Jefferson Healthcare

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

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

Regular Session Agenda
Wednesday, June 22, 2022

Call to Order: 2:00

Approve Agenda: 2:00

Governance Discussion:
- Generative Governance discussion

Education Topic: 2:15
- AWPHD Presentation, Matt Ellsworth, Executive Director Association of Washington Public Hospital Districts

Break: 3:15

Patient Story: Tina Toner, CNO 3:30

Public Comment: 3:45
Public comments are welcome orally, with a 3-minute limit, or may be submitted via email at commissioners@jeffersonhealthcare.org, or written and addressed to Commissioners at 834 Sheridan Street, Port Townsend, WA 98368. Written submissions must be received by 5:00 pm the day prior to the meeting.

Minutes: Action Requested 3:55
- May 25, 2022, Regular Session Minutes (pgs 3-5)

Required Approvals: Action Requested 4:00
- May Warrants and Adjustments (pgs 6-11)
- Resolution 2022-07 Cancelled Warrants (pg 12)
- Medical Staff Credentials/ Appointments/ Reappointments (pgs 13-15)
- Medical Staff Policies (pgs 16-23

CHRO Presentation: 4:05
- Resolution 2022-08 Union Contracts Ratification (pg 24)

Quality Report: Brandie Manuel, CPSO 4:15

Financial Report: Tyler Freeman, CFO 4:30

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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Administrative Report: Mike Glenn, CEO	4:45
Board Business:	5:00
• Board of Health Report	
Meeting Evaluation:	5:10
Executive Session:	5:15
• Lease or purchase of real estate	
Conclude:	5:45

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

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Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, May 25, 2022

Call to Order:
The meeting was called to order at 2:02 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, Brandie Manuel, Chief Patient Safety Quality Officer, and Brittany Huntingford, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda
Commissioner Dressler made a motion to approve the agenda. Commissioner McComas seconded.
Action: Motion passed unanimously.

Board Governance Education:
- Debrief Washington State Hospital Association Leadership Summit.

Discussion ensued.

Education Topic:
Tom Dingus, Owner, Dingus Zarecor and Associates presented the 2021 financial audit.

Break:
Commissioners recessed for a break at 2:59 pm.
Commissioner reconvened from the break at 3:29 pm.

Patient Story:
Tina Toner, Chief Nursing Officer presented the patient story which included care received by a patient in the ER and IP unit for an inflamed gallbladder. Care was

provided by: Surgeon, Xray Tech, Nurse, Medical Assistant, Patient Navigator, Respiratory Therapist, Lab.

Minutes:

- April 20, 2022, Special Session Minutes

Commissioner McComas made a motion to approve the April 20, 2022, Special Session Minutes. Commissioner Kolff seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested

- March Warrants and Adjustments
- April Warrants and Adjustments
- Resolution 2022-05 Cancelled Warrants (March)
- Resolution 2022-06 Cancelled Warrants (April)
- Medical Staff Credentials/Appointments/Reappointments/Policy Updates

Commissioner Dressler made a motion to approve the March Warrants and Adjustments, April Warrants and Adjustments, Resolution 2022-05 Cancelled Warrants (March), Resolution 2022-06 Cancelled Warrants (April), Medical Staff Credentials/ Appointments/ Reappointments. Commissioner McComas seconded.
Action: Motion passed unanimously.

Patient Advocated Report:
Jackie Levin presented the Patient Advocate report.
Discussion ensued.

Quality Report:
Brandie Manuel, CPSQO presented the May Quality Report
Discussion ensued.

Financial Report:
Tyler Freeman, CFO, presented the March and April Financial Report.
Discussion ensued.

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

Board Business:

- Board of Health Report

Commissioner Kolff mentioned the report he shared with the Board of Health last week that he sent to his fellow commissioners. Dr. Berry was awarded the Professional of the year by our local chamber of commerce this past Saturday. Board of health is currently seeking tribal representation. Public health received a climate change grant.
Discussion ensued

Meeting Evaluation:
Commissioners evaluated the meeting.

Executive Session:

- Discuss the potential purchase and sale of property

Commissioners went into Executive Session for twenty-five (25) minutes at 5:26 pm. Commissioners came out of Executive Session at 5:55 pm. No action was taken.

No Public was present on the line.

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

The meeting concluded at 5:55 pm.

