

**Wednesday, February 25, 2026
2:00 pm**

Audio Only: dial Phone Conference Line: **(509) 598-2842**
When prompted, enter Conference ID number: **321 942 849#**
Microsoft Teams meeting: Join live on your computer or mobile app.
[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 Dirksen Conference Room at 834 Sheridan Street. Limited seating is available.

TIME	WELCOME	WHO
2:00pm	Call to Order	Commissioner McComas
	Approve Agenda	Board of Commissioners
	FOCUS REPORT	
2:05pm	Patient Story	Tina Toner, CNO
	PUBLIC COMMENT	
2:10pm	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.	
	ACTION REQUESTED	
2:15pm	Action Requested <ul style="list-style-type: none"> • January 28, 2026, Regular Session Minutes (pgs3-6) • Medical Staff Credentials / Appointments / Reappointments (pgs 7-9) 	Board of Commissioners
	CONSENT AGENDA	
2:20pm	Required Approvals: Action Requested <ul style="list-style-type: none"> • Resolution 2026-05 Canceled Warrants (pgs 10-16) • Resolution 2026-06 Surplus Equipment (pgs 17-23) • Resolution 2026-07 Q1 QAPI Plan (pgs 24-28) • January Warrants and Adjustments 	Board of Commissioners
	STANDING REPORTS	
2:30pm	<ul style="list-style-type: none"> • Quality Report • Financial Report • Advocacy Report • Administrative Report • CMO Report 	Brandie Manuel, CPSQO
2:40pm		Tyler Freeman, CFO
2:50pm		Elise Wright
3:00pm		Mike Glenn, CEO
3:10pm		Dr. Butterfield, CMO
	BOARD BUSINESS	
3:20pm	<ul style="list-style-type: none"> • Board Report • Committee Assignments • Meeting Evaluation 	Board of Commissioners
3:30pm		Board of Commissioners
3:35pm		Board of Commissioners
	EXECUTIVE SESSION	
3:40	To discuss with legal counsel representing the agency matters relating to agency enforcement actions, or to discuss with legal counsel representing the agency litigation or potential litigation to which the	Board of Commissioners

	agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the agency, as allowed by RCW 42.30.110(i)	
	CONCLUDE	
4:15	Conclude	Board of Commissioners

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

DRAFT

Wednesday, January 28, 2026

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WELCOME	Who:
<p>Call to Order The meeting was called to order at 2:00pm by Board Vice Chair Dressler. Commissioners in attendance included Commissioners Rhoden, Kolff, McComas, and Ready. Also, in attendance were Mike Glenn, CEO; Jake Davidson, COO; Tina Toner, CNO; Brandie Manuel, CPSQO; Brittany Huntingford, Executive Assistant; and Skip Houser, Attorney of Budd Bay Law. Commissioner Dressler Welcomed new Board Member Patty Rhoden</p> <p>This meeting was officially recorded by Jefferson Healthcare.</p>	Commissioner Dressler
<p>Approve Agenda Commissioner Kolff motioned to accept the agenda with the following amendment, add a break before Board Business, Commissioner Kolff also requested that we hold the Board Business section until 3pm when East Jefferson Fire and Rescue and PT School District will arrive to speak about their Levy Lid Lifts and Bond requests Commissioner McComas seconded. Action: Motion passed as amended.</p>	Board of Commissioners
<p>Patient Story Tina Toner, Chief Nursing Officer, shared with the board a patient story for January, focused on Experience in the ED as well as in the In Patient Unit.</p>	Tina Toner, CNO
PUBLIC COMMENT	
<p>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.</p> <p>There was no public comment</p>	
ACTION REQUESTED	
<p>Election of Officers Commissioner Kolff made a motion to nominate Commissioner McComas as Board Chair, Commissioner Rhoden seconded. Action: Motion passed unanimously</p> <p>Commissioner McComas made a motion to nominate Commissioner Dressler as Board Secretary, Commissioner Kolff seconded.</p>	

