Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, January 26, 2022

Call to Order:
The meeting was called to order at 2:03 pm by Board Chair Buhler Rienstra. Present by phone and video were Commissioners Dressler, Kolff, McComas and Ready. Also, in attendance was Mike Glenn, CEO, Tyler Freeman, Chief Financial Officer, Jon French, Chief Legal Officer, Jake Davidson, Chief Ancillary & Specialty Services Officer, Jenn Wharton, Chief Ambulatory and Medical Group Officer, Brandie Manuel, Chief Quality and Patient Safety Officer, and Brittany Huntingford, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda
Commissioner McComas made a motion to approve the agenda. Commissioner Dressler seconded.
Action: Motion passed unanimously.

Board Governance Education:
- 2022-2023 Final Strategic Plan

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

Discussion ensued.

Commissioner Dressler made a motion to approve the 2022-2023 Final Strategic Plan. Commissioner Kolff seconded.
Action: Motion passed unanimously.

Education Topic:
  - Annual Cancer Report
• Corey Quigley, Nursing Supervisor, Oncology and Infusion Services
• Tina Toner, Chief Nursing Officer

Corey Quigley, Nursing Supervisor, Oncology and Infusion Services and Tina Toner, Chief Nursing Officer presented the Annual Cancer Report.

Discussion ensued.

**Break:**
Commissioners recessed for break at 3:08 pm.
Commissioner reconvened from break at 3:30 pm.

**Patient Story:**
• Commissioner Kolff shared a patient story about positive interactions with the Patient Advocates. Tina Toner, Chief Nursing Officer presented the patient story which included a presentation about our staff Difference Maker Awards for 2021.

**Minutes:**
• December 15, 2021 Special Session Minutes
• January 05, 2022 Special Session Minutes

Commissioner McComas made a motion to approve the December 15, 2021 Special Session Minutes and January 5, 2022 Special Session Minutes. Commissioner Dressler seconded.
**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested
• November and December Warrants and Adjustments
• Resolution 2022-01 Cancelled Warrants
• Resolution 2022-02 Surplus Equipment
• Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the November and December Warrants and Adjustment, Resolution 2022-01 Cancelled Warrants, Resolution 2022-02 Surplus Equipment, Medical Staff Credentials/ Appointments/ Reappointments. Commissioner Kolff seconded.
**Action:** Motion passed unanimously.

**Human Resources Report:**
Caitlin Harrison, CHRO; presented Resolution 2022-03 Union Contract Ratification.

Commissioner Dressler made a motion to approve Resolution 2022-03 Union Ratification. Commissioner Kolff seconded.
Action: Motion passed unanimously.

Quality Report:
Brandie Manuel, CPSO, presented the January Quality Report.

Financial Report:
Tyler Freeman, CFO, presented the January Financial Report.

Administrative Report
Mike Glenn, CEO, presented the January Administrative report.

Board Business:
- Board of Health Report
- Adopt 2022 Board Book
- Adopt 2022 Board Calendar
- Adopt Committee Assignments

Commissioner Dressler made a motion to adopt the 2022 Board Book. Commissioner Kolff seconded.
Action: Motion passed unanimously.

Commissioner Dressler made a motion to adopt the 2022 Board Calendar. Commissioner McComas seconded.
Action: Motion passed unanimously.

Commissioner Dressler made a motion to adopt the 2022 Committee Assignments. Commissioner McComas seconded.
Action: Motion passed unanimously.

Commissioner Kolff shared a Board of Health report which included an update on Greg Brotherton, assuming the role of Chair of Board of Health and Commissioner Kolff assuming the role of Vice Chair, Omicron, CHIP proposal and a pause on the discussion of the climate crisis.

Meeting Evaluation:
Commissioners evaluated the meeting.

Conclude:
Commissioner Dressler made a motion to conclude the meeting. Commissioner McComas seconded.
Action: Motion passed unanimously.

Meeting concluded at 5:25 pm.

Approved by the Commission:
Jefferson Healthcare
Strategic Plan
2022-2023
To be the highest performing rural healthcare system and critical access hospital in the country.

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

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep our employees safe and well</td>
<td>1. Promote effective infection prevention and control measures.</td>
</tr>
<tr>
<td></td>
<td>a) Ensure adequate supply and use of personal protective equipment.</td>
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<td></td>
<td>b) Maintain a safe work environment.</td>
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<td>c) Provide effective contact tracing for employees.</td>
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<td>and treatment services</td>
<td>a) Promote vaccinations.</td>
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<td>b) Provide therapeutic treatments.</td>
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<td>2. Support COVID-19 testing.</td>
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<tr>
<td>Maintain accessibility of inpatient and outpatient</td>
<td>1. Promote prevention and pre-hospital care.</td>
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<td>services</td>
<td>2. Expand the use of telemedicine.</td>
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<td>3. Design a system that adjusts based on community prevalence of COVID-19.</td>
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<tr>
<td>Collaborate with public health and other partners to</td>
<td>1. Maintain active engagement with Jefferson Public Health.</td>
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<td>provide and promote pandemic-ending interventions (such</td>
<td>2. Collaborate with DEM to continue to provide services for our community.</td>
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<td>as vaccines, masking, and distancing)</td>
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</table>
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.

