

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

July 25, 2019

1. Call Regular Meeting to Order

2. Approval of Agenda **

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

3. Consent Agenda **

- a. Minutes of Board Meetings: June 23, 2019 and June 24, 2019 **(3-6)**
- b. Approval of Checks **(7)**
- c. Report: Foundation **(8)**
- d. Minutes: Finance Committee **(9-10)**
- e. Minutes: Quality Council: June 17, 2019 **(11-14)**

4. Presentations:

- a. Mande Olsen, Director of Quality Improvement: Safe Catch Awards **(15-16)**

5. Public Comment and Announcements

6. Reports and Dashboards

- a. Quality – Mande Olsen, Director of Quality Improvement **(17-27)**
- b. Chief Executive Officer – Julie Petersen **(28-31)**
- c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 - 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(32)**
 - ii. Chief Medical Officer, Kevin Martin MD **(33)**
- d. Finance – Chief Financial Officer - Scott Olander
 - i. Operations Report **(34-42)**
 - ii. Capital Expenditure Request: Carpet Replacement **(43)**
- e. Operations **(44-49)**
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - 1. Significant Changes in Home Health Reimbursement
 - iii. Carrie Barr, Chief of Clinic Operations
- f. Community Relations Report – Michele Wurl, Director of Communications & Marketing **(50)**

7. Education and Board Reports

- a. WSHA Annual Meeting, October 9, 2019, Lake Washington

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

- b. WWSA Governance Education Day, October 10, 2019, Lake Washington
- c. Rural Advocacy Days, September 23-25, 2019, Washington D.C. (51)

8. Old Business

9. New Business

10. Executive Session

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

11. Adjournment

Future Meetings

August 22, 2019 Special Meeting
September 26, 2019, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

**BOARD OF COMMISSIONERS' SPECIAL MEETING
Campbell's Resort, 104 West Woodin Avenue, Chelan WA**

June 23, 2019

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander

The special meeting was called to order at 1:00 p.m. President Matt Altman announced that the purpose of the special meeting was to conduct a Board Retreat regarding finances and advocacy.

With no further business and no action taken, the meeting was adjourned at 4:30 p.m.

Respectfully submitted,

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



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING
Campbell's Resort, 104 West Woodin Avenue, Chelan WA
June 24, 2019

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

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Mandee Olsen, Dr. Kevin Martin

MEDICAL STAFF PRESENT: None

1. At 3:41 p.m., President Matt Altman called the regular meeting to order.

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

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

4. **Presentations:**

None

5. **Public Comment/Announcements:**

None

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that another member has been added to Patient Family Advisory Committee (PFAC) bringing the committee up to five members. Olsen stated that they are hoping to have their first meeting the end of July. Julie Petersen stated that KVH won the Rural Quality Award for 2019 and it will be presented during the conference tomorrow.

The Board members reviewed the CEO report with Julie Petersen. The Board and Petersen discussed the pace of growth.

Chief Medical Officer, Dr. Kevin Martin presented the MEC's recommendations for initial appointments and reappointments to the Board on behalf of Chief of Staff, Dr. Tim O'Brien. President Altman requested that applications be discussed in Executive Session, with action taken in public session after that.

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

Scott Olander reported on KVH's financial performance for May. Olander stated that self-pay is currently below two percent and we ended the month with a positive operating margin.

ACTION: On motion of Bob Davis and second of Erica Libenow, the Board members unanimously approved the capital expenditure request for the four ECG carts.

ACTION: On motion of Liahna Armstrong and second of Bob Davis, the Board members unanimously approved the capital expenditure request for the three birthing beds.

ACTION: On motion of Roy Savoian and second of Erica Libenow, the Board members unanimously approved the capital expenditure request for Cerner access for KVH Pediatrics.

The Board members reviewed the operations report.

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 5:12 pm, President Altman announced that there would be a 5-minute recess followed by a 20-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 5:37 pm, the meeting was reconvened into open session.

ACTION: On motion of Liahna Armstrong and second of Bob Davis, the Board members unanimously approved the initial appointment for Dr. Robert McCarver, Dr. Peter McGowan, Dr. Shihshiang Cheng, Dr. John Whitaker, Resident Marty Butler, Resident Mia-Anne Paolucci and reappointments for Dr. June Bredin, Dr. Andrew Thomas, Dr. Kenneth Lindsey, Dr. Monica Romanko, and Ryan Beachy, PA-C as recommended by the Medical Executive Committee.

11. Adjournment:

With no further action and business, the meeting was adjourned at 5:41 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda as amended.
3. Motion passed approving the capital expenditure request for the four ECG carts.
4. Motion passed approving the capital expenditure request for the three birthing beds.

5. Motion passed approving the capital expenditure request for Cerner access for KVH Pediatrics.
6. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.

Respectfully submitted,

Mandy Weed/Erica Libenow
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: July 25, 2019

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>254734-255447</u>	NET AMOUNT:	<u>\$3,128,121.63</u>
		SUB-TOTAL:		<u>\$3,128,121.63</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81443-81450</u>	NET AMOUNT:	<u>\$9,796.80</u>
#2	PAYROLL CHECK NUMBERS	<u>81451-81456</u>	NET AMOUNT:	<u>\$7,254.53</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,100,550.51</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,108,086.83</u>
		SUB-TOTAL:		<u>\$2,225,688.67</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2018 \$2.9M LTGO REFUNDING BONDS - INTEREST	NET AMOUNT:	<u>\$38,620.91</u>
		SUB-TOTAL:	<u>\$38,620.91</u>

TOTAL CHECKS & EFTs: \$5,392,431.21

Prepared by



Sharoll Cummins
Staff Accountant



THE FOUNDATION AT KVH - Laura Bobovski July 2019

Special Events

Tough Enough To Wear Pink - September 2. Since 2009, the Ellensburg Rodeo has teamed up with the Foundation in this national campaign to raise funds and awareness for breast cancer prevention efforts here locally. The goal of the program is to assist patients with free mammograms and further diagnostics due to lack of insurance. New merchandise and a pick-your-prize raffle will held at KVH every Friday in August from 11:30-1:30pm in the cafeteria and community-wide August 2. A table will also be set up at the KVH Rodeo BBQ on August 21.

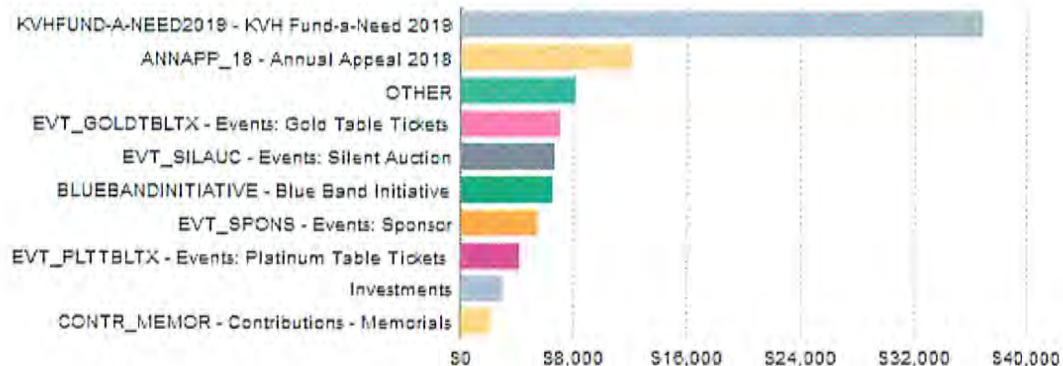
5K for Wellness - Saturday, November 16, at West Ellensburg Park. The family friendly race will feature a 1 mile fun run for kids and a 100 year dash for toddlers. T-shirts and registration to begin in mid-September.

Gala 2020 - Saturday, May 16, at the Kittitas Valley Event Center, have been placed on hold for our Magical Evening Gala 2020 pending final confirmation from the Foundation Board.

SOLICITATION ANALYSIS

Fiscal YTD (01/01/2019)

\$149,400



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

July 23, 2019
Tuesday

**Café Conference Room
7:30 A.M.**

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: June 20, 2019**
- **June Financial Highlights**
- **Capital Expenditure Request**
 - **Carpet Replacement – Family Medicine Cle Elum**
- **Commercial Plans – Payer Mix and Reimbursement**
- **Adjourn**

Next Meeting Scheduled: August 20, 2019 (*Tuesday*)

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
June 20, 2019

Members Present: Liahna Armstrong, Roy Savoian, Deborah Bezona, Julie Petersen, Scott Olander

Members Excused: Jerry Grebb

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

The meeting was called to order by Liahna Armstrong at 3:35pm.

A motion was made to approve the agenda and the May 23, 2019 minutes. The motion carried.

Scott Olander presented the financial overview of May. The Key Statistics and Indicators was expanded to include GI (gastrointestinal) Procedures, Urgent Care Cle Elum Visits, Home Care Visits, and Hospice Days. Admissions and patient days were below budget. Surgery procedures inpatient, ER visits, Rehab visits, and GI procedures were over budget for the month. Clinic visits were less than budget for the month and year to date are over the prior year to date. This is reflected in the revenue on the Statement of Revenue and Expense. We have been able to get some patients insured, resulting in reduced self-pay revenue and a favorable trend in our revenue deductions. Purchased services expense includes the estimate for the additional Trust HCS coding services. The additional coding services moved the dollars into the workflow, so bills can be sent to insurers. AR days increased by four due to the average revenue per day being smaller over the past three months. With the additional coders and the dollars in workflow, we expect AR days to decline. Overall the financial results were positive with an operating gain of \$266,964 and net gain of \$367,233. Financial details are provided in the Chief Financial Officer's Report.

The committee approved the capital expenditure requests for ECG carts, birthing beds, and KVH Pediatrics—Cerner access go to the Board of Commissioners.

The committee reviewed analysis of the Urgent Care Cle Elum building lease verses a purchase of the building.

The committee commended the organization for reducing Styrofoam usage, which they feel is extremely important. The move to more environmentally friendly items is appreciated.

With no further business, the meeting was adjourned at 4:35pm.