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

Jefferson Healthcare

STATISTIC DESCRIPTION	MAY 2022 MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MAY 2021 MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	570.94	625.21	9%	570.48	625.21	9%	577.92	1%	594.17	4%
FTEs - PRODUCTIVE (AVG)	531.19	559.80	5%	520.58	559.80	7%	499.37	-6%	526.51	1%
ADJUSTED PATIENT DAYS	2,753	2,810	-2%	13,959	13,685	2%	1,992	38%	8,895	57%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	109	76	43%	530	368	44%	65	68%	326	38%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	281	277	1%	1,469	1,347	9%	237	19%	1,232	16%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	7	16	-56%	10	79	-87%	10	-30%	88	-780%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	397	369	8%	2,009	1,794	12%	312	27%	1,646	18%
BIRTHS	9	8	13%	43	40	8%	12	-25%	38	12%
SURGERY CASES (IN OR)	131	139	-6%	611	676	-10%	120	9%	639	-5%
SURGERY MINUTES (IN OR)	16,761	17,236	-3%	74,157	83,955	-12%	18,366	-9%	81,469	-10%
SPECIAL PROCEDURE CASES	77	79	-3%	306	384	-20%	91	-15%	355	-16%
LAB BILLABLE TESTS	20,858	22,262	-6%	104,630	108,439	-4%	21,021	-1%	107,704	-3%
BLOOD BANK UNITS MATCHED	51	-	0%	155	-	0%	-	0%	-	100%
MRIs COMPLETED	197	218	-10%	937	1,061	-12%	228	-14%	1,031	-10%
CT SCANS COMPLETED	582	564	3%	2,847	2,747	4%	536	9%	2,631	8%
RADIOLOGY DIAGNOSTIC TESTS	1,584	1,599	-1%	7,638	7,790	-2%	1,576	1%	7,388	3%
ECHOs COMPLETED	184	178	3%	941	868	8%	139	32%	816	13%
ULTRASOUNDS COMPLETED	308	353	-13%	1,638	1,718	-5%	337	-9%	1,699	-4%
MAMMOGRAPHYS COMPLETED	-	283	-100%	1,007	1,378	-27%	285	-100%	1,292	-28%
NUCLEAR MEDICINE TESTS	41	53	-23%	204	257	-21%	46	-11%	252	-24%
TOTAL DIAGNOSTIC IMAGING TESTS	2,896	3,248	-11%	15,212	15,819	-4%	3,147	-8%	15,109	1%
PHARMACY MEDS DISPENSED	19,728	21,265	-7%	97,338	103,579	-6%	19,582	1%	94,141	3%
ANTI COAG VISITS	381	408	-7%	2,003	1,987	1%	391	-3%	1,992	1%
RESPIRATORY THERAPY PROCEDURES	2,636	2,995	-12%	15,681	14,590	7%	2,886	-9%	13,069	17%
PULMONARY REHAB RVUs	67	126	-47%	84	615	-86%	147	-54%	485	-477%
PHYSICAL THERAPY RVUs	7,177	8,272	-13%	34,568	40,293	-14%	7,041	2%	36,905	-7%
