

Due to the presence of multiple respiratory illness, Jefferson Healthcare is still highly encouraging the practice of 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](#)

## Jefferson County Public Hospital District No. 2 Board of Commissioners, Regular Session Minutes Wednesday, February 28, 2024

### **Call to Order:**

The meeting was called to order at 2:00 pm by Board Chair Buhler Rienstra. Commissioners in attendance included Commissioners Dressler, McComas, Kolff 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, and Christina Avila, Executive Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

### **Approve Agenda:**

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

**Action:** Motion passed unanimously.

### **Methodology of Patient and Employee Satisfaction:**

Brandie Manuel, Chief Patient Safety and Quality Officer, presented the Methodology of Patient and Employee Satisfaction, including why patient engagement data is important, patients as informed consumers, patient engagement focus areas, real time surveys, the process and the goal, how we are doing, ambulatory patient experience 2023, 2024 goals and projects, culture of safety surveys, linking surveys to our strategic plan, employee surveys; culture of safety and employee engagement, survey summary, lessons learned and focus areas, and action items (themes). Discussion ensued.

### **Patient Story:**

Tina Toner, CNO shared a presentation including the Patient Rounding Initiative, why we round on patients, patient rounding successes, and next steps. Discussion ensued.

### **Public Comment:**

Angela Gyrko, a member of the public, introduced herself as a member of the Health & Wellness Action Group, and shared that she does not believe there are enough senior exercise classes. She stated that she has tracked multiple class offerings in the area, and most are full and waitlisted. She shared that she will be sending out a local survey to ask if more people want to join classes and will communicate with Commissioner Kolff for this initiative. Board Chair Buhler-Rienstra thanked Angela for her comment.

### **Minutes:**

- January 24, 2024 Regular Session Minutes
- February 07, 2024 Special Session Minutes

Commissioner Dressler made a motion to approve the January 24, 2024 Regular Session Minutes and February 07, 2024 Special Session Minutes. Commissioner Ready seconded.

**Action:** Motion passed unanimously

### **Required Approvals:** Action Requested

- Resolution 2024-03 Surplus Equipment
- Resolution 2024-04 February Cancelled Warrants
- February Warrants and Adjustments
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Bylaws
- Delineation of Privileges

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

**Action:** Motion passed unanimously.

### **Financial Report:**

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

### **Quality Report:**

Brandie Manuel, Chief Patient Safety and Quality Officer, presented the February Quality Report, including cultivating a deeply rooted culture of safety, delivering care guided by the best evidence, eliminating health disparities, Quality Highlight: OB Quality Improvement and Teamwork, continuous improvement: qualitative blood loss measurement, the goal to be an award-winning, fully-accredited hospital: DNV Advanced Hip and Knee Replacement Certification (HKRC), and quality and safety projects and initiatives for Quarter 1, 2024. Discussion ensued.

### **Break**

Commissioners recessed for break at 3:25 pm.

Commissioners reconvened from break at 3:40 pm.

**Construction Report:** Jake Davidson, Chief Operating Officer provided the February Construction Report. Discussion ensued.

### **Administrative Report**

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

### **Executive Session**

Board Chair Buhler Rienstra announced that they will go into Executive Session for fifteen (15) minutes until 4:50 to discuss the Performance of a Public Employee as allowed by RCW 42.30.110 (g). Action is expected to be taken following the Executive Session.

Commissioners went into Executive Session at 4:35 pm.

Commissioners returned to regular session at 4:50 pm.  
No public was present on the line.

Commissioner McComas made a motion to adjust Mike Glenn's PTO plan to be in alignment with SLG PTO with a one-time cash out of up to 240 hours. Commissioner Kolff seconded.

**Action:** Motion passed unanimously

Tyler Freeman asked the board to clarify the proposed PTO plan for Mike Glenn. Discussion ensued.

Commissioner Kolff made a motion for Mike Glenn to cash out 240 hours PTO, shift to 120 hours having cash value, and automatically cash out up to 120 hours at year end of separation, with any hours over 120 being lost at year end or separation. Commissioner McComas seconded.

**Action:** Motion passed with four ayes and one abstention.

### **Board Business:**

- Board of Health Report

Commissioner Kolff shared a Board of Health Report including Bonnie and Chief Black Fire Cares team presentation, Women's Choice Awards and invitation to Healthcare Podcast series, and Jefferson Healthcare Foundation website providing zoom information for a presentation from Mike Glenn. Discussion ensued.

### **Foundation Update:**

Commissioner McComas provided a foundation update including Port Ludlow sessions and fundraisers, receiving \$400,000 grant from Murdock, and the Foundation continuing to participate in local events. Discussion ensued.

Commissioner Dressler informed the group that a grant of \$500 dollars was awarded for food bags for new moms by the Sunrise Rotary.

**Retreat Follow Up:**

Board Chair Buhler-Rienstra informed the group that Via provided a summary which included a recommendation for a quarterly generative meeting and suggested holding the first generative meeting in March as a special session. Discussion ensued.

**Meeting Evaluation:**

Commissioners evaluated the meeting.

**Conclude:**

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

**Action:** Motion passed unanimously.

Meeting concluded at 5:12 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra \_\_\_\_\_

Secretary of Commission: Marie Dressler \_\_\_\_\_



# Jefferson Healthcare

Employee and Patient Engagement: Survey Methodology

*Presented by:*

Brandie Manuel, Chief Patient Safety and Quality Officer

February 28, 2024

# Agenda

- Patient Engagement Surveys
- Service: How are we doing?
- Current Projects
- Employee Engagement Surveys

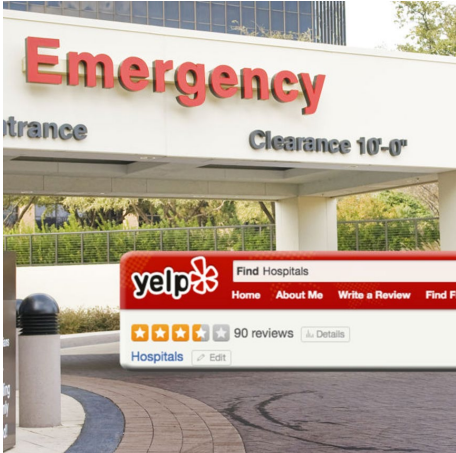
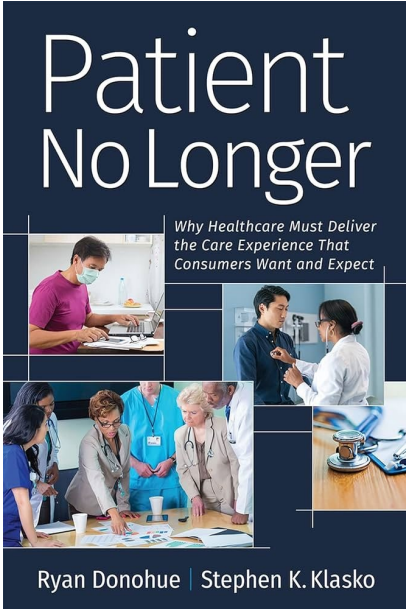


# Why is patient engagement data important?

- Our Mission.
- Without data we have blind spots.
- Engaged patients tend to be safer patients.
- Value Based Care is a thing.
- It's the way that the world chooses a health care provider.



