

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, July 27, 2022

Call to Order:

The meeting was called to order at 2:01 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 Buhler Rienstra made an update, addition and change request for agenda. Commissioner Buhler Rienstra explained the update is that there will be no Executive Session, addition is a public comment between Mike's administration report and Ballot Resolution Discussion, and the change is to move board business discussion to after ballot resolution discussion.

Commissioner Dressler made a motion to approve the amended agenda. Commissioner McComas seconded.

Action: Motion passed unanimously.

Board Governance Education:

- Generative Governance discussion

Generative workshop is schedule for September 14. Commissioner Kolff suggested including Funding for Jefferson Healthcare as a Generative Governance discussion for next meeting.

Commissioner Dressler suggested doing preliminary work in August and then do a deeper dive for the September 14 Generative Governance meeting.

Education Topic:

- Critical Access Hospital Annual Report
 - Brandie Manuel, Chief Patient Safety and Quality Officer

Brandie Manuel, Chief Patient Safety and Quality Officer, presented the Critical Access Hospital Annual Report

Discussion ensued.

- Home Health and Hospice Quarterly Update
 - Tammy Tarsa, Executive Director, Home Health and Hospice

Tammy Tarsa, Executive Director

Discussion ensued.

Break:

Commissioners recessed for a break at 3:16 pm.

Commissioner reconvened from the break at 3:30 pm.

Team, Employee, Provider of the Quarter:

Allison Crispen, interim CHRO, presented the Team of the Quarter, Security Team, Employee of the Quarter, Jenn Peach-Guzman, Executive Director of Nursing Operations, and Provider of the Quarter, Dr. Asif Luqman.

Public Comment:

No public comment as made

Minutes:

- June 22 Regular Session Minutes
- July 5 Special Session Minutes
- July 13 Special Session Minutes

Commissioner Dressler made amotion to approve minutes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- June Warrants and Adjustments
- Medical Staff Credentials/Appointments/Reappointments
- Med Staff Policy Updates

Commissioner Dressler made a motion to approve the June Warrants and Adjustments, Medical Staff Credentials/ Appointments/ Reappointments and Medical Staff Policies. Commissioner Ready seconded.

Action: Motion passed unanimously.

Quality Report:

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

Financial Report:

Mike Glenn, CEO, presented the June Financial Report.
Discussion ensued.

Administrative Report

- Replacement and Expansion Project

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

Public Comment:

No public comment was made.

Resolution 2022-08 Ballot Resolution:

Commissioner Kolff made a motion to not put the bond on the ballot. Commissioner McComas seconded.

Discussion ensued.

Action: Motion passed unanimously.

Board Business:

- Board of Health Report

Commissioner Kolff provided a board of health report which included, Dr. Berry's statement regarding Jefferson Healthcare getting medication to those who need it. In addition, he explained the Board of Health have selected two people to serve as new Board of Health members in order to increase diversity, new members include Amanda Funaro and Alexis (AJ) Hawkins. Commissioner Kolff shared a handwritten note from Jefferson County Superior Court Clerk, Ruth Gordon.

- Resolution Numbering
 - 2022-03(A) Contracts Ratification
 - 2022-03(B) Surplus Equipment

Commissioner Buhler Rienstra informed the board of the numbering conflict for Resolutions 2022-03 and explained this error will be fixed by adding an “A” and “B” after each Resolution.

Meeting Evaluation:

Commissioners evaluated the meeting.

Executive Session:

Executive Session was canceled.

Conclude:

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

Action: Motion passed unanimously.

The meeting concluded at 5:41pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____



2021 Critical Access Report



Presented to the Board of Commissioners
July 27, 2022

Agenda: Critical Access Hospital 2020 Annual Report



Executive Summary



Volume and
Utilization of services



Audit of Medical
Records



Policies and
Procedures



Patient Safety &
Quality: Evaluation
of services



Infection Control



Department Reports

§485.641 Condition of Participation: Periodic Evaluation.
(a)(1) The CAH carries out or arranges for a periodic evaluation of its total program.
The evaluation is done at least once a year

Conditions of Participation: CAH Report

Policies and procedures are maintained in an electronic, cloud-based system. Full, department specific policies are available via PolicyStat

CMS Condition of Participation	Standard	Survey Procedures (Questions that CMS asks to support compliance)
C-0331		
§485.641(a)	The CAH Carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year	How is the information obtained and how does the CAH conduct the evaluation? Who is responsible for the periodic evaluation
C-0332		
§485.641(a)(1)(i)	The utilization of CAH services, including at least the number of patients served and the volume of services;	How does the CAH ensure that the yearly program evaluation includes a review of all CAH services, the number of patients served and the volume of services provided?
C-0333		
§485.641(a)(1)(ii)	A representative sample of both active and closed clinical records; and	Who is responsible for the review of both active and closed clinical records? How are records selected in the periodic evaluation? How does the evaluation process ensure that the sample is representative of the services furnished? What criteria are utilized in the review of both active and closed records?
	“A representative sample of both active and closed clinical records” means not less than 10 percent of both active and closed patient records.	
C-0334		
§485.641(a)(1)(iii)	The CAH’S health care policies	What evidence demonstrates that the health care policies of the CAH are evaluated, reviewed and/or revised as part of the annual program evaluation?
C-0335		
§485.641(a)(2)	The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed	How does the CAH use the results of the yearly program evaluation? Were policies, procedures and /or facility practices added, deleted or revised as a result of the yearly program evaluation if needed?

Utilization of Services

2021 visits and encounters

Utilization of Services

§485.641(a)(1)(i) The utilization of CAH services, including at least the number of patients served and the volume of services;



Acute Care Utilization

- Census
- Patient Type
- Length of Stay



Departments and Services

- Departments and Services
- 2021 Annual Volumes
- Payor Mix



Transfers

- Transfer Statistics
- Top Transfer Diagnoses

Utilization of Services

2021 COVID Response visits: 8,350

Department		2014	2015	2016	2017	2018	2019	2020	2021
Emergency Department Visits		9,256	10,481	11,641	12,908	12,464	12,682	10,664	11,786
Express Clinic Visits		---	---	---	---	7,201	8,788	6,820	8,417
Family Birthing Center Births		107	125	99	115	115	100	88	86
Acute Care Unit Patient Days (includes SB)		3,580	3,857	3,622	4,415	3,937	3,650	3,169	3,419
Intensive Care Unit Patient Days		515	541	611	838	761	790	682	1,024
Operating Room Cases		1,865	927	834	1,162	1,217	1,208	1,278	1,511
Outpatient Testing	Diagnostic Imaging	19,150	23,702	23,586	29,587	33,791	34,076	32,053	36,651
	Laboratory	185,784	175,333	186,584	204,659	211,095	221,752	223,520	259,935
OP Rehab Visits (OT, ST, PT)		6,985	12,256	12,262	21,002	24,430	25,912	20,492	23,640
Rural Health Clinic Visits		45,818	64,867	62,170	61,825	64,428	64,867	62,809	72,284
Specialty Clinic Visits		14,636	24,164	22,754	34,564	39,509	32,863	37,078	40,340

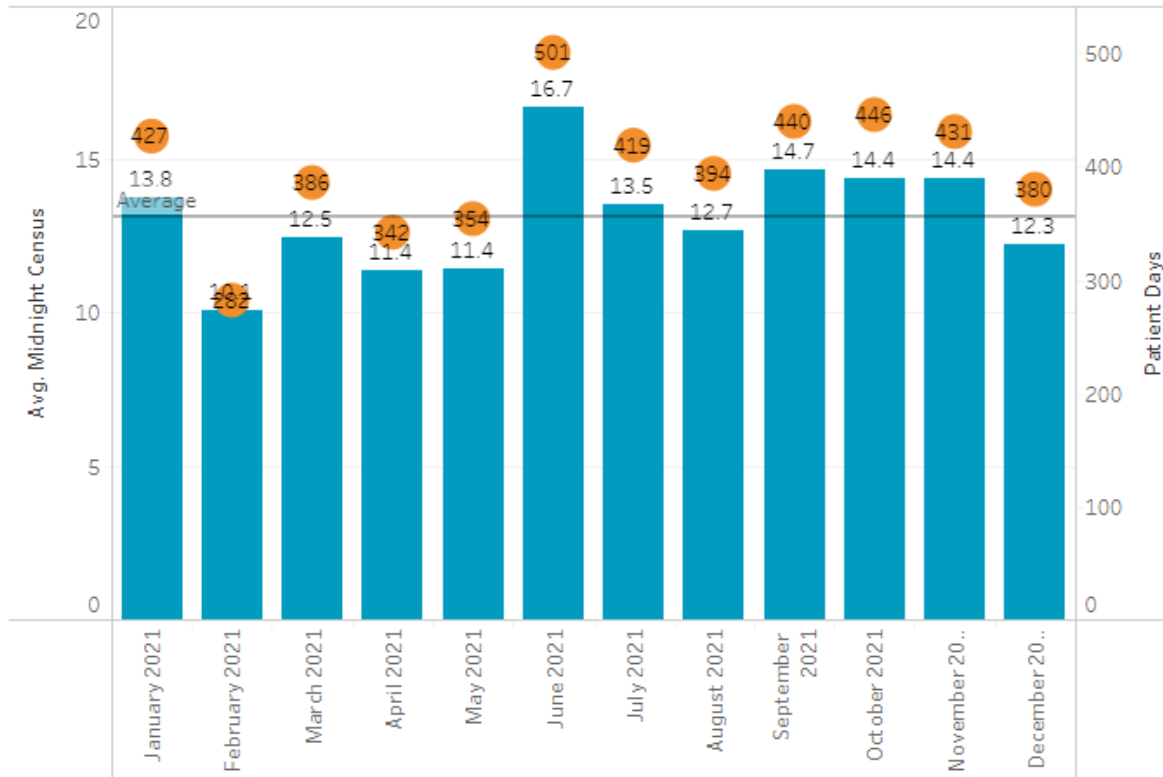
RHC includes Express Clinic visits

2021 Acute Care Census



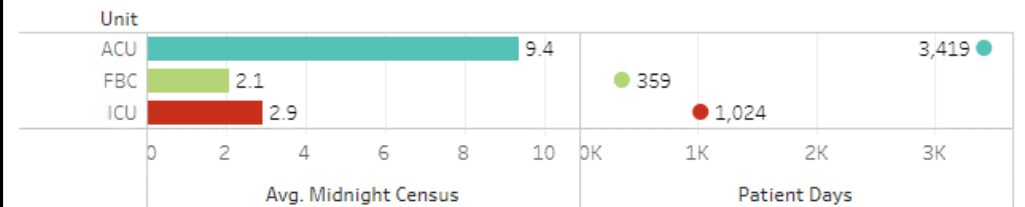
Census and Patient Days by month

The blue bar shows the average number of patients were in house at midnight during the selected timeframe. The orange dot shows the total number of patient days for the timeframe.
By default, all units and patient classes are included. Use the filters to exclude specific units or patient classes as needed.
Hover over the date axis and click the [+] to view by weeks or the [-] to view by quarters or years.



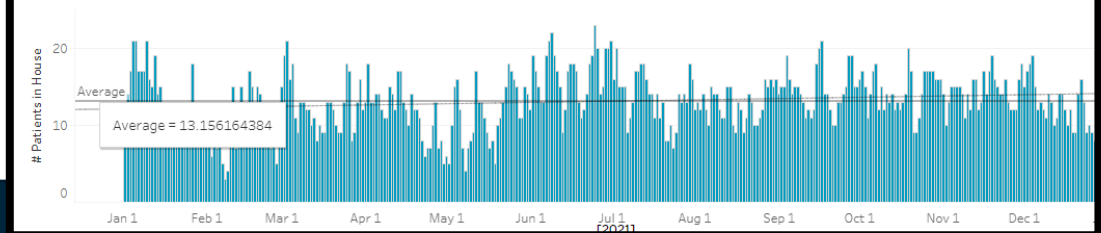
Census by unit

On average, how many patients were in house in each unit at midnight during the selected timeframe.



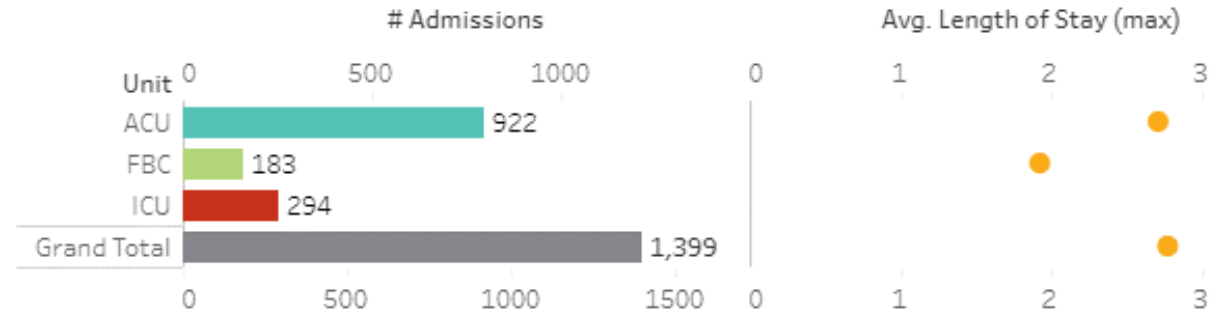
Census by day

How many patients were in house each day during the selected timeframe.



2021 Hospital Admissions and Length of Stay

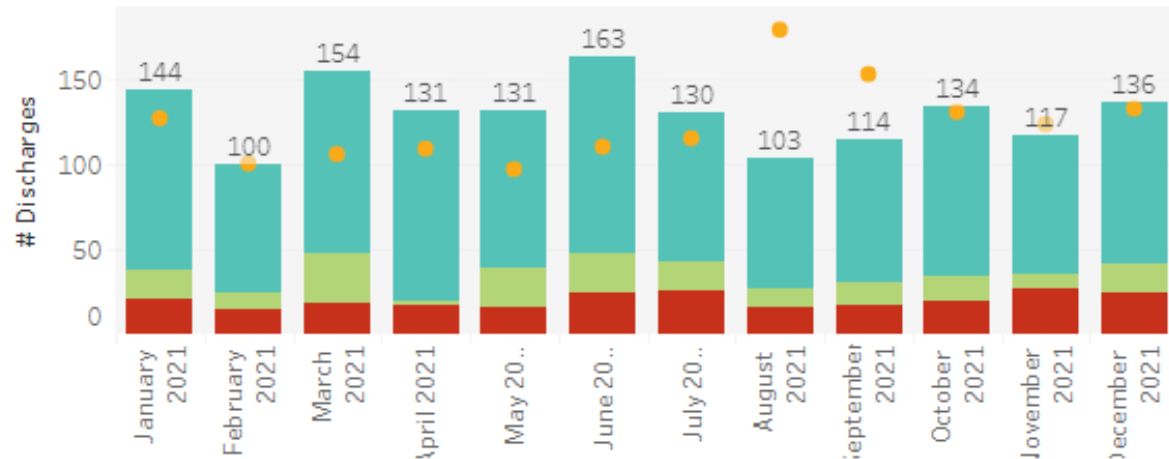
Admissions by unit



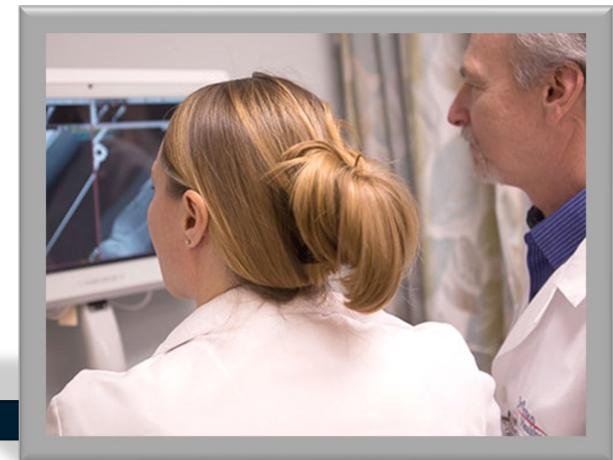
2021 Average Length of Stay 2.772 days, or 66.53 hours

Discharges per unit, by month

How many discharges occurred each month. Color indicates the unit. The orange dot indicates average length of stay for the month.



Critical Access Hospitals are required to maintain an average length of stay of 96 hours or less.

