Due to the presence of multiple respiratory illness, Jefferson Healthcare is still highly encouraging practice of high infection protocols. You may choose to attend this meeting virtually by access the below information or can attend in person in the administration hall Executive Conference Room. Limited seating available.

**Audio Only:** dial Phone Conference Line: (509) 598-2842
When prompted, enter Conference ID number: 572 938 342#

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Tuesday, February 28, 2023

**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 Buhler-Rienstra, Dressler, Kolff, McComas, and Ready. Also, in attendance was Mike Glenn, CEO, Tyler Freeman, Chief Financial Officer, Jake Davidson, Chief Ancillary, Support Services & Medical Group Officer, Brandie Manuel, Chief Quality & Patient Safety Officer, Heather Bailey, Interim Chief Human Resources Officer, and Christina Avila, Executive Assistant. This meeting was officially audio recorded by Jefferson Healthcare. Commissioner Buhler-Rienstra stated that there won’t be an agenda approval due to this meeting being a special session.

**Education Topic:**
- Open Public Meetings Act (OPMA)/Open Public Records Act (OPRA) Education
  - Joanna Castellanos, Program and Outreach Manager, AWPHD
Joanna Castellanos, Program and Outreach Manager, AWPHD shared an update on Open Public Meetings Act: Compliance – 3 Key Questions, OPMA & Technology, Executive session procedures, Communication best practices by MRSC, HB 1329 – Changes to remote meetings. Also reviewed Public Records Act: Management & Retention of Records, Documenting the Process, FAQs

**Break:**
Commissioners recessed for break at 2:42 pm.
Commissioner reconvened from break at 3:00 pm.

**Patient Story:**
Jake Davidson, Chief Ancillary, Support Services & Medical Group Officer shared a story about the Dental Clinic. Huge kudos to the team for their kindness and consistency in meeting patients where they are. Discussion ensued.

**Public Comment:**
No public comment was made.
Minutes:
- January 18, 2023 Special Session Minutes
- January 20, 2023 Special Session Minutes
Commissioner Dressler made a motion to approve the January 18, 2023, and January 20, 2023 Special Session Minutes Commissioner Kolff seconded.
Action: Motion passed

Required Approvals: Action Requested
- Resolution 2023-02 Cancelled Warrants
- December Warrants and Adjustments
- Medical Staff Credentials/ Appointments/ Reappointments
Commissioner McComas made a motion to approve the Required Approvals. Commissioner Dressler seconded.
Action: Motion passed unanimously.

Patient Advocate Report:

Quality Report:
Brandie Manuel, Chief Quality & Patient Safety Officer, presented the February Quality report. Discussion ensued.

Financial Report:
Tyler Freeman, CFO, presented the December and January Financial Report. Discussion ensued.

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

Board Business:
- Review/Adopt Board Calendar
Commissioner Kolff made a motion to adopt the Board Calendar. Commissioner Dressler seconded.
Action: Motion passed unanimously
- Review/Adopt Committee Assignments
No changes were made to committee assignments from the 2022 list.
- Board of Health Report
Commissioner Kolff shared a Board of Health update that included review of WIC program presentation, adoption of wildfire policy to be aligned with rest of state, and review of Avian flu presentation.

- Meeting Evaluation

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

**Executive Session:**
Performance of a Public Employee

Commissioner Buhler-Rienstra announced they will go into Executive Session for fifteen (15) minutes to discuss the Performance of a Public Employee. Action is expected to be taken following the executive session.

**Break:**
Commissioners recessed for break at 5:20 pm.
Commissioner reconvened from break at 5:25 pm.

Commissioners went into Executive Session at 5:25 pm.
Commissioners came out of Executive Session at 5:41 pm.
No public was present on the line.

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 5:41 pm.

Approved by the Commission:
Chair of Commission: Jill Buhler Rienstra
Secretary of Commission: Marie Dressler
Open Public Meetings Act
&
Public Records Act

Joanna Castellanos, Program & Outreach Manager
February 28, 2023
Presenters

Joanna Castellanos
Program & Outreach Manager
Agenda

• Open Public Meetings Act
  • Compliance – 3 Key Questions
  • OPMA & Technology
  • Executive session procedures
  • Communication best practices by MRSC
  • HB 1329 – Changes to remote meetings

• Public Records Act
  • Management & Retention of Records
  • Documenting the Process
  • FAQs
Open Public Meetings Act
Compliance: 3 Key Questions
Open Public Meetings Act (OPMA) – How to Comply

Three key questions:

1. Is there a quorum or more of the governing body conducting agency business?
2. Is there a serial meeting?
3. Is there just passive receipt of information related to agency business?
OPMA - Quorum

Key Question #1: Is there a quorum or more of the governing body conducting agency business?

What is a quorum?

When does a governing body conduct agency business?

Statutory examples: receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations.
Key Question #2: Is there a serial meeting?
Key Question #3: Is there just passive receipt of information related to agency business?
Open Public Meetings Act

& Technology
Question: Clint, a hospital district commissioner of a district with three commissioners, uses his smart phone to text/email a fellow commissioner, Nicole, about new grant funding that the district may be eligible for. Nicole does not reply. Does this implicate the OPMA? What if Nicole does reply?
OPMA, Email, & Smart Phones

**Answer:** If Nicole does not respond, the general rule of the OPMA is not implicated. Passive receipt of information is ok.

However, if Clint texts/emails Nicole, and she responds to the text/email, then a quorum of the governing body would have conducted agency business outside of an open public meeting, which violates the general rule of the OPMA.
Question: Wanda, Tony, and Kenzie are members of a five person city council. All three are active on social media, and often comment on each others’ posts on Facebook. Yesterday, the following exchange occurred on Facebook:

I disagree with the Mayor’s budget. I think that the city should focus on funding more bike lanes, rather than spending money on a campaign to increase unicycle use throughout the city.

Tony and I agree with you. The unicycle campaign only goes halfway; we need to be focusing on our bicycle infrastructure first and foremost.

Excellent, let's propose an amendment at the next council meeting.
OPMA and Social Media

**Answer:** Yes, a quorum of the city council discussed city business outside of an open public meeting.

**Key Takeaway:** Physical presence is not required for a governing body to implicate the OPMA.
OPMA – Executive Session
Executive sessions occur when a governing body meets to discuss matters in a setting that is closed to the public.

It is an exception to the general rule that all agency business be conducted in an open public meeting. Common topics under RCW 42.30.110(1) include:

- Litigation (actual or potential);
- Purchase, sale or lease of real estate by the district;
- Complaints against employees;
- Reviewing qualifications of applicants for public employment.
OPMA – Executive Session Confidentiality

• Analyzing the OPMA and the authority it provides to exclude the public from meetings during the consideration of certain statutorily named subjects, the AGO concluded that participants in an executive session have a duty under the OPMA to keep information from the session confidential, provided the session was properly called and the information involved was within the scope of the purpose for it (i.e., the limited purposes as defined in RCW 42.30.110).

