



PO BOX 213, Vashon WA 98070
vashonhealthcare.org

Board of Commissioner's Meeting August 4, 2021 (Updated)

Superintendent's Report

VHCD Vision and Mission Review

On the preliminary timeline presented at the last meeting, I set this meeting as the time to review the Mission and Vision for the District. The following Mission statement is the same as the one in the RFP. I have revised the vision language in the RFP to read like a general vision statement for your consideration and set of guiding principles.

A key question for consideration is whether or not the District wants to embrace a broader vision beyond financially supporting primary care delivered by a 3rd party primary care provider. Does the District see a role for itself in supporting other types of health care services or does the District want to minimize its levy rate and not extend its vision beyond primary care?

Mission

The mission of the Vashon Health Care District is to promote and maintain the health of the residents of Vashon and Maury Islands by supporting accessible quality primary health care through community partnerships, shared decision-making, transparency and responsible stewardship of resources.

Vision

~~With a new, consistent, predictable funding 'safety net', provided through tax revenue, the~~
~~The Vashon Health Care~~ District is committed to providing the funding necessary to assure the clinic's provider has the resources needed to assure an accessible, accountable, comprehensive, coordinated and the following elements of a patient-centered, on-island primary care 'home' as its vision for all residents

Guiding Principles

Accessible: Care is available when patients need it and in a convenient location.

Accountable: The clinic takes responsibility for the community and provides quality care through evidence-based medicine and performance-based measurement and improvement.

Comprehensive: Patients get the care, information and services they need to stay healthy.

Formatted: Centered

Continuous: Providers know their patients and work with them to improve their health over time.

Coordinated: The clinic helps patients navigate the health care system to get the care they need in a safe and timely way.

Patient & Family Centered: Patients and families are the most important part of health care. Care should draw on a patient's strengths to set goals, and communication should be culturally competent and understandable for all.

August 4, 2021 High level discussion with Sea Mar about the future of the partnership with VHCD.

August 4, 2021 Board Review of Mission and Vision of VHCD

August 18, 2021 Develop Draft Goals and Strategies for 2022, including goals around development of a capital plan

Sept 2021 Gather community input on draft Goals and Strategies

- Outreach Committee
- Clinic Relations Committee
- State of the District Community Meeting

Oct 6, 2021 Board review of feedback on goals and strategies

October 2021 Annual Financial Review of Vashon Clinic Operations with Sea Mar

October 2021 Review VHCD goals and strategies with Sea Mar

Oct 20, 2021 Board Approval of VHCD Goals, Draft Budget and Subsidy

Nov 15, 2021 2022 Budget Hearing

Sea Mar Monthly Financials

June financials for the Sea Mar Vashon clinic are provided. Clinic visits were up 4.7% and Billed Fees were up 8.7% from prior month. However contractual allowances were up 23%, meaning that the clinic collected less on what it billed. The result was that Total Net Fees for June were down \$32,344, or 33%, from May. As a result, the Net Gain was down 59% from prior month. For the period April through June of 2021, the clinic's Net Gain was \$87,562. Annualized this would be \$350,000.

Communications

I have followed up with Sea Mar on a concern about a person being turned away Friday, July 30th because a staff person stated that the injury would be a L&I Claim and Sea Mar would not get paid for this. I forwarded this to Sea Mar and Sea Mar investigated it the same day. I received responses from both Jesus Sanchez, VP, and Ricardo Jimenez, Medical Director.

Jesus did confirm that the front desk person did in fact tell the patient that they could not see the patient stating that Sea Mar does not do L & I. Jesus stated that this was a mistake and a teaching moment for all of them. They will be discussing with front desk staff, back-office staff and the medical team on how to appropriately address emergent care to the patient in an acute situation. Dr. Jimenez also followed up emphasizing what Jesus said that Sea Mar does see L&I patients, especially for their acute needs as in this case. He will be copying their Regional Medical Director, Dr. Philip Reilly, and asking him to work with Dr. Erdmann and Kerry on

reviewing this case and implementing a corrective action with staff, as needed.

Patient Satisfaction

Included in your materials is a report I received this evening which indicates that it is YTD data through June. Based on the three-quarter total, it suggests that there were not very many responses for the 2nd quarter. I will follow-up with Jesus on the data.

SEA MAR VASHON CLINIC			
PATIENT SATISFACTION AND EXPERIENCE SCORES	2nd Quarter YTD (3 Qtrs)	1st Quarter 2021	4th Quarter 2020
Survey Responses	103	62	27
Weighted Mean - All Questions	91.5%	92.3%	92.6%
Provider Wait Time	81.6%	82.1%	87.0%
Appointment Wait Time	88.5%	85.8%	83.3%
Loyalty Intention	98.2%	97.8%	100.0%
Referral Intention	87.6%	89.1%	91.7%

Unfinished Business and Committee Reports

Unfinished Business

King County 2022 Revenue and Assessed Value Forecast

Pryne

Eric Pryne recently communicated to commissioners that the county's assessed value for tax year 2022 for the county's unincorporated area calls for an 11.73% annual increase, up from 8.18% in the March forecast. He will discuss the implications of this at the meeting.

Administration and Finance

Wolczko

Payroll -

Full Cash Requirements Report

July 16 to July 31, 2021

Total Cash Remitted By Gusto \$3,864.17

Total Check Payments \$0.00

Total Liabilities \$0.00

Total Payroll \$3,864.17

Accounts Payable –

Outstanding Warrants - Special Districts by Fund Report ID: AP_RPRT_174D

Report Date: 8/2/2021

Page: 1 of 1

As of 08/02/2021

Payee	Issue Date	Warrant#	Warrant Amount
ERIC PRYNE	07/28/2021	9918457	74.93
KING COUNTY ELECTIONS	07/28/2021	9918458	8,246.18
SEA MAR CLINICS	07/28/2021	9918459	125,000.00
SUNRISE RIDGE	07/28/2021	9918460	7,430.89

Total For Fund 140050010 140,752.00

Total For District VHEALTHD 140,752.00

I was expecting to receive the 2nd Quarter District Financial report for this meeting but do not have it yet.

Outreach Committee

Pryne

Committee members and commissioners have concluded that the State of the District meeting should occur at a time when Tom is available. Given vacation schedules it will need to be after Oct. 12. Also, commissioners and committee members favor dropping the idea of any in-person component due to recent COVID developments.

Kerry informed Eric Jensen that National Health Center Week is Aug 9-14. During that time Sea Mar usually sponsors a community day at the clinic (the 12th) and Kerry asked if the District would like to participate. The Committee hasn't decided whether or not to participate and is waiting for more information from Kerry.

