*COVID-19 Notice*
No in-person attendance allowed, pursuant to Governor Inslee’s Proclamation 20-28.
All meeting attendees, including Board of Commissioners, staff and members of the public must participate virtually. No physical meeting location will be provided.
To attend the meeting, dial Phone Conference Line: (509) 598-2842
When prompted, enter Conference ID number: 383682973#

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, March 23, 2022

Call to Order:
The meeting was called to order at 2:01 pm by Board Chair Buhler Rienstra. Present by phone and video were Commissioners Dressler, Kolff, and McComas. Commissioner Ready was excused. Also, in attendance were Mike Glenn, CEO, Tyler Freeman, Chief Financial Officer, Jake Davidson, Chief Ancillary & Specialty Services 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 Kolff seconded.
Action: Motion passed unanimously.

Board Governance Education:
• March Board Retreat Debrief
Discussion ensued.

Education Topic:
Population Health Update presented by Dunia Faulx, Executive Director Population Health, Analytics & Advocacy and Dr. Molly Parker, Chief Medical Officer, Population Health
Discussion ensued.
Home Health Hospice Quarterly Update presented by Tammy Tarsa, Executive Director Home Health Hospice
Discussion ensued.
Break:
Commissioners recessed for break at 3:18 pm.
Commissioner reconvened from break at 3:30 pm.

Team, Employee, Provider of the Quarter:
Allison Crispen, Interim Chief Human Resources Officer announced the Employee of Quarter, Marisa Jenkins, Provider of the Quarter, Gary Forbes, MD, Team of Quarter, EVS, and Leader of the Quarter, Jacob Stokes.

Minutes:
- February 16, 2022, Special Session Minutes
- February 23, 2022, Regular Session Minutes

Commissioner Dressler made a motion to approve the February 16, 2022, Special Session Minutes and February 23, 2022, Regular Session Minutes. Commissioner Kolff seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested
- February Warrants and Adjustments
- Resolution 2022-04 Cancelled Warrants
- Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the February Warrants and Adjustment, Resolution 2022-04 Cancelled Warrants, Medical Staff Credentials/Appointments/Reappointments. Commissioner McComas seconded.
Action: Motion passed unanimously.

Financial Report:
Tyler Freeman, CFO, presented the February Financial Report.
Discussion ensued

Administrative Report
Mike Glenn, CEO, presented the March Administrative report.
Discussion ensued

Board Business:
- Board of Health Report
  Commissioner Kolff shared Jefferson County’s current COVID rate, that the Board of Health discussed bi-laws and change in board of health membership, and additional COVID information.
- Agenda Evaluation
  Commissioners evaluated the agenda.

Quality Report
Brandie Manuel, CPSQO, presented an end-of-day DNV update.
Discussion ensued

**Meeting Evaluation:**  
Commissioners evaluated the meeting.

**Executive Session:**  
- Discuss the performance of a public employee  
Commissioners went into Executive Session for twenty-five (25) minutes at 5:20 pm.  
Commissioners came out of Executive Session at 5:45 pm. Action will be taken following the session.

No Public was present on the line.

Commissioner McComas made a motion to approve a compensation increase for CEO Mike Glenn. The motion included an increase for a total base pay compensation of Three Hundred Thousand dollars ($300,000.00). Commissioner Kolff seconded.

**Action:** Motion passed with four Ayes and one opposed.

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

The meeting concluded at 5:53 pm.

Approved by the Commission:  
Chair of Commission: Jill Buhler Rienstra ________________________________  
Secretary of Commission: Marie Dressler ________________________________
Population Health 2022

Dunia Faulx, MPH
Dr. Molly Parker, MD MPH
Tina Herschelman

March 23, 2022
We acknowledge that Jefferson Healthcare is on the ancestral and contemporary homelands of the S’Klallam, Chemakum, T’wana and other indigenous nations and we recognize the tribal governments’ sovereignty across the region.
Agenda

- Early Life
- Friends
- Food
- Equity
Early Life

It lasts a lifetime.
Early Life Preparation

- **25% reduction in births from unintended pregnancies in Delaware**

**UNPLANNED PREGNANCY IN WA**

- **33%**
  - the percentage of pregnancies in Washington that are unplanned

- **41%**
  - Nearly half of unplanned pregnancies occur to women using contraception

