

Due to the presence of multiple respiratory illness, Jefferson Healthcare is still highly encouraging 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, 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 Approved via Microsoft Teams

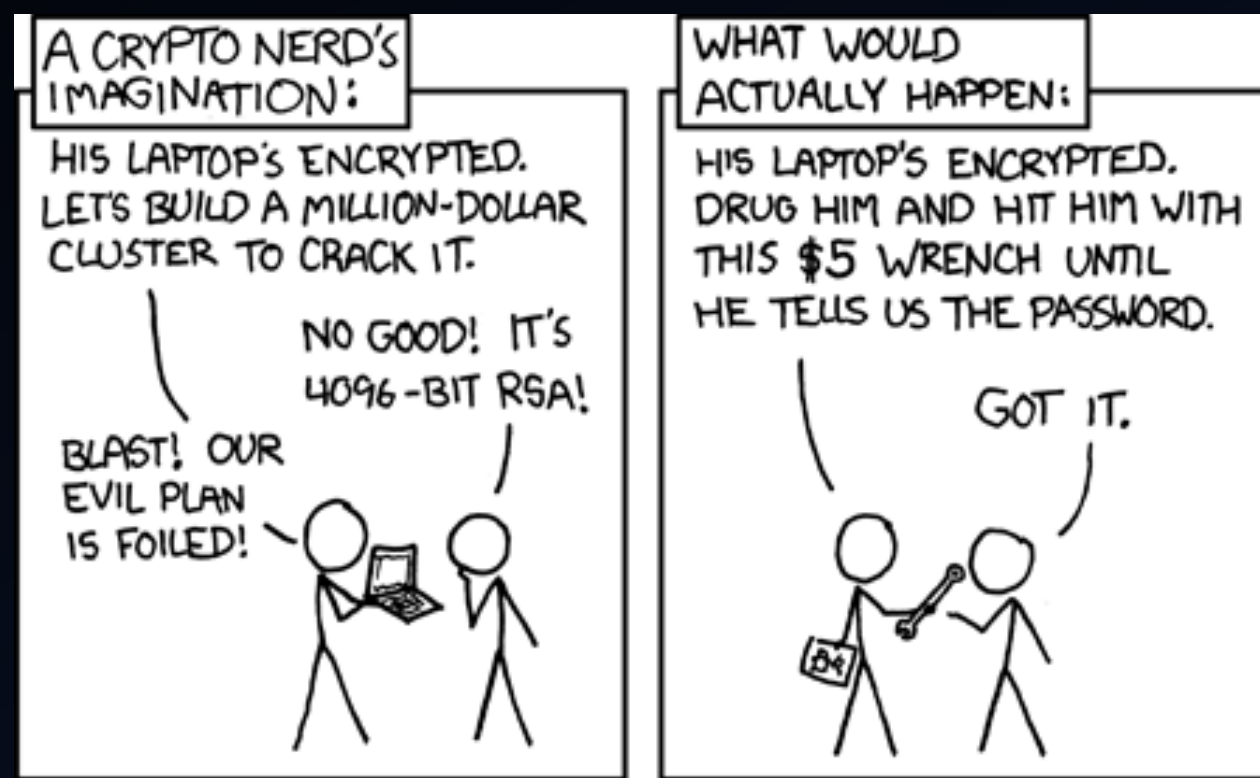
Secretary of Commission: Marie Dressler Approved via Microsoft Teams

Cybersecurity

GET UP TO DATE,
STAY UP TO DATE,
AND LOOK AHEAD

By Rob Weis

Director of Information Services
Information Security Officer








About me...



Leading Geeks

- Started September 2021
- 3rd IT leadership role
- Second Health System 🏥
- 21 years of full time IT experience
- Health IT & Federal IT background
- Passionate about Leadership, IT, Cybersecurity, Infrastructure
- Working Genius: Wonderment & Discernment
- 🌟❤️ The outdoors, hiking, skiing, and adventuring!
- Classic cars, guitar, wine tasting, exploring new places, and BBQ'ing

Current Trends 2023 and 2024

- Breaches in 2023 ↑
Affected individuals ↑
 - 2021 = 45.9M
 - 2022 = 51.9M
 - 2023 = 133M
 - Largest single breach of 2023 was 11.2M
- Supply chain, partners, third party 
- Ransomware attacks ↑
- Reaching out to patients and family members directly for 
- Avg breach cost across 553 organizations = \$4.45
 - \$11M for Healthcare Only 
(IBM Breach Report)
- Email attacks ↑ 173 in 90 days
 - +51 vs previous 90 days
- 204 days to identify 
- 73 days to contain 

Change Healthcare/Optum/United

What we know so far...



PUBLICLY ANNOUNCED ON 2/21











- Mostly impacted E-Prescribe for some pharmacies
- Payer validation issue – Real Time Eligibility (Molina mostly)
- Restoring from 2/11 data
- RUMOR UNCONFIRMED: Possibly stolen data (6TB)
 - Could make this worse...
- Providence “resolved” their incident as of 3/20/2024

Our Metrics

ATTACKS HAPPENING NOW!

-  173 sophisticated phishing email attacks in last 90 days
 -  +51 compared to previous 90 days
- 69,258 email blocked last 30 days on spam filter
-  597 web threats blocked
-  24.8M Connections blocked in last 30 days (scans)

OUR NETWORK

- 3 email filters 
- 1,222 computers 
- 86 servers & 95 network switches
- 14 VPN tunnels 
- 2,002 internal devices active
       
- 4,632 devices through firewall
- 74 Software Subscriptions

Cybersecurity Annual Risk Assessment 2023

- ✓ **Contracted CloudWave** (Formerly known as Sensato)
 - External and Internal Network Security Audit
 - Policy Review and Framework Mapping (C2M2)
- ✓ **Completed 12/18/2023 to meet our 12/31/2023 deadline**
 - Annual Attestation Required by CMS



External Findings - #1 Priority (Remediated)

Risk Rating	Vulnerabilities	Risk Explanation
Critical	0	Critical risk of security controls being compromised and a catastrophic impact.
High	0	High risk vulnerability is a serious risk that can severely impact the organization.
Medium	1	Moderate risk to the organization's security and should be fully addressed to avoid negative impact.
Low	1	Low risk of security controls being compromised with measurable negative impacts.
Informational	0	Little to no impact to the environment but may be a risk when combined with other circumstances and tech. If applicable, these will be listed in the appendix.



