Call to Order:
The meeting was called to order at 2:02 pm 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, 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 Kolff seconded. Action: Motion passed unanimously

Education Topic:
- Dr. Molly Parker, CMO of Population Health, and Katie-Rose Fischer-Price, RN presented on Childcare, Family Planning, and SANE
Dr. Molly Parker & Katie-Rose Fischer Price shared a presentation including details about Sexual Assault Nurse Examiner (SANE), Reproductive Health, Contraception: Upstream, Abortion services, Child Care: Early Learning, and Family Support Center. Discussion ensued.

- Mike Glenn presented the final Strategic Plan Overview
Mike Glenn shared a final review of the 2023-2025 Strategic Plan and noted some minor changes from the big review in November 2022. Discussion ensued.

Commissioner Kolff made a motion to approve the 2023-2025 Strategic Plan that was presented during the November 2022 meeting with the minor changes as noted by CEO Mike Glenn. Commissioner McComas seconded. Action: Motion passed
Break:
Commissioners recessed for break at 3:15 pm.
Commissioner reconvened from break at 3:30 pm.

Patient Story:
Tina Toner, CNO shared a patient story which included gratitude for our Emergency Department and Express Clinic Teams. Patients have expressed gratitude and appreciation for all staff on these teams.

Public Comment:
No public comment was made.

Minutes:
• November 16, 2022, Special Session Minutes

Commissioner McComas made a motion to approve November 16, 2022, Special Session Minutes. Commissioner Dressler 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.

Quality Report:
Brandie Manuel, CPSO, presented the December Quality Report
Discussion ensued.

Financial Report:
Tyler Freeman, CFO, presented the October Financial Report as well as an abbreviated November Financial Report.
Discussion ensued.

Administrative Report
Mike Glenn, CEO, presented the December Administrative report.
Discussion ensued.

Commissioner Kolff made a motion to authorize Jefferson Healthcare to participant in the agreement between Jefferson ACO and Jefferson Healthcare as well as the Jefferson Accountable Care, LLC Operating Agreement. Commissioner Dressler seconded.
Action: Motion passed unanimously
CMO Report
Dr. Mattern shared an update on the interim leadership structure for Home Health Hospice. There are existing staff members stepping up into leadership roles to help fill the gap while the search continues for an Executive Director of this program. Dr. Mattern in his role as Medical Director for these programs and Tina Toner, Chief Nursing Officer have administrative oversight and are both spending more time on site with that team as an additional effort to help ensure they have leadership to support their work. Excitingly, we have an Executive Director candidate we plan to bring on site.

Board Business:
- Board of Health Report
Commissioner Kolff noted it is a pleasure to report about Jefferson Healthcare to the Board of Health. Commissioner Kolff also noted the board of health updated the Jefferson County Public Health wildfire smoke policy ensuring it aligns with Department of Health and Department of Ecology.

Meeting Evaluation:
Commissioners evaluated the meeting.

Break:
Commissioners recessed for break at 5:22 pm.
Commissioner reconvened from break at 5:27 pm.

Executive Session:
Performance of a Public Employee
Commissioner Buhler Rienstra announced they will go into Executive Session for seventeen (17) minutes to discuss the Performance of a Public Employee. Action is expected to be taken following the executive session.

Commissioners went into Executive Session at 5:28 pm.
Commissioners came out of Executive Session at 5:45 pm.

Commissioner Buhler Rienstra returned to regular session and announced they will go back into Executive Session for fourteen (14) minutes, until 6:00pm.

Commissioners went back into Executive Session at 5:46 pm.
Commissioners returned to regular session at 6:00.
No public was present on the line.

No action was taken.

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

**Action:** Motion passed unanimously.

The meeting concluded at 6:02pm.

Approved by the Commission:
Chair of Commission: Jill Buhler Rienstra ________________________________
Secretary of Commission: Marie Dressler ________________________________
Board of Commissioners
Molly Parker, CMO
Katie-Rose Fischer-Price, SANE Coordinator
December 21, 2022

POPULATION HEALTH AND SANE
Sexual Assault Nurse Examiner Program
Reproductive Health
Child Care

UPDATES
Year Three Update

SEXUAL ASSAULT NURSE EXAMINER PROGRAM
Year Three in Review
June 2021-May 2022

Overview
Case Data
Opportunities from last year
Quality oversight
Goals for 2023
JH Sexual Assault Nurse Examiner Program

Nurse forensic exams for victims of sexual assault

- Forensic samples and documentation for prosecution
- Trauma informed care
- Resource connections

Program model

- "As available" staffing model
- 3 trained nurses
- 2 nurses in training
- Hiring 2-3 more
- Exams for patients 13 and older
- Patients younger than 13 to specialist peds programs
# Case Data Since Launch

<table>
<thead>
<tr>
<th></th>
<th>Exams</th>
<th>Consults</th>
<th>Unstaffed</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>June 2019- May 2020</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>(4 peds, 2 adults)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Year 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 2020- May 2021</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>(1 adult, 1 peds)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 2021- May 2022</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>(2 peds, 2 adults)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2021 Opportunities: Looking back

Every case is different

Emergency department flow

Follow up

Epic privacy

Reimbursement for crimes committed across state lines

Pediatric case support
New in 2022

• Emergency Department Flow
  • New workflow for patients and providers
  • Support and input from ED team

