

**\*COVID-19 Notice\***

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

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

**Audio Only:** 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](#)

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Regular Session Agenda  
Wednesday, May 25, 2022

<b><u>Call to Order:</u></b>	2:00
<b><u>Approve Agenda:</u></b>	2:00
<b><u>Governance Discussion:</u></b>	
• Debrief WSHA Leadership Summit	
<b><u>Education Topic:</u></b>	2:15
• Financial Audit Report Out, Dingus Zarecor and Associates, PLLC	
<b><u>Break:</u></b>	3:15
<b><u>Patient Story:</u></b> Tina Toner, CNO	3:30
<b><u>Minutes:</u></b> Action Requested	3:45
• April 20, 2022, Special Session Minutes	
<b><u>Required Approvals:</u></b> Action Requested	3:50
• March Warrants and Adjustments	
• April Warrants and Adjustments	
• Resolution 2022-05 Cancelled Warrants	
• Resolution 2022-06 Cancelled Warrants	
• Medical Staff Credentials/ Appointments/ Reappointments	
• Medical Staff Policies	
<b><u>Patient Advocate Report:</u></b> Jackie Levin, Patient Advocate	4:00
<b><u>Quality Report:</u></b> Brandie Manuel, CPSO	4:15
<b><u>Financial Report:</u></b> Tyler Freeman, CFO	4:30
<b><u>Administrative Report:</u></b> Mike Glenn, CEO	5:00
<b><u>Board Business:</u></b>	5:15
• Board of Health Report	
<b><u>Meeting Evaluation:</u></b>	5:45

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Jefferson Healthcare  
Owned and Operated by Jefferson County Public Hospital District No. 2  
34 Sheridan Street, Port Townsend, WA 98367  
We are an equal opportunity provider and employer.

Jefferson County Public Hospital District No. 2 Board of Commissioners acknowledge 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.

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**Executive Session:**

5:45

- Lease or purchase of real estate

**Conclude:**

6:15

This Regular Session will be officially recorded. The times shown in the agenda are estimates only.

DRAFT

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**Jefferson County Public Hospital District No.2**  
**Board of Commissioners, Regular Session Minutes**  
**Wednesday, April 20, 2022**

**Call to Order:**

The meeting was called to order at 2:00 pm by Board Chair Buhler Rienstra. Present by phone and video were Commissioners Dressler, Kolff, McComas, and Ready. Also, in attendance were Mike Glenn, CEO, Tyler Freeman, Chief Financial Officer, Jake Davidson, Chief Ancillary & Specialty Services Officer, Tina Toner, Chief Nursing Officer, and Brittany Huntingford, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

**Discussion:**

- State Auditors Exit Conference with Christine MacIntyre, Auditor & Amy Strzalka, Auditor

**Education Topic:**

Cassie Sauer, President of Washington State Hospital Association presented an update on Leading the Hospital Associations' Future.

**Break:**

Commissioners recessed for a break at 3:17 pm.  
Commissioner reconvened from the break at 3:30 pm.

**Patient Story:**

Tina Toner, Chief Nursing Officer presented the patient story which included care received by a patient in the In-Patient Unit with a kudos to Dr. Johns, Kirby Lambert, RN, and Cameron, CNA.

**Minutes:**

- March 16, 2022, Special Session Minutes

- March 23, 2022, Regular Session Minutes

Commissioner McComas made a motion to approve the March 16, 2022, Special Session Minutes and March 23, 2022, Regular Session Minutes. Commissioner Kolff seconded.

**Action:** Motion passed unanimously.

**Required Approvals:** Action Requested

- Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the Medical Staff Credentials/ Appointments/ Reappointments. Commissioner McComas seconded.

**Action:** Motion passed unanimously.

**Financial Report:**

Tyler Freeman, CFO, presented a finance update.  
Discussion ensued.

**Administrative Report**

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

**Board Business:**

- Board of Health Report

Commissioner Kolff shared some topics that would be discussed at the Board of Health meeting on April 21, 2022. Those topics included: reorganization of the Board of Health, possible action on draft bi-laws, and in-person/hybrid meetings. He also noted that National Public Health Week is coming up. Dr. Allison Barry is one of the nominated public health heroes.

- Discussion around in-person meetings

Discussion ensued

- Leadership Summit in Walla Walla in May

Discussion ensued

**Meeting Evaluation:**

Commissioners evaluated the meeting.

**Conclude:**

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

**Action:** Motion passed unanimously.

The meeting concluded at 5:48 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra \_\_\_\_\_

Secretary of Commission: Marie Dressler \_\_\_\_\_

DRAFT

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: MARCH 2022 WARRANT SUMMARY

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

General Fund Warrants & ACH Transfers	<b>\$23,437,397.72</b>	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	<b>\$794,303.50</b>	(Attached)
Canceled Warrants	<b>\$85.83</b>	(Attached)

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: MARCH 2022 GENERAL FUND WARRANTS & ACH  
FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

288312	289156	\$6,090,384.86
ACH TRANSFERS		<u>\$17,347,012.86</u>
		<u>\$23,437,397.72</u>
YEAR-TO-DATE:		<u><u>\$60,010,916.83</u></u>

Warrants are available for review if requested.

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: MARCH 2022 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	MARCH	MARCH YTD	MARCH YTD BUDGET
Allowance for Uncollectible Accounts:	608,091.35	1,534,316.77	1,246,166.16
Charity Care:	80,597.49	358,796.51	614,081.43
Other Administrative Adjustments:	105,614.66	149,335.64	255,127.56
TOTAL FOR MONTH:	\$794,303.50	2,042,448.92	\$2,115,375.15



JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: MARCH 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
3/11/2021	272605	\$ 2.00
3/18/2021	272724	\$ 82.70
3/18/2021	272770	\$ 1.13
TOTAL:		<u>\$ 85.83</u>