Internal Findings - #2 Priority (Work in Progress)

Risk Rating	Vulnerabilities	Risk Explanation
Critical	7	Critical risk of security controls being compromised and a catastrophic impact.
High	12	High risk vulnerability is a serious risk that can severely impact the organization.
Medium	17	Moderate risk to the organization's security and should be fully addressed to avoid negative impact.
Low	6	Low risk of security controls being compromised with measurable negative impacts.
Informational	0	Little to no impact to the environment but may be a risk when combined with other circumstances and tech. If applicable, these will be listed in the appendix.



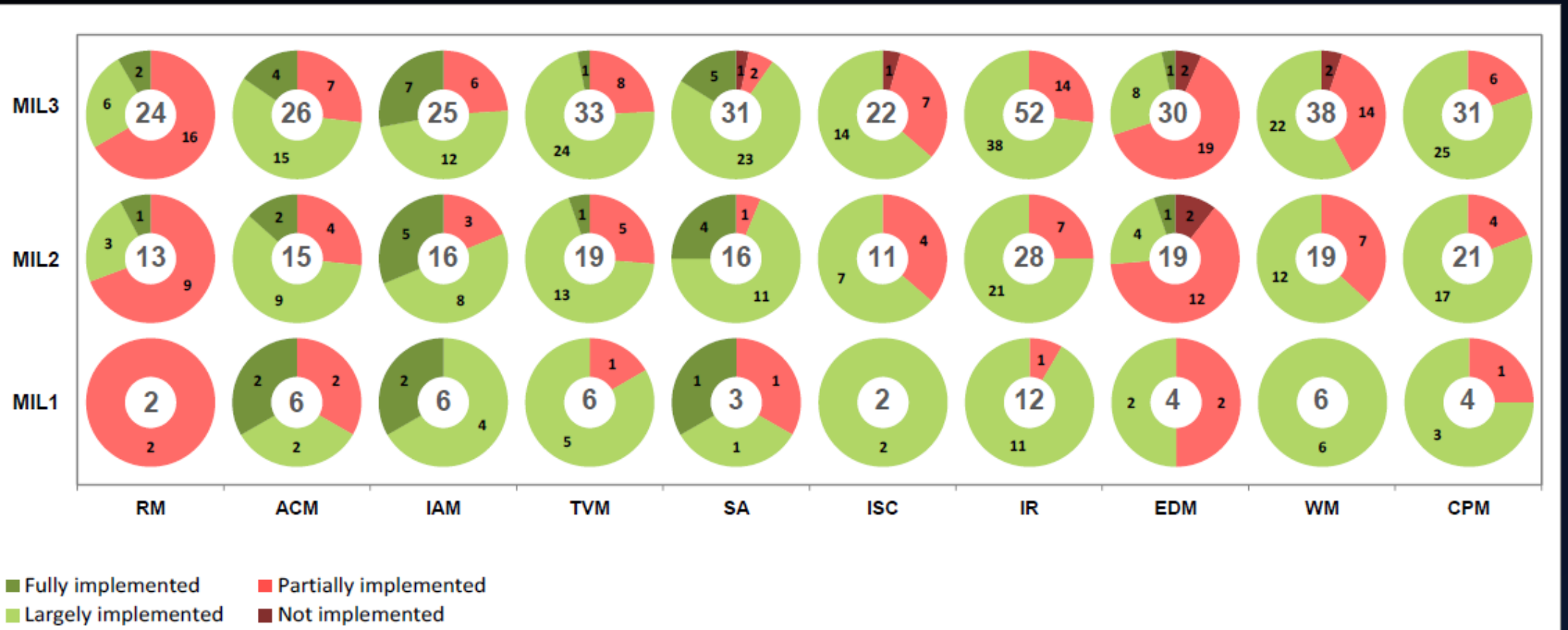
Work In Progress – 2022

Cybersecurity Capability Maturity Model (C2M2)



Work In Progress – 2023

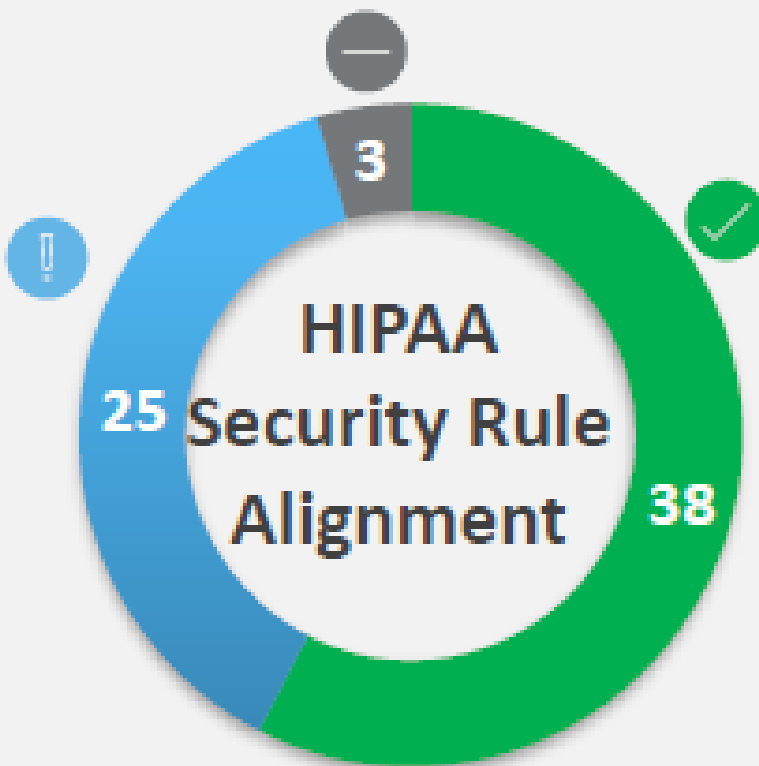
Cybersecurity Capability Maturity Model (C2M2)



