# KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

## BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B

**July 27, 2017 – 5:00PM**

**SUPPLEMENTAL**

1. **Call 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 22, 2017; June 25, 2017; June 26, 2017; June 28, 2017 **(3-8)**
   b. Approval of Checks **(9)**
   c. Report: Foundation **(10)**
   d. Minutes: Finance Committee **(11)**
   e. Minutes: Quality Council **(12-14)**
4. **Public Comment and Announcements**
5. **Presentations**
   a. Safe Catch Awards: Mandee Olsen **(14a-b)**
   b. Kittitas County Health Rankings & Roadmaps: Amy Fuller **(15-36)**
6. **Reports and Dashboards**
   a. Quality – Mandee Olsen **(37-87)**
      i. HCAPS Exercise
   b. Chief Executive Officer – Julie Petersen **(88-90)**
   c. Medical Staff
      i. Chief of Staff, Timothy O'Brien MD
         1. Medical Executive Committee Recommendations for Appointment and Re-Appointment ** **(91)**
      ii. Chief Medical Officer, Don Solberg MD **(92)**
   d. Finance – Chief Financial Officer - Libby Allgood
      i. Finance Committee Report – Commissioner Liahna Armstrong
      ii. Operations Report **(93)**
         1. **Resolution No. 17-09: Debt Resolution** **(94)**
         2. Resolution No. 17-20: Surplus Property **(95-96)**
         3. Capital Expenditure Request **(97)**
   e. Operations **(98-100)**
7. **Education and Board Reports**
   a. Report on Attendance at WSHA Rural Conference, Chelan, June 25-28
   b. 2017 WSHA Advocacy Days, Washington, D.C., Sept. 25-27

8. **Old Business**

9. **New Business**

10. **Articles and Communication – Additional Article** **(101-112)**

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 24, 2017 Regular Meeting

**Future Agenda Items**

August: Wound Care Proposal; Update on Musculoskeletal
October: Evaluation of New Board Agenda Format

Kittitas Valley Healthcare
Board of Commissioners
June 22, 2017
KVH Conference Rooms A/B

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

KVH STAFF PRESENT: Julie Petersen, Libby Allgood, Carrie Barr, Vicky Machorro, Mandee Olsen, Amy Diaz, Carrie Youngblood, Rhonda Holden

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

1. At 5:00 p.m., President Liahna Armstrong called the regular board meeting to order.
2. **Approval of Agenda:**

   **ACTION:** On motion of Bob Crowe and second of Erica Libenow, the Board members unanimously approved the agenda.
3. **Consent Agenda**:

   **ACTION:** On motion of Bob Crowe and second of Erica Libenow, the Board members unanimously approved the Consent Agenda.
4. **Public Comment/Announcements**:

   None.
5. **Presentations**:

   Mandee Olsen introduced patient Ona Solberg, retired Commander in the naval service, who shared her patient story. Ona had lower back pain and went to see her provider, Jose Diaz, PA-C, at Family Medicine - Ellensburg. Mr. Diaz decided to order some special tests as well as the regular tests for lower back pain. The special tests diagnosed cancer and due to this early detection, Ona is a survivor of cancer and expressed gratitude to Mr. Diaz for his care and diagnosis.

   Dr. Merrill-Steskal gave a presentation regarding SBIRT (Screening, Brief Intervention, Refer for Treatment). This treatment is a tool that helps providers identify and assist patients with harmful drinking behavior patterns. The process helps patients make lifestyle changes that improve their health. He reported that patients have been very receptive to the process.
6. **Reports and Dashboards:**

   The Board members reviewed the QI dashboards and summary. Mandee Olsen announced that Covery's Risk Management is offering boot camp regarding risk management education for Board members and administrators. The training is scheduled for September 22 in Spokane. Board members indicated that they will contact Franki Storlie if they are interested in attending. Julie Petersen commended Dr. Martin, Mandee Olsen and the T-Team for their valuable participation and contributions to the Greater Columbia Accountable Care organization.

   The Board members reviewed the CEO report with Julie Petersen noting that 329 employees attended the recent Employee Education Fair. She reported that the event was a great success and that KVH

staff are excellent trainers. Carrie Youngblood presented a rebuilding plan for the Staff Development Department. She reported that she will be seeking input from hospital staff, clinic staff and providers regarding what they want to see being offered through the Staff Development Department to meet educational and required needs. Julie announced that the next Employee Survey will be conducted in September 2017. Julie announced that the purchase of Royal Vista was completed.

Mark Andrew presented an update on the Cerner project noting that overall the project is going well and Capstone Legacy will be assisting with the process for the transferring of patient records into the new system.

**ACTION:** On motion of Bob Davis and second of Bob Crowe, the Board members unanimously approved the initial appointments for Drs. Andrew DeGiorgio and Benjamin Keggi and reappointments for Megan Power, ARNP and Ryan Beachy, PA-C as well as Doctors Perry Kaneriya, Geoffrey Greenberg, Juan Tamariz-Loor, Dane Sandquist, Monica Romanko and Rajendra Suvana as recommended by the medical executive committee.

The Board members and Dr. Don Solberg reviewed the Chief Medical Officer report. Dr. Solberg announced that a PA-C has been hired for the planned occupational medicine clinic.

Libby Allgood reported that the month of May ended with strong outpatient volume as well as the clinics and surgery going over budget. Liahna Armstrong reported that the Finance Committee recommended approval of the surplus resolution and the capital expenditure request. Libby also reported that staff from Medicare came to KVH and educated staff regarding properly billing for bad debt and charity as well as how to charge cost-based reimbursement.

**ACTION**: On motion of Bob Crowe and second of Erica Libenow, the Board members unanimously approved Resolution No. 17-07 regarding surplus property.

**ACTION**: On motion of Erica Libenow and second of Bob Crowe, the Board members unanimously approved the capital expenditure request for the purchase of the MedVac suction system in the amount of $57,000.

Carrie Barr reported that all clinics are accepting new patients. She announced that the clinic managers will be hosting a meeting to collaborate on important topics and will be inviting the non-KVH clinics' office staff to participate as well as the Swedish staff affiliated with Cle Elum.

Vicky Machorro invited the Board members to the active shooting drill on Saturday, June 24, at the Cle Elum High School.

Rhonda Holden reported that the MRI has often not been available to patients due to operational problems and as a result, a termination notice has been given to the current MRI vendor. The vendor has indicated it would like to renegotiate its contract and services. Rhonda announced that digital mammography should be installed and operational around September 4.

7. **Education and Board Reports**:

Julie Petersen announced that she and the Board members would be attending the WSHA annual rural health conference at Chelan, Washington on June 25-28. During the conference, three special Board meetings will be held and the Board members will be drafting KVH mission, vision and value statements. The draft documents will be available for staff to review.

8. **Old Business:**

   a. Wound Care Update:

      Lisa Potter gave a brief report on the proposed Wound Care program stating that a pro-forma and program description will be presented at the August Board meeting. She noted that the Occupational Medicine clinic will be opening in September.

9. **New Business:**

   a. Compliance Policies: KVH Code of Conduct, Conflict of Interest Policy and Conflict of Interest Disclosure Statement:

      **ACTION**: On motion of Erica Libenow and second of Bob Crowe, the Board members unanimously approved the KVH Code of Conduct Policy, the Conflict of Interest Policy and the Conflict of Interest Disclosure Statement.

10. **Articles and Communication:**

    The Board members reviewed the various clippings and correspondence items.

At 7:40 p.m., President Armstrong announced that there would be a 10 minute recess followed by a 45 minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g)

At 8:30 p.m., the meeting was reconvened into open session. With no further action and business, the meeting was adjourned at 8:31 p.m.

**CONCLUSIONS:**

1. Motion passed to approve the Board agenda.
2. Motion passed to approve the Consent Agenda.
3. Motion passed to approve the initial appointments and reappointments as listed above as recommended by the Medical Executive Committee.
4. Motion passed to approve Resolution No. 17-07 regarding surplus property.
5. Motion passed to approve the capital expenditure request for the purchase of the MedVac suction system in the amount of $57,000.
6. Motion passed to approve the KVH Code of Conduct Policy, the Conflict of Interest Policy and the Conflict of Interest Disclosure Statement.

Respectfully submitted,

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

Kittitas Valley Healthcare
Board of Commissioners
Special Board Meeting
Campbell's Resort, Edmunds Room
Chelan, WA
June 25, 2017

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

STAFF PRESENT: Julie Petersen
BOARD CONSULTANTS: Sarah Cave, Steve Huebner

The meeting was called to order at 2:00 p.m. The purpose of the meeting was to conduct strategic planning.

Board development consultants, Sarah Cave and Steve Huebner, reviewed the responses from KVH constituent groups regarding strategic planning with the Board members. The Board members reviewed and refined directional strategies regarding mission, vision and values.

With no further business and action taken, the meeting was adjourned at 6:00 p.m.

Respectfully submitted,

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

Kittitas Valley Healthcare
Board of Commissioners
Special Board Meeting
Campbell's Resort, Lakeside Room
Chelan, WA
June 26, 2017

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

STAFF PRESENT: Julie Petersen
BOARD CONSULTANTS: Sarah Cave, Steve Huebner

The meeting was called to order at 7:30 a.m. The purpose of the meeting was to conduct strategic planning.

Board development consultants, Sarah Cave and Steve Huebner, conducted a planning session regarding potential strategic alternatives and to articulate strategic priorities.

With no further business and action taken, the meeting was adjourned at 11:30 a.m.

Respectfully submitted,

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

Kittitas Valley Healthcare
Board of Commissioners
Special Board Meeting
Campbell's Resort, Lakeside Room
Chelan, WA
June 28, 2017

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

STAFF PRESENT: Julie Petersen, Libby Allgood, Rhonda Holden, Vicky Machorro, Carrie Barr, Carrie Youngblood, Amy Diaz, Mandee Olsen
BOARD CONSULTANTS: Sarah Cave, Steve Huebner

The meeting was called to order at 12:39 p.m. The purpose of the meeting was to conduct strategic planning and approve Resolution No. 17-08 regarding approval of summary terms for a revenue bond(s).

**ACTION:** On motion of Bob Davis and second of Matt Altman, the Board members unanimously passed Resolution No. 17-08 authorizing the Superintendent of the District and the Chief Financial Officer of the District to authorize the summary terms and conditions in order for Compass Bank/Compass Mortgage Corporation to purchase revenue bond(s) issued by Public Hospital District No. 1, Kittitas County, Washington.

Board development consultants, Sarah Cave and Steve Huebner, conducted the strategic planning process with the Board members and senior administration defining goals and developing strategies for achieving the strategic plan. A draft strategic plan along with draft core values, mission and vision statements were developed.

With no further business and action taken, the meeting was adjourned at 5:30 p.m.

Respectfully submitted,

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

Kittitas Valley Healthcare
*Your Home for Health*

**DATE OF BOARD MEETING:** July 27, 2017

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

| | | | | |
|---|---|---|---|---|
| #1 | AP CHECK NUMBERS | 232738-233773 | NET AMOUNT: | $4,260,574.93 |
| #2 | AP DIRECT DEPOSIT NUMBER | 108 | NET AMOUNT: | $9,887.12 |
| | | SUB-TOTAL: | $4,270,462.05 | |

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

| | | | | |
|---|---|---|---|---|
| #1 | PAYROLL CHECK NUMBERS | 80382-80403 | NET AMOUNT: | $28,021.59 |
| #2 | PAYROLL CHECK NUMBERS | 80404-80425 | NET AMOUNT: | $27,780.85 |
| #3 | PAYROLL CHECK NUMBERS | 80426-80447 | NET AMOUNT: | $28,235.69 |
| #4 | PAYROLL DIRECT DEPOSIT | EFT | NET AMOUNT: | $963,585.14 |
| #5 | PAYROLL DIRECT DEPOSIT | EFT | NET AMOUNT: | $988,684.09 |
| #6 | PAYROLL DIRECT DEPOSIT | EFT | NET AMOUNT: | $1,042,740.33 |
| | | SUB-TOTAL: | $3,079,047.69 | |

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

| | | | |
|---|---|---|---|
| #1 | 2008 UTGO REFUNDING BONDS - INTEREST | NET AMOUNT: | $67,593.75 |
| #2 | 2009 LTGO BONDS - INTEREST | NET AMOUNT: | $69,374.90 |
| | SUB-TOTAL: | $136,968.65 | |

**TOTAL CHECKS & EFTs:** $7,486,478.39

Prepared by

Sharoll Cummins

Sharoll Cummins
Staff Accountant

www.kvhealthcare.org
509.962.9841 • Fax: 509.962.7351
603 S. Chestnut Street • Ellensburg, WA 98926

THE FOUNDATION KVH

**2017 Board changes**

In June, the Foundation received the resignation of Zora Peterson for personal reasons. I have sincerely enjoyed getting to know Zora and working with her on Foundation activities. She has been integral in the planning and execution of the annual gala and has consistently brought insight and creativity to our organization. On behalf of all of us I would like to thank Zora for her years of dedication and service. She will be missed.

Also at our June meeting The Foundation board welcomed Rusty Vineyard and Livier Baldovinos as new Directors. Rusty is the Director of Recreation at CWU. Livier is in Human Resources at Fairpoint Communications. We would like to welcome them both and look forward to working with them in the years to come.

**Current activities**

*Tough Enough to Wear Pink (Sunday, Sept. 3)* – We are thankful to continue our partnership with the Ellensburg Rodeo in this national campaign to raise funds and awareness for breast cancer prevention efforts. Merchandise sales will begin at KVH the week of August 14. A table will also be set up at the KVH Rodeo BBQ on August 23.

*Cattle Baron's Champagne Brunch (Monday, Sept. 4)* – Sponsored by the Ellensburg Downtown Rotary, 50% of sponsor proceeds from this event are being donated to The Foundation for the "Ouchless ER", a portion of this year's pediatric improvements campaign. Tickets may be purchased for this event through a Rotary member or at Old Mill, Fitterer's or Rodeo City Bar-B-Q.

*Annual Appeal (Sept/Oct)* – Our annual appeal committee is beginning me meet to discuss this year's plan for our mailing. If you have any ideas on marketing pieces or stories to tell through this appeal, please contact Michele Wurl.

**Annual gala**

Mark your calendars and the save the date. April 28, 2018 has been chosen for next year's event. We are always looking for new and exciting ideas so please don't hesitate to bring those forth.

Respectfully submitted,

*Michele Wurl*

Director, The Foundation at KVH

Kittitas Valley Healthcare
Finance Committee Meeting Minutes
June 20, 2017

Members Present: Liahna Armstrong, Bob Crowe, JoAnne Wise, Julie Petersen, Libby Allgood

Staff Present: Mike Severns Director Engineering, Kelli Goodian-Delys Director Finance, Jason Adler Sr. Financial Analyst,

The meeting was called to order by Liahna at 7:35 am.

The Agenda was approved as written.

The minutes for May 23rd Finance Committee Meeting were approved as written.

Bob Crowe and Liahna Armstrong noted the strong revenue and financial results for May. Operating income exceeded budget for both the month of May and year to date.

Julie Petersen and Libby Allgood reported that there will be a review of metrics currently reported in the monthly financial packet. The purpose of the review will be to determine what metrics best present an accurate picture of KVH operations given the level of outpatient versus inpatient services provided. Traditional volume metrics are inpatient centric and the industry has seen a shift toward more outpatient volume.

Libby presented a capital request for the replacement of our current Medical Vacuum Pump system. Mike Severns reported the system is critical to hospital services and the current system is beyond useful life. The current system was installed in 2000 and normal expected life is 10 to 15 years. Bob made a motion to recommend approval to the Board of Commissioners. Liahna second the motion. The motion was approved.

A surplus resolution for the vacuum pump, gas dryer, and radiology equipment was presented. The assets presented were fully depreciated with the exception of the CMX X-Ray with net book value of $6,398.73. Bob Crowe made a motion to recommend the surplus resolution for Board approval. Liahna second the motion. The motion was approved.

Julie reported that KVH is now the legal owner of Royal Vista. In addition, Julie reported that KVH has signed a lease on space for the future occupational medicine clinic.

The meeting was adjourned at 7:58 am.

| *Quality Improvement Council* | MEETING MINUTES | July 18, 2017 |
|---|---|---|
| **Present:** Mandee Olsen, Rhonda Holden, Vicky Machorro, Matt Altman, Libby Allgood, Julie Petersen, Carrie Barr<br>**Guests:** Beth Thune, Tiffany Mays<br>**Recording Secretary:** Mandy Weed<br>**Minutes Reviewed by:** Mandee Olsen | | |
| ITEM | DISCUSSION | ACTION ITEM/ RESPONSIBLE PARTY |
| • Called to order | The meeting was called to order by Matt Altman at 10:35 am | |
| • Agenda & Minutes | The minutes were approved as presented. | |
| Reports | | |
| • Quality Improvement Dashboard Review | **Handouts:** QI Council Dashboard<br><br>**Discussion:** Mandee stated the new post fall huddle process has been rolled out and Carrie B had a chance to use it in the clinics already. Mandee commented that restraints failure rate has went up but explained how it can be a failure if even one check over a 48 hour period is missed as they have to be done every hour. A risk management assessment was recently completed in ICU and parts of that have been reviewed by Covery's and we are actively working on our pain assessments. We had 2 sepsis failures; 1 with lactate timing and the other received antibiotics prior to blood cultures. On the patient satisfaction summary we have added the number to reach the top box and the willingness to recommend. | |
| • WSHA Patient Safety Summary Report | **Handouts:** Partnerships for Patients<br><br>**Discussion:** Mandee stated in most areas we continue to do well. On page 6 of the report is a new category for Antimicrobial Stewardship. Mandee stated Dr. Hibbs is doing a great job championing this team and | |




21

| | | |
|---|---|---|
| | went over how the data is calculated. Mandee stated for population health diabetic care we are not submitting to WSHA at this time and that she has taken the episiotomy score to the OB/Peds committee and they don't feel like it is an issue as they question if 0% is really the right number. | |
| New Business | | |
| • SAFE Catch Nominations Review & Selection | **Handouts:** SAFE Catch nominations<br><br>**Discussion:** The council reviewed all nominations and decided to award the following:<br><br>2nd Quarter Clinical – Andrew Nassis, Physical Therapist, Home Health and Hospice for recognizing a change in a patient's condition and calling 911.<br><br>2nd Quarter Non-Clinical – Cody Sorenson & Jodi Morse, Engineering Techs, Engineering Department for discovering sharps in hazardous medication waste containers. | |
| • Healthstream Hospital Patient Satisfaction Presentation | **Handouts:** None<br><br>**Discussion**: Mandee stated Beth and Tiffany are here from Healthstream. Beth gave a presentation on the Hospital survey and went over the types of surveys that they can provide along with the surveys we are currently using. She stated that if we are in the 90th percentile or higher we get a certificate of excellence that we can print out and display. Beth also went over the types of reports that are available within the system and emphasized the importance of getting front line staff involved and knowing about the surveys. | |
| • Patient and Family Engagement Presentation | **Handouts:** AIR<br><br>**Discussion**: Mandee went over the objectives of Patient and Family Engagement (PFE). She stated that it's not new and we are already doing | |

| | | |
|---|---|---|
| | a lot of PFE activities. Mandee also went over the Partnership for Patients PFE initiative and the 5 defined metrics and stated we are just in the beginning stages of development. | |
| • Improvement Outcomes | To be discussed at a later meeting. | |
| Closing | | |
| • Adjourned at 12:05 pm | Next meeting date and time to be determined | |




14

## SAFE Catch Awards and Nominations

2nd Quarter 2017

Kittitas Valley Healthcare
*Your Home for Health*

**Clinical Award Nominations:**

**Nominee: Andrew Nassis, Physical Therapist, Home Health & Hospice**

**Reason for nomination**: Recognizing a change in a patient's condition and calling 911

**Nominator: Sally Karam, Quality Assurance RN, Home Health & Hospice**

**Event**: Andrew arrived for a visit with a patient that had been receiving Home Health Services. The patient reported to Andrew that she had a bad night sleeping, had increased neck and back pain and was feeling nauseated. Andrew assessed the patient and found her to be tachycardic, hypotensive and she became labored when ambulating. Andrew quickly determined that his patient required more immediate care and discussed the need for emergent services with her. She was agreeable and EMS was called. Andrew stayed with her until the arrival of EMS and notified the patient's son of what was happening. This patient returned to services about a month later and reported to Andrew that she ended up with bilateral pulmonary emboli and was transferred to Yakima due to the severity of her condition. Andrew's assessment of his patient recognized her acute care needs. This led to quick action to get EMS services dispatched while keeping the patient's family informed of her change in condition. He potentially saved her life!

SAFE

**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

2nd Quarter 2017

KVH
Kittitas Valley Healthcare
*Your Home for Health*

**Non-Clinical Award Nominations:**

### Nominee: Cody Sorenson and Jodi Morse-Engineering Techs, Engineering Dept.

**Reason for nomination**: Discovering sharps in Hazardous Medication Waste containers

**Nominator: Mitch Perry, Engineering Tech, Engineering**

**Event**: Cody and Jodi discovered that staff members were putting sharps into containers marked for use for only Hazardous Medication Waste. These containers if sent to the company for disposal would be rejected and sent back to KVH, therefore potentially increasing the already high costs related to their disposal. They initiated Just-In-Time actions to prevent the rejection of the containers by removing all sharps from the Hazardous Medication Waste containers. All containers were accepted by the disposal company and no extra fees were added. In addition to their Just-In-Time actions, they provided education at the Staff Education Fair to increase awareness and proper use of the containers. They captured many staff that were unfamiliar with the containers and even spoke with some of the staff that had been improperly using them!

### Nominee: Yevette Arthur, Registration Clerk, Emergency Department

**Reason for nomination**: Discovering incorrect date of birth on patients account

**Nominators: Emergency Department Staff**

**Event**: While Yevette was registering a patient she checked the scanned ID we had on file for the patient. She discovered that the patient's date of birth on the ID did not match the date of birth on the patient's KVH account. Upon further review she found that patient was born at KVH 21 years ago and the date of birth had been incorrect the entire time!! Yevette was able to get the patient's date of birth corrected in the patient's account and now it matches his ID. Way to go Yevette!

### Nominee: Cindy Ness, Transcriptionist, Health Information Management

**Reason for nomination**: Discovering labs were ordered on wrong visits

**Nominator: Health Information Management Department**

**Event**: On multiple occasions Cindy has discovered lab tests that have been ordered on the wrong visit accounts. She was able to communicate these catches to the lab to have them quickly fixed to avoid problems down the line. Her attention to detail has resolved inaccuracies within the patients' charts thus making for an accurate medical record. Great job Cindy!

SAFE

**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

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Kittitas County Public Health Department

# COUNTY HEALTH RANKINGS & ROADMAPS 101

*Amy Fuller, BS*
*Assessment Coordinator*

*5/23/2017*

www.countyhealthrankings.org

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Support provided by Robert Wood Johnson Foundation

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## OUTLINE

- Why this matters
- *Rankings*: Reviewing the Data
- *Roadmaps*: Moving Forward with Action

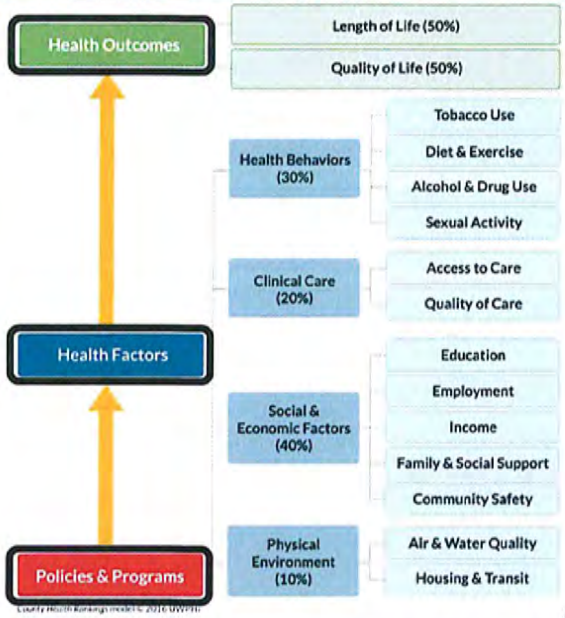
2

15

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

*Why this matters…*



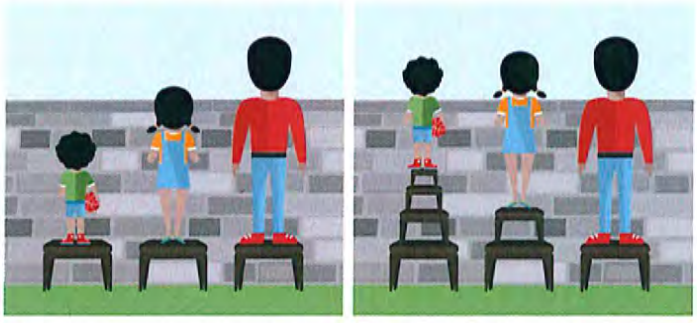



3

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## WHAT ARE HEALTH GAPS?



Giving everyone a fair chance to be healthy does not necessarily mean offering the same resources to all, rather offering resources necessary for their good health.

4

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## *COUNTY HEALTH RANKINGS* LOGIC MODEL




5

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## OUTLINE

Why this matters

*Rankings*: Understanding the Data

*Roadmaps*: Moving Forward with Action

6

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

# WWW.COUNTYHEALTHRANKINGS.ORG

How Healthy is Your Community?

The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.

Choose a state from the map or search below to begin.

Search


7

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Overview Rankings Measures Downloads Compare Counties Select a county Print Help

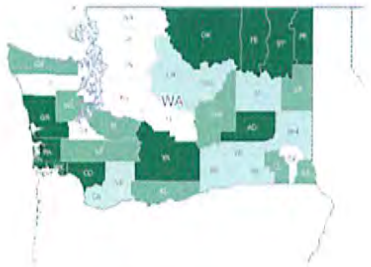
Find out how healthy your county is and explore factors that drive your health

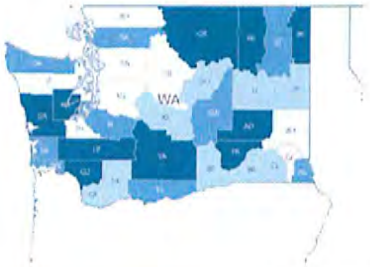
Overall Rankings in Health Outcomes

OUTCOMES

Overall Rankings in Health Factors

FACTORS




8

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

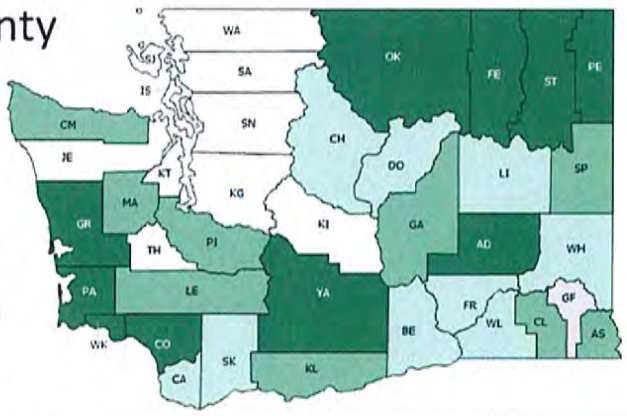
A Robert Wood Johnson Foundation program

## HEALTH OUTCOMES RANKING

Kittitas County ranks

**8**

out of 39 counties




Rank 1-10 | Rank 11-19 | Rank 20-28 | Rank 29-38 | Not Ranked

9

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

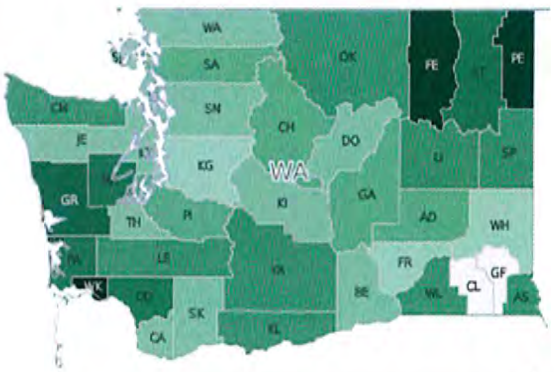
## MORTALITY INDICATOR

- Length of Life: Years of Potential Life Lost (YPLL)

Kittitas County ranks

**5**

out of 39 counties

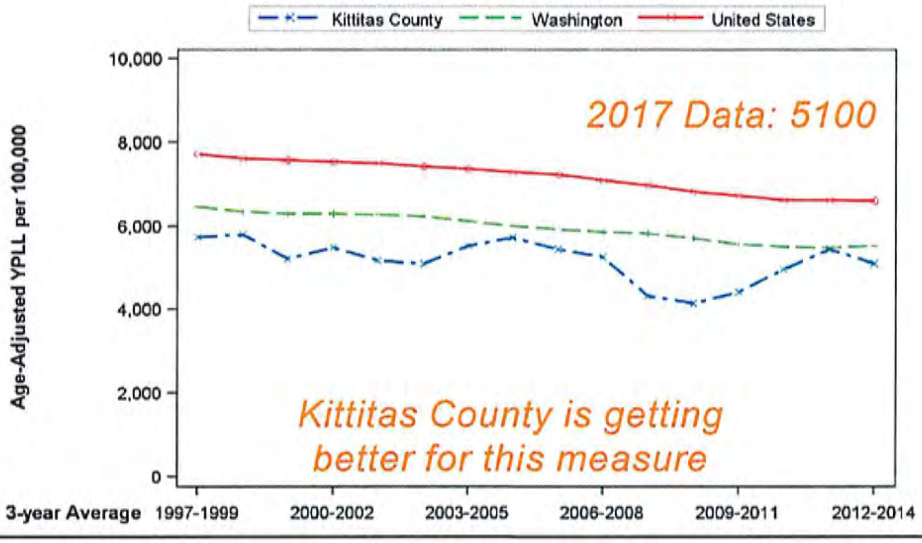



10

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

**Premature death in Kittitas County, WA**
**Years of Potential Life Lost (YPLL): County, State and National Trends**




County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## MORBIDITY RANKING

Kittitas County ranks

# 13

out of 39 counties

12

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## MORBIDITY INDICATORS

**Quality of Life**

- *Poor or fair health (15%, self report) = WA*
- *Poor physical health days (3.7, self report) = WA*
- *Poor mental health days (3.8, Self report) = WA*
- *Low birth weight (6%,National Vital Stats Data) = WA*

13

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## HEALTH FACTORS


14

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

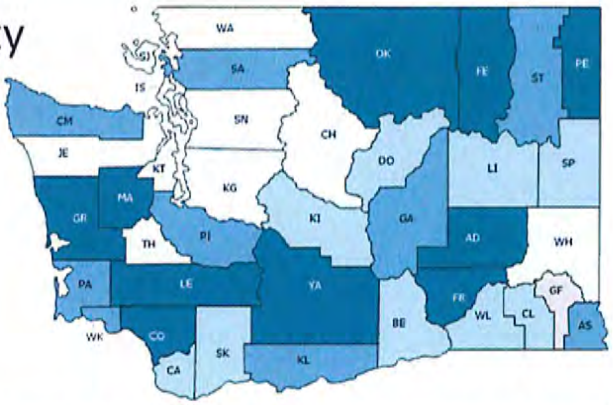
A Robert Wood Johnson Foundation program

## HEALTH FACTORS RANKING (OVERALL)

Kittitas County ranks

**15**

out of 39 counties




Rank 1-10 | Rank 11-19 | Rank 20-28 | Rank 29-38 | Not Ranked

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## HEALTH FACTORS: HEALTH BEHAVIORS

Health Factors

- **Health Behaviors** 30% →
  - *Tobacco Use*
  - *Diet & Exercise*
  - *Alcohol & Drug Use*
  - *Sexual Activity*
- **Clinical Care**
- **Social & Economic Factors**
- **Physical Environment**