• Follow-up
  • Training plan for onboarding outpatient providers
  • Workflow for outpatient exams based on provider comfort

• EPIC Privacy
  • New workflow for charting
  • New workflow for photo storage

• Pediatric Case Support
  • New workflow for support/resources
  • Additional training in Express Care
  • Community Partnerships
Focus of 2022: Community

Community Partnerships

• Quarterly meetings with hospital programs across the Peninsula
• Hosted regional training
• DOH: grant opportunities
• O.R.C.A. Protocol (Organized Response Against Child Abuse)
• Child Advocacy Center Development
  • Monthly MDT meetings
  • Hiring committee
• Exploration of adding pediatric exams
• Sent 1 nurse to pediatric training
Child Advocacy Center development

- Children’s Advocacy Center of Washington (cacwa.org)
- Prosecutor’s office
- Dove House
- Olympic Peninsula YMCA
- Discovery Behavioral Health
- Jefferson Healthcare
- PT Police
- County Sheriff
- State Attorney General
- State Dept of Children, Youth and Families
Ensuring high quality

<table>
<thead>
<tr>
<th>Components of a successful program</th>
<th>Program Outcomes</th>
</tr>
</thead>
</table>
| Quality                           | 100% case review: coordinator, SANE team  
Quarterly cross-department review |
| Effectiveness                     | Year 1: Staffed 100% of eligible requests, 67% made police reports  
Year 2: Staffed 81% of eligible requests, 44% made police reports  
Year 3: Staffed 89% of eligible requests, 50% made police reports |
| Sustainability                    | Detailed protocols reviewed yearly  
Program support by coordinator and medical director |
Ensuring high quality

<table>
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<tr>
<th>Challenges identified</th>
<th>Program Outcomes</th>
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<tbody>
<tr>
<td>Retention</td>
<td>2020 85%</td>
</tr>
<tr>
<td></td>
<td>2021 60%</td>
</tr>
<tr>
<td></td>
<td>2022 57%, difficulty hiring new (team of 5, goal: 8)</td>
</tr>
<tr>
<td></td>
<td>Emphasis on emotional debrief</td>
</tr>
<tr>
<td>Developing and maintaining experience</td>
<td>Engagement and education</td>
</tr>
<tr>
<td></td>
<td>• 2020 Harborview annual and shadowing and online</td>
</tr>
<tr>
<td></td>
<td>• 2021 Online</td>
</tr>
<tr>
<td></td>
<td>• 2022 Online and in person</td>
</tr>
<tr>
<td></td>
<td>Monthly education</td>
</tr>
<tr>
<td></td>
<td>Two RN’s per exam to allow additional support and ongoing learning</td>
</tr>
<tr>
<td>Funding</td>
<td>Remains a challenge</td>
</tr>
<tr>
<td></td>
<td>• Funded by JHC</td>
</tr>
</tbody>
</table>
Staffing Challenges

• 57% retention
• All SANEs have other full time nursing jobs
• Increased work burden
• Pandemic related fatigue and burn-out
• Fewer opportunities for connection and learning due to pandemic
• Hiring challenges
Focus of 2023

- Supporting CAC
- Pediatric exams?
- Unstaffed cases: what care can be provided?
- Training SANEks despite decrease in exams
- Multidisciplinary training
Meet our SANEs

Katie-Rose Fischer Price
SANE Program Coordinator
JCPH

Anne Beers
Family Birth Center

Senovia Rivas
Wellfound Behavioral Health

Megan Contento
JCPH/ICU Per Diem

Hoping to hire 2 more!!

Kirsten Pickard
Nurse Practitioner (not at JHC)
Contraception: Upstream
Abortion services

REPRODUCTIVE HEALTH
What is Upstream USA?

“Upstream partners with states to provide health centers with patient-centered, evidence-based training and technical assistance that eliminate barriers to offering the full range of contraception.” upstream.org

- Facilitates provision of contraception at any visit
- Training of staff
- Updates for providers
- Focus on equity and bias
- EMR assistance for ordering, documentation and data
- Resources for insurance and billing
One in five women are not using their preferred method of contraception. Among these women, 20% say it's because their provider recommended a different method. Additionally, 25% of women surveyed could not afford their preferred method of contraception.

35% of all pregnancies in Washington are unplanned.

Source: WA Department of Health, Pregnancy Risk Assessment Monitoring System (PRAMS) Data

Source: Guttmacher Institute
Why Population Health?

Downstream versus upstream
Planned pregnancies

**Parent impact**
- Improved educational attainment
- Increases wages
- Increases lifetime earnings

**Child impact**
- Higher incomes
- 5% less likely to live in poverty
- 15% less likely to live in households qualifying for public assistance
- Higher college completion
Health impact