New Business

Resolution 2021-2 – Resolution to approve Superintendent's Employment Agreement

Attached is Resolution 2021-2. By approving this resolution, the Board is approving the Superintendent Employment contract and compensation, and authorizing the Board President to execute the agreement on behalf of the District.

**KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 5
VASHON HEALTH CARE DISTRICT**

**EMPLOYMENT AGREEMENT FINAL DRAFT
SUPERINTENDENT**

This Employment Agreement (“Agreement”) is between King County Public Hospital District No. 5, a municipal corporation (the “District”), operating Vashon Health Care District (the “District”), and Eric P. Jensen (“SUPERINTENDENT”), and is effective as of July 1, 2021 (the “Effective Date”).

1. **Employment.** As of the Effective Date, the District employs Superintendent, and Superintendent accepts employment on the terms and conditions contained in this Agreement.

2. **Duties.** SUPERINTENDENT is employed in the capacity of Superintendent of the District on a part-time, exempt basis (.5 FTE) for the term of this Agreement. SUPERINTENDENT shall report directly to, and take direction from, the Board of Commissioners of the District (the “Board”). SUPERINTENDENT shall perform the duties customarily performed by a Superintendent of a public hospital district, provided that SUPERINTENDENT’s precise duties may be changed, extended or curtailed, from time to time, at the Board’s direction as long as any such changes, extensions or curtailments do not materially alter SUPERINTENDENT’s primary function as Superintendent of the District. It is understood that these duties shall be consistent with Chapter 70.44 of the Revised Code of Washington (“RCW”).

3. **Intensity of Effort; Other Business.** SUPERINTENDENT shall devote his working time, attention and effort to the District’s business and affairs and shall faithfully and diligently serve the District’s interests.

4. **Term.** The term of this Agreement starts on the Effective Date and expires on June 30, 2022 (the “Initial Term”), unless terminated earlier as permitted by Section 10 herein. Following the expiration of the Initial Term, this Agreement shall automatically be renewed for successive one-year terms unless either party gives written notice of non-renewal at least ninety (90) days before the expiration of the then effective term.

5. **Base Compensation.** Beginning on the Effective Date, SUPERINTENDENT will be paid an annual salary of \$80,000 (“Base Salary”) which shall be computed and paid in equal installments in conformance with the District’s usual payroll procedures.

6. **Evaluation.** The Board will evaluate SUPERINTENDENT’s job performance on an annual basis at the end of each contract year.

a. On or before June 30 of each year beginning in 2022, the Board shall review with SUPERINTENDENT the performance of SUPERINTENDENT for the preceding contract year as such performance relates to the accomplishment of the goals and objectives mutually established by the Board and Superintendent.

7. **Benefits.** In lieu of all benefits except Paid Time Off and State-Sick leave, SUPERINTENDENT shall receive a stipend of Six Hundred and Fifty Dollars (\$650.00) per month in order to purchase medical, dental, and vision insurance, make contributions to his retirement as he may so determine, and cover routine travel expenses.

8. **Paid Time Off, Holidays, Sick Leave.** SUPERINTENDENT will be entitled to one hundred and fifty-two hours of paid time (PTO) off per calendar year, subject to all of the terms and conditions of the District's then-current policies and procedures applicable to executive employees. Such paid time off includes all holidays, sick leave in excess of State minimum sick leave requirements, and vacation time. State sick leave shall accrue separately at the rate of one hour per 40 hours of work in accordance with RCW 49.46. SUPERINTENDENT shall take paid time off at such time or times as shall be mutually agreed by SUPERINTENDENT and the Board. As a .5 FTE employee, 4 hours of PTO shall be deducted for each District recognized holiday. District holidays shall include Christmas, Christmas Eve, New Years' Day, Memorial Day, Labor Day, Thanksgiving Day, 4th of July, and President's Day. SUPERINTENDENT may carry over up to one-hundred and twenty hours (120) of PTO and forty (40) hours of State mandated sick leave from one year to the next, at his anniversary. Accrued but unused PTO shall be paid upon termination of employment.

9. **Business Expenses.** All business travel and related expenses for the SUPERINTENDENT shall be authorized in advance by the Board. Business travel and expenses shall not include routine commuting to Vashon Island from Superintendent's home.

10. **Termination.** SUPERINTENDENT's employment may be terminated as follows, in which event SUPERINTENDENT's compensation and benefits shall terminate except as otherwise provided in Section 11.

a. **By District Without Cause.** The District may terminate SUPERINTENDENT's employment at any time without cause by giving written notice to SUPERINTENDENT and complying with the requirements of Chapter 70.44 RCW.

b. **By District for Cause.** The District may terminate SUPERINTENDENT's employment for Cause at any time. For purposes of this Agreement, "Cause" means: (i) the failure by SUPERINTENDENT to perform one or more of his duties under this Agreement, (ii) the failure by SUPERINTENDENT to comply with one or more District policies or with the instructions of the Board, (iii) negligence or misconduct by SUPERINTENDENT in the performance of his duties, (iv) the commission by SUPERINTENDENT of any act of fraud, theft or financial dishonesty or any criminal act and (v) the material breach by SUPERINTENDENT of this Agreement. The District shall not have Cause for termination based on subsection (i), (ii) or (v), above, unless the District first provides written notice and at least twenty (20) days for SUPERINTENDENT to cure.

c. **Death.** SUPERINTENDENT's employment shall terminate automatically upon SUPERINTENDENT's death.

d. **By District for Disability.** The District may terminate SUPERINTENDENT's employment immediately if, for a total of twelve (12) weeks or more in

any 12-month period, SUPERINTENDENT has been unable to perform the essential functions of the job because of one or more mental or physical illnesses and/or disabilities. This provision shall be interpreted consistently with applicable disability laws and no reasonable accommodations can be made without imposing an undue hardship on the District; provided that the District may grant additional unpaid leave if and to the extent that, in the District's judgment, doing so is required by law.

e. By Superintendent. SUPERINTENDENT may terminate his employment at any time by giving thirty days' (30) days' advance written notice to the District.

f. Cooperation Following Cessation of Employment. SUPERINTENDENT agrees that when his employment ends, whether voluntarily or involuntarily, he will cooperate fully with the District in all matters relating to the completion of pending work on behalf of the District, the orderly transfer of any such pending work to other employees of the District, the return of all District property, and in any business or legal matters in which participation is requested.