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</table>
| Deliver care that is guided by the best evidence                          | 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 | 1. Ensure the availability and deployment of process improvement tools.  
2. Implement best practices in event reporting, investigation, analysis and mitigation.  
3. Promote a Learning Culture by sharing 'lessons learned' from system defects. |
| Enhance our systematic approach to avoid medical errors.                  | 1. Explore the addition of value-based contracts.  
2. Top performance in MIPS Reporting.                                       |
| Continue transition to value-based care                                   |                                                                                                                                           |
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.

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</table>
| Recruit, retain and implement innovative solutions to address current staffing shortages | 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                      | 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                                         | 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                        | 1. Identify and implement practice enhancement tools.  \  
2. Invest in medical staff leadership resources. |
| Advance the work of transforming our culture                              | 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.

<table>
<thead>
<tr>
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</table>
| Grow existing and identify new needed services                           | 1. Enhance our 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           | 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 | 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.

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</table>
| Remove the friction between our patients and their care.                 | 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                                     | 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| 1. Leverage the use of patient engagement data to:  
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  | 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.
<table>
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<tr>
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<tbody>
<tr>
<td>Implement a COVID-19 financial and operational recovery plan.</td>
<td>1. Revise financial reporting to capture relevant COVID-19 financial recovery indicators.</td>
</tr>
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<td>2. Monitor cash reserves to ensure days cash on hand stays above 100 days.</td>
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<tr>
<td>Improve the value of services by increasing efficiency and reducing waste.</td>
<td>1. Automate and reduce manual steps/additional touches where unnecessary.</td>
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<td>2. Review tools (EPIC, Infor, Kronos, etc.) to ensure we are realizing their fullest potential.</td>
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<td>3. Lean on supply chain tools and partners to ensure adequate supplies while minimizing waste and off contract spending.</td>
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<tr>
<td>Maximize revenue capture rate by improving internal processes and working</td>
<td>1. Train throughout the full revenue cycle (starting with Registration).</td>
</tr>
<tr>
<td>more efficiently with insurers.</td>
<td>2. Engage third parties to collect data and identify areas of opportunity.</td>
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<td>3. Create joint operating committees and meet with payors on a regular basis.</td>
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<tr>
<td>Finalize a financial plan to support the hospital replacement and campus</td>
<td>1. Support service line analysis efforts.</td>
</tr>
<tr>
<td>modernization plan.</td>
<td>2. Ensure cost report considerations are involved in the decision-making process.</td>
</tr>
<tr>
<td>Perform in value-based payment models.</td>
<td>1. Explore, and, if appropriate recommend, participation in at least one value-based payment model.</td>
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</tbody>
</table>

Goal #6 Remain financially independent.
Questions
Exceeding Expectations

In their own words- Gratitude and Appreciation from the patient perspective.
When we walked through the dark door that is cancer, we didn't know what to expect. What we found were caring nurses, fun loving receptionists, and thoughtful doctors. Thank you for being a wonderful part of our lives. You will all be missed.

~Letter received from JH Oncology Patient and Spouse

It's with a heavy heart that I am sharing with you how my husband fought bravely to the end! Although we would've liked to be back in Port Townsend, it was comforting to have our children and grandchildren by his side, holding his hand to bid him farewell.

Please share with your staff my grateful appreciation to them. They did everything to support him throughout the treatment at JHC. We could not have found a better group of wonderful and caring people!

Thank you SO MUCH too, for your help and kindness through this difficult journey.

~Letter received from JH Oncology Patient's Spouse
Thank you for your care during these last two years of my treatment. Although I have yet to see your smiles, I felt them during each appointment. You are an extraordinary team of people and we all benefit from your kindness and expertise.

~Letter from JH Oncology Patient

I’m writing to let you know how impressed I’ve been with the professionalism and terrific care I’ve been receiving at your infusion center. I’ve been many times now (every 6 months for my meds) and every time the nurses have been so incredibly caring and good at their jobs. I used to go to Harborview and was not happy when Regence stopped that. My doctor at Swedish set me up with a local Sequim neurologist and now I come here. Boy! Am I now happy about this change.

These days I consider going for my infusion like a visit on a cruise ship or something. Great view of the water, lunch served (veggie marinara today – yummy), unending Lorna Doone cookies and flavored water – and a minibreak from my house.

Today is no exception. Julia got the meds set in my vein superfast with no pain. The procedure started on time with no glitches. Jasmine brought my lunch, but with no dessert. When I said that she should tell the cafeteria to add desserts to the meal and I said I love hospital chocolate pudding, Jasmine found one for me!! Double yummy.

Also, the unit here seems like a very cohesive group with happy employees working together to make the patients’ experience as pleasant as possible. Kudos to the charge nurse who sets the tone for everyone.

If Sequim starts an infusion center, I will beg my husband to do the drive to Jefferson because you all here are that good.

