 260 | -16% | 2,936 | 3,062 | -4% | 254 | -14% | 2,464 | 16% |
| NUCLEAR MEDICINE TESTS | 47 | 38 | 24% | 558 | 449 | 24% | 54 | -13% | 436 | 22% |
| TOTAL DIAGNOSTIC IMAGING TESTS | 2,891 | 3,147 | -8% | 36,651 | 37,048 | -1% | 2,820 | 3% | 32,053 | 13% |
| PHARMACY MEDS DISPENSED | 19,139 | 24,451 | -22% | 238,828 | 287,895 | -17% | 17,829 | 7% | 219,718 | 8% |
| ANTI COAG VISITS | 379 | 409 | -7% | 4,730 | 4,811 | -2% | 387 | -2% | 4,536 | 4% |
| RESPIRATORY THERAPY PROCEDURES | 3,243 | 3,727 | -13% | 34,540 | 43,881 | -21% | 2,436 | 33% | 28,724 | 17% |
| PULMONARY REHAB RVUs | 95 | 237 | -60% | 1,080 | 2,790 | -61% | 2 | 4650% | 1,364 | -26% |
| PHYSICAL THERAPY RVUs | 5,811 | 7,650 | -24% | 84,689 | 90,068 | -6% | 6,384 | -9% | 75,498 | 11% |
| OCCUPATIONAL THERAPY RVUs | 705 | 1,111 | -37% | 11,540 | 13,082 | -12% | 1,084 | -35% | 13,118 | -14% |
| SPEECH THERAPY RVUs | 131 | 220 | -40% | 3,257 | 2,596 | 25% | 170 | -23% | 2,593 | 20% |
| REHAB/PT/OT/ST RVUs | 6,742 | 9,218 | -27% | 100,566 | 108,536 | -7% | 7,640 | -12% | 92,573 | 8% |
| ER CENSUS | 974 | 1,110 | -12% | 11,742 | 13,065 | -10% | 811 | 20% | 10,664 | 9% |
| EXPRESS CLINIC | 891 | 830 | 7% | 8,940 | 9,768 | -8% | 457 | 95% | 6,820 | 24% |
| SOCO PATIENT VISITS | 77 | 165 | -53% | 1,372 | 1,940 | -29% | 134 | -43% | 1,701 | -24% |
| PORT LUDLOW PATIENT VISITS | 546 | 662 | -18% | 7,299 | 7,800 | -6% | 599 | -9% | 6,559 | 10% |
| SHERIDAN PATIENT VISITS | 2,476 | 2,667 | -7% | 31,370 | 31,402 | 0% | 2,622 | -6% | 26,817 | 15% |
| DENTAL CLINIC | 388 | 398 | -3% | 4,789 | 4,689 | 2% | 300 | 29% | 3,268 | 32% |
| WATERSHIP CLINIC PATIENT VISITS | 940 | 1,194 | -21% | 12,103 | 14,059 | -14% | 981 | -4% | 11,240 | 7% |
| TOWNSEND PATIENT VISITS | 454 | 554 | -18% | 6,411 | 6,519 | -2% | 539 | -16% | 6,404 | 0% |
| TOTAL RURAL HEALTH CLINIC VISITS | 5,772 | 6,470 | -11% | 72,284 | 76,177 | -5% | 5,632 | 2% | 62,809 | 13% |
| OFF-SITE LAB | - | - | 0% | 8,223 | - | 0% | 1,255 | -100% | 9,293 | -13% |
| DISASTER CLINIC | - | - | 0% | 127 | - | 0% | 71 | -100% | 1,539 | -1112% |
| TOTAL COVID RESPONSE | - | - | 0% | 8,350 | - | 0% | 1,326 | -100% | 10,832 | -30% |
| CARDIOLOGY CLINIC VISITS | 427 | 340 | 26% | 5,554 | 4,000 | 39% | 468 | -9% | 4,453 | 20% |
| DERMATOLOGY CLINIC VISITS | 630 | 561 | 12% | 6,926 | 6,600 | 5% | 685 | -8% | 7,311 | -6% |
| GEN SURG PATIENT VISITS | 265 | 312 | -15% | 3,642 | 3,675 | -1% | 198 | 34% | 2,866 | 21% |
| ONCOLOGY VISITS | 426 | 594 | -28% | 6,242 | 6,997 | -11% | 584 | -27% | 6,365 | -2% |
| ORTHO PATIENT VISITS | 733 | 729 | 1% | 8,361 | 8,586 | -3% | 706 | 4% | 7,750 | 7% |
| SLEEP CLINIC VISITS | 136 | 142 | -4% | 1,313 | 1,671 | -21% | 96 | 42% | 1,805 | -37% |
| UROLOGY VISITS | 129 | 229 | -44% | 2,035 | 2,700 | -25% | 154 | -16% | 1,944 | 4% |
| WOMENS CLINIC VISITS | 245 | 276 | -11% | 3,318 | 3,246 | 2% | 301 | -19% | 1,970 | 41% |
| WOUND CLINIC VISITS | 196 | 277 | -29% | 2,949 | 3,260 | -10% | 188 | 4% | 2,614 | 11% |
| TOTAL SPECIALTY CLINIC VISITS | 3,187 | 3,460 | -8% | 40,340 | 40,735 | -1% | 3,380 | -6% | 37,078 | 8% |
| SLEEP CENTER SLEEP STUDIES | 50 | 65 | -23% | 500 | 768 | -35% | 28 | 79% | 554 | -11% |
| INFUSION CENTER VISITS | 783 | 851 | -8% | 9,090 | 10,016 | -9% | 726 | 8% | 8,457 | 7% |
| SURGERY CENTER ENDOSCOPIES | 70 | 79 | -11% | 901 | 930 | -3% | 67 | 4% | 764 | 15% |
| HOME HEALTH EPISODES | 49 | 60 | -18% | 598 | 707 | -15% | 40 | 23% | 607 | -2% |
| HOSPICE CENSUS/DAYS | 1,101 | 749 | 47% | 12,633 | 8,818 | 43% | 1,211 | -9% | 13,231 | -5% |
| CARDIAC REHAB SESSIONS | - | 85 | -100% | 468 | 1,000 | -53% | - | 0% | 768 | -64% |
| DIETARY TOTAL REVENUE | 6,211 | 60,691 | -90% | 76,029 | 714,592 | -89% | 56,686 | -89% | 727,429 | -857% |
| MAT MGMT TOTAL ORDERS PROCESSED | 1,649 | 2,207 | -25% | 19,925 | 25,982 | -23% | 1,460 | 13% | 22,838 | -15% |
| EXERCISE FOR HEALTH PARTICIPANTS | - | 290 | -100% | - | 3,410 | -100% | - | 0% | 1,240 | 0% |

