

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, 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.

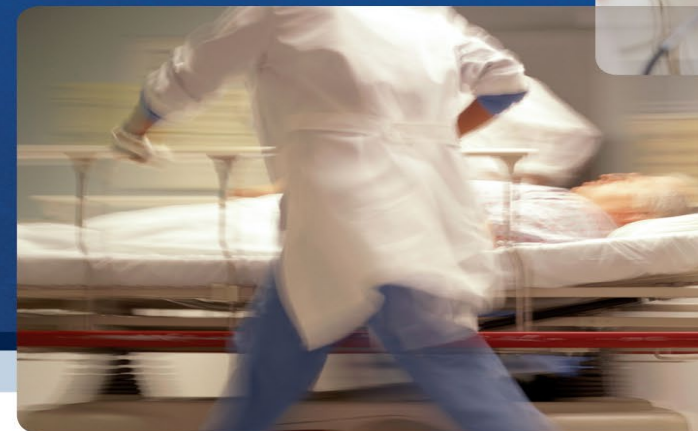
Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____



Washington State
Hospital Association



WSHA Governance:

Leading the Hospital Association's Future

Jefferson Healthcare

Cassie Sauer, WSHA President and CEO



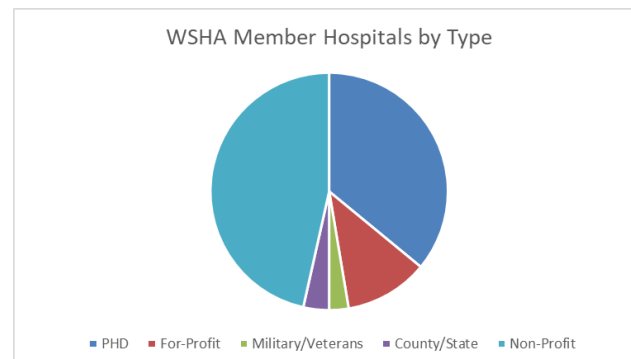
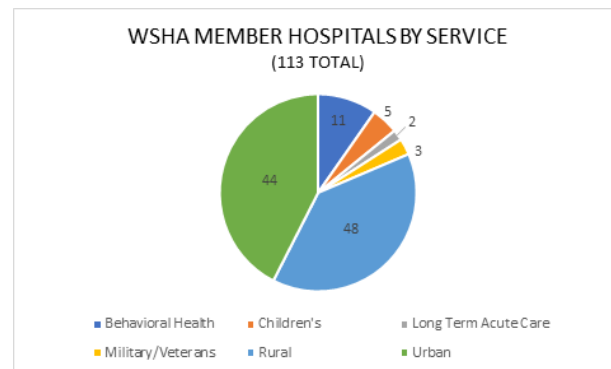
WSHA's Mission:

The Washington State Hospital Association (WSHA) advocates for and provides value to members in achieving their missions.

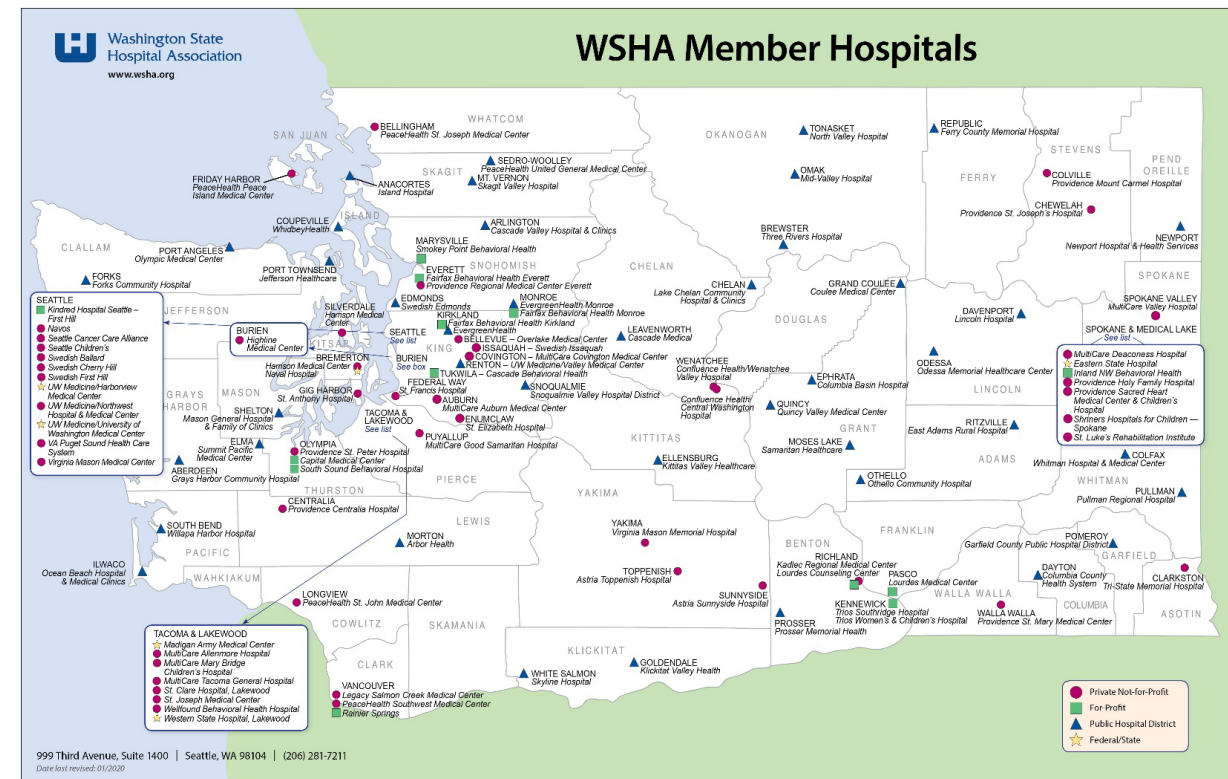
WSHA's Vision:

WSHA will be the trusted voice and indispensable resource that leads, challenges and assists hospitals and health systems to improve the health of the communities they serve.

WSHA membership: Representing all 113 hospitals



* Non-Profit Hospitals include 7 Critical Access Hospitals
 ** Public District Hospitals include 32 Critical Access Hospitals



WSHA Is....



Government
Affairs



Safety & Quality



Data Analytics



Power in Unity

Serving as a WSHA Officer (Thank you!)

