

SUPPLEMENTAL

**BOARD OF COMMISSIONERS' REGULAR MEETING**

**March 30, 2017 – 5:00 p.m.**

**KVH Conference Rooms A/B**

**AGENDA**

1. **Call Regular Meeting to Order**
2. **\*\*Approval of Agenda:** (1-2)
  - (Items to be pulled from the Consent Agenda)
3. **\*\*Consent Agenda:**
  - a. Minutes of Board Meetings: February 23, 2017; March 1, 2017 (3- 7)
  - b. Approval of Checks (8)
  - c. Report: Foundation (9)
  - d. Minutes: Finance Committee (10)
4. **Quality:**
  - a. Mandee Olsen, Director of Quality Management:
    - Patient Story
    - QI Council Committee (11-15b)
    - QI Council Dashboard (16-17)
    - QI Council Policies, 2017 Proposed QAPI Metrics Home, Health Hospice, 2017 Potentially Unavoidable Event Reporting Home, Health Hospice (17a-q)
5. **Public Comment/Announcements (5:15 p.m.)**
6. **Emerging Healthcare Topic:** Ellensburg Planning Department: Affordable Housing Study
7. **Chief Executive Officer's Report:**
  - a. Julie Petersen, CEO Report (18-18a)
    - KVH Policy: Organization and Administration of Services and Relationship to the Governing Body – Home Health and Hospice (18b-c)
    - Musculoskeletal Service Line: Brent Proctor and Lisa Potter
    - Wound Care Program: Carrie Barr
    - HR Dashboard (19)
8. **Chief of Staff Report:**
  - a. Dr. Timothy O'Brien, Chief of Staff
    - \*\*Medical Staff Exec. Committee Report (20)
9. **Financials:**
  - a. Libby Allgood, CFO: Treasurer's Report (21-21e)
  - b. Finance Committee
    - \*\*Capital Expenditure Request (22)

10. **Clinic Operations:**
  - a. Carrie Barr, Interim Chief of Clinic Operations: Clinic Operations Report (23-23a)
11. **Education:**
  - a. \*\*CEO and Trustee Patient Safety Summit, May 1 or May 2, SeaTac Hilton (24)
12. **Public Policy:**
13. **Old Business:**
  - a. Board Meeting Evaluation Summary - Updated (25-26)
14. **New Business:**
  - a. Recognition for Years of Service for Randy Kaiser, Director of Engineering
  - b. Resolution No. 17-02: Appointment of Julie Petersen as the District's Superintendent and Chief Executive Officer (27-28)
  - c. \*\*Resolution No. 17-03: Real Estate (29)
15. **Articles and Communications:** (30-49)
16. **Completion of Board Meeting Evaluation Summary** (50-51)
17. **Recess to Executive Session:** Real Estate; Personnel  
RCW 42.30.110(b)(g)
18. **Convene to Open Session**
19. **Adjournment**

Kittitas Valley Healthcare  
Board of Commissioners  
February 23, 2017  
KVH Conference Rooms A/B

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

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

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

1. At 5:00 p.m., President Liahna Armstrong called the regular Board meeting to order.
2. **Approval of Agenda:**  
**ACTION:** On motion of Erica Libenow and second of Bob Crowe, the Board members unanimously approved the agenda.
3. **Consent Agenda:**  
**ACTION:** On motion of Erica Libenow and second of Bob Crowe, the Board members unanimously approved the Consent Agenda.
4. **Quality:**  
Erica Libenow and Liahna Armstrong reported that they recently attended a Gemba in the Emergency Department. During their visit, a trauma code was called. They reported that they were extremely impressed with the efficiency, skill and competent care given to the patient. They both expressed appreciation for the exemplary care given to the patients.  
Mandee Olsen announced that the KVH Family Birthing Department was awarded the Bronze Breastfeeding award by the Department of Health.  
The Board members reviewed the QI Council summary and dashboards.
5. **Public Comment/Announcements:**  
None.
6. **Emerging Healthcare Topic:**  
Paul Jewell, Kittitas County Commissioner, gave an overview regarding Payment in Lieu of Taxes (P.I.L.T.) regarding the purchase of private lands by governmental agencies. He reported that many counties, including Kittitas County, in Washington State are not receiving their full funding of tax monies due through the PILT program. He asked the Board members to submit a letter to the Governor of Washington State requesting that the counties receive the full payment due to them from the program. Julie Petersen responded that she will submit the letter on behalf of the Board of Commissioners of Kittitas Valley Healthcare.

7. **Chief Executive Officer's Report:**

Mandee Olsen reported that the recent Department of Health (DOH) survey conducted at the hospital went very well with DOH staff stating that they could see quality care for patients throughout all the hospital departments. President Armstrong commended hospital staff for all of their efforts towards quality patient care.

Julie Petersen reported that the Chamber of Commerce Business After Hours sponsored by KVH was a great success with the new KVH providers being introduced to the community. She stated that she met with John Gallagher, CEO of Sunnyside Community Hospital, regarding Yakima Regional and Sunnyside Community Hospital planning a future affiliation. Julie reported that she met with Congressman Reichert along with a number of other CEO's to discuss concerns regarding future changes to the Affordable Care Act. She reported that the Board will be invited to an event celebrating Doctor's Day on March 29<sup>th</sup> and also celebrating three retiring providers. She announced that on July 28<sup>th</sup> KVH will be hosting a Best Practice Seminar organized by Dr. Larry Birger. It was noted that the Hospital District No. 2 Board has been discussing Occupational Medicine and beginning stages regarding coordination of EMS services county wide.

Dr. Solberg reported that three providers have accepted offer letters. The Board members reviewed the Human Resources Dashboard.

8. **Chief of Staff Report:**

**ACTION:** On motion of Bob Davis and second of Matt Altman, the Board members unanimously approved the initial appointment for Dr. Thomas Giever and reappointments for Dr. Raymond Merrell, Dr. Jennifer Simons, Dr. Paul Miller, Jose Diaz, PA-C, and Megan DeSelms, PA-C, as recommended by the Medical Executive Committee.

9. **Financials:**

Libby Allgood presented a short financial summary for the month of January noting that the month ended very close to budget. Matt Altman commended finance staff for their excellent efforts with the district assets and budgets.

**ACTION:** On motion of Bob Crowe and second of Matt Altman, the Board members unanimously approved Resolution No. 17-01 regarding surplus property.

Libby gave a brief update regarding the progress of the Cerner EHR project reporting that staff members had recently attended a Cerner Bootcamp in Kansas City. Commissioner Bob Crowe accepted an assignment as a member of the Cerner project Principles Team.

10. **Clinic Operations:**

Carrie Barr announced that Megan Powers, PA-C, will be accepting new patients. Dr. Larry Birger and Sherri Haga gave a presentation about the improvements they have made in the clinics regarding patient access and priorities for the new EHR. Dr. Birger demonstrated how providers are becoming burnt out due to the number of clicks performed daily for patient electronic reporting. He stated that improvements with a new EHR system could prevent burnout, improve patient satisfaction and allow providers to see more patients per year.



11. **Education:**

None.

12. **Public Policy:**

None.

13. **Old Business:**

a. **Board Meeting Evaluation Summary:**

The Board members reviewed the Board meeting evaluation form.

b. **CEO Selection Process:**

President Armstrong announced that the Board hired a search firm, Passage & Associates LLC, for the CEO search. She stated that the search process needed to be expedited.

14. **New Business:**

a. **Recognition for Years of Service for Patty Kettenton, Director of Health Information Management:**

Libby Allgood commended Patty Kettenton for her 39 years of service to KVH stating that Patty would be retiring on March 1, 2017. Libby stated that Patty served as the Director of Health Information Management for most of her tenure at KVH.

15. **Clippings, Articles, Correspondence and Board Meeting Evaluation Form:**

The Board members reviewed the various clippings and correspondence items.

At 7:00 p.m., President Armstrong announced that there would be a 10 minute recess followed by a 30 minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g)

At 7:40 p.m., the meeting was reconvened into open session.

With no further action and business, the meeting was adjourned at 7:41 p.m.

**CONCLUSIONS:**

1. Motion passed to approve the Board agenda.
2. Motion passed to approve the Consent Agenda.
3. Motion passed to approve the medical executive committee initial appointment and reappointments as recommended by the Medical Executive Committee.

4. Motion passed to approve Resolution No. 17-01 regarding surplus property.

Respectfully submitted,

Franki Storlie/Bob Davis  
Executive Coordinator/Secretary, Board of Commissioners

Kittitas Valley Healthcare  
Board of Commissioners  
Special Board Meeting  
Café Conference Room  
March 1, 2017

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

STAFF PRESENT: Amy Diaz, Franki Storlie

President Liahna Armstrong called the meeting to order at 6:45 p.m. She stated that the purpose of the meeting was to discuss the CEO selection process and to conduct an executive session regarding personnel. RCW 42.30.110 (g)

A community member asked to speak about his recent experience as a patient at the hospital. The patient was directed to contact hospital administration.

At 6:50 p.m., President Armstrong announced that the meeting was being convened into executive session to discuss personnel for 90 minutes.

At 8:15 p.m., the meeting was reconvened into open session.

**ACTION:** On motion of Matt Altman and second of Bob Crowe, the Board members unanimously approved Resolution No. 2017-02 appointing Julie Petersen as the District's Superintendent and Chief Executive Officer subject to Ms. Petersen's acceptance of a final employment agreement on terms acceptable to the District.

**ACTION:** On motion of Erica Libenow and second of Matt Altman, the Board members unanimously approved the letter of termination of the CEO Search Agreement with Passage and Associates LLC.

With no further business and action taken, the meeting was adjourned at 9:00 p.m.

Respectfully submitted,

Franki Storlie/Bob Davis  
Exec. Coordinator/Secretary, Board of Commissioners

**DATE OF BOARD MEETING:** March 30, 2017

**ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:**

#1	AP CHECK NUMBERS	<u>229212-229960</u>	NET AMOUNT:	<u>\$4,075,848.60</u>
#2	AP DIRECT DEPOSIT NUMBER	<u>104</u>	NET AMOUNT:	<u>\$9,887.12</u>
		SUB-TOTAL:		<u>\$4,085,735.72</u>

**PAYROLL CHECKS/EFTS TO BE APPROVED:**

#1	PAYROLL CHECK NUMBERS	<u>80178-80207</u>	NET AMOUNT:	<u>\$36,571.33</u>
#2	PAYROLL CHECK NUMBERS	<u>80208-80235</u>	NET AMOUNT:	<u>\$32,893.40</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$966,660.00</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$979,148.00</u>
#5	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$422,092.51</u>
#6	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$429,971.43</u>
		SUB-TOTAL:		<u>\$2,867,336.67</u>

**OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:**

#1	TRANSFER FUNDS FOR INVESTMENT		NET AMOUNT:	<u>\$995,945.22</u>
		SUB-TOTAL:		<u>\$995,945.22</u>

**TOTAL CHECKS & EFTs:** \$7,939,130.49

Prepared by

  
 \_\_\_\_\_  
 Sharoll Cummins  
 Staff Accountant



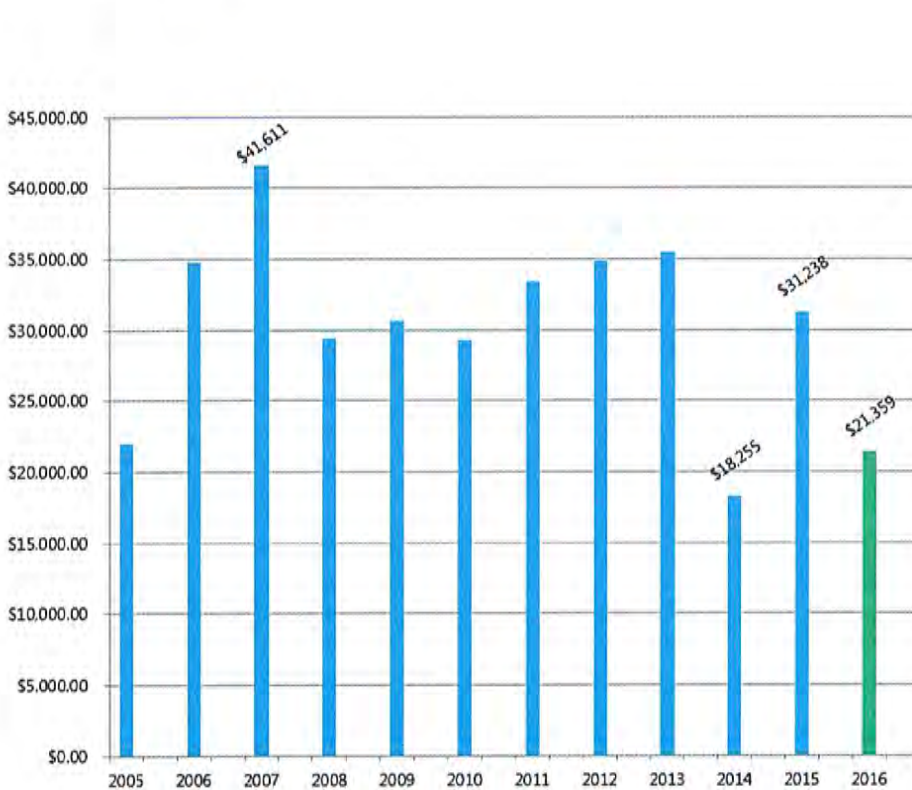


Board of Commissioners Report, March 30, 2017

**2016 Annual Appeal**

To date, \$21,359 has been received through the 2016 Annual Appeal. An additional \$8,556 has been pledged bringing our anticipated total to \$29,925.

**Foundation 2016 Annual Appeal**  
As of March 17, 2017



- Donation Breakdown:**  
\$29,925 committed
- 2,145 letters mailed (\$1.20/ea)
- 101 returned to date (107 in 2014)
- Lead donation = \$4941  
Most common = \$100
- Lower County = 76.8%**
- Upper County = 6.6%**  
*(Historically 5-8% with high of 10.3%)*
- Out of Area = 16.6%**
- \*KVH Employees = 37**
- \*Privileged Providers = 4**
- \*New Donors = 10**
- \*Donation breakdown only represents Annual Appeal contributions and does not reflect other gifts given throughout the year.*

**2017 Foundation Gala**

Save the date cards and table sponsorship information has been mailed out to community members. We have also updated our website with gala information. We are starting to get a response for reserved tables and are excited to see a new buzz around the event. We would like to welcome HUB International back as the gala's dinner sponsor (\$2500), and Intalere as the Fund-a-Need sponsor (\$1500). We would also like to welcome General Electric as this year's Pick-Your-Prize sponsor (\$1500). Keep an eye out during the month of April for official invitations and the beginning of raffle sales.

Respectfully submitted,

*Michele Wurl*

Director, The Foundation at KVH

Kittitas Valley Healthcare  
Finance Committee Meeting Minutes  
February 21, 2017

Present: Liahna Armstrong, Libby Allgood, Paul Malinski, Bob Crowe, John Fowler, Kelli Goodian-Delys, Jason Adler

The meeting was called to order by Liahna Armstrong at 7:35 am.

The agenda and minutes were approved as written.

Libby presented the January financial highlights with an operating gain of \$85,567. Accounts receivable increased in January which was attributed to poor weather causing delay in payments received by mail. Admissions were lower than budget; however, patient days exceeded budget. Libby reminded the group and had open discussion on patients with extended stays that have no place to be discharged to.

Bob Crowe recognized finance for developing the budget. The budget reflects patient volumes to build throughout the year as practices grow.

The recommendation to surplus the Sonosite S Nerve Ultrasound, asset #4218, was approved and seconded.

The meeting was adjourn at 8:33 am.

<i>Quality Improvement Council</i>	MEETING MINUTES	March 9, 2017
Present: Mandee Olsen, Liahna Armstrong, Rhonda Holden, Julie Petersen, Vicky Machorro Guests: Linda Navarre, Linda Jacobs, Carissa Bacon Recording Secretary: Mandy Weed Minutes Reviewed by: Mandee Olsen		
<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION ITEM/ RESPONSIBLE PARTY</u>
<ul style="list-style-type: none"> <li>Called to order</li> </ul>	The meeting was called to order by Liahna Armstrong at 4:05 pm	
<ul style="list-style-type: none"> <li>Agenda &amp; Minutes</li> </ul>	The minutes were approved as presented.	
<b>Reports</b>		
<ul style="list-style-type: none"> <li>2017 QI Council Dashboard Revision Draft and Review</li> </ul>	<p><b>Handouts:</b> QI Council Dashboard</p> <p><b>Discussion:</b> Mandee went over the proposed changes to the QI Council Dashboard such as:</p> <ul style="list-style-type: none"> <li>- Removing immunizations</li> <li>- Adding SCIP measures with CMS</li> <li>- Adding hospital, clinic, outpatient and home health and hospice patient satisfaction</li> <li>- Adding pain reassessments</li> <li>- Changing readmission target to 7%</li> <li>- Adding unplanned hospital care for home health and hospice</li> <li>- Adding improvement in pain or dyspnea with activity for home health and hospice</li> <li>- Adding timely initiation of care for home health and hospice</li> <li>- Adding hospice bereavement</li> <li>- Removing elective deliveries</li> </ul> <p>Mandee stated this year they are focusing a lot on HCAHPS and patient satisfaction. QI Council recommended taking the revised dashboard to</p>	



	the Board for approval along with a summary of the changes.	
<ul style="list-style-type: none"> <li>Year-end Risk Management reporting</li> </ul>	<p><b>Handouts:</b> Year End Power Point</p> <p><b>Discussion:</b> Linda went through power point and different areas that they focused on. She stated they looked at falls harm rates and looked to see if we are doing better at reducing them. The data shows there is an increased risk of falls when patients are here so long. They also looked at medication events with medication errors and if we are reporting more, medication events by location, events by time of day, workplace violence, sharps events, HIPAA reports, Care and Service reports and positive feedback reports.</p>	
<ul style="list-style-type: none"> <li>WSHA Patient Safety Summary Report</li> </ul>	<p><b>Handouts:</b> Partnership for Patients – Patient Safety Comparison Report released February 2017</p> <p><b>Discussion:</b> Mandee went over the Patient Safety Comparison Report from WSHA and showed where KVH was in various places within the report.</p>	
<b>Policy Review</b>		
<ul style="list-style-type: none"> <li>Quality Assessment and Performance Imperilment – including Infection Control and Home Health and Hospice</li> </ul>	<p><b>Handouts:</b> Quality Assessment and Performance Improvement Plan (QAPI), 2017 Potentially Unavoidable Event Reporting HHH, 2017 Proposed QAPI Metrics HHH</p> <p><b>Discussion:</b> Mandee stated this has already been reviewed but needs to make sure that Home Health and Hospice piece is called out on page 5 in the interdisciplinary group. Rhonda stated that CMS has changed the Conditions for Participation for the first time in 25 years and it states our governing board must appoint an administrator. They are also require us to select metrics, and have a plan for monitoring and improving care that must also be approved by the governing board. Ones we are focusing on are timeliness of referrals, managing pain and treating symptoms – see handouts for further detail. QI recommended forwarding to board for</p>	

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	approval of quality assessment and performance plan.	
<b>New Business</b>		
<ul style="list-style-type: none"> <li>SAFE Catch Nominations Review &amp; Selection</li> </ul>	<p><b>Handouts:</b> SAFE Catch nominations</p> <p><b>Discussion:</b> The council reviewed all nominations and decided to award the following:</p> <p>4<sup>th</sup> Quarter Clinical – Susan Penick, RN, Emergency Department for discovering a culture report showing resistance to prescribed medication.</p> <p>4<sup>th</sup> Quarter Non-Clinical – Sherri Alma, Housekeeping Aide, Environmental Services for noticing a patient in need and acting quickly to get them help.</p>	
<ul style="list-style-type: none"> <li>Patient payment</li> </ul>	<p><b>Handouts:</b> Improvement Event Outcomes Reporting Patient Payment Collection &amp; Billing Questions – November 21, 2016</p> <p><b>Discussion:</b> Carissa stated KVH had received concerns from patients that they couldn't make a payment at any clinic and that the front desk weren't able to answer simple billing questions and there was no way for the front desk to create a receipt for another clinic. She said they set the expectations to standardize and allow payments at any clinic. She said the staff was also trained on basic payment questions and they have created visual aids and standard work for the process.</p>	
<ul style="list-style-type: none"> <li>Bar Code Scanning</li> </ul>	<p><b>Handouts:</b> Medication Administration Using Bar Code Scanning (BCS) Technology January 2017 Data</p> <p><b>Discussion:</b> Mandee stated Jeanette DeFoe has done a lot of work on this project with Meaningful Use. January 2016 our rates were at 89% January 2017 our rates went up to 95%. When we started with bar code scanning 1 in 5 nurses were scanning less than 80% of the time. Mandee stated that by sharing information we were really able to move up as an entire group. Other improvements were to improve the way the wrist</p>	

	band bar code is configured and change the override reasons so that they better matched the actual staff workflow.	
Closing		
<ul style="list-style-type: none"> <li>Adjourned at 5:20 pm</li> </ul>	Next meeting date and time to be determined	

## **Draft Revision Rational and Data Summary – For use in March 2017**

### **Proposed Removals**

- Immunization Core Measure – this measure will continue to be tracked and reported to CMS, but is not one of the areas we need greatest improvement or oversight on. This last month, all inpatient units (MedSurg, CCU and FBC) were 100%. As identified, improvement will continue from within the Quality department.
- A1c in Diabetic Patients – this initiative will continue to be worked on, however the data is reported in the WSHA Patient Safety Summary Report.
- Home Health and Hospice “Bundles” – these bundles were based on the previous WSNA contracts. HHH would like to change to the clinical care focus areas that have prioritized for improvement. The WSNA metrics will be pulled separately as needed per the contract.
- Elective Deliveries – KVH has continued to have a rate of 0% for 12 months successively. Additionally, our 12 month rolling rate was 0% as of December 2017. Lastly, this measure is reported monthly in the WSHA Patient Safety Summary Report and will continued to be monitored.

