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:

- Board of Health Report
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Approved by the Commission:
Chair of Commission: Jill Buhler Rienstra
Secretary of Commission: Marie Dressler
Thank you, Hospice Team!
Patient Advocate Report

Board of Commissioners
1st Quarter 2023
Presented by Jackie Levin MS, RN,
May 24, 2023
Deliver the highest quality of care.

Provide a patient experience that we are proud of

Support gender-affirming & equitable care

Partner with the community, state, and regional collaboratives

The Office of the Patient Advocate

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

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

- 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

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

- Gather SOGI Demographics and pronouns.
- Apply equity lens to existing improvement projects
Patient Concerns and Navigation

Grievance
Q 1: Grievance Feedback Summary:

49 Patient Calls

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

![Tickets by Feedback Type](image)
Q1: 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
Service Area Feedback

Concerns per 1000 visits

- Emergency Department: 4.4
- Diagnostic Imaging: 0.3
- Lab: 0.4
- Surgical Associates: 3.0

Top Issue Departments

- Emergency Department
- Laboratory Services
- Surgical Associates
- Radiology
- Orthopedic Clinic
- Port Ludlow Clinic
- ACU
- Express Clinic
- Home Health
- Sheridan Clinic 915 Sheridan
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

Debra Tesch
Health Information Management and Privacy Officer

Marta Flores
Wenkie Schultz
Melissa Sherwood
Patient Financial Services
Questions?
Be a great place to receive care.
Strategic Goal #1: Deliver the highest quality care.

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

CDC, 2023
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.
Service: Be a Great Place to Receive Care

Inpatient Overall Rating (annually)

Ambulatory: Would you recommend

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

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

### 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?
April 2023  
Operating Statistics

<table>
<thead>
<tr>
<th>STATISTIC DESCRIPTION</th>
<th>APRIL 2023</th>
<th>APRIL 2022</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO ACTUAL</td>
<td>MO BUDGET</td>
<td>% VARIANCE</td>
</tr>
<tr>
<td>FTEs - TOTAL (AVG)</td>
<td>598</td>
<td>625</td>
<td>4%</td>
</tr>
<tr>
<td>ADJUSTED PATIENT DAYS</td>
<td>2,674</td>
<td>2,845</td>
<td>-6%</td>
</tr>
<tr>
<td>ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>73</td>
<td>101</td>
<td>-28%</td>
</tr>
<tr>
<td>ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)</td>
<td>218</td>
<td>278</td>
<td>-22%</td>
</tr>
<tr>
<td>PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION</td>
<td>110</td>
<td>125</td>
<td>-12%</td>
</tr>
<tr>
<td>SURGERY CASES (IN OR)</td>
<td>73</td>
<td>66</td>
<td>11%</td>
</tr>
<tr>
<td>LAB BILLABLE TESTS</td>
<td>19,838</td>
<td>20,424</td>
<td>-3%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC IMAGING TESTS</td>
<td>3,352</td>
<td>3,026</td>
<td>11%</td>
</tr>
<tr>
<td>PHARMACY MEDS DISPENSED</td>
<td>17,790</td>
<td>18,614</td>
<td>-4%</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY PROCEDURES</td>
<td>2,682</td>
<td>3,048</td>
<td>-12%</td>
</tr>
<tr>
<td>REHAB/PT/OT/ST</td>
<td>7,978</td>
<td>8,849</td>
<td>-10%</td>
</tr>
<tr>
<td>ER CENSUS</td>
<td>1,070</td>
<td>999</td>
<td>7%</td>
</tr>
<tr>
<td>DENTAL CLINIC</td>
<td>407</td>
<td>392</td>
<td>4%</td>
</tr>
<tr>
<td>TOTAL RURAL HEALTH CLINIC VISITS</td>
<td>5,929</td>
<td>6,195</td>
<td>-4%</td>
</tr>
<tr>
<td>TOTAL SPECIALTY CLINIC VISITS</td>
<td>3,507</td>
<td>3,660</td>
<td>-4%</td>
</tr>
</tbody>
</table>
## Income Statement Summary

