



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

July 26, 2018

- 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 27, 2018; June 28, 2018 **(3-6)**
 - b. Approval of Checks **(7)**
 - c. Report: Foundation **(8)**
 - d. Minutes: Finance Committee **(9)**
 - e. Minutes: Quality Council

- 4. Presentations:** Kyle West, Community Health of Central Washington: Introduction of New Student Residents
Bruce Tabb: Elmview Presentation

- 5. Public Comment and Announcements**

- 6. Reports and Dashboards**
 - a. Quality – Mandee Olsen, Director of Quality Improvement **(10-12)**
 - b. Chief Executive Officer – Julie Petersen **(13-14)**
 - i. 2018 KVH Business Plan: 2nd Quarter Report **(15-32)**
 - c. Medical Staff
 - i. Chief of Staff, Timothy O'Brien MD
 1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(33)**
 - ii. Chief Medical Officer, Kevin Martin MD **(34)**
 - d. Finance – Chief Financial Officer - Libby Allgood
 - i. Operations Report **(35-40)**
 - ii. Finance Committee Report – Commissioner Liahna Armstrong
 1. Capital Expenditure Request ** **(41)**
 - e. Operations **(42-45)**
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations

- 7. Education and Board Reports**

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

8. Old Business

- a. Approval of Teamsters Registered Respiratory Therapist Contract **

9. New Business

- 10. Community Relations Report:** Michele Wurl, Director of Communications & Marketing **(46)**

11. Executive Session

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

12. Adjournment

Future Meetings

- August 23, Regular Meeting
- September 27, 2018, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B
June 28, 2018

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

KVH STAFF PRESENT: Julie Petersen, Libby Allgood, Mandee Olsen, Rhonda Holden, Michele Wurl, Carrie Youngblood, Carrie Barr, Ron Urlacher

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien, Dr. Kevin Martin

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

2. **Approval of Agenda:**

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

3. **Consent Agenda:**

ACTION: On motion of Erica Libenow and second of Roy Savoian, the Board members unanimously approved the Consent Agenda.

4. **Presentation:**

Amy Fuller from the Kittitas County Public Health Department presented the 2018 Kittitas County Community Health Assessment. This assessment is used to identify the health issues we are facing as a community in Kittitas County. With the Community Health Assessment information, a Community Health Improvement Plan (CHIP) is developed to implement strategies to improve overall community health.

5. **Public Comment/Announcements:**

Robin Reed, Kittitas County Public Health Department, was in attendance at the meeting and thanked KVH for their support and partnership with the CHA/CHIP project.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Julie Petersen noted that the Family Birthing Place patient satisfaction scores are at the top of the scale.

The Board members reviewed the CEO report with Julie Petersen.

ACTION: On motion of Roy Savoian and second of Liahna Armstrong, the Board members unanimously accepted the low bid for the KVH Medical Arts Center Building at \$417,900.

ACTION: On motion of Roy Savoian and second of Erica Libenow, the Board members approved the \$535,000 budget, inclusive of construction, for the KVH Medical Arts Center Building.

The board members reviewed the HR report. Carrie Youngblood noted that annual evaluations are up from 86% completion to 92%. She reported that the Teamsters contract is still in process. She announced that as of July 1, the KVH coffee shop is transitioning ownership to D&M Coffee.

ACTION: On motion of Erica Libenow and second of Roy Savoian, the board members approved the reappointments for Andrew Schock, PA-C, Dr. Stuart Cardon, Dr. Cynthia Oberfelder, Dr. Steven Johnson, and Dr. Kelly Noyes, and for the initial appointments for Neena Nzeocha, ARNP, Dr. Liem Mansfield, and Dr. Andrew Thomas, Dr. Kristina Bowen, Resident, and Dr. Cierra DeLay, Resident, as recommend by the Medical Executive Committee.

ACTION: On motion of Erica Libenow and second of Roy Savoian, an additional privilege was approved for Laurel Gorham, ARNP.

The Board members reviewed the Chief Medical Officer report.

Libby Allgood reported financials for May and stated that patient admission and patient days are up, but that it is not due to Cerner. Libby also reported that rehab visits are above in volume from last year and AR days are more than expected. Libby stated we are bringing in more cash than anticipated with Cerner.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved Resolution 18-05, refunding of the LTGO Debt Resolution.

ACTION: On motion of Liahna Armstrong and second of Roy Savoian, the Board members unanimously approved Resolution 18-06 regarding the WRHC PHD Operating Board Interlocal Agreement.

ACTION: On motion of Liahna Armstrong and second of Erica Libenow, the Board members unanimously approved the capital expenditure request for the purchase of two anesthesia machines including two mobile arms.

The Board members reviewed the operations report with Rhonda Holden, Vicky Machorro and Carrie Barr. Rhonda stated that Fire District 7 is changing their contract. Rhonda gave an update on Physical Therapy in Cle Elum stating that it is staying at the Family Medicine Cle Elum location.

7. **Education and Board Reports:**

Matt Altman reported that the board recently attended the WSHA/AWPHD annual conference “Beyond the Walls and Into the Community” in Chelan. He stated that topics covered at the summit included the organization of meetings and current healthcare issues. Erica Libenow noted they learned a lot about the opioid crisis and they want to get a head start on solutions for it.

8. **Old Business:**

None.

9. **New Business:**

None.

10. Community Relations Report:

The Board members reviewed the Community Relations report.

ACTION: On motion of Liahna Armstrong and second of Erica Libenow, the board unanimously approved to rescind an old motion from the March 3, 2017, board meeting which approved the master facility plan to expand KVH and vacate Spokane Street.

With no further action and business, the meeting was adjourned at 7:55 p.m.

CONCLUSIONS:

1. Motion passed to approve the Board agenda.
2. Motion passed to approve the Consent Agenda.
3. Motion passed to accept the low bid for the KVH Medical Arts Center Building at \$417,900.
4. Motion passed to approve the \$535,000 budget, inclusive of construction, for the KVH Medical Arts Center Building.
5. Motion passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
6. Motion passed to approve an additional privilege for Laurel Gorham, ARNP.
7. Motion passed to approve Resolution 18-05 for refunding of the LTGO Debt Resolution.
8. Motion passed to approve Resolution 18-06 regarding the WRHC PHD Operating Board Interlocal Agreement.
9. Motion passed to approve the capital expenditure request for the purchase of two anesthesia machines including two mobile arms.
10. Motion passed to rescind an old motion from the 3/6/17 board meeting which approved the master facility plan to expand KVH and vacate Spokane Street.

Respectfully submitted,

Cheyenne Wilson/Erica Libenow, Secretary, Board of Commissioners
HR Division Assistant



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' SPECIAL MEETING
Campbell's Resort, East Conference Room
104 W. Woodin Avenue, Chelan, WA

June 27, 2018

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

STAFF PRESENT: Julie Petersen, Dr. Kevin Martin

The special meeting was called to order at Noon. President Altman announced that the purpose of the meeting was to discuss medical staff development.

Dr. Kevin Martin, Chief Medical Officer, discussed and outlined medical staff development plans for Kittitas Valley Healthcare.

With no further business and no action taken, the meeting was adjourned at 3:00 p.m.

Respectfully submitted,

Franki Storlie/Erica Libenow
Exec. Coordinator/Secretary, Board of Commissioners



DATE OF BOARD MEETING: July 26, 2018

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>244632-245472</u>	NET AMOUNT:	<u>\$3,847,526.87</u>
			SUB-TOTAL:	<u>\$3,847,526.87</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81002-81025</u>	NET AMOUNT:	<u>\$27,433.40</u>
#2	PAYROLL CHECK NUMBERS	<u>81026-81046</u>	NET AMOUNT:	<u>\$24,465.94</u>
#3	PAYROLL CHECK NUMBERS	<u>81047-81065</u>	NET AMOUNT:	<u>\$24,201.56</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,039,961.60</u>
#5	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,053,887.19</u>
#6	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,126,022.07</u>
			SUB-TOTAL:	<u>\$3,295,971.76</u>

OTHER ELECTRONIC FUNDS TRANSFERS TO BE APPROVED:

#1	2008 UTGO REFUNDING BONDS - INTEREST		NET AMOUNT:	<u>\$35,568.75</u>
#2	2009 LTGO BONDS - INTEREST		NET AMOUNT:	<u>\$61,978.86</u>
			SUB-TOTAL:	<u>\$97,547.61</u>

TOTAL CHECKS & EFTs: \$7,143,498.63

Prepared by



 Sharoll Cummins
 Staff Accountant

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 603 S. Chestnut Street • Ellensburg, WA 98926





FOUNDATION ACTIVITIES

Donor Impact Report- The Foundation published its 2017 Donor Impact Report and was mailed out to donors over the past 3 years in our community. It is also available online for donors and our community, visit www.kvhealthcare.org/donorimpact

Donor Outreach- The Foundation has placed information & donation cards throughout KVH clinics to increase awareness and provide the opportunity for patients to give back.

Tough Enough to Wear Pink (Sunday, Sept. 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. As of 2015, the Foundation has assisted 28 patients with free mammograms and further diagnostics due to lack of insurance. New merchandise and a pick-your-prize raffle will begin at KVH and community-wide August 1. A table will also be set up at the KVH Rodeo BBQ on August 22.

Grants- Below is the grant tracking table of funding opportunities for our community. Not only are we seeking funds for KVH and KCPHD #2, but the KCHN to better improve the health outcomes of our community through cross-sector collaboration.

Funding Source	Project	Submission Date/Notes	Award or Not Date/Notes	Award Amount
Private Proposals Submitted				
Kittitas County Medical Society	EBM Workshop Sponsorship	5/11/18	Event canceled	
Washington State Hospital Asso.	EBM Workshop Sponsorship	5/11/18	Event canceled	
Cerner Corporation	EBM Workshop Sponsorship	5/15/18; \$10,000	6/25/18 – Solberg Fund	\$2,000
Legends Casino- Yakima Cares	Anesthesia Machines- Capital Request \$10K	Due 3/31, mailed 3/26	Not Awarded- Apply in 2019. Supports programs.	
BNSF Railway	Anesthesia Machines- Capital Request \$10K	6/27/18 online		
Public Proposals Submitted				
Kittitas County Dept. of Public Works: Sales Use & Tax	KCPHD#2 Ambulance Garage & Crew Quarters	7/13/18; \$520,000	August/September 2018	
Proposals in Progress				
HRSA – Opioid Response Planning	KCHN Opioid Response & CHIP	Due 7/30; \$200k	September 2018	
Coverys	KVH/KCHN Community Health Events	3 months prior		
WA Physician Insurance	KVH/KCHN Community Health Events	Fall	December 2018	
Cardinal Pharmaceutical	KVH/KCHN Community Health Events	Opens Fall		
Northwest Health Foundation Event Sponsorships	KVH/KCHN Community Health Events	3 months prior; \$2K		
Anthem	KVH/KCHN Community Health Events	Fall		
Funding Being Researched				
Sunderland Foundation	Capital improvement- health facilities			
Acora Foundation	Oral Health Transformation- KCHN?	LOI Jan 2		

Respectfully submitted,
Lauren Denton
 Director, Foundation

Board of Commissioners Report, July 26, 2018

Kittitas Valley Healthcare
Finance Committee
June 26, 2018

Due to WSHA/AWPHD Rural Healthcare Conference in Chelan no formal committee meeting was held.

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QUALITY IMPROVEMENT REPORT – Mandee Olsen, BSN RN CPHQ
July 2018

Quality Improvement Dashboard Data Summary – through May 2018

Summary of Areas Meeting Goal or Showing Improvement

- Median time to ECG was below goal and benchmark for AMI or chest pain.
- Average time to CT for patients presenting with stroke symptoms is 17 minutes. This is well below the 45 minute limit for the CMS core measure.
- The surgical site infection taskforce is beginning to measure pre-operative and post-operative patient temperature with the goal of adding this information to the dashboard in the future.
- Exclusive breastfeeding rates are above the goal for both April and May.
- Employee flu vaccination rates have been submitted to the National Health and Safety Network for 2017-2018 flu season. KVH surpassed 95% vaccination.

