



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B - 5:00 p.m.

February 22, 2018
SUPPLEMENTAL AGENDA

- 1. Call Regular Meeting to Order**
 - **Moment of Remembrance for Dr. William Waltner: Jim Allen**
 - **Swearing in of New Board Member: Roy Savoian**

- 2. Approval of Agenda ****
(Items to be pulled from the Consent Agenda) **(1-2)**

- 3. Consent Agenda ****
 - a. Minutes of Board Meetings: January 25, 2018; February 12, 2018 **(3-6)**
 - b. Approval of Checks **(7)**
 - c. Report: Foundation **(8)**
 - d. Minutes: Finance Committee **(9)**
 - e. Minutes: Quality Council **(10)**

- 4. SAFE Catch Awards:** Mande Olsen, Director of Quality Improvement – **Updated Awards** **(11-13)**

- 5. Presentations:** Taya Briley, Executive Vice President and General Counsel for the Washington State Hospital Association, and Dr. Rocky Kerr, Washington Hospital Services Peer Review Program: Physician Credentialing

- 6. Public Comment and Announcements**

- 7. Reports and Dashboards**
 - a. Quality – Mande Olsen **(14-47)**
 - i. Quality Assessment and Performance Improvement (QAPI) Program Policy ** **(48-54)**
 - ii. 2018 Quality Assessment Performance Improvement (QAPI) Plan ** **(55-80)**
 - b. Chief Executive Officer – Julie Petersen **(81-82)**
 - c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(83)****
 - ii. Chief Medical Officer, Don Solberg MD **(84)**
 - d. Finance – Chief Financial Officer - Libby Allgood **(85)**
 - i. Operations Report **(85)**
 - ii. Finance Committee Report – Commissioner Liahna Armstrong



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B - 5:00 p.m.

- e. Operations (86-88)
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations

- 8. Education and Board Reports**
 - AHA Annual Membership Meeting, May 6-9, 2018, Wash., D.C. (88a-88c)

9. Old Business

10. New Business

- 11. Articles and Communication – Additional Articles** (89-95)

12. Executive Session

- a. Recess into Executive Session, Personnel & Real Estate - RCW 42.30.110 (b)(g)
- b. Convene to Open Session

13. Adjournment

Future Meetings

- March 3, 2018, Board Retreat
- March 29, 2018, Regular Meeting

Future Agenda Items

- Musculoskeletal Update

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KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B

January 25, 2018

BOARD MEMBERS PRESENT: Matt Altman, Liahna Armstrong, Bob Davis, Erica Libenow

KVH STAFF PRESENT: Julie Petersen, Libby Allgood, Carrie Barr, Mandee Olsen, Carrie Youngblood, Rhonda Holden, Vicky Machorro, Michele Wurl

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien, Dr. Don Solberg

1. At 5:00 p.m., President Matt Altman called the regular meeting to order.

2. **Approval of Agenda:**

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved the agenda.

3. **Consent Agenda:**

ACTION: On motion of Erica Libenow and second of Liahna Armstrong, the Board members unanimously approved the Consent Agenda.

4. **Public Comment/Announcements:**

None.

5. **Presentations:**

Mike Nollan, Interim Superintendent of Ellensburg School District, and Brian Aiken, Executive Business Manager, presented an overview of the upcoming school district E & O Replacement Levy Renewal. They stated that the levy is not a new tax levy because it renews the current expiring levy. The levy funds maintain current educational program and facility operations. The levy rates will be dropping in 2019 due to a ruling by the Washington State Supreme Court.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary. Mandee Olsen announced that KVH has been designated again as a Level 2 cardiac/stroke hospital.

The Board members reviewed the CEO report with Julie Petersen. Julie reported that she met with some of the tenants in the KVH MAC building and the meetings went very well. She met with Dr. Vicky Jones of North Star and Virginia Mason Orthopedics Northwest regarding partnering opportunities in the MAC building. She also met with the anesthesiologists regarding future coverage to meet the needs of KVH. She met with Drs. Ginger Longo and Bruce Herman and noted that a mid-wife will be joining KVH sometime this spring. She stated that she will be attending conferences in February and March for several days.

Jack Schwartz gave an update on the Cerner project noting that the go-live date is February 12. He stated that super users as well as extra trainers from Cerner have been training with staff to address

any concerns they have. He reported that a Command Center has been created for problem solving and staff assistance for this project. Michele Wurl reported that several steps have been taken to ease staff stress such as nutritious snacks being delivered to hospital departments along with such items as KVH logo t-shirts, lanyards, and winter knit hats. At the end of the project period, the super user trainers will be invited to a special recognition dinner and the Board members will be invited to attend as well.

The administration team members gave presentations in the areas of Access, Partnerships and Collaborations, Community Engagement, and Financial Sustainability for the 2018-2020 KVH Business Plan.

ACTION: On motion of Erica Libenow and second of Liahna Armstrong, the Board members unanimously approved the KVH Business Plan.

ACTION: On motion of Liahna Armstrong and second of Erica Libenow, the Board members unanimously approved Resolution No. 18-02 giving authorization for a public works project for Phase I of the KVH Radio Hill Annex.

ACTION: On motion of Bob Davis and second of Liahna Armstrong, the Board members unanimously approved the initial appointments for Dr. Jared Shannon, Dr. William Phillips II, Dr. Preetkamal Neetu Singh Cheerma, and Emilie Torretta, ARNP/CNM; and the reappointments for Dr. Vicky Jones, Dr. James Talcott, Dr. Dennis Gaskill, Dr. Kyle Henneberry, Dr. Kevin Martin, and Lori Drews, Psychiatric ARNP (as corrected from MD to ARNP); as recommend by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report. Dr. Solberg added that he has been working on scheduling physicians to cover pediatric call due to Dr. Waltner's absence.

Libby Allgood reported financials for December, noting that the figures for December are preliminary until the completion of the year-end analysis and audit. Liahna Armstrong reported that the Finance Committee met to review the financials for December.

The Board members reviewed the operations report with Vicky Machorro, Carrie Barr, and Rhonda Holden. Vicky Machorro reported that the Cle Elum Urgent Care Clinic's move to its new location was a success and very well received by both clinic staff and patients. Rhonda Holden reported that the recent Board of Pharmacy outpatient audit went very well, with no citations.

7. **Education and Board Reports:**

The Board members agreed to let administration know if they wish to attend the WRHA conference in March or the AHA Annual meeting in May.

8. **Old Business:**

a. **Process for Appointment of a New Board of Commissioner:**

Matt Altman announced that applications received for the open Board position are being screened, with interviews taking place at a special Board meeting scheduled for February 12. He stated that the new Board member will be sworn in at the February 22 regular Board meeting.

9. **New Business:**

None.

10. **Articles and Communication:**

The Board members reviewed the various clippings and correspondence items. At 7:25 p.m., President Altman announced that there would be a 10-minute recess followed by a 60-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g)

At 8:19 p.m., the meeting was reconvened into open session.

With no further action and business, the meeting was adjourned at 8:20 p.m.

CONCLUSIONS:

1. Motion passed to approve the Board agenda.
2. Motion passed to approve the Consent Agenda.
3. Motion passed to approve the KVH Business Plan.
4. Motion passed to approve Resolution No. 18-02 giving authorization for a public works project for Phase I of the KVH Radio Hill Annex.
5. Motion passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.

Respectfully submitted,

Franki Storlie/Erica Libenow
Executive Coordinator/Secretary, Board of Commissioners



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
CEO Office

February 12, 2018

BOARD MEMBERS PRESENT: Matt Altman, Liahna Armstrong, Bob Davis, Erica Libenow

STAFF PRESENT: Julie Petersen

The meeting was called to order at 5:30 p.m. President Altman announced that the purpose of the meeting was to conduct interviews for the position of Board of Commissioner, Position No. 4, and to conduct an executive session regarding personnel. (RCW42.30.110(h))

Interviews were conducted with the following applicants for Board of Commissioner Position 4: Roy Savoian, Terry Clark, Judy Love, and Jon Fowler.

At 8:10 p.m., President Altman announced that the meeting was being convened into executive session to discuss personnel for 30 minutes with possible action being taken after the executive session.

At 8:25 p.m., the meeting was reconvened into open session. The Board members unanimously approved the appointment of Roy Savoian for the position of Board Commissioner for Position No. 4 for Public Hospital District No. 1, Kittitas County.

With no further business and no action taken, the meeting was adjourned at 8:26 p.m.

Respectfully submitted,

Franki Storlie/Erica Libenow
Exec. Coordinator/Secretary, Board of Commissioners

DATE OF BOARD MEETING: February 22, 2018

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>240553-241474</u>	NET AMOUNT:	<u>\$4,598,318.19</u>
		SUB-TOTAL:		<u>\$4,598,318.19</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>80764-80788</u>	NET AMOUNT:	<u>\$39,011.92</u>
#2	PAYROLL CHECK NUMBERS	<u>80789-80810</u>	NET AMOUNT:	<u>\$30,872.88</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$986,934.60</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,114,610.50</u>
		SUB-TOTAL:		<u>\$2,171,429.90</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2017 \$1M TAXABLE REVENUE BONDS - PRINCIPAL	NET AMOUNT:	<u>\$100,302.00</u>
#2	2017 \$1M TAXABLE REVENUE BONDS- INTEREST	NET AMOUNT:	<u>\$15,904.44</u>
#3	2017 \$12.5M TAX EXEMPT REVENUE BONDS - INTEREST	NET AMOUNT:	<u>\$145,916.67</u>
		SUB-TOTAL:	<u>\$262,123.11</u>

TOTAL CHECKS & EFTs: \$7,031,871.20

Prepared by



Sharoll Cummins
Staff Accountant



Foundation activities

Annual Appeal – Annual Appeal contributions from the community have wrapped up since being mailed on October 23. This year's total is just under \$28,000, up \$5000 from last year.

2018 Foundation Gala (April 28) –The replacement of two anesthesia machines has been chosen as the 2018 gala's fund-a-need. We would love to see each commissioner have their own table of eight. We are taking table reservations at this time so feel free to reach out and secure yours today. Gold tables are \$600 and platinum tables are \$1000. Platinum tables give you higher recognition, table placement and dinner priority.

Foundation Director Recruitment

I have happy to announce we have hired a fabulous individual as the next KVH Foundation Director. She is currently going through the background check process so I am unable to release her name at this time, but I am very excited for what she will be brining to our organization. Currently, she is scheduled to start on March 12.

Thanks go out to KVH recruiter Jenn Strater for leading us through this process. I would also like to thank Foundation Directors Bill Boyum and Connie Dunnington, as well as KVH CEO Julie Petersen for their time and commitment in finding the best candidate.

Respectfully submitted,

Michele Warl

Director, Community Relations

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
January 23, 2018

Members Present: Liahna Armstrong, Bob Davis, Paul Malinski, Julie Petersen, Libby Allgood

Staff Present: Kelli Goodian Delys

The meeting was called to order by Liahna Armstrong at 7:36am.

Motion was made to approve the Agenda and Minutes as written. Both motions carried.

Libby Allgood led the discussion on the financial highlights for December operations. The financial information is preliminary as we continue to review and prepare for the financial statement audit. Inpatient volumes continue to be below budget. Outpatient procedures were slightly above budget. Clinic visits were under budget due to the holiday and fewer working days.

Julie Petersen commented that revenue deductions are above the prior year. We have generated more charges, yet we did not collect it. We are continuing to delve into the reasons. We have hired a new contract negotiator and who will be looking at Kaiser and Premera contracts.

Operating expenses for 2017 were much less than expenses for 2016. Department directors did a great job monitoring their department's expense variances using the management reporting tools. With our general ledger system change we will be updating the reporting process in 2018.

We are working with Piper Jaffray on refinancing options for the KVH Medical Arts Center purchased in December. We will bring the proposal to the Board of Commissioners in March or April to take advantage of current low tax exempt rates.

Days cash on hand decreased due to the purchase of the Medical Arts Center.

With no further business, the meeting was adjourned at 8:00am.

<i>Quality Improvement Council</i>	MEETING MINUTES	February 12, 2018
Present: Mandee Olsen, Vicky Machorro, Matt Altman, Liahna Armstrong, Julie Petersen, Rhonda Holden Guests: Amy Diaz, Sally Karam Recording Secretary: Mandy Weed Minutes Reviewed by: Mandee Olsen		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/ RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> Called to order 	The meeting was called to order by Matt at 3:00pm	
<ul style="list-style-type: none"> Agenda & Minutes 	The agenda and minutes were approved as presented.	
Reports		
<ul style="list-style-type: none"> Quality Improvement Council Dashboard Review 	Handouts: QI Council Dashboard & Summary Discussion: Mandee stated there is also a dashboard summary included in the packets and some of the data was not yet complete at the time the dashboard was created due to preparation for Cerner. Mandee stated this was one of our best years for patient influenza vaccine rate. Longbone Fracture is at goal all 12 months and CMS is retiring this measure. Mandee also stated that for Stroke Dysphagia Screening we were at 100% for all data points but there is a new draft dashboard that has been proposed to reflect changing these measures.	
<ul style="list-style-type: none"> Qualis Readmission Report 	Handouts: Qualis Health Hospital Performance Report Discussion: Mandee stated that this report comes to us quarterly and is the measure that the Hospitalists and Dr. Martin asked to be included on the QI Council Dashboard. Mandee stated on page 4 the overall rate is 6.6 which is very good and maybe that has to do with some of the work with the A-Team. Julie commented that she thinks the high quality discharge planning has also helped and clarified that the data is Medicare	

	patients admitted to any facility.	
<ul style="list-style-type: none"> 2017 Risk Management Review 	<p>Handouts: Quality Improvement Outcomes Report-Out</p> <p>Discussion: Linda did a review of 2017 related to risk events and other preventative work that is being done. Linda went over the 2016 RCA that resulted in an elderly patient having a delay in her blood transfusion. She stated that 17 staff members were involved and some areas that needed improvement were identified.</p> <ul style="list-style-type: none"> 521 Occurrence Reports in 2017; a benchmark average nationally is 1 report per bed per month. In 2017 we had a decrease number of falls with injury; patients that stay longer are at a higher risk of falls. In 2017 we had 24 workplace violence reports that initiated 2 no-trespass orders. Linda went over what systems are in place for reporting and what process improvements were initiated due to staff and provider reporting. In 2017 we had 53 HIPAA concerns reported, 31 actual violations and of those 1 that was reportable. Linda stated the most common event was incorrect patient information shared. 230 patient grievances reported, \$13,602 in write offs/adjustments and 82 patient compliments. 87 patients had their care reviewed by peer review in 2017. We reported 15 potential claims to Covery's in 2017 and currently have one open claim at this time. Linda also went over the 2017 provider education, M&M Conferences and the 2018 Risk Management Plan. 	
Policy Review		

<ul style="list-style-type: none"> Quality Assessment and Process Improvement Program Policy 	<p>Handouts: Quality Assessment Performance Improvement (QAPI) Plan</p> <p>Discussion: Mandee stated the Quality Assessment Performance Improvement (QAPI) Plan content hasn't changed, just some of the language has as well as the mission and vision. Mandee stated that this plan will be forwarded to the Board. Plan was approved by the QI Council with all in favor.</p>	
<ul style="list-style-type: none"> New Business 		
<ul style="list-style-type: none"> 2017 Quality Improvement Summary 	<p>Handouts: 2017 Quality Improvement Summary</p> <p>Discussion: Mandee stated that it summarizes the dashboard for successes and weaknesses. Mandee stated that Linda covered a lot of the improvement activities in her report out.</p>	
<ul style="list-style-type: none"> 2018 Quality Assessment Performance Improvement (QAPI) Plan – Including Measures, Draft QI Council Dashboard 	<p>Handouts: 2018 Quality Assessment Performance Improvement, Quality Measures, Draft QI Council Dashboard, Revised Data Glossary</p> <p>Discussion: Mandee stated that this plan will need to be approved by the board, but DOH wants to see that QI has over sight and review of the QAPI Plan. Mandee stated that this is a high level plan followed by 16 pages of measures. Mandee stated that the last two column indicate if a measure is recommended to be part of an individual department's QAPI plan and the QI Council dashboard. Included was the proposed dashboard with patient satisfaction. Matt stated he had some language change suggestions, but no content changes and he would like to suggest the committee give approval to forward to the board with his language changes. QI voted all in favor for content with some language changes to forward to the board for final approval.</p>	
<ul style="list-style-type: none"> Improvement Outcomes - Home Health and Hospice 	<p>Handouts: SHP Real-Time Home Health Compare</p>	

	<p>Discussion: Rhonda went over the progress that Home Health and Hospice has made in the past 5 years. She stated that in the past they had been looking at if we could continue the service line as we were losing money. She stated currently the case mix is higher as a result of sicker patients and the number of patient days has went up from 8 in 2012 to 56 in 2017 and we are now making money. Rhonda went over the QAPI for Home Health and stated we are not yet where we want to be for timeliness of therapy for total joints, but pretty pleased overall. Sally stated they have interdisciplinary meetings on Tuesdays have been doing teachings on ways to improve their metrics. Rhonda stated a lot of their issues come down to documentation but the patients are receiving really good care. She stated they are able to meet their 48 hour goal 100% of the time for new referrals. Rhonda also went over the contracted services review from EMR vendors to coding to pharmacy and the goals for each area for 2018.</p>	
<ul style="list-style-type: none"> SAFE Catch Nominations Review & Selection 	<p>Handouts: SAFE Catch nominations</p> <p>Discussion: The council reviewed all nominations and decided to award the following:</p> <p>4th Quarter Clinical – Debbie Ezell, Patient Care Technician, Emergency Department for arranged follow-up and transportation for recent trauma patient.</p> <p>4th Quarter Non-Clinical – Brandee Coates, Care and Service Coordinator, Quality; Mande Olsen, Director-Quality; Hailey Andreas, Department Assistant, Quality; Linda Mullin, Receptionist, Imaging for recognizing a confused patient needing follow-up.</p>	
<ul style="list-style-type: none"> Closing 		

SAFE Catch Awards and Nominations

3rd Quarter 2017



Clinical Award Nominations:

Winner: Jeannette Simonton, Registered Nurse, Surgical Outpatient

Reason for nomination: Discovering a dosage miscalculation and correcting the error

Nominator: Anonymous

Event: Patient was in SOP for her 3rd scheduled infusion. Jeanette discovered that the patient had been given the wrong dose of medication during her first 2 infusions due to miscalculation based on the patient's weight. Once Jeanette made the catch, she was able to make appropriate adjustments so that the patient received the correct dosage of medication. Without catching this error, the patient could have potentially required additional infusions until she met the goals of her therapy.

Nominee: Heather Zech, Respiratory Therapist, Cardiopulmonary Services

Reason for nomination: Investigating concerns in patients orders and/or indications for exams

Nominator: Vanessa Adler, Receptionist, Cardiopulmonary Services

Event: Recently CP has received orders for patients that have contradicting indications for the study being requested either on the order or by the patient. i.e. the study was just completed. When brought to Heather for help, she goes above and beyond to ensure the proper indication is obtained for the procedure requested. She will either go through the order to clarify what is needed or will reach out to the requesting facility to discuss what they need. This helps ensure patients are being scheduled properly and given the proper procedure the first time, saving everyone time and money. Her knowledge on procedures done in the CP department as well as her willingness to help is truly appreciated by patients and the department staff.



A SAFE Catch involves at least one of the following:

- The catch prevented an event from reaching a patient or staff member
- The catch prevented pain, delays in care, unnecessary costs, or workflow inefficiencies
- The situation was high risk or had potential for greater patient harm, such as communication errors, surgical site infections, or falls
- The catch led to front-line or just-in-time improvement

SAFE Catch Awards and Nominations

4th Quarter 2017



Non-Clinical Award Nominations:

Nominees: Brandee Coates, Care and Service Coordinator, Quality

Mandee Olsen, Director-Quality

Hailey Andreas, Department Assistant, Quality

Linda Mullin, Receptionist, Imaging

Reason for nomination: Recognizing a confused patient needing follow-up

Nominator: Linda Navarre, Quality/Risk Management Coordinator, Quality

Event: An elderly patient wandered into the Quality Department appearing very confused, disoriented, wheezing and was having trouble speaking. Mandee was alerted to the issue by Brandee, and Hailey conversed with the patient until Mandee arrived. Mandee, using her neurology skills, assessed the patient for risk of stroke. Mandee and Brandee facilitated patient assessment by KVH Emergency Department and the patient received a thorough examination. The patient was later sent home with a safety plan to support her independent living. Prior to arriving in the Quality Department, the patient had reached both the Lab and Imaging Departments attempting to identify where she was to be seen. Linda in Imaging called the patient's PCP clinic to establish where she may have an appointment. The clinic verified that the patient had an appointment later that day and Linda then offered to call a ride for the patient. The patient left Imaging and ended up in the Quality Department.

Nominee: Christina Thunberg, Patient Service Representative, Orthopedics

Reason for nomination: Identifying incorrect orders for surgical patient

Nominator: Tanner Scheid, Clinic Manager-Orthopedics/General Surgery/Workplace Health

Event: Christina was working on orders for an orthopedic surgery. She noticed that the box checked for prophylactic antibiotics was a much higher dose than the patient should have been receiving. Due to her attention to detail and willingness to speak up, a potential overdose of antibiotics was averted and the orders could be corrected prior to surgery.

Nominee: Claudia Eattock, RN, Quality Assurance Specialist, Quality

Reason for nomination: Identifying incorrect ICD-10 coding

Nominator: Self

Event: Claudia identified a discrepancy in the ICD-10 coding for a recent patient encounter. It is important for billing and coding to match for auditing and reimbursements purposed. Due to her attention to detail, Claudia was able to communicate with the coders and billers to get the coding corrected and rebilled.



A SAFE Catch involves at least one of the following:

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- The catch prevented pain, delays in care, unnecessary costs, or workflow inefficiencies
- The situation was high risk or had potential for greater patient harm, such as communication errors, surgical site infections, or falls
- The catch led to front-line or just-in-time improvement

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SAFE Catch Awards and Nominations

3rd Quarter 2017



Non-Clinical Award Nominations continued.....

Nominee: Kimberly Clark, Health Information Tech, HIM

Reason for nomination: 2 echo reports read by 2 different providers

Nominator: Health Information Management Department

Event: It was discovered that an echo report had 2 preliminary read reports by 2 different providers. Kimberly communicated her findings with YHC who, with the assistance of their lead provider, helped figure out what was going on. It was determined that Yakima Heart Center had not marked the original read as complete and it was forwarded to the second provider and read again. This generated 2 separate billings by each provider for the exam to be read which the patient would have been billed for. Kimberly facilitated getting 1 report on the exam as well as ensuring the additional billing for the read was removed avoiding our patient being doubled charged.

Nominee: Brandee Coates, Care & Service Coordinator, Quality/Risk Management

Reason for nomination: Finding less expensive white boards for the Quality Department

Nominator: Mande Olsén, RN, Director-Quality/Risk Management

Event: After Quality's move to the library, magnetic dry erase boards needed to be ordered for the new space as most of the existing magnetic dry erase boards stayed in the old space. Brandee was able to find magnetic dry erase boards for hundreds of dollars cheaper than previous purchases. Thanks for being so fiscally-minded!



A SAFE Catch involves at least one of the following:

- The catch prevented an event from reaching a patient or staff member
- The catch prevented pain, delays in care, unnecessary costs, or workflow inefficiencies
- The situation was high risk or had potential for greater patient harm, such as communication errors, surgical site infections, or falls
- The catch led to front-line or just-in-time improvement



QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ February 2018

Quality Improvement Council

The QI Council dashboard and summary are included in the materials from the meeting. Additional data provided:

- Readmission data from Qualis - KVH has done well compared to peers and year over year
- Year-end risk management summary for 2017
- Home Health and Hospice performance review

Quality Assessment and Performance Improvement (QAPI)

KVH maintains compliance with state law, licensing requirements and CMS Conditions of Participation by annually assessing quality and planning for improvement. I have met with department leaders, administration and medical staff to review our performance and choose activities to recommend for 2018. These were presented to QI Council February 12th. In your packet for approval are the QAPI policy and 2018 QAPI plan. Included in these documents are proposed high level goals, department specific measures, QI Council dashboard, and a "glossary" to help answer questions about the QI Council dashboard metrics.

Quality Improvement Council Agenda

Date: February 12th, 2018 Time: 3:00-4:30 p.m. Place: Café Conference Room

Purpose: To engage the KVH QI Council in organizational-specific data review, and improvement planning, learning, and communication.

Participant Members & Attendance:				<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Absent
Matthew Altman	Rhonda Holden	Dr. Don Solberg	Guests:		
Liahna Armstrong	Michele Wurl	Dr. Timothy O'Brien	Amy Diaz		
Julie Petersen	Carrie Youngblood	Mandy Weed	Linda Navarre		
Libby Allgood	Mandee Olsen		Sally Karam		
Vicky Machorro					
Carrie Barr					

Process:		
Time	Topic	Person Responsible
3:00	1. Approval of Minutes	Matthew Altman
3:00	2. Old Business:	Matthew Altman
3:00	3. Reports: <ul style="list-style-type: none"> a. QI Council Dashboard Review b. Additional data review: <ul style="list-style-type: none"> i. Qualis Readmissions Report ii. 2017 Risk Management Review 	Mandee Olsen Mandee Olsen Linda Navarre
3:20	4. Policy Review: <ul style="list-style-type: none"> a. Quality Assessment and Process Improvement Program Policy 	Mandee Olsen
3:25	5. New Business: <ul style="list-style-type: none"> a. 2017 Quality Improvement Summary b. 2018 Quality Assessment Performance Improvement (QAPI) Plan – including Measures, Draft QI Council Dashboard c. Improvement Outcomes: <ul style="list-style-type: none"> i. Home Health and Hospice d. Recognition: <ul style="list-style-type: none"> i. SAFE Catch Nomination Review 4th Quarter 2017 	Mandee Olsen Mandee Olsen Rhonda Holden and Sally Karam Mandee Olsen
	6. Next Meeting: 3:30-5:00 p.m., April 16th, 2018	
Payoff: Improved KVH processes, leading to high quality patient care and safety.		

Quality Improvement Dashboard Data Summary – For use in February 2018

Summary of Areas Meeting Goal or Showing Improvement

- Median Time to Pain Management (Long Bone Fracture) at goal for entire calendar year. This measure will be retired by CMS in 2018.
- Median time to ECG below benchmark for entire calendar year.
- Sepsis Bundle at 100% for 7 months.
- Influenza Vaccination status documentation rate for inpatients in December at 100% at the time of dashboard creation. Inpatient sampling for December is not yet complete.
- Stroke Dysphagia Screening 100% for all data points. We will consider retiring this measure from the dashboard in 2018.
- No hospital acquired infections in the past two months.
- Home Health at target for Timely Initiation of Care.

Summary of Improvement Opportunities

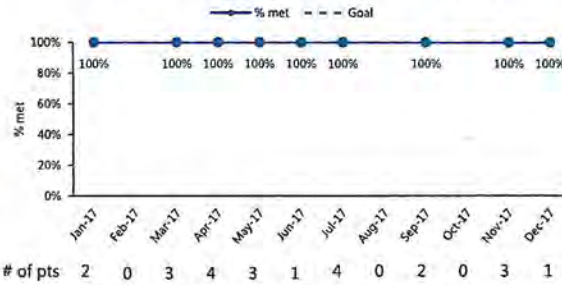
- Continued dip in Home Health Improvement in Dyspnea with Activity
- Dip in Home Health improvement with pain interfering with activity
- Increase in unplanned hospital care for home health patients – possibly seasonal variation
- Patient Satisfaction – in the next few months we will be rolling out a new patient satisfaction dashboard. Thank you for patience while we have worked to make this data accessible without being overly complicated.
- Employee reporting down. Quality staff have provided additional education and tools to departments and expect to see increased reporting with Cerner implementation.
- Increase in reports of occurrences at category D or higher.
- Missing data in a few areas due to preparation for Cerner.