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: NOVEMBER 2021 WARRANT SUMMARY**

The following items need to be approved at the next commission meeting:

| | | |
|--|------------------------|---------------------------------|
| General Fund Warrants & ACH Transfers | \$16,222,575.63 | (Provided under separate cover) |
| Allowance for Uncollectible Accounts / Charity | \$705,359.69 | (Attached) |
| Canceled Warrants | \$0.00 | (Attached) |

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: NOVEMBER 2021 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

| | | |
|---------------|--------|------------------|
| 284742 | 285402 | \$4,365,900.99 |
| ACH TRANSFERS | | \$11,856,674.64 |
| | | <hr/> |
| | | \$16,222,575.63 |
| YEAR-TO-DATE: | | <hr/> |
| | | \$183,145,821.85 |
| | | <hr/> |
| | | <hr/> |

Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: NOVEMBER 2021 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

| | NOVEMBER | NOVEMBER YTD | NOVEMBER YTD BUDGET |
|---------------------------------------|--------------|-----------------|------------------------|
| Allowance for Uncollectible Accounts: | 426,670.30 | 7,484,219.92 | (4,976,615.56) |
| Charity Care: | 265,095.73 | 3,688,744.49 | (2,510,850.63) |
| Other Administrative Adjustments: | 13,593.66 | 396,097.91 | (1,185,408.16) |
| | | | |
| TOTAL FOR MONTH: | \$705,359.69 | \$11,569,062.32 | (\$8,672,874.35) |

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: NOVEMBER 2021 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

| DATE | WARRANT | AMOUNT |
|------|---------|--------|
|------|---------|--------|

| | |
|--------|-------------|
| TOTAL: | <u>\$ -</u> |
|--------|-------------|

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: DECEMBER 2021 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

| DATE | WARRANT | AMOUNT |
|------------|---------|-------------|
| 12/8/2020 | 270104 | \$ 4,200.00 |
| 12/17/2020 | 270521 | \$ 2,851.01 |

| | |
|--------|--------------------|
| TOTAL: | <u>\$ 7,051.01</u> |
|--------|--------------------|

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2022-01

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$7,051.01

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$7,051.01 be canceled.

| Date of Issue | Warrant # | Amount |
|----------------------|------------------|-------------------|
| 12.8.2020 | 270104 | 4,200.00 |
| 12.17.2020 | 270521 | 2,851.01 |
| | | |
| Total | | \$7,051.01 |

APPROVED this 26th day of January 2022.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2022-02

A RESOLUTION TO DECLARE CERTAIN EQUIPMENT SURPLUS TO THE NEEDS OF
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND TO AUTHORIZE THE
DISPOSAL OF SAID EQUIPMENT

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the District, and;