16

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## HEALTH BEHAVIORS RANKING

Kittitas County ranks

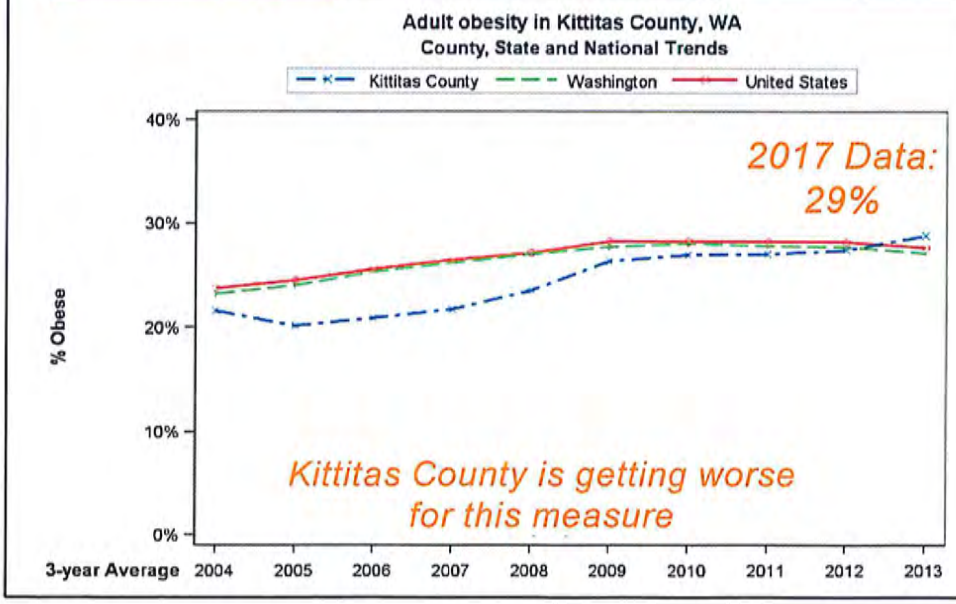
# 22

out of 39 counties

17

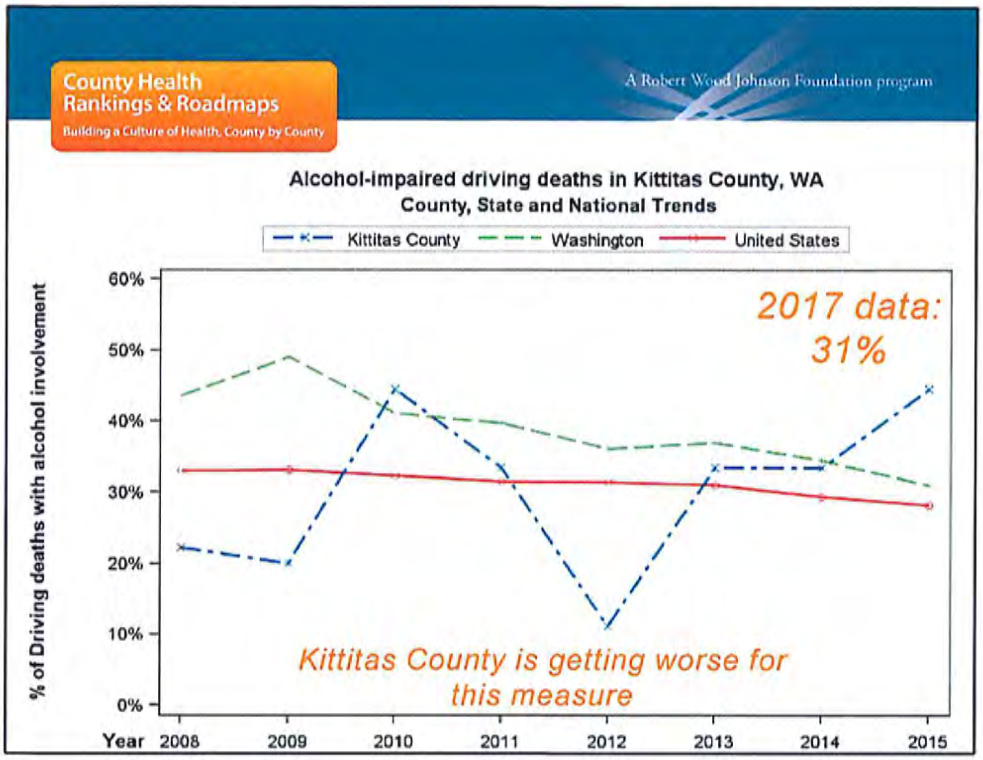
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



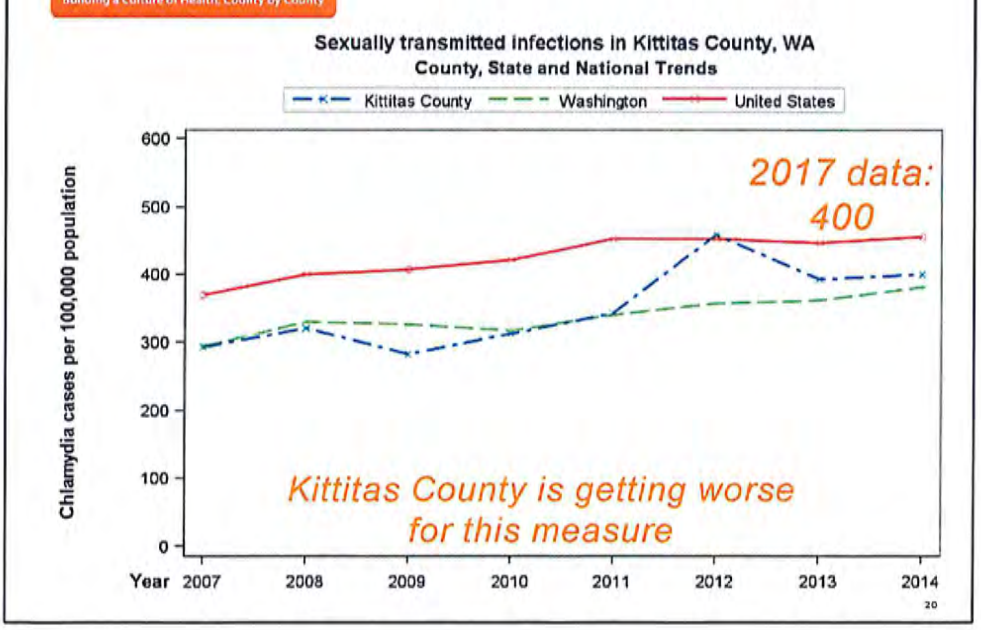
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program




County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## INDICATORS AT OR BELOW AVERAGES

- *Adult Smoking (16%, self report) = WA*
- *Food Environment (6.4/10) < WA*
- *Physical Inactivity (17%, self report) = WA*
- *Access to Exercise opportunities (72%, self report) < WA*
- *Excessive drinking (19%, self report) = WA*
- *Teen Births (9 per 1,000) Much < WA*

21

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## HEALTH FACTORS: CLINICAL CARE


22

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## CLINICAL CARE RANKING

Kittitas County ranks

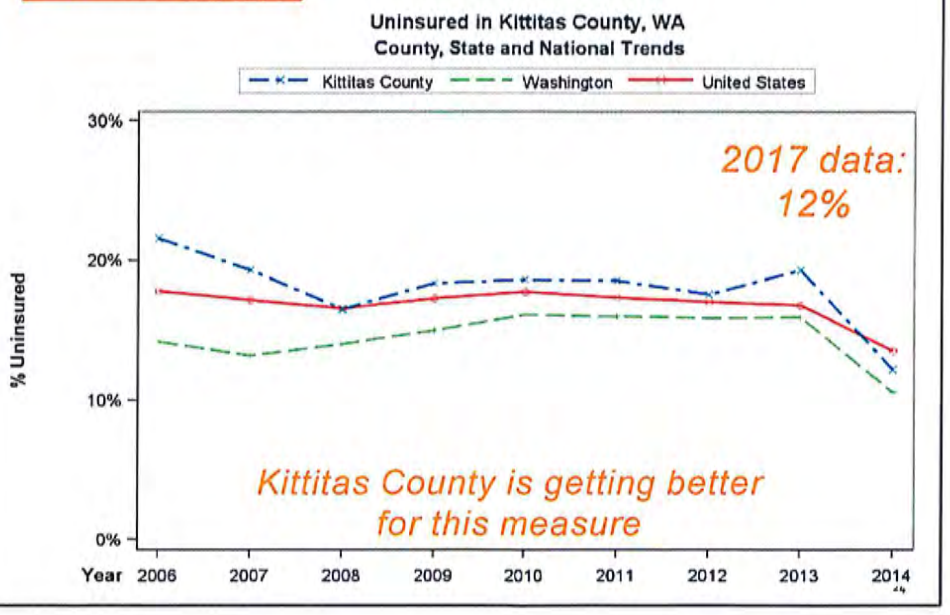
# 27

out of 39 counties

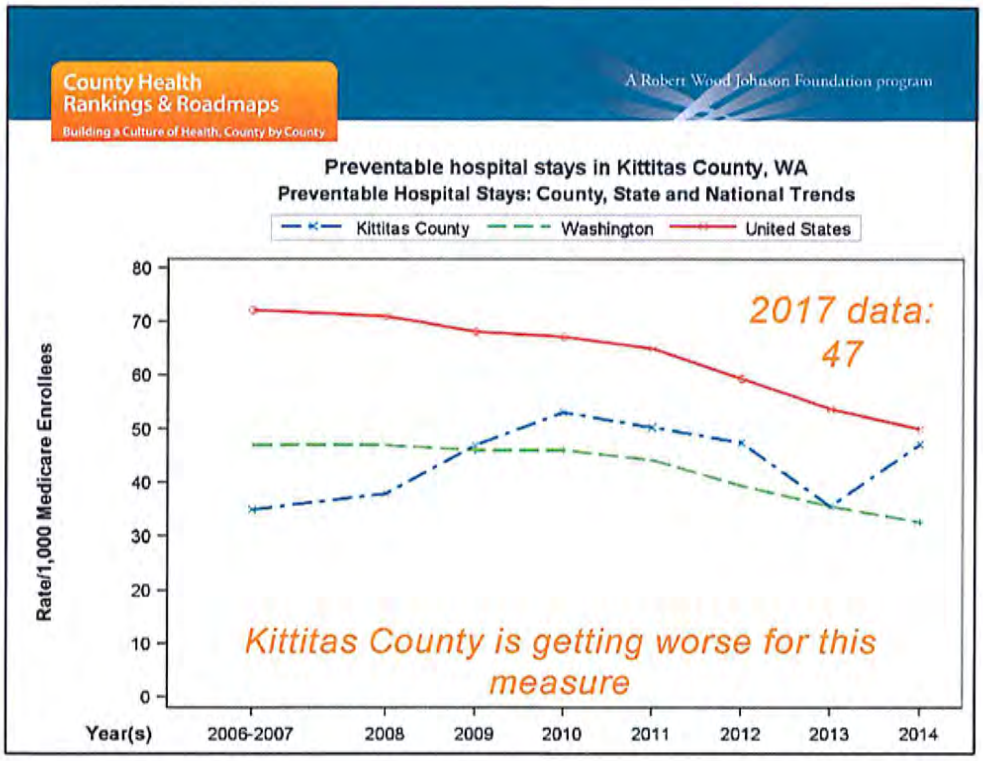
23

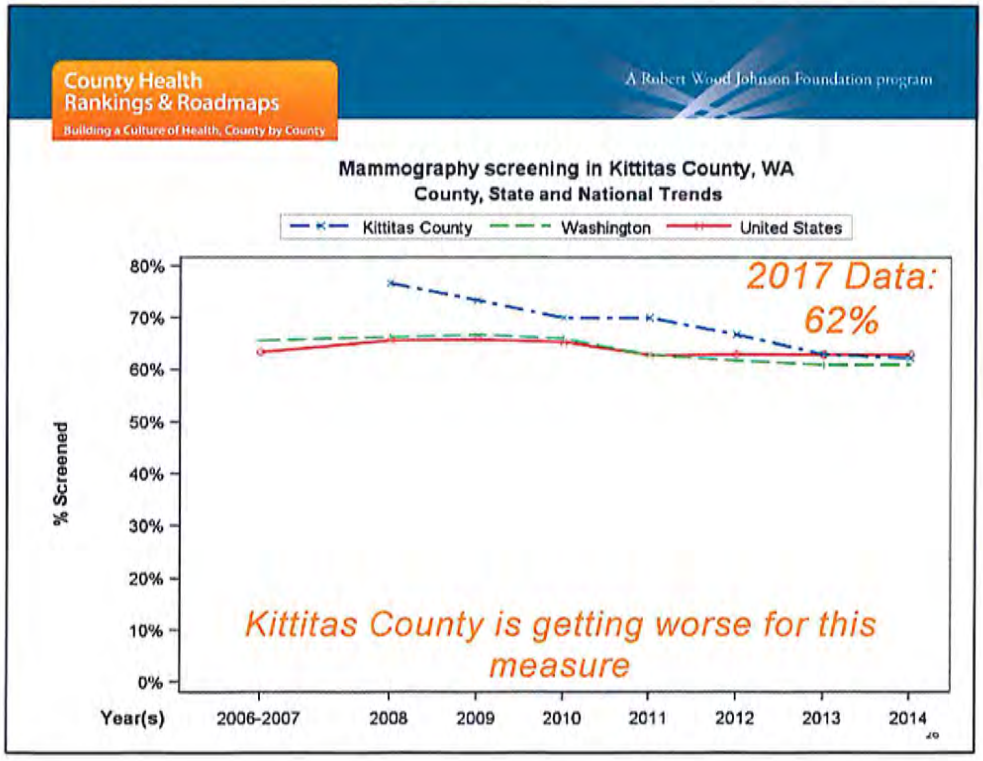
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program




44

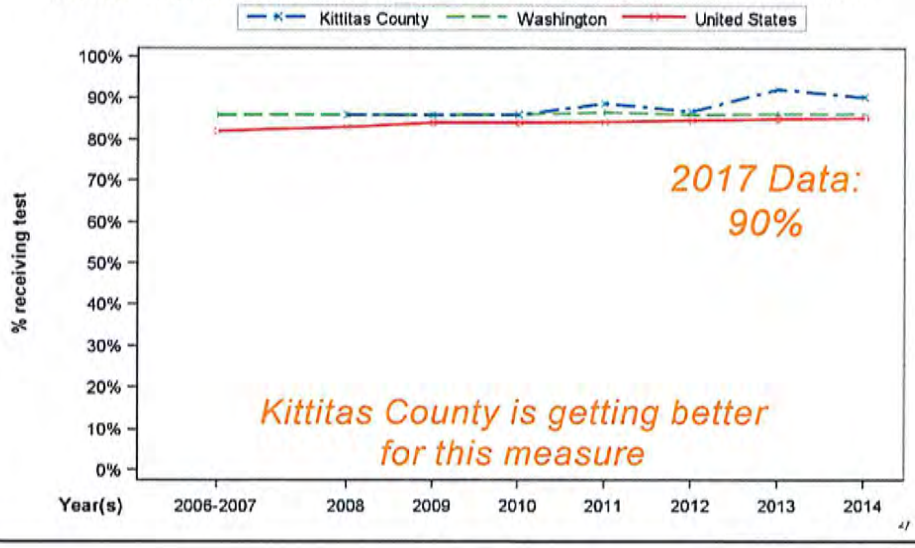

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program
Preventable hospital stays in Kittitas County, WA
Preventable Hospital Stays: County, State and National Trends
Kittitas County
Washington
United States
Rate/1,000 Medicare Enrollees
80
70
60
50
40
30
20
10
0
2017 data: 47
Kittitas County is getting worse for this measure
Year(s)
2006-2007
2008
2009
2010
2011
2012
2013
2014


County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program
Mammography screening in Kittitas County, WA
County, State and National Trends
Kittitas County
Washington
United States
% Screened
80%
70%
60%
50%
40%
30%
20%
10%
0%
2017 Data: 62%
Kittitas County is getting worse for this measure
Year(s)
2006-2007
2008
2009
2010
2011
2012
2013
2014

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

**Diabetes monitoring in Kittitas County, WA**
**% of Diabetic Medicare Enrollees Receiving HbA1c Test: County, State and National Trends**




County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## HEALTH FACTORS: SOCIAL-ECONOMIC

Health Factors

- Health Behaviors
- Clinical Care
- Social & Economic Factors — 40% →
- Physical Environment

- *Education*
- *Employment*
- *Income*
- *Family & Social support*
- *Community safety*

28

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## SOCIAL & ECONOMIC FACTORS RANKING

Kittitas County ranks

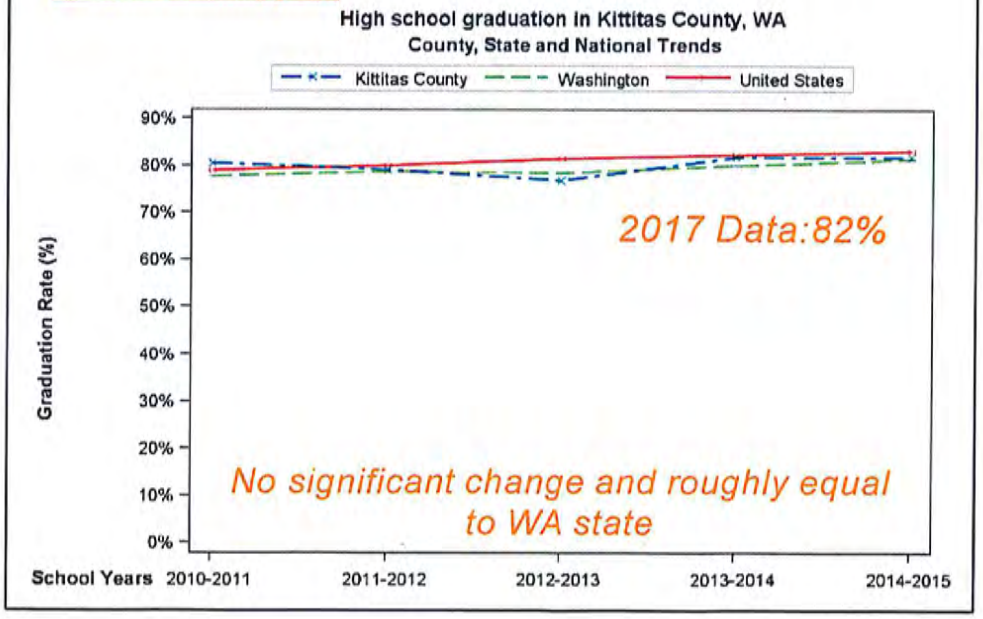
# 11

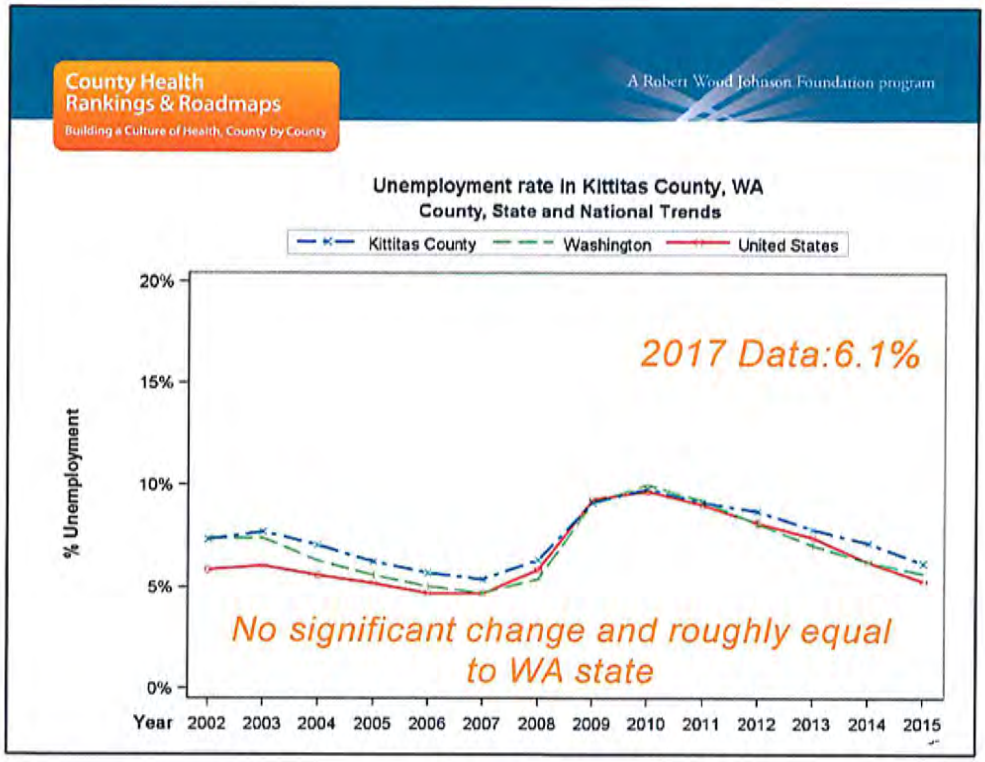
out of 39 counties

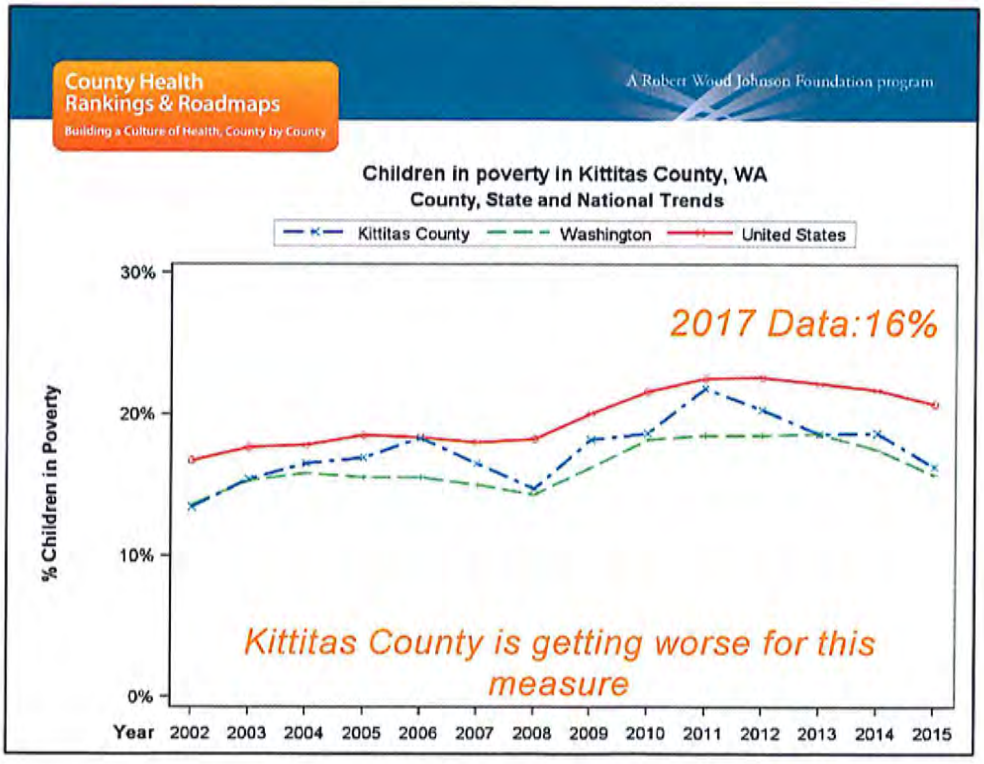


County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

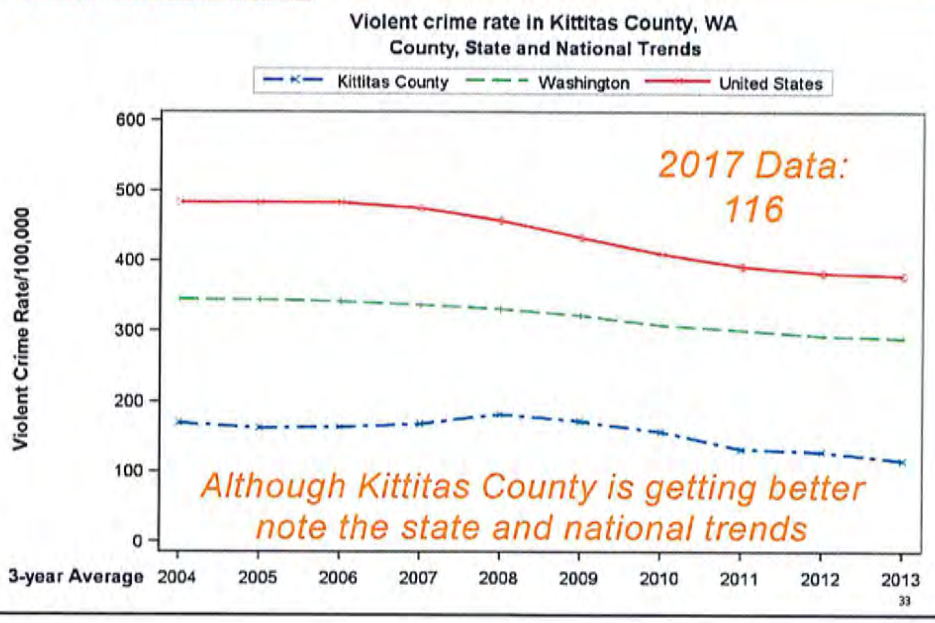



County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program
Unemployment rate in Kittitas County, WA
County, State and National Trends
Kittitas County
Washington
United States
% Unemployment
20%
15%
10%
5%
0%
2017 Data:6.1%
No significant change and roughly equal to WA state
Year
2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015


County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program
Children in poverty in Kittitas County, WA
County, State and National Trends
Kittitas County
Washington
United States
% Children in Poverty
30%
20%
10%
0%
2017 Data:16%
Kittitas County is getting worse for this measure
Year
2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program




33

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## INDICATORS AROUND OR BELOW AVERAGE

- *Some college (68%, Census) = WA*
- *Income Inequality (5.4, Census) > WA*
- *Children in Single Parent households (25%) < WA*
- *Social Associations (9.6 per 10,000) =WA*
- *Injury deaths (64 per 100,000) > WA*

34

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## HEALTH FACTORS: PHYSICAL ENVIRONMENT

Health Factors

- Health Behaviors
- Clinical Care
- Social & Economic Factors
- Physical Environment

10% →

- *Air & Water Quality*
- *Housing & transit*

35

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## PHYSICAL ENVIRONMENT RANKING

Kittitas County ranks

# 19

out of 39 counties


36

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## INDICATORS AT OR BELOW AVERAGE

- Air Pollution Average Daily PM2.5 (6.8, CDC ) = WA
- Drinking Water Violations (None via EPA reports)
- Driving alone to work (72%, Census) = WA
- Long commute- driving alone (25% ,Census) < WA

37

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

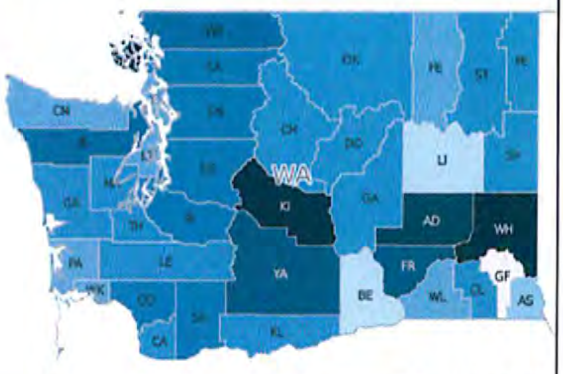
## SEVERE HOUSING PROBLEMS

**Percentage of homes with one or more factors:**

- lack complete kitchen
- lacks complete plumbing
- > 1.5 persons per room
- Housing costs >50% of monthly income

**In Kittitas County : 25%**

Range in WA: 13-25%
Overall in WA: 18%
Top U.S. performers: 9%




38

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## OUTLINE

Why this matters

*Rankings*: Understanding the Data

*Roadmaps*: Moving Forward with Action

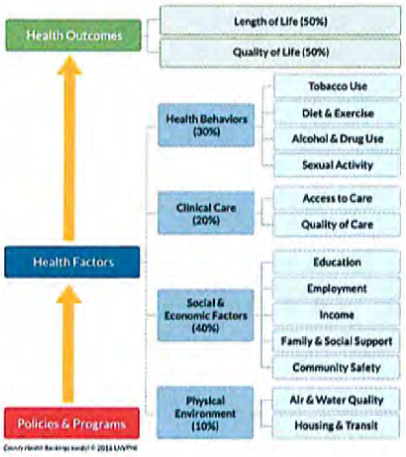


County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## FOUNDATION OF ROADMAPS

- It takes everyone
- Move from data to evidence-informed action
- Focus across the health factors—including social and economic factors
- Policy, systems, and environmental change



County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## EVIDENCE MATTERS

- Smart investments
- Inform decisions
- Inform innovation


41

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## A MENU OF IDEAS

- Evidence rating
- Literature summary
  - Who
  - What
  - Cost
- Disparity rating
- Implementation examples & tools


42

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## EXAMPLE: SCHOOL BREAKFAST PROGRAMS

- *Evidence rating: High*
- *Impact on disparities: High*
- *Implementation resources and examples: Many*

43

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## SUMMARY

- Where we live matters to our health.
- There are great disparities in health based on where we live.
- Health is more than health care. Many factors contribute to health.
- We're all in this together. It takes all of us working together to improve the health of a community.
- You can find data and practical help at www.countyhealthrankings.org.

44

KVH
Kittitas Valley Healthcare
*Your Home for Health*

# Quality Improvement Report – May 2017

## Coverys Risk Assessment

As part of our contract with our liability provider, Coverys, we must conduct a biennial focused risk assessment. This process allows for identification of opportunities to improve our care and decrease our risk, which is valuable to both KVH and Coverys. Past risk assessments have focused on surgical care, critical care, emergency and urgent care, and family birthing care. This year the focus was on nursing care within the Medical Surgical and Critical Care areas. The process involves our Coverys Risk Management Consultant meeting with Jeff Holdeman and Vicky Machorro to complete a standardized assessment, which includes policy and records review, touring and observations, and interviews with Jeff and Vicky as well as other staff. You will find the executive summary of the findings of this assessment in the QI Council meeting packet. Since the June 23rd assessment, Jeff, Vicky and I have since met to identify actions to address our opportunities for improvement. Examples of actions selected:

- PDCA previous process and standards around bedside shift report to improve reliability of documentation and consistency of practice
- Review and revise current policy and process for reporting back critical test results
- Identify best practice and resources for assessing risk for violence and implement in current assessments as well as ensure the workflow and documentation are built into Cerner
- Develop and conduct more frequent mock code reviews for both clinical care and security events
- Assess the opportunity for Coverys grant to bring in Crisis Prevention Institute training

All in all, it was a very successful assessment with minimal findings and we are proud of the care we provide in MedSurg and CCU!

## WSHA Patient Safety Measures

For this first time, KVH has Antimicrobial Stewardship data reflected in the WSHA Patient Safety Summary data. Antimicrobial Stewardship is set to be mandatory in the future, and we are well on our way to be compliant, well before proposed deadlines. This data has already been shared at the Hospitalist meeting, and our Antimicrobial Stewardship Committee, championed by Dr. Jonathan Hibbs, are digging in to find opportunities to change our practices. In addition, our Infection Preventionist, Julie Hiersche, has been working with Carrie Barr, Dr. Mark Larson and Qualis to implement a program of Antimicrobial Stewardship within our clinics.

**Health Care Authority Hospital Measures Group Meeting**

This week I had the honor of representing KVH and rural hospitals at a HCA meeting which included representatives for Managed Care Organizations and Washington Hospital Association members. HCA has worked in the past with many constituents to develop a common measure set that MCOs can use to evaluate and incentivize healthcare organizations. This meeting was specifically to develop alignment around measures that could be used to as part of and to continue the progress towards Value Based Purchasing. The goal of the meeting revolved around building consensus on principles that could be used to evaluate measures, identifying any current agreed upon measures, and determining if there is a need to develop new measures and measure sets. While there is still much more work to be done in this area, the meeting was productive and rich with discussion. I was proud to be one of a few rurals present, especially in the company of ~30 other healthcare professionals including the CMOs/Administrators from University of Washington and Seattle Childrens, Quality folk from PeaceHealth and Multicare, and payors that included United Healthcare, Amerigroup, Molina and Community Health Plan of Washington.

**Quality Improvement Council Dashboard Data Summary -**

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

- Stroke Dysphagia Screening 100% for 6 consecutive months.
- We have received one month of data on "SCIP 2.0" our surgery measure to help prevent surgical site infections and identify opportunities to improve. Unfortunately, we were unable to create this in graph format prior to publishing QI Council dashboard. At a glance, we met the indicators 94% of the time. The data collection is sparking productive communication amongst the staff on the processes and how they might improve.
- Zero Hospital Acquired Infections.
- Hospice Timely Initiation of Care shows increased compliance.

**Summary of Improvement Opportunities**

- Sepsis Bundle with three out of four "failures" – two related to the second lactate timing, the other related to blood cultures being drawn prior to antibiotic administration. The processes involved are continuing to be improved with the Sepsis Task Force team. All three patients recovered. KVH has met the measure 41 out of 52 times in the last 12 months.
- Stroke IV Thrombolytics score represents one case – the timing was missed by one minute. The team continues to review for opportunities to improve if they exist.
- Employee Reports continue to be low overall.
- Two needlesticks.
- Patient Satisfaction below target in all areas. Most recent improvement actions include education sessions with patient satisfaction survey vendors for our leaders in the hospital and clinics.

**Patient Stories**

KVH recently was able to discharge a "boarder" patient who had stayed here an extremely extended amount of time. Although the patient did experience an infection and several falls at KVH, they had no skin breakdown, received excellent nutrition, and left KVH in better health than when they had arrived. This is not a small achievement for a patient with such an extended stay.

