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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.

Time:	WELCOME	Who:
2:00pm	Call to Order	Commissioner Buhler Rienstra
	Approve Agenda	Board of Commissioners
STANDING REPORT		
2:00pm	Patient Story	Tina Toner, CNO
PUBLIC COMMENT		
2:15pm	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 5:00pm the day prior to the meeting.	
CONSENT AGENDA		
2:20pm	Minutes: Action Requested <ul style="list-style-type: none"> • March 25, 2024 Special Session (page 2-4) • March 27, 2024 Regular Session (pages 5-7) 	Board of Commissioners
2:25pm	Required Approvals: Action Requested <ul style="list-style-type: none"> • Resolution 2024-07 Surplus Equipment (pages 8-9) • Resolution 2024-08 Canceled Warrants (pages 10-14) • Resolution 2024-09 HHH/PC Quarterly QAPI Report (pages 15-19) • March Warrants and Adjustments (pages 20-21) • Medical Staff Credentials / Appointments / Reappointments (pages 22-23) 	Board of Commissioners
STANDING REPORTS		
2:30pm	<ul style="list-style-type: none"> • Financial Report 	Tyler Freeman, CFO
2:45pm	<ul style="list-style-type: none"> • Quality Report 	Brandie Manuel, CPSQO
3:00pm	<i>Break</i>	
STANDING REPORTS		
3:15pm	<ul style="list-style-type: none"> • Construction Report 	Jake Davidson, COO
3:30pm	<ul style="list-style-type: none"> • Administrative Report 	Mike Glenn, CEO
BOARD BUSINESS		
3:55pm	<ul style="list-style-type: none"> • Meeting Evaluation 	Board of Commissioners
4:10pm	CONCLUDE	
	This Regular Session will be officially recorded. The times shown on the agenda are estimates only.	

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Jefferson County Public Hospital District No. 2 Board of Commissioners, Special Session Minutes Monday, March 25, 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, Christina Avila, Executive Assistant, and Shannon Groff, Executive Assistant. This meeting was officially audio recorded by Jefferson Healthcare. No motion to approve agenda due to special session.

Via Consulting Retreat Summary:

Commissioners confirm that they received the Retreat Summary. Discussion ensued. Commissioner Ready asked if the Community Health Assessment would be included in the board calendar. Discussion ensued.

Commissioner Ready made a motion to put the Community Health Assessment on the Calendar every three years. The motion died for lack of second motion.

Commissioner Kolff requested to hear from Barb with Jefferson County Public Health before November. Discussion ensued. Board Chair Buhler Rienstra stated that she will reach out to Barb to invite to the Board meeting in May.

Board Calendar

The Board reviewed the 2024 Draft Board Calendar, including Agenda Setting Language. Discussion ensued. Commissioner Kolff requested to move the special session in July. Discussion ensued. July special session moved to Wednesday, June 5th, 2024.

Board Orientation Manual

The Board reviewed the Draft Board Orientation Manual. Discussion ensued. Commissioner Kolff motioned to add evaluating mission, vision, and values at Strategic Planning every 3 years. Commissioner Ready seconded. Discussion ensued.

Action: Motion failed unanimously.

Commissioner Kolff moved to adopt the Via Consulting Agenda Setting Language. Commissioner McComas seconded. Discussion ensued.

Action: Motion passed unanimously.

Commissioner Kolff moved to adopt the Board Book with the approved conditions. Commissioner Dressler seconded. Discussion ensued.

Action: Motion passed unanimously.

Committee Assignments

The Board reviewed Committee Assignments, including current and proposed committee assignments. Discussion ensued.

Commissioner Ready motioned to nominate Board Chair Buhler Rienstra and Commissioner Dressler for the Advocacy Committee. Commissioner Kolff seconded. Discussion ensued.

Action: Motion passed unanimously.

The Board agreed to review Committee Assignments in February of 2025. Discussion ensued. Commissioner Kolff clarified that CHIP is 2 separate committees- Youth and Behavioral Health. Discussion ensued.