• However, information shared from an executive session that previously has been publicly discussed would not be considered confidential, nor would any information discussed at the executive session which fell outside the meeting scope.

Executive Session Practice Tips by MRSC

Question: What is the proper way to call an executive session?

Answer: The purpose of the executive session must be announced by the presiding officer in the open portion of the meeting prior to going into executive session. MRSC recommends that the presiding officer cite to the RCW and use the language of the statute to describe the purpose.

The presiding officer must also announce the time at which the executive session will end.
Executive Session Practice Tips by MRSC

Question: What if we need extra time to conclude the executive session?

Answer: Under RCW 42.30.110(2), you can announce the need for additional time: “The executive session may be extended to a stated later time by announcement of the presiding officer.”

Question: Must we do that even if we know there are no members of the public waiting for the executive session to conclude?

Answer: Yes. You will want your meeting minutes to reflect the fact that you complied with the OPMA in all respects.
Question: What if we finish executive session early—do we still need to wait until the end time before resuming the meeting?

Answer: Yes. Members of the public may leave the meeting place and plan to return at the stated end time. Starting in open session early may deprive members of the public the chance to attend. MRSC suggests that a governing body not overestimate the amount of time it will be in executive session.
Executive Session Practice Tips by MRSC

Question: Help! Our board wants to review a labor relations issue in executive session, but there is no basis for that stated in RCW 42.30.110(1). I was sure this was a basis for going into executive session!

Answer: RCW 42.30.110 is not the only RCW that relates to executive sessions. RCW 42.30.140 allows for “closed session” to consider labor relations matters, certain types of license revocation, and quasi-judicial matters.

In addition, RCW 70.44.062 authorizes discussion of staff privileges and a district’s quality improvement committee in confidence. The executive session procedures of RCW 42.30.110 should be followed.
Executive Session Practice Tips by MRSC

Question: What types of decision can we make in executive session?

Answer: A Board cannot vote, make decisions or otherwise take action in executive session. Any action must be taken in open meeting after the executive session has concluded.
HB 1329 – Changes to remote meetings
HB 1329 – Changes to remote meetings

• OPMA language requires that all meetings of a governing body of a public agency be held in a physical location where the public can attend, with two exceptions.
  • If a local, state, or federal emergency has been declared and the public agency determines it cannot hold an in-person meeting, the meeting can be fully remote.
    1. If required by the emergency, the public agency can either fully prohibit or limit in-person public attendance at the meeting.
    2. If the meeting is held remotely or the public attendance is limited or prohibited, the agency must provide a cost-free option to attend in real-time, either by telephone or another readily available alternative.
HB 1329 – Board Member Attendance

• OPMA now specifically permits members of the governing body to attend the meeting by phone or other electronic means that allows for real-time verbal communication. So, while the meeting must be held in a physical location and must allow the public to attend in-person (absent an emergency), any or all members of the governing body can choose to attend the in-person meeting remotely.

Additional details on HB 1329: [OPMA Gets an Update from Legislature](#)
Communications Best Practices
and Resources
Best Practices by MRSC--Avoiding Serial Meetings

- Structure your District’s communications to channel communications to the Board through a single point of contact (non-elected).
- Staff should send communications individually to each member of a governing body instead of including all of them in one communication.
- Train frequently and remind commissioners to direct communications to a staff point-of-contact instead of fellow commissioners.
- Maintain appearances. Communications between commissioners—even those that do not relate to District business—can be a cause for public concern.
Use MRSC Practice Tips

• MRSC has a series of OMPA Practice Tips and Checklists on its OPMA basics webpage that help identify potential problem areas:
Best Practices—Train Frequently

• MRSC offers training not just in OMPA compliance but effective organizational communication:

Upcoming Trainings

MRSC produces virtual webinars every month, several virtual workshops throughout the year, and a small number of in-person events across Washington State. Below is the list of all currently planned trainings; additional information will be added as it becomes available.

MRSC also provides a number of other training opportunities, including a PRA/OPMA e-learning course for city elected officials. Learn about the latest training opportunities and local government news by signing up for our e-newsletters.

Missed a webinar? Visit our On-Demand Webinars page to view recordings of previous webinars.

Now Open for Registration

MAR 1

Building and Repairing Trust at Work
Wednesday, March 1 | 10 AM - 11 AM | Online
CML (E)
Best Practices—Ask MRSC!

• As an AWPHD member, you are eligible to use MRSC’s inquiry service. Just submit your question on governance issues to Ask MRSC or give us a call!
Public Records Act Basic Refresh
Public Records Act Checklist

OPMA/PRA Checklist from MRSC:

Proper Management and Retention of Records
Proper Management of Records

• Chapter 40.14 governs the retention, preservation and lawful destruction of public records
• Public records are public property; agencies are the custodians of this public property
• All public records shall be and remain the property of the state of Washington (RCW 40.14.020)
• Mutilating, destroying, concealing, erasing, obliterating or falsifying a public record = felony! (RCW 40.16.020)
Archives News

Online Training

Washington State Archives offers a variety of records management training videos online. More information

Branches / Repositories

Digital Archives
State Archives
End of Retention Period

At the end of the retention period, there are two options*:

1. Destroy the record
2. Transfer the records to archives

*Unless there is a litigation hold or an open PRA request encompassing the records
Washington State Archives Trainings

Includes Recorded Trainings:

• A Primer for Public Records
• Digital Hoarding – Emails “Getting Your House in Order”
• Lions and Tigers and Twitter Oh My! - Social Media
  www.sos.wa.gov/archives/recordsmanagement/online-training.aspx

Upcoming Live/Online Trainings:

• March 8, 10:00 am—Basics of Managing Records
• May 24, 10:00 am—Basics of Managing Public Hospital Records
Making Sense of Records Management Software Options

Many records management software systems are designed to provide an environment with an organized and structured approach to records management. Several types of records management software applications have evolved over time to provide an environment for the use of new technology-based tools and systems. These types of software solutions are not only useful to the system, but they also offer benefits to the organization. Some of the key benefits include:

1. Streamline Records Management: Modern software solutions can automate and streamline records management processes. This can help reduce the time required for manual tasks and improve accuracy.

2. Improved Access: Modern software solutions provide easy access to records, allowing users to retrieve documents quickly and efficiently. This can improve productivity and reduce the time spent searching for records.

3. Enhanced Security: Modern software solutions offer robust security features, such as encryption and access controls, to protect records from unauthorized access.

4. Record Integrity: Modern software solutions provide tools to ensure the integrity of records, such as record retention and disposal policies. This can help ensure that records are maintained in accordance with legal and regulatory requirements.

