

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

**April 25, 2019**

**1. Call Regular Meeting to Order**

**2. Approval of Agenda \*\***

(Items to be pulled from the Consent Agenda) (1-2)

**3. Consent Agenda \*\***

- a. Minutes of Board Meetings: March 28, 2019 (3-6)
- b. Approval of Checks (7)
- c. Report: Foundation (8-9)
- d. Minutes: Finance Committee (10-11)
- e. Minutes: Quality Council: April 15, 2019 (12-14)

**4. Presentations:**

- a. Mandee Olsen, Director of Quality Improvement: Safe Catch Awards (15-16)
- b. Gayl Curtiss, Board Member of FISH & Peggy Morache, Executive Director of FISH: FISH Food Bank

**5. Public Comment and Announcements**

**6. Reports and Dashboards**

- a. Quality – Mandee Olsen, Director of Quality Improvement (17-25)
- c. Chief Executive Officer – Julie Petersen (26-28)
  - i. Staff Development – Carrie Youngblood
  - ii. Authorization for Public Works Project \*\* (29)
- d. Medical Staff
  - i. Chief of Staff, Timothy O'Brien MD
    - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment \*\* (30)
  - ii. Chief Medical Officer, Kevin Martin MD (31)
- e. Finance – Chief Financial Officer - Scott Olander
  - i. Operations Report (32-39)
  - ii. Finance Committee Report – Commissioner Liahna Armstrong
  - iii. Capital Expenditure Request: Eye Microscope and Phacoemulsification Machine for Cataract Surgery \*\* (40)
- e. Operations (41-46)
  - i. Vicky Machorro, Chief Nursing Officer
  - ii. Rhonda Holden, Chief Ancillary Officer
  - iii. Carrie Barr, Chief of Clinic Operations

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

- f. Community Relations Report – Michele Wurl, Director of Communications & Marketing **(47-48)**

**7. Education and Board Reports**

- a. Board Policies
- i. Regular Meeting Process **(49)**
  - ii. Commissioner Pledge Code of Conduct **(50)**
  - iii. Future: Board bylaws
- b. AHA Annual Meeting in Washington, D.C.

**8. Old Business**

**9. New Business**

**10. Executive Session**

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

**11. Adjournment**

**Future Meetings**

May 3, 2019, Special Meeting  
May 23, 2019, Regular Meeting  
June 23, 2019 Special Meeting  
June 27, 2019, Regular Meeting

**Future Agenda Items**

## KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

### BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B

March 28, 2019

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Mandee Olsen, Vicky Machorro, Rhonda Holden, Lisa Potter, Linda Navarre, and Ron Urlacher

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

1. At 5:00 p.m., President Matt Altman called the regular meeting to order. The Board observed a moment of silence in honor of Deputy Ryan Thompson.

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Presentations:**

Linda Navarre, Risk Management Coordinator and Compliance Officer, reviewed the 2018 Compliance Work Plan policy and procedures. Linda summarized the 2018 work of the Compliance Committee.

5. **Public Comment/Announcements:**

None

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Following up on her February Violence in the Work Place presentation, Olsen discussed the process for addressing noncompliant patients and aggressive visitors on KVH property. Olsen then went over the charter for the Patient and Family Advisory Council. It was agreed that Commissioner Libenow would represent the Commission on the newly formed committee and that Commissioner Armstrong would act as alternate. Commissioners will suggest potential PFAC members to Olsen.

**ACTION:** On motion of Roy Savoian and second of Erica Libenow, the Board members unanimously authorized approving the Patient and Family Advisory Council charter and volunteer job description.

**ACTION:** On motion of Erica Libenow and second of Bob Davis, the Board members unanimously authorized appointing Mandee Olsen and Carrie Barr as leaders of the Patient and Family Advisory Council.

Linda Navarre presented the 2019 Compliance Program. Julie Petersen stated that Cynthia Kelly has taken on the role of Privacy Officer to allow us to be more consistent in enforcing HIPAA.

The Board members reviewed the 2019 Compliance Work Plan with Linda Navarre. Navarre stated that a system-wide risk analysis has been completed and a report will be coming to the Board at a future meeting.

**ACTION:** On motion of Liahna Armstrong and second of Bob Davis, the Board members unanimously approved the 2019 Compliance Work Plan and the 2019 Compliance Program.

The Board members reviewed the CEO report with Julie Petersen.

Julie Petersen requested to delay the staff development presentation until the next Board meeting.

The Board members reviewed the Trustee Pledge Code of Conduct that was presented by Matt Altman. Board members will consider whether to institute such a pledge and will discuss it at the next Board meeting.

Vicky Machorro and Ron Urlacher presented a preliminary review of the Med/Surg/CCU nurse station remodel. The remodel would combine the Med/Surg and CCU nurse station into a single workspace allowing for greater efficiency and a space for telemetry monitoring without distraction.

Chief of Staff, Dr. Timothy O'Brien presented the MEC's recommendations for initial appointments and reappointments to the Board. Dr. O'Brien noted that the transition to MDIG Radiology is generating a high volume of initial appointments. Commissioner Armstrong requested that applications be discussed in Executive Session.

The Board members reviewed the Chief Medical Officer report.

Scott Olander reported on financial performance for February. Olander stated that February came in below budget by \$470,000. Liahna Armstrong reported that the Finance Committee met and discussed the remodel to suite C in the Mediplex. Commissioner Armstrong stated that the original estimate came in at \$25,436, but after closer inspection and identifying the needs of the potential renters, the new cost is estimated to be \$79,314.59.

The Board members reviewed the operations report with Vicky Machorro and Rhonda Holden.

The Board members reviewed the Community Relations report.

## **7. Education and Board Reports:**

Matt Altman and Julie Petersen will attend the American Hospital Association Annual meeting in Washington DC in April.

The Board will review the Regular Meeting Process (KVH policy) and will discuss whether to make changes at the next Board meeting.



**8. Old Business:**

The Board members reviewed the Dermatology service line with Lisa Potter. The Board requested a follow-up review in January of 2020.

**9. New Business:**

Julie Petersen requested to delay the four retirement and benefit related resolutions until the Benefit Advisory Committee (BAC) has had an opportunity to review them.

**10. Executive Session:**

At 8:00 pm, President Altman announced that there would be a 10-minute recess followed by a 60-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). Action was anticipated.

At 9:10 pm, the meeting was reconvened into open session.

**ACTION:** On motion of Erica Libenow and second of Liahna Armstrong, the Board members unanimously approved the initial appointment for Dr. Nathan Kemalyan, Dr. Noureldin Abdelhamid, Dr. Joshua Albrektson, Dr. Jeffrey Caverly, Dr. David Huang, Dr. Surender Kurapati, Dr. Lawrence Lareau, Dr. Steven Lis, Dr. Nghi Lu, Dr. Daniel Lucas, Dr. Kamiar Massrour, Dr. Louis Muscarella, Dr. Vinod Nigam, Dr. Jose Ospina, Dr. Robert Pallow, Dr. Atul Patel, Dr. Peter Piampiano, Dr. Peilin Reed, Dr. Robert Reuter, Dr. Juanito Villanueva, Dr. Alix Vincent and reappointments for Dr. Ada Cheung, Dr. Ginger Longo, Dr. Rajendra Suvarna, Dr. Dhawal Goradia, Dr. Dane Sandquist, Dr. Charles Westin, Reese Hosey, PA-C, Christine Ward, ARNP as recommended by the Medical Executive Committee.

**ACTION:** On motion of Bob Davis and second of Roy Savoian, the Board members approved additional privileges for Dr. June Bredin. The motion passed with one abstention.

**11. Adjournment:**

With no further action and business, the meeting was adjourned at 9:14 pm.

**CONCLUSIONS:**

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motion passed approving the Patient and Family Advisory Council charter and volunteer job description.
4. Motion passed appointing Mande Olsen and Carrie Barr as leaders of the Patient and Family Advisory Council.
5. Motion passed approving the 2019 Compliance Work Plan and the 2019 Compliance Program.
6. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.

Respectfully submitted,

Kyle West/Erica Libenow  
Medical Staff Coordinator/Secretary, Board of Commissioners

**DATE OF BOARD MEETING:** April 25, 2019

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

#1	AP CHECK NUMBERS	<u>252215-252850</u>	NET AMOUNT:	<u>\$4,681,685.10</u>
		SUB-TOTAL:		<u>\$4,681,685.10</u>

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

#1	PAYROLL CHECK NUMBERS	<u>81377-81387</u>	NET AMOUNT:	<u>\$14,336.27</u>
#2	PAYROLL CHECK NUMBERS	<u>81388-81396</u>	NET AMOUNT:	<u>\$12,838.26</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,112,053.48</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,087,177.55</u>
		SUB-TOTAL:		<u>\$2,226,405.56</u>

**TOTAL CHECKS & EFTs:** \$6,908,090.66

Prepared by



Sharoll Cummins  
Staff Accountant

## **THE FOUNDATION AT KVH – Lauren Denton**

**April 2019**

### **FOUNDATION**

#### **Special Events**

**16<sup>th</sup> Magical Evening... A Night of Hope** is Saturday April 27<sup>th</sup> and another full event expecting 300 guests in attendance. We look forward to you joining us at the Kittitas Valley Event Center with a semi-formal attire!

- Over \$6,000 in pre-event raffle tickets have been sold.
- Over \$5,000 in pre-event donations towards FAN 2019 of Birthing Beds
- Social media campaign is currently going on to raise awareness – stats on next page

### **GRANTS**

#### **Submitted**

- Sunderland Foundation- \$100,000 capital for Medical Arts Center – Healing Arts at KVH
- Alaska Airlines – \$15,000 for MA Apprenticeship Program at KVH
- National Center for Complex Care - \$10,000 for KCHN Health Commons project & host community forums

#### **Work in Progress**

- HRSA-19-018 Small Health Care Provider QI Program – \$200,000/3 years: Chronic Disease Management & Motivational Interviewing for KVH primary care clinics
- HRSA- Opioid Implementation up to \$1,000,000 for KCHN
- Continued collaboration with the KCHN on the HRSA grant and Olympic Communities of Health & South King County Opioid Treatment Health Commons IT project.

### **THANK YOU**

At the end of March I submitted my resignation. Although I have genuinely enjoyed my time here at KVH, my family will be taking on our next journey out of state. Please accept my deepest gratitude for you all in giving me an opportunity to work with the Foundation, KVH, and the community to make an impact on healthcare in Kittitas County.

A sincere and heartfelt thank you goes out to Ellensburg and the region for its support of the Foundation at KVH. Over the years, thousands of patients at KVH have benefitted from the funds raised by the Foundation. This wouldn't be possible without the community's support of it's nonprofit mission of advancing healthcare locally.



## Four April Facebook posts – 2 regular and 2 boosted.

### Post #1

**KVHO Kittitas Valley Healthcare**  
April 2 at 7:30 AM

Help us improve the patient experience for our newest of patients and their mothers.  
Give today at <https://www.kvhealthcare.org/give/>



478  
People Reached

25  
Engagements

Boost Post

Marlo Familton Willis, Kristin Shaw and 6 others

2 Shares

### Post #3 (currently running)

**KVHO Kittitas Valley Healthcare**  
April 15 at 7:30 AM

Our care team ensures women are comfortable and safe during the laboring process to welcome their new baby.  
Help us advance quality care here at your home for health. Give today at <https://www.kvhealthcare.org/give/>



440  
People Reached

15  
Engagements

Boost Post

Ryder DeFranco and Erica Monson Libenow

2 Shares

## Post #2, first boosted post (Future post #4 is also boosted, scheduled to post Thurs 4/25 @ 7 a.m. Features Trinity and Lisa Leonard.)

**KVHO Kittitas Valley Healthcare**  
April 10 at 7:30 AM

With over 300 births a year, we are committed to provide the best care to our newest patients and their birth mothers. Give today at [www.kvhealthcare.org/give](http://www.kvhealthcare.org/give)



KVHEALTHCARE.ORG

**Make A Gift - Donate Online**

Online Donations to The Foundation at KVH.

Learn More

**Your Ad Has a High Relevance Score**  
Great work! Your ad has an average relevance score of 7, which means it's getting more positive feedback and is costing less to deliver than most ads on Facebook.

1,117  
People Reached

44  
Engagements

Boost Again

Boosted on Apr 10, 2019  
By Kittitas Valley Healthcare

Completed

People  
Reached

791

Link Clicks

12

### Audience

This ad reached 791 people in your audience.

#### People

Placements

Locations



### Audience

This ad reached 791 people in your audience.

People

Placements

Locations

News Feed on Mobile Devices	719 (88.8%)
Messenger Inbox	39 (4.8%)
Marketplace on Mobile Devices	34 (4.2%)
News Feed on Desktop Computers	16 (2.0%)
Facebook Stories on Mobile Devices	2 (0.2%)



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

**April 23, 2019**  
*Tuesday*

**Café Conference Room  
7:30 A.M.**

**AGENDA**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: March 26, 2019**
- **March Financial Highlights**
- **Capital Expenditure Request**
  - **Eye Microscope and Phacoemulsification Machine for Cataract Surgery**
- **Adjourn**

**Next Meeting Scheduled: May 21, 2019 (*Tuesday*)**

Kittitas Valley Healthcare  
Finance Committee Meeting Minutes  
March 26, 2019

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

Members Excused: Julie Petersen

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

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

A motion was made to approve the agenda and minutes. Scott presented a revised agenda and a motion was made to approve the revised agenda and minutes. Both motions carried. An update was requested on the patient account statement status. Account statements have been sent and our staff are prepared to answer questions.

Scott Olander presented a financial overview of February. We had mixed results for the month. Inpatient census was high, yet the reimbursement expected will be reduced due to the boarder patients. Surgery procedures were less than budget for both inpatient and outpatient due to two and one half weeks without orthopedic coverage. ER visits were above budget for February. We implemented a leveling program on March 13, which reviews our ER level coding and charging. We expect to see an overall increase in reimbursement for ER services with this program. Other operating revenue was above budget due to amounts accrued for healthcare transformation funds from the GCACH (Greater Columbia Accountable Community of Health). We also received \$10,000 in grant funds for a physician coding project. Expenses were over budget due to a) staffing for patient census b) Rehab Visions for strong patient volumes and c) snow removal. This resulted in an operating loss of \$382,235 for the month and \$101,392 year to date. The net income was a loss of \$180,936 for the month and a gain of \$190,972 year to date. Days in Accounts Receivable remained at 89. We kept the coding company to the 160 hours per week and are reviewing proposals for the long term. Financial details were provided in the Chief Financial Officer's Report.

The committee reviewed the look back of nine months of activity of the dermatology line of service. The analysis will be presented at the Board of Commissioners meeting.

The committee reviewed and recommended the additional capital expenditures request for the Mediplex Suite C – Renovation go to the Board of Commissioners.

With no further business, the meeting was adjourned at 8:34am.