# Patients are informed health care consumers.



**ConsumerReports**

## Health Reform: 7 Things You Need to Know to be Ready



**ConsumersUnion**

POLICY & ACTION FROM CONSUMER REPORTS

## Consumer Attitudes Toward Health Care Costs, Value and System Reforms: A Review of the Literature

HEALTH POLICY LITERATURE REVIEW OCTOBER 2014

**SUMMARY**

Any effort to engage consumers on health care cost, quality and reform issues must start with a robust understanding of the habitual way of thinking about the topic. With an eye towards learning how to engage consumers, Consumers Union conducted a literature review to better understand consumers' perceptions, attitudes and awareness of key health care trends. We find that consumers have recognized



## Patient Engagement Focus Areas.



Where do we survey? Everywhere.

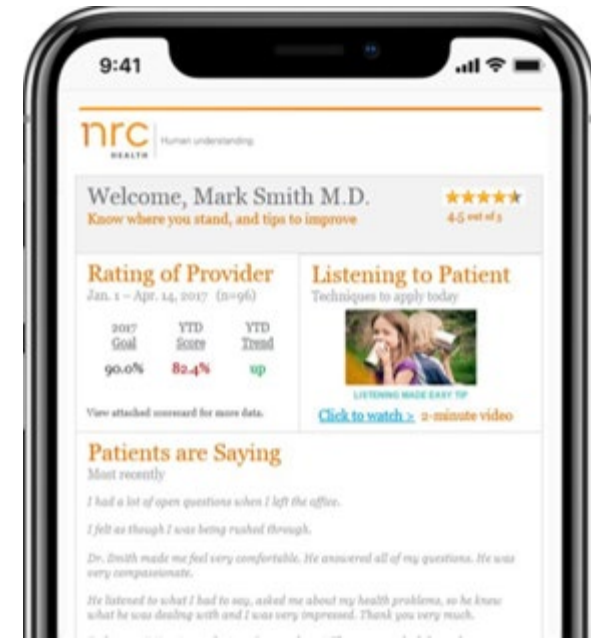
- Hospital: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- Ambulatory Clinics
- Outpatient Surgery: OASCAHPS
- Home Health: HHCAHPS
- Emergency Department
- Hospice
- Rehab
- Outpatient Testing:
  - Sleep
  - Diagnostic Imaging
  - Lab





# Real Time Surveys

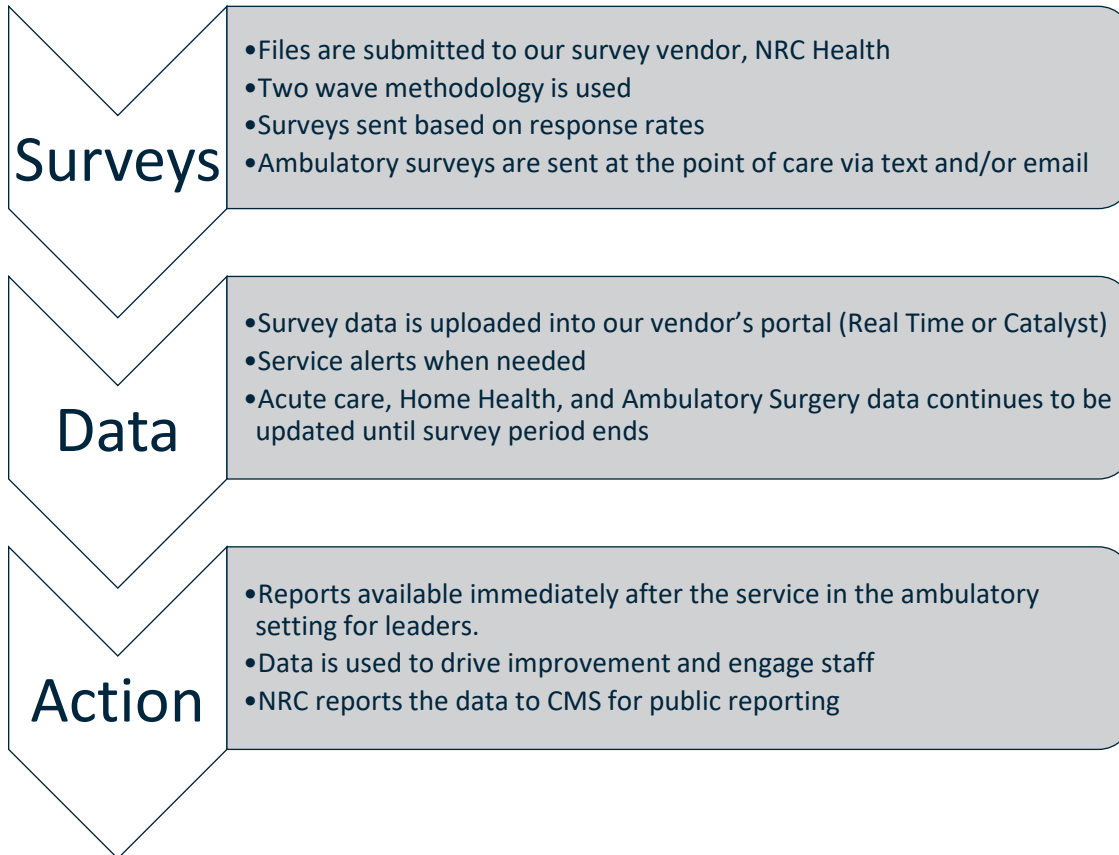
- Based on patient feedback, we implemented 'Real Time' in 2022.
- Why we changed our methodology:
  - Improve transparency
  - Provide an opportunity for service recovery at the earliest possible stage
- Who is surveyed: 100% of patients
- When are patients surveyed: immediately after their care experience via email, text, or phone
- How soon will we receive feedback: immediately 🎉