Providence Epic Risk Assessment 2023 by Deloitte

Enterprise HIPAA Security Rule Alignment Summary

[Summary of enterprise alignment with the HIPAA Security Rule]



HIPAA Security Safeguards

	✓	!	✗	—
Administrative	14	16	0	1
Technical	3	9	0	0
Organizational	4	0	0	2
Physical	10	2	0	0
Policy and Procedure Reqs.	5	0	0	0
Total	36	27	0	3

✓ Aligned ! Partially Aligned ✗ Not Aligned — Not Applicable

Providence Epic Risk Assessment 2023 by Deloitte



Strengths

- Security event and incident management processes are well handled. A comprehensive SOC suite is in place with integrated teams continuously monitoring and mitigating threats and incidents.
- Standard configuration baselines and automated methods are established to build new information system components and ensure configuration standards are followed.
- Centralized management of Azure identify and access management between on-premise infrastructure and the cloud infrastructure.

Opportunities

- Data loss prevention is limited to emails and a DLP solution is not deployed across data loss vectors and for sensitive data types.
- An insider threat monitoring and detection program is currently in development to define and monitor anomalous user behavior.
- Medical device management is still an ongoing process with Medigate implementation and integration with ServiceNow CMDB.

Cybersecurity – The “Why”

- Protect our patients
 - Prevent or stop any cyber event that impacts “operations”
 - Anything that takes focus away from patient care or a care giver on the patient
 - Keep our focus on the patient!
- Keep our patient’s Trust 
- Financial 
 - Fines, cyber insurance, forensic costs, consultants, revenue impact, etc.

Cybersecurity Goals



- Zero Breaches
 - Prevention through remediation
- IT Incident Response Planning
 - Rapid response
 - Containment
 - Eradication
 - Restoration
- Clinical Response
 - Maintain Focus on the Patient
 - Data entry after recovery
- Communication Response
 - To: Employees
 - To: Community
 - To: Patients
 - To: Vendors/Partners

What are we doing to be safe here?

- Remediate, Remediate, Remediate 🧑‍🔧 🧑‍🔧
- Monthly Cybersecurity Tactical Review 🤝
 - Anyone interested in joining?
- 2024 Drill (April 25) 🔥
- Policy overhaul project (Q1) ✅
- 2024 annual risk assessment (Q3) 🔍
- Employee Awareness & Training
 - Phishing education training campaigns (Starting Now!) 🧑‍🎓
 - October Cyber Security Awareness Month
- Vendor management - Business Associate Agreements (BAAs)
- Framework Mapping (next slide)

Selecting a Framework

2024 Healthcare and Public Health (HPH) and NIST 2.0

- HHS.Gov released Cybersecurity Performance Goals (CPG)
 - Essential Goals 
 - May be required for “conditions of participation”
 - Enhanced Goals 
 - [HPH Cybersecurity Gateway \(hhs.gov\)](https://www.hhs.gov/cybersecurity/gateway)
- NIST Cybersecurity Framework 2.0 released on 2/26/2024
 - First major update since 2014
 - [Cybersecurity Framework | NIST](https://www.nist.gov/cybersecurity-framework)
- Mapping C2M2 to HPH/NIST 2.0

GET UP TO DATE,
STAY UP TO DATE,
AND LOOK AHEAD

Questions?





PATIENT STORY

PRESENTED BY TINA TONER, CNO

The image features a light blue background with decorative white leaf patterns in the corners. The top-left and top-right corners have clusters of several pointed leaves on a stem. The bottom-left and bottom-right corners have a single large leaf with a central vein and a stem with two smaller leaves. The text is centered in the middle of the page.

“Wherever the art of Medicine is loved,
there is also a love of Humanity”

- Hippocrates



Dr. Joe Mattern



Dr. Tracie Harris



Dr. Steve Butterfield

Patient Comments

"I received exceptional care for the entire 8-day stay. I was especially impressed with the two hospitalist physicians who treated me. They listened and remembered our conversations. They were available when nurses needed to confer with them, and they took time to address my concerns."

"I felt very pampered and appreciated the surgeon coming to talk to me directly after I regained consciousness."

"Amazing service and cannot say enough about all the staff at JGH. Doctors were beyond amazing. On time and follow through for days after procedures."

Jefferson Healthcare

February 2024 Finance Report

March 27, 2024

Tyler Freeman, CFO

February 2024

Operating Statistics

STATISTIC DESCRIPTION

STATISTIC DESCRIPTION	FEBRUARY 2024						FEBRUARY 2023			
	<u>MO</u>	<u>MO</u>	<u>%</u>	<u>YTD</u>	<u>YTD</u>	<u>%</u>	<u>MO</u>	<u>%</u>	<u>YTD</u>	<u>%</u>
	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>ACTUAL</u>	<u>BUDGET</u>	<u>VARIANCE</u>	<u>ACTUAL</u>	<u>VARIANCE</u>	<u>ACTUAL</u>	<u>VARIANCE</u>
FTEs - TOTAL (AVG)	660	696	5%	666	696	4%	598	-10%	598	-11%
ADJUSTED PATIENT DAYS	3,611	2,845	27%	7,128	5,885	21%	3,080	17%	6,663	7%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	55	82	-33%	141	171	-18%	82	-33%	166	-15%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	339	277	22%	724	572	27%	336	1%	656	9%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	416	383	9%	901	792	14%	429	-3%	833	8%
SURGERY CASES (IN OR)	124	126	-2%	258	260	-1%	120	3%	257	0%
SPECIAL PROCEDURE CASES	86	82	5%	187	170	10%	80	8%	153	18%
LAB BILLABLE TESTS	22,236	20,518	8%	45,840	42,451	8%	19,615	13%	41,714	9%
TOTAL DIAGNOSTIC IMAGING TESTS	3,528	3,563	-1%	7,232	7,370	-2%	3,411	3%	7,051	3%
PHARMACY MEDS DISPENSED	20,979	21,961	-4%	44,193	45,437	-3%	20,253	4%	41,812	5%
RESPIRATORY THERAPY PROCEDURES	2,824	2,745	3%	6,533	5,679	15%	2,662	6%	5,394	17%
REHAB/PT/OT/ST	7,734	8,250	-6%	15,567	17,072	-9%	7,314	6%	15,257	2%
ER CENSUS	1,111	1,163	-4%	2,245	2,407	-7%	1,096	1%	2,162	4%
DENTAL CLINIC	399	461	-13%	853	954	-11%	444	-10%	898	-5%
TOTAL RURAL HEALTH CLINIC VISITS	6,785	6,834	-1%	14,144	14,137	0%	6,310	8%	13,109	7%
TOTAL SPECIALTY CLINIC VISITS	3,620	3,918	-8%	7,492	8,107	-8%	3,638	0%	7,426	1%