*Sources: Washington State Department of Health, Guttmacher Institute, Power to Decide*
Early Life | Supports Safe Sleep
Early life

Diaper Bank
Early Life | Lasts a Lifetime

0 days

266 days

1000 days

Prenatal care

Delivery

Annual visits

Well child checks
Early Life Lasts a Lifetime

0 days

266 days

1000 days

Prenatal care

Annual visits

Delivery

Well child checks

Child Care
“As a single parent of ... kids I can’t tell you how important it’s been to have the support of Jefferson Healthcare in terms of child care.”
Summer 2021
Caring For Our Future:
East Jefferson County
Rural Child Care Report

Fall 2021 to now
Facility funding development
• Washington State Department of Commerce
  • Jefferson County

Spring 2022
Child care operator partner search
• Request for Letters of Interest
<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021 total</td>
<td>$55,817</td>
</tr>
<tr>
<td>$4651 average per month</td>
<td></td>
</tr>
<tr>
<td>11-18 families per month</td>
<td></td>
</tr>
<tr>
<td>16-25 children per month</td>
<td></td>
</tr>
<tr>
<td>Median $203 per child</td>
<td></td>
</tr>
<tr>
<td>Range $45-877</td>
<td></td>
</tr>
</tbody>
</table>
Food

Supporting our providers, patients, and community with food access initiatives.
<table>
<thead>
<tr>
<th>Population Health</th>
<th>Food Access Goals + Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support Providers</strong></td>
<td>Maintain list of SDOH resources on provider resource page</td>
</tr>
<tr>
<td></td>
<td>Card of resources to give to patients during visits</td>
</tr>
<tr>
<td></td>
<td>VegRx – 2021 most successful year ever! Going big(ger) in 2022!</td>
</tr>
<tr>
<td><strong>Provide Resources to Patients</strong></td>
<td>Grab &amp; Go Food bags – Moved 3500 pounds of food! Funds from First Federal Foundation</td>
</tr>
<tr>
<td></td>
<td>Little Free Pantry – Successful model for food distribution; 2022: re-engage JH staff to stock</td>
</tr>
<tr>
<td></td>
<td>First-Days Food Bags – Successful program in FBC; thanks to Sunrise Rotary for funding</td>
</tr>
<tr>
<td></td>
<td>COVID Inpatient Food Bags – Minimal utilization; will sunset the program; go-bags available</td>
</tr>
<tr>
<td><strong>Partner with Community Organizations</strong></td>
<td>2022 Work in Progress: Connect patients with low-income/free CSAs provided by local farms</td>
</tr>
<tr>
<td></td>
<td>Delivery: Connect patients with free food bank delivery from PeddlerPT</td>
</tr>
<tr>
<td></td>
<td>Continue to support food access offered through YMCA &amp; local school districts</td>
</tr>
<tr>
<td></td>
<td>Continue to connect the local healthcare system and the local food system</td>
</tr>
</tbody>
</table>
“An oncology survivorship patient in her 70s was struggling to pay for her maintenance drugs and her other meds. With her cost of her treatment, she was really struggling to cover her basic needs. She shared that she had recently been going without food because she could not afford it. She said, "I can go to bed hungry as long as I have a bed to lay in", meaning she was to the point where she was having to choose between eating or paying her rent. We discussed ways to connect her to community services and resources, but I knew she needed immediate access to food. I excused myself and I grabbed one of the food bags from the closet and brought it to her. She opened the bag and began to cry. She said the only thing she had left to eat at home was a bag of rice. She expressed overwhelming gratitude. I called her a week later to follow up. She was happy because she was able to get her medications at a reduced rate, her meals on wheels had started, and since she had that bag of food, she didn't need to go to the grocery that week which allowed her to get caught up on bills. She said that walking out of the hospital knowing that she would not have to go to bed hungry, allowed her to have one less worry and it meant the world to her.”
Equity

Supporting equity initiatives across JH.
HEALTH EQUITY 2021

- Make health equity a strategic priority
- Build infrastructure to support health equity
- Address multiple determinants of health
- Eliminate racism and other forms of oppression
- Partner with the community
- Implement projects that will make a local difference

