Jefferson County Public Hospital District No.2  
Board of Commissioners, Regular Session Minutes  
Wednesday, August 24, 2022

Call to Order:
The meeting was called to order at 2:01pm by Board Chair Buhler Rienstra. Present by phone and video were Commissioners Dressler, McComas, and Ready. Also, in attendance were Mike Glenn, CEO, Tyler Freeman, Chief Financial Officer, Jake Davidson, Chief Ancillary & Specialty Services Officer, Brandie Manuel, Chief Patient Safety Quality Officer, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare. Commissioner Kolff was excused.

Approve Agenda
Commissioner Buhler Rienstra amended the motion to remove Executive Session. Commissioner Dressler made a motion to approve the amended agenda. Commissioner McComas seconded.  
Action: Motion passed unanimously.

Board Governance Education:
• Generative Governance discussion

Commissioners discussed the value of Generative Governance discussions and the frequency.

Commissioner McComas made a motion to cancel the September 14 Generative Governance Special Session and to make a decision of when the next meeting will be during Board Business. Commissioner Dressler seconded.  
Action: Motion passed unanimously.

Education Topic:
• Patient Advocate Report
  o Jackie Levin, RN, Patient Advocate
Jackie Levin, RN, Patient Advocate presented the Patient Advocate Report

• Huron Update
  o Brandie Manuel, Chief Patient Safety and Quality Officer
Brandie Manuel, Chief Patient Safety and Quality Officer presented the Huron Update.

Discussion ensued.

Break:
Commissioners recessed for a break at 3:00pm. Commissioner reconvened from the break at 3:30pm.

Patient Story:
Mike Glenn, CEO, introduced the Jefferson Cancer Treatment Project videos.

Public Comment:
No public comment as made.

Minutes:
• July 20 Special Session Minutes
• July 27 Regular Session Minutes
Commissioner Dressler made a motion to approve minutes. Commissioner Ready seconded.
Action: Motion passed unanimously.

Required Approvals: Action Requested
• July Warrants and Adjustments
• Resolution 2022-09 Canceled Warrants
• Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the July Warrants and Adjustments, Resolution 2022-09 Canceled Warrants and Medical Staff Credentials/Appointments/Reappointments. Commissioner McComas seconded.
Action: Motion passed unanimously.

Quality Report:
Brandie Manuel, CPSQO presented the July Quality Report

Financial Report:
Tyler Freeman, CFO, presented the July Financial Report.

Administrative Report
Mike Glenn, CEO, presented the July Administrative report.
**Board Business:**
- Board of Health Report
  Commissioner Kolff was excused.
- Generative Governance
  Topic was moved to next Regular Session Meeting.

**Meeting Evaluation:**
Commissioners evaluated the meeting.

**Executive Session:**
Executive Session was canceled.

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

**Action:** Motion passed unanimously.

The meeting concluded at 4:43pm.

Approved by the Commission:
Chair of Commission: Jill Buhler Rienstra ________________________________
Secretary of Commission: Marie Dressler ________________________________
2nd Quarter 2022 Service Excellence Report
Presented by Jackie Levin MS, RN, Patient Advocate
August 24, 2022
### Service Excellence Snapshot

#### Goal #5 Improve the patient experience.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Initiatives</th>
</tr>
</thead>
</table>
| Remove the friction between our patients and their care. | 1. Implement cross location scheduling to increase access across different service lines.  
2. Enhance use of technology and analytics to connect patients with health services. |
| Guide patients through every encounter                | Implement closed loop referrals and care navigation to support patients with transitions of care. |
| Advance the use of data and tools to monitor and improve patient engagement | 1. Leverage the use of patient engagement data to:  
a) Connect staff at every level with patient feedback  
b) Create improvement plans  
c) Adjust existing plans as needed |
| Facilitate kindness and compassion through training and service standards | 1. Personalize the patient or customer experience with every encounter through service standards  
2. Improve teamwork across departments |

**Patient Advocate Goals:**

- Restore the trust in Jefferson Healthcare and in the care we provide.