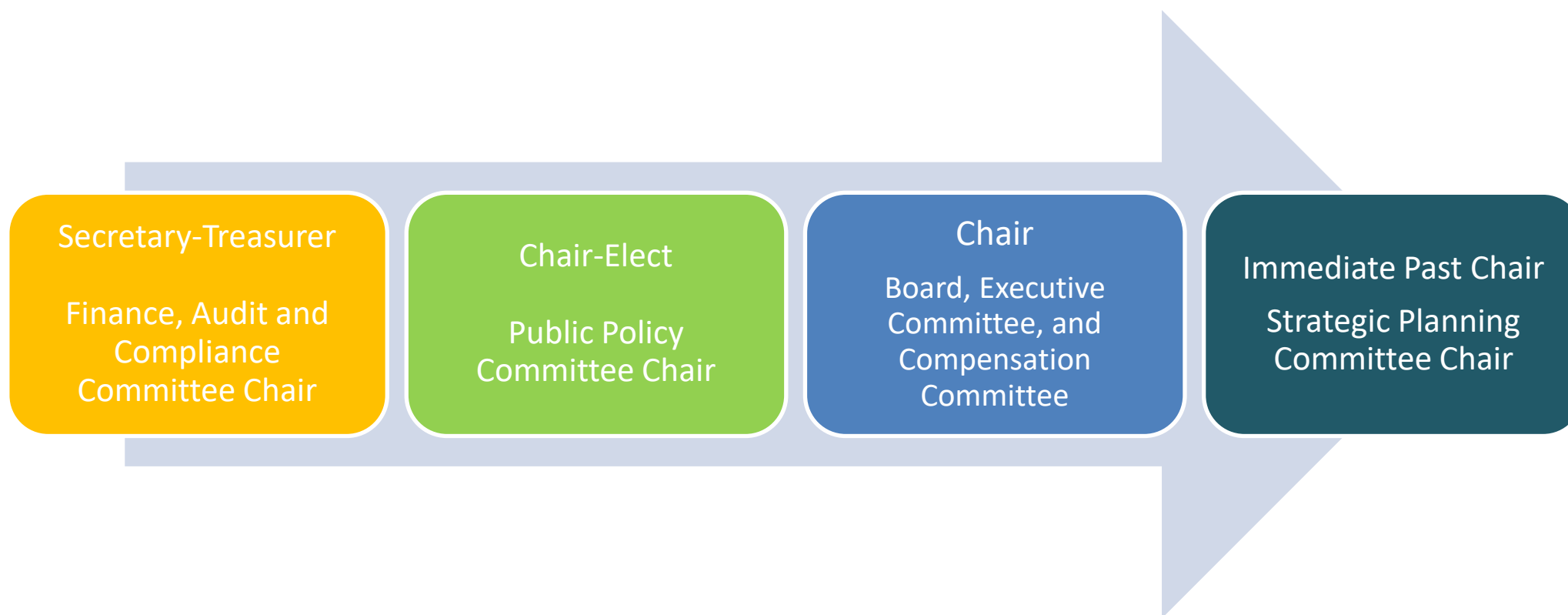


Washington State
Hospital Association

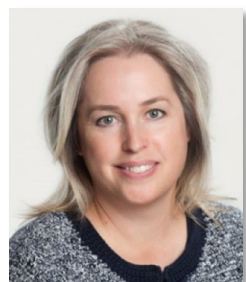
Who Serves on WSHA Board?

- Application process
- Many applicants
- Highly competitive
- Qualities sought: Prior positive WSHA involvement, geographic and member representation, special skills and abilities, knowledge of key issues
- Officer selection process:
 - Even more competitive
 - Qualities sought: respect of peers, even-handedness, ability to represent WSHA positively in public forums, intelligence, humor

The Role of Officers



WSHA Executive Committee



Chair
Diane Blake
Cascade Medical



Chair Elect
Guy Hudson
Swedish Health Services



Secretary-Treasurer
Mike Glenn
Jefferson Healthcare



Past Chair
Bill Robertson
MultiCare Health System



Member
Ketul Patel
VM Franciscan Health



Member
Buffy Alegria
Yakima Valley Memorial



President & CEO
Cassie Sauer
WSHA

WSHA Board of Directors 2021-2022

Officers



CHAIR
Diane Blake
Chief Executive Officer,
Cascade Medical Center,
Leavenworth



PAST CHAIR
Bill Robertson
President & Chief Executive
Officer,
MultiCare Health System,



CHAIR ELECT
Guy Hudson
Chief Executive Officer,
Swedish Health Services, Seattle



SECRETARY – TREASURER & AHA DELEGATE #2
Mike Glenn
Chief Executive Officer,
Jefferson Healthcare, Port Townsend



PRESIDENT & CHIEF EXECUTIVE OFFICER
Cassie Sauer
President & Chief Executive Officer, Washington
State Hospital Association, Seattle

Directors



HOSPITAL GOVERNING BOARDS
COMMITTEE CHAIR
Buffy Alegria
Trustee,
Virginia Mason Memorial, Yakima



DIRECTOR AT LARGE
Lisa Brandenburg
Chief Health System Officer,
UW Medicine, Seattle



SAFETY AND QUALITY
COMMITTEE CHAIR
Florence Chang
Executive Vice President,
MultiCare Health System,
Tacoma



DIRECTOR AT LARGE
Katerie Chapman
President and Hospital Administrator,
Virginia Mason Medical Center,
Seattle



DIRECTOR AT LARGE
Bruce Williams
Commissioner,
Cascade Medical Center,
Leavenworth



DIRECTOR AT LARGE
Elizabeth Wako
Chief Executive
Swedish First Hill, Seattle



RURAL HOSPITAL
COMMITTEE CHAIR
Scott Graham
Chief Executive Officer,
Three Rivers Hospital



DIRECTOR AT LARGE
Sean Gregory
Chief Health System Officer,
PeaceHealth Southwest



DIRECTOR AT LARGE
Ramona Hicks
Chief Executive Officer,
Coulee Medical Center



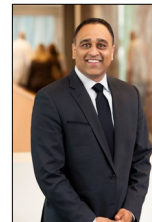
DIRECTOR AT LARGE
Joel Gilbertson
Regional Chief Executive,
Providence WA & MT Region,
Spokane



DIRECTOR AT LARGE
Leslie Hiebert
Chief Executive Officer,
Klickitat Valley Health,
Goldendale



AHA DELEGATE #1
Josh Martin
Chief Executive Officer,
Summit Pacific, Eima



DIRECTOR AT LARGE
Ketul Patel
Chief Executive Officer,
CHI Franciscan Health, Tacoma



DIRECTOR AT LARGE & LIAISON TO WSMA
Ron Rehn, DHA, CMPE
Chief Administrative Officer,
Providence Health and Services - Stevens
County Ministries, Colville



DIRECTOR AT LARGE
Brian Gibbons
Chief Executive Officer,
Astria Health, Sunnyside



DIRECTOR AT LARGE
John Solheim
Chief Executive Officer,
Trios Health, Kennewick



DIRECTOR AT LARGE
Jeff Sperring, MD
Chief Executive Officer,
Seattle Children's, Seattle



DIRECTOR AT LARGE
Theresa Sullivan
Chief Executive Officer
Samaritan Healthcare, Moses Lake

What WSHA Does to Make It Work

- Provides all logistics, including preparation of agendas and materials
- Schedules meetings in blocks to minimize time away
- Conducts executive, finance, and compensation committee meetings by teleconference
- Prepares leaders for meetings

Opportunities for Jefferson

- Help set the statewide agenda for the hospital association
- Build relationships and create partnerships around the state
- Lead important interactions with other leaders (members of Congress, the state Legislature, the Governor)
- Create opportunities for collaboration and representation on a national level

