

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, June 22, 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 Alyssa Rodrigues, 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:

- Generative Governance discussion
- Generative Governance discussion is scheduled for July 5, 2022 to discuss Master Site Plan. Commissioner Buhler Rienstra explained that Matt Ellsworth, Executive Director Association of Washington Public Hospital Districts, will explain legal boundaries around board governance and bonds.

Education Topic:

- AWPHD Presentation, Matt Ellsworth, Executive Director Association of Washington Public Hospital Districts

Mr. Ellsworth provided a presentation on the Board's role with pursuing a bond.

Discussion ensued.

Break:

Commissioners recessed for a break at 3:02 pm.

Commissioner reconvened from the break at 3:30 pm.

Patient Story:

Tina Toner, Chief Nursing Officer presented the patient story regarding a letter sent in by a patient about Jefferson Healthcare's 5-star rating for patient experience.

Public Comment:

No public comment was made.

Minutes:

- May 25, 2022 Special Session Minutes

Commissioner Kolff made a motion to amend minutes under Board of Health report to state "Dr. Berry received the Young Professional of the Year award from the Chamber of Commerce." Commissioner Dressler seconded.

Action: Motion passed unanimously.

Commissioner Kolff made a motion to approve the May 25, 2022, Regular Session Minutes with amendments. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- May Warrants and Adjustments
- Resolution 2022-07 Cancelled Warrants
- Medical Staff Credentials/Appointments/Reappointments
- Med Staff Policy Updates

Commissioner Dressler made a motion to approve the May Warrants and Adjustments, Resolution 2022-07 Cancelled Warrants, Medical Staff Credentials/ Appointments/ Reappointments. Commissioner McComas seconded.

Action: Motion passed unanimously.

CHRO Presentation:

- Resolution 2022-08 Union Contracts Ratification

Allison Crispen, Interim CHRO presented Resolution 2022-08 Union Contracts Ratification

Commissioner Dressler made a motion to approve Resolution 2022-08 Union Contracts Ratification. Commissioner Kees seconded.

Action: Motion passed unanimously.

Quality Report:

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

Financial Report:

Tyler Freeman, CFO, presented the May Financial Report.
Discussion ensued.

Administrative Report

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

Board Business:

- Board of Health Report

Commissioner Kolff provided the Board of Health Report which included an update on the annual Public Health Hero Awards recipient KPTZ for their COVID related programming. In addition, Dr. Berry reported on the extreme transmissibility of the virus, public health staff is planning on participating in an intensive anti racism course, and a report given by Jeff Johnson, Regional Director, of ORCA.

Meeting Evaluation:

Commissioners evaluated the meeting.

Executive Session:

- Discuss the potential purchase and sale of property

Executive Session was canceled.

Conclude:

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

Action: Motion passed unanimously.

The meeting concluded at 6:03pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____
Secretary of Commission: Marie Dressler _____



Association of Washington
Public Hospital Districts

Elections for PHDs






Where We Were

20% Pass Rate for PHDs

<3% Margin of loss

Ballot Fatigue

Who ARE these People!



Choose Date (work back)

Pre-Work (listening, survey, scoping)

Support Group

Roadshow

GOTV

Election Evolution



NO USE OF DISTRICT RESOURCES!

email, printers, space, technology



Education vs. Advocacy

More DO than DON'T

FAQs



What Wins

Community Ownership

Demonstrate Value

Engaged

Leverage Trust

Community Advocates

What Loses

"It Could be Worse"

"The End is Near"

Complacency

Go it Alone

Resources To Know

AWPHD.org

Election Toolkit

MRSC.org

Compliance

Commission Process

County Auditor

Election data

Wage Increases

- First year increase average of 9%
 - Range from a minimum of 4% to as high nearly 16%
- No more “wait” steps – every year earns an increase
- Overall increase over 3 years an average of nearly 14%
 - Range from minimum of 9% to nearly 21%
- Increase in preceptor pay
- Creation of Resource Nurse Position for extra pay
- Cross-trained RNs have extra pay

1:1 Experience for Pay

- Previously Nursing Contract members received 1 step for every 2 years experience. Starting this year, they will receive 1 step for every single year of experience.
- Email to all nursing unit members will go out tomorrow to explain process and we have 120 days to audit and make appropriate wage changes.

Jefferson Healthcare

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

June 22, 2022

Agenda



2022 Quality and Safety Goals

Patient Safety and Quality

Deliver the safest, highest quality care

Goals	Strategy	Initiatives	Targets
	Deliver care that is guided by the best evidence	Enhance the infrastructure and the use of technology, data, and analytics to improve patient outcomes.	Achieve Stage 3 HIMSS Analytics by Q4 2022
			Closure of environment of care rounding items (Target >80%)
			Utilize barcode medication administration to prevent medication errors (Target>90%)
		Assess and address health equity	Select 2 clinical quality measures by March, 2022
			Include equity in Quality Reports to identify disparities in care
		Promote excellent outcomes through the delivery of evidence based care.	>90% Compliance for Core Measures (Composite Score)
			Readmission rate < 10%
			Ensure safer transitions of care by closing the loop on referrals (Target>80% completion rate)
		Design the most effective performance improvement and quality management system	Apply continuous quality improvement principles (Target>85% of departments with active PI plans)
		Ensure the availability and deployment of process improvement tools.	Create a culture of learning (>75% attendance at PI Council Meetings)
			Maintain full accreditation (Target-achieve HKRC certification and maintain existing accreditations)
		Enhance our systematic approach to avoid medical errors	Zero cases of preventable patient harm
		Implement best practices in event reporting, investigation, analysis and mitigation	Complete Culture of Safety Survey
		Culture of Safety	Use evidence-based teamwork and communication to prevent errors (Target>75% of directors)
		Promote a Learning Culture by sharing "lessons learned" from system defects	Safety events are shared in team huddles and department meetings
	Continue transition to value-based care	Explore the addition of value-based contracts	Explore the addition of one VP contract by December 31, 2022
		Top performance in MIPS reporting	Effectively utilize the EHR to improve value (Target >75% Promoting Interoperability in MIPS Reporting)
			Top quartile performance in 3 CQM or eQCMs

