

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: 702 065 698

**Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, November 16, 2022**

Call to Order:

The meeting was called to order at 2:00pm by Board Chair Buhler Rienstra. Present by phone and video were Commissioners Dressler, Kolff, McComas and Ready. Also, in attendance was Mike Glenn, CEO, Tyler Freeman, Chief Financial Officer, Jake Davidson, Chief Ancillary & Specialty Services Officer & Interim Chief Ambulatory Medical Group Officer, Heather Bailey, Interim Chief Human Resources Officer, Brandie Manuel, Chief Patient Safety and Quality Officer, Tina Toner, Chief Nursing Officer, and Brittany Huntingford, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

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

Action: Motion passed unanimously

Education Topic:

- Healthier Together
 - Carrie Hite, Director of Jefferson County Park Strategy.

Carrie Hite shared the Healthier Together presentation which included the purpose, project overview, project background, milestones, community outreach and involvement, community engagement and recommendations.

Commissioner Kolff made a motion to authorize the CEO to enter into a Memorandum of understanding (MOU) for an Interlocal agreement with collaborating organizations on the Healthier Together Building Community Health and Wellness Together Project. Commissioner McComas seconded.

Action: Motion passed unanimously

- Strategic Plan Overview
 - Mike Glenn, CEO

Mike Glenn shared an overview of the draft 2023-2025 Strategic Plan which included a high-level view of the 4 pillars.

Discussion ensued.

Break:

Commissioners recessed for break at 3:15 pm.

Commissioner reconvened from break at 3:30 pm.

Employee, Team, Provider and Leader of the Quarter:

Caitlin Kura shared the Quarterly nomination awards given to Hannah Patterson, LPN, Sheridan Clinic; Melanie Blanton, Director, Diagnostic Imaging; Heide Chaney, ARNP, Cardiology; and The Inpatient Rehab Team.

Public Comment:

No public comment was made.

Minutes:

- October 26, 2022, Regular Session Minutes

Commissioner Dressler made a motion to approve the October 26, 2022, Regular Session Minutes. Commissioner McComas seconded.

Action: Motion passed

Required Approvals: Action Requested

- Medical Staff Credentials/Appointments/Reappointments

Commissioner Dressler made a motion to approve the Medical Staff Credentials/ Appointments/ Reappointments. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Patient Advocate Report:

Jackie Levin, Patient Advocate presented the 3rd Quarter Patient Advocate Report

Quality Report:

Brandie Manuel, CPSO, presented the October Quality Report
Discussion ensued.

Financial Report:

Tyler Freeman, CFO, presented an abbreviated November Financial Report.
Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the November Administrative report.

Commissioner Kolff made a motion to authorize the CEO to approve the Agreement between Owner (Jefferson Healthcare) and Design-Builder (Abbott Construction, LLC) Amendment 02 dated the 3rd day of October 2022. Commissioner McComas seconded.

Action: Motion passed unanimously

Discussion ensued.

Board Business:

- Board of Health Report

Commissioner Kolff shared a Board of Health report that included a note that the Board of Health has expanded to include a consumer of public health, another community stakeholder, and a tribal member. An offer was made to and accepted by a candidate for the CHIP position who will start in January 2023.

Commissioner Dressler shared a reminder that the Board meeting in December will be on the 3rd Wednesday, occurring on December 21st.

Meeting Evaluation:

Commissioners evaluated the meeting.

Executive Session:

Performance of a Public Employee

Commissioner Buhler Rienstra announced they will go into Executive Session for ten (10) minutes to discuss the Performance of a Public Employee. No action will be taken.

Commissioners went into Executive Session at 5:35 pm.

Commissioners came out of Executive Session at 5:45 pm.

No action was taken.

Conclude:

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

Action: Motion passed unanimously.

The meeting concluded at 5:46pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

Healthier Together

November 16, 2022
Carrie Hite, Director of Park Strategy





Purpose

Provide long-term infrastructure and opportunities for improving community health and wellness by building on previous efforts and meeting the evolving needs of our community.





Project Overview

- Re-engage previous partners and the community to establish a health and wellness center with a modern aquatic's component.
- Planning September 2022-July 2023.
- Community planning and city council/partner decision-making about the implementation of a final plan.

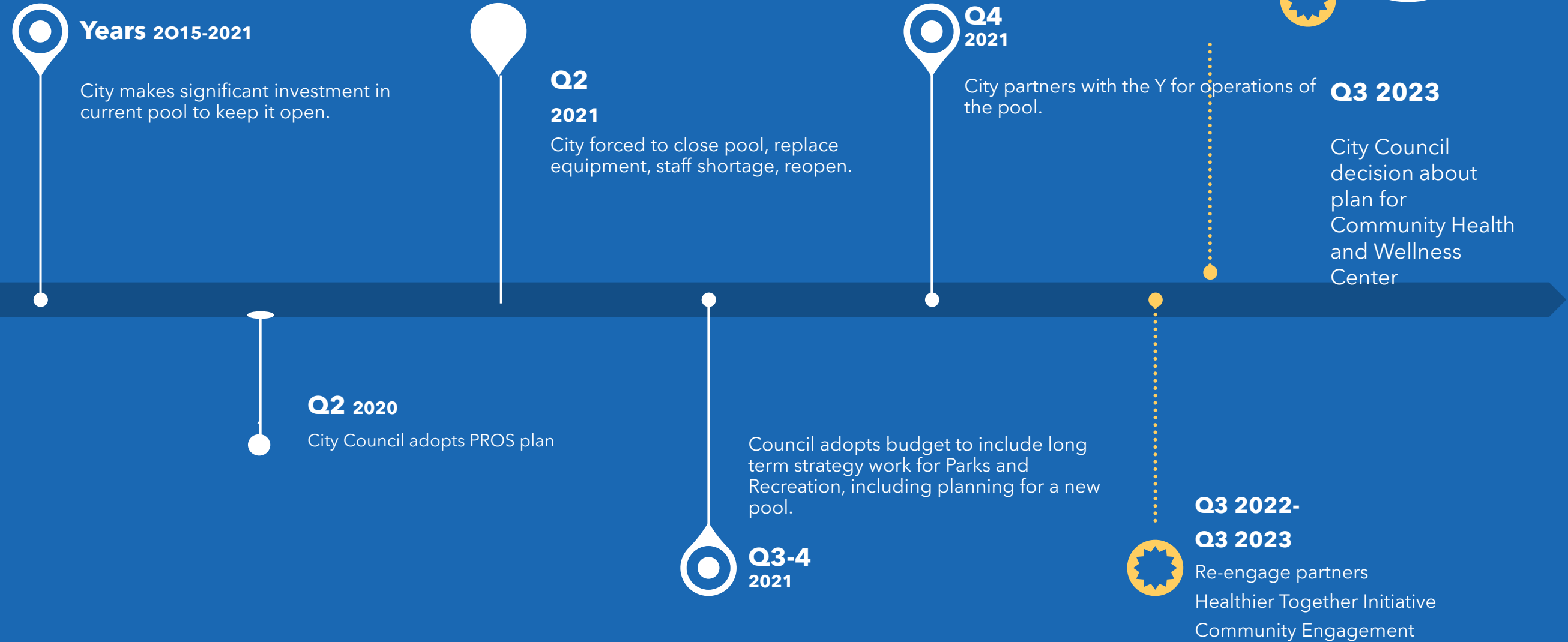




Project **Background**

- Background since 2000.
- Community Center and Pool investments: 2015 and 2017
- Community Health Assessment, 2016
- PROS plan March 2020
- Potential partners.
- Preliminary interest.
- Current condition of the pool.

Milestones



Community Outreach and Involvement



- Partners enter into Memorandum of Understanding, share the cost.
- Hire Architect: Concept planning with the partners and community, siting, concept planning, financial planning, implementation.
- Launch community engagement framework.





Community Engagement

Phase 1

- Review of existing information and current conditions.
- Focus groups: Principles to guide process.
- Begin financial planning



Phase 2

Visioning process with community

Open houses, virtual open houses, website, survey, KPTZ, Engage PT, community outreach. Parks/Trails Board, City Council touchpoint.

Architect begins concept drafting.
Financial planning.

Community Engagement



Phase 3

- Community reflection on concepts
- Interactive process, what do people like, what don't they like.
- Managing expectations
- Community input for possible final concepts.
- Possible alignment with Mountain View campus
- Costing and financial planning.

Phase 4-5

Final concepts
Financial planning
Implementation planning.
Recommendation to Council





Recommendation

- Partners review framework for Healthier Together.
- Give guidance/feedback about process.





Thank You

Any Questions?

