

**\*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: 702065698#**

**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
  - Jackie Levin, RN, Patient Advocate

Jackie Levin, RN, Patient Advocate presented the Patient Advocate Report

- Huron Update
  - 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

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# Jefferson Healthcare

## 2nd Quarter 2022 Service Excellence Report

Presented by Jackie Levin MS, RN, Patient Advocate

August 24, 2022





# Service Excellence Snapshot

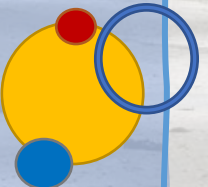
## Goal #5 Improve the patient experience.

Strategies	Initiatives
Remove the friction between our patients and their care.	<ol style="list-style-type: none"><li>1. Implement cross location scheduling to increase access across different service lines.</li><li>2. Enhance use of technology and analytics to connect patients with health services.</li></ol>
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	<ol style="list-style-type: none"><li>1. Leverage the use of patient engagement data to:<ol style="list-style-type: none"><li>a) Connect staff at every level with patient feedback</li><li>b) Create improvement plans</li><li>c) Adjust existing plans as needed</li></ol></li></ol>
Facilitate kindness and compassion through training and service standards	<ol style="list-style-type: none"><li>1. Personalize the patient or customer experience with every encounter through service standards</li><li>2. Improve teamwork across departments</li></ol>

### 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

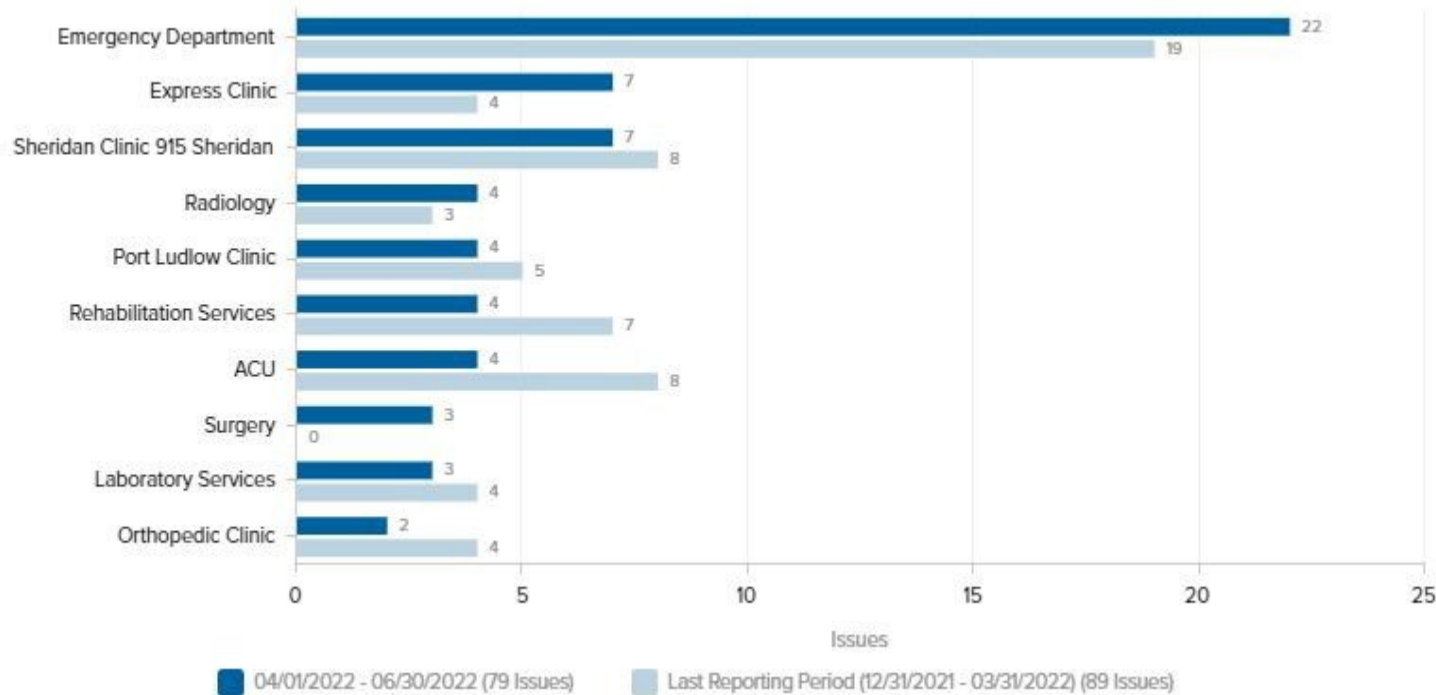
Transparency

Possibilities



# Service Feedback: Q 2

Top Issue Departments



## 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:

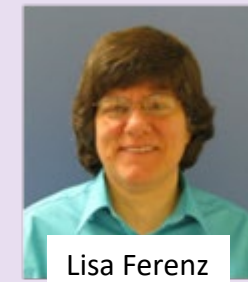
7 Community Members, 7 JH Staff Members  
Meet on Teams  
No new community members since late 2019

## 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



Jackie Levin



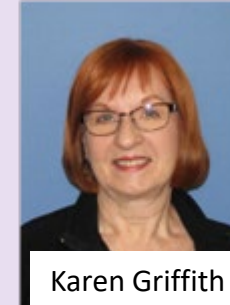
Lisa Ferenz



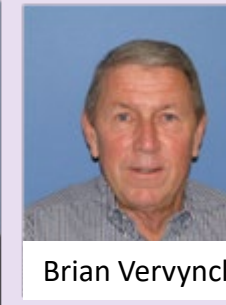
Catalina Musso



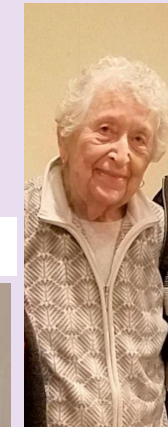
Linda Dacon



Karen Griffith



Brian Vervynck



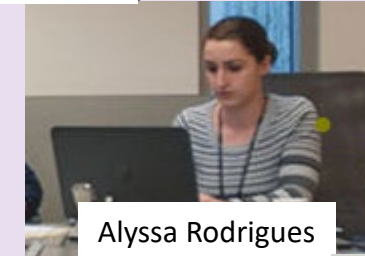
Sally Robbins



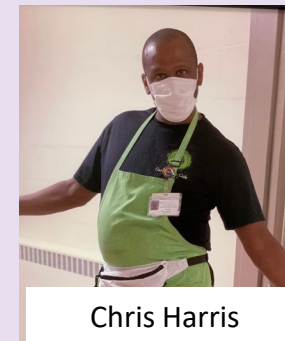
Zoe Ann Lamp



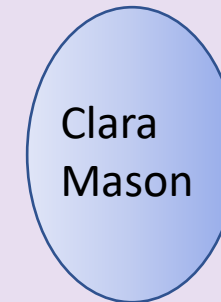
Michelle Grimmer



Alyssa Rodrigues



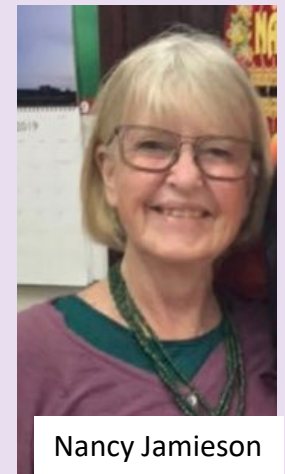
Chris Harris



Clara  
Mason



Tesha Davidson



Nancy Jamieson



# LGTBQIA+ 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

**Next Steps:**

## Evaluation and Plan

- **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





Questions?



