

COVID-19 Notice

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

All meeting attendees, including Board of Commissioners, staff and members of the public must participate virtually. No physical meeting location will be provided.

To attend the meeting, dial Phone Conference Line: (509) 598-2842
When prompted, enter Conference ID number: 383682973#

Jefferson County Public Hospital District No.2
Board of Commissioners, 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 _____

Jefferson Healthcare Strategic Plan 2022-2023



Objective:

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

Goals:

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

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

Strategies:

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

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

Strategies	Initiatives
Keep our employees safe and well	<ol style="list-style-type: none">1. Promote effective infection prevention and control measures.<ol style="list-style-type: none">a) Ensure adequate supply and use of personal protective equipment.b) Maintain a safe work environment.c) Provide effective contact tracing for employees.
Provide necessary COVID-19 preventive, diagnostic and treatment services	<ol style="list-style-type: none">1. Prevent and treat COVID-19 infections.<ol style="list-style-type: none">a) Promote vaccinations.b) Provide therapeutic treatments.2. Support COVID-19 testing .
Maintain accessibility of inpatient and outpatient services	<ol style="list-style-type: none">1. Promote prevention and pre-hospital care.2. Expand the use of telemedicine.3. Design a system that adjusts based on community prevalence of COVID-19.
Collaborate with public health and other partners to provide and promote pandemic-ending interventions (such as vaccines, masking, and distancing)	<ol style="list-style-type: none">1. Maintain active engagement with Jefferson Public Health.2. Collaborate with DEM to continue to provide services for our community.

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

Strategies:

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

Goal #2: Deliver the highest quality care.

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

Goal #3: Be a great place to work.

Strategies:

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

Goal #3: Be a great place to work.

Strategies	Initiatives
Recruit, retain and implement innovative solutions to address current staffing shortages	<ol style="list-style-type: none">1. Use data to track recruiting and workforce shortages.2. Offer onsite training programs for multiple positions.3. Assess and track diversity in hiring and retention.4. Ensure total compensation is market based.
Reconnect to purpose and promote wellness of our team	<ol style="list-style-type: none">1. Develop and make available work life wellness tool kit and other resources.2. Create and complete an assessment tool to identify system healthcare fatigue at Jefferson Healthcare.
Support and invest in our leaders	<ol style="list-style-type: none">1. Create a leader onboarding curriculum.2. Create and require new leader orientation and training.3. Partner with a vendor (Huron) for ongoing leadership development.
Promote thriving and rewarding clinician practices	<ol style="list-style-type: none">1. Identify and implement practice enhancement tools.2. Invest in medical staff leadership resources.
Advance the work of transforming our culture	<ol style="list-style-type: none">1. Finalize agreement with Huron and fully implement the tools and resources aimed at transforming our organizational culture.2. Identify and introduce organizational development (OD) resources to Jefferson Healthcare's Leadership Team.

Goal #4: Provide services our community needs most.

Strategies:

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

Goal #4 Provide services our community needs most.

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

Goal #5: Improve the patient experience.

Strategies:

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

Goal #5 Improve the patient experience.

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

Goal #6: Remain financially independent.

Strategies:

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

Goal #6 Remain financially independent.

Strategies	Initiatives
Implement a COVID-19 financial and operational recovery plan.	<ol style="list-style-type: none"> 1. Revise financial reporting to capture relevant COVID-19 financial recovery indicators. 2. Monitor cash reserves to ensure days cash on hand stays above 100 days.
Improve the value of services by increasing efficiency and reducing waste.	<ol style="list-style-type: none"> 1. Automate and reduce manual steps/additional touches where unnecessary. 2. Review tools (EPIC, Infor, Kronos, etc.) to ensure we are realizing their fullest potential. 3. Lean on supply chain tools and partners to ensure adequate supplies while minimizing waste and off contract spending.
Maximize revenue capture rate by improving internal processes and working more efficiently with insurers.	<ol style="list-style-type: none"> 1. Train throughout the full revenue cycle (starting with Registration). 2. Engage third parties to collect data and identify areas of opportunity. 3. Create joint operating committees and meet with payors on a regular basis.
Finalize a financial plan to support the hospital replacement and campus modernization plan.	<ol style="list-style-type: none"> 1. Support service line analysis efforts. 2. Ensure cost report considerations are involved in the decision-making process.
Perform in value-based payment models.	<ol style="list-style-type: none"> 1. Explore, and, if appropriate recommend, participation in at least one value-based payment model.