Summary of Improvement Opportunities

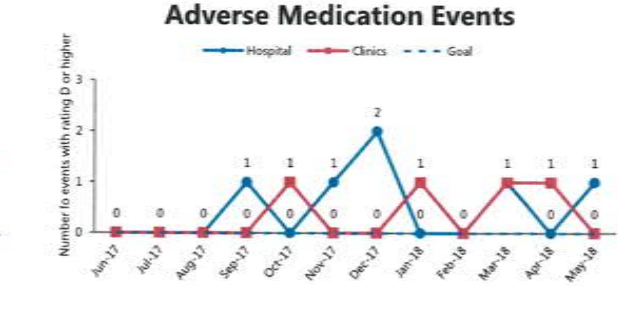
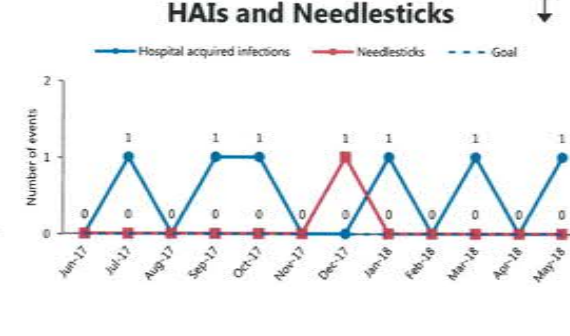
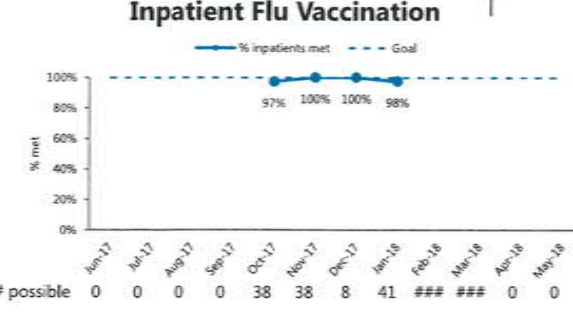
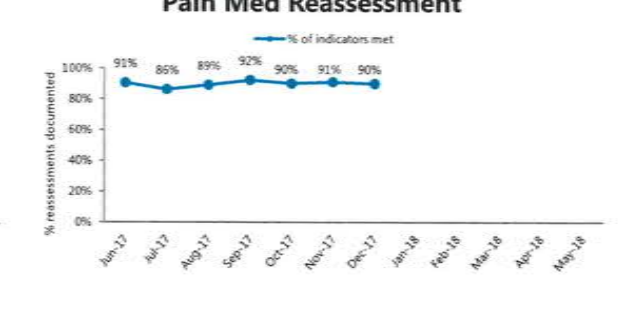
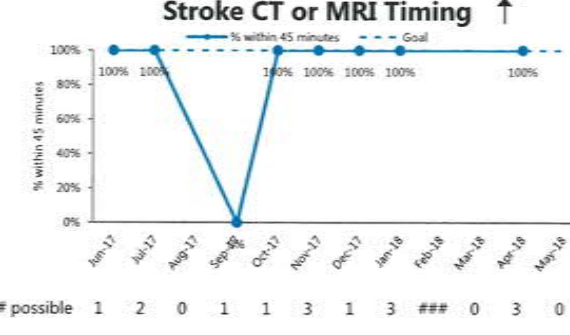
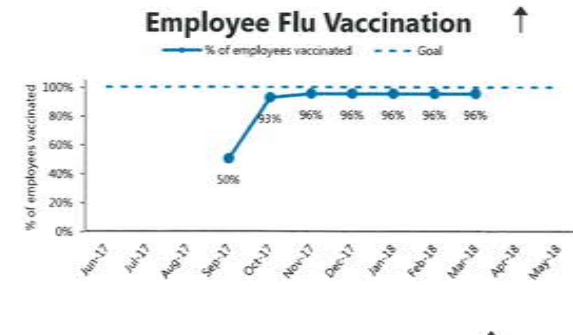
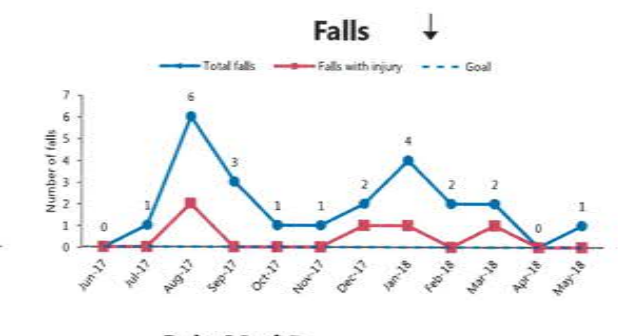
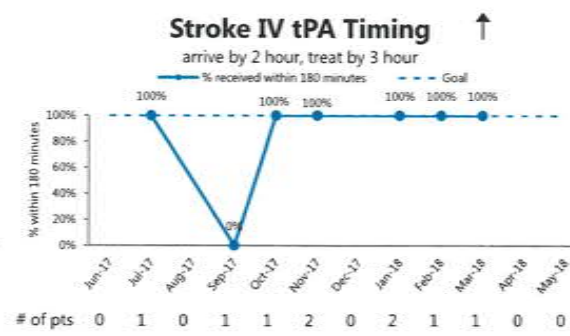
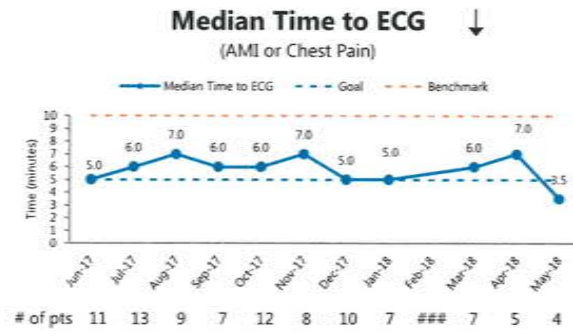
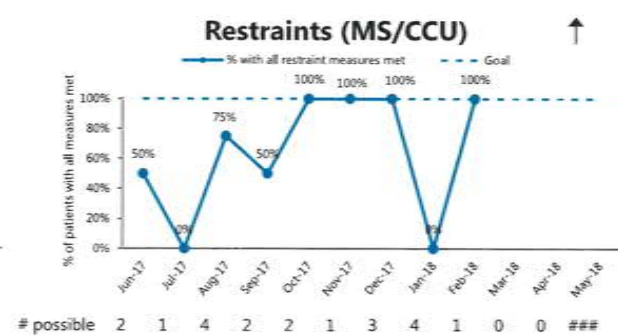
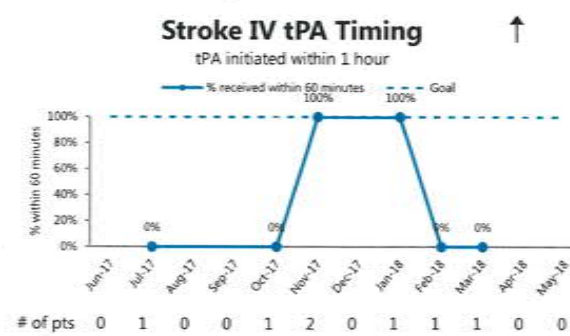
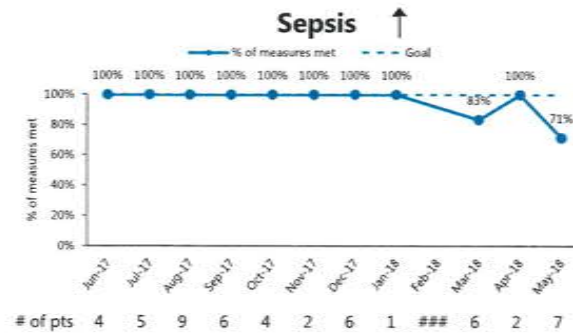
- One surgical site infection following an appendectomy.
- Two patients falls in the month of May. Details were reviewed at Falls Committee. One patient in clinic, one patient in hospital.
- Several non-patient falls in parking lots. Excellent reporting of these incidents.
- Two failures for sepsis in the month of May, but care was appropriate and there were no adverse outcomes related to the failures. Primarily documentation/timing issues.

Cerner and Quality Daily Work

Daily quality abstractions and daily work within the Quality department has begun to stabilize. Anna Scarlett and Claudia Eattock, QI RNs, successfully reviewed over 200 charts and merged the abstractions between Paragon and Cerner. They are now in the process of transmitting and checking for rejections for first quarter 2018 data. Additionally, we have been able to timely pull data to submit to WSHA for the first time since go-live with the DA2 reports created and validated.

Next steps will be to see what additional reporting capabilities we have to complete the current QI Council dashboard. This will coincide nicely with QAPI planning for 2019. Leaders have begun assessing current performance and proposing changes or new improvement and measures, and will be meeting over the next few months to draft individual department QAPI plans. This fall the QI Council will be able to review and direct any needed changes to these plans for the 2019 organization QAPI.

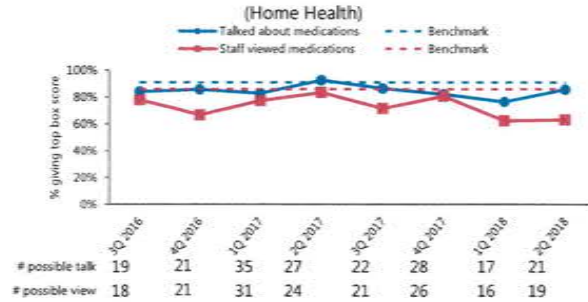
QI Council



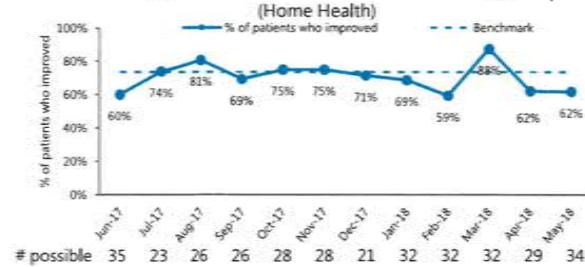
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Proposed measure:
surgical site infection
taskforce measure

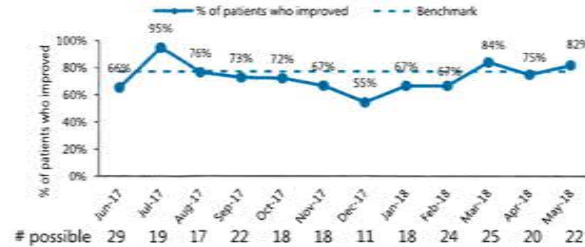
Patient Satisfaction: Medications ↑



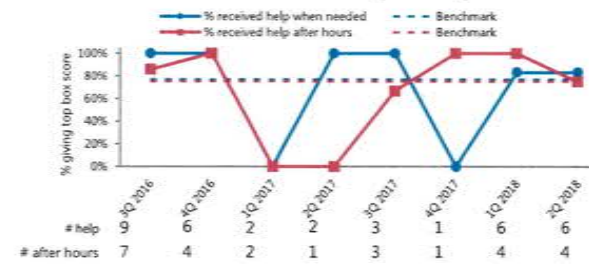
Improvement in Bed Transferring ↑



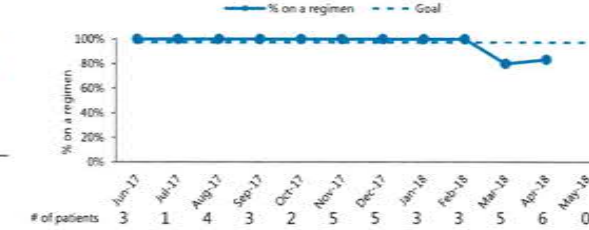
Improvement in Dyspnea with Activity ↑



Patient Satisfaction: Timeliness of Help (Hospice) ↑



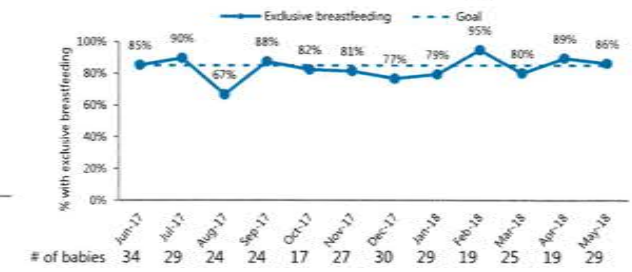
Patients on Opioids Given a Bowel Regimen (Hospice) ↑



Proposed measure:
days to referral, clinics

Proposed measure:
meaningful use/MIPS

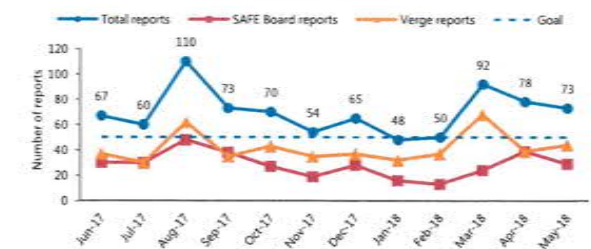
Exclusive Breastfeeding ↑



Care and Service Reports ↓



Employee Reports ↑



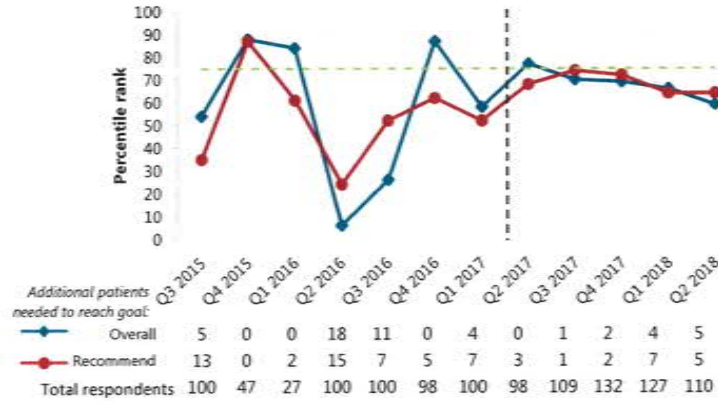
Reports of Occurrences ↓



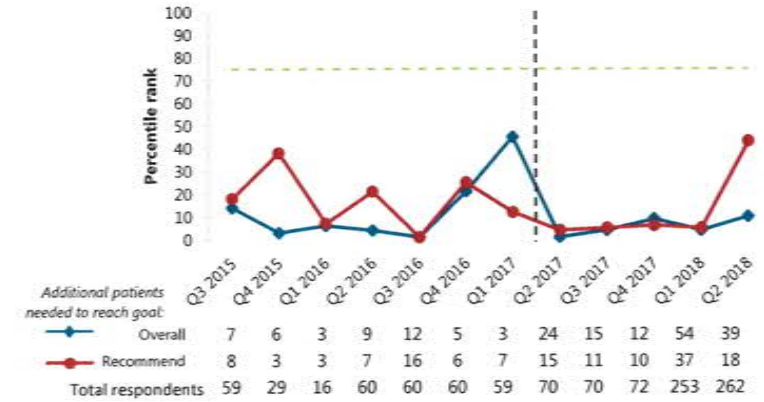
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Patient Satisfaction Dashboard

