



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

March 29, 2018

SUPPLEMENTAL

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: February 22, 2018; March 3, 2018 (3-6)
- b. Approval of Checks (7)
- c. Report: Foundation (8-9)
- d. Minutes: Finance Committee - **Minutes added** (10)
- e. Minutes: Quality Council

4. Presentations: Bawa Health Initiative: Dr. Blaise Dondji and KVH Staff

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality – Mandee Olsen, Director of Quality Improvement (11-13)
- b. Chief Executive Officer – Julie Petersen (14-15)
 - i. Compliance Report, Linda Navarre, Compliance Officer (16)
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (17)
 - ii. Chief Medical Officer, Don Solberg MD (18)
- d. Finance – Chief Financial Officer - Libby Allgood (19)
 - i. **Operations Report added**
 - ii. Finance Committee Report – Commissioner Liahna Armstrong
- e. Operations (20-22)
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations

7. Education and Board Reports

- a. WSHA CEO & Trustee Patient Safety Summit, Seattle Airport, April 30 or May 1 – **Updated information added to page 23** (23-24)



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

8. Old Business

9. New Business

10. Community Relations Report: Michele Wurl, Director of Communications & Marketing **(25)**

11. Executive Session

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

12. Adjournment

Future Meetings

April 26, Regular Meeting
May 24, Regular Meeting

Future Agenda Items

Musculoskeletal Update



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
 KVH Conference Room A & B
 February 22, 2018

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

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

- At 5:00 p.m., President Matt Altman called the regular meeting to order. President Altman asked for a moment of remembrance for Dr. William Waltner. Jim Allen presented an overview of Dr. William Waltner's career and service to the patients of Kittitas Valley Healthcare.

The Oath of Office was given to Roy Savoian, newly appointed Board of Commissioner, Position No. 4 for Kittitas County Public Hospital District No. 1.

- Approval of Agenda:**

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

- Consent Agenda:**

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

- Safe Catch Awards:**

Mandee Olsen presented Safe Catch Awards to staff as follows: the clinical award was given to Debbie Ezell, Patient Care Technician in the Emergency Department, and the non-clinical award was given to Brandee Coates, Hailey Andreas, and Mandee Olsen in the Quality Improvement Department, and Linda Mullin, Receptionist in the Imaging Department.

President Altman recessed the meeting into a short 5-minute break.

- Presentation:**

Taya Briley, Executive Vice-president and general counsel of the Washington State Hospital Association, and Dr. Robert Kerr, KVH's peer review physician, gave a PowerPoint presentation regarding provider credentialing. They gave an overview of the credentialing process regarding the importance of gathering the proper information and verifying the information regarding each provider's education, employment and certification, references and searching databases as well as background checks. They noted that the credentialing of providers is an important responsibility for the Board members as they have the final approval for each provider. The Board will review the credentialing process at KVH.

- Public Comment/Announcements:**

None.

7. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary.

ACTION: On motion of Liahna Armstrong and second of Erica Libenow, the Board members unanimously approved the Quality Assessment and Performance Improvement Policy as amended to include a patient and family member to serve on the QI Council.

ACTION: On motion of Erica Libenow and second of Liahna Armstrong, the Board members unanimously approved the 2018 Quality Assessment Performance Improvement Plan.

The Board members reviewed the CEO report with Julie Petersen. Julie Petersen introduced the new Director of Rehab Visions, Marcus Jaffe. Jack Schwartz gave an update on the OneSource conversion noting that there are still some unresolved issues, but that staff were overall doing well with the new program. Julie Petersen gave an update on the Radio Hill Phase 1 project, noting that the project is out to bid and is anticipated to be completed in June. She presented the timetable for building out a suite on the first floor of the Medical Arts Center. Julie announced that she is planning to invite Health Department staff to present county health data at a future Board meeting and that the Public Hospital District No. 2 Commissioners will be invited to attend the meeting. She reported that the hospital is looking into contracting with a cabulance service to assist with the transporting of patients.

Carrie Youngblood reported that the new employee survey, Tiny Pulse, is going very well and KVH employees seem to like the survey process, especially the part where they can compliment peers via the "Cheers" portion of the survey.

The Medical Executive Committee recommendation for provider appointments and reappointments was moved to executive session.

The Board members reviewed the Chief Medical Officer report. Lisa Potter presented an overview of phase 1 for a KVH Dermatology service.

Libby Allgood reported financials for January, noting that a very busy month for all departments resulted in strong revenue. Liahna Armstrong reported that the Finance Committee met to review the financials for January.

The Board members reviewed the operations report with Vicky Machorro, Carrie Barr, and Rhonda Holden. It was noted that staff are overall doing quite well with the Cerner program and process.

8. **Education and Board Reports:**

Julie Petersen announced that she and Bob Davis are planning to attend the AHA annual membership meeting in Washington, D.C., on May 6-9, 2018, and she encouraged any other interested Board members to attend as well.

9. **Old Business:**

None.

10. **New Business:**

None.

11. **Articles and Communication:**

The Board members reviewed the various clippings and correspondence items. At 8:15 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) He stated that there would be action after the executive session.

At 9:14 p.m., the meeting was reconvened into open session.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members approved the initial appointments for Dr. Stacey Black, Dr. Arun Chhabra, Dr. Ram Nandigam, Marquette Washington, ARNP, and Jocelyn Judd, PA-C; and the reappointments for Dr. Phillip Menashe, Dr. John Anderson, Dr. Norman Shively, Dr. Lawrence Bub, Dr. John Hwang, Dr. David Stepanek, Dr. John Arias, and Dr. Nancy Wells as recommend by the Medical Executive Committee. Commissioner Roy Savoian abstained.

With no further action and business, the meeting was adjourned at 9:20 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 Quality Assessment and Performance Improvement Policy as amended to include a patient and family member to serve on the QI Council.
4. Motion passed to approve the 2018 Quality Assessment Performance Improvement Plan.
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
Canyon River Ranch
14700 Canyon Rd., Ellensburg, WA 98926

March 3, 2018

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

STAFF PRESENT: Julie Petersen, Libby Allgood, Rhonda Holden, Mandee Olsen

The special meeting was called to order at 9:04 a.m. President Altman announced that the purpose of the meeting was to conduct a Board Retreat.

Rhonda Holden presented a healthcare environment scan for discussion. At 1:00 p.m., Mandee Olsen facilitated a follow-up discussion regarding the provider credentialing presentation made at the May 22 regular Board meeting.

With no further business and no action taken, the meeting was adjourned at 3:20 p.m.

Respectfully submitted,

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

DATE OF BOARD MEETING: March 29, 2018

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>241475-242329</u>	NET AMOUNT:	<u>\$4,323,914.77</u>
			SUB-TOTAL:	<u>\$4,323,914.77</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>80811-80831</u>	NET AMOUNT:	<u>\$32,520.79</u>
#2	PAYROLL CHECK NUMBERS	<u>80832-80856</u>	NET AMOUNT:	<u>\$37,520.76</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,082,273.73</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,094,394.03</u>
			SUB-TOTAL:	<u>\$2,246,709.31</u>

TOTAL CHECKS & EFTs: \$6,570,624.08

Prepared by

Sharoll Cummins

Sharoll Cummins
Staff Accountant



Foundation Activities

The Foundation welcome a new Director this month. Lauren Denton has more than 8 years of experience in healthcare fundraising and relationship building to the position. Denton has helped raise over \$5.6M in programmatic support for small nonprofits focused on dental and mental health to large health systems with initiatives for children, cancer, heart, and senior care. She has also completed over \$7.2M in hospital capital expansion projects including equipment, department expansions, and a Breast Center. I am honored for the opportunity and excited about our current work and future to enhance and expand healthcare in Kittitas County.

The Foundation will join KVH's monthly new employee orientation beginning in April to educate and engage employees with a presentation and opportunity to support The Foundation through a one-time donation or payroll deduction.

2018 Foundation Gala (April 28)

Invitations and table sponsorship information has been mailed out to community members. We have also updated our website with gala information and the fund-a-need of the two anesthesia machines. We are starting to get a response for reserved tables and are excited for this year's Denim & Diamonds theme. We would like to welcome back HUB International as our Gala Dinner Sponsor, and Intalere as our Fund-a-Need sponsor, as well as Pautzke Bait Co, Inc. as a prize sponsor.

Pick Your Prize Raffle tickets will go on sale March 26 through the Foundation office and the KVH Gift Shop on Monday March 26. Tickets are \$5 each and will also be available at the Gala. Winners need not be present to win. See the attached flier for complete prize information. For complete information on the April 28 Gala, please visit our website at www.kvhealthcare.org/gala.

Respectfully submitted,

Lauren Denton

Director, Foundation



Outdoorsman Package

Diamond Edge hunting bow complete with arrows and a shooting package at Red's

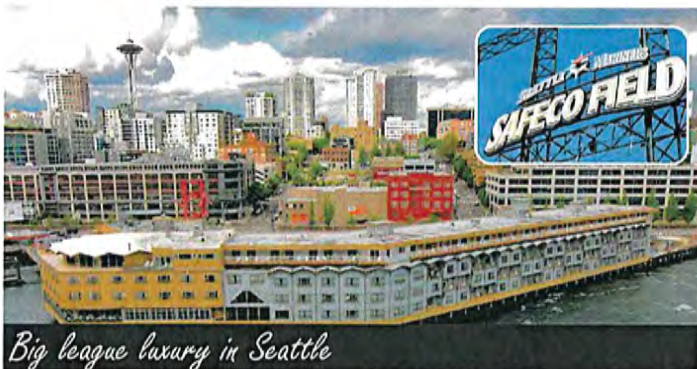
Tickets \$5 each
*2018 Foundation Gala
Pick-Your-Prize Raffle*
Pre-event tickets available through April, 26. Tickets will be on sale at the Gala.

Need not be present to win

Tickets may be purchased through the **Gala Comt.**, **The Foundation** or at the **KVH Gift Shop**.

Drawing will take place April 28, 2018

at The Foundation Gala



Big league luxury in Seattle

2 nights at the Edgewater, dinner for 2 at SixSeven & 4 Mariners club seats



Fitterer's Sofa Selection

Choose a selection from a number of Flexsteel sofa frames and fabrics to customize your sofa to fit your needs



Silvermountain Stay-n-Play

4 tickets to the water park complete with a two-night stay



In Home Entertainment

Samsung 55" Smart TV

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
February 20, 2018

Members Present: Liahna Armstrong, Jon Fowler, Bob Davis, Julie Petersen, Libby Allgood

Staff Present: Kelli Goodian Delys, Lisa Potter, Jason Adler

The meeting was called to order by Liahna Armstrong at 7:30am.

