*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 ________________________________
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
WSHA Is….

Government Affairs

Safety & Quality

Data Analytics

Power in Unity
Serving as a WSHA Officer
(Thank you!)
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

- Secretary-Treasurer
- Chair-Elect
- Chair
- Immediate Past Chair

Finance, Audit and Compliance Committee Chair
Public Policy Committee Chair
Board, Executive Committee, and Compensation Committee
Strategic Planning Committee Chair
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 Biles
Chief Executive Officer, Cascade Medical Center, Leavenworth

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

CHAIR ELECT
Lexy Feder
Chief Executive Officer, Swedish Health Services, Seattle

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

PRESIDENT & CEO EXECUTIVE OFFICER
Cassie Sauer
President and CEO, Washington State Hospital Association, Seattle

Directors

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

SECRETARY – TREASURER & AHA DELEGATE #1
Josh Martin
Chief Executive Officer, Summit Pacific, Elma

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

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

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

DIRECTOR – DELEGATE RURAL HOSPITAL
John Solheim
Chief Executive Officer, Trios Health, Kennewick

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

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

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

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

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

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

COMMITTEE CHAIR
Scott Graham
Chief Executive Officer, Three Rivers Hospital, Colville

COMMITTEE CHAIR
Buffy Alegria
Trustee, Virginia Mason Memorial, Yakima

COMMITTEE CHAIR
Buffy Alegria
Trustee, Virginia Mason Memorial, Yakima

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

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

COMMITTEE CHAIR
Brandy Hoefler
Chief Executive Officer, Providence Health and Services – Stevens County Hospital, Rockford

COMMITTEE CHAIR
Jeff Sperring, MD
Chief Executive Officer, Seattle Children’s, Seattle

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

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

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

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

DIRECTOR AT LARGE
Diane Blake
Chief Executive Officer, Cascade Medical Center, Leavenworth

DIRECTOR AT LARGE
Diane Blake
Chief Executive Officer, Cascade Medical Center, Leavenworth

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

DIRECTOR AT LARGE
Kierke Bevier
Chief Executive Officer, Neighborhood Medical Centers, Seattle

DIRECTOR AT LARGE
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DIRECTOR AT LARGE
Kierke Bevier
Chief Executive Officer, Neighborhood Medical Centers, Seattle

DIRECTOR AT LARGE
Kierke Bevier
Chief Executive Officer, Neighborhood Medical Centers, Seattle
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
Key Policy Issues
Big Democratic Majorities in the House and Senate

**IN THE HOUSE**

- **Majority**
  - Democratic (57)
- **Minority**
  - Republican (41)

**IN THE SENATE**

- **Majority**
  - Democratic (28)
- **Minority**
  - State Republican Caucus
    - Republican (20)
    - Ind. Democrat (1)
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 rural hospitals
- 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.*

<table>
<thead>
<tr>
<th>Individuals Engaged:</th>
<th>Drafted:</th>
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<tbody>
<tr>
<td>28</td>
<td>15</td>
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<table>
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<tr>
<th>Sent:</th>
<th>Published:</th>
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</thead>
<tbody>
<tr>
<td>22</td>
<td>12</td>
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</tbody>
</table>

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

By Leah Leach
Friday, February 18, 2022 1:30am

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 1868 is unnecessary and, at worst, it could be harmful to patients in need of care.
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
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.
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 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>Date</th>
<th>Total Calls</th>
<th>Call Answered</th>
<th>Call to Voicemail</th>
<th>Caller Hung Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/23</td>
<td>146</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1/30</td>
<td>70</td>
<td></td>
<td></td>
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<tr>
<td>2/6</td>
<td>40</td>
<td></td>
<td></td>
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<tr>
<td>2/13</td>
<td>57</td>
<td></td>
<td></td>
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<tr>
<td>2/20</td>
<td>35</td>
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<tr>
<td>2/27</td>
<td>31</td>
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<td></td>
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<tr>
<td>3/6</td>
<td>109</td>
<td></td>
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<tr>
<td>3/13</td>
<td>27</td>
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<tr>
<td>3/20</td>
<td>24</td>
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<tr>
<td>3/27</td>
<td>33</td>
<td></td>
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<tr>
<td>4/3</td>
<td>49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/10</td>
<td>108</td>
<td></td>
<td></td>
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</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>Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive-Through</td>
<td>18,065</td>
</tr>
<tr>
<td>Total</td>
<td>18,065</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Week</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week of 3/20</td>
<td>87%</td>
</tr>
<tr>
<td>Week of 3/27</td>
<td>93%</td>
</tr>
<tr>
<td>Week of 4/3</td>
<td>79%</td>
</tr>
<tr>
<td>Week of 4/10</td>
<td>99%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Week</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week of 3/20</td>
<td>102%</td>
</tr>
<tr>
<td>Week of 3/27</td>
<td>106%</td>
</tr>
<tr>
<td>Week of 4/3</td>
<td>77%</td>
</tr>
<tr>
<td>Week of 4/10</td>
<td>96%</td>
</tr>
</tbody>
</table>