5. Improved Reporting: Modern software solutions provide advanced reporting capabilities, allowing users to generate reports that provide insights into records management processes and trends.
HOW TO REPORT PUBLIC RECORDS DATA

Public Records Reporting System
View reporting instructions

ABOUT PUBLIC RECORDS REPORTING

Do I have to report?

RCW 40.14.026 requires agencies with public records costs that exceed $100,000 to report to the Joint Legislative Audit and Review Committee (JLARC) on a variety of performance metrics including information on cost, staff time, and response time. JLARC has developed an online reporting tool to collect the performance metrics data.

You can still report if your agency does not spend over $100,000 on public records costs.

If your agency does not wish to report, JLARC encourages every agency to log into the reporting system and tell us that your agency did not meet the $100,000 reporting threshold.

Further guidance on the performance metrics can be found in the agency guidance document.

NOTIFICATIONS & UPDATES

| Recent Updates
September 2022
Data from the 2021 reporting period (January 1, 2021 to December 31, 2021) is now available.
2021 public records data
JLARC's full report will be available in January 2023.

http://leg.wa.gov/jlarc/Pages/publicRecAdmin.aspx
Documenting the Process
### Request Tracking Log

**Agency Name:**
**Start Date of Log:**
**Completion Date of Log:**

#### Log of Public Record Requests

<table>
<thead>
<tr>
<th>Identity of Requestor</th>
<th>Date Received</th>
<th>Text of Original Request</th>
<th>Description and Number of Records Produced in Response:</th>
<th>Description of Records Redacted or Withheld:</th>
<th>Reasons for Redactions or Withholding (RCWs/other statutes):</th>
<th>Date of Final Disposition of Request:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Note:** Agencies must maintain a log of public records requests under RCW 40.14.026(4). Request logs must be retained for two years after the request has been fulfilled, then the log can be destroyed. DAN GS2010-014. This template is set up to track requests on an annual basis so the entire log can be deleted two years after creation.

Sample Request Tracking Log Available in WAPRO Toolkit
Request

Calendar 5-day response (and, later, installments)

Send 5 (business) day response:
- Make records available (inspection or copies)
- Direct requestor to website
- Provide time estimate
- Request clarification
- Deny the request
Provide Reasonable Estimate of Time

Consider the following factors:

- Volume of records requested
- Number of staff who may have responsive records
- Whether records are kept in multiple locations
- Whether exemptions apply; and the need for legal review
- Whether third party notice is required
- Where the request falls in the request queue
Requesting clarification

• If request is unclear, ask requestor to clarify
• Provide time estimate for record production in the event no clarification is received
• If no clarification is received and the entire request is unclear – then I recommend sending a closing letter or email stating, we asked for clarification, you didn’t provide it, no idea what you are asking for, this request is closed – but please feel free to submit a new a request.
• If portions are clear, respond only to those portions
• Be careful here with unclear requests – if you can make an educated guess, courts will expect you to make an attempt to respond.
Denying request

• If a request is denied, a written statement must accompany the denial setting out the specific reasons for the denial.
Direct staff to maintain responsive records and suspend all ordinary destruction and recycling of potentially responsive records.
How Do I Conduct a Reasonable Search?

1. Document your search

MRSC Practice Tips—Performing an Adequate Search
How Do I Conduct a Reasonable Search?

1. Document your search
2. Refine your search terms
3. Search every location a record is likely to be located
4. Follow obvious leads
DECLARATION OF PUBLIC OFFICIAL/EMPLOYEE
RE SEARCH OF PERSONAL DEVICE/ACCOUNT

I, Susan Smith, Councilmember for the Agency, do hereby certify that I completed the following search of my personal devices and personal accounts on March 27, 2018:

- I searched the following accounts and devices:
  - Personal Gmail Account (ssmith2018@gmail.com)
  - Text Messages on Personal Cell Phone

- I used the following individual search terms independent of each other:
  - “city hall”
  - “location”

- I searched for records within the following dates: January 1, 2017-December 31, 2017

The search was performed in order to provide records responsive to the following Public Records Request (“Request”):

“All emails and text messages from 2017 to and from all councilmembers regarding the proposed location of a new city hall.”

I hereby certify that the only personal devices and accounts I use to communicate for agency business are my Gmail account and the text messaging feature on my personal cell phone. I further certify that I have provided to the Agency PRO all responsive emails located in my Gmail account and all responsive text messages located on my personal cell phone as a result of my search. I hereby certify that any other email messages in my Gmail account and any other text messages on my personal cell phone, other than those I have provided pursuant to the Request, are either personal in nature (and therefore not public records) or are not responsive to the Request.

Signed and dated this ___ day of __________, ______ at ______________, ____________.

________________________________________
Signature
How Do I Conduct a Reasonable Search?

1. Document your search
2. Refine your search terms
3. Search every location a record is likely to be located
4. Follow obvious leads

The search will be measured by whether it was reasonably calculated to uncover all responsive records.
Search Metadata

Metadata must be specifically requested

Request for record in native electronic format by its nature encompasses metadata

Is it possible to produce metadata for:
- Text messages?
- Social media posts?
- Website?

Is it reasonable or technically feasible to produce metadata for these types of records?
Search Installments

Installments are your friend

Collect costs per installment

Consider request abandoned if don’t pay for or review installment
## Review

### Exemption Log

Sample Exemption Log Available in WAPRO Toolkit

---

### RECORDS PROVIDED WITH REDACTIONS

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Page # (Bates numbering)</th>
<th>Code*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>5</td>
<td>1A</td>
</tr>
<tr>
<td>Payroll record</td>
<td>12</td>
<td>7E</td>
</tr>
<tr>
<td>Employment offer letter</td>
<td>13</td>
<td>11A</td>
</tr>
<tr>
<td>Internal misconduct investigation</td>
<td>25</td>
<td>24</td>
</tr>
</tbody>
</table>

*Refer to Exemption Key

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### RECORDS WITHHELD IN THEIR ENTIRETY

<table>
<thead>
<tr>
<th>Document Type / Description</th>
<th>Document Date</th>
<th># of Pages</th>
<th>Author</th>
<th>Recipient</th>
<th>Code*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for employment</td>
<td>January 2017</td>
<td>2</td>
<td>Jim Williams</td>
<td>Agency HR Director Patty Gray</td>
<td>22</td>
</tr>
<tr>
<td>Resume</td>
<td>January 2017</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>22</td>
</tr>
<tr>
<td>Test questions used to administer employment examination</td>
<td>February 2017</td>
<td>5</td>
<td>Jane Smith</td>
<td>N/A</td>
<td>23A</td>
</tr>
<tr>
<td>Test scoring keys used for employment examination</td>
<td>February 2017</td>
<td>1</td>
<td>Jane Smith</td>
<td>N/A</td>
<td>23B</td>
</tr>
<tr>
<td>Memo</td>
<td>August 2017</td>
<td>2</td>
<td>Agency Attorney Nicholas Wolf</td>
<td>Agency HR Director Patty Gray</td>
<td>1A</td>
</tr>
</tbody>
</table>
Review Exemption Log