### **Proposed Additions**

- “Surgical Care Improvement Project Bundle” – this measure was retired by CMS in 2015. We would like to revive our on home-grown version considering our struggles with Surgical Site Infections.
- Patient Satisfaction – we would like to add at least three new graphs showing patient satisfaction at the very highest level in the hospital (Inpatient, ED, and Outpatient), Clinics, and Home Health and Hospice. In addition, there will be a breakdown and display of specific patient satisfaction focus area data at least quarterly.
- Pain Reassessment – in response to DOH survey findings, compliance for nursing documentation of pain reassessment after administration of pain medication will be monitored.
- Home Health and Hospice Measures – as part of the Quality Assessment and Performance Improvement plans for both areas, we would like to report:
  - Unplanned Hospital Care (both Home Health and Hospice)
  - Improvement in Pain Interfering with Activity (Home Health)
  - Improvement in Dyspnea Interfering with Activity (Home Health)
  - Timely Initiation of Care (within 48 hours for Home Health, within 24 hours for Hospice, and within 72 hours for Home Health Rehab)
  - Hospice Bereavement Composite Score

### **Summary of Areas Meeting Goal or Showing Improvement**

- Median Time to Pain Management (Long Bone Fracture) back at goal for four months.
- Sepsis bundle at 100%
- 100% for Stroke Dysphagia Screening and IV Thrombolytics
- Hand hygiene compliance 98% overall

### **Summary of Improvement Opportunities**

- Median Time to ECG (Chest Pain) outside of target
- Restraints at 57%
- Three falls, although none with injury
- Employee Reports continue to be low overall



# SAFE Catch Nominations

4<sup>th</sup> Quarter 2016



## Clinical Award Nominations:

### **Winner: Susan Penick, RN, Emergency Department**

**Reason for nomination:** *Discovering a culture report showing resistance to prescribed medication*

**Nominator:** *Anonymous*

**Event:** *Susan was cleaning shelves in the ED and discovered a culture report from a few days prior. The report showed that the patient was resistant to the medication that had been prescribed to her upon discharge from the ED. Susan was able to follow-up with the patient and with the help of the ED Provider a new prescription was called in for the patient. By following through with her discovery, we were able to avoid a patient potentially needing to return to the ED along with potential harm to our patient.*

### **Nominee: Jan Westra, MA-C, Family Medicine-Ellensburg**

**Reason for nomination:** *Preventing expired medications from being used*

**Nominator:** *Carrie Barr, Interim Chief of Clinic Operations*

**Event:** *A patient had 2 sets of allergy medications in the clinic. Jan noticed that one of the sets had expired. Jan was able to properly dispose of the expired allergy medication before administering it the patient. By handling the issue right away and not ignoring the defect, Jan prevented harm to our patient. Just another way we continue to keep our patients Safe!*

### **Nominee: Ken Larson, Pharmacist, Pharmacy Services**

**Reason for nomination:** *Discovering a patient with 'rods in her back' had MRI orders*

**Nominator:** *Gretchen Hoffman, Pharmacy Technician, Pharmacy Services*

**Event:** *Ken was working on orders for ED patients when he discovered a patient with MRI orders showing medical history of rods in her back. Ken was able to immediately contact the ED staff and alert them of this finding. As a result, the MRI was cancelled thus avoiding a situation that could have caused harm to our patient.*



#### **A SAFE Catch involves at least one of the following:**

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

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## SAFE Catch Nominations

4<sup>th</sup> Quarter 2016



### Non-Clinical Award Nominations:

#### **Winner: Sherri Alma, Housekeeping Aide, Environmental Services**

**Reason for nomination:** *Noticing a patient in need and acting quickly to get them help*

**Nominator:** *Brenda Mineer, Clinic Manager, Family Medicine-Cle Elum*

**Event:** *While working after hours, Sherri encountered a patient desperately seeking care at the locked front door of the clinic. The patient was in pain and distraught with concern of a potential suicide. Sherri acted quickly and contacted 911 to assist the patient. With Sherri's quick actions, she was able to get our patient the help they needed, potentially avoiding a much worse situation for our patient.*

#### **Nominee: Claudia Eattock, QA Specialist, RN, Quality/Risk Management**

**Reason for nomination:** *Discovering an error and facilitating to get it corrected to avoid denial*

**Nominator:** **Claudia Eattock, QA Specialist, RN, Quality/Risk Management**

**Event:** *While completing a chart abstraction, Claudia discovered the incorrect date of service was entered. Claudia alerted HIM for confirmation and it was advised this needed to be corrected ASAP. Claudia was able to contact RCM to correct the error and PFS was able to send a corrected claim. Due to Claudia's diligence, we were able to avoid an insurance denial for services which may have resulted in lost revenue for KVH.*



#### **A SAFE Catch involves at least one of the following:**

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

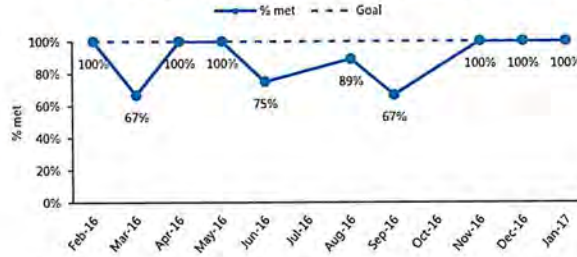
# QI Council

### Median Time to Pain Management (Long Bone Fracture) ↓



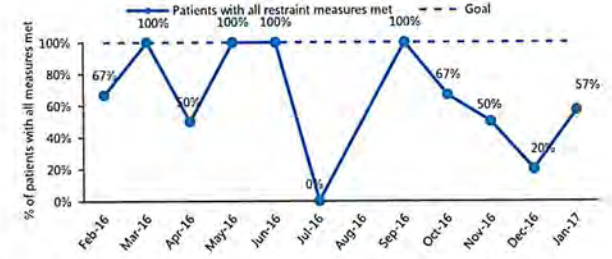
# of pts 5 8 4 2 8 7 11 7 8 5 10 5

### Stroke Dysphagia Screening ↑



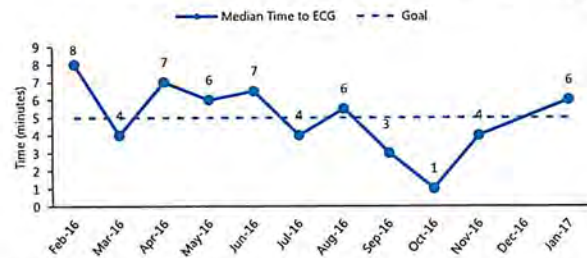
# of pts 3 3 3 2 8 0 9 3 0 1 1 2

### Restraints ↑



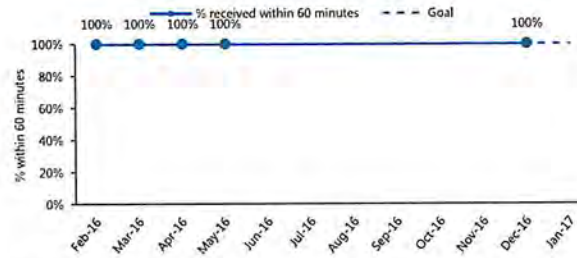
# possible 3 2 2 1 1 2 0 1 3 2 5 7

### Median Time to ECG (Chest Pain) ↓



# of pts 3 5 3 6 4 10 6 3 1 4 0 5

### Stroke IV Thrombolytics ↑

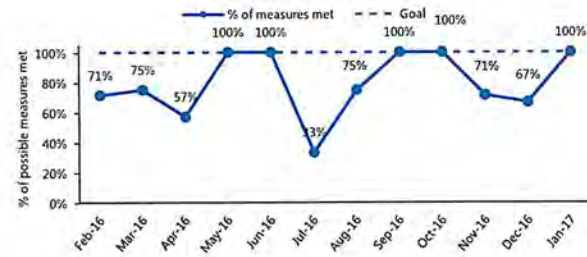


# of pts 1 1 2 1 0 0 0 0 0 0 1 0

### Falls ↓

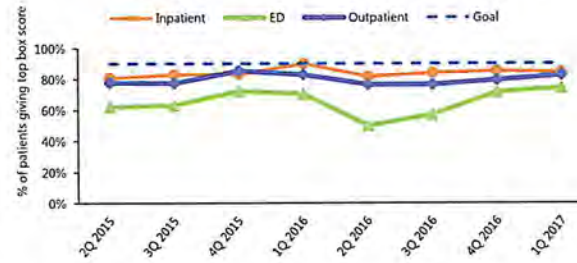


### Sepsis Bundle ↑



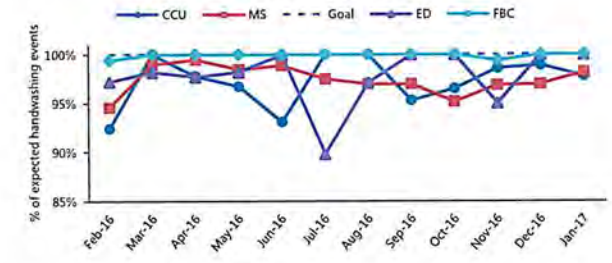
# possible 7 4 7 1 2 3 4 4 4 7 6 6

### Hospital Patient Satisfaction ↑

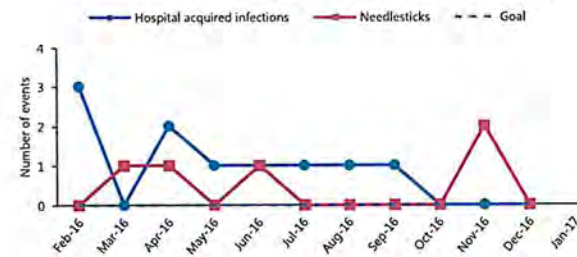


# surveyed 155 151 144 142 147 94 93 123 101 147 127 246

### Hand Hygiene ↑



### HAIs and Needlesticks ↓



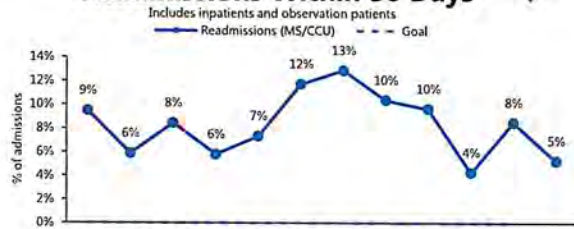
proposed measure: patient satisfaction overall rating score - clinic

proposed measure: similar to old surgical care improvement project bundle from Centers for Medicare and Medicaid Services that was retired in 2015

self-audit of surgery department (sampling of cases)



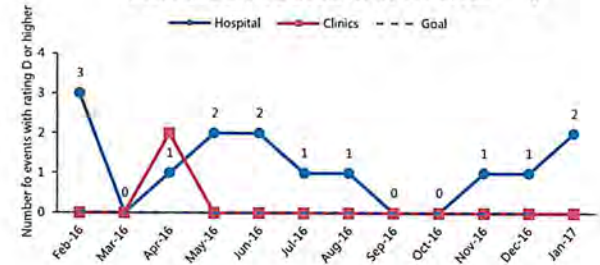
### Readmissions Within 30 Days ↓



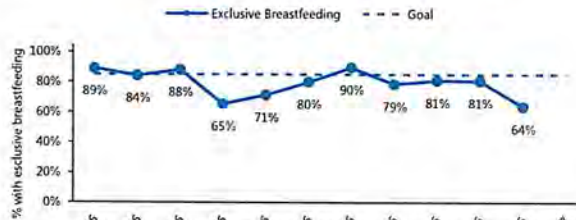
admissions 148 170 166 155 150 162 171 164 135 164 165 171

proposed measure: patient satisfaction overall rating score - home health

### Adverse Medication Events ↓



### Exclusive Breastfeeding ↑



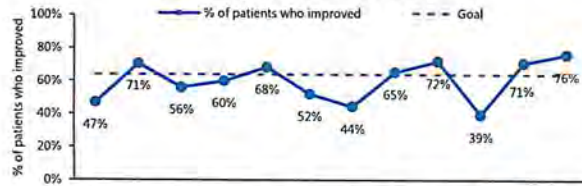
f of babies 27 19 25 26 35 30 29 28 21 26 22 ###

proposed measure: unplanned hospital care

### Care and Service Reports ↓



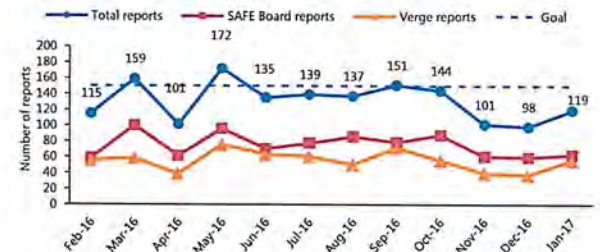
### Improvement in Pain Interfering with Activity (Home Health) ↑



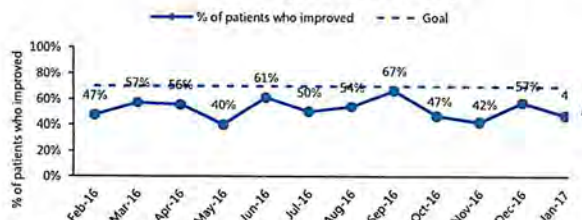
# possible 63 102 107 87 70 131 68 65 85 73 88 74

proposed measure: timely initiation of care (within 48 hours for home health and 24 hours for hospice and 72 hours for home health rehab), goal 85%

### Employee Reports ↑



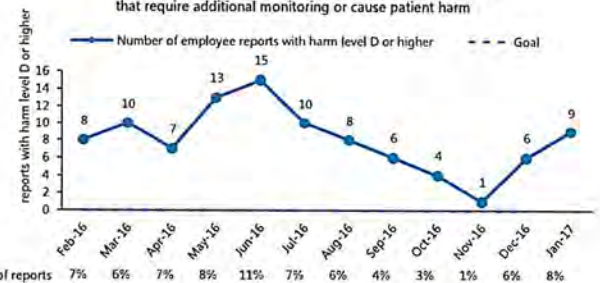
### Improvement in Dyspnea with Activity (Home Health)



# possible 91 130 135 123 104 177 94 91 114 107 128 1

proposed measure: hospice bereavement, overall composite, quarterly

### Reports of occurrences that require additional monitoring or cause patient harm ↓



% of reports 7% 6% 7% 8% 11% 7% 6% 4% 3% 1% 6% 8%

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## Quality Assessment and Performance Improvement Plan (QAPI) Quality

### Policy:

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

**Mission:** To provide a system of high quality healthcare that meets community needs through excellent patient and family-centered services.

**Vision:** To lead the transformation of rural healthcare quality, access, and delivery

- II. **Definition of Quality:**

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

- III. **Goals and Objectives:**

- A. This Quality Improvement Plan outlines the general process and structure for identifying, planning, designing, measuring, and assessing our quality improvement activities. The ultimate goal is to continually improve the performance of key organization-wide functions and processes. These key areas are adopted organization wide:
  1. Patient and Family Centered Care Experience
  2. Financial Stewardship
  3. Workforce Development
- B. To achieve this goal, the plan strives to:
  1. Incorporate quality improvement planning into organizational programs and services
  2. Provide a systematic process and the infrastructure for staff (both medical and clinical) to function collaboratively in their efforts toward quality improvement

- IV. The following **principles** are used throughout the quality improvement plan:

- A. Identify important, key aspects of care and safety of patients to include those that are high volume, high risk and/or problem prone
- B. Align each step of the quality improvement process with the organization's mission, vision, guiding principles and goals



- C. Promote the use of sound and current data sources for establishing standards of clinical and business practices
- D. Use internal and external evidence to reduce the risk from medical errors
- E. Create systems of reporting that provide both leaders and staff with the information they need in fulfilling their responsibilities for assuring quality of patient care and safety
- F. Establish measurement techniques that provide accurate data to analyze the effectiveness of the program.

#### **V. Peer Review**

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

#### **VI. Authority and Responsibility**

##### **A. Board of Commissioners:**

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

##### **B. Hospital Administration:**

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

- C. **Medical Executive Committee (MEC), Medical Service Committees and Medical Staff:** The MEC is responsible for the medical aspects of the quality improvement program by participation in clinical quality indicator identification, monitoring and evaluation of care. They do this with the assistance of the Medical Staff Committees. Individual medical staff are expected to support the efforts of the quality improvement program and participate in individual performance improvement activities.
- D. **Quality Improvement Council:** The Quality Improvement Council is responsible for the integration of quality activities between the Board, organization-wide services, medical staff, and hospital administration. This council establishes annual organization-wide indicators based upon regulation, national trends, and other external and internal data. Multidisciplinary membership assures distribution of the planning and findings throughout the organization.
- E. **Director of Quality/Risk Management:** The Director of Quality/Risk Management is delegated the responsibility of the day to day integration, implementation and overall coordination of the quality improvement program. The director will serve as a resource, a facilitator and an educator regarding quality improvement. The director has a key role in supporting the Quality Improvement Council in their responsibilities for integrating quality activities into the organization. No less than annually, the Director of Quality, or their designee, will meet with the leader(s) from every department in the organization to help them develop a department-specific QAPI Plan.
- F. **Department Director:** Department Directors, Managers, Supervisors and Coordinators will be responsible for:
1. The collecting, organizing, displaying and/or submitting organization-wide and departmental quality indicators. The director/manager/supervisor/coordinator will identify overall trends, evaluate actions taken, and provide recommendations and plans for further actions to promote continuous improvement, with support from the Quality department.
  2. In conjunction with staff, selecting indicators that align with the organization-wide key functions and processes, important aspects of care or service, patient outcomes, structures or processes that are related to patient services, adherence to rules and regulations, among others.
  3. Taking actions to correct identified problems or improve care and assessment of the effectiveness of those actions. This includes organizing, participation in, and/or leading performance improvement teams.
- G. **Staff:** Kittitas Valley Healthcare believes that quality is the responsibility of every employee. Each employee is responsible for the quality of the service they provide and to take an active part in promoting quality throughout the organization. This includes participation in the development and participation or even leadership of quality improvement teams.

## VII. Organizational Structure and Processes

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

### A. Board of Commissioners

1. Membership: 5 Elected or Appointed Commissioners
2. Functions/Responsibilities:

- a. 2 of the 5 members maintain active membership on the Quality Improvement Council
- b. Annually reviews and approves the Quality Improvement Plan and organization-wide performance indicators
- c. Reviews report on indicators from the Quality Improvement Council Dashboard
- d. Provides comments and recommendations that are carried to the Quality Improvement Council by the Board representatives

**B. Administrative Team**

1. Membership:
  - a. Chief Executive Officer
  - b. Patient Care Administrator/Chief Nursing Officer
  - c. Chief Financial Officer
  - d. Chief of Clinic Operations
  - e. Chief Medical Officer
  - f. Chief Ancillary Officer
  - g. Director of Quality/Risk Management
  - h. Director of Community Relations
  - i. Director of Human Resources
2. Frequency of Meetings: Weekly
3. Functions/Responsibilities:
 

Assists Department Directors in the development and implementation of quality improvement activities both departmental and organizational-wide

**C. Quality Improvement Council**

1. Membership is selected to represent both their respective functional areas (see KVH organization chart) and patients and families:
  - a. Two (2) Board of Commissioners
  - b. Two (2) Physicians – Chief of Staff and Chief Medical Officer
  - c. Chief Executive Officer
  - d. Patient Care Administrator/Chief Nursing Officer
  - e. Chief Financial Officer
  - f. Chief of Clinic Operations
  - g. Chief Ancillary Officer
  - h. Director of Quality & Risk Management
  - i. Director of Community Relations
  - j. Director of Human Resources
  - k. Patient and Family Advisor
  - l. Department directors/managers/supervisors/coordinators as directed by the Quality Improvement Council ad hoc for special projects or reports
2. Frequency of Meetings: Quarterly
3. Functions/Responsibilities:
  - a. Members are expected to attend each meeting. If unable to attend, the member is to assign an alternate, if appropriate. This excludes physicians and Board members as there are two representatives.
  - b. Reviews and approves Quality Improvement Plan annually.
  - c. Reviews organization-wide performance indicators, descriptors and benchmarks for these indicators. Individual members are expected to bring ideas and issues from their representative areas for consideration to the Council.

- d. Reviews the submitted data by department directors and makes recommendations for continued improvement. Recommendations are carried by the members of the Council to their own representative department directors.
- e. Reviews the Board of Commissioners comments and suggestions as received from the Board member representatives.
- f. Creates Year-End Summary Document on effectiveness of Quality Improvement program.
- g. Individual members are expected to champion and facilitate, if not lead, quality improvement teams within the areas they are representing.
- h. Develops, reviews, and revises forms and tools used for quality improvement activities.

#### **D. Quality Data Share**

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

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

- 1. Membership:
  - a. Supervisors of Home Health and Hospice
  - b. RN Case Managers and Registered Nursing Staff
  - c. Social Services
  - d. Therapy Staff
  - e. Bereavement Counselors
  - f. Home Health Aides
  - g. Quality Director or Designee (optional)
- 2. Frequency of meetings: Monthly
- 3. Functions/Responsibilities:
  - a. Identify progress towards meeting goals
  - b. Recommend focused improvement activities for QI Council or departments/teams
  - c. Recommend discontinuation of addition of metrics to QI Council or department

#### **F. Quality Assessment and Process Improvement "Gemba"**

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

#### **I. Data Collection and Methodology**

- A. Process selection criteria for Quality Measures



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

## **II. Quality and Performance Improvement Methodology**

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

## **III. Confidentiality**

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

## **IV. Plan Approval/Review**

The plan will be reviewed and approved by the Chair of the Quality Improvement Council, Hospital Administrator, Chief of the Medical Staff, the Board of Commissioners, and the Quality Management Director on an annual basis.

Quality Indicator Timeline & Reporting Flow  
A3 Form

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

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First Approved July 1990

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

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

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## Infection Prevention and Control Program Infection Control

Page 1 of 10

### **PURPOSE**

To provide an overview of the Infection Control Prevention and Control Program at Kittitas Valley Healthcare Hospital, Clinics, and Home Health and Hospice.

### **POLICY**

It is the policy of Kittitas Valley Healthcare to maintain an active, multidisciplinary infection prevention control and education program throughout the organization.

### **INFECTION PREVENTION AND CONTROL PROGRAM**

#### 1. DESCRIPTION OF SERVICE

- A. **MISSION:** To identify and reduce the risk of healthcare acquired infections to patients, visitors and employees at Kittitas Valley Healthcare System.
- B. **GOALS OF PROGRAM**
  - a. Conduct internal, external, active and passive surveillance and data analysis activities to control and prevent the spread of infectious diseases and organisms.
  - b. Promote current infection control standards of practice among employees through partnership with Staff Development and clinical area Department Directors (for employee accountability).
  - c. Ensure that current facility infection control practices among staff are congruent with written policies and procedures.
  - d. Maintain appropriate relationships and participation levels with outside resources such as the Kittitas County Public Health Department, the Washington State Department of Health, and the Association for Professionals in Infection Control, the Society for Healthcare Epidemiology of America and the Centers for Disease Prevention and Control.
  - e. Coordinate periodic program evaluation, verifying compliance with both regulatory and accrediting agency standards.
  - f. Maintain a multidisciplinary Infection Control Committee

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- C. CUSTOMER: Kittitas Valley Healthcare Hospital is a 25 bed critical access facility. Six medical clinics, Rehabilitative Services, Urgent Care and Home Health and Hospice are included in the Infection Prevention and Control Program.
- D. SCOPE OF SERVICE: The leadership and management of the Infection Prevention and Control Program at KVH is the responsibility of the Infection Control Nurse. Surveillance, prevention, and control of infectious disease practices are expected to be exercised by all employees. Guidance and support for this program originate from both administration and an interdisciplinary Infection Control Committee.

**PREVENTION:**

All staff are expected to follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of at least standard precautions in the care of all hospice patients. Standard precautions apply to blood, all body fluids, secretions, and excretions (except sweat) regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes.

*Handwashing*

- Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn
- Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments
- Wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites
- Use a plain (non-antimicrobial) soap for routine hand washing
- Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyper-endemic infections)

*Gloves*

- Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items
- Put on clean gloves just before touching mucous membranes and non-intact skin
- Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms
- Remove gloves promptly after use, before touching non contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

*Mask, Eye Protection, Face Shield*

- Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

*Gown*

- Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions
- Select a gown that is appropriate for the activity and amount of fluid likely to be encountered
- Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

### *Patient Care Equipment*

- Handle used patient care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments
- Ensure that single-use items are discarded properly.

### *Occupational Health and Bloodborne Pathogens*

- Handle used patient care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments
- Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices, when handling sharp instruments after procedures, when cleaning used instruments and when disposing of used needles
- Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body, rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath
- Do not remove used needles from disposable syringes by hand, and do not bend, break or otherwise manipulate used needles by hand
- Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area
- Use mouth pieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable

### ***SURVEILLANCE & CONTROL:***

Surveillance at KVH will be priority driven and problem oriented. Rates of Healthcare Associated Infections will be compared to state and national benchmarks to measure for quality, and for the presence of potential disease outbreaks. KVH utilizes the Centers for Disease Control's National Health and Safety Network to report collected surveillance data.

The following areas have been selected by the Infection Control Committee for surveillance, based on the requirements of the NHSN, the CDC, and quality measures created to improve patient care outcome:

- Catheter Associated Urinary Tract Infections
- Central Line Associated Blood Stream Infections
- Ventilator Associated Pneumonias
- Surgical Site Infections
- Reportable Surgical Site Infections:
  - Total Hip Arthroplasty
  - Total Knee Arthroplasty
  - Abdominal Hysterectomy
  - Colectomy
- Multi-drug Resistant Organisms
  - MRSA
  - Blood Stream Infections

- Clostridium difficile
- Hand Hygiene Performance
- Employee bloodborne pathogen exposures
- Seasonal influenza
- Outbreaks events
- Reportable conditions

*Potential HAI's in Home Health and Hospice*

Home Health and Hospice workers will report the following suspected incidents in an electronic occurrence report.

- Catheter Associated Urinary Tract Infections
- Central Line Associated Blood Stream Infections
- Ventilator Associated Pneumonias
- Wound and Surgical Site Infections, including any positive wound cultures

The Infection Preventionist will investigate the report and monitor for trends, including reviewing for potential cross-contamination from staff.

