Jefferson Healthcare

Jefferson County Public Hospital District No. 2
Board of Commissioners Regular Session Meeting

Wednesday, October 28, 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

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 • September 23, 2026, Regular Session Minutes (pgs3-5) • October 21, 2026, Special Session Minutes (pg 6) • October 22, 2026, Special Session Minutes (pgs 7-8) • Medical Staff Credentials / Appointments / Reappointments (pgs 9-12)	Board of Commissioners
	CONSENT AGENDA	
2:25pm	Required Approvals: Action Requested • September Warrants and Adjustments (pgs 13-15) • Resolution 2026-18 Q4 Quarterly QAPI Resolution (pgs 16-22)	Board of Commissioners
	BUDGET HEARING	
2:35pm 2:50pm	• 2027 Operations Budget Summary • 2027 Capital Budget Summary • Public Comment • Commission Discussion Adopt Resolutions: Action Requested • Resolution 2027-19 With/Without Property Tax Increase (pgs 23-24) • Resolution 2027-20 Fiscal Year 2027 Budget (pg 25)	Tyler Freeman, CFO Board of Commissioners
3:00pm	*Break*	
	STANDING REPORTS	
3:15pm 3:30pm 3:45pm 4:00pm 4:15pm	• Quality Report • Financial Report • Advocacy Report • Administrative Report • CMO Report	Brandie Manuel, CPSQO Tyler Freeman, CFO Elise Wright, Population Health & Gov. Adv. Mgr. Mike Glenn, CEO Dr. Butterfield, CMO

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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.

	BOARD BUSINESS	
4:30pm 4:45pm 5:00pm 5:15pm 5:20pm	• Organizational Chart • Appoint Independent Auditor o Approval Required • Board Report • Agenda Evaluation • Meeting Evaluation	Mike Glenn, CEO Board of Commissioners Board of Commissioners Board of Commissioners Board of Commissioners
	EXECUTIVE SESSION	
5:30pm	**To discuss potential purchase of property, as allowed by RCW 42.30.110(b)** **And** **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 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)**	Board of Commissioners & Leadership Board of Commissioners & Legal Counsel
	CONCLUDE	
6:00pm	**Conclude**	Board of Commissioners

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

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Board of Commissioners Regular Session Meeting

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WELCOME	WHO
Call to Order The meeting was called to order at __pm by Board Chair McComas. Commissioners in attendance included Commissioners McComas, Dressler, Rhoden, and Ready. Commissioner Kolff joined virtually. Also, in attendance were Mike Glenn, CEO; Jake Davidson, COO; Brandie Manuel, CPSQO; Tyler Freeman, CFO; Tina Toner, CNO, & Brittany Huntingford, Executive Assistant This meeting was officially recorded by Jefferson Healthcare.	Commissioner McComas
Approve Agenda Commissioner McComas asked if there were any changes requested for the agenda. The agenda was approved as distributed.	Board of Commissioners
FOCUS REPORT	
Patient Story Tina Toner, Chief Nursing Officer, shared a Patient Story with the Board, which focused on Radiation Oncology Care over the last year. Discussion Ensued	Tina Toner, CNO
PUBLIC COMMENT	
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. Angela Gyruko shared a public comment about AI notetakers.	
ACTION REQUESTED	
Action Requested • **August 23, 2026, Regular Session Minutes** • **Medical Staff Credentials / Appointments / Reappointments** Commissioner McComas asked if there are any changes to be made to the minutes. The minutes were approved as presented. Commissioner Ready moved to accept the Medical Staff Credentials, Appointments and Reappointments. Commissioner Dressler seconded. **Action:** The motion passed unanimously.	Board of Commissioners
CONSENT AGENDA	
Required Approvals: Action Requested Commissioner McComas asked if there are any changes to be made to the consent agenda. The were no changes, the consent agenda was accepted as presented.	Board of Commissioners

STANDING REPORTS	
• **Quality Report** Brandie Manuel, Chief Patient Safety & Quality Officer, gave the September quality report which focused on OB Quality, including Family Birth Unit by the Numbers, Executive Summary, Performance, Outcome Trend, Safe Deliveries, Reliability Systems, Readiness & Investment, and Board Oversight. Discussion ensued. • **Financial Report** Tyler Freeman, Chief Financial Officer, presented the August Financial Reports. Discussion ensued.	Brandie Manuel, CPSQO Tyler Freeman, CFO
• **Advocacy Report** Elise Wright, Population Health and Government Advocacy Manager, provided an update which included an update on JH Advocacy- Senator Patty Murray's visit, JH Advocacy- Liliana Caracoza from Senator Cantwell's Office, JH Advocacy- WSHA Rural Advocacy Days and an RHTP Update. Discussion ensued. • **Administrative Report** Mike Glenn, Chief Executive Officer, shared an update on Continued Focus on Clinical Quality and Operational Improvement, Retail Pharmacy Update, Advocacy and other Updates. Discussion ensued.	Elise Wright, Population Health & Government Advocacy Mgr. Mike Glenn, CEO
FOCUS REPORT	
Emergency Management Update Brandie Manuel, Chief Patient Safety & Quality Officer shared an update on the Emergency Management program which included why it matters, the system, Governance, Jefferson Healthcare, Risk, Response, Readiness, Partnerships, Board Assurance, and The Promise. Discussion Ensued.	Brandie Manuel, CPSQO
BOARD BUSINESS	
• **Board Report** Commissioner McComas shared a reminder of the retreat coming up and to please schedule your call with Karma. • **Annual Agenda Evaluation** The Board evaluated the agenda. • **Meeting Evaluation** The Board evaluated the meeting.	Board of Commissioners Board of Commissioners
CONCLUDE	
Conclude Commissioner Dressler made a motion to conclude the meeting. Commissioner Rhoden seconded. **Action:** Motion passed unanimously. Meeting concluded at 3:38pm.	Board of Commissioners