# Huron Update: Investing in our People.

*Prepared for the Board of Commissioners*

August 23, 2022

Regaining our  
focus on  
Excellence.

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# 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.*

Strategic Leadership Group (7)	Director (20)	Manager (18)	Supervisor (10)	Provider (2)
Employee Compensation and Benefits	Patient Safety	Quality of Care	Patient Safety	Focus on Mission/Vision/Values
Quality of Care	Financial Performance/ Fiscal Responsibility (net revenue, EBITDA, etc.)	Patient Safety	Quality of Care	Patient Safety
Technology	Quality of Care	Community Outreach	Community Outreach	Quality of Care

# We also asked: What can we do better?

Strategic Leadership Group (7)	Director (20)	Manager (18)	Supervisor (10)	Provider (2)
Dealing with Low Performers	Accountability	Accountability	Communication (transparent and open)	Employee Engagement and Satisfaction
Accountability	Communication (transparent and open)	Dealing with Low Performers	Leadership (engagement, visibility, and support)	Leadership (engagement, visibility, and support)
Education, Training, and Skill Development	Dealing with Low Performers	Leadership (engagement, visibility, and support)	Education, Training, and Skill Development	Education, Training, and Skill Development

*We also looked at barriers/challenges, alignment, and readiness for change.*



# The Framework and Our Focus.



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# A reminder: Our 2022 Strategic Plan





# 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

# June 2022 Leadership Development Institute





# 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.

## Leadership Development



Brandie M. Manuel  
[Sign Out](#)

# Building our Toolkits

## My Progress

Courses Completed: 2

Possible CE Hours Earned: 1.5

Click on each course to see your progress toward completion.

*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)

# August 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 Huron Planning Team and Coach Calls	2	3	4 Huron Book Club: A Culture of High Performance	5 Rounding, thank you notes, Follow up	6	7
8 Huron Planning Team and Coach Calls	9	10 Leader Tool Series: Lunch and Learn	11	12 Rounding, thank you notes, Follow up	13	14
15 Huron Planning Team and Coach Calls	16	17	18 Coaching: Book Club Facilitators	19 Rounding, thank you notes, Follow up	20	21
22 Huron Planning Team and Coach Calls	23	24	25 Leader Meetings: Tools, sharing, collaboration	26 Rounding, thank you notes, Follow up Huron Framework	27	28
29 Huron Planning Team and Coach Calls	30	31				
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

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- 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





# The role of the Board: Six Keys

1

## Ask questions

- Did we focus on the right issues
- Did the board education develop our knowledge capital

2

## Be fully committed and engaged

- Did all members participate in an active way (in meetings)

3

## Build professional relationships with the management team

4

## Understand the nature of barriers to success from the CEO's perspective

5

## Focus on Mission, Vision, Values

6

## Approve the strategic plan





What Questions Do You Have?

Thank you.





# Patient Safety and Quality Report

Prepared for the Board of Commissioners

August 24, 2022

# 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

## Inpatient Core Measures January – July 2022

- **Prenatal Care**
  - Newborn Complications 3.06%
  - Early Elective Delivery 0%
  - Exclusive Breastfeeding 95.7%

