

COVID-19 Notice

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

<u>All</u> meeting attendees, including Board of Commissioners, staff and members of the public shall participate virtually. No physical meeting location will be provided.

<u>Audio Only:</u> dial Phone Conference Line: (509) 598-2842 When prompted, enter Conference ID number: 383682973#

Microsoft Teams meeting: Join on your computer or mobile app.

This option will allow you to join the meeting live.

Click here to join Microsoft Teams meeting

Regular Session Agenda	
Wednesday, March 23, 2022	
Call to Order:	2:00
Approve Agenda:	2:00
Governance Discussion:	
 Debrief March 16 Generative Governance Retreat 	
Education Topic:	2:15
 Population Health Update, Dunia Faulx, Exec. Dir. Pop. Health, Analytics & Adv Home Health Hospice Quarterly Update, Tammy Tarsa, Exec. Dir. Home Health 	•
Break:	3:15
Team, Employee, Provider of the Quarter: Allison Crispen, Interim CHRO	3:30
Minutes: Action Requested	3:45
February 16, 2022 Special Session Minutes (pgs 2-4)	
 February 23, 2022 Regular Session Minutes (pgs 5-7) 	
Required Approvals: Action Requested	3:50
 February Warrants and Adjustments (pgs 8-13) 	
 Resolution 2022 Cancelled Warrants (pg 14) 	
Medical Staff Credentials/ Appointments/ Reappointments (pgs 15-19)	
Financial Report: Tyler Freeman, CFO	4:00
Administrative Report: Mike Glenn, CEO	4:15
Board Business:	4:30
Board of Health Report	
Agenda Evaluation	
Meeting Evaluation:	5:00
Executive Session:	5:05
Performance of a public employee	
Conclude:	5:30
This Regular Session will be officially recorded. Times shown in agenda are estimates only.	

Jefferson Healthcare

Owned and Operated by Jefferson County Public Hospital District No. 2 834 Sheridan Street, Port Townsend, WA 98368 We are an equal opportunity provider and employer.

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Jefferson County Public Hospital District No.2 Board of Commissioners, Special Session Minutes Wednesday, February 16, 2022

Call to Order:

The meeting was called to order at 9:00am by Board Chair Buhler Rienstra. Present by phone and video were Commissioners Dressler, Kolff, McComas and Ready. Also, in attendance was Mike Glenn, CEO, Karma Bass, Via Healthcare Consulting, Megan McAdams, Via Healthcare Consulting, Mary Kay Clunies-Ross, Sunshine Communications, Sandeep Kaushik, Sound View Strategies, Jake Davidson, Chief Ancillary and Support Services Officer and Brittany Huntingford, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Work Session

The Commissioners began by acknowledging 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.

Karma Bass, Via Healthcare consulting thanked the Board for their flexibility and willingness to reschedule the meeting from last month to today.

Confirm Objectives

Ms. Bass reviewed the agenda and confirmed the Boards objectives for today's meeting.

Agenda and agree on group guidelines

Ms. Bass reviewed presentation slides: Agenda, Board Workshop Objectives, Every Meeting has, you are cordially invited to and Group Guidelines. Discussion ensued.

Board self-assessment survey and interview results

Ms. Bass reviewed presentation slides: Board Self-Assessment, Background, 2021 BSA Highlights, Statements with the Greatest Improvement between 2019-2021 across All Sections, Highest Rated Statements Across All Sections, Lowest Rated Statements Across All Sections and Overall Results.

Discussion ensued

Commissioners recessed for break at 10:28am Commissioners reconvened from break at 10:43am.

Advance practice governance

Ms. Bass reviewed presentation slides: Advanced Practice Governance: Meeting Effectiveness, 2021 Meeting Time Allocation (in minutes), 2021 Meeting Time Allocation Categories, Advanced Practices for High Performing Boards, Dealing with Uncertainty, Boards Today: Life in a Fishbowl, Risk Takes Many Forms, Managing Risk and Your Fiduciary Duties, Three Important Truths, We approach..., Critical Questions a Board Should be Asking and What's a Board to Do?

