

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 accessing the below information or can attend in person in the Sheridan Conference Room at 915 Sheridan Street. Limited seating available.

Audio Only: dial Phone Conference Line: **(509) 598-2842**

When prompted, enter Conference ID number: **572 938 342#**

Microsoft Teams meeting: Join on your computer or mobile app.

This option will allow you to join the meeting live.

[Click here to join the meeting](#)

Special Session Agenda
Wednesday, December 20, 2023

<u>Call to Order:</u>	2:00
<u>Approve Agenda:</u>	2:00
<u>Patient Story:</u>	2:00
<u>Public Comment:</u>	2:15
Public comments are welcome orally, with a 3-minute limit, or may be submitted via email at commissioners@jeffersonhealthcare.org , or written and addressed to Commissioners at 834 Sheridan Street, Port Townsend, WA 98368. Written submissions must be received by 5:00 pm the day prior to the meeting.	
<u>Minutes:</u> Action Requested	2:20
<ul style="list-style-type: none"> • November 15 Special Session Meeting (pgs 3-6) • December 1 Special Session Meeting (pgs 7-8) 	
<u>Required Approvals:</u> Action Requested	2:20
<ul style="list-style-type: none"> • Resolution 2023- 22 Canceled Warrants (pg 9) • October Warrants and Adjustments (pgs 10-15) • Medical Staff Credentials/ Appointments/ Reappointments (pgs 16-17) • Revised Board Assessment Instrument (pgs 18-34) 	
<u>Home Health and Hospice Annual Report:</u>	2:25
David Hunsley, Director Home Health, Hospice, and Palliative Care	
<ul style="list-style-type: none"> • Action Requested: Motion to appoint David Hunsley as Director for Home Health, Hospice, and Palliative Care 	
<u>Financial Report:</u> Tyler Freeman, CFO	2:45
<u>Project Update:</u> Jake Davidson, COO	3:00
<u>Break:</u>	3:30

Jefferson Healthcare
Owned and Operated by Jefferson County Public Hospital District No. 2
834 Sheridan Street, Port Townsend, WA 98368
We are an equal opportunity provider and employer.

Jefferson County Public Hospital District No. 2 Board of Commissioners acknowledge that Jefferson Healthcare is on the ancestral and contemporary homelands of the S'Klallam, Chemakum, Twana and other indigenous nations and we recognize these tribal governments' sovereignty across the region.

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Administrative Report: Mike Glenn, CEO 3:45

- Update on Healthier Together Pool Project Design- Carrie Hite

Board Business: 4:00

- Board of Health Report
- Foundation Update
- Meeting Evaluation

Executive Session:

Executive session to discuss Performance of a Public Employee as allowed by RCW 42.30.110 (g)

4:15

Conclude:

4:45

This Special Session will be officially recorded. The times shown in the agenda are estimates only.

DRAFT

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Jefferson County Public Hospital District No. 2
Board of Commissioners, Special Session Minutes
Wednesday, November 15, 2023

Call to Order:

The meeting was called to order at 2:00 pm by Board Chair Buhler Rienstra. Commissioners in attendance included Commissioners Dressler, Kolff, McComas and Ready. Also, in attendance were Mike Glenn, CEO, Tyler Freeman, Chief Financial Officer, Jake Davidson, Chief Operating Officer, Molly Propst, Chief Human Resources Officer, Brandie Manuel, Chief Patient Safety and Quality Officer, Tina Toner, Chief Nursing Officer, Dunia Faulx, Chief Planning and Advocacy Officer, Dr. Joe Mattern, Chief Medical Officer, and Christina Avila, Executive Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Commissioner Dressler made a motion to approve the agenda. Commissioner Ready seconded.

Action: Motion passed unanimously

Washington State Archives Education:

Janette Gomes, Northwest Regional Branch Archivist, provided an educational presentation on Washington State Archives, including transferring Board of Commissioner Records to Washington State Archives, determination of archival value, archival designations, archival commissioner records, transfer benefits, and physical and digital archiving. Discussion ensued.

Patient Story:

Tina Toner, CNO shared a patient letter regarding the Family Birth Department, which included positive feedback on prenatal care received, birth experience, and care for LGBTQ+ inclusiveness, with recognition for Family Birth Center Staff. Discussion ensued.

Public Comment:

No public comment was made.

Minutes:

- October 25, 2023 Regular Session Minutes

Commissioner McComas made a motion to approve the October 25, 2023 Regular Session Minutes. Commissioner Kolff seconded.

Action: Motion passed unanimously

Required Approvals: Action Requested

- Medical Staff Credentials/Appointments/Reappointments

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

Action: Motion passed unanimously.

Quality Report:

Brandie Manuel, Chief Patient Safety and Quality Officer, presented the November Quality Report, including a Culture of Safety update, Patient Safety Measures, Core Measure Performance update for Q1-Q3 for Perinatal Care, Inpatient Stroke, and Ambulatory measures, as well as a Health Equity update on eliminating health disparities and Breast Cancer Screening program, and 2024 Quality Management System Opportunities and Recommendations. Discussion ensued.

