



Jefferson County Public Hospital District No.2
Board of Commissioners Meeting
Victor J. Dirksen Conference Room
834 Sheridan St, 1st Floor ESSB

This meeting will be held in person in the Dirksen Conference Room and on Teams. Please see the link below to access this meeting remotely.

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
Wednesday, May 24, 2023**

Call to Order:

The meeting was called to order at 2:04 pm by Board Chair Buhler Rienstra. Present were Commissioners Buhler-Rienstra, Dressler, Kolff, McComas, and Ready. Also, in attendance were Mike Glenn, Chief Executive Officer, Tyler Freeman, Chief Financial Officer, Jake Davidson, Chief Operating Officer, Brandie Manuel, Chief Quality & Patient Safety Officer, Heather Bailey, Interim Chief Human Resources Officer, Dunia Faulx, Chief Planning and Advocacy Officer, and Christina Avila, Executive Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Commissioner Kolff made a motion to approve the agenda. Commissioner McComas seconded.

Action: Motion passed unanimously.

Patient Story:

Tina Toner, Chief Nursing Officer, shared two letters that were sent to the Hospice Team. The first letter was from a family thanking the hospice team for their entire experience of end-of-life care for their loved one. The second letter is from a former hospice volunteer whose husband received care from Jefferson Hospice. She thanked Hospice for all the services he received and the care that was provided to him. Discussion ensued.

Public Comment:

Member of the public and Jefferson Transit Board, Nicole Gauthier, informed the commissioners of an application to join the Jefferson Transit Board, and invited commissioners to apply. Board Chair Buhler-Rienstra thanked Nicole for the invitation and notified her that she will be inviting the commissioners to discuss this later in the meeting.

Minutes:

- April 26, 2023 Regular Session Minutes

Commissioner McComas made a motion to approve the Regular Session Minutes. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested

- Resolution 2023-06 Surplus Equipment
- Resolution 2023-07 Cancelled Warrants
- April Warrants and Adjustments
- Medical Staff Credentials/ Appointments/ Reappointments

Commissioner Dressler made a motion to approve the Required Approvals. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Patient Advocate Report:

Jackie Levin, Patient Advocate, presented the May patient advocate report. Discussion ensued.

Break:

Commissioners recessed for break at 2:38 pm.

Commissioner reconvened from break at 2:52 pm.

Quality Report:

Brandie Manuel, Chief Quality & Patient Safety Officer, presented the May Quality report.

Brandie shared patient compliments to Express Care, Terri in phlebotomy, Dr. Irick, Dr. McGill, Candance Byers, Angela Jackson, Stella at South County Clinic, and the South County Clinic Staff. Discussion ensued.

Financial Report:

Tyler Freeman, CFO, presented the April Financial Report.

Discussion ensued.

Administrative Report

Mike Glenn, CEO, presented the May Administrative report.

Discussion ensued.

Board Business:

- Board of Health Report

Commissioner Kolff shared a Board of Health Report which included a training presented by Beau Olgren, looking for a Board of Health member who is a public health consumer, meeting with Mike and Jill about climate crisis, and would like to send information to the Board about rising sea levels impact on Port Townsend. Commissioner Kolff also requested that the Board hold a long-term discussion for climate crisis impact on the community. Discussion ensued.

- Foundation Report

Commissioner Dressler shared an update for the Jefferson Healthcare Foundation about a small gathering the night before where there was conversation about the Linear Accelerator project and fundraising requests. Discussion ensued.

- Jefferson Transit Board Invitation

Board Chair Buhler Rienstra invited a motion to discuss the application for the Jefferson Transit Board. Commissioner Kolff made a motion to discuss. Commissioner Dressler seconded.

Action: Motion Passed unanimously.

Discussion ensued.

- Meeting Evaluation

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

The meeting concluded at 5:04 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

Board Business:

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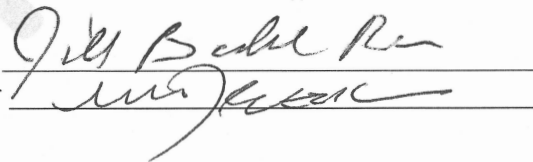
Action: Motion passed unanimously.

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Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra

Secretary of Commission: Marie Dressler



The block contains two handwritten signatures. The first signature, 'Jill Buhler Rienstra', is written in dark ink over a horizontal line. The second signature, 'Marie Dressler', is also in dark ink and is written over another horizontal line. A large, light gray 'DRAFT' watermark is oriented diagonally across the background of the page, passing behind the signatures.

Thank you,
Hospice
Team!



Patient Advocate Report

Board of Commissioners
1st Quarter 2023
Presented by Jackie Levin MS, RN,
May 24, 2023

The logo for Jefferson Healthcare, featuring the word "Jefferson" in a serif font above a red curved line, and the word "Healthcare" in a sans-serif font below it, all within a dark blue rectangular box. A large yellow triangle is positioned behind the logo, pointing towards the bottom right corner of the slide.

Jefferson
Healthcare

The Office of the Patient Advocate

Deliver the highest quality of care.

- Investigate patient grievances, recommend process improvements
- Participate in Internal Audits and Quality Committees
- Restore the trust broken by a patient experience.

Provide a patient experience that we are proud of

- Patient Advocate Review Process
- Support leaders and staff through investigative process
- Collaborate with Risk Management, Financial Counselors, Quality Team

Support gender-affirming & equitable care

- Guide patients/families through our healthcare system
- Connect with team members as appropriate.
- Gather SOGI Demographics and pronouns.
- Apply equity lens to existing improvement projects

Partner with the community, state, and regional collaboratives

- Listen to community partners to identify community priorities for improving patient experiences.
- Sponsor and participate in local events