February 2024

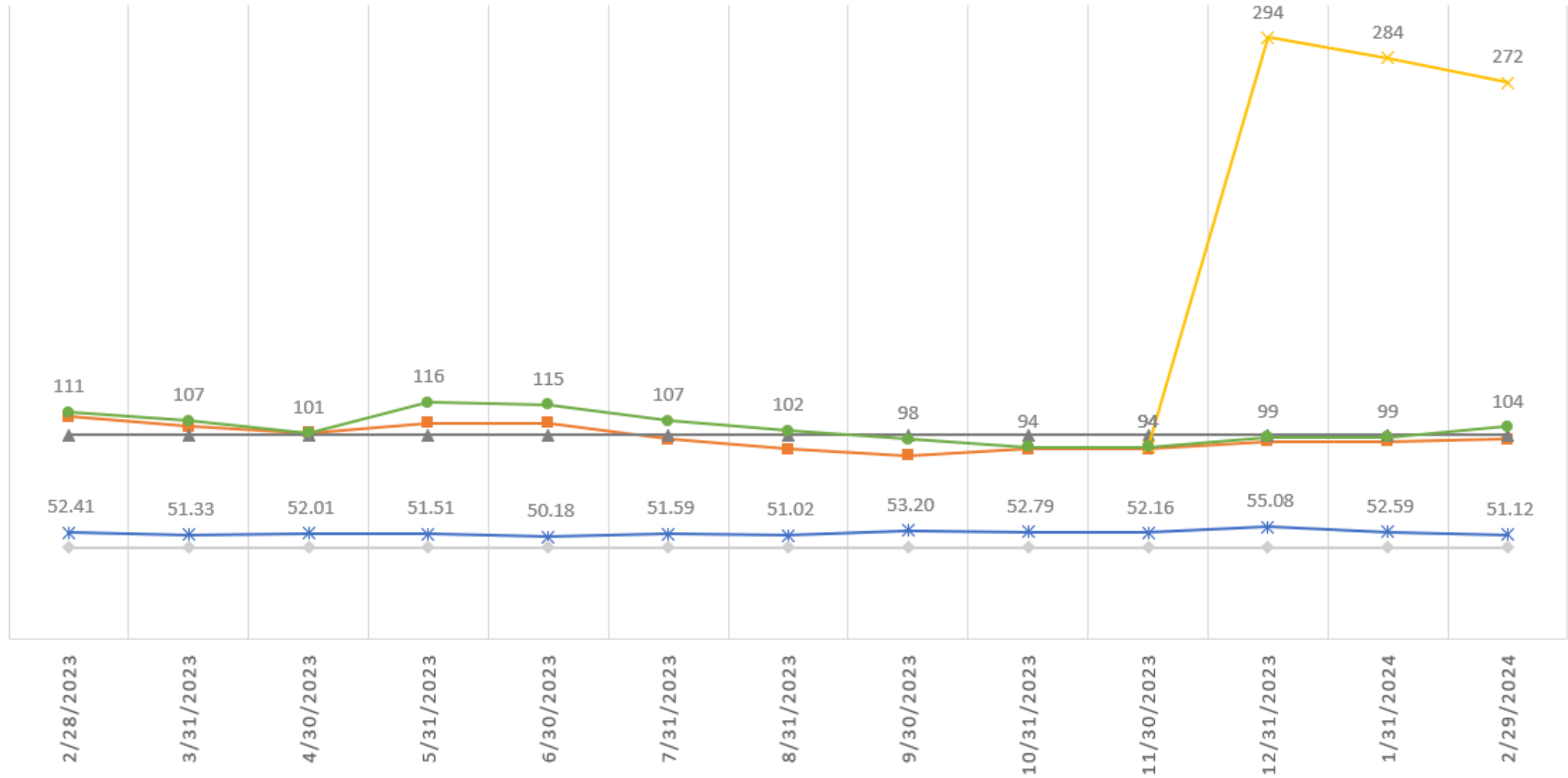
Income Statement Summary

	February 2024 Actual	February 2024 Budget	Variance Favorable/ (Unfavorable)	%	February 2024 YTD	February 2024 Budget YTD	Variance Favorable/ (Unfavorable)	%	February 2023 YTD
Operating Revenue									
Gross Patient Service Revenue	32,376,058	30,847,608	1,528,450	5%	65,686,961	63,822,638	1,864,323	3%	56,128,864
Revenue Adjustments	17,857,846	16,638,646	(1,219,200)	-7%	35,982,489	34,424,784	(1,557,705)	-5%	30,161,333
Charity Care Adjustments	347,670	271,854	(75,816)	-28%	680,306	562,456	(117,850)	-21%	357,589
Net Patient Service Revenue	14,170,542	13,937,109	233,433	2%	29,024,165	28,835,398	188,768	1%	25,609,942
Other Revenue	451,698	765,281	(313,583)	-41%	973,122	1,583,341	(610,219)	-39%	861,472
Total Operating Revenue	14,622,240	14,702,390	(80,150)	-1%	29,997,287	30,418,739	(421,451)	-1%	26,471,413
Operating Expenses									
Salaries And Wages	6,685,758	7,096,154	410,396	6%	14,419,529	14,681,699	262,170	2%	13,131,380
Employee Benefits	1,596,546	1,634,934	38,388	2%	3,375,139	3,382,621	7,482	0%	2,977,344
Other Expenses	5,966,012	5,550,948	(415,063)	-7%	11,787,715	11,484,339	(303,375)	-3%	9,595,095
Total Operating Expenses	14,248,315	14,282,036	33,721	0%	29,582,383	29,548,659	(33,724)	0%	25,703,819
Operating Income (Loss)	373,925	420,354	(46,429)	-11%	414,904	870,079	(455,175)	-52%	767,595
Total Non Operating Revenues (Expenses)	(123,934)	520,465	(644,399)	-124%	(188,225)	1,076,825	(1,265,051)	-117%	(3,293)