Financial Report:

Tyler Freeman, Chief Financial Officer, presented the October Financial Report. Discussion ensued.

Break

Commissioners recessed for break at 3:16 pm.

Commissioners reconvened from break at 3:30 pm.

Project Update: Jake Davidson, Chief Operating Officer, Tyler Freeman, Chief Financial Officer, and Mike Glenn, Chief Executive Officer, provided a project update. Brad Berg, Principal of Foster Garvey, and Jeffrey Fivecoat, Managing Director at Piper Sandler & Company, presented Resolution 2023-20 JP Morgan Private Placement Bond and Resolution 2023-21 Siemens Private Placement Bond for Board Approval. Discussion ensued.

Commissioner Dressler made a motion to approve Resolution 2023-20 JP Morgan Private Placement Bond Resolution. Commissioner Kolff seconded. Discussion ensued.

Action: Motion passed unanimously.

Commissioner McComas made a motion to approve Resolution 2023-21 Siemens Private Placement Bond Resolution. Commissioner Ready seconded.

Action: Motion passed unanimously.

Commissioner Dressler made a motion to approve an amendment to the construction contract to authorize the guaranteed maximum price in the dollar amount of \$73,726,651. Commissioner McComas seconded.

Discussion ensued.

Action: Motion passed unanimously.

Administrative Report

Mike Glenn, Chief Executive Officer, and Dunia Faulx, Chief Planning and Advocacy Officer, presented the October Administrative report. Discussion ensued.

CMO Report:

Dr. Joe Mattern presented a CMO Report including Covid, RSV and Influenza updates, OB Workgroup updates, and Medical Staff Bylaw update. Discussion ensued.

Board Business:

- Board of Health Report

Commissioner Kolff informed the board that the next Board of Health meeting is scheduled next week, so he did not have a report.

Behavioral Health Advisory Committee Update:

Board Chair Buhler Rienstra provided an update from the Behavioral Health Advisory Committee that the committee requested to name alternates for each member. Board Chair Buhler Rienstra stated that Commissioner McComas has agreed to act as her alternate for this committee. Board Chair Buhler Rienstra requested a motion to approve Commissioner McComas as her alternate for the Behavioral Health Advisory Committee.

Commissioner Dressler made a motion to approve Commissioner McComas as Behavioral Health Advisory Committee member alternate for Board Chair Buhler Rienstra. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Meeting Evaluation:

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:16 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

DRAFT

Jefferson County Public Hospital District No.2
Board of Commissioners Meeting

The Northwest Maritime Center
431 Water Street, Port Townsend, WA 98368

Friday, December 01, 2023

Call to Order:

The meeting was called to order at 9:00 am by Board Chair Buhler Rienstra. Present in person were Commissioners Dressler, Kolff, McComas and Ready. Also, in attendance was Mike Glenn, CEO, Karma Bass, Via Healthcare Consulting, Marianne Vicencio, Via Healthcare Consulting, and Christina Avila, Executive Assistant.

Public Comment:

Member of the public, Mike Ferguson, shared a letter from a Jefferson Healthcare employee which included concerns regarding hospital attacks in Gaza, and a request to stand with the nursing union in the call to cease-fire. Mike asked that this employee not be retaliated against for sending this letter.

Member of the public, Doug Milholland, shared a statement from the union regarding the hospital attacks in Gaza. Doug provided the board with a copy of emails that were sent to the hospital along with the employee letter and an article about the attacks. Doug requested that the documents be emailed to all commissioners.

Work Session

- Leadership Development and Transition Planning

Karma Bass presented the Board Self-Assessment Overview, including reviewing the current self-assessment, removing 22 questions from the survey, and adding 8 new questions, self-assessment timeline, and commissioner feedback. Discussion ensued.

Karma reviewed the Board Enhancement Dashboard, including Board Culture and Effectiveness, Board meetings, Community Ambassador, Advocacy and Fundraising Goals, and Fundraising Options. Discussion ensued.

Commissioners recessed for break at 10:40 am.

Commissioners reconvened from break at 10:45 am.

Discussion continued regarding Fundraising Options.

Commissioners recessed for lunch at 12:00 pm.

Commissioners reconvened from lunch at 12:30 pm.

Karma reviewed the CEO evaluation process, including the current form and suggestion to move to interviewed instead of written feedback. Discussion ensued.

Karma presented the new Commissioner Orientation Process, including the Board Orientation Manual for Board Approval.

Commissioner Kolff made a motion to approve the Board Orientation Manual. Commissioner McComas seconded.

Commissioner Ready requested an amendment to include the State Auditor's "Trust but Verify" document under "Resource Documents" portion of the Manual. Discussion ensued.
Commissioner McComas seconded the approval as amended.
Action: Motion with amendment passed unanimously.

Karma presented the Leadership Succession Planning including CEO Succession Planning, Board Leader Succession Planning (Chair and Secretary), and recruitment of Future Commissioners.

Commissioner Ready requested to review the Commissioner participation expectation for fiscal audits. Discussion ensued.

- Advocacy and the Role of the Commissioner

Karma reviewed Advocacy for Commissioners including policymaking and community-building. Discussion ensued.

