

**\*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**

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Regular Session Agenda  
Wednesday, July 27, 2022

<b><u>Call to Order:</u></b>	2:00
<b><u>Approve Agenda:</u></b>	2:00
<b><u>Governance Discussion:</u></b>	
• Generative Governance discussion	
<b><u>Education Topic:</u></b>	2:15
• Critical Access Hospital Annual Report	
○ Brandie Manuel, Chief Patient Safety and Quality Officer	
• Home Health and Hospice Quarterly Update	
○ Tammy Tarsa, Executive Director, Home Health and Hospice	
<b><u>Break:</u></b>	3:15
<b><u>Team, Employee, Provider of the Quarter:</u></b>	3:30
<b><u>Public Comment:</u></b>	3:40
Public comments are welcome orally, with a 3-minute limit, or may be submitted via email at <a href="mailto:commissioners@jeffersonhealthcare.org">commissioners@jeffersonhealthcare.org</a> , 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.	
<b><u>Minutes:</u></b> Action Requested	3:50
• June 22 Regular Session Minutes (pg. 3-5)	
• July 5 Special Session Minutes (pg. 6-7)	
• July 13 Special Session Minutes (pg. 8-9)	
<b><u>Required Approvals:</u></b> Action Requested	4:10
• June Warrants and Adjustments (pg. 10-15)	
• Medical Staff Credentials/ Appointments/ Reappointments (pg. 16-18)	
• Medical Staff Policies (pg. 19-22)	
<b><u>Quality Report:</u></b> Brandie Manuel, CPSO	4:20
<b><u>Financial Report:</u></b> Mike Glenn, CEO	4:35

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**Administrative Report:** Mike Glenn, CEO 4:50

- Replacement and Expansion Project

**Board Business:** 5:05

- Board of Health Report
- Resolution Numbering Adjustment
  - Resolution 2022-03 (A) Union Contracts Ratification
  - Resolution 2022-03 (B) Surplus Equipment

**Resolution 2022-08 Ballot Resolution** 5:15

**Meeting Evaluation:** 5:25

**Executive Session:** 5:30

**Conclude:** 6:00

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**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 \_\_\_\_\_

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Special Session Agenda

Tuesday, July 5, 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, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

**Public Comment:**

No public comment was made.

**Work Session:**

The purpose of this special session is to have a discussion about Generative Governance. Action may be taken.

Mike Glenn, CEO gave an update on the building project and next steps.

Discussion ensued.

Commissioners and Mike Glenn, CEO, discussed Bond, Bond Size and AWPHD's Guidelines for Elected and Appointed Officials Participation in Elections Activity.

Discussion ensued.

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**Conclude:**

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

**Action:** Motion passed unanimously.

The meeting concluded at 3:26pm.

Approved by the Commission:

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

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

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Special Session Agenda

Tuesday, July 13, 2022

**Call to Order:**

The meeting was called to order at 12:30 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, Jake Davidson, Chief Ancillary Officer/interim Chief Ambulatory and Medical Group Officer, Tyler Freeman, CFO, Brandie Manuel, Chief Patient Safety and Quality Officer, Tina Toner, CNO, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

**Public Comment:**

No public comment was made during public comment period.

**Work Session:**

The purpose of this special session is to have an update on the Master Site Plan.

Mike Glenn, CEO, presented building concepts.

Discussion ensued.

Public comment was made during work session.

Discussion ensued.

**Conclude:**

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

**Action:** Motion passed unanimously.



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The meeting concluded at 1:51pm.

Approved by the Commission:

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

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

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STATISTIC DESCRIPTION

STATISTIC DESCRIPTION	JUNE 2022						JUNE 2021			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	580.19	625.21	7%	572.04	625.21	9%	592.00	2%	608.80	6%
FTEs - PRODUCTIVE (AVG)	501.17	559.80	10%	517.66	559.80	8%	521.82	4%	540.95	4%
ADJUSTED PATIENT DAYS	3,941	2,719	45%	17,901	16,404	9%	3,737	5%	16,540	8%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	105	73	44%	635	441	44%	95	11%	421	34%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	278	268	4%	1,747	1,615	8%	349	-20%	1,581	10%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	-	16	-100%	10	94	-89%	7	-100%	95	-850%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	383	357	7%	2,392	2,150	11%	451	-15%	2,097	12%
BIRTHS	6	8	-25%	48	48	0%	11	-45%	49	-2%
SURGERY CASES (IN OR)	130	134	-3%	741	810	-9%	151	-14%	790	-7%
SURGERY MINUTES (IN OR)	15,782	16,680	-5%	89,939	100,635	-11%	20,185	-22%	101,654	-13%
SPECIAL PROCEDURE CASES	88	76	16%	394	461	-15%	96	-8%	451	-14%
LAB BILLABLE TESTS	21,378	21,544	-1%	126,008	129,983	-3%	23,356	-8%	131,060	-4%
BLOOD BANK UNITS MATCHED	43	-	0%	198	-	0%	-	0%	-	100%
MRIs COMPLETED	217	211	3%	1,154	1,271	-9%	226	-4%	1,257	-9%
CT SCANS COMPLETED	583	546	7%	3,430	3,293	4%	593	-2%	3,224	6%
RADIOLOGY DIAGNOSTIC TESTS	1,623	1,548	5%	9,261	9,338	-1%	1,753	-7%	9,141	1%
ECHOs COMPLETED	183	172	6%	1,124	1,040	8%	183	0%	999	11%
ULTRASOUNDS COMPLETED	313	341	-8%	1,951	2,059	-5%	337	-7%	2,036	-4%
MAMMOGRAPHYS COMPLETED	-	274	-100%	1,007	1,652	-39%	294	-100%	1,586	-57%
NUCLEAR MEDICINE TESTS	39	51	-24%	243	308	-21%	54	-28%	306	-26%
TOTAL DIAGNOSTIC IMAGING TESTS	2,958	3,143	-6%	18,170	18,961	-4%	3,440	-14%	18,549	-2%
PHARMACY MEDS DISPENSED	19,800	20,579	-4%	117,138	124,158	-6%	22,856	-13%	116,997	0%
ANTI COAG VISITS	411	395	4%	2,414	2,381	1%	409	0%	2,401	1%
RESPIRATORY THERAPY PROCEDURES	2,589	2,899	-11%	18,270	17,489	4%	3,101	-17%	16,170	11%
PULMONARY REHAB RVUs	69	122	-43%	153	737	-79%	168	-59%	653	-327%
PHYSICAL THERAPY RVUs	7,263	8,005	-9%	41,927	48,298	-13%	8,157	-11%	45,068	-7%
OCCUPATIONAL THERAPY RVUs	1,228	1,063	16%	7,425	6,412	16%	1,101	12%	6,503	12%
SPEECH THERAPY RVUs	100	286	-65%	1,014	1,724	-41%	341	-71%	1,722	-70%
REHAB/PT/OT/ST RVUs	8,660	9,476	-9%	50,519	57,171	-12%	9,767	-11%	53,946	-7%
ER CENSUS	1,142	954	20%	5,987	5,757	4%	1,105	3%	5,528	8%
EXPRESS CLINIC	980	740	32%	5,169	4,463	16%	851	15%	3,600	30%
SOCO PATIENT VISITS	95	132	-28%	551	799	-31%	95	0%	751	-36%
PORT LUDLOW PATIENT VISITS	655	662	-1%	4,039	3,993	1%	650	1%	3,798	6%
SHERIDAN PATIENT VISITS	2,623	2,695	-3%	14,846	16,261	-9%	2,966	-12%	15,918	-7%
DENTAL CLINIC	383	416	-8%	2,390	2,512	-5%	512	-25%	2,282	5%
WATERSHIP CLINIC PATIENT VISITS	1,279	1,102	16%	6,314	6,646	-5%	1,074	19%	6,352	-1%
TOWNSEND PATIENT VISITS	576	563	2%	3,125	3,397	-8%	593	-3%	3,358	-7%
TOTAL RURAL HEALTH CLINIC VISITS	6,591	6,310	4%	36,434	38,071	-4%	6,741	-2%	36,059	1%
CARDIOLOGY CLINIC VISITS	536	435	23%	2,912	2,622	11%	495	8%	2,843	2%
DERMATOLOGY CLINIC VISITS	713	725	-2%	4,118	4,376	-6%	745	-4%	3,236	21%
GEN SURG PATIENT VISITS	308	340	-9%	1,765	2,049	-14%	328	-6%	1,967	-11%
ONCOLOGY VISITS	561	573	-2%	3,322	3,454	-4%	509	10%	3,255	2%
ORTHO PATIENT VISITS	839	830	1%	4,683	5,008	-6%	776	8%	4,208	10%
SLEEP CLINIC VISITS	163	82	99%	962	495	94%	117	39%	497	48%
UROLOGY VISITS	158	184	-14%	939	1,110	-15%	189	-16%	1,119	-19%
WOMENS CLINIC VISITS	296	329	-10%	1,491	1,988	-25%	308	-4%	1,822	-22%
WOUND CLINIC VISITS	212	298	-29%	1,340	1,798	-25%	280	-24%	1,511	-13%
TOTAL SPECIALTY CLINIC VISITS	3,786	3,796	0%	21,532	22,900	-6%	3,747	1%	20,458	5%
SLEEP CENTER SLEEP STUDIES	60	41	46%	334	248	35%	38	58%	179	46%
INFUSION CENTER VISITS	833	819	2%	4,851	4,939	-2%	735	13%	4,654	4%
SURGERY CENTER ENDOSCOPIES	74	81	-9%	421	489	-14%	84	-12%	461	-10%
HOME HEALTH EPISODES	46	50	-8%	297	303	-2%	51	-10%	308	-4%
HOSPICE CENSUS/DAYS	825	1,046	-21%	4,738	6,313	-25%	940	-12%	7,183	-52%
CARDIAC REHAB SESSIONS	-	60	-100%	-	362	-100%	79	-100%	365	0%
DIETARY MEALS SERVED	8,951	7,174	25%	54,656	43,285	26%	6,805	32%	41,676	24%
MAT MGMT TOTAL ORDERS PROCESSED	1,521	1,721	-12%	9,278	10,383	-11%	1,620	-6%	10,469	-13%
EXERCISE FOR HEALTH PARTICIPANTS	-	-	0%	-	-	0%	-	0%	-	0%