11. Termination Payments.

a. Termination Without Cause. Except as provided in subsection (b) below, if (i) the District terminates SUPERINTENDENT's employment when neither Cause nor permanent disability exists, provided that SUPERINTENDENT releases the District and its agents from any and all claims in a signed written release prepared by the District, the District shall pay SUPERINTENDENT's benefit stipend for a period of three (3) months and any unused PTO.

b. No Termination Payment for Non-Renewal. A notice of nonrenewal provided by the District pursuant to Section 4 shall not constitute termination without cause within the meaning of this Section 11(a) and shall not entitle SUPERINTENDENT to the termination payments or benefits described in this Section.

12. Confidentiality. "Confidential Information" means all information, and all documents and other tangible things which record it, relating to or used in the District's business, whether or not a "trade secret," which is not generally known to other hospitals and is disclosed to or developed by SUPERINTENDENT as a result of employment with the District. "Confidential Information" includes, without limitation, the following especially sensitive information: (i) information relating to the District's patients, physicians, employees, suppliers and referral sources; (ii) the District's business practices and strategic plans; (iii) information relating to the District's research and development; (iv) financial, marketing, sales, operational or other technical or business information or trade secrets of the District; and (v) information received from third parties, including without limitation, patients, that the District is obligated to treat as confidential. SUPERINTENDENT shall not use Confidential Information for any purpose other than to further the District's business interests as requested by the District. SUPERINTENDENT shall not disclose any Confidential Information unless disclosure is required by law. SUPERINTENDENT shall at all times keep Confidential Information confidential and shall take all reasonable security precautions to protect Confidential Information from unauthorized access and use. SUPERINTENDENT's obligations under this Section 12 shall remain in effect for the longest time permitted by law.

13. **Dispute Resolution.** All disputes between SUPERINTENDENT and the District shall be resolved as follows:

a. **Arbitration.** All disputes between SUPERINTENDENT and the District that are not resolved informally shall be determined by binding arbitration in King County, Washington. The arbitration shall be governed by the AAA Employment Dispute Resolution Rules then in effect. The arbitrator's costs and fees shall be shared equally by the parties.

14. **Attorneys' Fees; Venue and Jurisdiction.** In any lawsuit or arbitration arising out of or relating to this Agreement or SUPERINTENDENT's employment, including without limitation arising from any alleged tort or statutory violation, the substantially prevailing party shall recover reasonable costs and attorneys' fees, including on appeal. Venue and jurisdiction of any lawsuit involving this Agreement or SUPERINTENDENT's employment shall exist exclusively in the Superior Court of King County, Washington.

15. **Governing Law.** This Agreement shall be governed by the laws of the state of Washington.

16. **Saving Provision.** If any part of this Agreement is held to be unenforceable, it shall not affect any other part. If any part of this Agreement is held to be unenforceable as written, it shall be enforced to the maximum extent allowed by applicable law.

17. **Waiver.** No waiver of any provision of this Agreement shall be valid unless in writing and signed by the party against whom the waiver is sought to be enforced. The waiver of any breach of this Agreement or failure to enforce any provision of this Agreement shall not waive any later breach.

18. **Assignment; Successors.** The District may freely assign its rights and delegate its duties under this Agreement (without SUPERINTENDENT's consent), but the SUPERINTENDENT may not.

19. **Binding Effect.** This Agreement is binding upon the parties and their personal representatives, heirs, successors and assigns.

20. **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be an original and all of which, taken together, shall constitute a single Agreement.

21. **Complete Agreement.** This Agreement is the final and complete expression of the parties' agreement relating to SUPERINTENDENT's employment and supersedes all prior agreements, discussion and negotiations. There are no other oral or written agreements. This Agreement may be amended only by written amendment signed by both parties; it may not be amended orally or by course of dealing. In entering into this Agreement, the parties are not relying on anything not set out in this Agreement. This Agreement shall control over any contrary policies or procedures of the District, whether in effect now or adopted later. The District's policies and procedures that do not conflict with this Agreement, whether in effect now or adopted later, shall apply or not apply to SUPERINTENDENT as determined by the District in its discretion.

DATED this ____ day of _____ 2021.

KING COUNTY PUBLIC HOSPITAL DISTRICT
NO. 5

By: _____
President, Board of Commissioners

Eric P. Jensen, Superintendent

SeaMar CHC

Vashon Medical & BH Intergrated, Dept 317 & Dept. 410
 For the 03rd Month Period Ending June 30, 2021

Fiscal Period	3	2	Variance	Current	Prior	Yr to Yr
	Current Month	Prior Month		YTD	YTD	Variance
Clinic Days per Month	22	19	3	63	64	(1)
Visits	1,073	1,025	48	3,213	0	3,213
Visits per Clinical Day	49	54	(5)	51	0	51
Annualized Productivity	3,911	4,231	(320)	3,951	0	3,951
Personnel Cost per Visit	125	128	(3)	122	0	122
Supplies per Visit	18	34	(16)	22	0	22
Direct Cost per Visit	179	195	(16)	186	0	186
Total Cost per Visit	200	218	(18)	209	0	209
FTEs						
Providers	3.13	3.20	(0.07)	3.24	0.00	3.24
Support Staff	6.62	6.79	(0.17)	6.90	0.00	6.90
	9.75	9.99	(0.24)	10.14	0.00	10.14
Provider to Staff Ratio	2.12	2.12	(0.01)	2.13	0.00	2.13
Current Month						
	Current Month	Prior Month	Variance	Current YTD	Prior YTD	Yr to Yr Variance
Private Pay	7,326	23,146	(15,820)	58,742	0	58,742
Medicaid FFS	2,385	4,089	(1,705)	8,652	0	8,652
Medicare FFS	117,846	88,145	29,702	311,601	0	311,601
Medicare Advantage FFS	122,871	116,053	6,817	346,598	0	346,598
Commercial Ins	109,248	88,310	20,938	300,766	0	300,766
Other FFS	436	2,099	(1,663)	4,562	0	4,562
Managed Care FFS	50,740	56,070	(5,330)	147,651	0	147,651
TOTAL FEE FOR SERVICES	410,852	377,913	32,938	1,178,570	0	1,178,570
Bad Debt Allowances	(21,370)	(20,778)	(592)	(64,967)	0	(64,967)
Uncompensated Care	(7,232)	(15,669)	8,438	(52,620)	0	(52,620)
Contractual Allowances	(316,171)	(243,043)	(73,128)	(788,386)	0	(788,386)
DEDUCTIONS FROM REVENUES	(344,773)	(279,491)	(65,282)	(905,973)	0	(905,973)
TOTAL NET FEE FOR SERVICES	66,079	98,423	(32,344)	272,597	0	272,597
Managed Care Capitation	332	321	12	1,519	0	1,519
FQHC Enhancement	38,913	38,042	871	109,659	0	109,659
TOTAL MANAGED CARE	39,245	38,363	882	111,178	0	111,178
GRANTS	0	0	0	0	0	0
County Contracts	125,000	125,000	0	375,000	0	375,000
Other Contracts & Funding	0	0	0	50	0	50
CONTRACTS	125,000	125,000	0	375,050	0	375,050
TOTAL NET REVENUE	230,325	261,786	(31,461)	758,825	0	758,825
Total Salary	98,762	106,674	(7,913)	305,424	0	305,424
Fringe Benefits	28,686	24,797	3,889	80,627	0	80,627
Professional Services - Providers	6,726	0	6,726	6,726	0	6,726
TOTAL PERSONNEL	134,174	131,472	2,703	392,778	0	392,778
Operating Supplies	19,232	34,731	(15,499)	72,009	0	72,009
Depre & Amortization	901	901	0	2,703	0	2,703
Building & Equipment Rental	7,415	7,430	(15)	22,185	0	22,185
Repair and Maintenance	2,942	209	2,733	7,591	0	7,591
Utilities	1,086	1,281	(195)	3,433	0	3,433
Telephone	422	0	422	876	0	876
Technology	422	0	422	1,188	0	1,188
Office Supplies	396	300	96	1,699	0	1,699
Other Contractual Services	22,005	21,925	80	88,933	0	88,933
Travel & Meeting	1,247	671	576	2,763	0	2,763
Taxes, Due & Licenses	560	0	560	560	0	560
Interest Expense	800	935	(135)	1,735	0	1,735
TOTAL EXPENSES	191,603	199,855	(8,251)	598,454	0	598,454
NET CONTRIBUTION	38,721	61,931	(23,210)	160,371	0	160,371
Total Allocated Indirect Costs	22,896	23,198	(302)	72,809	0	72,809
TOTAL EXPENSES	214,499	223,053	(8,553)	671,263	0	671,263
NET GAIN / (LOSS)	15,825	38,733	(22,908)	87,562	0	87,562

