KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B - 5:00 p.m.

February 28, 2019

1. **Call Regular Meeting to Order**

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

3. **Consent Agenda ****
   a. Minutes of Board Meetings: January 24, 2019 **(3-5)**
   b. Approval of Checks **(6)**
   c. Report: Foundation **(7)**
   d. Minutes: Finance Committee **(8-9)**

4. **Presentations:**
   a. Mandee Olsen, Quality & Risk Management Director and Carrie Youngblood, Human Resources Director: Workplace Violence

5. **Public Comment and Announcements**

6. **Reports and Dashboards**
   a. Quality – Mandee Olsen, Director of Quality Improvement **(10-22)**
   b. Chief Executive Officer – Julie Petersen **(23-24)**
      i. Approval of Swing Bed Unit ** **(25-29)**
      ii. KVH Courier
   c. Medical Staff
      i. Chief of Staff, Timothy O'Brien MD
         1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(30)**
      ii. Chief Medical Officer, Kevin Martin MD **(31-32)**
   d. Finance – Chief Financial Officer - Scott Olander
      i. Operations Report **(33-40)**
      ii. Finance Committee Report – Commissioner Liahna Armstrong
   e. Operations **(41-45)**
      i. Vicky Machorro, Chief Nursing Officer
      ii. Rhonda Holden, Chief Ancillary Officer
      iii. Carrie Barr, Chief of Clinic Operations
   f. Community Relations Report – Michele Wurl, Director of Communications & Marketing **(46)**

7. Education and Board Reports

a. Report from attendance at the AHA Rural Health Care Leadership Conference, at Phoenix, AZ, February 3-6, 2019

8. Old Business

9. New Business

a. Update Board Education/Development Plan
b. AHA Annual Meeting April 7-10, 2019 in Washington, D.C. (Early Bird rates through March 1)
c. Governance Education: Finance on April 2, 2019 from 12:00 pm - 1:00 pm
d. Finance Meeting on May 3, 2019 at KVH from 2:30 pm - 6:30 pm
e. Congresswomen Dr. Kim Schrier visit on March 23, 2019

10. Executive Session

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

11. Adjournment

Future Meetings

March 28, 2019, Regular Meeting
April 25, 2019, Regular Meeting
May 3, 2019, Special Meeting

Future Agenda Items

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B
January 24, 2019

BOARD MEMBERS PRESENT: Matt Altman, Bob Davis, Erica Libenow, Roy Savoian; Liahna Armstrong is present by phone

KVH STAFF PRESENT: Julie Petersen, Libby Allgood, Scott Olander, Mandee Olsen, Carrie Youngblood, Carrie Barr, Michele Wurl, Vicky Machorro, Lisa Potter, Jason Adler

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

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

   President Altman stated that we lost Dr. Frank Smith, a beloved member of our community and KVH family, and he invited everyone to Gard Vintners on Thursday, January 31st from 4:00 p.m. to 8:00 p.m. to remember Dr. Smith.

2. **Approval of Agenda:**

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

3. **Consent Agenda**:

   ACTION: On motion of Erica Libenow and second of Roy Savoian, the Board members unanimously approved the consent agenda.

4. **Presentations**:

   Scott Olander, Chief Financial Officer, went over the areas of focus, the key volumes, and revenue assumptions for the 2019 budget. Olander showed the growth of FTE's and stated that they were mainly in the clinics, which has helped to increase access. Olander also noted that year over year the losses within the clinics were down.

5. **Public Comment/Announcements**:

   None

6. **Reports and Dashboards:**

   The Board members reviewed the QI dashboards and summary with Mandee Olsen.

   The Board members reviewed the CEO report with Julie Petersen. Petersen stated that the new signs went up outside at the MAC this week.

   The administration team members presented the Fourth-Quarter Business Plan, a quarterly progress report on the strategic plan.

   Chief of Staff Dr. Timothy O'Brien presented the MEC's recommendations for initial appointments and reappointments to the Board.

ACTION: On motion of Bob Davis and second of Liahna Armstrong, the Board members unanimously approved the initial appointments for Dr. Douglas Dixon, Dr. Laura Hotchkiss and reappointments for Dr. Aws Alawi, Dr. Robert Yapundich, Dr. Hannah Bae, Dr. Annemarie Buadu, Dr. William Phillips, Dr. Bruce Herman, Sarah Heniges, PA-C, Julia Riel, PA-C, Emilie Torretta, CNM and Dr. Richard Vaughan as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report.

Scott Olander reported on financial performance for December. Olander stated that December came in $950,000.00 under revenue because patient volumes were down. However, the 340B had a positive variance for the month. Olander also reported that the clinics lost $2.4 million in 2018, which was a $1 million improvement from the prior year. Roy Savoian reported that the Finance Committee met, and he presented the surplus property resolution.

ACTION: On motion of Roy Savoian and second of Liahna Armstrong, the Board members unanimously approved Resolution No. 19-03, authorizing surplus of personal property.

The Board members reviewed the Board's departmental budget. President Altman stated it is good to look at this budget in the interest of transparency. Going forward, the Board will review their own budget and actual expenses on a quarterly basis. The Board discussed possible retreat dates and topics for this year. President Altman proposed that the Commissioners limit access to District travel and education funding to Commissioners who anticipate serving into the next calendar year. A Commissioner who does not anticipate serving into the next calendar year either because they choose not to run in the current election cycle or in anticipation of a voluntary resignation would have access to District travel and education funding only through the first six months of the current calendar year – that is, through the annual WSHA conference in June.

ACTION: On motion of Roy Savoian and second of Bob Davis, the Board members approved President Altman's proposed policy limiting Commissioner access to District travel and education funds as described above. The motion passed 4-1.

ACTION: On motion of Roy Savoian and second of Bob Davis, the Board members unanimously approved the 2019 operating budget as presented by CFO Scott Olander.

The Board members reviewed the operations report with Carrie Barr and Vicky Machorro.

The Board members reviewed the Community Relations report with Michele Wurl.

7. **Education and Board Reports**:
The Board members reviewed the AHA Annual Membership Meeting for April 7th-10th in Washington. D.C.

8. **Old Business:**
None

9. **New Business:**
ACTION: On motion of Erica Libenow and second of Roy Savoian, the Board members unanimously approved Resolution No. 19-01 Terminating the PHD Interlocal Agreement & Implementing the new WRHC Interlocal Agreement.

ACTION: On motion of Erica Libenow and second of Liahna Armstrong, the Board members unanimously approved Resolution No. 19-02 Designating Dale Scott Olander as Treasurer of Kittitas County Public Hospital District No. 1.

President Altman stated this was a chance to talk about what they like or what they may want to adjust within the three-year strategic plan that was adopted in the fourth quarter of 2017. Julie Petersen stated she believes we are moving in the right direction as the changes to access have made a difference in the community. The Board further discussed the Core Values and did not propose any changes. The Board confirmed their commitment to the four strategies of Access, Collaboration, Community Engagement, and Financial Sustainability. The Board approved minor changes to the associated business plan deliverables and milestones, as recommended by members of the senior leadership team.

10. Executive Session:

At 7:40 p.m., President Altman announced that there would be a 10-minute recess followed by a 20-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 8:10 p.m., the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:10 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 initial appointments and reappointments as recommended by the Medical Executive Committee.
4. Motion passed to approve Resolution 19-03 authorizing surplus of personal property.
5. Motion passed creating a Board policy regarding Board Travel and Education.
6. Motion passed approving 2019 operating budget as presented.
7. Motion passed approving Resolution 19-01 terminating the PHD Interlocal Agreement & Implementing the new WRHC Interlocal Agreement.
8. Motion passed approving Resolution 19-02 designating Dale Scott Olander as Treasurer of Kittitas County Public Hospital District No 1.

Respectfully submitted,

Mandy Weed/Erica Libenow
Executive Assistant/Secretary, Board of Commissioners

Kittitas Valley Healthcare
Your Home for Health

DATE OF BOARD MEETING: February 28, 2019

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	250550-251469	NET AMOUNT:	$4,913,148.28
		SUB-TOTAL:	$4,913,148.28	

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	81324-81342	NET AMOUNT:	$10,807.56
#2	PAYROLL CHECK NUMBERS	81343-81354	NET AMOUNT:	$15,895.32
#3	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,094,987.49
#4	PAYROLL DIRECT DEPOSIT	EFT	NET AMOUNT:	$1,094,786.62
		SUB-TOTAL:	$2,216,476.99	

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2017 $1M REVENUE BOND - PRINCIPAL	NET AMOUNT:	$214,732.00
#2	2017 $1M REVENUE BOND - INTEREST	NET AMOUNT:	$18,938.64
#3	2017 $12.5M REVENUE BOND - PRINCIPAL	NET AMOUNT:	$195,127.00
#4	2017 $12.5M REVENUE BOND - INTEREST	NET AMOUNT:	$194,197.92
#5	2018 $6M REVENUE BOND - PRINCIPAL	NET AMOUNT:	$180,000.00
#6	2018 $6M REVENUE BOND - INTEREST	NET AMOUNT:	$103,471.66
	SUB-TOTAL:	$906,467.22	

TOTAL CHECKS & EFTs: $7,129,625.27

Prepared by

Sharoll Cummins

Sharoll Cummins
Staff Accountant

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THE FOUNDATION AT KVH – Lauren Denton
February 2019

FOUNDATION

Special Events

Mark your calendars for the **16th Magical Evening... A Night of Hope**. The event will be held **April 27, 2019** at the Kittitas Valley Event Center with a semi-formal attire. The gala is in full planning mode with the gala committee seeking sponsorships, event silent auction and pick-your-prize raffle donations. ***Please save the date for you and your guests to enjoy an evening of elegance and philanthropy.*** Tickets will be $75/each, tables $600 and premier tables $1,000. Invitations will be mailed in March. Raffle tickets will also be available to sell in March.

GRANTS

Submitted

Received

- HR received grant from South Central Council Workforce for career development opportunity- Certified Professional Coder Training.

Researching/Work in Progress

- Blue Band Initiative & Wellness/Diabetes Education planning for Q1 2019 submissions (funding sources identified that will be through the foundation)
- Working closely with Business Development and researching potential funding opportunities in respective areas.

Collaboration & Partnerships

- Continued collaboration with the KCHN on the HRSA grant and Olympic Communities of Health & South King County Opioid Treatment HealthCommons project.
- Working on youth prevention, mental health, and opioid response funding opportunities with KCHN

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT #1
FINANCE COMMITTEE MEETING

February 26, 2019
Tuesday

Café Conference Room
7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: January 22,2019**
- **January Financial Highlights**
- **Review of Swing Bed Project**
- **Adjourn**

Next Meeting Scheduled: March 26, 2019 (*Tuesday*)

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
January 22, 2019

Members Present: Roy Savoian, Libby Allgood, Scott Olander, Liahana Armstrong (via phone)

Members Excused: Deborah Bezona, Jerry Grebb, Julie Petersen

Staff Present: Kelli Goodian Delys, Jason Adler

The meeting was called to order by Roy Savoian at 7:30am.