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

Lisa Potter and Jason Adler presented the Dermatology business plan. The business plan presented will expand this service line with beginning around June 1, 2018. The committee discussed the need for the expanded services which was number one on the public needs assessment.

Libby Allgood led the discussion on the financial highlights for January operations. Overall, volumes were strong and expenses were managed, resulting in positive operating income. Last year the Board of Commissioners heard a presentation about PILT funds. These funds were received in January. Xtend, a healthcare consulting firm, is working on our legacy patient accounts receivable as staff prepared to shift to using Cerner at go live. Our AR days increased and we anticipate further increase in the short term as we move to the new system.

With no further business, the meeting was adjourned at 8:10am.



QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

March 2018

Quality Improvement Dashboard Data Summary

Summary of Areas Meeting Goal or Showing Improvement

- Performance for sepsis was at 100% for January 2018.
- Median time to EKG was at goal in January 2018.
- Highest performance for inpatient flu vaccinations ever – 100% for three months in a row.
- All stroke measures (stroke IV thrombolytics, IV tPA timing and stroke CT or MRI timing) were all at 100%.
- Three months in a row with no hospital acquired infections.
- No needle sticks in January 2018.

Summary of Improvement Opportunities

- Two of four patients had one or more hours of documentation missing for restraints. One patient had missing order documentation, and one patient did not have restraints listed in their care plan.
- Will clarify targets for home health and hospice measures at their next QAPI gemba.

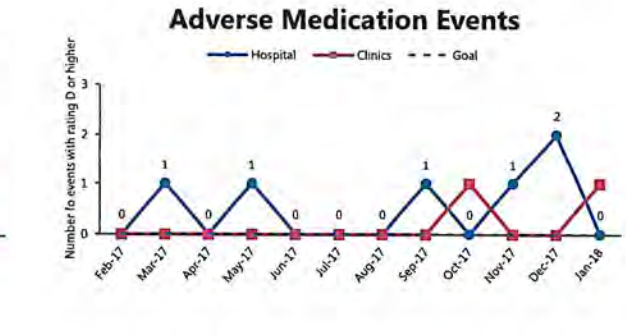
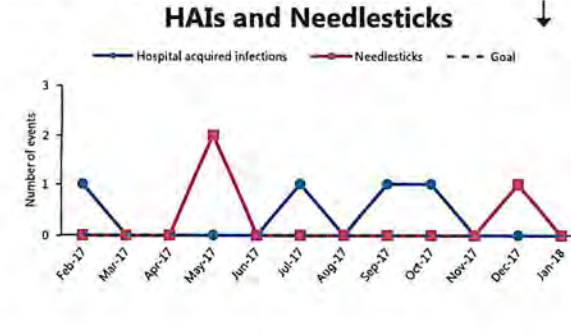
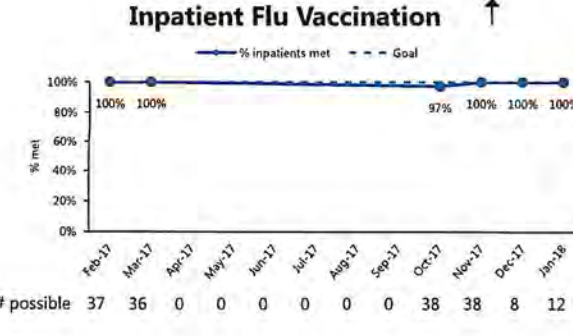
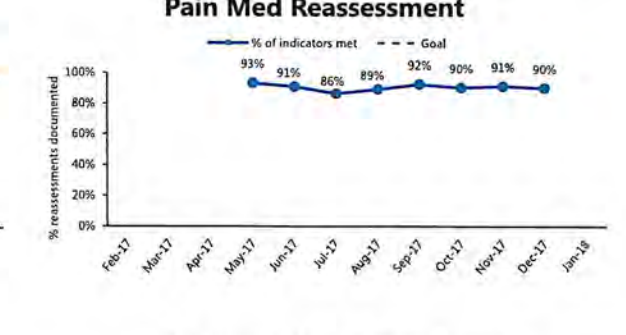
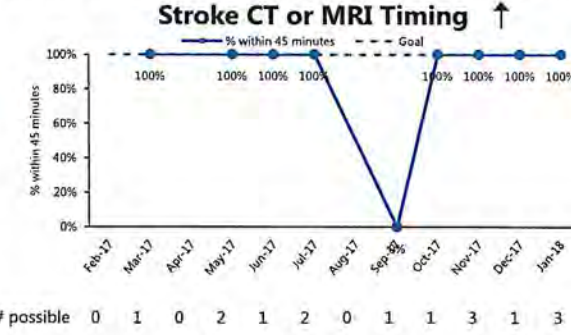
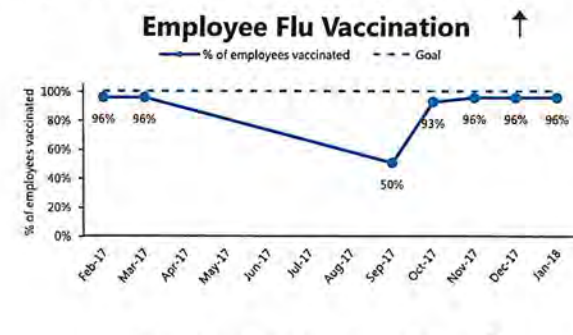
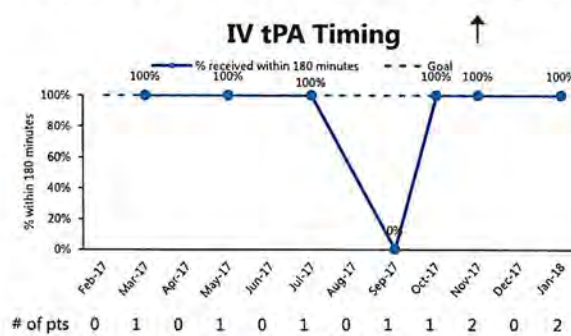
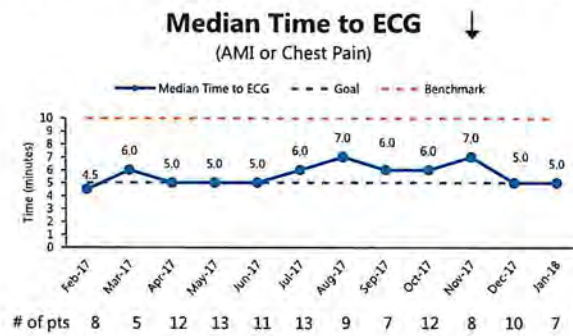
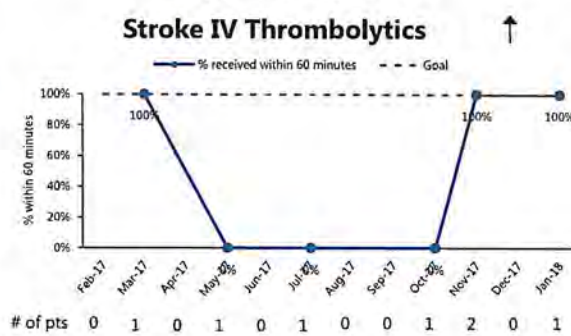
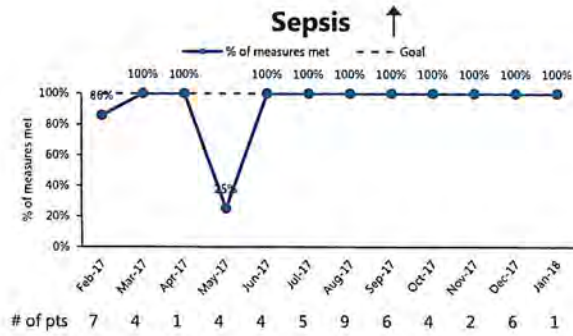
CMS Quality Payment Program – 2017 MIPS Submitted

The Quality Payment Program (QPP) is designed to improve Medicare by focusing on care quality and patient outcomes for eligible ambulatory providers. Providers can participate in one of two tracks: Advanced Alternative Payment Models (APMs) or Merit-based Incentive Payment System (MIPS). KVH has participated in the MIPS track by submitting a full year of data for 2017. CMS will then determine performance-based payment adjustments of up to +/-4% for payments in 2019. As of March 16th, KVH submitted for 2017 MIPS and we expect to see no payment adjustments.

Greater Columbia Accountable Communities of Health (GCACH)

Last month the GCACH received state approval of their Medicaid Transformation Project Plan. Covering nine counties, the GCACH plan focuses on four projects: the opioid crisis, integrating behavioral and physical health care, addressing chronic disease, and transitional care. This begins the implementation phase of the project, with the start of disbursement of funds for infrastructure and IT building of the GCACH itself. As such, the GCACH has undertaken activities such as hiring staff, updating the website, selecting database software, and preparing to select partner organizations. KVH, alongside other organizations in the community such as Kittitas County Health Network, are preparing to participate in the improvement activities of the GCACH. For example, the work to become a Patient Centered Medical Home with consultation of Swedish and hiring behavioral health practitioners in our primary care clinics will align with at least two of the projects.