SEA MAR VASHON CLINIC

PATIENT SATISFACTION AND EXPERIENCE SCORES	2nd Quarter YTD (3 Qtrs)	1st Quarter 2021	4th Quarter 2020
Survey Responses	103	62	27
Weighted Mean - All Questions	91.5%	92.3%	92.6%
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Vashon Medical Patient Satisfaction & Experience Scores


June 2021

Quality Improvement Department



Vashon Medical Patient Satisfaction Survey

- The following report represents patients surveyed for the past 12 months
 - Total Surveyed Patients 103
 - Encounter Dates: Nov 2020 thru June 2021
- The goal is to be over 95% for each patient satisfaction and experience measure
- Surveys are completed by live agents over the phone
- Overall Satisfaction weighted mean for Vashon Medical was 91.5%


Sea Mar
Community Health Centers
Clinica de la Comunidad

Patient Satisfaction and Experience Survey
Computer-Assisted Telephone Interview (CATI) - English
Adapted for Telehealth Video and Telephone Encounters

Hello, may I please speak with <<Patient Name>>/the parent or guardian of <<Patient Name>>?
Good morning/afternoon/evening, my name is ____ and I am calling on behalf of Sea Mar Community Health Center <<Site>> to follow up on your/your child's most recent medical visit on <<DOS>> with Provider <<Provider Name>>. Do you remember receiving care on this date?

[If Patient is a Minor] Were you present with your child during this encounter?

[If Yes] Great, thank you. The reason I am calling is because Sea Mar Community Health Center would like to know more about your recent experience. Your responses will be used to continue to improve future care. This confidential call will only take a few minutes and may be recorded for quality assurance; are you ready to begin?

Pre-Encounter Access Questions:

(1) Was this a telephone encounter, a video encounter, or were you/was your child seen in person?
 Telephone encounter Video encounter Seen in-person Other

(2) Was this medical encounter for a condition that needed care right away or for a check-up or routine care?
 Needed Care Right Away Check up or Routine Care Do Not Remember/Don't Know

(3) [In-Person Visits Only] Did you have an appointment before arriving for this visit or walk in without an appointment?
 Had appointment Walked In [Skip] Do Not Remember [Skip]

(4) How many days passed from when you asked for an appointment until the actual appointment date? [Unaided]
 Same Day 4-7 Days 1 Month or More
 Next Day 8-14 Days Do Not Remember/Not Sure
 2-3 Days More than 2 weeks-3 Weeks

(A) How would you rate your satisfaction with this wait of ____ for an appointment? [Aided]
 Poor Fair Good Excellent NA

(5) What is the best way for the center to contact you for appointment, test, or treatment reminders? [Unaided]
 Phone Call/Voicemail Text Message Patient Portal
 Email Postcard/Mail Don't Remember

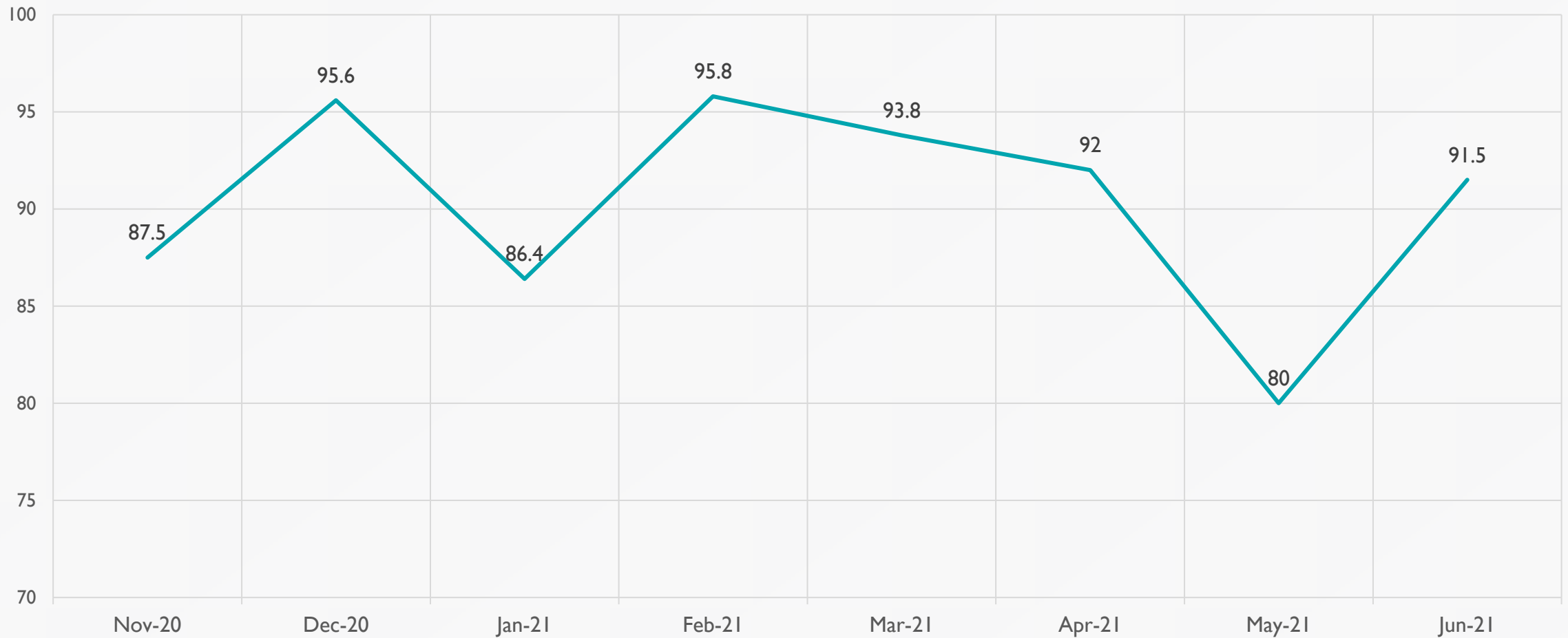
Telephone Encounters:

The following questions relate to your experience with Provider <<Provider Name>>:

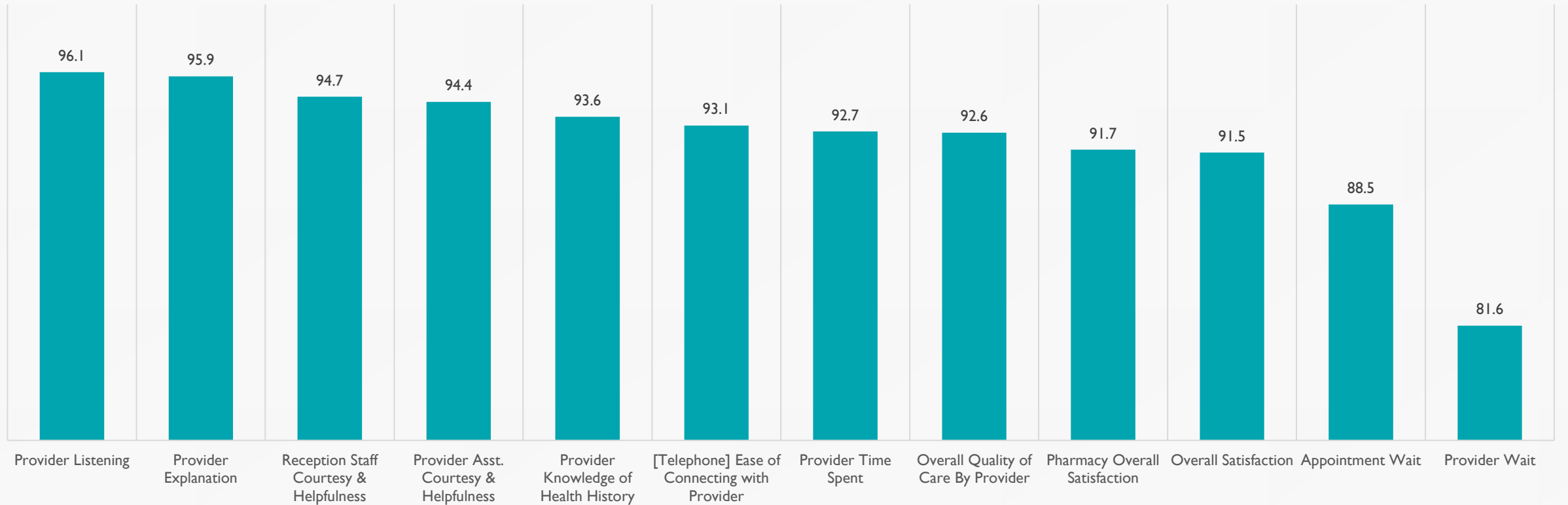
©2013-2021, The Crossroads Group, Inc. Page 1 of 6 Measurable



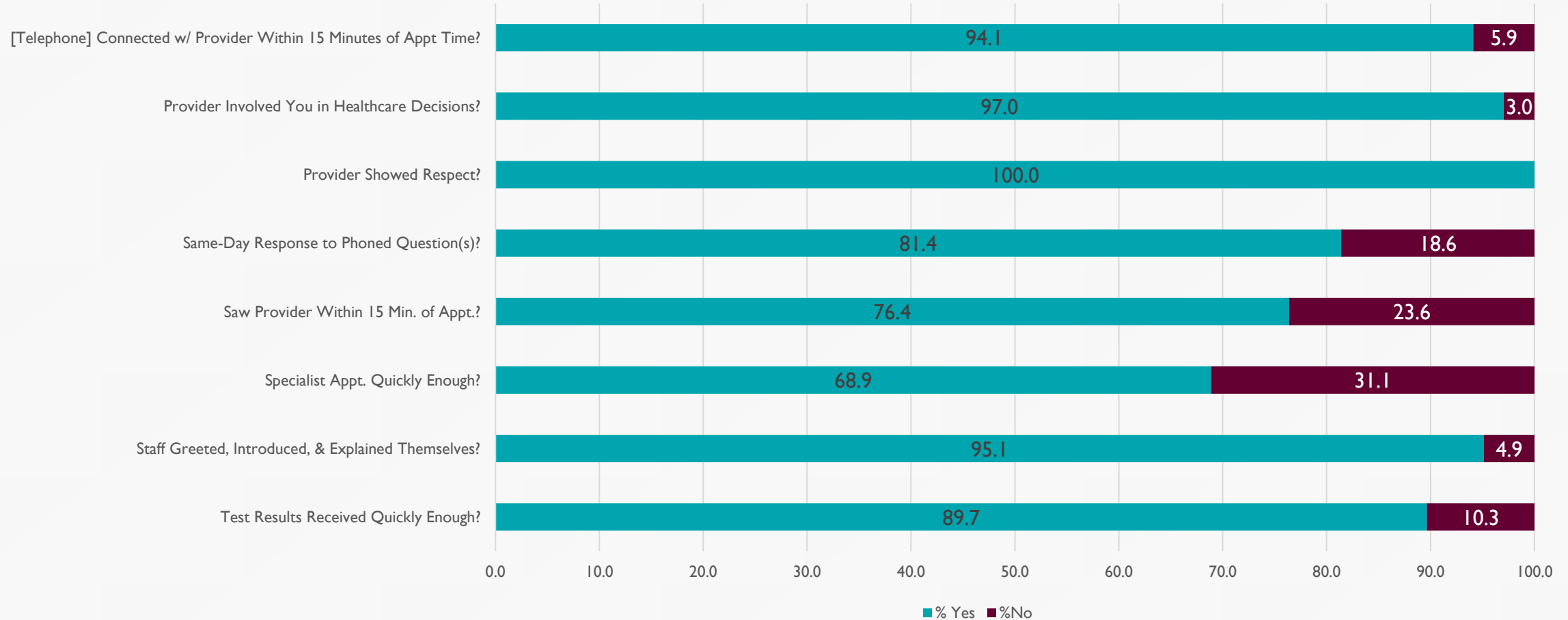
Overall Satisfaction by Month



Vashon Medical Patient Satisfaction Measures (mean)