Quality Improvement Council	MEETING MINUTES	June 17, 2019
<p>Present: Mandee Olsen, Michele Wurl, Judy Love, Carrie Barr, Scott Olander, Dr. O'Brien, Matt Altman, Julie Petersen, Rhonda Holden,</p> <p>Guests: Amy Claridge, Kathy Murray, Dede Utley, Elizabeth Hosey, Salvador Camargo</p> <p>Recording Secretary: Mandy Weed</p> <p>Minutes Reviewed by: Mandee Olsen</p>		
ITEM	DISCUSSION	ACTION ITEM/ RESPONSIBLE PARTY
<ul style="list-style-type: none"> Called to order 	The meeting was called to order by Matt at 3:00 pm.	
<ul style="list-style-type: none"> Agenda & Minutes 	The agenda and minutes were approved as presented.	
Reports:		
<ul style="list-style-type: none"> QI Council Dashboard Review 	<p>Handouts: QI Council Dashboards & KVH Quality Improvement Council Dashboard Glossary</p> <p>Discussion: Mandee went over the QI dashboards; stating one patient did not meet the sepsis measure, however it was contraindicated to do the treatment. Olsen stated that we will continue to monitor time to EKG even though it is no longer reported to CMS, but we did add a new line for ECG, and for Stroke MRI/CT. Olsen stated that the ACO did some chart audits to look at the accuracy coming out of Cerner and determined that it is not yet very reliable and stated that others are also having this same issue with their data.</p>	
<ul style="list-style-type: none"> WSHA Patient Safety Comparison Report 	<p>Handouts: Patient Safety Comparison Report from WSHA</p> <p>Discussion: Mandee stated that these reports have started coming out quarterly and that they have started dividing them up by size of hospital.</p>	

Page 1 of 4

Quality Improvement Council Meeting Minutes

CONFIDENTIAL AND PRIVILEGED INFORMATION PURSUANT TO RCW 70.41.200, DUPLICATION, REPRODUCTION, AND/OR RE-RELEASE OF THIS INFORMATION IS NOT PERMITTED OR AUTHORIZED

	Olsen stated that the OB early elective delivery is not where we want to be, but our C-section rates are looking really good.	
Policy Review:		
<ul style="list-style-type: none"> Investigational Research at KVH 	<p>Handouts: Investigational Research at KVH Policy</p> <p>Discussion: Mandee stated that the policy states what the process is for Investigational Research and she was requesting final approval from the committee. The QI Committee approved policy with changes discussed at meeting.</p>	
New Business:		
<ul style="list-style-type: none"> Research Proposal: Associations between Knowledge of Child Development and ED Staff Behaviors and Attitudes Toward Child Healthcare 	<p>Handouts: None</p> <p>Discussion: Mandee stated that we have been having conversations regarding research and the process and it was determined that they would come to QI for approval. Amy Claridge stated she was here on behalf of her student, Sonia, Child Life Specialist. Amy went over what they do and where they work. Amy stated that the purpose of the study is to look at the ED staff and their attitudes and behaviors with children. Amy stated that the process would be an anonymous on line survey that is optional and voluntary. Amy stated that they are requesting we allow them to use the IRB being done at Kadlec for our review and the CWU review so that it isn't going through three separate reviews given the time it takes for the reviews. Olsen stated we are hoping to gain knowledge from the experience without incurring any expenses. Amy stated that the results would be reported back to us. President Altman commented that this will also help us to establish a relationship with the Child Life Department at CWU. Research proposal approved by QI</p>	

	Council.	
<ul style="list-style-type: none"> Improvement Outcomes: Hospice Outpatient Pharmacy 	<p>Handouts: None</p> <p>Discussion: Rhonda stated that in 2011 we contracted with a company that would FedEx medications to Hospice patients and we have grown and have a lot more patients since that time so our expenses grew and we wanted to lessen the charges. Sal stated that the KVVH pharmacy has been working on this project for about a year and that they have developed Hospice algorithms which have been submitted to and approved by the Department of Health which will allow our pharmacy to take over the medication management for a lot of patients. The KVVH outpatient availability allows patients to get medications 24/7. Elizabeth stated that we average about twenty patients per month. Sal stated that they are now able to individualize the comfort packs and he feels like we are serving our patients better by getting them their medications faster. Rhonda stated that this has resulted in monthly Hospice medications charges going down to about \$2,000 per month from \$8,000-\$10,000 per month.</p>	
<ul style="list-style-type: none"> 1st Quarter SAFE Catch nominee review and selection 	<p>Handouts: SAFE Catch nominations</p> <p>Discussion: The council reviewed all nominations and decided to award the following to be presented at the July Board meeting:</p> <p>1st Quarter Clinical – Marcey Graham, Registered Nurse, Home Health and Hospice for identifying potential exploitation of an elderly patient.</p> <p>1st Quarter Non-Clinical – Tim Brown, Engineering Technician I,</p>	

	Engineering for finding just in time fix for providing clean air to blow out scopes.	
• Closing:		
• Adjourned at 4:33 pm	Next meeting August 19, 2019 at 3:00 p.m.	

SAFE Catch Awards and Nominations

1st Quarter 2019



Non-Clinical Award Nominations:

Nominee: Kimberly Clark, Health Information Technician-HIM

Reason for Nomination: Preventing a report from reaching the wrong patients chart

Nominators: HIM Department

Event: While reviewing a pathology report, Kimberly noticed the date of service did not match a visit for the patient. After some investigation, it was discovered there is another patient with the same name, but a different date of birth. This patient was the correct patient and inadvertently the demographic information was sent with the sample for the incorrect patient. *"She was able to catch this issue early on before it was imported to the chart."*

Nominee: Timothy Brown, Engineering Technician I-Engineering

Reason for Nomination: Found a just in time fix for providing clean air to blow out scopes

Nominator: Ronald Urlacher, Director of Engineering

Event: In working to identify all possible routes of infection and contamination, the surgery and central sterile department wondered whether the air for blowing out scopes was filtered. Tim discovered that not only was the air not filtered, but also was pumped by an oil-lubricated compressor, which risks oil contaminating the air. Tim was able to pull together a system of blowing out the scopes with regulators and portable nitrogen tanks the same day. Because of Tim's quick action, we were able to decrease the risk of air contamination while finding a permanent solution.

Clinical Award Nominations:

Nominee: Marcey Graham, Registered Nurse-Home Health & Hospice

Reason for Nomination: Identifying potential exploitation of an elderly patient

Nominator: Marcey Graham, Registered Nurse-Home Health & Hospice

Event: While working with an elderly patient, Marcey started recognizing signs that her patient was being taken advantage of by a caregiver. APS was contacted along with family members and it was discovered that her patient's caregiver was in fact taking money out of a number of the patient's bank accounts. *"Thanks to the intervention of Marcey, law enforcement was able to intervene and stop the exploitation of the elderly women"*

[Continued...](#)



A SAFE Catch involves at least one of the following:

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

SAFE Catch Awards and Nominations

1st Quarter 2019



Nominee: Paul Kelly, House Supervisor

Reason for Nomination: Identified the KVH Workplace Violence No Trespass Log did not clearly indicate if a patient/community member has been “warned”

Nominator: Linda Navarre, RN, QA Department

Event: Paul noticed an issue with the no trespass log and reported back to the quality department. This led to the identification of the problem that the house supervisors did not have access to the folder that included the letters sent to patients. Thanks to Paul, the house supervisors now have access to the folder and know which patients have been “no trespassed” or just “warned”. *“Paul’s alert came just in time to correct the issue and support a reference tool that is helpful in identifying next steps with patients and community members who jeopardize patient and staff safety.”*



A SAFE Catch involves at least one of the following:

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

QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ

July 2019

Patient and Family Advisory Council

After HD1 and HD2 nominations, we have begun onboarding four new Patient and Family Advisors who have agreed to join our new council. We are still in the process of filling all of the positions of one additional nomination. Next steps will be to arrange a time for the first meeting, and introduce our Advisors to our Communications and Marketing team.

Greater Columbia ACH Practice Transformation and Caravan ACO

As will be mentioned in previous 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. Over the past month, we have submitted our report for the 2nd quarter deadline to the ACH, and recently learned that there will be the opportunity to continue with Practice Transformation in 2020 as well as the possibility of expanding to additional sites.

Quality Improvement Dashboard Data Summary – through May 2019

Summary of Areas Meeting Goal or Showing Improvement

- Doing very well with fluoroquinolone usage rates in the hospital. Prescriptions for fluoroquinolones have also decreased in clinics since tracking began.
- Overall, pain reassessments following administration of pain medication are stable over time and relatively high. Goal is less than 100% because documentation that occurs outside of the medication tab within Cerner is not captured using this data collection method.
- Hospice visits near end of life have increased significantly this year.

Summary of Improvement Opportunities

- Dropped to 50% performance for patients with stroke symptoms receiving dysphagia screening before administration of aspirin or anything else by mouth.
- Infection following surgical procedure in a patient who had a rupture appendix. This is not entirely unexpected as a ruptured appendix places a patient at higher risk for post-surgical infection.
- Compliance with restraint bundle continues to be an area that requires focus.

Patient Stories

- *"Just a huge thank you (8 months late 😊) for taking such great care of me and [baby] during my pregnancy! Those stressful months were made a little sweeter thanks to all of you! Ellensburg is blessed to have you! "*

- Patients of KVH Women's Health and Family Birth Place
- *"Thank you for the great care we received welcoming [our baby] into our family! The care we receive not just physically, but emotionally and mentally are a big part of our experience and memories. Thanks for being part of it!"*

- Family of KVH Family Birth Place patients
- *"I had a total hip replacement done by Dr. Bos. There are no words that can say how impressed I was with the professionalism and expertise of my surgery. The entire staff of the hospital was outstanding....Six months later I am without any pain and enjoying my normal life routine which includes riding my four-wheeler and walking two miles daily. Thank you for being a good medical facility and staff in Ellensburg."*

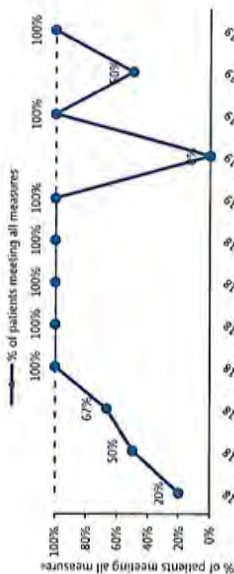
- KVH Orthopedic and Hospital patient
- *"Dear wonderful Hospice nurses and team! We are so grateful and appreciative for all you did for our family and my mom! We will ever remember what a wonder group you are!"*

- Family of KVH Hospice patient
- *"I speak for the entire family to thank you from the bottoms of our hearts. Your patience, kindness and understanding of such a unique human being will always be appreciated. You have true gift and our dad was so very lucky to have you in his life. We wish career and family are as substantial as you were with our dad."*

- Family of KVH Hospice patient To RN Chad Bearup

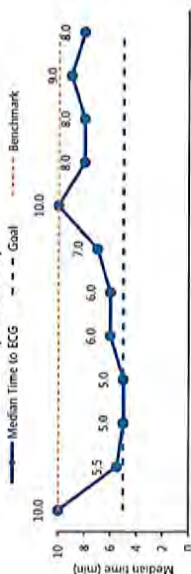
QI Council

Sepsis



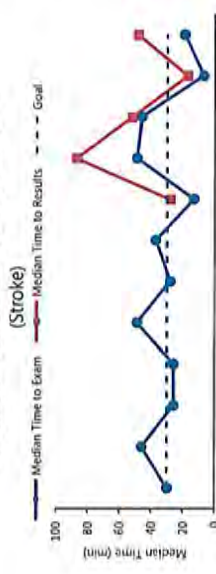
possible 5 2 3 3 2 4 3 1 2 2 2

Median Time to ECG (Chest Pain)



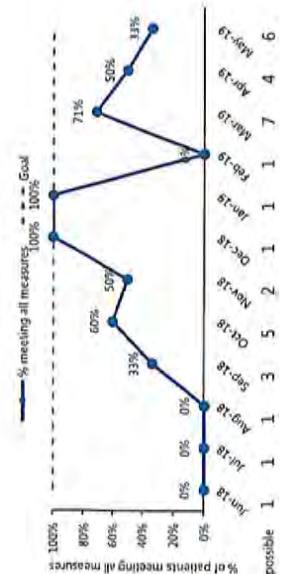
possible 8 6 5 6 7 7 5 3 5 13 9

Median Time to CT or MRI (Stroke)