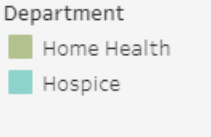
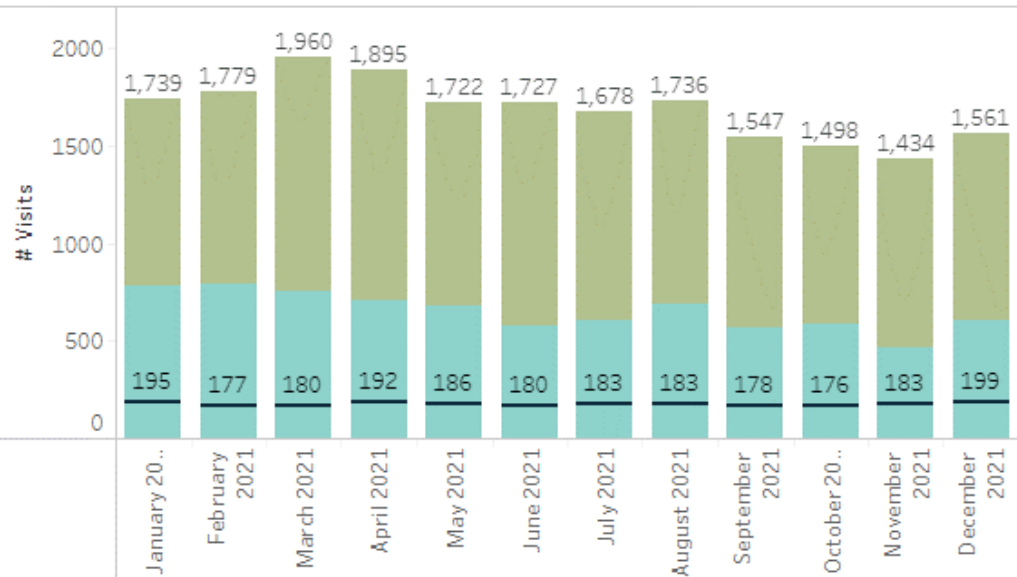




Utilization of Services. Home Health & Hospice

HHH Visits by Month

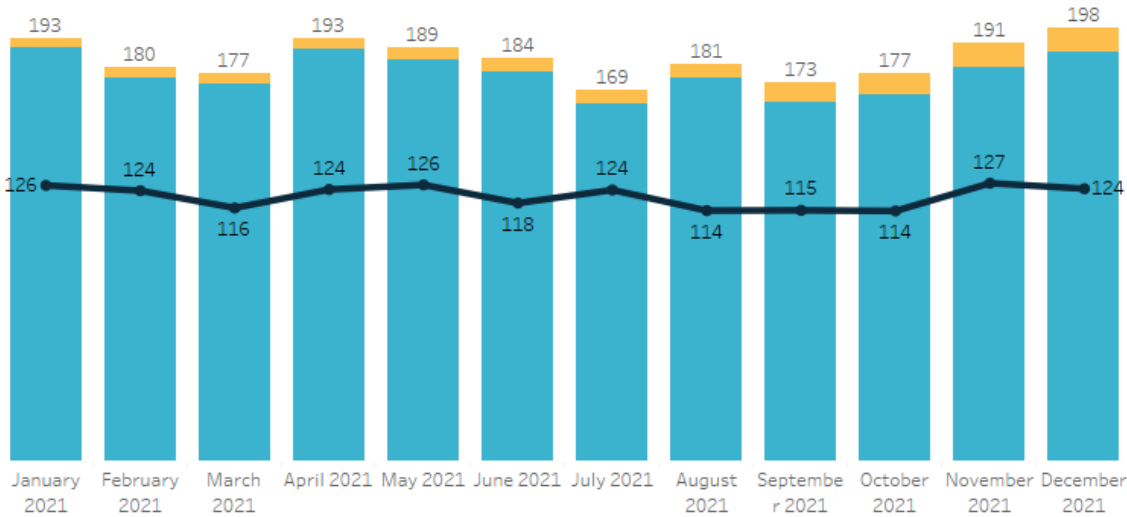
The bar represents the number of visits each month. Color indicates the department.



Total episodes and average daily census

Bars show the total episodes active in a given time period. Dark line shows the average daily census during that time period.

Episodes are considered active from the start of care/effective date through the discharge date. Click bars to filter the rest of the dashboard to episodes present in the selected time period.

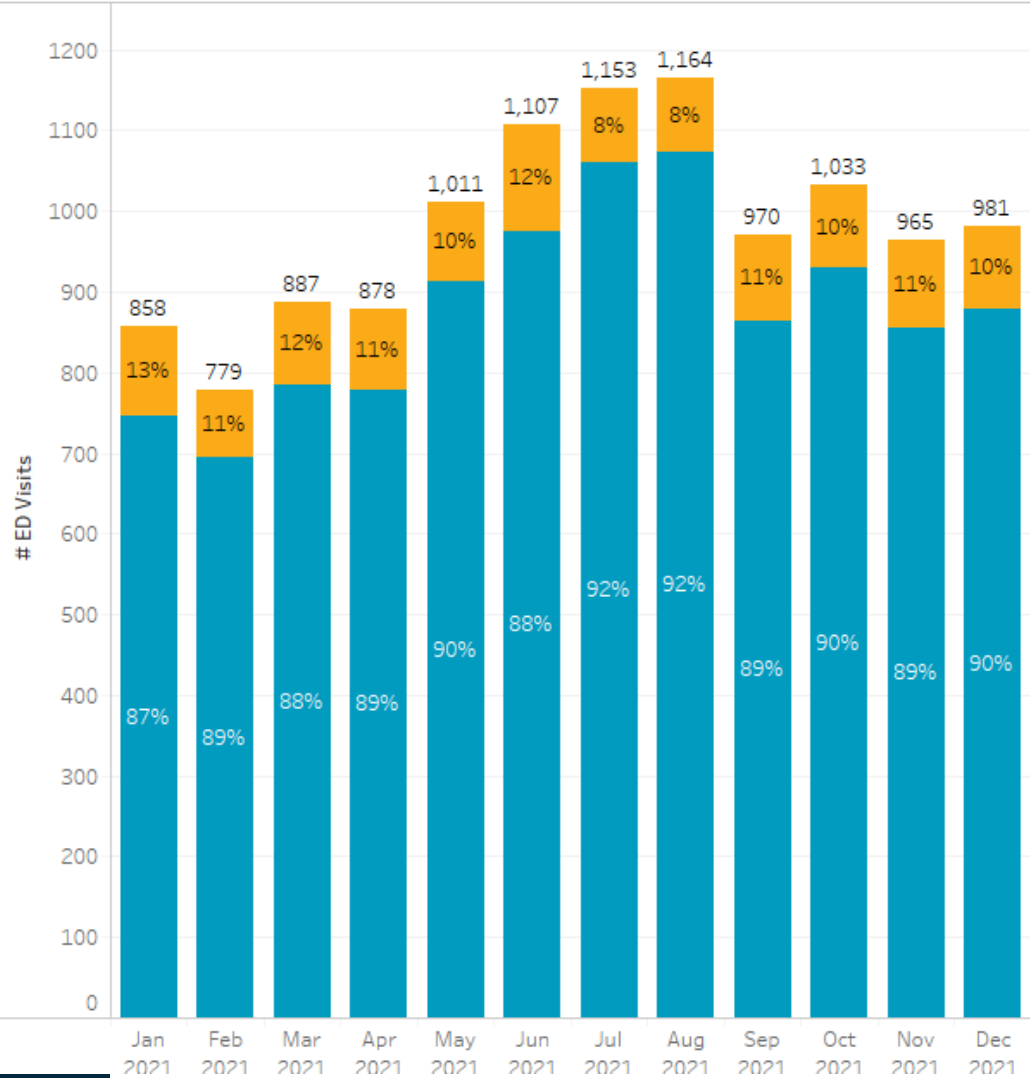


Includes Home Health and Hospice

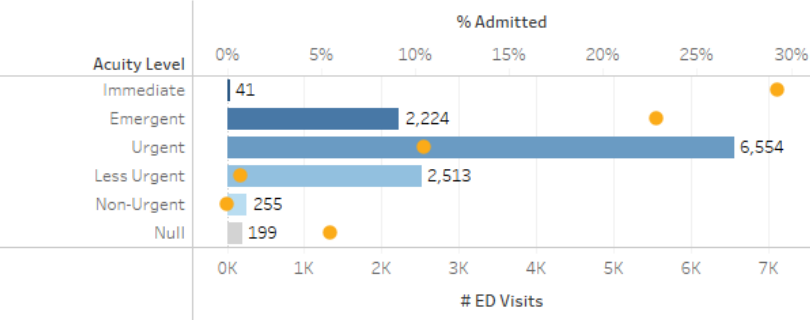
Emergency Department

ED visits and admits, by month

The total patients seen in the ED each month during the selected timeframe, with admits shown in orange and all other visits shown in blue. Last month is likely incomplete.



ED Visits by Acuity
For a given acuity level, what percentage of ED patients were admitted during the selected timeframe. Click any acuity level to filter the other charts on this dashboard by acuity.



Disposition	Visits	Percentage of Total Visits
Admitted to JH - Inpatient	956	8.11%
Transfer – Higher level of care	554	4.7%
Held for Observation/EHOP	220	1.9%
Left Against Medical Advice	55	0.5%
Left Without Being Seen	171	1.5%



2021 Policies, Procedures, Contracts, and Chart Review

Records Reviewed

Medical Records, Policies, and Procedures

§ 485.641(a)(1)(ii) A representative sample
of both active and closed clinical records

Critical Access Hospitals
are required to review
10% of their records for
quality, appropriateness of
services, and compliance
**Jefferson Healthcare
exceeded this goal in 2021**

- *Quality Review*
- *Infection Control*
- *Risk Management Review*
- *Utilization Review*
- *Infection Control*
- *Medical Staff Review*
- *Restraint records*
- *Sedation review*
- *Behavioral Health review*
- *Trauma Case Review*
- *Compliance Review*

2021 Policies and Procedures

- 562 active contracts
- 79 new contracts
- 59 contracts retired
- Annual review

Contracts



- 2034 Total Active Policies and Procedures

Total Policies



- 227 New Policies Created and Approved
- Retired 83 policies

Policy Changes



- Annual policy review is required
 - 99.8% compliance

Policy Review



Comprehensive department lists are maintained electronically in PolicyStat.



2021 Medical Staff

*New Additions, Focus Areas,
and Resignations*

2021 Medical Staff Activity

Reviewed and/or updated 48 policies and procedures

Appointed 27 new providers to the medical staff

Reappointed 132 providers to the medical staff

Monitored ongoing professional practice evaluations for all medical staff

Updated the medical staff structure, better aligning Credentials Committee and Peer Review

Completed the work with Greeley



Total Providers on Staff: 287

Welcome!

Providers who joined our Jefferson Healthcare Medical Staff in 2021



Provider	Specialty	Provider	Specialty	Provider	Specialty
Galen Cortina, MD	Anatomical Pathology	Candace Byers, ARNP	Family Medicine	Jamie Evans, MD	Psychiatry
Sara Christensen, PA-C	Physician Assistant	Isabel Liendo Lira, DDS	General Dentistry	<i>Maria Recio-Restrepo, MD</i>	<i>Tele-Neurology</i>
Nazanin Kaatz, MD	Dermatology	Michael Johns, MD	Family Medicine (new)	<i>Kinjal Desai, MD</i>	
Paul Craig, MD	Diagnostic Radiology	Matthew Fitzpatrick, MD	Hospitalist	<i>Kyle Ogami, MD</i>	
Ethan Ross, MD	Emergency Medicine	Hanbing Wang, MD	Neurology	<i>Robert Jackson, MD</i>	
Kurtis Muller, PA-C	Emergency Medicine	Addison Richert, PA	Orthopedic Surgery	<i>Jonathan Dargo, MD</i>	<i>Tele-Psychiatry</i>
Chris Becker, MD	Emergency Medicine	Natalie Camacho, PA-C	Orthopedic Surgery	<i>Jamie Chu, MD</i>	
				<i>Hetal Brahmbhatt, MD</i>	
				<i>Tadesse Eshetu, MD</i>	<i>Tele-Radiology</i>
				April Grisetti, PA	Urgent Care
				Nichole Sansburn, PA-C	Urgent Care

Medical Staff Resignations



Provider	Location of Service
Mitchell Keszler, CRNA	Surgery
Jenny Siv, MD	Tele-Neurology
Lise Labiche, MD	
Rizwan Kalani, MD	
Nelly Norrell, MD	Tele-Psychiatry
Pamela Saha, MD	
Rabab Rizvi, MD	
Robert Brezak, MD	Tele-Radiology

Provider	Location of Service
Carl Weber, MD	Watership Clinic
Christopher Geidt, MD	Hospitalist
Denise Sample, ARNP	Townsend Clinic
Elizabeth Olinger, ARNP	South County Medical Clinic
Jennifer Carl, MD	Orthopedic Clinic
Jordan Giesler, PA-C	
John Murray, MD	Emergency Department
Kartik Rao, MD	
Larisa Yarczower, PA-C	Oncology Clinic
Rebecca Kimball, ARNP	
Thomas Kummet, MD (locum)	Express Clinic
Marcella Wildeman, ARNP	

Expansion of Services

Despite the challenges that came with the ever-changing face of COVID-19, our teams rallied to evaluate and provide the services needed by our community.

COVID-19 – the Sequel



2021 COVID-19 Services:

- Testing: Implemented Self Swabbing
- Initiated MAB and antiviral therapies
- Provided vaccine booster clinic for employees and family members
- Offered COVID-19 vaccines in RHC visits
- Continued use of telemedicine to maintain access to services
- Expanded Employee Health to 7 days/week

Preparation

Incident Command Goals and Objectives

Activation February 4, 2020

Objectives:

Testing of Incident Command System
Identify and use PPE appropriately
Minimize exposure
Plan for patient surge
Outline communication plan

Transition - March 2020

Objectives:

Keep our employees safe
Stay connected through effective, transparent communication
Build the right delivery system
Safeguard our future

Response and Mitigation



Equity.



- Recognition of equity as a strategic priority
- Embedded equity into quality data
- COVID-19 vaccine equity initiative
- Understanding our history and developing the land acknowledgement
- IHI Collaborative and WSHA Equity Sprint
- JH Celebrations
 - Asian American Heritage Month
 - Juneteenth
 - Pride
- HEI Leader Award
 - Women's Clinic Name Change to OB/GYN Clinic
 - Training/education
- REaL Training Program Launched
- CMS Equity presentation
- Lending library! Circulation rates are amazing

2021 New and Expanded Services

Lab

- New director joined our team
- Maintained 24/7 operations during critical staffing shortage

Sleep

- Offered home sleep studies – acquired four new devices for this

Cardiology

- Updated protocols and workflows to optimize access to services and improve continuity of care

Diabetes Care

- Implemented virtual visits to provide education to patients living in outlying areas
- 1 on 1 individual visits for diabetes-self-management education and developed virtual class programs for diabetes and diabetes prevention

Technology

- Improved email security
- Policy on removeable storage
- VPN Tokens/Security
- Improved infrastructure for data and analytics

Expanded Wound Care Services

- New wound vac (negative pressure KCI)
- IP, HHH, Ambulatory consultations

Rehab and Wellness

- New OT: Implemented vision therapy – using sensory training technology (Senaptec)
- Added driving evaluations
- Expanded pelvic health (including male pelvic health services)

Expanded dermatology

- Recruited additional dermatologist
- Added to Port Ludlow Clinic

Orthopedics

- Recruited orthopedic surgeon
- Added total shoulder replacement surgeries

Home Health, Hospice, Palliative Care

- Hospice and Palliative Care accreditation
- Started community-based palliative care program
- RN Community Liaison Position

Celebrations.

2021 was busy and challenging. It also continued to bring out the best in our teams.

Investing in (and celebrating) our team.

- 3 Infusion RNs successfully studied/tested to become OCN (Oncology Certified Nurse) for the first time.
- 2 Infusions RNs successfully studied/tested to obtain their Fundamentals of Chemotherapy & Immunotherapy Certificate
- New Graduates: In 2021, we welcomed 4 new graduate RNs
 - The preceptors worked hard on their development, and they have blossomed into wonderful caregivers!
- Implemented leader development and training program (Huron)
- 16 nurses committed to the 15-week UW Med-Surg Certification program
- Increased participation in training and education offered house-wide
- Developed a cross training program.
- RT created competencies for mini-NICU
- RT-led ventilator training for nursing staff
- Wound training and competencies – KCI wound vac implementation
- LGBTQIA+ training offered

Celebrating successes!

- Constructed novel analytics supporting JH's multi-year planning (Growth Team)
- Built our 27th quality metric for Medical Group, our first two quality metrics for Emergency Department, first three for Anesthesia and first five for Hospitalists
- Created dashboards for Finance, allowing leaders to spot long term trends in revenue-to-budget (previously we only had month-to-date) and tracking net collection ratios with more detail than we've ever had
- Developed an explorer tool to gain insight into inpatient readmissions – including root causes, demographic trends, and volumes over time
- Developed dashboards tracking COVID-19 vaccine administrations and inventory
- Published a daily census widget for Marketing to give the community insight into our inpatient volumes
- Presented our COVID contact-tracing process to an audience of executives, operational leaders, clinical informatics and IT teams from Providence and other Community Technologies Epic partners at the annual Community Technologies Spring Forum
- Got everyone Epic certified on a tool allowing precision-level access to our EMR data
- Successfully provided over 120 immunocompromised patients with the third doses of COVID vaccines to support rapidly changing CDC recommendations.
- Over the last year, we have banded together to meet the ongoing challenges of providing care to our community during a pandemic.
- We were one of 9 WA Hospitals recognized as having the top Nurse communication scores- To quality, at least 82% of our patients had to say that "Nurses always communicated well"
- Started Bronchiolitis protocol in the ER
- Established and supported the pop-up MAB Clinic
- Gracefully navigated volatile surgical volumes, including our busiest call month, and the Governor's moratorium on non-urgent surgeries
- Dr. Skorberg joined the KPTZ broadcast
- Port Ludlow 10-year anniversary
- Expanded services in rehab for patients with cognitive challenges
- Re-launched cardiopulmonary rehab

2021 Recognition



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Hospice Re-Certification
Radiation Safety
Nuclear Medicine





Questions?



HHHPC Update

July 27, 2022



What's GREAT at HHHPC?

- Three fully accredited programs
- Strong leadership team (creative, innovative, supportive and diverse)
- 24/7 staffed department
- Clinicians that care deeply about the patients and families they serve
- An office team that is dedicated to supporting the clinicians and department functions
- URCM's
- Interdisciplinary wound care team
- Hospice medical provider group
- The potential!