Promote excellent outcomes through the delivery of evidence-based care: Heart Failure Performance

Measure	Target	Q1 2022	2021
ACEI/ARB or ARNI at d/c	> 85%	100%	100%
Evidence based beta blockers	> 85%	89%	92%
Measure LV Function	> 85%	100%	100%
Post D/C appointment	> 85%	93%	88%

To receive the Gold Plus Quality Achievement Award, hospitals must achieve 85% or higher adherence to all Heart Failure achievement indicators for two or more consecutive 12-month periods and achieve 75% or higher compliance on four or more additional quality measures.

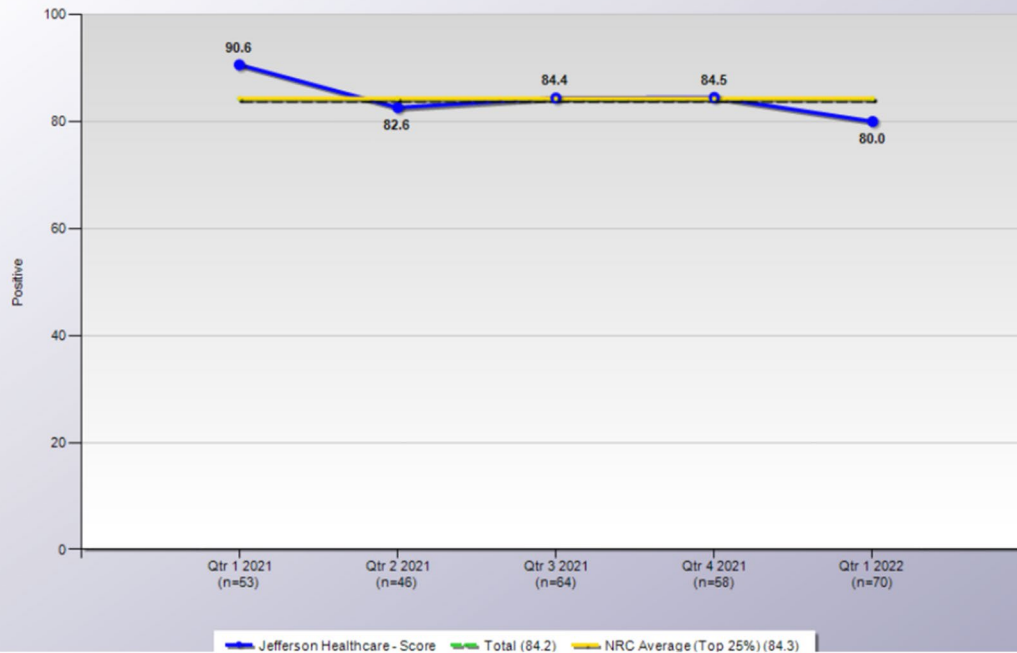


Service Highlight: Star Rating (HCAHPS Scores July 2021)

Overall Star Rating Results	Jefferson Healthcare	National Average
Overall Star Rating	★★★★	★★★
Experience of Care	★★★★★	★★★
<i>Composite: Communication with nurses; communication with doctors; responsiveness of hospital staff; communication about medicines; discharge information; care transition; cleanness and quietness of hospital; overall rating of hospital</i>		

Patient Perspective: In the Words of Our Patients...

HCAHPS: Would recommend hospital to family



- I was unconscious the first 24 hr of being in the ER to the ICU. My CNA & the visiting nurses caring for me were the kindest and most respectful. The MD's were great also.
- I received excellent care - I can't say enough nice things about the nurses + other staff. They allowed my daughters to be with me 24/7. I really appreciate all the staff did for me.
- Patient care was outstanding! As always.
- Best hospital experience ever! Glad I live in PT
- Overall I feel the care I received was 'very good'. I would have appreciated being told what the results of my scan and Echo procedures showed instead of having to ask
- Very good care the best hospital you could ever want to be in. Mike Glenn has done an excellent job.
- I felt the care I received at JHC was excellent!



2022 Projects and Focus Areas



Patient Safety & Quality:

- OB Quality Committee
- Surgical Quality/Hip and Knee Replacement Committee
- Health Equity Clinical Focus Areas
- Performance Improvement Council – June 2022
- Workforce Safety and Wellness
- Culture of Safety Survey
- TeamSTEPPS re-launch (working with education team)

Infection Control and Prevention:

- COVID-19 Management
- Hand Hygiene
- Prevention of Healthcare-Acquired Infections
- PPE training, coaching, management
- Ongoing program evaluation and reporting
- Recruitment of one additional Infection Preventionist

Technology:

- Provider Technology Team
- CyberSecurity
- Imprivata – single sign on
- Wi-Fi replacement
- Enhanced use of Technology for Patient Care and Operations
 - IV Pump replacement – in progress
- Data Team integration and strategic planning/formalization of data warehouse

Accreditation:

- DOH Survey Corrective Action Plan
- DNV/ISO Survey CAP
- Infection Control and Prevention survey expected
- Hip and Knee Certification Application
- 2022 Internal Audit: Trauma program (in progress)
- Level IV Trauma re-certification application due

Service Excellence:

- Real Time Surveys – Leader Training
- Coordination of Care
- Leverage MyChart/Epic to better connect patients with their care
- Advanced tools for patient engagement analysis and service recovery

Questions?