## Inpatient Core Measures Quarter 2, 2022

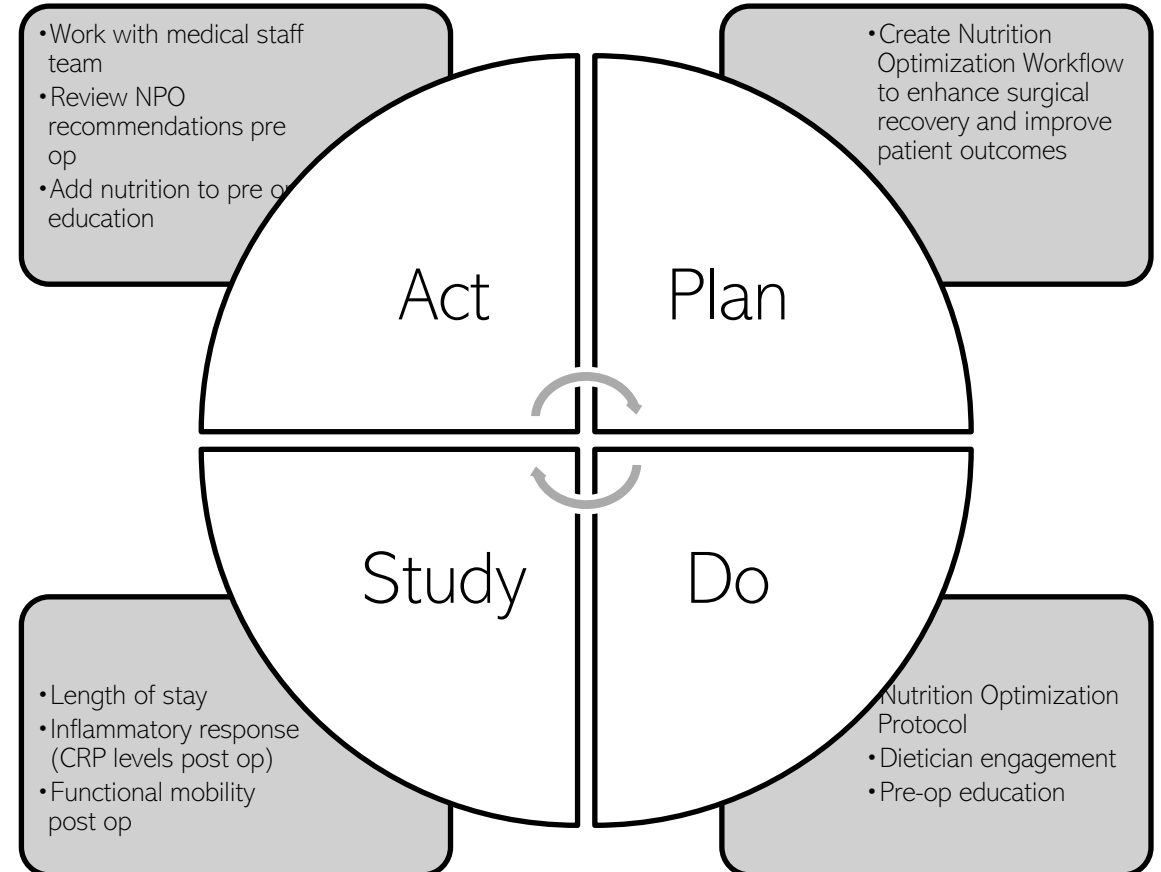
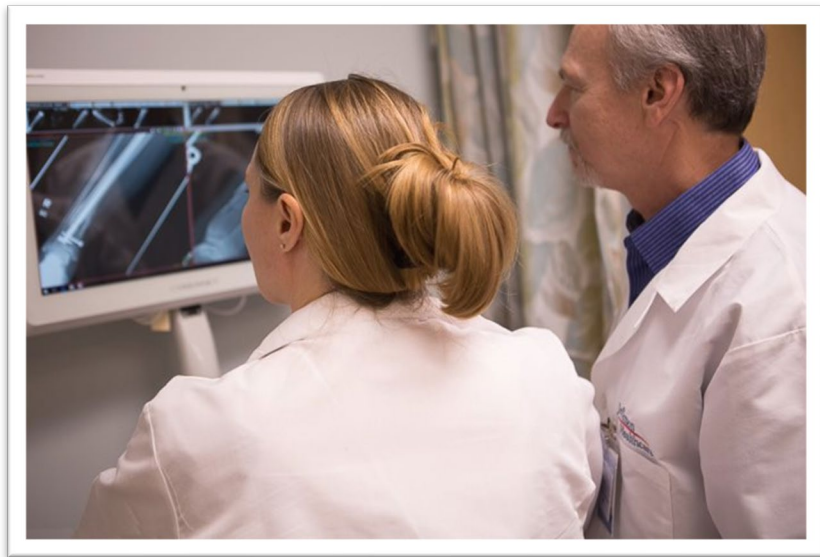
- **Stroke**
  - VTE Prophylaxis 83.3%
  - Discharged on Antithrombotic 100%
  - Thrombolytic Therapy – no cases
  - Discharged on Statin 100%
  - Stroke Education 100%
  - Assessed for Rehab 100%

## Outpatient Core Measures Quarter 2, 2022

- Chest Pain – no cases
- **ED Throughput**
  - Arrival to departure 184 minutes
  - Median Time to ED Departure 151 minutes
  - Median time to ED Departure for Transfer Patients 365 minutes
- **Stroke**
  - Time to CT 33.3%
- **Appropriate Follow Up for Normal Colonoscopy** 100%

# 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.



# Highlight: Orthopedic Quality

## Hip & Knee Arthroplasty Overview

Explore statistics related to total hip and knee replacements at Jefferson Healthcare.

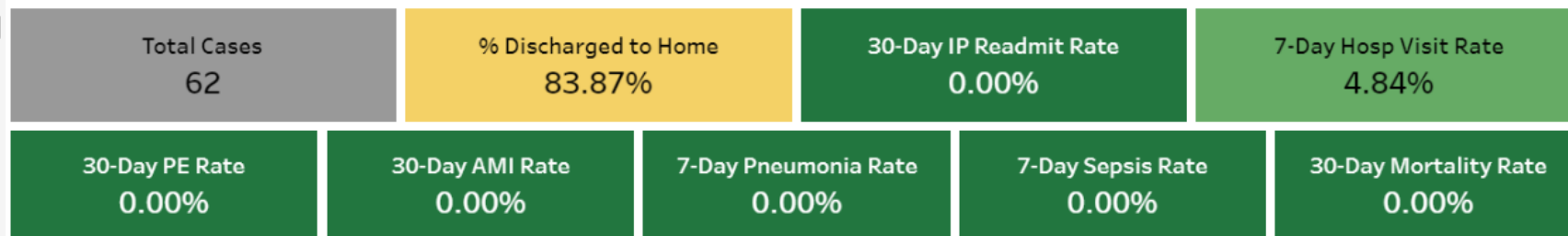
### Filters

Start Date  
1/1/2022

End Date  
6/30/2022

Data is available for surgeries from 1/1/2021 to 6/30/2022

Showing data related to hip and knee arthroplasties from 1/1/2022 to 6/30/2022

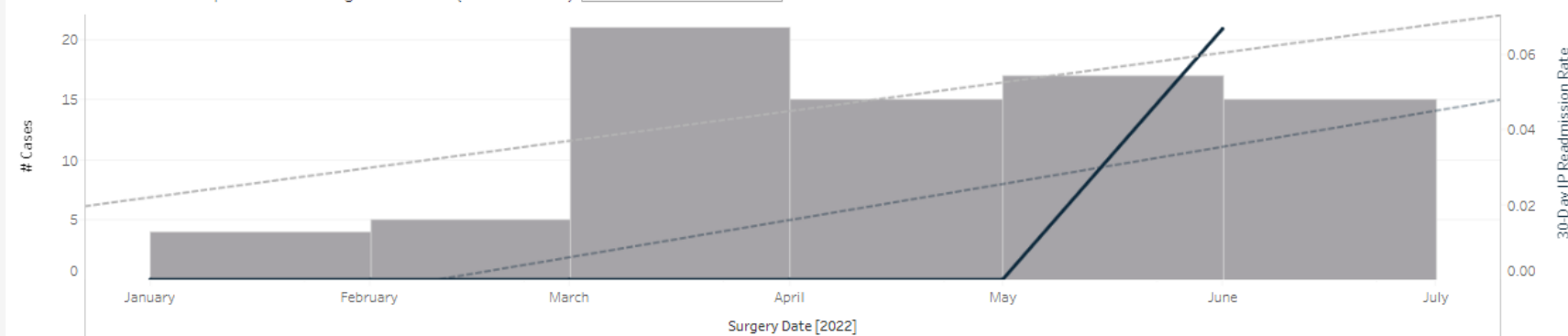


[View detailed metrics and trends >>](#)

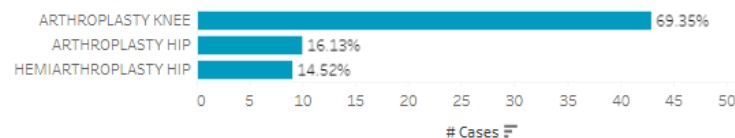
### Metric trend comparison: # Cases and 30-Day IP Readmission Rate, 1/1/2022 - 6/30/2022