COVERYS

# Nursing Services
# Assessment Executive Summary
# Kittitas Valley Hospital
# 23 June 2017

Kittitas Valley Hospital participated in a focused review of nursing services. The purpose of this review is to provide a "baseline" look at the documentation, practice protocols and outcomes in select areas considered high-risk from both claims management and risk management perspectives. The guidelines identify strengths and opportunities to proactively address patient safety, documentation and compliance with professional standards of care.

The review consisted of the following:

- A tour of the nursing environment
- Review of medical records in focused areas
- Review of select policies, procedures and forms
- Review of quality committee and/or governing body processes
- Interviews with staff members

This review should not be considered as all-inclusive or providing legal advice. Rather the comments and recommendations are presented from a risk management perspective, with the intent of providing risk management support to KVH.
The assessment identified many strengths in the organization, including the following:

- ***The organization demonstrates knowledge and implementation of highly reliable organizations and just culture.***
- ***Embedded organizational huddles are conducted daily yielding improved communication between leaders and department and on-the-spot problem solving***
- ***Implementation of multi-disciplinary diversion team to address medication concerns and improve processes to prevent medication diversion.***
- ***Robust quality and process improvement department which quickly acts to provide data and support and rapidly improve patient care while decreasing risk.***

The assessment also identified opportunities to enhance patient safety and risk management in nursing services. The following are the most significant opportunities identified:

- **Handoff between caregivers across the organization is inconsistent and often times incomplete. Appropriate handoff is not consistently documented in the patient's chart. Bedside reporting is inconsistently utilized by RN's when care is transferred.**

- **Nursing documentation practices, while well defined, are not consistent resulting in perceived gaps in care.**
- **Identified events linked to failure to follow established policy or standard work, including documentation of pain assessments and patient status shift reports.**
- **Opportunity to enhance safety and security through critical incident training and routine event codes such as code silver for weapons in house.**

Please refer to the master report and action plan for the complete report of recommendations made for this assessment activity.

It was a pleasure working with Mandee, Jeff and Vicky on the nursing services guidelines. Thank you for your excellent preparation and collaboration!

**Sharon Gilmore, MHA BSN RN-BC NEA-BC CPHRM**
**Senior Risk Consultant**

**June 2017**

AIR®

AMERICAN INSTITUTES FOR RESEARCH®

# Addendum to the PfP PFE 2.0 Strategic Vision and Roadmap

**Defining the Person and Family Engagement (PFE) Metrics for Improved Measurement: Purpose and Intention of the Five PFE Metrics**

*Patient and Family Engagement Contractor for PfP 2.0*

*Thomas Workman, Ph.D. Project Lead*

MAY 2016

# Addendum to the PfP PFE Strategic Vision and Roadmap

## Defining the Person and Family Engagement (PFE) Metrics for Improved Measurement: Purpose and Intention of the Five PFE Metrics

**May, 2016**

**Patient & Family Engagement Contractor for PfP 2.0**

***Thomas Workman, Ph.D., Project Lead***

AMERICAN INSTITUTES FOR RESEARCH®

1000 Thomas Jefferson Street NW
Washington, DC 20007-3835
202.403.5000

**www.air.org**

# Contents

# Introduction

The purpose of the five PFE Metrics is to ensure that hospitals have, at a minimum, structures and practices that enable active patient and family partnership at three levels of the hospital setting: point of care, hospital policy and protocol, and hospital governance.

Ultimately, the intention of these activities is to create a culture at the hospital where **patient and family interests and input are sought and included in decisions regarding care, policies and protocols, and hospital operations**. Though each hospital may have to adapt these activities to fit their unique structure, validation of implementing these metrics depends on one simple but essential criteria: **Are patients and family members able to partner in their care, in the development and implementation of hospital policy and protocol, and in hospital governance?**

The purpose of this document is to identify the original metric language and the metric language included in the HEN 2.0 contract and then clarify the intention of each metric. We also provide suggestions for alternative approaches to accommodate diverse hospital structures or exceptional circumstances. Hospitals should use the intentions of the metrics, however, to ultimately guide successful adaptation of alternative approaches. Finally, we have laid out the minimal indications for each metric to be considered as implemented.

HENs have different options for verifying the accuracy of the data (and the PFE support contractor is not in a position to say one is better than the other). As you think about data validation, here are some options:

- Have staff document the occurrence of pre-admission discussions or bedside huddles/reports in the medical record that can be easily retrieved or marked
- Have management, senior leadership, HEN staff, and/or patient and family advisors observe bedside metrics to ensure ongoing implementation and provide feedback and coaching as needed
- Identify and collect meeting minutes or correspondence from the hospital's designated PFE leader
- Identify or collect agendas or meeting minutes from PFAC meetings
- Make sure to talk with staff in multiple departments and units within a hospital to see how widespread adoption practices are and if units are doing things differently
- Collect hospital Board agendas to confirm that patient representation or perspective has been provided

We expect and hope that hospitals will see small successes to push to make PFE a part of the larger culture and achieve 100% implementation of all these metrics as well as other PFE efforts.

## PFE 1: Planning Checklist for Scheduled Admissions

**PfP Metric language:** Prior to admission, hospital staff provides and discusses a planning checklist with every patient that has a scheduled admission, allowing for questions or comments from the patient or family.

**HEN Contract Language:** Implementation of a planning checklist for patients known to be coming to the hospital.

**PFE Activity occurs at the point of care.**

**Intent**: The intent of this metric is to create a mechanism and procedure so that patients and families scheduled for admission are sent a checklist and then have an opportunity to talk with hospital staff at admission. The physical checklist serves as a list of items and topics for the conversation and could address: what patients should expect, concerns and preferences for their care, potential safety issues (pre-admission medicines, history of infections, etc.), and any relevant home issues, such as needs for additional support, transportation, and care coordination. The intent of this metric is not the distribution of the physical checklist alone but the use of it by admissions staff, an admitting nurse or physician, or other health care professional to guide a conversation with patients and families at the earliest point possible before their care. The conversation should be documented and the preferences, concerns, and expectations expressed by patients/family members should be captured and shared with the entire hospital care team for ongoing communication throughout the hospital stay. Patients and families should retain a copy of the checklist.

**Alternative: When Admissions Are Not Scheduled**

If a hospital only schedules only a minimum of admissions per year, these few admissions should employ a planning checklist and conversation and will fulfill the implementation of the metric.

If a hospital does not conduct any scheduled admissions, the Hospital Engagement Network should reduce the total number of hospitals reporting the metric and recalculate the percentage of hospitals implementing the metric so that it is based only on the hospitals in the HEN who conduct scheduled admissions.

**Do We Meet the Metric?** YES, if:

- Hospital sends a pre-admissions checklist to patients with scheduled admissions.
- At admission, hospital staff discuss checklist with patient and family.

## PFE 2: Shift Change Huddles / Bedside Reporting with Patients and Families

**PfP Metric Language:** Hospital conducts shift change huddles and bedside reporting with patients and family members in all feasible cases.

**HEN Contract Language:** Conducting shift change huddles and bedside reporting with patients and families.

**PFE Activity occurs at the point of care.**

**Intent**: The intent of this metric is to include the patient and/or family caregiver in **as many conversations about their care as possible** throughout the hospital stay. The patient and/or family member is able to hear, question, correct or confirm, and/or learn more about the next steps in their care as it is discussed between nurses changing shifts or clinicians making rounds. Patients and/or family members should be more than present during these meetings. They should be encouraged and prompted by the clinical staff to be active participants to whatever degree they desire, and add to the information being shared between the nurses or other clinicians discussing their care. Clinical staff should make an effort to adjust their use of medical jargon, acronyms, and other technical language to ensure that the patient and family member can easily follow the conversation. If necessary due to language barriers, an interpreter should be present. The patient/family member should be part of the entire conversation concerning their care, and not just select parts.

**Alternative: None.** This engagement activity should be possible in all hospital types and structures. However, a hospital may need to review and adjust their staffing models to better accommodate patient and family availability (e.g., adjust the time of shift changes). While the intent of the activity is to involve the patient in as many clinician interactions that discuss an aspect of the patient's care, the metric can be considered to be met if the hospital conduct shift change huddles OR bedside reporting with patients and families.

**Do We Meet the Metric?** YES, if:

- In as many units as possible, but in a minimum of at least one unit, nurse shift change huddles or clinician reports occur at the bedside and involves the patient and/or family members.

## PFE 3: PFE Leader or Functional Area Exists in the Hospital

**PfP Metric Language:** Hospital has a person or functional area, who may also operate within other roles in the hospital, that is dedicated and proactively responsible for Patient & Family Engagement and systematically evaluates PFE activities (i.e., open chart policy, PFE trainings, establishment and dissemination of PFE goals).

**HEN Contract Language:** Designation of an accountable leader in the hospital who is responsible for patient and family engagement.

**PFE Activity occurs at the hospital policy and protocol level.**

**Intent**: The intent of this metric is to ensure that PFE efforts are built into the management of hospital operations and given the attention and resources needed to be successful and sustained over time. The hospital should identify at least one staff member to be responsible and accountable for overseeing the implementation and evaluation of the PFE efforts at the hospital. Hospitals may wish to create an office or department (that may have many names such as Patient and Family Engagement, Patient Experience, or Quality Improvement) or identity that focuses on PFE. The person responsible for PFE at the hospital does not need to have a special title or position or be 100% focused on PFE, but all hospital staff should be aware that this person manages the hospital's PFE plans and activities. The PFE leader should, at a minimum, identify, implement, monitor, and evaluate PFE activities, and is most likely coordinating the Patient and Family Advisory Council (PFAC).

**Alternative: None**. Given the wide range of options possible for accomplishing this metric, there is no need for alternatives. This activity should be possible in all hospital types and structures.

**Do We Meet the Metric?** YES, if:

- There is a named hospital employee who is responsible for PFE efforts at the hospital either in a full-time position or as a percentage of time within their current position, AND appropriate hospital staff and clinicians can identify the person named as responsible for PFE at the hospital, AND/OR there is a functional area that is responsible for PFE efforts and appropriate hospital staff and clinicians can name the functional area and identify specific individuals who work in that area.

## PFE 4: PFEC or Representative on Hospital Committee

**PfP Metric Language:** Hospital has an active Patient & Family Engagement Committee OR at least one former patient that serves on a patient safety or quality improvement committee or team.

**HEN Contract Language:** Hospitals having an active Patient and Family Engagement Committee (PFEC) or other committees where patients are represented.

**PFE Activity occurs at the hospital policy and protocol level.**

**Intent**: The intent of this metric is that a hospital has a formal relationship with patient and family advisors from the local community who provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts. The relationship may be via a mechanism such as a Patient and Family Engagement Committee (PFEC), which often combines hospital staff with a range of patient and family representatives, or a Patient and Family Advisory Council, (PFAC), which is comprised mostly of patients and family members. An acceptable alternative to forming a PFEC or PFAC is the inclusion of patients and family advisors on one or more existing hospital committees (see below). The PFAC or other committees should be formal mechanisms that seek advice, input, and active involvement from patients and family advisors on a regular basis. Ultimately, this metric should confirm that a hospital systematically incorporates patients and family members as advisors when addressing operations or quality improvement activities.

**Alternative:** While a Patient and Family Engagement Committee or a Patient and Family Advisory Council is the recommended best practice to accomplish the intention of this metric, a hospital may wish to begin by identifying a smaller number of patient and family advisors from the community to serve on existing hospital committees such as the hospital's Patient Education, Patient Safety, or Quality Improvement committees. These patient representatives should have all the same rights and privileges of all other committee members, and efforts should be made to enable these representatives to share their unique perspective as patients or family members at meetings.

**Do We Meet the Metric?** YES, if:

- Patient and/or family representatives from the community have been formally named as members of a PFAC or other hospital committee. (At a minimum, hospitals should have 3 to 4 advisors named and working on committees).
- Meetings of the PFAC or other committees with patient and family representatives have been scheduled and conducted.

## PFE 5: Patient and Family on Hospital Governing and/or Leadership Board (hospital governance)

**PfP Metric Language:** Hospital has at least one or more patient(s) who serve on a Governing and/or leadership board and serves as a patient representative.

**HEN Contract Language:** One or more patient representatives serving on the hospital Board of Directors.

**Intent**: The intent of this metric is to ensure that at least one Board member with full voting rights and privileges provides the patient and family perspective on all matters before the Board, similar to other Board members who represent specific interests in the community. Ideally, at least one board member with full voting rights would specifically be appointed for this purpose and with a written role definition as a patient representative. The ultimate goal of this activity is to ensure that the Board works with patient and family perspectives when making governance decisions at the hospital.

**Alternative:** While designating at least one patient representative on the board is the preferred mechanism to ensure co-governance, certain laws or policies may not allow the formation of a patient or family representative seat on the Board. Until these laws change, alternatives that meet the intent of the metric include:

- Asking for PFEC input on matters before the Board, and incorporating a PFEC report into the Board agenda.
- Identifying elected or appointed Board members to serve in a specific role, with a written role definition, as representing the patient and family voice on all matters before the Board.
- Requiring all Board members to conduct activities that connect them closer to patients and families, such as visiting actual care units in the hospital two times per year and/or attending two PFEC meetings per year.

**Do We Meet the Metric?** YES, if:

- The hospital has at least one position on the Board designated for a patient or family member who is appointed to represent that perspective.
- If a specific board representative is not possible, an alternative exists to work with patients and families when making hospital governance decisions.

# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

## Patient Safety Comparison Report

June 2017 Release

### Table of Contents



Note: High outliers may exceed scale of graphs. Such cases will appear to be cutoff.

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.

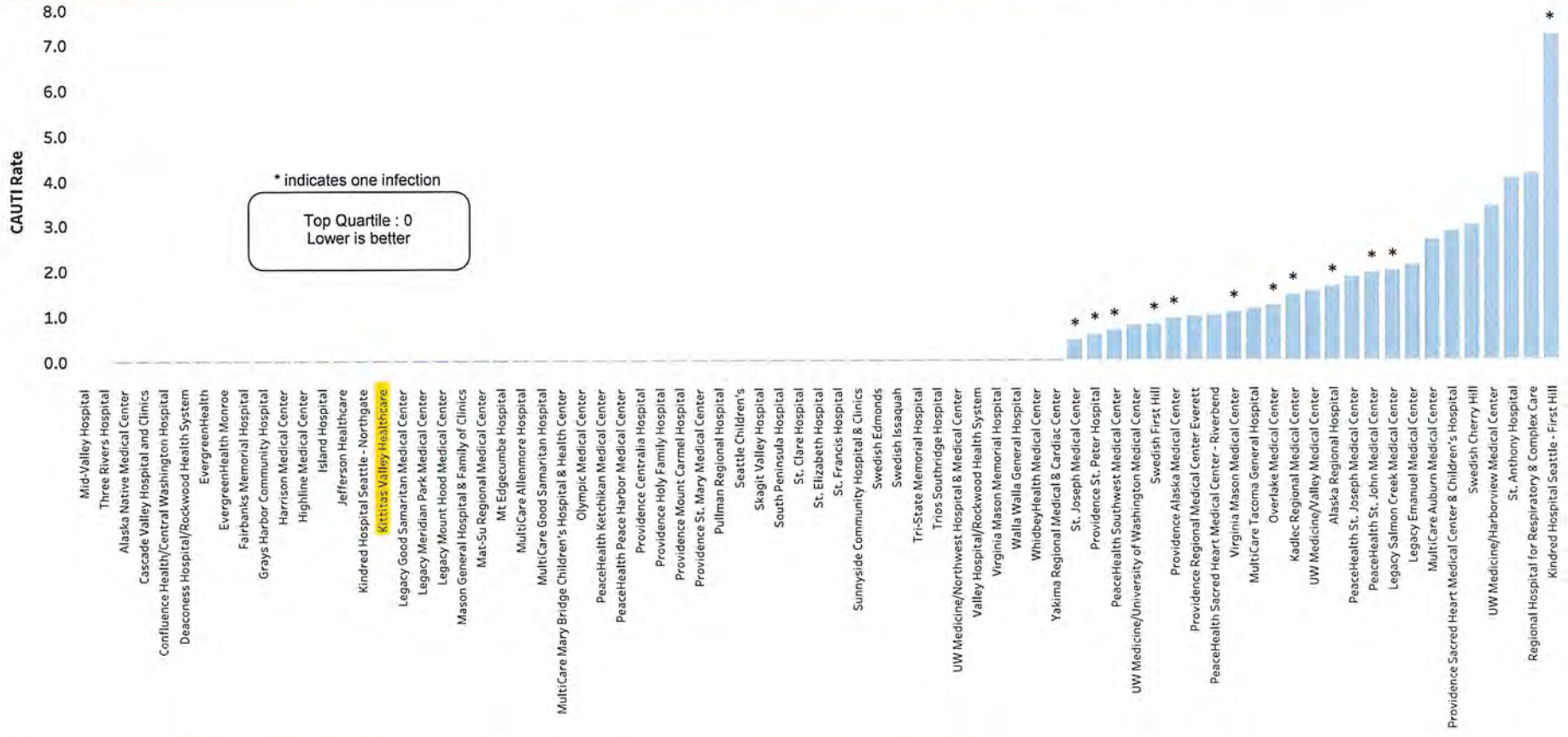
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Catheter Associated Urinary Tract Infection (CAUTI) ICU Rate
## 2017 Q1 Distribution




**Definition:** Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN), CAUTIs per 1,000 urinary catheter days.
**Data Source:** CDC NHSN



53

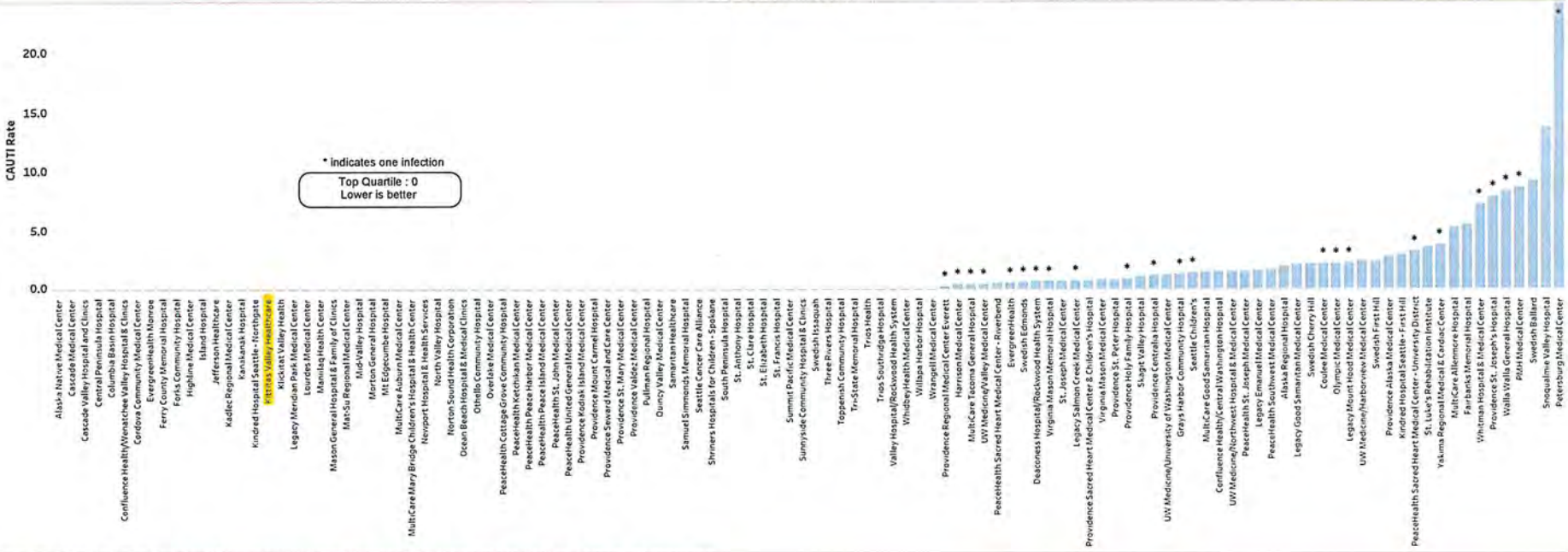
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Catheter Associated Urinary Tract Infection (CAUTI) Non-ICU Rate
## 2017 Q1 Distribution




**Definition:** Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). CAUTIs per 1,000 urinary catheter days.
**Data Source:** CDC NHSN

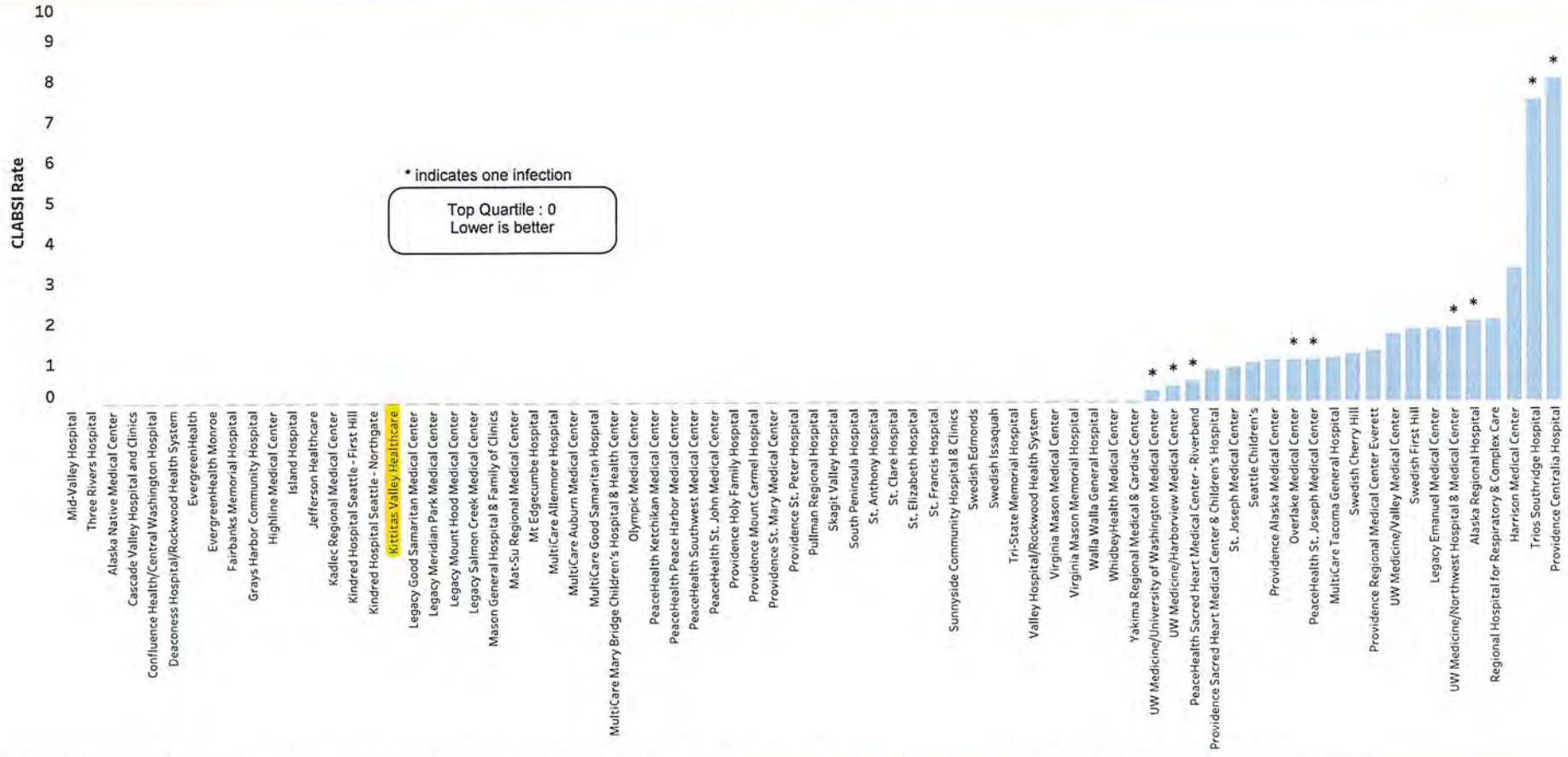
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Central Line Associated Bloodstream Infections (CLABSI) ICU Rate
## 2017 Q1 Distribution




**Definition:** Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN), number of central line associated bloodstream infections per 1,000 central line days.
**Data Source:** CDC NHSN

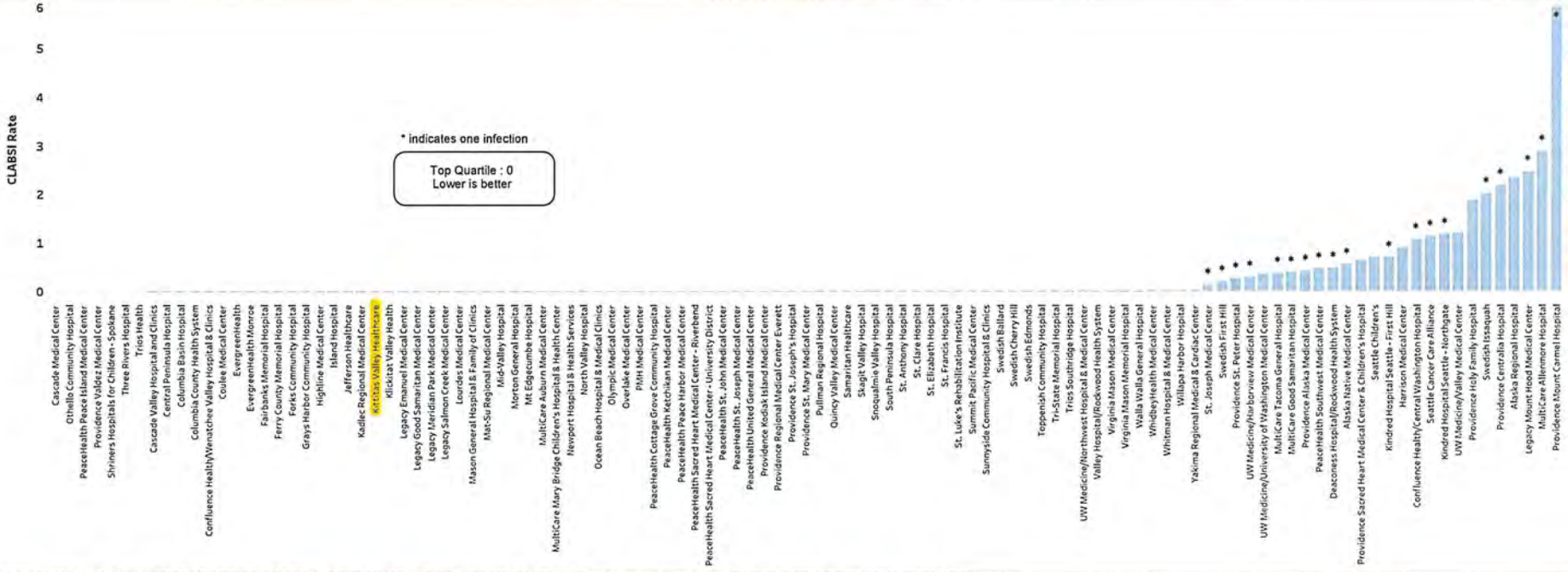
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Central Line Associated Bloodstream Infections (CLABSI) Non-ICU Rate
## 2017 Q1 Distribution




**Definition:** Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN), number of central line associated bloodstream infections per 1,000 central line days.
**Data Source:** CDC NHSN

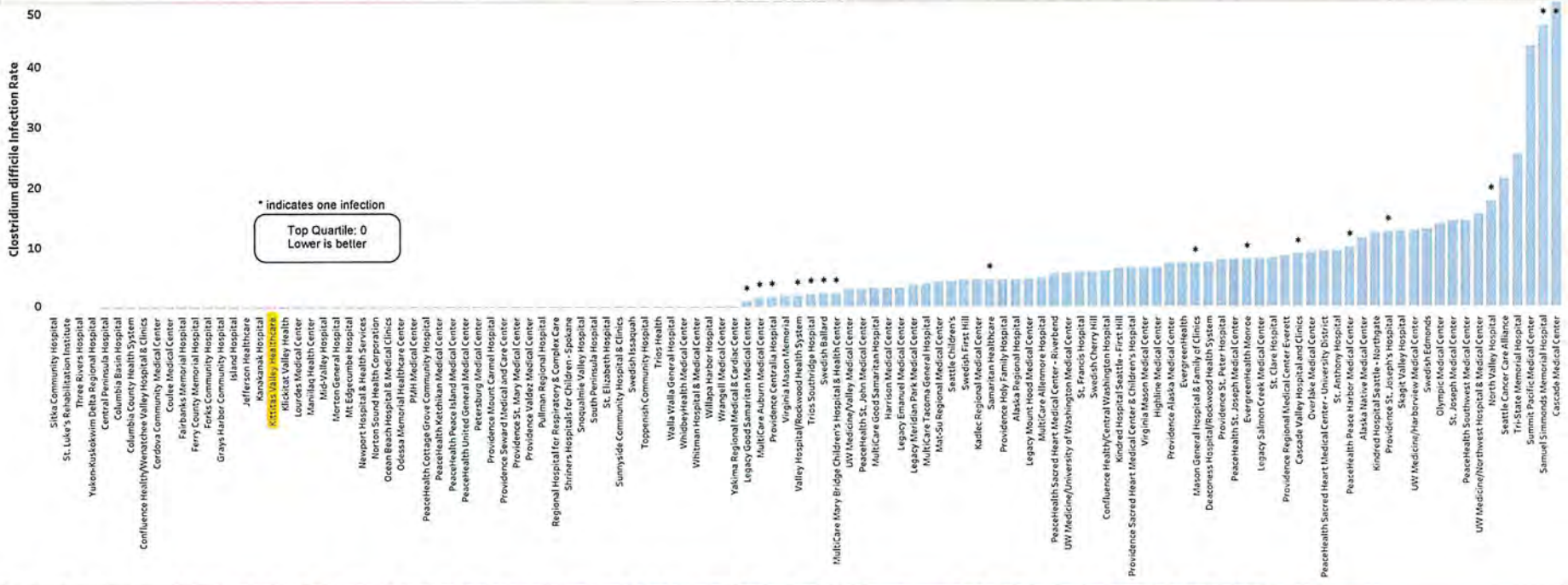
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Clostridium *difficile* Infection (CDI) Rate
## 2017 Q1 Distribution




**Definition:** Facility CDI Healthcare Facility-Onset Incidence Rate = Number of all healthcare facility-onset (HO) Clostridium difficile infections (CDI) laboratory-identified (LabID) events per month in the facility / number of patient days for the facility x 10,000.
**Data source:** Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)



96

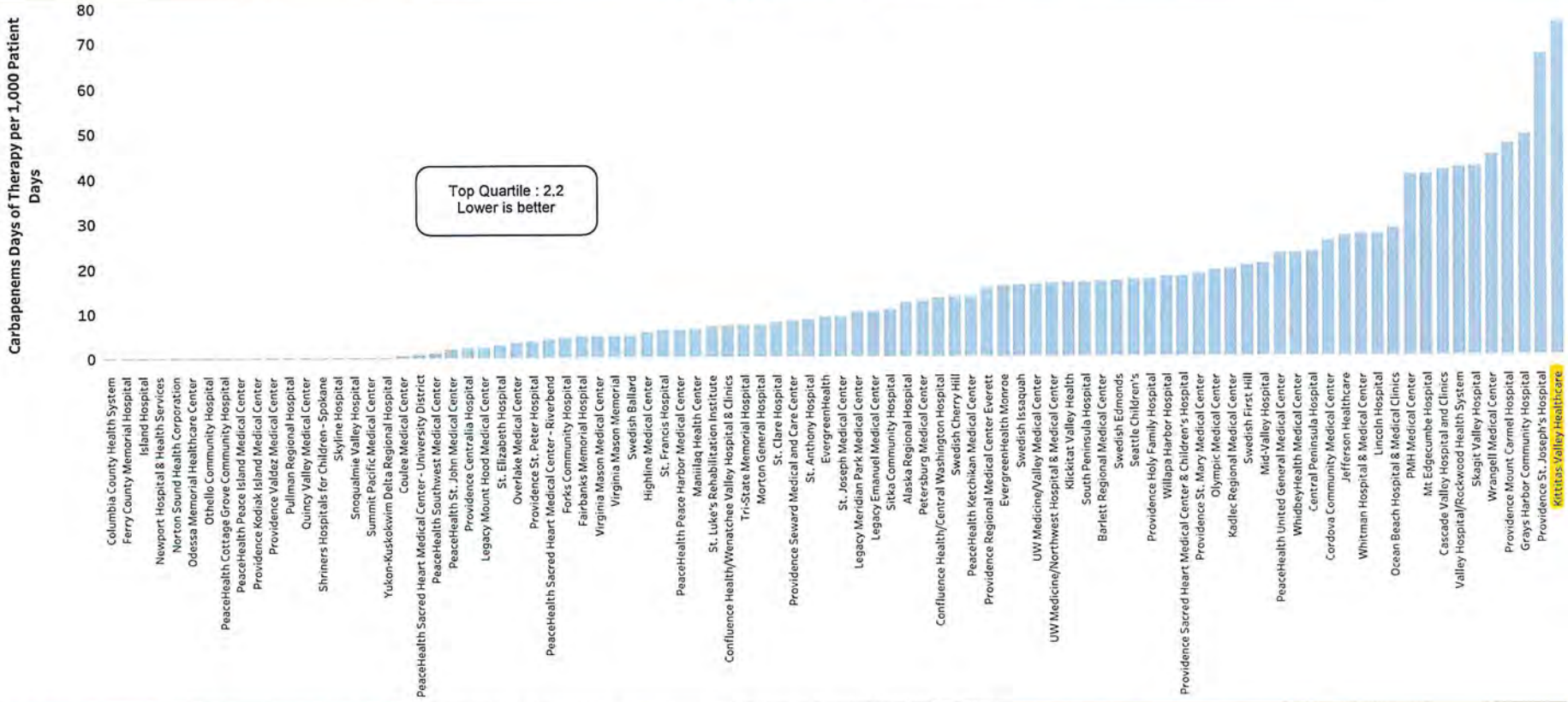
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Antimicrobial Stewardship (ASP) Carbapenems Days-of-Therapy
## 2017 Q1 Distribution