OCCUPATIONAL THERAPY RVUs	1,120	1,098	2%	6,187	5,349	16%	881	27%	5,402	13%
SPEECH THERAPY RVUs	103	295	-65%	910	1,438	-37%	320	-68%	1,381	-52%
REHAB/PT/OT/ST RVUs	8,467	9,791	-14%	41,749	47,695	-12%	8,389	1%	44,173	-6%
ER CENSUS	1,096	986	11%	4,845	4,803	1%	1,016	8%	4,423	9%
EXPRESS CLINIC	1,021	764	34%	4,189	3,723	13%	698	46%	2,749	34%
SOCO PATIENT VISITS	95	137	-31%	456	667	-32%	113	-16%	656	-44%
PORT LUDLOW PATIENT VISITS	714	684	4%	3,384	3,331	2%	580	23%	3,148	7%
SHERIDAN PATIENT VISITS	2,499	2,785	-10%	12,223	13,566	-10%	2,388	5%	12,952	-6%
DENTAL CLINIC	382	430	-11%	2,007	2,096	-4%	368	4%	1,770	12%
WATERSHIP CLINIC PATIENT VISITS	1,183	1,138	4%	5,035	5,545	-9%	1,015	17%	5,278	-5%
TOWNSEND PATIENT VISITS	437	582	-25%	2,549	2,834	-10%	515	-15%	2,765	-8%
TOTAL RURAL HEALTH CLINIC VISITS	6,331	6,520	-3%	29,843	31,762	-6%	5,677	12%	29,318	2%
CARDIOLOGY CLINIC VISITS	425	449	-5%	2,376	2,188	9%	449	-5%	2,348	1%
DERMATOLOGY CLINIC VISITS	649	749	-13%	3,405	3,650	-7%	349	86%	2,491	27%
GEN SURG PATIENT VISITS	289	351	-18%	1,457	1,709	-15%	332	-13%	1,639	-12%
ONCOLOGY VISITS	569	592	-4%	2,761	2,882	-4%	504	13%	2,746	1%
ORTHO PATIENT VISITS	867	858	1%	3,844	4,178	-8%	702	24%	3,432	11%
SLEEP CLINIC VISITS	191	85	125%	799	413	93%	77	148%	380	52%
UROLOGY VISITS	165	190	-13%	781	926	-16%	201	-18%	930	-19%
WOMENS CLINIC VISITS	267	340	-21%	1,195	1,658	-28%	278	-4%	1,514	-27%
WOUND CLINIC VISITS	256	308	-17%	1,128	1,500	-25%	236	8%	1,231	-9%
TOTAL SPECIALTY CLINIC VISITS	3,678	3,922	-6%	17,746	19,104	-7%	3,128	18%	16,711	6%
SLEEP CENTER SLEEP STUDIES	64	43	49%	274	207	32%	33	94%	141	49%
INFUSION CENTER VISITS	787	846	-7%	4,018	4,120	-2%	830	-5%	3,919	2%
SURGERY CENTER ENDOSCOPIES	70	84	-17%	347	408	-15%	71	-1%	377	-9%
HOME HEALTH EPISODES	55	52	6%	251	253	-1%	47	17%	257	-2%
HOSPICE CENSUS/DAYS	718	1,081	-34%	3,913	5,266	-26%	1,316	-45%	6,243	-60%
CARDIAC REHAB SESSIONS	-	62	-100%	-	302	-100%	84	-100%	286	0%
DIETARY MEALS SERVED	9,568	7,413	29%	45,705	36,111	27%	7,165	34%	34,871	24%
MAT MGMT TOTAL ORDERS PROCESSED	1,544	1,778	-13%	7,757	8,662	-10%	1,453	6%	8,849	-14%
EXERCISE FOR HEALTH PARTICIPANTS	-	-	0%	-	-	0%	-	0%	-	0%

