

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

March 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: February 28, 2019 (3-5)
- b. Approval of Checks (6)
- c. Report: Foundation (7)
- d. Minutes: Finance Committee (8-9)
- e. Minutes: Quality Council: February 25, 2019 (10-12)

4. Presentations:

- a. Linda Navarre, Compliance Office: 2018 Compliance Work Plan

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality – Mande Olsen, Director of Quality Improvement (13-25)
 - i. Process of discharging a patient – Mande Olsen
- b. Chief Executive Officer – Julie Petersen (26-30)
 - i. 2019 Compliance Work Plan Approval, Linda Navarre, Compliance Officer ** (31-51)
 - ii. Staff Development – Carrie Youngblood
 - iii. Preliminary Review of Nurses Station – Ron Urlacher/Vicky Machorro (52-53)
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (54)
 - ii. Chief Medical Officer, Kevin Martin MD (55-56)
- d. Finance – Chief Financial Officer - Scott Olander
 - i. Operations Report (57-65)
 - ii. Finance Committee Report – Commissioner Liahna Armstrong
- e. Operations (66-71)
 - 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 (72-73)



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
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KVH Conference Room A & B - 5:00 p.m.

& Marketing

7. Education and Board Reports

8. Old Business

- a. Dermatology Review (74-75)

9. New Business

- a. Resolution No. 19-04: Authorizing Benefits Advisory Committee (BAC) Oversight of Retirement Plans ** (76)
- b. Resolution No. 19-05: Deferred Compensation Savings Plan for the benefit of its employee and their beneficiaries ** (77-78)
- c. Resolution No. 19-06: Physician Pension Plan for the benefit of its employee and their beneficiaries ** (79-80)
- d. Resolution No. 19-07: Pension Plan for the benefit of its employee and their beneficiaries ** (81-82)

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

April 23, 2019, Special Meeting
April 25, 2019, Regular Meeting
May 3, 2019, Special Meeting
May 23, 2019, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B
February 28, 2019

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Mandee Olsen, Dr. Kevin Martin, Carrie Barr, Vicky Machorro, Rhonda Holden, Lisa Potter, Jason Adler, Morgan Anderson

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

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

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Presentations:**

Mandee Olsen, Quality and Risk Management Director, stated that the oversight of Workplace Violence is a shared responsibility between Human Resources, Facilities and Quality. The Committee reports to the CEO. Olsen went over the definition of Workplace Violence, the categories, the history and the risk factors and stated that Workplace Violence is four times more likely to occur in healthcare than in private industry. Olsen explained that a caregiver may be injured by a confused patient suffering from dementia or an agitated patient in the emergency department. KVH is working to tailor training and tools to individual needs. There is a growing awareness of the problem of workplace violence in healthcare, and KVH is searching for effective tools to mitigate the risk to employees.

5. **Public Comment/Announcements:**

None

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that we successfully attested to meaningful use for 2018.

The Board members reviewed the CEO report with Julie Petersen. Petersen proposed that the Board review preliminary planning for the combined Med/Surg/ICU nurses station at the regular March Board meeting. Administration will not be asking for action, but would like an opportunity to acquaint the Board with the current thinking. Petersen went over the timeline and next steps at the MAC. Petersen requested a special meeting the beginning of April with the Board and providers.

Lisa Potter discussed the reimbursement model and benefits it would bring to our patients if KVH had a swing bed unit. Potter stated that a swing bed unit gives our patients and their families another option for post-acute care.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously authorized Administration to take any and all actions necessary to implement a swing bed program as presented.

Julie Petersen stated that our current courier service is provided by a local taxi service, and it was discussed during the 2019 operating budget cycle whether it was time to move to an internal service. Morgan Anderson stated that this is an opportunity to improve the overall service. Anderson went over the proposed KVH courier services and the logistical benefits. Petersen stated that, while no decision has been made, the KVH campus is growing and the Board may see this at some point as a capital request.

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

ACTION: On motion of Roy Savoian and second of Bob Davis, the Board members unanimously approved the initial appointment for Dr. Shameem Azizad and reappointments for Dr. Raymond Merrell, Dr. Berhan Ghermay, Jennifer Simons, ARNP, Jocelyn Judd, PA-C, Megan DeSelms, PA-C, Marquette Washington, ARNP, Dr. Matthew Caster, Dr. Gregory Engel, and Dr. Jared Shannon as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin.

Scott Olander reported on financial performance for January. Olander stated that January came in ahead of budget with regard to most statistics and the result was a positive gross revenue of \$763,157.00. Liahna Armstrong reported that the Finance Committee met and discussed the swing bed program.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Barr stated that a clinic manager has been hired for Family Medicine – Cle Elum.

The Board members reviewed the Community Relations report.

7. Education and Board Reports:

President Altman stated that he, Roy Savoian, Bob Davis, and Julie Petersen attended the AHA Rural Health Care Leadership Conference. They each went over their takeaways from the conference. President Altman questioned if it would be beneficial to have a Trustee Organization and Education (TOE) Committee and stated that the Board should discuss it further at a future meeting.

8. Old Business:

None

9. New Business:

President Altman read the section of bylaws regarding education requirements and reminded everyone that there is a policy that each Board member get 16 hours of continuing education each year.

President Altman stated that the AHA Annual Meeting is April 7-10, 2019.

Julie Petersen stated that there will be a Governance Education webinar on Finance April 2, 2019 from 12:00 pm to 1:00 pm.

President Altman stated there will be a special Board meeting on finance May 3, 2019 from 2:30 pm to 6:30 pm.

Julie Petersen stated that Congresswoman Dr. Kim Schrier will be here for a visit on the afternoon of March 23, 2019 from 2:00 pm to 3:00 pm.

10. Executive Session:

At 7:42 pm, President Altman announced that there would be an 8-minute recess followed by a 45-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 8:35 pm, the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:35 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motion passed to approve swing bed unit.
4. Motion passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.

Respectfully submitted,

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

DATE OF BOARD MEETING: March 28, 2019

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>251470-252214</u>	NET AMOUNT:	<u>\$4,194,577.61</u>
		SUB-TOTAL:		<u>\$4,194,577.61</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81355-81367</u>	NET AMOUNT:	<u>\$14,665.35</u>
#2	PAYROLL CHECK NUMBERS	<u>81368-81376</u>	NET AMOUNT:	<u>\$10,481.47</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,171,225.49</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,128,972.78</u>
		SUB-TOTAL:		<u>\$2,325,345.09</u>

TOTAL CHECKS & EFTs: \$6,519,922.70

Prepared by

Sharoll Cummins

Sharoll Cummins
Staff Accountant

THE FOUNDATION AT KVH – Lauren Denton

March 2019

FOUNDATION

Special Events

16th Magical Evening... A Night of Hope is next month and we look forward to you joining us on **April 27, 2019** at the Kittitas Valley Event Center with a semi-formal attire. Invitations were mailed out in March and we are almost sold out! Tickets are \$75/each, tables \$600 and premier tables \$1,000. Raffle tickets are now available for \$5/each through the Gala. Winners need not be present to win. See the attached fliers for complete prize information.

Membership

We would like to thank the following individuals whose time on our Board has recently come to a close for their hard work and commitment in building and growing the Foundation at KVH to what it is today: Paul Jewell, Scott Rollins, Susan Harrel, and Melva Schmidt. Please join us in thanking them for their dedication to the health of our community and look forward to their ongoing involvement.

GRANTS

The Grant Management process has been standardized and available for departments to view on the intranet. The visual project tracking board is in the Administration Wing with an implemented monthly huddle.

Submitted

- Legends Casino Hotel – Yakama Cares (\$10,000 for Diabetes Prevention Program)
- SAMHSA- SP-19-004- \$300,000 up to 5 years: Youth prevention & Mental Health in partnership with School Districts, CWU, etc. *This grant is a KCHN lead application

Received

- \$6,500 Shoemaker Foundation for Blue Band Initiative, Family Birthing Place
- \$5,000 American Society of Breast Surgeons Foundation for Breast Cancer Education Outreach

Work in Progress

- HRSA-19-018 Small Health Care Provider QI Program – \$200,000/3 years: Chronic Disease Management & Motivational Interviewing
- Alaska Airlines – \$15,000 for MA Apprenticeship Program
- Sunderland Foundation- \$100,000 capital for Medical Arts Center – Healing Arts
- Premera Blue Cross - TBD

Collaboration & Partnerships

- HRSA- Opioid Implementation \$1,000,000
- Continued collaboration with the KCHN on the HRSA grant and Olympic Communities of Health & South King County Opioid Treatment Health Commons IT project.

**KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT #1
FINANCE COMMITTEE MEETING**

March 26, 2019
Tuesday

Café Conference Room
7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: February 26, 2019**
- **February Financial Highlights**
- **Capital Expenditure Request**
 - **Mediplex Suite C - Renovation**
- **Adjourn**

Next Meeting Scheduled: April 23, 2019 (Tuesday)

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
February 26, 2019

Members Present: Liahana Armstrong, Roy Savoian, Deborah Bezona, Jerry Grebb, Scott Olander,

Members Excused: Julie Petersen

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

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

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

Scott Olander presented a financial overview of January. We were nearly positive on all operating statistics, including but not limited to admissions, patient days, deliveries and inpatient surgery procedures. This was reflected in the gross revenue across the organization. The deductions from revenue trended with the gross revenue and accounts receivable balances. Expenses also trended with the positive volumes. AR Days increased 2 from December 2018 to 89 for the overall organization. Our coding level was maintained and we continued to monitor our discharged not final billed accounts. The revenue cycle department has been working with Cerner and our self-pay collection vendor to get accurate and timely statements to patients. Weekly calls with Cerner have been occurring to make progress on a solution to get payments and adjustments to cross over in the file that goes to the self-pay collection vendor. When we have accurate statements, a letter from KVH will be included explaining our new billing system implementation. All of this resulted in a net operating gain of \$280,843. When the non-operating gain was added, the organization ended the month with net income of \$371,908. Financial details were provided in the Chief Financial Officer's Report.

The committee reviewed the swing bed project. This is a proposed new line of service to provide skilled nursing in the hospital without increasing expenses. The information will go the Financial Sustainability group and to the Board of Commissioners.

With no further business, the meeting was adjourned at 8:32am.

Quality Improvement Council	MEETING MINUTES	February 25, 2019
<p>Present: Mandee Olsen, Julie Petersen, Rhonda Holden, Michele Wurl, Dr. Martin, Judy Love, Carrie Barr, Matt Altman, Vicky Machorro, Scott Olander, Ron Urlacher, Liahna Armstrong, Jeff Yamada, Dr. O'Brien</p> <p>Guests: None</p> <p>Recording Secretary: Mandy Weed</p> <p>Minutes Reviewed by: Mandee Olsen</p>		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/ RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> Called to order Agenda & Minutes 	<p>The meeting was called to order by Matt at 3:00 pm.</p> <p>The agenda and minutes were approved as presented.</p>	
Reports:		
<ul style="list-style-type: none"> 2018 Quality Improvement Summary 	<p>Handouts: 2018 Quality Improvement Summary</p> <p>Discussion: Mandee went over the 2018 Quality Improvement Summary and stated in past years she has drafted a summary of the improvement work and how we have met our goals work along with the QAPI approval. Mandee stated in past years the Board has acknowledged it. Mandee she will include a summary in her March Board report.</p> <p>Handouts: QI Council Dashboards & KVH Quality Improvement Council Dashboard Glossary</p>	
<ul style="list-style-type: none"> DRAFT 2019 QI Council Dashboard Review 	<p>Discussion: Mandee stated this is the new 2019 dashboard along with a glossary to help explain the measures. Mandee went over each measure and explained each. Mandee stated the CT to MRI target time has changed and the ED is now included in the restraint data. Mandee</p>	

	commented that we learned that we look at more hospital acquired infections (HAI's) than we have to and the only ones being reported to WSHA are on the deep surgical site infections and ours have been superficial so they don't count as HAI's. Dr. O'Brien stated it would be interesting to see billing complaints versus care complaints. Mandee stated that the first 9 measures on page 3 are measures that we have to report to our ACO.	
Policy Review:		
<ul style="list-style-type: none"> Investigational Research at KVH 	<p>Handouts: Investigation Research at KVH & Investigational Research at KVH Process Guidelines</p> <p>Discussion: Dr. Martin questioned at what point should a research project request come to QI? He stated that there is a current request on breastfeeding. Julie stated this would help benchmark the data for rural areas. Matt stated the policy should state that the project has been approved by an Internal Review Board (IRB). QI agreed the individual/group will present to QI prior to any approvals.</p>	Mandee will bring updated policy and Dr. Martin will bring standard letter of approval to next QI meeting.
New Business		
<ul style="list-style-type: none"> 4th Quarter SAFE Catch Winner Selection 	<p>Handouts: SAFE Catch nominations</p> <p>Discussion: The council reviewed all nominations and decided to award the following to be presented at the March Board meeting:</p> <p>4th Quarter Clinical – Veronica Herrera, Clinical Assistant, Family Medicine Ellensburg for developing tools and education for correct vaccine administration.</p>	

	4 th Quarter Non-Clinical – Paige Caton, Patient Service Representative, Family Medicine Cle Elum for following up on an uncomfortable feeling regarding a patients safety	
	<p>Handouts: SBAR</p> <p>Discussion: Mandee questioned if we wanted to participate in the AHRQ improving Surgical Care and Recovery (iSCR) program. Mandee stated that there is a cost to commit an amount of time for the program and it would focus on joints and hips. President Altman stated we have been talking about and working on this for some time now and Dr. Martin commented that he believes this is the next step. Julie suggested taking this proposal to the next ortho department meeting and suggested inviting anesthesia to their provider meeting to not add another meeting. On motion of Dr. Kevin Martin and second of Liahna Armstrong, QI Council unanimously agreed that they are supportive of the program request but would like to see it added into their regular meetings.</p>	
<ul style="list-style-type: none"> AHRQ improving Surgical Care and Recovery (iSCR) program request 		
<ul style="list-style-type: none"> Closing 		
<ul style="list-style-type: none"> Adjourned at 5:00 pm 	Next meeting April 15, 2019 from 3:00 p.m.	



QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

March 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 (PCMH).

In February and March, the KVH team continued mapping out the milestones to be achieved by grouping related activities, identifying key participants, and chartering the actions to meet the projects expectations.

In March we received confirmation of receipt of \$182,297.00 for the following GCACH Practice Transformation Activities:

- Contracting for Population Health activities
- Submitting a Practice Transformation budget
- Forming a Practice Transformation Quality Improvement team
- Completing the PCMH and Maine Health Access Foundation assessments

Patient and Family Engagement (PFE)

Matt Altman, Erica Libenow, Julie Petersen, Michele Wurl and I met to discuss our current progress towards achieving CMS' Partnership for Patients PFE metrics. We will have a recommendation for approval at the board meeting.

Continued Commitment to Improving Surgical Care

On the recommendation of our Infection Preventionist, Julie Hiersche, RN CIC, KVH has enrolled in the Improving Surgical Care and Recovery program (ISCR) starting March 30th. ISCR is a collaborative effort between the American College of Surgeons (ACS) and Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality. This new surgical quality improvement program is funded and guided by the Agency for Healthcare Research and Quality (AHRQ). The program will provide access to evidence-based pathway, literature and resources, quality and comparative data, and coaching calls.

2018 Quality Improvement Summary

Please see the attached summary of quality activities to meet the 2018 QAPI.

Quality Improvement Dashboard Data Summary – through January 2018

Summary of Areas Meeting Goal or Showing Improvement

- Performance with sepsis bundle continues to be at 100%. We are well above the national threshold for performance in the top 10% for this measure bundle.
- Median time to CT was well below the 30 minute target at 21 minutes. Target was lowered to 30 minutes in 2019 from the 2018 target of 45 minutes.
- Above the Washington state benchmark for improvement in oral medications in home health patients.

Summary of Improvement Opportunities

- Missed one dysphagia screening for patient with diagnosis of stroke in ED. It is possible that documentation is occurring late, so we will look into workflow for this process.
- One needlestick of staff from inappropriate engagement of needle safety.
- Two surgical site infections: one appendectomy (skin-level infection) and one total hip replacement.

Patient Stories

"Thank you for the remarkable care, assistance, and support that you provided for my mother and also for our entire family. It is difficult to find words sufficient to express the comfort gained through your services, and the assurance that we were not alone. Your concern, understanding, and wealth of kindness made her life far more special and comfortable. You were a blessing to her and to our family. And you are a blessing for the entire community."

– Family of KVH Hospice patient

Kittitas Valley Healthcare

2018 Quality Improvement Summary

Date: February 25, 2019

Submitted by: Mande Olsen, BSN RN CPHQ

Director of Quality/Risk Management

February 22nd, 2018, KVH Board of Commissioners approved the 2018 Quality Assessment Performance Improvement (QAPI) Plan recommended by the KVH Quality Improvement (QI) Council. The purpose of this summary is to report out the actions and outcomes of quality improvement work in 2018 to meet the QAPI plan.

QAPI Goals for 2018

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

Activities or Events:

This year, the entire QAPI process was redesigned to better align quality improvement work to the values and strategic goals of KVH, as seen in the 2019 QAPI Plan.

Although the Quality department and individual departments at Kittitas Valley Healthcare (KVH) collect over 300 metrics for internal reporting as well as reporting to external regulatory bodies and organizations such as the Department of Health, the Centers for Medicare and Medicaid Services (CMS), the Washington State Hospital Association (WSHA), and the Medicare Beneficiaries Quality Improvement Program (MBQIP), KVH aspired to link QAPI metrics to KVH values and strategic goals in 2018. This included having each department determine what values or strategic area and to specify this on each of their individual drafted QAPI plans.

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

- o *Surgical Safety – striving for zero surgical site infection rate*
Unfortunately, a rate of zero surgical site infections was not achieved. In fact, the overall number of infections increased, although almost all of those infections are not tracked nationally or by WSHA. However, the number of total joint surgical site infections decreased from 3 in 2017 to 2 in 2018. During the year, a Surgical Site Infection Task Force convened to make new goals and made changes to hand hygiene and surgical attire policies, covering of sterile tables, and decreasing traffic into and out of the surgical suite. On the heels of the DOH hospital inspection, improvements in surgical attire compliance were completed, with increased attention to meeting frequency and data sharing at the Medical Staff Surgery/Anesthesia meeting.