Change in Net Position (Loss)	249,991	940,819	(690,829)	-73%	226,679	1,946,905	(1,720,226)	-88%	764,302
Operating Margin	2.6%	2.9%	-0.3%	-10.6%	1.4%	2.9%	-1.48%	-51.6%	2.9%
Total margin	1.7%	6.4%	-4.7%	-73.3%	0.8%	6.4%	-5.64%	-88.2%	2.9%
Salaries & Benefits as a % of net pt svc rev	-58.4%	-62.6%	4.2%	6.7%	-61.3%	-62.6%	1.34%	2.1%	-62.9%

February 2024

Cash and Accounts Receivable

* DAYS OUTSTANDING IN A/R ◆ DAYS AR GOAL - 45 ■ DAYS OF CASH ▲ DAYS CASH GOAL - 90 ✕ DAYS CASH W/ PROJECT FUNDS ● DAYS CASH W/ 3RD PARTY



March 2024

Preview – (*as of 0:00 3/27/24)

- **\$ 36,369,646 in Projected HB charges**
 - Average: \$1,173,214/day (HB only)
 - Budget: \$1,059,286/day
 - 110.8% of Budget
- **\$13,198,670 in HB cash collections**
 - Average: \$425,764/day (HB only)
 - Goal: \$478,596/day
- **50.1 Days in A/R**
- **Questions**

Jefferson Healthcare

Patient Safety and Quality Report

Presented to the Board of Commissioners

March 27, 2024

Agenda



Quality Highlight: Primary Care



Accreditation Updates



Current Projects and Focus Areas

Strategic Goal #1: Deliver the highest quality care.

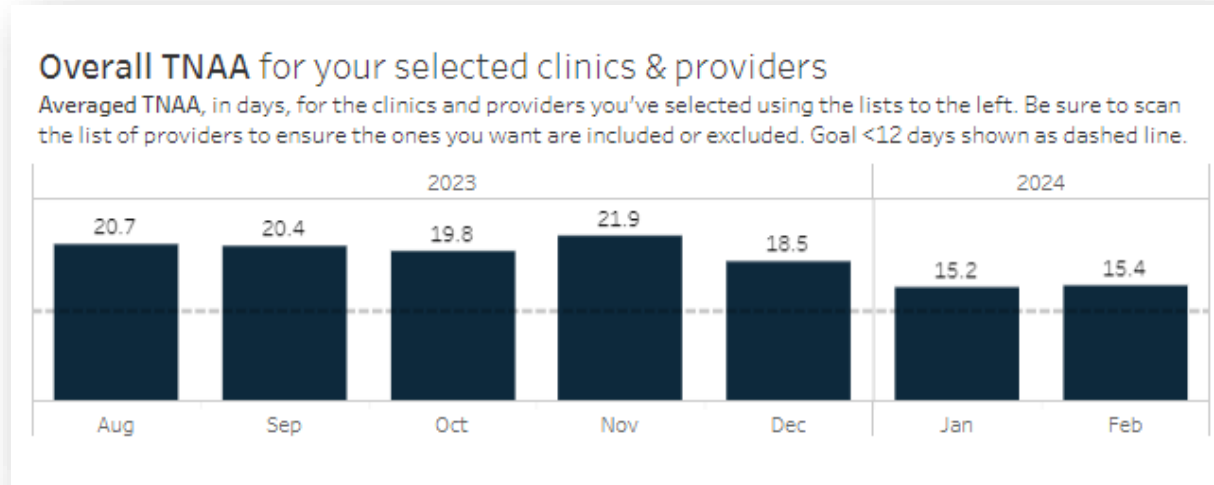
Strategies	Initiatives
Cultivate a deep-rooted culture of safety.	<ol style="list-style-type: none"> 1.Connect every employee to their role in patient safety and quality 2.Develop a system of shared accountability by being accountable for systems and for responding to behavioral choices in a fair and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