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Approved by the Commission: Chair of Commission: Bruce McComas _____ Secretary of Commission: Marie Dressler _____	

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

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Jefferson Healthcare

Jefferson County Public Hospital District No. 2
Board of Commissioners Special Session Meeting

Wednesday, October 21, 2026 1:00 pm

Audio Only: dial Phone Conference Line: (509) 598-2842
When prompted, enter Conference ID number: 959 726 478#
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 below or in person in the Sheridan Conference Room at 915 Sheridan Street. Limited seating is available.

WELCOME	Who:
Call to Order The meeting was called to order at 1:01 pm by Board Chair McComas. Commissioners in attendance included Commissioners Dressler, Rhoden, Kolff and Ready. Also, in attendance were Mike Glenn, CEO; Tyler Freeman, CFO; Tina Toner, CNO; Jake Davidson, COO; Brandie Manuel, CPSQO; and Brittany Huntingford & Carly Ortlieb, Executive Assistants. This meeting was officially recorded by Jefferson Healthcare.	Commissioner Buhler Rienstra
WORK SESSION	
This Special Session aims to have Jefferson County Public Hospital District No. 2 Board of Commissioners review and discuss the 2027 budget. No action will be taken.	Tyler Freeman, Chief Financial Officer
CONCLUDE	
The meeting concluded at 2:47 pm. Approved by the Commission: Chair of Commission: Bruce McComas _____ Secretary of Commission: Marie Dressler _____	

This Special Session will be officially recorded.

Thursday, October 22, 2026

You may attend this meeting in person in the Dirksen Conference Room at 834 Sheridan Street. Limited seating is available.

WELCOME	Who:
• **Call to Order & Opening Remarks** The meeting was called to order at 9:30am by Board Chair McComas. Commissioners in attendance included Commissioners Dressler, Kolff, Rhoden, McComas, and Ready. Also, in attendance were Mike Glenn, CEO; Carly Ortlieb, Executive Assistant and Karma Bass, Principal and CEO of Via Healthcare Consulting. This meeting was officially recorded by Jefferson Healthcare.	Commissioner McComas
PUBLIC COMMENT	
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. No public comments at this time.	
WORK SESSION	
• **Retreat Objectives & Guidelines for the day** Karma Bass reviewed the agenda, retreat objectives and guidelines with the group. Discussion ensued. • **Commissioner Reflections on 2026 so far** Karma Bass asked the Board for input on their reflections of 2026. Discussion ensued.	Karma Bass, CEO/Managing Principal, Via Healthcare Consulting
• **Operational Improvement & HR1 Mitigation Plan Update** Mike Glenn offered an update on Operational Improvement and Jefferson Healthcare Project 2030 (HR1 Mitigation Plan). We reviewed current happenings on the National, State, Regional and Jefferson Healthcare levels. Discussion ensued.	Mike Glenn, CEO
• **Break** Commissioners recessed for break at 11:03 am Commissioners reconvened from break at 11:20am	
• **Operational Improvement & HR1 Mitigation Plan Update** Mike Glenn continued his presentation where he offered a deep dive into Jefferson Healthcare Project 2030 (HR1 Mitigation Plan). Discussion ensued.	Mike Glenn, CEO

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• **Lunch** Commissioners recessed for break at 12:03pm Commissioners reconvened from break at 12:35pm	
• **Naming Policy Proposal from the Jefferson Healthcare Foundation** Commissioner Dressler briefly reviewed the history and impact of the Jefferson Healthcare Foundation. Commissioner Rhoden reviewed the draft Naming Recognition/Honorific Policy. Discussion ensued. • **Board Book Revisions** Karma Bass reviewed the Board Book proposed revisions including the timing of recurring Board activities, frequency of the agenda evaluations, Commissioner compensation and expenses, news organizations and other community organizations. Discussion ensued.	Commissioners Rhoden and Dressler Facilitated by Karma Bass
• **Break** Commissioners recessed for break at 2:13pm Commissioners reconvened from break at 2:29pm	
• **Board Book Revisions Continued** Karma Bass reviewed the Board Book proposed revisions including, mission and vision review and patient grievance process and the Grievance committee. Discussion ensued. • **Board Education Topics for 2027** Karma Bass reviewed the Board Education Topics including HR1, the changing healthcare environment on the Olympic Peninsula, Community health needs, and AI. Discussion ensued. • **Board Priorities for the year ahead & Implementation Plan** Karma Bass opened up discussion on what the Board would like to focus on for 2027 priorities and the implementation plan for those. Discussion ensued. • **Wrap-up & Retreat Evaluation** The group shared closing comments and feedback from the day.	Facilitated by Karma Bass Facilitated by Karma Bass Facilitated by Karma Bass Facilitated by Karma Bass
• **Conclude** Meeting concluded at 3:40pm.	

