

**BOARD OF COMMISSIONERS' REGULAR MEETING**

**June 23, 2016 – 5:00 p.m.  
KVH Conference Rooms A/B  
AGENDA**

- 1. Call Regular Meeting to Order**
- 2. \*\*Approval of Agenda:** (1-2)
  - (Items to be pulled from the Consent Agenda)
- 3. \*\*Consent Agenda:**
  - a. Minutes of Board Meetings: May 26, 2016 ; June 1, 2016; June 6, 2016 (3-9)
  - b. Approval of Checks (10)
  - c. Report: Foundation (11)
  - d. Report: Clinic Operations (12-13)
  - e. Minutes: Finance Committee (14)
- 4. Quality:**
  - a. Rhonda Holden, Chief Nursing Officer, Cathy Bambrick, Chief Operating Officer, Dr. Don Solberg, Chief Medical Officer, Mandee Olsen, Director of Quality Assurance:
    - Mandee Olsen: Patient Story
    - QI Council Committee (15)
    - QI Council Dashboard (16-17)
- 5. Public Comment/Announcements (5:30 p.m.)**
- 6. Emerging Healthcare Topic: Flu Vaccination**
- 7. Chief Executive Officer's Report:**
  - a. Cathy Bambrick, Acting CEO Report (18)
    - Cathy Bambrick, HR Dashboard (19-20)
- 8. Chief of Staff Report:**
  - a. Dr. Timothy O'Brien, Chief of Staff
    - \*\*Medical Staff Exec. Committee Report (21)
- 9. Financials:**
  - a. Libby Allgood, CFO: Treasurer's Report (22)
  - b. Finance Committee
    - \*\*Capital Expenditure Requests (23)
- 10. Education:**
- 11. Public Policy:**

12. **Old Business:**
  - a. Board Meeting Evaluation Summary (24-27)
13. **New Business:**
  - a. \*\*Resolution No. 16-08: Purchase of Real Estate (28)
14. **Articles and Communications: (29-46)**
15. **Completion of Board Meeting Evaluation Summary**
16. **Recess to Executive Session: Real Estate; Personnel; Litigation; Quality Improvement  
RCW 42.30.110(b)(g)(i); RCW 70.44.062(2)**
17. **\*\*Resolution No. 16-09: Removal of Superintendent (47)**
18. **\*\*Consideration of Interim Appointment for Chief Executive Officer**
19. **Convene to Open Session**
20. **Adjournment**

**EMERGING HEALTHCARE ISSUES – POTENTIAL TOPICS**

**Population Health**  
**Patient Centered Med. Home/Behavioral Health**  
**Information Technology**  
**ED Patient Issues/Protocol**  
**Development of a Continuing Care Network**

Kittitas Valley Healthcare  
Board of Commissioners  
May 26, 2016  
KVH Conference Rooms A/B

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

KVH STAFF PRESENT: Paul Nurick, Libby Allgood, Cathy Bambrick, Randi Christensen, Rhonda Holden

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

1. At 5:00 p.m., President Liahna Armstrong called the regular Board meeting to order. President Armstrong introduced Foundation Board member, Brian Cullinane.

2. **Approval of Agenda:**

Pam Wilson requested that the Clinic Council Report be pulled from the Consent Agenda and placed under New Business. **ACTION:** On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved the agenda as revised.

3. **Consent Agenda:**

**ACTION:** On motion of Bob Davis and second of Erica Libenow, the Board members unanimously approved the Consent Agenda as revised.

4. **Quality:**

Mandee Olsen shared that a hospital employee used the virtual patient care system because she was ill at work. The physician on the virtual care system responded that she needed to see her primary care physician instead of using virtual care due to the seriousness of her ailment. Because the virtual care physician did not provide services, she was not charged for the virtual care visit. Rhonda Holden reported that the virtual care program has been going very well with 15 patient visits occurring since May 22.

The Board members reviewed the QI Council minutes and dashboards as well as the Washington State Hospital Association's Partnership for Patients report.

The vaccination report was reviewed and a discussion took place regarding the reasons employees decline to receive the flu vaccination. Pam Wilson requested that this topic be presented as an emerging healthcare topic at a future Board meeting for further review by the Board.

Rhonda Holden reported that the recent DOH/CMS Hospice survey went quite well with some recommendations for improvement in the areas of monitoring patient contractual services and for Chaplin services.

5. **Public Comment/Announcements:**

Roger Weaver stated that he had placed several calls to the hospital regarding the new clinic construction project with no one returning his calls. He stated that he did not understand why the hospital was continuing with the new clinic project plans due to the restrictive covenants on the property for the proposed new clinic site and without receiving any SEPA and other permit approvals from the City of Ellensburg. He stated that the hospital administration should consult with its attorney

in order to fully understand the ramifications of the restrictive covenants. He reported that the neighbors are concerned about their land values going down and are getting appraisals on their property. He asked that the hospital be a good neighbor.

6. **Dingus, Zaercor & Associates, Audit Presentation:**

Tom Dingus gave a PowerPoint presentation regarding the financial statements and independent auditors' report for years ending December 2014 and 2015. He reported that overall the hospital was in excellent financial standing with no difficulties or findings being discovered during the audit.

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

Paul Nurick reported that contracts are being finalized with the Emergency Department Physicians who will start working for the hospital on July 1, 2016, due to the TeamHealth contract for physician services not being renewed with the hospital. He reported that administration is in the process of hiring an Emergency Department Medical Director.

Dr. Don Solberg reported that the recent physician engagement dinner meeting went very well with good discussion taking place regarding the new clinic master facility plans. He said the physicians participated in the future care design for the new clinic as well as discussion regarding a possible future scribe program and the selection of an electronic health record system.

Cathy Bambrick reported that the recent workshop regarding the design, workflow and systems mock-up planning for the new clinic building went very well. She stated that next steps will be to create a cardboard mock-up and the hospital is looking for space to present the mock-up design to the public. She also stated that the master facilities committee recommended the new clinic be built as a two-story building to allow for future expansion.

Bob Davis expressed concern that he just recently learned about the restrictive covenants affecting the property for the new clinic site and that this could hold up the building project. Matt Altman expressed concern that the only way to be able to build the new clinic on the property due to the restrictive covenants, would be to declare eminent domain. He stated that he was not in favor of declaring eminent domain and that instead the proposed new clinic building could possibly be moved to another location. Liahna Armstrong suggested moving the site to the current Family Medicine-Ellensburg clinic. Pam Wilson suggested following the restrictive covenant document by contacting all the neighbors affected by the covenants and asking them if they would approve the new clinic being built at the proposed site. It was the consensus of the Board to direct administration to contact an attorney to assist with the process of polling the affected neighbors before moving ahead with the building project.

The Board members reviewed the Human Resources Dashboard. Bob Davis stated that he would like to see the percentage go up on the dashboard regarding employee evaluations.

8. **Chief of Staff Report:**

**ACTION:** On motion of Matt Altman and second of Erica Libenow, the Board members unanimously approved the initial appointments for Dr. James Atkisson, Dr. Tomas King, DO, Dr. Brian Staley, Heidee Hanson, PA-C, and Theresa Fough, CNM, and the reappointments for Dr. Elise Herman, Dr. Micahlyn Powers, Dr. Monica de Baca, Dr. John Merrill-Steskal, and a one-year approval for Dr. Ken Harris as recommended by the Medical Executive Committee.

The Board members reviewed the recommended changes to the medical staff Reappointment Policy and Procedure and the Pre-application Policy as presented by Dr. Timothy O'Brien.

9. **Financials:**

Libby Allgood presented a short financial summary for the month of April noting that the month's operations resulted in an operating loss with the budget margin being lower due primarily to the provider quarterly incentive pay.

Matt Altman asked about professional services and purchased services being much higher than in the past. It was noted that some of this was due to traveler staff and to charges for professional consultants. Liahna Armstrong asked what the Lean consultant monthly charges were for the past several months. Paul Nurick responded that they did not know off hand and this information would be provided to her. Liahna Armstrong asked about clinic losses. Randi Christensen responded that a lot of the loss was due to the new providers not yet building a strong and continued patient base.

Pam Wilson reported that the Finance Committee met and reviewed the April financials as well as the audit report recently conducted noting that the financials overall are very strong.

10. **Education:**

Erica Libenow, Matt Altman, Pam Wilson, Paul Nurick and Bob Davis attended the WSHA CEO and Trustee Patient Safety Summit in Seattle on May 16. They reported that the presentations focused on patient safety for not only patients but for the caretakers, a checklist for surgeons, and the development of a quality checklist when purchasing capital equipment for patient care.

Matt Altman recently attended a Washington State Medical Association conference that focused on the importance of improved future healthcare models to assist physicians like creating team-based models for patient care such as having scribes for physicians, and working smarter to prevent physician burnout.

11. **Public Policy:**

None.

12. **Old Business:**

a. **Board Meeting Evaluation Summary:**

The Board members reviewed the Board meeting evaluation summary.

13. **New Business:**

a. **Clinic Report:**

The Board members reviewed the Clinic Report for April with Pam Wilson asking that further review take place for improvement with the future clinic finances.

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

The Board members reviewed the various clippings and correspondence items. The Board members completed the Board Meeting Evaluation Summary.

President Armstrong recessed the meeting at 7:25 p.m. for ten minutes. At 7:35 p.m., she announced that the meeting would be recessed into executive session for 90 minutes to discuss personnel, quality improvement and real estate. RCW 42.30.110(g)(b); RCW 70.44.062(2)

At 9:05 p.m., the executive session was extended for an additional 30 minutes.

At 9:34 p.m., the meeting was reconvened into open session.

**ACTION:** Erica Libenow made the motion to retain the law firm of Miller Nash Graham & Dunn for Kittitas County Public Hospital District No. 1 according to RCW. 70.44.060. Pam Wilson seconded the motion and the motion passed unanimously.

**ACTION:** Matt Altman made the motion to adopt the Proposed Resolution for Removal of the Superintendent of Public Hospital District No. 1, Kittitas County, to be adopted at the next regularly scheduled meeting of Public Hospital District No. 1 on June 23, 2016. Bob Davis seconded the motion and the motion passed unanimously.

**ACTION:** Bob Davis made the motion to place the Chief Executive Officer, Paul Nurick, on administrative leave according to District policy pending the approval of the Resolution for Removal of the Superintendent of Public Hospital District No. 1 at the next regularly scheduled Board meeting on June 23, 2016. Erica Libenow seconded the motion and the motion passed unanimously.

With no further action and business, the meeting was adjourned at 9:39 p.m.

**CONCLUSIONS:**

1. Motion passed to approve the Board agenda as revised.
2. Motion passed to approve the Consent Agenda as revised.
3. Motion passed to approve the initial appointments and reappointments for medical staff as cited above and recommended by the Medical Executive Committee.
4. Motion passed to retain the law firm of Miller Nash Graham & Dunn for Kittitas County Public Hospital District No. 1 according to RCW. 70.44.060.
5. Motion passed to adopt the Proposed Resolution for Removal of the Superintendent of Public Hospital District No. 1, Kittitas County, to be adopted at the next regularly scheduled meeting of Public Hospital District No. 1 on June 23, 2016.

6. Motion passed to place the Chief Executive Officer, Paul Nurick, on administrative leave according to District policy pending the approval of the Resolution for Removal of the Superintendent of Public Hospital District No. 1 at the next regularly scheduled Board meeting on June 23, 2016.

Respectfully submitted,

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

Kittitas Valley Healthcare  
Board of Commissioners  
Special Board Meeting  
June 1, 2016

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

President Liahna Armstrong called the meeting to order at 5:30 p.m. She stated that the purpose of the meeting was to conduct an executive session regarding personnel (RCW 42.30.110(g)). She stated that the Board would convene into the executive session for 1 hour and 15 minutes.

At 6:45 p.m., the executive session was extended for an additional 30 minutes.

At 7:15 p.m., the executive session was extended for an additional 10 minutes.

At 7:22 p.m., the meeting was reconvened into open session.

**ACTION:** On motion of Bob Davis and second of Pam Wilson, the Board members appointed Cathy Bambrick as acting Chief Administrative Officer of the hospital district while the Board of Commissioners continue to pursue the hiring of an interim Chief Executive Officer within the next month. The motion passed with 4 yes votes and one dissenting vote by Matt Altman.

With no further business, the meeting was adjourned at 7:25 p.m.

Respectfully submitted,

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



Kittitas Valley Healthcare  
Board of Commissioners  
Special Board Meeting  
June 6, 2016

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

STAFF PRESENT: Cathy Bambrick

President Liahna Armstrong called the meeting to order at 6:02 p.m. She stated that the purpose of the meeting was to conduct an executive session regarding personnel (RCW 42.30.110(g)). She stated that the Board would convene into the executive session for 2 hours.

At 8:00 p.m., the executive session was extended for an additional 30 minutes.

At 8:28 p.m., the meeting was reconvened into open session.

With no further business and no action taken, the meeting was adjourned at 8:28 p.m.