Jefferson Healthcare

	May 2022 Actual	May 2022 Budget	Variance Favorable/ (Unfavorable)	%	May 2022 YTD	May 2022 Budget YTD	Variance Favorable/ (Unfavorable)	%	May 2021 YTD
Gross Revenue									
Inpatient Revenue	3,183,334	3,363,906	(180,571)	-5%	17,717,957	16,385,476	1,332,480	8%	14,741,802
Outpatient Revenue	24,349,691	24,238,107	111,585	0%	111,095,939	118,063,036	(6,967,097)	-6%	105,465,505
Total Gross Revenue	27,533,026	27,602,012	(68,987)	0%	128,813,896	134,448,512	(5,634,616)	-4%	120,207,307
Revenue Adjustments									
Cost Adjustment Medicaid	1,523,110	2,286,382	763,272	33%	10,318,555	11,136,893	818,338	7%	10,011,812
Cost Adjustment Medicare	10,270,649	9,433,256	(837,393)	-9%	44,654,778	45,949,085	1,294,308	3%	40,317,765
Charity Care	197,417	211,517	14,100	7%	673,486	1,030,292	356,806	35%	1,503,773
Contractual Allowances Other	2,682,522	2,634,243	(48,279)	-2%	12,184,864	12,831,311	646,447	5%	12,545,463
Administrative Adjustments	126,789	87,877	(38,912)	-44%	293,718	428,047	134,329	31%	221,576
Allowance for Uncollectible Accounts	496,080	429,235	(66,845)	-16%	1,247,824	2,090,790	842,966	40%	2,067,315
Total Revenue Adjustments	15,296,566	15,082,510	(214,057)	-1%	69,373,224	73,466,418	4,093,194	6%	66,667,703
Net Patient Service Revenue	12,236,460	12,519,503	(283,043)	-2%	59,440,672	60,982,094	(1,541,422)	-3%	53,539,604
Other Revenue									
340B Revenue	(78,591)	379,344	(457,935)	-121%	1,406,488	1,847,771	(441,283)	-24%	1,463,536
Other Operating Revenue	475,820	178,584	297,236	166%	2,315,621	869,877	1,445,744	166%	1,382,734
Total Operating Revenues	12,633,689	13,077,431	(443,741)	-3%	63,162,781	63,699,743	(536,962)	-1%	56,385,874
Operating Expenses									
Salaries And Wages	6,042,669	6,567,149	524,479	8%	30,959,988	31,988,370	1,028,382	3%	28,878,488
Employee Benefits	1,149,450	1,526,621	377,171	25%	7,206,843	7,436,120	229,277	3%	7,008,674
Professional Fees	567,687	169,436	(398,251)	-235%	1,831,308	825,316	(1,005,992)	-122%	803,751
Purchased Services	565,798	754,826	189,028	25%	3,677,379	3,676,734	(645)	0%	3,579,832
Supplies	2,834,259	2,517,722	(316,536)	-13%	13,010,666	12,263,744	(746,922)	-6%	11,068,269
Insurance	69,404	124,891	55,488	44%	349,744	608,342	258,599	43%	452,541
Leases And Rentals	73,864	50,281	(23,584)	-47%	356,484	244,915	(111,569)	-46%	135,140
Depreciation And Amortization	429,452	529,216	99,764	19%	2,144,673	2,577,793	433,120	17%	2,458,940
Repairs And Maintenance	90,593	96,322	5,729	6%	291,446	469,183	177,737	38%	309,829
Utilities	156,196	86,697	(69,499)	-80%	694,830	422,296	(272,533)	-65%	527,948
Licenses And Taxes	79,698	78,098	(1,600)	-2%	348,850	380,413	31,563	8%	384,249
Other	148,080	241,265	93,185	39%	905,526	1,175,194	269,668	23%	753,942
Total Operating Expenses	12,207,150	12,742,524	535,373	4%	61,777,736	62,068,421	290,685	0%	56,361,605
Operating Income (Loss)	426,539	334,907	91,632	27%	1,385,045	1,631,321	(246,277)	-15%	24,269
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	24,016	24,732	(716)	-3%	120,079	120,469	(390)	0%	115,505
Taxation For Debt Service	18,715	18,668	47	0%	107,089	90,931	16,158	18%	220,174
Investment Income	(203,717)	28,197	(231,914)	-822%	65,135	137,348	(72,213)	-53%	25,906
Interest Expense	(59,035)	(77,074)	18,039	23%	(417,370)	(375,426)	(41,944)	-11%	(435,345)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	5,473	8,775	(3,302)	-38%	14,558	42,743	(28,184)	-66%	22,200
Total Non Operating Revenues (Ex	(214,549)	3,298	(217,847)	6605%	(110,508)	16,065	(126,573)	788%	(51,561)
Change in Net Position (Loss)	211,990	338,205	(126,215)	-37%	1,274,537	1,647,386	(372,849)	-23%	(27,292)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

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

General Fund Warrants & ACH Transfers	**$16,669,291.55**	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	**$820,285.53**	(Attached)
Canceled Warrants	**$582.19**	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following warrants:

GENERAL FUND:

289733	**290317**	**$4,103,605.71**
ACH TRANSFERS		**$12,565,685.84**
		$16,669,291.55
YEAR-TO-DATE:		**$90,810,868.77**

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: **MAY 2022 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS**

Submitted for your approval are the following:

	MAY	MAY YTD	MAY YTD BUDGET
Allowance for Uncollectible Accounts:	496,079.70	1,247,823.92	2,090,789.90
Charity Care:	197,416.73	673,485.90	1,030,292.18
Other Administrative Adjustments:	126,789.10	293,717.89	428,047.35
TOTAL FOR MONTH:	$820,285.53	2,215,027.71	$3,549,129.43

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: **BOARD OF COMMISSIONERS**
FROM: **TYLER FREEMAN, CFO**
RE: **MAY 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
5/6/2021	273992		$ 5.04
5/6/2021	274007		$ 73.42
5/6/2021	274051		$ 273.05
5/6/2021	274135		$ 2.02
5/13/2021	274253		$ 30.00
5/13/2021	274254		$ 10.00
5/20/2021	274510		$ 9.78
5/27/2021	274643		$ 15.00
5/27/2021	274651		$ 3.70
5/27/2021	274653		$ 147.78
5/27/2021	274671		$ 12.40
		TOTAL:	$ 582.19

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2022-07

A RESOLUTION CANCELING CERTAIN WARRANTS IN THE AMOUNT OF $582.19

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 $582.19 be canceled.