**Gross Revenue**

Inpatient Revenue

Outpatient Revenue

**Total Gross Revenue**

**Revenue Adjustments**

Cost Adjustment Medicaid

Cost Adjustment Medicare

Charity Care

Contractual Allowances Other

Administrative Adjustments

Allowance for Uncollectible Accounts

**Total Revenue Adjustments**

**Net Patient Service Revenue**

**Other Revenue**

340B Revenue

Other Operating Revenue

**Total Operating Revenues**

**Operating Expenses**

Salaries And Wages

Employee Benefits

Professional Fees

Purchased Services

Supplies

Insurance

Leases And Rentals

Depreciation And Amortization

Repairs And Maintenance

Utilities

Licenses And Taxes

Other

**Total Operating Expenses**

**Operating Income (Loss)**

**Non Operating Revenues (Expenses)**

Taxation For Maint Operations

Taxation For Debt Service

Investment Income

Interest Expense

Bond Issuance Costs

Gain or (Loss) on Disposed Asset

Contributions

**Total Non Operating Revenues (Expenses)**

**Change in Net Position (Loss)**

	June 2022 Actual	June 2022 Budget	Variance Favorable/ (Unfavorable)	%	June 2022 YTD	June 2022 Budget YTD	Variance Favorable/ (Unfavorable)	%	June 2021 YTD
<b>Gross Revenue</b>									
Inpatient Revenue	2,670,476	3,255,393	(584,917)	-18%	20,388,433	19,640,869	747,564	4%	18,067,075
Outpatient Revenue	24,899,112	23,456,232	1,442,879	6%	135,995,051	141,519,268	(5,524,217)	-4%	129,800,698
<b>Total Gross Revenue</b>	<b>27,569,588</b>	<b>26,711,625</b>	<b>857,963</b>	<b>3%</b>	<b>156,383,484</b>	<b>161,160,137</b>	<b>(4,776,654)</b>	<b>-3%</b>	<b>147,867,773</b>
<b>Revenue Adjustments</b>									
Cost Adjustment Medicaid	2,026,497	2,212,628	186,130	8%	12,345,052	13,349,520	1,004,468	8%	11,762,055
Cost Adjustment Medicare	9,715,419	9,128,957	(586,462)	-6%	54,370,197	55,078,043	707,845	1%	50,530,959
Charity Care	83,429	204,694	121,265	59%	756,915	1,234,986	478,071	39%	1,612,948
Contractual Allowances Other	2,921,786	2,549,267	(372,519)	-15%	15,106,649	15,380,578	273,928	2%	17,611,581
Administrative Adjustments	88,202	85,043	(3,160)	-4%	381,920	513,090	131,170	26%	287,240
Allowance for Uncollectible Accounts	767,266	415,389	(351,877)	-85%	2,015,090	2,506,179	491,089	20%	1,089,385
<b>Total Revenue Adjustments</b>	<b>15,602,599</b>	<b>14,595,977</b>	<b>(1,006,622)</b>	<b>-7%</b>	<b>84,975,823</b>	<b>88,062,395</b>	<b>3,086,572</b>	<b>4%</b>	<b>82,894,168</b>
<b>Net Patient Service Revenue</b>	<b>11,966,989</b>	<b>12,115,648</b>	<b>(148,659)</b>	<b>-1%</b>	<b>71,407,661</b>	<b>73,097,742</b>	<b>(1,690,082)</b>	<b>-2%</b>	<b>64,973,605</b>
<b>Other Revenue</b>									