City of Port
Townsend 

Jefferson Healthcare Strategic Plan 2023-2025 (DRAFT)



Goals:

- 1. Be a great place to receive care.**
- 2. Be a great place to work.**
- 3. Provide the services our community needs most.**
- 4. Remain financially independent.**

Quality and Safety

Goal	Strategy	Initiatives	Metrics
Provide Highest Quality Care.	Deliver Care Guided by the Best Evidence	<ul style="list-style-type: none"> Promote the active engagement of the medical staff in clinical quality monitoring and improvement Ensure the highest standards of practice are met Promote wellness and manage chronic disease Seek and maintain meaningful accreditation Enhance the use of technology, data and analytics to improve quality and safety 	<ul style="list-style-type: none"> <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Mortality <input type="checkbox"/> Readmissions <input type="checkbox"/> "Would you bring your family here for care?" <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Core Measure/ GWTG Performance <input type="checkbox"/> Value Based Care: MIPS score and Wellness Exams <input type="checkbox"/> Chart Closure and Signal Data <i>Structural Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Accreditation <input type="checkbox"/> OPPE Engagement <input type="checkbox"/> Utilization of System Tools <input type="checkbox"/> Active PI/QMS System

Quality and Safety

Goal	Strategy	Initiatives	Metrics
Provide the Highest Quality Care.	Eliminate Health Disparities	<ul style="list-style-type: none"> • Implement a comprehensive equity program • Embed equity index into quality reporting • Actively work to eliminate health disparities (by using the equity index data to identify and address inequity) 	<ul style="list-style-type: none"> • <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Health Equity Gap Closure • <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Inclusion of Equity Index in Quality Reporting • <i>Structural Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Implementation of Equity Program <input type="checkbox"/> Continuous Measurement and Reporting of Health Disparities

Quality and Safety

Goal	Strategy	Initiatives	Metrics
Provide the Highest Quality Care.	Cultivate a Deep-Rooted Culture of Safety	<ul style="list-style-type: none"> • Ensure that every employee is connected to safety and quality • Identify and mitigate the root causes for safety events and near misses • Develop a system of shared accountability –by being accountable for systems and for responding to the behaviors of employees in a fair and just manner 	<ul style="list-style-type: none"> • <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Patient Safety Grade (Culture of Safety Score) • <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Time to close safety event reports • <i>Structural Measure:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Implement a Just Culture (training of leaders) <input type="checkbox"/> TeamSTEPPS training and implementation

Goal	Strategy	Initiatives	Metrics
Be a Great Place to Work	Reconnect to Purpose and Promote Wellness of Our Teams	<ul style="list-style-type: none"> Celebrate our wins and each other Provide behavioral and emotional support Assess and address identified systemic healthcare fatigue Advance the work of transforming our culture 	<ul style="list-style-type: none"> <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> "Rate Organization as a place to work" <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Maslach baseline data <input type="checkbox"/> Completion of 90-day plans and accountability grids <input type="checkbox"/> Active engagement in EE Survey <i>Structural Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Employee Wellness Program Implementation <input type="checkbox"/> Implement a formal mentorship program for leaders

Goal	Strategy	Initiatives	Metrics
Be a Great Place to Work	Recruit, Retain, and Implement Innovative Solutions to Address Staffing Needs	<ul style="list-style-type: none"> Identify and reduce barriers to retention and work-place satisfaction Assess and track diversity in hiring and retention Create pathways to careers at Jefferson Healthcare (through school and community partnerships, workforce development, and professional development) 	<ul style="list-style-type: none"> <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Turnover Rate (RN Turnover; All Turnover; 1st year turnover) <input type="checkbox"/> Conversion rate: Residency and Apprentice Programs to employed position <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> EE Survey 'I have the tools to do my job' <input type="checkbox"/> EE Survey 'my manager creates opportunities for my growth/I am satisfied with professional development opportunities' <i>Structural Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Number of School Affiliations and Community Partnerships <input type="checkbox"/> Assessment of workplace diversity

Goal	Strategy	Initiatives	Metrics
Be a Great Place to Work	Support and Invest in Our People	<ul style="list-style-type: none"> • Develop and support great leaders • Promote professional development opportunities (career ladders) • Invest in leadership, staff, and medical staff leadership resources and development • Leverage technology to support staff in operations 	<ul style="list-style-type: none"> • Outcome Measures: <ul style="list-style-type: none"> <input type="checkbox"/> Willingness to recommend as a place to work • Process Measures: <ul style="list-style-type: none"> <input type="checkbox"/> Survey: Tools to do my job <input type="checkbox"/> Leader Huron skill assessment completion and tool implementation <input type="checkbox"/> Leader completion of Crucial Conversations • Structural Measures: <ul style="list-style-type: none"> <input type="checkbox"/> Leader definitions and expectations <input type="checkbox"/> JW – what about development of a succession plan and ensure the plan is diverse and inclusive? <input type="checkbox"/> Investment into workforce

Goal	Strategy	Initiatives	Metrics
Be a Great Place to Work	Promote Thriving and Rewarding Clinical Practices	<ul style="list-style-type: none"> • Support ongoing education • Reconnect with colleagues • Identify and implement practice enhancement tools • Reduce barriers to practicing at the top of licensure • Leverage technology to support staff in operations 	<ul style="list-style-type: none"> • <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Chart closure data <input type="checkbox"/> Physician/APP retention <input type="checkbox"/> “Would you recommend as a place to practice” on Survey <input type="checkbox"/> Pajama Time/Signal Data Scores • <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Attendance at JH sponsored medical staff events <input type="checkbox"/> % of physicians/APP engagement in committees/quality initiatives

Growth and Innovation

Goal	Strategy	Initiatives	Metrics
Provide Services Our Community Needs in the Most Accessible Way	Identify Internal and External Areas of Growth	<ul style="list-style-type: none"> Create and Implement a service expansion road map Optimize partnership opportunities 	<ul style="list-style-type: none"> <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Reduce overall outmigration <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Implement a Telehealth Platform <input type="checkbox"/> Review and evaluate 90% of current partnerships <i>Structural Measure:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Implement a Digital Health Platform

Growth and Innovation

Goal	Strategy	Initiatives	Metrics
Provide Services Our Community Needs in the Most Accessible Way	Complete Hospital Replacement and Modernization Plan	<ul style="list-style-type: none"> • Create a cost-effective design • Minimize disruption and maintain access to services during construction • Construct the building • Optimize partnership opportunities 	<ul style="list-style-type: none"> • <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> % on Budget <input type="checkbox"/> On-Time Rate <input type="checkbox"/> % Operating Revenue Increase • <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> % Funding by Non-JH Sources <input type="checkbox"/> Completion Rate of Transitions and Temporary Spaces

Growth and Innovation

Goal	Strategy	Initiatives	Metrics
Provide Services Our Community Needs in the Most Accessible Way	Promote Population Health to Improve Community and Employee Wellness	<ul style="list-style-type: none"> • Ensure we are the anchor institution we want to be • Understand and communicate our benefits to the community 	<ul style="list-style-type: none"> • <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Track % and \$ of financial contracts that support agencies based in Jefferson County, WA <input type="checkbox"/> Publish annual community benefit report • <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Engagement with community benefit information on JH website/Social Media

Growth and Innovation

Goal	Strategy	Initiatives	Metrics
Provide Services Our Community Needs in the Most Accessible Way	<p>Utilize technology and existing resources to elevate the patient and the clinician experience.</p> <p>Reduce barriers to meaningful connections.</p>	<ul style="list-style-type: none"> Define and develop an Innovation Team in conjunction with Clinician Technology Team Implement technology to ensure that the care team has the information it needs when they need it Utilize technology so our workforce can support our clinic growth 	<ul style="list-style-type: none"> <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Increase pilot initiatives <input type="checkbox"/> Reduce documentation and in basket time by 25% <i>Process Measure:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Signal Data <input type="checkbox"/> Epic engagement data (tbd) <i>Structural Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Create an Innovation team <input type="checkbox"/> Reduce time spent in EHR per patient encounter

Goal	Strategy	Initiatives	Metrics
Remain Financially Independent	Achieve and Sustain Operational Excellence	<ul style="list-style-type: none"> Actively manage resources to ensure long-term financial health Pursue technology solutions to advance clinical care and business operations 	<ul style="list-style-type: none"> <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Operating Margin <input type="checkbox"/> Days Cash on Hand <input type="checkbox"/> Days in AR <input type="checkbox"/> % of NPR <ul style="list-style-type: none"> ➤ Salary/Benefits ➤ Supply Expense <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Staff Productivity <input type="checkbox"/> Utilization of Systems <input type="checkbox"/> System Health Checks

Goal	Strategy	Initiatives	Metrics
Remain Financially Independent	Transition to Value-Based Payment Models	<ul style="list-style-type: none"> • Maximize opportunities where financial and clinical alignment exist • Develop a roadmap to excellence in value-based payment models • Increase investments in preventative care and chronic disease management to minimize downstream cost 	<ul style="list-style-type: none"> • <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Amount of Shared Saving/Quality-Based Payments <input type="checkbox"/> Decrease Risk Adjusted Total Cost of Care • <i>Process Measure:</i> <ul style="list-style-type: none"> <input type="checkbox"/> PCP Visits <input type="checkbox"/> % AWV/TCM/CCM/ACP Visits

Goal	Strategy	Initiatives	Metrics
Provide a Patient Experience That We Are Proud Of	Make it easier to engage with our healthcare system	<ul style="list-style-type: none"> • Improve ease of access across all service lines • Enhance the use of technology to connect patient with health services • Ensure equitable access to care 	<ul style="list-style-type: none"> • <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Willingness to recommend <input type="checkbox"/> Medicaid Enrollment • <i>Process Measure:</i> <ul style="list-style-type: none"> <input type="checkbox"/> TNAA • <i>Structural Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Utilization of Telehealth Visits <input type="checkbox"/> Patient utilization of scheduling tools <input type="checkbox"/> Financial assistance utilization

Goal	Strategy	Initiatives	Metrics
Provide a Patient Experience That We Are Proud Of	Guide Patients Through Every Encounter	<ul style="list-style-type: none"> Implement best practices for closed loop referrals Improve care navigation through the system to support transitions of care 	<ul style="list-style-type: none"> <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Referral Completion Rate <input type="checkbox"/> % Completed Medicaid Enrollment <i>Process Measure:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Time to Referral Completion <input type="checkbox"/> Patient experience – coordination of care <input type="checkbox"/> HSOPS Score: Handoffs and Transitions <input type="checkbox"/> ED Throughput <input type="checkbox"/> OR Utilization/block time <i>Structural Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Care navigation pathways for high-risk populations

Goal	Strategy	Initiatives	Metrics
Provide a Patient Experience That We Are Proud Of	Prioritize a Culture of Compassion and Kindness	<ul style="list-style-type: none"> • Provide patient-centered/customer-oriented experience that meets the needs of our community at every encounter • Provide enhanced training for staff in working with underserved or unique populations • Foster a spirit of service that seeks to understand 	<ul style="list-style-type: none"> • <i>Outcome Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> NRC Overall Rating <input type="checkbox"/> Number of unresolved grievances (?) • <i>Process Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Service recovery – resolved service alerts • <i>Structural Measures:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Implement Standards of Behavior <input type="checkbox"/> Implement Service Training

Jefferson Healthcare

Employee, Leader, Provider and Team of the Quarter
November 16, 2022

Employee of the Quarter

Hannah Patterson, LPN

“Hannah works tirelessly to support not only her team but anyone else in need. Even when floated to other assignments, Hannah always works hard to be available to help the team. [She] treats patients and peers in a way that lets them know they are appreciated [and] she possibly has the best attitude in our clinic. Hannah is always willing to hear others needs and help wherever possible. Well respected by everyone on the team, [she] has great relationships with our patients and does an INCREDIBLE job representing Jefferson.”