Jefferson Healthcare

May 2022 Finance Report

June 22, 2022

Tyler Freeman, CFO

May 2022

Operating Statistics

STATISTIC DESCRIPTION

FTEs - TOTAL (AVG)

ADJUSTED PATIENT DAYS

ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)

ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)

PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION

SURGERY CASES (IN OR)

SPECIAL PROCEDURE CASES

LAB BILLABLE TESTS

TOTAL DIAGNOSTIC IMAGING TESTS

PHARMACY MEDS DISPENSED

RESPIRATORY THERAPY PROCEDURES

REHAB/PT/OT/ST RVUs

ER CENSUS

DENTAL CLINIC

TOTAL RURAL HEALTH CLINIC VISITS

TOTAL SPECIALTY CLINIC VISITS

MAY 2022						MAY 2021			
<u>MO</u>	<u>MO</u>	<u>%</u>	<u>YTD</u>	<u>YTD</u>	<u>%</u>	<u>MO</u>	<u>%</u>	<u>YTD</u>	<u>%</u>
<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>ACTUAL</u>	<u>VARIANCE</u>	<u>ACTUAL</u>	<u>VARIANCE</u>
571	625	9%	570	625	9%	578	1%	594	4%
2,753	2,810	-2%	13,959	13,685	2%	1,992	38%	8,895	57%
109	76	43%	530	368	44%	65	68%	326	38%
281	277	1%	1,469	1,347	9%	237	19%	1,232	16%
397	369	8%	2,009	1,794	12%	312	27%	1,646	18%
131	139	-6%	611	676	-10%	120	9%	639	-5%
77	79	-3%	306	384	-20%	91	-15%	355	-16%
20,858	22,262	-6%	104,630	108,439	-4%	21,021	-1%	107,704	-3%
2,896	3,248	-11%	15,212	15,819	-4%	3,147	-8%	15,109	1%
19,728	21,265	-7%	97,338	103,579	-6%	19,582	1%	94,141	3%
2,636	2,995	-12%	15,681	14,590	7%	2,886	-9%	13,069	17%
8,467	9,791	-14%	41,749	47,695	-12%	8,389	1%	44,173	-6%
1,096	986	11%	4,845	4,803	1%	1,016	8%	4,423	9%
382	430	-11%	2,007	2,096	-4%	368	4%	1,770	12%
6,331	6,520	-3%	29,843	31,762	-6%	5,677	12%	29,318	2%
3,678	3,922	-6%	17,746	19,104	-7%	3,128	18%	16,711 ²¹	6%