Questions




Jefferson Healthcare

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

December 15, 2021



Agenda

Quality & Patient Safety Snapshot

Highlight Zero Harm: Pressure Ulcer Prevention

Survey Recap: Department of Health

Service Excellence: In the words of our patients

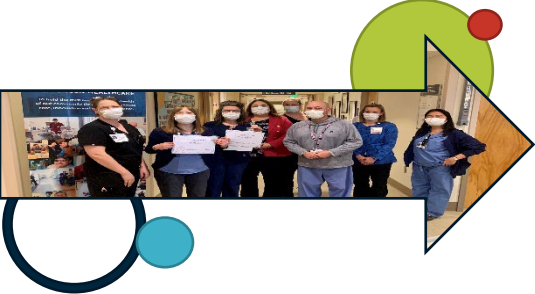
Current Projects

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

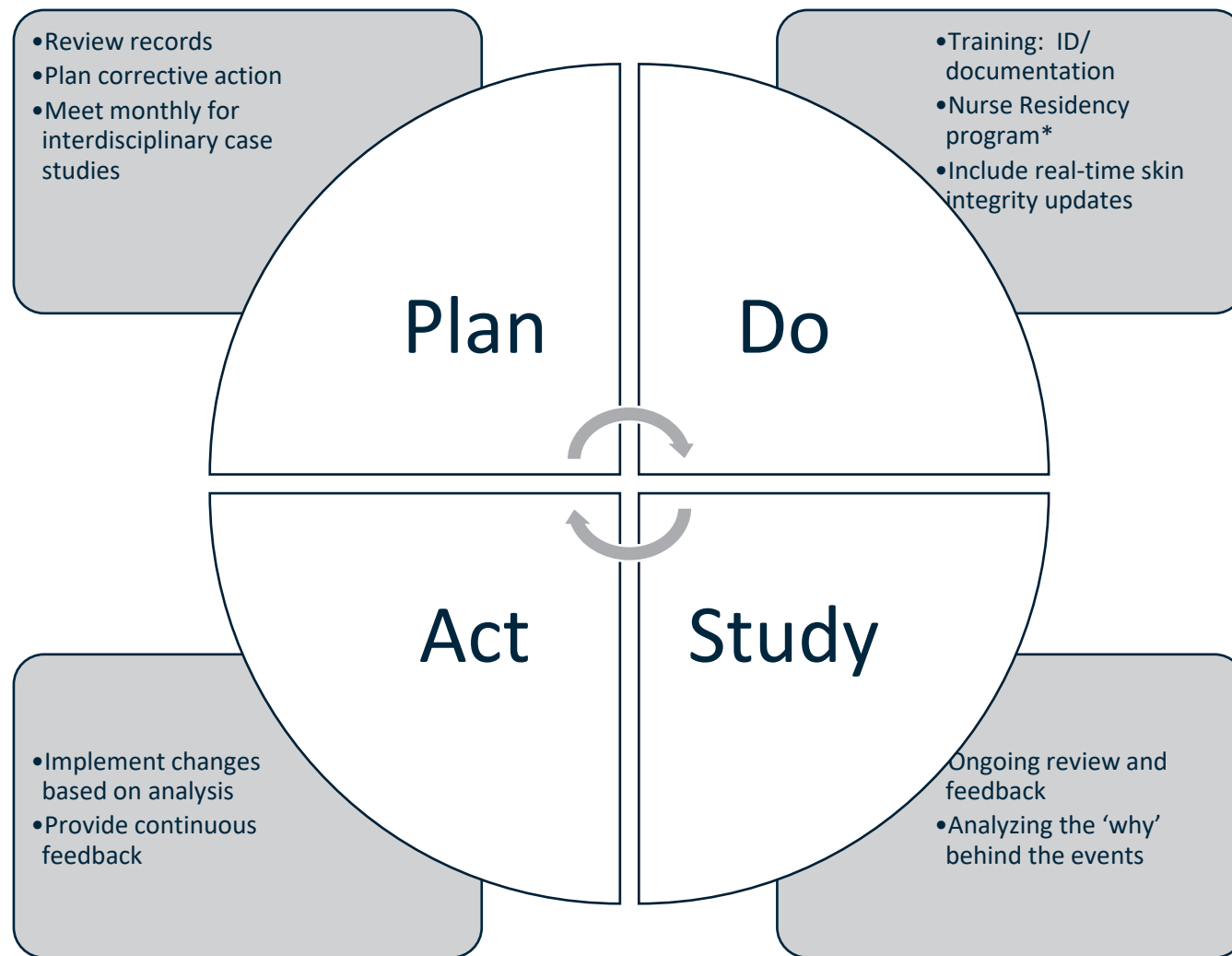
Harm events:

- One patient fall (outpatient)



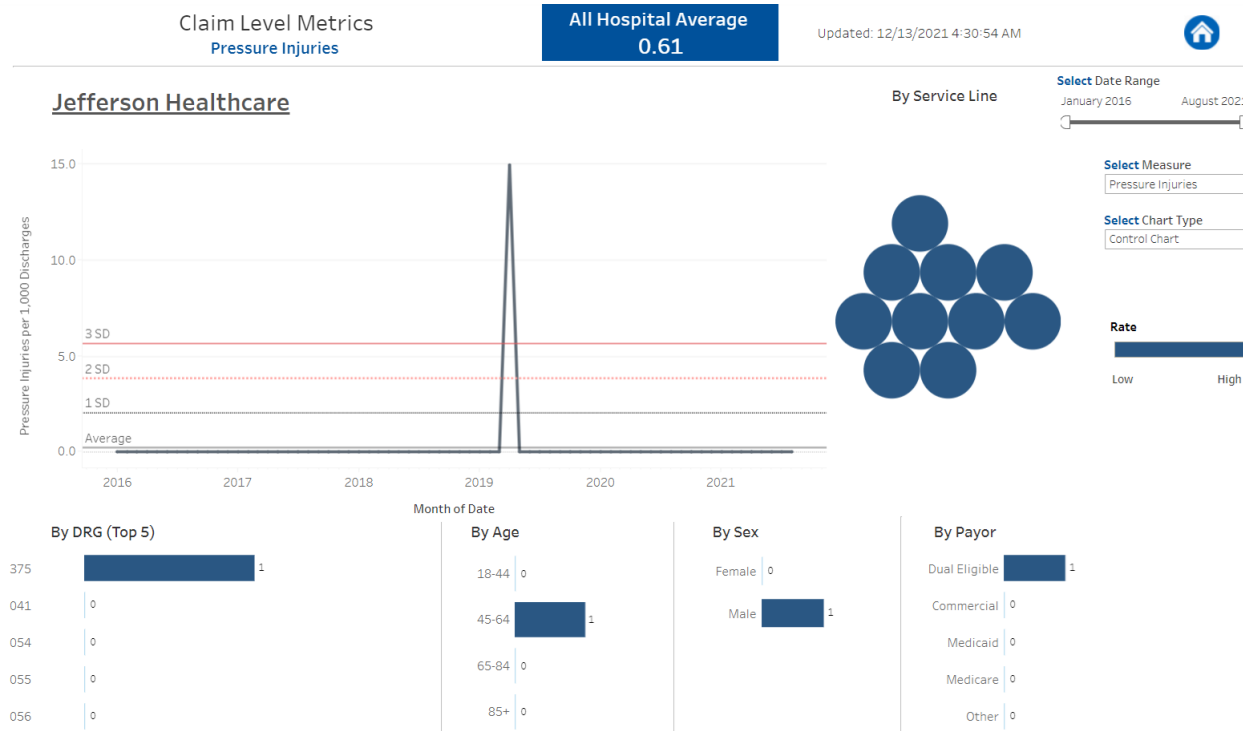
- *What are we trying to accomplish?*
Zero preventable harm.
- *How will we know that a change is an improvement?*
Continuous monitoring. Target: Zero HA Pressure ulcers
- *What change can we make that will result in an improvement?*

Pressure Ulcer Prevention: Model for Improvement



Thank you to our Pressure Ulcer Prevention team!
Megan Brocklesby, Karah Ealy, Andrea Armstrong, Dr. Lemke

Pressure Ulcer Prevention



Lessons Learned:

There is power in the team approach.