QI Council

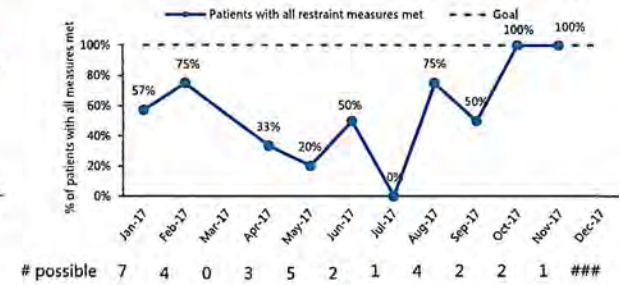
Median Time to Pain Management (Long Bone Fracture) ↓



Stroke Dysphagia Screening ↑



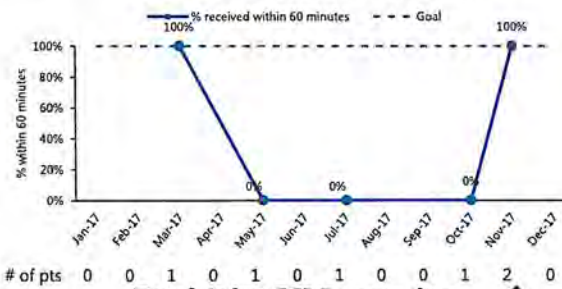
Restraints ↑



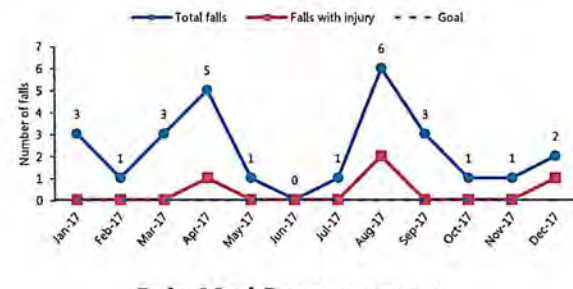
Median Time to ECG (AMI or Chest Pain) ↓



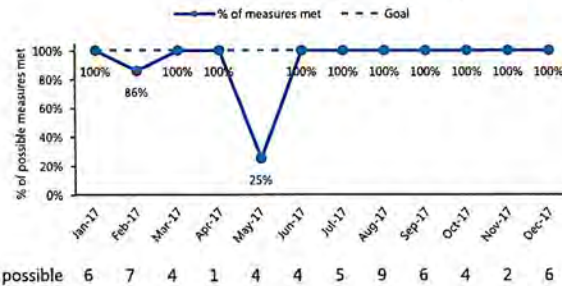
Stroke IV Thrombolytics ↑



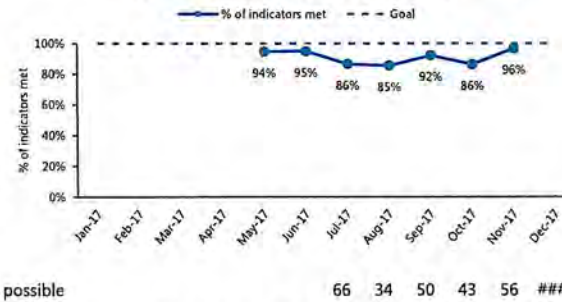
Falls ↓



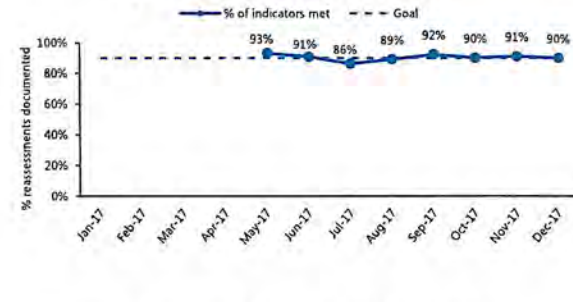
Sepsis Bundle ↑



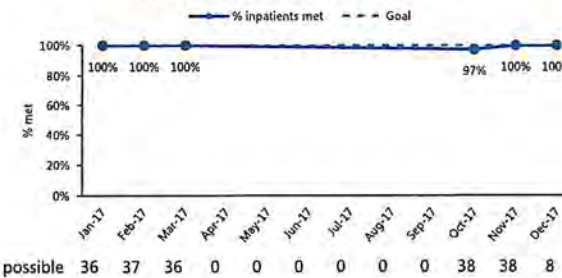
Total Joint SSI Prevention ↑



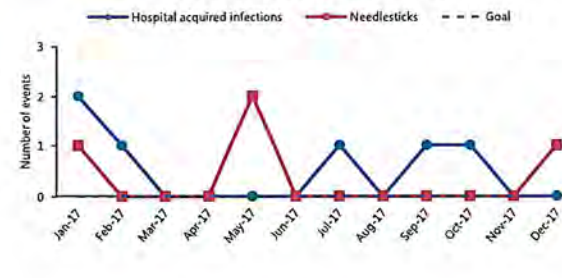
Pain Med Reassessment



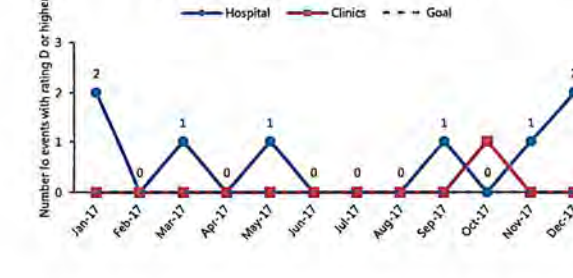
Influenza Vaccination ↑



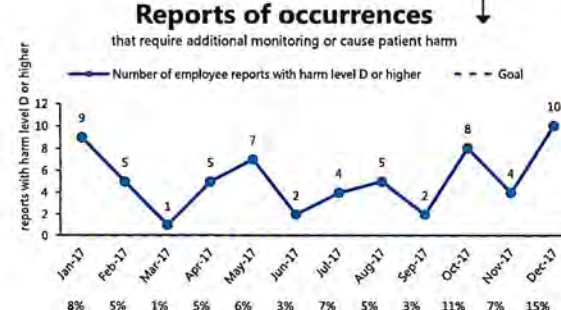
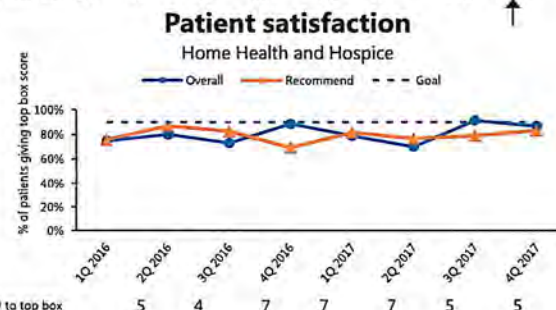
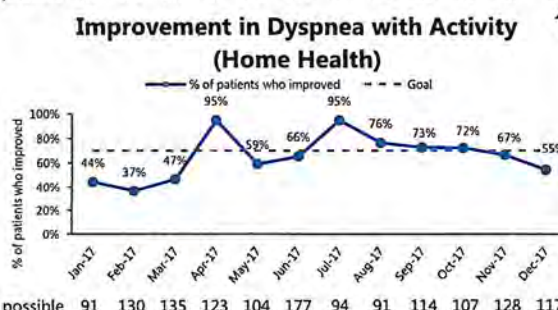
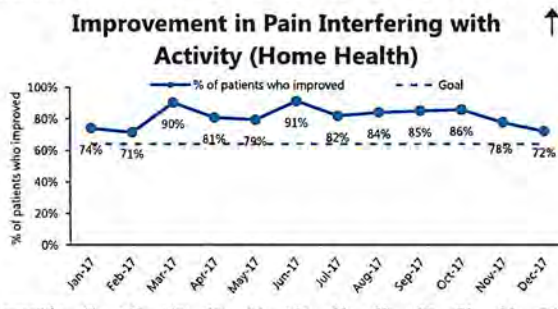
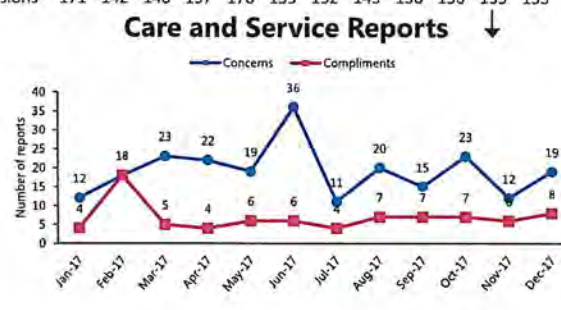
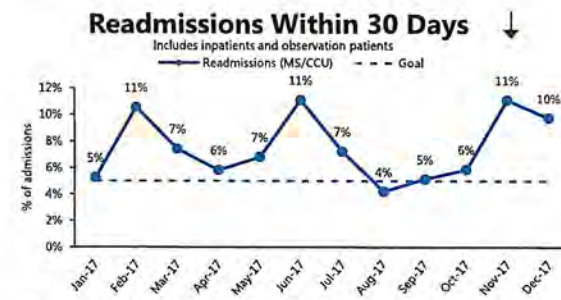
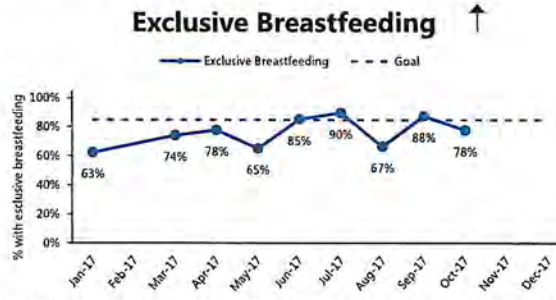
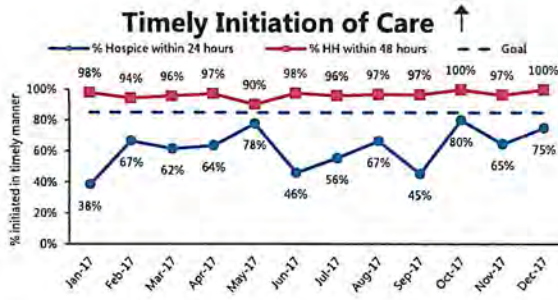
HAIs and Needlesticks ↓



Adverse Medication Events



17



18



Qualis Health
Communities for Safer Transitions of Care

Hospital Performance Report

Hospital: Kittitas Valley Healthcare

Includes Data Through: Q3 2017

Report Created: January 22, 2018

Purpose of the Report

This report uses Medicare Part A Fee-for-Service claims data to assess hospital readmission rates and healthcare utilization for Medicare beneficiaries. It is intended to support hospital efforts to improve care transitions.



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About Communities for Safer Transitions of Care

Under our contract with the Centers for Medicare & Medicaid Services, Qualis Health is assisting communities throughout Idaho and Washington to improve care coordination, prevent adverse drug events, and reduce unnecessary rehospitalizations. Our consulting services, which are available at no cost, include helping communities:

- Better understand what drives the local rehospitalization rate
- Maintain a cohesive, energetic coalition that draws from all segments of the healthcare system—including patients
- Successfully implement evidence-based interventions

Learn more about this work at www.Medicare.QualisHealth.org/Transitions.

Why Readmissions?

People with Medicare coverage report greater dissatisfaction regarding discharge-related care than with any other aspect of care that Medicare measures.

When patients move from one care setting to another (for instance, from a skilled nursing facility to a hospital, or from a hospital to home), they are at increased risk for medication errors, worsening of or complications from existing conditions, missed treatments or lab work, and a host of other potential problems which can substantially affect their health and quality of life.

Not only is there a human cost due to the lack of coordination and communication during a transition of care, but there are also significant financial impacts. In October 2012, as directed by the Affordable Care Act, CMS began reducing payments to certain PPS hospitals with "excess readmissions" for select conditions. The maximum penalty is now 3% of base DRG payments for all Medicare fee-for-service (FFS) admissions.

This report is designed to provide insight into hospital readmission rates for Medicare FFS beneficiaries and opportunities for improvement. The comparative data are intended to assist in monitoring trends and may not be used to publicly promote performance.

Qualis Health also produces a quarterly report that analyzes hospital readmissions at a community level, including community demographics and improvement opportunities. Contact individuals on the back cover for more information or see our website at: www.Medicare.QualisHealth.org/Transitions.

Statewide Performance Overview

Figure 1: Statewide 30-Day Readmissions (as a Percent of Medicare Discharges) From PPS and Critical Access Hospitals

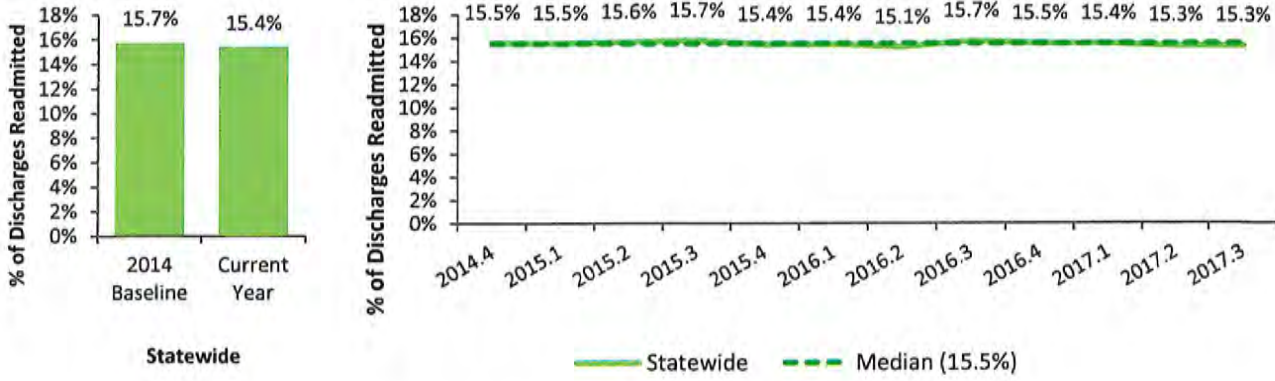
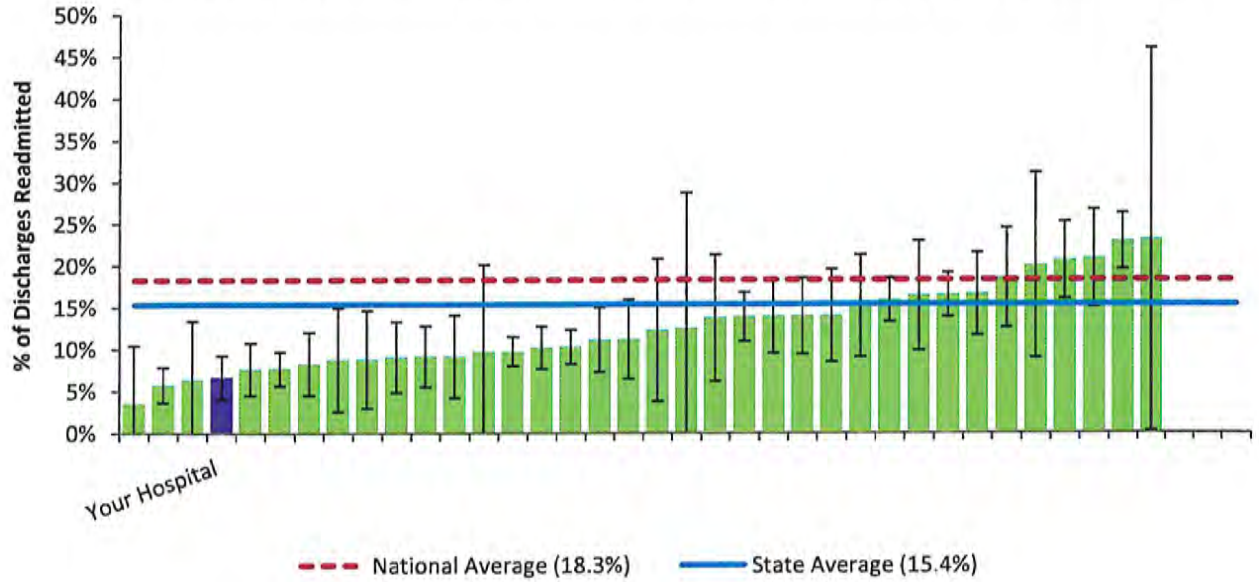


Figure 2: 30-Day Readmissions (as a Percent of Medicare Discharges) by CAH, Current Year



If you are interested in being transparent with your readmission rate to other hospitals in the state, please contact us. The black error bars above indicate 95% confidence intervals for each hospital's readmission rate. If the confidence intervals do not cross the line shown for the state average, the hospital's rate can be considered statistically different from the state's. (For more about confidence intervals and statistical significance, see the Appendix.)

Special Note

Data is not included in this report for any diagnosis, facility, or time period that includes fewer than 10 patients in order to protect patient confidentiality.

Hospital Performance Overview

Figure 3: Hospital 30-Day Readmissions (as a Percent of Medicare Discharges)

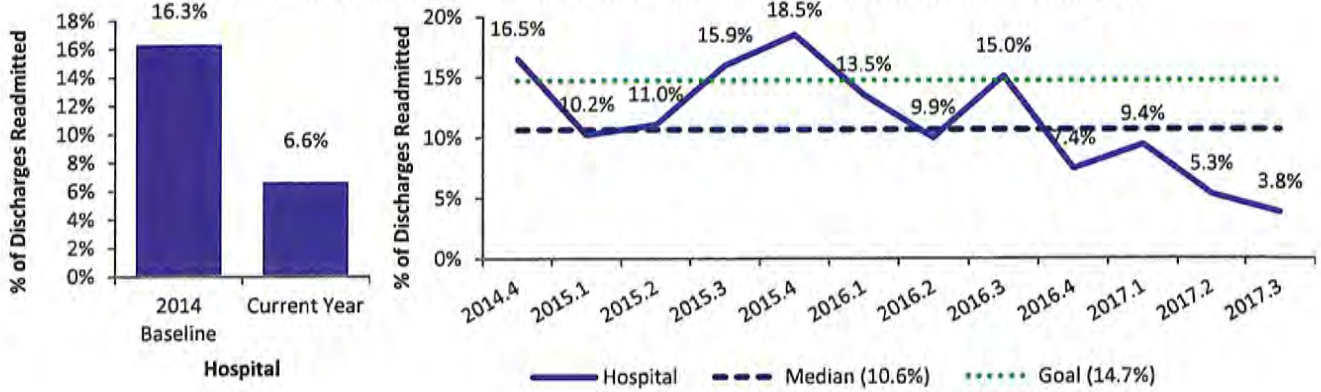


Figure 4: Emergency Department Visits for Medicare FFS Beneficiaries

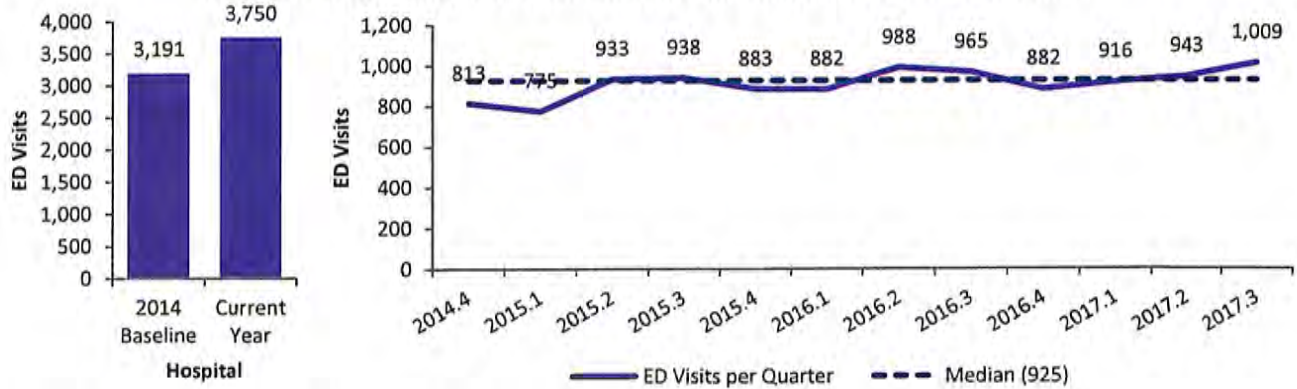
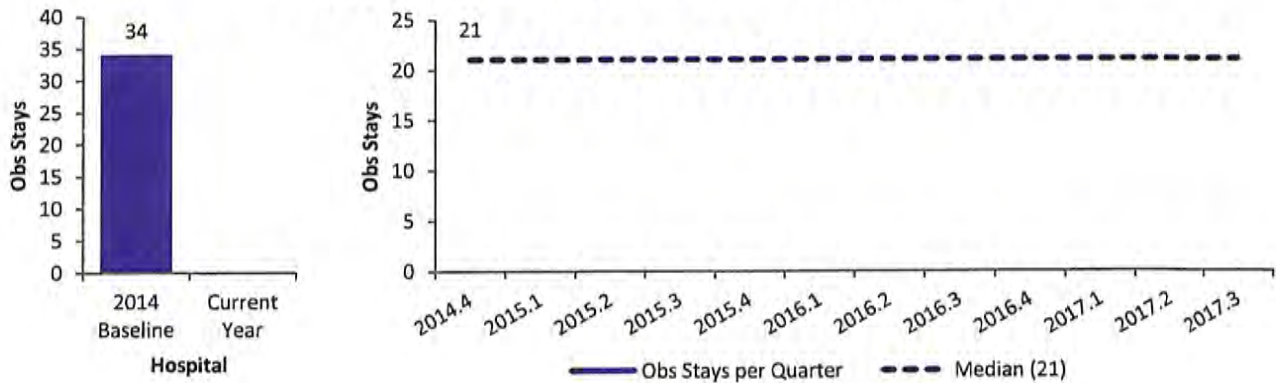


Figure 5: Observation Stays for Medicare FFS Beneficiaries



NOTE: Data is not shown if there were fewer than 10 applicable patients during the given time period.

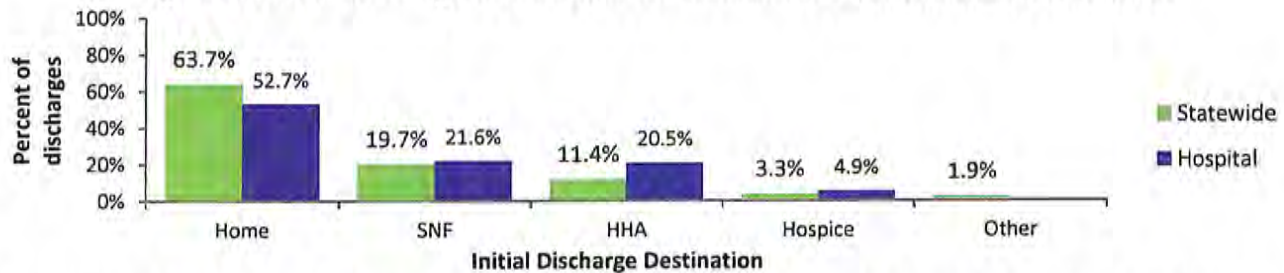
Readmissions for Select Demographic Groups and Health Conditions

Figure 6: 30-Day Readmissions (as a Percent of Medicare Discharges)

	2014 Baseline Readmit %	Hospital		Statewide Current Year Readmit %
		Readmit %	Discharges	
All	16.3%	6.6%	347	15.4%
Dual-Eligible	15.8%	10.7%	75	19.8%
Individuals Under 65	11.5%	12.5%	24	20.4%
Individuals 65-84	16.1%	8.1%	223	14.5%
Individuals 85+	18.5%	2.0%	100	13.2%
0 or 1 Chronic Condition(s)	8.0%	4.5%	44	11.6%
2 or 3 Chronic Conditions	18.8%	4.0%	126	12.4%
4 or More Chronic Conditions	17.5%	9.0%	177	17.3%

Post-Acute Services Utilization

Figure 7: Actual Discharge Destinations for Medicare FFS Beneficiaries, Current Year



*Individuals discharged to "home" are individuals for whom there is no subsequent Medicare FFS claim. These individuals may in fact be discharged to assisted living or similar environments that do not generate a Medicare claim. "Other" discharge locations include settings such as inpatient rehabilitation facilities (IRFs), long-term acute care facilities (LTACs), and inpatient psychiatric facilities (IPFs). Please note that these data reflect where patients actually go after discharge rather than where they are referred, and as such may differ from internal hospital data. For more information about how discharge destinations are determined, please see the Appendix.

Readmissions by Discharge Destination

Figure 8: Medicare Discharges and 30-Day Readmissions by Discharge Location, Current Year

	Discharges Hospital	Direct Readmits		Indirect Readmits		Total Readmits				
		Hospital	State	Hospital	State	Hospital	State			
Home	183	13	7.1%	14.7%	1	0.5%	0.5%	14	7.7%	15.1%
SNF	75	2	2.7%	12.2%	3	4.0%	4.7%	5	6.7%	16.9%
HHA	71	4	5.6%	14.6%	0	0.0%	3.6%	4	5.6%	18.1%
Hospice	17	0	0.0%	0.8%	0	0.0%	0.3%	0	0.0%	1.1%
Other				9.8%			5.4%			15.1%
Total	347	19	5.5%	13.6%	4	1.2%	1.7%	23	6.6%	15.4%

*Direct readmits are individuals who are readmitted from their initial discharge destination. Indirect readmits are individuals who move to an alternate discharge destination (for example, an individual who receives post-acute care in a SNF and then returns home) prior to the second hospitalization within 30 days.

NOTE: Data is not shown if there were fewer than 10 applicable patients during the given time period.

Appendix

1. Frequently Asked Questions

What is a confidence interval?

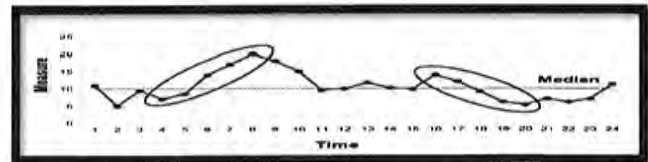
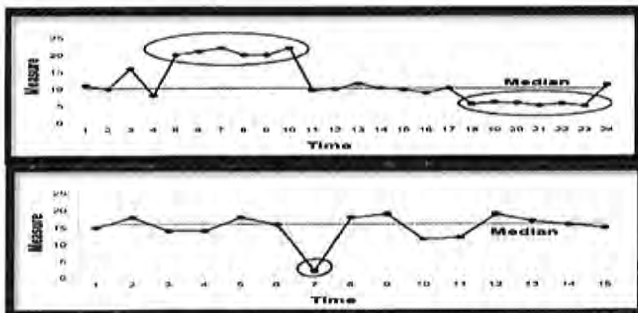
A 95% confidence interval represents the range of values in which the true value most likely lies when accounting for random variation. It is based on both the measured rate and the number of observations. For example, a hospital with many discharges generally has a smaller interval than a hospital with very few discharges since the larger hospital is less subject to extreme random peaks to the measured rate. (A 50% readmission rate may not be alarming when there were only two discharges, but it would be very alarming if there were 2,000 discharges.) If a point lies outside the 95% confidence interval, it is statistically significantly different from the population comprising the confidence interval at the $p < 0.05$ level.

What does it mean if something is statistically significant ($*p < 0.05$)?

If a comparison is statistically significant in this report, that means that there is less than a 5% probability that the difference between rates could have happened due to chance alone. If a relationship is not statistically significant, we can't say that it is distinct from the comparison group, and any differences we do see may be due to random variation.

Why is the median shown on run charts?

The median is the point where half the data fall above and half the data fall below. (This is different from the mean, which is the average of all of the points.) It is a measure of where the data is centered and helps you look for trends. You should look for: 1. Six or more consecutive points either all above or all below the median (if a point falls on the median, skip it and keep counting). 2. Five or more consecutive points going all up or going all down (if two consecutive points are the same, count the first one and ignore the repeating points). 3. A clear outlier value that is significantly larger or significantly smaller than the neighboring points. These three methods will help you identify "special cause" variation (meaning trends that are likely caused by something other than random variation).



Please note that there are many other ways to identify trends in run charts. Other methods can be found online or discussed with individuals at Qualis Health.

2. Data Sources

The source of data contained in this report is Medicare Part A Fee-For-Service claims for beneficiaries residing in the state. These data are not risk-adjusted and do include information on readmissions for individuals under age 65 who are on Medicare due to chronic disability (approximately 20% of the Medicare population).

3. Measure Definitions

Hospital 30-Day Readmissions

Readmissions are for any cause to any hospital within 30 days of the index hospital discharge. All ages of Medicare Part A patients are included unless otherwise noted. The data in this report are not risk-adjusted and therefore may be different from what appears on publically-reported sites. Individuals who are excluded from analysis include:

- Patients who die during the index hospitalizations
- Patients who leave against medical advice
- Patients with a length of stay longer than one year
- Patients transferred to another facility (except acute patients discharged to swing beds)

Post-Acute Discharge Destinations

Post-acute discharge destination designations are based on claims data and reflect actual post-acute utilization. As such, they may differ substantially from individual facility data since the claims data reflect services actually used, not just referrals. An individual is considered to be discharged to a SNF, Hospice, or other facility if there is a claim within two days of hospital discharge. An individual is considered discharged to HHA if there is a claim within five days of hospital discharge. Otherwise, the individual is considered to be discharged to home, even if they are discharged to a location such as an adult family home or assisted living facility that is not paid for by Medicare.

Direct Versus Total Readmission Rates

A direct readmission is when an individual is readmitted from his or her initial discharge destination. For example, if an individual is discharged to a SNF, has a turn for the worse, and is readmitted to the hospital directly from the SNF within 30 days, he or she is considered a direct readmission. Total readmissions are all readmissions that happen within the 30-day timeframe. For example, an individual may be discharged to a SNF, reside in that SNF for several days for post-acute care, and then be discharged home. If that individual, after spending at least one day at home, is readmitted to the hospital, he or she is considered as part of the total readmission category but not part of the direct readmission category, since the individual went elsewhere after the initial discharge destination. For most of the discharge destinations, there is little difference between the direct and total readmission rates; however, there is a discrepancy statewide between direct and total readmission rates for individuals discharged to SNFs. This data means that there are improvement opportunities in care transitions both from hospitals to the next discharge location (usually home) and from SNFs to the next discharge location (also usually home).

For more information

We urge you to review evidence-based practices and collaborate with members of your community to find out what is working. For additional ideas and success stories, please visit www.Medicare.QualisHealth.org/projects/Care-Transitions.

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About Qualis Health

Qualis Health is one of the nation's leading population health management organizations, working with clients throughout the public and private sector to advance the quality, efficiency, and value of healthcare for millions of Americans every day. As the Medicare Quality Improvement Network - Quality Improvement Organization for Idaho and Washington, our team of quality improvement consultants and clinical leaders works with healthcare providers, consumers, and community partners to redesign processes, build sustainable change, and deliver care with improved value, quality, and safety for patients.



www.Medicare.QualisHealth.org

This material was prepared by Qualis Health, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

*Quality Improvement Outcomes
Report-Out*

QI Council
February 12, 2018



KVIM RCA

In October of 2016, multiple communication breakdowns occurred amongst healthcare team members resulting in a delay of treatment, a blood transfusion for an elderly patient.



