

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
Campbell's Resort, 104 West Woodin Avenue, Chelan, WA 98816 - 3:35 p.m.

June 24, 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: May 23, 2019 (3-5)
- b. Approval of Checks (6)
- c. Report: Foundation (7)
- d. Minutes: Finance Committee (8-9)

4. Presentations

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality – Mande Olsen, Director of Quality Improvement (10-20)
- b. Chief Executive Officer – Julie Petersen (21-22)
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** (23)
 - ii. Chief Medical Officer, Kevin Martin MD (24)
- d. Finance – Chief Financial Officer - Scott Olander
 - i. Operations Report (25-33)
 - ii. Capital Expenditure Request: Four ECG Carts ** (34)
 - iii. Capital Expenditure Request: Three Birthing Beds ** (35)
 - iv. Capital Expenditure Request: Cerner Access ** (36)
- e. Operations (37-42)
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations
- f. Community Relations Report – Michele Wurl, Director of Communications & Marketing (43)

7. Education and Board Reports

8. Old Business

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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

July 25, 2019 Regular Meeting
August 22, 2019, Regular Meeting

Future Agenda Items

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B

May 23, 2019

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Vicky Machorro, Rhonda Holden, Lisa Potter, Dr. Kevin Martin, Carrie Youngblood, Ron Urlacher, Anna Scarlet, Kelli Goodian-Delys, and Tanner Scheid

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien, and Dr. Jonathan Hibbs

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

2. **Approval of Agenda:**

President Altman stated that there is one change to the agenda: the June Board meeting will be held on June 24th in Chelan, in conjunction with the Washington State Hospital Association conference. It will remain an open meeting, and the public is invited. For those who cannot attend, the meeting will be broadcast online. This is a one-time change.

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

3. **Consent Agenda:**

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

4. **Presentations:**

Tom Dingus, from Dingus, Zarecor & Associates, gave a presentation regarding the latest independent financial audit of Kittitas Valley Healthcare. He reported that overall the hospital was doing well financially. He stated that there were no material findings or financial weaknesses reported for KVH.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved formal acceptance of the auditor's report.

Dr. Jonathan Hibbs, KVH Hospitalist, gave a presentation on sepsis. Dr. Hibbs went over the definitions, metrics, criteria for payment and what we have done to improve our processes. Dr. Hibbs further stated that our mortality rates are low compared to the national average.

Tanner Scheid, KVH Orthopedics Clinic Manager, went over the packet that was developed as a result of the total joint improvement work. Tanner stated that the main focus was on communication and for patients to have one central place for all of their appointments, instructions, and contact information.

5. **Public Comment/Announcements:**

None.

6. Reports and Dashboards:

The Board members reviewed the QI dashboards and summary. Julie Petersen reviewed the ACO Compliance Training for administration and Board members. Petersen stated that they are required to have this training. Petersen went over what an ACO is and why we are participating.

Ron Urlacher introduced Brian Andringa from KDA and Bill Frymier from VK Powell. Julie Petersen stated that the bid opening for the Medical Arts Center was held on Monday, and she summarized and explained the two bids received. Petersen stated that these bids do not include the vestibule/canopy.

ACTION: Based on the recommendation of KDA Architects and their assessment of the sealed bids received for the Medical Arts Center Tenant Improvement Project, Roy Savoian moved and Liahna Armstrong seconded the motion authorizing administration to enter into a contract with VK Powell Construction, the low bidder, to proceed with construction. The motion passed unanimously.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that both the grant writer and KVH Foundation assistant started this week.

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

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved the initial appointment for Dr. Holly Dawson, Dr. C Anderson, Dr. Lance Knecht, Dr. Stewart Kerr and reappointments for Dr. John Sand, Dalila Fairchild, ARNP, Dena Mahre, PA-C, and Chelsea Newman, PA-C as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that the Provider Value Alignment Committee is working to create a framework on values and principals and that this process is new and different for our providers.

Scott Olander reported on KVH's financial performance for April. Olander stated that we are doing more GI cases on a monthly basis and expenses were below budget for the month.

ACTION: On motion of Erica Libenow and second of Bob Davis, the Board members unanimously approved the capital expenditure request for the sidewalk and concrete repairs on the main campus.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Machorro stated that wound care is continuing to grow. Holden stated that they have started offering mammograms one Saturday per month.

The Board members reviewed the Community Relations report.

7. Education and Board Reports:

None

8. Old Business:

None.

9. New Business:

None.

10. Executive Session:

At 7:25 pm, President Altman announced that there would be a 10-minute recess followed by a 25-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 8:00 pm, the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:01 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda as amended.
3. Motion passed approving formal acceptance of the auditor's report.
4. Motion passed authorizing administration to enter into a contract with VK Powell Construction, the low bidder, to proceed with construction on the Medical Arts Center Tenant Improvement project.
5. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
6. Motion passed approving the capital expenditure request for the sidewalk and concrete repairs

Respectfully submitted,

Mandy Weed/Erica Libenow
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: June 27, 2019

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>253801-254733</u>	NET AMOUNT:	<u>\$4,744,601.11</u>
		SUB-TOTAL:		<u>\$4,744,601.11</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81418-81427</u>	NET AMOUNT:	<u>\$12,018.17</u>
#2	PAYROLL CHECK NUMBERS	<u>81428-81434</u>	NET AMOUNT:	<u>\$7,796.73</u>
#3	PAYROLL CHECK NUMBERS	<u>81435-</u>	NET AMOUNT:	<u>\$6,891.15</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,132,252.00</u>
#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,074,222.15</u>
#6	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,170,201.63</u>
		SUB-TOTAL:		<u>\$3,403,381.83</u>

TOTAL CHECKS & EFTs: \$8,147,982.94

Prepared by


 Sharoll Cummins
 Staff Accountant

FOUNDATION

Special Events

16th Magical Evening... A Night of Hope – Thank you to everyone for your support at the annual Gala. As a reminder, this year's fundraising campaign was in support of providing new Birthing Beds for Family Birthing Place at KVH Hospital. With over 300 births a year, our care team ensures women are comfortable and safe during the laboring process to welcome their new baby. Pregnancy is such an amazing, incredible process and unique every time. The Fund-A-Need campaign will help us purchase three birthing beds which are designed to adapt to a woman's individual needs, while promoting safe, ergonomic practices for nursing staff.

\$43,745.00 was pledged by Gala attendees for the Fund-A-Need portion of the evening.

Tough Enough To Wear Pink – The Foundation will be again assisting the Ellensburg Rodeo with the Tough Enough to Wear Pink (TETWP) fundraiser again this Labor Day Weekend. New to the fundraiser this year will be a second location for merchandise sales courtesy of the Kittitas County Fair Board.

Donor Database

The Foundation at KVH's work on transitioning to the new donor database continues. Donor Perfect, a new donor tracking platform, was implemented this spring and I am in the process of importing historical donor information and current fundraising campaign updates.

Membership

We would like you to join us in welcoming our newest board member, Donna Walker, who will be attending the July 23, board meeting.

GRANTS

The Grant Writing and Management process has been turned over to new hire Mitchell Rhodes.

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

June 20, 2019
Thursday

**Café Conference Room
3:30 P.M.**

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: May 23, 2019**
- **May Financial Highlights**
- **Capital Expenditure Requests**
 - **ECG Carts**
 - **Family Birthing Place - Birthing Beds**
 - **KVH Pediatrics – Cerner Access**
 - **Other Capital**
- **Adjourn**

Next Meeting Scheduled: July 23, 2019 (*Tuesday*)

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
May 23, 2019

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

Members Excused: Julie Petersen

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

Visitors Present: Tom Dingus from Dingus, Zarecor & Associates PLLC

The meeting was called to order by Liahna Armstrong at 3:30pm.

A motion was made to approve the agenda and minutes. The motion carried.

Tom Dingus was introduced. Tom is the Partner from Dingus, Zarecor & Associates who oversees the audited financial statement engagement. Tom presented the audited financial statements, financial indicators and corresponding auditor required communication. Kittitas Valley Healthcare received an unmodified opinion.

Scott Olander presented the financial overview of April. Overall the financial results were pretty good for the month. Looking at the Key Statistics and Indicators page and the Statement of Revenue and Expense, the statistics support the revenue. Inpatient admissions and deliveries were below budget. Inpatient days were at budget. Rehab visits were above budget and most other outpatient services were a little below budget. To help explain changes in revenue, the committee discussed adding GI procedures and Home Health and Hospital visits to the Key Statistics and Indicators page. The ER Leveling process is in place and is reflected in the revenue and contributed to the month's positive operating results. Days in AR continued to be flat and Trust HCS was authorized an additional forty hours per week for coding. The organization is hiring per diem coders to assist with coding. Financial details were provided in the Chief Financial Officer's Report.

The committee was given a quick overview of our RHC Medicaid encounter billing and payment analysis. We identified approximately 1500 accounts incorrectly paid or automatically denied that we have appealed and discussed with HCA.

The committee approved the capital expenditure request for the sidewalk repair to go to the Board of Commissioners.

With no further business, the meeting was adjourned at 4:50pm.

QUALITY IMPROVEMENT REPORT – Mande Olsen, BSN RN CPHQ

June 2019

Patient and Family Advisory Council

After HD1 and HD2 nominations, we have found at least three Patient and Family Advisors who have agreed to join our new council. We are still in the process of filling all of the positions with additional nominations, and all of the members will go through the onboarding process as KVH volunteers in this capacity. Meanwhile, we are preparing the content and resources for our first Council meeting which we hope to have before the end of July.

Greater Columbia ACH/ACO

As will be mentioned in operational reports, we continue to work on Practice Transformation with the assistance of funding through the GCACH, which aligns with our ACO objectives. The GCACH has been providing clarification on goals as well as resources and education related to care management tools, team-based care, opioid use disorder, and Patient Centered Medical Home benefits. Beyond Practice Transformation, work the organization has endeavored in such as the Value Alignment Committee and the Promoting Interoperability team, help further attain the milestones of both the GCACH and the ACO.

Quality Improvement Dashboard Data Summary – through April 2019

Summary of Areas Meeting Goal or Showing Improvement

- One failure of the sepsis bundle, but this was a medically justifiable failure that was in the best interest of the patient. It would not have been prudent to give the patient a 3L bolus of fluids.
- This is the lowest monthly median time to CT or MRI for patients diagnosed with stroke in the past year.
- One patient with stroke received tPA within 38 minutes. This is the fastest time we have ever recorded at KVH since tracking began.
- Fewer fluoroquinolone prescriptions in clinics since we began tracking and posting.
- Last inpatient fall with injury was in January 2018.

Summary of Improvement Opportunities

- Still some room for improvement in adequate documentation/ordering of restraints.
- Spike in care and service reports in the month of April. This is likely due to additional patient financial statements that were sent.
- Have had some non-patient and staff falls with injury.

