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, January 18, 2023

Call to Order:
The meeting was called to order at 2:00 pm by Board Chair Buhler Rienstra. Present by phone and video were Commissioners Buhler-Rienstra, 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, and Tina Toner, Chief Nursing Officer, and Brittany Huntingford, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:
Commissioner Kolff made a motion to approve the agenda. Commissioner Dressler seconded. Action: Motion passed unanimously

Education Topic:
- Nursing Services Update
  - Tina Toner, Chief Nursing Officer
Tina Toner, Chief Nursing Officer shared an update on Nursing Services that included slides around: appreciation for the way the teams come together in hope and problem-solving, a bit about Tina Toner, Chief Nursing Officer, Nursing Leadership team, Our Vision, The great reset of 2022, To be an incredible place to work, Staffing committee retreat, Nursing sensitive data, Meals and breaks completed, Increasing insight into nurse staffing, Perception of staffing, To be an incredible place to work- building a pipeline, Recognizing or tea making a difference, Connecting and supporting our team, Professional growth, To be an incredible place to receive care, ED & Hospital boarding, bed availability, To be responsive to our changing environment, Celebrating the very best of 2023, Questions.

- Construction Plan overview
  - ZGF: Jim Harman, Mark Gesinger & Craig Rizzo
  - OAC Services: Greg Andrews
Members from ZGF, OAC and Abbott Construction shared updates on the construction plan. Discussion ensued.
Break:
Commissioners recessed for break at 3:25 pm.
Commissioner reconvened from break at 3:35 pm.

Employee, Team, Provider and Leader of the Quarter:
Heather Bailey, Interim Chief Human Resources Officer shared the Quarterly nomination awards given to Employee of the Quarter: Laura Gallo, Speech Therapist; Leader of the Quarter: Lindsay Dykes, Manager, Specialty Services; and Team of the Quarter: The House Supervisor Team.

Public Comment:
No public comment was made.

Minutes:
- December 21, 2022 Special Session Minutes
- January 12, 2023 Special Session Minutes
Commissioner McComas made a motion to approve the December 21, 2022 Special Session Minutes Commissioner Kolff seconded.
Action: Motion passed

Commissioner Dressler made a motion to approve the January 12, 2023 Special 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

Financial Report:

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

Board Business:
- Election of Officers
Commissioner Dressler nominated Commissioner Buhler-Rienstra as Board Chair. Commissioner McComas seconded.
Action: Motion passed unanimously
Commissioner Kolff nominated Commissioner Dressler as Board Secretary. Commissioner Buhler-Rienstra seconded.

**Action:** Motion passed unanimously

- **Board of Health Report**
  Commissioner Kolff shared a Board of Health update that included details from the December 15, 2022, meeting, and noted they’ve been looking at the wildfire smoke policy and state guidance, continued review of foundational public health services, participation on a subcommittee to review onboarding and training of new members of the board of health, and education on the board of health around the climate crisis.

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

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

**Action:** Motion passed unanimously.

The meeting concluded at 5:21 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra ________________________________
Secretary of Commission: Marie Dressler ________________________________
There was never a night or a problem that could defeat sunrise or hope.
Tina Toner
Chief Nursing Officer
Nursing Leadership Team
A team like no other

- 154 Nurses in 24 Departments
- 84 C.N.A.’s, Techs and M.A.’s in 14 Departments
- Hired & nurtured 7 New Graduate RN’s
- Administered over 225,000 medications
- Cared for 12,985 patients in our Emergency Department
- Saw a record 12,091 Express Clinic patients
- Tucked in patients 5000 times in our ACU & ICU
- Welcomed 96 babies into this world
- Ushered 2272 patients through Surgery
- Helped 6330 Oncology visits to occur right here in Port Townsend
- 187 patients supported at the end of their life in Hospice
Our Vision

TO BE AN INCREDIBLE PLACE TO WORK

TO BE AN INCREDIBLE PLACE TO RECEIVE CARE

TO BE RESPONSIVE TO OUR CHANGING ENVIRONMENT
Often when you think you’re at the end of something, you’re at the beginning of something else. -Fred Rogers

• The GREAT RESET
  • Investing in leadership
  • Investing in front line engagement
  • Investing in nurses
  • Investing in technology & innovative solutions
  • Building an optimistic view of nursing
  • Building trust & relationships
TO BE AN INCREDIBLE PLACE TO WORK

- **Staffing**
  - Staffing at Jefferson Healthcare
  - Flexible Schedules & FTE
  - Staffing Committee

- **Recruitment**
  - Finding the best candidates
  - Creating the best first impression
  - Workforce Development

- **Retention**
  - Recognizing great work
  - Supporting and connection
  - Focus on professional development & growth
To Be an Incredible Place to Work