Commissioner Kolff motioned to include a half day tour of departments once a year for commissioners. Commissioner Ready seconded. Discussion ensued.

Action: Motion passed with 4 ayes. Commissioner Dressler abstained.

Commissioner Kolff moved to approve the proposed Committee Assignments. Commissioner McComas seconded.

Action: Motion passed with 4 ayes. Commissioner Ready abstained.

Commissioner Dressler moved to approve the 2024 Board Calendar as amended. Commissioner McComas seconded. Discussion ensued.

Action: Motion passed unanimously.

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 4:03 pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

DRAFT

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Jefferson County Public Hospital District No. 2 Board of Commissioners, Regular Session Minutes Wednesday, March 27, 2024

Call to Order:

The meeting was called to order at 2:00pm by Board Chair Buhler Rienstra. Commissioners in attendance included Commissioners Dressler, McComas, Kolff and Ready. Also, in attendance were Mike Glenn, CEO; Tyler Freeman, CFO; Jake Davidson, COO; Brandie Manuel, CPSQO; Tina Toner, CNO; Dunia Faulx, CPAO; Christina Avila, Executive Assistant, and Shannon Groff, Executive Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

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

Action: Motion passed unanimously.

Cybersecurity Education:

Rob Weis, Director of Information Technology presented the Cybersecurity Education including our 2023/2024 trends, change healthcare/Optum/united and what we know, our metrics, 2023 annual risk assessment, internal/external findings, the work in progress over 2022/2023, EPIC risk assessment by Deloitte, the why for cybersecurity, our goals as an organization, what we are doing to be safe and selecting a framework. Discussion ensued.

Patient Story:

Tina Toner, Chief Nursing Officer shared her patient story which included announcing national doctor's day which is March 30, 2024, and thanking them for their service and dedication to Jefferson Healthcare and our patients. Discussion ensued.

Public Comment:

Angela Gyruko made a public comment and talked about the Heritage Foundation plan, specifically chapter 14, pages 464-465 and the potential to make Medicare Advantage the default.

Minutes:

- February 28, 2024 Regular Session Minutes

Commissioner Dressler made a motion to approve the February 28, 2024 Regular Session Minutes. Commissioner McComas seconded.

Action: Motion passed unanimously

Required Approvals: Action Requested

- Resolution 2024-05 March Cancelled Warrants
- Resolution 2024-06 March Cancelled Warrants
- March Warrants and Adjustments
- Medical Staff Credentials/Appointments/Reappointments

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

Action: Motion passed unanimously.

Financial Report:

Tyler Freeman, Chief Financial Officer, presented the February Financial Report. Commissioner Kolff motioned to amend the budget that was presented that reflects a \$1,320,026 reduction in miscellaneous income erroneously booked for the 2024 budget year. Commissioner Dressler seconded. Discussion ensued.

Action: Motion passed unanimously.

Quality Report:

Brandie Manuel, Chief Patient Safety and Quality Officer presented the March Quality Report, including Primary Cares access to care, Medical Groups patient experience, Primary Cares providing excellent care, improving quality and access to specialty care/services, leader highlights: Heidi Mathews, accreditation updates, RHC survey, DNV annual NIAHO survey, and projects/initiatives. Discussion ensued.

Break

Commissioners recessed for break at 3:31pm.

Commissioners reconvened from break at 3:45pm.

Project Update:

Jake Davidson, Chief Operating Officer provided a project update. Discussion ensued.

Administrative Report

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

CMO Report

Dr. Joe Mattern, Chief Medical Officer presented the March CMO report, including an update on Value Based Care metrics including overdue visits, piloting tele-visits for Medicare wellness exams, piloting telephone visits in Primary Care, care accessibility, respiratory illness rates, the potential change in masking policy, Medical Staff Bylaws, and new positions. Discussion ensued.

Board Business:

Meeting Evaluation: Commissioners evaluated the meeting.
Board of Health update: It's Public Health Awareness week!

Conclude:

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

Action: Motion passed unanimously.

Meeting concluded at 5:05pm.