~Letter from JH Infusion Patient
History of JHC Oncology and Infusion

2012: Jefferson Healthcare opened the Oncology and Infusion Clinic

2012: Dr. Ann Murphy joined the Oncology Clinic

2014: Multi-disciplinary Cancer Committee and onsite Cancer Registry established

2015: Dr. Kurt Norman joined the team

2016: Moved to larger space in ESSB and onsite Clinical Trials Program and Survivorship Programs established

2017: Initial Commission on Cancer Accreditation achieved with highest level of Commendations

2018: Triage role developed and afterhours coverage added

2018: Mary Towns, ARNP joined the Oncology Team

2019: Dr. Deborah Abrams joined the team and JHC Specialty Pharmacy established in Port Ludlow

2019: Tess Taft, ONC MSW and Jessica Piper, MSW joined our program

2020: Commission on Cancer re-accreditation without deficiencies

2021: Development of Psychosocial Services Program Manager
Our Provider Team

Dr. Ann E. Murphy  
Dr. Kurt Norman  
Dr. Deborah Abrams  
Mary Towns, ANRP
• Dr. Murphy is amazing!
• Dr. Murphy is the best!!! So grateful for her kind, brilliant, compassionate care!!!
• Dr. Murphy has been my doc since having my cancer about 5 years ago. I love seeing her every year. She has been so nice to me.
• Awesome in all respects. I’ve recommended Dr. Norman to friends.
• Dr. Norman is one of the best doctors I know. Very patient and compassionate.
• Dr. Norman is an exceptional physician in every regard.
• I was very impressed with the gentleness of Dr. Abrams; I wish all doctors were like her.
• Deborah has gone above and beyond to help me understand the preventative care needed and create an ongoing care plan w/ me that meets my needs.
• Dr. Abrams is very easy to talk to and understand.
Nursing Staff

Corey Quigley, OCN, RN
Nursing Manager

Kay C Hobbs, AOCNS, RN

Jennifer Moyer, RN

Julia Smith, RN

Rick Fourmont, OCN, RN

Leitha Patton, OCN, RN

J... OCN, RN

Mary Ihlen, OCN, RN

Ayla Skipper, OCN, RN

Lynn Fosket, OCN, RN
Difference Maker!

JG is a stellar patient advocate. She goes beyond providing care for patients while they are in our clinic by thinking about what would best serve their needs once they’ve left the clinic, too. A patient was referred to our clinic for IV antibiotics; upon assessment, this patient had extremely poor venous access. JG collaborated with an ED provider for U/S guided PIV placement. When that line failed, she collaborated with pharmacy to change method of administration to IM. JG is one of those caregivers who walks the walk and talks the talk; she understands it takes a village to provide best patient care, and actively collaborates with her JH village to ensure best patient outcomes.
Caring Response to Covid

- Oncology/Infusion Staff with 100% participation in Covid vaccination prior to Governor Inslee’s mandate.
- Lead Oncology RN, Ayla Skipper, developed medication administration policy and provided staff education for every Covid treatment offered at JH.
- Infusion RN Team provided staffing to the Regen-Cov Clinic for Covid-positive patients at JH.
Cancer Care Beyond the Clinical
Launched E-Health Literacy Program to help patients navigate MyChart and virtual appointments

Organized New Survivorship Support Group
*Added to current offerings of Breast Cancer, Bereavement, and Caregiver Support Groups

Our two-person Social Work Team provided nearly 1000 patient visits in 2021.

Psychosocial Services Program Development
• Jessica Piper, Oncology MSW, was chosen to attend highly selective Integrative Oncology Program with the NIH and University of Michigan Medical School. Jefferson Healthcare is the first ever critical access hospital to be selected for this program!

• Oncology MSW studying impacts of treatment on female oncology patients’ sexual health and developing supportive interventions. MSW to present findings to the JHC Cancer Conference, the multidisciplinary oncology teams with NIH, and cancer centers nationwide.

• Oncology MSW collaborated with Mary Ihlen, RN, OCN, to secure grant funding allowing us to trial offering Aromatherapy for alternative management of chemotherapy induced nausea and vomiting.
Psychosocial Program Development
Plans for 2022

• Hired additional Oncology Social Worker to expand access to patient and family support services; Nerissa Whitlock, MSW, will join our team in February.
• Expanding into art and music therapy offerings to patients
• Seeking extramural funding from NIH and American Cancer Society for Integrative Oncology program growth and development and training opportunities for staff.
• Focusing on Health Equity in oncology care and addressing Barriers to Care, relating to transportation.
  • Outreaching to underserved populations in the Jefferson County Community to provide access to cancer screenings.
  • Working with community partners to help address transportation needs of our JH oncology patients.
• Bolstering support and education for caregivers through evidence-based interventions.
Difference Maker!