- Closing comments

Discussion ensued

Meeting evaluation

Commissioners evaluated the meeting.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 3:04 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2023-22

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$8,961.88

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$8,961.88 be canceled.

Date of Issue	Warrant #	Amount
10/31/2023	293540	252.69
10/31/2023	293621	8.75
10/31/2023	293626	194.88
10/31/2023	293660	129.32
10/31/2023	293667	123.64
10/31/2023	293668	123.49
10/31/2023	293927	3,968.66
10/31/2023	293950	3,443.00
10/31/2023	294003	190.00
10/31/2023	294091	117.00
10/31/2023	294097	111.45
10/31/2023	294214	299.00
Total		\$8,961.88

APPROVED this 20th day of December 2023.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: October 2023 WARRANT SUMMARY

The following items need to be approved at the next commission meeting:

General Fund Warrants & ACH Transfers	\$22,187,795.11	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	(\$177,925.00)	(Attached)
Canceled Warrants	8,961.88	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: October 2023 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

301841 - 302438 \$6,165,785.47

ACH TRANSFERS \$16,022,009.64

\$22,187,795.11

YEAR-TO-DATE: \$234,933,530.09

Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: October 2023 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	October	October YTD	October YTD BUDGET
Allowance for Uncollectible Accounts:	(692,624.00)	2,222,646.00	3,393,487.00
Charity Care:	507,949.00	2,887,976.00	1,842,493.00
Other Administrative Adjustments:	6,750.00	797,625.00	706,300.00
	<hr/>		
TOTAL FOR MONTH:	(\$177,925.00)	5,908,247.00	\$5,942,280.00
	<hr/>		

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: October 2023 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT	AMOUNT
10/31/2023	293540 FBO HOSPITAL DISTRICT #2	252.69
10/31/2023	293621 FBO HOSPITAL DISTRICT #2	8.75
10/31/2023	293626 FBO HOSPITAL DISTRICT #2	194.88
10/31/2023	293660 FBO HOSPITAL DISTRICT #2	129.32
10/31/2023	293667 FBO HOSPITAL DISTRICT #2	123.64
10/31/2023	293668 FBO HOSPITAL DISTRICT #2	123.49
10/31/2023	293927 FBO HOSPITAL DISTRICT #3	3,968.66
10/31/2023	293950 FBO HOSPITAL DISTRICT #4	3,443.00
10/31/2023	294003 FBO HOSPITAL DISTRICT #5	190.00
10/31/2023	294091 FBO HOSPITAL DISTRICT #6	117.00
10/31/2023	294097 FBO HOSPITAL DISTRICT #7	111.45
10/31/2023	294214 FBO HOSPITAL DISTRICT #8	299.00