Communication matters (whether it is done well or not).

Patients are different – their care should be also.

Reliability: Prevention relies on the same tasks being performed many times without failure.

- In 2020, a team came together with a focus on eliminating hospital acquired pressure ulcers – considered one of our preventable harm categories
- Interventions:
 - Interdisciplinary team case studies
 - Education and Feedback – and positive reinforcement/encouragement
 - Data transparency
 - Training in wound assessment, staging, and documentation
 - Documentation and chart review
 - Implement a wound staging tool
 - Hardwire evidence-based care (AHRQ)
 - Early mobility
 - Implement communication strategies to engage providers
 - Assess/evaluate skin barriers and mattresses to prevent skin breakdown
 - *Under consideration: nurse initiated wound care process*

Department of Health Survey

Summary of DOH Relicensing Survey:

- Issues identified:
 - Expired supplies (one kit in acute care and a cart in the ER)
 - Food temperature inconsistency in a patient nourishment refrigerator
 - Policies outdated (policies that are required to turn into the DOH and posted on our website)
 - Endoscopy sink – does not have an etched line (as a marker for disinfectant concentration)
 - Tap water temperature was too hot in the ICU dirty utility room
 - Fire marshal: use of personal devices/plugs in offices

****Findings are preliminary until the final report is received from the Department of Health***

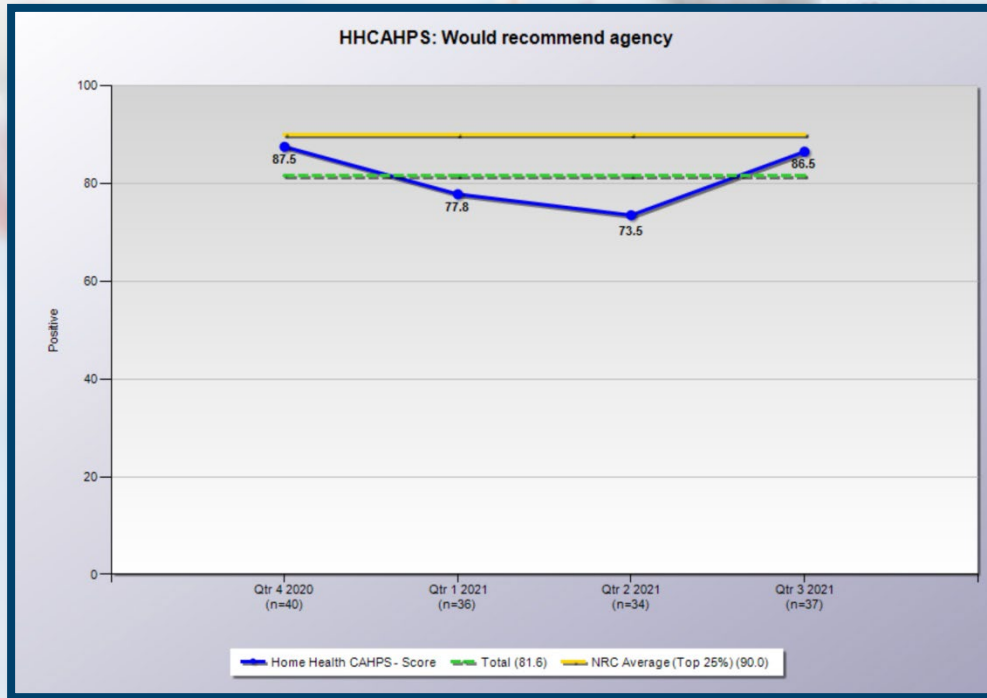


Thanks to the JH Survey Team:
Alyssa, Laura S, Kelly, Chris

DOH Survey team:

- Two clinical surveyors
- Two environment of care surveyors
- Fire Marshal

Service Excellence: In the Words of our Patients



Top Rated Dimensions:

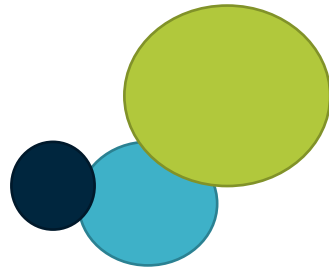
- Care providers, confidence/trust
- Felt that providers really cared

Opportunities:

- Staff answered questions during evening/weekend
- Providers informed re: all care/treatment

- It's nice to feel like someone is paying attention to my progress.
- Excellent staff
- Excellent in every way!
- All the nurses were excellent, but I want to especially recognize Stephanie. She was outstanding - an excellent communicator, very caring and compassionate. She was very attentive to my needs, very competent and knowledgeable. She's a star and deserves special recognition.
- Everyone who came was helpful. Showed up & had a great attitude. However, more care was needed than could be provided
- Outstanding!

Current Projects and Focus Areas.



Projects and Teamwork

- Transitions of Care: Closing the Referrals Loop
- Surgical and OB Quality Committees
- Health Equity
- Emergency Management

Medical Staff

- Finalizing 2022 MEC structure
- Maslach Survey
- Arch Collaborative Survey (ends 12/20)
- 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
- Pressure Ulcer Prevention



What questions do you have?