Jessica has been working in conjunction with the Hospice team since November of 2020 to provide supportive care and services for this patient. He initially presented with a complex social situation, lack of support systems and many different challenges related to his end-of-life needs. With all of Jessica's care and coordination, we will finally be able to make our patient feel safe, comfortable, and supported during the last leg of his life journey. Jessica has worked diligently to assist this patient with housing, caregiving, resource coordination, emotional support, building a trusting relationship and the overall management of his care. I am so impressed by Jessica's advocacy for our patient. Healthcare advocates like her, make me so proud to work for Jefferson Healthcare, she is walking the walk, each day. Sometimes the desire to help all those in need, with limited resources and in a rural community, can seem overwhelming. When we can help even one person at a time, to the extent that she has helped our patient, it confirms our commitment to providing award winning care at home.
American College of Surgeons Commission on Cancer Accreditation

Awarded initial 3-year CoC Accreditation with 4 commendations in July 2017 after our initial survey

Accreditation renewed in 2020 with first remote site visit survey

Next accreditation survey will be in 2024
JH Cancer Committee
2021 Program Highlights

Cancer Committee Chair
Dr. Ann E Murphy
Quality Initiative and Community Outreach Project

PDSA to Improve Cervical Cancer Screening Rates

![Graph showing interventions and screenings over months]

- **Interventions and screenings**
- **April**: 122
- **May**: 127
- **June**: 151
- **July**: 131
- **August**: 114
- **September**: 117
- **October**: 138
- **November**: 123

Legend:
- Blue: Number of Interventions Performed per Month
- Orange: Number of Screenings per Month (goal)
Multidisciplinary Cancer Conference

- Occurs twice monthly
- Multidisciplinary Attendance and Participation
- Fully remote via Teams during COVID-19. A benefit of remote attendance has allowed for increased Primary Care Provider Participation.
- 191 Total Cases Presented in 2021
  - Q1 44
  - Q2 51
  - Q3 58
  - Q4 38
- Cancer Conference Coordinator: Brittany Huntingford
2021 Oncology & Infusion Visit Numbers

- 260 Oncology Clinic New Patient Consults
- 5045 Oncology Clinic Provider Visits
- 82 Radiation Oncology Provider Visits
- 9088 Infusion Center Visits
Looking Ahead to 2022

• **Oncology Clinic**
  • Focus on workflow standardization and efficiency
  • Expanding clinic into space currently occupied by Wound Care Services to meet patient volume needs

• **Radiation Oncology**
  • Beginning stages of Feasibility Study to assess offering Radiation Oncology Services on JH campus
I am the Difference

2021 Difference Makers
January: Karah Ealy, RN
February: Maria VanNess, RN
March: Gena McKinnon, RN

April: Jessica Piper, Psychosocial Services Manager
May: Starla Crowell, RN

June: Robin Bridge, RN
July: Amy Tichgelaar, House Supervisor
August: Marianne Muck, Dietary Aide
September: Laura Guimaraes, CNA

October: Michele Carson, Health Navigator
November: Requested not to be shared in a public meeting.

December: Kristy Davis, RN
Thank you!
Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

January 26, 2022
Agenda

1. Patient Safety and Quality Overview
2. Quality Highlight: Equity Training
3. Service: In the Words of our Patients
4. 2022 Project & Focus Areas
Patient Safety & Quality Overview

**Goal:** Provide the Highest Quality, Safest care in the Region

**Strategies:**
- Maintain zero preventable patient harm events
- Achieve excellent clinical outcomes
- Align Care with patient goals
- Enhance Jefferson Healthcare’s Culture of Safety

- **Patient Safety (December 2021):**
  - Zero preventable harm cases reported

- **Excellent Clinical Outcomes (Q3 2021):**
  - Q3 IP Composite Stroke: 95%
  - Q3 Early Elective Delivery: 0%
  - Q3 Acute Myocardial Infarction/Chest Pain: 100%
  - Q3 Follow up interval for normal colonoscopy: 100%

- **Opportunity* Patient Flow (Q3 2021):**
  - Patient Throughput (ED)
    - Arrival to departure: 165 min (goal <130 min)
    - Arrival to departure (d/c home): 148 min (goal <120 min)
      - Time to Departure (psychiatric): 200 min
      - Time to ED Departure (Transfers): 322 min

- **Patient Experience (Q3 2021 – except CGCAHPS):**
  - CGCAHPS: 83.4%
  - Emergency: 73.1%
  - HCAHPS: 75%
  - HHCAHPS: 82.1%
  - OASCAHPS: 89.7%
  - OP Rehab: 75.4%
  - OP Testing: 82.4%
Quality Highlight: REaL Training

What we’ve learned (so far):

• Inconsistent process/emphasis on asking for race, ethnicity, and language data
• Belief that once a patient is ‘in the system’, the information does not need to be re-assessed
• Staff missing the connection to the ‘why’
• Lack of standard onboarding and training materials in all departments
• Staff Concerns: offending patients, assuming patients don’t want to answer, don’t want to put anyone ‘on the spot’

**Lesson Learned:** Education and Training for all employees is critical to advancing our work in equitable care

NEXT STEPS: Continue Epic training, focus on employee education, planning for Black History Month, selection of clinical quality equity measures
Patient Safety & Quality Overview

**Goals**
- Drive Best Practice Clinical Care
- Achieve Excellent Quality Outcomes
- Enhance Culture of Safety
- Align care with patient goals

**Strategy**
- Provide the Highest Quality, Safest Care

**Initiatives**
- Achieve zero harm events
- Antimicrobial Stewardship
- Implement and adhere to evidence based practices
- Workplace Violence Prevention (Initiative)
- Leader Rounding
- Implement a palliative care program

**Targets**
- Zero avoidable healthcare acquired harm events
- Zero cases of hospital acquired C.Diff
- Avoid the over-use of antibiotics when not medically indicated
- 90% or greater compliance with core measures
- Zero Incidents of Workplace Violence
- Weekly Rounding Compliance
- Readmission rate < 12%
## 2022 Projects and Focus Areas

