

Wednesday, April 22, 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	<p><b>Call to Order</b> The meeting was called to order at 2:00pm by Board Chair McComas. Commissioners in attendance included Commissioners McComas, Dressler, Rhoden, Kolff, and Ready. Also, in attendance were Mike Glenn, CEO; Jake Davidson, COO; Tina Toner, CNO; Brandie Manuel, CPSQO; Tyler Freeman, CFO; Brittany Huntingford, &amp; Carly Korpi-Cloninger, Executive Assistants; and Skip Houser, Attorney of Budd Bay Law.</p> <p>This meeting was officially recorded by Jefferson Healthcare.</p>	Commissioner McComas
	<p><b>Approve Agenda</b> Commissioner Kolff motioned to accept the agenda as presented, Commissioner Dressler seconded.</p> <p><b>Action:</b> Motion passed.</p>	Board of Commissioners
	<b>FOCUS REPORT</b>	
2:05pm	<p><b>Medical Staff Services- Credentialing Overview</b> Dr. Molly Hong &amp; Tesha Davidson gave a presentation that covered everything you need to know, in sixty seconds, What is Medical Staff, Board Authority &amp; The 'Three- Legged Stool', Why Medical Staff Exists, Who can be on the Medical Staff, Medical Staff Categories, Appointment and Privileges, Governance Structure: Officers, MEC &amp; Standing Committees, Board and Medical Staff Interface, Governance Flow: Who tracks what?, Credentials Committee Members, Credentials Committee Chair Work, and Glad you asked: Questions a Board Member might be curious about. Discussion ensued</p>	Dr. Molly Hong, Chair of Credentialing & Tesha Davidson, Medical Staff Services Manager
2:35pm	<p><b>Patient Story</b> Tina Toner, Chief Nursing Officer, shared with the board a patient story for April, that focused on the excellent care received in the ICU by a patient who reflected on being a guest in the unit. Tina also shared a kudos to both the Respiratory Therapy (RT) and Phlebotomist team from the Lab. Discussion Ensued</p>	Tina Toner, CNO

PUBLIC COMMENT		
2:40pm	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. There was no public comment.	
ACTION REQUESTED		
2:45pm	<p><b>Action Requested</b></p> <ul style="list-style-type: none"> <li>• March 25, 2026, Regular Session Minutes</li> <li>• Medical Staff Credentials / Appointments / Reappointments</li> </ul> <p>Commissioner McComas asked if there are any amendments to be made to the minutes. No discussion or amendments were made. The minutes were accepted as presented.</p> <p>Commissioner Dressler moved to approve the Medical Staff Credentials as presented. Commissioner Ready seconded. <b>Action:</b> Motion passed.</p>	Board of Commissioners
CONSENT AGENDA		
2:50pm	<p><b>Required Approvals: Action Requested</b></p> <ul style="list-style-type: none"> <li>• Resolution 2026-10 Surplus Equipment</li> <li>• Resolution 2026-11 Canceled Warrants</li> <li>• Resolution 2026-12 Q2 QAPI Plan</li> <li>• March Warrants and Adjustments</li> </ul> <p>No changes were made to the consent agenda; it was approved as presented. Discussion ensued. Chef Arran Stark shared the ongoing benefits to the community with the surplus equipment that will remain in the Fairgrounds Kitchen and thanked the hospital and the Board for its ongoing support.</p>	Board of Commissioners
STANDING REPORTS		
3:00pm	<ul style="list-style-type: none"> <li>• <b>Quality Report</b></li> </ul> <p>Brandie Manuel, Chief Patient Safety &amp; Quality Officer, gave the April quality report which included a review of meeting the goals on the Quality pillar, an overview of the Quality Management System (QMS), Accreditation update/recap on the Recent DNV Survey, and Patient Experience data and feedback- In the words of our patients. Discussion ensued.</p>	Brandie Manuel, CPSQO
3:15pm	<ul style="list-style-type: none"> <li>• <b>Financial Report</b></li> </ul> <p>Tyler Freeman, Chief Financial Officer, presented the March Financial Report which included a review of our statistics, income statement, cash and accounts receivable. Discussion ensued.</p>	Tyler Freeman, CFO
3:30 pm	<p><b>Break</b></p> <p>Commissioners recessed for break at 3:42 pm Commissioners reconvened from break at 3:54pm</p>	

STANDING REPORTS		
3:40pm	<ul style="list-style-type: none"> <li>• <b>Advocacy Report</b></li> </ul> <p>Elise Wright, Population Health and Government Advocacy Manager, provided an update on Advocacy with a focus on State and Federal Advocacy. Discussion ensued.</p>	Elise Wright, Population Health & Government Advocacy Manager
3:55pm	<ul style="list-style-type: none"> <li>• <b>Administrative Report</b></li> </ul> <p>Mike Glenn, Chief Executive Officer, shared an update on HR1 Mitigation &amp; Execution Plan, Levy Lid Lift, Community Events, and an update of the CEO Succession Plan. Discussion ensued.</p>	Mike Glenn, CEO
BOARD BUSINESS		
4:10pm 4:25pm	<ul style="list-style-type: none"> <li>• <b>Board Report</b></li> </ul> <p>Commissioner Kolff shared an update from the Board of Health.</p> <ul style="list-style-type: none"> <li>• <b>Meeting Evaluation</b></li> </ul> <p>The board evaluated the meeting.</p>	Board of Commissioners Board of Commissioners
CONCLUDE		
4:30pm	<p><b>Conclude</b></p> <p>Commissioner Dressler made a motion to conclude the meeting. Commissioner Kolff seconded. <b>Action:</b> Motion passed unanimously.</p> <p>Meeting concluded at 5:27 pm.</p> <p>Approved by the Commission: Chair of Commission: Bruce McComas</p>  <hr/> <p>Secretary of Commission: Marie Dressler</p> 	Board of Commissioners

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

# Jefferson Healthcare

Medical Staff Education

Presented to the Board of Commissioners



# Everything you need to know, in sixty seconds.

Governing Board has ultimate authority and responsibility for the quality of medical care

The Medical Staff exists to ensure consistent, high-quality care, maintain appropriate staff composition, ensure 24/7 coverage, and oversee credentialing/privileging, performance review, education, and self-governance through bylaws, rules, and committee work

Governance operates through defined membership categories, officers, and standing committees (notably MEC, PPEC/Peer Review, and Credentials), with Board approval integral to key decisions (bylaws/rules approval, appointments, privileges, and final actions).

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# What is the Medical Staff?

The Medical Staff is the organized body of physicians and advanced practice providers (APPs) practicing at Jefferson Healthcare, operating under the Medical Staff Bylaws and supporting Rules & Regulations.