Patient Concerns and Navigation

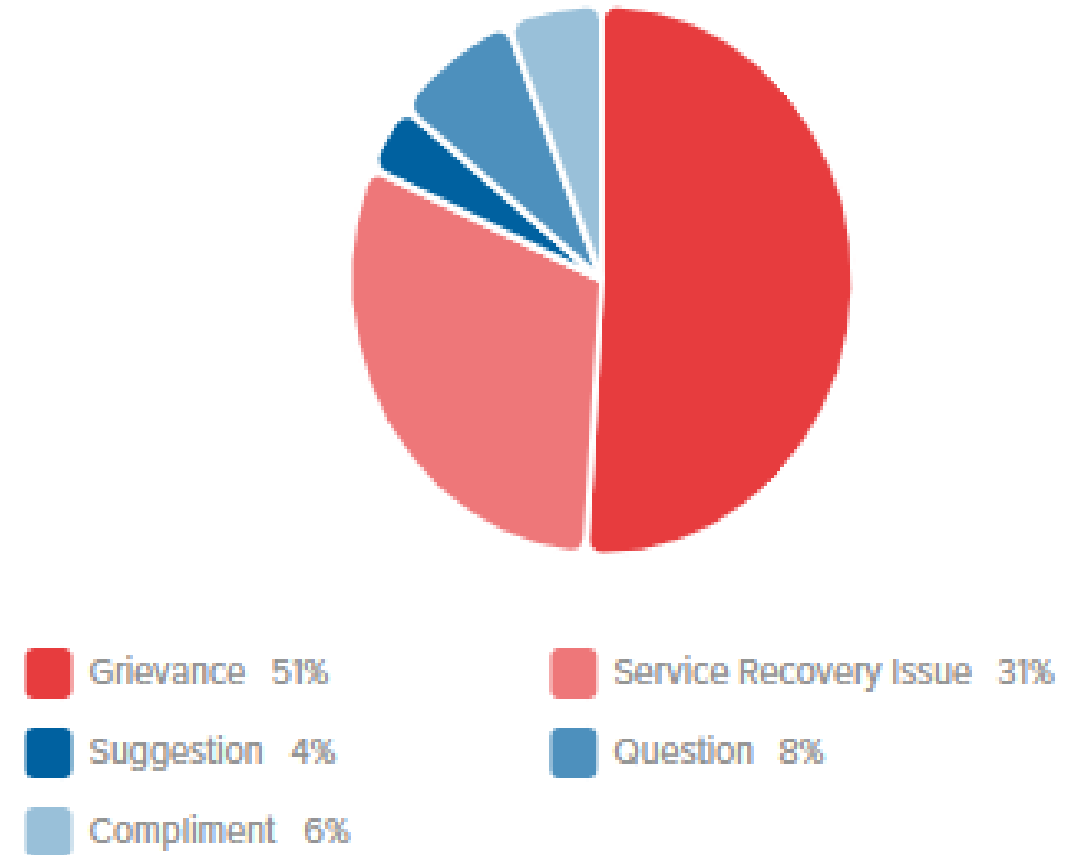
Grievance

Q 1: Grievance Feedback Summary:

49 Patient Calls

- 20% decrease from 4th Q 2022 (62 patient concerns)
- Days to Acknowledgement:
 - 2.0 Average
- Days to Closure: 20 Average
- 2 Closures > 30 Days

Tickets by Feedback Type



Q 1:

Service Feedback by Issue Type:

The Patient Concerns

Care Provider Issues:

- Communication
- “Wrong/missed” Diagnosis

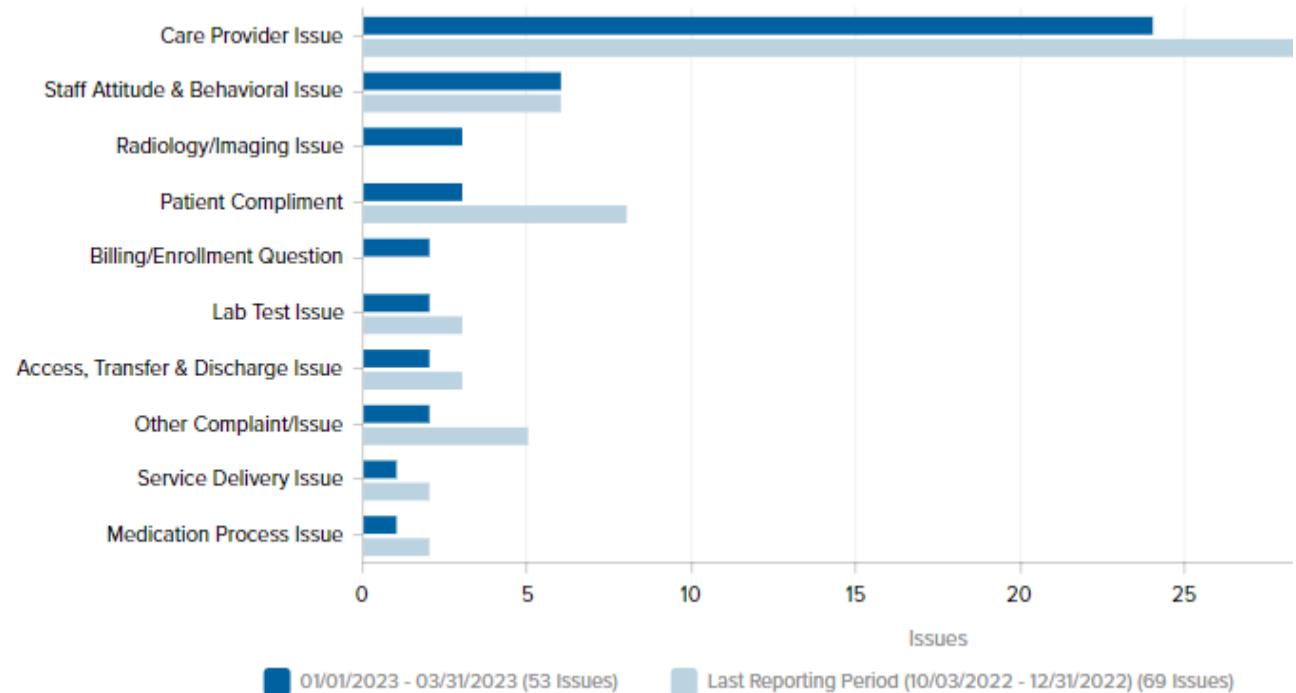
Diagnostic Imaging

- Diagnostic test not performed

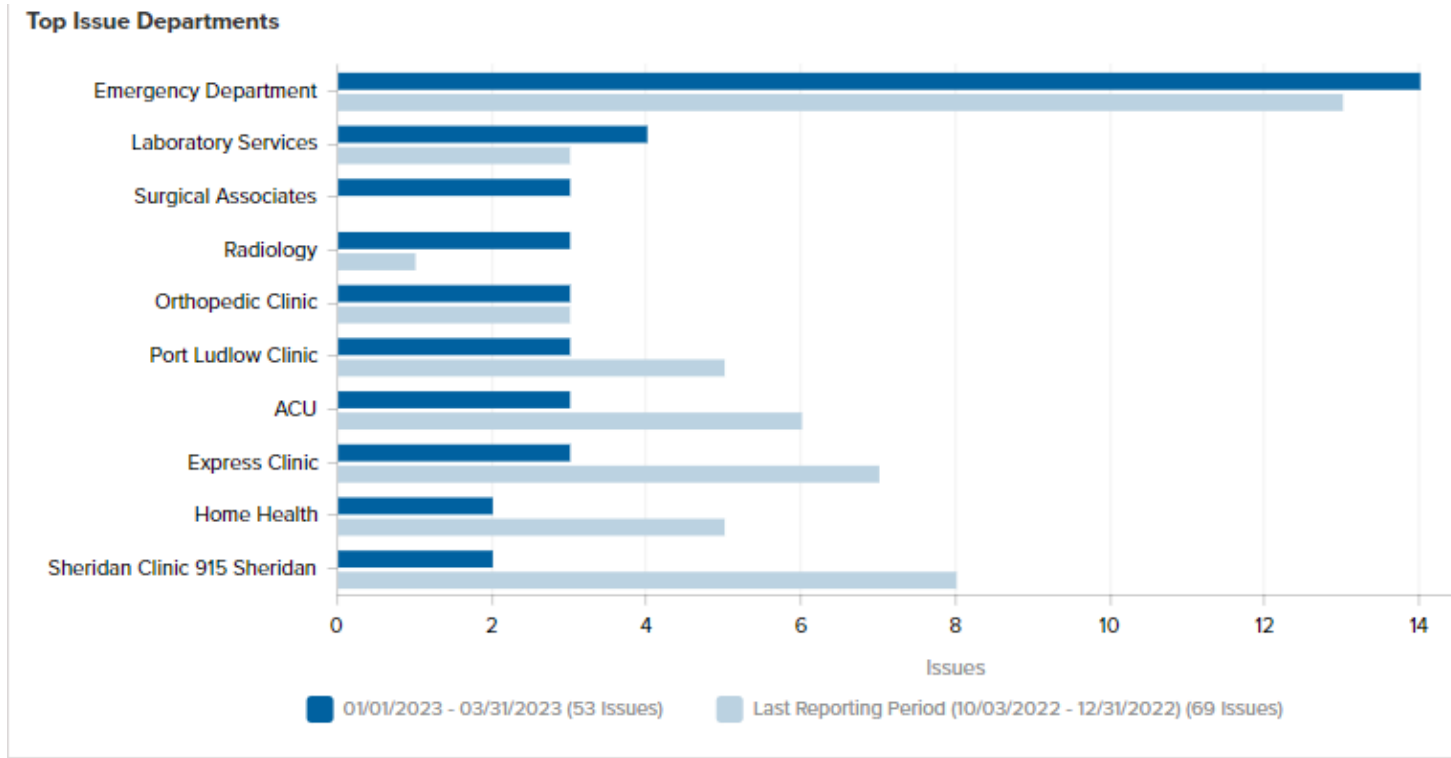
Billing/Charges

- Excessive Rates
- Coding Obs vs Inpatient Admissions

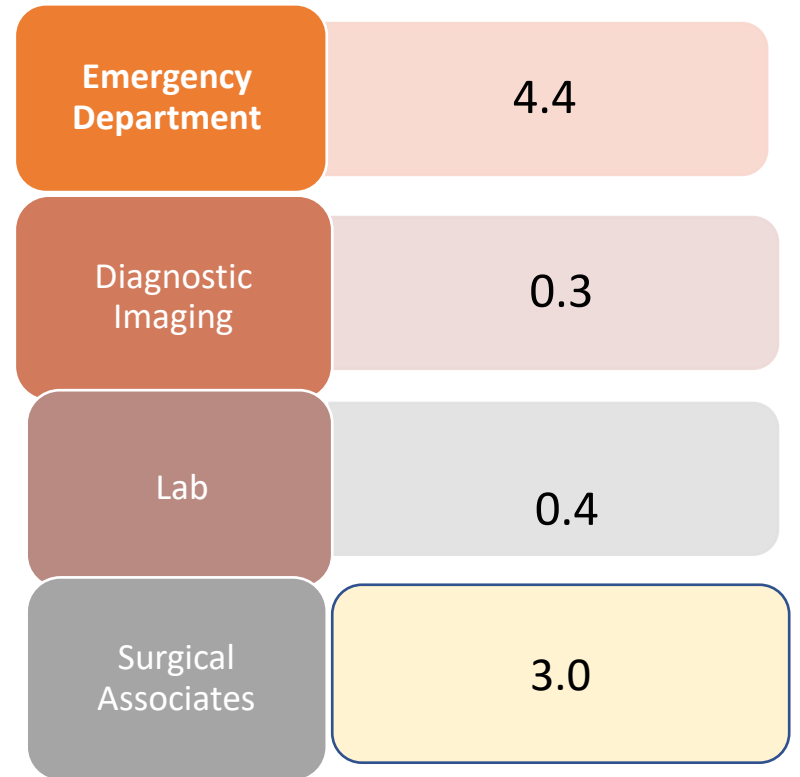
Top Issue Types



Service Area Feedback



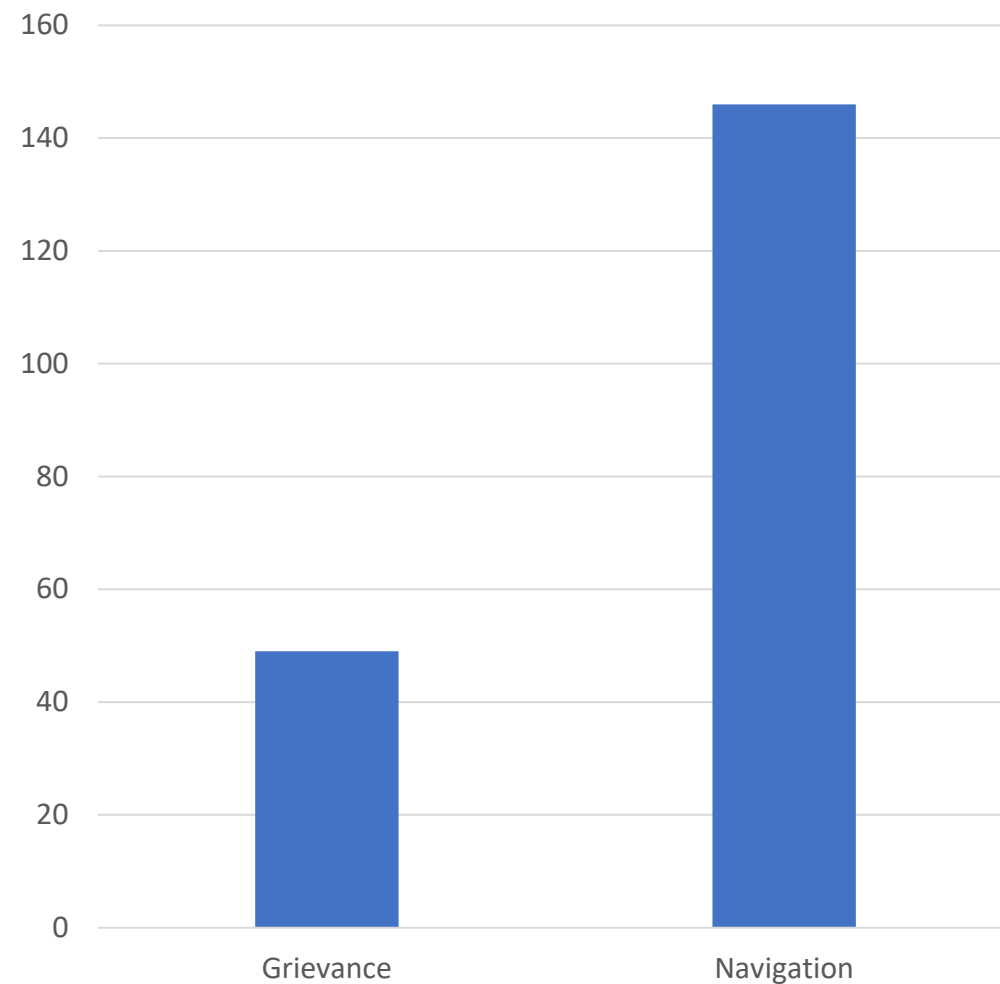
Concerns per 1000 visits



Navigation & Service Recovery

Purpose: Track care process gaps and get immediate needs met

- 158 Contacts (124 contacts in Q 4) **27% Increase**
- Time spent: 71 hours (56 hours in Q4) **12% of our time**
- Areas of concern
 - Billing questions and charges
 - HIM Medical Record Amendments
 - Advance Directives
 - Transfer to a different provider



Collaborators

Health Information Management
and Privacy Officer



Debra Tesch

Patient Financial Services

**Marta Flores
Wenkie Schultz
Melissa Sherwood**



Questions?

A photograph of a modern, multi-story hospital building with large glass windows and a light-colored facade. The building is partially obscured by a large, semi-transparent text overlay. The text 'Jefferson Healthcare' is written in a dark blue serif font, with a red curved line underlining the word 'Jefferson'. The word 'Healthcare' is written in a smaller, dark blue serif font below it.

Jefferson Healthcare

Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

May 24, 2023

Be a great place to receive care.

Strategic Goal #1: Deliver the highest quality care.

| Strategies | Initiatives |
|--|---|