<table>
<thead>
<tr>
<th>Patient Safety &amp; Quality:</th>
<th>Infection Control and Prevention:</th>
<th>Technology:</th>
<th>Accreditation:</th>
<th>Service Excellence:</th>
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<tbody>
<tr>
<td>• OB Quality Committee Kickoff</td>
<td>• COVID-19 Management</td>
<td>• Provider Technology Team</td>
<td>• DOH Survey Corrective Action Plan</td>
<td>• Real Time Surveys – Q1 2022</td>
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<tr>
<td>• Surgical Quality/Hip and Knee Replacement Committee</td>
<td>• Hand Hygiene</td>
<td>• CyberSecurity/Information Security</td>
<td>• DNV/ISO Survey</td>
<td>• Coordination of Care</td>
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<tr>
<td>• Patient Safety &amp; Quality Leadership Council</td>
<td>• Prevention of Healthcare-Acquired Infections</td>
<td>• Arch Collaborative/Klas Survey</td>
<td>• Infection Control and Prevention</td>
<td>• Leverage MyChart/Epic to better connect patients with their care</td>
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<td>• Health Equity Clinical Focus Areas</td>
<td>• Keeping our employees well/ PPE</td>
<td>• Enhanced use of Technology for Patient Care and Operations</td>
<td>• Hip and Knee Certification Application</td>
<td>• Advanced tools for patient engagement analysis and service recovery</td>
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<td>• 2021 MIPS Reporting</td>
<td>• Ongoing program evaluation and reporting</td>
<td>• Data and Analytics Engagement</td>
<td>• 2022 Internal Audit planning</td>
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<tr>
<td>• Culture of Safety</td>
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- **Infection Control and Prevention:**
  - COVID-19 Management
  - Hand Hygiene
  - Prevention of Healthcare-Acquired Infections
  - Keeping our employees well/ PPE
  - Ongoing program evaluation and reporting

- **Technology:**
  - Provider Technology Team
  - CyberSecurity/Information Security
  - Arch Collaborative/Klas Survey
  - Enhanced use of Technology for Patient Care and Operations
  - Data and Analytics Engagement

- **Accreditation:**
  - DOH Survey Corrective Action Plan
  - DNV/ISO Survey
  - Infection Control and Prevention
  - Hip and Knee Certification Application
  - 2022 Internal Audit planning

- **Service Excellence:**
  - Real Time Surveys – Q1 2022
  - Coordination of Care
  - Leverage MyChart/Epic to better connect patients with their care
  - Advanced tools for patient engagement analysis and service recovery
Patient Perspective: In the Words of Our Patients...

I have spent so much time at your hospital: in admissions, in the lab, in radiology, in physical therapy, and in cognitive therapy. Every single person I have come across has truly been wonderful. It is just remarkable that all of your employees, visiting staff and volunteers I’ve encountered have been so skilled, professional, kind, helpful, and compassionate. I don’t know how you have assembled so many beautiful and caring people in one organization.

There were days I did not want to continue living. My life was lost as I knew it. I don’t know if she could sense that, but she (Megan D.) went above and beyond to help me. She sent me a list of counselors in the area. She contacted a care coordinator to help me keep track of all my medical appointments and tests. She repeatedly surprised me with her ability to assess what my immediate needs were and would help me plan how to address them. Thanks in great part to Megan, I am able to function again and care for myself. Though I have new limitations, I am now equipped with tools to help me each day. I am so very fortunate to have had Megan’s help. There are millions of long haulers like me who I fear will never cross paths with a cognitive therapist let alone one like Megan. And I am acutely aware of how many people around the world are without the medical care they desperately need.