LPN, Sheridan Clinic
Third Quarter 2022

Jefferson
Healthcare

Leader of the Quarter

Melanie Blanton

"Melanie is probably the most respectful boss I've ever had in terms of truly acknowledging each of us as individuals deserving of respect.

Melanie is the definition of "positive presence". ...[S]he ALWAYS presents with a readiness to get things done - never in a pushy way, just steady positivity. She gracefully walks the line between advocating for the techs and advocating for the patients, always with the goal of providing excellent care.

Melanie is an excellent communicator. Even to the point of finding a note on my desk from her that says, "Good Morning! Thank you for everything you do!" I'm so thankful that she came here."



Director, Diagnostic Imaging

Third Quarter 2022

Jefferson
Healthcare

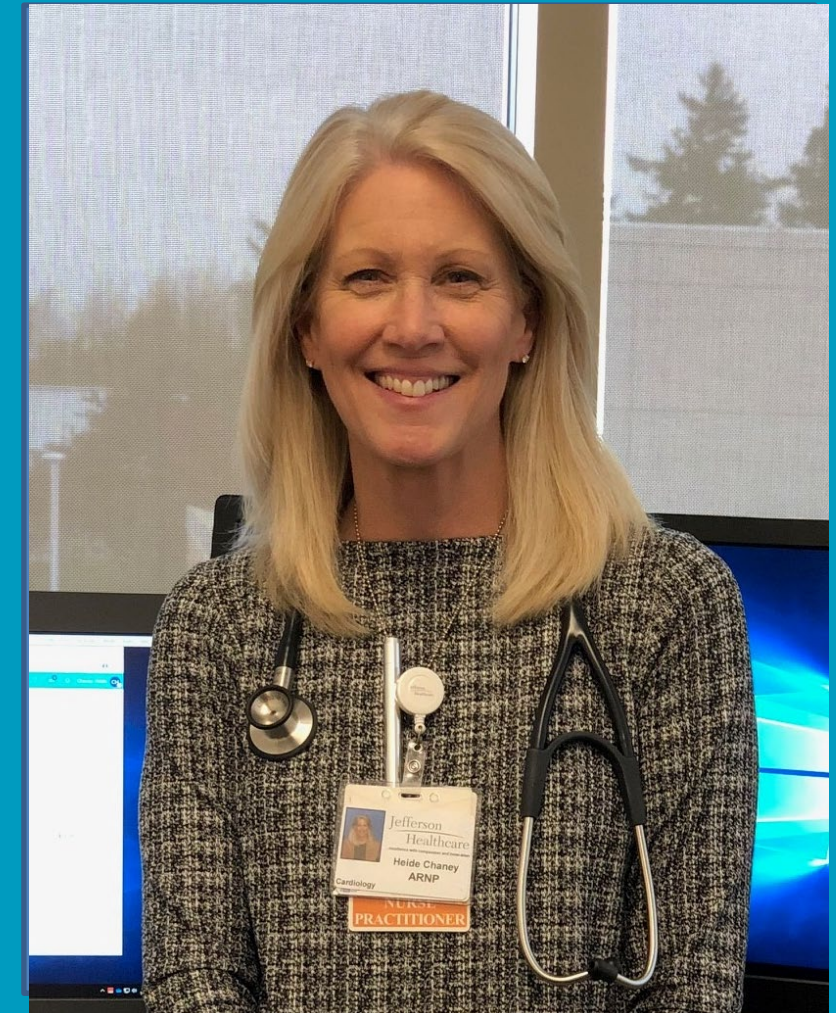
Provider of the Quarter

Heide Cheney, ARNP

“Heide is a breath of fresh air. Her kindness ... and dedication to her patients ...is admirable. A true professional!”

“Heide is brilliant. She has a wonderful approach to problem solving and is a delight to work with.”

Heide has worked tirelessly to create a miniature Congestive Heart Failure Clinic within the Cardiology Clinic [and she] worked closely with the Port Ludlow pharmacy for months to ...provide affordable cardiac medications to our patients. She is a dedicated cardiology provider who will never stop learning and researching..., all while providing the most compassionate care you could ever hope for.”



Medical Group – Cardiology Clinic
Third Quarter 2022

Jefferson
Healthcare

Team of the Quarter

Inpatient Rehab Team

“The members of this small JH team work so well together. They show a huge amount of respect to each other, physicians, other employees, and of course the patients. Not only do they communicate well with each other and patients, they communicate great with the rest of the staff, especially the CNAs! They always sound like they enjoy being at work and the work they do.”