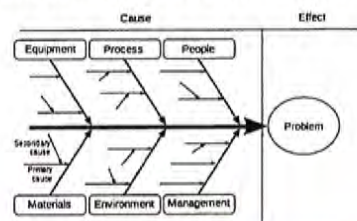
KVIM RCA

- November of 2016, the healthcare team participated in a RCA Discovery meeting to identify:
 - *What happened?*
 - *What more do we need to know before we can look for root cause(s)*
- Discovery activities included process walks of:
 - Lab reporting of critical values
 - Medical Out Patient (MOP) blood transfusion orders
 - Lab processing of requests for blood products
 - Clinic internal task communications



KVIM RCA

- RCA Problem Solving Meeting followed in December
 - *How did it happen & why?*
 - *What can we do to prevent it from happening again?*
- 17 staff members worked together to identify root cause(s) and develop an action plan

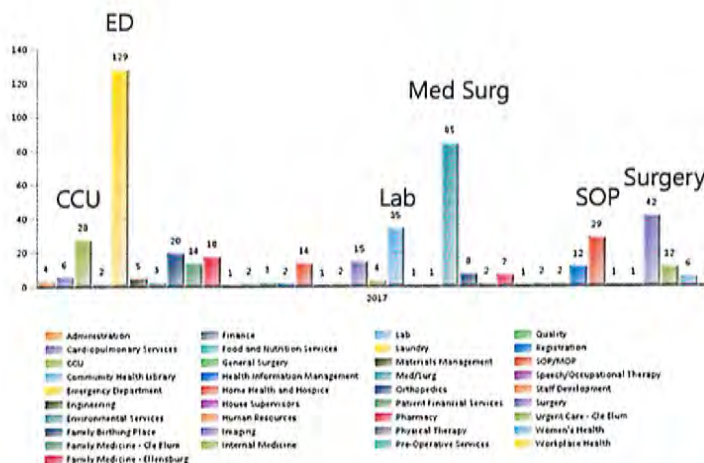


KVIM RCA

- Quality improvement activities to improve systems and process continued into mid 2017
- Outcome:
 - ❖ SW Specialist to PCP handoff
 - ❖ PCP will receive H&P and Progress notes prior to signing outside specialist MOP orders
 - ❖ Consistent care team- no floats
 - ❖ Update MOP order links on intranet
 - ❖ Both forms are now located in same folder
 - ❖ Remove out dated paper copies in clinics



2017 Occurrence Reporting: 521 reports



Falls Prevention

- Reported patient falls

Year	Patient Falls	# with Injury
2015	17	7
2016	20	7
2017	27	5

- Reported non-patient falls (employees, parking lot, family members)

2015: 10

2016: 15

2017: 20



Falls Prevention

- Falls Team
 - Multi-disciplinary team reviews all falls, identifies root cause(s), initiates improvements to reduce falls
 - Quarterly report outs with detailed data
 - level of injury (if any)
 - department where the fall occurred
 - whether the fall was preventable
 - whether a post fall huddle was held within 15 minutes
 - Outcome: clinics now use the "Get Up and Go" test
 - QA daily rounding to identify patients at risk for a fall
 - The longer a patient is here the more likely they are to fall
 - Boarders: 7 falls in 2016 related to 1 patient



Medications

- Incidents reported related to medications
 - 2015: 81
 - 2016: 78
 - 2017: 51 (21/51 near miss/safety concern)
- Of these incidents, a subset required additional patient monitoring or caused harm
 - 2015: 23
 - 2016: 15
 - 2017: 7



Medication events

Incorrect action	
Incorrect medication	4
Incorrect dose	7
Incorrect duration/course	2
Incorrect timing	3
Incorrect patient	2
Allergen to patient	1
Incorrect preparation	1
Other	18



Workplace Violence

- Workplace violence includes physical, emotional or verbal abuse from patient to employee or from employee to employee
 - 2015: 20
 - 2016: 23
 - 2017: 24
- Workplace violence incidents are discussed at monthly meetings of the Security Committee and quarterly meetings of the Employee Safety Committee



Occurrence Reporting

- What system/process improvements were initiated due to staff and provider reporting?
 - ❖ Drug Diversion Team
 - ❖ Pharmacy: tamper resistant syringe caps
 - ❖ Pharmacy: updated after-hours process flow
 - ❖ ED- new posey restraints
 - ❖ ED- guidance for staff post on the intranet; Hospital and Law Enforcement C Disclosures
 - ❖ WSHA Patient Safety alerts- KVH reported 5 events in 12 months



HIPAA- Privacy & Security



HIPAA concerns reported

# HIPAA concerns reported	# actual violations	# Reportable
53	31	1

Description of reportable event

Agreement to restrict access- violated



HIPAA

Most common event	Description
Wrong patient information shared	D/C instructions, ID bracelet, wrong pt labels on documents sent, returned insurance cards to wrong pt, Rx given to wrong pt



HIPAA/Privacy improvements

- **Education**

- ❖ Spring staff education fair
- ❖ New employee education
- ❖ targeted in-person huddle education
- ❖ Cross Functional huddle one point lessons
- ❖ Leader education- staff as patients-privacy



- **Security measure-** All KVH laptops are now encrypted meeting HHS Security rules



Care and Service

Grievances

2015: 233

2016: 211

2017: 230

Write-offs/adjustments

2015: \$20,256

2016: \$43,719

2017: \$13,602

Compliments

2015: 39

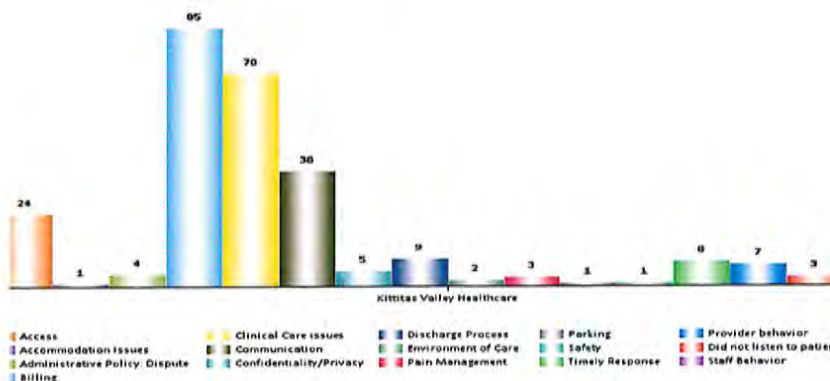
2016: 40

2017: 82



Care and Service area of concern

Kittitas Valley Healthcare



Care and Service Family Meetings

- 8 family meetings
- QI outcomes
 - ❖ Patient education
 - ❖ WSHA Opioid Medication & Pain: What you need to know
 - ❖ Provider education
 - ❖ Encourage family care planning meetings with complicated cases



KVH
Kaiser Permanente
Kaiser Permanente

Peer Review

- Internal review
 - 87 patient's review of care
 - 85% Over All Care found appropriate
- External review- onsite & send out
 - 4 Quarterly onsite reviews by WHS
 - Specialty: 13 medical records reviewed
 - Total of 97 medical records reviewed by WHS
 - Pilot project with Ortho onsite review & future OB/GYN onsite review



KVH
Kaiser Permanente
Kaiser Permanente

Legal claims/Potential claims

- 15 cases reported in 2017
- 1 open claim

COVERYSSM



2017 Provider education

- How to Handle a Plaintiff Attorney Who Wants to Discuss a Patient
- A MediCAL MAIPRACTiCe CLAIM: YOU're NOT ALONE
- Medical/Legal Controversies Involving Marijuana
- The proper way to go Against Medical Advice (AMA): 8 Elements to Address
- VisualDx tool
- Evidence Based Medicine Conference



Evidence Based Medicine Workshop

51 Healthcare providers attended!

Why bother with Evidence-Based Medicine?
Get answers from the doctor who invented the term 'Evidence-Based Medicine' in a 1-day interactive workshop with other front-line medical practitioners.

How can I pursue it in the real world of my busy practice?

Friday, July 28
2017 Ellensburg Evidence-Based Practice Workshop
with Dr. Gordon Guyatt

Intended to 50 participants. Register early. Questions? Email meded@kvh.org

Dr. Gordon Guyatt
Dr. Guyatt is a distinguished Professor in the Department of Medicine and Health Research Methods, Evidence and Impact (HEM) at McMaster University. Co-author of the best-selling textbook *Medical Evidence: How to Practice Evidence-Based Medicine*. He has published over 1,000 papers in peer-reviewed journals. He has been named a 1000 paper in peer-reviewed journals. Dr. Guyatt played a major role in the creation and substance of the GRADE approach to synthesize evidence and practice strength of recommendations. He is a past president of the American Medical Association and a past president of the Canadian Society for Health Research. He is a past president of the American Medical Association and a past president of the Canadian Society for Health Research. He is a past president of the American Medical Association and a past president of the Canadian Society for Health Research.

Workshop agenda

7:45	Check-in and continental breakfast
8:15	Welcome and introduction: Dr. Guyatt, MD, FRCPC, FRCPC, FRCPC
8:30	Opening lecture: Dr. Guyatt, MD, FRCPC, FRCPC, FRCPC
9:15	Break
9:30	Therapy paper
10:45	Break
11:00	Therapy paper
11:15	Break
11:30	Therapy paper
11:45	Break
12:00	Systematic review or meta-analysis
12:15	Break
12:30	Systematic review or meta-analysis
12:45	Break
1:00	Systematic review or meta-analysis
1:15	Break
1:30	Systematic review or meta-analysis
1:45	Break
2:00	Systematic review or meta-analysis
2:15	Break
2:30	Systematic review or meta-analysis
2:45	Break
3:00	Systematic review or meta-analysis
3:15	Conclusion

7 hours of CME credit!

\$\$ discount to medical students and residents



Sharing the knowledge with our community partners



How far did they come?

- Grant County - 1
- King County - 3
- Kittitas County - 36
- Yakima County - 9
- Out of state - 2



Morbidity and Mortality Conferences

- 7 M&M meetings in 2017
- Attendance: 175 healthcare workers
- Topics
 - Coumadin & Falls in Elderly
 - Overdose: home medications
 - Bacteriuria- Abx stewardship
 - Sepsis
 - Animal bites
 - Unusual abdominal pain



KVH
 KANSAS VETERANS HOSPITAL
 1600 W. 13TH AVE., TOPEKA, KS 66604

Morbidity and Mortality Conferences

- With all the multi-disciplinary discussions, what happened next?
 - ❖ Updated antibiogram sent to all community providers and clinics
 - ❖ Whiteboard communications- include CIWA score & last dose of Ativan
 - ❖ Stroke education- nursing assessment for dysphagia patients
 - ❖ Process review- how to improve communications between hospital providers and PCPs
 - ❖ Falls in elderly and anticoagulants- clinic med review-falls education

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 1600 W. 13TH AVE., TOPEKA, KS 66604

2018 Risk Management Plan

- WSHA safety alert huddle- weekly participation
- Falls prevention- Falls Team
- Education- staff & providers
 - Privacy (HIPAA)
 - Cyber security
 - Provider educational opportunities: risk based
 - Coverys- onsite education March 2018
 - Dealing with difficult patients
 - Partnership with WHS
 - Pilot project future expansion to include OB/GYN



Questions?



*2017 Home Health & Hospice
Annual Report & QAPI Overview*

Report to QI Council
February 12, 2018



Progress in the last 5 years

Measure	2012	2017	Benchmark
Star Rating	3	3	
Therapy Utilization	0.8	5.68	5.2
Case Mix	0.09	1.06	1.3
ALOS Hospice (days)	8	56	66
FTE's	10.19	14.55	
Revenue (HHH Combined)	(323,802) (593,138) in 2011	631,470	



2017 Annual QAPI Review



2017 QAPI Performance Home Health

Measure	Benchmark	Starting Performance	Current Performance
How often home health team began their patient's care in a timely manner	88.9%	91.1%	96.8%
Timeliness of Therapy for Total Joints	< or = 72 hours	120 hours	144 hours
How often patients got better at bathing	70.7%	61.1%	73.1%
Managing pain and treating symptoms			
A. How often patients had less pain when moving around	A. 67.4%	A. 60.9%	A. 82.5%
B. How often patients breathing improved	B. 71.7%	B. 59.5%	B. 69.7%
Preventing unplanned hospital care			
A. How often HH patients had to be admitted to the hospital	A. 23.53%	A. 13.1%	A. 12.47%
B. How often HH patients needed emergency care w/o admission	B. 19.9%	B. 16.8%	B. 8.7%



2017 Potentially Avoidable Events Home Health

Measure	Bench mark	Starting Performance	Current Performance
Development of Urinary Tract Infection	1.5%	2.72%	2.32%
Increase in number of pressure ulcers	0.68%	1.47%	0.26%
Substantial Decline in 3 or more ADL	0.35%	1.26%	1.34%



2017 QAPI Performance Hospice

Measure	Benchmark	Starting Performance	Current Performance
How often the hospice team began their patient's care in a timely manner	KVH < or = 24 hrs	38% < or = 24 hrs	75% < or = 24 hrs
	CMS < or = 48 hrs	88% < or = 48 hrs	100% < or = 48 hrs
Hospice Bereavement Composite Score	> or = 79%	78%	UTD



2017 Potentially Avoidable Events

Hospice

Measure	Benchmark	Starting Performance	Current Performance
Preventing unplanned hospital care			
A. How often hospice patients had to be admitted to the hospital	A. 0.17	A. 0	A. 0.475*
B. How often hospice patients needed emergency care w/o admission	B. 0.26	B. 0	B. 0
Falls	2.394	0.198	0.285



2017 Contracted Services Review

- McKesson- EMR Vendor and Biller
- Healthcare First- Coding
- Howards Medical- DME
 - Switched to Bellevue Healthcare
- Enclara- Hospice Pharmacy
- Hospice Friends- Chaplain & Volunteers
 - Ended Chaplain Contract
 - Working with Volunteers



2018 QAPI & Potentially Avoidable Events for Home Health & Hospice



2018 Home Health QAPI

2018 HH QAPI			
Measure	Benchmark	Current Performance	Current % Rank
Discuss medications at start of care	91%	86%	18
View medications at start of care	86%	78%	18
Improvement in dyspnea	77.2%	59.6%	9.7



2018 Home Health Potentially Avoidable Events

Measure	Benchmark	Current Performance
Development of UTI	1.5%	2.32%
Decline in 3 or more activities of daily living	0.22	1.34%



2018 Hospice QAPI

Measure	Benchmark	Current Performance	Current % Rank
How often help was received on evenings, weekends & holidays	75%	71%	36
How often you received help when you needed it	77%	88%	85
Patients treated with an opioid who are given a bowel regimen	97.83%	97.78%	30



2018 Hospice Potentially Avoidable Events

Measure	Benchmark	Current Performance
Hospitalization related to primary diagnosis	0.186	0.475
Emergency care related to primary diagnosis	0.176	0



**Quality Assessment and
Performance Improvement (QAPI)
Program - Plan-Policy (QAPI)
Quality**

Policy:

- I. Kittitas Valley Healthcare (KVH) has a planned and systematic organization-wide process to assess and continuously improve the delivery of safe, effective and optimal patient services. All programs and services within the organization including Medical Staff Committees, KVH hospital and all KVH-owned clinics, urgent care, home care, hospice and outpatient services will be involved in this program. These activities are collaborative, interdisciplinary and designed to help fulfill our stated vision and mission.

Mission: ~~To provide a system of high quality healthcare that meets community needs through excellent patient and family centered services. We are a community-focused health system providing outstanding, personalized care to improve the lives of individuals and families.~~

Vision: ~~To lead the transformation of rural healthcare quality, access, and delivery. All patients, providers, and employees are proud to recommend Kittitas Valley Healthcare as a trusted source for personal health and community well-being.~~

- II. **Definition of Quality:**

The degree to which health care services for individuals increase the likelihood of desired health outcomes, are consistent with current professional knowledge, follow best medical and sound business practices and meet or exceed the expectations of our customers and the standards set by the State Department of Health, the Centers for Medicare and Medicaid Services, and other Federal, State or regulatory agencies.

- III. **Goals and Objectives:**

- A. This Quality Assessment and Performance Improvement (QAPI) program policy Plan outlines the general process and structure for identifying, planning, designing, measuring, and assessing our quality improvement activities. The ultimate goal is to continually improve the performance of key organization-wide functions and processes. These key areas are adopted organization wide:
 - ~~1. Patient and Family Centered Care Experience~~
 - ~~2. Financial Stewardship~~
 - ~~1. Workforce Development~~ Access
 - ~~2. Partnerships and Collaborations~~
 - ~~3. Community Engagement~~
 - ~~3-4. Financial Sustainability~~
- B. To achieve this goal, the plan strives to:
 1. Incorporate quality improvement planning into organizational programs and services

2. Provide a systematic process and the infrastructure for staff (both medical and clinical) to function collaboratively in their efforts toward quality improvement

IV. The following **principles** are used throughout the ~~quality improvement plan~~quality assessment performance improvement program:

- A. Identify important, key aspects of care and safety of patients to include those that are high volume, high risk and/or problem-prone
- B. Align each step of the quality improvement process with the organization's mission, vision, ~~guiding principles and core values~~ and goals
- C. Promote the use of sound and current data sources for establishing standards of clinical and business practices
- D. Use internal and external evidence to reduce the risk from medical errors
- E. Create systems of reporting that provide both leaders and staff with the information they need in fulfilling their responsibilities for assuring quality of patient care and safety
- F. Establish measurement techniques that provide accurate data to analyze the effectiveness of the program.

V. Peer Review

- A. Peer review is an important aspect of the hospital's commitment to high quality healthcare. It is an intensive, in-depth review of patient care involving an individual practitioner, patient or group of identifiable patients. Cases may be referred to Peer Review from the findings of ongoing performance measure data collection and initial analysis, utilization review, infection surveillance activities, errors and near-misses, care and service reporting, an adverse or sentinel event, Quality Improvement team activities, and/or data aggregation with internal or external comparisons (averages or benchmarks).
- B. There is one Peer Review Committee responsible for primary peer review functions. In addition, Medical Staff and hospital committees such as ED/Trauma, OB/Peds, and Infection Control perform peer review and root cause analysis as part of our Quality Program QAPI program. The primary role of the Peer Review Committee is to review specific episodes of care to identify areas in need of quality improvement. The role of the Quality Improvement Council is designed to review aggregate data and address system or process issues that may affect outcomes. The Peer Review Committees reports aggregate data to the Medical Executive Committee and to the Board of Commissioners. Their duties and responsibilities are further defined within the Medical Staff Organization and Functions Manual.

VI. Authority and Responsibility

A. Board of Commissioners:

1. The Board of Commissioners of Public Hospital District No 1 for Kittitas County is ultimately responsible for the quality of care and services provided at Kittitas Valley Healthcare. The Board will ensure the provision of resources needed to establish, maintain and support an effective quality management-assessment performance improvement program. The Board of Commissioners will appropriately address any findings of fraud or waste in order to assure that resources are appropriately used for patient care activities and that patients are receiving the right care to meet their needs. The Board of Commissioners delegates responsibility for primary design and implementation of the quality-improvement QAPI program to Administration and the Medical Staff. The Board will also be assisted by the Quality Improvement Council. Board members will serve on this Council. Active participation in the Council and dissemination of material to other Board members will assist in fulfilling their responsibilities.

B. Hospital Administration:

1. The Chief Executive Officer (CEO) is responsible for the ongoing effectiveness of the ~~quality improvement~~QAPI program. He/she works closely with the Administrative Team, hospital and medical staff in developing the primary design and implementation of an ongoing quality improvement program. Active participation in the Quality Improvement Council, assuring appropriate staffing and budgets to support quality ~~improvement~~ activities will assist in fulfilling these responsibilities.
2. Administration delegates the responsibility for day to day coordination of this program to the Director of Quality/Risk Management.

C. Medical Executive Committee (MEC), Medical Service Committees and Medical Staff:

The MEC is responsible for the medical aspects of the ~~quality improvement~~QAPI program by participation in clinical quality indicator identification, monitoring and evaluation of care. They do this with the assistance of the Medical Staff Committees. Individual medical staff are expected to support the efforts of the ~~quality improvement~~QAPI program and participate in individual performance improvement activities.

D. Quality Improvement Council: The Quality Improvement Council is responsible for the integration of quality activities between the Board, organization-wide services, medical staff, and hospital administration. This council establishes annual organization-wide indicators based upon regulation, national trends, and other external and internal data. Multidisciplinary membership assures distribution of the planning and findings throughout the organization.**E. Director of Quality/Risk Management:** The Director of Quality/Risk Management is delegated the responsibility of the day to day integration, implementation and overall coordination of the ~~quality improvement~~QAPI program. The director will serve as a resource, a facilitator and an educator regarding quality improvement. The director has a key role in supporting the Quality Improvement Council in their responsibilities for integrating quality activities into the organization. No less than annually, the Director of Quality, or their designee, will meet with the leader(s) from every department in the organization to help them develop a department-specific QAPI Plan.**F. Department Director:** Department Directors, Managers, Supervisors and Coordinators will be responsible for:

1. The collecting, organizing, displaying and/or submitting organization-wide and departmental quality indicators. The director/manager/supervisor/coordinator will identify overall trends, evaluate actions taken, and provide recommendations and plans for further actions to promote continuous improvement, with support from the Quality department.
2. In conjunction with staff, selecting indicators that align with the organization-wide key functions and processes, important aspects of care or service, patient outcomes, structures or processes that are related to patient services, adherence to rules and regulations, among others.
3. Taking actions to correct identified problems or improve care and assessment of the effectiveness of those actions. This includes organizing, participation in, and/or leading performance improvement teams.

G. Staff: Kittitas Valley Healthcare believes that quality is the responsibility of every employee. Each employee is responsible for the quality of the service they provide and to take an active part in promoting quality throughout the organization. This includes participation in the development and participation or even leadership of quality improvement teams.

VII. Organizational Structure and Processes

Quality improvement activities performed and reported by the various departments will be reviewed by one or more interdisciplinary groups assigned with the responsibility of quality oversight. These quality oversight groups include the Board of Commissioners, Quality Improvement Council, Administrative Team, Medical Executive Committee, Medical Staff Committees and through consultative services with the Washington Hospital Services Health Care Quality Service.

A. Board of Commissioners

1. Membership: 5 Elected or Appointed Commissioners
2. Functions/Responsibilities:
 - a. 2 of the 5 members maintain active membership on the Quality Improvement Council
 - b. Annually reviews and approves the ~~QA~~Quality Improvement Plan and organization-wide performance indicators
 - c. Reviews report on indicators from the Quality Improvement Council Dashboard
 - d. Provides comments and recommendations that are carried to the Quality Improvement Council by the Board representatives

B. Administrative Team

1. Membership:
 - a. Chief Executive Officer
 - b. Patient Care Administrator/Chief Nursing Officer
 - c. Chief Financial Officer
 - d. Chief of Clinic Operations
 - e. Chief Medical Officer
 - f. Chief Ancillary Officer
 - g. Director of Quality/Risk Management
 - h. Director of Community Relations
 - i. Director of Human Resources
2. Frequency of Meetings: Weekly
3. Functions/Responsibilities: Assists Department Directors in the development and implementation of quality improvement activities both departmental and organizational-wide

C. Quality Improvement Council

1. Membership is selected to represent both their respective functional areas (see KVH organization chart) and patients and families:
 - a. Two (2) Board of Commissioners
 - b. Two (2) Physicians – Chief of Staff and Chief Medical Officer
 - c. Chief Executive Officer
 - d. Patient Care Administrator/Chief Nursing Officer
 - e. Chief Financial Officer
 - f. Chief of Clinic Operations
 - g. Chief Ancillary Officer
 - h. Director of Quality & Risk Management
 - i. Director of Community Relations
 - j. Director of Human Resources
 - k. ~~Patient and Family Advisor~~

- k. Department directors/managers/supervisors/coordinators as directed by the Quality Improvement Council ad hoc for special projects or reports
2. Frequency of Meetings: Quarterly~~Every other month~~
 3. Functions/Responsibilities:
 - a. Members are expected to attend each meeting. If unable to attend, the member is to assign an alternate, if appropriate. This excludes physicians and Board members as there are two representatives.
 - b. Reviews and approves ~~Quality Improvement Plan~~QAPI Plan annually.
 - c. Reviews organization-wide performance indicators, descriptors and benchmarks for these indicators. Individual members are expected to bring ideas and issues from their representative areas for consideration to the Council.
 - d. Reviews the submitted data by department directors and makes recommendations for continued improvement. Recommendations are carried by the members of the Council to their own representative department directors.
 - e. Reviews the Board of Commissioners comments and suggestions as received from the Board member representatives.
 - f. Creates Year-End Summary Document on effectiveness of Quality Improvement~~QAPI~~ program.
 - g. Individual members are expected to champion and facilitate, if not lead, quality improvement teams within the areas they are representing.
 - h. Develops, reviews, and revises forms and tools used for quality improvement activities.
 - h.i. Recognize achievements in safety, quality or improvement or staff, teams or departments

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D. Quality Data Share

1. Membership:
 - a. Quality Department data collection staff and leadership, at a minimum one Quality Improvement RN staff member
 - b. All KVH leadership optional
2. Frequency of meetings: Monthly
3. Functions/Responsibilities:
 - a. Determine metrics to discontinue or measure in addition to ~~QI Council~~Council dashboard.
 - b. Validate accuracy of QI Council dashboard data and other data.
 - c. Identify trends or concerns with data.
 - d. Recommend focused improvement activities for QI Council or departments/teams.
 - e. Recommend metrics for QI Council dashboard.

E. Interdisciplinary Group (IDG) for Home Health and Hospice

1. Membership:
 - a. Home Health and Hospice Medical Director
 - a-b. Supervisors of Home Health and Hospice
 - b-c. RN Case Managers and Registered Nursing Staff
 - e-d. Social Services
 - d-e. Therapy Staff
 - e-f. Bereavement Counselors

- f.g. Home Health Aides
- g.h. Quality Director or Designee (optional)
- 2. Frequency of meetings: Monthly/Weekly
- 3. Functions/Responsibilities, to be reviewed on at least a monthly basis:
 - a. Identify progress towards meeting QAPI goals
 - b. Recommend focused improvement activities for QI Council or departments/teams
 - c. Recommend discontinuation of addition of metrics to QI Council or department

F. Quality Assessment and Process Improvement "Gemba"

In addition to monthly-regularly scheduled meetings, the Director of Quality (or designee) will round and "go see" with all department's leaders and/or staff ~~on~~ at least annually to review metrics and progress towards quality and improvement goals.

I. Data Collection and Methodology

A. Process selection criteria for Quality Measures

1. There may be various criteria used to select the process to be improved. High volume, high risk, and/or high impact on the organization's mission and strategic plan are given first consideration. Priority focus will be placed on areas that show a negative trend and a more focused and intensive review and analysis. The parameters (population to be studied, indicator selected, etc.) for each process to be improved will be clearly defined. This sets the boundaries of the project and adds clarity for the individual or team focus.
2. Data collection for the chosen indicators is a continuous process. The following guidelines apply:
 - a. The department director and staff will determine how data for each indicator will be collected.
 - b. The sampling method and monitoring frequency will be determined by the nature of each individual indicator.

II. Quality and Performance Improvement Methodology

A. Kittitas Valley Healthcare has identified the A3 and the Plan, Do, Check, Act (PDCA) methodologies as the primary tools used to manage improvement processes:

1. The A3 process is a type of 4-part problem solving:
 - a. Step 1 – define the problem by identifying the "gap": the quantifiable difference between the current state and the target.
 - b. Step 2 – identify causes preventing us from meeting the target.
 - c. Step 3 – prioritize causes in order of importance, using data if able.
 - d. Step 4 – plan actions to address the most important causes.
2. PDCA is used to implement, monitor and adjust for continuous improvement:
 - a. Plan (P) the steps of the improvement and how progress will be measured. This may be the same as Step 4 of the A3, or a more refined implementation plan.
 - b. Do (D) the improvement. Implement the steps.
 - c. Check (C) on the progress/results of the implementation.
 - d. Act (A) to hold the gain and to continue the improvement. Understand what worked and what didn't and revise actions as needed. Continue PDCA until the process is stable.

III. Confidentiality

- A. Quality improvement activities include not only specific studies and activities but adverse event monitoring, root cause analysis or failure mode and effect analyses, clinical profiling and peer review. Documentation of these activities is created as part of the Quality and Risk programs.
- B. Quality improvement information will be forwarded only to duly authorized personnel involved in the improvement efforts. Some information may be disseminated on a need to know basis as required by agencies such as federal review agencies, state regulatory bodies, the National Practitioners Data Bank and the National Voluntary Health Reporting Initiative.
- C. Information and documents created specifically for, collected and maintained by a quality improvement committee are protected from discovery pursuant to RCW 70.41.200, 4.24.250 and 42.17.310. Whenever possible, reports will be coded to protect the identity of the patient, employee and physician.

IV. Plan Approval/Review

The plan will be reviewed and approved by the Chair of the Quality Improvement Council, Hospital Administrator, Chief of the Medical Staff, the Board of Commissioners, and the ~~Quality Management Director~~[Director of Quality/Risk Management](#) on an annual basis.

Related Documents: (located on the KVH intranet)
 Quality Indicator Timeline & Reporting Flow
 A3 Form

Effective Date:	1/7/08	Dept. of Record:	Quality		
		Policy Originator:	Johnson, Sharon		
Print Date:		Revision By:	Rhonda Holden Mandee Olsen	Revision Date:	2/10/2017 2/6/2017
		Reviewed By:	Mandee Olsen Mandee Olsen	Review Date:	2/13/2017 2/6/2017
		Committee Review:	Quality Improvement Council	Date Approved:	9/8/2016 12/2017
		Committee Review:	Board of Commissioners	Date Approved:	2/22/2018

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is on the KVH Intranet.

First Approved July 1990

Revised 12/91, 12/93, 12/94, 12/98, 10/04, 11/05, 3/07, 1/08, 1/09, 5/10, 12/11, 12/12, 1/14, 4/14, 8/14, 1/15, 1/16, 9/16, 1/17, 2/18

Reviewed: 9/00, 7/01, 7/02, 6/03, 5/10, 1/14, 4/14, 8/14, 1/15, 1/16, 9/16, 1/17, 2/18

Kittitas Valley Healthcare
2018 Quality Assessment Performance Improvement (QAPI) Plan

Date: February 7, 2018

Submitted by: Mande Olsen, BSN RN CPHQ
Director of Quality/Risk Management

Goals for 2018

- *To continue to link operational and strategic improvement to measurable and actionable data across the organization.*
- *To review the cohesiveness of all quality programs organization-wide, including quality assurance, infection prevention, risk management, and process improvement.*
- *To continue to increase participation of healthcare providers and patients in quality assessment and performance improvement.*
- *To oversee the identification and completion of targeted improved activities for the organization.*

Activities or Events:

- 1. Quality metrics – Maintain and/or revise current metrics not only to reflect current national standards, but also indicate our current performance compared to daily and strategic goals.**

The Quality Improvement and individual departments at Kittitas Valley Healthcare (KVH) collect over 250 metrics for internal reporting as well as reporting to external regulatory bodies and organizations such as the Department of Health, the Centers for Medicare and Medicaid Services (CMS), the Washington State Hospital Association (WSHA), and the Medicare Beneficiaries Quality Improvement Program (MBQIP). In 2018, each department will select at least one of these measures to be part of their department specific QAPI plan. See: Attachment A – 2018 Quality Measures

Revise Quality Improvement (QI) Council dashboard to reflect this year's QAPI goals and focus areas.