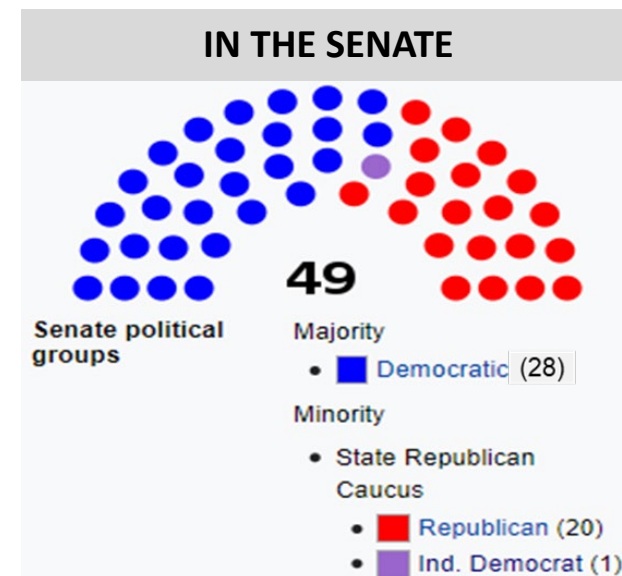
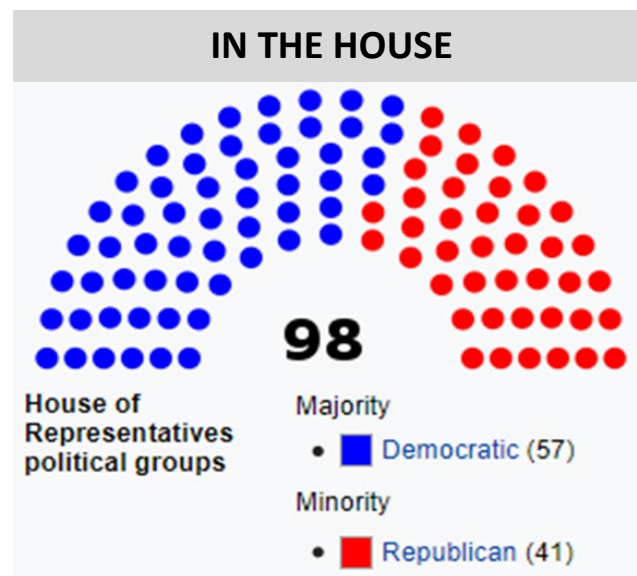


Washington State
Hospital Association

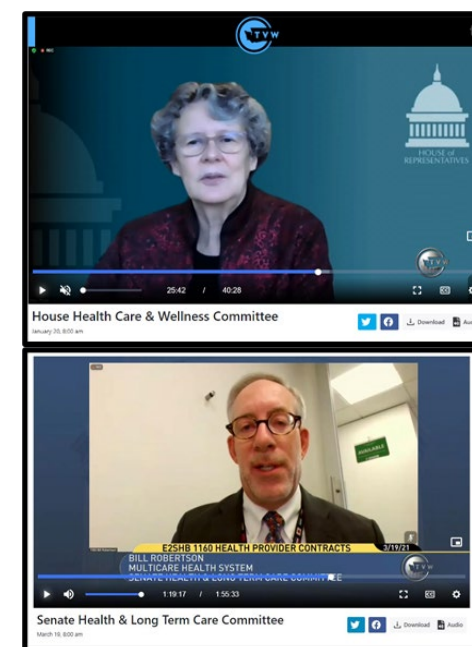
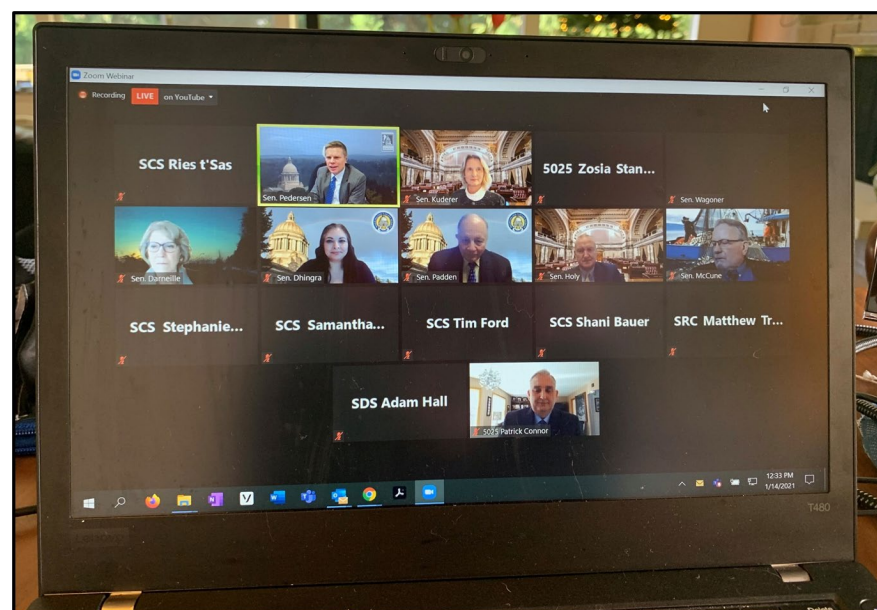


Key Policy Issues

Big Democratic Majorities in the House and Senate



Virtual Session



A Challenging Legislative Session!

- Legislators' themes:
 - Hospitals have tons of money
 - Hospitals should hire more staff
 - Hospitals should create more access
- Among the issues:
 - Hospital staffing mandates
 - Charity care
 - Hospital contracting
- Some positives too
 - Successful on key budget priorities
 - MRSA, Nalaxone, other good bills
- Defeated things likely to return in 2023



Hospital Staffing – HB 1868/SB 5751

Initial bill:

- Move enforcement to Labor & Industries
- Require uninterrupted meal/rest breaks with no exception for clinical circumstance
- Limit pre-scheduled on-call time to 20 hours a week
- Remove ability to use mandatory overtime due to having made reasonable efforts to obtain and retain staffing if staffing shortage lasts more than 3 months
- Impose hefty fines for non-compliance
- Require strict nurse and CNA-to-patient ratios in 2 years; 4 years for rurals
- Create a private right of action to sue for staffing violations

Delivering Our Messages: Letters to the Editor/Op-eds

Letters and op-eds from stakeholders in newspapers demonstrated the local impact of the bill to legislators.

Individuals Engaged:

 **28**

Drafted:

 **15**

Sent:

 **22**

Published:

 **12**

The Seattle Times

The Olympian

THE NEWS TRIBUNE
OKANOGAN VALLEY
GAZETTE-TRIBUNE

THE SPOKESMAN-REVIEW

PENINSULA
Daily News

THE WENATCHEE
WORLD

FORKS FORUM

my EDMONDS
NEWS

QUAD CITY
HERALD

Menu Q 48°F
Daily News
News Sports Crime Politics Opinion Entertainment Life Obituaries CI

POINT OF VIEW: Proposed legislation fails to solve problem of nursing care

By Leah Leach

Friday, February 18, 2022 1:30am | OPINION CLALLAM COUNTY JEFFERSON COUNTY



Jill Buhler Rienstra

When you live in a rural community and experience a life-threatening accident or illness, you need a finely tuned regional healthcare system to get you the best care as quickly as possible.

A bill under consideration by the Washington State Legislature will place bureaucratic barriers between you and the care you may urgently need, which may have life-threatening consequences for residents of rural communities.

Substitute House Bill 1868, the nurse-to-patient-ratio bill, imposes rigid, one-size-fits-all staffing ratios on hospitals in Washington state. It doesn't consider clinical discretion: that every patient is different and needs a different level of nursing care. SHB

Our Work is Not Done!