Third Quarter 2022



Jefferson Healthcare

3rd Quarter 2022 Patient Advocate Report

Presented by Jackie Levin MS, RN,
November 16, 2022

Navigating Patient Concerns

Listening

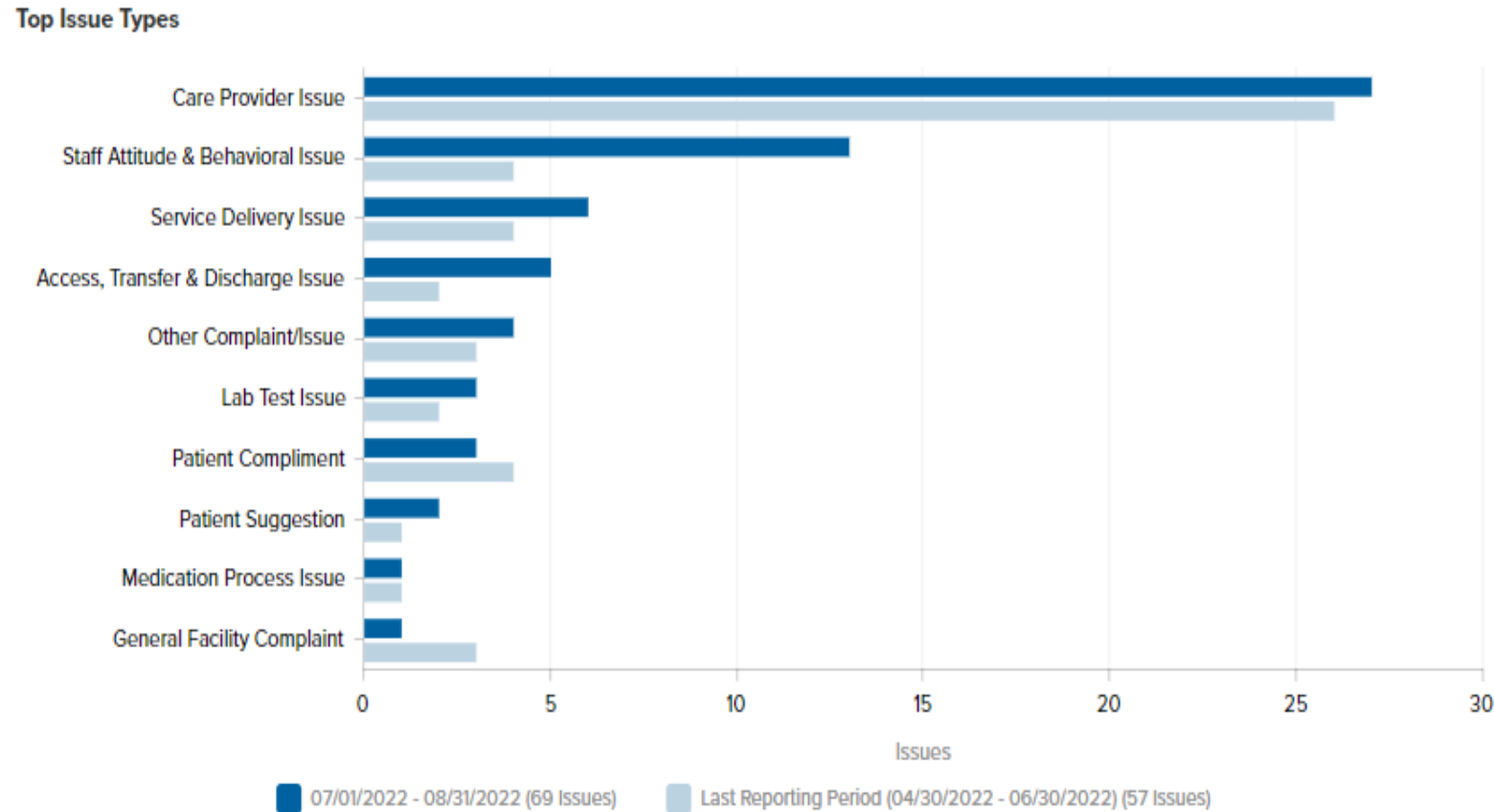
Accountability

Inquiry

Transparency

Possibilities

Service Feedback: Q 3



Quarter 3 2022

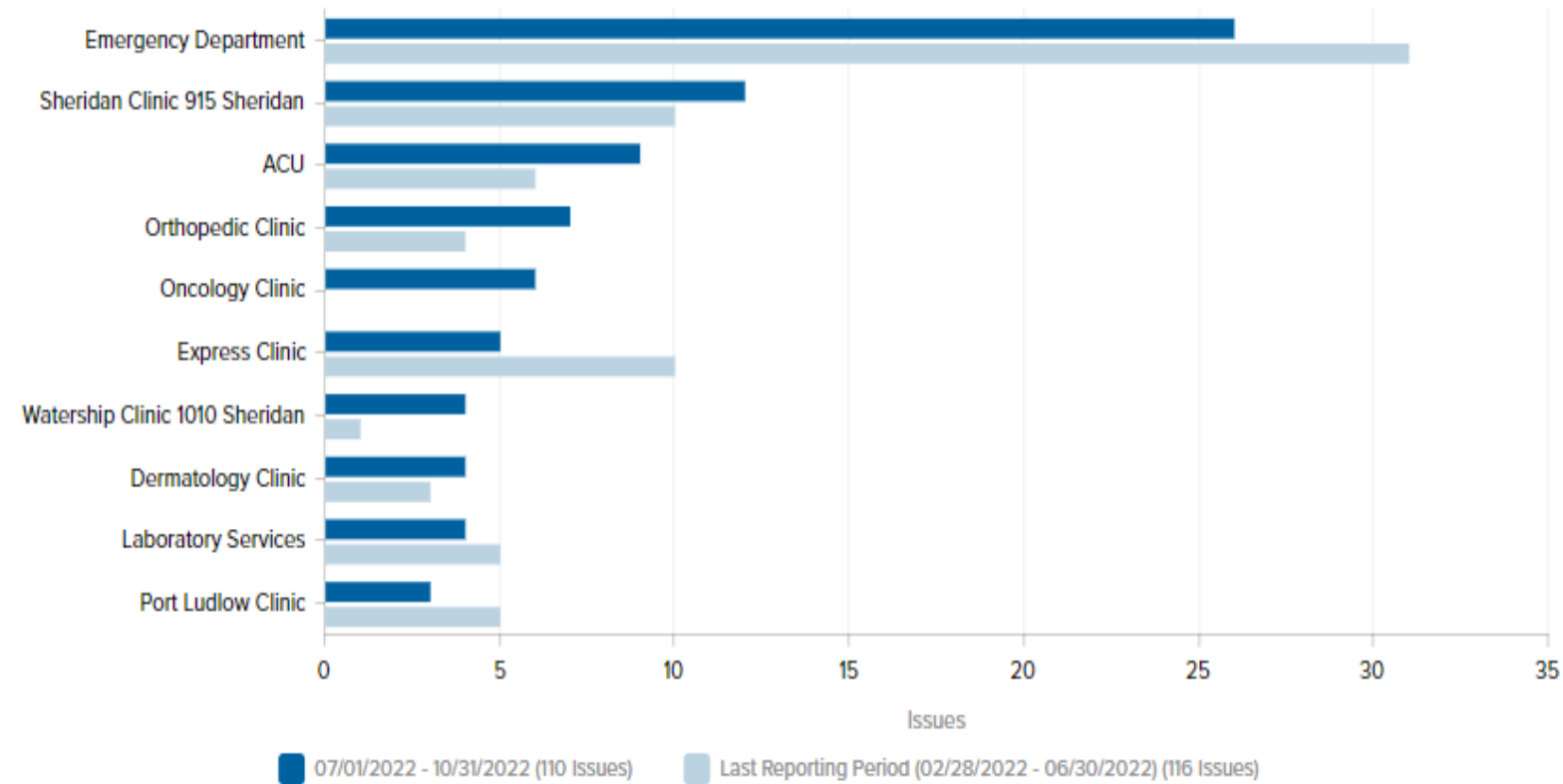
Feedback Summary Average:

- Days to Acknowledgement: 1.9 Days
- Days to Closure: 25.4 Days
- 12 Closures > 30 Days
- Volume Same as last Quarter in overall number of contacts
 - 71 Tickets *contacts with 78 items reported*
- 8 % offered a compliment
- 9 % offered a suggestion or had a question
- Service recovery 25%
- 58 % offered opportunity for improvement
 - Top opportunities identified:
 - Communication
 - COVID-19 protocols/concerns
 - Access/transitions of care



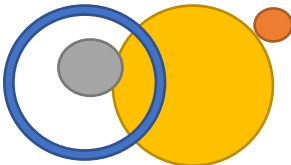
Service Feedback: Q 3

Top Issue Departments



Quarter 3 2022

- 58 % offered opportunity for improvement
 - Top opportunities identified:
 - Communication
 - Request for clinical review
 - COVID-19 protocols/concerns
 - Access/transitions of care



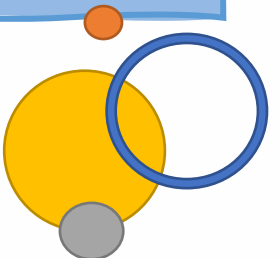
Navigation Feedback and Service Recovery

- **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 3 2022

Navigation Feedback:

- 105 contacts
- Time spent: 46 hours
- Areas of concern
 - Medication refills
 - Need for Transgender Care Provider Consultation
 - **Infection Control**
 - Referrals
 - **Survey Questions: None—since moving to electronic texting**
 - Appointment Access/Scheduling

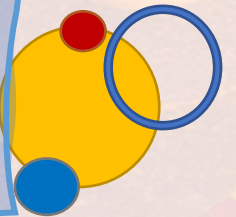


Service Excellence: Something is Broken But Doesn't Need Fixing

Repair: Acknowledgment \neq Fixing

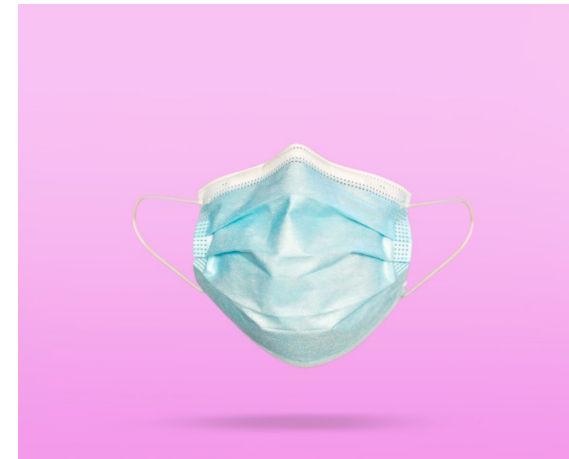
Clarify Goals: Is there something you need right now?

If this could have gone better, what would that have looked like?



From Question/Concern to Resolution

- Patient Advocate Partners
 - Infection Control
 - Medical Director
 - Covid Nurse Leader
 - Patients
 - Use of Tech: Text Messaging Appt
 - Patient Family Advisory Council
 - IT Rachel Barbieto and Daniel Wharton
 - Patients



Nurse Residency Program

Graduates of:

Faculty/Educator: Alex Niehaus RN

Nurse Residents: Olympic/Peninsula Community Colleges

- Lynn Stanley –ICU
- Bailey SanGregory-ED
- Shannon Rief- Surgery
- Lindsey Hoffman-Home Health/Hospice
- Jenny McConnel-ED
- Pua Sweeney- ACU (Missing from photo)
- **Appreciations:**
 - Colleagues are extra supportive & excited we are here
 - Staff know we are residents, ready to teach
- **Holistic Nursing and Self-Care**
 - Stress Management strategies, recognizing personal strengths and gifts, holistic Nursing Theory, The Sacred Pause





LGBTQIA+ Task Force

- Prime Goals for 2023
 - Use of Epic to input pronouns and update demographics
 - Training for Primary Care Providers with Dr. Vargas, Psychologist and Professor on care of our transgender patients.
 - Continue our collaboration and support with our local LGBTQIA+ Community






Questions?

Jefferson Healthcare

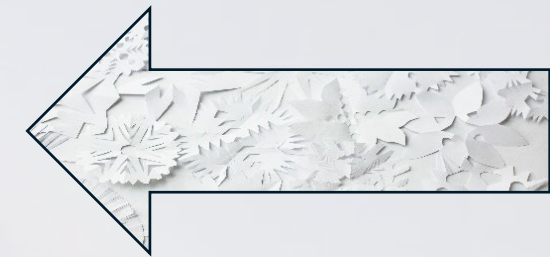
Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