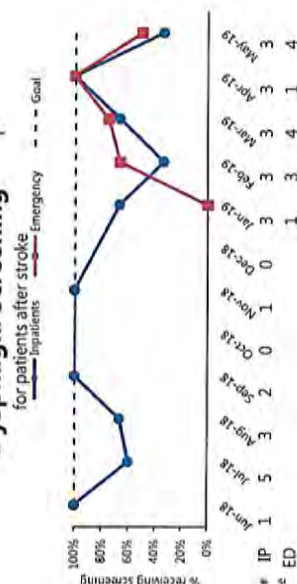
possible 3 5 6 4 5 4 4 5 7 4 4

Restraints

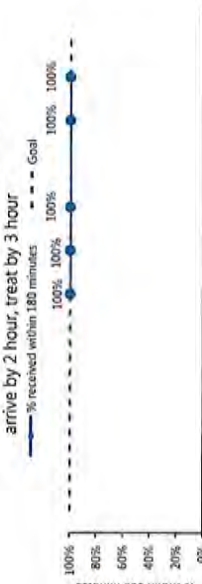


possible 1 1 1 1 3 5 2 1 1 1 7

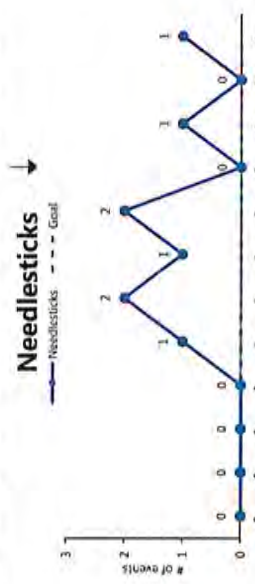
Dysphagia Screening for patients after stroke



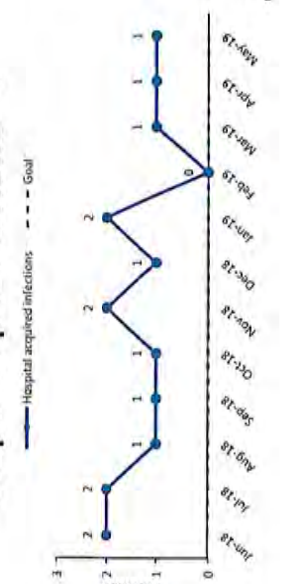
Stroke IV tPA Timing



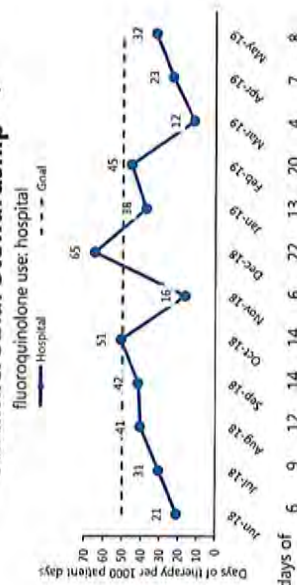
Needlesticks



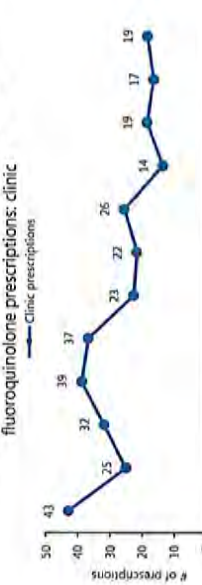
Hospital Acquired Infections



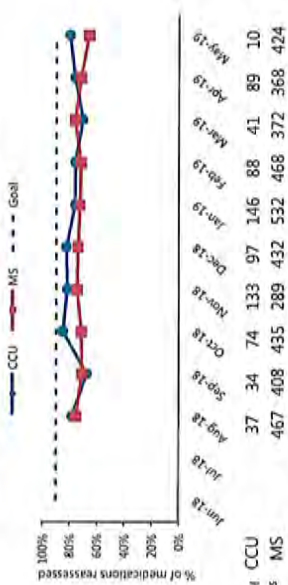
Antimicrobial Stewardship



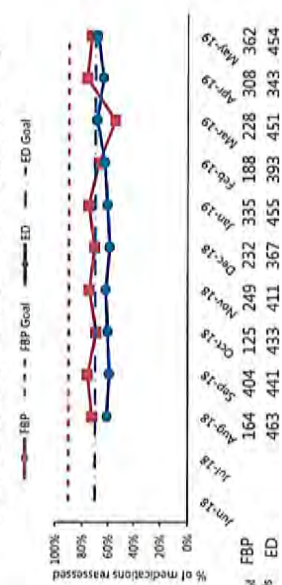
Antimicrobial Stewardship



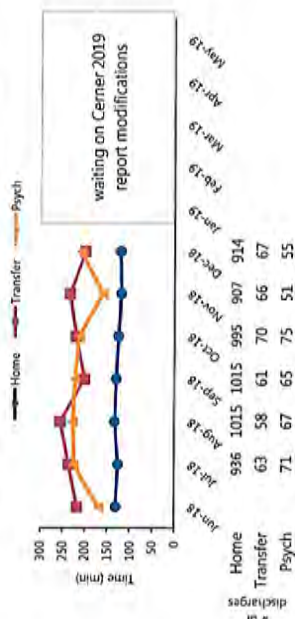
Pain Reassessment after Medication



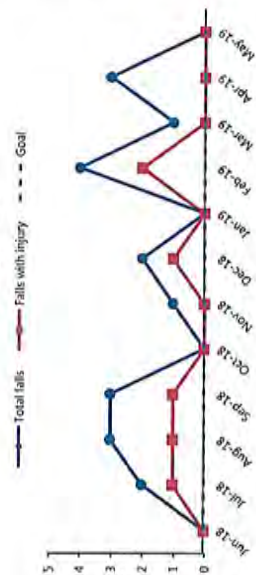
Pain Reassessment after Medication



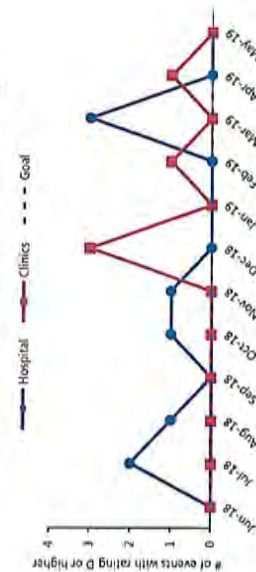
ED Admit to Discharge Time



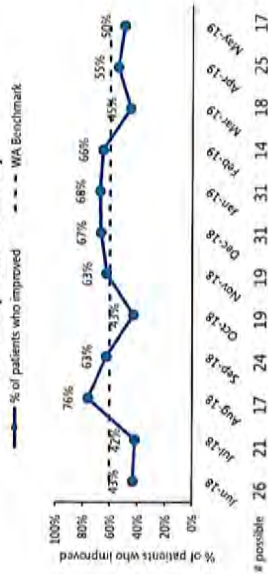
Falls



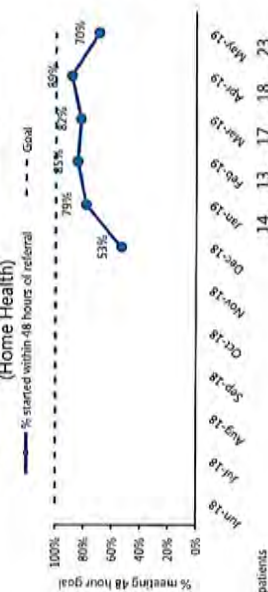
Adverse Medication Events



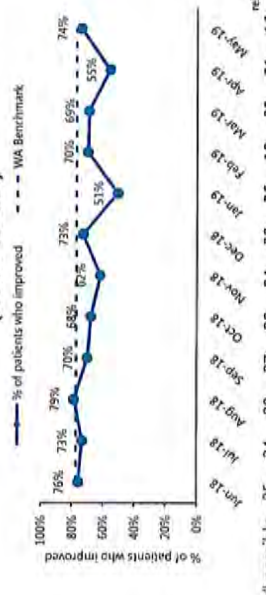
Improvement in Management of Oral Medications (Home Health)



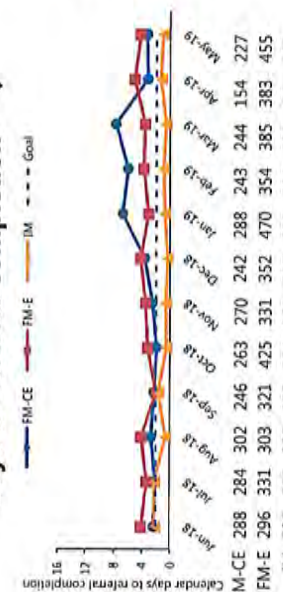
Timely Start for Physical Therapy (Home Health)



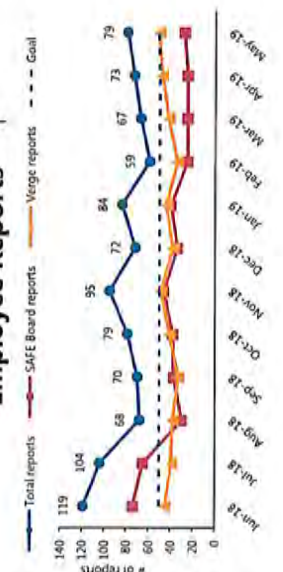
Improvement in Pain Interfering with Activity (Home Health)



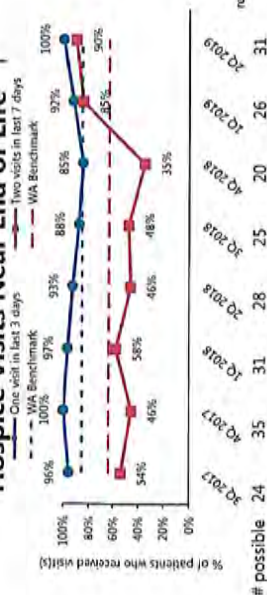
Days to Referral Completion



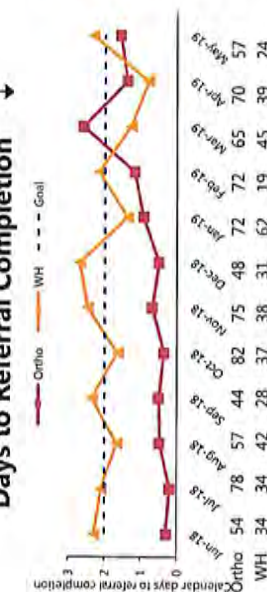
Employee Reports



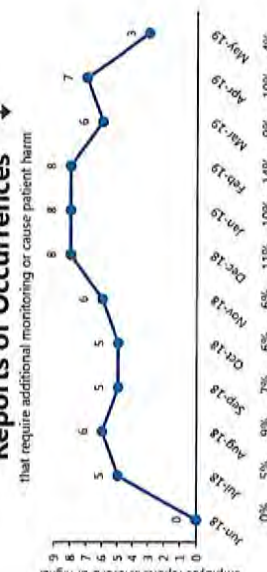
Hospice Visits Near End of Life



Days to Referral Completion

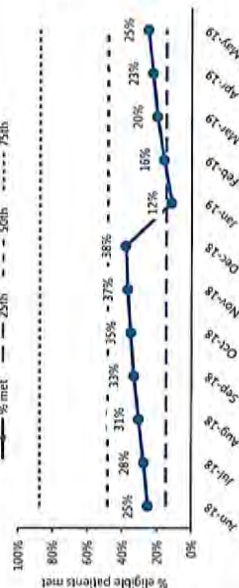


Reports of Occurrences



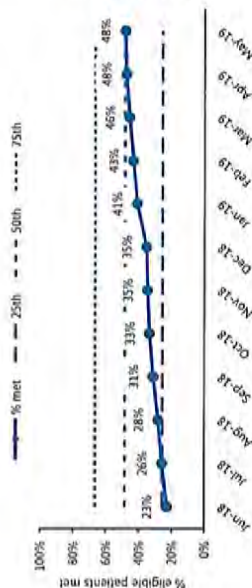
ACO Quality Measures: Clinics

Screening for Future Fall Risk ↑



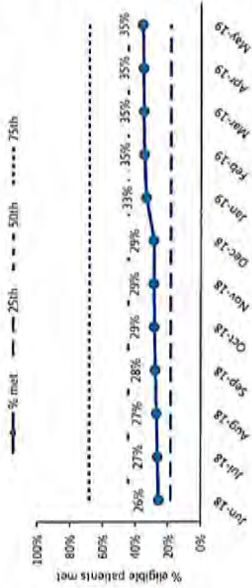
possible 3230 3572 4026 4219 4452 4650 4803 1479 2187 2805 3370 3795