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FROM: Medical Staff Services
RE: 10/20/26 Medical Executive Committee appointments/reappointments for Board approval
10/28/2026

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. Wang, Waylene, MD – Radiation Oncology

Allied Initial Appointments
1. N/A

Courtesy Initial Appointments
1. Caganap, Scott, MD - Teleneurology - PROVIDENCE
2. Poynor, Briana, MD - Teleneurology - PROVIDENCE

Locums Tenens
1. N/A

Recommended re-appointment to the active medical staff with privileges as requested:
1. Becker, Chris, MD - Emergency Medicine - POCUS
2. Herzberg, Alex, MD - Orthopedic Surgery – 1-year reappointment
3. Lofquist, Frederica, MD - Per-diem OBGYN
4. Olsen, Lauren, MD - Family Medicine - Watership
5. Wulff, Laura, MD - Primary Care – 1-year reappointment
6. Petruk, Lyudmila, MD - Neurology - LOCUMS COMPHEALTH

Recommended re-appointment to the allied health staff with privileges as requested:
1. Barger, Brian, ARNP - Primary Care
2. Fuentes, Katherine, PA-C - Primary Care -1-year reappointment
3. Grisetti, April, PA-C - Express Clinic - POCUS
4. Lavender, Nichole, PA-C - Express Clinic - POCUS

Recommended re-appointment to the courtesy medical staff with privileges as requested:
1. Barclay, James, MD - Telepsychiatry - ARRAY
2. Brown, Robert, MD - Diagnostic Radiology/Teleradiology - in-house -SKAGIT
3. Chen, Allen, MD - Diagnostic Radiology - SKAGIT
4. Lewis, Trevor, MD - TeleRadiology - REAL RADS
5. Snyder, Randall, MD - TeleRadiology - REAL RADS
6. Liedke, Christopher, DO - Tele- Rheumatology - EAGLE
7. Bhatt, Archit, MD - Teleneurology - PROVIDENCE

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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

Medical Student Rotation:

1. N/A

Disaster Privileging

1. N/A

Added Privileging

1. N/A

PPEC Membership/AdHoc

1. Matthew Petta, CRNA

90-day provisional performance review completed successfully:

1. Murphy, Michael, MD - TeleRadiology - REAL RADS

Resignations:

1. Smith, Stanley, MD - Real Rads Tele-Radiology 8/30/2026
2. Blum, Elyse, MD - Skagit Diag Radiology 9/6/2026

Students

1. Dr. Suresh Kumar – PGY-1
2. Neya Suresh Kumar – Sheridan Clinic 10/21/26 to 11-17-26

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Medical Staff Membership

1. N/A

New POCUS Privileges

1. N/A

Policies and Privileges

Annual Review of Policies

1. N/A

Revised Policies

1. N/A

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. Rheumatology

Annual Review of Privileges

1. N/A

Revised/Updated Privileges

1. Urology

Annual P&T Committee Policies/Reports

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1. N/A

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Jefferson Healthcare

	September 2026 Actual	September 2026 Budget	Variance Favorable/ (Unfavorable)	%	September 2026 YTD	September 2026 Budget YTD	Variance Favorable/ (Unfavorable)	%	September 2025 YTD
Gross Revenue									
Inpatient Revenue	3,550,663	4,127,059	(576,396)	-14%	32,961,692	36,338,823	(3,377,131)	-9%	33,558,744
Outpatient Revenue	38,892,668	38,658,904	233,764	1%	342,613,916	340,349,751	2,264,166	1%	302,428,548
Total Gross Revenue	42,443,331	42,785,963	(342,632)	-1%	375,575,609	376,688,574	(1,112,965)	0%	335,987,292
Revenue Adjustments									
Cost Adjustment Medicaid	2,796,658	2,419,798	(376,860)	-16%	23,751,824	21,478,296	(2,273,528)	-11%	21,419,574
Cost Adjustment Medicare	16,921,713	16,855,143	(66,570)	0%	148,688,944	148,307,865	(381,078)	0%	132,312,164
Charity Care	478,782	551,526	72,743	13%	4,991,980	4,854,830	(137,150)	-3%	3,967,408
Contractual Allowances Other	3,924,938	3,677,315	(247,622)	-7%	32,862,951	31,958,627	(904,323)	-3%	28,467,374
Administrative Adjustments	48,161	85,145	36,985	43%	545,017	749,497	204,480	27%	334,446
Allowance for Uncollectible Accounts	230,796	533,240	302,444	57%	4,527,742	4,706,288	178,545	4%	4,082,422
Total Revenue Adjustments	24,401,047	24,122,167	(278,880)	-1%	215,368,457	212,055,403	(3,313,054)	-2%	190,583,388
Net Patient Service Revenue	18,042,284	18,663,796	(621,512)	-3%	160,207,152	164,633,170	(4,426,019)	-3%	145,403,904
Other Revenue									
Pharmacies	1,244,560	664,074	580,486	87%	8,638,624	6,497,646	2,140,978	33%	6,155,201
Grants	54,218	34,057	20,161	59%	223,620	345,764	(122,144)	-35%	338,962
Other Operating Revenue	111,663	186,860	(75,197)	-40%	1,248,807	1,671,211	(422,404)	-25%	738,973
Total Operating Revenues	19,452,725	19,548,787	(96,062)	0%	170,318,202	173,147,791	(2,829,588)	-2%	152,637,040
Operating Expenses									
Salaries And Wages	8,896,715	9,249,659	352,944	4%	79,576,760	82,825,791	3,249,031	4%	71,910,711
Employee Benefits	1,895,765	1,964,302	68,537	3%	17,782,391	18,246,263	463,871	3%	15,858,468
Professional Fees	787,682	927,732	140,049	15%	8,737,664	8,356,509	(381,155)	-5%	6,490,020
Purchased Services	515,899	516,957	1,058	0%	5,171,465	4,819,492	(351,973)	-7%	7,015,841
Supplies	4,232,684	4,084,980	(147,704)	-4%	33,843,984	36,170,700	2,326,716	6%	34,499,942
Insurance	185,613	163,333	(22,279)	-14%	1,592,217	1,469,999	(122,219)	-8%	1,325,054
Leases And Rentals	57,472	67,606	10,134	15%	632,935	578,279	(54,656)	-9%	648,018
Depreciation And Amortization	823,540	801,194	(22,346)	-3%	7,370,879	7,210,749	(160,130)	-2%	5,322,507
Repairs And Maintenance	196,639	109,215	(87,424)	-80%	1,077,235	989,046	(88,190)	-9%	1,023,438
Utilities	204,722	161,878	(42,844)	-26%	1,687,941	1,473,091	(214,850)	-15%	1,458,718
Licenses And Taxes	73,098	200,750	127,652	64%	1,758,303	1,806,787	48,485	3%	1,917,169
Software	333,250	447,841	114,591	26%	3,210,033	4,032,295	822,262	20%	1,996,662
Other	157,128	246,947	89,819	36%	1,727,261	2,223,109	495,848	22%	1,763,532
Total Operating Expenses	18,360,208	18,942,395	582,187	3%	164,169,069	170,202,109	6,033,040	4%	151,230,081
Operating Income (Loss)	1,092,517	606,392	486,124	80%	6,149,133	2,945,682	3,203,451	>100%	1,406,960
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	45,307	45,471	(164)	0%	410,170	415,407	(5,237)	-1%	403,332
Investment Income	197,977	264,011	(66,033)	-25%	1,670,593	2,331,637	(661,044)	-28%	2,783,914
Interest Expense	(610,307)	(594,394)	(15,913)	-3%	(5,479,591)	(5,457,761)	(21,830)	0%	(5,428,439)
Gain or (Loss) on Disposed Asset	-	-	-	0%	3,000	-	3,000	0%	6,743
Contributions	48,000	88,917	(40,917)	-46%	175,711	810,347	(634,636)	-78%	5,833,006
Total Non Operating Revenues (Expenses)	(319,022)	(195,995)	(123,026)	-63%	(3,220,117)	(1,900,370)	(1,319,747)	-69%	3,671,306
Change in Net Position (Loss)	773,495	410,397	363,098	88%	2,929,016	1,045,311	1,883,704	>100%	5,078,266