- Include equity as a priority in the organization’s strategic plan
- Demonstrate leadership commitment to improving health equity
- Develop and communicate a shared vision for health equity
- Equity Dashboard
- Apply equity lens to existing improvement projects
- Staff and provider training
- Stratify clinical data by race, ethnicity, age, language, and payer

- Understand historical context for racism & other forms of oppression
- Recognize the original occupants of the land
- Work with community partners to identify ways to improve equity
- Work with community partners to ensure COVID-19 vaccine equity
- Implement business practices that support racial equity including supporting local businesses owned by BIPOC community members
- Recognize contributions of BIPOC individuals to the healthcare field
- Utilize our voice as an anchor institution to support BIPOC communities
In addition to our Health Equity Committee, we have dedicated analytics resources and had an HR person focused on identifying resources for our employees.

We were able to get equity built into the 2022 Strategic Plan under Patient Safety and Quality and the People pillars!

We partnered with the Jefferson County Immigrant Rights Advocates (JCIRA) to help their community get access to the COVID-19 Vaccine in early 2021.

The Population Health team has done a great job of finding resources for patients outside of what is typically considered clinical care, especially around food and resources for early life.

During the COVID pandemic we stopped sending patients to collections.

See Appendix to learn more about the Equity framework.
<table>
<thead>
<tr>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
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<tbody>
<tr>
<td>Kick-off</td>
<td>Learning &amp; Action Planning</td>
<td>Peer coaching</td>
<td>Peer coaching</td>
<td>Peer coaching</td>
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<tr>
<td></td>
<td></td>
<td>Sprint</td>
<td></td>
<td></td>
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<tr>
<td>December</td>
<td>January</td>
<td>February</td>
<td>March</td>
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<tr>
<td></td>
<td>Virtual report out</td>
<td>Learning &amp; Action Planning</td>
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<tr>
<td></td>
<td></td>
<td>Peer coaching</td>
<td>Peer coaching</td>
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<tr>
<td>April</td>
<td>May</td>
<td>June</td>
<td>July</td>
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<tr>
<td></td>
<td>Peer coaching</td>
<td>Learning &amp; Action Planning</td>
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<tr>
<td>August</td>
<td>September</td>
<td>October</td>
<td>November</td>
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<tr>
<td></td>
<td>Virtual report out</td>
<td>Peer coaching</td>
<td>Peer coaching</td>
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<tr>
<td></td>
<td></td>
<td>Sprint</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sprint 1:** Data Collection

**Sprint 2:** Data Analytics

**Sprint 3:** Clinical Implementation
Discussion
Home Health
Total number of episodes for 2021 was 719
FUNCTIONAL IMPAIRMENT

- High Functional Impairment: 40%
- Medium Functional Impairment: 31%
- Low Functional Impairment: 28%
- Missing Functional Impairment: 1%
Total LUPA’s = 12.2%
Hospice
Admissions per Month

Unduplicated Admissions 176
• LOS Range from 1 to 322
• Median LOS 18.5
• Average LOS 43.6
TERMINAL DIAGNOSIS

- CANCER: 39.2%
- CARDIOVASCULAR: 18.2%
- DEMENTIA/ALZ: 12.5%
- PARKINSONS: 1.7%
- KIDNEY DISEASE: 5.7%
- RESPIRATORY: 4.5%
- OSTEOPOROSIS: 9.7%
- ANEMIA: 1.1%
- LIVER: 0.6%
- SEPSIS: 1.1%
- MALNUTRITION: 1.1%
- COVID: 0.6%
- AUTO IMMUNE: 2.3%
Palliative Care
Referral to Admission Breakdown

- 90 Referrals
- 61 Total Admissions
- 18 Non-admits
- 3 Deceased Prior to admission
- 6 Scheduled
- 1 Holding/1 Pending
- 16 Discharged to hospice
- 2 Discharged back to PCP
- 2 Discharged due to a move
- 3 Deceased on palliative care
- 38 Current Census
LOS...
• Range is from 1 to 195 days
• Median is 20 days
• Average is 34.9 Days

Visits per Patient
• Average is 4.4
26% of Palliative Care Patients Transitioned to Hospice