- Lower postpartum depression
- More prenatal care
- Lower preterm birth rates
- Fewer low birth weight infants
<table>
<thead>
<tr>
<th>Stage</th>
<th>Key Activities</th>
<th>Key Deliverables</th>
<th>Estimated Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Prep &amp; Baseline Assessments</td>
<td>Welcome Meeting March 24th, 2022 Conduct EHR and baseline assessments Begin patient survey-Launched February 2022 Set up project governance structure Meeting Monthly</td>
<td>Completed EHR integration and Baseline Assessments</td>
<td>February - June 2022</td>
</tr>
<tr>
<td>Pre-Core Training</td>
<td>Formal technical assistance activities begin Planning for Agency Core Training Coaching Kick off September 13th Partnership Schedule finalized Workflow conversations Policies and Procedures adopted</td>
<td>Updated EHR fields, Skills Adoption Coaches scheduled for training Preceptors identified</td>
<td>July-November 2022</td>
</tr>
<tr>
<td>Technical Assistance</td>
<td>Core Training Conduct pre/post training surveys Relevant staff attend eLearning, live training sessions, Coach training IPP training, IUD practicum, Implant hand skills</td>
<td>Training completed for all relevant staff</td>
<td>September-December 2022</td>
</tr>
<tr>
<td>Post-Core Training TA</td>
<td>Technical assistance activities continue Implementation Sessions Go-Live Implementation Outpatient January 10th, 2023 Go-Live Implementation Inpatient January TBD Transition process</td>
<td>Technical Assistance work concludes</td>
<td>December-April 2022</td>
</tr>
</tbody>
</table>
What is new?

“Do you plan to start a family in the next year?”

• Routine pregnancy intention screening
• New outpatient workflow
• Training
• Coaches
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>23 MA/LPN's</td>
<td>23</td>
</tr>
<tr>
<td>12 Outpatient providers</td>
<td>12</td>
</tr>
<tr>
<td>11 FBC RN's*</td>
<td>11</td>
</tr>
<tr>
<td>11 New Nexplanon providers*</td>
<td>11</td>
</tr>
<tr>
<td>9 Inpatient providers</td>
<td>9</td>
</tr>
<tr>
<td>9 Coaches</td>
<td>9</td>
</tr>
<tr>
<td>8 Clinic RNs</td>
<td>8</td>
</tr>
<tr>
<td>4 New IUD providers</td>
<td>4</td>
</tr>
<tr>
<td>2 Clinical informatics RNs</td>
<td>2</td>
</tr>
</tbody>
</table>
Upstream Go Live

January 10th!
Update

ABORTION SERVICES
Background

Program Development

2015

- Reproductive Services Task Force:
  - Is there a need?
  - Can we do it well?
  - Report to Administration

2016

- Surgical simulation training (UW)
- Medical abortion training online (National Abortion Federation)
- Site visits to Planned Parenthood
- Security site visit at JH by Planned Parenthood
- Values Clarification with all clinic staff (UW)
- UW transfer agreement
- Supplies ordered
- Coordination with pharmacy, radiology, lab, public health
- Workflow development
- Phone and documentation templates
- Dry run
- Go live September 2016
Closest providers

Planned Parenthood
- Port Angeles:
  - Medication 11w
- Bremerton:
  - Medication 11w
- Everett:
  - Medication 11w
  - In Clinic 13w6d
Our Current State

Pregnancy Line (360) 344-1000
Private nurse phone intake
Options

• Medication to 10 weeks
• In clinic abortion to 12 weeks
• Abortion in OR to 12 weeks
• Supportive referrals to specialists for above 12 weeks

1-2 appointments
Multiple providers and clinics
Program Updates

2018 UW Site Visit
2019 Pregnancy line
2020 Interdepartmental “road show”
2022 UW Refresher for all providers
2022 Security Review
  • Homeland Security
  • Planned Parenthood Security Consult
  • Upgrades ongoing
2022 Communications updates
  • Website update
  • Rack Card
  • Search engine optimization
  • Ineedana.com
Future

- Legislation changes
- Maintain access
- Re-visit scope of local care: can we increase?
- Maintain visibility
- Protocol review
- Track in-county versus out-of-county
- Security optimization
Early Learning and Family Support Center Update

CHILD CARE
PROGRAM STATEMENT
To provide a childcare center for 40 children consisting of (2) classrooms for Infants, (2) classrooms for Toddlers, and (2) classrooms for Preschoolers.

BUILDING
A minimum of 2,200 sq ft will be needed for classroom space to meet the licensing requirements for 40 children. Additional space for storage, restrooms, commercial kitchen, hand-washing and changing stations, and offices will be required.

VEHICULAR TRANSPORTATION
A parking area and drop off zone needs to be incorporated into the site planning strategy. A minimum of 15 parking spaces will meet the code requirements for the proposed structure.

OUTDOOR PLAY AREA
A safe, secure, outdoor play area must be incorporated into the design that accommodates a minimum size of 75 sq ft per child. The proposed play area would accommodate a maximum of 36 children at one time.
Preliminary Floor Plan

- 4,661 square feet
- Six classrooms
- Restrooms
- Classroom/community room
- Office space
- Commercial kitchen
- Playground
- Staff parking
- Drop off area
Child Care Current State

Operator: Olympic Peninsula YMCA
Site: PT High School Parcel

Funding:
Planning funds: $146K
Matching:
- County ARPA $290K
- Jefferson Healthcare $50K
Direct congressional spending: $1.37M
Early Learning Fund: $1M

Total: $2.856M
Early Learning Facilities (ELF) Grant: $1M
- Contracting
- School lease

Child Care Partnership Grant: $35K
- Detailed site design
- End user and expert input
- Cost estimates

Direct Congressional Spending to County: $1.37M
- Federal budget to pass
THANK YOU
Patient Story
Tina Toner, Chief Nursing Officer
December 21, 2022
Never underestimate the difference you made and the lives you touched.
Patient Safety and Quality Report
Presented by Brandie Manuel, Chief Patient Safety and Quality Officer
December 21, 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:
2022 Trauma Update

Basic emergency department facilities to implement ATLS protocols and 24-hour laboratory coverage. Available trauma nurse(s) and physicians available upon patient arrival.