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Jefferson Healthcare

STATISTIC DESCRIPTION	SEPTEMBER 2026 MO ACTUAL	MO BUDGET	% VARIANCE	YTD ACTUAL	YTD BUDGET	% VARIANCE	SEPTEMBER 2025 MO ACTUAL	% VARIANCE	YTD ACTUAL	% VARIANCE
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	60	66	-9%	526	598	-12%	56	7%	610	-14%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	356	337	6%	3,204	3,067	4%	342	4%	3,041	5%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	11	45	-76%	271	410	-34%	69	-84%	367	-26%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	427	448	-5%	4,001	4,075	-2%	467	-9%	4,018	0%
BIRTHS	7	8	-13%	65	71	-8%	9	-22%	66	-2%
SURGERY CASES (IN OR)	179	171	5%	1,447	1,348	7%	122	47%	1,232	17%
SURGERY MINUTES (IN OR)	15,877	17,058	-7%	139,682	134,833	4%	10,873	46%	118,828	18%
ENDOSCOPY SERVICES CASES	85	129	-34%	1,050	1,022	3%	103	-17%	922	14%
SURGERY MINUTES (ENDOSCOPY SERVICES)	3,767	5,836	-35%	45,595	46,127	-1%	4,384	-14%	41,183	11%
LAB BILLABLE TESTS	31,580	23,980	32%	263,033	218,222	21%	25,213	25%	214,492	23%
BLOOD BANK UNITS MATCHED	22	43	-49%	376	396	-5%	47	-53%	402	-6%
MRIs COMPLETED	253	280	-10%	2,340	2,519	-7%	224	13%	2,215	6%
CT SCANS COMPLETED	842	735	15%	7,359	6,691	10%	783	8%	6,721	9%
RADIOLOGY-DEXA	164	156	5%	1,545	1,423	9%	117	40%	1,414	9%
X-RAYS·COMPLETED	2,121	1,860	14%	16,912	16,925	0%	1,928	10%	16,898	0%
ECHOs COMPLETED	242	212	14%	2,175	1,929	13%	231	5%	1,948	12%
ULTRASOUNDS COMPLETED	391	406	-4%	3,602	3,693	-2%	460	-15%	3,687	-2%
MAMMOGRAPHYS COMPLETED	337	627	-46%	3,870	5,705	-32%	316	7%	2,960	31%
NUCLEAR MEDICINE TESTS	42	37	14%	394	339	16%	44	-5%	341	16%
TOTAL DIAGNOSTIC IMAGING TESTS	4,392	4,314	2%	38,197	39,223	-3%	4,103	7%	36,184	6%
PHARMACY MEDS DISPENSED	23,532	21,743	8%	214,270	197,864	8%	21,471	10%	192,936	11%
PHARMACY INFUSION MEDS DISPENSED	2,114	2,158	-2%	20,251	19,635	3%	2,122	0%	18,952	7%
RETAIL PHARMACY SCRIPTS FILLED	2,804	2,178	29%	22,547	19,821	14%	2,860	-2%	20,484	10%
SPECIALTY PHARMACY SCRIPTS FILLED	100	74	35%	755	673	12%	-	0%	-	0%
ANTI COAG VISITS	199	240	-17%	1,986	2,188	-9%	273	-27%	2,412	-18%
RESPIRATORY THERAPY CHARGE UNITS	1,249	1,221	2%	11,015	11,111	-1%	2,282	-45%	18,962	-42%
PULMONARY REHAB CHARGE UNITS	146	136	7%	1,197	1,236	-3%	189	-23%	1,437	-17%
CARDIAC REHAB SESSIONS	165	406	-59%	1,846	3,693	-50%	175	-6%	1,830	1%
PHYSICAL THERAPY CHARGE UNITS	6,726	7,288	-8%	71,042	66,323	7%	7,458	-10%	66,091	7%
PHYSICAL THERAPY CHARGE UNITS - DISCOVERY REHAB	1,359	2,628	-48%	7,284	17,299	-58%	-	0%	-	0%
OCCUPATIONAL THERAPY CHARGE UNITS	466	789	-41%	6,877	7,180	-4%	582	-20%	7,002	-2%
SPEECH THERAPY CHARGE UNITS	118	276	-57%	1,759	2,507	-30%	198	-40%	2,338	-25%
REHAB/PT/OT/ST	8,980	11,522	-22%	90,005	98,238	-8%	8,602	4%	78,698	14%
ER CENSUS	1,393	1,364	2%	12,702	12,416	2%	1,431	-3%	12,316	3%
EXPRESS CLINIC	1,212	1,229	-1%	10,556	11,182	-6%	1,111	9%	10,646	-1%
SOCO PATIENT VISITS	221	243	-9%	2,130	2,208	-4%	255	-13%	1,933	10%
PORT LUDLOW PATIENT VISITS	513	682	-25%	5,293	6,204	-15%	690	-26%	5,788	-9%
SHERIDAN PATIENT VISITS	3,300	3,133	5%	29,298	28,509	3%	3,293	0%	27,121	8%
DENTAL CLINIC	504	595	-15%	4,730	5,416	-13%	423	19%	4,316	10%
WATERSHIP CLINIC PATIENT VISITS	1,257	1,181	6%	12,309	10,743	15%	1,141	10%	10,885	13%
TOWNSEND PATIENT VISITS	555	519	7%	4,729	4,727	0%	478	16%	4,723	0%
TOTAL RURAL HEALTH CLINIC VISITS	7,562	7,581	0%	69,045	68,989	0%	7,391	2%	65,412	6%
CARDIOLOGY CLINIC VISITS	512	517	-1%	3,753	3,886	-3%	340	51%	3,510	7%
DERMATOLOGY CLINIC VISITS	673	1,122	-40%	6,507	9,737	-33%	699	-4%	6,108	7%
ENT CLINIC VISITS	219	100	119%	977	405	141%	-	0%	-	0%
PODIATRY CLINIC VISITS	158		0%	250		0%	-	0%	-	0%
GEN SURG VISITS	259	337	-23%	2,724	2,840	-4%	286	-9%	2,684	1%
NEUROLOGY VISITS	208	221	-6%	1,382	1,919	-28%	164	27%	1,273	9%
ONCOLOGY VISITS	316	551	-43%	3,287	4,654	-29%	352	-10%	3,163	4%
ORTHO VISITS	867	742	17%	7,014	6,442	9%	755	15%	6,507	8%
INFECTIOUS DISEASE CLINIC VISITS	21	34	-38%	225	291	-23%	-	0%	-	0%
PULMONOLOGY CLINIC VISITS	402	325	24%	2,918	2,825	3%	332	21%	332	779%
RHEUMATOLOGY VISITS	82	31	165%	492	268	84%	30	173%	215	129%
SLEEP CLINIC VISITS	184	220	-16%	2,034	1,909	7%	159	16%	1,789	14%
UROLOGY VISITS	281	220	28%	2,333	2,004	16%	131	115%	1,819	28%
JH UROLOGY SERVICES VISITS	72	8	800%	115	72	60%	9	700%	61	89%
OB/GYN CLINIC VISITS	325	336	-3%	3,082	2,918	6%	367	-11%	2,748	12%
WOUND CLINIC VISITS	109	126	-13%	1,165	1,053	11%	143	-24%	1,055	10%
HANDS/PLASTICS VISITS	246	216	14%	1,798	1,873	-4%	187	32%	1,782	1%
TOTAL SPECIALTY CLINIC VISITS	4,934	5,105	-3%	40,056	43,096	-7%	3,954	25%	33,046	21%
SLEEP CENTER SLEEP STUDIES	60	60	0%	654	517	26%	70	-14%	541	21%
INFUSION CENTER VISITS	759	847	-10%	6,994	7,154	-2%	716	6%	6,425	9%
RADIATION ONCOLOGY TREATMENTS	158	160	-1%	1,259	1,458	-14%	-	0%	-	0%
SURGERY CENTER ENDOSCOPIES	65	75	-13%	582	655	-11%	71	-8%	656	-11%
HOME HEALTH EPISODES	45	90	-50%	538	802	-33%	57	-21%	518	4%
HOME HEALTH VISITS	1,154	1,192	-3%	10,602	10,608	0%	1,022	13%	10,087	5%
HOSPICE CENSUS/DAYS	1,196	1,260	-5%	10,822	11,466	-6%	961	24%	9,403	15%
HOSPICE VISITS	440	424	4%	4,315	3,859	12%	364	21%	3,676	17%
FOOD AND NUTRITION SERVICES MEALS SERVED	8,725	8,885	-2%	82,848	80,855	2%	11,721	-26%	67,394	23%
MAT MGMT TOTAL ORDERS PROCESSED	3,318	2,055	61%	25,902	18,699	39%	3,192	4%	20,303	28%
REGISTRATION HOSPITAL ACCOUNTS CREATED	9,374	8,548	10%	83,017	77,786	7%	7,993	17%	73,506	13%
PATIENT ENGAGEMENT CENTER CALLS HANDLED	29,935	28,016	7%	243,971	254,942	-4%	25,952	15%	208,458	17%
PRE-POST OP RECOVERY CASES	127	123	3%	979	972	1%	72	76%	880	11%
PRE-POST OP RECOVERY MINUTES	5,977	5,166	16%	47,722	40,833	17%	3,493	71%	37,538	27%
ANESTHESIA MINUTES	19,710	22,894	-14%	181,304	180,960	0%	15,683	26%	156,969	16%
DIABETES EDUCATION AND NUTRITION SERVICES VISITS	32	42	-24%	320	363	-12%	36	-11%	354	-10%
PALLIATIVE CARE QOL ENCOUNTERS	133	116	15%	1,072	1,015	6%	86	55%	736	46%