Please accept my most sincere thanks for the role you have played in Jefferson Healthcare’s excellent care for me. What you all do makes a difference. I count myself so fortunate to live in Jefferson County and know that my loved ones can receive such outstanding medical care so close to home.
Questions?
<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>MO ACTUAL</th>
<th>MO BUDGET</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>% VARIANCE</th>
<th>MO ACTUAL</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>% VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>599</td>
<td>625</td>
<td>4%</td>
<td>598</td>
<td>625</td>
<td>4%</td>
<td>628</td>
<td>5%</td>
<td>605</td>
<td>1%</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,653</td>
<td>2,161</td>
<td>23%</td>
<td>29,959</td>
<td>24,063</td>
<td>25%</td>
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<td>0%</td>
<td>21,575</td>
<td>39%</td>
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<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>104</td>
<td>73</td>
<td>42%</td>
<td>929</td>
<td>814</td>
<td>14%</td>
<td>53</td>
<td>96%</td>
<td>624</td>
<td>33%</td>
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</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>309</td>
<td>320</td>
<td>-3%</td>
<td>3,052</td>
<td>3,561</td>
<td>-14%</td>
<td>261</td>
<td>18%</td>
<td>2,781</td>
<td>9%</td>
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<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>413</td>
<td>415</td>
<td>0%</td>
<td>4,093</td>
<td>4,623</td>
<td>-11%</td>
<td>314</td>
<td>32%</td>
<td>3,557</td>
<td>13%</td>
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<tr>
<td>SURGERY CASES (IN OR)</td>
<td>134</td>
<td>123</td>
<td>9%</td>
<td>1,398</td>
<td>1,373</td>
<td>2%</td>
<td>98</td>
<td>37%</td>
<td>1,129</td>
<td>19%</td>
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<td>68</td>
<td>75</td>
<td>-9%</td>
<td>807</td>
<td>833</td>
<td>-3%</td>
<td>75</td>
<td>-9%</td>
<td>645</td>
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<tr>
<td>LAB BILLABLE TESTS</td>
<td>20,453</td>
<td>20,874</td>
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<td>238,989</td>
<td>232,395</td>
<td>3%</td>
<td>19,074</td>
<td>7%</td>
<td>203,685</td>
<td>15%</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>2,717</td>
<td>3,046</td>
<td>-11%</td>
<td>33,760</td>
<td>33,901</td>
<td>0%</td>
<td>2,637</td>
<td>3%</td>
<td>29,233</td>
<td>13%</td>
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<td>PHARMACY MEDS DISPENSED</td>
<td>21,290</td>
<td>23,663</td>
<td>-10%</td>
<td>218,689</td>
<td>263,444</td>
<td>-17%</td>
<td>16,485</td>
<td>29%</td>
<td>201,889</td>
<td>8%</td>
<td></td>
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<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,181</td>
<td>3,607</td>
<td>-12%</td>
<td>31,297</td>
<td>40,154</td>
<td>-22%</td>
<td>2,134</td>
<td>49%</td>
<td>26,288</td>
<td>16%</td>
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<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>7,548</td>
<td>8,920</td>
<td>-15%</td>
<td>93,824</td>
<td>99,318</td>
<td>-6%</td>
<td>7,402</td>
<td>2%</td>
<td>84,933</td>
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<tr>
<td>ER CENSUS</td>
<td>964</td>
<td>1,074</td>
<td>-10%</td>
<td>10,768</td>
<td>11,955</td>
<td>-10%</td>
<td>787</td>
<td>22%</td>
<td>9,853</td>
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<tr>
<td>DENTAL CLINIC</td>
<td>414</td>
<td>385</td>
<td>8%</td>
<td>4,401</td>
<td>4,291</td>
<td>3%</td>
<td>296</td>
<td>40%</td>
<td>2,968</td>
<td>33%</td>
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<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,957</td>
<td>6,261</td>
<td>-5%</td>
<td>66,512</td>
<td>69,707</td>
<td>-5%</td>
<td>5,237</td>
<td>14%</td>
<td>56,102</td>
<td>16%</td>
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<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,288</td>
<td>3,348</td>
<td>-2%</td>
<td>37,153</td>
<td>37,275</td>
<td>0%</td>
<td>3,362</td>
<td>-2%</td>
<td>33,698</td>
<td>9%</td>
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## December 2021 Operating Statistics

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<tr>
<th>STATISTIC DESCRIPTION</th>
<th>DECEMBER 2021</th>
<th>DECEMBER 2020</th>
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<tbody>
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<td></td>
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<td>MO BUDGET</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>599</td>
<td>625</td>
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<td>ADJUSTED PATIENT DAYS</td>
<td>2,437</td>
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<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>95</td>
<td>76</td>
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<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>240</td>
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<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
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<td>430</td>
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<td>SURGERY CASES (IN OR)</td>
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<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>66</td>
<td>77</td>
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<td>LAB BILLABLE TESTS</td>
<td>20,946</td>
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<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
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<td>PHARMACY MEDS DISPENSED</td>
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<td>REHAB/PT/OT/ST RVUs</td>
<td>6,742</td>
<td>9,218</td>
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<td>ER CENSUS</td>
<td>974</td>
<td>1,110</td>
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<tr>
<td>DENTAL CLINIC</td>
<td>388</td>
<td>398</td>
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<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
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<td>6,470</td>
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<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,187</td>
<td>3,460</td>
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<tr>
<td></td>
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</tbody>
</table>

