

**Wednesday, August 27, 2025**

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

When prompted, enter Conference ID number: **321 942 849#**

**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](#)

Due to multiple respiratory illnesses, Jefferson Healthcare is still highly encouraging the practice of infection protocols. You may attend this meeting virtually by accessing the information above or in person in the Sheridan Conference Room at 915 Sheridan Street. Limited seating is available.

<b>Time:</b>	<b>WELCOME</b>	<b>Who:</b>
2:00pm	<b>Call to Order</b>	Commissioner Buhler Rienstra
	<b>Approve Agenda</b>	Board of Commissioners
	<b>FOCUS REPORT</b>	
2:00pm	<b>Washington State Hospital Association (WSHA) Update</b>	Cassie Sauer, President & CEO
2:30pm	<b>Patient Story</b>	Tina Toner, CNO
	<b>PUBLIC COMMENT</b>	
2:45pm	Public comments are welcome orally, with a 3-minute limit, or may be submitted via email at <a href="mailto:commissioners@jeffersonhealthcare.org">commissioners@jeffersonhealthcare.org</a> , 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.	
	<b>ACTION REQUESTED</b>	
2:55pm	<b>Action Requested</b> <ul style="list-style-type: none"> <li>• July 23, 2025 Regular Session Minutes (pages 3-7)</li> <li>• Medical Staff Credentials / Appointments / Reappointments (pages 8-11)</li> </ul>	Board of Commissioners
	<b>CONSENT AGENDA</b>	
3:00pm	<b>Required Approvals: Action Requested</b> <ul style="list-style-type: none"> <li>• Resolution 2025-18 Surplus Equipment (pages 12-13)</li> <li>• Resolution 2025-19 Canceled Warrants (page 14-15)</li> <li>• July Warrants and Adjustments (pages 16-20)</li> <li>• Resolution 2025-20 HHHPC QAPI (page 21) <ul style="list-style-type: none"> <li>○ Quarterly QAPI Minutes (pages 22-25)</li> </ul> </li> </ul>	Board of Commissioners
	<b>STANDING REPORTS</b>	
3:05pm	<ul style="list-style-type: none"> <li>• <b>Quality Report</b></li> <li>• <b>Financial Report</b></li> </ul>	Brandie Manuel, CPSQO Tyler Freeman, CFO
3:20pm		
3:35pm	<i>Break</i>	
	<b>STANDING REPORTS</b>	
3:50pm	<ul style="list-style-type: none"> <li>• <b>Construction Report</b></li> <li>• <b>Administrative Report</b></li> </ul>	Jake Davidson, COO Mike Glenn, CEO
4:05pm		
	<b>BOARD BUSINESS</b>	

Jefferson Healthcare: Owned and operated by Jefferson County Public Hospital District No. 2

834 Sheridan Street, Port Townsend, WA 98368- We are an equal opportunity provider and employer.

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

4:30pm	<ul style="list-style-type: none"> <li>• <b>Board Reports</b> <ul style="list-style-type: none"> <li>○ Board of Health</li> </ul> </li> </ul>	Board of Commissioners
5:30pm	<ul style="list-style-type: none"> <li>• <b>Agenda Evaluation</b></li> </ul>	Board of Commissioners
<b>CONCLUDE</b>		
5:35pm	<ul style="list-style-type: none"> <li>• <b>Conclude</b></li> </ul>	Board of Commissioners

DRAFT

This Regular Session will be officially recorded. The times shown on the agenda are estimates only.

Jefferson County Public Hospital District No. 2  
Board of Commissioners Regular Session Meeting Minutes  
Wednesday, July 23, 2025

**Audio Only:** dial Phone Conference Line: (509) 598-2842  
When prompted, enter Conference ID number: 975 178 013#  
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Time:	WELCOME	Who:
2:00pm	<p><b>Call to Order</b> The meeting was called to order at 2:00pm by Board Chair Buhler Rienstra. Commissioners in attendance included Commissioners McComas, Kolff, Dressler and Ready. Also, in attendance were Mike Glenn, CEO; Tyler Freeman, CFO; Jake Davidson, COO; Dr. Butterfield, CMO; Tina Toner, CNO; Molly Propst, CHRO; Brandie Manuel, CPSQO; Skip Houser, Attorney, Budd Bay Law; and Shannon Groff, Executive Assistant.</p> <p>This meeting was officially recorded by Jefferson Healthcare.</p>	Commissioner Buhler Rienstra
	<p><b>Approve Agenda</b> Commissioner McComas made a motion to approve the agenda as proposed. Commissioner Kolff seconded. <b>Action:</b> Motion passed unanimously.</p>	Board of Commissioners
	<b>FOCUS REPORT</b>	
2:00pm	<p><b>Medical Group Update</b> Jake Davidson, Chief Operating Officer, and Dr. Steven Butterfield, Chief Medical Officer, gave an update on the Medical Group, which talked about the Medical Group at a glance, access to care, service, growth, quality and people.</p>	Jake Davidson, COO and Dr. Butterfield, CMO
2:30pm	<p><b>Patient Story</b> Tina Toner, Chief Nursing Officer, gave us a patient story for July, which included a story about the great care they received in the hospital. They thanked nurses, clinicians, tech and the staff member who pushed their wheelchair to/from and truly made them feel well cared for.</p>	Tina Toner, CNO
	<b>PUBLIC COMMENT</b>	
2:45pm	<p>Public comments are welcome orally, with a 3-minute limit, or may be submitted via email at <a href="mailto:commissioners@jeffersonhealthcare.org">commissioners@jeffersonhealthcare.org</a>, 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.</p>	