# “Board Authority & the ‘Three-Legged Stool’”

The Medical Staff Bylaws states the Governing Board has ultimate authority and responsibility for quality of medical care.

The bylaws describe a collaborative relationship among the Medical Staff, CEO, and Governing Board to fulfill patient obligations.



# Why the Medical Staff Exists



To ensure consistent and high-quality care across all hospital services



To ensure Medical Staff composition meets hospital and community needs



To ensure a Medical Staff member is always available for services



To maintain delineation of privileges and ongoing performance review



To provide education and continuous advancement in clinical knowledge/skill



To maintain self-governance through rules, regulations, and policies; serve as a forum for relations between Board and Medical Staff

# Who can be on the Medical Staff?

Membership extended only to qualified, licensed physicians/dentists/APPs who meet standards in the bylaws and rules

No one may admit/provide services unless they are a Medical Staff member or granted temporary privileges per bylaws process

Qualifications include documented training/competence, certifications, ethics, ability to work with others; membership/privileges are not guaranteed by licensure alone

Non-discrimination provisions are explicitly stated (professionally justified criteria only)

# Medical Staff Categories

Active: can vote/hold office; expected to participate in quality activities and call coverage; must comply with bylaws/rules.

Courtesy: may admit/provide services as granted but cannot vote or hold office; includes limited shifts/telemedicine; may require periodic credentialing attestation.

Affiliate: primarily refer/follow functions; explicit limitations (e.g., cannot write orders, cannot vote/hold office/serve on MEC).

Locum Tenens: temporary fill-in within specialty; time-limited and generally without voting/office rights.

Honorary: recognition role; no admissions/clinical care; committee participation at MEC discretion.

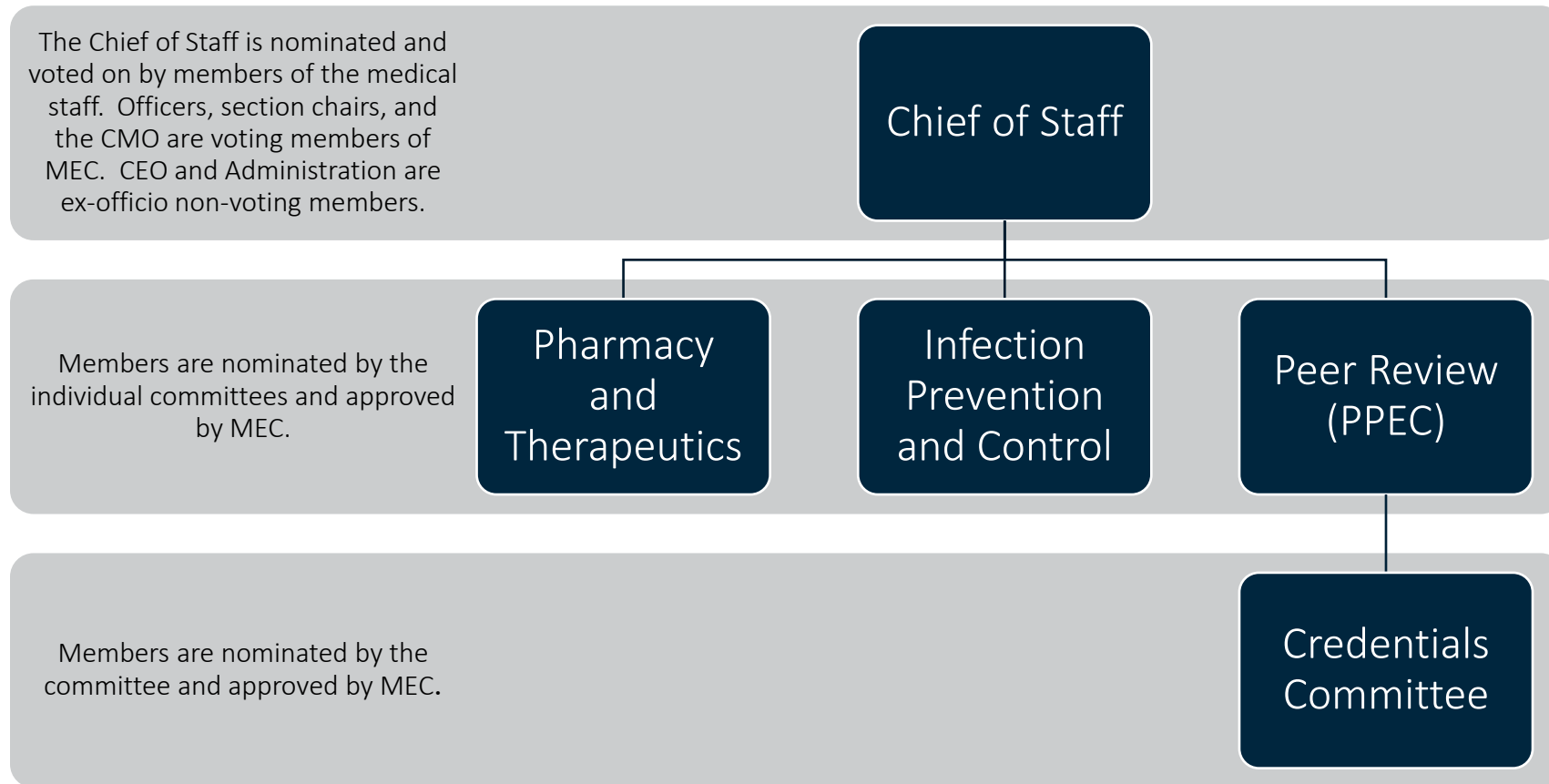
The bylaws define five categories:  
*Active, Courtesy, Honorary, Locum Tenens, Affiliate.*

# Appointments and Privileges

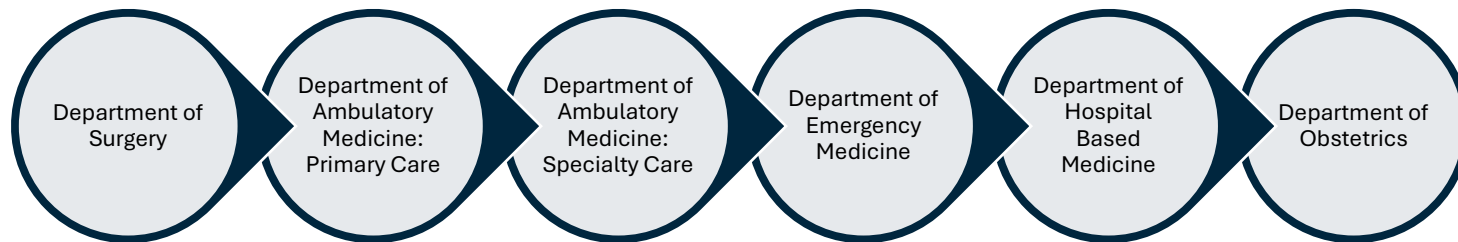
- Initial appointments and reappointments are made by the Governing Board, and the Board acts after recommendation from MEC through the Credentials Committee.
- Appointment confers only the clinical privileges granted by the Governing Board.
- Initial appointment/privileges are provisional for one year, with possible extension (not to exceed two years from original appointment).
- Reappointments are not to exceed three years from reappointment date.
- The bylaws describe Board authority to limit services/privileges based on community need, resources, and standards; applications are not accepted for services not available at Jefferson Healthcare.