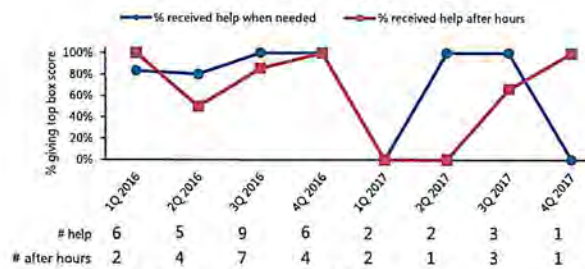
QI Council



12

Proposed measure:
surgical site infection
taskforce measure

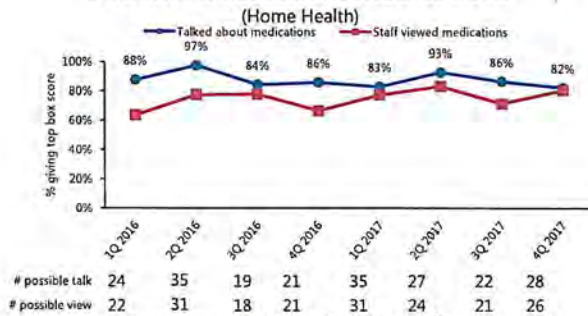
Patient Satisfaction: Timeliness of Help (Hospice)



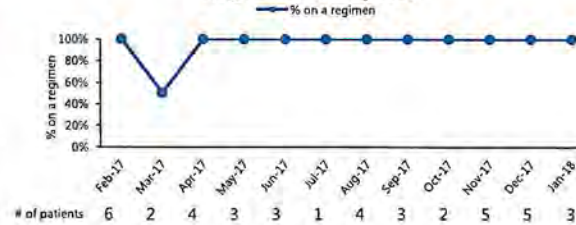
Exclusive Breastfeeding



Patient Satisfaction: Medications



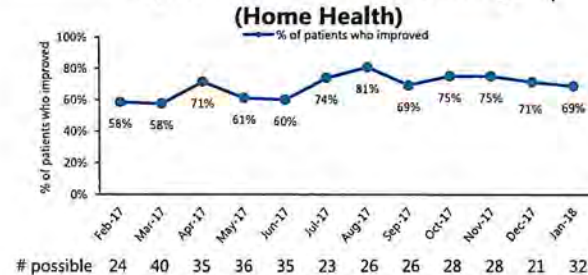
Patients on Opioids Given a Bowel Regimen (Hospice)



Care and Service Reports



Improvement in Bed Transferring (Home Health)



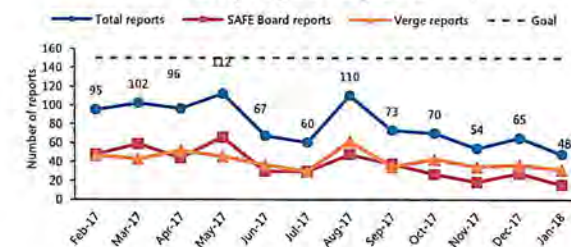
Proposed measure:
days to referral, clinics

Improvement in Dyspnea with Activity (Home Health)



Proposed measure:
meaningful use/MIPS

Employee Reports



Reports of Occurrences





CHIEF EXECUTIVE REPORT – Julie Petersen

March 2018

Capital Improvement Projects

Radio Hill Phase I: The bid opening for Radio Hill Phase I was originally scheduled for March 22. We elected to extend the bid period into April. Architect's consulting engineers discovered that the air handling units and many of the electrical panels in the building are undersized and will need to be replaced under current Washington state regulations. Randy Kaiser, NAC Architects and I are working through the project alternates to identify components that can be either value engineered or eliminated. Our objective is to bring the basic project in at or under the Board's not to exceed value of \$650,000 without delaying the project. The schedule of alternates being considered for delay or elimination include: accordion partition in the great room, revisions to two toilet rooms and one shower toilet room, replacement of doors, replacement of lighting fixtures and additional lighting fixtures and controls.

Medical Arts Center – Suite 1: Randy Kaiser and NAC Architects have provided preliminary drawings for the first floor suite in the Medical Arts Building. The drawings are based on the functional program that was provided by Carrie Barr and Lisa Potter. The shelled in space is approximately 2,400 square feet which will accommodate all of the required features, four exam rooms and one procedure room. This should comfortably accommodate two full time providers. Although the space has been initially identified for pediatrics, we are deliberately designing this as general medical office space.

New and Developing Programs

Rhonda Holden and Lisa Potter will update the Board on the Cle Elum Physical Therapy project. Lisa will present a preliminary pro-forma to orient the Board to the scope of the operations and financial risk. Rhonda will update the Board on Hospital District #2 input. Staff would like to confirm that the Board wants us to continue to pursue the project.

New Leadership

I am very pleased to announce that Lauren Denton has joined our team as the Executive Director of the Foundation. Lauren comes to us from VM Memorial where she held a very similar position. Lauren and Michelle Wurl are currently busy with gala planning. I am also very pleased that she is an experienced grant writer. Once she is established with the Foundation and the 2018 Gala is behind us, we will put her grant writing skills to work.

I am also pleased to announce that Ron Urlacher has accepted the position of Director of Facility Services. In addition to working closely with Randy Kaiser on projects, this position oversees maintenance and environmental services. Ron too comes to us from VM Memorial and brings decades of experience in hospital facilities management.

Dr. Kevin Martin, who currently serves as the Medical Director of Home Health and Hospice and as Medical Director at Prestige, oversees our growing geriatric nurse practitioner program and is a family practice provider at FME, has accepted the position of Chief Medical Officer. Before he sails off into the sunset (Texas) the outgoing CMO, Don Solberg, is assisting with Dr. Martin's transition to his new (additional) role.

Regional Partners

I had an opportunity to meet with Rich Robinson, the CEO at Astria Health Yakima. Rich previously served as CEO when the hospital was owned by HMA so he is familiar with the facility and the market. Astria is focused



CHIEF EXECUTIVE REPORT – Julie Petersen

March 2018

on building and rebuilding its medical staff with ambitious plans to grow their orthopedic and cardiology programs. Rich has indicated that Astria would like to build on the existing partnership with KVH and as his medical staff grows and stabilizes.

Cerner Update and Yakima Valley Radiology

We are about 40 days into our OneSource implementation and I believe there is light at the end of the tunnel. Looking back I would say that I was a slow to recognize that issues were not being resolved in a timely manner and that Cerner's system for problems queuing was not serving us well. We needed people onsite to resolve systemic and critical issues that were not completed when Cerner moved on at the end of February.

Jack and Libby worked their way up the chain of command at Cerner to get resources back to KVH. The weeks of March 12, 19th and 26th we had clinical, materials management and revenue cycle experts back on site. They were stationed directly in the departments and together with KVH staff resolved hundreds of issues. They identified programming, workflow and training deficiencies that they dealt with in real time. Directors and staff report that they saw a lot of progress during these visits.

Outstanding issues remain in Imaging and Laboratory. We have four vendors involved in fixing our radiology issues. Staff, radiologists and ordering physicians are extremely frustrated by the slow pace of progress. Commissioner Altman participated in a meeting with Yakima Valley Radiology and senior staff to help define the issues and plan of correction. We are very focused on getting radiology issues resolved.

In the laboratory we continue to have both set-up and interface issues. It appears that problems are now being resolved.

We anticipated that revenue cycle and cash would be impacted by the conversion and planned accordingly. Libby Allgood will review the current status of claims and accounts receivable.

Ellensburg Daily Record

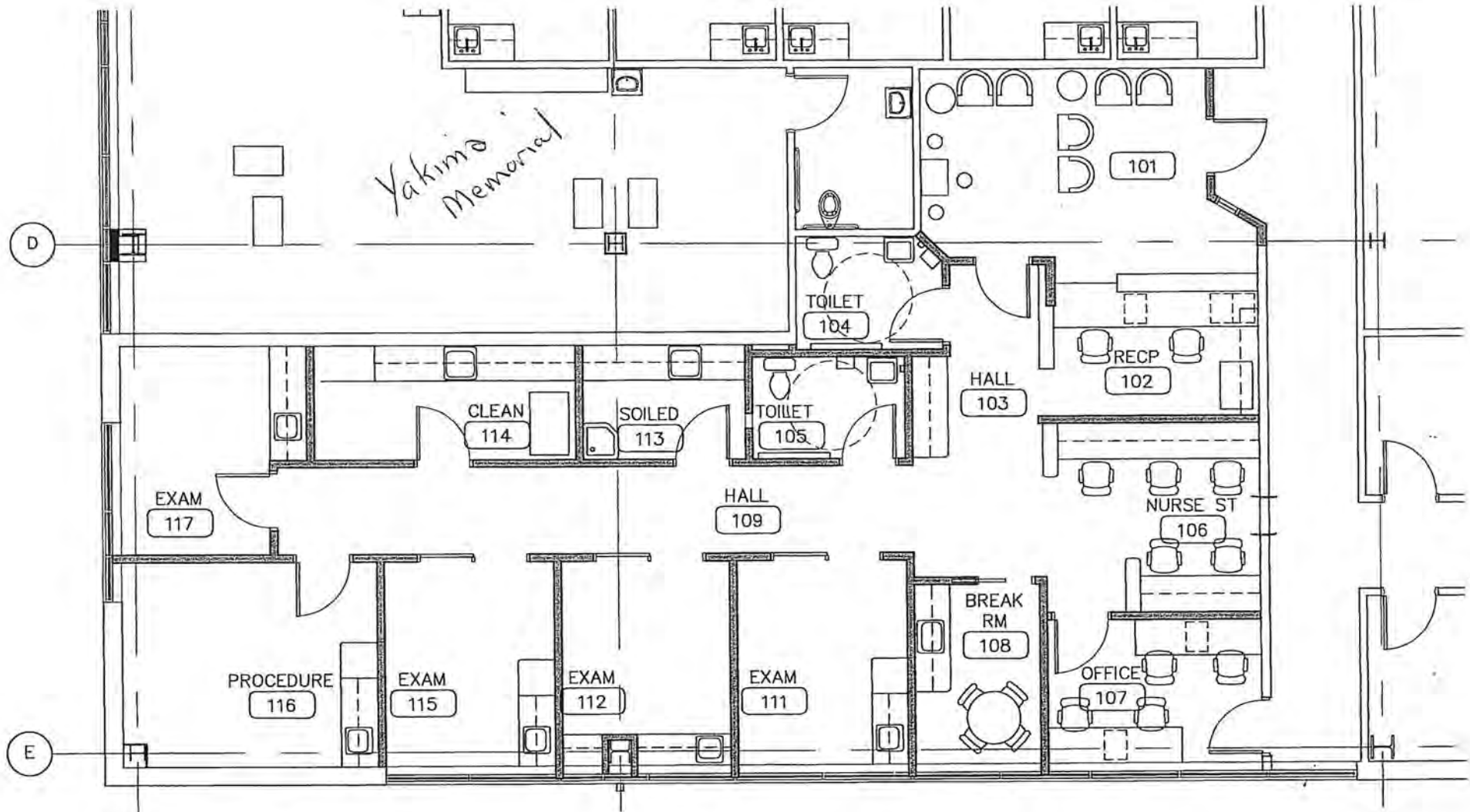
Michele Wurl and I met with the Ellensburg Daily Record editorial board on March 1st.

Business Plan Deliverables

Strategy leaders will be working with their teams and Board Sponsors to prepare the first quarter 2018 report to the Board on business plan progress.