STATISTIC DESCRIPTION

STATISTIC DESCRIPTION	MARCH 2022						MARCH 2021			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	567	625.21	9%	571	625.21	9%	611.78	7%	599.73	5%
FTEs - PRODUCTIVE (AVG)	537	559.80	4%	519	559.80	7%	551.08	3%	536.57	3%
ADJUSTED PATIENT DAYS	2,884	2,810	3%	8,106	8,157	-1%	1,793.43	61%	5,665.23	43%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	112	76	47%	330	219	51%	63	78%	193	42%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	289	277	4%	931	803	16%	255	13%	739	21%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	-	16	-100%	-	47	-100%	18	-100%	64	0%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	401	369	9%	1,261	1,069	18%	336	19%	996	21%
BIRTHS	6	8	-25%	26	24	8%	12	-50%	25	4%
SURGERY CASES (IN OR)	149	139	7%	355	403	-12%	147	1%	376	-6%
SURGERY MINUTES (IN OR)	18,335	17,236	6%	41,307	50,040	-17%	18,408	0%	45,750	-11%
SPECIAL PROCEDURE CASES	75	79	-5%	150	229	-34%	75	0%	196	-31%
LAB BILLABLE TESTS	21,974	22,262	-1%	65,204	64,632	1%	24,620	-11%	64,884	0%
BLOOD BANK UNITS MATCHED	31	-	0%	80	-	0%	-	0%	-	100%
MRIs COMPLETED	213	218	-2%	572	632	-9%	192	11%	585	-2%
CT SCANS COMPLETED	607	564	8%	1,767	1,638	8%	521	17%	1,524	14%
RADIOLOGY DIAGNOSTIC TESTS	1,713	1,599	7%	4,537	4,643	-2%	1,584	8%	4,302	5%
ECHOs COMPLETED	220	178	24%	580	517	12%	194	13%	483	17%
ULTRASOUNDS COMPLETED	355	353	1%	1,011	1,024	-1%	346	3%	1,024	-1%
MAMMOGRAPHYS COMPLETED	284	283	0%	835	821	2%	250	14%	729	13%
NUCLEAR MEDICINE TESTS	53	53	0%	113	153	-26%	57	-7%	153	-35%
TOTAL DIAGNOSTIC IMAGING TESTS	3,445	3,248	6%	9,415	9,428	0%	3,144	10%	8,800	7%
PHARMACY MEDS DISPENSED	21,156	21,265	-1%	59,719	61,736	-3%	19,136	11%	55,401	7%
ANTI COAG VISITS	439	408	8%	1,204	1,184	2%	424	4%	1,169	3%
RESPIRATORY THERAPY PROCEDURES	3,381	2,995	13%	10,596	8,696	22%	2,493	36%	7,337	31%
PULMONARY REHAB RVUs	-	126	-100%	2	366	-99%	158	-100%	166	-8200%
PHYSICAL THERAPY RVUs	8,327	8,272	1%	20,406	24,015	-15%	8,147	2%	22,225	-9%
OCCUPATIONAL THERAPY RVUs	1,428	1,098	30%	3,722	3,188	17%	1,025	39%	3,278	12%
SPEECH THERAPY RVUs	160	295	-46%	692	857	-19%	290	-45%	763	-10%
REHAB/PT/OT/ST RVUs	9,915	9,791	1%	24,822	28,426	-13%	9,620	3%	26,432	-6%
ER CENSUS	976	986	-1%	2,796	2,862	-2%	890	10%	2,526	10%
EXPRESS CLINIC	851	764	11%	2,291	2,219	3%	557	53%	1,503	34%
SOCO PATIENT VISITS	82	137	-40%	256	397	-36%	151	-46%	408	-59%
PORT LUDLOW PATIENT VISITS	670	684	-2%	1,970	1,985	-1%	707	-5%	1,939	2%
SHERIDAN PATIENT VISITS	2,634	2,785	-5%	7,275	8,085	-10%	2,967	-11%	7,906	-9%
DENTAL CLINIC	466	430	8%	1,244	1,249	0%	401	16%	978	21%
WATERSHIP CLINIC PATIENT VISITS	1,117	1,138	-2%	2,925	3,305	-11%	1,192	-6%	3,136	-7%
TOWNSEND PATIENT VISITS	622	582	7%	1,589	1,689	-6%	681	-9%	1,711	-8%
TOTAL RURAL HEALTH CLINIC VISITS	6,442	6,520	-1%	17,550	18,929	-7%	6,656	-3%	17,581	0%
CARDIOLOGY CLINIC VISITS	579	449	29%	1,466	1,304	12%	571	1%	1,451	1%
DERMATOLOGY CLINIC VISITS	831	749	11%	2,151	2,176	-1%	544	53%	1,577	27%
GEN SURG PATIENT VISITS	354	351	1%	887	1,019	-13%	340	4%	963	-9%
ONCOLOGY VISITS	595	592	1%	1,627	1,718	-5%	551	8%	1,667	-2%
ORTHO PATIENT VISITS	900	858	5%	2,277	2,490	-9%	758	19%	2,078	9%
SLEEP CLINIC VISITS	187	85	120%	475	246	93%	92	103%	233	51%
UROLOGY VISITS	197	190	4%	513	552	-7%	225	-12%	576	-12%
WOMENS CLINIC VISITS	275	340	-19%	669	988	-32%	332	-17%	918	-37%
WOUND CLINIC VISITS	231	308	-25%	657	894	-27%	269	-14%	726	-11%
TOTAL SPECIALTY CLINIC VISITS	4,149	3,922	6%	10,722	11,387	-6%	3,682	13%	10,189	5%
SLEEP CENTER SLEEP STUDIES	63	43	47%	158	124	27%	33	91%	73	54%
INFUSION CENTER VISITS	970	846	15%	2,434	2,456	-1%	791	23%	2,270	7%
SURGERY CENTER ENDOSCOPIES	79	84	-6%	209	243	-14%	87	-9%	223	-7%
HOME HEALTH EPISODES	55	52	6%	145	151	-4%	56	-2%	148	-2%
HOSPICE CENSUS/DAYS	600	1,081	-44%	2,372	3,139	-24%	1,436	-58%	3,897	-64%
CARDIAC REHAB SESSIONS	-	62	-100%	-	180	-100%	76	-100%	78	0%
DIETARY MEALS SERVED	9,812	7,413	32%	27,523	21,523	28%	7,406	32%	20,762	25%
MAT MGMT TOTAL ORDERS PROCESSED	1,703	1,778	-4%	4,809	5,163	-7%	1,994	-15%	5,564	-16%
EXERCISE FOR HEALTH PARTICIPANTS	-	-	0%	-	-	0%	-	0%	-	0%



**Gross Revenue**  
Inpatient Revenue  
Outpatient Revenue

**Total Gross Revenue**

**Revenue Adjustments**

Cost Adjustment Medicaid  
Cost Adjustment Medicare  
Charity Care  
Contractual Allowances Other  
Administrative Adjustments  
Allowance for Uncollectible Accounts

**Total Revenue Adjustments**

**Net Patient Service Revenue**

**Other Revenue**

340B Revenue  
Other Operating Revenue

**Total Operating Revenues**

**Operating Expenses**

Salaries And Wages  
Employee Benefits  
Professional Fees  
Purchased Services  
Supplies  
Insurance  
Leases And Rentals  
Depreciation And Amortization  
Repairs And Maintenance  
Utilities  
Licenses And Taxes  
Other

**Total Operating Expenses**  
**Operating Income (Loss)**

**Non Operating Revenues (Expenses)**

Taxation For Maint Operations  
Taxation For Debt Service  
Investment Income  
Interest Expense  
Bond Issuance Costs  
Gain or (Loss) on Disposed Asset  
Contributions