Select a measure for the left-hand axis (gray bars):

Select a measure for comparison on the right-hand axis (dark blue line):



### Procedures summary, 1/1/2022 - 6/30/2022



### Discharge disposition summary, 1/1/2022 - 6/30/2022





# Serving our Community.

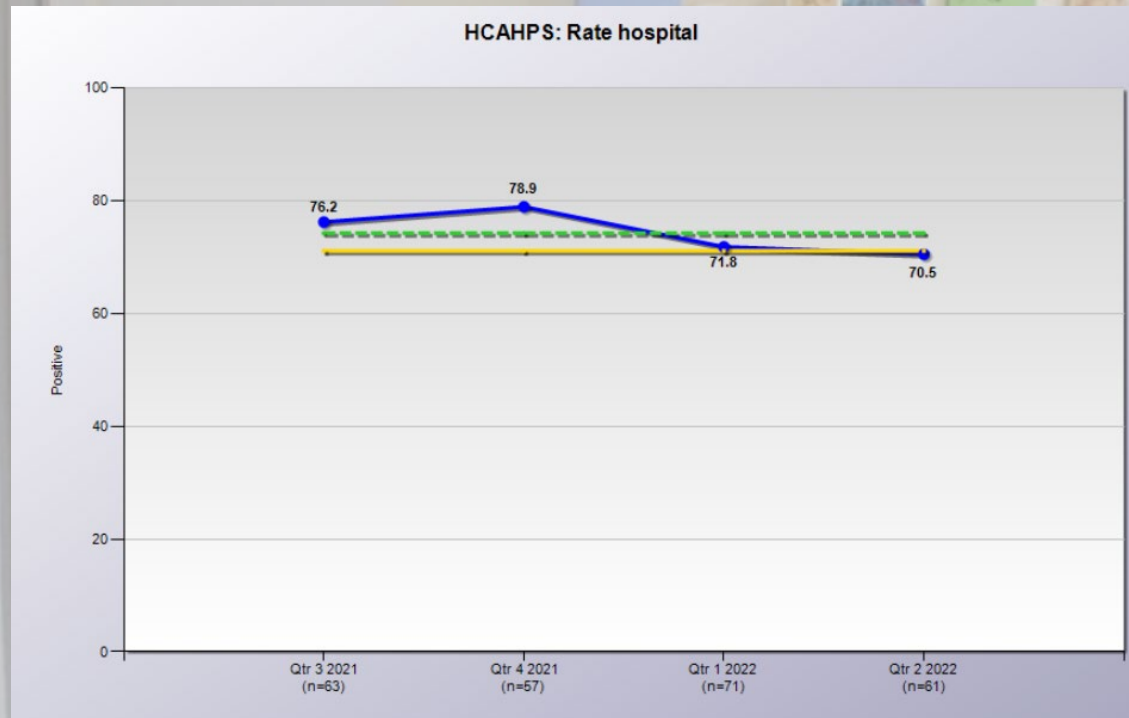
- Goal: Improve the Patient Experience.
  - Remove Friction between our patients and their care.
  - Guide patients through every encounter.
  - Advance the use of data to improve patient engagement.
  - Facilitate kindness and compassion through training and service standards.

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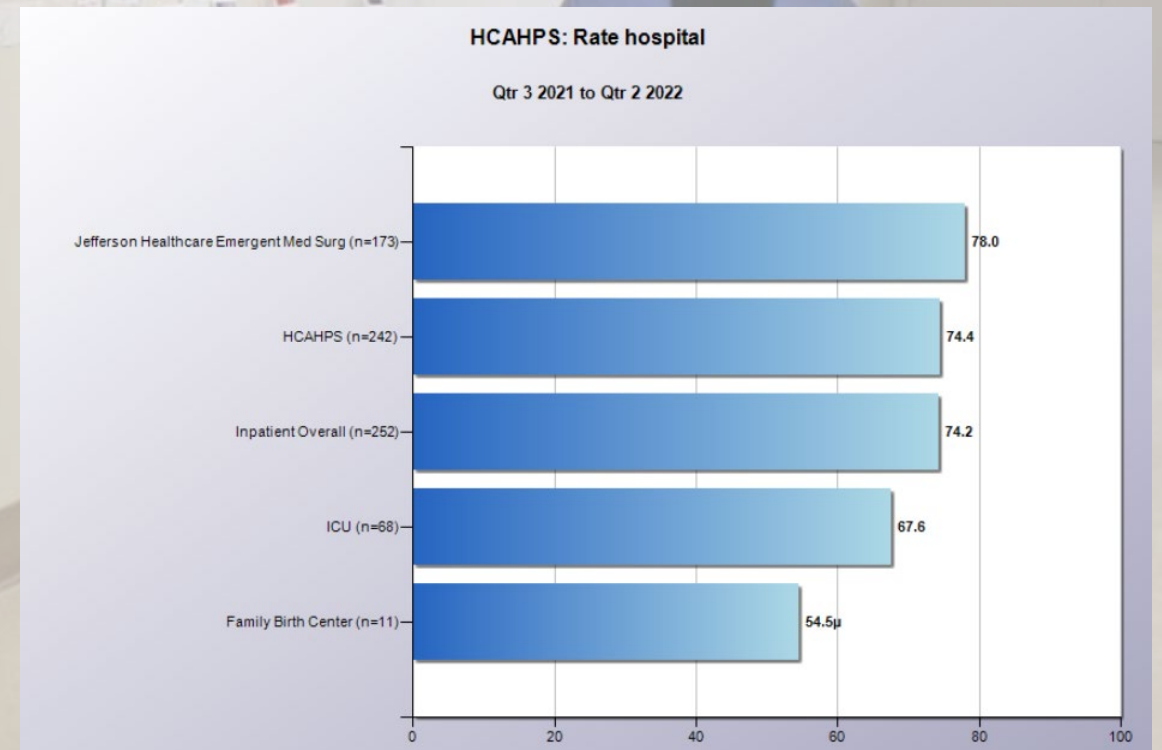