Date of Issue	Warrant #	Amount
5/6/2021	273992	5.04
5/6/2021	274007	73.42
5/6/2021	274051	273.05
5/6/2021	274135	2.02
5/13/2021	274253	30.00
5/13/2021	274254	10.00
5/20/2021	274510	9.78
5/27/2021	274643	15.00
5/27/2021	274651	3.70
5/27/2021	274653	147.78
5/27/2021	274671	12.40
Total		**$582.19**

APPROVED this 22nd day of June 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: **06/21/2022 Medical Executive Committee appointments/reappointments for Board approval 06/22/2022**

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. Mark Winkler, MD - Radia
2. Jonathan Jewkes, MD- Radia
3. James Jeffries, MD- Radia

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

1. Stephen Churchley, MD – Emergency Medicine
2. Haley Hoffner, MD – Hospitalist
3. Joseph Meyerson, MD – Orthopedics
4. Ethan Ross, MD- Emergency Medicine

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

1. Kristine Andrade, MD – Radia
2. Alan Chan, MD – Radia
3. Elizabeth Hayes, MD – Radia
4. Bartholonew Keogh, MD – Radia
5. William Lemley, MD- Radia
6. John Mackenzie, MD- Radia
7. Garland McQuinn, MD-Radia
8. Juan Millan, MD-Radia
9. Mark Pfleger, MD- Radia
10. Justin Siegal, MD- Radia
11. Milton VanHise, MD- Radia
12. Kinjal Desai, MD - Providence
13. Biggya Sapkota, MD – Providence

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

1. Matt Petta, CNRA – Surgery
2. Angela Pieratt, ARNP – Sheridan Clinic
3. Natalie Camacho, PA- Orthopedics

Recommended Temporary Privileges:

1. N/A

Recommended POCUS Privileges:

1. N/A

FROM: **Medical Staff Services**
RE: **06/21/2022 Medical Executive Committee appointments/reappointments for Board approval 06/22/2022**

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.

Medical Student Rotation:

1. N/A

Disaster Privileging

1. N/A

90-day provisional performance review completed successfully:

1. N/A

Resignations:

1. Madeline Nguyen, MD
2. Ruth Treat, MD

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Summary of Changes for Policy and Privilege Review

Policies

1. History and Physical
    I. No changes
2. Computerized Physician Order Entry
    I. No changes

Privileges

1. Emergency Medicine Privileges
    I. Addition of ATLS as a requirement for privileges.
    II. ACLS requirement for Procedural Sedation.

Status **Active** PolicyStat ID **9935135**

Origination	09/2014	Owner	Brandie Manuel
Last Approved	06/2021	Policy Area	Medical Staff Policies
Last Revised	06/2021		
Next Review	06/2022		

History and Physical

PURPOSE:

The purpose of a medical history and physical examination (H&P) is to determine whether there is anything in the patient's overall condition that would affect the planned course of the patient's treatment, such as a medication allergy, or a new or existing co-morbid condition that requires additional interventions to reduce risk to the patient.

PROCEDURE:

A. **Documentation Requirements:**

1. The history and physical must be performed and documented within 30 days prior to a scheduled admission or within twenty-four (24) hours after an unscheduled admission.
2. At the time of admission, or at the time of the physician's first visit, but no longer than 24 hours after admission, all charts must include a documented H&P in EPIC. This note will include the diagnosis, reason for admission, indications for any planned procedure, relevant assessment of the patient's condition and plan for therapeutics and diagnostics.
    - An HP completed within 30 days prior to admission or registration shall include an entry in the medical record documenting an examination for any change in the patient's current medical condition completed by a doctor of medicine or osteopathy.
    - This examination and update of the patient's current medical condition shall be completed and placed in the medical record within twenty four (24) hours after admission or registration, but prior to surgery or other procedure requiring anesthesia services.