November 16, 2022



Strategic Goal: Deliver the Highest Quality Care



Deliver Care Guided
by the Best Evidence

Design the most
effective
Performance
Improvement System

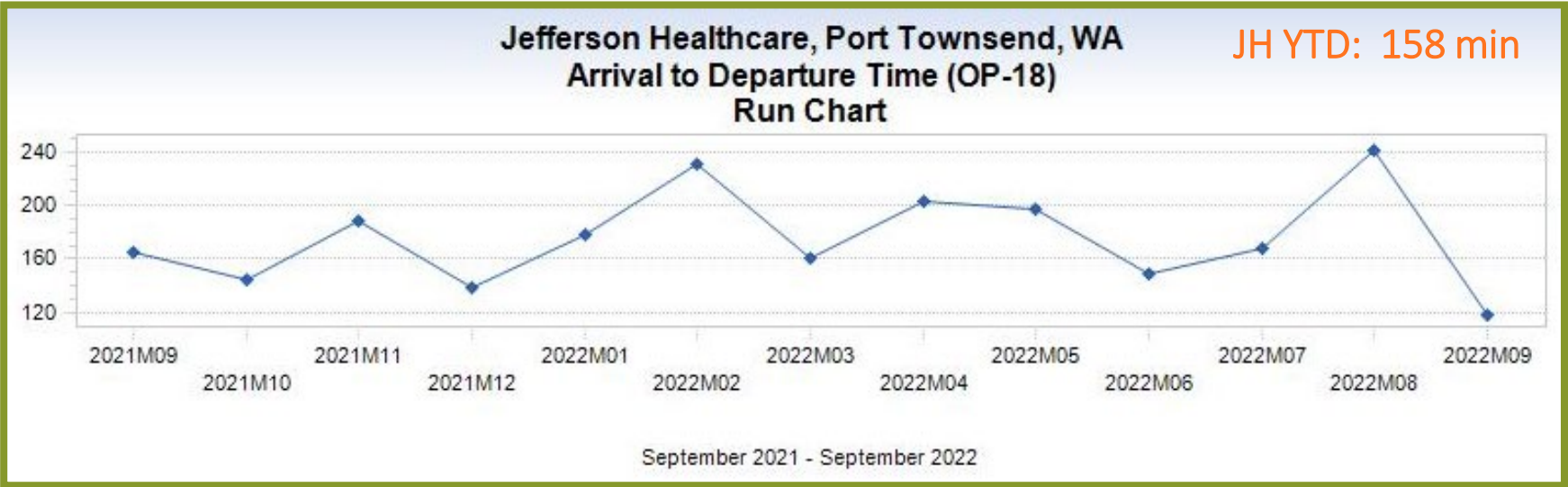
Continue Transition
to Value Based Care

Enhance Systematic
Approach to Avoid
Medical Errors

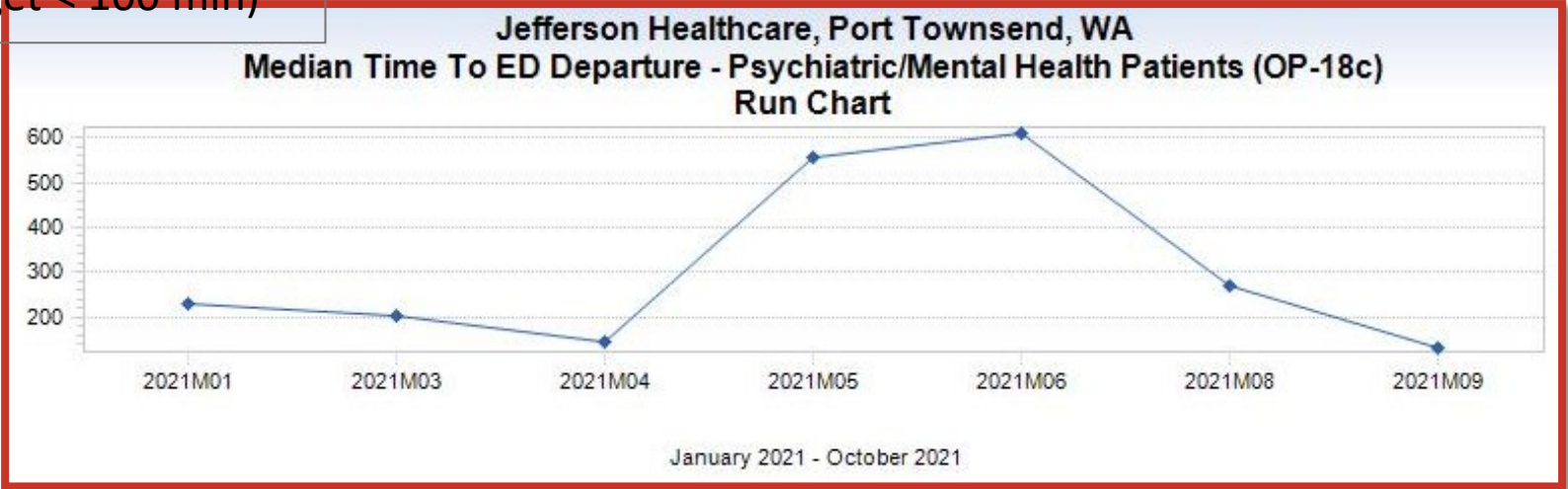
Deliver Care Guided by the Best Evidence:
Emergency Department Throughput

Arrival to discharge for discharged patients: 143 minutes

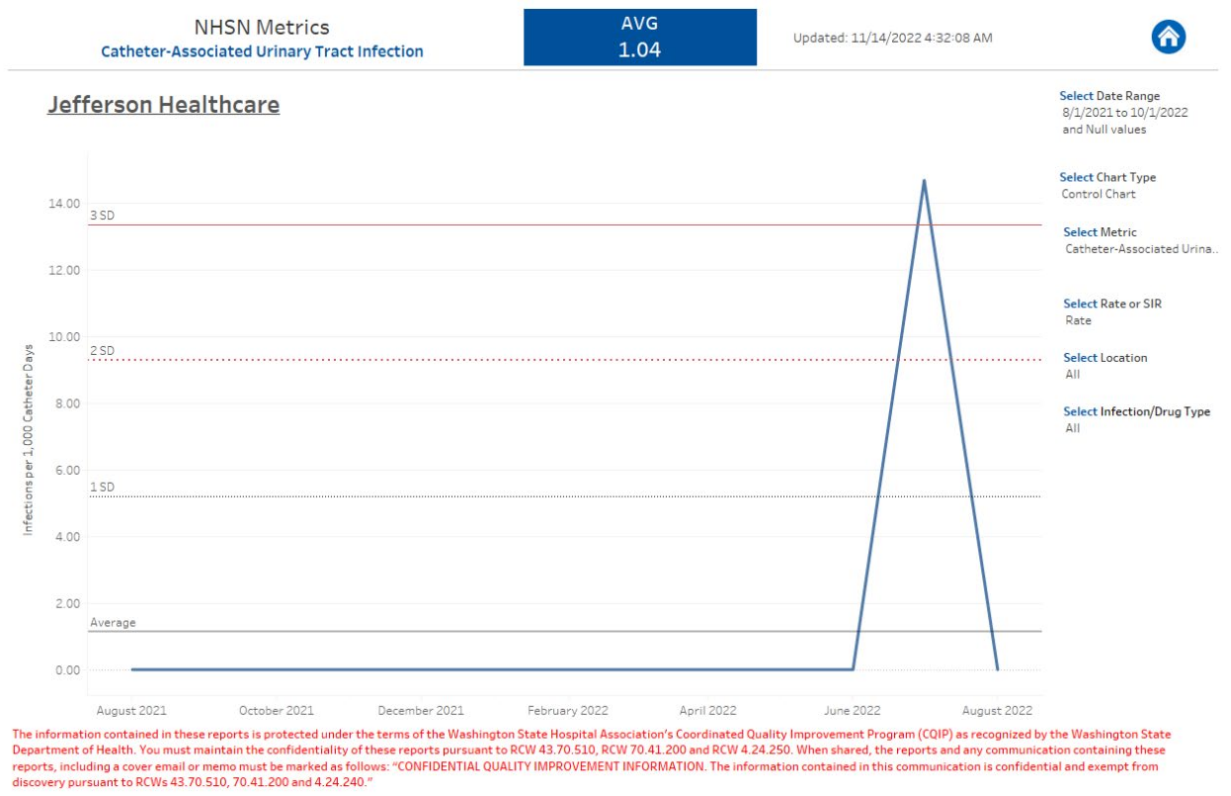
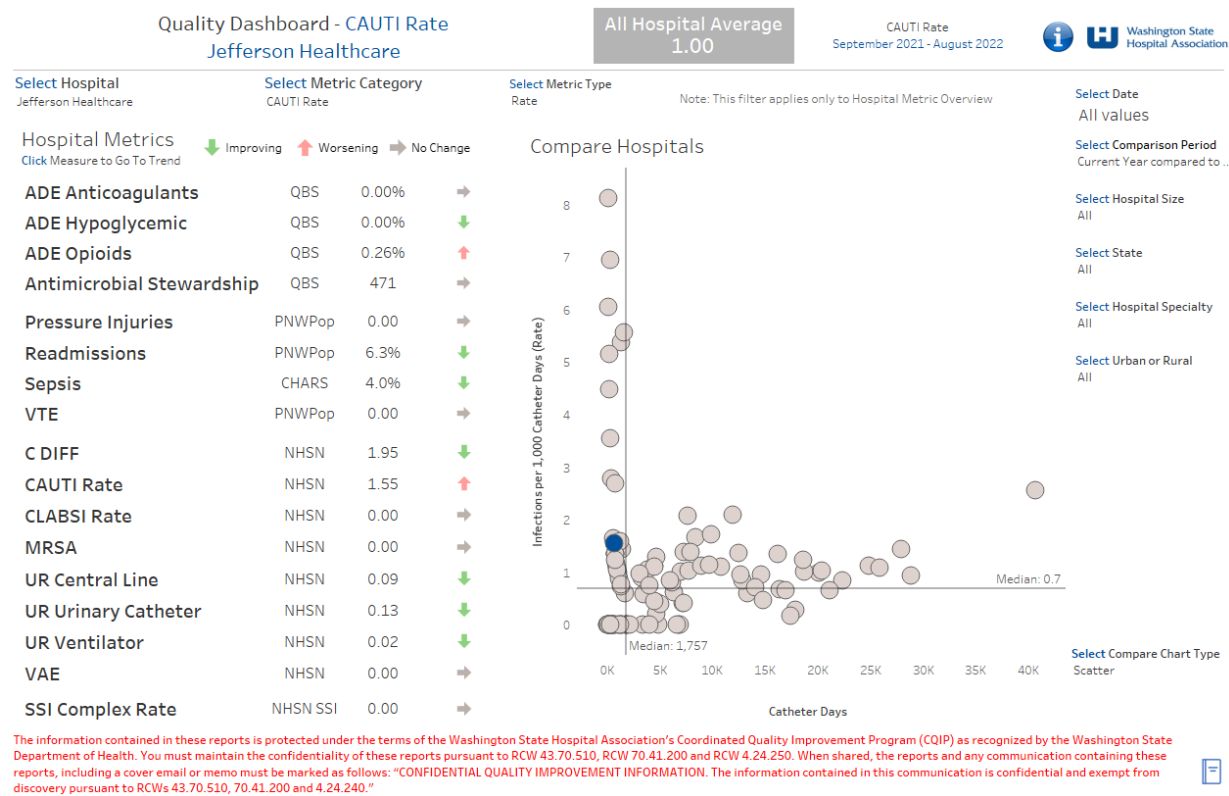
- Outcome Measure:**
Left without being seen:
- 1% (national benchmark: 2%)
- Process Measures:**
Arrival to Room:
- 5 minutes (target < 10 min)
- Arrival to Provider:**
- 11.3 minutes (target < 15 min)
- MD to Disposition:**
- 110 minutes (target < 100 min)



WA CAH: 132 min.
State: 152 min
National: 168 min



Patient Safety Snapshot (Current year compared to previous year)