Respiratory Therapists Teamsters Representation

We have established our first dates for negotiating a collective bargaining agreement between KVH and the three respiratory therapists who will be represented by Teamsters.



FLOOR PLAN

Scale: 1/8" = 1'-0"

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KITTITAS VALLEY HEALTHCARE
1ST FLOOR
100 EAST JACKSON
ELLENSBURG, WA 98926

NAC
 ARCHITECTURE
 nacarchitecture.com
 1203 WEST RIVERSIDE AVENUE
 SPOKANE WA 99201
 P:509.838.8240

NAC NO 111-18013
 FILE DD-1
 DRAWN ETR
 CHECKED MRO
 DATE 03/15/18

DD-1

RE:

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HR Dashboard

Measurement		18-Feb	18-Jan	17-Dec	17-Nov	17-Oct	17-Sep	17-Aug	17-Jul	17-Jun	May-17	Apr-17	Mar-17	Feb-17	
Employee Population	Available workforce	Rolling 12 Variance													
	Full-time	16	347	353	350	349	322	346	339	333	328	326	328	322	331
	Part-time	-37	140	140	140	142	167	146	147	151	157	170	173	174	177
	Per Diem	11	90	85	85	87	86	88	88	89	89	84	79	77	79
	Total Employees	-10	577	578	575	578	575	580	574	573	574	580	580	576	587
Turnover	Quality of recruitment and retention	Rolling 12 Total													
	Voluntary (excludes pd terms, includes reduction of FTE to pd)	110	10	6	8	8	9	3	14	12	11	12	6	9	2
	Involuntary (excludes pd terms)	31	2	2	1	1	15	2	1	0	1	0	1	4	1
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	24.46%	2.08%	1.38%	1.57%	1.56%	4.17%	0.86%	2.61%	2.09%	2.09%	2.07%	1.21%	2.26%	0.51%
	Total All Employees Separated	147	12	10	11	8	24	8	15	11	14	11	7	12	4
General Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total													
	Open Postings	248	14	19	14	26	14	28	22	16	35	17	18	13	12
	Unique Applications Received	1582	80	111	78	125	133	191	168	137	148	129	77	139	66
	Employees Hired	149	14	12	10	11	21	18	16	13	7	11	6	4	6
	Time to Fill (Median)	-	45.5	43.5	24	25.5	24	40	36	48.5	46	52	52	39	39
Time to Fill (Average)	44.68	49.7	34	33	34.2	33.24	48.29	40	54.5	49.76	54.4	55	48	46.8	
Provider Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total													
	Open Postings	7	1	0	0	0	1	1	0	1	0	0	0	3	0
	Current Slots	105	1	0	0	0	1	9	12	14	13	13	14	14	14
	Unique Applications Received	77	2	9	4	12	9	9	3	3	4	4	10	3	5
	Candidates Interviewed	35	0	2	1	2	2	4	4	5	3	3	5	2	2
	Employees Hired	15	1	2	0	1	2	0	5	0	0	1	0	1	2
Time to Fill (Average)	126	106	194.5	278	278	207	0	88	0	0	293	0	195	0	
Benefits	Financial impact of adding talent	Rolling 12 Total													
	Workers Comp Claims	42	4	2	3	4	6	5	4	6	1	3	2	1	1
	Time Loss Days	222	4	33	31	30	34	40	30	18	0	2	0	0	0
	Employee Population on Medical Benefits (Average)	66.5%	67.2%	67.0%	68.3%	66.3%	68.2%	66.0%	67.4%	65.4%	66.2%	64.5%	65.4%	66.8%	65.5%
	Total cost in benefits per FTE - welfare (Average)	-	\$ 880.85	-	-	-	-	\$ 832.77	\$ 748.08	\$ 918.37	\$ 769.37	\$ 1,130.34	\$ 807.65	\$ 857.47	\$ 634.79
Total cost in benefits per FTE - total (Average)	-	\$ 1,877.45	-	-	-	-	\$ 1,778.93	\$ 1,254.06	\$ 1,825.61	\$ 1,972.79	\$ 2,117.56	\$ 1,786.15	\$ 1,840.02	\$ 1,548.62	
Evaluations	Providing timely feedback to employee	Total Percentage													
	Percentage of employees with completed annual evaluation	86.7%	86.7%	89.9%	90.8%	90.9%	87.0%	85.3%	86.4%	83.3%	88.2%	92.6%	89.5%	95.8%	96.7%

March 2018

Compliance program annual report- 2017

2017 was a year of change for our Compliance Program. March 31st of 2017, Debi Barneycastle stepped down from her role as Compliance Officer and handed off her legacy to Linda Navarre. Debi has guided this program for many years utilizing her knowledge of healthcare rules and regulations and expertise in Revenue Cycle Management to guide compliance and mitigate risks to the organization. Although a change occurred in oversight of the Compliance Program, the same general principles carry over. The remainder of this report will provide a review of the Compliance Program work as it relates to the seven elements of a comprehensive compliance program delineated by the Office of Inspector General.

Compliance Program Structure: Our Performance of the Elements

Element 1 - Written Policy & Procedures

Development and distribution of written standards of conduct, as well as written policies and procedures that promote KVH's commitment to compliance.

Activities:

1. The Compliance Committee reviewed multiple policies, incorporated needed updates and developed new policies related to general compliance.
 - New Policies:
 - Non-Retaliation and Non-Retribution for Reporting Policy
 - Conflict of Interest Policy
 - Conflict of Interest Disclosure Statement
2. Select members of the Compliance Committee provided guidance on multiple organizational policies that included privacy and compliance elements.
 - 340B Program Policy
 - 340B Breach Policy
 - Drug Diversion, Prevention, Detection and Response
 - Drug and Alcohol Abuse (Fitness for Duty)

Element 2 - Designation of a Compliance Officer and a Compliance Committee

Designation of a compliance officer and other appropriate committees, charged with the responsibility of operating and monitoring the Compliance Program, and who report directly to the CEO and the governing body.

Compliance Committee:

1. Members: Chief Executive Officer Julie Petersen, Chief Ancillary Officer Rhonda Holden, Chief Medical Officer Dr. Don Solberg, Board Representative Bob Crowe, Privacy Officer/Health Information Management Director Cindy Kelly, Compliance Officer/Quality/Risk Management Coordinator Linda Navarre, Quality and Risk Management Director Mande Olsen, Information Technology Director Jack Schwartz, Chief Financial Officer Libby Allgood, Revenue Cycle Management Director Debi Barneycastle, Chief of Clinic Operations Carrie Barr, Human Resource Director Carrie Youngblood.

- January 26th, 2017 Debi Barneycastle, Compliance Officer and Director of Revenue Cycle Management, notified the Board that she would step down from her role as Compliance Officer the end of March. Debi reported Linda Navarre would be assuming the Compliance Officer position as of April 1, 2017.
 - Members are highly committed to uphold the ethical and legal obligations for oversight of the Compliance Program.
 - Each member has expertise for a well-rounded level of knowledge within the committee.
 - Members recognize the importance of cross-departmental team work to support change and advocate for necessary resources when needed.
2. Scope: the Compliance Committee will work to ensure that all employees have the knowledge and resources necessary to help them do their work within the regulations that govern the healthcare business.
- Compliance Committee meets monthly with few exceptions to support timely updates from Sub-Committees and reporting of newly identified risks.
 - Sub-Committees:
 - RCM Governance Team (formerly known as Revenue Integrity Team (RIT)):
 - RCM, Central Billing Office (CBO) and Patient Financial Services (PFS)
 - Meet weekly with the CFO for timely updates.
 - 2018 plan to initiate Revenue Cycle Action Team (RCAT). Objective is a just in time approach to issues that delay reimbursement or put the facility at risk for improper billing and coding.
 - 340B Team:
 - Members include Director of Pharmacy Services, pharmacist representative, Revenue Cycle Management Director, Compliance Officer, Chief Ancillary Officer
 - Provides an opportunity for early identification of potential risks and actions needed to ensure comprehensive compliance with the 340B program.
 - Privacy and Security Team (formerly known as HIPAA Team):
 - Members include Privacy Officer, Compliance Officer and Information Security Officer.
 - Team is meeting twice a month to support completion of actions identified as high priority.
 - Recent actions include updating Business Associate Agreement, converting map (letter)drives to name drives, encrypting all KVH laptop computers

Data:

- Number of Compliance and Privacy/Security meetings = 16
- 100% of Compliance action plan tasks completed or ongoing for monitoring oversight

Element 3- Conducting Effective Training and Education

Proper education and training of KVH Board of Commissioners, officers, administrators, managers, employees, physicians and other health care professionals, and the continual retraining of current personnel at all levels, are significant elements of an effective compliance program. As part of a compliance program, KVH requires personnel to attend specific training on a periodic basis, including appropriate training in federal and state statutes, regulations and guidelines, and the policies of private payors, and training in corporate ethics, which emphasizes commitment to compliance with these legal requirements and policies.

Activities:

1. Targeted education events - compliance education was provided during Cross Functional Huddles consisting of interactive education blasts and team competition through a compliance Jeopardy game.
 - 5 interactive education blast activities
 - 1 week of compliance Jeopardy competition
2. Annual education - Code of Conduct & HIPAA/Privacy education:
 - Annual assignment for all staff in the electronic learning system.
 - To ensure staff had access to face to face educational opportunities, additional education was provided through an education fair on our main campus in Ellensburg and our upper county site at Family Medicine-Cle Elum.
3. New employee/leader education
 - All new employees, leaders and providers receive Compliance and Privacy education upon hiring.

Data:

Employee participation - 89% of employees attended the Compliance/HIPAA education fair booth or completed electronic learning system task

Element 4 - Developing Effective Lines of Communication

The maintenance of a process, such as a hotline, to receive complaints, to protect the anonymity of complainants, and to protect whistleblowers from retaliation.

Activities:

1. To support direct communication to the Compliance Officer:
 - Hotline poster was updated and distributed to all departments. Directors are expected to ensure this is posted at all times in a highly visible area.
 - Compliance direct email address: compliance@kvhealthcare.org
 - KVH external and internal websites both post the Compliance Hotline number
2. Non-Retaliation and Non-Retribution for Reporting Policy- Compliance Committee recognized the importance of a policy that demonstrates KVH has a pathway to support staff reporting of compliance concerns and no tolerance for retaliatory behavior by leaders or fellow staff members.
 - This new policy was communicated to all staff through our electronic learning management system.
 - New and established leaders were educated to uphold our commitment to maintaining a culture that promotes the prevention, detection and resolution of incidents of conduct that do not

conform to law, regulation, policies and procedure of KVH and KVH Code of Conduct. Harassment, retaliation or retribution of those reporting the concern will not be tolerated.