Hospitals must improve working conditions:

- Have listening sessions with staff to understand needs and desires
- Respond to trauma of pandemic care
- Provide staff supports
- Provide career ladders and educational support
- Other initiatives, coordinated statewide



Existing Staffing Laws – Ensure Compliance!

- Nurse Staffing Committees
- Mandatory Overtime & Prescheduled On-Call
- Meal and Rest Breaks

WSHA Safety and Quality can provide technical assistance and support to hospital staffing committees to:

- Create charters
- Complete a standardized staffing template for DOH posting
- Improve the complaint process

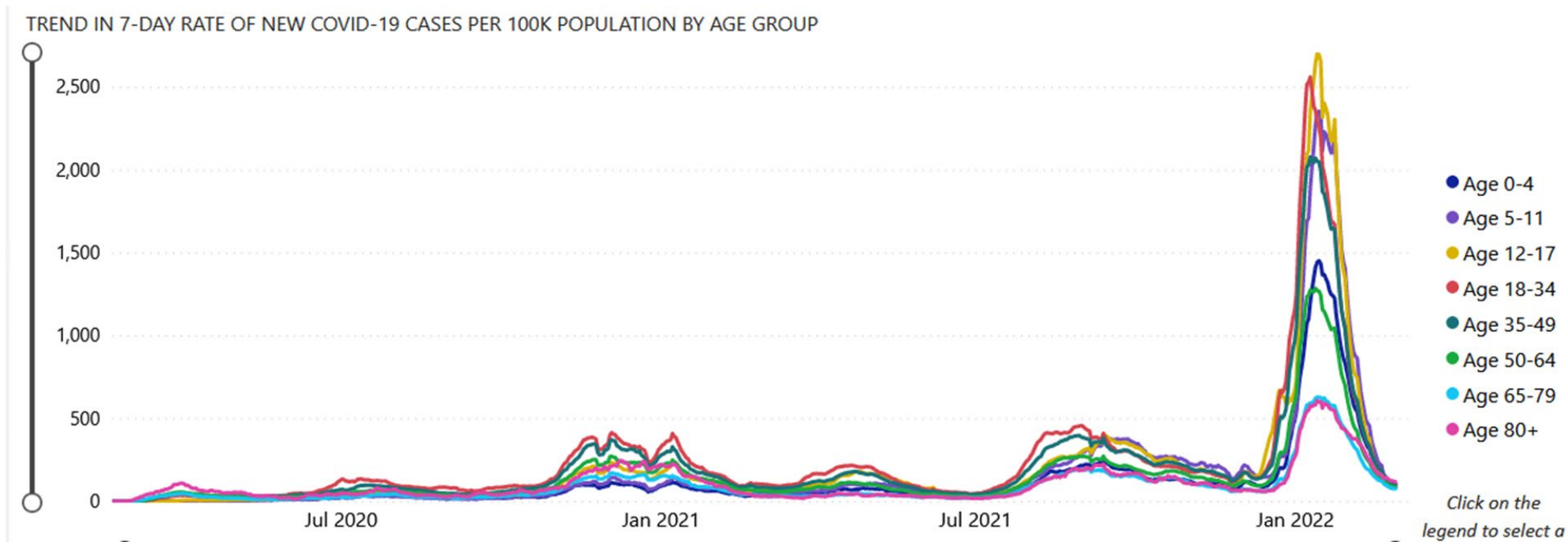


HOSPITALS for a **HEALTHY FUTURE** **PAC**

**Building Relationships
Electing Champions for Health Care
Unifying Hospitals' Political Voice**

Ending the State of Emergency?





State and Federal Waiver Priorities

- **Telehealth**
- **Nurse licensure**
- **Facilities flexibilities supporting:**
 - Surge
 - Hospital at home
- **Rural**
- **Quality**
- **Liability protections**
- **MRSA – N/A**

WSHA Waiver Tracker:

<https://www.wsha.org/for-patients/coronavirus/coronavirus-resources-for-hospitals/>

Questions





IT'S A PRIVILEGE TO CARE FOR THE
SICK. IT IS AN HONOR TO BE PRESENT
WHEN HUMANS ARE BROUGHT INTO
THIS LIFE AND WHEN THEY LEAVE.



Jefferson Healthcare

March 2022 Finance Report

April 20, 2022

Tyler Freeman, CFO

Standard & Poor's Rating and Outlook

- **Background:** S&P performed an initial rating and outlook on our general obligation bond, and recently finalized its annual surveillance on this rating/outlook.
- **Rating:** S&P revised the outlook to “stable” from “negative” and affirmed its “BB+” rating
 - Strengths
 - Essentiality and expanding outpatient presence
 - Improved operating margins and growing liquidity
 - Very strong debt metrics
 - Concerns
 - Inherent risks associated with operating in a small service area, including physician turnover and recruitment risk
 - Payor mix

March 2022

Preview – (*as of 0:00 3/31/22)

- **\$27,967,094 in Projected HB charges**

- Average: \$902,164/day (HB only)
- Budget: \$882,907/day
- 102% of Budget

- **\$12,662,079 in HB cash collections**

- Average: \$408,454/day (HB only)
- Goal: \$390,700/day

- **44.4 Days in A/R**

April 2022

Preview – (*as of 0:00 4/20/22)

- **\$23,719,623 in Projected HB charges**

- Average: \$790,654/day (HB only)
- Budget: \$882,907/day
- 90% of Budget

- **\$10,165,078 in HB cash collections**

- Average: \$338,836/day (HB only)
- Goal: \$390,700/day

- **41.5 Days in A/R**

- **Questions**

Jefferson Healthcare

Administrative Report

April 20, 2022

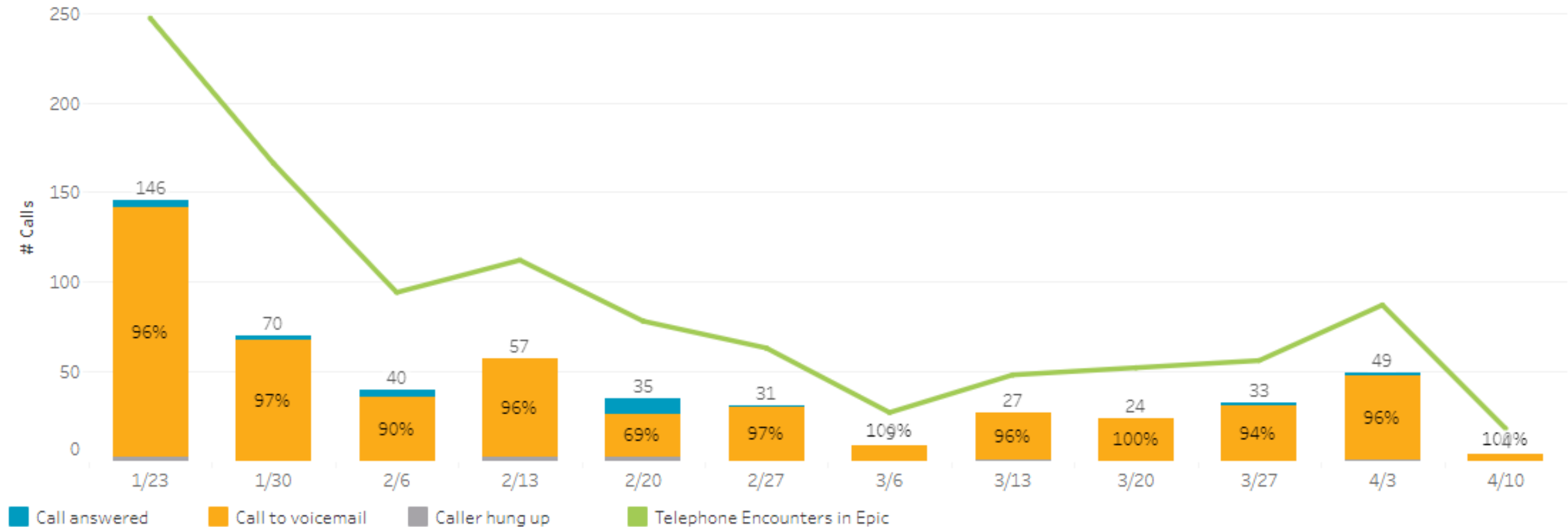
Mike Glenn, CEO

Jefferson Healthcare Volumes

COVID-19 Phone Line and Clinic Visit Volumes

Respiratory nurse line calls and telephone encounters - by week

Last 12 weeks of respiratory phone line call data (bars) and telephone encounters created (line), excluding partial weeks.