Screening for Breast Cancer ↑



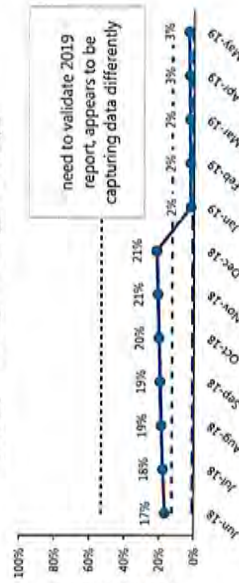
possible 2220 2496 2744 2908 3097 3270 3426 885 1370 1796 2153 2469

Screening for Colorectal Cancer ↑



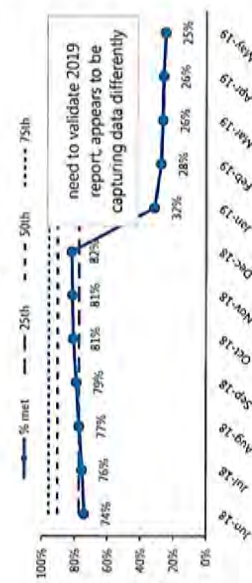
possible 4227 4759 5258 5580 5942 6259 6563 1730 2723 3559 4368 4862

Screening for Depression ↑



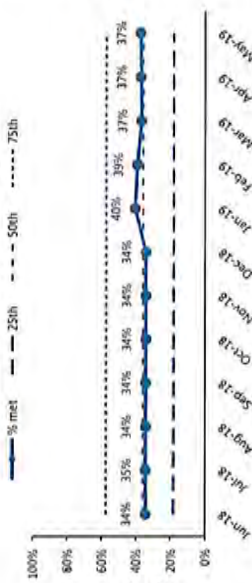
possible 9097 10324 11538 12329 13205 13975 14707 3870 6409 8077 9669 11050

Tobacco Use Screening and Intervention ↑



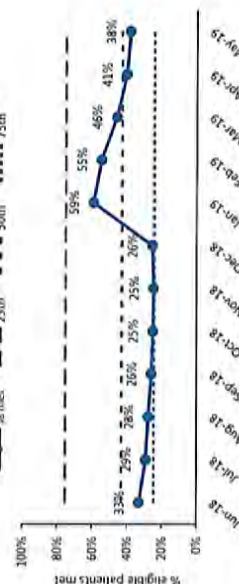
possible 4383 5310 6223 6891 7657 8307 8905 866 1972 3154 4354 5477

Influenza Immunization ↑



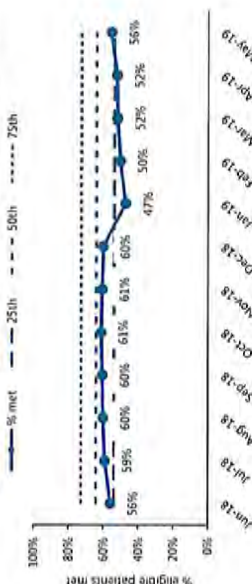
possible 4681 4694 4704 4714 4726 4732 4112 6531 8649 9201 9433

Diabetes: Poor Control ↓



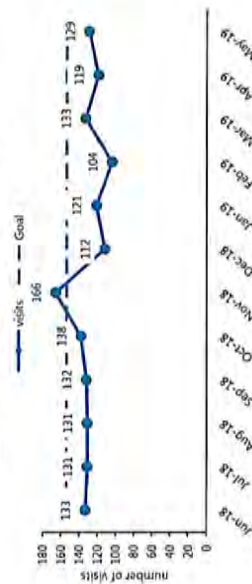
possible 782 866 935 982 1046 1098 1152 358 546 721 851 934

Controlling High Blood Pressure ↑



possible 2609 2771 2893 2969 3026 3089 3131 984 1537 2068 2518 2878

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 Quality Improvement Council Dashboard Glossary

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

July 2019

Medical Arts Center and Other Projects

Work on the MAC continues with no surprises. Included in your packet is the artist's rendering of the Canopy Alternative. The estimate for the cost of the alternate was not available as of this writing. The original estimate was \$150,000 and we anticipate that it will be near that number. I will have the estimate for the Board meeting and the total will still be well under the Board's approved budget. If the Board determines that they want to move forward with the alternate it will require a motion.

The space on the first floor that has been earmarked for KVH Rapid Access is now vacant and the tenants are very happily settled into Suite C here on Campus.

Jeff Yamada is working with facilities to relocate Information Technology personnel to the 309 building. They are currently scattered all over the hospital campus. This will free up a number of offices on the second floor of the hospital as well as the pre-op area.

Provider Retirements

Scott has scheduled a valuation company to review Dr. Sand's equipment and furnishings on August 2nd. With Dr. Sand's scheduled retirement date of September 12, I anticipate that we will have a resolution regarding acquisition of the assets for the Board consideration at the August meeting.

Public Hospital District #2

The parties have ratified a new three year agreement with IAFF, the bargaining unit representing Medic One.

The annual Life Support Fundraiser was a success again this year. KVH, Medic 1 and PHD#2 were well represented.

Family Medicine Ellensburg Building

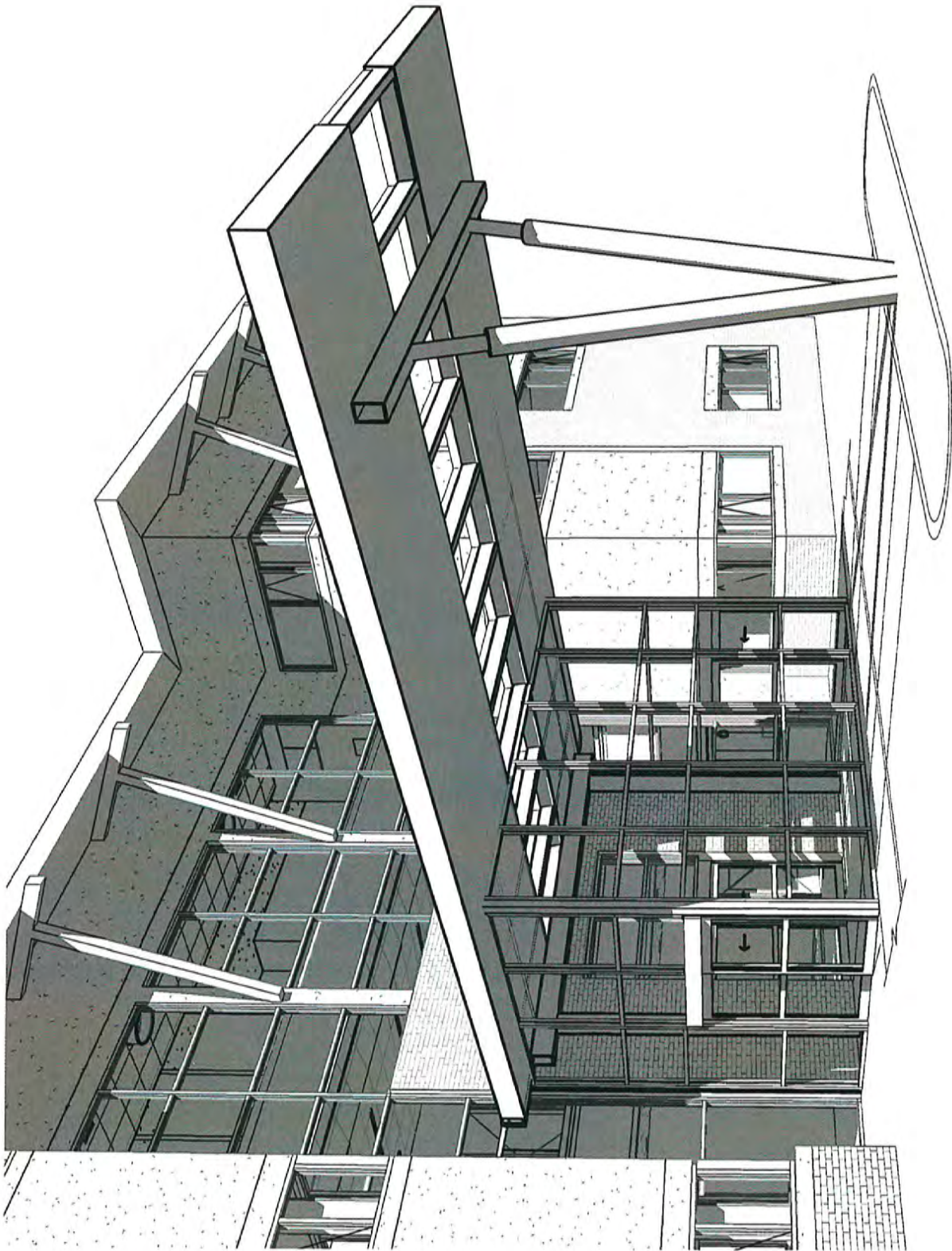
I have met with three of the five owners of the Family Medicine Ellensburg building. As you recall the lease renews in five year increments with the next period beginning September 1 of this year. At some point during this latest term, the building will be vacated and we will, by necessity, be stepping back to assess the best use of campus facilities. The partners understand that the Board may be reluctant to invest in an older building that is not owned by the District. I am working with Miller Nash to review the existing lease and craft a two year window into the five year term for evaluation.