Data:

129 Investigations related to compliance hotline calls, general compliance, HIPAA/Privacy or billing concerns. The investigation process will result in either a substantiated or unsubstantiated finding. Feedback is provided to the reporter when their identity is known.

Element 5 - Enforcing Standards through Well-Publicized Disciplinary Guidelines

System to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal Health Care Program requirements.

Activities:

Standards enforcement through the following activities:

- Conflict of Interest Disclosure Statement - new and established leaders and providers received education on the importance of identifying and reporting potential conflict of interest.
- Investigations that led to employee corrective actions - leaders and employees received education and guidance to mitigate future breaches.

Data:

- 100% of District #1 Board Members completed a Conflict of Interest Disclosure Statement
- 11 KVH leaders (Administrators, Directors or Managers) completed a Conflict of Interest Disclosure Statement

Element 6 - Auditing and Monitoring

Use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem area.

Activities:

1. Revenue Cycle Management team conducted proactive billing audits using the following methodology
 - Identify the area in need of a focus review
 - Determined the timeframe and sample size
 - Communicated the variances to Revenue Cycle Management Governance Team, Compliance Committee, and department leaders
2. Human Resources collaborated with our CEO to update the exit interview process. Updates to the exit interview questionnaire include contact information for the CEO, Compliance Officer and other members of the Administration Team to encourage the sharing of successes or opportunities for improvement. Process improvement includes CEO review of all returned exit interview questionnaires.
3. Compliance risk assessment - an effective Compliance Program includes an annual risk assessment to meet the standards set forth by the Office of Inspector General. During this activity, committee members prioritized the identified issues through the assessment of controls currently in place, known vulnerabilities and data demonstrating frequency, impact and severity.



Data:

- Internal audits- 19,872 bills reviewed
- External claim audits- 243 claims
- Exit interviews- 24 exit interview questionnaires completed by employees leaving their position.

Element 7 - Responding to Detected Offenses and Developing Corrective Action Initiatives

Investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.

Activities:

1. Sanction screening - all new providers are screened to avoid employing individuals who are excluded or sanctioned from participating in federal healthcare programs.
2. Vendor screenings - KVH Materials Management Director has initiated a process to incorporate a credentialing program for vendors. This new web-based program manages controls to meet compliance requirements for vendor representatives. The benefits of this program include increased patient safety and reducing risk by ensuring our vendors are compliant with our policies and regulatory screening requirements. This new program has an implementation target date for May of 2018.

Data:

73 providers screened for sanctions from federal healthcare programs during the credentialing process

Looking ahead:

Compliance Committee will re-evaluation of the 2018 work plan on an ongoing basis to ensure appropriate prioritization of planned activities and shifting of resources to areas of greatest risk.

KVH COMPLIANCE PROGRAM 2018 KVH WORK PLAN

KVH is committed to full compliance with all applicable laws, rules and regulations, and to conduct itself with the highest level of business and community ethics and standards.

Objectives identified for the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, items identified in the OIG's 2018 Work Plan, and risk areas identified by KVH.

OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
1. Policies & Procedures							
Compliance policies, procedures and supporting documents provide up to date guidance to staff and leaders	Compliance Committee	Compliance policy, procedures, and supporting documents are reviewed annually			X		
Annual review of 2019 Compliance Program and Work Plan with Board approval	Compliance Committee	Compliance Program approval by the Compliance Committee & Board of Commissioners				X	
2. Compliance Officer and a Compliance Committee							
Compliance Officer updates the Board of Commissioners on Compliance Program activities	Compliance Officer	Annual report and mid-year update on Work Plan activities	X		X		
3. Conducting Effective Training and Education							
Annual system-wide healthcare compliance training to support staff knowledge of compliance standards and KVH Code of Conduct	Compliance Officer & Privacy Officer	All staff complete annual Compliance & HIPAA/Privacy training through KVH education fair or electronic learning system				X	

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**KVH COMPLIANCE PROGRAM
2018 KVH WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
All new employees, leaders and providers receive Compliance/HIPAA/Privacy training during new employee orientation	Compliance Officer & Privacy Officer	All new employees, leaders and provider receive training					Ongoing
Staff who function in the Release of Information (ROI) role are properly trained to meet Federal and State HIPAA/Privacy Practice regulations for ROI processing <i>Reference: Privacy Rule 45 C.F.R. §§ 164.508, 164.524 and 164.526</i>	Privacy Officer	Develop Release of Information certification program to train staff who function in ROI role			X		
4. Developing Effective Lines of Communication							
Respond, investigate, and follow up on all Compliance Hotline calls/complaints	Compliance Officer	Hotline calls and compliance concerns are investigated within 30 days					Ongoing
Respond, investigate, and report to State and Federal authorities as required for HIPAA and other Compliance issues. <i>Reference: HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414</i>	Compliance Officer & Privacy Officer	HIPAA incident reports are investigated in within 60 days					Ongoing

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**KVH COMPLIANCE PROGRAM
2018 KVH WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
5. Enforcing Standards through Well-Publicized Disciplinary Guidelines							
Identify and mitigate potential conflicts of interest through education and the disclosure process defined in KVH Conflict of Interest Policy	Compliance Committee	All Senior Leaders, Directors, District #1 Board of Commissioners and employed providers will review the policy and complete the Conflict of Interest Disclosure Statement				X	
Conduct security risk analysis to identify and implement safeguards that comply with the standards and implementation specifications in the Security Rule <i>Reference: Security Rule 45 CFR Part 160 and Subparts A and C of Part 164</i>	Information Security Officer	Cyber Security Risk Assessment			X		
6. Auditing and Monitoring							
Re-evaluate billing and coding process flow post Cerner go-live		Billing and Coding process flow issues are addressed promptly with Cerner support staff			X		
Re-evaluate the Advanced Beneficiary Notice (ABN) process post Cerner go-live		ABNs flow electronically into the patient record to meet Medicare billing requirements		X			

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**KVH COMPLIANCE PROGRAM
2018 KVH WORK PLAN**

			ACTION COMPLETION TARGET				STATUS
OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
Increase provider knowledge of medical necessity documentation requirements/denial data is shared with providers on a TBD cadence	RCM Director & Chief of Clinic Operations	Reduction in billing denials				X	
7. Responding to Detected Offenses and Developing Corrective Action Initiatives							
Vendors are screened to ensure compliance with our policies and regulatory requirements/Contract with web-based screening program	Materials Management -Morgan Anderson	All vendors will be screened prior to receipt of day pass through an on-site check-in kiosk		X			

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**NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW**

Date March 15, 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>
Ada Cheung, MD	Provisional/Active	Initial Appointment
Christine Ward, ARNP	Provisional/AHP	Initial Appointment
Reese Hosey, PA-C	Provisional/AHP	Initial Appointment
Charles Westin, MD	Provisional/Associate	Initial Appointment
Richard Roux, MD	Associate	Reappointment
Andrew Peet, MD	Associate	Reappointment
Kristen Grubb, MD	Associate	Reappointment
William Feldmann, MD	Associate	Reappointment
Thomas Penoyar, MD	Active	Reappointment

March, 2018

Medical Staff Services:

- Mitch Engel continues his successful recruiting. We had two successful interviews in January; one GNP and one Pediatrician. The GNP Program should soon be at full strength, with Marquetta Washington starting this month, and a new offer to an experienced GNP in process. Our Pediatrician candidate has signed a contract and will be presented for Board approval upon completion of credentialing with a hoped for start in August. The orthopedic PA we discussed last time has signed an offer and is pending credentialing at this month's meeting. We have an accepted offer from a part time Dermatologist for one day a week upon completion of credentialing.
- Lisa Potter is working on a *pro forma* and Business Development plans for new service lines in Pediatrics, continues to support the work on plans for the expansion of physical therapy services in upper-county, implementation of the physician contract period for medical direction at CWU student medical clinic, 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 18 initial appointments, 19 reappointments, 1 resident and 4 students.

Clinics:

- Wound Care Clinic
 - 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.
- Central Washington University SMACC (Student Medical and Counseling Center) – *Spring quarter, 2018*
 - Implementation has begun for the Spring Quarter collaboration with CWU SMACC, involving part time physician services at ten hours per week from March 27, 2018 – June 8, 2018.
- Clinic Council
 - We have enjoyed a very engaged medical staff during training for Cerner implementation. Extra work to support the transition by Drs. Kelly Noyes, Jonathon Hibbs, Ken Lindsey, Krista Summers, John Merrill-Steskal, Tom Penoyar, and Ginger Longo, and by ARNPs Jennifer Simmons, Zoe Carlson, and Anita Schiltz, has been specially recognized and was essential to the level of success so far.
- Pediatric Call Coverage for newborn resuscitation
 - We are preparing to add outpatient providers to the neonatal resuscitation call team and are working to get a certification program locally once the Cerner transition settles. On a longer term basis, we are planning to add a pediatrician as noted above as soon as possible.

CMO role:

- This is my last board meeting as your CMO. I am pleased to introduce Dr. Kevin Martin, who will be assuming my duties and a newly defined role as the 3rd Chief Medical Officer to ever serve KVH. I feel Julie has made a great choice from a strong field of qualified candidates, and look forward to handing over my office to him on April 1. We will be working hard to make a seamless transition for him and the rest of my staff over the next few weeks.
- On a personal note, I have the highest regard for all KVH staff, including the Board and my Admin team colleagues. The dedication this team brings to "doing what is best for each patient" has been inspirational to me and has taught me more than you all can imagine. I consider my efforts as your CMO as the capstone of my nearly 40 year career as a physician in Ellensburg, and hope that I can continue to be of service to this medical community in the years to come, even if in a less visible role. Not only is this the community in which my family and I will continue to live (admitted self-interest here), but you are exceptional professionals in continual pursuit of a long held dream of mine, and I care about both you and the success of your mission greatly. Thank you for the opportunities you have given me to serve.

Don Solberg, CMO (Ret.)