To maintain continued monitoring and improvement compliance, specific metrics and indicators will be chosen and displayed as the QI Council measurements for 2017.

See: Attachment B – 2018 QI Council Dashboard DRAFT

Attachment C – 2018 Patient Satisfaction Dashboard DRAFT

- 2. Review organization-wide improvement plans or policies to identify gaps in oversight, measurement, policy, or compliance, specifically in the areas of:**
 - Quality assurance
 - Infection prevention
 - Risk management

3. Engage every department in the organization in focused quality measurement and process improvement.

To continue to promote a just culture, where everyone is free to identify problems and opportunities, and where continuous improvement is an expectation, Quality Improvement staff will:

- Continue participating in every department's huddles
- Coach and mentor both frontline staff and leadership regarding our annual improvement focus areas
- Provide annual coaching and mentoring on data collection, analysis, and sharing
- As needed, provide coaching on problem identification, A3 thinking and root cause analysis, and do follow-up evaluation, for areas of improvement opportunity identified by metrics or reporting

4. Facilitate larger-scale improvement activities on strategic and safety targets.

Using Rapid Process Improvement Workshops, A3, or other improvement methodologies, KVH anticipates initiating the following focused improvements in 2018:

- Surgical Safety – striving for zero surgical site infection rate
- Inpatient Safety - decreasing inpatient falls with injury
- Improved Access – timeliness of referrals and appointing
- Patient Satisfaction – increase in willingness to recommend throughout the organization, continued expansion of data collection through Healthstream to clinics and rehab services
- Patient and Family Engagement (PFE)– consistent bedside rounding, initiation of written planned admission checklists, organizational acknowledgement of accountable leader/area for PFE, PFE representation in quality committees or Patient Family Advisory Committee
- Documentation Standards – maintain standards of documentation as KVH transitions to a new electronic health record

5. Engage the QI Council in ongoing review, monitoring, and program development.

Achieve organizational oversight and alignment by QI Council measurement review, improvement outcome evaluation, and recognition of achievements in safety, quality, and improvement.

Attachment A - 2018 Quality Measures

	A	B	C	D	E	F	G	H	I
	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
1		Cardiopulmonary - Staff listened carefully	OP Express	Healthstream	Cardiopulmonary	Jim Allen	Dept Meetings	Y	N
2		Satisfaction surveys complete	OP Express	Healthstream	Cardiopulmonary	Jim Allen	QI Council	Y	Y
3		Provider survey - services provided	Internal survey	Healthstream	Cardiopulmonary	Jim Allen		Y	N
4		Clerks and receptionists helpful	CG CAHPS	Healthstream	Clinics			N	
5		Provider: explained so you could understand	CG CAHPS	Healthstream	Clinics			N	
6		Provider: listened carefully	CG CAHPS	Healthstream	Clinics			N	
7		Provider: knew medical history	CG CAHPS	Healthstream	Clinics			N	
8		Provider: showed respect	CG CAHPS	Healthstream	Clinics			N	
9		Provider: spent enough time	CG CAHPS	Healthstream	Clinics			N	
10		Confidence in provider	CG CAHPS	Healthstream	Clinics			N	
11		Overall rating of provider	CG CAHPS	Healthstream	Clinics			N	
12		Recommend provider's office	CG CAHPS	Healthstream	Clinics			N	
13		Patient plans after visit	Cerner		Clinics	Carrie Barr		Y	N
14		Emails captured at registration	Cerner		Clinics	Carrie Barr		Y	N
15		% of patients with eligibility checked	Cerner		Clinics	Carrie Barr		Y	N
16		Days it takes to get a referral	Cerner		Clinics	Carrie Barr		Y	Y
17		Days it takes for patients to be notified of results	Cerner		Clinics	Carrie Barr		Y	N
18	ED-1	Median time from ED arrival to ED departure for admitted ED patients	Chart abstraction	Press Ganey	ED	Claudia Eattock		N	N
19	ED-2	Admit decision to departure time for admitted ED patients	Chart abstraction	Press Ganey	ED	Claudia Eattock		N	N
20	EDTC -1	EDTC Administrative Communication	Chart abstraction	MBQIP	ED	Michael Christiansen		N	N
21	EDTC -2	EDTC Patient Information	Chart abstraction	MBQIP	ED	Michael Christiansen		N	N
22	EDTC -3	EDTC Vital Signs	Chart abstraction	MBQIP	ED	Michael Christiansen		N	N
23	EDTC -4	EDTC Medication Information	Chart abstraction	MBQIP	ED	Michael Christiansen		N	N
24						Christiansen			

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Attachment A - 2018 Quality Measures

	A	B	C	D	E	F	G	H	I
	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
1									
25	EDTC -5	EDTC Physician or practitioner generated information	Chart abstraction	MBQIP	ED	Michael Christiansen		N	N
26	EDTC -6	EDTC Nurse generated information	Chart abstraction	MBQIP	ED	Michael Christiansen		N	N
27	EDTC -7	EDTC Procedures and Tests	Chart abstraction	MBQIP	ED	Michael Christiansen		N	N
28	OP-18	Median Time from ED arrival to ED departure for discharged ED patients	Chart abstraction	Press Ganey	ED	Claudia Eattock		N	N
29	OP-22	Left without being seen	Empower	QualityNet	ED	Mandee Olsen		N	N
30	OP-3	Median time to transfer (chest pain/AMI)		Press Ganey	ED	Claudia Eattock		N	N
31	OP-4	Aspirin at arrival (chest pain/AMI)		Press Ganey	ED	Claudia Eattock		N	N
32	OP-20	Door to Diagnostic Evaluation CT/MRI results within 45 minutes of arrival for stroke patients	Chart abstraction	Press Ganey	ED	Claudia Eattock		N	N
33				Press Ganey	ED	Claudia Eattock		Y	Y
34	OP-5	Median time to ECG (chest pain/AMI)		Press Ganey	ED	Claudia Eattock		Y	Y
35		Nurses: courtesy and respect	ED Express		ED				
36		Nurses: listened carefully	ED Express		ED				
37		Nurses: explained so you could understand	ED Express		ED				
38		Doctors: courtesy and respect	ED Express		ED				
39		Doctors: listened carefully	ED Express		ED				
40		Doctors: explained so you could understand	ED Express		ED				
41		Confident in staff's abilities	ED Express		ED				
42		Care/services well coordinated	ED Express		ED				
43		Overall rating of service	ED Express		ED				
44		Recommend service	ED Express		ED				
45		Influenza vaccination among healthcare personnel	EH/HR Log	NHSN	Employee Health	Julie Hiersche	QI Council	Y	Y
46		Needlesticks	Verge		Employee Health	Julie Hiersche	QI Council	Y	Y

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Attachment A - 2018 Quality Measures

	A	B	C	D	E	F	G	H	I
	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
1									
47	PC-01	Elective delivery for patients <39 weeks	Chart abstraction	QualityNet	FBP	Stacey Botten	Dept Meetings	N	N
48		Exclusive breastfeeding	Chart review	Internal Spreadsheet	FBP	Stacey Botten	QI Council	Y	Y
49		Cleanliness of room	HCAHPS	Healthstream	FBP	Stacey Botten	Dept Meetings	Y	N
50		Understanding care when you leave the hospital	HCAHPS	Healthstream	FBP	Stacey Botten	Dept Meetings	Y	N
51	HHCAHPS 10	Talked about pain	HHCAHPS		Home Health	Sally Karam	Posted in Department		
52	HHCAHPS 12	Talked about purpose of new medications	HHCAHPS		Home Health	Sally Karam	Posted in Department		
53	HHCAHPS 13	Talked about when to take new medications	HHCAHPS		Home Health	Sally Karam	Posted in Department		
54	HHCAHPS 14	Talked about side effect of new medications	HHCAHPS		Home Health	Sally Karam	Posted in Department		
55	HHCAHPS 15	Kept informed about when staff would arrive	HHCAHPS		Home Health	Sally Karam	Posted in Department		
56	HHCAHPS 16	How often treated as gently as possible	HHCAHPS		Home Health	Sally Karam	Posted in Department		
57	HHCAHPS 17	Things explained so you could understand	HHCAHPS		Home Health	Sally Karam	Posted in Department		
58	HHCAHPS 18	Staff listened carefully	HHCAHPS		Home Health	Sally Karam	Posted in Department		
59	HHCAHPS 19	Treated with courtesy and respect	HHCAHPS		Home Health	Sally Karam	Posted in Department		
60	HHCAHPS 2	Start: told about services would receive	HHCAHPS		Home Health	Sally Karam	Posted in Department		
61	HHCAHPS 20	Overall rating	HHCAHPS		Home Health	Sally Karam	Posted in Department		
62	HHCAHPS 22	Received help and advice needed	HHCAHPS		Home Health	Sally Karam	Posted in Department		
63	HHCAHPS 23	Length of time to get help and advice	HHCAHPS		Home Health	Sally Karam	Posted in Department		
64	HHCAHPS 24	Any problems with care	HHCAHPS		Home Health	Sally Karam	Posted in Department		

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Attachment A - 2018 Quality Measures

	A	B	C	D	E	F	G	H	I
	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
1									
65	HHCAHPS 25	Recommend service	HHCAHPS		Home Health	Sally Karam	Posted in Department		
66	HHCAHPS 3	Start: set up home safely	HHCAHPS		Home Health	Sally Karam	Posted in Department		
67	HHCAHPS 4	Discuss medications at start of care?	HHCAHPS	SHP	Home Health	Sally Karam	HHH IDG/QAPI Meeting	Y	Y
68	HHCAHPS 5	View medications at start of care?	HHCAHPS	SHP	Home Health	Sally Karam	HHH IDG/QAPI Meeting	Y	Y
69	HHCAHPS 9	How often staff seemed informed and up to date on services received	HHCAHPS		Home Health	Sally Karam	Posted in Department		
70		Decline in 3 or more ADL	SHP	SHP	Home Health	Sally Karam	HHH IDG/QAPI Meeting	Y	N
71		Development of UTI	SHP	SHP	Home Health	Sally Karam	HHH IDG/QAPI Meeting	Y	N
72		Improvement in bed transferring	SHP	SHP	Home Health	Sally Karam	HHH IDG/QAPI Meeting	Y	Y
73		Improvement in dyspnea	SHP	SHP	Home Health	Sally Karam	HHH IDG/QAPI Meeting	Y	Y
74		HH 30-Day EC without Hospitalizations	SHP	SHP	Home Health	Sally Karam	Posted in Department		
75		HH 30-Day Rehospitalizations	SHP	SHP	Home Health	Sally Karam	Posted in Department		
76		HH 60-Day EC without Hospitalizations	SHP	SHP	Home Health	Sally Karam	Posted in Department		
77		HH 60-Day Hospitalizations	SHP	SHP	Home Health	Sally Karam	Posted in Department		
78		HH Depression Assessment Conducted	SHP	SHP	Home Health	Sally Karam	Posted in Department		
79		HH Diabetic Foot Care & Education	SHP	SHP	Home Health	Sally Karam	Posted in Department		
80		HH Drug Education All Meds	SHP	SHP	Home Health	Sally Karam	Posted in Department		
81		HH Fall Risk Assessment Conducted	SHP	SHP	Home Health	Sally Karam	Posted in Department		
82		HH Flu Vaccine	SHP	SHP	Home Health	Sally Karam	Posted in Department		

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1									
83		HH Heart Failure Symptom Addressed	SHP	SHP	Home Health	Sally Karam	Posted in Department		
84		HH Improvement in Ambulation	SHP	SHP	Home Health	Sally Karam	Posted in Department		
85		HH Improvement in Bathing	SHP	SHP	Home Health	Sally Karam	Posted in Department		
86		HH Improvement in Bed Transferring	SHP	SHP	Home Health	Sally Karam	Posted in Department		
87		HH Improvement in Dyspnea	SHP	SHP	Home Health	Sally Karam	Posted in Department		
88		HH Improvement in Management of Oral Meds	SHP	SHP	Home Health	Sally Karam	Posted in Department		
89		HH Improvement in Pain	SHP	SHP	Home Health	Sally Karam	Posted in Department		
90		HH Improvement in Status of Surgical Wounds	SHP	SHP	Home Health	Sally Karam	Posted in Department		
91		HH Pain Assessment Conducted	SHP	SHP	Home Health	Sally Karam	Posted in Department		
92		HH Pain Interventions	SHP	SHP	Home Health	Sally Karam	Posted in Department		
93		HH PPPV Received	SHP	SHP	Home Health	Sally Karam	Posted in Department		
94		HH Pressure Ulcer Prevention	SHP	SHP	Home Health	Sally Karam	Posted in Department		
95		HH Pressure Ulcer Prevention in POC	SHP	SHP	Home Health	Sally Karam	Posted in Department		
96		HH Pressure Ulcer Risk Assessment Conducted	SHP	SHP	Home Health	Sally Karam	Posted in Department		
97		HH Timely Initiation of Care	SHP	SHP	Home Health	Sally Karam	Posted in Department		
98	CAHPS Hospice 10	How often confusing or contradictory information about family member's condition	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
99	CAHPS Hospice 11	Treated with dignity and respect	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		

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1	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
100	CAHPS Hospice 12	Felt hospice team cared about family member	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
101	CAHPS Hospice 14	Listened carefully to caregiver	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
102	CAHPS Hospice 16	Patient got help with pain	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
103	CAHPS Hospice 18	Discussed side effects of pain medication	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
104	CAHPS Hospice 19	Training about side effects to watch out for: pain medication	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
105	CAHPS Hospice 20	Training about how to administer pain medication	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
106	CAHPS Hospice 22	Help with trouble breathing	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
107	CAHPS Hospice 23	Training about how to help with trouble breathing	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
108	CAHPS Hospice 25	Help needed for constipation	CAHPS Hospice	SHP	Hospice	Sally Karam	HHH IDG/QAPI Meeting	Y	N
109	CAHPS Hospice 27	Patient got help from hospice for feelings of anxiety or sadness	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
110	CAHPS Hospice 29	Training on what to do if patient became restless or agitated	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
111	CAHPS Hospice 30	Training about how to move patient safely	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
112	CAHPS Hospice 31	Information about what to expect while patient dying	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
113	CAHPS Hospice 33	Hospice and nursing home staff worked well together	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
114	CAHPS Hospice 34	Information differed from hospice team and nursing home staff	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
115	CAHPS Hospice 35	Listened carefully when talked about problems with care	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		

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	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
1									
116	CAHPS Hospice 36	Caregiver received support for religious and spiritual beliefs	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
117	CAHPS Hospice 37	Caregiver received emotional support from hospice team	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
118	CAHPS Hospice 38	Caregiver received emotional support after patient passed	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
119	CAHPS Hospice 39	Overall rating	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
120	CAHPS Hospice 40	Recommend service	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
121	CAHPS Hospice 5	How often received help on evenings, weekends, holidays	CAHPS Hospice	SHP	Hospice	Sally Karam	HHH IDG/QAPI Meeting	Y	Y
122	CAHPS Hospice 6	Kept informed about when staff would arrive	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
123	CAHPS Hospice 7	Received help as soon as you needed it	CAHPS Hospice	SHP	Hospice	Sally Karam	HHH IDG/QAPI Meeting	Y	Y
124	CAHPS Hospice 8	Things explained so you could understand	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
125	CAHPS Hospice 9	Kept informed about family member's condition	CAHPS Hospice	SHP	Hospice	Sally Karam	Posted in Department		
126		Hospice - Emergency care related to primary diagnosis	SHP	SHP	Hospice	Sally Karam	HHH IDG/QAPI Meeting	Y	N
127		Hospice - Hospitalization related to primary diagnosis	SHP	SHP	Hospice	Sally Karam	HHH IDG/QAPI Meeting	Y	N
128	NQF #1647	Hospice Beliefs/Values Addressed - The percentage of hospice patients with documentation of a discussion of spiritual/existential concerns or that patient/caregiver did not want to discuss.	SHP	SHP	Hospice	Sally Karam	Posted in Department		
129	NQF #1639	Hospice Dyspnea Screening - The percentage of hospice patients who were screened for dyspnea during the initial nursing assessment.	SHP	SHP	Hospice	Sally Karam	Posted in Department		

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	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
1									
130	NQF #1638	Hospice Dyspnea Treatment - The percentage of hospice patients who screened positive for dyspnea who received treatment within 1 day of the screening.	SHP	SHP	Hospice	Sally Karam	Posted in Department		
131	NQF #1637	Hospice Pain Assessment - The percentage of hospice patients who screened positive for pain and who received a comprehensive assessment of pain within 1 day of screening.	SHP	SHP	Hospice	Sally Karam	Posted in Department		
132	NQF #1634	Hospice Pain Screening - The percentage of hospice patients who were screened for pain during the initial nursing assessment.	SHP	SHP	Hospice	Sally Karam	Posted in Department		
133	NQF #1617	Hospice Patients Treated with an Opioid who are Given a Bowel Regimen - The percentage of vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed.	SHP	SHP	Hospice	Sally Karam	Posted in Department	Y	Y
134	NQF #1641	Hospice Treatment Preferences - The percentage of hospice patients with chart documentation of preferences for life sustaining treatments.	SHP	SHP	Hospice	Sally Karam	Posted in Department		
135		CAUTI	Chart abstraction	NHSN	Infection Control	Julie Hiersche	Infection Control Committee		
136		CLABSI	Chart abstraction	NHSN	Infection Control	Julie Hiersche	Infection Control Committee		

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	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
1									
137		SSI: colon, total joint, abdominal hysterectomy	Chart abstraction	NHSN	Infection Control	Julie Hiersche	Infection Control Committee	Y	N
138		Hospital onset MRSA	Paragon Lab	NHSN	Infection Control	Julie Hiersche	Infection Control Committee		
139		Blood utilization	Chart audits		Infection Control	Julie Hiersche			
140		Hospital acquired infections	IC Log	QI Council dashboard	Infection Control	Julie Hiersche	QI Council	Y	Y
141		C. diff (healthcare acquired)	Paragon Lab	NHSN	Infection Control	Julie Hiersche	Infection Control Committee		
142		Positive influenza tests	Paragon Lab	Email to KCPHD	Infection Control	Julie Hiersche	Infection Control Committee		
143		Hand hygiene	Soaper Heroes		Infection Control	Julie Hiersche			
144	VTE-6	Hospital acquired potentially-preventable VTE	Chart abstraction	Press Ganey	Inpatients	Claudia Eattock		N	N
145	IMM-2	Inpatient influenza immunizations	Chart abstraction	Press Ganey	Inpatients	Claudia Eattock	QI Council	Y	Y
146	SEP	Severe sepsis management	Chart abstraction	Press Ganey	Inpatients	Claudia Eattock	QI Council	Y	Y
147		Nurses: courtesy and respect	HCAHPS	Healthstream	Inpatients		Dept Meetings		
148		Nurses: listened carefully	HCAHPS	Healthstream	Inpatients		Dept Meetings		
149		Nurses: explained so you could understand	HCAHPS	Healthstream	Inpatients		Dept Meetings		
150		Call button: got help as soon as you wanted	HCAHPS	Healthstream	Inpatients		Dept Meetings		
151		Doctors: courtesy and respect	HCAHPS	Healthstream	Inpatients		Dept Meetings		
152		Doctors: listened carefully	HCAHPS	Healthstream	Inpatients		Dept Meetings		
153		Doctors: explained so you could understand	HCAHPS	Healthstream	Inpatients		Dept Meetings		
154		Room/bathroom kept clean	HCAHPS	Healthstream	Inpatients		Dept Meetings		
155		Quiet at night	HCAHPS	Healthstream	Inpatients		Dept Meetings	Y	N
156		Bedpan: got help as soon as you wanted	HCAHPS	Healthstream	Inpatients		Dept Meetings		
157		Talked with about pain	HCAHPS	Healthstream	Inpatients		Dept Meetings		
158		Asked about how to treat pain	HCAHPS	Healthstream	Inpatients		Dept Meetings		
159		Described new medications	HCAHPS	Healthstream	Inpatients		Dept Meetings		
160		Described new medication side effects	HCAHPS	Healthstream	Inpatients		Dept Meetings		
161		Asked about help at home	HCAHPS	Healthstream	Inpatients		Dept Meetings		

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1		Information in writing on discharge	HCAHPS	Healthstream	Inpatients		Dept Meetings		
162		Overall rating	HCAHPS	Healthstream	Inpatients		Dept Meetings		
163		Recommend hospital	HCAHPS	Healthstream	Inpatients		Dept Meetings		
164		Left hospital: good understanding of instructions	HCAHPS	Healthstream	Inpatients		Dept Meetings		
165		Left hospital: understood purpose of medications	HCAHPS	Healthstream	Inpatients		Dept Meetings		
166		Left hospital: preferences of self and caregivers considered	HCAHPS	Healthstream	Inpatients		Dept Meetings		
167		Registration helpful	OP Express	Healthstream	Lab, Imaging, Surgery, Cardiopulmonary				
168		Treated with courtesy and respect	OP Express	Healthstream	Lab, Imaging, Surgery, Cardiopulmonary				
169		Staff listened carefully	OP Express	Healthstream	Lab, Imaging, Surgery, Cardiopulmonary				
170		Staff explained so you could understand	OP Express	Healthstream	Lab, Imaging, Surgery, Cardiopulmonary				
171		Confident in staff's abilities	OP Express	Healthstream	Lab, Imaging, Surgery, Cardiopulmonary				
172		Care/services were coordinated	OP Express	Healthstream	Lab, Imaging, Surgery, Cardiopulmonary				
173									

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1		Overall rating	OP Express	Healthstream	Lab, Imaging, Surgery, Cardiopulmonary				
174		Recommend service	OP Express	Healthstream	Lab, Imaging, Surgery, Cardiopulmonary				
175									
176		Patient falls with injury	Verge	QBS	MS/CCU	Amy Diaz	QI Council	Y	Y
177		Restraints documentation	Chart review		MS/CCU	Jeff Holdeman	QI Council	Y	Y
178		Department noise at night	Healthstream	Healthstream	MS/CCU	Jeff Holdeman		Y	N
179		Pain medication reassessment	RCM abstraction		MS/CCU	Jeff Holdeman	QI Council	Y	Y
180		Bedside rounding compliance	Survey spot check		MS/CCU	Jeff Holdeman	Hospitalist Meeting	Y	N
181	OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	Chart abstraction	Press Ganey	Outpatient	Claudia Eattock		N	N
182	OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	Chart abstraction	Press Ganey	Outpatient	Claudia Eattock		N	N
183		Anticoag for AFib/AFlutter	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	N
184		Antithrombotics	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	N
185		Dysphagia screen	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	N
186		Early antithrombotics	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	Y
187		IV rt-PA arrive by 2 hour, treat by 3 hour	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	Y
188		LDL 100 or ND - Statin	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	N
189		Rehabilitation considered	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	N
190		Smoking Cessation	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	N
191		Stroke education	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	N
192		VTE prophylaxis	Chart abstraction	GWTG	Quality	Claudia Eattock	QI Council	N	N
193		Falls by injury level	Verge	Verge	Quality	Amy Diaz	Falls Committee	Y	N
194		Falls by location	Verge	Verge	Quality	Amy Diaz	Falls Committee	Y	N

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	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
1									
195		Total patient falls	Verge	Verge	Quality	Amy Diaz	Falls Committee	Y	Y
196		SAFE Board Reports	Department submissions	Email	Quality	Brandee Coates	QI Council	Y	Y
197		Inpatient heart failure primary diagnosis	Chart abstraction	GWTC	Quality	Claudia Eattock	Quality Data Share	Y	N
198		Adverse medication events	Verge	Verge	Quality	Linda Navarre	Quality Data Share		
199		Occurrence reports level D or greater	Verge	Verge	Quality	Linda Navarre	Quality Data Share		
200		Code reviews	Code review sheets	Chart audits	Quality	Julie Hiersche			
201		Mortality	EHR Dx Report	Chart audits	Quality	Julie Hiersche	Dept Meetings		
202		Return readmissions	EHR Dx Report	Chart audits	Quality	Julie Hiersche			
203		Mortality rate for advanced care planning		Honoring Choices PNW	Volunteer Services	Julie Hiersche			
204		Antimicrobial stewardship: Carbapenems		QBS	Infection Control	Julie Hiersche	Infection Control Committee		
205		Antimicrobial stewardship: Cephalosporin		QBS	Infection Control	Julie Hiersche	Infection Control Committee		
206		Antimicrobial stewardship: Clindamycin		QBS	Infection Control	Julie Hiersche	Infection Control Committee		
207		Antimicrobial stewardship: Fluoroquinolones		QBS	Infection Control	Julie Hiersche	Infection Control Committee		
208		Antimicrobial stewardship: Penicillin		QBS	Infection Control	Julie Hiersche	Infection Control Committee		
209		Antimicrobial stewardship: MRSA		QBS	Infection Control	Julie Hiersche	Infection Control Committee		
210		Adverse drug events: anticoagulants		QBS	Quality	Mandee Olsen			
211		Adverse drug events: hypoglycemic agents		QBS	Quality	Mandee Olsen			
212		Adverse drug events: opioids		QBS	Quality	Mandee Olsen			
213		PFE: planning checklist for scheduled admissions	Attestation	QBS	Marketing/Communications	Mandee Olsen	QI Council	Y	N
214		PFE: shift change huddles/bedside report with patients and families	Attestation	QBS	Marketing/Communications	Mandee Olsen	QI Council	Y	N
215		PFE: PFE leader or function area	Attestation	QBS	Marketing/Communications	Mandee Olsen	QI Council	Y	N

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1									
216		PFE: PFAC or representative on QI team	Attestation	QBS	Marketing/Communications	Mandee Olsen	QI Council	Y	N
217		PFE: patient/family on governing or leadership board	Attestation	QBS	Marketing/Communications	Mandee Olsen	QI Council	Y	N
218		NTSV C-section rate for nullips		QBS	FBP				
219		Primary TSV C-section rate		QBS	FBP				
220		Breast cancer screening		QBS	Clinics				
221		Elective inductions with unfavorable cervix in nullips		QBS	FBP				
222		Term c-section rate: nullips		QBS	FBP				
223		Term c-section rate: multips		QBS	FBP				
224		Maternal ICU days		QBS	FBP				
225		Maternal blood transfusions		QBS	FBP				
226		Operative vaginal deliveries		QBS	FBP				
227		Care transitions with an electronic summary of care	Cerner	MU	HIM	Cindy Kelly			
228		Transitions of care where med rec was performed	Cerner	MU	Pharmacy	Nasser Basmeh			
229		Patients who have access to view, download and transmit health information within 36 hours	Cerner	MU	HIM	Cindy Kelly			
230		Patients who view, download or transmit health information to a third party	Cerner	MU	HIM	Cindy Kelly			
231		CPOE used for medication orders		Medicaid EHR incentive	Informatics	Jack Schwartz			
232		CPOE used for lab orders		Medicaid EHR incentive	Informatics	Jack Schwartz			
233		CPOE used for radiology orders		Medicaid EHR incentive	Informatics	Jack Schwartz			
234		Patients who receive patient-specific education resources from EHR		MU	Informatics	Jack Schwartz			
235		Prescriptions transmitted electronically (e-prescribing)	Cerner	MU	Pharmacy	Nasser Basmeh			

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1									
236		Hospice Visits when Death is Imminent: At Least 1 Visit in Last 3 Days of Life	SHP	SHP	Hospice	Sally Karam	Posted in Department		
237		Comprehensive Assessment at Hospice Admission - Composite Process Measure	SHP	SHP	Hospice	Sally Karam	Posted in Department		
238		Hopice Visits when Death is Imminent: At Least 2 Visits in Last 7 Days of Life	SHP	SHP	Hospice	Sally Karam	Posted in Department		
239		Hospice Observed Fall	SHP	SHP	Hospice	Sally Karam	Posted in Department		
240		Hospice Infections	SHP	SHP	Hospice	Sally Karam	Posted in Department		
241		Hospice Wounds	SHP	SHP	Hospice	Sally Karam	Posted in Department		
242		MIPS PQRS Measures	Cerner		Clinics	Don Solberg	Clinic Council		
243		Surgery - Ecolab monitoring system for high-touch cleaning compliance	Ecolab system in-person audit	Ecolab	Surgery	Amy Krogstadt	Infection Control Committee	Y	N
244		MedSurg/CCU - Ecolab monitoring system for high-touch cleaning compliance	Ecolab system in-person audit	Ecolab	MS/CCU	Julie Hiersche	Infection Control Committee	Y	N
245		IVSS/Flash Sterilization Rate	IVSS/Flash Reports		Surgery	Amy Krogstadt	Infection Control Committee	Y	N
246		Pre-/Post-Op Dx Discrepancy Rate	Cerner		Surgery	Amy Krogstadt			
247		Rounding with clinics for HSK satisfaction	Interviews		HSK/Laundry	Micah Brunner		Y	N
248		Rounding with patients for cleanliness improvement ideas	Inter		HSK/Laundry	Micah Brunner		Y	N
249		Materials outdates	Spot check		Materials Management	Morgan Anderson		Y	N
250		Materials recalls			Materials Management	Morgan Anderson		Y	N
251		Materials/fluids stock-outs	Alerts		Materials Management	Morgan Anderson		Y	N
252		Medication outdates number	Audits		Pharmacy	Nasser Basmeh			