| Cultivate a deep-rooted culture of safety. | <ol 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 | <ol 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 | <ol style="list-style-type: none">1.Implement a comprehensive equity program2.Embed equity index into quality reporting3.Actively work to eliminate health disparities |

Quality and Safety Highlight: Antimicrobial Stewardship

Why is this a patient safety priority?

About 30% of antibiotics prescribed in the US are unnecessary.

Antibiotics have serious side effects.

Misuse has contributed to antimicrobial resistance.

It is estimated that >35,000 people die each year from antibiotic resistant infections.

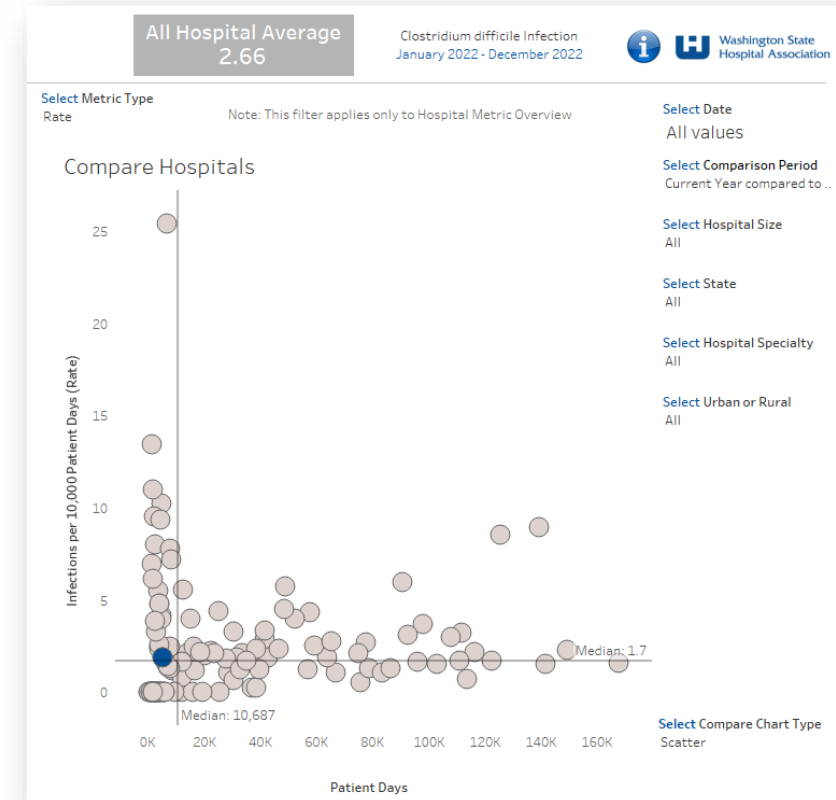
Effective programs increase infection cure rates while reducing treatment failures, adverse effects, antibiotic resistance, cost and length of stay.

Quality and Safety Highlight: Antimicrobial Stewardship

Antimicrobial Stewardship Program Elements

- Hospital Leadership Commitment
 - Dedicated resource allocation
- Accountability
 - Appoint a leader or co-leaders who is/are responsible for program management
- Pharmacy Expertise
- Interventions to improve antibiotic use
- Quality: Tracking and Monitoring Systems
- Reporting
 - Internal and external reporting
- Education
 - Educate about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing

2023 Performance:
C Difficile Rate (per 10,000 patient days)



JH Rate 1.90 (compared to 2.66) - one infection per 5,252 patient days

What is next for the program?



