
Regular Session Agenda
Wednesday, February 28, 2018

Call to Order: 2:00

Education Topic: 2:01

- OPMA/OPRA Primer

Break: 3:15

Approve Agenda: 3:30

Minutes: Action Requested 3:35

- January 17 Special Session (pg. 2-4)
- January 24 Regular Session (pg. 5-7)
- January 26 Special Session (pg. 8-9)
- February 14 Special Session (pg. 10-11)

Required Approvals: Action Requested 3:45

- Medical Staff Credentials/Appointments/Reappointments (pg. 12)
- Medical Staff Policy (pg. 13-19)
- January Warrants and Adjustments (pg. 20-24)
- Resolution 2018-02 Cancel Warrants (pg. 25)
- Resolution 2018-03 Surplus Equipment (pg. 26)

Public Comment: 3:55
(In lieu of in-person comment, members of the public may provide comment on any agenda item or any other matter related to the District via a letter addressed to the Commissioners at 834 Sheridan Street, Port Townsend, Washington 98368, or via email to commissioners@jeffersonhealthcare.org)

Financial Report: Anne Burton, Controller 4:05

- January

Board Report: 4:20

Meeting Evaluation: 4:30

Conclude: 4:35

This Regular Session will be officially audio recorded.
Times shown in agenda are estimates only.

**Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, January 17, 2018
Victor J. Dirksen Conference Room**

Call to Order:

The meeting was called to order at 2:00pm by Board Chair, Commissioner Buhler. Additional Commissioners present were Dressler, Kolff, Ready and McComas. Also present were Mike Glenn, Chief Executive Officer, Brandie Manuel, Chief Patient Care Officer, Jon French, Chief Legal Officer, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Approve Agenda:

Due to special session meeting agenda is unable to be changed so no approval needed.

Commissioner Buhler announced the hospital auxiliary's donation to the hospital and thanked them for their work.

Commissioner Buhler announced the Well Hearts Luncheon.

Commissioner Buhler welcomed Commissioner McComas.

Discussion ensued.

Required Approvals:

- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner Kolff made a motion to approve Medical Staff Credentials/Appointments/Reappointments, and Medical Staff Policy as presented. Commissioner McComas seconded the motion.

Action: Motion passed unanimously.

Work Session:

- Elect Officers

Commissioner Dressler nominated Commissioner Buhler as Chair. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Commissioner Kolff nominated Commissioner Dressler for Secretary. Commissioner McComas seconded.

Action: Motion passed unanimously.

- Introduce Committee Assignments

Commissioner Buhler explained the administrative committees, Executive Quality Council, Finance, and Patient Advocates and asked the Commissioners to choose their top options.

Discussion ensued.

Commissioners discussed who would take Commissioner De Leo's place for Executive Quality Council Discussion 2.0.

Commissioner Buhler appointed Commissioner Ready to the EQC Discussion 2.0.

- Discuss Medical Staff Credentialing

Commissioner Dressler introduced the discussion regarding Medical Staff Credentialing

Jon French, Chief Legal Officer, explained the risks of individual liability for board members regarding medical staff credentialing.

Discussion ensued.

- Discuss Meeting Evaluation Discussion Period

Discussion ensued.

Commissioner Buhler suggested a 5 minute verbal meeting evaluation at the end of the meeting.

Discussion ensued.

- Review and Discuss 2018 Board Calendar

Commissioners discussed.

Commissioner Kolff suggested adding Quality reports to the monthly report outs.

- Finalize Advocacy Agenda

Mike Glenn, CEO explained the 2018 advocacy agenda and suggested adding the budget and workforce planning budget proviso.

Discussion ensued.

Commissioner Dressler made a motion to approve the advocacy agenda with revisions. Commissioner Kolff seconded the motion.

Action: Motion passed unanimously.

Evaluation:

Commissioners evaluated the agenda items.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 3:56pm.

Approved by the Commission:

Commissioner Chair: Jill Buhler _____

Commission Secretary: Marie Dressler _____

DRAFT

Jefferson County Public Hospital District No.2
Board of Commissioners, Regular Session Minutes
Wednesday, January 24, 2018
Victor J. Dirksen Conference Room

Call to Order:

The meeting was called to order at 2:00pm by Commissioner Buhler. Present were Commissioners Buhler, Dressler, Kolff, Ready, McComas. Also present were Mike Glenn, Chief Executive Officer, Hilary Whittington, Chief Administrative Officer/Chief Financial Officer, Jon French, Chief Legal Officer, Lisa Holt, Chief Ancillary and Specialty Services Officer, Caitlin Harrison, Chief Human Resources Officer, Brandie Manuel, Chief Patient Care officer, Joe Mattern, MD, Chief Medical Officer, and Alyssa Rodrigues, Administrative Assistant. This meeting was officially audio recorded by Jefferson Healthcare.