Total call volume since launch of triage line

Calls to the Respiratory Eval/COVID-19 nurse line since March 2020.

This chart is updated weekly.

Inbound Calls	393,590
Calls Answered	305,441
Telephone Encounters Created	33,528

Total Respiratory Evaluation Clinic visits - all time

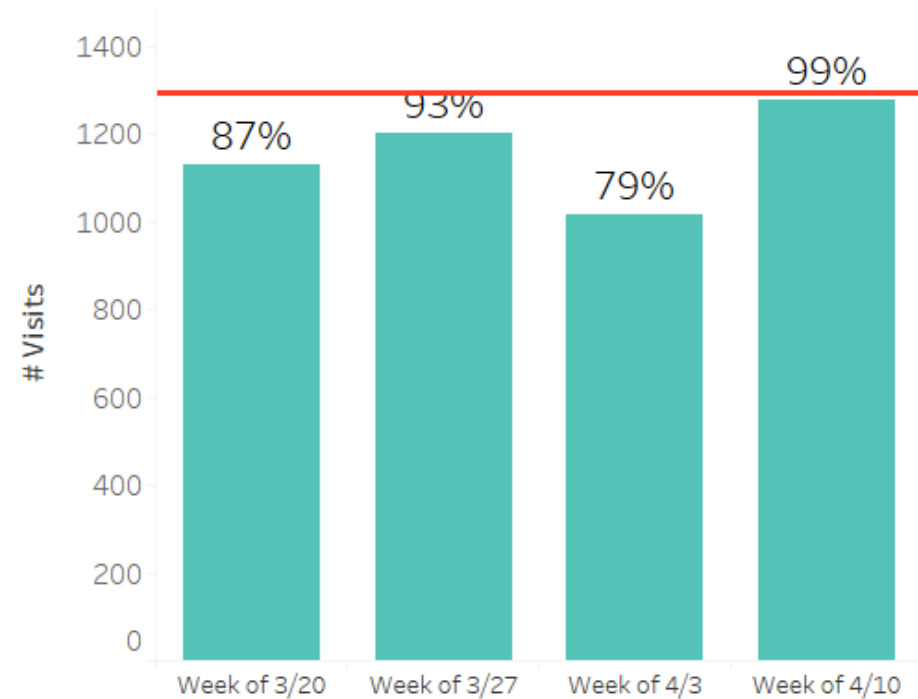
Visits to the Respiratory Eval Clinic (7th Street) and drive-through testing station from March 2020 through November 2021 when both locations were closed.

Drive-Through	18,065
Total	18,065

Jefferson Healthcare Volumes

Primary Care variance to budgeted visits

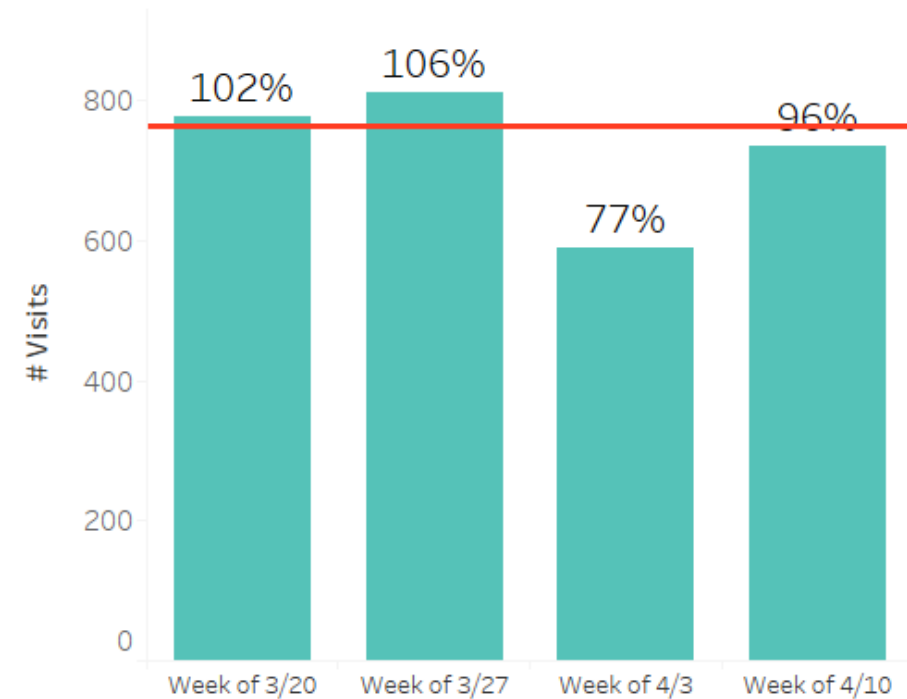
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2022 annual budgets. The labels are % volume to budget for the selected clinics.



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

Specialty clinic variance to budgeted visits

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



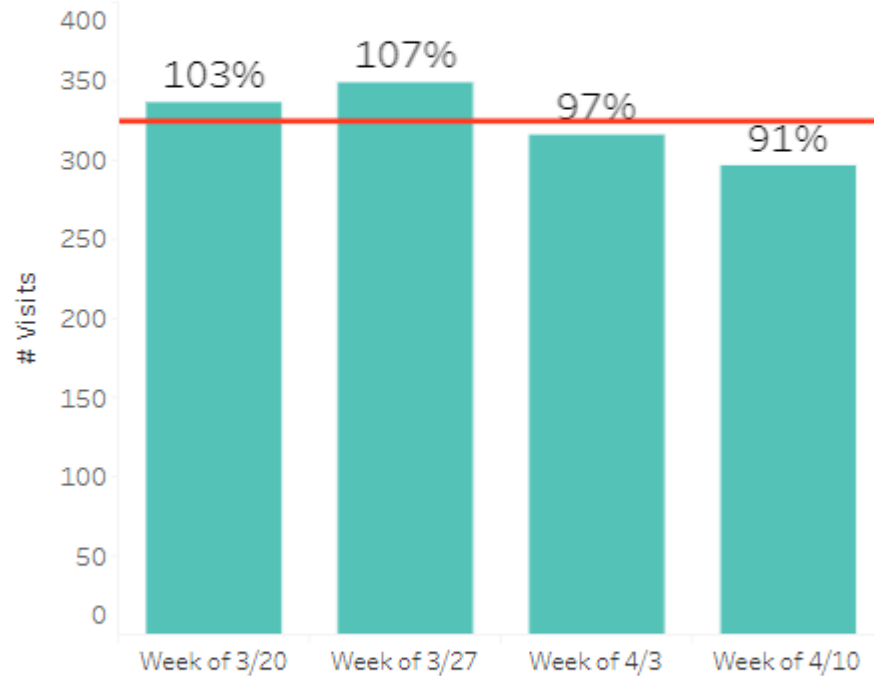
Includes visits in: JHSA clinic, Sleep Medicine, Urology, Women's Clinic, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

Jefferson Healthcare Volumes

Oncology/Infusion variance to target visits

Visit volumes in Oncology Clinic and Infusion Center. Red line indicates weekly visit target based on annual targets. The % labels are the variances of actual to target visits.

Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.

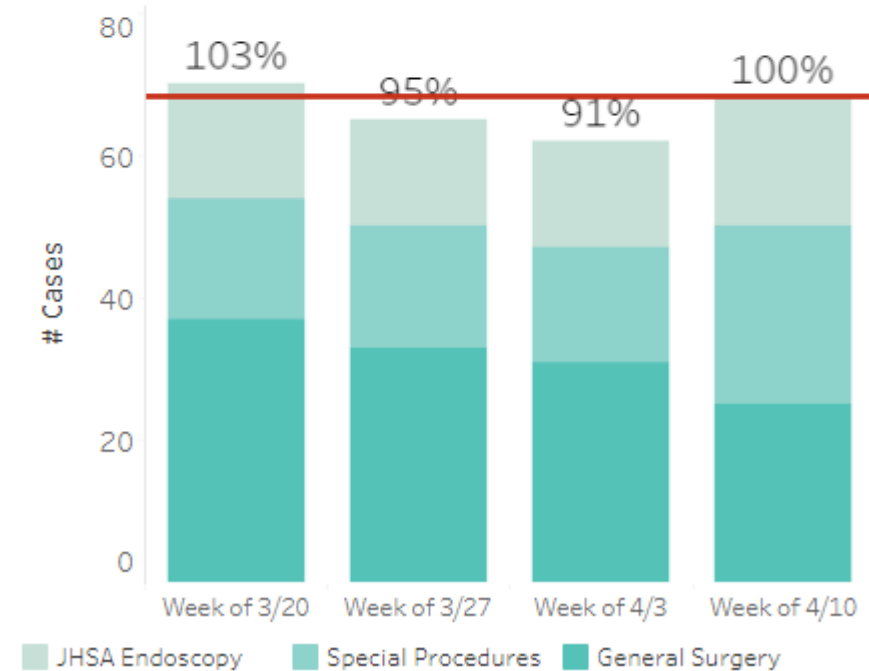


Surgical case variance to target cases

Surgical case volumes. Red line indicates weekly combined case target based on annual targets for endoscopy and surgical services. The % labels are the variances of actual to target surgical case volume.

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

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



Jefferson Healthcare Volumes

Emergency Department and Express Clinic Volume

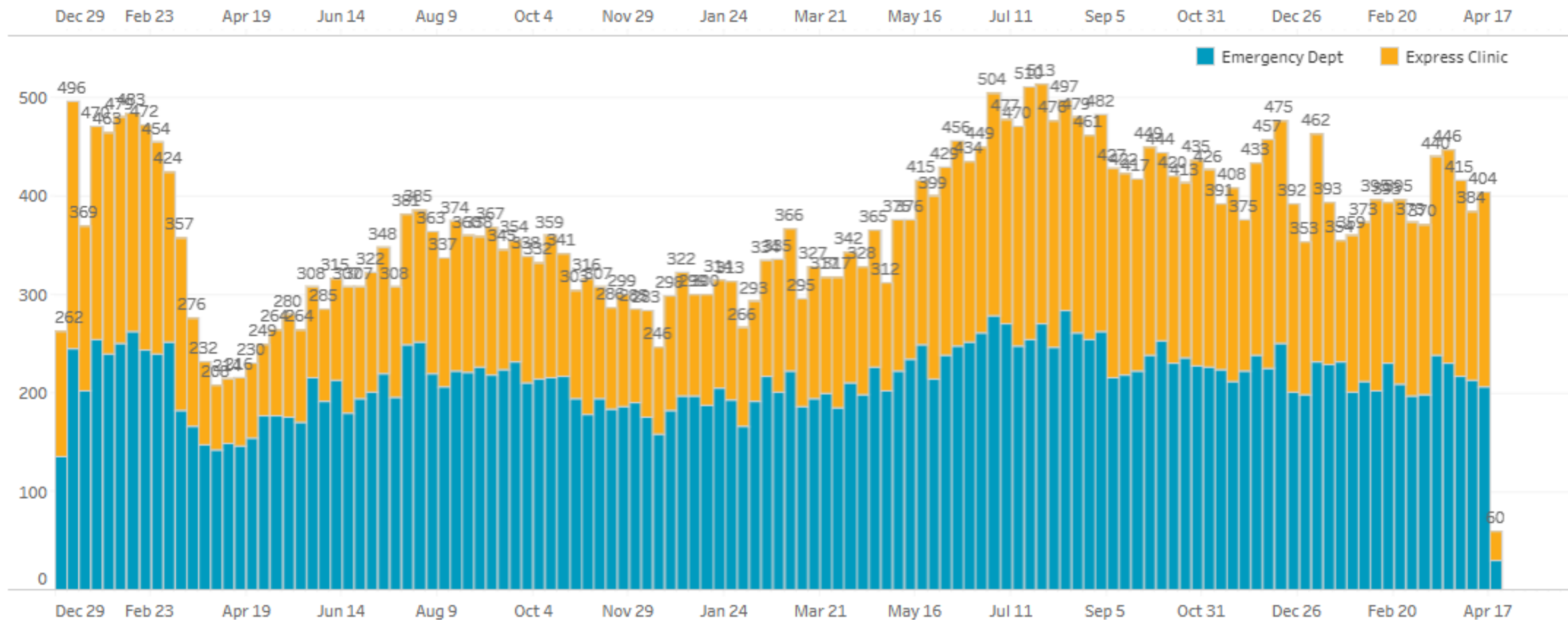
Week in Focus
Hover over a week below to view underlying data.

6/27/2021	
Total	504
Express Clinic	225
Emergency	279

Total Visits, 1/1/2020 to 4/18/2022
Select a department to bring in focus.