WHEREAS said equipment now represents an unnecessary cost to the District to retain and store it,

NOW, THEREFORE, BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with state law:

| Description | Asset # | Serial # | Model # |
|-------------|----------|----------|--------------|
| Stryker Bed | 09-00195 | U03320 | FL27 Intouch |

APPROVED this 26th day of January 2022.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Bruce McComas: _____

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

FROM: Medical Staff Services
RE: 01/17/2022 Medical Executive Committee appointments/reappointments for Board approval 01/26/2022

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Recommended provisional appointment to the active/courtesy/allied health/locum tenens staff:

1. N/A

Recommended re-appointment to the active medical staff with privileges as requested:

1. Ivan Mendez-Escobar, MD – Hospitalist
2. Isabel Liendo-Lira, DDS – Dental

Recommended re-appointment to the courtesy medical staff with privileges as requested:

1. Aixa Espinosa-Morales, MD – Teleneurology
2. Maria Recio-Restrepo, MD – Teleneurology
3. William Jones, MD - Radia
4. David Westman, MD – Radia
5. Philip Lowe, MD - Radia

Recommended re-appointment to the allied health staff with privileges as requested:

1. N/A

Recommended Temporary Privileges:

1. N/A

Recommended POCUS Privileges:

1. N/A

Medical Student Rotation:

1. N/A

Disaster Privileging

1. N/A

90-day provisional performance review completed successfully:

1. N/A

Resignations:

1. Anne McLellan, DO - Radia

FROM: Medical Staff Services
RE: 01/17/2022 Medical Executive Committee appointments/reappointments for Board approval 01/26/2022

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

2. Prabhakar Kesava, MD – Radia
3. Todd Czartoski – Telestroke

FROM: Medical Staff Services
RE: 01/17/2022 Medical Executive Committee appointments/reappointments for Board approval 01/26/2022

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Summary of Changes for Policy and Privilege Review

Policies

1. N/A

Privileges

1. N/A

Jefferson County Public Hospital District No. 2

RESOLUTION 2022-03

A Resolution of the Jefferson County Public Hospital District No. 2 Board of Commissioners approving the Pro-Tech/Clinic collective bargaining agreement with the United Food & Commercial Workers Local 21 (“UFCW 21”)

WHEREAS, the Public Hospital District has been in negotiations with UFCW 21 in an attempt to arrive at a satisfactory contract.

WHEREAS, the Public Hospital District and UFCW 21 have reached tentative agreement on contracts for the combined unit of professional technical/service/clinic employees, and bargaining unit members have ratified their respective contract.

NOW THEREFORE, BE IT RESOLVED by the Jefferson County Public Hospital District No. 2 Board of Commissioners that it hereby approves the tentative agreements; and

BE IT RESOLVED that the Chief Executive Officer is authorized to take all necessary administrative actions to implement this resolution, and is authorized to execute the final contracts with UFCW 21.

ADOPTED and APPROVED by the Board of Commissioners of Jefferson County Public Hospital District No. 2 at an open public meeting thereof this 26^h day of January 2022, the following Commissioners being present and voting in favor of the resolution.

Commission Chair Jill Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____



THE BOARD BOOK

**JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
BOARD OF COMMISSIONERS**

Revised January, 2022

PREAMBLE

The purpose of Jefferson County Public Hospital District No. 2, dba Jefferson Healthcare, is to foster a healthier community, to work and partner with others, to assure all residents have access to the high-quality health care services they need, and to maintain a healthy, locally controlled and financially sustainable organization.

Jefferson County Public Hospital District No. 2 Board of Commissioners acknowledge that Jefferson Healthcare is on the ancestral and contemporary homelands of the S’Klallam, Chemakum, Twana and other indigenous nations and we recognize these tribal governments’ sovereignty across the region.

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| Survivability | 11 |
| Attachment A (<i>Jefferson Healthcare Code of Conduct</i>) | |
| Attachment B (<i>Access and Confidentiality Agreement</i>) | |

THE MISSION

To hold the trust and improve the health of our community through compassionate care, innovation and medical excellence.

THE VISION

Jefferson Healthcare will be the community's first choice for quality healthcare by providing exceptional patient care to every person we serve. We will do this by:

- Delivering the safest, highest quality care of any health care organization in our region.
- Providing leadership to improve the health, wellness and vitality of our community.
- Championing an engaged workforce by inspiring professional excellence and personal commitment to the success of our organization.
- Demonstrating fiscal stewardship and thoughtful decision-making to provide sustainable, high-value care.

THE VALUES

To meet our mission and work towards our vision, we are committed to the following core values.

- Compassion
- Respect
- Excellence
- Integrity
- Teamwork
- Stewardship

The mission and vision statements are to be reviewed every six years; it was last reviewed in 2019.