Education Topic:

- Review/Revise Board book

Commissioners discussed board book.

Commissioner Kolff made a motion to include population health elements in the preamble. Motion died for lack of second.

Commissioner McComas made a motion to change the vision wording to say providing instead of provide. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Commissioner Ready made a motion to approve the board book as amended. Commissioner Dressler seconded.

Action: Motion passed unanimously

- Evaluate Board Compliance

Commissioner Buhler made a motion to hold off on board compliance until Karma Bass, consultant comes in May. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Commissioner discussed OPMA training.

Commissioners discussed January 26, 2018 Legislative Visit.

Commissioner Buhler discussed the board of health meeting minutes 12/21/2017 and also discussed 01/18/18 Board of Health meeting.

Discussion ensued.

Mike Glenn, CEO relayed information from Director's meeting regarding changing the mission statement.

Commissioner Buhler recessed at 3:00pm
Commissioner Buhler reconvened the meeting at 3:30pm.

Patient Story:

Brandie Manuel, Chief Patient Care Officer, gave the patient story regarding flu season, antibiotics, implementing safe antibiotic practices. She announced that Jefferson Healthcare was awarded a place on the Antimicrobial Stewardship Honor Roll. Brandie Manuel read aloud the award letter from Department of Health.

Approve Agenda:

Commissioner Buhler suggested putting in board evaluation after board reports and having board reports placed after board business. Commissioner Buhler also mentioned that due to Dr. Mattern being absent there will not be a CMO report.

Commissioner Dressler made a motion to approve the agenda with suggested changes. Commissioner McComas seconded.

Action: Motion passed unanimously.

Minutes:

- December 20 Regular Session minutes

Commissioner Dressler made a motion to approve the December 20 Regular Session Minutes. Commissioner Kolff seconded.

Action: Motion passed unanimously

Required Approvals:

- December Warrants and Adjustments
- Resolution 2018-01 Cancel Warrants

Commissioner Dressler made a motion to approve December Warrants and Adjustment, Resolution 2018-01 Canceled Warrants as presented. Commissioner Kolff seconded the motion.

Action: Motion passed unanimously.

Public Comment:

Public comment was made.

Financial Report:

Hilary Whittington, CAO/CFO presented the December Finance Report.

Discussion ensued.

Administrator's Report:

Mike Glenn, CEO, presented the administrator's report.

Discussion ensued.

Chief Medical Officer Report:

CMO, Dr. Joe Mattern, was excused.

Housing, Food, and Friends: The JH Population Department Update:

Molly Parker, MD Medical Director of Population Health, Dunia Faulx, Population Health Manager, Tina Herschelman, Population Health, Marketing and Community Engagement Coordinator gave their presentation on Housing, Food, and Friends: The JH Population Department update.

Discussion ensued.

Board Business:

- Adopt Board Book
- Adopt Board Calendar

Commissioner Kolff made a motion to adopt the board calendar. Commissioner Dressler seconded.

Action: Motion passed unanimously.

- Adopt Committee Assignments

Commissioner Kolff made a motion to adopt the 2018 Committee Assignments. Commissioner Dressler seconded.

Action: Motion passed unanimously.

Board Report:

No board reports.

Meeting Evaluation:

Commissioners evaluated the meeting.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner McComas seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 5:30pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

**Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Friday, January 26, 2018
Washington State Legislature, Olympia, WA**

Location 1: Pritchard Building, Cafeteria

Call to Order:

The meeting was called to order at 11:50am by Board Chair, Buhler. Present were Commissioners Dressler, McComas, Kolff, and Ready, together with CEO Mike Glenn and CAO/CFO Hilary Whittington.

Opening remarks were made by CEO Glenn, issues included: Children's healthcare funding, partnerships and affiliations, Medicaid funding of Hospital Based Clinics, provider contracts and Ricky's Law.