Discussion ensued.

Discussion ensued around adjusting the meeting agenda to include Education later in the meeting.

Commissioners recessed for lunch at 12:00pm. Commissioners reconvened from break at 12:30pm.

Commissioner Buhler Rienstra shared with the board that effective next meeting we will begin sharing the Teams link with the public.

Generative Governance discussion

Ms. Bass welcomed any additional feedback from the morning's discussion. Ms. Bass reviewed presentation slides: Discussion: Generative Governance, Why are we exploring generative governance, Common Board Challenges, High-Performing boards Use More Than One Lens to View Their Work, FIDUCIARY- The Sentinel, STRATEGIC- The Strategist, GENERATIVE- The Sense-maker, What is Generative Thinking, Move Past Traditional Barriers to Critical Thinking, Questions for Framing Generative Governance as Part of the Board's Work

Discussion ensued.

Master site plan funding options

Mr. Glenn introduced Mary Kay Clunies-Ross, Sunshine Communications, Sandeep Kaushik, Sound View Strategies and Jake Davidson, Chief Ancillary and Support Services Officer.

Mary Kay Clunies-Ross and Sandeep Kaushik reviewed presentation slides: Jefferson Healthcare Community Outreach, Here is us, Challenges, Opportunity, Community Engagement and Timeline.

Discussion ensued.

Commissioners recessed for break at 2:32 pm. Commissioners reconvened from break at 2:37 pm.

Meeting effectiveness

Ms. Bass reviewed presentation slides: Questions for Framing Generative Governance as Part of the Board's Work and Generative Questions when Discussing Specific Topics.

Discussion ensued.

Action planning for 2022 and beyond

Ms. Bass reviewed presentation slides: Generative Governance Discussion Topics for 2022 and Action Planning for 2022 and Beyond.

Discussion ensued.

Discussion ensued around including Sponsorships as a topic to the Generative Discussion list.

Closing comments

Discussion ensued

Meeting evaluation

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 3:02 pm.

Approved by the Commission:	
Chair of Commission: Jill Buhler Rienstra	
Secretary of Commission: Marie Dressler	
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Jefferson County Public Hospital District No.2 Board of Commissioners, Regular Session Minutes Wednesday, February 23, 2022

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 and McComas. Commissioner Ready was excused. Also, in attendance was Mike Glenn, CEO, Tyler Freeman, Chief Financial Officer, Jake Davidson, Chief Ancillary & Specialty Services Officer, Tina Toner, Chief Nursing 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 Dressler made a motion to approve the agenda. Commissioner McComas seconded.

Action: Motion passed unanimously.

Board Governance Education:

• February Board Retreat Debrief Discussion ensued.

Education Topic:

2021 Open Public Meetings Act Hot Topics- AWPHD recorded webinar

Break:

Commissioners recessed for break at 3:18 pm.

Commissioner reconvened from break at 3:31 pm.

Patient Story:

Tina Toner, Chief Nursing Officer presented the patient story which included care received by a patient in the Emergency Department, In Patient Unit, Echo Cardiogram, Drs. R. Parker, Hoffner, Jafari, Norman and all staff.

Commissioner Kolff read the Indigenous Lands acknowledgment.

Minutes:

- January 19, 2022, Special Session Minutes
- January 26, 2022, Regular Session Minutes

Commissioner Dressler made a motion to approve the January 19, 2022 Special Session Minutes and January 26, 2022 Regular Session Minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- January Warrants and Adjustments
- Resolution 2022-03 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 2022-03 Surplus Equipment, Medical Staff Credentials/ Appointments/ Reappointments. Commissioner McComas seconded.

Action: Motion passed unanimously.

