

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, AWPMD

Joanna Castellanos, Program and Outreach Manager, AWPMD 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:

Jackie Levin, Patient Advocate, presented the February Patient Advocate Report. Discussion ensued.

Quality Report:

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

Financial Report:

Tyler Freeman, CFO, presented and 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 :

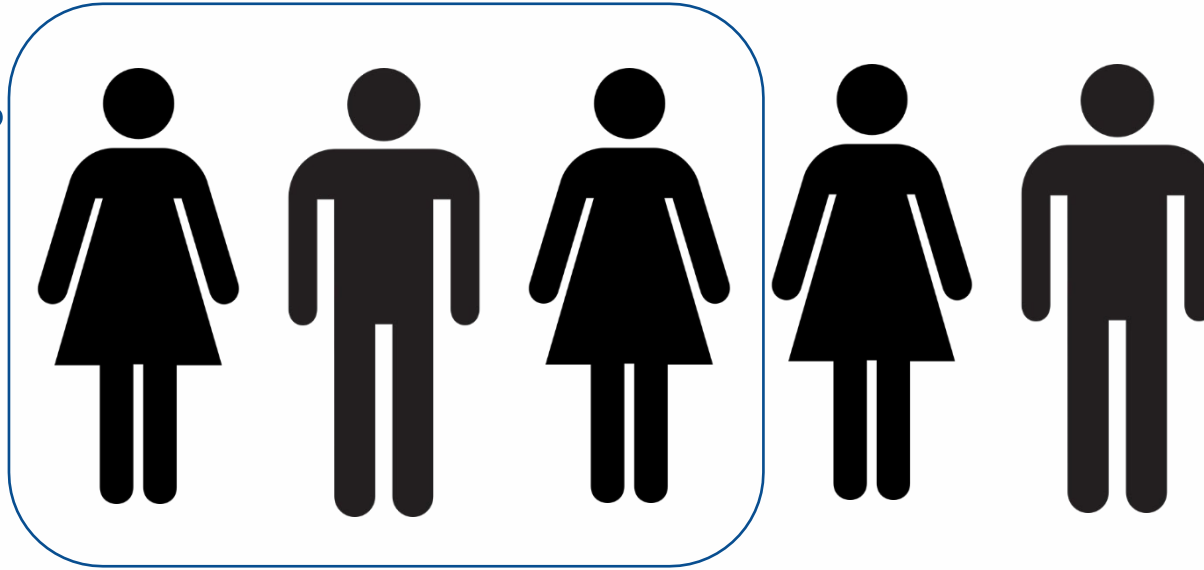
1. Is there a quorum or more of the governing body conducting agency business?
2. Is there a serial meeting?
3. Is there just passive receipt of information related to agency business?



OPMA - Quorum

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

What is a quorum?



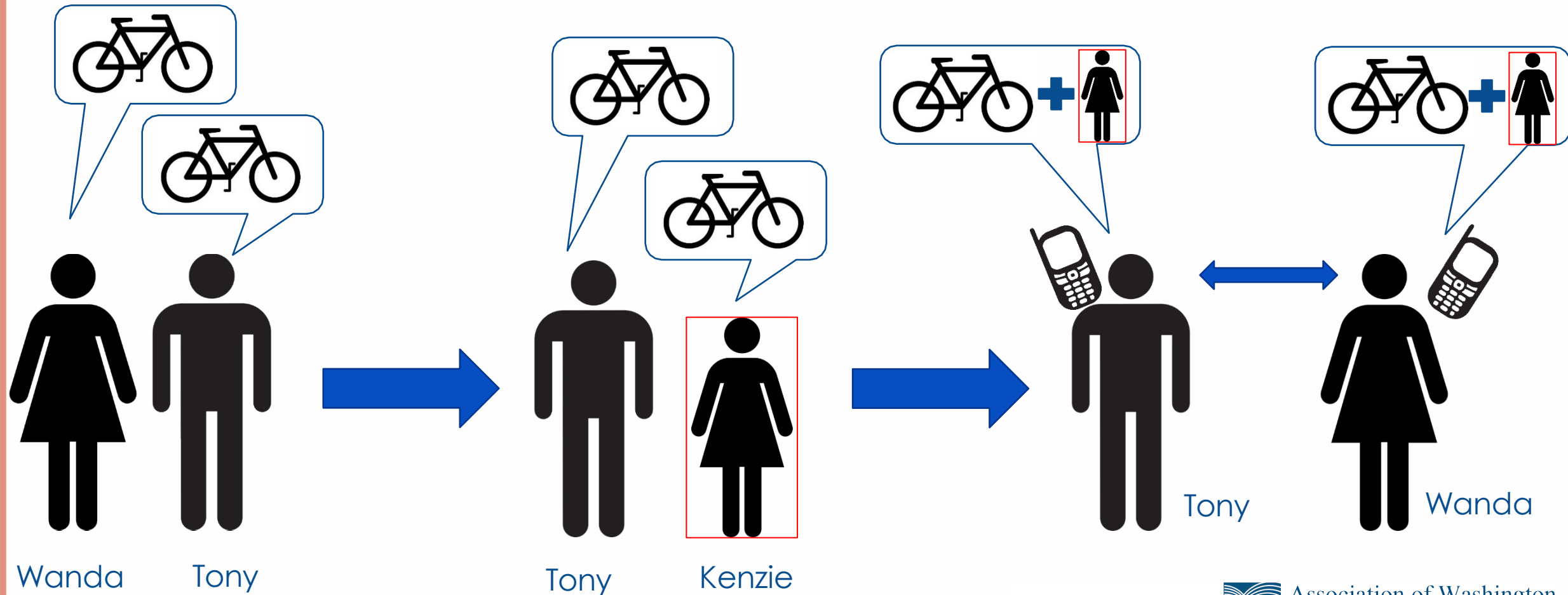
When does a governing body conduct agency business?

Statutory examples: receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations.



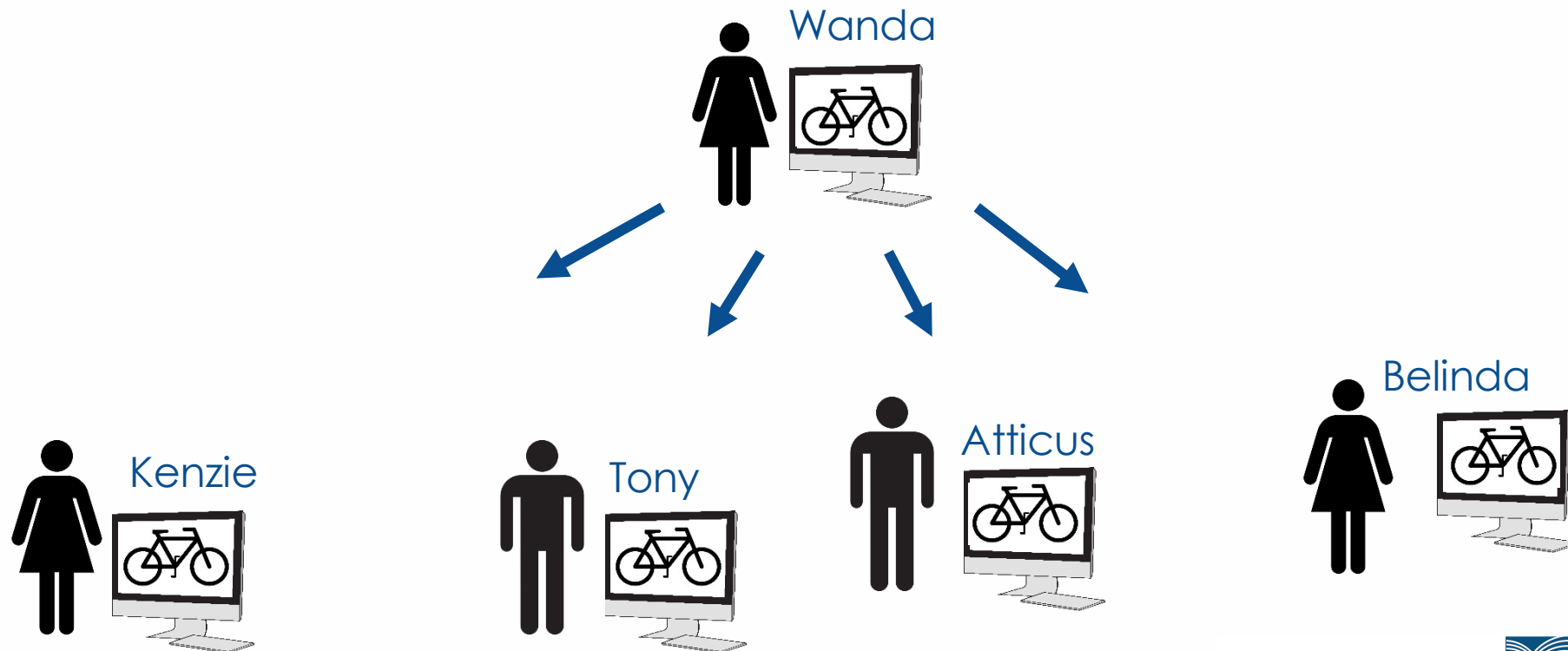
OPMA – Serial Meetings

Key Question #2: Is there a serial meeting?



OPMA – How to Comply

Key Question #3 : Is there just passive receipt of information related to agency business?





Open Public Meetings Act

& Technology

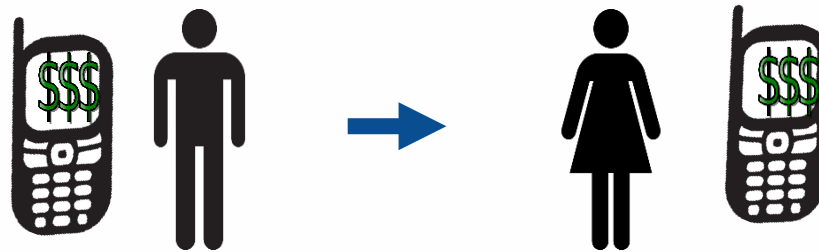
OPMA, Email, & Smart Phones

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?

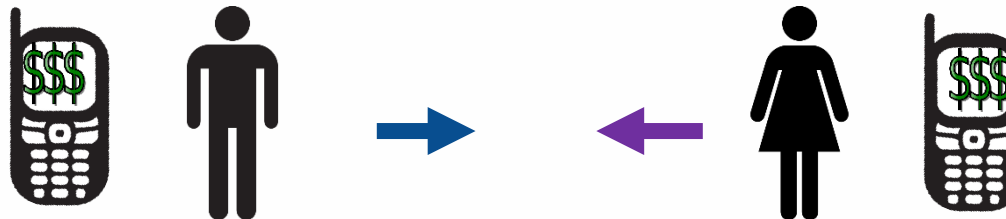


OPMA, Email, & Smart Phones

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

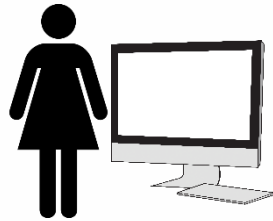


However, if Clint texts/emails Nicole, and she responds to the text/email, then a quorum of the governing body would have conducted agency business outside of an open public meeting, which violates the general rule of the OPMA.