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1									
253		Medication outdate audit completion	Gemba		Pharmacy	Nasser Basmeh			
254		Medication scanning compliance	Cerner		Pharmacy	Nasser Basmeh			
255		Medication barcode errors	Cerner		Pharmacy	Nasser Basmeh			
256		Outpatient Pharmacy fills	Cerner		Pharmacy	Nasser Basmeh			
257		Inappropriate MAR usage	Cerner		Inpatients	Nasser Basmeh			
258		Number of tasks in coding queue	Cerner		HIM	Cindy Kelly		Y	N
259		Days after discharge not coded	Cerner		HIM	Cindy Kelly		Y	N
260		Number of malware/viruses detected			IS	Jack Schwartz			
261		Number of completed project management projects			IS	Jack Schwartz			
262		Total number of Cerner SRs open			IS	Jack Schwartz			
263		Number of open Cerner SRs >30 days			IS	Jack Schwartz			
264		Total number of employees			HR	Carrie Youngblood	Board Meeting		
265		Total FTE			HR	Carrie Youngblood	Board Meeting		
266		Postings			HR	Carrie Youngblood	Board Meeting		
267		Delinquent Evaluations (Annual)			HR	Carrie Youngblood	Board Meeting		
268		Delinquent Evaluations (90-day)			HR	Carrie Youngblood	Board Meeting		
269		Number of applications			HR	Carrie Youngblood	Board Meeting		
270		Time to fill position			HR	Carrie Youngblood	Board Meeting		
271		Turnover (people)			HR	Carrie Youngblood	Board Meeting		
272		Turnover percentage			HR	Carrie Youngblood	Board Meeting		

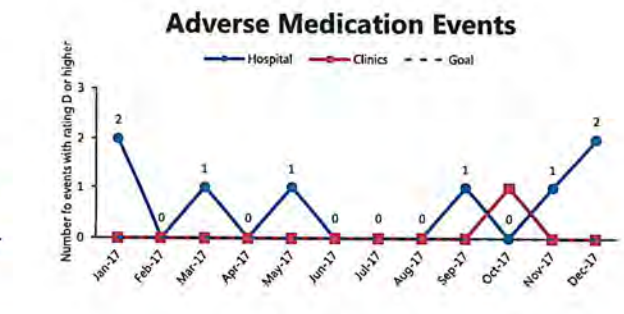
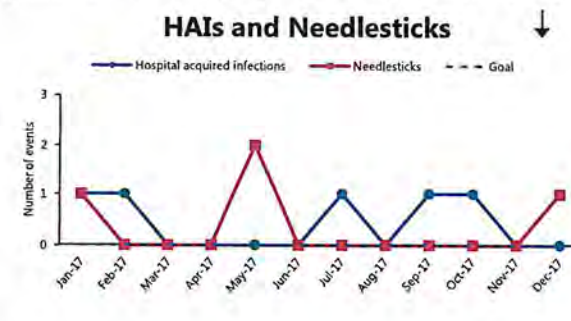
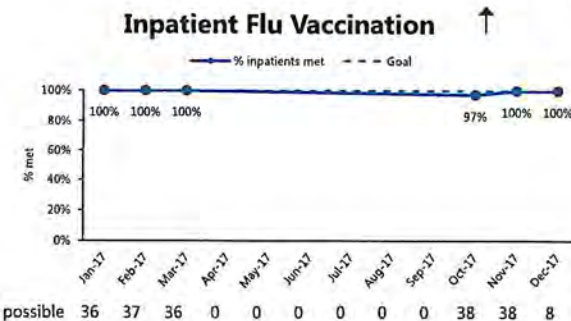
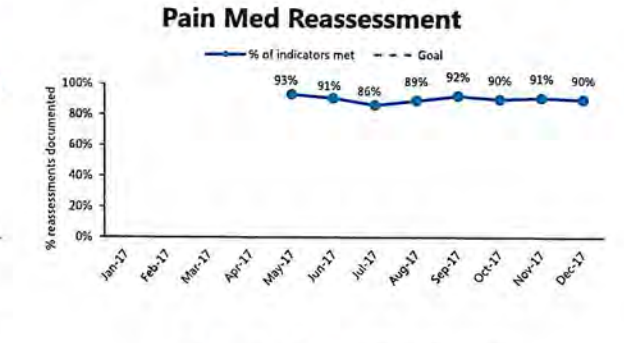
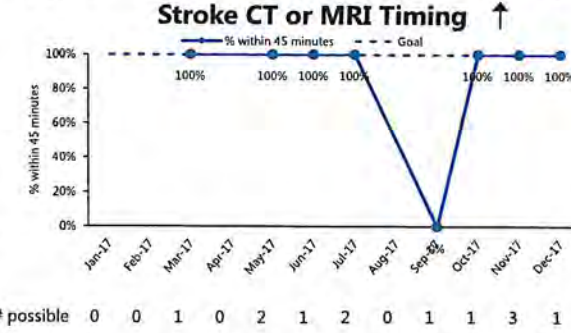
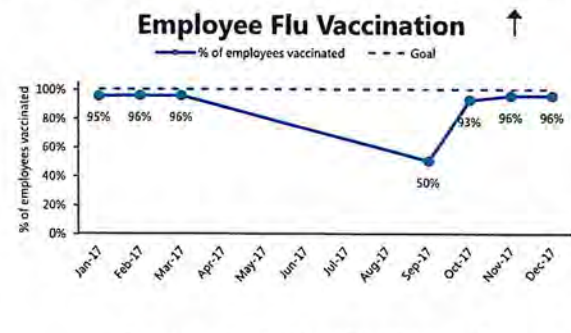
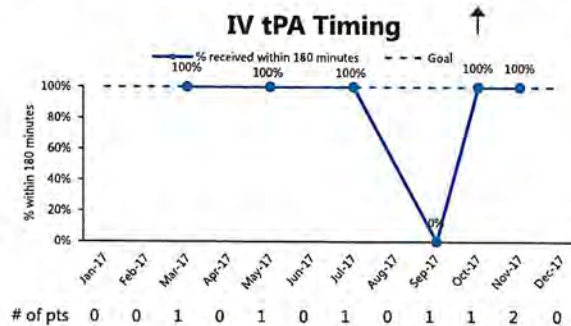
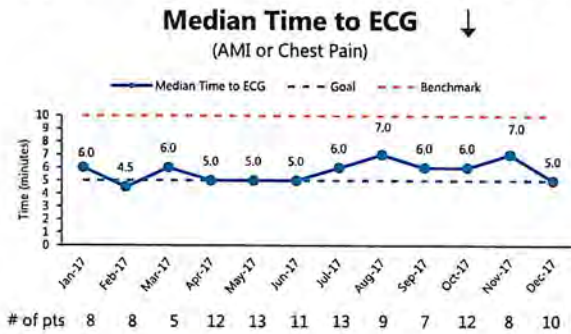
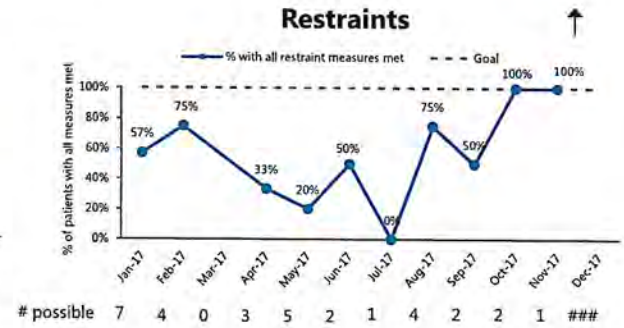
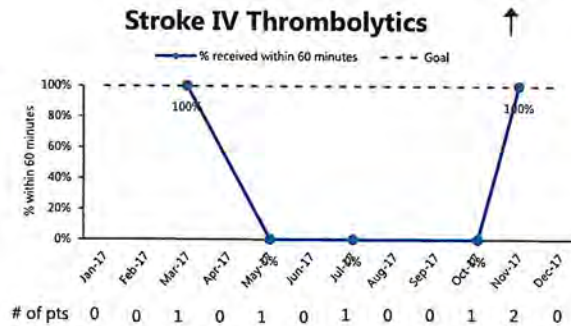
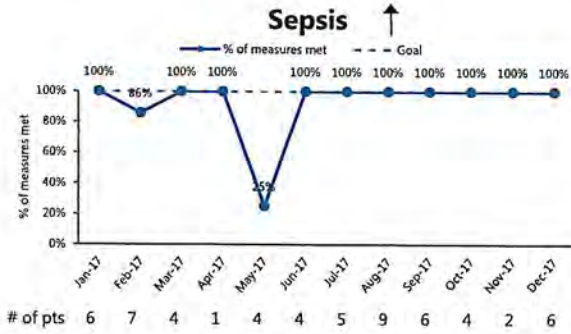
11

Attachment A - 2018 Quality Measures

	A	B	C	D	E	F	G	H	I
	Measure Name	Measure Description	Data source	How Reported	Department	Specific Person that Collects or Owns?	How shared?	QAPI Plan?	Recommend for Dashboard
1									
273		Radiography discrepancy	Radpeer		Imaging	Stacy Olea			
274		Ultrasound discrepancy	Radpeer		Imaging	Stacy Olea			
275		CT discrepancy	Radpeer		Imaging	Stacy Olea			
276		Mammography discrepancy	Radpeer		Imaging	Stacy Olea			
277		Children's radiation safety	Chart review	QBS	Imaging	Stacy Olea			
		Delayed image results with discharge	Chart review		Imaging	Stacy Olea			
278									
279		Blood culture contamination	Lab/chart review	WA State DOH	Lab	Stacy Olea			
280		Appropriate lactate timing	Press Ganey		Lab	Stacy Olea			
281		Missed culture from ED	Verge		Lab	Stacy Olea			
282		ED lab results turnaround time	Cerner		Lab	Stacy Olea			
		Number of engineering work orders by type (electricity, gas, telecomm., general)			Engineering	Randy Kaiser	Posted in Department		
283		Electrical consumption			Engineering	Randy Kaiser	Posted in Department	Y	N
284									
		Gas consumption			Engineering	Randy Kaiser	Posted in Department		
285									
		Biohazard waste			Engineering	Randy Kaiser	Posted in Department		
286									
		AR days clinic			PFS	Debi Barneycastle	Board Meeting		
287									
		AR days hospital			PFS	Debi Barneycastle	Board Meeting		
288									
		Charity/bad debt			PFS	Debi Barneycastle			
289									
		Total audits			RCM	Debi Barneycastle			
290									

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QI Council



Proposed measure:
surgical site infection
taskforce measure

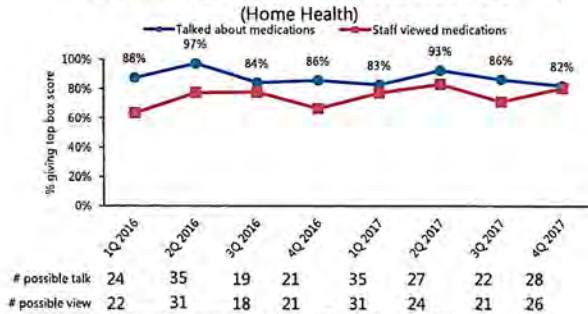
Patient Satisfaction: Timeliness of Help (Hospice)



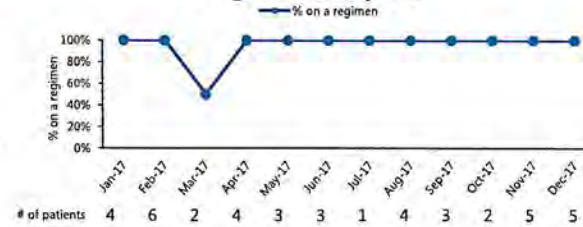
Exclusive Breastfeeding



Patient Satisfaction: Medications



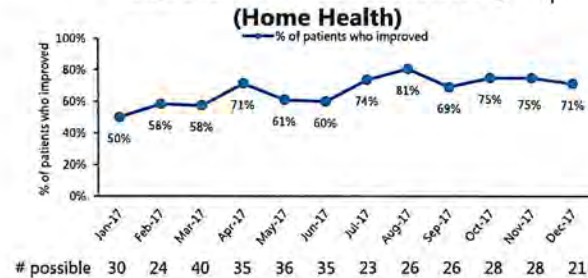
Patients on Opioids Given a Bowel Regimen (Hospice)



Care and Service Reports

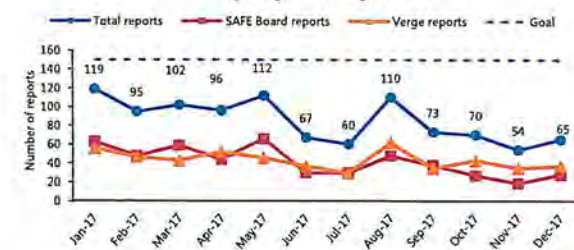


Improvement in Bed Transferring



Proposed measure:
days to referral, clinics

Employee Reports

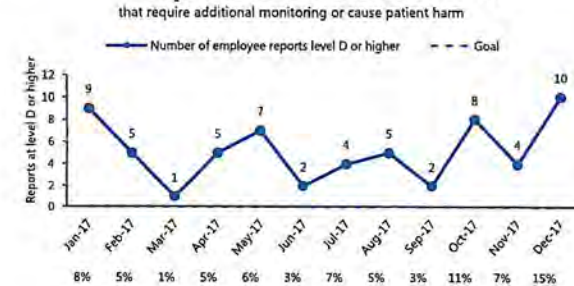


Improvement in Dyspnea with Activity



Proposed measure:
meaningful use/
merit-based incentive payment system

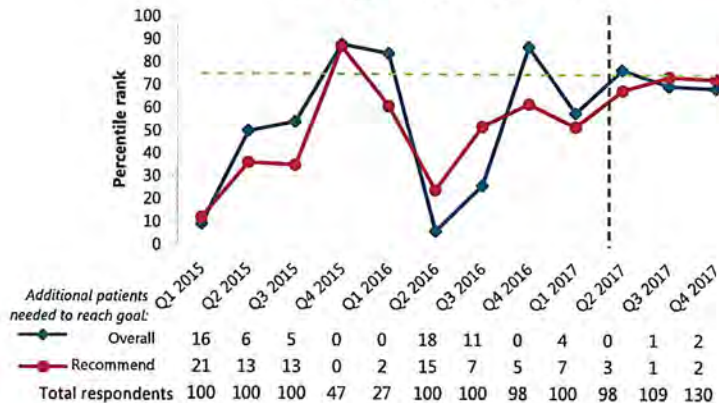
Reports of Occurrences



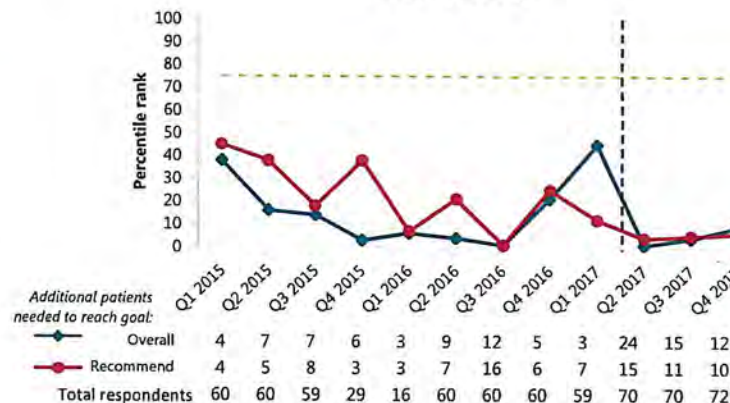
HL

Patient Satisfaction Dashboard

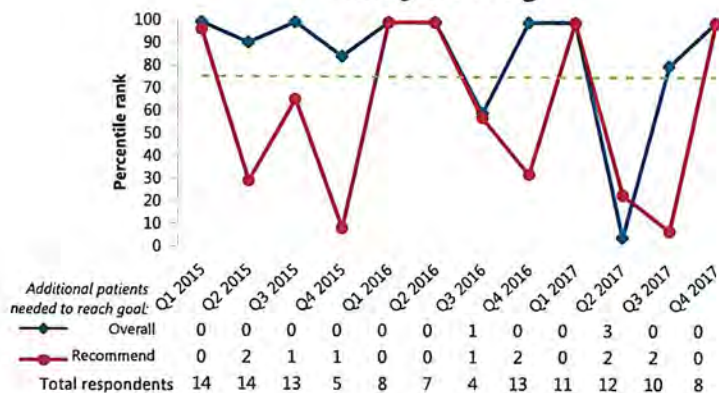
Emergency Department



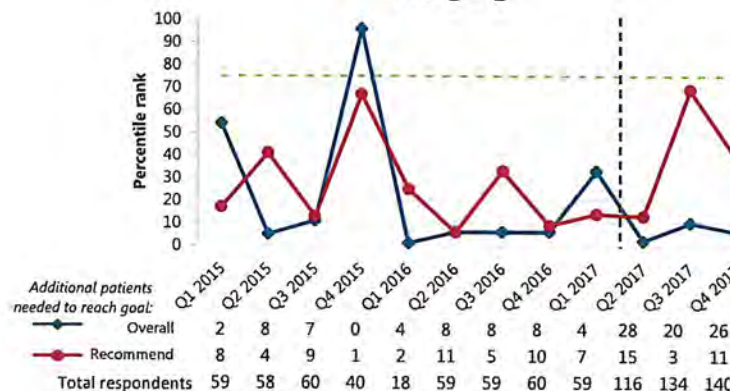
Laboratory



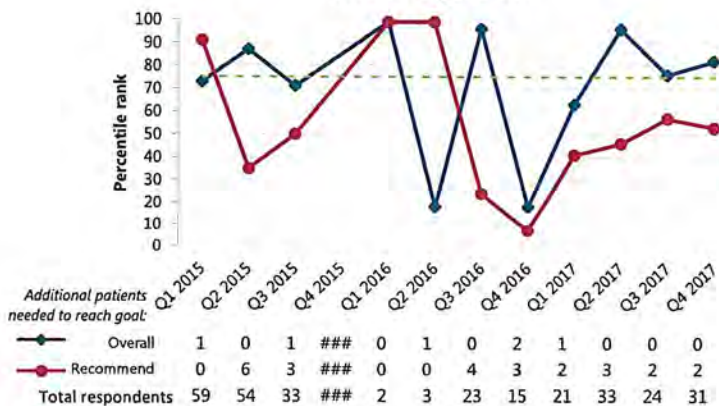
Family Birthing



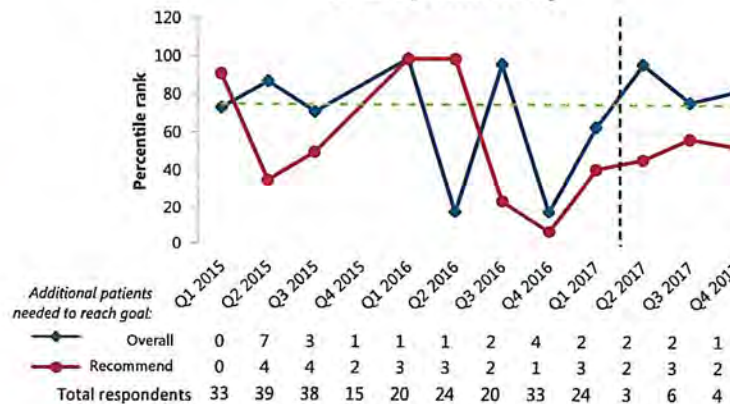
Imaging



MedSurg/CCU



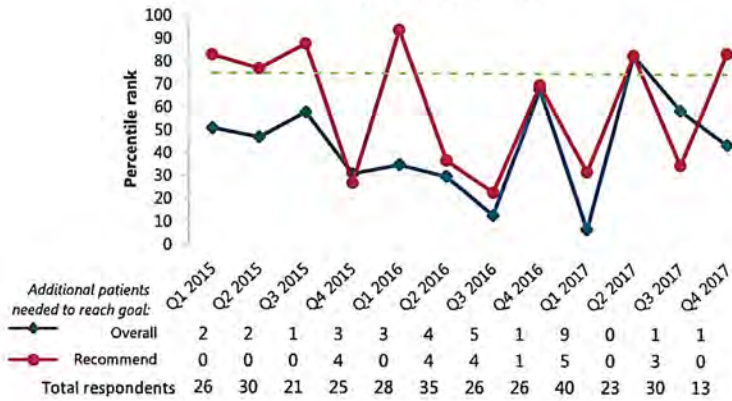
Cardiopulmonary



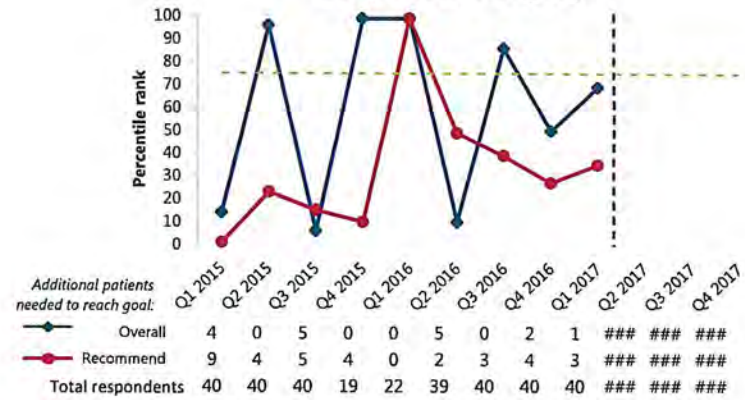
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Patient Satisfaction Dashboard

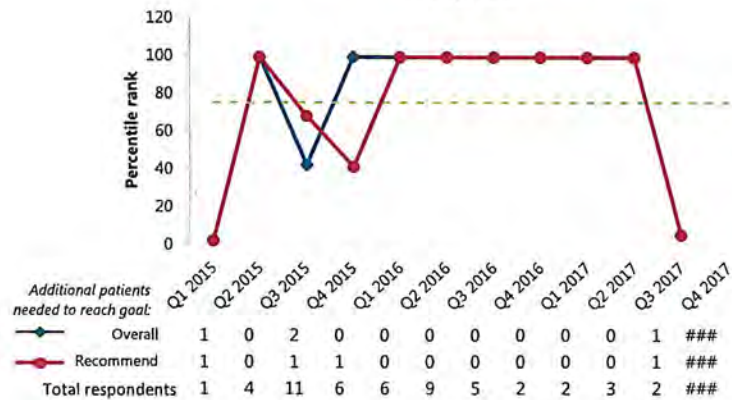
Home Health



Outpatient Surgery



Hospice



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KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	
Adverse Medication Events	The number of medication events that are Category D or greater, separated by setting of clinics or hospital	A Category D error is an error that reaches the patient and requires monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm	Unanticipated medication allergies can be included in Category D or greater medication events
Care and Service Reports	The number of care and service patient reports submitted to the Quality Department, separated by concerns and compliments	Care and Service reports are a way for patients to submit suggestions or requests for follow-up to complaints and/or dispute charges	
Employee Flu Vaccination	The percent of employees who have received the influenza vaccine.	KVH must report the percent of employees who have worked at least one day between October 1 and March 31 of any flu season who have received vaccination.	Reported to the National Health and Safety Network and the Washington State Hospital Association.
Employee Reports	The number of employee reports submitted through Verge or on department SAFE Boards	Verge is the electronic occurrence reporting system used at KVH. SAFE Boards are also used for reporting, but typically contain items of lower severity.	
Exclusive Breastfeeding	Numerator: The number of newborns who were fed only breast milk since birth Denominator: The total number of newborns	Exclusions: Newborns who are transferred to another hospital, newborns who experience certain conditions that would justify non-breast milk feeding, newborns born before 36 weeks gestation, and newborns who receive nutrition intravenously	
Falls	Blue line: The total number of patient falls anywhere in the organization Red line: The number of patient falls that results in any injury	Injuries are defined as anything that requires the application of a dressing or bandage, ice, cleaning of a wound, limb elevation, or topical medication	Non-patient falls are not included (employee falls, visitor falls, parking lot falls), near misses are not included
Hospital Acquired Infections (HAIs)	Total number of infections contracted by an inpatient as a result of care or treatment provided during their hospital stay. Includes CAUTIs, CLABSIs, VAEs, and SSIs.	Inpatient infections from urinary catheters, certain types of intravascular devices, ventilators or surgeries. Based on criteria from the National Health and Safety Network (a division of the Centers for Disease Control and Prevention).	CAUTI: Catheter-associated urinary tract infection CLABSI: Central line-associated bloodstream infection VAE: Ventilator-associated event SSI: Surgical site infection

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KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	
Improvement in Bed Transferring (Home Health)	The percentage of home health patients who improved in their ability to get in and out of bed.	Improvement is measured from the beginning of the home health episode of care to the end of the episode of care.	Tracked by the month of patient discharge from service.
Improvement in Dyspnea with Activity (Home Health)	The percentage of home health patients who became less short or breath or dyspneic with activity.	Improvement is measured from the beginning of the home health episode of care to the end of the episode of care.	Tracked by the month of patient discharge from service.
Inpatient Flu Vaccination	Percentage of inpatients who received an influenza vaccine or documentation of a reason for not receiving the vaccine over total number of inpatients sampled	All hospital inpatients should receive influenza vaccine if appropriate. Possible exclusions include contraindications, previous immunization, or documented declination by the patient. The measure is a sample of all inpatients.	
IV tPA Timing	Percent of acute ischemic stroke patients who arrive at the hospital within 120 minutes of time last known well and for whom IV tPA was initiated at the hospital within 180 minutes of time last known well.		
Median Time to ECG (AMI or Chest Pain)	The median time in minutes from arrival to the Emergency Room to completion of an Electrocardiogram (ECG) for patients experiencing chest pain or an acute myocardial infarction (AMI)	Arrival to the Emergency Room means the first documented assessment or triage activity within the emergency department. At KVH, arrival and triage time are the same.	Times of zero are possible if ambulance staff administered an ECG before arrival at the hospital.
Needlesticks	Total number of staff who experience a sharps injury during the month	Dependent on reporting by staff.	
Pain Medication Reassessment	Percent of inpatients and observation patients who had a document follow up assessment of their pain level after receiving pain medications.	Based on a manual audit of a sampling of patients.	
Patient Satisfaction: Medications (Home Health)	Percent of patients who said that home health staff talked with them about all of the prescription and over-the-counter medications they were taking when they started home health care Red line: Percent of patients who said that home health staff asked to see all of the prescription and over-the-counter medications they were taking when they started home health care	Reported by patients in the home health patient satisfaction survey after the conclusion of home health care	

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KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	
Patient Satisfaction: Timeliness of Help (Hospice)	Blue line: Percent of family members who said the patient always received the help they needed from the hospice team after contacting them during evenings, weekends, or holidays Red line: Percent of family members who said the patient always received help from the hospice team as soon as they needed it after asking for help	Reported by patient family members in the hospice patient satisfaction survey after the conclusion of hospice care. One family member or caregiver is surveyed per patient.	
Patients on Opioids Given a Bowel Regimen (Hospice)	The percentage of hospice patients who are treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this is not needed.	Use of opioids can cause constipation; the use of a bowel regimen can help relieve this medication side effect	
Reports of Occurrences	The percentage of employee reports of a Category D or higher.	A Category D error is an error that reaches the patient and requires monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm	
Restraints	Numerator: Number of patients who met all possible measures for restraints Denominator: Total number of patients in restraints	Measures for restraint use include: ▶ Initial restraint order written ▶ Restraint problem added to care plan ▶ Restraint orders continued/signed by MD every 24 hours or sooner ▶ Restraint charting/assessment done at least every hour while restraints in place	
Sepsis	Percent of patients who received all applicable components of the sepsis bundle	1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics; 2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated; 3. Received within three hours crystalloid fluid bolus if indicated; 4. Received within six hours vasopressors if indicated	
Stroke CT or MRI Timing	Percent of patients with acute ischemic stroke or hemorrhagic stroke who received a head CT or MRI scan and have results interpreted within 45 minutes of arrival at the emergency department		

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KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	
Stroke IV Thrombolytics	Percent of acute ischemic stroke patients who receive intravenous tPA therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration of 60 minutes or less.		

SD



CHIEF EXECUTIVE REPORT – Julie Petersen

February 2018

Rehab Services Update: I had an opportunity to meet with both Marcus Jaffe the new Director of Rehab Therapies as well as Bill Mannewitz during the last month. On the recruiting front, Rehab Visions has recruited a second speech pathologist. She will begin fulltime in approximately six weeks. Our current fulltime speech pathologist will reduce her FTE to approximately 32 hours per week. This will give us the opportunity to expand our general speech program and capture some of the patients we have been referring out of town. In addition to general speech, Bill sees an opportunity to add infant feeding and voices therapy in the future.

Occupational therapy now consists of a fulltime Occupational Therapist and a fulltime Certified Occupational Therapy Aide (COTA). Our previous OT focused approximately half of her case load on lymphoma therapy. This patient population includes cancer patients but also a broader array of patients with chronic conditions. When she transferred to a position with our Home Health service that portion of her practice was systematically discharged. Our new OT will be trained in lymphoma therapy by the end of February and will resume seeing those patients. In addition to general OT and lymphoma therapy, OT will have a significant role in supporting Occupational Medicine.

In physical therapy Marcus will be handling an 80% case load. One of our therapists will be certified in vestibular therapy this spring. Another therapist, in addition to handling the inpatient population, will be developing a women's health (pelvic floor) program. Rehab Visions has hired one new therapist and has travelers in a fulltime PT position as well as a PTA position.

During the month of December we were able to reduce our wait time from approximately three weeks to three days. That number has increased to approximately one week again due to Cerner activates.

Budget and Regulatory Changes: The budget congress just passed includes both the home health and ambulance rural add-ons. Restoration of the add-ons means an additional \$35,000 for home health and \$78,000 for EMS in District #2. In addition to the add-ons, hospitals were able to get a two-year delay in disproportionate share cuts and an additional four years of funding for CHIP. The pharmaceutical industry's undermining of the 340-B discount drug program has emerged as the highest priority issue going into the spring.

Notes from the Rural Healthcare Leadership Conference: When a patient first establishes care with a provider we ask them if they are a veteran. I have always associated this question with insurance coverage. I had the opportunity to hear from two physicians who are encouraging providers to include the time and location that a patient served in their clinical diagnosis. There are documented exposures and conditions associated with specific conflicts that may impact a veteran's long term health.