May provide surgery and critical-care services if available.

Has developed transfer agreements for patients requiring more comprehensive care at a Level I or Level II Trauma Center.

Incorporates a comprehensive quality assessment program.

Involved with prevention efforts and must have an active outreach program for its referring communities.

Jefferson Healthcare is designated by the Washington State Department of Health as a Level IV Trauma Center.

A Level IV Trauma Center has demonstrated an ability to provide advanced trauma life support (ATLS) prior to transfer of patients to a higher-level trauma center. It provides evaluation, stabilization, and diagnostic capabilities for injured patients.
## 2022 Best Practices and Program Accomplishments

- **New role:** onboarding, orienting and training of Trauma Coordinator
- **Internal Audit:** Completed in 2nd Quarter, 2022
- **Team Accomplishments:**
  - Training and education for staff: Skills day, new graduate education
  - 100% Policy review and updates
  - Resumption of Trauma Quality Committee (Clinical Emergency Quality Council)
  - Case Review and Feedback Presentation
  - Engagement with DOH/EMS/Regional Trauma Committee
- **Improved system for reporting staff education and certifications**
- **Improvement of data reporting and collection**
- **Program changes:**
  - Transition of Trauma Medical Director
  - Application for re-designation submitted!

## 2022 (YTD) Activity and Performance:

**Quarter 1 Summary:**
- **Volume:** 8* patients
  - Two transfers to Harborview Medical Center
- **Performance:**
  - Assessment/vital sign documentation 100%
  - Emergency Severity Index (ESI) accurate
  - Warming measures initiated 90%
  - Timely trauma activation (< 20 min.) 100%
- **Opportunities:**
  - Documentation of temperature every hour; documentation of c-spine clearance; documentation of clinician to bedside in less than 10 minutes

**Quarter 2 Summary:**
- **Volume:** 60 total registry patients
  - Six transfers to Harborview Medical Center
  - One Transfer to Seattle Children’s Hospital
- **Performance:**
  - Assessment/vital sign documentation 100%
  - Emergency Severity Index (ESI) accurate
  - Timely trauma activation (< 20 min.) 89%
- **Opportunities:**
  - Warming measures; c-spine documentation; clinician to bedside; documentation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use disorders

*Reflects data pulled from Epic that had a trauma start time, and may not accurately reflect all trauma data*
Deliver Care Guided by the Best Evidence: 2022 Trauma Update

2023 Programmatic Goals

• New data/reporting methodology
• Continued education for Trauma Coordinator
• Revision and Improvement of Trauma Policy Manual
• Enhance education and training for all trauma staff
• Updated Community Fall Prevention Program

2023 Performance Goals:

• Documentation of clinician at the bedside
• Documentation of temperature assessment and warming measures
• C-Spine assessment/clearance documentation
• Length of stay/time to transfer (a regional priority)
Service Excellence: In the Words of our Patients

February 1, 2022, to November 30, 2022

• One of our biggest concerns in moving from big city Portland to little town Port Townsend was accessibility to quality healthcare. Jefferson Healthcare has wildly exceeded our expectations and filled our needs in so many major ways. Thank you all!

• I have been a patient of Wes Schott for many years. He is an excellent physician. Always takes the time that is needed to address my questions or concerns. His knowledge of diabetes and what is required to maintain my health long-term is beyond anything that I have been able to find anywhere since leaving Spokane more than 23 years ago. So very thankful that I found him. (Through a recommendation of someone online!!)

• They were very accommodating when I cancelled an appointment due to snow, then rescheduled it that same afternoon! Thank you so much for your flexibility.

• Very impressed with PA Leslie brooks who was calm, knowledgeable and listened to what I had to say. Overall, a good experience.

• During both of my visits to Jefferson in 2022, I have been very impressed with the care that I received. I feel very fortunate to have found Jefferson medical center. I will drive the few extra miles again just to have great care.

• Everyone was really kind to me. I appreciated that two people asked how to pronounce my name. I felt acknowledged and cared for.

• 4 hours is just too long to assess a common cold and check for Covid, flu and RVS. Then, get a prescription.
### Current Projects and Focus Areas.

#### Projects and Teamwork
- Surgical and OB Quality Committees
- Orthopedic Quality
- OB training and simulation
- Internal Audit: Employee Safety and Bloodborne Pathogen exposure
- Emergency Management program evaluation and 2023 planning
- Referral Management and improvement

#### Medical Staff
- Focus on 2023 quality goals and priorities
- Updating case review tracking systems
- Bylaws Committee – Pending Review!
- Follow up from Symposium
- CME Planning for 2023

#### Quality
- Submitted application for our Hip and Knee Replacement Certification with DNV
- Stroke education improvement
- Strategic plan – goals and metrics
- Radiology transition, assessment and collaboration
- Quality and Process Improvement Framework Implementation
- Medicare end of year reporting

#### 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 - COMPLETE
- Workplace Violence Prevention task force
- Employee flu and COVID vaccines
# Special thanks to our Trauma Quality Committee!