	Rennie O'Donnell a member of the public, talked about school-based health clinics. She advocated for Jefferson Healthcare to continue financial support for school-based health clinics.	
<b>ACTION REQUESTED</b>		
2:55pm	<p><b>Action Requested</b></p> <ul style="list-style-type: none"> <li>June 18, 2025 Special Session Minutes</li> </ul> <p>Commissioner Dressler made a motion to amend the June 18, 2025 minutes to reflect "Commissioner Dressler noted that there is no mention of how this has affected Olympic Medical Center." under the Peninsula Health Alliance topic.</p> <p>Commissioner Kolff seconded the motion to approve the amended minutes as discussed above. <b>Action:</b> Motion passed unanimously.</p> <p>Commissioner Ready made a motion to amend the June 18, 2025 minutes to reflect that an Indigenous man was hanged in a tree at the end of the golf course, and Commissioner Ready suggested that a memorial be placed in his honor.</p> <p>Commissioner Kolff seconded the motion to approve the amended minutes as discussed above. <b>Action:</b> Motion passed unanimously.</p> <ul style="list-style-type: none"> <li>July 10, 2025 Special Session Minutes</li> </ul> <p>Commissioner Kolff made a motion to approve the July 10, 2025 minutes as discussed above. Commissioner Ready second. <b>Action:</b> Motion passed unanimously.</p> <ul style="list-style-type: none"> <li>Medical Staff Credentials / Appointments / Reappointments</li> </ul> <p>Commissioner Kolff made a motion to approve the medical staff credentials, appointments and reappointments as written. Commissioner Ready seconded. <b>Action:</b> Motion passed unanimously.</p>	Board of Commissioners
<b>CONSENT AGENDA</b>		
3:00pm	<p><b>Required Approvals: Action Requested</b></p> <ul style="list-style-type: none"> <li>Resolution 2025-16 Surplus Equipment</li> <li>Resolution 2025-17 Canceled Warrants</li> <li>May &amp; June Warrants and Adjustments</li> </ul> <p>Commissioner Kolff made a motion to approve the Required Approvals. Commissioner Dressler seconded. <b>Action:</b> Motion passed unanimously.</p>	Board of Commissioners
<b>STANDING REPORTS</b>		

3:05pm	<ul style="list-style-type: none"> <li>• <b>Quality Report</b></li> </ul> <p>Brandie Manuel, Chief Patient Safety &amp; Quality Officer, gave a July quality report which included an update on our goal to deliver care guided by the best evidence, connecting with our providers, connecting with our community, increasing access to care, connecting patients with their care – sooner, the new self-scheduling feature in MyChart, the Medical Group patient experience, and finally an overview of the current projects that are occurring in the Patient Safety &amp; Quality departments.</p>	Brandie Manuel, CPSQO
3:20pm	<ul style="list-style-type: none"> <li>• <b>Financial Report</b></li> </ul> <p>Tyler Freeman, Chief Financial Officer, presented the May and June Financial Report which reviewed our statistics, income statement and our cash and accounts receivable. We also got a preview for July 2025.</p>	Tyler Freeman, CFO
3:35pm	<p><b>Break</b></p> <p>Commissioners recessed for break at 3:30pm Commissioners reconvened from break at 3:45pm</p>	
<b>STANDING REPORTS</b>		
3:50pm	<ul style="list-style-type: none"> <li>• <b>Construction Report</b></li> </ul> <p>Jake Davidson, Chief Operating Officer, provided a project update. We reviewed a few updated photos, the construction on time / on budget with a note that we get occupancy of the building tomorrow, July 24, 2024. Lastly, the ribbon cutting, which is scheduled for August 24, 2025.</p>	Jake Davidson, COO
4:05pm	<ul style="list-style-type: none"> <li>• <b>Administrative Report</b></li> </ul> <p>Mike Glenn, Chief Executive Officer, welcomed Elise Wright, Population Health and Government Advocacy Manager, who provided an update on Advocacy, both State and Federal.</p> <p>CEO Glenn, followed with an update on Congressional House Bill 1 (HR1), Medicaid, and how it impacts Jefferson Healthcare, healthcare in general and Washington State. He also talked through key dates presented by the Washington State Hospital Association, our four areas of focus, and previous and future events.</p>	Mike Glenn, CEO
<b>BOARD BUSINESS</b>		
4:30pm	<ul style="list-style-type: none"> <li>• <b>Board Reports</b> <ul style="list-style-type: none"> <li>○ Board of Health</li> </ul> <p>Commissioner Kolff reported that Dr. Allison Berry is currently on leave. The board discussed expanded services with inadequate reimbursement, in addition to an update on their finances. Unfortunately, they are looking at financial cuts.</p> <ul style="list-style-type: none"> <li>○ Discussion of updated letter from the Board concerning OPMA and OMC</li> </ul> <p>The board discussed a letter to the public regarding the Peninsula Health Alliance.</p> <p>To ensure fairness, Commissioner Kolff will take over the rest of this discussion, which will include 1-minute timed rounds to allow</p> </li> </ul>	Board of Commissioners