Staffing

Open Positions

- Nursing – 5 positions (4.2 FTE) – 3 (2.4 FTE) in HH/2 (1.8 FTE)) in HSP
- HHA – 2 positions (2.0 FTE)
- SCBC – 1 positions (1.0 FTE)
- PAR – 1 (1.0 FTE)
- Admin – 2 Positions (2.0 FTE)
- MA – 1 (0.8 FTE)

Recently Hired or Starting Soon Positions

- Nursing – 1 position (1.0 FTE) HH (September)
- Nursing per diem – 1 position (end of June)
- URCM – 3 positions (3.0 FTE) 2HH/1HSP (July/August)
- CTS per diem – 1 position (July)
- SCBS – 1 position (0.6 FTE) (August)

Home Health



Accreditation

- Surveyor was present 6/1 – 6/3
- Reviewed 13 patient charts
- Reviewed 8 personnel files
- Reviewed Policies
- Reviewed Emergency Plan
- Reviewed Quality Program
- Completed 5 Home Visits

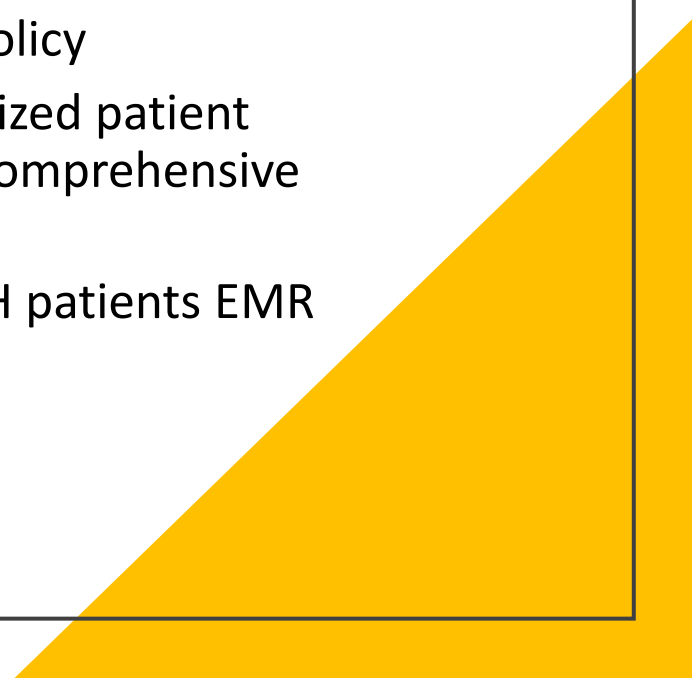


Where we shined...


- After EVERY home visit, the surveyor came back with glowing comments on our staff. She was truly impressed by the care that was provided and how our clinicians interacted with our patients and families. “Fabulous” was the word she used.
- There were many moments over the course of reviewing patient charts that excellent documentation was called out.
- Visit sets vs. visits provided were perfect
- 100% of missed visits were documented with provider notification

Citations and Plan of Correction

HH7-3B – Did not have evidence that the patient's comprehensive assessment included an individualized emergency plan (13 of 13)

- Update process workflows to ensure an individualized patient emergency plan is added to all HH patient's EPIC EMR with printed copies to patients as part of the comprehensive assessment
 - Update the Home Health Initial and Comprehensive Assessment policy
 - In-service education on developing and documenting an individualized patient emergency plan will be provided to HH clinical staff that perform comprehensive assessments
 - Individualized patient emergency plans will be added to current HH patients EMR
 - Audit patient charts
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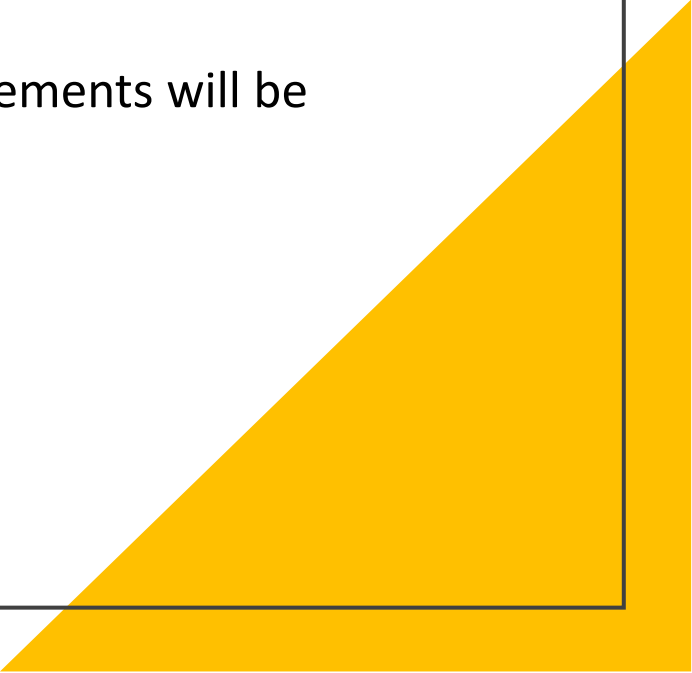
HH5-6A - Did not have evidence that a completed transfer summary was sent within 2 business days of a planned transfer (1 of 2)

- Update process workflows for documentation of patient transfer in patient's EPIC EMR, and sending transfer summary to the receiving facility within 2 days of transfer or knowledge of transfer
 - Update the Home Health Discharge and Transfer policy
 - In-service education will be provided to HH clinical staff that perform transfers
 - In-service education on transfer summary process will be provided to HH Quality staff that manage the EPIC CC WJH HH Transfer- Send Summary WQ work queue
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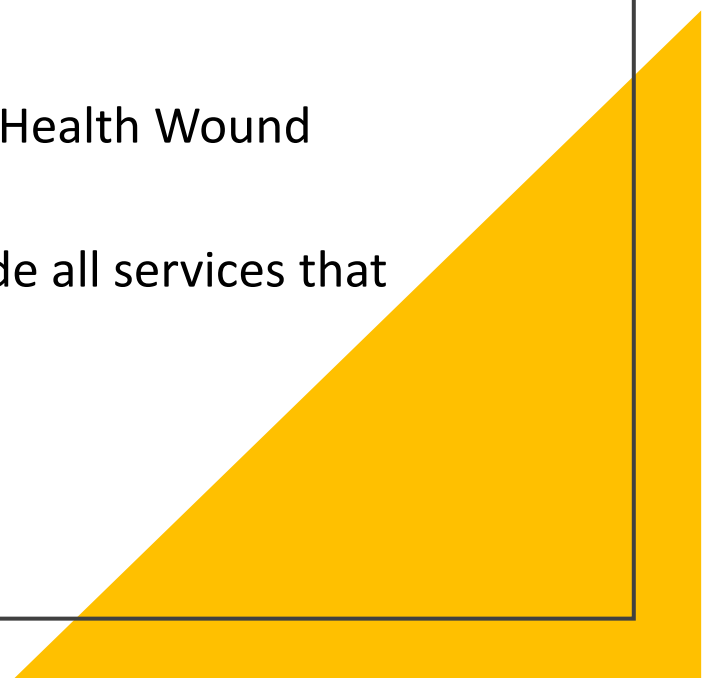
HH5-2F - did not have evidence of a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy (10 of 13)

- Update comprehensive assessment medication review and ongoing drug regimen review processes and workflows to include the patient record essential components for the review of all medication the patient is currently using, both prescription and non-prescription
- Update the Home Health Initial and Comprehensive Assessment and the Home Health Medication Review policies
- In-service education on medication review and documentation will be provided to clinical staff that perform medication reviews

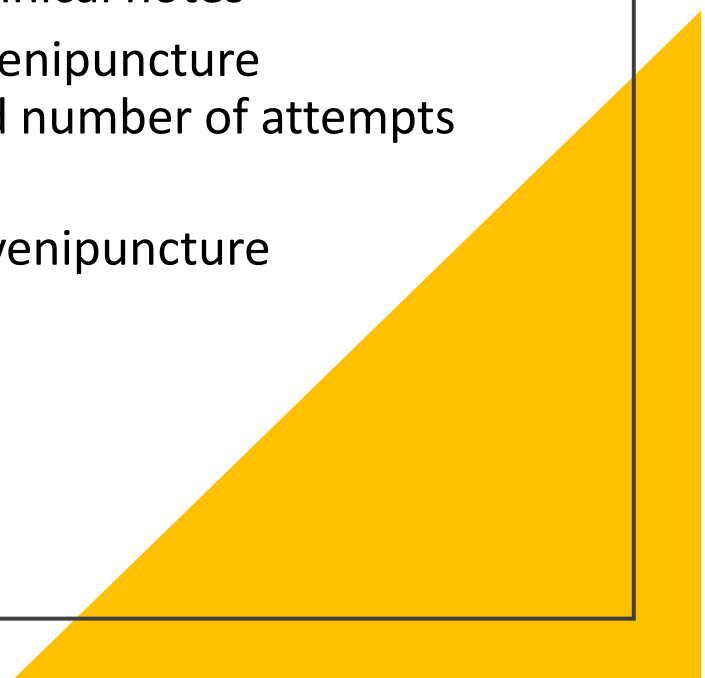
HH5-3A - Did not have evidence of an individualized plan of care (11 of 13)

- Update process for ensuring there is a complete written plan of care for each patient accepted on services
 - In-service education on plan of care documentation and required elements will be provided to clinical staff that update the HH plan of care
- 
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HH5-11A - Did not have evidence that skilled professionals assumed responsibility for providing services that are ordered by the physician as indicated in the plan of care (1 of 13)

- Update process for ensuring skilled professionals assume the responsibility of providing services that are ordered by the HH attending provider as indicated in the plan of care
 - Update the Home Health Assessment and Plan of Care and Home Health Wound Care policies
 - In-service education on clinicians assuming responsibility to provide all services that are ordered by the provider as indicated in the plan of care
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5-11A - Did not have evidence that skilled professionals assumed responsibility for preparing clinical notes (2 of 13)

- Update process for standards for the clinical note and ensuring skilled professionals assume the responsibility of preparing clinical notes
 - In-service education on clinicians assuming responsibility for preparing clinical notes
 - Standardize venipuncture documentation with use of a smart phrase in venipuncture intervention under lab care plan which includes location, type, gauge and number of attempts and patient response to venipuncture
 - Audit 100% of current patient charts with lab interventions that include venipuncture
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Plan of Correction Submitted – June 27, 2022
Plan of Correction Approved – July 11, 2022
Accreditation Dates – June 27, 2022 - June 27, 2025
Accreditation Decision - Full

Quality – Home Health

	Benchmarks		Rolling Averages up to 4/1/2022	Home Health CAHPS			
Overall	NRC 75th Percentile*	Bed Size 0-49 Average	3 Months‡	Qtr 2 2022‡	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
<p>We want to know your rating of your care from this agency's home health providers.</p> <p>Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?</p>	90.5% (n=37,407)	--	86.2%µ PR=41 (n=29)	83.3%µ PR=23 (n=6)	84.8% PR=32 (n=33)	83.3% PR=23 (n=30)	82.1% PR=16 (n=39)
Key Drivers	NRC 75th Percentile*	Bed Size 0-49 Average	3 Months‡	Qtr 2 2022‡	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
Care of Patient	92.6% (n=38,142)	--	90.2%µ PR=42 (n=29)	87.5%µ PR=21 (n=6)	91.4% PR=60 (n=33)	90.8% PR=54 (n=30)	89.7% PR=37 (n=39)
In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?	80.3% (n=34,451)	--	75.0%µ PR=41 (n=28)	60.0%µ PR=3 (n=5)	75.8% PR=45 (n=33)	70.4%µ PR=23 (n=27)	75.0% PR=41 (n=32)
In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?	94.8% (n=37,723)	--	96.3%µ PR=90 (n=27)	100.0%µ PR=100 (n=5)	96.9% PR=93 (n=32)	92.9%µ PR=52 (n=28)	89.7% PR=18 (n=39)
In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?	97.3% (n=37,727)	--	93.1%µ PR=18 (n=29)	83.3%µ PR=1 (n=6)	97.0% PR=69 (n=33)	96.7% PR=63 (n=30)	94.9% PR=36 (n=39)
In the last 2 months of care, did you have any problems with the care you got through this agency?	97.9% (n=37,258)	--	96.6%µ PR=54 (n=29)	100.0%µ PR=100 (n=6)	96.9% PR=56 (n=32)	100.0%µ PR=100 (n=29)	100.0% PR=100 (n=36)

Quality – Home Health

	Benchmarks		Rolling Averages up to 4/1/2022	Home Health CAHPS			
Key Drivers	NRC 75th Percentile*	Bed Size 0-49 Average	3 Months‡	Qtr 2 2022‡	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
Provider Communication	90.5% (n=37,870)	--	89.7%µ PR=68 (n=29)	91.7%µ PR=81 (n=6)	86.0% PR=32 (n=33)	94.7%µ PR=98 (n=29)	88.5% PR=54 (n=39)
In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?	88.1% (n=37,729)	--	82.8%µ PR=42 (n=29)	100.0%µ PR=100 (n=6)	75.8% PR=15 (n=33)	93.3% PR=94 (n=30)	87.2% PR=72 (n=39)
When you contacted this agency's office, how long did it take for you to get the help or advice you needed?	82.6% (n=8,727)	--	77.8%µ PR=48 (n=9)	100.0%µ PR=100 (n=1)	72.7%µ PR=28 (n=11)	70.0%µ PR=19 (n=10)	69.2%µ PR=17 (n=13)
In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?	88.7% (n=37,574)	--	89.7%µ PR=80 (n=29)	83.3%µ PR=30 (n=6)	81.8% PR=21 (n=33)	96.6%µ PR=98 (n=29)	81.6% PR=20 (n=38)
In the last 2 months of care, how often did home health providers from this agency listen carefully to you?	90.4% (n=37,713)	--	93.1%µ PR=89 (n=29)	83.3%µ PR=23 (n=6)	93.9% PR=92 (n=33)	96.6%µ PR=98 (n=29)	87.2% PR=49 (n=39)
When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?	98.7% (n=35,637)	--	92.3%µ PR=2 (n=26)	100.0%µ PR=100 (n=5)	93.3% PR=5 (n=30)	100.0%µ PR=100 (n=26)	100.0% PR=100 (n=34)
In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?	97.9% (n=9,396)	--	100.0%µ PR=100 (n=9)	100.0%µ PR=100 (n=1)	100.0%µ PR=100 (n=11)	100.0%µ PR=100 (n=10)	100.0%µ PR=100 (n=14)

Quality – Home Health

	Benchmarks		Rolling Averages up to 4/1/2022	Home Health CAHPS			
Key Drivers	NRC 75th Percentile*	Bed Size 0-49 Average	3 Months‡	Qtr 2 2022‡	Qtr 1 2022	Qtr 4 2021	Qtr 3 2021
Specific Care Issues	90.3% (n=32,260)	--	89.0%µ PR=66 (n=23)	80.3%µ PR=12 (n=5)	94.3%µ PR=94 (n=27)	89.4%µ PR=70 (n=25)	80.3% PR=12 (n=32)
When you started getting home health care from this agency, did someone from the agency ask to see all the prescription and over-the-counter medicines you were taking?	92.4% (n=34,178)	--	87.5%µ PR=55 (n=24)	100.0%µ PR=100 (n=3)	89.7%µ PR=64 (n=29)	76.0%µ PR=11 (n=25)	84.4% PR=42 (n=32)
When you started getting home health care from this agency, did someone from the agency talk with you about all the prescription and over-the-counter medicines you were taking?	95.3% (n=35,348)	--	92.3%µ PR=48 (n=26)	100.0%µ PR=100 (n=6)	93.3% PR=56 (n=30)	92.6%µ PR=50 (n=27)	91.2% PR=38 (n=34)
In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines?	91.6% (n=13,996)	--	90.9%µ PR=71 (n=11)	100.0%µ PR=100 (n=2)	90.9%µ PR=71 (n=11)	71.4%µ PR=3 (n=7)	76.5%µ PR=6 (n=17)
In the last 2 months of care, did home health providers from this agency talk with you about the side effects of these medicines?	73.0% (n=13,815)	--	54.5%µ PR=10 (n=11)	0.0%µ PR=1 (n=2)	70.0%µ PR=62 (n=10)	71.4%µ PR=68 (n=7)	43.8%µ PR=1 (n=16)
In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?	85.5% (n=13,971)	--	66.7%µ PR=12 (n=12)	0.0%µ PR=1 (n=2)	81.8%µ PR=59 (n=11)	71.4%µ PR=16 (n=7)	52.9%µ PR=1 (n=17)
In the last 2 months of care, did you and a home health provider from this agency talk about pain?	95.1% (n=37,508)	--	93.1%µ PR=48 (n=29)	83.3%µ PR=6 (n=6)	97.0% PR=91 (n=33)	96.7% PR=89 (n=30)	86.5% PR=11 (n=37)
When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely?	89.3% (n=34,743)	--	100.0%µ PR=100 (n=24)	100.0%µ PR=100 (n=5)	100.0%µ PR=100 (n=29)	96.7% PR=97 (n=30)	85.7% PR=51 (n=35)