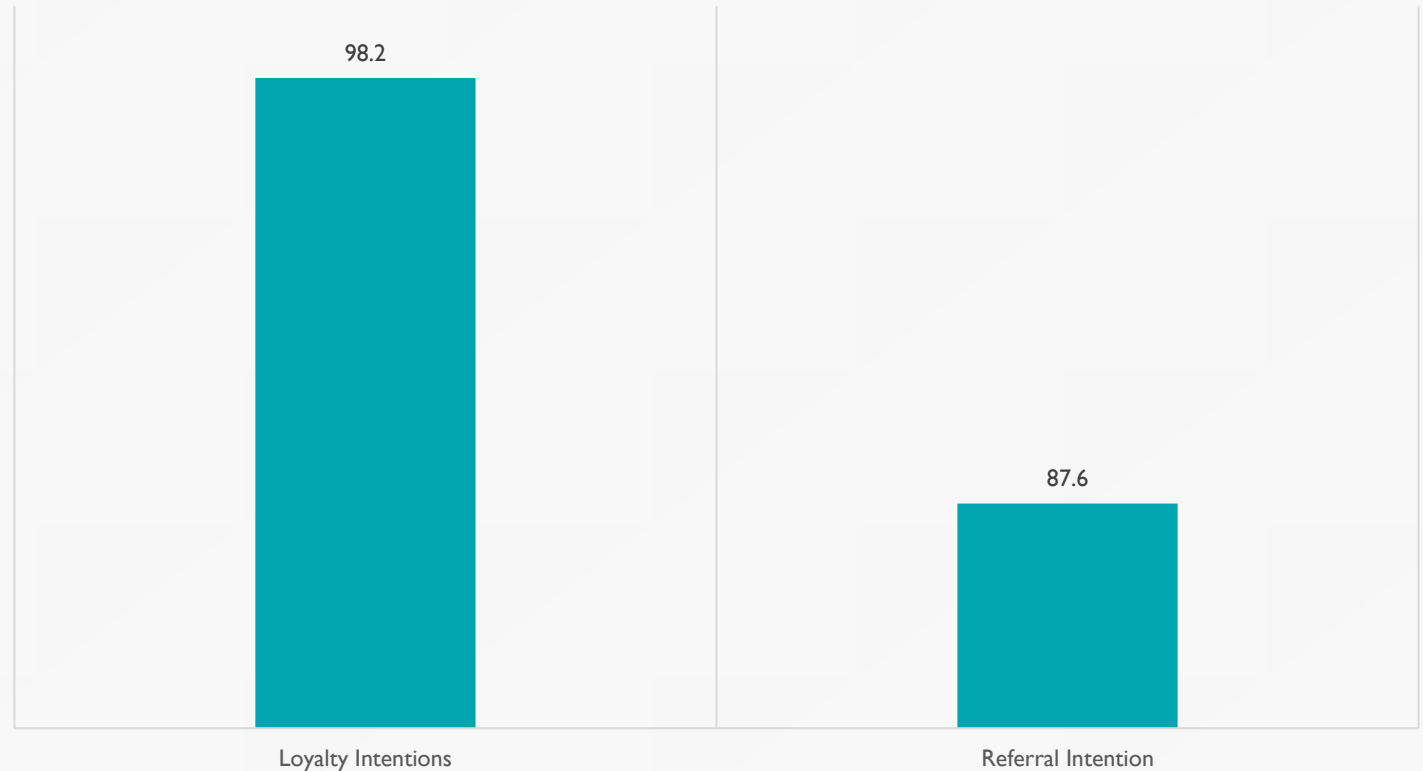
Vashon Medical Patient Experience Measures (% Yes)



Vashon Medical: Loyalty and Referral Intentions (mean)

Loyalty intentions captures the patients likelihood to using services again at Vashon Medical, if the need arises.

Referral intentions captures the patients likelihood of recommending Vashon Medical to others, either by word-of-mouth, on the internet or social media?