Patient Stories

- *"When I was seen in the ER I was scared; the nurse was very nice. My on-site 'doctor' Lauren was amazing. Her bedside manner made me feel comfortable."*

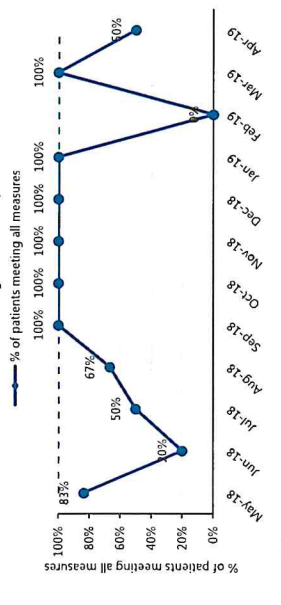
– KVH Emergency Department patient about PA-C Lauren Musick

- *"Recently on a Thursday afternoon I was in Cle Elum. For a couple weeks I had not been feeling well and it was getting worse. Heading into the weekend it was going to be impossible to get to my primary care provider and my condition was degrading rapidly. I chose to check in to the Urgent Care facility for medical attention. Check in was quick and efficient with no wait at all. My needs were reviewed by staff and I was seen by 'Dr.' Ramm. A thorough evaluation was done and the proper medications prescribed and forwarded to my home town pharmacy ready for pickup upon my return. I highly recommend this facility and give my utmost regard to 'Dr.' Ramm and her staff. Job well done!"*

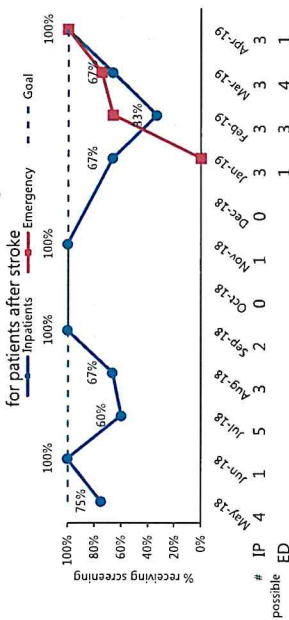
– KVH Urgent Care patient about ARNP Rhonda Ramm and staff

QI Council

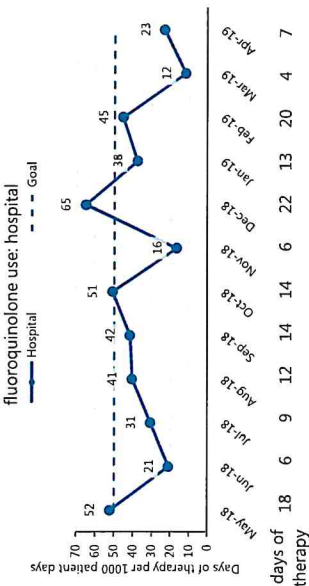
Sepsis



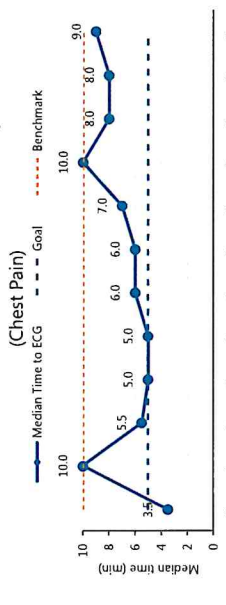
Dysphagia Screening



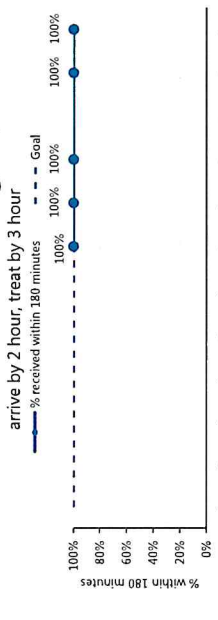
Antimicrobial Stewardship



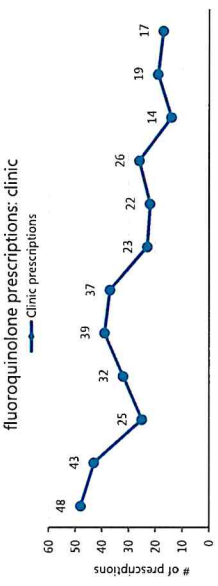
Median Time to ECG



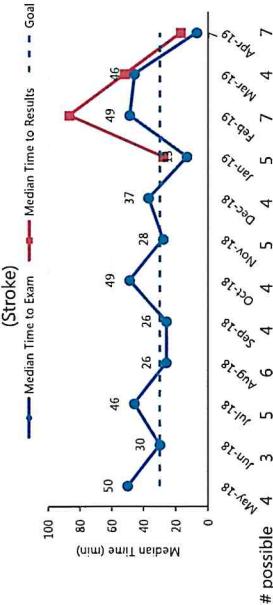
Stroke IV tPA Timing



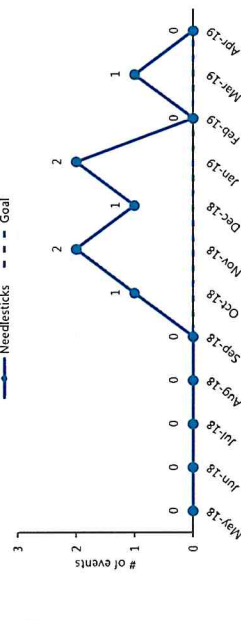
Antimicrobial Stewardship



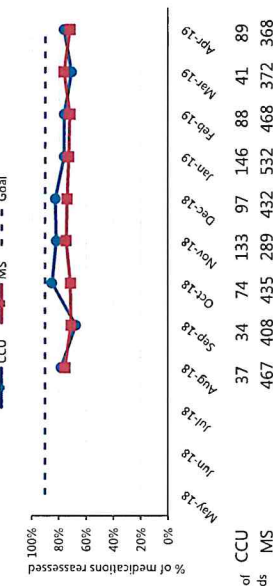
Median Time to CT or MRI



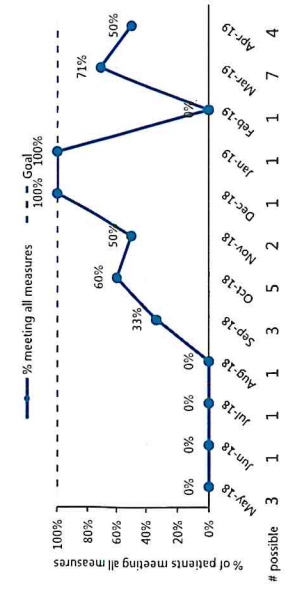
Needlesticks



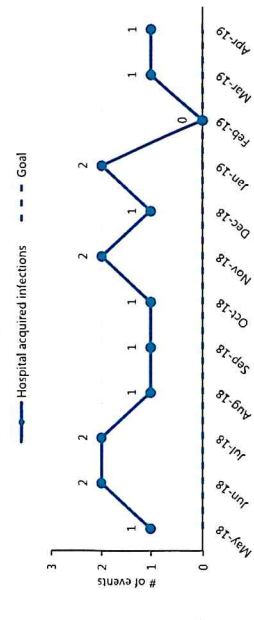
Pain Reassessment after Medication



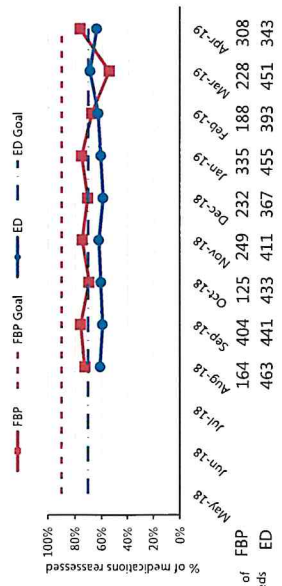
Restraints



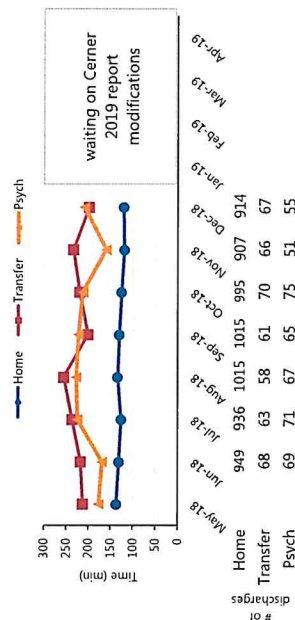
Hospital Acquired Infections



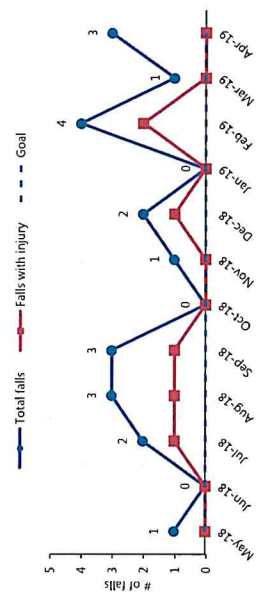
Pain Reassessment after Medication



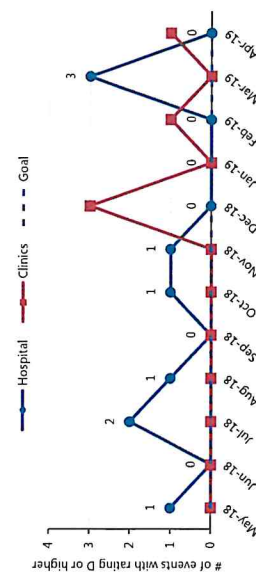
ED Admit to Discharge Time



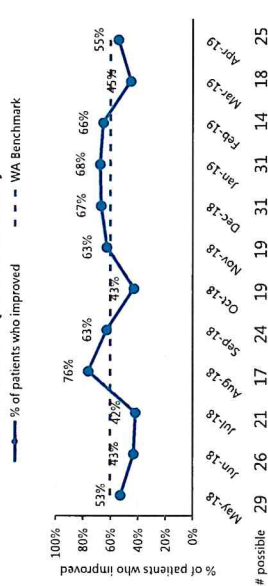
Falls



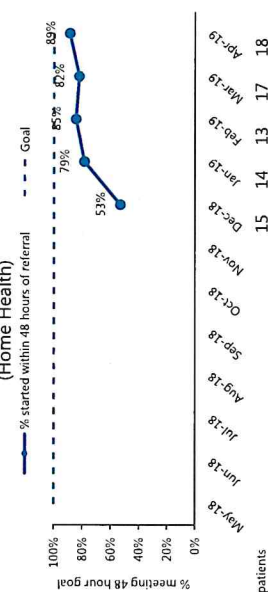
Adverse Medication Events



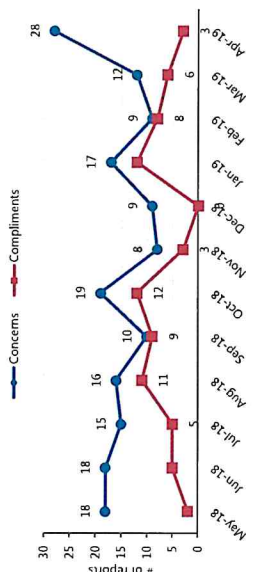
Improvement in Management of Oral Medications (Home Health)



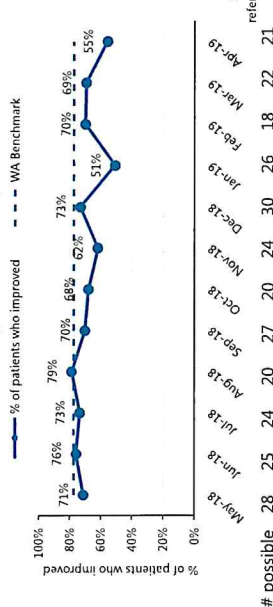
Timely Start for Physical Therapy (Home Health)