340B Revenue	199,180	367,107	(167,927)	-46%	1,605,668	2,214,878	(609,210)	-28%	1,902,175
Other Operating Revenue	596,060	172,823	423,237	245%	2,911,680	1,042,700	1,868,980	179%	2,298,494
<b>Total Operating Revenues</b>	<b>12,762,228</b>	<b>12,655,578</b>	<b>106,650</b>	<b>1%</b>	<b>75,925,009</b>	<b>76,355,321</b>	<b>(430,312)</b>	<b>-1%</b>	<b>69,174,274</b>
<b>Operating Expenses</b>									
Salaries And Wages	5,828,271	6,355,305	527,034	8%	36,788,259	38,343,676	1,555,417	4%	34,331,694
Employee Benefits	1,284,344	1,477,375	193,031	13%	8,491,188	8,913,495	422,308	5%	8,215,628
Professional Fees	503,609	163,970	(339,639)	-207%	2,334,917	989,286	(1,345,631)	-136%	954,391
Purchased Services	1,046,298	730,477	(315,821)	-43%	4,723,676	4,407,211	(316,466)	-7%	4,228,262
Supplies	2,255,564	2,436,505	180,941	7%	15,266,230	14,700,249	(565,981)	-4%	13,538,242
Insurance	69,744	120,863	51,118	42%	419,488	729,205	309,717	42%	543,037
Leases And Rentals	69,698	48,659	(21,039)	-43%	426,182	293,573	(132,609)	-45%	156,600
Depreciation And Amortization	429,451	512,144	82,693	16%	2,574,124	3,089,937	515,813	17%	2,978,813
Repairs And Maintenance	100,359	93,215	(7,144)	-8%	391,806	562,398	170,593	30%	352,033
Utilities	142,456	83,900	(58,556)	-70%	837,286	506,196	(331,089)	-65%	624,391
Licenses And Taxes	77,924	75,579	(2,345)	-3%	426,774	455,992	29,218	6%	448,361
Other	72,272	233,482	161,211	69%	977,797	1,408,677	430,879	31%	954,093
<b>Total Operating Expenses</b>	<b>11,879,990</b>	<b>12,331,474</b>	<b>451,484</b>	<b>4%</b>	<b>73,657,727</b>	<b>74,399,896</b>	<b>742,169</b>	<b>1%</b>	<b>67,325,546</b>
<b>Operating Income (Loss)</b>	<b>882,238</b>	<b>324,104</b>	<b>558,134</b>	<b>172%</b>	<b>2,267,283</b>	<b>1,955,425</b>	<b>311,858</b>	<b>16%</b>	<b>1,848,728</b>
<b>Non Operating Revenues (Expenses)</b>									
Taxation For Maint Operations	24,016	23,934	82	0%	144,095	144,403	(308)	0%	138,606
Taxation For Debt Service	21,066	18,066	3,000	17%	128,155	108,997	19,158	18%	240,517
Investment Income	30,948	27,288	3,661	13%	96,084	164,636	(68,552)	-42%	25,895
Interest Expense	(67,655)	(74,588)	6,933	9%	(485,025)	(450,014)	(35,011)	-8%	(572,865)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	2,676	8,492	(5,816)	-68%	17,235	51,234	(34,000)	-66%	28,371
<b>Total Non Operating Revenues (Expenses)</b>	<b>11,052</b>	<b>3,192</b>	<b>7,860</b>	<b>-246%</b>	<b>(99,456)</b>	<b>19,256</b>	<b>(118,713)</b>	<b>616%</b>	<b>(139,477)</b>
<b>Change in Net Position (Loss)</b>	<b>893,289</b>	<b>327,295</b>	<b>565,994</b>	<b>173%</b>	<b>2,167,826</b>	<b>1,974,681</b>	<b>193,145</b>	<b>10%</b>	<b>1,709,251</b>

