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
  o 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:
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 ________________________________
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.
• 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

**Years 2015-2021**

City makes significant investment in current pool to keep it open.

**Q2 2020**

City Council adopts PROS plan

**Q2 2021**

City forced to close pool, replace equipment, staff shortage, reopen.

**Q4 2021**

City partners with the Y for operations of the pool.

**Q3 2022-Q3 2023**

Re-engage partners

**Q3 2023**

City Council decision about plan for Community Health and Wellness Center

**Q3 2023**

City Council decision about plan for Community Health and Wellness Center

**Q3-4 2021**

Council adopts budget to include long term strategy work for Parks and Recreation, including planning for a new pool.

**Q3 2022-Q3 2023**

Re-engage partners

Healthier Together Initiative

Community Engagement
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
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

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<tr>
<th>Goal</th>
<th>Strategy</th>
<th>Initiatives</th>
<th>Metrics</th>
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</table>
| Provide Highest Quality Care. | Deliver Care Guided by the Best Evidence | • 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 | • **Outcome Measures:**  
- Mortality  
- Readmissions  
- “Would you bring your family here for care?”  
• **Process Measures:**  
- Core Measure/ GWTG Performance  
- Value Based Care: MIPS score and Wellness Exams  
- Chart Closure and Signal Data  
• **Structural Measures:**  
- Accreditation  
- OPPE Engagement  
- Utilization of System Tools  
- Active PI/QMS System |
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<tbody>
<tr>
<td>Provide the Highest Quality Care.</td>
<td>Eliminate Health Disparities</td>
<td>• Implement a comprehensive equity program</td>
<td>• <strong>Outcome Measures:</strong></td>
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<tr>
<td></td>
<td></td>
<td>• Embed equity index into quality reporting</td>
<td>❑ Health Equity Gap Closure</td>
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<td>• Actively work to eliminate health disparities (by using the equity</td>
<td>• <strong>Process Measures:</strong></td>
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<td>index data to identify and address inequity)</td>
<td>❑ Inclusion of Equity Index in Quality</td>
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<td>Reporting</td>
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<td>• <strong>Structural Measures:</strong></td>
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<td></td>
<td>❑ Implementation of Equity Program</td>
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<td>❑ Continuous Measurement and Reporting of Health Disparities</td>
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| Provide the Highest Quality Care.   | Cultivate a Deep-Rooted Culture of Safety     | • 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 | • *Outcome Measures:*  
   □ Patient Safety Grade (Culture of Safety Score)  
• *Process Measures:*  
   □ Time to close safety event reports  
• *Structural Measure:*  
   □ Implement a Just Culture (training of leaders)  
   □ TeamSTEPPS training and implementation |
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| Be a Great Place to Work                | Reconnect to Purpose and Promote Wellness of Our Teams | • 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 | • **Outcome Measures:**  
  - “Rate Organization as a place to work”  

• **Process Measures:**  
  - Maslach baseline data  
  - Completion of 90-day plans and accountability grids  
  - Active engagement in EE Survey  