At 12.04 pm, Lisa Thatcher, WSHA Healthcare Lobbyist arrived. Introductions were made. Ms. Thatcher proceeded to discuss legislative issues relevant to Jefferson Healthcare and Jefferson County residents.

At 12.40 pm Lisa Thatcher left the meeting, and discussion continued among the initial participants.

At 1.00pm Motion by Commissioner Ready to adjourn the meeting, second Commissioner McComas,

Action: Motion passed unanimously.

Location 2: Room 314, John L O' Brien Building

At 1.30pm, in Room 314 John O'Brien Building, (Representative Tharinger's office) the meeting was reconvened by Commissioner Buhler. In addition to the Jefferson Healthcare commissioners, CEO and CFO, Representative Steve Tharinger and Senator Kevin Van DeWege were present. Following introductions, discussion of various legislative issues and concerns commenced.

At 1.35 pm Representative Mike Chapman arrived and discussions continued. Written information was given to each legislator.

Conclude:

Commissioner McComas made a motion to conclude the meeting. Commissioner Dressler seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 1:48pm.

Respectively Submitted,

Marie Dressler, Board Secretary

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

DRAFT

**Jefferson County Public Hospital District No.2
Board of Commissioners, Special Session Minutes
Wednesday, February 14, 2018
Victor J. Dirksen Conference Room**

Call to Order:

The meeting was called to order at 3:30pm by Board Chair, Buhler. Present were Commissioners Dressler, McComas, Kolff, and Ready. Mike Glenn, Chief Executive Officer, Hilary Whittington, Chief Administrative Officer/Chief Financial Officer, Lisa Holt, Chief Ancillary and Specialty Services Officer, Caitlin Harrison, Chief Human Resources Officer, Brandie Manuel, Chief Patient Care officer, Josh Brocklesby, Interim Executive Director of Nursing and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Employee and Team of the Quarter:

Commissioner Buhler and Mike Glenn announced the Employee of Quarter, Bill Hunt and Team of the Quarter administrative assistants.

Patient Story:

Brandie Manuel, Chief Patient Care Officer, read aloud an email from a family member of a patient who had been hospitalized. This family member described the great service that was provided by the team of Hospitalists and nurses to their father, and how well the team took care of their family member.

The letter writer also expressed gratitude for the excellent care the patient had received particularly noting the quality of care by the Hospitalists and all of the staff, as well as the team demonstrating compassion and caring to the family members during a time of loss.

Approve Agenda:

Commission Dressler made a motion to approve the agenda. Commissioner Kolff seconded.

Action: Motion passed unanimously.

Public Comment:

Public comment was made.

Financial Report:

Hilary Whittington, CAO/CFO gave a verbal update on the State Audit Report Out.

Discussion ensued.

Quality Report:

Brandie Manuel, CPCO, gave the quarterly quality report.

Discussion ensued.

Administrator's Report:

Mike Glenn, CEO, presented the administrator's report.

Discussion ensued.

Board Report:

Commissioner Kolff reported that Senovia Ewers, MS, Executive Director of the Community Health Improvement Plan is scheduled to speak at a Noon Rotary Club meeting in March.

Meeting Evaluation:

Commissioners evaluated the meeting.

Executive Session:

Commissioner Buhler announced they will go into Executive Session at 5:00pm to discuss potential litigation. No action to be taken. Commissioners will come out of Executive Session no later than 5:30pm.

Commissioners came out of Executive Session at 5:30pm. No public present.

Conclude:

Commissioner Dressler made a motion to conclude the meeting. Commissioner McComas seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 5:30pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

FROM: Barbara York – Medical Staff Services
RE: 1/23/2018 and 02-27-2018 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 2-28-2018

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.

Recommended appointment to the active/courtesy/allied health provisional staff with privileges as requested:

1. Barclay, James, MD – Tele-Psychiatry
2. Fadlon, Iris, MD – Tele-Psychiatrist
3. Gleason, Timothy, MD - Diagnostic Radiology
4. Grace, Amy, NP – Express Care Clinic
5. Herzberg, Alex MD – Orthopedic Surgery on-call only
6. Lee, Lawrence, MD – Tele-Radiology
7. Mullen, Tina, PA-C – Express Care Clinic
8. Reichner, Terri, MD – Diagnostic Radiology
9. Speed, J Charles, PA-C – Express Clinic
10. Sverchek, Rachel, PA-C – Family Medicine Clinic