Program leadership changes



Gap analysis in progress



Renewed emphasis on ambulatory prescribing patterns



Evaluating software to improve real-time monitoring and intervention



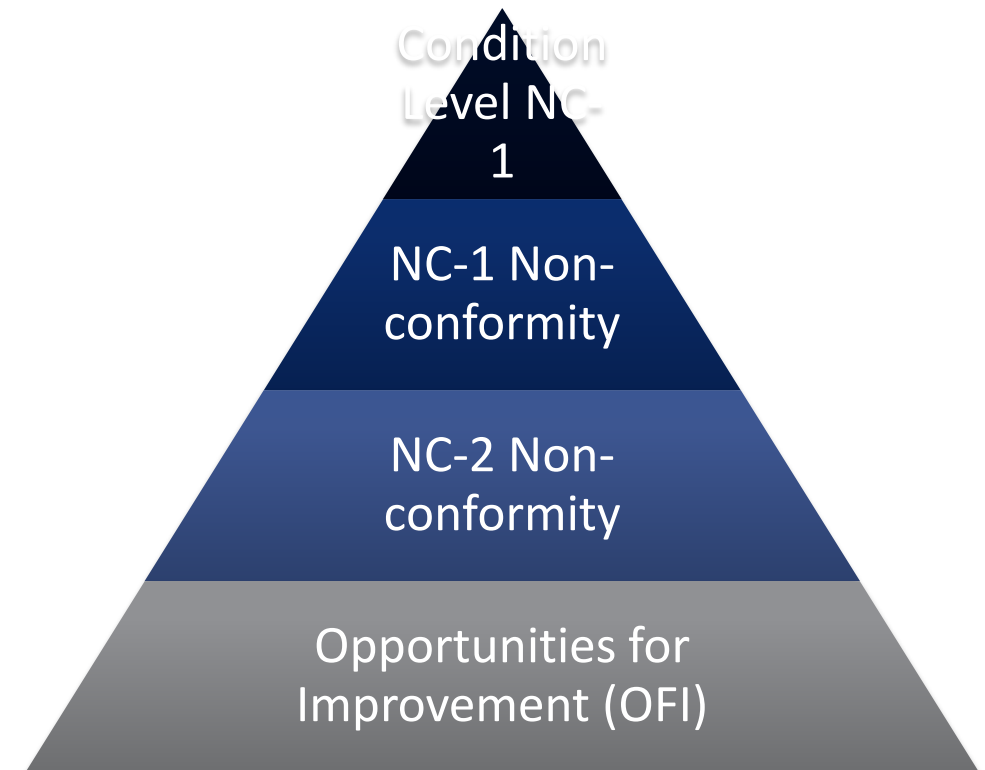
Improved reporting and feedback for physicians/APPs

Award winning and Fully Accredited:

DNV NIAHO and ISO Survey

Non-Conformities and Opportunities for

- Condition Level NC-1: Zero
- NC-1 Non-conformities: 3
- NC-2 Non-conformities: 2
 - Frequency of documentation of vital signs
 - Staffing: Job descriptions; education and competencies
 - Restraint documentation
 - Documentation of pain assessment following medication administration
 - Physical environment: power taps; code cart missing daily checks



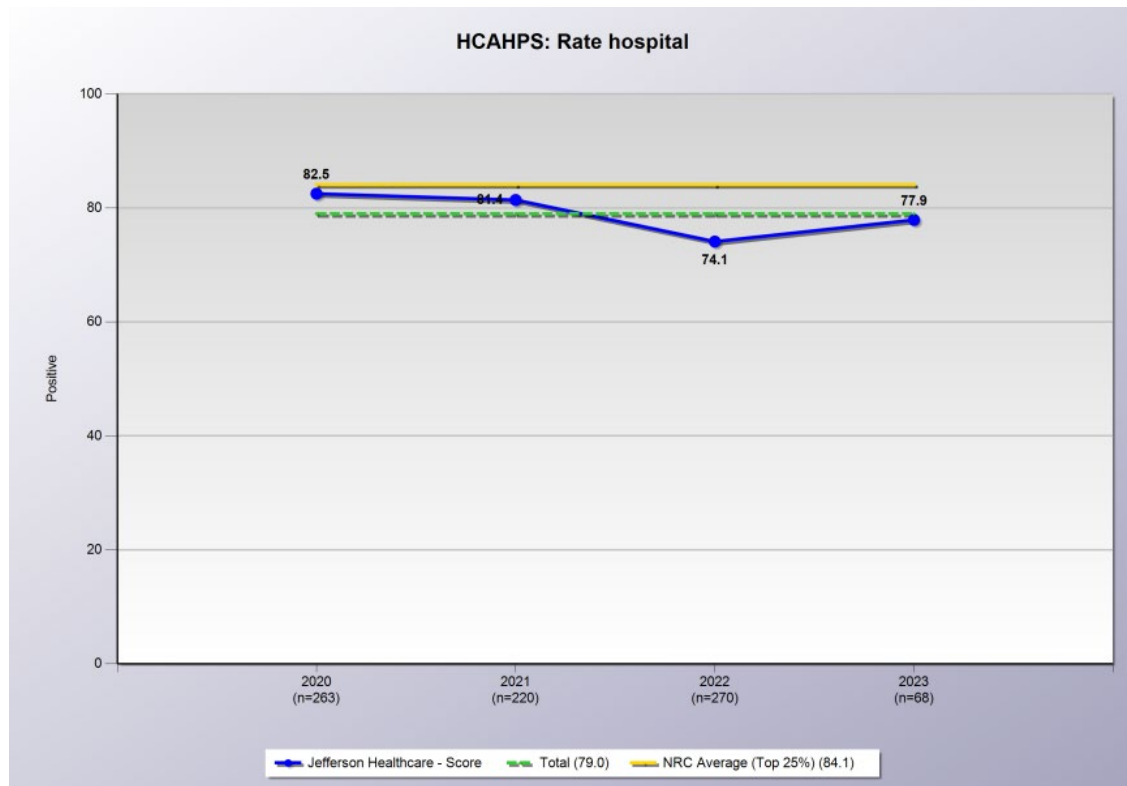
Be a great place to receive care.

- Service:
 - Make it easier to engage with our healthcare system.
 - Guide patients through every encounter.
 - Prioritize a culture of compassion and kindness.

Jefferson
Healthcare

Service: Be a Great Place to Receive Care

Inpatient Overall Rating (annually)



Ambulatory: Would you recommend

QUESTION: NPS: Facility would recommend

| Question Pod | YTD | Last 3 Months | Last Month | n-size | Score | Bench mark | Gap | |
|---------------------|------|---------------|------------|--------|-------|------------|-------|--|
| OP-Rehab | 90.0 | 91.5 | 90.8 | 76 | 90.8 | 76.9 | 13.9 | |
| MP-Facility Focused | 85.0 | 85.1 | 85.5 | 1,089 | 86.8 | 76.9 | 9.9 | |
| OP-Testing | 86.5 | 86.7 | 88.0 | 568 | 85.0 | 76.9 | 8.1 | |
| OP-Oncology | 90.0 | 92.3 | 88.9 | 5 | 80.0 | 76.9 | 3.1 | |
| Emergency | 67.3 | 70.2 | 78.3 | 82 | 59.8 | 76.9 | -17.1 | |

Emergency Department Positive Feedback:

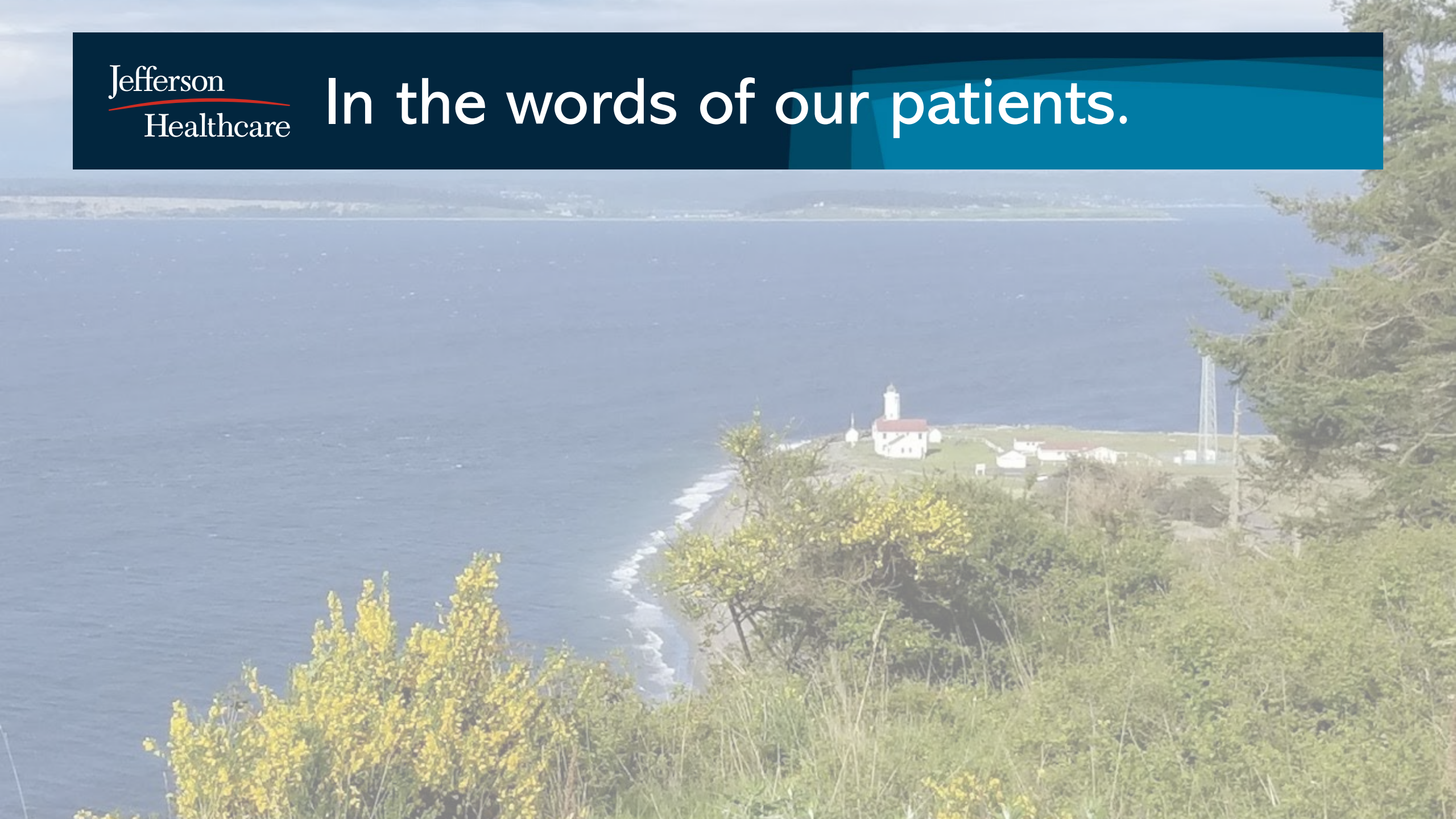
- Recognition
- Team/Doctor
- Courtesy/Respect
- Presence

Detractors in the Emergency Department:

- Wait time
- Communication
- Discharge and follow up



In the words of our patients.



Service: Be a Great Place to Receive Care

Community Advocacy Focus Areas

| Name of Initiative | Action(s) |
|--|---|
| Guide patients | Analyze patient feedback trends and navigation needs/requests; identify one pilot department, and work with leadership to improve patient wayfinding. |
| Coach and Empower Leaders | Develop a strategy for leader-led real time service recovery, including review and closure of tickets in NRC Health. |
| Leverage existing data | Continuous monitoring of RealTime Feedback and assignment of feedback to leaders. Send thank you notes for exceptional service. |
| Training and education of Service Standards | Develop curriculum for patient facing (particularly patient access) staff members and implement training. Create standard competencies and include these in annual training requirements. |
| Ensure equitable access to care | Evaluate patient feedback by race/demographics; participate in the HEC; include training regarding equity in service training. Lead the patient and family advisory Council. |
| Care for our caregivers (Human Connection and Alignment and buy-in) | Celebrating our wins! A larger emphasis will be placed on appreciating the care team with tangible, real feedback that is positive and complimentary. |

Program Goals:

Make it easier for our community to engage with our healthcare system

Guide patients through every encounter

Prioritize a culture of compassion and kindness

Support our leaders and care for our caregivers



What Questions do you Have?



Jefferson Healthcare

April 2023 Finance Report

May 24th, 2023

Tyler Freeman, CFO

April 2023

Operating Statistics

STATISTIC DESCRIPTION

| APRIL 2023 | | | | | | APRIL 2022 | | | |
|---------------|---------------|-----------------|---------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| <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> |
| <u>ACTUAL</u> | <u>BUDGET</u> | <u>VARIANCE</u> | <u>ACTUAL</u> | <u>BUDGET</u> | <u>VARIANCE</u> | <u>ACTUAL</u> | <u>VARIANCE</u> | <u>ACTUAL</u> | <u>VARIANCE</u> |
| 598 | 625 | 4% | 598 | 625 | 4% | 592 | -1% | 609 | 2% |
| 2,674 | 2,845 | -6% | 12,621 | 11,672 | 8% | 3,737 | -28% | 11,207 | 13% |
| 73 | 101 | -28% | 311 | 414 | -25% | 88 | -17% | 418 | -34% |
| 218 | 278 | -22% | 1,110 | 1,139 | -3% | 249 | -12% | 1,180 | -6% |
| 291 | 395 | -26% | 1,421 | 1,618 | -12% | 340 | -14% | 1,601 | -13% |
| 110 | 125 | -12% | 493 | 512 | -4% | 124 | -11% | 479 | 3% |
| 73 | 66 | 11% | 319 | 272 | 17% | 79 | -8% | 229 | 28% |
| 19,838 | 20,424 | -3% | 83,367 | 83,807 | -1% | 18,196 | 9% | 83,400 | 0% |
| 3,352 | 3,026 | 11% | 13,892 | 12,415 | 12% | 2,863 | 17% | 12,278 | 12% |
| 17,790 | 18,614 | -4% | 82,915 | 76,380 | 9% | 17,474 | 2% | 77,193 | 7% |
| 2,682 | 3,048 | -12% | 11,471 | 12,509 | -8% | 2,394 | 12% | 12,990 | -13% |
| 7,978 | 8,849 | -10% | 31,683 | 36,306 | -13% | 8,286 | -4% | 33,567 | -6% |
| 1,070 | 999 | 7% | 4,440 | 4,099 | 8% | 920 | 16% | 3,716 | 16% |
| 407 | 392 | 4% | 1,843 | 1,609 | 15% | 381 | 7% | 1,625 | 12% |
| 5,929 | 6,195 | -4% | 25,897 | 25,422 | 2% | 5,934 | 0% | 23,484 | 9% |
| 3,507 | 3,660 | -4% | 14,398 | 15,012 | -4% | 3,346 | 5% | 14,068 | 2% |