# Governance Structure: Officers, MEC, and Standing Committees



Medical Staff  
Sections



# Board and Medical Staff Interface



MEC actions are reported to the Medical Staff and are reported directly to the Governing Board as described in MEC responsibilities.



Joint Conference Committee: standing committee composed of Chief of Staff, CEO or CMO, and a representative Governing Board member; serves as a forum for hospital policy/practice and participates in corrective action as provided in bylaws.

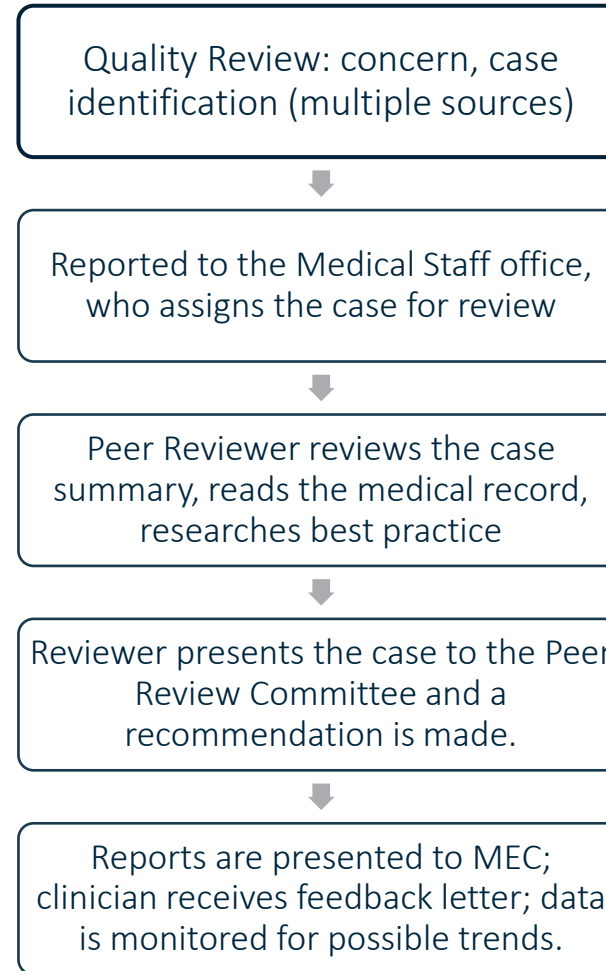


Rules & Regulations are adopted by the Medical Staff but become effective when approved by the Governing Board.

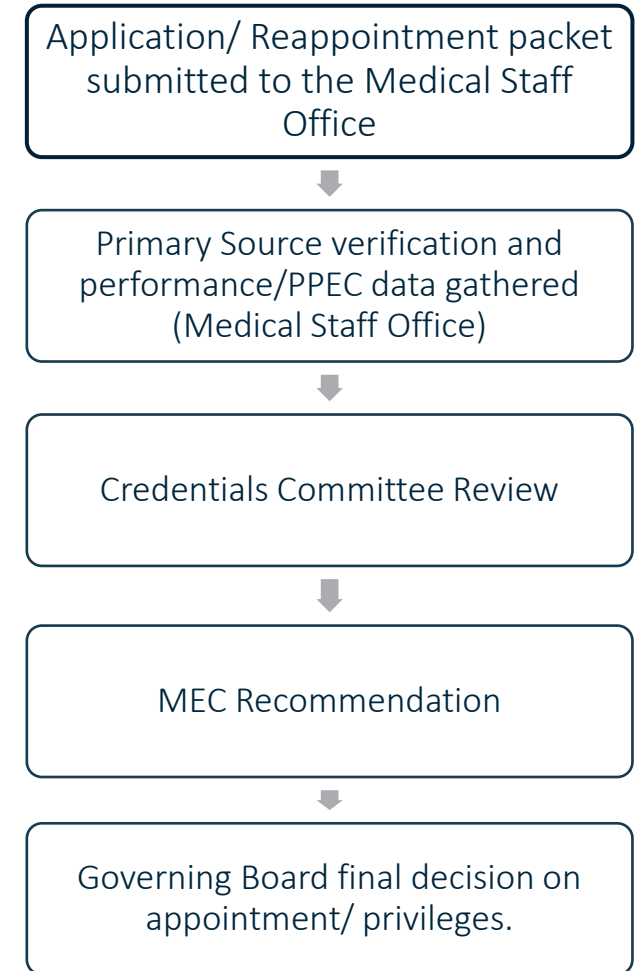
# Governance Flow: Who tracks what?



## Quality Monitoring/ Peer Review



## Privileging and Credentialing



*The Medical Staff Bylaws defines Peer Review under the Professional Practice Excellence Committee (PPEC) with the purpose to review care, provide feedback, and recommend corrective actions when necessary.*

# Credentials Committee Members

## Voting Members:

- Molly Hong, MD-  
Chair
- Matthew Petta, CRNA  
(beginning May 2026)
- Michael Johns, MD
- Todd Carlson, MD
- Joe Mattern, MD
- Kelsea Peterman, DO
- Frank Magill, MD
- Niki Lavender, PA-C

## Non-Voting Members:

- Alex Pratt, MD- PPEC Chair
- Brandie Manuel, CPSQO
- Tesha Davidson, Manager Medical  
Staff
- Andy Kurk- Minutes


# Credentials Committee Work

- Create new DOPs (Delineation of Privilege forms)
- Review and approve DOP's Bi-Annually
- Review medical staff policies annually
- Review and approve initial medical staff applicants
- Review and approve reappointment applications, with consideration of feedback from PPEC (the Professional Practice Excellence Committee)



# Credentials Committee Chair Work

- Review and edit monthly meeting agenda
- Review and edit DOPs and med staff policies ahead of monthly meeting
- Review files of initial appointment applicants:
  - National Practitioner Data Base (NPDB) report
  - WSP (Washington State Patrol)
  - COI (Certificate of insurance)
  - CV (Curriculum Vitae)
  - DOP (Delineation of Privileges)
  - Application for appointment
  - Certifications, licenses and DEA (If applicable)
  - Procedure logs
  - Letters of recommendation
- Review files of reappointment applicants:
  - National Practitioner Data Base (NPDB) report
  - WSP
  - COI
  - Certifications, licenses, and DEA (if applicable)
  - DOP (and compare to prior DOP)
  - Reappointment application
  - Procedure logs
  - Performance evaluations
  - Quality data
- Present Credentials Committee recommendations to MEC



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Credentialing: Are appointment/reappointment decisions and privilege delineations flowing through Credentials → MEC → Board as required?