B. **History and Physical Requirements by Patient Status:**

1. Inpatient, Same Day Surgery and Observation Charts:
   To include chief complaint, details of the present illness, relevant past medical history, relevant social history, relevant family history, summary of psychosocial needs as appropriate, relevant review of body systems, relevant physical exam, allergies, medications, and impression/plan or conclusion.
   - A preoperative history and physical shall be on chart prior to performance of a non-emergent surgical procedure. If history and physical is not recorded before the time scheduled for procedure, the operation shall be canceled or postponed, unless the attending surgeon documents on the record that such delay would be detrimental to the patient. All cases which are canceled due to absence of history and physical shall be reported to Surgical Services Committee.
2. Recurring Patients, Medical Short Stay Procedures or Treatment (i.e., IV medications, chemo):
   a. Initial visit for the recurring, Medical Short Stay patient: The following options are available:
      1. *Complete H&P in EPIC; or*
      2. *Office notes that contain all elements of an H&P, as referenced above in Section B1*
   b. Following the initial visit, for recurring medical outpatients: Entries are required at least every four (4) weeks, or prior to the next treatment if the treatment is longer than four (4) weeks apart.
3. Diagnostic Procedures (ie: lab, cath flushes, radiology, physical therapy): No history and physical required.
4. Emergent/Stat Treatment: At the time of admission, the patient's diagnosis must be documented. A progress note, Short Stay Form or office notes that contain all elements of an H&P, as referenced above in Section B1, need to be entered into EPIC within twenty-four hours.
5. Procedural Sedation (moderate/conscious sedation): Refer to policy for documentation requirements.
6. The obstetrical record shall include a complete prenatal record. The prenatal record may be a copy of the attending practitioner's Office record transmitted to the hospital before admission, but an interval admission note must be written that includes pertinent additions to the history and subsequent changes in physical findings. Un-established patients will need a full history and physical.

C. **Readmission:** When a patient is readmitted within 30 days for the same problem, an interval history and physical exam may be completed. Reference to the previous history and physical must be inserted in the chart and the interval note must reflect any subsequent changes in the patient.

D. **Who Can Perform the History and Physical:**
   A history and physical examination may be performed by physicians and specified allied health professionals.

It is expected that the operating surgeon will be the admitting physician under normal circumstances for scheduled procedures. If the admitting physician is not the operating surgeon, the surgeon must provide a pre-operative consultation which shall be documented in the medical record.
Dentists may perform a history and physical related to dentistry.
Podiatrists may perform a pre-operative history and physical examination independently on their patients of surgical risk ASA Category I or II. The podiatrist is responsible for arranging an additional H&P by a MD, DO, ARNP or PA for podiatric patients with risk greater than ASA category II.
Advanced Registered Nurses Practitioners and Physician Assistants may perform a history and physical; Co-signature by sponsoring physician is required.
Residents and students may perform a history and physical. Co-signature by sponsoring physician who has verified the accuracy via an in depth exam is required.
Admission is defined as patient registration in any inpatient, observation, same day surgery, or short-stay hospital service.

REFERENCE:

CMS 482.22c5, 485.638 a4ii, 485.639, 482.24 2i, DNV MS.17 H&P

Approval: MEC 4/21/2020/Board 4/22/2020, MEC 5/25/2021, Board 5/26/2021

Reference Type	Title	Notes

Attachments

ASA Physical Status Class

Approval Signatures

Step Description	Approver	Date
	Allison Crispen: Director of Medical Staff Programs	06/2021

Status **Active** PolicyStat ID **9730525**

Origination	06/2013	Owner	Brandie Manuel
Last Approved	07/2021	Policy Area	Medical Staff Policies
Last Revised	07/2021		
Next Review	07/2022		

Computerized Physician Order Entry

POLICY:

Order entry in the EHR (electronic health record) is to be completed by provider and intended to support timely and best care of the patient. Verbal or telephone communication of orders should be limited to urgent situations where immediate electronic communication is not feasible. Verbal and telephone orders will be carried out in accordance with applicable Washington State Laws and CMS Conditions of Participation. Research and Chemotherapy orders must be entered **only** by the provider.

DEFINITION:

A verbal order is a medical order from a credentialed provider spoken to the registered practitioner. A verbal order may be accepted by a Registered Nurse, Registered Respiratory Therapist, a Registered Pharmacist, a Registered Dietician, a Physical Therapist, an Occupational Therapist, a Speech Therapist or a Medical Technologist, if within their scope of practice. A verbal order may not be accepted by an unlicensed individual such as a Health Unit Coordinator or Certified Nursing Assistant.