Respectfully submitted,

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

**DATE OF BOARD MEETING:** June 23, 2016

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

#1	CHECK NUMBERS	<u>220650-221398</u>	NET AMOUNT:	<u>\$3,371,055.47</u>
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**PAYROLL CHECKS/EFTS TO BE APPROVED:**

#1	CHECK NUMBERS	<u>76190-76215</u>	NET AMOUNT:	<u>\$34,675.08</u>
#2	CHECK NUMBERS	<u>76216-76245</u>	NET AMOUNT:	<u>\$38,242.82</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$979,737.07</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$863,530.17</u>
#5	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$403,442.06</u>
#6	PAYROLL TAXES	<u>EFT</u>	NET AMOUNT:	<u>\$353,689.30</u>
		SUB-TOTAL:		<u>\$2,673,316.50</u>

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

#1	TRANSFER FUNDS FOR INVESTMENT	NET AMOUNT:	<u>\$1,488,460.05</u>
#2	TRANSFER FUNDS FOR INVESTMENT	NET AMOUNT:	<u>\$1,001,292.00</u>
		SUB-TOTAL:	<u>\$2,489,752.05</u>

**TOTAL CHECKS & EFTs:** \$6,044,371.97

Prepared by

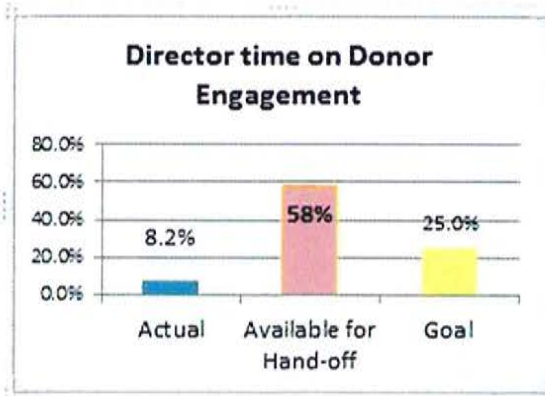
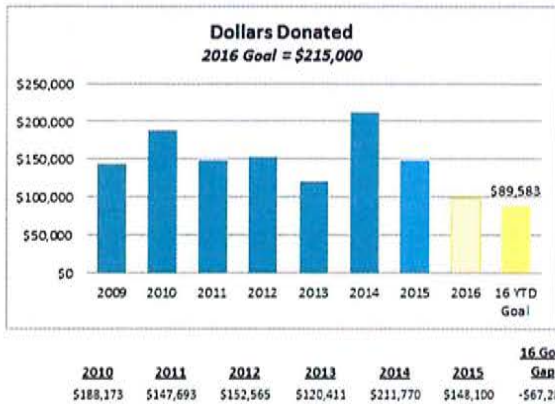
*Sharoll Cummins*

Sharoll Cummins  
Staff Accountant

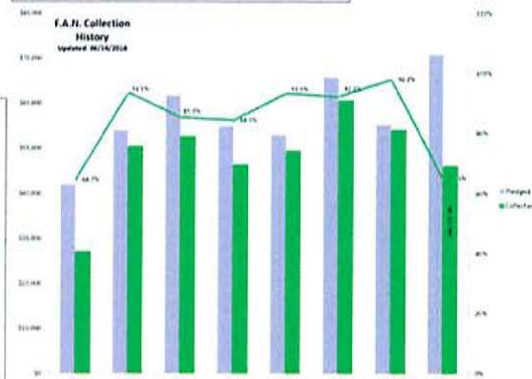
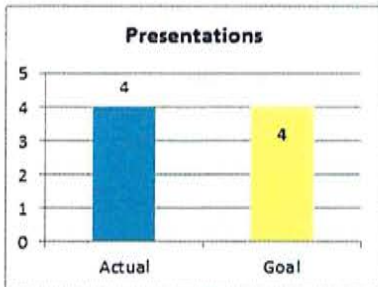
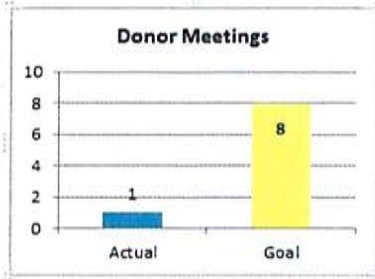
Board of Commissioners Report, June 23, 2016

**2016 Goals/Metrics**

1. Develop and implement an effective communication strategy that involves leadership and Board members and incorporates outreach to donors, prospective donors and the community.
2. Enhance and sustain relationships with new and existing donor by tailoring outreach to meet their individual preferences.



Year	2010	2011	2012	2013	2014	2015	16 Goal
Amount	\$188,173	\$147,693	\$152,565	\$120,411	\$211,770	\$148,100	\$67,281



Respectfully submitted,

*Michele Wurl*

Director, The Foundation at KVH

Chief of Clinic Operations Report to the Board of Commissioners  
June 23, 2016

May Operations:

The clinics were below their budgeted visits for the month of May by 13% which puts us year to date 8.93% below budget. We had 3 providers out in Internal Medicine, 6 providers out in Family Medicine Ellensburg, 2 providers out in Ortho, and 1 provider out in Women's Health for a total of 12 providers out for at least a week in all clinics combined due to CME or PTO. We also had a 5 day RPIW, several 1 day workshops and an EMR demonstration where providers attended.

New patient appointments for May were below budget by 16 percent, for a total of 276 new patients for the month. Internal Medicine saw the most growth with 62 new patients. Family Medicine Ellensburg saw the least growth at 22 patients.

Average Charge per visit is \$248.97 which is slightly above budget by \$9.82. Cardiopulmonary has the highest visit charge average at \$1,064.80 and FM-CE is lowest at \$191.14.

**GENERAL UPDATES:**

- We applied with the National Health Service Corps to be an approved site. This will allow us to recruit physicians who have obligations to work in rural or underserved areas in order to satisfy their Medical School Loan forgiveness.
- We will be offering later hours at least one day a week and be open over the lunch hour in our Women's Health Clinic starting in July.

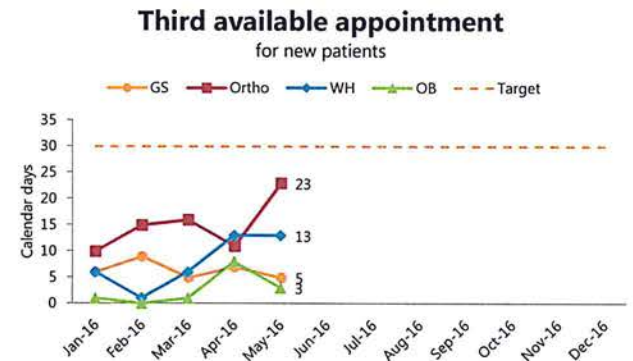
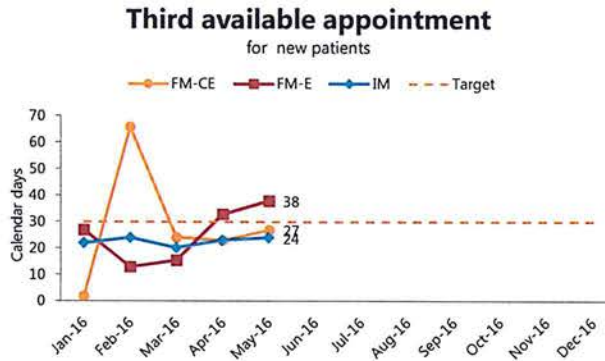
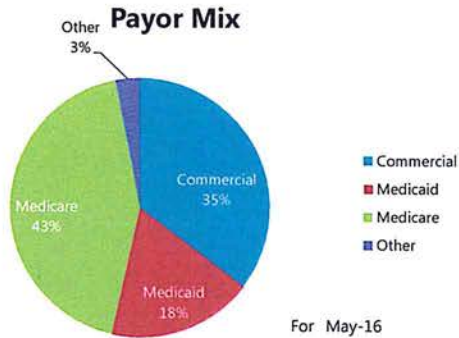
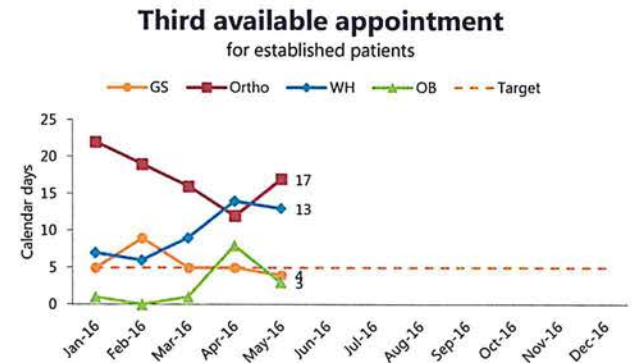
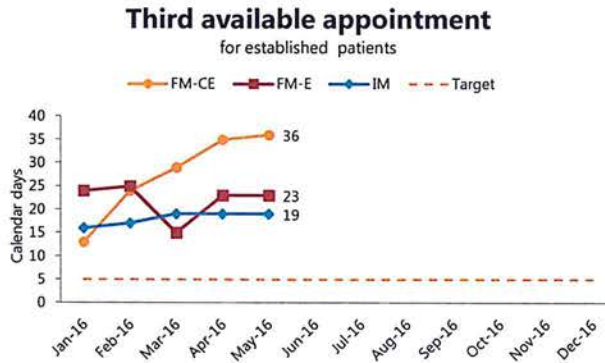
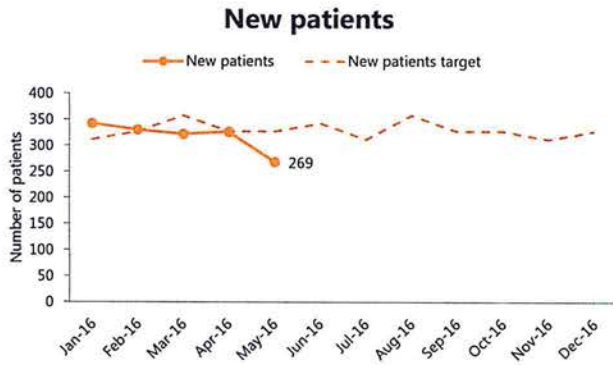
**RECRUITING UPDATES:**

- We have two accepted job offers with two ARNP's. One would be in internal medicine and the other in FM-E. Both hopefully starting in July.
- Our new Certified Nurse Midwife, Teresa "Tina" Fought started June 20<sup>th</sup>. She will be working out of Women's Health as well as 1 half day a month in Cle Elum.

Respectfully submitted,

Randi Christensen RN

# Clinic Operations Dashboard



Kittitas Valley Healthcare  
Finance Committee Meeting Minutes  
May 24, 2016

Present: Pam Wilson, Bob Davis, Bob Crowe, Jerry Decker, Paul Nurick, Libby Allgood, Randi Christensen, Jason Adler, Tom Dingus (DZA).

The meeting was called to order by Pam Wilson at 7:31 am.

The agenda was approved as presented.

The minutes of the April 26, 2016 meeting were approved as presented.

**Presentation of 2015 Audited Financial Statements**

Tom Dingus of Dingus, Zarecor & Associates PLLC presented and reviewed the 2015 audited financial statements. Topics included Management's Discussion and Analysis, Statements of Net Position, Statements of Revenues, Expenses, and Changes in Net Position, Notes to Basic Financial Statements, Schedule of Findings and Responses, and the Independent Auditors' Report.

In addition, Mr. Dingus presented and reviewed the Financial Indicators for 2015 report which included various multi-year financial trends with comparisons to other healthcare entity groups.

**April 2016 Financial Summary**

**Key Metrics:**

1. Operating Margin: April -0.72%, YTD 1.79%
2. Days Cash on Hand: 162.0
3. AR Days (Hospital Only): 47.9

**Operating Highlights:**

1. PHD 1 District April operations resulted in an operating loss of \$42,160, a \$92,056 negative budget variance. This produced an operating margin of -0.72% compared to the budgeted margin of 0.82% for April. The budget margin is lower in April primarily due to the provider quarterly incentive pay.
2. April Admissions were 23.3% below budget resulting in a 28.0% negative variance to inpatient days. Year to date admissions are 119, or 25.2% below budget and 19.5% below April of last year. The negative variance in Admissions and Patient Days was the result of lower than budgeted volume for inpatient surgery cases. Outpatient surgery procedures exceeded budget by 19.6%.

3. Overall operating expenses for April were below budget by \$79,767 while net operating revenue was under budget by \$171,823. Quarterly provider performance incentives were paid in April totaling \$134,232.46.
4. Total clinic visits in April were 481 below budget. Year to date the visits are 675 below April year to date of the previous year. Clinic operations for the month resulted in an operating loss of \$391,872, a negative budget variance of \$77,002. Year to date the Medicaid enhancement payments that offset contractual adjustments are \$99,948 below budget.

The committee discussed whether or not consulting fees associated with the MOB project should be capitalized. It was determined, after consulting with DZA, that fees after February would be charged to the MOB project.

The meeting was adjourned at 8:35 am.

## **Data Summary – For use in June 2016**

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

- For first quarter 2016, KVH Hospital was among the best in class for adherence to the new sepsis bundle for Press Ganey users. This compares KVH to large hospitals like the University of Washington and Swedish. There is still room for improvement. Three patients with sepsis did not meet all of the measures in the sepsis bundle during the month of April. Two of the failures were related to the volume of fluids.
- Four of five home health measures at goal.

### **Summary of Improvement Opportunities**

- Two of three patients who required an EKG were above the target median time during the month of April. Mitigating factors include high patient volumes in the Emergency Department.
- There were two hospital acquired infections in the month of April. One was a peri-prosthetic joint infection and was reported to the National Health and Safety Network (NHSN). The second case was in a C-section patient. It did not meet criteria for reporting to NHSN.
- There was one patient fall with injury in MedSurg. This patient did not follow direction from staff, which was the primary reason for the fall.

### **Patient Story**

This letter is to let you know about the positive experience I, and my wife, had in your Emergency Care Department.

I had an unfortunate accident with a table saw early afternoon Monday, March 14<sup>th</sup>. Being admitted into your emergency room was a frightful and unnerving experience. However, the KVH doctors, nursing staff and support staff, which was on duty at that time, turned their professional and medical skills to my case. They brought me through with their knowledge and caring, not only physical, but also mental.

It is a comfort and assurance that Kittitas Valley Hospital, with your staff and doctors, is a comfort to all when in need of medical care.

Please convey to all concerned our great thanks and gratitude.