- Help navigate through our healthcare system.
Navigating Patient Concerns

- Listening
- Accountability
- Inquiry
- Transparency
- Possibilities
Quarter 2 2022

Feedback Summary Average:
- Days to Acknowledgement: 2.2 Days
- Days to Closure: 11.3 Days
- 4 Closures > 30 Days
- Slight Decrease from last Quarter in overall number of contacts
  - 72 contacts with 78 items reported
- 7 % offered a compliment
- 7 % offered a suggestion or had a question
- 86 % offered opportunity for improvement
- Top opportunities identified:
  - Communication
  - COVID-19 protocols/concerns
  - Access/transitions of care
Navigation Feedback and Service Recovery

- **Purpose:** Track care process gaps and identify opportunities for improvements
- **Began** collecting data mid-February 2022
- **Tracking:**
  - Processes
  - Procedures
  - Location of issues
  - Time spent on resolutions

**Quarter 2 2022**

Navigation Feedback:
- 164 contacts
- Time spent: ~ 90 hours
- Areas of concern
  - Billing
  - Need for Transgender Care Provider Consultation
  - Referrals
  - Survey Questions
  - Appointment Access/Scheduling
  - Communication
  - Jefferson University Calls Philadelphia
Patient Family Advisory Council

Vision:
The patient is at the heart of all decisions. PFAC is dedicated to advancing comprehensive and compassionate health care for our patients and community.

Members:
7 Community Members, 7 JH Staff Members
Meet on Teams
No new community members since late 2019

Activities:
Black History Month
Expansion project: New name suggestion “Improved Safety and Enhanced Services Project”
Texting Appointments and Cancelations
CURES Act and Release of Test Results
Renaming of Women’s Clinic to OB/GYN Clinic
LGBTQIA+ Task Force

- Members
  - Organizations and Individuals

- Jefferson Healthcare Departments Represented:
  - Patient Access
  - Nursing
  - Primary Care
  - Population Health
  - Patient Advocate
  - Social Work
  - Infection Prevention
  - Employee Health
Internal Audit: Personal Pronouns in Epic

• **Best Practices**
  - Clinical staff are personally motivated to provide high quality and compassionate care
  - Resources are available for staff to learn sensitive care for LGBTQIA+ patients
  - Staff feel care provided to this population is good, better than other places they have worked

• **Findings**
  - Some staff struggle to find fields to enter pronouns in Epic
  - New staff report limited training in Epic and gaps in onboarding and training
  - Interview regarding patient's pronouns is not part of the routine patient intake process
  - Pronouns are not reliably entered or updated in the chart

**Next Steps:**
Evaluation and Plan
Questions?
Regaining our focus on Excellence.
Our Most Important Work

Excellence isn’t Accidental

The last few years have challenged healthcare in general – including Jefferson Healthcare.

We asked for feedback from our leaders (and we got it!)
We measure too much – and it’s inconsistent
Staffing is an issue
Values and communication are not always consistent
Not working as efficiently (or effectively) as we can
We asked: What do we do well?

...And should continue to do.

<table>
<thead>
<tr>
<th>Strategic Leadership Group (7)</th>
<th>Director (20)</th>
<th>Manager (18)</th>
<th>Supervisor (10)</th>
<th>Provider (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Compensation and Benefits</td>
<td>Patient Safety</td>
<td>Quality of Care</td>
<td>Patient Safety</td>
<td>Focus on Mission/Vision/Values</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>Financial Performance/Fiscal Responsibility (net revenue, EBITDA, etc.)</td>
<td>Patient Safety</td>
<td>Quality of Care</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>Technology</td>
<td>Quality of Care</td>
<td>Community Outreach</td>
<td>Community Outreach</td>
<td>Quality of Care</td>
</tr>
</tbody>
</table>
We also asked: What can we do better?

<table>
<thead>
<tr>
<th>Strategic Leadership Group (7)</th>
<th>Director (20)</th>
<th>Manager (18)</th>
<th>Supervisor (10)</th>
<th>Provider (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dealing with Low Performers</td>
<td>Accountability</td>
<td>Accountability</td>
<td>Communication (transparent and open)</td>
<td>Employee Engagement and Satisfaction</td>
</tr>
<tr>
<td>Accountability</td>
<td>Communication (transparent and open)</td>
<td>Dealing with Low Performers</td>
<td>Leadership (engagement, visibility, and support)</td>
<td>Leadership (engagement, visibility, and support)</td>
</tr>
</tbody>
</table>

We also looked at barriers/challenges, alignment, and readiness for change.
The Framework and Our Focus.
A reminder: Our 2022 Strategic Plan