**Defintion:** Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
**Data Source:** Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

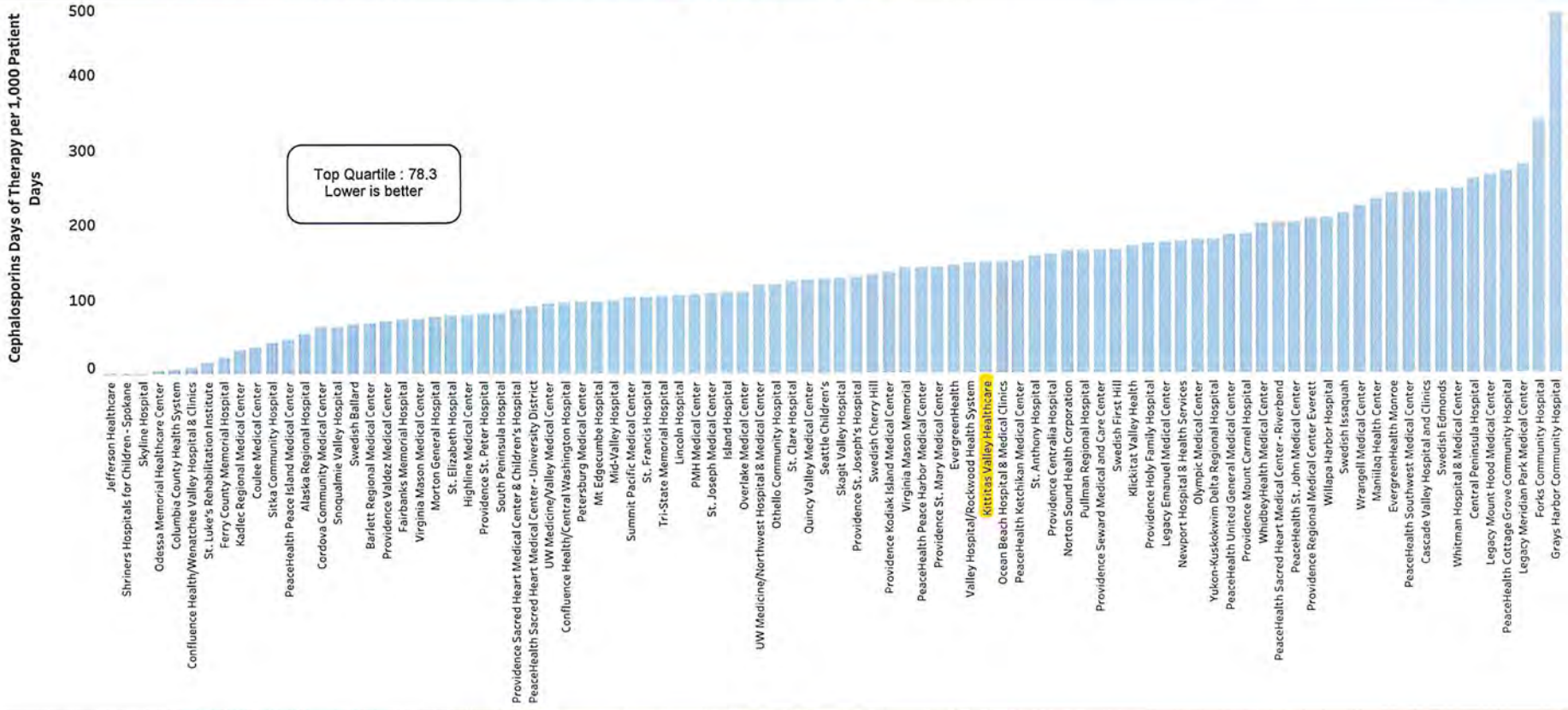
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Antimicrobial Stewardship (ASP) Cephalosporins Days-of-Therapy
## 2017 Q1 Distribution




**Defintion:** Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
**Data Source:** Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

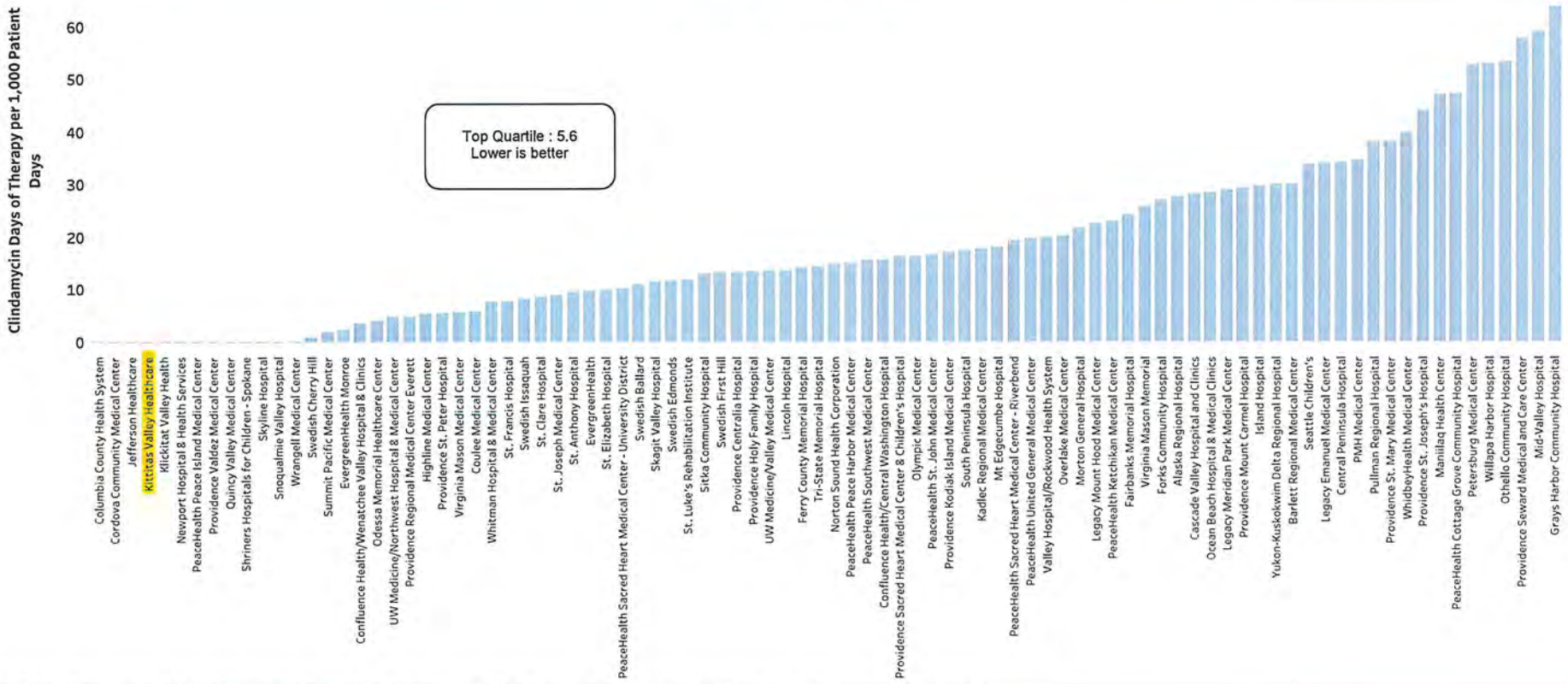
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Antimicrobial Stewardship (ASP) Clindamycin Days-of-Therapy
## 2017 Q1 Distribution




**Defintion:** Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
**Data Source:** Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

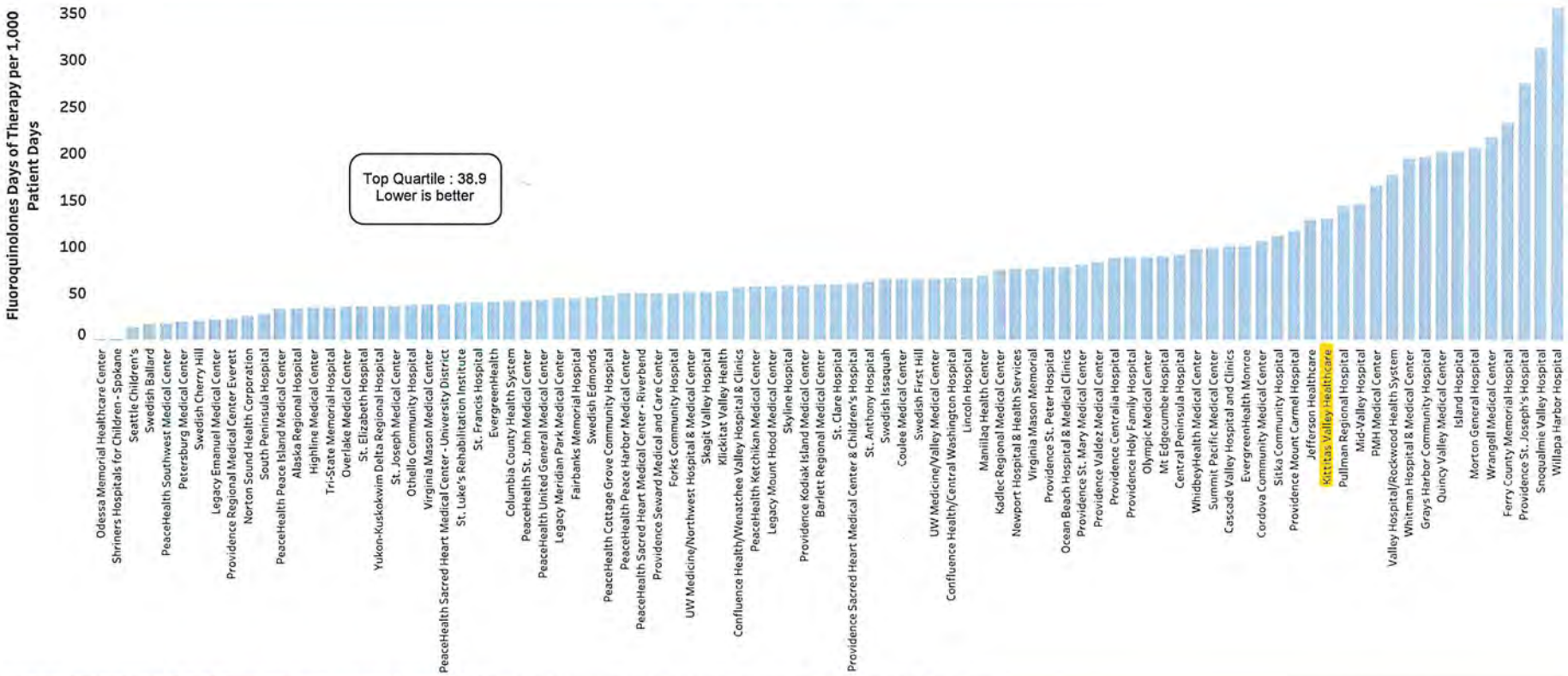
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Antimicrobial Stewardship (ASP) Fluoroquinolones Days-of-Therapy
## 2017 Q1 Distribution




**Defintion:** Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
**Data Source:** Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

09

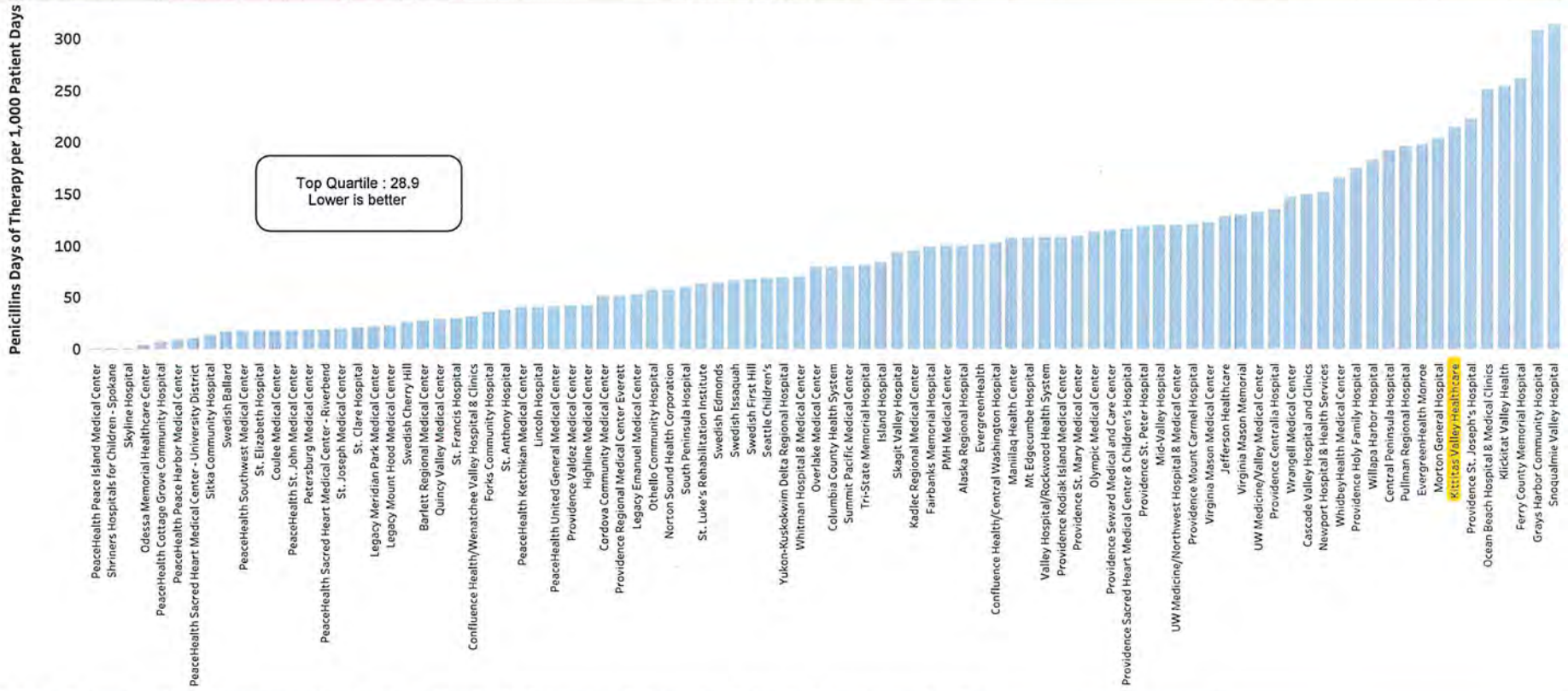
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Antimicrobial Stewardship (ASP) Penicillins Days-of-Therapy
## 2017 Q1 Distribution




**Defintion:** Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
**Data Source:** Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



19

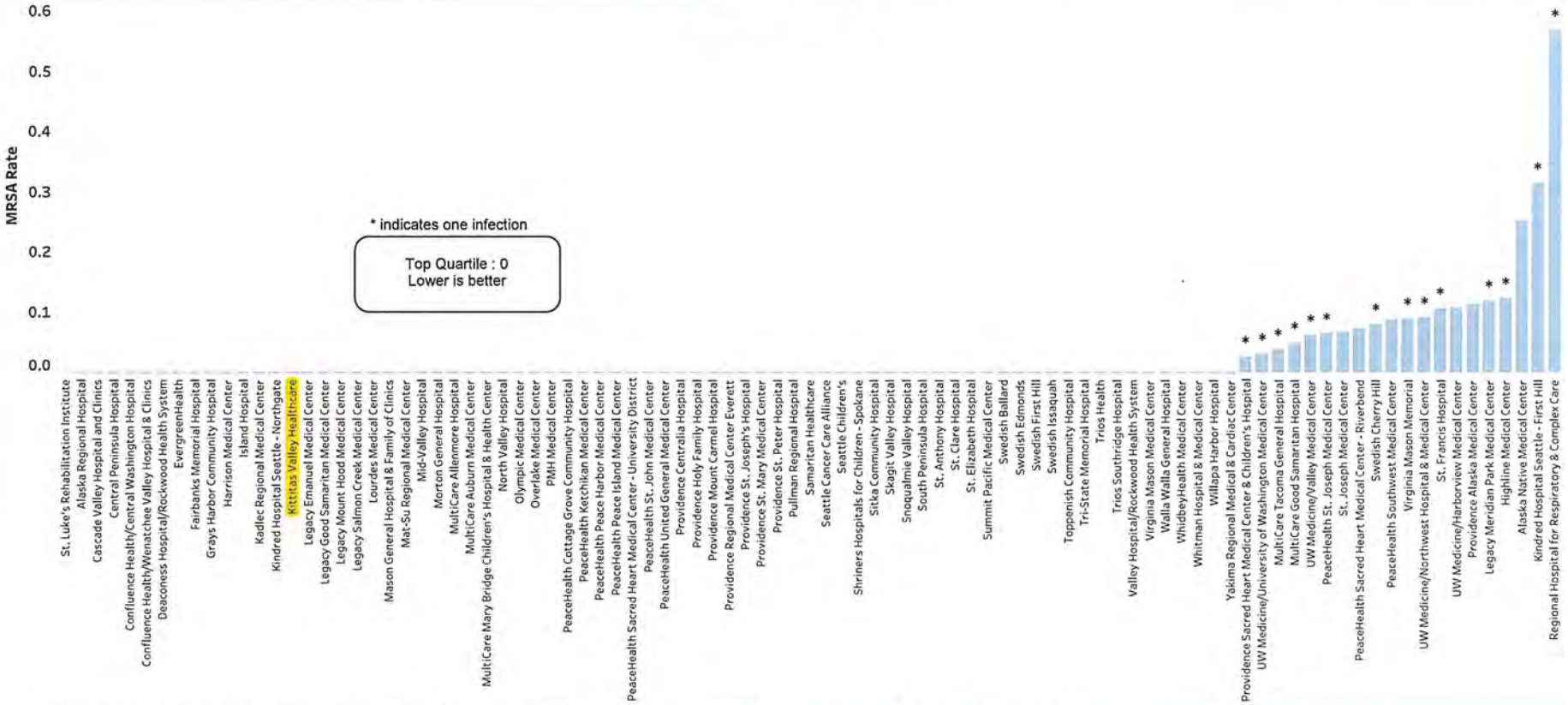
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Methicillin-Resistant Staphylococcus Aureus (MRSA)
## 2017 Q1 Distribution




**Defintion:** Methicillin-Resistant Staphylococcus Aureus (MRSA) Blood Incident LabID Rate is the number of MRSA Blood Incident LabID Count per 1,000 patient days.
**Data Source:** Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

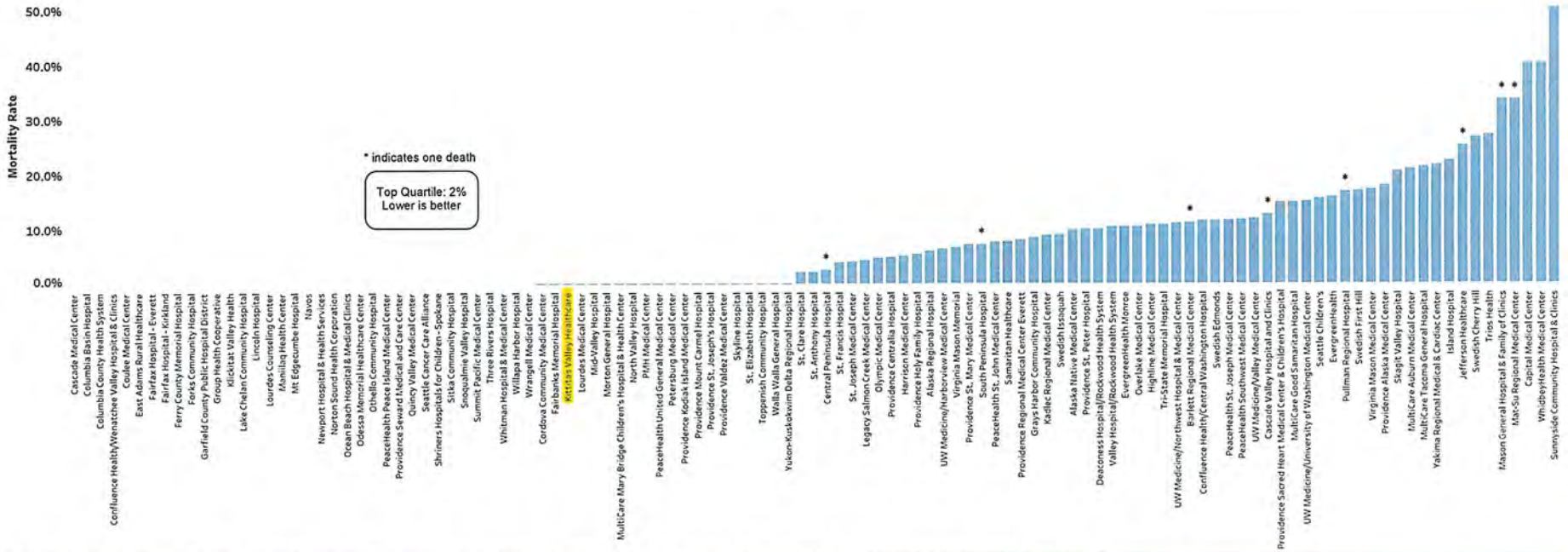
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Severe Sepsis and Septic Shock Mortality Rate
## 2017 Q1 Distribution




**Definition:** Hospital deaths related to Severe Sepsis and Septic Shock (All Ages) from the number of patients diagnosed with Severe Sepsis and Septic Shock (Excludes Comfort Care Patients) (with ICD-9 or ICD-10 codes).
**Data Source:** Washington State Department of Health Comprehensive Hospital Abstract Reporting System (CHARS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

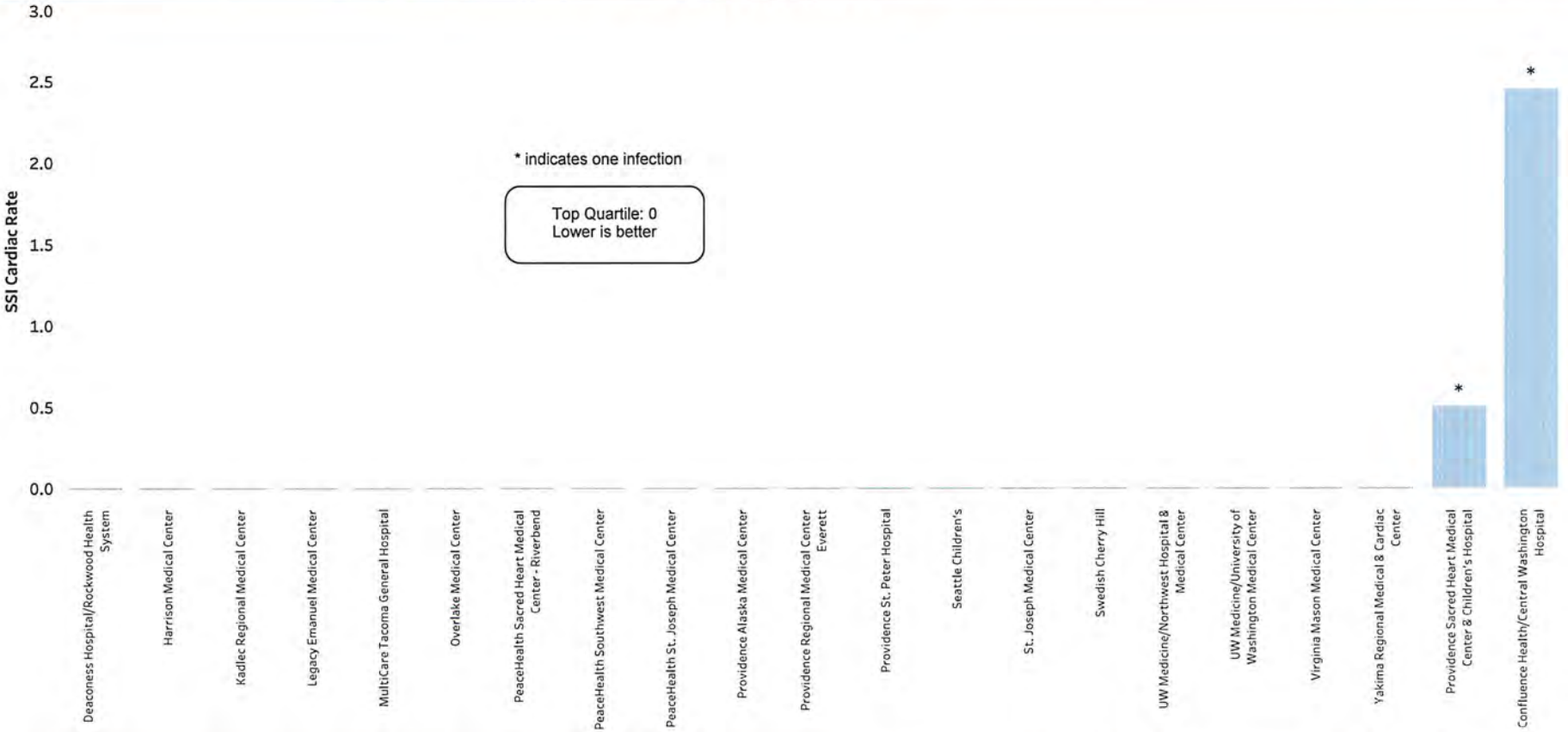
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Surgical Site Infection (Cardiac) Rate
## 2017 Q1 Distribution




**Definition:** Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN), Deep incisional and Organ/Space SSI per 100 operative procedures (Cardiac surgery, Coronary artery bypass graft with both chest and donor site incisions [CBGB], Coronary artery bypass graft with chest incision only [CBGC], Colon, Hip prosthesis, Knee prosthesis, Abdominal hysterectomy).
**Data Source:** CDC NHSN.

# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Surgical Site Infection (Colon) Rate
## 2017 Q1 Distribution


**Definition:** Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN), Deep incisional and Organ/Space SSI per 100 operative procedures (Cardiac surgery, Coronary artery bypass graft with both chest and donor site incisions [CBGB], Coronary artery bypass graft with chest incision only [CBGC], Colon, Hip prosthesis, Knee prosthesis, Abdominal hysterectomy).
**Data Source:** CDC NHSN.

# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Surgical Site Infection (Hip and Knee) Rate
## 2017 Q1 Distribution


**Definition:** Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN), Deep incisional and Organ/Space SSI per 100 operative procedures (Cardiac surgery, Coronary artery bypass graft with both chest and donor site incisions [CBGB], Coronary artery bypass graft with chest incision only [CBGC], Colon, Hip prosthesis, Knee prosthesis, Abdominal hysterectomy).
**Data Source:** CDC NHSN.

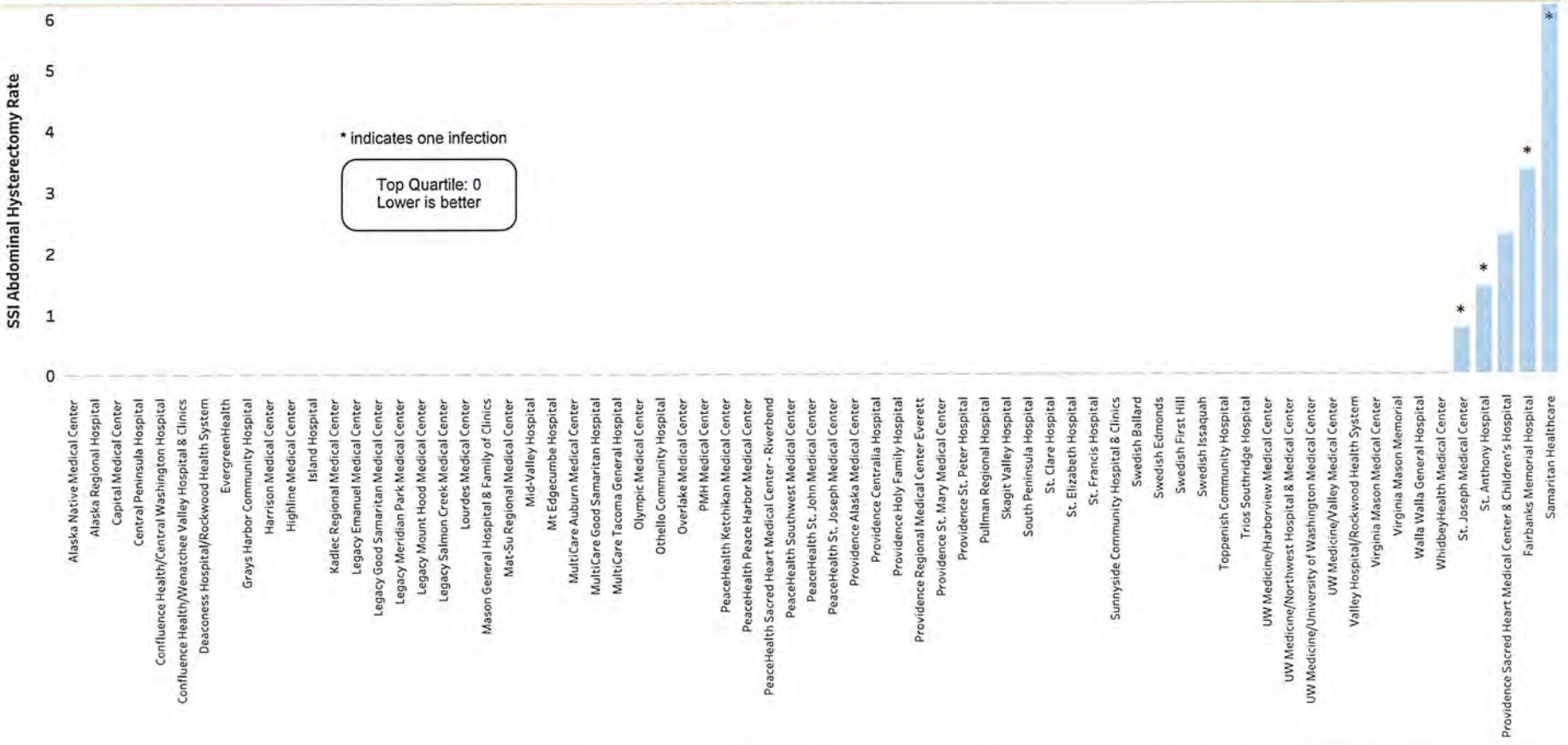
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Surgical Site Infection (Abdominal Hysterectomy) Rate
## 2017 Q1 Distribution




**Definition:** Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN), Deep incisional and Organ/Space SSI per 100 operative procedures (Cardiac surgery, Coronary artery bypass graft with both chest and donor site incisions [CBGB], Coronary artery bypass graft with chest incision only [CBGC], Colon, Hip prosthesis, Knee prosthesis, Abdominal hysterectomy).
**Data Source:** CDC NHSN.