<p>Action: Motion passed unanimously Minutes: Action Requested</p> <ul style="list-style-type: none"> • December 17, 2025, Special Session Minutes • January 15, 2026, Special Session Minutes • Medical Staff Credentials / Appointments / Reappointments <p>Commissioner McComas asked if there are any amendments to be made. No discussion or amendments were made. The minutes from December 17th Special Session minutes, January 15th Special Session minutes and Medical Staff Credentials are approved as presented.</p> <p>Commissioner Ready made a motion to amend the November 19th Special Session minutes to clarify that the attorney Jeffry Myers retained by the commission in the current OPMA lawsuit does not and never did represent Commissioner Matt Ready personally, and that any prior implication otherwise was inadvertent and is hereby corrected for the record. Commissioner Kolff seconded.</p> <p>Action: Motion passes with 4 ayes and 1 abstention.</p>	
CONSENT AGENDA	
<p>Required Approvals: Action Requested</p> <ul style="list-style-type: none"> • Resolution 2026-01 Canceled Warrants • Resolution 2026-02 Surplus Equipment • Resolution 2026-03 Q1 QAPI • November & December Warrants and Adjustments • Annual Hospice Report & Quarterly QAPI Plan <p>Commissioner Dressler made a motion to approve the Required Approvals. Commissioner Kolff seconded.</p> <p>Action: Motion passed unanimously.</p>	Board of Commissioners
STANDING REPORTS	
<ul style="list-style-type: none"> • Quality Report <p>Brandie Manuel, Chief Patient Safety & Quality Officer, gave the January quality report which included a recap of 2025 focusing on Culture of Safety, 2025 Performance, 2025 Patient Experience, and a2025 Annual Summary. Discussion ensued.</p> <ul style="list-style-type: none"> • Financial Report <p>Donna Lipskey, Controller, presented the November and December Financial Report which included a review of our statistics, income statement, cash and accounts receivable. Discussion ensued.</p> <ul style="list-style-type: none"> • Administrative Report <p>Mike Glenn, Chief Executive Officer, welcomed Elise Wright, Population Health and Government Advocacy Manager, who provided an update on Advocacy with a focus on What we've been up to in the last month, What We're Watching.</p> <p>Commissioner Kolff moved that we pivot to the Board Business that we have the guest speakers for, Commissioner Ready seconded.</p> <p>Action: The motion passes unanimously.</p>	<p>Brandie Manuel, CPSQO</p> <p>Tyler Freeman, CFO</p> <p>Mike Glenn, CEO</p>
BOARD BUSINESS	

<ul style="list-style-type: none"> • Consider Jefferson County Fire Protection District No. 1 (East Jefferson Fire Rescue) Proposition No. 1 Levy Lid Lift & Proposition No. 2 Emergency Medical Services Levy Lid Lift <ul style="list-style-type: none"> ○ Public Comment <p>There was no public comment.</p> <p>Commissioner Kolff made a motion to support and endorse both Jefferson County Fire Protection District No. 1 (East Jefferson Fire Rescue) Proposition No. 1 Levy Lid Lift & Proposition No. 2 Emergency Medical Services Levy Lid Lift, Commissioner Ready seconded.</p> <p>Action: Motion passed unanimously.</p> <ul style="list-style-type: none"> • Consider Port Townsend School District No. 50 Proposition No. 1 Bonds to Renovate Aging Schools and Improve Safety <ul style="list-style-type: none"> ○ Public Comment <p>There was no public comment.</p> <p>Commissioner Kolff made a motion to support and endorse the Port Townsend School District No. 50 Proposition No. 1 Bonds to Renovate Aging Schools and Improve Safety, Commissioner Dressler seconded.</p> <p>Action: Motion passed unanimously.</p>	
<p>Break</p> <p>Commissioners recessed for break at 3:30 pm Commissioners reconvened from break at 3:40 pm</p>	
STANDING BUSINESS	
<p>Mike Glenn, Chief Executive Officer, also shared an update on the strategic plan with the addition of 2 tactics focused on population health as requested at the 01.15.2026 Board Retreat. CEO Glenn also shared updates on DC & Olympia, HR1 Mitigation Planning, Exciting Happenings, and the Employee Services Gala last week.</p> <ul style="list-style-type: none"> ○ Strategic Plan <p>Commissioner Dressler moved to accept the strategic plan with the two additions around population health as noted today and reviewed at the Board Retreat. Commissioner Rhoden seconded.</p> <p>Action: Motion passed unanimously</p>	
BOARD BUSINESS	
<ul style="list-style-type: none"> • Board Report <p>There were no board reports at this time</p> <ul style="list-style-type: none"> • Annual Agenda Assessment (as per board book) <p>This will be reviewed in March.</p> <ul style="list-style-type: none"> • Adopt Board Book <p>Commissioner Dressler moved to accept the board book as reviewed at the retreat. Commissioner Kolff seconded.</p> <p>Action: Motion passed unanimously.</p> <ul style="list-style-type: none"> • Resolution 2026-04 Regular Board Meeting Schedule for 2026 <p>Commissioner Kolff moved to accept Resolution 2026-01 Regular Board Meeting Schedule for 2026. Commissioner Ready seconded.</p> <p>Action: Motion passed unanimously.</p>	Board of Commissioners

<ul style="list-style-type: none"> • Review/Adopt Administrative Committee Assignments Discussion ensued. • Agenda Evaluation Discussion ensued. 	
CONCLUDE	
<ul style="list-style-type: none"> • Conclude Commissioner Kolff made a motion to conclude the meeting. Commissioner Dressler seconded. Action: Motion passed unanimously. Meeting concluded at 4:18pm. Approved by the Commission: Chair of Commission: Bruce McComas _____ Secretary of Commission: Marie Dressler 	Board of Commissioners

This Regular Session will be officially recorded.