- *Inpatient Safety - decreasing inpatient falls with injury*
This team performed mini-Root Cause Analysis on all fall events across the organization, whether patients, visitors or staff. KVH was able to achieve a 56% improvement in 2018, both in the overall rate of falls (from 0.7417 in 2017 to 0.3294 in 2018) and the rate of inpatient falls with injury (from 0.7415 in 2017 to 0.3293 in 2018).
- *Improved Access – timeliness of referrals and appointing*
KVH staff engaged in cross-training across the clinics to gain knowledge in the most efficient way to process referrals, then drafted standardized work aids, to make the referral process timely and reliable. Appointing for these referrals has been improved by real-time scheduling of KVH services at the time of referral, instead of waiting for the referral process (for example, for KVH Dermatology or Women's Health services). With these efforts, KVH was able to meet the referral and appointing goals set in all clinics as evidenced by the QI Council Dashboard.
- *Patient Satisfaction – increase in willingness to recommend throughout the organization, continued expansion of data collection through Healthstream to clinics and rehab services*
This included having each clinical or patient service department choose a patient satisfaction measure to demonstrate and improve around Value of Service – “We promote a culture where patients come first in all we do.” Additionally, a separate patient satisfaction dashboard was created for easier review at the organization level.
In support of these changes, KVH worked to optimize patient satisfaction surveying methods and reporting:
 - Converting the clinics and rehab services to the same surveying vendor – at first then Healthstream, then Press Ganey who acquired Healthstream in 2018
 - Discontinuing the use of phone survey
 - Using mailed surveys in inpatient, clinic, and outpatient surgery areas
 - Additional training for leaders on using new Press Ganey data reporting site
- *Patient and Family Engagement (PFE)– consistent bedside rounding, initiation of written planned admission checklists, organizational acknowledgement of accountable leader/area for PFE, PFE representation in quality committees or Patient Family Advisory Committee*
KVH has made progress in PFE in the following ways:
 - Improvement of bedside rounding process to ensure it occurs regardless of the practitioner
 - Through improvement in the pre-admission process for Total Joint patients, KVH has implemented a planning checklist for a portion our planned admissions. However, this does not yet include a checklist for planned C-sections.
 - Patient and Family Advisor, Judy Love, joined QI Council this year.
- *Documentation Standards – maintain standards of documentation as KVH transitions to a new electronic health record*
In 2018, the Chief Medical Officer in concert with the Informatics team created the EMR Standards Committee, which met bi-monthly to review proposed changes, identify problems and initiate ad hoc teams to develop solutions. The clinics have also identified templates that can be used across providers for frequent patient diagnosis and concerns.

In addition, KVH leaders and staff conducted the following improvement activities:

- Over 50 Quality Improvement Plan (QIP) “Gembas” (go to the workplace) with department leaders and staff to share quality data and improvement work. Departments included: Clinics, Hospital Patient Care Services, Home Health and Hospice, Pharmacy, Lab, Imaging,

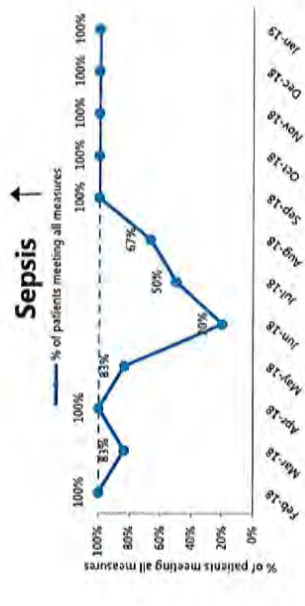
Cardio/Pulmonary, Revenue Cycle Management, Accounting/Finance, Materials Management, Information Systems, HR/Staff Development, Communications/Marketing, Engineering, Housekeeping/Laundry, Finance, and Rehab Services.

- Improved inclusion and support of Medical Directors in QAPI Gembas and Quality Data Share. Home Health and Hospice Medical Director Dr. Kevin Martin participated in eight QAPI Gembas. Laboratory Services Medical Director Dr. Dane Sandquist participated in four QAPI Gembas. Drs. Martin, Hibbs and Lindsey attended several Quality Data Share meetings.
- Additional routine in-person specialty peer review committee meetings for OB/Peds.
- Continued collaboration and participation with Community Health of Central Washington's (CHCW) Residency program in Morbidity and Mortality Conference. These conferences leverage each resident's 8-week inpatient rotation to foster multi-disciplinary learning and best-practice identification. Seven M&M Conferences were held in 2018 with 153 attendees, including healthcare providers and staff from KVH, CHCW, Family Healthcare of Ellensburg, Ellensburg Pediatrics, OB/Gyn of Ellensburg, Dr. Dan Hiersche, local Midwives, Child Protective Services, Kittitas County Fire and Rescue, First Steps, Women, Infants and Children (WIC), Comprehensive Mental Health, Kittitas County Public Health Department, Kittitas County Sherriff, and local optometrists. Focus areas included: pediatric anemia, OB induction, gunshot wounds, rhabdomyolysis and compartment syndrome, pulmonary emboli, and post-partum hypertension.
- Continued participation in community health initiatives by the Kittitas County Health Network and the Greater Columbia Accountable Communities of Health.
- Facilitation of improvement events, including Root Cause Analysis in some cases, on the following topics: ECG timing, sepsis care, inpatient influenza vaccination, stroke CT timing, Workplace Health workflow, "Brown Bag" medication reconciliation in the clinics, accounts payable invoicing, blood borne pathogen exposure process, total joint pre-op experience, "Lean for Leaders" education, Imaging and Cardiopulmonary phones, Hospice medications, antimicrobial stewardship, influenza vaccination for healthcare personnel, water safety planning, needlesticks, surgical site infections, OneSource ticket management, lab report faxing, staff development functions, ABN/medical necessity, Surgical Outpatient paper charts, product/equipment/medication recall process, ED elopement, rapid response, and contract management.

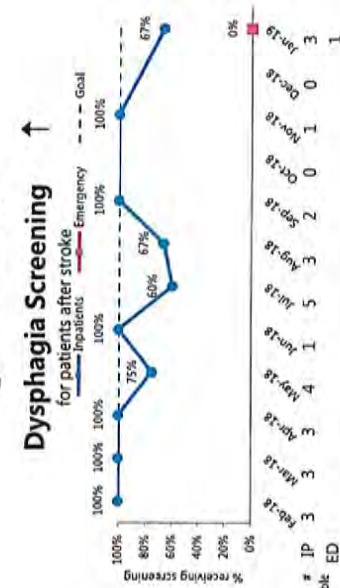
In summary, although KVH did not meet all the specific metric targets in 2018, adequate progress was made in all areas. KVH provided comprehensive oversight across services and functions and made great strides in further identified improvement areas. Furthermore, with the improvement to the QAPI process itself, KVH is poised for even more synchronized improvement in 2019.

QI Council

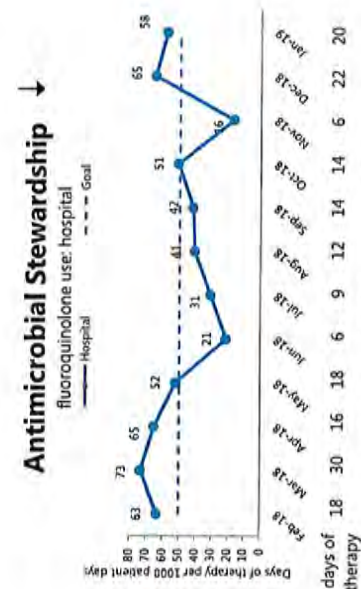
Sepsis



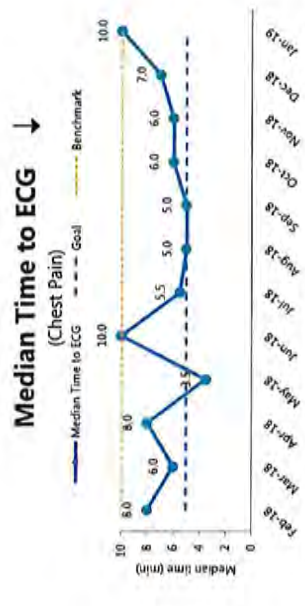
Dysphagia Screening for patients after stroke



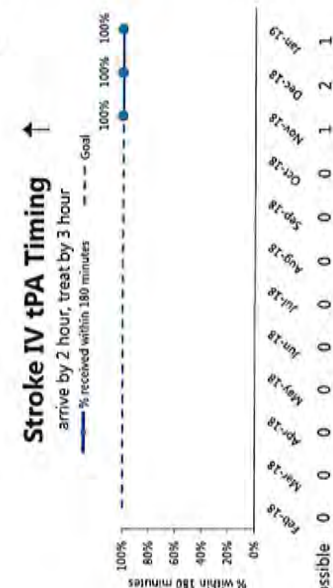
Antimicrobial Stewardship



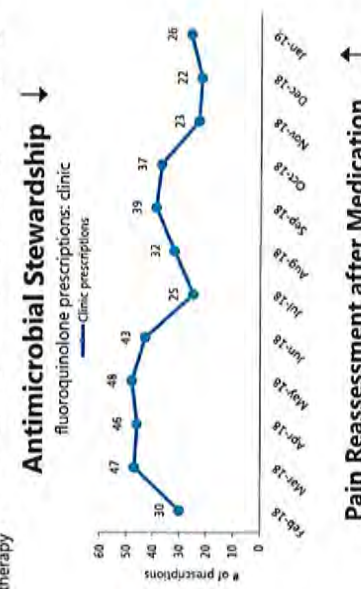
Median Time to ECG (Chest Pain)



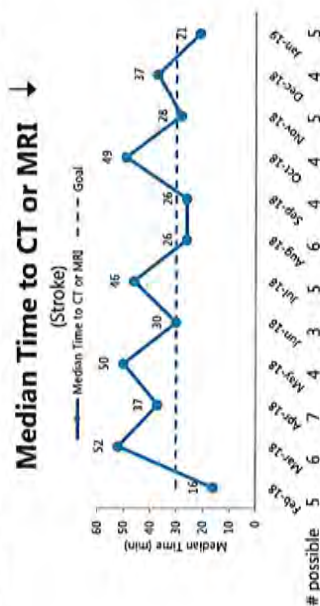
Stroke IV tPA Timing



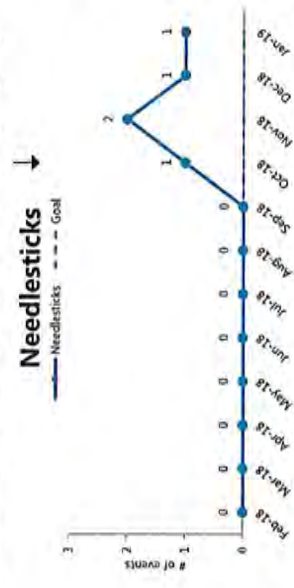
Antimicrobial Stewardship



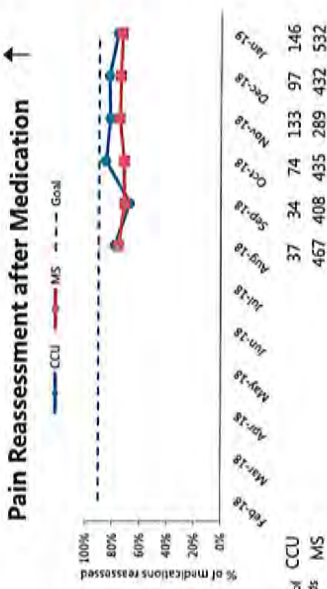
Median Time to CT or MRI (Stroke)



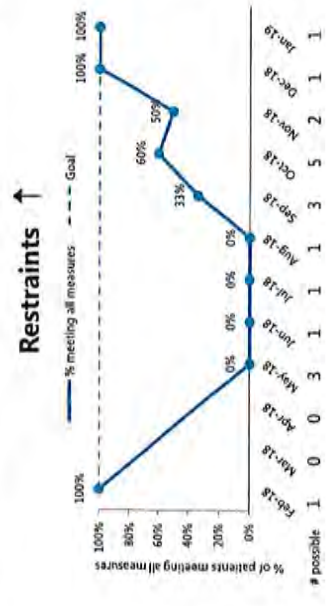
Needlesticks



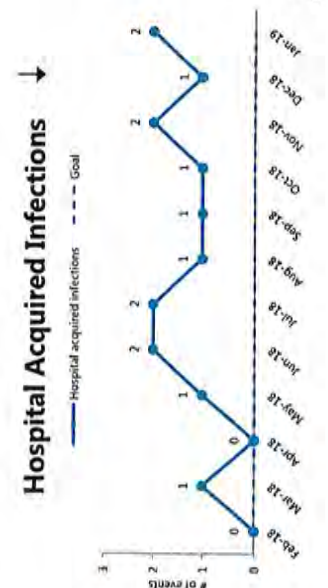
Pain Reassessment after Medication



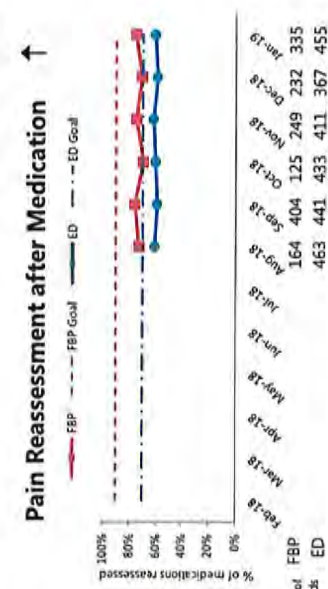
Restraints



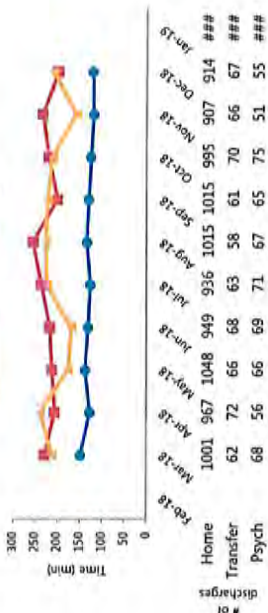
Hospital Acquired Infections



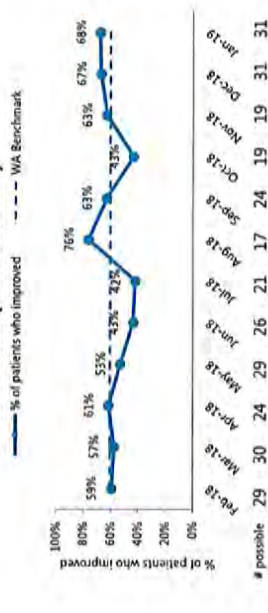
Pain Reassessment after Medication



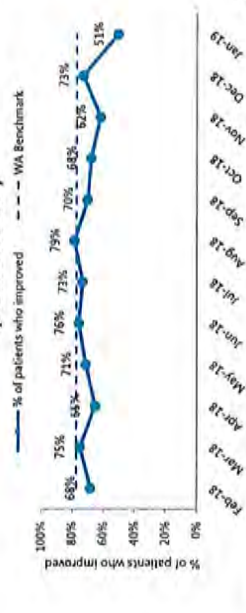
ED Admit to Discharge Time ↓



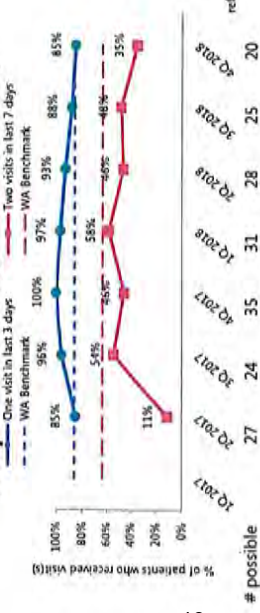
Improvement in Management of Oral Medications (Home Health) ↑



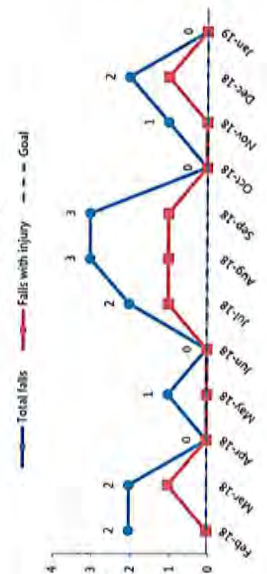
Improvement in Pain Interfering with Activity (Home Health) ↑



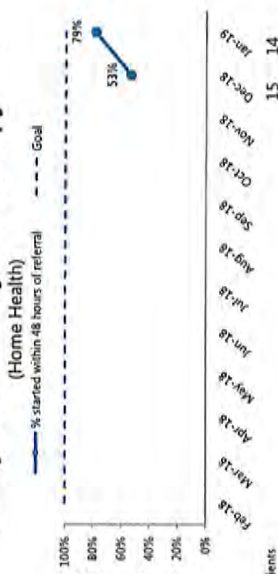
Hospice Visits Near End of Life ↑



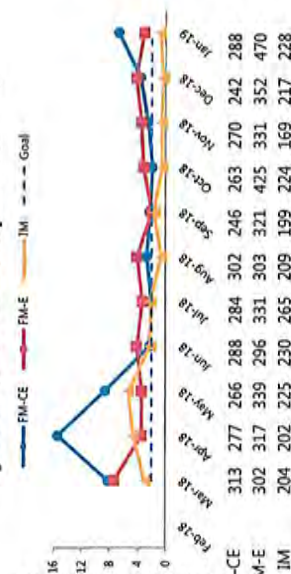
Falls ↓



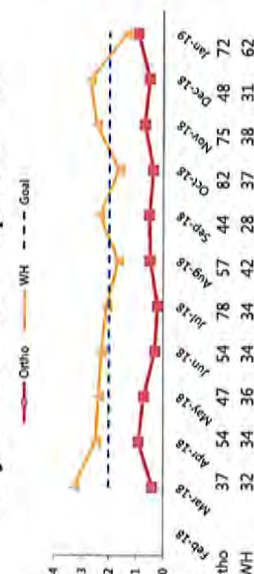
Timely Start for Physical Therapy (Home Health) ↑