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

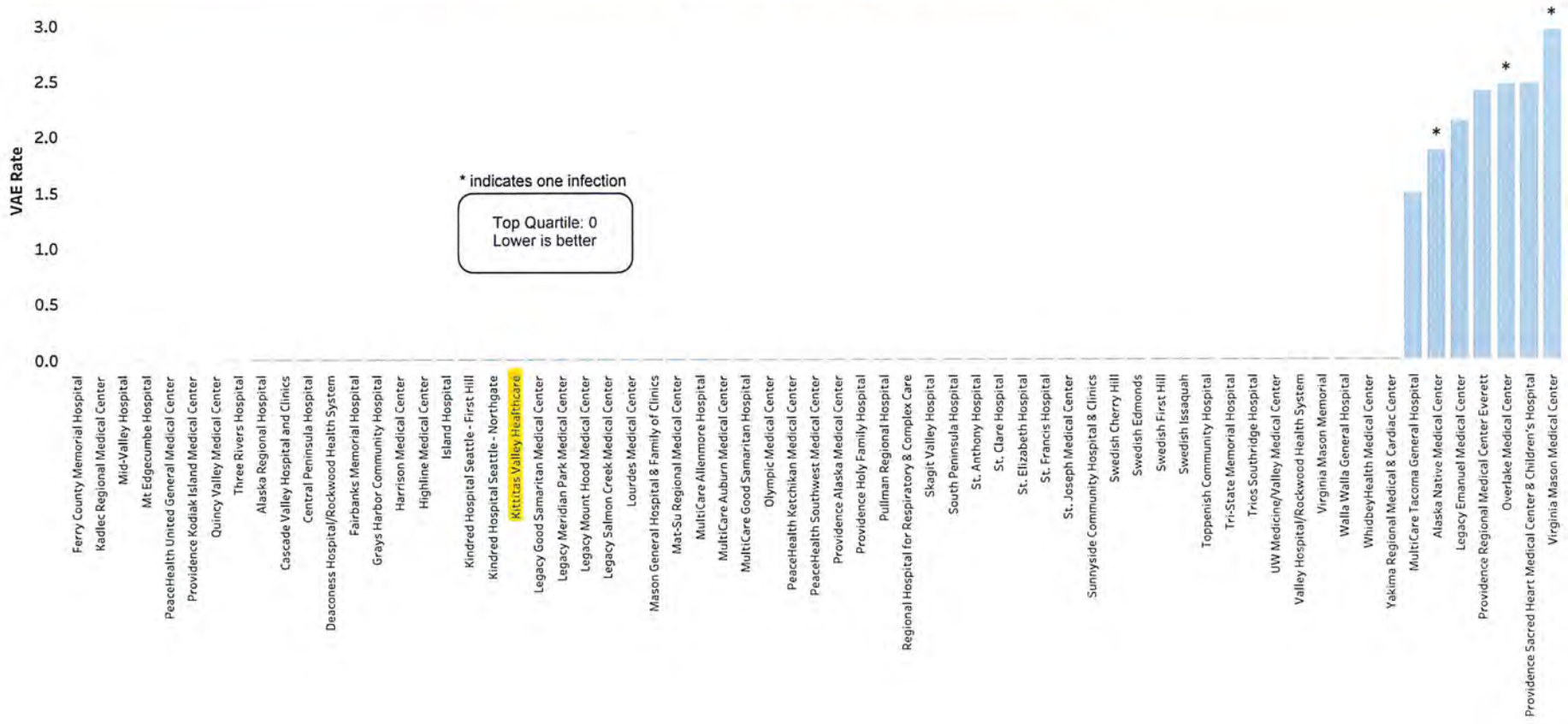
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Ventilator Associated Events (VAE): Infection-Related Ventilator-Associated Complications IVAC
## 2017 Q1 Distribution




**Defintion:** Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN), Total number of confirmed VAC and IVAC per 1000 ventilator days.
**Data Source:** CDC NHSN

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

89

# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Ventilator Associated Events (VAE): Ventilator-Associated Condition VAC
## 2017 Q1 Distribution


**Defintion:** Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN), Total number of confirmed VAC and IVAC per 1000 ventilator days.
**Data Source:** CDC NHSN

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

69

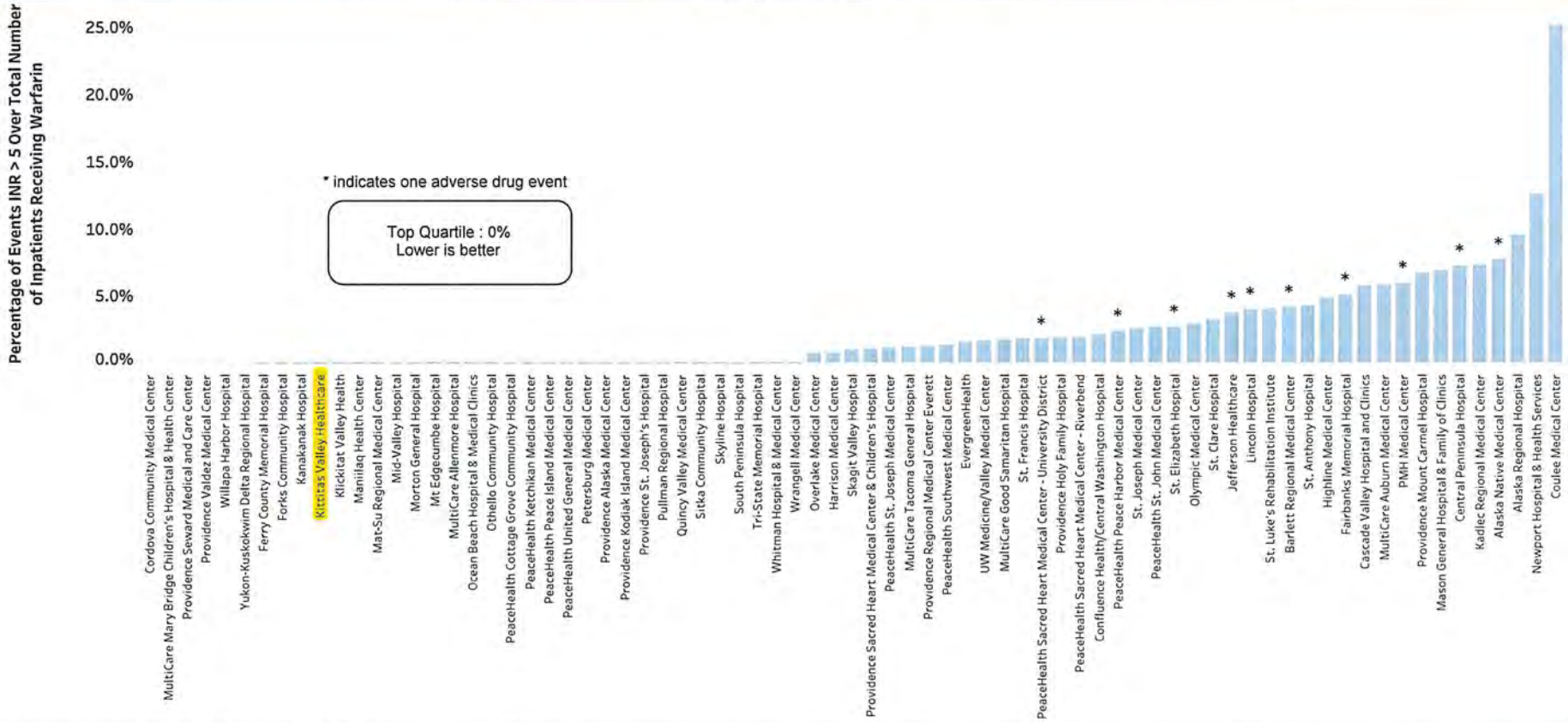
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Adverse Drug Events Anticoagulants: Option 1
## 2017 Q1 Distribution




**Definition:** Number of patient events with an INR >5 after any warfarin administration (for patients cared for in an inpatient area) over the number of patients (cared for in an inpatient area) on warfarin. A patient that has multiple elevated INRs will be counted as one event until it drops below 3.5 and rises above 5 again. Exclusions: emergency department readings, patients admitted for trauma, patients with liver failure diagnosis, and patients given argatroban before warfarin.

**Data Source:** Washington State Hospital Association (WSHA) Quality Benchmarking System

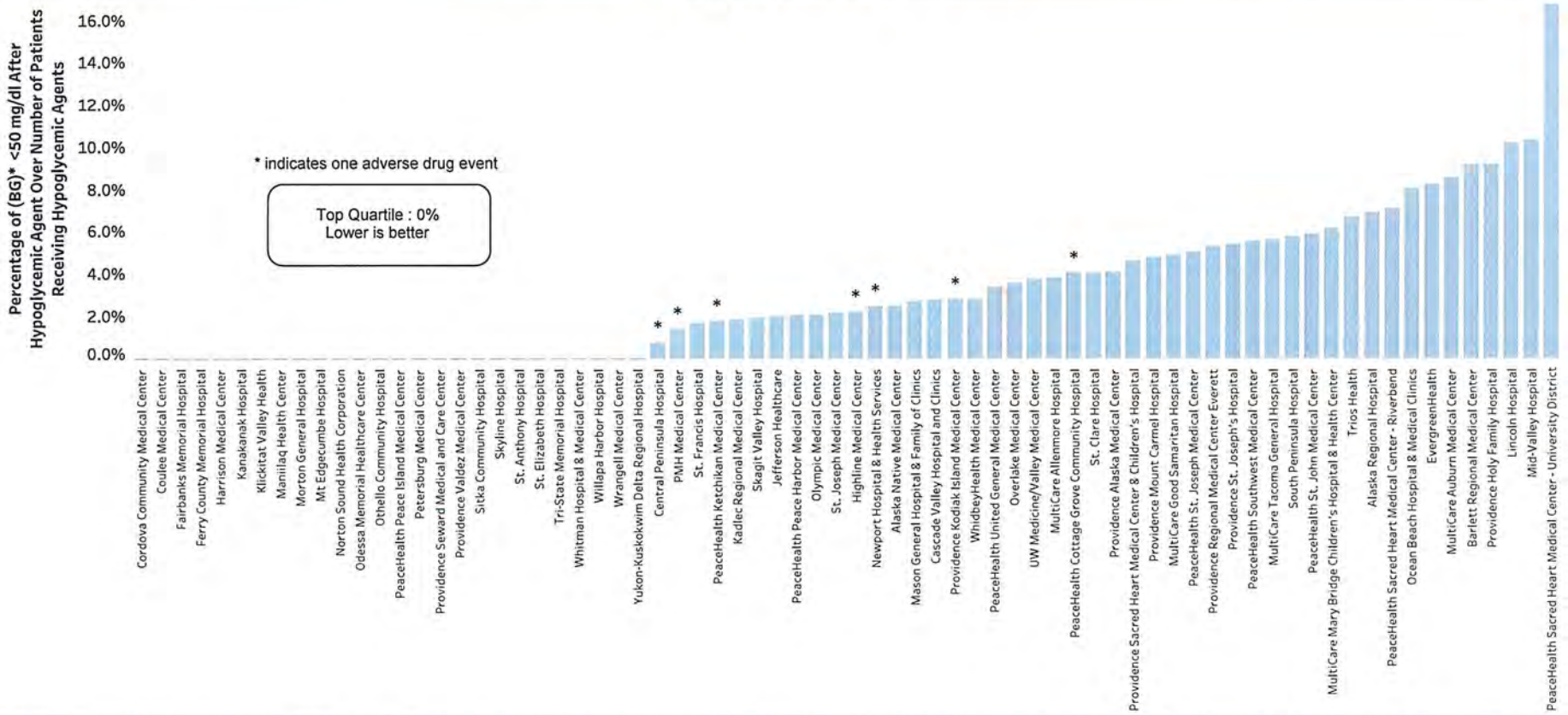
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Adverse Drug Events Hypoglycemic Agent: Option 1
## 2017 Q1 Distribution




**Definition:** Number of patient blood glucose (BG)* levels of <50 mg/dl after any hypoglycemic agent administration (patients cared for in an inpatient area) over the number of patients (cared for in an inpatient area) receiving hypoglycemic agents (oral & insulin).
**Data Source:** Washington State Hospital Association (WSHA) Quality Benchmarking System

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.

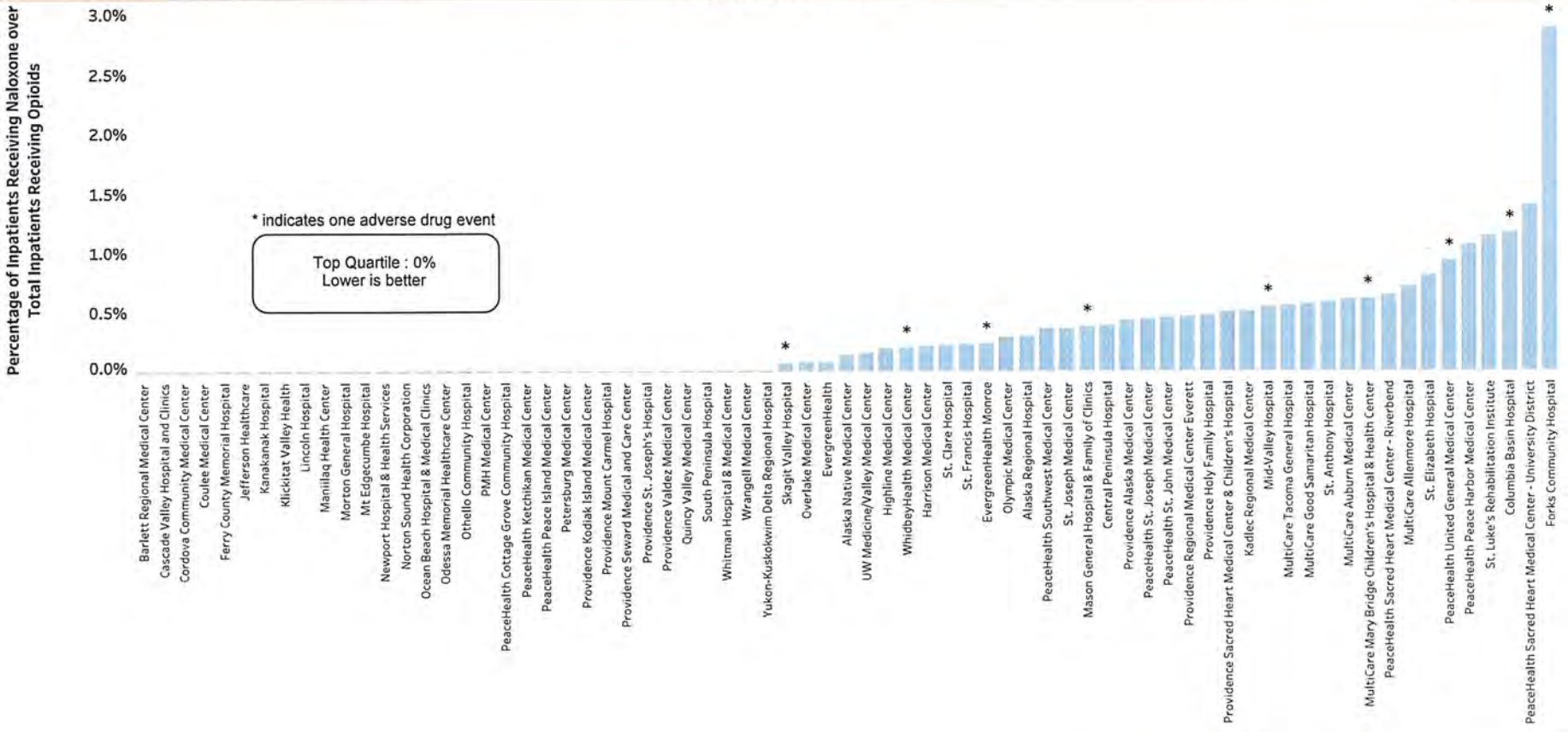
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Adverse Drug Events Opioids: Option 1
## 2017 Q1 Distribution




**Definition:** Number of patients (cared for in an inpatient area) who received naloxone after any opioid administration over number of patients (cared for in an inpatient area) receiving opioids. Exclusions: naxolone given in PACU and procedural areas, given (via IV infusion) for epidural-related itching symptoms,all doses given in the ED or within 24 hours of admission for a diagnosis of suicide attempt, opiate abuse, dependence, poisoning, or overdose.
**Data Source:** Washington State Hospital Association (WSHA) Quality Benchmarking System

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

# Partnership for Patients

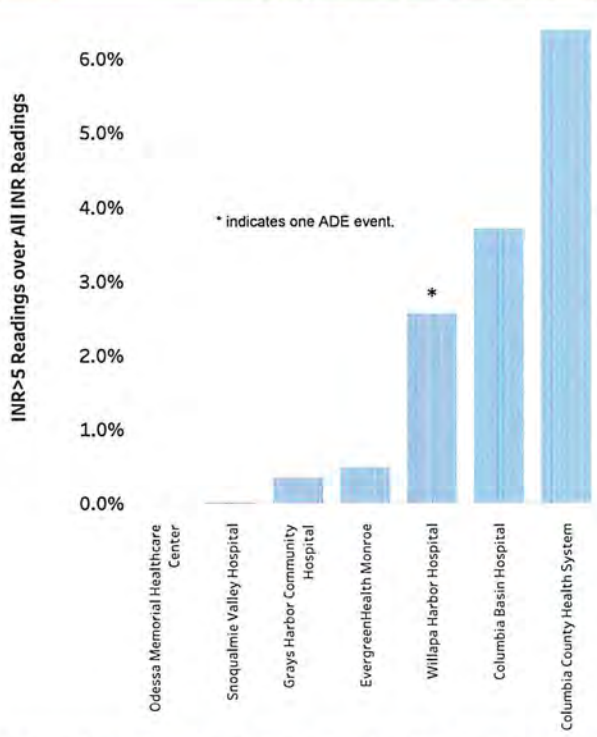
ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

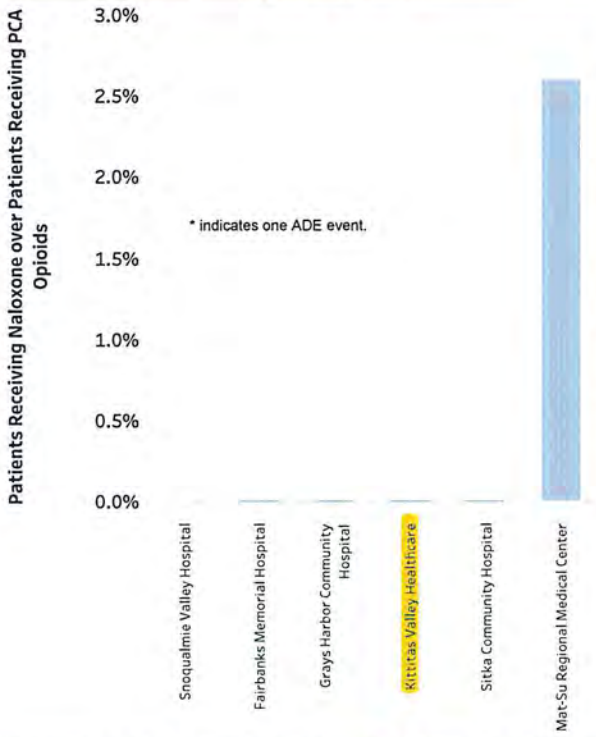
**Patient Safety Comparison Report - June 2017 Release**

**2017 Q1 Distribution**

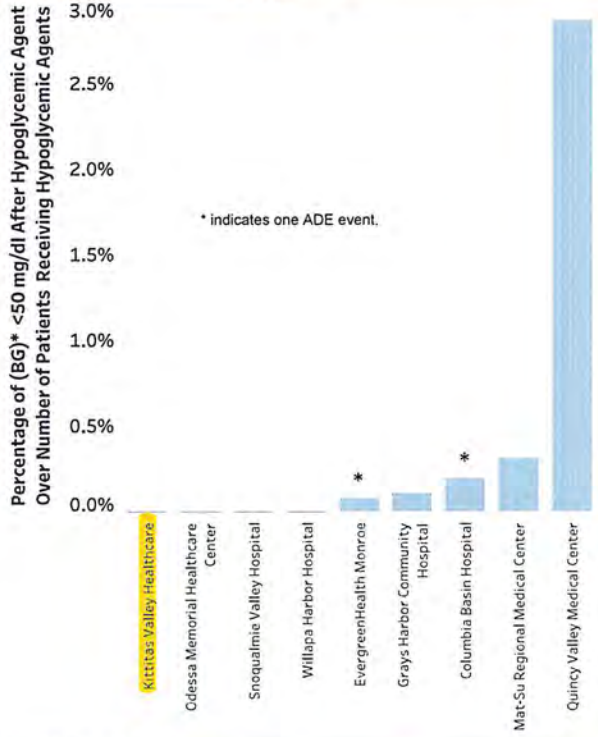
## Adverse Drug Events Anticoagulants Option 2




## Adverse Drug Events Opioids Option 2




## Adverse Drug Events Hypoglycemic Agent Option 2




**Anticoagulants ADE #2 Description:** Total number of INR>5 readings (for patients cared for in an inpatient area) over total number of INR readings (for patients cared for in an inpatient area).

**Opioid ADE #2 Description:** Total number of patients (cared for in an inpatient area) receiving naloxone after PCA administration over total patient days (cared for in an inpatient area) receiving PCA opioids.

**Hypoglycemic ADE #2 Description:** Total number of BG (blood glucose) levels of <50 mg/dl (for patients cared for in an inpatient area) per 1,000 total patient days (excluding healthy newborns and ED readings).
**Data Source (All):** Washington State Hospital Association (WSHA) Quality Benchmarking System (QBS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

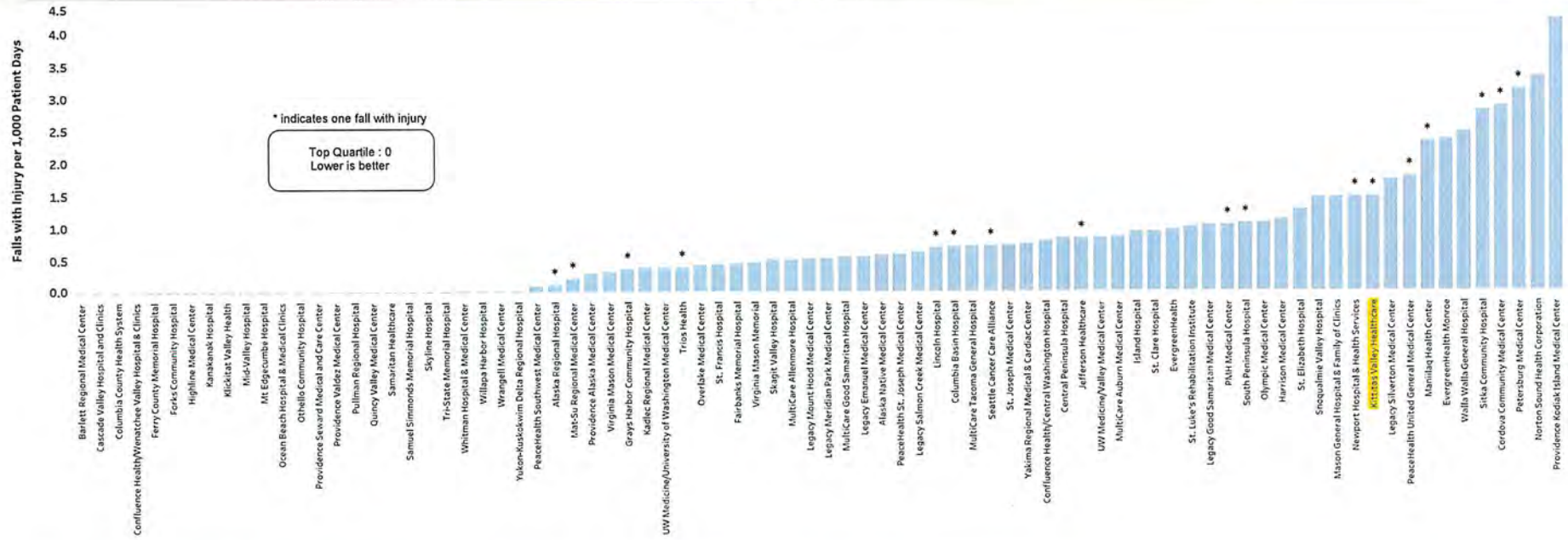
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Inpatient Falls with Injury Rate (NQF 0202)
## 2017 Q1 Distribution




**Definition:** National Database of Nursing Quality Indicators/Collaborative Alliance for Nursing Outcomes (CALNOC) and NQF 0202, number of falls with an injury level of minor or greater per 1,000 patient days.
**Data Source:** Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS) and CALNOC

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

HL

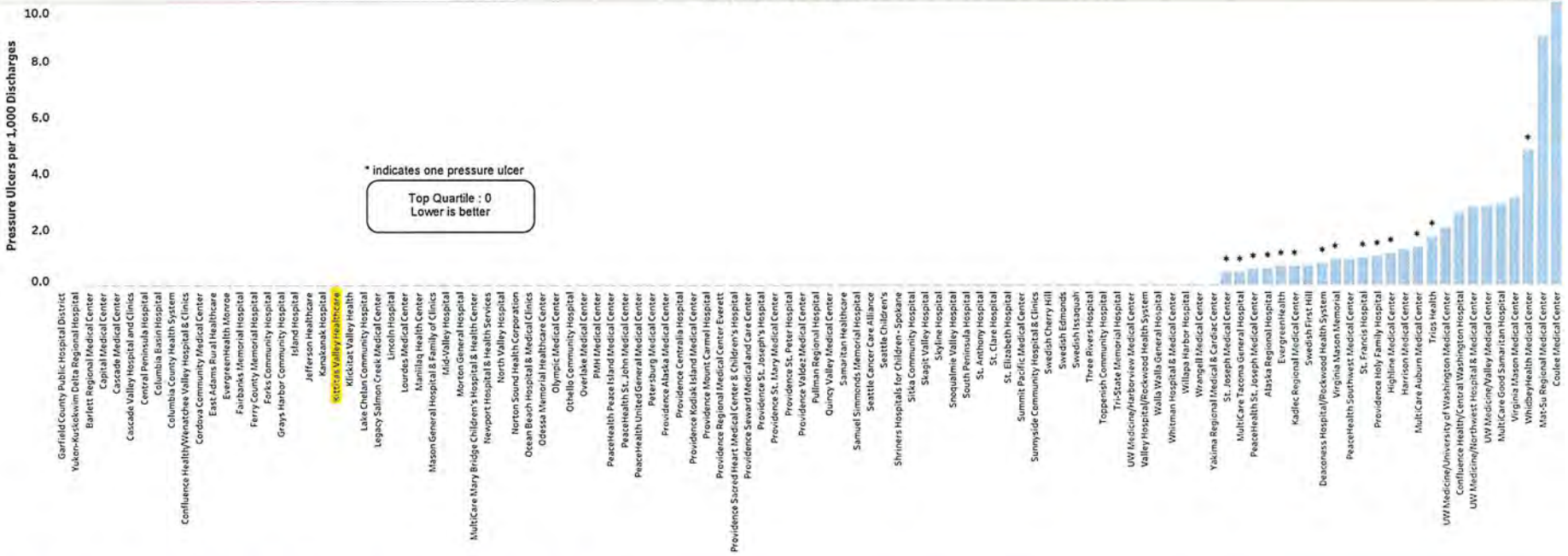
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Hospital-Acquired Pressure Ulcers Rate (AHRQ PSI-03)
## 2017 Q1 Distribution




**Definition:** AHRQ PSI-03, number of pressure ulcers stage III, IV, or unstageable per 1,000 medical and surgical discharges.
**Data Source:** Washington State Department of Health Comprehensive Hospital Abstract Reporting System (CHARS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

SL

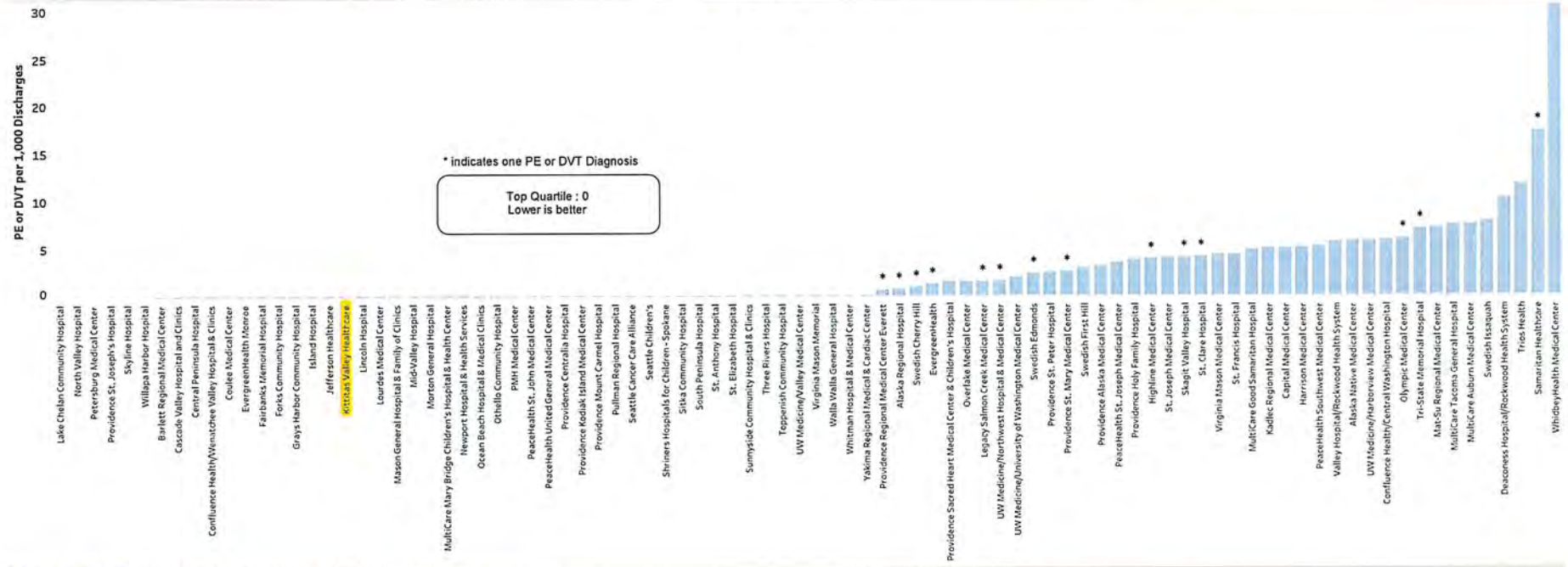
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Venous Thromboembolism: Postoperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate (AHRQ PSI-12)
## 2017 Q1 Distribution




**Definition:** AHRQ PSI-12, number of PE or DVT discharges per 1,000 surgical discharges.
**Data Source:** Washington State Department of Health Comprehensive Hospital Abstract Reporting System (CHARS)

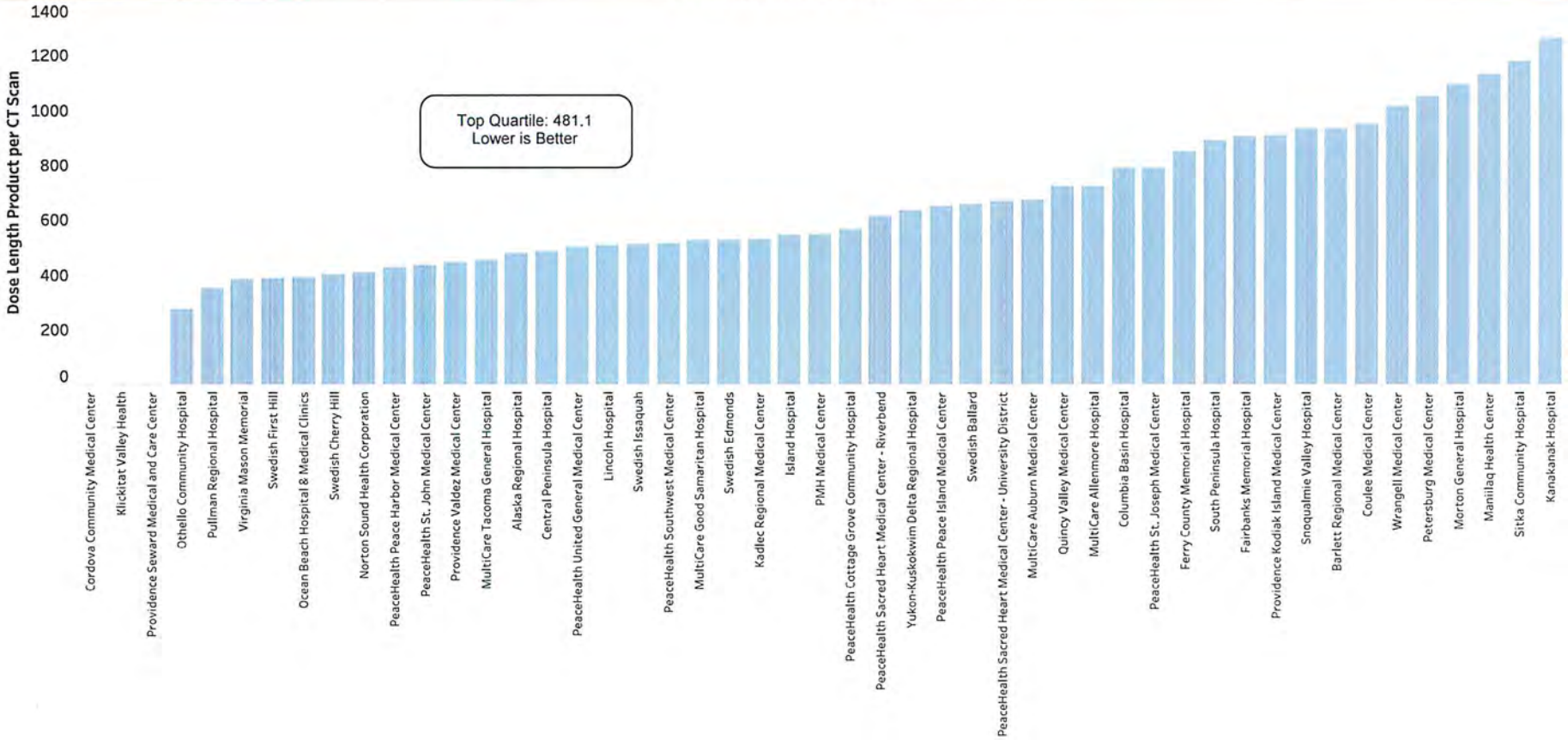
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Undue Exposure to Radiation: Radiology Dosage Per Pediatric Head CT
## 2017 Q1 Distribution