# Continuously monitor and improve patient engagement.

## Inpatient: Overall Rating



## Inpatient: Overall Rating by Department



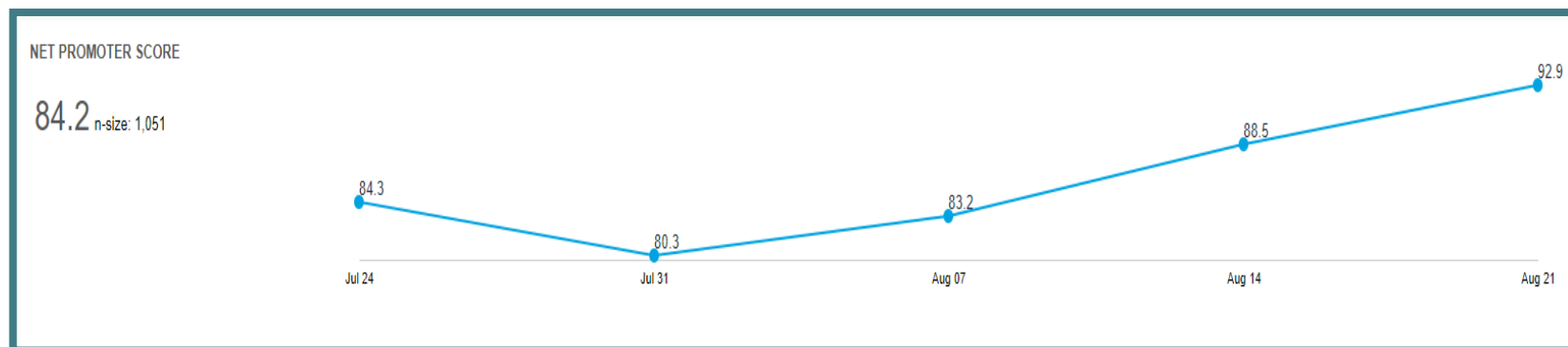
# Advance the use of Data and Tools to Monitor and Improve Patient Engagement

## 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



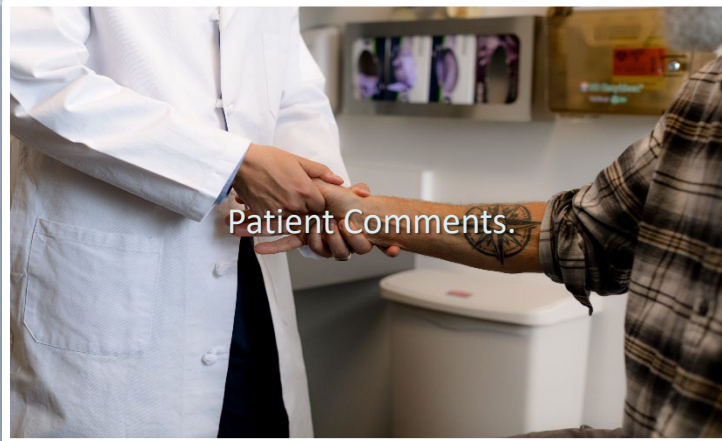
July 26 through August 24, 2022

QUESTION: NPS: Facility would recommend							
Question Pod	YTD	Last 3 Months	Last Month	n-size	Score	Bench-mark	Gap
OP-Oncology	76.8	84.9	75.0	3	100.0	75.7	24.3
MP-Facility Focused	82.5	82.4	83.0	944	85.9	75.7	10.2
OP-Testing	79.4	83.6	83.7	45	80.0	75.7	4.3
Emergency	57.7	55.6	54.3	59	59.3	75.7	-16.4

# 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.



## 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.

## 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.

## 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?

An aerial photograph of a serene lake with several forested islands. Numerous sailboats are anchored in the water, and a motorboat is visible in the lower right. The surrounding land is densely wooded with green trees. The sky is clear and blue.

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# Jefferson Healthcare

July 2022 Finance Report

August 24, 2022

Tyler Freeman, CFO

# July 2022

## Operating Statistics

STATISTIC DESCRIPTION	JULY 2022						JULY 2021					
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE		
FTEs - TOTAL (AVG)	572	625	8%	572	625	8%	592	3%	609	6%		
ADJUSTED PATIENT DAYS	2,607	2,810	-7%	20,508	19,214	7%	3,737	-30%	16,540	24%		
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	123	76	62%	758	517	47%	97	27%	518	32%		
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	299	277	8%	2,046	1,892	8%	290	3%	1,871	9%		
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	440	369	19%	2,832	2,519	12%	387	14%	2,484	12%		
SURGERY CASES (IN OR)	115	139	-17%	856	948	-10%	121	-5%	911	-6%		
SPECIAL PROCEDURE CASES	79	79	0%	473	540	-12%	64	23%	515	-9%		
LAB BILLABLE TESTS	20,330	22,262	-9%	146,338	152,245	-4%	22,001	-8%	153,061	-5%		
TOTAL DIAGNOSTIC IMAGING TESTS	2,760	3,248	-15%	20,930	22,210	-6%	3,212	-14%	21,761	-4%		
PHARMACY MEDS DISPENSED	15,586	21,265	-27%	132,724	145,423	-9%	19,937	-22%	136,934	-3%		
RESPIRATORY THERAPY PROCEDURES	2,725	2,995	-9%	20,995	20,484	2%	2,602	5%	18,772	11%		
REHAB/PT/OT/ST RVUs	7,185	9,791	-27%	57,846	66,962	-14%	9,070	-21%	63,016	-9%		
ER CENSUS	1,224	986	24%	7,211	6,743	7%	1,148	7%	6,676	7%		
DENTAL CLINIC	397	430	-8%	2,787	2,942	-5%	443	-10%	2,725	2%		
TOTAL RURAL HEALTH CLINIC VISITS	5,953	6,520	-9%	42,387	44,592	-5%	6,391	-7%	42,450	0%		
TOTAL SPECIALTY CLINIC VISITS	3,051	3,922	-22%	24,583	26,821	-8%	3,342	-9%	23,800	3%		