OPMA and Social Media

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.

Friends ▼

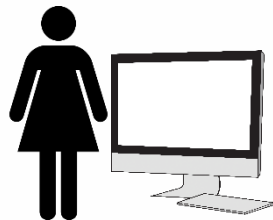
Post

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



Friends ▼

Post



Excellent, let's propose an amendment at the next council meeting.

Friends ▼

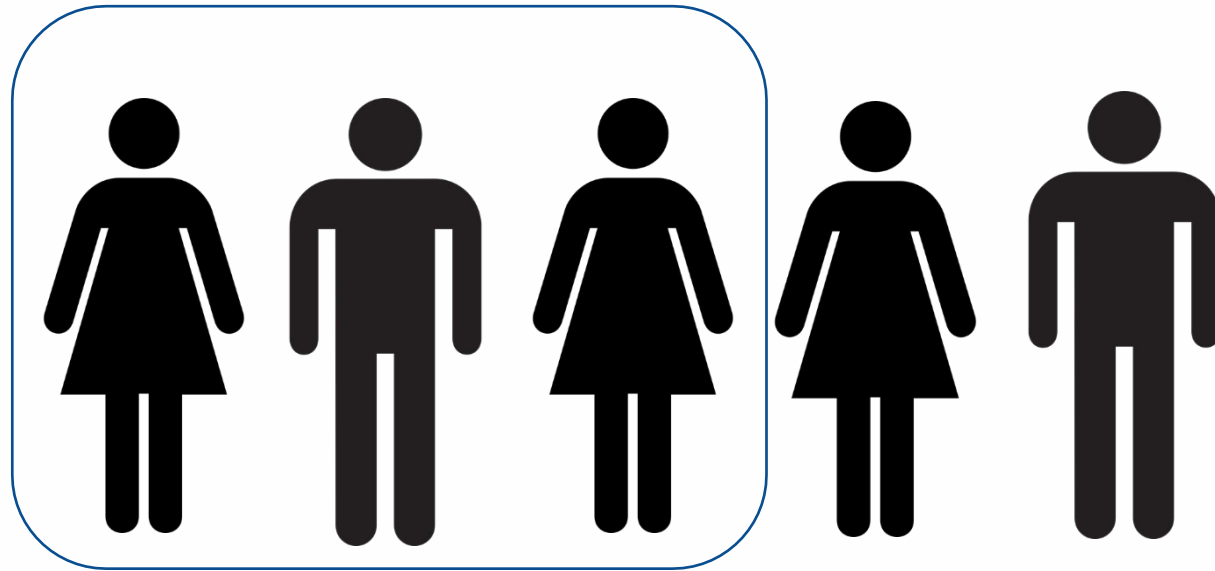
Post



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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

OPMA—Executive Sessions

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.

Source: <https://mrsc.org/stay-informed/mrsc-insight/june-2022/confidentiality-and-opma-executive-sessions>



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.



Executive Session Practice Tips by MRSC

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](#)



Association of Washington
Public Hospital Districts



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:



The screenshot shows the MRSC website interface. At the top, the MRSC logo is on the left, and navigation links for 'Contact Us', 'Partners', and 'Rosters' are on the right. Below these is a search bar with a 'GO' button and an 'Ask MRSC' button. A blue navigation bar contains links for 'RESEARCH TOOLS', 'EXPLORE TOPICS', 'STAY INFORMED', 'TRAINING', 'PUBLICATIONS', and 'ABOUT MRSC'. The breadcrumb trail reads: 'Home > Explore Topics > Legal > Open Public Meetings Act > Open Public Meetings Act Basics'. Below the breadcrumb, there are social media sharing icons for Twitter, Facebook, LinkedIn, and Print. The main heading is 'Open Public Meetings Act Basics'. The text below states: 'This page provides a general overview of the Washington State Open Public Meetings Act (OPMA) as applied to local government agencies, including checklists and tips created in collaboration with the State Auditor's Office Center for Government Innovation.' It also mentions: 'It is part of MRSC's series on the Open Public Meetings Act.' A green box at the bottom contains the text: 'OPMA legislation and proclamations: There are several new changes related to the Open Public Meetings Act taking effect in 2022:'. On the right side, there is a 'Related Materials' section with a 'BLOG' link and two articles: 'Email and the OPMA: Key Tips for Local Government Elected Officials' and 'Curing a Violation of the Open Public Meetings Act?'. Below that is an 'IN THE NEWS' section with a link to 'Council meetings in Port Angeles to be hybrid'.

MRSC Empowering local governments

Contact Us Partners Rosters

Have a Research Question?

Search... GO Ask MRSC

RESEARCH TOOLS EXPLORE TOPICS STAY INFORMED TRAINING PUBLICATIONS ABOUT MRSC

Home > Explore Topics > Legal > Open Public Meetings Act > Open Public Meetings Act Basics

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Open Public Meetings Act Basics

This page provides a general overview of the Washington State Open Public Meetings Act (OPMA) as applied to local government agencies, including checklists and tips created in collaboration with the State Auditor's Office Center for Government Innovation.

It is part of MRSC's series on the Open Public Meetings Act.

OPMA legislation and proclamations: There are several new changes related to the Open Public Meetings Act taking effect in 2022:

Related Materials

BLOG

Email and the OPMA: Key Tips for Local Government Elected Officials

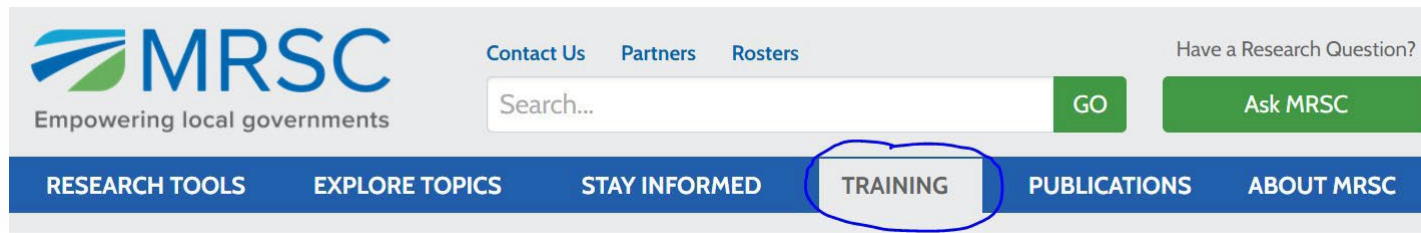
Curing a Violation of the Open Public Meetings Act?

IN THE NEWS

Council meetings in Port Angeles to be hybrid

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	Building and Repairing Trust at Work
1	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!



The screenshot shows the top navigation bar of the MRSC website with four items: RESEARCH TOOLS, EXPLORE TOPICS, STAY INFORMED, and TRAINING. The 'RESEARCH TOOLS' item is circled in red. Below the navigation bar is a breadcrumb trail: Home > Research Tools > Ask MRSC – Submit Your Question!. There are also social media icons for Facebook, Twitter, and a printer icon. The main heading is 'Ask MRSC – Submit Your Question!'. The text below explains that staff and officials from eligible government agencies can use the free, one-on-one 'Ask MRSC' inquiry service. It provides contact information: Use the form below or call us at 1-800-933-6772 (toll-free) or (206) 625-1300. A grey box contains additional information: For training questions or website issues, please use the [Contact Us](#) form. For questions about MRSC Rosters, please contact [MRSC Rosters Customer Service](#).

RESEARCH TOOLS EXPLORE TOPICS STAY INFORMED TRAINING

Home > Research Tools > Ask MRSC – Submit Your Question!

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Ask MRSC – Submit Your Question!

Staff and officials from eligible government agencies can use our free, one-on-one "Ask MRSC" inquiry service. With one call or click you can get a personalized answer from one of our trusted attorneys, policy consultants, or finance experts!

Use the form below or call us at 1-800-933-6772 (toll-free) or (206) 625-1300.

For training questions or website issues, please use the [Contact Us](#) form. For questions about MRSC Rosters, please contact [MRSC Rosters Customer Service](#).

We are now using an automated phone system to help direct your call to the right staff member. [Learn more](#)



Public Records Act Basic Refresh

Public Records Act Checklist

PRA – AGENCY OBLIGATIONS: A STARTING POINT

Checklist FOR LOCAL GOVERNMENTS



The Public Records Act (PRA) establishes basic procedural requirements that each agency must adopt. Use this checklist as a start for PRA compliance. For more information and resources visit mrsc.org/prs.

REQUIREMENT	COMPLETED
Assign and Publicly Identify a Public Records Officer (PRO) Post the PRO's contact information at the agency's place of business, on the agency's website (if any), and in any relevant publications (RCW 42.56.580).	<input checked="" type="checkbox"/>
Adopt a Local Public Records Act Policy The local PRA policy should outline reasonable regulations for the agency's handling of public records requests, such as the agency's response process when it receives a records request. The policy must be prominently displayed (RCW 42.56.040).	<input type="checkbox"/>
Publish a List of Exemptions and Prohibitions Found Outside the PRA Publish a list of exemptions and prohibitions to disclosure other than those listed in the PRA (RCW 42.56.070). For a list created by the Code Revisor of other Washington exemptions and prohibitions, see the Sunshine Committee webpage. For a list of other federal exemptions and prohibitions, see Appendix C of MRSC's PRA publication.	<input type="checkbox"/>
Maintain an Index of Public Records Maintain a current index of many types of agency records unless to do so would be unduly burdensome for the agency. If it's unduly burdensome, the agency must adopt a formal order specifying the reasons why and the extent to which compliance would unduly burden or interfere with agency operations (RCW 42.56.070).	<input type="checkbox"/>
Adopt a PRA Fee Schedule After a public hearing, establish fees for PRA costs, including costs for hard copies, electronic copies, and mailing costs. If determining actual costs would be unduly burdensome, the agency can adopt the statutory schedule (RCW 42.56.070 and RCW 42.56.120).	<input type="checkbox"/>
Provide for a Review Procedure for any Denial of Records An agency must provide for review of a denial to inspect records. The review can be conducted by the PRO's supervisor, the agency's attorney, or any individual designated by the agency. Review is deemed complete two business days after the initial denial (RCW 42.56.520). Review is not a prerequisite for filing a lawsuit under RCW 42.56.550.	<input type="checkbox"/>
PRA Training Requirements Every local elected official and every local government PRO must receive records training (PRA training concerning chapter 42.56 RCW and records retention training concerning chapter 40.14 RCW). This training must be completed no later than 90 days after elected officials and PROs take their oath of office or assume their duties. They must also receive "refresher" training at intervals of no more than four years (RCW 42.56.150 and RCW 42.56.152).	<input type="checkbox"/> <input type="checkbox"/>

DISCLAIMER: This checklist is meant to provide summary information on basic procedural requirements of the PRA; the checklist is not intended to be regarded as specific legal advice. Consult with your agency's attorney for guidance on specific situations.