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Quality & Safety: Are there trends that PPEC has identified (standard of care, system issues), and what changes were made as a result?

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Medical Staff Engagement: Are general Medical Staff meetings occurring at the required cadence, and is required attendance being met?

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Rules & Regulations: When Rules & Regs are updated, are they brought for Board approval as required?

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Glad you asked.

*Questions a Board Member  
might be curious about...*

Questions?

Jefferson  
Healthcare



# Jefferson Healthcare

Patient Safety and Quality Report

Presented to the Board of Commissioners

April 22, 2026

# QUALITY PILLAR

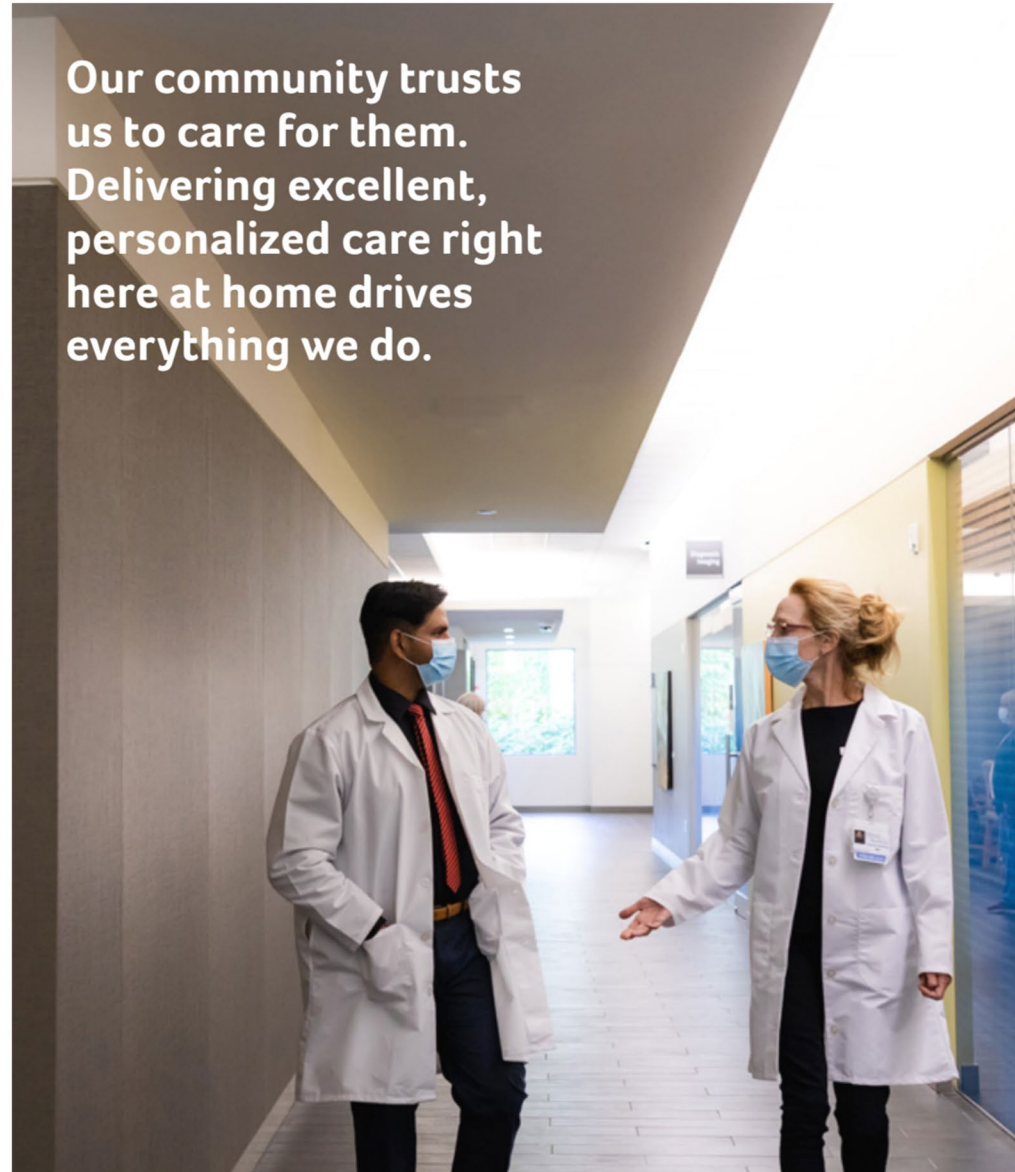
## GOAL:

We will be the first choice for healthcare.

## We will do this by:

- Hardwiring High Reliability
- Elevating Clinical Excellence
- Eliminating Preventable Harm

**Our community trusts us to care for them. Delivering excellent, personalized care right here at home drives everything we do.**



# Quality Management System (QMS) and What Matters Most.

## QM.1 SR.1

The board, administration, and the Medical Staff are responsible for ensuring The CAH develops, implements and maintains an ongoing, hospital-wide, data-driven effective quality management system (QMS) and integrates the Quality Assessment and Performance Improvement (QAPI) program into the QMS.



### Translation:

You are responsible for making sure that a **system** exists that reliably produces **safe, effective, patient-centered** care – not for managing individual projects.

### Quality is a System *(not a collection of reports).*

ISO requires that quality be managed as an **interconnected system of processes** – not siloed dashboards or one-off initiatives.

Our QMS is formally defined in the **QMS policy** and integrates patient safety, peer review, performance improvement, risk management, and regulatory compliance.

We use **risk-based thinking** to prioritize what could most impact patients, staff, and organizational sustainability.

### In summary:

- The Board sets direction and expectations
- Leadership (through the Executive Quality Council) designs, operates, and improves the system
- The Chief Patient Safety and Quality Officer is the ISO Management Representative – ensuring that the QMS functions as intended.

The **Strategic Plan** is the backbone of the QMS.

DNV explicitly requires that the quality goals flow from the organization's strategic direction, not separately.