# July 2022

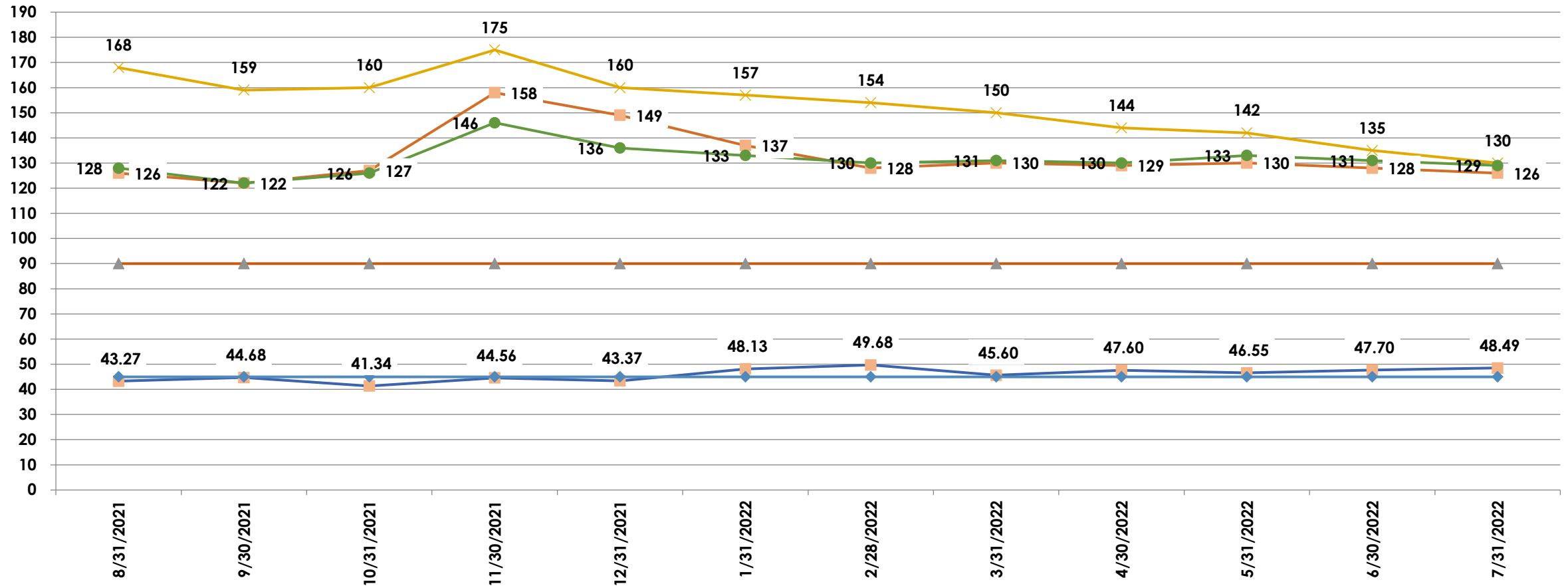
## Income Statement Summary

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

# 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

Department	Account	Description	Jul Actual	Jul Budget	Jul Variance	2022 YTD Actual	2022 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	6,656	4,624	(2,032)	33,061	31,622	(1,438)
	601100	BENEFITS FICA	588	326	(262)	2,507	2,230	(277)
	601150	BENEFITS WA F&MLA	12	5	(7)	53	37	(15)
	601400	BENEFITS MEDICAL INS-UNION	2,712	5,579	2,867	22,036	38,150	16,114
	601600	BENEFITS RETIREMENT	-	-	-	-	-	-
	601900	BENEFITS EMPLOYEE ASSISTANCE	13	-	(13)	62	-	(62)
	602300	CONSULT MNGMT FEE	5,303	6,370	1,067	26,829	43,562	16,732
	602500	AUDIT FEES	-	-	-	-	-	-
	604200	CATERING	1,084	749	(335)	9,347	5,123	(4,224)
	604500	OFFICE SUPPLIES	2,191	1,248	(943)	11,214	8,538	(2,676)
	604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
	606500	OTHER PURCHASED SERVICES	4,956	212	(4,744)	45,926	1,452	(44,474)
	606700	MARKETING	-	-	-	3,965	-	(3,965)
	609300	DUES AND SUBSCRIPTIONS	-	52	52	-	359	359
	609400	TRAVEL/MEETINGS/TRAINING	-	242	242	-	1,655	1,655
	609999	CLEARING	(750)	-	750	(750)	-	750
BOARD Total			22,765	19,408	(3,357)	154,250	132,728	(21,521)

# 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**



# Jefferson Healthcare

Administrative Report

August 24, 2022

Mike Glenn, CEO

# 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



# Advocacy | Federal



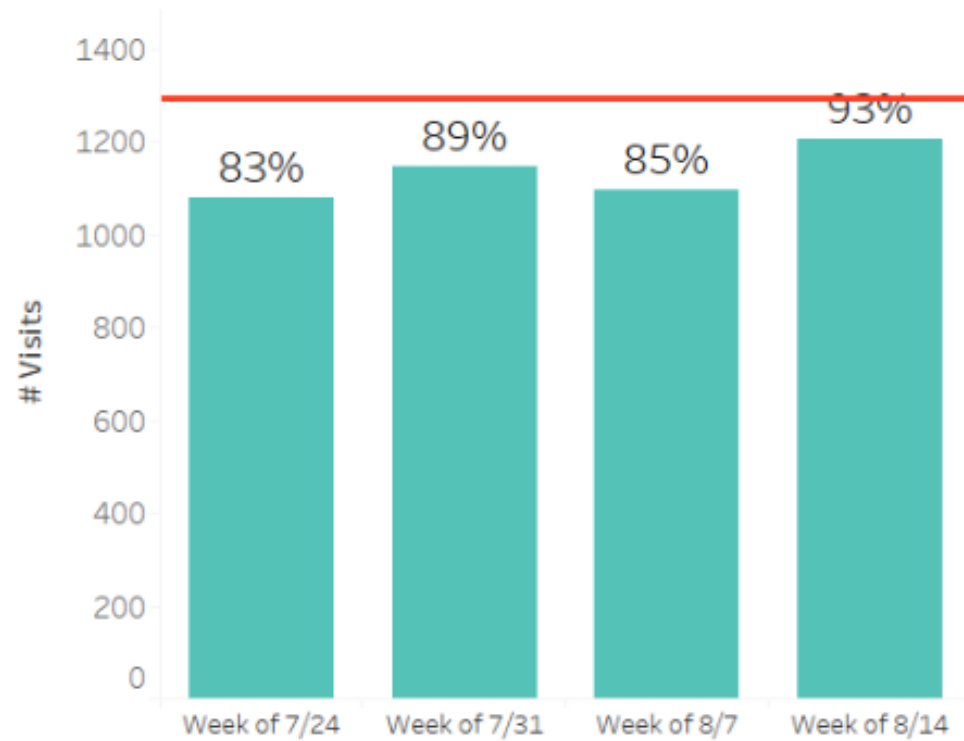
- Representative Kilmer visited Jefferson Healthcare on 8/24/2022
  - Jefferson Cancer Treatment Project
    - Medical Oncology visit
  - JH Campus Modernization and Expansion Plan
    - Dietary
    - OBGYN Clinic
    - Outside walk of the campus
  - Dirksen Meeting with Leaders
    - Critical Access 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