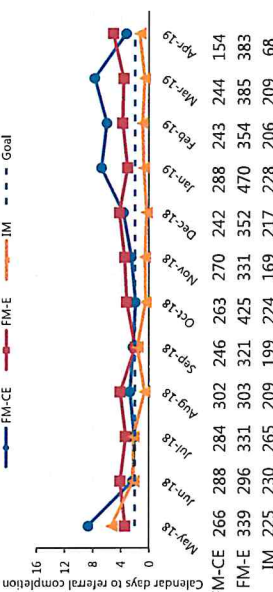
Care and Service Reports



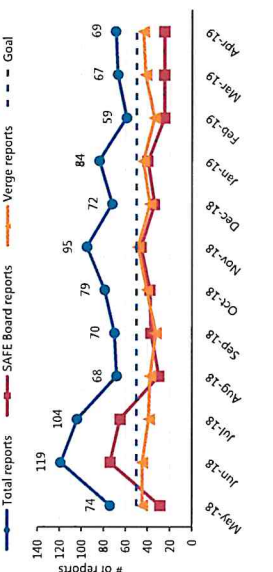
Improvement in Pain Interfering with Activity (Home Health)



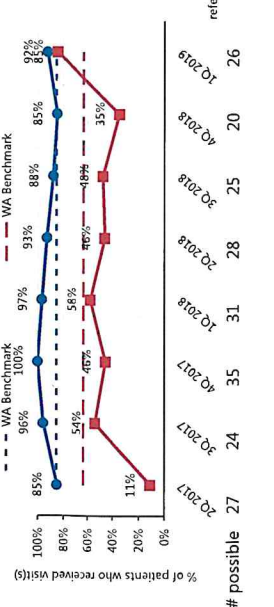
Days to Referral Completion



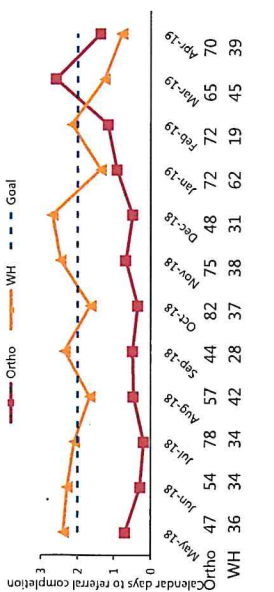
Employee Reports



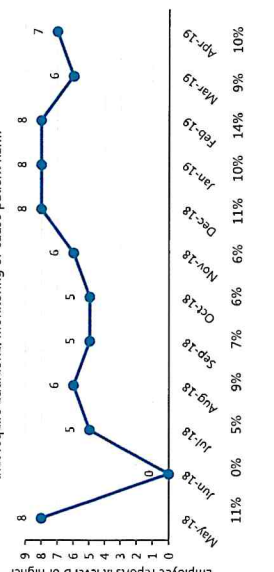
Hospice Visits Near End of Life



Days to Referral Completion

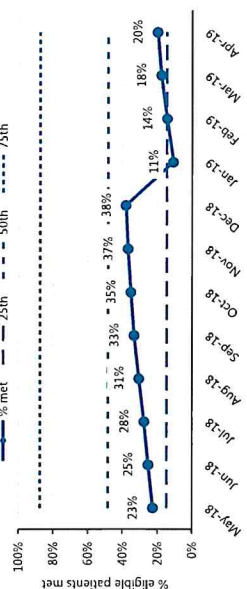


Reports of Occurrences



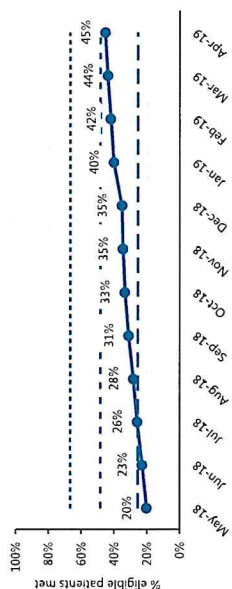
ACO Quality Measures: Clinics

Screening for Future Fall Risk ↑



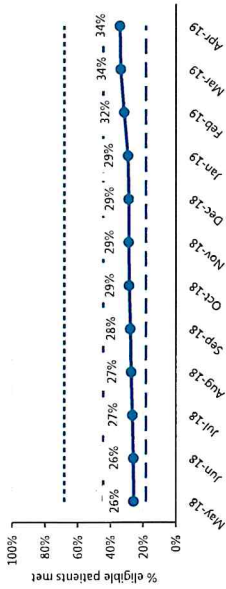
possible 2809 3250 3672 4026 4219 4452 4650 4809 1393 2077 2636 3141

Screening for Breast Cancer ↑



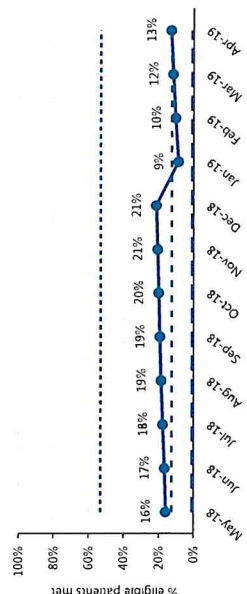
possible 1935 2220 2496 2744 2908 3097 3270 3426 809 1242 1630 1946

Screening for Colorectal Cancer ↑



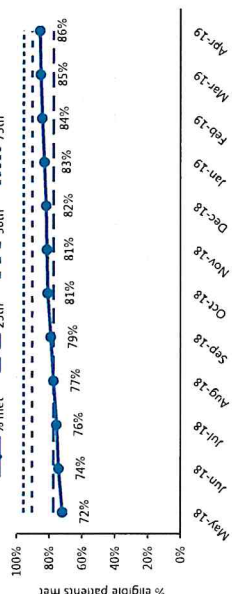
possible 3656 4227 4759 5258 5580 5942 6259 6563 1583 2515 3264 3900

Screening for Depression ↑



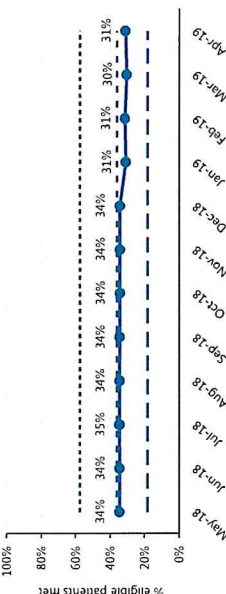
possible 7828 9097 10324 11539 12329 13205 13975 14707 3485 5581 7279 8719

Tobacco Use Screening and Intervention ↑



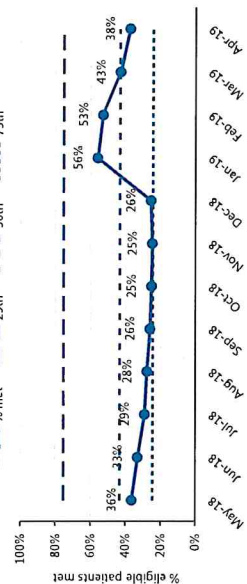
possible 3409 4383 5310 6223 6891 7657 8307 8905 772 1765 2815 3937

Influenza Immunization ↑



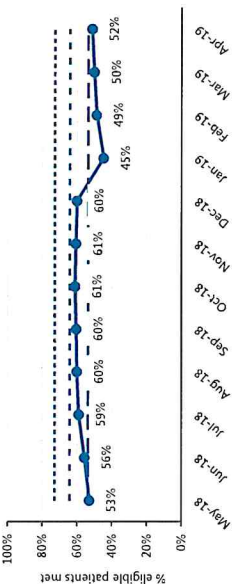
possible 4667 4681 4694 4704 4714 4718 4726 4732 3788 6045 7854 8436

Diabetes: Poor Control ↓



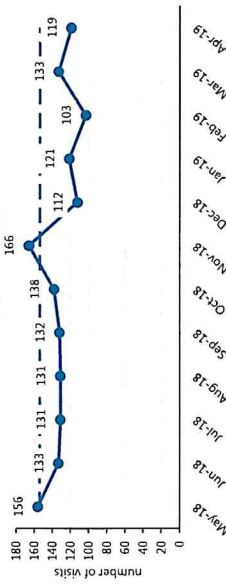
possible 683 782 866 935 982 1046 1098 1152 298 465 610 716

Controlling High Blood Pressure ↑



possible 2270 2609 2771 2893 2969 3026 3131 909 1433 1936 2333

Medicare Wellness Visits ↑



KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Sepsis	Percentage of patients who received all applicable components of the sepsis bundle	<ol style="list-style-type: none"> 1. Received within three hours: initial lactate level measurement, broad spectrum or other antibiotics, blood cultures drawn prior to antibiotics; 2. Received within six hours: repeat lactate level measurement if initial lactate level was elevated; 3. Received within three hours crystalloid fluid bolus if indicated; 4. Received within six hours vasopressors if indicated 	
Median Time to ECG (Chest Pain)	The median time in minutes from arrival to completion of an Electrocardiogram (ECG) for patients experiencing chest pain	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry.	Times of zero are possible if ambulance staff administered an ECG before arrival at the hospital
Median Time to CT or MRI (Stroke)	Median time from arrival to CT or MRI result availability for patients with acute ischemic stroke or hemorrhagic stroke	Arrival means the first documented activity in the Emergency Department. At KVH, this is usually a registration/quick registration entry.	
Restraints	<p>Numerator: Number of patients who met all possible measures for restraints</p> <p>Denominator: Total number of patients in restraints</p>	<p>Measures for restraint use include:</p> <ul style="list-style-type: none"> ▶ Initial restraint order written ▶ Restraint problem added to care plan ▶ Restraint orders continued/signed by MD every 24 hours or sooner ▶ Restraint charting/assessment done as frequently as appropriate for the reason for restraint (behavioral: every 15 min, medical: every 60 min) 	
Dysphagia Screen for Patients with Stroke	Percentage of patients with stroke who undergo screening for dysphagia with an evidence based testing protocol before being given an food, fluids, or medication by mouth.	Dysphagia, or difficulty swallowing, can occur after a patient experiences a stroke. Items given by mouth when a patient is experiencing dysphagia may cause coughing, choking, or even lead to aspiration pneumonia.	