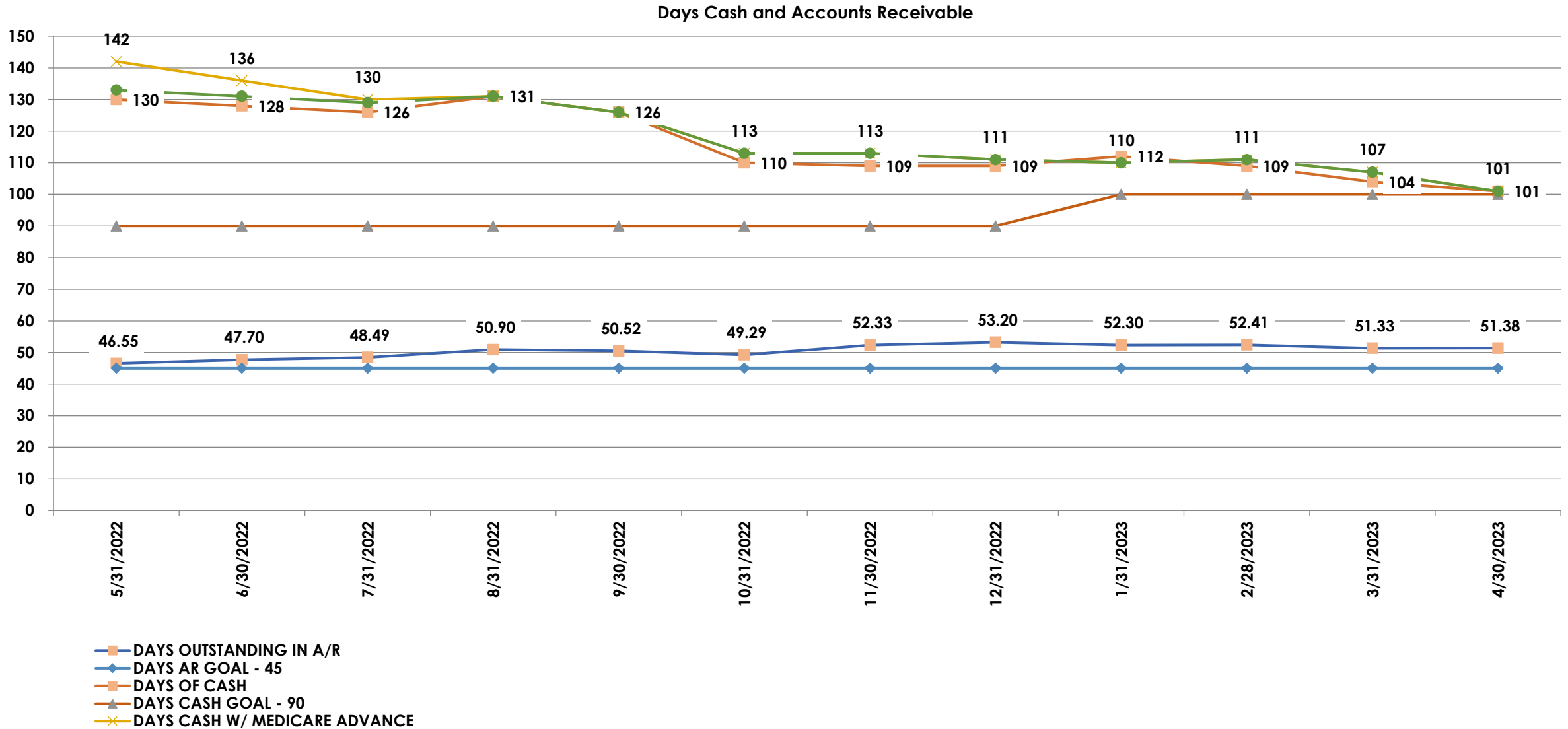
April 2023

Income Statement Summary

| | April 2023 Actual | April 2023 Budget | Variance Favorable/ (Unfavorable) | % | April 2023 YTD | April 2023 Budget YTD | Variance Favorable/ (Unfavorable) | % | April 2022 YTD |
|--|----------------------|----------------------|---|---------|-------------------|--------------------------|---|--------|-------------------|
| Operating Revenue | | | | | | | | | |
| Gross Patient Service Revenue | 27,654,110 | 28,540,100 | (885,990) | -3% | 114,818,785 | 114,160,400 | 658,385 | 1% | 101,280,870 |
| Revenue Adjustments | 14,393,786 | 15,336,271 | 942,485 | 6% | 61,445,645 | 61,345,084 | (100,561) | 0% | 53,600,589 |
| Charity Care Adjustments | 229,849 | 181,825 | (48,024) | -26% | 1,021,719 | 727,300 | (294,419) | -40% | 476,069 |
| Net Patient Service Revenue | 13,030,475 | 13,022,004 | 8,471 | 0% | 52,351,421 | 52,088,016 | 263,405 | 1% | 47,204,213 |
| Other Revenue | 716,792 | 438,037 | 278,755 | 64% | 2,576,280 | 1,752,146 | 824,134 | 47% | 3,324,879 |
| Total Operating Revenue | 13,747,267 | 13,460,041 | 287,226 | 2% | 54,927,701 | 53,840,162 | 1,087,539 | 2% | 50,529,092 |
| Operating Expenses | | | | | | | | | |
| Salaries And Wages | 6,466,692 | 6,676,973 | 210,281 | 3% | 25,046,460 | 26,707,891 | 1,661,431 | 6% | 24,917,318 |
| Employee Benefits | 2,038,236 | 1,513,904 | (524,332) | -35% | 6,425,343 | 6,055,615 | (369,728) | -6% | 6,057,394 |
| Other Expenses | 5,575,277 | 4,878,862 | (696,415) | -14% | 22,524,451 | 19,515,447 | (3,009,004) | -15% | 18,595,874 |
| Total Operating Expenses | 14,080,205 | 13,069,739 | (1,010,466) | -8% | 53,996,254 | 52,278,953 | (1,717,301) | -3% | 49,570,586 |
| Operating Income (Loss) | (332,938) | 390,302 | (723,240) | -185% | 931,447 | 1,561,209 | (629,762) | -40% | 958,506 |
| Total Non Operating Revenues (Expenses) | 157,763 | (1,675) | 159,438 | 9519% | 543,529 | (6,696) | 550,225 | 8217% | 104,041 |
| Change in Net Position (Loss) | (175,175) | 388,627 | (563,802) | -145% | 1,474,976 | 1,554,513 | (79,537) | -5% | 1,062,547 |
| Operating Margin | | | | | | | | | |
| Operating Margin | -2.4% | 2.9% | -5.3% | -183.5% | 1.7% | 2.9% | -1.20% | -41.5% | 1.9% |
| Total margin | -1.3% | 2.9% | -4.2% | -144.1% | 2.7% | 2.9% | -0.20% | -7.0% | 2.1% |
| Salaries & Benefits as a % of net pt svc rev | -65.3% | -62.9% | -2.4% | -3.8% | -60.1% | -62.9% | 2.78% | 4.4% | -65.6% |