Energy Star Report:

Chris O'Higgins, Facilities Director Discussion ensued

HEC: Black History Month Report

Chris Harris, Population Health Engagement Coordinator Discussion ensued

Patient Advocate Report

Jackie Levin, Patient Advocate Discussion ensued

Quality Report:

Brandie Manuel, CPSO, presented the January Quality Report.

Financial Report:

Tyler Freeman, CFO, presented the January Financial Report. Discussion ensued

Administrative Report

Mike Glenn, CEO, presented the February Administrative report. Discussion ensued

Board Business:

• Board of Health Report

Commissioner Kolff shared a Board of Health report which included the approval of a resolution for the Board of Health to be the oversight entity for the Community Health Improvement Plan, and an excellent presentation from the Nurse Family Partnership. Commissioner Kolff also noted that Dr. Paul Farmer, a Public Health Hero, passed earlier this week.

Commissioner Dressler shared an update about the Nursing Shortage opinion article on Sunday February 20th in the Seattle Times.

Meeting Evaluation:

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 6:02 pm

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Approved by the Commission:	
Chair of Commission: Jill Buhler Rienstra	
Secretary of Commission: Marie Dressler	
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Jefferson										
Healthcare			FEBRUA	RY 2022				FEBRUA	RY 2021	
STATISTIC DESCRIPTION	MO ACTUAL	MO BUDGET	<u>%</u> VARIANCE	YTD ACTUAL	YTD BUDGET	<u>%</u> VARIANCE	MO ACTUAL	<u>%</u> VARIANCE	YTD ACTUAL	<u>%</u> VARIANCE
FTEs - TOTAL (AVG)	570.82	625.21	9%	571.40	625.21	9%	613.82	7%	614.31	7%
FTEs - PRODUCTIVE (AVG)	528.43	559.80	6%	515.64	559.80	8%	548.17	4%	536.55	4%
ADJUSTED PATIENT DAYS	2,549	2,538	0%	5,222	5,347	-2%	2,527	1%	4,964	5%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	110	68	62%	218	144	51%	43	156%	130	40%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	292	250	17%	642	526	22%	193	51%	484	25%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS) PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	402	15 333	-100% 21%	860	701	-100% 23%	31 267	-100% 51%	46 660	0% 23%
BIRTHS	7	7	0%	20	16	25%	5	40%	13	35%
SURGERY CASES (IN OR)	96	125	-23%	206	264	-22%	102	-6%	229	-11%
SURGERY MINUTES (IN OR)	11,109	15,568	-29%	22,972	32,804	-30%	12,925	-14%	27,342	-19%
SPECIAL PROCEDURE CASES	43	71	-39%	75	150	-50%	67	-36%	121	-61%
LAB BILLABLE TESTS	19,995	20,108	-1%	43,230	42,370	2%	19,187	4%	40,264	7%
BLOOD BANK UNITS MATCHED	17	-	0%	49	-	0%	-	0%	-	100%
MRIS COMPLETED	177	197	-10%	359	414	-13%	201	-12%	393	-9%
CT SCANS COMPLETED	570	509	12%	1,160	1,073	8%	481	19%	1,003	14%
RADIOLOGY DIAGNOSTIC TESTS ECHOs COMPLETED	1,435 180	1,444 161	-1% 12%	2,824 360	3,044 339	- 7% 6%	1,293 153	11% 18%	2,718 289	4% 20%