IT'S THE LAW

RCW: Revised Code of Washington

WAC: Washington Administrative Code

RCW CHAPTER 42.12: Vacancies

RCW CHAPTER 40.14: Preservation and destruction of public records

RCW CHAPTER 42.17: Campaign disclosure and contributions

RCW CHAPTER 42.20: Misconduct of public officers

RCW CHAPTER 42.23: Code of ethics for municipal officers – contract interests

RCW CHAPTER 42.30: Open public meetings act

RCW CHAPTER 42.52: Ethics in public service

RCW CHAPTER 42.56: Public records act

RCW CHAPTER 70.44: Public hospital districts

WAC CHAPTER 44.14: Public records act – model rules

WAC CHAPTER 434-662: Preservation of electronic public record

THE DISTRICT

Jefferson County Public Hospital District No. 2, hereafter referred to as the “District,” doing business as Jefferson Healthcare, encompasses Eastern Jefferson County, WA.

The District is governed by the Jefferson County Public Hospital District No. 2 Board of Commissioners, hereafter referred to as the “Board.”

“RCW 70.44.003 Purpose: The purpose of chapter 70.44 RCW is to authorize the establishment of public hospital districts to own and operate hospitals and other health care facilities and to provide hospital services and other health care services for the residents of such districts and other persons.”

THE BOARD

The Board is comprised of five publicly elected Hospital Commissioners. Each Hospital Commissioner, hereafter referred to as a “Commissioner,” is elected to a six-year term per RCW 70.44.40. Since the Board abolished separate Hospital Commissioner districts per RCW 70.44.042, each Commissioner represents all citizens residing within the District.

Should a vacancy occur on the Board as provided in RCW 42.12 or by nonattendance by a Commissioner at meetings for 60 days, unless excused by the Board as provided in RCW 70.44.045, the vacancy shall be filled as provided RCW 42.12.

The powers and duties of the Board are delineated in RCW 70.44.060. The authority and powers granted under this statute remain with the Board and only official action of the Board will be binding on the District, its staff and operations.

The Board retains ultimate responsibility for all actions and operations of the District, but grants all operational authority, per RCW 70.44.080, to the Board-appointed Hospital District Superintendent, also known as Administrator or Chief Executive Officer, hereafter referred to as the “CEO.”

All legislative advocacy will reflect the consensus of the board. Prior to legislative advocacy trips, the board will take a vote on the Washington State Hospital Association advocacy platform.

A COMMISSIONER

The role of a commissioner is to serve the interests of the organization and the community. Authority vests in commissioners only when they are gathered in a duly constituted District Board meeting. An individual Commissioner shall have no authority over the operations of the District, its CEO or any other District staff, and shall not make public statements for the District.

A Commissioner is prohibited from receiving compensation or reimbursement for expenses other than those allowed by RCW 70.44.050. A Commissioner will not accept a gift, presented in a

way that may infer obligation, from a staff member, vendor, organization or constituent. Any gift received, associated with or resulting from holding the office of Commissioner, will be reported as required by the Washington State Public Disclosure Commission and RCW42.17A.

Each Commissioner will abide by all applicable state and federal laws, District and Board rules and policies, including, but not limited to, the Jefferson Healthcare Code of Conduct (Attachment A) and the Board of Commissioners Member's Code of Conduct.

Each Commissioner is expected to attend all Board meetings and be prepared for and will actively participate during each meeting and will participate in all District and other community functions as appropriate. Any commissioner unable to attend a meeting must inform the Board Chair of his/her impending absence

During deliberation on a subject at a meeting, each Commissioner is encouraged to speak, stating his/her position openly, frankly and respectfully. Once the Board has taken an action, each Commissioner will support the decision of the Board.

BOARD CODE OF CONDUCT

Each Commissioner commits to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum and in compliance with RCW 42.20, RCW 42.23 and RCW 42.52 and any other applicable laws, regulations or requirements for accreditation.

Each Commissioner must commit to and demonstrate loyalty to the residents and constituents of the District and the Board, and not be conflicted by loyalties to staff, other organizations, personal agendas or any personal interests.

Each Commissioner must avoid conflict of interest with respect to his or her fiduciary responsibility:

- There will be no self-dealing or business by a Commissioner with the organization, except when a Commissioner or his or her family are patients.
- The Board should be judicious in taking a position on any issue.
- Each Commissioner will annually disclose, in writing, a report listing his or her involvement with other organizations or with vendors or any associations that might be a potential conflict of interest. This includes the instance where a Commissioner serves on boards in the community, service clubs or community advisory groups. The Washington State Public Disclosure Commission (PDC) report will comply with the requirements of RCW 42.17A and policies of the PDC.
- Any potential conflict(s) of interest, which arise between PDC filings, will be immediately reported, in writing, to the Chair.
- When the Board is to decide on an issue about which a Commissioner has an unavoidable conflict of interest, that Commissioner shall state that there is a conflict and will absent himself or herself, without further comment, not only from the vote but also any deliberation regarding that issue.