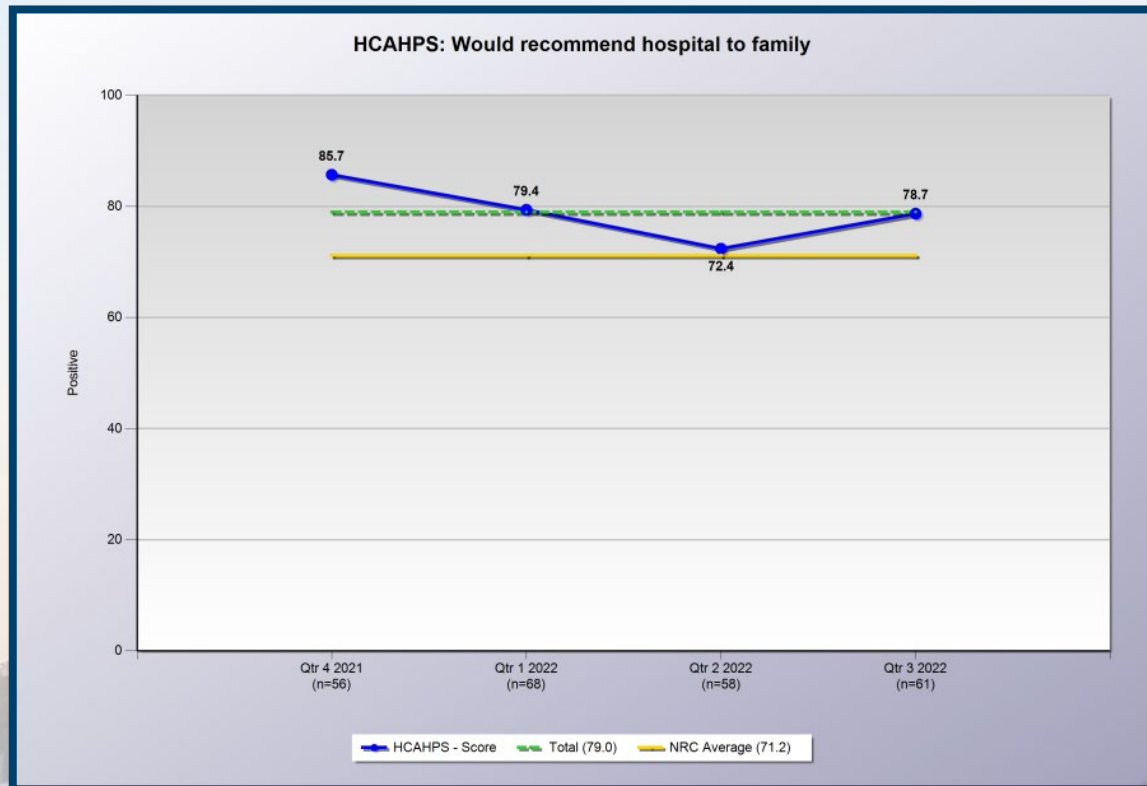


Interventions:

Reduce the use of indwelling catheters
Daily rounding and review of necessity
CAUTI Champion and Leadership Support

1 infection = 1.45/1,000 patient days

Service Excellence: In the Words of our Patients



Top Rated Dimensions:

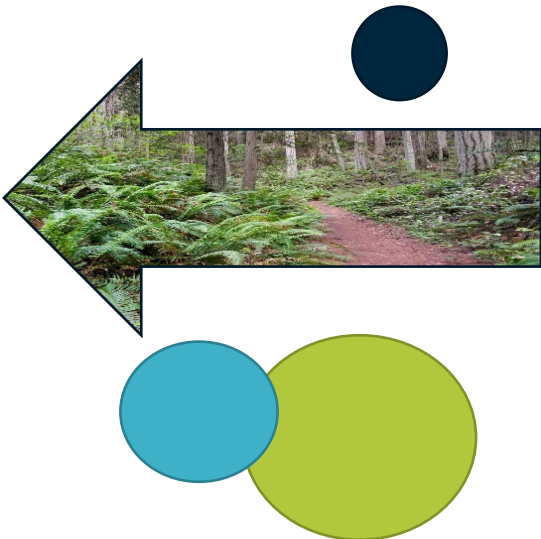
- Cleanliness/Quietness
- Physical Comfort

Opportunities:

- Information and Education
- Coordination of Care

- Care provided by RN's, CNA's, PT was excellent. There was much confusion around discharge
- Please convey to Rachel, Kristine, and Katherine that they were totally awesome - very caring + kind. The others were too but I can't remember their names!
- Great food
- The nurses on the 3rd floor were absolutely the best! I wish to thank all of them for the great care I received during my 2 night stay.
- I feel very fortunate that we have the level of care we do at a rural hospital. Everyone - from admission to discharge - contributed to a positive experience.
- My stay in ICU was remarkable. All personnel were very professional and courteous. Checked on me often and provided compassionate and personal care - snacks too!

Current Projects and Focus Areas.



Projects and Teamwork

- Performance Improvement System
- Surgical and OB Quality Committees
 - Orthopedic Quality
 - Surgery flow/ Utilization
 - OB training and simulation
- Internal Audit: Employee Safety and Bloodborne Pathogen exposure
- Health Equity 2023 goals
- Emergency Management: Shakeout follow up

Medical Staff

- New Co- Chiefs of Surgery: Dr. Meyerson and Dr. Luqman
- Bylaws Committee in progress
- MEC Quality Committee Chair Transition
- Follow up from Symposium
- CME Planning for 2023
- Welcome to Tesha Davidson!

Quality

- Submitted application for our Hip and Knee Replacement Certification with DNV
- Stroke education improvement
- Compliance program evaluation and ongoing improvement
- Strategic plan – goals and metrics
- Radiology transition, assessment and collaboration
- Meaningful use Audit from 2018

Patient Safety

- Oncology and Infusion Teamwork and Medication Safety
- Improved communication regarding safety events and near misses
- Infection Control and Prevention – updating CAUTI prevention strategies
- Cybersecurity drill and Risk Assessment
- Workplace Violence Prevention task force



In the words of our leaders...

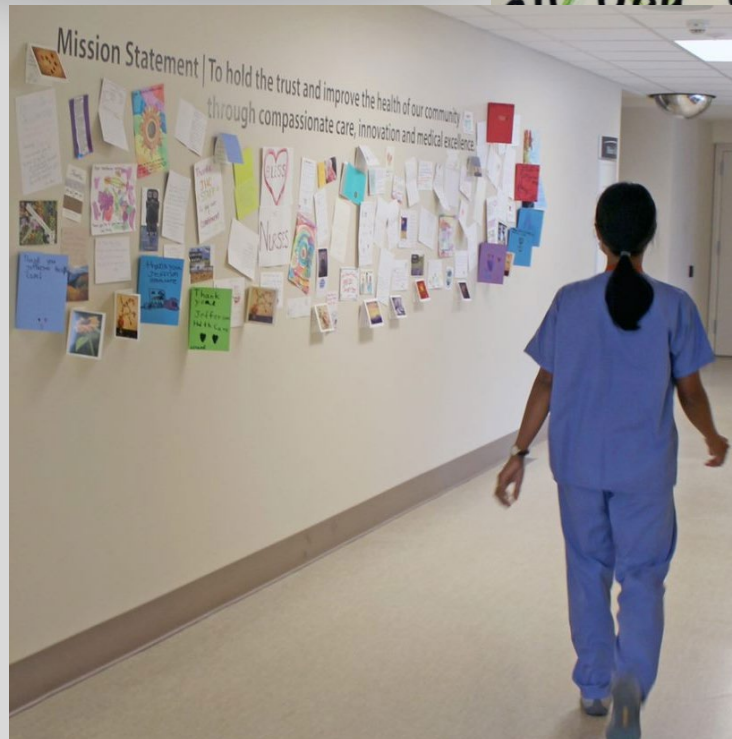
- Team restructure in Revenue Cycle
- Talented, impactful, and Skilled new leaders
- Re-opening Cardiac Rehab
- Combining cardiac and pulmonary rehab
- Big win: Consistent and dedicated team members taking great care of our patients
- Rehab won best place to go for rehab on the Peninsula
- Fully staffed!
- CMS Five Star Patient experience
- Radia to Skagit survival [transition]
- Schematic design completed for the new building
- Hospital energy star certified!
- Home Health Accreditations!
- New remote workforce/positions!
- Nurse residency – training on self care and holistic nursing
- We show up daily, despite the many challenges we've faced with staffing, and put our patients first time and time again. We are all for one and one for all!

- The best part has been getting to work beside our hard working, courageous, caring leadership team
- COVID Vaccinations
- Awards for quality, stroke, heart failure, and A.Fib
- Completed internal audit plan for 2022
- Great plan for contractor onboarding
- Submission of DNV reports/survey follow up
- \$2.5 million federal appropriations for a linear accelerator
- A centralized cohesive data team that rocks
- Provided a ton of new analytics resources for leaders and staff
- Implemented new helpdesk ticketing system
- Great hires, awesome collaboration
- Resuming community engagement events
- Dental Assistant training program
- My manager teammates that continue to be amazing!
- Training new surgery technologists. So proud to show off our team
- We found a ton of cost report money back by claiming additional admin time and Medicare bad debts.
- Cross training for better vacation coverage
- We tore down walls and much more!



Patient Outcomes

Patient Perspectives



In recognition of National Rural Health Day, a sincere note of thanks to our Commissions, Providers, Leaders, Staff and Volunteers.