May 2022

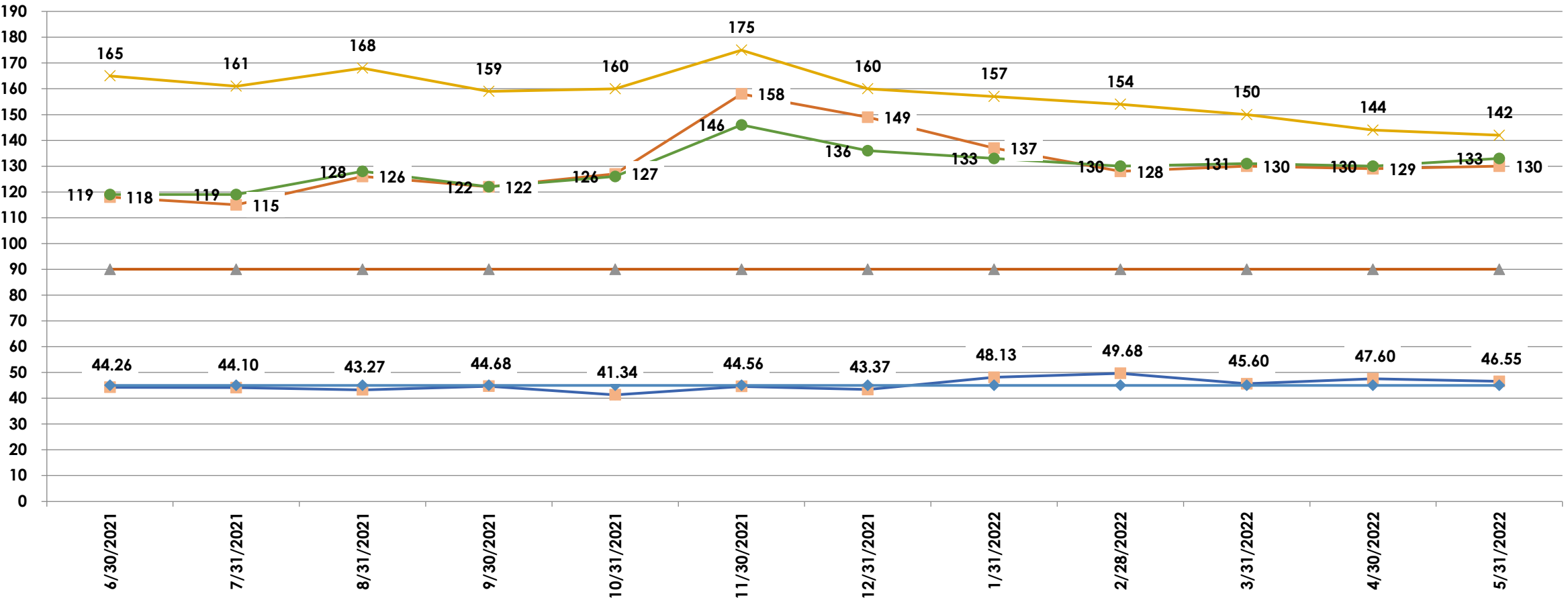
Income Statement Summary

	May 2022 Actual	May 2022 Budget	Variance Favorable/ (Unfavorable)	%	May 2022 YTD	May 2022 Budget YTD	Variance Favorable/ (Unfavorable)	%	May 2021 YTD
Operating Revenue									
Gross Patient Service 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	15,099,150	14,870,993	(228,157)	-2%	68,699,738	72,436,126	3,736,388	5%	65,163,930
Charity Care Adjustments	197,417	211,517	14,100	7%	673,486	1,030,292	356,806	35%	1,503,773
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	397,230	557,928	(160,698)	-29%	3,722,109	2,717,648	1,004,460	37%	2,846,270
Total Operating Revenue	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
Other Expenses	5,015,031	4,648,754	(366,277)	-8%	23,610,905	22,643,931	(966,974)	-4%	20,474,443
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
Total Non Operating Revenues (Expenses)	(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)
Operating Margin	3.4%	2.6%	0.8%	31.8%	2.2%	2.6%	-0.37%	-14.4%	0.0%
Total margin	1.7%	2.6%	-0.9%	-35.1%	2.0%	2.6%	-0.57%	-22.0%	0.0%
Salaries & Benefits as a % of net pt svc rev	-58.8%	-64.6%	5.9%	9.1%	-64.2%	-64.6%	0.44%	0.7%	-67.0%

May 2022

Cash and Accounts Receivable

Days Cash and Accounts Receivable



- DAYS OUTSTANDING IN A/R
- DAYS AR GOAL - 45
- DAYS OF CASH
- DAYS CASH GOAL - 90

May 2022

Board Financial Report

Department	Account	Description	May Actual	May Budget	May Variance	2022 YTD Actual	2022 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	5,714	4,624	(1,090)	23,826	22,524	(1,303)
	601100	BENEFITS FICA	343	326	(17)	1,655	1,588	(67)
	601150	BENEFITS WA F&MLA	7	5	(2)	35	26	(8)
	601400	BENEFITS MEDICAL INS-UNION	2,307	5,579	3,272	15,976	27,173	11,197
	601600	BENEFITS RETIREMENT	-	-	-	-	-	-
	601900	BENEFITS EMPLOYEE ASSISTANCE	8	-	(8)	41	-	(41)
	602300	CONSULT MNGMT FEE	-	-	-	-	-	-
	602500	AUDIT FEES	17,250	4,671	(12,579)	19,750	22,753	3,003
	604200	CATERING	-	83	83	-	405	405
	604500	OFFICE SUPPLIES	-	-	-	-	-	-
	604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
	606500	OTHER PURCHASED SERVICES	-	170	170	31,962	827	(31,135)
	606700	MARKETING	-	-	-	-	-	-
	609300	DUES AND SUBSCRIPTIONS	-	-	-	-	-	-
	609400	TRAVEL/MEETINGS/TRAINING	3,886	807	(3,079)	5,799	3,930	(1,868)
	609999	CLEARING	-	-	-	-	-	-
BOARD Total			29,515	16,265	(13,249)	99,044	79,228	²⁴ (19,816)

June 2022

Preview — (*as of 0:00 6/22/22)