OPMA/PRA Checklist from MRSC:

<https://mrsc.org/explore-topics/legal/open-government/opma-and-pra-practice-tips-and-checklists>





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)

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Branches / Repositories

[Digital Archives](#)[State Archives](#)

Archives News

Online Training

Washington State Archives offers a variety of records management training videos online. [More information](#) ➡

[? Ask an Archivist](#)[Online Records](#)[Archives Catalog](#)

Upcoming Events

Contact Info

Steve Excell, State Archivist

Location: 1129 Washington Street SE
Olympia

Email State Archivist:
archives@sos.wa.gov

Research Requests and Information about Public Records:
research@sos.wa.gov

Mail: PO BOX 40238
OLYMPIA WA 98504-0238

Telephone: (360) 586-1492

Records Management Email:
recordsmanagement@sos.wa.gov



Secretary of State
Kim Wyman

Washington State



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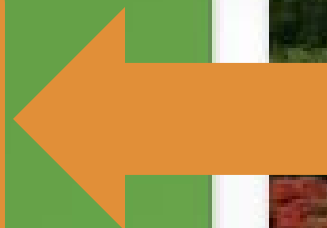
Ask An Archivist

Teachers & Students

Records Management ▴

State Agencies

Local Governments



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:

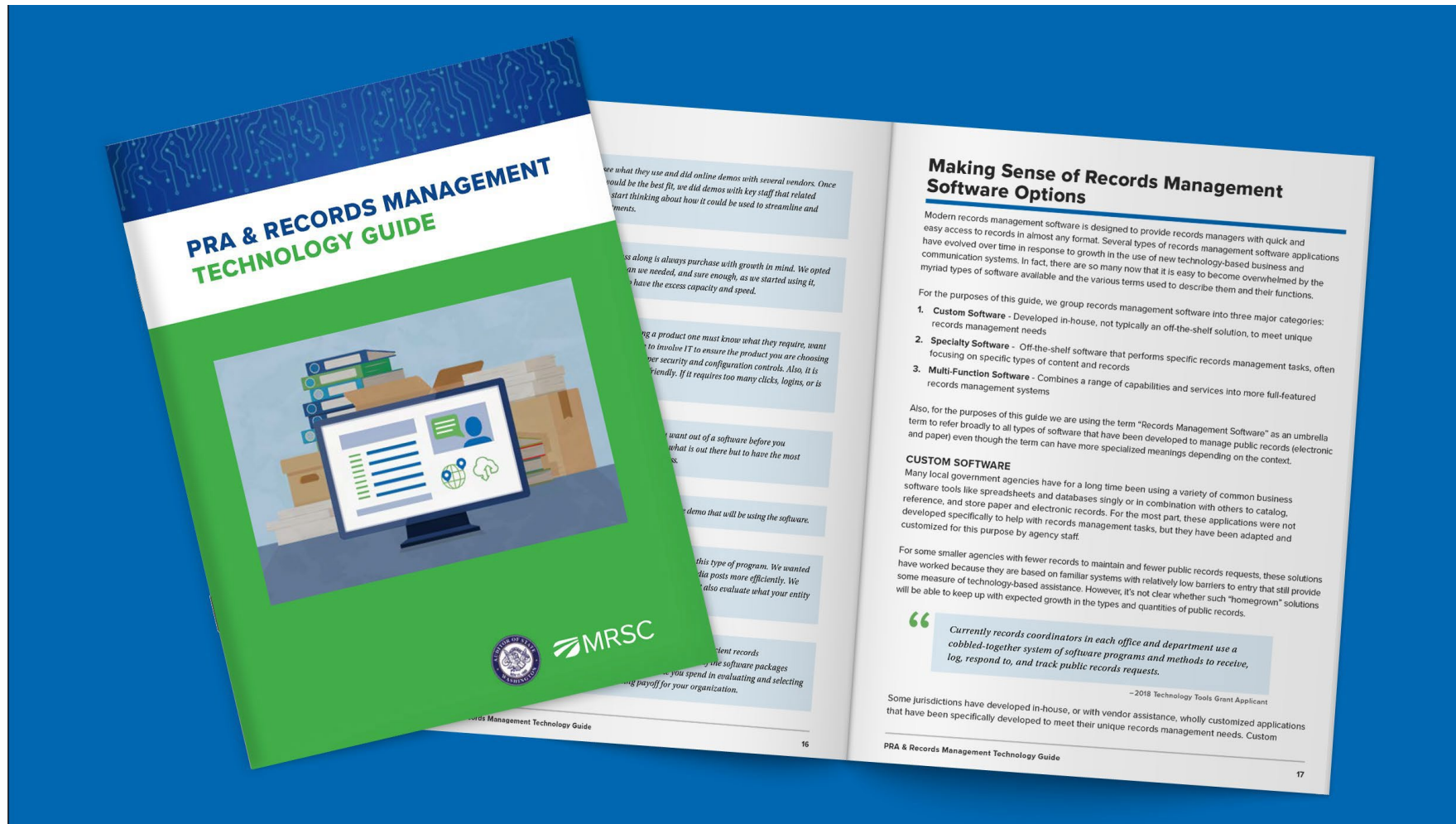
- A Primer for Public Records
 - Digital Hoarding – Emails “Getting Your House in Order”
 - Lions and Tigers and Twitter Oh My! - Social Media
- www.sos.wa.gov/archives/recordsmanagement/online-training.aspx

Upcoming Live/Online Trainings:

- March 8, 10:00 am—Basics of Managing Records
 - May 24, 10:00 am—Basics of Managing Public Hospital Records
- www.sos.wa.gov/archives/recordsmanagement/trainingsignup.aspx



MRSC – PRA & Records Management



PRA & Records Management Technology Guide



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

[SUBSCRIBE TO PUBLIC RECORDS EMAIL LIST](#)

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.

CONTACT INFORMATION

Tel: (360) 786-5171 | JLARC@leg.wa.gov

[View all contact information](#)

PUBLIC RECORDS TEAM

Ashley Elliott | Tel: (360) 786-5286

General questions can be emailed to:
JLARCPublicRecStudy@leg.wa.gov

ADDITIONAL RESOURCES

[2021 public records data](#)

[Is my agency required to report public records data?](#)

[Agency Guidance on Public Records Data Reporting](#)

[Worksheet for determining \\$100,000 threshold](#)

[Staff Cost Estimation Worksheet for Metrics 11 & 13](#)

<http://leg.wa.gov/jlarc/Pages/publicRecAdmin.aspx>



Association of Washington
Public Hospital Districts



Documenting the Process

Request Tracking Log

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

Log of Public Record Requests

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

Sample Request Tracking Log Available in WAPRO Toolkit

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.

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.

Request

Document Hold

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



Search

Private Device Declaration

Sample
Declaration
Available in
WAPRO Toolkit

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 _____, _____.
City State

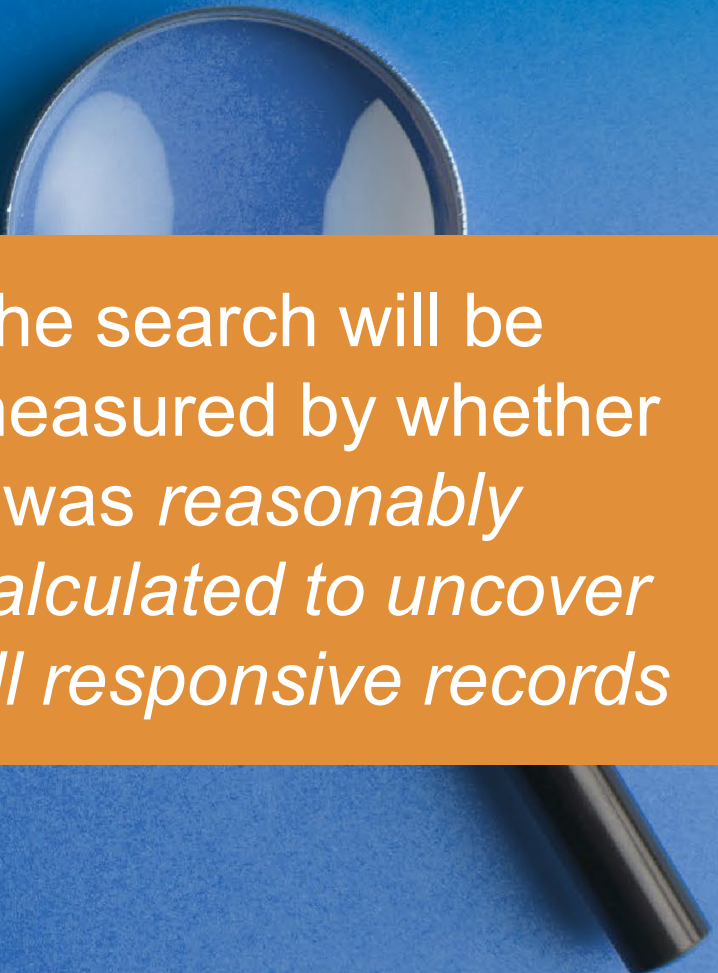
Signature



Association of Washington
Public Hospital Districts

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

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

**Refer to Exemption Key*

RECORDS WITHHELD IN THEIR ENTIRETY

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

Review Exemption Log

EXEMPTION KEY

Attorney-Client Privilege, 1A–1E

Attorney Work Product, 2A–2D

Computer & Telecommunication Network Information, 3A–4G

Confidential Informants, 5A–5B

Copyright & Trade Secrets Information, 6A–6B

Credit Card, Bank & Other Financial Information, 7A–7H

Criminal Records Privacy Act & Background Checks, 8–9

Deliberative Process, 10

Employee/Volunteer Records, 11–21

Employment Records, 22–23

Internal Investigation Records, 24–26

Investigative Records & Intelligence Information, 27–30

Juvenile Records, 31–32

Medical Records, 33

Passport Number, 38

Records Related to Real Estate Acquisition or Sale of Property, 39A–39C

Security, 40A–40B

Social Security Number, 41

Taxpayer Information, 42–43

Utility Customers, 44

Miscellaneous, 45–51

Code	Applicable Exemption	The cited exemption applies because the redacted/withheld information includes the following:
Attorney-Client Privilege		
1A-1D	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.	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
1E	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.	Communications between clients to gather information for attorney

Sample
Exemption Log
Available in
WAPRO Toolkit



Association of Washington
Public Hospital Districts



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](#) (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.



FAQ—Redaction versus Exemption

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

Jefferson Healthcare

4th Quarter 2022 Patient Advocate Report

Presented by Jackie Levin MS, RN,

Board of Commissioner Meeting

February 28 , 2023



Service Excellence Snapshot

Goal #5 Improve the patient experience.

Strategies	Initiatives
Remove the friction between our patients and their care.	<ol style="list-style-type: none">1. Implement cross location scheduling to increase access across different service lines.2. Enhance use of technology and analytics to connect patients with health services.
Guide patients through every encounter	Implement closed loop referrals and care navigation to support patients with transitions of care.
Advance the use of data and tools to monitor and improve patient engagement	<ol style="list-style-type: none">1. Leverage the use of patient engagement data to:<ol style="list-style-type: none">a) Connect staff at every level with patient feedbackb) Create improvement plansc) Adjust existing plans as needed
Facilitate kindness and compassion through training and service standards	<ol style="list-style-type: none">1. Personalize the patient or customer experience with every encounter through service standards2. Improve teamwork across departments

Patient Advocate Goals:

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

Help navigate through our healthcare system.