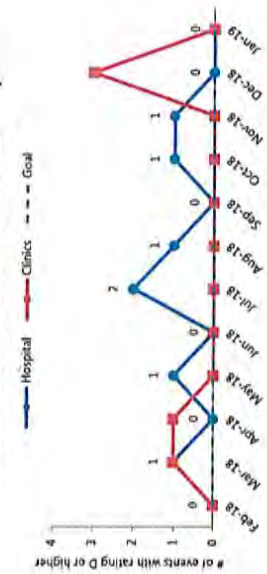
Days to Referral Completion ↓



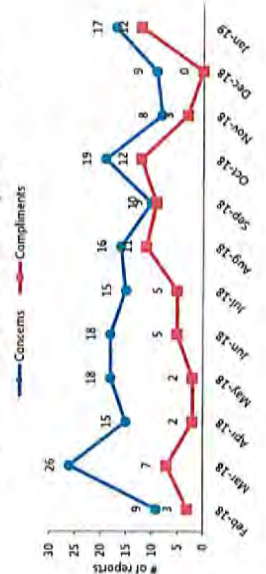
Days to Referral Completion ↓



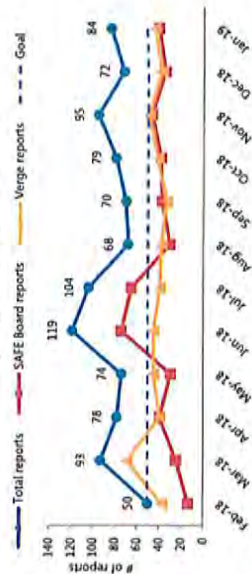
Adverse Medication Events ↓



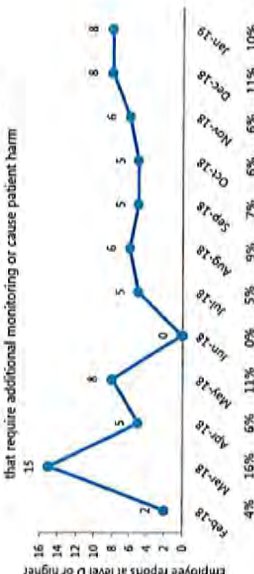
Care and Service Reports ↓



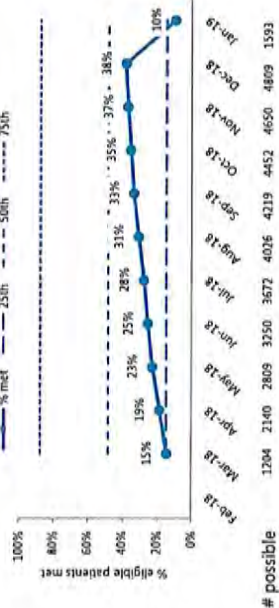
Employee Reports ↑



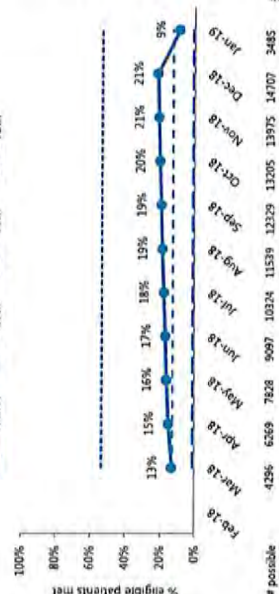
Reports of Occurrences that require additional monitoring or cause patient harm ↓



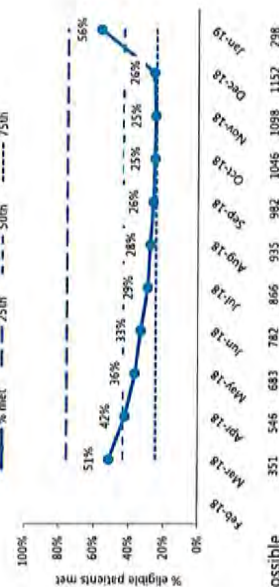
Screening for Future Fall Risk ↑



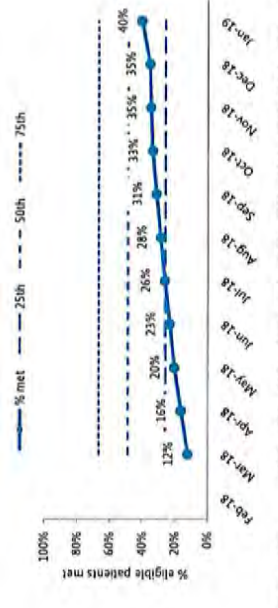
Screening for Depression ↑



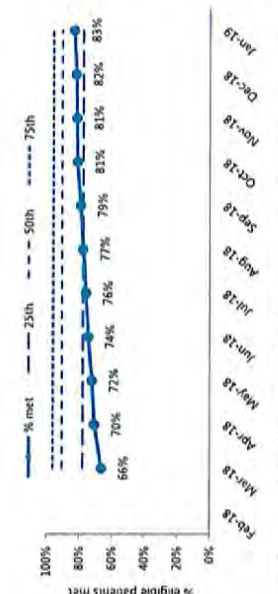
Diabetes: Poor Control ↓



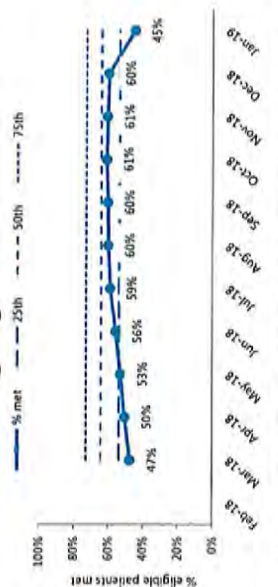
Screening for Breast Cancer ↑



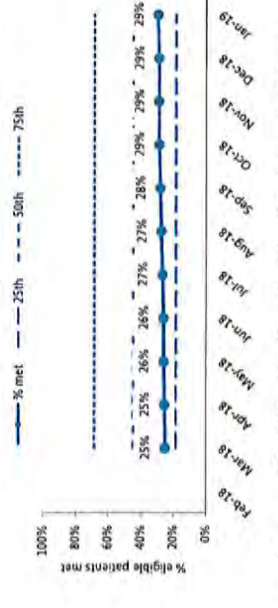
Tobacco Use Screening and Intervention ↑



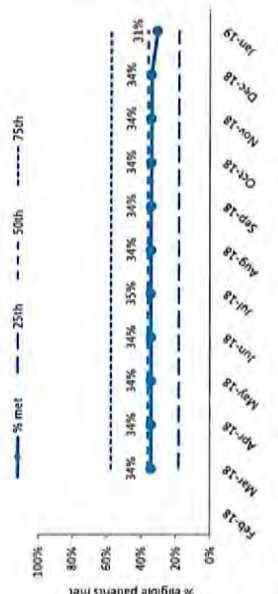
Controlling High Blood Pressure ↑



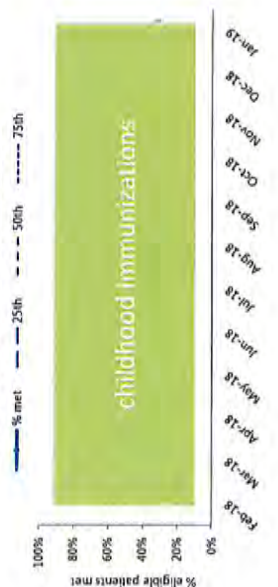
Screening for Colorectal Cancer ↑



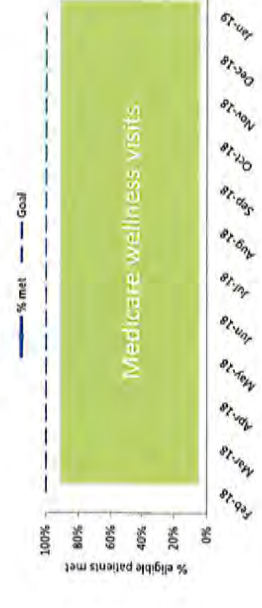
Influenza Immunization ↑



Childhood Immunizations



Medicare Wellness Visits



Charter – Patient and Family Advisory Council

Purpose: Engage Patient & Family Advisors in counselling KVH to create a patient- and family-centered environment of care, thereby advancing the strategic goals of access and of improving community trust and transparency.

Committee Functions and Expectations:

- PFAs will be nominated by BOC members plus include the PFA for QI Council
- Meet four times a year
- Review the patient and family experience and provide advice on areas such as:
 - Customer service aspects of care
 - Facility design and way-finding
 - Materials we give to patients and families
- Share experiences and insights for additional improvement opportunities
- Report to the BOC on the activities and outcomes of the Council's work

Patient Advisors:

QI Council Patient and Family Advisor (PFA) – Judy Love
 PFA Position A –
 PFA Position B –
 PFA Position C –
 PFA Position D –
 PFA Position E –

Board of Commissioners (BOC) Dedicated Patient and Family Representative – Erica Libenow
Alternate – Matt Altman

Council Facilitators:

Chief of Clinic Operations – Carrie Barr
 Director of Quality and Risk Management – Mandee Olsen

Staff to Committee:

Community Relations Director – Michele Wurl
 Director of Diagnostic Services – Stacy Olea

Charter – Patient and Family Advisory Council

PFA Roles and Responsibilities:	Co-Chair/BOC Representative Responsibilities:
<ul style="list-style-type: none"> • Serve a two-year term • Attend initial and ongoing orientation as needed • Attend each PFAC meeting, via teleconference if unable to attend in person, or notify the Facilitators in advance if unable to participate • Participate in relevant activities that may take place outside of the PFAC meetings, such as discussions, focus groups, process walks, and surveys • Use the advisors' experience and insight to inform KVVH about improving the patient and family experience • Engage thoughtfully and constructively around the issues and ideas discussed at meetings • Respect the unique background and perspective of each PFAC member • Be realistic and mindful of KVVH's budgetary, regulatory, and legal constraints • Sign a confidentiality agreement and maintain confidentiality 	<ul style="list-style-type: none"> • Assist the BOC in nominating PFACs • Direct the application, interview, and selection process for PFACs • Provide PFACs with initial and ongoing orientation and training • Schedule, set agenda, and lead meetings and activities • Provide meeting space, catering, and materials for meetings and activities as needed • Work with KVVH leadership and staff to identify improvement activities in need of PFAC advisement • Maintain documentation of council work and suggestions • Prepare BOC and annual reports in collaboration with PFACs • Shepherd any novel opportunities for improvement through the appropriate KVVH processes



Patient & Family Advisor Patient and Family Advisory Council

Type: **Job Description**

First Review: 3/20/2019

Page 1 of 2

Volunteer Position Description

POSITION TITLE: Patient & Family Advisor – Patient and Family Advisory Council
DEPARTMENT: Volunteer Services
POSITION REPORTS TO: Director Quality and Risk Management

POSITION SUMMARY

The Patient & Family Advisor will focus our efforts on improving the safety and quality of care delivery from the perspective of patients and families, ensuring that the voice of our patients and families are incorporated into our care delivery system throughout KVH. This particular advisor role serves as a member on the Patient and Family Advisory Council (PFAC).

A. QUALIFICATIONS

Required

- Residency of Kittitas County
- Must have previously utilized the services of KVH or another health system as a patient or family member. Experience can include any KVH services.
- Ability to attend four Patient and Family Advisory Council meetings per year, or notify the PFAC Facilitators in advance if unable to participate
- Ability to engage thoughtfully and constructively around the issues and ideas discussed during each session:
 - Listen and share opinion respectfully
 - Think about ways to improve patient and family experiences
 - Work well with others
- Must have access to email as meeting notices and packets of information are sent out prior to the meeting.
- Agreement to sign a confidentiality agreement and maintain confidentiality

B. TERM OF SERVICE

- Two-year commitment

C. CONTINUING EDUCATION & COMPETENCY REQUIREMENTS:

- Mandatory KVH education as outlined by Volunteer Services and PFAC

APPROVALS

1. _____
Director of Quality/Risk Management

2. _____
Volunteer Services Director

Effective Date: 01/13/2012

**Document
Owner:**

Karen Schock
Mandee Olsen

Revision Date(s): 3/20/2019

Print Date:

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

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CHIEF EXECUTIVE REPORT – Julie Petersen

March 2019

Suite C Multi Plex

The request for funding the renovation of Suite C (Dr. Well's office) will be presented to the Finance Committee for consideration. Scott, Ron and I discussed the process of bringing even modest remodels directly to the Board and we concluded that it runs counter to the way that other capital requests are advanced. We are proposing that minor projects be treated more like other capital request. If approved by Finance, the Suite C project will come to the Board for approval this month.

Construction Projects

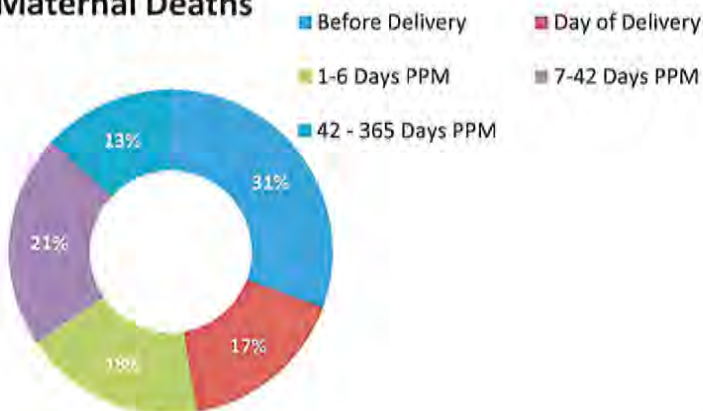
Speech and Occupational Therapy are being relocated even as I type my report. Thanks to Lauren Denton, and ultimately VK Powell Construction, the pediatrics gym will include a climbing wall. Unfortunately the wall was not specifically included in the budget. Thanks to lower costs in other areas, we were able to squeeze the purchase into the approved budget but not installation. Lauren wrote to VK Powell proposing that they make a charitable donation of their time and materials to install the wall and they agreed. Thank You!

April 23 – Special Board Meeting

We are on track to bring a MAC project resolution to the Board at the April meeting. Preparation for the Special Board Meeting on April 23rd is going well. The meeting will bring together the products of all the various work groups.

AHA Rural Policy Board (RPB) Process

Timing of Maternal Deaths



The American Hospital Association organizes the country into nine regions. Region 9 includes Washington, Oregon, Alaska, Hawaii, California and Nevada. Board members include state association executives and general delegates from each state as well as delegates to represent

metropolitan, specialty and rural hospitals and healthcare systems. The RPBs meet in advance of the AHA Board and the AHA uses the RPBs to develop their national strategies and policy.

RPB 9 met in Costa Mesa this month. We discussed the various proposals for achieving universal coverage, whether AHA should advocate for combining the various quality incentive programs, how to protect patients from surprise billing, interoperability (sharing data) and improving maternal mortality.

I am one of two region 9 small and rural hospital delegates and the discussion about maternal mortality highlights how important it is to have a rural voice at the table.

Late last year there were a number of national (USA Today, WSJ) articles about the rate of maternal mortality in the US. The rate of maternal death in the US is 26.4 per 100,000; the highest of any high-resource country. I was one of the uninformed who interpreted that as representing mortality at delivery. The chart above tells a very different story and supports the need for community based obstetrics programs.

A high quality obstetrics program is about much more than the day of delivery. As more rural hospitals close their OB programs and urban providers advocate for transactional medicine where "quantity equals quality", rural communities lose the workforce and funding necessary to care for our moms in the extended pre and post-partum phases. Our spirited policy discussion about the critical need for local care will help inform national policy.

I have included a copy of the principles that hospitals adopted through the RPB process last year to protect patients from surprise billing and hold insurance companies accountable for network adequacy. Those policy discussions are ongoing.

Appointment to the RPB is for a term of three years. My term officially began in January 2019 although I have been serving as an alternate the last two years. The RPBs meet in their regions three times each year for a day and a half and one time a year all of the RPBs meet together in DC. AHA reimburses KVH for all travel costs. I appreciate the opportunity to advocate for the rural communities in these important policy discussions.

On a Personal Note

I will be leaving early today (March 22) to get married. With Mandy Weed's help, John and I managed to block a couple of hours late on a Friday afternoon to tie the knot.

SURPRISE BILLING PRINCIPLES

America's hospitals and health systems are committed to protecting patients from "surprise bills" and support a federal legislative solution to do so. These types of bills may occur when a patient receives care from an out-of-network provider or when their health plan fails to pay for covered services. The three most typical scenarios are when: (1) a patient accesses emergency services outside of their insurance network, including from providers while they are away from home; (2) a patient has acted in good faith to obtain care within their network but unintentionally receives care from an out-of-network physician providing services in an in-network hospital; or (3) a health plan denies coverage for emergency services saying they were unnecessary. In these situations, we believe it is critical to protect patients from surprise bills.

We have developed the following principles to help inform the debate regarding surprise billing in the scenarios outlined above. In the event a patient chooses to go out-of-network for care, these principles should not apply.

- **PROTECT THE PATIENT. Any public policy solution should protect patients and remove them from payment negotiations between insurers and providers.**

Patients, regardless of the type of health care coverage they have, should be protected from gaps in insurance coverage that result in surprise bills. Patients should have certainty regarding their cost-sharing obligations, which should be based on an in-network amount. Patients should not be "balance billed," meaning they should not receive a bill from the provider beyond their cost-sharing obligations. Patients should not have to bear the burden of serving as an intermediary between health plans and providers, rather health plans should be responsible for paying providers directly.

- **ENSURE PATIENTS HAVE ACCESS TO EMERGENCY CARE. Any public policy solution should ensure that patients have access to and coverage of emergency care.**

This requires that health plans adhere to the "prudent layperson standard" and not deny payment for emergency care that, in retrospect, the health plan determined was not an emergency. Recent actions by some health plans to deny coverage of emergency services puts patients' physical, mental and financial health at risk.

- **PRESERVE THE ROLE OF PRIVATE NEGOTIATION. Any public policy solution should ensure providers are able to negotiate appropriate payment rates with health plans.**

The government should not establish a fixed payment amount for out-of-network services. Health plans and providers take into account a number of factors when negotiating rates. Any rate or methodology sufficiently simple for national use would not be able to capture these factors. In addition, a fixed payment rate could undermine patients' ability to access in-network clinicians by giving health plans less of an incentive to enlist physicians and facilities to join their networks because they can rely on a default out-of-network payment rate. Providers and health plans should be able to develop networks that meet consumers' needs, and not be compelled to enter into contracts that

could thwart the development of more affordable coverage options that support coordinated care.

- **EDUCATE PATIENTS.** Any public policy solution should include an educational component to help patients understand the scope of their health care coverage and how to access their benefits.

All stakeholders – health plans, employers, providers and others – should undertake efforts to improve patients’ health care literacy and support them in navigating their health coverage and the health care system.

- **ENSURE ADEQUATE PROVIDER NETWORKS AND GREATER HEALTH PLAN TRANSPARENCY.** Any public policy solution should include greater oversight of health plan provider networks and the role health plans play in helping patients access in- network care.

Patients should have access to easily-understandable provider network information to ensure they can make informed health care decisions, including accurate listings for hospital-based physicians in health plan directories and websites. Patients also should have adequate access to in-network providers, including hospital-based specialists at in-network facilities, rather than simply a minimum number of physicians and hospitals. Federal and state regulators should ensure both the adequacy of health plan provider networks and the accuracy of provider directories. Health plans should be responsible for an efficient and timely credentialing process to minimize the amount of time a physician is “out-of-network.”

