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.

Approved by the Commission:
Chair of Commission: Jill Buhler Rienstra _____
Secretary of Commission: Marie Dressler _____

Update February 2022

CLEAN BUILDINGS

ON MAY 7, 2019,
THE CLEAN BUILDINGS
BILL (HB 1257, 2019) WAS
SIGNED INTO LAW BY
GOVERNOR INSLEE.

When will it officially start?

Compliance Deadlines

Covered commercial buildings must meet the
following reporting schedule:
June 1, 2026
More than 220,000 sq. ft.
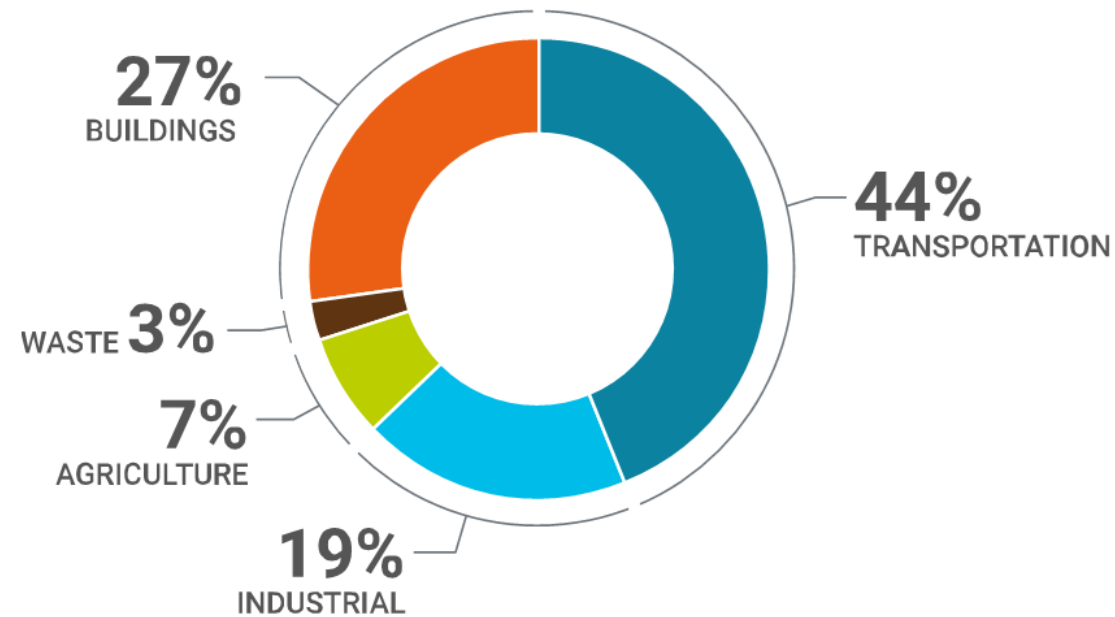
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June 1, 2027
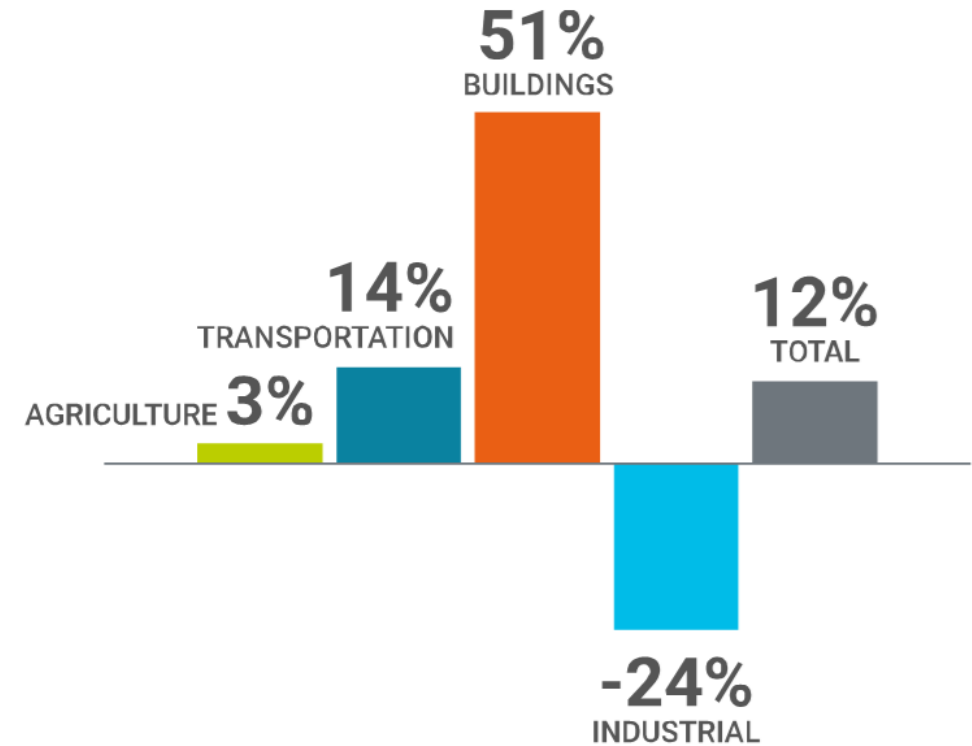More 90,000 sq. ft. but less than 220,001 sq. ft

_____

June 1, 2028
More 50,000 sq. ft. but less than 90,001 sq. ft

Buildings are the second largest source of greenhouse gas emissions in Washington (2015)

As Washington's population has grown, greenhouse gas emissions from buildings jumped significantly from 1990-2015

27% BUILDINGS

44% TRANSPORTATION

WASTE 3%

7% AGRICULTURE

19% INDUSTRIAL

51% BUILDINGS

14% TRANSPORTATION

AGRICULTURE 3%

12% TOTAL

-24% INDUSTRIAL

Why Pursue ENERGY STAR Certification

The Value of a Top-Performing Building

ENERGY STAR certified buildings have lower utility bills
Once in operation, ENERGY STAR certified buildings use, on average, 35 percent less energy than similar buildings nationwide. The cost savings can be substantial. For example, ENERGY STAR certified office buildings cost $0.50 less per square foot to operate than their peers.

ENERGY STAR certified buildings generate 35% fewer greenhouse gas emissions
Because they use less energy, ENERGY STAR certified buildings also contribute, on average, 35 percent fewer greenhouse gas emissions to our atmosphere. By earning the ENERGY STAR, you're joining the front lines in the fight against climate change.

ENERGY STAR certified buildings are well positioned to respond to benchmarking and performance mandates
Dozens of cities and states now mandate that commercial buildings benchmark and publicly disclose their energy performance. The trend is growing every year as more and more cities and states look for ways to reduce costs and emissions. By earning the ENERGY STAR now, you're in a better position to respond to any future laws or mandates that come your way. See the list of legislation and campaigns leveraging ENERGY STAR. (HB 1257)

Over my "almost" six years here at Jefferson, I have been able to purchase and install large energy star rated equipment. Thanks to all of you who have helped in approving the costs associated with the retrofitting the hospital in quality equipment and LED lighting. This is what has led us to this point.

My hopes is that we can continue this into the Master Site project and maybe find the other 3%. Looking forward maybe becoming LEED Certified as well.

I have applied for Energy Star Certification for Jefferson Healthcare

THANK YOU!

ENERGY STAR® Energy Performance Scorecard

97
out of 100

Jefferson Healthcare Medical Center

For Year Ending	December 31, 2021
Property Address	834 Sheridan Street Port Townsend, Washington 98368
Primary Function	Hospital (General Medical & Surgical)
Gross Floor Area (ft²)	143,908
Year built	1965
Energy Use per sq. ft.*	113.4 kBtu

97

1 ———————————— 100
Least Efficient   50 National Median   Most Efficient
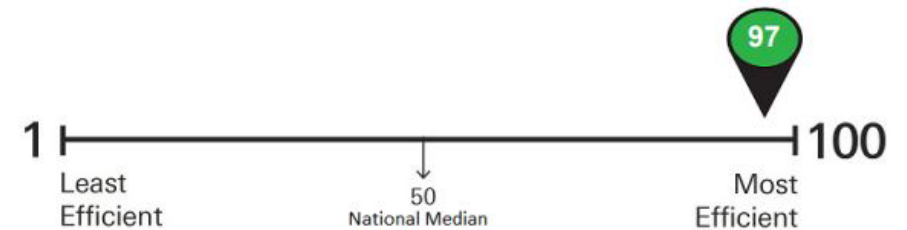
What is the ENERGY STAR Score?
The ENERGY STAR score rates commercial building's energy performance relative to similar buildings nationwide. Expressed as a number on a simple 1-100 scale, the score rates performance on a percentile basis: a building with a score of 50 performs better than 50% of its peers. Higher scores mean better energy efficiency, resulting in less energy use and fewer greenhouse gas emissions. If a 1-100 score for a specific building type has not been developed, Site Energy Use Intensity (EUI) will be displayed on this scorecard.

Learn more at:
energystar.gov/scorecard

*Site energy use

Jefferson Facilities Engineering Crew

Left to right

Matt Brock-Farrington
Terry Hoffman
Jarrod Johnson
Sean Mugrage
Chris O'Higgins
Ross Taylor
James Dunn
Shaun Muck
Steve Boruch

A celebration of Black history month at Jefferson Healthcare

Chris Harris | February 23, 2022

Claudette Colvin

Nine months before Rosa Parks refused to give up her seat to a white passenger on a bus in Montgomery, Alabama, 15-year-old Claudette Colvin did the same.