<p>5:30pm</p>	<p>everyone on the Board to have an opportunity to speak about this topic, with consistent time allotted.</p> <p>All Commissioners agreed that Commissioner Kolff will facilitate this portion of the meeting, in 1-minute increments/rounds.</p> <p>Commissioner Kolff opened discussion to the Commissioners for their first round of 1-minute allocation.</p> <p>Commissioner Kolff made a motion to amend the following in the second sentence to state, “5 of the 6 allegations have not been confirmed as true.” Board Chair Buhler Rienstra seconded the motion. <b>Action:</b> Two Commissioners approved with three opposed. The amendment failed.</p> <p>Commissioner Ready made a motion to amend the second paragraph to add, “This board has received a written opinion from only one law firm hired by Jefferson Healthcare on the basis of this letter, which is Ogden Murphy Wallace.” <b>Action:</b> One Commissioner approved with four opposed. The amendment failed.</p> <p>Commissioner Kolff made a motion to amend the second sentence in conclusion number one to state, “the majority of our board had not heard anything yet about this administrative alliance proposal and asked questions about the contextual issues related to both real estate considerations and other related elements of the alliance proposal, which were protected under a nondisclosure agreement with OMC”. Board Chair Buhler Rienstra seconded the amendment. <b>Action:</b> Four Commissioners approved with one opposed. The motion passed.</p> <p>Commissioner Kolff made a motion to amend the fourth sentence in conclusion number one to state, “And also cited the OPMA RCW allowing legal and financial risks, the discussion could have been compliant”. Board Chair Buhler Rienstra seconded. <b>Action:</b> Four Commissioners approved with one opposed. The motion passed.</p> <p><b>Action:</b> Four Commissioners approved the amended letter with one opposed. The amended letter passed.</p> <ul style="list-style-type: none"> <li>● <b>Agenda Evaluation</b></li> </ul> <p>The Commissioners liked the agenda topics that were covered this month and they thanked Mike Glenn and our staff for all they are doing with the current and upcoming challenges.</p>	<p>Board of Commissioners</p>
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CONCLUDE		
5:35pm	<ul style="list-style-type: none"> <li>• <b>Conclude</b></li> </ul> <p>Commissioner Dressler made a motion to conclude the meeting. Commissioner McComas seconded. Action: Motion passed unanimously.</p> <p>Meeting concluded at 6:13pm.</p> <p>Approved by the Commission: Chair of Commission: Jill Buhler Rienstra</p> <hr/> <p>Secretary of Commission: Marie Dressler</p> <hr/>	Board of Commissioners

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**FROM:** Medical Staff Services  
**RE:** 08/19/25 Medical Executive Committee appointments/reappointments for Board approval 08/27/25

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.*

### **JHC Active Initial Appointments**

1. Sherris, Kirk, DPM - Podiatry

### **Allied Initial Appointments**

1. Jenkins, Melissa, FNP - Nurse Practitioner Oncology

### **Courtesy Initial Appointments**

1. N/A

### **Locums**

1. N/A

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

1. Butterfield, Robert, MD - Internal Medicine Pediatrics
2. Eissmann, Edward, MD- Orthopedic Surgery
3. Forbes, Gary, MD- Internal Medicine
4. Lemke, Shayna, DO - Hospitalist
5. Luqman, Asif, MD - Obstetrics and Gynecology
6. Naumann, Paul, MD - Orthopedic Surgery
7. Schmidt, Sarah, MD - Internal Medicine Pediatrics
8. Skorberg, Christine, MD - Obstetrics and Gynecology

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

1. Penn, Justin, MD - Cardiology
2. Liu, Jong, MD - Diagnostic Radiology/Telerad - SKAGIT
3. Robbins, Andrew, MD- Diagnostic Radiology/Telerad - SKAGIT
4. Rogers, David, MD - Diagnostic Radiology/Telerad - SKAGIT
5. Wallace, Eric, MD - Diagnostic Radiology/Telerad - SKAGIT
6. Vollger, Helmuth, MD- Teleradiology – Skagit

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

1. Pavlov, Sergei, CRNA - Anesthesiology

**Recommended re-appointment to the LOCUMS staff with privileges as requested:**

1. N/A

**Recommended re-appointment to the PER DIEM staff with privileges as requested:**

1. N/A

**Recommended Temporary Privileges:**

1. N/A

**Recommended POCUS Privileges:**

1. N/A

**Medical Student Rotation:**

1. N/A

**Disaster Privileging**

1. N/A

**Added Privileging**

1. N/A

**90-day provisional performance review completed successfully:**

1. N/A

**Resignations:**

1. Cortina, Galen, MD – Cardiology – resigned 5/1/25
2. Abrams, Deborah, MD – Oncology – resigned 8/8/25

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## **Policies and Privileges**

### **Annual Review of Policies**

1. N/A

### **Revised Policies**

1. Pathologic Examination of Tissue and Cytology

### **Annual Med Staff Policy Review**

1. N/A

### **New Policies**

1. N/A

### **Med Staff Delineation of Privileges Review**

1. Tele-Stroke Privileges

### **New Privileges**

1. N/A

### **Bi-Annual Review of Privileges**

1. N/A

### **Revised/Updated Privileges**

1. Jefferson Healthcare – Delineation of Privileges – ARNP -General
2. CRNA Core Privileges
3. Jefferson Healthcare General Surgery Privileges
4. Jefferson Healthcare Podiatry Privileges
5. ARNP Wound Management Privileges

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## Annual P&T Committee Policies

1. N/A

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2025-18

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 #
MEDRAD MR POWER INJECTOR	10-00170	42856	SPECTRIS SOCARIS EP

APPROVED this 27<sup>th</sup> day of August 2025.