A Commissioner may not attempt to exercise individual authority over the District, its staff or operation:

- Commissioner interaction with the CEO or staff must recognize the lack of authority vested in the individual Commissioner except when explicitly authorized by the Board.
- Commissioner interactions with the public, news organizations or other entities must recognize the same limitation and the inability of any individual Commissioner to speak for the Board, or the District, except to repeat explicitly stated Board decisions or positions. Commissioners are encouraged to direct news organizations to the Board Chairperson or the CEO.
- At no time will an individual Commissioner, nor will the Board as a whole, evaluate the performance of any staff member other than the CEO.

Each Commissioner will respect the confidentiality appropriate to issues of a sensitive nature and will comply with the District's *Access and Confidentiality Agreement* (Attachment B) as well as any other applicable laws, regulations or accreditation requirements.

Each Commissioner will support the legitimacy and authority of the final determination or action of the Board on any matter, irrespective of the individual Commissioner's personal position on the issue. Any concerns regarding the legitimacy and/or authority of the Board's decision or action will be raised and deliberated prior to Board action.

Any action taken by a Commissioner found in violation of any Board or District policies may subject the offending Commissioner to Board sanctions, including, but not limited to, official censure.

Any action or failure to act on the part of a Commissioner, found to be in violation of any state or federal law or regulation, shall be reported to the appropriate authority according to RCW 70.42.30.123.

BOARD OPERATING BUDGET

The Board, in conjunction with its designated staff person(s), will develop and submit its annual Board operating budget in concurrence with the District's budget process and timeline. This Board budget will be included in the District annual budget. This budget will include, but not be limited to, Commissioner education and stipends, costs of the Board's independent auditor, travel expenses, staff support and Commission office space and other related expenses.

The Board will be expected to operate within its budgetary limits, as are all departments of the District. The status of the Board budget will be included in regular District financial reports.

BOARD OFFICERS

The Board will, each year, at a meeting in January, elect a Board Chairperson, hereafter referred to as the "Chair," and a Board Secretary, hereafter referred to as the "Secretary," as required by RCW 70.44.050.

The Chair will preside over all Board meetings and assure that such meetings are conducted in accordance with Board policies and applicable state and federal laws. The Chair will be the official voice of the Board.

The Secretary will prepare or have prepared all minutes and other documents of the Board and will assure that all such documents are retained and made available to the public as prescribed by law. The Secretary will assume the duties and authority of the Chair in his or her absence.

BOARD MEETINGS

The time and date of regular meetings of the Board shall be set by resolution per RCW 42.30.70. Special Board meetings may be called as allowed by, and in compliance with, RCW 42.30.080.

All meetings of the Board will comply with the letter and spirit of the Washington State Open Public Meetings Act, RCW 42.30, and every effort will be made to assure that meetings of the Board are accessible to the public, with the exception of executive sessions as provided by RCW 42.30 and RCW 70.44.062.

The Board shall follow a general practice of not responding to individual public comments at the time they are made. This will enable the District to properly research issues prior to any response.

Each regular board meeting will be audio recorded whenever possible and every special board meeting may be audio recorded by the Secretary or his or her designee and such recordings will be retained as long as possible as per appropriate state laws, including, but not limited to RCW 40.14, and WAC 434-662. All such audio recordings will be made available directly to the public via a link on the District's website.

Any recordings created by a Jefferson Healthcare Commissioner or other district employee must be promptly (i.e., at once or without delay) forwarded to the District. This will assist the District in meeting its obligations under the Public Records Act if a request is made for the recording and helps ensure that the District's public records are treated appropriately under state records retention laws.

Procedures used during Board meetings will be based on the most current edition of *Robert's Rules of Order, Newly Revised*. Where specifically stated, sections within these policies shall take precedence over *Robert's Rules*.

Actions of the Board will be by a vote of the Board. The Chair may, at his or her discretion, call for a consensus of the Board.

Board meetings will be ended by the Chair following an adopted motion to "conclude" the meeting as recommended by District legal counsel.

BOARD AGENDA CREATION

The Chair and/or Secretary will meet with the CEO to jointly set a draft agenda for the upcoming 31

meeting no less than five business days prior to the meeting. To be in compliance with the intent of RCW 42.30.077 [2014 c 61] of the Open Public Meetings Act, Commissioners are encouraged to submit agenda items to the Chair no less than seven business days before the Board meeting so they may be added to the agenda prior to publication. However, to accommodate emergent items, at the beginning of each meeting, the Chair will call for additions or modifications to the agenda before accepting a motion to adopt the agenda.