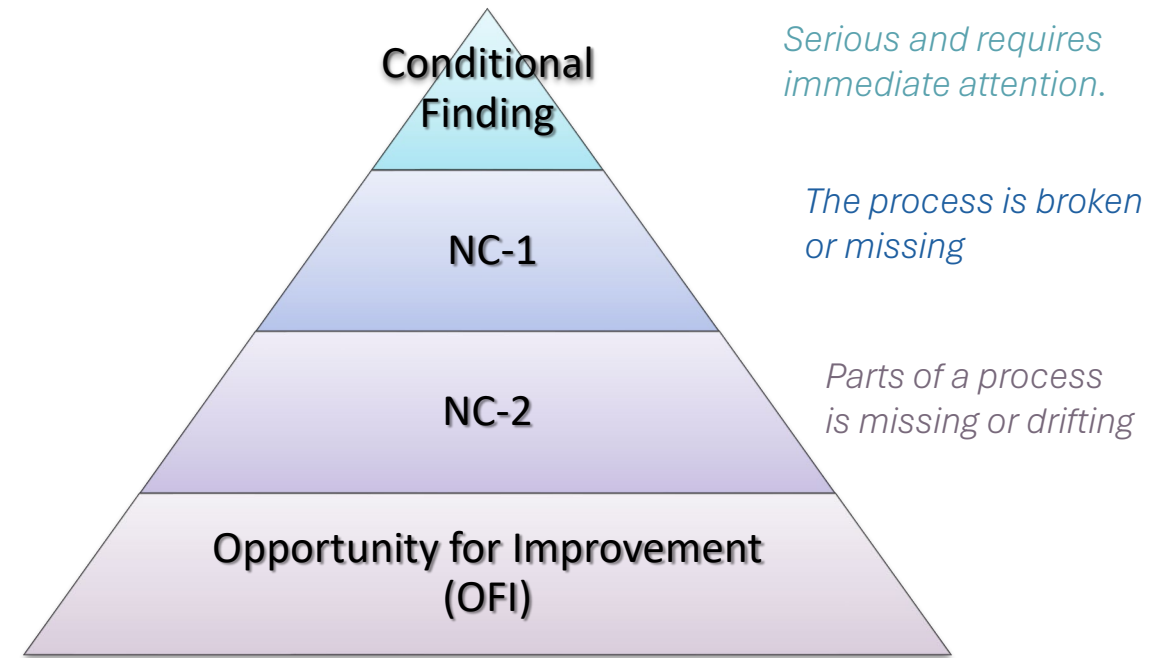
At JH, all QMS goals are outlined and driven from the Strategic Plan.

Quality priorities are reviewed, updated, and monitored through the Executive Quality Council.

**Approving the Strategic Plan is one of the Board's primary quality responsibilities.**

# Accreditation Update

- Survey Type:
  - NIAHO/ISO Recertification
- Survey Date:
  - March 3-5, 2026
- Survey Summary:
  - One\* Condition Level Finding
  - Three NC-1 Findings
  - One NC-2 Finding
- Effective Date of Accreditation:
  - May 26, 2026 (three years)



## Noteworthy Findings:

### Quality & Planning for Changes

- Castle view opening in 2025, adding services for our community
- Mobile Dental Clinic planned go-live
- Expansion of patient parking, including ADA spaces
- Infrastructure: EKG machines, ED hallway bed monitors, Steris Scope Storage Cabinet.
- Collaboration demonstrated by the JH Leadership Team
- Leadership Development focus and investment
- New strategic plan, aligned with a High Reliability Organization (HRO)



# Accreditation



CAP approved by  
DNV 04/14/2026

NC Number	Non-Conformity	Corrective Action	Status
NC-CL-1 Utility Management	Missing battery-powered lighting in OR Rooms 4 & 5 in Ambulatory Surgery Building.	<ul style="list-style-type: none"> <li>Condition level is closed – corrected on site.</li> </ul>	Complete
NC-1-1 Contracted Services	Failure to maintain contract list and consistently document annual contract evaluations.	<ul style="list-style-type: none"> <li>List generated with required elements included</li> <li>Electronic review system set up</li> <li>Drop-in support sessions offered</li> </ul>	In Progress
NC-1-2 Staffing Management	Missing job-specific job descriptions. Missing documentation of annual competency completion.	<ul style="list-style-type: none"> <li>Review/revise job descriptions to reflect role-specific expectations</li> <li>Define competencies and reconfigure tracking system for better tracking/documentation.</li> </ul>	In Progress
NC-1-3 Grievance Procedure	Missing letter of acknowledgement and/or missing response to each item reported.	<ul style="list-style-type: none"> <li>Revise grievance policy, including triage system</li> <li>Formalize Grievance Committee</li> <li>Update letter templates</li> </ul>	In Progress
NC-2-1 Medication Management	Missing objective evidence that a medication order was present in Rehab Therapy.	<ul style="list-style-type: none"> <li>Medications have been removed from the Rehab Therapy department.</li> </ul> <p><i>Patients may self administer topical lidocaine as prescribed.</i></p>	Complete

A pair of hands, one larger and one smaller, are shown holding a bright red heart. The hands are positioned as if cradling the heart, with fingers gently curled around it. The background is a soft, out-of-focus light blue and white. The overall image conveys a sense of care, protection, and health.

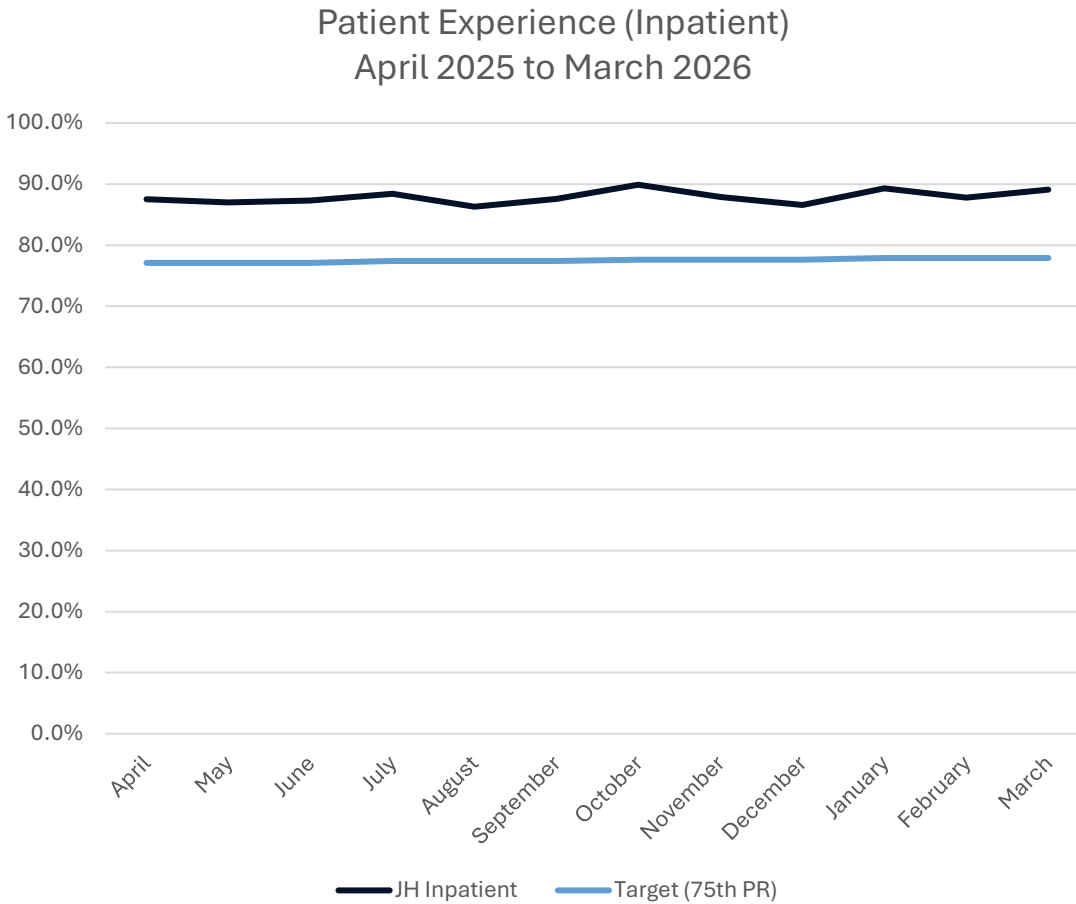
Our goal: To make healthcare work. Better.