EXEMPTION KEY

<table>
<thead>
<tr>
<th>Code</th>
<th>Applicable Exemption</th>
<th>The cited exemption applies because the redacted/withheld information includes the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A-1D</td>
<td>RCW 42.56.070(1); RCW 5.60.060(2)(a). Communication between client and attorney for the purpose of obtaining or providing legal advice is exempt.</td>
<td>1A: Communication between client and attorney to obtain or provide legal advice 1B: Communication between attorney and client regarding litigation 1C: Communication between attorneys regarding litigation 1D: Communication between attorneys regarding client advice</td>
</tr>
<tr>
<td>1F</td>
<td>RCW 42.56.070(1); RCW 5.60.060(2)(a). Communication between members of client agency for purpose of gathering information to obtain legal advice or convey attorney/client communications is exempt.</td>
<td>Communications between clients to gather information for attorney</td>
</tr>
</tbody>
</table>
FAQs and Common Pitfalls
FAQs--Retention

**Question:** What are our responsibilities for public records retention on websites and social media accounts?

**Answer:** Retention is based on the underlying record/communication—there is not a specific retention period for webpages or social media posts in general. The content may be “duplicate” if the original record is located elsewhere. But have good back up strategies!
FAQs- Retention

**Question:** How best to deal with the dusty storage room full of old files?

**Answer:** Understand the nature of the records and potential retention periods before you start. Be ready to scan anything that may still be subject to retention. Ask for the time and resources you need and hold off until you think you have enough of both to get the job done. For more, see the Washington State Archives [Local Records Grant Program](http://Local%20Records%20Grant%20Program) (Organizing the File Room and Digital Imaging).
FAQ—Broad/Vague Requests

**Question:** What are best practices when dealing with requests for records pertaining to a particular topic that appear vague or overbroad, where the individual may not want all records related to that topic.

**Answer:** Sometimes requestors use broader language than necessary to ensure they get the records they want. Communication with the requestor is key. Sometimes a phone call works better than an email. Explain to them that the process will be faster and cheaper if they agree to narrow the scope of their request. Good customer service is key! Be sure to document any agreement on the part of the requestor in this regard.
Question: I have heard that it is better to redact documents rather than exempt document. If that is the case, then what is the purpose of an exemption log?

Answer: Redaction is a type of exemption in which you exempt a portion of a record. The exemption log is used to explain the purpose of the redaction. It can apply to both redactions and documents that are exempt in their entirety (which is rare).
FAQ—PRA—Substitute for Discovery

**Question:** Attorneys are now starting to use the public records request to circumvent discovery as a means to obtaining documents faster. Is there a way to prevent this? How could you best handle the request?

**Answer:** This has been happening for years and there is no way to prevent it. Coordinate with your legal counsel if you suspect a records request involves actual or potential litigation with your agency. Sometimes legal review of responsive records is required to determine if exemptions such as work-product or attorney-client privilege apply.
A Word about “Frequent Fliers”

- A “frequent flier” can be motivated by any number of things—grievance against an agency, watchdog, passion for a particular topic, etc.

- Up to date public records policies and fee schedules are very important.

- So is treating everyone, including frequent fliers, “by the book.”

- Agencies get hit hardest in PRA cases when they don’t follow the PRA or their policies with respect to a requestor they perceive to be “difficult.”

- A PRO needs to have thick skin and realize that their agency may have to settle or pay damages in a PRA case at some point. Even if they do their job well. Sometimes, mitigation of damage is the best you can do.
Resources

• Links from MRSC
  • OPMA/PRA Training
  • Executive Session Basics
  • Executive Session FAQs Expectations of Confidentiality and OPMA Executive Sessions
  • Blog post: "We're Going into Exec Session to Discuss Personnel." Is That Okay?
  • Open Public Meetings Act (executive session coverage)
  • Executive Session Checklist for Local Governments (MRSC Practice Tips)

• Links from Attorney General Office
  • Open Government Training

• Links from AWPHD
  • AWPHD/WSHA Governance & Executive Education
Upcoming Governance Education Session
Public Records Officer Webinar Part II
November 8, 2023 | 10:00 am - noon

Agenda

• Conducting a reasonable search
• Discerning private records from public
• Third-Party Notices
• Common pitfalls
• Facilitated discussion on scenarios that involve legal & communications team
THANK YOU!
Jefferson Healthcare

Patient Story
February 28, 2023
Jake Davidson, Chief Ancillary, Support and Medical Group Officer
Dental at Jefferson Healthcare

Isabel Liendo Lira, DDS  Pavel Vasilyuk, DDS  Meagan Taylor, RDH  Stella Poe, RDH
4th Quarter 2022 Patient Advocate Report

Presented by Jackie Levin MS, RN,
Board of Commissioner Meeting
February 28, 2023
Service Excellence Snapshot

Patient Advocate Goals:

Restore the trust in Jefferson Healthcare and in the care we provide.

Help navigate through our healthcare system.
Review Patient Concern Data
Building LGBTQIA+ Equity Education
Pronouns: Data Collection for Patient Care
Service Feedback: Q 4

Feedback Summary Average:
- Days to Acknowledgement: 2.8 Days
- Days to Closure: 11.1 Days
- 4 Closures > 30 Days
Grievances and Concerns  
Quarter 4 2022

- 62 Tickets/ 84 % offered opportunity for improvement
  - Top opportunities identified:
    - Communication
    - Navigate Billing & Charges
    - Access/transitions of care

Navigation Feedback and Service Recovery  
Quarter 4 2022

Purpose: Track care process gaps and get immediate needs met
- 124 contacts
- Time spent: 56 hours
- Areas of concern
  - Medication refills
  - Need for Transgender Care Provider Consultation
  - Billing and Charges
  - Appointment Access/Scheduling
LGBTQIA+ Task Force Activities
A Ten-Year Journey

2013
Apply for HEI Leader Award

2014-2016
Sponsor of LGBTQ+ 101 for the community included Police, Fire and other City employees

2016
Patient non-discrimination policy training

2017-Present
Sponsor of Olympic Pride

2017
Sponsor of The Trans List Film shown at QUUF

2017-2020
LGBTQIA+ and Gender-Affirming Care training for Primary Care Providers with Dr. Kevin Wang

2020-2022
Pursuing Equity/Institute of Healthcare Improvement

2021-2022
Beau Ohlgren provided 7 “Lunch & Learns” on Care of LGBTQIA+ patients
Open Chart Review

Nonconformities

Level 1 Nonconformities

NC 1-1 ISO 8.2.3 Review of requirements related to products and services.