Approved by the Commission:

Chair of Commission: Jill Buhler Rienstra _____

Secretary of Commission: Marie Dressler _____

DRAFT

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2024-07

A RESOLUTION TO DECLARE CERTAIN EQUIPMENT SURPLUS TO THE NEEDS OF
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND TO AUTHORIZE THE
DISPOSAL OF SAID EQUIPMENT

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the District, and;

WHEREAS said equipment now represents an unnecessary cost to the District to retain and store it,
NOW, THEREFORE, BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with state law:

Description	Asset #	Serial #	Model #
Monitor, Vital Signs	SA0055	62200784	6200

APPROVED this 24 day of April 2024.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Bruce McComas: _____

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

Jefferson County Public Hospital District #2
Surplus Equipment Form

Department: SA-7384 Date: 4/16/2024

Equipment to be declared surplus: MONITOR, VITAL SIGNS

Asset Number: SA0055 - no silver tag Serial Number: 62200784

Model Number: 6200

Justification for declaring surplus: (check all that apply)

- No longer supports current software
- End of life, useful life exhausted
- Not supported by original manufacturer, parts not available
- Cost of parts to repair exceeds cost of new equipment
- Technology outdated
- Removed or altered during remodeling process
- Other department purchased a new model as a replacement.

Depreciated value: 3000

Department Director Signature

Materials Director Signature

Recommended Disposition:

- Send to surplus storage until _____ if not pulled for service dispose in appropriate manner.
- Use as trade-in and return to vendor _____
- Send to recycler* _____
- Placed with third party reseller _____
- Send to landfill* _____

*If another party wishes to take equipment from District at no cost the CEO shall have discretion to allow this.

Sell to _____

Approved by Commission on _____ Resolution # _____

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2024-08

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$72.55

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 \$72.55 to be canceled.

Date of Issue	Warrant #	Amount
03/31/2024	297315	\$67.55
03/31/2024	297425	\$5.00
Total		\$72.55

APPROVED this 24 day of April 2024.

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: March 2024 WARRANT SUMMARY

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

General Fund Warrants & ACH Transfers	\$26,058,617.09	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	\$391,266.00	(Attached)
Canceled Warrants	72.55	(Attached)

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: March 2024 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS**

Submitted for your approval are the following warrants:

GENERAL FUND:

305921 - 306534 \$8,027,668.73

ACH TRANSFERS \$18,030,948.36

\$26,058,617.09

YEAR-TO-DATE: \$79,203,784.15

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: March 2024 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	March	March YTD	March YTD BUDGET
Allowance for Uncollectible Accounts:	(89,272.00)	1,069,373.00	902,103.00
Charity Care:	448,795.00	1,129,101.00	853,058.00
Other Administrative Adjustments:	31,743.00	188,805.00	410,250.00
	<hr/>		
TOTAL FOR MONTH:	391,266.00	2,387,279.00	2,165,411.00
	<hr/>		

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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: March 2024 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
45382	297315 FBO HOSPITAL DISTRICT #2	67.55
45382	297425 FBO HOSPITAL DISTRICT #2	5

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2024-09

A RESOLUTION TO DECLARE THAT ALL COMMISSIONERS HAVE RECEIVED A COPY OF THE HOME HEALTH/HOSPICE/PALLIATIVE CARE SUMMARY OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLAN AND APPROVE OF THE CURRENT PLAN AND INSTRUMENTS NECESSARY TO EXECUTE THIS PLAN.

WHEREAS all commissioners have received a copy of the Summary of Home Health/Hospice/Palliative Care Quality Assurance and Performance Improvement (QAPI) Plan, and;

WHEREAS the plan is approved as written including instruments necessary to execute this plan,

NOW, THEREFORE, BE IT RESOLVED THAT:

- 1) Commissioners have read the Quality Assurance and Performance Improvement (QAPI) Plan provided to them, and approve of the plan and instruments necessary to execute this plan:

APPROVED this 24th day of April 2024.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler Rienstra: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Bruce McComas: _____

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

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QAPI Annual Progress Overview for 2024