The Infection Preventionist will meet quarterly (more often as needed ) with the staff at Home Health and Hospice to discuss any trends seen, and actions needed.

2. PROVISION OF SERVICES

- A. **STAFFING:** The Infection Control Program at KVH is staffed with a part time Registered Nurse, and a full time medical assistant. Consultation is provided by the Chief Public Health Officer of Kittitas County Public Health Department as needed.
- B. **QUALIFICATIONS:** Qualifications for the management of the Infection Control Program at KVH include baccalaureate degree. Certification in Infection Control is recommended within 5 years of taking the IC position. Additional expectations include active participation in the Association of Professionals in Infection Control, as well as consistent attendance at continued educational offerings in communicable disease prevention.
- C. **COMPETENCY:** Performance reviews are conducted annually.

3. PLAN FOR ASSESSING AND IMPROVING PERFORMANCE

- D. **RESPONSIBILITY AND AUTHORITY:** The overall responsibility of the promotion of Infection Control principles and enforcement of Infection Control policies and procedures is held by the Administration Team of Kittitas Valley Healthcare with guidance from the Infection Control Nurse, the Infection Control Committee and the Quality Improvement Council. Active participation of the Infection Control Nurse in the selection of medical products, as well as in the review of facility construction plans is a recognized standard of practice necessary to prevent untoward outcomes.
- A. **METHODOLOGY:**
  - a. Data is collected daily through medical record review and laboratory report collection. As potential issues are identified, guidance is obtained from literature searches and active participation with the Association of Professional in Infection Control (APIC). KVH will use the Centers for Disease Control's National Health and Safety Network (NHSN) definitions for what constitutes a Healthcare Acquired Infection.
  - b. A root cause analysis is done when an actual event is identified. The RCA will include those who were involved with the event, as well as Physician leaders and Administration to organize the improvement work.



- c. Disease outbreaks follow epidemiological principles and are conducted with guidance from the Kittitas County Public Health Department and the Washington State Department of Health.

**B. STRUCTURE FOR EVALUATION AND REPORTING OF PERFORMANCE ASSESSMENT AND IMPROVEMENT INFORMATION:**

- a. Infection control measures are initiated whenever surveillance activities identify clusters of cases in either employees, patients or both populations. Adherence to transmission based precautions, hand hygiene practice standards and environmental disinfection guidelines, as well as performing outbreak investigations are all used when necessary to control disease transmission at KVH facilities.
- b. Reports of Healthcare Acquired Infections are provided as identified at the daily huddle, with numerous department directors in attendance. It is also reported quarterly at the Quality Improvement Council meeting and to the Infection Control Committee.

- C. **ANNUAL REVIEW:** The Infection Control Committee will review the surveillance and control activities annually, as well as the goals of the overall program to ensure continued efficacy. Policies specific to the Infection Control Program are reviewed annually by the Infection Control Nurse with changes in policy approved by the Infection Control Committee.

**4. EDUCATION PLAN:**

- A. As required by the Washington State Department of Health and other regulatory agencies, education programs on Infection Control are provided upon hire, annually by computerized training modules and a clinical education fair held once a year. Additional educational opportunities are provided at specific department meetings and/or mandatory nursing staff meetings by the Infection Control Nurse as needed.
- B. Healthcare providers will be informed through departmental meetings and/or new employee/agency staff orientation.

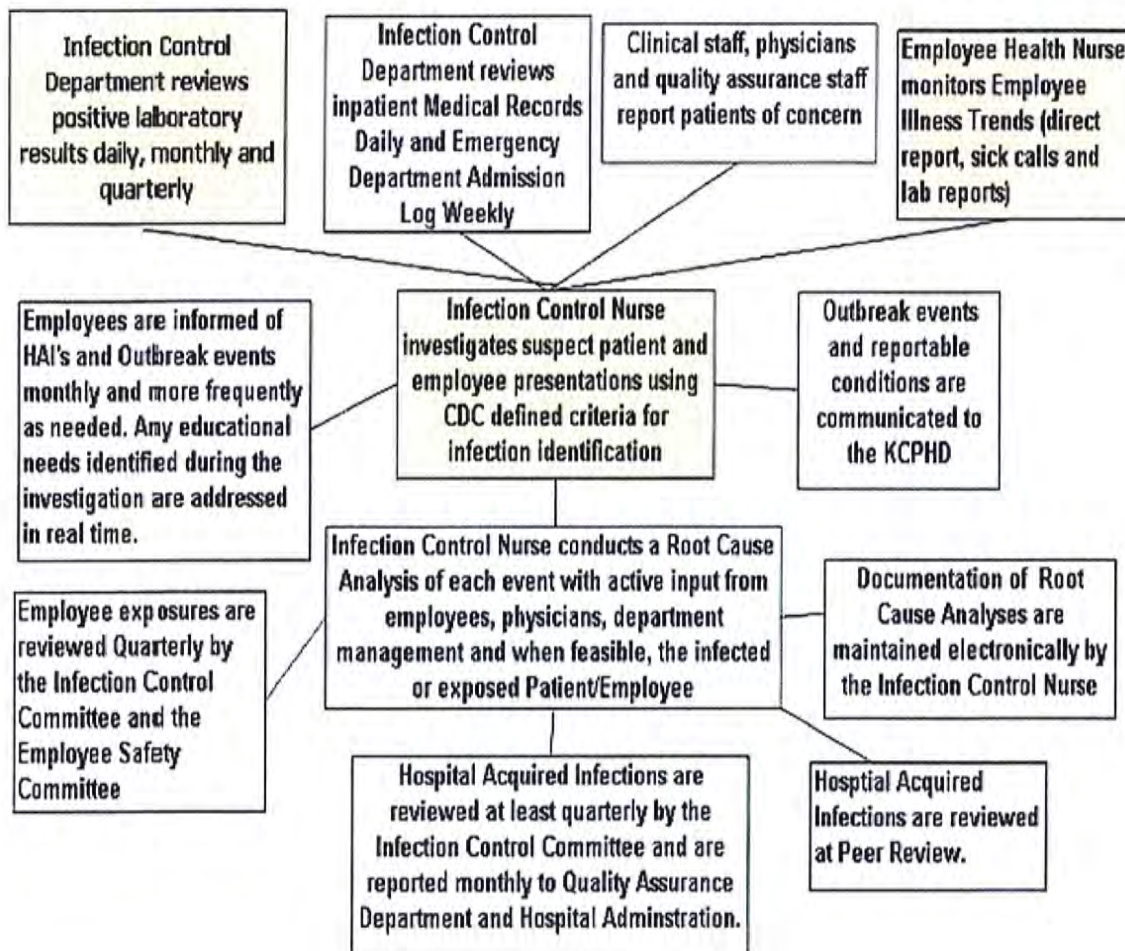
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 Horan, Teresa C., Andrus, Mary and Dudeck, Margaret. CDC/NHSN surveillance definition of health care-associated infection and criteria for specific types of infections in the acute care setting. AJIC June, 2008; 36:5, 309-332

<b>Effective Date:</b>	<b>10/02/2008</b>	<b>Dept: of Record:</b>	<b>Infection Control</b>		
		<b>Policy Owner:</b>	<b>Julie Hiersche</b>		
<b>Print Date:</b>		<b>Revision By:</b>	<b>Rhonda Holden</b>	<b>Revision Date:</b>	<b>2/10/2017</b>
		<b>Reviewed By:</b>	<b>Mandee Olsen</b>	<b>Review Date:</b>	<b>2/13/2017</b>
		<b>Committee Review:</b>	<b>Quality Improvement Council</b>	<b>Date Approved:</b>	<b>3/9/2017</b>
		<b>Committee Review:</b>		<b>Date Approved:</b>	

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**KITTITAS VALLEY HEALTHCARE SURVEILANCE AND ASSOCIATED ACTIVITIES**





2017 Proposed QAPI Metrics Home Health Hospice

Name	Description	How Data Obtained	Person Responsible	Agency	Current Performance	Target (WA State)	Comments
How often the home health team began their patients' care in a timely manner	The amount of time from referral to patient seen	SHP (OASIS)	Amy	Home Health	92.10%	88.9% for < or = 48 hours	Excludes patients seen >48 hours after referral at patient request
Timeliness of Therapy (total joints)	The amount of time from referral to patient seen by PT for total joint patients	Manual Tracking	Aggie	Home Health	120 hours	< or = 72 hours*	*KVH ortho providers determined
How often patients got better at bathing		SHP (OASIS)	Amy	Home Health	61.10%	70.70%	
Managing Pain & Treating Symptoms	A. How often patients had less pain when moving around	SHP (OASIS)	Amy	Home Health	60.90%	67.40%	
	B. How often patients breathing improved	SHP (OASIS)	Amy	Home Health	59.50%	71.70%	
Preventing unplanned hospital care	A. How often HH patients had to be admitted to the hospital	SHP (OASIS)	Amy	Home Health	13.10%	15%	Verify data; CMS reports KVH as worse than expected- is it adjusted for comorbidities?

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2017 Proposed QAPI Metrics Home Health Hospice

	B. How often HH patients needed urgent unplanned care in the emergency room without being admitted to the hospital	SHP (OASIS)	Amy	Home Health	16.80%	14.90%	
How often the Hospice team began their patients' care in a timely manner	The amount of time from referral to time seen	McKesson	Aggie	Hospice	38% < or = 24 hrs 88% < or = to 48 hrs	74% < or =48 HRs	** Internal Agency set at 24 hours- CMS requires < 48 hours
Preventing unplanned Hospital Care	A. How often Hospice patients had to be admitted to the hospital	SHP	Amy	Hospice	0	0.17	*non respite
	B. How often Hospice patients needed urgent unplanned care in the emergency room without being admitted to the hospital	SHP	Amy	Hospice	0	0.26	

Hospice Bereavement Composite Score	Encompasses all quality measures: Communication, helpfulness of communication, Bereavement mailings, timeliness & helpfulness of mailings, Telephone calls, in person visits, other bereavement contacts, quality of other contacts(i.e. events), how well overall needs were met.	SHP	Amy	Hospice		78% > or + 79%	

2017 Potentially Unavoidable Event Reporting Home Health Hospice

Potentially Avoidable Events Home Health					
Metric	Description	Data Source	Person Responsible	Current Performance	Target (WA State)
Development of Urinary Tract Infection		SHP	Amy	2.72%	1.50%
Increase in Number of Pressure Ulcers		SHP	Amy	1.47%	0.68%
Substantial decline in 3 or more ADL		SHP	Amy	1.26%	0.35%
Potentially Avoidable Events Hospice					
Metric	Description	Data Source	Person Responsible	Current Performance	Target (WA State)
Hospitalization related to patient's primary		SHP	Amy	TBD	0.118
Emergent Care		SHP	Amy	TBD	0.121
Falls		SHP	Amy	TBD	2.394

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## CEO Report – March 2017

**E-Mail Server:** We have had a number of issues with our email server this past month. Jack and his team had begun a planned migration to a new server and a newer version of Exchange when the existing, seven-year-old server, suffered a catastrophic failure. No patient systems were impacted but we did lose a number of days of incoming and outgoing emails including appointments and meetings. IT accelerated the migration and all users are now up and running. The losses have generated some confusion and we anticipate that we will continue to identify communication gaps in the weeks to come.

**Exploring Financing:** Originally there some discussion about financing the medical office building and the EHR together. We have not moved forward with financing while the master facility strategy is under review. I have asked Libby to begin to look at options with the EHR and some remodel funding in mind. We have a strong balance sheet and there is a general belief that an improving economy will encourage an increase in interest rates. Our existing UTGO (voted debt) has an outstanding balance of \$2,575,000 and will be extinguished at the end of 2018. Our LTGO has a balance of \$3,083,329 at a rate of 4.5% and extends to 2024. Our debt to equity, current ratio and EBITA margin are all very healthy. Matching some debt financing to the Cerner initiative is an option that could utilize the strength of our balance sheet, capitalize on the currently low interest rates and preserve our cash position. I would like the Board's go – ahead to bring options and models forward for the Board's consideration over the coming months.

**KVH Musculoskeletal Service Line and More:** I have asked Brent Proctor and Lisa Potter to introduce the Board to a service line concept that has been at the center of a number of discussions lately. They will define what a Musculoskeletal Service Line is, the components, the patients served and the referral sources. We would like to move ahead to explore the market and develop a pro-forma. Carrie Barr will bring forward the concept of a Wound Care Program for your input as well. As with Musculoskeletal, Carrie will plan to begin the research and work necessary to bring you a proposal in the coming months.

**Provider Recruiting:** It has been a busy month in the physician recruiting world. Dr. Bredin will begin her practice in May at KVH Family Medicine - Ellensburg. We hosted a pediatrician and continue discussions with an OB/GYN, general surgeon, orthopedic surgeon, FP/OB as well as occupational medicine and family medicine APCs. Dr. Wood's schedule is filling up nicely with his highest volume (five days in) being 14 patients.

**Hospital District #2:** Geoff Scherer and I will be participating in the Upper County stakeholder meetings which we anticipate will re-start in May or June. The objective is to identify opportunities for the upper county fire departments to collaborate for efficiency and improved service.

**Lobby Upgrade:** Karen Shock is working with our volunteers and Facilities Department to select replacement furniture (budgeted) for the front lobby. The grouped seating and perhaps the carpeting will be replaced. More to follow.





## Organization & Administration of Services and Relationship to the Governing Body Home Health and Hospice

Type: **Policy**  
Status: **Official**

### PURPOSE

KVH Board of Commissioners has full legal authority and responsibility for the overall management and operations, provision of services, fiscal stewardship, and the quality assessment and performance improvement (QAPI) programs for Home Health and Hospice. This policy outlines the reporting relationship between the KVH Board of Commissioners and the Home Health and Hospice Administrator.

### POLICY

- KVH Board of Commissioners is responsible to appoint an Administrator of Home Health and Hospice as required by the Centers for Medicare & Medicaid Services Conditions of Participation for Home Health and Hospice.
- The Administrator of KVH Home Health & Hospice is responsible for day to day operations of the department and is responsible for ensuring skilled professionals are available to meet the needs of patients during all hours of operations.
- KVH Board of Commissioners has appointed the Superintendent of Hospital District #1/Chief Executive Officer of KVH to serve as the Administrator of Home Health and Hospice for KVH. The Superintendent of Hospital District #1/Chief Executive Officer may delegate the role of Administrator of Home Health and Hospice for KVH to the Chief Ancillary Officer. The KVH Administrator on call may serve as the Administrator of Home Health & Hospice when the Superintendent of Hospital District #1/Chief Executive Officer or Chief Ancillary Officer may be out of the office concurrently.
- The administrative organization of KVH- Home Health & Hospice is clearly delineated in an organizational chart and is communicated in a manner that is easily understood by all Home Health and Hospice employees.
- The organizational chart delineates lines of authority and accountability of all Home Health & Hospice Employees as a department of the hospital.
- The organizational chart is reviewed at least annually and updated as needed.
- Home Health & Hospice employees receive a copy of the organizational chart at the time of hire.
- The organizational chart summarizes the relationships between the governing body, management and staff.
  - [Responsibilities of the Board](#)
  - The Hospice Medical Director assumes overall responsibility for the medical component of the hospice's patient care program;
  - The Department Director or Clinical Supervisor manages the Interdisciplinary Group (IDG) and oversees patient care and services;
  - The IDG provides coordinated care and services to patients and their caregivers.
  - QAPI minutes and plans for quality improvement will be approved by the Quality Improvement Council and reported to the governing body.





**Organization & Administration of Services and  
Relationship to the Governing Body**  
**Home Health and Hospice**

Type: **Policy**  
Status: **Official**

<b>Effective Date:</b>	<b>12/2008</b>	<b>Dept: of Record:</b>	<b>Home Health &amp; Hospice</b>		
		<b>Policy Owner:</b>	<b>Franki Storlie</b>		
<b>Print Date:</b>				<b>Revision Date:</b>	<b>3/21/2017</b>
		<b>Reviewed By:</b>	<b>Rhonda Holden</b>	<b>Review Date:</b>	<b>3/21/2017</b>
		<b>Committee Review:</b>	<b>Board of Commissioners</b>	<b>Date Approved:</b>	
		<b>Committee Review:</b>		<b>Date Approved:</b>	

*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*

HR Dashboard

		Standard (start/target)	Feb-17	Jan-17	Dec-16	Nov-16	Oct-16	Sep-16	Aug-16	Jul-16	Jun-16	May-16	Apr-16	Mar-16	Feb-16	
Employee Population	Measurement															
	Available workforce															
			Rolling 12 Variance													
	Full-time	-	23	331	329	330	332	326	325	312	318	315	312	310	308	
	Part-time	-	14	177	176	165	170	174	167	164	160	163	160	163	163	
Per Diem	-	-4	79	79	86	89	92	89	90	85	81	84	82	82	83	
Total Employees		552	33	587	584	581	591	598	582	579	557	553	559	554	554	
Turnover	Quality of recruitment and retention		Rolling 12 Total													
	Voluntary (excludes pd terms, includes reduction of FTE to pd)	-	75	2	2	11	7	4	6	5	4	8	7	2	10	7
	Involuntary (excludes pd terms)	-	16	1	2	5	1	3	1	1	2	0	0	0	0	0
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	-	15.92%	0.51%	0.68%	2.75%	1.35%	1.17%	1.20%	1.04%	1.08%	1.45%	1.25%	0.36%	1.80%	1.26%
	Total All Employees Separated	70	98	4	6	14	11	9	7	5	7	7	10	3	7	8
General Recruitment	Efficiency of sourcing, selecting and placing talent		Rolling 12 Total													
	Open Postings	-	272	12	15	23	17	16	15	17	28	36	25	15	27	26
	Unique Applications Received	-	2584	66	163	198	232	262	200	215	212	225	263	187	205	156
	Employees Hired	-	132	6	10	8	4	6	23	9	27	13	3	8	7	8
	Time to Fill (Average)	40	-	46.8	59.4	59.7	59.4	50.2	51.5	52.2	44.5	Data tracked starting 07/16, data unavailable for months prior				
Provider Recruitment	Efficiency of sourcing, selecting and placing talent		Rolling 12 Total													
	Open Postings		12	10	10	9	13	13	13	12	12	11	11	11	10	9
	Current Slots		14													
	Unique Applications Received	-	70	5	11	6	12	3	1	3	5	5	4	4	4	7
	Candidates Interviewed	-	26	2	3	1	4	5	1	3	2	0	3	2	0	0
Employees Hired	-	17	4	0	0	0	1	2	0	6	2	1	1	0	0	
Time to Fill (Average)	80	36.72	0	0	0	0	92.3	128	Data tracked beginning 09/16, data unavailable for months prior							
Benefits	Financial impact of adding talent		Rolling 12 Total													
	Workers Comp Claims	-	33	1	4	5	3	4	2	1	3	2	5	0	2	1
	Time Loss Days	-	44	0	10	9	18	2	1	0	0	0	2	0	0	2
	Employee Population on Medical Benefits (Average)	65%	65.4%	65.5%	65%	67%	64%	Data tracked beginning 11/16, data unavailable for months prior								
	Total cost in benefits per FTE - welfare (Average)	-	\$ 675.23	\$ 675.23	Data tracked beginning 2/17, data unavailable for months prior											
Total cost in benefits per FTE - total (Average)	-	\$ 1,548.62	\$ 1,548.62	Data tracked beginning 2/17, data unavailable for months prior												
Evaluations	Providing timely feedback to employee		Rolling 12 Average													
	Percentage of completed evaluations	-	67%	58.7%	59.5%	97.6%	94.6%	98.1%	97.6%	98.3%	53.4%	43.5%	46.9%	42.7%	40.4%	33.3%

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**NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW**

Date            March 16, 2017  
TO:             Board of Commissioners  
FROM:         Mandy Weed  
                  Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APPT/REAPPT</u>
Lauren Musick, PA-C	AHP	Reappointment
John Moran, MD	Active	Reappointment
Chandra Matadeen-Ali	Associate	Reappointment



## February 2017 Financial Summary

### Key Metrics:

1. Operating Margin: February 1.1%, YTD 1.3%
2. Days Cash on Hand: 151.4
3. AR Days (Hospital Only): 49.1

### Operating Highlights:

February operations resulted in an operating income of \$61,737 which is \$13,347 over the budget of \$48,390. Patient Service Revenue is lower than budget by \$46,781 which is due to lower inpatient volume than anticipated.

Overall inpatient days were below budget by 40 days although Family Birthing Center was over budget by 17 patient days with four more deliveries than budget. ICU patient days were under budget by 10 days and Medical Surgical days were under by 47 days. Equivalent Observation days exceeded budget by 16 days. Inpatient surgery procedures exceeded budget by two while outpatient was below budget by 6 procedures.

Operating expenses for February were under budget by \$233,815. Purchased Services is under budget by \$100,863 with Information Systems being \$67,070 of this variance. Employee Benefits are under budget by \$61,587 due to medical insurance coverage under budget by \$57,134. Supplies are over budget in February by \$53,193. Orthopedic Implants were over budget by \$40,949 in February though year to date are under budget by \$17,113.