STATISTIC DESCRIPTION

STATISTIC DESCRIPTION	OCT 2023						OCT 2022			
	MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
FTEs - TOTAL (AVG)	665	688	3%	616	688	10%	594	-12%	573	-8%
FTEs - PRODUCTIVE (AVG)	598	598	0%	556	598	7%	543	-10%	520	-7%
ADJUSTED PATIENT DAYS	3,548	3,041	17%	32,440	29,819	9%	3,230	10%	29,488	10%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	61	108	-44%	813	1,058	-23%	98	-38%	1,054	-30%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	330	297	11%	3,026	2,910	4%	301	10%	2,878	5%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	-	17	-100%	67	167	-60%	18	-100%	81	-21%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	391	422	-7%	3,906	4,135	-6%	417	-6%	4,013	-3%
BIRTHS	8	8	0%	68	80	-15%	5	60%	85	-25%
SURGERY CASES (IN OR)	138	133	4%	1,289	1,308	-1%	141	-2%	1,237	4%
SURGERY MINUTES (IN OR)	19,038	16,599	15%	177,774	162,776	9%	17,391	9%	155,597	12%
SPECIAL PROCEDURE CASES	82	71	15%	846	695	22%	74	11%	718	15%
LAB BILLABLE TESTS	23,298	21,832	7%	214,186	214,096	0%	20,928	11%	208,755	3%
BLOOD BANK UNITS MATCHED	40	34	18%	467	330	42%	38	5%	385	18%
MRIs COMPLETED	304	206	47%	2,388	2,018	18%	228	33%	2,032	15%
CT SCANS COMPLETED	855	612	40%	6,571	5,999	10%	566	51%	5,771	12%
DXA SCANS COMPLETED	86	122	-30%	1,167	1,197	-3%	-	0%	-	100%
ECHOs COMPLETED	221	198	12%	1,868	1,938	-4%	165	34%	1,809	3%
ULTRASOUNDS COMPLETED	478	343	39%	3,597	3,364	7%	262	82%	3,026	16%
MAMMOGRAPHYS COMPLETED	256	205	25%	2,865	2,013	42%	337	-24%	1,347	53%
X-RAYS COMPLETED	1,350	1,506	-10%	14,316	14,769	-3%	-	0%	-	100%
NUCLEAR MEDICINE TESTS	25	43	-42%	440	417	6%	40	-38%	422	4%
TOTAL DIAGNOSTIC IMAGING TESTS	3,575	3,235	11%	33,212	31,715	5%	1,598	124%	14,407	57%
PHARMACY MEDS DISPENSED	21,977	19,897	10%	214,747	195,123	10%	21,178	4%	193,065	10%
ANTI COAG VISITS	367	410	-10%	3,547	4,021	-12%	351	5%	3,945	-11%
RESPIRATORY THERAPY PROCEDURES	3,164	3,259	-3%	28,569	31,955	-11%	3,191	-1%	29,900	-5%
CARDIO-PULMONARY REHAB	272	130	109%	2,840	1,274	123%	191	42%	583	79%
PHYSICAL THERAPY	7,227	7,834	-8%	65,696	76,824	-14%	6,354	14%	68,049	-4%
OCCUPATIONAL THERAPY	1,127	1,261	-11%	12,014	12,368	-3%	798	41%	11,719	2%
SPEECH THERAPY	101	233	-57%	2,385	2,280	5%	111	-9%	1,459	39%
REHAB/PT/OT/ST	8,727	9,458	-8%	82,935	92,746	-11%	7,454	17%	81,810	1%
ER CENSUS	1,204	1,068	13%	11,873	10,472	13%	1,120	8%	10,567	11%
EXPRESS CLINIC	1,134	922	23%	11,421	9,041	26%	1,122	1%	9,575	16%
SOCO PATIENT VISITS	211	103	105%	1,507	1,009	49%	95	122%	917	39%
PORT LUDLOW PATIENT VISITS	746	705	6%	7,069	6,916	2%	625	19%	6,744	5%
SHERIDAN PATIENT VISITS	3,645	2,774	31%	27,961	27,203	3%	2,592	41%	24,562	12%
DENTAL CLINIC	522	419	25%	4,798	4,109	17%	387	35%	4,143	14%
WATERSHIP CLINIC PATIENT VISITS	1,248	1,148	9%	11,857	11,254	5%	956	31%	10,277	13%
TOWNSSEND PATIENT VISITS	609	552	10%	5,370	5,414	-1%	505	21%	5,156	4%
TOTAL RURAL HEALTH CLINIC VISITS	8,115	6,623	23%	69,983	64,946	8%	6,282	29%	61,374	12%
CARDIOLOGY CLINIC VISITS	451	510	-12%	5,375	4,996	8%	517	-13%	4,913	9%
DERMATOLOGY CLINIC VISITS	837	755	11%	8,018	7,408	8%	579	45%	6,502	19%
GEN SURG PATIENT VISITS	247	312	-21%	3,056	3,057	0%	230	7%	2,745	10%
ONCOLOGY VISITS	460	604	-24%	5,006	5,921	-15%	528	-13%	5,361	-7%
ORTHO PATIENT VISITS	694	581	19%	5,870	5,702	3%	788	-12%	7,786	-33%
SLEEP CLINIC VISITS	181	165	10%	1,633	1,618	1%	156	16%	1,635	0%
UROLOGY VISITS	280	167	68%	2,252	1,642	37%	207	35%	1,551	31%
OB/GYN CLINIC VISITS	367	284	29%	3,171	2,782	14%	253	45%	2,506	21%
WOUND CLINIC VISITS	77	239	-68%	1,262	2,344	-46%	128	-40%	2,059	-63%
HANDS/PLASTICS	237	148	60%	2,156	2,709	-20%	-	0%	-	100%
TOTAL SPECIALTY CLINIC VISITS	3,831	3,765	2%	37,799	38,179	-1%	3,386	13%	35,058	7%
SLEEP CENTER SLEEP STUDIES	54	57	-5%	542	556	-3%	62	-13%	531	2%
INFUSION CENTER VISITS	809	873	-7%	8,717	8,565	2%	829	-2%	8,032	8%
SURGERY CENTER ENDOSCOPIES	82	77	6%	607	750	-19%	70	17%	645	-6%
HOME HEALTH EPISODES	72	68	6%	704	670	5%	48	50%	478	32%
HOSPICE CENSUS/DAYS	690	966	-29%	10,725	9,471	13%	934	-26%	7,949	26%
DIETARY MEALS SERVED	6,363	9,284	-31%	81,384	91,043	-11%	10,548	-40%	95,204	-17%
MAT MGMT TOTAL ORDERS PROCESSED	1,704	1,576	8%	15,452	15,455	0%	1,430	19%	15,185	2%

Gross Revenue
Inpatient Revenue
Outpatient Revenue

Total Gross Revenue

Revenue Adjustments

Cost Adjustment Medicaid
Cost Adjustment Medicare
Charity Care
Contractual Allowances Other
Administrative Adjustments
Allowance for Uncollectible Accounts

Total Revenue Adjustments

Net Patient Service Revenue

Other Revenue

340B Revenue
Other Operating Revenue

Total Operating Revenues

Operating Expenses

Salaries And Wages
Employee Benefits
Professional Fees
Purchased Services
Supplies
Insurance
Leases And Rentals
Depreciation And Amortization
Repairs And Maintenance
Utilities
Licenses And Taxes
Other

Total Operating Expenses
Operating Income (Loss)

Non Operating Revenues (Expenses)