<b>Quality Improvement Council</b>	<b>MEETING MINUTES</b>	<b>April 15, 2019</b>
<b>Present:</b> Mandee Olsen, Michele Wurl, Dr. Martin, Judy Love, Carrie Barr, Scott Olander, Ron Urlacher, Jeff Yamada, Dr. O'Brien, Roy Savoian, Nasser Basmeh, Sophy – pharmacy student <b>Guests:</b> None <b>Recording Secretary:</b> Mandy Weed <b>Minutes Reviewed by:</b> Mandee Olsen		
<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION ITEM/ RESPONSIBLE PARTY</b>
<ul style="list-style-type: none"> <li>• Called to order</li> <li>• Agenda &amp; Minutes</li> </ul>	<p>The meeting was called to order by Roy at 3:00 pm.</p> <p>The agenda and minutes were approved as presented.</p>	
<b>Reports:</b>		
<ul style="list-style-type: none"> <li>• Infection Control Committee</li> </ul>	<p><b>Handouts:</b> None</p> <p><b>Discussion:</b> Julie reported out on the infection control meeting from last week. Julie showed the group the Cubby machine and stated it kills bacteria in less than a minute and said she would like to grow something in a petry dish to be able to show before and after it gets cleaned by the Cubby. Julie stated she has taken over observing for hand hygiene and is trying to observe sixty-four per month. Julie reported there have been three needle sticks year to date, two measles scares that resulted in standard work being developed and 96% of staff have been vaccinated for the flu. Julie stated the flu season has been a little later and more severe than last year. Julie stated there have been 128 positive influenza A, 1 influenza b and 619 have been tested at KVH. Julie also went over the work being done to continue to reduce surgical site infections and</p>	

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Quality Improvement Council Meeting Minutes

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	stated the antibiotic stewardship committee is focusing on fluoroquinolones.	
<ul style="list-style-type: none"> <li>QI Council Dashboard Review and Improvement update</li> </ul>	<p><b>Handouts:</b> QI Council Dashboards &amp; KVH Quality Improvement Council Dashboard Glossary</p> <p><b>Discussion:</b> Mandee went over the QI dashboards; stating one patient did not meet the sepsis measure, we are still below the median time benchmark for ECG and we have been conducting drills for stroke patients and continuing to find creative ways to ensure tPA is given timely.</p>	
<ul style="list-style-type: none"> <li>Patient Satisfaction Dashboard Review and Improvement update</li> </ul>	<p><b>Handouts:</b> Patient Satisfaction Dashboard</p> <p><b>Discussion:</b> Mandee went over the patient satisfaction dashboards. Mandee stated the target on all is the 75<sup>th</sup> percentile and there are dashboards where that is very hard to meet due to so many organizations having high scores and went over the types of surveys being done throughout KVH.</p>	
<ul style="list-style-type: none"> <li>Qualis Readmission data</li> </ul>	<p><b>Handouts:</b> Qualis Health report dated February 15, 2019</p> <p><b>Discussion:</b> Mandee stated one of the things that is a standard to review is readmission rates and this report is one of the best ways we monitor them for our Medicare patients. Scott commented it will be interesting to see if the swing bed program lowers our readmission rates.</p>	
<b>New Business</b>		
<ul style="list-style-type: none"> <li>Total Joint Process Improvement</li> </ul>	<p><b>Handouts:</b> Surgery Experience envelope with materials</p> <p><b>Discussion:</b> Mandee stated part of Quality is the improvement work</p>	Mandee will follow up with Matt Altman regarding possible

	<p>that comes out of it and last fall a group started on the total joint process improvement. Tanner stated this was a result of a patient reaching out that had a great surgical experience but had difficulty getting questions answered post discharge. Tanner reviewed the charter and the packet that was developed for patients with the help of the patient who had concerns. Bonnie stated each surgeon is able to put their own handouts on the packets with their own discharge instructions including phone numbers if the patient experiences any problems.</p> <p><b>Handouts:</b> None</p> <p><b>Discussion:</b> Nasser stated they have been working on standardizing their inpatient medication counseling for discharging patients to reduce the number of readmissions and to improve the patient's quality of care. Sophy went over the root causes being lack of communication, lack of accountability, and poor patient education. Sophy went over the solutions that they have come up with and the number of readmissions due to medications. Nasser stated there is further work that needs to be done to finalize the process, but that this is a good start for a smooth transition of care.</p>	Board presentation.
<ul style="list-style-type: none"> <li>Inpatient Medication Counseling</li> </ul>		
<ul style="list-style-type: none"> <li><b>Closing</b></li> </ul>		
<ul style="list-style-type: none"> <li>Adjourned at 4:37 pm</li> </ul>	Next meeting June 17, 2019 from 3:00 p.m.	



## SAFE Catch Awards and Nominations

4th Quarter 2018



### Clinical Award Nominations:

**Nominee: Veronica Herrera, Clinic Assistant-Family Medicine Ellensburg**

**Reason for Nomination:** Developing tools and education for correct vaccine administration

**Nominator: April Grant-Director of Nursing Clinics**

**Event:** Veronica is the vaccine coordinator at Family Medicine Ellensburg and recently took on additional responsibilities as the backup coordinator at Ellensburg Pediatrics. This flu season clinics received a different option for flu vaccine and there were some changes in rules for what could be administered to 6 months and older. Knowing this could be challenging for staff to grasp she monitored almost daily what was being given to patients. As soon as she realized there was an error made in which flu vaccine and dose was administered she quickly came up with a solution and made a large sign to put on the fridge for staff to refer to for the different options based on age. She also helped at Ellensburg pediatrics to identify the same concern and placed the same sign on the vaccine fridge in addition to placing post it notes in front of each vaccine so staff could see as they pulled it to give to patients. In addition she provided education to the pediatric nurses on the new recommendations so they were aware, which in turn prevented children getting turned away from receiving their flu shots.

*"She has been a huge help in in our vaccine management and is a valuable resource to all of us"-  
April Grant*



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

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

## SAFE Catch Awards and Nominations

4th Quarter 2018



### Non-Clinical Award Nominations:

**Nominee: Paige Caton, Patient Service Representative-Family Medicine Cle Elum**

**Reason for Nomination:** Following up on an uncomfortable feeling regarding a patient's safety

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

**Event:** Paige was communicating with a patient's caregiver when she started having an uncomfortable feeling. She discussed her concerns with her supervisor. She was directed to KVH's policy on Abuse and Neglect of a Vulnerable Adult. Paige took necessary steps to report her concerns in addition to discussing them with the patient's provider. Over the next couple months, Paige went above and beyond to ensure the patient and family had everything they needed to have the patient placed in a Safe Environment.

*"Her attention to detail, fearlessness and communication skills made her instrumental in ensuring this patient's safety"-Brenda Mineer*

**Nominee: McKenna Rouse, Housekeeping Aide-Environmental Services**

**Reason for Nomination:** Going above and beyond to ensure cleanliness in the operating room

**Nominator: Julie Hiersche, Infection Preventionist-Quality Assurance**

**Event:** McKenna always does an amazing job at cleaning the operating room suites and takes pride in doing everything right. McKenna is assigned to clean the exterior of the exhaust vents in the OR on a regular basis. While cleaning the face of the grills, she notices that the interior of the vents needed attention. There was visible dust and debris blocking the grill from the inside. McKenna immediately told the Surgery Director who brought it to the attention of engineering. The situation was rectified quickly. Because they were exhaust ducts, this was not an infection control risk, but it was enough to impede the air flow out of the rooms.

*"McKenna noticed something that wasn't right and instead of ignoring it as 'not her job' she acted on it!"-Julie Hiersche*



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

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- The catch led to front-line or just-in-time improvement



## **QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ**

**April 2019**

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

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

In the last month, our three sites, KVH Hospital, FM-E, and FM-CE, kicked off teams (that aligns with ACO work) to begin designing improvements to care. April 15<sup>th</sup> our “workbooks” were due to GCACH which document our work towards meeting milestones and eligibility for funds. GCACH has committed to the next disbursement of funds by May 15<sup>th</sup>, 2019.

### **Quality Leader Mentoring**

We had the pleasure of hosting a relatively new quality leader from Coulee Medical Center, Clinton Paslay, in April. We reviewed federal and state quality requirements, organizational quality structure, and how we coordinate the many quality activities throughout the day/week/month/year. Opportunities like this not only support the new leader and their organization, but benefit KVH with ongoing study of regulations, timely review of our programs, and increasing establishment of collegial and collaborative relationships. This has been the second visit this year from a rural leader to our department.

### **Quality Improvement Dashboard Data Summary – through February 2019**

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

- Time to CT and MRI for patients with stroke is below 30 minutes for the second month in a row. The new 30 minute goal is less than the 45 minutes used in 2018.
- Have seen excellent improvement in patients with hospice who are receiving one or two visits near the end of life. In general, the patients who did not receive visits were not expected to pass.
- There were no needlesticks or hospital acquired infections in the month of February.
- Clinic quality metrics for accountable care organization/MIPS reporting are off to a strong start in 2019.

#### **Summary of Improvement Opportunities**

- Emergency Department and Quality will be collaborating to focus improvement work on dysphagia (swallow) screening for patients with stroke symptoms. Nothing should be given to patients by mouth before their ability to swallow is assessed.

- Slight uptick in days to referral completion, especially at KVH Family Medicine – Cle Elum. Clinic flooding and staff turnover led to increased time to referrals.
- Looking to increase the number of Medicare Wellness Visits for patients who have Medicare, though we are outperforming many other organizations within our accountable care organization.

### **Patient Stories**

*"Thank you all so much for taking such great care of us during our long stay! We are so grateful for all you did for us. You are all amazing!"*

– Family of KVH Family Birthing Place patient

The patient came in when their appointment had actually been missed the day before. PA Jose Diaz fit her in:

*"Coming to the doctor's office isn't always fun and easy but Jose definitely made me feel like I was well taken care of and that it wasn't a scary place. I just broke down because I finally felt like I was being taken care of more than I ever have at any doctor's office I have ever been to."*

– Patient of KVH Family Medicine – Ellensburg

*"Thank you so much for all your help during the birth of our baby boy! Your team made us feel so welcome, supported, and at ease as new parents. Macy and Erin, you girls are so gifted at 'what you do'! The laughs through the process were so comforting and the support while pushing was so appreciated!! Thank you again to everyone for making this experience a positive one!"*

– Family of KVH Family Birthing Place patient

*"Thank you Labor and Delivery Team for all you did for our family! ...we couldn't have been more blessed or better cared for. We especially want to thank Katie, Kim, JohnniJean, Rozsika, Rosalynd, Jenn, and Maren for all you did for us, keeping us comfortable and safe. We appreciate you!"*

– Family of KVH Family Birthing Place patient

*"I feel like my time recently at KVH Physical Therapy has been life changing for me. I have had knee pain for 3 ½ years. I have tried physical therapy once before, I have seen an orthopedic specialist, and I have tried googling stuff myself. Nothing has quite worked until I gave physical therapy one more try. That's when I met Julie. She did a thorough evaluation, it was amazing what she could tell right off the bat about my muscles and weaknesses. One other thing... ...I have an ab separation... ...I am still working on... ...Julie has considered that in all my exercises that she has given me. The exercises that I am doing to help my knee are actually strengthening my core as well. This is a win win for me. I used to run all the time; I ran a 10K. I loved running*



*with my son in the stroller, getting fresh air. Now I have another son, he's 1. I just ran with him in the stroller outside... ..it felt amazing! I also took my 4 year old to the park the other day and we played tag, I did some squats, jumped playing with him and no pain. Normally my knee would start to hurt with any physical activity, but it didn't. This summer is going to be amazing. My boys and I are going to have so much fun being active. I thank Julie for that!"*

– KVH Physical Therapy patient

*"I am an employee of KVH and was a patient in the ER. I wanted to take the time to acknowledge the professional and caring service I received as a patient. The nursing staff was so great. The two RN's Jacob and Heather worked as a team to treat me and make me feel comfortable when I felt so bad. Dr. Romanko kept me informed at every step and checked in with me. At least several times, she explained all the testing but also listened to how I felt. When the CT staff came to get me, he was concerned for my comfort and safety. The nursing shift changed and I received consistent and caring service from Rachael. Dr. Romanko called me at home the following day to see how I was feeling. My experience was excellent and always felt I was in capable hands."*

– Patient of KVH Hospital Emergency Department

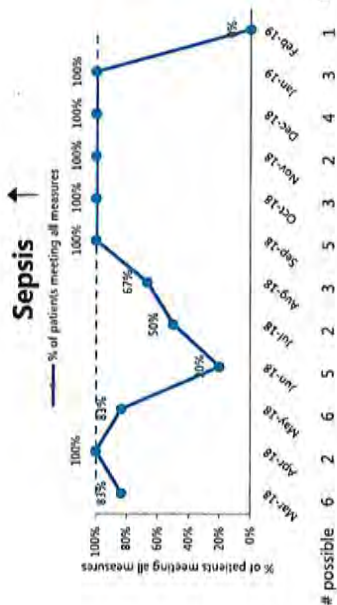
*"My sister, my wife, mom's husband, and myself [were] mom's primary caregivers during her last weeks on earth. We could not have given mom the level of care we did without the help of mom's hospice nurse, Chad Bearup. From the very first day we met Chad, he was able to meet us where we were emotionally... We are a family that asks questions, we wanted to know the why's of what we were doing, we wanted to know all the options in front of us, we wanted a lot [of] information. Chad never skipped a beat. From that very first week, until moms lasts days with us, Chad was nothing short of amazing."*

– Family of KVH Hospice patient

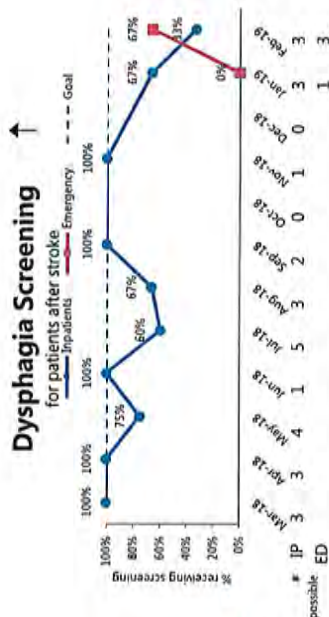


# QI Council

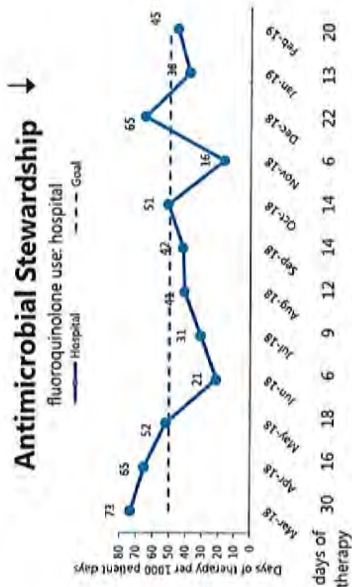
## Sepsis



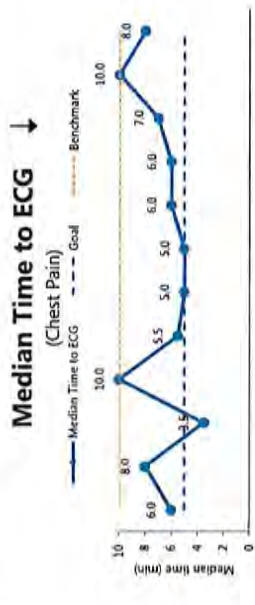
## Dysphagia Screening for patients after stroke