- **SUPPORT STATE LAWS THAT WORK.** Any public policy solution should take into account the interaction between federal and state laws.

Many states have undertaken efforts to protect patients from surprise billing, but federal action is necessary to protect patients in self-insured employer-sponsored plans regulated under the Employee Retirement Income Security Act, which cover the majority of privately insured individuals. Any federal solution should provide a default to state laws that meet the federal minimum for consumer protections.

HR Dashboard

Measurement

Available workforce

19-Feb 19-Jan 18-Dec 18-Nov 18-Oct 18-Sep 18-Aug 18-Jul 18-Jun 18-May 18-Apr 18-Mar 18-Feb

Rolling 12
Variance

Full-time	17	364	370	368	366	365	361	350	351	345	353	351	350	347
Part-time	-7	133	132	135	130	133	135	134	134	139	139	139	137	140
Per Diem	14	104	104	103	104	100	97	95	92	90	91	91	92	90
Total Employees	24	601	606	606	600	598	593	579	577	574	583	581	579	577

Quality of recruitment and retention

Rolling 12
Total

Voluntary (excludes pd terms, includes reduction of FTE to pd)	123	8	6	12	7	9	4	17	8	16	8	8	10	10
Involuntary (excludes pd terms)	13	0	0	2	2	1	2	0	1	1	0	1	1	2
Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	23.17%	1.33%	0.99%	2.31%	1.50%	1.67%	1.01%	2.94%	1.56%	2.96%	1.37%	1.55%	1.90%	2.08%
Total All Employees Separated	140	7	7	10	7	13	7	17	13	16	12	8	11	12

Efficiency of sourcing, selecting and placing talent

Rolling 12
Total

Open Postings	207	11	10	17	12	14	15	37	13	14	14	13	23	14
Unique Applications Received	2179	167	99	174	179	242	248	224	192	133	135	137	169	80
Employees Hired	169	3	11	7	16	18	21	16	18	7	14	11	13	14
Time to Fill (Median)	42.54	26.5	28.5	38.5	43.5	45	45	44	45.5	37	44	49	44	45.5
Time to Fill (Average)	45.06	30.31	31.92	41.77	43.00	45.65	47.0	45.10	46.74	48.40	48.53	51.00	41.89	49.7

Efficiency of sourcing, selecting and placing talent

Rolling 12
Total

Open Postings	411	1	3	3	5	4	6	7	10	0	0	1	1	0
Open Slots	31	1	3	3	5	4	6	7	0	0	0	1	1	0
Unique Applications Received	33	0	1	1	3	3	5	5	7	1	7	0	0	2
Candidates Interviewed	29	3	2	1	2	6	2	0	4	2	4	2	1	0
Employees Hired	14	1	0	1	2	0	1	2	2	0	1	2	1	1
Time to Fill (Average)	275	486	238	238	210	132	132	645	367	151	151	377	336	106

Financial impact of adding talent

Rolling 12
Total

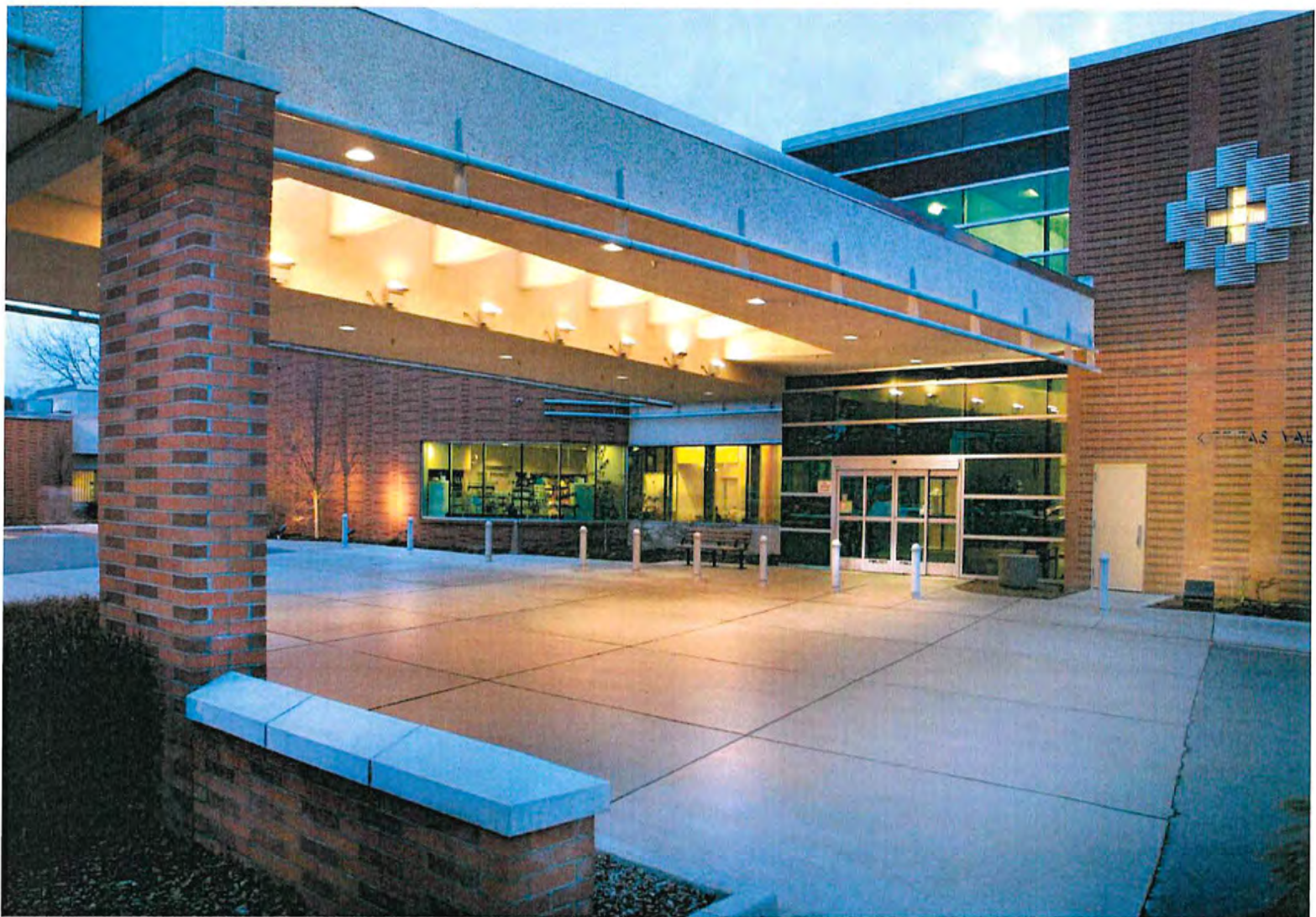
Workers Comp Claims	43	4	6	1	3	3	3	4	0	4	1	4	6	4
Time Loss Days	418	6	51	62	30	9	19	13	28	59	76	34	27	4
Employee Population on Medical Benefits (Average)	66.3%	67.2%	66.3%	65.2%	66.0%	65.7%	65.4%	66.0%	66.7%	66.7%	66.2%	67.1%	66.0%	67.2%
Total cost in benefits per FTE - welfare (Average)	\$ 882.86	\$ 824.54	\$ 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)	\$ 1,835.86	\$ 1,902.52	\$ 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

Providing timely feedback to employee

Total
Percentage

Percentage of employees with completed annual evaluation	88.5%	88.5%	85.8%	87.7%	90.0%	83.1%	84.3%	86.6%	89.2%	92.8%	92.8%	86.5%	87.2%	86.7%
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Compliance Program



Approved

Linda Navarre
Compliance Officer

Julie Petersen
Chief Executive Officer

Matthew Altman, President
KVH Board of Commissioners

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- III. Kittitas Valley Healthcare Standards for Business and Professional Conduct
- IV. Compliance Program
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 - 3. Conducting Education and Training
 - 4. Developing Effective Lines of Communication
 - 5. Enforcing Standards Through Well-Publicized Disciplinary Guidelines
 - 6. Auditing and Monitoring
 - 7. Responding to Detected Offenses and Developing Corrective Action Initiatives
- V. Program Responsibilities
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 - 2. Responsibilities of Management
 - 3. Responsibilities of the Compliance Officer
- VI. Area/Issue – Specific Compliance Plans

I. Program Purpose

Kittitas Valley Healthcare (KVH) is committed to delivering quality patient care while maintaining the highest of ethical standards. Operating in compliance with all laws and regulations is a standard expected by the community, established by the Board of Commissioners and embraced by Administration.

This program has been designed to ensure that all personnel have the knowledge and resources necessary to help them do their work within the regulations that govern the healthcare business. It also clearly establishes the expectation that all employees will perform their work in an ethical manner at all times. In addition, it is expected that all of KVH's volunteers, agents, contractors, consultants, representatives and vendors will also comply with KVH's standards when acting on behalf of KVH.

Kittitas Valley Healthcare is proud of its employee and representative efforts that have led to our reputation as an organization of honesty and integrity. This Compliance Program is designed to build upon that foundation and ensure that our future actions consistently reflect an ethical approach to healthcare delivery and management.

II. Kittitas Valley Healthcare Mission, Vision and Core Values

Mission

We are a community-focused health system providing outstanding, personalized care to improve the lives of individuals and families.

Vision

All patients, providers and employees are proud to recommend Kittitas Valley Healthcare as a trusted source for personal health and community well-being.

Core Values

Respect: We recognize the dignity of patients and staff, and treat them with compassion.

Quality: We provide excellent, safe care for members of our community in a healing environment.

Service: We promote a culture where patients come first in all we do.

Transparency: We are principled, accountable, and do the right thing with openness and honesty.

Collaboration: We work as a team, in partnership with the broader medical community to ensure patients receive the best of care.

III. Kittitas Valley Healthcare Standards For Business And Professional Conduct

The Kittitas Valley Healthcare *Code of Conduct* contains the established standard expectations for business conduct that all employees must follow. The *Code of Conduct* includes the following requirements:

- Do what's right;
- Ask questions and report concerns;
- Obey the laws governing fair competition, fraud and abuse, lobbying and political activity;
- Follow highest standard of business ethics and integrity;
- Communicate with honesty and candor;
- Maintain security of confidential information or information that belongs to others, including patient information;
- Conflicts of Interest: Board of Commissioners and all staff members are expected to act with undivided and unqualified loyalty to KVH;
- Conduct all business relationships at highest level of integrity free from offers, solicitation of gifts or other inducements;
- Establish and maintain internal controls to protect all assets and maintain accurate and reliable financial records.

The KVH Code of Conduct provides detailed guidance for business conduct in an effort to meet those standards. The Code of Conduct was prepared to give employees a clear understanding of what is expected of them in the work environment. It is intended to supplement KVH policies that are located on KVH Intranet. The Code applies to all KVH employees, as well as to members of the Board of Commissioners, Medical Staff, agents, consultants, representatives and vendors acting on behalf of KVH.

IV. Compliance Program

Kittitas Valley Healthcare is committed to the Compliance Program at all levels of the organization. Every KVH representative has a role in maintaining compliance

The Kittitas Valley Healthcare Compliance Program includes the following seven elements:

1. Written Policies and Procedures

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

2. Designation of a Compliance Officer and a Compliance Committee

The 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.

a. Compliance Officer

The Compliance Officer is the designated individual vested with compliance responsibility for day-to-day operation of the Compliance Program. The Compliance Officer oversees and coordinates the efforts of the Compliance Program. The Compliance Officer reports to the Chief Executive Officer and is responsible to ensure that required elements of the Compliance Program are in place and are functioning as prescribed.

b. Compliance Committee

A Compliance Committee has been established to advise the Compliance Officer and assist in the development, implementation and the ongoing operations and monitoring of the Compliance Program within the organization. The Compliance Committee shall include the members of the Senior Management Team, including but not limited to the Chief Executive Officer, Chief Financial Officer, Chief Ancillary Officer, Information Security Officer, Director of Human Resources, Director of Quality and Risk Management, Chief Nursing Officer, Chief of Clinic Operations, Chief Medical Officer and one of the members of the KVH Board of Commissioners as a liaison member.

The committee's functions include:

- i. Analyzing the KVH industry environment, the legal requirements with which it must comply, and specific risk areas.
- ii. Assessing existing policies and procedures that address these areas for possible incorporation into the compliance program.
- iii. Working with appropriate KVH departments to develop standards of conduct and policies and procedures to promote compliance with the KVH Program.
- iv. Recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out KVH's standards, policies and procedures as part of its daily operations.
- v. Determining the appropriate strategy/approach to promote compliance with the program and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms.
- vi. Developing a system to solicit, evaluate and respond to complaints and problems.

c. Compliance Sub-Committees

Subcommittees support the activities of the Compliance Program, reporting to the Compliance Officer and Compliance Committee. These include:

- i. Privacy and Security Team – members include the Compliance Officer, the Privacy Officer and the Information Security Officer. The Privacy and Security Team is responsible for:
 1. All HIPAA related activities including development and oversight of HIPAA administrative, physical, and technical safeguards
 2. Breach investigation, response, and reporting
 3. Security risk assessment and oversight of mitigating or remedial measures.

d. Legal Counsel

The Compliance Officer will work closely with Legal Counsel(s) in regard to interpretation of legal standards and requirements and to formulate appropriate responses to compliance findings. Kittitas Valley Healthcare retained Legal Counsel will be utilized for their expertise in such matters as contract language, human resource law and risk management. It is the intent of the program to work closely with expert counsel on specific compliance concerns related to Office of the Inspector General Audits, investigations and initiatives.

e. Other Experts

Other internal or external experts will be called upon to address specific compliance issues on an as needed basis.

3. Conducting Effective Training and Education

The 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.

- a. New employee compliance education will be provided at initial orientation. Areas or groups whose job responsibilities involve adherence to specific regulatory standards will have focused education as coordinated by their Department Director and the Compliance Officer. Annual mandatory training will include a review of the Compliance Program.
- b. All Compliance Program education curriculums will be reviewed and approved in advance by the Compliance Officer. The educational program will be continuously improved and modified based upon patterns of reported potential compliance concerns, new regulatory requirements, fraud alerts and results of routine audits. Attendance records will be maintained. An employee's failure to attend mandatory compliance education may be the basis for corrective action, up to and including separate from employment.

4. Developing Effective Lines of Communication

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

- a. The Compliance Officer will have an "open door" philosophy to encourage the reporting of all possible problems. The availability of confidential reporting and guarantee of non-retribution will be emphasized in all training and education of the Compliance Program.
- b. Written confidentiality and non-retaliation policies are developed and made available to all employees to encourage communication of concerns and the reporting of incidents of potential fraud.
- c. Compliance reporting mechanisms:
 - i. All employees and representatives of the KVH are to report potential compliance concerns and activities. It is further expected that any individual who becomes aware of a potential compliance issue at KVH will also utilize these reporting mechanisms. These concerns may include a violation of laws and regulations, conflicts of interest and criminal or unethical conduct.
 - ii. A Compliance Hotline is available if an individual is uncomfortable with using the standard channels of communication or has concerns that the normal channels will not be effective. The Compliance Hotline allows anonymous reporting.
 - iii. Reports regarding potential compliance issues will be made by contacting any of the following:

- a. KVH Department Director, Manager, Supervisor or Coordinator;
 - b. Chief Executive Officer or other member of the Senior Leadership Team;
 - c. The Compliance Hotline;
 - d. Compliance email;
 - e. Compliance Officer.
- d. All reports of potential compliance concerns will be directed to the Compliance Officer. All reported concerns will be investigated promptly.

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.

- a. KVH employees and representatives who fail to comply with the KVH Code of Conduct or Federal and State laws will be subject to appropriate corrective or disciplinary action according to contractual agreements and/or general KVH policy. This may include separation from employment. Corrective action, conducted by the appropriate level of authority, will be fair and consistent with KVH policy.
- b. Compliance with KVH Code of Conduct is considered in an individual's annual employee evaluation.
- c. All levels of KVH governance and management will work together to ensure compliance with all regulatory standards and policies established by KVH.
- d. KVH will conduct appropriate screenings and background verification of potential contractors and will not contract with companies or individuals that are listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in federal health care programs.

6. Auditing and Monitoring

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

- a. Annual assessments of potential compliance issues will be conducted. Compliance issues will be prioritized by the perceived risk. Factors for prioritization include consideration of issues that generate the highest volume of potential non-compliant transactions, the highest dollar discrepancies, or a combination of both.
- b. The following sources will assist in identifying potential areas of non-compliance:
 - i. Program bulletins from state and federal agencies or fiscal intermediaries;
 - ii. New rules resulting from changes in federal or state legislation regarding billing and reimbursement methodologies;
 - iii. Office of the Inspector General fraud alerts and other information regarding potential areas of concern;
 - iv. Departmental questionnaires and interviews;

- v. Analysis of departmental procedures;
- vi. Seminars and other continuing education;
- vii. Input from outside consultants with special expertise;
- viii. Questions from State or Federal agencies, insurance companies, or patients regarding bills;
- ix. Issues reported through the Compliance Hotline;
- x. Other sources of information as appropriate.

The Compliance Officer will work with departments to identify potential areas of non-compliance that need to be reviewed and monitored.

- c. Based on the prioritization of issues identified above, specific audits will be developed and carried out to monitor compliance. The frequency and necessity of such audits will be adjusted based on the results of the audits and the ongoing risk assessment process.
 - i. The Compliance Officer or designee may perform audits.
 - ii. The Compliance Officer is authorized to require specific departmental audits be performed to ensure that all applicable requirements are being followed in identified high-risk areas.
 - iii. All billing & coding for KVH will be subject to random audit.
- d. KVH will offer an exit interview questionnaire to all employees whose employment with KVH terminates. One purpose of this questionnaire is to assess if the employee is aware of any compliance concerns in the organization. Whenever possible, KVH will meet with such employees if additional information is needed.

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.

- a. The Compliance Officer or designee will conduct an investigation of all reported issues. This investigation may be undertaken with the assistance of the KVH applicable department director and /or Compliance Committee members.
- b. Whenever a potential compliance issue has been identified through risk assessment, audit, compliance reporting, investigations or other sources, the Compliance Officer will assure that all issues are promptly addressed.
- c. ***Any and all inquiries from the Office of the Inspector General should be referred to the Compliance Officer or Chief Executive Officer.***
- d. When developing a corrective action plan, the Compliance Officer may obtain advice and guidance from legal counsel. Legal counsel will be retained if there are allegations or evidence of violations of criminal law.