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

Scott Olander presented a financial overview of December. In addition to the monthly Statement of Revenue and Expense provided in the packet, Scott handed out a twelve month comparison Statement of Revenue and Expense. In December there was a revenue short fall driven by reduced census, reduced surgery volume, and providers taking time off. For the most part our expenses are fixed and the expense with the largest negative impact was purchased services. Included in purchased services for the month were coding expenses from Trust HCS, a company recommended by Cerner. The invoicing is to come through Cerner which we had not received. We reached out for an amount and booked August through December amounts into December. Due to the Trust HCS coding, we did see collections on patient's accounts significantly increase in December. This resulted in AR Days decreasing from 105 to 92 for the hospital. We have now set a maximum of 160 hours per week for Trust HCS to maintain our coding level. All of this resulted in a year to date net operating loss of $752,045. When we add our non-operating gain, the organization had a pre-audit net income of $1,300,382. Financial details were provided in the Chief Financial Officer's Report.

The committee discussed the surplus resolution. Directors were requested to perform a physical inventory of fixed assets in their department. Most assets being requested to be removed were fully depreciated with the single largest exception being the Safe CT software. Due to the current CT Scan equipment being leased, the Safe CT software is obsolete. The committee recommended that the Board of Commissioners approve this surplus resolution.

A 2019 Budget Summary was distributed and the committee was updated on the budget progress. Julie, Scott, Libby and Jason met with each department director. The budget is felt to be solid and conservative.

With no further business, the meeting was adjourned at 8:40am.

KVH
Kittitas Valley Healthcare
Your Home for Health

QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ
February 2019

Practice Transformation with Greater Columbia Accountable Community of Health (GCACH)

As previously mentioned, KVH is a priority partner organization with the GCACH in Practice Transformation throughout 2019. At the most basic level, this initiative provides resources, including financial assistance, to become a Patient Centered Medical Home.

In January, GCACH finalized their contracts and defined milestones for participating in this initiative. After considerable review of the milestones, visioning the work to be done, and estimating the resources necessary, KVH has signed the contract to GCACH. We also were able to submit budgets for this work on our three participating sites: KVH Hospital, KVH Family Medicine – Ellensburg, and KVH Family Medicine – Cle Elum. Submitting a budget for each site is one of the first milestones, meaning we should receive a disbursement of $7,299.00 in the coming months.

The next milestones will be due to be documented by the end of the quarter. We have been preparing for the work to be accomplished, and ensuring it aligns with ACO work, by identifying an improvement team, creating a "war room" with a visible system, and bolstering our efforts with the assistance of our Process Improvement Facilitators.

2019 Quality Improvement Dashboard

Attached is our first draft of the 2019 QI Dashboard. We are still in the process of developing the reporting mechanism for a few of the measures which are noted by a green box. Additionally, we have a concern about the quality of the data in at least one of the data reports (Influenza Immunization) and are working to understand the report logic within Cerner to make the data usable. We will be continuing to validate and improve upon the data, as our departments and teams continue with their improvement work.

Also attached is a revised data "glossary" to help describe all the included measures.

Quality Improvement Dashboard Data Summary – through December 2018

Summary of Areas Meeting Goal or Showing Improvement

- Sepsis performance at 100% for December 2018.
- Median time to CT or MRI was at 37 minutes in December. While this is above the goal of 30 minutes, the goal has been adjusted downwards from the 60 minutes used on prior dashboards.
- Compliance with all restraint metrics was at 100%.

- Both patients with diagnosed stroke received tPA within three hours, as recommended.
- Days to referral completion for clinics appears to have stabilized after Cerner implementation.

Summary of Improvement Opportunities

- One needlestick in December.
- Timely start for home health patients receiving physical therapy was 53%, well below goal of 100%.
- Two patient falls, including one with injury. Both falls were physical therapy patients who were receiving therapy.

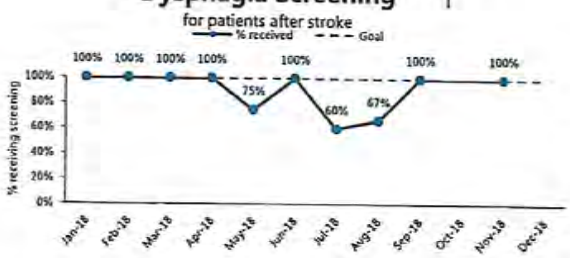
QI Council

Sepsis ↑

# possible	1	3	6	2	6	5	2	3	5	3	2	4

Dysphagia Screening ↑

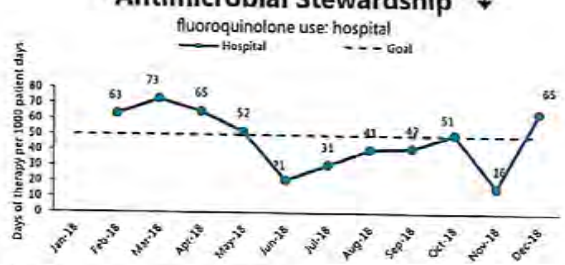
for patients after stroke



# possible	1	3	3	3	4	1	5	3	2	0	1	0

Antimicrobial Stewardship ↓

fluoroquinolone use: hospital



days of therapy	18	30	16	18	6	9	12	14	14	6	22

Median Time to ECG ↓

(Chest Pain)

# possible	10	11	7	6	4	8	6	5	6	7	7	5

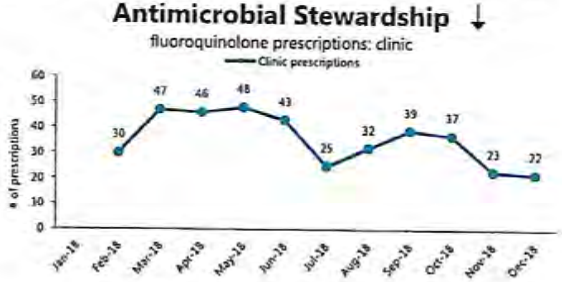
Stroke IV tPA Timing ↑

arrive by 2 hour, treat by 3 hour

# possible	2	0	0	0	0	0	0	0	0	0	1	2

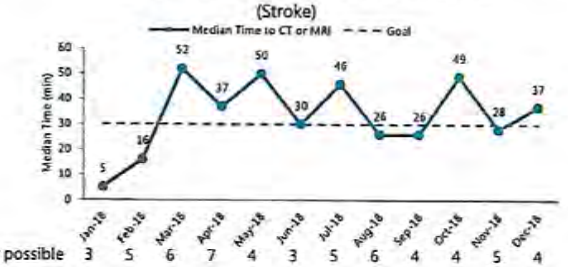
Antimicrobial Stewardship ↓

fluoroquinolone prescriptions: clinic



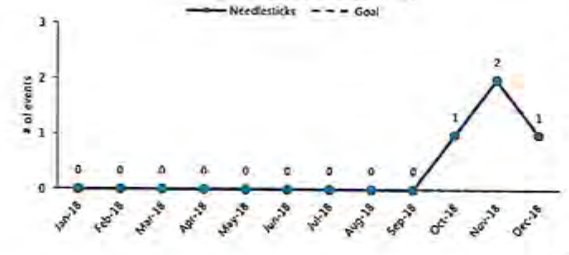
Median Time to CT or MRI ↑

(Stroke)

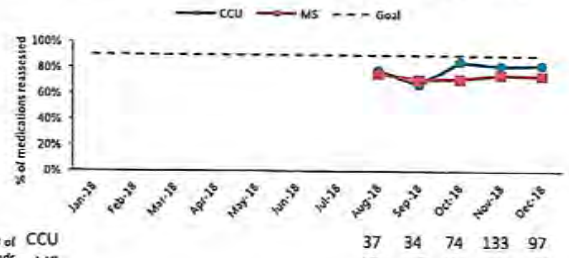


# possible	3	5	6	7	4	3	5	6	4	4	5	4

Needlesticks ↓



Pain Reassessment after Medication ↑

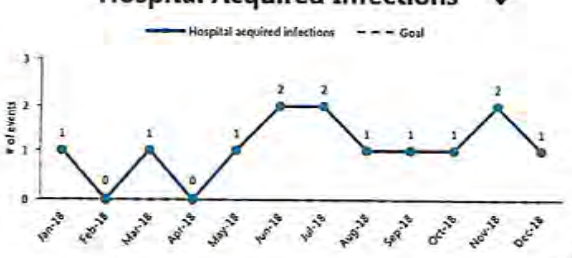


# of meds												
	CCU	37	34	74	133	97						
	MS	467	408	435	289	432						

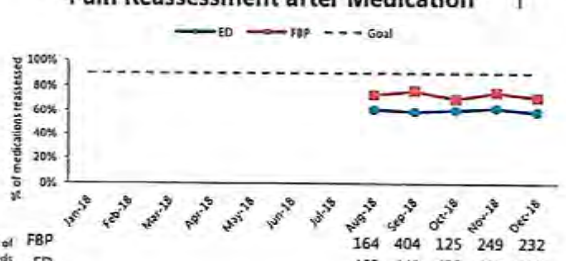
Restraints ↑

# possible	4	1	0	0	3	1	1	1	3	5	2	1

Hospital Acquired Infections ↓



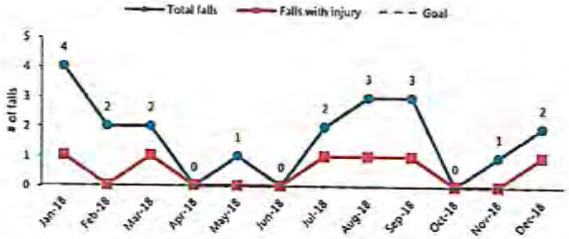
Pain Reassessment after Medication ↑



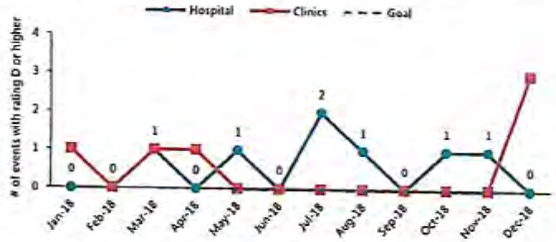
# of meds												
	FBP	164	404	125	249	232						
	ED	463	441	433	411	367						

Placeholder ↓

Falls ↓



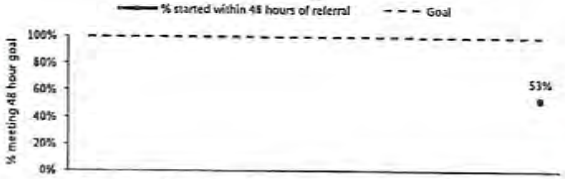
Adverse Medication Events ↓



Improvement in Management of Oral Medications (Home Health) ↑

# possible	29	29	30	24	29	26	21	17	24	19	19	31

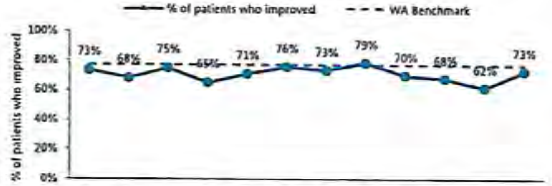
Timely Start for Physical Therapy (Home Health) ↑