FROM: Medical Staff Services
RE: 2/17/26 Medical Executive Committee appointments/reappointments for Board approval 2/25/2026

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. Nadenik, Scott, DO - ENT/Otolaryngology

Allied Initial Appointments

1. N/A

Courtesy Initial Appointments

1. Casper, David, MD - TeleRadiology - REAL RADS

Locums Tenens

1. N/A

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

1. Haycox, Claire, MD - Dermatology
2. Harris, Tracie, MD - Hospital Medicine - Internal Medicine
3. Mendez Escobar, Ivan, MD – Hospital Medicine – Internal Medicine

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

1. Anderson, Taylor, MD - Neurology - Providence
2. Blum, Elyse, MD - Diagnostic Radiology - SKAGIT
3. Choffel, Jeffrey, RPA - Diagnostic Radiology - SKAGIT
4. Iancu, Mihai, MD - Diagnostic Radiology - SKAGIT
5. Oveian, Margarita, MD - Teleneurology – PROVIDENCE

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

1. Christensen, Sara, PA-C - Certified Physician Assistant

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

New/Recommended POCUS Privileges:

1. N/A

FROM: Medical Staff Services
RE: **2/17/26** Medical Executive Committee appointments/reappointments for Board approval **2/25/2026**

C-0241

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Medical Student Rotation:

1. N/A

Disaster Privileging

1. N/A

Added Privileging

1. Brown, Robert, MD – Diagnostic Radiology - Mammography Interpretation, Stereotactic Breast Biopsy

90-day provisional performance review completed successfully:

1. Chang, Sean, MD - TeleRadiology - REAL RADS
2. Zhu, Brian, MD - TeleRadiology - REAL RADS
3. Shoujaa, Adham, MD - TeleRadiology - REAL RADS
4. Yan, Tony, DDS - Dental Clinic
5. Johnson, Germaine, MD - TeleRadiology - SKAGIT
6. Kosanda, Scott, CRNA - Anesthesia
7. Naseem, Nishath, MD - Teleneurology - PROVIDENCE
8. Stella, Michael, MD - TeleRadiology - REAL RADS
9. Jenkins, Melissa, FNP - Nurse Practitioner Oncology
10. Suh, Jason, MD - Medical Oncology

Resignations:

1. Schroetlin, Renee - MD - Emergency Medicine - Termed 2/6/2026
2. Euler, Dillon, MD - Psychiatry – ARRAY – Termed 1/7/2026
3. Pinchuck, Curt, MD - Psychiatry – ARRAY – Termed 1/7/2026
4. Alter, Mark, MD - Psychiatry – ARRAY – Termed 1/26/2026
5. Allen, Mary, ARNP - Wound Care – Termed 1/31/26
6. Chaney, Heide, ARNP – Cardiology – Termed 1/31/26
7. Pairitz, Anita, MD – Psychiatry – ARRAY Termed 1/28/26

FROM: Medical Staff Services
RE: **2/17/26** Medical Executive Committee appointments/reappointments for Board approval **2/25/2026**

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Policies and Privileges

Annual Review of Policies

1. N/A

Revised Policies

1. Chaperone Policy-Draft
2. POCUS Credentialing Policy Change recommendation

Annual Med Staff Policy Review

1. N/A

New Policies

1. N/A

Med Staff Delineation of Privileges Review

1. N/A

New Privileges

1. N/A

Annual Review of Privileges

1. N/A

Revised/Updated Privileges

1. Physician Assistant - Certified Delineation of Privileges

Annual P&T Committee Policies/Reports

1. N/A

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
RESOLUTION 2026-05

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$4,612.19

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 \$4,612.19 to be canceled.

Date of Issue	Warrant #	Amount
11.14.2024	311881	2,668.00
12.12.2024	312505	400.00
01.04.2024	304581	888.00
01.04.2024	304615	146.28
01.25.2024	305049	509.91
Total		\$4,612.19

APPROVED this 25th day of February 2026.

APPROVED BY THE COMMISSION:

Commission Chair Bruce McComas: _____

Commissioner Marie Dressler: _____

Attest:

Commissioner Patty Rhoden: _____

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: January 2026 WARRANT SUMMARY

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

General Fund Warrants & ACH Transfers	\$22,954,213.22	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	\$991,591.00	(Attached)
Canceled Warrants	4,612.19	(Attached)

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: January 2026 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

319327 - 319831 4,743,991.84

ACH TRANSFERS \$18,210,221.38

\$22,954,213.22

YEAR-TO-DATE: \$22,954,213.22

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

Submitted for your approval are the following:

	January	January YTD	January YTD BUDGET
Allowance for Uncollectible Accounts:	484,565.00	484,565.00	521,199.00
Charity Care:	443,374.00	443,374.00	536,452.00
Other Administrative Adjustments:	63,652.00	63,652.00	3,982.00
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TOTAL FOR MONTH:	991,591.00	991,591.00	1,061,633.00
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DRAFT