Quality Highlight: Primary Care



Primary Care: Access to Care

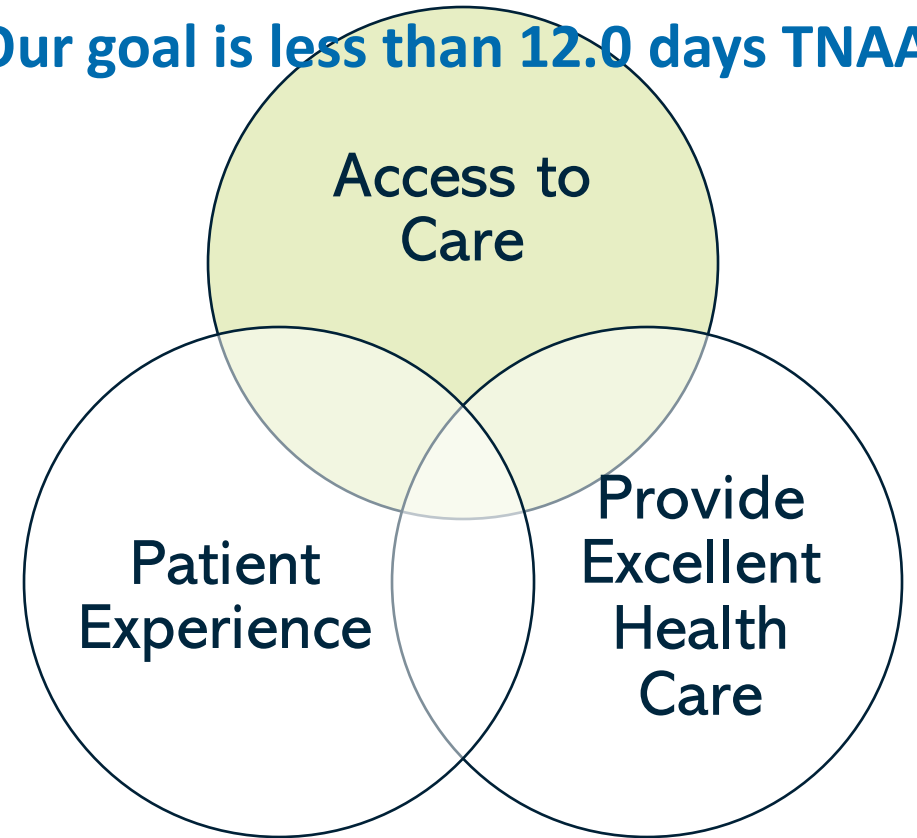
Eliminating the delays for an appointment is mission-critical for our primary care teams.



Our goal is less than 12.0 days TNAA.

Third Next Available Appointment (TNAA) is a measure of the delay that patients experience in accessing providers for a scheduled appointment.

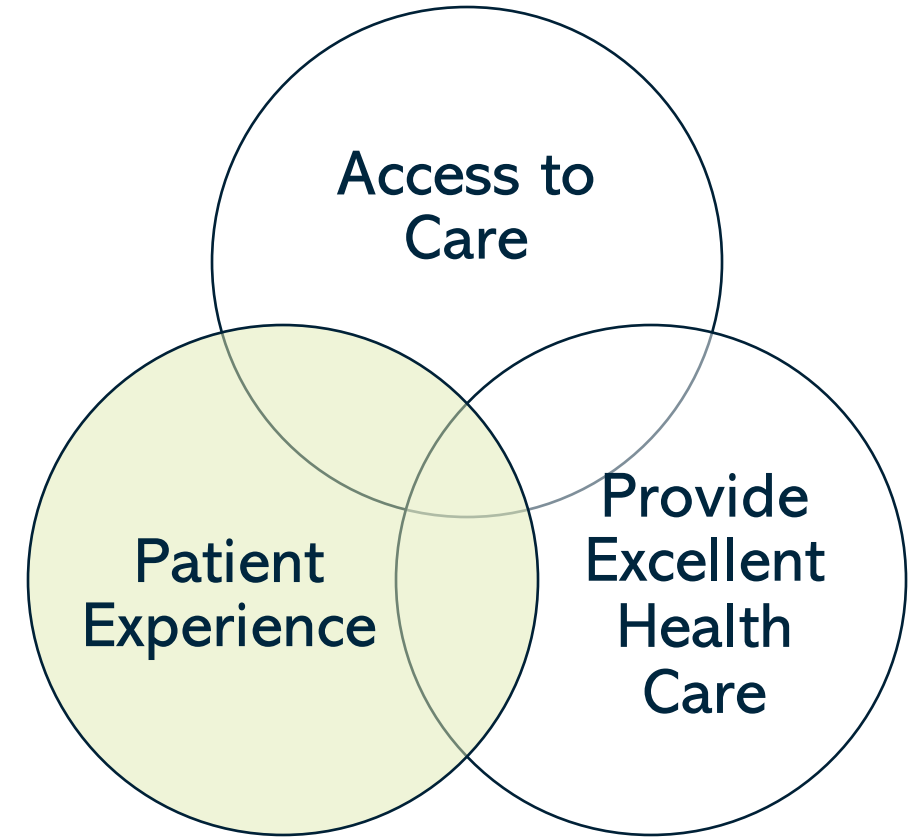
By modifying our scheduling templates and standardizing our work, the primary care team is



Medical Group: Patient Experience

Primary care access has gotten easier for our patients! We offer virtual visits with a primary care provider as an option for our patients.