Taxation For Maint Operations
Taxation For Debt Service
Investment Income
Interest Expense
Bond Issuance Costs
Gain or (Loss) on Disposed Asset
Contributions

Total Non Operating Revenues (Expenses)

Change in Net Position (Loss)

	October 2023 Actual	October 2023 Budget	Variance Favorable/ (Unfavorable)	%	October 2023 YTD	October 2023 Budget YTD	Variance Favorable/ (Unfavorable)	%	October 2022 YTD
Gross Revenue									
Inpatient Revenue	3,467,969	3,751,879	(283,910)	-8%	35,631,230	36,792,623	(1,161,393)	-3%	34,480,684
Outpatient Revenue	28,234,470	25,739,557	2,494,912	10%	265,462,480	252,413,724	13,048,756	5%	228,195,245
Total Gross Revenue	31,702,439	29,491,437	2,211,002	7%	301,093,710	289,206,347	11,887,363	4%	262,675,929
Revenue Adjustments									
Cost Adjustment Medicaid	2,356,367	2,321,868	(34,498)	-1%	22,968,778	22,769,289	(199,489)	-1%	20,756,239
Cost Adjustment Medicare	12,469,940	10,261,359	(2,208,581)	-22%	111,628,056	100,627,521	(11,000,535)	-11%	94,734,043
Charity Care	507,949	187,886	(320,063)	-170%	2,887,976	1,842,493	(1,045,483)	-57%	1,261,014
Contractual Allowances Other	3,293,739	2,846,182	(447,556)	-16%	25,893,719	27,910,949	2,017,230	7%	25,064,615
Administrative Adjustments	6,751	72,024	65,273	91%	797,625	706,300	(91,325)	-13%	550,513
Allowance for Uncollectible Accounts	(692,624)	346,046	1,038,670	300%	2,222,646	3,393,487	1,170,841	35%	586,453
Total Revenue Adjustments	17,942,121	16,035,366	(1,906,755)	-12%	166,398,800	157,250,038	(9,148,761)	-6%	142,952,877
Net Patient Service Revenue	13,760,318	13,456,071	304,247	2%	134,694,910	131,956,309	2,738,601	2%	119,723,052
Other Revenue									
340B Revenue	242,085	303,625	(61,541)	-20%	3,424,528	2,977,488	447,040	15%	2,630,979
Other Operating Revenue	293,698	149,012	144,686	97%	2,953,253	1,461,281	1,491,972	102%	5,011,194
Total Operating Revenues	14,296,101	13,908,709	387,392	3%	141,072,691	136,395,078	4,677,613	3%	127,365,225
Operating Expenses									
Salaries And Wages	6,334,381	6,899,538	565,158	8%	64,015,512	67,659,991	3,644,479	5%	60,657,706
Employee Benefits	1,458,923	1,564,367	105,444	7%	14,752,934	15,340,891	587,957	4%	13,970,640
Professional Fees	820,454	239,142	(581,313)	-243%	7,845,299	2,345,131	(5,500,168)	-235%	5,188,737
Purchased Services	996,487	1,029,562	33,076	3%	10,524,178	10,096,354	(427,823)	-4%	7,233,340
Supplies	3,300,125	2,648,757	(651,367)	-25%	28,951,580	25,974,912	(2,976,668)	-11%	27,459,074
Insurance	140,112	91,954	(48,158)	-52%	1,341,444	901,742	(439,702)	-49%	1,160,255
Leases And Rentals	53,082	18,698	(34,384)	-184%	347,401	183,361	(164,040)	-89%	468,813
Depreciation And Amortization	428,227	477,906	49,679	10%	4,276,028	4,686,565	410,537	9%	4,326,373
Repairs And Maintenance	100,914	93,629	(7,286)	-8%	895,246	918,164	22,919	2%	882,088
Utilities	98,806	125,424	26,618	21%	1,137,369	1,229,965	92,596	8%	1,193,173
Licenses And Taxes	108,708	75,395	(33,312)	-44%	897,462	739,361	(158,101)	-21%	781,071
Other	421,822	241,023	(180,800)	-75%	2,960,160	2,363,578	(596,581)	-25%	1,887,669
Total Operating Expenses	14,262,041	13,505,396	(756,645)	-6%	137,944,612	132,440,016	(5,504,597)	-4%	125,208,938
Operating Income (Loss)	34,059	403,312	(369,253)	-92%	3,128,079	3,955,063	(826,983)	-21%	2,156,286
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	24,815	24,970	(155)	-1%	248,147	244,866	3,281	1%	240,158
Taxation For Debt Service	18,894	19,279	(385)	-2%	188,945	189,063	(118)	0%	278,451
Investment Income	43,324	17,105	26,218	153%	1,464,753	167,741	1,297,012	773%	449,376
Interest Expense	(93,476)	(74,805)	(18,671)	-25%	(875,403)	(733,573)	(141,830)	-19%	(796,191)
Bond Issuance Costs	-	-	-	0%	-	-	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	12,044	11,721	323	3%	60,789	114,937	(54,148)	-47%	33,614
Total Non Operating Revenues (Expenses)	5,600	(1,730)	7,330	424%	1,087,231	(16,965)	1,104,196	6509%	205,409
Change in Net Position (Loss)	39,659	401,582	(361,923)	-90%	4,215,310	3,938,097	277,213	7%	2,361,695