Shirley Chisholm

In 1968 Chisholm was selected as the first African American congressperson and later became one of the founding members of the Congressional Black Caucus.

Leonidas Berry, MD

Renowned gastroenterologist Leonidas Berry, MD, chaired a Chicago commission that made hospitals more inclusive for Black physicians. He helped organize the Flying Black Medics, a group of practitioners who flew from Chicago to rural Illinois to bring medical care and health education to remote community members.

Garret Morgan
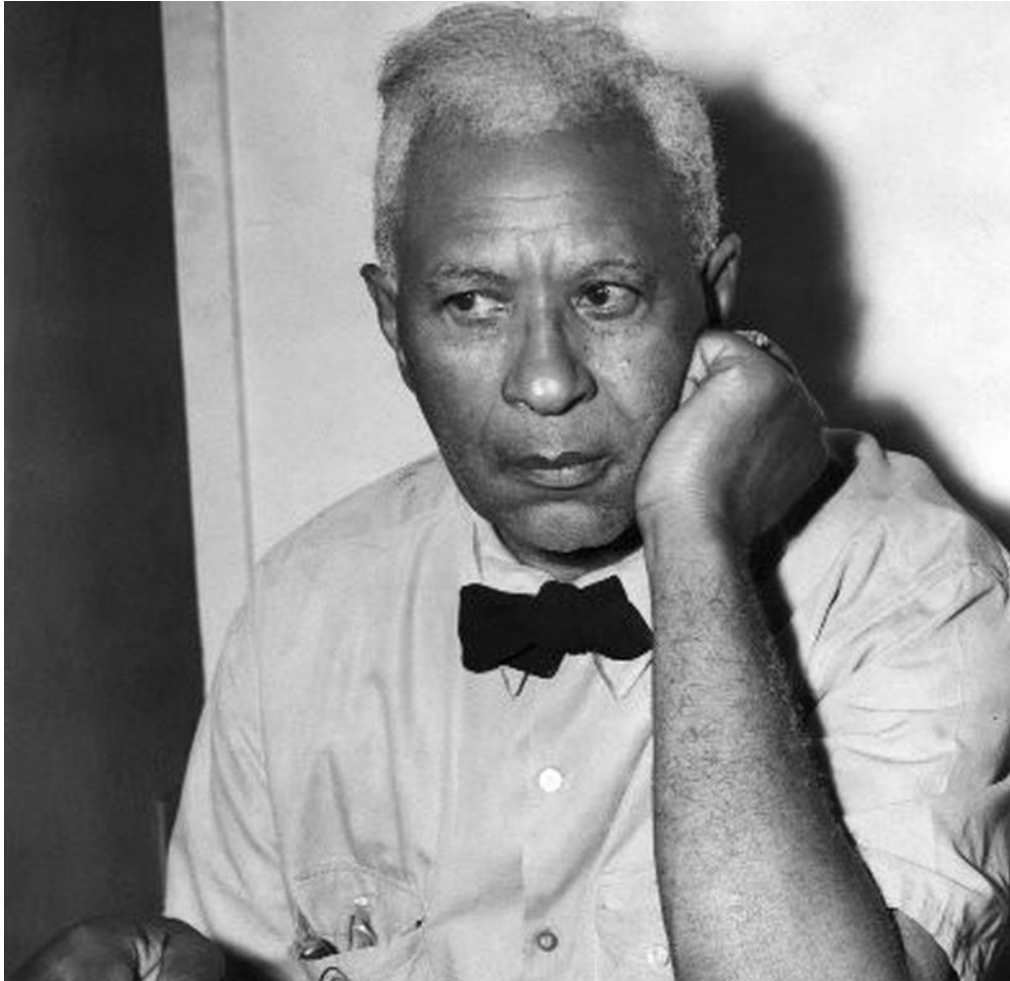
Garret Morgan, in 1923, invented the three-light traffic signal. Garret came up with several significant inventions, including an improved sewing machine and the gas mask. Morgan's was one of the first three-light systems invented in the 1920s.

Madam C.J. Walker

Madam Walker was the first Black woman millionaire in America and made her fortune thanks to her homemade hair care products for Black women.

Jesse Owens

Jesse confronted Fascism with his athletic prowess. The American track star won four gold Medals at the 1936 Olympics in Berlin, destroying Adolf Hitler's myth about race and Aryan supremacy.

4th Quarter Service Excellence Report

Presented by Jackie Levin MS, RN, Patient Advocate

February 23, 2022

Service Excellence Snapshot

Goal #5 Improve the patient experience.

Strategies	Initiatives
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	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

Jefferson Healthcare

Patient Advocate Goal:

Restore the trust in Jefferson Healthcare and in the care we provide.

Patient Advocate Strategies:

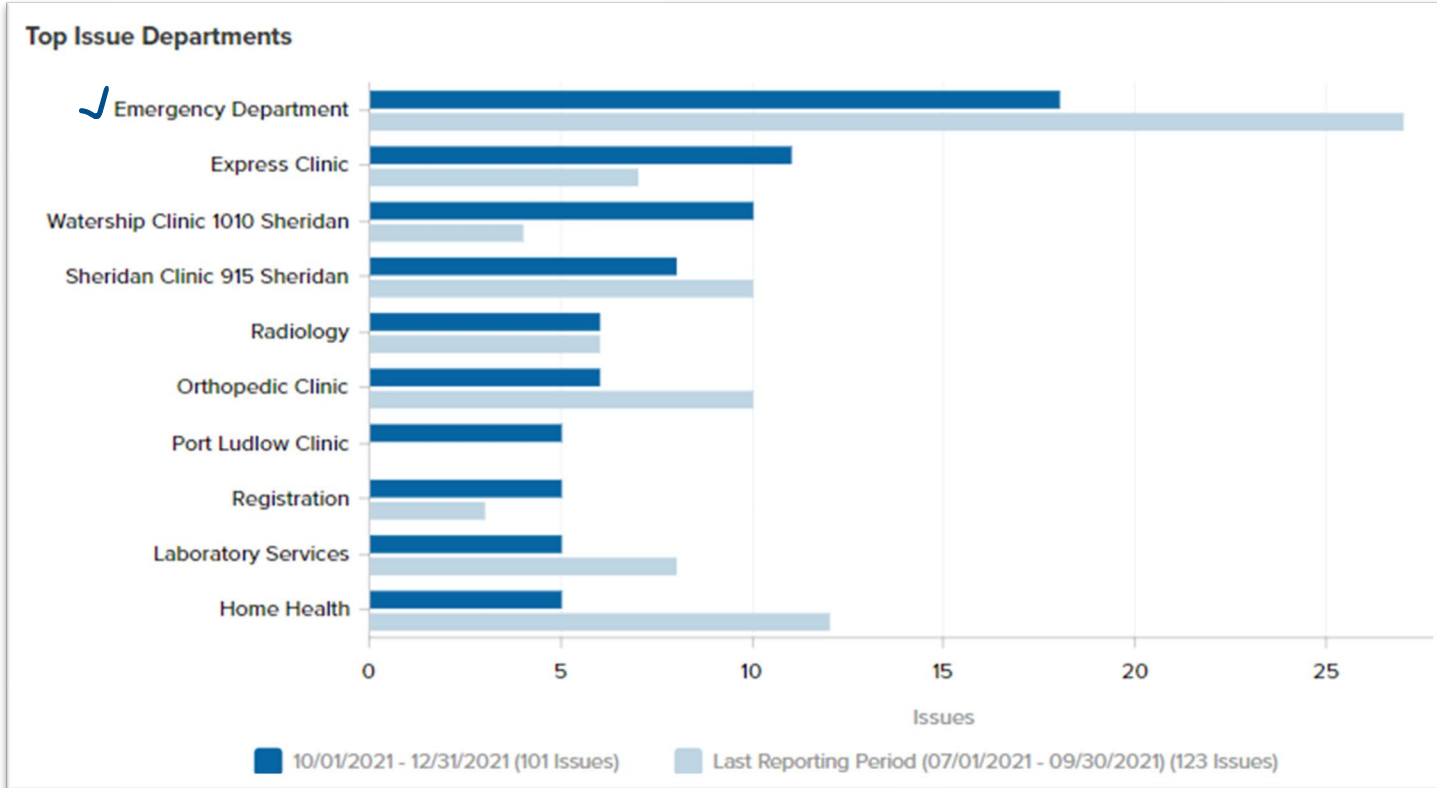Listen with empathy to the patient experience.

Investigate patient and community concerns in a timely manner with department leaders. Follow and report concern trends.

Report review findings and resulting process changes, with transparency, to the patient and leadership.

Identify gaps in care navigation for patients, families and community members and make recommendations for improvements to department leadership.

Act with kindness and compassion throughout the review process when working with patients, staff and leaders.