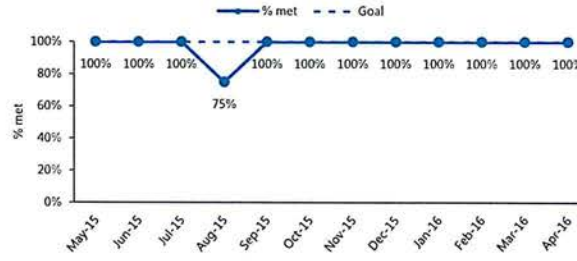
# QI Council

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



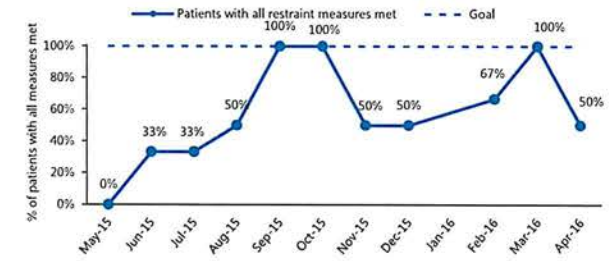
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### Stroke Dysphagia Screening ↑



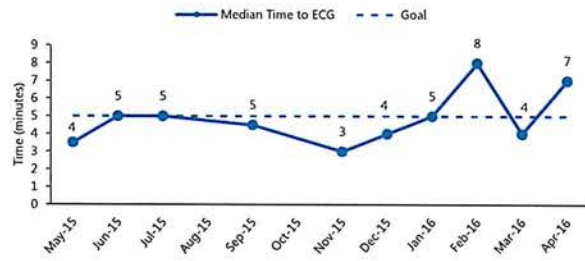
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### Restraints ↑



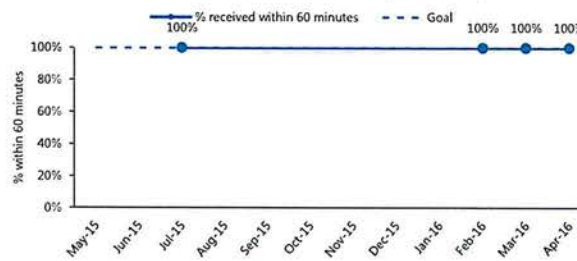
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### Median Time to ECG (Chest Pain) ↓



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### Stroke IV Thrombolytics ↑



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### Falls ↓

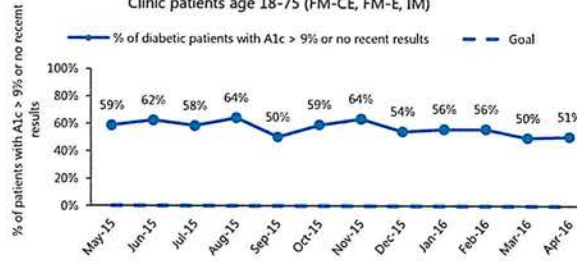


### Sepsis Bundle ↑



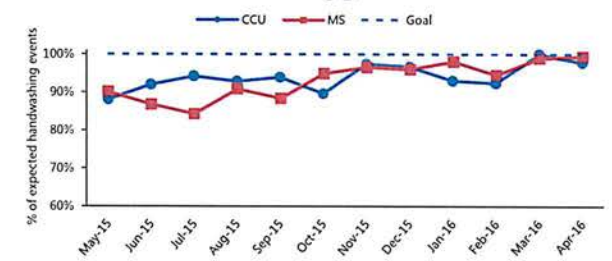
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### A1c in Diabetic Patients ↓

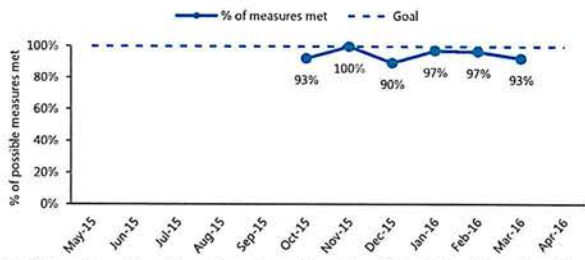


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### Hand Hygiene ↑

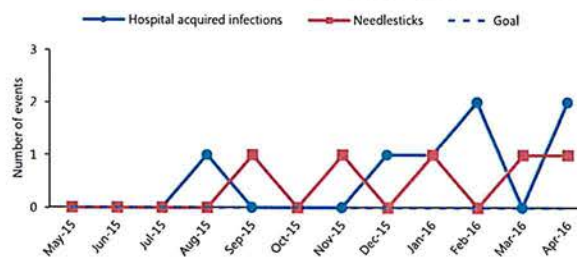


### Immunizations Bundle ↑

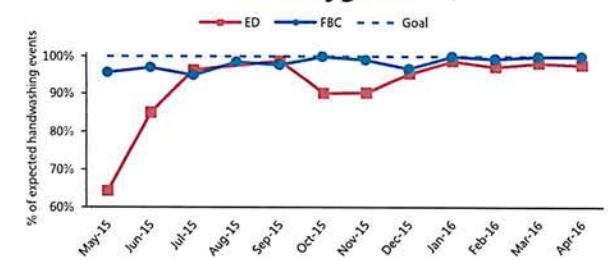


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### HAIs and Needlesticks ↓



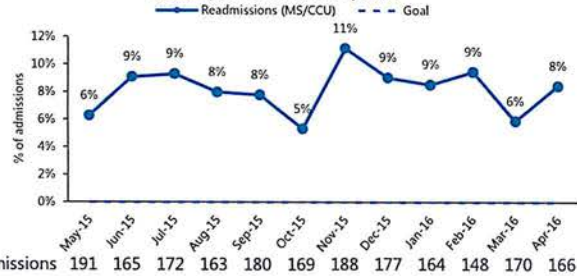
### Hand Hygiene ↑



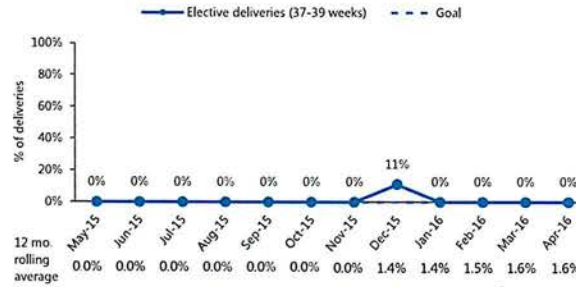
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### Readmissions Within 30 Days

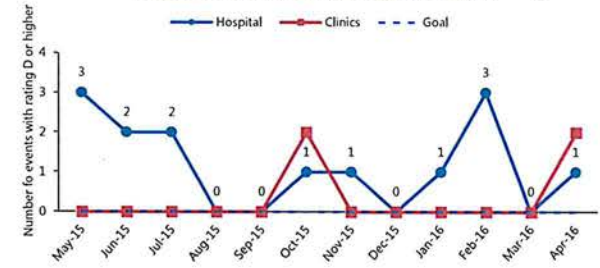
Includes inpatients and observation patients



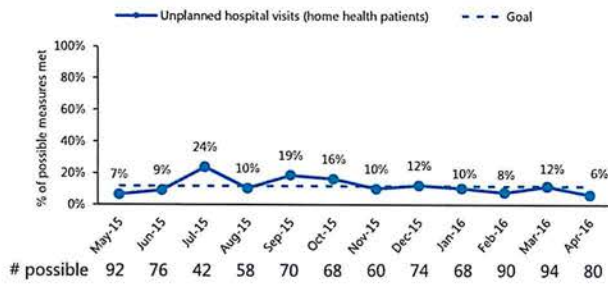
### Elective Deliveries



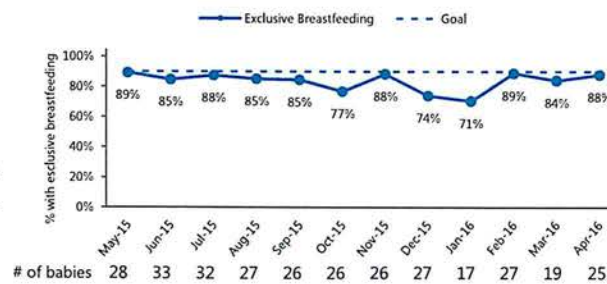
### Adverse Medication Events



### Unplanned Hospital Care Bundle



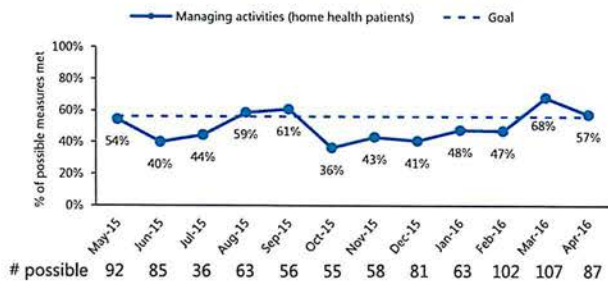
### Exclusive Breastfeeding



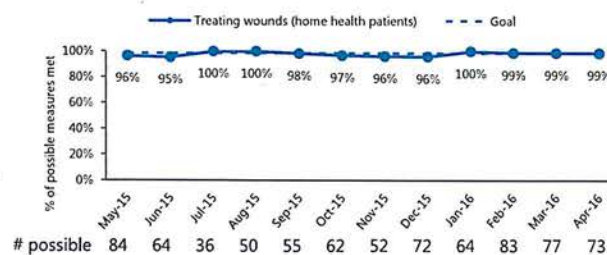
### Care and Service Reports



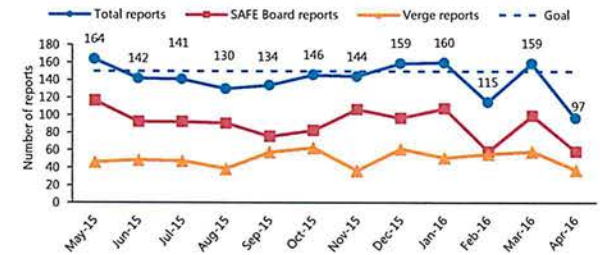
### Managing Daily Activities Bundle



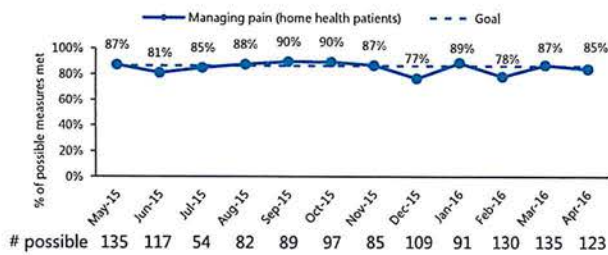
### Treating Wounds and Preventing Pressure Bundle



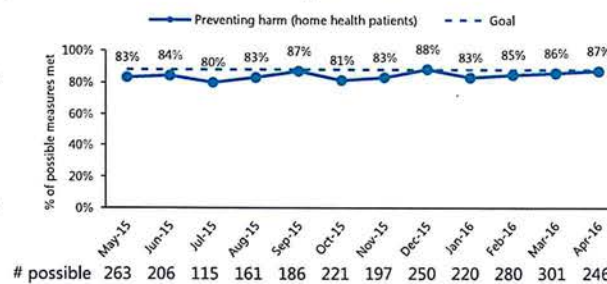
### Employee Reports



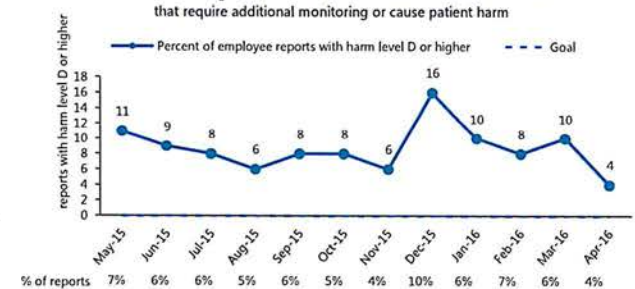
### Managing Pain and Treating Symptoms Bundle



### Preventing Harm Bundle



### Reports of occurrences



17

**Acting CEO Report**  
**June 23, 2016**

**Employee Satisfaction**

Two board members, Erica Libenow and Bob Davis, have been working with leadership to initiate key strategies to improve employee morale. Initial focus areas are improved employee communication, increased leader engagement in departments and with their employees and visibility on employee coaching, support and feedback. Employees will participate in a mid-year employee satisfaction survey in July. This is a follow-up, shorter version of the employee satisfaction survey administered in December 2015. The intent of this "pulse" survey is to acquire preliminary indicators of progress made on employee morale in key areas being addressed by leadership.

**Medical Office Building 3P Event**

During the week of June 13 through 17, a team of 32 employees, providers, patients, community members and our architects designed a proposal for the interior layout of the medical office building. The preparation for this event was extensive and included a working team who collected and validated data and the Leadership Oversight Team, including board members Bob Davis and Pam Wilson, that made decisions prior to the event. The decisions by leadership provided guardrails for the team including design parameters and services provided. Our architects prepared a design kit for the event which included scale models of exam rooms, waiting areas, registration, and other areas. These kits aided the team in developing their interior layout proposal.

The architects are taking the proposed design and are making sure we are within budget and other requirements. Finalization of this plan is a critical step that will allow us to move forward with the city on zoning, planning, traffic studies and environmental impacts.

The clinic employees and providers will continue to work on the future clinic visit flow and care team model design required to support the transition from fee for service model to a wellness model to meet the requirements identified in the Affordable Care Act.

**Key Positions Filled**

Rhonda Holden and Don Solberg successfully hired all current Emergency Department physicians prior to the end of our contract with Team Health. We are in the process of hiring a new ED Medical Director which looks promising.

We are in the process of hiring a Finance Director, Rehabilitation Director, and Supply Chain Director. We will be able to share more information about these critical hires at the Board meeting.

## **Community Engagement**

Matt Altman successfully facilitated the first round of community engagement activities. The focus of the effort was to communicate KVH services, partnerships and initiatives and the master site facilities project. All Commissioners participated in the effort. The presentations were as follows:

April: Upper County Rotary, Hearthstone

May: KVH hosted event, Ellensburg Morning Rotary, Upper County Kiwanis,

June: Ellensburg Noon Rotary, Ellensburg Morning Rotary

**Human Resources Dashboard Report  
May 2016**

**Highlights**

- There were positions 25 posted, with 8 being filled or closed during the month. KVH is currently recruiting for 40 positions.
- There were 4 new worker compensation claims with 2 days of time loss.
- Monthly evaluations were at 27% for the month. (9 out of 33)

**Prepared by:**  
Human Resources  
6/15/2016

# Workforce Development

## Timely evaluations ↑

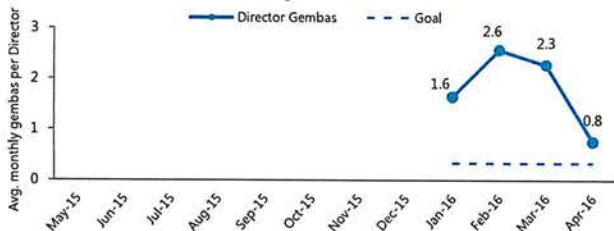


By month of hire, employees receiving an evaluation in or up to three months before their annual anniversary month.