ULTRASOUNDS COMPLETED	334	319	5%	656	671	-2%	344	-3%	678	-3%
MAMMOGRAPHYS COMPLETED	281	256	10%	551	538	2%	229	23%	479	13%
NUCLEAR MEDICINE TESTS	25	48	-48%	60	100	-40%	45	-44%	96	-60%
TOTAL DIAGNOSTIC IMAGING TESTS	3,002	2,934	2%	5,970	6,179	-3%	2,746	9%	5,656	5%
PHARMACY MEDS DISPENSED	17,879	19,207	-7%	38,563	40,471	-5%	15,966	12%	36,265	6%
ANTI COAG VISITS	373	368	1%	765	776	-1%	386	-3%	745	3%
RESPIRATORY THERAPY PROCEDURES	3,135	2,705	16%	7,141	5,701	25%	2,113	48%	4,725	34%
PULMONARY REHAB RVUs	-	114	-100%	2	240	-99%	-	0%	8	-300%
PHYSICAL THERAPY RVUs	5,712	7,471	-24%	12,004	15,743	-24%	7,023	-19%	14,078	-17%
OCCUPATIONAL THERAPY RVUs	1,115	992	12%	2,234	2,090	7%	1,005	11%	2,253	-1%
SPEECH THERAPY RVUs REHAB/PT/OT/ST RVUs	260 7,087	267 8,844	-3% -20%	525 14,765	562 18,635	-7% -21%	212 8,240	23% -14%	473 16,812	10% -14%
ER CENSUS	848	891	-5%	1,820	1,877	-3%	782	8%	1,636	10%
EXPRESS CLINIC	708	690	3%	1,440	1,455	-1%	465	52%	946	34%
SOCO PATIENT VISITS	94	124	-24%	174	261	-33%	146	-36%	257	-48%
PORT LUDLOW PATIENT VISITS	663	618	7%	1,300	1,302	0%	649	2%	1,232	5%
SHERIDAN PATIENT VISITS	2,175	2,515	-14%	4,641	5,300	-12%	2,355	-8%	4,939	-6%
DENTAL CLINIC	403	389	4%	778	819	-5%	274	47%	577	26%
WATERSHIP CLINIC PATIENT VISITS	883	1,028	-14%	1,808	2,167	-17%	990	-11%	1,944	-8%
TOWNSEND PATIENT VISITS	476	525	-9%	967	1,107	-13%	476	0%	1,030	-7%
TOTAL RURAL HEALTH CLINIC VISITS CARDIOLOGY CLINIC VISITS	5,402 461	5,889 406	-8% 14%	11,108 887	12,411 855	-10% 4%	5,355 482	1% -4%	10,925 880	2% 1%
DERMATOLOGY CLINIC VISITS	671	677	-1%	1,320	1,426	-7%	583	15%	1,033	22%
GEN SURG PATIENT VISITS	260	317	-18%	533	668	-20%	303	-14%	623	-17%
ONCOLOGY VISITS	508	534	-5%	1,032	1,126	-8%	559	-9%	1,116	-8%
ORTHO PATIENT VISITS	721	775	-7%	1,377	1,632	-16%	664	9%	1,320	4%
SLEEP CLINIC VISITS	134	77	74%	288	161	79%	69	94%	141	51%
UROLOGY VISITS	162	172	-6%	316	362	-13%	182	-11%	351	-11%
WOMENS CLINIC VISITS	197	307	-36%	394	648	-39%	327	-40%	586	-49%
WOUND CLINIC VISITS	185	278	-33%	426	586	-27%	228	-19%	457	-7%
TOTAL SPECIALTY CLINIC VISITS	3,299	3,543	-7% 16%	6,573 95	7,464	-12%	3,397	-3%	6,507	1% 58%
SLEEP CENTER SLEEP STUDIES INFUSION CENTER VISITS	44 724	38 764	16% -5%	95 1,464	81 1,610	17% -9%	18 743	144% -3%	40 1,479	-1%
SURGERY CENTER ENDOSCOPIES	62	764	-5% -18%	1,464	1,610	-9% -19%	68	-3% -9%	1,479	-1% -5%
HOME HEALTH EPISODES	44	47	-6%	90	99	-19%	35	26%	92	-3% -2%
HOSPICE CENSUS/DAYS	939	977	-4%	1,772	2,058	-14%	1,111	-15%	2,461	-39%
CARDIAC REHAB SESSIONS	-	56	-100%	-	118	-100%	2	-100%	2	0%
DIETARY MEALS SERVED	8,626	6,696	29%	17,711	14,109	26%	6,400	35%	13,356	25%
MAT MGMT TOTAL ORDERS PROCESSED	1,369	1,606	-15%	3,106	3,384	-8%	1,811	-24%	3,570	-15%
EXERCISE FOR HEALTH PARTICIPANTS	-	-	0%	-	-	0%		0%	-	0%