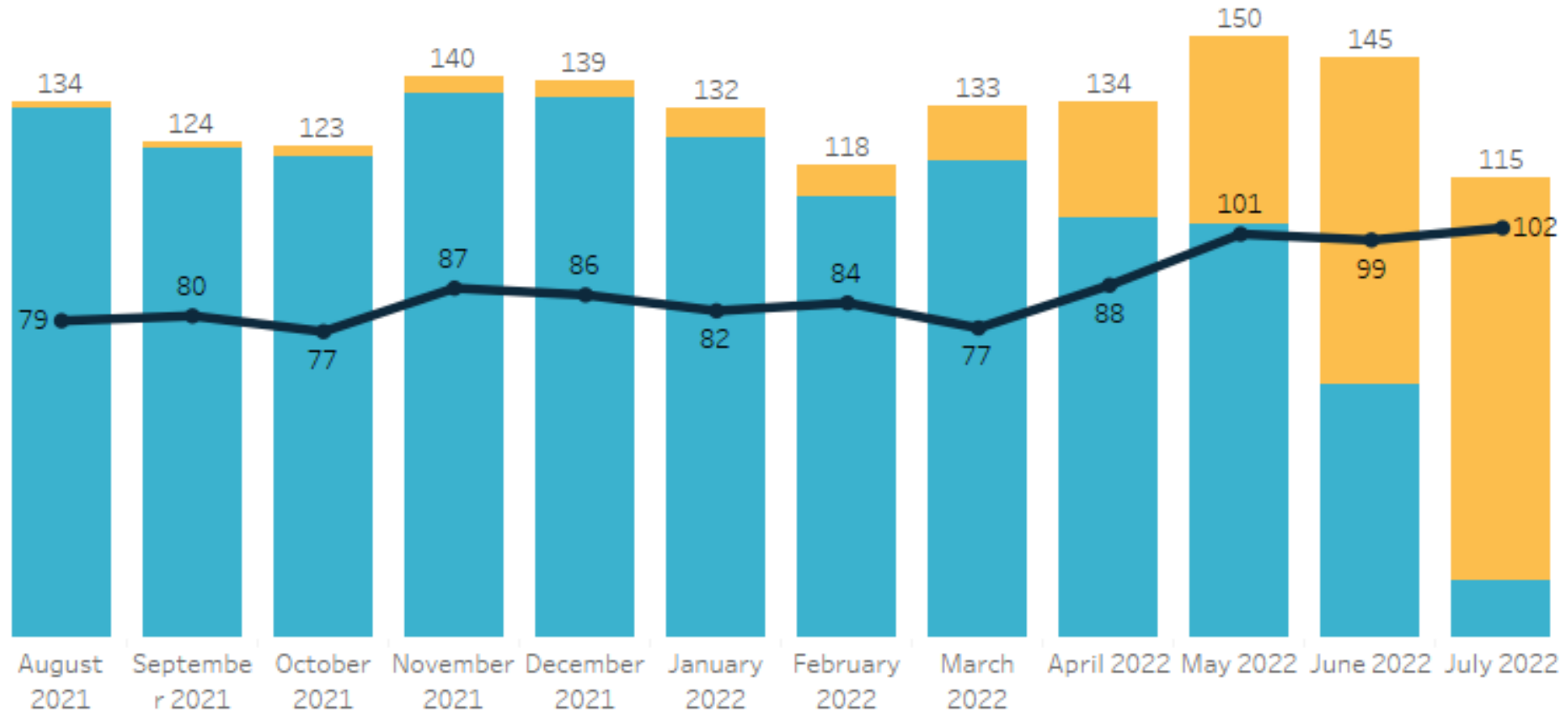



Quality – Home Health

Comments

- I was especially pleased with RN - She explained so much, so I understood. She was very prompt and professional.
- Excellent PT service that has definitely helped mobility
- Great Staff
- Did not provide medical equipment- but told me where I could get it for free for as long as I need
- The care really helped me. Thanks.
- The nursing staff are very caring, compassionate and patient. They are knowledgeable and professional and provide excellent care. Please recognize RN for her outstanding care.
- I am very pleased with the way they handled everything I would give them a top rating.
- I got A1 care from RN and specialist in leg swelling. But would have liked a couple more follow up visits. So much with physical therapy. He wasn't familiar with what my problem was and that I couldn't walk far.
- Very professional and understanding.

Home Health Census – 12 Month Review





Coming
January 1,
2023...

Oasis E

Value Based Purchasing

Electronic Visit
Verification

Hospice



Quality – Hospice

	Picker Dimensions	Benchmarks			Rolling Averages up to 3/24/2022	Jefferson Healthcare Hospice		
Overall		NRC 75th Percentile*	NRC Average	Bed Size 0-49 Average	3 Months‡	Qtr 1 2022‡	Qtr 4 2021	Qtr 3 2021
Please answer the following questions about your family member's care from the hospice named on the survey cover. Do not include care from other hospices in your answers.								
Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?								
		89.7% (n=8,169)	86.0% (n=8,169)	--	60.0%µ PR=1 (n=10)	60.0%µ PR=1 (n=10)	68.8%µ PR=1 (n=16)	83.3%µ PR=34 (n=12)

Quality – Hospice

	Picker Dimensions	Benchmarks			Rolling Averages up to 3/24/2022	Jefferson Healthcare Hospice		
Key Drivers		NRC 75th Percentile*	NRC Average	Bed Size 0-49 Average	3 Months‡	Qtr 1 2022‡	Qtr 4 2021	Qtr 3 2021
While your family member was in hospice care, how often was the information you were given about your family member by the nursing home staff different from the information you were given by the hospice team?	Coordination of Care	--	63.7% (n=1,420)	--	--	--	--	--
How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?	Respect for Family Preferences	88.1% (n=2,680)	84.3% (n=2,680)	--	50.0%µ PR=1 (n=6)	50.0%µ PR=1 (n=6)	87.5%µ PR=74 (n=8)	66.7%µ PR=1 (n=3)
While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?	Emotional Support	92.3% (n=8,168)	88.7% (n=8,168)	--	60.0%µ PR=1 (n=10)	60.0%µ PR=1 (n=10)	87.5%µ PR=39 (n=16)	100.0%µ PR=100 (n=11)
While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?	Respect for Family Preferences	97.7% (n=8,217)	96.0% (n=8,217)	--	100.0%µ PR=100 (n=10)	100.0%µ PR=100 (n=10)	93.8%µ PR=15 (n=16)	100.0%µ PR=100 (n=12)
While your family member was in hospice care, how often did the hospice team listen carefully to you?	Respect for Family Preferences	91.3% (n=8,095)	88.2% (n=8,095)	--	70.0%µ PR=1 (n=10)	70.0%µ PR=1 (n=10)	86.7%µ PR=36 (n=15)	75.0%µ PR=1 (n=12)
While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?	Physical Comfort	85.4% (n=8,096)	79.1% (n=8,096)	--	50.0%µ PR=1 (n=10)	50.0%µ PR=1 (n=10)	60.0%µ PR=1 (n=15)	75.0%µ PR=24 (n=12)
While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?	Information and Education	84.2% (n=8,188)	79.7% (n=8,188)	--	80.0%µ PR=53 (n=10)	80.0%µ PR=53 (n=10)	68.8%µ PR=3 (n=16)	90.9%µ PR=96 (n=11)
How often did your family member get the help he or she needed from the hospice team for feelings of anxiety or sadness?	Emotional Support	70.8% (n=4,327)	64.5% (n=4,327)	--	33.3%µ PR=1 (n=6)	33.3%µ PR=1 (n=6)	50.0%µ PR=1 (n=10)	71.4%µ PR=77 (n=7)
How often did your family member get the help he or she needed for trouble breathing?	Physical Comfort	87.3% (n=3,439)	83.0% (n=3,439)	--	100.0%µ PR=100 (n=1)	100.0%µ PR=100 (n=1)	55.6%µ PR=1 (n=9)	75.0%µ PR=1 (n=4)
While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?	Information and Education	90.4% (n=8,229)	87.1% (n=8,229)	--	90.0%µ PR=73 (n=10)	90.0%µ PR=73 (n=10)	81.3%µ PR=9 (n=16)	91.7%µ PR=86 (n=12)
While your family member was in hospice care, how much emotional support did you get from the hospice team?	Emotional Support	97.1% (n=8,032)	95.0% (n=8,032)	--	100.0%µ PR=100 (n=10)	100.0%µ PR=100 (n=10)	92.9%µ PR=13 (n=14)	91.7%µ PR=9 (n=12)



Quality – Hospice

Patient Comments:

- The caregivers were very helpful and useful. I wish mom could have had more visits from the massage therapist
- Primary nurse and doc and chaplain all excellent. Very caring, excellent communication. My biggest issue was the sense that Hospice has a "menu" of interventions. If a request is outside the norm, it is rejected. For instance, mom needed a side rail but she had her own bed with electric controls for elevating head and foot. She could only get a side rail from Hospice if she got a hospital bed. There were other examples too, where care should have been more individualized, in keeping with Hospice philosophy to support quality of life.



Volunteers –
After more
than 2 years
out of
patient
homes,
volunteers
are back in!

9 Active volunteers

9 Patients who are actively using
volunteer services

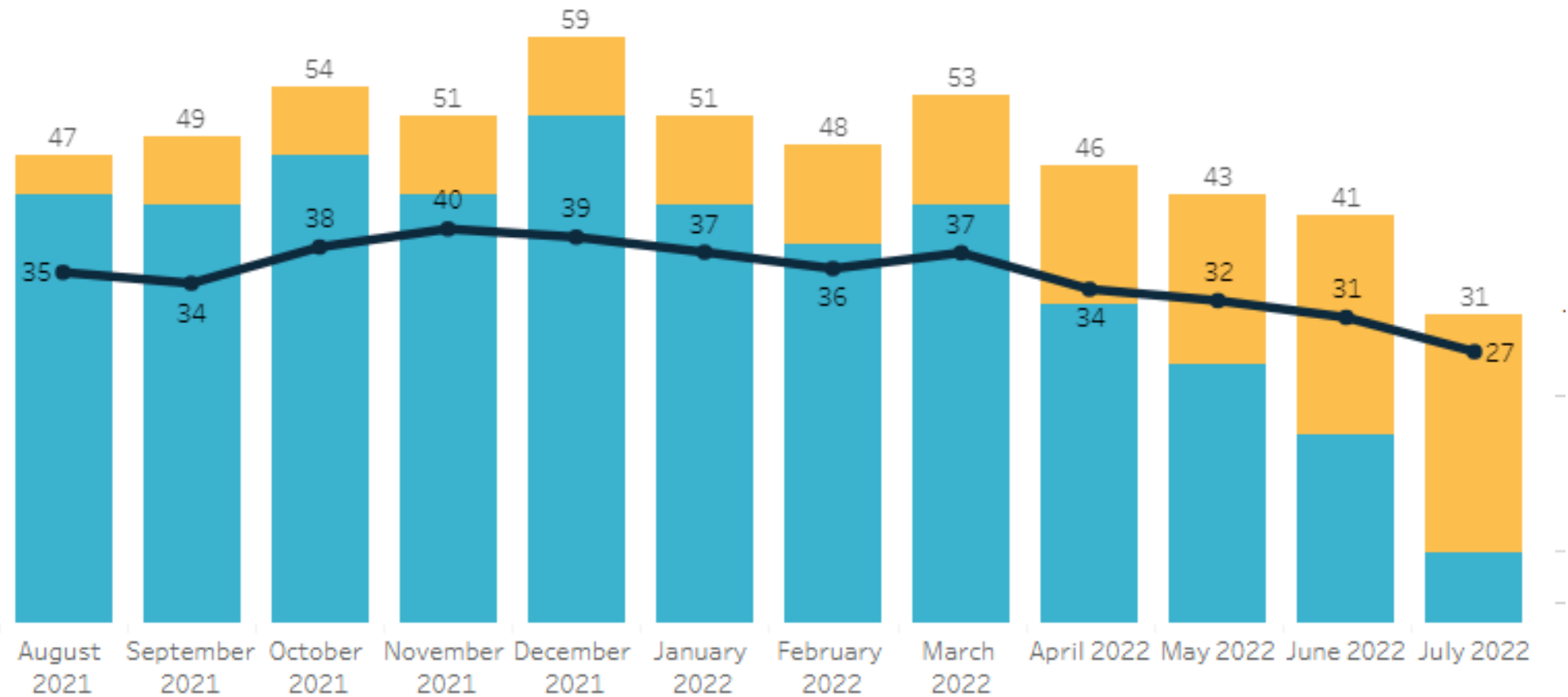
12 Individuals who are interested
in becoming volunteers (a training
date is currently being discussed)



Comfort Therapies

- 4 Active Comfort Therapists
 - 3 Massage therapist with 1 specializing in acupressure massage
 - 1 Music therapist
- 19 Patients currently utilizing comfort therapies
- Continue to expand and look for comfort therapies, specifically in the disciplines of reiki, art therapy and additional music therapies

Hospice Census – 12 Month Review






Hospice Annual
Breakfast –
October 6, 2022

Palliative Care



- 
- A thick yellow vertical bar is positioned on the left side of the slide, extending from the top to the bottom. It has a small horizontal yellow rectangle at the top and a small yellow square at the bottom.
- 36 Active patients
 - Updated palliative care screening tool
 - Increased referrals from outside clinics
 - Education to hospitalists, discharge planners and community
 - Provider participating in RN skills fair this September

Employees of the Quarter

Toscha Brown & Trena Brown

“Trena & Toscha Brown have gone way above and beyond in their jobs to get the new Care Team Specialists trained ... They've both been incredibly patient and knowledgeable and always have a great sense of humor. In high stress registration situations I've seen Trena and Toscha both keep their cool while still helping us learn and getting patients to where they need to go...”



Care Team Specialist II – Registration & Orthopedic Clinic

Second Quarter 2022

Jefferson
Healthcare

Leader of the Quarter

Jennifer Peach-Guzman

“Jenn has steadfastly built her leadership team since her arrival to Jefferson Healthcare ..., investing and supporting them, helping them to grow and conquer incredibly challenging times. She is committed, with unending resilience. She shares her talents with others graciously...is always willing to support the growth and development of new leaders. She has strengthened our team and we are proud to work beside her.”

“She is a thoughtful, honest and creative operational partner. I can always rely on her constructive, honest assessments ..., and I can also rely on her to be a ready partner and champion ... Her tenacity and creativity in the face of challenges elevates the whole team and supports our ability to, ultimately, serve the patient. ”



Executive Director, Nursing Operations

Second Quarter 2022

Jefferson
Healthcare

Provider of the Quarter

Asif Luqman, MD

“Dr Luqman is, without fail, extremely dedicated and ready to step up and go the extra mile for our patients. He is exceptionally supportive of his team and treats everyone around him with respect in all situations. He somehow able to do this while maintaining a sense of humor as well! We are privileged to serve our patients alongside such an exemplary provider!! Thank you Dr Luqman!!”



Medical Group – OBGYN Clinic
Second Quarter 2022

Jefferson
Healthcare

Team of the Quarter Security Team

“ What a team! This team shows complete professionalism, a reliably positive attitude, and is always ready to answer the call. ... They have had to deal with some of most challenging patients, visitors, and guests but they always appear to remain calm, collected, and respectful, understanding the patient isn't giving them a hard time, the patient is having a hard time. Not enough can be said about this team and the service they provide our staff, patients & community every day !”



Second Quarter 2022

Jefferson
Healthcare

Patient Safety & Quality Report

Presented by

Brandie Manuel, Chief Patient Safety & Quality Officer

July 27, 2022

Agenda



Quality Goals & Performance

Quality Focus: Value Based Care

Service: In the words of our patients

2022 Project Updates and Focus Areas

Goals	Strategy	Initiatives	Targets
Deliver the safest, highest quality care	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)
	Design the most effective performance improvement and quality management system		Readmission rate < 10%
			Ensure safer transitions of care by closing the loop on referrals (Target>80% completion rate)
		Ensure the availability and deployment of process improvement tools.	Apply continuous quality improvement principles (Target>85% of departments with active PI plans)
			Create a culture of learning (>75% attendance at PI Council Meetings)
	Enhance our systematic approach to avoid medical errors	Implement best practices in event reporting, investigation, analysis and mitigation	Maintain full accreditation (Target-achieve HKRC certification and maintain existing accreditations)
		Culture of Safety	Zero cases of preventable patient harm
		Promote a Learning Culture by sharing "lessons learned" from system defects	Complete Culture of Safety Survey
			Use evidence-based teamwork and communication to prevent errors (Target>75% of director..)
	Continue transition to value-based care	Explore the addition of value-based contracts	Safety events are shared in team huddles and department meetings
		Top performance in MIPS reporting	Explore the addition of one VB contract by December 31, 2022
			Effectively utilize the EHR to improve value (Target >75% Promoting Interoperability in MIPS Reporting)
			Top quartile performance in 3 CQM or eQCMs

Quality
Focus



EOC closed items 80% (Goal > 80%)

ED throughput 206 min. (Goal: < 180)

June Referral Closure Rate: 70% (Goal 80%)

In Progress: PI Council tomorrow

In Progress: Vendor Selection

In Progress: Meeting next week to resume TeamSTEPPS classes

Quality Focus: Transition To Value Based Care



Continue Transition to Value Based Care

2021 MIPS SCORE: 95.62

Total Payment Adjustment – will be published in August 2022

Payment Adjustment – January 1, 2023

● Quality	55.00 / 55
● Improvement Activities	15.00 / 15
● Promoting Interoperability	22.80 / 30
● Cost	N/A
● Awarded Bonus Points	2.82

CMS Value Star Rating

Rating Category	Measure	Jefferson Healthcare	Comparison	National	Comments
Payment and Value of Care	Payment: Risk-Standardized Payment Associated with a 30-Day Episode of Care for AMI (Q3 2018 – Q2 2021)	N/A	TOO FEW	\$26,800	
Payment and Value of Care	Risk-Standardized Payment Associated with a 30-Day Episode of Care for Heart Failure (Q3 2018 – Q2 2021)	\$18,005	SAME	\$18,280	Eligible Discharges: 70
Payment and Value of Care	Risk-Standardized Payment Associated with a 30-Day Episode of Care for Heart Failure (Q3 2018 – Q2 2021)	\$17,854	SAME	\$19,490	Eligible Discharges: 91
Payment and Value of Care	Risk-Standardized Payment Associated with a 30-Day Episode of Care for Hip/Knee (Q3 2018 – Q2 2021)	\$18,051	BETTER	\$20,793	Eligible Discharges: 169
Use of Medical Imaging					
Rating Category	Measure	JH	State	National	Comments
Imaging Efficiency	Abdominal CT – use of contrast (Q3 2020 to Q2 2021)	7.2%	5.1%	6.3%	N = 964
Imaging Efficiency	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery (Q3 2020 to Q2 2021)	3.7%	3.4%	3.9%	N = 215
Imaging Efficiency	Breast Cancer Screening Recall Rates (Q3 2020 to Q2 2021)	8.7%	7.9%	9.4%	N = 1,036

An aerial photograph of a coastal town. In the foreground, a large red brick building with a prominent clock tower is visible. To its right is a green tennis court and a grassy field. The town is composed of various houses and buildings, some with red roofs. A harbor with several sailboats and a ferry is located in the middle ground. In the background, a large body of water stretches to a distant shoreline with mountains under a blue sky.