% VARIANCE: Percentage change from the previous month.
## November 2021

### Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>November 2021 Actual</th>
<th>November 2021 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>November 2021 YTD</th>
<th>November 2021 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>November 2020 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>24,877,881</td>
<td>23,715,243</td>
<td>1,162,637</td>
<td>5%</td>
<td>273,618,785</td>
<td>264,029,710</td>
<td>9,589,074</td>
<td>4%</td>
<td>231,732,596</td>
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<tr>
<td>Revenue Adjustments</td>
<td>12,093,896</td>
<td>12,616,123</td>
<td>522,227</td>
<td>4%</td>
<td>145,714,782</td>
<td>140,459,500</td>
<td>(5,255,281)</td>
<td>-4%</td>
<td>124,462,529</td>
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<tr>
<td>Charity Care Adjustments</td>
<td>265,096</td>
<td>225,526</td>
<td>(39,570)</td>
<td>-18%</td>
<td>3,688,744</td>
<td>2,510,851</td>
<td>(1,177,894)</td>
<td>-47%</td>
<td>3,258,543</td>
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<tr>
<td>Net Patient Service Revenue</td>
<td>12,518,889</td>
<td>10,873,595</td>
<td>1,645,294</td>
<td>15%</td>
<td>124,215,259</td>
<td>121,059,359</td>
<td>3,155,899</td>
<td>3%</td>
<td>104,011,524</td>
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<tr>
<td>Other Revenue</td>
<td>805,907</td>
<td>532,096</td>
<td>273,810</td>
<td>51%</td>
<td>7,577,986</td>
<td>5,924,004</td>
<td>1,653,982</td>
<td>28%</td>
<td>12,931,078</td>
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<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>13,324,796</td>
<td>11,405,691</td>
<td>1,919,105</td>
<td>17%</td>
<td>131,793,245</td>
<td>126,983,364</td>
<td>4,809,881</td>
<td>4%</td>
<td>116,942,602</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>5,670,912</td>
<td>5,609,938</td>
<td>(60,974)</td>
<td>-1%</td>
<td>63,583,523</td>
<td>62,457,314</td>
<td>(1,126,209)</td>
<td>-2%</td>
<td>59,259,794</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,147,980</td>
<td>1,439,719</td>
<td>291,739</td>
<td>20%</td>
<td>14,547,690</td>
<td>16,028,868</td>
<td>1,481,178</td>
<td>9%</td>
<td>13,688,630</td>
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<tr>
<td>Other Expenses</td>
<td>4,754,098</td>
<td>4,013,084</td>
<td>(741,015)</td>
<td>-18%</td>
<td>47,959,197</td>
<td>44,678,998</td>
<td>(3,280,199)</td>
<td>-7%</td>
<td>44,455,943</td>
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<td><strong>Total Operating Expenses</strong></td>
<td>11,572,990</td>
<td>11,062,741</td>
<td>(510,250)</td>
<td>-5%</td>
<td>126,090,410</td>
<td>123,165,180</td>
<td>(2,925,231)</td>
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<td>117,404,368</td>
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<td><strong>Operating Income (Loss)</strong></td>
<td>1,751,806</td>
<td>342,951</td>
<td>1,408,855</td>
<td>411%</td>
<td>5,702,835</td>
<td>3,818,184</td>
<td>1,884,651</td>
<td>49%</td>
<td>(461,766)</td>
</tr>
<tr>
<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>(12,371)</td>
<td>(484)</td>
<td>(11,887)</td>
<td>2456%</td>
<td>(164,362)</td>
<td>(5,388)</td>
<td>(158,974)</td>
<td>2950%</td>
<td>74,323</td>
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<tr>
<td><strong>Change in Net Position (Loss)</strong></td>
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<td>342,467</td>
<td>1,396,968</td>
<td>408%</td>
<td>5,538,473</td>
<td>3,812,795</td>
<td>1,725,677</td>
<td>45%</td>
<td>(387,443)</td>
</tr>
</tbody>
</table>

### Operating Margin

- **13.1%**
- **10.1%**
- **13.1%**
- **10.1%**

### Total Margin

- **13.1%**
- **10.1%**
- **13.1%**
- **10.1%**

### Salaries & Benefits as a % of net pt svc rev

- **-54.5%**
- **-64.8%**
- **-54.5%**
- **-64.8%**
## December 2021

### Income Statement Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>December 2021 Actual</th>
<th>December 2021 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>December 2021 YTD</th>
<th>December 2021 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>December 2020 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>24,395,077</td>
<td>24,505,752</td>
<td>(110,675)</td>
<td>0%</td>
<td>298,013,861</td>
<td>288,535,462</td>
<td>9,478,399</td>
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<td>256,135,793</td>
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<tr>
<td>Revenue Adjustments</td>
<td>12,468,115</td>
<td>13,036,660</td>
<td>568,545</td>
<td>4%</td>
<td>158,182,897</td>
<td>153,496,160</td>
<td>(4,686,737)</td>
<td>-3%</td>
<td>136,470,558</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>183,518</td>
<td>233,043</td>
<td>49,525</td>
<td>21%</td>
<td>3,872,263</td>
<td>2,743,894</td>
<td>(1,128,369)</td>
<td>-41%</td>
<td>2,858,135</td>
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<tr>
<td>Net Patient Service Revenue</td>
<td>11,743,443</td>
<td>11,236,048</td>
<td>507,394</td>
<td>5%</td>
<td>135,958,701</td>
<td>132,295,408</td>
<td>3,663,293</td>
<td>3%</td>
<td>116,807,100</td>
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<tr>
<td>Other Revenue</td>
<td>1,092,958</td>
<td>549,833</td>
<td>543,126</td>
<td>99%</td>
<td>8,670,945</td>
<td>6,473,837</td>
<td>2,197,108</td>
<td>34%</td>
<td>15,262,648</td>
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<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>12,836,401</td>
<td>11,785,881</td>
<td>1,050,520</td>
<td>9%</td>
<td>144,629,646</td>
<td>138,769,245</td>
<td>5,860,401</td>
<td>4%</td>
<td>132,069,748</td>
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<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>5,909,552</td>
<td>5,796,936</td>
<td>(112,615)</td>
<td>-2%</td>
<td>69,493,075</td>
<td>68,254,251</td>
<td>(1,238,824)</td>
<td>-2%</td>
<td>65,363,393</td>
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<td>Employee Benefits</td>
<td>1,177,522</td>
<td>1,487,709</td>
<td>310,188</td>
<td>21%</td>
<td>15,725,212</td>
<td>17,516,577</td>
<td>1,791,365</td>
<td>10%</td>
<td>14,861,023</td>
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<tr>
<td>Other Expenses</td>
<td>4,370,160</td>
<td>4,146,853</td>
<td>(223,307)</td>
<td>-5%</td>
<td>52,329,357</td>
<td>48,825,851</td>
<td>(3,503,506)</td>
<td>-7%</td>
<td>48,574,648</td>
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<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>11,457,233</td>
<td>11,431,499</td>
<td>(25,734)</td>
<td>0%</td>
<td>137,547,643</td>
<td>134,596,679</td>
<td>(2,950,964)</td>
<td>-2%</td>
<td>128,799,064</td>
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<tr>
<td><strong>Operating Income (Loss)</strong></td>
<td>1,379,168</td>
<td>354,382</td>
<td>1,024,786</td>
<td>289%</td>
<td>7,082,003</td>
<td>4,172,566</td>
<td>2,909,437</td>
<td>70%</td>
<td>3,270,684</td>
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<tr>
<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>(21,700)</td>
<td>(500)</td>
<td>(21,200)</td>
<td>-423%</td>
<td>(186,062)</td>
<td>(5,889)</td>
<td>(180,173)</td>
<td>-3059%</td>
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<td><strong>Change in Net Position (Expenses)</strong></td>
<td>1,357,468</td>
<td>353,882</td>
<td>1,003,586</td>
<td>284%</td>
<td>6,895,940</td>
<td>4,166,677</td>
<td>2,729,263</td>
<td>66%</td>
<td>3,301,991</td>
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<tr>
<td><strong>Operating Margin</strong></td>
<td>10.7%</td>
<td>3.0%</td>
<td>7.7%</td>
<td>257.3%</td>
<td>4.9%</td>
<td>3.0%</td>
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<td><strong>Total margin</strong></td>
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<td>2.15%</td>
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December 2021
Cash and Accounts Receivable