**Definition:** Total dose length product (DLP) for all head CTs divided by number of head CTs for pediatric patients.
**Data Source:** Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



LL

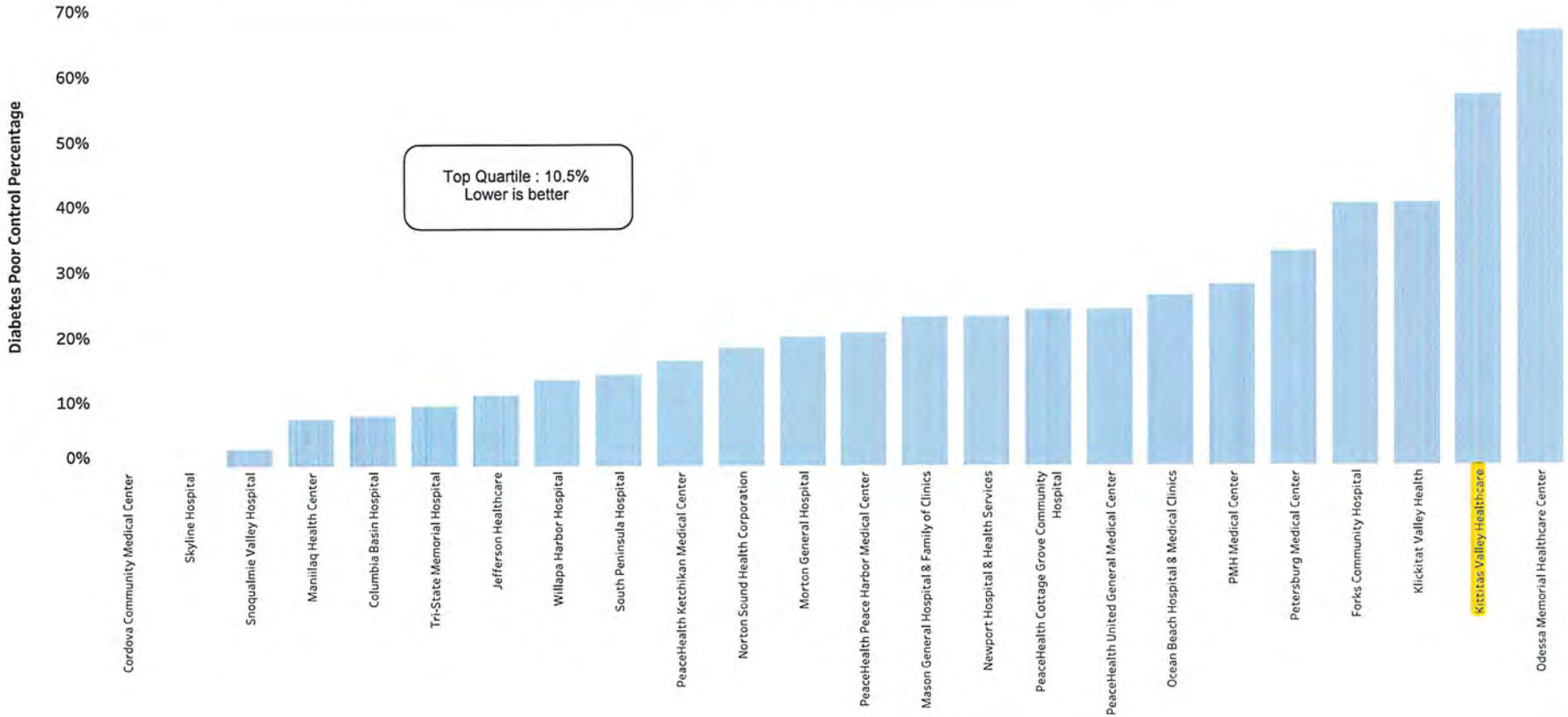
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Population Health: Diabetic Care (Critical Access Hospitals Only)
## 2017 Q1 Distribution




**Definition:** Number of patients with HbA1c levels > 9% per all diabetes patients.
**Data Source:** Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support

78

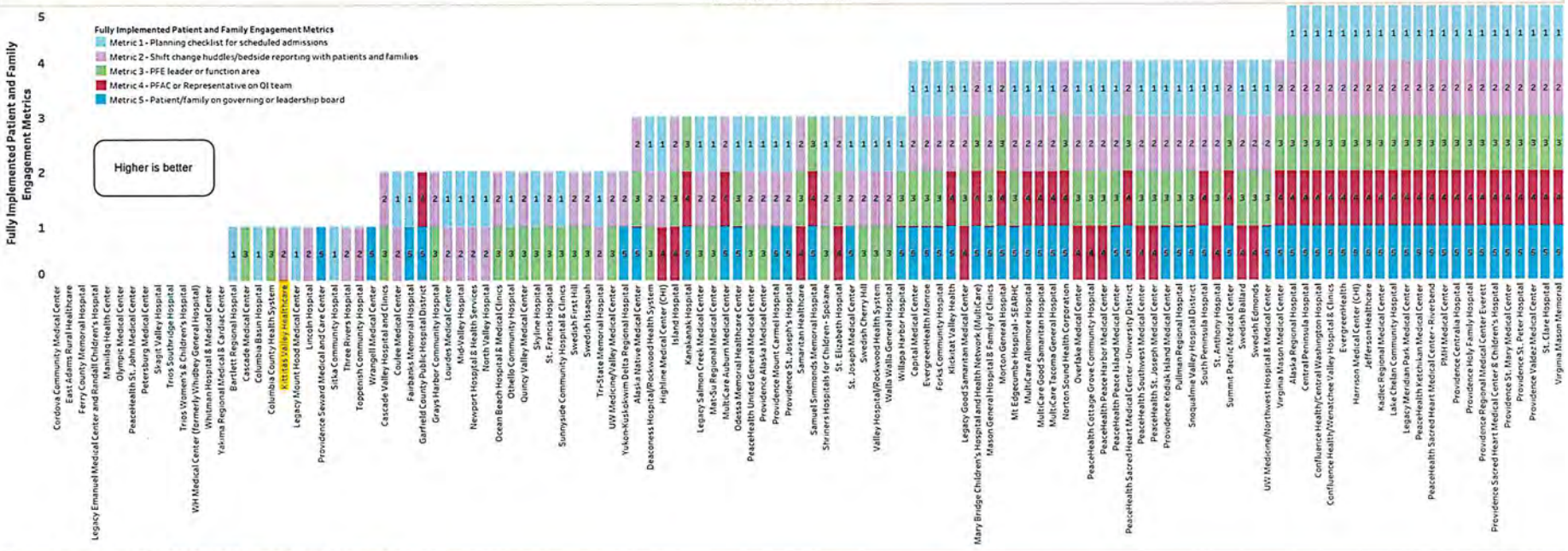
# Partnership for Patients

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Washington State Hospital Association

**Patient Safety Comparison Report - June 2017 Release**

## Patient and Family Engagement
## 2017 Q2 Distribution




**Definition:** Implementation of Five Key Metrics for Patient and Family Engagement.
**Data Source:** Survey Monkey

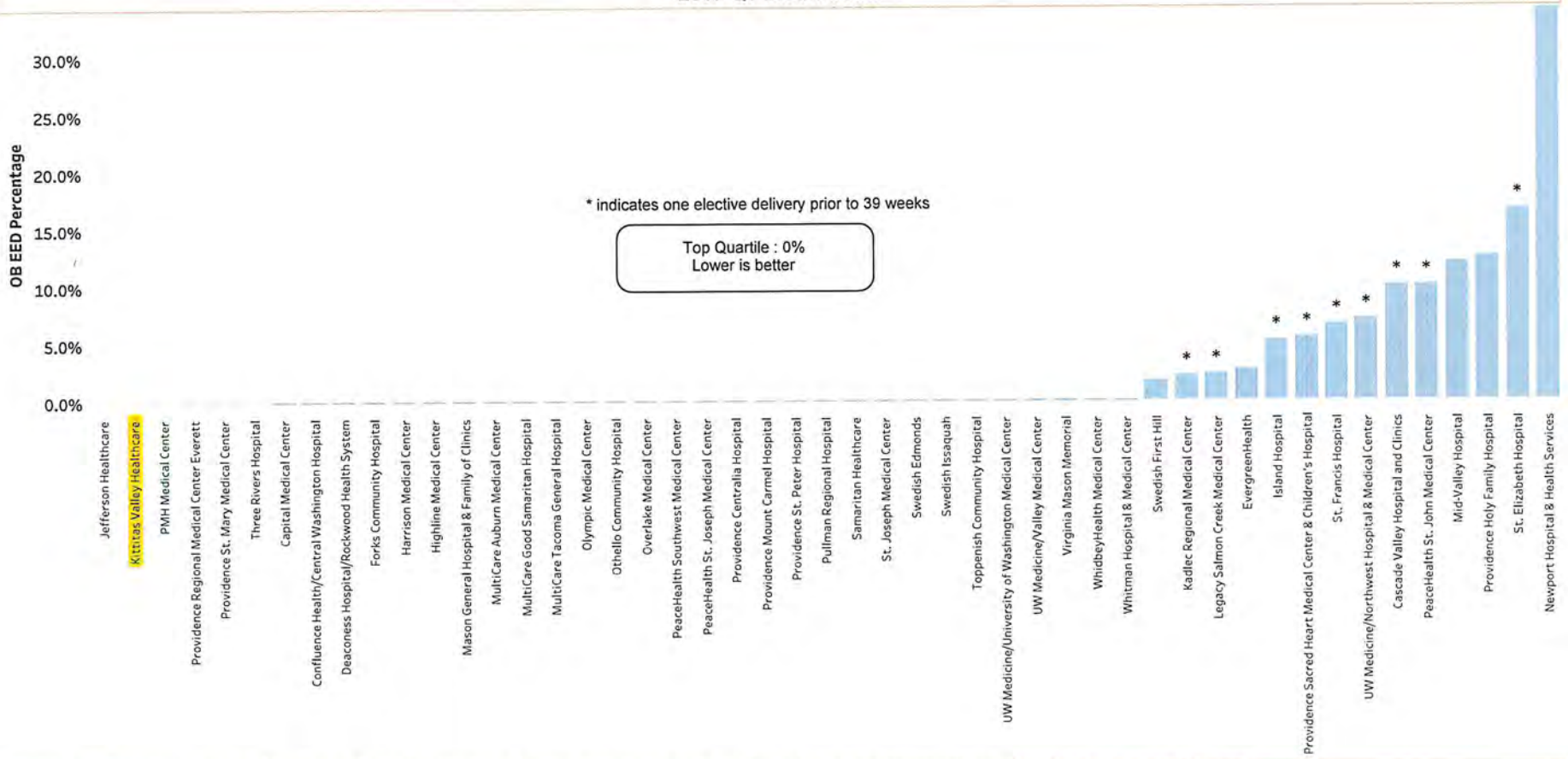
Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



Decision Support


Patient Safety Comparison Report - June 2017 Release

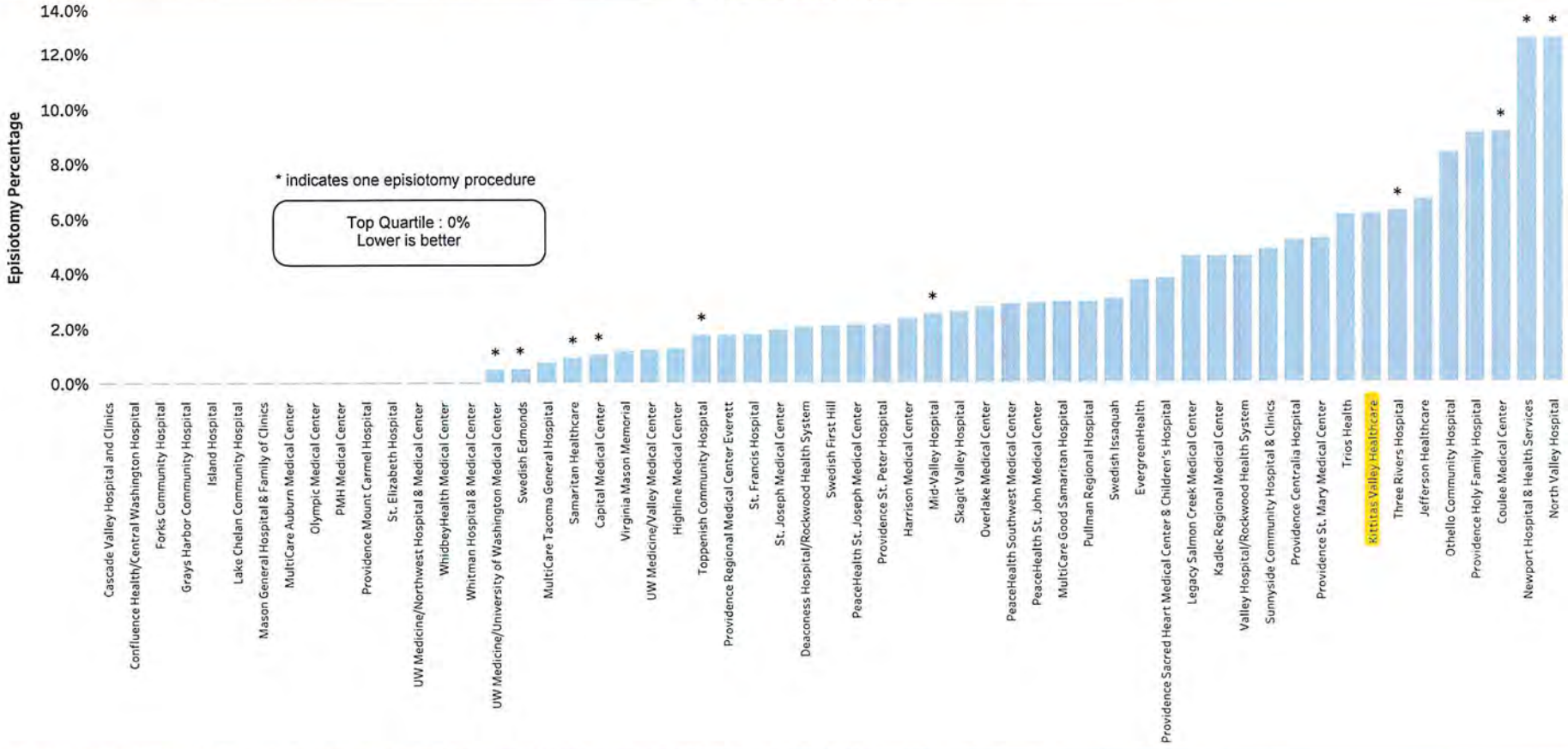
## OB: Early Elective Delivery
## 2017 Q1 Distribution




**Definition**: The Joint Commission, PC-01 Elective Delivery, percentage of patients with elective vaginal deliveries or elective cesarean sections at >=37 and <39 weeks of gestation.
**Data Source**: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS)


Patient Safety Comparison Report - June 2017 Release

## OB: Episiotomy for Spontaneous Vaginal Delivery (without forceps or vacuum)
## 2017 Q1 Distribution




**Definition:** Percentage of vaginal deliveries (excluding those coded with shoulder dystocia and the use of instruments) during which an episiotomy is performed.
**Data Source:** Washington State Department of Health Comprehensive Hospital Abstract Reporting System (CHARS)

Washington State Hospital Association - for questions or support in improving results, please contact JenniferG@wsha.org.



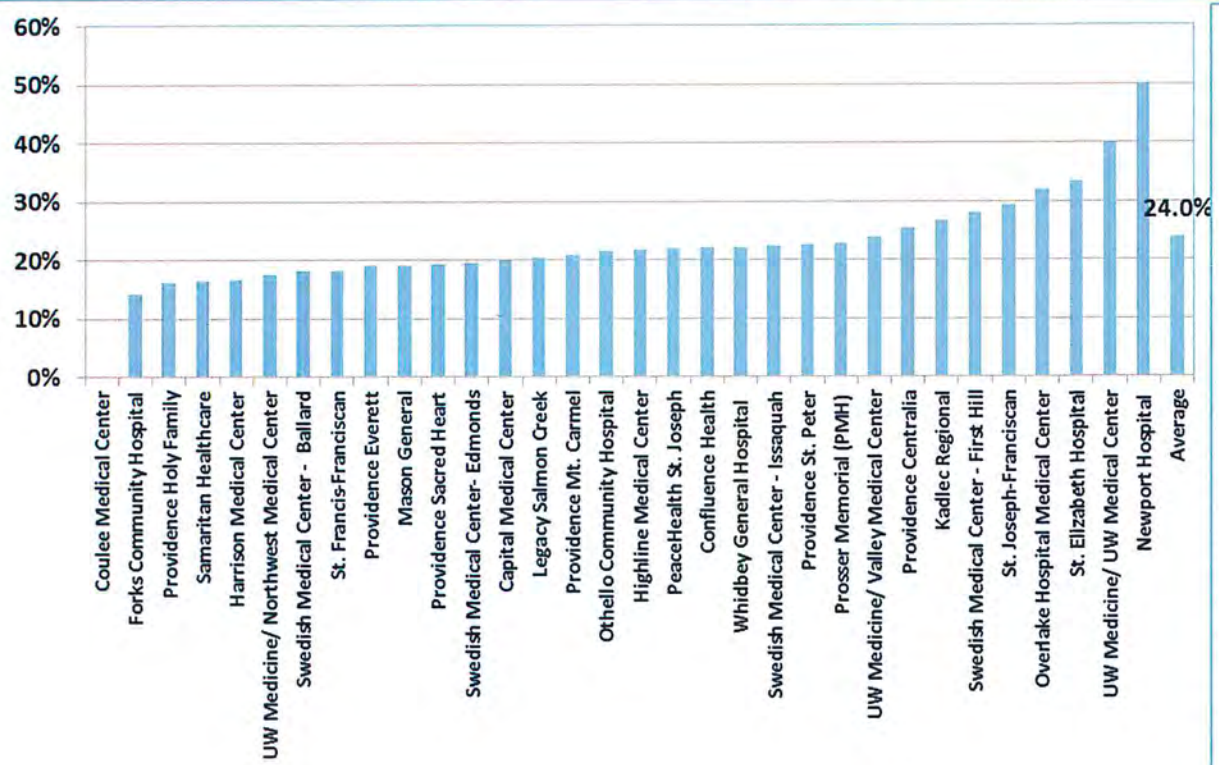
Decision Support

18

# Safe Deliveries Roadmap

## NTSV C-section Rate for Nulliparous (first) Deliveries

## November 2016 - February 2017 Distribution




**Data must be submitted for all 3 measures (NTSV and Primary TSV C-section, plus Unexpected Newborn Complication rates). Hospitals with missing data November 2016 - February 2017 are listed below**

Cascade Valley Hospital and Medical Clinics
Deaconess Hospital/Rockwood Health System
EvergreenHealth
Grays Harbor Community Hospital
Island Hospital
Jefferson
Kittitas Medical Center
Lake Chelan Community Hospital
Mid Valley Hospital
MultiCare Auburn Medical Center
MultiCare Good Samaritan Medical Center
MultiCare Tacoma General
North Valley Hospital
Olympic Medical Center
PeaceHealth Southwest Medical Center
PeaceHealth St. John Medical Center
Providence St. Mary Medical Center
Pullman Regional Hospital
Skagit Valley Hospital
Sunnyside Community Hospital and Clinics
Three Rivers Hospital
Toppenish Community Hospital
Trios Health-Kennewick
Valley Hospital/Rockwood Health System
Virginia Mason Yakima Memorial
Walla Walla General Hospital
Whitman Hospital and Medical Center

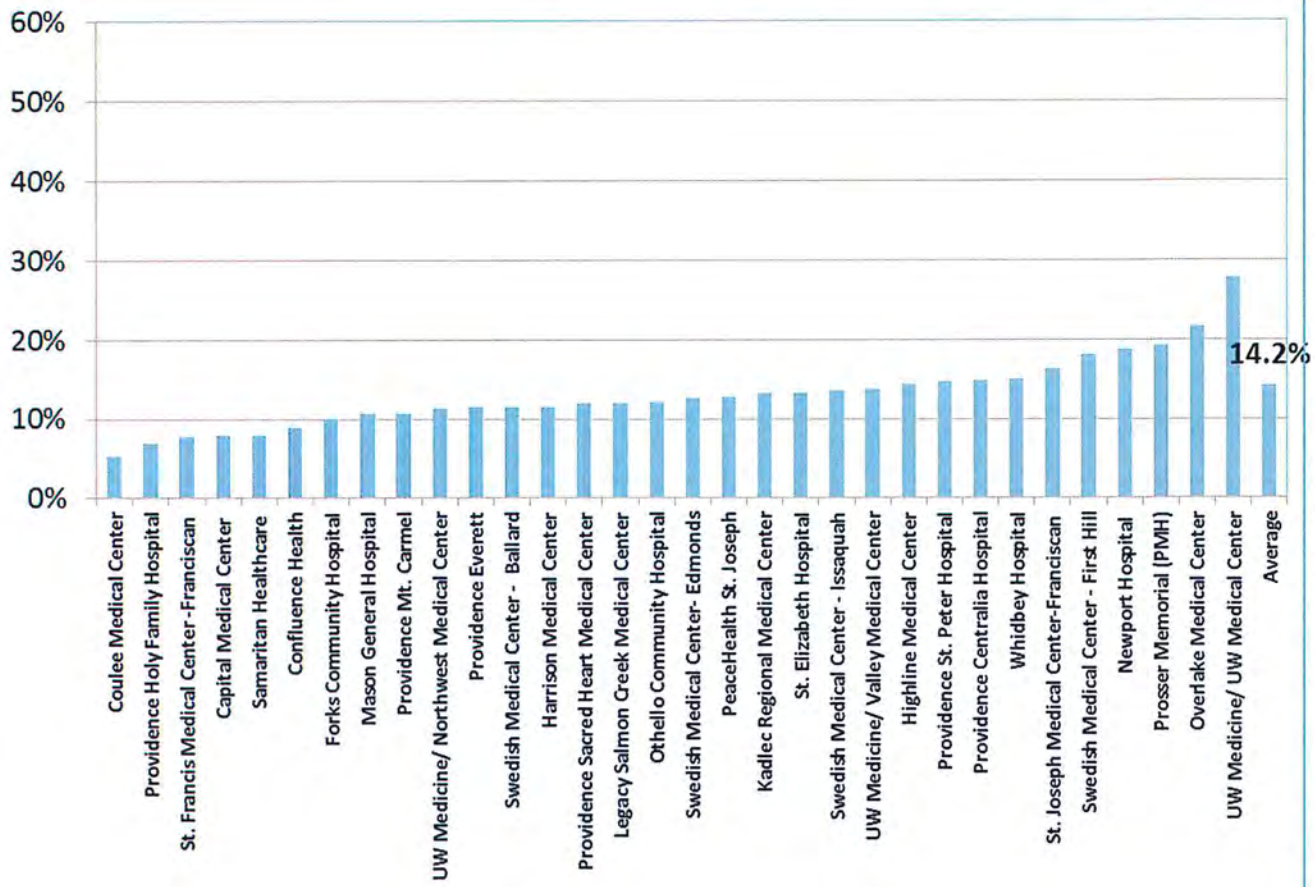
**Definition: Numerator:** Number of patients with a cesarean delivery among the denominator. **Denominator:** Number of deliveries among Nulliparous (first birth) women at term >=37 wks gestational age excluding breech presentations, twins and other multiples (NTSV).

**Data Sources:** WSHA-MDC (WSHA-Maternal Data Center) and WSHA-QBS (WSHA-Quality Benchmarking System) as of June 28, 2017

# Safe Deliveries Roadmap

## Primary C-section Rate (TSV) for Deliveries without Prior C-section

## November 2016-February 2017 Distribution

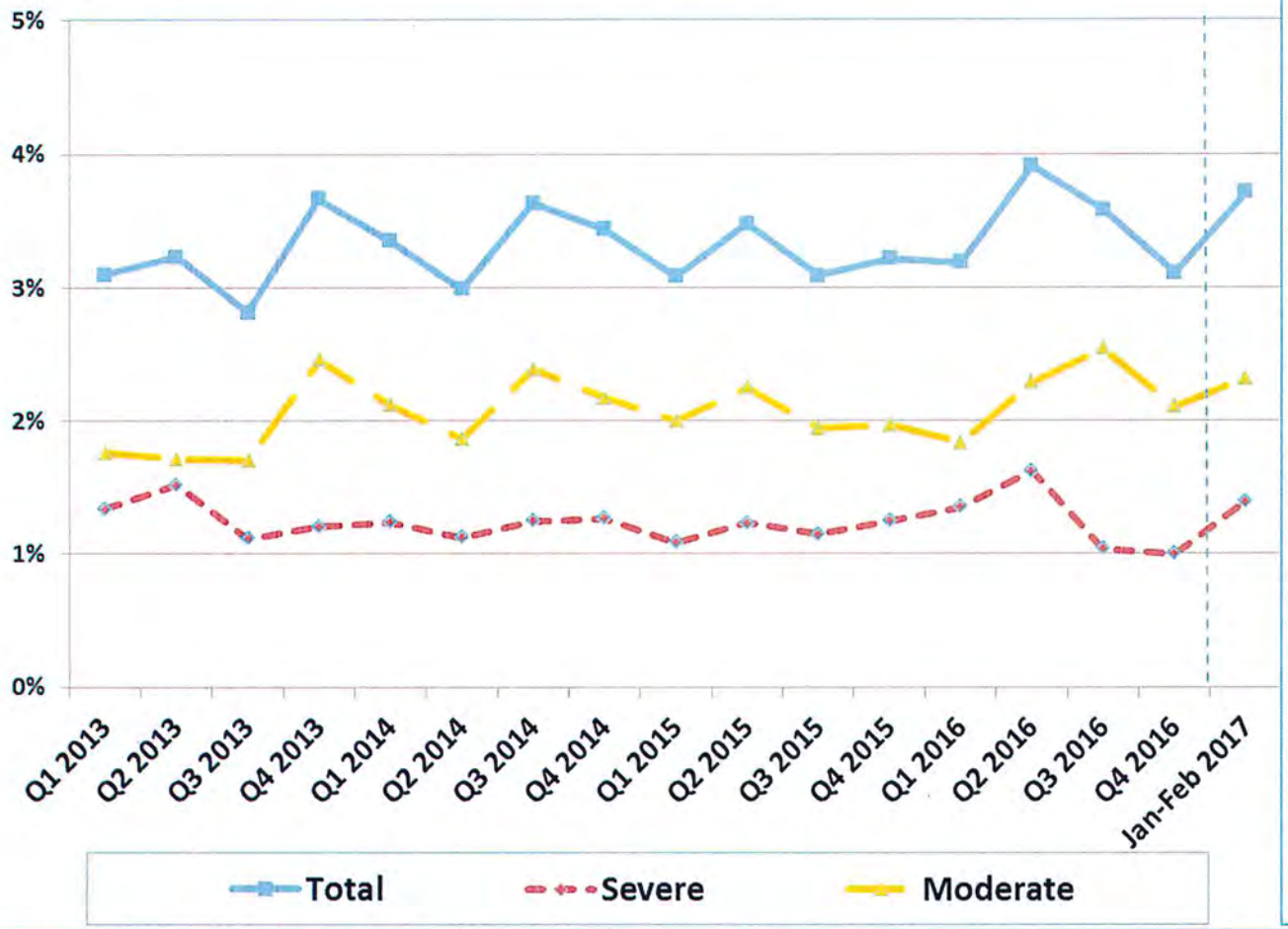



**Data must be submitted for all 3 measures (NTSV and Primary TSV C-section, plus Unexpected Newborn Complication rates). Hospitals with missing data November 2016-February 2017 are listed below**

Cascade Valley Hospital and Medical Clinics
Deaconess Hospital/Rockwood Health System
Evergreen Health
Grays Harbor Community Hospital
Island Hospital
Jefferson
Kittitas Medical Center
Lake Chelan Community Hospital
Mid Valley Hospital
MultiCare Auburn Medical Center
MultiCare Good Samaritan Medical Center
MultiCare Tacoma General Medical Center
North Valley Hospital
Olympic Medical Center
PeaceHealth Southwest Medical Center
PeaceHealth St. John Medical Center
Providence St. Mary Medical Center
Pullman Regional Hospital
Skagit Medical Center
Sunnyside Community Hospital and Clinics
Three Rivers Hospital
Toppenish Community Hospital
Trios Health-Kennewick
Valley Hospital/Rockwood Health System
Virginia Mason Yakima Memorial
Walla Walla General Hospital
Whitman Hospital and Medical Center

**Definition: Numerator:** Number of patients with a first cesarean delivery among the denominator. **Denominator:** Number of deliveries among women at term >=37 wks gestational age who have not had a prior cesarean delivery excluding breech presentations, twins and other multiples (TSV).
**Data Sources:** WSHA-MDC (WSHA-Maternal Data Center) and WSHA-QBS (WSHA-Quality Benchmarking System) as of June 28, 2017

# Do You Know Your Newborn Complication Rate ?
# Safe Deliveries Roadmap
## Newborn Complications Rate (Total, Severe and Moderate) January 2013 - February 2017




**Data must be submitted for all 3 measures (NTSV and Primary TSV C-section, plus Unexpected Newborn Complication rates). Hospitals with missing data November 2016-February 2017 are listed belov**

Cascade Valley Hospital and Medical Clinics
Deaconess Hospital/Rockwood Health System
Evergreen Health
Grays Harbor Community Hospital
Island Hospital
Jefferson
Kittitas Medical Center
Lake Chelan Community Hospital
Mid Valley Hospital
MultiCare Auburn Medical Center
MultiCare Good Samaritan Medical Center
MultiCare Tacoma General
North Valley Hospital
Olympic Medical Center
PeaceHealth Sourthwest Medical Center
PeaceHealth St. John Medical Center
Providence St. Mary Medical Center
Pullman Regional Hospital
Skagit Medical Center
Sunnyside Community Hospital and Clinics
Three Rivers Hospital
Toppenish Community Hospital
Trios Health-Kennewick
Valley Hospital/Rockwood Health System
Virginia Mason Yakima Memorial
Walla Walla General Hospital

**Definition: Numerator:** Number of newborns with severe or moderate complications among the denominator. **Denominator:** Number of term newborns >= 37 weeks gestational age without preexisting conditions (birth defects, prematurity, small for dates, multiples, and maternal drug use).
**Data Sources:** WSHA-MDC (WSHA-Maternal Data Center) and WSHA-QBS (WSHA-Quality Benchmarking System) as of June 28, 2017

# Quality Improvement Dashboard Data Summary – For use in July 2017

## Summary of Areas Meeting Goal or Showing Improvement

- Stroke Dysphagia Screening 100% for 6 consecutive months.
- We have received one month of data on "SCIP 2.0" our surgery measure to help prevent surgical site infections and identify opportunities to improve. Unfortunately, we were unable to create this in graph format prior to publishing QI Council dashboard. At a glance, we met the indicators 94% of the time. The data collection is sparking productive communication amongst the staff on the processes and how they might improve.
- Zero Hospital Acquired Infections.
- Hospice Timely Initiation of Care shows increased compliance.

## Summary of Improvement Opportunities

- Sepsis Bundle with three out of four "failures" – two related to the second lactate timing, the other related to blood cultures being drawn prior to antibiotic administration. The processes involved are continuing to be improved with the Sepsis Task Force team. All three patients recovered. KVH has met the measure 41 out of 52 times in the last 12 months.
- Stroke IV Thrombolytics score represents one case – the timing was missed by one minute. The team continues to review for opportunities to improve if they exist.
- Employee Reports continue to be low overall.
- Two needlesticks.
- Patient Satisfaction below target in all areas. Most recent improvement actions include education sessions with patient satisfaction survey vendors for our leaders in the hospital and clinics.