Meeting Date (Notes)	Goals Created/Reviewed	Start Date/Check In Date	Goal Setting Worksheet
01/10/2024 2024 Jan 3 and Jan 10 HSP QAPI Planning meeting.docx (sharepoint.com)	<ul style="list-style-type: none">Enhance Bereavement ProgramIncrease Hospice visits in last days of lifeIncrease Hospice after hours servicesDevelop standard for communication back to primary nurses	Start Date: 01/10/2024 Next Check In: 04/16/2024	
04/16/2024 04.16.2024 HHHPC QAPI Minutes	<p><u>Hospice Goals</u></p> <ul style="list-style-type: none">Visits in Final Days of LifeGet Care When neededBereavement SatisfactionPatient informed about when staff would arrive <p><u>Home Health Goals</u></p> <ul style="list-style-type: none">Team approach to care managementOASIS accuracyImprovement in ambulationImprovement in DyspneaFall PreventionImprovement in management of oral medsNursing consistency of care <p><u>Palliative Care Goals</u></p> <ul style="list-style-type: none">Updating Referral Form	Start Date: 01/10/2024 Next Check In: 07/10/2024	

Meeting: HHH/PC QAPI Meeting
Time: 2:00 pm- 3:30 pm
Recorder: Christina Avila

Date: 01/16/2024
Location: Microsoft Teams

X	David Hunsley, Director	X	Linda Potter, Hospice Lead Registered Nurse	X	Lisa Porter, Clinical Operations Manager	X	Gina lery, Hospice Registered Nurse
E	Dr. Joseph Mattern, Medical Director	X	Sara Katz, P.A.- Palliative Care	X	Jill Katenbrink Newsome, Community Liaison/ Hospice Ancillary Program Manager	E	Linda Calderwood, Nurse Practitioner- Palliative Care
X	Kyra Berkovich, Office Coordinator- Palliative Care	X	Christina Avila, Assistant				

Topic/Discussion
<p>Review/ Edit/ Approve QAPI Policy Viewing Hospice Annual Evaluation of the Quality Assessment and Performance improvement (QAPI) Program (policystat.com)</p> <p>The group reviewed the above policy. Add QAPI Manager <u>or Director</u> in section A. Add goal for quarterly check in.</p> <p>Action: Christina will update policy and send to David for approval.</p> <p>Viewing Palliative Care Quality Assessment Performance Improvement (policystat.com)</p> <p>The group reviewed the above policy. No changes recommended, but Sara Katz stated that she was unable to review the entire policy. David recommended the group reviewing all QAPI policies for Home Health, Hospice, and Palliative Care.</p> <p>Action: Christina to email all three policies to the group for review.</p>
<p>Review/Discuss Draft Templates</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>QAPI Goal Setting Worksheet.pdf</p> </div> <div style="text-align: center;">  <p>QAPI Annual Progress Overview.d</p> </div> </div> <p>The group reviewed the QAPI Annual Progress Overview for 2024. The group agreed to adopt this tool for annual overview of QAPI goals.</p>

Review Current Hospice Goals

PIP Title: Visits in Final Days of Life

The group reviewed the [2024 Hospice Quality Report](#). Gina provided an update on the average patient visits for 2024. 12 patients currently did not make criteria, out of 48 deaths. David confirmed that the group is on track to meet or exceed the national average of 47.9% of visits in the final days. David confirmed that we will continue to use the same data to monitor progress. The group set the goal to meet the national average of 47.9% visits in the final days of life.

PIP Title: Get Care When Needed

David confirmed that we met the national average of 75.9% of getting help during evenings, weekends, or holidays. David confirmed that all patients receive the survey tool that was used to collect this data. Q1 71.4%, Q2 was 91.7%. The group set the goal for 80%. Jill stated that Pandora is working to speak individually with patients to receive immediate feedback for care received.

PIP Title: Bereavement Satisfaction

The group reviewed the data for bereavement coordination. Q1 data showed 71.4% satisfaction, Q2 was 93.3%, and Q3 was 85.7%. Jill stated that Q1 could be lower because of a different program that was used for data collection. Jill confirmed that the purpose of this goal is to improve satisfaction. The goal is to provide support, with a minimum threshold of 85%. The group set a goal for 91%.