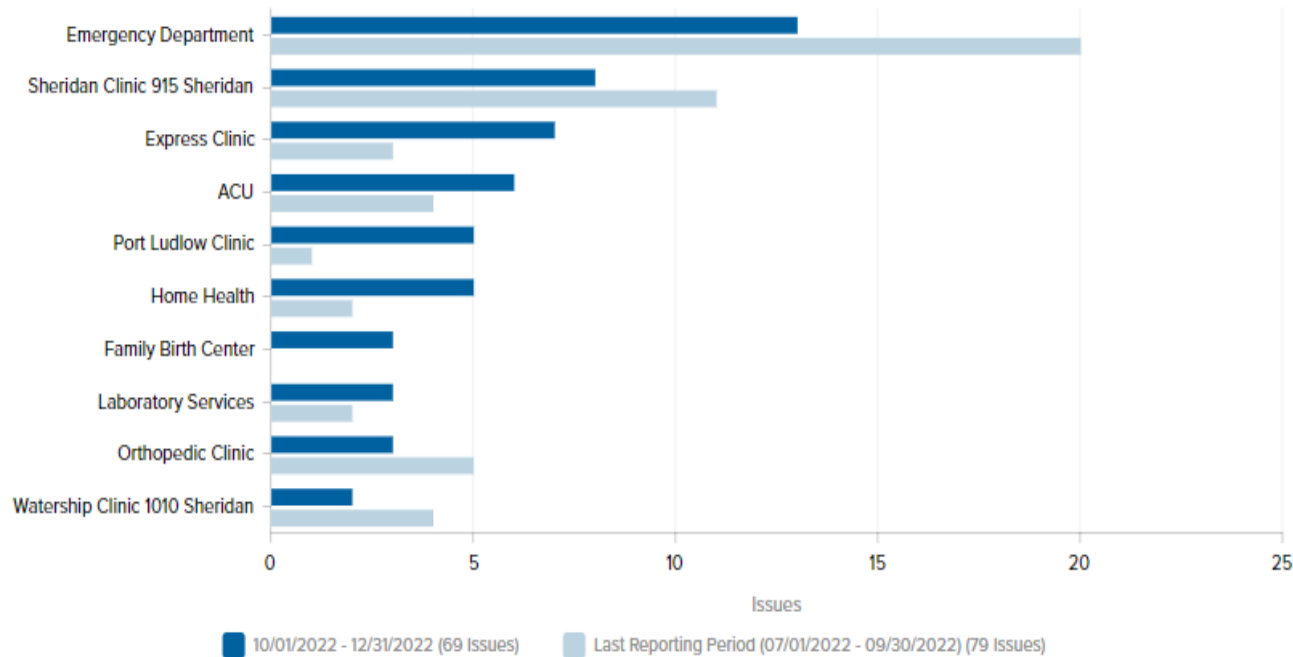
Review Patient
Concern Data

Building
LGBTQIA+
Equity Education

Pronouns:
Data Collection
for Patient Care

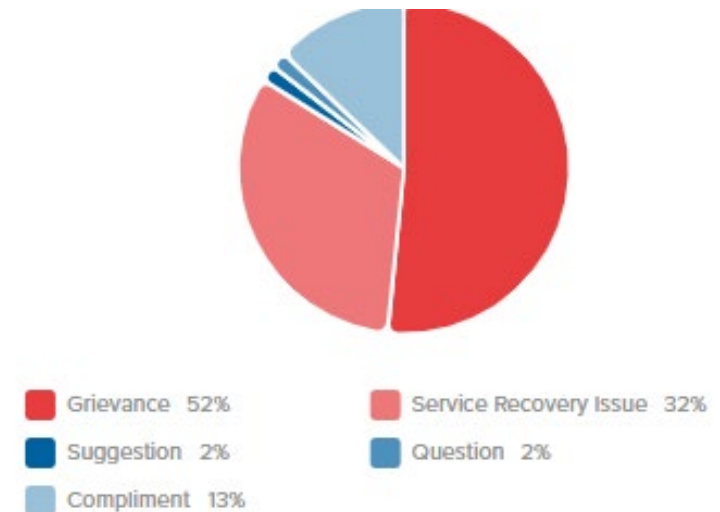
Service Feedback: Q 4

Top Issue Departments



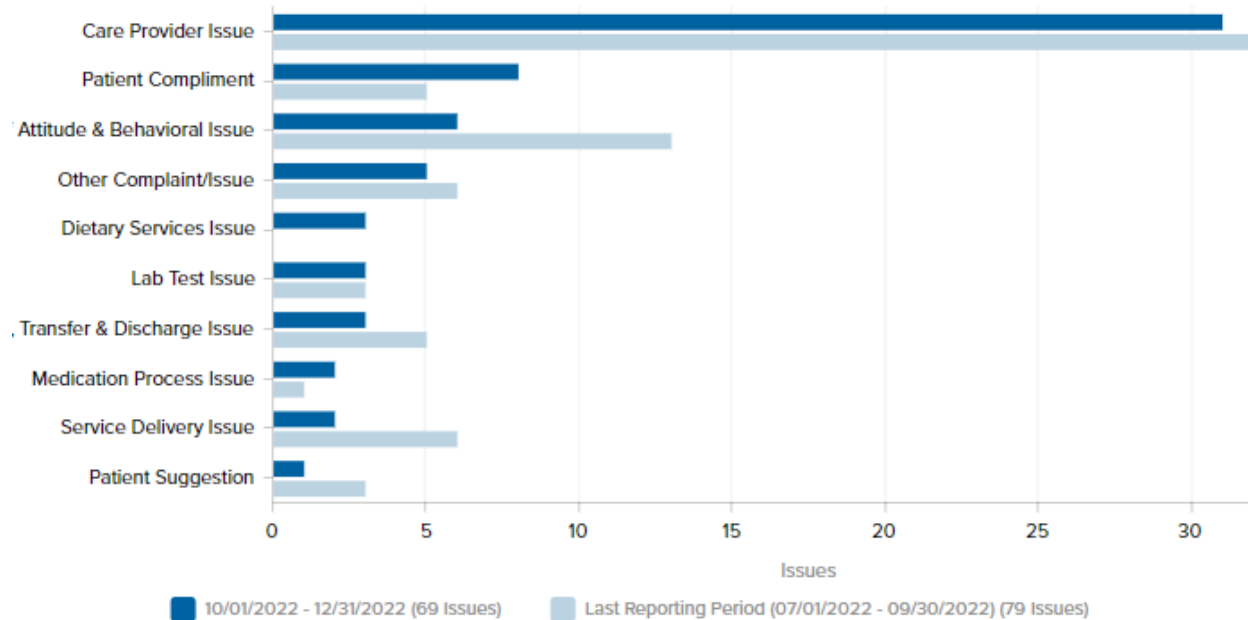
Feedback Summary Average:

- Days to Acknowledgement: 2.8 Days
- Days to Closure: 11.1 Days
- 4 Closures > 30 Days



Service Feedback: Q 4

e Types



Grievances and Concerns Quarter 4 2022

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

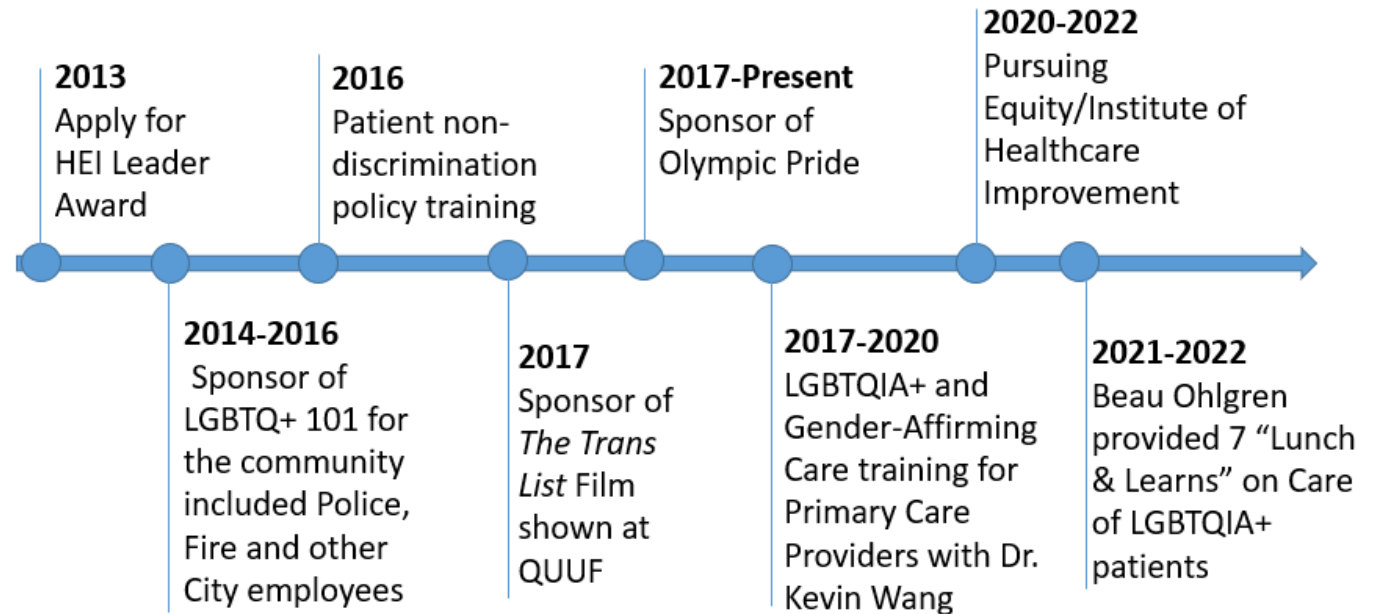
Navigation Feedback and Service Recovery Quarter 4 2022

Purpose: Track care process gaps and get immediate needs met

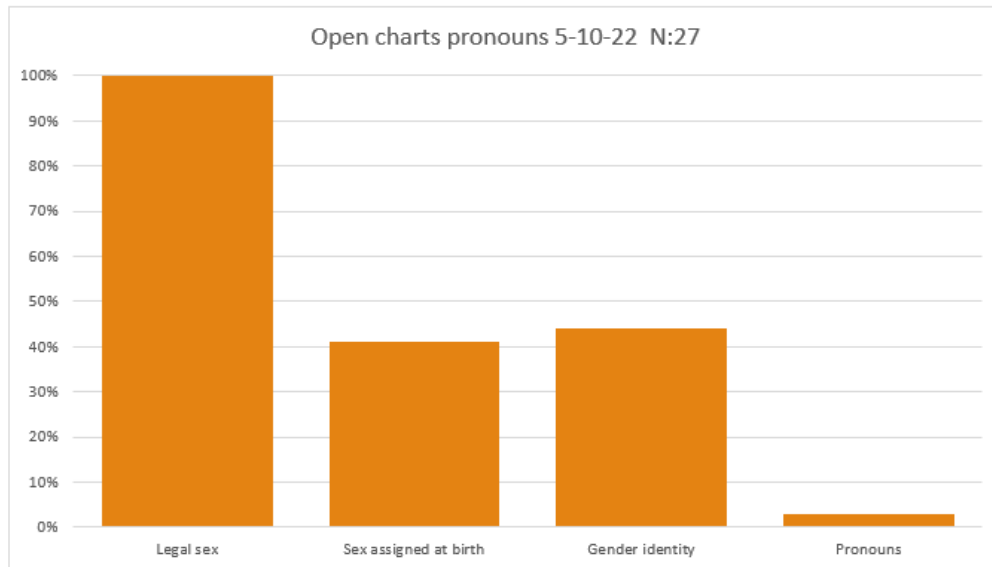
- 124 contacts
- Time spent: 56 hours
- Areas of concern
 - Medication refills
 - Need for Transgender Care Provider Consultation
 - Billing and Charges
 - Appointment Access/Scheduling