• **Structural Measures:**  
  - Employee Wellness Program Implementation  
  - Implement a formal mentorship program for leaders |
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<tr>
<td>Be a Great Place to Work</td>
<td>Recruit, Retain, and Implement Innovative Solutions to Address Staffing Needs</td>
<td>• Identify and reduce barriers to retention and work-place satisfaction</td>
<td>• <strong>Outcome Measures:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assess and track diversity in hiring and retention</td>
<td><strong>Turnover Rate:</strong> (RN Turnover; All Turnover; 1st year turnover)</td>
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<td>• Create pathways to careers at Jefferson Healthcare (through school and community partnerships, workforce development, and professional development)</td>
<td><strong>Conversion rate:</strong> Residency and Apprentice Programs to employed position</td>
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<td>• <strong>Process Measures:</strong></td>
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<td><strong>EE Survey</strong> ‘I have the tools to do my job’</td>
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<td><strong>EE Survey</strong> ‘my manager creates opportunities for my growth/I am satisfied with professional development opportunities’</td>
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<td>• <strong>Structural Measures:</strong></td>
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<td><strong>Number of School Affiliations and Community Partnerships</strong></td>
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<td><strong>Assessment of workplace diversity</strong></td>
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<td>Be a Great Place to Work</td>
<td>Support and Invest in Our People</td>
<td>• Develop and support great leaders</td>
<td>• Outcome Measures:</td>
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<td>• Promote professional development opportunities (career ladders)</td>
<td>◦ Willingness to recommend as a place to work</td>
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<td>• Invest in leadership, staff, and medical staff leadership resources and</td>
<td>◦ Process Measures:</td>
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<td>development</td>
<td>◦ Survey: Tools to do my job</td>
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<td></td>
<td>• Leverage technology to support staff in operations</td>
<td>◦ Leader Huron skill assessment completion and tool implementation</td>
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<td></td>
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<td>◦ Leader completion of Crucial Conversations</td>
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<td></td>
<td>◦ Structural Measures:</td>
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<td>◦ Leader definitions and expectations</td>
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<td>◦ JW – what about development of a succession plan and ensure the plan</td>
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<td>is diverse and inclusive?</td>
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| Be a Great Place to Work | Promote Thriving and Rewarding Clinical Practices | • 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 | • **Outcome Measures:**  
   ❑ Chart closure data  
   ❑ Physician/APP retention  
   ❑ “Would you recommend as a place to practice” on Survey  
   ❑ Pajama Time/Signal Data Scores  
• **Process Measures:**  
   ❑ Attendance at JH sponsored medical staff events  
   ❑ % of physicians/APP engagement in committees/quality initiatives |
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<tr>
<td>Provide Services Our Community Needs in the Most Accessible Way</td>
<td>Identify Internal and External Areas of Growth</td>
<td>• Create and Implement a service expansion road map</td>
<td>• <strong>Outcome Measures:</strong></td>
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<tr>
<td></td>
<td></td>
<td>• Optimize partnership opportunities</td>
<td>◦ Reduce overall outmigration</td>
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<td>◦ <strong>Process Measures:</strong></td>
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<td>◦ Implement a Telehealth Platform</td>
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<td>◦ Review and evaluate 90% of current partnerships</td>
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<td>◦ <strong>Structural Measure:</strong></td>
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<td>◦ Implement a Digital Health Platform</td>
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| Provide Services Our Community Needs in the Most Accessible Way | Complete Hospital Replacement and Modernization Plan | • Create a cost-effective design  
• Minimize disruption and maintain access to services during construction  
• Construct the building  
• Optimize partnership opportunities | **Outcome Measures:**  
- % on Budget  
- On-Time Rate  
- % Operating Revenue Increase  
**Process Measures:**  
- % Funding by Non-JH Sources  
- Completion Rate of Transitions and Temporary Spaces |
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<tr>
<td>Provide Services Our Community Needs in the Most Accessible Way</td>
<td>Promote Population Health to Improve Community and Employee Wellness</td>
<td>• Ensure we are the anchor institution we want to be</td>
<td>• <strong>Outcome Measures:</strong></td>
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<tr>
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<td>• Understand and communicate our benefits to the community</td>
<td>- Track % and $ of financial contracts that support agencies based in Jefferson County, WA</td>
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<td></td>
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<td>- Publish annual community benefit report</td>
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<td></td>
<td>• <strong>Process Measures:</strong></td>
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<td></td>
<td>- Engagement with community benefit information on JH website/Social Media</td>
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| Provide Services Our Community Needs in the Most Accessible Way | Utilize technology and existing resources to elevate the patient and the clinician experience. Reduce barriers to meaningful connections. | • 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 | • **Outcome Measures:**  
- Increase pilot initiatives  
- Reduce documentation and in basket time by 25%  
• **Process Measure:**  
- Signal Data  
- Epic engagement data (tbd)  
• **Structural Measures:**  
- Create an Innovation team  
- Reduce time spent in EHR per patient encounter |
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| Remain Financially Independent| Achieve and Sustain Operational Excellence | • Actively manage resources to ensure long-term financial health  
• Pursue technology solutions to advance clinical care and business operations | • Outcome Measures:  
  - Operating Margin  
  - Days Cash on Hand  
  - Days in AR  
  - % of NPR  
    - Salary/Benefits  
    - Supply Expense  