COVID-19: Guide our community through the COVID-19 Pandemic

Quality: Deliver the highest quality care

People: Be a great place to work

Service: Improve the patient experience

Community: Provide the services our community needs most

Finance: Remain financially independent
What we’ve been up to (so far)

Personal
- Personal Recovery
- Tools and resources for resiliency
- (Re) Connecting to our ‘why’
- Learning a new language
- Leader onboarding curriculum

Team
- Restoring teams
- Filling jobs
- Innovative solutions
- Meeting management
- Cohort Development
- Book Club
- Small group discussions

Connections
- Creating smaller groups to foster connection
- Leader online discussion boards
- Development of Standards of Behavior
- Social Event planning
Standards of Behavior

Formalized Standards of Behavior describe the actions that exemplify and demonstrate the organization’s values. They articulate behavior expectations for every employee.

Strongly crafted Standards not only clarify expectations for existing employees, they also enable prospective employees to accurately evaluate whether they fit the organization’s culture.

Standards of Behavior

Communication
1. Listen, seek clarification, confirm understanding, and provide feedback. Avoid gossip and destructive communication.
2. Be aware of non-verbal communication and present yourself professionally.
3. Be professional when responding via email, text, phone or in person.
4. Always close the loop.
5. Be present, give 100% attention to the person you are communicating with.

Compassion
1. Assume good intentions.
2. Use active listening, wait to form a reply until after you have heard what the other has to say.
3. Be truthful and kind.
4. Respond to the concerns of others with empathy, expertise, and expediency.
5. Be humble and genuine with employees at all levels of the organization.

Teamwork
1. Include the appropriate people in decision making.
2. Be solution-focused: when you identify a problem to address, identify possible solutions.
3. Be trustworthy and responsible.
4. Be proactive in offering help.
5. Participate in briefs, huddles, and debriefs.

Respect
1. The 5-10 rule: when a person is within ten feet, smile and make direct eye contact and when they are within five feet verbally greet them.
2. Value all individual differences.
3. Adhere to meeting guidelines.
4. Treat all others as you would want to be treated.
5. Use please and thank you in your interactions.

Accountability
1. Speak up to report patient safety and environmental concerns with a focus on process improvement, not individual blame.
2. Show up on time, prepared and be engaged.
3. Take ownership of decisions and outcomes.
4. Seek constructive feedback and use it to improve your performance.
5. Clearly define or seek definition of the priority and what is being asked.
Learning Lab
Leadership Development Manager
Huron Leader SharePoint Page
Yammer Site
Book: A Culture of High Performance
A month in the life of a Jefferson Healthcare Leader… (as it relates to the Huron/cultural transformation work)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>Huron Planning Team and Coach Calls</td>
<td></td>
<td></td>
<td>Huron Book Club: A Culture of High Performance</td>
<td>Rounding, thank you notes, follow up</td>
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<tr>
<td>Huron Planning Team and Coach Calls</td>
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<td>12</td>
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<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
<td>Rounding, thank you notes, follow up</td>
<td>13</td>
<td>14</td>
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<tr>
<td>Huron Planning Team and Coach Calls</td>
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<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td></td>
<td>Coaching: Book Club Facilitator</td>
<td>18</td>
<td>19</td>
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<tr>
<td>Huron Planning Team and Coach Calls</td>
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<td>22</td>
<td>23</td>
<td>24</td>
<td></td>
<td>Leader Meetings: Tools, sharing, collaboration</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>Huron Planning Team and Coach Calls</td>
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<td>27</td>
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<tr>
<td>29</td>
<td>30</td>
<td>31</td>
<td></td>
<td>Huron Framework</td>
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<td>28</td>
</tr>
</tbody>
</table>

Leadership Development Institute (LDI): Quarterly.

**EVENTS**

**Book Club: Connecting**  
First Thursday of each month. A chance for our cohorts to meet and talk through lessons learned or reflect on specific questions related to the Culture of High Performance.

**Leader Tool Series: Learning**  
Each month, we have a lunch and learn that focuses on learning a specific skill. The focus is to provide a shared learning experience and create standard work.