# The process and the goal.



## The process.



## The results.

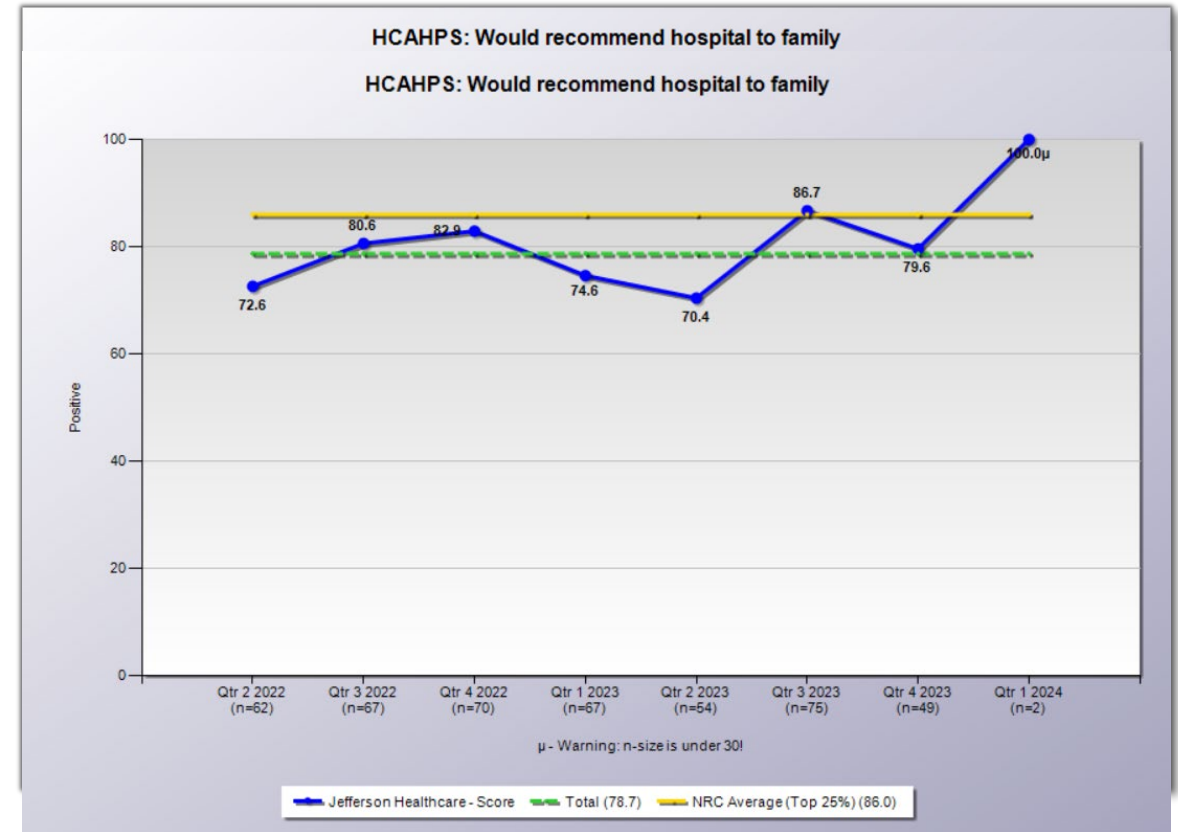
### Satisfaction is not the goal.

- Results are based on a loyalty score – not satisfaction
- A loyalty score is a score of 9 or 10, or ‘always’



# How are we doing?

- I found everyone friendly, caring, and professional. They made a scary situation easy on me.
- We love this hospital! We are so lucky to have this facility in our small town. It is one of our top reasons for moving here. And it has only become better and better.
- The hospital and JHC doctors, nurses, and staff have served me + my family very well. (This form is too long!)
- During my stay I could not have been treated any better by drs, nurses and the rest of the staff. 1 to 10 my stay was a 10



## Highest Scoring Dimensions

Respect for Patient Preferences  
Communication  
Patient Safety

## Opportunities to Improve

Information and education  
Coordination of care  
Care Transitions





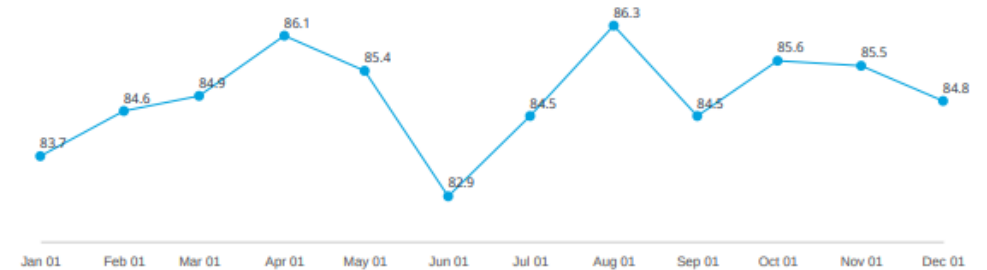
# Ambulatory Patient Experience 2023

The following departments were in the Top Quartile (when benchmarking same/similar service lines):

- Oncology Clinic
- Respiratory Therapy
- Port Ludlow Dermatology
- Infusion Center
- Dermatology Clinic
- Townsend Clinic
- Cardiology Clinic
- OB/GYN Clinic
- Emergency Department
- Express Clinic

Net Promoter Score

84.9 n-size: 24,422



Congratulations to  
the Sheridan  
**DENTAL CLINIC** –  
who scored in the  
**TOP DECILE**  
**nationally!!**

## 2024 Goals and Projects

- Bring the voice of our patients to the bedside by re-launching our Patient and Family Advisory Council.
- Connect the voices of our community with our care teams and care team support members by sharing real-time feedback and recognition.
- Promote person-centered, respectful care for all patients through active engagement of our Community Advocate/Patient Experience office with the Equity Committee.
- Utilize technology to improve patient navigation and care coordination.
- Implement service excellence training and just in time service recovery.



# Culture of Safety and Employee Engagement Surveys

# Culture of Safety Surveys: Linking surveys to our Strategic Plan



Quality Pillar - Strategic Goal:  
Cultivate a deep-rooted culture  
of safety.

People Pillar - Strategic Goal:  
Reconnect to purpose and  
promote wellness of our teams.

Current State.

- 2024 Goal Setting Activities: complete.
- Today: Introduction to the results and the action planning tool.

2024 Focus Areas.

- Support for Patient Safety
- Communication and Teamwork
- Just Culture/Accountability



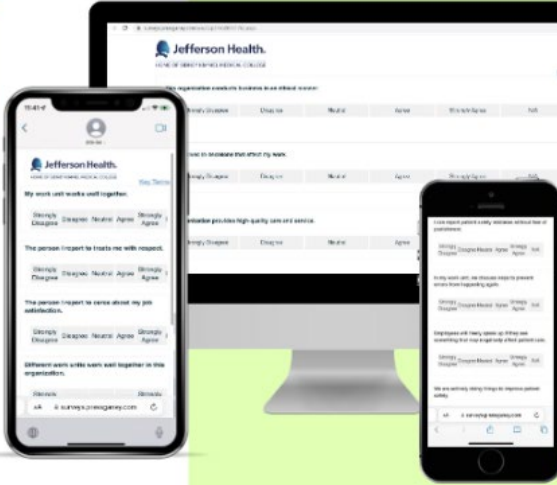

# Employee Surveys: Culture of Safety and Employee Engagement

**FLEXIBILITY IN COLLECTION OF FEEDBACK**

## Survey administration

Consistent, User-Friendly Survey Experience Across Multiple Devices

Surveys are administered by providing survey links via email and SMS text. Distribution using QR codes and texting is also available.