Expertise:
- Total Number of Nurses with Professional Certifications: 39
- Total Number of Advanced Degrees: 37

Workforce:
- Total Number of RNs: 144 (FTE 95.3)
- Total Number of LPNs: 10 (FTE 9)
- Total Number of CNAs: 16 (FTE 65.3)

Average age of our Nursing team: 49.21 years
National Average: 52 years

Average Tenure of a Jefferson Healthcare Nurse: 5.46 years
National Average: 2.78 years
- 2022 Attrition: 23% (65% in Q1 and Q2 to 35% in Q3 and Q4)
- 2021 National Average: 23%
- Total open RN positions: 24
To Be an Incredible Place to Work

Balanced Schedule

If we focused on one staffing improvement in 2023, what should it be?

More Details

- Scheduling: 24
- Reduction of overtime: 0
- Reduction of missed breaks: 2
- Improved communication between: 9
- Education & skills development: 4
- Creating more staffing flexibility: 15
# To Be an Incredible Place to Work

## Balanced FTE’s

<table>
<thead>
<tr>
<th>Department</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACU</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>ICU</td>
<td>54%</td>
<td>33%</td>
</tr>
<tr>
<td>Family Birth</td>
<td>61%</td>
<td>33%</td>
</tr>
<tr>
<td>Emergency</td>
<td>39%</td>
<td>33%</td>
</tr>
<tr>
<td>Home Health &amp; Hospice</td>
<td>14%</td>
<td>33%</td>
</tr>
<tr>
<td>Surgery</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Oncology/Infusion</td>
<td>27%</td>
<td>35%</td>
</tr>
</tbody>
</table>

### Full-time vs Part-time

- **RN**
  - Full-time (36+ hours per week): 74%
  - Part-time (< 36 hours per week): 18%
  - Per diem/PRN: 8%

- **LPN**
  - Full-time (36+ hours per week): 81%
  - Part-time (< 36 hours per week): 14%
  - Per diem/PRN: 5%
To Be an Incredible Place to Work

Staffing Committee

- Staffing Committee Structure
- Staffing Plans
- Nursing Sensitive Data
  - Quality Measure- Falls
  - Patient Sensitive Measure- Responsiveness
  - Operational Measure- Meals & Breaks
- Staffing Communication
- Staffing Responsiveness
  - Staffing Data
  - Perception of Staffing
What has felt good about staffing at JH? What has felt bad?
When you leave work what makes you feel like it was a “good day”? How did staffing impact this?
The true balance of a healthcare system is the balance of too much work vs too little work. How can we get better at this?
How do we define unsafe staffing?
Nursing Sensitive Data

Quality Measure - Falls
### Nursing Sensitive Data

- **Patient Satisfaction Measure**

#### Emergency Department:

<table>
<thead>
<tr>
<th>Question</th>
<th>YTD</th>
<th>Last 3 Months</th>
<th>Last Month</th>
<th>n-size</th>
<th>Score</th>
<th>Benchmark</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen in timely manner</td>
<td>79.1</td>
<td>196</td>
<td>79.1</td>
<td>68.1</td>
<td>11.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Inpatient:

<table>
<thead>
<tr>
<th>Question</th>
<th>YTD</th>
<th>Last 3 Months</th>
<th>Last Month</th>
<th>n-size</th>
<th>Score</th>
<th>Benchmark</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Got help as soon as wanted</td>
<td>84.3</td>
<td>100.0</td>
<td>69</td>
<td>84.1</td>
<td>53.2</td>
<td>30.3</td>
<td></td>
</tr>
</tbody>
</table>

#### Surgery Department:

<table>
<thead>
<tr>
<th>Question</th>
<th>YTD</th>
<th>Last 3 Months</th>
<th>Last Month</th>
<th>n-size</th>
<th>Score</th>
<th>Benchmark</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent enough time with patient</td>
<td>64.5</td>
<td>63.8</td>
<td>72.3</td>
<td>789</td>
<td>64.4</td>
<td>72.7</td>
<td>-8.3</td>
</tr>
</tbody>
</table>

---
## Meals & Breaks Completed

### Operational Measure

<table>
<thead>
<tr>
<th>Category</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACU</td>
<td>94%</td>
<td>92%</td>
</tr>
<tr>
<td>ICU</td>
<td>87%</td>
<td>85%</td>
</tr>
<tr>
<td>Family Birth</td>
<td>79%</td>
<td>82%</td>
</tr>
<tr>
<td>Emergency</td>
<td>86%</td>
<td>63%</td>
</tr>
<tr>
<td>Surgery</td>
<td>93%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Increasing insight into nurse staffing

We are testing multiple methods to quantify nurse workloads

Goals

• Better represent the work that our nurses do every day
• Identify patterns of high and low staffing
• More data to assist planning schedules
Increasing insight into nurse staffing

_data: SCHEDULES, SHIFTS and PATIENT COUNTS_

Staffing SCHEDULES are combined with patient COUNTS.