Washington Rural Health Collaborative: KVH has officially joined the WRHC. The Collaborative is a group of fourteen critical access, public district, rural hospitals that provide a structure for members to work together on a wide variety of initiatives. The Board of the WRHC is comprised of member CEOs, but the collaborative also provides forums for CFO, Quality, CMOs, HR, Risk, and CNOs to come together to share experiences and problem solve.

The WRHC has undertaken complex projects including coordinating the creation of a rural accountable care organization, group purchasing, plan contracting and purchased services contracting. Agreements are crafted specifically with PHD regulations in mind and development costs such as legal and accounting are generally shared among participating members. Members may generally elect to participate or not in any given project.

The current work of the collaborative includes working with the Washington State Health Care Authority to explore creating a structure for rural hospitals to participate in the Healthier Washington revenue streams



CHIEF EXECUTIVE REPORT – Julie Petersen February 2018

through a Medicare shared saving plan (MSSP) accountable care organization (ACO) or a clinically integrated network (CIN). KVH individually would not have the ability to do this kind of work. Initially we have signaled that we would be interested in participating in an MSSP/ACO development grant. They are also looking at the possibility of collectively contracting for retirement program management.

I will be attending a Board meeting in early March and will report on the status.

Leadership Changes and Searches: The Foundation has hired a new Executive Director. She comes with a remarkable background in fundraising as well as grant writing. The selected leader is currently going through on-boarding and will be starting March 12th.

Carry Youngblood and I are meeting to finalize the interview and process for the CMO candidates.

There is less urgency to fill the Director of Facilities position since Randy is on board.

Radio Hill Phase I and Construction Projects: The tentative schedule today (2/15/18) is to have the bid package for the Phase I project ready to go March 5th. Three weeks would be allowed for bidding. The bid opening would be held March 22 allowing a week for the architect and facilities to review the bid prior to the March 29th Board meeting.

I will be presenting a timeline for the first floor space at the Medical Arts Center. I hope to follow the same process as Radio Hill Phase I and have an estimate and request to go to bid ready for the March meeting.

One Source Update: Jack Schwartz will be on hand to give you an update on the conversion.

HR Dashboard

Measurement		Rolling 12													
Available workforce		Variance													
		18-Jan	17-Dec	17-Nov	17-Oct	17-Sep	17-Aug	17-Jul	17-Jun	May-17	Apr-17	Mar-17	Feb-17	Jan-17	
Employee Population	Full-time	24	353	350	349	322	346	339	333	328	326	328	322	331	329
	Part-time	-36	140	140	142	167	146	147	151	157	170	173	174	177	176
	Per Diem	6	85	85	87	86	88	88	89	89	84	79	77	79	79
	Total Employees	-6	578	575	578	575	580	574	573	574	580	580	576	587	584

Quality of recruitment and retention		Rolling 12													
		Total													
Turnover	Voluntary (excludes pd terms, includes reduction of FTE to pd)	102	6	8	8	9	3	14	12	11	12	6	9	2	2
	Involuntary (excludes pd terms)	31	2	1	1	15	2	1	0	1	0	1	4	1	2
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	23.07%	1.38%	1.57%	1.56%	4.17%	0.86%	2.61%	2.09%	2.09%	2.07%	1.21%	2.26%	0.51%	0.68%
	Total All Employees Separated	141	10	11	8	24	8	15	11	14	11	7	12	4	6

Efficiency of sourcing, selecting and placing talent		Rolling 12													
		Total													
General Recruitment	Open Postings	249	19	14	26	14	28	22	16	35	17	18	13	12	15
	Unique Applications Received	1665	111	78	125	133	191	168	137	148	129	77	139	66	163
	Employees Hired	145	12	10	11	21	18	16	13	7	11	6	4	6	10
	Time to Fill (Median)	-	43.5	24	25.5	24	40	36	48.5	46	52	52	39	39	29.5
	Time to Fill (Average)	45.43	34	33	34.2	33.24	48.29	40	54.5	49.76	54.4	55	48	46.8	59.4

Efficiency of sourcing, selecting and placing talent		Rolling 12													
		Total													
Provider Recruitment	Open Postings	7	0	0	0	1	1	0	1	0	0	0	3	0	1
	Current Slots	116	0	0	0	1	9	12	14	13	13	14	14	14	12
	Unique Applications Received	86	9	4	12	9	9	3	3	4	4	10	3	5	11
	Candidates Interviewed	38	2	1	2	2	4	4	5	3	3	5	2	2	3
	Employees Hired	14	2	0	1	2	0	5	0	0	1	0	1	2	0
	Time to Fill (Average)	118	194.5	278	278	207	0	88	0	0	293	0	195	0	0

Financial impact of adding talent		Rolling 12													
		Total													
Benefits	Workers Comp Claims	42	2	3	4	6	5	4	6	1	3	2	1	1	4
	Time Loss Days	195	0	31	30	34	40	30	18	0	2	0	0	0	10
	Employee Population on Medical Benefits (Average)	66.3%	67.0%	68.3%	66.3%	68.2%	66.0%	67.4%	65.4%	66.2%	64.5%	65.4%	66.8%	65.5%	65%
	Total cost in benefits per FTE - welfare (Average)	-	-	-	-	-	\$ 832.77	\$ 748.08	\$ 918.37	\$ 769.37	\$ 1,130.34	\$ 807.65	\$ 857.47	\$ 804.94	\$ 804.94
	Total cost in benefits per FTE - total (Average)	-	-	-	-	-	\$ 1,778.93	\$ 1,254.06	\$ 1,825.61	\$ 1,972.79	\$ 2,117.56	\$ 1,786.15	\$ 1,840.02	\$ 1,840.02	\$ 1,840.02

Providing timely feedback to employee		Total													
		Percentage													
Evaluations	Percentage of employees with completed annual evaluation	89.9%	89.9%	90.8%	90.9%	87.0%	85.3%	86.4%	83.3%	88.2%	92.6%	89.5%	95.8%	96.7%	97.4%

ES

**NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW**

Date February 21, 2018
TO: Board of Commissioners
FROM: Mandy Weed
 Medical Staff Services

The Medical Executive Committee has reviewed the applications for appointment or reappointment for the practitioners listed below. They recommend to the Board that these practitioners be granted appointment and privileges. Please stop by Franki's office prior to the next Board meeting if you wish to review these credentials files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APPT/REAPPT</u>
Stacey Black, MD	Provisional/Associate	Initial Appointment
Arun Chhabra, MD	Provisional Associate	Initial Appointment
Ram Nandigam, MD	Provisional/Associate	Initial Appointment
Marquetta Washington, ARNP	Provisional/AHP	Initial Appointment
Jocelyn Judd, PA-C	Provisional/AHP	Initial Appointment
Phillip Menashe, MD	Associate	Reappointment
John Anderson, DO	Associate	Reappointment
Norman Shively, MD	Associate	Reappointment
Lawrence Bub, MD	Associate	Reappointment
John Hwang, MD	Associate	Reappointment
David Stepanek, MD	Associate	Reappointment
John Arias, MD	Associate	Reappointment
Nancy Wells, MD	Ambulatory	Reappointment

February 2018

Medical Staff Services:

- Mitch Engel continues his successful recruiting. We had two successful interviews in January; one GNP and one Pediatrician. The GNP accepted our offer and starts in March; Pediatrician has an offer in the works. Two providers started in January: Dr. Meyer at Occupational Medicine, and Julia Riel, PA-C at FME, paired with Dr. Mark Larson. The orthopedic PA we discussed last time has signed an offer and is pending credentialing. We are continuing to work to an agreement with a part-time Dermatologist interested in employment.
- Lisa Potter is working on *pro formae* and Business Development plans for new service lines in Dermatology and Pediatrics, and continues to support the work on CWU collaborations and business development planning for Workplace Health, and is facilitating the implementation of Wound Care.
- Mandy Weed, our Medical Staff Coordinator, continues with her busy pace, currently processing 16 initial appointments, 23 reappointments, and 2 students. We continue to deal with the hole in services left with Dr. Waltner's illness, and we are preparing an urgent bylaws revision and policy revisions to allow providers with ambulatory privileges to cover newborn resuscitation and stabilization, with appropriate training and experience. As of this writing, we have had 4 such providers (3 docs and a PA) from FME step up to offer services to help cover holes in our pediatric coverage as soon as revisions and training can be completed.

Clinics:

- Workplace Health (Occ. Med.)
 - Dr. Robert Meyer has begun work at Workplace Health, and is actively working to improve both operational efficiency and complete training and best practices for staff.
- Wound Care Clinic
 - Implementation team is being formed to include HR, IT, HIM, Engineering, Billing and Materials Management, in addition to MOP leadership. Dr. Jonathon Hibbs has accepted the position of Medical Director, and our first choice candidate for the ARNP (the main service provider) has accepted our offer letter. She will be a full time employee, and split duties between GNP program support and wound care. We are actively anticipating her to support telehealth outreach services to our Home Health and Hospice services in the area of wound care as well.
 - Implementation will start after May 1, though we have already begun work in planning and process development with our consultant. We plan for a clinic opening date of August 6th, and have begun planning a community wide educational and training 2 day seminar on August 3rd and 4th.
- Clinic Council
 - We have enjoyed a very engaged medical staff during training for Cerner implementation. I would like to especially recognize Dr. Kelly Noyes, Hospitalist, for her dedication, encouragement, and support as our Physician champion for Cerner over the last few months. She has held us all accountable (no easy task!) and helped to overcome many obstacles that inevitably arise in the last minutes of implementation.
- Pediatric Call Coverage for newborn resuscitation
 - Krista Summers as Chair of Family Medicine Department put together an excellent meeting of both KVH-employed and private practice or otherwise employed providers who take care of very young pediatric patients in our community. We are struggling to cover the 216 call days that Dr. Waltner performed in the 12 months before his illness, and were extremely pleased that 4 providers from FME have stepped up to add to our call coverage list.
 - We have developed some interim strategies and hope over the next 2 weeks to come to ways to allow other physicians to feel comfortable participating, but in the interim we feel our OB physicians will have adequate coverage of this essential service as we expand our bench strength. On a longer term basis, we are aggressively recruiting a pediatrician as noted above.



CHIEF FINANCIAL OFFICER REPORT- Libby Allgood, CFO

January Operating Results:

- We started the year with strong volumes for both inpatient and ancillary services. There were 95 admissions, which exceeded the budget by 12 or 14.5%. Outpatient visits, at 6,724, exceeded budget by 497 or 8%. Clinic visits totaled 4,797, which was 281 visits below budget or 5.5%.
- The higher volumes resulted in one of the strongest revenue months in the last twelve months. Inpatient revenue exceeded budget by \$207,957 and outpatient revenue exceeded budget by \$382,343. Net operating income at \$121,544 exceeded budget by \$49,347.
- Volumes and revenue were particularly strong for surgical services. We performed five more procedures than budgeted resulting in a positive revenue variance of \$220,000. Laboratory volumes were also strong, exceeding budget by over 15% with revenue exceeding budget by over \$135,000.
- Clinic Visits were below budget by 5.5% and overall clinic revenue was below budget by \$194,132.
- We received \$25,036 in PILT payments in January.
- Days Cash on Hand declined to 154.2 caused in part by the increase in Accounts receivable days from 50.8 days in December to 53.8 days in January.
- Key Metrics:
 - Days Cash on Hand – 154.2
 - AR Days – 53.8
 - Operating Margin YTD - 1.9%

Kittitas Valley Healthcare
Key Statistics and Indicators
 January 2018

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	95	83	14.5%	95	83	14.5%	75	26.7%	01
02 Patient Days - W/O Newborn	290	226	28.3%	290	226	28.3%	256	13.3%	02
03 Avg Daily IP Census	9.4	7.3	28.3%	9.4	7.3	28.3%	8.3	13.3%	03
04 Average Length of Stay	3.1	2.7	12.1%	3.1	2.7	12.1%	3.4	-10.6%	04
05 Deliveries	31	29	6.9%	31	29	6.9%	23	34.8%	05
06 Case Mix	1.08	1.00	8.0%	1.08	1.00	8.0%	1.05	2.9%	06
07 Surgery Minutes - Inpatient	3,470	2,846	21.9%	3,470	2,846	21.9%	2,577	34.7%	07
08 Surgery Minutes - Outpatient	8,528	7,375	15.6%	8,528	7,375	15.6%	6,776	25.9%	08
09 Surgery Procedures - Inpatient	32	25	28.0%	32	25	28.0%	20	60.0%	09
10 Surgery Procedures - Outpatient	123	125	-1.6%	123	125	-1.6%	114	7.9%	10
11 ER Visits	1,224	1,093	12.0%	1,224	1,093	12.0%	1,175	4.2%	11
12 Laboratory	44,944	38,948	15.4%	44,944	38,948	15.4%	39,165	14.8%	12
13 Radiology	27,702	26,319	5.3%	27,702	26,319	5.3%	26,125	6.0%	13
14 Rehab	3,691	3,767	-2.0%	3,691	3,767	-2.0%	3,566	3.5%	14
15 Outpatient Visits	6,724	6,227	8.0%	6,724	6,227	8.0%	6,127	9.7%	15
16 Outpatient Percent of Total Revenue	83.1%	84.3%	-1.4%	83.1%	84.3%	-1.4%	82.4%	0.8%	16
17 Clinic Visits	4,794	5,075	-5.5%	4,794	5,075	-5.5%	4,077	17.6%	17
18 Adjusted Patient Days	1,719	1,442	19.2%	1,719	1,442	19.2%	1,459	17.8%	18
19 Equivalent Observation Days	61	88	-30.0%	61	88	-30.0%	110	-43.9%	19
20 Avg Daily Obs Census	2.0	2.8	-30.0%	2.0	2.8	-30.0%	3.5	-43.9%	20
Financial Measures									
21 Salaries as % of Operating Revenue	53.1%	50.8%	-4.6%	53.1%	50.8%	-4.6%	55.0%	3.4%	21
22 Total Labor as % of Operating Revenue	65.3%	63.9%	-2.1%	65.3%	63.9%	-2.1%	68.8%	5.2%	22
23 Revenue Deduction %	45.9%	44.5%	-3.3%	45.9%	44.5%	-3.3%	45.1%	-1.8%	23
24 Operating Margin	1.9%	1.1%	74.2%	1.9%	1.1%	74.2%	1.4%	30.4%	24
Operating Measures									
25 Productive FTE's	406.4	421.8	3.6%	406.4	421.8	3.6%	407.7	0.3%	25
26 Non-Productive FTE's	69.3	52.8	-31.1%	69.3	52.8	-31.1%	51.5	-34.5%	26
27 Paid FTE's	475.7	474.6	-0.2%	475.7	474.6	-0.2%	459.2	-3.6%	27
28 Operating Expense per Adj Pat Day	\$ 3,833	\$ 4,591	16.5%	\$ 3,833	\$ 4,591	16.5%	\$ 4,011	4.4%	28
29 Operating Revenue per Adj Pat Day	\$ 3,903	\$ 4,641	-15.9%	\$ 3,903	\$ 4,641	-15.9%	\$ 4,069	-4.1%	29
30 A/R Days-Hospital Only	53.8	50.0	-7.6%	53.8	50.0	-7.6%	45.6	-18.0%	30
31 Days Cash on Hand	154.2	175.0	-11.9%	154.2	175.0	-11.9%	161.6	-4.6%	31

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Kittitas Valley Healthcare
Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	2,059,870	1,851,913	207,957	2,059,870	1,851,913	207,957	1,890,907
OUTPATIENT REVENUE	8,719,691	8,337,348	382,343	8,719,691	8,337,348	382,343	7,661,624
CLINIC REVENUE	1,429,684	1,623,816	(194,132)	1,429,684	1,623,816	(194,132)	1,221,391
REVENUE	12,209,246	11,813,077	396,168	12,209,246	11,813,077	396,168	10,773,922
CONTRACTUALS	5,122,147	4,907,364	214,783	5,122,147	4,907,364	214,783	4,535,977
PROVISION FOR BAD DEBTS	379,852	212,449	167,403	379,852	212,449	167,403	202,384
FINANCIAL ASSISTANCE	35,628	74,357	(38,729)	35,628	74,357	(38,729)	63,516
OTHER DEDUCTIONS	68,713	59,486	9,227	68,713	59,486	9,227	59,144
DEDUCTIONS FROM REVENUE	5,606,340	5,253,656	352,684	5,606,340	5,253,656	352,684	4,861,022
NET PATIENT SERVICE REVENUE	6,602,905	6,559,421	43,484	6,602,905	6,559,421	43,484	5,912,900
OTHER OPERATING REVENUE	106,536	130,535	(23,999)	106,536	130,535	(23,999)	22,973
TOTAL OPERATING REVENUE	6,709,441	6,689,956	19,485	6,709,441	6,689,956	19,485	5,935,873
SALARIES	3,565,370	3,398,053	167,317	3,565,370	3,398,053	167,317	3,266,148
TEMPORARY LABOR	16,617	25,799	(9,182)	16,617	25,799	(9,182)	30,879
BENEFITS	797,333	852,843	(55,510)	797,333	852,843	(55,510)	788,541
PROFESSIONAL FEES	7,036	114,117	(107,081)	7,036	114,117	(107,081)	46,170
SUPPLIES	846,694	803,302	43,392	846,694	803,302	43,392	674,888
UTILITIES	89,324	94,021	(4,697)	89,324	94,021	(4,697)	78,643
PURCHASED SERVICES	658,871	662,445	(3,574)	658,871	662,445	(3,574)	446,328
DEPRECIATION	232,067	263,331	(31,264)	232,067	263,331	(31,264)	236,855
RENTS AND LEASES	128,942	136,574	(7,632)	128,942	136,574	(7,632)	96,515
INSURANCE	40,680	47,437	(6,757)	40,680	47,437	(6,757)	40,238
LICENSES & TAXES	70,281	79,287	(9,006)	70,281	79,287	(9,006)	78,238
INTEREST	49,929	50,468	(539)	49,929	50,468	(539)	19,800
TRAVEL & EDUCATION	21,275	45,488	(24,213)	21,275	45,488	(24,213)	21,471
OTHER DIRECT	63,477	44,594	18,883	63,477	44,594	18,883	25,573
EXPENSES	6,587,897	6,617,759	(29,862)	6,587,897	6,617,759	(29,862)	5,850,288
OPERATING INCOME (LOSS)	121,544	72,197	49,347	121,544	72,197	49,347	85,584
OPERATING MARGIN	1.81%	1.08%		1.81%	1.08%		1.44%
NON-OPERATING REV/EXP	106,840	177,216	(70,376)	106,840	177,216	(70,376)	141,056
NET INCOME (LOSS)	228,384	249,413	(21,029)	228,384	249,413	(21,029)	226,640
UNIT OPERATING INCOME							
HOSPITAL	405,756	279,359	126,397	405,756	279,359	126,397	356,324
URGENT CARE	14,191	2,664	11,527	14,191	2,664	11,527	(19,401)
CLINICS	(413,225)	(266,738)	(146,487)	(413,225)	(266,738)	(146,487)	(298,379)
HOME CARE	114,822	56,911	57,911	114,822	56,911	57,911	47,040
OPERATING INCOME	121,544	72,197	49,347	121,544	72,197	49,347	85,584

01/31/2018

Kittitas Valley Healthcare
Balance SheetKittitas Valley Healthcare
Balance Sheet and Cash Flow

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	1,244,361	2,807,871	(1,563,510)
ACCOUNTS RECEIVABLE	21,079,533	19,085,150	1,994,382
ALLOWANCE FOR CONTRACTUAL	(9,967,297)	(9,109,214)	(858,083)
THIRD PARTY RECEIVABLE	149,141	149,141	0
OTHER RECEIVABLES	1,919,478	515,263	1,404,215
INVENTORY	1,407,584	1,424,982	(17,398)
PREPAIDS	685,584	795,740	(110,156)
CURRENT ASSETS	16,518,383	15,668,934	849,450
INVESTMENTS	30,364,612	30,405,576	(40,965)
PLANT PROPERTY AND EQUIPMENT	74,311,301	73,924,107	387,194
ACCUMULATED DEPRECIATION	37,505,881	37,256,104	249,777
NET PROPERTY, PLANT, & EQUIP	36,805,420	36,668,003	137,417
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	67,170,031	67,073,579	96,452
ASSETS	83,688,415	82,742,513	945,902
ACCOUNTS PAYABLE	1,774,977	1,915,606	(140,630)
ACCRUED PAYROLL	1,211,344	1,058,758	152,586
ACCRUED BENEFITS	423,787	1,006,140	(582,353)
ACCRUED VACATION PAYABLE	1,936,297	1,864,043	72,254
THIRD PARTY PAYABLES	1,819,900	1,739,700	80,200
CURRENT PORTION OF LONG TERM DEBT	2,208,666	2,208,666	0
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	9,374,971	9,792,913	(417,942)
ACCRUED INTEREST	67,860	178,079	(110,219)
BOND PREMIUM 2008 REFUND	16,724	18,397	(1,672)
DEFERRED TAX COLLECTIONS	1,370,774	56,720	1,314,054
DEFERRED REVENUE HOME HEALTH	153,868	120,268	33,600
DEFERRED LIABILITIES	1,609,226	373,464	1,235,762
LONG-TERM DEBT - 2008 UTGO BONDS	(853,666)	(853,666)	0
LONG-TERM DEBT - 2009 UTGO BONDS	2,754,616	2,754,616	0
LONG-TERM DEBT - 2017 REVENUE BONDS	13,399,698	13,500,000	(100,302)
LONG TERM DEBT	15,300,648	15,400,950	(100,302)
NONCURRENT LIABILITIES	16,909,874	15,774,414	1,135,460
FUND BALANCE	57,175,186	57,175,186	0
NET REVENUE OVER EXPENSES	228,384	(0)	228,384
FUND BALANCE	57,403,570	57,175,186	228,384
TOTAL LIABILITIES & FUND BALANCE	83,688,415	82,742,513	945,902

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01/31/2018

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	228,384
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	249,777
PROVISIONS FOR BAD DEBT	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	478,161
INCREASE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(1,136,299)
OTHER RECEIVABLES	(1,404,215)
INVENTORIES	17,398
PREPAID EXPENSES & DEPOSITS	110,156
TOTAL CURRENT ASSETS	(2,412,960)
INVESTMENTS	40,965
PROPERTY, PLANT, & EQUIP.	(387,194)
OTHER ASSETS	0
TOTAL ASSETS	(2,281,028)
DECREASE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(140,630)
ACCRUED SALARIES	152,586
ACCRUED EMPLOYEE BENEFITS	(582,353)
ACCRUED VACATIONS	72,254
COST REIMBURSEMENT PAYABLE	80,200
CURRENT MATURITIES OF LONG-TERM DEBT	0
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(417,942)
DECREASE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(110,219)
2008 UTGO REFUNDING BOND PREMIUM	(1,672)
DEFERRED TAX COLLECTIONS	1,314,054
DEFERRED REVENUE - HOME HEALTH	33,600
TOTAL OTHER LIABILITIES	1,235,762
DECREASE IN LT DEBT & CAPITAL LEASES (\$)	
LONG-TERM DEBT - 2008 UTGO BONDS	0
LONG-TERM DEBT - 2009 LTGO BONDS	0
LONG-TERM DEBT - 2017 REVENUE BONDS	(100,302)
TOTAL LONG-TERM DEBT & LEASES	(100,302)
TOTAL LIABILITIES	717,518
NET CHANGE IN CASH	(1,563,510)
BEGINNING CASH ON HAND	2,807,871
ENDING CASH ON HAND	1,244,361

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Financial Sustainability

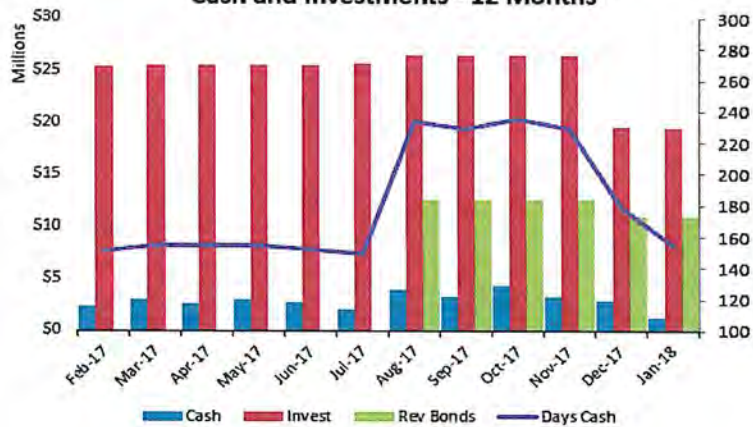
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2016	CY 2017	YTD 2018
Medicare	40.68%	40.47%	37.86%
Medicaid	18.82%	18.90%	19.52%
Commercial	33.58%	33.14%	35.58%
Self Pay	4.10%	4.31%	4.11%
Other	2.82%	3.18%	2.92%

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OPERATIONS REPORT

February 2018

PATIENT CARE OPERATIONS

- The clinical areas are busy with the implementation of One Source. Overall the climate is good and staff has been extremely patient and diligently working through issues as they become apparent. Around the clock support is provided by the department Super Users, Directors and the Cerner Team. It is an overwhelming display of teamwork.
- The daily census in the Urgent Care clinic continues to slowly increase. On the opening day of go-live, the clinic saw 17 patients. The open house on February 2nd was a success with community members and KVH staff in attendance.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services-**
 - With the implementation of Cerner One Source, we have changed our reference lab from Quest to Lab Corp. We anticipate an annual savings of \$200,000 with the new contract with Lab Corp.
 - Also with the implementation of Cerner One Source, all imaging modalities are live with GE PACS. Previously only digital mammography was on GE PACS.
- **Home Health & Hospice-**
 - We are very fortunate that CMS did renew the rural add on payment for home health. A failure to renew the rural add on payment would have reduced our revenue by approximately \$31,000 in 2018.
 - Our 2017 QAPI review and our 2018 QAPI plan for HHH are in the quality section of tonight's agenda for your approval.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

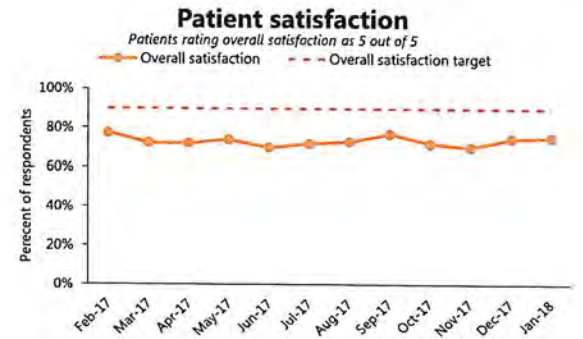
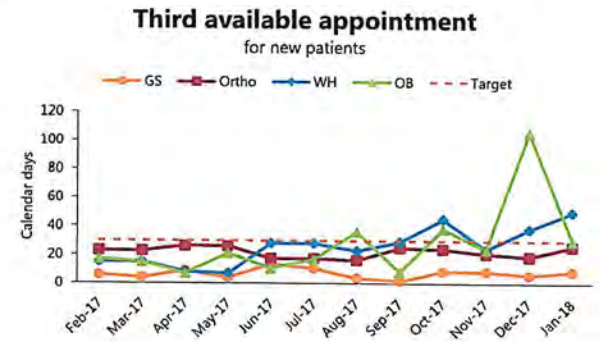
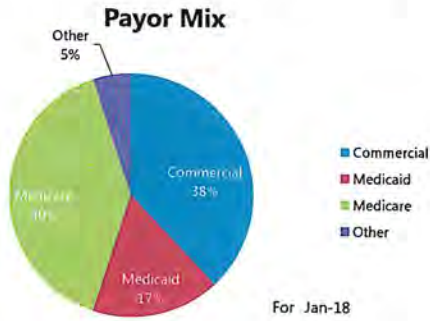
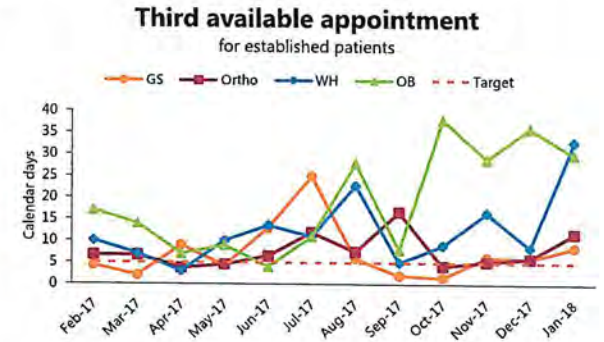
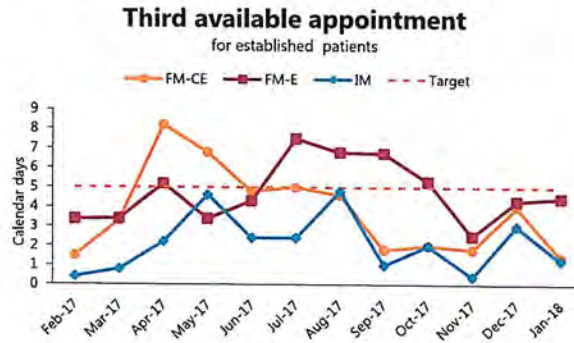
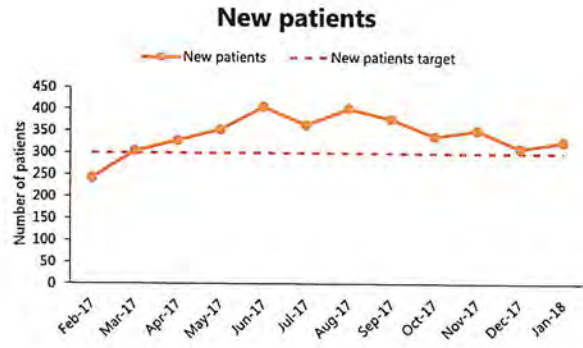
- **Cerner:** Nursing staff participated in 12 hours of training, Patient Service Representatives participated in 8 hours of training, Physicians/APC's participated in 4 hours of training and 1 hour of Concierge training. Many one-on-one individualized trainings have also been offered and conducted. Plus, 52 hours of Cerner Saturday hours were offered for additional support, training and collaboration. Cerner Saturday's will

continue to be offered for staff who would like to continue to learn and become more proficient.