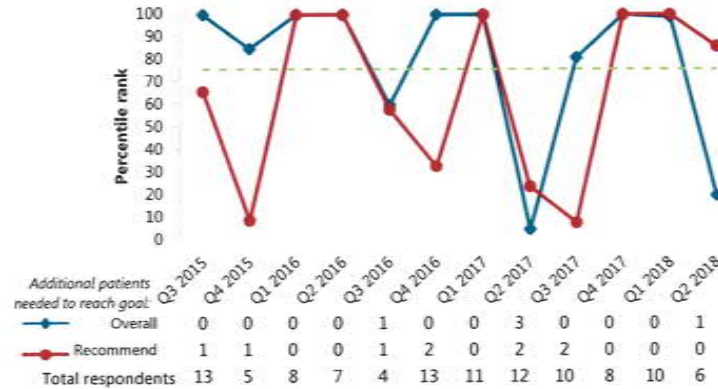
Emergency Department



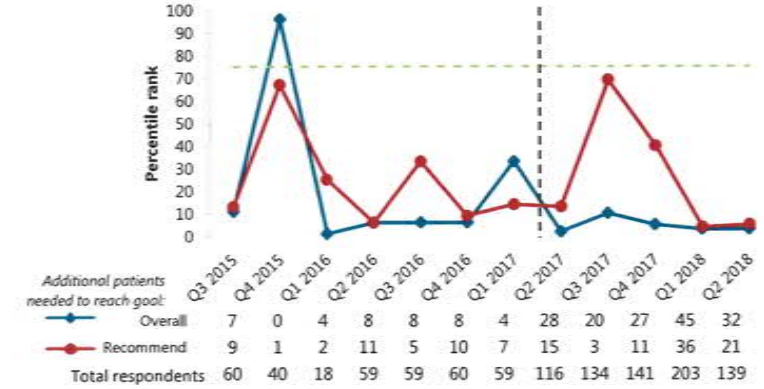
Laboratory



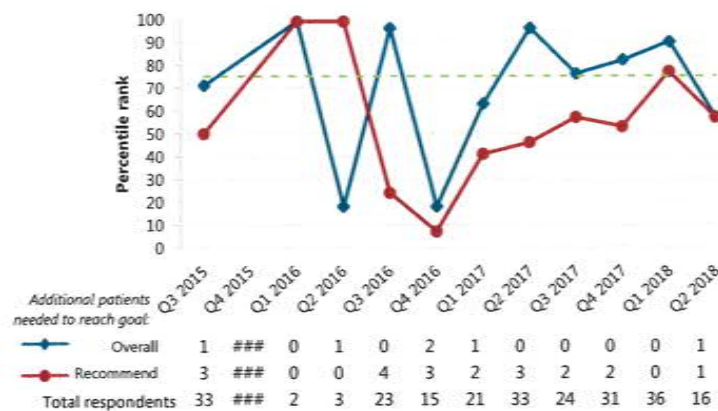
Family Birthing



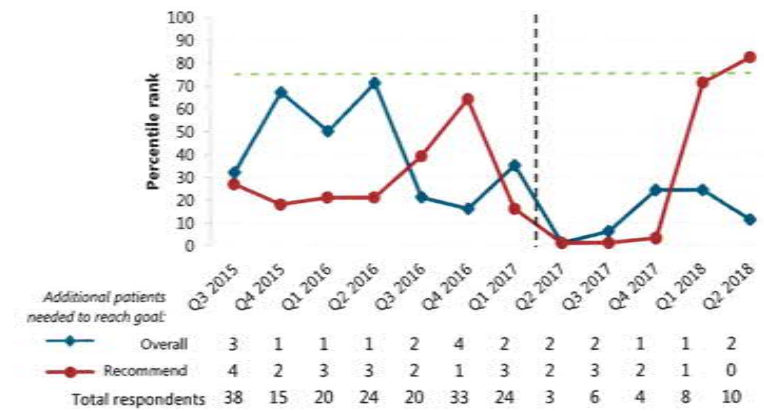
Imaging



MedSurg/CCU



Cardiopulmonary



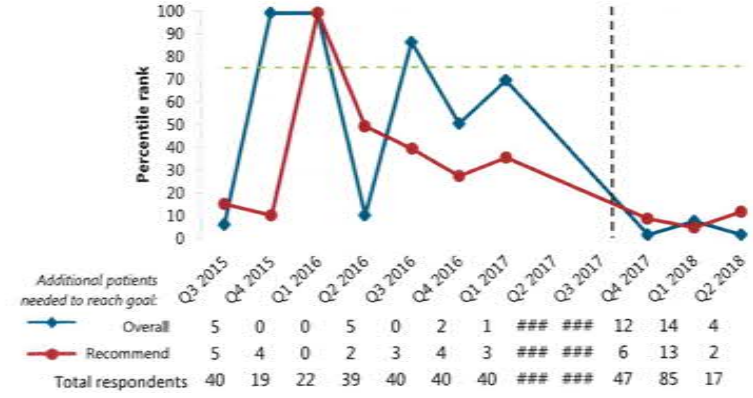
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Patient Satisfaction Dashboard

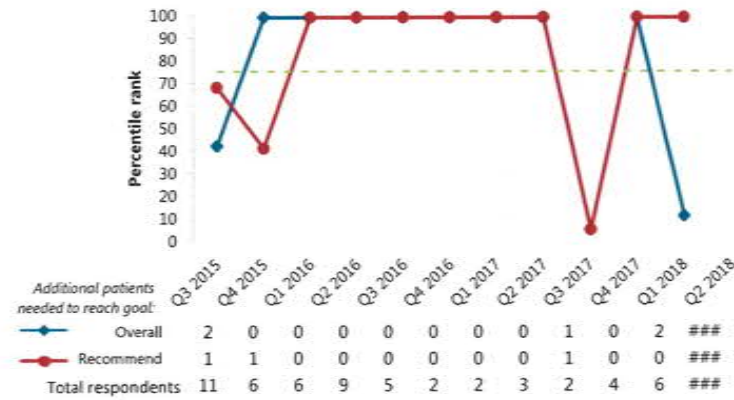
Home Health



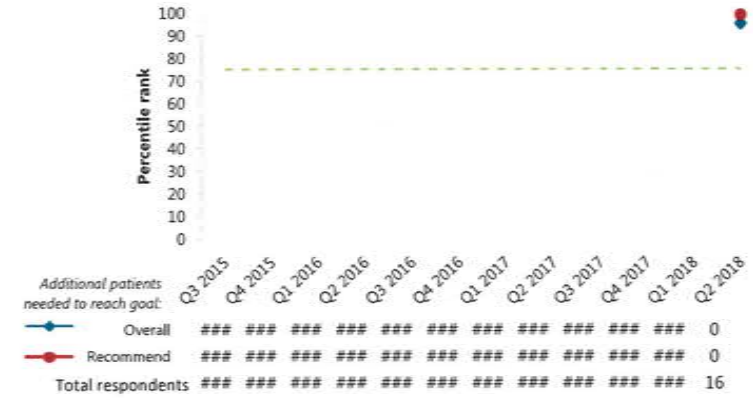
Outpatient Surgery



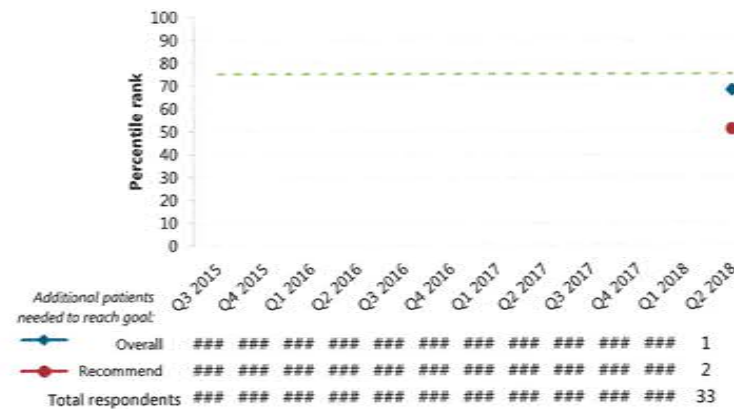
Hospice



Outpatient Rehab



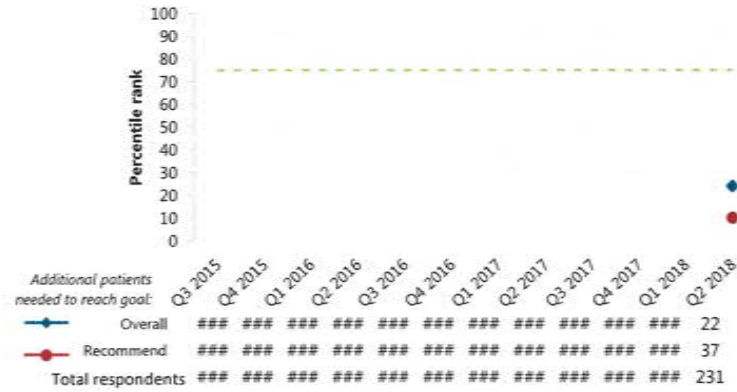
Urgent Care - Cle Elum



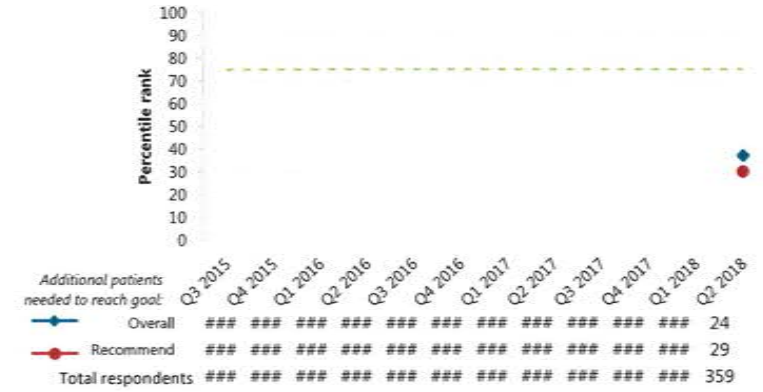
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Patient Satisfaction Dashboard

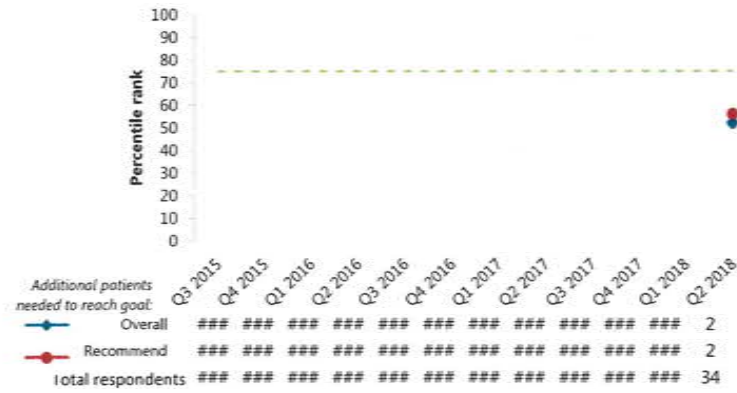
Family Medicine - Cle Elum



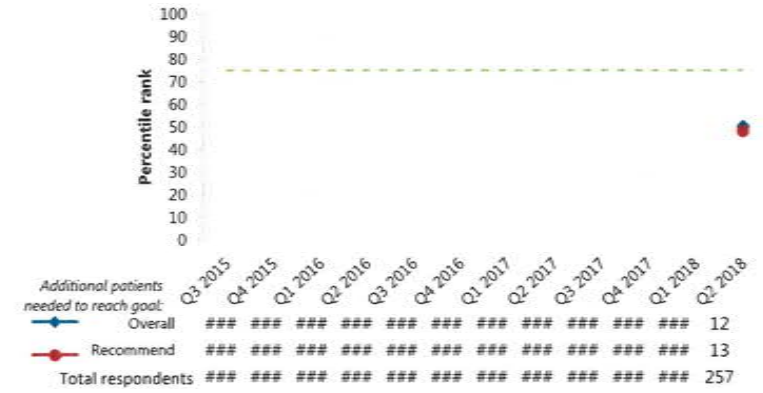
Family Medicine - Ellensburg



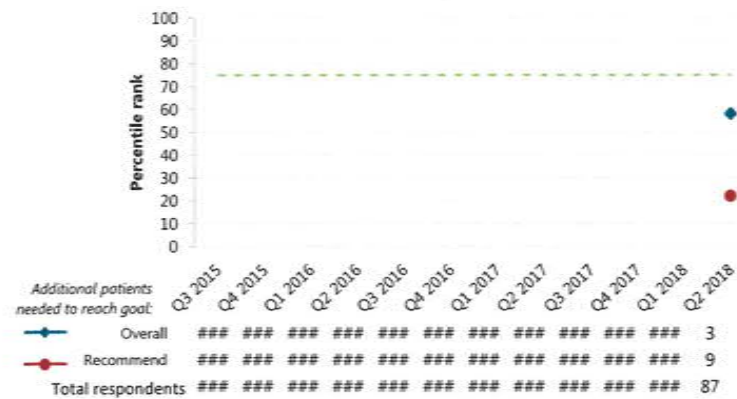
General Surgery



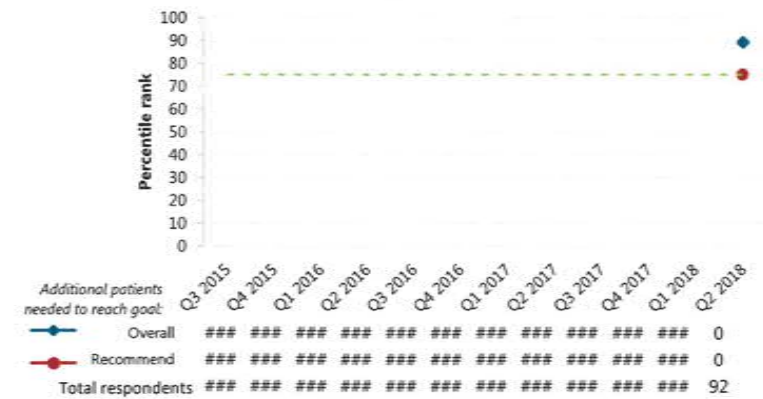
Internal Medicine



Orthopedics



Women's Health



12c



CHIEF EXECUTIVE REPORT – Julie Petersen

July 2018

Medical Arts Center

Contracts for the MAC #1 project have been signed and work begins this week. Carrie Barr submitted some last minute, minor adjustments on the functional plan to satisfy the Department of Health. We remain on schedule for late October occupancy.