BOARD APPOINTED OFFICERS

The Board will appoint, by resolution, the following District officers:

- The District Superintendent, also known as Administrator or Chief Executive Officer (CEO).
- The District Treasurer, currently the Jefferson County Treasurer.
- The District's independent Auditor, who reports directly to the Board.

MEDICAL STAFF APPOINTMENTS

As required by federal and/or state regulations and policies of any accrediting body, the Board will approve or disapprove any application for medical staff privileges to be granted by the District. Prior to the presentation to the Board of such application, a Commissioner, designated by the Board, will, in conjunction with appropriate staff, review the documentation submitted with the application and present a recommendation for Board action on the application.

COMMUNITY COLLABORATION

The Board will collaborate wherever possible and appropriate with other community entities promoting the health of Jefferson County residents.

In collaboration with the CEO, no later than December 1st of each year, the Board will evaluate and consider its role in potential Community Assessment activities and in the Community Health Improvement process.

BOARD EDUCATION AND ORIENTATION

A new Commissioner orientation will be used to prepare new Commissioners with knowledge and understanding of the services provided by the District. The CEO and Board Chair will design the orientation schedule to accomplish the objective.

Keeping the Board informed:

- Each Commissioner will be expected to seek out and participate in continuing education on Hospital District governance and other related topics in order to best serve those he or she represents and to assure the most efficient functioning of the Board.
- The CEO will select Departments for reports or Board rounding based on an annual agenda of reports and/or new developments established by Board and CEO.
- Individual Commissioner observation of committees:
 1. Annually in January, the CEO and the Board will identify committees that would be useful for Commissioners' observation.

2. One or two Commissioners will be assigned to observe selected committee meetings throughout a calendar year.
 3. Each Commissioner will list his/her choices for committee observation in order of priority interest.
 4. Assignments to committees will be made by the Board Chair and ratified by Board action.
- In the event the Board is invited to have representation on a special committee, defined as any committee, board or group not directly organized by the District, the Board will follow this process:
 1. The purpose of the committee and role of the Board's representation will be discussed, and the Board will decide on the appropriateness and feasibility of appointing a Board representative.
 2. Nominations for an approved Board representative will take place and a vote by the Board will determine representation.
 3. Selections for special committee participation will be voted on at least an annual basis every January.
 4. Board representatives to special committees will report on the special committees' activities and bring any items requiring the direction of the whole Board to the Board for discussion and possible action.
 - Individual Commissioners shall report/inform the Board as a whole relevant, and material (substantial) information/insight gained from individual attendance as a Commissioner at District committees, official community events and outside conferences.

BOARD SELF-EVALUATION

In January of each year the Board will review and modify as deemed necessary the policies and contents of The Board Book. The Board, by official action, will annually adopt these policies as they may or may not have been modified no later than the first meeting in the month of February. Each Commissioner will, at that time, commit to abide by these policies.

The Board, as part of its goal to assure the quality and efficiency of its actions, will, during the month of January of each year, evaluate itself as to its compliance with its own policies and the applicable laws and requirements of regulatory and accreditation bodies.

In April of each year the Board will hold a special session to allow Commissioners to share their views related to their roles, responsibilities and opportunities as Hospital District Commissioners. At this time, Board performance will be determined through rigorous written evaluations by each Commissioner for collective review.

In March and September of each year, the Board will evaluate how well its agendas are working to address the priorities of the District and to fulfill the Boards' need to be informed.

STRATEGIC PLAN

The Board and CEO will jointly develop the District's mission, vision and value statements and the highest level of the strategic goals on a schedule approved by the Board.

The CEO will develop the operational strategic plan with goals and objectives, including annual budgets and timelines, based on the Board-approved mission, vision and values statements and Board level strategic goals. These plans, submitted by the CEO, will be presented to the Board for final approval.

As part of the strategic planning process, the Board and the CEO will collaborate to identify the three to seven highest priorities for attention during the coming year.

Preferred Board Schedule:

- Values statements will generally be re-evaluated every 12 years.
- Vision and Mission Statements every 6 years.
- Objectives and other metrics may be modified every year or as needed to meet internal and/or external circumstances.

BOARD/CEO INTERACTION

The Board fully delegates the operations of the District to the appointed CEO with exceptions noted in this book.

The CEO makes every effort to fully communicate the status of the operations of the District to the Board.

Board/CEO collaborative activities are listed in this book; however, the list is not intended to exclude opportunities that may arise during the year.

Requests by a Commissioner for significant use of District resources, including employee time, will be directed to the Chair for approval and then the CEO, who retains the right to decline.

CEO PERFORMANCE EVALUATION

The Board will evaluate the performance of the CEO on an annual basis and such evaluation shall be conducted during the month of December. Based on this evaluation, the Board will, by resolution, set the CEO compensation for the coming year in compliance with applicable law and the terms of the CEO'S employment contract.