**Kittitas Valley Healthcare**  
**Key Statistics and Indicators**  
February 2017

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	63	78	-19.2%	138	156	-11.5%	173	-20.2%	01
02 Patient Days - W/O Newborn	171	211	-19.0%	427	419	1.9%	455	-6.2%	02
03 Avg Daily IP Census	6.1	7.5	-19.0%	7.2	7.1	1.9%	7.6	-4.6%	03
04 Average Length of Stay	2.7	2.7	0.3%	3.1	2.7	15.2%	2.6	17.6%	04
05 Deliveries	25	21	19.0%	48	43	11.6%	46	4.3%	05
06 Case Mix	1.09	0.98	11.0%	1.07	0.98	9.1%	1.02	4.8%	06
07 Surgery Minutes - Inpatient	2,714	2,451	10.7%	5,291	4,901	8.0%	5,283	0.2%	07
08 Surgery Minutes - Outpatient	5,948	6,667	-10.8%	12,724	13,336	-4.6%	13,370	-4.8%	08
09 Surgery Procedures - Inpatient	22	20	10.0%	42	40	5.0%	49	-14.3%	09
10 Surgery Procedures - Outpatient	112	118	-5.1%	226	236	-4.2%	224	0.9%	10
11 ER Visits	1,059	1,042	1.6%	2,234	2,156	3.6%	2,230	0.2%	11
12 Laboratory	34,881	33,721	3.4%	74,046	68,721	7.7%	74,774	-1.0%	12
13 Radiology	23,163	22,990	0.8%	49,288	47,908	2.9%	49,875	-1.2%	13
14 Rehab	3,319	3,292	0.8%	6,885	6,727	2.3%	6,378	7.9%	14
15 Outpatient Visits	5,626	5,800	-3.0%	11,753	11,851	-0.8%	12,549	-6.3%	15
16 Outpatient Percent of Total Revenue	84.4%	82.7%	2.1%	83.4%	82.9%	0.6%	82.9%	0.5%	16
17 Clinic Visits	4,377	4,676	-6.4%	9,461	9,427	0.4%	9,616	-1.6%	17
18 Adjusted Patient Days	1,099	1,221	-10.0%	2,572	2,455	4.8%	2,668	-3.6%	18
19 Equivalent Observation Days	79	63	25.2%	188	126	49.2%	122	55.0%	19
20 Avg Daily Obs Census	2.8	2.3	25.2%	3.2	2.1	49.2%	2.1	55.0%	20
<b>Financial Measures</b>									
21 Salaries as % of Net Pt Revenue	55.4%	53.8%	-2.9%	55.3%	53.9%	-2.6%	51.2%	-8.0%	21
22 Salaries/Bene as % of Net Pt Revenue	67.1%	66.2%	-1.3%	67.9%	66.5%	-2.0%	63.5%	-6.9%	22
23 Revenue Deduction %	45.4%	43.6%	-4.2%	45.2%	43.2%	-4.8%	44.5%	-1.7%	23
24 Operating Margin	1.1%	0.9%	32.7%	1.3%	0.7%	97.2%	2.2%	-41.5%	24
<b>Operating Measures</b>									
25 Productive FTE's	423.0	413.5	-2.3%	411.9	412.8	0.2%	398.4	-3.4%	25
26 Non-Productive FTE's	40.1	52.7	23.9%	49.3	52.7	6.4%	50.7	2.7%	26
27 Paid FTE's	463.2	466.2	0.6%	461.2	465.5	0.9%	449.1	-2.7%	27
28 Operating Expense per Adj Pat Day	\$ 4,924	\$ 4,624	-6.5%	\$ 4,378	\$ 4,755	7.9%	\$ 4,112	-6.5%	28
29 Net Revenue per Adj Pat Day	\$ 4,980	\$ 4,664	6.8%	\$ 4,436	\$ 4,787	-7.3%	\$ 4,205	5.5%	29
30 A/R Days-Hospital Only	49.1	50.0	1.7%	49.1	50.0	1.7%	49.1	-0.1%	30
31 Days Cash on Hand	151.4	160.0	-5.4%	151.4	160.0	-5.4%	179.6	-15.7%	31

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**Kittitas Valley Healthcare**  
**Income Statement**  
**February 2017**

	Current Month				Year-to-Date				Prior Y-T-D
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	Actual
<b>Patient Services Revenue:</b>									
Inpatient Revenue	1,528,318	1,705,870	(177,552)	-10.41%	3,419,225	3,452,796	(33,572)	-0.97%	3,387,720
Outpatient Revenue	8,292,282	8,161,510	130,771	1.60%	17,175,296	16,775,285	400,012	2.38%	16,477,446
<b>Total Patient Services Revenue</b>	<b>\$ 9,820,600</b>	<b>\$ 9,867,380</b>	<b>\$ (46,781)</b>	<b>-0.47%</b>	<b>\$ 20,594,521</b>	<b>\$ 20,228,081</b>	<b>\$ 366,440</b>	<b>1.81%</b>	<b>\$ 19,865,165</b>
<b>Deductions from Revenue:</b>									
Contractual Adjustments	4,182,518	4,022,031	(160,487)	-3.99%	8,718,495	8,172,321	(546,174)	-6.68%	8,329,637
Provision for Bad Debts	227,756	191,554	(36,201)	-18.90%	430,140	389,239	(40,901)	-10.51%	353,479
Charity and Uncompensated Care	17,624	57,466	39,842	69.33%	81,140	116,772	35,631	30.51%	89,313
Prior Yr Cost Rep Settle	-	-	-	-	-	-	-	-	-
Other Allowances	27,892	27,472	(420)	-1.53%	87,036	55,822	(31,214)	-55.92%	63,912
<b>Total Deductions from Revenue</b>	<b>\$ 4,455,789</b>	<b>\$ 4,298,523</b>	<b>\$ (157,266)</b>	<b>-3.66%</b>	<b>\$ 9,316,811</b>	<b>\$ 8,734,154</b>	<b>\$ (582,657)</b>	<b>-6.67%</b>	<b>\$ 8,836,341</b>
<b>Net Patient Services Revenue</b>	<b>5,364,810</b>	<b>5,568,857</b>	<b>(204,047)</b>	<b>-3.66%</b>	<b>11,277,710</b>	<b>11,493,927</b>	<b>(216,217)</b>	<b>-1.88%</b>	<b>11,028,825</b>
Other Operating Revenue	107,222	123,644	(16,421)	-13.28%	130,195	255,812	(125,617)	-49.11%	189,418
<b>Total Operating Revenue</b>	<b>\$ 5,472,033</b>	<b>\$ 5,692,501</b>	<b>\$ (220,468)</b>	<b>-3.87%</b>	<b>\$ 11,407,905</b>	<b>\$ 11,749,740</b>	<b>\$ (341,834)</b>	<b>-2.91%</b>	<b>\$ 11,218,243</b>
<b>Operating Expenses:</b>									
Salaries & Wages	2,971,010	2,998,280	27,270	0.91%	6,237,158	6,194,033	(43,125)	-0.70%	5,649,970
Employee Benefits	629,157	690,745	61,587	8.92%	1,417,699	1,452,804	35,105	2.42%	1,353,953
Professional Fees	37,769	80,034	42,265	52.81%	83,940	165,012	81,072	49.13%	535,299
Supplies	736,003	682,810	(53,193)	-7.79%	1,410,891	1,405,303	(5,588)	-0.40%	1,165,960
Utilities	64,564	84,041	19,477	23.18%	143,207	160,396	17,189	10.72%	157,352
Purchased Services	424,437	525,300	100,863	19.20%	901,644	1,094,073	192,429	17.59%	1,053,498
Depreciation	238,542	238,152	(390)	-0.16%	475,397	476,303	907	0.19%	452,165
Rent/Lease	92,700	110,079	17,378	15.79%	189,215	220,475	31,260	14.18%	180,480
Insurance	40,238	50,730	10,493	20.68%	80,475	101,460	20,985	20.68%	106,772
Travel & Education	25,169	33,105	7,936	23.97%	46,640	70,882	24,242	34.20%	67,960
Licenses & Taxes	71,462	77,649	6,187	7.97%	149,700	156,957	7,257	4.62%	125,159
Interest	19,800	19,252	(548)	-2.84%	39,600	38,505	(1,095)	-2.84%	48,407
Other Direct Expenses	59,445	53,934	(5,511)	-10.22%	85,018	136,606	51,588	37.76%	73,667
<b>Total Operating Expenses</b>	<b>\$ 5,410,296</b>	<b>\$ 5,644,111</b>	<b>\$ 233,815</b>	<b>4.14%</b>	<b>\$ 11,260,584</b>	<b>\$ 11,672,811</b>	<b>\$ 412,227</b>	<b>3.53%</b>	<b>\$ 10,970,643</b>
<b>Operating Income</b>	<b>\$ 61,737</b>	<b>\$ 48,390</b>	<b>\$ 13,347</b>	<b>27.58%</b>	<b>\$ 147,321</b>	<b>\$ 76,928</b>	<b>\$ 70,393</b>	<b>91.50%</b>	<b>\$ 247,601</b>
<b>Operating Margin %</b>	<b>1.13%</b>	<b>0.85%</b>			<b>1.29%</b>	<b>0.65%</b>			<b>2.2%</b>
<b>Non-Operating Revenue/Exp</b>	<b>179,057</b>	<b>141,689</b>	<b>37,368</b>	<b>26.37%</b>	<b>320,113</b>	<b>283,377</b>	<b>36,735</b>	<b>12.96%</b>	<b>357,600</b>
<b>Net Income</b>	<b>\$ 240,794</b>	<b>\$ 190,079</b>	<b>\$ 50,716</b>	<b>26.68%</b>	<b>\$ 467,434</b>	<b>\$ 360,306</b>	<b>\$ 107,128</b>	<b>29.73%</b>	<b>\$ 605,200</b>
<b>Unit Operating Income</b>									
Hospital	276,388	278,836	(2,449)	-0.88%	696,592	595,217	101,375	17.03%	844,149
Clinic Group	(190,052)	(258,064)	68,011	26.35%	(552,312)	(571,647)	19,335	3.38%	(499,984)
Home Care Grp	(1,806)	22,471	(24,277)	-108.04%	45,234	41,554	3,680	8.86%	(66,125)
Urgent Care	(22,792)	5,146	(27,939)	-542.88%	(42,193)	11,805	(53,998)	-457.42%	(30,439)
<b>Totals</b>	<b>\$ 61,737</b>	<b>\$ 48,390</b>	<b>\$ 13,347</b>	<b>27.58%</b>	<b>\$ 147,321</b>	<b>\$ 76,928</b>	<b>\$ 70,393</b>	<b>91.50%</b>	<b>\$ 247,601</b>

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Balance Sheet  
February 2017

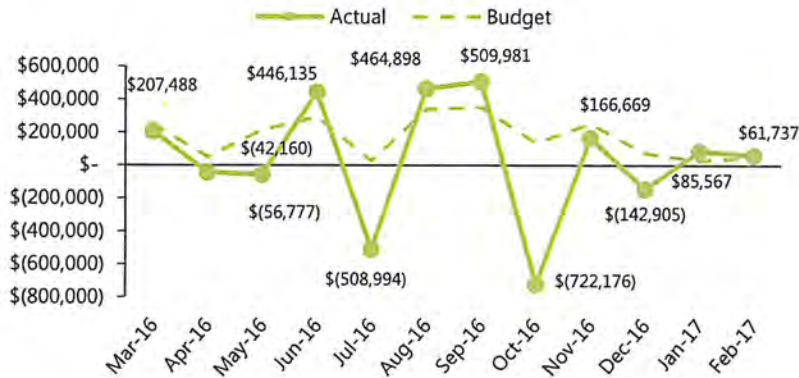
	Current Month	Prior Year End	Change	
<b>Current Assets:</b>				
1	2,274,541	4,048,493	(1,773,952)	1
2	18,426,639	15,700,798	2,725,841	2
3	(9,004,471)	(7,097,059)	(1,907,412)	3
4	160,135	276,892	(116,757)	4
5	1,394,000	1,394,000	0	5
6	1,177,453	1,154,571	22,882	6
7	850,863	904,185	(53,323)	7
8	<b>15,279,160</b>	<b>16,381,880</b>	<b>(1,102,720)</b>	8
<b>Assets Whose Use is Limited:</b>				
9	25,408,575	25,308,302	100,272	9
10	<b>25,408,575</b>	<b>25,308,302</b>	<b>100,272</b>	10
<b>Property, Plant &amp; Equipment:</b>				
11	62,220,298	61,037,390	1,182,907	11
12	35,939,876	35,464,479	475,397	12
13	<b>26,280,422</b>	<b>25,572,911</b>	<b>707,511</b>	13
<b>Other Assets</b>				
14	0	0	0	14
15	<b>0</b>	<b>0</b>	<b>0</b>	15
16	<b>66,968,157</b>	<b>67,263,094</b>	<b>(294,937)</b>	16
<b>Current Liabilities:</b>				
17	1,034,295	1,715,658	(681,363)	17
18	690,383	690,383	0	18
19	1,102,463	1,029,748	72,714	19
20	715,571	1,050,544	(334,973)	20
21	2,066,244	1,926,470	139,773	21
22	1,548,713	1,548,713	0	22
23	0	0	0	23
24	<b>7,157,669</b>	<b>7,961,516</b>	<b>(803,848)</b>	24
<b>Other Liabilities:</b>				
25	68,485	22,829	45,656	25
26	48,678	54,735	(6,056)	26
27	139,098	137,221	1,876	27
28	<b>256,261</b>	<b>214,784</b>	<b>41,476</b>	28
<b>Long-Term Debt &amp; Capital Leases:</b>				
29	1,026,287	1,026,287	0	29
30	3,083,329	3,083,329	0	30
31	(0)	(0)	0	31
32	(0)	(0)	0	32
33	0	0	0	33
34	<b>4,109,616</b>	<b>4,109,616</b>	<b>0</b>	34
<b>Fund Balances:</b>				
35	54,977,177	52,954,395	2,022,782	35
36	467,434	2,022,782	(1,555,348)	36
37	<b>55,444,611</b>	<b>54,977,177</b>	<b>467,434</b>	37
38	<b>66,968,157</b>	<b>67,263,094</b>	<b>(294,937)</b>	38

Cash Flow  
Year to Date, February 2017

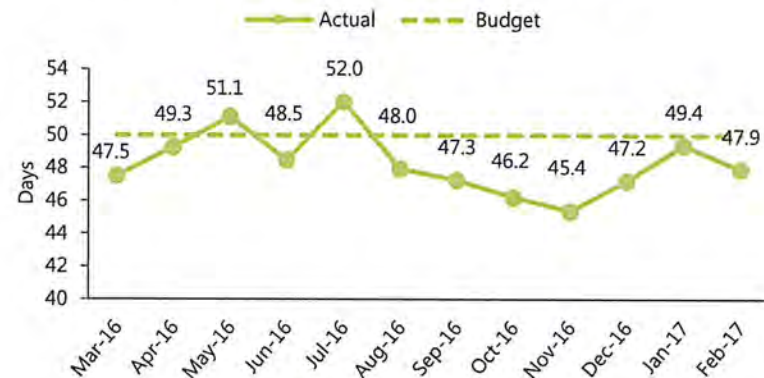
	Cash	Add	Subtract
1 <b>Net Book Income</b>	467,434	467,434	
<b><u>Add Back Non Cash Expenses</u></b>			
2 Depreciation	475,397	475,397	
3 Provision For Bad Debt			
4 Loss on Sale of Assets			
5 <b>Net Cash From Operations</b>	<b>942,831</b>		
<b>Increase in Current Assets = ( )</b>			
6 Patient Accounts & Other Receivables	(2,725,841)		(2,725,841)
7 Other Receivables	116,757	116,757	
8 Inventories	(22,882)		(22,882)
9 Prepaid Expenses & Deposits	53,323	53,323	
10 <b>Total Current Assets</b>	<b>(2,578,644)</b>		
11 Investments	(100,272)	0	(100,272)
<b>Purchase of Property, Plant &amp; Equipment:</b>	<b>(1,182,907)</b>		<b>(1,182,907)</b>
12 <b>Net Property, Plant &amp; Equipment</b>	<b>(1,182,907)</b>		
13 Bond Issue Costs, Less Amortization	0		
14 <b>Total Assets</b>	<b>(2,918,993)</b>		
<b>Decrease in Current Liabilities: = ( )</b>			
15 Accounts Payable	(681,363)		(681,363)
16 Cost Reimbursement Payable	0		
17 Accrued Salaries	72,714	72,714	
18 Accrued Employee Benefits	(334,973)		(334,973)
19 Accrued Vacations	139,773	139,773	
21 Current Maturities of Long-Term Debt	0		
22 Current Maturities of Capital Leases	0		
23 <b>Total Current Liabilities</b>	<b>(803,848)</b>		
<b>Decrease in Other Liabilities:= ( )</b>			
24 Accrued Interest on 1998, 1999 UTGO Bonds	45,656	45,656	
25 2008 UTGO Refunding Bonds Premium	(6,056)		(6,056)
26 Deferred Revenue - Home Health	1,876	1,876	
27 <b>Total Other Liabilities</b>	<b>41,476</b>		
<b>Decrease in LT Debt &amp; Cap Leases:= ( )</b>			
28 Long-Term Debt - 2008 UTGO Bonds	0		
29 Long-Term Debt - 2009 LTGO Bonds	0		
30 Long-Term Debt - Energy Project	0		
31 Long-Term Debt - Dell	0		
32 Long-Term Debt - PACS System	0		
32 <b>Total Long-Term Debt &amp; Leases</b>	<b>0</b>		
33 <b>Total Liabilities</b>	<b>(762,371)</b>		
34 <b>Net Change in Cash</b>	<b>(3,681,364)</b>	<b>1,372,931</b>	<b>(5,054,294)</b>
35 Beginning Cash On Hand	4,048,493		
36 <b>Ending Cash On Hand</b>	<b>367,129</b>		

# Financial Stewardship

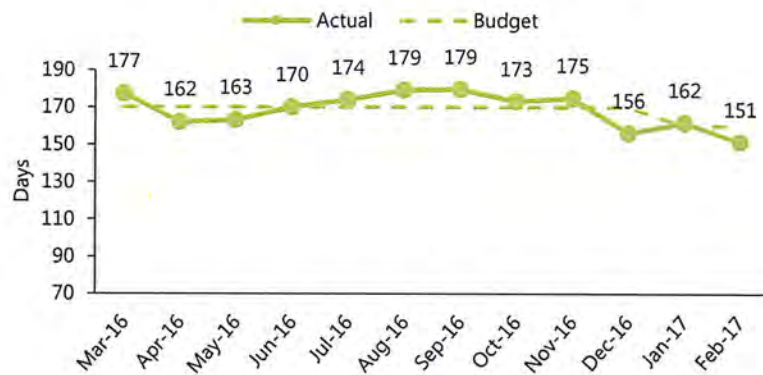
## Operating Income



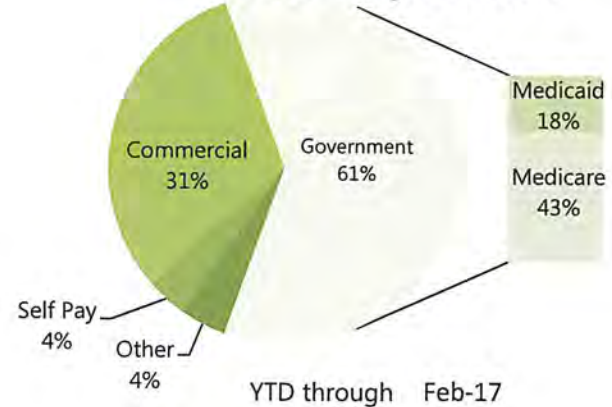
## Accounts Receivable Days



## Days Cash on Hand



## 2017 Payer Mix



21e



**KITTITAS VALLEY HEALTHCARE  
Capital Expenditure Board Narrative**

**Requesting Department:** Patient Care Services (multiple departments)

**Capital Item Requested:** 7 Zoll Defibrillators, 1 Training Defibrillator

**Function of Project:** Defibrillators are used to resuscitate patients after cardiac arrest.

**Reason Requested:** Current defibrillators are 10 years old and beyond repair if needed. Newer models have upgraded technology to monitor compressions and effectiveness of CPR.

**Budget:** \$ 205,357

**Actual Cost:** \$185,176

**Submitted By:** Vicky Machorro

**Date:** 2/21/2017

## Interim Chief of Clinic Operations report to the Board of Commissioners March, 2017

### **Northwest Rural Health Conference:**

*Recruitment for rural health:* A great session on how to think differently within the organization and work with your community in creative thinking on provider recruitment.

*SSNRI:* Social security number removal initiative – In April of 2018 Medicare will begin shifting from social security number to a unique identifier.

*SBIRT, Virtual Care, Workflows and Staffing:* There were several examples such as SBIRT (screening, brief intervention, referral to treatment), Virtual Care services, focusing on workflows and staffing models that we are already offering and working on the clinics.

*Mock survey:* Part of being designated as a rural health clinic we know a survey could be done at any time to check compliance. I was able to connect with the right people to begin scheduling a mock survey. I received the tools to begin that process ourselves and looking to schedule for our mock survey in June.

*Award:* What an honor! Dr. John Anderson Memorial Award for Outstanding Rural Health Practitioner was awarded to a husband and wife team - Dr. Ki and Clara Shin of Montesano, WA were presented with this award on 2/28/17.

### **Medicare Wellness Visits:**

Preparation and planning occurred in February for the official rollout to KVH-Family Medicine Ellensburg occurred on March 20, 2017. This is the implementation of our standard work and new processes for our Medicare patients.

### **Occupational Health Update:**

Going forth with the planning of this new clinic. A name has been chosen: KVH-Workplace Health. We have posted positions for 2 MA's and 1 APC (midlevel provider). There has been several planning meetings and sub-planning meetings to make sure we are preparing for the all the services. Wonderful progress is being made.

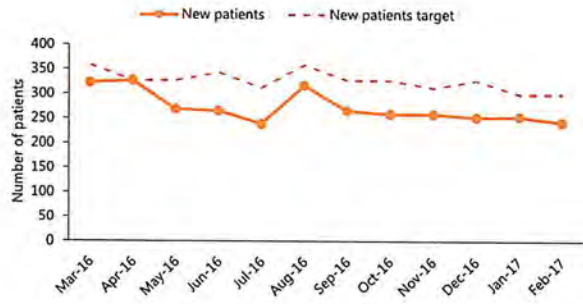
### **Updates to the dashboard:**

Patient Satisfaction & Virtual Care for the clinics has been added to the dashboard.

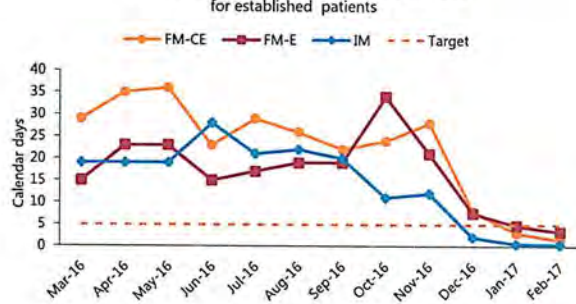
Thank you ~ Carrie Barr

# Clinic Operations Dashboard

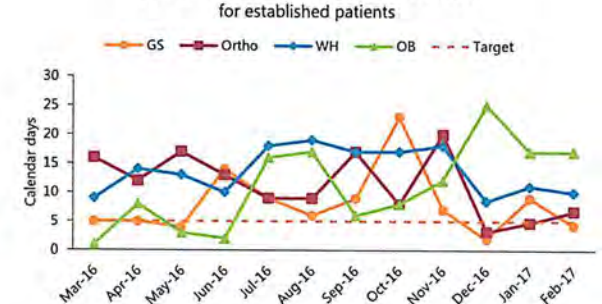
### New patients



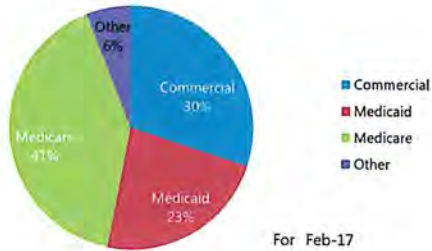
### Third available appointment for established patients



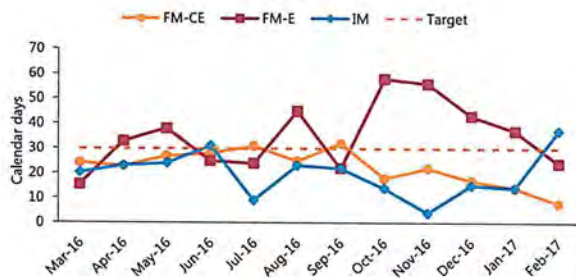
### Third available appointment for established patients



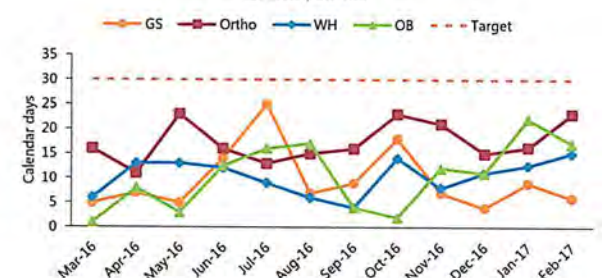
### Payor Mix



### Third available appointment for new patients



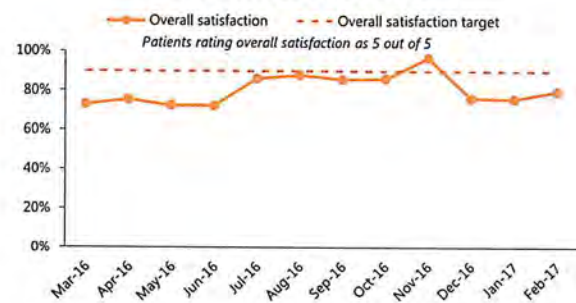
### Third available appointment for new patients



### Virtual care visits



### Patient satisfaction



230



**May 1 or 2 (repeated sessions)**

9:00am - 3:00pm

SeaTac Hilton

17620 International Blvd

Seattle, WA 98188

**Audience:** Executive leadership and board members from Washington hospitals only. All others, please email Megan Boucher (meganb@wsha.org (mailto:meganb@wsha.org)) to inquire before registering.

**Price:**

Through April 17: \$190 per person.

April 18 - 26: \$215 per person

After April 26: \$250 per person (pay at door)

**Group discounts:** A discount of \$25 per attendee is available for hospitals sending 5 or more representatives. Email meganb@wsha.org (mailto:meganb@wsha.org) before registering to get the discounted price.

**Refunds:**

Through April 7: Full refund

April 8 - 21: 50% refund

After April 21: no refund.

Hotel: Discounted room rates are available at the Hilton April 30 and May 1 on a first come, first served basis. To book, call 1-800-HILTONS and mention the WSHA CEO & Trustee Safety Summit or visit

<https://aws.passkey.com/go/WSHA17><https://aws.passkey.com/go/WSHA17>.**About the Summit**

In a world of health care reform, providing high-value health care is critical. Your board will learn how to lead your organization in advancing quality and safety.