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: TYLER FREEMAN, CFO
RE: January 2026 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
11/14/2024	311881 FBO HOSPITAL DISTRICT #2	2,668.00
12/12/2024	312505 FBO HOSPITAL DISTRICT #2	400.00
01/04/2024	304581 FBO HOSPITAL DISTRICT #2	888.00
01/04/2024	304615 FBO HOSPITAL DISTRICT #2	146.28
01/25/2024	305049 FBO HOSPITAL DISTRICT #2	509.91

Gross Revenue

	January 2026 Actual	January 2026 Budget	Variance Favorable/ (Unfavorable)	%	January 2026 YTD	January 2026 Budget YTD	Variance Favorable/ (Unfavorable)	%	January 2025 YTD
Inpatient Revenue	3,998,463	3,988,621	9,843	0%	3,998,463	3,988,621	9,843	0%	3,716,731
Outpatient Revenue	36,784,929	37,640,844	(855,914)	-2%	36,784,929	37,640,844	(855,914)	-2%	33,913,182

Total Gross Revenue

	40,783,393	41,629,464	(846,072)	-2%	40,783,393	41,629,464	(846,072)	-2%	37,629,913
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Revenue Adjustments

Cost Adjustment Medicaid	2,558,882	2,380,569	(178,313)	-7%	2,558,882	2,380,569	(178,313)	-7%	2,247,393
Cost Adjustment Medicare	16,245,737	16,401,331	155,594	1%	16,245,737	16,401,331	155,594	1%	14,257,541
Charity Care	443,374	536,452	93,078	17%	443,374	536,452	93,078	17%	541,159
Contractual Allowances Other	3,635,997	3,445,111	(190,886)	-6%	3,635,997	3,445,111	(190,886)	-6%	3,259,060
Administrative Adjustments	63,652	82,818	19,166	23%	63,652	82,818	19,166	23%	40,636
Allowance for Uncollectible Accounts	484,565	521,199	36,634	7%	484,565	521,199	36,634	7%	244,041

Total Revenue Adjustments

	23,432,207	23,367,480	(64,727)	0%	23,432,207	23,367,480	(64,727)	0%	20,589,830
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Net Patient Service Revenue

	17,351,186	18,261,985	(910,799)	-5%	17,351,186	18,261,985	(910,799)	-5%	17,040,083
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Other Revenue

Pharmacies	886,537	700,209	186,328	27%	886,537	700,209	186,328	27%	558,499
Grants	16,658	34,789	(18,131)	-52%	16,658	34,789	(18,131)	-52%	47,680
Other Operating Revenue	94,258	193,394	(99,135)	-51%	94,258	193,394	(99,135)	-51%	72,934

Total Operating Revenues

	18,348,639	19,190,376	(841,737)	-4%	18,348,639	19,190,376	(841,737)	-4%	17,719,195
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Operating Expenses

Salaries And Wages	9,456,365	9,212,682	(243,683)	-3%	9,456,365	9,212,682	(243,683)	-3%	8,345,835
Employee Benefits	2,492,953	2,064,850	(428,103)	-21%	2,492,953	2,064,850	(428,103)	-21%	1,761,578
Professional Fees	283,297	964,663	681,366	71%	283,297	964,663	681,366	71%	659,281
Purchased Services	908,516	569,380	(339,136)	-60%	908,516	569,380	(339,136)	-60%	929,498
Supplies	4,027,603	4,004,843	(22,761)	-1%	4,027,603	4,004,843	(22,761)	-1%	4,305,031
Insurance	175,456	163,333	(12,123)	-7%	175,456	163,333	(12,123)	-7%	149,720
Leases And Rentals	60,283	61,761	1,479	2%	60,283	61,761	1,479	2%	60,192
Depreciation And Amortization	822,554	801,194	(21,360)	-3%	822,554	801,194	(21,360)	-3%	478,471
Repairs And Maintenance	198,955	111,987	(86,968)	-78%	198,955	111,987	(86,968)	-78%	112,235
Utilities	210,083	167,274	(42,809)	-26%	210,083	167,274	(42,809)	-26%	159,739
Licenses And Taxes	143,634	200,762	57,127	28%	143,634	200,762	57,127	28%	156,701
Software	442,445	449,471	7,026	2%	442,445	449,471	7,026	2%	146,013
Other	150,700	248,102	97,402	39%	150,700	248,102	97,402	39%	142,615

Total Operating Expenses

	19,372,845	19,020,302	(352,543)	-2%	19,372,845	19,020,302	(352,543)	-2%	17,406,911
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Operating Income (Loss)

	(1,024,206)	170,074	(1,194,280)	-702%	(1,024,206)	170,074	(1,194,280)	-702%	312,284
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Non Operating Revenues (Expenses)