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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

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

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

General Fund Warrants & ACH Transfers	**$24,343,551.99**	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	**$757,739.00**	(Attached)
Canceled Warrants	**-**	(Attached)

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JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2026-18

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 28th day of October, 2026.

APPROVED BY THE COMMISSION:

Commission Chair Bruce McComas: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Patty Rhoden: _____

Commissioner Kees Kolff: _____

Commissioner Matt Ready: _____

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Home Health, Hospice, and Palliative Care QAPI Meeting Quarter 4, 2026
October 2nd, 2026 – 2 to 3:30 PM

Attendee	Role
David Hunsley	Director, Home Health, Hospice & Palliative Care; meeting facilitator and presenter. [Home Healt...QUARTER 4 | Meeting]
Dr. Joseph Mattern	Medical Director / Palliative Care physician leader; participated in discussion regarding palliative care and quality initiatives. [Home Healt...QUARTER 4 | Meeting]
Kyra Berkovich	Palliative Care program leader/coordinator; reported on completed program improvement initiatives including social work referrals, MAID order workflows, and work queue tracking. [Home Healt...QUARTER 4 | Meeting]
Brittany Shrout	Home Health quality/compliance leader; presented audit progress, documentation standardization efforts, and quality improvement outcomes. [Home Healt...QUARTER 4 | Meeting]
Krystal Brock-Farrington	Hospice leader/manager; discussed plans to improve survey participation and family communication around Press Ganey surveys. [Home Healt...QUARTER 4 | Meeting]
Terri Neal	Quality/documentation improvement contributor; acknowledged for work on standardized home health documentation and recertification note development. Participation confirmed through meeting chat. [Home Healt...QUARTER 4 | Meeting]
Lisa Porter	Clinical Operations Manager

Meeting Minutes

- **Palliative Care Program Retooling:** David, Kyra, Dr. Mattern, and the palliative-care workgroup reviewed efforts to standardize operations, integrate Gina Ritchie as an LICSW, manage triage and referrals, and develop Pro Forma 3.0 while addressing referral volume and urgent-care capacity.
    - **LICSW Integration:** Gina Ritchie is orienting to the palliative-care role, with templated patient visits expected to begin the week after next. David is

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coordinating social workers who are also LICSWs to provide half-day support and help Gina complete several visits during the onboarding period.

- **Triage And Accountability:** The team implemented a triage process based on CAPC standards that classifies patients as high, medium, or low need using psychosocial and medical considerations. David, Kyra, Gina, Krystal, and Lisa have also been clarifying responsibility for resolving operational problems, issues, and occurrences, and the process was discussed with providers at the recent provider-operations meeting.
- **Program Standardization:** David and Dr. Mattern plan to meet individually with providers to identify workflow challenges and successful practices, then develop templates that support both provider needs and business requirements. Kyra, Regina, David, and Krystal are meeting weekly as the palliative-care workgroup until remaining process issues are addressed and standardized.
- **Capacity Management:** Because referral volume is high, particularly from within the Jefferson Healthcare system, the team is considering a wait list for low-intensity patients rather than scheduling every referral strictly in order received. Dr. Mattern proposed reserving Thursday afternoons for urgent cases, especially referrals from oncology, but said they still needed to confirm the time with his primary care team.
- **Completed Improvements:** Kyra reported that the team created a formal social-worker referral workflow to replace informal handoffs and improve tracking, reducing the risk of patients being missed. Kyra also worked with Christina S. to create clearer medical-aid orders and support. Added to SharePoint: documentation covering steps, contacts, and compounding-pharmacy resources. Work remains in progress on using work-queue notes more consistently for compliance tracking.