Service Feedback: Q 4

Top Issue Departments

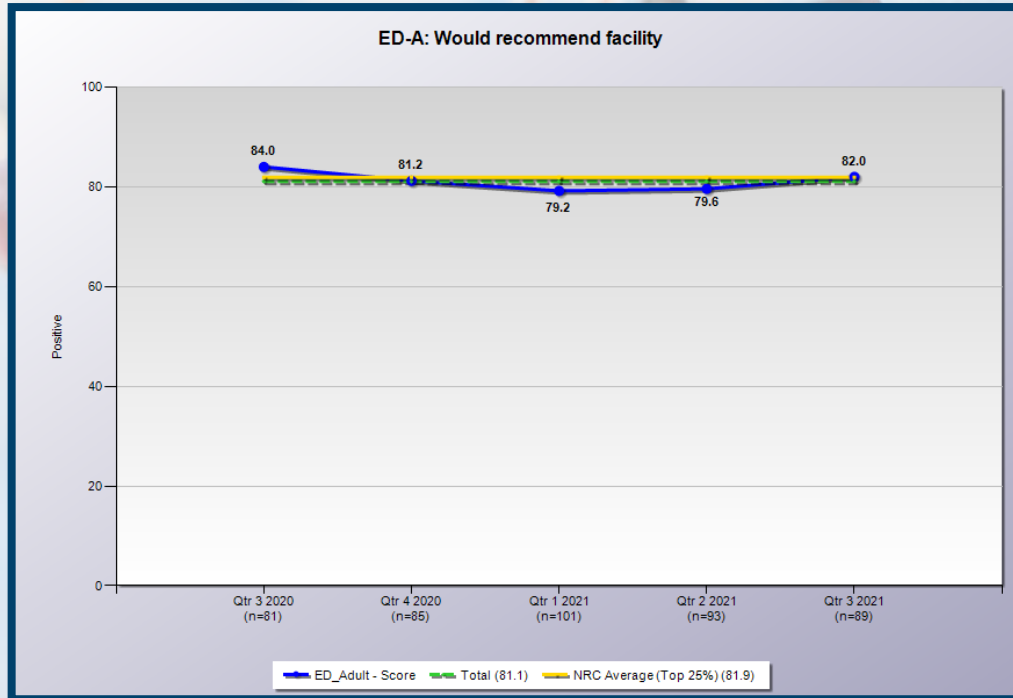|	
■ 10/01/2021 - 12/31/2021 (101 Issues)	Last Reporting Period (07/01/2021 - 09/30/2021) (123 Issues)

Quarter 4 2021
Feedback Summary:
- Days to Acknowledgement: 2.2 Days
- Days to Closure: 14.6 Days
- 5 Closures > 30 Days

- Decrease in overall number of contacts
  - *67 contacts with 101 items reported*
- 4.8% offered a compliment
- 8.4% offered a suggestion or had a question
- 86.7% offered opportunity for improvement
  - Top opportunities identified:
    - Provider concerns
    - COVID-19 protocols/concerns
    - Access/transitions of care
    - Communication

Service Excellence: In the Words of our ED Patients

ED-A: Would recommend facility

Top Rated Dimensions:
- Received correct treatment
- Providers discussed concerns
- MD/RN Consistency

Opportunities:
- Improved pain control
- Feeling there was enough time with provider

- All very good.
- The fear of catching COVID-19 outweighed the pain. Staff was friendly checking me in.
- Even though I was asymptomatic…COVID tests should be mandatory
- They went above and beyond to assist me with all my worries and concerns
- The doctor was a bit harsh in his testing, pushing to strongly with his fingers on my groin.
- I had a very sweet lady nurse during my visit. She was kind, caring and courteous. Took very good care of me.
- I love Jefferson Healthcare
- They treated me as if I were a close friend or a loved one. They made me feel as if I was part of their family, I thoroughly enjoyed my stay with the staff (The best ever)
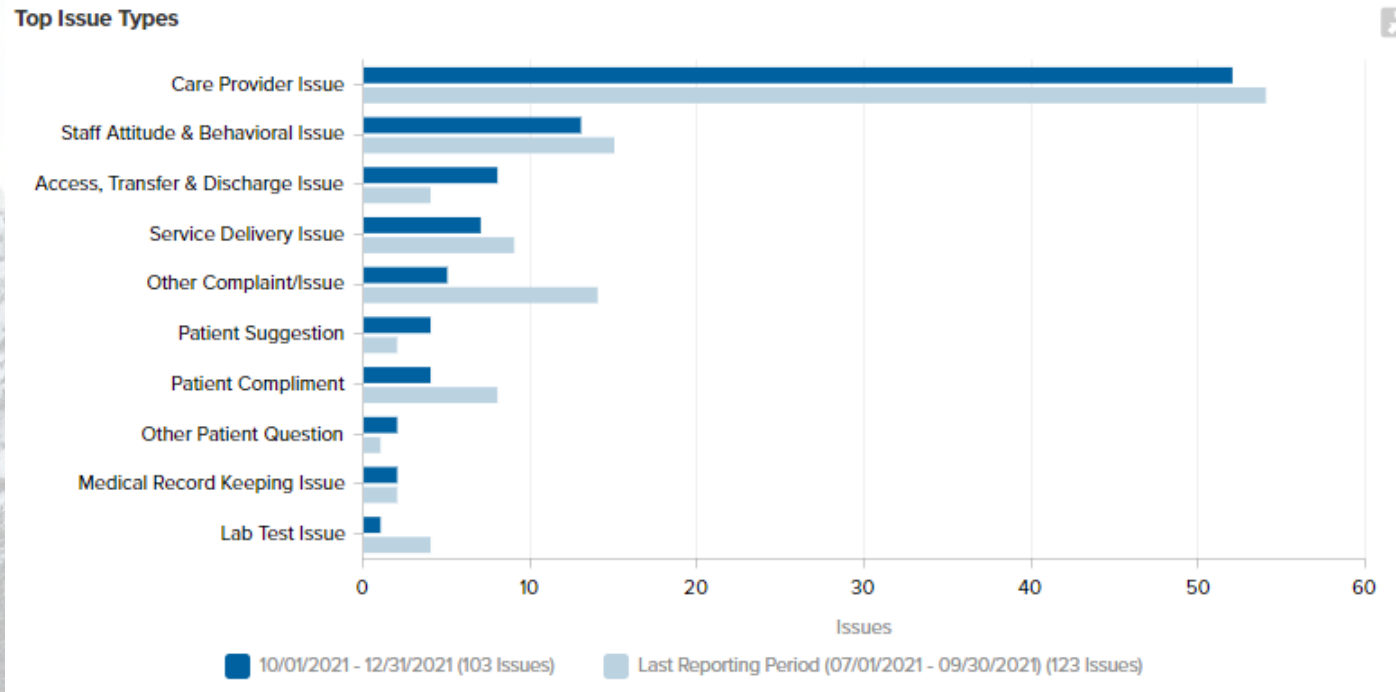
Service Feedback Q 4

Top Issue Types

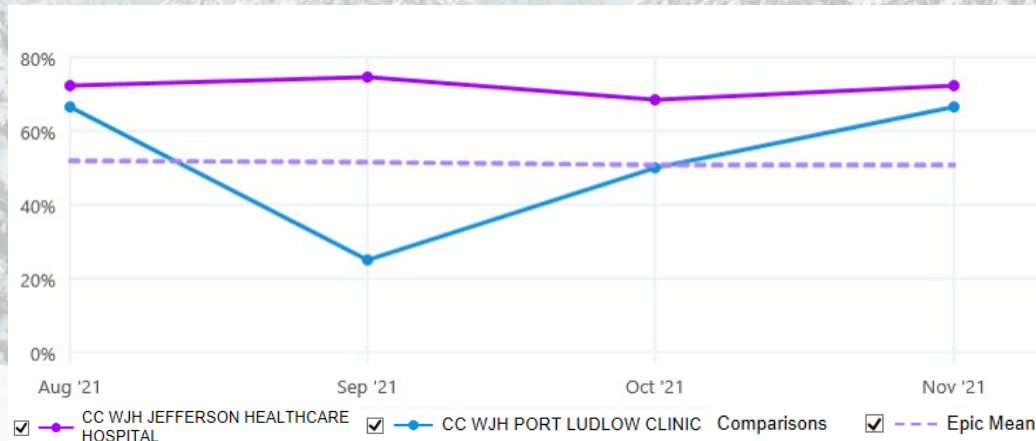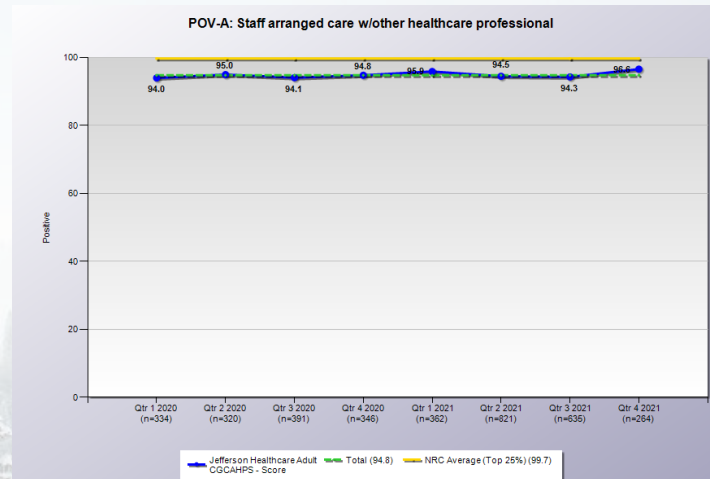| Issue Type | 10/01/2021 – 12/31/2021 (103 Issues) | Last Reporting Period (07/01/2021 – 09/30/2021) (123 Issues) |

Navigation Calls:
Opportunities for Immediate Recovery

- Q4: 85   Q 3: 69

- 23% Increase in overall number of Navigation Calls from Q 3 to Q4.