CHIEF FINANCIAL OFFICER REPORT- Libby Allgood, CFO

February Operating Results

- Our Cerner OneSource system went live on February 12, 2018. As we expected, there were some bumps and we continue to work through various issues including documentation, charging and coding. We are still learning how to derive some of our statistics and will report out when they are available.
- Although inpatient admissions were below budget length of stay was 16% over budget resulting in an inpatient average daily census of 6.8 compared to 7.4 budgeted. The average daily census for observation patients was 3.4 compared to a budget of 2.9 resulting in overall average census of 10.2 compared to budget of 10.3.
- Inpatient surgical cases equaled budget at 22 cases and emergency room visits were essentially at budgeted levels.
- As we expected, volumes and revenue for some services were lower than budgeted. In particular, radiology and rehab services experienced below budget volumes. We are not yet able to report on clinic visits but will report next month.
- Overall revenue was \$883,616 or 8.6% below budget with the largest variance in outpatient revenue, at (9.5)%. Clinic revenue, despite anticipated reduction in volumes, was only 1.2% below budget.
- More patients have been applying for financial assistance than anticipated, income levels are putting people just above the cut off for Washington State Apple Health coverage but they are well within the financial assistance guidelines. We provided assistance totaling \$197,049 in February which was \$129,819 more than budgeted.
- Contractual adjustments, while below budget, are running at a higher percentage of revenue than budgeted. The budget reflects the impact of anticipated increases in payment rates by several payers. The proposed Kaiser contract with higher payment rates has not yet been signed but will be retroactive to January 2018. We anticipate additional positive contract changes in 2018.
- Operating expenses were 4.9% below budget due primarily to below budget supply and labor expense. The equivalent of 26 FTEs were dedicated to the OneSource implementation and not included in operating expenses.
- Operations resulted in a loss of \$458,349, a negative variance of \$187,597. Operating margin is (2.8) % year to date compared to a year to date budget of (1.6)%.

OneSource – Cash Recovery Plan

- We are developing a Cash Recovery Plan to address the reduction in cash receipts. The plan includes problem identification, proposed resolution and projected timeline for completion.

Refinancing of KVH Medical Arts Building

- The deadline for responding to the RFP for refinancing the KVH Medical Arts Center was Friday March 16th. There are three promising prospects, Piper Jaffray is currently working with each of them to refine their offers. We should have final proposals by early April.

Audit Field Work

- Dingus, Zarecor and Associates were onsite the week of March 12-16 to complete their fieldwork for the 2017 financial audit. Accounting department is to be commended for the quality of reporting in 2017 as there were no significant issues. Final audit will be presented at the May Board of Commissioners meeting.

Kittitas Valley Healthcare
Key Statistics and Indicators
February 2018

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	57	72	-20.8%	152	155	-1.9%	138	10.1% 01	
02 Patient Days - W/O Newborn	189	206	-8.0%	479	432	11.0%	427	12.3% 02	
03 Avg Daily IP Census	6.8	7.4	-8.0%	8.1	7.3	11.0%	7.2	12.3% 03	
04 Average Length of Stay	3.3	2.9	16.2%	3.2	2.8	13.2%	3.1	1.9% 04	
05 Deliveries	20	25	-20.0%	51	54	-5.6%	48	6.3% 05	
06 Case Mix	1.07	1.00	7.4%	1.07	1.00	7.4%	1.07	0.4% 06	
07 Surgery Minutes - Inpatient	2,820	2,564	10.0%	6,290	5,410	16.3%	5,291	18.9% 07	
08 Surgery Minutes - Outpatient	5,539	6,646	-16.7%	14,067	14,021	0.3%	12,724	10.6% 08	
09 Surgery Procedures - Inpatient	22	22	0.0%	54	47	14.9%	42	28.6% 09	
10 Surgery Procedures - Outpatient	84	113	-25.7%	207	238	-13.0%	226	-8.4% 10	
11 ER Visits	984	994	-1.0%	2,208	2,087	5.8%	2,234	-1.2% 11	
12 Laboratory	NA	NA	NA	NA	NA	NA	NA	NA 12	
13 Radiology Exams	2,279	2,641	-13.7%	5,266	5,573	-5.5%	5,557	-5.2% 13	
14 Rehab Visit	998	1,153	-13.4%	2,234	2,427	-7.9%	2,346	-4.8% 14	
15 Outpatient Visits	NA	NA	NA	NA	NA	NA	NA	NA 15	
16 Outpatient Percent of Total Revenue	83.9%	83.8%	0.1%	83.5%	84.1%	-0.7%	83.4%	0.1% 16	
17 Clinic Visits	NA	NA	NA	NA	NA	NA	NA	NA 17	
18 Adjusted Patient Days	1,173	1,269	-7.6%	2,896	2,709	6.9%	2,572	12.6% 18	
19 Equivalent Observation Days	95	80	19.0%	157	168	-6.7%	188	-16.9% 19	
20 Avg Daily Obs Census	3.4	2.9	19.0%	2.7	2.8	-6.7%	3.2	-16.9% 20	
Financial Measures									
21 Salaries as % of Operating Revenue	56.7%	52.8%	-7.3%	54.7%	51.7%	-5.7%	54.7%	-0.1% 21	
22 Total Labor as % of Operating Revenue	72.1%	66.5%	-8.4%	68.1%	64.9%	-5.0%	67.1%	-1.6% 22	
23 Revenue Deduction %	47.5%	45.0%	-5.7%	46.6%	44.7%	-4.2%	45.2%	-3.1% 23	
24 Operating Margin	-8.6%	-4.7%	84.6%	-2.8%	-1.6%	73.9%	1.3%	-316.7% 24	
Operating Measures									
25 Productive FTE's	426.1	421.1	-1.2%	407.1	421.1	3.3%	406.2	-0.2% 25	
26 Non-Productive FTE's	32.9	52.8	37.7%	50.9	52.8	3.6%	51.5	1.1% 26	
27 Paid FTE's	459.0	473.9	3.2%	458.0	473.9	3.4%	457.7	-0.1% 27	
28 Operating Expense per Adj Pat Day	\$ 4,933	\$ 4,791	-3.0%	\$ 4,273	\$ 4,687	8.8%	\$ 4,378	2.4% 28	
29 Operating Revenue per Adj Pat Day	\$ 4,543	\$ 4,578	-0.8%	\$ 4,157	\$ 4,613	-9.9%	\$ 4,436	-6.3% 29	
30 A/R Days-Hospital Only	55.0	50.0	-10.0%	55.0	50.0	-10.0%	49.1	-12.0% 30	
31 Days Cash on Hand	152.4	175.0	-12.9%	152.4	175.0	-12.9%	151.4	0.6% 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	1,520,991	1,675,250	(154,259)	3,580,861	3,527,163	53,699	3,419,225
OUTPATIENT REVENUE	6,809,025	7,525,443	(716,419)	15,528,716	15,849,355	(320,639)	14,779,695
CLINIC REVENUE	1,108,866	1,121,804	(12,938)	2,538,550	2,745,620	(207,070)	2,395,386
REVENUE	9,438,881	10,322,497	(883,616)	21,648,127	22,122,138	(474,010)	20,594,305
CONTRACTUALS	4,088,156	4,328,858	(240,702)	9,210,303	9,236,221	(25,918)	8,718,495
PROVISION FOR BAD DEBTS	167,192	192,087	(24,894)	547,045	404,536	142,509	430,140
FINANCIAL ASSISTANCE	197,049	67,230	129,819	232,677	141,588	91,090	81,140
OTHER DEDUCTIONS	34,136	53,784	(19,649)	102,849	113,270	(10,421)	87,036
DEDUCTIONS FROM REVENUE	4,486,533	4,641,959	(155,426)	10,092,874	9,895,615	197,259	9,316,811
NET PATIENT SERVICE REVENUE	4,952,348	5,680,538	(728,190)	11,555,254	12,226,523	(671,269)	11,277,495
OTHER OPERATING REVENUE	375,653	130,562	245,091	482,189	272,023	210,166	130,383
TOTAL OPERATING REVENUE	5,328,001	5,811,100	(483,099)	12,037,442	12,498,546	(461,103)	11,407,878
SALARIES	3,019,671	3,069,539	(49,869)	6,585,041	6,467,592	117,449	6,237,158
TEMPORARY LABOR	48,796	24,672	24,124	65,413	50,701	14,712	63,456
BENEFITS	820,689	792,760	27,930	1,618,022	1,645,602	(27,580)	1,417,699
PROFESSIONAL FEES	69,069	88,483	(19,413)	76,106	202,600	(126,494)	83,940
SUPPLIES	514,177	719,063	(204,886)	1,360,871	1,522,365	(161,494)	1,410,891
UTILITIES	74,108	97,524	(23,416)	163,431	191,545	(28,114)	143,207
PURCHASED SERVICES	660,343	638,693	21,650	1,319,214	1,300,908	18,306	838,188
DEPRECIATION	234,329	263,331	(29,002)	466,396	526,662	(60,266)	475,397
RENTS AND LEASES	108,880	136,574	(27,694)	237,821	273,147	(35,326)	189,215
INSURANCE	40,522	47,438	(6,915)	81,203	94,875	(13,672)	80,475
LICENSES & TAXES	89,025	71,632	17,393	159,306	150,919	8,387	149,700
INTEREST	49,929	50,468	(539)	99,859	100,937	(1,078)	39,600
TRAVEL & EDUCATION	25,528	40,677	(15,149)	46,803	86,166	(39,362)	46,640
OTHER DIRECT	31,285	40,998	(9,713)	94,762	85,592	9,169	85,018
EXPENSES	5,786,350	6,081,852	(295,502)	12,374,247	12,699,611	(325,364)	11,260,584
OPERATING INCOME (LOSS)	(458,349)	(270,751)	(187,597)	(336,805)	(201,065)	(135,739)	147,294
OPERATING MARGIN	-8.60%	-4.66%	38.83%	-2.80%	-1.61%	29.44%	1.29%
NON-OPERATING REV/EXP	203,769	177,225	26,545	310,610	356,951	(46,342)	320,140
NET INCOME (LOSS)	(254,579)	(93,527)	(161,053)	(26,195)	155,886	(182,081)	467,434
UNIT OPERATING INCOME							
HOSPITAL	(11,958)	108,853	(120,811)	393,798	325,075	68,722	574,882
URGENT CARE	(20,221)	1,495	(21,717)	(6,030)	4,160	(10,190)	(42,193)
CLINICS	(474,177)	(431,481)	(42,695)	(887,402)	(638,468)	(248,934)	(430,629)
HOME CARE	48,008	50,382	(2,374)	162,830	108,167	54,662	45,234
OPERATING INCOME	(458,349)	(270,751)	(187,597)	(336,805)	(201,065)	(135,739)	147,294