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Stroke IV tPA Timing	Percentage of acute ischemic stroke patients who arrive at the hospital within 120 minutes of time last known well and for whom IV tPA was initiated at the hospital within 180 minutes of time last known well.	Tissue plasminogen activator (tPA) is a medication that dissolves blood clots. Some patients will experience a major improvement in their stroke symptoms if they receive tPA within three hours of symptom onset.	tPA is not used for patients experiencing hemorrhagic stroke; it can increase bleeding and potentially cause more damage to the brain
Needlesticks	Total number of staff who experience a sharps injury during the month	Dependent on reporting by staff.	
Hospital Acquired Infections (HAIs)	Total number of infections contracted by an inpatient as a result of care or treatment provided during their hospital stay. Includes CAUTIs, CLABSIs, VAEs, and SSIs.	Inpatient infections from urinary catheters, certain types of intravascular devices, ventilators or surgeries. Based on criteria from the National Health and Safety Network (a division of the Centers for Disease Control and Prevention). Includes superficial surgical site infections.	CAUTI: Catheter-associated urinary tract infection CLABSI: Central line-associated bloodstream infection VAE: Ventilator-associated event SSI: Surgical site infection
Antimicrobial Stewardship - Fluoroquinolone Use: Hospital	Days of fluoroquinolone therapy per 1000 patient days	Fluoroquinolones are a class of antibiotic that are appropriate for use in some cases, but should not be the first choice antibiotic for some infections. They can cause sudden, serious, and potentially permanent nerve damage called peripheral neuropathy. Fluoroquinolones are also associated with tendon damage and rupture, C. diff, or other serious side effects.	
Antimicrobial Stewardship - Fluoroquinolone Use: Clinic	Number of prescriptions for fluoroquinolones in KVH clinics	By prescription order date	Patient adherence to medication is not considered for this measure

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Pain Medication Reassessment	Percentage of patients in certain hospital units who had a documented follow up assessment of their pain level after receiving pain medications	Patients should be followed up with to assess whether administered medications are reducing their pain. Follow-up should occur within 60 minutes of medication administration, <i>except</i> oral medications in the Emergency Department should be followed up within 90 minutes.	IV Tylenol is currently excluded from this measure
Improvement in Management of Oral Medications (Home Health)	The percentage of home health patients who got better at taking their drugs correctly by mouth	Improvement is measured from the beginning of the home health episode of care to the end of the episode of care.	Tracked by the month of patient discharge from service
Improvement in Pain Interfering with Activity (Home Health)	The percentage of home health patients who had less pain when moving around	Improvement is measured from the beginning of the home health episode of care to the end of the episode of care.	Tracked by the month of patient discharge from service
Hospice Visits Near End of Life	The percentage of hospice patients who receive at least one visit in the last three days or life and the percentage who receive at least two visits in the last seven days of life.	Within the last three days: at least one visit from a registered nurse, physician, nurse practitioner, or physician assistant. Within the last seven days: at least two visits from medical social workers, chaplains or spiritual counselors, licensed practical nurses, or hospice aides	Tracked by the month of patient discharge from service
Falls	Blue line (circles): The total number of patient falls anywhere in the organization Red line (squares): The number of patient falls that results in any injury	Injuries are defined as anything that requires the application of a dressing or bandage, ice, cleaning of a wound, limb elevation, or topical medication	Non-patient falls are not included (employee falls, visitor falls, parking lot falls), near misses are not included
Timely Start for Physical Therapy (Home Health)	Percentage of new home health patients with a physical therapy referral who are seen by physical therapy staff within 48 hours	Patients who have referrals for specialty care while receiving home health services should be assessed and have therapy started promptly	
Days to Referral Completion	The number of calendar days to referral completion for KVH clinic patients.	Based on month of referral order date. Only completed referrals are included in data (accounting for >90% of all referral orders).	General Surgery and Workplace Health are excluded due to small number of referrals

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Adverse Medication Events	The number of medication events that are Category D or greater, separated by setting of clinics or hospital	A Category D error is an error that reaches the patient and requires monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm	Unanticipated medication allergies can be included in Category D or greater medication events
Care and Service Reports	The number of care and service patient reports submitted to the Quality Department, separated by concerns and compliments	CMS' conditions of participation in the Medicare program include certain policies and procedures regarding the receipt of and response to grievances	
Employee Reports	The number of employee reports submitted through Verge or on department SAFE Boards	Verge is the electronic occurrence reporting system used at KVH. SAFE Boards are also used for reporting, but typically contain items of lower severity.	
Reports of Occurrences	Percentage of employee reports of a Category D or higher	A Category D error is an error that reaches the patient and requires monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm	
Screening for Future Fall Risk	Percentage of patients age 65 years and older who were screened for future fall risk	Can only be reported as year-to-date progress	Excludes patients who are non-ambulatory
Screening for Breast Cancer	Percentage of women age 50 to 74 who had a mammogram to screen for breast cancer	Patients are considered to meet the measure if they had a mammogram during the measurement period or the 15 months prior to the measurement period	Excludes women who have had a bilateral mastectomy or a left and a right unilateral mastectomy
Screening for Colorectal Cancer	Percentage of adults age 50 to 75 who had appropriate screening for colorectal cancer	Patients are considered to meet the measure if they had any of the following: ▶ Fecal occult blood test during the measurement period ▶ Flexible sigmoidoscopy up to four years prior ▶ Colonoscopy up to nine years prior ▶ FIT-DNA up to two years prior ▶ CT colonography up to four years prior	Excludes patients with a history of total colectomy or colorectal cancer

KVH Quality Improvement Council Dashboard Glossary

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Screening for Depression	Percentage of patients age 12 and older who are screened for depression using an age appropriate standardized depression screening tool AND, if positive, have a follow-up plan documented on the date of the positive screening	<p>Several standardized screening tools exist for use in adolescents, adults, and perinatal patients. The most commonly used at KVH is the Patient Health Questionnaire (PHQ-9).</p> <p>If a screening is positive, the follow-up plan must include one or more of the following:</p> <ul style="list-style-type: none"> ▶ Additional evaluation or assessment for depression ▶ Suicide risk assessment ▶ Referral to a practitioner who is qualified to diagnose and treat depression ▶ Pharmacological interventions ▶ Other interventions or follow-up 	Excludes patients with an active diagnosis of depression or bipolar disorder, patients who refuse to participate in screening, and patients in an urgent or emergent situation
Tobacco Use Screening and Intervention	Percentage of patients age 18 and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user	Tobacco cessation intervention includes brief counseling (3 minutes or less) and/or pharmacotherapy.	E-cigarette use is not considered tobacco use. Excludes patients with documentation of a medical reason for not screening for tobacco use OR for not providing cessation intervention (eg, limited life expectancy).
Influenza Immunization	Percentage of patients age 6 months or older seen between October 31 of the prior year and March 31 of the current year who received or reported an influenza immunization		Excludes patients with documentation of a medical, personal, or system (vaccine not available, etc.) reason for not receiving immunization
Diabetes: Poor Control	Percentage of patients age 18 to 75 with diabetes whose most recent HbA1c result is >9% or did not have an HbA1c test during the measurement period	Can only be reported as year-to-date progress. This is a reverse measure, with lower performance indicating better quality of care.	Excludes diagnoses of diabetes secondary to another condition

KVH Measure Name	Components of the Measure	Simplified explanation or additional information	Other things to know
Controlling High Blood Pressure	Percentage of patients age 18 to 85 with hypertension whose blood pressure was adequately controlled (<140/90 mmHg)	Patients are considered to have adequately controlled hypertension if their blood pressure at their most recent visit is <140/90.	Excludes patients with end stage renal disease, dialysis, renal transplant, and patients who are pregnant

CHIEF EXECUTIVE REPORT – Julie Petersen

June 2019

Medical Arts Center and Other Projects

We have established regular weekly MAC Project communications huddles. VK Powel has setup a laydown yard and supply shipments are expected this week.

I met with the owner of Canyon View Physical Therapy to discuss our future plans. As we look at designating parking, signage and other common area issues we will include our building tenants in the conversation.

The remaining alternate for the MAC project, The Vestibule and Portico, will come to the Board for consideration at the July meeting.

Work on Suite C is being completed this week and we will be ready to begin relocating tenants from the MAC by the end of the month.

Pacific Vascular is operating out of a consultation space in the 309 building.

Provider Retirements

We understand that Dr. Sand is communicating to his patients that his last day in practice will be September 12 of this year. With the compliment of OB/GYNs (Dawson and Serrano) and FP/OB coming on board this summer we believe we will have surgical OB covered and we will also have 20 days of GYN coverage. Medical Staff Relations is reaching out to the onboarding physicians to discuss arrangements for call. Community Relations will offer to assist with communication to Dr. Sands patients.

After decades of service to the upper county, Dr. Wise will be retiring at the end of this month.

Employee Forums

I will be holding Employee Forums on Monday June 17th in Cle Elum and three separate events in Ellensburg on Wednesday June 19th.

Public Hospital District #2

Contract negotiations with IAFF 4880, the local that represents the PHD#2 EMTs, have begun. The current three year contract ends September 20, 2019.

Washington Rural Health Collaborative

The Executive Director of the Collaborative, Holly Greenwood, has resigned. Carry Youngblood and I are assisting with the recruitment efforts. We hope to have a new ED in place by September. The Collaborative's offices are in Mc Cleary, Washington.

Clinic Performance

I would just like to highlight the financial performance both for the month and YTD in our clinics. Scott and Carrie Barr will tell you that there is a lot going on within these aggregated numbers but a lot of hard work and cooperation is paying off.

Family Medicine Ellensburg Building

The next five year renewal of the FME Building Lease is due. We have indicated that we would like to discuss the lease given all of the changes that we anticipate on campus during that term.

HR Dashboard														
Measurement		Rolling 12												
Available workforce		19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul	18-Jun	18-May
Employee Population	Variance	16	369	366	370	364	370	368	366	365	361	350	351	353
	Full-time	-10	129	133	131	133	132	135	130	133	135	134	139	139
	Part-time	8	99	96	101	104	104	103	104	100	97	95	92	91
	Per Diem	14	597	595	602	601	606	606	600	598	593	579	577	574
	Total Employees													
Turnover	Total	119	13	5	6	8	6	12	7	9	4	17	8	8
	Voluntary (excludes pd terms, includes reduction of FTE to pd)	11	0	1	1	0	0	2	2	1	2	0	1	0
	Involuntary (excludes pd terms)	21.99%	2.18%	1.01%	1.16%	1.33%	0.99%	2.31%	1.50%	1.67%	1.01%	2.94%	1.56%	1.37%
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	140	12	11	8	7	7	10	7	13	7	17	13	12
	Total All Employees Separated													
General Recruitment	Total	187	16	8	6	11	10	17	12	14	15	37	13	14
	Open Postings	2453	315	184	161	167	99	174	179	242	248	224	192	133
	Unique Applications Received	156	12	3	10	3	11	7	16	18	21	16	18	7
	Employees Hired	36.28	25.0	24.2	25	26.5	28.5	38.5	43.5	45	45	44	45.5	37
	Time to Fill (Median)	38.09	21.0	22.3	23.4	30.3	31.9	41.8	43.0	45.7	47.0	45.1	46.7	48.5
Provider Recruitment	Total	43	2	1	1	1	3	3	5	4	6	7	10	0
	Open Postings	33	2	1	1	1	3	3	5	4	6	7	0	0
	Open Slots	38	4	3	0	0	1	1	1	3	5	5	7	1
	Unique Applications Received	30	1	3	0	3	2	1	2	6	2	0	4	2
	Candidates Interviewed	12	1	1	0	1	0	1	2	0	1	2	0	1
Benefits	Total	310	377	416	486	486	238	238	210	132	132	645	367	151
	Open Postings													
	Open Slots													
	Unique Applications Received													
	Candidates Interviewed													
Evaluations	Total	44	5	3	7	4	6	1	3	3	3	4	0	4
	Workers Comp Claims	410	8	24	25	6	51	62	30	9	19	13	28	59
	Time Lost Days	66.2%	66.8%	67.2%	65.8%	67.2%	66.3%	65.2%	66.0%	65.7%	65.4%	66.0%	66.7%	66.2%
	Employee Population on Medical Benefits (Average)	\$ 865.05	\$ 874.38	\$ 845.20	\$ 864.76	\$ 824.54	\$ 817.34	\$ 876.60	\$ 972.83	\$ 881.21	\$ 875.65	\$ 847.32	\$ 803.07	\$ 876.48
	Total cost in benefits per FTE - welfare (Average)	\$ 1,838.81	\$ 1,881.98	\$ 1,868.97	\$ 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
Providing timely feedback to employee	Total													
	Percentage	90.4%	90.4%	88.5%	88.9%	88.5%	85.8%	87.7%	90.0%	83.1%	84.3%	86.6%	89.2%	92.8%

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date June 13, 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. In the case of the resident physician the resident has no independent privileges, but provides care under the attending physician as directed by him/her and under his/her privileges. Please stop by Mandy's office prior to the next Board meeting if you wish to review these files.