PROCEDURE:

Providers can give verbal/telephone orders to be read back and entered into EPIC by the registered practitioner during the following **two** scenarios:

1. Inability for provider to access EPIC
    - Provider is actively engaged in the care of another patient, performing a procedure or doing a patient examination
    - Provider is on call without computer accessibility
2. Urgent clinical situation

Verbal/telephone orders will be managed the following way:

1. When RN makes the call to the provider with update or to get an order, **the RN will have the patient's EPIC chart OPEN and will enter the order all the way through the signing process before hanging up the phone.** This will prevent having to call the provider back for clarification, etc. due to system alerts. The order will be read back to the provider for verification to ensure accuracy and completeness. Please select order mode of *"verbal with read-back"* **or** *"telephone with read-back"*.
2. Verbal or telephone orders must identify the provider giving the order.
3. The provider may NOT ask a non-licensed employee to enter orders at any time (i.e. HUC or CNA).
4. The ordering provider must sign, date and time a verbal/telephone order as soon as possible, and no later than 48 hours after the verbal/telephone order is received.

REFERENCES:

CMS CoP 485.635 (d)(3)

WAC 246-873-010; 246-873-090

MEC Approval: 6/4/2013;8/26/2014; 2/24/2015, 11/22/2016, 11/28/2017; 4/21/2020, 6/27/2021

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Allison Crispen: Director of Medical Staff Programs	07/2021
	Allison Crispen: Director of Medical Staff Programs	07/2021

Jefferson Healthcare
Emergency Medicine Clinical Privileges

To be eligible to request Emergency Medicine applicant must meet the following criteria:

Basic Education: Doctor of Medicine or Doctor of Osteopathy (MD/DO) from an accredited program.

Formal training and experience at initial appointment:

- Successful completion of a residency program in Emergency Medicine approved by the Accreditation Council for Graduate Medical Education (ACGME or AOA).
- Current certification or active participation in the examination process leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

Or

- Successful completion of an ACGME or AOA accredited post-graduate training program in a general primary care specialty including certification by the appropriate board and an **ACLS, PALS** certification.

And

- Applicants for initial appointment must be able to document clinical activity in emergency medicine during the last four years without significant quality variation identified.
- Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
- Evidence of restraint competency
- ATLS certification

Reappointment Requirements:

- Current demonstrated competence and an adequate volume of experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/ improvement activities and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Must maintain certifications as required.

☐ **Requested:** Assess, evaluate, diagnose and initially treat patients of all ages who present in the ED with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

Consultation will be obtained as necessary and for all patients admitted to the institution. Emergency medicine privileges do not include privileges to admit as an inpatient or perform scheduled elective procedures, except for procedures performed during routine emergency room follow-up, but **do include writing admission orders to another physician.** Privileges also do not include provision of definitive long-term care for patient on an in-patient basis.

A representative, but of necessity, not a complete list of the Emergency Medicine Core Procedures is stated below. It is assumed that other procedures and problems of similar complexity will fall within the identified scope of the Emergency Medicine Core Privileges. Please draw a line through any procedure not being requested.

• Arterial sampling for blood gas analysis	• Initial treatment of burns
• Arthrocentesis	• Injection of bursa or joint
• Bladder catheterization	• Intracardiac injection
• Cardiac massage, open/closed	• Intraosseous infusion
• Cardiac-pacing, external/transthoracic	• Local anesthesia
• Cardioversion/defibrillation	• Lumbar puncture
• Central venous access	• Mechanical ventilation
• Cervical immobilization	• Nail trephination
• Contrast injection for imaging	• Nasogastric or orogastric intubation
• CPR	• Needle thoracostomy
• Cricothyrotomy	• Neuromuscular blockade

• Debridement of skin and soft tissue injury • Electrocardiography • Emergency thoracostomy • Emergent pericardiocentesis • Endotracheal intubation, nasal/oral • Epistaxis control • Fiberoptic laryngoscopy • Foreign body removal • Fracture/dislocation immobilization • Gastric lavage • I.V. placement - arterial puncture • Incision and drainage of abscess • Indirect and direct laryngoscopy	• Paracentesis • Peritoneal lavage • Precipitous delivery of newborn • Regional nerve blocks • Small lesion excision • Splint application • Tonometry • Tube thoracostomy • Urethral catheterization • Wound management and repair • Emergent/urgent closed reduction of fracture or dislocation • Slit lamp examination with or without foreign body removal • Initial ordering of imaging studies and evaluation of the results to the degree that a plan of action can be formulated

Ultrasound privileges criteria:

1. **25 documented and reviewed US examinations for each requested below (with the exception of procedure guided)**
2. **Documentation of general ultrasound competency through a *residency pathway* or *practice-based pathway***

Residency pathway: The physician received basic US training during a 3 or 4 year ACGME approved Emergency Medicine residency program. Documentation of competence must be requested from the Ultrasound Director or Program Director.