**Total Non Operating Revenues (Ex**

**Change in Net Position (Loss)**

	March 2022 Actual	March 2022 Budget	Variance Favorable/ (Unfavorable)	%	March 2022 YTD	March 2022 Budget YTD	Variance Favorable/ (Unfavorable)	%	March 2021 YTD
Gross Revenue									
Inpatient Revenue	3,963,892	3,363,906	599,986	18%	11,581,344	9,766,178	1,815,166	19%	9,116,243
Outpatient Revenue	25,155,289	24,238,107	917,183	4%	64,461,753	70,368,697	(5,906,944)	-8%	61,799,437
<b>Total Gross Revenue</b>	<b>29,119,181</b>	<b>27,602,012</b>	<b>1,517,168</b>	<b>5%</b>	<b>76,043,097</b>	<b>80,134,875</b>	<b>(4,091,778)</b>	<b>-5%</b>	<b>70,915,680</b>
<b>Revenue Adjustments</b>									
Cost Adjustment Medicaid	2,243,912	2,286,382	42,470	2%	5,997,535	6,637,883	640,348	10%	5,867,213
Cost Adjustment Medicare	10,831,216	9,433,256	(1,397,960)	-15%	25,540,620	27,386,872	1,846,252	7%	24,146,915
Charity Care	80,597	211,517	130,919	62%	358,797	614,081	255,285	42%	974,616
Contractual Allowances Other	2,235,998	2,634,243	398,245	15%	6,275,516	7,647,801	1,372,285	18%	7,186,076
Administrative Adjustments	105,615	87,877	(17,737)	-20%	149,336	255,128	105,792	41%	175,604
Allowance for Uncollectible Accounts	608,091	429,235	(178,856)	-42%	1,534,317	1,246,166	(288,151)	-23%	230,264
<b>Total Revenue Adjustments</b>	<b>16,105,430</b>	<b>15,082,510</b>	<b>(1,022,921)</b>	<b>-7%</b>	<b>39,856,120</b>	<b>43,787,931</b>	<b>3,931,811</b>	<b>9%</b>	<b>38,580,687</b>
<b>Net Patient Service Revenue</b>	<b>13,013,751</b>	<b>12,519,503</b>	<b>494,248</b>	<b>4%</b>	<b>36,186,977</b>	<b>36,346,944</b>	<b>(159,966)</b>	<b>0%</b>	<b>32,334,993</b>
<b>Other Revenue</b>									
340B Revenue	372,615	379,344	(6,729)	-2%	1,132,791	1,101,321	31,470	3%	801,086
Other Operating Revenue	406,493	178,584	227,909	128%	1,393,104	518,470	874,634	169%	577,248
<b>Total Operating Revenues</b>	<b>13,792,859</b>	<b>13,077,431</b>	<b>715,428</b>	<b>5%</b>	<b>38,712,872</b>	<b>37,966,734</b>	<b>746,138</b>	<b>2%</b>	<b>33,713,327</b>
<b>Operating Expenses</b>									
Salaries And Wages	6,414,048	6,567,149	153,101	2%	18,905,119	19,065,916	160,797	1%	17,330,934
Employee Benefits	1,668,779	1,526,621	(142,158)	-9%	4,587,159	4,432,125	(155,034)	-3%	4,237,781
Professional Fees	242,933	169,436	(73,497)	-43%	934,826	491,910	(442,916)	-90%	439,433
Purchased Services	711,899	754,826	42,927	6%	2,333,644	2,191,431	(142,213)	-6%	2,308,246
Supplies	2,991,514	2,517,722	(473,792)	-19%	7,566,469	7,309,516	(256,953)	-4%	6,929,065
Insurance	69,744	124,891	55,147	44%	210,255	362,588	152,333	42%	271,562
Leases And Rentals	60,659	50,281	(10,379)	-21%	220,213	145,976	(74,237)	-51%	62,639
Depreciation And Amortization	429,243	529,216	99,973	19%	1,285,978	1,536,433	250,454	16%	1,478,553
Repairs And Maintenance	45,069	96,322	51,253	53%	150,640	279,646	129,006	46%	188,717
Utilities	127,928	86,697	(41,232)	-48%	403,976	251,700	(152,276)	-60%	320,956
Licenses And Taxes	79,680	78,098	(1,582)	-2%	179,291	226,736	47,446	21%	236,011
Other	155,346	241,265	85,919	36%	538,618	700,447	161,829	23%	338,223
<b>Total Operating Expenses</b>	<b>12,996,842</b>	<b>12,742,524</b>	<b>(254,319)</b>	<b>-2%</b>	<b>37,316,187</b>	<b>36,994,423</b>	<b>(321,764)</b>	<b>-1%</b>	<b>34,142,119</b>
<b>Operating Income (Loss)</b>	<b>796,016</b>	<b>334,907</b>	<b>461,109</b>	<b>138%</b>	<b>1,396,685</b>	<b>972,311</b>	<b>424,374</b>	<b>44%</b>	<b>(428,792)</b>
<b>Non Operating Revenues (Expenses)</b>									
Taxation For Maint Operations	24,016	24,732	(716)	-3%	72,048	71,803	245	0%	69,303
Taxation For Debt Service	18,715	18,668	47	0%	69,660	54,197	15,463	29%	85,037
Investment Income	73,722	28,197	45,524	161%	84,638	81,863	2,775	3%	16,090
Interest Expense	(79,588)	(77,074)	(2,513)	-3%	(240,306)	(223,764)	(16,542)	-7%	(257,366)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	-	8,775	(8,775)	-100%	3,968	25,476	(21,507)	-84%	17,405
<b>Total Non Operating Revenues (Ex</b>	<b>36,864</b>	<b>3,298</b>	<b>33,566</b>	<b>-1018%</b>	<b>(9,992)</b>	<b>9,575</b>	<b>(19,567)</b>	<b>204%</b>	<b>(69,531)</b>
<b>Change in Net Position (Loss)</b>	<b>832,881</b>	<b>338,205</b>	<b>494,676</b>	<b>146%</b>	<b>1,386,693</b>	<b>981,886</b>	<b>404,807</b>	<b>41%</b>	<b>(498,323)</b>

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: APRIL 2022 WARRANT SUMMARY

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

General Fund Warrants & ACH Transfers	<b>\$14,063,474.23</b>	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	<b>(\$647,706.74)</b>	(Attached)
Canceled Warrants	<b>\$1,464.04</b>	(Attached)

**JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: APRIL 2022 GENERAL FUND WARRANTS & ACH  
FUND TRANSFERS**

**Submitted for your approval are the following warrants:**

**GENERAL FUND:**

<b>289157</b>	<b>289732</b>	<b>\$3,220,585.16</b>
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<b>ACH TRANSFERS</b>	<b>\$10,842,889.07</b>
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	<b>\$14,063,474.23</b>
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<b>YEAR-TO-DATE:</b>	<b>\$74,074,391.06</b>
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Warrants are available for review if requested.

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: APRIL 2022 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	APRIL	APRIL YTD	APRIL YTD BUDGET
Allowance for Uncollectible Accounts:	(782,572.55)	751,744.22	1,246,166.16
Charity Care:	117,272.66	476,069.17	614,081.43
Other Administrative Adjustments:	17,593.15	166,928.79	255,127.56
TOTAL FOR MONTH:	(\$647,706.74)	1,394,742.18	\$2,115,375.15

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: APRIL 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
4/1/2021	273159	\$ 50.00
4/8/2021	273308	\$ 30.00
4/15/2021	273382	\$ 241.00
4/15/2021	273503	\$ 488.34
4/15/2021	273514	\$ 35.00
4/15/2021	273521	\$ 38.28
4/15/2021	273534	\$ 97.50
4/22/2021	273594	\$ 400.00
4/29/2021	273772	\$ 3.92
4/29/2021	273786	\$80.00
TOTAL:		<u>\$ 1,464.04</u>