<table>
<thead>
<tr>
<th>Jennifer Peach-Guzman</th>
<th>Dr. Jay Lawrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tina Toner</td>
<td>Dr. Renee Schroetlin</td>
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<tr>
<td>Megan Brocklesby</td>
<td>Dr. Kelsea Peterman</td>
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<tr>
<td>Amy Milne</td>
<td>Dr. David Schwartz</td>
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<tr>
<td>Sandra Kellso</td>
<td>Dr. Shayna Lemke</td>
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<tr>
<td>Brandie Manuel</td>
<td>Dr. Tracie Harris</td>
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<tr>
<td>Dr. Stephen Churchley</td>
<td>Alex Niehaus</td>
</tr>
<tr>
<td>Dr. Kent Smith</td>
<td>Natasha Maduska</td>
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October 2022 Finance Report

December 21st, 2022

Tyler Freeman, CFO
<table>
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<tr>
<th>STATISTIC DESCRIPTION</th>
<th>OCTOBER 2022</th>
<th></th>
<th></th>
<th>OCTOBER 2021</th>
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<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
<td>% VARIANCE</td>
<td>YTD ACTUAL</td>
<td>YTD BUDGET</td>
<td>% VARIANCE</td>
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<td>FTEs - TOTAL (AVG)</td>
<td>595</td>
<td>625</td>
<td>5%</td>
<td>576</td>
<td>625</td>
<td>8%</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>3,230</td>
<td>2,810</td>
<td>15%</td>
<td>29,488</td>
<td>27,552</td>
<td>7%</td>
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<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>95</td>
<td>76</td>
<td>25%</td>
<td>1,051</td>
<td>741</td>
<td>42%</td>
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<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>290</td>
<td>277</td>
<td>5%</td>
<td>2,867</td>
<td>2,713</td>
<td>6%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>401</td>
<td>369</td>
<td>9%</td>
<td>3,997</td>
<td>3,612</td>
<td>11%</td>
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<tr>
<td>SURGERY CASES (IN OR)</td>
<td>141</td>
<td>139</td>
<td>1%</td>
<td>1,237</td>
<td>1,360</td>
<td>-9%</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>74</td>
<td>79</td>
<td>-6%</td>
<td>718</td>
<td>774</td>
<td>-7%</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>20,928</td>
<td>22,262</td>
<td>-6%</td>
<td>208,755</td>
<td>218,314</td>
<td>-4%</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>3,179</td>
<td>3,248</td>
<td>-2%</td>
<td>30,088</td>
<td>31,846</td>
<td>-6%</td>
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<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>21,178</td>
<td>21,265</td>
<td>0%</td>
<td>193,065</td>
<td>208,531</td>
<td>-7%</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,191</td>
<td>2,995</td>
<td>7%</td>
<td>29,900</td>
<td>29,374</td>
<td>2%</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>7,296</td>
<td>9,791</td>
<td>-25%</td>
<td>81,478</td>
<td>96,021</td>
<td>-15%</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,120</td>
<td>986</td>
<td>14%</td>
<td>10,567</td>
<td>9,669</td>
<td>9%</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>387</td>
<td>430</td>
<td>-10%</td>
<td>4,143</td>
<td>4,219</td>
<td>-2%</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>6,282</td>
<td>6,520</td>
<td>-4%</td>
<td>61,374</td>
<td>63,943</td>
<td>-4%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,386</td>
<td>3,922</td>
<td>-14%</td>
<td>35,058</td>
<td>38,461</td>
<td>-9%</td>
</tr>
</tbody>
</table>
### October 2022