Example data are used to illustrate concepts.

Compare # patients to # nurses on shift to indicate periods of high and low workload.

<table>
<thead>
<tr>
<th>Oct 1</th>
<th>Oct 2</th>
<th>Oct 3</th>
<th>Oct 4</th>
<th>Oct 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 AM</td>
<td>2.00</td>
<td>2.00</td>
<td>2.20</td>
<td>2.60</td>
</tr>
<tr>
<td>1 AM</td>
<td>1.83</td>
<td>2.00</td>
<td>2.20</td>
<td>2.60</td>
</tr>
<tr>
<td>2 AM</td>
<td>1.83</td>
<td>2.00</td>
<td>2.20</td>
<td>2.60</td>
</tr>
<tr>
<td>3 AM</td>
<td>1.83</td>
<td>2.00</td>
<td>2.20</td>
<td>2.80</td>
</tr>
<tr>
<td>4 AM</td>
<td>1.83</td>
<td>2.00</td>
<td>2.20</td>
<td>2.80</td>
</tr>
<tr>
<td>5 AM</td>
<td>1.83</td>
<td>2.00</td>
<td>2.20</td>
<td>2.60</td>
</tr>
<tr>
<td>6 AM</td>
<td>1.83</td>
<td>2.00</td>
<td>2.20</td>
<td>2.60</td>
</tr>
<tr>
<td>7 AM</td>
<td>1.00</td>
<td>1.09</td>
<td>1.10</td>
<td>1.45</td>
</tr>
<tr>
<td>8 AM</td>
<td>2.20</td>
<td>2.00</td>
<td>2.20</td>
<td>2.67</td>
</tr>
<tr>
<td>9 AM</td>
<td>2.20</td>
<td>2.00</td>
<td>2.20</td>
<td>2.67</td>
</tr>
<tr>
<td>10 AM</td>
<td>2.20</td>
<td>2.00</td>
<td>2.20</td>
<td>2.63</td>
</tr>
<tr>
<td>11 AM</td>
<td>2.20</td>
<td>2.00</td>
<td>2.20</td>
<td>2.63</td>
</tr>
<tr>
<td>12 PM</td>
<td>2.40</td>
<td>1.83</td>
<td>2.20</td>
<td>2.63</td>
</tr>
<tr>
<td>1 PM</td>
<td>2.40</td>
<td>2.17</td>
<td>2.40</td>
<td>2.63</td>
</tr>
<tr>
<td>2 PM</td>
<td>2.40</td>
<td>2.17</td>
<td>2.17</td>
<td>2.67</td>
</tr>
<tr>
<td>3 PM</td>
<td>2.20</td>
<td>2.00</td>
<td>2.17</td>
<td>2.67</td>
</tr>
<tr>
<td>4 PM</td>
<td>2.20</td>
<td>2.00</td>
<td>2.17</td>
<td>2.63</td>
</tr>
<tr>
<td>5 PM</td>
<td>2.20</td>
<td>2.00</td>
<td>2.00</td>
<td>2.80</td>
</tr>
<tr>
<td>6 PM</td>
<td>2.20</td>
<td>2.00</td>
<td>2.00</td>
<td>2.80</td>
</tr>
<tr>
<td>7 PM</td>
<td>1.00</td>
<td>1.09</td>
<td>1.09</td>
<td>1.42</td>
</tr>
<tr>
<td>8 PM</td>
<td>1.83</td>
<td>2.00</td>
<td>2.40</td>
<td>3.40</td>
</tr>
<tr>
<td>9 PM</td>
<td>1.83</td>
<td>2.00</td>
<td>2.60</td>
<td>3.40</td>
</tr>
<tr>
<td>10 PM</td>
<td>2.00</td>
<td>2.00</td>
<td>2.60</td>
<td>3.60</td>
</tr>
<tr>
<td>11 PM</td>
<td>2.00</td>
<td>2.00</td>
<td>2.60</td>
<td>3.60</td>
</tr>
</tbody>
</table>

Higher workload

Lower workload
Increasing insight into nurse staffing

Data: SIGNING IN AND SIGNING OUT OF PATIENTS

Each nurse “signs” into and out of patients

Nurse signs in but doesn’t sign out

Nurse signs into & out of patients throughout shift

Nurse stays signed into this patient for 48 hours

Example data are used to illustrate concepts.
Increasing insight into nurse staffing