Summit attendees will take home practical tools to help their board function more effectively and meet the challenging demands of the health care environment.



**Special Facilitator: *James Reinertsen, MD***

James Reinertsen, MD is an internationally recognized expert in empowering boards and leaders to drive clinical quality and safety. Dr.

Reinertsen is a national leader and winner of the John L. Eisenberg Individual Achievement Award. He brings a diverse background including time as a practicing physician and CEO of a health care delivery system, which included hospitals and physician practices.

**Kittitas County Public Hospital District #1  
Kittitas Valley Healthcare**

**Board Meeting Evaluation Summary**

**February 23, 2017**

1. Rate the overall effectiveness of the meeting. (Rate questions 1-5 on a scale of 1 to 5 with 5 being the highest rating)

Rating of "4" by 2 Board Members

**Comments:**

2. Rate the clarity, cogency, and usefulness of the reports and information provided by staff and presenters.

Rating of "5" by 2 Board Members

**Comments:**

*I especially appreciated the detail and responses to questions from the CFO.*

*Thought Dr. Birger's presentation was timely and touched on one of the critical issues impacting patient access.*

3. Was the ratio of discussion to reportage appropriate? (The Board has tried to reduce reportage and maximize discussion of issues.)

Rating of "4" by 1 Board Member; Rating of "5" by 1 Board Member

**Comments:**

*Perhaps someone should help to prep some of the guest presenters. For example, the presentation on minimizing time that doctors spend clicking on computers could have been covered much more briefly. I also would have liked some concrete suggestions for how to improve things rather than just informing us of the issue. In the end, I felt like I had a message that could have been conveyed quickly and that doesn't say much: "Let's reduce clicks or click times to improve numbers of patients that can be seen by providers."*

*Well balanced.*

4. Were you able to speak and have your points heard?

Rating of "5" by 2 Board Members

**Comments:**

*The Senior Leadership Team is always open to questions, which I appreciate.*

*There is a great deal of professional respect at the meetings allowing people to express divergent opinions without fear of being shut down.*

5. What topics addressed needed more coverage/discussion?

*I liked hearing that the clinics are providing more access. I would like some more detail on how this is being accomplished, how the different clinics are doing compared to one another and why, etc.*

*Nothing noted at this time.*

6. What topics should be addressed in future?

*I thought that Paul Jewell was going to discuss the problem of affordable housing in Kittitas County rather than the PILT program. It's true that state funding is important. However, as hospitals do more preventative care, they have to get more involved in community issues like homelessness. Perhaps he or someone else should return to discuss that issue in the future.*

*As we have been doing, continue to address the critical issues impacting our delivery of medical services to our community.*

7. Other comments or suggestions?

*None noted at this time.*



**PUBLIC HOSPITAL DISTRICT NO. 1 / KITTITAS VALLEY HEALTHCARE  
KITTITAS COUNTY, WASHINGTON  
RESOLUTION NO. 2017-02**

**A RESOLUTION** of the Commission of Public Hospital District No. 1, Kittitas County, Washington (the "District"), introducing a resolution to appoint Julie A. Petersen as the District's Superintendent and Chief Executive Officer subject to Ms. Petersen's acceptance of a final employment agreement on terms acceptable to the District.

**WHEREAS**, RCW 70.44.070 requires the District to appoint a superintendent of the District (the "Superintendent"); and

**WHEREAS**, RCW 70.44.070 also requires that the superintendent be appointed for an indefinite time and be removable at the will of the Board of Commissioners of the District ("Commission"); and

**WHEREAS**, RCW 70.44.070 further requires that appointments and removals of the superintendent, and the fixing of the superintendent's compensation, be done by a resolution of the Commission that is introduced at a regular meeting and adopted at a subsequent regular meeting of the Commission; and

**WHEREAS**, on June 23, 2016, the Commission determined and approved by resolution that it was in the best interest of the District to appoint Julie A. Petersen as its Interim Superintendent as of June 27, 2016; and

**WHEREAS**, on June 27, 2016, at a regular Commission meeting, Julie A. Petersen was appointed as the District's Interim Superintendent and Chief Executive Officer under the terms and conditions set forth in the Employment Agreement for the Interim Chief Executive Officer, dated June 27, 2016, between the District and Julie A. Petersen (the "Agreement"); and

**WHEREAS**, the District now wishes to appoint Julie A. Petersen as the District's Superintendent and Chief Executive Officer under the terms and conditions to be negotiated, made retroactive to the intended date of appointment (March 1, 2017), and approved by the Commission.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of District as follows:

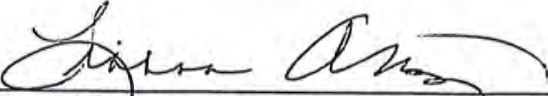
Section 1. The Commission has determined that Julie A. Petersen meets the requirements of RCW 70.44.080.

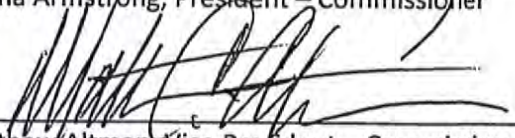
Section 2. The Commission shall first introduce this resolution (2017-02), appointing Julie A. Petersen as the District's Superintendent and Chief Executive Officer at its next regularly scheduled meeting in March 2017, with the contractual terms and conditions of employment remaining the same as the Employment Agreement for the Interim Chief Executive Officer, dated June 27, 2016, between the District and Julie A. Petersen (the "Agreement"), until such time that the parties negotiate and the Commission approves at the Commission's regularly scheduled meeting in April 2017 a new agreement, made retroactive to the March 1, 2017.

Section 3. The President of the Commission is authorized and directed to work with the District's legal counsel to negotiate, finalize, and bring to the Commission a final employment agreement with Julie Petersen for Commission consideration at its April 2017 regular meeting.

**ADOPTED** by the Board of Commissioners of the District this 1st day of March, 2017.

**PUBLIC HOSPITAL DISTRICT NO. 1**

By:   
Liahna Armstrong, President – Commissioner

By:   
Matthew Altman, Vice President – Commissioner

By:   
Dr. Bob Davis, Secretary – Commissioner

By:   
Bob Crowe – Commissioner

By:   
Erica Libenow – Commissioner

# Kittitas Valley Healthcare

## RESOLUTION 17-03

### ACQUISITION OF REAL ESTATE FOR DISTRICT PURPOSES

WHEREAS Public Hospital District No. 1, Kittitas County, Washington, dba Kittitas Valley Healthcare, has determined that the hospital district shall purchase said real estate described herein.

WHEREAS, Public Hospital District No. 1 will use said real estate for hospital district support services.

WHEREAS, Public Hospital District No. 1 wishes to close the real estate transaction by purchasing the real estate described herein on the following date and paying the purchase price in full for said real estate as follows:

1506 East Radio Road, Ellensburg, WA 98926

Legal Description: That portion of Tract 83, State Addition to the City of Ellensburg, No. 1, in the County of Kittitas, State of Washington, as per plat thereof recorded in Book 2 of Plats, page 48, records of said County, Parcel Nos. 664134 and 612935.

Purchase Price: \$362,250

Closing Date: April 17, 2017

NOW THEREFORE, BE IT RESOLVED that Public Hospital District No. 1, Kittitas County, Washington, shall purchase said real estate as described herein.

ADOPTED AND APPROVED by the Board of Commissioners this 30th day of March, 2017.

\_\_\_\_\_  
Liahna Armstrong, President  
Board of Commissioners

\_\_\_\_\_  
Bob Davis, Secretary  
Board of Commissioners

\_\_\_\_\_  
Matt Altman, Vice-President

\_\_\_\_\_  
Bob Crowe, Commissioner

\_\_\_\_\_  
Erica Libenow, Commissioner



**March 30, 2017 Board Packet Clippings/Information**

<b><u>Pages</u></b>	<b><u>Title</u></b>
31	Letter to Governor Jay Inslee
32-33	KVH Extends Offer to hire CEO
34-37	Frustration, Desperation finding Primary Care in Yakima Valley
38	Physicians who Make a Difference
39-41	A Physician for all Seasons
42	KVH Birthing Center recognized as Friendly for Breastfeeding
43	Petersen offered Permanent CEO Position
44	New Doctor to join KVH Family Medicine – Cle Elum
45-46	KVH Hospitalist Program relieves Pressure on Primary Care Providers
47-49	KVH Library Report



March 2, 2017

The Honorable Jay Inslee  
Governor of Washington  
Office of the Governor  
P.O. Box 40002  
Olympia, WA 98504-0002

Re: Support for Funding Payments-in-Lieu-of-Taxes (PILT)

Dear Governor Inslee:

At the direction of the Board of Commissioners of Public Hospital District No. 1, dba Kittitas Valley Healthcare, located in Kittitas County, Washington, I am asking you to support the Washington Department of Fish and Wildlife's 2017-2019 budget request that the State fully fund PILT at the open space rate for the thirteen counties in central and eastern Washington currently receiving PILT.

As you are aware, in 2012, PILT payments on WDFW lands in these counties were frozen and as a result these counties have lost out on millions of dollars to support critical services for education, health care, and fire response. As a Public Hospital District, Kittitas Valley Healthcare owns and operates a Critical Access Hospital (CAH) and the only acute care facility in a large rural county with a population of over 42,000. The PILT funds could provide critical funding for healthcare needs.

Thank you for your consideration of our important request that the State fulfill its PILT commitment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Julie Petersen', written over a white background.

Julie Petersen, CEO

On behalf of the Board of Commissioners for Public Hospital District No. 1, Kittitas County, State of Washington:

Liahna Armstrong, President  
Matt Altman, Vice-President  
Bob Davis, Secretary

Erica Libenow, Commissioner  
Bob Crowe, Commissioner

# KVH extends offer to hire CEO

By JOANNA MARKELL managing editor

Kittitas Valley Healthcare board members extended an offer to Julie Petersen on Wednesday to be Kittitas Valley Healthcare's permanent CEO.

Petersen joined KVH in June as interim CEO. The hospital board voted 5-0 to extend a permanent offer, and Petersen verbally accepted.

KVH Board President Liahna Armstrong said several things came together to motivate the decision to hire Petersen permanently.

"We did a six-month formal evaluation in January, and it was exemplary," she said. "We'd spoken with wide range of employees and community members ... the response was almost unanimously glowing."

Petersen has been involved in setting up several initiatives, including a strategic planning effort. She successfully negotiated labor contracts with the Teamsters union and nurses last year, and has reached out to providers in the community who are not affiliated with the hospital, Armstrong said.

The hospital commissioners began working with an executive search firm a month and a half ago to find a permanent CEO. It was a process that was expected to take at least three months.

When the board reviewed an initial list of candidates, it determined a search wouldn't yield a better candidate than Petersen, Armstrong said.

The board determined an extended search wouldn't be good for the hospital and the community because of the length of time it would take, the cost and the fact it would create uncertainty, Armstrong said.

"We felt the institution needed a better solution," she said.

The board had been working with Passage and Associates on the search, and the contract includes a proviso for termination.

## Background

Petersen was the CEO at Prosser Memorial Hospital before coming to Ellensburg. She spent 14 years of her 30-year career in community health care at PMH, nine of those years as chief financial officer. She has a degree in accounting and finance from Central Washington University.

In a statement, Petersen said the position is an exceptional opportunity to work in one of the most outstanding community hospitals in the country.

"KVH has a very strong reputation within the state for holding itself accountable in the areas of patient safety, quality of care and patient satisfaction," she said.

Commissioner Erica Libenow said she has been impressed with Petersen's efforts to improve patient access and recruit new providers. One of her issues as a board member is to make sure people are able to establish a relationship with a physician and are able to get in to see their doctor, she said.

"She's launched a full-scale venture into improving patient access and it's bearing fruit already," Libenow said. "I'm very optimistic that we'll have a handle on patient access and better meet the needs of the community, and it's great to see her succeeding."



Daily Record, page A1, 3/3/17

KVH is forecasting future physician needs, and "they've been actively recruiting and succeeding in recruiting new providers," Libenow said.

### **Making it official**

There are still a few procedural steps before the CEO hire is official. A resolution to appoint Petersen will go before the board at its next regular meeting on March 30. An employment offer will need to be negotiated, finalized and brought to the board at its April 27 meeting. Salary and other details will be worked out in negotiations.

Hospital District 1 commissioners appointed Petersen to the position in late June after removing former CEO Paul Nurick.

# Frustration, desperation finding primary care in Yakima Valley

- **By Molly Rosbach**  
mrosbach@yakimaherald.com
- Feb 25, 2017 Updated Feb 27, 2017
- (10)

## Buy Now

David Hubbard describes shoulder pain to Dr. Jacob Christensen, doctor of osteopathic medicine, during an appointment at Central Washington Family Medicine in Yakima, Wash., Wednesday, Feb. 22, 2017. The Central Washington Family Medicine residency program has been around since 1993, training dozens of primary care doctors who have gone on to practice in the Yakima area. But the Valley's primary care shortage is still acute, often resulting in long wait times for people trying to find a provider. (SHAWN GUST/Yakima Herald-Republic)

Dia LH Dyer has been trying to find a doctor for her family for months.

After waiting since October, she got a voicemail in January saying Yakima Valley Farm Workers Clinic finally had a spot for her. But when she called back, they said she'd never actually been on the waiting list and would have to wait at least another three months.

The Yakima mom is desperate to find a primary care provider — not just for routine medical care, but to secure referrals for her young kids to Children's Village, so they can get needed services for autism and attention deficit-hyperactivity disorder.

"At this point, I have no idea when we'll be able to get in to a regular doctor again, let alone an autism specialist," Dyer wrote in an email last week. "Our insurance doesn't cover any urgent care providers, so if we get sick, we put off medical care as long as possible, and then have no other choice but the emergency room."

Dyer's story is all too common in the Yakima Valley, where a nationwide shortage of primary care is made more acute by the rural, low-income nature of the county and limited number of residency slots that serve to add new doctors to the community.

Health care organizations struggle to recruit and retain providers here, while ever-increasing documentation requirements mean the providers who do stay are spending more hours on paperwork, and fewer on patients.

In the past three years, roughly 19 primary care providers left the community, said Matt Kollman, chief operating officer of Memorial Physicians, which oversees the outpatient clinics of the Virginia Mason Memorial system.

With each doctor seeing an estimated 1,500 to 2,500 patients, that loss represents a huge blow to the community, he said

Even as Memorial and other organizations continue recruiting providers as quickly as they can, clinics remain full to capacity.

"It feels like we add a lane to the freeway, and there's just more cars that come on," Kollman said.

And there appears to be no end in sight.



"It's discouraging, it really is. We understand what the patient's going through and we're trying to alleviate the problem," said Millard McQuaid, chief operations officer at Community Health of Central Washington. "But the demand definitely surpasses the supply in the community."

### **High volume, long waits**

At Central Washington Family Medicine, the wait list for new patients can be three to four months long, though it was up to six months last spring. The Lincoln Avenue clinic has about 18,000 established patients and saw 46,201 patient visits last year; system-wide, Community Health's clinics logged 114,797 patient visits last year.

Among Memorial's six primary care clinics, the wait list a year ago had 1,400 people on it, though many of them already had an established doctor elsewhere and were just looking to transfer, Kollman said. Memorial's clinics added 4,245 new patients just in 2016, while the three Healthy Now convenient care centers had 24,234 patient visits. Currently, the system has 1,098 people on the wait list, though all but 338 of them have already secured a placement but just haven't had their first appointment yet.

Yakima Neighborhood Health Services doesn't keep a waiting list, but new patients typically have to schedule their first appointments two or three months out. Of roughly 3,500 primary care appointments a month, a little more than 1,000 are same-day appointments, where patients walk in and hope for a cancellation so a provider can see them.

At Farm Workers, wait times for new patients depend on the type of services and eligibility for certain programs. The organization's Yakima County clinics saw a total of 211,000 patients in 2016, and they're projecting 217,000 this year.

Both Farm Workers and Neighborhood Health have better availability at their clinics in the Lower Valley, so if patients are able to drive, staff say they can get in right away, though that's not always the case in Yakima. At any clinic, patients will wait longer if they want a specific provider or want to only see a female doctor, for example.

Dyer said she's burned out on the search, though it's critical she get her daughters in for that Children's Village referral and that she get her own prescriptions refilled, since their prior clinic stopped accepting their insurance.

"After months of being rejected by primary care providers, it's almost like you have a weird avoidance of it," she said. "I don't even want to make a call."

Primary care appointments are usually allotted 20 minutes, so providers are seeing three to four patients an hour every day. Some clinics double-book appointments in hopes that the visits will be quick and providers can bounce between patients. But when people have put off care for a while, their list of ailments may take longer to address.

Local health organizations have dedicated staff who focus solely on scheduling. Memorial has a central team that coordinates new patients for all its primary care clinics. Neighborhood Health's Yakima clinic has an employee who only deals with same-day appointments.

They're also working to add support staff to take some of the paperwork and documentation off doctors' hands to free them up to see more patients. Community Health is considering trying Google Glass, where a scribe on the other end of the wireless connection does all the documentation while the provider wearing the device is free to work directly with the patient.

But still, providers can spend two or three hours a day just on charting, as some responsibilities fall on their shoulders alone. Some are moving to part-time just to make that paperwork more manageable, which doesn't help the patient backlog.



David Hubbard, 52, was at Central Washington on Wednesday for physical therapy. He had a stroke about two years ago, developed drop-foot syndrome, then injured his neck and shoulder in a fall. He had to schedule his therapy appointment a month in advance, though he normally gets in for primary care visits right away.

"The therapy's real hard to get into. The therapists aren't here all the time. I've seen three or four different ones; it's because there's just not enough," he said. "It can be frustrating."

Under the umbrella of primary care, mental health care is another field with very limited resources in Yakima. Neighborhood Health has five mental health providers, but it's not enough, chief operating officer Rhonda Hauff said.

"At this point, we can't take any external referrals, because we need them to service our existing patients that are referred from our primary care providers," she said.

"We understand that our patients are frustrated; we do have capacity issues. But it's like a bubble — when one of the other practices stops taking new adult patients, it pushes the envelope on this end," she said. They're still taking new patients, "But it does put the challenge on making the most of every minute of every day."

For providers with a long memory, the current climate is at least better than it was a few decades ago. Dr. Mike Maples, CEO of Community Health, remembers a colleague in the 1980s receiving a call from a Yakima woman: "She said, 'I know my friend was a patient of yours, but she died, so can I have her spot?'"

### **Scramble for solutions**

In 2016, 11 Yakima County providers left Farm Workers, while the organization hired 22, including 14 nurse practitioners and physician assistants. Memorial Physicians added seven primary care providers, four of them doctors, bringing the organization's total to 40 primary care providers, Kollman said. That's the most they've ever had.

Neighborhood Health hired five primary care providers in 2016, but lost three. Central Washington added three and lost one.

Jackie Bañuelos is a full-time provider recruiter for Farm Workers, and said the biggest challenge "is that there aren't enough physicians to fill all of the vacancies," not just in Yakima, but everywhere.

"I think it's even more challenging when you're trying to fill positions in rural communities, because a rural community doesn't always necessarily align with what providers are looking for," in terms of big-city amenities, she said.

Federally-qualified health centers like Farm Workers, Neighborhood Health and Community Health have to play up their advantages, she said: eligibility for loan repayment programs by working in an underserved area; low cost of living; proximity to cities like Seattle and Portland without the headache of parking, traffic and housing prices.

Beyond that, it's emphasizing specific programs the organization does that help it stand out from the crowd or offer a new opportunity for growth for the provider.

And, of course, offering market-competitive salaries, or even extras like relocation assistance and a hiring bonus.

Most of the doctors joining both private practices and community health centers in Yakima are new physicians just completing their residencies, rather than established doctors moving mid-career.

Residency programs are the single greatest bottleneck in getting more doctors into the workforce: While medical schools have vastly increased their number of graduates in recent years, there has been no real increase in the number of residency training spots, which are paid for by Medicare

dollars but were capped in 1997. Hospitals may opt to sponsor their own residency programs, but they tend to focus on lucrative specialties, exacerbating the primary care shortage. Doctors tend to settle down where they complete their residency, further disadvantaging rural areas.

Central Washington Family Medicine, the biggest program in Central Washington, has been around since 1993, and dozens of its graduates have gone on to stay in the Yakima Valley, or at least moved on to other rural, underserved areas.

Farm Workers' Sollus family medicine residency graduated its first class of osteopathic residents in June; one of two went to work at Farm Workers' Valley Vista clinic in Prosser. And five of six graduates of the organization's nurse practitioner residency program have stayed to practice in the system.

But adding providers as more doctors retire or move and residency programs remain capped is like trying to hold sand in a sieve.

"Maybe we need to have a collective community-wide recruitment campaign that we all share on: 'Why the Yakima Valley is such a great place to come and practice medicine in,'" Hauff said. "If we can put together our efforts and do a community-wide campaign, I think it would be wonderful."



IN OUR VIEW

# Physicians who made a difference

By DAILY RECORD EDITORIAL BOARD

Reading the article about Dr. Paul Schmitt's retirement in Saturday's Daily Record highlighted what an amazing difference physicians can make in a small community.

During the mid-1970s, health care in the Upper County was in a crisis. The old hospital had closed and the community was struggling to keep physicians in the community. Not only did the community find a doctor willing to stay, it ended up with three physicians committed to practicing medicine who devoted themselves to the Upper County and its residents. It must be noted that the Upper County benefited not just from the physicians, but from their spouses, who also made significant contributions.

The late Dr. John Anderson was the first to arrive, followed by Dr. Schmitt and then Dr. Elizabeth Wise. Schmitt is in the process of retiring; Dr. Wise continues to practice medicine at what is now the Kittitas Valley Healthcare Family Medicine clinic in Cle Elum.

Forty years later much has changed in health care, but what remains the same is that it can be hard to find family medicine physicians willing to set up practice in small and rural towns.

The Upper County trio is noteworthy, but similar stories can be found in Ellensburg. Many of our longtime physicians made commitments to remain in this community and have been tremendous assets to health care and the community as a whole.

The lesson we can take from this and apply to the search for the next generation of physicians is we just need to find people who really want to live here. Plus, it would be great if they wanted to get involved in a lot of other community-enhancing causes and projects as well. Seems simple enough.

Of course, it isn't simple. There are trends that make it even harder today than in the past. More physicians pursue specialties rather than family practice. We do have more specialists in our physician mix now, but the core of the local health care system remains primary care.

Our health care system resides in a state of uncertainty at the moment. President Donald Trump campaigned on the promise of repealing the Affordable Care Act. At the same time there were promises of maintaining some components of the ACA such as the ability to cover children up to age 26 and ensuring people with pre-existing conditions can obtain coverage. But overall, the replacement plan has not been defined.

How that plays out will eventually impact our local health care system. But regardless of what national system arises, we will need physicians in Kittitas County.

One major sign of optimism is the development of the Eldon S. Floyd College of Medicine at Washington State University. This school is specifically designed to train physicians for the state's underserved communities.

The inaugural class for the school starts this year so it will take a while to see the benefits in terms of physicians looking to serve small communities, but this school is definitely cause for long-term hope.

The other cause for hope is Kittitas County is a great place to live. While there may be more money and professional acclaim to be found elsewhere, physicians placing an emphasis on quality of life and community will find Kittitas County meets their needs, just as other physicians have over the years. It is a place where giving back makes a difference in people's lives.

WE CAN HEAR YOU

**LETTERS**

In Your View letters to the editor must include a name, address and telephone number. Each letter must have a single author. We request that letters be limited to 400 words and reserve the right to edit letters. Only one letter per person, per calendar month. Thank you letters will not be published.

Send Letters to Assistant Editor Michael Gallagher at the Daily Record, 401 N. Main St., Ellensburg, WA 98926, or email to letters@dailyrecordnews.com. Emailed letters are preferred.

**GUEST COLUMNS**

Columns must be approved by the Daily Record prior to publication. Guest columns should be close to 600 words and should include a headshot photograph and a short biography.