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

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.

<table>
<thead>
<tr>
<th>Week</th>
<th>Total</th>
<th>Emergency</th>
<th>Express Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/27/2021</td>
<td>504</td>
<td>279</td>
<td>225</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Department</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Dept</td>
<td>25,756</td>
</tr>
<tr>
<td>Express Clinic</td>
<td>18,623</td>
</tr>
</tbody>
</table>

Volumes by Arrival Department and Week, 2020 - 2022

Graph showing weekly visits by department from December 29, 2019, to April 17, 2022.
<table>
<thead>
<tr>
<th>Department</th>
<th>Vendor</th>
<th>Description</th>
<th>Amount</th>
<th>PO #</th>
<th>PO Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT</td>
<td>Right Systems</td>
<td>WLAN Upgrade</td>
<td>$181,715.04</td>
<td>34846</td>
<td>2.3.2022</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Med One Capital Funding</td>
<td>ICU Medical Pumps</td>
<td>$164,880.00</td>
<td>35410</td>
<td>3.25.2022</td>
</tr>
<tr>
<td>Project management</td>
<td>OAC Services, Inc</td>
<td>Campus expansion project- owners representative</td>
<td>$187,178 (actual) $357,000 (budget)</td>
<td>Monthly invoice Monthly invoice</td>
<td></td>
</tr>
</tbody>
</table>
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.”
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
<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<td>11</td>
<td>12</td>
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<tr>
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<td>Virtual Meeting: 1:30pm-2:30pm</td>
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<td>Virtual Meeting: 1:30pm-2:30pm</td>
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<td>Virtual Meeting: 11:30am-12:30pm</td>
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<td>Virtual Meeting: 5:45pm-6:45pm</td>
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## Campus Expansion Listening Session
### June In-Person

<table>
<thead>
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<th>Sunday</th>
<th>Monday</th>
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<td>Port Townsend Pope Marina: 5:45pm-6:45pm</td>
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<td>Port Ludlow Beach Club 4:30pm-5:30pm</td>
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<td>Port Townsend Pope Marina: 4:00pm-5:00pm</td>
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<td>Port Ludlow Bay Club 9:30am-10:30am</td>
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<td>Port Hadlock Library: 5:45pm-6:45pm</td>
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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
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
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

- **May 9**
  - Meeting 2
  - SPFF
  - Strategy Workshop 1: Understanding Current Shifts and Future Trends in Healthcare
- **June 13**
  - Meeting 3
  - SPFF
  - Strategy Workshop 2: Identify: What is the current state? What should be preserved? What needs improvement, changed or transformed?
- **July**
  - Internal Listening Sessions
  - Open Community Meetings
- **August**
  - Targeted Community Meetings
- **September 19**
  - Meeting 5
  - SPFF
  - Strategy Workshop 3: Develop: How will we respond and update our strategy objectives, strategies, and competencies?
- **October 17**
  - Meeting 6
  - SPFF
  - Develop Organization Scorecards and Action Plans
  - SLG
- **November 11**
  - Meeting 7
  - SPFF
  - Board Review & Approval of Draft Plan
  - Board Review & Approval of Final Plan
- **December 19**
  - Meeting 8
  - LT
  - Begin Development of Clinic and Department Scorecards and Action Plans

SLG: Senior Leadership Team
SPFF: Strategy Planning Task Force
LT: Leadership Team
Other
Questions