# of patients 15

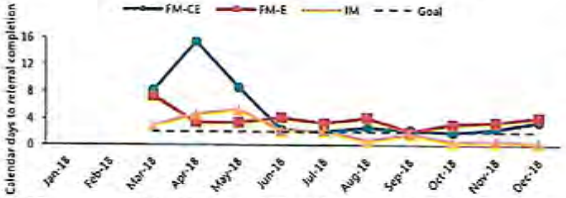
Care and Service Reports ↓

Improvement in Pain Interfering with Activity (Home Health) ↑



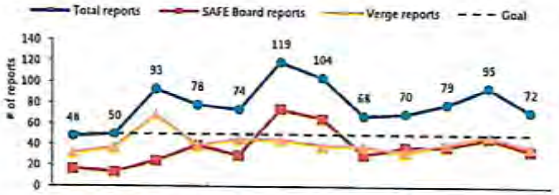
# possible	26	29	26	23	28	25	24	20	27	20	24	30

Days to Referral Completion ↓

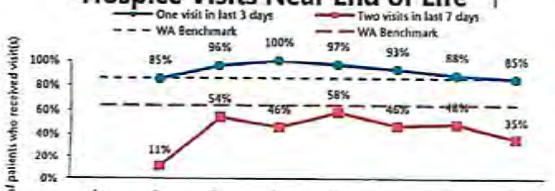


# of referrals												
FM-CE	313	277	266	288	284	302	246	263	270	242		
FM-E	302	317	339	296	331	303	321	425	331	352		
IM	204	202	225	230	265	209	199	224	169	217		

Employee Reports ↑

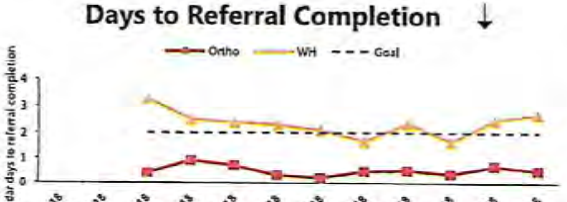


Hospice Visits Near End of Life ↑



# possible	27	24	35	31	28	25	20

Days to Referral Completion ↓



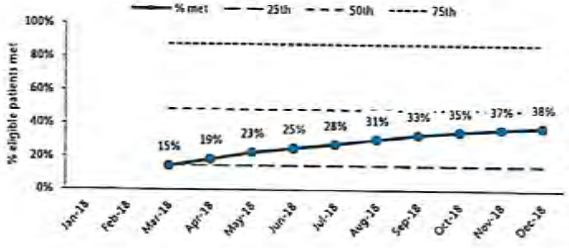
# of referrals												
Ortho	37	54	47	54	78	57	44	82	75	48		
WH	32	34	36	34	34	42	28	37	38	31		

Reports of Occurrences ↓

that require additional monitoring or cause patient harm

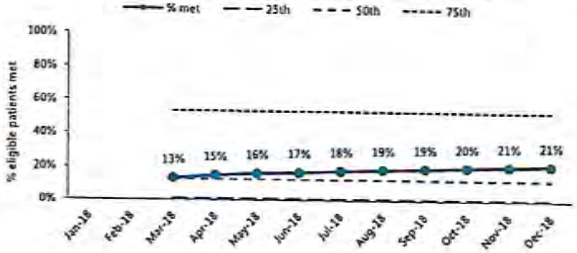
	15%	4%	16%	6%	11%	0%	5%	9%	7%	6%	6%	11%

Screening for Future Fall Risk ↑



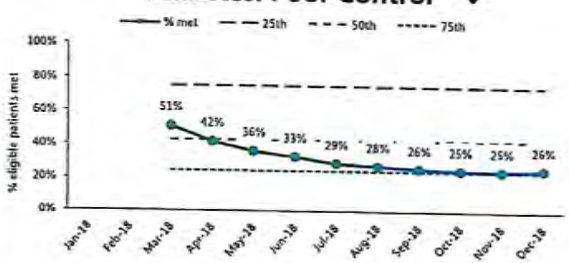
possible 1204 2140 2809 3250 3672 4026 4219 4452 4650 4809

Screening for Depression ↑



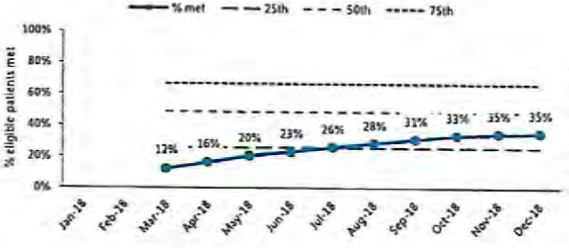
possible 4296 6269 7828 9097 10324 11539 12329 13205 13975 14707

Diabetes: Poor Control ↓



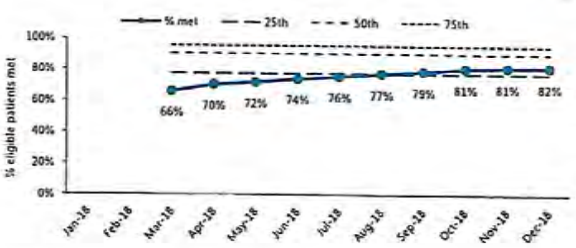
possible 351 546 683 782 866 935 982 1046 1098 1152

Screening for Breast Cancer ↑



possible 1046 1530 1935 2220 2496 2744 2908 3097 3270 3426

Tobacco Use Screening and Intervention ↑



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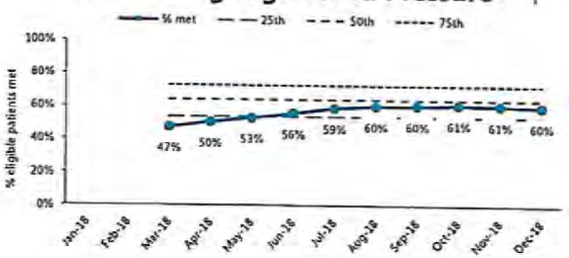
Controlling High Blood Pressure ↑



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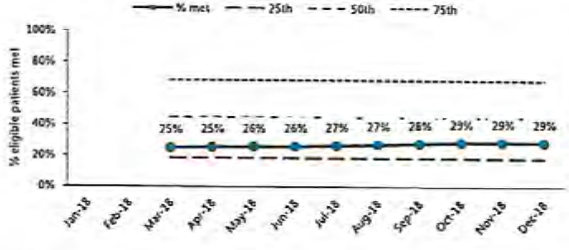
Screening for Colorectal Cancer ↑



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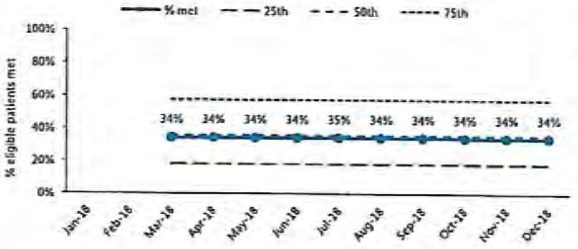
Influenza Immunization ↑



possible 4614 4651 4667 4681 4694 4704 4714 4718 4726 4732

Childhood Immunizations

Medicare Wellness Visits

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Sepsis	Percentage 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	
Median Time to ECG (Chest Pain)	The median time in minutes from arrival to completion of an Electrocardiogram (ECG) for patients experiencing chest pain	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry.	Times of zero are possible if ambulance staff administered an ECG before arrival at the hospital
Median Time to CT or MRI (Stroke)	Median time from arrival to CT or MRI result availability for patients with acute ischemic stroke or hemorrhagic stroke	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry.	
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 as frequently as appropriate for the reason for restraint (behavioral: every 15 min, medical: every 60 min)	
Dysphagia Screen for Patients with Stroke	Percentage of patients with stroke who undergo screening for dysphagia with an evidence based testing protocol before being given an food, fluids, or medication by mouth.	Dysphagia, or difficulty swallowing, can occur after a patient experiences a stroke. Items given by mouth when a patient is experiencing dysphagia may cause coughing, choking, or even lead to aspiration pneumonia.	

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Stroke IV tPA Timing	Percentage 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.	Tissue plasminogen activator (tPA) is a medication that dissolves blood clots. Some patients will experience a major improvement in their stroke symptoms if they receive tPA within three hours of symptom onset.	tPA is not used for patients experiencing hemorrhagic stroke; it can increase bleeding and potentially cause more damage to the brain
Needlesticks	Total number of staff who experience a sharps injury during the month	Dependent on reporting by staff.	
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). Includes superficial surgical site infections.	CAUTI: Catheter-associated urinary tract infection CLABSI: Central line-associated bloodstream infection VAE: Ventilator-associated event SSI: Surgical site infection
Antimicrobial Stewardship - Fluoroquinolone Use: Hospital	Days of fluoroquinolone therapy per 1000 patient days	Fluoroquinolones are a class of antibiotic that are appropriate for use in some cases, but should not be the first choice antibiotic for some infections. They can cause sudden, serious, and potentially permanent nerve damage called peripheral neuropathy. Fluoroquinolones are also associated with tendon damage and rupture, C. diff, or other serious side effects.	
Antimicrobial Stewardship - Fluoroquinolone Use: Clinic	Number of prescriptions for fluoroquinolones in KVH clinics	By prescription order date	Patient adherence to medication is not considered for this measure

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Pain Medication Reassessment	Percentage of patients in certain hospital units who had a documented follow up assessment of their pain level after receiving pain medications	Patients should be followed up with to assess whether administered medications are reducing their pain. Follow-up should occur within 60 minutes of medication administration, *except* oral medications in the Emergency Department should be followed up within 90 minutes.	IV Tylenol is currently excluded from this measure
Improvement in Management of Oral Medications (Home Health)	The percentage of home health patients who got better at taking their drugs correctly by mouth	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 Pain Interfering with Activity (Home Health)	The percentage of home health patients who had less pain when moving around	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
Hospice Visits Near End of Life	The percentage of hospice patients who receive at least one visit in the last three days or life and the percentage who receive at least two visits in the last seven days of life.	Within the last three days: at least one visit from a registered nurse, physician, nurse practitioner, or physician assistant. Within the last seven days: at least two visits from medical social workers, chaplains or spiritual counselors, licensed practical nurses, or hospice aides	Tracked by the month of patient discharge from service
Falls	Blue line (circles): The total number of patient falls anywhere in the organization Red line (squares): 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
Timely Start for Physical Therapy (Home Health)	Percentage of new home health patients with a physical therapy referral who are seen by physical therapy staff within 48 hours	Patients who have referrals for specialty care while receiving home health services should be assessed and have therapy started promptly	
Days to Referral Completion	The number of calendar days to referral completion for KVH clinic patients.	Based on month of referral order date. Only completed referrals are included in data (accounting for >90% of all referral orders).	General Surgery and Workplace Health are excluded due to small number of referrals

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
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	CMS' conditions of participation in the Medicare program include certain policies and procedures regarding the receipt of and response to grievances	
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.	
Reports of Occurrences	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	
Screening for Future Fall Risk	Percentage of patients age 65 years and older who were screened for future fall risk	Can only be reported as year-to-date progress	Excludes patients who are non-ambulatory
Screening for Breast Cancer	Percentage of women age 50 to 74 who had a mammogram to screen for breast cancer	Patients are considered to meet the measure if they had a mammogram during the measurement period or the 15 months prior to the measurement period	Excludes women who have had a bilateral mastectomy or a left and a right unilateral mastectomy
Screening for Colorectal Cancer	Percentage of adults age 50 to 75 who had appropriate screening for colorectal cancer	Patients are considered to meet the measure if they had any of the following: ►Fecal occult blood test during the measurement period ►Flexible sigmoidoscopy up to four years prior ►Colonoscopy up to nine years prior ►FIT-DNA up to two years prior ►CT colonography up to four years prior	Excludes patients with a history of total colectomy or colorectal cancer