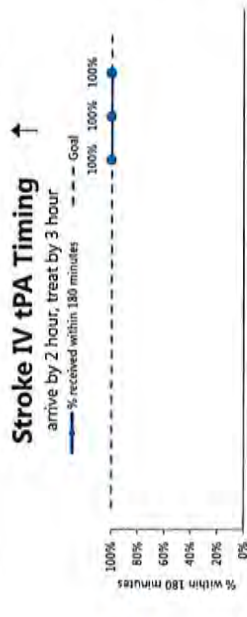
## Antimicrobial Stewardship



## Median Time to ECG (Chest Pain)



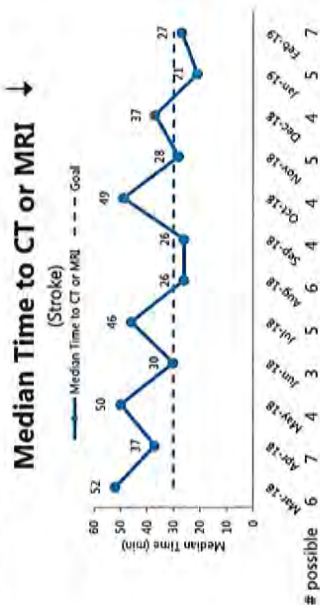
## Stroke IV tPA Timing



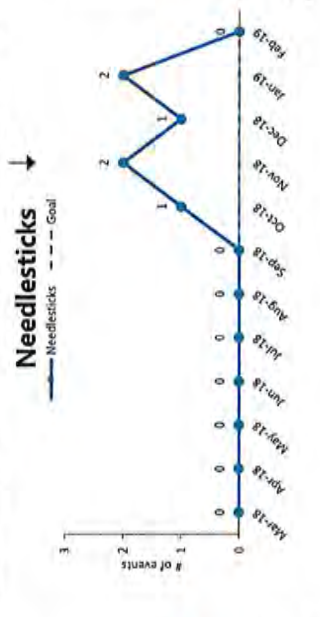
## Antimicrobial Stewardship



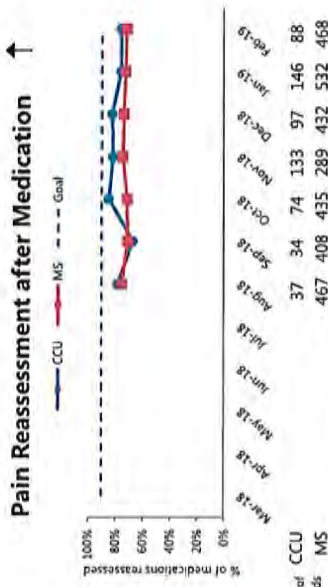
## Median Time to CT or MRI (Stroke)



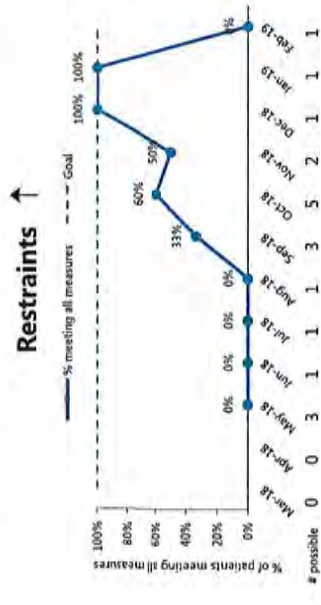
## Needlesticks



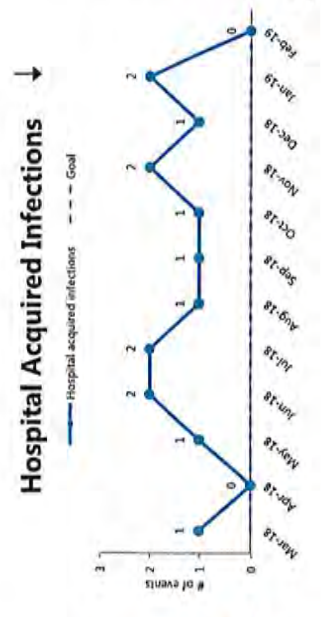
## Pain Reassessment after Medication



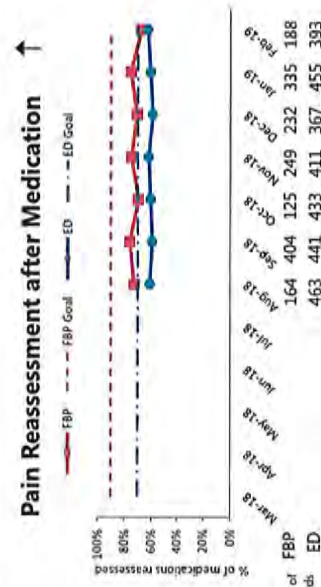
## Restraints



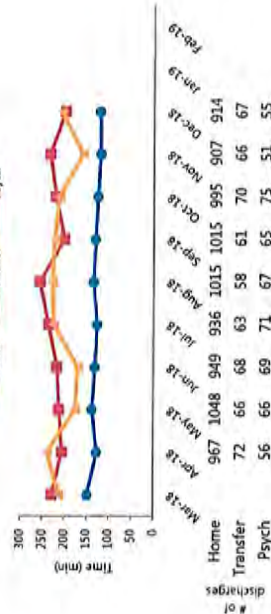
## Hospital Acquired Infections



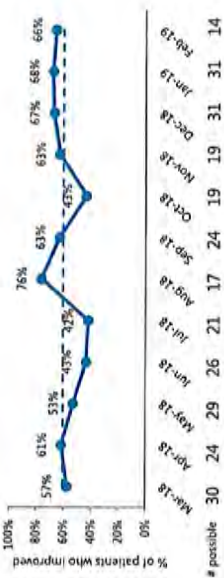
## Pain Reassessment after Medication



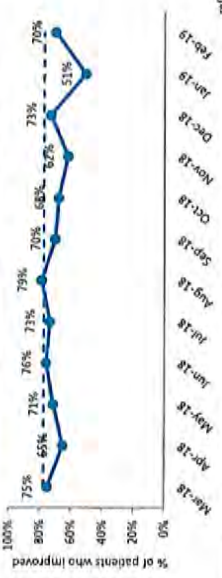
## ED Admit to Discharge Time



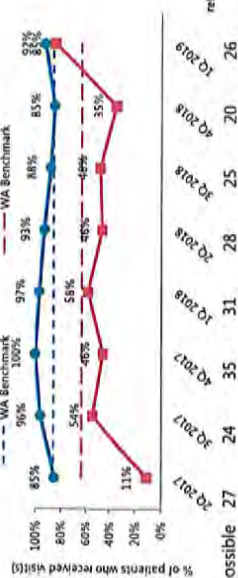
## Improvement in Management of Oral Medications (Home Health)



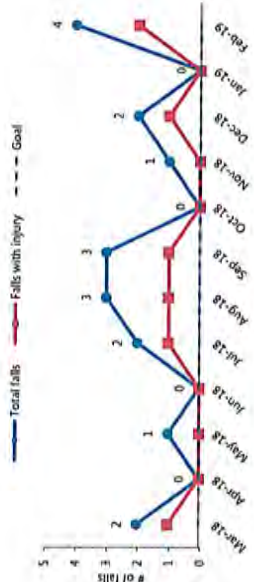
## Improvement in Pain Interfering with Activity (Home Health)



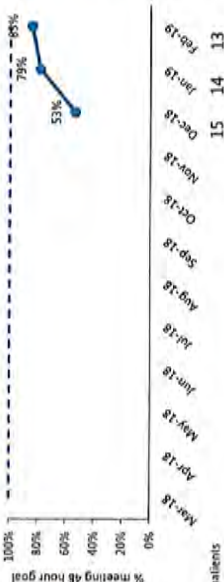
## Hospice Visits Near End of Life



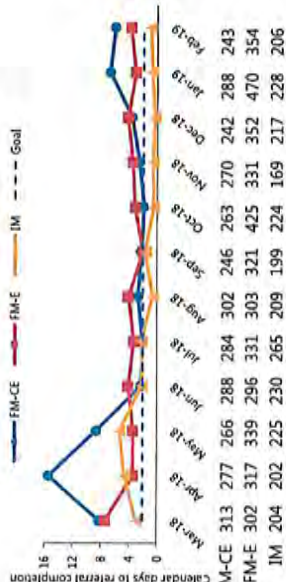
## Falls



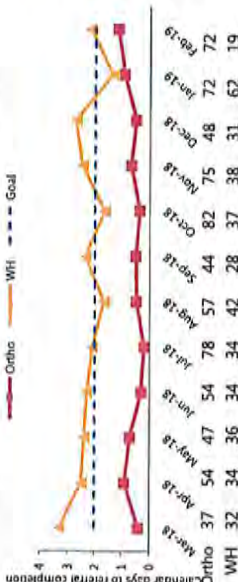
## Timely Start for Physical Therapy (Home Health)



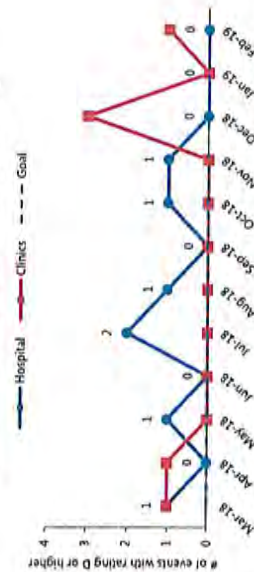
## Days to Referral Completion



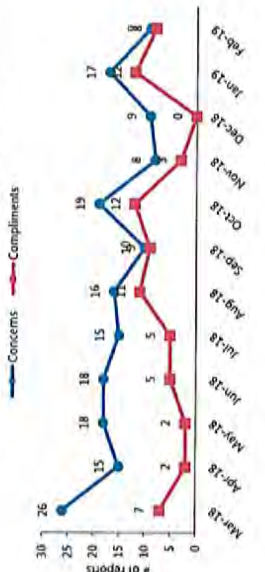
## Days to Referral Completion



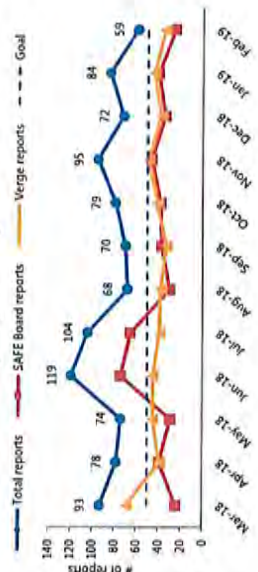
## Adverse Medication Events



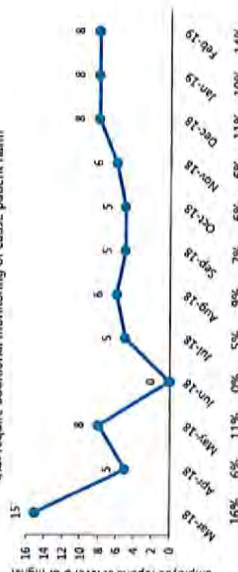
## Care and Service Reports



## Employee Reports

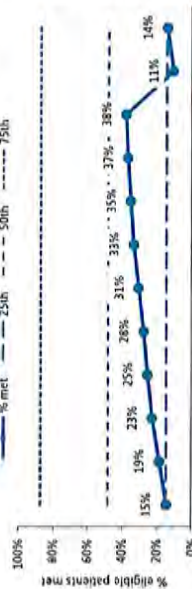


## Reports of Occurrences



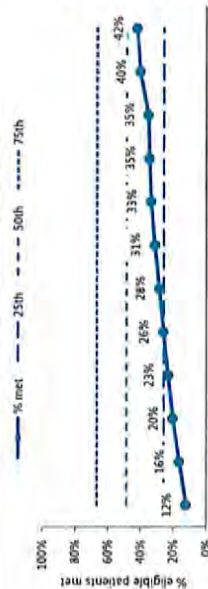


## Screening for Future Fall Risk ↑



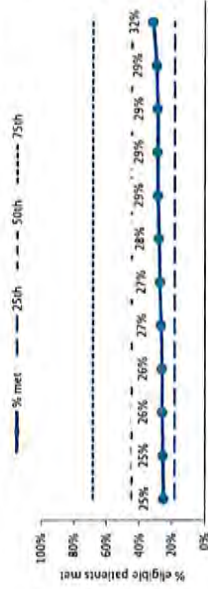
# possible 1204 2140 2809 3250 3672 4026 4219 4452 4650 4809 1393 2077

## Screening for Breast Cancer ↑



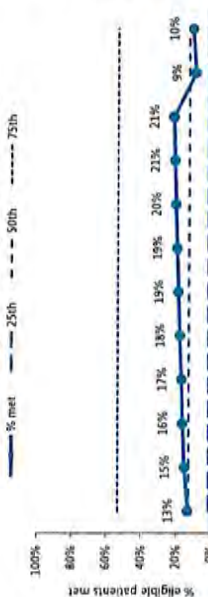
# possible 1046 1530 1935 2220 2496 2744 2908 3097 3270 3426 809 1242

## Screening for Colorectal Cancer ↑



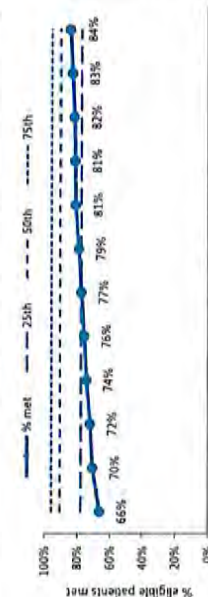
# possible 1978 2945 3656 4227 4759 5258 5580 5942 6259 6563 1583 2515

## Screening for Depression ↑



# possible 4256 6269 7828 9087 10324 11539 12229 13205 13975 14707 3485 5581

## Tobacco Use Screening and Intervention ↑



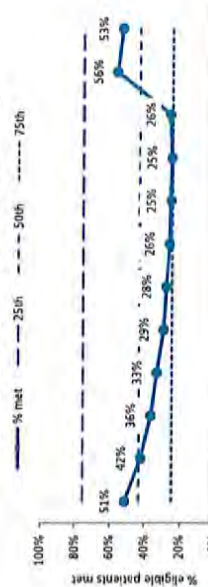
# possible 1206 2272 3409 4383 5310 6223 6891 7657 8107 8805 772 1765