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Robert McCarver, MD	Provisional Associate	Apt	MDIG Locums
Peter McGowan, MD	Provisional Associate	Apt	MDIG Locums
Shihshiang Cheng, MD	Provisional Associate	Apt	MDIG Locums
John Whitaker, MD	Provisional Associate	Apt	MDIG Locums
Mary Butler, MD	Resident	Apt	CHCW-Ellensburg
Mia-Anne Paolucci, DO	Resident	Apt	CHCW-Ellensburg
June Bredin, MD	Active	ReApt	CHCW-Ellensburg
Andrew Thomas, MD	Active	ReApt	KVH-FM CE
Kenneth Lindsey, MD	Associate	ReApt	KVH ED
Monica Romanko, MD	Associate	ReApt	KVH ED
Ryan Beachy, PA-C	AHP	ReApt	Family Health Care of Ellensburg

CHIEF MEDICAL OFFICER – Kevin Martin, MD

June 2019

Medical Staff Services:

- Mitch Engel reports that in May we had one provider accept a position, Catherine Patnode, ARNP, who will join our GNP program in early August. On June 10, Holly Dawson, D.O., joined KVH Women's Health.
- Lisa Potter is working on a number of fronts. These include:
 - **Primary Projects:**
 - **Podiatry**
 - An initial analysis has been completed and we are working on refining details.
 - **Foundation at KVH Presentations**
 - Planning for a presentation at the July foundation board meeting.
 - **Palliative Care**
 - In process of reviewing the delivery models for this service line, as well as associated details around reimbursement for the different models.
 - **Specialty Exams and Physician Certifications**
 - Flight Physicals: Lisa has researched the requirements for AME (Aviation Medical Examiner) certification, an FAA requirement for physicians performing required physical examinations for pilots and is now in the process of exploring how we might continue to offer those examinations to both CWU students and the expanded pilot community.
 - Immigration Exams: She has also researched the requirements for Civil Surgeon designation, a federal designation required for physicians performing these examinations and is now in the process of exploring options to continue offering this service in our community after Dr. Elizabeth Wise enters retirement.
 - **Ongoing Projects:**
 - **Referral Partner Research**
 - **Pulmonary/Cardio-pulmonary Rehabilitation**
 - Kyle West reports that in June, 2019 we have 6 initial appointments including the two new residents at Central Washington Family Medicine Residency. We have five reappointments. We have one student, Julia Subbotin, who started in June. She is rotating with the CRNA team for 2 months. Julia said this is the first small hospital she's rotated at in her clinical training and she is excited about the wide range of procedures that our CRNAs perform.

CMO activities:

- **Community & Regional Partnerships**
 - Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). We are receiving payments from GCACH to support our transformation work in our family medicine clinics and inpatient services.
 - KVH continues to be a key partner in the Kittitas County Health Network and at the Annual Meeting. I have started my term as board president.
- The Values Alignment Committee continues to have very interesting, sometimes challenging meetings every other week.
- We have started to explore plans for a third Evidence-Based Medicine workshop next spring.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

May Operating Results

- May inpatient admissions and patient days were below budget by 12 admits and 59 patient days, respectively. Deliveries were at budget and are only 4 births below budget YTD. Rehab services, inpatient surgeries, GI procedures, ER and Urgent Care visits exceeded budget. Outpatient surgeries, laboratory tests, radiology exams and clinic visits were below their budget target. The hospital is performing approximately 18 more colonoscopy procedures per month in 2019 than in 2018 which is helping to offset negative outpatient surgery volume variance. In 2018 the hospital performed on average 106 colonoscopies per month and are now doing 124 procedures per month. The ER is a major driver of ancillary service revenue. The ER leveling project is also adding an additional \$84,000 per month of ER facility charges that were not budgeted. Rehab visits were 11.1% better than budget for May and 13.1% better than budget YTD. Clinic visits were below budget, by 3.3% in May and 1.3% YTD. Although clinic visit in 2019 are below their budget target, clinic visits are 29.4% greater than in 2018.
- Gross revenue of \$12,764,833 was below budget by \$124,699. May inpatient revenue tracked with patient days and was below budget by \$208,242. Outpatient revenue exceeded budget by \$146,743. The ER leveling project and the additional GI procedure facility charges are factors in this positive outpatient revenue variance. The professional fees from the additional colonoscopy procedures have contributed to a positive variance of \$304,056 for GI work performed by the Internal Medicine Clinic. General Surgery exceeds budgeted professional revenue by \$50,761 due to additional GI procedures and general surgery cases. The additional GI procedures and general surgery cases has helped minimize the YTD clinic negative revenue variance through May to 1.75%.
- Deductions from revenue tracked with revenue and were \$52,287 below budget for the month. Contractual adjustments were greater than budget due to our conservative approach to recording reserves. There were fewer accounts written off to bad debt and charity in May so we reduced our reserve accordingly. Rational for reducing our allowance for bad debt and charity is a lower percentage of self-pay revenue. YTD self-pay revenue is 1.72% of total revenue through May compared with 3.52% in 2018. KVH did not accrue anything for the portion of 2018 Medicare cost report settlement that was not accrued for as a part of the 2018 audit.
- Other operating revenue for May exceed budget due primarily to \$22,939 of 340B rebates receipts and a \$10,103 ER Trauma grant.
- Overall operating expenses were below budget by \$83,601 in May. The positive wage variance of \$89,725 was due mainly to physicians starting to work later than was

reflected in the hospital's budget. Women's Health was under budget by \$26,735, General Surgery was under budget by \$19,039 and Family Medicine Ellensburg was under budget by \$18,310. The negative temporary labor variance was due to staffing for Med/Surg of \$15,866 and \$11,855 for and ultrasound tech. The variance in professional services was due \$6,565 for hospitalists locums and \$47,741 of general surgery locum providers. The positive supply expenses variance of \$112,897 was due to the low number of outpatient surgery cases. The negative May purchased service expense was due to additional volume related expenses of \$12,579 paid to Rehab Visions for PT, OT and Speech therapists, \$36,854 for contract coders for HIM with the balance for payments to Cerner IT related services. For the most part, YTD expenses are tracking close to budget and when they are not, the variances are explainable.

- May operations resulted in an operating gain of \$266,966 compared to budgeted operating gain of \$218,554. YTD KVH is \$18,492 below our operating income target.
- Non-operating revenue/expense was better than budget by \$43,968 due to recognition of an investment gain.
- Days in Accounts Receivable increased 4 days from 90 to at 94 days in May. Gross account receivable increased by \$360,242 in May. Gross AR for the past three months has increased slightly. Gross AR is as follows: May \$39,492,837, April \$39,132,595, and March \$39,105,186. Average daily revenue which is used to calculate days in accounts receivable has decreased which has caused the days calculation for days in AR to grow more than the true increase in accounts receivable. KVH is purchasing some additional coding hours to bring this backlog down which will result in a greater purchase service variance for HIM. The result of these additional coding hours is a reduction of accounts held for coding of 1,456 which translates to \$2,310,454 of AR that was shifted from HIM to the billing department in May.
- Days Cash on Hand increased 1.9 days to 130 days in May from 128.1 in April due to timing. Overall, days cash on hand has been stable. As we start to spend funds on the Medical Arts Clinic project the days cash on hand will decline substantially.
- Average daily cash collections (all cash) in May was \$318,692 per working day. This is a slight decrease from April Average daily collections of \$319,945.

Kittitas Valley Healthcare

Financial and Operating Indicators

May 2019 - Key Statistics and Indicators

Measure	2019 YTD	2019 Budget	2019 Annualize	2018	2017	2016
Total Charges	62,515,119	151,556,153	150,036,286	140,104,003	130,611,388	124,153,636
Net Revenue	33,964,151	82,594,255	81,513,963	77,527,646	71,490,964	71,506,819
Operating Income	511,506	2,013,073	1,227,615	(752,045)	885,655	(5,893)
Net Margin %	1.5%	3.2%	1.5%	1.7%	3.7%	2.2%
Cash	27,436,189	31,428,600	27,436,189	27,408,625	33,213,447	29,859,717
Days Cash on Hand	130.0	150.0	130.0	133.5	178.7	156.0
Surgeries	523	1,478	1,255	1,461	1,641	1,856
Emergency Visits	5,819	13,760	13,966	13,930	13,162	13,789
% ED visits admitted	9.9%	n/a	9.9%	n/a	n/a	n/a
Diagnostic Imaging	12,654	31,664	30,370	29,474	33,836	33,471
Laboratory	88,582	218,157	212,597	207,040	190,587	181,082
Clinic Visits	30,183	75,644	72,439	58,500	50,917	48,525
IP and Obs Days	940	3,801	2,255	3,829	3,440	3,937
Deliveries	133	332	319	332	322	312
Admits	384	952	922	944	899	1,043
FTEs	475.1	485.4	475.1	469.4	457.6	449.1
AR Days	94.0	60.0	94.0	92.0	50.8	47.5