The amendments to the DSHS have been signed and submitted. Significant penalties for holdover beyond December 31 2018 have been incorporated in to the modifications. We will have access to the space from September through December so design can be continued for the clinic and we will recoup some of our legal fees.

Carrie Barr and Ron Urlacher have assembled teams for both design and decision on the Big MAC Project (I pledge to never use that again). One early discussion will be about the value of either retaining or removing the second elevator that currently connects the three DSHS suites. A preliminary schedule and a communication plan for the project will be presented at the August Board meeting.

Healing Arts

Ellensburg is a community that appreciates and celebrates the arts. I have asked Michele Wurl and Lauren Denton to explore ways that we can collaborate with the galleries and artists in our community to bring Healing Art into our Medical Arts Center. Eventually we hope this would expand in to other locations. The art may be music, visual, interior or exterior. We are just beginning to conceptualize how art can contribute to the creation of a "healing environment". Michele and Lauren report that the initiative is being enthusiastically received.

Radio Hill Phase #1

VK Powell has demolition underway at Radio Hill. Occupancy is anticipated towards the end of September or early October. I have included some photographs from the site.

Multi Plex Suite C

A budget to refresh the suite formerly occupied by Dr. Wells has been prepared. There are no specific plans for the space at this time but a number of options have emerged.

D & M Wall to Wall

D & M took over running the coffee shop on July 1. The gift shop was a little slower to open but they are up and running now. Effective July 19, KVH is proudly serving D&M at all of our location. It has been a great opportunity to partner with a local business.

Thank You Blue Rock

The Blue Rock Saloon named KVH the employer of the month for July. They hosted staff to some great pizza and trivia. It was a wonderful opportunity to relax, visit and find out who passed high school geography.

Hospital District #2 and Other Upper County News

The Commissioners in Hospital District #2 have approved the purchase of a new ambulance. It takes about nine months and costs just under \$220,000 to put a new ambulance into service. Work continues on their master site plan with the focus on a new ambulance garage.

Once again we had a full table and enjoyed a fun evening at the Life Support Fundraiser at Suncadia.

July 2018

Swedish Specialty Clinic Update

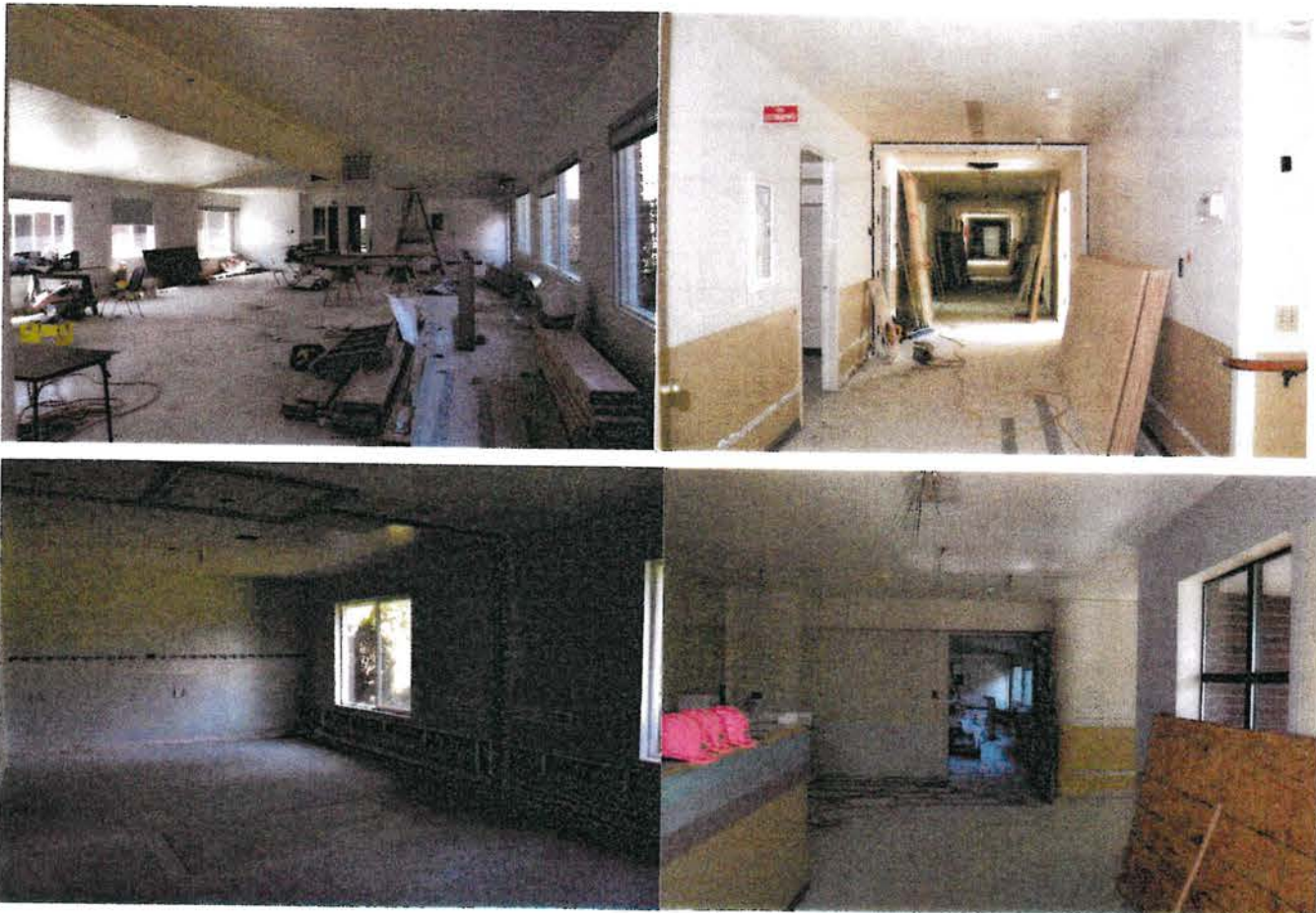
There is movement in the Cle Elum specialty services clinic. They are working on the IT components and unloading furniture. At this point we are still not clear on the services that they will be providing. I anticipate that more information will be available by the Board meeting.

Transitions

I remain on the Board of the KCHN but have resigned as Chair. Susan Grindle from Hope Source will assume those responsibilities and Dr. Kevin Martin will serve as Vice Chair.

We wish Frankie Storlie all the best as she embarks on her retirement adventures. It will not be the same without her. I am pleased to report that Mandy Weed, formerly of the Medical Staff Services Department, has agreed to accept the position of Executive Assistance. Dr. Martin will be moving swiftly to find a replacement for Mandy.

Radio Hill Phase #1 Progress



HR Dashboard

Measurement		18-Jun	18-May	18-Apr	18-Mar	18-Feb	18-Jan	17-Dec	17-Nov	17-Oct	17-Sep	17-Aug	17-Jul	17-Jun	May-17	Apr-17	
Employee Population	Available workforce	Rolling 12 Variance															
	Full-time	17	345	353	351	350	347	353	350	349	322	346	339	333	328	326	328
	Part-time	-34	139	139	139	137	140	140	140	142	167	146	147	151	157	170	173
	Per Diem	11	90	91	91	92	90	85	85	87	86	88	88	89	89	84	79
	Total Employees	-6	574	583	581	579	577	578	575	578	575	580	574	573	574	580	580
Turnover	Quality of recruitment and retention	Rolling 12 Total															
	Voluntary (excludes pd terms, includes reduction of FTE to pd)	141	16	8	8	10	10	6	8	8	9	3	14	12	11	12	6
	Involuntary (excludes pd terms)	29	1	0	1	1	2	2	1	1	15	2	1	0	1	0	1
	Overall Percentage (excludes pd terms, includes reduction of FTE to pd)	29.48%	2.96%	1.37%	1.55%	1.90%	2.08%	1.38%	1.57%	1.56%	4.17%	0.86%	2.61%	2.09%	2.09%	2.07%	1.21%
	Total All Employees Separated	178	16	12	8	11	12	10	11	8	24	8	15	11	14	11	7
General Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total															
	Open Postings	287	14	14	13	23	14	19	14	26	14	28	22	16	35	17	18
	Unique Applications Received	1951	133	135	137	169	80	111	78	125	133	191	168	137	148	129	77
	Employees Hired	184	7	14	11	13	14	12	10	11	21	18	16	13	7	11	6
	Time to Fill (Median)	-	37	44	49	44	45.5	43.5	24	25.5	24	40	36	48.5	46	52	52
Time to Fill (Average)	45.06	48.40	48.53	51.00	41.89	49.7	34	33	34.2	33.24	48.29	40	54.5	49.76	54.4	55	
Provider Recruitment	Efficiency of sourcing, selecting and placing talent	Rolling 12 Total															
	Open Postings	9	0	0	1	1	0	2	1	2	0	1	0	0	0	0	1
	Open Slots	9	0	0	1	1	0	2	1	2	0	1	0	0	0	0	1
	Unique Applications Received	77	1	7	0	0	2	9	4	12	9	9	3	3	4	4	10
	Candidates Interviewed	40	2	4	2	1	0	2	1	2	2	4	4	5	3	3	5
Employees Hired	16	0	1	2	1	1	2	0	1	2	0	5	0	0	1	0	
Time to Fill (Average)	164	151	151	377	336	106	194.5	278	278	207	0	88	0	0	293	0	
Benefits	Financial impact of adding talent	Rolling 12 Total															
	Workers Comp Claims	62	4	1	4	6	4	9	3	4	6	5	4	6	1	3	2
	Time Loss Days	418	59	76	34	27	4	33	31	30	34	40	30	18	0	2	0
	Employee Population on Medical Benefits (Average)	66.5%	66.7%	66.2%	67.1%	66.0%	67.2%	67.0%	68.3%	66.3%	68.2%	66.0%	67.4%	65.4%	66.2%	64.5%	65.4%
	Total cost in benefits per FTE - welfare (Average)	-	\$ 886.24	\$ 876.48	\$ 890.63	\$ 1,044.44	\$ 880.85	-	-	-	-	\$ 832.77	\$ 748.08	\$ 918.37	\$ 769.37	\$ 1,130.34	\$ 807.65
Total cost in benefits per FTE - total (Average)	-	\$ 1,856.06	\$ 1,997.11	\$ 1,805.07	\$ 1,961.73	\$ 1,877.45	-	-	-	-	\$ 1,778.93	\$ 1,254.06	\$ 1,825.61	\$ 1,972.79	\$ 2,117.56	\$ 1,786.15	
Evaluations	Providing timely feedback to employee	Total Percentage															
	Percentage of employees with completed annual evaluation	92.8%	92.8%	92.8%	86.5%	87.2%	86.7%	89.9%	90.8%	90.9%	87.0%	85.3%	86.4%	83.3%	88.2%	92.6%	89.5%

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2018 KVH BUSINESS PLAN

Report to the Board

2nd Quarter Report

Board Sponsor: Bob Davis

	2018 Q1	2018 Q2	2018 Q3	2018 Q4
Strategy 1 - Recruit and retain physicians and advance practice clinicians	Rewrite/redesign CMO role Provider Comp Committee	Annual Provider Appreciation Night		General Community Surveys Provider Mentor Program
Strategy 2 - Design care models and processes to meet patient needs		Implement patient portal Review Care Team work from Medical Office Building (MOB) - this will assist in the design of The MAC	Create Patient Centered Medical Home (PCMH Plan -collaboration with Swedish in organizing the plan for implementation)	MOB Work-PSR SW Create Behavioral Health Plan for patient access (PCMH)
Strategy 3 - Develop a clinic facilities improvement plan		Medical staff plan - reviewed with Board	309 Annex move Radio hill completion Engage Architect for clinic space planning in MAC, IM and old FME Firm up clinic space planning. Develop preliminary design documents	Women's health completion MAC building plan submitted Create bid documents and execute Bidding process. Gain board approval
Strategy 4 - Promote a culture where patients come first in all we do	Roll out the patient satisfaction data. Educate staff on the expectations of patients. Each department to select 1 data point to improve.	Re-introduce the Code of Excellence to all departments and clinics. (1/quarter) "Treat each other as equals and as you want to be treated"	Code of Excellence #2 "Come to work with a positive attitude and a smile"	Institute a process for real-time feedback from patients (clinics or ancillary). Rate my service concept. ?

	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Strategy 1 - Recruit and retain physicians and advance practice clinicians		Annual Provider Appreciation Night KVH Resource List for Providers	Medical Community Surveys	
Strategy 2 - Design care models and processes to meet patient needs	PCMH -Implement a standard triage system	MOB Work-MA SW Referral process improvement (faster & more efficient)	MOB Work -Scribe SW	PCMH - Implement chronic care mgmt for identified diagnosis
Strategy 3 - Develop a clinic facilities improvement plan	Available space in MAC building underway			
Strategy 4 - Promote a culture where patients come first in all we do	Roll out the patient satisfaction data. Educate staff on the expectations of patients. Each department to select 1 data point to improve.	Re-introduce the Code of Excellence to all departments and clinics. (1/quarter)	Begin work on how to introduce KVH resources to new residents in Kittitas County. Reach out to the Chamber, Rotary, Real estate market to target new residents.	Provide staff with a list of resources KVH offers and how to contact and point the patient to the right place (collaborate with marketing and IT)

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	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Strategy 1 - Recruit and retain physicians and advance practice clinicians		Annual Provider Appreciation Night	Medical Community Surveys	
Strategy 2 - Design care models and processes to meet patient needs		Implement KVH App	PCMH - Review & determine next chronic care item	
Strategy 3 - Develop a clinic facilities improvement plan				
Strategy 4 - Promote a culture where patients come first in all we do	Roll out the patient satisfaction data. Educate staff on the expectations of patients. Each department to select 1 data point to improve.	Re-introduce the Code of Excellence to all departments and clinics. (1/quarter)	Develop new/revised hiring process and standards for specific work groups (physicians/ WSNA/Teamsters and Non contract) Collaborate with HR, PCS, clinics.	