Taxation For Maint Operations	-	46,442	(46,442)	-100%	-	46,442	(46,442)	-100%	44,810
Taxation For Debt Service	-	-	-	0%	-	0	-	0%	0
Investment Income	194,707	294,165	(99,459)	-34%	194,707	294,165	(99,459)	-34%	389,162
Interest Expense	(608,071)	(605,150)	(2,921)	0%	(608,071)	(605,150)	(2,921)	0%	(589,844)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	-
Gain or (Loss) on Disposed Asset	(45,083)	-	(45,083)	0%	(45,083)	-	(45,083)	0%	-
Contributions	10,293	100,182	(89,888)	-90%	10,293	100,182	(89,888)	-90%	591,000

Total Non Operating Revenues (Expenses)

	(448,154)	(164,361)	(283,793)	173%	(448,154)	(164,361)	(283,793)	173%	435,128
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Change in Net Position (Loss)

	(1,472,359)	5,713	(1,478,072)	-25872%	(1,472,359)	5,712	(1,478,072)	-25876%	747,413
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STATISTIC DESCRIPTION	JANUARY 2026						JANUARY 2025			
	MO	MO	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	747	796	6%	747	796	6%	696	-7%	696	-7%
FTEs - PRODUCTIVE (AVG)	667	705	5%	667	705	5%	628	-6%	628	-6%
ADJUSTED PATIENT DAYS	4,843	4,754	2%	4,843	4,754	2%	4,863	0%	4,863	0%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	59	68	-13%	59	68	-13%	82	-28%	82	-28%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	356	348	2%	356	348	2%	367	-3%	367	-3%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	64	47	36%	64	47	36%	13	392%	13	392%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	479	463	3%	479	463	3%	462	4%	462	4%
BIRTHS	6	5	20%	6	5	20%	5	20%	5	20%
SURGERY CASES (IN OR)	171	134	28%	171	134	28%	132	30%	132	30%
SURGERY MINUTES (IN OR)	16,118	13,429	20%	16,118	13,429	20%	13,679	18%	13,679	18%
ENDOSCOPY SERVICES CASES	110	102	8%	110	102	8%	116	-5%	116	-5%
SURGERY MINUTES (ENDOSCOPY SERVICES)	4,593	4,594	0%	4,593	4,594	0%	5,505	-17%	5,505	-17%
LAB BILLABLE TESTS	26,637	24,780	7%	26,637	24,780	7%	24,795	7%	24,795	7%
BLOOD BANK UNITS MATCHED	41	45	-9%	41	45	-9%	34	21%	34	21%
MRIs COMPLETED	254	278	-9%	254	278	-9%	270	-6%	270	-6%
CT SCANS COMPLETED	719	760	-5%	719	760	-5%	742	-3%	742	-3%
RADIOLOGY-DEXA	131	162	-19%	131	162	-19%	142	-8%	142	-8%
X-RAYS COMPLETED	1,788	1,922	-7%	1,788	1,922	-7%	2,009	-11%	2,009	-11%
ECHOs COMPLETED	220	219	0%	220	219	0%	242	-9%	242	-9%
ULTRASOUNDS COMPLETED	379	419	-10%	379	419	-10%	436	-13%	436	-13%
MAMMOGRAPHS COMPLETED	505	648	-22%	505	648	-22%	340	49%	340	49%
NUCLEAR MEDICINE TESTS	43	38	13%	43	38	13%	36	19%	36	19%
TOTAL DIAGNOSTIC IMAGING TESTS	4,039	4,446	-9%	4,039	4,446	-9%	4,217	-4%	4,217	-4%
PHARMACY MEDS DISPENSED	23,256	22,468	4%	23,256	22,468	4%	21,450	8%	21,450	8%
PHARMACY INFUSION MEDS DISPENSED	2,658	2,230	19%	2,658	2,230	19%	2,139	24%	2,139	24%
RETAIL PHARMACY SCRIPTS FILLED	2,577	2,251	14%	2,577	2,251	14%	2,068	25%	2,068	25%
SPECIALTY PHARMACY SCRIPTS FILLED	66	75	-12%	66	75	-12%	-	0%	-	0%
ANTI COAG VISITS	242	249	-3%	242	249	-3%	277	-13%	277	-13%
RESPIRATORY THERAPY CHARGE UNITS	2,745	2,040	35%	2,745	2,040	35%	2,034	35%	2,034	35%
PULMONARY REHAB CHARGE UNITS	172	140	23%	172	140	23%	132	30%	132	30%
CARDIAC REHAB SESSIONS	204	419	-51%	204	419	-51%	199	3%	199	3%
PHYSICAL THERAPY CHARGE UNITS	8,508	7,531	13%	8,508	7,531	13%	7,181	18%	7,181	18%