The performance of the CEO will be considered the same as the performance of the District. The evaluation of the CEO will be based on his or her compliance with the District's purpose, mission, vision and values statements, the Board's high level strategic goals and the operational strategic plan, budgets and timelines presented by the CEO and approved by the Board. The CEO evaluation will be based on the above-mentioned topics applicable during the period of time being evaluated and will place emphasis on the highest priorities of the Strategic Plan as identified by the Board and CEO.

The Board will create, jointly with the CEO, during each November, the report calendar delineating any reports required to be given by the CEO or his/her designate during the coming year. Such reports may be used as part of the CEO annual evaluation.

Any such report showing performance not in compliance with any plan, timeline or budget will include a corrective action plan with expected date for compliance. The CEO will continue to report regularly on the progress of any outstanding corrective action plan until compliance and/or a satisfactory resolution is reached.

The Board, in collaboration with the CEO, will also consider using various other evaluation tools regarding the CEO's performance.

CEO SUCCESSION PLAN

The CEO will annually present a succession plan to the Board and update that plan, as soon as possible, should the status of any designated staff member(s) change. This plan will ideally include at least two staff members sufficiently familiar with the duties and responsibilities of the CEO to be able to direct the operations of the District should the CEO no longer be able or available to perform his or her duties.

BOARD/DISTRICT EMPLOYEE INTERACTION

Communication between a Commissioner and District staff shall be routed through the Chair and/or CEO, except for routine cordial greetings, conversations that do not interfere with staff work duties, and special situations in which the Commissioner and a staff member are communicating about an approved collaborative work project. In this latter situation, the Chair and/or CEO shall be copied with the correspondence. The exception to this is communication with designated Board staff person(s).

If an employee requests to speak to a Commissioner, the Commissioner shall explain his/her limited role and shall remember that at all times he/she is a Hospital District Commissioner.

In the event that an employee approaches an individual Commissioner about a health care or service problem he/she or his/her family or friend experienced in receiving District service, the Commissioner will explain the limited role of the Commissioner and the Board, will listen and acknowledge what was heard, and refer the employee to the patient advocate.

In the event that an employee approaches an individual Commissioner with a work problem he/she experienced as an employee, the Commissioner will explain the limited role of an individual Commissioner and of the Board, will listen and acknowledge what was heard, and refer the employee to his/her supervisor, or if about the supervisor, will refer the employee to the Strategic Leadership Group, hereafter referred to as the "SLG," member responsible for the department or to the Human Resources Department, or if about the SLG member, to the CEO.

In the event that an employee approaches an individual Commissioner with a problem related to the CEO, that Commissioner will ask for the problem in writing and review it with the Board Chair. The Board Chair and that Commissioner will assess the level of seriousness of the

problem and any possible violation of Federal or State laws and/or District Policy. They will either convene an Executive Session or discuss the problem with the CEO before convening the Executive Session.

SURVIVABILITY

Should a section or sections of this Board Book be found to be in violation of law, the remainder of this document will remain in force.

Adopted by Resolution # _____ this _____ day of _____, 2022

Attest: _____
Marie Dressler, Secretary

2022 Board Calendar

4th Wednesday of the Month

2:00-5:30pm

FYI's

January- Virtual meetings with Reps. Tharinger and Chapman and Senator Van De Wege (Chair and Secretary)

May 15-17, Leadership Summit, WSHA Annual Meeting- Walla Walla *register and make hotel reservations

September- WA DC Rural Advocacy Days trip

October 17-19- WSHA Governance Days and WSHA Annual retreat

□ Connect with Josh Russell @ WSHA re all WSHA dates for calendar holds

| Date | Topic/Reports | Lead | Notes |
|--|---|-------------------------|-------|
| January | | | |
| **Special Session 1.19.2022 1-4pm | Special Session Election of Officers Review Board book Review Board Calendar Board Self Evaluation (per board book pg. 8) Review Committee Assignments Legislative Agenda Agenda Evaluation | | |
| 01/26/2022- Education 2:00-3:15 | Education Topic: 2022-2023 Strategic Plan- action Annual Cancer Report | | |
| 01/26/2022- Business 3:30-5:30 | Board Business: Finance/Quality/Administrative/CMO Reports Adopt Board Book Adopt Board Calendar Adopt Committee Assignments | Board Board Board | |
| February | | | |
| 02/16/2022 9:00-3:00pm | Special Session Board Governance Retreat | | |
| 02/23/2022- Education 2:00-3:15 | Education Topic: OPMA/OPRA education | | |
| 02/23/2022- Business 3:30-5:30 | Board Business: Finance/Quality/Administrative/ CMO Reports Patient Advocate Report | Jackie L | |
| March | | | |
| Q1 03/16/2022 2-4pm | Generative Governance Special Session | | |
| 03/23/2022- Education 2:00-3:15 | Education Topic: <i>Population Health Presentation</i> HHH Quarterly Update | Dunia Tammy T. | |
| 3/23/2022- 3:30-5:30 Business | Board Business: Team, Provider, Employee of the Quarter Finance/Quality/Administrative/CMO Reports Agenda Evaluation (per board book pg. 8) | Caitlin K Board | |