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Screening for Depression	Percentage of patients age 12 and older who are screened for depression using an age appropriate standardized depression screening tool AND, if positive, have a follow-up plan documented on the date of the positive screening	Several standardized screening tools exist for use in adolescents, adults, and perinatal patients. The most commonly used at KVH is the Patient Health Questionnaire (PHQ-9). If a screening is positive, the follow-up plan must include one or more of the following: ►Additional evaluation or assessment for depression ►Suicide risk assessment ►Referral to a practitioner who is qualified to diagnose and treat depression ►Pharmacological interventions ►Other interventions or follow-up	Excludes patients with an active diagnosis of depression or bipolar disorder, patients who refuse to participate in screening, and patients in an urgent or emergent situation
Tobacco Use Screening and Intervention	Percentage of patients age 18 and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user	Tobacco cessation intervention includes brief counseling (3 minutes or less) and/or pharmacotherapy.	E-cigarette use is not considered tobacco use. Excludes patients with documentation of a medical reason for not screening for tobacco use OR for not providing cessation intervention (eg, limited life expectancy).
Influenza Immunization	Percentage of patients age 6 months or older seen between October 31 of the prior year and March 31 of the current year who received or reported an influenza immunization		Excludes patients with documentation of a medical, personal, or system (vaccine not available, etc.) reason for not receiving immunization
Diabetes: Poor Control	Percentage of patients age 18 to 75 with diabetes whose most recent HbA1c result is >9% or did not have an HbA1c test during the measurement period	Can only be reported as year-to-date progress. This is a reverse measure, with lower performance indicating better quality of care.	Excludes diagnoses of diabetes secondary to another condition

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Controlling High Blood Pressure	Percentage of patients age 18 to 85 with hypertension whose blood pressure was adequately controlled (<140/90 mmHg)	Patients are considered to have adequately controlled hypertension if their blood pressure at their most recent visit is <140/90.	Excludes patients with end stage renal disease, dialysis, renal transplant, and patients who are pregnant

Abbreviation	Definition
A3	Paper size and/or name for problem-solving methodology. Problem-solving method includes using data for problem identification, fish-bone tool for identifying root causes to problems, prioritizing root causes and action planning.
ACE Inhibitor	Angiotensin-converting enzyme inhibitor is a pharmaceutical drug used primarily for the treatment of hypertension and congestive heart failure. This group of drugs causes dilation of blood vessels, which results in lower blood pressure
AMI	Acute Myocardial Infarction, commonly referred to as a heart attack.
ARB	Angiotensin receptor blockers are medications that cause the dilation of blood vessels, which results in lower blood pressure. Reduced blood pressure makes it easier for the heart to pump blood and can improve heart failure.
C.DIFF	Clostridium difficile, a bacterium that can cause symptoms ranging from diarrhea to life threatening inflammation of the colon. C. diff spores are easily transmitted and can result in HAIs.
CAUTI	Catheter associated urinary tract infection
CHF	Congestive Heart Failure
CLABSI	Central line associated blood stream infection
CMS	Centers for Medicare and Medicaid services
COLO	Colon surgery
CPOE	Computerized physician order entry (CPOE) is a process of electronic entry of medical practitioner instructions for the treatment of patients.
CT	A computed tomography (CT) scan is an imaging method that uses x-rays to create pictures of cross-sections of the body.
ECG	An electrocardiogram (EKG or ECG) is a test that checks for problems with the electrical activity of your heart.
EMS	Emergency medical services
HAI	Hospital Acquired Infection
HCP	Health care personnel
HPRO	Hip replacements
HWR	Hospital-Wide All-Cause Unplanned Readmission Measure
HYST	Abdominal hysterectomies
IMM	Immunizations
KPRO	Knee replacements
LDL	Low density lipoprotein
LVS	Left ventricular systolic, the blood pressure (as measured by a sphygmomanometer) during the contraction of the left ventricle of the heart.

LVSD	Left ventricular systolic dysfunction
MDRO	Multiple drug resistant organisms, for example, MRSA.
MRI	Magnetic resonance imaging (MRI) is a test that uses a magnetic field and pulses of radio wave energy to make pictures of organs and structures inside the body.
MRSA	Methicillin-resistant Staphylococcus aureus is a bacterium responsible for several difficult-to-treat infections in humans.
PCP	Primary care physician
PE	Pulmonary embolism is blockage in one or more arteries in your lungs, most commonly a blood clot.
PNE	Pneumonia
RCA	Root Cause Analysis
SCD	Sequential compression devices
SCIP	The Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations interested in improving surgical care by significantly reducing surgical complications.
SSI	Surgical site infection
STEMI	ST segment elevation myocardial infarction, a type of heart attack.
STK	Stroke
t-PA	Tissue plasminogen activator
UTI	Urinary tract infection
VAP	Ventilator associated pneumonia
VHYS	Vaginal Hysterectomy
VTE	Venous Thromboembolism is a disease that includes both deep vein thrombosis (DVT) and pulmonary embolism (PE).
WSHA	Washington State Hospital Association

CHIEF EXECUTIVE REPORT – Julie Petersen

February 2019

January Financials

January 2019 set a new revenue standard, even adjusted for the rate increase, and as a result financial performance was very positive. February is not nearly as strong and will absorb some of the January margin. More from Scott.

Construction Projects

Speech and Occupational Therapy should be successfully relocated into their new space on Mountain View by the March Board Meeting. We have executed a lease with Hospice Friends to take over the space on 2nd Street as soon as it is vacated.

Moving forward at the MAC will involve relocating a valued provider who, unbeknownst to KVH, was subleasing from an existing tenant. The original tenant is in arrears and does not appear to be operating out of the MAC space any longer. We are hoping to relocate Pacific Vascular, the sublease, to the unoccupied space in the Mountain View Building. Scott and legal are working through the tenant situation.

We are having a series of meeting on the MAC timeline later this week and I will provide a verbal update at the meeting.

AHA Rural Leadership Conference

I appreciate the opportunity to attend the AHA Rural Leadership Conference. I found the material and networking to be very helpful. You will hear a presentation from Mandee Olsen and Carrie Youngblood on workplace violence at the February meeting. The Oregon Hospital Association presented at the conference on violence in the healthcare workplace. The toolkit that they developed looks to be very useful. I also attended a cybersecurity session that was chilling but informative.

Investments in Hospital Housing

When the housing adjacent to the hospital was originally purchased it was seen as a short term investment. Since we have no immediate plans to use that property, we have assembled a team to review our policies on use and maintenance of the houses. A capital plan will be integrated into the budget going forward.

State Legislative Priorities

Any update to the status of bills coming out of the state legislature will be obsolete by the Board meeting but there are some themes. The labor inclined democratic majority is moving bills related to meal and rest breaks, rest between shifts and on-call that have "zombied" on session after session but this year appear to be more a threat. At least for rural hospitals these are truly unworkable bills with unintended consequences that will potentially disrupt service lines and patient care. The deadline for bills to move out of committee of origin is February 22 (today). The HCA's bill to advance the multi payor plan appears to be drifting will little momentum. WSHA's county proposal establishing parameters for their global budget proposal is advancing. Other bills of note:

HB1523/SB5526: Creating a public option health insurance plan
HB 1693: Establishing a system for setting rates for health care services
HB 2046: Increasing consumer data transparency
HB 1135: Concerning actions for wrongful injury or death

HR Dashboard

	Measurement		19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul	18-Jun	18-May	18-Apr	18-Mar	18-Feb	18-Jan
Employee Population	*Available workforce*	*Rolling 12 Variance*													
	Full-time	17	370	368	366	365	361	350	351	345	353	351	350	347	353
	Part-time	-8	132	135	130	133	135	134	134	139	139	139	137	140	140
	Per Diem	19	104	103	104	100	97	95	92	90	91	91	92	90	85
	Total Employees	28	606	606	600	598	593	579	577	574	583	581	579	577	578
Turnover	*Quality of recruitment and retention*	*Rolling 12 Total*													
	Voluntary *(excludes pd terms, includes reduction of FTE to pd)*	121	6	12	7	9	4	17	8	16	8	8	10	10	6
	Involuntary *(excludes pd terms)*	15	0	2	2	1	2	0	1	1	0	1	1	2	2
	Overall Percentage *(excludes pd terms, includes reduction of FTE to pd)*	23.23%	0.99%	2.31%	1.50%	1.67%	1.01%	2.94%	1.56%	2.96%	1.37%	1.55%	1.90%	2.08%	1.38%
	Total All Employees Separated	143	7	10	7	13	7	17	13	16	12	8	11	12	10
General Recruitment	*Efficiency of sourcing, selecting and placing talent*	*Rolling 12 Total*													
	Open Postings	215	10	17	12	14	15	37	13	14	14	13	23	14	19
	Unique Applications Received	2123	99	174	179	242	248	224	192	133	135	137	169	80	111
	Employees Hired	178	11	7	16	18	21	16	18	7	14	11	13	14	12
	Time to Fill (Median)	42.54	28.5	38.5	43.5	45	45	44	45.5	37	44	49	44	45.5	43.5
	Time to Fill (Average)	44.21	31.92	41.77	43.00	45.65	47.0	45.10	46.74	48.40	48.53	51.00	41.89	49.7	34
Provider Recruitment	*Efficiency of sourcing, selecting and placing talent*	*Rolling 12 Total*													
	Open Postings	42	3	3	5	4	6	7	10	0	0	1	1	0	2
	Open Slots	32	3	3	5	4	6	7	0	0	0	1	1	0	2
	Unique Applications Received	42	1	1	1	3	5	5	7	1	7	0	0	2	9
	Candidates Interviewed	28	2	1	2	6	2	0	4	2	4	2	1	0	2
	Employees Hired	15	0	1	2	0	1	2	2	0	1	2	1	1	2
	Time to Fill (Average)	252	238	238	210	132	132	645	367	151	151	377	336	106	194.5
Benefits	*Financial impact of adding talent*	*Rolling 12 Total*													
	Workers Comp Claims	48	6	1	3	3	3	4	0	4	1	4	6	4	9
	Time Loss Days	445	51	62	30	9	19	13	28	59	76	34	27	4	33
	Employee Population on Medical Benefits (Average)	66.3%	66.3%	65.2%	66.0%	65.7%	65.4%	66.0%	66.7%	66.7%	66.2%	67.1%	66.0%	67.2%	67.0%
	Total cost in benefits per FTE - welfare (Average)	$ 887.72	$ 817.34	$ 876.60	$ 972.83	$ 881.21	$ 875.65	$ 847.32	$ 803.07	$ 886.24	$ 876.48	$ 890.63	$ 1,044.44	$ 880.85	-
	Total cost in benefits per FTE - total (Average)	$ 1,830.30	$ 1,855.42	$ 2,061.65	$ 1,884.46	$ 1,665.97	$ 1,768.48	$ 1,822.56	$ 1,407.69	$ 1,856.06	$ 1,997.11	$ 1,805.07	$ 1,961.73	$ 1,877.45	-
Evaluations	*Providing timely feedback to employee*	*Total Percentage*													
	Percentage of employees with completed annual evaluation	85.8%	85.8%	87.7%	90.0%	83.1%	84.3%	86.6%	89.2%	92.8%	92.8%	86.5%	87.2%	86.7%	89.9%

OPPORTUNITY: KVH SWING BED UNIT

What is a swing bed unit?
Swing bed units are used in rural communities for post-acute, skilled care. They allow patients to be discharged from an acute hospital stay but remain in the hospital for skilled after-care, often remaining in the same bed. From the patient perspective, this transition is seamless and amounts to little more than a change in reimbursement status. Operationally, the "swing" from acute to post-acute care is handled as a standard discharge (from hospital) and new admit (to swing bed).