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: DIAGNOSTIC IMAGING Date: 8/11/25

Equipment to be declared surplus: MEDRAD MR POWER INJECTOR

Asset Number: 10-00170 Serial Number: 42856

Model Number: SPECTRIS SOLARIS EP

**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 \_\_\_\_\_

Depreciated value: \_\_\_\_\_

M. Blanton  
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 2025-19

A RESOLUTION CANCELING CERTAIN WARRANTS IN  
THE AMOUNT OF \$571.82

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, the warrants indicated below in the total amount of \$571.82 to be canceled.

Date of Issue	Warrant #	Amount
07.04.2024	308841	472.50
07.18.2024	309416	99.32
<b>Total</b>		<b>\$571.82</b>

APPROVED this 27<sup>th</sup> day of August 2025.

APPROVED BY THE COMMISSION:

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

Commissioner 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: July 2025 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
07/04/2024	308841 FBO HOSPITAL DISTRICT #2	472.50
07/18/2024	309413 FBO HOSPITAL DISTRICT #2	99.32

	July 2025 Actual	July 2025 Budget	Variance Favorable/ (Unfavorable)	%	July 2025 YTD	July 2025 Budget YTD	Variance Favorable/ (Unfavorable)	%	July 2024 YTD
<b>Gross Revenue</b>									
Inpatient Revenue	4,049,180	3,836,770	212,410	6%	25,822,866	26,444,146	(621,280)	-2%	24,254,911
Outpatient Revenue	34,596,473	34,383,765	212,709	1%	236,940,736	236,311,772	628,963	0%	214,634,573
<b>Total Gross Revenue</b>	<b>38,645,653</b>	<b>38,220,534</b>	<b>425,119</b>	<b>1%</b>	<b>262,763,602</b>	<b>262,755,919</b>	<b>7,684</b>	<b>0%</b>	<b>238,889,484</b>
<b>Revenue Adjustments</b>									
Cost Adjustment Medicaid	2,307,010	2,015,987	(291,023)	-14%	16,389,688	13,859,372	(2,530,316)	-18%	14,680,132
Cost Adjustment Medicare	15,454,810	14,765,614	(689,196)	-5%	104,097,443	101,509,635	(2,587,808)	-3%	94,043,444
Charity Care	432,349	436,089	3,740	1%	3,233,953	2,997,995	(235,958)	-8%	2,815,728
Contractual Allowances Other	3,354,662	3,424,724	70,062	2%	22,805,377	23,544,058	738,681	3%	20,259,631
Administrative Adjustments	25,278	55,799	30,520	55%	279,263	383,601	104,338	27%	831,564
Allowance for Uncollectible Accounts	499,265	555,916	56,651	10%	3,323,144	3,821,772	498,627	13%	2,750,074
<b>Total Revenue Adjustments</b>	<b>22,073,374</b>	<b>21,254,129</b>	<b>(819,245)</b>	<b>-4%</b>	<b>150,128,869</b>	<b>146,116,432</b>	<b>(4,012,436)</b>	<b>-3%</b>	<b>135,380,573</b>
<b>Net Patient Service Revenue</b>	<b>16,572,279</b>	<b>16,966,405</b>	<b>(394,126)</b>	<b>-2%</b>	<b>112,634,734</b>	<b>116,639,487</b>	<b>(4,004,753)</b>	<b>-3%</b>	<b>103,508,910</b>
<b>Other Revenue</b>									
Pharmacies	794,822	629,072	165,750	26%	4,548,689	4,403,507	145,182	3%	3,392,630
Grants	102,548	24,422	78,126	320%	236,413	170,957	65,457	38%	255,192
Other Operating Revenue	71,905	72,772	(867)	-1%	585,917	509,407	76,510	15%	515,283
<b>Total Operating Revenues</b>	<b>17,541,555</b>	<b>17,692,673</b>	<b>(151,118)</b>	<b>-1%</b>	<b>118,005,753</b>	<b>121,723,357</b>	<b>(3,717,604)</b>	<b>-3%</b>	<b>107,672,016</b>
<b>Operating Expenses</b>									
Salaries And Wages	8,054,223	8,437,838	383,615	5%	55,886,496	57,785,525	1,899,029	3%	51,222,153
Employee Benefits	1,720,965	1,855,814	134,849	7%	12,449,501	13,034,934	585,434	4%	11,320,285
Professional Fees	718,440	590,967	(127,473)	-22%	4,879,465	3,693,280	(1,186,185)	-32%	3,657,489
Purchased Services	795,795	1,304,558	508,763	39%	5,930,163	8,907,594	2,977,431	33%	7,757,519
Supplies	3,520,337	3,568,914	48,577	1%	26,336,907	24,662,244	(1,674,663)	-7%	21,939,535
Insurance	156,448	144,466	(11,983)	-8%	1,051,391	1,011,259	(40,132)	-4%	1,010,084
Leases And Rentals	141,345	119,990	(21,355)	-18%	687,125	839,930	152,804	18%	402,644
Depreciation And Amortization	675,576	926,023	250,447	27%	3,759,620	3,598,407	(161,212)	-4%	3,347,398
Repairs And Maintenance	107,603	112,735	5,131	5%	757,736	789,142	31,406	4%	701,046
Utilities	178,690	152,180	(26,509)	-17%	1,113,570	1,062,304	(51,266)	-5%	860,257
Licenses And Taxes	161,433	160,040	(1,393)	-1%	1,275,101	1,120,282	(154,819)	-14%	1,122,262
Other	508,505	341,418	(167,088)	-49%	2,924,967	2,384,924	(540,043)	-23%	1,863,604
<b>Total Operating Expenses</b>	<b>16,739,360</b>	<b>17,714,942</b>	<b>975,582</b>	<b>6%</b>	<b>117,052,041</b>	<b>118,889,824</b>	<b>1,837,783</b>	<b>2%</b>	<b>105,204,276</b>
<b>Operating Income (Loss)</b>	<b>802,194</b>	<b>(22,269)</b>	<b>824,464</b>	<b>-3702%</b>	<b>953,711</b>	<b>2,833,532</b>	<b>(1,879,821)</b>	<b>-66%</b>	<b>2,467,740</b>
<b>Non Operating Revenues (Expenses)</b>									
Taxation For Maint Operations	44,810	45,833	(1,023)	-2%	313,669	320,833	(7,164)	-2%	308,264
Taxation For Debt Service	-	-	-	0%	-	0	-	0%	0
Investment Income	280,782	291,070	(10,288)	-4%	2,254,823	2,037,490	217,333	11%	3,910,264
Interest Expense	(609,467)	(588,257)	(21,210)	-4%	(4,181,941)	(4,117,796)	(64,145)	-2%	(4,099,640)
Bond Issuance Costs	(72,750)	-	(72,750)	0%	(72,750)	0	(72,750)	0%	-
Gain or (Loss) on Disposed Asset	(43,257)	-	(43,257)	0%	8,743	-	8,743	0%	-
Contributions	680,000	513,249	166,751	32%	5,821,677	3,592,741	2,228,935	62%	2,779,439
<b>Total Non Operating Revenues (Expenses)</b>	<b>280,118</b>	<b>261,896</b>	<b>18,222</b>	<b>7%</b>	<b>4,144,221</b>	<b>1,833,269</b>	<b>2,310,952</b>	<b>126%</b>	<b>2,898,327</b>
<b>Change in Net Position (Loss)</b>	<b>1,082,312</b>	<b>239,626</b>	<b>842,686</b>	<b>352%</b>	<b>5,097,932</b>	<b>4,666,801</b>	<b>431,131</b>	<b>9%</b>	<b>5,366,067</b>