FROM: Medical Staff Services
RE: 12/19/2023 Medical Executive Committee appointments/reappointments for Board approval 12/20/2023

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Recommended provisional appointment to the active/courtesy/allied health/locum tenens staff:

1. Yamen Homsy, MD (Tele-Rheumatology)
2. Emily Gilbert, MD (Tele-Rheumatology)
3. Christopher Liedke, DO (Tele-Rheumatology)

Recommended re-appointment to the active medical staff with privileges as requested:

1. Ivan Mendez-Escobar, MD
2. Isabel Lira-Liendo, DDS
3. Lusana Schutz, MD
4. Deborah Abrams, MD

Recommended re-appointment to the courtesy medical staff with privileges as requested:

1. Aixa Espinosa-Morales, MD
2. Maria Recio-Restrepo, MD

Recommended re-appointment to the allied health staff with privileges as requested:

1. Genevieve Pate, ARNP

Recommended Temporary Privileges:

1. N/A

Recommended POCUS Privileges:

1. N/A

Medical Student Rotation:

1. N/A

Disaster Privileging

1. N/A

90-day provisional performance review completed successfully:

FROM: Medical Staff Services
RE: 12/19/2023 Medical Executive Committee appointments/reappointments for Board approval 12/20/2023

C-0241

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1. N/A

Resignations:

1. Helene Lhamon, MD

Policy and Privilege Review

Policies

1. N/A

Privileges

1. Cardiology Privileges (changes)
2. General Dentistry Privileges (No Changes)
3. Psychiatry Clinical Privileges for MD or DO (No Changes)
4. Podiatry Privileges (No Changes)

Introduction

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Section II	Quality Oversight: Monitoring Service, Safety and Quality
Section III	Legal and Regulatory Oversight: Ensuring Organizational Integrity
Section IV	Finance and Audit Oversight: Following the Money
Section V	Management Oversight: Enhancing Board-Executive Relations
Section VI	Board Effectiveness: Optimizing Board Functioning
Section VII	Board Innovation / Generative Governance
Section VIII	Advocacy

Key: ~~strikethrough~~ = omitted questions; **highlight** = new questions.

Section I Mission and Planning Oversight: Setting Strategic Direction

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
1. There is consensus about and clear understanding of the organization's Mission.	5	4	3	2	1	DK	NA
2. Board members appear to be in agreement on the purpose of the organization and why it exists.	5	4	3	2	1	DK	NA
3. The board uses the Mission statement to guide its decision-making.	5	4	3	2	1	DK	NA
4. The board is appropriately involved in establishing the organization's strategic direction (e.g. creating a long-range vision, setting strategic priorities, and developing/approving the strategic plan).	5	4	3	2	1	DK	NA
5. The board spends a sufficient amount of time in its meetings on strategic (vs. operational) issues.	5	4	3	2	1	DK	NA
6. The board monitors management's implementation of the strategic plan on a regular basis.	5	4	3	2	1	DK	NA
7. The board receives education on strategic, external and internal environmental issues and trends at least once a year.	5	4	3	2	1	DK	NA
8. Please explain why you think the organization exists.							

Section I Comments:

Section II Quality Oversight: Monitoring Service, Safety and Quality

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
9. The board is well-informed about the quality of care and patient safety provided by Jefferson Healthcare.	5	4	3	2	1	DK	NA
10. The board is well-informed about the activities of the Executive Quality Council and the level of service provided by Jefferson Healthcare.	5	4	3	2	1	DK	NA
11. The board oversees setting annual goals for the organization's performance on quality and service.	5	4	3	2	1	DK	NA
12. The board receives adequate information regarding quality improvement programs undertaken at Jefferson Healthcare.	5	4	3	2	1	DK	NA
13. The board demands corrective action in response to under-performance on the quality and service goals.	5	4	3	2	1	DK	NA
14. All board members receive education at least once a year on the Board's responsibilities for quality oversight and/or Jefferson Healthcare's quality metrics.	5	4	3	2	1	DK	NA
15. Do you believe a high performing board is linked to a high performing organization?							

Section II Comments:

Section III Legal and Regulatory Oversight: Ensuring Organizational Integrity

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
16. The board has knowledge of all reasonably available and relevant information before taking action on any significant issue.	5	4	3	2	1	DK	NA
17. I believe all board members adhere to the policies and procedures included in the Jefferson Board Book.	5	4	3	2	1	DK	NA
18. I believe all members adhere to their duty of loyalty to the organization ahead of the interests of any particular constituency group.	5	4	3	2	1	DK	NA
19. All board members keep closed session board discussions confidential.	5	4	3	2	1	DK	NA
20. The board members responsible for overseeing executive compensation all are 'independent' (i.e. free from any conflicts of interest).	5	4	3	2	1	DK	NA
21. The board annually approves the organization's compliance program/plan.	5	4	3	2	1	DK	NA
22. The board regularly reviews the organization's performance against community health care needs to ensure it is meeting its obligations as a hospital district.	5	4	3	2	1	DK	NA