02/28/2018

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Kittitas Valley Healthcare
Balance Sheet

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	376,187	2,807,767	(2,431,580)
ACCOUNTS RECEIVABLE	20,660,578	19,085,150	1,575,428
ALLOWANCE FOR CONTRACTUAL	(9,812,581)	(9,109,214)	(703,367)
THIRD PARTY RECEIVABLE	149,141	149,141	0
OTHER RECEIVABLES	1,897,400	227,211	1,670,189
INVENTORY	1,400,462	1,424,982	(24,520)
PREPAIDS	816,642	795,740	20,902
CURRENT ASSETS	15,487,828	15,380,777	107,052
INVESTMENTS	30,378,166	30,405,680	(27,514)
PLANT PROPERTY AND EQUIPMENT	75,187,450	73,924,107	1,263,343
ACCUMULATED DEPRECIATION	37,758,042	37,256,104	501,938
NET PROPERTY, PLANT, & EQUIP	37,429,408	36,668,003	761,405
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	67,807,574	67,073,683	733,891
ASSETS	83,295,402	82,454,460	840,943
ACCOUNTS PAYABLE	1,545,695	1,884,406	(338,711)
ACCRUED PAYROLL	1,244,784	822,303	422,481
ACCRUED BENEFITS	331,473	985,223	(653,750)
ACCRUED VACATION PAYABLE	2,072,732	1,864,043	208,689
THIRD PARTY PAYABLES	1,805,372	1,739,700	65,672
CURRENT PORTION OF LONG TERM DEBT	2,208,666	1,698,505	510,161
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	9,208,723	8,994,180	214,543
ACCRUED INTEREST	119,462	183,417	(63,955)
BOND PREMIUM 2008 REFUND	15,052	18,397	(3,345)
DEFERRED TAX COLLECTIONS	1,251,315	56,720	1,194,595
DEFERRED REVENUE HOME HEALTH	134,843	120,268	14,575
DEFERRED LIABILITIES	1,520,672	378,802	1,141,870
LONG-TERM DEBT - 2008 UTGO BONDS	(853,666)	(343,505)	(510,161)
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	15,911,111	(610,463)
NONCURRENT LIABILITIES	16,821,320	16,289,913	531,407
FUND BALANCE	57,291,555	54,498,312	2,793,243
NET REVENUE OVER EXPENSES	(26,195)	2,672,056	(2,698,251)
FUND BALANCE	57,265,360	57,170,368	94,992
TOTAL LIABILITIES & FUND BALANCE	83,295,402	82,454,461	840,941

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02/28/2018

Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	(26,195)
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	501,938
PROVISIONS FOR BAD DEBT	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	475,743
INCREASE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(872,061)
OTHER RECEIVABLES	(1,670,189)
INVENTORIES	24,520
PREPAID EXPENSES & DEPOSITS	(20,902)
TOTAL CURRENT ASSETS	(2,538,632)
INVESTMENTS	27,514
PROPERTY, PLANT, & EQUIP.	(1,263,343)
OTHER ASSETS	0
TOTAL ASSETS	(3,298,718)
DECREASE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(338,711)
ACCRUED SALARIES	422,481
ACCRUED EMPLOYEE BENEFITS	(653,750)
ACCRUED VACATIONS	208,689
COST REIMBURSEMENT PAYABLE	65,672
CURRENT MATURITIES OF LONG-TERM DEBT	510,161
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	214,543
DECREASE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(63,955)
2008 UTGO REFUNDING BOND PREMIUM	(3,345)
DEFERRED TAX COLLECTIONS	1,194,595
DEFERRED REVENUE - HOME HEALTH	14,575
TOTAL OTHER LIABILITIES	1,141,870
DECREASE IN LT DEBT & CAPITAL LEASES (\$)	
LONG-TERM DEBT - 2008 UTGO BONDS	(510,161)
LONG-TERM DEBT - 2009 LTGO BONDS	0
LONG-TERM DEBT - 2017 REVENUE BONDS	(100,302)
TOTAL LONG-TERM DEBT & LEASES	(610,463)
TOTAL LIABILITIES	745,950
NET CHANGE IN CASH	(2,552,768)
BEGINNING CASH ON HAND	2,807,767
ENDING CASH ON HAND	254,999

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KVH
AR Days
February 2018

Accounts Receivable		Unbilled	0-30	31-60	61-90	91-180	181+	Total	Days
Hospital Total		497,846	4,897,624	1,876,388	1,077,512	1,602,925	2,050,134	12,002,430	
	Cerner	4,481,850	8,504					4,490,354	
		4,979,696	4,906,128	1,876,388	1,077,512	1,602,925	2,050,134	16,492,784	55
Home Care			152,823	74,067	45,885	29,812	51,746	354,333	
Hospice			141,784	57,478	43,535	106,417	50,519	399,733	
Home Care and Hospice			294,607	131,545	89,420	136,229	102,265	754,066	71
Family Medicine Ellensburg	Paragon		116,186	88,153	40,942	48,399	85,044	378,724	
	Cerner		200,426					200,426	
			316,612	88,153	40,942	48,399	85,044	579,150	42
Family Medicine Cle Elum	Paragon		39,474	45,533	31,639	29,520	39,234	185,400	
	Cerner		117,183					117,183	
			156,657	45,533	31,639	29,520	39,234	302,583	38
Internal Medicine	Paragon		88,752	45,323	12,061	18,026	5,589	169,751	
	Cerner		81,232					81,232	
			169,984	45,323	12,061	18,026	5,589	250,983	25
Womens Health	Paragon		32,242	5,771	3,958	12,456	6,206	60,633	
	Cerner		15,893					15,893	
			48,135	5,771	3,958	12,456	6,206	76,526	31
Orthopedics	Paragon		40,254	42,030	42,994	31,513	4,419	161,211	
	Cerner		22,614					22,614	
			62,868	42,030	42,994	31,513	4,419	183,825	32
General Surgery	Paragon		10,638	13,228	6,525	14,788	3,318	48,497	
	Cerner		6,141					6,141	
			16,779	13,228	6,525	14,788	3,318	54,638	29
Hospitalist	Paragon		23,879	8,900	5,472	5,528	3,762	47,541	
	Cerner		10,838					10,838	
			34,717	8,900	5,472	5,528	3,762	58,379	26
Workplace Health	Paragon		11,481	8,078	7,942	11,484	-	38,986	
	Cerner		10,587					10,587	
			22,068	8,078	7,942	11,484	-	49,573	66
Hospital and Clinics								18,802,506	53

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KITTITAS VALLEY HEALTHCARE
US BANCORP INVESTMENTS
FEBRUARY 28, 2018

INVESTMENT TYPE	CUSIP	INVESTMENT DATE	MATURITY DATE	INTEREST %	MATURITY AMOUNT	INVESTMENT AMOUNT	MARKET VALUE	UNREALIZED GAIN/(LOSS)
FHLMC	3134G6Y31	05/29/2015	05/25/2018	1.150%	2,000,000.00	2,005,870.00	1,997,808.00	(8,062.00)
FFCB	3133EGAW5	06/01/2016	08/19/2019	1.250%	1,665,000.00	1,664,457.21	1,639,502.19	(24,955.02)
FAMCA	3132X0JT9	09/20/2016	09/20/2019	1.160%	1,600,000.00	1,601,881.60	1,566,140.80	(35,740.80)
FFCB	3133EGWF8	10/03/2016	10/03/2019	1.170%	1,600,000.00	1,603,766.40	1,570,236.80	(33,529.60)
RFCSP STRIP	76116FAA5	07/12/2016	10/15/2019	0.829% *	1,026,000.00	998,993.63	989,098.88	(9,894.75)
RFCSP STRIP	76116FAA5	10/20/2017	10/15/2019	1.588% *	1,083,000.00	1,049,875.36	1,044,048.82	(5,826.54)
FFCB	3133EGA62	02/02/2017	11/01/2019	1.160%	1,000,000.00	993,013.00	980,961.00	(12,052.00)
FNMA STRIPS	31364DJV9	11/09/2016	04/08/2020	1.120% *	1,558,000.00	1,499,712.10	1,480,512.87	(19,199.23)
FANNIE MAE	3136G3NX9	06/01/2016	05/18/2020	1.220%	1,090,000.00	1,089,579.26	1,063,979.52	(25,599.74)
FFCB	3133EGBL8	05/19/2016	05/19/2020	1.370%	1,485,000.00	1,488,460.05	1,450,527.21	(37,932.84)
FREDDIE MAC	3134GAWY6	11/28/2016	08/25/2020	1.375%	1,775,000.00	1,762,472.05	1,729,906.13	(32,565.92)
FFCB	3133EGC29	11/02/2016	11/02/2020	1.350%	2,000,000.00	2,002,330.00	1,942,710.00	(59,620.00)
FNMA	3136G3ND3	05/25/2016	11/25/2020	1.400%	1,000,000.00	1,001,292.00	966,971.00	(34,321.00)
FHLB	3130A8NT6	01/31/2017	07/13/2021	1.480%	1,020,000.00	1,000,028.40	987,125.40	(12,903.00)
TOTAL					19,902,000.00	19,761,731.06	19,409,528.62	(352,202.44)

*Zero Coupon Bond. Yield to Maturity.