- **\$ 27,722,007 in Projected HB charges**

- Average: \$924,067/day (HB only)
- Budget: \$882,907/day
- 101.6% of Budget

- **\$9,647,224 in HB cash collections**

- Average: \$321,574/day (HB only)
- Goal: \$390,700/day

- **43.5 Days in A/R**

- **Questions**

Jefferson Healthcare

Administrative Report

June 22 2022

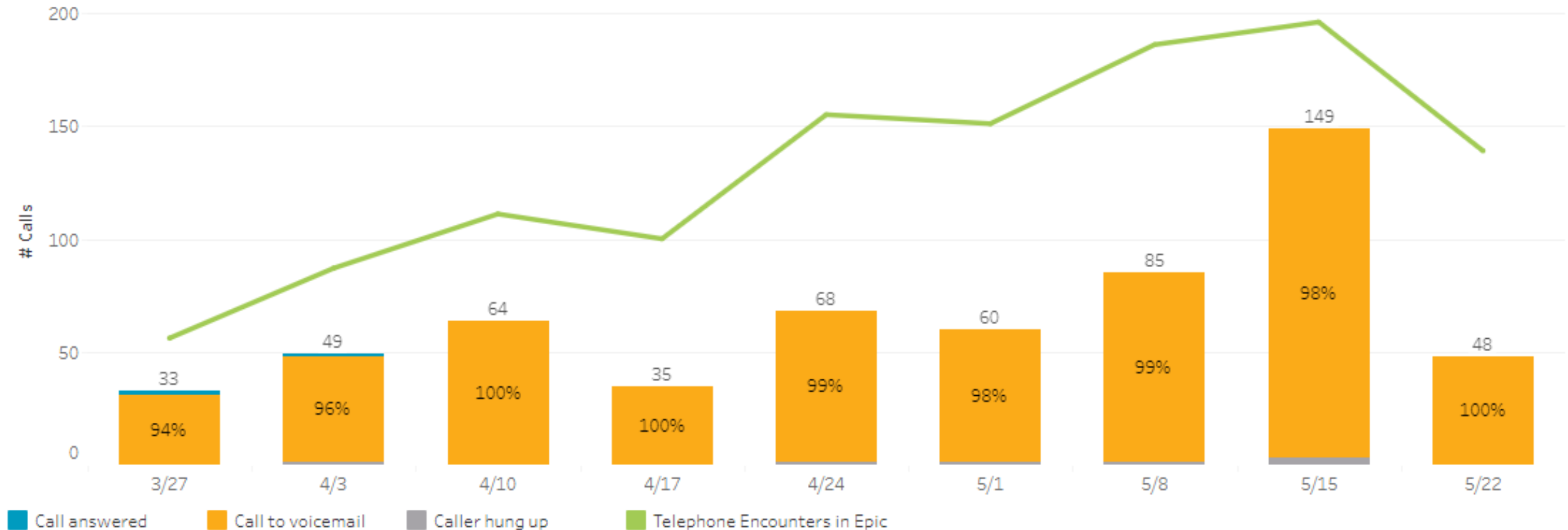
Mike Glenn, CEO

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	43,420
Calls Answered	14,617
Telephone Encounters Created	33,989

Total Respiratory Evaluation Clinic visits - all time

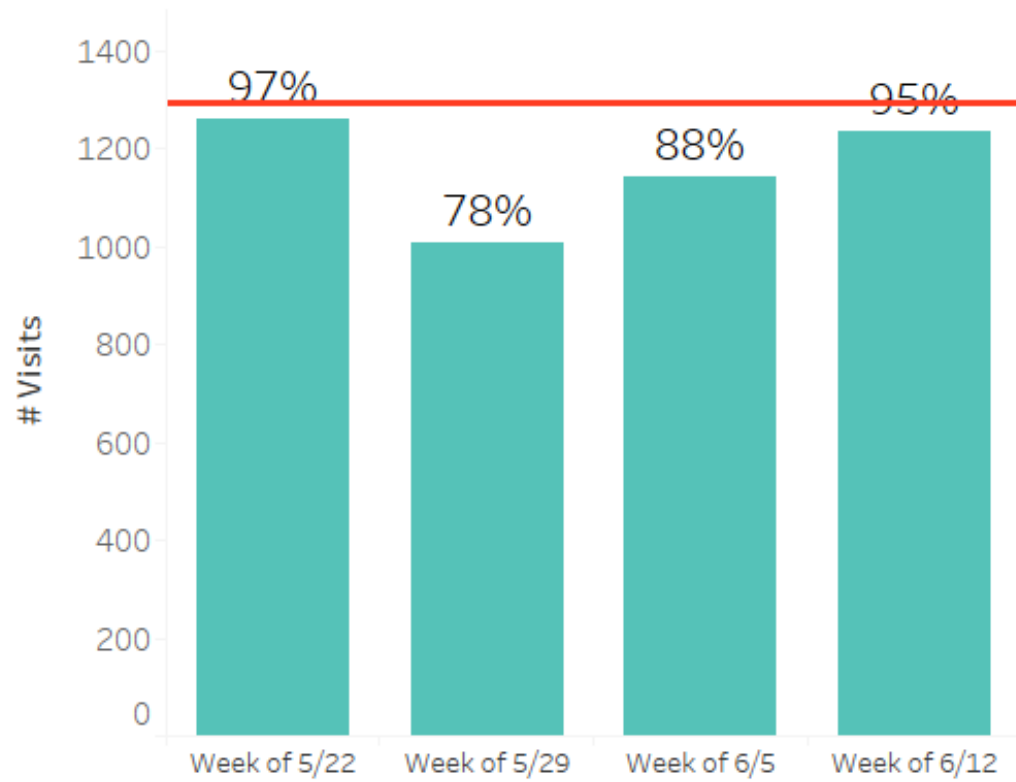
Visits to the Respiratory Eval Clinic (7th Street) and drive-through testing station from March 2020 through November 2021 when both locations were closed.

Drive-Through	18,023
Total	18,023 ₂₇

Jefferson Healthcare Volumes

Primary Care variance to budgeted visits

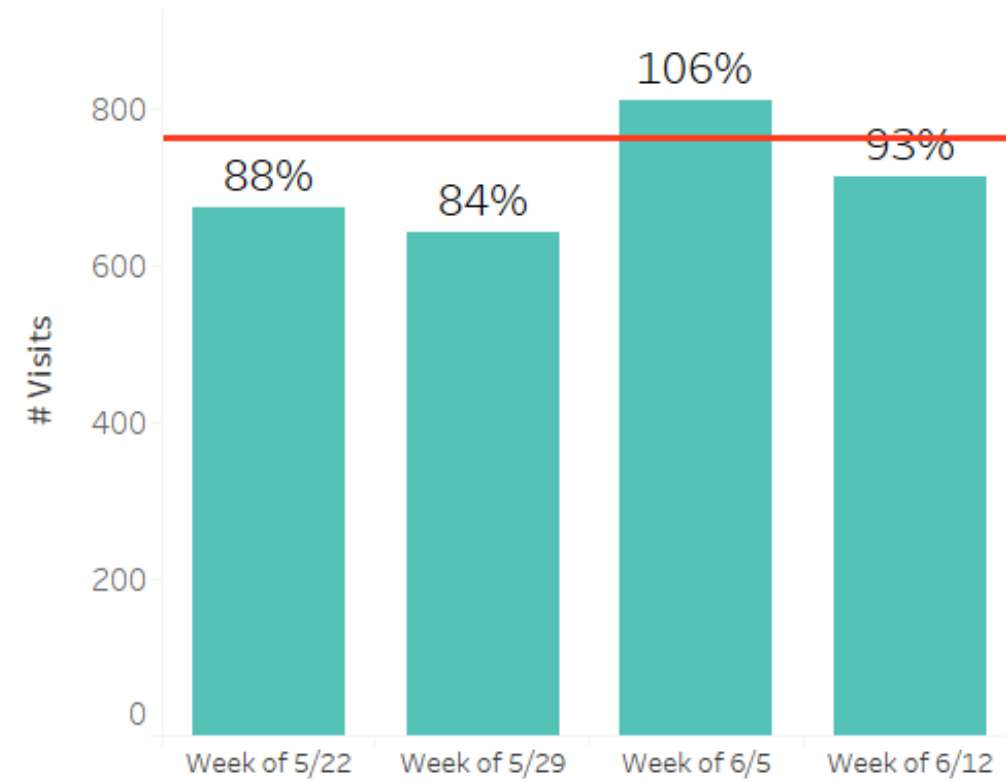
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2022 annual budgets. The labels are % volume to budget for the selected clinics.