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|---------------------------------------|--|------------------------------|---|
| April | | | |
| 04/20/2022- Education 2:00-3:15 | Education Topic: Cassie Sauer- WSHA Update | Cassie/Josh | |
| 04/20/2022- Business 3:30-5:30 | Board Business: Finance/Quality/Administrative/CMO Reports Patient Advocate Report Board Evaluation (per board book page 8) | Jackie L | |
| May | | | |
| 5/25/2022- Education 2:00-3:15 | Education Topic: | | May 15-17 WSHA Leadership Summit Hybrid |
| 5/25/2022 – Business 3:30-5:30 | Board Business: Finance/Quality/Administrative/CMO Reports | | |
| June | | | |
| Q2 06/15/2022 2-4pm | Generative Governance Special Session | | |
| 6/22/2022- Education 2:00-3:15 | Education Topic: Independent Auditors Report | DZA- Tom Dingus | |
| 6/22/2022- Business 3:30-5:30 | Board Business: Team, Provider, Employee of the Quarter Finance/Quality/Administrative/CMO Reports/ Compliance Report CEO Emergency Succession Plan | Caitlin K Jon Mike | |
| July | | | |
| 7/27/2022- Education 2:00-3:15 | Education Topic: <i>Medical Group Update</i> HHH Quarterly Update | Jenn Tammy T. | |
| 7/27/2022- Business 3:30-5:30 | Board Business: Finance/Quality/Administrative/CMO Reports CAH Annual Review | Brandie | |
| August | | | |
| 8/24/2022- Education 2:00-3:15 | Education Topic: <i>Master Site Plan Update</i> | Mike | |
| 8/24/2022- Business 3:30-5:30 | Board Business: Finance/Quality/Administrative/CMO Reports Patient Advocate Report | Jackie L | |
| September | | | |
| Q3 09/14/2022 2-4pm | Generative Governance Special Session | | |

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|---|---|------------------------|--|
| 9/28/2022- Education 2:00-3:15 | Education Topic: Emergency Preparedness | Brandie | **Keep in mind WA DC Rural Advocacy Days- consideration for meeting date** moved up generative governance a week. |
| 9/28/2022- Business 3:30-5:30 | Board Business: Team, Provider, Employee of the Quarter Finance/Quality/Administrative/CMO Reports Agenda Evaluation (per board book pg. 8) | Caitlin K Board | |
| October | | | |
| **Special Session 10/12/2022 | Special Session Budget Deep Dive | CFO | October 17-19 Renton, WA WSHA Annual Meeting |
| 10/26/2022- Education 2:00-3:15 | Education Topic: Methodology of Patient and Employee Satisfaction | Caitlin / Brandie | |
| 10/26/2022- Business 3:30-5:30 | Board Business: Finance/Quality/Administrative/CMO Reports Appoint Independent Auditor Budget Hearing: Approve <ul style="list-style-type: none"> • Capital Budget • Operating Budget • Tax or no tax • Levy • Substantial need ** Budget must be approved before Nov. 15 Executive Session- CEO Evaluation- self evaluation submitted to board | Board CFO | |
| November | | | |
| 11/16/2022- Education 2:00-3:15 | Education Topic: Community Health Improvement Plan update (Board to evaluate and consider its role in Community Assessment activities and Community Health Improvement process. No later than Dec. 1) Create board calendar (per board book pg.10) | John | Moved to 3 rd Wednesday |
| 11/16/2022- Business 3:30-5:30 | Board Business: Finance/ Administrative/CMO Reports Patient Advocate Report Executive Session **CEO Evaluation | Jackie L Mike | Moved to 3 rd Wednesday |
| December | | | |
| Q4 12/14/2022 2-4pm | Generative Governance Special Session | | Moved to 2 nd Wednesday |
| 12/21/2022- Education 2:30-3:15 | Education Topic: Annual Hospice report | Tammy T | Moved to 3 rd Wednesday |

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|--------------------------------------|---|-----------------------|------------------------------------|
| 12/21/2022- Business 3:30-5:30 | Board Business: Team, Provider, Employee of the Quarter Finance/Quality/Administrative/CMO Reports Executive Session ** CEO Evaluation | Caitlin K Mike | Moved to 3 rd Wednesday |
|--------------------------------------|---|-----------------------|------------------------------------|