**April 2023**

### Operating Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>April 2023 Actual</th>
<th>April 2023 Budget</th>
<th>Variance (Favorable/Unfavorable)</th>
<th>April 2023 YTD</th>
<th>April 2023 Budget YTD</th>
<th>Variance (Favorable/Unfavorable)</th>
<th>April 2022 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Patient Service Revenue</td>
<td>27,654,110</td>
<td>28,540,100</td>
<td>(885,990)  -3%</td>
<td>114,818,785</td>
<td>114,160,400</td>
<td>658,385  1%</td>
<td>101,280,870</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td>14,393,786</td>
<td>15,336,271</td>
<td>942,485   6%</td>
<td>61,445,645</td>
<td>61,345,084</td>
<td>(100,561)  0%</td>
<td>53,600,589</td>
</tr>
<tr>
<td>Charity Care Adjustments</td>
<td>229,849</td>
<td>181,825</td>
<td>(48,024) -26%</td>
<td>1,021,719</td>
<td>727,300</td>
<td>(294,419) -40%</td>
<td>476,069</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>13,030,475</td>
<td>13,022,004</td>
<td>8,471     0%</td>
<td>52,351,421</td>
<td>52,088,016</td>
<td>263,405   1%</td>
<td>47,204,213</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>716,792</td>
<td>438,037</td>
<td>278,755  64%</td>
<td>2,576,280</td>
<td>1,752,146</td>
<td>824,134   47%</td>
<td>3,324,879</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>13,747,267</td>
<td>13,460,041</td>
<td>287,226   2%</td>
<td>54,927,701</td>
<td>53,840,162</td>
<td>1,087,539   2%</td>
<td>50,529,092</td>
</tr>
</tbody>
</table>

### Operating Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>April 2023 Actual</th>
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</thead>
<tbody>
<tr>
<td>Salaries And Wages</td>
<td>6,466,692</td>
<td>6,676,973</td>
<td>210,281   3%</td>
<td>25,046,460</td>
<td>26,707,891</td>
<td>1,661,431  6%</td>
<td>24,917,318</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>2,038,236</td>
<td>1,513,904</td>
<td>(524,332) -35%</td>
<td>6,425,343</td>
<td>6,055,615</td>
<td>(369,728) -6%</td>
<td>6,057,394</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>5,575,277</td>
<td>4,878,862</td>
<td>(696,415) -14%</td>
<td>22,524,451</td>
<td>19,515,447</td>
<td>(3,009,004) -15%</td>
<td>18,595,874</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>14,080,205</td>
<td>13,069,739</td>
<td>(1,010,466) -8%</td>
<td>53,996,254</td>
<td>52,278,953</td>
<td>(1,717,301) -3%</td>
<td>49,570,586</td>
</tr>
</tbody>
</table>

### Operating Income (Loss)

<table>
<thead>
<tr>
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<th>April 2023 Actual</th>
<th>April 2023 Budget</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total Non Operating Revenues (Expenses)</td>
<td>157,763</td>
<td>(1,675)</td>
<td>159,438 9519%</td>
<td>543,529</td>
<td>(6,696)</td>
<td>550,225 8217%</td>
<td>104,041</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>(175,175)</td>
<td>388,627</td>
<td>(563,802) -145%</td>
<td>1,474,976</td>
<td>1,554,513</td>
<td>(79,537) -5%</td>
<td>1,062,547</td>
</tr>
</tbody>
</table>

### Trend and Margin Analysis

<table>
<thead>
<tr>
<th>Description</th>
<th>April 2023</th>
<th>April 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin</td>
<td>-2.4%</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Total margin</td>
<td>2.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Salaries &amp; Benefits as a % of net pt svc rev</td>
<td>-65.3%</td>
<td>-62.9%</td>
</tr>
</tbody>
</table>

**Notes:**
- Variance analysis is based on the difference between actual and budgeted amounts, with favorable/unfavorable indicated.
- Margins and percentages reflect the relationship between revenue, expenses, and operating income.
- Percentages are rounded for clarity.
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
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.
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
Admin Report

• Community Outreach
• Replacement and Expansion Project Update
• Other
Questions