PHYSICAL THERAPY CHARGE UNITS - DISCOVERY REHAB	-	1,358	-100%	-	1,358	-100%	-	0%	-	0%
OCCUPATIONAL THERAPY CHARGE UNITS	910	815	12%	910	815	12%	572	59%	572	59%
SPEECH THERAPY CHARGE UNITS	168	285	-41%	168	285	-41%	325	-48%	325	-48%
REHAB/PT/OT/ST	9,962	10,549	-6%	9,962	10,549	-6%	8,409	18%	8,409	18%
ER CENSUS	1,303	1,410	-8%	1,303	1,410	-8%	1,314	-1%	1,314	-1%
EXPRESS CLINIC	1,178	1,270	-7%	1,178	1,270	-7%	1,233	-4%	1,233	-4%
SOCO PATIENT VISITS	245	251	-2%	245	251	-2%	194	26%	194	26%
PORT LUDLOW PATIENT VISITS	620	704	-12%	620	704	-12%	632	-2%	632	-2%
SHERIDAN PATIENT VISITS	3,198	3,237	-1%	3,198	3,237	-1%	3,220	-1%	3,220	-1%
DENTAL CLINIC	558	615	-9%	558	615	-9%	515	8%	515	8%
WATERSHIP CLINIC PATIENT VISITS	1,359	1,220	11%	1,359	1,220	11%	1,402	-3%	1,402	-3%
TOWNSEND PATIENT VISITS	512	537	-5%	512	537	-5%	454	13%	454	13%
TOTAL RURAL HEALTH CLINIC VISITS	7,670	7,834	-2%	7,670	7,834	-2%	7,650	0%	7,650	0%
CARDIOLOGY CLINIC VISITS	361	393	-8%	361	393	-8%	371	-3%	371	-3%
DERMATOLOGY CLINIC VISITS	608	1,071	-43%	608	1,071	-43%	682	-11%	682	-11%
ENT CLINIC VISITS	-	-	0%	-	-	0%	-	0%	-	0%
GEN SURG VISITS	326	322	1%	326	322	1%	350	-7%	350	-7%
NEUROLOGY VISITS	116	211	-45%	116	211	-45%	128	-9%	128	-9%
ONCOLOGY VISITS	407	483	-16%	407	483	-16%	367	11%	367	11%
ORTHO VISITS	804	708	14%	804	708	14%	770	4%	770	4%
INFECTIOUS DISEASE CLINIC VISITS	25	32	-22%	25	32	-22%	-	0%	-	0%
PULMONOLOGY CLINIC VISITS	275	311	-12%	275	311	-12%	-	0%	-	0%
RHEUMATOLOGY VISITS	48	29	66%	48	29	66%	24	100%	24	100%
SLEEP CLINIC VISITS	203	210	-3%	203	210	-3%	216	-6%	216	-6%
UROLOGY VISITS	257	228	13%	257	228	13%	190	35%	190	35%
JH UROLOGY SERVICES VASECTOMY VISITS	15	8	88%	15	8	88%	8	88%	8	88%
OB/GYN CLINIC VISITS	360	321	12%	360	321	12%	265	36%	265	36%
WOUND CLINIC VISITS	118	113	4%	118	113	4%	102	16%	102	16%
HANDS/PLASTICS VISITS	161	206	-22%	161	206	-22%	201	-20%	201	-20%
TOTAL SPECIALTY CLINIC VISITS	4,084	4,645	-12%	4,084	4,645	-12%	3,674	11%	3,674	11%
SLEEP CENTER SLEEP STUDIES	65	57	14%	65	57	14%	51	27%	51	27%
INFUSION CENTER VISITS	822	762	8%	822	762	8%	745	10%	745	10%
RADIATION ONCOLOGY TREATMENTS	137	163	-16%	137	163	-16%	-	0%	-	0%
SURGERY CENTER ENDOSCOPIES	70	72	-3%	70	72	-3%	73	-4%	73	-4%
HOME HEALTH EPISODES	67	87	-23%	67	87	-23%	67	0%	67	0%
HOME HEALTH VISITS	1,164	1,150	1%	1,164	1,150	1%	1,062	10%	1,062	10%
HOSPICE CENSUS/DAYS	1,504	1,302	16%	1,504	1,302	16%	1,229	22%	1,229	22%
HOSPICE VISITS	519	438	18%	519	438	18%	412	26%	412	26%
FOOD AND NUTRITION SERVICES MEALS SERVED	12,872	13,961	-8%	12,872	13,961	-8%	7,088	82%	7,088	82%
MAT MGMT TOTAL ORDERS PROCESSED	2,722	2,083	31%	2,722	2,083	31%	2,085	31%	2,085	31%
REGISTRATION HOSPITAL ACCOUNTS CREATED	8,475	8,833	-4%	8,475	8,833	-4%	8,388	1%	8,388	1%
PATIENT ENGAGEMENT CENTER CALLS HANDLED	26,413	28,949	-9%	26,413	28,949	-9%	24,119	10%	24,119	10%
PRE-POST OP RECOVERY CASES	105	97	8%	105	97	8%	97	8%	97	8%
PRE-POST OP RECOVERY MINUTES	4,653	4,067	14%	4,653	4,067	14%	4,305	8%	4,305	8%
ANESTHESIA MINUTES	20,164	18,023	12%	20,164	18,023	12%	18,293	10%	18,293	10%
DIABETES EDUCATION AND NUTRITION SERVICES VISITS	28	40	-30%	28	40	-30%	43	-35%	43	-35%
PALLIATIVE CARE QOL ENCOUNTERS	112	82	37%	112	82	37%	74	51%	74	51%