Key factors for swing bed qualification:
Patients must meet the same criteria for admission that they would for a skilled nursing facility (SNF), including:

- A three day qualifying stay in an acute care hospital setting within the past 30 days
- Patients must have a skilled need (nursing, physical, occupational or speech therapy) and be considered rehab-able

Benefits of swing bed care for patients and family:

- With so few options for post-acute, skilled care in rural communities, swing beds offer patients a choice on the setting in which to receive post-acute care
- At times, CAH swing bed units are able to keep patients otherwise inadmissible or difficult to place at a skilled nursing facility
- Allows for more time in the original care setting for patient and family education, training, demonstration and teach-back
- Caregiver continuity
- Family has more time to make arrangements for future care, post-discharge
- Allows more time in the original care setting for hospital staff to plan a safe and sustainable discharge, reducing likelihood of the patient returning due to the same health issue
- Acute changes in the patient's condition can be handled quickly and efficiently, without transport

Operational benefits of a swing bed unit:

- Swing beds do not reduce the 25 beds under critical access; when acute care census is high, one or more designated swing beds can be "flexed" for acute care, allowing the hospital to keep acute care patients as priority
- Hospital readmissions are reduced: staff to patient ratios are higher in swing bed units than in community skilled nursing facilities, and staff has more time to plan a safe and sustainable discharge
- No capital expenses required for this service
- Current core staffing models for nursing, provider, therapy and support staff will accommodate operating a swing bed unit
- Low census reduction: CAH swing bed units help stabilize staffing across the highs and lows of acute care patient census
- Swing bed units lower incremental cost for all inpatient care

Expected volume and payer mix

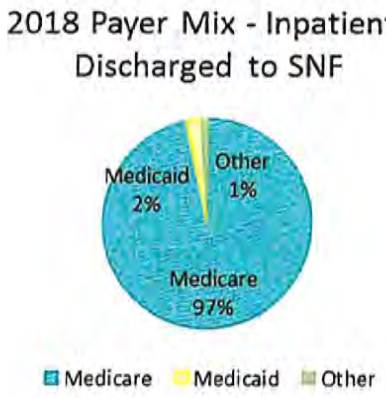
2018 - Inpatients Discharged to SNF	2/12 - 12/31 Discharges	Actual Payer Mix	Annualized Discharges	Swing Bed Qualified
Medicare	85	96.59%	97	43.71
Medicaid	2	2.27%	2	1.03
Other	1	1.14%	1	0.51
Totals	**88**	**100.00%**	**101**	**45**

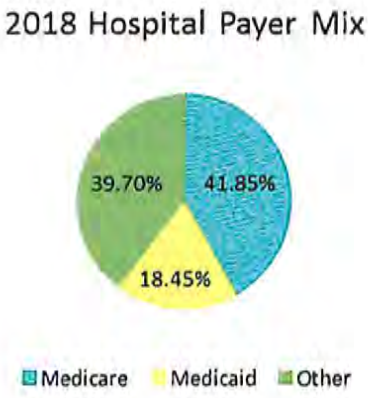
- 2018 number of inpatients discharged to SNF was 88 (Cerner data Feb-Dec), annualized to 101
- An estimated 45 of 101 would be swing bed qualified (45%)
- 96.59% of inpatients discharged to SNF were covered by Medicare

	Year 1	Year 2	Year 3
Admissions	36	45	45
Patient Days	507	634	634
Average Daily Census	1.39	1.74	1.74

- Number of admissions based on data collected from October 1, 2018 – December 31, 2018
- During the 3 month time period 10 patients qualified for swing bed, an average of 3.3 patients per month
- Patient days calculation is based on a 14 day stay, with average length of stay 1 – 3 weeks
- Year 1 assumes an estimated 80% capture rate

** Operationally, swing bed units are designed to lower overall acute care costs by reallocating costs from acute care to swing bed care, leaving a greater margin for acute care payments from commercial and other payers.*





Significance of Payer Mix

- Medicare payments for swing bed services are cost based; 97% of SNF/swing bed payer mix is Medicare
- At 97% Medicare, the swing bed service line will be paid almost entirely at cost
- Because swing beds lower overall cost of care across all inpatient settings, any incremental profit would be reflected in the acute care payments from commercial and other payers, due to an increase in profit margin

Financial analysis

	Year 1	Year 2	Year 3
Total Charge	791,289	1,018,784	1,049,348
Total Adjustment	23,834	44,958	60,792
Net Revenue	**767,455**	**973,827**	**988,556**
Operating Expense			
Salaries	-	-	-
Supply - Non Billable	21,402	26,752	26,752
Dietary Services	4,562	5,702	5,702
Total Operating Expense	**25,964**	**32,454**	**32,454**
Net Operating Income	**741,492**	**941,372**	**956,101**
Medicare Impact to Inpatient Care			
Current Business Cost Impact	(758,880)	(962,829)	(977,271)
Medicare Inpatient Reimbursement	5,978,820	5,774,871	5,760,428
Medicare Daily Rate (Cost)	**5,166**	**4,990**	**4,978**

Key Points

- Current Medicare daily rate is $5,822 – *see attached Medicare interim rate letter*
- Reduction in Medicare daily rate reflects the overall lower cost to provide inpatient care
- Daily Rate Calculation:

$$\frac{\text{Total Inpatient Routine Costs (less "lost days")}}{\text{Total \# Acute + Post-Acute Days}}$$

- The financial value of the program is derived from allocating costs across a larger inpatient population

Risks

1. High acute care census and no open beds due to one or more swing bed patients. This scenario carries potential of having to transfer an incoming acute care patient to another facility. Note:

    - Combined 19 beds on MS/CCU, any 5 of which can be used for swing bed care
    - The following table shows average MS/CCU daily census for the past two years:

Average Daily Census	2017	2018
Total Average Census	10.3	11.0
Less FBP	**8.4**	**8.8**

    - Average of 10 open MS/CCU beds daily in 2017-2018
    - Close management of bed capacity and ED/MS/CCU census by House Supervisors is needed to insure adequate beds for acute care patients

2. A sustained, successful program could lead to an increased need for MS/CCU support services (nursing assistants, environmental services, etc.)

noridian
Healthcare Solutions

PO Box 6722
Fargo, ND 58108-6722

October 18, 2018

ELIZABETH ALLGOOD CFO
KITTITAS VALLEY HEALTHCARE
603 SOUTH CHESTNUT
ELLENSBURG WA 98926

RE: Interim Payment Rate Adjustment
Provider Number: 50-1333
Fiscal Year End: December 31, 2018

Dear Ms. Allgood:

The 42 Code of Federal Regulations, Section 413.64, Payments to Providers, makes a provision for interim payments to approximate the actual costs of the provider. The intent is that interim payments will approximate actual cost as nearly as practicable in order to minimize the retroactive adjustment to be made on the basis of actual costs. These rate adjustments were calculated using data from the Provider Statistical & Reimbursement Reports (PS&Rs) that include claims paid through October 15, 2018, and the interim cost report for the period January 1, 2018 through August 31, 2018. The following rates will be used until any subsequent changes become necessary.

Provider #		Component	Current Rate	New Rate	Comment
50-1333	Part A	Hospital	$ 5,951.00	$ 5,822.00	
50-1333	Part B	Hospital	37%	35%	
50-Z333	Part A	Swing Bed	$ 1,533.00	$ 1,533.00	No Change

This represents the level of interim reimbursement that will be paid on Medicare Claims. However, the amount to be credited to individual patients' accounts is the sum total of the Provider Payment and the Contract Adjustment shown on the Medicare Remittance Advice. The Contract Adjustment amount should not be billed to any patient or other third party payer.

These rates are effective November 7, 2018.

Please contact us via email at JF-Reimb@noridian.com if you have any questions on the interim rates above. Any other questions should be directed to the Provider Contact Center at (877) 908-8431.

Sincerely,

/s/

Provider Audit and Reimbursement Department
Noridian Healthcare Solutions

RB

RHC Rates for Kittitas Valley Healthcare effective November 7, 2018

Provider #		Component	Current Rate	New Rate	Comment
50-8541	Part B	RHC 1	$ 256.00	$ 235.00	
50-8545	Part B	RHC 2	$ 224.00	$ 260.00	
50-8553	Part B	RHC 3	$ 276.00	$ 257.00	

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date February 18, 2019

TO: Board of Commissioners
Mandy Weed

FROM: Kyle West
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 Mandy's office prior to the next Board meeting if you wish to review these credential files.

PRACTITIONER	STATUS	APT/REAPT	SITE
Shameem Azizad, MD	Provisional/Associate	Apt	Direct Radiology
Raymond Merrell, MD	Associate	Reapt	Yakima Urology
Berhan Ghermay, MD	Associate	Reapt	KVH ED
Jennifer Simons, ARNP, DNP	AHP	Reapt	KVH ED/UC
Jocelyn Judd, PA-C	AHP	Reapt	KVH ED/UC
Megan DeSelms, PA-C	AHP	Reapt	KVH Dermatology
Marquetta Washington, NP	AHP	Reapt	KVH-GNP
Matthew Castner, DO	Associate	Reapt	Hospitalist
Gregory Engel, MD	Associate	Reapt	Hospitalist
Jared Shannon, MD	Associate	Reapt	Hospitalist

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Kittitas Valley Healthcare
Our Home for Health

CHIEF MEDICAL OFFICER – Kevin Martin, MD

February 2019

Medical Staff Services:

- Mitch Engel continued to work on recruiting OB/GYN, general surgery, and internal medicine, and providers per our staff development plan. We had two interviews. We had one OB provider accept an offer and she will join us in August.

- Lisa Potter is working on a number of fronts. These include:

  - **Swing Bed Unit**
    - Analysis is complete and will be presented at this board meeting.

  - **Tele-Psychiatry**
    - With tele-health services being paid using a fee-for-service model, we are working on putting together a service line model for consideration, which would include potential community partners and that could make this a viable service for all parties.

  - **Pulmonary Rehab Program**
    - We are finalizing the expenses associated with this program to get a better idea of projected reimbursement, and are in process of scrubbing demand data so we have a better idea of patients currently in our system who may qualify for this program.

  - **Palliative Care**
    - Efforts are in beginning phase of this project, with the focus understanding who the patients are, the referral criteria/regulatory requirements and the financial model.