Practice based pathway: The physician will have documentation of having completed at least 16 hours of emergency ultrasound training covering the core applications with practical hands-on sessions.

□ Emergency Ultrasound examinations: (**please check privileges requested**)

□ FAST – Focused Assessment with Sonograpy in Trauma	□ 1st trimester pregnancy	□ Ocular
□ Procedure Guided (10 documented/reviewed exams)	□ Lower extremity DVT	□ Thoracic
□ Biliary	□ Focused Cardiac	□ Urinary tract
□ AAA – Abdominal Aortic Aneurysm	□ Soft tissue/musculoskeletal	

□ **Procedural Sedation:** Special request criterion: Evidence of completion of sedation competency module and an active ACLS **MUST** be evident before privilege will be granted.

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

_____

Physician Signature Date

_____

Governing Board Approval Date

Core privileges form approved by MEC: 1/27/09, 10/21/11, 6/28/2016

Hello.

As part of our ongoing commitment to patient safety and quality and in compliance with DNV Rules and Regulations, Jefferson Healthcare is standardizing its approach to procedural sedation training. Documented completion of procedural sedation training is required every 2 years.

Therefore, following please find instructions for online Procedural Sedation training. Please note that this training document is for the sole use of Jefferson Healthcare Authorized Users. Do not reproduce, retain or redistribute this document without prior authorization.

Please review the instructions below, complete the training, print a copy of the completion certificate and forward it to Barbara York, Medical Staff Services, no later than as soon as possible. Thank you!

PROCEDURAL SEDATION ONLINE

For Physicians, CNRAs, and ARNPs:

An online Procedural Sedation Course is offered to JHC physicians, CRNAs, and ANRPs through Swedish.

To access the course, please copy & paste the following link on the address bar of JHC's intranet or the internet:
http://www.swedish.org/for-health-professionals/cme/online-cmes/adult-procedural-sedation#axzz1rwF8ljkj

Once the Swedish Procedural Sedation page opens, you are asked to review the information and read all materials listed under "Course Materials & Self-Assessment" before completing the online assessment. These materials consist of:

- Procedural Sedation: Adult Clinical procedure
- Addendum 1 to Procedural Sedation: Adult Clinical procedure
- Addendum 2 to Procedural Sedation: Adult Clinical procedure
- Adult Procedural Sedation Self-Learning Packet
- On the last page of this packet, you will find the "Next Steps" box which will direct you to complete an evaluation, register for CME credit, and print your certificate of completion

Participation Overview

- This is a self-learning module
- CME credit will be granted only if your quiz score is 100%
- Estimated time to complete the training module and exam is one hour
- **The registration fee will be waived if you click on "Swedish Provider" (for Swedish affiliates – Jefferson Healthcare employees only)**

Online Self-Assessment

- If asked, "Would you like to resume the quiz where you left off?" click "No."

After passing the quiz, you will be directed to:

- Complete the CME Evaluation of this activity
- Register to record participation and claim credit
- Print your CME Certificate

Please note that this training is required every two years. Please forward a copy of your completion certificate to Jefferson Healthcare Medical Staff Services. Thank you.

Jefferson County Public Hospital District No. 2

RESOLUTION 2022-08

A Resolution of the Jefferson County Public Hospital District No. 2 Board of Commissioners approving the Nursing collective bargaining agreement with the United Food & Commercial Workers Local 21 ("UFCW 3000")

WHEREAS, the Public Hospital District has been in negotiations with UFCW 3000 in an attempt to arrive at a satisfactory contract.

WHEREAS, the Public Hospital District and UFCW 3000 have reached tentative agreement on a contract for the nursing employees, and bargaining unit members have ratified their respective contract.

NOW THEREFORE, BE IT RESOLVED by the Jefferson County Public Hospital District No. 2 Board of Commissioners that it hereby approves the parties' tentative agreements and any minor edits thereto necessary to prepare a final agreement; and

BE IT RESOLVED that the Chief Executive Officer is authorized to take all necessary administrative actions to implement this resolution, and is authorized to execute the final contracts with UFCW 3000.

ADOPTED and APPROVED by the Board of Commissioners of Jefferson County Public Hospital District No. 2 at an open public meeting thereof this 22nd day of June 2022, the following Commissioners being present and voting in favor of the resolution.

Commission Chair Jill Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____