- Non-Palliative Care hospice patients – Average LOS is 39.5 days
- Palliative Care hospice patients – Average LOS is 51.6 days
60% of Palliative Care patients that transitioned to Hospice chose to keep the hospice medical group (ARNP) as their attending provider while on Hospice.
Home Health QAPI 2022

Patient Satisfaction:
- Overall Satisfaction and Willingness to recommend (VBP)
  - Care of the Patient Measures
    - Informed
    - Treated gently
    - Courtesy and respect
  - Specific Care Issues:
    - Medications
      - Ask to see/ Med review
      - Purpose /When to take/Side effects

- Standardized patient education
  - HH Patient Guide
- Wound Care Team
  - Lymphedema Management
- Administration
  - Supplies
  - AR

- OASIS Accuracy
  - OASIS Certification
  - Prep for OASIS E
  - Ongoing RN Education- OASIS Certification
  - Self-care and mobility measures (VBP)

- Case Management: A Team Approach
  - Pre-Admit Care Plans
  - Post Admit Care Plans for Patient
  - RN Consistency
  - 48 hour and 5 Day compliance
  - Financial management
  - Discharge planning and Discharge Criteria

Transitions of Care
- HH to Hospice Transitions
- HH to Outpatient
- HH to PC

- Value Based Purchasing
  - Reducing Rehospitalization/Emergency Dept
    - Managing Fall Risk
  - Management of oral medications
  - Improvement in Dyspnea

- Access to Care
  - Scheduling
  - Automated Confirmation Calls
Hospice QAPI 2022

• Patient Satisfaction
  • Keep you informed when you would arrive
  • Discuss side effects of pain medication

• Physical Comfort/Symptom Management
  • PCA/Pain Pumps Implementation – 1 Q 2022
  • Constipation
  • Anxiety

• Access and Coordination of Care
  • Community Liaison
  • Scheduling
  • Hospice Case Management
  • HH to Hospice Transitions

• Appropriate Care at End of Life
  • Management of the Short Length of Stay admission
    • Admitted when death is imminent

• Staff Satisfaction
  • Communication
  • Hospice and Palliative Care Certification

• Documentation and Compliance
  • New Quality Measures for 2022
  • Preparation for HOPE assessment tool

• Bereavement Program
  • Mailings

• Administration
  • Supply Management
  • CTI/Orders Process
2022
• Quality Measures
  • Outcome Measures
• Program expansion
  • MA/LPN
  • Second Provider
New Employees Hired in 2021

- RN’s: 9
- OT: 1
- MSW: 1
- HH Aide: 1
- CTS/PAR: 3
- Admin: 2
- ARNP1

Total Turnover of 35%
Current Staffing

- Open 1.0 FTE RN (3)
- Open 0.6 FTE RN (1)
- Open Per Diem RN (3)
- Open 2.0 HH Aide (2)
- Open 0.6 or 0.8 MA/LPN (1)
- Open 1.0 PAR (1)
Marisa Jenkins

“Marisa ... anticipates what the next workday will entail and prepares for it at the end of every day. She makes sure her teammates are always comfortable by reaching out to them asking what they need, or if she can help. It gives a genuine feeling of caring and warmth. ... [Marisa] treats every one that comes through the doors with the equality she would treat her own mother. ... I don't think I've worked with someone who was as caring and genuinely eager to help others. Her attitude isn't just "positive" it radiates through the department and becomes contagious.”

Care Team Specialist II- Rehab
First Quarter 2022
Provider of the Quarter

Gary Forbes, MD

“Dr. Forbes shows great professionalism when working with other teams like pharmacy and Covid nurses ... Dr. Forbes is one of two providers in the medical group that is prescribing "Oral Therapeutics" for our Covid positive patients. He volunteered to do this and work through the kinks of the process. He was just happy we were able to help the patient. Dr. Forbes from day one of this project has given great feedback on what works and what doesn't, how we can help streamline the process for both the providers and the patients.”

Medical Group
First Quarter 2022
“...This group of employees receive an assignment or work area everyday work and are often called away. I have seen them leave their regularly scheduled work to come to the ACU often. They come willing and with a smile. Always ready to help. Often, we think of EVS as "housekeeping" this group of employees is so much more. They are at the ready to help with a mess and ...to help move things about the unit ... Each and every member of our EVS staff is always on top of it! They are always quick to respond, even when they are slammed. They are so appreciated!”