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2026-02

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 #
Thermedx Fluid Management	OR0600	20230093	P2000
IH Incubator L	LAB03712	2000179	
Bio Rad IH Reader 24	LAB03711	13639775	
Stago Compact Max	LAB0063	CF76113068	
Siemens Clintek Novus	LAB0056 19-0027	5002881	
Stago Compact Max		CF76113074	

APPROVED this 28th day of January 2026.

APPROVED BY THE COMMISSION:

Commission Chair Bruce McComas: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Patty Rhoden: _____

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

Jefferson County Public Hospital District #2
Surplus Equipment Form

Department: Port Ludlow Date: 1/28/2026

Equipment to be declared surplus: _____

Asset Number: RAD PRO URS Serial Number: KR26HM6801214A100IG4K000

Model Number: SDR-OGTAS0B

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: \$ 0

m. Blanton
Department Director Signature

Mark Simpson
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 #2
Surplus Equipment Form

Department: 7070 Lab Date: 2/5/24

Equipment to be declared surplus: IH - Incubator L

Asset Number: LAB03712 Serial Number: 2000179

Model Number: _____

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: \$ 0

[Signature]
Department Director Signature

[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 #2
Surplus Equipment Form

Department: 7070 - Lab Date: 2/5/26

Equipment to be declared surplus: Bio-Rad IH-Reader 24

Asset Number: LAB03711 Serial Number: 136 397705

Model Number: _____

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: \$0

[Signature]
Department Director Signature

[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 #2
Surplus Equipment Form

Department: 7070 Lab Date: 2/5/24

Equipment to be declared surplus: Stago Compact Max

Asset Number: LAB0063 Serial Number: CF76113068

Model Number: _____

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: 80

[Signature]
Department Director Signature

[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 #2
Surplus Equipment Form

Department: 7070 Lab Date: 2/15/26

Equipment to be declared surplus: Siemens Clinical Navigator
LA30056

Asset Number: 19-0027 Serial Number: 85002881

Model Number: _____

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: \$0

[Signature]
Department Director Signature

[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 #2
Surplus Equipment Form

Department: 7070 Lab Date: 2/5/26

Equipment to be declared surplus: Stago Compact max

Asset Number: _____ Serial Number: CF76113074

Model Number: _____

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: \$0

[Signature]
Department Director Signature

[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 2026-07

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 25th day of February, 2026.

APPROVED BY THE COMMISSION:

Commission Chair Bruce McComas: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Patty Rhoden: _____

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

Meeting: HHH/PC QAPI Meeting
Time: 11:00 AM to 12:30 PM
Recorder: Christina Avila

Date: 02/03/2026
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	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	Krystal Brock-Farrington Business Operations Manager	X	Terri Neal Home Health Physical Therapist	X	Robin Bruckschen URQN
X	Brittany Shrout URQN	X	Christina Avila Accreditation and Quality Specialist	X	Eric McDavid, PTA Home Health and Hospice		

Topic/Discussion
<p>Review:</p> <ul style="list-style-type: none"> -Patient Satisfaction/Grievance/Comments/Compliments -Incident Reports -Infection Control Log -Daily Meal Break Compliance Project <p>The meeting began at 11:00 am. Christina asked the group if Tuesday mornings work well for this meeting series or if there is a different day that the group preferred. David and Dr. Mattern suggested Friday afternoons. Christina informed the group that the meeting will need to occur in the first two weeks of each quarter for the board's approval schedule, so she will look for availability for the remainder of the series on Friday afternoons.</p> <p>Action: Christina to schedule remainder of meeting series on first Friday of each quarter.</p> <p>Christina introduced the meeting agenda. No comments or questions from the group.</p> <p>Christina shared that NRC switched platforms and NRC provided a combination patient comment report for Home Health and Hospice. Christina shared this report with the group. Christina noted that there are often comments related to catheters in Hospice. David shared that this report will not provide patient names so there is not a way to determine if this is the same patient every time we receive a comment. Dr. Mattern asked which quarter this information is for. Christina confirmed that this is the information gathered in the 4th quarter. Dr. Mattern said it would be helpful to know if the information provided is for the previous quarter. David shared that Krystal has noted a lot of patient confusion about when staff will be arriving, so it is important to get back to the use of patient calendars for communication.</p>

Christina shared that Epic does not offer a report that gathers the data requested during the last ACHC Home Health audit. As a result, staff will complete a paper form once a month for any incidents that Christina will then include in a monthly and year-to-date comparison visual and will be updating the group quarterly on this data. David confirmed that we will provide January data shortly. Christina confirmed that Christina Sivesind has been working with Epic to create these reports in the future but does not have a time frame that this would be available.