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following warrants:

GENERAL FUND:

290318	291356	\$8,399,018.87
ACH TRANSFERS		<u>\$13,055,284.40</u>
		<u>\$21,454,303.27</u>
YEAR-TO-DATE:		<u><u>\$112,265,172.04</u></u>

Warrants are available for review if requested.

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

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

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

General Fund Warrants & ACH Transfers	<b>\$21,454,303.27</b>	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	<b>\$938,896.62</b>	(Attached)
Canceled Warrants	<b>\$0.00</b>	(Attached)

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

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

Submitted for your approval are the following:

	JUNE	JUNE YTD	JUNE YTD BUDGET
Allowance for Uncollectible Accounts:	767,265.76	2,015,089.68	2,506,178.63
Charity Care:	83,428.68	756,914.58	1,234,985.99
Other Administrative Adjustments:	88,202.18	381,920.07	513,089.87
TOTAL FOR MONTH:	<u>\$938,896.62</u>	<u>3,153,924.33</u>	<u>\$4,254,254.49</u>

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: JUNE 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
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TOTAL:	<u>\$ -</u>
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**FROM: Medical Staff Services**  
**RE: 07/19/2022 Medical Executive Committee appointments/reappointments for Board approval 07/27/2022**

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. Tyler McKay, MD
2. Michael Petrides, MD
3. Erica Tirado, DO

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

1. Steven Moll, MD
2. Renee Schroetlin, MD

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

1. Amit Kansara, MD
2. Robert Lada, MD
3. Michael Marvi, MD
4. Kyle Ogami, MD
5. Brendan McCullough, MD
6. Samantha Lancaster, MD
7. Valerie McWhorter, MD

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

1. Addison Richert, PA
2. Charles Schott, ARNP

**Recommended Temporary Privileges:**

1. N/A

**Recommended POCUS Privileges:**

1. N/A

**Medical Student Rotation:**

1. N/A

**Disaster Privileging**

1. N/A

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



**FROM: Medical Staff Services**  
**RE: 07/19/2022 Medical Executive Committee appointments/reappointments for Board approval 07/27/2022**

C-0241

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1. N/A

**Resignations:**

1. Eric Prince, MD- Swedish
2. Peter Thurlow, MD- Radia
3. Karen Forbes, MD- JHC
4. Shannon Farmakis, MD- Radia

**FROM: Medical Staff Services**  
**RE: 07/19/2022 Medical Executive Committee appointments/reappointments for Board approval 07/27/2022**

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

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

#### **Policies**

1. Physician Supervision of Physician Assistants No changes
  - I. No Changes

#### **Privileges**

1. N/A



Origination 10/2017  
 Last Approved 08/2021  
 Last Revised 08/2021  
 Next Review 08/2022

Owner **Brandie Manuel**  
 Policy Area **Medical Staff Policies**

## Physician Supervision of Physician Assistants

### POLICY:

A physician assistant (PA) may practice medicine at Jefferson Healthcare with active medical staff privileges and completion of the practice agreement by the Washington Medical Commission (WMC) to the extent permitted by the Commission. The sponsoring physician, as an agent of Jefferson Healthcare, will exercise supervision over the PA, and shall retain the professional and legal responsibility for health care tasks rendered by the PA when so required by state law. The sponsoring physician and PA are mutually obligated by the rules and regulations set forth by state and federal laws.

### PURPOSE:

To define the process for supervision of physician assistants.

### SCOPE:

The policy applies to all PAs appointed to the active medical staff at Jefferson Healthcare. This includes the inpatient setting, emergency department, specialty clinics, and rural health clinics.

### DEFINITIONS:

**Physician Assistants** means a person who is licensed by the commission to practice medicine to a limited extent only under the supervision of a physician as defined in chapter 18.71 RCW and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services.