## Patient Stories

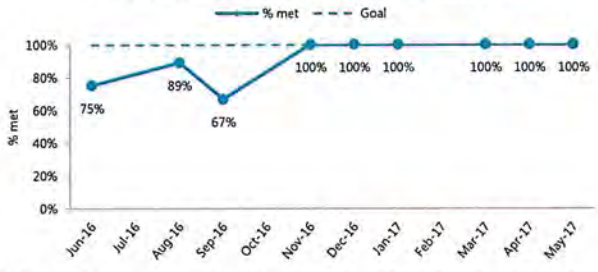
KVH recently was able to discharge a "boarder" patient who had stayed here an extremely extended amount of time. Although the patient did experience an infection and several falls at KVH, they had no skin breakdown, received excellent nutrition, and left KVH in better health than when they had arrived. This is not a small achievement for a patient with such an extended stay.

# QI Council

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

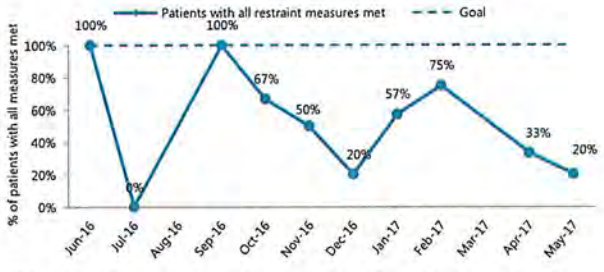

| # of pts | 8 | 7 | 11 | 7 | 8 | 5 | 10 | 5 | 5 | 6 | 4 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

## Stroke Dysphagia Screening ↑



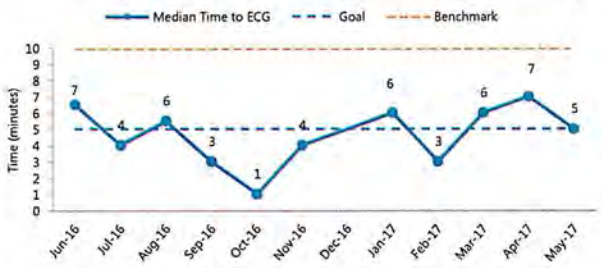

| # of pts | 8 | 0 | 9 | 3 | 0 | 1 | 1 | 2 | 0 | 3 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

## Restraints ↑



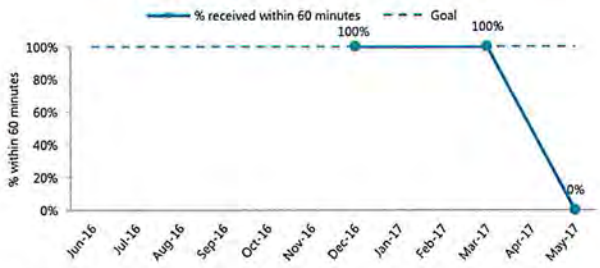

| # possible | 1 | 2 | 0 | 1 | 3 | 2 | 5 | 7 | 4 | 0 | 3 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

## Median Time to ECG (Chest Pain) ↓




| # of pts | 4 | 10 | 6 | 3 | 1 | 4 | 0 | 5 | 5 | 3 | 6 | 11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

## Stroke IV Thrombolytics ↑




| # of pts | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

## Falls ↓


## Sepsis Bundle ↑

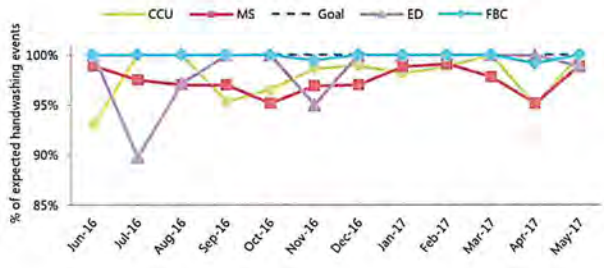

| # possible | 2 | 3 | 4 | 4 | 4 | 7 | 6 | 6 | 7 | 4 | 1 | 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

*proposed measure:* similar to old surgical care improvement project bundle from Centers for Medicare and Medicaid Services that was retired in 2015

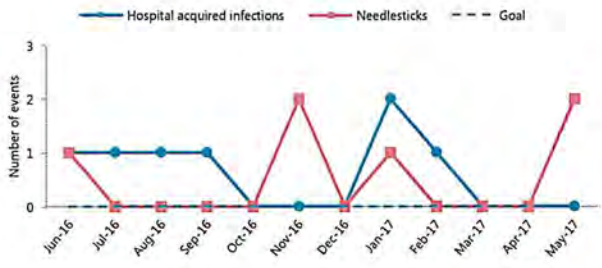
self-audit of surgery department (sampling of cases)

*proposed measure:* pain reassessment, case review

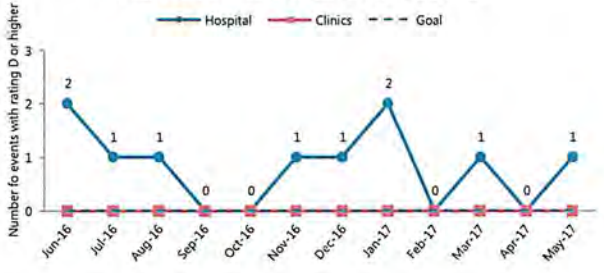
## Hand Hygiene ↑




## HAIs and Needlesticks ↓

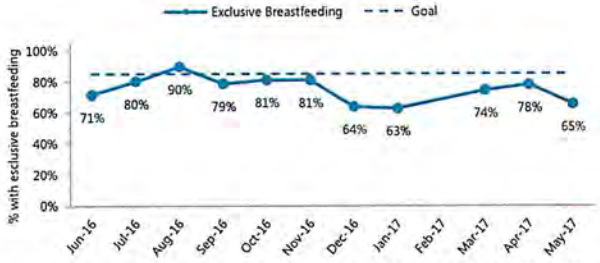



## Adverse Medication Events



## Timely Initiation of Care ↑


## Exclusive Breastfeeding ↑




# of babies 35 30 29 28 21 26 22 24 ### 31 27 23

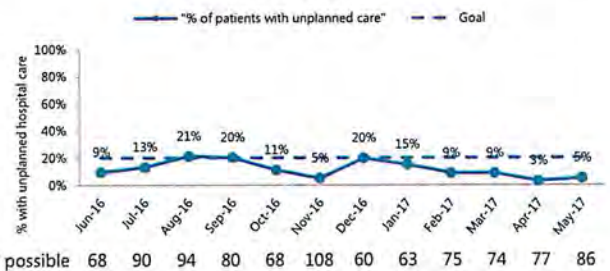
## Readmissions Within 30 Days ↓

Includes inpatients and observation patients


admissions 150 162 171 164 135 164 165 171 142 148 137 176

## Unplanned Hospital Care ↓

(Home Health)




# possible 68 90 94 80 68 108 60 63 75 74 77 86

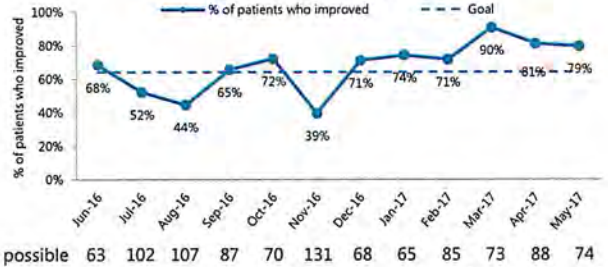
## Patient satisfaction ↑

Clinics


# to top box 74 38 39 42 32 2 74 93 66 89 53 84

## Care and Service Reports ↓

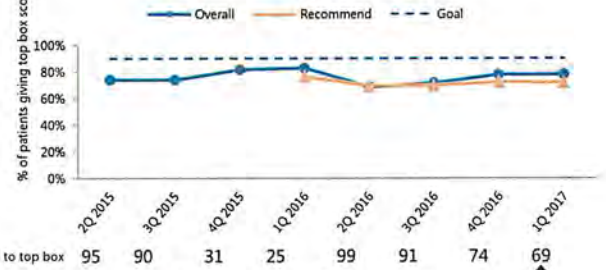

## Improvement in Pain Interfering with Activity (Home Health) ↑




# possible 63 102 107 87 70 131 68 65 85 73 88 74

## Patient satisfaction ↑

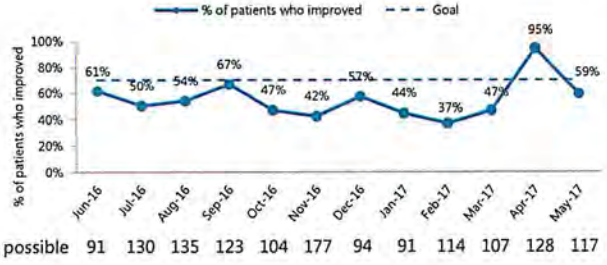
Hospital




# to top box 95 90 31 25 99 91 74 69

## Employee Reports ↑

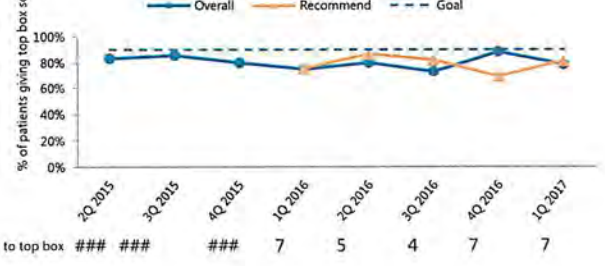

## Improvement in Dyspnea with Activity (Home Health) ↑




# possible 91 130 135 123 104 177 94 91 114 107 128 117

## Patient satisfaction ↑

Home Health and Hospice




# to top box ### ### ### 7 5 4 7 7

## Reports of occurrences ↓

that require additional monitoring or cause patient harm


11% 7% 6% 4% 3% 1% 6% 8% 5% 1% 5% 6%

KVH
Kittitas Valley Healthcare
Your Home for Health

# CHIEF EXECUTIVE REPORT – Julie Petersen

**July 2017**

**Changes and Opportunities in the Industry:** King County Public Hospital District #4 owns and operates the healthcare delivery system in North Bend and Snoqualmie. The system includes a critical access hospital and a number of clinics. The Board of KCPHD#4 is seeking an affiliation partner and recently included KVH in a general RFP soliciting interest. Because this opportunity does not align with the partnership and collaboration strategy that the Board has been discussing, I do not intend to respond to the RFP. Similarly, Yakima Regional Health has indicated that they are open to a variety of different affiliation models but not necessarily the kind of clinical collaborations that fit with the KVH strategy.

**Royal Vista no More:** The facility previously known as Royal Vista has officially been renamed KVH-Radio Hill Annex. We have engaged NAC Architecture to help us develop a functional program for the Radio Hill Annex. Our goal with the program is to relocate and co-locate support departments of the hospital, free up hospital and clinic space for patient care and provide affordable space for the aggregation of community services. The previous owners were operating under a conditional use permit which lapsed when operations were suspended so we have also engaged a local attorney who will work with NAC to guide us through the City of Ellensburg Planning process. We will have an update for you at the Board meeting and plan a more complete presentation in August.

**Occupational Medicine:** Still on track for a soft opening September 11.

**Cerner:** Month Three of our Cerner roll out.

- Geriatric Nurse Practitioners: Jack, Mark, and Kristin are collaborating on this from an IT, Cerner Implementation, and Change Management perspective.
- Legacy Data: A framework for moving forward has been provided based on the options currently available. The options will be discussed at Legacy Data Summit scheduled for early August. The framework provides for:
    - The initial electronic load of data into Cerner
    - An effort to manually extract and input legacy data into Cerner (above and beyond the electronic load)
    - The criteria for the possible purchase of a legacy data repository tool (separate from both items above)
    - Information Systems manned a booth at the education fair to review the project, upcoming events and communication plan.
- Work Flow Changes: There are several ongoing efforts, including:
    - The use of ABN's
    - GNP Adoption (see above)
    - Lab Scheduling
    - Registering new patients

**Benefits:** KVH converted to a self-insured program for welfare benefits in January 2015. Since that time we have struggled to manage the costs of the program. Carrie Youngblood will update the Board on our options, obligations and plan going forward.

KVH
Kittitas Valley Healthcare
*Your Home for Health*

# STAFF DEVELOPMENT UPDATE

A cross functional team made up of Staff Development, Nursing and Clinic leaders met to discuss four topics;

1) What resources are currently offered between Staff Development and the Community Health Library?
2) American Heart Association (AHA) and Emergency Nurses Association (ENA) courses currently available at KVH – are there enough and what could be improved?
3) How can Staff Development support you and your clinical staff?
4) How could you see KVH Staff Development supporting the community?

Leading up to this discussion, Staff Development went out to individually meet with staff, clinical leaders and providers to assess any gaps in skills, Staff Development offerings and ideas for improvement. There were a number of recommended additional learning opportunities discussed specifically around mental health education and communication skills for clinicians when dealing with this population of patients.

The group had numerous ideas for community involvement and outreach that included the continuation of services currently in place as well as ideas along the lines of regular speaking series, additional support groups and CPR classes. There was a lot of excitement from the group on this particular topic and they were very eager to explore options of better supporting the community.

Overall, educational offerings from Staff Development seem to be meeting the needs of leaders and staff while the general administration of programs and tracking of course completion has been an area of identified improvement. Better communicating offered courses and publishing an overall centralized education menu was highly recommended by the group and something the team is eager to start working on.

This was the first meeting of its kind to include all functional clinical areas and provider input regarding Staff Development and education. The team was excited to be included and plans to continue to meet to refine the recommended improvement areas as well as communicate ideas and improvements to all audiences.

We will be meeting again in early September to bring back additional data for the scheduling of standard KVH 2018 courses as well as ideas for better coordinating, tracking and communicating all education offerings at KVH.

# HR Dashboard

| | Measurement | Standard (start/target) | | 17-Jun | May-17 | Apr-17 | Mar-17 | Feb-17 | Jan-17 | Dec-16 | Nov-16 | Oct-16 | Sep-16 | Aug-16 | Jul-16 | Jun-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee Population | *Available workforce* | | *Rolling 12 Variance* | | | | | | | | | | | | | |
| | Full-time | - | 10 | 328 | 326 | 328 | 322 | 331 | 329 | 330 | 332 | 332 | 326 | 325 | 312 | 318 |
| | Part-time | - | -6 | 157 | 170 | 173 | 174 | 177 | 176 | 165 | 170 | 174 | 167 | 164 | 160 | 163 |
| | Per Diem | - | 8 | 89 | 84 | 79 | 77 | 79 | 79 | 86 | 89 | 92 | 89 | 90 | 85 | 81 |
| | Total Employees | 552 | 21 | 574 | 580 | 580 | 576 | 587 | 584 | 581 | 591 | 598 | 582 | 579 | 557 | 553 |
| Turnover | *Quality of recruitment and retention* | | *Rolling 12 Total* | | | | | | | | | | | | | |
| | Voluntary *(excludes pd terms, includes reduction of FTE to pd)* | - | 87 | 11 | 12 | 6 | 9 | 2 | 2 | 11 | 7 | 4 | 6 | 5 | 4 | 8 |
| | Involuntary *(excludes pd terms)* | - | 22 | 1 | 0 | 1 | 4 | 1 | 2 | 5 | 1 | 3 | 1 | 1 | 2 | 0 |
| | Overall Percentage *(excludes pd terms, includes reduction of FTE to pd)* | - | 18.86% | 2.09% | 2.07% | 1.21% | 2.26% | 0.51% | 0.68% | 2.75% | 1.35% | 1.17% | 1.20% | 1.04% | 1.08% | 1.45% |
| | Total All Employees Separated | 70 | 114 | 14 | 11 | 7 | 12 | 4 | 6 | 14 | 11 | 9 | 7 | 5 | 7 | 7 |
| General Recruitment | *Efficiency of sourcing, selecting and placing talent* | | *Rolling 12 Total* | | | | | | | | | | | | | |
| | Open Postings | - | 262 | 35 | 17 | 18 | 13 | 12 | 15 | 23 | 17 | 16 | 15 | 17 | 28 | 36 |
| | Unique Applications Received | - | 2266 | 148 | 129 | 77 | 139 | 66 | 163 | 198 | 232 | 262 | 200 | 215 | 212 | 225 |
| | Employees Hired | - | 134 | 7 | 11 | 6 | 4 | 6 | 10 | 8 | 4 | 6 | 23 | 9 | 27 | 13 |
| | Time to Fill (Median) | - | - | 46 | 52 | 52 | 39 | 39 | 29.5 | Median tracked beginning 02/17 | | | | | | |
| | Time to Fill (Average) | 40 | - | 49.76 | 54.4 | 55 | 48 | 46.8 | 59.4 | 59.7 | 59.4 | 50.2 | 51.5 | 52.2 | 44.5 | |
| Provider Recruitment | *Efficiency of sourcing, selecting and placing talent* | | *Rolling 12 Total* | | | | | | | | | | | | | |
| | Open Postings | Open Postings<br>Current Slots | 11<br>13 | 11 | 11 | 13 | 13 | 10 | 10 | 9 | 13 | 13 | 13 | 12 | 12 | 11 |
| | Unique Applications Received | - | 72 | 4 | 4 | 10 | 3 | 5 | 11 | 6 | 12 | 3 | 1 | 3 | 5 | 5 |
| | Candidates Interviewed | - | 34 | 3 | 3 | 5 | 2 | 2 | 3 | 1 | 4 | 5 | 1 | 3 | 2 | 0 |
| | Employees Hired | - | 16 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 2 | 0 | 7 | 2 |
| | Time to Fill (Average) | 80 | 70.83 | 0 | 293 | 0 | 195 | 0 | 0 | 0 | 0 | 92.3 | 128 | Data tracked beginning 09/16 | | |
| Benefits | *Financial impact of adding talent* | | *Rolling 12 Total* | | | | | | | | | | | | | |
| | Workers Comp Claims | - | 32 | 1 | 3 | 2 | 1 | 1 | 4 | 5 | 3 | 4 | 2 | 1 | 3 | 2 |
| | Time Loss Days | - | 42 | 0 | 2 | 0 | 0 | 0 | 10 | 9 | 18 | 2 | 1 | 0 | 0 | 0 |
| | Employee Population on Medical Benefits (Average) | 65% | 65.5% | 66.2% | 64.5% | 65.4% | 66.8% | 65.5% | 65% | 67% | 64% | Data tracked beginning 11/16 | | | | |
| | Total cost in benefits per FTE - welfare (Average) | - | $ 839.92 | $ 769.37 | $ 1,130.34 | $ 807.65 | $ 857.47 | $ 634.79 | Data tracked beginning 2/17 | | | | | | | |
| | Total cost in benefits per FTE - total (Average) | - | $ 1,853.03 | $ 1,972.79 | $ 2,117.56 | $ 1,786.15 | $ 1,840.02 | $ 1,548.62 | Data tracked beginning 2/17 | | | | | | | |
| Evaluations | *Providing timely feedback to employee* | | *Total Percentage* | | | | | | | | | | | | | |
| | Percentage of employees with completed annual evaluation | - | 88.2% | 88.2% | 92.6% | 89.5% | 95.8% | 96.7% | 97.4% | 97.6% | 94.6% | 98.1% | 97.6% | 98.3% | 53.4% | 43.5% |

KVH
Kittitas Valley Healthcare
*Your Home for Health*

**NOTIFICATION OF CREDENTIALS FILES FOR REVIEW**

Date July 19, 2017

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.

| PRACTITIONER | STATUS | APPT/REAPPT |
|---|---|---|
| Michael Druschel, MD | Provisional/Active | Initial Appointment |
| Ryan Ahr, PA-C | Provisional/AHP | Initial Appointment |
| Teresa Beckett, ARNP/PA-C | AHP | Reappointment |
| Jonathan Seabrook, PA-C | AHP | Reappointment |
| William Waites, PA-C | AHP | Reappointment |
| Anita Schiltz, ARNP | AHP | Reappointment |
| Krista Summers, MD | Active | Reappointment |
| John Walters, MD | Active | Reappointment |
| Gregory Galdino, MD | Associate | Reappointment |
| Deborah Nautsch, MD | Associate | Reappointment |
| Kenneth Lindsey, MD | Associate | Reappointment |

KVH
Kittitas Valley Healthcare
Your Home for Health

# CHIEF MEDICAL OFFICER – Don Solberg, MD

**July 2017**

**Medical Staff Services:**

-We have successfully recruited

- An APC to cover Occupational Medicine, and have had an interview with a prospective experienced Occupational Medicine physician interested in part-time work.
- A psychiatric nurse practitioner to work in Behavioral Health for Family Medicine Cle Elum.
- These two represent 2/3 interviews we had during the month of June. We have 5 interviews scheduled for July; all have been sourced by Mitch Engel and none through a recruiter.
- We continue interviews for Family Medicine, GNP's, various specialists, and OB/GYN practitioners.

-Business Development and Outreach

- We are actively exploring external partnership opportunities with key organizations in the area
- We continue to work toward Occupational Medicine Clinic start this fall
- We are actively vetting the wound care service line pro forma with our internal resources and are on track to present to the board in August
- We are reaching out to community partner clinics (CHCW, FHCE, Northstar Lodge) as well as internal partners (FM-E and IM) to inform and create opportunity for dialogue around the transition of Dr. Harris' patients to Dr. Penoyar and about the opening of outpatient pharmacy

**Hospitalists**: Dr. Hibbs has been working on expanding his leadership training, attending a second national course on leadership development. Both Dr. Hibbs and Dr. Lindsey reviewed our ED transfers with Vicky Machorro. We found that:

- After review, there were 3 cases identified by Dr. Hibbs and Dr. Lindsey that may have been treated at KVH. There 51 ED transfers in total for June
- Of these 3, 2 were cases that were sent because there was not enough RN staff available. We are working to investigate solutions to these dilemmas

**ED/Urgent Care**: We are looking to augment our APC coverage in the ED to ensure that each day we cover the busiest 12 hour period with both an MD and an APC.

**Clinics**: We continue to work on plans to create working space in our clinics for additional practitioners, both employed and self-employed physicians interested in leased or "hoteling" space.

KVH
Kittitas Valley Healthcare
Your Home for Health

## CHIEF FINANCIAL OFFICER REPORT- Libby Allgood, CFO

**June Operating Highlights:**

- Operating loss of $158,601 for June. Year to date operating income of $668,211 exceeds budget by $237,896.

- June combined inpatient and observation patient average daily census of 8.5; average year to date is 9.4. Through June 2016 combined average daily census was 10.8.

- Overall we performed 20 fewer surgical procedures than budgeted in June. Year to date we have performed 39 more surgical procedures than budgeted but 30 fewer than during same period in 2016.

- Urgent Care had 100 more visits than budgeted in June. Year to date outpatient visits are 11% over budget and 15% over same period last year.

- Hospice volume exceeds budget by 50% in June. Year to date volume exceeds budget by 39% and exceeds 2016 by 56%. Resulting revenue exceeds budget year to date by $209,164 and exceeds last year by $327,267.

**Key Metrics:**

- Days Cash on Hand = 152
- AR Days = 47.9
- Operating Margin YTD = 1.9%

# Kittitas Valley Healthcare

## Key Statistics and Indicators

### June 2017

| | | Current Month | | | Year to Date | | | Prior YTD | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Activity Measures** | **Actual** | **Budget** | **Var. %** | **Actual** | **Budget** | **Var. %** | **Actual** | **Var. %** | |
| 01 | Admissions | 71 | 100 | -29.0% | 430 | 525 | -18.1% | 552 | -22.1% | 01 |
| 02 | Patient Days - W/O Newborn | 178 | 267 | -33.3% | 1,202 | 1,407 | -14.6% | 1,561 | -23.0% | 02 |
| 03 | Avg Daily IP Census | 5.9 | 8.9 | -33.3% | 6.6 | 7.8 | -14.6% | 8.6 | -22.6% | 03 |
| 04 | Average Length of Stay | 2.5 | 2.7 | -6.1% | 2.8 | 2.7 | 4.3% | 2.8 | -1.2% | 04 |
| 05 | Deliveries | 36 | 28 | 28.6% | 167 | 142 | 17.6% | 151 | 10.6% | 05 |
| 06 | Case Mix | 1.09 | 0.98 | 11.3% | 1.08 | 0.98 | 10.5% | 1.02 | 6.2% | 06 |
| 07 | Surgery Minutes - Inpatient | 3,018 | 3,064 | -1.5% | 17,440 | 16,297 | 7.0% | 18,431 | -5.4% | 07 |
| 08 | Surgery Minutes - Outpatient | 5,923 | 6,667 | -11.2% | 41,163 | 40,004 | 2.9% | 42,522 | -3.2% | 08 |
| 09 | Surgery Procedures - Inpatient | 28 | 25 | 12.0% | 145 | 133 | 9.0% | 156 | -7.1% | 09 |
| 10 | Surgery Procedures - Outpatient | 95 | 118 | -19.5% | 735 | 708 | 3.8% | 754 | -2.5% | 10 |
| 11 | ER Visits | 1,118 | 1,078 | 3.7% | 6,474 | 6,542 | -1.0% | 7,090 | -8.7% | 11 |
| 12 | Laboratory | 36,362 | 37,832 | -3.9% | 230,935 | 216,577 | 6.6% | 231,152 | -0.1% | 12 |
| 13 | Radiology | 25,786 | 25,638 | 0.6% | 156,646 | 148,877 | 5.2% | 154,158 | 1.6% | 13 |
| 14 | Rehab | 3,010 | 3,564 | -15.5% | 21,136 | 20,782 | 1.7% | 19,704 | 7.3% | 14 |
| 15 | Outpatient Visits | 6,253 | 6,195 | 0.9% | 37,263 | 36,445 | 2.2% | 38,094 | -2.2% | 15 |
| 16 | Outpatient Percent of Total Revenue | 84.3% | 81.3% | 3.7% | 84.3% | 82.3% | 2.5% | 81.5% | 3.4% | 16 |
| 17 | Clinic Visits | 5,114 | 5,133 | -0.4% | 30,022 | 29,368 | 2.2% | 30,030 | 0.0% | 17 |
| 18 | Adjusted Patient Days | 1,134 | 1,429 | -20.6% | 7,673 | 7,933 | -3.3% | 8,452 | -9.2% | 18 |
| 19 | Equivalent Observation Days | 77 | 70 | 9.5% | 509 | 399 | 27.4% | 397 | 28.1% | 19 |
| 20 | Avg Daily Obs Census | 2.6 | 2.3 | 9.5% | 2.8 | 2.2 | 27.4% | 2.2 | 28.1% | 20 |
| | **Financial Measures** | | | | | | | | | |
| 21 | Salaries as % of Net Pt Revenue | 54.9% | 54.2% | -1.4% | 54.3% | 54.2% | -0.3% | 50.8% | -6.9% | 21 |
| 22 | Salaries/Bene as % of Net Pt Revenue | 69.8% | 67.6% | -3.1% | 67.5% | 67.1% | -0.6% | 62.8% | -7.5% | 22 |
| 23 | Revenue Deduction % | 46.3% | 43.9% | -5.4% | 46.1% | 43.4% | -6.3% | 44.7% | -3.3% | 23 |
| 24 | Operating Margin | -2.7% | 1.5% | -277.4% | 1.9% | 1.2% | 57.7% | 2.3% | -17.8% | 24 |
| | **Operating Measures** | | | | | | | | | |
| 25 | Productive FTE's | 395.7 | 414.5 | 4.5% | 410.6 | 413.8 | 0.8% | 398.4 | -3.1% | 25 |
| 26 | Non-Productive FTE's | 59.1 | 52.7 | -12.1% | 48.8 | 52.7 | 7.4% | 50.7 | 3.8% | 26 |
| 27 | Paid FTE's | 454.8 | 467.2 | 2.6% | 459.4 | 466.5 | 1.5% | 449.1 | -2.3% | 27 |
| 28 | Operating Expense per Adj Pat Day | $ 5,345 | $ 4,275 | -25.0% | $ 4,575 | $ 4,525 | -1.1% | $ 4,080 | -12.1% | 28 |
| 29 | Net Revenue per Adj Pat Day | $ 5,205 | $ 4,341 | 19.9% | $ 4,662 | $ 4,579 | 1.8% | $ 4,175 | 11.7% | 29 |
| 30 | A/R Days-Hospital Only | 47.9 | 50.0 | 4.3% | 47.9 | 50.0 | 4.3% | 49.4 | 3.1% | 30 |
| 31 | Days Cash on Hand | 152.2 | 160.0 | -4.9% | 152.2 | 160.0 | -4.9% | 163.2 | -6.7% | 31 |

# Kittitas Valley Healthcare
## Income Statement
## June 2017

| | Current Month | | | | Year-to-Date | | | | Prior Y-T-D | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Variance % | Actual | Budget | Variance | Variance % | Actual | |
| **Patient Services Revenue:** | | | | | | | | | | |
| Inpatient Revenue | 1,703,358 | 2,021,969 | (318,611) | -15.76% | 10,242,607 | 11,141,865 | (899,259) | -8.07% | 11,552,729 | 1 |
| Outpatient Revenue | 9,151,118 | 8,801,380 | 349,738 | 3.97% | 55,144,151 | 51,678,366 | 3,465,785 | 6.71% | 51,001,494 | 2 |
| Total Patient Services Revenue | $ 10,854,476 | $ 10,823,349 | $ 31,127 | 0.29% | $ 65,386,758 | $ 62,820,232 | $ 2,566,526 | 4.09% | $ 62,554,223 | 3 |
| **Deductions from Revenue:** | | | | | | | | | | |
| Contractual Adjustments | 4,649,545 | 4,442,465 | (207,080) | -4.66% | 28,255,240 | 25,514,680 | (2,740,560) | -10.74% | 26,284,478 | 4 |
| Provision for Bad Debts | 224,159 | 211,397 | (12,762) | -6.04% | 1,168,369 | 1,214,828 | 46,459 | 3.82% | 1,083,882 | 5 |
| Charity and Uncompensated Care | 78,875 | 63,419 | (15,456) | -24.37% | 391,474 | 364,449 | (27,026) | -7.42% | 360,722 | 6 |
| Prior Yr Cost Rep Settle | - | - | - | - | - | - | - | - | - | 7 |
| Other Allowances | 68,023 | 30,317 | (37,706) | -124.37% | 358,854 | 174,224 | (184,630) | -105.97% | 227,109 | 8 |
| Total Deductions from Revenue | $ 5,020,602 | $ 4,747,599 | $ (273,003) | -5.75% | $ 30,173,937 | $ 27,268,181 | $ (2,905,756) | -10.66% | $ 27,956,190 | 9 |
| Net Patient Services Revenue | 5,833,874 | 6,075,750 | (241,876) | -3.98% | 35,212,821 | 35,552,051 | (339,230) | -0.95% | 34,598,033 | 10 |
| Other Operating Revenue | 70,361 | 127,909 | (57,548) | -44.99% | 557,156 | 775,965 | (218,809) | -28.20% | 690,494 | 11 |
| Total Operating Revenue | $ 5,904,234 | $ 6,203,658 | $ (299,424) | -4.83% | $ 35,769,976 | $ 36,328,015 | $ (558,039) | -1.54% | $ 35,288,527 | 12 |
| **Operating Expenses:** | | | | | | | | | | |
| Salaries & Wages | 3,204,712 | 3,290,651 | 85,939 | 2.61% | 19,131,878 | 19,255,776 | 123,898 | 0.64% | 17,587,034 | 13 |
| Employee Benefits | 865,275 | 818,884 | (46,391) | -5.67% | 4,628,036 | 4,585,523 | (42,513) | -0.93% | 4,123,801 | 14 |
| Professional Fees | 90,346 | 76,172 | (14,174) | -18.61% | 392,252 | 475,819 | 83,568 | 17.56% | 1,850,170 | 15 |
| Supplies | 735,490 | 736,711 | 1,221 | 0.17% | 4,406,528 | 4,317,398 | (89,130) | -2.06% | 4,161,729 | 16 |
| Utilities | 74,996 | 72,075 | (2,920) | -4.05% | 442,096 | 428,791 | (13,305) | -3.10% | 402,517 | 17 |
| Purchased Services | 529,130 | 528,981 | (150) | -0.03% | 2,771,667 | 3,257,729 | 486,062 | 14.92% | 3,129,044 | 18 |
| Depreciation | 240,458 | 238,152 | (2,306) | -0.97% | 1,444,240 | 1,428,910 | (15,330) | -1.07% | 1,359,996 | 19 |
| Rent/Lease | 127,787 | 115,657 | (12,130) | -10.49% | 656,358 | 677,752 | 21,394 | 3.16% | 526,089 | 20 |
| Insurance | 40,720 | 50,730 | 10,011 | 19.73% | 241,408 | 304,381 | 62,973 | 20.69% | 310,914 | 21 |
| Travel & Education | 27,063 | 45,148 | 18,085 | 40.06% | 181,419 | 248,322 | 66,903 | 26.94% | 200,086 | 22 |
| Licenses & Taxes | 74,429 | 79,307 | 4,879 | 6.15% | 443,648 | 473,357 | 29,710 | 6.28% | 460,985 | 23 |
| Interest | 19,800 | 19,252 | (548) | -2.84% | 118,800 | 115,515 | (3,285) | -2.84% | 148,269 | 24 |
| Other Direct Expenses | 32,631 | 37,994 | 5,363 | 14.12% | 243,438 | 328,427 | 84,990 | 25.88% | 225,785 | 25 |
| Total Operating Expenses | $ 6,062,836 | $ 6,109,715 | $ 46,879 | 0.77% | $ 35,101,765 | $ 35,897,700 | $ 795,935 | 2.22% | $ 34,486,418 | 26 |
| Operating Income | $ (158,601) | $ 93,944 | $ (252,545) | -268.83% | $ 668,211 | $ 430,315 | $ 237,896 | 55.28% | $ 802,109 | 27 |
| Operating Margin % | -2.69% | 1.51% | | | 1.87% | 1.18% | | | 2.3% | |
| Non-Operating Revenue/Exp | 84,235 | 141,689 | (57,453) | -40.55% | 932,429 | 850,132 | 82,297 | 9.68% | 907,984 | 28 |
| Net Income | $ (74,366) | $ 235,632 | $ (309,998) | -131.56% | $ 1,600,640 | $ 1,280,448 | $ 320,193 | 25.01% | $ 1,710,093 | 29 |
| **Unit Operating Income** | | | | | | | | | | |
| Hospital | 215,932 | 521,584 | (305,652) | -58.60% | 2,302,026 | 2,412,011 | (109,985) | -4.56% | 2,555,456 | 30 |
| Clinic Group | (454,623) | (439,219) | (15,404) | -3.51% | (1,955,039) | (2,138,763) | 183,724 | 8.59% | (1,623,049) | 31 |
| Home Care Grp | 47,900 | 6,761 | 41,139 | 608.50% | 290,707 | 121,060 | 169,647 | 140.14% | (110,972) | 32 |
| Urgent Care | 32,189 | 4,818 | 27,371 | 568.07% | 30,517 | 36,008 | (5,491) | -15.25% | (19,327) | 33 |
| Totals | $ (158,601) | $ 93,944 | $ (252,545) | -268.83% | $ 668,211 | $ 430,315 | $ 237,896 | 55.28% | $ 802,109 | 34 |