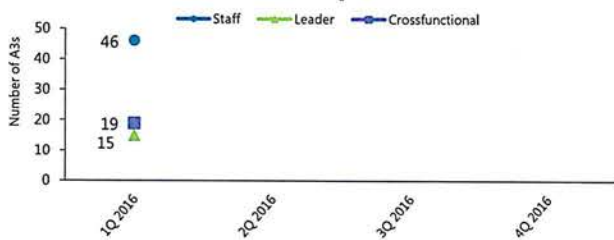
## Up-to-date evaluations →



## Gembas per Director



## A3 Participation



## Separation rate ↓



## Non-standard productive pay

(call back, double time, overtime, overtime meeting)

These 10 departments represent 80.4% of the non-standard pay for the payroll period ending on 04/30/2016

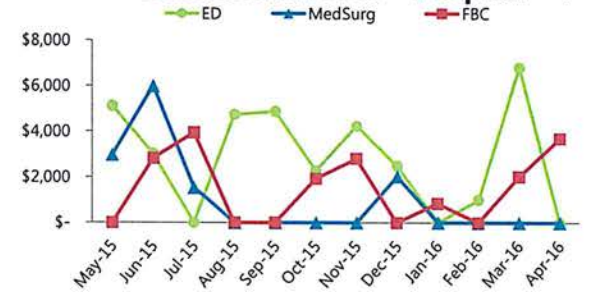
EMERGENCY SERVICE	\$ 7,713.47
FAMILY BIRTHING CENTER	\$ 6,237.01
3 HOME HEALTH SERVICE*	\$ 5,076.93
4 MED SURG	\$ 3,988.83
5 SURGICAL SERVICE*	\$ 3,063.55
6 PHARMACY	\$ 1,480.01
7 ICU CCU	\$ 1,397.74
8 LABORATORY	\$ 1,119.67
9 HOSPICE*	\$ 1,033.24
10 SURGICAL OUTPATIENT*	\$ 900.21

These 10 departments represent 75.1% of the non-standard pay for the last year of payroll.

1 EMERGENCY SERVICE	\$ 111,125.97
2 MED SURG	\$ 93,640.22
3 HOME HEALTH SERVICE*	\$ 87,333.95
4 FAMILY BIRTHING CENTER	\$ 70,511.36
5 ICU CCU	\$ 53,788.28
6 LABORATORY	\$ 33,389.75
7 PHARMACY	\$ 30,120.61
8 SURGICAL SERVICE*	\$ 25,142.29
9 KVH FAMILY MEDICINE -ELLENSBUI	\$ 18,884.17
10 SURGICAL OUTPATIENT*	\$ 18,623.65

\*Call back pay excluded

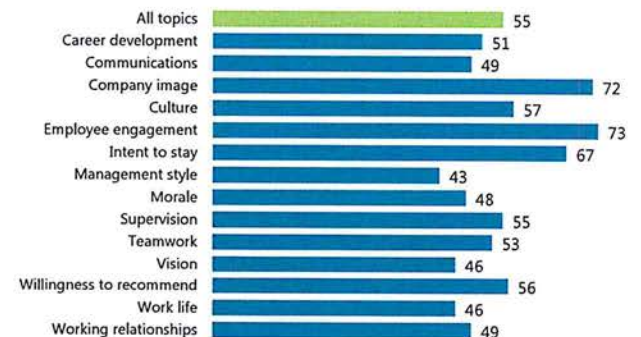
## Contractual labor - hospital ↓



## Contractual labor - non-hospital ↓



## Employee satisfaction



National benchmark percentile ranking

Last updated 05/30/2016



**NOTIFICATION OF CREDENTIAL FILES  
FOR REVIEW**

Date: June 15, 2016  
 TO: Board of Commissioners  
 FROM: Michael Christiansen  
 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 my office (upstairs in the Administrative area) prior to the next Board meeting if you wish to review these credentials files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APPT/REAPPT</u>
Rajendra Suvarna, MD	Provisional/Active Locum	Initial Appointment
Nikolay Kolev, MD	Provisional/Active Locum	Initial Appointment
Dane Sandquist, MD	Provisional/Associate	Initial Appointment
Megan Power, APC	Provisional/AHP	Initial Appointment
Clint Thompson, DO	Provisional/Resident	Initial Appointment
Sheri Finn, DO	Provisional/Resident	Initial Appointment
Kelly Noyes, DO	Active	Reappointment
Vicky Jones, MD	Associate	Reappointment
Mark Takaki, MD	Associate	Reappointment
Cynthia Oberfelder, MD	Associate	Reappointment
Sindhu Srivatsal, MD	Associate	Reappointment
Eric Lindstrom, MD	Associate	Reappointment
Stuart Cardon, DPM	Associate	Reappointment
Andrew Schock, PA-C	AHP	Reappointment

## May 2016 Financial Summary

### Key Metrics:

1. Operating Margin: May -0.97%, YTD 1.23%
2. Days Cash on Hand: 163.2
3. AR Days (Hospital Only): 49.4

### Operating Highlights:

1. Public Hospital District 1 May operations resulted in an operating loss of \$56,777, a \$272,956 negative budget variance. This produced an operating margin of -0.97% compared to the budgeted margin of 3.47% for May. Year to date the District has generated operating income of \$356,151 which is \$662,971 below budget and \$826,368 below the same period last year.
2. There were 17 fewer admissions in May than budgeted but we are up 14 from April. Year to date admissions are 136, or 22.9% below budget and 18.1% below May of last year. The negative variance in Admissions and Patient Days is the result of lower than budgeted volume for inpatient surgery cases. Volume of inpatient surgery cases was below budget by 14 cases in May. Outpatient surgery cases exceeded budget by 32 cases in May.
3. Due to lower than budgeted volumes the net operating revenue was under budget by \$380,072. Overall operating expenses for May were below budget by \$107,116. The most significant negative variance in expense was employee benefit expense, which is over budget by \$97,425 due to high medical benefits expense. Medical benefits expense in May totaled \$427,336 compared to the budget of \$288,538. The monthly average medical benefits expense January through April was \$229,557.
4. Following consultation with DZA \$48,856 was re classed out of professional fees and into the MOB capital project.
5. Total clinic visits in May were 4,808 which are 617 below budget. Year to date the visits are 882 below May year to date of 2015. Clinic operations for the month resulted in an operating loss of \$110,973, a positive budget variance of \$93,617. Medicaid enhancement payments were higher than usual in May totaling \$237,888 compared to the monthly average January through April of \$106,436 per month. The most significant enhancement payment was to Internal Medicine for \$200,177.



**Kittitas Valley Healthcare**  
**Key Statistics and Indicators**  
 May 2016

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	103	120	-14.2%	457	593	-22.9%	558	-18.1%	01
02 Patient Days - W/O Newborn	289	321	-10.0%	1,222	1,578	-22.6%	1,500	-18.5%	02
03 Avg Daily IP Census	9.3	10.4	-10.0%	8.0	10.4	-22.6%	9.9	-19.1%	03
04 Average Length of Stay	2.8	2.7	4.9%	2.7	2.7	0.5%	2.7	-0.5%	04
05 Deliveries	28	32	-12.5%	116	160	-27.5%	152	-23.7%	05
06 Case Mix	0.95	0.98	-3.3%	1.02	0.98	4.1%	0.93	9.7%	06
07 Surgery Minutes - Inpatient	2,777	4,865	-42.9%	14,412	23,854	-39.6%	18,204	-20.8%	07
08 Surgery Minutes - Outpatient	7,344	7,056	4.1%	37,196	34,593	7.5%	28,922	28.6%	08
09 Surgery Procedures - Inpatient	32	46	-30.4%	128	225	-43.1%	190	-32.6%	09
10 Surgery Procedures - Outpatient	143	111	28.8%	633	546	15.9%	428	47.9%	10
11 ER Visits	1,192	1,203	-0.9%	5,858	5,898	-0.7%	5,536	5.8%	11
12 Laboratory	37,511	39,959	-6.1%	192,274	195,927	-1.9%	196,125	-2.0%	12
13 Radiology	26,283	25,818	1.8%	128,167	126,595	1.2%	126,604	1.2%	13
14 Rehab	3,036	3,506	-13.4%	16,520	17,182	-3.9%	15,364	7.5%	14
15 Outpatient Visits	6,142	6,556	-6.3%	31,625	32,144	-1.6%	32,177	-1.7%	15
16 Outpatient Percent of Total Revenue	81.2%	77.8%	4.3%	82.2%	77.9%	5.5%	79.0%	4.1%	16
17 Clinic Visits	4,808	5,425	-11.4%	25,021	27,382	-8.6%	25,903	-3.4%	17
18 Adjusted Patient Days	1,537	1,449	6.1%	6,878	7,147	-3.8%	7,129	-3.5%	18
19 Equivalent Observation Days	55	81	-31.9%	330	399	-17.2%	408	-19.1%	19
20 Avg Daily Obs Census	1.8	2.6	-31.9%	2.2	2.6	-17.2%	2.7	-19.1%	20
<b>Financial Measures</b>									
21 Salaries as % of Net Pt Revenue	51.9%	49.0%	-5.9%	51.1%	49.3%	-3.6%	50.2%	-1.9%	21
22 Salaries/Bene as % of Net Pt Revenue	66.8%	61.3%	-8.9%	63.5%	60.7%	-4.6%	61.2%	-3.8%	22
23 Revenue Deduction %	45.1%	44.8%	-0.7%	45.3%	44.8%	-1.2%	44.1%	-2.8%	23
24 Operating Margin	-1.0%	3.5%	-128.0%	1.2%	3.3%	-63.0%	4.2%	-70.5%	24
<b>Operating Measures</b>									
25 Productive FTE's	403.7	409.8	1.5%	396.1	409.8	3.4%	387.0	-2.3%	25
26 Non-Productive FTE's	40.0	48.6	17.7%	45.2	48.6	6.9%	50.9	11.2%	26
27 Paid FTE's	443.7	458.4	3.2%	441.3	458.4	3.7%	437.9	-0.8%	27
28 Operating Expense per Adj Pat Day	\$ 3,842	\$ 4,148	7.4%	\$ 4,158	\$ 4,150	-0.2%	\$ 3,816	-9.0%	28
29 Net Revenue per Adj Pat Day	\$ 3,805	\$ 4,298	-11.5%	\$ 4,210	\$ 4,293	-1.9%	\$ 3,982	5.7%	29
30 A/R Days-Hospital Only	49.4	50.0	1.2%	49.4	50.0	1.2%	53.0	6.8%	30
31 Days Cash on Hand	163.18	170	-4.0%	163.18	170	-4.0%	172.50	-5.4%	31