STATISTIC DESCRIPTION

	APRIL 2022						APRIL 2021			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	568.48	625.21	9%	570.37	625.21	9%	590.99	4%	597.79	5%
FTEs - PRODUCTIVE (AVG)	516.25	559.80	8%	518.22	559.80	7%	518.48	0%	532.55	3%
ADJUSTED PATIENT DAYS	3,101	2,719	14%	16,429	10,876	51%	1,238	151%	6,903	138%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	91	73	25%	421	293	44%	68	34%	261	38%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	257	268	-4%	1,188	1,071	11%	256	0%	995	16%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	3	16	-81%	3	62	-95%	14	-79%	78	-2500%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	351	357	-2%	1,612	1,426	13%	338	4%	1,334	17%
BIRTHS	8	8	0%	34	32	6%	1	700%	26	24%
SURGERY CASES (IN OR)	125	134	-7%	480	537	-11%	143	-13%	519	-8%
SURGERY MINUTES (IN OR)	16,089	16,680	-4%	57,396	66,719	-14%	17,353	-7%	63,103	-10%
SPECIAL PROCEDURE CASES	79	76	4%	229	305	-25%	68	16%	264	-15%
LAB BILLABLE TESTS	18,568	21,544	-14%	83,772	86,176	-3%	21,799	-15%	86,683	-3%
BLOOD BANK UNITS MATCHED	24	-	0%	104	-	0%	-	0%	-	100%
MRIs COMPLETED	168	211	-20%	740	843	-12%	218	-23%	803	-9%
CT SCANS COMPLETED	498	546	-9%	2,265	2,183	4%	571	-13%	2,095	8%
RADIOLOGY DIAGNOSTIC TESTS	1,517	1,548	-2%	6,054	6,191	-2%	1,510	0%	5,812	4%
ECHOs COMPLETED	177	172	3%	757	690	10%	194	-9%	677	11%
ULTRASOUNDS COMPLETED	319	341	-6%	1,330	1,365	-3%	338	-6%	1,362	-2%
MAMMOGRAPHYS COMPLETED	172	274	-37%	1,007	1,095	-8%	278	-38%	1,007	0%
NUCLEAR MEDICINE TESTS	50	51	-2%	163	204	-20%	53	-6%	206	-26%
TOTAL DIAGNOSTIC IMAGING TESTS	2,901	3,143	-8%	12,316	12,571	-2%	3,162	-8%	11,962	3%
PHARMACY MEDS DISPENSED	17,891	20,579	-13%	77,610	82,315	-6%	19,158	-7%	74,559	4%
ANTI COAG VISITS	418	395	6%	1,622	1,579	3%	432	-3%	1,601	1%
RESPIRATORY THERAPY PROCEDURES	2,449	2,899	-16%	13,045	11,595	13%	2,846	-14%	10,183	22%
PULMONARY REHAB RVUs	15	122	-88%	17	489	-97%	172	-91%	338	-1888%
PHYSICAL THERAPY RVUs	6,752	8,005	-16%	27,277	32,021	-15%	7,639	-12%	29,864	-9%
OCCUPATIONAL THERAPY RVUs	1,272	1,063	20%	5,031	4,251	18%	1,243	2%	4,521	10%
SPEECH THERAPY RVUs	115	286	-60%	807	1,143	-29%	298	-61%	1,061	-31%
REHAB/PT/OT/ST RVUs	8,154	9,476	-14%	33,132	37,904	-13%	9,352	-13%	35,784	-8%
ER CENSUS	953	954	0%	3,749	3,817	-2%	881	8%	3,407	9%
EXPRESS CLINIC	877	740	19%	3,168	2,959	7%	548	60%	2,051	35%
SOCO PATIENT VISITS	105	132	-20%	361	530	-32%	135	-22%	543	-50%
PORT LUDLOW PATIENT VISITS	700	662	6%	2,670	2,647	1%	629	11%	2,568	4%
SHERIDAN PATIENT VISITS	2,449	2,695	-9%	9,724	10,781	-10%	2,658	-8%	10,564	-9%
DENTAL CLINIC	381	416	-8%	1,625	1,666	-2%	424	-10%	1,402	14%
WATERSHIP CLINIC PATIENT VISITS	927	1,102	-16%	3,852	4,406	-13%	1,127	-18%	4,263	-11%
TOWNSEND PATIENT VISITS	523	563	-7%	2,112	2,252	-6%	539	-3%	2,250	-7%
TOTAL RURAL HEALTH CLINIC VISITS	5,962	6,310	-6%	23,512	25,241	-7%	6,060	-2%	23,641	-1%
CARDIOLOGY CLINIC VISITS	485	435	11%	1,951	1,739	12%	448	8%	1,899	3%
DERMATOLOGY CLINIC VISITS	605	725	-17%	2,756	2,901	-5%	565	7%	2,142	22%
GEN SURG PATIENT VISITS	281	340	-17%	1,168	1,358	-14%	344	-18%	1,307	-12%
ONCOLOGY VISITS	565	573	-1%	2,192	2,290	-4%	575	-2%	2,242	-2%
ORTHO PATIENT VISITS	700	830	-16%	2,977	3,320	-10%	652	7%	2,730	8%
SLEEP CLINIC VISITS	133	82	62%	608	328	85%	70	90%	303	50%
UROLOGY VISITS	103	184	-44%	616	736	-16%	153	-33%	729	-18%
WOMENS CLINIC VISITS	259	329	-21%	928	1,318	-30%	318	-19%	1,236	-33%
WOUND CLINIC VISITS	215	298	-28%	872	1,192	-27%	269	-20%	995	-14%
TOTAL SPECIALTY CLINIC VISITS	3,346	3,796	-12%	14,068	15,182	-7%	3,394	-1%	13,583	3%
SLEEP CENTER SLEEP STUDIES	52	41	27%	210	165	27%	35	49%	108	49%
INFUSION CENTER VISITS	797	819	-3%	3,231	3,275	-1%	819	-3%	3,089	4%
SURGERY CENTER ENDOSCOPIES	68	81	-16%	277	324	-15%	83	-18%	306	-10%
HOME HEALTH EPISODES	50	50	0%	195	201	-3%	62	-19%	210	-8%
HOSPICE CENSUS/DAYS	823	1,046	-21%	3,195	4,185	-24%	1,030	-20%	4,927	-54%
CARDIAC REHAB SESSIONS	-	60	-100%	-	240	-100%	124	-100%	202	0%
DIETARY MEALS SERVED	8,614	7,174	20%	36,136	28,697	26%	6,944	24%	27,706	23%
MAT MGMT TOTAL ORDERS PROCESSED	1,404	1,721	-18%	6,213	6,884	-10%	1,832	-23%	7,396	-19%
EXERCISE FOR HEALTH PARTICIPANTS	-	-	0%	-	-	0%	-	0%	-	0%