PressGaney

In 2023, we partnered with Press Ganey to administer a new survey

## Employee Surveys:

- 19 total items surveyed under the Culture of Safety Survey
  - 7 of these were also Engagement Core Survey items
- Three domains: Error Prevention and Reporting; Resources and Teamwork; and Pride and Reputation

The survey used the Engagement 5-point Likert Scale, with no negatively worded items

Implemented the survey for all employees in all settings

# Survey Summary

- The survey was sent to 819 employees, with 563 responses, for a response rate of 69%
- Each employee had a unique identifier and password-protected survey link
- Response rates were tracked and reported at the Daily Briefing
- Results were reported at the December Leadership Development Institute and shared with employees
- Action plans due the first part of February and are in progress

## Action Plan Implementation (Q1)

- Employee Engagement
- Taking action (based on data)
- Monitoring activity and focus on execution

## Survey Vendor Selection (Q3)

## Survey Planning/Prep (Q3)

- Organizational Mapping
- Survey design and methodology
- Communications and Testing

## Results Rollout (Q4)

- Review data insights
- Introduce improvement plan strategy

## Survey Administration (Q4)

- Leader engagement
- Email invitation
- Monitor and report response rates

# Lessons Learned and Focus Areas.



## Highlights:

- Biggest changes:
  - Nonpunitive response to error 75% (was 50% in 2019)
  - Feedback about error 86% (was 65%)

## Promote:

- This organization provides high quality care
- Mistakes have led to positive change
- I feel free to raise safety concerns

## Focus:

- Communication between departments
- Teamwork between management and employees
- Make every effort to deliver error-free care.

# Action Items (Themes):

## Patient Safety/ My work is meaningful:

- Increase rounding (on patients, other departments, and with my team)
- Evaluate tasks and priorities to make sure that employees are working at the top of their license
- Engage in cross training across units
- Amplify the inherent rewards of one's work by connecting the work to their 'Why' and to the Mission of Jefferson Healthcare.

## Share Positive Feedback

- Celebrate speaking up
- Install a 'Kudos board'
- Place a 'Compliments and Concerns' envelope at the front desk
- Actively look for ways to provide positive feedback to employees and providers
- Recognize interactions that exemplify empathy.

## Share Lessons Learned

- Encourage safety reporting by sharing lessons learned
- Offer team feedback about trends
- Begin staff meetings/huddles with a safety story or good catch
- Provide refresher training in how to report safety concerns

## Improve communication

- Invite other teams to staff meetings
- Explore using technology to improve communication
- Involve other departments in orientation
- Encourage and model TeamSTEPPS tools
- Design team-building activities to promote teamwork and accomplish shared goals
- Offer daily briefings



What Questions do You Have?







# Patient Story

February 28, 2024



To Provide a Patient Experience We Are Proud Of



# Patient Rounding Initiative



**What it looks like...**



**We ask our patients...**

What is your experience?

How can we improve?

Who can we recognize?

Is there anything I can do for you right now?

# Why Round on Patients



---

Demonstrates organizational commitment to quality care

---

Manages patient expectations and experiences proactively

---

Verify members of care team have the tools needed to provide excellent care

---

Provides an opportunity to recognize the care team for the impact they have made to their patients

---

Connects leaders to the patient experience



# Patient Rounding Successes



Patient with challenging diagnosis, able to provide emotional support and clarification on scary diagnosis. Nursing team very busy and able to provide some extra time for active listening



Leaders working on a specific service recovery issue with long term patient. Rounding provided natural venue for ongoing service recovery with patient. Multiple leaders able to round with patient and reinforce positive action taken.



Patient reported they didn't understand a medication they were receiving. Able to take the time to give education to patient and ensure they were comfortable.

# What's Next



**EXPANDING ROUNDING  
OPPORTUNITIES TO OTHER  
LEADERS**



**EXPANDING ROUNDING  
OPPORTUNITIES TO OTHER  
DEPARTMENTS**



**FINDING MORE WAYS TO  
BRING THESE PATIENT  
STORIES TO OUR CARE TEAM**



**CONTINUING TO WORK ON  
REFINING SERVICE AND  
CELEBRATING THE SUCCESSES**



# Jefferson Healthcare

January 2024 Finance Report

February 26, 2024

Tyler Freeman, CFO



# January 2024

## Operating Statistics

<u>STATISTIC DESCRIPTION</u>	<b>JANUARY 2024</b>						<b>JANUARY 2023</b>			
	<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>
	<b>ACTUAL</b>	<b>BUDGET</b>	<b>VARIANCE</b>	<b>ACTUAL</b>	<b>BUDGET</b>	<b>VARIANCE</b>	<b>ACTUAL</b>	<b>VARIANCE</b>	<b>ACTUAL</b>	<b>VARIANCE</b>
FTEs - TOTAL (AVG)	673	696	3%	673	696	3%	598	-13%	598	-13%
ADJUSTED PATIENT DAYS	3,517	3,041	16%	3,517	3,041	16%	3,583	-2%	3,583	-2%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	86	88	-2%	86	88	-2%	84	2%	84	2%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	385	296	30%	385	296	30%	320	20%	320	17%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	485	409	19%	485	409	19%	404	20%	404	17%
SURGERY CASES (IN OR)	134	134	0%	134	134	0%	137	-2%	137	-2%
SPECIAL PROCEDURE CASES	101	88	15%	101	88	15%	73	38%	73	28%
LAB BILLABLE TESTS	23,604	21,933	8%	23,604	21,933	8%	22,099	7%	22,099	6%
TOTAL DIAGNOSTIC IMAGING TESTS	3,704	3,809	-3%	3,704	3,809	-3%	3,640	2%	3,640	2%
PHARMACY MEDS DISPENSED	23,214	23,476	-1%	23,214	23,476	-1%	21,559	8%	21,559	7%
RESPIRATORY THERAPY PROCEDURES	3,709	2,934	26%	3,709	2,934	26%	2,732	36%	2,732	26%
REHAB/PT/OT/ST	7,833	8,820	-11%	7,833	8,820	-11%	7,943	-1%	7,943	-1%
ER CENSUS	1,134	1,244	-9%	1,134	1,244	-9%	1,066	6%	1,066	6%
DENTAL CLINIC	454	493	-8%	454	493	-8%	454	0%	454	0%
TOTAL RURAL HEALTH CLINIC VISITS	7,359	7,304	1%	7,359	7,304	1%	6,799	8%	6,799	8%
TOTAL SPECIALTY CLINIC VISITS	3,872	4,187	-8%	3,872	4,187	-8%	3,788	2%	3,788	2%