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.



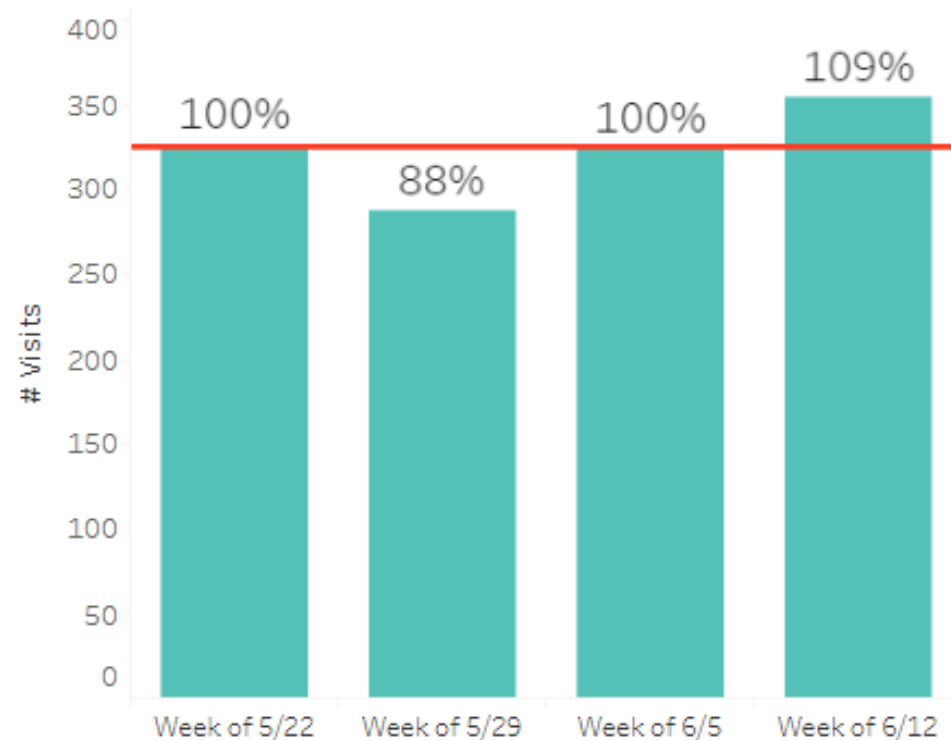
Includes visits in: JHSA clinic, Sleep Medicine, Urology, OB & GYN, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

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.