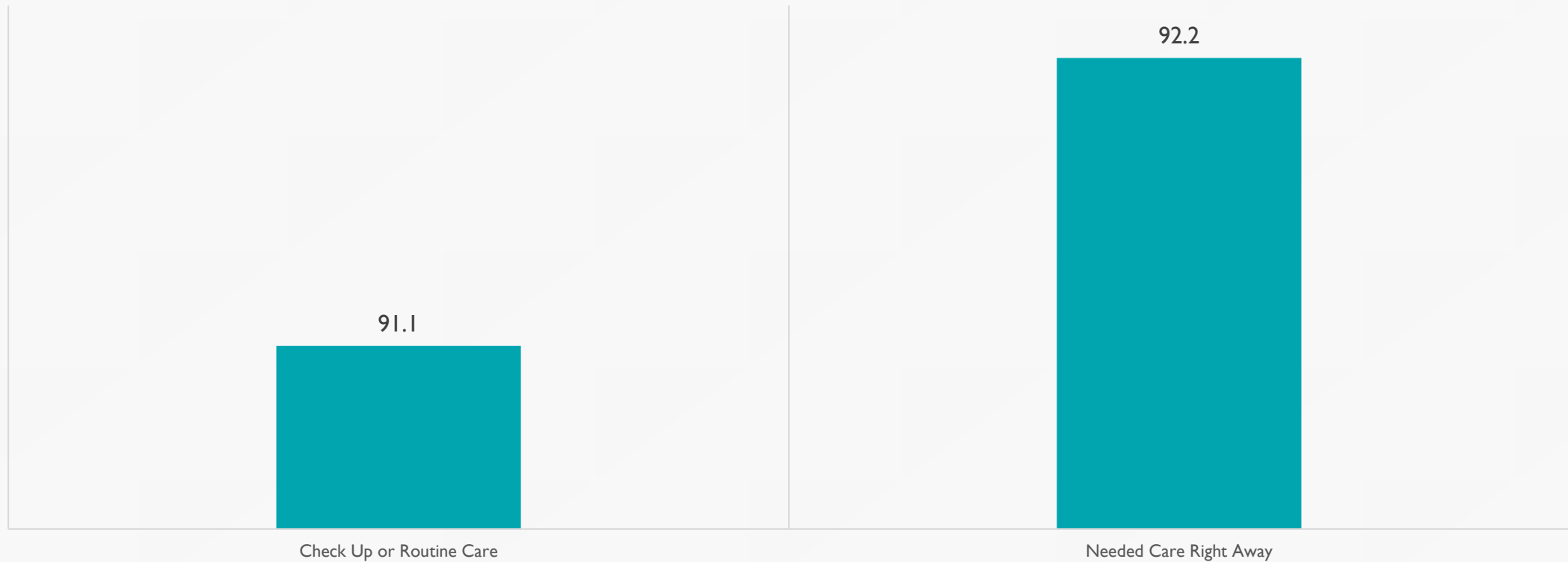


Overall Provider Rating Scores

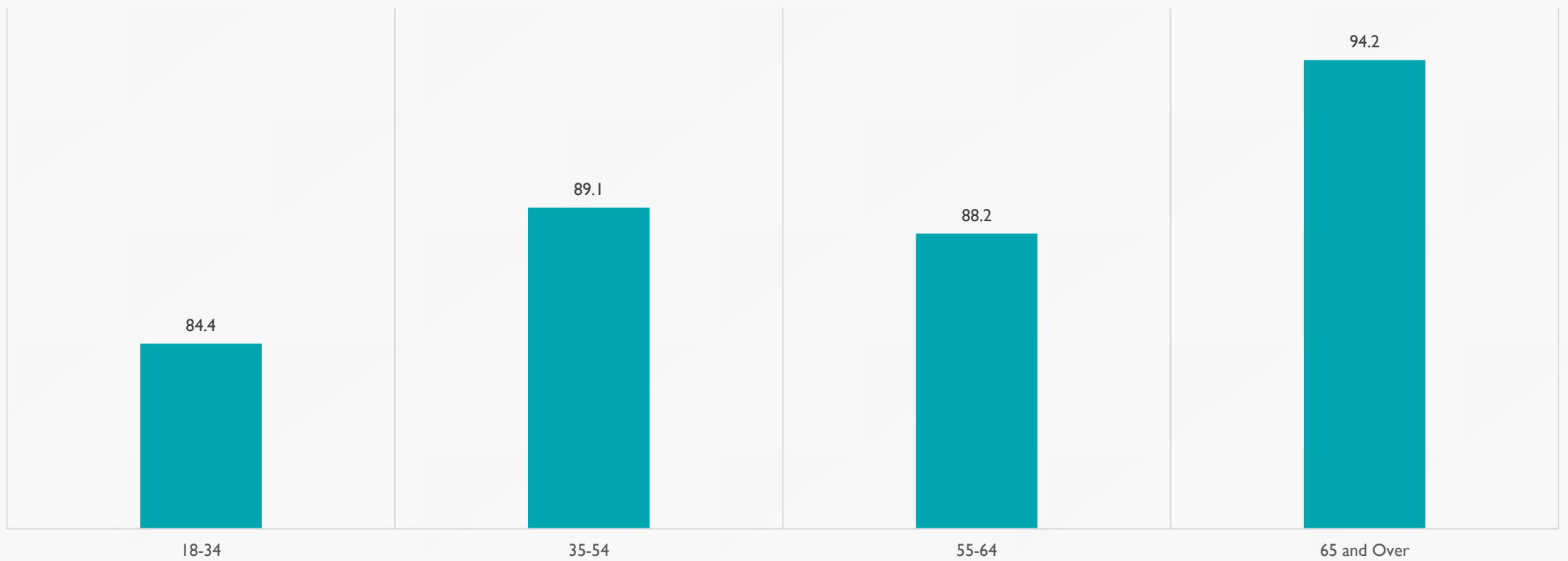
		Patient Satisfaction Measures					Patient Experience Measures				
Provider Name	Mean Score	Provider Listening	Provider Time Spent	Provider Explanation	Provider Knowledge of Health History	Overall Quality of Care By Provider	Same-Day Response to Phoned Question(s)?	Saw Provider w/in 15 min of Appt.?	Provider Showed Respect?	Provider Involved You in Healthcare Decisions?	Test Results Received Quickly Enough?
Erdmann, Thomas C	9.6	98.1	96.2	98.1	96.2	96.2	87.5	78.9	100	100	100
Hanspetersen, Jeffrey	9.2	98.1	93.5	98.1	92.3	93.3	76	68.4	100	96.3	8
Rooney, Burdett M	9.5	95.0	94.0	93.0	93.0	90.0	80.0	100.0	100.0	95.7	100.0
Wesch, Jessica A	8.9	91.7	85.7	92.9	90.5	90.5	80.0	53.30	100.0	95.2	78.6

- Overall Provider Rating: 91.4%
- Patient Satisfaction Measures is the weighted mean percentage of replies Excellent, Good, Poor, or Fair
- Patient Experience Measures is the percentage of “yes” scores
- The Mean Score is the average for provider of the following question:
“Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?”

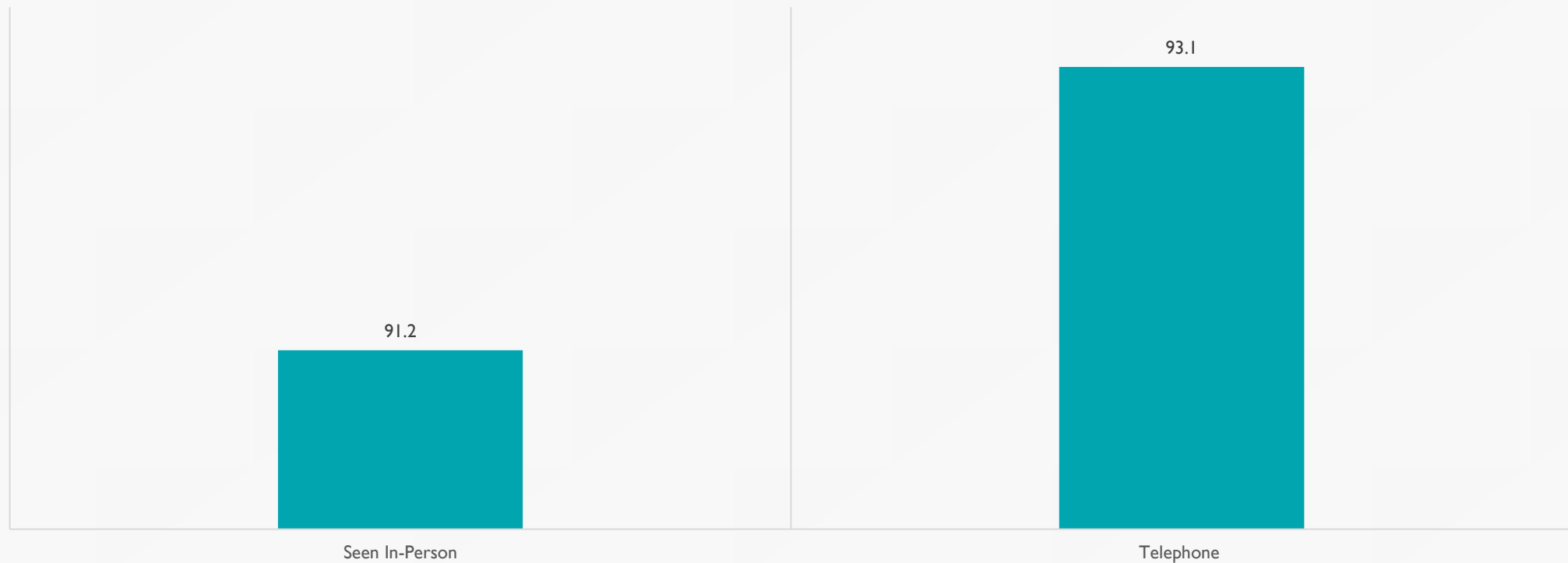
Overall Satisfaction by Visit Nature (mean)