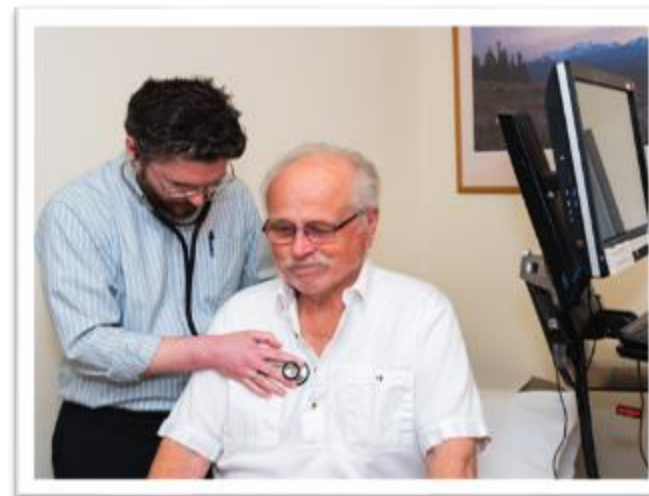
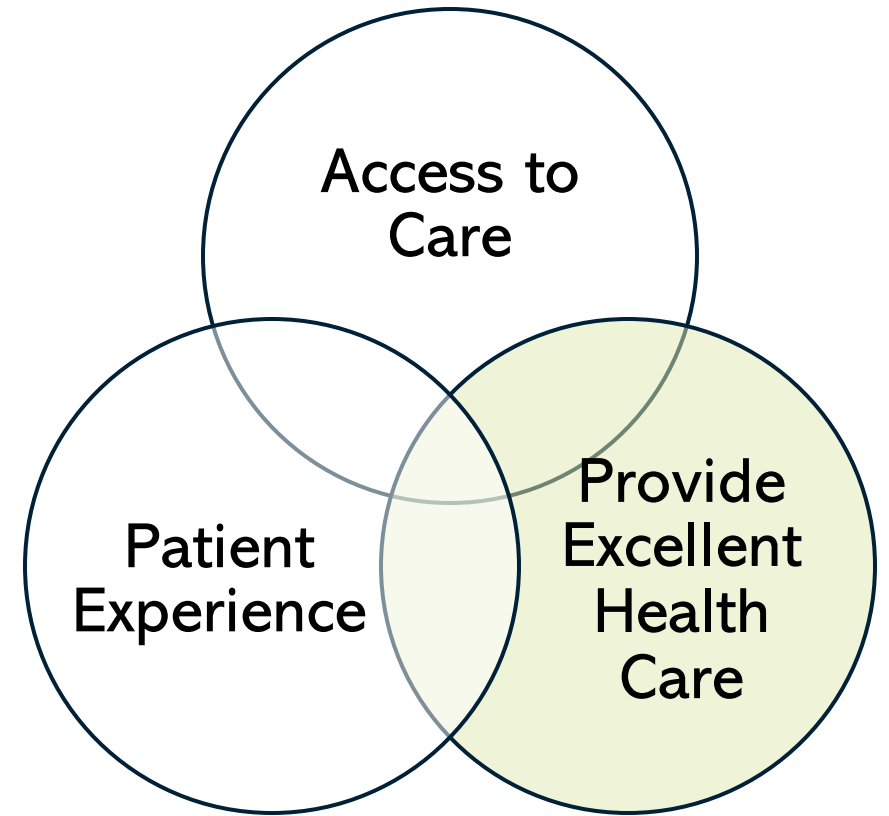
Additionally, we have expanded access to specialty services. In March, we implemented Tele-rheumatology and Tele-neurology appointments, allowing our patients to access these important services – without leaving Jefferson County!



Meeting our patients where they are at is one important way that we are working to improve the patient experience while increasing access to vital services.

Primary Care: Providing Excellent Care

- In 2023, our Primary Care team led the way to decreasing the time to close records – changing the goal from 30 days to less than 7 days.
 - **Today it takes an average 1.153 days to close a chart!**
- Medication Safety: The primary care team increased compliance with medication bar-code scanning from **71%** in 2022 to **96%** in December 2023!
- The primary care team are vital members in our ACO Quality Committee – working to make sure that the right care is available at the right time and in the right place.
 - **2024 Goals: Annual wellness visits, care gap closure, blood pressure, and diabetes management (Hemoglobin A1C)**



Holding the trust of our community begins with providing safe, excellent care.

Improving Quality and Access to Specialty Care/Services

Additional services to support the care of our community include:

- Port Ludlow Specialty Pharmacy
- Port Townsend Retail Pharmacy – *coming soon!*
- Faster, more streamlined access to specialty care through a better referrals process

Quality Improvement:

In 2023, we began an effort to improve the reliability and efficiency of referrals...improving access to specialty services.

Referrals used to wait in the queue for 30 days or longer. Today they spend 1-2 days!

Quality Improvement: Referrals

Reduced time to authorization by 9 days!

Reduced time between authorization and scheduled appointment by 8 days!

Improved patient experience.

Improved team and clinician experience.

Centralized referrals, standardized scheduling, registration, orders, workflows and templates.

Primary Care: Leader Highlight!



Congratulations Heidi!

Heidi Mathews is the manager for Jefferson Healthcare Dental Clinic, Port Ludlow Clinic, and South County Clinic and just became the first Jefferson Healthcare leader to earn her Certification as a Rural Health Clinic Professional (CRHCP).

The course covers regulatory guidelines, coding, financial management, human resources, and revenue - all specific to a rural health clinic – ensuring that it thrives and grows.

Accreditation Updates



Goal: Be an Award-Winning, Fully-Accredited Hospital: The Compliance Team: Rural Health Clinic

Three total non-conformities/deficiencies were identified:

1. Availability of Hemoglobin testing at the point of care
2. Expired items (rarely used items – had recently expired)
3. Missing documentation for updated BLS training (one team member)*

Great job by our Express Clinic Team and Leadership!!



“They were kind, explained things in a way that I could understand, and took great care of me.”

Goal: Be an Award-Winning, Fully-Accredited Hospital: DNV 2024 NIAHO Survey Recap.