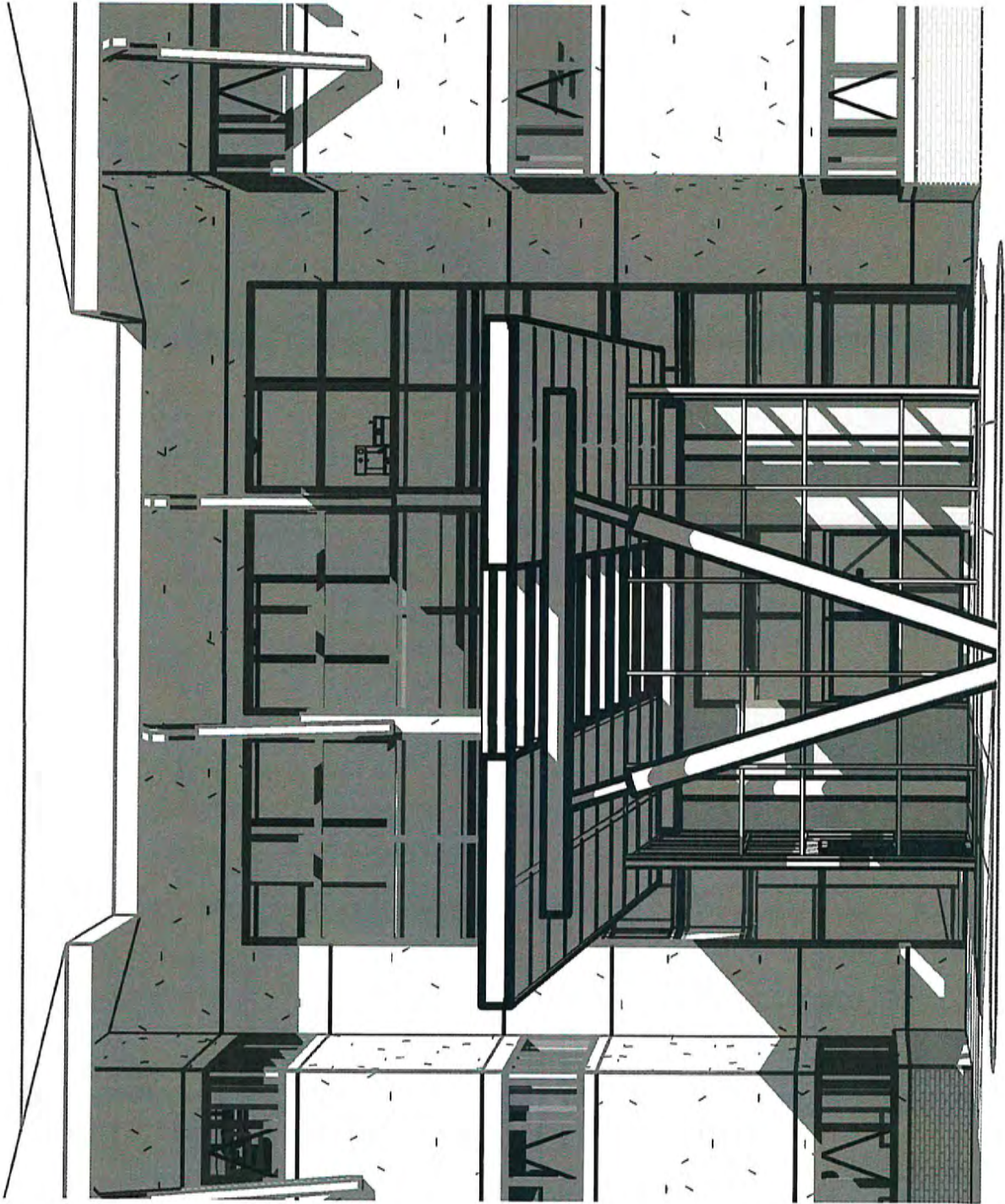
Experience Healthcare

I want to thank Karen Schock and the HR team for organizing the Experience Healthcare Class of 2019. 10 EHS students have spent the week learning about careers available in healthcare. Today they will participate in a Trauma Drill in the Emergency Department that will include ambulances and helicopters – Dede has all the best toys.

Leadership Training

The entire leadership team was able to get away for a day of training. The curriculum focused on coaching, performance management and leadership. It was very hands on with lots of role playing – thank you Tanner and Becky. The training was very valuable and the opportunity to spend the day as a team talking about the challenges and rewards of leadership was wonderful. We will have a follow up session this fall.





Employee Population	Rolling 12 Variance												
		19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul
Full-time	24	369	369	366	370	364	370	368	366	365	361	350	351
Part-time	-11	128	129	133	131	133	132	133	130	133	135	134	134
Per Diem	7	97	99	96	101	104	104	103	104	100	97	95	92
Total Employees	20	594	597	595	602	601	606	606	600	598	593	579	577

Turnover	Rolling 12 Total												
		19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul
Voluntary (excludes pd terms, includes reduction of FTE to pd)	120	9	13	5	6	8	6	12	7	9	4	17	8
Involuntary (excludes pd terms)	12	1	0	1	1	0	0	2	2	1	2	0	1
Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	22.31%	1.68%	2.16%	1.01%	1.16%	1.33%	0.99%	2.31%	1.50%	1.67%	1.01%	2.94%	1.56%
Total All Employees Separated	140	12	12	11	8	7	7	10	7	13	7	17	13

General Recruitment	Rolling 12 Total												
		19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul
Open Postings	187	14	16	8	6	11	10	17	12	14	15	37	13
Unique Applications Received	2554	236	315	184	101	167	99	174	179	242	224	192	133
Employees Hired	152	10	12	3	10	3	11	7	16	18	21	16	18
Time to Fill (Median)	34.71	23.5	25.0	24.2	25	26.5	28.5	38.5	43.5	45	45	44	45.5
Time to Fill (Average)	36.18	23.8	21.0	22.3	23.4	30.3	31.9	41.8	43.0	45.7	47.0	45.1	46.7

Provider Recruitment	Rolling 12 Total												
		19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul
Open Postings	46	3	2	1	1	1	3	3	5	4	6	7	10
Open Slots	36	3	2	1	1	1	3	3	5	4	6	7	10
Unique Applications Received	32	1	4	3	0	0	1	1	1	3	5	5	7
Candidates Interviewed	26	0	1	3	0	3	2	1	2	6	2	0	4
Employees Hired	12	1	1	1	0	1	0	1	2	0	1	2	2
Time to Fill (Average)	314	202	377	416	486	486	238	238	210	132	132	645	367

Benefits	Rolling 12 Total												
		19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul
Workers Comp Claims	45	2	5	3	7	4	6	1	3	3	3	4	0
Time Loss Days	347	13	8	24	25	6	51	62	30	9	19	13	28
Employee Population on Medical Benefits (Average)	66.4%	68.3%	66.8%	67.2%	65.8%	67.2%	66.3%	65.2%	66.0%	65.7%	65.4%	66.0%	66.7%
Total cost in benefits per FTE - welfare (Average)	\$ 862.51	\$ 843.51	\$ 874.38	\$ 845.20	\$ 864.76	\$ 824.54	\$ 817.34	\$ 876.60	\$ 972.83	\$ 881.21	\$ 875.65	\$ 847.32	\$ 803.07
Total cost in benefits per FTE - total (Average)	\$ 1,824.08	\$ 1,805.61	\$ 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

Evaluations	Rolling 12 Total												
		19-Jun	19-May	19-Apr	19-Mar	19-Feb	19-Jan	18-Dec	18-Nov	18-Oct	18-Sep	18-Aug	18-Jul
Providing timely feedback to employee	89.0%	89.0%	90.4%	88.5%	88.9%	88.5%	85.8%	87.7%	90.0%	83.1%	84.3%	86.6%	89.2%
Percentage of employees with completed annual evaluation	89.0%	89.0%	90.4%	88.5%	88.9%	88.5%	85.8%	87.7%	90.0%	83.1%	84.3%	86.6%	89.2%

NOTIFICATION OF CREDENTIALS FILES
FOR REVIEW

Date July 16, 2019

TO: Board of Commissioners
Kevin Martin, MD

FROM: Kyle West
Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APT/REAPT</u>	<u>SITE</u>
Maribel Serrano, MD	Provisional Active	Apt	KVH Women's Health
Jason Lue, MD	Provisional Associate	Apt	MDIG/OnRad Telerad
Catherin Patnode, ARNP	Provisional AHP	Apt	KVH GNP Program
John Walters, MD	Active	ReApt	FHCOE
Megan Young, DO	Active	ReApt	Ellensburg Pediatrics
Todd Greenberg, MD	Associate	ReApt	MDIG Telerad
Annaliese Stone, DO	Ambulatory	ReApt	KVH FME
Teresa Beckett, ARNP, PA-C	AHP	ReApt	KVH Women's Health

CHIEF MEDICAL OFFICER – Kevin Martin, MD

July 2019

Medical Staff Services:

- Mitch Engel reports that on June 10, Holly Dawson, D.O., joined KVH Women's Health as previously noted. Stewart Kerr, MD, is now providing some orthopedic call coverage.
- Lisa Potter is working on a number of fronts. These include:
 - **Primary Projects:**
 - **Palliative Care**
 - In process of data collection on demand, reimbursement and delivery model in preparation for a service line analysis.
 - **Anti-Coagulation Clinic**
 - Composing an analysis of the anti-coagulation clinic based on current vs. potential location and delivery model.
 - **Foundation at KVH Presentations**
 - Drafting the second presentation to be delivered at the foundation board meeting July 23rd.
 - **Ongoing Projects:**
 - **Specialty Exam Services: FAA and immigration exams**
 - **Foundation at KVH presentation #3-4**
 - **Referral Partner Research**
 - **Podiatry**
 - **Pulmonary Rehab Program/Cardiopulmonary Rehab Option**
- Kyle West reports that in July we have the 3 appointments and 5 reappointments included in Dr. O'Brien's report.

CMO activities:

- **Community & Regional Partnerships**
 - Greater Columbia Accountable Community of Health: I continue as facilitator of the Transition Care Project (Project 2C). We continue to receive payments from GCACH to support our transformation work in our family medicine clinics and inpatient services.
 - The Physician Leadership committee of the Washington Rural Health Collaborative met 6/17 at Snoqualmie Valley Hospital in North Bend and again by conference call 7/15. We are moving towards the ability to process provider insurance credentialing in the collaborative which could reduce lead times from 60-90 days to 30 days or less from receipt of a complete packet.
 - KVH continues to be a key partner in the Kittitas County Health Network.
- The Values Alignment Committee continues to have very interesting, sometimes challenging meetings every other week.

Respectfully submitted,
Kevin Martin, MD
Chief Medical Officer

June Operating Results

- June inpatient admissions and patient days exceeded budget by 8 admits and 17 patient days, respectively. On June 13th the hospital admitted our first swing bed patient. Inpatient 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 additional GI procedures is helping to offset the negative outpatient surgery volume variance. 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 factored into the budget. Rehab visits were 10.6% better than budget for June and 12.7% better than budget YTD. Clinic visits were below budget, by 10.2% in June and 2.8% YTD. Although clinic visit in 2019 are below their budget target, clinic visits are 27.2% greater than in 2018. The pediatric clinic that was acquired in September 2018 accounts for nearly 4,000 of the clinic visits. If the pediatric clinic is excluded there has been a 13.05% increase in clinic visits of the established hospital clinics.
- Gross revenue of \$12,090,023 was below budget by \$289,519. June inpatient revenue tracked with admissions, deliveries and patient days and was exceeded budget by \$330,044. Outpatient revenue was below budget by \$382,579 and clinic revenue by \$236,983. One reason for the negative outpatient and clinic revenue budget variances was the number of weekend days in June. There were 10 weekend days in June rather than the normal 8 or 9 weekend days. The budget was spread was based on average daily revenue. We did not factor in lower weekend revenue when spreading the budget. Another factor in the budget variance was a two week medical leave by one of our surgeons.
- Deductions from revenue tracked with revenue and were \$75,461 below budget for the month. There were fewer accounts written off to bad debt and charity in June so we reduced our reserve accordingly. The rationale for reducing our allowance for bad debt and charity is a lower percentage of self-pay revenue. YTD self-pay revenue is 1.82% of total revenue through June compared with 3.52% in 2018. KVH did not accrue for the remaining portion of the 2018 Medicare cost report settlement which is approximately \$340,000.
- Other operating revenue for June exceed budget by \$72,268. The hospital exceeded the revenue budgeted for 340B funds by \$39,770. The additional positive variance was \$35,873 of grant awards.