Days Cash and Accounts Receivable

- DAYS OUTSTANDING IN A/R
- DAYS AR GOAL - 45
- DAYS OF CASH
- DAYS CASH GOAL - 90
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<th>Nov Budget</th>
<th>Nov Variance</th>
<th>2021 YTD Actual</th>
<th>2021 YTD Budget</th>
<th>YTD Variance</th>
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## December 2021
### Board Financial Report

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<th>Department</th>
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<th>Dec Actual</th>
<th>Dec Budget</th>
<th>Dec Variance</th>
<th>2021 YTD Actual</th>
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<th>YTD Variance</th>
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<td>3,750</td>
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<td><strong>BOARD Total</strong></td>
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<td><strong>167,101</strong></td>
<td><strong>207,008</strong></td>
<td><strong>39,907</strong></td>
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January 2022
Preview — (*as of 0:00 1/26/22)

• $24,857,062 in Projected HB charges
  • Average: $801,841/day (HB only)
  • Budget: $882,907/day
  • 91% of Budget

• $9,552,971 in HB cash collections
  • Average: $285,774/day (HB only)
  • Goal: $390,700/day

• 44.1 Days in A/R

• Questions
Administrative Report
January 26, 2022
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.

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

Total call volume since launch of triage line

<table>
<thead>
<tr>
<th></th>
<th>10/31</th>
<th>11/7</th>
<th>11/14</th>
<th>11/21</th>
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<tbody>
<tr>
<td>Inbound Calls</td>
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<td>242,354</td>
<td>66,666</td>
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<tr>
<td>Calls Answered</td>
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<tr>
<td>Total Call Enc</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Respiratory Evaluation Clinic visits - all time

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<td>Drive-Through</td>
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<td>4,822</td>
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<td>Total</td>
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</table>
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 2022 annual budgets. The labels are % volume to budget for the selected clinics.

89% 85% 91%
Week of 1/2 Week of 1/9 Week of 1/16

Specialty clinic variance to budgeted visits
Visit volumes in Medical Group’s specialty clinics. Red line indicates weekly visit budget based on 2022 annual budgets. The labels are % volume to budget for the selected clinics.

83% 85% 96%
Week of 1/2 Week of 1/9 Week of 1/16

Includes visits in: Sheridan, Watership, Townsend, Port Ludlow and South County primary care clinics and the Dental Clinic.

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. 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.

Case counts vary slightly from surgery statistics reported by Finance. In this chart, "Hosp Endoscopy" refers to any endoscopy procedure performed in the Hospital, not just those performed in the OR Special Procedures Room.

This chart now includes surgical cases performed both in the hospital OR and in the endoscopy suite at JHSA.
Advocacy Update

• Advocacy Meetings- Jefferson Healthcare
  • Representative Tharinger
  • Senator Van De Wege

• Advocacy Meetings- WSHA
  • Representative Chapman
  • Representative Tharinger

• Other
CHIP Update

• Operational Transition
  • Lori Fleming, Director
  • Allison Berry, MD Jefferson County Health Officer

• Governance Transition
  • Proposal to endorse Jefferson County Public Health Board as CHIP Governing Body

• Financial Contribution
  • $25,000.00
COVID Update
Questions