# IN THE WORDS OF OUR PATIENTS



# Patient Experience

Tickets by Feedback Type



## Patient Experience Office Quarter 1 2026 Summary

### Top three feedback types:

- ▼ Care/Provider issue
- ▲ Staff issue
- ▲ Patient suggestion

### Top Departments:

- ▼ Emergency Department (16/3948)
- ▼ Lab (10/8609)
- ▼ Sheridan Clinic (8/9470)

### *Because you called:*

Because our patient shared their feedback, our lab and informatics teams redesigned the intake process for outside providers!

### CMS Five Star Rating



# In the words of our patients.

After an emergency call to 911, they brought me to JHC Hospital in Port Townsend. I keep thinking how fortunate I am to have such **great health care**.

Considering the condition, I was in, the people and this hospital were amazing. **They saved my life**. Thank you.

I was overwhelmed with the kindness and sincerity in my caregivers. I will go to that hospital from now on, as it is halfway to a bigger hospital if needed. **I can't say enough about the quality care**.

**All staff excellent**. Fall risk tools excellent. Discharge planner spot on questions. Staff report high satisfaction with their unit/team.

I liked the **immediate attention** and good humor between staff members.

Really nice atmosphere, friendly and good spirited. Doctors **listen and explain**. Nurses friendly and helpful. Great water & mountain view.

Questions?

Jefferson  
Healthcare



Jefferson  
Healthcare

Jefferson  
Healthcare

# March 2026 Finance Report

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April 22, 2026

Tyler Freeman, CFO

	March 2026 Actual	March 2026 Budget	Variance Favorable/ (Unfavorable)	%	March 2026 YTD	March 2026 Budget YTD	Variance Favorable/ (Unfavorable)	%	March 2025 YTD
<b>Operating Revenue</b>									
Gross Patient Service Revenue	43,731,336	42,073,177	1,658,159	4%	121,516,286	121,505,432	10,854	0%	111,914,936
Revenue Adjustments	25,109,056	23,185,494	(1,923,562)	-8%	68,593,336	66,727,370	(1,865,967)	-3%	61,642,423
Charity Care Adjustments	573,154	542,200	(30,954)	-6%	1,450,867	1,565,806	114,939	7%	1,533,905
Net Patient Service Revenue	18,049,126	18,345,482	(296,357)	-2%	51,472,083	53,212,256	(1,740,173)	-3%	48,738,608
Other Revenue	988,376	1,014,949	(26,573)	-3%	2,793,696	2,890,022	(96,326)	-3%	2,231,560
<b>Total Operating Revenue</b>	<b>19,037,501</b>	<b>19,360,431</b>	<b>(322,930)</b>	<b>-2%</b>	<b>54,265,779</b>	<b>56,102,278</b>	<b>(1,836,499)</b>	<b>-3%</b>	<b>50,970,168</b>
<b>Operating Expenses</b>									
Salaries And Wages	9,010,887	9,283,499	272,612	3%	26,095,237	26,968,579	873,341	3%	23,854,595
Employee Benefits	2,021,488	2,077,801	56,313	3%	6,013,937	6,057,086	43,148	1%	5,482,284
Other Expenses	6,991,331	7,721,585	730,255	9%	20,972,259	22,721,846	1,749,588	8%	21,423,475
<b>Total Operating Expenses</b>	<b>18,023,707</b>	<b>19,082,886</b>	<b>1,059,179</b>	<b>6%</b>	<b>53,081,433</b>	<b>55,747,511</b>	<b>2,666,078</b>	<b>5%</b>	<b>50,760,355</b>
<b>Operating Income (Loss)</b>	<b>1,013,795</b>	<b>277,545</b>	<b>736,249</b>	<b>265%</b>	<b>1,184,345</b>	<b>354,767</b>	<b>829,578</b>	<b>234%</b>	<b>209,814</b>
<b>Total Non Operating Revenues (Expenses)</b>	<b>(380,565)</b>	<b>(217,040)</b>	<b>(163,524)</b>	<b>75%</b>	<b>(1,130,046)</b>	<b>(597,465)</b>	<b>(532,581)</b>	<b>89%</b>	<b>578,376</b>
<b>Change in Net Position (Loss)</b>	<b>633,230</b>	<b>60,505</b>	<b>572,725</b>	<b>947%</b>	<b>54,300</b>	<b>(242,697)</b>	<b>296,997</b>	<b>122%</b>	<b>788,190</b>
<b>Operating Margin</b>	<b>5.3%</b>	<b>1.4%</b>	<b>3.9%</b>	<b>271.5%</b>	<b>2.2%</b>	<b>0.6%</b>	<b>1.55%</b>	<b>245.1%</b>	<b>0.4%</b>
<b>Total margin</b>	<b>3.3%</b>	<b>0.3%</b>	<b>3.0%</b>	<b>964.3%</b>	<b>0.1%</b>	<b>-0.4%</b>	<b>0.53%</b>	<b>-123.1%</b>	<b>1.5%</b>
<b>Salaries &amp; Benefits as a % of net pt svc rev</b>	<b>-61.1%</b>	<b>-61.9%</b>	<b>0.8%</b>	<b>1.3%</b>	<b>-62.4%</b>	<b>-62.1%</b>	<b>-0.32%</b>	<b>-0.5%</b>	<b>-60.2%</b>