**Leader Meetings: Engaging**  
A chance to meet, ask questions, celebrate a ‘Bright Idea’ and engage with the tools presented (or others). A chance for leaders to learn from - and with - each other.
Role of the Board and Next Steps
Focus Areas

• Continue building our leadership team
  – Implement new leader orientation and onboarding
  – Implement leadership development tools and focus areas
  – Offer opportunities for shared learning
  – Revise our evaluation process

• Focus areas
  – April: Recover – personal recovery, resiliency, and connections
  – May: Restore – restore our teams, restore positions, and manage our time effectively
  – June: Refocus – refocus on the goals that matter most and cascading them to our teams
  – July: Regain – regain our place as a community-responsive, high performing organization
  – August: Regain - Goal Setting and Improvement Work; Identifying Opportunities and Prioritizing
  – September: Refocus – Standards of behavior, Coaching, and Navigating Difficult Conversations

• Provider leadership engagement – Fall 2022
• Culture of Safety Survey – Q4 2022
Ask questions
• Did we focus on the right issues
• Did the board education develop our knowledge capital

Be fully committed and engaged
• Did all members participate in an active way (in meetings)

Build professional relationships with the management team

Understand the nature of barriers to success from the CEO’s perspective

Focus on Mission, Vision, Values

Approve the strategic plan
What Questions Do You Have?

Thank you.
Caring for our community.

Goal:
Deliver the Highest Quality Care
Deliver the Highest Quality Care

Deliver Care Guided by the Best Evidence

Design the most effective Performance Improvement System

Enhance Systematic Approach to Avoid Medical Errors

Continue Transition to Value Based Care
Deliver Care Guided by the Best Evidence

<table>
<thead>
<tr>
<th>Inpatient Core Measures</th>
<th>Inpatient Core Measures</th>
<th>Outpatient Core Measures</th>
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<tbody>
<tr>
<td>January – July 2022</td>
<td>Quarter 2, 2022</td>
<td>Quarter 2, 2022</td>
</tr>
<tr>
<td>• Prenatal Care</td>
<td>• Stroke</td>
<td>• Chest Pain – no cases</td>
</tr>
<tr>
<td>• Newborn Complications 3.06%</td>
<td>• VTE Prophylaxis 83.3%</td>
<td>• ED Throughput</td>
</tr>
<tr>
<td>• Early Elective Delivery 0%</td>
<td>• Discharged on Antithrombotic 100%</td>
<td>• Arrival to departure 184 minutes</td>
</tr>
<tr>
<td>• Exclusive Breastfeeding 95.7%</td>
<td>• Thrombolytic Therapy – no cases</td>
<td>• Median Time to ED Departure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>151 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Median time to ED Departure for Transfer Patients 365 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stroke</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Time to CT 33.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Appropriate Follow Up for Normal Colonoscopy 100%</td>
</tr>
</tbody>
</table>
Quality and Safety Highlight: Orthopedic Quality

**Mission:** We will ensure that Jefferson Healthcare provides the highest quality orthopedic surgical services through the continuous monitoring of quality measures and patient outcomes, and the development of continuous improvement plans that reliably address gaps in our system.

**Nutrition Optimization Protocol**
- Dietician engagement
- Pre-op education
- Length of stay
- Inflammatory response (CRP levels post-op)
- Functional mobility post-op
- Create Nutrition Optimization Workflow to enhance surgical recovery and improve patient outcomes

- Work with medical staff team
- Review NPO recommendations pre-op
- Add nutrition to pre-op education
- Nutrition Optimization Protocol
- Dietician engagement
- Pre-op education
Goal: Improve the Patient Experience.

- Remove Friction between our patients and their care.
- Guide patients through every encounter.
- Advance the use of data to improve patient engagement.
- Facilitate kindness and compassion through training and service standards.
Continuously monitor and improve patient engagement.

Inpatient: Overall Rating

Inpatient: Overall Rating by Department
Advance the use of Data and Tools to Monitor and Improve Patient Engagement

Best Scores:
• Got instructions to prepare
• Told when to expect results
• Facility was clean
• General recognition

Lowest scores:
• Got help as soon as I wanted
• Spent enough time with patient
• Informed of delays/Wait time

July 26 through August 24, 2022
In the words of our patients.

ICU Visit:
- This was hospital admission for COVID related symptoms. JHC, like many rural hospitals, are experiencing the side effects of staff shortages and job stress—across the board. Though care was by no means substandard, there were some inconsistencies in communication at times, and just plain overload on part of some staff who may not have the experience or intuitive responses necessary to keep juggling without "dropping" an occasional ball. Overall, please know that I was well taken care of.