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

1. Mendez-Escobar, Ivan, MD – Hospitalist

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

1. Fishman, Michael, MD – Diagnostic Radiology
2. Johnson, Germaine, MD – Tele-Radiology
3. Jones, William, MD – Diagnostic Radiology
4. Kawadry, Suraya, MD – Tele-Psychiatry
5. Menon, Ravi, MD – Tele-Neurology
6. Peet, Andrew, MD – Emergency Medicine
7. Pinchuck, Curt, MD – Tele-Psychiatry
8. Sessions, Edward, MD – Diagnostic Radiology
9. Stridiron, Melissa, MD – Tele-Psychiatry

Recommended re-appointment to the Refer and Follow Staff category:

1. Rienstra, Douwe, MD

Additional Privilege Request for Nuclear Stress Testing having met all requirements:

1. Judy Gayne, MD – Internal Medicine

Annual policy review without changes:

Medical Staff Peer Review

POLICY:

To ensure that the healthcare organization through the activities of its medical staff assesses on an ongoing basis the quality and appropriateness of patient care and the clinical performance of individuals granted privileges and uses the results of such assessments to identify opportunities to improve care.

PURPOSE:

The medical staff is accountable for the quality of care provided to patients.

SCOPE:

Representatives of the active medical staff and the active allied health staff will fairly and consistently assess quality performance of licensed independent practitioners. The results of those evaluations will be used to improve patient care, educate medical staff and service committees through regular feedback and provide outcomes and conclusions to the Medical Executive Committee and the Board.

DEFINITIONS:

PPEC: Professional Practice Excellence Committee

Peer Review: The evaluation of an individual practitioner's performance for all relevant competency categories using multiple sources of data and the identification of opportunities to improve care. Through this process, practitioners receive feedback for potential improvement or confirmation of personal achievement related to the effectiveness of their professional practice in all practitioner competencies. During this process, the practitioner is not considered to be "under investigation" for the purposes of reporting requirements under the Healthcare Quality Improvement Act.

Peer review body: The committee designated by the Medical Executive Committee to conduct the review of individual practitioner performance for the medical staff. The peer review body will be the Professional Practice Excellence Committee as described in the PPEC Charter. Members of the peer review body may render assessments of practitioner performance based on information provided by individual reviewers with appropriate subject matter expertise and will serve a three year term.

The peer review panel will be open to interested practitioners annually with the appropriate mix of advanced practitioners and physicians in mind. At the same time, current committee members who have served the three year term will have the option to stay or leave the peer review body.

The Professional Practice Excellence Committee Chair will send an email to all general medical and allied health staff offering participation.

Peer: An individual practicing in the same profession who has the expertise to evaluate the subject matter under review. The level of subject matter expertise required will be determined on a case-by-case basis.

Practitioner: A medical staff member (MD, DO, DPM, DDS or DMD) or a licensed independent practitioner (ARNP, CRNA, PA).

Peer Review Data: Data sources may include case reviews and aggregate data based on review, rule, and rate indicators in comparison with generally recognized standards, benchmarks, or norms. The data

may be objective or perception-based as appropriate for the competency under evaluation. Peer review cases may be identified via the following non-inclusive sources:

- Outcome Indicators
- Issues identified by members of the patient care team
- Cases identified by Risk Management and/or patient advocates
- Issues referred by any medical staff member or committee
- Practitioners may self refer

The PPEC will also make recommendations at time of reappointment to MEC. The mandatory bi-annual review will **not** include the annual clinic report card.

Practitioner competencies: The general or core practitioner competencies for evaluation as described are:

- Patient Care
- Medical Knowledge
- Interpersonal and communication skills
- Professionalism
- System based practice
- Practice based learning and improvement

Conflict of Interest: A member of the medical staff requested to perform peer review may have a conflict of interest if he/she may not be able to render a fair and constructive opinion. A family or household member will constitute a conflict of interest.

PEER REVIEW PROCEDURES:

Information Management: All peer review information is privileged and confidential in accordance with medical staff and hospital bylaws, state and federal laws, regulations, and accreditation requirements pertaining to confidentiality and non-discoverability.

The involved provider will receive provider-specific feedback on a routine basis.

The medical staff will use the peer review results in making its recommendations to the hospital regarding the credentialing and privileging process and, as appropriate, in its performance improvement activities.