- Concerns:
  - Medication refills
  - Canceled appointments
  - Treatment questions
  - **Referral challenges**
  - Covid 19 policies and practices

Improve Care Navigation.
*Referrals and Transitions of care.*

POV-A: Staff arranged care w/other healthcare professional

2021 Referral Team Charter

Project Name:	Name	Title	Role	Reporting to: Executive Quality Council
Referral Management Team	Jenn Wharton	CAMGO	Executive Sponsor	
Aim Statement:	Brandie Manuel	CPSQO	Pt. Safety/ Quality Improvement	**Receives reports from:** RCI
Achieve our goal of zero wait time for patients who need specialty services or diagnostic testing.	Tina Toner	CNO	Leadership: Hospital	Patient Feedback MIPS/Promoting Interoperability
	Dan Zahumensky	EDMG	Leadership: Medical Group	
	Jake Davidson	CASSO	Leadership: Ancillary Services	**Reporting frequency:** Monthly
	Alex Gee	RCI Informatics	CI Content Expert	
	Shawna-Kay Smith	Port Ludlow Office Coordinator	Subject Matter Expert	**Expected end date:** December 2022 *(reviewed 12/22/2021)*
	Joe Huang	Director, RCI	Leadership Subject Matter Expert	
	S. Butterfield, MD	CMO Medical Group	Physician Sponsor	

Purpose: To create a centralized referral management center/process.	**Resources Needed:** (equipment, other personnel, etc.)	**Metrics for review:**
	Administrative assistant (minutes, timekeeper):	Patient Experience: Coordination of care Outcome: Referral Completion Rate (closed loop) Process:
• Create a safe, consistent process for managing referrals	Equipment: Always have projector, lap-top and flip charts available. Will need packets prepared 1 week in advance	Work Queue Management Time to appointment and time to close referrals. Financial Pulse: Denials
• Define service standards for managing referrals.		
• Design and implement an optimal structure for referral management		**Measures of team effectiveness:**
• Ensure interoperability between systems of non-JH providers and Jefferson Healthcare.		• Streamlined delivery of care for our patients.
• Improve and standardize handoffs in care.		• Develop standardized processes for managing referrals
• Enhance the use of technology to improve referral workflows.		• Publish policies/procedures
• Apply evidence-based communication techniques.		• Establish a training plan for referral management.
• Monitor progress in improving EHR referral process.		• Collaborative care agreements between primary care and specialty services.

Organizational Goals: check, highlight or shade all applicable measures/boxes listed below:

Quality & Safety		People	Service	Community Health	Changing Environment
Highest Quality	Safest Care	Recruit & Retain engaged, high performing workforce	Deliver experience that exceeds patients' & families' expectations	Support a healthier community	Position JH to thrive as an independent organization

- Referrals Team Reboot…with new members
- Enhanced the use of technology to shorten referral time
- Standardized workflows – collection and documentation of demographic data
- Established key performance metrics
- Revising and updating care team support Epic Training
- Streamlining work queue management

Better understand our community through data.
Sneak Peek…Coming in 2022: RealTime
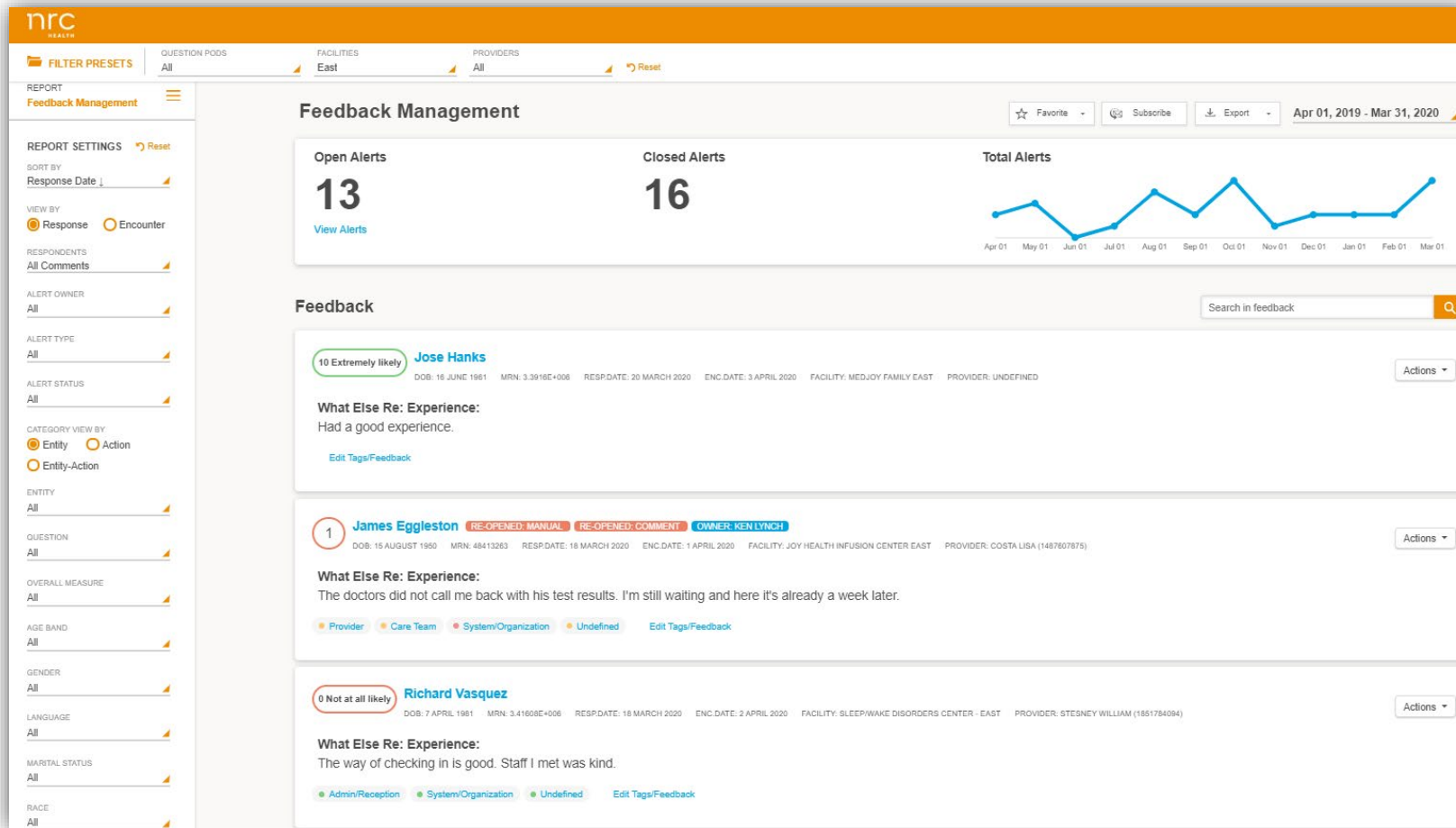
- Track comments based off location, sentiment and demographic variable

- Identify service recovery opportunities

- Tracking of service recovery effectiveness

- Close the loop on patients with negative experiences

What questions do you have?

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

February 23, 2022

Agenda

- Patient Safety and Quality Overview
- Patient Safety Highlight: Medication Safety
- Service: OP Surgery - In the Words of our Patients
- 2022 Project & Focus Areas

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

| Strategies	Initiatives
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.Pursue and manage JH Accreditations/Certifications.
Enhance our systematic approach to avoid medical errors.	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	1.Explore the addition of value-based contracts 2.Top performance in MIPS Reporting