- Kyle West is currently working on 1 initial appointments, 1 student, and 6 reappointments. Additionally, we have 34 appointments to process for MDIG, our new radiology partner and most of those should be through MEC next month.

CMO activities:

- **Community & Regional Partnerships**
  - Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). The Practice Transformation Workgroup met 1/3, and there has been no further meetings since.

  - Work continues in preparation of the Evidence-Based Medicine workshop March 29 & 30. The WRHC Physician Leadership meeting will be held that Friday evening in Ellensburg and hosted by KVH.

- I want to commend the KVH community and our ED team in particular for their actions in response to the possibility of an active shooter at Central Washington University. Before the all-clear, a fixed wing aircraft was waiting at Bowers Field, a helicopter was here, and a staging area designated for additional helicopters that were inbound in case they were needed. Through it all, as preparations were ongoing, the ED team continued caring for the patients already in the department on a reasonably busy night. We are grateful that it was an expensive drill.

CHIEF MEDICAL OFFICER – Kevin Martin, MD

February 2019

- Lastly, we all still feel the loss of Frank Smith in mid-January. I do not need to eulogize him in this report, but will just observe that we are looking for someone to take his shifts, as we will never replace him.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

January Operating Results

- January patient volumes were very strong. Acute admissions, inpatient days, deliveries, inpatient surgeries, ER visits, laboratory tests, radiology exams rehab visits and clinic visits exceeded budget in January by 15.0%, 12.0%, 31.2%, 50.7%, 2.3%, 1.7%, 8.7%, 16.0% and 1.8% respectively.

- Gross revenue of $13,518,944 exceeded budget by $763,157 or 5.9%. Inpatient revenue exceeded budget by $658,164; outpatient revenue exceeded budget by $107,386 and the clinics were just slightly below their budget target.

- Deductions from revenue tracked with higher organizational revenue and exceeded budget by $491,220 or 8.1% for the month. To be conservative, we chose to increase our contractual adjustment reserves by an additional $250,000 from our normal estimate.

- Other operating revenue was below budget by $50,950 due to the lower 340B drug discount program receipts and the reversal of a large 340B accrual that occurred in December.

- Overall operating expenses exceeded budget by $50,323 in January. Expenses in most expense categories came in near or just slightly below budget. Benefits exceeded budget due to higher FICA withholding expenses, an accrual for provider pension expenses and 4th quarter 2018 unemployment and workers compensation invoices that were just received. Supply expenses are over budget by $24,675 due to pharmacy and surgery supply accrual estimates made to correspond with the positive revenue variances. January purchased services are over budget by $9,292 due a $40,000 repair and maintenance accrual for additional snow removal. Insurance expense is over budget due to a $75,000 accrual for an insurance settlement. The $38,651 negative variance in license and taxes is due to B & O tax increases from increased receipts that occurred in December.

- January operations resulted in operating income of $280,843 compared to budgeted operating income of $110,179.

- Non-operating revenue exceeded budget due to additional MAC building rental income from DSHS for not vacating the building timely.

- Days in Accounts Receivable increased 2 days from 87 at the end of December to 89 days in January. The increase was due to strong revenue posted in January. Please note we are now reporting total days in accounts receivable rather than hospital only.

- Days Cash on Hand decreased 4.5 days from 134 days in December to 129.5 in January.
- Average daily cash collections (all cash) in January was $366,689 per working day.

Kittitas Valley Healthcare

Financial and Operating Indicators
January 2019

Measure	2016	2017	2018	2019 Budget	2019 Annualized	2019 YTD
Total Charges	124,153,636	130,611,388	140,104,003	151,556,153	162,227,329	13,518,944
Net Revenue	71,506,819	71,490,964	77,527,646	82,594,255	85,803,384	7,150,282
Operating Income	(5,893)	885,655	(752,045)	2,013,073	3,370,117	280,843
Net Margin %	2.2%	3.7%	1.7%	3.2%	3.9%	3.9%
Cash	29,859,717	33,213,447	27,408,625	31,428,600	27,336,933	27,336,933
Days Cash on Hand	156.0	178.7	133.5	150.0	129.5	129.5
Surgeries	1,856	1,641	1,461	1,478	1,416	118
Emergency Visits	13,789	13,162	13,751	13,760	14,352	1,196
% ED visits admitted	n/a	n/a	n/a	n/a	11.0%	11.0%
Diagnostic Imaging	33,471	33,836	29,474	31,664	32,592	2,716
Laboratory	181,082	190,587	207,040	218,157	226,080	18,840
Clinic Visits	48,525	50,917	58,500	75,644	74,388	6,199
IP and Obs Days	3,937	3,440	3,829	3,801	4,141	345
Deliveries	312	322	332	332	444	37
Admits	1,043	899	944	952	1,116	93
FTEs	449.1	457.6	469.4	485.4	477.6	477.6
AR Days	47.5	50.8	92.0	60.0	89.0	89.0

Kittitas Valley Healthcare
Key Statistics and Indicators
January 2019

		Current Month			Year to Date			Prior YTD		
	Activity Measures	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01	Admissions	93	81	15.0%	93	81	15.0%	95	-2.1%	01
02	Patient Days - W/O Newborn	253	226	12.0%	253	226	12.0%	290	-12.9%	02
03	Avg Daily IP Census	8.1	7.3	12.0%	8.1	7.3	12.0%	9.4	-12.9%	03
04	Average Length of Stay	2.7	2.8	-2.7%	2.7	2.8	-2.7%	3.1	-11.0%	04
05	Deliveries	37	28	31.2%	37	28	31.2%	31	19.4%	05
06	Case Mix Inpatient	1.31	1.00	31.0%	1.31	1.00	31.0%	1.08	21.3%	06
07	Surgery Minutes - Inpatient	4,333	3,018	43.6%	4,333	3,018	43.6%	3,470	24.9%	07
08	Surgery Minutes - Outpatient	5,851	6,759	-13.4%	5,851	6,759	-13.4%	8,528	-31.4%	08
09	Surgery Procedures - Inpatient	35	23	50.7%	35	23	50.7%	32	9.4%	09
10	Surgery Procedures - Outpatient	83	102	-18.9%	83	102	-18.9%	123	-32.5%	10
11	ER Visits	1,196	1,169	2.3%	1,196	1,169	2.3%	1,224	-2.3%	11
12	Laboratory	18,840	18,528	1.7%	18,840	18,528	1.7%	17,973	4.8%	12
13	Radiology Exams	2,716	2,498	8.7%	2,716	2,498	8.7%	2,987	-9.1%	13
14	Rehab Visit	1,643	1,416	16.0%	1,643	1,416	16.0%	1,236	32.9%	14
15	Outpatient Visits	NA	NA	NA	NA	NA	NA	NA	NA	15
16	Outpatient Percent of Total Revenue	81.9%	86.0%	-4.7%	81.9%	86.0%	-4.7%	83.1%	-1.5%	16
17	Clinic Visits	6,199	6,087	1.8%	6,199	6,087	1.8%	4,794	29.3%	17
18	Adjusted Patient Days	1,397	1,611	-13.3%	1,397	1,611	-13.3%	1,719	-18.7%	18
19	Equivalent Observation Days	93	97	-4.9%	93	97	-4.9%	61	50.5%	19
20	Avg Daily Obs Census	3.0	3.1	-4.9%	3.0	3.1	-4.9%	2.0	50.5%	20
	Financial Measures									
21	Salaries as % of Operating Revenue	48.8%	51.1%	4.6%	48.8%	51.1%	4.6%	53.1%	8.3%	21
22	Total Labor as % of Operating Revenue	61.0%	62.7%	2.7%	61.0%	62.7%	2.7%	65.0%	6.2%	22
23	Revenue Deduction %	48.5%	47.5%	-2.0%	48.5%	47.5%	-2.0%	45.9%	-5.6%	23
24	Operating Margin	3.9%	1.6%	147.0%	3.9%	1.6%	147.0%	1.8%	116.8%	24
	Operating Measures									
25	Productive FTE's	398.4	432.9	8.0%	398.4	432.9	8.0%	417.0	4.4%	25
26	Non-Productive FTE's	79.2	52.5	-50.8%	79.2	52.5	-50.8%	52.4	-51.0%	26
27	Paid FTE's	477.6	485.4	1.6%	477.6	485.4	1.6%	469.4	-1.7%	27
28	Operating Expense per Adj Pat Day	$ 4,917	$ 4,232	-16.2%	$ 4,917	$ 4,232	-16.2%	$ 3,833	-28.3%	28
29	Operating Revenue per Adj Pat Day	$ 5,118	$ 4,301	19.0%	$ 5,118	$ 4,301	19.0%	$ 3,903	31.1%	29
30	A/R Days	89.0	50.0	-78.0%	89.0	50.0	-78.0%	51.5	-72.7%	30
31	Days Cash on Hand	129.5	175.0	-26.0%	129.5	175.0	-26.0%	154.2	-16.0%	31

KVH

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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	2,444,079	1,785,915	658,164	2,444,079	1,785,915	658,164	2,059,870
OUTPATIENT REVENUE	9,265,689	9,158,303	107,386	9,265,689	9,158,303	107,386	8,719,691
CLINIC REVENUE	1,809,177	1,811,570	(2,393)	1,809,177	1,811,570	(2,393)	1,429,684
REVENUE	**13,518,944**	**12,755,787**	**763,157**	**13,518,944**	**12,755,787**	**763,157**	**12,209,246**
CONTRACTUALS	6,113,870	5,651,722	462,148	6,113,870	5,651,722	462,148	5,122,147
PROVISION FOR BAD DEBTS	343,497	257,181	86,316	343,497	257,181	86,316	379,852
FINANCIAL ASSISTANCE	57,632	92,100	(34,468)	57,632	92,100	(34,468)	35,628
OTHER DEDUCTIONS	38,747	61,524	(22,776)	38,747	61,524	(22,776)	68,713
DEDUCTIONS FROM REVENUE	**6,553,746**	**6,062,526**	**491,220**	**6,553,746**	**6,062,526**	**491,220**	**5,606,340**
NET PATIENT SERVICE REVENUE	6,965,199	6,693,261	271,937	6,965,199	6,693,261	271,937	6,602,905
OTHER OPERATING REVENUE	185,084	236,034	(50,950)	185,084	236,034	(50,950)	106,536
TOTAL OPERATING REVENUE	**7,150,282**	**6,929,295**	**220,987**	**7,150,282**	**6,929,295**	**220,987**	**6,709,441**
SALARIES	3,486,048	3,539,568	(53,520)	3,486,048	3,539,568	(53,520)	3,565,370
TEMPORARY LABOR	19,296	11,519	7,777	19,296	11,519	7,777	16,617
BENEFITS	875,123	803,901	71,222	875,123	803,901	71,222	797,333
PROFESSIONAL FEES	44,323	55,541	(11,219)	44,323	55,541	(11,219)	7,036
SUPPLIES	809,775	785,101	24,675	809,775	785,101	24,675	846,694
UTILITIES	76,985	84,828	(7,844)	76,985	84,828	(7,844)	89,324
PURCHASED SERVICES	834,481	825,189	9,292	834,481	825,189	9,292	658,871
DEPRECIATION	325,034	342,061	(17,028)	325,034	342,061	(17,028)	232,067
RENTS AND LEASES	71,103	127,932	(56,829)	71,103	127,932	(56,829)	128,942
INSURANCE	111,479	39,575	71,904	111,479	39,575	71,904	40,680
LICENSES & TAXES	106,434	67,783	38,651	106,434	67,783	38,651	70,281
INTEREST	58,805	56,913	1,892	58,805	56,913	1,892	49,929
TRAVEL & EDUCATION	20,096	36,314	(16,218)	20,096	36,314	(16,218)	21,275
OTHER DIRECT	30,457	42,890	(12,433)	30,457	42,890	(12,433)	63,477
EXPENSES	**6,869,439**	**6,819,116**	**50,323**	**6,869,439**	**6,819,116**	**50,323**	**6,587,897**
OPERATING INCOME (LOSS)	**280,843**	**110,179**	**170,664**	**280,843**	**110,179**	**170,664**	**121,544**
OPERATING MARGIN	3.93%	1.59%	77.23%	3.93%	1.59%	77.23%	1.81%
NON-OPERATING REV/EXP	91,065	56,301	34,764	91,065	56,301	34,764	106,840
NET INCOME (LOSS)	371,908	166,480	205,427	371,908	166,480	205,427	228,384
UNIT OPERATING INCOME							
HOSPITAL	465,940	332,301	133,639	465,940	332,301	133,639	405,756
URGENT CARE	(31,854)	(6,612)	(25,242)	(31,854)	(6,612)	(25,242)	14,191
CLINICS	(170,937)	(264,816)	93,879	(170,937)	(264,816)	93,879	(413,225)
HOME CARE COMBINED	17,694	49,306	(31,612)	17,694	49,306	(31,612)	114,822
OPERATING INCOME	**280,843**	**110,179**	**170,664**	**280,843**	**110,179**	**170,664**	**121,544**