**Kittitas Valley Healthcare**  
Income Statement  
May 2016

	Current Month				Year-to-Date				Prior Y-T-D	
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	Actual	
<b>Patient Services Revenue:</b>										
Inpatient Revenue	1,952,363	2,451,716	(499,352)	-20.37%	9,209,466	12,021,316	(2,811,849)	-23.39%	10,477,306	1
Outpatient Revenue	8,428,429	8,614,801	(186,372)	-2.16%	42,628,083	42,426,757	201,326	0.47%	39,320,010	2
<b>Total Patient Services Revenue</b>	<b>\$ 10,380,792</b>	<b>\$ 11,066,516</b>	<b>\$ (685,724)</b>	<b>-6.20%</b>	<b>\$ 51,837,549</b>	<b>\$ 54,448,073</b>	<b>\$ (2,610,524)</b>	<b>-4.79%</b>	<b>\$ 49,797,315</b>	3
<b>Deductions from Revenue:</b>										
Contractual Adjustments	4,362,449	4,686,604	324,155	6.92%	22,073,157	23,030,076	956,919	4.16%	20,828,988	4
Provision for Bad Debts	318,554	190,574	(127,981)	-67.16%	925,063	934,426	9,363	1.00%	711,403	5
Charity and Uncompensated Care	(45,454)	59,290	104,743	176.66%	300,061	290,710	(9,351)	-3.22%	300,052	6
Prior Yr Cost Rep Settle	-	-	-	-	-	-	-	-	-	7
Other Allowances	47,791	22,713	(25,078)	-110.41%	183,929	111,369	(72,560)	-65.15%	108,040	8
<b>Total Deductions from Revenue</b>	<b>\$ 4,683,341</b>	<b>\$ 4,959,180</b>	<b>\$ 275,840</b>	<b>5.56%</b>	<b>\$ 23,482,210</b>	<b>\$ 24,366,581</b>	<b>\$ 884,371</b>	<b>3.63%</b>	<b>\$ 21,948,482</b>	9
<b>Net Patient Services Revenue</b>	<b>5,697,452</b>	<b>6,107,336</b>	<b>(409,884)</b>	<b>-6.71%</b>	<b>28,355,339</b>	<b>30,081,491</b>	<b>(1,726,152)</b>	<b>-5.74%</b>	<b>27,848,833</b>	10
<b>Other Operating Revenue</b>	<b>149,482</b>	<b>119,669</b>	<b>29,813</b>	<b>24.91%</b>	<b>601,207</b>	<b>598,346</b>	<b>2,861</b>	<b>0.48%</b>	<b>537,266</b>	11
<b>Total Operating Revenue</b>	<b>\$ 5,846,933</b>	<b>\$ 6,227,005</b>	<b>\$ (380,072)</b>	<b>-6.10%</b>	<b>\$ 28,956,546</b>	<b>\$ 30,679,838</b>	<b>\$ (1,723,292)</b>	<b>-5.62%</b>	<b>\$ 28,386,099</b>	12
<b>Operating Expenses:</b>										
Salaries & Wages	2,954,699	2,991,115	36,415	1.22%	14,499,010	14,844,045	345,034	2.32%	13,976,099	13
Employee Benefits	848,878	751,454	(97,425)	-12.96%	3,510,719	3,420,527	(90,192)	-2.64%	3,065,583	14
Professional Fees	222,046	322,447	100,401	31.14%	1,494,463	1,502,043	7,579	0.50%	1,317,721	15
Supplies	739,526	813,002	73,475	9.04%	3,443,116	4,143,382	700,266	16.90%	3,369,334	16
Utilities	61,819	70,892	9,073	12.80%	335,614	377,696	42,082	11.14%	349,740	17
Purchased Services	526,816	489,584	(37,232)	-7.60%	2,631,869	2,595,210	(36,659)	-1.41%	2,523,647	18
Depreciation	227,142	227,284	141	0.06%	1,132,871	1,136,419	3,548	0.31%	1,103,126	19
Rent/Lease	85,947	85,967	20	0.02%	439,725	405,258	(34,467)	-8.50%	418,844	20
Insurance	40,238	54,302	14,065	25.90%	269,049	275,323	6,274	2.28%	237,965	21
Travel & Education	39,504	42,751	3,248	7.60%	188,058	213,005	24,946	11.71%	137,330	22
Licenses & Taxes	71,582	75,049	3,467	4.62%	362,335	362,957	622	0.17%	382,055	23
Interest	36,048	24,214	(11,834)	-48.87%	124,065	121,069	(2,996)	-2.47%	144,824	24
Other Direct Expenses	49,465	62,767	13,302	21.19%	169,501	263,784	94,283	35.74%	177,313	25
<b>Total Operating Expenses</b>	<b>\$ 5,903,711</b>	<b>\$ 6,010,827</b>	<b>\$ 107,116</b>	<b>1.78%</b>	<b>\$ 28,600,395</b>	<b>\$ 29,660,716</b>	<b>\$ 1,060,321</b>	<b>3.57%</b>	<b>\$ 27,203,581</b>	26
<b>Operating Income</b>	<b>\$ (56,777)</b>	<b>\$ 216,178</b>	<b>\$ (272,956)</b>	<b>-126.26%</b>	<b>\$ 356,151</b>	<b>\$ 1,019,122</b>	<b>\$ (662,971)</b>	<b>-65.05%</b>	<b>\$ 1,182,519</b>	27
<b>Operating Margin %</b>	<b>-0.97%</b>	<b>3.47%</b>			<b>1.23%</b>	<b>3.32%</b>		<b>4.2%</b>		
<b>Non-Operating Revenue/Exp</b>	<b>101,384</b>	<b>130,000</b>	<b>(28,616)</b>	<b>-22.01%</b>	<b>724,910</b>	<b>650,000</b>	<b>74,910</b>	<b>11.52%</b>	<b>681,468</b>	28
<b>Net Income</b>	<b>\$ 44,607</b>	<b>\$ 346,178</b>	<b>\$ (301,572)</b>	<b>-87.11%</b>	<b>\$ 1,081,061</b>	<b>\$ 1,669,122</b>	<b>\$ (588,061)</b>	<b>-35.23%</b>	<b>\$ 1,863,987</b>	29
<b>Unit Operating Income</b>										
Hospital	156,043	487,775	(331,732)	-68.01%	1,848,180	2,398,330	(550,150)	-22.94%	2,112,606	30
Clinic Group	(110,973)	(204,589)	93,617	45.76%	(961,569)	(1,009,035)	47,465	4.70%	(539,016)	31
Home Care Grp	(14,650)	6,148	(20,798)	-338.31%	(117,329)	39,041	(156,369)	-400.53%	(46,277)	32
Hospitalist	(126,703)	(76,056)	(50,646)	-66.59%	(419,320)	(388,360)	(30,960)	-7.97%	(344,795)	33
Urgent Care	39,505	2,901	36,604	1261.67%	6,189	(20,853)	27,043	129.68%	(0)	34
<b>Totals</b>	<b>\$ (56,777)</b>	<b>\$ 216,178</b>	<b>\$ (272,956)</b>	<b>-126.26%</b>	<b>\$ 356,151</b>	<b>\$ 1,019,122</b>	<b>\$ (662,971)</b>	<b>-65.05%</b>	<b>\$ 1,182,519</b>	35

2016



## Balance Sheet

May 2016

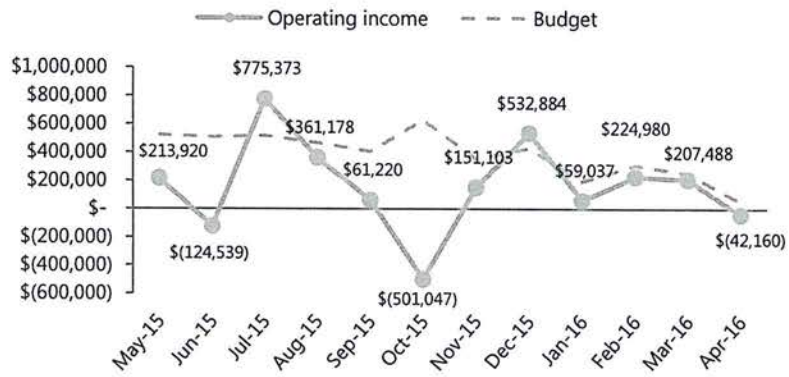
<b>Current Assets:</b>		<b>Current Month</b>	<b>Prior Year End</b>	<b>Change</b>	
1	Cash	4,054,218	7,562,435	(3,508,217)	1
2	Patient Accounts Receivable	9,312,110	7,079,248	2,232,862	2
3	Other Receivable	434,978	496,462	(61,484)	3
4	Inventories	992,724	910,035	82,689	4
5	Prepaid Expenses and Deposits	1,036,383	579,944	456,439	5
6	<b>Total Current Assets</b>	<b>15,830,413</b>	<b>16,628,124</b>	<b>(797,712)</b>	<b>6</b>
<b>Assets Whose Use is Limited:</b>					
7	Investments	25,432,977	25,253,677	179,300	7
8	<b>Total Assets Whose Use Is Limited</b>	<b>25,432,977</b>	<b>25,253,677</b>	<b>179,300</b>	<b>8</b>
<b>Property, Plant &amp; Equipment:</b>					
9	Property, Plant and Equipment	58,562,278	54,926,987	3,635,291	9
10	Less Accumulated Depreciation	33,976,457	32,843,586	1,132,871	10
11	<b>Net Property, Plant &amp; Equipment</b>	<b>24,585,820</b>	<b>22,083,400</b>	<b>2,502,420</b>	<b>11</b>
<b>Other Assets</b>					
12	Bond Issue Costs, Less Amortization	0	0	0	12
13	<b>Total Other Assets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>
14	<b>Total Assets</b>	<b>65,849,210</b>	<b>63,965,202</b>	<b>1,884,008</b>	<b>14</b>
<b>Current Liabilities:</b>					
15	Accounts Payable	2,289,141	1,807,982	481,159	15
16	Cost Reimbursement Payable	(1,696,662)	(1,696,662)	0	16
17	Accrued Salaries	279,433	603,984	(324,551)	17
18	Accrued Employee Benefits	824,888	674,274	150,614	18
19	Accrued Vacations	2,088,558	1,713,651	374,907	19
20	Current Maturities of Long-Term Debt	1,424,558	1,424,558	0	20
21	Current Maturities of Capital Leases	0	0	0	21
22	<b>Total Current Liabilities</b>	<b>5,209,916</b>	<b>4,527,787</b>	<b>682,129</b>	<b>22</b>
<b>Other Liabilities:</b>					
23	Accrued Interest 2008 UTGO & 2009 LTGO B	166,247	27,708	138,538	23
24	2008 UTGO Refunding Bonds Premium	79,262	96,782	(17,520)	24
25	Deferred Revenue - Home Health	0	201	(201)	25
26	<b>Total Other Liabilities</b>	<b>245,509</b>	<b>124,692</b>	<b>120,817</b>	<b>26</b>
<b>Long-Term Debt &amp; Capital Leases:</b>					
27	Long-Term Debt - 2008 UTGO Bonds	2,260,442	2,260,442	0	27
28	Long-Term Debt - 2009 LTGO Bonds	3,397,887	3,397,887	0	28
29	Long-Term Debt - Energy Project	(0)	(0)	0	29
30	Long-Term Debt - Dell	(0)	(0)	0	30
31	Long-Term Debt - PACS System	0	0	0	31
32	<b>Total Long-Term Debt &amp; Leases</b>	<b>5,658,329</b>	<b>5,658,329</b>	<b>0</b>	<b>32</b>
<b>Fund Balances:</b>					
33	Equity - Hospital Operations	53,654,395	48,559,832	5,094,564	33
34	Income (Loss) Year-to-Date	1,081,061	5,094,564	(4,013,502)	34
35	<b>Total Fund Balance</b>	<b>54,735,456</b>	<b>53,654,395</b>	<b>1,081,061</b>	<b>35</b>
36	<b>Total Liabilities &amp; Fund Balance</b>	<b>65,849,210</b>	<b>63,965,202</b>	<b>1,884,008</b>	<b>36</b>

Cash Flow  
Year to Date, May 2016

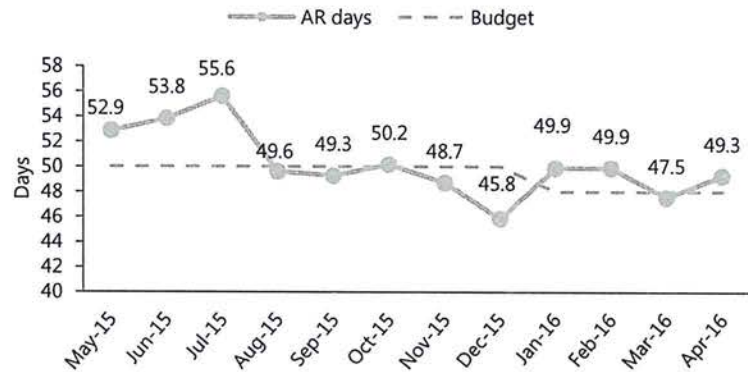
	Cash	Add	Subtract
<b>1 Net Book Income</b>	<b>1,081,061</b>	<b>1,081,061</b>	
<b><u>Add Back Non Cash Expenses</u></b>			
2 Depreciation	1,132,871	1,132,871	
3 Provision For Bad Debt			
4 Loss on Sale of Assets			
<b>5 Net Cash From Operations</b>	<b>2,213,932</b>		
<b>Increase in Current Assets = ( )</b>			
6 Patient Accounts & Other Receivables	(2,232,862)		(2,232,862)
7 Other Receivables	61,484	61,484	
8 Inventories	(82,689)		(82,689)
9 Prepaid Expenses & Deposits	(456,439)		(456,439)
<b>10 Total Current Assets</b>	<b>(2,710,506)</b>		
11 Investments	(179,300)	0	(179,300)
<b>Purchase of Property, Plant &amp; Equipment:</b>	<b>(3,635,291)</b>		<b>(3,635,291)</b>
<b>12 Net Property, Plant &amp; Equipment</b>	<b>(3,635,291)</b>		
13 Bond Issue Costs, Less Amortization	0		
<b>14 Total Assets</b>	<b>(4,311,164)</b>		
<b>Decrease in Current Liabilities: = ( )</b>			
15 Accounts Payable	481,159	481,159	
16 Cost Reimbursement Payable	0		
17 Accrued Salaries	(324,551)		(324,551)
18 Accrued Employee Benefits	150,614	150,614	
19 Accrued Vacations	374,907	374,907	
21 Current Maturities of Long-Term Debt	0		
22 Current Maturities of Capital Leases	0		
<b>23 Total Current Liabilities</b>	<b>682,129</b>		
<b>Decrease in Other Liabilities: = ( )</b>			
24 Accrued Interest on 1998, 1999 UTGO Bonds	138,538	138,538	
25 2008 UTGO Refunding Bonds Premium	(17,520)		(17,520)
26 Deferred Revenue - Home Health	(201)		(201)
<b>27 Total Other Liabilities</b>	<b>120,817</b>		
<b>Decrease in LT Debt &amp; Cap Leases: = ( )</b>			
28 Long-Term Debt - 2008 UTGO Bonds	0		
29 Long-Term Debt - 2009 LTGO Bonds	0		
30 Long-Term Debt - Energy Project	0		
31 Long-Term Debt - Dell	0		
32 Long-Term Debt - PACS System	0		
<b>32 Total Long-Term Debt &amp; Leases</b>	<b>0</b>		
<b>33 Total Liabilities</b>	<b>802,947</b>		
<b>34 Net Change in Cash</b>	<b>(3,508,217)</b>	<b>3,420,635</b>	<b>(6,928,852)</b>
35 Beginning Cash On Hand	7,562,435		
<b>36 Ending Cash On Hand</b>	<b>4,054,218</b>		

# Financial Stewardship

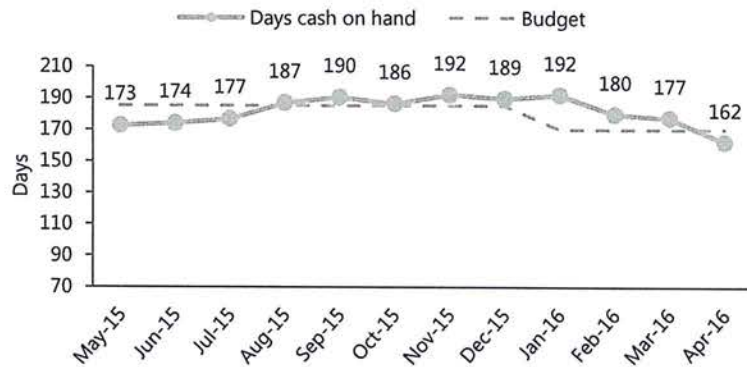
## Operating income ↑



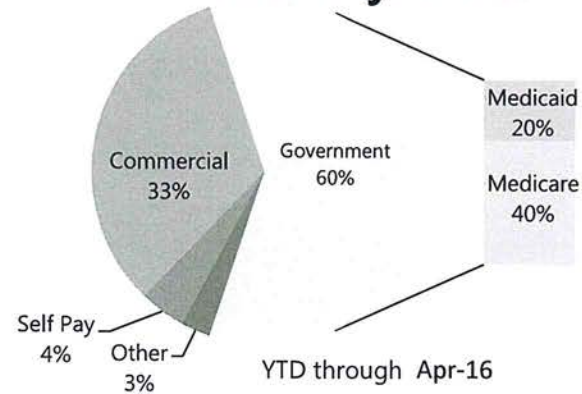
## Accounts receivable days ↓



## Days cash on hand ↑



## 2016 Payer Mix



jae

**KITTITAS VALLEY HEALTHCARE  
Capital Expenditure Board Narrative**

**Requesting Department:** Laboratory

**Capital Item Requested:** Siemens Chemistry Analyzer

**Function of Project:** Used to perform the majority of laboratory tests, including chemistry panels, as well as immunoassay tests such as TSH. Used continuously in laboratory.