First Quarter 2022
Leader of the Quarter

Jacob Stokes

A few accolades from Jacob’s staff:

“He works tiring endless night shifts ... to ensure coverage and patient care"

“He is always there for us no matter what. His door is always open, and I know that if I have a problem Jacob will listen and will come up with a solution. I witnessed many situations when people were upset and went to talk to Jacob and came out smiling knowing that everything is going to be ok.”

“Jacob is a great leader, technologist, and a caring supervisor. I witnessed many techs (including myself) coming back to JH’s lab because of Jacob and his leadership. For the first time in my almost 20 years long career, I feel appreciated and valued.”

Director, Laboratory

First Quarter 2022
February 2022 Finance Report
March 23, 2022
Tyler Freeman, CFO
### February 2022
#### Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>FEBRUARY 2022</th>
<th>FEBRUARY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET % VARIANCE</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>571</td>
<td>625</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,549</td>
<td>2,538</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>110</td>
<td>68</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>292</td>
<td>250</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>402</td>
<td>333</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>96</td>
<td>125</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>43</td>
<td>71</td>
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<tr>
<td>LAB BILLABLE TESTS</td>
<td>19,995</td>
<td>20,108</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>3,002</td>
<td>2,934</td>
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<td>PHARMACY MEDS DISPENSED</td>
<td>17,879</td>
<td>19,207</td>
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<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,135</td>
<td>2,705</td>
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<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>7,087</td>
<td>8,844</td>
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<tr>
<td>ER CENSUS</td>
<td>848</td>
<td>891</td>
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<tr>
<td>DENTAL CLINIC</td>
<td>403</td>
<td>389</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,402</td>
<td>5,889</td>
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<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,299</td>
<td>3,543</td>
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# February 2022

## Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>February 2022 Actual</th>
<th>February 2022 Budget</th>
<th>Variance Favorable/Unfavorable (%)</th>
<th>February 2022 YTD</th>
<th>February 2022 Budget YTD</th>
<th>Variance Favorable/Unfavorable (%)</th>
<th>% Change</th>
<th>February 2021 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>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>21,958,141</td>
<td>24,930,850</td>
<td>(2,972,709) -12%</td>
<td>46,923,916</td>
<td>52,532,862</td>
<td>(5,608,946) -11%</td>
<td></td>
<td>44,722,092</td>
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<tr>
<td>Revenue Adjustments</td>
<td>10,028,947</td>
<td>13,431,864</td>
<td>3,402,917 25%</td>
<td>23,472,491</td>
<td>28,302,856</td>
<td>4,830,365 17%</td>
<td></td>
<td>24,651,745</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>167,246</td>
<td>191,048</td>
<td>23,802 12%</td>
<td>278,199</td>
<td>402,564</td>
<td>124,365 31%</td>
<td></td>
<td>574,656</td>
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<tr>
<td>Net Patient Service Revenue</td>
<td>11,761,948</td>
<td>11,307,938</td>
<td>454,010 4%</td>
<td>23,173,226</td>
<td>23,827,442</td>
<td>(654,216) -3%</td>
<td></td>
<td>19,495,691</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>913,174</td>
<td>503,935</td>
<td>409,239 81%</td>
<td>1,746,786</td>
<td>1,061,862</td>
<td>684,924 65%</td>
<td></td>
<td>836,131</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>12,675,122</td>
<td>11,811,873</td>
<td>863,249 7%</td>
<td>24,920,012</td>
<td>24,889,304</td>
<td>30,708 0%</td>
<td></td>
<td>20,331,822</td>
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<tr>
<td><strong>Operating Expenses</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>6,571,590</td>
<td>5,931,618</td>
<td>(639,971) -11%</td>
<td>12,491,072</td>
<td>12,498,767</td>
<td>7,695 0%</td>
<td></td>
<td>11,391,954</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,433,423</td>
<td>1,378,883</td>
<td>(54,539) -4%</td>
<td>2,918,380</td>
<td>2,905,504</td>
<td>(12,876) 0%</td>
<td></td>
<td>2,892,085</td>
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<tr>
<td>Other Expenses</td>
<td>4,613,580</td>
<td>4,198,874</td>
<td>(414,705) -10%</td>
<td>8,909,892</td>
<td>8,847,629</td>
<td>(62,263) -1%</td>
<td></td>
<td>7,508,250</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>12,618,593</td>
<td>11,509,376</td>
<td>(1,109,216) -10%</td>
<td>24,319,344</td>
<td>24,251,900</td>
<td>(67,444) 0%</td>
<td></td>
<td>21,792,289</td>
</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>56,529</td>
<td>302,497</td>
<td>(245,968) -81%</td>
<td>600,668</td>
<td>637,404</td>
<td>(36,736) -1%</td>
<td></td>
<td>(1,460,467)</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>(14,973)</td>
<td>2,979</td>
<td>(17,952) 603%</td>
<td>(46,856)</td>
<td>6,277</td>
<td>(53,133) 846%</td>
<td></td>
<td>(64,171)</td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>0.4%</td>
<td>2.6%</td>
<td>-2.1% -82.6%</td>
<td>2.4%</td>
<td>2.6%</td>
<td>-0.15% -5.9%</td>
<td>-7.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Total margin</strong></td>
<td>0.3%</td>
<td>2.6%</td>
<td>-2.3% -87.3%</td>
<td>2.2%</td>
<td>2.6%</td>
<td>-0.36% -14.1%</td>
<td>-7.5%</td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits as a % of net pt svc rev</td>
<td>-68.1%</td>
<td>-64.6%</td>
<td>-3.4% -5.3%</td>
<td>-66.5%</td>
<td>-64.6%</td>
<td>-1.85% -2.9%</td>
<td>-73.3%</td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td>Account</td>
<td>Description</td>
<td>Feb Actual</td>
<td>Feb Budget</td>
<td>Feb Variance</td>
<td>2022 YTD Actual</td>
<td>2022 YTD Budget</td>
<td>YTD Variance</td>
</tr>
<tr>
<td>------------</td>
<td>---------</td>
<td>-------------</td>
<td>------------</td>
<td>------------</td>
<td>--------------</td>
<td>----------------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>BOARD</td>
<td>600010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>4,827</td>
<td>4,177</td>
<td>(651)</td>
<td>10,971</td>
<td>8,801</td>
<td>(2,171)</td>
</tr>
<tr>
<td></td>
<td>601100</td>
<td>BENEFITS FICA</td>
<td>528</td>
<td>295</td>
<td>(233)</td>
<td>813</td>
<td>621</td>
<td>(192)</td>
</tr>
<tr>
<td></td>
<td>601150</td>
<td>BENEFITS WA F&amp;MLA</td>
<td>7</td>
<td>5</td>
<td>(2)</td>
<td>17</td>
<td>10</td>
<td>(7)</td>
</tr>
<tr>
<td></td>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>2,676</td>
<td>5,039</td>
<td>2,363</td>
<td>5,981</td>
<td>10,617</td>
<td>4,636</td>
</tr>
<tr>
<td></td>
<td>601600</td>
<td>BENEFITS RETIREMENT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>601900</td>
<td>BENEFITS EMPLOYEE ASSISTANCE</td>
<td>8</td>
<td>-</td>
<td>(8)</td>
<td>17</td>
<td>-</td>
<td>(17)</td>
</tr>
<tr>
<td></td>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<tr>
<td></td>
<td>602500</td>
<td>AUDIT FEES</td>
<td>-</td>
<td>4,219</td>
<td>4,219</td>
<td>-</td>
<td>8,890</td>
<td>8,890</td>
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<tr>
<td></td>
<td>604200</td>
<td>CATERING</td>
<td>-</td>
<td>75</td>
<td>75</td>
<td>-</td>
<td>158</td>
<td>158</td>
</tr>
<tr>
<td></td>
<td>604500</td>
<td>OFFICE SUPPLIES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>605500</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>153</td>
<td>153</td>
<td>14,564</td>
<td>323</td>
<td>(14,240)</td>
</tr>
<tr>
<td></td>
<td>606700</td>
<td>MARKETING</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>609300</td>
<td>DUES AND SUBSCRIPTIONS</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>-</td>
<td>729</td>
<td>729</td>
<td>-</td>
<td>1,536</td>
<td>1,536</td>
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<tr>
<td></td>
<td>609999</td>
<td>CLEARING</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>BOARD Total</td>
<td></td>
<td></td>
<td>8,046</td>
<td>14,691</td>
<td>6,645</td>
<td>32,362</td>
<td>30,956</td>
<td>(1,406)</td>
</tr>
</tbody>
</table>
March 2022
Preview – (*as of 0:00 3/23/22)