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	3,071,641	3,142,430	(70,789)
ACCOUNTS RECEIVABLE	38,105,965	36,648,852	1,457,113
ALLOWANCE FOR CONTRACTUAL	(19,567,241)	(18,507,689)	(1,059,552)
THIRD PARTY RECEIVABLE	300	639,004	(638,704)
OTHER RECEIVABLES	316,639	788,227	(471,588)
INVENTORY	1,511,143	1,526,115	(14,971)
PREPAIDS	594,264	591,940	2,323
INVESTMENT FOR DEBT SVC	181,160	945,710	(764,550)
CURRENT ASSETS	**24,213,871**	**25,774,589**	**(1,560,718)**
INVESTMENTS	24,138,132	23,320,485	817,647
PLANT PROPERTY AND EQUIPMENT	77,107,577	79,180,803	(2,073,225)
ACCUMULATED DEPRECIATION	38,998,172	40,721,064	(1,722,892)
NET PROPERTY, PLANT, & EQUIP	**38,109,405**	**38,459,738**	**(350,333)**
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	**38,109,405**	**38,459,738**	**(350,333)**
ASSETS	**86,461,408**	**87,554,812**	**(1,093,404)**
ACCOUNTS PAYABLE	980,841	2,085,073	(1,104,233)
ACCRUED PAYROLL	1,413,209	1,046,722	366,487
ACCRUED BENEFITS	340,784	209,608	131,176
ACCRUED VACATION PAYABLE	1,635,577	1,678,465	(42,888)
THIRD PARTY PAYABLES	1,751,955	1,708,504	43,451
CURRENT PORTION OF LONG TERM DEBT	997,343	1,587,202	(589,859)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	**7,119,708**	**8,315,575**	**(1,195,867)**
ACCRUED INTEREST	64,775	322,579	(257,803)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	8,233	0	8,233
DEFERRED REVENUE HOME HEALTH	96,330	116,204	(19,875)
DEFERRED LIABILITIES	**169,338**	**438,783**	**(269,445)**
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,989,839	13,399,698	(409,859)
LTD - 2018 REVENUE BOND	5,820,000	6,000,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,540,849	2,540,849	0
CURRENT PORTION OF LONG TERM DEBT CONTI	(997,343)	(1,587,202)	589,859
LONG TERM DEBT	**20,353,345**	**20,353,345**	**0**
NONCURRENT LIABILITIES	**20,522,683**	**20,792,128**	**(269,445)**
FUND BALANCE	58,447,109	58,447,109	0
NET REVENUE OVER EXPENSES	371,908	0	371,908
FUND BALANCE	**58,819,017**	**58,447,109**	**371,908**
TOTAL LIABILITIES & FUND BALANCE	**86,461,408**	**87,554,812**	**(1,093,404)**

01/31/2019

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	371,908
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	(1,722,892)
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	(1,350,984)
CHANGE IN CURRENT ASSETS ($)	
PATIENT ACCOUNTS	(397,561)
OTHER RECEIVABLES	1,110,292
INVENTORIES	14,971
PREPAID EXPENSES & DEPOSITS	(2,323)
INVESTMENT FOR DEBT SVC	764,550
TOTAL CURRENT ASSETS	**1,489,929**
INVESTMENTS	(817,647)
PROPERTY, PLANT, & EQUIP.	2,073,225
OTHER ASSETS	0
TOTAL ASSETS	**1,394,523**
CHANGE IN CURRENT LIABILITIES ($)	
ACCOUNTS PAYABLE	(1,104,233)
ACCRUED SALARIES	366,487
ACCRUED EMPLOYEE BENEFITS	131,176
ACCRUED VACATIONS	(42,888)
COST REIMBURSEMENT PAYABLE	43,451
CURRENT MATURITIES OF LONG-TERM DEBT	(589,859)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	**(1,195,867)**
CHANGE IN OTHER LIABILITIES ($)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(257,803)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	8,233
DEFERRED REVENUE - HOME HEALTH	(19,875)
TOTAL OTHER LIABILITIES	**(269,445)**
CHANGE IN LT DEBT & CAPITAL LEASES ($)	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(409,859)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	589,859
TOTAL LONG-TERM DEBT & LEASES	**0**
TOTAL LIABILITIES	**(1,465,312)**
NET CHANGE IN CASH	(70,789)
BEGINNING CASH ON HAND	3,142,430
ENDING CASH ON HAND	3,071,641

Financial Sustainability

Operating Income

Accounts Receivable Days

Cash and Investments - 12 Months

Payer Mix

	CY 2017	CY 2018	YTD 2019
Medicare	40.47%	41.85%	42.26%
Medicaid	18.90%	18.45%	18.05%
Commercial	33.14%	32.03%	32.36%
Self Pay	4.31%	3.52%	3.15%
Other	3.18%	4.15%	4.17%

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Kittitas Valley Healthcare
Your Home for Health

OPERATIONS REPORT
February 2019

PATIENT CARE OPERATIONS

- **Food Service/Café**:
  A QAPI project for 2019 includes an increase in Café sales. We have been tracking weekday Café gross revenues for the last four months in 2018 to establish a baseline. The average daily gross during that time had been $1126. Six weeks into 2019, the average gross revenue has been $1227. This represents an 8.2% increase. The goal is 10%. The Food and Nutrition Department is fully staffed at this time

- **Diabetes and Outpatient Education**:
  A project is underway to streamline the referral process from provider to dietitian. The goal is for the patient to receive their appointment for nutrition counseling at the time the provider makes the referral to the dietitian. Using the Internal Medicine department, we have been trialing the patient care specialist making the outpatient nutrition appointment while the patient is still at their provider appointment. The PCS from Internal Medicine have been trained to access and schedule patients to the dietitian's calendar. We hope to expand to other clinics soon.

- **Surgical Services**:
  The Surgical Outpatient Department said "good-bye" to Jodi Huschka, RN after 30 years of service to KVH. She was one of our PICC line certified nurses and will be missed greatly.

  The Wound Care service line continues to see new patients. There were 12 new patients in January which is the largest since opening in August, 2019.

- **Emergency Department**:
  The ED says goodbye to a wonderful nurse as she retires at the end of the month. Vi Devlin has worked at KVH since March 1981 (38 years!) and has been a wonderful advocate for our community members. As a leader in the department she has worked as Charge Nurse and has precepted many nurses to emergency nursing. She will be greatly missed for her wisdom, her caring nature and her strong work ethic.

  Daisy Team Award: Late January, a celebration was held in the Emergency Department as staff from KVH and Airlift Northwest was honored for their assistance and care of our very own Daniel Timmons (Info Systems). In August 2018, Michele brought her husband

to the ED after he'd suffered what looked like a seizure in their home. A CT scan revealed a tear in Dan's aorta, and he was flown to UW Medical Center, where he underwent a 10-hour open heart surgery. Dan and Michele expressed their appreciation for all those who helped them during this serious health event.

Work is underway on the grant we received from the Washington Coverdell Acute Stroke Program at the WA Department of Health. Our Programs Coordinator, Cody Staub, along with quality nurse Anna Scarlett are hard at work making process improvement changes. KVH will be taking delivery of our new Telehealth equipment at the end of this month and look forward to receiving training in March. Last on the topic of stroke care, Cody is a planning partner for the DOH Stroke Conference in Wenatchee on March 13th. We are hoping staff will take the opportunity to attend this one-day event.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Home Health & Hospice:**
  With the return of Business Office Manager Aggie Sprague January 23, we have completed some workload leveling with the front office staff which resulted in a reduction in 1.0 FTE. The weather has made it challenging for us and our DME provider, Bellevue Healthcare, to provide services to homebound patients, but we've managed to provide continuous service to those who need it.

- **Rehab Services:**
  Construction is on budget and on track for the OT/ST remodel at the 309 Annex. We are having weekly huddles to discuss our move in date, which is set for March 22-25. We are working with Marketing to plan an open house once we are settled in our new location.

  The weather is continuing to have an impact at Cle Elum PT, with a higher cancellation rate during our days of heavy snowfall. We had 40 cancellations in January due to the clinic flood and weather and 16 so far in February related to the snow.

- **Diagnostic Services:**
  The Laboratory continues with a strong financial performance despite the loss of CHCW and we anticipate this to continue into 2019. We held off on filling vacant positions in the lab and utilized per diem staff to fill the void until we knew the impact of CHCW. Given our continuing strong volumes we are moving ahead with permanent staff replacements.

We had a fall in Imaging resulting in patient harm which is a serious reportable event. Quality and Risk Management conducted a root cause analysis and developed a corrective action plan to help prevent future falls.

To prepare us for transitioning to a new radiology group and systems, the Quality process improvement facilitators are assisting us with mapping our current state and future state regarding workflow in our PACS.

- **Pharmacy:**
  On January 19 we began filling medications for all Hospice patients in our retail pharmacy and it was a very smooth project implementation, thanks to the prep work by our team. Many thanks to Carissa Bacon and Kimber Badertscher (quality) for their assistance on this project, along with Nasser Basmeh and Sal Carmago (pharmacy) Kathy Murray and Elizabeth Hosey (Hospice).