Jefferson	February 2022 Actual	February 2022 Budget	Variance Favorable/	%	February 2022 YTD	February 2022 Budget	Variance Favorable/	%	February 2021 YTD
Healthcare		LULL Dauget	(Unfavorable)		2022 115	YTD	(Unfavorable)		20211115
Gross Revenue	2 245 504	2 222 227	207.457	400/	7.047.450	C 400 070	4 045 400	400/	5 000 044
Inpatient Revenue Outpatient Revenue	3,345,524 18,612,617	3,038,367 21,892,484	307,157 (3,279,866)	10% -15%	7,617,452 39,306,464	6,402,272 46,130,590	1,215,180 (6,824,126)	19% -15%	5,632,311 39,089,781
Outpatient Nevenue	10,012,017	21,032,404	(3,273,000)	-13/0	39,300,404	40,130,330	(0,024,120)	-13/0	33,003,701
Total Gross Revenue	21,958,141	24,930,850	(2,972,709)	-12%	46,923,916	52,532,862	(5,608,946)	-11%	44,722,092
Revenue Adjustments									
Cost Adjustment Medicaid	1,583,643	2,065,119	481,476	23%	3,753,623	4,351,501	597,878	14%	3,829,345
Cost Adjustment Medicare	6,115,135	8,520,360	2,405,226	28%	14,709,404	17,953,616	3,244,212	18%	15,377,608
Charity Care	167,246	191,048	23,802	12%	278,199	402,564	124,365	31%	574,656
Contractual Allowances Other	2,208,285	2,379,316	171,031	7%	4,039,518	5,013,558	974,040	19%	4,582,467
Administrative Adjustments	26,351	79,373	53,022	67%	43,721	167,250	123,529	74%	134,771
Allowance for Uncollectible Accounts	95,533	387,696	292,163	75%	926,225	816,931	(109,294)	-13%	727,553
Total Revenue Adjustments	10,196,193	13,622,912	3,426,719	25%	23,750,690	28,705,420	4,954,730	17%	25,226,401
Net Patient Service Revenue	11,761,948	11,307,938	454,010	4%	23,173,226	23,827,442	(654,216)	-3%	19,495,691
Other Revenue									
340B Revenue	499,421	342,633	156,788	46%	760,176	721,977	38,199	5%	533,412
Other Operating Revenue	413,753	161,302	252,451	157%	986,610	339,885	646,725	190%	302,718
Total Operating Revenues	12,675,122	11,811,873	863,249	7%	24,920,012	24,889,304	30,708	0%	20,331,822
Onersting Evenence									
Operating Expenses	6 574 500	E 024 640	(620.074)	-11%	12 404 072	12 400 767	7 605	0%	11 201 054
Salaries And Wages	6,571,590	5,931,618	(639,971)	-11%	12,491,072	12,498,767	7,695 (12,876)	0%	11,391,954
Employee Benefits Professional Fees	1,433,423 398,824	1,378,883 153,039	(54,539) (245,785)	-4% -161%	2,918,380 691,893	2,905,504 322,475	(369,418)	-115%	2,892,085 222,060
Purchased Services	798,125	681,778	(116,347)	-101%	1,621,745	1,436,605	(185,140)	-113%	1,388,293
Supplies	2,401,508	· ·		-6%	4,574,955		216,839	5%	3,989,172
		2,274,072	(127,436)	38%		4,791,794	·		
nsurance ∟eases And Rentals	70,163 85,738	112,805	42,642	-89%	140,510	237,697	97,187	41% -67%	180,978 24,744
	-	45,415 478 004	(40,324)		159,553	95,695	(63,858)	15%	-
Depreciation And Amortization Repairs And Maintenance	429,243 34,037	478,001 87,001	48,759 52,964	10% 61%	856,736 105,570	1,007,217 183,323	150,481 77,753	42%	971,373 193,847
Repairs And Maintenance Utilities	34,03 <i>1</i> 148,615	78,307	52,964 (70,308)	-90%	276,047	165,003		-67%	211,075
Dullues Licenses And Taxes	38,232	70,540	32,308	-90% 46%	276,047 99,611	148,638	(111,044) 49,027	33%	161,780
Other	209,095	217,917	8,822	4%	383,272	459,182	75,910	17%	164,927
Total Operating Expenses	12,618,593	11,509,376	(1,109,216)	-10%	24,319,344	24,251,900	(67,444)	0%	21,792,289
Operating Income (Loss)	56,529	302,497	(245,967)	-81%	600,668	637,404	(36,736)	-6%	(1,460,467)
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	24,016	22,339	1,677	8%	48,032	47,071	961	2%	46,202
Taxation For Debt Service	31,678	16,861	14,817	88%	50,945	35,529	15,416	43%	50,264
nvestment Income	6,307	25,469	(19,162)	-75%	10,917	53,666	(42,749)	-80%	11,535
nterest Expense	(80,943)	(69,615)	(11,327)	-16%	(160,718)	-	(14,028)	-10%	(173,785)
Bond Issuance Costs	- 1	-	- 1	0%	- ,		- 1	0%	` ′ 0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	3,968	7,926	(3,957)	-50%	3,968	16,701	(12,733)	-76%	1,614
Total Non Operating Revenues (Ex	(14,973)	2,979	(17,952)	603%	(46,856)	6,277	(53,133)	846%	(64,171)
Change in Net Position (Loss)	41,556	305,476	(263,920)	-86%	553,812	643,681	(89,869)	-14%	(1,524,638)
Onange in Net Fusition (LUSS)	41,000	303,476	(203,320)	-00 //	ეეე,01Z	043,001	(03,003)	-14/0	(1,024,030