- Overall operating expenses were below budget by \$8,157 in June. The positive wage variance of \$20,021 was due mainly to physicians starting to work later than expected. Temporary labor was over budget by \$44,806 due mainly to \$37,656 spent for a cardiopulmonary tech. The variance in professional services & due three months of wound care management fees and professional fees for the audit and cost report review. The variance for the audit and cost report review is a timing variance. The positive supply expenses variance of \$82,158 was due to the low number of outpatient surgery cases. The negative June purchased service expense was due to additional volume related expenses of \$12,539 paid to Rehab Visions for PT, OT and Speech therapists and \$37,736 for contract coders for HIM. For the most part, YTD expenses are tracking close to budget and when they are not, the variances are explainable.
- June operations resulted in an operating gain of \$47,202 compared to budgeted operating gain of \$85,757. YTD KVH is \$57,049 below our operating income target.
- Non-operating revenue/expense was better than budget by \$22,769 due to recognition of an investment gain.
- Days in Accounts Receivable decreased 6 days from 94 to at 88 days in June. Gross account receivable decreased by \$963,329 in June. KVH is purchasing some additional coding hours to bring this backlog down which will result in a greater purchase service variance for HIM.
- Days Cash on Hand increased 9.9 days to 139.9 days in June from 130 in May. Overall, days cash on hand has been stable. As we start to spend fund on the Medical Arts Clinic project the days cash on hand will decline substantially.
- Average daily cash collections (all cash) in June was \$365,867 per working day. This is an increase from May Average daily collections of \$324,875.

Kittitas Valley Healthcare

Financial and Operating Indicators

June 2019 - Key Statistics and Indicators

Measure	2019 YTD	2019 Budget	2019 Annualize	2018	2017	2016
Total Charges	74,605,143	151,556,153	149,210,285	140,104,003	130,611,388	124,153,636
Net Revenue	40,637,983	82,594,255	81,275,967	78,753,810	71,490,964	71,506,819
Operating Income	558,708	2,013,073	1,117,416	474,120	885,655	(5,893)
Operating Margin %	1.4%	2.4%	1.4%	0.6%	1.2%	0.0%
Cash	29,486,140	31,428,600	29,486,140	27,408,625	33,213,447	29,859,717
Days Cash on Hand	139.8	150.0	139.8	133.5	178.7	156.0
Surgeries	627	1,478	1,254	1,461	1,641	1,856
Emergency Visits	6,973	13,760	13,946	13,930	13,162	13,789
% ED visits admitted	9.8%	n/a	9.8%	n/a	n/a	n/a
Diagnostic Imaging	15,119	31,664	30,238	29,474	33,836	33,471
Laboratory	104,809	218,157	209,618	207,040	190,587	181,082
Clinic Visits	35,565	75,644	71,130	58,500	50,917	48,525
IP and Obs Days	1,999	3,801	3,999	3,829	3,440	3,937
Deliveries	164	332	328	332	322	312
Admits	470	952	940	944	899	1,043
FTEs	474.2	485.4	474.2	469.4	457.6	449.1
AR Days	88.0	60.0	88.0	92.0	50.8	47.5

Kititas Valley Healthcare June 2019 - Key Statistics and Indicators

Activity Measures		Current Month			Year to Date			Prior YTD	
		Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %
01	Admissions	86	78	9.9%	470	472	-0.4%	515	-8.7% 01
02	Patient Days - W/O Newborn	235	218	7.6%	1,356	1,317	2.9%	1,505	-9.9% 02
03	Avg Daily IP Census	7.8	7.3	7.6%	7.5	7.3	2.9%	8.3	-9.9% 03
04	Average Length of Stay	2.7	2.8	-2.1%	2.9	2.8	3.4%	2.9	-1.3% 04
05	Deliveries	31	27	13.6%	164	165	-0.4%	172	-4.7% 05
06	Case Mix Inpatient	1.22	1.00	22.2%	1.17	1.00	17.2%	1.04	12.7% 06
07	Surgery Minutes - Inpatient	3,262	2,920	11.7%	18,248	17,619	3.6%	18,169	0.4% 07
08	Surgery Minutes - Outpatient	4,573	6,540	-30.1%	32,679	39,461	-17.2%	45,254	-27.8% 08
09	Surgery Procedures - Inpatient	26	22	15.7%	141	136	4.0%	154	-8.4% 09
10	Surgery Procedures - Outpatient	78	99	-21.3%	486	598	-18.7%	707	-31.3% 10
11	Gastrointestinal Procedures	123	103	19.4%	721	650	10.9%	683	5.6% 11
12	ER Visits	1,154	1,131	2.0%	6,973	6,823	2.2%	7,074	-1.4% 12
13	Urgent Care Cle Elum Visits	435	351	23.9%	2,443	2,117	15.4%	2,206	10.7% 13
14	Laboratory	16,227	17,931	-9.5%	104,809	108,182	-3.1%	114,546	-8.5% 14
15	Radiology Exams	2,465	2,603	-5.3%	15,119	15,702	-3.7%	18,142	-16.7% 15
16	Rehab Visit	1,515	1,370	10.6%	9,317	8,267	12.7%	9,356	-0.4% 16
17	Outpatient Percent of Total Revenue	83.0%	86.0%	-3.6%	85.0%	86.1%	-1.2%	84.7%	0.5% 17
18	Clinic Visits	5,382	6,024	-10.7%	35,565	36,612	-2.9%	27,975	27.1% 18
19	Adjusted Patient Days	1,380	1,564	-11.8%	9,058	9,454	-4.2%	9,808	-7.6% 19
20	Equivalent Observation Days	88	94	-6.3%	644	568	13.4%	589	9.3% 20
21	Avg Daily Obs Census	2.9	3.1	-6.3%	3.6	3.1	13.4%	3.3	9.3% 21
22	Home Care Visits	536	714	-24.9%	3,342	4,307	-22.4%	4,747	-29.6% 22
23	Hospice Days	779	900	-13.5%	5,248	5,431.0	-3.4%	6,620	-20.7% 23

Financial Measures

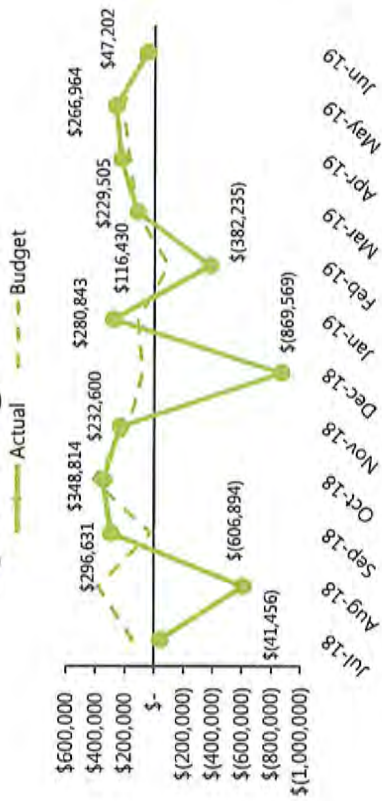
24	Salaries as % of Operating Revenue	51.0%	51.0%	-0.1%	50.3%	50.8%	1.0%	52.5%	4.2% 24
25	Total Labor as % of Operating Revenue	62.6%	62.5%	-0.2%	62.5%	62.4%	-0.1%	65.2%	4.1% 25
26	Revenue Deduction %	47.3%	47.6%	0.6%	48.1%	47.5%	-1.4%	46.2%	-4.3% 26
27	Operating Margin	0.7%	1.3%	-44.6%	1.4%	1.5%	-9.2%	-0.3%	-564.9% 27

Operating Measures

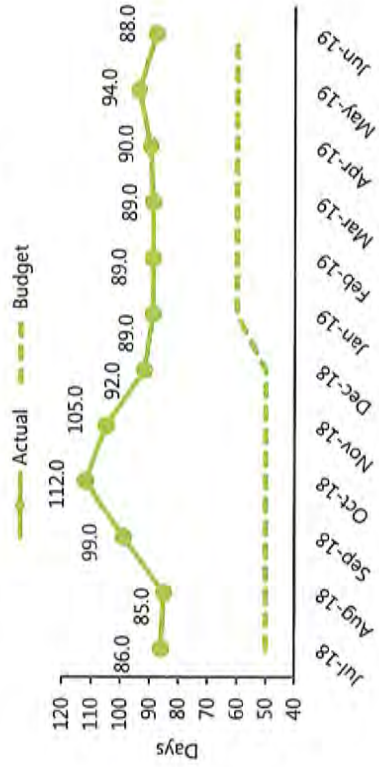
28	Productive FTE's	405.9	432.9	6.2%	418.0	432.9	3.5%	417.0	-0.2% 28
29	Non-Productive FTE's	63.6	52.5	-21.2%	56.3	52.5	-7.2%	52.4	-7.4% 29
27	Paid FTE's	469.5	485.4	3.3%	474.2	485.4	2.3%	469.4	-1.0% 27
28	Operating Expense per Adj Pat Day	\$ 4,803	\$ 4,243	-13.2%	\$ 4,425	\$ 4,238	-4.4%	\$ 3,878	-14.1% 28
29	Operating Revenue per Adj Pat Day	\$ 4,837	\$ 4,298	12.6%	\$ 4,486	\$ 4,303	4.3%	\$ 3,867	16.0% 29
30	A/R Days	88.0	50.0	-76.0%	88.0	50.0	-76.0%	83.0	-6.0% 30
31	Days Cash on Hand	139.8	175.0	-20.1%	139.8	175.0	-20.1%	164.2	-14.9% 31

Financial Sustainability

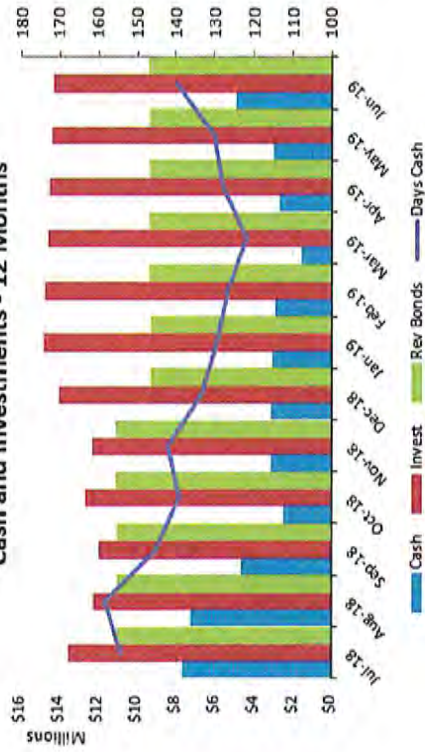
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2017	CY 2018	YTD 2019
Medicare	40.47%	41.85%	41.81%
Medicaid	18.90%	18.45%	19.46%
Commercial	33.14%	32.03%	32.55%
Self Pay	4.31%	3.52%	1.82%
Other	3.18%	4.15%	4.37%