## Influenza Immunization ↑



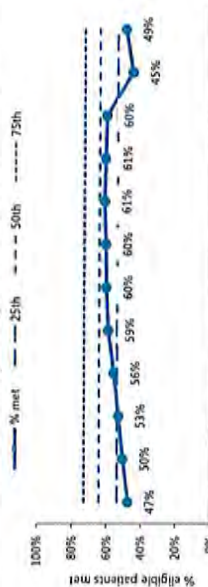
# possible 4614 4653 4667 4681 4694 4704 4714 4718 4726 4732 3788 6045

## Diabetes: Poor Control ↓



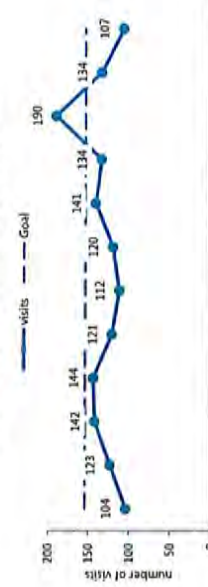
# possible 351 546 683 782 865 935 982 1046 1098 1152 298 465

## Controlling High Blood Pressure ↑



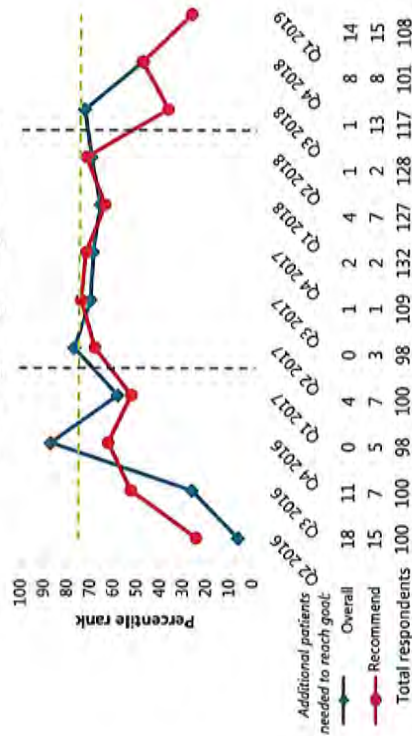
# possible 1153 1783 2270 2609 2771 2893 2969 3026 3089 3131 909 1433