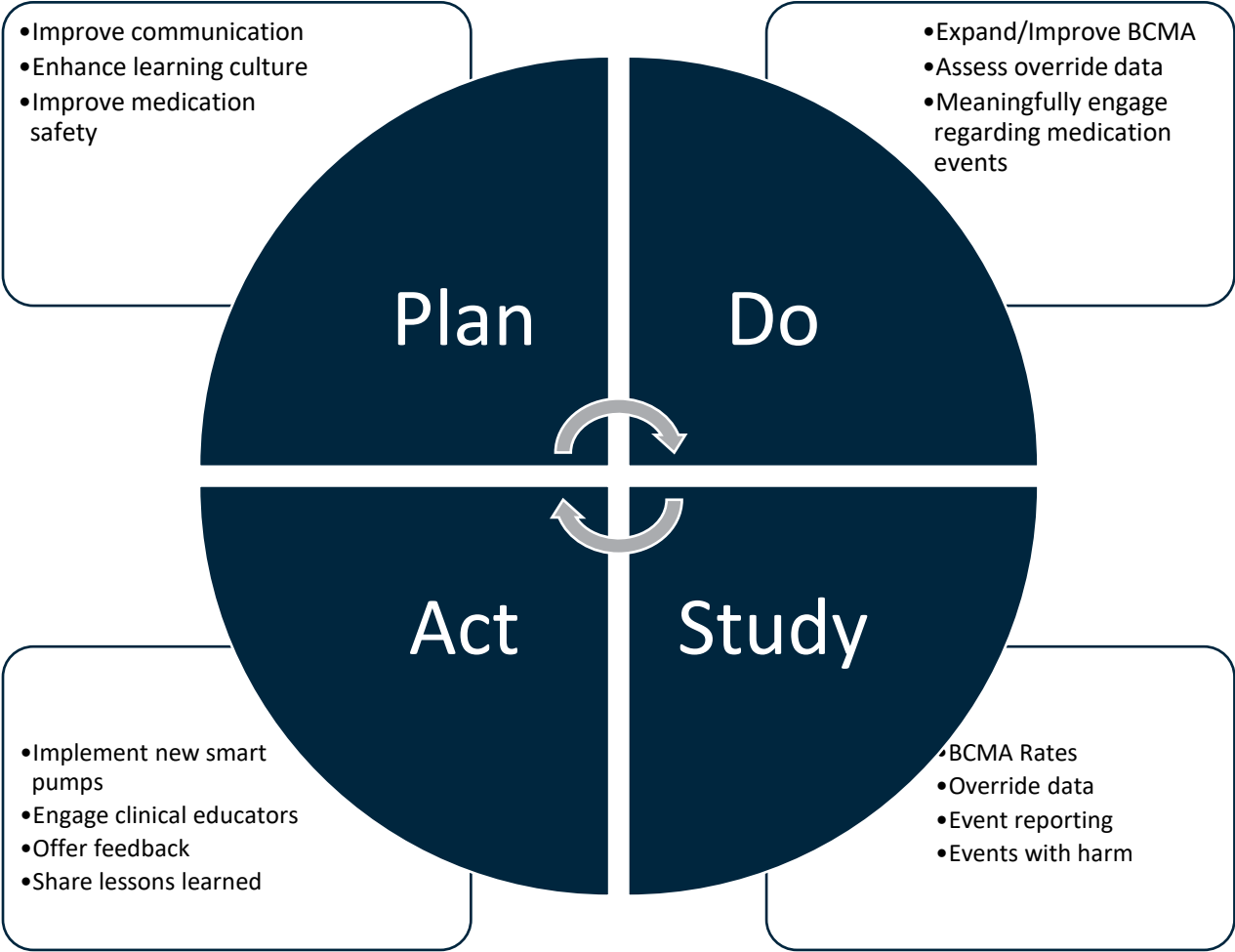|	Goals	Strategy	Initatives	Targets
Patient Safety and Quality	*Deliver the safest, highest quality care*	Deliver care that is guided by the best evidence	Enhance the infrastructure and the use of technology, data, and analytics to improve patient outcomes.	Achieve Stage 3 HIMMS Analytics by Q4 2022
				>90% closure of EOC reported items
				>90%
			Assess and address health equity	Select 2 clinical quality measures by March, 2022
				10% decrease from 2021 baseline
			Promote excellent outcomes through the delivery of evidence based care.	90% Compliance
				Readmission rate < 10%
				>80% completion of referrals
		Design the most effective performance improvement and quality management system	Ensure the availability and deployment of process improvement tools.	100% of leaders will have PI Plans with 1-2 goals in place by Dec 2022
				>75% attendance in PI Council
				Achieve HKRC under DNV
				100% of leaders will engage in implementation of quality improvement and planning system
		Enhance our systematic approach to avoid medical errors	Implement best practices in event reporting, investigation, analysis and mitigation	90% events will have documented corrective actions and cl.
				Zero cases of preventable patient harm
			Implement a formal Communication and Resolution Program (CRP)	90% designated clinical leaders will receive CRP training by December 2022
			Promote a Learning Culture by sharing "lessons learned" from system defects	80% of leaders certified in TS
				>72%
		Continue transition to value-based care	Explore the addition of value-based contracts	Explore the addition of one VP contract by Decemer 31, 2022
			Top performance in MIPS reporting	>75% Promoting Interoperability Score
				Top quartile performance in 3 CQM or eQCMs

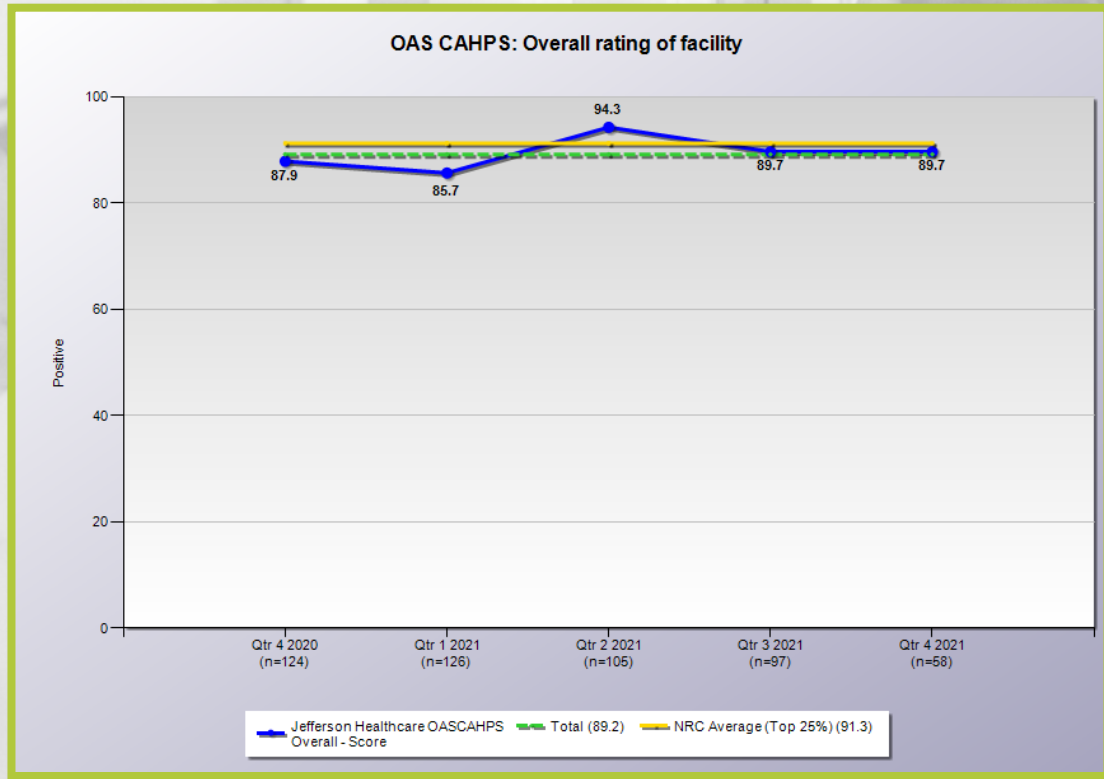# Patient Safety Highlight: Medication Safety
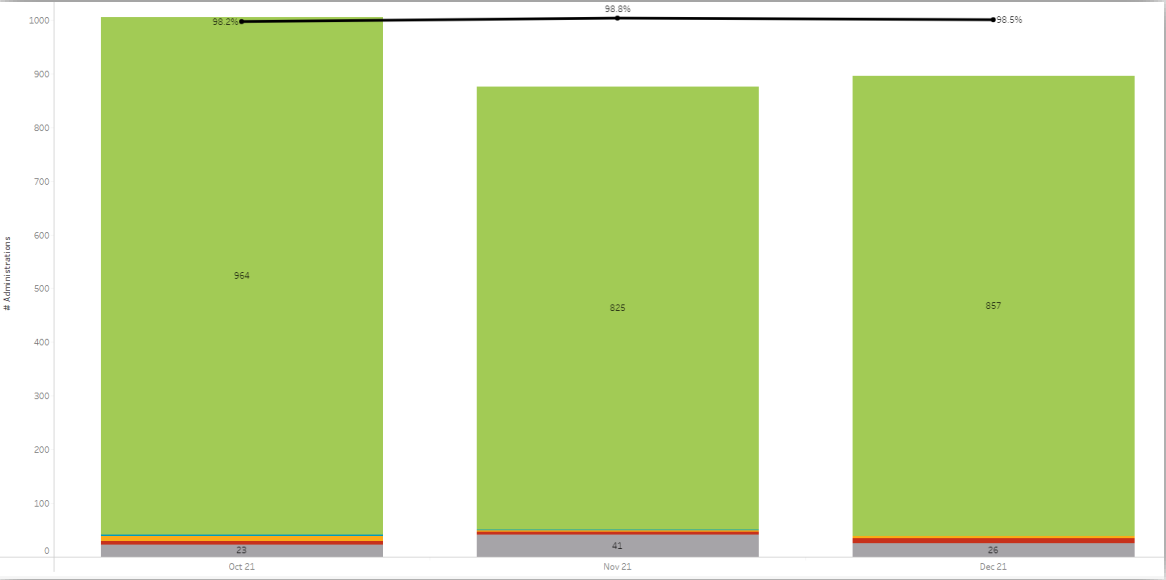
Q4 2021 Bar Code Compliance Rate: 98.8%

Outcome Goal: Zero medication events with harm

PURPOSE: The Medication Safety Team will evaluate medication safety data to identify causal factors, trends, and assess corrective actions as part of Jefferson Healthcare's Quality Management System.

Plan
- Improve communication
- Enhance learning culture
- Improve medication safety

Do
- Expand/Improve BCMA
- Assess override data
- Meaningfully engage regarding medication events

Act
- Implement new smart pumps
- Engage clinical educators
- Offer feedback
- Share lessons learned

Study
- BCMA Rates
- Override data
- Event reporting
- Events with harm

Patient Perspective: Outpatient/Ambulatory Surgery
In the Words of Our Patients…

OAS CAHPS: Overall rating of facility

Jefferson Healthcare OASCAHPS Overall - Score | Total (89.2) | NRC Average (Top 25%) (91.3)

- This was the best organized, best run procedure I've every experienced. Definitely top notch.

- There was confusion about the pre-op covid testing.

- Especially the nurse that assisted me, she was kind & patient!!!

- I would do it again if needed

- You have an amazing team in PACU; attentive, professional & personable. Keep up all these good qualities - do whatever it takes to creatively keep staff happy in their work

- Professional & caring.

- I received excellent care! The entire staff was very thoughtful and respectful.