Service.

Jefferson
Healthcare



Rating Category	Measure	Performance	Scores	State	National
Experience	Willingness to Recommend	5 stars	‘Definitely yes’ – 86%	71%	70%
Experience	Communication with Nurses	5 stars	‘Always’ – 85%	79%	80%
Experience	Communication with Doctors	5 stars	‘Always’ – 87%	80%	80%
Experience	Responsiveness of Hospital Staff	5 stars	‘Always’ – 77%	66%	66%
Experience	Communication about medications	4 stars	‘Always’ – 65%	64%	62%
Experience	Cleanliness of Hospital	4 stars	‘Always’ - 75%	74%	73%
Experience	Quietness of Hospital	3 stars	‘Always’ – 58%	55%	62%
Experience	Discharge Information	5 stars	‘Always’ – 93%	88%	86%
Experience	Care Transition	4 stars	‘Strongly Agree’ – 58%	51%	52%
Experience	Overall Hospital Rating	5 stars	‘9-10 Rating’ – 83%	71%	72%

Service: In the words of our patients....

- Thankful for our healthcare providers
- I'm learning more about how my entire health & wellbeing is constantly changing and that my attitude and how I approach my health is paramount to my very existence. Thank you for all of your valuable services.
- **Dr. Hong** is exemplary!
- I was treated promptly, with kindness and respect by all of the staff that I encountered. **Sara Christensen** was concerned, adept and efficient
- Very responsive to my care needs. Receptionist brought me ice for my shoulder while I was waiting for nurse. Dr showed concern for my situation being over 200 miles from home. Medication possible delays at local pharmacies were explained.
- **Dr. Idjadi** was courteous and very clear in his explanation about my problem and potential treatment.
- I was taken care of by a caring staff and received the Covid medication to help prevent serious complications. Everything was explained to me in detail. Thank you
- Perfect experience (**Dr. Butterfield**)
- Waited nearly an hour beyond appointment time.
- I was treated with respect despite being unvaccinated and having covid. I really appreciated that
- Nobody batted an eye that I showed up 10 minutes before they closed. They took their time and treated my condition very seriously. They called in the meds I needed and referred me to the appropriate follow up. It was worth interrupting my vacation to come home and get treated here.

Project Updates





Patient Safety & Quality:

- OB Quality Committee
- Surgical Quality/Hip and Knee Replacement Committee
- Health Equity Clinical Focus Areas
- Performance Improvement Council
- Workforce Safety and Wellness
- Culture of Safety Survey
- TeamSTEPPS re-launch

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:

- CyberSecurity: Aug. Drill
- Imprivata – single sign on (specialty clinics)
- Wi-Fi replacement
- Enhanced use of Technology for Patient Care and Operations
- Data Team integration and strategic planning/formalization of data warehouse

Accreditation:

- DNV/ISO Survey CAP Submitted
- Infection Control and Prevention survey (Sept)
- Hip and Knee Certification Application in progress
- Level IV Trauma re-certification application due

Service Excellence:

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



Thank you.

Jefferson Healthcare

June 2022 Finance Report

July 27, 2022

Mike Glenn, CEO

June 2022

Operating Statistics

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	625	7%	572	625	9%	592	2%	609	6%		
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%		
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	383	357	7%	2,392	2,150	11%	451	-15%	2,097	12%		
SURGERY CASES (IN OR)	130	134	-3%	741	810	-9%	151	-14%	790	-7%		
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%		
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%		
RESPIRATORY THERAPY PROCEDURES	2,589	2,899	-11%	18,270	17,489	4%	3,101	-17%	16,170	11%		
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%		
DENTAL CLINIC	383	416	-8%	2,390	2,512	-5%	512	-25%	2,282	5%		
TOTAL RURAL HEALTH CLINIC VISITS	6,591	6,310	4%	36,434	38,071	-4%	6,741	-2%	36,059	1%		
TOTAL SPECIALTY CLINIC VISITS	3,786	3,796	0%	21,532	22,900	-6%	3,747	1%	20,458	5%		

June 2022

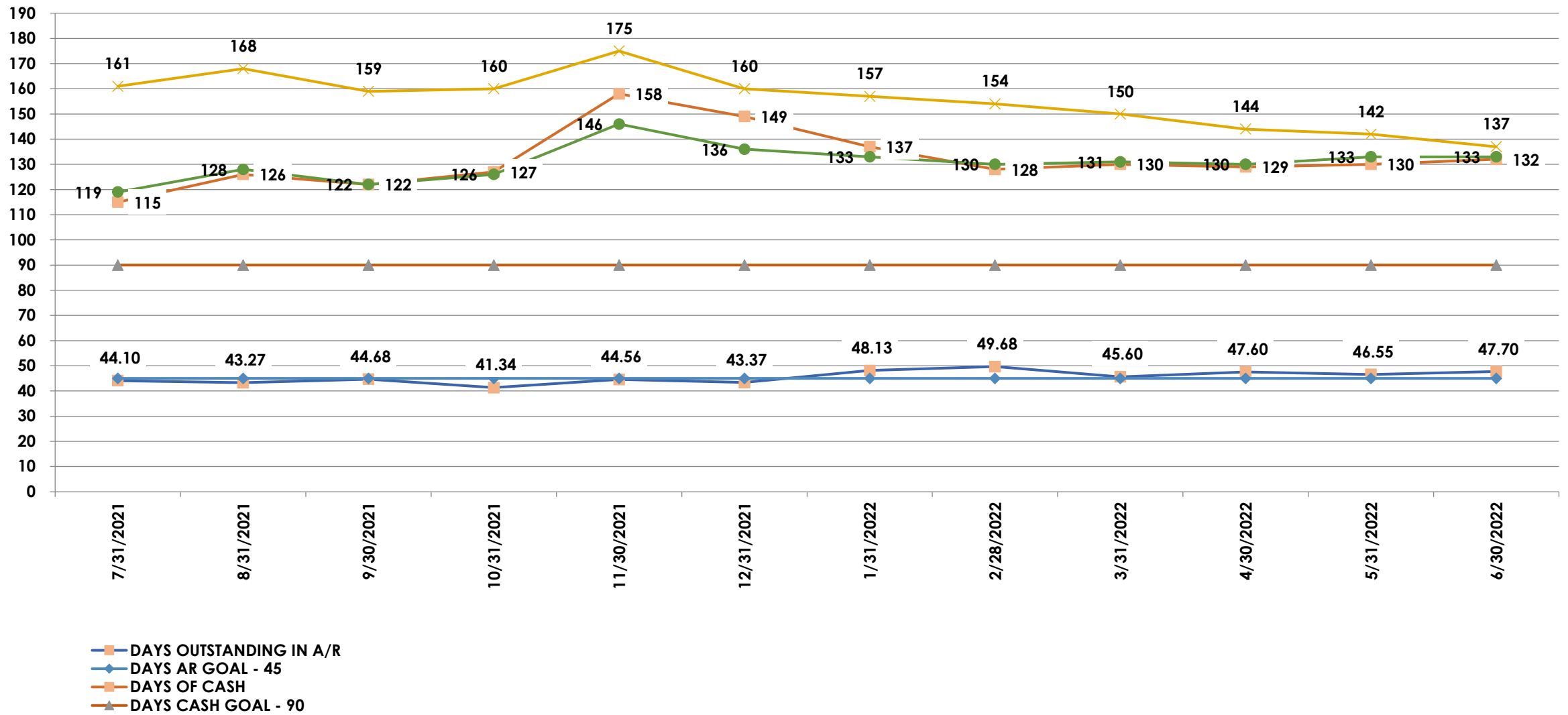
Income Statement Summary

	June 2022 Actual	June 2022 Budget	Variance Favorable/ (Unfavorable)	%	June 2022 YTD	June 2022 Budget YTD	Variance Favorable/ (Unfavorable)	%	June 2021 YTD
Operating Revenue									
Gross Patient Service Revenue	27,569,588	26,711,625	857,963	3%	156,383,484	161,160,137	(4,776,654)	-3%	147,867,773
Revenue Adjustments	15,519,170	14,391,283	(1,127,887)	-8%	84,218,908	86,827,409	2,608,501	3%	81,281,220
Charity Care Adjustments	83,429	204,694	121,265	59%	756,915	1,234,986	478,071	39%	1,612,948
Net Patient Service Revenue	11,966,989	12,115,648	(148,659)	-1%	71,407,661	73,097,742	(1,690,082)	-2%	64,973,605
Other Revenue	795,240	539,930	255,309	47%	4,517,348	3,257,579	1,259,770	39%	4,200,669
Total Operating Revenue	12,762,228	12,655,578	106,650	1%	75,925,009	76,355,321	(430,312)	-1%	69,174,274
Operating Expenses									
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
Other Expenses	4,767,375	4,498,794	(268,581)	-6%	28,378,280	27,142,725	(1,235,555)	-5%	24,778,224
Total Operating Expenses	11,879,990	12,331,474	451,484	4%	73,657,727	74,399,896	742,169	1%	67,325,546
Operating Income (Loss)	882,238	324,104	558,134	172%	2,267,283	1,955,425	311,858	16%	1,848,728
Total Non Operating Revenues (Expenses)	11,052	3,192	7,860	-246%	(99,456)	19,256	(118,713)	616%	(139,477)
Change in Net Position (Loss)	893,289	327,295	565,994	173%	2,167,826	1,974,681	193,145	10%	1,709,251
Operating Margin	6.9%	2.6%	4.4%	169.9%	3.0%	2.6%	0.43%	16.6%	2.7%
Total margin	7.0%	2.6%	4.4%	170.6%	2.9%	2.6%	0.27%	10.4%	2.5%
Salaries & Benefits as a % of net pt svc rev	-59.4%	-64.6%	5.2%	8.1%	-63.4%	-64.6%	1.24%	1.9%	-65.5%

June 2022

Cash and Accounts Receivable

Days Cash and Accounts Receivable



June 2022

Board Financial Report

Department	Account	Description	Jun Actual	Jun Budget	Jun Variance	2022 YTD Actual	2022 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	4,683	5,587	904	14,175	33,711	19,536
	601100	BENEFITS FICA	1,843	2,058	214	10,776	12,414	1,638
	601150	BENEFITS WA F&MLA	40	39	(1)	232	233	1
	601400	BENEFITS MEDICAL INS-UNION	2,840	5,239	2,399	18,696	31,607	12,911
	601600	BENEFITS RETIREMENT	973	1,161	188	7,231	7,006	(225)
	601900	BENEFITS EMPLOYEE ASSISTANCE	12	(0)	(12)	94	(0)	(95)
	602300	CONSULT MNGMT FEE	23,997	-	(23,997)	59,569	-	(59,569)
	602500	AUDIT FEES	-	-	-	-	-	-
	604200	CATERING	192	322	130	1,861	1,944	83
	604500	OFFICE SUPPLIES	(324)	185	509	1,064	1,118	53
	604850	COMPUTER EQUIPMENT	-	81	81	-	486	486
	606500	OTHER PURCHASED SERVICES	37	321	284	221	1,934	1,713
	606700	MARKETING	-	-	-	-	-	-
	609300	DUES AND SUBSCRIPTIONS	-	48	48	925	287	(638)
	609400	TRAVEL/MEETINGS/TRAINING	-	312	312	-	1,884	1,884
	609999	CLEARING	-	-	-	-	-	-
BOARD Total			34,294	15,352	(18,942)	114,844	92,623	(22,222)

July 2022

Preview – (*as of 0:00 7/20/22)

- **\$ 26,169,675 in Projected HB charges**

- Average: \$844,183/day (HB only)
- Budget: \$882,907/day
- 95.6% of Budget

- **\$10,522,738 in HB cash collections**

- Average: \$339,443/day (HB only)
- Goal: \$390,700/day

- **42.0 Days in A/R**

- **Questions**

Jefferson Healthcare

Administrative Report

June 27, 2022

Mike Glenn, CEO

Advocacy | State

- Continuing to prepare in the off season for the 2023 Legislative Session
 - Updating our legislators on capacity, difficult to discharge patients, and the building
- Met with WSHA staff to discuss supporting legislation around difficult to discharge and long length of stay patients in 2023
 - Initial meeting was 7/24 with Zosia and Beth

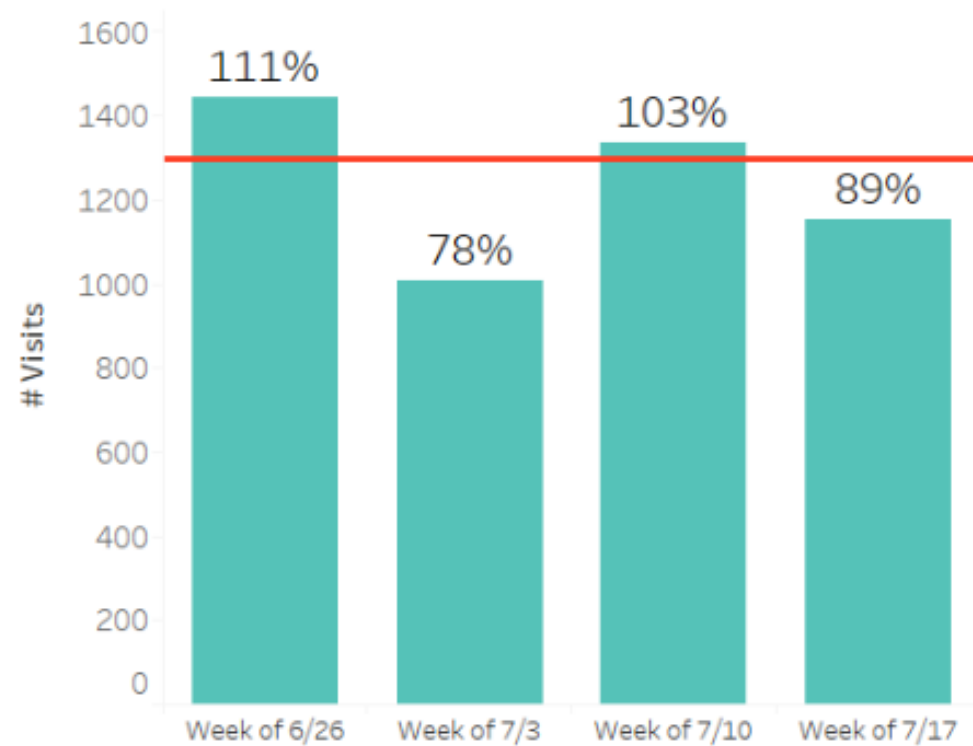
Advocacy | Federal

- Continuing to advocate with staff around including the linear accelerator funding in the 2023 budget
 - Representative Kilmer and Senators Murray and Cantwell staff are being engaged with this
- Primary focus with Jake Johnston is around how to identify federal (and state pass-through) dollars to support the building
 - Infrastructure bill
 - Exploring EPA dollars to support green technology
 - Waste-water
 - Meeting in mid- to late-August with the design team to identify areas that could be supported with external dollars

Jefferson Healthcare Volumes

Primary Care variance to budgeted visits

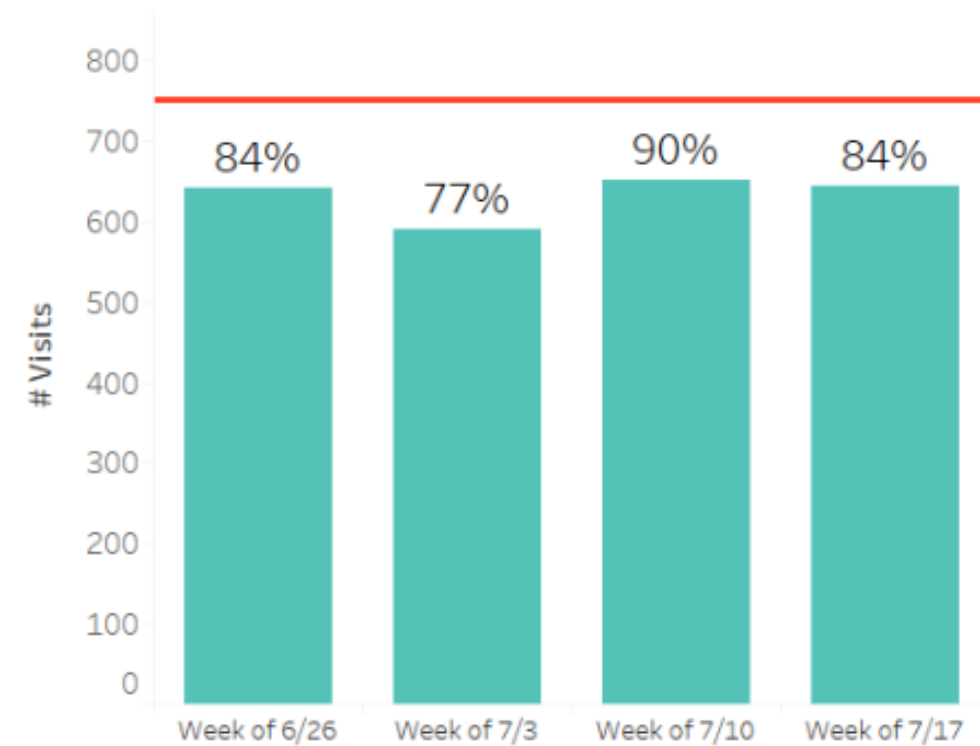
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2022 annual budgets. The labels are % volume to budget for the selected clinics.