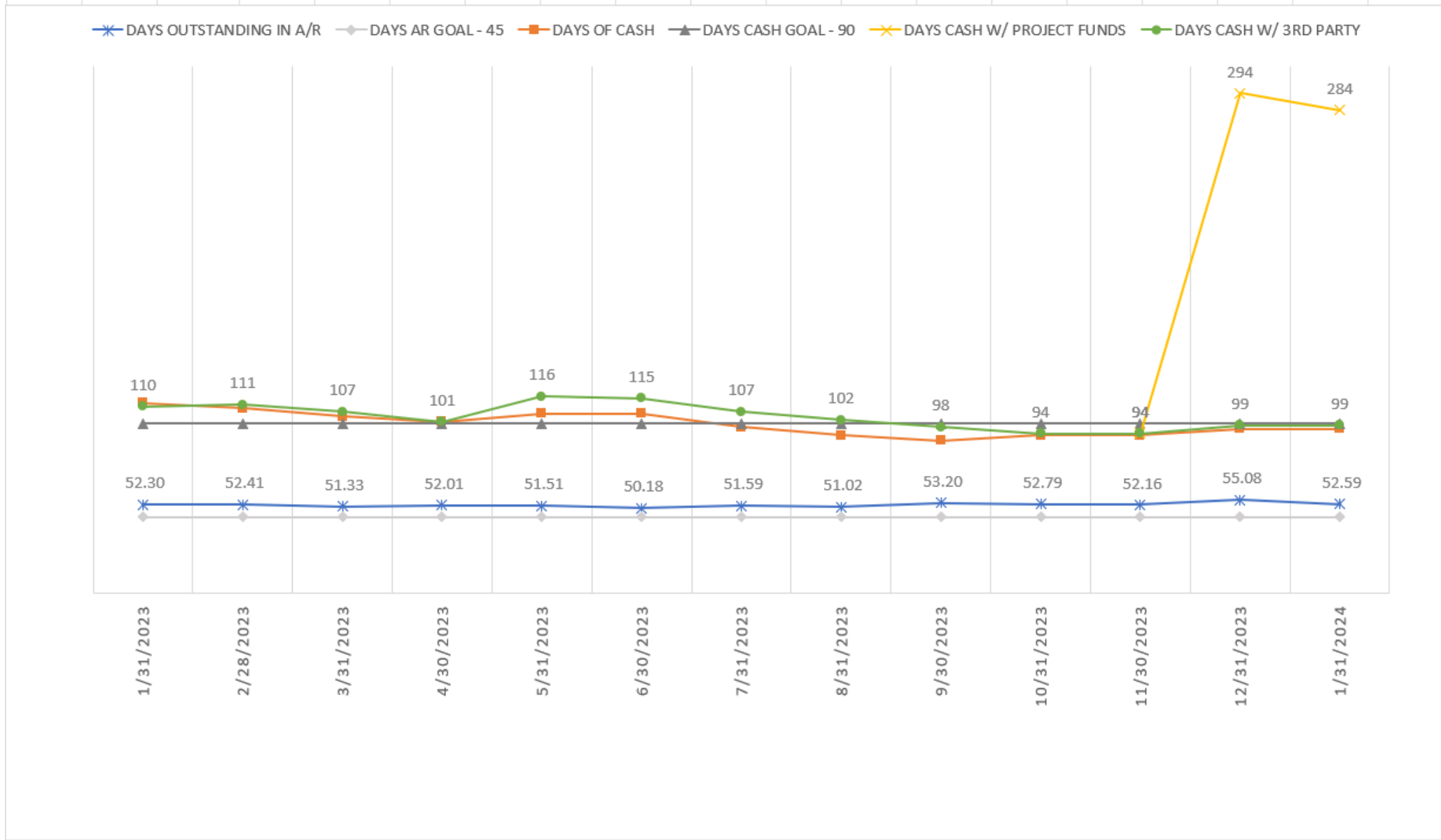
# January 2024

## Income Statement Summary

	January 2024 Actual	January 2024 Budget	Variance Favorable/ (Unfavorable)	%	January 2024 YTD	January 2024 Budget YTD	Variance Favorable/ (Unfavorable)	%	January 2023 YTD
<b>Operating Revenue</b>									
Gross Patient Service Revenue	33,310,903	32,975,030	335,873	1%	33,310,903	32,975,030	335,873	1%	29,118,774
Revenue Adjustments	18,124,643	17,786,139	(338,505)	-2%	18,124,643	17,786,139	(338,505)	-2%	15,706,264
Charity Care Adjustments	332,636	290,602	(42,034)	-14%	332,636	290,602	(42,034)	-14%	203,421
Net Patient Service Revenue	14,853,624	14,898,289	(44,665)	0%	14,853,624	14,898,289	(44,665)	0%	13,209,090
Other Revenue	521,423	934,100	(412,676)	-44%	521,423	934,100	(412,676)	-44%	547,782
<b>Total Operating Revenue</b>	<b>15,375,047</b>	<b>15,832,389</b>	<b>(457,341)</b>	<b>-3%</b>	<b>15,375,047</b>	<b>15,832,389</b>	<b>(457,341)</b>	<b>-3%</b>	<b>13,756,871</b>
<b>Operating Expenses</b>									
Salaries And Wages	7,733,771	7,585,544	(148,226)	-2%	7,733,771	7,585,544	(148,226)	-2%	6,069,894
Employee Benefits	1,778,594	1,747,688	(30,906)	-2%	1,778,594	1,747,688	(30,906)	-2%	1,683,133
Other Expenses	5,821,703	5,933,391	111,688	2%	5,821,703	5,933,391	111,688	2%	5,651,596
<b>Total Operating Expenses</b>	<b>15,334,068</b>	<b>15,266,623</b>	<b>(67,444)</b>	<b>0%</b>	<b>15,334,068</b>	<b>15,266,623</b>	<b>(67,444)</b>	<b>0%</b>	<b>13,404,623</b>
Operating Income (Loss)	40,980	565,765	(524,786)	-93%	40,980	565,765	(524,786)	-93%	352,248
Total Non Operating Revenues (Expenses)	(64,291)	556,360	(620,651)	112%	(64,291)	556,360	(620,651)	112%	118,895
Change in Net Position (Loss)	(23,312)	1,122,125	(1,145,437)	-102%	(23,312)	1,122,126	(1,145,437)	-102%	471,143
<b>Operating Margin</b>	<b>0.3%</b>	<b>3.6%</b>	<b>-3.3%</b>	<b>-92.5%</b>	<b>0.3%</b>	<b>3.6%</b>	<b>-3.31%</b>	<b>-92.5%</b>	<b>2.6%</b>
<b>Total margin</b>	<b>-0.2%</b>	<b>7.1%</b>	<b>-7.2%</b>	<b>-102.1%</b>	<b>-0.2%</b>	<b>7.1%</b>	<b>-7.24%</b>	<b>-102.1%</b>	<b>3.4%</b>
<b>Salaries &amp; Benefits as a % of net pt svc rev</b>	<b>-64.0%</b>	<b>-62.6%</b>	<b>-1.4%</b>	<b>-2.2%</b>	<b>-64.0%</b>	<b>-62.6%</b>	<b>-1.39%</b>	<b>-2.2%</b>	<b>-58.7%</b>