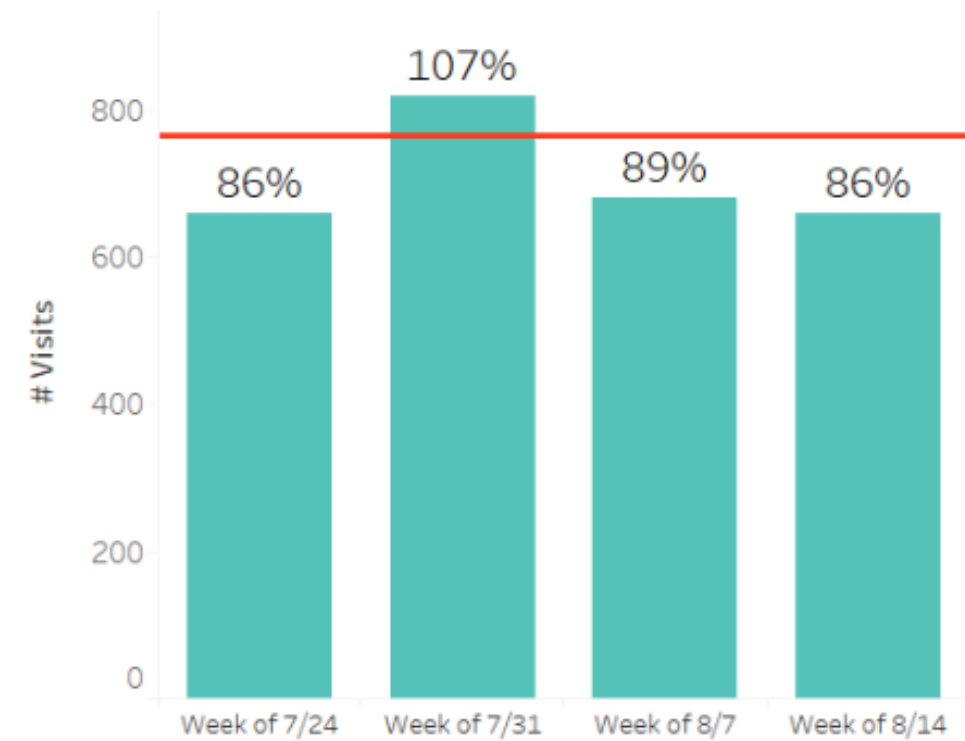
Visit volumes in the five primary care and Dental clinics. Red line indicates weekly visit budget based on 2022 annual budgets. The labels are % volume to budget for the selected clinics.



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.



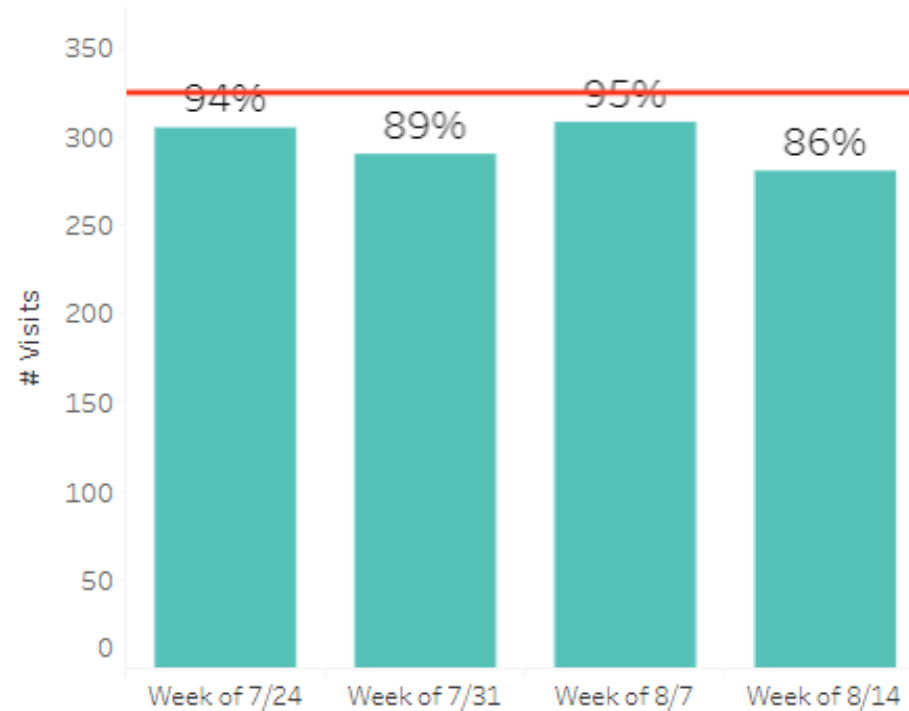
Includes visits in: JHSA clinic, Sleep Medicine, Urology, OB & GYN, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

# 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.

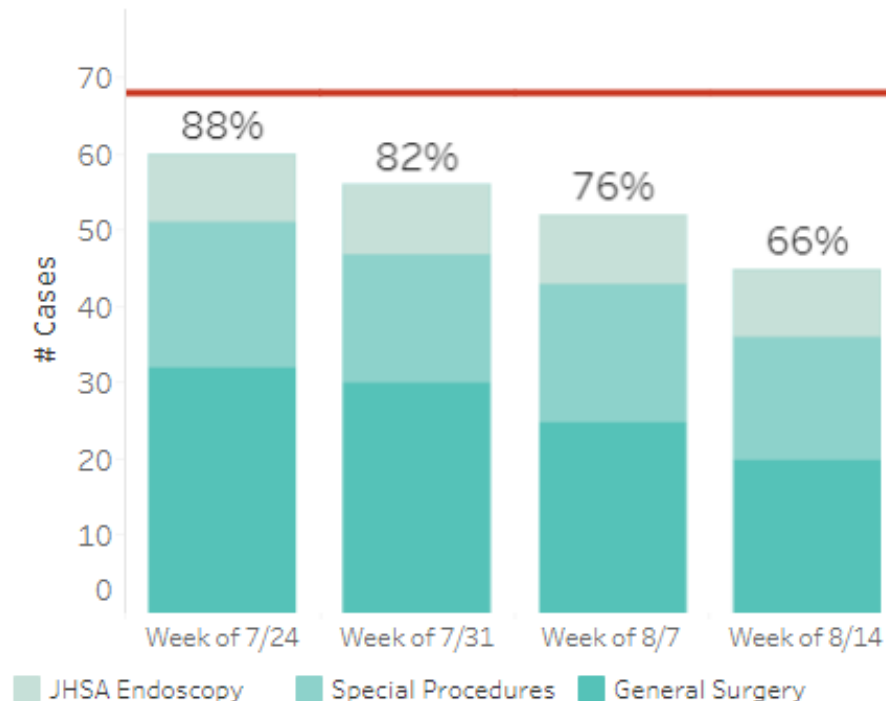


## Surgical case variance to target cases

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.

2/7/2021	
Total	293
Express Clinic	101
Emergency	192

Total Visits, 1/1/2020 to 8/15/2022  
Select a department to bring in focus.