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.



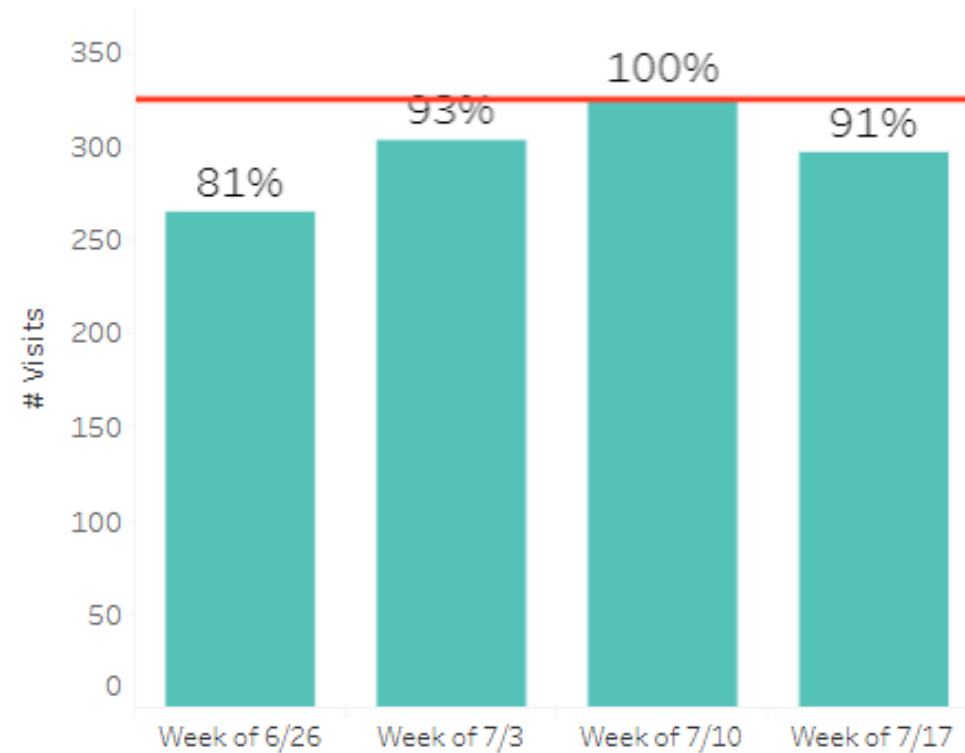
Includes visits in: JHSA clinic, Sleep Medicine, Urology, OB & GYN, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

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.

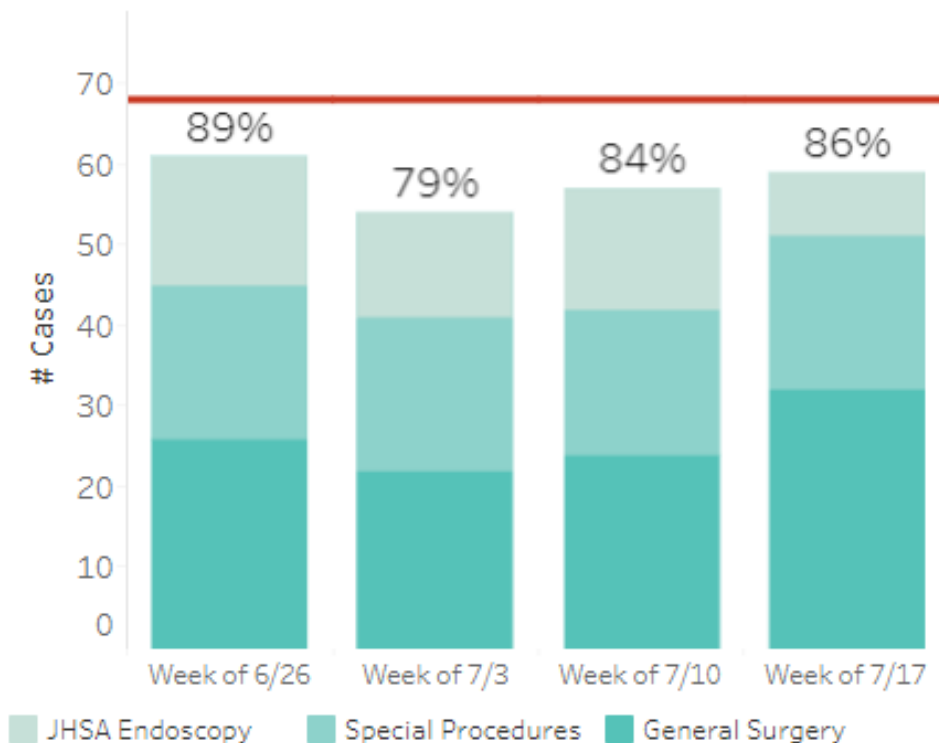


Surgical case variance to target cases

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.

9/26/2021	
Total	445
Express Clinic	210
Emergency	235

Total Visits, 1/1/2020 to 7/25/2022

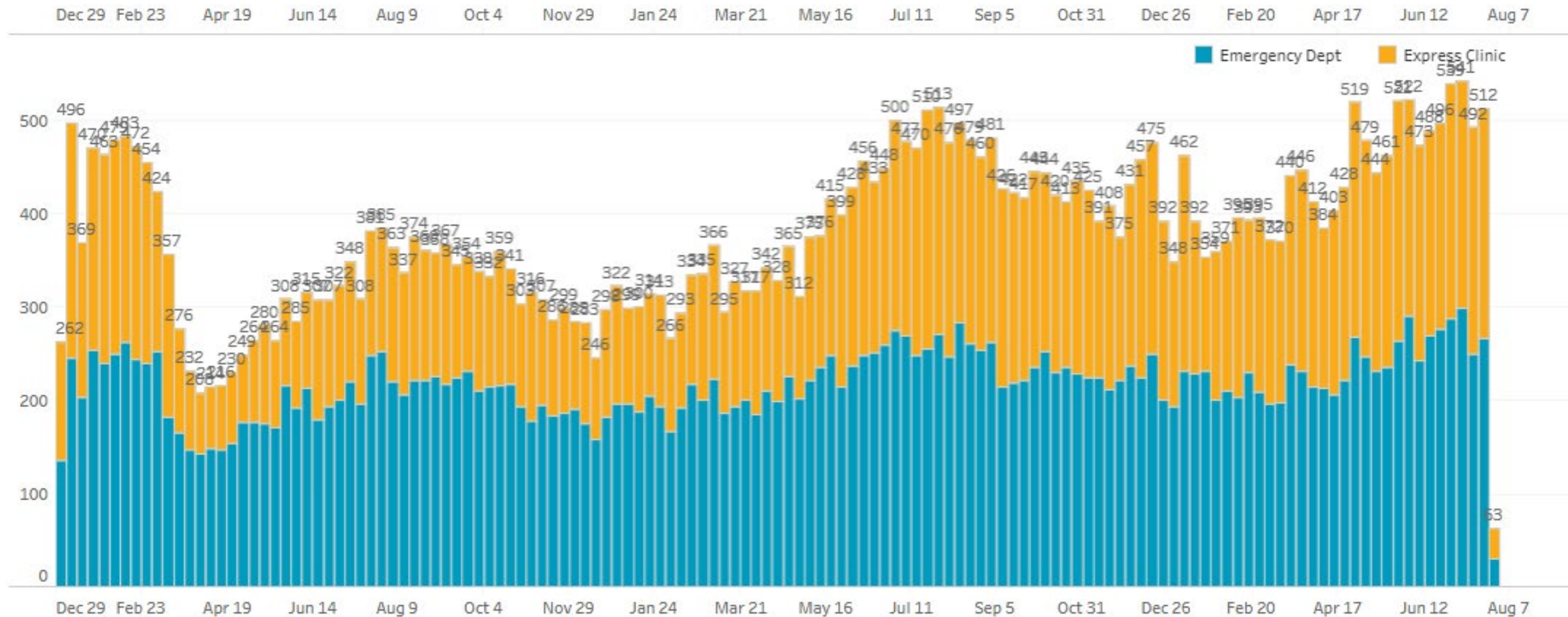
Select a department to bring in focus.

[Emergency Dept](#) [Express Clinic](#)

29,374

21,893

Volumes by Arrival Department and Week, 2020 - 2022





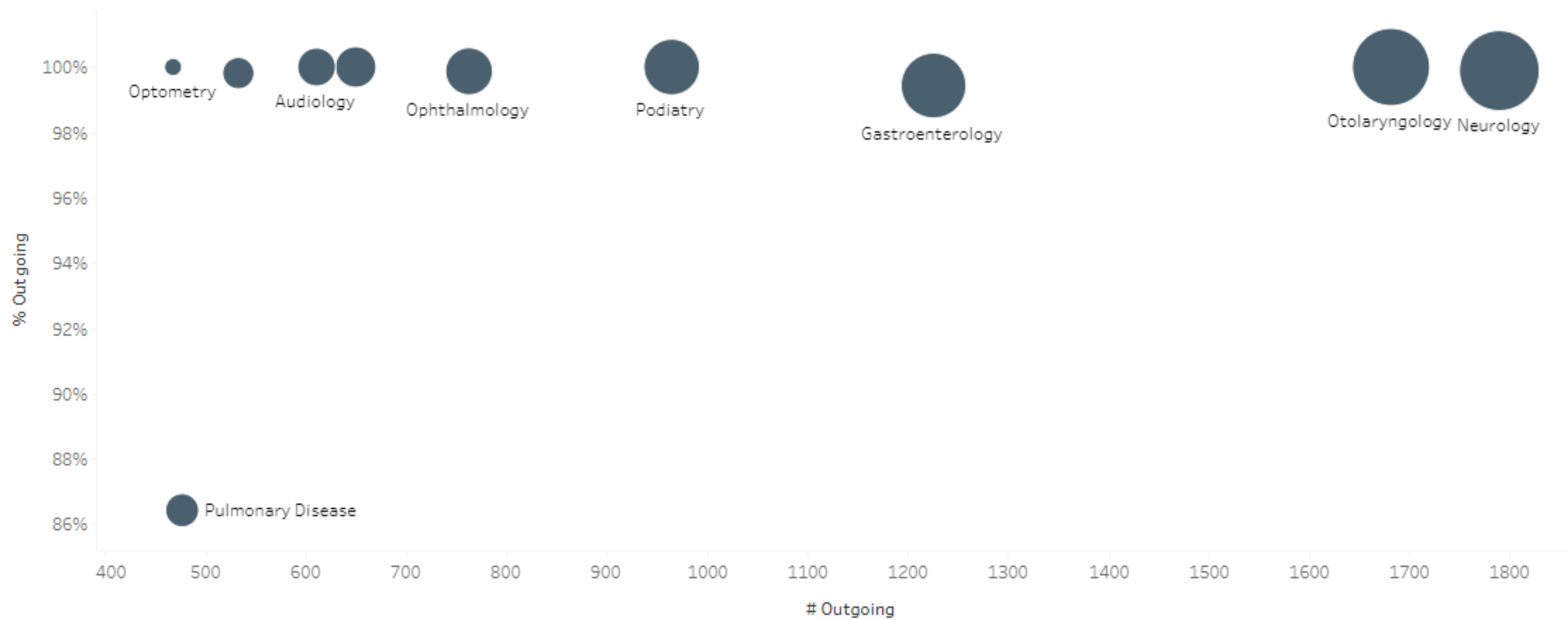
Jefferson Healthcare Campus Replacement and Expansion Project
Presentation

Summary Document

	Bond Supported Project	Non-Bond Supported Project
Estimated Size	81,500 Sq Ft	52,780-58,000 Sq Ft
Estimated Project Cost	\$90-95 million	\$70-75 million
Essential Services	<ul style="list-style-type: none">• Nursing Administration• MRI/ Ultrasound• Radiation Oncology/ Medical Oncology• Kitchen/Cafeteria• Facilities/ EVS• Ambulatory Surgery Center• Clinic Space• Dermatology• ENT• Pulmonology• OB/GYN• Neurology• Express Clinic• Extra <p>Extra floor shell space 16,000 Sq Ft</p>	<ul style="list-style-type: none">• Nursing Administration• MRI/ Ultrasound• Radiation Oncology/ Medical Oncology• Kitchen/Cafeteria• Facilities/ EVS• Ambulatory Surgery Center• Clinic Space• Dermatology• ENT• Pulmonology• OB/GYN• Neurology• Express Clinic• Extra

Sources of Funding

	Bond Supported Project	Non-Bond Supported Project
Bond Amount	\$35 million	0
Jefferson Healthcare Cash	\$8 million	\$11 million
Jefferson Healthcare Debt	\$38 million	\$45 million
Federal/ State Foundation	\$9 million	\$12.5 million
'23-'24-'25 Budget		\$2.5 million
Total	\$90 million	\$71 million



Service	New or Existing	Current Sq Ft	Demand	Bond	Non Bond
Nursing Admin	E	200		500	350
Facilities/ EVS	E	1200		2500	750
Kitchen/Cafeteria	E	3900		6000	5500
MRI/ Ultrasound	E			3500	3000
Dermatology	E	2672	5362	6000	6000
Medical Oncology	E	5500		6000	6000
Radiation Oncology	N	-----	175-225	5000	5000
Ambulatory Surgery Center	N	-----		10000	8000
Medical Office Building	N/E			16000	12000
• Neurology	N		1790	1200	1200
• ENT	N		1682	2400	2400
• Audiology			611	300	300
• Pulmonary			477	1200	1200
• OB/GYN	E	2816		3300	3300
• Geriatrics			10000	1200	1200
• Plastics/Hand		800		2400	2400
• Future Growth				4000	0
Medical Office Building				16000	12000
Shell Space	N	0		16000	0
Total Direct				65500	40600
Gross Factor (1.3)				81500	52780
Grand Total					

Debt Service/Tax Impact

Assumes: **\$8,200,000,000** in assessed value, **4.25%** interest rate, and a **30-year** term.

Par Amount		100% Collection Millage	Proposed Annual Debt Service
\$	30,000,000	0.22	\$1,787,947
\$	35,000,000	0.25	\$2,085,939
\$	40,000,000	0.29	\$2,383,930
\$	45,000,000	0.33	\$2,681,921
\$	50,000,000	0.36	\$2,979,912
\$	55,000,000	0.40	\$3,277,904
\$	60,000,000	0.44	\$3,575,895

Individual Impact

		Yearly Tax Estimate by Assessed Value									
		100% collection									
Par Amount		Millage	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000	\$600,000	\$700,000	\$800,000	\$900,000
\$	30,000,000	0.22	\$22	\$44	\$65	\$87	\$109	\$131	\$153	\$174	\$196
\$	35,000,000	0.25	25	51	76	102	127	153	178	204	229
\$	40,000,000	0.29	29	58	87	116	145	174	204	233	262
\$	45,000,000	0.33	33	65	98	131	164	196	229	262	294
\$	50,000,000	0.36	36	73	109	145	182	218	254	291	327
\$	55,000,000	0.40	40	80	120	160	200	240	280	320	360
\$	60,000,000	0.44	44	87	131	174	218	262	305	349	392

		Weekly Tax Estimate by Assessed Value									
		100% collection									
Par Amount		Millage	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000	\$600,000	\$700,000	\$800,000	\$900,000
\$	30,000,000	0.22	\$0.42	\$0.84	\$1.26	\$1.68	\$2.10	\$2.52	\$2.94	\$3.35	\$3.77
\$	35,000,000	0.25	0.49	0.98	1.47	1.96	2.45	2.94	3.42	3.91	4.40
\$	40,000,000	0.29	0.56	1.12	1.68	2.24	2.80	3.35	3.91	4.47	5.03
\$	45,000,000	0.33	0.63	1.26	1.89	2.52	3.14	3.77	4.40	5.03	5.66
\$	50,000,000	0.36	0.70	1.40	2.10	2.80	3.49	4.19	4.89	5.59	6.29
\$	55,000,000	0.40	0.77	1.54	2.31	3.07	3.84	4.61	5.38	6.15	6.92
\$	60,000,000	0.44	0.84	1.68	2.52	3.35	4.19	5.03	5.87	6.71	7.55

2022 Breakdown of Taxing Districts

Adding the mill rates from the previous slide to Jefferson Healthcare's 2022 amount yields a total between .29 and .51