# January 2024

## Cash and Accounts Receivable



# February 2024

Preview – (\*as of 0:00 2/22/24)

- **\$ 27,548,978 in Projected HB charges**

- Average: \$949,965/day (HB only)
- Budget: \$1,059,286/day
- 89.7% of Budget

- **\$11,892,504 in HB cash collections**

- Average: \$410,086/day (HB only)
- Goal: \$478,596/day

- **52.6 Days in A/R**

- **Questions**



# Jefferson Healthcare

## Patient Safety and Quality Report

Presented by Brandie Manuel, Chief Patient Safety and Quality Officer

February 28, 2024

# Strategic Goal #1: Deliver the highest quality care.

Strategies	Initiatives
Cultivate a deep-rooted culture of safety.	<ol style="list-style-type: none"><li>1.Connect every employee to their role in patient safety and quality</li><li>2.Develop a system of shared accountability by being accountable for systems and for responding to behavioral choices in a fair and just manner</li><li>3.Identify and mitigate the root causes for safety events and near misses</li></ol>
Deliver care that is guided by the best evidence	<ol style="list-style-type: none"><li>1.Promote active engagement of the medical staff in clinical quality monitoring and improvement</li><li>2.Ensure that the highest standards of practice are met.</li><li>3.Promote wellness and manage chronic disease</li><li>4.Seek and maintain meaningful accreditation</li><li>5.Enhance the use of technology, data and analytics to improve quality and safety</li></ol>
Eliminate health disparities	<ol style="list-style-type: none"><li>1.Implement a comprehensive equity program</li><li>2.Embed equity index into quality reporting</li><li>3.Actively work to eliminate health disparities</li></ol>

# Cultivate a Deeply Rooted Culture of Safety

18.6% increase in event reporting (over December)

**31% Near Miss reporting**

2 day decrease in time to close events (from 8 to 6 days)

Culture of Safety Survey Action Plans in progress

# Deliver Care Guided by the Best Evidence

## OB Quality Q4:

- Early Elective Delivery 0%
- Cesarean Birth 40% (2 deliveries)
- Maternal Morbidity (includes transfusions) 5.9% (1 delivery)
- Newborn complications 0.0 per 1,000 deliveries (top quartile 16.9 per 1,000 deliveries)

## Get with the Guidelines Q4:

- Stroke Achievement Measures 97%
- Heart Failure Achievement Measures 62%
- A.Fib Achievement Measures 100%

## Ambulatory Core Measures Q4:

- ED Throughput **150 min** (goal 84 min)
- Colonoscopy follow up 100%

# Eliminate Health Disparities

Wellness exams:  
BIPOC/Hispanic/Latino 34.5%; White 34%

Prescription Drug Monitoring:  
BIPOC/Hispanic/Latino 88.3%; White 85.9%

Breast Cancer Screening:  
BIPOC/Hispanic/Latino 63.3%; White 62.4%



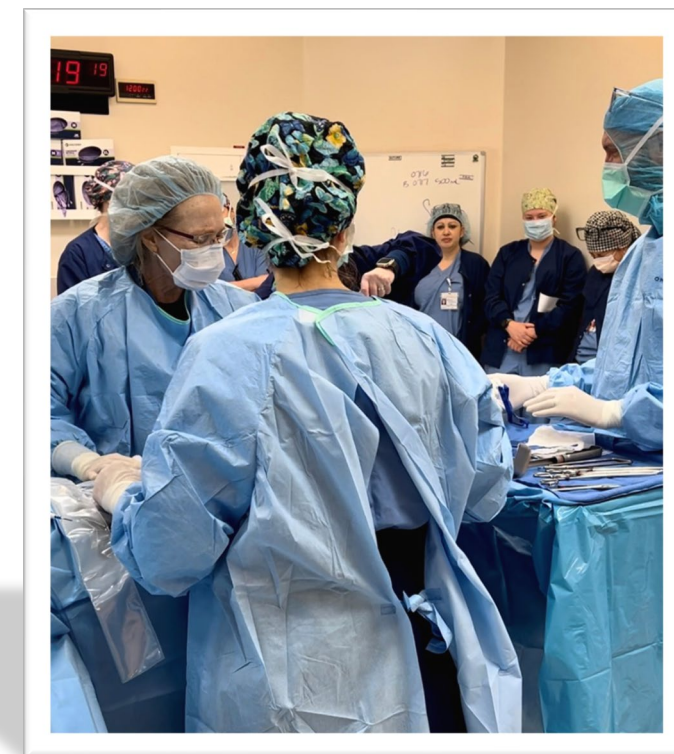
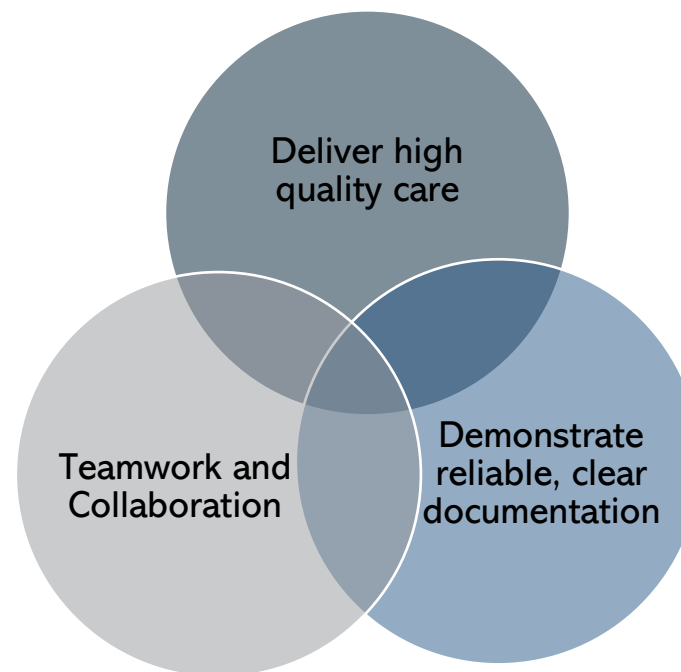
## Quality Highlight: OB Quality Improvement and Teamwork

In 2023, the team identified an opportunity to improve the accuracy of blood loss measurement and documentation by moving away from measuring Estimated Blood Loss (EBL) and implementing Qualitative Blood Loss (QBL).

EBL is a visual estimated measurement of intrapartum blood loss recorded by the physician after delivery. QBL is a quantitative measurement of intrapartum blood loss performed after delivery and recorded by the nurse.

QBL provides a timely and accurate measurement of blood loss, allowing the clinician to determine whether a blood transfusion is warranted, or other treatments (or should be avoided).