[Emergency Dept](#)

30,169

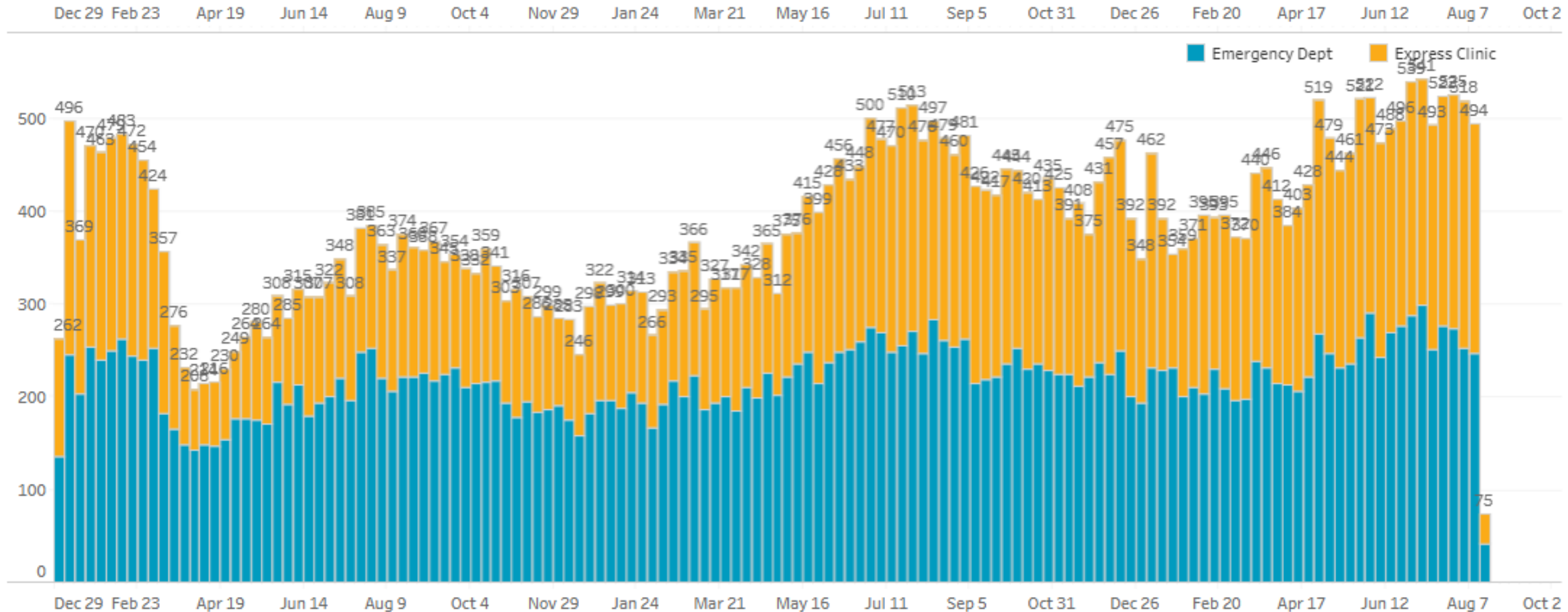


[Express Clinic](#)

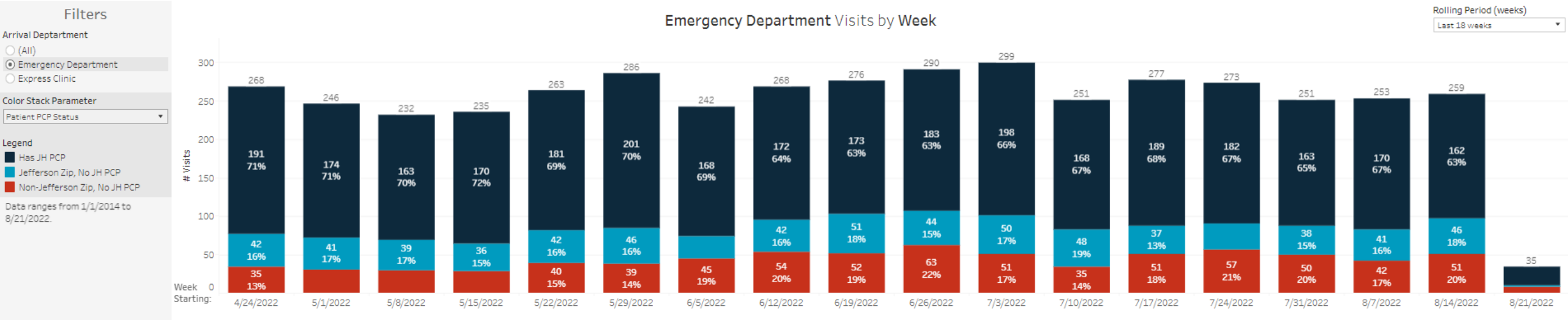
22,659



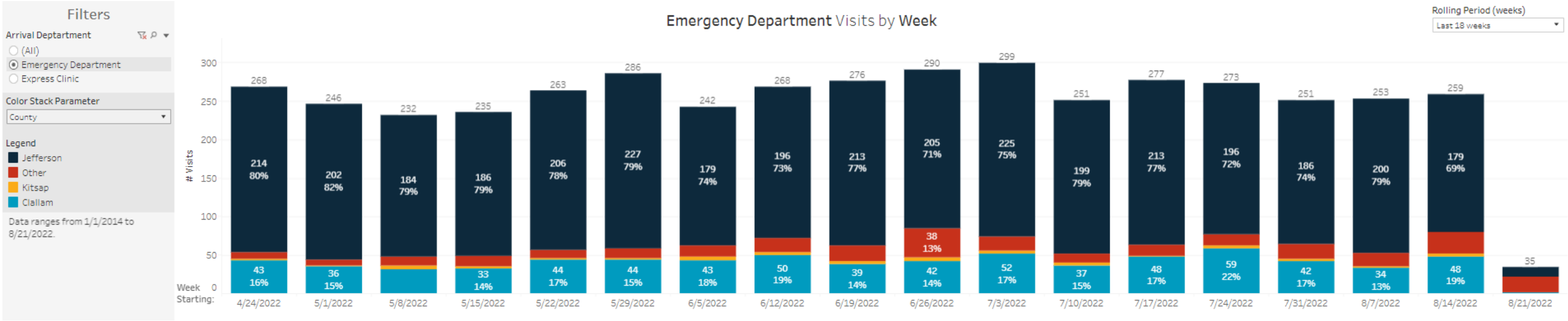
Volumes by Arrival Department and Week, 2020 - 2022



# Jefferson Healthcare Volumes



# Jefferson Healthcare Volumes





# 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

# Questions