Overall Satisfaction by Age (mean)



Overall Satisfaction by Encounter Method (mean)



Thank you!

Please email QIDepartment@seamarchc.org with any questions



**Public Hospital District #5, King County
dba Vashon Health Care District**

RESOLUTION 2021-2

ADOPTING SUPERINTENDENT EMPLOYMENT AGREEMENT

WHEREAS the Board of Commissioners of the Vashon Health Care District is required by RCW 70.44.070 to fix the compensation of the Superintendent by a resolution of the Board; and

WHEREAS Eric P. Jensen was appointed District Superintendent by the Board of Commissioners through approval of Resolution 2020-8 on June 3, 2020; and

WHEREAS the Board of Commissioners desires to define Superintendent's employment relationship with the District through adoption of an employment contract.

NOW, THEREFORE, BE IT RESOLVED that effective July 1, 2021 the Board approves the attached employment contract with Mr. Jensen, which includes setting his annual salary at \$80,000 per year. In addition, Mr. Jensen shall be paid an additional \$650 per month stipend for him to purchase his own health care insurance and other benefits.

APPROVED at a regular Board of Commissioners meeting this 4th day of August 2021.

_____ Commissioner	_____ Date
_____ Commissioner	_____ Date
_____ Commissioner	_____ Date
_____ Commissioner	_____ Date
_____ Commissioner	_____ Date



King County

Special District Voucher Approval Document

KC v2.0

Scheduled Payment Date: 07/28/2021
Total Amount: \$140,752.00
Control Total: 4
Payment Method: WARRANT

District Name: Vashon Health Care District
File Name: AP_VHEALTHD_APSUPINV_20210726065307.csv
Fund #: 140050010

CONTACT INFORMATION

Preparer's Name: DONALD WOLCZKO Email Address: don@vashonhealthcare.org

PAYMENT CERTIFICATION RCW (42.24.080)

I, the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered, the labor performed as described, or that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim(s) is(are) just, due and unpaid obligation against the above-named governmental unit, that I am authorized to authenticate and certify to said claim(s).

Authorized District Signature(s) for Payment of Claims (Auditing Officer(s) or Board Member(s)): <u>Donald Wolczko</u>	Date <u>7/26/21</u>
Authorized District Signature	Date
Authorized District Signature	Date
Authorized District Signature	Date

SUBMIT SIGNED DOCUMENT TO:
King County Accounts Payable
Attn: Special Districts
401 5th Avenue, Room 323
Seattle, WA 98104

Email: SpecialDist.AP@kingcounty.gov
Fax: (206) 263-3767

KING COUNTY FINANCE USE ONLY:
Batch Processed By: _____
Date Processed: _____



King County

Special District Voucher Approval Document

KC v2.0

District Name: Vashon Health Care District

File Name: AP_VHEALTHD_APSUPINV_20210726055307.csv

Payee (Vendor Name)	Vendor No.	Vendor Site	Invoice No.	Invoice Date	Inv. Amount	Description
ERIC PRYNE			2021-23	07/28/2021	\$74.93	REIMBURSE PUBLICITY EXPENSE
KING COUNTY ELECTIONS			2021-24	07/28/2021	\$8,246.18	ELECTION COSTS INV 2123351 AND 2123247
SEA MAR COMMUNITY HEALTH CLINICS			2021-21	07/28/2021	\$125,000.00	AUGUST SUBSIDY
SUNRISE RIDGE HEALTH SERVICES			2021-22	07/28/2021	\$7,430.89	AUGUST RENT



Special District Voucher Approval Document

Scheduled Payment Date: 08/04/2021
 Total Amount: \$225.00
 Control Total: 1
 Payment Method: WARRANT

District Name: Vashon Health Care District
 File Name: AP_VHEALTHD_APSUPINV_20210801124151.csv
 Fund #: 140050010

CONTACT INFORMATION

Preparer's Name: DONALD WOLLEZO

Email Address: don@vashonhealthcare.org

PAYMENT CERTIFICATION RCW (42.24.080)

I, the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered, the labor performed as described, or that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim(s) is/are just, due and unpaid obligation against the above-named governmental unit, that I am authorized to authenticate and certify to said claim(s).

Authorized District Signature(s) for Payment of Claims (Auditing Officer(s) or Board Member(s)):

Donald B. Wollezo 8/1/21
 Authorized District Signature Date

Authorized District Signature Date

Authorized District Signature Date

KING COUNTY FINANCE USE ONLY:

Batch Processed By: _____

Date Processed: _____

SUBMIT SIGNED DOCUMENT TO:
 King County Accounts Payable
 Attn: Special Districts
 401 5th Avenue, Room 323
 Seattle, WA 98104

Email: SpecialDist.AP@kingcounty.gov
 Fax: (206) 263-3767



King County

Special District Voucher Approval Document

KC v2.0

District Name: Vashon Health Care District

File Name: AP_VHEALTHD_APSUPINV_20210801124151.csv

Payee (Vendor Name)	Vendor No.	Vendor Site	Invoice No.	Invoice Date	Inv. Amount	Description
VASHON CHAMBER OF COMMERCE			2021-25	08/04/2021	\$225.00	CHAMBER MEMBERSHIP