**Reason Requested:** Current Analyzer has reach end of life and has required more frequent service calls and repairs. In past 6 months there have been 4 unscheduled service calls. In October 2015 the instrument was inoperable for 5 days causing delay in testing.

**Budget:** Not budgeted

**Actual Cost:** \$271,179.53

Budgeted Hematology Analyzer, at \$185,000, can be moved to 2017.

To be funded from reserves.

**Submitted By:** Daniel Antonelli, Director Laboratory

**Date:** 6/1/2016

**KITTITAS VALLEY HEALTHCARE  
Capital Expenditure Board Narrative**

**Requesting Department:** Clinical Informatics

**Capital Item Requested:** MedPower-eLearning

**Function of Project:** Online Micro-learning modules to provide education on OneContent, WebStation, CPOE (Computerized physician order entry), Physician Documentation, Paragon Clinician hub.

**Reason Requested:** Currently, hands on training on EHR and related software occur once. We do not have the capacity or ability to have providers, in particular, return for follow-up training. The micro learning modules allow for individuals to have small bits of training at their pace. Modules can be accessed on mobile devices providing just in time training when needed to address specific needs. With the upgrade to OneContent a large number of staff members will need to be trained in relatively short time period, use of eLearning would facilitate that training. Another benefit, Informatics can track modules frequently accessed to determine what targeted refresher training is needed.

**Budget:** Not budgeted

**Actual Cost:** \$24,500

To be funded from reserves.

**Submitted By:** Jeanette DeFoe, Manager Clinical Informatics

**Date:** 6/14/2016

# Board Evaluation Results

Results from May 2016 meeting

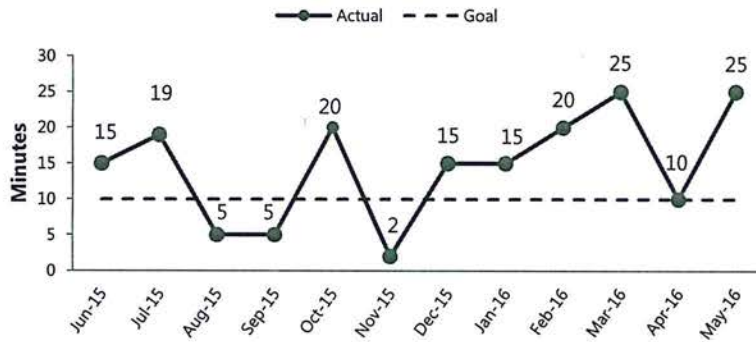
*Includes board responses to a survey specific to the last meeting and dashboards displaying data for the past 12 months.*



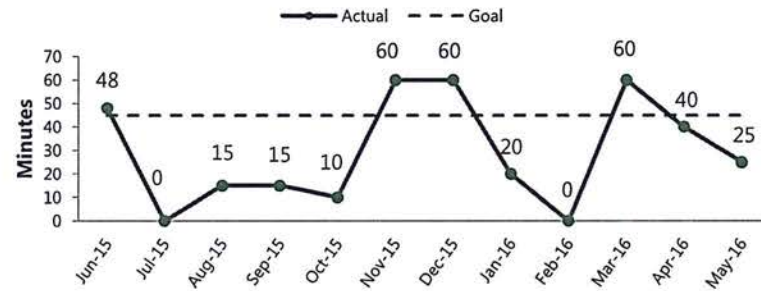
*There were no survey responses for the May 2016 meeting.*

# Board Meeting Dashboard

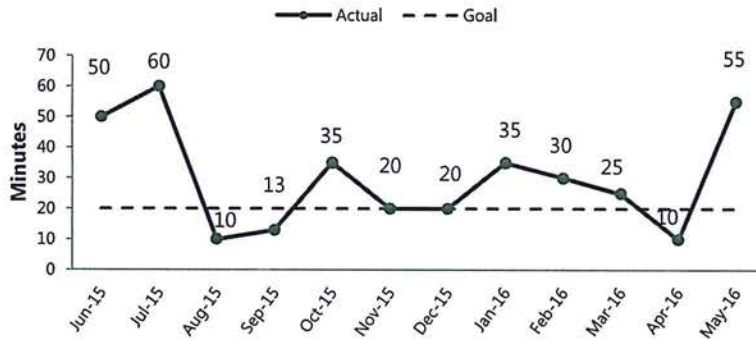
## Time spent on financials



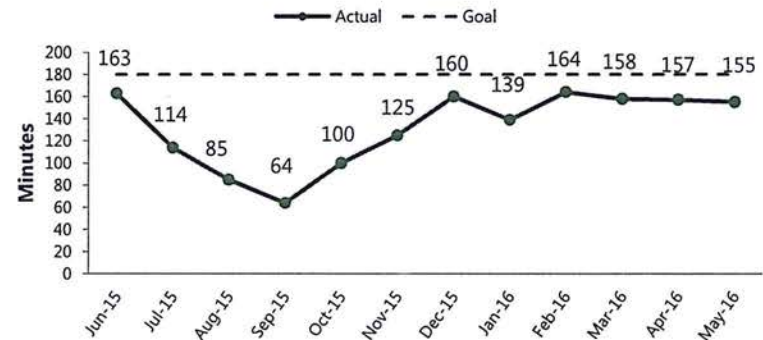
## Time spent on emerging health care issues



## Time spent on CEO report



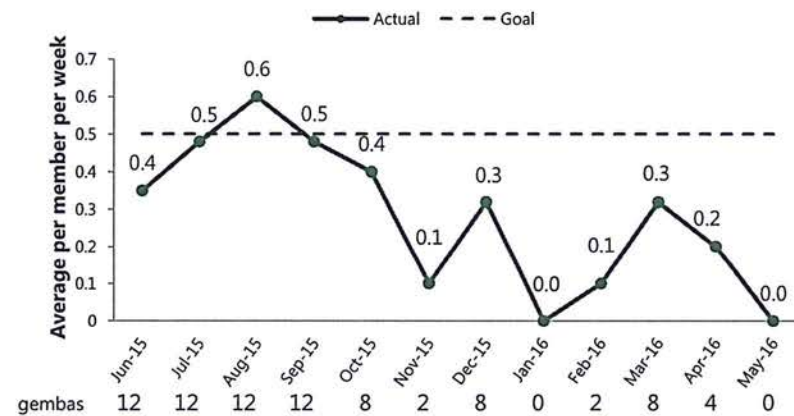
## Total meeting time



## Time spent on quality (without patient story)



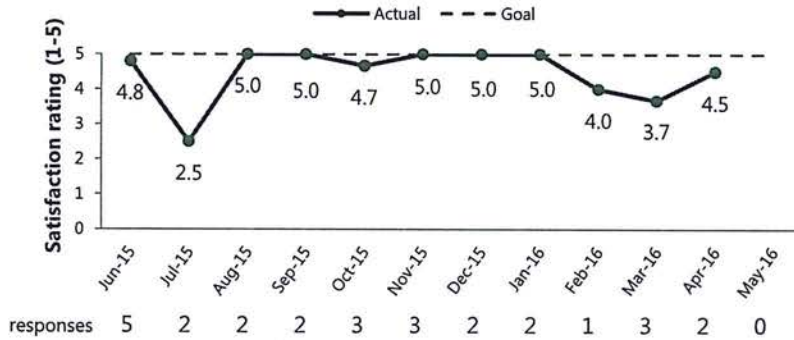
## Gemba walks by Board members



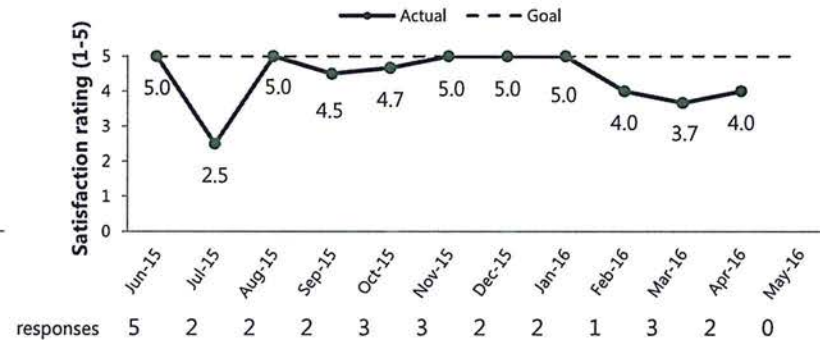
20

# Board Meeting Dashboard

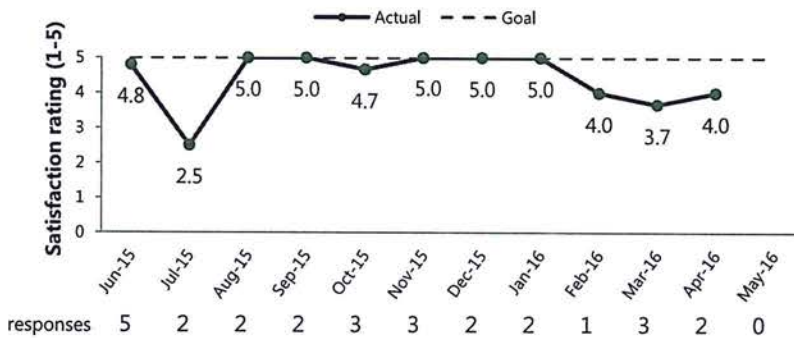
## Satisfaction with time spent on emerging health care issues



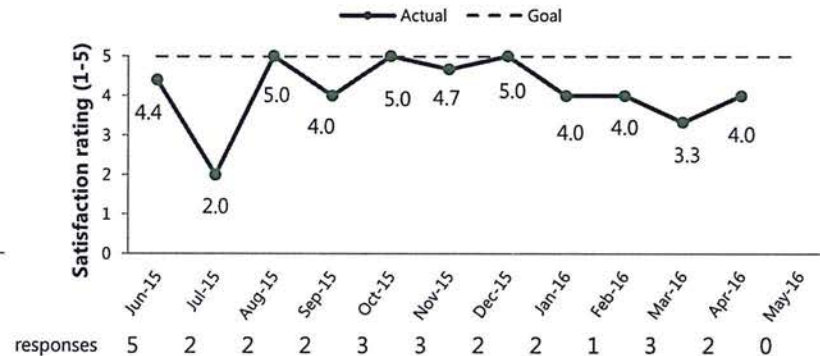
## Satisfaction with materials provided for emerging health care issues



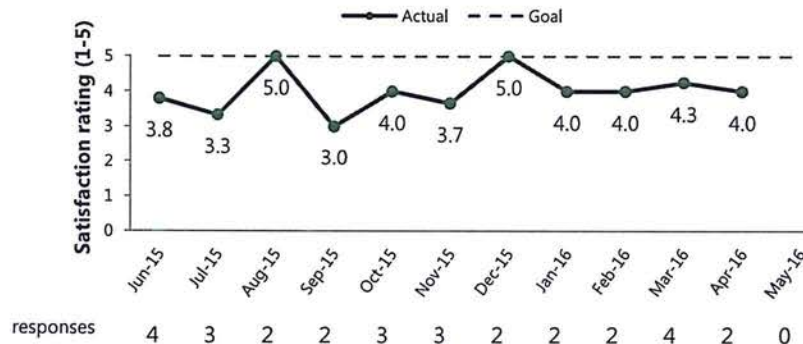
## Satisfaction with information covered for emerging health care



## Emerging health care issues presentation format promotes board involvement in discussion



## Belief that board met goal of 80% discussion, 20% reporting



# Kittitas Valley Healthcare

## RESOLUTION 16-08

### ACQUISITION OF REAL ESTATE FOR DISTRICT PURPOSES

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

WHEREAS, Public Hospital District No. 1 will use said real estate for future expansion of the hospital campus.

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

709 East Hobert Avenue, Ellensburg, WA 98926

Legal Description: Lot 9, Block E, Mountain View Addition, City of Ellensburg, as per plat thereof recorded in Volume 3 of Plats, page 34, records of the County of Kittitas, State of Washington.

Purchase Price: \$218,750

Closing Date: June 30, 2016

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

ADOPTED AND APPROVED by the Board of Commissioners this 23rd day of June, 2016.