## Medicare Wellness Visits ↑

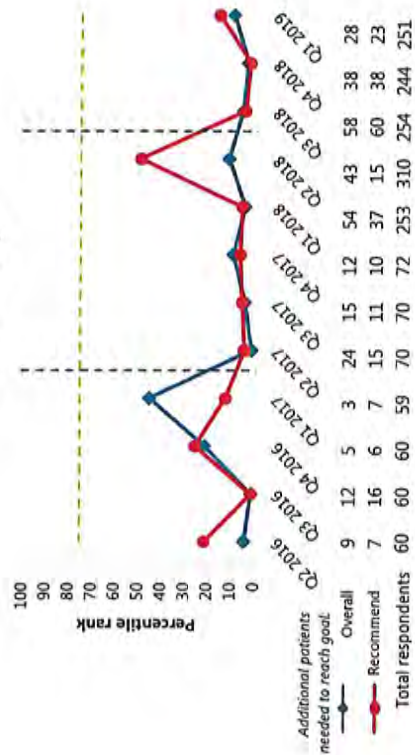


# Patient Satisfaction Dashboard

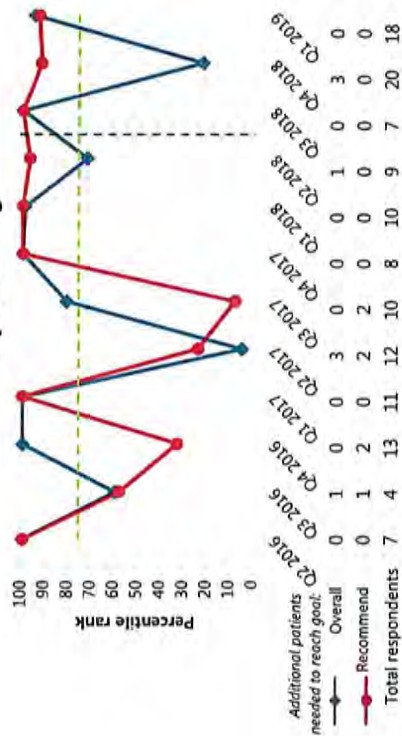
## Emergency Department



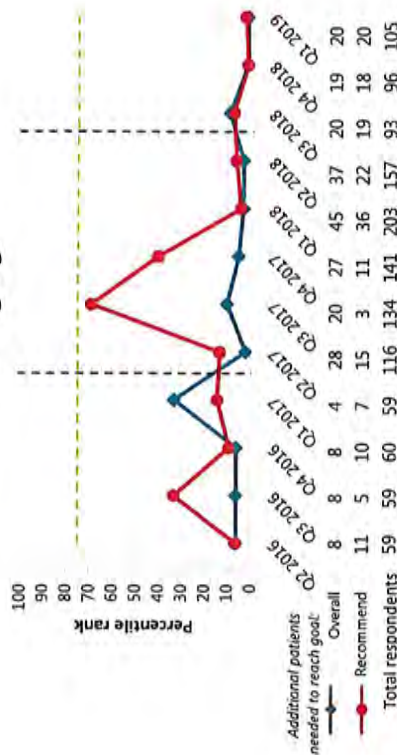
## Laboratory



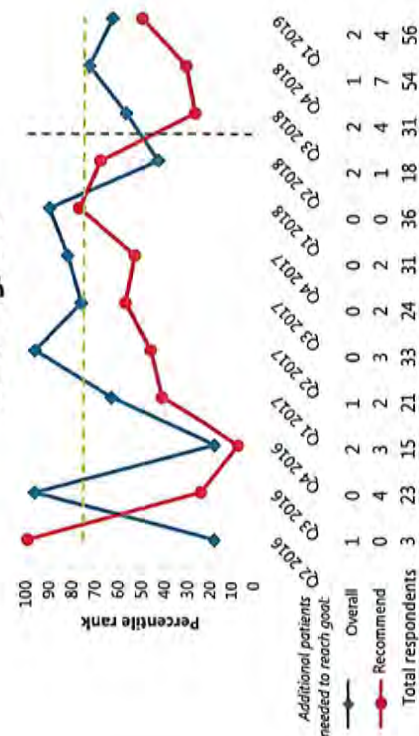
## Family Birthing



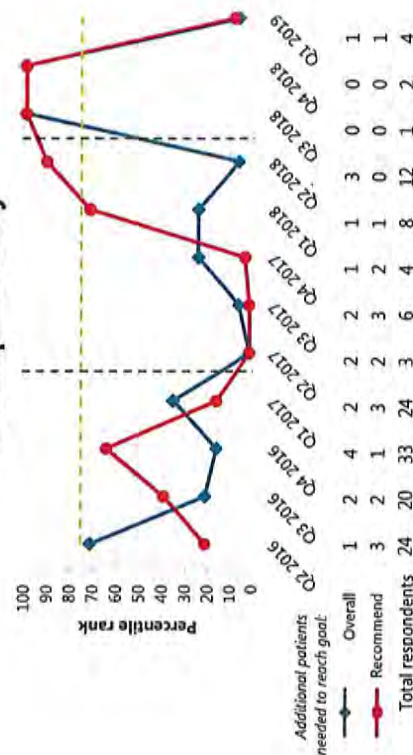
## Imaging



## MedSurg/CCU



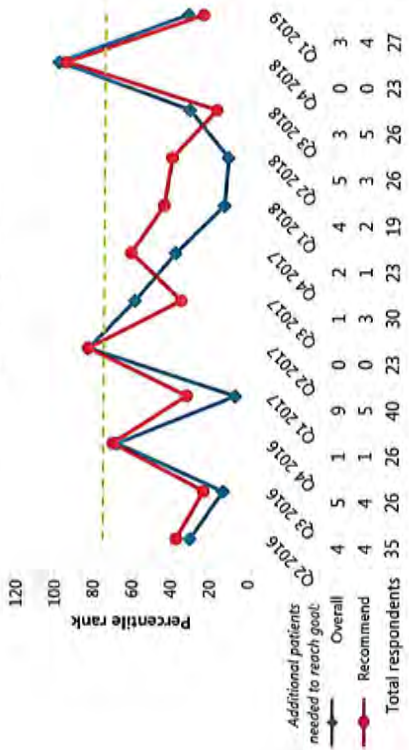
## Cardiopulmonary



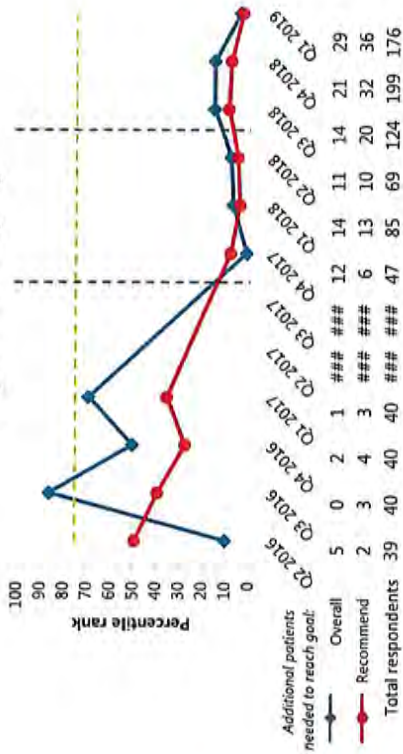


# Patient Satisfaction Dashboard

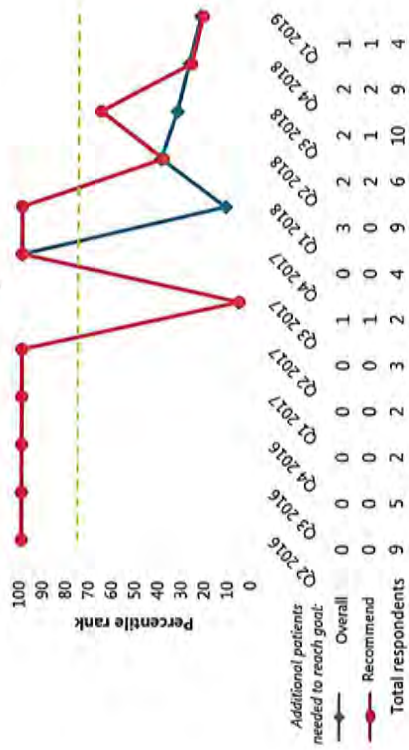
## Home Health



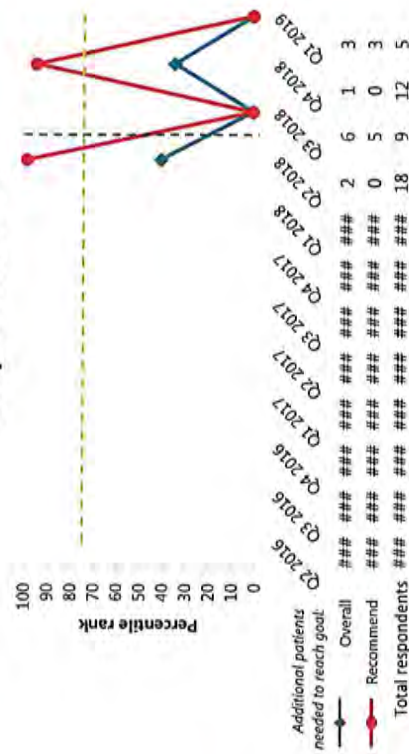
## Outpatient Surgery



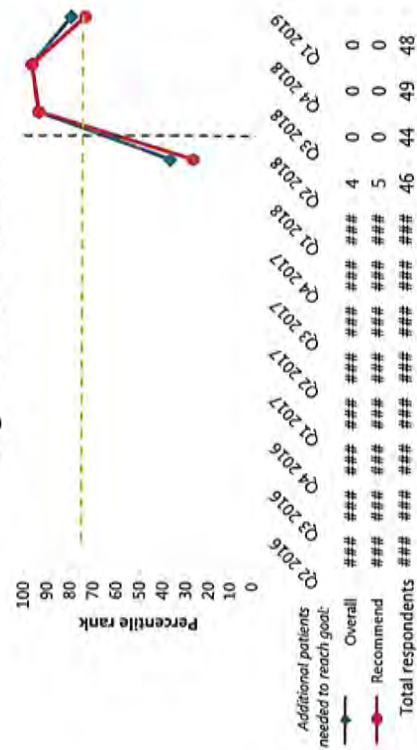
## Hospice



## Outpatient Rehab



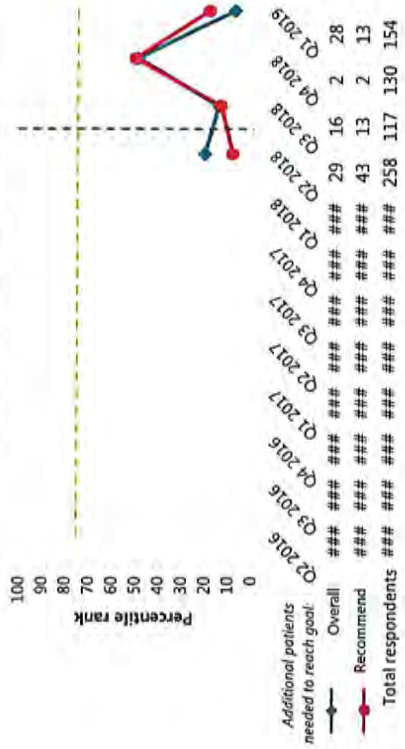
## Urgent Care - Cle Elum



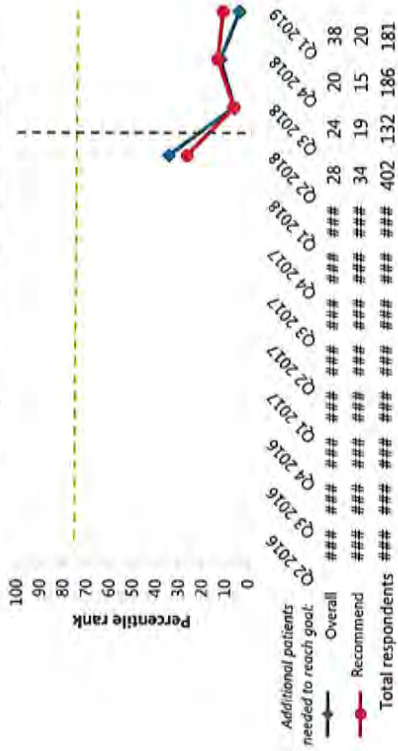


# Patient Satisfaction Dashboard

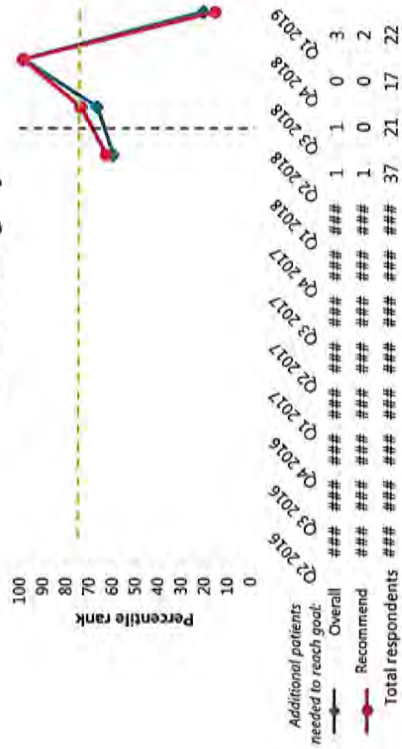
## Family Medicine - Cle Elum



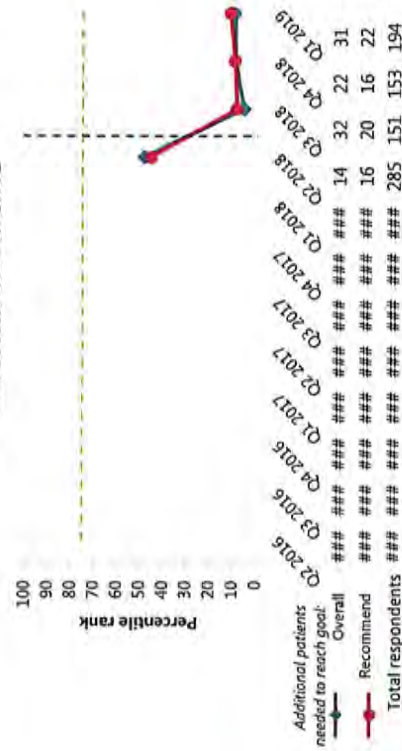
## Family Medicine - Ellensburg



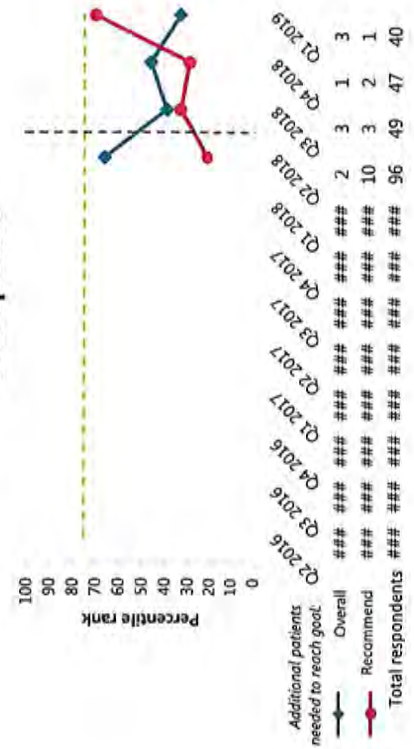
## General Surgery



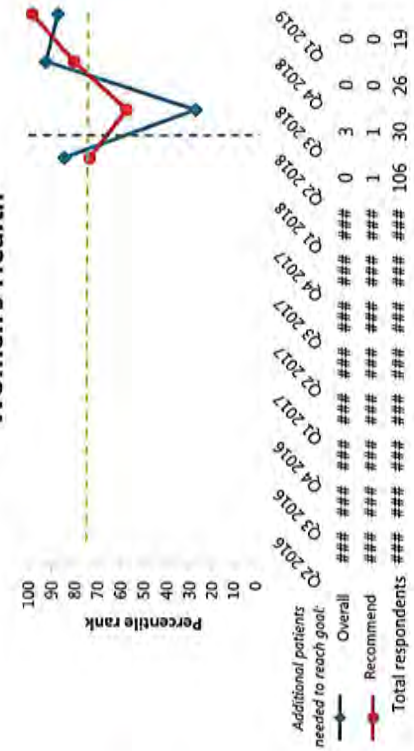
## Internal Medicine



## Orthopedics



## Women's Health



April 2019

**American Hospital Association Annual Meeting**

The pre-meeting sessions began on Sunday. I attended a session on optimizing the Board CEO relationship as well as a discussion about the future of rural healthcare. This was very much a national audience and I was struck by the general belief that any independent hospital, let alone a rural hospital, was a great risk of failure without a system sponsor. I don't believe that is the sentiment in Washington state but it seems to be generally understood by presenters and participants from the east coast and midwest. WSHA hosted a get together Sunday evening for the thirty or so Washington attendees. Providence, Peacehealth and Multicare were all well represented. Virginia Mason Seattle, Mason General, Confluence, Overlake and Olympic Medical Center were also present. The group consisted of trustees, executives and government relations people.

The Monday morning leadership breakfast featured Chuck Todd from Meet the Press talking about the 2020 elections and the state of politics today. Breakfast was followed by the opening plenary which included discussions with Eric Hargan, Deputy Secretary of Health and Human Services and Senator Roy Blunt a powerful member of the senate appropriations committee. I attended Tuesday's morning breakout sessions on post-acute care partnerships and drug pricing. In the afternoon Adam Boehler the Deputy Administrator for innovation and quality to speak on alternative payment models. Author and presidential historian John Meacham presented in the afternoon.

Tuesday morning's line up included Leader Mitch McConnell who spoke about the shortcomings of Medicare for all proposals which he called Medicare for none. Former HHS Secretary and current freshman congresswoman Donna Shalala sat down to debate policy with Representatives Mike Burgess and Richard Neal. Former Secretary of State, National Security Advisor and Chairman of the Joint Chiefs General Colin Powell was the keynote speaker.

My favorite line was delivered by Speaker of the House Nancy Pelosi who said "we must be persistent, dissatisfied and relentless."

**Capitol Hill Visits**

All ten of Washington's congressional districts were represented so we visited each member of our delegation. We had four primary issues to discuss: rejecting Medicare for all and focusing on universal coverage, surprise billing, site neutral payments and preserving rural healthcare. We through in 340b and drug pricing when time allowed.

On Tuesday afternoon we met with Senator Maria Cantwell. Senator Cantwell's office agrees with the assessment of the American Hospital Association team that 2019 is a year when there may be bipartisan will to make real changes to federal rural healthcare policy. As AHA described it, it is time to put their money where their mouth is.

Wednesday I met with Representative Derek Kilmer and our own Representative Kim Schrier. Dr. Schrier thanked us again for the tour of KVH and expressed her appreciation for the insights she gained into the challenges of rural healthcare.

We ended Wednesday with Senator Patty Murray who will be very influential in 340b and surprise billing.

**Construction Projects**

Speech and Occupational Therapy are seeing patients in their new location. Hospice Friends has settled into the location on 2<sup>nd</sup>.

**April 23 – Special Board Meeting**

I will see you for the special Board meeting at the MAC on April 23<sup>rd</sup>.



HR Dashboard

Measurement

Available workforce

	Rolling 12 Variance	15-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul	18-Jun	18-May	18-Apr	18-Mar
Full-time	20	370	364	370	368	366	365	361	350	351	345	353	351	350
Part-time	-6	131	133	132	135	130	133	135	134	134	139	139	139	137
Per Diem	9	101	104	104	103	104	100	97	95	92	90	91	91	92
Total Employees	23	602	601	606	606	600	598	593	579	577	574	583	581	579

Quality of recruitment and retention

Voluntary (excludes pd terms, includes reduction of FTE to pd)	Rolling 12 Total	119	6	8	6	12	7	9	4	17	8	16	8	10
Involuntary (excludes pd terms)		12	1	0	0	2	2	1	2	0	1	1	0	1
Overall Percentage (excludes pd terms, includes reduction of FTE to pd)		22.26%	1.16%	1.33%	0.99%	2.31%	1.50%	1.67%	1.01%	2.94%	1.56%	2.96%	1.37%	1.90%
Total All Employees Separated		136	8	7	7	10	7	13	7	17	13	16	12	11

Efficiency of sourcing, selecting and placing talent

Open Postings	Rolling 12 Total	199	6	11	10	17	12	14	15	37	13	14	14	23
Unique Applications Received		2260	161	167	99	174	179	242	248	224	192	133	135	169
Employees Hired		165	10	3	11	7	16	18	21	16	18	7	14	13
Time to Fill (Median)		39.65	25	26.5	28.5	38.5	43.5	45	45	44	45.5	37	44	44
Time to Fill (Average)		41.90	23.41	30.31	31.92	41.77	43.00	45.65	47.0	45.10	46.74	48.40	51.00	41.89

Efficiency of sourcing, selecting and placing talent

Open Postings	Rolling 12 Total	42	1	1	3	3	5	4	6	7	10	0	0	1
Open Slots		32	1	1	3	3	5	4	6	7	0	0	0	1
Unique Applications Received		31	0	0	1	1	1	3	5	5	7	1	7	0
Candidates Interviewed		29	0	3	2	1	2	6	2	0	4	2	4	2
Employees Hired		13	0	1	0	1	2	0	1	2	2	0	1	1
Time to Fill (Average)		304	486	486	238	238	210	132	132	645	367	151	377	336

Financial impact of adding talent

Workers Comp Claims	Rolling 12 Total	46	7	4	6	1	3	3	3	4	0	4	1	4
Time Loss Days		439	25	6	51	62	30	9	19	13	28	59	76	34
Employee Population on Medical Benefits (Average)		66.2%	65.8%	67.2%	66.3%	65.2%	66.0%	65.7%	65.4%	66.0%	66.7%	66.7%	67.1%	66.0%
Total cost in benefits per FTE - welfare (Average)		\$ 881.62	\$ 864.76	\$ 824.54	\$ 817.34	\$ 876.60	\$ 972.83	\$ 881.21	\$ 875.65	\$ 847.32	\$ 803.07	\$ 886.24	\$ 876.48	\$ 1,044.44
Total cost in benefits per FTE - total (Average)		\$ 1,840.03	\$ 1,931.69	\$ 1,902.52	\$ 1,855.42	\$ 2,061.65	\$ 1,884.46	\$ 1,665.97	\$ 1,768.48	\$ 1,822.56	\$ 1,407.69	\$ 1,856.06	\$ 1,997.11	\$ 1,961.73

Providing timely feedback to employee

Percentage of employees with completed annual evaluation	Total Percentage	88.9%	88.9%	88.5%	85.8%	87.7%	90.0%	83.1%	84.3%	86.6%	89.2%	92.8%	86.5%	87.2%
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# **Kittitas Valley Healthcare**

## **RESOLUTION 19-04**

### **Authorization of a Public Works Project**

A RESOLUTION of the Commission of Public Hospital District No. 1, Kittitas County, Washington, dba Kittitas Valley Healthcare (the “District”), authorizing the bidding of a public works project to remodel District facilities.

WHEREAS, the District owns facilities, hereinafter referred to as KVH Medical Arts Center (MAC), located at 100 E. Jackson Avenue, Ellensburg, WA 98926, which are needed for medical office space; and

WHEREAS, it is consistent with the purpose of Chapter 70.44 RCW, in the best interest of the District, and in furtherance of the District’s statutory obligation to provide facilities to meet the health care needs of District residents and other persons; and

WHEREAS, the renovation of the KVH Medical Arts Center, is a public works project in excess of \$300,000 and therefore, requires public bidding.

BE IT RESOLVED by the Commission of Public Hospital District No. 1, Kittitas County, Washington, as follows:

Based on the estimated cost of construction, the budget for the project is set at \$5,350,000 and the Administrator of the District is authorized to publish a notice requesting bids on the plans and specifications for the remodeling of the KVH Medical Arts Center. Bids for the project shall be publicly open and read at a date to be set in the bid notice. The contractor’s performance bond for the project is established at 100% of the awarded contract amount.

ADOPTED AND APPROVED by the Commission of Public Hospital District No. 1, Kittitas County, Washington, at a regular open public meeting thereof this 25<sup>th</sup> day of April, 2019, the following Commissioners being present and voting in favor of this resolution.

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Matt Altman, President

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Bob Davis, Vice-President

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Erica Libenow, Secretary

---

Liahna Armstrong, Commissioner

---

Roy Savoian, Commission



NOTIFICATION OF CREDENTIALS FILES  
FOR REVIEW

Date April 11, 2019

TO: Board of Commissioners  
Kevin Martin, MD

FROM: Kyle West  
Medical Staff Services

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

PRACTITIONER	STATUS	APT/REAPT	SITE
Jonathan Fish, MD	Provisional Active	Apt	KVH Hospitalist
Stephen Atkinson, MD	Provisional Associate	Apt	General Surgery Locum
Michael Breen, MD	Provisional Associate	Apt	MDIG
Jessika Dingwall, MD	Provisional Associate	Apt	MDIG
Jarret Kuo, MD	Provisional Associate	Apt	MDIG
David Madden, MD	Provisional Associate	Apt	MDIG
Joseph Morrell, MD	Provisional Associate	Apt	MDIG
Zandra Nocera, MD	Provisional Associate	Apt	MDIG
Justin Pham, MD	Provisional Associate	Apt	MDIG
Christin Reisenauer, MD	Provisional Associate	Apt	MDIG Onsite Locum
Ripp Smith, MD	Provisional Associate	Apt	MDIG Onsite Locum
Lon Welch, MD	Provisional Associate	Apt	MDIG Onsite Locum
Carissa Dahl, ARNP	Provisional AHP	Apt	KVH-FME
Gary Bos, MD	Active	Reapt	KVH Orthopedics
Jonathan Hibbs, MD	Active	Reapt	KVH Hospitalist
Mark Larson, MD	Active	Reapt	KVH-FME
Faisal Ahmed, MD	Associate	Reapt	Virginia Mason TeleStroke
Susan Oldenkamp, MD	Associate	Reapt	KVH-Dermatology
Aaron Long, ARNP	Allied Health Professional	Reapt	Family Health Care
Mary Nouwens, ARNP	Allied Health Professional	Reapt	KVH-Wound Care/GNP

## CHIEF MEDICAL OFFICER – Kevin Martin, MD

April 2019

### Medical Staff Services:

- Mitch Engel did not have any interviews or starts in March.
- Lisa Potter is working on a number of fronts. These include:
  - **Primary Projects:**
    - **Swing Bed Unit**
      - Dental provider has been secured. Dr. Joshua Kirk with Mountain View Dental Center has agreed to provide dental services for our swing bed patients should the need arise.
    - **Podiatry**
      - In process of reviewing reimbursement details and demand for service.
    - **Tele-Psychiatry**
      - We are still waiting to hear from Cerner on project costs associated with implementing tele-health. We have some information from two other hospitals using Cerner for this service, but both have indicated less than favorable financial returns.
    - **Pulmonary Rehab Program/Cardiopulmonary Rehab Option**
      - Lisa is reviewing regulatory requirements for both pulmonary and cardiac rehab to see whether offering both would be an option. With this, she continues to gather demand and reimbursement data for both programs, along with start-up costs.
  - **Ongoing Projects:**
    - **Referral Partner Research**
    - **Foundation at KVH presentations**
    - **Palliative Care**
- Kyle West is currently working on 13 initial appointments. Of those 2 are/will be KVH employees (Carissa Dahl and Jonathan Fish). 1 is a locum tenens general surgeon and 9 are through MDIG. There are 9 reappointments. We have a MedEx PA student rotating with Robert Merkel in Cle Elum from 4/15-8/19.