DAILY RECORD

Local news serving Ellensburg, Cle Elum, Royals, Kittitas, Eastern, Sequim, and all of Kittitas County. www.dailyrecordnews.com

Established 1909

PUBLISHER - HEATHER HERNANDEZ  
EDITOR/GENERAL MANAGER - JOHANNA MARFEL  
ASSISTANT EDITOR - MICHAEL GALLAGHER

DAVE GRANLUND.COM  
POLITICAL CARTOONS.COM



IN YOUR VIEW

GOP wants states' rights except when it doesn't

To the Editor:

I've always been befuddled by the Republican Party's affinity for a decentralized federal government in favor of state's rights and local control. It seems Republicans like the idea of states' rights and local control except for when they don't.

Cases in point, Oregonians voted in favor of Measure 16, the "Death With Dignity Act" in 1994 by a margin of 51.31 percent. Oregon enacted the law in October of 1997. Just four years later, George W. Bush appointed, U.S. Attorney General, John Ashcroft, directed the DEA to prosecute doctors in Oregon who prescribe federally controlled substances that help terminally ill patients die. Two days later, U.S. District Court Judge Robert Jones issued an injunction against the federal government until arguments could be heard. Following appeals and further court rulings, in 2004 the Ninth Circuit Court of Appeals affirmed that the "Attorney General lacked Congress' requisite authorization" to suspend the license of doctors who prescribe drugs covered in the CSA under the Oregon Death with Dignity Act.

This morning (Saturday) I read the Daily Record's weekend front page article titled, "State vows to fight for marijuana." Apparently White House spokesman, Sean Spicer, aka "Talking head for Steve Bannon and Company," is declaring there may be stepped-up federal law enforcement against states that have legalized marijuana. Twenty-eight states plus the District of Columbia currently have laws allowing some form of legal marijuana use.

According to the Daily Record article, Washington State Attorney General, Bob Ferguson, has vowed to fight the feds on behalf of the people of the state of Washington, who incidentally, voted in favor of Washington Initiative 502 (I-502) by a whopping 56 percent. Republicans need to make up their collective minds. Either they are pro state's rights or they aren't. They can't have it both ways. I hope Washington Attorney General Ferguson is as successful in beating U.S. Attorney General, Jeffrey Beauregard Sessions, as he was in defeating the White House on their recent sloppy, ill-advised and poorly drafted travel ban.

The irony is that Sessions hails from Alabama, historically one of the strongest "pro state rights" states in the union. I'm not so proud to be a white American male these days, but I'm elatedly proud to be a Washingtonian!

Lee Bates  
Ellensburg

The right to assembly is protected by the Constitution

To the Editor:

Regarding "mob rule," some folks are made uncomfortable or even angry when they read or hear about political demonstrations taking place around

our country. There's some justification for this reaction. After all, a demonstration brings together large numbers of people who feel strongly about an issue; strongly enough to take time out from their often-busy lives to come together and publicly express their opinions.

One example is the Tea Party movement of some years ago. With all that strong feeling swirling around, it's easy to imagine a demonstration suddenly becoming a "mob," unleashing violence and destruction. In fact, this has sometimes happened at demonstrations. So it is natural to view demonstrations with a certain amount of discomfort or even fear.

But the U.S. Constitution clearly establishes "the right of the people peaceably to assemble, and to petition the government for a redress of grievances." As loyal, patriotic Americans, we must resist the urge to dismiss all demonstrations as merely irresponsible, silly, childish yelling.

My American history is filled with instances where public demonstration has been a catalyst for some of the social changes of which we are most proud. Demonstrators have defied laws which they knew to be unjust. Some have gone to jail, some have even given their lives for ideals which today we proudly support. A short list would include the defiance of fugitive slave laws before the Civil War, the suffragettes, the demands for workplace safety, the outlawing of child labor, the demand for shorter work days, the WWI veterans' "Bonus Army" demanding payment of promised benefits and the many civil rights and voting rights marches of the 1960s leading to landmark civil rights legislation.

Public demonstration is a time-honored American tradition and the right "peaceably to assemble" is protected by the First Amendment of the Constitution. To label public demonstrations and marches as "mob rule" is uninformed, irresponsible, thoughtless and, frankly, un-American.

Pico Conditio  
Cle Elum

Constitution, not voting, guarantees right to protest

To the Editor:

In responding to Andrew Johnson's letter to the editor, dated Feb. 25, I found it very curious that Mr. Johnson based his argument against protesters on the Constitution. It appears that he has not read the entirety of our founding document.

The First Amendment passed in 1791 gives Americans the right to freedom of speech. Voting is not the only form of expression in this democracy. People have the right, even the obligation, to speak up against policies to which they object. They have the right to contact their congressional and state representatives and voice their opinions. They have a right to gather at town halls and speak up. The First Amendment also gives people the right to peacefully assemble. Protest is not just

an American tradition, it is an American right under the First Amendment.

In 2009, after President Obama took office, I recall seeing protesters around the Ellensburg Post Office on a regular basis for the first two years of his presidency. Apparently, Mr. Johnson thinks that those protesters had no right to be there, or to be at the town halls where vociferous Tea Party Republicans rose up and shouted down their congressional representatives. I remember those events. I'm sorry that Mr. Johnson does not, now that the tables have turned.

Yes, voting is important, and it is one way to make our voices heard. But it is not voting which gives Americans the right to free speech. It is the Constitution. It is the Constitution that gives Americans the right to freedom of assembly. It is the Constitution. The Constitution gives those rights to every American, regardless of whether they vote.

Marissa Humphrey  
Kittitas

Trump goes beyond 'pushing back' against the media

To the Editor,

In Mark Davis' column, "Trump pushing back against liberal media bias," published in the Daily Record on Feb. 24, he claims that Donald Trump's willingness to "roast" and "push back" on media is excusable. However, since Trump's exclusion of reporters from a press briefing on Feb. 24, Trump has taken this "push back" to a far more alarming level.

What message does the president send when he excludes long-established and well-respected news sources that happen to criticize him? Taken together with his administration's attempts to spread its own "fake" news, such as the supposed massacre (that never occurred) in Bowling Green, Ohio, or Trump's 2/17/17 comments about "what happened in Sweden" — nothing, that is — and the administration appears to be working toward a state-controlled version of the "truth."

I believe it is Mark Davis and those who agree with him who need to open their eyes, not those Davis attacks, calling them willfully "blind" when they "recoil" from a president who attacks the free press. Trump is certainly free to "roast" the media just as the media should be free to "roast" him, and we all must weigh biases to discover the truth in the news, but when a president excludes representatives of the press from his briefings, he is enacting a kind of repression that is akin to that practiced by totalitarian regimes.

I fear for the country under Donald Trump's leadership. Davis claims that there is a "collapse of discipline ..." (that) has led to America's dimming view of media culture," but I think that is a statement better turned against the Trump administration — indeed there has been a "collapse of discipline" in its issuance of false statements, in the president's reactionary and

often immature Tweets, and most definitely in his exclusion of responsible reporters like those employed by The New York Times, the BBC, and others kept out of the press briefing on Feb. 24. My view of the administration is getting dimmer and grimmer by the day. A true leader of the free world, a person who values the free press, should be willing to take the media's criticism and respond with dignity, not tweet insults and exclude the press (particularly those critical of him).

I urge readers to wake up and protest the White House "spin" before it turns into complete state control of the media.

Lisa Norris  
Ellensburg

Rep. Reichert should hold town hall meeting in Ellensburg

To the Editor:

I wanted to share a letter I've sent to Congressman Dave Reichert. There are many of us in Kittitas County who would like him to come to Ellensburg for a town hall meeting. He has staunchly refused so far and remains in hiding.

Dear Congressman Dave Reichert, I recently watched your Facebook interview on Feb. 22 and was disappointed. That method of communicating with the public is very one-sided. It allows you to say what you want to say and only answers a small sample of constituents' questions. It doesn't allow for listening to your constituents.

I know you are against town hall meetings because you think it's not safe and not productive, but I beg you to reconsider your position and do a town hall in Ellensburg. If necessary, have law enforcement there for safety, but be there in person to listen to your constituents. I met you once in 2012 during the Taylor Bridge Fire (I worked at Red Cross at the time). I remember you came to show your support to those affected by that disaster as well as to thank all those involved in responding to the disaster.

You came in person because you knew it was the best way to show your support and reassure people. You let us know that things would get better and steps were being made to ensure everyone's needs were met.

At present, your constituents are experiencing a different kind of crisis and we need you to take action. A town hall meeting is not just a platform for you to tell us what you plan to do regarding policies. It is also a platform where you are expected to listen to our concerns and what we want you to do (after all, you are representing us, aren't you?). A town hall is necessary because it is personal. A town hall allows you to interact with your constituents. The venue requires that you look into our eyes and witness the genuine concern/fear/anger on our faces. The attendance at the meeting helps you gauge the extent to which constituents in your district are concerned.

Colleen Riley  
Ellensburg





## STATE TOURNEY STARTS TODAY

The Kittitas boys basketball team plays Toledo High School at 2 p.m. today at CWU as the state tournament begins.  
Sports, Page B1

## SOLAR MORATORIUM

Kittitas County will consider whether to extend a moratorium on large commercial solar projects another six months.  
Local, Page A3



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# DAILY RECORD

PUBLISHED IN THE HEART OF WASHINGTON | DAILYRECORDNEWS.COM

## A physician for all seasons



Dr. Paul M. Schmitt, at right, discusses his upcoming retirement with long-time patient Gary Berndt during a recent visit to Kittitas Valley Healthcare in Ellensburg.

### After years of serving the Upper County, Dr. Schmitt looks to retirement

By MIKE JOHNSTON  
Special to the Daily Record

Late one late afternoon in mid-January, Dr. Paul Schmitt thought he was near the end of a somewhat quiet but productive day of patient appointments and computerized medical record-keeping.

At 69 he'd recently begun working half-time, looking toward full retirement later this year as a new family physician settles into the Kittitas Valley Healthcare Family Medicine clinic in Cle Elum.

The quiet day was not to be. A nurse practitioner alerted Schmitt that his help was needed with a woman who had begun giving birth, much earlier than expected, while she was driving by Cle Elum on Interstate 90. Schmitt quickly went from his clinic office to the connected Kittitas Valley Healthcare Urgent Care facility where his examination indicated the woman and the baby may be facing medical distress.

"By happenstance, I was the only doctor there that late in the afternoon and had the most experience of those there at the time; the other doctors were out of town," said Schmitt recently as part of sharing memories of his medical career spanning 48 years. Forty-eight years when counting medical school, interning and then practicing in the Indian Health Service, a branch of the U.S. Public Health Service.

"I hadn't handled a birth for quite a while, but this baby was coming right now. We had to get to a hospital. I was back in my emergency mode, you might say."

An advanced life-support ambulance and crew with county Hospital District 2 were summoned for the trip to Ellensburg and



Dr. Schmitt talks with a patient in the hallway of the KVVH Hospital. In a matter of minutes, Schmitt was back in the saddle of emergency response.

In the "old days" after he came to Upper County in 1977, Schmitt said he and the other local doctors — the late John Anderson and Elizabeth Wise — not only saw their patients by appointments but were on call on a rotation basis 24-7 to respond to serious medical emergencies through the then county Hospital District 2-owned Cle Elum Family Medicine Center.

"I'd done a lot more births when I was younger, maybe 30 years ago, but when I got into the ambulance I was completely calm and composed," Schmitt said. "I knew exactly what I was going to do to help the patient and what to check in what order; all those years of experience and training just took over."

The woman, with Schmitt delivering, ended up giving birth to her child safely while in the ambulance traveling on I-90 to the Ellensburg hospital.

"They (the ambulance crew) said the baby came while we were driving through the Elk Heights area," Schmitt said matter of factly. "I was a bit too busy to notice. Overall, it turned out to be a positive experience for everyone."

He estimates he's delivered up to 250 babies in his career and said somewhat wistfully that a safe, healthy birth is for him one of the most enjoyable and satisfying aspects of practicing family medicine.

"What can I say? In most instances a birth is a happy time."

As he looks over his long years of medical service to Upper County residents, Schmitt said he sometimes grows philosophical "realizing the sands of time have been steadily dropping through the hourglass." Now, nearing his 70th year, he can no longer stay up all night attending to a medical emergency and still function at his best the next day, he said, and "I think I'm ready to put medicine aside to pursue a lot of things not related to medicine."

"Looking back on it all, years of growing up and medical work, I have to say it's been pretty amazing," he said.

More SCHMITT | A7

## The Cle Elum model: Practice works to serve community

By MIKE JOHNSTON  
Special to the Daily Record

The question of what doctor your family physician goes to for their medical services has likely crossed a few patients' minds while in the examining room. General practitioner Dr. Elizabeth Wise's doctor is her Cle Elum clinic partner Dr. Paul Schmitt.

Wise, now in her 36th year of practicing family medicine in Upper Kittitas County, said Schmitt has been her doctor for many

years. He was the attending physician for the birth of her and her husband, Jock Young's, second child.

Schmitt delivered the baby in the birthing room in Cle Elum, and then "took beautiful photos of her 2-1/2-year-old brother first coming in to meet his newborn sister," Wise recounted.

When Wise first interviewed for the physician position, she was told by Schmitt he also was the troop committee chairman for Boy Scout



Wise

Troop 488. Always on the lookout to help the community, Schmitt quickly recruited Jock Young to be a scoutmaster after learning of Young's interests, experience and abilities.

Wise said the qualities she saw in Schmitt when she first came to Cle Elum in 1981 are the same she sees in him today while practicing at the Kittitas Valley Healthcare Family Medicine-Cle Elum facility. "I think he has continued working well past 65 years old both

because practicing medicine and maintaining those relationships with patients is fulfilling, but also because of the ongoing feeling of mission to serve the community and the importance of keeping KVVH Family Medicine-Cle Elum staffed," Wise said.

After completing Harvard Medical School and three years family practice residency at the University of California at San Diego, Wise said she carefully evaluated where to go next.

More MODEL | A7

## State vows to fight for marijuana

### Federal government could be moving toward enforcement

WASHINGTON (AP) — Officials in Washington state, where recreational marijuana is legal, vow to fight any federal crackdown on the nascent industry after White House spokesman Sean Spicer said they should expect to see stepped-up enforcement of anti-pot laws. Bob Ferguson, attorney general in Washington state, which joined Colorado in 2012 as the first states to legalize recreational use of the drug, said he requested a meeting last week with Attorney General Jeff Sessions about his approach to legal, regulated marijuana.

"We will resist any efforts to thwart the will of the voters in Washington," Ferguson said Thursday.

The comments came shortly after Spicer offered the Trump administration's strongest indication to date of a looming crackdown on recreational pot, saying "I do believe you'll see greater enforcement" of federal law. But, speaking in response to a question at a news conference, he offered no details about what such enforcement would entail.

President Donald Trump does not oppose medical marijuana, Spicer added, but "that's very different than recreational use, which is something the Department of Justice will be further looking into." A renewed focus on recreational marijuana in states that have legalized pot would present a departure from the Trump administration's statements in favor of states' rights. A day earlier, the administration announced that the issue of transgender student bathroom access was best left to states and local communities to decide.

Enforcement would also shift away from marijuana policy under the Obama administration, which said in a 2013 memo that it would not intervene in states' marijuana laws as long as they keep the drug from crossing state lines and away from children and drug cartels.

But the memo carried no force of law and could be rewritten by Sessions, who has consistently said he opposes legal marijuana but has not indicated what he might do.

Eight states and Washington, D.C., have legalized marijuana for recreational use. The Justice Department has several options available should it decide to enforce the law, including filing lawsuits on the grounds that state laws regulating pot are unconstitutional because they are pre-empted by federal law. Enforcement could also be as simple as directing U.S. attorneys to send letters to recreational marijuana businesses letting them know they are breaking the law.

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Local news serving Ellensburg, Cle Elum, Roslyn, Kittitas, Easton, Suncadia and all of Kittitas County.





**Schmitt / from A1**

**GETTING STITCHED UP**

Paul Schmitt's family lived in a suburb of Detroit. His father was a dentist, his mother was a nurse, and he was the fourth of 12 children.

At one point as a youth, Schmitt contemplated following in his father's footsteps to become a dentist. This changed after he suffered a lacerated finger while a teenager. Dr. Steiner, a close family friend, met Schmitt at his clinic and stitched up the wound.

"I was always outdoors and had my share of mishaps. Watching Dr. Steiner carefully and skillfully suturing my cut, well, it was interesting. It was neat."

That likely began turning his interest to being a physician. In addition, the daily experience of growing up witnessing the good his parents did for people "was a huge influence."

"They (his parents) rose through their efforts to become highly respected members of their communities," Schmitt said. "Education was the key, and they made sure we had opportunities to do the same."

Schmitt said of the 12 kids in his family, nine have college and advanced degrees and three are doctors; a total of five are in the field of professional health care.

After high school graduation Schmitt knew the path he was to take. He began pre-med studies at the University of Michigan.

He was off and running.

**A KINDRED SPIRIT**

At the beginning of his medical school training he

met a junior coed studying psychology, Cindy. They discovered they both liked small-town living and with being close to the beauty of the outdoors. In addition, their studies both focused on helping people.

They married later and together traveled to Seattle where Schmitt was involved in a rotating internship at Swedish Hospital. There he was immersed into obstetrics and cardiology, with work also at Children's Hospital and in the emergency room at Harborview Medical Center.

For three years he also worked with the Indian Health Service in Shiprock, N.M. as a senior in medical school, an arrangement that had the government assist in paying for his medical school bills in exchange for a set number of years in medical service to the Navajo nation.

"Our work in Shiprock with the Navajo was a great introduction to the real work of medicine," Schmitt said. "We had a huge workload and used interpreters with many of our patients."

A high birth rate among the Navajo kept midwives and medical staff busy along with medical concerns related to some of the social issues faced by the tribe. Navajo co-workers invited Schmitt and his wife to participate in their social gatherings, and the couple made lifelong friends among the medical professionals there and still keep in touch.

As the end of medical school and internship neared, the couple agreed they wanted to live and practice in a small town and settled on Roslyn because it reminded them of the rural Colorado mountain towns

they had visited and where they enjoyed mountain and forest-related outdoor recreation. It was also close to skiing at Snoqualmie Pass.

"We wanted a four-season environment and access to outdoor activities and a community where we could make a difference."

**COMMUNITY EMBRACE**

The couple moved to Roslyn in early 1977, and Schmitt began general medical practice at the Cle Elum Family Medicine Center, coming to Upper County through the sponsorship of the National Health Service Corps. He joined the hospital district-owned center (also having an emergency area) alongside the late Dr. John Anderson who had arrived a year earlier.

Upper Kittitas County had been targeted by the service corps as a serious doctor-shortage area where Schmitt and Anderson's work would make an immediate difference in the access to medical care.

Schmitt said the community's "oldtimers rolled out the carpet" and made them feel part of the community right away.

"We were immediately welcomed and embraced by some key members of the local community," Schmitt said. "The welcoming and friendly attitude, and the relative diversity of Roslyn appealed to us. That's where small towns have it over cities when you're working in this field."

The Schmitts quickly got to know many of the residents as friends, including Kent Verbeck, Jim Ash, Gall and Gary Berndt and many others.

More SCHMITT | A8

**Model / from A1**

"I could tell that Dr. Schmitt and Dr. Anderson were taking the time to get to know their patients and to practice good medicine," Wise said in emailed comments. As someone who had trained in a big-city program and never lived in a small town, Wise said they reassured her "it was possible to succeed with the resources here."

**EARLY MENTORS**

Schmitt "seemed pretty laid-back, not easily ruffled, with a good sense of humor," Wise said. "They both served as good mentors."

She accepted the offer to practice with the doctors because she said she was impressed by the quality of care she saw, as well as by the commitment of Schmitt and Anderson to being part of the community and caring for the whole community.

"Dr. Schmitt is good at working with people, willing to take the time to listen, honest, and very compassionate," Wise said. "He works hard but is the very model of the importance of balance in life. I learned in my first year (in Cle Elum) that in the winter, he is never without skiing on his mind."

Wise said it's clear Schmitt likes his patients and is gentle with challenging patients.

"He is not easily riled and is able to stay constructive and diplomatic in the face of organizational challenges," Wise said. "He has been a very valuable emotional support at some challenging professional times over these decades together."

She added that Schmitt has been explicit in recognizing the burden on her if

**CHALLENGE AND OPPORTUNITY**

When Dr. Elizabeth Wise came to Upper County in 1981, she knew she would share with Drs. Paul Schmitt and the late John Anderson the challenge of working out of Cle Elum, 25 miles from other medical services in Ellensburg.

She also saw it, she said, has an "opportunity to use the full range of our skills, covering the emergency room as well as seeing clinic patients, and also taking care of nursing home patients, caring for our patients in the hospital, and doing obstetrics."

"The clinic had a birthing room here in Cle Elum at that time. When I came, Cle Elum did not yet have paramedics working for the ambulance so at times we were called to provide Advanced Cardiac Life Support in a patient's home, with the assistance of the EMTs and fire department first responders. In addition, each of us volunteered teaching in Yakima at the family practice residency there, and the commitment to teaching appealed to me."

she were the only physician at the Cle Elum clinic, "so we are both very glad that Dr. Norman Wood is now here to help."

Kittitas Valley Health-care announced earlier this month Wood would begin practice at KVI Family Medicine-Cle Elum this week. Wood has practiced primary care medicine since 1995, and will be working closely with Schmitt during the transition.

**THE CLE ELUM MODEL**

Wise said renewing medical services in Upper Kittitas County after what was known as the miners' hospital closed in the early 1970s was a challenge faced by Hospital District 2, a special purpose taxing district, and the entire community.

The strategy that Schmitt, Anderson and Hospital District 2 commissioners and staff created and carried out, with help from the National Health Service Corps, was unique, she said. In most communities, when a hospital closes, as the miner's hospital had, they lose their physicians.

The partnership in Upper County was developed when Cle Elum Family Medicine Clinic was formed: Hospital District 2 owned the then new clinic building and ran the emergency room and ambulance, and the clinic

rented the part of the building used for the clinic, sharing lab and X-ray. During the day, emergency patients were treated by clinic staff, after hours, an RN was present on site, and the Wise, Schmitt and Anderson were on call from home to come in to treat emergency patients.

In addition, if there was a patient in labor in the birthing room, the RN would come in to function as obstetrics nurse.

University of Washington officials, at one point, studied the arrangement and it became known as the Cle Elum model for advancing health care in areas where resources were limited.

"This Cle Elum model was rare enough that we had several visits," Wise said, "some international, from experts looking at health care delivery models and at how to retain care in rural communities."

**OBITUARY**

**RANDY WILLIAM BRUNSON**

Randy William Brunson passed away, surrounded by family, in his Ellensburg home, on February 15, 2017 at the age of 56, after a long courageous battle with cancer. Randy was born in Ellensburg, WA on April 10, 1961 to Dan and Georgia Brunson. His family moved to Curlew, WA where he spent his childhood. His family returned to Ellensburg where he attended high school and met his wife to be, Beth Henderson.

Randy and Beth graduated together in 1980. Four years later, they were married and began their life together. They had two children, Tiffany and Colton with whom they shared their love of the outdoors. Randy was an avid outdoorsman, spending countless hours hunting, hiking for shed antlers and fishing the Yakima River. One of the

family's favorite adventures was the yearly trip to Curlew to hunt on the family property. He and Beth enjoyed exploring the Pacific Northwest, notably - hiking the Wonderland Trail, the West Coast Trail, and together summiting both Mt. Rainier and Mt. Adams.

Randy worked as a Maintenance Technician for the Department of Transportation for 25 years - he took great pride in his contribution to providing motorist safety. When he wasn't working or enjoying the outdoors, he spent his time serving the community through Kittitas Valley Fire and Rescue. Randy spent 28 years as a volunteer firefighter; and in 2015 was awarded the Volunteer/Reserve Firefighter Service Award.

In October, Randy and Beth welcomed their first granddaughter Kendall

Mae Brunson, daughter of Colton and Rachel. Randy was thrilled to be a grandpa and spent countless hours visiting and holding Kendall.

He was loved by his community, friends, family and will be dearly missed by all.