Any written documents the medical staff determines should be retained related to provider specific peer review information will be kept in a secure, locked file. This may include:

- Individual case findings
- Aggregate performance data for all competencies

Peer review information in a practitioner's quality file is available only to authorized individuals who have a legitimate need to know this information based upon their responsibilities (refer to Access Policy).

Internal Peer Review:

- **Circumstances:** Internal Peer Review is conducted by PPEC using its own members as the evaluation source of practitioner performance. Its findings are reported to the appropriate committee for review and action
- **Participants:** All participants will sign statement of confidentiality prior to participating in peer review activities. PPEC members will sign the statement on appointment and at least annually. Reviewers who are not committee members will sign a statement for each requested

review.

- **Conflict of Interest Procedure:** In the event of a conflict, it is the obligation of the reviewer to disclose to the PPEC the potential conflict. It is the responsibility of the committee to determine on a case-by-case basis if a relative conflict is substantial enough to prevent the individual from participating. Examples of conflict on interest include reviews of family members, direct competitors, etc... When a potential conflict is indicated, the PPEC chair will be informed in advance and determine whether a substantial conflict exists. When either an absolute or substantial conflict is determined to exist, the individual may not participate in or be present during peer review body discussions or decisions other than to provide specific information requested as described in the peer review process. In the event of a conflict of interest or circumstances that would suggest a biased review beyond that previously described, the PPEC or the MEC will replace, appoint, or determine who will participate in the process.

External Peer Review:

Circumstances that merit external peer review may include, but are not limited to the following:

- Lack of internal expertise
- Ambiguity: dealing with vague or conflicting recommendations from internal reviewers or medical staff committees
- Legal concerns: when medical staff needs confirmation of internal findings or an expert witness for potential litigation or fair hearing
- Credibility: when one of the medical staff or board need to verify the overall credibility of the Internal Peer Review process, typically as an audit of Internal Peer Review findings
- Benchmarking: when an organization is concerned about the care provided by its providers relative to best practices and wishes to better define its expectations and as future quality monitoring to determine whether improvement has been achieved
- The MEC or Governing Board may require external peer review in any circumstances deemed appropriate by either of these bodies

Authorization: The PPEC, the MEC, Risk Management of the Governing Board will determine the need for external peer review. No practitioner can require the hospital to obtain external peer review if these determining bodies have not deemed it appropriate.

Review: Once the results of the external peer review are obtained, the report will first be reviewed by the PPEC at its next regularly scheduled meeting unless an expedited process is requested by the MEC or the Board. The PPEC will determine whether any potential improvement opportunities are present. If so, they will be handled through the same mechanism as internal peer review unless the issue has already been addressed in the corrective action process.

PROCEDURES AND TIME LINES:

Please refer to attachment "Case Review Process and Timelines"

CORE FALL OUT CRITERIA:

Please refer to attachment "Case Review Process and Timelines"

REFERENCES:

Statutory Authority: This policy is based on the statutory authority of the Health Care Quality Improvement Act of 1986, 42 U.S.C 11101, and RCW 4.24.250 and RCW 70.41.200. All minutes, reports, recommendations, communications and actions made, taken pursuant to this policy are deemed to be covered by such provisions of federal and state law providing protection to peer review related activities and will not be subject to subpoena or discovery proceedings in any civil action.

Attachment to Peer Review Policy with no changes:

CASE REVIEW PROCESS AND TIMELINES

Action	Case Review Process	Timelines-Guidelines
Case Identification	<p>Cases screened for indicators by:</p> <ol style="list-style-type: none"> 1. Outcomes indicators 2. Issues identified by members of the patient care team 3. Cases identified by Risk Management and/or patient advocates 4. Issues referred by any medical staff committee or medical staff member 	<p>Upon identification cases are referred to the Peer Review Nurse (Brandie Manuel)</p>
Case Screening and Physician Reviewer Assignment	<p>The screening nurse reviews the case to determine if physician review is required. If physician review is required, the nurse provides the Committee with a case summary, identifies key issues, and assigns case to a physician reviewer. Initial reviewer shall always be member of review committee. Cases to be assigned to committee members on rotating basis. Cases with need of review by specialty expert will be assigned by PPEC chair</p>	<p>PR Nurse will perform the initial screening and assign cases to member of peer review committee.</p> <p>Recommended timeline:</p> <p>10 business days, excluding vacations</p> <p>PR Nurse will summarize those cases that don't warrant review and include in report for PPEC</p>
Physician Review	<p>Physician reviewer reviews case and completes case review form. If the rating form is not completed, the reviewer will be contacted to obtain additional information if needed</p>	<p>It is recommended that review will be completed within 10 business days (vacations excluded) of receipt of case</p>
Additional review needed	<p>If additional expertise is required, the initial reviewer will submit case to the PPEC for case review and determination</p>	<p>Second review to be completed as soon as possible</p>
Completed case review	<p>Completed case review will be submitted to the PR Nurse upon completion. PR nurse will prepare review for Committee review. The</p>	<p>Cases submitted for review will be entered into the tracking system</p>