Jefferson Healthcare

October 2021 Finance Report

December 15, 2021

Tyler Freeman, CFO

American Rescue Plan (ARP) Rural Funding

- **How Much:** \$3,086,219
- **What For:** Exact calculations are elusive, but payment was based on the amount of Medicare, Medicaid, and CHIP services provided 1/1/2019 – 9/30/2020
- **What Can Funds Be Used For:** to prevent, prepare for, and respond to COVID-19, and reimburse for health care related expenses or lost revenues attributable to COVID-19.
- **Regulatory Requirements:** Expenditures will be subject to audit (included in our audit of other federal funding expenditures performed by DZA).
- **Other Press Release Notes:**
 - 47% of rural providers were operating in the red pre-pandemic
 - Financial challenges and thin margins have been further exacerbated by the pandemic
 - Hope that “this funding will help health care providers keep their doors open, address workforce challenges, and make up for lost revenues and increased expenses caused by the pandemic.”

October 2021

Operating Statistics

STATISTIC DESCRIPTION	OCTOBER 2021						OCTOBER 2020					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE		
FTEs - TOTAL (AVG)	571	625	9%	596	625	5%	623	8%	603	1%		
ADJUSTED PATIENT DAYS	2,483	2,233	11%	24,823	21,901	13%	2,586	-4%	18,919	31%		
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	106	76	39%	869	741	17%	50	112%	571	34%		
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	297	331	-10%	2,865	3,242	-12%	283	5%	2,520	12%		
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	410	430	-5%	3,846	4,209	-9%	345	19%	3,243	16%		
SURGERY CASES (IN OR)	138	127	9%	1,327	1,249	6%	120	15%	1,031	22%		
SPECIAL PROCEDURE CASES	71	77	-8%	777	758	3%	69	3%	570	27%		
LAB BILLABLE TESTS	21,204	21,570	-2%	227,927	211,522	8%	22,406	-5%	184,611	19%		
TOTAL DIAGNOSTIC IMAGING TESTS	2,868	3,147	-9%	32,267	30,855	5%	2,992	-4%	26,596	18%		
PHARMACY MEDS DISPENSED	20,159	24,451	-18%	207,415	239,781	-13%	19,871	1%	185,404	11%		
RESPIRATORY THERAPY PROCEDURES	2,735	3,727	-27%	29,341	36,547	-20%	2,375	15%	24,154	18%		
REHAB/PT/OT/ST RVUs	7,629	9,218	-17%	89,597	90,398	-1%	9,501	-20%	77,531	13%		
ER CENSUS	1,029	1,110	-7%	10,230	10,882	-6%	931	11%	9,066	11%		
DENTAL CLINIC	434	398	9%	4,209	3,905	8%	383	13%	2,672	37%		
TOTAL RURAL HEALTH CLINIC VISITS	5,868	6,470	-9%	63,470	63,446	0%	5,943	-1%	51,940	18%		
TOTAL SPECIALTY CLINIC VISITS	3,160	3,460	-9%	35,388	33,929	4%	3,644	-13%	30,336	14%		