**Gross Revenue**

Inpatient Revenue

Outpatient Revenue

**Total Gross Revenue**

**Revenue Adjustments**

Cost Adjustment Medicaid

Cost Adjustment Medicare

Charity Care

Contractual Allowances Other

Administrative Adjustments

Allowance for Uncollectible Accounts

**Total Revenue Adjustments**

**Net Patient Service Revenue**

**Other Revenue**

340B Revenue

Other Operating Revenue

**Total Operating Revenues**

**Operating Expenses**

Salaries And Wages

Employee Benefits

Professional Fees

Purchased Services

Supplies

Insurance

Leases And Rentals

Depreciation And Amortization

Repairs And Maintenance

Utilities

Licenses And Taxes

Other

**Total Operating Expenses**

**Operating Income (Loss)**

**Non Operating Revenues (Expenses)**

Taxation For Maint Operations

Taxation For Debt Service

Investment Income

Interest Expense

Bond Issuance Costs

Gain or (Loss) on Disposed Asset

Contributions

**Total Non Operating Revenues (Expenses)**

**Change in Net Position (Loss)**

	April 2022 Actual	April 2022 Budget	Variance Favorable/ (Unfavorable)	%	April 2022 YTD	April 2022 Budget YTD	Variance Favorable/ (Unfavorable)	%	April 2021 YTD
Gross Revenue									
Inpatient Revenue	2,953,279	3,255,393	(302,114)	-9%	14,534,622	13,021,571	1,513,052	12%	11,858,798
Outpatient Revenue	22,284,495	23,456,232	(1,171,738)	-5%	86,746,248	93,824,929	(7,078,681)	-8%	83,981,854
<b>Total Gross Revenue</b>	<b>25,237,773</b>	<b>26,711,625</b>	<b>(1,473,852)</b>	<b>-6%</b>	<b>101,280,870</b>	<b>106,846,500</b>	<b>(5,565,630)</b>	<b>-5%</b>	<b>95,840,651</b>
<b>Revenue Adjustments</b>									
Cost Adjustment Medicaid	2,797,910	2,212,628	(585,282)	-26%	8,795,445	8,850,511	55,066	1%	7,599,322
Cost Adjustment Medicare	8,843,509	9,128,957	285,449	3%	34,384,129	36,515,829	2,131,701	6%	32,868,585
Charity Care	117,273	204,694	87,421	43%	476,069	818,775	342,706	42%	1,227,535
Contractual Allowances Other	3,226,826	2,549,267	(677,559)	-27%	9,502,342	10,197,068	694,726	7%	9,810,504
Administrative Adjustments	17,593	85,043	67,449	79%	166,929	340,170	173,241	51%	191,437
Allowance for Uncollectible Accounts	(782,573)	415,389	1,197,961	288%	751,744	1,661,555	909,811	55%	381,315
<b>Total Revenue Adjustments</b>	<b>14,220,538</b>	<b>14,595,977</b>	<b>375,439</b>	<b>3%</b>	<b>54,076,658</b>	<b>58,383,908</b>	<b>4,307,250</b>	<b>7%</b>	<b>52,078,699</b>
<b>Net Patient Service Revenue</b>	<b>11,017,235</b>	<b>12,115,648</b>	<b>(1,098,413)</b>	<b>-9%</b>	<b>47,204,213</b>	<b>48,462,592</b>	<b>(1,258,379)</b>	<b>-3%</b>	<b>43,761,953</b>
<b>Other Revenue</b>									
340B Revenue	352,288	367,107	(14,819)	-4%	1,485,079	1,468,428	16,651	1%	1,153,160
Other Operating Revenue	446,697	172,823	273,873	158%	1,839,800	691,293	1,148,507	166%	833,275
<b>Total Operating Revenues</b>	<b>11,816,220</b>	<b>12,655,578</b>	<b>(839,358)</b>	<b>-7%</b>	<b>50,529,092</b>	<b>50,622,312</b>	<b>(93,221)</b>	<b>0%</b>	<b>45,748,389</b>
<b>Operating Expenses</b>									
Salaries And Wages	6,082,199	6,355,305	273,106	4%	24,987,318	25,421,221	433,903	2%	23,276,968
Employee Benefits	1,470,235	1,477,375	7,140	0%	6,057,394	5,909,500	(147,894)	-3%	5,745,527
Professional Fees	328,795	163,970	(164,825)	-101%	1,263,621	655,880	(607,741)	-93%	613,588
Purchased Services	777,936	730,477	(47,460)	-6%	3,111,581	2,921,908	(189,673)	-6%	2,797,417
Supplies	2,609,939	2,436,505	(173,433)	-7%	10,176,407	9,746,021	(430,386)	-4%	8,767,259
Insurance	70,085	120,863	50,778	42%	280,340	483,451	203,111	42%	362,052
Leases And Rentals	62,407	48,659	(13,748)	-28%	282,620	194,634	(87,986)	-45%	96,332
Depreciation And Amortization	429,242	512,144	82,902	16%	1,715,221	2,048,577	333,356	16%	1,968,448
Repairs And Maintenance	50,213	93,215	43,002	46%	200,853	372,861	172,008	46%	240,692
Utilities	134,659	83,900	(50,759)	-60%	538,634	335,600	(203,034)	-60%	439,039
Licenses And Taxes	89,861	75,579	(14,282)	-19%	269,152	302,315	33,164	11%	321,751
Other	218,828	233,482	14,655	6%	757,446	933,929	176,483	19%	589,939
<b>Total Operating Expenses</b>	<b>12,324,399</b>	<b>12,331,474</b>	<b>7,076</b>	<b>0%</b>	<b>49,640,586</b>	<b>49,325,898</b>	<b>(314,688)</b>	<b>-1%</b>	<b>45,219,011</b>
<b>Operating Income (Loss)</b>	<b>(508,179)</b>	<b>324,104</b>	<b>(832,283)</b>	<b>-257%</b>	<b>888,506</b>	<b>1,296,414</b>	<b>(407,908)</b>	<b>-31%</b>	<b>529,378</b>
<b>Non Operating Revenues (Expenses)</b>									
Taxation For Maint Operations	24,016	23,934	82	0%	96,063	95,737	326	0%	92,404
Taxation For Debt Service	18,715	18,066	649	4%	88,375	72,263	16,112	22%	182,437
Investment Income	184,214	27,288	156,927	575%	268,852	109,151	159,702	146%	20,110
Interest Expense	(118,028)	(74,588)	(43,441)	-58%	(358,334)	(298,352)	(59,983)	-20%	(351,288)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	5,117	8,492	(3,375)	-40%	9,085	33,968	(24,883)	-73%	20,936
<b>Total Non Operating Revenues (Expenses)</b>	<b>114,033</b>	<b>3,192</b>	<b>110,841</b>	<b>-3473%</b>	<b>104,041</b>	<b>12,767</b>	<b>91,274</b>	<b>-715%</b>	<b>(35,402)</b>
<b>Change in Net Position (Loss)</b>	<b>(394,146)</b>	<b>327,295</b>	<b>(721,441)</b>	<b>-220%</b>	<b>992,547</b>	<b>1,309,181</b>	<b>(316,634)</b>	<b>-24%</b>	<b>493,976</b>

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2022-05

A RESOLUTION CANCELING CERTAIN WARRANTS IN  
THE AMOUNT OF \$85.83

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 \$85.83 be canceled.

Date of Issue	Warrant #	Amount
3/11/2021	272605	\$2.00
3/18/2021	272724	\$82.70
3/18/2021	272770	\$1.13
<b>Total</b>		<b>\$85.83</b>

APPROVED this 25<sup>th</sup> day of May 2022.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: \_\_\_\_\_

Commission Secretary Marie Dressler: \_\_\_\_\_

Attest:

Commissioner Matt Ready: \_\_\_\_\_

Commissioner Kees Kolff: \_\_\_\_\_

Commissioner Bruce McComas: \_\_\_\_\_

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2022-06

A RESOLUTION CANCELING CERTAIN WARRANTS IN  
THE AMOUNT OF \$1,464.04

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 \$1,464.04 be canceled.

Date of Issue	Warrant #	Amount
4/1/2021	273159	\$50.00
4/8/21021	273308	\$30.00
4/15/2021	273382	\$241.00
4/15/2021	273503	\$488.34
4/15/2021	273514	\$35.00
4/15/2021	273521	\$38.28
4/15/2021	273534	\$97.50
4/22/2021	273594	\$400.00
4/29/2021	273772	\$3.92
4/29/2021	273786	\$80.00
<b>Total</b>		<b>\$1,464.04</b>

APPROVED this 25<sup>th</sup> day of May 2022.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: \_\_\_\_\_

Commission Secretary Marie Dressler: \_\_\_\_\_

Attest:

Commissioner Matt Ready: \_\_\_\_\_

Commissioner Kees Kolff: \_\_\_\_\_

Commissioner Bruce McComas: \_\_\_\_\_

**FROM: Medical Staff Services**  
**RE: 05/17/2022 Medical Executive Committee appointments/reappointments for Board approval 05/25/2022**

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. Todd Cowdery, MD- Sheridan Clinic Locum
2. Carson Van Sanford, MD – Providence

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

1. Dimitri Kuznetsov, MD - Urology

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

1. James Bell, MD – Radia
2. Paul Craig, MD – Radia
3. Shari Jackson, MD – Radia
4. Sergey Akopov, MD – Radia
5. Hanbing Wang, MD – Radia
6. Kelly Lloyd, MD – NW Pathology
7. Galen Cortina, MD - NW Pathology

**Recommended re-appointment to the allied health staff with privileges as requested:**

1. Mary Allen, ARNP – Wound Clinic
2. Heide Chaney, ARNP – Cardiology
3. Sara Katz, PA – Sheridan Clinic
4. Leah Layman, ARNP – Dermatology
5. Colum Tinley, CRNA – Surgery

**Recommended Temporary Privileges:**

1. N/A

**Recommended POCUS Privileges:**

1. N/A

**Medical Student Rotation:**

1. Charles McElroy- UW Medical Student

**Disaster Privileging**

1. N/A

**FROM: Medical Staff Services**

**RE: 05/17/2022 Medical Executive Committee appointments/reappointments for Board approval 05/25/2022**

C-0241

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**90-day provisional performance review completed successfully:**

1. N/A

**Resignations:**

1. Holly Peng, MD – Locum

**FROM: Medical Staff Services**  
**RE: 05/17/2022 Medical Executive Committee appointments/reappointments for Board approval 05/25/2022**

C-0241

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### **Summary of Changes for Policy and Privilege Review**

#### **Policies**

1. Retail Ancillary Personnel Utilization Plan
  - I. No changes
2. Pharmacy Environmental Quality and Control
  - I. No changes
3. COVID 19 Vaccine- Purchasing, Storage, Monitoring and Distribution
  - I. No changes
4. Specialty Pharmacy Policy and Procedure
  - I. No changes
5. Non Sterile Medication Preparation
  - I. No changes

#### **Privileges**

1. N/A



Origination 01/2019  
Last Approved 04/2021  
Last Revised 01/2019  
Next Review 04/2022

Owner Lanny Turay  
Policy Area Medication Management Policies

## Retail Ancillary Personnel Utilization Plan

### Ancillary Personnel Utilization Plan for Jefferson Healthcare Retail Pharmacy

Pharmacy technicians employed at Jefferson Healthcare will have graduated from a Washington State-approved technician certificate program. The pharmacy technician will be supervised by a pharmacist.