- e. Corrective action will be in accordance with KVH's policies and union contracts.
 - i. Information regarding identified issues of non-compliance, and changes made to correct the problem, will be communicated to all KVH personnel who are involved in the process. This communication should help to ensure that the specific problem does not re-occur.
 - ii. No employee or KVH representative will be retaliated against in any way for the reporting of a potential compliance issue.
- f. Reporting
 - i. If the Compliance Officer, Compliance Committee (including sub-committees), or Administrator discovers there is credible evidence of fraud, abuse, or other inappropriate conduct from any source and, after a reasonable inquiry, has reason to believe that the misconduct may violate criminal, civil or administrative law, then KVH must promptly report the existence of misconduct to the Office of the Internal General (OIG) or the appropriate reporting government agency within a reasonable period, but no more than 60 days after determining that there is credible evidence of a violation. Prompt reporting will demonstrate KVH's good faith and willingness to work with governmental authorities to correct and remedy the problem. In addition, reporting such conduct will be considered a mitigating factor by the OIG in determining administrative sanctions.
 - ii. HIPAA violations must be reported to the Department of Health and Human Services no later than 60 days after the calendar year.
 - iii. The Compliance Officer will prepare reports of the results of risk assessments and the subsequent Work Plans and resolutions. The Compliance Committee will review these reports.
 - iv. The Compliance Officer will generate a summary of compliance activities, including both assessments and audits that will be reported through the appropriate channels including the Board of Commissioners.

V. Program Responsibilities

1. Responsibilities of Employees

The effectiveness of the Compliance Program depends on each person's willingness to bring all potential compliance issues to the attention of the organization. Employees and representatives of KVH unsure as to whether a particular situation raises a compliance issue should report it through the mechanisms according to Section IV.4.c of this document.

- All employees and representatives of KVH are expected to adhere to all KVH Policies and Procedures.
- Adherence to such policies will be an element of performance discussed in each individual's performance evaluation.
- Employees and representatives of KVH are required to report suspected or potential compliance concerns.

2. Responsibilities of Management

Management has the primary responsibility to set KVH's standards for compliance.

Administrative Accountability

The Chief Executive Officer is accountable for ensuring that the Compliance Program is carried out effectively by KVH Department Directors, Supervisors and Coordinators. Promotion of and adherence to compliance will be an element in evaluating the performance of the Chief Executive Officer by the Board of Commissioners.

Department Director Accountability

Accountability elements for KVH Department Directors include that the Compliance Program is carried out effectively in their areas. They are the primary source of information to employees and representatives of KVH. Fulfillment of their responsibilities will include the following elements:

a. Compliance Education Elements for Department Directors:

- i. KVH Department Directors shall communicate the importance of compliance to every employee and representative, both formally and informally, and actively promote the Compliance Program;
- ii. KVH Department Directors shall foster open communications about compliance and answer all questions raised by employees and representatives or obtain the answer;
- iii. KVH Department Directors and the Compliance Officer shall work with Staff Development to facilitate the initial and ongoing training of employees and representatives regarding the Compliance Program.

b. Compliance Knowledge Elements for Department Directors:

- i. Department Directors shall follow the Compliance Program and ensure their employees and representatives follow it.
- ii. Department Directors have a duty and the responsibility to understand the Compliance Program and seek clarification, if needed, to fulfill their obligations and the obligations of those they manage.

c. Compliance Reporting Elements for Department Directors:

- i. Department Directors will ensure that any actual or potential compliance issue they become aware of is reported to the Compliance Officer.
- ii. Department Directors are responsible to ensure that no employee or representative is retaliated against, in any way, for reporting potential compliance issues.

3. Responsibilities of Compliance Officer

The Compliance Officer reports to the Chief Executive Officer and KVH Board of Commissioners. The Compliance Officer is delegated the authority to initiate and take action as necessary relating to potential compliance concerns. The Compliance Office is responsible to oversee the implementation and continuing management of the Compliance Program. Responsibilities also include, but are not limited to, conducting independent investigations and coordinating audits on potential compliance matters including all Compliance Hotline calls. Fulfillment of officer responsibilities will include the following elements:

- i. Overseeing and monitoring the implementation of the Compliance Program;

- ii. Maintain awareness of laws and regulation, keep abreast of current changes that may affect health care systems through personal initiative, seminars, training programs and peer contact;
- iii. Review Compliance Program elements and revise as necessary;
- iv. Developing, coordinating and participating in an educational and training program that focuses on the elements of the Compliance program;
- v. Develop policies and programs that encourage Department Directors, Managers, Coordinators and employees to report suspected fraud and other improprieties without fear of retaliation;
- vi. Promoting compliance awareness throughout KVH through signs, emails, posters, displays, handouts, and activities;
- vii. Review of complaints, concerns, or questions relative to compliance issues;
- viii. Monitor to resolution reported potential compliance concerns;
- ix. Assure appropriate actions and discipline take place in response to compliance incidents; Trend and report on KVH Compliance matters.

VI. Area or Issue-Specific Compliance Plans

All KVH employees will function under the umbrella of this Compliance Program. Departments, in coordination with the Compliance Officer, may incorporate department specific initiatives into their Quality Management Plan and policies and procedures of their department.

Effective Date:		Dept. of Record:	Quality		
		Policy Owner:	Linda Navarre		
Print Date:		Revision By:	Linda Navarre	Revision Date:	3/8/2019
		Reviewed By:		Review Date:	
		Compliance Committee Review:	3/14/2019	Date Approved:	3/14/19
		Board of Commissioners Review		Date Approved	

KVH COMPLIANCE PROGRAM
2019 KVH WORK PLAN
Board of Commissioner's approval **XX** date

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 2019 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 Hospital District #1 Board of Commissioners on Compliance Program activities	Compliance Officer	Annual report and as needed Work Plan updates	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				X	

KVH COMPLIANCE PROGRAM
2019 KVH WORK PLAN
Board of Commissioner's approval **XX** date

OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			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 providers receive Compliance & HIPAA/Privacy training					Ongoing
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 logged and investigations initiated within 2 business days					Ongoing
Results of compliance internal investigations are shared with leadership and relevant departments	Compliance Officer	Compliance Officer attends Department Director monthly meetings & as needed Senior Leadership meetings					Ongoing
5. Enforcing Standards through Well-Publicized Disciplinary Guidelines							
Policy: Corrective Actions for Violating KVH Privacy and Security Policies and Procedures. Leaders are educated and policy is posted on the intranet	Privacy Officer	Disciplinary standards are established for employed staff and privileged providers		X			
6. Auditing and Monitoring							
Utilize Cerner ABN process for lab and imaging orders to support meeting CMS ABN regulatory requirements & KVH financial goal	Compliance Officer	No lost payment due to lack of ABN or authorization for bone density Dexa scans				X	

KVH COMPLIANCE PROGRAM
2019 KVH WORK PLAN
Board of Commissioner's approval **XX** date

OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
Reference: 42 C.F.R. §411.4089e09309iii0							
Business Associate Agreement log meets regulatory requirements	Privacy Officer	Business Associate Agreements are logged in central contract log				X	
Reference: 45 CFR 164.502(e), 164.504(e), 164.532(d) and (e)							
Security Risk Analysis (SRA) findings are reviewed and prioritized	Security Officer	Develop work plan to address SRA findings			X		
Reference: Security Rule 45 CFR Part 160 and Subparts A and C of Part 164							
Internal 340B audits to meet regulatory requirements	Director of Pharmacy	Ongoing 340B audits					Ongoing
Reference: 340B Drug Pricing Program (340B Program) requirements (42 USC 256b(a)(5)(C))							
7. Responding to Detected Offenses and Developing Corrective Action Initiatives							
Respond, investigate, and report to Federal authorities as required for HIPAA and other Compliance issues.	Privacy Officer	Timely respond to privacy incident					Ongoing
Reference: HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414							

March 2019

Compliance program annual report- 2018

Compliance and ethics are the foundation of every healthcare organization. KVH Compliance Committee members recognize the important role we play to support a culture of accountability. We have an obligation to the public to support an environment that demonstrates the highest ethical standards of conduct. What would an ethical culture look like to our staff and what are we doing to support this type of environment?

1. Organizational values are clear and understandable. Employee forums, department meetings and multiple avenues of communication from our Marketing Team provide clear messaging to our staff on our value statements.
2. Leaders encourage staff to act on values and demonstrate this from the top down by "doing the right thing".
3. Culture where staff feel free to communicate concerns without fear of retaliation. Doing the right thing is not always easy. As a Compliance Officer, I recognize this and do my best to support staff through the reporting process. We share concerns because we care. We care about our patients, fellow staff members and the reputation we have in our community. Sharing concerns helps us identify where improvements may be needed and therefore results in a healthcare system that we feel good about.

We are all responsible for compliance and with the ever changing rules and laws it takes a team approach every day. Our Compliance Committee is proud of the steps we have taken in 2018 to mitigate compliance risks. Below is a summary of steps taken following the 7 principles of an effective compliance program delineated by the Office of Inspector General.

Compliance Program Structure: Our Performance of the Elements in 2018

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 conducted an annual review of Compliance policies, procedures and supporting documents.
 - Multiple HIPAA and Privacy policies were under review throughout the year to meet new regulatory requirements. Final documents were posted on the intranet the first of March 2019.
2. Select members of the Compliance Committee provided guidance on multiple organizational policies that included privacy and compliance elements.
 - 340B Program Policy

- 340B Material Breach Policy

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. Kevin Martin, Board Representative Bob Davis, Privacy Officer/Health Information Management Director Cindy Kelly, Compliance Officer/Quality/Risk Management Coordinator Linda Navarre, Quality and Risk Management Director Mandee Olsen, Chief Information Officer Jeff Yamada, Chief Financial Officer Libby Allgood, Revenue Cycle Management Director Deb Barneycastle, Chief of Clinic Operations Carrie Barr, Director of Human Resources Carrie Youngblood.
 - Changes to the committee in 2018 include Jeff Yamada as our new Chief Security Officer, Becky Littke, Director of Revenue Cycle Management and Scott Olander incoming CFO.
 - Members are highly committed to uphold the ethical and legal obligations for oversight of the Compliance Program.
 - Each member has expertise in their field for a well-rounded level of knowledge within the committee
 - Improvement actions receive oversight by Committee members who 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 met monthly to support timely updates on improvement activities and reporting of newly identified risks. Standing agenda items included updates from our Privacy Officer, Revenue Cycle Management, Pharmacy 340B program and Security Officer.
 - Sub-Committees:
 - 340B Team:
 - Members include Director of Pharmacy Services, Pharmacist representative, Director of Revenue Cycle Management, Compliance Officer, Chief Ancillary Officer, Information Systems-Application Analyst and Medical Staff Coordinator.
 - Monthly meetings provide an opportunity for early identification of potential risks and actions needed to ensure comprehensive compliance with the 340B program.
 - Privacy and Security Team

Compliance Officer - Linda Navarre

- Members include Privacy Officer, Compliance Officer and Information Security Officer.
- Team meets monthly to address privacy and security issues
- Activities include:
 - Privacy rounding for identification of privacy breach risks with real-time coaching of staff
 - Report out of HIPAA and Privacy investigations
 - Updating process for Business Associate Agreements
 - Secure text messaging. Recognized as a high priority area of risk. The Privacy & Security Team identified a need to better support healthcare communications with a mode of secure texting between the healthcare team members. Actions initiated include:
 - Research of secure texting software
 - Pilot project with Tigertext. Testing includes up to 50 users. Potential for expansion of this secure communication option after analysis of pilot project findings. Test users include Home Health, Pharmacy and Chief Medical Officer.

Data:

- 39 Compliance, Privacy/Security and 340B meetings
- 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 challenges and team competition.
 - Anti-Kickback and Stark Law- June 2018
 - National Compliance and Ethics Week(general compliance education)- November 2018
2. Annual education - Compliance and HIPAA/Privacy education:
 - Annual assignment for all staff in the electronic learning system.
 - Face to face educational opportunity during our May annual education fair located on our main campus in Ellensburg. In June, KVH annual education fair travel to Cle Elum for Urgent Care and Family Medicine-Cle Elum staff.

3. New employee/leader education
 - All new employees, leaders and providers receive Compliance and Privacy education upon hire.
4. Ongoing planning to support training of staff that may function in the release of information role in the clinic settings. This improvement process will continue into 2019 as we move more of our outpatient clinics into the Medical Arts Center.

Data:

- 10 Cross Functional Huddle interactive education sessions
- 100% of employees received Compliance/HIPAA/Privacy education during the annual education fair or completed the 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. Reducing barriers to reporting compliance concerns
 - Staff receives annual education reminding them of their responsibility to report compliance concerns, encouragement to make their supervisor aware of their concerns and avenues for reporting. Currently, KVH has the following options for reporting compliance concerns: incident reporting system (Verge), anonymous Hot Line, Compliance Email, written letter, reporting up to their Supervisor or Senior Leader and Compliance Officer open door policy to support just in time face to face reporting.
 - Visual reminders of Compliance Hotline number and Compliance direct email through postings in each department.
 - Directors/Managers are expected to ensure the Compliance reporting poster is posted at all times in a highly visible area.
 - Hotline calls signal an email queue to the Compliance Officer for prompt response
 - KVH external and internal websites post the Compliance Hotline number and Compliance direct email address
2. Non-Retaliation and Non-Retribution for Reporting Policy- this policy demonstrates KVH has a pathway to support staff reporting of compliance concerns and no tolerance for retaliatory behavior by leaders or fellow staff members.
 - New and established leaders 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:

- 108 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.
- 100% of compliance concerns reported resulted in initiating an investigation within 48 hours
- 100% of reporters whose identify is known received feedback related to their concern

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.
- Human Resources provides leaders with education and resource tools to ensure consistency in discipline

Data:

- 100% of District #1 Board Members completed a Conflict of Interest Disclosure Statement
- 100% of KVH leaders (Administrators, Directors or Managers) completed a Conflict of Interest Disclosure Statement
- 95% of employed providers 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
 - a. A new billing system implemented with Cerner shifted priority of auditing and monitoring to the new billing process. The Revenue Cycle Team worked persistently with Cerner to address workflow issues and develop reports for auditing. Additional monitoring of our new contracted billing service, PayAssist, resulted in improvements to our billing statements in 2019.
 - b. Revenue Integrity- RCM daily work has many check and balances in place to ensure compliant billing to our payors. In the last year, we have had no significant audits or audit findings.

- c. Re-evaluate the Advanced Beneficiary Notice (ABN) process post Cerner go-live. The goal of this improvement process was to improve the flow of ABNs into the patient's medical record to meet Medicare billing requirement. The ABN project included assessments of Medicare eligibility checking, identifying the need for ABN and documentation to support medical necessity. Outcome- Tools were developed to support clinic staff and providers in the ABN process. Additional challenges have been identified resulting in ongoing work to understand the workflow impact on lab and imaging.
2. HIM coding- creating a feedback loop from coders to providers. KVH HIM coders developed a process to increase provider awareness of charges and documentation needed to demonstrate medical necessity. Response from providers has been very positive stating they appreciate this feedback loop.
3. Human Resources- exit interview data can provide a wealth of information including potential areas of risk that former employees are willing to share after they leave employment. The Exit Interview questionnaire includes contact information for the CEO, Compliance Officer and other members of the Administration Team to encourage the sharing of successes or opportunities for improvement. Monitoring metrics includes mailing of Exit Interview questionnaire to all discharged employees and CEO review of all returned questionnaires.
4. 340B Program audits- the 340B Program has many system and process complexities that require ongoing auditing to ensure compliance with 340B regulations. KVH 340B auditing plan includes provider audits, prescription audits, and annual audit of 340B contracted pharmacy registration.
 - a. Urgent Care 340B site required additional auditing and reversal of claims related to physical address error at the time of registration. All claims in the registration period of 2017 and 2018 were reversed. A total of 1,137 Urgent Care claims were reversed with a dollar amount of \$11,967.00 (<2% of total 340B purchases). Final audit findings did not meet the threshold of what would constitute a material breach (5% or greater of total 340B purchases or impact to any one manufacturer).
5. Security- Security Risk Analysis (SRA) audit of physical, technical and administrative safeguards was planned for 2018. The objective of the SRA was to identify and implement safeguards that comply with the standards and implementation specifications in the Security Rule. The SRA was conducted in November of 2018. The final report was received March 12th of 2019. Jeff Yamada, Security Officer and Chief Information Officer, will lead improvement actions related to the SRA findings.