**CHALLENGES**

We’re testing more than one method to evaluate strengths & weaknesses of each

<table>
<thead>
<tr>
<th>Technique</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedules and shifts</td>
<td>Simple, predictable</td>
<td>Least flexible, cannot handle split shifts, poor at handling unexpected changes</td>
</tr>
<tr>
<td>Sign into and out of patients</td>
<td>Very precise, handles change well</td>
<td>Relies on nurses to sign in and out of patients throughout shift as work changes</td>
</tr>
</tbody>
</table>
Perception of Staffing

1. How often do you feel you have the right amount of staffing to do the work required in your shift?

- Never: 0
- Infrequently: 21
- Frequently: 27
- Always: 0

2. How do you think the staffing of your department compares to other healthcare organizations?

- Worse: 12
- The Same: 31
- Better: 10
- Far Better: 3
To Be An Incredible Place to Work - Building a Pipeline

- Nurse Tech Role
- New Graduate RN Residency program
- Sterile Processing Tech training
- Surgical Tech Training Program
- M.A. Apprenticeship program
- Student Partnerships & workforce development
- Preceptorship Training
- Crosstraining - it's not just a program it's a way of life
To Be an Incredible Place to Work

A Nimble Workforce

<table>
<thead>
<tr>
<th>Hospital Based Departments</th>
<th>61 RN's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent in 2 departments</td>
<td>25</td>
</tr>
<tr>
<td>Competent in &gt;2 departments</td>
<td>7</td>
</tr>
<tr>
<td>Total RN's competent in 2 or &gt;</td>
<td>32</td>
</tr>
<tr>
<td>In progress</td>
<td>31</td>
</tr>
</tbody>
</table>
Recognizing Our Team Making a Difference
Connecting & Supporting Our Team
To Be a Great Place to Work

Listening Sessions

16 Listening Sessions, over 5 months in 8 departments

What Matters Most:
- Feeling safe at work; safe staffing, supportive environment
- Flexible schedules and FTE’s

What’s Working Well:
- Appreciate the listening sessions and opportunity for two-way communication
- Resource Nurse positions provide additional support and more cross coverage to departments with varying census and patient needs
- Appreciate the additional debriefings and other supportive offerings such as Trauma and Resilience Workshop
- Appreciate the bed capacity huddle and awareness of departmental census as well as the region
- Hospital wide effort including administration in advocating for difficult to discharge patients
- Excited about new positions that support now and support future recruitment such as Nurse Techs

What Needs Improvement:
- More opportunities for training such as “Handle with Care” and “Teamstepps”
- More training on Kronos during NEO
- Training/understanding about legal implications for safe nursing practice
- More flexible schedules and FTE’s
- More opportunities for two-way communication
- Want to be involved/weigh in on important decisions
- Would like Single Sign on technology added to the departments

Changes/Improvements since Listening Sessions:
- C.N.A. and Tech Compensation review with range of increases from 6-10% across the board including 1:1 experience
- Additional part time positions are available in many departments
- All nursing staff completed a staffing preference form and the scheduling process takes this preference into account
- Listening sessions will now be offered quarterly to encourage two-way communication
- Charge RN meeting held to discuss workflows from a front-line nursing leader perspective
- Connection events held monthly to include “walk and talks”, “summer snacks and conversation”
- Strategy sessions held with each department about key workflows such as Telemetry monitoring, ED workflow, Family Birth documentation, etc.
Professional Growth

- Leadership Development
- Grand Rounds
- Skills Day
- Preceptorship Training
- Certification & Competency Based Training
- Annual Education & Clinical Orientation
- Advanced Education Skills

Education Center & Simulation Lab
To Be An Incredible Place To Receive Care

Be Ready for Anything
Working through today’s challenges and planning for tomorrow’s

A Focus On Our Patients
The care they need and the excellent care we want to provide

Multidisciplinary teamwork
Employee Safety, Patient Safety, Quality and Accreditation work
To Be an Incredible Place to Receive Care

Be Ready For Anything!

- Covid
- Pediatric Surge & Tridemic
- Hospital Capacity
  - Changing Census
  - Changing Needs
  - Unexpected Absences
  - The Impact of the Region
- Regional Capacity
  - Boarding Patients
  - Limited Resources
Patients Boarding in ED and Hospital Trend Graphic (6/28/22-1/10/23)
Bed Availability

NWHRN: Percent of Staffed Beds Occupied (Adult ICU) - WATrac

Available Beds

% of Beds Occupied

Linear (Available Beds)
To Be an Incredible Place to Receive Care

Focus On Our Patients

• Keeping our patients safe
  • From complications
  • From infection
  • From falls
  • Always the right medication

• Helping patients receive care
  • The best care
  • The right care
  • Expediently
  • When they need it most

• Helping patients navigate
  • Here with us
  • When they go home

Have a heart that never hardens, a temper that never tires, a touch that never hurts.
-Charles Dickens
To Be An Incredible Place to Receive Care