ACU:
- I think we are very fortunate to have Jefferson Health Care in our community - they are all amazing, caring, professional people I am very thankful for all of them.
- Jefferson Hospital was the best hospital I have ever been in - in all aspects of its care.
- The food was great!

OP testing:
- Everybody at Big Jeff is courteous, friendly, and more than willing to take the time to answer questions and/or explain what's going on with my health - from the volunteer greeter, to the receptionists, to the nurses and docs.

Physician Specific:
- Dr. Torres does not have good patient interaction. He is aloof from the patient.
- Dr. Myerson explained everything very carefully and clearly.
- Dr. Biccum is a wonderful physician!
- I have been very impressed with Dr. Hong's care. She has been instrumental in my health improving in the last six months. I appreciate her thoroughness in addressing my various medical questions and concerns.

Medical Group:
- I had to wait quite a long time before I was taken in. What is the purpose of an appointment if it is not near the appointed time?
- I found the doctor nurse and staff to be fantastic! I had a great doctor appointment! First time to meet Jane Albee's replacement - very confident with my care with this individual and staff!
What Questions do you Have?
July 2022 Finance Report
August 24, 2022
Tyler Freeman, CFO
## July 2022 Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>JULY 2022</th>
<th>JULY 2021</th>
<th>% VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
<td>YTD ACTUAL</td>
</tr>
<tr>
<td></td>
<td>572</td>
<td>625</td>
<td>572</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>2,607</td>
<td>2,810</td>
<td>2,058</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>123</td>
<td>76</td>
<td>758</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>299</td>
<td>277</td>
<td>2,046</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>440</td>
<td>369</td>
<td>2,832</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>115</td>
<td>139</td>
<td>856</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>79</td>
<td>79</td>
<td>473</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>20,330</td>
<td>22,262</td>
<td>146,338</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>2,760</td>
<td>3,248</td>
<td>20,930</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>15,586</td>
<td>21,265</td>
<td>132,724</td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>2,725</td>
<td>2,995</td>
<td>20,995</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>7,185</td>
<td>9,791</td>
<td>57,846</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>1,224</td>
<td>986</td>
<td>7,211</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>397</td>
<td>430</td>
<td>2,787</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>5,953</td>
<td>6,520</td>
<td>42,387</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>3,051</td>
<td>3,922</td>
<td>24,583</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,424</td>
<td>9%</td>
<td>23,800</td>
</tr>
</tbody>
</table>
## July 2022
### Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>July 2022 Actual</th>
<th>July 2022 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>July 2022 YTD</th>
<th>July 2022 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>July 2021 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>26,547,069</td>