Emergency Dept	Express Clinic
25,756	18,623

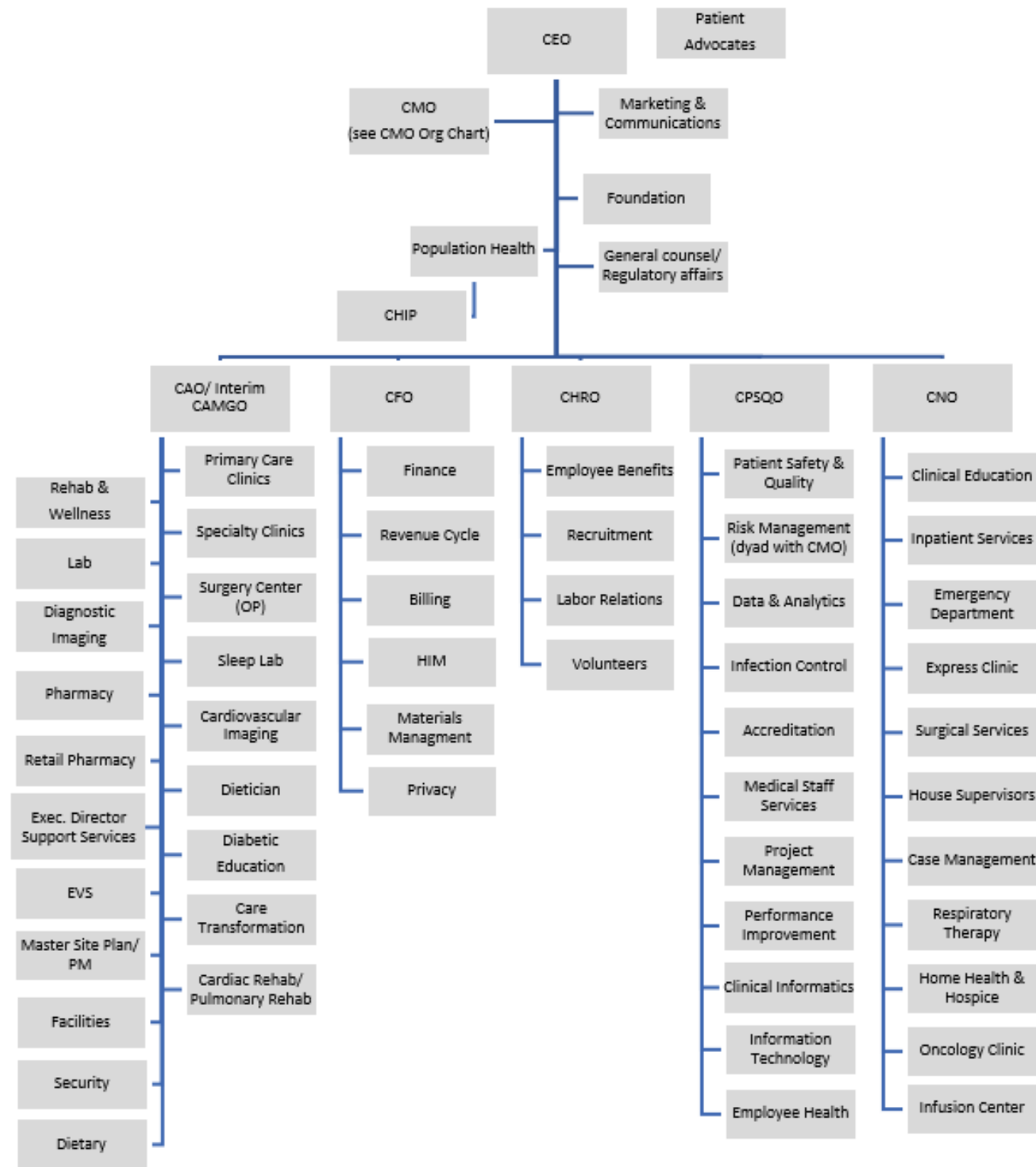
Volumes by Arrival Department and Week, 2020 - 2022



Administrative Update

Department	Vendor	Description	Amount	PO #	PO Date
IT	Right Systems	WLAN Upgrade	\$181,715.04	34846	2.3.2022
Pharmacy	Med One Capital Funding	ICU Medical Pumps	\$164,880.00	35410	3.25.2022
Project management	OAC Services, Inc	Campus expansion project- owners representative	\$187,178 (actual) \$357,000 (budget)	Monthly invoice	Monthly invoice

Organizational Chart



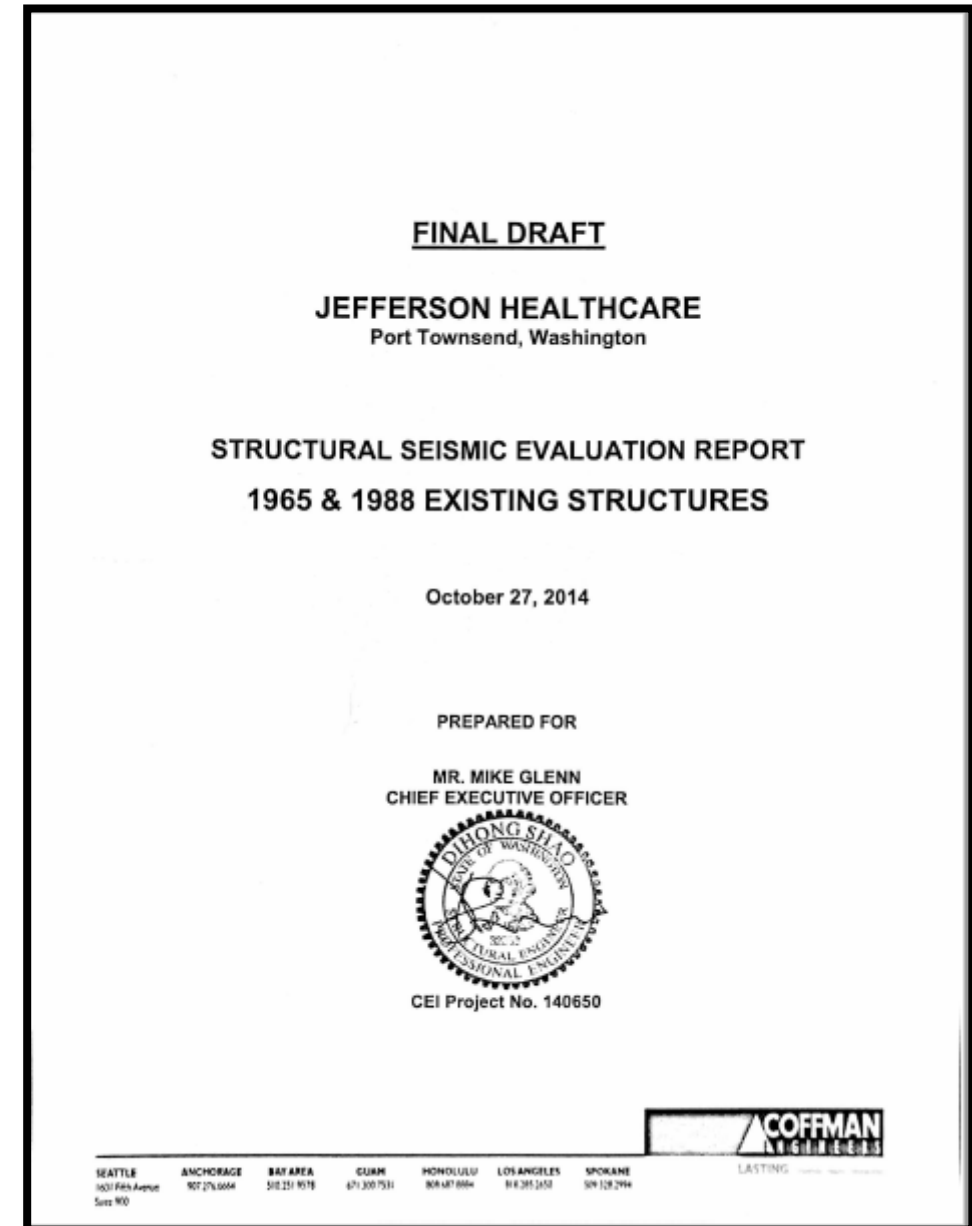
Campus Expansion

Summary of planning work

Campus Expansion | Must Do Projects

A Tier 2 structural and seismic evaluation report completed by Coffman Engineers in October 2014 indicates 3 major discrepancies in the structure system:

1. Lack of connection between masonry walls and the foundation
2. Lack of connection between the masonry walls and the roof structure
3. Masonry walls are too narrow for the height of the structure



“At design level event, the discrepancies may lead to possible/partial total collapse of the masonry shear walls. The masonry walls directly support the roof structure. This elevates the risk as any collapse of any masonry walls could directly result in collapse of roof areas of building.”