- Received the Gold Plus Award for Stroke & Heart Failure
- Home Health ACHC Accreditation and DOH Survey
- Standout hospital performance with DNV survey
- Performance Leader Award in Patient Experience (iVantage/Chartis)
- Top decile performance in ED Transfer Communication (EDTC) measures
- Zero hospital acquired pressure injuries
- Zero repeat falls in the hospital setting
- Successfully submitted Trauma Designation application
To Be An Incredible Place to Receive Care

• Top Quartile patient experience in Oncology in the third and fourth quarters of 2022

• Exceeded national benchmark in Home Health patient experience: Overall Rating
  • Achieving the highest score in five years at Jefferson Healthcare Home Health

• CMS Five Star Patient Experience – for the fourth year in a row!
TO BE RESPONSIVE TO OUR CHANGING ENVIRONMENT

- Financial Realities of Healthcare
- Preserving small but important services
- Responding to the needs of our community
- Future of Nursing
  - Nursing Shortages
  - Retention
  - Generational Shifts
  - Staffing Legislation
- New Contract

“The oak fought the wind and was broken; the willow bent when it must and survived”
Celebrating the Very BEST of 2022

- Saying goodbye to COVID (the full pandemic version)
- Funding for 2.5m Linear Accelerator
- Hiring wins, thinking outside the box with remote positions and creative models, more stable staffing and teamwork to cover shifts
- Celebrating teamwork, hard work, resilience, supporting new leaders & new roles and teamwork across teams
- Building up Education with a new center, innovative training and residency programs
- 12 months of focus on culture & leadership development
- Financial & Operational Improvements that have decreased denials, improved supply processes, improved documentation and driven down expenses like premium pay.
Agenda

• Introductions
• Project Overview + Site Entries
• Exterior Elevations + Views
• Interiors and Connectivity
• Next Steps
Existing Materiality

Campus Cohesion

1995

Jefferson Healthcare

OAC ABBOTT CONSTRUCTION ZGF
Aerial Images

Aerial Looking NW

Aerial Looking SW
Elevations

SOUTH ELEVATION
View from Sheridan Ave + 7th St
View from East Parking Lot
View 9th and Sheridan Ave.
Interior Greenscape
Q4 2022 Employee, Leader, & Team of the Quarter

January 18th, 2023

Heather Bailey, Interim Chief Human Resources Officer
Laura is engaged in supporting our entire speech language pathologist team where she goes above and beyond.
Leader of the Quarter

Lindsay Dykes
Practice Manager, Specialty Services

“Lindsay shows up every day with a positive, can-do attitude.”

Fourth Quarter 2022
Team of the Quarter

House Supervisors

Nursing Administration

“They stay calm in the eye of the storm and always get us to dry land. They treat the staff, patients, and collaborating facilities and clinics with respect & care. They are often in the middle of emotionally heightened situations and are a pillar of comfort for those around them.”