PIP Title: Patient informed about when staff would arrive

The group reviewed the data for being informed of visits. Q1 was 71.4%, Q2 was 86.7%, and Q3 was 73.3%. David confirmed that the National Average is 74.6%, and shared that the goal is that patients should be informed of visits before the scheduled visit. David stated that the plan was to include a yellow calendar in every patient's home with a schedule. David confirmed that scheduled phone calls should be included in the yellow calendar. Sara Katz asked how patients are notified of changes and new appointments. Linda recommended adjusting the calendar template to include the date that the calendar was reviewed with family and patients. Linda states that if new appointments are scheduled, she should call families to notify them, and staff will update the calendar during their visit. The group set a goal for 90%.

Action: Gina will add this to the audit tool for night shift to audit.

Review Current Home Health Goals

David reviewed PIP goals for Home Health including creating a team approach to care management, OASIS accuracy, improvement in ambulation, improvement in Dyspnea, fall prevention, improvement in management of oral meds, and nursing consistency of care. David recommended setting up a deep-dive meeting to review the goals and determine which tools will be used.

Action: David and Lisa to hold deep-dive meeting in the next few weeks.

Review/Develop 2024 Palliative Care Goal

PIP Title: Updating Referral Form

Kyra stated that the purpose of updating the referral form was to update providers on the reason for referral. The form was rolled out a few weeks ago, but Sara stated that the form might not be used consistently. David suggested

a goal of 90% physician utilization. Kyra states that she would also like to update the external referral form. Sara asked if we could use the same form internally and externally. Kyra states that the issue is that the details are not being completed in the referral form. Sara suggested including a default format unless otherwise specified. Kyra states that she can track data for physician compliance. The group set a goal for 90%.

Action: Kyra to collect data for physician compliance with referral form

Action: Kyra, Linda, and Sara to meet to review plan for external referral form

Review/Discuss/Approve Timeline for QAPI Program

- January
 - First QAPI Meeting of the year
 - First Quarterly Summary to Commissioners
 - Set goals for new year
- April
 - Second QAPI Meeting of the year
 - Second Quarterly Summary to Commissioners
- July
 - Third QAPI Meeting of the year
 - Third Quarterly Summary to Commissioners
- October
 - Final QAPI Meeting of the year
 - Close out active QAPI goals for year or create plan to have closed by beginning of next year
 - Annual Report to Commissioners (Including Quarterly Update)

The group reviewed and approved the above timeline.

Next meeting: July 10, 2024

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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)