Campus Expansion | Must Do Projects

The Tier 2 study recommends within a 7- to 10-year window after ESSB expansion:

Relocate all essential facilities and equipment from the 1965 structure:

- OBGYN Clinic
- Express Clinic
- MRI
- Kitchen and Cafeteria
- Dietary/Nutritional Consultation
- Surgery Pre-Op Clinic
- Pacific Vascular
- Nursing Administration
- House Supervisors
- Support Services (EVS/Facilities/BioMed)
- Administration +

Campus Expansion | Must Do Projects

- **Demolish and/or replace 1965 structure**
- **Retrofit the remaining 1988 braced frames that are located outside of the ESSB improvement space**
- Possible temporary relocation of some laboratory/Diagnostic Imaging services

Campus Expansion | Need To Do Projects

- Expand Clinical Space for:
 - Medical Oncology
 - Dermatology Clinic
 - Wound Clinic
 - Cardiology Clinic
 - Primary Care
 - Ambulatory Surgery Center
- Develop space for new specialty services
 - ENT
 - Neurology
 - Pulmonology

*Data show these three services represent the greatest out-migration numbers; will be validated by internal and external focus groups
- Develop space for Linear Accelerator/Radiation Oncology

Campus Expansion

Timeline of community outreach

Campus Expansion

Community Listening Sessions

Campus Expansion Listening Sessions

May Virtual

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9 Virtual Meeting: 1:30pm-2:30pm	10	11	12 Virtual Meeting: 1:30pm-2:30pm	13	14
15	16	17	18 Virtual Meeting: 5:45pm-6:45pm	19	20	21
22	23 Virtual Meeting: 11:30am-12:30pm	24	25	26 Virtual Meeting: 5:45pm-6:45pm	27	28
29	30	31				

Campus Expansion Listening Session

June In-Person

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6 Port Townsend Pope Marina: 5:45pm-6:45pm	7	8	9	10	11
12	13 Port Ludlow Beach Club 4:30pm-5:30pm	14 Quilcene Community Center: 3:30pm-4:30pm	15	16 Port Townsend Pope Marina: 4:00pm-5:00pm	17	18
19	20 Port Ludlow Bay Club 9:30am-10:30am	21	22	23 Port Hadlock Library: 5:45pm-6:45pm	24	25
26	27	28	29	30		

Discussion

Thank you.

Strategic Planning Update

- Summary of Planning Work
- Timeline of key mileposts and community outreach

5-Year Strategic Plan & Campus Expansion Community Listening Sessions

Board Meeting
April 20, 2022

Agenda

Planning Process

- Renewed Dedication
- Great Beginning
- Dedicated Team

The Timing

- When and What's Next

Campus Expansion Community Listening Sessions

Discussion

The Planning Process

The Planning Process

Renewed Dedication

Decisions that healthcare leaders are making today carry a different weight than they have in recent years. They are not setting the strategy for the next year, but for the next generation or the next iteration of the future of healthcare.

Yulan Egan – The Advisory Board

The Planning Process

A Great Beginning



- Learn from the *Best*
- What is happening and why?
- What can we do about it?
- What should we focus on at federal, state, and local levels?
- Where are we today?
- How did we get here?
- What is needed for a sustainable impact?

The Planning Process

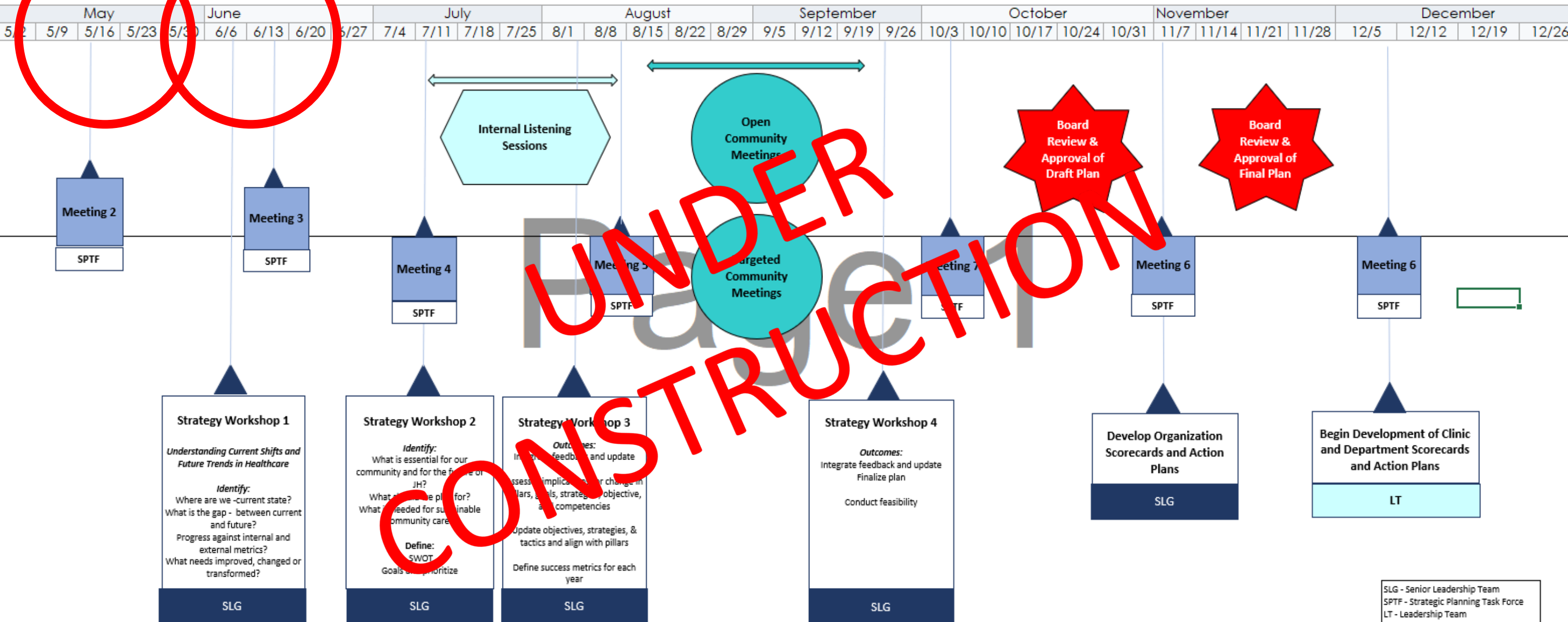
Dedicated Team

Strategic Planning Taskforce

Team dedicated to overseeing the strategic planning process to ensure all parts are implemented, integrated, and aligned from initiation to implementation and tracking of the plan.

The Timing

The Timing



Other

Questions