- **Cardiopulmonary:**
  At the request of Dr. Young, we will begin offering Pediatric Holter Monitor services, partnering with Children's Hospital to interpret the studies.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **ACO (Accountable Care Organization) Kickoff:**
  We had our official kickoff on January 29th. This was an onsite presentation to KVH Family Medicine Ellensburg/Cle Elum providers, Administration and Information Systems. The kickoff was to give everyone an overview of the purpose of an ACO. This overview included the benefits of joining an ACO and address a few items such as:
    - Increase management of chronic care
    - Resources and skills available to become a PCMH (Patient Centered Medical Home)
    - Tools and resources for population management
    - Monthly check in's to ensure improvement work for efficiencies are on track
    - Benefit of working as a larger group & receiving benefits which results in shared savings

- **KVH Family Medicine Cle Elum:**
  The team in Cle Elum continues to work around construction, temporary walls and noise. They have been great in redirecting patients, creating pop up work stations and keeping

supplies organized and accessible. Brenda Mineer, Clinic Manager, has resigned her position as of February 8th. We have been conducting interviews for her replacement.

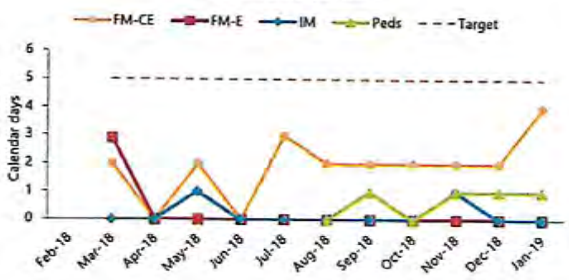
- **MAC workflows:**
  As we continue the design discussion for the Medical Arts Center, we simultaneously have been discussing workflows. Lulu Rost, Clinic Manager at KVH Family Medicine Ellensburg, has been working with her team to discuss procedure flows, schedule changes and rapid access patients.

- **Nutritional education/Diabetic counseling:**
  We now schedule nutritional education/diabetic counseling in KVH Internal Medicine. The purpose of this is to schedule prior to the patient to leaving their primary care providers office. We are hopeful this will decrease the cancelation rate for this service at KVH. T

Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

Third available appointment
for established patients



Third available appointment
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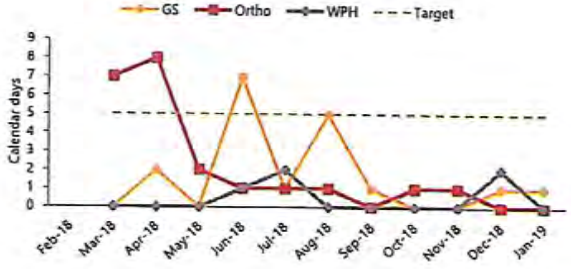

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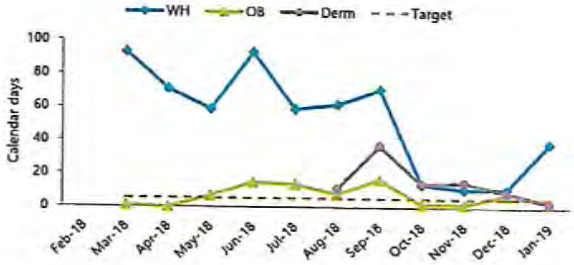

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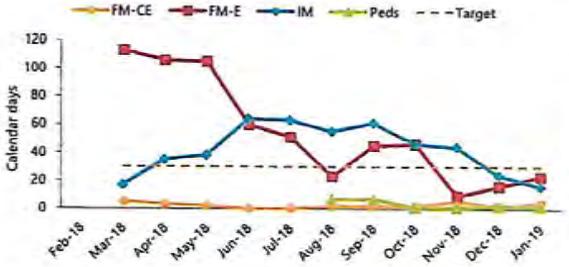

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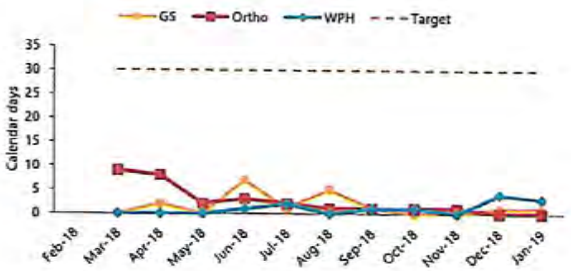

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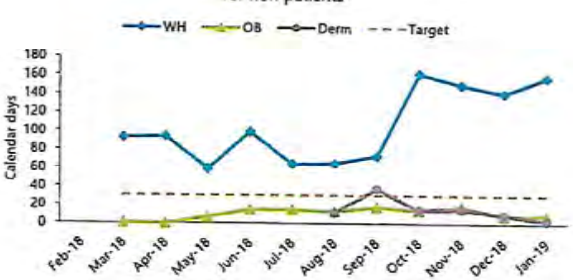
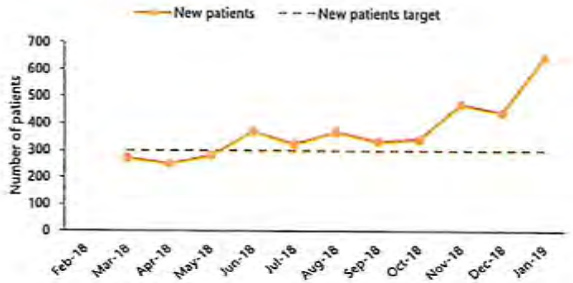


New patients



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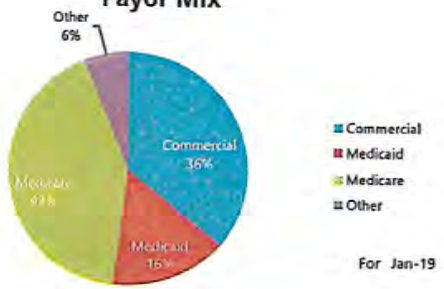

COMMUNITY RELATIONS – Michele Wurl

January 25 – February 28, 2019

External Outreach activities:

- CWU Men's Basketball game sponsor (1/26)
- Science in a Pint with Dr. Merrill-Steskal (2/5)
- Maximize Your Medicare Benefits w/ SHIBA representatives (2/7)
- CWU Women's Basketball game sponsor (2/21)
- Thorp School District Career Days (2/25) – Carissa Dahl, RN and Laurel Gorham, ARNP
- Hello FISH (2/26)

Internal Outreach activities:

- Cerner 1 year go live anniversary (2/12)
- Wear Red Day – (2/1)

Collaborations & Partnerships:

- Assisting HD2 on press release for a new commissioner
- FISH Food bank and KVH Dietary Department
- Central Washington University Athletic Department
- Statewide Health Insurance Benefits Advisor's (SHIBA), Community Relations and KVH Patient Financial Services
- KVH Lactation Program and the Kittitas County Mother's Milk Bar
- Recreation Jan-April 2019 booklet. *(https://ci.ellensburg.wa.us/DocumentCenter/View/2381/EPR-Quarterly-Program-Guide?bidId=)*

Stories/Letters to the Editor:

- Carmen Dupuis, Wound Care patient – released February 1
- Dan Timmons, KVH Employee and ER patient – released February 4
- Behind the scenes at KVH blog – Information Systems released February 11
- Behind the scenes at KVH blog – Medical Staff Services released February 25

Other:

- Visual design work continues for the MAC, Main Campus and other campus locations
- New signage went up at the Ellensburg Clinic and Mediplex locations
- Preparation for the ST/OT move in late March continues. We are involved in signage, strategic plan materials and artwork
- We are supporting graphic work related to the Foundation's annual gala in April
- We are working with Family Birthing Place on the roll-out of the Blue Band Initiative – aimed for 2nd Q'19
- We are working on education and communication materials for the upcoming Swing Bed Program
- The KVH Intranet has not been updated in over five years. We are working closely with IT on this project.
- Bri Botten, our Events Coordinator, has gone out on medical leave. We expect her to be out for next few months. Anticipating this we took a careful look at the volume of work and activities coming out of Community Relations and tried to plan accordingly. Please bear with us as we try to adjust.

On the horizon:

- KVH newsletter – delayed due to other projects but hopeful to get out in March
- 3rd Annual Provider Appreciation Dinner – March 27
- 2nd Evidence Based Medicine Workshop – March 28-30
- Hospital Week – May 12-18

Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2019

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	24 5pm	28 5pm	28 5pm	25 5pm	23 5pm	27 5pm	25 5pm	22 5pm	26 5pm	24 5pm	12/5 5pm	1/2 5pm
Standing Items	Strategic Plan Refresh	Update Board Ed/Dev Plan	Compliance Plan and Policies		Acceptance of Financial Audit			Approve Budget Assumptions (Operating & Capital)	Board Self-Evaluation	Plan Board Retreat Budget Hearing Annual CEO Evaluation	Approve 2020 Operating and Capital Budgets Approve 2020 Board Committees & 2020 Board Calendar	Update 2019 Operating Budget Election of 2020 Officers 2020 QAPI Approval
Presentation Subject to Change	Business Plan Update	Workplace Violence		Business Plan Update Access Strategy Update	Financial Audit & Cost Report DZA	Community Benefits & Relations	Business Plan Update			Rural Advocacy & Federal Policy Update Business Plan Update		
EDUCATION AND CONFERENCES		AHA Rural Health Care Leadership Conference Phoenix, AZ 2/3-2/6 NRHA Rural Health Policy Institute Washington, D.C 2/5-2/7	Board Retreat with Finance	IHI Annual Summit San Francisco CA 4/11-4/13 AHA Annual Meeting WA DC 4/7-4/10		WSHA Rural Conference Chelan 6/23-6/26 Board Retreat	AHA Leadership Summit San Diego, CA 7/25-7/27			WSHA Annual Meeting Renton 10/9-10/10		

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Events			Provider Appreciation Dinner 3/27 EBM Workshop 3/29-3/30	Foundation Gala 4/27/19	Hospital Week & Meal Service 5/12-5/18			KVH Rodeo BBQ 8/21	TETWP Rodeo Event 9/1			
Board Finance	22 7:30am	26 7:30am	26 7:30am	23 7:30am	21 7:30am	25 7:30am	23 7:30am	20 7:30am	24 7:30am	22 7:30am	12/3 7:30am	31 7:30am
MEC	9 5:15pm	13 5:15pm	13 5:15pm	10 5:15pm	8 5:15pm	12 5:15pm	10 5:15pm	14 5:15pm	11 5:15pm	9 5:15pm	13 5:15pm	11 5:15pm
QI Council		18 3:00pm		15 3:00pm		17 3:00pm		19 3:00pm		21 3:00pm		16 3:00pm
Foundation Board	22 5:30pm		26 5:30pm		28 5:30pm		23 5:30pm		24 5:30pm		19 5:30pm	
Compliance	10 10am	14 10am	14 10am	11 10am	9 10am	13 10am	11 10am	8 10am	12 10am	10 10am	14 10am	12 10am
Strategic Planning	TBD											
Joint Districts						June Mtg will be scheduled						
HD #2	21 6:30pm	18 6:30pm	18 6:30pm	15 6:30pm	20 6:30pm	17 6:30pm	15 6:30pm	19 6:30pm	16 6:30pm	21 6:30pm	18 6:30pm	16 6:30pm

Emerging Topics:

WRHC Initiatives
Kittitas County Health Department
WRHA
ACO
WSHA/AWPHD

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