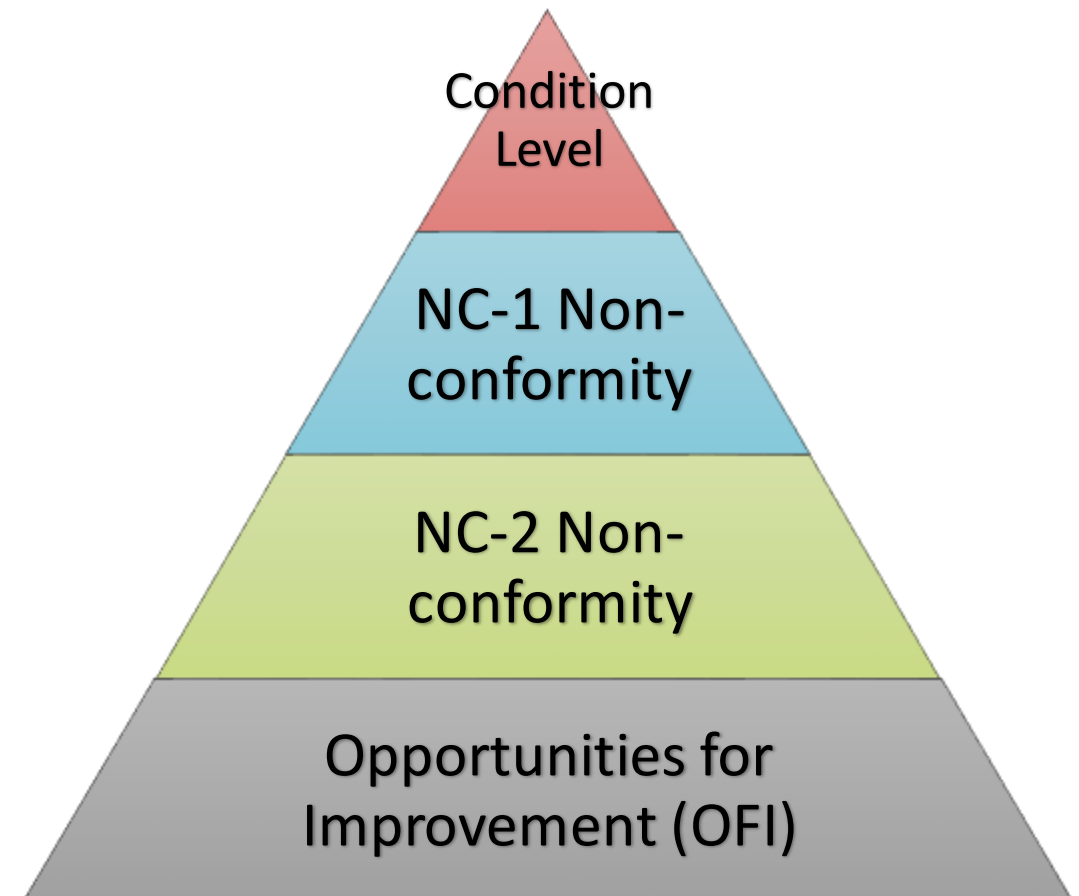
• **Condition Level NC-1: Zero**

• **NC-1 Non-conformities: 4**

- Fire resistant assembly penetration
- Personal belongings/behavioral health
- Sedation documentation
- Missing training documentation

• **NC-2 Non-conformities: 6**

- Nitrogen cylinder storage
- Opioid administration/assessment
- Crash cart
- Staffing data
- Medical Director Approval
- Discharge planning document



Quality and Safety Projects and Initiatives: Quarter 1 2024

- Support continued implementation of the Culture of Safety Action Plans
- TeamSTEPPS classes
- Updated public reporting (Social Determinants of Health)
- Patient experience – curriculum development and training planning.
- Tech Talk at our local library led by Informatics and IT
- Kick off the Patient Flow Team
- Wrap up/transition the Transitions of Care/Referrals Team (and begin the next phase)
- Innovation Team kickoff
- Corrective action planning and implementation from surveys
- Medical Staff nominations and voting of Officers
- Q2 Medical Director Leader Summit
- Kicked off the Diagnostic Imaging Quality Committee
- Implement the Clinical Leadership Quality Committee – beginning with the Emergency Department
- Emergency Management Drills – Q1 Active Shooter; Q2 Cybersecurity, Decontamination Spill (regional), Amber Alert





A special
Happy
Doctor (and APP) Day 2024!

What Questions do you Have?



Building Update

March 2024



View from Sheridan Ave + 7th St

Construction Update: Progress through March



Construction Update: The Project this morning



Construction Update: The project over time



Construction On Time / On Budget

	On Time	On Budget
Planned	June 2025	\$96,216,508
Current	July 2025	On Budget \$13.2 Million
Details & Mitigation Plan	Extra abatement and foundation work caused delays; working on finding avenues of shortening duration.	Higher use of contingencies at this point; working to track and find paths to keep on budget



Aerial Looking NE

Jefferson Healthcare

Administrative Report

March 27, 2024

Mike Glenn

Value Based Purchasing

A Monthly Review

March 2024

JAC Administrative Updates

- We submitted our Quality and Interoperability Data in March!
- We are currently recruiting for a leader for the ACO.
- We had a JAC Board Meeting to discuss the focus of Jefferson Accountable Care in 2024.
 - Quality
 - A1C Poor Control, Depression Screening and Follow-Up, and Controlling High Blood Pressure
 - Access
 - Wellness visits
 - Financial return

Advocacy

March 2024

Advocacy | State

Session is over!

Bill	Status
● ESB 5241 – Health Care Transactions	Died without a floor vote
● Budget – Low volume L&D	\$1.6m Passed
● HB 2378 – Concerning Facility Fees	Died
● HB 1508 – HCCTB Operations and Governance	Passed
● HB 2066 – Addressing affordability through health care provider contracting	Died
● SB 5940 – Medical Assistant/EMT Role	Passed
● SB 5821 – Audio-only telemedicine	Passed
● SB 5825 – Guardianship OPG Pilot	Passed with budget

March 22, 2024

KILMER SECURES \$2 MILLION TO CONNECT SENIORS TO HEALTH CARE IN JEFFERSON COUNTY

PORT TOWNSEND, WA – U.S. Representative Derek Kilmer (WA-06), a member of the House Appropriations Committee, announced **\$2 million** in new federal funding for Jefferson Healthcare’s Expanding Healthcare for Rural Seniors project. The funding was passed with bipartisan support in the House and is expected to be passed by the Senate and signed into law by President Biden.

Advocacy | Federal

Federal Policy Agenda 2024:

- Medicare Advantage, Network Adequacy, and Payment Methodology
- Bed limit and ITA's
- CAHMA
- Supporting CAH development

Admin Report

- DNV survey, March 19-21. DOH survey, March 20. DOH Express Clinic/RHC survey, March 26.
- OB sustainability is nearing completion. Final meeting scheduled for April 18.
- Jefferson Healthcare's Leadership Development Institute is scheduled for April 23. The focus will be aligning Huron resources with our operational excellence goals.
- Rhody Parade: May 18 | Rhody Run: May 19
- Upcoming Port Ludlow Events
 - 4/24: Supplements and Prescription Interactions
 - 6/18: Osteoporosis

Questions?