Section III Comments:

Section IV Finance and Audit Oversight: Following the Money

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
23. The board establishes realistic financial goals and objectives for the organization.	5	4	3	2	1	DK	NA
24. The board monitors the organization's financial performance compared to its plans and relevant industry benchmarks.	5	4	3	2	1	DK	NA
25. The board demands corrective action in response to under-performance on the financial and capital plans.	5	4	3	2	1	DK	NA
26. The full board is adequately informed of the organization's current financial position.	5	4	3	2	1	DK	NA
27. The board members responsible for audit oversight meet with the external auditors, without management present, at least annually.	5	4	3	2	1	DK	NA
28. The full board is knowledgeable about the organization's audit and compliance performance.	5	4	3	2	1	DK	NA

Section IV Comments:

Section V Management Oversight: Enhancing Board-Executive Relations

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
29. All board members respect the distinction between the role of the board and the role of management.	5	4	3	2	1	DK	NA
30. The board currently has a productive working relationship with the CEO.	5	4	3	2	1	DK	NA
31. All board members ask appropriately challenging questions of the CEO and senior management.	5	4	3	2	1	DK	NA
32. There is a clear process in place for setting the CEO's annual goals.	5	4	3	2	1	DK	NA
33. The full board participates in the annual evaluation and review of the CEO's performance.	5	4	3	2	1	DK	NA
34. The board approves all elements of the CEO's compensation.	5	4	3	2	1	DK	NA
35. Individual board members invest time between board meetings to keep current and assist the CEO and other board members, as requested.	5	4	3	2	1	DK	NA

Section V Comments:

Section VI Board Effectiveness: Optimizing Board Functioning

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
36. The board has set written expectations of its members regarding attendance, committee service, etc.	5	4	3	2	1	DK	NA
37. The board meeting frequency and duration are appropriate.	5	4	3	2	1	DK	NA
38. The board chair runs board meetings effectively.	5	4	3	2	1	DK	NA
39. The board has an effective orientation program in place for all new board members.	5	4	3	2	1	DK	NA
40. All board members come to meetings well prepared to discuss agenda items.	5	4	3	2	1	DK	NA
41. The board members receive materials with sufficient time for review.	5	4	3	2	1	DK	NA
42. All board members display professional courtesy and respect when interacting with other board members.	5	4	3	2	1	DK	NA
43. All board members feel comfortable voicing opinions of concern regardless of how sensitive the issue may be.	5	4	3	2	1	DK	NA
44. The board has in place sufficient written board level policies and procedures (Board book).	5	4	3	2	1	DK	NA
45. The current practices of the board are consistent with the Board of Commissioners policies.	5	4	3	2	1	DK	NA
46. The board has a formal plan for on-going board education.	5	4	3	2	1	DK	NA
47. The board exhibits a culture of cooperation and shared goals.	5	4	3	2	1	DK	NA
48. The current practice of asking for commissioners' feedback at the end of each board meeting has resulted in improved board meeting effectiveness	5	4	3	2	1	DK	NA
49. Do you believe this is a high performing board? Please explain your answer.							
50. In your perspective, please comment on whether the board members consistently act on their commitments made relative to board effectiveness.							
51. What in your opinion can be done to improve board meeting effectiveness?							

52. Which educational topics would you like to see the board receive information on in the coming year? Please list three.	
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Section VI Comments:

DRAFT

New: Section VII Board Innovation / Generative Governance

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
53. The board spends an appropriate amount of time in the generative mode of governance and generative conversations.	5	4	3	2	1	DK	NA
54. The board's generative conversations in the past have led to improved governance effectiveness.	5	4	3	2	1	DK	NA

New: Section VIII Advocacy

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
55. The board's role in legislative advocacy is well understood.	5	4	3	2	1	DK	NA
56. The board has voted annually on the Washington State Hospital Association advocacy platform.	Yes/No						
57. The board has been appropriately engaged in legislative advocacy.	5	4	3	2	1	DK	NA
58. Individual board members have been given sufficient opportunity to provide input on the legislative advocacy platform that has been adopted by Jefferson Healthcare.	5	4	3	2	1	DK	NA
59. Commissioners have sufficient opportunity to participate in Jefferson Healthcare legislative advocacy efforts.	5	4	3	2	1	DK	NA
60. The board understands and appropriately communicates to the public the impact of the organizational programs and services to address health needs in the community.	5	4	3	2	1	DK	NA
61. What, if anything, do you think the board should do to improve its community and/or legislative advocacy efforts?							

Additional Comments

Please include any additional comments you may have below. These comments (as well as this entire questionnaire's responses) will be kept anonymous.