STATE LEVY (SCHOOL): Part 1	1.7764071912	SCHOOL DIST # 20: EP&O	1.4881030920
Part 2	0.9578604427	SCHOOL DIST # 46: EP&O	0.8839510801
STATE Total:	2.7342676339	SCHOOL DIST # 48: Capital Project	1.7431562789
		SCHOOL DIST # 48: EP&O	1.3242674457
COUNTY Current Expense	1.1974389192	SCHOOL DIST # 49: Capital Project	0.5109806332
- Mental Health	0.0069129760	SCHOOL DIST # 49: EP&O	0.8121585609
- Development Disabilities	0.0069129760	SCHOOL DIST # 50: Bond	0.7769717530
- Veteran's Relief	0.0069999799	SCHOOL DIST # 50: Capital Project	0.3362268777
COUNTY Total:	1.2182648511	SCHOOL DIST # 50: EP&O	0.9130265648
		SCHOOL DIST #323: Capital Project	0.5622249600
COUNTY Conservation Futures	0.0365309326	SCHOOL DIST #323: EP&O	1.1086149491
		SCHOOL DIST #402: Bond	1.7969504958
COUNTY ROADS: General	0.8528591245	SCHOOL DIST #402: EP&O	1.1828606569
COUNTY ROADS: Diversion to C.E.	0.1372901866		
COUNTY ROADS Total:	0.9901493111	FIRE DIST #1: General	0.9994252069
		FIRE DIST #2: General	1.0284694400
CITY OF P.T.: General	0.9753362764	FIRE DIST #3: General	1.2418330029
CITY OF P.T.: Library LID Lift	0.5235048420	FIRE DIST #4: General	1.0964822969
CITY OF P.T. Total:	1.4988411184	FIRE DIST #4: Bond	0.4039145179
		FIRE DIST #5: General	1.1942738731
CITY OF P.T.: Mt. View Bond	0.0687969249	FIRE DIST #5: Bond	0.3354366995
		FIRE DIST #7: General	0.3832562988
CEMETERY DIST #1: General	0.0151052701	CLALL-JEFF FIRE DIST #8: General	1.2793568038
CEMETERY DIST #2: General	0.0331549551	CLALL-JEFF FIRE DIST #9: General	0.6311878470
CEMETERY DIST #3: General	0.0382122944		
LIBRARY DIST #1: General	0.3830805167	FIRE DIST #1: E.M.S.	0.4251155376
		FIRE DIST #2: E.M.S.	0.4062343601
HOSPITAL DIST #1: General	0.6719378047	FIRE DIST #3: E.M.S.	0.4438110169
		FIRE DIST #4: E.M.S.	0.4241740911
HOSPITAL DIST #2: General	0.0399933645	FIRE DIST #5: E.M.S.	0.4602062057
HOSPITAL DIST #2: 2004 Admin Bond	0.0311183017	CLALL-JEFF FIRE DIST #8: E.M.S.	0.4526672602
HOSPITAL #2 Total:	0.0711116662		
PARK & REC DIST #1: General	0.1299219052	PORT OF P.T.: General	0.1504256758
		PORT OF P.T.: IDD	0.3711094082
P.U.D. #1: General	0.0814678389		

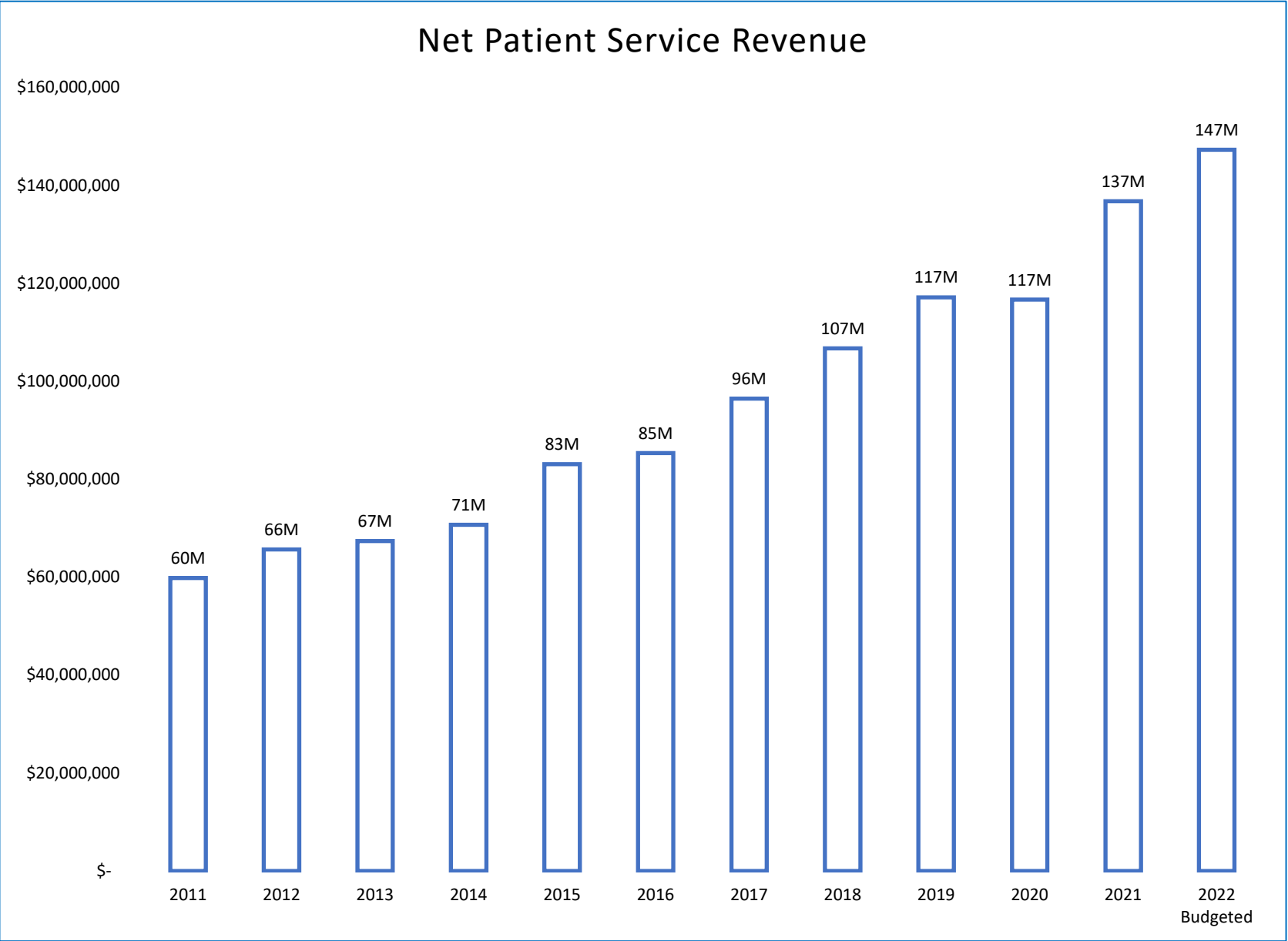
Public Hospital District Tax Support, 2020

*2019

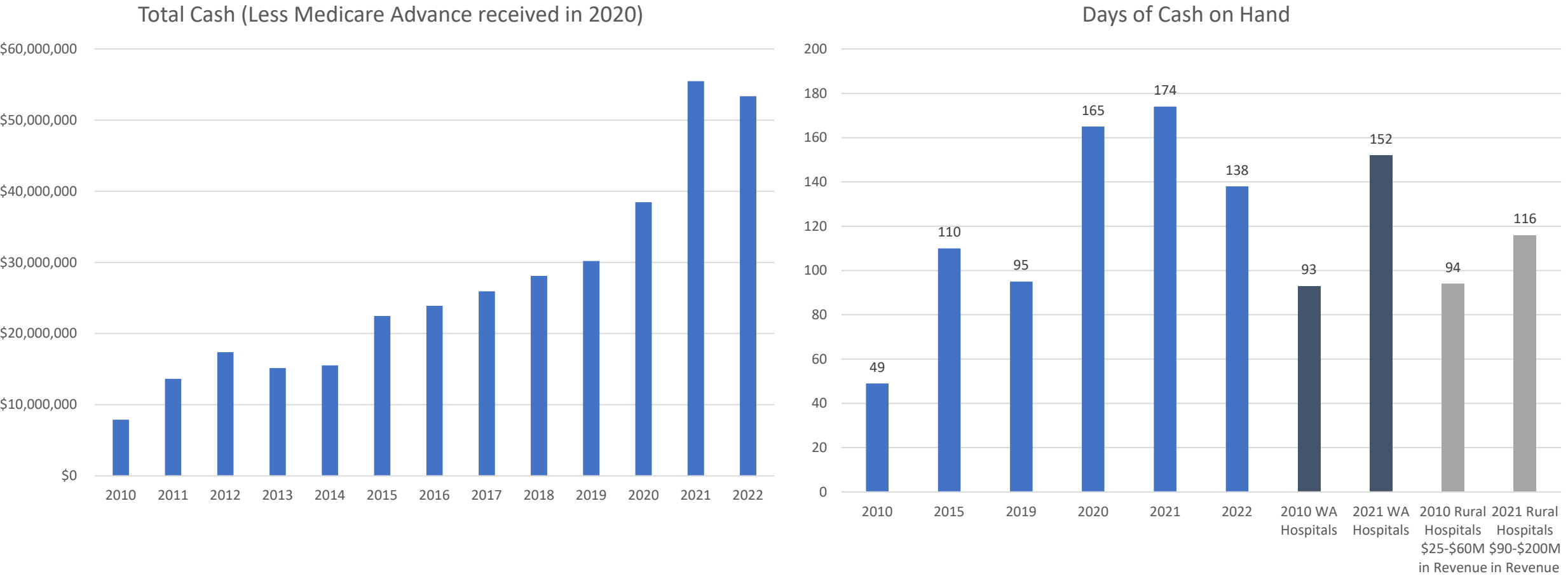
Hospital	2020 Operating expenses	2020 Tax revenues	Property tax revenues as % of total operating expenses
Whidbey Health Coupeville	*\$114,532,041	*\$5,647,435	*4.9%
Olympic Medical Center Port Angeles	\$221,067,087	\$4,654,426	2.1%
Island Hospital Anacortes	\$95,985,257	\$5,674,404	5.9%
Mason General Hospital Shelton	\$118,359,179	\$2,299,605	1.9%
Forks General Hospital Forks	\$33,664,301	\$698,269	2.1%
Jefferson Healthcare Port Townsend	\$128,221,894	\$487,010	0.38%
Summit Pacific Elma	\$47,998,639	\$863,084	1.8%
Grays Harbor Aberdeen	\$99,258,363	\$4,416,994	4.45%

Growth in Services

2011	Port Ludlow Clinic
2012	Oncology Clinic, Revised Total Joint Program
2013	Implementation of Smart IV Pumps, Hand Therapy Program
2014	Surgical Associates joined JH
2015	Care Coordination Department, Cardiac Service Line
2016	Opened ESSB
2017	New Port Ludlow Clinic, Women's Clinic, Dermatology
2018	Express Clinic, Specialty Pharmacy
2019	Dental Clinic, Hand and Plastics, Port Ludlow Retail Pharmacy



Cash Position



Our growth has strengthened our cash position. In 2010, our days cash on hand was almost half that of like sized and all WA hospitals, vs 13%-33% greater in 2021.

Note: 2022 cash is decreased \$3.8M by 2021’s interim cost report settlement. Days cash on hand includes Advance payment to make it comparable.

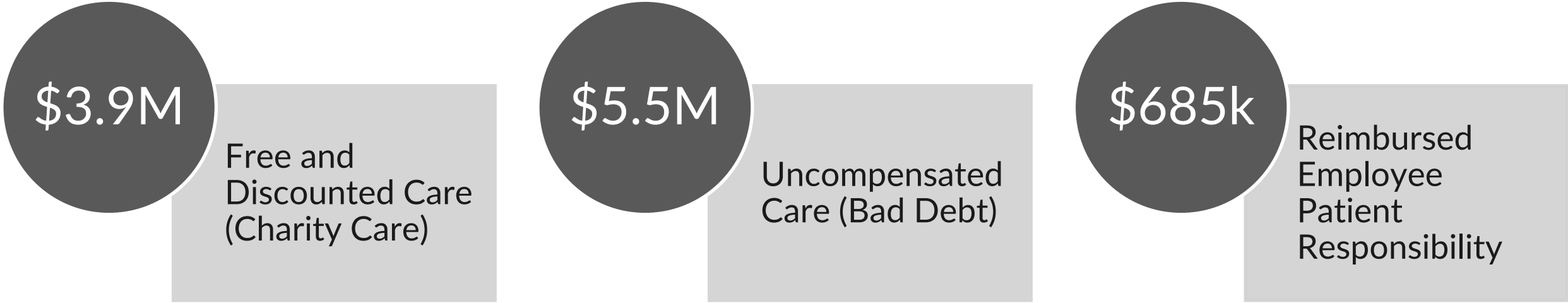
Debt Position

Financial Performance	2018	2019	2020	2021	\$30M Additional Debt Load 2021	\$45M Additional Debt Load 2021	\$60M Additional Debt Load 2021	Medians for 'Speculative Grade' rated small hospitals 2020
Net available for debt service (\$000s)	10,029	8,851	9,063	11,076	11,076	11,076	11,076	
Annual debt service (\$000s)	2,228	2,228	2,228	2,228	4,016	4,910	5,804	
Annual debt service coverage (x)	4.50	3.97	4.07	4.97	2.76	2.26	1.91	2.50
Total long-term debt (\$000s)	28,490	27,227	26,814	25,241	55,241	70,241	85,241	
Long-term debt/capitalization (%)	34.2	31.5	30.0	26.8	44.5	50.5	55.3	48.60
Debt burden (%)	1.96	1.79	1.68	1.54	2.77	3.39	4.01	4.10

Debt Assessment For Stand-Alone Hospitals

	Extremely Strong	Very Strong	Strong	Adequate	Vulnerable	Highly Vulnerable
Debt burden (%)	<2.2	2.2–2.9	2.9–3.7	3.7–4.8	4.8–5.8	>5.8
Long-term debt/capitalization (%)	<25	25–35	35–42	42–50	50–60	>60

2021 Community Benefit



Operations Update

CMO Update

Questions





Jefferson Healthcare Campus Replacement and Expansion Project Presentation

July 27, 2022

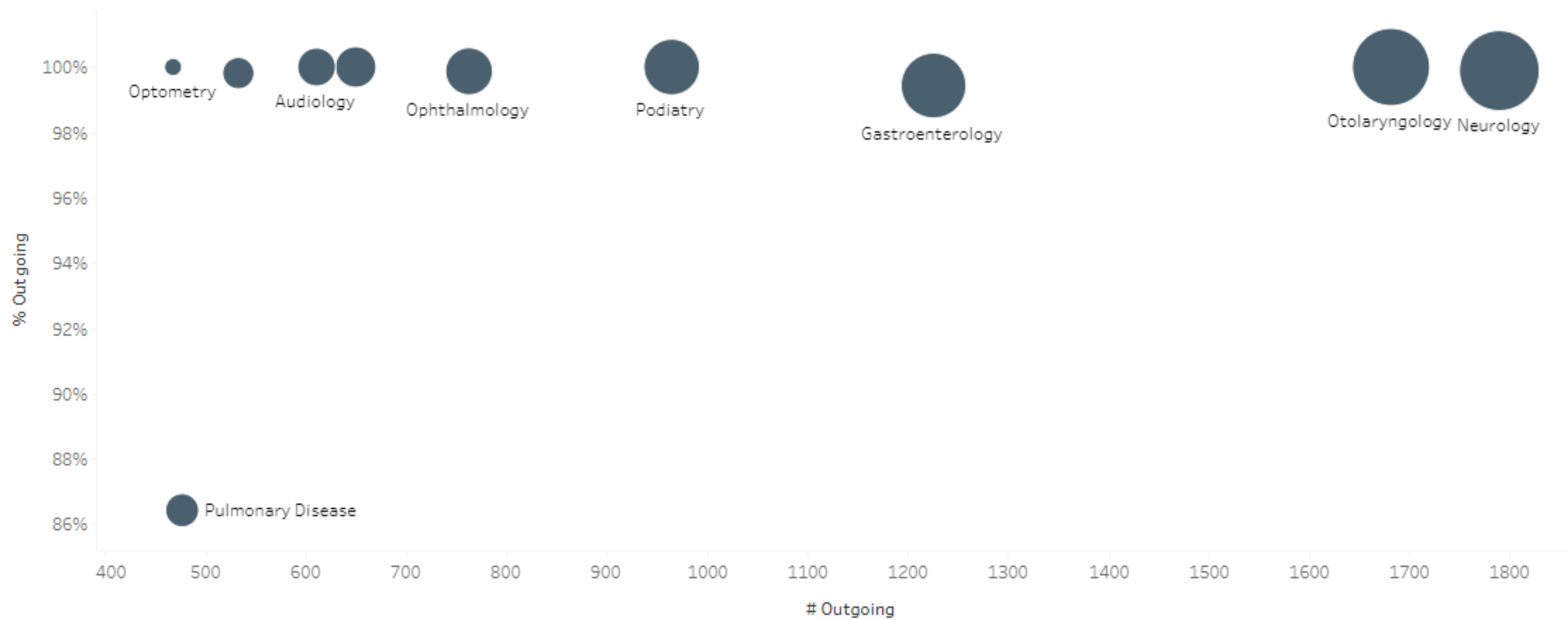
Mike Glenn, CEO

Summary Document

	Bond Supported Project	Non-Bond Supported Project
Estimated Size	81,500 Sq Ft	52,780 Sq Ft
Estimated Project Cost	\$90-95 million	\$70-75 million
Essential Services	<ul style="list-style-type: none">• Nursing Administration• MRI/ Ultrasound• Radiation Oncology/ Medical Oncology• Kitchen/Cafeteria• Facilities/ EVS• Ambulatory Surgery Center• Clinic Space• Dermatology• ENT• Pulmonology• OB/GYN• Neurology• Extra <p>Extra floor shell space 18,000 Sq Ft</p>	<ul style="list-style-type: none">• Nursing Administration• MRI/ Ultrasound• Radiation Oncology/ Medical Oncology• Kitchen/Cafeteria• Facilities/ EVS• Ambulatory Surgery Center• Clinic Space• Dermatology• ENT• Pulmonology• OB/GYN• Neurology• Extra

Sources of Funding

	Bond Supported Project	Non-Bond Supported Project
Bond Amount	\$35 million	0
Jefferson Healthcare Cash	\$8 million	\$11 million
Jefferson Healthcare Debt	\$38 million	\$45 million
Federal/ State Foundation	\$9 million	\$12.5 million
'23-'24-'25 Budget		\$2.5 million
Total	\$90 million	\$71 million



Service	New or Existing	Current Sq Ft	Demand	Bond	Non Bond
Nursing Admin	E	200		500	350
Facilities/ EVS	E	1200		2500	750
Kitchen/Cafeteria	E	3900		6000	5500
MRI/ Ultrasound	E			3500	3000
Dermatology	E	2672	5362	6000	6000
Medical Oncology	E	5500		6000	6000
Radiation Oncology	N	-----	175-225	5000	5000
Ambulatory Surgery Center	N	-----		10000	8000
Medical Office Building	N/E			16000	12000
• Neurology	N		1790	1200	1200
• ENT	N		1682	2400	2400
• Audiology			611	300	300
• Pulmonary			477	1200	1200
• OB/GYN	E	2816		3300	3300
• Geriatrics			10000	1200	1200
• Plastics/Hand		800		2400	2400
• Future Growth				4000	0
Medical Office Building				16000	12000
Shell Space	N	0		16000	0
Total Direct				65500	40600
Gross Factor (1.3)				81500	52780
Grand Total					

Debt Service/Tax Impact

Assumes: **\$8,200,000,000** in assessed value, **4.25%** interest rate, and a **30-year** term.