	<p>case then will be presented by either the reviewer, Chair of PPEC or designee.</p> <p>Only cases with <u>completed</u> case rated forms will be placed on the Peer Review Committee agenda</p>	<p>Report will be submitted to MEC on a monthly basis.</p>
<p>Initial Reviews Rated “Quality of Care Appropriate”</p>	<p>Reviews indicating appropriate care are submitted to PRC “as information only”.</p> <p>Should there be disagreement with the rating by the initial reviewer; the Chair will place the case on the agenda for the next PPEC meeting for discussion</p>	<p>Case is either approved by PPEC or re-submitted for discussion at next PPEC meeting</p>
<p>Initial Reviews Rated “Questionable or Inappropriate Care”</p>	<p>Reviews rated “controversial” or “inappropriate” physician care are presented to Committee for discussion and confirmation or change in preliminary scoring. If Committee feels care may be “controversial” or “inappropriate”, the Committee chair will communicate with the involved provider by letter. The involved provider is informed of the key questions regarding the case and asked to respond in writing only or he/she may request an appearance at the next meeting to discuss the case.</p>	<p>Physician under review will respond to the committee within 2 business weeks (vacation excluded). Should the physician fail to respond, the PPEC has the option of choosing either:</p> <p>Further contact to verify lack of response</p> <p><u>Or</u></p> <p>Finalize the rating based on the available information without the benefit of response</p>
<p>Tracking Review Findings</p>	<p>The Peer Review Nurse will enter the results of all final review findings into the database for tracking</p>	<p>Results will be entered in the database within 10 business days of the finalization of rating</p>
<p>Improvement Plan Development</p>	<p>If the results of the case reviews indicate a need for physician performance improvement, the issue will be referred to the appropriate section chair. PPEC Chair and Section Chair will work together to create and implement the improvement action plan</p>	<p>The PPEC Chair will discuss with the Section Chair within 30 days of Committee decision.</p> <p>This information will also be used at reappointment time to evaluate provider’s performance</p>

<p>Referrals to Hospital Performance Improvement Committee</p>	<p>For those cases determined to have potential opportunities for improving system performance or potential issues with nursing care, the PPEC Chair will communicate the issue to the Quality Director</p>	<p>The hospital committee receiving the referral will discuss the issue and communicate action plan to the referring Committee</p>
<p>High Risk Cases</p>	<p>High risk cases meeting the sentinel event criteria, timely processing of practitioner- specific information is necessary to ensure patient safety. Sentinel Events requiring peer review, will have <u>immediate</u> review by the PPEC Chair or designee.</p> <p>External peer review, second opinions, literature search may be necessary before making a decision on action.</p>	<p>Initial review will be performed within 10 business days (or sooner) of case identification, with committee discussion at the next committee meeting or within 30 days of the event if there is no regularly scheduled meeting within 30 days.</p> <p>If additional information is needed, the timelines may be extended after approval from the governing body or MEC.</p>
<p>Precautionary or Summary Suspension</p>	<p>The processes and time frames in this document do not apply to precautionary or summary suspensions under the Medical Staff Bylaws.</p>	

Peer Review Core Fall-Out Criteria

Emergency Room

1. Unplanned return to ED within 72 hours
2. Unexpected death in ED
3. Complaint or Concern from any source regarding physician quality of care
4. AMAs

Surgery/Outpatient Procedures

1. Death within 48 hours of surgery/procedure
2. Unanticipated hospital admission or ED visit within 7 days of surgery
3. Unscheduled return to the OR
4. Significant adverse events including anesthesia
5. Post-operative diagnosis different from pre-operative diagnosis
6. Complaint or Concern from any source regarding physician quality of care
7. Cancelled procedures after patient received anesthesia