TO: BOARD OF COMMISSIONERS

FROM: TYLER FREEMAN, CFO

RE: FEBRUARY 2022 WARRANT SUMMARY

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

General Fund Warrants & ACH Transfers \$17,296,207.46 (Provided under separate cover)

Allowance for Uncollectible Accounts / Charity \$289,129.76 (Attached)
Canceled Warrants \$1,360.65 (Attached)

TO: BOARD OF COMMISSIONERS

FROM: TYLER FREEMAN, CFO

RE: FEBRUARY 2022 GENERAL FUND WARRANTS & ACH

FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

287584 288311 \$4,326,354.54

ACH TRANSFERS \$12,969,852.92

\$17,296,207.46

YEAR-TO-DATE: \$36,573,519.11

Warrants are available for review if requested.

TO: BOARD OF COMMISSIONERS FROM: TYLER FREEMAN, CFO

RE: FEBRUARY 2022 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	FEBRUARY	FEBRUARY YTD	FEBRUARY YTD BUDGET
Allowance for Uncollectible Accounts:	95,533.32	926,225.42	816,931.00
Charity Care:	167,245.84	278,199.02	402,564.49
Other Administrative Adjustments:	26,350.60	43,720.98	167,250.29
TOTAL FOR MONTH:	\$289,129.76	1,248,145.42	\$1,386,745.78

TO: BOARD OF COMMISSIONERS

FROM: TYLER FREEMAN, CFO

RE: FEBRUARY 2022 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
2/4/2021	271651	\$ 610.67
2/18/2021	271996	\$ 104.00
2/18/2021	272014	\$ 630.98
2/23/2021	272205	\$ 15.00

TOTAL: \$ 1,360.65

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2022-04

A RESOLUTION CANCELING CERTAIN WARRANTS IN THE AMOUNT OF \$1,360.65

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 \$1,360.65 be canceled.