#### The pharmacy technician:

- Places, receives, unpacks, and stores drug orders.
- Files and retrieves various pharmacy records as required.
- Files completed prescriptions alphabetically on the shelf for patient pickup.
- Maintains assigned work areas and equipment in clean and orderly condition.
- Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
- Handles non-clinical phone calls to/from:
  - 1. Patients requesting refill of a prescription by number.
  - 2. Calls to providers's office requesting refill authorization:
    - a. Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.
    - b. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
  - 3. Calls from providers's office authorizing refills providing no changes in the prescription are involved.
  - 4. Calls concerning price information.
  - 5. Calls regarding business hours or delivery services.
  - 6. Calls regarding the availability of goods and services- these might require transferring the

call to another person.

- 7. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
- 8. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
- Operates cash register and related front counter tasks.
- Counts and pours from stock bottles for individual prescriptions This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
- Reconstitutes restoration of original form of medications previously altered for preservation and storage by addition of a specific quantity of distilled water or provided diluent requiring no calculation. In 100% of the cases, the accuracy of the technician is checked and the work initiated by a licensed pharmacist.
- Enters prescription data into the computer and monitors label printing.
- Transcribes orders-accuracy checked and initialed by licensed pharmacist.
- Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist.
- Calls to and/or from provider's office dealing with profile information where no interpretation is necessary, i.e., quantity, date last filled, price, etc.
- Performs tasks under pharmacist's supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling.
- Maintains / files DEA 222 forms and perpetual Controlled Drug inventory
- Other duties within the scope of licensure.

## Pharmacy Assistant Utilization Plan:

- Answers and triages phone calls
- Checks in wholesaler order
- Puts away stock from wholesaler orders
- Files and retrieves pharmacy information
- Delivers medications to the non-Omniceil units
- Packages unit dose medications
- Checks for outdated items
- Duties within the scope of practice

Conditionally approved of Pharmacy Quality Commission August 2018

## REFERENCED DOCUMENTS:

Reference Type	Title	Notes
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## Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Allison Crispen: Director of Medical Staff Programs	04/2021
Pharmacy and Therapeutics	Lanny Turay: Pharmacy Director	02/2021
	Lanny Turay: Pharmacy Director	02/2021

COPY



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Last Approved N/A  
Last Revised 05/2022  
Next Review 1 year after approval

Owner Lanny Turay  
Policy Area Medication Management Policies

## PHARMACY ENVIRONMENTAL QUALITY AND CONTROL

### POLICY:

Assure proper environmental conditions in Sterile Compounding Areas to include PECs, SECs, room temperature/humidity, room pressures, bacterial count, hazardous contamination and regularly required maintenance and certification.

### SCOPE:

Sterile compounding facilities must be maintained properly to minimize the risk of contamination of CSPs including air and surface contamination. These policies and procedures will be determined by the scope and risk levels of the aseptic compounding activities utilized during the preparation of the CSPs.

### DEFINITIONS:

CFUs Colony forming units are a unit of measurement used to count bacterial cells

PEC Primary Engineering Control, hood

SEC Secondary Engineering Control, sterile compounding room

ISO [International Organization for Standardization](#), provides measurement requirements for sterile compounding and ante-rooms level of cleanliness, according to the quantity and size of particles/m<sup>3</sup>.

CSP compounded sterile products/preparations

ACHP air changes per hour

### RESPONSIBILITY:

A licensed vendor will certify air quality, surface contamination and air flow pressures in a dynamic setting according to the following schedule:

Certification procedures such as those outlined in the CETA Certification Guide for Sterile Compounding Facilities (CAG-003-2006) shall be used by Certification vendor. Certification indicates that the compounding area(s) meet design and air quality requirements.

- Results from equipment maintenance and calibration are kept for the lifetime of the equipment.
- PECs certified to operate ISO 5 or better - biannual
- Buffer rooms with HEPA filtered air certified to operate ISO 7 or better - biannual
- Ante-room with HEPA filtered air certified to operate ISO 7 or better - biannual
- Pre-filters will be checked and replaced if need - quarterly

## **FACILITY REQUIREMENTS**

- The ISO Class 5 BSC is placed in an ISO Class 7 area C-SEC, physically separated and optimally has not less than 0.01-inch water column negative pressure to adjacent positive pressure ISO Class 7 or better SEC.
- Minimum of 30 ACPH of HEPA-filtered supply air.
- Maintain a positive pressure of at least 0.02 inches of water column relative to all adjacent unclassified areas.
- Maintain an air quality of ISO Class 7 or better ISO Class 7 ante-room with fixed walls is necessary to provide inward air migration of equal cleanliness classified air into the negative pressure buffer room to contain any airborne HD.
- A hand-washing sink must be placed in the ante-room at least 1 meter from the entrance to the HD buffer room to avoid contamination migration into the negative pressure HD buffer room.
- A refrigerator pass-through must not be used.
- An ISO Class 7 buffer area and ante-area supplied with HEPA-filtered air shall receive an ACPH of not less than 30.
- A minimum differential positive pressure of 0.02- to 0.05- inch water column is used for rooms providing a physical separation through the use of walls, doors and pass-through.
- Adequate HEPA-filtered airflow is supplied to the buffer area and ante-area.
- A pressure gauge is installed to monitor the pressure differential or air-flow between the buffer area and the ante-area and between the ante-area and the general environment outside the compounding area; results are reviewed and documented in Pharmacy Stars daily.
- Only the furniture, equipment, supplies and other material required for the compounding activities are brought into the area and they are non-permeable, non-shedding, cleanable, and resistant to disinfectants; before such items are brought into the area, they are wiped with PREEMPT RTU wipes and Sterile 70% IIPA.
- Carts are stainless steel wire, nonporous plastic or sheet metal with cleanable casters.
- Storage shelving, counters and cabinets are smooth, impervious, free from cracks and crevices, non-shedding, cleanable and disinfect-able; their number, design and manner of installation promotes effective cleaning and disinfection.

A pharmacist or pharmacy technician will perform and document surface and air media testing for

bacteria monthly. Personnel must be properly trained in the proper operation of the air and surface sampling equipment to ensure accurate and reproducible sampling. All active air sampling devices must be serviced and calibrated as recommended by the manufacturer.

- **Viable Air Sampling**

Viable air sampling is conducted monthly using an air impaction sampling device by **pharmacy staff**. A minimum of 500L of air is sampled in each location. Plates are incubated at 30-35 °C for 2-3 days (typically bacterial growth occurs during this incubation) and then followed by 26-30 °C for 5-7 days (typically bacterial and fungal if present will occur during this incubation). CFU counts for each incubation temperature are additive: if 3 grow during 30-35 °C and then 2 grow at 26-30 °C, the total count is 3+2=5. Results are standardized to 1000L (1 m<sup>3</sup>) of air sampled. Therefore, if 500L of air is sampled, the total result would be 5\*2=10 CFUs for 1000L (1 m<sup>3</sup>) of air sampled.

Regardless of the number of cfu identified in each sample, microorganisms recovered must be identified at least by genus level by an appropriate credentialed laboratory.

All testing will occur under dynamic conditions. Personnel will continue to work in the room during testing, however, no batch compounding will occur, and only regular call-ups and stat medications will be prepared.

Skin flora are typically the most common type of organism identified when conducting viable air sampling. Skin particulate is shed when people move. More frequent and rapid movements produce more shedding. Causes of skin flora CFU can be from contamination of the media, or from excessive activity in the room during testing. To obtain the most accurate dynamic conditions, there should be no more than 2 people in the buffer room during testing. Personnel should not pass within 1 meter of the air sampler during testing.