Key employees are not trained in the use of Epic for the process of determining and documenting patient pronouns. Pronouns documented in Epic in the general population 3%. Pronouns documented in Epic in Gender Dysphoria population 44%.

Level 2 Nonconformities

NC 2-1 ISO 9001:2015 7.2 Competence: The organization has not ensured that key staff are competent on the basis of appropriate education, training or experience.

NC 2-2 ISO 9001:2015 7.2 Competence: The organization has not taken actions to evaluate the effectiveness of procedure and training for pronouns interview or documentation.
Right Pronoun:
Health Equality
Index Award 2024
### Unique Patients Since 2018

<table>
<thead>
<tr>
<th>Patient Pronoun</th>
<th># Patients</th>
</tr>
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<tbody>
<tr>
<td>she/her/hers</td>
<td>1,014</td>
</tr>
<tr>
<td>he/him/his</td>
<td>682</td>
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<tr>
<td>they/them/their</td>
<td>85</td>
</tr>
<tr>
<td>patient’s name</td>
<td>196</td>
</tr>
<tr>
<td>decline to answer</td>
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<tr>
<td>unknown</td>
<td>19</td>
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<td>(BLANK)</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>51,827</strong></td>
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Our HEI Journey 2023

CI for NEO Education and Training

Dr. Kayden Vargas for Clinicians

Beau Ohlgren for All Staff

Pop Health/Data Team Capturing Pronoun Data

Hardwire gathering Pronoun and REaL Data into Registration and Roomers’ Processes -- TBD
Questions?
Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

February 28, 2023
## Strategic Goal #1: Deliver the highest quality care.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Initiatives</th>
</tr>
</thead>
</table>
| Cultivate a deep-rooted culture of safety | 1. Connect every employee to their role in patient safety and quality  
2. Develop a system of shared accountability by being accountable for systems and for responding to behavioral choices in a fair and just manner  
3. Identify and mitigate the root causes for safety events and near misses |
| Deliver care that is guided by the best evidence | 1. Promote active engagement of the medical staff in clinical quality monitoring and improvement  
2. Ensure that the highest standards of practice are met.  
3. Promote wellness and manage chronic disease  
4. Seek and maintain meaningful accreditation  
5. Enhance the use of technology, data and analytics to improve quality and safety |
| Eliminate health disparities | 1. Implement a comprehensive equity program  
2. Embed equity index into quality reporting  
3. Actively work to eliminate health disparities |
Our goal is to be the best place to come for care, which means that we are committed to being the best at what we do.

We continually evaluate our services to ensure that our practices evolve as the science of medicine evolves.

Minimally invasive surgeries are an example of this. These procedures offer:

- Smaller incisions
- Less blood loss
- Less pain
- Shorter hospital stays
- Faster recovery and return to daily activities
- Reduced scar tissue
- Less risk of infection or other complications

In 2022, our surgical teams performed over 500 minimally invasive surgeries across all specialties.
Strategic Goal: Provide the services that our community needs most.

**Laparoscopic Surgeries**
- Laparoscopic-Assisted Vaginal Hysterectomies
- Diagnostic or Operative Laparoscopies
- Laparoscopic Fulguration of Endometriosis
- Laparoscopic Hernia Repairs
- Laparoscopic Assisted Bowel Resection
- Laparoscopic Appendectomy
- Laparoscopic Cholecystectomy (gallbladder removal)

**Cystoscopy**
- Transurethral Resection of Prostate
- Transurethral Resection of Bladder Tumor
- Laser lithotripsy and stent placement

**Arthroscopy**
- Shoulder Arthroscopy with Debridement
- Arthroscopic Rotator Cuff Repair
- Knee Arthroscopy with Meniscectomy
- Endoscopic Carpal Tunnel Release

**Others**
- Robotic-assisted Total Knee Arthroplasty
- Extracorporeal Shockwave Lithotripsy (completely non-invasive!)

**Hysteroscopy**
- Hysteroscopic removal of polyps or fibroids
- Hysteroscopy with dilation and curettage
Surgical Quality: Keys to Safety and High Quality

Achieve Excellent Outcomes

- Recruit and retain exceptional teams
- Cultivate a culture of safety
- Ensure the highest standards of practice are met

The surgery team uses evidence-based teamwork and communication tools to promote a culture of safety.

“We hold each other accountable and maintain high standards with the patient’s well-being as the highest priority.”
Donica Byers, Director of Surgical Services

Hospital Survey on Patient Safety Culture Composite Positive Responses

Jefferson Healthcare 4th Quarter 2019 (n=174)
Surgery Oper. Room (n=14)
"As surgeons, working at Jefferson Healthcare is a unique experience. We get to work in a very close-knit organization where the patient centric approach to surgery is very apparent. We have exceptional surgeons who come from all walks of life and bring to the table the cutting edge (pun intended) of surgical skill and knowledge. We rely on each other, both surgeons and surgical staff, to work hand-in-hand to promote an atmosphere of diligence, comfort, kindness and excellence.

Aside from adhering to the highest of surgical standards, because of our remote location, we are often times charged with care of one another, family and friends or neighbors. This tremendous responsibility, beckons and breeds an exceptional line of surgeons and surgical services found at Jefferson Healthcare.

We will stay late, start early and go the extra mile to ensure the safety and satisfaction of our patients. A task that would prove impossible if not for the support and understanding of our families, the community, and this institution for which we care for immensely."

Chiefs of Surgery,
Asif Luqman, MD
Joseph Meyerson, MD
Goal: Deliver the highest quality care.  
Looking at outcomes.

Targeting zero.

We continuously monitor patient outcomes to ensure that our services are best in class. This means that our goal is to deliver highly reliable care - with zero complications.
Patient Perspective: Outpatient/Ambulatory Surgery

In the Words of Our Patients…

• Jefferson Healthcare is TOPs on my list for quality health care. The staff is excellent, and the facility is first rate. I felt VERY well cared for from the aide car ride, until I was released to go home. Bravo! And thank you!

• I really appreciated that during a shift change the nurses all stopped in to introduce themselves. Small gesture but very much appreciated.

• Everything went well No complaints at all. Nursing staff was all excellent. Couldn’t ask for more

• The staff made it easy and comfortable

• Excellent staff! Very much appreciated each member I met during my visit. Thank you

• JH was very professional and employees most helpful polite & gracious! Dr & PA very personable and knowledgeable - I felt welcome the minute I stepped into the JH Facility

• They even laughed at my jokes. How can service get better than that!