LGBTQIA+ Task Force Activities A Ten-Year Journey



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

Patient Pronoun	# Patients
she/her/hers	1,014
he/him/his	682
they/them/theirs	85
patient's name	196
decline to answer	10
unknown	19
(BLANK)	49,821
Grand Total	51,827

ce	cir	cir
co	co	cos
cy	cyr	cyr
ey	em	eir
he	him	his
hey	hem	heir
ne	nem	nir
qui	quem	quis
she	her	her
sie	hir	hir
tey	tem	teir
they	them	their
xe	xem	xyr
xie	hir	hir
yo	yo	yos
ze	zir	zir
ve	vis	ver

Female, **TEST COMMENT**

MRN: **TEST COMMENT**

Code: Not on file

HCA: Active

POLST: No / Adv Dir: No

Search

PDMP Needs Review

COVID-19: Unknown

Primary Cvg

Allergies: Not on File

ACTIVE TREATMENTS

None

1/23 INFECTIOUS RISK SCREEN

No vital signs recorded for this encounter.

CARE GAPS

6

Start Review

Summary

Sexuality and Gender Identity

Overview Nursing Overview

Sexuality and Gender Identity

Gender Identity

Legal Sex

Additional Info

Additional Info: TEST ADD INFO

Preferred Name

Preferred First Name:

Sexuality and Gender Identity Data Collection Resource

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

Sexuality

Patient's sexual orientation:

Straight (not lesbian or gay)

Don't know

Lesbian

Bisexual

Choose not to disclose

Something else

Gay

Gender Identity

Autofill with default

female

male

responses for:

Patient's gender identity:

Female

Transgender Female / Male-to-Female

Other/Non-binary

Male

Transgender Male / Female-to-Male

Choose not to disclose

Comment for Patient's pronouns:

TEST COMMENT

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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?

Jefferson Healthcare

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

February 28, 2023

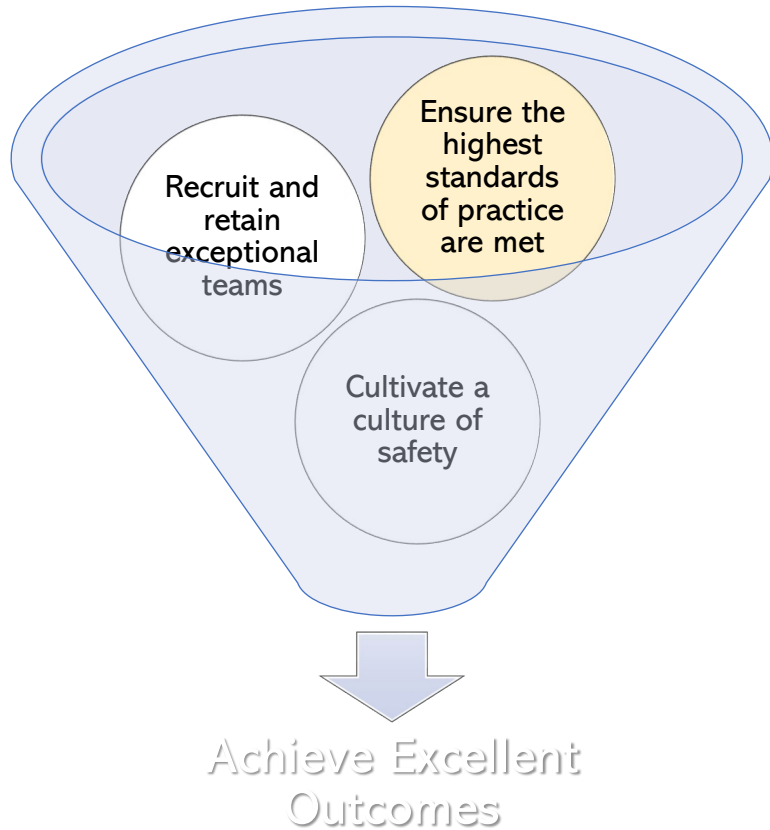


Strategic Goal #1:

Deliver the highest quality care.

Strategies	Initiatives
Cultivate a deep-rooted culture of safety.	<ul style="list-style-type: none">1.Connect every employee to their role in patient safety and quality2.Develop a system of shared accountability by being accountable for systems and for responding to behavioral choices in a fair and just manner3.Identify and mitigate the root causes for safety events and near misses
Deliver care that is guided by the best evidence	<ul style="list-style-type: none">1.Promote active engagement of the medical staff in clinical quality monitoring and improvement2.Ensure that the highest standards of practice are met.3.Promote wellness and manage chronic disease4.Seek and maintain meaningful accreditation5.Enhance the use of technology, data and analytics to improve quality and safety
Eliminate health disparities	<ul style="list-style-type: none">1.Implement a comprehensive equity program2.Embed equity index into quality reporting3.Actively work to eliminate health disparities

Surgical Quality: Keys to Safety and High Quality



In 2022, our surgical teams performed over 500 minimally invasive surgeries across all specialties.

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

Strategic Goal: Provide the services that our community needs most.

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!)

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)

Hysteroscopy

- Hysteroscopic removal of polyps or fibroids
- Hysteroscopy with dilation and curettage

Surgical Quality: Keys to Safety and High Quality

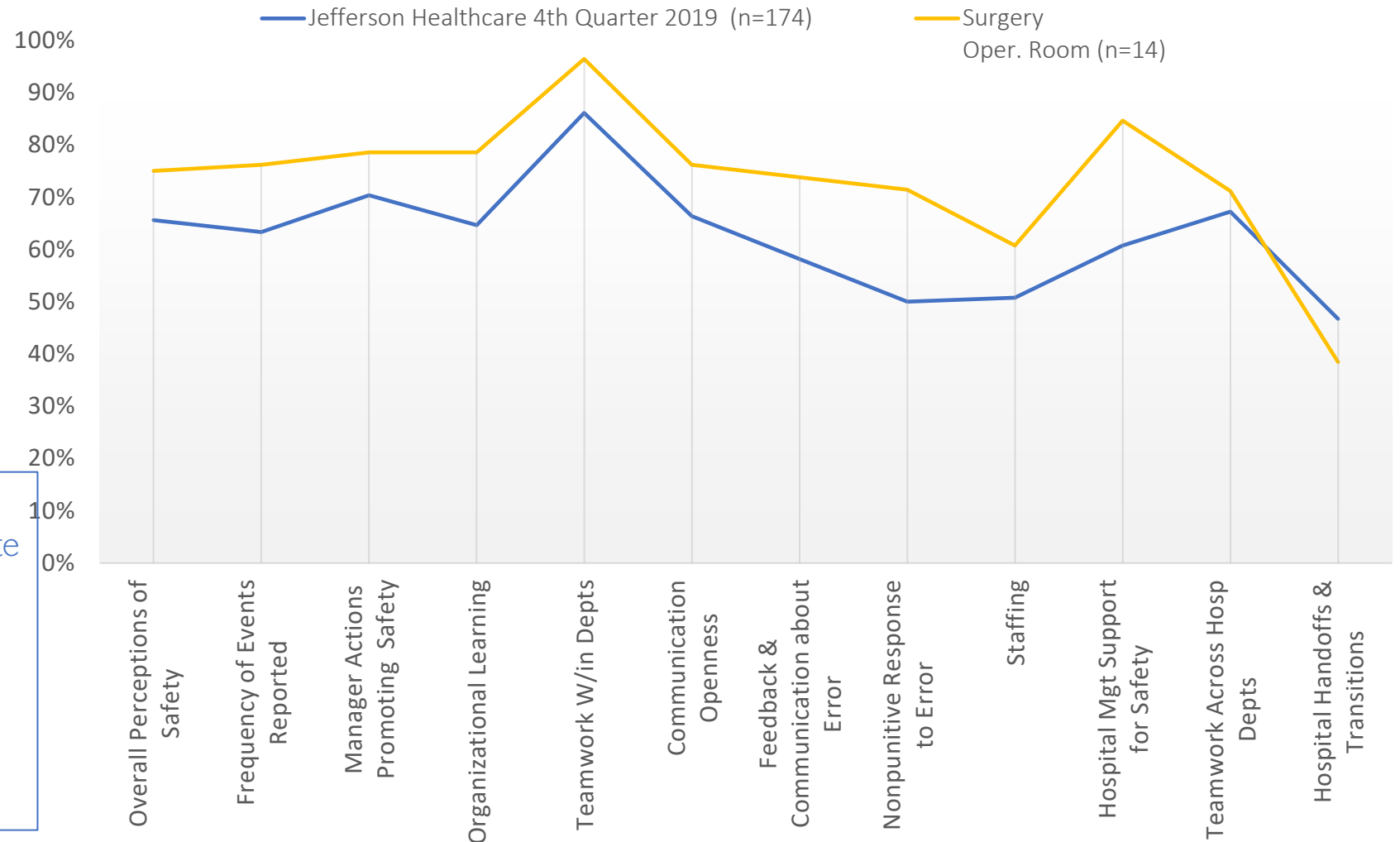


The surgery team uses evidence-based teamwork and communication tools to promote a culture of safety.

"We hold each other accountable and maintain high standards with the patient's well-being as the highest priority."

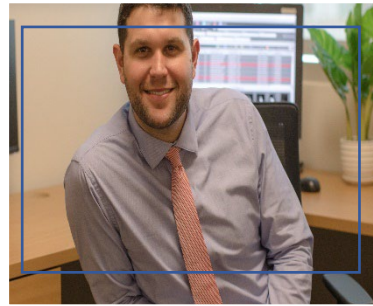
Donica Byers, Director of Surgical Services

Hospital Survey on Patient Safety Culture Composite Positive Responses



Promote active engagement of the medical staff in clinical quality monitoring and improvement:

What makes being a surgeon at Jefferson Healthcare different or unique?



"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.