Fourth Quarter 2022
November 2022 Finance Report

January 18th, 2023

Tyler Freeman, CFO
# November 2022 Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>NOVEMBER 2022</th>
<th>NOVEMBER 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>588</td>
<td>625</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>3,445</td>
<td>2,719</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>88</td>
<td>73</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>317</td>
<td>268</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>418</td>
<td>357</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>107</td>
<td>134</td>
</tr>
<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>66</td>
<td>76</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>19,833</td>
<td>21,544</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTING</td>
<td>3,324</td>
<td>3,143</td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>22,246</td>
<td>20,579</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>3,184</td>
<td>2,899</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST RVUs</td>
<td>7,255</td>
<td>9,476</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,126</td>
<td>954</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>399</td>
<td>416</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>6,282</td>
<td>6,310</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,555</td>
<td>3,796</td>
</tr>
</tbody>
</table>
## November 2022
### Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>November 2022 Actual</th>
<th>November 2022 Budget</th>
<th>Variance Favorable/Unfavorable</th>
<th>%</th>
<th>November 2022 YTD</th>
<th>November 2022 Budget YTD</th>
<th>Variance Favorable/Unfavorable</th>
<th>%</th>
<th>November 2021 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Patient Service Revenue</td>
<td>27,486,417</td>
<td>26,711,625</td>
<td>774,792</td>
<td>3%</td>
<td>290,162,346</td>
<td>297,389,425</td>
<td>(7,227,079)</td>
<td>-2%</td>
<td>273,618,785</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>14,286,068</td>
<td>14,391,283</td>
<td>105,216</td>
<td>1%</td>
<td>155,977,931</td>
<td>160,222,954</td>
<td>4,245,023</td>
<td>3%</td>
<td>145,714,782</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>51,202</td>
<td>204,694</td>
<td>153,492</td>
<td>75%</td>
<td>1,312,216</td>
<td>2,278,924</td>
<td>966,708</td>
<td>42%</td>
<td>3,688,744</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>13,149,148</td>
<td>12,115,648</td>
<td>1,033,500</td>
<td>9%</td>
<td>132,872,199</td>
<td>134,887,547</td>
<td>(2,015,348)</td>
<td>-1%</td>
<td>124,215,259</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>785,919</td>
<td>539,930</td>
<td>245,989</td>
<td>46%</td>
<td>8,428,091</td>
<td>6,011,222</td>
<td>2,416,869</td>
<td>40%</td>
<td>7,577,986</td>
</tr>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>13,935,066</td>
<td>12,655,578</td>
<td>1,279,488</td>
<td>10%</td>
<td>141,300,290</td>
<td>140,898,769</td>
<td>401,521</td>
<td>0%</td>
<td>131,793,245</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>6,111,261</td>
<td>6,355,305</td>
<td>244,044</td>
<td>4%</td>
<td>66,768,967</td>
<td>70,755,733</td>
<td>3,986,766</td>
<td>6%</td>
<td>63,583,523</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,637,196</td>
<td>1,477,375</td>
<td>(159,821)</td>
<td>-11%</td>
<td>15,607,837</td>
<td>16,448,107</td>
<td>840,270</td>
<td>5%</td>
<td>14,547,690</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>5,672,290</td>
<td>4,498,794</td>
<td>(1,173,495)</td>
<td>-26%</td>
<td>56,252,881</td>
<td>50,086,575</td>
<td>(6,166,306)</td>
<td>-12%</td>
<td>47,980,038</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>13,420,747</td>
<td>12,331,474</td>
<td>(1,089,272)</td>
<td>-9%</td>
<td>138,629,685</td>
<td>137,290,415</td>
<td>(1,339,270)</td>
<td>-1%</td>
<td>126,111,251</td>
</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>514,320</td>
<td>324,104</td>
<td>190,216</td>
<td>59%</td>
<td>2,670,605</td>
<td>3,608,353</td>
<td>(937,748)</td>
<td>-26%</td>
<td>5,681,994</td>
</tr>
<tr>
<td>Total Non Operating Revenues (Expenses)</td>
<td>20,211</td>
<td>3,192</td>
<td>17,019</td>
<td>-533%</td>
<td>225,619</td>
<td>40,262</td>
<td>185,357</td>
<td>-460%</td>
<td>(164,362)</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>534,530</td>
<td>327,295</td>
<td>207,235</td>
<td>63%</td>
<td>2,896,224</td>
<td>3,648,616</td>
<td>(752,392)</td>
<td>-21%</td>
<td>5,517,632</td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>3.7%</td>
<td>2.6%</td>
<td>1.1%</td>
<td>44.1%</td>
<td>1.9%</td>
<td>2.6%</td>
<td>-0.67%</td>
<td>-26.2%</td>
<td>4.3%</td>
</tr>
<tr>
<td><strong>Total margin</strong></td>
<td>3.8%</td>
<td>2.6%</td>
<td>1.2%</td>
<td>48.3%</td>
<td>2.0%</td>
<td>2.6%</td>
<td>-0.54%</td>
<td>-20.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td><strong>Salaries &amp; Benefits as a % of net pt svc rev</strong></td>
<td>-58.9%</td>
<td>-64.6%</td>
<td>5.7%</td>
<td>8.9%</td>
<td>-62.0%</td>
<td>-64.6%</td>
<td>2.65%</td>
<td>4.1%</td>
<td>-62.9%</td>
</tr>
</tbody>
</table>
November 2022
Cash and Accounts Receivable

Days Cash and Accounts Receivable

DAYS OUTSTANDING IN A/R
DAYS AR GOAL - 45
DAYS OF CASH
DAYS AR GOAL - 45
DAYS CASH W/ MEDICARE ADVANCE
DAYS CASH GOAL - 90
DAYS OUTSTANDING IN A/R
DAYS AR GOAL - 45
DAYS CASH W/ MEDICARE ADVANCE
DAYS CASH GOAL - 90

Days Cash and Accounts Receivable

12/31/2021
1/31/2022
2/28/2022
3/31/2022
4/30/2022
5/31/2022
6/30/2022
7/31/2022
8/31/2022
9/30/2022
10/30/2022
11/30/2022

43.37
48.13
49.68
45.60
47.60
46.55
47.70
48.49
50.90
50.52
49.29
52.33

12/31/2021
1/31/2022
2/28/2022
3/31/2022
4/30/2022
5/31/2022
6/30/2022
7/31/2022
8/31/2022
9/30/2022
10/30/2022
11/30/2022