**Washington Medical Commission (WMC)** It is the purpose and responsibility of the Washington Medical Commission (WMC) to protect the public by ensuring quality healthcare is provided by physicians and physician assistants. The WMC establishes, monitors, and enforces qualifications for licensure, consistent standards of practice, and continuing competency.

**Remote Site:** a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than 25% of the practice time of the licensee.

## RESPONSIBILITY:

It is the responsibility of the PA to provide the required information to the Credentials Committee and comply with all medical staff policies and procedures. The Physician Assistant and the Sponsoring Physician are responsible for ensuring that documentation of appropriate consultation and review of work are maintained.

The Medical Executive Committee provides oversight of the quality of medical staff services and makes recommendations regarding credentialing and privileging to the Board of Commissioners.

All credentials and privileges of AHPs are reviewed and approved by the Board of Commissioners per the [Medical Staff Reappointments and Renewal of Clinical Privileges Policy](#) and the [Medical Staff Initial Appointment Policy](#).

## PROCEDURE:

### Application and Approval of PA Privileges

- A. The PA shall apply for appointment and privileges through the Jefferson Healthcare Medical Staff office.
  - 1. The application shall include information regarding education, training, experience, and competency
- B. The appointment, reappointment, delineation of privileges and approval process shall be completed in accordance with Medical Staff Policies as documented above
- C. PAs must be approved by the Governing Board upon recommendation of the Credentials Committee and the Medical Executive Committee

### Sponsor and Supervision Requirements

- A. Limitations: A physician may enter into practice agreements with no more than five PA's as outlined in WAC 246-915-055.
  - 1. A physician may apply for a waiver with the WMC to supervise up to 10 PAs as outlined in SHB 2378.
- B. Every PA is required to have an approved practice agreement with WMC.
  - 1. The practice agreement shall delineate the manner and extent to which the PA will practice and be supervised.
    - a. The practice agreement must specify the detailed description of the scope of practice and the supervision process for the practice
    - b. The sponsoring physician and the PA shall determine which services are provided and the degree of supervision

- C. PAs are required to be sponsored by a physician who is currently appointed to the active medical staff of Jefferson Healthcare.
  - 1. If the sponsoring physician terminates his or her relationship with Jefferson Healthcare a new sponsor must be arranged for the PA. WMC must be notified of the practice agreement termination.
  - 2. A PA who practices in multiple specialties may need more than one practice agreement, according to state and federal law and based upon the PAs training and scope of practice
- D. Supervision may consist of concurrent observation; however, it does not *require* the physical presence of the sponsor unless indicated on the privilege list
- E. The sponsoring physician or designee shall review care provided by the PA on a continuous basis and countersign any admission History & Physical (H & P) examinations and Discharge Summary
- F. In accordance with state and federal laws and regulations, for the first year of the PA's practice at Jefferson Healthcare, the sponsoring physician or designee shall review 10 outpatient cases per month *for the first year*, then five cases per month after.
  - 1. Additional review is not required when the care is provided in collaboration with a physician
- G. The sponsoring physician shall always be available to the PA for clinical questions and the resolution of quality of care issues.
- H. Supervision must be continuous but does not require the personal presence of the sponsoring physician at the place where health care tasks are performed so long as the PA and sponsoring physician can be in contact by telecommunication.
- I. In cases where the sponsoring physician is not immediately available, a back-up sponsoring physician shall be available to the PA for the resolution of clinical or quality of care issues.

## Remote Sites

- A. Physician Assistants no longer need to be approved by the WMC to practice in remote sites. The remote site practice must be documented as part of the PA practice agreement.
  - 1. The names of the supervising physician and the PA must be prominently displayed at the entrance to the clinic or in the reception area of the remote site

## RECORDS REQUIRED:

Reports are provided to the medical staff office at reappointment or as requested by Medical Staff.

## REFERENCES:

- CMS Benefit Policy Manual Chapter 13, Rural Health Clinics (RHC)
  - RHC Staffing requirements 30.1.1
- CMS CAH Conditions of Participation: §485.631(b)(1)
- Washington State Legislature RCWs, Chapter 18.71A, Physician's Assistants

- Washington State Legislature WACs; Physician Assistants - Medical Quality Assurance Commission
- Washington State Legislature: SBH 2378

## Approval Signatures

Step Description	Approver	Date
	Allison Crispen: Director of Medical Staff Programs	08/2021

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