October 2021

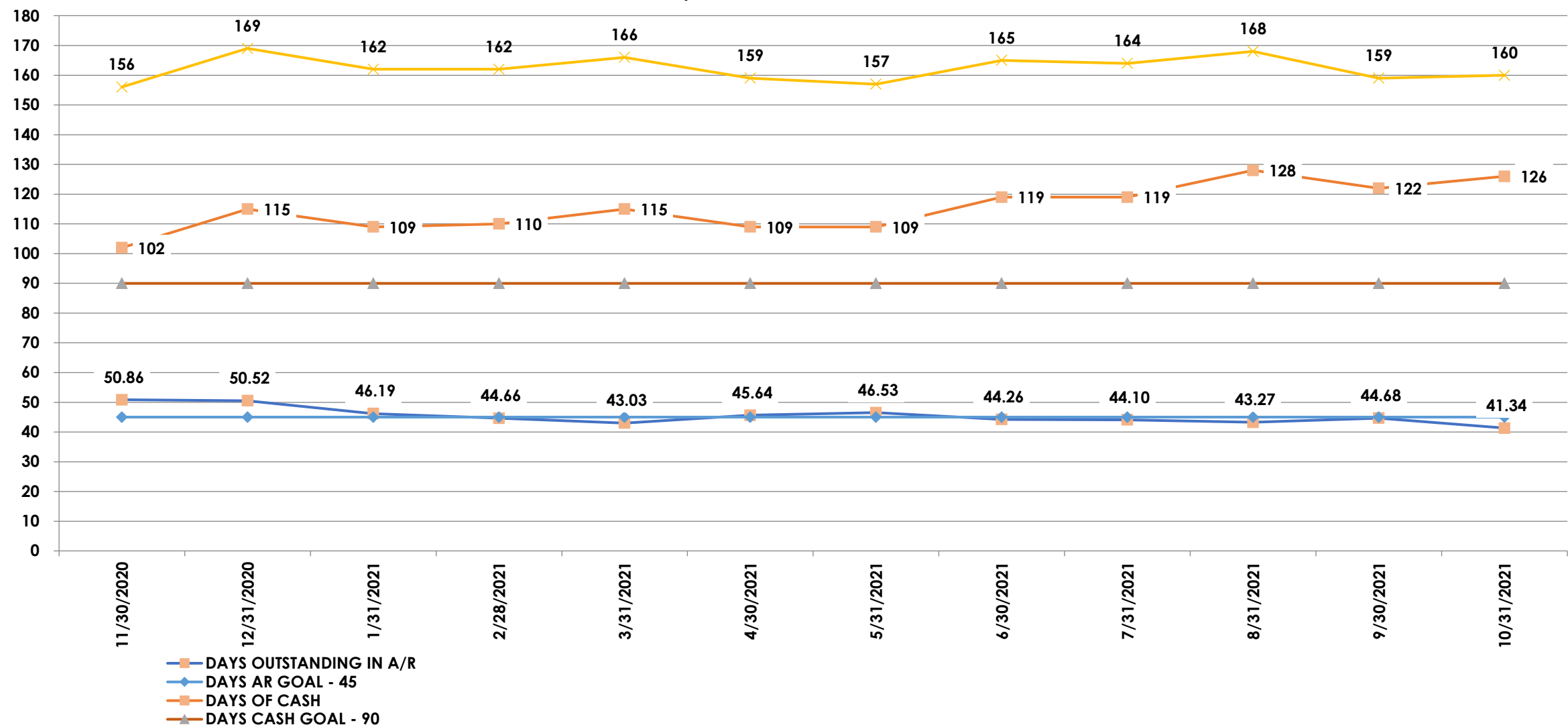
Income Statement Summary

	October 2021 Actual	October 2021 Budget	Variance Favorable/ (Unfavorable)	%	October 2021 YTD	October 2021 Budget YTD	Variance Favorable/ (Unfavorable)	%	October 2020 YTD
Operating Revenue									
Gross Patient Service Revenue	25,049,880	24,505,752	544,128	2%	248,740,904	240,314,467	8,426,437	4%	210,186,102
Revenue Adjustments	12,749,546	13,036,660	287,114	2%	133,620,886	127,843,378	(5,777,508)	-5%	112,860,286
Charity Care Adjustments	340,115	233,043	(107,072)	-46%	3,423,649	2,285,325	(1,138,324)	-50%	2,725,165
Net Patient Service Revenue	11,960,219	11,236,048	724,170	6%	111,696,369	110,185,764	1,510,605	1%	94,600,651
Other Revenue	816,587	549,833	266,755	49%	6,772,080	5,391,908	1,380,172	26%	12,444,513
Total Operating Revenue	12,776,806	11,785,881	990,925	8%	118,468,449	115,577,672	2,890,777	3%	107,045,164
Operating Expenses									
Salaries And Wages	6,062,927	5,796,936	(265,991)	-5%	57,912,611	56,847,376	(1,065,235)	-2%	53,287,617
Employee Benefits	1,236,935	1,487,709	250,774	17%	13,399,710	14,589,149	1,189,439	8%	12,609,468
Other Expenses	4,782,201	4,146,853	(635,348)	-15%	43,205,099	40,665,914	(2,539,185)	-6%	39,755,516
Total Operating Expenses	12,082,063	11,431,499	(650,564)	-6%	114,517,420	112,102,439	(2,414,981)	-2%	105,652,601
Operating Income (Loss)	694,743	354,382	340,361	96%	3,951,029	3,475,233	475,796	14%	1,392,563
Total Non Operating Revenues (Expenses)	10,251	(500)	10,751	2150%	(151,991)	(4,904)	(147,087)	-2999%	(111,560)
Change in Net Position (Loss)	704,994	353,882	351,112	99%	3,799,038	3,470,329	328,709	9%	1,281,003
Operating Margin	5.4%	3.0%	2.4%	80.8%	3.3%	3.0%	0.33%	10.9%	1.3%
Total margin	5.5%	3.0%	2.5%	83.8%	3.2%	3.0%	0.20%	6.8%	1.2%
Salaries & Benefits as a % of net pt svc rev	-61.0%	-64.8%	3.8%	5.9%	-63.8%	-64.8%	0.99%	1.5%	-69.7%

October 2021

Cash and Accounts Receivable

Days Cash and Accounts Receivable



October 2021

Board Financial Report

Department	Account	Description	Oct Actual	Oct Budget	Oct Variance	2021 YTD Actual	2021 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	2,244	4,670	2,426	40,018	45,800	5,782
	601100	BENEFITS FICA	15	284	269	2,569	2,782	214
	601150	BENEFITS WA F&MLA	-	7	7	29	66	38
	601400	BENEFITS MEDICAL INS-UNION	5,440	4,671	(769)	46,310	45,808	(501)
	601600	BENEFITS RETIREMENT	-	229	229	-	2,245	2,245
	601900	BENEFITS EMPLOYEE ASSISTANCE	7	8	1	11	82	71
	602300	CONSULT MNGMT FEE	-	1,661	1,661	3,750	16,286	12,536
	602500	AUDIT FEES	-	3,838	3,838	57,900	37,633	(20,267)
	604200	CATERING	-	90	90	-	886	886
	604500	OFFICE SUPPLIES	-	-	-	-	-	-
	604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
	606500	OTHER PURCHASED SERVICES	-	849	849	-	8,329	8,329
	609300	DUES AND SUBSCRIPTIONS	120	-	(120)	120	-	(120)
	609400	TRAVEL/MEETINGS/TRAINING	-	1,274	1,274	961	12,493	11,532
BOARD Total			7,826	17,581	9,755	151,668	172,412	20,744

November 2021

Preview — (*as of 0:00 11/30/21)

- **\$23,554,830 in Projected HB charges**
 - Average: \$785,161/day (HB only)
 - Budget: \$766,899/day
 - 102% of Budget
- **\$10,005,955 in HB cash collections**
 - Average: \$333,532/day (HB only)
 - Goal: \$338,386/day
- **41.4 Days in A/R**

December 2021

Preview — (*as of 0:00 12/15/21)

- **\$26,282,748 in Projected HB charges**
 - Average: \$829,946/day (HB only)
 - Budget: \$766,899/day
 - 111% of Budget
- **\$12,231,369 in HB cash collections**
 - Average: \$394,560/day (HB only)
 - Goal: \$338,386/day
- **42.0 Days in A/R**
- **Questions**