43.37
48.13
49.68
45.60
47.60
46.55
47.70
48.49
50.90
50.52
49.29
52.33

8/31/2020
9/30/2020
10/31/2021
11/30/2021
12/31/2020
12/31/2021
3/31/2021
4/30/2021
5/31/2021
6/30/2021
7/31/2021
8/31/2021
9/30/2021
10/31/2021
11/30/2021
12/31/2021
3/31/2022
4/30/2022
5/31/2022
## November 2022
### Board Financial Report

<table>
<thead>
<tr>
<th>Department</th>
<th>Account</th>
<th>Description</th>
<th>Nov Actual</th>
<th>Nov Budget</th>
<th>Nov Variance</th>
<th>2022 YTD Actual</th>
<th>2022 YTD Budget</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOARD 600010</td>
<td>MANAGEMENT &amp; SUPERVISION WAGES</td>
<td>2,030</td>
<td>4,475</td>
<td>2,445</td>
<td>50,075</td>
<td>49,820</td>
<td>(255)</td>
<td></td>
</tr>
<tr>
<td>601100</td>
<td>BENEFITS FICA</td>
<td>225</td>
<td>316</td>
<td>90</td>
<td>3,731</td>
<td>3,513</td>
<td>(218)</td>
<td></td>
</tr>
<tr>
<td>601150</td>
<td>BENEFITS WA F&amp;MLA</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>78</td>
<td>59</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>601400</td>
<td>BENEFITS MEDICAL INS-UNION</td>
<td>3,478</td>
<td>5,399</td>
<td>1,920</td>
<td>36,986</td>
<td>60,104</td>
<td>23,118</td>
<td></td>
</tr>
<tr>
<td>601600</td>
<td>BENEFITS RETIREMENT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>601900</td>
<td>BENEFITS EMPLOYEE ASSISTANCE</td>
<td>6</td>
<td>-</td>
<td>(6)</td>
<td>92</td>
<td>-</td>
<td>(92)</td>
<td></td>
</tr>
<tr>
<td>602300</td>
<td>CONSULT MNGMT FEE</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>602400</td>
<td>LEGAL FEES</td>
<td>504</td>
<td>-</td>
<td>(504)</td>
<td>605</td>
<td>-</td>
<td>(605)</td>
<td></td>
</tr>
<tr>
<td>602500</td>
<td>AUDIT FEES</td>
<td>-</td>
<td>4,521</td>
<td>4,521</td>
<td>59,750</td>
<td>50,329</td>
<td>(9,421)</td>
<td></td>
</tr>
<tr>
<td>604200</td>
<td>CATERING</td>
<td>-</td>
<td>81</td>
<td>81</td>
<td>-</td>
<td>897</td>
<td>897</td>
<td></td>
</tr>
<tr>
<td>604500</td>
<td>OFFICE SUPPLIES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>604850</td>
<td>COMPUTER EQUIPMENT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>604900</td>
<td>OTHER NON-MEDICAL SUPPLIES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>143</td>
<td>-</td>
<td>(143)</td>
<td></td>
</tr>
<tr>
<td>606500</td>
<td>OTHER PURCHASED SERVICES</td>
<td>-</td>
<td>164</td>
<td>164</td>
<td>31,962</td>
<td>1,830</td>
<td>(30,132)</td>
<td></td>
</tr>
<tr>
<td>606700</td>
<td>MARKETING</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>609300</td>
<td>DUES AND SUBSCRIPTIONS</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>609900</td>
<td>TRAVEL/MEETINGS/TRAINING</td>
<td>8,375</td>
<td>781</td>
<td>(7,594)</td>
<td>15,362</td>
<td>8,693</td>
<td>(6,669)</td>
<td></td>
</tr>
<tr>
<td>609999</td>
<td>CLEARING</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>BOARD Total</strong></td>
<td></td>
<td>14,623</td>
<td>15,741</td>
<td>1,118</td>
<td>198,785</td>
<td>175,245</td>
<td>(23,540)</td>
<td></td>
</tr>
</tbody>
</table>
December 2022
Preview – (*as of 0:00 12/31/22)

• $28,444,985 in Projected HB charges
  • Average: $917,580/day (HB only)
  • Budget: $882,907/day
  • 103.9% of Budget

• $12,738,981 in HB cash collections
  • Average: $410,935/day (HB only)
  • Goal: $390,700/day
January 2022
Preview – (*as of 0:00 1/18/23)

• $28,979,522 in Projected HB charges
  • Average: $934,823/day (HB only)
  • Budget: $947,481/day
  • 98.7% of Budget

• $10,368,069 in HB cash collections
  • Average: $334,454/day (HB only)
  • Goal: $417,444/day