David shared the results of the Fred Hutch cancer care report (see slides). David noted that Linda and Gina have worked throughout the year to meet goals that placed Jefferson Healthcare at the top of the state report on multiple metrics. Christina asked if this report is completed annually. David and Dr. Mattern confirmed that this is an annual report. Dr. Mattern shared that there is still likely opportunity due to the opportunity for symptom management in Palliative Care. Dr. Mattern stated that when we create better access for Palliative Care services in the Oncology program, we will likely see increased scores and a reduction in patient issues.

Christina shared that she is doing daily audits for meals and breaks for every Home Health, Hospice, and Palliative Care hourly employee. Christina shared that the data in Symplr is not aligned with factual data, and HR and Data and Analytics is working to provide a more accurate report through Symplr moving forward.

Review Progress of Current Home Health Goals

- Improvement in Ambulation, Dyspnea, Management of Oral Meds, and OASIS Accuracy**
- Fall Reduction**
- Falls Training in Long Term Care Communities**
- Focus Group Audit Summary**

Christina confirmed that we are still a 2-star agency on Medicare Compare, and shared the data for Improvement in Ambulation, Dyspnea, Management of Oral Meds, and OASIS Accuracy (see slides). David shared that there will be a high focus this year on improving the Home Health star-rating, and that we are likely providing higher quality of care and just need to adjust our OASIS inter-rater reliability techniques. David shared that Lisa is starting SOC conferences this week to review ratings at the beginning of care. David shared that Medicare has provided guidance for each star metric, which he would like to train staff to recognize to improve our rating. Christina confirmed that there is some improvement from these metrics compared to this time last year.

David shared that these are two of the five questions that are used to provide reimbursement rates, and this is worth pursuing for cost savings. Dr. Mattern stated that he would like to see the clinician's perspective on how often the issue is a lack of therapy maximization for the patient. Dr. Mattern shared that there is now a pulmonologist and pharmacist that could be available to these patients. He asked if there is a pathway that clinicians could use to advocate for patients to improve their OASIS scores and increase their medical therapy. Christina asked if clinicians could compare the SOC OASIS scores with the Discharge and Recert OASIS scores side-by-side when answering questions regarding symptom improvement. The group confirmed that clinicians can compare these scores.

Christina shared a summary for each weekly audit item, including quarterly audit items, 40% random audit of all Home Health patients, All Home Health SOCs/ROCs, Readmissions, and Discharges/Transfers. David added that these audits are completed by Piper, Robin, and Brittany on a weekly basis. Christina noted that the visual for the Transfer and Discharge weekly audit is not accurately reflecting the data in the columns.

Action: Christina to fix weekly audit visual for Transfer and Discharge.

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 the NRC results for Home Health, including Visits in Final Days of Life, Kept Informed About Family Member Condition, Got Needed Help After Hours, and Got Help with Breathing. Christina notified the group that with the new NRC data viewing platform, there was not an identified metric any more for pain. David asked if there was a way to determine how many people answered the survey. Christina shared that this access was provided yesterday and was not able to find that information in the new platform. Christina shared that she is still waiting for a response from NRC for the blank scores in Q2 and Q3 for the pain metric.

Action: David and Christina to review new NRC platform.

David presented an update for the Hospice Provider and Patient Education plan, including offering a professional hospice consultation to potential referrals, providing education to primary care and specialists in Jefferson Healthcare, monthly staff and patient appreciation in each facility, quarterly visit to St. Michaels and surrounding areas, and a stretch goal to increase the number of patients on Jefferson Hospice Services with a greater than 3 month life expectancy by 20 percent. David shared that the state is preparing to issue an additional certificate of need in the Jefferson County area if Jefferson Hospice does not increase the total number of admissions. David confirmed that he currently hold the only certificate of need in the area for Home Health, and we hold one of two certificates of need in the area for Hospice. Dr. Mattern shared the concern that a for-profit competitor may try to acquire patients in the facility setting.

Review Current Palliative Care Goals

- Palliative Care Coordination with Cancer Center
- Palliative Care Documents Project

David presented an update on the Palliative Care Coordination with the Oncology department, including rotating providers in the Oncology clinic for one session a week, extension of the Palliative Care LICSW role, and development of co-managed palliative intake workflow.

Christina shared an update on the Palliative Care documents project and stated that this goal is nearing completion. All documents have been reviewed and updated and will be input in Policy Stat once the final review of the adjusted documents is completed.

The meeting concluded at 11:59 AM.

Next meeting: April 3rd, 2026

DRAFT