Inpatient

1. Unexpected death on unit
2. Any Code Blue events
3. Transfers out of facility to higher level of care
4. Complaint or Concern from any source regarding physician quality of care

Labor and Delivery

1. Delivery before 35 weeks
2. Death of term infant
3. Unanticipated transfer out of facility to higher level of care (Mother or baby)
4. Complaint or Concern from any source regarding physician quality of care
5. Maternal death

Primary Care Clinic

1. ED visit within 72 hours of a clinic visit
2. Relocation of patient from clinic to ED
3. Unpredicted/unexpected death within 14 days of a clinic visit with a provider
4. Complaint or Concern from any source regarding physician quality of care



Gross Revenue
 Inpatient Revenue
 Outpatient Revenue

Total Gross Revenue

Revenue Adjustments

Cost Adjustment Medicaid
 Cost Adjustment Medicare
 Charity Care
 Contractual Allowances Other
 Administrative Adjustments
 Adjust Bad Debt

Total Revenue Adjustments

Net Patient Service Revenue

Other Revenue

340B Revenue
 Meaningful Use Ehr Incentive
 Other Operating Revenue

Total Operating Revenues

Operating Expenses

Salaries And Wages
 Employee Benefits
 Professional Fees
 Purchased Services
 Supplies
 Insurance
 Leases And Rentals
 Depreciation And Amortization
 Repairs And Maintenance
 Utilities
 Licenses And Taxes
 Other

Total Operating Expenses

Operating Income (Loss)

Non Operating Revenues (Expenses)

Taxation For Maint Operations
 Taxation For Debt Service
 Investment Income
 Interest Expense
 Bond Issuance Costs
 Gain or (Loss) on Disposed Asset
 Contributions

Total Non Operating Revenues (Expenses)

Change in Net Position (Loss)

	January 2018 Actual	January 2018 Budget	Variance Favorable/ (Unfavorable)	%	January 2018 YTD	January 2018 Budget YTD	Variance Favorable/ (Unfavorable)	%	January 2017 YTD
Gross Revenue									
Inpatient Revenue	4,197,583	4,408,737	(211,154)	-5%	4,197,583	4,408,737	(211,154)	-5%	5,339,783
Outpatient Revenue	15,772,958	15,862,010	(89,052)	-1%	15,772,958	15,862,010	(89,052)	-1%	12,820,653
Total Gross Revenue	19,970,541	20,270,747	(300,206)	-1%	19,970,541	20,270,747	(300,206)	-1%	18,160,435
Revenue Adjustments									
Cost Adjustment Medicaid	2,446,297	2,029,037	(417,260)	-21%	2,446,297	2,029,037	(417,260)	-21%	1,773,354
Cost Adjustment Medicare	6,429,052	7,073,136	644,085	9%	6,429,052	7,073,136	644,085	9%	6,696,795
Charity Care	195,629	124,980	(70,649)	-57%	195,629	124,980	(70,649)	-57%	60,675
Contractual Allowances Other	1,484,036	1,558,780	74,744	5%	1,484,036	1,558,780	74,744	5%	1,172,188
Administrative Adjustments	46,073	45,126	(947)	-2%	46,073	45,126	(947)	-2%	28,386
Adjust Bad Debt	217,634	294,356	76,722	26%	217,634	294,356	76,722	26%	266,579
Total Revenue Adjustments	10,818,720	11,125,415	306,694	3%	10,818,720	11,125,415	306,694	3%	9,997,976
Net Patient Service Revenue	9,151,821	9,145,333	6,489	0%	9,151,821	9,145,333	6,489	0%	8,162,459
Other Revenue									
340B Revenue	260,675	295,035	(34,360)	-12%	260,675	295,035	(34,360)	-12%	304,069
Meaningful Use Ehr Incentive	-	-	-	0%	-	0	-	0%	0
Other Operating Revenue	159,895	128,388	31,508	25%	159,895	128,388	31,508	25%	148,309
Total Operating Revenues	9,572,392	9,568,755	3,637	0%	9,572,392	9,568,755	3,637	0%	8,614,837
Operating Expenses									
Salaries And Wages	4,716,382	4,802,949	86,568	2%	4,716,382	4,802,949	86,568	2%	3,715,683
Employee Benefits	1,124,657	1,209,927	85,271	7%	1,124,657	1,209,927	85,271	7%	980,571
Professional Fees	469,822	383,528	(86,293)	-22%	469,822	383,528	(86,293)	-22%	319,651
Purchased Services	505,173	584,296	79,123	14%	505,173	584,296	79,123	14%	445,338
Supplies	1,532,293	1,418,830	(113,464)	-8%	1,532,293	1,418,830	(113,464)	-8%	1,284,563
Insurance	67,065	57,397	(9,668)	-17%	67,065	57,397	(9,668)	-17%	47,615
Leases And Rentals	123,349	123,268	(81)	0%	123,349	123,268	(81)	0%	127,651
Depreciation And Amortization	397,905	396,906	(999)	0%	397,905	396,906	(999)	0%	348,094
Repairs And Maintenance	48,411	81,348	32,938	40%	48,411	81,348	32,938	40%	40,483
Utilities	93,777	87,913	(5,864)	-7%	93,777	87,913	(5,864)	-7%	82,254
Licenses And Taxes	57,305	51,666	(5,639)	-11%	57,305	51,666	(5,639)	-11%	104,108
Other	162,864	197,664	34,800	18%	162,864	197,664	34,800	18%	147,130
Total Operating Expenses	9,299,003	9,395,693	96,690	1%	9,299,003	9,395,693	96,690	1%	7,643,138
Operating Income (Loss)	273,388	173,062	100,327	58%	273,388	173,062	100,327	58%	971,699
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	18,770	23,101	(4,332)	-19%	18,770	23,101	(4,332)	-19%	20,924
Taxation For Debt Service	11,679	16,562	(4,882)	-29%	11,679	16,562	(4,882)	-29%	24,997
Investment Income	22,978	13,801	9,176	66%	22,978	13,801	9,176	66%	11,629
Interest Expense	(87,963)	(97,953)	9,990	10%	(87,963)	(97,953)	9,990	10%	(25,418)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	0
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	5,500
Contributions	18,020	14,608	3,412	23%	18,020	14,608	3,412	23%	5,526
Total Non Operating Revenues (Expenses)	(16,517)	(29,881)	13,364	45%	(16,517)	(29,881)	13,364	45%	43,158
Change in Net Position (Loss)	256,872	143,181	113,691	79%	256,872	143,181	113,691	79%	1,014,857