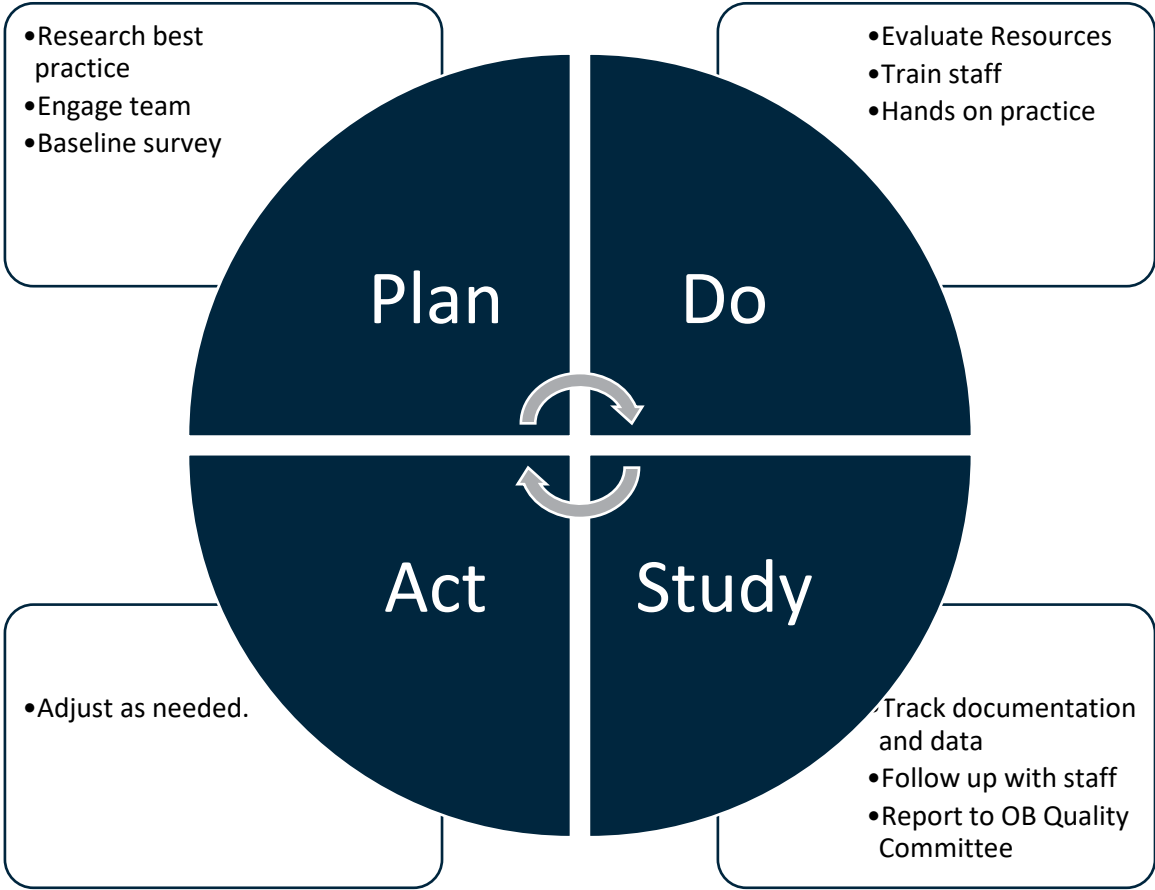
Studies have shown that tracking QBL has been associated with improved outcomes, lower lengths of stay and lower costs (Ayala et al, 2023).



Ayala M, Nookala V, Fogel J, Fatehi M. Visual estimation of blood loss versus quantitative blood loss for maternal outcomes related to obstetrical hemorrhage. *Proc (Bayl Univ Med Cent)*. 2023 Mar 13;36(3):341-345. doi: 10.1080/08998280.2023.2187248. PMID: 37091754; PMCID: PMC10120519.



# Continuous Improvement: Qualitative Blood Loss Measurement

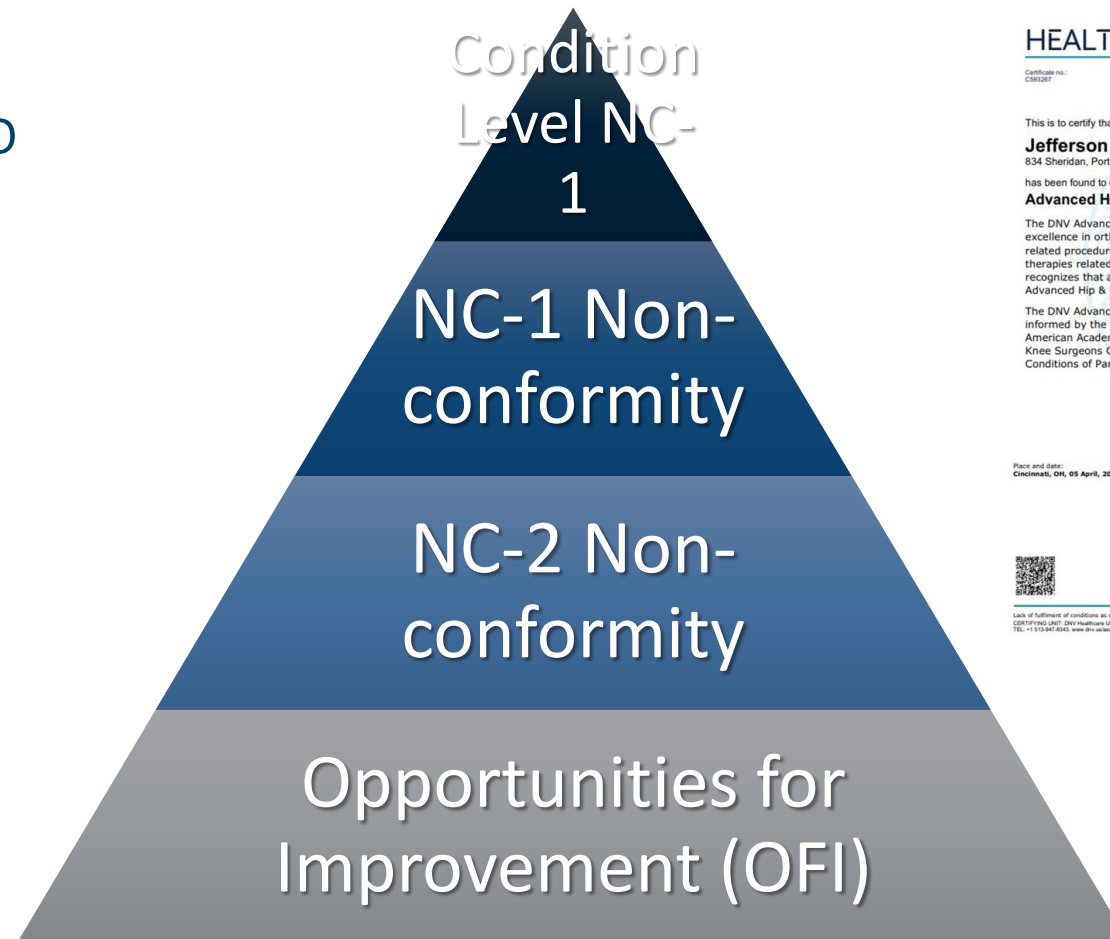


In 2023, 8% of deliveries had QBL Documented.