- Great team of nurses, assistants + especially Dr. Meyerson
- Dr. Lawrence and his staff are excellent
Jefferson Healthcare Ranked in the top 100 Best Hospitals for Patient Experience.

Jefferson Healthcare Ranked in the top 2% in the nation for minimally invasive surgeries.

Jefferson Healthcare Ranked in the top 5% for Outpatient Experience.
Our work is not done.

Our leaders, care givers, advance practice clinicians, and physicians are hard at work evaluating our processes to improve where we can and hardwire the things that are working well.

This year, we are focusing on improving the systems that:

- Improve patient outcomes by achieving certification for our Hip and Knee Replacement program by DNV
- Improve communication among our clinicians and our patients - by optimizing the referrals and the informed consent processes
- Make it easier to access care by optimizing technology solutions
- Support operational excellence through education, training, and hands-on experience
- Support a culture of safety and shared learning - by sharing feedback about opportunities through updated reporting

Orthopedic Center of Excellence

Targeting Zero:
- To be Continued

Optimizing Referrals and access to care

Informed Consent Process Improvement

Updating quality reporting systems
Our mission - to hold the trust of our community - is more than words on the wall for our care teams. It is deeply personal.

A note of thanks and sincere gratitude to the care givers, surgeons, and team members across Jefferson Healthcare, who are dedicated to providing the best care possible – every day.

What Questions do you Have?
January 2023 Finance Report

February 28th, 2023

Tyler Freeman, CFO
### December 2022
#### Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>DECEMBER 2022</th>
<th>DECEMBER 2021</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO ACTUAL</td>
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<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>586</td>
<td>625</td>
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<td>ADJUSTED PATIENT DAYS</td>
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<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
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<td>76</td>
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<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
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<td>277</td>
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<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
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<td>369</td>
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<td>SURGERY CASES (IN OR)</td>
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<td>139</td>
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<tr>
<td>SPECIAL PROCEDURE CASES</td>
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<td>LAB BILLABLE TESTS</td>
<td>20,386</td>
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<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
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<td>PHARMACY MEDS DISPENSED</td>
<td>30,067</td>
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<td>RESPIRATORY THERAPY PROCEDURES</td>
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<td>REHAB/PT/OT/ST</td>
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<td>ER CENSUS</td>
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<td>DENTAL CLINIC</td>
<td>317</td>
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<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
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<td>TOTAL SPECIALTY CLINIC VISITS</td>
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## December 2022
### Income Statement Summary

<table>
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<tr>
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<th>December 2022 Actual</th>
<th>December 2022 Budget</th>
<th>Variance Favorable/Unfavorable</th>
<th>December 2022 YTD</th>
<th>December 2022 Budget YTD</th>
<th>Variance Favorable/Unfavorable</th>
<th>December 2021 YTD</th>
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<tbody>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gross Patient Service Revenue</td>
<td>28,551,281</td>
<td>27,602,012</td>
<td>949,268 3%</td>
<td>318,713,627</td>
<td>324,991,437</td>
<td>(6,277,811) -2%</td>
<td>298,013,861</td>
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<td>Revenue Adjustments</td>
<td>12,976,332</td>
<td>14,870,993</td>
<td>1,894,661 13%</td>
<td>168,954,263</td>
<td>175,093,946</td>
<td>6,139,683 4%</td>
<td>156,980,754</td>
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<td>Charity Care Adjustments</td>
<td>1,968,349</td>
<td>211,517</td>
<td>(1,756,832) -831%</td>
<td>3,280,565</td>
<td>2,490,441</td>
<td>(790,124) -32%</td>
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<td>Net Patient Service Revenue</td>
<td>13,606,599</td>
<td>12,519,503</td>
<td>1,087,096 9%</td>
<td>146,478,798</td>
<td>147,407,049</td>
<td>(928,251) -1%</td>
<td>137,160,844</td>
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<td>Other Revenue</td>
<td>(6,937)</td>
<td>557,928</td>
<td>(564,865) -101%</td>
<td>8,421,155</td>
<td>6,569,150</td>
<td>1,852,005 28%</td>
<td>8,886,603</td>
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<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>13,599,662</td>
<td>13,077,431</td>
<td>522,232 4%</td>
<td>154,899,953</td>
<td>153,976,199</td>
<td>923,754 1%</td>
<td>146,047,447</td>
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<td><strong>Operating Expenses</strong></td>
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<td>Salaries And Wages</td>
<td>7,064,289</td>
<td>6,567,149</td>
<td>(497,140) -8%</td>
<td>73,833,256</td>
<td>77,322,882</td>
<td>3,489,625 5%</td>
<td>70,571,040</td>
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<td>Employee Benefits</td>
<td>640,430</td>
<td>1,526,621</td>
<td>886,191 58%</td>
<td>16,248,266</td>
<td>17,974,728</td>
<td>1,726,462 10%</td>
<td>15,912,736</td>
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<td>Other Expenses</td>
<td>5,107,678</td>
<td>4,648,754</td>
<td>(458,924) -10%</td>
<td>61,360,559</td>
<td>54,735,329</td>
<td>(6,625,230) -12%</td>
<td>51,828,760</td>
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<td><strong>Total Operating Expenses</strong></td>
<td>12,812,397</td>
<td>12,742,524</td>
<td>(69,874) -1%</td>
<td>151,442,082</td>
<td>150,032,939</td>
<td>(1,409,143) -1%</td>
<td>138,312,537</td>
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<td><strong>Operating Income (Loss)</strong></td>
<td>787,265</td>
<td>334,907</td>
<td>452,358 135%</td>
<td>3,457,871</td>
<td>3,943,260</td>
<td>(485,389) -12%</td>
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<td><strong>Total Non Operating Revenues (Expenses)</strong></td>
<td>118,177</td>
<td>3,298</td>
<td>114,879 -3483%</td>
<td>343,797</td>
<td>38,832</td>
<td>304,965 -785%</td>
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<tr>
<td>Change in Net Position (Loss)</td>
<td>905,442</td>
<td>338,205</td>
<td>567,237 168%</td>
<td>3,801,668</td>
<td>3,982,092</td>
<td>(180,424) -5%</td>
<td>7,608,756</td>
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<tr>
<td><strong>Operating Margin</strong></td>
<td>5.8%</td>
<td>2.6%</td>
<td>3.2% 126.0%</td>
<td>2.2%</td>
<td>2.6%</td>
<td>-0.3% -12.8%</td>
<td>5.3%</td>
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<tr>
<td><strong>Total margin</strong></td>
<td>6.7%</td>
<td>2.6%</td>
<td>4.1% 157.4%</td>
<td>2.5%</td>
<td>2.6%</td>
<td>-0.1% -5.1%</td>
<td>5.2%</td>
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<tr>
<td><strong>Salaries &amp; Benefits as a % of net pt svc rev</strong></td>
<td>-56.6%</td>
<td>-64.6%</td>
<td>8.0% 124%</td>
<td>-61.5%</td>
<td>-64.6%</td>
<td>3.1% 4.9%</td>
<td>-63.1%</td>
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</table>
## December 2022