2022 Projects and Focus Areas

| Patient Safety & Quality:	Infection Control and Prevention:	Technology:	Accreditation:	Service Excellence:
• OB Quality Committee • Surgical Quality/Hip and Knee Replacement Committee • Patient Safety & Quality Leadership Council • Health Equity Clinical Focus Areas • 2021 MIPS Reporting	• COVID-19 Management • Hand Hygiene • Prevention of Healthcare-Acquired Infections • DNV CIP Survey • PPE training, coaching, management • Ongoing program evaluation and reporting	• Provider Technology Team • CyberSecurity/Information Security • Arch Collaborative/Klas Survey • Enhanced use of Technology for Patient Care and Operations • Data and Analytics Engagement	• DOH Survey Corrective Action Plan • DNV/ISO Survey • Infection Control and Prevention • Hip and Knee Certification Application • 2022 Internal Audit Schedule	• 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

Questions?
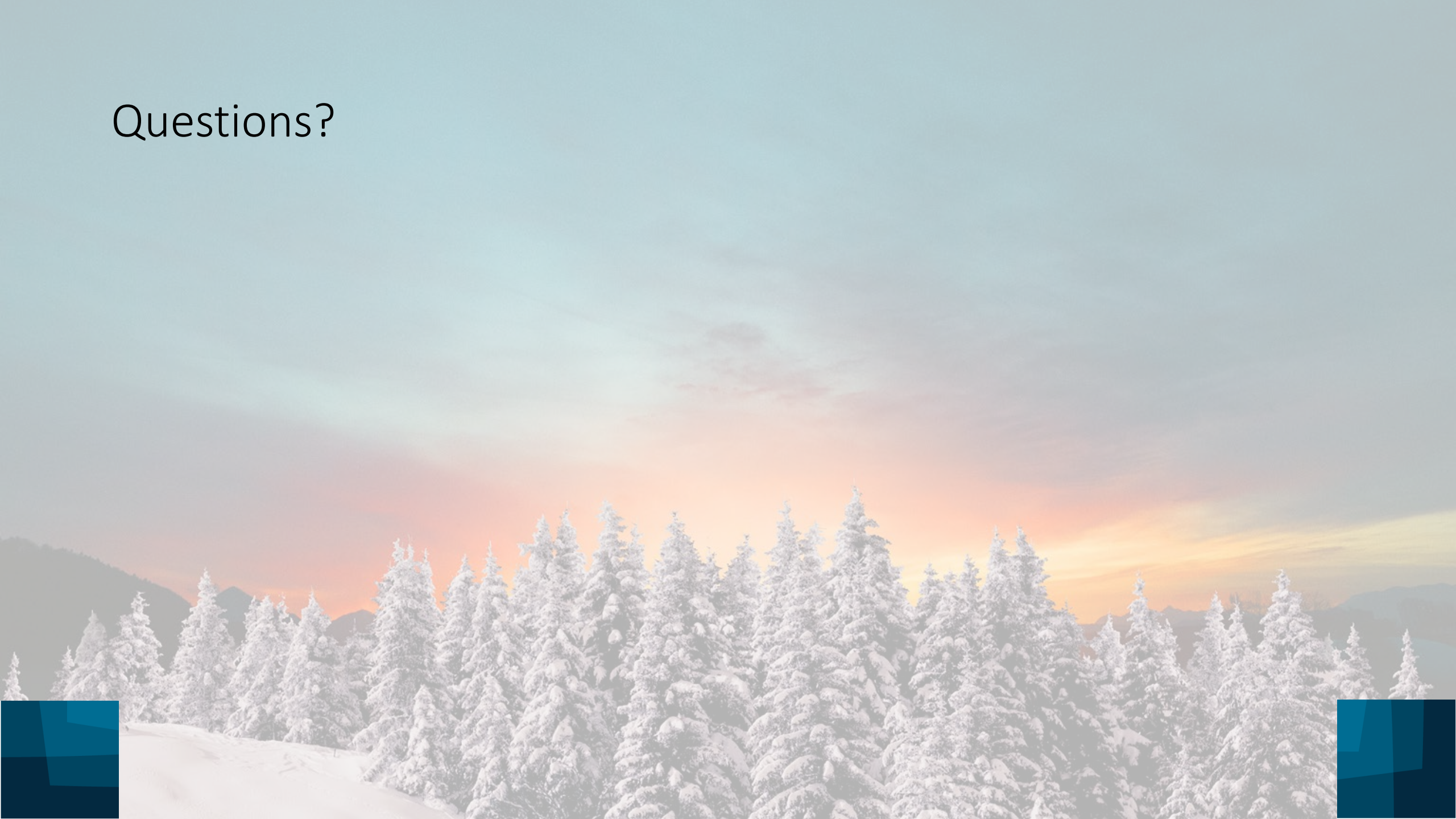
January 2022 Finance Report

February 23, 2022

Tyler Freeman, CFO

January 2022
Operating Statistics

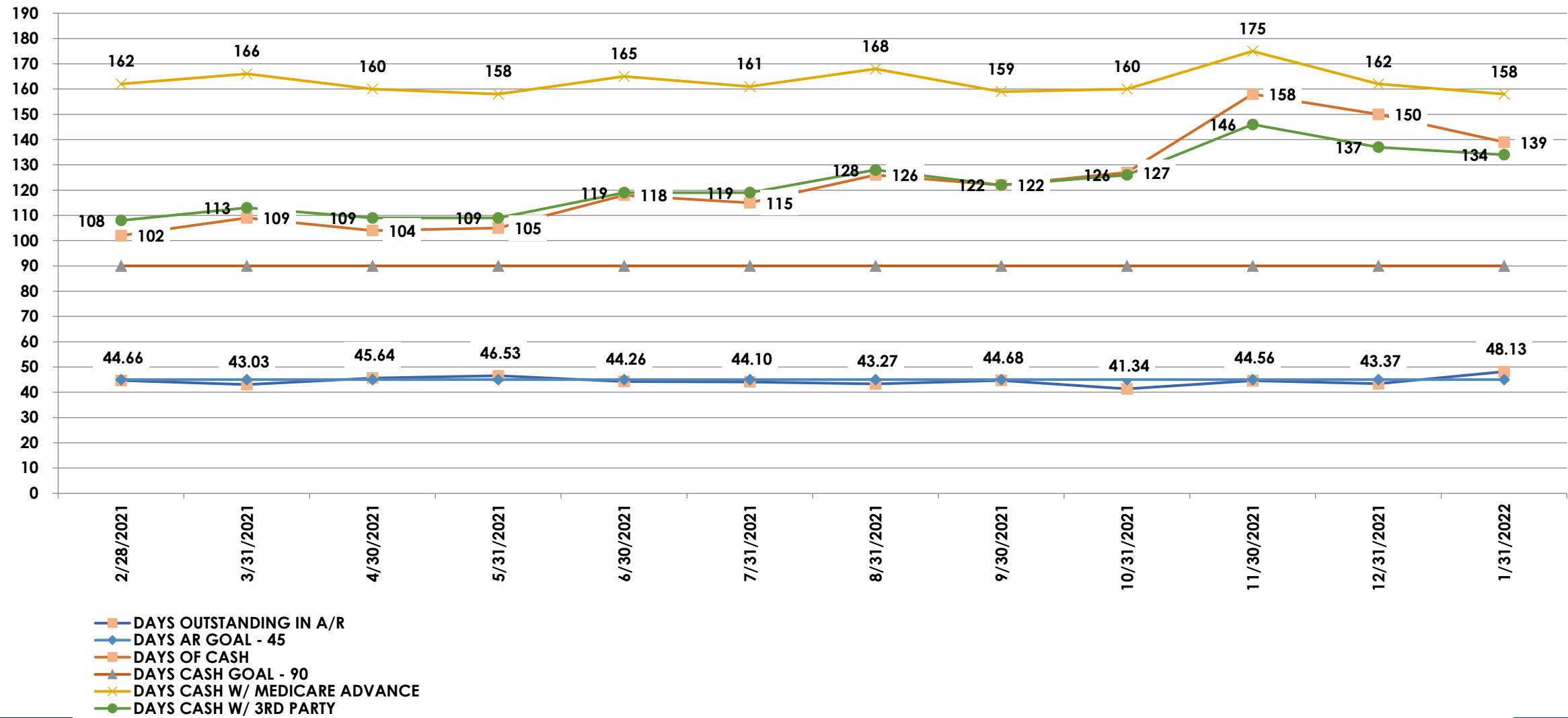| STATISTIC DESCRIPTION	JANUARY 2022						JANUARY 2021			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	573	625	8%	573	625	8%	615	7%	615	7%
ADJUSTED PATIENT DAYS	2,673	2,810	-5%	2,673	2,810	-5%	2,436	10%	2,436	10%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	108	76	42%	108	76	42%	87	24%	87	19%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	350	277	26%	350	277	26%	291	20%	291	17%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	458	369	24%	458	369	24%	393	17%	393	14%
SURGERY CASES (IN OR)	110	139	-21%	110	139	-21%	127	-13%	127	-15%
SPECIAL PROCEDURE CASES	32	79	-59%	32	79	-59%	54	-41%	54	-69%
LAB BILLABLE TESTS	23,235	22,262	4%	23,235	22,262	4%	21,077	10%	21,077	9%
TOTAL DIAGNOSTIC IMAGING TESTS	2,968	3,248	-9%	2,968	3,248	-9%	2,910	2%	2,910	2%
PHARMACY MEDS DISPENSED	20,684	21,265	-3%	20,684	21,265	-3%	20,299	2%	20,299	2%
RESPIRATORY THERAPY PROCEDURES	4,006	2,995	34%	4,006	2,995	34%	2,612	53%	2,612	35%
REHAB/PT/OT/ST RVUs	7,559	9,791	-23%	7,559	9,791	-23%	8,572	-12%	8,572	-13%
ER CENSUS	972	986	-1%	972	986	-1%	854	14%	854	12%
DENTAL CLINIC	375	430	-13%	375	430	-13%	303	24%	303	19%
TOTAL RURAL HEALTH CLINIC VISITS	5,706	6,520	-12%	5,706	6,520	-12%	5,570	2%	5,570	2%
TOTAL SPECIALTY CLINIC VISITS	3,274	3,922	-17%	3,274	3,922	-17%	3,110	5%	3,110	5%