STATISTIC DESCRIPTION	JULY 2025						JULY 2024			
	MO	MO BUDGET	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL		VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	708	770	8%	710	771	8%	682	-4%	679	-5%
FTEs - PRODUCTIVE (AVG)	620	696	11%	638	697	8%	590	-5%	608	-5%
ADJUSTED PATIENT DAYS	4,728	4,340	9%	32,482	29,677	9%	4,463	6%	28,637	13%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	73	64	14%	478	436	10%	46	59%	418	14%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	375	365	3%	2,351	2,498	-6%	349	7%	2,456	-4%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	47	21	124%	251	145	73%	10	370%	121	107%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	495	450	10%	3,080	3,078	0%	405	22%	2,995	3%
BIRTHS	8	7	14%	47	46	2%	6	33%	46	2%
SURGERY CASES (IN OR)	145	136	7%	979	966	1%	136	7%	952	3%
SURGERY MINUTES (IN OR)	14,846	13,821	7%	95,032	98,631	-4%	13,919	7%	99,185	-4%
SPECIAL PROCEDURE CASES	118	109	8%	717	745	-4%	106	11%	727	-1%
SURGERY MINUTES (SPECIAL PROCEDURES)	5,174	5,750	-10%	32,367	39,322	-18%	4,890	6%	35,040	-8%
LAB BILLABLE TESTS	23,768	23,781	0%	165,922	162,630	2%	23,110	3%	160,230	4%
BLOOD BANK UNITS MATCHED	48	46	4%	304	316	-4%	33	45%	274	11%
MRIs COMPLETED	244	258	-5%	1,750	1,763	-1%	232	5%	1,719	2%
CT SCANS COMPLETED	777	759	2%	5,196	5,193	0%	725	7%	4,951	5%
RADIOLOGY-DEXA	207	159	30%	1,150	1,090	6%	154	34%	1,073	7%
X-RAYS COMPLETED	1,981	1,817	9%	13,202	12,427	6%	1,940	2%	13,314	-1%
ECHOs COMPLETED	231	199	16%	1,522	1,362	12%	196	18%	1,345	13%
ULTRASOUNDS COMPLETED	404	418	-3%	2,845	2,861	-1%	368	10%	2,778	2%
MAMMOGRAPHS COMPLETED	338	289	17%	2,361	1,975	20%	299	13%	1,912	23%
NUCLEAR MEDICINE TESTS	41	35	17%	261	240	9%	35	17%	232	13%
TOTAL DIAGNOSTIC IMAGING TESTS	4,223	3,935	7%	28,287	26,910	5%	3,949	7%	27,324	4%
PHARMACY MEDS DISPENSED	23,134	21,048	10%	149,107	143,944	4%	22,481	3%	153,333	-3%
PHARMACY INFUSION MEDS DISPENSED	2,175	2,339	-7%	14,919	15,994	-7%	-	0%	-	0%
RETAIL PHARMACY SCRIPTS FILLED	2,323	2,040	14%	15,303	13,950	10%	-	0%	-	0%
ANTI COAG VISITS	273	289	-6%	1,899	1,975	-4%	333	-18%	2,212	-14%
RESPIRATORY THERAPY CHARGE UNITS	2,240	2,973	-25%	12,950	20,329	-36%	2,108	6%	18,528	-30%
PULMONARY REHAB CHARGE UNITS	224	112	100%	1,050	764	37%	108	107%	704	49%
CARDIAC REHAB SESSIONS	200	202	-1%	1,425	1,384	3%	208	-4%	1,240	15%
PHYSICAL THERAPY CHARGE UNITS	7,377	7,409	0%	51,349	50,666	1%	7,554	-2%	50,081	3%
OCCUPATIONAL THERAPY CHARGE UNITS	980	955	3%	5,546	6,534	-15%	971	1%	6,315	-12%
SPEECH THERAPY CHARGE UNITS	236	255	-7%	2,043	1,742	17%	306	-23%	1,690	21%
REHAB/PT/OT/ST	9,017	8,933	1%	61,413	61,091	1%	9,147	-1%	60,030	2%
ER CENSUS	1,446	1,376	5%	9,408	9,409	0%	1,406	3%	8,772	7%
EXPRESS CLINIC	1,179	1,325	-11%	8,302	9,061	-8%	1,352	-13%	8,463	-2%