- **Home Health Quality And Patient Experience:** David reviewed quarter-three home-health scores and patient feedback, which showed generally strong satisfaction alongside limited concerns about caregiver continuity, phone responsiveness, therapy scheduling, and differing therapy preferences.
  - **Quarter Three Scores:** The quarter-three home-health metrics covered July 1 through September 30, 2026 and compared Jefferson Healthcare with national benchmarks. David noted that the organization was near the benchmark on many measures, with a 2.6% shortfall on discussed safe

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home setup; response counts were small, generally five to seven patients per month, so results should be interpreted cautiously.

- **Patient Feedback:** Home-health comments were predominantly exceptional, with patients praising compassion, professionalism, communication, clinical expertise, support, respect, and gratitude for the care received.
- **Improvement Themes:** The limited negative feedback identified a preference for seeing the same caregivers at each visit, difficulty reaching the nurse line, and an occupational-therapy appointment offered roughly three weeks after surgery when the patient no longer felt the service was needed. Therapy preferences varied, with one respondent finding PT most helpful, OT less helpful, and speech therapy unhelpful.

- **Coker Quality And Operational Initiatives:** David described the Coker Group engagement to improve home-health and hospice operations through productivity points, overtime control, and higher Medicare-related star ratings, supported by ongoing documentation and audit improvements led by Brittany, Robin, Terri, Lisa, and David.
  - **Coker Priorities:** The Coker Group, which provides revenue-cycle and home-health and hospice expertise, will help implement a point-based productivity system for home-health clinicians and address overtime. Improving the agency's current two-star rating is another priority because higher ratings affect Medicare reimbursement; David estimated that moving to a higher rating could increase payment by approximately 10% to 15%, although they did not have a precise dollar amount.
  - **Documentation Standardization:** Brittany reported that the team rolled out a standardized start-of-care smart phrase about a week earlier. The note is intended for nurses, therapists, and other clinicians and specifies the required information and documentation elements auditors expect.
  - **Recertification Documentation:** Terri is developing a standardized recertification note to ensure that required information is captured consistently and is not omitted across different documentation entries.
  - **Audit Progress:** Brittany said the team has retired four actionable audit items during the previous six months and retired another during the current week, while continuing toward a 100% completion goal. David said the work

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also establishes a foundation for improving inter-rater reliability and OASIS-related scores in preparation for future ACHC survey windows.

- **Efficiency Effects:** Brittany explained that standardized notes should reduce unnecessary charting and documentation time while preserving required quality information, supporting the separate objective of controlling overtime.

- **Hospice Performance And Survey Reliability:** David and Dr. Mattern reviewed year-over-year hospice scores and comments, noting strong reported experiences but inconsistent metrics that may be distorted by very low response volumes; Krystal and David emphasized improving survey education and participation.
  - **Year-Over-Year Results:** Current hospice quarter-three scores were not yet available in the new reporting system, so David reviewed year-over-year results instead. Care preferences, timely help, pain and symptom support, and overall rating showed declines, while communication with family and emotional and spiritual support improved modestly; respect, family training, and willingness to recommend remained strong.
  - **Small Sample Size:** Dr. Mattern questioned why the hospice results appeared more variable despite perceived consistency in staffing and processes. David agreed the pattern was unexpected and explained that each month included only about five to seven responses, making it difficult to determine whether the results represented the broader patient population or a small group of respondents with unusually positive or negative experiences.
  - **Patient Comments:** Hospice comments were predominantly exceptional, describing the team as caring, compassionate, professional, knowledgeable, respectful, courteous, helpful, supportive, and effective in communication. Most respondents gave the highest overall rating and said they would definitely recommend the service.
  - **Survey Participation:** Krystal proposed having hospice nurses explain the purpose and importance of the surveys, particularly after the Press Ganey transition. David supported normalizing survey requests and encouraging feedback from every patient or family regardless of whether the experience was entirely positive, so the organization can obtain a more representative view.

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- **After-Hours On-Call Transition:** David outlined the termination of Northstar's contract after missed after-hours responses, the interim internal coverage plan, and the planned November 16 transition to Healthcare Telehealth to improve timely access to nurses for hospice and home-health patients.
    - **Northstar Termination:** David said the organization terminated Northstar for cause after late-August and early-September failures in which patients could not reach the contracted after-hours service and some hospice families called 911. Northstar confirmed that it would stop providing services after October 23.
    - **Interim Call Routing:** Until the new vendor goes live, calls will first ring the office for 30 seconds. If unanswered, callers reach a secondary language-line menu, where they can leave a nonurgent office message or select an urgent hospice or home-health nurse option.
    - **Internal Nurse Coverage:** Urgent calls selected through the menu will ring to on-call nurses using GoTo Connect. After two minutes, the call will also ring to the broader nurse group and also to Lisa and David as administrators on-call. Weekend call volume is being tracked on a recording sheet, and a nurse on light duty has been helping cover Saturday and Sunday calls while the process is refined.
    - **Transition Milestones:** The interim plan was intended to move to Jefferson-only nurse coverage after the external option is removed, continuing until Healthcare Telehealth's November 16 go-live. After that date, Healthcare Telehealth will provide normal after-hours coverage and clinicians will no longer need to answer through GoTo Connect.
- **Press Ganey Reporting Transition:** David reported that two new Press Ganey holistic surveys began September 28 and said the team will use the first results to select focused improvement targets for home health and hospice reporting.
    - **New Surveys:** The organization transitioned to Press Ganey for HCAHPS reporting earlier in the week, with two new holistic surveys beginning September 28. David said the new instruments better align with patient-care priorities than the prior survey questions and materials, sent to patients and surviving familes.
    - **Target Selection:** Once results are available, the clinical group will regroup to determine which questions provide the most actionable opportunities and