January 2022
Income Statement Summary

	January 2022 Actual	January 2022 Budget	Variance Favorable/ (Unfavorable)	%	January 2022 YTD	January 2022 Budget YTD	Variance Favorable/ (Unfavorable)	%	January 2021 YTD
Operating Revenue									
Gross Patient Service Revenue	24,965,776	27,602,012	(2,636,236)	**-10%**	24,965,776	27,602,012	(2,636,236)	**-10%**	23,915,494
Revenue Adjustments	13,443,543	14,870,993	1,427,450	**10%**	13,443,543	14,870,993	1,427,450	**10%**	12,673,390
Charity Care Adjustments	110,953	211,517	100,564	**48%**	110,953	211,517	100,564	**48%**	304,774
Net Patient Service Revenue	11,411,280	12,519,503	(1,108,223)	**-9%**	11,411,280	12,519,503	(1,108,223)	**-9%**	10,937,330
Other Revenue	833,613	557,928	275,685	**49%**	833,613	557,928	275,685	**49%**	417,367
Total Operating Revenue	12,244,893	13,077,431	(832,538)	**-6%**	12,244,893	13,077,431	(832,538)	**-6%**	11,354,697
Operating Expenses									
Salaries And Wages	5,919,482	6,567,149	647,667	**10%**	5,919,482	6,567,149	647,667	**10%**	5,823,439
Employee Benefits	1,484,957	1,526,621	41,664	**3%**	1,484,957	1,526,621	41,664	**3%**	1,567,740
Other Expenses	4,296,314	4,648,754	352,440	**8%**	4,296,314	4,648,754	352,440	**8%**	3,755,669
Total Operating Expenses	11,700,753	12,742,524	1,041,771	**8%**	11,700,753	12,742,524	1,041,771	**8%**	11,146,848
Operating Income (Loss)	544,140	334,907	209,233	**62%**	544,140	334,907	209,233	**62%**	207,849
Total Non Operating Revenues (Expenses)	(31,883)	3,298	(35,181)	**1067%**	(31,883)	3,298	(35,181)	**1067%**	(37,796)
Change in Net Position (Loss)	512,257	338,205	174,052	**51%**	512,257	338,205	174,052	**51%**	170,053
Operating Margin	4.4%	2.6%	1.9%	73.5%	4.4%	2.6%	1.88%	73.5%	1.8%
Total margin	4.2%	2.6%	1.6%	61.8%	4.2%	2.6%	1.60%	61.8%	1.5%
Salaries & Benefits as a % of net pt svc rev	-64.9%	-64.6%	-0.2%	-0.4%	-64.9%	-64.6%	-0.24%	-0.4%	-67.6%

February 2022
Cash and Accounts Receivable

Days Cash and Accounts Receivable

January 2022
Board Financial Report

Department	Account	Descrption	Jan Actual	Jan Budget	Jan Variance	2022 YTD Actual	2022 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	6,144	4,624	(1,520)	6,144	4,624	(1,520)
	601100	BENEFITS FICA	285	326	41	285	326	41
	601150	BENEFITS WA F&MLA	10	5	(4)	10	5	(4)
	601400	BENEFITS MEDICAL INS-UNION	3,305	5,579	2,274	3,305	5,579	2,274
	601600	BENEFITS RETIREMENT	-	-	-	-	-	-
	601900	BENEFITS EMPLOYEE ASSISTANCE	9	-	(9)	9	-	(9)
	602300	CONSULT MNGMT FEE	-	-	-	-	-	-
	602500	AUDIT FEES	-	4,671	4,671	-	4,671	4,671
	604200	CATERING	-	83	83	-	83	83
	604500	OFFICE SUPPLIES	-	-	-	-	-	-
	604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
	606500	OTHER PURCHASED SERVICES	14,564	170	(14,394)	14,564	170	(14,394)
	606700	MARKETING	-	-	-	-	-	-
	609300	DUES AND SUBSCRIPTIONS	-	-	-	-	-	-
	609400	TRAVEL/MEETINGS/TRAINING	-	807	807	-	807	807
	609999	CLEARING	-	-	-	-	-	-
BOARD Total			24,316	16,265	(8,051)	24,316	16,265	(8,051)

February 2022

- **$22,305,767 in Projected HB charges**
  - Average: $796,635/day (HB only)
  - Budget: $882,907/day
  - 90% of Budget

- **$9,889,060 in HB cash collections**
  - Average: $353,181/day (HB only)
  - Goal: $390,700/day

- **48.9 Days in A/R**

- **Questions**

Administrative Report

February 23, 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.

■ Call answered ■ Call to voicemail ■ Caller hung up ■ Telephone Encounters in Epic
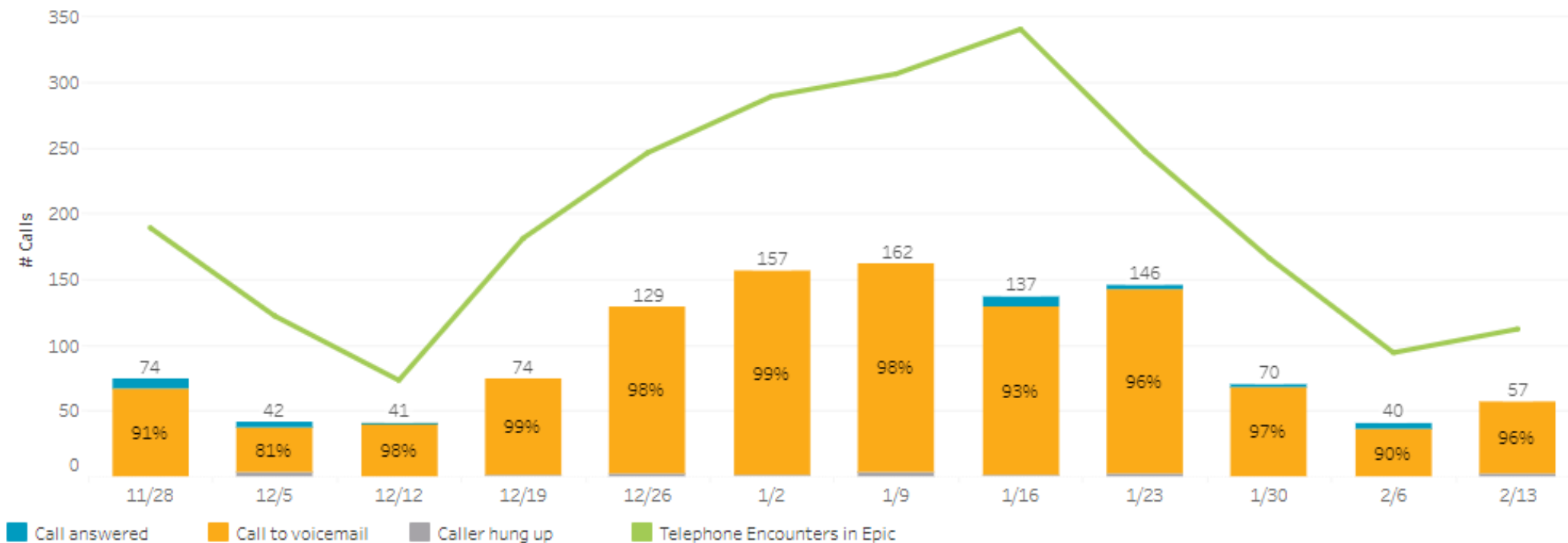
Total call volume since launch of triage line
Calls to the Respiratory Eval/COVID-19 nurse line since March 2020.
This chart is updated weekly.

Inbound Calls	368,200
Calls Answered	283,874
Telephone Encounters Created	33,089

Total Respiratory Evaluation Clinic vists - all time
Visits to the Respiratory Eval Clinic (7th Street) and drive-through testing station from March 2020 through November 2021 when both locations were closed.

Drive-Through	18,065
Total	18,065

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.
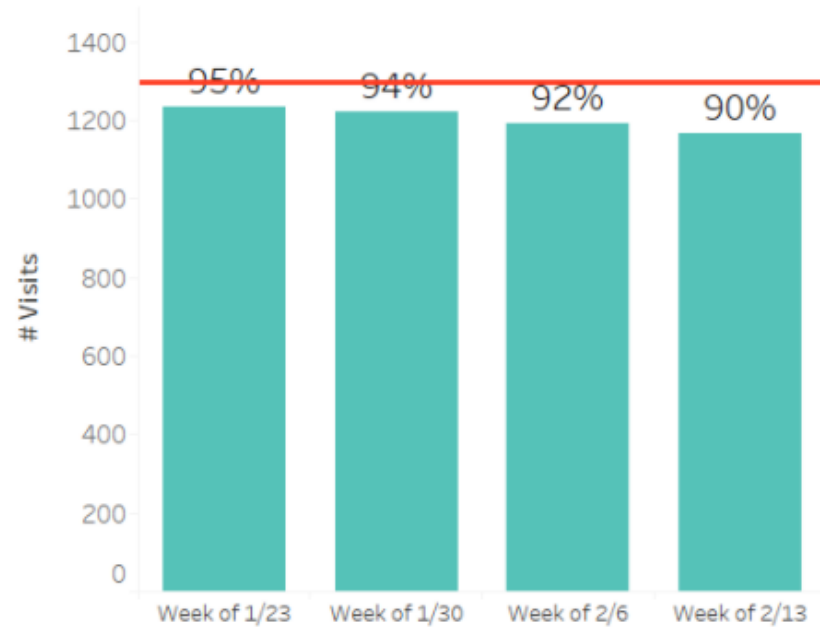

Includes visits in: Sheridan, Watership, Townsend, Port Ludlow and South County primary care clinics and the Dental Clinic.