Jefferson Healthcare

November 2022 Finance Report

November 11, 2022

Tyler Freeman, CFO

November 2022

Preview – (*as of 0:00 11/16/22)

- **\$ 26,107,378 in Projected HB charges**

- Average: \$870,246/day (HB only)
- Budget: \$882,907/day
- 98.6% of Budget

- **\$11,264,594 in HB cash collections**

- Average: \$375,486/day (HB only)
- Goal: \$390,700/day

- **47.4 Days in A/R**

- **Questions**

Jefferson Healthcare

Administrative Report

November 16, 2022

Mike Glenn, CEO

Advocacy | State

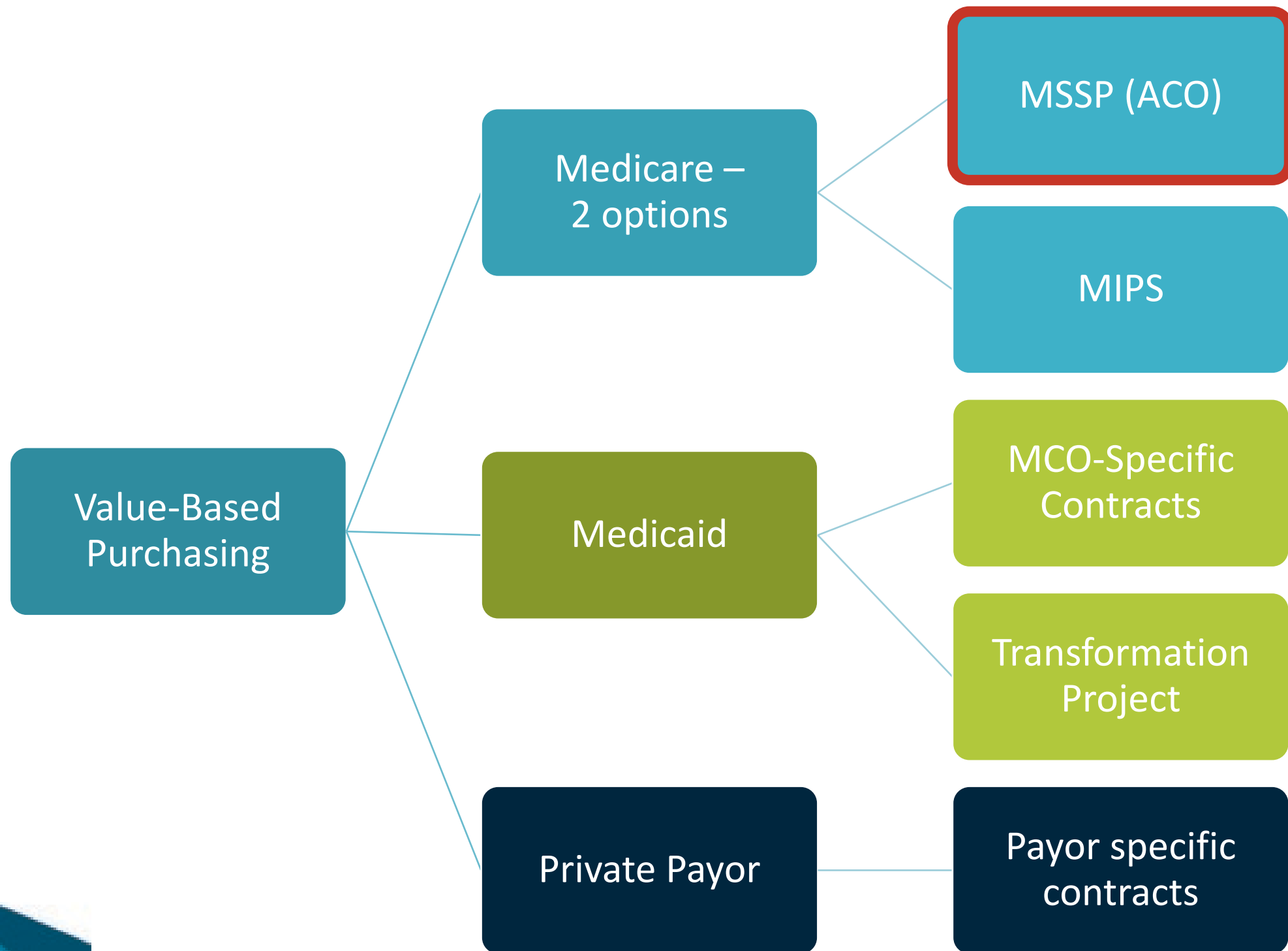
- Waiting on the 2023 Legislative session to begin for a formal request through appropriations for the Jefferson Reproductive and Gynecological Health Project.
 - No word yet from Governor Inslee's office/OFM.
 - This was the OB/GYN Clinic and 1/3 of the surgery suites in the outpatient surgery center.
- Continuing to engage with WSHA for 2023 prep, but no finalized agenda yet. Will send out as soon as that is available.

Advocacy | Federal

- No updates from last month. Continuing to support the 2022 Federal Appropriations project – The Jefferson Cancer Treatment Project.
 - Now that the election is over, anticipating a finalized budget before the end of 2022 (fingers crossed).
- Looking at other funding mechanisms through the federal pathway, specifically around the Inflation Relief Act and the infrastructure dollars that are included there. The mechanisms have not been final yet, but anticipating this will be designed before the end of the year.

Value Based Purchasing

A Monthly Review



CMS Pathway to Coordinated Care Models

- A study in 2022 showed that 4 in 10 Medicare-fee-for-service beneficiaries experience highly fragmented care.
- CMS and CMMI are committed to their pathway to care coordination models, such as ACOs.

“While we work on improvements to value-based payment models and to restructure payment, our goal remains ensuring every beneficiary gets the best possible care, while advancing equity, promoting affordability, and expanding access to whole-person care.”

- CMS

Jefferson Accountable Care Documents

- Jefferson Participant Agreement
 - Outlines the relationship between the ACO (Jefferson Accountable Care) and Jefferson Healthcare
- Jefferson Accountable Care, LLC Operating Agreement
 - Membership, governance structure, subcommittees

We will be asking for board approval of these documents in December 2022.

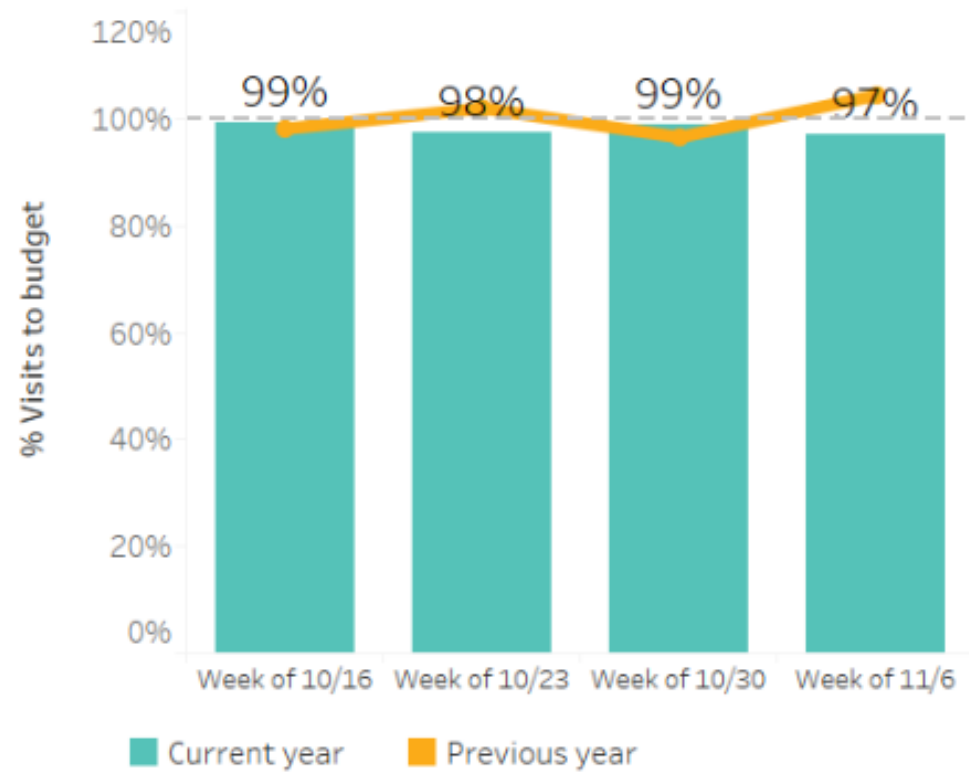
Additional Updates:

- Working on the clinical model and what the long-term strategy is for care.
- Next steps are to focus on the data and analytics strategy. We will be receiving hundreds of thousands of data points that we will need to process and make sense out of (cue Data & Analytics team!!)

Jefferson Healthcare Volumes

Primary Care variance to budgeted visits ⇄

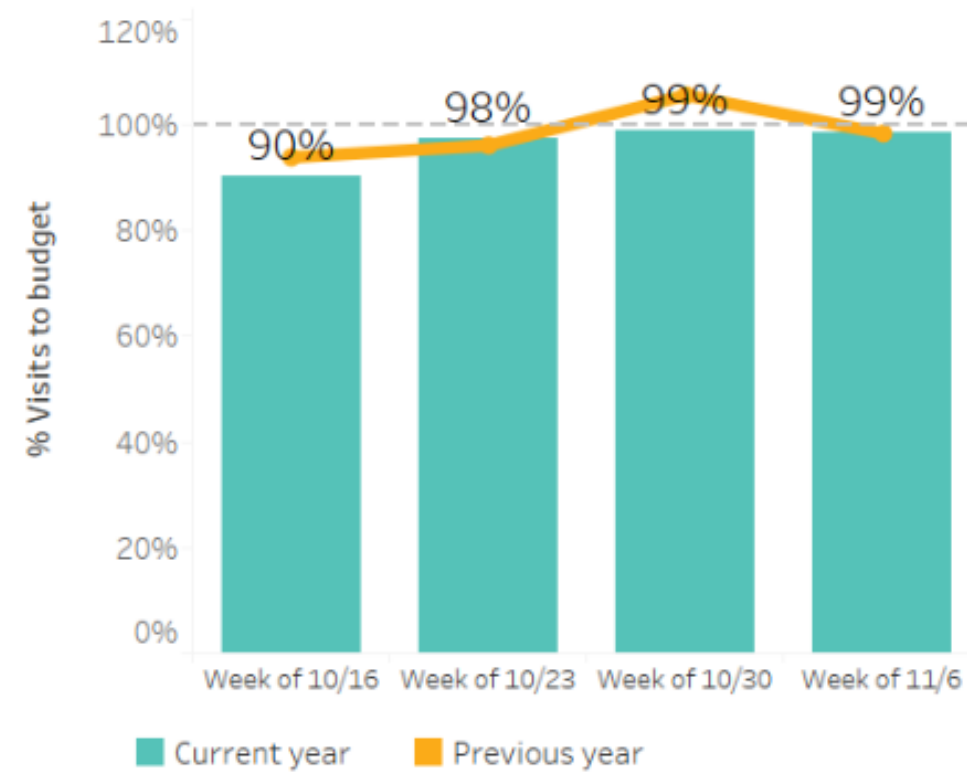
Visit volumes in the five primary care and Dental clinics. Bars with labels show the percent of budgeted visits each week for select clinics. Orange line indicates the values from the same week last year.