Data:

- 134 Exit Interviews mailed to employees who left their position in 2018
- 30 Exit Interviews received back from employees who left their position in 2018
 - 100% of Exit Interview were reviewed by KVH CEO
- 1,714 Internal 340B claim audits in 2017 & 2018

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:

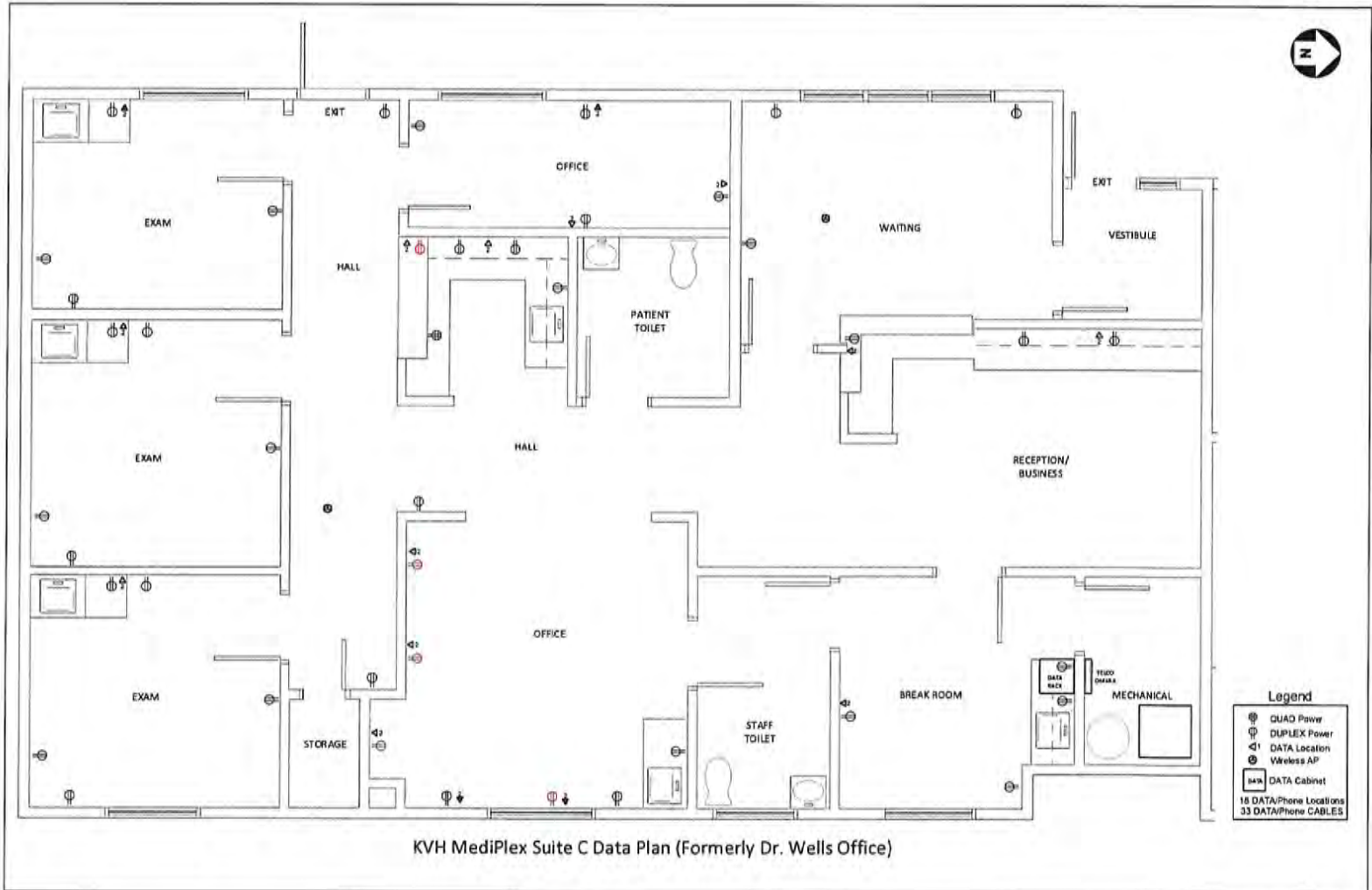
1. Sanction screening - all new providers are screened to avoid employing individuals who are excluded or sanctioned from participating in federal healthcare programs. All privileged providers are screened monthly through the Office of Inspector General excluded individuals or entities for federally-funded healthcare programs online monitoring site.
2. Vendor screenings- KVH Materials Management Director 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, Sympir, began screening vendors in May of 2018. Vendors screened through Sympir will be identified in the facility with a visible badge. Engineering contracted vendors that support just-in-time repairs will register with Engineering to receive their work badge.

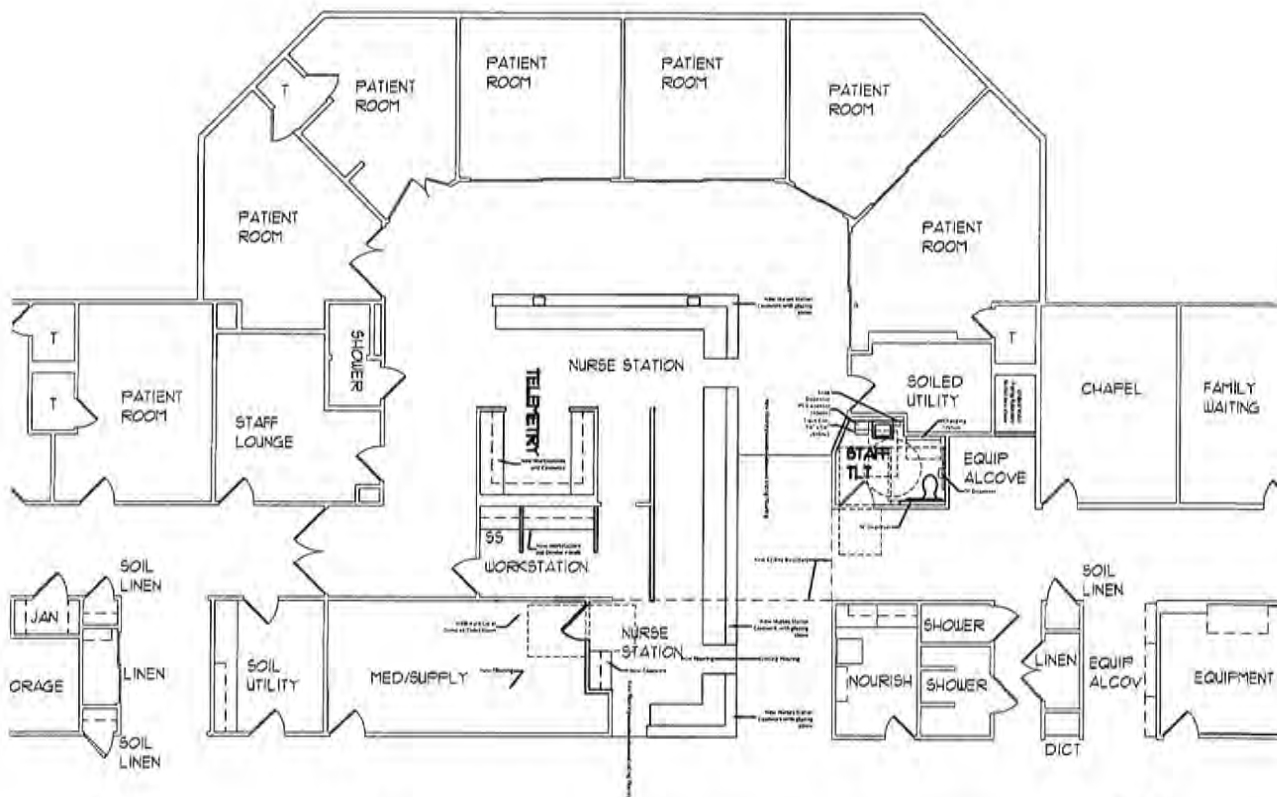
Data:

- 44 new providers screened for sanctions from federal healthcare programs during the credentialing process.
- 68 vendors screened through Sympir during onsite visits May through December of 2018
- 15 KVH Departments accessed by Sympir credentialed vendors
- 35 Companies credentialed through Sympir

Looking ahead:

The Compliance Committee will re-evaluate the 2019 work plan on an ongoing basis to ensure appropriate prioritization of planned activities and shifting of resources to areas of greatest risk.





1
A2.1

Conceptual Floor Plan

1/8" = 1'-0"



ARCHITECTURE
CLARIFICATION

CCU NURSES
STATION

Kittitas Valley Healthcare

Ellensburg, WA

DATE: 02/27/1

JOB: 201832

SHEET REF: A2.1

DRAWING:

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date March 25, 2019

TO: Board of Commissioners
Kevin Martin, MD

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 credentials files.

PRACTITIONER	STATUS	APT/REAPT	SITE
Nathan Kemalyan, MD	Provisional Active	Apt	General Surg Locum
Noureldin Abdelhamid, MD	Provisional Associate	Apt	Telestroke
Joshua Albrektson, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Jeffrey Caverly, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
David Huang, MD	Provisional Associate	Apt	MDIG
Surender Kurapati, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Lawrence Lareau, MD	Provisional Associate	Apt	MDIG Onsite Locum
Steven Lis, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Nghi Lu, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Daniel Lucas, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Kamiar Massrour, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Louis Muscarella, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Vinod Nigam, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Jose Ospina, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Robert Pallow, MD	Provisional Associate	Apt	MDIG Onsite Locum
Atul Patel, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Peter Piampiano, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Peilin Reed, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Robert Reuter, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Juanito Villanueva, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Alix Vincent, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Ada Cheung, MD	Active	Reapt	KVH Orthopedics
Ginger Longo, MD	Associate	Reapt	OB/GYN call
Rajendra Suvana, MD	Associate	Reapt	Hospitalist
Dhawal Goradia, MD	Associate	Reapt	Direct Radiology
Dane Sandquist, MD	Associate	Reapt	InCyte Pathology
Charles Westin, MD	Associate	Reapt	Direct Radiology
Reese Hosey, PA-C	Allied Health Professional	Reapt	KVH Orthopedics
Christine Ward, ARNP	Allied Health Professional	Reapt	Ellensburg Pediatrics
June Bredin, MD	Ambulatory	Change of Status	CHCW

CHIEF MEDICAL OFFICER – Kevin Martin, MD

March 2019

I need to start by acknowledging the tragic events of March 19. Our staff, our regional and state partners, and our community again did outstanding work on a very difficult night, one that could have been even worse, and we continue to support each other as we struggle to understand and begin to heal. The work done daily by our first responders is humbling, and I want to thank them and our KVH family.

Medical Staff Services:

- Mitch Engel continued to work on recruiting general surgery, hospitalist, and OB/GYN. We had three interviews in February; all three received offers and two accepted (Hospitalist and OB/GYN) with the third expected to be accepted.
- Lisa Potter is working on a number of fronts. These include:
 - **Primary Projects:**
 - **Dermatology:** 9 month review and analysis is complete and will be presented at March board meeting.
 - **Swing Bed Unit:** Implementation work continues with Lisa's efforts focused on contracting with a dental provider.
 - **Podiatry:** Currently in the process of reviewing RHC compatibility for this service line.
 - **Tele-Psychiatry:** Lisa is currently working with the IT department and Cerner to further understand the technical requirements of this service, Cerner compatibility and costs associated with implementation and ongoing usage. Lisa had a conference call with staff from Whidbey Island Health, including the former program director, reimbursement director and medical staff coordinator, which resulted in confirmation of what we have been hearing to date relating to financial feasibility of this service line. Both hospitals we have spoken with (Chinese hospital and Whidbey Island Health) have confirmed that their organizations have viewed tele-health as a service to their communities.
 - **Ongoing Projects:**
 - **Referral Partner Research**
 - **Foundation presentations**
 - **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 22 initial appointments this month. Of those 2 are general surgery locums, 1 is VMM telestroke, and the rest are part of the MDIG group. Within the MDIG group 1 is employed by MDIG directly, 2 are locums covering the first two weeks of MDIG on-site services, and the remaining 16 are OnRad, a second group that MDIG has contracted with for tele-radiology services.

CHIEF MEDICAL OFFICER – Kevin Martin, MD

March 2019

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. I attended the 3/21 Leadership Council meeting by phone. The meeting covered timelines for GCACH practice transformation work. We are receiving payments from GCACH to support our transformation work in our family medicine clinics and inpatient services.
 - Work continues in preparation of the Evidence-Based Medicine workshop March 29 & 30. The Washington Rural Health Collaborative Physician Leadership Committee meeting will be held that Friday evening in Ellensburg and hosted by KVH.
- I spoke to community members at the Adult Activity Center of Friday 3/8 on healthy active aging. About 15 seniors and caregivers attended. We discussed advance care directives, housing options, and future possibilities.
- The Values Alignment Committee continues to have very interesting and useful meetings every other week.
- As I near the end of my first year as CMO, I am learning the pitfalls of the position. I am undertaking both course work and PI projects to improve my effectiveness to KVH and the community in the coming months.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer



CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

February Operating Results

- February patient volumes were mixed. Acute admissions were over budget by just 2 admits. Inpatient days were over budget by 33%. Many of the patients contributing to the variance were boarder patients for which the hospital will likely be paid at a lesser rate. Deliveries were over budget by 1 delivery. Surgeries were below budget by 30 cases; 3 inpatient and 27 outpatient cases. For two and one half weeks in February the hospital did not have orthopedic surgeons working. The negative surgery variance and the negative radiology exam variance were related to not having orthopedic surgeons available to work. ER visits were over budget by 3.6% in February and YTD by 3%. ER volume is a major driver of hospital admissions and ancillary revenue.
- Gross revenue of \$11,095,501 was below budget by \$470,562 or 4.1%. Inpatient revenue exceeded budget by \$225,691 due to the long length of stays with the boarder patients; outpatient revenue was below budget by \$588,624 and the clinics were below their budget target by \$107,329.
- Deductions from revenue were high relative to revenue and exceeded budget by \$66,419 or 1.2% for the month. Actual write-offs posted during February were higher than expected. Gross accounts receivable in February was lower than the January accounts receivable by \$955,189. The greater than expected write-offs indicate that the hospital may have been under reserved in prior months.
- Other operating revenue exceeded budget by \$366,949 due to primarily to an accrual of \$281,299 for healthcare transformation funds from the GCACH (Greater Columbia Accountable Community of Health). The hospital also received a \$10,000 grant for physician coding. The other positive variance was related to the 340B contract pharmacy rebates.
- Overall operating expenses exceeded budget by \$116,218 in February. \$57k of the negative wage variance was due to overtime paid to staff for the high patient volumes in the Medical/Surgical and ICU Departments. The negative temporary labor variance was due to \$9k for radiology and \$10k for a home health PT traveler. Benefits exceeded budget due to higher FICA withholding expenses, an accrual for provider pensions. The positive supply expenses variance of \$79,988 was due to the low number of orthopedic surgery cases in February. The negative February purchased services variance of \$45k was made up of and additional \$14k for rehab visits. Rehab visits were 13.8% greater than budget. The hospital also paid some catchup billing from Cerner that were not previously accrued of \$10k. The additional purchase service expense variance of \$21k was for additional snow removal. Rents and Leases were over budget in February due to

an accrual for diagnostic equipment lease expense. YTD rental and lease expenses tracking closely with the budget. The variance in other direct expenses was due to recruitment expenses of \$12k for home health physical therapist and \$15k for Dr. Serrano, a Women's Health OB provider.

- February operations resulted in an operating loss of \$382,235 compared to budgeted operating loss of \$95,985.
- Non-operating revenue exceeded budget due receipt of a \$149,500 HRSA opioid response grant. All of these grant funds will be passed on to the Kittitas County Health Network.
- Days in Accounts Receivable held steady at 89 days in February. As noted previously, gross account receivable decrease by \$955,189 from January.
- Days Cash on Hand decreased 2.9 days to 126.6 in February from 129.5 in January.
- Average daily cash collections (all cash) in February was \$325,173 per working day.

Kittitas Valley Healthcare

Financial and Operating Indicators
February 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	147,686,672	24,614,445
Net Revenue	71,506,819	71,490,964	77,527,646	82,594,255	79,379,676	13,229,946
Operating Income	(5,893)	885,655	(752,045)	2,013,073	(608,353)	(101,392)
Net Margin %	2.2%	3.7%	1.7%	3.2%	-0.8%	-0.8%
Cash	29,859,717	33,213,447	27,408,625	31,428,600	27,272,903	27,272,903
Days Cash on Hand	156.0	178.7	133.5	150.0	126.6	126.6
Surgeries	1,856	1,641	1,461	1,478	1,206	201
Emergency Visits	13,789	13,162	13,751	13,760	13,740	2,290
% ED visits admitted	n/a	n/a	n/a	n/a	10.6%	10.6%
Diagnostic Imaging	33,471	33,836	29,474	31,664	29,832	4,972
Laboratory	181,082	190,587	207,040	218,157	209,442	34,907
Clinic Visits	48,525	50,917	58,500	75,644	70,602	11,767
IP and Obs Days	3,937	3,440	3,829	3,801	4,708	785
Deliveries	312	322	332	332	378	63
Admits	1,043	899	944	952	1,008	168
FTEs	449.1	457.6	469.4	485.4	479.3	479.3
AR Days	47.5	50.8	92.0	60.0	89.0	89.0

Kittitas Valley Healthcare
Key Statistics and Indicators
February 2019

Activity Measures		Current Month			Year to Date			Prior YTD	
		Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01	Admissions	75	73	2.7%	168	154	9.2%	192	-12.5%
02	Patient Days - W/O Newborn	271	204	33.0%	524	429	22.0%	588	-10.9%
03	Avg Daily IP Census	9.7	7.3	33.0%	8.9	7.3	22.0%	10.0	-10.9%
04	Average Length of Stay	3.6	2.8	29.5%	3.1	2.8	11.7%	3.1	1.8%
05	Deliveries	26	25	2.1%	63	54	17.4%	61	3.3%
06	Case Mix Inpatient	1.10	1.00	9.8%	1.23	1.00	22.7%	1.07	14.7%
07	Surgery Minutes - Inpatient	2,805	2,726	2.9%	7,138	5,743	24.3%	7,851	-9.1%
08	Surgery Minutes - Outpatient	3,767	6,104	-38.3%	9,618	12,863	-25.2%	17,432	-44.8%
09	Surgery Procedures - Inpatient	18	21	-14.2%	53	44	19.9%	76	-30.3%
10	Surgery Procedures - Outpatient	65	92	-29.7%	148	195	-24.0%	291	-49.1%
11	ER Visits	1,094	1,056	3.6%	2,290	2,224	3.0%	2,533	-9.6%
12	Laboratory	16,067	16,735	-4.0%	34,907	35,264	-1.0%	43,503	-19.8%
13	Radiology Exams	2,256	2,429	-7.1%	4,972	5,118	-2.9%	6,630	-25.0%
14	Rehab Visit	1,455	1,279	13.8%	3,098	2,695	15.0%	3,232	-4.1%
15	Outpatient Visits	NA	NA	NA	NA	NA	NA	NA	NA
16	Outpatient Percent of Total Revenue	83.4%	86.1%	-3.1%	82.6%	86.0%	-4.0%	83.5%	-1.0%
17	Clinic Visits	5,568	5,620	-0.9%	11,767	11,706	0.5%	13,034	-9.7%
18	Adjusted Patient Days	1,636	1,461	12.0%	3,010	3,072	-2.0%	3,555	-15.3%
19	Equivalent Observation Days	168	88	91.8%	261	185	41.0%	219	19.4%
20	Avg Daily Obs Census	6.0	3.1	91.8%	4.4	3.1	41.0%	3.7	19.4%
Financial Measures									
21	Salaries as % of Operating Revenue	53.5%	51.2%	-4.7%	51.0%	51.1%	0.3%	54.7%	6.9%
22	Total Labor as % of Operating Revenue	67.4%	63.4%	-6.4%	63.9%	63.0%	-1.5%	68.1%	6.2%
23	Revenue Deduction %	50.4%	47.8%	-5.5%	49.4%	47.7%	-3.6%	46.6%	-5.9%
24	Operating Margin	-6.3%	-1.5%	309.4%	-0.8%	0.1%	-811.6%	-2.8%	-72.6%
Operating Measures									
25	Productive FTE's	439.3	432.9	-1.5%	418.9	432.9	3.2%	417.0	-0.5%
26	Non-Productive FTE's	41.7	52.5	20.6%	60.4	52.5	-15.1%	52.4	-15.3%
27	Paid FTE's	481.0	485.4	0.9%	479.3	485.4	1.3%	469.4	-2.1%
28	Operating Expense per Adj Pat Day	\$ 3,950	\$ 4,343	9.0%	\$ 4,430	\$ 4,285	-3.4%	\$ 3,481	-27.2%
29	Operating Revenue per Adj Pat Day	\$ 3,716	\$ 4,278	-13.1%	\$ 4,396	\$ 4,290	2.5%	\$ 3,386	-29.8%
30	A/R Days	89.0	50.0	-78.0%	89.0	50.0	-78.0%	53.0	-67.9%
31	Days Cash on Hand	126.6	175.0	-27.7%	126.6	175.0	-27.7%	152.4	-17.0%