• $29,101,957 in Projected HB charges
  • Average: $938,773/day (HB only)
  • Budget: $882,907/day
  • 106% of Budget

• $11,956,889 in HB cash collections
  • Average: $385,706/day (HB only)
  • Goal: $390,700/day

• 46.8 Days in A/R

• Questions
Jefferson Healthcare Volumes

COVID-19 Phone Line and Clinic Visit Volumes

Respiratory nurse line calls and telephone encounters - by week
Last 12 weeks of respiratory phone line call data (bars) and telephone encounters created (line), excluding partial weeks.

Total call volume since launch of triage line
Calls to the Respiratory Eval/COVID-19 nurse line since March 2020.
This chart is updated weekly.

<table>
<thead>
<tr>
<th>Call Answered</th>
<th>Call to Voicemail</th>
<th>Caller Hung Up</th>
<th>Telephone Encounters in Epic</th>
</tr>
</thead>
<tbody>
<tr>
<td>129</td>
<td>157</td>
<td>162</td>
<td>137</td>
</tr>
<tr>
<td>99%</td>
<td>98%</td>
<td>96%</td>
<td>96%</td>
</tr>
</tbody>
</table>

Total Respiratory Evaluation Clinic visits - 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.

<table>
<thead>
<tr>
<th>Drive-Through</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,065</td>
<td>18,065</td>
</tr>
</tbody>
</table>

Inbound Calls
Calls Answered
Telephone Encounters Created

382,608
296,113
33,309
**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.
Advocacy | State

Legislative session adjourned Thursday, March 10.

Bills that passed session

• SHB 1616: Concerning the Charity Care Act
• SHB 1735: Modifying the standard for use of force by peace officers.
• E2SSB 5600: Concerning the sustainability and expansion of state registered apprenticeship programs
• 2SSB 5736: Concerning partial hospitalizations and IOP treatment for minors.

Bills that did not pass this session

• E2SHB 1868: Improving worker safety and patient care by addressing staffing needs, overtime, meal and rest breaks (nurse ratios)
• SHB 1741 Addressing affordability through health care provider contracting.
• HB 2083: Addressing consent to long-term care placement and services.
Advocacy | State Budget

- Health care workforce education and pipeline
  - Supports an additional 180 nursing education slots at the UW and community colleges. $5m
  - Funding support for a BSN program at Eastern Washington University. $6.2m
  - Simulation labs. $15.2m
- Difficult to discharge and long length of stay
  - Invest in the long-term care system. $269.3m
- Behavioral health
  - Significant investments in behavioral health. $206.8m
- Washington Medical Coordinating Center
  - Fully funded through the remainder of this biennium
• Congressionally Directed Funding (earmarks) have opened for Representative Kilmer and Senators Cantwell and Murray.
  • Ask will focus on purchasing a linear accelerator for oncology.
  • Also green technology for the new building.
Administrative Update

• Agreement with design team/general contractor for campus expansion planning process

• Organizational improvement work- Huron activity and scheduled leadership development institute

• DNV is in the house. Annual 3-day survey

• AHA/WSHA common themes
Agreement with Design Team/Contractor for Campus Expansion Planning and Design Process

• Abbott Construction/ZGF
  • Seattle based, deep healthcare design and construction experience
  • Project launch meeting March 9th, internal stakeholder design meetings March 22, 24, Workshop 1 scheduled for April 5th.
• Community interactive meetings begin in April
• Budget

<table>
<thead>
<tr>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>920,000</td>
<td>640,000</td>
<td>GMP established, additional fees based on size and scope of the project</td>
<td>1,560,000</td>
</tr>
</tbody>
</table>

2022 budget 3,000,000
High Level Goals of The Project

• Replace and/or retrofit our vulnerable buildings

• Relocate and expand mission-critical infrastructure and services

• Improve, modernize and expand clinical space to meet the needs of our community

• Finance with Jefferson Healthcare cash reserves, debt, and (if necessary) community support.
Other
Questions