• 51.5 Days in A/R

• Questions
Advocacy | State

• 2023 Legislative Session is underway!
• WSHA’s agenda is final and was sent to the board via email.
• Jefferson Healthcare’s Top 4 Priorities include:
  • The Jefferson Reproductive and Gynecological Health Project
  • Difficult to Discharge Patients
  • Maintaining Flexible Staffing Models and Innovative Ways to Support Nursing Staff
  • Supporting the Safety Net Assessment Program (SNAP)
Advocacy | State

- Mike Glenn testified to the Senate Health and Long-Term Care committee on Tues 1/17
- Advocacy staff met with both Representatives Tharinger and Chapman, as well as Senator Van De Wege during this trip

Dear Senator Van De Wege, Representative Tharinger, and Representative Chapman,

Jefferson Healthcare is grateful for your partnership and deeply appreciates your ongoing support of our community and our organization. Over the last year, we have begun to transition out of the fog of COVID-19, and refocus on addressing delayed care, ensuring high quality and accessible care to our patients, and improving staff retention by reducing burnout and recentered on our values. During this transition time period, we have appreciated all of your advocacy on behalf of the local hospitals serving the North Olympic Peninsula.

In 2023, we plan to break ground on the hospital campus expansion and replacement project, and we look forward to speaking with you regularly about the progress we are making in this space. As plans clarify, this expansion will provide a significant number of additional clinical services to our community, including radiation oncology, expanded OB/GYN services including full spectrum reproductive healthcare, neurology, pulmonology, ENT, and a bigger outpatient surgery and procedure footprint. We appreciate your support as we embark on this initiative.

Jefferson Healthcare's legislative priorities for 2023 are below, and we are excited to partner with this during this session around these and other topics.

1. Support the Reproductive and Gynecological Health Project. Jefferson Healthcare is deeply committed to expanding and advancing high quality, state-of-the-art reproductive and gynecological healthcare. We are requesting an appropriation of $4 million to support the build out of clinic space and an outpatient surgery and procedure room to support this work, and look forward to moving this project forward.

2. Protect patient access to care by reducing barriers to flexible staffing models. Jefferson Healthcare believes that the partnership between front line nurses and administration is the best option for designing staffing models that meet both patient needs and employee wellness. We have an active and vibrant staffing committee that meets consistently with excellent results. In order to maintain our ability to design solutions that meet our local needs, we are opposed to mandated staffing models, including those with caps on mandatory prescheduled on-call, as it limits our ability
Advocacy | State

• Communications planning is underway
  • One pagers, op/eds, website updates, press releases.
• Press release went out regarding Governor Inslee’s inclusion of our project in his budget.
• Ongoing meetings with community agencies, legislators, staff, partner hospitals, and WSHA.
Advocacy | Federal

• Focusing on fundraising for the campus expansion and modernization project
• Economic Development Administration
  • Focus will be on purchasing equipment for the OR’s. Relating these to our workforce development and training programs as well.
• Putting in a federal appropriations request for 2023 (if successful, funding would be in 2024.
  • This is a difficult lift given we were just funded but want to use this opportunity to advocate for our project and organization as much as possible.
• Have already prepped Mai, Representative Kilmer’s Health LA
• Focus will be on expansion of critical services – specifically neurology, pulmonology, ENT, geriatrics.
Advocacy | Federal

- Waiting for HRSA to contact us about the Jefferson Cancer Treatment Project federal appropriations
  - Anticipate within a few months they will begin to signal the process
- Waiting on funding mechanisms for IRA and what is included in that bill
- Policy work is still focused on updating Medicare funding process and policies for CAHs, specifically CAHMA.
  - The League of Women Voters (LWV) reached out having found our policy recommendations/white papers online and are interested.
  - With a Republican House, this will be incredibly difficult to move anything forward, even a demonstration project. Looking at levers to push to move this forward.
Value Based Purchasing

A Monthly Review
Jefferson Accountable Care, LLC

• Jefferson Healthcare is committed to innovative, patient-centered and physician-and-APP-driven models for care transformation.
• We are interested in developing the processes and protocols for managing population health through our clinics and are using this opportunity to strengthen this muscle.
• All work is driven by our physician and administrative leaders.
Jefferson Accountable Care, LLC

• JAC 2023 officially started on 1/1/2023.
• Jefferson Healthcare transformation team is working on:
  • Building out the JAC Board process and priorities
  • Partnering with Drs Mattern and Butterfield on the clinical model
  • Identifying how Population Health overlaps with this work significantly, and beginning to build out that 3-year strategy and where the intersection points are between JAC and Pop Health
  • Waiting on data!! Our analysts are standing by.
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 visit variance to budget
Visit volumes in Oncology Clinic and Infusion Center. 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.

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

- Annual Organizational Chart Review
- Organizational development / Culture work update
- Staffing update
- Operations update
- Other
- CMO update
Questions