• Process Measures:  
  - Staff Productivity  
  - Utilization of Systems  
  - System Health Checks |
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<tbody>
<tr>
<td>Remain Financially Independent</td>
<td>Transition to Value-Based Payment Models</td>
<td>• Maximize opportunities where financial and clinical alignment exist</td>
<td>• Outcome Measures:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop a roadmap to excellence in value-based payment models</td>
<td>◦ Amount of Shared Saving/Quality-Based Payments</td>
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<td></td>
<td>• Increase investments in preventative care and chronic disease management to</td>
<td>◦ Decrease Risk Adjusted Total Cost of Care</td>
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<td></td>
<td>minimize downstream cost</td>
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<td></td>
<td></td>
<td>• Process Measure:</td>
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<td></td>
<td></td>
<td>◦ PCP Visits</td>
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<td>◦ % AWV/TCM/CCM/ACP Visits</td>
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| Provide a Patient Experience That We Are Proud Of | Make it easier to engage with our healthcare system | • Improve ease of access across all service lines  
• Enhance the use of technology to connect patient with health services  
• Ensure equitable access to care | • **Outcome Measures:**  
▌ Willingness to recommend  
▌ Medicaid Enrollment  

• **Process Measure:**  
▌ TNAA  

• **Structural Measures:**  
▌ Utilization of Telehealth Visits  
▌ Patient utilization of scheduling tools  
▌ Financial assistance utilization |
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</table>
| Provide a Patient Experience That We Are Proud Of | Guide Patients Through Every Encounter | • Implement best practices for closed loop referrals  
• Improve care navigation through the system to support transitions of care | **Outcome Measures:**  
- Referral Completion Rate  
- % Completed Medicaid Enrollment  
**Process Measure:**  
- Time to Referral Completion  
- Patient experience – coordination of care  
- HSOPS Score: Handoffs and Transitions  
- ED Throughput  
- OR Utilization/block time  
**Structural Measures:**  
- Care navigation pathways for high-risk populations |
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<tr>
<td>Provide a Patient Experience That We Are</td>
<td>Prioritize a Culture of Compassion and Kindness</td>
<td>• Provide patient-centered/customer-oriented experience that meets the needs of our community at every encounter</td>
<td>• <strong>Outcome Measures:</strong></td>
</tr>
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</table>
| Proud Of                                  |                                               | • Provide enhanced training for staff in working with underserved or unique populations |   |}
|                                           |                                               | • Foster a spirit of service that seeks to understand                        |**Process Measures:**                                                   |
|                                           |                                               |                                                                             |   |}
|                                           |                                               |                                                                             | **Structural Measures:**                                               |
|                                           |                                               |                                                                             |   |}
|                                           |                                               |                                                                             |   |
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
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". She 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
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
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
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
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 ≠ 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?
Strategic Goal: Deliver the Highest Quality Care

- Deliver Care Guided by the Best Evidence
- Continue Transition to Value Based Care
- Design the most effective Performance Improvement System
- Enhance Systematic Approach to Avoid Medical Errors
Deliver Care Guided by the Best Evidence:
Emergency Department Throughput

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)

Arrival to discharge for discharged patients: 143 minutes

Jefferson Healthcare, Port Townsend, WA
Arrival to Departure Time (OP-18) Run Chart

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

- 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!

Top Rated Dimensions:
- Cleanliness/Quietness
- Physical Comfort

Opportunities:
- Information and Education
- Coordination of Care
## 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!
In recognition of National Rural Health Day, a sincere note of thanks to our Commissions, Providers, Leaders, Staff and Volunteers.
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
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
Value-Based Purchasing

Medicare – 2 options

MSSP (ACO)

MIPS

Medicaid

MCO-Specific Contracts

Transformation Project

Private Payor

Payor specific contracts
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

Volumes by Arrival Department and Week, 2020 - 2022

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

2/16/2020

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Emergency</th>
<th>Express Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total visits</td>
<td>472</td>
<td>244</td>
<td>228</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Emergency Dept</th>
<th>Express Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>33,547</td>
<td>26,046</td>
</tr>
</tbody>
</table>
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