Kittitas Valley Healthcare

May 2019 - Key Statistics and Indicators

Activity Measures		Current Month			Year to Date			Prior YTD	
		Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01	Admissions	69	81	-14.7%	384	394	-2.5%	444	-13.5%
02	Patient Days - W/O Newborn	167	226	-25.8%	1,121	1,099	2.0%	1,330	-15.8%
03	Avg Daily IP Census	5.4	7.3	-25.8%	7.4	7.3	2.0%	8.8	-15.8%
04	Average Length of Stay	2.4	2.8	-13.0%	2.9	2.8	4.6%	3.0	-2.6%
05	Deliveries	28	28	-0.7%	133	137	-3.2%	140	-5.0%
06	Case Mix Inpatient	1.22	1.00	22.2%	1.17	1.00	17.2%	1.07	9.5%
07	Surgery Minutes - Inpatient	3,394	3,018	12.5%	14,986	14,699	2.0%	15,999	-6.3%
08	Surgery Minutes - Outpatient	4,935	6,759	-27.0%	28,106	32,920	-14.6%	39,659	-29.1%
09	Surgery Procedures - Inpatient	25	23	7.7%	115	113	1.7%	137	-16.1%
10	Surgery Procedures - Outpatient	74	102	-27.7%	408	499	-18.2%	612	-33.3%
11	Gastrointestinal Procedures	132	113	16.8%	598	547	9.3%	574	4.2%
12	ER Visits	1,195	1,169	2.3%	5,819	5,692	2.2%	5,921	-1.7%
13	Urgent Care Cle Elum Visits	464	362	28.2%	2,008	1,766	13.7%	1,858	8.1%
14	Laboratory	17,899	18,528	-3.4%	88,582	90,252	-1.8%	96,898	-8.6%
15	Radiology Exams	2,563	2,689	-4.7%	12,654	13,100	-3.4%	15,246	-17.0%
16	Rehab Visit	1,573	1,416	11.1%	7,802	6,897	13.1%	7,701	1.3%
17	Outpatient Percent of Total Revenue	87.6%	86.1%	1.7%	85.4%	86.1%	-0.7%	83.9%	1.8%
18	Clinic Visits	6,252	6,463	-3.3%	30,183	30,587	-1.3%	23,325	29.4%
19	Adjusted Patient Days	1,355	1,628	-16.8%	7,693	7,891	-2.5%	8,272	-7.0%
20	Equivalent Observation Days	79	97	-18.3%	556	474	17.3%	477	16.4%
21	Avg Daily Obs Census	2.6	3.1	-18.3%	3.7	3.1	17.3%	3.2	16.4%
22	Home Care Visits	662	738	-10.3%	2,806	3,593	-21.9%	4,124	-32.0%
23	Hospice Days	991	930	6.5%	4,469	4,530.8	-1.4%	5,615	-20.4%

Financial Measures

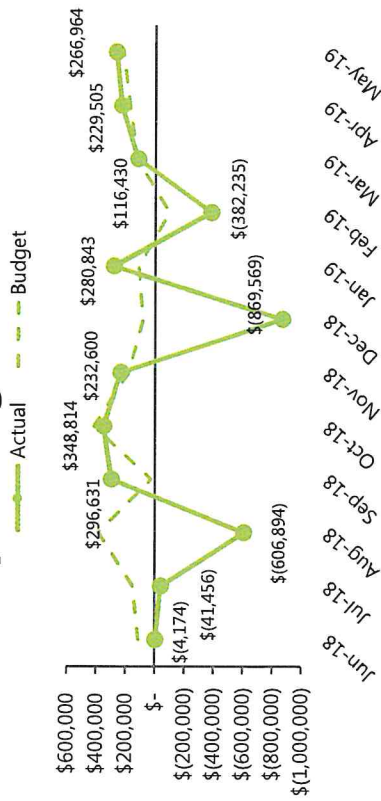
24	Salaries as % of Operating Revenue	49.3%	50.3%	2.0%	50.2%	50.8%	1.2%	52.4%	4.2%
25	Total Labor as % of Operating Revenue	60.9%	61.7%	1.3%	62.5%	62.4%	-0.1%	64.9%	3.7%
26	Revenue Deduction %	47.3%	47.2%	-0.1%	48.3%	47.5%	-1.8%	46.0%	-5.1%
27	Operating Margin	3.8%	3.1%	22.8%	1.5%	1.6%	-3.5%	-0.3%	-544.1%

Operating Measures

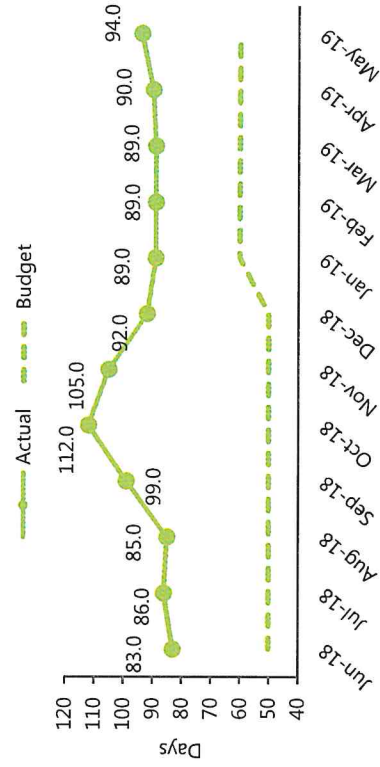
28	Productive FTE's	412.6	432.9	4.7%	420.1	432.9	3.0%	417.0	-0.8%
29	Non-Productive FTE's	55.8	52.5	-6.4%	54.9	52.5	-4.7%	52.4	-4.8%
27	Paid FTE's	468.4	485.4	3.5%	475.1	485.4	2.1%	469.4	-1.2%
28	Operating Expense per Adj Pat Day	\$ 4,972	\$ 4,188	-18.7%	\$ 4,348	\$ 4,237	-2.6%	\$ 3,863	-12.6%
29	Operating Revenue per Adj Pat Day	\$ 5,169	\$ 4,322	19.6%	\$ 4,415	\$ 4,304	2.6%	\$ 3,850	14.7%
30	A/R Days	94.0	50.0	-88.0%	94.0	50.0	-88.0%	80.0	-17.5%
31	Days Cash on Hand	130.0	175.0	-25.7%	130.0	175.0	-25.7%	163.5	-20.5%

Financial Sustainability

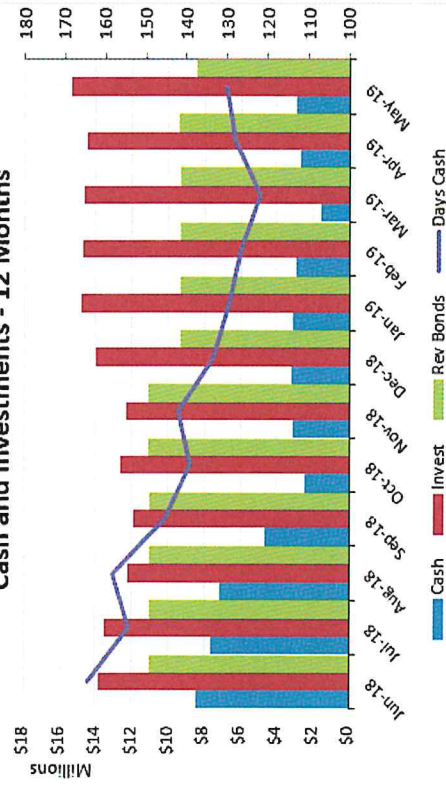
Operating Income



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%	20.15%
Commercial	33.14%	32.03%	32.10%
Self Pay	4.31%	3.52%	1.72%
Other	3.18%	4.15%	4.34%

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	1,577,673	1,785,915	(208,242)	9,106,767	8,699,135	407,632	9,146,750
OUTPATIENT REVENUE	9,305,046	9,158,303	146,743	44,411,875	44,609,797	(197,922)	41,348,047
CLINIC REVENUE	1,882,115	1,945,314	(63,200)	8,996,477	9,156,783	(160,306)	6,377,453
REVENUE	12,764,833	12,889,532	(124,699)	62,515,119	62,465,715	49,404	56,872,250
CONTRACTUALS	5,718,781	5,677,091	41,690	28,534,437	27,651,832	882,605	24,029,749
PROVISION FOR BAD DEBTS	217,343	257,181	(39,838)	1,236,372	1,253,807	(17,434)	1,450,667
FINANCIAL ASSISTANCE	50,450	92,100	(41,650)	72,033	448,615	(376,582)	430,861
OTHER DEDUCTIONS	49,034	61,524	(12,490)	357,704	299,223	58,480	225,683
DEDUCTIONS FROM REVENUE	6,035,608	6,087,895	(52,287)	30,200,547	29,653,478	547,069	26,136,960
NET PATIENT SERVICE REVENUE	6,729,225	6,801,637	(72,412)	32,314,573	32,812,238	(497,665)	30,735,290
OTHER OPERATING REVENUE	273,256	236,034	37,222	1,649,579	1,149,712	499,866	1,112,650
TOTAL OPERATING REVENUE	7,002,481	7,037,670	(35,189)	33,964,151	33,961,950	2,201	31,847,940
SALARIES	3,449,844	3,539,569	(89,725)	17,035,540	17,241,125	(205,585)	16,679,499
TEMPORARY LABOR	40,212	11,519	28,693	167,298	52,121	115,177	169,269
BENEFITS	814,794	803,901	10,893	4,184,761	3,960,849	223,913	3,991,846
PROFESSIONAL FEES	77,243	55,541	21,702	302,463	270,498	31,965	311,541
SUPPLIES	672,203	785,101	(112,897)	3,528,000	3,828,403	(300,404)	3,639,493
UTILITIES	63,785	84,828	(21,043)	405,593	396,047	9,547	391,162
PURCHASED SERVICES	941,915	825,189	116,726	4,374,818	4,125,945	248,873	3,891,820
DEPRECIATION	321,725	342,061	(20,337)	1,572,992	1,710,306	(137,314)	1,168,586
RENTS AND LEASES	113,480	127,932	(14,452)	613,150	639,658	(26,508)	562,522
INSURANCE	37,145	39,575	(2,430)	257,979	197,875	60,104	196,767
LICENSES & TAXES	78,569	67,783	10,786	366,186	338,917	27,269	317,177
INTEREST	57,160	56,913	247	287,447	284,567	2,880	266,225
TRAVEL & EDUCATION	47,157	36,314	10,843	149,444	178,002	(28,557)	143,969
OTHER DIRECT	20,284	42,890	(22,606)	206,973	207,639	(665)	226,059
EXPENSES	6,735,517	6,819,116	(83,599)	33,452,645	33,431,951	20,694	31,955,937
OPERATING INCOME (LOSS)	266,964	218,554	48,410	511,506	529,999	(18,493)	(107,997)
OPERATING MARGIN	3.81%	3.11%	-137.57%	1.51%	1.56%	-840.06%	-0.34%
NON-OPERATING REV/EXP	100,269	56,301	43,968	385,415	264,198	121,217	845,992
NET INCOME (LOSS)	367,233	274,855	92,378	896,922	794,197	102,724	737,995
UNIT OPERATING INCOME							
HOSPITAL	115,750	334,863	(219,113)	677,029	1,405,009	(727,980)	1,437,605
URGENT CARE	(8,413)	(6,043)	(2,371)	(192,426)	(31,605)	(160,821)	(143,247)
CLINICS	81,915	(159,572)	241,487	(221,412)	(1,079,868)	858,456	(1,742,605)
HOME CARE COMBINED	77,712	49,306	28,406	248,454	236,464	11,990	340,249
OPERATING INCOME	266,964	218,554	48,410	511,645	529,999	(18,355)	(107,997)