	March 2024 Actual	March 2024 Budget	Variance Favorable/ (Unfavorable)	%	March 2024 YTD	March 2024 Budget YTD	Variance Favorable/ (Unfavorable)	%	March 2023 YTD
Gross Revenue									
Inpatient Revenue	4,197,031	3,721,745	475,286	13%	11,776,950	10,925,121	851,829	8%	10,468,090
Outpatient Revenue	31,616,061	29,253,285	2,362,776	8%	89,723,103	85,872,546	3,850,557	4%	76,696,585
Total Gross Revenue	35,813,092	32,975,030	2,838,062	9%	101,500,053	96,797,667	4,702,385	5%	87,164,675
Revenue Adjustments									
Cost Adjustment Medicaid	2,601,612	2,607,748	6,136	0%	6,543,754	7,655,003	1,111,248	15%	5,621,057
Cost Adjustment Medicare	14,642,280	11,836,686	(2,805,594)	-24%	39,689,669	34,746,401	(4,943,268)	-14%	31,244,610
Charity Care	448,795	290,602	(158,193)	-54%	1,129,101	853,058	(276,043)	-32%	791,870
Contractual Allowances Other	3,143,244	2,894,639	(248,605)	-9%	8,820,494	8,497,167	(323,328)	-4%	8,800,987
Administrative Adjustments	31,743	139,755	108,013	77%	188,805	410,250	221,445	54%	668,837
Allowance for Uncollectible Accounts	(89,272)	307,310	396,582	129%	1,069,373	902,103	(167,270)	-19%	716,367
Total Revenue Adjustments	20,778,401	18,076,741	(2,701,660)	-15%	57,441,197	53,063,981	(4,377,216)	-8%	47,843,729
Net Patient Service Revenue	15,034,691	14,898,289	136,402	1%	44,058,856	43,733,687	325,170	1%	39,320,946
Other Revenue									
340B Revenue	190,801	505,503	(314,702)	-62%	726,517	1,483,897	(757,379)	-51%	1,079,723
Other Operating Revenue	345,605	428,596	(82,991)	-19%	706,449	1,258,138	(551,689)	-44%	779,765
Total Operating Revenues	15,571,097	15,832,389	(261,292)	-2%	45,491,823	46,475,721	(983,898)	-2%	41,180,434
Operating Expenses									
Salaries And Wages	7,666,748	7,585,544	(81,203)	-1%	22,086,277	22,267,243	180,967	1%	18,579,768
Employee Benefits	1,520,557	1,747,688	227,131	13%	4,895,696	5,130,309	234,613	5%	4,387,107
Professional Fees	281,242	205,419	(75,823)	-37%	1,404,981	603,004	(801,976)	-133%	1,618,009
Purchased Services	1,512,155	1,302,296	(209,860)	-16%	3,491,328	3,822,868	331,540	9%	2,826,214
Supplies	2,899,115	3,107,851	208,736	7%	9,115,598	9,122,664	7,066	0%	9,234,971
Insurance	132,339	152,618	20,279	13%	413,175	448,008	34,833	8%	393,117
Leases And Rentals	57,633	55,093	(2,540)	-5%	269,111	161,724	(107,387)	-66%	4,693
Depreciation And Amortization	458,259	437,672	(20,587)	-5%	1,306,366	1,284,780	(21,586)	-2%	1,268,185
Repairs And Maintenance	74,679	135,900	61,221	45%	237,359	398,932	161,573	41%	241,032
Utilities	105,642	136,899	31,257	23%	361,040	401,866	40,825	10%	345,159
Licenses And Taxes	97,359	88,315	(9,044)	-10%	278,714	259,248	(19,466)	-8%	252,146
Other	506,879	311,710	(195,169)	-63%	1,035,345	915,018	(120,326)	-13%	765,648
Total Operating Expenses	15,312,606	15,267,004	(45,602)	0%	44,894,989	44,815,663	(79,326)	0%	39,916,048
Operating Income (Loss)	258,491	565,384	(306,894)	-54%	596,833	1,660,058	(1,063,224)	-64%	1,264,386
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	45,008	45,205	(197)	0%	135,024	132,698	2,326	2%	74,444
Taxation For Debt Service	-	-	-	0%	-	0	-	0%	56,683
Investment Income	412,620	207,344	205,276	99%	1,284,003	608,656	675,347	111%	453,523
Interest Expense	(523,474)	(417,744)	(105,730)	-25%	(1,688,069)	(1,226,281)	(461,788)	-38%	(215,184)
Bond Issuance Costs	-	(134,249)	134,249	100%	-	(394,085)	394,085	100%	-
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	1,102,246	855,803	246,443	29%	1,193,778	2,512,197	(1,318,418)	-52%	16,299
Total Non Operating Revenues (Expenses)	1,036,401	556,360	480,040	86%	924,737	1,633,185	(708,449)	-43%	385,765
Change in Net Position (Loss)	1,294,891	1,121,744	173,147	15%	1,521,570	3,293,242	(1,771,673)	-54%	1,650,151