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Section I Mission and Planning Oversight: Setting Strategic Direction

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
1. There is consensus about and clear understanding of the organization's Mission.	5	4	3	2	1	DK	NA
2. The board uses the Mission statement to guide its decision-making.	5	4	3	2	1	DK	NA
3. The board is appropriately involved in establishing the organization's strategic direction (e.g. creating a long-range vision, setting strategic priorities, and developing/approving the strategic plan).	5	4	3	2	1	DK	NA
4. The board spends a sufficient amount of time in its meetings on strategic (vs. operational) issues.	5	4	3	2	1	DK	NA
5. The board receives education on strategic, external and internal environmental issues and trends at least once a year.	5	4	3	2	1	DK	NA
6. Please explain why you think the organization exists.							

Section I Comments:

Section II Quality Oversight: Monitoring Service, Safety and Quality

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
7. The board is well-informed about the quality of care and patient safety provided by Jefferson Healthcare.	5	4	3	2	1	DK	NA
8. The board is well-informed about the activities of the Executive Quality Council and the level of service provided by Jefferson Healthcare.	5	4	3	2	1	DK	NA
9. The board oversees setting annual goals for the organization's performance on quality and service.	5	4	3	2	1	DK	NA
10. The board receives adequate information regarding quality improvement programs undertaken at Jefferson Healthcare.	5	4	3	2	1	DK	NA
11. The board demands corrective action in response to under-performance on the quality and service goals.	5	4	3	2	1	DK	NA
12. Do you believe a high performing board is linked to a high performing organization?							

Section II Comments:

Section III Legal and Regulatory Oversight: Ensuring Organizational Integrity

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
13. The board has knowledge of all reasonably available and relevant information before taking action on any significant issue.	5	4	3	2	1	DK	NA
14. I believe all board members adhere to the policies and procedures included in the Jefferson Board Book.	5	4	3	2	1	DK	NA
15. I believe all members adhere to their duty of loyalty to the organization ahead of the interests of any particular constituency group.	5	4	3	2	1	DK	NA
16. The board regularly reviews the organization's performance against community health care needs to ensure it is meeting its obligations as a hospital district.	5	4	3	2	1	DK	NA

Section III Comments:

Section IV Finance and Audit Oversight: Following the Money

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
17. The board establishes realistic financial goals and objectives for the organization.	5	4	3	2	1	DK	NA
18. The board demands corrective action in response to under-performance on the financial and capital plans.	5	4	3	2	1	DK	NA
19. The board members responsible for audit oversight meet with the external auditors, without management present, at least annually.	5	4	3	2	1	DK	NA
20. The full board is knowledgeable about the organization's audit and compliance performance.	5	4	3	2	1	DK	NA

Section IV Comments:

Section V Management Oversight: Enhancing Board-Executive Relations

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
21. All board members respect the distinction between the role of the board and the role of management.	5	4	3	2	1	DK	NA
22. The board currently has a productive working relationship with the CEO.	5	4	3	2	1	DK	NA
23. All board members ask appropriately challenging questions of the CEO and senior management.	5	4	3	2	1	DK	NA
24. There is a clear process in place for setting the CEO's annual goals.	5	4	3	2	1	DK	NA
25. The board approves all elements of the CEO's compensation.	5	4	3	2	1	DK	NA

Section V Comments:

Section VI Board Effectiveness: Optimizing Board Functioning

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
26. The board meeting frequency and duration are appropriate.	5	4	3	2	1	DK	NA
27. The board chair runs board meetings effectively.	5	4	3	2	1	DK	NA
28. The board has an effective orientation program in place for all new board members.	5	4	3	2	1	DK	NA
29. All board members feel comfortable voicing opinions of concern regardless of how sensitive the issue may be.	5	4	3	2	1	DK	NA
30. The current practices of the board are consistent with the Board of Commissioners policies.	5	4	3	2	1	DK	NA
31. The board has a formal plan for on-going board education.	5	4	3	2	1	DK	NA
32. The board exhibits a culture of cooperation and shared goals.	5	4	3	2	1	DK	NA
33. The current practice of asking for commissioners' feedback at the end of each board meeting has resulted in improved board meeting effectiveness	5	4	3	2	1	DK	NA
34. Do you believe this is a high performing board? Please explain your answer.							
35. What in your opinion can be done to improve board meeting effectiveness?							
36. Which educational topics would you like to see the board receive information on in the coming year? Please list three.							

Section VI Comments:

Section VII Board Innovation / Generative Governance

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
37. The board spends an appropriate amount of time in the generative mode of governance and generative conversations.	5	4	3	2	1	DK	NA
38. The board's generative conversations in the past have led to improved governance effectiveness.	5	4	3	2	1	DK	NA

Section VIII Advocacy

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Not Applicable
39. The board's role in legislative advocacy is well understood.	5	4	3	2	1	DK	NA
40. The board has voted annually on the Washington State Hospital Association advocacy platform.	Yes/No						
41. Individual board members have been given sufficient opportunity to provide input on the legislative advocacy platform that has been adopted by Jefferson Healthcare.	5	4	3	2	1	DK	NA
42. Commissioners have sufficient opportunity to participate in Jefferson Healthcare legislative advocacy efforts.	5	4	3	2	1	DK	NA
43. The board understands and appropriately communicates to the public the impact of the organizational programs and services to address health needs in the community.	5	4	3	2	1	DK	NA
44. What, if anything, do you think the board should do to improve its community and/or legislative advocacy efforts?							

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