<td>27,602,012</td>
<td>(1,054,944)</td>
<td>-4%</td>
<td>182,930,553</td>
<td>188,762,150</td>
<td>(5,831,597)</td>
<td>-3%</td>
<td>173,352,858</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>14,195,263</td>
<td>14,870,993</td>
<td>675,730</td>
<td>5%</td>
<td>98,414,172</td>
<td>101,698,402</td>
<td>3,284,230</td>
<td>3%</td>
<td>94,705,394</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>139,643</td>
<td>211,517</td>
<td>71,874</td>
<td>34%</td>
<td>896,557</td>
<td>1,446,503</td>
<td>549,946</td>
<td>38%</td>
<td>2,243,721</td>
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<tr>
<td>Net Patient Service Revenue</td>
<td>12,212,163</td>
<td>12,519,503</td>
<td>(307,339)</td>
<td>-2%</td>
<td>83,619,824</td>
<td>85,617,245</td>
<td>(1,997,421)</td>
<td>-2%</td>
<td>76,403,744</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>846,326</td>
<td>557,928</td>
<td>288,398</td>
<td>52%</td>
<td>5,363,674</td>
<td>3,815,506</td>
<td>1,548,168</td>
<td>41%</td>
<td>4,784,501</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>13,058,489</td>
<td>13,077,431</td>
<td>(18,941)</td>
<td>0%</td>
<td>88,983,498</td>
<td>89,432,751</td>
<td>(449,253)</td>
<td>-1%</td>
<td>81,188,245</td>
</tr>
<tr>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>5,769,159</td>
<td>6,567,149</td>
<td>797,990</td>
<td>12%</td>
<td>42,557,417</td>
<td>44,910,824</td>
<td>2,353,407</td>
<td>5%</td>
<td>40,193,873</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,430,152</td>
<td>1,526,621</td>
<td>96,469</td>
<td>6%</td>
<td>9,921,339</td>
<td>10,440,116</td>
<td>518,777</td>
<td>5%</td>
<td>9,364,021</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>4,932,265</td>
<td>4,648,754</td>
<td>(283,511)</td>
<td>-6%</td>
<td>33,484,388</td>
<td>31,791,480</td>
<td>(1,692,908)</td>
<td>-5%</td>
<td>29,433,445</td>
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<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>12,131,575</td>
<td>12,742,524</td>
<td>610,949</td>
<td>5%</td>
<td>85,963,144</td>
<td>87,142,420</td>
<td>1,179,276</td>
<td>1%</td>
<td>78,991,339</td>
</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>926,914</td>
<td>334,907</td>
<td>592,007</td>
<td>177%</td>
<td>3,020,354</td>
<td>2,290,331</td>
<td>730,023</td>
<td>32%</td>
<td>2,196,906</td>
</tr>
<tr>
<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>38,342</td>
<td>3,298</td>
<td>35,044</td>
<td>-1063%</td>
<td>(61,113)</td>
<td>22,554</td>
<td>(83,667)</td>
<td>371%</td>
<td>(138,912)</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>965,257</td>
<td>338,205</td>
<td>627,052</td>
<td>185%</td>
<td>2,959,241</td>
<td>2,312,885</td>
<td>646,356</td>
<td>28%</td>
<td>2,057,994</td>
</tr>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>7.1%</td>
<td>2.6%</td>
<td>4.5%</td>
<td>177.2%</td>
<td>3.4%</td>
<td>2.6%</td>
<td>0.83%</td>
<td>32.5%</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Total margin</strong></td>
<td>7.4%</td>
<td>2.6%</td>
<td>4.8%</td>
<td>185.8%</td>
<td>3.3%</td>
<td>2.6%</td>
<td>0.74%</td>
<td>28.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Salaries &amp; Benefits as a % of net pt svc rev</td>
<td>-59.0%</td>
<td>-64.6%</td>
<td>5.7%</td>
<td>8.8%</td>
<td>-62.8%</td>
<td>-64.6%</td>
<td>1.89%</td>
<td>2.9%</td>
<td>-64.9%</td>
</tr>
</tbody>
</table>
July 2022
Cash and Accounts Receivable