- **Internal Medicine, Women's Health & GNP Manager:** Rachael Scott has accepted our offer as our new Clinic Manager effective February 22nd. She has been managing a rural health clinic for the past 14 years. We are pleased to welcome her to our team.

Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard



SCHEDULE

Dear Colleague:



America's hospitals and health systems are continually transforming to meet the changing needs of our patients and our communities. As we innovate, we continue to protect resources dedicated to quality care and fight to preserve the coverage gains vital to keeping our communities healthy. At the **AHA ANNUAL MEMBERSHIP MEETING**, we invite political, policy, opinion and health care leaders to come together to create a dynamic future of health for our country. We want to hear your voice, too. Join us May 6-9, 2018, in Washington, D.C., as we continue our work to "Redefine the H."



Rick Pollack

Rick Pollack
President and CEO
American Hospital Association

SATURDAY

MAY 5

3:00 P.M. – 5:00 P.M. **Registration**

SUNDAY

MAY 6

7:00 A.M. – 5:00 P.M. **Registration**

8:00 A.M. – 9:00 A.M. **Liturgy of the Eucharist**

*Sponsored by the Catholic Health Association of the U.S.
(BREAKFAST TO FOLLOW)*

11:00 A.M. – 12:00 P.M. **Reception for AHAPAC's Top Contributors**

Join AHAPAC for this exclusive invitation-only event honoring major supporters. For more information on AHAPAC, please contact Shari Dexter at (202) 626-2338.

12:00 P.M. – 1:30 P.M. **AHAPAC Appreciation Luncheon**

Eligible AHAPAC members are invited to attend this appreciation luncheon featuring the **CAPITOL STEPS** comedy troupe.



For more information on AHAPAC, contact Shari Dexter at (202) 626-2338.

Capitol Steps

1:45 P.M. – 3:15 P.M.

American College of Healthcare Executives (ACHE) Educational Session



Tom A. Atchison

LEADING SUSTAINABLE CHANGE IN TODAY'S COMPLICATED HEALTHCARE ENVIRONMENT

Regulatory and financial burden, delivery models, disruptive technologies, professional staff shortages and burnout are key issues for health care leaders.

TOM A. ATCHISON, EdD, president and founder of Atchison Consulting LLC, will describe a practical, developmental model which provides the framework for sustainable change.

Participants will receive 1.5 ACHE Face-to-Face Education credits for this session. See registration form for information on how to register.

1:45 P.M. – 3:00 P.M.

Trustee Educational Session I



Kimberly McNally

THE BOARD'S ROLE IN STRATEGIC WORKFORCE PLANNING AND DEVELOPMENT

Join **KIMBERLY McNALLY**, trustee at UW Medicine, who will moderate an interactive panel session on key workforce issues and how boards should play an integral role in strategic workforce planning and development.

3:00 P.M. – 3:30 P.M.

Networking Break

3:30 P.M. – 4:45 P.M.

Trustee Educational Session II



Pam Knecht

BOARD LEADERSHIP IN CHANGING TIMES

The health care field's ongoing transformation poses strategic challenges for hospital and health system boards. Governance expert **PAM KNECHT**, CEO of ACCORD LIMITED, will explore essential governance practices that all boards should employ to provide needed leadership during times of significant change.

Special Briefings

1:45 P.M. – 3:15 P.M.

RURAL ROUNDTABLE

Learn how federal legislative and regulatory activity will impact rural hospitals and critical access hospitals, including Medicare extenders, 340B, and direct supervision, and hear perspectives on the future of ensuring access to health care services in rural communities.

1:45 P.M. – 3:15 P.M.

POST-ACUTE CARE

Hear from innovative hospital/post-acute partnerships that bridge the continuum of care through improved referrals, case management, at-risk arrangements and post-acute networks to improve care and lower costs.

1:45 P.M. – 3:15 P.M.

MACRAMANIA — MOVING INTO YEAR 2 OF PHYSICIAN QUALITY PAYMENT PROGRAM (QPP)

The second performance period of the QPP is underway, and hospitals and their clinician partners are getting geared up. Join us for an update on the

ATTENDANCE KEY:   

By invitation only.

Tickets for this event can be purchased using the registration form.

This is included in your registration fee; please indicate whether you will attend on the registration form.

latest developments from CMS and how they may impact your MACRA implementation.

3:30 P.M. – 4:45 P.M. ADDRESSING AFFORDABILITY THROUGH THE LENS OF VALUE

Brian Gragnolati

Government, private sector and hospital and health system leaders explore value-based strategies they are using to make health care more affordable for patients and communities. Moderated by AHA board member and Chair-elect **BRIAN GRAGNOLATI**, president and CEO of Atlantic Health System.

3:30 P.M. – 4:45 P.M. ASSOCIATE MEMBER BRIEFING

At this special briefing, AHA associate members hear the latest developments in the health care field and how to become involved in AHA's mission and 2018 objectives.

The AHA associate membership is comprised of commercial firms (business entities) and non-hospital health providers. For more information, please contact Tony Spohn at (312) 422-2002.

3:30 P.M. – 4:30 P.M. NEW MEMBERS/FIRST-TIME ATTENDEES

Get the most from AHA membership and maximize your Annual Meeting experience through this special gathering.

3:30 P.M. – 4:45 P.M. AHA DIVERSITY ROUNDTABLE

Be part of critical conversations and action on diversity, inclusion and equity of care in this discussion that includes best practices that are reducing health care disparities and promoting diversity and inclusion within the health care field.

5:00 P.M. – 6:00 P.M. Annual Meeting Opening Ceremony and Investiture of Chair, AHA Board of Trustees

Nancy Howell Agee

Celebrate the investiture of **NANCY HOWELL AGEE**, president and CEO of Carilion Clinic, as 2018 chair of the AHA Board of Trustees.

6:00 P.M. – 7:30 P.M. Reception Honoring the Chair and AHA Board of Trustees**MONDAY****MAY 7****6:30 A.M. – 4:00 P.M. Registration****7:00 A.M. – 8:15 A.M. Sections for Metropolitan and Small/Rural Hospitals Breakfast Meeting **

Nicolle Wallace

NICOLLE WALLACE, political analyst, *New York Times* best-selling author and former White House director of communications under President George W. Bush, shares her political insights.

\$5 from every purchased ticket benefits the AHA Rural Hospital Leadership Award.

8:30 A.M. – 10:30 A.M. Federal Forum Opening Plenary

Frank Sesno

RICK POLLACK, AHA president and CEO, kicks off the Federal Forum and sets the stage for public policy and advocacy discussions. **TOM NICKELS**, AHA executive vice president of government relations and public policy, with **FRANK SESNO**, former anchor and Washington bureau chief, *CNN*, and director, George Washington University School of Media & Public Affairs, review the key issues on Capitol Hill and within the administration impacting hospitals. We also will honor the 2018 AHA Distinguished Service Award winner.

10:45 A.M. – 12:15 P.M. Executive Briefings 

Attend one of these concurrent briefings on challenges and opportunities facing the hospital field.

HEALTH CARE POLITICS: CONGRESSIONAL STAFF PANEL

Congressional staff discuss how policy and politics play out in the health and hospital field. Moderated by **ERIK RASMUSSEN**, AHA vice president of legislative affairs.

MEDICAID INNOVATIONS

This session will explore federal and state innovations in health care delivery, and social supports for the Medicaid population that best address the mental, physical and social needs of this vulnerable group. Moderated by AHA board member **JOHN M. HAUPERT**, president and CEO, Grady Health System.



John M. Hauptert

EQUITY OF CARE BRIEFING

Join session moderator and AHA board member **WRIGHT L. LASSITER III**, president and CEO of Henry Ford Health System, for a panel discussion on the impact social determinants have on communities as well as experiences accelerating health equity.



Wright L. Lassiter III

12:30 P.M. – 1:45 P.M. AHA Recognition Luncheon 

Ron Fournier

AHA Chair **NANCY HOWELL AGEE** is joined by award-winning and nationally-acclaimed political contributor **RON FOURNIER**, editor and publisher of *Crain's Detroit Business*, to honor recipients of AHA's leadership awards.

THE COALITION TO PROTECT AMERICA'S HEALTH CARE invites you to stop by for light refreshments on Monday and Tuesday at 8:00 A.M. Drop in and learn how the Coalition has mobilized 1.6 million supporters on behalf of hospitals.

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“The timeliness of the meeting could not have been better. The material was fresh and relevant, and the opportunity to network was outstanding.”

— Christina R. Campos, AHA board member and administrator of Guadalupe County Hospital, Santa Rosa, NM

12:30 P.M. – 2:15 P.M. Government Relations Officers Network Luncheon 



John Harris

JOHN HARRIS, co-founder and editor-in-chief of *POLITICO*, brings the newsroom perspective to policy developments and political challenges in the months ahead.

2:30 P.M. – 4:00 P.M. Federal Forum Plenary



Peggy Noonan

Hear from **PEGGY NOONAN**, Pulitzer Prize-winning columnist for the *Wall Street Journal* and bestselling author of nine books on American politics, history and culture. We'll also honor the 2017 AHAPAC Award Winners.

5:00 P.M. – 6:00 P.M. Trustee Reception

T U E S D A Y **MAY 8**

6:30 A.M. – 12:00 P.M. Registration

7:00 A.M. – 8:15 A.M. ACHE Breakfast Meeting 



David A. Olson

Network with fellow ACHE colleagues and hear perspectives on health care and leadership from ACHE Chair **DAVID A. OLSON**, FACHE, senior vice president of external relations and chief strategy officer at Froedtert Health.

7:00 A.M. – 8:15 A.M. Trustee Leadership Breakfast: National Political Update 



George F. Will

GEORGE F. WILL, columnist for the *Washington Post* and regular contributor for *MSNBC*, *NBC News* and *Newsweek*, shares insights and political predictions for 2018.

8:30 A.M. – 10:30 A.M. Federal Forum Closing Plenary



Bob Schieffer

CBS legend **BOB SCHIEFFER**, former moderator of *Face the Nation* and *CBS News* chief Washington correspondent, and **JAKE TAPPER**, chief *CNN* Washington correspondent and anchor, discuss the evolution and impact of news, and how fake news could drive public policy. The 2017 Foster G. McGaw Prize winner is honored.



Jake Tapper

10:45 A.M. – 12:15 P.M. Executive Briefings 

Attend one of these concurrent briefings on challenges and opportunities facing the hospital field.



Allen S. Weiss, M.D.

PREPARING AND RESPONDING TO DISASTERS

Join colleagues who experienced hurricanes, wildfires and mass shootings in 2017 for lessons learned and preparations for the future. Moderated by AHA board member **ALLEN S. WEISS, M.D.**, president and CEO, NCH Healthcare System.



Melinda L. Estes, M.D.

HEALTH CARE POLITICS: PANEL OF FORMER CMS LEADERS

A bipartisan group of former CMS administrators discuss key policy priorities and the politics involved with implementing change. Moderated by AHA board member **MELINDA L. ESTES, M.D.**, president and CEO, Saint Luke's Health System.



Randy Dostra

WHAT LIES AHEAD FOR COMMERCIAL INSURANCE AND THE HEALTH INSURANCE MARKETPLACES?

Hear the latest emerging trends in commercial insurance and implications for health coverage and provider reimbursement in this session. Moderated by AHA board member **RANDY DOSTRA**, president and CEO of ProMedica.

12:30 P.M. – 2:00 P.M. The Foster G. McGaw Prize Luncheon 

This luncheon, hosted by The Baxter International Foundation, honors the 2017 Foster G. McGaw Prize winner and finalists. The Foster G. McGaw Prize recognizes excellence in community service and is jointly sponsored by The Baxter International Foundation, AHA and Health Research & Educational Trust.

3:30 P.M. – 5:00 P.M. State Caucuses

W E D N E S D A Y **MAY 9**

9:00 A.M. – 5:00 P.M. State Delegation Capitol Hill Visits

Contact your state hospital association for Capitol Hill visit details.

Connect with colleagues and AHA leadership in the **EXECUTIVE NETWORKING LOUNGE** open to all attendees.

“Best part of this meeting is hearing from Rick Pollack and the senators. Networking with colleagues is also great.”

— Steven Gautney, president and CEO, Crisp Regional Hospital, Cordele, GA

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IN OUR VIEW

Looking at Lincoln's future

BY DAILY RECORD EDITORIAL BOARD

We've been here before. The Ellensburg School District is looking at how to address facility needs. It has an aging building which raises issues of whether it's best to invest in upgrades or build new.

But the story of Lincoln Elementary School also differs from that of Morgan Middle School in significant ways.

The most significant difference is all of Lincoln remains functional and in use for school purposes. Over the past several years the district has invested to maintain its functionality — most recently replacing all the windows in the school over a two-year period.

This is a situation where it is not so much the need to get out of Lincoln as it is the possibility that Lincoln could be put to a better use while allowing the district to upgrade and expand its grade school facilities.

Along those lines, the decision by the Ellensburg City Council decision to hire a consultant to study Lincoln as a potential community center location makes sense.

The city of Ellensburg and the Ellensburg School District have a successful history of reaching deals that meet the needs of both entities. Such an arrangement led to the conversion of Washington School into City Hall in exchange for city land near the high school to allow for the expansion and that facility.

The Ellensburg School District is looking to increase grade school capacity, not decrease, so any deal would have to involve the district acquiring land for a school to replace Lincoln. This would put the district in the position of replacing Lincoln and building another new school to handle needs at that grade level — the ESD currently houses enough grade school students in portable classes to fill an entire school.

One of the main knocks against Lincoln as a school or a public building of any nature, is it is not ADA-compliant — a student in a wheelchair is unable to attend Lincoln. As one of three grade schools, the district is able to accommodate students with needs in other buildings. As a community center, the city would have to correct that deficiency.

What Lincoln has going for it in terms of a school and a community center is its location. Much like across the street at Morgan, Lincoln is ideally located as a neighborhood school.

There is a belief that some of the early bond attempts to construct a new middle school failed because no future use for Morgan was defined (although one failed bond attempt did include the building going into county ownership). If this deal were to work out, that would not be an issue.

The other lesson that should have been learned from Morgan involves emotional attachment. There's no hard data on this but anyone who has had experience with Ellensburg natives can testify to the love of Lincoln among people who attended Lincoln. It is a real and strong lifelong bond.

None of these issues should preclude looking at Lincoln as a potential community center but they should be factored into any discussions about the feasibility of such a proposal.

City Parks and Recreation Director Brad Case was spot on when he said there are a lot of moving parts in this process. From the district's standpoint, in particular, there will be a need to focus and sharpen its objectives soon if it wants to start convincing the public of the need to financially support new grade school facilities.

DAILY RECORD

Local news serving Ellensburg, Cle Elum, Rainier, Kittitas, Eastern, Suncadia and all of Kittitas County.
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PUBLISHER: JIM AHER HERNANDEZ
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ASSISTANT EDITOR: MICHAEL GALLAGHER

IN OUR VIEW

KVH implementing new medical records system

To the Editor:
Every person served by a provider at KVH has a medical record — it tells the story of your health, including the ailments for which you have been treated, the treatments you have received and the other pertinent facts about your health. These used to be written on paper and filed in massive storage areas. Then we started keeping these records electronically. But, even then, our systems couldn't "talk" to each other so the treatment records for someone treated in the clinic were not readily accessible to providers in the hospital. That hindered our ability to make sure patients received the best care in the most appropriate setting.

At 5 a.m. on Monday, Feb. 12, all that will change when we throw the switch on a new era in electronic health records. That's when KVH will transition all of our hospital and clinic services to a single electronic health record called OneSource,

provided by Corner, one of the largest electronic health record companies in the country.

Transitioning from our many current programs to a single system has been a huge undertaking. We took months and thousands of hours to vet and select the system that best fits our needs.

Many more months were spent building, training, testing and organizing for the change. In the long run, this new system will help ensure patients receive the best care possible. But, in the short run, despite all of the preparation, we know the early days may be tough. To help make the transition as smooth as possible, Corner experts will be at every location and we will provide increased staffing throughout the system.

I'm sure some patients may be frustrated as we go through this transition, and I'm sure there will be some slowdowns and hiccups pulling by the KVH team. But I am also confident that having OneSource for all of your health information will improve patient care and enable

all of us in the KVH family to do a better job of telling the story of your health.

Every member of the staff, all of our providers and our Information Technology team have worked extremely hard preparing for the Feb. 12 launch. Now the day has arrived, and we ask for your patience and understanding as we move into this new world.

Julie Peterson
CEO KVH, Ellensburg

Expanding nuclear arsenal doesn't make nation safer

To the Editor:
The film "Dr. Strangelove or How I Learned to Stop Worrying and Love the Bomb" pretty much sums up the idiocy of our situation during the Obama administration and the current administration. Contrary to what some policy makers think, the presence of a nuclear arsenal does not make us safer. It only increases the chance of a catastrophic accident.

It is likely that once a nuclear bomb was exploded, whether by accident or intentionally, more bombs would follow. Research makes it clear that the environmental consequences of nuclear war can end human history.

President Obama initiated a modernization of the U.S. nuclear weapons program which the Congressional Budget Office said would cost \$100 billion over 10 years. President Trump's modernization program may cost up to \$1 trillion over three decades.

Don't wait for your elected officials to initiate the elimination of nuclear weapons. Most Democrats and Republicans vote to increase all military spending every year.

We should demand that our government immediately cease our nuclear weapons program (in fact, stopping endless wars would be good, too). I encourage Congressman Reichert, Sen. Murray and Sen. Cantwell to work toward these goals.

Karen Stansberry
Ellensburg



Hermits can teach us about being alone

In today's world, loneliness seems to have reached epidemic proportions. Countless studies have highlighted the serious and negative impact that loneliness has on our health, our sense of well-being, and our ability to thrive in an increasingly chaotic world. Most recently, the urgency of the problem led the U.K. to appoint a minister for loneliness. Here in the U.S., winter is a particularly lonely time for elderly Americans.



KIM HAINES-EITZEN
Nursing columnist

But loneliness (feeling alone) and solitude (being alone) are not the same thing. And lessons can be learned from those who have found solitude essential for inspiration.

IN PRAISE OF SOLITUDE

Solitude — being alone — has long been praised as a necessary condition for creativity. Author Virginia Woolf, in her book "A Room of One's Own," offered an extended meditation on the writer's need for solitude. So did many poets. In their writings, May Sarton ("alone one is never lonely") and William Wordsworth ("the bliss of solitude") were especially eloquent in their praise of solitude. Poet Marianne Moore has even argued that "the cure for loneliness is solitude."

My research on the history of religious hermits shows that

there have long been individuals who seek solitude in remote and silent places, and there are many lessons to be learned from them. "The etymological history of the word 'hermit' is itself telling: 'hermit' comes from an ancient Greek word, 'eremitos,' that means both a desolate and lonely place and a state of being alone.

Hermits exist in many of the world's major religious traditions: They are individuals who choose temporary or permanent solitude in remote and isolated locations, such as mountains, caves and deserts. These locations are frequently depicted as sites for revelation and transformation.

ROMANTIC LONGING

The emergence of hermits in early Christianity is particularly striking. When early Christians read their Bible, they found the word censors referring to places for important events: the stories of the Israelites wandering in the wilderness for 40 years, how Jesus went to a "lonely place" to pray, or how he was tempted by the devil in the desert. These stories evoked images of remote landscapes that most Christians never visited.

In the fourth century, however, a monastic movement emerged in Egypt, as some Christians began to withdraw permanently into "the desert." The harshness of a dry and bar-

ren landscape suited Christians eager to pursue an ascetic life. A common theme in stories about early Christian desert hermits is a desire to leave the distractions of urban life and live a precarious existence in isolation in order to achieve holiness.

The most famous Christian hermit was Anthony, whose story was told by Athanasius, the fourth-century bishop of Alexandria. As Athanasius tells it, Anthony one day heard a passage from the Gospel of Matthew in his church: "If you want to be perfect, go, sell all your possessions and give to the poor, and come follow me, and you will have treasure in heaven." (Matthew 19:21)

He felt the passage had spoken to him directly. Anthony sold his property and departed for the desert. The story of Anthony's withdrawal into the desert became an example for later Christians eager to pursue solitude and contemplation. Athanasius says that, in spite of his quest for solitude, the desert "was made a city" by visitors to Anthony's hermitage and by monks who wished to emulate him. Anthony needed to move into more and more remote areas to find the isolation he was seeking.

JOY OF LONELINESS

Eventually, forms of monasticism developed that embraced both the solitary and the com-

munal. Monasteries developed around communities of monks in the mountains and canyons of Egypt, Sinai and Palestine. Nearby caves served as hermitages.

This way of life was in keeping with what many Christians believed — that suffering was necessary for salvation. They praised the hermits who rejected the comforts of city and adopted the communal life. In them, the hermits were models of holiness and, paradoxically, happiness.

Loneliness was transformed into joy. Athanasius describes Anthony's face as "radiant" after a long period of isolation. "The lives of hermits may seem distant from our busy contemporary lives. But the romantic appeal of an unencumbered and undistracted life has not disappeared. Hermits in the 21st century come from all walks of life, religious and secular, but share with those from the past a longing for quiet solitude and simplicity."

Could the wisdom of artists, poets, and religious hermits offer comfort in a time of loneliness today?

Kim Haines-Eitzen is a professor of Ancient Mediterranean Religions with a specialty in Early Christianity, Early Judaism, and Religion in Late Antiquity at Cornell University. This article was originally published on The Conversation.



HALFPIPE PREVIEW

UPPING THE ANTE

Shaun White just fine with pushing boundaries in Olympic halfpipe

PYONGCHANG, South Korea (AP) — Shaun White sat on the couch at home and watched history's best halfpipe contest unfold.

He's planning on making the next contest — the one where they hand out the Olympic gold medal — an even better show.

White said Thursday that he is working on the tricks that Japan's Ayumu Hirano used to win the Winter X Games last month. Hirano became the first person to string together back-to-back 1440-degree jumps in what was widely regarded as the best show ever seen in a halfpipe.

"I'm excited to compete with him," White said. "He's really pushing it, and he did an amazing combination that I'm working on myself. I don't think we've seen my best run."

White's best run, at least this season, came at Snowmass in an Olympic qualifier in January. White used one

"I'm excited to compete with (Ayumu Hirano). He's really pushing it, and he did an amazing combination that I'm working on myself. I don't think we've seen my best run."

— Shaun White, U.S. snowboarder

1440, along with his patented Double McTwist 1260, to win the contest with a maximum score of 100 — one of the rare times that mark has ever been handed out.

It established him as the man to beat at the Olympics. But a short two weeks later came the X Games, where Hirano strung together his back-to-back 1440s — the first time that had ever been done in a competition — and Scotty James finished a close second on a run that included three 1260s, including one in which he rides and spins backward into the wall to execute the double cork.

"To this point, it was the most progressive halfpipe contest we'd ever seen," said

JJ Thomas, the 2002 bronze medalist who coaches White. "And I think now, as long as the weather holds up, this one will probably be even better."

Practice on the Olympic halfpipe starts today, with the men's final set for next Wednesday.

White is in his fourth Olympics. Though he has two gold medals and is, far and away, the most recognizable figure in his sport, he concedes his fourth-place finish in Sochi was a blow.

"It was a nice eye-opener for me of what life's really like," he said. "The hubbly is shattered, and what's next? I was able to make that decision."

The decision was to keep moving forward, upping the

ante, and the risk, in order to return to the top. For White more than anyone, that means only one thing: winning the Olympics.

And yet, for the second straight Olympics, he'll come in not setting the bar, the way he did in 2010 with the Double McTwist, but trying to duplicate tricks someone else has done.

Heading into 2014, Iouri Podladtchikov showed off his Yolo Flip — which was the first 1440 landed in competition — then brought it into the Olympics, where he landed it and White did not.

Heading into 2018, it's Hirano's back-to-back 1440s. "That's king right now," Thomas said.

White was impressed, too. But he is not one to back down.

"It was great to watch those guys run and see their best," White said. "Now, I get a chance to throw my best and see how it stacks up."

Shaun White, seen here in 2014, says he is working on the tricks that Japan's Ayumu Hirano used to win the Winter X Games last month. Hirano became the first person to string together back-to-back 1440-degree jumps in what was widely regarded as the best combination in a halfpipe.

WINTER GAMES 2018

OLYMPICS ON TV

FRIDAY, FEB. 9

All Times EST unless noted
NBC
• 8-11 p.m. — Opening Ceremony

BY THE NUMBERS

3 Mikaela Shiffrin's goal is to do what no skier has ever done — win five gold medals on the slopes. The young American star probably won't do that, but there's a good chance she can win three, something skiers have done only three times. Shiffrin is a prohibitive favorite to defend the slalom title she won in Sochi, a top contender in the giant slalom and the favorite in the combined.

2 The number of North Korean athletes who qualified for the Olympics on merit. Up to 22 will actually compete in the games, cheered on by a highly choreographed group of singers and dancers, along with the sister of North Korean leader Kim Jong Un.

13,500 The number of eggs Norway's Olympic team will be sending back after a breakfast order went sunny side up. Norway thought it was ordering 1,500 eggs from a Korean distributor for the Games but a translation mistake caused 15,000 to be delivered instead.

50 Miles from the mountains of Pyeongchang to the North Korean border.

4 The unofficial over-under for the number of halfpipe snowboarders carried off the slopes on stretchers. White himself was sent to the hospital twice after crashes last year, and defending gold medalist Iouri Podladtchikov was knocked out in a scary crash last month at the Winter X Games.

149 In Sochi the best teams were made up of NHL players. 149 of them in all. No current players will be in Pyeongchang, after the league decided its best interests were not served by shutting down in midseason for three weeks like it did the last five Winter Olympics.

\$900 million The amount of ads NBC has sold for its broadcast of the games.

14 The time difference in hours from New York, which is why some of the biggest prime-time events on NBC will actually take place in the morning in Korea.

86 The number of workers ill with norovirus a day before opening ceremony. The figure is expected to rise, forcing organizers to bring in 900 military personnel to take the place of sick or exposed security workers.

4 If it's a Winter Olympics there have to be new events. There are four of them in this Olympics, including a mass start speedskating event featuring 24 skaters that has been compared to a NASCAR race on ice.

THIS IS U.S. | HIGHLIGHTS FROM THE WINTER GAMES

TWEET FROM SPEEDSKATER'S ACCOUNT

RIPS FLAGBEARER COIN TOSS: It was a feel-good story for a few hours: Luge veteran Erin Hamlin gets the chance to enter her last Olympics carrying the U.S. flag into the opening ceremony of the Pyeongchang Games, winning that distinction after a vote by some of her fellow athletes.

And then Shani Davis tweeted. With that, the entire process was called into controversy. The tweet posted to Davis' account said the process by which Hamlin won was executed "dishonorably" and included a reference to Black History Month — raising the question of whether the speedskater was suggesting that race played a role in the decision.

Davis is black, Hamlin is white. "We feel strongly toward Shani and they felt strongly for Erin," U.S. speedskater Joey Mantia said. "That's just that."

Hamlin and Davis were among eight nominees for the flagbearer role, and athletes from each of the eight winter sports federations — bobsled and skeleton, ski and snowboarding, figure skating, curling, biathlon, hockey, speedskating and luge — represented those nominees in a balloting that took place Wednesday night. Eventually, the final vote was deadlocked at

4-4. Hamlin won a coin toss, the predetermined method of picking a winner if all else failed in the athlete-led process. The U.S. Olympic Committee confirmed the tie, and that voters knew if the tie couldn't be broken by them the coin toss would have to occur.

U.S. COACH KEEPING BLINDERS ON AS HE PREPS FOR DEBUT: Robb Stauber can't miss seeing the Olympic rings painted at center ice — even on the practice rink. The former

goalie is doing his best to ignore all the reminders that he is making his head coaching debut on the world's biggest stage for women's hockey.

Being at the Pyeongchang Games is reminder enough of the monumental task Stauber accepted in trying to end the Americans' 20-year gold medal drought.

So Stauber is making a conscious effort to stick to the approach he has preached to his players of simply staying in the moment. "This is a hockey tournament," Stauber said after practice Thursday. "I've done hockey personally my entire life. I'm not sure I know anything better, so I know and I know what I see and I know what I believe in and I believe in our players, so I'm sticking to that focus. I personally

don't want to get caught up in the Olympics. I enjoy it. I remember watching it as a kid. I get all that stuff."

This isn't Stauber's first Olympics. He was an assistant in 2014 when the Americans blew a 2-0 lead and lost in overtime to their biggest rival, Canada. But Stauber, who played 62 NHL games in stints with the Los Angeles Kings and Buffalo Sabres, accepted the job last May knowing exactly what USA Hockey expected from him.

BOBSLEDDER JUSTIN OLSEN RESUMING WORKOUTS AFTER SURGERY: U.S. bobsledder Justin Olsen has resumed light workouts three days after an emergency appendectomy and is expected to compete in the Pyeongchang Olympics.

Olsen was hospitalized Monday, underwent laparoscopic surgery and was discharged Wednesday. Olsen has been sleeping well, and U.S. team doctors remain confident he will be ready for the start of competition.

Olsen is scheduled to drive in the two- and four-man events.

"I plan to resume training here shortly," Olsen said Thursday.

— The AP



"I was able to get in quickly, have my injury taken care of, and get back to what I love to do!" -Phil

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Crows crowd downtown Portland: Enter the hawk

BY KALE WILLIAMS
The Oregonian/OregonLive

PORTLAND, Ore. (AP) — With a whoosh, Clive, a 7-month-old Harris hawk, spreads his wings and takes flight over the wet streets of downtown Portland. The skies are dark and cloudy on a chilly January evening, but Clive's keen eyes dart from treetop to treetop, scanning.

A few blocks away, Mars, an older hawk, is also patrolling the skies and, a few blocks from that, a third bird is searching the streets.

They're all looking for one thing: crows.

These hawks are not here of their own volition. They were loosed on the crows of downtown by Kort Clayton, owner of Integrated Avian Solutions, a Portland-based company that uses hawks and other raptors to shoot away problem birds from wineries, dumps and, in this case, business districts.