**Income Statement Summary**

<table>
<thead>
<tr>
<th></th>
<th>October 2022 Actual</th>
<th>October 2022 Budget</th>
<th>Variance (Favorable/Unfavorable) %</th>
<th>October 2022 YTD</th>
<th>October 2022 Budget YTD</th>
<th>Variance (Favorable/Unfavorable) %</th>
<th>October 2021 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>25,976,317</td>
<td>27,602,012</td>
<td>(1,625,695) -6%</td>
<td>262,675,929</td>
<td>270,677,800</td>
<td>(8,001,871) -3%</td>
<td>223,691,024</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>13,449,680</td>
<td>14,870,993</td>
<td>1,421,313 10%</td>
<td>141,691,863</td>
<td>145,831,670</td>
<td>4,139,807 3%</td>
<td>120,871,341</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>168,454</td>
<td>211,517</td>
<td>43,063 20%</td>
<td>1,261,014</td>
<td>2,074,231</td>
<td>813,217 39%</td>
<td>3,083,534</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>12,358,183</td>
<td>12,519,503</td>
<td>(161,320) -1%</td>
<td>119,723,052</td>
<td>122,771,899</td>
<td>(3,048,847) -2%</td>
<td>99,736,149</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>892,731</td>
<td>557,928</td>
<td>334,803 60%</td>
<td>7,642,173</td>
<td>5,471,292</td>
<td>2,170,881 40%</td>
<td>5,955,492</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>13,250,914</td>
<td>13,077,431</td>
<td>173,483 1%</td>
<td>127,365,225</td>
<td>128,243,191</td>
<td>(877,966) -1%</td>
<td>105,691,642</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>6,316,303</td>
<td>6,567,149</td>
<td>250,846 4%</td>
<td>60,657,706</td>
<td>64,400,428</td>
<td>3,742,721 6%</td>
<td>51,849,684</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,640,971</td>
<td>1,526,621</td>
<td>(114,350) -7%</td>
<td>13,970,640</td>
<td>14,970,732</td>
<td>1,000,927 7%</td>
<td>12,162,775</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>6,281,836</td>
<td>4,648,754</td>
<td>(1,633,082) -35%</td>
<td>50,580,592</td>
<td>45,587,781</td>
<td>(4,992,810) -11%</td>
<td>38,422,898</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>14,239,109</td>
<td>12,742,524</td>
<td>(1,496,586) -12%</td>
<td>125,208,938</td>
<td>124,958,941</td>
<td>(249,997) 0%</td>
<td>102,435,357</td>
</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>(988,195)</td>
<td>334,907</td>
<td>(1,323,102) -395%</td>
<td>2,156,286</td>
<td>3,284,250</td>
<td>(1,127,963) -34%</td>
<td>3,256,285</td>
</tr>
<tr>
<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>146,701</td>
<td>3,298</td>
<td>143,403 -4348%</td>
<td>205,409</td>
<td>32,342</td>
<td>173,067 -535%</td>
<td>(162,242)</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>(841,494)</td>
<td>338,205</td>
<td>(1,179,699) -349%</td>
<td>2,361,695</td>
<td>3,316,592</td>
<td>(954,897) -29%</td>
<td>3,094,042</td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>-7.5%</td>
<td>2.6%</td>
<td>-10.0% -391.2%</td>
<td>1.7%</td>
<td>2.6%</td>
<td>-0.87% -33.9%</td>
<td>3.1%</td>
</tr>
<tr>
<td><strong>Total margin</strong></td>
<td>-6.4%</td>
<td>2.6%</td>
<td>-8.9% -345.6%</td>
<td>1.9%</td>
<td>2.6%</td>
<td>-0.73% -28.3%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Salaries &amp; Benefits as a % of pt svc rev</td>
<td>-64.4%</td>
<td>-64.6%</td>
<td>0.3% 0.4%</td>
<td>-62.3% -64.6%</td>
<td>2.32% 3.6%</td>
<td>-64.2%</td>
<td></td>
</tr>
</tbody>
</table>
October 2022
Cash and Accounts Receivable

![Chart showing Days Cash and Accounts Receivable]

- **Days Cash and Accounts Receivable**
- **Days Cash Goal - 90**
- **Days AR Goal - 45**
- **Days Outstanding in A/R**
- **Days of Cash**
- **Days of Cash with Medicare Advance**

<table>
<thead>
<tr>
<th>Date</th>
<th>Days Cash</th>
<th>Days AR</th>
<th>Days Outstanding</th>
<th>Days of Cash</th>
<th>Days of Cash with Medicare Advance</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/30/2021</td>
<td>44.56</td>
<td>44.66</td>
<td>175</td>
<td>48.13</td>
<td>48.13</td>
</tr>
<tr>
<td>12/31/2021</td>
<td>43.37</td>
<td>45.60</td>
<td>157</td>
<td>49.68</td>
<td>49.68</td>
</tr>
<tr>
<td>1/31/2022</td>
<td>48.13</td>
<td>46.55</td>
<td>154</td>
<td>47.60</td>
<td>47.60</td>
</tr>
<tr>
<td>2/28/2022</td>
<td>49.68</td>
<td>46.50</td>
<td>150</td>
<td>47.00</td>
<td>47.00</td>
</tr>
<tr>
<td>3/31/2022</td>
<td>45.60</td>
<td>47.00</td>
<td>154</td>
<td>46.50</td>
<td>46.50</td>
</tr>
<tr>
<td>4/30/2022</td>
<td>47.60</td>
<td>47.00</td>
<td>154</td>
<td>46.50</td>
<td>46.50</td>
</tr>
<tr>
<td>5/31/2022</td>
<td>46.50</td>
<td>47.00</td>
<td>154</td>
<td>46.50</td>
<td>46.50</td>
</tr>
<tr>
<td>6/30/2022</td>
<td>47.00</td>
<td>47.00</td>
<td>154</td>
<td>46.50</td>
<td>46.50</td>
</tr>
<tr>
<td>7/31/2022</td>
<td>47.00</td>
<td>47.00</td>
<td>154</td>
<td>46.50</td>
<td>46.50</td>
</tr>
<tr>
<td>8/31/2022</td>
<td>48.49</td>
<td>50.52</td>
<td>154</td>
<td>48.49</td>
<td>48.49</td>
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<tr>
<td>9/30/2022</td>
<td>50.90</td>
<td>50.90</td>
<td>154</td>
<td>50.90</td>
<td>50.90</td>
</tr>
<tr>
<td>10/31/2022</td>
<td>50.90</td>
<td>50.90</td>
<td>154</td>
<td>50.90</td>
<td>50.90</td>
</tr>
<tr>
<td>11/30/2022</td>
<td>49.29</td>
<td>49.29</td>
<td>154</td>
<td>49.29</td>
<td>49.29</td>
</tr>
</tbody>
</table>

**Notes:**
- Days Cash and AR Goal are consistent with previous months.
- Days Outstanding in A/R have slightly increased compared to previous months.
### Board Financial Report