### Board Financial Report

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<th>Department</th>
<th>Account</th>
<th>Description</th>
<th>Dec Actual</th>
<th>Dec Budget</th>
<th>Dec Variance</th>
<th>2022 YTD Actual</th>
<th>2022 YTD Budget</th>
<th>YTD Variance</th>
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<td>Management &amp; Supervision Wages</td>
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<td>3,907</td>
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<td>5</td>
<td>1</td>
<td>83</td>
<td>64</td>
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<td>Benefits Medical Ins-Union</td>
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<td>Other Non-Medical Supplies</td>
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<td>143</td>
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<td>Other Purchased Services</td>
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<td>170</td>
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<td>Travel/Meetings/Training</td>
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<td>807</td>
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<td>12,189</td>
<td>9,500</td>
<td>(2,689)</td>
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<td>-</td>
<td>-</td>
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<td>BOARD Total</td>
<td></td>
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<td>10,666</td>
<td>16,265</td>
<td>5,599</td>
<td>209,451</td>
<td>191,510</td>
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## January 2023

### Operating Statistics

#### January 2023

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<th>STATISTIC DESCRIPTION</th>
<th>MO ACTUAL</th>
<th>MO BUDGET</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>% VARIANCE</th>
<th>MO ACTUAL</th>
<th>% VARIANCE</th>
<th>YTD ACTUAL</th>
<th>% VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>386</td>
<td>625</td>
<td>38%</td>
<td>386</td>
<td>625</td>
<td>38%</td>
<td>592</td>
<td>35%</td>
<td>609</td>
<td>37%</td>
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<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>3,583</td>
<td>3,041</td>
<td>18%</td>
<td>3,583</td>
<td>3,041</td>
<td>18%</td>
<td>3,737</td>
<td>-4%</td>
<td>16,540</td>
<td>-78%</td>
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<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>84</td>
<td>108</td>
<td>-22%</td>
<td>84</td>
<td>108</td>
<td>-22%</td>
<td>108</td>
<td>-22%</td>
<td>108</td>
<td>-29%</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>323</td>
<td>297</td>
<td>9%</td>
<td>323</td>
<td>297</td>
<td>9%</td>
<td>350</td>
<td>-8%</td>
<td>350</td>
<td>-8%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>407</td>
<td>422</td>
<td>-4%</td>
<td>407</td>
<td>422</td>
<td>-4%</td>
<td>458</td>
<td>-11%</td>
<td>458</td>
<td>-13%</td>
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<tr>
<td>SURGERY CASES (IN OR)</td>
<td>137</td>
<td>133</td>
<td>3%</td>
<td>137</td>
<td>133</td>
<td>3%</td>
<td>110</td>
<td>25%</td>
<td>110</td>
<td>20%</td>
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<tr>
<td>SPECIAL PROCEDURE CASES</td>
<td>73</td>
<td>71</td>
<td>3%</td>
<td>73</td>
<td>71</td>
<td>3%</td>
<td>32</td>
<td>128%</td>
<td>32</td>
<td>56%</td>
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<tr>
<td>LAB BILLABLE TESTS</td>
<td>22,099</td>
<td>21,832</td>
<td>1%</td>
<td>22,099</td>
<td>21,832</td>
<td>1%</td>
<td>23,235</td>
<td>-5%</td>
<td>23,235</td>
<td>-5%</td>
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<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>3,506</td>
<td>3,235</td>
<td>8%</td>
<td>3,506</td>
<td>3,235</td>
<td>8%</td>
<td>2,968</td>
<td>18%</td>
<td>2,968</td>
<td>15%</td>
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<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>21,559</td>
<td>19,897</td>
<td>8%</td>
<td>21,559</td>
<td>19,897</td>
<td>8%</td>
<td>20,684</td>
<td>4%</td>
<td>20,684</td>
<td>4%</td>
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<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,901</td>
<td>3,259</td>
<td>-11%</td>
<td>2,901</td>
<td>3,259</td>
<td>-11%</td>
<td>4,059</td>
<td>-29%</td>
<td>4,059</td>
<td>-40%</td>
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<tr>
<td>REHAB/PT/OT/ST</td>
<td>7,995</td>
<td>9,458</td>
<td>-15%</td>
<td>7,995</td>
<td>9,458</td>
<td>-15%</td>
<td>7,813</td>
<td>2%</td>
<td>7,813</td>
<td>2%</td>
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<tr>
<td>ER CENSUS</td>
<td>1,084</td>
<td>1,068</td>
<td>1%</td>
<td>1,084</td>
<td>1,068</td>
<td>1%</td>
<td>972</td>
<td>12%</td>
<td>972</td>
<td>10%</td>
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<tr>
<td>DENTAL CLINIC</td>
<td>454</td>
<td>419</td>
<td>8%</td>
<td>454</td>
<td>419</td>
<td>8%</td>
<td>375</td>
<td>21%</td>
<td>375</td>
<td>17%</td>
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<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>6,549</td>
<td>6,623</td>
<td>-1%</td>
<td>6,549</td>
<td>6,623</td>
<td>-1%</td>
<td>5,706</td>
<td>15%</td>
<td>5,706</td>
<td>13%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,620</td>
<td>3,911</td>
<td>-7%</td>
<td>3,620</td>
<td>3,911</td>
<td>-7%</td>
<td>3,274</td>
<td>11%</td>
<td>3,274</td>
<td>10%</td>
</tr>
</tbody>
</table>
# January 2023

## Income Statement Summary

<table>
<thead>
<tr>
<th>Operating Revenue</th>
<th>January 2023 Actual</th>
<th>January 2023 Budget</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>January 2023 YTD</th>
<th>January 2023 Budget YTD</th>
<th>Variance Favorable/ (Unfavorable)</th>
<th>%</th>
<th>January 2022 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Patient Service Revenue</td>
<td>29,118,774</td>
<td>29,491,437</td>
<td>(372,662)</td>
<td>-1%</td>
<td>29,118,774</td>
<td>29,491,437</td>
<td>(372,662)</td>
<td>-1%</td>
<td>24,965,776</td>
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<tr>
<td>Revenue Adjustments</td>
<td>15,706,264</td>
<td>15,847,480</td>
<td>141,216</td>
<td>1%</td>
<td>15,706,264</td>
<td>15,847,480</td>
<td>141,216</td>
<td>1%</td>
<td>13,443,544</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>203,421</td>
<td>187,886</td>
<td>(15,535)</td>
<td>-8%</td>
<td>203,421</td>
<td>187,886</td>
<td>(15,535)</td>
<td>-8%</td>
<td>110,953</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>13,209,090</td>
<td>13,456,071</td>
<td>(246,981)</td>
<td>-2%</td>
<td>13,209,090</td>
<td>13,456,071</td>
<td>(246,981)</td>
<td>-2%</td>
<td>11,411,279</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>548,043</td>
<td>452,638</td>
<td>95,405</td>
<td>21%</td>
<td>548,043</td>
<td>452,638</td>
<td>95,405</td>
<td>21%</td>
<td>833,613</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>13,757,133</td>
<td>13,908,709</td>
<td>(151,576)</td>
<td>-1%</td>
<td>13,757,133</td>
<td>13,908,709</td>
<td>(151,576)</td>
<td>-1%</td>
<td>12,244,891</td>
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</table>