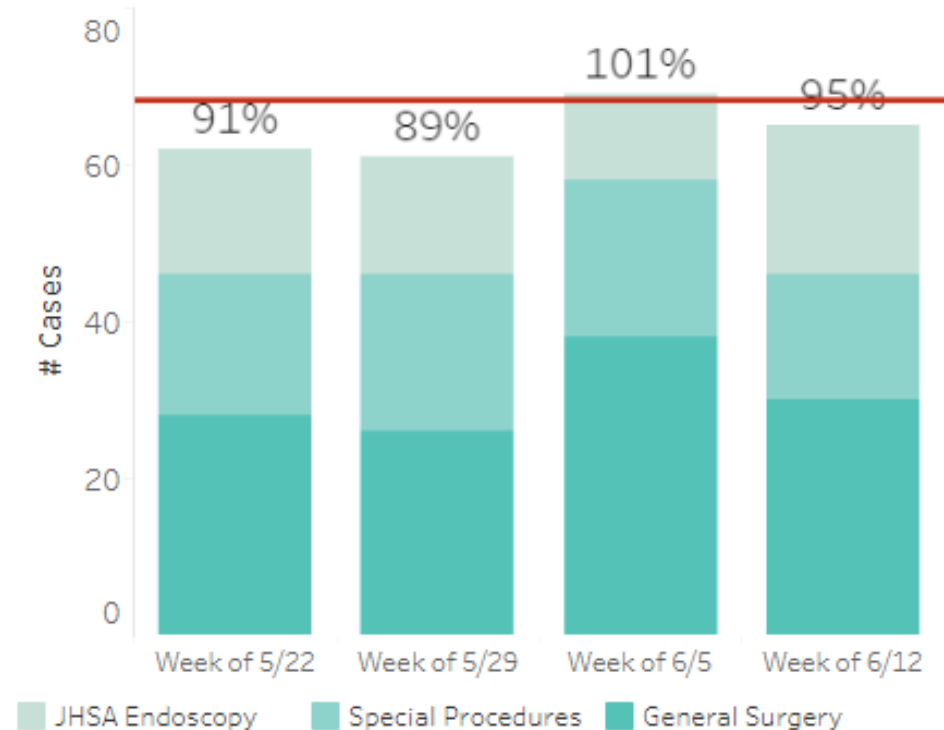


Surgical case variance to target cases

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

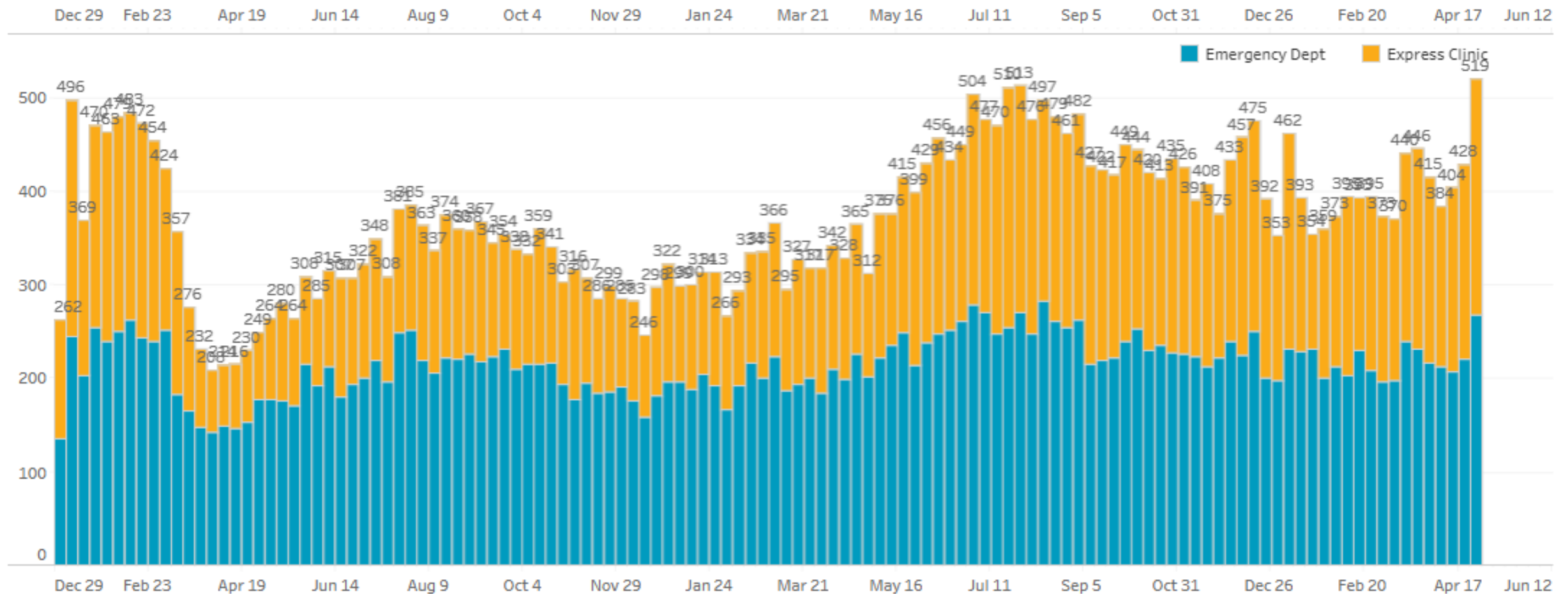
Week in Focus
Hover over a week below to view underlying data.

	11/29/2020
Total	285
Express Clinic	94
Emergency	191

Total Visits, 1/1/2020 to 6/19/2022
Select a department to bring in focus.