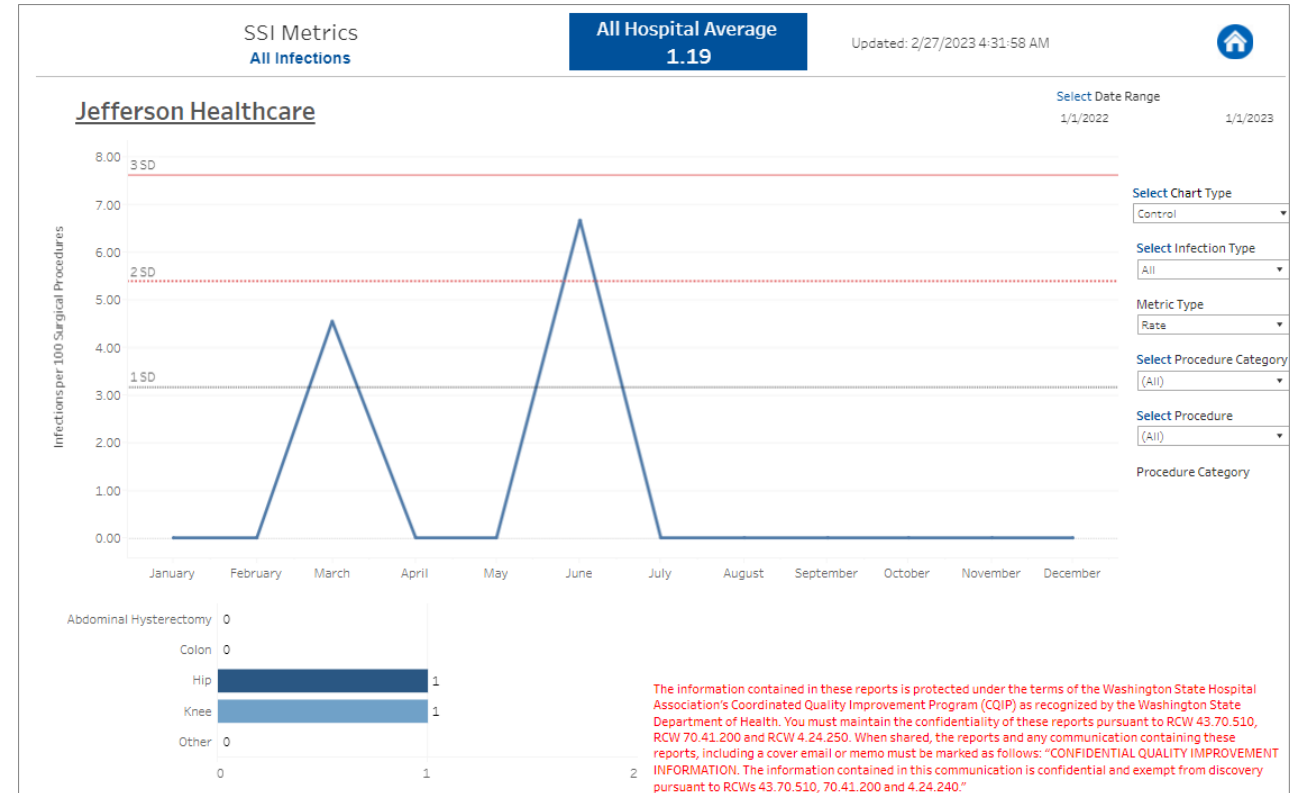
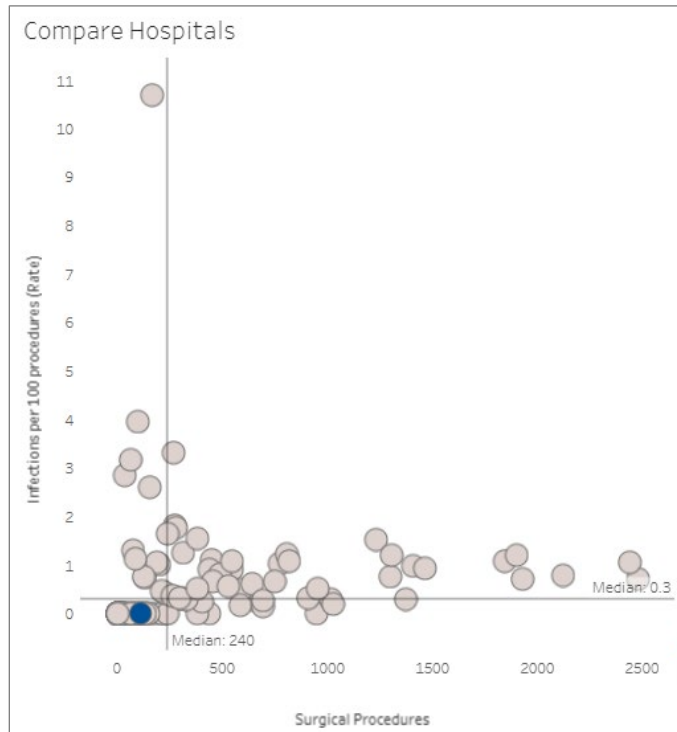
We will stay late, start early and go the extra mile to ensure the safety and satisfaction of our patients. A task that would prove impossible if not for the support and understanding of our families, the community, and this institution for which we care for immensely."

Chiefs of Surgery,
Asif Luqman, MD
Joseph Meyerson, MD



Goal: Deliver the highest quality care.

Looking at outcomes.

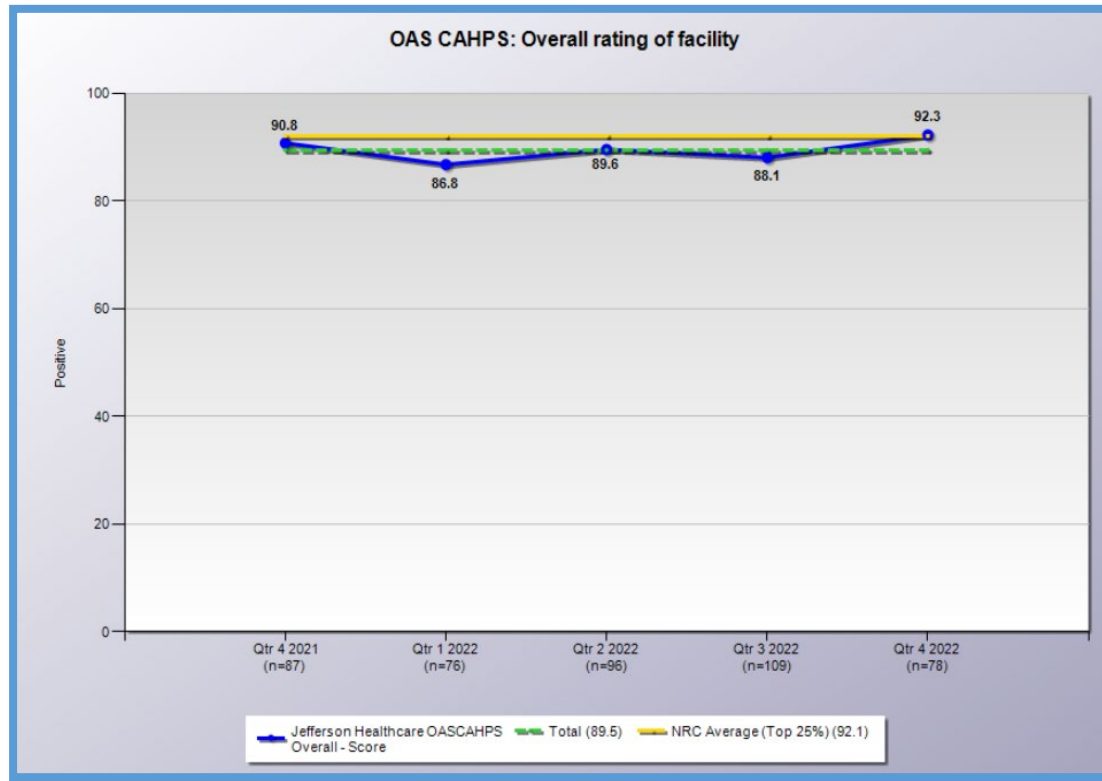


Targeting zero.

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...



- Great team of nurses, assistants + especially Dr. Meyerson
- Dr. Lawrence and his staff are excellent

- 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!



Jefferson Healthcare Ranked in the **top 5%** for Outpatient Experience



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



Jefferson Healthcare Ranked in the **top 100 Best Hospitals** for Patient Experience

2023 Focus areas.

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

Optimizing
Referrals and
access to care

Targeting Zero:
• To be Continued

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?




Jefferson Healthcare

January 2023 Finance Report

February 28th, 2023

Tyler Freeman, CFO



December 2022

Operating Statistics

STATISTIC DESCRIPTION	DECEMBER 2022						DECEMBER 2021			
	<u>MO</u>	<u>MO</u>	<u>%</u>	<u>YTD</u>	<u>YTD</u>	<u>%</u>	<u>MO</u>	<u>%</u>	<u>YTD</u>	<u>%</u>
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	586	625	6%	578	625	8%	592	1%	609	5%
ADJUSTED PATIENT DAYS	3,046	2,810	8%	32,534	33,080	-2%	3,737	-18%	16,540	97%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	113	76	49%	1,255	890	41%	95	19%	1,024	18%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	365	277	32%	3,560	3,257	9%	240	52%	3,292	8%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	478	369	30%	4,909	4,337	13%	350	37%	4,443	9%
SURGERY CASES (IN OR)	130	139	-6%	1,474	1,633	-10%	113	15%	1,511	-3%
SPECIAL PROCEDURE CASES	54	79	-32%	838	929	-10%	66	-18%	873	-4%
LAB BILLABLE TESTS	20,386	22,262	-8%	248,974	262,120	-5%	20,946	-3%	259,935	-4%
TOTAL DIAGNOSTIC IMAGING TESTS	3,397	3,248	5%	36,809	38,238	-4%	2,891	18%	36,651	0%
PHARMACY MEDS DISPENSED	30,067	21,265	41%	245,378	250,374	-2%	19,139	57%	238,828	3%
RESPIRATORY THERAPY PROCEDURES	3,507	2,995	17%	36,591	35,268	4%	3,165	11%	34,603	5%
REHAB/PT/OT/ST	6,013	9,791	-39%	94,954	115,288	-18%	7,165	-16%	101,654	-7%
ER CENSUS	1,248	986	27%	12,941	11,609	11%	974	28%	11,742	9%
DENTAL CLINIC	317	430	-26%	4,859	5,066	-4%	388	-18%	4,789	1%
TOTAL RURAL HEALTH CLINIC VISITS	5,917	6,520	-9%	73,573	76,774	-4%	5,772	3%	72,284	2%
TOTAL SPECIALTY CLINIC VISITS	2,955	3,922	-25%	41,568	46,179	-10%	3,187	-7%	40,340	3%