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STATISTIC DESCRIPTION

STATISTIC DESCRIPTION	MARCH 2024						MARCH 2023			
	MO	MO	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	679	696	2%	671	696	4%	600	-13%	599	-12%
FTEs - PRODUCTIVE (AVG)	624	619	-1%	605	619	2%	553	-13%	550	-10%
ADJUSTED PATIENT DAYS	3,963	3,041	30%	11,090	8,926	24%	3,080	29%	6,663	66%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	78	88	-11%	219	258	-15%	86	-9%	249	-12%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	383	295	30%	1,107	866	28%	308	24%	951	14%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	18	25	-28%	70	75	-7%	-	100%	11	84%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	479	408	17%	1,396	1,199	16%	394	22%	1,211	13%
BIRTHS	4	7	-43%	15	20	-25%	4	0%	17	-13%
SURGERY CASES (IN OR)	158	134	18%	416	393	6%	132	20%	383	8%
SURGERY MINUTES (IN OR)	21,306	18,067	18%	59,139	53,036	12%	17,890	19%	52,275	12%
SPECIAL PROCEDURE CASES	108	88	23%	295	257	15%	98	10%	246	17%
LAB BILLABLE TESTS	22,798	21,873	4%	68,638	64,208	7%	22,759	0%	63,529	7%
BLOOD BANK UNITS MATCHED	54	45	20%	131	132	-1%	48	13%	139	-6%
MRIs COMPLETED	255	242	5%	737	712	4%	245	4%	676	8%
CT SCANS COMPLETED	753	649	16%	2,081	1,905	9%	696	8%	1,903	9%
RADIOLOGY-DEXA	165	128	29%	343	377	-9%	170	-3%	437	-27%
X-RAYS COMPLETED	1,844	1,584	16%	5,242	4,651	13%	1,965	-6%	5,291	-1%
ECHOs COMPLETED	212	192	10%	588	563	4%	211	0%	587	0%
ULTRASOUNDS COMPLETED	380	369	3%	1,101	1,083	2%	384	-1%	1,042	5%
MAMMOGRAPHYS COMPLETED	252	320	-21%	763	940	-19%	296	-15%	858	-12%
NUCLEAR MEDICINE TESTS	25	35	-29%	85	102	-17%	38	-34%	102	-20%
TOTAL DIAGNOSTIC IMAGING TESTS	3,886	3,519	10%	10,940	10,333	6%	4,005	-3%	10,896	0%
PHARMACY MEDS DISPENSED	22,810	23,412	-3%	67,003	68,725	-3%	22,419	2%	63,500	5%
ANTI COAG VISITS	302	365	-17%	936	1,073	-13%	394	-23%	1,107	-18%
RESPIRATORY THERAPY PROCEDURES	3,143	2,926	7%	9,676	8,589	13%	2,922	8%	8,229	15%
PULMONARY REHAB	94	109	-14%	257	320	-20%	107	-12%	270	-5%
CARDIAC REHAB SESSIONS	175	202	-13%	457	593	-23%	224	-22%	563	-23%
PHYSICAL THERAPY	7,065	6,924	2%	19,756	20,325	-3%	6,501	9%	17,732	10%
OCCUPATIONAL THERAPY	1,071	1,273	-16%	3,056	3,736	-18%	1,256	-15%	3,930	-29%
SPEECH THERAPY	235	288	-18%	681	846	-20%	364	-35%	835	-23%
REHAB/PT/OT/ST	8,640	8,796	-2%	24,207	25,820	-6%	8,452	2%	23,330	4%
ER CENSUS	1,237	1,240	0%	3,482	3,641	-4%	1,247	-1%	3,370	3%
EXPRESS CLINIC	1,217	1,160	5%	3,397	3,404	0%	1,296	-6%	3,449	-2%
SOCO PATIENT VISITS	182	228	-20%	514	669	-23%	154	18%	317	38%
PORT LUDLOW PATIENT VISITS	565	764	-26%	1,835	2,243	-18%	733	-23%	2,000	-9%
SHERIDAN PATIENT VISITS	2,805	2,822	-1%	8,376	8,283	1%	3,126	-10%	8,305	1%
DENTAL CLINIC	434	491	-12%	1,287	1,443	-11%	565	-23%	1,436	-12%
WATERSHIP CLINIC PATIENT VISITS	1,153	1,284	-10%	3,430	3,770	-9%	1,340	-14%	3,529	-3%
TOWNSEND PATIENT VISITS	628	535	17%	1,752	1,571	12%	577	9%	1,549	12%
TOTAL RURAL HEALTH CLINIC VISITS	6,984	7,284	-4%	20,591	21,383	-4%	7,791	-10%	20,585	0%
CARDIOLOGY CLINIC VISITS	574	628	-9%	1,633	1,844	-11%	623	-8%	1,663	-2%
DERMATOLOGY CLINIC VISITS	708	757	-6%	2,153	2,223	-3%	776	-9%	2,196	-2%
GEN SURG PATIENT VISITS	370	342	8%	1,055	1,005	5%	372	-1%	927	12%
ONCOLOGY VISITS	300	680	-56%	1,103	1,997	-45%	600	-50%	1,584	-44%
ORTHO PATIENT VISITS	688	631	9%	1,959	1,853	6%	710	-3%	1,829	7%
SLEEP CLINIC VISITS	188	197	-5%	554	578	-4%	186	1%	496	10%
UROLOGY VISITS	234	211	11%	638	621	3%	245	-4%	732	-15%
OB/GYN CLINIC VISITS	390	331	18%	1,053	973	8%	345	13%	936	11%
WOUND CLINIC VISITS	117	187	-37%	361	548	-34%	155	-25%	407	-13%
HANDS/PLASTICS	175	226	-23%	576	663	-13%	199	-12%	659	-14%
TOTAL SPECIALTY CLINIC VISITS	3,744	4,190	-11%	11,085	12,305	-10%	4,211	-11%	11,429	-3%
SLEEP CENTER SLEEP STUDIES	56	58	-3%	146	170	-14%	59	-5%	167	-14%
INFUSION CENTER VISITS	639	905	-29%	1,837	2,657	-31%	902	-29%	2,625	-43%
SURGERY CENTER ENDOSCOPIES	65	76	-14%	208	224	-7%	46	41%	155	25%
HOME HEALTH EPISODES	89	77	16%	246	226	9%	70	27%	208	15%
HOSPICE CENSUS/DAYS	712	1,175	-39%	2,484	3,448	-28%	1,055	-33%	3,031	-22%
DIETARY MEALS SERVED	8,022	9,801	-18%	19,893	28,771	-31%	9,718	-17%	29,106	-46%
MAT MGMT TOTAL ORDERS PROCESSED	1,763	1,701	4%	5,525	4,993	11%	1,652	7%	4,508	18%