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th>Salaries And Wages</th>
<th>6,069,894</th>
<th>6,899,538</th>
<th>829,645</th>
<th>12%</th>
<th>6,069,894</th>
<th>6,899,538</th>
<th>829,645</th>
<th>12%</th>
<th>5,919,482</th>
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</thead>
<tbody>
<tr>
<td>Employee Benefits</td>
<td>1,683,133</td>
<td>1,564,367</td>
<td>(118,766)</td>
<td>-8%</td>
<td>1,683,133</td>
<td>1,564,367</td>
<td>(118,766)</td>
<td>-8%</td>
<td>1,484,957</td>
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<tr>
<td>Other Expenses</td>
<td>5,651,596</td>
<td>5,041,491</td>
<td>(610,105)</td>
<td>-12%</td>
<td>5,651,596</td>
<td>5,041,491</td>
<td>(610,105)</td>
<td>-12%</td>
<td>4,296,313</td>
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</tr>
<tr>
<td>Total Operating Expenses</td>
<td>13,404,623</td>
<td>13,505,396</td>
<td>100,773</td>
<td>1%</td>
<td>13,404,623</td>
<td>13,505,396</td>
<td>100,773</td>
<td>1%</td>
<td>11,700,752</td>
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</tr>
<tr>
<td>Operating Income (Loss)</td>
<td>352,510</td>
<td>403,312</td>
<td>(50,803)</td>
<td>-13%</td>
<td>352,510</td>
<td>403,312</td>
<td>(50,803)</td>
<td>-13%</td>
<td>544,139</td>
<td></td>
</tr>
<tr>
<td>Total Non Operating Revenues (Expenses)</td>
<td>118,895</td>
<td>(1,730)</td>
<td>120,625</td>
<td>6972%</td>
<td>118,895</td>
<td>(1,730)</td>
<td>120,625</td>
<td>6972%</td>
<td>(31,883)</td>
<td></td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>471,405</td>
<td>401,582</td>
<td>69,823</td>
<td>17%</td>
<td>471,405</td>
<td>401,582</td>
<td>69,823</td>
<td>17%</td>
<td>512,256</td>
<td></td>
</tr>
</tbody>
</table>

| Operating Margin | 2.6% | 2.9% | -0.3% | -11.6% | 2.6% | 2.9% | -0.34% | -11.6% | 4.4% |
| Total margin | 3.4% | 2.9% | 0.5% | 18.7% | 3.4% | 2.9% | 0.54% | 18.7% | 4.2% |
| Salaries & Benefits as a % of net pt svc rev | -58.7% | -62.9% | 4.2% | 6.7% | -58.7% | -62.9% | 4.21% | 6.7% | -64.9% |
January 2023
Cash and Accounts Receivable

Days Cash and Accounts Receivable

- DAYS OUTSTANDING IN A/R
- DAYS AR GOAL - 45
- DAYS OF CASH
- DAYS CASH GOAL - 90
## January 2023

**Board Financial Report**

<table>
<thead>
<tr>
<th>Department</th>
<th>Account</th>
<th>Description</th>
<th>Jan Actual</th>
<th>Jan Budget</th>
<th>Jan Variance</th>
<th>2023 YTD Actual</th>
<th>2023 YTD Budget</th>
<th>YTD Variance</th>
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<tbody>
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<td>BOARD</td>
<td>600010</td>
<td>Management &amp; S</td>
<td>4,773</td>
<td>4,903</td>
<td>130</td>
<td>4,773</td>
<td>4,903</td>
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<td>Benefits FICA</td>
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<td>Benefits WA F&amp;M</td>
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<td>7</td>
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<td>9</td>
<td>7</td>
<td>(2)</td>
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<td>601400</td>
<td>Benefits Medical</td>
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<td>Benefits Retirement</td>
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<td>Benefits Employe</td>
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<td>Computer Equipment</td>
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<td>604900</td>
<td>Other Non-Medical</td>
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<td>Other Purchased</td>
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<td>609400</td>
<td>Travel/Meetings</td>
<td>1,785</td>
<td>849</td>
<td>(936)</td>
<td>1,785</td>
<td>849</td>
<td>(936)</td>
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<tr>
<td><strong>BOARD Total</strong></td>
<td></td>
<td></td>
<td>10,268</td>
<td>17,357</td>
<td>7,089</td>
<td>10,268</td>
<td>17,357</td>
<td>7,089</td>
</tr>
</tbody>
</table>
February 2023
Preview — (*as of 0:00 2/28/23)

• $26,380,125 in Projected HB charges
  • Average: $942,147/day (HB only)
  • Budget: $947,481/day
  • 99.4% of Budget

• $9,647,592 in HB cash collections
  • Average: $344,557/day (HB only)
  • Goal: $417,444/day

• 52.0 Days in A/R

• Questions
Advocacy | State

• Update from Olympia

• Hospital Advocacy Day, February 14th
Advocacy | Federal

• Update from DC

• Senate Offsite Visit, February 9th
ACO Update
Admin Report

- Financial Update
- Jefferson Healthcare Foundation Update
- Medical Staff Leadership
- Replacement and Expansion Project
  - Design Development Phase
  - USDA Application Process
  - Radiation Therapy
- Other
Infill 1 level with 2 level addition adjacent

Massing Approach
Timeline

• USDA Funding Approval August/September 2023
• Demolition- September 2023
• Construction- October 2023
• Complete Construction- Q1 2025 (69 weeks)
• Move in Late Q1 2025
Cost Estimates

• Construction $53,202,773
• Soft Costs $13,501,112
• Contingency $3,342,550
• Other Construction Items $13,648,701
• Projected GMP $83,695,136
Funding Sources

• Rad Onc: Federal 2022- $2.5 Million
• Reproductive Health: State 2023- $4 Million
• Specialty Services: Federal 2024- $2 Million (Moon Shot)
• Foundation: $2.5 Million
• Cash/Capital
• USDA
Questions