December 2022

Income Statement Summary

	December 2022 Actual	December 2022 Budget	Variance Favorable/ (Unfavorable)	%	December 2022 YTD	December 2022 Budget YTD	Variance Favorable/ (Unfavorable)	%	December 2021 YTD
Operating Revenue									
Gross Patient Service Revenue	28,551,281	27,602,012	949,268	3%	318,713,627	324,991,437	(6,277,811)	-2%	298,013,861
Revenue Adjustments	12,976,332	14,870,993	1,894,661	13%	168,954,263	175,093,946	6,139,683	4%	156,980,754
Charity Care Adjustments	1,968,349	211,517	(1,756,832)	-831%	3,280,565	2,490,441	(790,124)	-32%	3,872,263
Net Patient Service Revenue	13,606,599	12,519,503	1,087,096	9%	146,478,798	147,407,049	(928,251)	-1%	137,160,844
Other Revenue	(6,937)	557,928	(564,865)	-101%	8,421,155	6,569,150	1,852,005	28%	8,886,603
Total Operating Revenue	13,599,662	13,077,431	522,232	4%	154,899,953	153,976,199	923,754	1%	146,047,447
Operating Expenses									
Salaries And Wages	7,064,289	6,567,149	(497,140)	-8%	73,833,256	77,322,882	3,489,625	5%	70,571,040
Employee Benefits	640,430	1,526,621	886,191	58%	16,248,266	17,974,728	1,726,462	10%	15,912,736
Other Expenses	5,107,678	4,648,754	(458,924)	-10%	61,360,559	54,735,329	(6,625,230)	-12%	51,828,760
Total Operating Expenses	12,812,397	12,742,524	(69,874)	-1%	151,442,082	150,032,939	(1,409,143)	-1%	138,312,537
Operating Income (Loss)	787,265	334,907	452,358	135%	3,457,871	3,943,260	(485,389)	-12%	7,734,910
Total Non Operating Revenues (Expenses)	118,177	3,298	114,879	-3483%	343,797	38,832	304,965	-785%	(126,154)
Change in Net Position (Loss)	905,442	338,205	567,237	168%	3,801,668	3,982,092	(180,424)	-5%	7,608,756
Operating Margin									
	5.8%	2.6%	3.2%	126.0%	2.2%	2.6%	-0.33%	-12.8%	5.3%
Total margin	6.7%	2.6%	4.1%	157.4%	2.5%	2.6%	-0.13%	-5.1%	5.2%
Salaries & Benefits as a % of net pt svc rev	-56.6%	-64.6%	8.0%	12.4%	-61.5%	-64.6%	3.15%	4.9%	-63.1%

December 2022

Board Financial Report

Department	Account	Description	Dec Actual	Dec Budget	Dec Variance	2022 YTD Actual	2022 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & SUPERVISION WAGES	997	4,624	3,627	51,072	54,444	3,372
	601100	BENEFITS FICA	176	326	150	3,907	3,839	(68)
	601150	BENEFITS WA F&MLA	4	5	1	83	64	(19)
	601400	BENEFITS MEDICAL INS-UNION	2,816	5,579	2,763	39,802	65,683	25,881
	601600	BENEFITS RETIREMENT	-	-	-	-	-	-
	601900	BENEFITS EMPLOYEE ASSISTANCE	8	-	(8)	100	-	(100)
	602300	CONSULT MNGMT FEE	9,838	-	(9,838)	9,838	-	(9,838)
	602400	LEGAL FEES	-	-	-	605	-	(605)
	602500	AUDIT FEES	-	4,671	4,671	59,750	55,000	(4,750)
	604200	CATERING	-	83	83	-	980	980
	604500	OFFICE SUPPLIES	-	-	-	-	-	-
	604850	COMPUTER EQUIPMENT	-	-	-	-	-	-
	604900	OTHER NON-MEDICAL SUPPLIES	-	-	-	143	-	(143)
	606500	OTHER PURCHASED SERVICES	-	170	170	31,962	2,000	(29,962)
	606700	MARKETING	-	-	-	-	-	-
	609300	DUES AND SUBSCRIPTIONS	-	-	-	-	-	-
	609400	TRAVEL/MEETINGS/TRAINING	(3,173)	807	3,980	12,189	9,500	(2,689)
	609999	CLEARING	-	-	-	-	-	-
BOARD Total			10,666	16,265	5,599	209,451	191,510	(17,941)

January 2023

Operating Statistics

STATISTIC DESCRIPTION	JANUARY 2023						JANUARY 2022			
	MO	MO	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	386	625	38%	386	625	38%	592	35%	609	37%
ADJUSTED PATIENT DAYS	3,583	3,041	18%	3,583	3,041	18%	3,737	-4%	16,540	-78%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	84	108	-22%	84	108	-22%	108	-22%	108	-29%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	323	297	9%	323	297	9%	350	-8%	350	-8%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	407	422	-4%	407	422	-4%	458	-11%	458	-13%
SURGERY CASES (IN OR)	137	133	3%	137	133	3%	110	25%	110	20%
SPECIAL PROCEDURE CASES	73	71	3%	73	71	3%	32	128%	32	56%
LAB BILLABLE TESTS	22,099	21,832	1%	22,099	21,832	1%	23,235	-5%	23,235	-5%
TOTAL DIAGNOSTIC IMAGING TESTS	3,506	3,235	8%	3,506	3,235	8%	2,968	18%	2,968	15%
PHARMACY MEDS DISPENSED	21,559	19,897	8%	21,559	19,897	8%	20,684	4%	20,684	4%
RESPIRATORY THERAPY PROCEDURES	2,901	3,259	-11%	2,901	3,259	-11%	4,059	-29%	4,059	-40%
REHAB/PT/OT/ST	7,995	9,458	-15%	7,995	9,458	-15%	7,813	2%	7,813	2%
ER CENSUS	1,084	1,068	1%	1,084	1,068	1%	972	12%	972	10%
DENTAL CLINIC	454	419	8%	454	419	8%	375	21%	375	17%
TOTAL RURAL HEALTH CLINIC VISITS	6,549	6,623	-1%	6,549	6,623	-1%	5,706	15%	5,706	13%
TOTAL SPECIALTY CLINIC VISITS	3,620	3,911	-7%	3,620	3,911	-7%	3,274	11%	3,274	10%

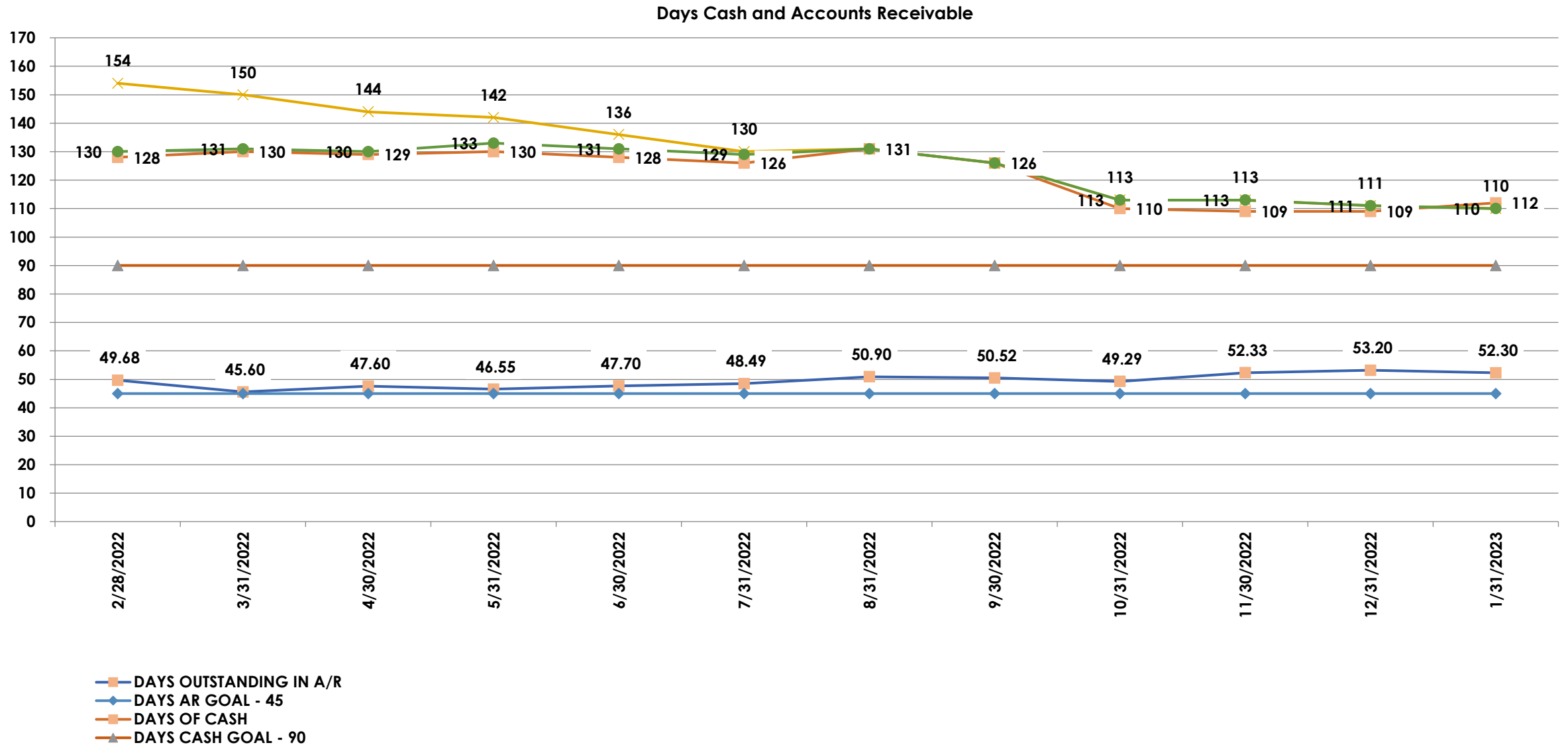
January 2023

Income Statement Summary

	January 2023 Actual	January 2023 Budget	Variance Favorable/ (Unfavorable)	%	January 2023 YTD	January 2023 Budget YTD	Variance Favorable/ (Unfavorable)	%	January 2022 YTD
Operating Revenue									
Gross Patient Service Revenue	29,118,774	29,491,437	(372,662)	-1%	29,118,774	29,491,437	(372,662)	-1%	24,965,776
Revenue Adjustments	15,706,264	15,847,480	141,216	1%	15,706,264	15,847,480	141,216	1%	13,443,544
Charity Care Adjustments	203,421	187,886	(15,535)	-8%	203,421	187,886	(15,535)	-8%	110,953
Net Patient Service Revenue	13,209,090	13,456,071	(246,981)	-2%	13,209,090	13,456,071	(246,981)	-2%	11,411,279
Other Revenue	548,043	452,638	95,405	21%	548,043	452,638	95,405	21%	833,613
Total Operating Revenue	13,757,133	13,908,709	(151,576)	-1%	13,757,133	13,908,709	(151,576)	-1%	12,244,891
Operating Expenses									
Salaries And Wages	6,069,894	6,899,538	829,645	12%	6,069,894	6,899,538	829,645	12%	5,919,482
Employee Benefits	1,683,133	1,564,367	(118,766)	-8%	1,683,133	1,564,367	(118,766)	-8%	1,484,957
Other Expenses	5,651,596	5,041,491	(610,105)	-12%	5,651,596	5,041,491	(610,105)	-12%	4,296,313
Total Operating Expenses	13,404,623	13,505,396	100,773	1%	13,404,623	13,505,396	100,773	1%	11,700,752
Operating Income (Loss)	352,510	403,312	(50,803)	-13%	352,510	403,312	(50,803)	-13%	544,139
Total Non Operating Revenues (Expenses)	118,895	(1,730)	120,625	6972%	118,895	(1,730)	120,625	6972%	(31,883)
Change in Net Position (Loss)	471,405	401,582	69,823	17%	471,405	401,582	69,823	17%	512,256
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