Go Live date  
March 3, 2024

# Goal: Be an Award-Winning, Fully-Accredited Hospital: DNV Advanced Hip and Knee Replacement Certification (HKRC)

- Condition Level NC-1: Zero
- NC-1 Non-conformities: 0
- NC-2 Non-conformities: 4
  - Incorporate two metrics on quality dashboard
  - CME requirements
  - Nursing Assessment
  - Pain management orders



## HEALTHCARE CERTIFICATE

Certificate no.: C99287 Initial certification date: 03 April, 2023 Valid: 03 April, 2023 - 03 April, 2026

This is to certify that the management system of  
**Jefferson County Public Hospital District No. 2**  
834 Sheridan, Port Townsend, WA, 98368-2443, USA  
has been found to comply with the requirements of the:  
**Advanced Hip & Knee Replacement Certification (AHKRC)**

The DNV Advanced Hip & Knee Replacement Certification is designed to recognize excellence in orthopedic surgery within the scope of hip and knee arthroplasty and related procedures inclusive of initial diagnostic services, surgical services, and therapies related to hip and knee replacement care. This advanced certification recognizes that an organization has demonstrated compliance with the DNV Advanced Hip & Knee Replacement Certification Requirements.

The DNV Advanced Hip and Knee Replacement Certification Requirements are informed by the ERAS<sup>®</sup> Society Orthopaedic guidelines, the guidelines of the American Academy of Orthopaedic Surgeons, the American Association of Hip and Knee Surgeons Clinical Practice Guidelines, and relevant requirements of the CMS Conditions of Participation for Hospitals.

Place and date:  
Cincinnati, OH, 05 April, 2023



For the issuing office:  
DNV Healthcare USA Inc.  
4875 Alchutta Road, Suite 900, Cincinnati,  
OH, 45245, USA



*Kelly Proctor*  
Kelly Proctor  
Management Representative

Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.  
© 2019 DNV AS. DNV Healthcare USA Inc. 4875 Alchutta Road, Suite 900, Cincinnati, OH, 45245, USA  
TEL: +1 513 447 6342 www.dnv.us/healthcare/healthcare



# Quality and Safety Projects and Initiatives: Quarter 1 2024

- Continue to implement and support Culture of Safety Action Plans
- Introduced our Leadership Team to TeamSTEPPS (last week)
- Identify Focus Area and recruit new members to the Patient and Family Advisory Council
- Tech Talk at our local library with Informatics and IT
- Continue to de-escalate COVID protocols (as safe and appropriate) and perform daily rounding of construction by Infection Control
- Kick off the Patient Flow Team (tomorrow!)
- Wrap up/transition the Transitions of Care/Referrals Team this week (and begin the next phase)
- Launching the Innovation Team
- Vote on the updated Medical Staff Bylaws (today)
- Support the Medical Staff in nominating new Officers
- Implement the Diagnostic Imaging Quality Committee (March 18, 2024) and Clinical Leadership Quality Committee





A scenic mountain landscape featuring a dirt road winding through a valley. The foreground is dominated by lush green grass and several tall, dark evergreen trees. In the background, rolling hills and mountains are covered in dense forests, with a bright sun low on the horizon creating a warm, golden glow and a prominent lens flare effect. The overall atmosphere is peaceful and natural.

What Questions do you Have?



# Building Update

*February 2024*



View from Sheridan Ave + 7<sup>th</sup> St



# Construction Update: Where we were at the end of January









# Construction Update: Progress through February





# Construction Update: The Project this morning





# Construction Update





# Construction Update: The project over time







Aerial Looking NE

# Jefferson Healthcare

Administrative Report

February 28, 2024

Mike Glenn

# Value Based Purchasing

A Monthly Review  
February 2024

# JAC Administrative Updates

- The 2024 First notification went out the week of February 19th. We received 15 phone calls since then.
- We are still working on submitting our Quality Data and Interoperability Data in February for the 2023 Performance Year. Huge shout out to Sean Downing for his unending patience and tenacity here.
- We are currently recruiting for a leader for the ACO.
- We have a JAC Board Retreat on 3/5 to discuss next steps.



# Advocacy

February 2024

# Advocacy | State

- Only 9 days left in session!
- Lots of moving bills that are changing by the hour
  - Guardianship and Conservatorship Bill – funding is still TBD
  - ~~Health Care Contracting Bill~~
  - Mergers and Acquisitions Bill – Will be heard on the House Floor
  - ~~Sustainable Small Volume OB Unit Bill – No funding~~
- Advocacy Days went well. Dunia also visited Olympia and met with all three legislators.

# Advocacy | Federal

- Still waiting on updates for our appropriations request.
  - March 1 and March 8 are the next cliffs for federal funding.
- Rural Health Policy update
  - Collective wisdom is that very little will happen in 2024. One potential opportunity will be an end of the year extenders package that we can potentially hang policy from, but it will need to be budget neutral.
  - There is a significant amount of movement on abortion access being highlighted by Cantwell and staff especially.

# Admin Report

- February Leadership Development Institute focused on TeamSTEPPS, DEI, and highlighted a lot of the great work that our leaders are doing across the organization.
- OB sustainability committee continues to meet and is making progress to assure the sustainability of our OB program.
- A group of JH leaders, led by Damon McCutcheon, is working on increasing awareness and access to our charity care programs.
- Upcoming Port Ludlow Events
  - 4/24: Supplements and Prescription Interactions
  - 6/18: Osteoporosis
- Medicare Advantage Update



# Medicare Advantage Plans

High level overview



# MA Plans Overview

- We currently contract with Molina and CHPW MA plans.
  - We also work with several plans for authorizations for several other MA plans including Humana, Wellpoint (Amerigroup), Premera, UHC, Regence
- Other MA plans have not been able to pay us the way that Critical Access Hospitals get paid – through encounter rates.
- There is currently a lot of movement at the Federal level to engage on conversations about how MA plans impact rural communities.
  - We are working with local advocates on these issues, and plan to bring this up to legislators in DC.

# United MA Plan

- We do not have a contract with United for Medicare. However, they have sold their plans locally to several community members with the assertion that Whidbey Island is ‘close enough’.
  - This causes access issues for our patients.
- Patient Financial Services and Patient Access teams are working to ensure that our patients are receiving necessary care while making sure that we are good fiscal stewards.

# Questions