05/31/2019

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	2,949,627	3,268,227	(318,600)
ACCOUNTS RECEIVABLE	39,492,837	36,648,852	2,843,985
ALLOWANCE FOR CONTRACTUAL	(20,622,452)	(18,507,689)	(2,114,763)
THIRD PARTY RECEIVABLE	1,250,300	1,889,004	(638,704)
OTHER RECEIVABLES	179,169	788,227	(609,057)
INVENTORY	1,614,965	1,526,115	88,850
PREPAIDS	854,160	591,940	262,219
INVESTMENT FOR DEBT SVC	742,250	945,710	(203,461)
CURRENT ASSETS	26,460,856	27,150,386	(689,529)
INVESTMENTS	23,744,312	23,320,485	423,826
PLANT PROPERTY AND EQUIPMENT	77,947,055	79,180,803	(1,233,747)
ACCUMULATED DEPRECIATION	40,316,435	40,721,063	(404,628)
NET PROPERTY, PLANT, & EQUIP	37,630,620	38,459,739	(829,119)
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	37,630,620	38,459,739	(829,119)
ASSETS	87,835,788	88,930,610	(1,094,822)
ACCOUNTS PAYABLE	1,066,431	2,234,706	(1,168,276)
ACCRUED PAYROLL	675,824	1,046,722	(370,898)
ACCRUED BENEFITS	284,150	209,608	74,542
ACCRUED VACATION PAYABLE	1,768,197	1,678,465	89,731
THIRD PARTY PAYABLES	1,687,300	1,708,504	(21,204)
CURRENT PORTION OF LONG TERM DEBT	997,343	1,587,202	(589,859)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	6,479,244	8,465,208	(1,985,964)
ACCRUED INTEREST	293,417	322,579	(29,161)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	5,239	0	5,239
DEFERRED REVENUE HOME HEALTH	134,347	116,204	18,143
DEFERRED LIABILITIES	433,003	438,783	(5,779)
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
LONG TERM DEBT	20,353,345	20,353,345	0
NONCURRENT LIABILITIES	20,786,348	20,792,128	(5,779)
FUND BALANCE	59,673,274	59,673,274	0
NET REVENUE OVER EXPENSES	896,921	0	896,921
FUND BALANCE	60,570,195	59,673,274	896,921
TOTAL LIABILITIES & FUND BALANCE	87,835,788	88,930,610	(1,094,822)

Kittitas Valley Healthcare

Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	896,921
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	(404,628)
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	492,293
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(729,223)
OTHER RECEIVABLES	1,247,761
INVENTORIES	(88,850)
PREPAID EXPENSES & DEPOSITS	(262,219)
INVESTMENT FOR DEBT SVC	203,461
TOTAL CURRENT ASSETS	370,930
INVESTMENTS	(423,826)
PROPERTY, PLANT, & EQUIP.	1,233,747
OTHER ASSETS	0
TOTAL ASSETS	1,673,144
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(1,168,276)
ACCRUED SALARIES	(370,898)
ACCRUED EMPLOYEE BENEFITS	74,542
ACCRUED VACATIONS	89,731
COST REIMBURSEMENT PAYABLE	(21,204)
CURRENT MATURITIES OF LONG-TERM DEBT	(589,859)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(1,985,964)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(29,161)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	5,239
DEFERRED REVENUE - HOME HEALTH	18,143
TOTAL OTHER LIABILITIES	(5,779)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(409,859)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	589,859
TOTAL LONG-TERM DEBT & LEASES	0
TOTAL LIABILITIES	(1,991,743)
NET CHANGE IN CASH	(318,600)
BEGINNING CASH ON HAND	3,268,227
ENDING CASH ON HAND	2,949,627

GRANTS – Mitchell Rhodes

June 2019

Waiting Determination

- HRSA-19-018 Small Health Care Provider QI Program - \$200,000/3 years: Chronic Disease Management and Motivational Interviewing for KVH primary care clinics
 - Expected determination August/September 2019
- HRSA (KCHN) – About \$330,000/3 years - Opioid Implementation grant
 - Expected determination August/September 2019
- NACCHO (KCHN) – \$10,000 - Improve community health and safety
 - Expected determination Summer 2019
- SAMHSA (KCHN) – \$300,000 - Underage substance use evaluation, education campaign, and intervention program
 - Expected determination August 2019

Work in Progress

- Continued collaboration with KCHN on the HRSA Opioid Planning Grant.
- Identified grant opportunities and began working with department directors to identify needs and projects for identified funding.
- Ongoing effort to learn about awarded and in progress grants at KVH.
- Updated and began development of new grant processes and policies with both KVH and KCHN.

Introduction

My name is Mitchell Rhodes, I was hired as KVH's full time grant writer at the end of May. I came to KVH from Utah State University, where I had been working on my PhD in Human Development. I defended my dissertation in May, 2019. While working on my graduate education, I had the opportunity to attend many grant writing trainings and seminars on writing federal, local, and state grants. Prior to my time at USU, I worked at a nonprofit agency in Kittitas Valley administering and assisting in writing grants for adults with disabilities and the homeless population in Ellensburg. Ellensburg is my hometown and my family is very excited to be in our home state.

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Cardiopulmonary

Capital Item Requested: Four ECG Carts

Function of Project: Perform ECGs

Reason Requested: KVH has four ECG carts located in the ED, Pre-op, CCU, and Urgent Care. Three of the four carts are at the end of their useful life with the operating platform obsolete and no longer being supported. Four new carts are being requested that are up to date with current technology, interfaced with Cerner, and integral to providing patient care. The three obsolete carts will be disposed and the remaining cart will be used at the KVH Medical Arts Center and serve as a back-up.

Budget: \$64,000 **Actual Cost:** \$62,975

Submitted By: Jim Allen, Director – Cardiopulmonary

Date: 06/27/19

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Family Birthing Place

Capital Item Requested: Three Birthing Beds

Function of Project: Provide one bed and mattress pad to support the needs of the mother, baby, and staff from labor and delivery through post-partum.

Reason Requested: The Family Birth Place has three beds that came from the medical/surgical department. Replacement parts are no longer available to repair broken beds. The purchase of three beds designed for labor and delivery and the related L&D mattress pads will standardize the beds in the unit. This will allow patients to remain in the same bed during their stay and there by improving efficiency and patient satisfaction. These beds are a part of The Foundation at KVVH fund a need drive for 2019.

Budget: \$67,000 **Actual Cost:** \$70,745.20

Submitted By: Stacey Botten, Director – Family Birthing Place

Date: 06/27/19

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: KVH Pediatrics

Capital Item Requested: Cerner Access

Function of Project: Put KVH Pediatrics on Cerner.

Reason Requested: KVH Pediatrics is currently on a different EHR system than Cerner. The move to Cerner will standardize KVH Pediatrics to the same EHR and billing system and allow for the same processes as the other KVH clinics. This will improve communication and ease training requirements for staff to fill in, thereby increasing efficiencies throughout KVH departments.

Budget: \$0 **Actual Cost:** \$65,000

Submitted By: Carrie Barr, Chief of Clinic Operations

Date: 06/27/19

PATIENT CARE OPERATIONS

Medical Surgical/ CCU:

- The Swing Bed program is ready and waiting for our first patient to be admitted. Patients are reviewed on a daily basis to determine eligibility for the program.
- KVH has been selected as a "pilot" for the first ever Cardiac Monitoring Accreditation program. Dr. Jonni Cooper will be assessing our current cardiac monitoring processes and working with Providers and staff on best practices and strategies to provide the most current and accurate cardiac monitoring program. She and her team will be arriving July 22 for the initial phases of the program.

Family Birthing Place:

- The Safe Sleep program has been implemented. Staff from the ED and FBP has been collaborating on this initiative.
- The Blue Band initiation is near completion. Stacey Botten and Dr. Martin are presenting to the KCHN group in July.

Emergency Department and Urgent Care:

- On June 3rd the Emergency Department had a successful mid-year competency fair along with a well-attended staff meeting. Competency topics included Ouchless ER Refresher, snakebite management and administration of CroFab (antivenom), interrogation of pacemakers, BiPap management, review of new Philips cardiac monitors, review of new Point of Care PT/INR machine, review of ordering blood for transfusion and capnography review. The staff did a great job arranging this and teaching their peers.
- Stacey Botten from FBP presented on the Blue Band Initiative which the ED and UC will help support. In addition, education and final details for the ED and UC are coming together to support the Safe Sleep Program.
- Cody Staub, RN assisted Kittitas County EMS in teaching two community Stop the Bleed courses. We look forward to providing this important learning opportunity to our community.
- Education is our main theme lately! Staff is invited to attend an Airlift Northwest presentation on pediatrics topics held at KVFR on June 20th. These provide a wealth of information and usually include local case studies for us to learn from. This is a wonderful collaboration with our pre-hospital partners.
- Urgent Care volumes continue to exceed the budgeted volume. Staff continue to provide Upper County with excellent service from 10am-10pm daily.

Surgical Services:

- The new equipment for the Cataract room was utilized for the first time on June 3. It was very well received by Dr. Li and the OR staff.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS**Home Health & Hospice:**

- On May 28 HHH conducted a mini-table top disaster drill to fulfill our corrective action plan with the DOH. The drill consisted of a wildfire breaking out in the Salmon La Sac area of Upper County and the nearby communities being placed on Level 1, 2 and 3 evacuations. This has been a real life scenario the last few years and the drill allowed us to practice communication skills with staff, patients and incident command in advance of fire season. Lessons learned from the drill will be incorporated into our Disaster Preparedness Policy.
- As I mentioned last month the new payment structure for Home Health goes into effect January 2020 and by doing some modeling with our current system we have been able to estimate a 13% projected loss of revenue, or \$53,000. Working with our PI facilitators we have mapped our current state workflow and future state workflow and we are planning improvements to reduce the financial impact of the new payment model.

Rehab Services:

- The physical therapy department is enjoying the new parallel bars and included a picture of the Rehab Team along with a thank you card for the purchase of the parallel bars.
- Cle Elum PT is at capacity. By the first of June they were 60% full for July appointments and are keeping a waiting list for patients to add to the schedule as openings occur due to cancellations or no shows. Craig Pigeon of NW PT remains interested in partnering with KVH and HD2 to provide PT services in Cle Elum. Cle Elum PT would like to consider expansion of their space into the former Urgent Care or by adding to the current facility.

Diagnostic Services:

- Turn around times for our imaging studies are continuing to improve. We are continuing to have calls twice weekly to optimize performance.
- We are in the beginning phases of looking at an expansion for our hospital laboratory. There are many tests that we would like to perform in house, but do not have space for the equipment. Expanding the lab would allow us to add this equipment and reduce the amount of tests sent to LabCorp, thereby reducing our costs and improving turn around time for results.

Cardiopulmonary:

- We are fully staffed 24/7 with Respiratory Therapists and very excited to be able to offer this service. We will evaluate the effectiveness of this staffing model in December.

Hospital District 2:

- CWU Marketing Intern Arianna Walker worked to assist HD2 in writing a Community Report, detailing the work of the district since the last community report in 2016. Hospital District 2 has expressed interest in purchasing the Urgent Care building from Swedish. This might be something that Hospital District 1 is interested in considering as well.

Swedish Specialty Services:

- Scott Olander continues to work with Swedish on the terms of the lease termination.

Pharmacy:

- We are in discussion with the new Whole Health Pharmacy owners to participate in the 340B program. The owners of Whole Health are the former operators of Downtown Pharmacy in Ellensburg. They are scheduled to open for business June 17.
- We are beginning work to implement software that will allow us to utilize 340 B medications on outpatients receiving services at the hospital.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS**Referral Improvement Work:**

- A team has kicked off improvement work to begin to look at our referral process. Our overall goals are to reduce the steps for the patient and care team to place a referral. This in turn will assist the patient in receiving timely referrals. We are at the preliminary stages with this improvement work and will begin by conducting process walks to identify redundant steps and inefficiencies.