Jefferson Healthcare

Administrative Report

December 15, 2021

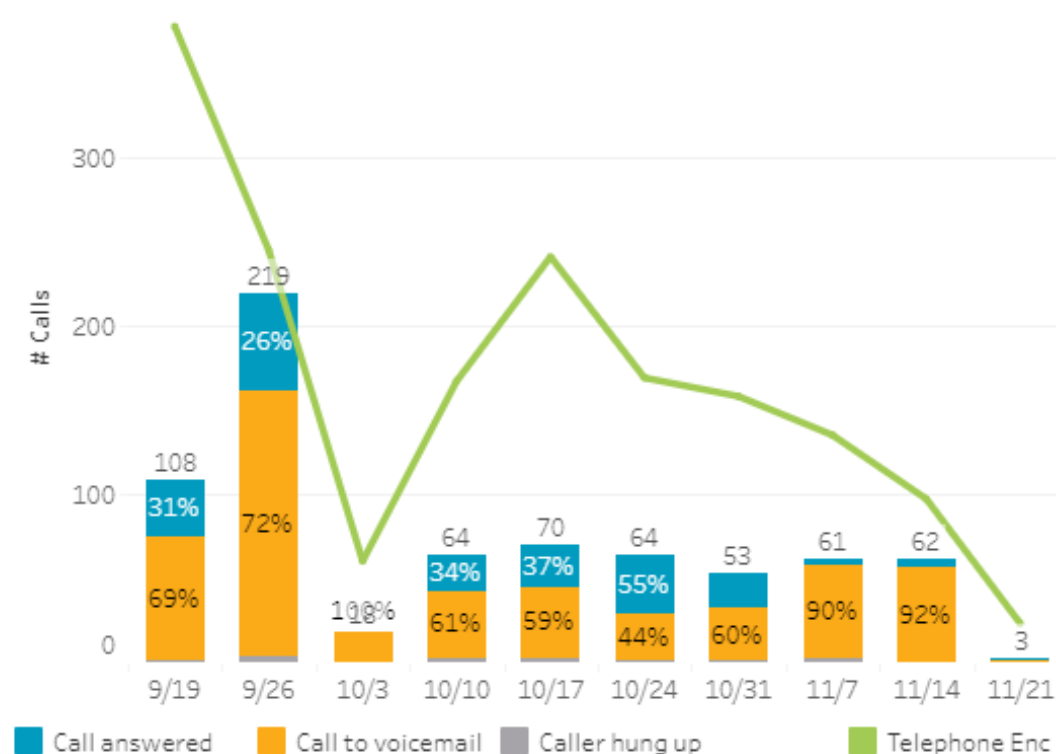
Mike Glenn, CEO

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.

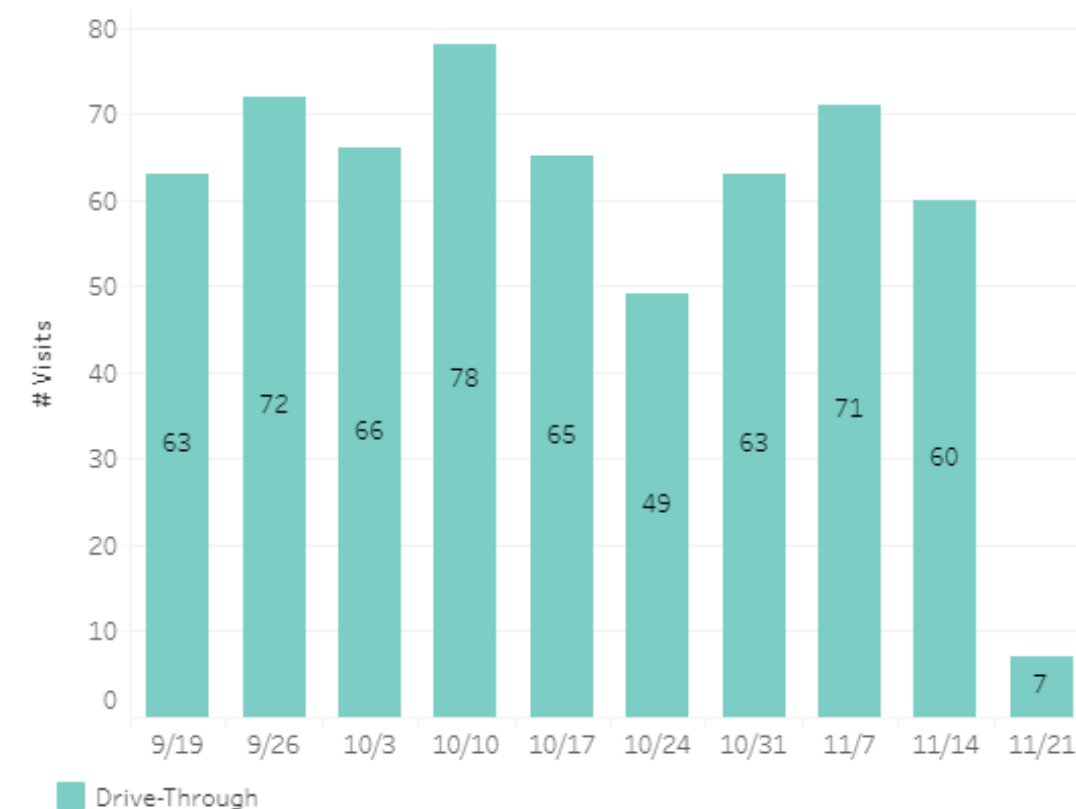


Total call volume since launch of triage line

Inbound Calls	316,424
Calls Answered	242,354
# Telephone Encounters	66,666

Respiratory Clinic visit volumes - by week

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



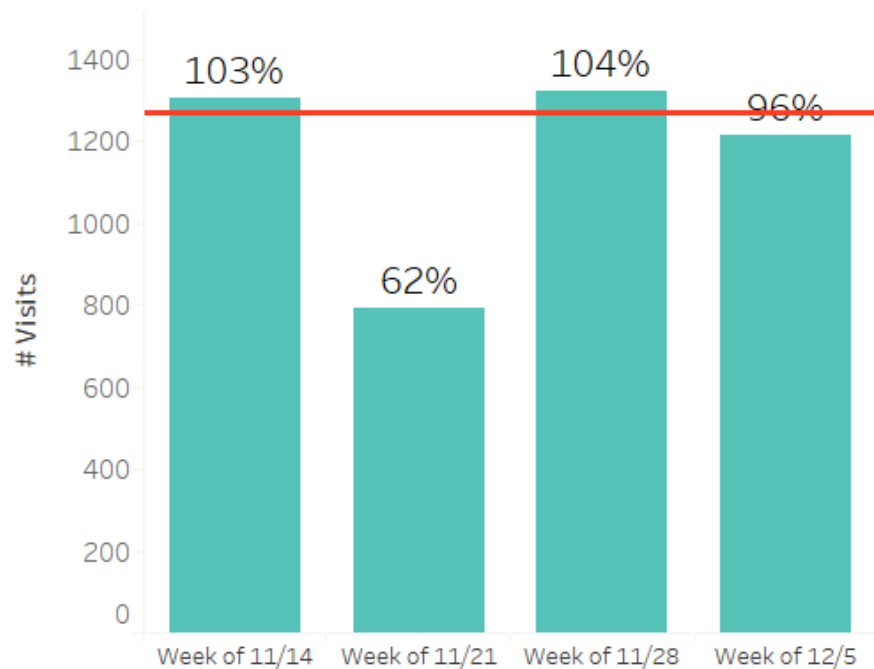
Total Respiratory Evaluation Clinic visits - all time