Financial Sustainability

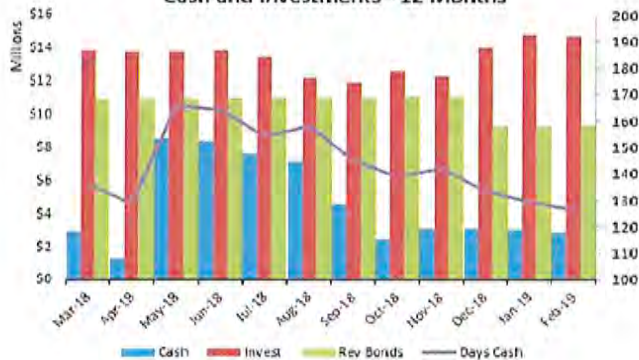
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2017	CY 2018	YTD 2019
Medicare	40.47%	41.85%	41.93%
Medicaid	18.90%	18.45%	18.61%
Commercial	33.14%	32.03%	32.24%
Self Pay	4.31%	3.52%	3.21%
Other	3.18%	4.15%	4.02%

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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	1,838,776	1,613,085	225,691	4,282,855	3,399,000	883,855	3,580,861
OUTPATIENT REVENUE	7,683,092	8,272,016	(588,924)	16,948,780	17,430,318	(481,538)	15,528,716
CLINIC REVENUE	1,573,634	1,680,962	(107,329)	3,382,810	3,492,532	(109,722)	2,538,550
REVENUE	11,095,501	11,566,063	(470,562)	24,614,445	24,321,850	292,595	21,648,127
CONTRACTUALS	5,201,598	5,157,337	44,261	11,315,468	10,809,058	506,410	9,210,303
PROVISION FOR BAD DEBTS	197,656	233,108	(35,452)	541,152	490,289	50,864	547,045
FINANCIAL ASSISTANCE	47,978	83,188	(35,209)	105,610	175,287	(69,677)	232,677
OTHER DEDUCTIONS	148,746	55,927	92,819	187,493	117,451	70,042	102,849
DEDUCTIONS FROM REVENUE	5,595,978	5,529,559	66,419	12,149,723	11,592,085	557,639	10,092,874
NET PATIENT SERVICE REVENUE	5,499,524	6,036,504	(536,980)	12,464,722	12,729,766	(265,043)	11,555,254
OTHER OPERATING REVENUE	580,140	213,192	366,949	765,224	449,225	315,998	482,189
TOTAL OPERATING REVENUE	6,079,664	6,249,696	(170,032)	13,229,946	13,178,991	50,955	12,037,442
SALARIES	3,255,558	3,197,030	58,528	6,741,606	6,736,598	5,007	6,585,041
TEMPORARY LABOR	25,648	7,871	17,778	44,944	19,389	25,555	65,413
BENEFITS	842,623	762,671	79,952	1,717,746	1,566,572	151,174	1,618,022
PROFESSIONAL FEES	46,901	50,135	(3,235)	91,223	105,677	(14,453)	76,106
SUPPLIES	632,285	712,274	(79,988)	1,442,061	1,497,374	(55,314)	1,360,871
UTILITIES	82,841	84,828	(1,988)	159,825	169,657	(9,831)	163,431
PURCHASED SERVICES	870,010	825,189	44,821	1,704,491	1,650,378	54,113	1,319,214
DEPRECIATION	292,326	342,061	(49,736)	617,359	684,123	(66,763)	466,396
RENTS AND LEASES	181,286	127,932	53,355	252,389	255,863	(3,475)	237,821
INSURANCE	41,103	39,575	1,528	152,583	79,150	73,433	81,203
LICENSES & TAXES	46,131	67,783	(21,652)	152,566	135,567	16,999	159,306
INTEREST	57,160	56,913	247	115,965	113,827	2,139	99,859
TRAVEL & EDUCATION	23,476	33,637	(10,161)	43,572	69,951	(26,379)	46,803
OTHER DIRECT	64,551	37,782	26,769	95,008	80,672	14,337	94,762
EXPENSES	6,461,899	6,345,681	116,218	13,331,338	13,164,797	166,541	12,374,247
OPERATING INCOME (LOSS)	(382,235)	(95,985)	(286,250)	(101,392)	14,194	(115,586)	(336,805)
OPERATING MARGIN	-6.29%	-1.54%	168.35%	-0.77%	0.11%	-226.84%	-2.80%
NON-OPERATING REV/EXP	201,299	43,321	157,979	292,364	99,622	192,742	310,610
NET INCOME (LOSS)	(180,936)	(52,664)	(128,272)	190,972	113,816	77,156	(26,195)
UNIT OPERATING INCOME							
HOSPITAL	(295,324)	116,551	(411,875)	170,616	448,852	(278,237)	393,798
URGENT CARE	(61,675)	(6,830)	(54,845)	(93,529)	(13,442)	(80,087)	(6,030)
CLINICS	(62,567)	(247,050)	184,484	(233,503)	(511,866)	278,363	(887,402)
HOME CARE COMBINED	37,330	41,344	(4,014)	55,024	90,650	(35,626)	162,830
OPERATING INCOME	(382,235)	(95,985)	(286,250)	(101,392)	14,194	(115,586)	(336,805)

02/28/2019

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	2,914,342	3,142,430	(228,088)
ACCOUNTS RECEIVABLE	37,150,776	36,648,852	501,924
ALLOWANCE FOR CONTRACTUAL	(18,879,474)	(18,507,689)	(371,785)
THIRD PARTY RECEIVABLE	300	639,004	(638,704)
OTHER RECEIVABLES	411,052	788,227	(377,174)
INVENTORY	1,572,711	1,526,115	46,596
PREPAIDS	741,154	591,940	149,213
INVESTMENT FOR DEBT SVC	321,432	945,710	(624,278)
CURRENT ASSETS	24,232,293	25,774,589	(1,542,296)
INVESTMENTS	24,037,129	23,320,485	716,644
PLANT PROPERTY AND EQUIPMENT	77,184,926	79,180,803	(1,995,877)
ACCUMULATED DEPRECIATION	39,306,902	40,721,064	(1,414,162)
NET PROPERTY, PLANT, & EQUIP	37,878,024	38,459,738	(581,715)
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	37,878,024	38,459,738	(581,715)
ASSETS	86,147,445	87,554,812	(1,407,367)
ACCOUNTS PAYABLE	807,565	2,085,073	(1,277,509)
ACCRUED PAYROLL	1,312,298	1,046,722	265,576
ACCRUED BENEFITS	387,904	209,608	178,296
ACCRUED VACATION PAYABLE	1,706,014	1,678,465	27,549
THIRD PARTY PAYABLES	1,708,504	1,708,504	0
CURRENT PORTION OF LONG TERM DEBT	997,343	1,587,202	(589,859)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	6,919,628	8,315,575	(1,395,947)
ACCRUED INTEREST	121,936	322,579	(200,643)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	7,485	0	7,485
DEFERRED REVENUE HOME HEALTH	106,971	116,204	(9,233)
DEFERRED LIABILITIES	236,391	438,783	(202,391)
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 CONTF	(997,343)	(1,587,202)	589,859
LONG TERM DEBT	20,353,345	20,353,345	0
NONCURRENT LIABILITIES	20,589,736	20,792,128	(202,391)
FUND BALANCE	58,447,109	58,447,109	0
NET REVENUE OVER EXPENSES	190,972	0	190,972
FUND BALANCE	58,638,081	58,447,109	190,972
TOTAL LIABILITIES & FUND BALANCE	86,147,445	87,554,812	(1,407,367)

Kittitas Valley Healthcare

Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	190,972
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	(1,414,162)
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	(1,223,190)
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(130,139)
OTHER RECEIVABLES	1,015,878
INVENTORIES	(46,596)
PREPAID EXPENSES & DEPOSITS	(149,213)
INVESTMENT FOR DEBT SVC	624,278
TOTAL CURRENT ASSETS	1,314,208
INVESTMENTS	(716,644)
PROPERTY, PLANT, & EQUIP.	1,995,877
OTHER ASSETS	0
TOTAL ASSETS	1,370,251
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(1,277,509)
ACCRUED SALARIES	265,576
ACCRUED EMPLOYEE BENEFITS	178,296
ACCRUED VACATIONS	27,549
COST REIMBURSEMENT PAYABLE	0
CURRENT MATURITIES OF LONG-TERM DEBT	(589,859)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(1,395,947)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(200,643)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	7,485
DEFERRED REVENUE - HOME HEALTH	(9,233)
TOTAL OTHER LIABILITIES	(202,391)
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	(1,598,339)
NET CHANGE IN CASH	(228,088)
BEGINNING CASH ON HAND	3,142,430
ENDING CASH ON HAND	2,914,342

Mediplex Suite C

Original Freshen up	\$25,436.00
Expanded Scope	\$34,800.00
Construction cost	\$60,236.00
Cabling/IT conectivity	\$13,000.00
Subtotal	\$73,236.00
Tax 8.3%	\$6,078.59
Total Cost	\$79,314.59

Expanded Scope
Remove existing entrance door and replace with power operated 4' door
Remove vestibule light valance and light
Remove vestibule wall and glass door and create soffit between vestibule and waiting
Add carpet and base and wall tapping at owner removed tall storage units
Fill in Ceiling soffit section in reception area
Remove existing door and widen opening into procedure room
Install new carpet and base over existing vinyl flooring in old procedure room.
Repair and tape wall at owner removed casework on south wall of old procedure room.
New sheet vinyl flooring and base ovoer existing vinyl flooring in the 3 south exam rooms.
Remove existing U shaped plastic laminate countertop in work area and replace with new counter top to match existing.
Remove work area south end tall casework and replace with plastic laminate dictations staiton.
Add Work station counter in old procedure room
Add 4 power outlets and 5 data drops at work station counter
Add 1 data to each exam room
Add 1 data to dictation station
Remove work area south end tall casework and replace with plastic laminate dictations staiton.
Add Work station counter in old procedure room
Add 4 power outlets and 5 data drops at work station counter
Add 1 data to each exam room
Add 1 data to dictation station

PATIENT CARE OPERATIONS

- **Diabetes and Nutrition Education**

- Referral project (QAPI). The project concerns patient care representatives making direct outpatient nutrition education referral appointments at the time the patient sees their provider. The prior process required a significant lag time and inefficient workflow resulting in patients not receiving an appointment for outpatient nutrition education despite a referral. The project has been trialed in Internal Medicine for the past two months and will be expanded to Family Medicine next month. Family Medicine PCR's are being trained in March. 2019 baseline data is below.

	Referrals Received	Referrals Scheduled	Percent Scheduled
January	47	28	59.57%
February	48	29	60.42%

- Moving Mediterranean. This is a wellness class for diabetes with emphasis on nutrition and physical activity. Two classes conducted in March with seven participants per class.
 - Diabetes Prevention Program (DPP). Work on the DPP continues. The program targets lifestyle change for people diagnosed with pre-diabetes. Participants will be enrolled in a year-long series of classes. A business plan for the program will be completed by the end of March. Grant funding is anticipated through the KVH Foundation. The annual budget for the program is estimated to be approximately \$28,000.
 - Hello FISH. Partnership program with the FISH Food Bank to provide targeting people with diabetes. Meal boxes are provided to participants that contain foods and recipes readily obtained via the food bank and are favorable to diabetes. Mediterranean food selection is emphasized along with increases in vegetable intake. (The program is a spin-off of the Hello Fresh or Blue Apron delivery meal service.)
- **Surgical Services** – The Surgical Outpatient Department and surgery staff has been happy to work with the General Surgery locums on call and are eagerly anticipating the arrival of our two OB/GYN providers. New providers are a fair amount of work, learning

preferences, creating case cards and creating order sets, but staff are excited and looking forward to caring for patients.

- **Medical Surgical/ CCU** – Due to the attrition of staff to other departments in the facility, staffing on MS is very fluid. There is a significant amount of orientation occurring. It is important that staff be crossed trained to both areas as the census and staffing needs vary day to day.

Plans for the nurses' station re-model have been on-going and almost final. The new nurses' station would eliminate the need for 1 medication room and 1 supply room. One medication room and 1 supply room would be shared for both areas. It would also designate an area for the Telemetry Tech to view the monitors without being interrupted or distracted. Staffing plans and matrixes will remain the same and adjusted according to acuity, like the current plan.

Swing Bed preparations continue to progress. We are currently working on the Physician order sets and when complete will trial in the Cerner Test Environment. We have been having bi-weekly huddle to identify process and workflow concerns.

The Phillips monitor upgrade is progressing. Staff education will be rolled out next week. There will be 2 hours of on-line instruction as well as a 30 minute "hands-on" training. We have identified super-users in all the clinical areas.

- **Family Birthing Place** – Work continues on the "Blue Band Initiative" for identifying Pregnancy Induced Hypertension.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Home Health & Hospice-**

We have amended our Volunteer Contract with Hospice Friends to allow Volunteers with the No One Dies Alone Program to provide services within KVH Hospital. This program provides a volunteer to sit at the bedside of any patient expected to pass away within the next 72 hours and who does not have a family member or friend who can stay with them during this time. The program will be operational by the week of March 19.

- **Rehab Services-**

OT/ST moved to the 309 Annex on March 22-25. We are planning an open house from 4-6 PM on Tuesday May 7. Kudos to the Engineering, IS, Environmental Services and

Rehab staff for making this a smooth transition. The pediatric gym will have a rock climbing wall purchased by KVH and installed at no cost by VK Powell.

- **Diagnostic Services-**

We have a large number of radiologists being brought forward for credentialing tonight, most are with OnRad, who will be providing interpretation of our studies after 5 PM M-F and on weekends. We will be bringing forward a large number of radiologists again in April. We will go live with locum radiologists until we have a permanent placement. We are in the process of scheduling an interview with a prospective permanent radiologist.

With an echo tech on FMLA, we've partnered with Yakima Heart Center to provide an echo tech to us 4 days per week for the duration of the leave.

- **Pharmacy-**

Nasser will be working with the P&T committee to make recommendations on the formulary to help reduce medication charges to patients. An example is IV Tylenol, which costs the patient \$250 per dose, compared to pennies for oral Tylenol. Patients don't have an understanding of why the cost of "Tylenol" is so high, not realizing the difference between IV administration and oral.

- **Cardiopulmonary-**

We are continuing to actively recruit respiratory therapists to be able to provide 24/7 services.

- **Hospital District 2-**

District 2 Commissioners are moving forward with their planning for an Ambulance Garage for Medic One. They have also just recently purchased a new 4x4 ambulance.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

- **Staff Development:** We are excited to begin additional medical training from our own hospital nurse, Babbi Mundy. She has been organizing some in-service topics for our clinic RN's and MA's. Thank you to Carrie Youngblood, April Grant and Babbi Mundy in organizing this and addressing this gap of education for clinic staff. The first topic will be to address wound care basics in coordination with our Wound Care service here at KVH. The first classes were scheduled for March 11th-15th.
- **Population Health:** Continued training with Caravan Health ACO around population health and chronic care management. We have attended calls with about 7-8 other

organizations throughout our region and review program information on how to implement chronic care management effectively.

Each organization are at different levels of learning and implementation. We are at the neophyte level. However, this does not deter our excitement. There is much to absorb and we are working with nursing staff to roll out the new processes as they are the ones who will be most impacted and who will ensure the sustainability.

Our first project is to improve our current work with Medicare Wellness Visits. A goal of 20% of Medicare patients with a completed Medicare Wellness Visit is needed by June and 50% needed by the end of year.

The ACO work mentioned above is all tied to the GCACH work mentioned in this month's Quality report.

ACO- Accountable Care Organization

GCACH- Greater Columbia Accountable Community Health

- **MA Apprenticeship:** As stated at the last meeting, we have selected our 3 new apprentices for the 2019 rotation. Here they are:

BreAnna Leonard - currently a Patient Care Technician at Surgery Outpatient. She will be placed at KVH Family Medicine Cle Elum.

Brianna Suckert – currently a Diet Aide at Food & Nutrition Services. She will be placed at KVH Family Medicine Ellensburg.

Sarah Martin – currently a Patient Service Representative at Internal Medicine. She will be placed at KVH Family Medicine Ellensburg.

There were a total of 9 applicants. Thank you to Karen Schock for organizing, Jenn Strater for the screening process, Lulu Rost & April Grant for the day to day operational items and then each preceptor at each clinic for being great mentors and teachers.

- **Hope Squad:** April Grant and I met with Julia Karns with Ellensburg School District. She is the new referral coordinator working with the mental health awareness training. This is a peer approach to train the kids to be able to listen and know how to report crisis signs. We expressed our interest as an organization in recognizing the kids (grades 6-12) who enroll with the Hope Squad. This could be something as simple as providing a KVH badge of honor when they come in for a visit.
- **Registration training:** Revenue Cycle has created a report to review errors which happen at registration. The purpose of this report is for registration staff to review the errors and corrects the issues. We have also had registration staff from the hospital train clinic staff on proper registration to assist in reducing errors. We have seen some slight

improvement in the denials of claims and are hoping for additional improvement as we continue to review the report and train.