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

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

\_\_\_\_\_  
Pam Wilson, Vice-President

\_\_\_\_\_  
Matt Altman, Commissioner

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

**June 23, 2016, Board Packet Clippings/Information**

<b><u>Pages</u></b>	<b><u>Title</u></b>
30	<b>KVH Board takes Steps to Fire CEO</b>
31	<b>KVH Appoints Acting Interim Director</b>
32-33	<b>On the Bumpy Road to change at KVH</b>
34	<b>KVH Board met in Executive Session Monday</b>
35-36	<b>Letter: Paul Nurick has been an Excellent Administrator</b>
37	<b>Losing Nurick will Cost KVH Needed Experience</b>
38	<b>Reason Behind Nurick's Dismissal is Politics</b>
39	<b>Letter: Looking for more Clarity from new KVH Board</b>
40-41	<b>KVH Hospital Receives Get with the Guidelines-Stroke Silver Plus Award</b>
42-43	<b>How I am Leading Doctors through Change</b>
44-46	<b>KVH Library Report</b>

## KVH board takes steps to fire CEO

By JOANNA MARKELL managing editor

The Kittitas County Hospital District 1 board will consider firing Kittitas Valley Healthcare CEO Paul Nurick in June, pending a performance evaluation.

The five-member board unanimously approved the motion in open session Thursday following a 45-minute, closed-door executive session about personnel issues.

The board unanimously put Nurick on paid administrative leave pending the June 23 vote, said Board President Liahna Armstrong. Commissioners

also unanimously approved a motion to hire a Seattle attorney to represent the board.

Public hospital commissions can remove CEOs by resolution, "introduced at a regular meeting and adopted at a subsequent regular meeting by a majority vote," under state law.

Hospital commissioners felt the resolution "was in the best interest of the hospital district at this time," said Armstrong, speaking on behalf of the board.

Nurick could not be reached for comment by the Daily Record on Friday.

Nurick was hired by KVH in 2009 after working for small health care organizations in New York, Connecticut, Pennsylvania and Michigan. He was named one of the "50 critical access hospital CEOs to know" by Becker's Healthcare in October. KVH has been listed as a top 20 critical access hospital by the National Rural Health Association.

The board will meet at 5:30 p.m. on Wednesday in public session to discuss the appointment of an interim CEO, Armstrong said. Until then, KVH Chief Operating Officer Cathy Bambrick will be responsible for making sure essential hospital functions are carried out, Armstrong said.

The hospital commissioners are Armstrong, Pam Wilson, Bob Davis, Matthew Altman and Erica Libenow. Davis, Altman and Libenow took office earlier this year after beating three incumbent board members in November. Hospital management, staffing and morale figured into the election debate, among other issues.

The board had a three-hour executive session on May 9 to discuss personnel issues according to meeting minutes.

The board will accept public comment during its regular meeting on June 23. Board meetings start at 5 p.m. with public comment at 5:30 on the second floor conference rooms at KVH.

# KVH appoints acting interim director

By **JULIA MARTINEZ** staff writer

Hospital District 1 commissioners appointed Cathy Bambrick as the acting interim director of Kittitas Valley Healthcare during a special meeting Wednesday night. Bambrick is the chief operating officer of KVH.

The position is temporary until an interim director is appointed. The board is in the process of pursuing potential interim directors.

"We're not ready to hire anybody yet, but we thought that somebody had to be at the helm," said board president Liahna Armstrong.

The vote was 4-1, with Matthew Altman opposed. The board met in a closed-door executive session for more than two hours to discuss personnel before coming out to vote.

Last week, the board unanimously approved a motion to consider terminating the contract of CEO Paul Nurick, pending a performance evaluation. Nurick is on paid administrative leave until a vote can be taken on June 23, the board's next regular meeting.

Armstrong said it's possible the board may need to have another special meeting before then to make an interim appointment.

## **On the bumpy road to change at KVH**

When three of the five of the five members of the Kittitas County Hospital District 1 (KVH) board of directors were replaced in the fall election there was a sense that changes could be in store at KVH.

That change came about last week when the board announced it was beginning the process that could potentially end with the termination of Paul Nurick's contract as CEO. Nurick is on paid administrative leave pending a performance review. The board could vote on termination at the June 23 meeting.

As was emphasized during the competitive campaigns for the KVH board seats this past fall, the only person the board has the authority to hire and fire is the CEO.

From an outside perspective it is hard to evaluate the performance of a hospital CEO. Health care is an amazingly complex field.

We interact with KVH as users. We know if we get quick service in the emergency room. We know if our surgery goes well. We know if the people conducting tests are courteous, caring and efficient.

There are indicators KVH is well managed. KVH has been recognized as a top critical access hospital five years in a row. It receives minimal taxpayer support and has remained financially sound in ever-changing federal and state systems for supporting health care.

KVH has kept abreast of fairly dramatic changes in how health care is provided. Some of that change has come on a national level, but some of it has been locally driven as well. Several years ago, the hospital began a path toward quality improvement, an effort which led to implementation of Lean-type management with a focus on efficiency and improved care. That sort of change can be challenging at any organization.

Last year, the public took notice when two physicians had their contracts terminated by KVH and other providers departed from the hospital's umbrella. During the campaign last fall, the issue of employee morale at the hospital was a topic of hot debate between the incumbent KVH board members and their challengers.

It is fair to say there is a degree of employee dissatisfaction with Nurick's management style. It is also accurate to say there has been employee dissatisfaction with previous CEOs as well.

### **What's the plan?**

Hospital board members are not likely to be forthcoming about the specific reasons why they are dismissing the CEO. It's a personnel issue and attorneys already are involved. But board members can talk to the community about their vision for the hospital, and how they plan to keep the ship steady in the months ahead. There are some big projects on the horizon — proposed construction of a new clinic building, implementation of a new electronic medical records system, EMS discussions in the Upper County and upcoming contract negotiations with nurses. Good leadership will be a necessity.



Daily Record, 6/3/16

This move by the board isn't a surprise, but staff and the community also need to know day-to-day health care won't be affected negatively and the hospital will continue to get high marks for quality care.

The public is fully behind the success of the hospital. The intense interest in the past hospital board election is evidence of that. Meeting the challenges and changes ahead will require the efforts and understanding of KVH administration, staff and the community.

## KVH board met in executive session Monday

— **staff reports**

The Kittitas County Hospital District 1 board met Monday night for an executive session about personnel.

The board took no action, according to Board President Liahna Armstrong. The closed door session lasted about two hours.

The board will meet in regular session on June 23 to consider terminating the contract of CEO Paul Nurick, who is on administrative leave pending a performance evaluation.

[http://www.dailyrecordnews.com/members/letter-paul-nurick-has-been-an-excellent-administrator/article\\_e78726b4-2774-11e6-b713-e3b577f15a88.html](http://www.dailyrecordnews.com/members/letter-paul-nurick-has-been-an-excellent-administrator/article_e78726b4-2774-11e6-b713-e3b577f15a88.html)

## Letter: Paul Nurick has been an excellent administrator

Joan Baird Glover May 31, 2016

To the Editor:

I am concerned about the decision by the current KVH Board of Commissioners to remove Paul Nurick as CEO of Kittitas Valley Healthcare (KVH).

I spent 19 years as a member of the Board of Commissioners of KVH. I also served on the board of trustees and on various committees of the Washington State Hospital Association for more than 16 years. In those roles I have known many health care leaders working throughout Washington state. Prior to moving to Ellensburg, I worked for two large hospitals in Houston.

I bring up my history only to add credibility to the purpose of this letter, which is to state clearly that Paul Nurick is an excellent health care administrator

When Paul was hired in 2009, the board went through an extensive search process. We discovered that finding someone with his knowledge, experience, and commitment — who also was interested and enthusiastic about living and working in a rural community — was exceedingly difficult.

Paul proved quickly that he had earned the reputation that preceded him. He is very smart, but even more important he has had one primary goal throughout his seven years at KVH: high quality care for the citizens of the community. I have heard him say many times, “Whatever we do at KVH we should do as well as any place in the country, or we shouldn’t do it. We owe that to our patients.”

Patient care has always been his first priority. And often that meant change and change can make people uncomfortable and resistant.

35

I ask readers of this letter to consider why KVH has been recognized as a top Critical Access Hospital (CAH) for five years in a row. There are about 1,300 CAHs throughout the U.S. and only seven hospitals have been on the list from its inception. That doesn't happen by accident. It happened because of focused hard work by many people, plus strong and consistent leadership.

Paul's standard of excellence challenged me to be a more competent and effective board member. I am thankful to have had the opportunity to work with him. The current board has made a decision and I can only hope that its next steps will benefit the health care community and citizens of Kittitas County. This is a very challenging time for health care. KVH needs thoughtful, educated leadership that will work diligently to meet current challenges and prepare for an unpredictable future.

Joan Baird Glover

Houston

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Michael Gallagher

## Losing Nurick will cost KVH needed experience

To the Editor:

Although "word on the street" is that the KVH Board has made final decision for Paul Nurick's employment termination. However the board's vote in public is still pending, as is individual board member decisions to explain their position.

Prior to making that public commitment the board should weigh the following:

In addition to the many excellent points for why Nurick was hired and should be retained, that were enumerated by former KVH board member Joan Glover, one point remains unaddressed. Mr. Nurick has had the East Coast experience in the hospitalization industry that few of us in rural American West know — the assimilation of smaller hospital districts by large hospital conglomerates.

Now, "on the street," that buy-out by Swedish or Virginia Mason or U of W Medical might be a good thing because look at all the additional facilities we "should" have access to. Or, it could be a "very-expensive-less than-positivecare-facilities'-luxury priority that our local tax dollars eventually end up supporting?

On a day-to-day basis, the attention KVH supplies small communities could take second place with "extraordinary" cases being shipped off to Seattle for treatment. How many of us have experienced the additional personal out-of-pocket expenses patients and families must incur for long-distance medical attention?

The salaries and benefits of union members would certainly be accommodated by the absorption with Seattle's "thousand-pound gorilla" union force. But what of the doctors and paraprofessionals who chose to serve in a small community? Most respond to a call because we are who we are — a small community supported hospital district. They come for the heart and the art of healing. They know us intimately from surgical and delivery room suites to Saturday market and produce-counter encounters.

The two scenarios Mr. Nurick knows very well. Do you KVH board members presume to share his expertise? And do we voters truly believe you are qualified to make that call on our behalf when we so recently elected you?

Sandy Elliot

Ellensburg

Daily Record, 6/10/16

## Reason behind Nurick's dismissal is politics

To the Editor:

The announcement that the KVH board is looking to oust Paul Nurick as administrator is all politics.

In this case it is the politics between the employee unions and the residents of Kittitas Valley. Stacking the board with votes that favor the employees are votes that want to change policies that are not in the interest of the citizens and taxpayers of the county.

The employees have bargaining units and people to press their case where as the residents and taxpayers of the valley have no advocate besides Paul Nurick.

The board should think long and hard about ousting an administrator who has done exactly what he was hired to do and provides excellent care for all of us and is recognized as a leader in his field. If the decision is to terminate Mr. Nurick then that is a decision to deliberately lower the quality of care to the citizens of the county. The hospital is at the top and the only direction is downhill.

Ian Elliot

Ellensburg

# Letter: Looking for more clarity from new KVH board

To the Editor:

The announcement of the Kittitas Valley Healthcare Board of Directors intent to fire CEO Paul Nurick came as a complete shock. Even though I am aware that community members have been critical of previous board members, and supported the efforts to oust them from office, this austere action by the board seems neither prudent nor responsible.

I do not know Paul Nurick except by reputation as the leader who moved the hospital forward and kept it financially sound at a very difficult time. I know some of the hospital's services through personal experience. In each of those situations, the hospital staff members exemplified professionalism and expertise. We have felt very fortunate to live in a small town with such laudable medical services.

So, how am I to know what to think of this abrupt action with absolutely no information about the grievances that precipitated it. I attended the forum for the election of KVH board members last fall and heard some of the concerns about procedures that were expressed and how they might be changed. The challengers for the board positions emphasized their commitment to transparency and to keeping community members totally informed. Ironically, in the first five months of office, the new board members have failed in that endeavor. To learn of this action to terminate the CEO of my hospital, without any indication of the reasons for such action, was, in my mind, unwarranted and unprofessional.

The letter to the editor of the Daily Record, from a former KVH board member, Joan Baird Glover, in which she praised Mr. Nurick's leadership and delineated his accomplishments, got my attention. I admire her and greatly respect her viewpoint. I was waiting for a response from the KVH board to her concerns.

At this time, I see no reason to terminate a person of Mr. Nurick's quality and expertise. As Joan Glover said, we are lucky to have someone of his caliber in this small community. Only the most egregious behavior should bring about a sudden termination. This action not only upsets the community but it costs them money, time and confidence. I know the expense and disruption to community members and company staff involved in a nationwide search for a new CEO. Obviously, I cannot judge the situation, because I, as a community member, have not been informed, and my attempts to get information and clarification have received no response.

Beverly Benson Vifian

Ellensburg



# KVH Hospital Receives Get With The Guidelines-Stroke Silver Plus Quality Achievement Award

6/1/2016

KVH Hospital has received the American Heart



Association/American Stroke Association's Get With The Guidelines®-Stroke Silver Plus Quality Achievement Award. The award recognizes the hospital's commitment and success in ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.



To receive the Silver Plus Quality Achievement award, hospitals must achieve 85 percent or higher adherence to all Get With The Guidelines-Stroke achievement indicators for at least 12 consecutive months. During the same period, hospitals must achieve 75 percent or higher compliance with five of eight Get With The Guidelines-Stroke Quality measures.

These quality measures are designed to help hospital teams provide the most up-to-date, evidence-based guidelines with the goal of speeding recovery and reducing death and disability for stroke patients. They focus on appropriate use of guideline-based care for stroke patients, including aggressive use of medications such as clot-busting and anti-clotting drugs, blood thinners and cholesterol-reducing drugs, preventive action for deep vein thrombosis and smoking cessation counseling.

“A stroke patient loses 1.9 million neurons each minute stroke treatment is delayed. This recognition further demonstrates our commitment to delivering advanced stroke treatments to patients quickly and safely,” said Rhonda Holden, Chief Nursing Officer. “KVH continues to strive for excellence in the treatment of stroke patients. The recognition from the American Heart Association/American Stroke Association’s Get With The Guidelines-Stroke further reinforces our team’s hard work.”