FROM: Medical Staff Services
RE: 04/16/2024 Medical Executive Committee appointments/reappointments for Board approval 04/24/2024

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. Thompson, Tabatha, CRNA - Anesthesia
2. Green, Angela, DO - Tele-Psychiatry - Array
3. Stayman, Aaron, MD - Tele-Neurology - Providence

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

1. Kuznetsov, Dimitri, MD - Urology
2. Johns, Michael, MD - Hospital Medicine - Family Medicine

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

1. Lloyd, Kelly, MD - Pathology - NW Pathology
2. Akopov, Sergey, MD - Teleneurology - Providence
3. Cortina, Galen, MD - Anatomical Pathology - NW Pathology
4. Wang, Hanbing, MD - Neurology - Providence
5. Medina, Casey, MD - Skagit Radiology

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

1. Katz, Sara, PA-C - Family Medicine
2. Tinley, Colum, CRNA - Anesthesiology
3. Layman, Leah, ARNP - Dermatology
4. Chaney, Heide, ARNP - Family Nurse Practitioner
5. Allen, Mary, ARNP - Wound Care

Recommended Temporary Privileges:

1. N/A

Recommended POCUS Privileges:

1. N/A

Medical Student Rotation:

1. N/A

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Disaster Privileging

1. N/A

90-day provisional performance review completed successfully:

1. N/A

Resignations:

1. Prest, Lauren, DO - Tele-Psychiatry – Array - Resigned 3/14/24
2. Brewer, Jeremiah, MD - Tele-Psychiatry – Array - Resigned 3/15/24
3. Byers, Candace, ARNP - Family Medicine - Resigned 3/20/24
4. Ross, Ethan, MD - Emergency Medicine/POCUS - Terminated 3/31/24

Policy and Privilege Review

Policies

1. N/A

Privileges

1. N/A