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Access Quarter 2 2018 Deliverables

Report to the Board – July 2018

Strategy 1 – Recruit and retain physicians and advanced practice clinicians.

Provider Compensation Committee – Status, Work in progress. Ongoing discussions happening about identifying consultant and facilitator, committee members, overarching goals, prioritization of these goals, scope of the committee, etc.

Strategy 2 – Design care models and processes to meet patient needs.

Implement Patient Portal – Status, Complete. Patient Portal was implemented on April 15th. Over 100 hospital patients and over 450 patients in the clinics have signed up. There are other functionalities of the patient portal that we are looking into for near future implementation.

Review Care Team work from Medical Office Building (MOB) to assist in MAC design – Status, Work in progress. Timeline has been created for this work with a deadline of this preparation work to be completed by the end of the year.

Patient Centered Medical Home (PCMH) – Status, Work in progress. Gap analysis is underway with a team of clinic leaders. Once the gap analysis is complete, it will be reviewed with physician leads and administration to determine the feasibility of implementation.

Strategy 3 – Develop a clinic facilities improvement plan.

Radio Hill Annex – Status, Work in progress.

- Project is on schedule and under budget with the VE items and change orders to date factored in.

309 Mountain View – Status, Work in progress.

- OT and Speech looking at space.

Mediplex (Dr. Wells space) – Status, Work in progress. Cleaned space and painted. Needs additional work to be a useable space.

- This work is pending board approval.
- Scope includes carpet replacement, new ceiling lights in corridor and waiting area, remove gold inlay in chair rail and finish to match, refinish wood edge bands on all counters, new reception counter top, repair laminate at sink vanity, cover all abandoned

soap dispenser holes with stainless cover, patch dry wall holes from wall sconces and soffit indirect lighting, install new hot water recirculation system.

Women's Health to the MAC – Status, Work in progress. Board approval. Permit process underway.

Building plan for MAC building – Status, Work in progress. Engage architect for clinic space planning. Develop preliminary design documents. Obtain construction estimate from architect team and fee proposal.

Strategy 4 – Promote a culture where patients come first in all we do.

Roll out patient satisfaction – Status, Complete. Continue to work on the results that each department receives. There has been a change in vendors for patient satisfaction. In August, there will be formal training for all departments to look at patient satisfaction data and begin work plans on improvement.

Reintroduce the Code of Excellence to all departments and clinics – Status, Work in progress. Each quarter a Code of Excellence will be introduced in conjunction with Core Values. The current Code of Excellence for the month of July is, "Come to work with a positive attitude and a smile! "

Community Engagement

	2018 Q1	2018 Q2	2018 Q3	2018 Q4
Strategy 1 - Promote personal health and well-being in the community		CHA Assessment Presentation (June)	Report out internal community health training needs as tied to CHA/CHIP (July) Start discussions with Board on Tobacco free campus implementation Report out to HD2 on CHA/CHIP & KVH Strategy & discuss U.C. needs (Sept)	Release the 2019 community engagement health calendar as tied to CHA/CHIP
Strategy 2 - Build community trust and transparency	Report results of TinyPulse roll-out (starting 01-10-18; 1 question every other week) Retreat with HD1 and HD2 boards, along with Administration (Jan)	Patient Family Advisory Council (PFAC) workplan to the Board Clinics & PT go live with Healthstream patient satisfaction survey	Report out of Tiny Pulse results; Evaluate need for NBRI (to be deployed in Q4) 1st Annual Board & bargaining unit mtg.	9 month assessment of PFAC (Dec) Healthstream report out (ties with A2 - realtime feedback from pts) Start discussions on the presentation of quality and cost data to the public
Strategy 3 - Be a strong community partner (This is our committed strategy in the WSHA #123 equity pledge)		Assesment of KVH's current presence in community	Results of "Presence" assesment	Plan to address results of "presence" assesment (using CHA/CHIP as a guiding force) Present assesment of possible partners for Radio Hill Annex
		A report out of current KVH student program	Identify our WSHA #123Equity goal for the Board	
		WSHA #123Equity survey completed (Mar)	2nd WSHA #123Equity survey completed (Sep)	

Community Engagement

Strengthening community relationships by building trust and transparency and ensuring KVH is at the center of community conversations around health and wellness.

1. Promote personal health and wellbeing in the community.

Kittitas County Public Health Department presented the results of the Community Health Assessment (CHA) to the Board during the June public meeting. The results of CHA and resulting Community Health Improvement Plan (CHIP) are currently being reviewed to establish how KVH will partner with community organizations to address the needs identified. This results of this review will be reported out to the Board in Q3 of this year.

2. Build community transparency and trust

Patient Family Advisory Council (PFAC) work plan to the board – In April, the QI Council welcomed Judy Love as a Patient Family Advisor (PFA) as a member to the council. Also in April, Mande and April presented the draft Patient and Family Engagement (PFE) implementation plan, which includes a work specific to PFAC. QI Council recommended the plan, subsequently adopted by the Board of Commissioners at the May board meeting. Since then, Judy Love, Michele Wurl, and Mande Olsen met initiate the PFE Steering Committee. Selected members of the PFE Steering Committee are Erica Libenow, Julie Petersen, Dr. Kevin Martin, Judy Love, Michele Wurl and Mande Olsen. This group will be meeting over the next few months to flesh out the structure, materials and priority projects for Patient Family Advisors to work on, as well as assessing for ongoing need of a standing PFAC.

Clinics & PT go live with Healthstream patient satisfaction survey - As of April 1st, the clinic and rehab services patients began receiving patient satisfaction surveys from Healthstream, the same company who provides patient survey services to our inpatient, emergency department, and outpatient surgery and ancillary service areas. We were notified this year that Healthstream had entered into an agreement with Press Ganey in which the patient experience and engagement business (patient satisfaction surveys) would be acquired by Press Ganey.

We have been partnering with Press Ganey to support our migration to the Press Ganey platform, and surveying of patients by Press Ganey will begin in the month of July. During the months of August and September, user profiles will be built and leaders will be trained on the new platform.

We can anticipate some changes beyond the look of the database platform:

- Non-CAHPs surveys may have slightly different questions
- Non-CAHPs surveys by Press Ganey use a 5 point scale
- A larger comparison database and number of peer comparisons

These changes will have effects on our percentile rankings, but we do not yet know whether we will do better or worse comparatively. Press Ganey has the largest CAH database with 425 HCAHPs-participating hospitals. They also have more 50% of all HCAHPs-participating hospitals, which allows for the largest real-time comparison.

3. Be a strong community partner.

Student Program

The Student Program assessment is intended to indicate the overall health and penetration into programs that support healthcare systems. This assessment will help us to develop a proactive student outreach program within our strategy timeframe. The full assessment will be presented to the board Q3 however, a snapshot of the program is as follows; year to date, we have placed 93 students from 15 schools and 26 programs within KVH departments and we continue to accept schools and programs into our system.

#123Equity update

By Q2 of 2018, WSHA was to deploy a survey for participating hospitals who have taken the pledge for equity, to complete. The survey was intended to gather pertinent data on how participating hospitals were currently assessing equity and equality in their healthcare delivery systems. Due to a similar survey sent out by the American Hospital Association at the same time, WSHA opted to wait on their survey and take a different approach to support their participating hospitals. The result being a learning collaborative and listserv for pledging hospitals and healthcare systems to participate in. July 24th will be the first learning collaborative conference call where we will discuss the cadence of subsequent meetings and what needed support and resources hospital and health care systems need to commit to health equity. KVH will be participating in both the learning collaborative and the listserv.

Community presence assessment

The community presence assessment is intended to identify where KVH has access and influence and where there are opportunities for us to potentially become an identified community partner. To assess KVH's penetration into the community, a tool needed to be developed. This tool will initially be deployed to KVH Department Directors at their next regularly scheduled meeting and next to the Administrative team. Results of this assessment will be reported back to the Board in Q3.

Community Engagement – Self-Assessment Tool – Name: _____

The Self-Assessment Tool is for you to reflect on your own personal experience and interest. Please read the criteria in each section and rank yourself in every area.

Professional and Personal Experience							
	Regulatory/ Compliance	Human Resources/ Labor Issues	General Legal	Organizational Development and Culture	Knowledge of Governance	Non- profits	Healthcare
Self-Assessment							

- 1 I have no experience in this area.
- 2 I am currently involved in community or volunteer activities in this area.
- 3 While this has never been my primary responsibility, I have had some exposure and am conversant in this area.
- 4 I consider myself knowledgeable and competent in this area and am interested in contributing to the community in a voluntary capacity in this area.
- 5 I am very competent in this area and would be a good community resource for the community, however I do not feel I have the capacity to serve the community in this way at this time.

Access and Influence								
	Diversity	Health & Wellness	Community Outreach/ Speaking	Local Government	Public Schools (K-12)	University	Small Business	Agriculture
Self-Assessment								

- 1 I am not interested in this.
- 2 I will support KVH involvement or participation in this area, but am not experienced or personally interested in this area.
- 3 I am not experienced in this area but have a strong interest in learning.
- 4 I am experienced in this area and would focus my time and energy here.

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Community Engagement – Self-Assessment tool cont.

Access and Influence								
	Communities of Faith	Community Healthcare Providers	Services Clubs	Realtors	Youth and Young Families	Cattle	Philanthropic Organizations	Arts & Culture
Self-Assessment								
Access and Influence cont.								
	Vacation Home Owners	Upper County	Hospital District 2	KVH Foundation	Police/Fire/EMS/Search & Rescue	Recreation	Established (Long-time area) Families	Seniors
Self-Assessment								
Access and Influence cont.								
	Other: _____							
Self-Assessment								

- 1 I have little access or influence with this sector of the community.
- 2 I am somewhat familiar with this sector of the community but could work towards becoming more familiar.
- 3 I am comfortable with this sector of the community and I would be an effective advocate for KVH.
- 4 I have access and influence in this sector of the community and would be a very effective advocate for KVH.

What would you like to contribute to or involve yourself in during the next year?

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	2018 Q1	2018 Q2	2018 Q3	2018 Q4
Strategy 1- Maintain positive operating margin and strong cash reserves to maintain access to capital			Develop Indicators/Metrics reflecting true mix of revenue generating activities & financial position	Develop a long range Financial plan reflecting Providers, Capital & Facilitites, Strategic Initatives
Strategy 2 - Be adaptive and responsive in order to grow our market share		Develop Evaluation Process for new services or changes to existing services	Review Evaluation Process and Implementation Plan with Board	Identify Grant & Other Funding Sources for programs & major infrastructure
			9 month review Workplace Health	

Financial Sustainability

Board Sponsor: Liahna Armstrong, Roy Savoian

Libby Allgood

	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Strategy 1- Maintain positive operating margin and strong cash reserves to maintain access to capital		Refresh Long Range Plan	Review Current Programs	Build Budget based on review of current programs and long range plan
Strategy 2 - Be adaptive and responsive in order to grow our market share		9 month review of Wound Care		Identify Grant & Other Funding Sources for major infrastructure
				9 month review of New Program

Financial Sustainability

Board Sponsor: Liahna Armstrong, Roy Savoian

Libby Allgood

	2020 Q1	2020 Q2	2020 Q3	2020 Q4
Strategy 1- Maintain positive operating margin and strong cash reserves to maintain access to capital		Refresh Long Range Plan	Review Current Programs	Build Budget based on review of current programs and long range plan
Strategy 2 - Be adaptive and responsive in order to grow our market share		9 month review of New Program		Identify Grant & Other Funding Sources for major infrastructure

Partnerships and Collaborations

	2018 Q1	2018 Q2	2018 Q3	2018 Q4
Strategy 1 - Support and develop a cohesive medical community	<p>Create medical staff leadership succession plans; review at Board Retreat in March 3, 2018</p> <p>Annual provider recognition banquet March 28, 2018 <i>Link to AI</i></p>	<p>Review medical staff plan at Board Retreat in Chelan</p>	<p>Hold annual Evidence-based medicine conference-education</p> <p>Report to Board participation in M&M</p>	<p>Medical staff leadership report out learnings from national conference</p> <p>CMO report to Board on relationship with KCMS</p>
Strategy 2 - Invest in the well-being, development, and training of KVH employees	<p>Activities in progress: -MA program -\$20K in nursing education funds</p>		<p>Report to Board on evaluation of hard-to-fill positions</p> <p>Report to Board Tiny Pulse staff development question results</p>	<p>Report to Board on identified specialty training needs to support ongoing and new services</p> <p>Celebrate MA program</p> <p>Attend employee holiday celebrations</p>
Strategy 3 - Seek collaborative relationships to expand/improve service offerings and keep care local	<p>Report to Board on NW PT venture Feb & Mar 2018</p> <p>Report to Board on CWU Collaborations March 2018</p> <p>Report to Board on Rehab Visions</p>	<p>Identify services to be contracted by referral and/or to be provided by KVH</p> <p>Obtain Board approval on Medical Staff recommended services and partnerships; including partnerships in MAC</p>		<p>Report to Board highest priority services for go/no-go decision proforma (high level)</p> <p>Report to Board on HD2 initiatives (NW & CE PT, Swedish)</p>
Strategy 4 - Enhance relationships with strategic partners (HD2 and Foundation)	<p>Board Retreat with HD1 and HD2-Commissioner(s) March 3, 2018 (HD 2 did not attend due to change in topics)</p>	<p>Support Foundation by attending Gala, April 28, 2018</p> <p>HD #1 and HD#2 Commissioners meet in Apr 2018 (met in Chelan)</p> <p>Continue HD1/HD2 liason program meetings</p> <p>Foundation retreat w/ CEO and board member</p>	<p>Board considers appointing a Foundation Board member on a KVH Board-approved committee</p> <p>Report to Board on activities to increase staff awareness of Foundation</p>	<p>Annual refresh of strategic goals of HD1, HD2 and Foundation</p> <p>Social event with HD1/HD2/Foundation Boards</p>

Financial Sustainability Quarter 2 2018 Deliverables

Report to the Board – July 2018

Strategy 1 – Maintain positive operating margin and strong cash reserves to maintain access to capital.