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	2,058,349	1,728,305	330,044	11,165,116	10,427,440	737,676	10,437,075
OUTPATIENT REVENUE	8,480,295	8,862,874	(382,579)	52,892,169	53,472,670	(580,501)	49,882,567
CLINIC REVENUE	1,551,380	1,788,363	(236,983)	10,547,858	10,945,147	(397,289)	7,681,856
REVENUE	12,090,023	12,379,542	(289,519)	74,605,143	74,845,257	(240,114)	68,001,498
CONTRACTUALS	5,417,744	5,493,205	(75,461)	33,952,181	33,145,037	807,144	29,020,731
PROVISION FOR BAD DEBTS	192,426	249,157	(56,731)	1,428,798	1,502,963	(74,165)	1,652,623
FINANCIAL ASSISTANCE	81,895	89,129	(7,234)	153,928	537,744	(383,816)	451,915
OTHER DEDUCTIONS	24,814	55,927	(31,113)	382,518	355,150	27,368	259,243
DEDUCTIONS FROM REVENUE	5,716,879	5,887,417	(170,539)	35,917,425	35,540,895	376,530	31,384,513
NET PATIENT SERVICE REVENUE	6,373,145	6,492,125	(118,980)	38,687,718	39,304,362	(616,645)	36,616,985
OTHER OPERATING REVENUE	300,687	228,420	72,268	1,950,266	1,378,132	572,134	1,309,814
TOTAL OPERATING REVENUE	6,673,832	6,720,544	(46,712)	40,637,983	40,682,494	(44,511)	37,926,799
SALARIES	3,405,368	3,425,389	(20,021)	20,440,907	20,666,514	(225,606)	19,914,945
TEMPORARY LABOR	52,676	7,871	44,806	219,974	59,991	159,983	178,340
BENEFITS	773,810	775,427	(1,617)	4,958,571	4,736,276	222,296	4,804,852
PROFESSIONAL FEES	94,596	53,739	40,857	397,060	324,237	72,822	360,535
SUPPLIES	678,677	760,835	(82,158)	4,206,677	4,589,238	(382,561)	4,148,282
UTILITIES	77,341	75,463	1,878	482,934	471,510	11,424	462,939
PURCHASED SERVICES	869,526	825,189	44,337	5,244,345	4,951,134	293,211	4,647,652
DEPRECIATION	317,465	342,061	(24,597)	1,890,457	2,052,368	(161,911)	1,402,574
RENTS AND LEASES	119,444	127,932	(8,487)	732,595	767,590	(34,995)	694,763
INSURANCE	37,913	39,575	(1,662)	295,893	237,450	58,443	234,022
LICENSES & TAXES	69,263	67,783	1,479	435,448	406,700	28,748	381,914
INTEREST	57,160	56,913	247	344,607	341,480	3,127	332,733
TRAVEL & EDUCATION	26,011	35,422	(9,411)	175,455	213,423	(37,968)	180,072
OTHER DIRECT	47,379	41,187	6,192	254,352	248,826	5,526	295,347
EXPENSES	6,626,630	6,634,787	(8,157)	40,079,275	40,066,738	12,538	38,038,970
OPERATING INCOME (LOSS)	47,202	85,757	(38,555)	558,708	615,757	(57,049)	(112,171)
OPERATING MARGIN	0.71%	1.28%	82.54%	1.37%	1.51%	128.17%	-0.30%
NON-OPERATING REV/EXP	74,744	51,974	22,769	460,159	316,172	143,987	1,040,677
NET INCOME (LOSS)	121,946	137,732	(15,786)	1,018,867	931,929	86,938	928,506
UNIT OPERATING INCOME							
HOSPITAL	(42,664)	283,254	(325,918)	634,364	1,688,263	(1,053,899)	1,705,756
URGENT CARE	(62,198)	(5,963)	(56,235)	(254,624)	(37,569)	(217,055)	(198,808)
CLINICS	137,426	(239,548)	376,974	(83,986)	(1,319,416)	1,235,430	(1,990,095)
HOME CARE COMBINED	14,593	48,015	(33,422)	263,047	284,479	(21,432)	370,977
OPERATING INCOME	47,157	85,757	(38,600)	558,801	615,757	(56,956)	(112,171)

06/30/2019

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	4,930,150	3,268,227	1,661,923
ACCOUNTS RECEIVABLE	38,529,508	36,648,852	1,880,656
ALLOWANCE FOR CONTRACTUAL	(20,356,511)	(18,507,689)	(1,848,822)
THIRD PARTY RECEIVABLE	1,250,300	1,889,004	(638,704)
OTHER RECEIVABLES	234,336	788,227	(553,891)
INVENTORY	1,626,586	1,526,115	100,472
PREPAIDS	693,632	591,940	101,692
INVESTMENT FOR DEBT SVC	843,901	945,710	(101,809)
CURRENT ASSETS	27,751,903	27,150,386	601,517
INVESTMENTS	23,712,089	23,320,485	391,604
PLANT PROPERTY AND EQUIPMENT	78,342,467	79,180,803	(838,336)
ACCUMULATED DEPRECIATION	40,651,476	40,721,063	(69,587)
NET PROPERTY, PLANT, & EQUIP	37,690,991	38,459,739	(768,749)
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	37,690,991	38,459,739	(768,749)
ASSETS	89,154,982	88,930,610	224,372
ACCOUNTS PAYABLE	1,926,400	2,234,706	(308,306)
ACCRUED PAYROLL	942,728	1,046,722	(103,993)
ACCRUED BENEFITS	324,991	209,608	115,383
ACCRUED VACATION PAYABLE	1,777,218	1,678,465	98,753
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	7,655,982	8,465,208	(809,227)
ACCRUED INTEREST	311,957	322,579	(10,622)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	4,491	0	4,491
DEFERRED REVENUE HOME HEALTH	137,067	116,204	20,863
DEFERRED LIABILITIES	453,515	438,783	14,732
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,989,839	13,399,698	(409,859)
LTD - 2018 REVENUE BOND	5,820,000	6,000,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,540,849	2,540,849	0
CURRENT PORTION OF LONG TERM DEBT CONTF	(997,343)	(1,587,202)	589,859
LONG TERM DEBT	20,353,345	20,353,345	0
NONCURRENT LIABILITIES	20,806,860	20,792,128	14,732
FUND BALANCE	59,673,274	59,673,274	0
NET REVENUE OVER EXPENSES	1,018,867	0	1,018,867
FUND BALANCE	60,692,141	59,673,274	1,018,867
TOTAL LIABILITIES & FUND BALANCE	89,154,982	88,930,610	224,372

06/30/2019

Kittitas Valley Healthcare Balance Sheet and Cash Flow

Statement of Cash Flow

	CASH
NET BOOK INCOME	1,018,867
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	(69,587)
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	949,280
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(31,834)
OTHER RECEIVABLES	1,192,594
INVENTORIES	(100,472)
PREPAID EXPENSES & DEPOSITS	(101,692)
INVESTMENT FOR DEBT SVC	101,809
TOTAL CURRENT ASSETS	1,060,406
INVESTMENTS	(391,604)
PROPERTY, PLANT, & EQUIP.	838,336
OTHER ASSETS	0
TOTAL ASSETS	2,456,418
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(308,306)
ACCRUED SALARIES	(103,993)
ACCRUED EMPLOYEE BENEFITS	115,383
ACCRUED VACATIONS	98,753
COST REIMBURSEMENT PAYABLE	(21,204)
CURRENT MATURITIES OF LONG-TERM DEBT	(589,859)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(809,227)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(10,622)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	4,491
DEFERRED REVENUE - HOME HEALTH	20,863
TOTAL OTHER LIABILITIES	14,732
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	(794,495)
NET CHANGE IN CASH	1,661,923
BEGINNING CASH ON HAND	3,268,227
ENDING CASH ON HAND	4,930,150

GRANTS – Mitchell Rhodes July 2019

Waiting Determination

- *HRSA-19-018 Small Health Care Provider QI Program - \$200,000 per year over 3 years: Chronic Disease Management and Motivational Interviewing for KVH primary care clinics*
 - *Expected determination August/September 2019*
- *HRSA (KCHN) – About \$330,000 per year over 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/September 2019*
- *Pride Foundation Community Grant (KVH Foundation) - \$15,000 – Provider education on LGBTQ health concerns*
 - *Expected determination November 2019*
- *Kittitas County Law and Justice Grant (KVH – ED) - \$5,263 – Community education program/implementation of the Stop the Bleed program*
 - *Expected Determination December 2019*

Works in Progress

- *Bureau of Justice Assistance Grant (KCHN) - \$750,000 over 2 years – Due July 26 – Opioid Implementation Grant Supplement*
- *AmerisourceBergen Community Grant (KCHN) - \$127,395 – Due August 15 – Opioid Assistance Grant*
- *Coverys Foundation Grant (KVH) – \$49,000 – Due August 15 – Develop and Implement both Clinical and Non-Clinical Drill Program*
- *Heritage Bank Grant (KVH Foundation) - \$700.00 – Rolling Due Date – Purchase KVH Lunch Boxes to promote healthy eating during the school year*
- *Updating and developing new grant processes and policies with both KVH and KCHN. Expected roll out to departments in August.*

***Italicized grants were submitted prior to my hire at KVH*

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Family Medicine Cle Elum

Capital Item Requested: Carpet Replacement

Function of Project: Floor Covering

Reason Requested: The carpet was replaced in damaged area due to the flood. The west side of the building was not replaced. This carpet is worn and does not match the new carpet. This carpet endured high usage during construction with more wear and tear than normal day to day use. Construction crew utilized the west side to bring in equipment and construction supplies. This has left the carpet in worse shape than before. It has also noticeable of the different patterns/colors. If the carpet is replaced then the whole clinic carpet will wear at the same rate.

Budget: \$0 **Actual Cost:** \$22,413

Submitted By: Stephanie Walker, Clinic Manager – Family Medicine Cle Elum

Date: 07/25/19

PATIENT CARE OPERATIONS

Medical Surgical/ CCU :

- 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 safe cardiac monitoring program. She and her team will be arriving July 22 for the initial phases of the program.
- The Lidco non-invasive monitoring device is available and ready for use on our critical patients. The interface with Cerner is now complete and data is flowing automatically into the electronic record. This has been a long process and we are pleased to be able to offer this advanced monitoring capability.

Family Birthing Place:

- The Blue Band Initiative is near completion. Stacey Botten presented to the KCHN group in July. Go-live is planned for September 16 of this year.

Surgical Services:

- The surgical services team are excited and looking forward to working with Dr. Dawson. She has visited the department and is working with staff to identify her needs in the OR.
- The OR now has Surgical Technology students from Columbia Basin Community College. CBC will also be sending Central Sterile Processing students which will be entirely new to KVH. These are positions that are very difficult to recruit for and most of the training has been on the job. We anticipate this to be beneficial for recruitment.

Food and Nutrition Services:

- Fully staffed including per diem personnel. The new schedule concept has been working well since inception in November '18.
- Several new Café menu items.
- Disposable food service products being replaced with reusable, compostable, or recyclable products. This is an effort to save costs while become more ecologically green.
- Lots of work around streamlining diet orders and communication through Cerner.
- Working on staff education with the International Dysphagia Diet Standardization Initiative (IDDSI). Essentially, just new terminology for modified food textures and liquid consistencies.

Community Engagement:

- FISH Food Bank – Our Hello FISH program has been postponed at this time due to the food bank needing to move and develop new space.

- Diabetes Prevention Program – Continuing to seek seed money for start-up of the program. Presentation made to the KVH Foundation Board. Researching other options/grants.

Diabetes Education/Outpatient Nutrition:

- Most outpatient nutrition appointments are being scheduled by Internal Medicine and Family Practice PSR's while the patient is in the clinic seeing their provider.
- We currently do not have a community class running over the summer. We are working on a Diabetes 101 Survival Skills class to be offered in the fall.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

Home Health & Hospice:

- On July 5 Shelly Roepke the "founding mother" of Occupational Therapy in the Kittitas Valley retired from KVH. We appreciate her dedicated care to the residents of the Kittitas Valley for the past 23+ years. In her own words:

"Over 20 years ago, I brought Occupational Therapy to this valley and to this hospital. From watching a baby hold his head up for the first time to helping find a position of comfort for one in her final days, it has been a privilege sharing in the joys and heartbreaks of so many people along their life journey. What an honor to know that in some small way, I may have made a life better. I am grateful to my colleagues here at KVH and for the opportunity to have worked side by side with such outstanding teams."

Best of luck Shelly, we will miss you!

Rehab Services:

- I am working with Clinic Leadership to determine if there is an appropriate area to expand Cle Elum PT within the FMC clinic. OT and ST staff from Cle Elum Roslyn School District toured our new OT/ST location at the 309 Annex and were quite impressed with the services that we offer.