SOCO PATIENT VISITS	216	228	-5%	1,442	1,562	-8%	203	6%	1,302	11%
PORT LUDLOW PATIENT VISITS	618	639	-3%	4,422	4,367	1%	505	22%	3,858	15%
SHERIDAN PATIENT VISITS	3,249	3,208	1%	21,085	21,937	-4%	2,838	14%	20,539	3%
DENTAL CLINIC	534	634	-16%	3,409	4,334	-21%	500	7%	3,193	7%
WATERSHIP CLINIC PATIENT VISITS	1,202	1,457	-18%	8,645	9,965	-13%	1,158	4%	8,140	6%
TOWNSEND PATIENT VISITS	596	562	6%	3,730	3,845	-3%	594	0%	3,829	-3%
TOTAL RURAL HEALTH CLINIC VISITS	7,594	8,053	-6%	51,035	55,069	-7%	7,150	6%	49,324	3%
CARDIOLOGY CLINIC VISITS	417	516	-19%	2,798	3,527	-21%	478	-13%	3,387	-17%
DERMATOLOGY CLINIC VISITS	844	807	5%	4,773	5,518	-14%	757	11%	4,978	-4%
ENT CLINIC VISITS	-	-	0%	-	-	0%	-	0%	-	0%
GEN SURG VISITS	241	361	-33%	2,135	2,466	-13%	365	-34%	2,449	-13%
NEUROLOGY VISITS	129	136	-5%	994	929	7%	22	486%	109	812%
ONCOLOGY VISITS	352	535	-34%	2,483	3,659	-32%	339	4%	2,704	-8%
ORTHO VISITS	824	698	18%	5,110	4,772	7%	669	23%	4,639	10%
PULMONOLOGY CLINIC VISITS	-	-	0%	-	-	0%	-	0%	-	0%
RHEUMATOLOGY VISITS	30	13	131%	152	87	75%	9	233%	42	262%
SLEEP CLINIC VISITS	182	207	-12%	1,430	1,418	1%	233	-22%	1,435	0%
UROLOGY VISITS	139	212	-34%	1,468	1,452	1%	204	-32%	1,434	2%
JH UROLOGY SERVICES VASECTOMY VISITS	8	13	-38%	52	87	-40%	-	0%	-	0%
OB/GYN CLINIC VISITS	386	371	4%	2,104	2,539	-17%	327	18%	2,458	-14%
WOUND CLINIC VISITS	145	188	-23%	807	1,282	-37%	153	-5%	963	-16%
HANDS/PLASTICS VISITS	236	227	4%	1,392	1,550	-10%	142	66%	1,208	15%
TOTAL SPECIALTY CLINIC VISITS	3,933	4,282	-8%	25,698	29,286	-12%	3,698	6%	25,806	0%
SLEEP CENTER SLEEP STUDIES	62	58	7%	409	397	3%	56	11%	371	10%
INFUSION CENTER VISITS	780	908	-14%	5,024	6,207	-19%	764	2%	5,318	-6%
RADIATION ONCOLOGY VISITS	-	-	0%	-	-	0%	-	0%	-	0%
SURGERY CENTER ENDOSCOPIES	83	76	9%	514	523	-2%	84	-1%	509	1%
HOME HEALTH EPISODES	54	81	-33%	407	556	-27%	80	-33%	547	-26%
HOME HEALTH VISITS	1,284	957	34%	7,975	6,547	22%	886	45%	6,436	24%
HOSPICE CENSUS/DAYS	959	1,076	-11%	7,403	7,360	1%	966	-1%	7,139	4%
HOSPICE VISITS	395	339	17%	2,889	2,317	25%	319	24%	2,283	27%
FOOD AND NUTRITION SERVICES MEALS SERVED	7,245	10,075	-28%	48,781	68,897	-29%	6,929	5%	47,177	3%
MAT MGMT TOTAL ORDERS PROCESSED	2,134	1,923	11%	14,313	13,152	9%	1,679	27%	12,611	13%
REGISTRATION HOSPITAL ACCOUNTS CREATED	8,473	8,707	-3%	57,348	59,547	-4%	-	0%	-	0%
PATIENT ENGAGEMENT CENTER CALLS HANDLED	24,302	18,502	31%	159,528	126,531	26%	-	0%	-	0%
PRE-POST OP RECOVERY CASES	109	99	10%	715	709	1%	106	3%	715	0%
PRE-POST OP RECOVERY MINUTES	4,517	4,139	9%	30,090	29,534	2%	4,145	9%	29,617	2%
ANESTHESIA MINUTES	20,299	18,809	8%	124,842	134,225	-7%	17,976	13%	128,555	-3%
DIABETES EDUCATION AND NUTRITION SERVICES VISITS	42	48	-13%	281	326	-14%	46	-9%	296	-5%