Drive-Through	14,707
Office Visit	4,822
Total	19,529

Jefferson Healthcare Volumes

Primary Care variance to budgeted visits

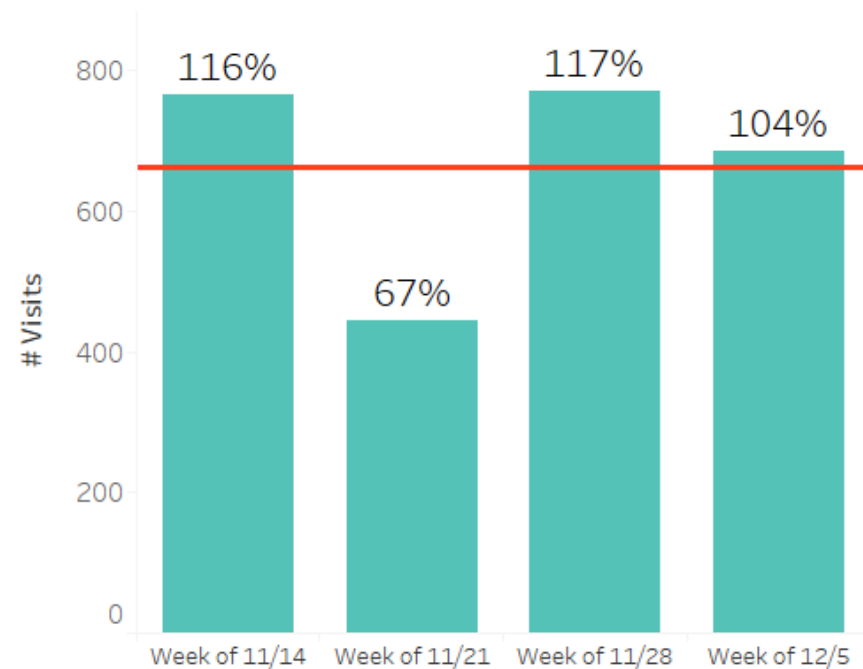
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2021 annual budgets. The labels are % volume to budget for the selected clinics.



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.



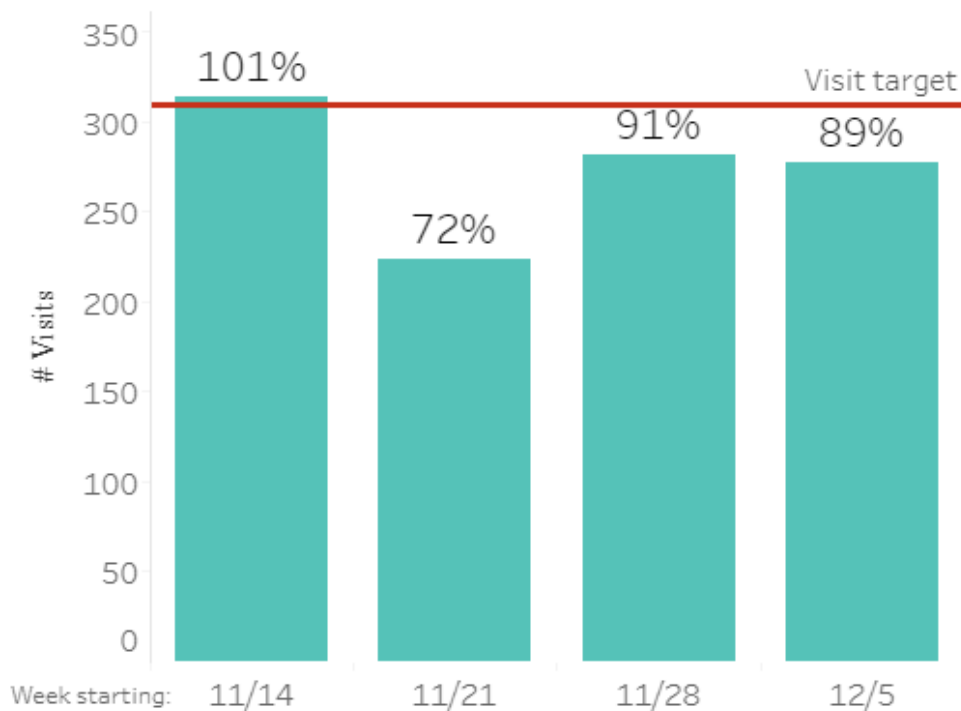
Includes visits in: JHSA clinic, Sleep Medicine, Urology, Women's Clinic, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

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.