Viable air sampling results are presented to Infection Control Committee annually.

Viable air sampling is performed in PECs and SECs with HEPA filtered air.

The following action levels apply for microbial CFU's identified:

Classification	Air Sample CFU's* (per m <sup>3</sup> of air per plate)
ISO Class 5 (hoods)	>1
ISO Class 7 (buffer rooms)	>10

Action Steps when CFU exceed action level:

- Initiate cleaning (DDAD) of location where CFUs exceed action level. See Cleaning and Monitoring Procedures for SECs and PECs
- Notify Infectious Control team of results (Laura Showers)

- Obtain Genus for CFUs identified.
  - If only skin flora retest to confirm that no concerning organisms are present.
  - If concerning organisms are present (e.g., Gram-negative rods, coagulase positive staphylococcus, molds and yeasts) consult Infectious Control to determine next steps.
- Assess facilities, air quality, cleaning, garb, historical data, and operations of the aseptic compounding location.

### Viable Surface Sampling

Viable surface sampling is conducted monthly in all ISO classified areas, ISO 5 PECs, ISO 7 SECs and ISO 7 Anteroom

Surfaces tested:

- ISO 5 PEC: Compounding deck for each hood
- ISO 7 buffer room: Sterile compounding room and ante-rooms

Action Levels for Microbial Contamination\* (Table 4 copied directly from USP 797).

Classification	Fingertip Sample	Surface Sample (Contact Plate) (cfu per plate)
ISO Class 5	> 3	> 3
ISO Class 7	N/A	> 5

Media are incubated at 30-35 °C for 48-72 hours. Any visible CFUs are sent to micro lab for genus. If samples exceed action levels, cleaning, disinfection and an evaluation of possible sources occurs. Retesting is conducted if samples exceed action levels.

### DAILY TEMPERATURES, HUMIDITY AND PRESSURES

- A pharmacy technician will document daily room temperatures, humidity and pressures in Pharmacy Stars.
- A pressure gauge or velocity meter is installed to monitor the pressure differential or air-flow between the buffer area and the ante-area and between the ante-area and the general environment outside the compounding area; results are reviewed and documented in a log at least every work shift (minimum daily) or by a continuous recording.
- The pressure between the ISO Class 7 and the general pharmacy area is not less than 5 Pa -0.02 inch water column.

- Temperature-sensitive mechanisms are placed to reflect true temperature in the controlled space and are not subject to significantly prolonged temperature fluctuations.
- The controlled temperature areas are monitored at least once daily and documented in Pharmacy Stars.

#### **Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs**

- Delivery and patient-care-setting personnel are properly trained to deliver the CSP to the appropriate storage location.
- Outdated and unused CSPs are appropriately disposed.
- Returned CSPs are only re-dispensed if sterility, acceptable purity, strength and quality can be assured.
- If re-dispensed CSPs are given the original BUD of the first dispensing.

#### **REFERENCES:**

USP General Chapter 797/800

ASHP Competence Assessment Tools for Health-System Pharmacies

ASHP Guide to Chapter 797

Compounding Sterile Preparations 2nd Edition

WAC 246-878

#### **Supporting Documents:**

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### **Attachments**

[Environmental Testing Table 1](#)

[Environmental Testing Table 2](#)

### **Approval Signatures**

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
Medical Executive Committee	Stacey White: Medical Staff Programs Coordinator	Pending

Pharmacy and Therapeutics

Lanny Turay: Pharmacy  
Director

04/2022

Lanny Turay: Pharmacy  
Director

04/2022

COPY



Origination 03/2021  
Last Approved 03/2021  
Last Revised 03/2021  
Next Review 03/2022

Owner Lanny Turay  
Policy Area Medication Management Policies

## COVID 19 VACCINE - PURCHASING, STORAGE, MONITORING AND DISTRIBUTION

### POLICY:

Pharmacy will be responsible for the purchasing, storage, monitoring and distribution of the Covid 19 vaccine within the Jefferson Healthcare system. The policy will be in accordance to CDC standards and recommendations.

### PURPOSE:

Assure proper procurement, storage and distribution of the Covid-19 vaccine.

### SCOPE:

Covid 19 vaccine within the Jefferson Healthcare system

### DEFINITIONS:

Primary vaccine coordinator- Pharmacist in charge of vaccine storage and handling

Secondary vaccine coordinator- Pharmacy staff as an alternate coordinator

TMD- Temperature monitoring device

DDL- Drug Data Logger

### PROCEDURE:

#### Procurement:

1. Pharmacy will order the vaccine through the Vaccine Tracking System (VTrcks) with the manufacturer or approved distributor the vaccine.
2. Pharmacy will receive the vaccine shipment through materials management. See Attachment #1



(Administration supplies will be included in order; or received separately)\_

3. Pharmacy will place the vaccine in the appropriate storage unit.
4. Administration supplies will be stored in the pharmacy.

**Storage:**

1. Pharmacy will store the Covid -19 vaccine in an approved storage unit per the manufacturer recommendations.
  - a. Pfizer vaccine – Ultra cold freezer. See attachment #2
  - b. Moderna vaccine- (TBD)
1. Pharmacy will document storage unit temperature on a daily basis- See attachment #3
2. Vaccine expiration dating will be done on a monthly basis.

**Monitoring:**

1. The storage units will have two temperature recording systems
  - a. Central monitoring system – Cetani. This system will include an automated notification process to alert the vaccine coordinator/ facilities of a temperature issue. The system will be calibrated annually with documentation
  - b. Individual DDL units- Centrax. The system will be calibrated every two years with documentation.
1. Process for temperature excursion event.,
  - a. Person who hears the alarm or notices a temperature excursion will notify the primary or alternate vaccine coordinator immediately; or report the problem to their supervisor..
  - b. Notify staff by labeling exposed vaccines "DO NOT USE"; placing them in a separate container apart from other vaccines (do not discard these vaccines)
  - c. The vaccine coordinator, supervisor, or if necessary, the person reporting the problem should begin to document the event with the following information:
    - i. Date and time of the temperature excursion
    - ii. Storage unit temperature
    - iii. Name of the person completing the report and description of the event:
      - General description of what happened
      - The length of time vaccine may have been affected, if using a DDL
      - Inventory of affected vaccines.
      - List of items in the unit
      - Any problem with storage unit/ or affected vaccines before the event
      - Other relevant information.
  - a. Implement SOPs to adjust unit temperature to the appropriate range. At a minimum check the TMD to make sure it is appropriately placed in the center of the vaccines.
  - b. Contact the vaccine manufacturer for further guidance on whether to use affected vaccines and

for information about whether patients will need to be recalled for revaccination. Be prepared to provide documentation of the event (e.g. temperature log data)

c. Complete your documentation of the event including:

i. Action taken

- What you did with vaccine and how long it took to take action.
- Whom you contacted and information received
- What you did to prevent a similar future event

i. Results

- Final disposition of affected vaccines (e.g. shortened expiration date per manufacturer, discarded, or returned)
- Other comments

**Distribution:**

1. Vaccines will be transported to administration sites using the approved insulated transport container with a TMD. (Partially used vials cannot be transferred between providers)
2. The administration site orders the vaccine using a clinic order form
3. Pharmacy staff is trained in the proper packing of the transport containers.
4. Vaccines transported will be inventoried prior to transfer (Vaccinefinder)
5. Pharmacy staff will fill the transport container, including a DDL and seal the container with a numbered lock. The temperature of the container will be documented.
6. Pharmacy staff will also send an equal number of administration supplies in a separate container.
7. Pharmacy staff will move transport containers directly to a vehicle that is already at a comfortable temperature, neither too hot nor too cold.
8. Clinic staff who receive the container will sign, date and time the delivery form. Record the temperature from the DDL. If the temperature is outside the acceptable temperature range, pharmacy will be notified. (The process for temperature excursion will be initiated)
9. Clinic will store the vaccine in an appropriate storage device. The storage device will be monitored using an installed TMP. Temperatures is documented on a daily basis.