Date of Issue	Warrant #	Amount
2.4.2021	271651	\$610.67
2.18.2021	271996	\$104.00
2.18.2021	272014	\$630.98
2.23.2021	272205	\$15.00
Total		\$1,360.65

APPROVED this 23 rd day of March 2022.
APPROVED BY THE COMMISSION:
Commission Chair Jill Buhler Rienstra:
Commission Secretary Marie Dressler:
Attest:
Commissioner Matt Ready:
Commissioner Kees Kolff:
Commissioner Bruce McComas:

Current Status: Pending PolicyStat ID: 11256684

> Origination: 04/2014 Last Approved: Last Revised: 02/2022 Next Review: 1 year after approval Owner: Allison Crispen:

Interim Chief Human

Resources Officer

N/A

Policy Area: Medical Staff Policies

Standards & Regulations:

References:

OB Patient Management in ACU

POLICY:

To establish guidelines on the treatment of obstetrical patients in ACU with conditions unrelated to pregnancy.

PURPOSE:

Jefferson

To outline the management and co-management between admitting provider (FP/OB) and hospitalist.

SCOPE:

ACU/ICU, Family Birth Center and Emergency Department.

Healthcare

RESPONSIBILITY:

After the patient has been evaluated in the Emergency Department, the Family Practitioner with OB privileges or Obstetrician will admit and manage patient. The hospitalist will act in the role of a consultant if requested. The Family Practitioner with OB privileges or Obstetrician on call will be available within 20 minutes for urgent issues identified through the "JHPC" Amion OB nurse pager during clinic hours or Amion OB On-Call for the covering provider after hours 5 pm - 8 am.

PROCEDURE:

The hospitalist's recommendations will be framed in the context of a medical, non-pregnant patient. **Example**: patient admitted with asthma: Hospitalist will recommend appropriate medical treatment. Hospitalist will defer to admitting provider to determine appropriateness given the pregnancy. RN leadership and admitting provider will determine the optimal unit in which to care for these patients.

Reference Type	Title	Notes	
Attachments			
No Attachments			

Approval Signatures	
Approver	Date
Allison Crispen: Interim Chief Human Resources Officer	pending



Jefferson Healthcare EGD/Colonoscopy Clinical Privileges

Privileges Delineated Separately:

Applicant must provide evidence of training and experience for privileges delineated separately. This is a representative list of procedures outside of Family Practice Core privileges. The applicant may request others not listed, by adding the privilege to the list and providing evidence of training and experience.

Upon approval, applicant must complete 6 proctored Endoscopies (three upper and three lower) with two

Esophagogastroduodenoscopy: requirements as below

Colonoscopy:

Basic Education: M.D. or D.O.
Minimal Formal Training: Evidence of residency or post graduate training.
Required Previous Experience Evidence of successful completion of at least 25 supervised procedures including at least 5 snare polypectomies.
Reappointment Criteria: Evidence of successful completion of at least 10 colonoscopies per year.

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

Provider Signature

Date

Governing Board Approval Date

FROM: Medical Staff Services

RE: 03/15/2022 Medical Executive Committee appointments/reappointments for

Board approval 03/23/2022

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. Stephen Schwartz, MD – Oncology Locum

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

1. N/A

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

- 1. Sarabjit Atwal, MD TeleNeurology
- 2. Jamie Evans, MD TelePsychiatry
- 3. James Jordan, MD TeleNeurology

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. N/A

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Summary of Changes for Policy and Privilege Review Policies

- 1. OB Patient Management in ACU
 - a. Removed the reference to pagers

Privileges

- 1. EGD/Colonoscopy Clinical Privileges
 - a. Addition of 6 proctored Endoscopies