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select targets to monitor and improve. David expected the next QAPI meeting to include recommendations about which questions should be prioritized.

- **Stakeholder Reporting:** David plans to include the Press Ganey survey materials and subsequent reporting in the materials provided to Jefferson Hospital Commissioners at this QAPI reporting interval.

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Jefferson County Public Hospital District No. 2

RESOLUTION 2026-19
PROPERTY TAX INCREASE RESOLUTION

WHEREAS the Board of Commissioners has properly given notice of the public hearing held October 28, 2026, to consider the Hospital District's current expense budget for the 2027 calendar year, pursuant to RCW 84.55.120; and

WHEREAS the Board of Commissioners, after hearing, and after duly considering all relevant evidence and testimony presented, has determined that Jefferson County Public Hospital District No.2 requires increase in property tax revenue from the previous year, in addition to the increase resulting from the addition of new construction and improvements to property and any increase in the value of state-assessed property, in order to discharge the expected expenses and obligations of Jefferson County Public Hospital District No. 2 and in its best interest;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners, that increase in the regular property tax levy, in addition to any amount resulting from the addition of new construction and improvements to property, refunds from the previous year, and any increase in the value of state-assessed property is hereby authorized for the 2027 levy of $551,015.04 which is a percentage increase of 1 percent ($5,455.59) from the previous year (see RCW 84.55.092).

ADOPTED and APPROVED by the Board of Commissioners of Public Hospital District No. 2, Jefferson County, Washington, at an open public meeting, the following Commissioners being present and voting in favor of the resolution.

APPROVED THIS 28th day of October 2026

APPROVED BY THE COMMISSION:

Commission President – Bruce McComas: _____

Commission Secretary – Marie Dressler _____

Attest:

Commissioner – Patty Rhoden: _____

Commissioner – Matt Ready: _____

Commissioner – Kees Kolff: _____

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Jefferson County Public Hospital District No. 2

RESOLUTION 2026-19
WITHOUT PROPERTY TAX INCREASE RESOLUTION

WHEREAS the Board of Commissioners has properly given notice of the public hearing held October 28, 2026, to consider the Hospital District's current expense budget for the 2027 calendar year, pursuant to RCW 84.55.120; and

WHEREAS the Board of Commissioners, after hearing, and after duly considering all relevant evidence and testimony presented, has determined that Jefferson County Public Hospital District No.2 requires no increase in property tax revenue from the previous year, in addition to the increase resulting from the addition of new construction and improvements to property and any increase in the value of state-assessed property, in order to discharge the expected expenses and obligations of Jefferson County Public Hospital District No. 2 and in its best interest;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners, that no increase in the regular property tax levy, in addition to any amount resulting from the addition of new construction and improvements to property, refunds from the previous year, and any increase in the value of state-assessed property is hereby authorized for the 2027 levy of $545,559.45 which is a percentage increase of 0 percent ($0.00) from the previous year (see RCW 84.55.092).

ADOPTED and APPROVED by the Board of Commissioners of Public Hospital District No. 2, Jefferson County, Washington, at an open public meeting, the following Commissioners being present and voting in favor of the resolution.

APPROVED THIS 28th day of October 2026

APPROVED BY THE COMMISSION:

Commission President – Bruce McComas: _____

Commission Secretary – Marie Dressler _____

Attest:

Commissioner – Patty Rhoden: _____

Commissioner – Matt Ready: _____

Commissioner – Kees Kolff: _____

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Jefferson County Public Hospital District No. 2

RESOLUTION 2026-20
ADOPT FISCAL YEAR 2027 BUDGET

WHEREAS the Board of Commissioners has properly given notice of the public hearing held October 28th, 2026, to consider the Hospital District's current expense budget for the 2027 calendar year, pursuant to RCW 84.55.120;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Jefferson County Public Hospital District No. 2, that the Operations and Capital Budget for fiscal year 2027 as presented to the Board, as hereto attached, is hereby approved.

ADOPTED and APPROVED by the Board of Commissioners of Public Hospital District No. 2, Jefferson County, Washington, at an open public meeting, the following Commissioners being present and voting in favor of the resolution.

APPROVED THIS 28th day of October 2026

APPROVED BY THE COMMISSION:

Commission President – Bruce McComas: _____

Commission Secretary – Marie Dressler _____

Attest:

Commissioner – Patty Rhoden: _____

Commissioner – Matt Ready: _____

Commissioner – Kees Kolff: _____

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