Days Cash and Accounts Receivable

- Days Outstanding in A/R
- Days AR Goal - 45
- Days of Cash
- Days Cash Goal - 90
## July 2022
### Board Financial Report

<table>
<thead>
<tr>
<th>Department</th>
<th>Account</th>
<th>Description</th>
<th>Jul Actual</th>
<th>Jul Budget</th>
<th>Jul Variance</th>
<th>2022 YTD Actual</th>
<th>2022 YTD Budget</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOARD</td>
<td>600010</td>
<td>Management &amp; Supervision Wages</td>
<td>6,656</td>
<td>4,624</td>
<td>(2,032)</td>
<td>33,061</td>
<td>31,622</td>
<td>(1,438)</td>
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<tr>
<td></td>
<td>601100</td>
<td>Benefits FICA</td>
<td>588</td>
<td>326</td>
<td>(262)</td>
<td>2,507</td>
<td>2,230</td>
<td>(277)</td>
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<tr>
<td></td>
<td>601150</td>
<td>Benefits WA F&amp;MLA</td>
<td>12</td>
<td>5</td>
<td>(7)</td>
<td>53</td>
<td>37</td>
<td>(15)</td>
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<tr>
<td></td>
<td>601400</td>
<td>Benefits Medical Ins-Union</td>
<td>2,712</td>
<td>5,579</td>
<td>2,867</td>
<td>22,036</td>
<td>38,150</td>
<td>16,114</td>
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<tr>
<td></td>
<td>601600</td>
<td>Benefits Retirement</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td></td>
<td>601900</td>
<td>Benefits Employee Assistance</td>
<td>13</td>
<td>-</td>
<td>(13)</td>
<td>62</td>
<td>-</td>
<td>(62)</td>
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<tr>
<td></td>
<td>602300</td>
<td>Consult Mgmt Fee</td>
<td>5,303</td>
<td>6,370</td>
<td>1,067</td>
<td>26,829</td>
<td>43,562</td>
<td>16,732</td>
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<td>602500</td>
<td>Audit Fees</td>
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<td></td>
<td>604200</td>
<td>Catering</td>
<td>1,084</td>
<td>749</td>
<td>(335)</td>
<td>9,347</td>
<td>5,123</td>
<td>(4,224)</td>
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<td>604500</td>
<td>Office Supplies</td>
<td>2,191</td>
<td>1,248</td>
<td>(943)</td>
<td>11,214</td>
<td>8,538</td>
<td>(2,676)</td>
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<tr>
<td></td>
<td>604850</td>
<td>Computer Equipment</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td></td>
<td>606500</td>
<td>Other Purchased Services</td>
<td>4,956</td>
<td>212</td>
<td>(4,744)</td>
<td>45,926</td>
<td>1,452</td>
<td>(44,474)</td>
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<td></td>
<td>606700</td>
<td>Marketing</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,965</td>
<td>-</td>
<td>(3,965)</td>
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<tr>
<td></td>
<td>609300</td>
<td>Dues and Subscriptions</td>
<td>-</td>
<td>52</td>
<td>52</td>
<td>-</td>
<td>359</td>
<td>359</td>
</tr>
<tr>
<td></td>
<td>609400</td>
<td>Travel/Meetings/Training</td>
<td>-</td>
<td>242</td>
<td>242</td>
<td>-</td>
<td>1,655</td>
<td>1,655</td>
</tr>
<tr>
<td></td>
<td>609999</td>
<td>Clearing</td>
<td>(750)</td>
<td>-</td>
<td>750</td>
<td>(750)</td>
<td>-</td>
<td>750</td>
</tr>
<tr>
<td>BOARD Total</td>
<td></td>
<td></td>
<td>22,765</td>
<td>19,408</td>
<td>(3,357)</td>
<td>154,250</td>
<td>132,728</td>
<td>(21,521)</td>
</tr>
</tbody>
</table>
August 2022
Preview – (*as of 0:00 8/24/22)

• $26,563,423 in Projected HB charges
  • Average: $856,885/day (HB only)
  • Budget: $882,907/day
  • 97.1% of Budget

• $11,311,808 in HB cash collections
  • Average: $364,897/day (HB only)
  • Goal: $390,700/day

• 42.7 Days in A/R

• Questions
Advocacy | State

- Meeting with Representative Tharinger in early September to discuss Leg 2023

- Representatives Tharinger and Chapman will visit the hospital in late September to discuss the campus modernization and expansion

- Ongoing LD24 Operations Staff monthly meetings set to begin
• Representative Kilmer visited Jefferson Healthcare on 8/24/2022
  • Jefferson Cancer Treatment Project
  • Medical Oncology visit
  • JH Campus Modernization and Expansion Plan
  • Dietary
  • OBGYN Clinic
  • Outside walk of the campus
• Dirksen Meeting with Leaders
  • Critical Access Hospital Modernization Act and Difficult to Discharge Patients
  • Hospital Capacity at the State level
• Any way we can partner and support Representative Kilmer

• Meeting with Jake Johnston and the building architects to identify pieces of the project that might have external funding sources

• Preparing for Rural Advocacy Days September 19-21.
  • No official agenda yet but will send talking points when we receive them.
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.

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

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 Visits by Week

[Diagram showing weekly visits categorized by different filters and colors, with data ranges from 1/1/2014 to 8/21/2022]
Jefferson Healthcare Volumes

Emergency Department Visits by Week

Filters
Arrival Department
- All
- Emergency Department
- Express Clinic

Color Block Parameter
Counts

Legend
- Jefferson
- Other
- Kidney
- Cancer

Data ranges from 1/1/2014 to 9/21/2022.
Operations Update

• Meeting with Fred Hutchinson Cancer Center to discuss ways to expand our clinical partnership.

• Meeting with East Jefferson Fire Rescue and Olympic Ambulance to discuss ways to improve Inter Facility Transfers.

• Appointed Donica Byers, Director of Surgery, Corey Quigley, Director of Oncology and Karah Ealy, Director of ACU/ICU.
Community Engagement

• August 12-14  Jefferson County Fair
    Information Booth

• August 20  Jamestown S’Klallam
    MAT Clinic Grand Opening

• August 20  Jefferson County
    All County Picnic