Diagnostic Services:

- On Monday July 1 we implemented a performance improvement project regarding imaging phones. We are now answering the phone and transferring the caller to the appropriate resource, rather than relying on a telephone tree and voice menu. Many thanks to our PI facilitators, the staff in diagnostic services and Terra Hines for their assistance with this project. We will survey staff and providers 30 days post go live to determine satisfaction with this new process.

- I've been rounding on the Hospitalists, Clinic and ED physicians to discuss satisfaction with MDIG. The majority report that turn around times for our imaging studies are continuing to improve and they appreciate having the radiologist on site. On 6/19 MDIG experienced a technical outage which delayed discharge for 3 ED patients. Once the problem was identified it was quickly corrected and those studies were quickly read so that the patients could be discharged home. We are continuing to have calls twice weekly to optimize performance.
- On 6/18 the DOH was here to review our mammography program. We had 3 findings related to onboarding our new Radiology locum providers- One provider did not have current continuing education documented and did not have the number of prior exams performed documented on company letterhead. An additional provider did not have documentation of 8 hours of digital mammography training. We have since received all of the necessary paperwork and are working with MEC to require this documentation be a part of the credentialing process for radiologists. An additional deficiency noted was that we complete the required annual random review/audit for each radiologist, but the name of each radiologist audited was not documented on the form.
- On 6/25 the DOH inspected our imaging equipment. We have 2 findings related to the equipment. The radiologists and surgical staff are not wearing dosimeters and there was no documentation in the file that our physicist had checked the mini C Arm prior to use.
- In preparation for creating designs for our lab expansion, the staff have visited laboratories at Trios and Confluence Hospitals, both of which have a modular concept that we desire to incorporate into our lab redesign. Stacy Olea is also beginning work to prepare our labs for accreditation with The Joint Commission. A larger hospital lab and accreditation will allow us to expand diagnostic testing that is available on the hospital campus and reduce the number of tests that are sent out to a reference lab.
- Lab, Imaging and Cardiopulmonary services are in the process of developing a paper patient satisfaction survey, as we no longer are participating in Press-Ganey.

Cardiopulmonary:

- Dr. Hibbs has shared his appreciation of the 24/7 respiratory therapy staffing, noting that the enthusiasm and additional knowledge brought by the new staff is most helpful.

Hospital District 2:

- Hospital District 2 is continuing to meet with KDA on plan designs for the Medic One Station 99 Ambulance Garage. They have completed a community report that will be mailed to residents of HD2 in the summer of 2019.

Pharmacy:

- Whole Health Pharmacy opened for business June 17. We have signed a contract with them for 340B and they will be eligible to begin this program in October.

We are having weekly calls to implement software that will allow us to utilize 340B medications on outpatients receiving services at the hospital. We have been able to register KVH Pediatrics and KVH Workplace Health as child sites for the hospital under 340B. This will result in more eligible prescriptions in the program and increased revenue.

Thank you, Rhonda Holden, Chief Ancillary Officer

CLINIC OPERATIONS

Farmer's Market:

- We will be attending the Ellensburg Farmer's Market on July 27th and the Roslyn Farmer's Market on July 28th to fulfil our strategic goal of surveying the community. We will be surveying the community members on what services they would like to see here, where they currently receive healthcare and if they have a current primary care provider. We will also have a Patient Service Representative available to schedule school/sports physicals and any other appointments patients would like to schedule.

Chronic Care Management (CCM):

- August 1st is our go-live date for the first five patients to be enrolled in the CCM program. Each lead nurse has conducted a presentation at their provider meetings and are scheduled to meet with their additional colleagues.

Workplace Health:

- Last month it was mentioned we had secured a couple of next contracts and this month did not disappoint. One of the contracts signed was with Homeland Security. This means our clinic will be 1 in 4 in Eastern Washington contracted to conduct the necessary exams.

MA Apprenticeship:

- We are gearing up to celebrate our next two graduating MA's. Melissa Blunt and Stephanie Boardman will be taking there test at the end of July. We will have a KVH graduation for them on August 8th beginning at 4pm.

LGBTQ+ training:

- In a recent press release from the public health department it was indicated Kittitas County has the highest rate (91%) in the state of 10th grade students who are lesbian, gay or bisexual that reported feeling sad or hopeless in the last two weeks. This was data we discovered when applying for a Pride Foundation grant. The grant was submitted on June 29th and we will not hear back for a few months. This grant (\$15,000) can assist us in bringing training to our clinicians and all other staff to feel better equipped to treat LGBTQ+ individuals across the lifespan and their families. We also

hope through this training, KVH will be able to become a resource for LGBTQ+ persons throughout our community for social and health needs. In doing research for the grant, I discovered some other ways we can begin to make our practices and hospital LGBTQ+ friendly. I am looking forward to sharing these as we progress.

Women's Health:

- As you know, we have added on Dr. Holly Dawson to our OB/GYN group at Women's Health in June. She is fitting in wonderfully and we are already receiving a great response from the community. Dr. Sand has expressed to the community he will be retiring. This has led to about 10 calls per week to our Women's Health clinic of a combination of OB and GYN patients transferring their care. Dr. Maribel Serrano will be joining us a little earlier than expected and her new start date is August 5th.

National Health Service Corp (NHSC):

- This is a loan repayment program which requires a site verification process for primary care clinics. Having this site approval has allowed us to recruit and retain providers in our clinics. On July 9th, we had our first known site visit. A NHSC representative walked through the NHSC process and we supplied her with the required policies, documentation and data.

Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard

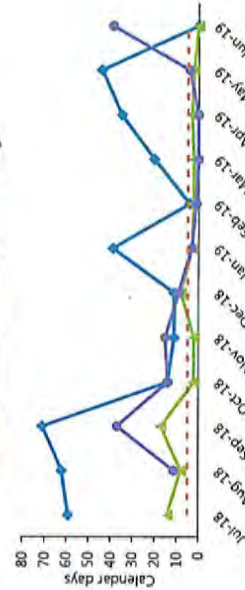
Third available appointment
for established patients



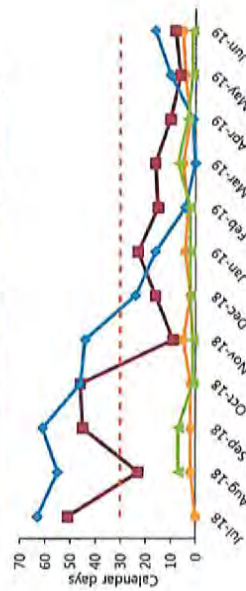
Third available appointment
for established patients



Third available appointment
for established patients



Third available appointment
for new patients



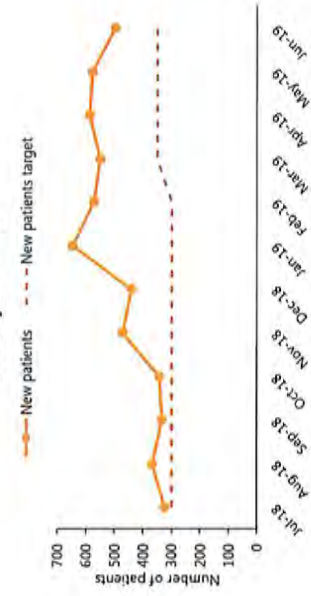
Third available appointment
for new patients



Third available appointment
for new patients



New patients



Payor Mix



COMMUNITY RELATIONS – Michele Wurl

June 25 – July 25, 2019

Marketing Plan Focus:

- Women's Health – OB Care and new providers (July - September)
- Back to School Physicals (July-August)
- Community Benefit Report

External Outreach activities:

- Dr. Wise retirement celebration in Cle Elum (6/19)
- Life Support Auction (7/13)
- Suncadia BBQ (7/20)

Internal Outreach activities:

- Quality Wall refresh (outside the KVH Gift shop) – each of the six boards highlights recent quality achievements

Collaborations & Partnerships:

- Rozsika Steele, KVH Lactation Consultant facilitated a discussion of common issues in breastfeeding in a graduate level class CWU
- Level 1 Swim safety classes through the City of Ellensburg
- Logo development assistance with KCHN
- Newsletter completion for Hospital District #2
- Cle Elum Triple Shot 3 on 3 basketball tournament
- Table Top Emergency Preparedness Exercise with Kittitas County and the State Incident Management Team (IMT) – July 25 & 26

Stories/Letters to the Editor:

- Patient Story – Joe Davis (ER)
- Behind the scenes at KVH blog – Patient Financial Services

Other:

- I apologize that I won't be with you at the Board meeting. I will be attending my brother in law's wedding in Leavenworth.
- I'm happy to announce Kathryn Brunner is our new Events Coordinator. Kathryn started with us on July 8 and is already proving to be a great asset to our organization.
- We have been assisting various departments in the areas below:
 - ✓ Swing Bed program – external outreach
 - ✓ KVH Intranet refresh
 - ✓ KVH Website refresh
 - ✓ Chronic Care management – patient materials

On the horizon:

- KVH at the Roslyn Farmer's Market – July 28 & August 17
- Jazz in the Valley free Sunday – July 28 & August 18
- Meditation and Mindfulness – July 29
- Retirement celebration for Dr. Sand – Date in Mid-August forthcoming
- KVH Rodeo BBQ – August 21
- KVH Participation in the Rodeo Parade – August 31

« All Events (<https://www.wsha.org/calendar/>)

Rural Advocacy Days in Washington D.C.

September 23 - September 25

Hospital leaders and board members have an excellent opportunity to connect with members of Congress during WSHA's Rural Advocacy Days in Washington D.C. The event provides access to your Congress members to help establish relationships and effectively advocate for the issues impacting rural hospitals. This trip also provides an opportunity to network among your colleagues from all parts of the state and region. We will be joined by members of the Oregon Association of Hospitals and Health Systems as we continue to expand our federal partnership. Together, we will focus on key issues such as new rural hospital payment models, surprise billing and telemedicine. Attendees also help shape the agenda in advance of the trip as we value your input. WSHA encourages you and members of your board or management team to attend this year! We hope you will join us!

Please RSVP to Josh Russell JoshR@wsa.org by Thursday, July 25

+ GOOGLE CALENDAR (https://www.google.com/calendar/event?ical=1&tribe_display=)
995+RURAL+ADVOCACY+DAYS+IN+WASHINGTON+D.C.+THE+EVENT+PROVIDES+ACCESS+TO+YOUR+CONGRESS+MEMBERS+TO+HELP+ESTABLISH+RELATIONSHIPS+AND+2C+WE+WILL+FOCUS+ON+KEY+ISSUES+SUCH+AS+NEW+RURAL+HOSPITAL+PAYMENT+MODELS%2C+SURPRISE+BILLING+AND+TELEMEDICINE.+ATTENDEES+ALSO+

+ I CAL EXPORT (https://www.wsha.org/event/rural-advocacy-days-in-washington-d-c/?ical=1&tribe_display=)

Details

Start:
September 23 (2019-09-23)

End:
September 25 (2019-09-25)

Event Categories:
Event & Resources
(<https://www.wsha.org/event/calendar/category/event-resources/>), Governance Education
(<https://www.wsha.org/event/calendar/category/governance-education/>), Government Affairs
(<https://www.wsha.org/event/calendar/category/government-affairs/>)

Organizers

Jacqueline Barton True

Chelene Whiteaker

Josh Russell

Venue

Capitol Hill in Washington D.C.

*First St SE, Washington, DC 20004
Washington D.C., MD (Maryland)
2004 United States*

+ Google Map (https://maps.google.com/maps?f=q&source=s_q&hl=en&geocode=&q=First+St+SE%2C+Washington%2C+DC+20004+Nashington+D.C.+M)