<table>
<thead>
<tr>
<th>Department</th>
<th>Account</th>
<th>Description</th>
<th>Oct Actual</th>
<th>Oct Budget</th>
<th>Oct Variance</th>
<th>2022 YTD Actual</th>
<th>2022 YTD Budget</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOARD</td>
<td>600010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>6,464</td>
<td>4,624</td>
<td>(1,840)</td>
<td>48,046</td>
<td>45,345</td>
<td>(2,700)</td>
</tr>
<tr>
<td></td>
<td>601100</td>
<td>BENEFITS FICA</td>
<td>421</td>
<td>326</td>
<td>(95)</td>
<td>3,506</td>
<td>3,197</td>
<td>(308)</td>
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<tr>
<td></td>
<td>601150</td>
<td>BENEFITS WA F&amp;MLA</td>
<td>9</td>
<td>5</td>
<td>(3)</td>
<td>74</td>
<td>53</td>
<td>(20)</td>
</tr>
<tr>
<td></td>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>3,313</td>
<td>5,579</td>
<td>2,265</td>
<td>33,508</td>
<td>54,706</td>
<td>21,198</td>
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<tr>
<td></td>
<td>601600</td>
<td>BENEFITS RETIREMENT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>601900</td>
<td>BENEFITS EMPLOYEE ASSISTANCE</td>
<td>8</td>
<td>-</td>
<td>(8)</td>
<td>86</td>
<td>-</td>
<td>(86)</td>
</tr>
<tr>
<td></td>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td></td>
<td>602400</td>
<td>LEGAL FEES</td>
<td>101</td>
<td>-</td>
<td>(101)</td>
<td>101</td>
<td>-</td>
<td>(101)</td>
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<tr>
<td></td>
<td>602500</td>
<td>AUDIT FEES</td>
<td>-</td>
<td>4,671</td>
<td>4,671</td>
<td>59,750</td>
<td>45,808</td>
<td>(13,942)</td>
</tr>
<tr>
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<td>602600</td>
<td>CATERING</td>
<td>-</td>
<td>83</td>
<td>83</td>
<td>-</td>
<td>816</td>
<td>816</td>
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<tr>
<td></td>
<td>604500</td>
<td>OFFICE SUPPLIES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>604900</td>
<td>OTHER NON-MEDICAL SUPPLIES</td>
<td>143</td>
<td>-</td>
<td>(143)</td>
<td>143</td>
<td>-</td>
<td>(143)</td>
</tr>
<tr>
<td></td>
<td>605000</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>170</td>
<td>170</td>
<td>31,962</td>
<td>1,666</td>
<td>(30,297)</td>
</tr>
<tr>
<td></td>
<td>606700</td>
<td>MARKETING</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>609300</td>
<td>DUES AND SUBSCRIPTIONS</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>609400</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>-</td>
<td>807</td>
<td>807</td>
<td>6,887</td>
<td>7,912</td>
<td>925</td>
</tr>
<tr>
<td></td>
<td>609999</td>
<td>CLEARING</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Board Total**

<table>
<thead>
<tr>
<th></th>
<th>Oct Actual</th>
<th>Oct Budget</th>
<th>Oct Variance</th>
<th>2022 YTD Actual</th>
<th>2022 YTD Budget</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10,459</td>
<td>16,265</td>
<td>5,806</td>
<td>184,162</td>
<td>159,504</td>
<td>(24,658)</td>
</tr>
</tbody>
</table>
November 2022
Preview – (*as of 0:00 11/30/22)

• $27,358,394 in Projected HB charges
  • Average: $890,197/day (HB only)
  • Budget: $882,907/day
  • 100.8% of Budget

• $12,175,258 in HB cash collections
  • Average: $405,842/day (HB only)
  • Goal: $390,700/day

• 49.5 Days in A/R

• Questions
December 2022
Preview – (*as of 0:00 12/21/22)

- $29,145,117 in Projected HB charges
  - Average: $940,165/day (HB only)
  - Budget: $882,907/day
  - 106.5% of Budget

- $13,371,411 in HB cash collections
  - Average: $431,336/day (HB only)
  - Goal: $390,700/day

- 51.7 Days in A/R

- Questions
Advocacy | State

• We are continuing to speak with our legislators about staffing, the Tridemic surge, our building project, and other high priority initiatives.

• It will be a busy legislative session: WSHA is working on 12 different priorities
  • Once the agenda is finalized, I will send out to the entire board.
The Governor’s Budget came out on 12/15 and Jefferson Healthcare’s project was included for $3,000,000.

34 (7) The appropriation is provided solely for the following list of projects:
35
36 ASUW Shell House (Seattle) . . . . . . . . . . . . . . $2,000,000
37 Jefferson Reproductive and Gynecological Health
38 (Port Townsend). . . . . . . . . . . . . . . . . . . . . . . . . $3,000,000
Advocacy | Federal

- Senator Patty Murray has been named the Chair of Appropriations, which is a powerful position to be in.
- Identifying additional funding streams for the new building
  - Economic Development Administration (EDA) has small pots of funding for pieces of construction projects
  - IRA is still up in the air. Waiting for a federal budget.
Advocacy | Federal

2022 Appropriations are final

The Jefferson Cancer Treatment Project is in the budget!!
Advocacy | WSHA Legislative Advocacy Agenda
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.