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

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: JANUARY 2018 WARRANT SUMMARY**

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

General Fund Warrants & ACH Transfers	\$9,637,177.14	(Provided under separate cover)
Bad Debt / Charity	\$459,335.77	(Attached)
Canceled Warrants	\$157.20	(Attached)

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

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: JANUARY 2018 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS**

Submitted for your approval are the following warrants:

GENERAL FUND:

242441 - 243243	\$5,731,074.87
ACH TRANSFERS	<u>\$3,906,102.27</u>
YEAR-TO-DATE:	<u><u>\$9,637,177.14</u></u>

Warrants are available for review if requested.

JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: JANUARY 2018 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	JANUARY	JANUARY YTD	JANUARY YTD BUDGET
Bad Debts:	\$217,633.73	\$217,633.73	\$294,355.97
Charity Care:	\$195,629.14	\$195,629.14	\$124,980.01
Other Administrative Adjustments:	\$46,072.90	\$46,072.90	\$45,125.80
	<hr/>		
TOTAL FOR MONTH:	\$459,335.77	\$459,335.77	\$464,461.78
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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: JANUARY 2018 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
1/10/2017	233498	\$ 1.80
1/10/2017	233500	\$ 35.00
1/31/2017	233935	\$ 120.40

TOTAL: \$ 157.20

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-02

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF \$157.20

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, warrants indicated below in the total amount of \$157.20 be canceled.

Date of Issue	Warrant #	Amount
01/10/2017	233498	1.80
01/10/2017	233500	35.00
01/31/2017	233935	120.40
Total		157.20

APPROVED this 28th day of February, 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Matt Ready: _____

Commissioner Kees Kolff: _____

Commissioner Bruce McComas: _____

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-03

A RESOLUTION TO DELCARE 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:

Table with 4 columns: Description, Asset #, Serial #, Model #. Rows include Lang Accuplus oven, Microstream monitor E+co2, Page Writer ECG Machine, and Fuji 2 Bay CR Reader.

APPROVED this 28th day of February, 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler: _____

Commission Secretary Marie Dressler: _____

Attest:

Commissioner Bruce McComas: _____

Commissioner Kees Kolff: _____

Commissioner – Matt Ready: _____