January 2023

Board Financial Report

Department	Account	Description	Jan Actual	Jan Budget	Jan Variance	2023 YTD Actual	2023 YTD Budget	YTD Variance
BOARD	600010	MANAGEMENT & S	4,773	4,903	130	4,773	4,903	130
	601100	BENEFITS FICA	323	356	33	323	356	33
	601150	BENEFITS WA F&M	9	7	(2)	9	7	(2)
	601400	BENEFITS MEDICAL	3,369	3,588	219	3,369	3,588	219
	601600	BENEFITS RETIREMI	-	-	-	-	-	-
	601900	BENEFITS EMPLOYE	9	9	0	9	9	0
	602300	CONSULT MNGMT	-	-	-	-	-	-
	602400	LEGAL FEES	-	-	-	-	-	-
	602500	AUDIT FEES	-	5,096	5,096	-	5,096	5,096
	604200	CATERING	-	-	-	-	-	-
	604500	OFFICE SUPPLIES	-	-	-	-	-	-
	604850	COMPUTER EQUIPM	-	-	-	-	-	-
	604900	OTHER NON-MEDIC	-	-	-	-	-	-
	606500	OTHER PURCHASED	-	2,548	2,548	-	2,548	2,548
	606700	MARKETING	-	-	-	-	-	-
	609300	DUES AND SUBSCRI	-	-	-	-	-	-
	609400	TRAVEL/MEETINGS	1,785	849	(936)	1,785	849	(936)
	609999	CLEARING	-	-	-	-	-	-
BOARD Total			10,268	17,357	7,089	10,268	17,357	7,089

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**

Jefferson Healthcare

Administrative Report

February 28, 2023

Mike Glenn, CEO

Advocacy | State

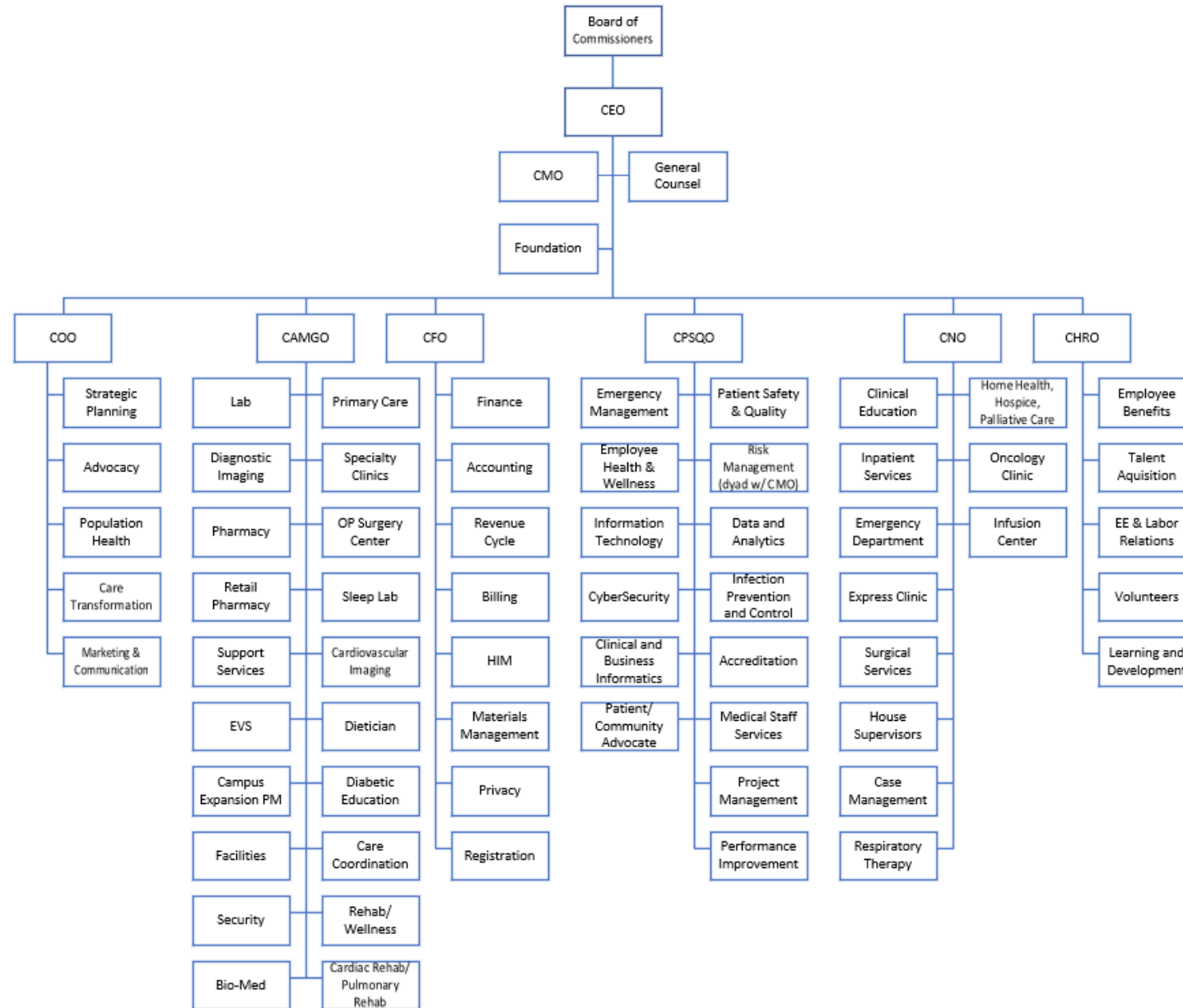
- Update from Olympia
- Hospital Advocacy Day, February 14th

Advocacy | Federal

- Update from DC
- Senate Offsite Visit, February 9th

ACO Update

2023 Org Chart

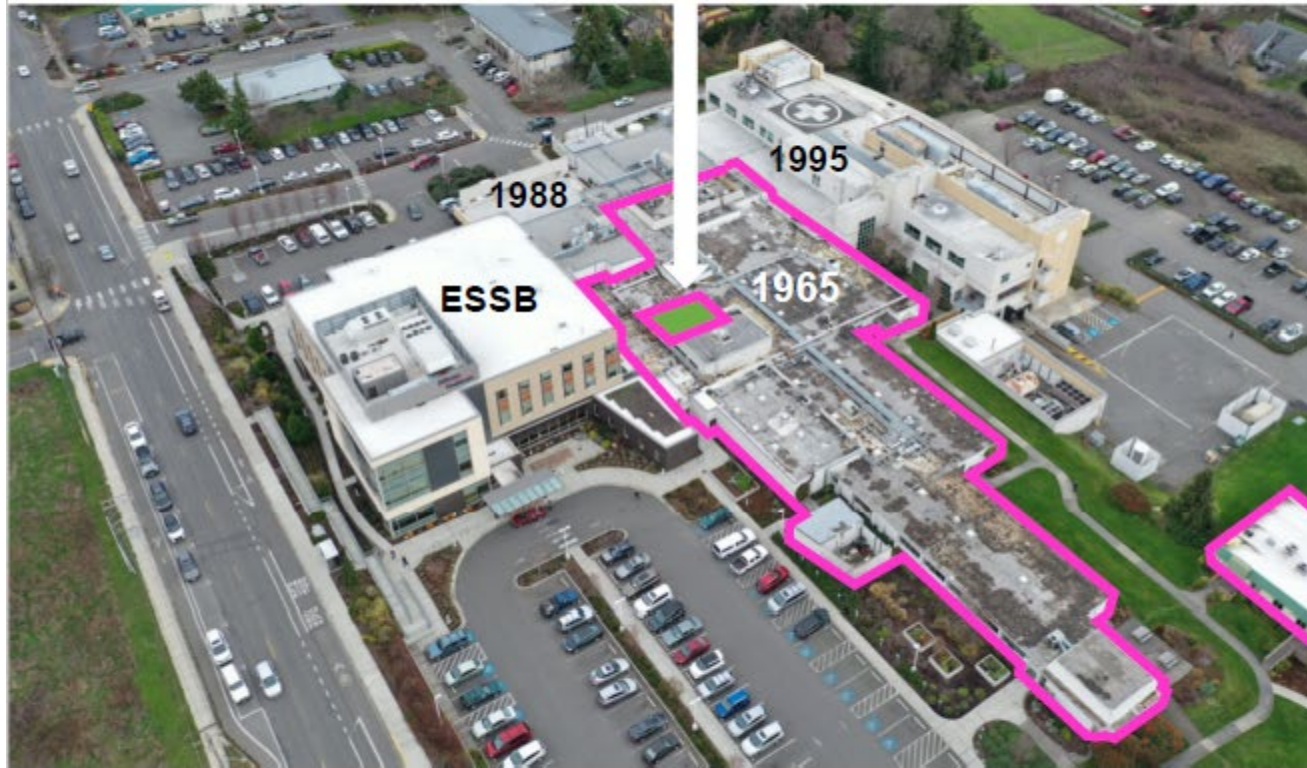


Admin Report

- Financial Update
- Jefferson Healthcare Foundation Update
- Medical Staff Leadership
- Replacement and Expansion Project
 - Design Development Phase
 - USDA Application Process
 - Radiation Therapy
- Other

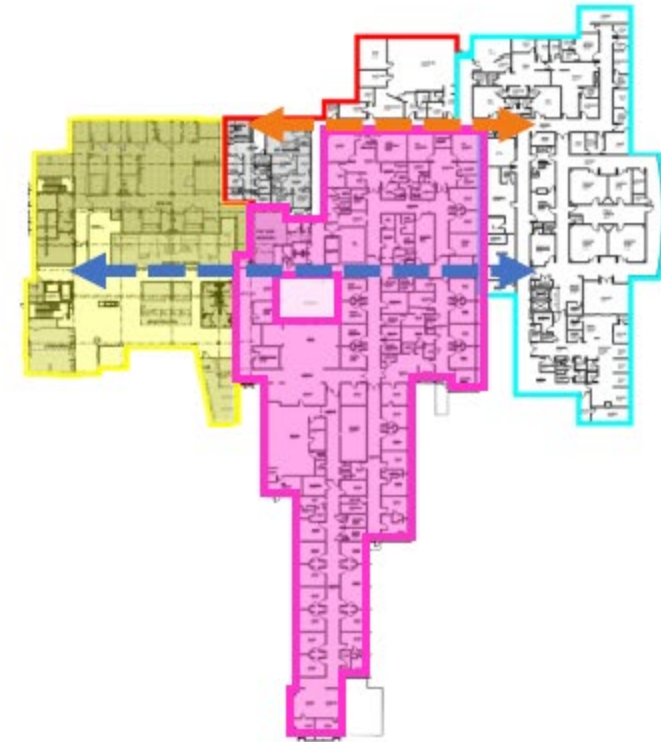
Existing Campus

COURTYARD



Massing Approach

Infill 1 level with 2 level addition adjacent



Aerial Images





View from Sheridan Ave + 7th St

Views



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