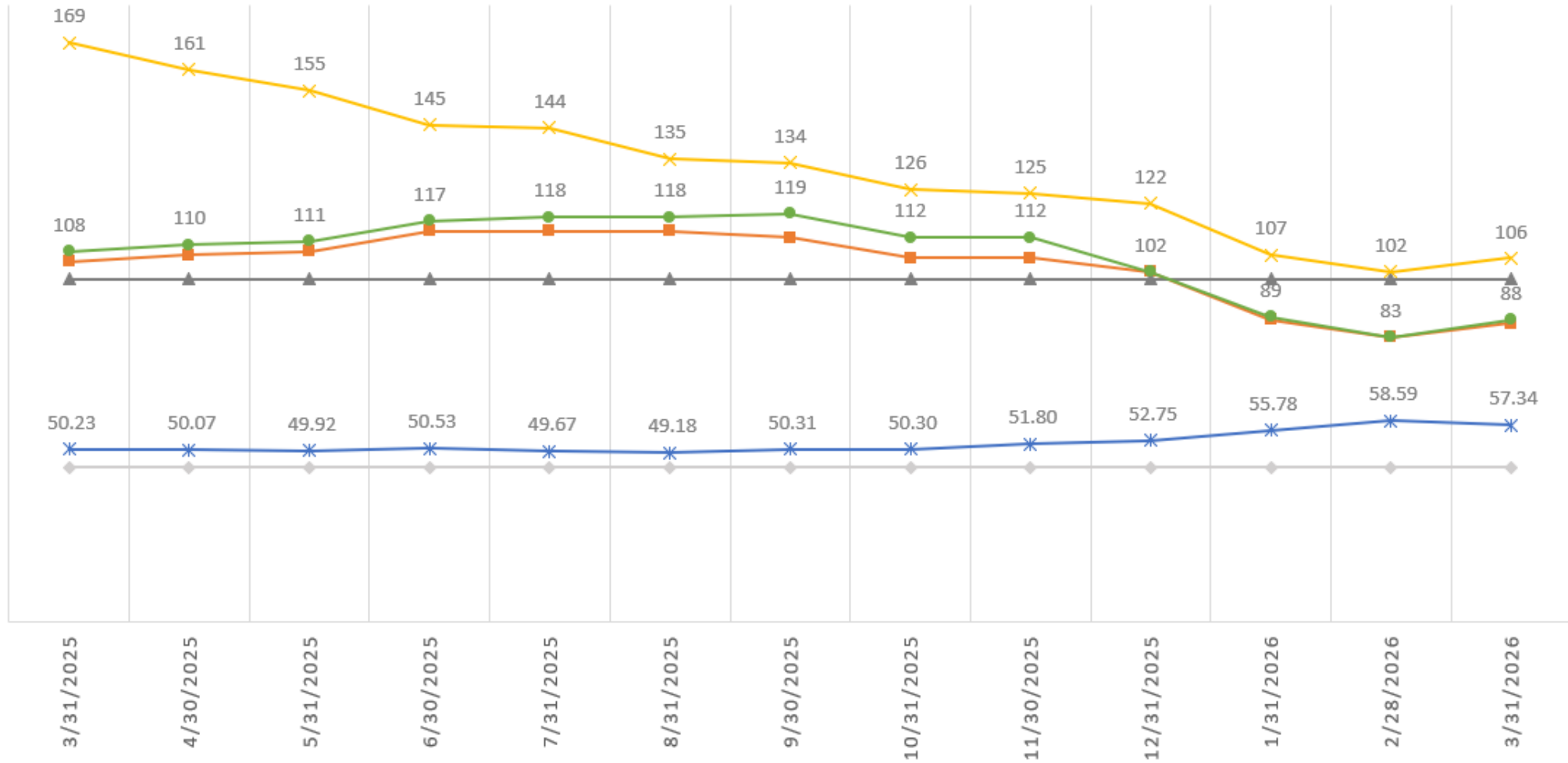
## March 2026: Income Statement Summary

**STATISTIC DESCRIPTION**

STATISTIC DESCRIPTION	MARCH 2026						MARCH 2025			
	<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>
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	82	68	21%	193	197	-2%	63	30%	220	-12%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	327	348	-6%	1,013	1,011	0%	292	12%	1,009	0%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	432	463	-7%	1,334	1,343	-1%	387	12%	1,310	2%
SURGERY CASES (IN OR)	170	138	23%	488	396	23%	139	22%	407	20%
ENDOSCOPY SERVICES CASES	137	105	30%	345	300	15%	94	46%	299	15%
LAB BILLABLE TESTS	28,661	24,780	16%	82,876	71,941	15%	23,821	20%	70,487	18%
TOTAL DIAGNOSTIC IMAGING TESTS	4,385	4,446	-1%	12,228	12,909	-5%	4,007	9%	11,905	3%
PHARMACY MEDS DISPENSED	27,865	24,698	13%	78,227	71,703	9%	21,208	31%	68,314	15%
RESPIRATORY THERAPY CHARGE UNITS	1,399	2,040	-31%	3,831	5,924	-35%	1,802	-22%	5,610	-32%
REHAB/PT/OT/ST	10,528	10,549	0%	28,554	30,625	-7%	9,143	15%	25,115	14%
ER CENSUS	1,366	1,410	-3%	3,933	4,093	-4%	1,293	6%	3,854	2%
DENTAL CLINIC	498	615	-19%	1,497	1,785	-16%	458	9%	1,406	6%
TOTAL RURAL HEALTH CLINIC VISITS	8,084	7,834	3%	22,679	22,743	0%	7,268	11%	21,380	6%
TOTAL SPECIALTY CLINIC VISITS	4,530	4,851	-7%	12,428	13,707	-9%	3,555	27%	10,489	18%

# March 2026: Operating Statistics

✱ DAYS OUTSTANDING IN A/R 
 ◆ DAYS AR GOAL - 45 
 ■ DAYS OF CASH 
 ▲ DAYS CASH GOAL - 100 
 ✕ DAYS CASH W/ PROJECT FUNDS 
 ● DAYS CASH W/ 3RD PARTY



## March 2026: Cash and Accounts Receivable

- **\$ 41,422,831 in Projected HB charges**

- Average: \$1,367,848/day (HB only)
- Budget: \$1,386,887/day
- 98.6% of Budget

- **\$ 17,264,441 in HB cash collections**

- Average: \$536,470/day (HB only)
- Goal: \$623,806/day

- **52.3 Days in A/R**

- **Questions**

Jefferson  
Healthcare

Jefferson  
Healthcare

# Government Advocacy Update

April 2026

# State Advocacy



## 24th LD

- Tharinger is stepping down
- Currently 5 candidates running to fill vacancy

## Rural Nurse Leadership Symposium

- 4 speaker panel
- Sen Chapman (24), Rep Bernbaum (24), Sen Muzzall (10), Rep Parshley (22)

## Rulemaking

- Charity Care, Certificate of Need

## Interim PPAG meetings

- Starting up Tuesday, May 5

# Federal Advocacy



## HR1 & RHTP

- Upcoming WSHA HR1 workgroup meeting 5/29
- Upcoming WSHA RHTP Initiative 1.3 meeting 5/11

## AHA Annual Meeting + WSHA Federal Advocacy Day

- Mike Glenn
- April 19-21
- Washington, D.C.