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: July 2025 WARRANT SUMMARY

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

General Fund Warrants & ACH Transfers	<b>\$25,831,567.50</b>	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	<b>\$956,892.00</b>	(Attached)
Canceled Warrants	<b>571.82</b>	(Attached)

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

**TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: July 2025 GENERAL FUND WARRANTS & ACH  
FUND TRANSFERS**

**Submitted for your approval are the following warrants:**

**GENERAL FUND:**

**616470 - 317151 \$8,514,080.95**

**ACH TRANSFERS \$17,317,486.55**

**\$25,831,567.50**

**YEAR-TO-DATE: \$180,695,188.24**

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: July 2025 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	July	July YTD	July YTD BUDGET
Allowance for Uncollectible Accounts:	499,265.00	3,323,144.00	3,821,772.00
Charity Care:	432,349.00	3,233,953.00	2,997,995.00
Other Administrative Adjustments:	25,278.00	279,263.00	383,601.00
	<hr/>		
TOTAL FOR MONTH:	956,892.00	6,836,360.00	7,203,368.00
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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2025-20

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 27<sup>th</sup> day of August, 2025.

APPROVED BY THE COMMISSION:

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

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

Attest:

Commissioner Bruce McComas: \_\_\_\_\_

Commissioner Kees Kolff: \_\_\_\_\_

Commissioner Matt Ready: \_\_\_\_\_

**Meeting:** HHH/PC QAPI Meeting  
**Time:** 9:30 to 11:00 AM  
**Recorder:** Christina Avila

**Date:** 07/29/2025  
**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
X	Dr. Joseph Mattern, Medical Director	E	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	Krystal Brock-Farrington Business Operations Manager	E	Terri Neal Home Health Physical Therapist	X	Robin Bruckschen URQN
X	Brittany Shrout URQN	X	Christina Avila Accreditation and Quality Specialist				

Topic/Discussion
<p><b>Review:</b></p> <ul style="list-style-type: none"> <li>-Patient Satisfaction/Grievance/Comments/Compliments</li> <li>-Incident Reports</li> <li>-Infection Control Log</li> <li>-Focus Group Audit Summary</li> </ul> <p>The meeting began at 9:30 AM. Christina shared the agenda and slideshow presentation (see slides). Christina noted that the current system for reporting incidents, infections, and falls is difficult to track accurately. Dani Pangrazi has been in contact recently and is working on improving methods for tracking. David asked if Christina S. had ideas about this report. Christina A. confirmed that there are no reports to export, and there are issues with consistency in reporting issues because of the method of reporting. David recommended creating a paper chart to enter into a spreadsheet at each IDT and have Christina create tracking spreadsheet in excel. Christina added that this would provide an opportunity to discuss unwitnessed falls and shared that the last surveyor for the Home Health ACHC survey recommended a monthly record, so this aligns with best practice. Krystal and Lisa stated that RL Datix is not going to be accurate, but there may be a way to adjust parameters in Epic to make a better report. Christina suggested monitoring this for the next few months and incorporating in focus group audits as needed.</p> <p><b>Action:</b> Christina to follow up on weekly paper charting for incidents, falls, and infections.</p> <p>Christina shared the Home Health and Hospice comments on the computer and confirmed that she would send the comments to the group. Discussion ensued. Dr. Mattern asked if there is a debrief for the negative comments in a formal setting for follow-up and monitoring. David confirmed that follow-up</p>

occurs in an informal setting. Dr. Mattern suggested creating a formal follow-up on these comments. David pointed out that not all of the comments are trackable to each patient because many comments are anonymous. Lisa requested a copy of the comments to provide positive feedback for staff.