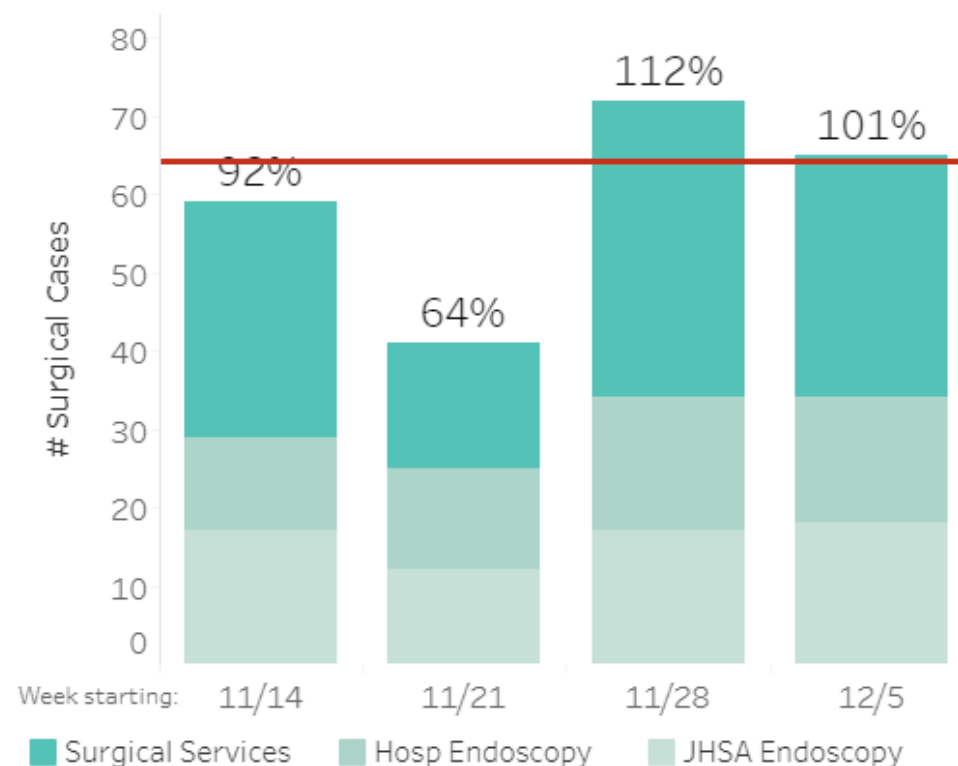
Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.



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.

This chart now includes surgical cases performed both in the hospital OR *and* in 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.

2/7/2021	
Total	293
Express Clinic	101
Emergency	192

Total Visits, 1/1/2020 to 12/13/2021
Select a department to bring in focus.

Emergency Dept

21,870

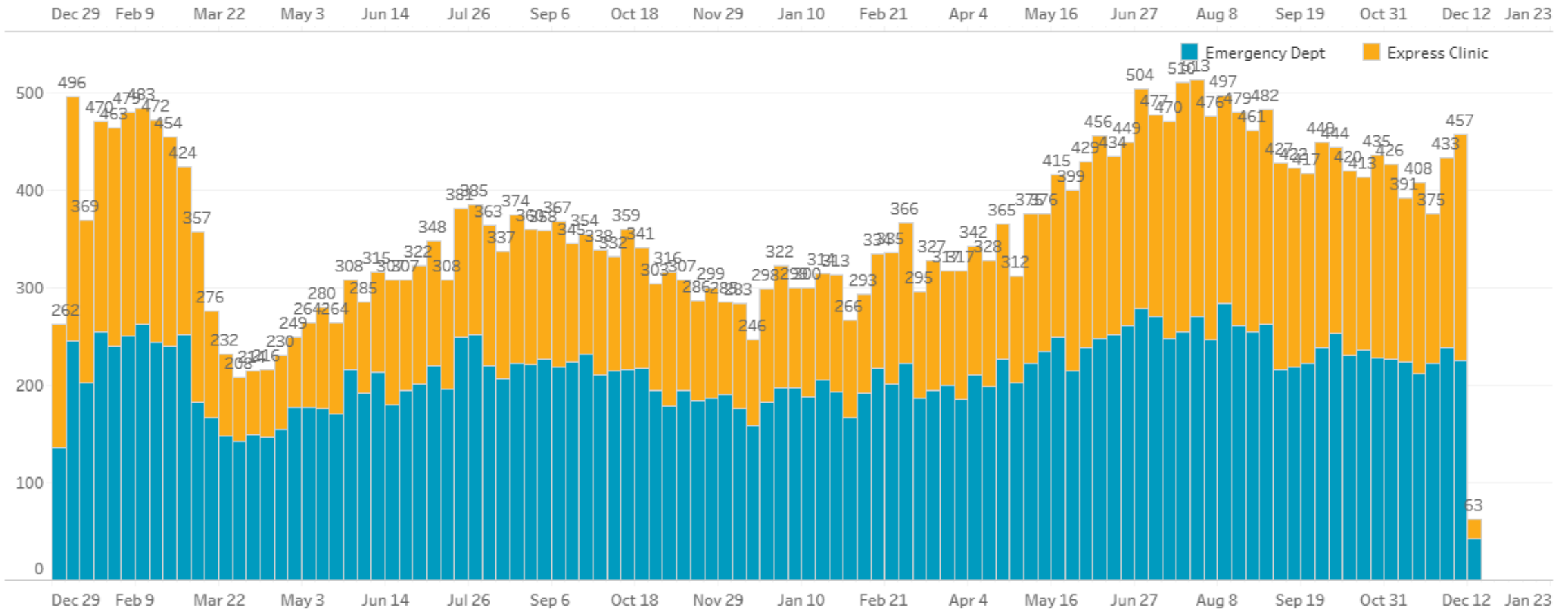


Express Clinic

15,336



Volumes by Arrival Department and Week, 2020 - 2021



Inter Facility Transfers

- Inter facility patient transfers are a critical part of our community's healthcare delivery system.
- Jefferson Healthcare contracts with East Jefferson Fire and Rescue (EJFR) to provide transfers for patients in need of a higher level of care.
- EJFR bill patients' insurer, Jefferson Healthcare provides \$100,000 annual subsidy.
- EJFR provides excellent service but frequently has inadequate capacity (personnel & rigs) to meet 100% of community need.
- Jefferson Healthcare is in discussions with EJFR to continue being primary transport resource and also reaching out to other transport organizations as secondary transport resource.
- Our goal is to provide the same level of transport responsiveness to the last transport of the day as is provided to the first transport of the day.



Jefferson Universal Movement Playground (JUMP)

- Open access playground for children of all ambulatory capabilities.
- Jefferson Healthcare agreed to participate in the funding of the development of the project.
- \$15,000



Budgeted Capital Expenditures over \$100,000

- Imprivata – Single sign on - \$153,925.86
- Hologic – Stereotactic Breast Biopsy - \$224,700.56
- Stryker – Defibrillators - \$163,850.65 (in progress)



Questions