Hepatitis B:

- We recently discovered, at Workplace Health, we have around 50 employees/patients who may need a booster vaccination for Hepatitis B. These individuals are receiving a direct phone call from Ryan Ahr, PA-C and a letter explaining this. We will have the employee/patient come in for a titer to test their immunity first. We have a team of people already addressing the root cause of this issue.

Accountable Care Organization (ACO):

- Dr. Andy Thomas (Lead Physician at KVH Family Medicine Cle Elum) attended and presented at the physician ACO meeting in Portland on May 31st. He discussed our progress, challenges and successes of our ACO projects.

On June 3rd, we conducted our first official steering committee meeting for the ACO. This was to review our current progress with projects. The focus of work has been on Chronic Care Management, Medicare Wellness Visits and HCC.

Chronic Care Management (CCM): A team has created a charter with outlined expectations to begin identifying patients with the diagnosis Hypertension, Diabetes or Depression. A patient has a choice whether or not they would like to sign up for CCM as there is a monthly balance after Medicare. Patients will have identified time to work with a nurse each month. The goal for CCM is to keep people out of the hospital by being preventative. We are starting with 5 patients in the 3 participating clinics (IM, FME, FMC). Here is a summary of story presented at the steering committee by a RN from Internal Medicine.

A patient with hypertension came in for her regular blood pressure checks. The nurse who has been learning about CCM began to ask some additional questions. The nurse found out the patient was eating breakfast at a fast food restaurant. The patient would stop and grab this breakfast on the way out of town to work. The nurse began discussing meal planning at the first visit. At the second visit, the patient agreed to purchase the meal planning containers. By the third visit, the patient agreed to make breakfast at least 3 times per week in which she prepped the night before and placed in her new containers. By the fourth visit, the patient's blood pressure began to improve.

The RN was proud of this patient and her teaching the patient about sodium intake of food and how this is systematic.

Medicare Wellness Visits: We are doing really well in this area then most ACO participants. However, we know there is room to improve. A team has been brought together to begin looking at our current process. More importantly the number one complaint we receive from patients about Medicare Wellness Visits is patients are confused about the visit and what to expect. The team will be working with Marketing to begin to create a handout for the patient. We are also excited to bring the PFAC representatives along on this improvement work to ensure we are hitting the patient expectation.

Hierarchical Condition Category (HCC): This is a coding system for diagnosis and the ACO is encouraging we code to the highest level of specificity. In doing this, the correct codes assist us in knowing the risk level of our patients. The team is just kicking off this work and so not much to report. Again we received accolades from the ACO on how well we are doing. We have credited Cerner for this unfounded success as the EHR does highlight the HCC code in red.

Medical Arts Center (MAC):

- We have two groups huddling for the MAC project. The first group huddles regarding the project of construction. This group reviews concerns and issues which may come up. The second group huddles regarding the physical move. This group is addressing the large volume of logistics to move 3 clinics.

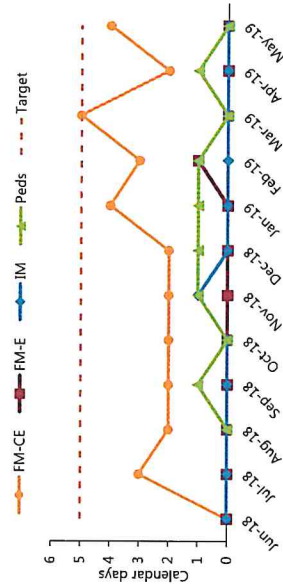
MA Apprenticeship:

- We celebrated our 3rd MA apprentice graduation on May 30th. Michael Jones has completed his apprenticeship with the guidance of the Family Medicine Cle Elum team. He accepted a position at Internal Medicine and will be working with Dr. Oldenkamp and Dr. Feng. They are both thrilled to have him as they worked with him prior to completing the program. We have two additional MA apprentices you will be graduating in July. They are already working with new providers at Family Medicine Ellensburg so we did not need to hire new staff. This year we have enrolled three apprentices into the program and will look forward to their graduation in April 2020.

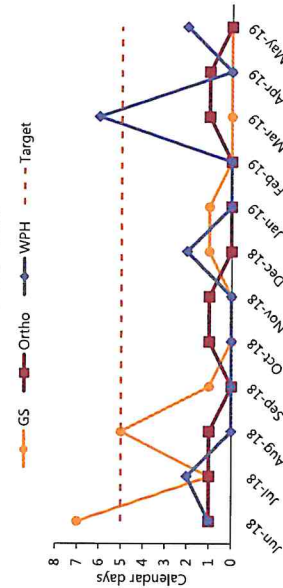
Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

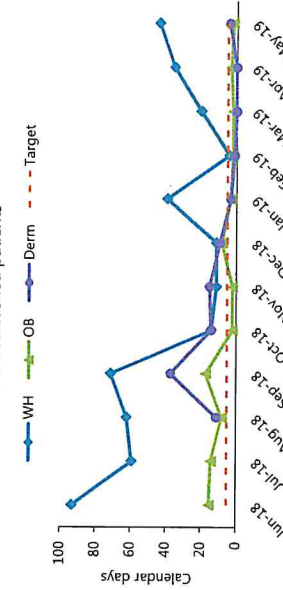
Third available appointment
for established patients



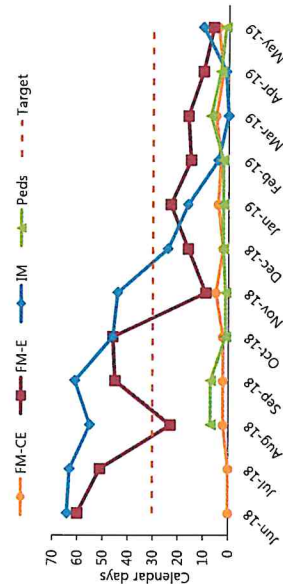
Third available appointment
for established patients



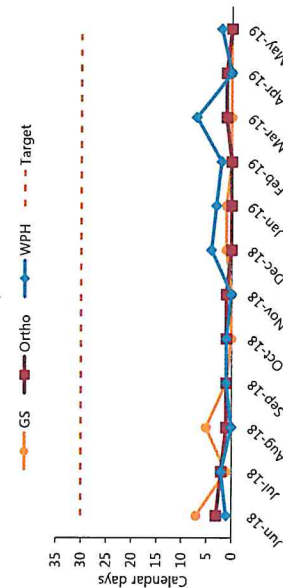
Third available appointment
for established patients



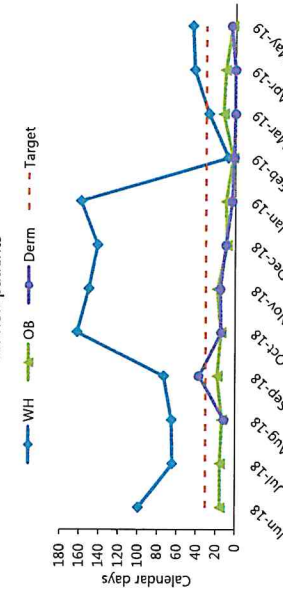
Third available appointment
for new patients



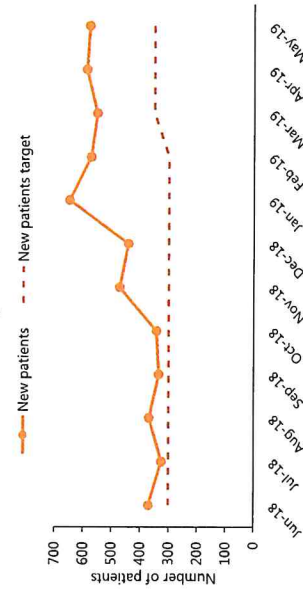
Third available appointment
for new patients



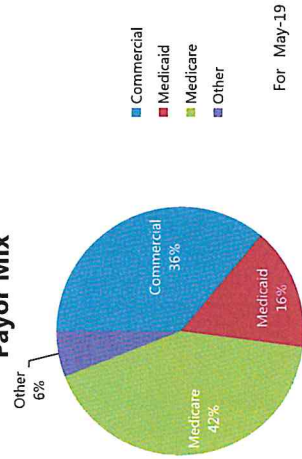
Third available appointment
for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

May 24 – June 24, 2019

External Outreach activities:

- Dr. Wise retirement celebration in Cle Elum (6/19)
- Meditation and Mindfulness with Anita Schiltz (6/27)

Internal Outreach activities:

- This month we are developing a page on our intranet for staff to watch the construction progress at the MAC. Each week we will update photos and highlight key information.
- Employee forums are being held in Cle Elum on June 17 and Ellensburg on June 19

Collaborations & Partnerships:

- CWU – Community Relations Internship – Arianna completed her internship with us on June 7. If you haven't already seen the blog regarding her time with KVH, be sure to check it out at <https://www.kvhealthcare.org/news/Post/Behind-the-Scenes-Community-Relations/>
- Level 1 Swim safety classes through the City of Ellensburg
- Logo development assistance with KCHN
- Hospice Friends – flashlights for Cruisin' for Care
- Newsletter development for Hospital District #2

Stories/Letters to the Editor:

- Patient Story Audrey Natavio (Family Birthing Place)
- Behind the scenes at KVH blog – Community Relations
- Behind the scenes at KVH blog – Accounting

Other:

- We have hired a new Events Coordinator, replacing Bri Botten who resigned in May. Our new Coordinator is currently going through the Human Resource process and we are hoping for a July 8 start date.
- We have been assisting various departments in the areas below:
 - ✓ Family Medicine - Cle Elum –Dr. Wise retirement open house
 - ✓ Family Medicine – Ellensburg – Patient screening forms
 - ✓ Family Birthing Place – Lactation program marketing materials translations
 - ✓ Swing Bed program – external outreach
 - ✓ KVH Intranet refresh
 - ✓ KVH Website refresh

On the horizon:

- KVH Community Benefit Report - July
- I will be out of the office July 1-5.
- Experience Healthcare: A collaboration with Ellensburg High School – July 15-19
- KVH at the Ellensburg Farmer's Market – July 27
- KVH at the Roslyn Farmer's Market – July 28
- Jazz in the Valley free Sunday – July 28

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	24 3:35pm Chelan, WA	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 Officers 2020 QAPI Approval
Presentation Subject to Change	Business Plan Update	Workplace Violence		FISH Food Bank	Financial Audit & Cost Report DZA Sepsis Total Joint Improvement Work		Business Plan Update Community Benefits & Relations	Patient Satisfaction	Rehab Visions	Rural Advocacy & Federal Policy Update Business Plan Update		
EDUCATION, CONFERENCES & SPECIAL MEETINGS		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 5/7-5/10	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 8/4-8/6	NRHA CAH Conference Kansas City, MO 9/18-9/20 Gov. Institute Leadership Conference Colorado Springs, CO 8-11	WSHA Annual Meeting Renton 10/9-10/10 Gov. Institute Leadership Conference WA DC 10/27-10/29		
					Board Retreat 5/3 at 2:30pm	Board Retreat 6/23 at 1:00pm						

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

Emerging Topics:

WRHC Initiatives
Kittitas County Health Department
WRHA
ACO
WSHA/AWPHD