According to the American Heart Association/American Stroke Association, stroke is the fifth leading cause of death and a leading cause of adult disability in the United States. On average, someone in the U.S. suffers a stroke every 40 seconds, someone dies of a stroke every four minutes, and nearly 800,000 people suffer a new or recurrent stroke each year.

# How I am leading doctors through change

KAREN WEINER, MD, MMM | PHYSICIAN | MAY 26, 2016

Here's a leadership challenge: Get a group of highly independent, intelligent individuals to come together to build a boat. But imagine the blueprint for that boat is vague and untested. Now imagine that this boat must be built in choppy, progressively inhospitable waters, while said individuals are frantically treading water to stay afloat. Convincing these smart people that there's a problem isn't the issue. Convincing them to abandon their desperate and crucial self-preservation activities long enough to create a viable way out of the situation is.

The current practice of medicine is presenting on-the-job hazards not previously encountered. It seems that daily, physicians are challenged with yet another required change to the work they presently do. We wonder out loud, "What is so wrong with the way I've been doing it all these years? How on earth did the field of medicine survive without an electronic health record, without measuring patient satisfaction, without data telling us how many patients followed through on recommended screening tests and without annual wellness visits?"

Three years ago I stepped into a leadership role in my organization because I wanted to help do something about physician burnout and help my colleagues navigate the changing landscape. We have spent the last three years redefining our culture and figuring out what we need to do, not only to survive, but to thrive as we move from episodic patient care toward a model of population health management. While I know we are making incremental improvements and our burnout scores have improved, my daily work is to champion projects and initiatives that present yet more painful change for my physician colleagues. Knowing that the long-term impact of these initiatives on the group and those we care for will be positive does not make the implementation any easier. Despite communicating a vision of the future that improves both the lives of physicians and the care of patients, the reality is that the pace of change is triggering a degree of stress and loss that can be overwhelming.

Referencing Ronald Heifetz's work, *Leadership without Easy Answers*, Dr. Jack Silversin writes in his book, *Leading Physicians Through Change*, about the difference between technical change and adaptive change. In contrast to the straightforward and low-stress nature of technical changes, he describes adaptive changes as those that tap into loss, anger, disappointment and frustration which can lead to work avoidance. Adaptive change lacks any roadmap defining the best way to achieve success. It often comes with the need to think about things in a different way and generally requires a new way of interacting with one another.

The changes that physicians are facing in rapid succession are adaptive changes, creating a degree of stress that is contributing to frustration and burnout reported by over half of the physician workforce. Leaders need to understand the unique challenges of adaptive change. I spend my days analyzing the big picture and anticipating what organizational competencies we need to develop next: Standardization

of workflows? Care gap closures? Care management? More pharmacists? Primary care teams? And if so, which team model is right for us? But figuring out the necessary new direction we must take is less than half of the challenge. John Kotter, in his book *Leading Change*, makes the case that change won't occur unless the pain of the current state exceeds the pain of change itself. Establishing a sense of urgency for this change among physicians who are already struggling to survive the status quo often feels like a cruel joke.

The increasing volume and changing nature of our workload is another major source of stress and dissatisfaction. Physicians want to care for their patients, not interact with computers and click boxes. An obvious way to address this burden is to remove clerical and other non-physician work from our plate. The problem is, work can't be delegated unless it is standardized. Otherwise, there is no way to assess if that work is done correctly. Standardization requires physician input and collaboration. Collaboration requires engagement. The opposite of engagement is burnout. And this is where the majority of the physician workforce is: burned out and treading water frantically, too focused on immediate survival to engage with their peers to build that boat.

As a leader, effectively communicating a promising vision is essential. But convincing highly trained professionals that "change or die" is their new reality comes at an immediate cost. The irony of the situation is that the pursuit of new solutions is creating an unprecedented sense of loss; loss of control and loss of the status quo. The challenge is to acknowledge the denial and anger all of this change is generating while encouraging movement forward toward a better place, all the while knowing that you are likely the target of much of this anger, being perceived by your peers as the source of the change-generated stress.

I accepted this leadership role because I care deeply about my colleagues and their well-being. Competent physician leadership is needed in order to create a vision of the future and successfully navigate through this rapid succession of changes brought on by health care reform. There is no going back. We've got to acknowledge the frustration, acknowledge the loss, and then focus on building the boat.

Karen Weiner is a chief medical officer.

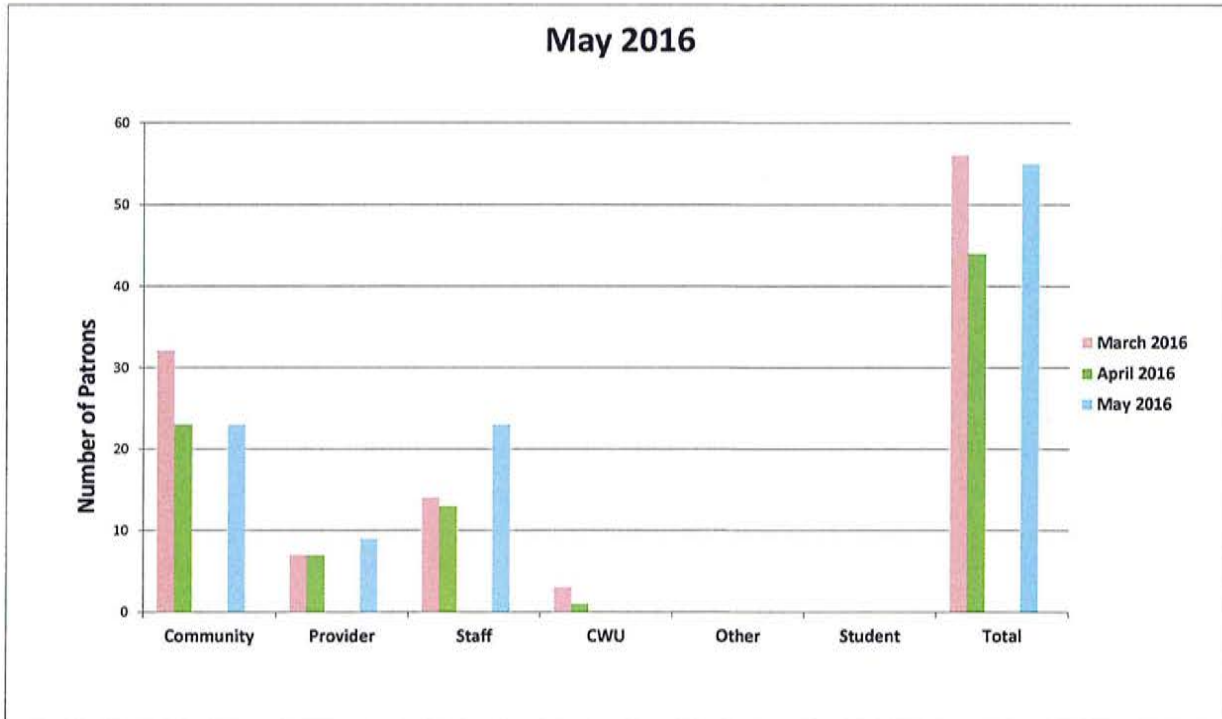
Kittitas Valley Healthcare  
Community Health Library  
Monthly Patron Statistics

	January			February			March		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community		21			35			32	
Provider		18			21			7	
Staff		12			24			14	
CWU		0			4			3	
Other		0			0			0	
Student		3			4			0	
<b>Total</b>		<b>54</b>	<b>0</b>		<b>88</b>	<b>0</b>		<b>56</b>	<b>0</b>

	April			May			June		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	33	23			23		26		
Provider	48	7			9		30		
Staff	41	13			23		16		
CWU	2	1			0		1		
Other	0	0			0		1		
Student	0	0			0		0		
<b>Total</b>	<b>124</b>	<b>44</b>	<b>0</b>		<b>55</b>	<b>0</b>	<b>74</b>	<b>0</b>	<b>0</b>

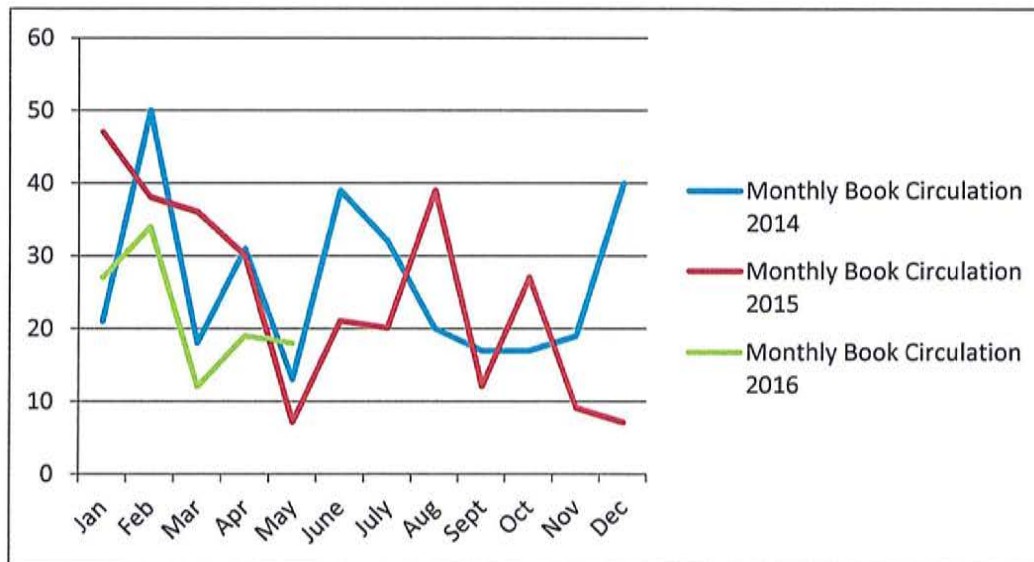
	July			August			September		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	34			32			32		
Provider	24			22			12		
Staff	19			25			19		
CWU	2			0			1		
Other	0			0			0		
Student	0			0			0		
<b>Total</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>64</b>	<b>0</b>	<b>0</b>

	October			November			December		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Community	23			16					
Provider	20			21					
Staff	12			26					
CWU	0			3					
Other	0			0					
Student	0			1					
<b>Total</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>67</b>			<b>0</b>	<b>0</b>	<b>0</b>



Monthly Book Circulation

	<u>2014</u>	<u>2015</u>	<u>2016</u>
Jan	21	47	27
Feb	50	38	34
Mar	18	36	12
Apr	31	30	19
May	13	7	18
June	39	21	
July	32	20	
Aug	20	39	
Sept	17	12	
Oct	17	27	
Nov	19	9	
Dec	40	7	
YTD Total	<u>317</u>	<u>293</u>	



### Community Health Library Databases - Number of Searches

Database Name		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
UpToDate	2015	1063	1165	1407	1112	1154	1742	1288	1655	1814	1654	2025	1772	17851
	2016	1451	1810	1706	1202	1523								7692
ClinicalKey	2015	156	110	163	217	263	99	186	68	79	207	140	132	1820
	2016	442	167	174	108	n/a								891
ClinicalKey for Nurses	2015											48	85	133
	2016	255	61	69	34	n/a								419
EBSCO Consumer Health Complete	2015	18	73	31	38	2	16	27	13	8	3	3	8	240
	2016	1	3	33	4	4								45
ProQuest	2015	14	54	0	0	2	17	12	2	2	2	3	0	105
	2016	13	7	0	4	0								24
<b>Patron Services</b>														
Articles & Newsletters Sent to Patrons & Providers	2015	8	36	10	28	4	15	6	2	64	48	71	43	287
	2016	42	117	50	52	41								302
Books Checked Out	2015	47	38	36	30	7	21	20	39	12	27	9	7	293
	2016	27	34	12	19	18								110
Inter-library Loan	2015								2			1		3
	2016	3	5	1	0	2								11

n/a = not available

**PUBLIC HOSPITAL DISTRICT NO. 1 / KITTITAS VALLEY HEALTHCARE  
KITTITAS COUNTY, WASHINGTON  
RESOLUTION NO. 2016-09**

**RESOLUTION FOR REMOVAL OF SUPERINTENDENT**

**WHEREAS**, Kittitas County Public Hospital District No. 1 ("District") appointed Paul E. Nurick to an indefinite term as the District's Superintendent and Chief Executive Officer in an employment agreement signed by the parties on April 23, 2009, but with an effective date of July 15, 2009 ("Agreement"); and

**WHEREAS**, the parties amended the Agreement with an addendum signed on September 25, 2014 ("Addendum"); and

**WHEREAS**, RCW 70.44.070(1) provides that a superintendent of a public hospital district shall be appointed for an indefinite time and be removable at the will of the commission; and

**WHEREAS**, the Agreement in express language, and the Addendum by reference, provide that the District may terminate Paul E. Nurick's employment at any time without cause by giving written notice to him and complying with the requirements of Chapter 70.44 RCW; and

**WHEREAS**, this resolution was first introduced at a regularly scheduled meeting of the Board of Commissioners of Public Hospital District No. 1 ("Commission"), held on May 26, 2016.

**NOW, THEREFORE, BE IT RESOLVED** pursuant to RCW 70.44.070(1), the Commission has determined that it is in the best interest of the District to remove and therefore terminate Paul E. Nurick as the District's Superintendent and Chief Executive Officer effective on the adoption of this resolution by a majority of the Commission at its next regularly scheduled meeting, which shall take place on June 23, 2016, at 5:00 pm.

**ADOPTED** by the Board of Commissioners of the District this 23rd day of June, 2016.

**PUBLIC HOSPITAL DISTRICT NO. 1**

By: \_\_\_\_\_  
Liahna Armstrong, President - Commissioner

By: \_\_\_\_\_  
Pam Wilson, Vice President - Commissioner

By: \_\_\_\_\_  
Dr. Bob Davis, Secretary - Commissioner

By: \_\_\_\_\_  
Matthew Altman - Commissioner

By: \_\_\_\_\_  
Erica Libenow - Commissioner