Par Amount		100% Collection Millage	Proposed Annual Debt Service
\$	30,000,000	0.22	\$1,787,947
\$	35,000,000	0.25	\$2,085,939
\$	40,000,000	0.29	\$2,383,930
\$	45,000,000	0.33	\$2,681,921
\$	50,000,000	0.36	\$2,979,912
\$	55,000,000	0.40	\$3,277,904
\$	60,000,000	0.44	\$3,575,895

2022 Breakdown of Taxing Districts

Adding the mill rates from the previous slide to Jefferson Healthcare's 2022 amount yields a total between .29 and .51

STATE LEVY (SCHOOL): Part 1	1.7764071912	SCHOOL DIST # 20: EP&O	1.4881030920
Part 2	0.9578604427	SCHOOL DIST # 46: EP&O	0.8839510801
STATE Total:	2.7342676339	SCHOOL DIST # 48: Capital Project	1.7431562789
		SCHOOL DIST # 48: EP&O	1.3242674457
COUNTY Current Expense	1.1974389192	SCHOOL DIST # 49: Capital Project	0.5109806332
- Mental Health	0.0069129760	SCHOOL DIST # 49: EP&O	0.8121585609
- Development Disabilities	0.0069129760	SCHOOL DIST # 50: Bond	0.7769717530
- Veteran's Relief	0.0069999799	SCHOOL DIST # 50: Capital Project	0.3362268777
COUNTY Total:	1.2182648511	SCHOOL DIST # 50: EP&O	0.9130265648
		SCHOOL DIST #323: Capital Project	0.5622249600
COUNTY Conservation Futures	0.0365309326	SCHOOL DIST #323: EP&O	1.1086149491
		SCHOOL DIST #402: Bond	1.7969504958
COUNTY ROADS: General	0.8528591245	SCHOOL DIST #402: EP&O	1.1828606569
COUNTY ROADS: Diversion to C.E.	0.1372901866		
COUNTY ROADS Total:	0.9901493111	FIRE DIST #1: General	0.9994252069
		FIRE DIST #2: General	1.0284694400
CITY OF P.T.: General	0.9753362764	FIRE DIST #3: General	1.2418330029
CITY OF P.T.: Library LID Lift	0.5235048420	FIRE DIST #4: General	1.0964822969
CITY OF P.T. Total:	1.4988411184	FIRE DIST #4: Bond	0.4039145179
		FIRE DIST #5: General	1.1942738731
CITY OF P.T.: Mt. View Bond	0.0687969249	FIRE DIST #5: Bond	0.3354366995
		FIRE DIST #7: General	0.3832562988
CEMETERY DIST #1: General	0.0151052701	CLALL-JEFF FIRE DIST #8: General	1.2793568038
CEMETERY DIST #2: General	0.0331549551	CLALL-JEFF FIRE DIST #9: General	0.6311878470
CEMETERY DIST #3: General	0.0382122944		
LIBRARY DIST #1: General	0.3830805167	FIRE DIST #1: E.M.S.	0.4251155376
		FIRE DIST #2: E.M.S.	0.4062343601
HOSPITAL DIST #1: General	0.6719378047	FIRE DIST #3: E.M.S.	0.4438110169
		FIRE DIST #4: E.M.S.	0.4241740911
HOSPITAL DIST #2: General	0.0399933645	FIRE DIST #5: E.M.S.	0.4602062057
HOSPITAL DIST #2: 2004 Admin Bond	0.0311183017	CLALL-JEFF FIRE DIST #8: E.M.S.	0.4526672602
HOSPITAL #2 Total:	0.0711116662		
PARK & REC DIST #1: General	0.1299219052	PORT OF P.T.: General	0.1504256758
		PORT OF P.T.: IDD	0.3711094082
P.U.D. #1: General	0.0814678389		

Individual Impact

		Yearly Tax Estimate by Assessed Value									
		100% collection									
Par Amount		Millage	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000	\$600,000	\$700,000	\$800,000	\$900,000
\$	30,000,000	0.22	\$22	\$44	\$65	\$87	\$109	\$131	\$153	\$174	\$196
\$	35,000,000	0.25	25	51	76	102	127	153	178	204	229
\$	40,000,000	0.29	29	58	87	116	145	174	204	233	262
\$	45,000,000	0.33	33	65	98	131	164	196	229	262	294
\$	50,000,000	0.36	36	73	109	145	182	218	254	291	327
\$	55,000,000	0.40	40	80	120	160	200	240	280	320	360
\$	60,000,000	0.44	44	87	131	174	218	262	305	349	392

		Weekly Tax Estimate by Assessed Value									
		100% collection									
Par Amount		Millage	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000	\$600,000	\$700,000	\$800,000	\$900,000
\$	30,000,000	0.22	\$0.42	\$0.84	\$1.26	\$1.68	\$2.10	\$2.52	\$2.94	\$3.35	\$3.77
\$	35,000,000	0.25	0.49	0.98	1.47	1.96	2.45	2.94	3.42	3.91	4.40
\$	40,000,000	0.29	0.56	1.12	1.68	2.24	2.80	3.35	3.91	4.47	5.03
\$	45,000,000	0.33	0.63	1.26	1.89	2.52	3.14	3.77	4.40	5.03	5.66
\$	50,000,000	0.36	0.70	1.40	2.10	2.80	3.49	4.19	4.89	5.59	6.29
\$	55,000,000	0.40	0.77	1.54	2.31	3.07	3.84	4.61	5.38	6.15	6.92
\$	60,000,000	0.44	0.84	1.68	2.52	3.35	4.19	5.03	5.87	6.71	7.55

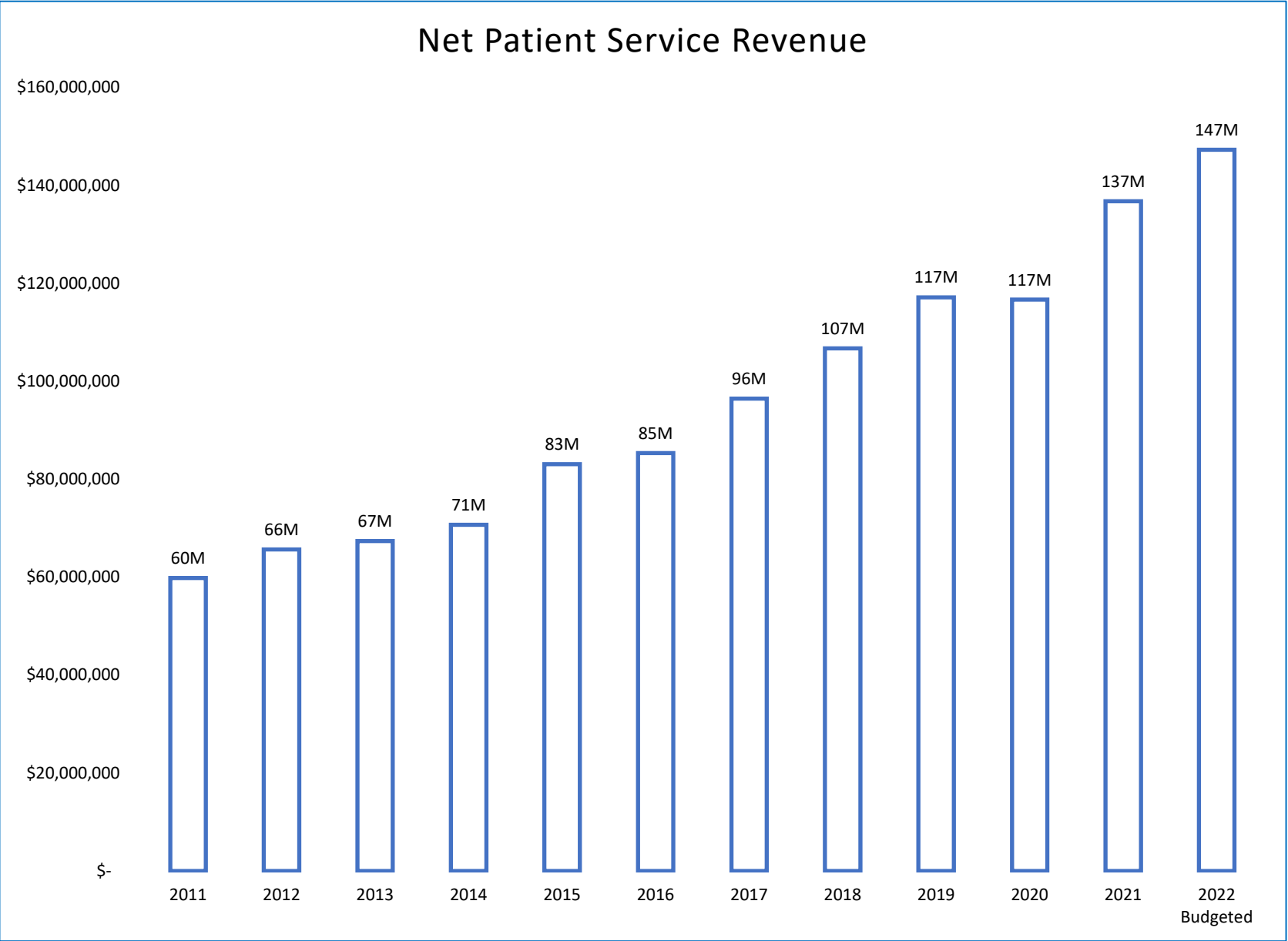
Public Hospital District Tax Support, 2020

*2019

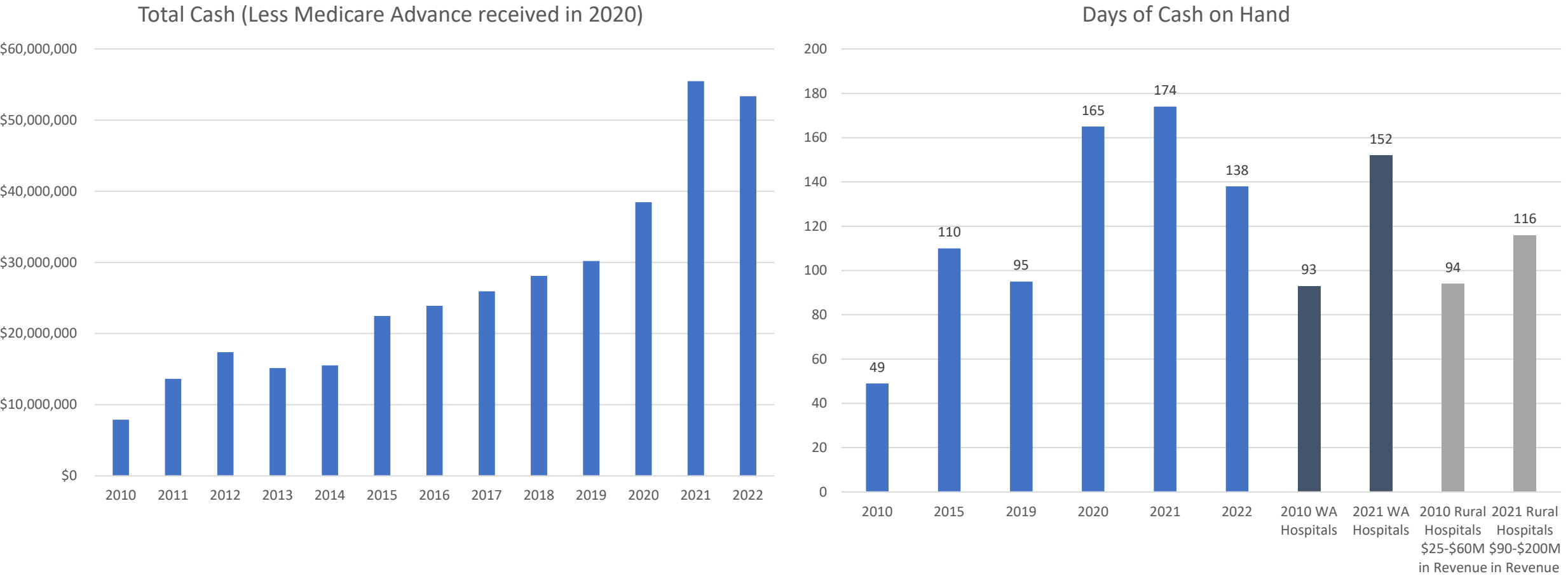
Hospital	2020 Operating expenses	2020 Tax revenues	Property tax revenues as % of total operating expenses
Whidbey Health Coupeville	*\$114,532,041	*\$5,647,435	*4.9%
Olympic Medical Center Port Angeles	\$221,067,087	\$4,654,426	2.1%
Island Hospital Anacortes	\$95,985,257	\$5,674,404	5.9%
Mason General Hospital Shelton	\$118,359,179	\$2,299,605	1.9%
Forks General Hospital Forks	\$33,664,301	\$698,269	2.1%
Jefferson Healthcare Port Townsend	\$128,221,894	\$500,000	0.4%
Summit Pacific Elma	\$47,998,639	\$863,084	1.8%
Grays Harbor Aberdeen	\$99,258,363	\$4,416,994	4.45%

Growth in Services

2011	Port Ludlow Clinic
2012	Oncology Clinic, Revised Total Joint Program
2013	Implementation of Smart IV Pumps, Hand Therapy Program
2014	Surgical Associates joined JH
2015	Care Coordination Department, Cardiac Service Line
2016	Opened ESSB
2017	New Port Ludlow Clinic, Women's Clinic, Dermatology
2018	Express Clinic, Specialty Pharmacy
2019	Dental Clinic, Hand and Plastics, Port Ludlow Retail Pharmacy



Cash Position



Our growth has strengthened our cash position. In 2010, our days cash on hand was almost half that of like sized and all WA hospitals, vs 13%-33% greater in 2021.

Note: 2022 cash is decreased \$3.8M by 2021’s interim cost report settlement. Days cash on hand includes Advance payment to make it comparable.

Debt Position

Financial Performance	2018	2019	2020	2021	\$30M Additional Debt Load 2021	\$45M Additional Debt Load 2021	\$60M Additional Debt Load 2021	Medians for 'Speculative Grade' rated small hospitals 2020
Net available for debt service (\$000s)	10,029	8,851	9,063	11,076	11,076	11,076	11,076	
Annual debt service (\$000s)	2,228	2,228	2,228	2,228	4,016	4,910	5,804	
Annual debt service coverage (x)	4.50	3.97	4.07	4.97	2.76	2.26	1.91	2.50
Total long-term debt (\$000s)	28,490	27,227	26,814	25,241	55,241	70,241	85,241	
Long-term debt/capitalization (%)	34.2	31.5	30.0	26.8	44.5	50.5	55.3	48.60
Debt burden (%)	1.96	1.79	1.68	1.54	2.77	3.39	4.01	4.10

Debt Assessment For Stand-Alone Hospitals

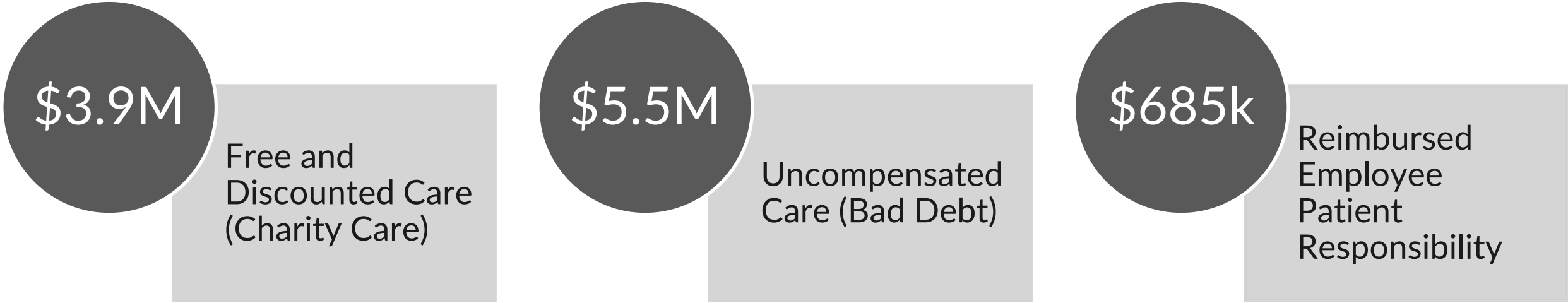
	Extremely Strong	Very Strong	Strong	Adequate	Vulnerable	Highly Vulnerable
Debt burden (%)	<2.2	2.2–2.9	2.9–3.7	3.7–4.8	4.8–5.8	>5.8
Long-term debt/capitalization (%)	<25	25–35	35–42	42–50	50–60	>60

Additional Materials

Stats

- Typical hospitals increase their charges 3-5% per year, we increased our prices 1.5% in 2021, 3% in 2022, and are currently 8% below market based on a third-party analysis.
- 2014 operating revenues = 76M, and debt for ESSB = 24.8M
- We spend over 400k per day for operations while our current tax support is 1,369 per day.

2021 Community Benefit



Questions