### CMO activities:

- **Community & Regional Partnerships**
  - Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). The Practice Transformation Workgroup met 1/3, and there has been no further meetings since. I attended the 3/21 Leadership Council meeting by phone. The meeting covered timelines for GCACH practice transformation work. We are receiving payments from GCACH to support our transformation work in our family medicine clinics and inpatient services.
  - The Evidence-Based Workshop was held March 29 & 30 and feedback was positive. In the coming weeks we will begin assessing the feasibility of another event next year.
- The Values Alignment Committee continues to have very interesting and useful meetings every other week.

Respectfully submitted,  
 Kevin Martin, MD  
 Chief Medical Officer



## CHIEF FINANCIAL OFFICER REPORT- Scott Olander, CFO

### March Operating Results

- March inpatient volumes were off slightly. Acute admissions were below budget by 2 admits. Inpatient days were below budget by 15 days or 6.5%. Births were below budget by 2 deliveries. Inpatient surgeries were below budget by 4 cases. Outpatient services in most instances had positive budget variances. Outpatient surgery minutes were over budget by 11.7% even though outpatient surgery cases were 2 procedures below budget. ER visits were over budget by 4% in March and YTD by 3.3%. The ER is a major driver of hospital admissions and ancillary revenue. 11.2% of the patients who come to the ER are admitted to a bed in ICU or Med/Surg. Over 80% of the admissions to the ICU and Med/Surg departments come through the ER. Rehab services exceeded budgeted revenue by 5.2% in March and by 11.6% YTD. The relocation of OT and Speech to the 309 Mountain View building in close proximity to Physical Therapy services at the 301 Mountain View building appears to be creating therapy synergy which is leading to additional patient volumes in OT/PT and Speech.
- Gross revenue of \$12,783,472 was above budget by \$39,288. March inpatient revenue tracked with lower admissions and patient days and was below budget by \$241,469. Outpatient revenue exceeded budget by \$285,694 and the clinics were just slightly below their budget target by \$4,937. YTD KVH has a positive revenue variance of \$331,883.
- Deductions from revenue exceeded budget by \$30,603 for the month. Contractual adjustments were greater than budget due to reserve increases related to growth in the hospital's gross accounts receivable balance. Gross accounts receivable increased \$1,954,410 from February. The hospital received a substantial settlement on an account previously written off in prior years which is the reason for the negative financial assistance expense.
- Other operating revenue was below budget due to a shortfall of rebates from the 340B drug program. Normally the hospital receives rebates of \$105K per month. In March the hospital received just \$70K in 340B rebates.
- Overall operating expenses were below budget by \$7,311 in March. The negative temporary labor variance was due to \$35k for echo tech and \$9k for a home health PT traveler. The home health PT position has now been filled. Benefits exceeded budget by \$49,622 due to higher FICA withholding expenses, and an accrual for pensions. KVH expects to receive a substantial worker's compensation credit from the WSHA workers compensation insurance pool that will offset some of the current negative benefit expense variance. The positive supply expenses variance of \$70,908 was due to the low



number of inpatient orthopedic surgery cases in March. The negative utility expense variance was due to two months of Verizon bills posting in March rather than one month and higher than expected electrical bills. The negative March purchased service expense was due to a \$67K payment to Cerner, a 50% down payment for an on-site Cerner consultant who will be helping the IT department to optimize Cerner over the next twelve months. For the most part, YTD expenses are tracking close to budget and when they are not, the variances are explainable.

- March operations resulted in an operating gain of \$116,430 compared to budgeted operating gain of \$123,988. YTD KVH is \$123,145 below our operating income target.
- Non-operating revenue/expense was below budget due to the payment of \$149,500 HRSA opioid response grant funds to the Kittitas County Health Network.
- Days in Accounts Receivable held steady at 89 days in March. Gross account receivable increased by \$1,954,410 in March. \$1.4 million of the increase is related to an increase in our coding backlog in HIM. KVH will be purchasing some additional coding hours to bring this backlog down which will result in a greater purchase service variance for HIM.
- Days Cash on Hand decreased 4.6 days to 122.0 in March from 126.6 in February. As we start to spend fund on the Medical Arts Clinic project the days cash on hand will decline substantially.
- Average daily cash collections (all cash) in March was \$332,137 per working day.



# Kittitas Valley Healthcare

## Financial and Operating Indicators

March 2019

Measure	2016	2017	2018	2019 Budget	2019 Annualized	2019 YTD
Total Charges	124,153,636	130,611,388	140,104,003	151,556,153	149,591,669	37,397,917
Net Revenue	71,506,819	71,490,964	77,527,646	82,594,255	80,543,804	20,135,951
Operating Income	(5,893)	885,655	(752,045)	2,013,073	60,149	15,037
Net Margin %	2.2%	3.7%	1.7%	3.2%	0.1%	0.1%
Cash	29,859,717	33,213,447	27,408,625	31,428,600	25,992,812	25,992,812
Days Cash on Hand	156.0	178.7	133.5	150.0	122.0	122.0
Surgeries	1,856	1,641	1,461	1,478	1,280	320
Emergency Visits	13,789	13,162	13,751	13,760	14,020	3,505
% ED visits admitted	n/a	n/a	n/a	n/a	10.8%	10.8%
Diagnostic Imaging	33,471	33,836	29,474	31,664	30,048	7,512
Laboratory	181,082	190,587	207,040	218,157	213,320	53,330
Clinic Visits	48,525	50,917	58,500	75,644	72,552	18,138
IP and Obs Days	3,937	3,440	3,829	3,801	4,508	1,127
Deliveries	312	322	332	332	356	89
Admits	1,043	899	944	952	988	247
FTEs	449.1	457.6	469.4	485.4	476.8	476.8
AR Days	47.5	50.8	92.0	60.0	89.0	89.0

# Kittitas Valley Healthcare

## Key Statistics and Indicators

March 2019

Activity Measures		Current Month			Year to Date			Prior YTD	
		Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01	Admissions	79	81	-2.3%	247	235	5.2%	288	-14.2% 01
02	Patient Days - W/O Newborn	211	226	-6.5%	735	655	12.2%	905	-18.8% 02
03	Avg Daily IP Census	6.8	7.3	-6.5%	8.2	7.3	12.2%	10.1	-18.8% 03
04	Average Length of Stay	2.7	2.8	-4.3%	3.0	2.8	6.6%	3.1	-5.3% 04
05	Deliveries	26	28	-7.8%	89	82	8.7%	88	1.1% 05
06	Case Mix Inpatient	1.24	1.00	23.5%	1.20	1.00	20.0%	1.07	12.1% 06
07	Surgery Minutes - Inpatient	2,242	3,018	-25.7%	9,380	8,761	7.1%	10,784	-13.0% 07
08	Surgery Minutes - Outpatient	7,549	6,759	11.7%	17,167	19,621	-12.5%	25,058	-31.5% 08
09	Surgery Procedures - Inpatient	19	23	-18.2%	72	67	6.8%	98	-26.5% 09
10	Surgery Procedures - Outpatient	100	102	-2.3%	248	297	-16.6%	399	-37.8% 10
11	ER Visits	1,215	1,169	4.0%	3,505	3,393	3.3%	3,513	-0.2% 11
12	Laboratory	18,423	18,528	-0.6%	53,330	53,792	-0.9%	63,305	-15.8% 12
13	Radiology Exams	2,540	2,689	-5.6%	7,512	7,808	-3.8%	8,811	-14.7% 13
14	Rehab Visit	1,490	1,416	5.2%	4,588	4,111	11.6%	4,299	6.7% 14
15	Outpatient Visits	NA	NA	NA	NA	NA	NA	NA	NA 15
16	Outpatient Percent of Total Revenue	87.9%	86.0%	2.2%	84.4%	86.0%	-1.9%	83.0%	1.7% 16
17	Clinic Visits	6,371	6,081	4.8%	18,138	17,787	2.0%	16,897	7.3% 17
18	Adjusted Patient Days	1,746	1,610	8.5%	4,715	4,682	0.7%	5,331	-11.6% 18
19	Equivalent Observation Days	131	97	35.0%	392	282	39.0%	312	25.9% 19
20	Avg Daily Obs Census	4.2	3.1	35.0%	4.4	3.1	39.0%	3.5	25.9% 20

### Financial Measures

21	Salaries as % of Operating Revenue	50.4%	51.1%	1.4%	50.8%	51.1%	0.7%	53.7%	5.4% 21
22	Total Labor as % of Operating Revenue	62.6%	62.6%	0.0%	63.5%	62.9%	-1.0%	66.7%	4.7% 22
23	Revenue Deduction %	47.6%	47.5%	-0.2%	48.8%	47.6%	-2.4%	46.0%	-6.1% 23
24	Operating Margin	1.7%	1.8%	-5.9%	0.1%	0.7%	-89.1%	-2.5%	-102.9% 24

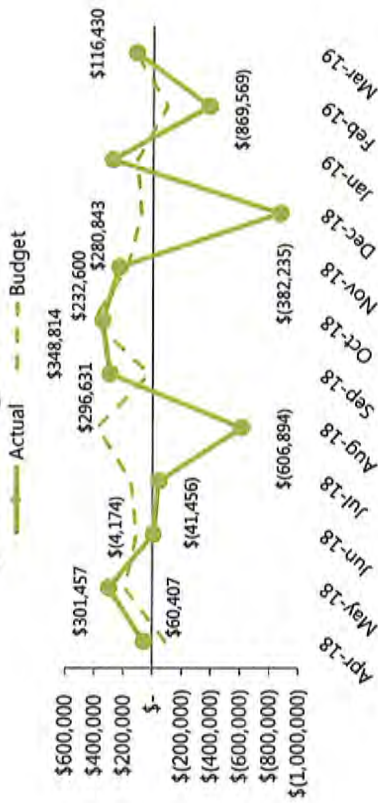
### Operating Measures

25	Productive FTE's	423.4	432.9	2.2%	420.8	432.9	2.8%	417.0	-0.9% 25
26	Non-Productive FTE's	50.0	52.5	4.8%	55.9	52.5	-6.6%	52.4	-6.7% 26
27	Paid FTE's	473.4	485.4	2.5%	476.8	485.4	1.8%	469.4	-1.6% 27
28	Operating Expense per Adj Pat Day	\$ 3,888	\$ 4,222	7.9%	\$ 4,268	\$ 4,263	-0.1%	\$ 3,567	-19.6% 28
29	Operating Revenue per Adj Pat Day	\$ 3,954	\$ 4,299	-8.0%	\$ 4,271	\$ 4,293	-0.5%	\$ 3,479	22.8% 29
30	A/R Days	89.0	50.0	-78.0%	89.0	50.0	-78.0%	69.0	-29.0% 30
31	Days Cash on Hand	122.0	175.0	-30.3%	122.0	175.0	-30.3%	136.5	-10.6% 31

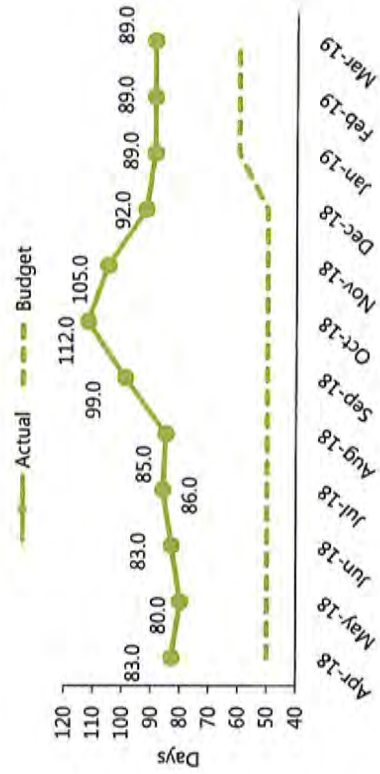


# Financial Sustainability

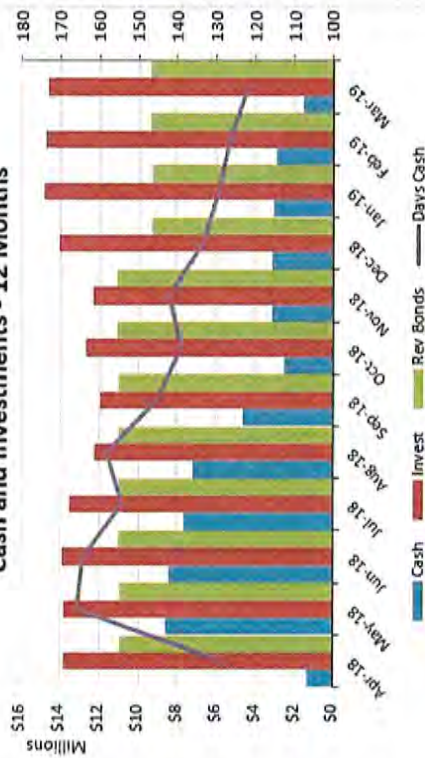
## Operating Income



## Accounts Receivable Days



## Cash and Investments - 12 Months



## Payer Mix

	CY 2017	CY 2018	YTD 2019
Medicare	40.47%	41.85%	41.69%
Medicaid	18.90%	18.45%	19.42%
Commercial	33.14%	32.03%	31.98%
Self Pay	4.31%	3.52%	2.58%
Other	3.18%	4.15%	4.33%