Randy is survived by his wife of 32 years, Beth (Henderson), his two children Tiffany and Colton (Rachel) and granddaughter, Kendall, his father, Dan Brunson, brothers Jeff (Jackie) and Dusty (Sharon) and one nephew, Macartney Brunson. Randy was very recently preceded in death by his mother Georgia.

In lieu of flowers, donations can be made to Hospice or any organ donation foundation.

It was Randy's wish to have not a funeral, but that there be a Celebration of Life held at a later date.

**DEATH NOTICES**

**JAMES 'JIMMY' CHAMPIE**

James 'Jimmy' Champie, 60, died Feb. 22, 2017 in Ellensburg. Champie was born Jan. 31, 1937 in Ellensburg. A memorial service will be held at a later date. An obituary will follow. Arrangements by Brookside Funeral Home and Crematory of Ellensburg.



**GLADYS M. WAHLE**

Gladys M. Wahle, 96, died Feb. 20, 2017 in Yakima. Wahle was born Oct. 9, 1920 in St. Francis, Kansas. A memorial service will be planned at a later date. Arrangements by Brookside Funeral Home and Crematory.



**JERRIE R. SPRINGSTON**

Jerrie R. Springston, 72, died Feb. 12, 2017 in Yakima. Springston was born Aug. 7, 1944 in Yreka, California. No service is scheduled at this time. Arrangements by Brookside Funeral Home and Crematory of Ellensburg.



**VIOLA R. COTA**

Viola R. Cota, 82, died Feb. 22, 2017 in Ellensburg. Cota was born Aug. 27, 1934 in Seattle. A memorial service will be held at a later date. Arrangements by Brookside Funeral Home and Crematory.



**JOSEPH BARICH SR.**

Joseph Barich Sr. was born Nov. 25, 1924 in Roslyn and peacefully left this earth Feb. 17, 2017 in Ellensburg. Barich is survived by his five children. A visitation with viewing will be from 1 to 4 p.m., Feb. 25 at Steward Williams Tribute Center, 301 E. Third Ave., Ellensburg. Final services will take place at a later date.

**NEWS DIGEST**

**RICHLAND**

**Hanford pumps out contents of leaking nuclear waste tank**

A leaking radioactive waste storage tank on the Hanford Nuclear Reservation has been pumped of its contents.

The Department of Energy said Tank AY-102 was pumped "to the limits" of current technologies.

The wastes are left over from the production of plutonium for nuclear weapons.

Tank AY-102 was taken out of service in 2012 after it was discovered that nuclear waste from the inner tank had leaked into the space between the inner and outer walls of the double-shelled tank. The waste was contained in that space and the Energy Department says there is no sign that any leaked into the environment.

Waste retrieval began last March and 725,000 gallons of radioactive and chemical wastes have been removed. That amounts of 98 percent of the tank's original waste volume.

From wire services



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**Schmitt/**from A7

Gary Berndt, now 69, came to Upper County in 1973 to work with the state Department of Natural Resources and also worked with Schmitt while Berndt was a commissioner with county Hospital District 2. Berndt said he helped interview Schmitt way back then for a much needed second general practitioner position at the center.

"We were having a very hard time keeping doctors at the clinic for any length of time, for a while before Dr. Anderson came we didn't have any doctors for what seemed like a long period," Berndt said. "My wife worked at the clinic at that time and saw the great need first hand. It just seemed right for me to become a hospital district commissioner and try to be part of a solution."

Another doctor was needed and Dr. Elizabeth Wise was hired, coming to the center in 1981, also through the National Health Service Corps. She continues to practice in Cle Elum.

Wise was an employee of the medical center for a time, but then became part of the medical practice partnership of Anderson and Schmitt, which later took over the medical center.

A transaction in 2005 through Hospital District 2 sold the practice to Kittitas Valley Healthcare. The clinic is now KVH Family Medicine-Cle Elum. Anderson died in 2009 and at that time Schmitt took many of Anderson's patients.

"I have to say that those three doctors stabilized and vastly improved health care throughout the Upper County community when we really needed it," Berndt said.

"They did this by their unwavering commitment and service to all the folks, and because of their round-the-clock care in those early years. Together they did the hard work that created a foundation upon which we could, together as a community, really build up health care locally."

"Early in their practice they were, basically, all-the-time docs."

Hospital District 2 commissioners and its director, with community support, sought the financing that led to build the family medicine clinic that Berndt remembers was dedicated in 1980. It had also had an associated emergency area. Schmitt delivered the Berndt's daughter, Kate, soon after the clinic dedication.

"Paul has the keen ability to listen

carefully and evaluate all the factors as he listens," Berndt said. "He is always seeking the right decision and the right action for himself, his family, his patients and his community."

When there's been divisive controversies in Upper County, Schmitt has been at times a calming influence that encouraged the community to step back, Berndt said, and take a more thoughtful approach to reach a resolution.

Berndt said he knows well that look Schmitt gives him in the examining room that is followed by Schmitt quietly saying, "Gary, right now I'm not being your friend; right now I'm speaking to you as your doctor."

"I really respect and honor that," Berndt said. "I'm getting the straight talk I need for my health whether I want to hear it or not. There's no holding back, no sugar coating because my doctor is a longtime friend."

**FAMILY SUPPORT AND CALLING**

Back in the early days the three doctors also worked as emergency room doctors, Schmitt said, with ambulances bringing patients to the Cle Elum center at all hours of the day and night. The emergency treatment area was staffed by a registered nurse after hours.

It was professionally interesting and challenging but put pressure at times on Schmitt's family life. He missed out on family outings, basketball games and more. Schmitt said there is no way he could adequately serve the community's medical needs without the everyday support of his family, especially from his wife.

"Family medicine in a small town, well, it's a calling. Not unlike someone being called by the Lord to serve in some way," Schmitt said.

He and his family also got support from a wide number of the area's citizens who realized in the early years how important it was to keep a good doctor practicing in a small community. Schmitt chuckles a bit as he says his street in Roslyn got plowed fairly soon after heavy snowfall because people knew he needed to get away quickly and safely to respond to emergencies.

"That's a kind of reward, but there are so many intangibles, rewards that come in bits and pieces through the years," Schmitt said. "The friendships, the neighborly help and heartfelt concern when there's life struggles ... You end up touching so many lives. For me it's

**ABOUT DR. SCHMITT**

**Age:** 69  
**Residence:** Roslyn  
**Family:** Wife of 43 years, Cindy; two sons, both married — Evan in Pittsburgh and Morgan of Seattle; third son, Gideon, died of a traumatic brain injury several years ago.

**Years in Upper County:** 40  
**Community activities:** Cindy owned and operated a Roslyn gift and antique shop while raising the couple's three sons; the couple have memberships in art galleries in Ellensburg and Seattle; Paul was a volunteer firefighter for 35 years with the Roslyn Volunteer Fire Department, and taught emergency medical skills to volunteers. For many years he served as a member of the Alpentel Ski Patrol.

**Recreations:** Paul and Cindy enjoy gardening, traveling in the United States and Europe, taking trips to follow the professional bicycle racing career of Morgan, and hiking and mountain biking.

Schmitt for more than 20 years, with the help of family members, organized The Runner Stumbles run, conducted in connection with Cle Elum's Pioneer Days celebration during the Fourth of July holiday. He said each of his three sons served on the Cle Elum-Roslyn School Board as a high school student representative in their senior years.

"We didn't push, but we made it clear that stepping up in leadership and being involved in the community was important for all of us," Schmitt said. "There was an expectation that they work to excel."

**REWARDS**

For many new doctors there may not be strong, immediate incentives to put down roots in a more rural community like Upper Kittitas County, Schmitt said. There's an ongoing effort to create more financial incentives to attract new physicians, but Schmitt said it shouldn't always be about money. It's also about the non-monetary rewards.

"Like the great setup I have with working and having outdoor recreation at my doorstep," Schmitt said. "In 40 minutes during summer or fall I can be at Cooper Lake and, maybe, take a two or three-hour hike to clear my mind."

Being on the ground floor, so to speak, to impact local health care and emergency services for the good, Schmitt said, also is a reward

# The future of family medicine

By MIKE JOHNSTON  
Special to the Daily Record

Dr. Paul Schmitt said one of the ongoing challenges facing medical services locally, and nationally, is to have enough family doctors to provide "that crucial entry point into good medical care and preventative care that's so important."

As more family medicine physicians retire, their ranks are not being replenished with new doctors in adequate numbers to cover existing patients and a growing national population. Some patients are seen by a number of specialists but not by a primary care physician, Schmitt said.

Having only specialists sometimes requires coordination and overseeing of one's health trends that a family doctor may be able to do more systematically within a regular program of appointments, checkups and patient involvement, referring to a specialist when the need arises.

Family doctors "are not there just when you're sick; they can take advantage of the advances in medical and

record-keeping technology to provide patients with an ongoing, overall view of the state of their health and how they can take an active part in improving their health, being more involved in the direction of their own health."

He said it's been proven that patients with a steady relationship with their family medicine doctor over their health care usually have better health outcomes in their lives.

Schmitt said the amount of medical record-keeping and patient-related paperwork has grown tremendously, sometimes frustratingly taking up more time, energy and focus than a primary-care doctor can give in a regular work day in a rural practice. He has done his catching up at home and, at times, while on vacation with his laptop.

He hopes that computer record-keeping improves in the future, and the information can be used to provide better care.

"It could be like having your family doctor continuously scanning your records and health care trends to better involve you in your own health," he said.

for him living and working in Upper County.

Former Roslyn Volunteer Fire Department Chief Jim Ash, always looking for dedicated personnel, came to Schmitt and his wife's home a week after they arrived in Roslyn. He asked Schmitt to consider joining the department.

Schmitt became a full-fledged firefighter responding to alarms when he could with his heavy turnout clothing and helmet. He also learned to drive department trucks and helped in training many emergency medical first responders.

Schmitt retired from the department when he turned 65.

"You know, when you get to be 60 or 65 your legs may not have the resiliency they had when you were younger for this kind of service," Schmitt said with a chuckle.

He acknowledged it's hard to sum up 40 years of medical work and the benefits he's received from a rural medical practice, but said with humor, "As you know we don't have to deal with much traffic."

Upon further reflection, he said people in rural areas like Upper County look after each other and help each other out when needed.

"We respect each other's privacy, too," Schmitt said. "From a medical perspective, being a family doctor in a rural community is one of the most interesting and challenging jobs in medicine, in my opinion ... Our patients are our friends and we know them well. That is the beauty and draw of being a family doctor. I have also benefited by having great partners: Dr. Elizabeth Wise and the late Dr. John Anderson."



## Five ways to love your heart

- 1 **Healthy diet.**  
Eat plenty of fresh fruits and vegetables. Eat foods low in saturated fat and cholesterol. Limit salt or sodium to lower blood pressure.
- 2 **Healthy weight.**  
Is your current weight in a healthy range? Calculate your Body Mass Index (BMI) at [cdc.gov/healthyweight](http://cdc.gov/healthyweight).
- 3 **Regular exercise.**  
Adults need moderate-intensity exercise for 2.5 hours every week for health and quality of life. In the US, 28% of adults 50+ are physically inactive.
- 4 **No smoking.**  
If you don't smoke, don't start. If you do smoke, now is the time to quit, and lower your risk for heart disease. Ask your doctor for help.
- 5 **Limited alcohol.**  
Drinking too much alcohol causes high blood pressure.

Visit [www.cdc.gov](http://www.cdc.gov) for more healthy heart tips.

**This year, give your heart a valentine.**





ber's director of business development, who said data gleaned from surveys indicated a need for this within the Kittitas County business communities.

"It's a place for people to connect and create," she said. "I wanted something that was business centric and that kind of represented growth, movement and change."

The project was funded by

office space use, a meeting room, the fastest Internet connection available in Cle Elum, a kitchenette, copying and printing resources and an attendant to help out with any questions. Customers are given the choice of a private office or working space in a common area and can rent out space month-to-month. Another choice is to have 24-7 access for an extra fee.

wise."

**Paula Ehoff**, a consultant for non-profits, visited a meet and greet event at Catalyst on Thursday, Feb. 23 and liked what she saw. She frequently hosts trainings and other meetings and said she'd think about using Catalyst for some in the future.

Further information on Catalyst is available at [catalystcw.com](http://catalystcw.com).

Have more questions, contact **Crystal Testerman**, Homeless Program Manager, 509-424-4695 or e-mail [crystal.testerman@yvcog.org](mailto:crystal.testerman@yvcog.org).

## KVH Birthing Center recognized as friendly for breastfeeding

ELLENSBURG – Kittitas Valley Healthcare (KVH) has been recognized for promoting breastfeeding to help get newborns off to a healthy start. KVH recently received the Breastfeeding Friendly Washington Bronze recognition level from the Washington State Department of Health. "Babies are more likely to maintain a healthy weight throughout their lives if they breastfeed for at least six months," said state secretary of health **John Wiesman**. "Hospitals that encourage and support breastfeeding are helping raise the healthiest next generation."

Hospitals that participate in the Breastfeeding Friendly Washington program do so voluntarily. They

are eligible to receive recognition after completing steps to support breastfeeding.

To earn the Bronze Level recognition, KVH Hospital wrote breastfeeding policy that is routinely communicated to all healthcare staff; places babies skin-to-skin with their mothers within 60 minutes after birth and helps mothers recognize and respond to feeding cues; practices rooming-in to allow mothers and infants to remain together 24 hours a day; and has an established system for referring mothers to outpatient and community support.

**Kye Gibb** of Ellensburg recently delivered her fourth child at KVH Hospital. "I felt that KVH was very sup-



ELLENSBURG'S KYE GIBB has given birth to four children at Kittitas Valley Healthcare Hospital and said she appreciated the amenities the hospital gave her and her newborns.

Courtesy of K.V. Healthcare

portive of my choice to breastfeed my baby," Gibb said. "It was comforting to know that the birthing center staff would be there to help me if I needed it."

While a Bronze recognition is commendable, the Family Birthing Center at KVH Hospital plans to continue to advance their staff training and practices surrounding breastfeeding so the center can earn Silver or Gold certification.

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that work will entail. The council approved his work

him for his service on the city planning commission on Tuesday, Feb. 28. O'Rourke joined the commission in 2007.

N.K.C. TRIBUNE/Erik Pague photo - 2017

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# Petersen offered permanent CEO position

*She has served as interim CEO of KVH since June 2016*

ELLENSBURG – In a special meeting on March 1, the Kittitas Valley Healthcare Board of Commissioners voted unanimously to extend an offer of employment to **Julie Petersen** for the permanent position of chief of executive officer. She verbally accepted the offer the same day.

Julie Petersen has held the position of interim CEO since late June 2016. During the intervening time period she has overseen the successful conclusion of negotiations for employees represented by both unions at KVH (Teamsters and Washington State Nurses Association), the recruitment of several new providers and the strengthening of relationships with all community providers. She has also begun work to increase access to care for residents of Kittitas County.

Based in part on these efforts, the board's assessment of Petersen was exceptional during her recent six-month evaluation.

"In addition to the excellent work she has already demonstrated, Julie Petersen possesses the per-



**JULIE PETERSEN**, THE interim CEO of Kittitas Valley Healthcare since June 2016, was offered the permanent CEO position and verbally accepted it during a KVH Board of Commissioners special meeting in Ellensburg Wednesday, March 1.

Photo courtesy of K.V. Healthcare

sonal and professional characteristics the Board was searching for in a permanent CEO," said **Liahna Armstrong**, president of the KVH Board of Commissioners. "Julie has a special talent for listening and understanding all sides of a situation before moving towards a solution. She is calm under pressure, has outstanding communication skills and is willing to take on difficult problems to

the benefit of our community. Her fiscal acumen, her commitment to rural healthcare and her exceptional managerial knowhow are signal assets. The stability of her continued leadership is essential to the wellbeing of the organization and the community."

The board had been working with executive search firm Passage and Associates on recruitment for the CEO position. Based in part on reviewing an initial list of likely candidates provided by the firm, the Board of Commissioners believed that an expensive and protracted search would not yield a better candidate than Petersen.

Following the legal process for appointing the superintendent of a public hospital district, a resolution to appoint Petersen as CEO is scheduled to be introduced at the next regularly scheduled meeting of the board on March 30. An employment agreement will be negotiated, finalized and brought to the subsequent regularly scheduled meeting of the board on April 27.

With a permanent CEO in place as early as April, the board looks forward to continuing work on a strategic planning process they began earlier this year to define the future direction of KVH.

## Driver injured after losing control of vehicle on I-90

EASTON – The Washington State Patrol reports 21-year-old Tacoma resident **Rafael Lopez Ayala** was transported to Snoqualmie Valley Hospital after rolling his vehicle on I-90 close to Easton Monday morning.

The single vehicle collision occurred

at about 4:30 a.m. eight miles west of Easton in the eastbound lanes on March 6. Ayala lost control of his 2005 Jeep Grand Cherokee, rolled and came to a rest upside down blocking the right lane.

WSP charged Ayala for driving at a speed too fast for conditions.

*Think Spring!*

# New security coming to

by **Jim Fossett**  
jim@nkctribune.com

CLE ELUM – Two weeks ago Under Sheriff **Clay Myers** garnered approval from Kittitas County commissioners to move forward with the purchase of 12 new security cameras for the Upper Kittitas County District Courthouse on 700 East 1st Street in Cle Elum.

The installation of these cameras – likely within the next month or two, Myers said – milestones the end of a months-long effort to improve staff and visitor security at that facility and at the Kittitas County District Courthouse in Ellensburg. Myers provided the background story.

"In 2010 we sat down to review best practices for physical security at the two courthouses.

"From that initial meeting came an informal strategic plan to create and fill four positions for security personnel stationed at both courthouses, improve surveillance, provide emergency response education and training for staff, and create an emergency notification system that instantly, by e-mail, alerts law enforcement officials and courthouse employees.

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## COMMUNITY

# A GOOD DEED: Coats into the Community

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AN ANONYMOUS DONOR, a sponsor of Thorp School's robotics team, gifted the team 41 new winter coats and vests with the aim of having the team get the coats into the community where they're needed most. HopeSource accepted the coats last week, delivered by team members (L-R) Faith Cooper, Parker Mayer, Greta Mayer, Raine Tenerelli and Taliesin Tenerelli.

Courtesy Jill Caywood

## New doctor to join KVH Family Medicine - Cle Elum

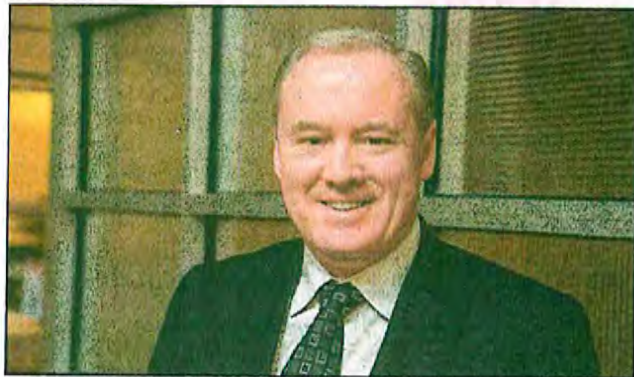
CLE ELUM - Dr. Norman Wood will join Kittitas Valley Healthcare Family Medicine - Cle Elum on Feb. 20. Dr. Wood will join physicians Dr. Elizabeth Wise and Dr. Paul Schmitt, as well as advanced practice clinicians Zoe Carlson, Rob Merkel, and Chelsea Newman.

Dr. Wood has an interesting and varied background. He received a bachelor's degree in criminal justice and worked in law enforcement for over ten years, including six years as a special agent for the United States Customs Service. He then returned to school to study medicine. After attending the West Virginia School of Osteopathic Medicine, he became the 15th member of

his family to become a physician. His oldest son, Matthew, is the 16<sup>th</sup>.

Dr. Wood has practiced primary care medicine since 1995 and enjoys taking care of entire families. He owned four medical clinics in Maryland and West Virginia before moving to Washington in 2013. Since moving to Washington, he has worked with the Veteran's Administration and in urgent care.

Outside of his medical career, Dr. Wood is an avid bow hunter and enjoys trout fishing. He is also an inventor and public speaker. He designed and holds the patent for an emergency descent evacuation harness that can be used to quickly and safely evacuate a burning struc-



DR. NORMAN WOOD is the newest physician to join KVH Family Medicine - Cle Elum and will work closely with Dr. Paul Schmitt who is currently planning his retirement.

Photo courtesy of Kittitas Valley Healthcare

ture. His harness has been certified to a maximum descent distance of 1,000 feet, or approximately 100 stories.

In early 2017, Dr. Wood will work closely with Dr. Schmitt. Dr. Schmitt will be

finalizing his plans to transition into retirement after his 40-year medical career.

Dr. Wood will be accepting new patients. For more information, please call KVH Family-Medicine - Cle Elum at 509-674-5331.

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## 'Dre for I

by Erik Pague  
erik@nkctribune.

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## KITTITAS BASEBALL

The Coyotes baseball team is looking to build team chemistry based on senior leadership this season. Sports, Page A6

## PERFECTLY PEARED

Late-harvest pears and dried fruit come together in a sweet spring dessert. Homestyle, Page B1



# DAILY RECORD

PUBLISHED IN THE HEART OF WASHINGTON | DAILYRECORDNEWS.COM

Good afternoon  
Wednesday  
March 15, 2017  
75 cents

## SOLVING PUZZLES



Dr. Kelly Noyes, a hospitalist at KVH Hospital, poses in a patient room on Tuesday.

SHANMYRICK / DAILY RECORD

### KVH hospitalist program relieves pressure on primary care providers

By MATT CARSTENS  
staff writer

If you've ever been admitted to the hospital, it's likely you've met a hospitalist.

What's a hospitalist? To put it simply, a hospitalist is the doctor who takes care of you when you're sick enough to require a stay at a hospital. At KVH, there are two full-time hospitalists: Dr. Jonathan Hibbs and Dr. Kelly Noyes, along with several part-time hospitalists including local primary care doctors Mark Larson and John Asriel and internal medicine specialist Larry Birger. The term hospitalist was coined in 1996 in a New England Journal of Medicine article about the practice of having full-time doctors who cared for patients during their stays at the hospital. Before these positions were created, bigger hospitals used residents — or doctors in training — to do a lot of the work. The problem was they were getting burnt out. "It was unrealistic to expect somebody to be functional for

36 hours at a stretch on a routine basis," Hibbs said. "You can do anything for 36 hours once in a while, but you can't do that sustainably."

In small hospitals, primary care physicians were expected to follow their patients into the hospitals. This was a problem because hospital visits would be piled on top of already burdensome workloads at their respective clinics. When factoring the workload in, along with in some instances having to travel to the hospital depending on where the doctor was located, it became too much.

When patients get sick enough to require a hospital, it should be because they're sicker than usual," Hibbs said. "When they're coming here there are a lot of details to attend to, and to ask a primary care provider to do that in addition to the 15 patients they have scheduled, is unfair — to both the patient and provider under most circumstances."

This is where the hospitalist comes in. At KVH, Hibbs, Noyes and others work in tandem and in continuity with the rest of

the patients' care team to try to figure out what's wrong and get them on their way home as soon as possible. They have the time and the resources to treat patients in the hospital, and that relieves pressure on doctors in other clinics.

"Just this morning I talked to a cardiologist and two primary care providers about their patients who are in the hospital," Hibbs said, "but are shortly not going to be and we need to make follow-up plans."

Gibbs said 75 percent of U.S. hospitals have some sort of hospitalist program, whether it be a full-time department or a part-time on call at night. The KVH program began in 2008 when Larson and others started doing part-time hospitalist work at KVH, where they would trade off blocks where they could dedicate time to patients in the hospital. Some of those doctors still do that today.

"One of the strengths of our program compared to many hospitalist programs is that we have primary care doctors who are full-time or part time who

are willing to spend a night or a couple of nights a week doing hospitalist work," Hibbs said. "I work with these people and they see both sides. We're guests in the patients care, the primary care doctors are primary so we need to make sure our care makes sense when they leave the hospital. Leaving the hospital is what this is all about."

#### BECOMING A HOSPITALIST

Hibbs is an internal medicine doctor by training, which he said is where 90 percent of hospitalists come from, with the other usually coming from a family medicine background. Hibbs enjoys improving people's lives by solving puzzles with large amounts of data.