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

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

Oncology/Infusion variance to target visits
Visit volumes in Oncology Clinic and Infusion Center. 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.
Admin Report

• Washington State Hospitals Financial Update
• Replacement and Expansion Project Update
• Operations Update
• Other/Old Business- ACO
• Board Retreat 1/20/2023 Port Ludlow Resort
• CMO Update
## Washington State Hospitals Financials

### Nine Months Ending September 30, 2022 and 2021

<table>
<thead>
<tr>
<th>Description</th>
<th>January - September 2022</th>
<th>January - September 2021</th>
<th>% Change Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Operating Revenues</td>
<td>$23,032,459,742</td>
<td>$22,112,003,635</td>
<td>4%</td>
</tr>
<tr>
<td>Employed Wages &amp; Benefit Costs</td>
<td>$12,548,782,871</td>
<td>$11,586,132,148</td>
<td>8%</td>
</tr>
<tr>
<td>Agency Traveler Costs</td>
<td>$1,589,617,154</td>
<td>$525,612,435</td>
<td>199%</td>
</tr>
<tr>
<td>Supplies, Drugs, Purchased Services,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation, and Other Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>$24,692,209,725</td>
<td>$22,397,468,538</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Operating Income &amp; Margin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Operating Income (Loss)</td>
<td>$(1,659,748,983)</td>
<td>$(285,464,903)</td>
<td><strong>-481%</strong></td>
</tr>
<tr>
<td>Operating Margin</td>
<td>-7%</td>
<td>-1%</td>
<td></td>
</tr>
</tbody>
</table>

### Non Operating Rev/Loss

<table>
<thead>
<tr>
<th>Description</th>
<th>January - September 2022</th>
<th>January - September 2021</th>
<th>% Change Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Non-Operating Revenues (Losses)</td>
<td>$ (1,187,234,315)</td>
<td>$ 1,143,085,197</td>
<td>-204%</td>
</tr>
<tr>
<td>Net Income (Loss) (without COVID Relief)</td>
<td>$ (2,846,984,298)</td>
<td>$ 857,620,294</td>
<td>-432%</td>
</tr>
<tr>
<td>Net Margin (without COVID Relief)</td>
<td></td>
<td></td>
<td>-12%</td>
</tr>
<tr>
<td>COVID Relief</td>
<td></td>
<td></td>
<td>4%</td>
</tr>
<tr>
<td>Net Income (Loss) (with COVID Relief)</td>
<td>$ (2,567,195,439)</td>
<td>$ 1,315,441,229</td>
<td>-295%</td>
</tr>
<tr>
<td>Net Margin (with COVID Relief)</td>
<td></td>
<td></td>
<td>-11%</td>
</tr>
<tr>
<td>FTE's</td>
<td></td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>Agency Traveler Full Time Equivalents</td>
<td>6,928</td>
<td>3,640</td>
<td>90%</td>
</tr>
<tr>
<td>Employed Full Time Equivalents</td>
<td>121,705</td>
<td>119,923</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
Washington State Hospitals Financials

- Hospitals and health system losses grew to $2.57 billion in the first 9 months of 2022, with almost $1.66 billion of this loss from operations.
- These losses are not sustainable and are impacting hospitals and health systems capacity and ability to provide important services.
- Many hospitals are already reducing, and in some cases eliminating services to reduce costs and sustain the most critical services.
- The last covid relief dollars were delivered to Washington hospitals in December 2021. The covid pandemic and all that is expected from hospitals did not end in December 2021.
Washington State Hospitals Financials

• Most of these losses are from large urban hospitals. Combined, urban and system hospitals lost $1.6 billion from operations in the first 9 months of 2022. This amounts to 98% of losses statewide.

• Almost all of the 52 urban hospitals/systems had negative margins, totaling over $2.5 billion in the first 9 months of 2022.

• For independent rural hospitals, 24 out of 34 had negative operating margins the first 9 months of 2022

• These are our peeps! This is our ecosystem.
Replacement & Expansion Project Update

• Construction cost estimate beginning to stabilize
  • 12/16 estimate $53,202,685
• Soft costs still being determined, and will be added to this number to account for total project costs
• Total project square feet is 56,161
  • All proposed services remain in the project
  • Construction cost per square foot is $947.32
Amendment 3 to the preconstruction services budget

For your information only- no board action required.

• Due to necessary service additions to the design process (low voltage data cabling engineer) and other budget corrections and reconciliations, the pre-construction services budget will increase by $59,544.
Operations Update

• Hospital, Clinics, and most ancillary services are very busy.
• Weather, flu, RSV, and Covid activity are impacting staff availability
• Access to emergent children’s care has improved, but transfer options for all other services remain limited.
• Census has been at or above 20 patients for the last couple of weeks. High census activity in ACU (14-16 patients), ICU (3-4 patients), and very low activity in FBC (0-1 patients)
• ED and Express Clinic trend 25-40% over budget.
Jefferson Accountable Care, LLC

• JAC 2023 is rolling! We have been **officially** approved for this MSSP, no downside risk ACO for our patients.

• Continuing to work on the Clinical Transformation model with physician leadership.

• Data and analytics is focusing on closing out 2022 and the required MIPS reporting; next step is to transition to the new ACO data and building those platforms and processes.

• Understanding how population health supports this work, especially around community referrals and needs identification with our patients.
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 are asking for board approval of these documents in December 2022.
Questions