Specialty clinic variance to budgeted visits

Visit volumes in Medical Group's specialty clinics. Red line indicates weekly visit budget based on 2022 annual budgets. The labels are % volume to budget for the selected clinics.
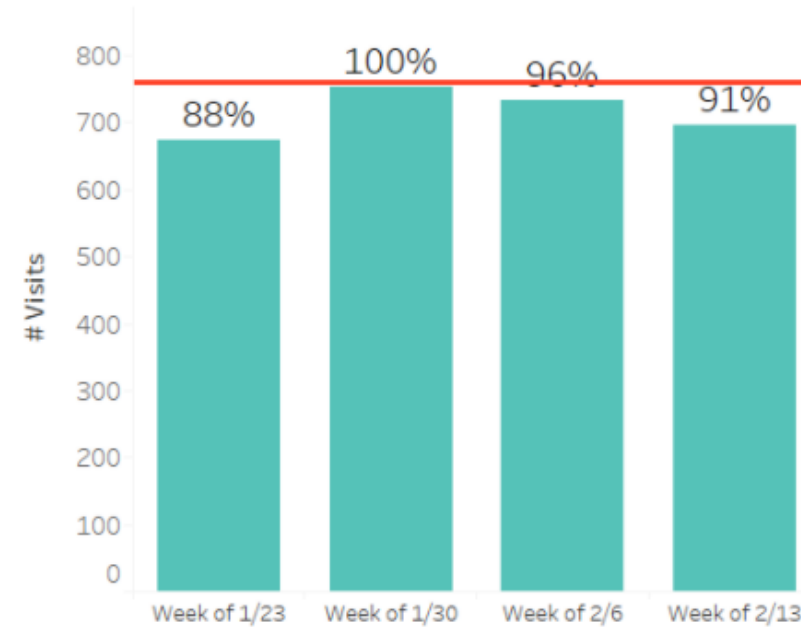
Includes visits in: JHSA clinic, Sleep Medicine, Urology, Women's Clinic, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

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.
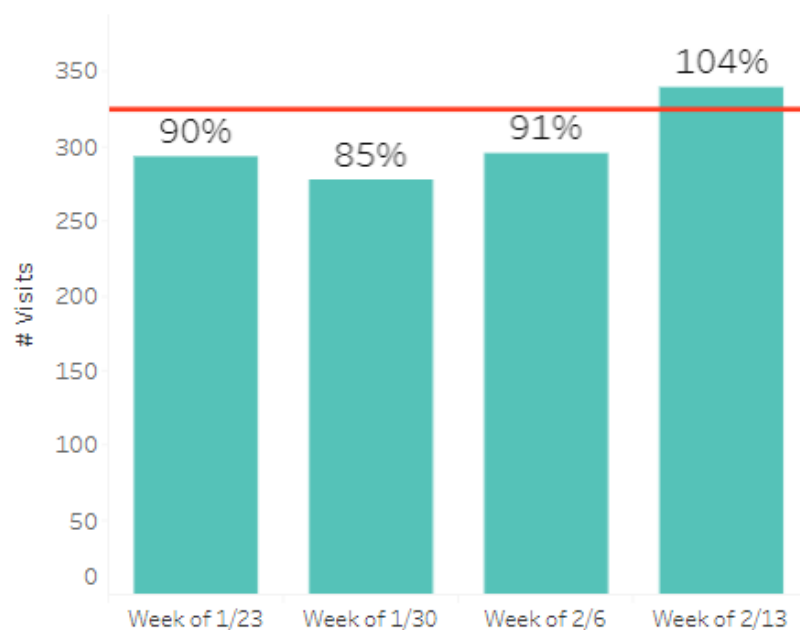

Surgical case variance to target cases

Surgical case volumes. 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.
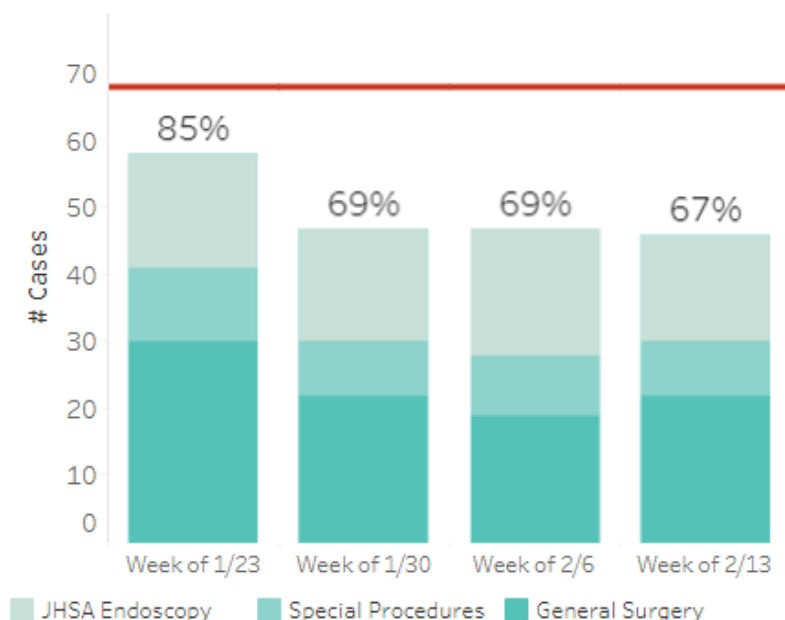
Jefferson Healthcare Volumes
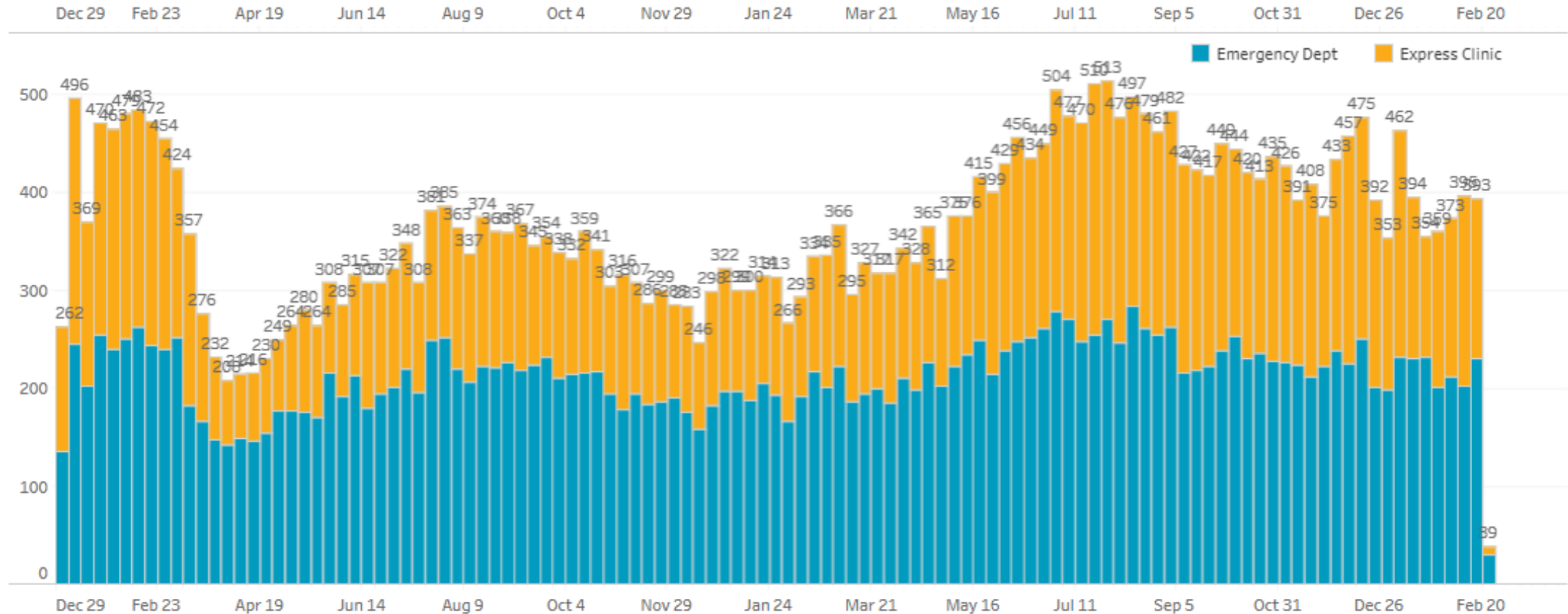
Advocacy Update

- State Legislature
  - Safe Staffing
  - Charity Care
  - Supplemental budgets
    - Healthcare workforce education and pipeline
    - Difficult to discharge patients
    - Behavioral Health

- Congress
  - CAHMA
  - Hospital Replacement Project Funding

Other

- Operational Improvement Work
  - Engage Huron Group… Starting with Organizational Culture
  - Assembled Leadership Team(s)
    - Accountability Team
    - LDI Team
  - Targeting June for first LDI
- Covid Test Kits
  - Distributing 2 kits (4 tests) to every JH employee
  - Working with Community Partners to distribute additional kits
- End of Governors Moratorium
  - All Surgical Procedures now allowed
  - JH will resume 3 surgical lines on most days
  - Focus on balancing needs of patient demand with staff fatigue

COVID Update

Questions