**Emergency Vaccine Storage and Handling**

Emergencies like equipment failures, power outages, severe weather conditions, or natural disasters usually happen without warning and may compromise vaccine storage conditions.

**Power Outages**

1. Storage Units with external temperature monitoring
  - Do not open the storage unit
  - Monitor the external temperature system
  - If temperature excursion occurs, follow process for temperature excursions- See **Refrigeration/**

## Freezer Standards and Monitoring for medication Storage

1. Storage Units without external temperature monitoring
  - Do not open the storage unit
  - Monitor the DDL
  - If temperature excursion occurs, follow process for temperature excursions. See **Refrigeration/Freezer Standards and Monitoring for medication Storage**

Alternate storage units.

Pharmacy: Ultra cold Freezer- Move product to the laboratory ultra cold freezer

Freezer- Use back up freezer

Refrigerator- Use back up refrigerator

Clinics- Freezer- Move to pharmacy freezer

Refrigerator- Move to pharmacy refrigerator

## RECORDS REQUIRED:

Temperature logs

Inventory logs

## REFERENCES:

CDC- Vaccine Storage and Handling Toolkit

CDC- Covid-19 Vaccination Program Interim Playbook for Jurisdiction Operations.

CDC- CDC Training Video- "Handling of Vaccines"

## Supporting Documents:

1. Attachment 1- Purchasing receiving process
2. Attachment 2- Pfizer vaccine- Ultra cold freezer
3. Attachment 3- Refrigerator and Freezer temperature ranges

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## Attachments

[Covid vaccine receiving](#)

[Pfizer vaccine](#)

[Refrigerator and Freezer Temperature Logs](#)

## Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Allison Crispen: Director of Medical Staff Programs	03/2021
Pharmacy and Therapeutics	Lanny Turay: Pharmacy Director	02/2021
	Lanny Turay: Pharmacy Director	02/2021

COPY



Origination 03/2019  
Last Approved 05/2021  
Last Revised 03/2019  
Next Review 05/2022

Owner Lanny Turay  
Policy Area Medication Management Policies

## SPECIALTY PHARMACY POLICY AND PROCEDURES

### POLICY:

Jefferson Healthcare Retail Pharmacy will provide specialty prescription therapy to selected patients of Jefferson Healthcare

### PURPOSE:

Provide the prescription therapy in a safe and efficient manner to insure optimum therapy

### SCOPE:

Patients of Jefferson Healthcare

### DEFINITIONS:

Specialty Medication; Outpatient medication therapy which can be expensive and requires additional monitoring and documentation.

### PROCEDURE:

1. Provider office generates prescription via E-Scribe/Fax to Retail Pharmacy
2. Pharmacy note in Epic "Received prescription"; and will complete clinical assessment, benefit verification and initiate Prior Authorization if needed:
  - a. No Prior Authorization/Prior Authorization Approved (Note in Epic)- Go to 3
  - b. Start and complete Copay/Pt assistance if necessary- (Note in Epic)-
  - c. Prior Authorization not approved, Contact provider to coordinate appeal; If approved- Go to 3
  - d. If appeal denied, Contact provider to inform patient

3. Pharmacy fills prescription; and contacts patient and goes over medication teaching and scheduling (Note in Epic)

- a. Pharmacist reconciles current prescription with Pt's other prescriptions for: Therapeutic duplication; Drug chronic condition/age; Drug interactions. Prior to dispensing. Notifies provider if necessary.
- b. Lot # and expiration is documented in prescription profile- Recall documentation as needed
- c. Pharmacist insures proper education for injection administration
- d. Prescription requiring refrigeration is shipped to clinic via pharmacy courier with appropriate cold packs
- e. Completed prescriptions are sent to clinic via pharmacy courier. Mailed prescriptions are sent in tamper proof container

4. Pharmacist conduct 7-day clinical assessment follow-up (Note in Epic)

5. Pharmacy makes out-bound calls for scheduling refill for duration of treatment

- a. Pharmacist monitors for proper utilization- Over use or under use. Assure maximum adherence and cost avoidance
- b. Performs Pt satisfaction survey on an annual basis.

## Supporting Documents:

See Attachments

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## Attachments

[Specialty Pharmacy Referral Chart](#)

[Specialty Pharmacy Workflow Chart](#)

## Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Allison Crispen: Director of Medical Staff Programs	05/2021

Pharmacy and Therapeutics

Lanny Turay: Pharmacy  
Director

03/2021

Lanny Turay: Pharmacy  
Director

03/2021

COPY



Origination 02/2020

Last Approved 04/2021

Last Revised 02/2020

Next Review 04/2022

Owner Lanny Turay

Policy Area Medication Management Policies

## NON STERILE MEDICATION PREPARATION

### PURPOSE:

This policy outlines the requirements to ensure proper compounding procedure and record keeping of medication in accordance with USP 795. "Compounding" shall be the act of combining two or more ingredients in the preparation of a prescription.

### POLICY:

#### Medication Area

- The non-sterile medication preparation area will be kept clean and clutter free. Counters will be cleaned when a non-sterile compounding is needed with antiseptic wipes.
- The preparation area shall be cleaned thoroughly immediately after compounding using antiseptic wipes. Extra care should be used when cleaning the area used in compounding preparations that require special precaution (e.g., antibiotics and cytotoxic and other hazardous materials). Refer to the [Hazardous Drugs.docx](#).
- All components used in compounding of preparations must be stored as directed by the manufacturer, or according to USP, NF, or FCC monograph requirements, in a clean area, and under appropriate temperature and humidity conditions.
- Equipment shall be stored to protect it from contamination and shall be located to facilitate its use, maintenance, and cleaning.
- Extra care should be used when cleaning equipment used in compounding preparations that require special precaution (e.g., antibiotics and cytotoxic and other hazardous materials). When possible, special equipment should be dedicated for such use, or when the same equipment is being used for all drug products, appropriate procedures shall be in place to allow meticulous cleaning of



equipment before use with other drugs. Refer to the [Hazardous Drugs.docx](#) .

## SCOPE:

Preparation of Non Sterile Medication within the pharmacy

## PROCEDURE:

- Only one preparation is compounded at one time.
- Appropriate PPE will be donned when compounding hazardous materials. Refer to the [Hazardous Drugs.docx](#). Only Sterile gloves must be worn with non-hazardous, non-sterile compounding
- Using the compounding recipe book as a guide, gather all ingredients and supplies needed to compose new product.
- Utilize a compounding log.
- Products reconstituted or compounded according to the manufacturer's instructions, due not require a compounding log.
- Compound and label products in accordance with the procedure established in the [Compounding SOP](#) .
- Assign a reliable BUD as established in the compounding recipe book to ensure that the finished preparation has its accepted potency, purity, quality and characteristics.
- [Scan item to assure it is in Epic and Omnicell](#). If it does not scan, give to pharmacist to enter the components on the compounding form.
- Label each individual container and note the final count on the compounding sheet.
- Have pharmacist check and sign off on final product.

## RECORDS REQUIRED:

Compounding Form

## REFERENCES:

- The Joint Commission Standard on Medication Management MM.05.01.07 Element of Performance 2. Category C, Direct Impact Requirements apply. Measure of Success is needed.
- The Joint Commission Standard on Medication Management MM.05.01.07 Element of Performance 3. Category C, Direct Impact Requirements apply. Measure of Success is needed.
- United States Pharmacopeia National Formulary Chapter 795: Pharmaceutical Compounding – Non-Sterile Preparations.

- Washington Administrative Code (WAC) 246-878 Good Compounding Practices
- Revised Code of Washington (RCW) 18.64.270(2)

## Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Allison Crispen: Director of Medical Staff Programs	04/2021
Pharmacy and Therapeutics	Lanny Turay: Pharmacy Director	02/2021
	Lanny Turay: Pharmacy Director	02/2021

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