No deliverables this quarter – Ongoing discussions about new metrics to reflect true mix of revenue generating activities.

Strategy 2 – Be adaptive and responsive in order to grow our market share.

Evaluation Process for new services or changes to existing service – Ongoing work to develop and refine process. Recognition that focusing on process rather than specific “tool” more appropriate given the variations in services and variables. A process map has been developed to show steps in vetting new services. Currently working on developing standard plan for implementation for use once new service is approved.

9 month review WorkPlace Health – Work group is developing process to be used to evaluate services and will use for this 9 month review due in 3rd Quarter.

Partnerships and Collaborations

	2019 Q1		2019 Q2		2019 Q3		2019 Q4	
Strategy 1 - Support and develop a cohesive medical community	Refresh Medical Staff Leadership Plan	Annual provider recognition banquet <i>Link to AI</i>		Hold annual Evidence-based medicine conference education		Med Staff Society		
Strategy 2 - Invest in the well-being, development, and training of KVH employees	Deploy strategies for hard to fill positions				Annual graduation recognition	Report to Board evaluation of "grow your own" development programs		Attend employee recognition banquet!
Strategy 3 - Seek collaborative relationships to expand/improve service offerings and keep care local			Obtain Board approval from board for service implementation: -construction cost -facility -plan review		Review services and partnerships in MAC (VMM, ONW, other) and report to Board	Report to Board on HD2 initiatives (NW & CE PT, Swedish)	Go-Live with identified services	Report to Board on Medical Staff priority review/evaluation of services (every 6 months)
Strategy 4 - Enhance relationships with strategic partners (HD2 and Foundation)			Support Foundation by attending Gala				Annual refresh of strategic goals of HD1, HD2 and Foundation	Recruit 2-3 providers to serve on Foundation Board
	2020 Q1		2020 Q2		2020 Q3		2020 Q4	

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<p>Strategy 1 - Support and develop a cohesive medical community</p>	<p>Refresh Medical Staff Leadership Plan</p>	<p>Annual provider recognition banquet <i>Link to AI</i></p>	<p>Hold annual Evidence-based medicine conference education</p>	
<p>Strategy 2 - Invest in the well-being, development, and training of KVH employees</p>			<p>Annual graduation recognition</p>	<p>Report to Board evaluation of "grow your own" development programs</p> <p>Attend employee recognition banquet!</p>
<p>Strategy 3 - Seek collaborative relationships to expand/improve service offerings and keep care local</p>		<p>Report to Board on evaluation of new services and processes</p>	<p>Report to Board on Medical Staff priority review/evaluation of services (every 6 months)</p> <p>Review services and partnerships in MAC (VMM, ONW, other) and report to Board</p>	<p>Report to Board on HD2 initiatives (NW & CE PT, Swedish)</p> <p>Report to Board on Medical Staff priority review/evaluation of services (every 6 months)</p>
<p>Strategy 4 - Enhance relationships with strategic partners (HD2 and Foundation)</p>		<p>Support Foundation by attending Gala</p>		<p>Annual refresh of strategic goals of HD1, HD2 and Foundation</p>

Strategic Business Planning report to the Board of Commissioners
Second Quarter, 2018

Partnerships & Collaboration Report:

- **Strategy 1-Support & develop a cohesive medical community**

Dr. Martin and Mitch Engle updated the Board regarding our Medical Staff Development Plan at the June Board Retreat in Chelan.

The Annual Evidence Based Medicine Conference has been cancelled due to a lack of registered participants.

- **Strategy 2-Invest in the wellbeing, development and training of KVH employees**

The Administrative Team is in the process of revising the New Employee Orientation Program so that it more accurately reflects the culture of KVH and focuses staff on our mission, vision, values and strategic priorities.

The business proforma process has been revised to include two check in points with HR to identify any specialty training needs that may occur with a new service.

- **Strategy 3-Seek collaborative relationships to expand/improve service offerings and keep care local**

At our June Board Retreat we discussed specialty services and which organizations would be best to provide those services in Kittitas County.

- **Strategy 4- Enhance relationships with strategic partners (HD#2 and Foundation)**

KVH CEO and a Hospital District #1 Board member attended the annual Foundation Board Retreat.

Two Hospital District #2 Board members attended WSHA's Rural Health Leadership Conference at Lake Chelan and joined Hospital District #1 Board and staff for dinner.

The KVH Foundation Gala was well attended by KVH Board Members and staff.

Hospital District #2 continues to explore service opportunities in Upper County.

Hospital District #1 and Hospital District #2 attended the LifeSupport Fundraiser at Suncadia.

Hospital District #1 and is partnering with Medic One to attend the Suncadia Homeowners Association BBQ.

Respectfully submitted by Rhonda Holden, MSN, CENP & Mandee Olsen RN, BSN, CPHQ

**NOTIFICATION OF CREDENTIAL FILES
FOR REVIEW**

Date: July 12, 2018
TO: Board of Commissioners
FROM: Mandy Weed
Medical Staff Services

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

<u>PRACTITIONER</u>	<u>STATUS</u>	<u>APPT/REAPPT</u>	<u>SPECIALTY</u>
David Wang, DO	Provisional/Associate	Initial Appointment	Direct Radiology
Todd Greenberg, MD	Provisional/Associate	Initial Appointment	Direct Radiology
Annaliese Stone, DO	Provisional/Ambulatory	Initial Appointment	KVH FME
Meghan Young, DO	Provisional/Active	Initial Appointment	Pediatrics
Brian Staley, MD	Associate	Reappointment	InCyte Pathology
Michael Druschel, MD	Active	Reappointment	FHCOE
John Asriel, MD	Active	Reappointment	CHCW/Hospitalist
Krista Summers, MD	Active	Reappointment	KVH FME
Zoe Carlson, ARNP	AHP	Reappointment	KVH FMC
Ryan Ahr, PA-C	AHP	Reappointment	Workplace Health

July 2018

Medical Staff Services:

- Mitch Engel developed our presentation to this Board for the June Special Meeting. We had 2 interviews in June, both for hospitalist positions.
- Lisa Potter is working on a number of fronts. These include:
 - Wound Care
 - Will go live August 6.
 - Wound care symposium scheduled for August 3-4
 - Working closely with consultants to insure we have capabilities and processes in place for the wound care reimbursement model.
 - Occupational Medicine
 - Working with clinic manager on plans for continued outreach and growth
 - Working on 9 month service line review
 - Strategic Business Plan
 - As part of Community Engagement team, developed and submitted a self-assessment tool for KVH leadership
 - As a resource for financial stewardship, Lisa been working with Jason and Libby on developing a process for service line analyses that we can use moving forward, as well as a service line implementation tool and a process for service line evaluations (both 9 and 12 month for new service lines, as well as a process to eventually evaluate the health of current service lines)
- Mandy Weed, Medical Staff Coordinator, is currently working on privileging for 14 initial appointments, 20 reappointments, and 3 students.

CMO activities:

- **Medical Staff:**
 - There continues to be work supporting inpatient and outpatient providers in Cerner implementation.
- **Community Outreach:**
- **Community & Regional Partnerships**
 - GCACH: I continue as facilitator of the Practice Transformation Workgroup. We met in Kennewick 6/28. At that meeting, project team members reviewed the project proposal for viability and alignment with required outcome measures.
 - KCHN: Kittitas County Health Network HRSA planning grant ended 6/30. We are now moving to implementation in support of Kittitas County Public Health's Community Health Improvement Plan (CHIP). Julie Peterson and I both serve on the Steering Committee/Board. I am also active in the Advisory Workgroup and the Care Coordination Workgroup (aka, A-Team).

Kevin Martin, MD
Chief Medical Officer

June Operating Results

- Average daily IP census was 5.8 patients compared to a budget of 7.4. The average daily census for observation patients was 3.7 patients compared to a budget of 2.9 resulting in overall average census of 9.5 patients compared to budget of 10.3 patients.
- Overall gross revenue was \$11,129,248 which was \$420,502 or 3.6% below budget. Clinic revenue was \$1,304,403 which was \$323,263 or 19.9% below budget.
- Deductions from revenue exceeded budget by \$119,793 for June due to the estimate of higher than budgeted contractual adjustments by third party payers. Much of this is driven by high reserves on legacy system accounts receivable. At end of June we had a balance of \$3.6 million in legacy system receivables on hospital accounts.
- Operating expenses were below budget by \$363,022 or 5.6%.
- June operations resulted in a loss of \$4,174, a negative variance of \$114,952. Year to date the operating loss is \$112,171 which is a positive variance of \$185,972. The operating margin is (0.30) % year to date compared to a year to date budget of (0.78) %.
- Days in Accounts Receivable was 83 days at the end of June, slightly up from May. Although we have addressed many coding and billing issues there are remaining system and workflow issues that are causing delays in billing.
- Days Cash on Hand was 164.2 at end of June.

OneSource – Cash Recovery Plan

- We have updated our Cash Recovery Plan to reflect current pattern in cash receipts. The plan includes problem identification, proposed resolution and projected timeline for completion. Overall our average daily cash collections are above what we projected.

Kittitas Valley Healthcare
Key Statistics and Indicators
 June 2018

Activity Measures	Current Month			Year to Date			Prior YTD		
	Actual	Budget	Var. %	Actual	Budget	Var. %	Actual	Var. %	
01 Admissions	71	78	-9.0%	475	473	0.4%	430	10.5%	01
02 Patient Days - W/O Newborn	175	223	-21.5%	1,397	1,335	4.6%	1,202	16.2%	02
03 Avg Daily IP Census	5.8	7.4	-21.5%	7.7	7.4	4.6%	6.6	16.2%	03
04 Average Length of Stay	2.5	2.9	-13.8%	2.9	2.8	4.2%	2.8	5.2%	04
05 Deliveries	32	27	18.5%	162	164	-1.2%	167	-3.0%	05
06 Case Mix Inpatient	0.96	1.00	-4.0%	1.04	1.00	3.9%	1.08	-3.8%	06
07 Surgery Minutes - Inpatient	2,170	2,771	-21.7%	16,608	16,591	0.1%	17,440	-4.8%	07
08 Surgery Minutes - Outpatient	5,595	7,182	-22.1%	41,889	43,001	-2.6%	41,163	1.8%	08
09 Surgery Procedures - Inpatient	17	24	-29.2%	132	144	-8.3%	145	-9.0%	09
10 Surgery Procedures - Outpatient	95	122	-22.1%	623	730	-14.7%	735	-15.2%	10
11 ER Visits	1,026	1,070	-4.1%	7,012	6,428	9.1%	6,474	8.3%	11
12 Laboratory	17,648	15,326	15.1%	101,781	92,069	10.5%	93,587	NA	12
13 Radiology Exams	2,896	2,845	1.8%	16,773	17,070	-1.7%	17,327	-3.2%	13
14 Rehab Visit	1,655	1,246	32.8%	8,358	7,458	12.1%	7,048	18.6%	14
15 Outpatient Visits	NA	NA	NA	NA	NA	NA	NA	NA	15
16 Outpatient Percent of Total Revenue	88.4%	84.4%	4.8%	84.7%	84.1%	0.7%	84.3%	0.4%	16
17 Clinic Visits	6,519	5,064	28.7%	27,942	26,613	5.0%	24,919	12.1%	17
18 Adjusted Patient Days	1,509	1,425	5.9%	9,101	8,382	8.6%	7,670	18.7%	18
19 Equivalent Observation Days	112	87	28.2%	527	520	1.4%	509	3.6%	19
20 Avg Daily Obs Census	3.7	2.9	28.2%	2.9	2.9	1.4%	2.8	3.6%	20
Financial Measures									
21 Salaries as % of Operating Revenue	53.2%	50.8%	-4.8%	52.5%	51.9%	-1.1%	53.5%	1.9%	21
22 Total Labor as % of Operating Revenue	66.6%	62.2%	-7.0%	65.2%	64.5%	-1.1%	66.4%	1.9%	22
23 Revenue Deduction %	47.2%	44.4%	-6.2%	46.2%	44.7%	-3.2%	46.2%	0.0%	23
24 Operating Margin	-0.1%	1.7%	-104.1%	-0.3%	-0.8%	-61.9%	1.8%	-116.1%	24
Operating Measures									
25 Productive FTE's	401.9	422.5	4.9%	414.4	421.8	1.7%	406.2	-2.0%	25
26 Non-Productive FTE's	62.4	52.8	-18.2%	49.1	52.8	7.0%	51.5	4.6%	26
27 Paid FTE's	464.4	475.3	2.3%	463.5	474.6	2.3%	457.7	-1.3%	27
28 Operating Expense per Adj Pat Day	\$ 4,031	\$ 4,522	10.9%	\$ 4,180	\$ 4,622	9.6%	\$ 4,576	8.7%	28
29 Operating Revenue per Adj Pat Day	\$ 4,028	\$ 4,600	-12.4%	\$ 4,167	\$ 4,586	-9.1%	\$ 4,662	-10.6%	29
30 A/R Days-Hospital Only	83.0	50.0	-66.0%	83.0	50.0	-66.0%	47.9	-73.3%	30
31 Days Cash on Hand	164.2	175.0	-6.2%	164.2	175.0	-6.2%	152.2	7.9%	31