Emergency Dept	Express Clinic
26,215	19,051

Volumes by Arrival Department and Week, 2020 - 2022

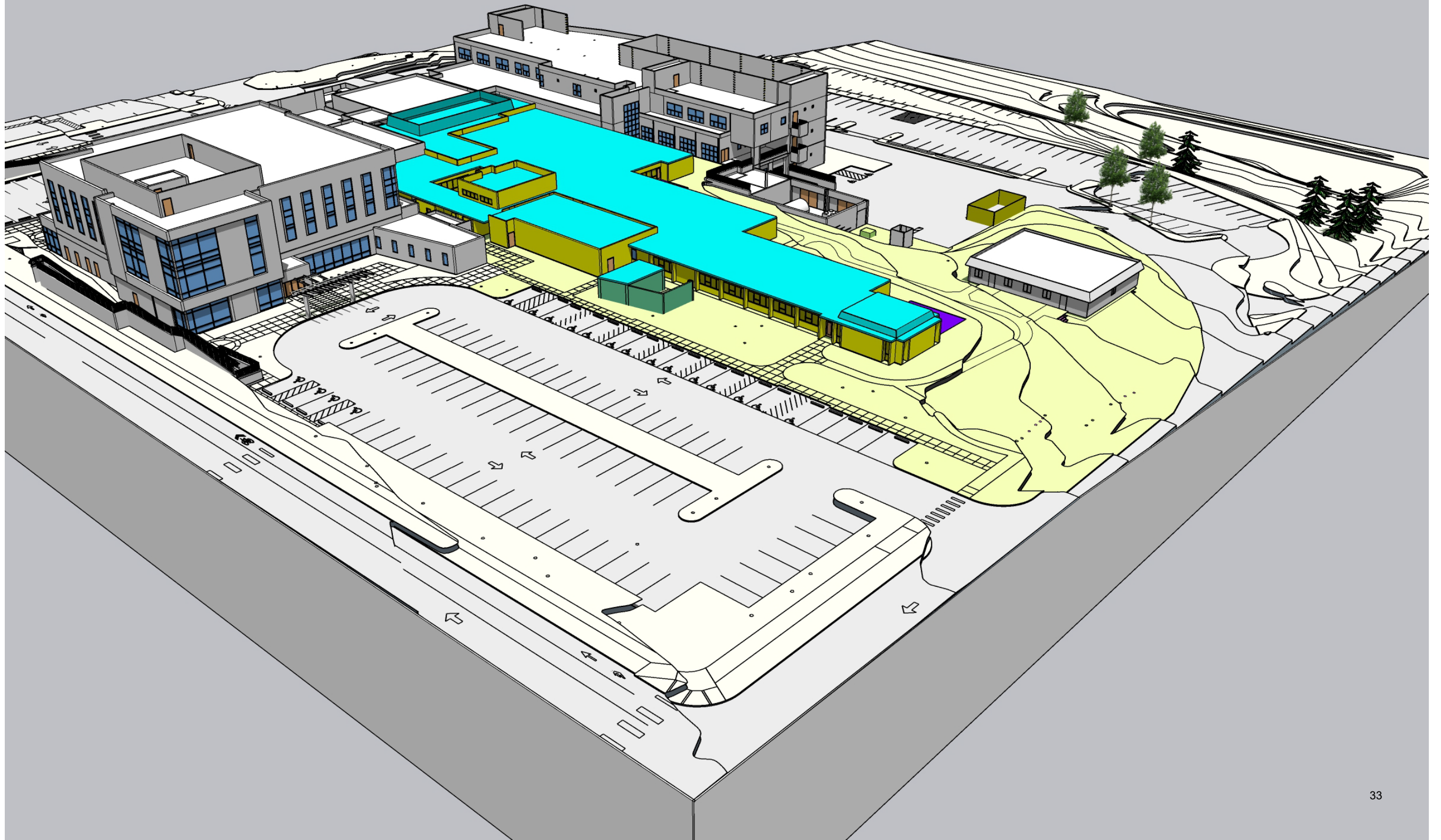


CEO Succession Plan

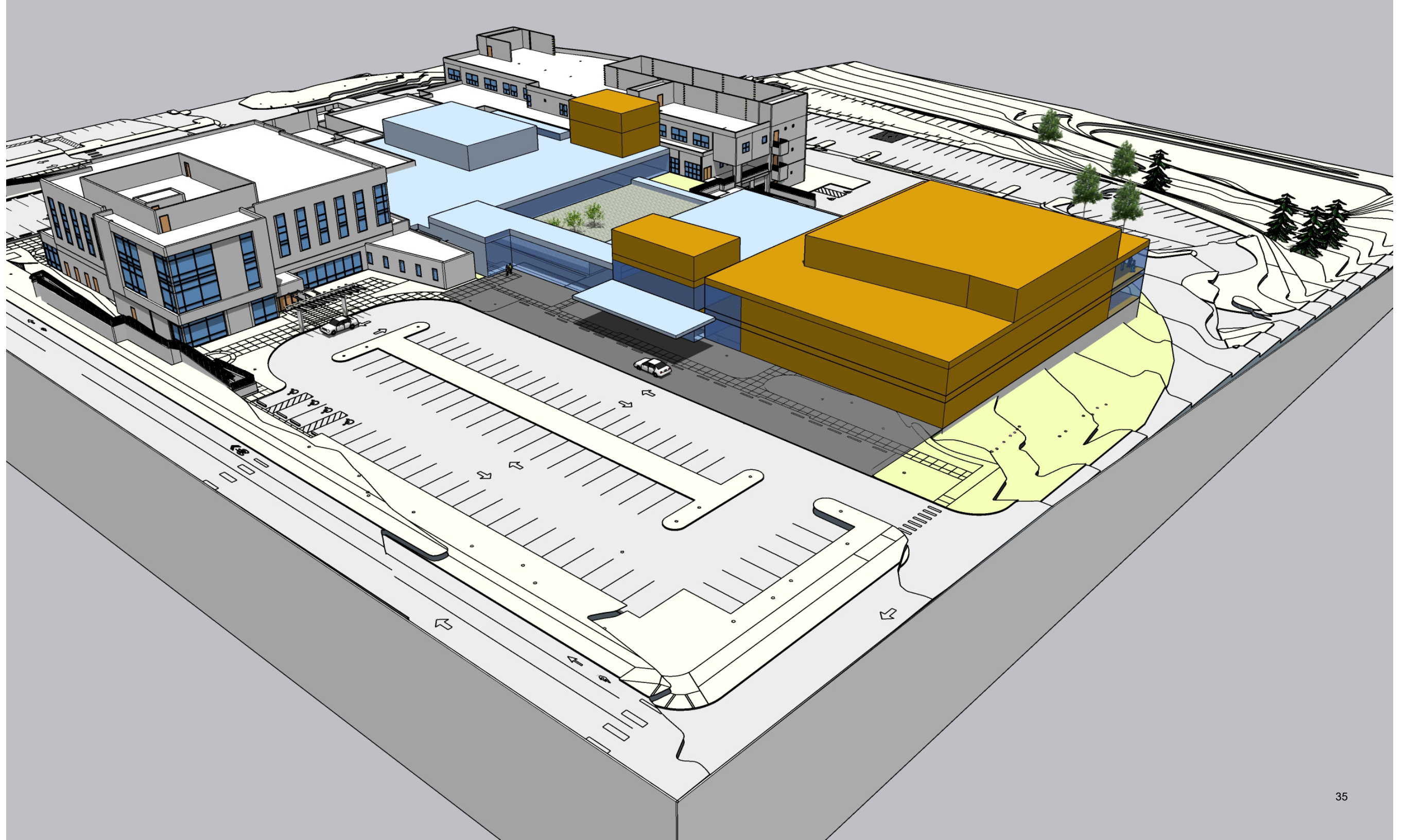
- Tina Toner, CNO
- Jake Davidson, CAO

Campus Expansion

Summary of planning work









Huron Group/ LDI Update

- 6/21 Leadership Development Institute

Operations Update

CMO Update

Questions