**Action:** Christina to send Home Health and Hospice comments to the group.

Christina shared that the ACHC survey is complete, and that our plan of correction has been accepted. The plan of correction has been integrated into the weekly focus group and weekly audits are being completed. Christina will share the audit results summary at the next QAPI meeting.

#### Review Progress of Current Hospice Goals

- Patient Informed About When Staff Would Arrive
- Visits in Final Days of Life
- Get Care When Needed
- Did Your Family Get Help When Needed for Pain or Trouble Breathing?

Christina shared that the score for “patient informed about when staff would arrive” has increased in Q2 from 83.3% to 100%. Christina shared that the score for “did your family get help when needed” went up from 62.5% to 100% but pointed out that there may not have been as many holidays in this quarter. David confirmed that with 36 responses this is a good indicator of growth and shared that this is likely a result of the new staff schedule. Christina confirmed that the score for “visits in the final days of life” is exactly the same as last quarter, so the score may not have been updated yet.

Dr. Mattern stated that he is hopeful that these scores will remain at 100% but is concerned with the approach of the clinicians when a visit after hours is necessary. He encouraged reminders for staff of approach to change from “would you like me to come visit” to “I am going to come out to visit” and family can refuse if they would like. Dr. Mattern recommended the use of video chat technology for after-hours’ triaging. He stated that this has been a helpful tool in the clinic setting and may be more utilized by family than a full visit. Lisa stated that IT would need to approve that functionality for the clinician’s phones.

**Action:** David to follow up with IT on request to initiate video chat technology for clinicians.

David shared that we signed up for a Telehealth grant but is not sure if the grant is still active and has not heard any updates on this application. Christina asked if the grants administrator has been brought into the discussion for an update.

**Action:** Christina to follow up with grants administrator regarding telehealth grant application.

Christina shared that the score for “did your family get help when needed for trouble breathing” increased in Q2 from 40% to 100%. Christina noted that there was no score for Q2 for “did your family get help when needed for pain”. The group noted that this could be due to no responses during the survey this quarter.

Dr. Mattern shared that he is going to do a presentation on symptom management at the end of life for the symposium. This education will be for all home health and hospice staff. The group confirmed that Dr. Mattern’s last training session was well received by staff.

### Review of Current Palliative Care Goals

#### -Palliative Care Coordination with Cancer Center

David shared that there were five palliative patients who died on services last month, and three urgent admits last week from Palliative Care to Hospice. He asked if the group has any suggestions for preventing this in the future. Dr. Mattern stated that it is difficult to encourage patients to switch from Palliative Care to Hospice, even when it is in their best interest. Dr. Mattern stated that getting into Oncology is likely to help because discussions do not happen when they are admitting to services and declining quickly. David recommended including case management in this discussion as they integrate in the Palliative Care program. Christina shared that she and Jill are working on marketing materials for the Hospice program and could integrate information for the difference between Palliative Care and Hospice care in this new material. David stated that with the new Linac machine, we may be able to do some comfort-based radiation on a case-by-case basis. Dr. Mattern stated that he thinks we should use Palliative Care for anything that is radiation treatment based.

David shared that our next step in coordination with the Cancer Center will be to schedule a meeting to review the program with providers from both the Cancer Center and Palliative Care.

**Action:** Christina to schedule coordination meeting.

### Review Progress of Current Home Health Goals

#### -Creating a Team Approach to Care Management/Nursing Consistency of Care -Improvement in Ambulation, Dyspnea, Management of Oral Meds, and OASIS Accuracy

David shared that the goal “creating a team approach to care management/nursing consistency of care” has been a long-term goal that is coming to a close. The last step for this goal is to engage the Home Health nurses to do their own starts of care. David confirmed that nurses have requested this change also and that this will likely be more efficient for the nurses. Christina asked if the change in nurses doing their own starts of care could help with scheduling preferences. David confirmed that this will likely assist with the current scheduling goals.

Christina confirmed that the Home Health program is still at 2 out of 5 stars. The score for “improvement in ambulation” increased to 76% and “improvement in dyspnea” increased to 77.9%. Lisa requested that scores for previous quarters be included for these metrics moving forward. David shared that a lot of this is due to inaccurate OASIS rating at the start of care. He recommended the URQN group doing initial reviews of the OASIS rating for accuracy moving forward. David shared that he will have an unexpected leave of absence in the near future and will require Lisa and URQNs to monitor these processes during that time. Christina shared that there are a couple of nurses who are interested in becoming OASIS certified. David stated that he would like to have Robin and Brittany OASIS certified and would like to know which nurses would like to be certified.

Dr. Mattern stated that he is unfamiliar with the Home Health OASIS process and would like to know the requirements and tools for this process. He asked if there are resources for learning more about this

process. David confirmed that the questions for OASIS jump from psychosocial questions to clinical questions to population health questions, and this makes accurate scoring difficult. Lisa confirmed that this is not a clinically minded tool but is a data collection tool and confirmed that clinicians tend to answer this tool with a clinical mindset. Lisa shared that she and Terri completed a new care plan for COPD which mirrors Dr. Mattern's education on this topic. Dr. Mattern offered to review this with Lisa. Lisa offered to go over the next care plan together for CHF.

**Action:** Lisa and Dr. Mattern to review CHF care plan.

The meeting concluded at 10:29 AM.

**Next meeting:** October 21, 2025

DRAFT