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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	1,290,324	1,806,861	(516,537)	10,437,075	10,839,346	(402,271)	10,242,607
OUTPATIENT REVENUE	8,534,520	8,115,223	419,297	49,882,567	48,685,964	1,196,603	47,252,954
CLINIC REVENUE	1,304,403	1,627,666	(323,263)	7,681,856	8,534,053	(852,197)	7,864,866
REVENUE	11,129,248	11,549,749	(420,502)	68,001,498	68,059,363	(57,865)	65,360,426
CONTRACTUALS	4,990,982	4,790,035	200,947	29,020,731	28,410,584	610,147	28,255,240
PROVISION FOR BAD DEBTS	201,956	207,193	(5,237)	1,652,623	1,242,765	409,858	1,168,369
FINANCIAL ASSISTANCE	21,055	72,518	(51,463)	451,915	434,968	16,948	391,474
OTHER DEDUCTIONS	33,560	58,014	(24,454)	259,243	347,974	(88,731)	358,854
DEDUCTIONS FROM REVENUE	5,247,553	5,127,760	119,793	31,384,513	30,436,290	948,222	30,173,937
NET PATIENT SERVICE REVENUE	5,881,695	6,421,990	(540,295)	36,616,985	37,623,073	(1,006,088)	35,186,489
OTHER OPERATING REVENUE	197,164	134,843	62,322	1,309,814	821,337	488,477	571,257
TOTAL OPERATING REVENUE	6,078,859	6,556,832	(477,973)	37,926,799	38,444,409	(517,610)	35,757,745
SALARIES	3,235,446	3,329,309	(93,863)	19,914,945	19,964,966	(50,021)	19,131,878
TEMPORARY LABOR	9,070	13,470	(4,400)	178,340	117,379	60,960	206,877
BENEFITS	813,006	752,070	60,936	4,804,852	4,825,878	(21,026)	4,628,036
PROFESSIONAL FEES	48,994	90,705	(41,711)	360,535	563,832	(203,297)	392,252
SUPPLIES	508,789	807,650	(298,860)	4,148,282	4,713,540	(565,258)	4,406,528
UTILITIES	71,777	86,898	(15,121)	462,939	512,351	(49,412)	442,096
PURCHASED SERVICES	755,832	707,091	48,741	4,647,652	4,087,794	559,858	2,564,790
DEPRECIATION	233,987	262,849	(28,862)	1,402,574	1,578,542	(175,969)	1,444,240
RENTS AND LEASES	132,241	136,574	(4,333)	694,763	819,442	(124,679)	656,358
INSURANCE	37,254	47,438	(10,183)	234,022	284,625	(50,603)	241,408
LICENSES & TAXES	64,737	78,190	(13,453)	381,914	464,535	(82,621)	443,648
INTEREST	66,508	50,468	16,039	332,733	302,810	29,923	118,800
TRAVEL & EDUCATION	36,104	38,664	(2,560)	180,072	246,314	(66,241)	181,419
OTHER DIRECT	69,288	44,679	24,609	295,347	260,543	34,804	243,438
EXPENSES	6,083,033	6,446,054	(363,022)	38,038,970	38,742,551	(703,582)	35,101,765
OPERATING INCOME (LOSS)	(4,174)	110,778	(114,952)	(112,171)	(298,142)	185,972	655,980
OPERATING MARGIN	-0.07%	1.69%	24.05%	-0.30%	-0.78%	-35.93%	1.83%
NON-OPERATING REV/EXP	194,685	177,526	17,158	1,040,677	1,069,555	(28,878)	944,660
NET INCOME (LOSS)	190,511	288,304	(97,793)	928,506	771,412	157,094	1,600,640
UNIT OPERATING INCOME							
HOSPITAL	268,151	244,938	23,213	1,705,756	1,285,166	420,590	1,917,699
URGENT CARE	(55,561)	4,838	(60,399)	(198,808)	21,788	(220,596)	30,517
CLINICS	(247,491)	(199,378)	(48,113)	(1,990,095)	(1,953,347)	(36,748)	(1,583,982)
HOME CARE	30,727	60,380	(29,652)	370,977	348,251	22,726	291,746
OPERATING INCOME	(4,174)	110,778	(114,952)	(112,171)	(298,142)	185,972	655,980

06/30/2018

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

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	8,416,187	2,807,871	5,608,317
ACCOUNTS RECEIVABLE	31,812,259	17,233,881	14,578,379
ALLOWANCE FOR CONTRACTUAL	(17,227,546)	(8,991,453)	(8,236,093)
THIRD PARTY RECEIVABLE	919,782	1,301,364	(381,582)
OTHER RECEIVABLES	813,033	515,263	297,770
INVENTORY	1,301,199	1,424,982	(123,783)
PREPAIDS	905,893	795,740	110,153
CURRENT ASSETS	26,940,808	15,087,648	11,853,160
INVESTMENTS	24,820,996	30,405,576	(5,584,581)
PLANT PROPERTY AND EQUIPMENT	75,992,370	74,186,394	1,805,977
ACCUMULATED DEPRECIATION	38,765,551	37,256,104	1,509,447
NET PROPERTY, PLANT, & EQUIP	37,226,819	36,930,290	296,529
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	62,047,815	67,335,866	(5,288,051)
ASSETS	88,988,622	82,423,513	6,565,109
ACCOUNTS PAYABLE	1,491,943	1,644,923	(152,980)
ACCRUED PAYROLL	816,074	1,058,758	(242,684)
ACCRUED BENEFITS	320,710	1,192,503	(871,793)
ACCRUED VACATION PAYABLE	2,227,998	1,864,043	363,955
THIRD PARTY PAYABLES	1,687,300	1,590,200	97,100
CURRENT PORTION OF LONG TERM DEBT	2,388,666	2,208,666	180,000
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	8,932,691	9,559,093	(626,402)
ACCRUED INTEREST	17,436	178,079	(160,643)
BOND PREMIUM 2008 REFUND	8,362	18,397	(10,035)
DEFERRED TAX COLLECTIONS	716,757	0	716,757
DEFERRED REVENUE HOME HEALTH	117,496	120,268	(2,772)
DEFERRED LIABILITIES	860,051	316,744	543,307
LONG-TERM DEBT - 2008 UTGO BONDS	(1,033,666)	(853,666)	(180,000)
LONG-TERM DEBT - 2009 LTGO BONDS	2,754,616	2,754,616	0
LONG-TERM DEBT - 2017 REVENUE BONDS	13,399,698	13,500,000	(100,302)
LONG-TERM DEBT - 2018 REVENUE BOND	6,000,000	0	6,000,000
LONG TERM DEBT	21,120,648	15,400,950	5,719,698
NONCURRENT LIABILITIES	21,980,699	15,717,694	6,263,005
FUND BALANCE	57,146,727	57,146,727	0
NET REVENUE OVER EXPENSES	928,506	(0)	928,506
FUND BALANCE	58,075,233	57,146,727	928,506
TOTAL LIABILITIES & FUND BALANCE	88,988,622	82,423,513	6,565,109

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06/30/2018

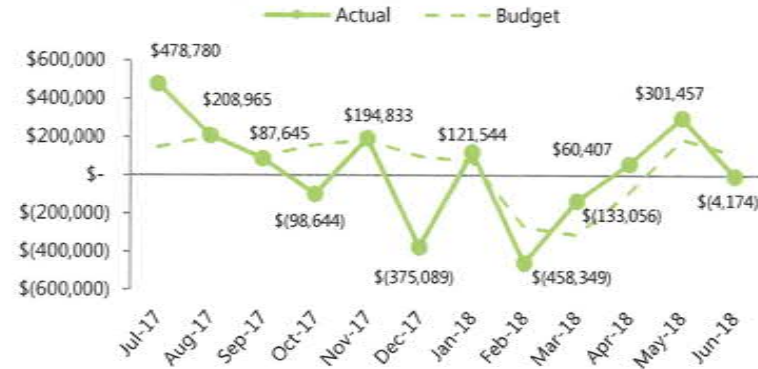
Kittitas Valley Healthcare
Balance Sheet and Cash Flow

Statement of Cash Flow

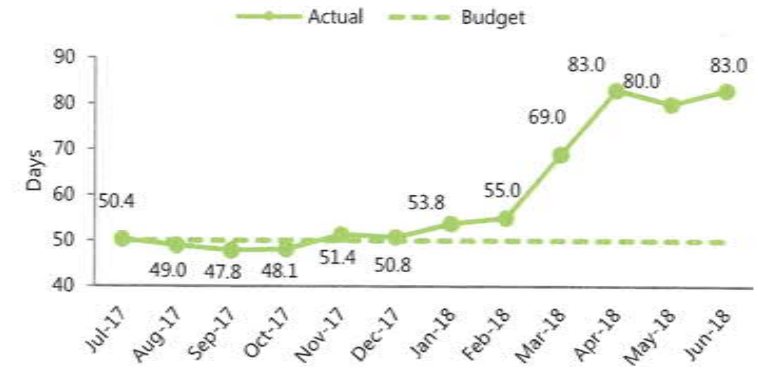
	CASH
NET BOOK INCOME	928,506
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	1,509,447
PROVISIONS FOR BAD DEBT	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	2,437,953
INCREASE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	(6,342,286)
OTHER RECEIVABLES	83,812
INVENTORIES	123,783
PREPAID EXPENSES & DEPOSITS	(110,153)
TOTAL CURRENT ASSETS	(6,244,844)
INVESTMENTS	5,584,581
PROPERTY, PLANT, & EQUIP.	(1,805,977)
OTHER ASSETS	0
TOTAL ASSETS	(28,286)
DECREASE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(152,980)
ACCRUED SALARIES	(242,684)
ACCRUED EMPLOYEE BENEFITS	(871,793)
ACCRUED VACATIONS	363,955
COST REIMBURSEMENT PAYABLE	97,100
CURRENT MATURITIES OF LONG-TERM DEBT	180,000
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(626,402)
DECREASE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(160,643)
2008 UTGO REFUNDING BOND PREMIUM	(10,035)
DEFERRED TAX COLLECTIONS	716,757
DEFERRED REVENUE - HOME HEALTH	(2,772)
TOTAL OTHER LIABILITIES	543,307
DECREASE IN LT DEBT & CAPITAL LEASES (\$)	
LONG-TERM DEBT - 2008 UTGO BONDS	(180,000)
LONG-TERM DEBT - 2009 LTGO BONDS	0
LONG-TERM DEBT - 2017 REVENUE BONDS	(100,302)
LONG-TERM DEBT - 2018 REVENUE BOND	6,000,000
TOTAL LONG-TERM DEBT & LEASES	5,719,698
TOTAL LIABILITIES	5,636,603
NET CHANGE IN CASH	5,608,317
BEGINNING CASH ON HAND	2,807,871
ENDING CASH ON HAND	8,416,187

Financial Sustainability

Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2016	CY 2017	YTD 2018
Medicare	40.68%	40.47%	41.16%
Medicaid	18.82%	18.90%	18.44%
Commercial	33.58%	33.14%	32.85%
Self Pay	4.10%	4.31%	3.50%
Other	2.82%	3.18%	4.05%

Oh

**KITTITAS VALLEY HEALTHCARE
Capital Expenditure Board Narrative**

Requesting Department: Engineering

Capital Item Requested: Mediplex Suite C Renovation

Scope of Project: Carpet replacement, new ceiling lights in corridor and waiting area, remove gold inlay in chair rail and finish to match, refinish wood edge bands on all counters, new reception counter top, repair laminate at sink vanity, cover all abandoned soap dispenser holes with stainless cover, patch dry wall holes from wall sconces and soffit indirect lighting, install new hot water recirculation system.

Reason Requested: Mediplex Suite C recently vacated by Dr. Wells after 20+ years.
Space needs updated and repaired to accommodate new lease.

Budget: \$0

Actual Cost: \$27,600

Submitted By: Ron Urlacher, Director – Engineering

Date: 07/26/18

OPERATIONS REPORT

July 2018

PATIENT CARE OPERATIONS

- Jim Gallagher, the new Food and Nutrition Services Department Director, has been working with the staff introducing some changes to the menu items in the cafeteria. He is also in the process of changing our coffee vendor to D and M Coffee, which is a great example of partnering with the community.
- A big "Thank You" to the KVH Foundation for funding the two new Anesthesia carts that arrived last week. The carts should be installed and available for use shortly. Final preparation is happening in preparation for the Wound Care Symposium on August 3 and 4. The opening date of the new service line is on August 6.
- There were five staff members who attended the Pacific Sepsis Conference held in June. The two-day conference was hosted by UW and brought the latest information from sepsis experts. Our own Cody Staub, was on the planning committee and ensures that the rural hospital has a voice at the table.
- The ED and MS/CCU staff is working collaboratively with the staff from Comprehensive Mental Health on best practice to care for our behavioral patients. We meet monthly to work on updating policy and to discuss current care models and review past cases.

Thank you, Vicky Machorro, Chief Nursing Officer

ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services-**
 - The upgrade to the imaging equipment in radiology room 1 is complete and staff have been trained on using the new equipment. We are converting the lease of this equipment to a purchase.
 - Training on the new MRI is complete and the mobile will be moved the week of July 16.
 - We began offering 24/7 Ultrasound services for select emergency ultrasound needs on July 2.
 - On July 13 we met with physicians to determine their preferences regarding the services we provide in imaging and any changes they would like to see in our level of radiology service.
 - Our new microbiology equipment is proving to be quite helpful in rapidly identifying cases of sepsis or other communicable diseases. Results are available within an hour instead of the customary 3-5 days.
 - IT is continuing to work towards building a more reliable interface with CHCW and KVH lab. The newly designed interface is anticipated to have fewer manual or

“human” interactions which have been error prone. CHCW CEO Dr. Mike Maples met with Julie Petersen on 7/11/18 to inform her that CHCW is considering transitioning their laboratory services to Lab Corp, who provides laboratory services for their clinics in Yakima County. At this point we are entering into a trial agreement with CHCW with KVH having staff on site to collect specimens for CHCW patients and oversee the quality and reliability of the orders and test results.