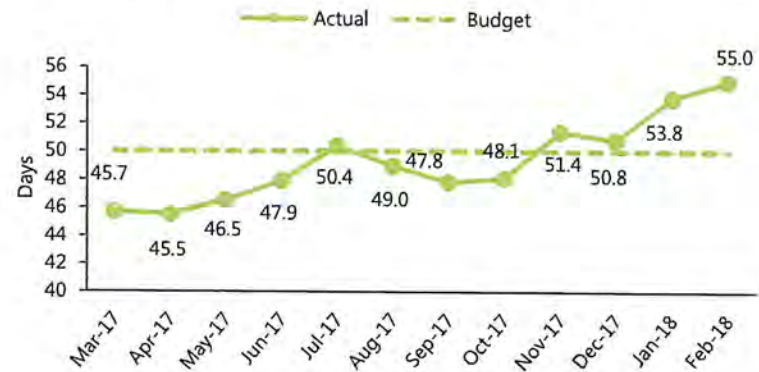
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Financial Sustainability

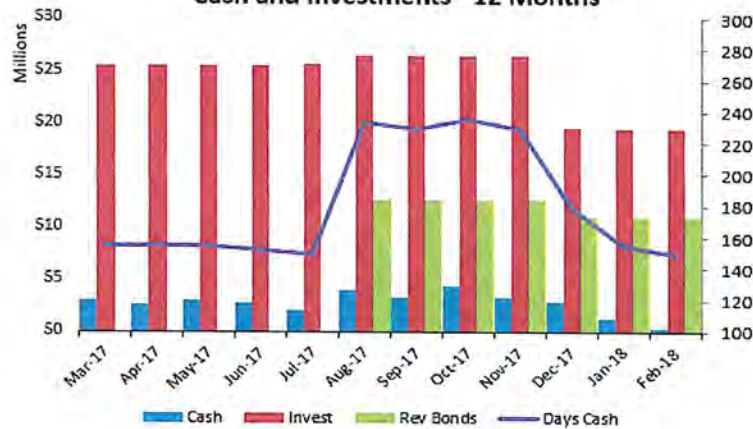
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2016	CY 2017	YTD 2018
Medicare	40.68%	40.47%	38.87%
Medicaid	18.82%	18.90%	19.21%
Commercial	33.58%	33.14%	34.70%
Self Pay	4.10%	4.31%	3.74%
Other	2.82%	3.18%	3.47%

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OPERATIONS REPORT

March 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-**
 - Resolving ongoing issues after the One Source implementation has been a primary focus for both lab and imaging. Lab continues to have sporadic issues with the CHCW interface, some lab orders were not interfaced to lab equipment, providers couldn't order some routine tests and not all provider fax numbers were auto-populated in the system for automatic transmission of lab results to the provider. On the imaging side, we've had sporadic issues with Cerner, MedQ and GE PACS. Some of the problems have been related to training of staff or training of providers. To help identify the source of the problems, we have facilitated GE PACS/MedQ application specialists and engineers to be on site at KVH and with Yakima Radiology March 13-15. We are also escalating concerns on the Cerner side with an onsite visit by Cerner beginning Cerner March 15.
 - We are holding off on leasing more GE equipment until we have the issues with GE PACS resolved. This may impact the remodel and upgrade of x-ray room 1.
 - Our MRI installation has been delayed due to DOH requirements for the design of the electrical panel. A mobile MRI will be on site March 24 in anticipation of being able to begin removal of our existing MRI the week of April 16 or May 7. Parking will be disrupted in 5 spots while the mobile MRI is on site.
- **Cardiopulmonary-**

With the departure of Dr. Waltner, we no longer have a provider to perform bronchoscopy, we have limited providers performing stress echos and the community is without a pulmonologist. We are holding on replacing one respiratory therapist position until we understand the impact on our outpatient volume. We have been contacted by Teamsters to select dates for contract negotiations with the respiratory therapists. Our first planning session with our labor attorney was on March 19.

- **Pharmacy-**
The pharmacy team has been heavily impacted by the implementation of One Source. One of the biggest challenges has been managing the changes to order sets with drug shortages. Many medications are built into an order set and if the medication is not available it must be substituted. As KVH cannot make "live" changes in the order sets, it leads to issues with ordering or scanning medications at the bedside.
- **Home Health & Hospice-**
 - I would like to recognize Linda Jacobs, Chad Bearup, Ryder DeFranco, and Mat Panattoni for assisting with the training of Hospice Friends Volunteers. We had 6 volunteers attend a two day training to learn how to provide respite care to Hospice families. Hospice Friends is actively seeking a new Executive Director and I am participating on the interview panel.
 - We recently hired an RN who lives in Roslyn to work in Upper County. This will reduce travel time and expenses related to seeing those clients. We are actively recruiting a physical therapist, a physical therapy assistant, a per diem social worker and a QA RN.
- **Partnership & Collaborations Strategy 3-**
 - A phone conference was held with Swedish on 3/12/18 to discuss the care model Swedish currently utilizes for providing integrated behavioral health in their primary care clinics. This very informative meeting was attended by myself, Carrie Barr, Brenda Mineer, Dr. Norman Wood, Auren O'Connell and Lori Drews. The call was informational only, with no discussion of what services might be provided by Swedish in the Upper County.
 - At the February Board meeting of Hospital District #2, I was asked to reach out to Fire District #51 regarding their interest in continuing discussions for a potential urgent care at Snoqualmie Pass. I have not yet heard back from Chief Wiseman, but hope to have an update at the Board Meeting.
 - KVH has submitted an application to the DOH to review the planned revisions to the Durham building and the functional program for Rehabilitative Services. Having DOH approval will avoid delays in being able to move forward with the project should Hospital District #1 and Hospital District #2 decide to proceed.
 - We have reached out to a dermatologist who has expressed interest in working out of FMC for one or two days per month. Our physician recruiter will be working towards obtaining a signed contract.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Cerner:** Continuous work on workflows that have changed and fixing issues that rise. Kurtis Hampton has shifted to his new role as Clinic Application Specialist. This position was posted internally and he was one of our Cerner Super Users. His role will assist us in

current issues, training for current employees and new employees as well as ongoing workflow adjustments.

- **Patient Portal:** Workflows have been determined for portal messages as they will not be treated differently from any other patient contact. Communication plan is under construction by Michele Wurl and team. This communication will be for internal messaging as well as patient messaging. Timeline has been determined for an April 15th go-live as long as testing of the system in the next few weeks goes smoothly.
- **Internal Medicine/General Surgery:** In 2017, we worked on KVH Internal Medicine and KVH General Surgery colonoscopy/endoscopy procedures and processes to be standardized. From there we advertised both Dr. Feng and Dr. Penoyar in photos and advertisement campaigns together. Scripting has now been created for scheduling staff to offer a patient calling for Dr. Feng and opportunity to schedule with Dr. Penoyar and vice versa.
- **Workplace Health:** The other scheduling staff scripting that we created is for Workplace Health. We are calling about 700 patients from Family Medicine Cle Elum, Family Medicine Ellensburg and Internal Medicine that have L&I claims. We also, have scripting when the patient is calling into any of those 3 clinics to establish an appointment regarding L&I care that will help direct the patient to Workplace Health, if the patient prefers that route.

Thank you, Carrie Barr, Chief of Clinic Operations

Home (<http://www.wsha.org/>) / Events (<http://www.wsha.org/events/>)
/ April 30 – CEO & Trustee Patient Safety Summit

April 30 – CEO & Trustee Patient Safety Summit

Patient Safety Safe Table

Registration Link (<https://www.eventbrite.com/e/2018-ceo-trustee-patient-safety-summit-tickets-42995827678>)

Location:

Crowne Plaza Seattle Airport
17338 International Boulevard - Seattle, WA 98188

Event Information

April 30, 2018
9:00 a.m. - 3:00 p.m. (PST)

Event Type: Patient Safety Safe Table

Please note that this event will occur on 2 consecutive days, with the same content on each day, so please choose the option that best suits your schedule.

The morning session will be led by Dr. J. Bryan Sexton who will focus on creating alignment with our goal of reaching the quadruple aim and how boards can help create resilient, joy-filled workplaces to advance staff and patient safety. In the afternoon, Dr. Joseph Betancourt will focus on continuing our work around health equity by sharing his in-depth knowledge on health care disparities and cross-cultural medicine.

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Home (<http://www.wsha.org/>) / Events (<http://www.wsha.org/events/>)
/ May 1 – CEO & Trustee Patient Safety Summit

May 1 – CEO & Trustee Patient Safety Summit

Patient Safety Safe Table

Registration Link (<https://www.eventbrite.com/e/2018-ceo-trustee-patient-safety-summit-tickets-42995827678>)

Location:

Crowne Plaza Seattle Airport
17338 International Boulevard - Seattle, WA 98188

Event Information

May 1, 2018
9:00 a.m. - 3:00 p.m. (PST)

Event Type: Patient Safety Safe Table

March, 2018

To give you a better picture of the work being done through the Community Relations department, I have modified the information you are getting in your monthly board reports. If there is any other information you would find useful, please do not hesitate to let me know.

External Outreach activities:

- Workplace Health presentation at Ellensburg Evening Rotary (2/27 – Dr. Robert Meyer)
- Workplace Health presentation at Ellensburg Morning Rotary (3/1 – Dr. Robert Meyer)
- Expanding your Horizons at CWU (3/3 – Stacey Botten, Family Birthing Place & Stacy Olea, Lab & Imaging)
- Workplace Health presentation at Cle Elum Morning Rotary (3/7 – Dr. Robert Meyer)
- PechaKucha 20x20 at Gallery 1 (3/16 – Dr. John Merrill-Steskal)

Internal Outreach activities:

- Cerner Super Use recognition event (3/7 – Blue Rock)

Sponsorships:

- CWU marketing students' public relation campaign on pediatric cancer awareness
- Cle Elu Snowfest
- Ellensburg High School spring sports program (full page KVH ad on the inside cover)

Stories:

- KVH two weeks in to new medical systems review (DR 2.24.18)
- Chamber honors depot, local business (DR 3.9.18)
- KVH not included in top 100 list (DR 3.10.18)

Advertisements:

- Orthopedics – In mid-February we began an advertising campaign focused on raising the awareness of our Orthopedic program and providers. After seeing Astria Health begin advertising in the Ellensburg area we felt it was prudent to focus our efforts in both Kittitas County and the Yakima area. I have asked the Orthopedic Clinics to track new patients during this time to help us see what effect we are having and will review the information in late April.
- Workplace Health – With Dr. Meyer now onboard at Workplace Health, we are working with Lisa Potter to increase both contracted work and direct client awareness. Watch for a new billboard going up just south of I-90 on Canyon Road at the end of this month, as well digital advertising in the Yakima area.
- Other -
 - ✓ Watch for full page ad in the upcoming Daily Record Trending insert (3/28) on colon health and KVH general surgery providers.
 - ✓ Next time you are at the Grand Meridian Cinema, keep an eye out for our pre-movie ads. Workplace Health is being featured through March. This will transition to Orthopedics during April and May.

On the horizon:

- The 2nd Annual Provider Appreciation dinner is Wednesday, March 28 from 6-8. Be sure to RSVP to marketing@kvhealthcare.org.
- Dr. Solberg's family invites you to his retirement Open House on Saturday, March 31 from 4-7 at Gard Vintners.
- The Spring Girl's Night Out, put on by the Ellensburg Downtown Association, is taking place April 12. Come visit us at Gallery One.