5

**Kittitas Valley Healthcare**  
**Statement of Revenue and Expense**

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	1,544,446	1,785,915	(241,469)	5,827,301	5,184,915	642,386	5,623,468
OUTPATIENT REVENUE	9,443,997	9,158,303	285,694	26,392,777	26,588,621	(195,844)	23,854,798
CLINIC REVENUE	1,795,029	1,799,967	(4,937)	5,177,839	5,292,499	(114,660)	3,649,938
<b>REVENUE</b>	<b>12,783,472</b>	<b>12,744,184</b>	<b>39,288</b>	<b>37,397,917</b>	<b>37,066,034</b>	<b>331,883</b>	<b>33,128,204</b>
CONTRACTUALS	5,834,509	5,651,337	183,172	17,149,977	16,460,396	689,581	14,029,256
PROVISION FOR BAD DEBTS	302,665	257,181	45,484	843,817	747,470	96,348	805,857
FINANCIAL ASSISTANCE	(151,206)	92,100	(243,305)	(45,595)	267,387	(312,982)	256,351
OTHER DEDUCTIONS	103,977	58,725	45,252	291,470	176,176	115,294	137,151
<b>DEDUCTIONS FROM REVENUE</b>	<b>6,089,946</b>	<b>6,059,343</b>	<b>30,603</b>	<b>18,239,669</b>	<b>17,651,428</b>	<b>588,241</b>	<b>15,228,614</b>
NET PATIENT SERVICE REVENUE	6,693,526	6,684,841	8,685	19,158,248	19,414,607	(256,358)	17,899,589
OTHER OPERATING REVENUE	212,479	236,034	(23,555)	977,703	685,259	292,444	647,681
<b>TOTAL OPERATING REVENUE</b>	<b>6,906,005</b>	<b>6,920,875</b>	<b>(14,870)</b>	<b>20,135,951</b>	<b>20,099,866</b>	<b>36,085</b>	<b>18,547,270</b>
SALARIES	3,482,799	3,539,569	(56,769)	10,224,405	10,276,167	(51,762)	9,959,929
TEMPORARY LABOR	48,306	9,695	38,612	93,250	29,084	64,167	126,925
BENEFITS	842,475	792,853	49,622	2,560,221	2,359,425	200,796	2,402,369
PROFESSIONAL FEES	33,606	55,541	(21,936)	124,829	161,218	(36,389)	148,567
SUPPLIES	714,200	785,108	(70,908)	2,156,261	2,282,482	(126,222)	2,304,653
UTILITIES	95,483	75,463	20,019	255,308	245,120	10,188	248,294
PURCHASED SERVICES	869,358	825,189	44,169	2,573,849	2,475,567	98,282	2,065,348
DEPRECIATION	322,549	342,061	(19,513)	939,908	1,026,184	(86,276)	700,747
RENTS AND LEASES	127,917	127,932	(15)	380,306	383,795	(3,489)	361,999
INSURANCE	29,824	39,575	(9,751)	182,406	118,725	63,681	120,762
LICENSES & TAXES	80,425	67,783	12,642	232,991	203,350	29,641	201,207
INTEREST	57,160	56,913	247	173,126	170,740	2,386	149,788
TRAVEL & EDUCATION	40,428	36,314	4,114	84,001	106,266	(22,265)	84,476
OTHER DIRECT	45,045	42,890	2,155	140,054	123,561	16,492	142,068
<b>EXPENSES</b>	<b>6,789,575</b>	<b>6,796,887</b>	<b>(7,311)</b>	<b>20,120,914</b>	<b>19,961,683</b>	<b>159,230</b>	<b>19,017,131</b>
<b>OPERATING INCOME (LOSS)</b>	<b>116,430</b>	<b>123,988</b>	<b>(7,559)</b>	<b>15,037</b>	<b>138,182</b>	<b>(123,145)</b>	<b>(469,861)</b>
OPERATING MARGIN	1.69%	1.79%	50.83%	0.07%	0.69%	-341.26%	-2.53%
NON-OPERATING REV/EXP	(63,825)	56,301	(120,126)	228,539	155,923	72,617	467,055
<b>NET INCOME (LOSS)</b>	<b>52,605</b>	<b>180,289</b>	<b>(127,684)</b>	<b>243,577</b>	<b>294,105</b>	<b>(50,529)</b>	<b>(2,806)</b>
<b>UNIT OPERATING INCOME</b>							
HOSPITAL	414,196	350,786	63,410	584,812	799,639	(214,826)	625,005
URGENT CARE	(64,865)	(6,147)	(58,718)	(158,393)	(19,589)	(138,805)	40,443
CLINICS	(256,572)	(270,999)	14,427	(490,075)	(782,865)	292,790	(1,352,643)
HOME CARE COMBINED	23,669	50,347	(26,678)	78,693	140,997	(62,304)	217,334
<b>OPERATING INCOME</b>	<b>116,430</b>	<b>123,988</b>	<b>(7,559)</b>	<b>15,037</b>	<b>138,182</b>	<b>(123,145)</b>	<b>(469,861)</b>



03/31/2019

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	1,560,354	3,142,430	(1,582,076)
ACCOUNTS RECEIVABLE	39,105,186	36,648,852	2,456,334
ALLOWANCE FOR CONTRACTUAL	(20,112,335)	(18,507,689)	(1,604,646)
THIRD PARTY RECEIVABLE	300	639,004	(638,704)
OTHER RECEIVABLES	263,286	788,227	(524,940)
INVENTORY	1,538,667	1,526,115	12,552
PREPAIDS	984,988	591,940	393,047
INVESTMENT FOR DEBT SVC	461,705	945,710	(484,006)
<b>CURRENT ASSETS</b>	<b>23,802,151</b>	<b>25,774,589</b>	<b>(1,972,438)</b>
INVESTMENTS	23,970,753	23,320,485	650,268
PLANT PROPERTY AND EQUIPMENT	77,407,641	79,180,803	(1,773,161)
ACCUMULATED DEPRECIATION	39,647,613	40,721,064	(1,073,451)
<b>NET PROPERTY, PLANT, &amp; EQUIP</b>	<b>37,760,028</b>	<b>38,459,738</b>	<b>(699,710)</b>
OTHER ASSETS	(0)	(0)	0
<b>NONCURRENT ASSETS</b>	<b>37,760,028</b>	<b>38,459,738</b>	<b>(699,710)</b>
<b>ASSETS</b>	<b>85,532,932</b>	<b>87,554,812</b>	<b>(2,021,880)</b>
ACCOUNTS PAYABLE	832,573	2,085,073	(1,252,500)
ACCRUED PAYROLL	241,458	1,046,722	(805,264)
ACCRUED BENEFITS	743,016	209,608	533,408
ACCRUED VACATION PAYABLE	1,661,821	1,678,465	(16,645)
THIRD PARTY PAYABLES	1,708,504	1,708,504	0
CURRENT PORTION OF LONG TERM DEBT	997,343	1,587,202	(589,859)
OTHER CURRENT LIABILITIES	0	0	0
<b>CURRENT LIABILITIES</b>	<b>6,184,715</b>	<b>8,315,575</b>	<b>(2,130,860)</b>
ACCRUED INTEREST	179,096	322,579	(143,482)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	6,736	0	6,736
DEFERRED REVENUE HOME HEALTH	118,354	116,204	2,149
<b>DEFERRED LIABILITIES</b>	<b>304,186</b>	<b>438,783</b>	<b>(134,597)</b>
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,989,839	13,399,698	(409,859)
LTD - 2018 REVENUE BOND	5,820,000	6,000,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,540,849	2,540,849	0
CURRENT PORTION OF LONG TERM DEBT CONTI	(997,343)	(1,587,202)	589,859
<b>LONG TERM DEBT</b>	<b>20,353,345</b>	<b>20,353,345</b>	<b>0</b>
<b>NONCURRENT LIABILITIES</b>	<b>20,657,531</b>	<b>20,792,128</b>	<b>(134,597)</b>
FUND BALANCE	58,447,109	58,447,109	0
NET REVENUE OVER EXPENSES	243,577	0	243,577
<b>FUND BALANCE</b>	<b>58,690,686</b>	<b>58,447,109</b>	<b>243,577</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>85,532,932</b>	<b>87,554,812</b>	<b>(2,021,880)</b>

# Kittitas Valley Healthcare

## Balance Sheet and Cash Flow

### Statement of Cash Flow

	CASH
NET BOOK INCOME	243,577
<b>ADD BACK NON-CASH EXPENSE</b>	
DEPRECIATION	(1,073,451)
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	(829,874)
<b>CHANGE IN CURRENT ASSETS ( \$ )</b>	
PATIENT ACCOUNTS	(851,689)
OTHER RECEIVABLES	1,163,644
INVENTORIES	(12,552)
PREPAID EXPENSES & DEPOSITS	(393,047)
INVESTMENT FOR DEBT SVC	484,006
<b>TOTAL CURRENT ASSETS</b>	<b>390,362</b>
INVESTMENTS	(650,268)
PROPERTY, PLANT, & EQUIP.	1,773,161
OTHER ASSETS	0
<b>TOTAL ASSETS</b>	<b>683,380</b>
<b>CHANGE IN CURRENT LIABILITIES ( \$ )</b>	
ACCOUNTS PAYABLE	(1,252,500)
ACCRUED SALARIES	(805,264)
ACCRUED EMPLOYEE BENEFITS	533,408
ACCRUED VACATIONS	(16,645)
COST REIMBURSEMENT PAYABLE	0
CURRENT MATURITIES OF LONG-TERM DEBT	(589,859)
CURRENT MATURITIES OF CAPITAL LEASES	0
<b>TOTAL CURRENT LIABILITIES</b>	<b>(2,130,860)</b>
<b>CHANGE IN OTHER LIABILITIES ( \$ )</b>	
ACCRUED INTEREST ON 1998, 1999 UTGO	(143,482)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	6,736
DEFERRED REVENUE - HOME HEALTH	2,149
<b>TOTAL OTHER LIABILITIES</b>	<b>(134,597)</b>
<b>CHANGE IN LT DEBT &amp; CAPITAL LEASES ( \$ )</b>	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(409,859)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	589,859
<b>TOTAL LONG-TERM DEBT &amp; LEASES</b>	<b>0</b>
<b>TOTAL LIABILITIES</b>	<b>(2,265,457)</b>
NET CHANGE IN CASH	(1,582,076)
BEGINNING CASH ON HAND	3,142,430
ENDING CASH ON HAND	1,560,354

**KITTITAS VALLEY HEALTHCARE  
Capital Expenditure Board Narrative**

**Requesting Department:** Surgical Outpatient

**Capital Item Requested:** Eye Microscope and Phacoemulsification Machine for Cataract Surgery

**Function of Project:** The phacoemulsification ultrasound probe delivers energy into the eye that is used to break up the cataract to facilitate emulsification and aspiration. It accomplishes this by vibrating at a fixed frequency.

**Reason Requested:** Cataract surgeries account for a large volume in Surgical Services. In 2018 Dr. Li performed 281 procedures. On an average day he may complete between 8-10 cataracts, upgrading our Phaco system should reduce each case by several minutes allowing us to complete more cases per day. The microscope makes using the Phaco machine possible. Without visualization of the surgical site, cataract surgery cannot be performed. We have had to cancel/reschedule 5 cataracts cases since mid-March due to microscope related issues.

**Budget:** \$82,600                      **Actual Cost:** \$157,035

**Submitted By:** Amy Krogstadt, Director – Surgical Services

**Date:** 04/25/19



**PATIENT CARE OPERATIONS**

- **Medical Surgical/ CCU:**

Staffing has finally leveled in these departments. There has been continual onboarding and orientation, but currently all positions are filled.

Plans for the re-model of the nurses' station continue. This will eliminate the need for 1 additional supply closet and 1 additional medication room. It will also allow more flexibility with staffing options and facilitate a more "team approach" to the care of MS and CCU patients.

Training for the new Phillips monitor upgrade is underway for nursing staff in all the departments.

The Swing Bed Program is nearly ready for implementation. Additional items to finalize are Physician order sets. Once these are completed, we will be able to test the work flows in Cerner.

- **Family Birthing Place:**

The Blue Band Initiative and Safe Sleep are initiatives that FBP is working on in collaboration with the Emergency department, KVFR, clinics, and the health department.

- **Emergency Department and Urgent Care:**

Urgent Care continues to see a rise in volume, many days this month they are seeing 20 patients in a shift. In addition, we have received multiple cards and flowers of thanks for being there for the Upper County community.

The Emergency Department took ownership of a new Telehealth camera and we are in the process of training staff and soon will be going live. This will allow us to interact with Virginia Mason on care for our acute stroke patients.

The Emergency Department was honored to be included in the hospital tour for Congresswoman Schrier on 3/23. It gave us an opportunity to speak of the great programs we have at KVH and the wonderful work we do every day despite the challenges that rural healthcare faces.

*Thank you, Vicky Machorro, Chief Nursing Officer*

## **ANCILLARY SERVICES OPERATIONS**

- **Home Health & Hospice:**

The Ellensburg Hospice Friends has moved into their new location at 302 E. 2<sup>nd</sup> Ave, the former KVH OT/ST location and they hosted an open house on April 10<sup>th</sup>. They continue to rent the Pasa House from HD2 to provide services in Cle Elum 2 days per week.

The DOH was onsite the week of April 15 to perform our unannounced State and CMS survey for Hospice.

- **Rehab Services:**

Join us for an open house for OT/ST at the 309 Annex from 4-6 PM on Tuesday May 7. Volumes for all Rehab Services remain strong. PT has been working to ensure they have timely evaluations of patients so that there is no delay in discharging a patient from KVH.

- **Diagnostic Services:**

We again have a large number of radiologists being brought forward for credentialing tonight, most are with MDIG. Leadership from MDIG met with our physician leadership and staff on April 9 to discuss workflow. We are working closely with MDIG and our IT department as we transition radiology groups on 4/22.

On 4/8/19 Medic One underwent a CLIA inspection by the DOH. This inspection reviews compliance with regulatory standards to ensure that we are providing high quality, reliable and accurate test results in these locations. KVH Lab provides oversight to Medic One point of care testing. Medic One performed well, with one citation for not measuring temperature and humidity inside the ambulance rig as a part of quality control.

- **Cardiopulmonary:**

We have a day shift and a night shift RRT traveler that started in April. We have offers out for night shift staff and are continuing to interview for day shift and per diem positions. Many kudos to Director Jim Allen for putting in so many extra hours to keep the department operational during this staffing shortage.

With Dr. Birger transitioning to a Hospitalist role, we are looking for the best way to continue offering Cardiac Event Monitoring to our community.

- **Hospital District 2:**

On April 11, several KVH leaders attended a luncheon on the Global to Local Program sponsored by the Kittitas County Health Network. The Global to Local Program focuses on identifying and overcoming barriers to basic health and economic resources. The Global to Local program has been quite successful in the Seattle area to improve access to preventative care and chronic disease management. A flyer with more information on the Global to Local program is included in your Board packet.

- **Swedish Specialty Services:**

On April 12 I received notification from Swedish that they are unable to provide specialty services or telemedicine in our FMC location. For that reason, they are requesting to break their lease with KVH for the space they are currently in.

*Thank you, Rhonda Holden, Chief Ancillary Officer*

## **CLINIC OPERATIONS**

- **Population Health:**

We are on our 3<sup>rd</sup> phone call with the ACO\* discussing population health. The concept is to focus on keeping our patients well and out of the hospital. In turn, the cost to the patient should reduce as they are only paying clinic visits instead of an admission.

With our Medicare Wellness visits, we have provided education to all staff. An article Dr. Larson found published in a recent journal depicted the benefits of Medicare Wellness visits. I felt it important to share with all staff as our patients discuss these topics with the front desk staff just as much as they do with the providers.