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. Bars with labels show the percent of budgeted visits each week for select clinics. Orange line indicates the values from the same week last year.



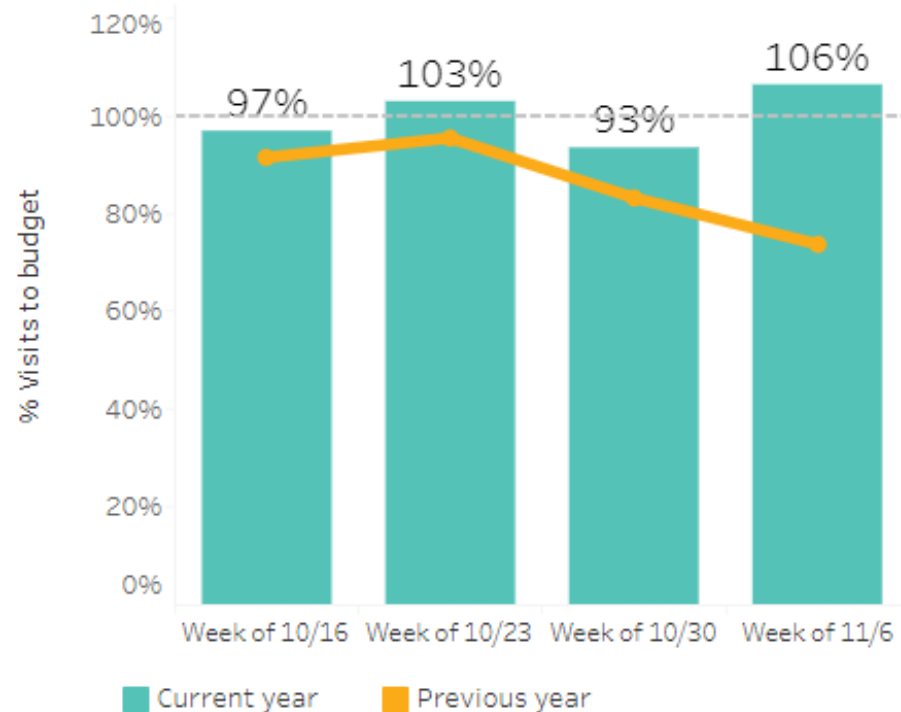
Includes visits in: JHSA clinic, Sleep Medicine, Urology, OB & GYN, Wound Care and the Port Townsend components of Cardiology, Dermatology and Orthopedics (Port Ludlow components, if any, are not included).

Jefferson Healthcare Volumes

Oncology/Infusion variance to target visits

Visit volumes in Oncology Clinic and Infusion Center. Bars with labels show the percent of budgeted visits each week for these clinics. Orange line indicates the values from the same week last year.

Note: This chart was previously called "Hospital Outpatient variance to target visits" and included Wound Clinic, Sleep Clinic and Sleep Study.

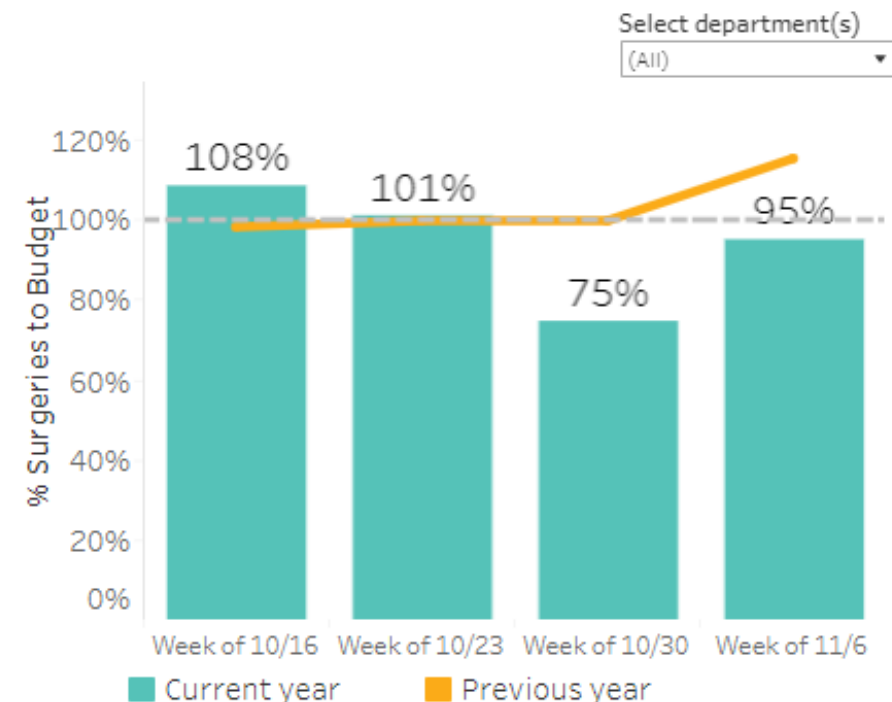


Surgical case variance to target cases

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.



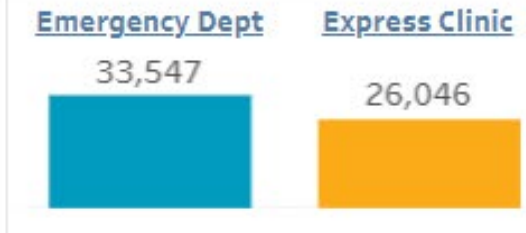
Jefferson Healthcare Volumes

Emergency Department and Express Clinic Volume

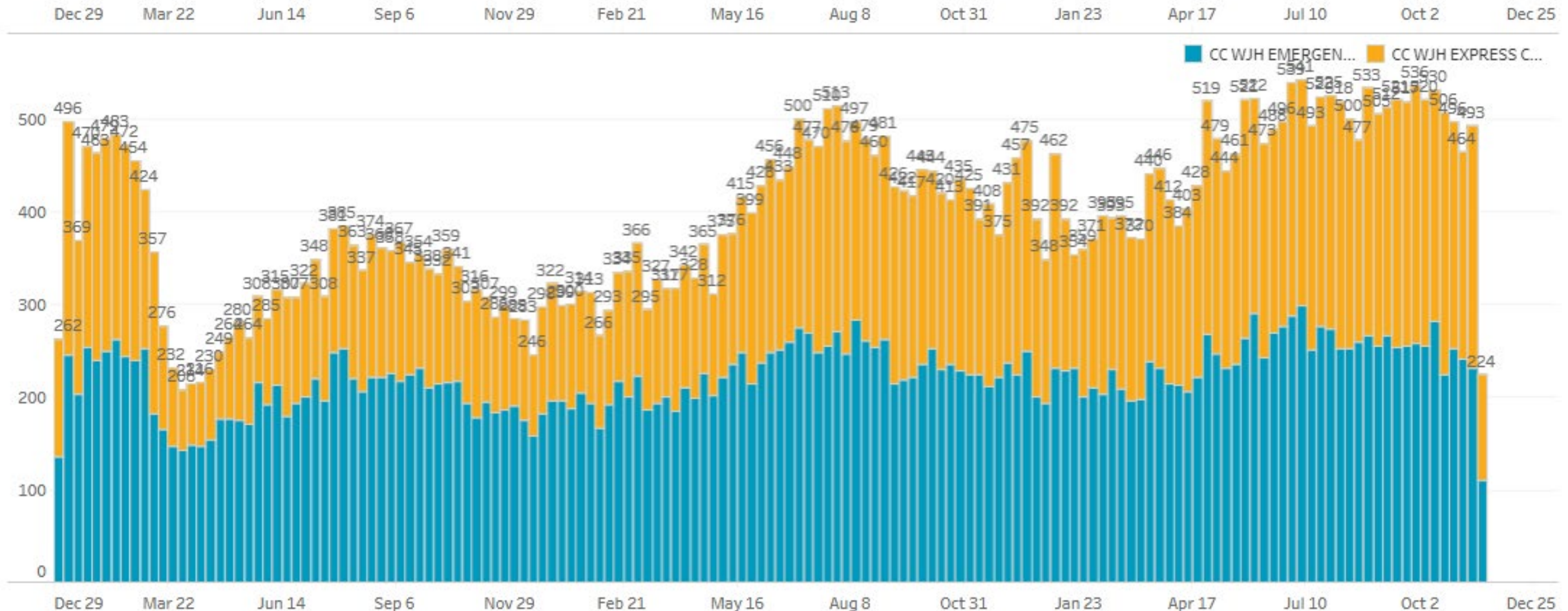
Week in Focus
Hover over a week below to view underlying data.

	2/16/2020
Total	472
Express Clinic	228
Emergency	244

Total Visits, 1/1/2020 to 11/16/2022
Select a department to bring in focus.



Volumes by Arrival Department and Week, 2020 - 2022



Admin Report

- Update on Radiology Services
 - Skagit Radiology
 - MRI Breast Coil
 - Stereotactic biopsy
 - Additional Interventional capacity
- Epic Downtimes
- Community Health and Wellness Center Planning Process
 - MOU
 - Interlocal Agreement
- Replacement and Expansion Project Amendment 2
 - Pay Application
- CMO Update
- Other

Questions