## Meetings with DC Staffers

- Tara Hartnett, Senator Murray
- May Tran & Tamara Allard, Senator Cantwell

# Questions?



Jefferson  
Healthcare

Jefferson  
Healthcare

# Administrative Report

Mike Glenn, CEO  
April 2026

### HR1 Mitigation & Execution Plan

- Provider Enterprise ——— Slower, more methodical approach
- Revenue Cycle
- Payor Contracting
- Supplies/Purchase Services } Core 4= \$6 million opportunity
- Pharmacy
- Clinical Enterprise ——— Slower, more methodical approach

### Levy Lid Lift

- Key Dates
- Key Deliverables
- Taxpayer Impacts

### Community Events

- National Healthcare Week 5/11-5/15
- Rhody Parade 5/16
- Jefferson Healthcare Rhody Run 5/17
- Jefferson Healthcare Rural Nurse Leadership Symposium 6/25-6/26
- WSHA Rural Hospital Leadership Conference – Chelan 6/28-7/1



Origination 07/2014  
 Last 01/2026  
 Approved  
 Effective 01/2026  
 Last Revised 01/2026  
 Next Review 01/2027

Owner Mike Glenn: Chief Executive Officer  
 Policy Area Administration Policies

### Emergency Chief Executive Officer Succession

#### POLICY:

In order to protect the Board of Commissioners from sudden loss of Chief Executive Officer (CEO) services, the CEO will have at least one successor sufficiently familiar with Board and CEO issues and processes to enable either to take over with reasonable proficiency as an interim successor.

#### PROCEDURE:

The CEO names Jake Davidson, Chief Operating Officer (COO) or Tyler Freeman, Chief Financial Officer (CFO) to be recognized as acting CEO in the CEO's absence and to serve in place of the CEO in case of sudden loss of CEO services.

#### REFERENCED DOCUMENTS:

Reference Type	Title	Notes
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#### Approval Signatures

Step Description	Approver	Date
	Mike Glenn: Chief Executive Officer [BH]	01/2026

# Election Timeline & Deadlines

Statement Deadlines				
ELECTION DATES	February 10, 2026	April 28, 2026	August 4, 2026	November 3, 2026
<b>Jurisdiction Responsibility and Deadlines</b>				
<b>1. Resolution</b>	Dec. 12, 2025	Feb. 27, 2026	May 1, 2026	August 4, 2026
<b>2. Resolution Cover Sheet</b>	*Same deadline for all four items*	*Same deadline for all four items*	*Same deadline for all four items*	*Same deadline for all four items*
<b>3. Explanatory Statement</b>				
<b>4. For and Against Committee Appointment</b> For and Against Committee Form must be completed and emailed by this date.				
<b>Committee's Responsibility and Deadlines</b>				
<b>1. Statement "For" and "Against"</b> Written by the committees for or against a measure.	Dec. 19, 2025	March 6, 2026	May 8, 2026	August 11, 2026
<b>2. Rebuttal statement</b>	Dec. 22, 2025	March 9, 2026	May 11, 2026	August 14, 2026

**\*\*Deadlines are 4:30 p.m. on each designated day\*\***



## Resolution Cover Sheet

This form must accompany each resolution filed with Jefferson County Elections. The contact person or persons should have the authority and be available to answer questions.

### District Information:

Name of District: \_\_\_\_\_

District Address: \_\_\_\_\_

Date of Election: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

2<sup>nd</sup> Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Attorney for District:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Information:

Type of Election (levy, bond, lid lift, etc.): \_\_\_\_\_

Please state the pass / fail requirement for this measure (i.e., Simple Majority, 60%, etc.) as determined by your legal counsel, together with applicable statutory references: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Of the person filing this form*

**This mandatory resolution cover sheet must accompany any resolution**

Return this form with original resolution to Jefferson County Auditor's Office / Election Division:

1820 Jefferson St (PO Box 563), Port Townsend WA 98368

Contact info: (360) 385-9117 / [elections@co.jefferson.wa.us](mailto:elections@co.jefferson.wa.us)



## Committee "For" and "Against" Appointment Form

Name of Jurisdiction/Proposition No.: \_\_\_\_\_

Jurisdiction Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Jurisdiction's responsibility:

- Email completed form to [elections@co.jefferson.wa.us](mailto:elections@co.jefferson.wa.us) on or before the resolution submission deadline
- Provide committee members with statement requirements and deadlines.
- Committees are solely responsible for submitting voters' pamphlet statements to the election division.

**Requirements and deadlines are located on pages 20- 23 in the Election Guide for Jurisdictions.**

Questions? Email [elections@co.jefferson.wa.us](mailto:elections@co.jefferson.wa.us) or call (360) 385-9117

### Information for inclusion in voters' pamphlet:

#### "For" Committee (1-3 members):

**1<sup>st</sup> Committee Member** is responsible for contact with Election Coordinator on behalf of the committee.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Committee Name: \_\_\_\_\_

#### 2<sup>nd</sup> Committee Member:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 3<sup>rd</sup> Committee Member:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### "Against" Committee (1-3 members):

**1<sup>st</sup> Committee Member** is responsible for contact with Election Coordinator on behalf of the committee.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Committee Name: \_\_\_\_\_

#### 2<sup>nd</sup> Committee Member:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 3<sup>rd</sup> Committee Member:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# Levy Lid Lift Mechanics

Public Hospital Districts (PHDs) are authorized under RCW 70.44.060 to levy up to \$0.75 per \$1,000 of assessed value. However, the "1% levy limit" (RCW 84.55) often pulls the actual rate down over time. To "lift" it back up, the Board must:

- Adopt a Resolution: The Board of Commissioners must pass a resolution.
- Voter Approval: Requires a simple majority (50% + 1) for approval.

Assessed Values	Current Levy (0.05)	0.25	0.50	0.75
\$10,176,496,894	\$545,000	\$2,500,000	\$5,000,000	\$7,500,000

# Levy Lid Monthly Taxpayer Impact

<u>Monthly</u> Taxpayer Impact by Assessed Property Value	Current Levy (0.05)	0.25	0.50	0.75
\$300,000	\$1	\$6	\$13	\$19
\$500,000	\$2	\$10	\$21	\$31
\$750,000	\$3	\$16	\$31	\$47
\$1,000,000	\$4	\$21	\$42	\$63