Chronic care management work has begun. We have a team of people, who have mapped out the process and have identified the work we need to complete. To be a qualified patient, they have to have 2 or more chronic conditions. The nurse needs a tracking system in place as he/she will need to be in contact and working with the patient for 20 minutes per month.

*\*ACO- Accountable Care Organization*

- **Recognition:**

Washington Association of Community & Migrant Health Centers (WACMHC) is the organization we are partnered with for our MA apprenticeship program. WACMHC has recognized one of our first apprentices, Alisha Liedtke, as having exceptional leadership skill. Alisha has been asked to be a part of their committee to assist other apprentices as a mentor.

- **Distinguished Young Women:**

Distinguished Young Women of Ellensburg is part of a national scholarship program that promotes and rewards scholarship, leadership and talent. I am working with Dr. Elise Herman on interviewing skills for these young women. A group of us met with 9 young



ladies in the community to assist them in being comfortable, poised and confident when being interviewed and interacting with adults. These ladies then will go in front of a panel of judges on April 27<sup>th</sup>.

- **Construction update:**

Family Medicine Cle Elum is still under construction. Carpet and casework is being completed. As soon as this is done we will be able to move in all the equipment and supplies. At the time of this report we are hoping for a completion date of April 26<sup>th</sup>. We will be conducting a “hard hat” party for the staff at this clinic as they have been patient during this intense construction period.

- **Dashboard:**

You will notice the drastic decline on third available appointments for new patients (which is a good thing) at Women’s Health and I wanted to explain. We brought in Dr. Andrew Thomas (from Family Medicine Cle Elum) to assist with the demand as well as adjusted Dr. Herman, Teresa Beckett and Emilie Torretta schedules.

There is also an increase on third available appointments for established patients at Family Medicine Cle Elum. This happens on the chart at the same time as the water incident. We have seen an impact in the volume of patients we are able to see in about 15% of an operational clinic.

I have also raised the target of new patients from 300 per month to 350 per month. As you can see we have been exceeding this new patient volume each month for the past year.

- **Autologous Conditioned Plasma/Platelet Rich Plasma (PRP) injection:**

At Orthopedics, we are introducing a new therapy injection called ACP/PRP. This is a non-surgical treatment for joint pain. The service will be offered as in-office procedure. This provides a non-surgical option when other routine treatments have failed. Currently, we have not found an insurance company who will cover this cost however, we have patients wanting to pay at the time of service. Our first patient will be on April 16<sup>th</sup> and the full cost is \$300 per injection.

- **Meditation and Mindfulness:**

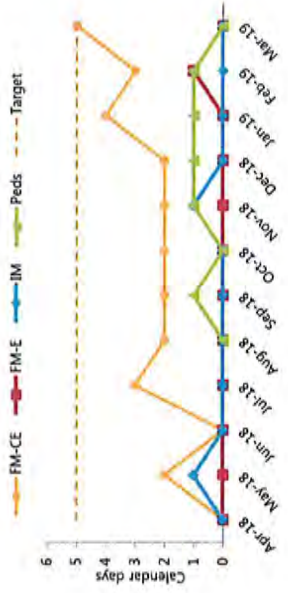
Anita Schiltz, NP at Internal Medicine will be leading participants through a 30 minute meditation in May. The meditation practice she will present is called iRest. The meditation mindset is to assist in achieving a sense of mindfulness. The target is to assist patients with conditions including chronic pain, sleep problems, depression and

anxiety. In conducting a trial session, I can report this is the best results of a meditative state I have experienced. I am certain the community will appreciate the calmness and focused approach Anita will bring to this session.

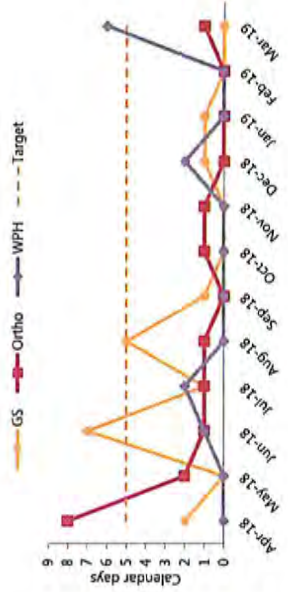
*Thank you, Carrie Barr, Chief of Clinic Operations*

# Clinic Operations Dashboard

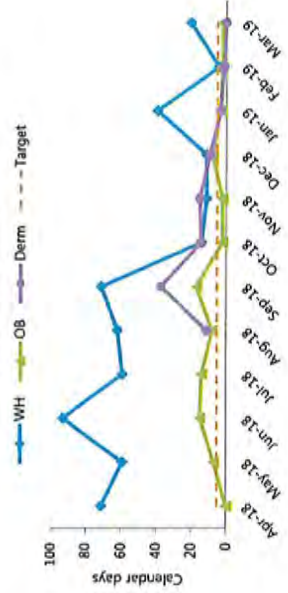
Third available appointment for established patients



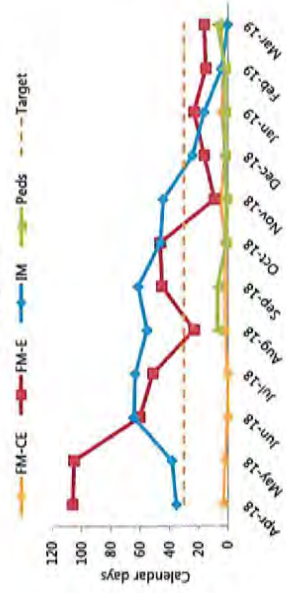
Third available appointment for established patients



Third available appointment for established patients



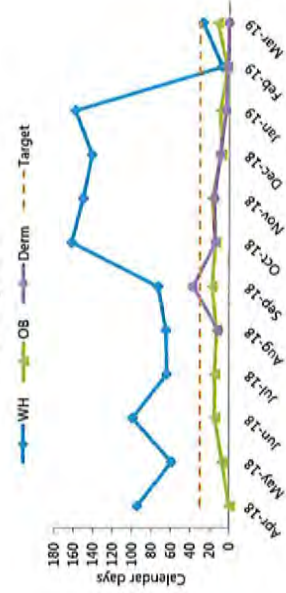
Third available appointment for new patients



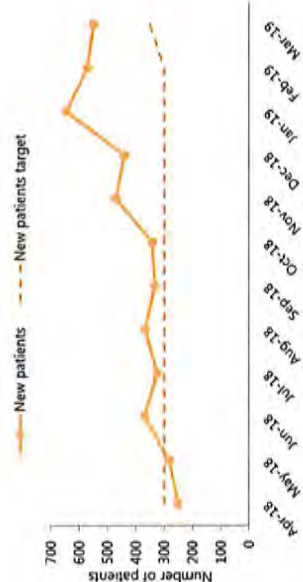
Third available appointment for new patients



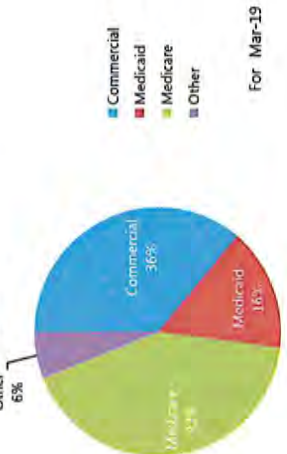
Third available appointment for new patients



New patients



Payor Mix





March 29 – April 25, 2019

### External Outreach activities:

- Yakima Valley Senior Expo – Lisa Potter and Tanner Scheid (4/25)
- Foundation Gala (4/27)

### Internal Outreach activities:

- MAC Special Board meeting (4/23)

### Collaborations & Partnerships:

- CWU Guest lectures by Julie Harwell, RN and Rozsika Steele to Developmental Psychology, Human Development and Learning class (week of 4/1)
- Hand washing education in Kindergarten during Lincoln Exploration Days (4/19)
- Mentoring CWU Public Relations Intern Arianna Walker in Community Relations through May
- Public Information Officer (PIO) Assistance to the County for the Deputy Thompson Memorial
- Recreation Jan-April 2019 booklet. (<https://ci.ellensburg.wa.us/DocumentCenter/View/2381/EPR-Quarterly-Program-Guide?bidId=>)

### Stories/Letters to the Editor:

- Behind the scenes at KVH blog – Volunteer Services released April 11
- Behind the scenes at KVH blog – Provider Recruitment released April 22
- We are holding a few patient stories because our photographer has gone out on medical leave. We have a return date of April 22, with pictures in hand April 29. Stories will start being released again in May.

### Other:

- Visual design work continues for the MAC, Main Campus and other campus locations. The call for artists was delayed due to my work with the County on Deputy Thompson's Memorial and other pressing deadlines. I will be able to resume work on this the week of April 29.
- We continue to support graphic work related to the Foundation's annual gala in April. Additionally, with Lauren's departure from KVH the day before the Gala, I will be taking a lead role in the execution of the event.
- KVH Phone system upgrade
- We have been assisting various departments and clinics with the development of and the updating marketing materials. Areas we have been working on this month include:
  - ✓ Human Resources – Workplace injuries
  - ✓ Family Medicine Cle Elum – Rack card for Dr. Andrew Thomas and SWAG items for construction party
  - ✓ Family Birthing Place Blue bland initiative - development of educational materials for rollout and website
  - ✓ Family Birthing Place – Lactation program marketing materials translations
  - ✓ Swing Bed program – development of educational materials for rollout and website development
  - ✓ Family Medicine Ellensburg & Internal Medicine – Patient intake screening forms
  - ✓ Administration – New Employee Orientation presentation updates

**On the horizon:**

- Swing Bed program roll out
- Foundation Gala – April 27
- Hello FISH – April 30
- Speech & Occupational Therapy Open House – May 7 from 4-6pm
- Hospital Week – May 12-18
- KXLE Senior Expo – May 23
- Cle Elum/Roslyn School District Health & Wellness Fair – May 23



## Regular Meeting Process

### Board of Commissioners

Kittitas County Public Hospital District No. 1

Page 1 of 1

#### PUPOSE/POLICY:

Meetings of the Board of Commissioners of Kittitas Valley Healthcare (KVH) are open to the public and are conducted in compliance with Washington's Open Public Meetings Act. The public is welcome at public meetings of the Board of Commissioners.

#### PROCEDURE:

- I. Meetings of the KVH Board of Commissioners are carried out in accordance with modified Robert's Rules of Order. Due to limitation of time and in order for the Board to conduct its business as efficiently as possible, individuals attending board meetings are asked to follow these procedures for participation:
  - A. Members of the public are asked to use the "Public Comment" section of the Board agenda for issues of personal interest and/or items on the agenda that they would like to call to the Board's attention.
  - B. Members of the public are asked to state their names and addresses prior to stating their comment(s). Each member of the public will be allowed a maximum of three minutes for comments (unless they are given permission for additional time by the Board President).
  - C. If a member of the public wants to comment during the meeting (after the Public Comment section of the agenda) regarding a scheduled agenda topic that is being discussed by the Board members, he/she will need to seek recognition from the President of the Board. Comments should be brief.

Effective Date:	8/22/13	Dept: of Record:	Board of Commissioners		
		Policy Owner:	Mandy Weed		
Print Date:		Revision By:	Matthew Altman	Revision Date:	4/25/19
		Reviewed By:	CEO, Board	Review Date:	
		Committee Review:	Board of Commissioners	Date Approved:	4/25/19
		Committee Review:		Date Approved:	

*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.*



## **Commissioner Pledge Code of Conduct**

For the Board of Commissioners to function well, commissioners must be committed to governance excellence. It is vital that commissioners take their responsibilities seriously and pledge to follow this code of conduct.

In pursuit of governance excellence, I will:

1. Focus on strategic leadership and policy, not on administrative and operational detail. I will respect distinctions between board and staff roles and will manage any overlap between the respective roles in a spirit of collegiality and partnership that supports the authority of staff and maintains the proper lines of accountability.
2. Attend board and committee meetings regularly and come prepared to discuss and deliberate on matters important to the hospital district, after having reviewed the meeting materials in advance.
3. Discuss difficult or contentious issues directly but collegially, with respect for others' opinions.
4. Support the decisions of the majority once a decision has been reached, even if I am in the minority.
5. Stay abreast of current topics and trends in healthcare delivery and policy, including participating in continuing education opportunities.
6. Be inquisitive and ask questions important to the discussions at hand. Strive to push the organization to continuous growth and excellence.
7. Conduct myself in an ethical and legal manner at all times, including following state laws regarding public meetings and financial disclosure.
8. Keep board discussions and information shared in executive session confidential, unless directed to solicit community feedback on specific issues.
9. Follow KVH's conflict of interest policies and other requirements of the compliance program.
10. Be a good ambassador for KVH and advocate on behalf of the hospital district in matters of important public policy issues that would advance its mission.
11. Celebrate the joy of caring and appreciate the role I play in the mission of the organization.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Adapted from: Linden Consulting and governWell)

# Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2019

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	24 5pm	28 5pm	28 5pm	25 5pm	23 5pm	27 5pm	25 5pm	22 5pm	26 5pm	24 5pm	12/5 5pm	1/2 5pm
Standing Items	Strategic Plan Refresh	Update Board Ed/Dev Plan	Compliance Plan and Policies		Acceptance of Financial Audit			Approve Budget Assumptions (Operating & Capital)	Board Self-Evaluation	Plan Board Retreat Budget Hearing Annual CEO Evaluation	Approve 2020 Operating and Capital Budgets Approve 2020 Board Committees & 2020 Board Calendar	Update 2019 Operating Budget Election of 2020 Officers 2020 QAPI Approval
Presentation Subject to Change	Business Plan Update	Workplace Violence		Business Plan Update Access Strategy Update	Financial Audit & Cost Report DZA	Community Benefits & Relations	Business Plan Update			Rural Advocacy & Federal Policy Update		
EDUCATION AND CONFERENCES		AHA Rural Health Care Leadership Conference Phoenix, AZ 2/3-2/6  NRHA Rural Health Policy Institute Washington, D.C. 2/5-2/7		IHI Annual Summit San Francisco CA 4/11-4/13 AHA Annual Meeting WA DC 4/7-4/10 CEO/Trustee Summit Seattle, WA 4/29 or 4/30	NRHA Annual Rural Health Conference Atlanta, GA May 7-10	WSHA Rural Conference Chelan 6/23-6/26	AHA Leadership Summit San Diego, CA 7/25-7/27	Gov. Institute Governance Support Forum WA DC August 4-6	NRHA CAH Conference Kansas City, MO Sept 18-20 Gov. Institute Leadership Conference Colorado Springs, CO 8-11	WSHA Annual Meeting Renton 10/9-10/10 Gov. Institute Leadership Conference WA DC 27-29		

Board Retreat with Finance

Board Retreat



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

Emerging Topics:

WRHC Initiatives  
Kittitas County Health Department  
WRHA  
ACO  
WSHA/AWPHD