- **Cardiopulmonary-**

Teamsters negotiations were held May 30th and we reached a tentative agreement. The contract has been sent to Teamsters to review. Teamsters have not yet voted on the contract.

- **Home Health & Hospice-**

Chaplin Mat Panattoni attended the Foundation Meeting on July 24 to thank them for the scholarship they provided for him to attend a Palliative Care Conference. Mat was able to share how he is utilizing this training in his daily practice.

Staffing has been a challenge as we have one RN and one HH Aide on Medical leave, as well as being short staffed in physical therapy. We have contracted with an agency for a traveling PT and are working with an outside recruiter to fill the position permanently.

- **Pharmacy-**

KVH pharmacy continues to deal with shortages of commonly utilized medications. The pharmacy staff is working with Dr. Martin and Home Health leaders to begin filling prescriptions for Hospice patients utilizing the KVH Retail Pharmacy. This transition will require approval from the DOH-Board of Pharmacy.

- **340 B Program-**

Since go live with Cerner on 2/12/18, KVH IT has been working with our Contracted 340B Administrators and Cerner to send them a correct file of 340B eligible providers. Now that this file has been verified as correct, we should begin receiving funds from this program. Downtown Pharmacy is continuing to express interest in participating in the 340B program and we sent them a contract to review on July 7.

- **Rehab Services-**

Rehab Services in Ellensburg and Cle Elum have been ranked in the 99th percentile for patient satisfaction. A new Speech Therapist joined the Ellensburg team in July. Our solo physical therapist in Cle Elum was on a leave for the majority of June and is back to a full schedule in July.

Thank you, Rhonda Holden, Chief Ancillary Officer

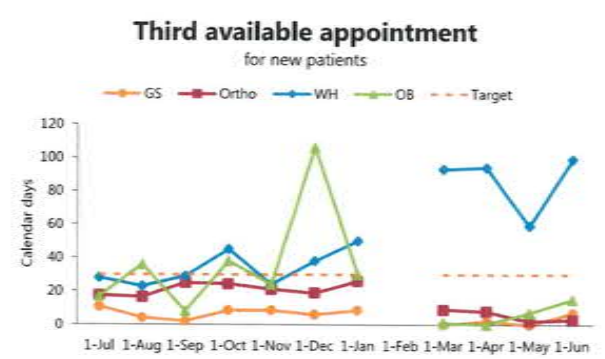
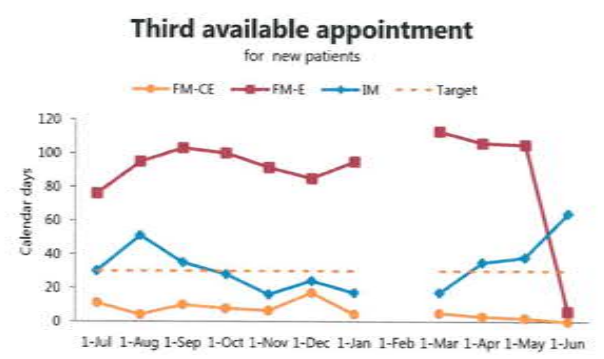
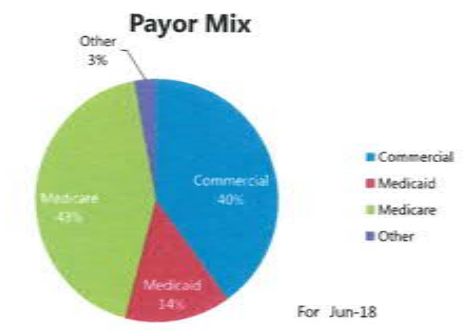
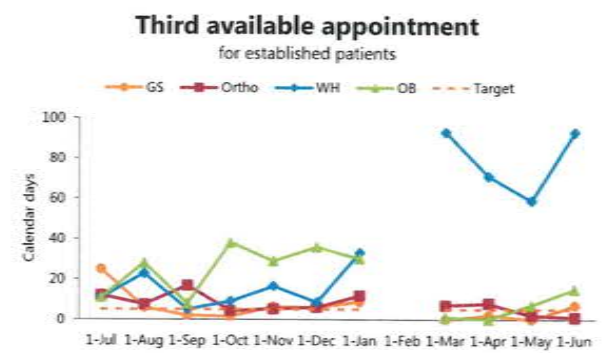
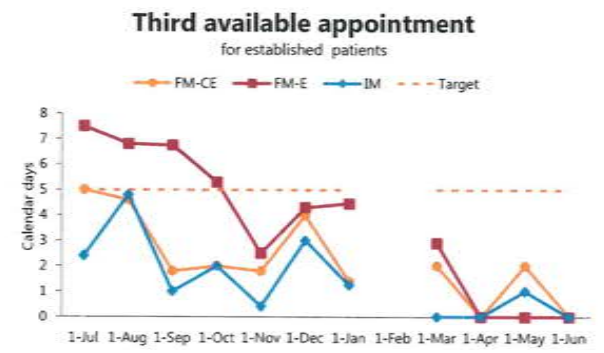
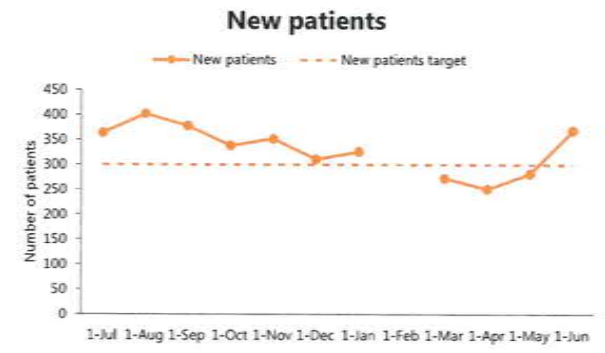
CLINIC OPERATIONS

- **Walk with the Doc:** Dr. Penoyar in Ellensburg and Dr. Wood in Cle Elum walked with community members and KVH staff on June 21st.

- **Sun Safety:** Dr. Susan Oldenkamp conducted her first community event on July 12, 2018 at Hal Holmes on Sun Safety. Great conversation about skin cancer and preventative measures.
- **Resident Graduation:** KVH was represented at the Community Health of Central Washington graduation on June 30th. Dr. Annaliese Stone and Dr. Jie Casey both graduated and are looking forward to begin working at KVH. Dr. Stone will begin on August 6th and Dr. Casey will be completing his OB fellowship in Spokane and will join us August 2019.
- **Attending Physician of the Year:** At the Community Health of Central Washington graduation, Dr. Ginger Longo was named the Attending Physician of the Year! This was a surprise award.
- **Dermatology:** We continue to have full schedules for Dr. Oldenkamp and Megan DeSelms, PA-C. We have created a new process with all KVH clinics so that patients can schedule at any of our clinics. So, if a patient is being referred from their primary clinic they can now leave with an appointment time for dermatology and do not have to make a separate phone call.

Thank you, Carrie Barr, Chief of Clinic Operations

Clinic Operations Dashboard



COMMUNITY RELATIONS – Michele Wurl

June 29 – July 23, 2018

External Outreach activities:

- Ellensburg Farmer's Market with healthy snacks, sidewalk CPR and stop the bleed (July 14)
- Suncadia Owner's BBQ with Medic 1 (July 21)
- Roslyn Farmer's Market with Medic 1 (July 22)
- Sun Safety with Dr. Susan Oldenkamp (July 12)

Internal Outreach activities:

- PSR Recognition (July 19)
- PFS Cerner Recognition Breakfast (June 15)
- KVH Education Fair in Cle Elum – Presentation on Social Media Policies and KVH in the Community Activities (June 21)

Collaborations & Partnerships:

- KVH partnered with Jazz in the Valley to make Sunday, July 29 a free day for the festival.
- We have started conversations with Gallery One regarding the build out of the Medical Arts Center and how we can integrate community artist in to that space. Monica Miller, their executive director, is going to put together some ideas on how we can soften the space and involve local artist.

Stories/Letters to the Editor:

- Provider/patient story for Dr. Siks upon his retirement 7/14 (<http://www.kvhealthcare.org/provider-stories/>)
- Provider story for Dr. Ada Cheung 7/17 (<http://www.kvhealthcare.org/provider-stories/>)
- Provider story for Dena Mahre 7/20 (<http://www.kvhealthcare.org/provider-stories/>)

Other:

- We continue to look for way make the KVH Core Values more visible to our employees and our community. Some concepts we are working on include
 - Incorporating language from our strategy and values in our advertisements
 - The desktop wallpaper on employee's computer show reminders of our core values ('what we stand for') as well as employees who exemplify our Code of Excellence traits ('how we live out our core values'). These rotate monthly.
 - Intranet banner displays
 - Lobby flags are being developed for our main entrance
 - We will be interviewing employees to hear examples on how they live out our core values in the workplace
- Look for a new advertisement in the theatres in August featuring the Midwifery services we offer through KVH Women's Health
- Listen for radio spots on KXLE in the month of July regarding KVH Dermatology. We will transition to the Rodeo BBQ and our new pediatrics service line in August.

On the horizon:

- Wound Care Symposium – August 3-4
- National Night Out – August 7
- KVH Rodeo BBQ – August 22

Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2018

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Regular Meeting	25 5pm	22 5pm	29 5pm	26 5pm	24 5pm	28 5pm	26 5pm	23 5pm	27 5pm	25 5pm	29 5pm	1/3/19 5pm
Standing Items	Swearing in of New Board Conflict of Interest	Update Board Ed/Dev Plan	Compliance Plan and Policies Orientation of New Board Members	Annual CEO Evaluation	Acceptance of Financial Audit	Annual update of Strategic Plan		Approve Budget Assumptions (Operating & Capital) Board meet with Teamsters and WSNA Officers	Board Self-Evaluation Approve Annual Strategic Plan Update	Plan Board Retreat	Approve 2019 Operating and Capital Budgets Approve 2019 Board Committees & 2019 Board Calendar	Update 2018 Operating Budget Election of 2019 Officers
Presentation Subject to Change	Emerging Topic	Provider Credentialing	Bawa Health Initiative	WRHC Initiatives	Financial Audit & Cost Report DZA	Kittitas County Health Department	Elmview Presentation	Lactation Specialist Presentation	KVH Central Sterile Presentation PHD & Legislative Update AWP	Patient Satisfaction Health Streams	Federal Reform WSHA	Emerging Topic
EDUCATION AND CONFERENCES		2 nd -4 th AHA Health Forum Rural Conference Phoenix, AZ	26 th -28 th WRHA Conf. Spokane	26 th -28 th IHI Annual Summit San Diego CA	5 th - 9 th AHA Annual Meeting WA DC CEO/Trustee Summit Seattle-TBD	23 rd - 27 th WSHA Rural Conference Chelan	AHA Rural Hospital Forum Wash., D.C. TBD	5 th -7 th Gov. Institute Governance Support Forum San Francisco CA	24 th - 27 th WSHA Rural Advocacy Days WA DC	11 th - 12 th WSHA Annual Meeting Seattle		
		6 th - 9 th NRHA Rural Health Policy Institute Washington DC							7 th - 10 th Gov. Institute Leadership Conference CO Springs 26 th - 28 th NRHA CAH Conf. Kansas City, MO			

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Events			Commun. Round-table 3/28/18: Provider Dinner	Tastes to Treasure Dinner 28 th Foundation Gala	Hospital Week & Meal Service CWU Athletic Hall of Fame Boots & Bling	Community Round-table	Upper County Roundtable	22 nd -KVH BBQ Kids Grow Farmers' Market	Community Roundtable TETWP Rodeo Event		11th Veterans' Day Lunch	Holiday Week Meal Service
Board Finance	23 7:30am	20 7:30am	27 7:30am	24 7:30am	22 7:30am	26 7:30am	24 7:30am	21 7:30am	25 7:30am	23 7:30am	27 7:30am	18 7:30am
MEC	17 12:30P	21 12:30P	21 12:30P	18 12:30P	16 12:30P	13 5:30P	11 5:15P	8 5:30P	12 5:30P	10 5:30P	14 5:30P	12 5:30P
QI Council		12 th 3:30 p.m.		16 th 3:30 p.m.		18 th 3:30 p.m.		20 th 3:30 p.m.		15 th 3:30 p.m.		17 th 3:30 p.m.
Foundation Board	23 rd 5:30P		27 th 5:30P		22 nd 5:30P		24 th 5:30P		25 th 5:30P		27 th 5:30P	
Compliance	11 10am	8 10am	8 10am	12 10am	10 10am	14 10am	12 10am	9 10am	13 10am	11 10am	8 10 am	13 10am
Strategic Planning	TBD											
Joint Districts						June Mtg will be scheduled					TBD	
Master Facilities	TBD											
HD #2	15 6:30pm	19 6:30 pm	19 6:30pm	16 6:30p	21 6:30pm	18 6:30pm	16 6:30pm	20 6:30pm	17 6:30pm	15 6:30pm	19 6:30pm	17 6:30pm

Emerging Topics:

Compliance & Regulatory Environment
Insurance and Reimbursement
Enterprise Risk
Healthcare Transformation (e.g. population health, IT)
Quality and Safety
Workforce
Board Effectiveness
Community Engagement
Philanthropy (in concert w/KVH Foundation)

Market Developments
Privacy/Security
Consumerism
Medical Staff Relations