Clayton was called in after years of fruitless efforts at driving out the bothersome birds. Crows were eating the insulation from building walls. They created such a roar that hotel guests were jolted awake at early hours. Most notably, they left busy sidewalks slickened with poop.

The problem? Sheri Scall, senior property manager at a large building near the Keller Auditorium on the south end of downtown, heard them before she saw them. It was early January and as she was heading into work before dawn, she was greeted by the busy cackles of roosting birds.

They hadn't been there the day before and they were loud, but she didn't give the flock much thought until the sun came up. Under the light of day, Scall witnessed the mess a large group of crows is capable of creating overnight.

"When we looked down from above, it looked like it had snowed," she said.

LIFE OF A CROW

During the day, crows spread out across the Pacific Northwest, scavenging what they can from sites urban and rural alike. But once the sun heads toward the horizon, they seek warmth and safety in numbers, gathering in flocks of up to 10,000 birds and descending on the trees and parks and rooftops of downtown Portland, Clayton said.

During the great snowstorm of early 2017, a Portland police criminalist snapped a picture of a flock gathered next to headquarters. The crows were so numerous, and contrasted so starkly against the fresh blanket of snow, that the trees looked like mashed potatoes covered in pepper.

Their ubiquity, at least during winter months, makes them hard to ignore.

When flocks, known ominously as "murders," gather in these numbers, a cacophonous melism announces their evening arrival. Crows are deft communicators and they waste no time telling each other about the exploits of the day. They squawk and bray and bleet from the treetops, drowning out the sounds of the city below.

The din is bothersome, but mostly harmless unless you're trying to sleep. The problems created by that many birds, fresh back from a day of feeding, is feculent. Or to put it more simply, it's their poop.

The roosting birds, drawn to the downtown core by warmth and an abundance of food sources, started to become a problem about four years ago when everything beneath their preferred trees quickly took on a sheen of avian excrement. Trees, cars,



A crow dive bombs a bicyclist as he crosses the Morrison Bridge in Portland, Ore.

sculptures and downtown pedestrians all became targets of the droppings.

In 2014, more than 30 crows were found dead in Portland's urban core. An investigation by the Portland Audubon Society found the birds had been poisoned. Last week, witnesses in Northeast Portland reported seeing some crows "falling from the sky," while others were found seizing on the ground.

An investigation into the most recent spate of crow deaths is ongoing, but appears to be consistent with poisoning, said Bob Sallinger, conservation director with the Audubon Society.

When the crows began to congregate in such large numbers, complaints poured into Downtown Clean & Safe, a program that works in partnership with the city and the Portland Business Alliance to provide cleaning and security services to the downtown area.

Working with Central City Concern, the city hired crows to pressure wash the streets of the crow-created mess, but it was a slyphean effort. "We would pressure wash all night," said Lynnae Berg, executive director of Downtown Clean & Safe. "And then the crows would wake up and it would look like we had done nothing."

As it became clear they couldn't beat the problem with pressure washing alone, they called in a device called the "Poopmaster 6000," a motorized brick-scrubbing cart that resembles a Zamboni. The Poopmaster worked great on the ground, but did nothing for the bird poop that shellacked benches and newspaper racks and public art.

CREATIVE SOLUTIONS

With all of the obvious solutions seemingly exhausted, Berg and the downtown business community had to get creative. Enter the hawk.

Smarter than your average bird.

As far as animals go, crows are near the top tier of intelligence. Their brains are oversized for their small bodies and it shows in their behavior. They communicate in complex and intricate ways. If one bird in the roost discovers a plentiful source of food, they'll go back and alert the rest. Sometimes, when one of them dies, a group will gather in a tree above their deceased kin in a kind of mourning. They've been observed using sticks to pry grubs from holes in logs.

Perhaps most impressively, researchers have shown that crows can remember people who wrong them, for up to five years, and pass that



A crow flies over the Morrison Bridge in Portland, Ore. The city of Portland is experimenting with using hawks to discourage the crow population in the city.

birds knew that caveman face, and they didn't like it one bit.

Like people, these birds hold grudges. "I am still amazed by them — every time I look I see something different," Marzluff told The Oregonian/OregonLive. In crows, Marzluff has observed a wide range of behavior, including "language, delinquency, frolic, passion, wrath, risk-taking, and awareness."

And it's their intelligence that leads them to gather in great numbers in places like downtown Portland. Around dusk, they come together for what some call a "social hour." Starting around 4 p.m., thousands of crows gather in the trees along the waterfront or in the South Park Blocks or anywhere else that has large trees. They exchange information about where they've found food that day or predators they've encountered.

After about an hour of chit-chat, they move to a secondary location to roost for the night. The densely packed buildings provide light and warmth, two of the crows' top priorities when looking for a safe place to spend the night.

PLACE CALLED HOME

Once they find a place they like, they will call it home for an entire winter.

"The challenge is to manage the conflict between people and birds," Berg said. Other cities use pyrotechnics and physical hazing to deter the crows, but "we didn't feel that was right for Portland."

A "Portland" solution. Once it became clear that the problem of the crow droppings couldn't be solved from below, Berg looked skyward.

Clayton, owner of Integrated Avian Solutions, has been working with raptors for 25 years. It started as a hobby in his teens when he began hunting ducks with falcons. His interest in birds of prey grew and eventually he turned it into a business, using peregrine falcons, gyrfalcons and hawks to chase nuisance birds — usually starlings, gulls and ravens — from vineyards and trash collection sites.

Last year, when Clayton brought in hawks as part of a pilot program to chase off the crows, it was his first experience flying his birds in an urban environment.

The Harris hawk was the obvious candidate. In the wild, they are one of the few raptors to hunt cooperatively so they can work in teams. Any of his falcons would have likely gone after each other before they even noticed the crows.

Each bird is fitted with a light and a bell, as well as a tiny backpack loaded with a GPS tracker. The birds

respond almost instantly to food, but on the rare occasion they don't come back, Clayton tracks them with an iPad he keeps in a fanny pack while he patrols the streets of downtown.

Sporting a neon green vest with "CROW PATROL" emblazoned across the back, Clayton walks the streets of Portland's business district for a few hours four nights a week, eyes trained upward for sightings of black crows against the black sky, ears scanning for the tell-tale sounds of crow flock.

It doesn't take much to scatter a flock. The hawks don't chase the crows, but they are seen as such a threat that even their presence in the area means it's time to move on. As soon as the hawks take flight, the crows nervously move off to safer territory.

The hawks are innate hunters with instinct to kill, but they've been trained not to and they pose no risk to the crows. They operate on a reward system, and killing crows doesn't earn them treats from their handlers.

What does earn them treats is clearing crows and, in that respect, they've been quite successful. In their first year, the hawks easily cleared the designated area.

Now in their second year, Clayton and the hawks got started earlier, hitting the streets in late October, and are responsible for clearing a larger area — more than 70-square-blocks of the busiest area of downtown.

On a recent mid-January night, it appeared that Clayton and his hawks were performing their duties almost on well. Over a few chilly hours, Clayton spent the vast majority of his time looking for crows to chase. Ditto for the other team of handlers and hawks patrolling the area.

The few flocks they did encounter were just outside of the designated area, right where they should be. And, according to Berg, the crow-related complaints have dropped.

"We feel like we've found the right solution to manage the issue," she said. "We've had fewer complaints. People are really satisfied when they see the result."

One of those people is Scall, the property manager. After she saw her building and the surrounding sidewalks thoroughly coated with crow droppings, she got in touch with the Portland Business Alliance, who called Berg, who let Clayton and the hawks know about the problem area.

They came and cleared the crows much more quickly than Scall anticipated.

"Literally within one day, they were gone," she said. "It was far beyond what we thought would happen."

KVH PATIENT NOTICE

Plan to arrive 15 minutes before your scheduled appointment time.

This month, **early** is not just for the birds.

February marks the public launch of **OneSource**, our digital medical records system. KVH staff have been busy training on this new system, which we're still learning to drive.

We ask for your patience as we do our best to give you **seamless care and service.**

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Dr. Roy Savoian Appointed to KVH Board of Commissioners

Ellensburg, Wash. (February 15, 2018) – On February 12 at a special meeting of the KVH Board of Commissioners, Dr. Roy Savoian was chosen to fill the vacant position on the Board of Commissioners for Kittitas County Public Hospital District No. 1. This five-member governing body oversees the operations of the public hospital district that covers Lower Kittitas County and does business as Kittitas Valley Healthcare. Dr. Savoian will be sworn in to office on February 22 at the regularly scheduled Board meeting.

The KVH Board of Commissioners solicited letters of interest following the resignation of Rich Elliott in December 2017. There were ten applicants for the position.

The Board had recently conducted a thorough self-assessment to identify its strengths and weaknesses. The results of the assessment suggested the Board look for candidates with experience or community connections in the areas of finance, agriculture, and philanthropy. Four candidates who had exceptional strength in these areas participated in interviews.

“Dr. Savoian brings an expertise in financial management and economics that will greatly benefit Kittitas Valley Healthcare,” said Matthew Altman, KVH Board President. “In addition to his academic career Roy has a long history of civic engagement, including work on governing boards, and a strong connection to this community.” The decision to select Roy Savoian as the appointee was unanimous.

Dr. Savoian was born and raised in Los Angeles, CA. After receiving both a B.A. and Ph.D. in Economics at the University of California in Santa Barbara, he went on to a 40 year academic career at universities in Oklahoma, Indiana, Virginia, Colorado and Washington. In 1998 he and his wife Alana moved to Ellensburg, where he served as Dean of the College of Business until his retirement in 2012. He has served most recently on the Life Support Board of Trustees, Galloway & Nielsen Foundation Board of Directors, and the Junior Achievement of Washington and Junior Achievement of Central Washington Board of Directors.

Roy will serve on the KVH Board of Commissioners until the November 2019 general election, at which time the position will be publicly elected. He will be eligible to run for the position if he chooses. The elected candidate will serve a full six-year term, through 2025.

Multiple collisions closed I-90 over the weekend

BY DAILY RECORD STAFF

Sixteen vehicles and three semi-trucks were involved in multiple collisions on Saturday morning on Interstate 90 two miles east of Cle Elum, and the westbound portion of the highway was closed for 4 1/2 hours.

No major injuries were reported, according to the Washington State Patrol. Jose Montoya Herrera, 50, of Carencro, La., was driving a semi-truck westbound near milepost 88 at 9:33 a.m. when he lost control, struck a guardrail and came to rest blocking the roadway in a curve.

Due to conditions and the curve in the interstate, multiple other collisions occurred.

The cause of the accident was speeding too fast for conditions, according to the WSP.

Interstate 90 over Snoqualmie Pass westbound also closed Sunday evening

near Easton because of multiple collisions, according to the state Department of Transportation.

CRASH NEAR KITTITAS

WSP also responded to a semi rollover crash near Kittitas on I-90 on Monday morning.

Freddy R. Mendiola, 39, of Spanaway, was driving westbound on I-90 at 4:28 a.m. when he drifted to the left, exited into the median, rolled and came to rest on the driver's side, according to the WSP.

He was transported by ambulance to Kittitas Valley Healthcare.

The cause of the accident was the driver falling asleep, the WSP said.

THIS WEEK

Temperatures are expected to be in the low 20s in the Kittitas Valley this week, with a chance for snow mid-week, according to the



Multiple crashes on Interstate 90 westbound on Saturday morning closed the highway for 4 1/2 hours. National Weather Service. Temperatures will rise by the end of the week, with high expected near 40 degrees. Snow and rain is forecast for Snoqualmie Pass this week, with temperatures near 20 degrees during the day.

Life After Hate co-founder to speak at CWU

Talk to cover strategies for dealing with extremist movements

FOR THE DAILY RECORD

Author and activist Sammy Rangel will share his story and provide strategies for dealing with extremist movements on Thursday at Central Washington University, according to a news release.

He will speak at 6 p.m. in the Student Union and Recreation Center ballroom. The event is

free and open to the public.

Rangel is executive director and co-founder of Life After Hate and authored "Four-bears: The Myths of 'Tolerance.'" He will discuss countering extremist movements through compassion, and changing how we see hateful, harmful or destructive behaviors. His experiences compelled him to join with other former members of the American violent far-right extremist movement to establish Life After Hate, an organization



Rangel

with insights into extremist and hate groups.

A self-described former gang member and "street punk," Rangel, who was abused as a child, spent most of his early years in mental institutions, foster homes and juvenile homes. He became a member of the Maniac Latin Disciples gang and spent time in prison.

His journey from gang member to anti-violence activist, which he recounts in his book, began after he entered a drug rehabilitation program and began to take stock of his life, including wanting to be a better father to his two children.

Rangel, who has shared his story in venues across the coun-

try, including a TED Talk in 2015, returned to school and obtained a bachelor's in social work at Garthage College and master's in social work from Loyola University of Chicago.

He is the founder of Formers Anonymous, a group dedicated to building a network of self-lead and self-contained support groups for those having an attachment or addiction to violent or criminal behavior.

In addition to his public appearance, Rangel will also lead "Strategies for Combating Hate" workshops for CWU faculty, staff and students.

CWU and KVH to collaborate on health services

BY DAILY RECORD STAFF

Central Washington University announced a new partnership with Kittitas Valley Healthcare, making Dr. Robert Meyer available on a part-time basis to treat students at the CWU Student Medical and Counseling Center during spring quarter, according to a CWU news release.

CWU Associate Dean of Students Jenna Bryant said the addition will help address the demand for campus health care. Last year, the student medical center recorded 9,693 appointments for medical services alone.

The clinic maintains laboratory and X-ray services, and provides a wide range of general medical services, such as acute and chronic illnesses care, evaluation and treatment of orthopedic injuries, routine examinations, immunizations, allergy shots and even some minor surgery.

Students with immediate care needs are evaluated and provided urgent care or, if necessary, referred to off-campus facilities.

Meyer is a specialist in occupational medicine, which focuses on workplace health. The medical center works in conjunction with university departments required to have workplace health and safety training or certification. While Meyer will be a resource in that area, his specific role is to work with CWU students.



Meyer

West/ from A1

Andre and Kim Henson, owners of the Fox Island Trading Co., brought handmade organic soaps. They traveled from Tacoma to be part of the Spirit of the West. Many of their soaps attracted people passing by because of the aroma of sandalwood, seaweed and aloe, natural raw honey with organic oats and espresso.

"I come from the western life. My husband and I are from Montana and my dad's a rancher; my mom's always worked on a ranch," Kim Henson said. "I love the down-home feel to it and how (the event) brings people together."

Bonnie Schaefer traveled from Moses Lakes to check out the event. She said it was her first year being part of it, and she didn't know what to expect. She heard about the event from her friends who had previously attended and she thought, "why not go?"

"We have a ranch and cattle and it's nice to meet other people who enjoy the same things we do," Schaefer said. "I hope we never forget our heritage and it passes from generation to generation."

She said she liked what the vendors were selling and especially liked the horse paintings that were on display.

Local resident Taylor Munson walked around petting his iguana that laid on his chest and said he just stopped by to find something to do. He said he has attended the event for a few years and always enjoys the painting and music.

"It's a different atmosphere and different people," Munson said. "It's all western folks enjoying western life and art."



Cowboy poet and storyteller Chris Isaacs performs on the concert stage of Central Washington University's Jerilyn S. McIntyre Music Building during the annual Spirit of the West Cowboy Gathering, Saturday.



Western musician Lauralee Northcott performs on the concert stage of Central Washington University's Jerilyn S. McIntyre Music Building during the annual Spirit of the West Cowboy Gathering, Saturday.

CALENDAR

Submit events to the Daily Record at www.dailyrecordnews.com. Events in this column are listed on a space-available basis. Times, dates and locations are subject to change.

TODAY, FEB. 19

■ Downtown Restaurant Week starts, go to <https://ellensburgdowntown.org/events/restaurant-week/> for more information

■ SAIL: Stay Active and Independent for Life, 9:30 a.m. and 1:30 p.m., Adult Activity Center, Ellensburg

■ Stitching Circle, 5 p.m., Roslyn Public Library, 201 S. First St., Roslyn

■ Kittitas County Hospital District No. 2 board of commissioners meeting, 6:30 p.m., Cle Elum Medical Center, 201 Alpha Way, Cle Elum

■ Serenity Seekers, 7 p.m., Grace Episcopal Church, 1201 N. B St., Ellensburg

■ Alcoholics Anonymous Kittitas Group, 8 p.m., Kittitas Community Hall, Second Avenue and Pierce Street, Kittitas

TUESDAY, FEB. 20

■ Restaurant Manager Certification, 8:30 a.m. to 5 p.m., 309 E. Mountain View Ave., Ellensburg

■ Children's Story Time, 11 a.m., Roslyn Public Library, 201 S. First St., Roslyn

■ Needle Crafters, 1 p.m., Adult Activity Center, 505 S. Pine St., Ellensburg

■ Chess Club, 3 p.m., Roslyn Public Library, 201 S. First St., Roslyn

■ Ellensburg Downtown Rotary Club, 5 p.m., Rodeo City Bar-Que, Ellensburg

■ Overeaters Anonymous, 6 p.m., First United Methodist Church, 210 N. Ruby St., Classroom No. 3, Ellensburg

■ Sustainable Apparel Series: Film Screening "The True Cost," 6 p.m., Dean Hall 105, CWU

■ Kiwanis Bingo, 6:30 p.m., Red Lion Hotel, Ellensburg

■ Ellensburg City Council, 7 p.m., City Hall, 501 N. Anderson St., Ellensburg

WEDNESDAY, FEB. 21

■ Restaurant Manager Certification, 8:30 a.m. to 5 p.m., 309 E. Mountain View Ave., Ellensburg

■ Kittitas County Breastfeeding Coalition, 9 a.m., Kittitas County Public Health Department, Conference Room 115, 507 N. Numam St., Ellensburg

■ SAIL: Stay Active and Independent for Life, 9:30 a.m. and 1:30 p.m., Adult Activity Center, Ellensburg

■ Yoga for Everybody 50+, 10:30 a.m., Sten Bassett Youth Center, 406 E. Capitol Ave., Ellensburg

■ MS Support Group, 11:30 a.m., Prestige Senior Living at Hearthstone, 802 E. Mountain View Ave., Ellensburg

■ Discovering Choices AFG, noon, First United Methodist Church, 210 N. Ruby St., Room No. 3, Ellensburg

■ Kittitas County community health assessment open house, 4:30-6:30 p.m., Putnam Centennial Center, Cle Elum

■ Zenner Downtown Geology Lecture, 7 p.m., Hal Holmes Center, Ellensburg

■ Alcoholics Anonymous, 7 p.m., Thorp Community Church, 150 First St., Thorp

■ Alcoholics Anonymous, 7 p.m., Thorp Community Church, 150 First St., Thorp

BIRTHDAYS

Send birthday announcements before noon the day before the birthday. Just call 925-1414 x249 or email newsroom@kvnews.com.

TODAY, FEB. 19

Jimmy Allenbaugh

Kim Bass

Kelsie Kjosvik

Guy Nason

Joan Smith

Jasmine Towley

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KVH Family Medicine - Cle Elum welcomes

Sarah Heniges, PA-C

Sarah received a Master of Clinical Health Science from MEDEX Northwest, Univ. of Washington in Seattle. She has a background in Parkinson's research and experience as a Wilderness First Responder.

Sarah is accepting new patients.

KVH Family Medicine - Cle Elum

509.674.5034

KVH

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Rev. Billy Graham, known as 'America's Pastor,' dies at 99

MONTREAT, N.C. (AP) — The Rev. Billy Graham, who transformed American religious life through his preaching and activism, becoming a counselor to presidents and the most widely heard Christian evangelist in history, died Wednesday. He was 99.

Graham, who long suffered from cancer, pneumonia and other ailments, died at his home in North Carolina, spokesman Mark DeMoss told The Associated Press.

More than anyone else, Graham built evangelicalism into a force that rivaled liberal Protestantism and Roman Catholicism in the United States. His leadership summits and crusades in more than 185 countries and territories forged powerful global links among conservative Christians, and threw a lifeline to believers in the communist-controlled Eastern bloc. Dubbed "America's pastor," he was a confidant to U.S. presidents from Gen. Dwight Eisenhower to George W. Bush.

In 1963, President Reagan gave Graham the Presidential Medal of Freedom, America's highest civilian honor. When the Billy Graham Museum and Library was dedicated in 2007 in Charlotte, former Presidents George H.W. Bush, Jimmy Carter and Bill Clinton attended.

"When he prays with you in the Oval Office or upstairs in the White House, you feel he's praying for you, not the president," Clinton said at the ceremony.

President Donald Trump tweeted: "The GREAT Billy Graham is dead. There was nobody like him! He will be missed by Christians and all religions. A very special man."

Beyond Graham's public appearances, he reached untold millions through his pioneering use of prime-time telecasts, network radio, daily newspaper columns, evangelistic feature films and globe-girdling satellite TV hourlongs. Graham's message was not complex or unique, yet he preached with a conviction that won over audiences worldwide.

'THE BIBLE SAYS'

"The Bible says," was his catch phrase. His unquestioning belief in Scripture turned the Gospel into a "rapier" in his hands, he said.

A tall, striking man with thick hair, stark blue eyes and a firm jaw, Graham was a commanding presence at his crusades. He would



AP/USA
Former Presidents, George H.W. Bush, left, Bill Clinton, second left, and Jimmy Carter, right, join Franklin Graham, second right, as they pose with Billy Graham, center, in front of the Billy Graham Library in Charlotte, N.C. on May 31, 2007. Graham, who transformed American religious life through his preaching and activism, becoming a counselor to presidents and the most widely heard Christian evangelist in history, has died.

make the altar call in his powerful baritone, asking the multitudes to stand, come down the aisles and publicly make "decisions for Christ," as a choir crooned the hymn "Just As I Am."

By his final crusade in 2005 in New York City, he had preached in person to more than 210 million people worldwide. An evangelist is expected to have his level of influence again.

"William Franklin Graham Jr. can safely be regarded as the best who ever lived at what he did," said William Martin, author of the Graham biography "A Prophet With Honor."

Born Nov. 7, 1918, on his family's dairy farm near Charlotte, North Carolina, Graham came from a fundamentalist background that expected true Bible-believers to stay clear of Christians with even the most minor differences over Scripture. But as his crusades drew support from a widening array of Christian churches, he came to reject that view.

He joined in a then-emerging movement called New Evangelicalism that abandoned the narrowness of fundamentalism to engage broader society. Fundamentalists at the time excoriated the preacher for his new direction, and broke with him when he agreed to work with more liberal Christians in the 1950s.

Graham stood fast. He would not reject people who were sincere and shared at least some of his beliefs, Martin said. He wanted the widest hearing possible for

his salvation message. "The evangelical movement has broadened my viewpoint and I recognize now that God has his people in all churches," he said in the early 1950s.

In 1957, he said, "I intend to go anywhere, sponsored by anybody, to preach the Gospel of Christ."

STARTED AT 16

His approach helped evangelists gain the influence they have today. Graham's path in becoming an evangelist began taking shape at age 16, when the Presbyterian-reared farm boy committed himself to Christ at a local tent revival.

"I did not feel any special emotion," he wrote in his 1997 autobiography, "Just As I Am." "I simply felt at peace," and thereafter, "the world looked different."

After high school, he enrolled at the fundamentalist Bob Jones College, but found the school stifling, and transferred to Florida Bible Institute in Tampa.

There, he practiced sermonizing in a swamp, preaching to birds and alligators before tryouts with small churches. He still wasn't convinced he should be a preacher until a soul-searching, late-night ramble on a golf course.

"I finally gave in while pacing at midnight on the 18th hole," he said. "All right, Lord," he said. "If you want me, you've got me."

Graham, who became a Southern Baptist, went on to study at Wheaton College, a prominent Christian liberal arts school in Illinois, where he met fellow student Ruth

Bell, who had been raised in China where her father had been a Presbyterian medical missionary.

The two married in 1943, and he planned to become an Army chaplain. But he fell seriously ill, and by the time he recovered and could start the chaplain training program, World War II was nearly over.

Instead, he took a job organizing meetings in the U.S. and Europe with Youth for Christ, a group he helped found. He stood out then for his loud ties and suits, and a rapid delivery and swinging arms that won him the nickname "The Preaching Windmill."

A 1949 Los Angeles revival turned Graham into evangelism's rising star. Held in a tent dubbed the "Carnegie Cathedral," Graham had been drawing adequate, but not spectacular crowds until one night when reporters and photographers descended. When Graham asked them why, a reporter said that legendary publisher William Randolph Hearst had ordered his papers to hype Graham. Graham said he never found out why.

The publicity gave him a national profile. Over the next decade, his massive crusades in England and New York catapulted him to international celebrity. His 12-week London campaign in 1954 defied expectations, drawing more than 2 million people and the respect of the British, many of whom had derided him before his arrival as little more than a slick salesman.

OBITUARY

WILLIAM "BILL" WALTNER

Dr. William E. "Bill" Waltner, 66, of Ellensburg, passed away peacefully at his home on Thursday, February 8, 2018 surrounded by his loving family. A celebration of life for family and friends will be announced at a later date.

Bill was born on March 12, 1951 in Mount Vernon, Washington to Ernest & June (Watson) Waltner. He grew up in Mount Vernon and graduated from Mount Vernon High School in 1969. He attended the University of Washington where he earned his undergraduate degree in microbiology before attending medical school at Creighton University where he earned his MD. He was also a member of the Phi Beta Kappa and Alpha Omega Alpha Honor Societies.



Bill served his residency followed by a fellowship at the University of North Carolina Medical Center in Chapel Hill before becoming a public health physician in the Appalachian region of North Carolina. Bill was board certified in five specialties - internal medicine, critical care, pulmonary pediatrics, pediatrics and pulmonary disease.

After completing his studies on the east coast, Bill returned to Washington and established a private practice in Bellingham. He then moved to Pullman to serve as a hospitalist at Pullman Regional Hospital. In 2008, Bill moved to Ellensburg where he was a hospitalist at the Kittitas Valley Hospital until his health forced him to retire in late 2017.

While on a vacation to the Philippines, Bill met Arlene Carliaga and the two married on December 16, 2012. In addition to his love of medicine, Bill also had a passion for motorcycles and sailboats. Bill so enjoyed sharing his love of reading, traveling, riding motorcycles and sailing with Arlene.

Bill is survived by his wife Arlene Waltner, of Ellensburg; sisters Margaret (Mark) Morris of Lacey and Mary (Steve) Lindberg of Olympia as well as several nieces, nephews and many great friends.

Memorial contributions in Bill's honor are suggested to the KVI Hospital Foundation, 601 S. Chestnut, Ellensburg, Wash. 98926. Steward & Williams Funeral Home and Crematory has been entrusted with caring for Bill's family. Online condolences may be left at www.steward-williams.com



DEATH NOTICE

JACQUELYN WILSON

Jacquelyn Wilson, 81, died Feb. 17, 2018, in Yakima. Jacquelyn was born Dec. 29, 1936 in Bellingham. A full obituary will be published at a later date. Arrangements by Brookside Funeral Home & Crematory, Ellensburg.



NATIONAL DIGEST

SALT LAKE CITY Republicans push to ban death penalty in conservative Utah

The Republican leader of the Utah House of Representatives backed an effort Tuesday to ban the death penalty in the conservative state, coming three years after lawmakers voted to reinstate the firing squad as a backup method for executions.

House Speaker Greg Hughes and Republican Rep. Greg Froerer, who is sponsoring the measure that faces its first hearing Wednesday, acknowledged

that it would be an uphill battle to persuade the GOP-controlled Legislature to abolish capital punishment, though a similar ban came close in passing two years ago.

They told reporters that while abolishing the death penalty has traditionally been seen as a liberal position, conservatives who believe government is imperfect and should be limited also should support it.

"I don't think it's the government's right to take life," Froerer said. "Let's be pro-life."

From wire services

Florida shooting survivors in capital, demand action on guns

TALLAHASSEE, Fla. (AP) — Students who survived the Florida school shooting prepared to flood the Capitol Wednesday pushing to ban the assault-style rifle used to kill 17 people, vowing to make changes in the November election if they can persuade lawmakers to change laws before their legislative session ends.

About 100 Marjory Stoneman Douglas High School students arrived at a Tallahassee high school in extended applause late Tuesday after a 400-mile (640-kilometer) trip on three buses. They told the 500 students and parents waiting for them that they are fighting to protect all students.

"We're what's making the change. We're going to talk to these politicians tomorrow. We're going to talk to them the day after that. We're going to keep talking. We're going to keep pushing until something is done because people are dying and this can't happen anymore," said Alfonso Calderon, a 16-year-old junior. "You guys are just what we're trying to protect."

Despite their optimism and determination, the students and their supporters aren't likely to get what they really want: a ban on AR-15s and similar semi-automatic rifles. Republican lawmakers are talking more seriously about some restrictions, but not a total ban.

Instead, they're discussing treating assault-style rifles like the one suspected gunman Nikolas Cruz is accused of using in the Valentine's Day attack more like handguns than long guns. "That could mean raising the minimum age to purchase the weapon to 21, creating a waiting period and making it more difficult for people who exhibit signs of mental illness from buying the weapon even without a diagnosis."

Democrats attempted to get a bill to ban assault rifles and large-capacity magazines heard on the House floor on Tuesday. Republicans, who dominate the chamber, easily dismissed it. Students who were at the Capitol ahead of their classmates who arrived late Tuesday found Republicans steered the conversation away from gun restrictions.

Rachel Catania, 15, a sophomore at Stoneman Douglas High School in Parkland said she got a lot of non-answers from the politicians she spoke with Tuesday.

"I know it's going to be hard, but I know we can do it," she said. "We're not going to let the school that got shot, we're going to be the school that got shot, we're going to be the school that made something happen. A change is going to happen."

The students on the seven-hour bus ride checked their phones, watching videos and reading comments on social media about the shooting, some of which ac-

used them of being liberal pawns.

As the grieving Florida students demanded action on guns, President Donald Trump on Tuesday directed the Justice Department to move to ban devices like the rapid-fire bump stocks used in last year's Las Vegas massacre. It was a small sign of movement on the gun violence issue that has long tied Washington in knots.

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