"You can't do that through sudoku," Hibbs said with a laugh, "but by looking at a set of information, if you can make a person's life better and that's very satisfying. That's the kind of thing that you thrive on in a hospital environment, regardless of your specialty training."

More HOSPITALIST | A3

### Group proposes fun center at bowling alley

By TONY BUHR  
staff writer

A group has approached the Kittitas County commissioners with a proposal to turn the former Rodeo City Bowl buildings into a family fun center.

Kittitas County Commissioner Obie O'Brien met with community members on Tuesday. Members of the Mel's Bowl and Fun Center Advisory Board have submitted a request to turn the Rodeo City Bowling Alley into the Mel's Bowl and Fun Center. Michael Burnett is the head sponsor of the project. The fun center would be an artist collective and is based off a fun center in Santa Fe, New Mexico, called Meow Wolf. It would be an "immersive and interactive" fun center, but still keep four to six bowling lanes. According to Meow Wolf's website, "Our work is a combination of jungle gym, haunted house, children's museum and immersive art exhibit. This unique fusion of art and entertainment gives audiences fictional worlds to explore."

Jennifer Hoyt, a supporter of the project, said the fun center would provide a much needed activity accessible to people of all ages.

"The need for more all-ages, year-round activities in our community was most definitely a catalyst for the board members," Hoyt said. "Since the bowling alley and Children's Activity Museum closed, the community has been at a loss for all-age options."

The county bought the bowling alley on Feb. 17, 2015 as part of its plan for the Kittitas Valley Event Center.

During the meeting O'Brien raised concerns that the project would not be self-sustaining and might go under like the Children's Activity Museum. A business like the fun center needed a community with a bigger population.

"This thing is never going to support itself. There just isn't enough interest in this," he said.

The county would be willing to give the project a chance, O'Brien said. It is interested in seeing a successful business in the space paying rent. As part of the lease the county would fix the roof and the parking. Since the business is keeping some of the bowling alleys it would not be required to put in a sprinkler system. The business could not sign a lease for longer than 10 years and the county would use the parking lot during fair. The county would like more details about how the business will be financed.

More CENTER | A5

### Trump blasts release of 2005 tax form, reporter's account

WASHINGTON, D.C. (AP) — President Donald Trump earned \$153 million and paid \$36.5 million in income taxes in 2005, paying a roughly 25 percent effective tax rate thanks to a tax he has since sought to eliminate, according to newly disclosed tax documents.

The pages from Trump's federal tax return show the real estate mogul also reported a business loss of \$103 million that year, although the documents don't provide detail. The forms show that Trump paid an effective tax rate of 24.5 percent, a figure well above the roughly 10 percent the average American taxpayer forges over each year, but below the 27.4 percent that taxpayers earning 1 million dollars a year average were paying at the time, according to data from the Congressional Joint Committee on Taxation.

The tax form was obtained by Pu-

litzer prize-winning journalist David Cay Johnston, who runs the website DCReport.org, and reported on MSNBC's "The Rachel Maddow Show." Johnston, who has long reported on tax issues, said he received the documents in the mail, unsolicited.

"Trump took to Twitter early Wednesday to cast doubt on Johnston's account."

"Does anybody really believe that a reporter, who nobody ever heard of, 'went to his mailbox' and found my tax returns? @NBCNews FAKE NEWS!"

Johnston, speaking to ABC's "Good Morning America" Wednesday, said it's entirely possible that he received the returns from Trump himself or someone close to him, saying, "Donald has a long history of leaking things about himself!"

More TRUMP | A3



President Donald Trump listens during a meeting on healthcare in the Roosevelt Room of the White House in Washington on March 13. MSNBC's Rachel Maddow host of "The Rachel Maddow Show" was at the center of the political media Tuesday with a story on Trump's tax returns propelled by social media.

AP/FILE

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Local news serving Ellensburg, Cle Elum, Roslyn, Kittitas, Easton, Suncadia and all of Kittitas County.





## LOCAL DIGEST

### Ellensburg robotic team headed to world championship

The Mount Stuart Elementary School robotics team needs help to make it the world championship competition in Louisville, Kentucky.

The fourth- and fifth-grade team won the state tournament match Saturday at Central Washington University. Both teams now qualify for the 2017 VEX Worlds — VEX IQ Challenge Elementary School Division April 23 to 25 and will be competing against teams from China, New Zealand, Columbia and Spain. But the teams need \$12,000 to go to the tournament.

People interested in donating to the robotics team can do so on their GoFundMe page at [www.gofundme.com/vex-world-robotics-championship](http://www.gofundme.com/vex-world-robotics-championship). The group has raised \$1,125 so far.

### Local band releasing album Saturday

Ellensburg band Cobrahawk is releasing its first album on Saturday, and will be previewing the record from 7-8 p.m. Thursday on 88.1 The Burg, according to a news release.

The band will be in studio to answer questions in between songs. The album will be available on all major digital distribution platforms.

### Public health recommends safety around flood waters

The Kittitas County Public Health Department wants to remind citizens to be safe around flood waters, according to a news release from the department.

Flood waters can lead to infectious diseases, chemical hazards and injuries, according to the Centers for Disease Control and Prevention. The public health department recommends people wear rubber boots, gloves and goggles while cleaning up flooded areas. After completing cleanup, people should wash clothing and hands, according to the public health department.

If residents' well heads were covered by flood waters the public health department recommends people do not consume the water until it has been tested. Instead residents should use bottled water until the water has been tested. Water testing bottles are available at the public health department from 9 a.m. to 5 p.m., Monday through Friday. Residents take the bottles home, fill them up and return them to public health between 9 a.m. and 11 a.m. to have the test returned the next day.

If people's wells are infected with bacterial, decontamination will be necessary, according to the public health department. The public health department can be contacted to find out about decontamination.

Staff reports

## County activates emergency operations for flooding

By TONY BUHR  
Staff writer

Flooding has continued in parts of Kittitas County and the Sheriff's Office has activated its emergency operations center even though waters have started to recede in Ellensburg.

The waters around the city of Ellensburg are starting to lower not raise, but roads remain closed, city of Ellensburg Government Relations Officer Margaret Reich said. Dolarway Road is closed from PWT Road to Railroad, Fifth Avenue is closed from Wenas Street to Dennis Street and Dennis Street is closed from First Avenue to Third Avenue.

The Kittitas County Sheriff's Office meanwhile has issued a level one emergency operations center activation in preparation for increased flooding. A level one activation is part of the county's emergency planning. It is the lowest activation level and is for short term and temporary hazards that can be handled using local resources.

"Right now we're really in mitigation and response mode," Kittitas County Undersheriff Clay Myers said.

The county is seeing water over the roadway on Thrall, Parke Creek Road and Reecer Creek Road, he said. Some of the roads have a bit of washout along the edges, but until the flooding is over the county won't

know the extent of the damage. The Sheriff's Office is asking motorists to be careful and not drive through moving water as the level of damage or danger may not be visible. Residents with water or septic system problems should contact the Sheriff's Office.

Residents who are experiencing flooding are encouraged to call KittCom at 925-8334. The city of Ellensburg has created sandbag stations at Wippel Park and Cascade Avenue near Dolarway and Kiwanis Park for citizens to use. The county has placed sandbag stations at the Western Village at the Kittitas County fairgrounds and the Shady Acres mobile home park, according to Sheriff's Office.

## Saddle up and learn



The cross cut competition, a demonstration and contest in the use of a cross cut saw, is one of the features at the Back Country Horsemen of Washington annual Rendezvous. The event is free and open to the public. These saws are used in designated wilderness areas for clearing trails when no motorized equipment is allowed.

### Back Country Horsemen Rendezvous celebrating 40th anniversary

By DAILY RECORD STAFF

The Annual Back Country Horsemen of Washington Rendezvous is celebrating its 40th anniversary this weekend at the Kittitas Valley Event Center, according to a news release.

The event runs March 17-19 with activities starting at 9 a.m. and running all day. A full schedule can be found online at

[www.bchww.org](http://www.bchww.org).

Some events include a packing clinic, a photo contest, a Dutch oven competition, a trailer class, a cross cut saw competition, a used tack sale and an auction, which raises money to expand the organizations programs.

New to the rendezvous this year is a ladies cross cut saw class from 9 a.m. to 1 p.m. on Saturday and a "truck and trailer"

rodeo, where participants will see how well they can load their horse into a trailer and maneuver through cones.

Speakers will give talks throughout the event on topics like ground work, horses and mules, trail safety and more.

The event is free and open to the public. Fees are only required for the Saturday catered dinner and on-site camping.

### Trump / from A1

He noted that the real question remains the sources of Trump's income, saying Trump doesn't want to know "who he's beholden to."

Trump's hefty business loss appears to be a continued benefit from his use of a tax loophole in the 1990s, which allowed him to deduct previous losses in future years. In 1995, Trump reported a loss of more than \$900 million, largely as a result of financial turmoil at his casinos.

Tax records obtained by The New York Times last year showed the losses were so large they could have allowed Trump to avoid paying taxes for up to 18 years. But Trump's 2005 filing shows that another tax prevented him from realizing the full benefit of those deductions.

The bulk of Trump's tax bill that year was due to the Alternative

Minimum Tax, a tax aimed at preventing high-income earners from paying minimal taxes.

The AMT requires many taxpayers to calculate their taxes twice — once under the rules for regular income tax and then again under AMT — and then pay the higher amount. Critics say the tax has ensnared more middle-class people than intended, raising what they owe the federal government each year.

Were it not for the AMT, Trump would have avoided all but a few million dollars of his 2005 tax bill. Trump's campaign website called for the end of the AMT, which is expected to bring in more than \$350 billion in revenues from 2016 to 2025.

As a candidate and as president, Trump has refused to release his tax returns, breaking a decades-long tradition. Although he initially promised to do so, he later claimed he was

under audit by the Internal Revenue Service and said his attorneys had advised against it — though experts and IRS officials said such audits don't bar taxpayers from releasing their returns.

The White House pushed back even before the release of the documents Tuesday night, saying that publishing the information was illegal.

"You know you are desperate for ratings when you are willing to violate the law to push a story about two pages of tax returns from over a decade ago," the White House said in a statement issued on condition that it be attributed to an anonymous official, although the president has decry the use of anonymous sources.

The unauthorized release or publishing of federal tax returns is a criminal offense, punishable by a fine of up to \$5,000 and up to five years in jail. But Maddow argued

that MSNBC was exercising its First Amendment right to publish information in the public interest.

Trump long insisted the American public wasn't interested in his returns and said little could be learned from them. But Trump's full returns would contain key details about things like his charitable giving, his income sources, the type of deductions he claimed, how much he earned from his assets and what strategies Trump used to reduce his tax bill.

The issue was a major point of attack from his election rival Hillary Clinton, who suggested Trump had something to hide.

The White House has not said whether the president plans to release his returns while he's in office. More than 1 million people have signed a White House petition urging the president to release them.

### Hospitalist / from A1

Noyes did her undergraduate studies at Central Washington University, majoring in biology and minorning in chemistry, before attending medical school at Pacific Northwest University in Yakima, where she was the first of the institution's first graduating class.

She met her husband, who is a third-generation Ellensburg resident, while at CWU and after stints in Montana and Arizona, ended up back at KVH — the same hospital that her husband was born in.

"I don't think many people get to say that," she said with a laugh.

Growing up in Enumac with a mom as a nurse, the plan was always to go to medical school. After switching from emergency medicine to internal medicine in her third year at PNWU, she eventually applied to several positions at KVH and got a job at the internal medicine clinic, and when a hospitalist position opened up, she

transitioned over.

When friends, family members or strangers ask Noyes to describe her job, she says that if you come to the emergency room and end up having to stay in the hospital, chances are

you are going to see her.

"We figure out what's going on and get you observed or admitted to our hospital," Noyes said. "Then on a day-to-day basis I see patients throughout the day."

KITTITAS VALLEY FIRE & RESCUE			
933-7231 (office) 933-7245 (fax)			
Chief John Sieder			
Between March 5, 2017 to March 11, 2017 Kittitas Valley Fire & Rescue personnel responded to the following number of emergency services:			
	2017 YTD	2016 FYD	TOTAL
Emergency Medical Services	64	608	
Out of County EMS Dispatch - Yakima-T. Lindholm-3	112	0	
Fire	3	95	
Hazmat	2	18	
Rescue	0	0	
<b>If you have a structure that you would like to demolish, please consider contacting Joe DeLoe at 933-7230 for possible financing.</b>	<b>WRECK TOTAL</b>	<b>2017 TOTAL</b>	<b>2017 TOTAL</b>
	74	711	785



## KVH Family Medicine - Ellensburg

Accepting new patients

Megan Power, ARNP



KVH Family Medicine - Ellensburg  
716 E. Main/Elba Avenue  
(509) 933-6777  
[www.kvhealthcare.org](http://www.kvhealthcare.org)

## CALENDAR

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

### TODAY, MARCH 15

- Al Anon Discovering Choices, noon, 306 N. Anderson St., Ellensburg
- Job Club, 12:30 p.m., WorkSource, 510 N. Pine St., Ellensburg
- Pinschke Card games, 1:30 p.m., Moose Club, Fourth Avenue and Water Street, Ellensburg
- Lenten Church Service, 5 p.m., Good Hope Lutheran Church, 1402 Brick Road, Ellensburg
- Masonic Stated Communication, 6:30 p.m., Ellensburg Masonic Lodge No. 39, Ellensburg
- Adult Children of Alcoholics and Dysfunctional Families, 6:30 p.m., 306 N. Anderson St., Ellensburg
- Kittitas School Board meeting, 7:30 p.m., Kittitas School District Board Room

### THURSDAY, MARCH 16

- Celebrate recovery, 6:30 p.m., Mercer Creek Church north building, Ellensburg
- Al Anon Literature for Progress, 7 p.m., 1st Presbyterian Church, 1307 E. Third Ave., Ellensburg
- Kittitas Audubon Society Monthly Program, 7 p.m., Hal Holmes Center, Ellensburg

### FRIDAY, MARCH 17

- Back Country Horsemen of Washington — Rendezvous and Convention, all day starting at 7 a.m., Kittitas Valley Event Center, Ellensburg
- Boulet Productions presents "The Wind in the Willows," 7 p.m., Calvary Chapel, 417 E. Railroad Ave., Cle Elum
- Community Volleyball, 7 p.m., Walter Strom Middle School Gym, Cle Elum
- Band of Lovers, 7 p.m., Old Skools, Ellensburg
- Line Dance Lessons, 8 p.m., Blue Rock Saloon, 404 N. Pine St., Ellensburg

### SATURDAY, MARCH 18

- Back Country Horsemen of Washington — Rendezvous and Convention, all day starting at 7 a.m., Kittitas Valley Event Center, Ellensburg
- Iron Horse Brewery Tour, 11 a.m., Production Facility, 1621 Vantage Hwy, Ellensburg
- Paint party, noon, Carpenter House Museum, 302 W. Third St., Cle Elum
- Iron Horse Brewery's St. Paddy Day Half K: The Pun Fun, 1 p.m., Ellensburg
- Student art walk, 2-5 p.m., downtown Roslyn
- Boulet Productions presents "The Wind in the Willows," 7 p.m., Calvary Chapel, 417 E. Railroad Ave., Cle Elum

### SUNDAY, MARCH 19

- Back Country Horsemen of Washington — Rendezvous and Convention, all day starting at 7 a.m., Kittitas Valley Event Center, Ellensburg

## BIRTHDAYS

Send birthday announcements before noon the day before the birthday. Just call 925-1414 or email [newsroom@kvnews.com](mailto:newsroom@kvnews.com).

### TODAY, MARCH 15

- Eva Calderon
- Joe Gehlen



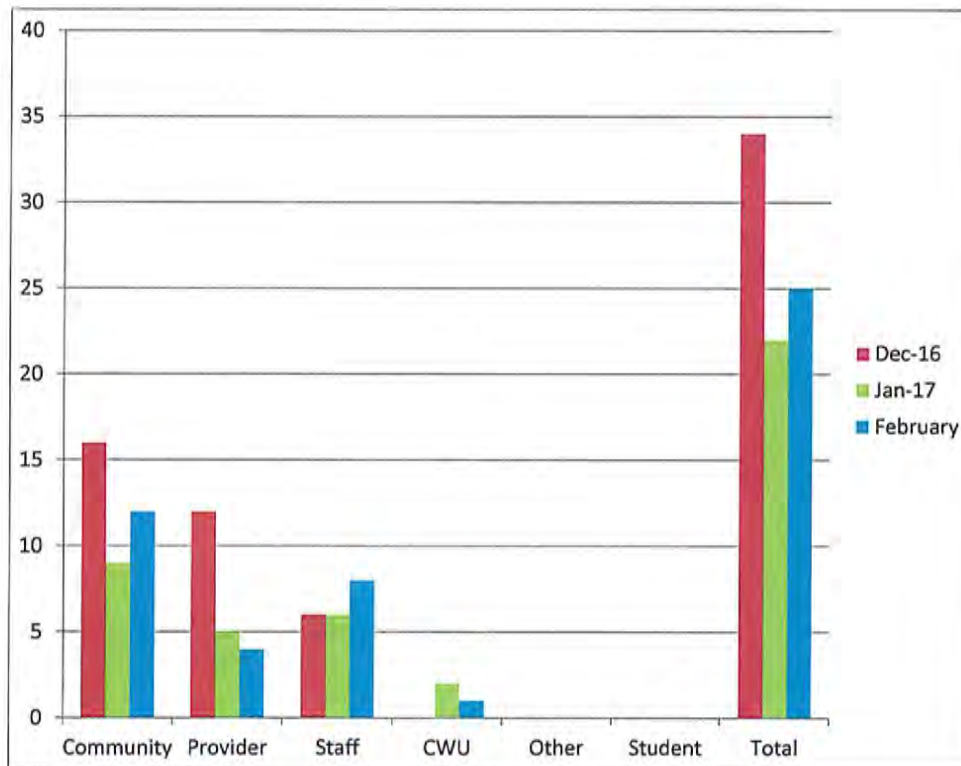
Kititas Valley Healthcare  
Community Health Library  
Monthly Patron Statistics

	January			February			March		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	45	21	9	34	35	12	50	32	
Provider	20	18	5	40	21	4	34	7	
Staff	43	12	6	56	24	8	41	14	
CWU	8	0	2	3	4	1	1	3	
Other	2	0	0	4	0	0	2	0	
Student	0	3	0	0	4	0	0	0	
Total	105	54	22	137	88	25	128	56	0

	May			June		
	2015	2016	2017	2015	2016	2017
Community	20	23		26	19	
Provider	26	9		30	2	
Staff	21	23		16	16	
CWU	1	0		1	0	
Other	2	0		1	0	
Student	2	0		0	0	
Total	72	55	0	74	37	0

	August			September			October			November		
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	32	22		32	21		23	26		16	14	
Provider	22	4		12	11		20	9		21	4	
Staff	25	18		19	24		12	25		26	38	
CWU	0	0		1	0		0	3		3	2	
Other	0	1		0	0		0	0		0	1	
Student	0	0		0	20		0	4		1	5	
Total	79	45	0	64	76	0	55	67	0	67	64	

	December		
	2015	2016	2017
Community	8	16	
Provider	35	12	
Staff	18	6	
CWU	3	0	
Other	0	0	
Student	0	0	
Total	64	34	0



### Community Health Library Databases - Number of Searches

Database Name		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
UpToDate	2015	1063	1165	1407	1112	1154	1742	1288	1655	1814	1654	2025	1772	17851
	2016	1451	1810	1706	1202	1523	1751	1880	2051	1436	1683	1877	1715	20085
	2017	1510	1773											3283
ClinicalKey	2015	156	110	163	217	263	99	186	68	79	207	140	132	1820
	2016	442	167	174	108	157	105	36	93	206	120	438	166	2212
	2017	91	160											251
ClinicalKey for Nurses	2015											48	85	133
	2016	255	61	69	34	46	69	14	22	38	24	46	10	688
	2017	N/A	N/A											
EBSCO Consumer Health Complete	2015	18	73	31	38	2	16	27	13	8	3	3	8	240
	2016	1	3	33	4	4	5	2	11	0	1	5	12	81
	2017	3	13											16
ProQuest	2015	14	15	0	0	1	1	3	2	1	1	1	0	39
	2016	13	14	2	3	0	2	0	2	1	4	4	15	60
	2017	20	N/A											20
New England Journal of Medicine Online	2016	0	31	29	54	19	25	42	17	24	72	20	60	393
	2017	37	N/A											37
<b>Patron Services</b>														
Articles & Newsletters Sent to Patrons & Providers	2015	8	36	10	28	4	15	6	2	64	48	71	43	287
	2016	42	117	50	52	41	16	32	34	30	65	40	28	547
	2017	33	2											33
Books Checked Out	2015	47	38	36	30	7	21	20	39	12	27	9	7	293
	2016	27	34	12	19	18	14	6	14	23	29	12	8	216
	2017	6	14											20
Inter-library Loan	2015								2			1		3
	2016	3	5	1	0	2	0	24	2	8	2	2	2	51
	2017	2	1											3

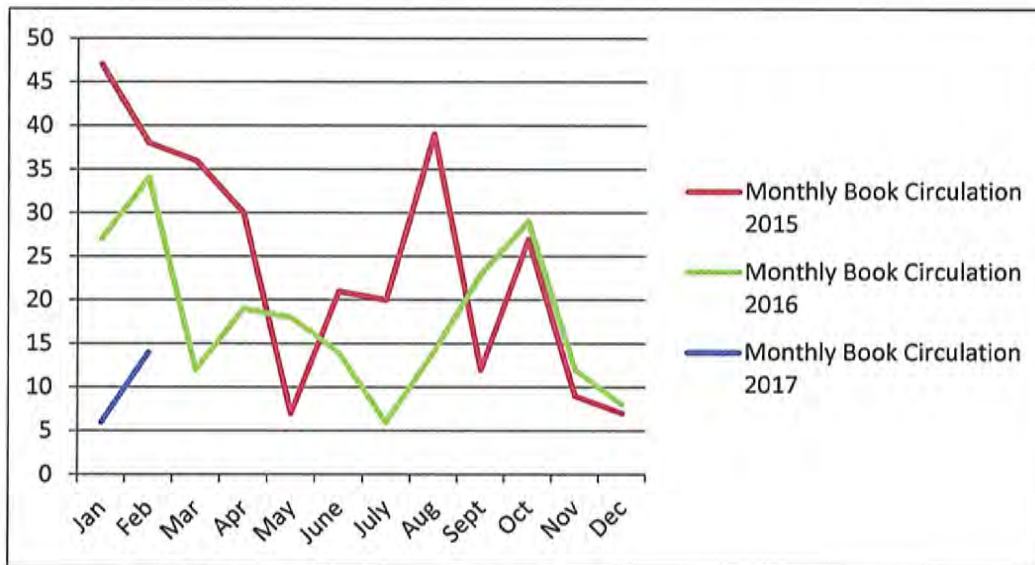
n/a = not available at the time this report was generated

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Monthly Book Circulation

	2014	2015	2016	2017				
Jan	21	47	27	6				
Feb	50	38	34	14				
Mar	18	36	12					
Apr	31	30	19					
May	13	7	18					
June	39	21	14					
July	32	20	6					
Aug	20	39	14					
Sept	17	12	23					
Oct	17	27	29					
Nov	19	9	12					
Dec	40	7	8					
YTD Total	317	293	216	20				



**Kittitas County Public Hospital District #1  
Kittitas Valley Healthcare**

**Board Meeting Evaluation Summary**

**March 30, 2017**

1. Rate the overall effectiveness of the meeting. (Rate questions 1-5 on a scale of 1 to 5 with 5 being the highest rating)

**Comments:**

2. Rate the clarity, cogency, and usefulness of the reports and information provided by staff and presenters.

**Comments:**

3. Was the ratio of discussion to reportage appropriate? (The Board has tried to reduce reportage and maximize discussion of issues.)

**Comments:**

4. Were you able to speak and have your points heard?

**Comments:**

5. What topics addressed needed more coverage/discussion?



6. What topics should be addressed in future?

7. Other comments or suggestions?