April 2023

Cash and Accounts Receivable



May 2023

Preview — (*as of 0:00 5/18/23)

- **\$30,065,276 in Projected HB charges**
 - Average: \$969,848/day (HB only)
 - Budget: \$947,481/day
 - 102% of Budget
- **\$12,837,505 in HB cash collections**
 - Average: \$414,113/day (HB only)
 - Goal: \$417,444/day
- **50 Days in A/R**
- **Questions**

Jefferson Healthcare

Administrative Report

May 24, 2023

Mike Glenn, CEO

Advocacy | State

- Legislature 5 Key Priorities

- Housing and Homelessness
- Public Safety
- Climate Change
- **Reproductive Rights**
- **Behavioral Health**

- Jefferson Healthcare Key Priorities

- Support the Reproductive and Gynecological Health Project
- Protect patient access to care by reducing barriers to flexible staffing models.
- Address difficult to discharge patients.
- Support the safety net assessment program.

Advocacy | State

- Difficult to Discharge patients
 - *Biennial budget: \$293.3m*
 - Development of a task force with 5 hospital pilot programs to address discharge challenges (details TBD).
 - Significant Medicaid payment rate increases for long-term care providers.
- Behavioral Health
 - *Biennial budget: \$236.2m*
 - Support pediatric patients stuck in hospitals
 - Increase Medicaid provider rates for non-hospital community BH programs

Advocacy | Federal

- Funding focus
- Policy discussions ongoing regarding CAHMA
- Responsive to legislative office questions around a variety of policy topics including 340B, site neutral payments, etc. Continuing to act as a trusted partner.



Jefferson Healthcare is committed to offering as many health services as are needed for Jefferson County residents. We are consistently striving to improve access and meet the growing healthcare needs of our community.

FY'23 Appropriations Funding Request

Project name: Jefferson Expanding Healthcare for Rural Seniors Project

Amount Requested: \$2,000,000

Project cost: \$9,600,000

Bringing Needed Specialty Care to Seniors In Jefferson County.

Jefferson Healthcare is the only community-owned and operated integrated healthcare system in Jefferson County, providing the majority of all healthcare for the 30,000 residents. Seniors in Jefferson County face difficulty in accessing needed specialty medical care because of the geographic isolation. With almost an hour drive to the two nearest locations for specialty care, including having to go over a bridge that faces routine closures during the winter months, Jefferson County seniors rely on Jefferson Healthcare for the majority of their care. When a healthcare need arises that requires out-of-county travel, such as referrals to specialists in neurology, pulmonology, or geriatrics, many patients find it incredibly difficult to travel to these specialty clinics. In fact, many patients decide to forego necessary care due to the long and arduous commute.

To address this need for special care services for seniors that can be provided close to home, Jefferson Healthcare has embarked on a \$9.6 million specialty care expansion project that will bring pulmonology, neurology, Ear, Nose and Throat (ENT), and geriatrics care to seniors in Jefferson County. We estimate that Jefferson Healthcare will be able to provide 8,000 patient visits annually with these services offered close to home, improving health care outcomes for our senior population. This clinic will also add another 20 highly skilled, critical jobs to our community.

The Expanding Rural Healthcare for Seniors Project will support Jefferson County residents in receiving high-quality, full-spectrum care right here at home.

The Expanding Rural Healthcare for Seniors Project will support opening a new clinic that offers access to neurology, pulmonology, ENT, and geriatrics. This clinic will serve hundreds of patients annually who otherwise would have had to travel at least one hour each way to specialty clinics in neighboring counties.

This project is strongly supported by the Jefferson County community and is expected to serve thousands of patients every year. The impact of COVID-19, the high cost of labor, and the current

Advocacy | Federal

- Jefferson Expanding Healthcare for Rural Seniors application was supported by ALL THREE legislators.
- Will be hearing this week regarding if the proposal was included in the House budget

DEREK  KILMER

[MEET DEREK](#) [ISSUES](#) [HELPING YOU](#) [NEWS](#) [CONTACT](#) 



COMMUNITY PROJECT FUNDING REQUESTS

FY2024 Community Project Funding Requests

1) Project Name: Expanding Healthcare for Rural Seniors Project
Requested Amount: \$2,000,000
Intended Recipient: Jefferson County Public Hospital District No. 2, DBA Jefferson Healthcare
Intended Recipient Address: 834 Sheridan St, Port Townsend, WA 98368
Explanation of Request: This funding will support the construction and opening of a new clinic offering specialty care in neurology, pulmonology, ENT, and geriatrics to seniors in Jefferson County who face geographic barriers.

Jefferson Healthcare Expanding Healthcare for Rural Seniors Project

- Requested by: U.S. Senator Maria Cantwell, Washington state
- Recipient Name: Jefferson County Public Hospital District No. 2, dba Jefferson Healthcare
- Project Purpose: To expand specialty care for seniors in Jefferson County.
- Project Location: Jefferson Co., WA
- Amount Requested: \$2,000,000

| | | | | | |
|--------|---|---|-------------------|-------------|-----------------------------------|
| Murray | Jefferson County Public Hospital District 2, Jefferson Healthcare | Expanding Healthcare for Rural Seniors Project: To construct new clinic space and patient exam rooms to serve the older population in Jefferson County. | Port Townsend, WA | \$2,000,000 | Labor, Health, and Human Services |
|--------|---|---|-------------------|-------------|-----------------------------------|

Admin Report

- Community Outreach
- Replacement and Expansion Project Update
- Other

Questions