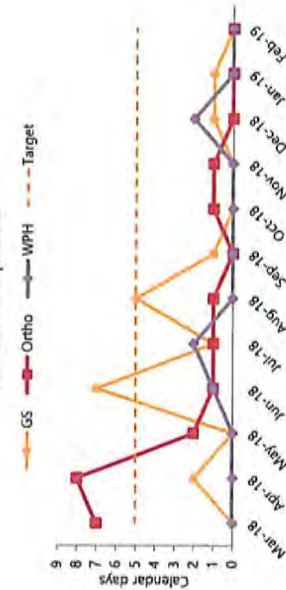
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

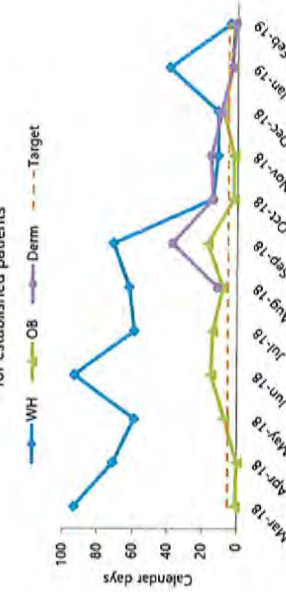
Third available appointment for established patients



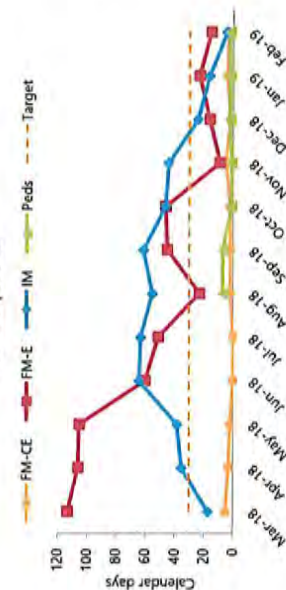
Third available appointment for established patients



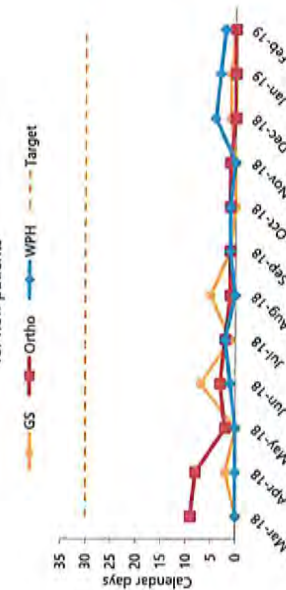
Third available appointment for established patients



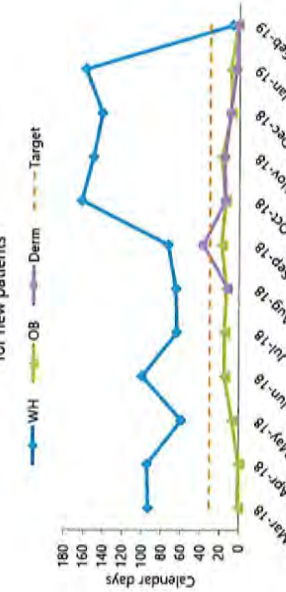
Third available appointment for new patients



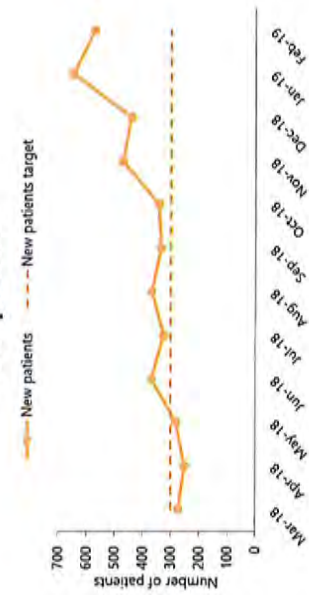
Third available appointment for new patients



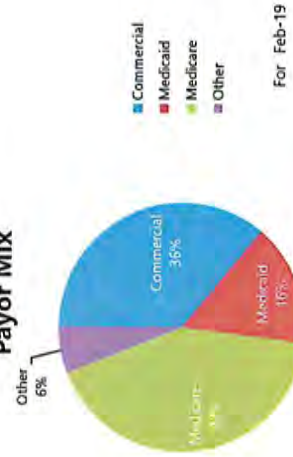
Third available appointment for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

March 1 – March 28, 2019

External Outreach activities:

- Senior Aging at the Adult Activity Center – Dr. Kevin Martin (3/8)
- 3rd Annual Provider Appreciation Dinner (3/27)
- Evidence Based Medicine Tutor Workshop (3/28)
- 2nd Annual Evidence Based Medicine Workshop (3/29-3/30)

Internal Outreach activities:

- Provider Appreciation Dinner (3/27)
- Doctor's Day (3/30)

Collaborations & Partnerships:

- CWU Expanding Your Horizons (3/2)
- CWU Elementary Education Fair at Mount Stuart
- Home School Tour (3/15)
- FISH Food bank and KVH Dietary Department (3/26)
- KVH tour and visit with Representative Dr. Kim Schrier (3/23)
- 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:

- Behind the scenes at KVH blog –Human Resources released March 11
- Behind the scenes at KVH blog – Health Information Management released March 25
- We are holding a few patient stories because our photographer has gone out on medical leave. We are anticipating her return in early April, and will commence with their releases shortly thereafter.

Other:

- Visual design work continues for the MAC, Main Campus and other campus locations. We are working on a call for artists that will be sent out in early April
- 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.
- We are happy to be welcoming Arianna Walker, a student in the CWU Community Relations program, as an intern in our department for the Spring Quarter.

On the horizon:

- Swing Bed program roll out
- Lincoln Exploration Days - April 12
- MAC Special Board Meeting – April 23

COMMUNITY RELATIONS – Michele Wurl

- Foundation Gala – April 27
- Hello FISH – April 30
- Hospital Week – May 12-18

KVH SERVICE LINE REVIEW: DERMATOLOGY

KVH Dermatology Go-Live: June 8, 2018

Implementation

Planned Implementation Phase 1:

- Dermatologist: 1 day per week practicing out of KVH Internal Medicine.
- Dermatologist supervision of currently employed APC: KVH currently employs one APC with 45% of patient visits consisting of dermatology services. Supervision by a dermatologist would allow the APC to increase dermatology practice.

**During Phase 1, opportunity and higher volumes were identified earlier than expected. To meet demand, FTEs for both MD and APC were increased earlier than planned.*

Actual Implementation Phase 1

- Dermatologist: 1 day per week practicing out of KVH Internal Medicine
- APC shift to .5 dermatology
- Dermatologist MD increased to .5 FTE as of January, 2019

Planned Phase 2:

- Dermatology providers reduced to one MD at .5 FTE (APC is relocating)
- Continuation of two days per week dermatology with ongoing review of demand and access needs

Visit Requirement Analysis-Projected

Break-Even Visit Requirement	
MD Costs	\$105,250
Net Revenue per Visit	\$179
Visits per Year to Break-Even	588
Visits per Day (assuming 50 weeks/year)	12

Assumes dermatologist at 1 day/week and 75% capacity year 1

Break Even Visit Requirement: Current Staff + Support		Break Even Visit Requirement: Future Staff + Support	
Salaries & Benefits	\$367,336	Salaries & Benefits	\$294,875
Net Revenue Per Visit	\$160	Net Revenue Per Visit	\$160
Visits per Yr Break-Even	2296	Visits per Yr Break-Even	1,843
Visits per Day (assuming 50 weeks/year)	46	Visits per Day (assuming 50 weeks/year)	18

Considerations

- **Current staff:** Two providers at .5 FTE each plus support staff (break even visit requirement is 23)
- **Future staff:** One MD at .5 FTE plus support
- MD current visit average per day is 23

Pro Forma to Actuals Analysis

	Pro Forma			Actuals
	Year 1	Year 2	Year 3	Yr 1 Annualized
KVH Derm Access (Visits)	1,249	1,754	2,107	3,024
Charge per Visit	255	260	265	278
Revenue				
Total Charge	318,628	456,277	559,009	839,973
Total Adjustment	111,520	159,697	195,653	357,421
Net Revenue	207,108	296,580	363,356	482,552
Operating Expense				
Salaries & Benefits	116,950	117,301	117,663	321,186
Supply - Non Billable (\$2.25 per Visit)	2,811	3,947	4,740	6,803
Small Equipment - Start Up	6,500	-	-	5,794
Depreciation	-	-	-	-
Total Operating Expense	126,261	121,248	122,403	333,783
Net Operating Income	80,847	175,332	240,953	148,769
Expense Per Visit	101	69	58	110
Operating Income per Visit	65	100	114	49

- Average charges per visit are slightly higher than projected (likely due to more procedures)
- Expense per visit is higher than projected due to additional APC coverage sooner than projected
- Higher volumes and charges per visit offset the higher expense per visit, while leaving room to improve efficiency

Discoveries and Lessons Learned

- Difficult to build a practice around one day per week access; needed to increase provider coverage
- Support staff developed standard work for provider preference and patient flow post go-live, which resulted in increased efficiency at present but entailed a significant ramp-up time

Development Plan

- Ongoing evaluation of space and support staff; adjust if needed
- Continued review of demand and access for program growth when needed
- Continuous outreach both internally and externally to maximize referral generation

KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 19-04

**RESOLUTION AUTHORIZING BENEFITS ADVISORY COMMITTEE (BAC)
OVERSIGHT OF RETIREMENT PLANS**

WHEREAS, the Board of Commissioners (hereinafter the “board”) of Kittitas Valley Healthcare (hereinafter “Employer”) desire to identify the “duly constituted” Benefits Advisory Committee established as an oversight committee for the KVH Pension Plan – 003, the Kittitas Valley Healthcare Pension Plan – 004, and the Kittitas Valley Healthcare Deferred Compensation Plan; therefore

BE IT RESOLVED: That the Board hereby authorizes the Benefits Advisory Committee to oversee regulatory, compliance, operations and investments within the Plans and bestows on the Benefits Advisory Committee any powers that may be necessary to maintain the Plan as Qualified Plan under the Internal Revenue Code; and

BE IT FURTHERRESOLVED: That an executed copy of this resolution shall be filed and retained in Administration.

ADOPTED AND APPROVED by the Commission of Public Hospital District No. 1, Kittitas County, Washington, at an open public meeting thereof this 28th day of March, 2019.

Matthew Altman, President

Erica Libenow, Secretary

Bob Davis, Vice-President

Liahna Armstrong, Commissioner

Roy Savoian, Commissioner

KITTITAS VALLEY HEALTHCARE

RESOLUTION No. 19-05

**RESOLUTION AUTHORIZING INDIVIDUALS
TO ACT ON BEHALF OF PLAN**

WHEREAS, Kittitas Valley Healthcare (hereinafter, the “Employer”) established Kittitas Valley Healthcare Deferred Compensation Savings Plan for the benefit of its employees and their beneficiaries;

WHEREAS, Employer is establishing or has established a Custodial account for which AIG Federal Savings Bank serves as Custodian; and

WHEREAS, the Employer desires to authorize individuals holding certain positions with the Employer to act on behalf of the Plan;

NOW, THEREFORE, BE IT RESOLVED that the fullest authority has been invested in any individual (each an “Incumbent”) holding a position identified below according to the title of the position (each a “Designated Position”) for the duration of the period (the “Incumbency Period”) in which such Incumbent holds the Designated Position; that each Incumbent is empowered during his or her Incumbency Period to execute any documents that AIG Federal Savings Bank requires relevant to the opening or maintaining of an account for the Plan; and that each Incumbent is empowered during his or her Incumbency Period to take any and all action deemed by any Incumbent to be proper in connection with said account, including, but not limited to, being empowered to give written or oral instructions to AIG Federal Savings Bank with respect to account transactions.

Chief Executive Officer
Designated Position

Julie Petersen
Current Incumbent Name (Print)

Current Incumbent Signature

President, Board of Commissioners
Designated Position

Matthew Altman
Current Incumbent Name (Print)

Current Incumbent Signature

Chief Financial Officer
Designated Position

Scott Olander
Current Incumbent Name (Print)

Current Incumbent Signature

Vice President, Board of Commissioners
Designated Position

Bob Davis
Current Incumbent Name (Print)

Current Incumbent Signature

BE IT FURTHER RESOLVED that the responsibility and authority to take whatever actions and to execute whatever instruments that may be necessary or convenient for the day-to-day transactions and plan operations is granted to the person or persons in the positions identified below:

HR Director
Designated Position

Carrie Youngblood
Current Incumbent Name (Print)

Current Incumbent Signature

HR Business Partner
Designated Position

Marlo Willis
Current Incumbent Name (Print)

Current Incumbent Signature

DATED this 28th Day of March, 2019.

Matthew Altman, President

Bob Davis, Vice-President

Roy Savoian, Commissioner

Erica Libenow, Secretary

Liahna Armstrong, Commissioner

I, _____, do hereby certify that the above and foregoing was unanimously adopted by the Board of Directors at their meeting held at Ellensburg, Washington on the 28th day of March in the year 2019.

ATTEST:

Witness

Signature

KITTITAS VALLEY HEALTHCARE

RESOLUTION No. 19-06

**RESOLUTION AUTHORIZING INDIVIDUALS
TO ACT ON BEHALF OF PLAN**

WHEREAS, Kittitas Valley Healthcare (hereinafter, the “Employer”) established Kittitas Valley Healthcare Physician Pension Plan for the benefit of its employees and their beneficiaries;

WHEREAS, Employer is establishing or has established a Trust account for which AIG Federal Savings Bank serves as Trustee; and

WHEREAS, the Employer desires to authorize individuals holding certain positions with the Employer to act on behalf of the Plan;

NOW, THEREFORE, BE IT RESOLVED that the fullest authority has been invested in any individual (each an “Incumbent”) holding a position identified below according to the title of the position (each a “Designated Position”) for the duration of the period (the “Incumbency Period”) in which such Incumbent holds the Designated Position; that each Incumbent is empowered during his or her Incumbency Period to execute any documents that AIG Federal Savings Bank requires relevant to the opening or maintaining of an account for the Plan; and that each Incumbent is empowered during his or her Incumbency Period to take any and all action deemed by any Incumbent to be proper in connection with said account, including, but not limited to, being empowered to give written or oral instructions to AIG Federal Savings Bank with respect to account transactions.

Chief Executive Officer
Designated Position

Julie Petersen
Current Incumbent Name (Print)

Current Incumbent Signature

President, Board of Commissioners
Designated Position

Matthew Altman
Current Incumbent Name (Print)

Current Incumbent Signature

Chief Financial Officer
Designated Position

Scott Olander
Current Incumbent Name (Print)

Current Incumbent Signature

Vice President, Board of Commissioners
Designated Position

Bob Davis
Current Incumbent Name (Print)

Current Incumbent Signature

BE IT FURTHER RESOLVED that the responsibility and authority to take whatever actions and to execute whatever instruments that may be necessary or convenient for the day-to-day transactions and plan operations is granted to the person or persons in the positions identified below:

HR Director
Designated Position

Carrie Youngblood
Current Incumbent Name (Print)

Current Incumbent Signature

HR Business Partner
Designated Position

Marlo Willis
Current Incumbent Name (Print)

Current Incumbent Signature

DATED this 28th Day of March, 2019.

Matthew Altman, President

Bob Davis, Vice-President

Roy Savoian, Commissioner

Erica Libenow, Secretary

Liahna Armstrong, Commissioner

I, _____, do hereby certify that the above and foregoing was unanimously adopted by the Board of Directors at their meeting held at Ellensburg, Washington on the 28th day of March in the year 2019.

ATTEST:

Signature

Witness

RESOLUTION No. 19-07

**RESOLUTION AUTHORIZING INDIVIDUALS
TO ACT ON BEHALF OF PLAN**

WHEREAS, Kittitas Valley Healthcare (hereinafter, the “Employer”) established Kittitas Valley Healthcare Employees’ Pension Plan for the benefit of its employees and their beneficiaries;

WHEREAS, Employer is establishing or has established a Trust account for which AIG Federal Savings Bank serves as Trustee; and

WHEREAS, the Employer desires to authorize individuals holding certain positions with the Employer to act on behalf of the Plan;

NOW, THEREFORE, BE IT RESOLVED that the fullest authority has been invested in any individual (each an “Incumbent”) holding a position identified below according to the title of the position (each a “Designated Position”) for the duration of the period (the “Incumbency Period”) in which such Incumbent holds the Designated Position; that each Incumbent is empowered during his or her Incumbency Period to execute any documents that AIG Federal Savings Bank requires relevant to the opening or maintaining of an account for the Plan; and that each Incumbent is empowered during his or her Incumbency Period to take any and all action deemed by any Incumbent to be proper in connection with said account, including, but not limited to, being empowered to give written or oral instructions to AIG Federal Savings Bank with respect to account transactions.

Chief Executive Officer
Designated Position

Julie Petersen
Current Incumbent Name (Print)

Current Incumbent Signature

President, Board of Commissioners
Designated Position

Matthew Altman
Current Incumbent Name (Print)

Current Incumbent Signature

Chief Financial Officer
Designated Position

Scott Olander
Current Incumbent Name (Print)

Current Incumbent Signature

Vice President, Board of Commissioners
Designated Position

Bob Davis
Current Incumbent Name (Print)

Current Incumbent Signature

BE IT FURTHER RESOLVED that the responsibility and authority to take whatever actions and to execute whatever instruments that may be necessary or convenient for the day-to-day transactions and plan operations is granted to the person or persons in the positions identified below:

HR Director
Designated Position

Carrie Youngblood
Current Incumbent Name (Print)

Current Incumbent Signature

HR Business Partner
Designated Position

Marlo Willis
Current Incumbent Name (Print)

Current Incumbent Signature

DATED this 28th Day of March, 2019.

Matthew Altman, President

Bob Davis, Vice-President

Roy Savoian, Commissioner

Erica Libenow, Secretary

Liahna Armstrong, Commissioner

I, _____, do hereby certify that the above and foregoing was unanimously adopted by the Board of Directors at their meeting held at Ellensburg, Washington on the 28th day of March in the year 2019.

Signature

ATTEST:

Witness

Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2019

Regular Meeting	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Standing Items	24 5pm Strategic Plan Refresh	28 5pm Update Board Ed/Dev Plan	28 5pm Compliance Plan and Policies	25 5pm Business Plan Update	23 5pm Acceptance of Financial Audit	27 5pm Community Benefits & Relations	25 5pm Business Plan Update	22 5pm Approve Budget Assumptions (Operating & Capital)	26 5pm Board Self-Evaluation	24 5pm Plan Board Retreat Budget Hearing Annual CEO Evaluation	12/5 5pm Approve 2020 Operating and Capital Budgets Approve 2020 Board Committees & 2020 Board Calendar	1/2 5pm 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		IHI Annual Summit San Francisco CA 4/11-4/13 AHA Annual Meeting WA DC 4/7-4/10 CEO/Trustee Summit Seattle, WA 4/29 or 4/30	NRHA Annual Rural Health Conference Atlanta, GA May 7-10	WSHA Rural Conference Chelan 6/23-6/26	AHA Leadership Summit San Diego, CA 7/25-7/27	Gov. Institute Governance Support Forum WA DC August 4-6	NRHA CAH Conference Kansas City, MO Sept 18-20 Gov. Institute Leadership Conference Colorado Springs, CO 8-11	WSHA Annual Meeting Renton 10/9-10/10 Gov. Institute Leadership Conference WA DC 27-29		

Board Retreat with Finance
Board Retreat

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Events			Provider Appreciation Dinner 3/27	Foundation Gala 4/27/19	Hospital Week & Meal Service 5/12-5/18			KVH Rodeo BBQ 8/21	TETWP Rodeo Event 9/1			
			EBM Workshop 3/29-3/30									
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