# Balance Sheet

June 2017

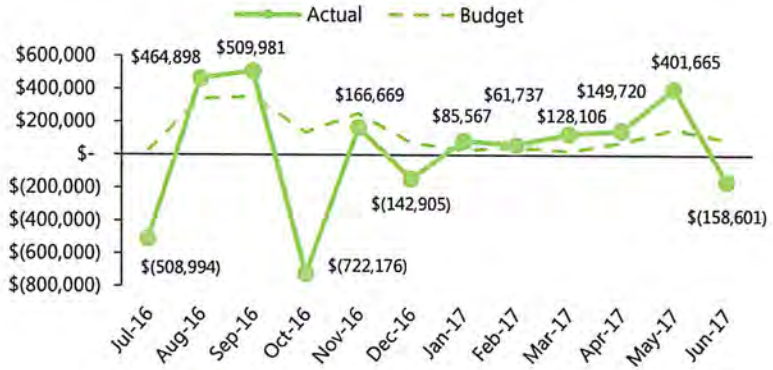
| | | Current Month | Prior Year End | Change | |
|---|---|---|---|---|---|
| | **Current Assets:** | | | | |
| 1 | Cash | 2,768,307 | 4,551,414 | (1,783,107) | 1 |
| 2 | Gross Patient Accounts Receivable | 18,683,846 | 15,700,798 | 2,983,048 | 2 |
| 3 | Allowance | (9,249,213) | (7,527,059) | (1,722,154) | 3 |
| 4 | Other Receivable | 14,193 | 221,003 | (206,810) | 4 |
| 5 | Third Party Receivable | 1,465,000 | 1,465,000 | 0 | 5 |
| 6 | Inventories | 1,163,851 | 1,154,571 | 9,280 | 6 |
| 7 | Prepaid Expenses and Deposits | 858,845 | 904,185 | (45,340) | 7 |
| 8 | **Total Current Assets** | **15,704,829** | **16,469,913** | **(765,083)** | 8 |
| | **Assets Whose Use is Limited:** | | | | |
| 9 | Investments | 25,533,075 | 25,308,302 | 224,772 | 9 |
| 10 | **Total Assets Whose Use Is Limited** | **25,533,075** | **25,308,302** | **224,772** | 10 |
| | **Property, Plant & Equipment:** | | | | |
| 11 | Property, Plant and Equipment | 63,697,245 | 61,136,650 | 2,560,595 | 11 |
| 12 | Less Accumulated Depreciation | 36,369,013 | 35,481,022 | 887,990 | 12 |
| 13 | **Net Property, Plant & Equipment** | **27,328,232** | **25,655,628** | **1,672,604** | 13 |
| | **Other Assets** | | | | |
| 14 | Bond Issue Costs, Less Amortization | 0 | 0 | 0 | 14 |
| 15 | **Total Other Assets** | **0** | **0** | **0** | 15 |
| 16 | **Total Assets** | **68,566,137** | **67,433,843** | **1,132,293** | 16 |
| | **Current Liabilities:** | | | | |
| 17 | Accounts Payable | 1,367,227 | 1,715,658 | (348,431) | 17 |
| 18 | Cost Reimbursement Payable | 1,536,700 | 1,340,000 | 196,700 | 18 |
| 19 | Accrued Salaries | 790,349 | 1,029,748 | (239,400) | 19 |
| 20 | Accrued Employee Benefits | 674,388 | 1,050,544 | (376,156) | 20 |
| 21 | Accrued Vacations | 2,147,208 | 1,926,470 | 220,738 | 21 |
| 22 | Current Maturities of Long-Term Debt | 1,548,713 | 1,548,713 | 0 | 22 |
| 23 | Current Maturities of Capital Leases | 0 | 0 | 0 | 23 |
| 24 | **Total Current Liabilities** | **8,064,584** | **8,611,133** | **(546,549)** | 24 |
| | **Other Liabilities:** | | | | |
| 25 | Accrued Interest 2008 UTGO & 2009 LTGO I | 22,829 | 22,829 | (0) | 25 |
| 26 | 2008 UTGO Refunding Bonds Premium | 36,566 | 54,735 | (18,169) | 26 |
| 27 | Deferred Tax Collections | 122,228 | 0 | 122,228 | 27 |
| 28 | Deferred Revenue - Home Health | 111,365 | 137,221 | (25,857) | 28 |
| 29 | **Total Other Liabilities** | **292,987** | **214,784** | **78,203** | 29 |
| | **Long-Term Debt & Capital Leases:** | | | | |
| 30 | Long-Term Debt - 2008 UTGO Bonds | 1,026,287 | 1,026,287 | 0 | 30 |
| 31 | Long-Term Debt - 2009 LTGO Bonds | 3,083,329 | 3,083,329 | 0 | 31 |
| 32 | Long-Term Debt - Energy Project | (0) | (0) | 0 | 32 |
| 33 | Long-Term Debt - Dell | (0) | (0) | 0 | 33 |
| 34 | Long-Term Debt - PACS System | 0 | 0 | 0 | 34 |
| 35 | **Total Long-Term Debt & Leases** | **4,109,616** | **4,109,616** | **0** | 35 |
| | **Fund Balances:** | | | | |
| 36 | Equity - Hospital Operations | 54,498,310 | 52,954,395 | 1,543,915 | 36 |
| 37 | Income (Loss) Year-to-Date | 1,600,640 | 1,543,915 | 56,726 | 37 |
| 38 | **Total Fund Balance** | 56,098,950 | 54,498,310 | 1,600,640 | 38 |
| 39 | **Total Liabilities & Fund Balance** | 68,566,137 | 67,433,843 | 1,132,293 | 39 |

Cash Flow
Year to Date, June 2017

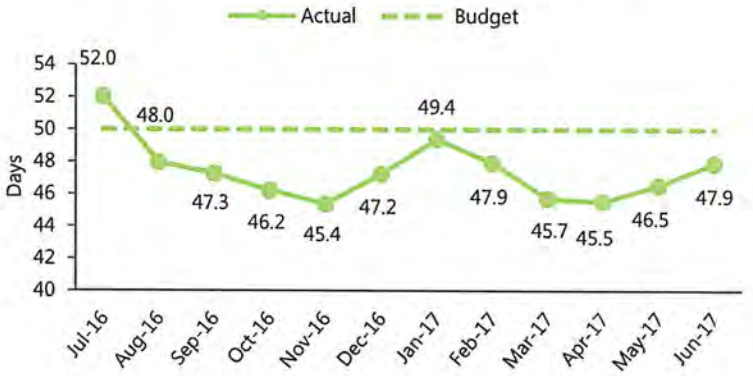
| | | Cash | Add | Subtract |
|---|---|---|---|---|
| 1 | **Net Book Income** | **1,600,640** | **1,600,640** | |
| | **Add Back Non Cash Expenses** | | | |
| 2 | Depreciation | 887,990 | 887,990 | |
| 3 | Provision For Bad Debt | | | |
| 4 | Loss on Sale of Assets | | | |
| 5 | **Net Cash From Operations** | **2,488,631** | | |
| | **Increase in Current Assets = ( )** | | | |
| 6 | Patient Accounts | (1,260,894) | | (1,260,894) |
| 7 | Other Receivables | 206,810 | 206,810 | |
| 8 | Inventories | (9,280) | | (9,280) |
| 9 | Prepaid Expenses & Deposits | 45,340 | 45,340 | |
| 10 | **Total Current Assets** | **(1,018,024)** | | |
| 11 | Investments | **(224,772)** | 0 | (224,772) |
| | **Purchase of Property, Plant & Equipment:** | **(2,560,595)** | | (2,560,595) |
| 12 | **Net Property, Plant & Equipment** | **(2,560,595)** | | |
| 13 | Bond Issue Costs, Less Amortization | **0** | | |
| 14 | **Total Assets** | **(1,314,760)** | | |
| | **Decrease in Current Liabilities: = ( )** | | | |
| 15 | Accounts Payable | (348,431) | | (348,431) |
| 16 | Cost Reimbursement Payable | 196,700 | 196,700 | |
| 17 | Accrued Salaries | (239,400) | | (239,400) |
| 18 | Accrued Employee Benefits | (376,156) | | (376,156) |
| 19 | Accrued Vacations | 220,738 | 220,738 | |
| 21 | Current Maturities of Long-Term Debt | 0 | | |
| 22 | Current Maturities of Capital Leases | 0 | | |
| 23 | **Total Current Liabilities** | **(546,549)** | | |
| | **Decrease in Other Liabilities:= ( )** | | | |
| 24 | Accrued Interest on 1998, 1999 UTGO Bond: | (0) | | (0) |
| 25 | 2008 UTGO Refunding Bonds Premium | (18,169) | | (18,169) |
| 26 | Deferred Tax Collections | 122,228 | 122,228 | |
| 27 | Deferred Revenue - Home Health | (25,857) | | (25,857) |
| 28 | **Total Other Liabilities** | **78,203** | | |
| | **Decrease in LT Debt & Cap Leases:= ( )** | | | |
| 29 | Long-Term Debt - 2008 UTGO Bonds | 0 | | |
| 30 | Long-Term Debt - 2009 LTGO Bonds | 0 | | |
| 31 | Long-Term Debt - Energy Project | 0 | | |
| 32 | Long-Term Debt - Dell | 0 | | |
| 33 | Long-Term Debt - PACS System | 0 | | |
| 34 | **Total Long-Term Debt & Leases** | **0** | | |
| 35 | **Total Liabilities** | **(468,347)** | | |
| 36 | **Net Change in Cash** | **(1,783,107)** | **3,280,447** | **(5,063,555)** |
| 37 | Beginning Cash On Hand | 4,551,414 | | |
| 38 | **Ending Cash On Hand** | 2,768,307 | | |

# Financial Stewardship

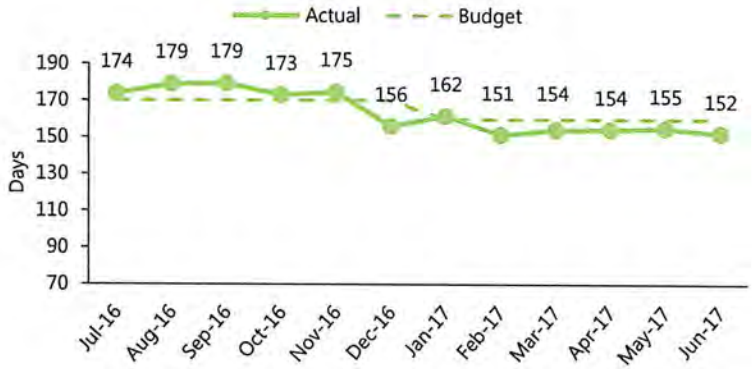
## Operating Income



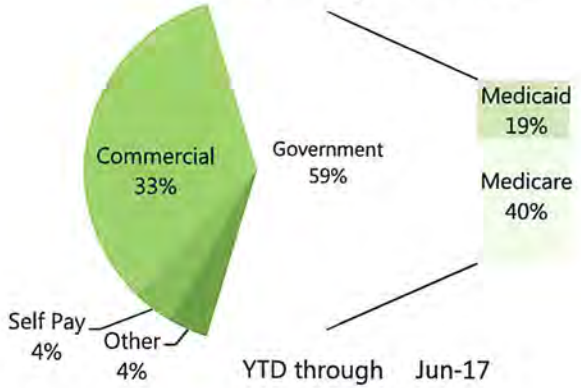

## Accounts Receivable Days




## Days Cash on Hand




## 2017 Payer Mix



PUBLIC HOSPITAL DISTRICT NO. 1

KITTITAS COUNTY, WASHINGTON

RESOLUTION NO. 17-09

A RESOLUTION of the Commission of Public Hospital District No. 1, Kittitas County, Washington providing for the issuance, sale and delivery of not to exceed $13,500,000 aggregate principal amount of hospital revenue bonds to be issued in one or more series as tax-exempt or taxable to provide funds to finance hospital renovations and infrastructure improvements, acquisition of and renovations to one or more buildings for clinical and support services, Cerner information technology improvements and pay the costs of issuing the bonds; fixing or setting parameters with respect to certain terms and covenants of the bonds; appointing the District's designated representative to approve the final terms of the sale of the bonds; and providing for other related matters.

ADOPTED July 27, 2017

*This document prepared by:*

*Foster Pepper PLLC*
*1111 Third Avenue, Suite 3000*
*Seattle, Washington 98101*
*(206) 447-4400*

PUBLIC HOSPITAL DISTRICT NO. 1

KITTITAS COUNTY, WASHINGTON

RESOLUTION NO. 17-09

A RESOLUTION of the Commission of Public Hospital District No. 1, Kittitas County, Washington providing for the issuance, sale and delivery of not to exceed $13,500,000 aggregate principal amount of hospital revenue bonds to be issued in one or more series as tax-exempt or taxable to provide funds to finance hospital renovations and infrastructure improvements, acquisition of and renovations to one or more buildings for clinical and support services, Cerner information technology improvements and pay the costs of issuing the bonds; fixing or setting parameters with respect to certain terms and covenants of the bonds; appointing the District's designated representative to approve the final terms of the sale of the bonds; and providing for other related matters.

WHEREAS, Public Hospital District No. 1, Kittitas County, Washington (the "District"), has been duly established for the purpose of owning and operating hospitals and other health care facilities and providing hospital services and other health care services for the residents of the District and other persons pursuant to the provisions of Chapter 70.44 RCW; and

WHEREAS, the District does business under the name Kittitas Valley Healthcare and owns and operates Kittitas Valley Healthcare Hospital (the "Hospital") located in Ellensburg, Washington; and

WHEREAS, the Commission deems it to be in the best interests of the District to issue and sell one or more series of tax-exempt or taxable bonds payable from the revenues of the Hospital and other health care facilities of the District to pay part of the costs of carrying out the Project as defined hereafter, and issuing and selling the bonds; NOW, THEREFORE,

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO. 1, KITTITAS COUNTY, WASHINGTON, as follows:

Section 1. Definitions. As used in this resolution, the following words shall have the meanings hereinafter set forth:

"Adjusted Gross Revenue of Hospital" means, for any period, Gross Revenue of the Hospital less adjustments for contractual allowances and uncompensated care and income from any defeasance deposit to the extent that such income is necessary to pay debt service on the indebtedness for which such defeasance deposit was made, all as determined in accordance with generally accepted accounting principles.

"Annual Debt Service" means, for any year, all amounts required to be paid in respect of interest on and principal of Parity Bonds (excluding interest payments capitalized by Parity Bonds and accrued interest paid upon the issuance of Parity Bonds), subject to the following:

(i) Debt Service on Term Bonds. For purposes of calculating the principal portion of debt service on Term Bonds, only the scheduled mandatory redemption amounts payable in respect of principal of Term Bonds shall be taken into account in any year prior to the Term Bond Maturity Year, and only the principal amount scheduled to remain Outstanding after payment of all prior mandatory redemption amounts shall be taken into account in the Term Bond Maturity Year;

(ii) Interest on Parity Bonds. For purposes of determining compliance with the conditions for the issuance of Future Parity Bonds, the following shall apply:

(A) Generally. Except as otherwise provided by subparagraph (ii)(B) with respect to Variable Interest Rate Bonds, interest on any issue of Parity Bonds payable in a year shall be calculated based on the actual amount of accrued, accreted or otherwise accumulated interest that is payable in that year in respect of that issue taken as a whole, at the rate or rates set forth in the resolution authorizing the Parity Bonds; and

(B) Interest on Variable Interest Rate Bonds. The amount of interest deemed to be payable on any issue of Variable Interest Rate Bonds shall be calculated on the assumption that the interest rate on those bonds would be equal to the rate (the "assumed RBI-based rate") that is 100% of the average Bond Buyer Revenue Bond Index or comparable index during the fiscal quarter preceding the quarter in which the calculation is made; except that, for purposes of determining actual compliance with the Coverage Requirement in any past year, the actual amount of interest paid on any issue of Variable Interest Rate Bonds shall be used.

"Authorized Representative" means anyone of the following: the President of the Commission, the Superintendent or the Chief Financial Officer of the District.

"Average Annual Debt Service" means the sum of the Annual Debt Service for the remaining years divided by the number of those years.

"Bond" or "Bonds" means any series of Hospital Revenue Bonds issued pursuant to and for the purposes provided in this resolution.

"Bond Fund" means the Hospital Revenue Bond Fund, previously created pursuant to Resolution No. 05-03 of the District for the purpose of paying the principal of and interest on the Parity Bonds.

"Bond Register" means the books or records maintained by the Bond Registrar for the purpose of identifying ownership of each Bond.

"Bond Registrar" means the Chief Financial Officer of the District, or any successor bond registrar selected by the District.

"Code" means the United States Internal Revenue Code of 1986, as amended, and applicable rules and regulations promulgated thereunder.

"Commission" means the legislative authority of the District.

"Coverage Requirement" means, so long as the 2009 Bond remains outstanding, in any year an amount of Net Income Available for Debt Service equal to at least 125% of the sum of the Annual Debt Service on all Parity Bonds plus the rent and lease expenses incurred by the District during that year. After the 2009 Bond is no longer Outstanding, "Coverage Requirement" means in any year an amount of Net Income Available for Debt Service equal to at least 115% of the sum of the Annual Debt Service on all Parity Bonds plus the rent and lease expenses incurred by the District during that year.

"Days Cash on Hand" means the product obtained by multiplying 365 by the quotient determined by dividing the sum of the fair market value of the District's cash, cash equivalents and board-designated funds as of the end of the most recent fiscal year for which audited financial statements are available by Expenses (minus depreciation, amortization, extraordinary items and other noncash expenses) as of the end of the most recent fiscal year for which audited financial statements are available.

"Designated Representative" means the officer of the District appointed in Section 5 of this resolution to serve as the District's designated representative in accordance with RCW 39.46.040(2).

"District" means Public Hospital District No. 1, Kittitas County, Washington, a municipal corporation of the State of Washington, duly organized pursuant to the provisions of Chapter 70.44 RCW.

"Expenses" means, for any period, all the expenses incurred by the District in operating the Hospital and other facilities and services of the District that are "expenses" under generally accepted accounting principles, but not including any interest, depreciation, or amortization expense of the District.

"Final Terms" means the terms and conditions for the sale of each Bond, which could include the amount, date, denominations, interest rate or rates (or mechanism for determining interest rate or rates), payment dates, final maturity, prepayment rights, price, financial reporting requirements and other terms or covenants.

"Future Parity Bonds" means any and all revenue bonds of the District hereafter issued, the payment of which, both principal and interest shall constitute a lien and charge upon the Net Revenue of the District for the payments required to pay and secure the payment of the Bonds and the 2009 Bond.

"Government Obligations" has the meaning given in RCW 39.53.010, as now in effect or as may hereafter be amended.

"Gross Revenue of the Hospital" means, for any period, operating and nonoperating revenues derived or to be derived from any source by the District from the operation of the

Hospital or other facilities or services of the District, from which shall be excluded (i) all grants and donations which have been specifically restricted by the grantor or donor to a particular purpose inconsistent with the payment of expenses or debt service on any indebtedness incurred by the District and (ii)(a) so long as the District's 2009 Bond is outstanding, all proceeds of tax levies other than Regular Property Taxes, and (b) after the 2009 Bond is no longer outstanding, all proceeds of tax levies, all as determined in accordance with generally accepted accounting principles.

"Hospital" means Kittitas Valley Healthcare Hospital located in Ellensburg, Washington, as now owned and operated by the District and as the same may be added to, bettered or improved for so long as the Bonds are outstanding.

"Issue Date" means, with respect to each Bond, the date of initial issuance and delivery of that Bond to the Purchaser in exchange for the purchase price of that Bond.

"Liquidity Requirement" means 75 Days Cash on Hand, measured annually.

"Maximum Annual Debt Service" means, as of any calculation date, the maximum amount of Annual Debt Service which will mature or become due in any future calendar year.

"Net Income Available for Debt Service" means, for any period, the excess of the operating and non-operating revenue derived by the District from any source over all expenses and other proper charges incurred by the District plus:

(a) interest expenses incurred by the District;

(b) tax expenses incurred by the District;

(c) depreciation expenses incurred by the District;

(d) amortization expenses incurred by the District;

(e) rent and lease expenses incurred by the District;

(f) the value of cash, cash equivalents and investments as of the last day of the immediately preceding fiscal year as shown in the current assets section of the District's balance sheet; and

(g) the value of the debt service fund required for current liabilities as of the last day of the immediately preceding fiscal year as shown in the current asset section of the District's balance sheet;

and less (1) all grants, donations, trust funds and proceeds of tax levies, including investment income earned thereon, which have been specifically restricted to a particular purpose inconsistent with the payment of Expenses or the principal of and interest on the Bond, Parity Bonds or other obligations of the District payable from the Gross Revenue of the Hospital, (2) income derived from investments irrevocably pledged to the payment of any defeased bonds, and

(3) investment income earned on money in any fund or account created or maintained solely for the purpose of complying with the arbitrage rebate provisions of the Code.

Such calculation shall be made in accordance with generally accepted accounting principles and shall exclude:

(a) profits or losses resulting from the sale or other disposition, not in the ordinary course of business, of investments or fixed or capital assets;

(b) profits or losses resulting from the early extinguishment of debt;

(c) the net proceeds of insurance (other than business interruption insurance); and

(d) other extraordinary items.

"Net Revenue of the Hospital" means, for any period, the excess of Adjusted Gross Revenue of the Hospital over Expenses.

"Outstanding," when used as of any particular time with reference to bonds, means all bonds theretofore, or thereupon being, authenticated and delivered by the Bond Registrar under this resolution except (1) bonds theretofore cancelled by the Bond Registrar or surrendered to the Bond Registrar for cancellation; (2) bonds with respect to which all liability of the District shall have been discharged in accordance with Section 19; and (3) bonds for the transfer or exchange of or in lieu of or in substitution for which other bonds shall have been authenticated and delivered by the Bond Registrar pursuant to this resolution.

"Parity Bonds" means the Bonds, the 2009 Bond, and any and all revenue bonds of the District payable from the Bond Fund, the payment of which, both principal and interest, constitutes a lien and charge upon Gross Revenue of the Hospital equal in rank with the lien and charge upon such revenues for the payments required to pay or secure the payment of the Bonds.

"Parity Bond Authorizing Resolution" means this resolution and any other resolution of the District that authorizes the issuance and sale and establishes the terms of a particular issue of Parity Bonds and other matters relating thereto.

"Project" means the financing of (i) renovations of and improvements to the Hospital and its infrastructure, (ii) acquisition of and renovations to one or more buildings for clinical and support services, (iii) acquisition and installation of Cerner information technology improvements, and (iv) other capital projects as authorized by the Commission to be financed with proceeds of the Bonds.

"Project Fund" means the Project Fund, 2017, created by the District as provided in Section 16 of this resolution.

"Purchaser" means Compass Bank, Compass Mortgage Corporation, or any affiliate of either thereof, or such other corporation, firm, association, partnership, trust, bank, financial institution or other legal entity or group of entities selected by the Designated Representative to serve as purchaser in a private placement or underwriter in a negotiated sale of the Bonds.

"Regular Property Taxes" means the proceeds of annual ad valorem tax levy caused to be made by the District pursuant to RCW 70.44.060(6) on all of the taxable property within its territorial boundaries not to exceed 75 cents per $1,000 of assessed valuation without a vote of the people.

"Tax-Exempt Bond" means any Bond issued as tax-exempt.

"Taxable Bond" means any Bond issued as taxable.

"Term Bonds" means Parity Bonds of any single issue or series designated as Term Bonds in the resolution authorizing their sale and which are subject to mandatory prior redemption or for which mandatory sinking fund payments are required.

"2009 Bond" means the $5,000,000 original aggregate principal amount Limited Tax General Obligation and Revenue Bond, 2009, of the District issued pursuant to and for the purposes provided in Resolution No. 09-20.

"Variable Interest Rate" means any variable interest rate or rates to be borne by any Parity Bonds. The method of computing such a variable interest rate shall be as specified in the applicable Parity Bond Authorizing Resolution, which resolution also shall specify either (1) the particular period or periods of time or manner of determining such period or periods of time for which each value of such variable interest rate shall remain in effect or (2) the time or times upon which any change in such variable interest rate shall become effective. A Variable Interest Rate may, without limitation, be based on the interest rate on certain bonds or may be based on interest rate, currency, commodity or other indexes.

"Variable Interest Rate Bonds" means, for any period of time, any Parity Bonds that bear a Variable Interest Rate during that period, except that Parity Bonds shall not be treated as Variable Interest Rate Bonds if the net economic effect of interest rates on particular Parity Bonds of an issue and interest rates on other Parity Bonds of the same issue, as set forth in the applicable Parity Bond Authorizing Resolution, or the net economic effect of a payment agreement with respect to particular Parity Bonds, in either case is to produce obligations that bear interest at a fixed interest rate.

Section 2. Adoption of Project. The Project is hereby specified, adopted and ordered to be carried out as a plan of additions to and betterments and extension of the facilities of the District.

The Commission of the District may modify the details of the Project where necessary or advisable in the judgment of the Commission and where not substantially altering the purposes herein specified.

The estimated cost of the Project, including the costs of issuance and sale of the Bonds, is declared to be, as nearly as may be, in the amount of $15,400,000 which cost shall be paid from proceeds of the Bonds authorized herein.

Section 3. Compliance with Parity Conditions. The Commission hereby finds and determines, as required by Section 12 of Resolution No. 09-20, which authorized the 2009 Bond that:

(a) All payments required by Resolution No. 09-20 were made into the Bond Fund; and

(b) The Chief Financial Officer of the District will provide a written statement to the Purchaser that the requirements under Section 12(b) of Resolution No. 09-20 are met.

The conditions contained in Section 12 of Resolution No. 09-20 having been complied with or assured, the payments required herein to be made into the Bond Fund to pay and secure the payment of the principal of and interest on the Bonds shall constitute a lien and charge upon the money in the Bond Fund equal in rank with the lien and charge thereon for the payments required to be made for the Outstanding Parity Bonds.

Section 4. Authorization of the Bonds. The District shall issue and sell the Bonds in one or more series to be issued as tax-exempt or taxable for the purpose of paying the cost of carrying out the Project, and paying the costs of issuance and sale of the Bonds.

Section 5. Description of the Bonds; Appointment of Designated Representative. The Superintendent and the Chief Financial Officer, if the Superintendent is unavailable, are each appointed as the Designated Representative of the District and are each individually authorized and directed to conduct the sale of the Bonds in the manner and upon the terms deemed most advantageous to the District, and to approve the Final Terms of the Bonds, with such additional terms and covenants as the Designated Representative deems advisable, within the following parameters.

(a) *Principal Amount.* The aggregate principal amount of the Bonds shall not exceed $13,500,000.

(b) *Date or Dates.* The Bonds shall be dated as of its date of delivery to the Purchaser, which date may not be later than December 31, 2017 (the "Issue Date").

(c) *Interest Rate(s).* The Bonds shall bear interest at fixed or variable rates, provided that the average interest rate on the Taxable Bond may not exceed 5.5% and that the average interest rate on the Tax-Exempt Bond may not exceed 4.0%, other than an adjustment that may occur upon an Event of Default or determination of taxability for the Tax-Exempt Bond, and the true interest cost to the District for the Tax-Exempt Bond may not exceed 4.0% and may not exceed 5.5% for the Taxable Bond.

(d) *Payment Dates.* Interest on the Bonds is payable semi-annually on each June 30 and December 31, beginning December 31, 2017, or such other date as acceptable to the Designated Representative. Principal is payable annually on each December 31, beginning December 31, 2017, or such other date as acceptable to the Designated Representative, to their maturity dates.

(e) *Final Maturity.* The Bonds shall mature no later than August 31, 2027.

(f) *Price.* The purchase price for the Bonds may be in an amount as is acceptable to the Designated Representative.

(g) *Other Terms and Conditions.*

1. The Bond may be sold in accordance with Section 19 of this resolution.

2. The Designated Representative may accept such additional terms, conditions and covenants as he or she may determine are in the best interests of the District, consistent with this resolution.

3. The Designated Representative may enter into a continuing disclosure agreement, bond purchase agreement or loan agreement with the Purchaser, as applicable.

Section 6. Bond Registrar, Registration and Transfer of the Bonds. Pursuant to RCW 39.46.030(4) the District's Chief Financial Officer shall serve as initial fiscal agent for the District (the "Bond Registrar") with respect to the Bonds and is authorized, on behalf of the District, to authenticate and deliver the Bonds in accordance with the provisions of the Bonds and this resolution. Each Bond shall be issued only in registered form as to both principal and interest and shall be recorded on books or records maintained by the Bond Registrar (the "Bond Register"). The Bond Register shall contain the name and mailing address of the owner of each Bond.

Upon a determination by the Chief Financial Officer that maintenance of the duties of the Bond Registrar is no longer convenient; the fiscal agent of the State of Washington shall act as Bond Registrar.

The Bond Registrar shall keep, or cause to be kept, at its office, sufficient books for the registration, assignment or transfer of the Bonds, which books shall be open to inspection by the District at all times. The Bond Registrar is authorized, on behalf of the District, to authenticate and deliver the Bonds transferred or exchanged in accordance with the provisions of each Bond and this resolution, to serve as the District's paying agent for the Bonds and to carry out all of the Bond Registrar's powers and duties under this resolution.

The Bond Registrar shall be responsible for its representations contained in the Bond Registrar's Certificate of Authentication on each Bond.

Each Bond may be assigned or transferred only in whole by the registered owner to a single investor that is a financial institution or an entity who is reasonably believed to be a qualified institutional buyer within the meaning of the applicable federal securities laws. Any transfer shall be without cost to the owner or transferee, except for governmental charges imposed on any such transfer or exchange. The Bond Registrar shall not be obligated to exchange or transfer the Bonds during the 15 days preceding any installment or prepayment date. When each Bond has been paid in full, both principal and interest, such Bond shall be surrendered to the Bond Registrar, who shall cancel such Bond.

Section 7. Payment of Bond. Both principal of and interest on the Bonds shall be payable in lawful money of the United States of America and shall be paid by checks or drafts of

the Bond Registrar mailed on the applicable payment date to the Purchaser at the address appearing on the Bond Register or by electronic transfer on the payment date to an account designated by the Purchaser. The Bonds will be surrendered upon the final payment of principal and interest, and destroyed or cancelled in accordance with law. Interest on any principal amount of each Bond which is paid or prepaid shall cease to accrue on the date of such payment or prepayment.

Section 8. Prepayment Provisions. The Bonds shall be subject to prepayment prior to their maturity dates upon terms as are acceptable to the Designated Representative.

Section 9. Deposits to Bond Fund, Payment Source and Lien of Bond. So long as the 2009 Bond is Outstanding and payable from the Bond Fund, the District shall make monthly payments and set aside and pay into the Bond Fund out of the Gross Revenue of the Hospital an amount sufficient to pay one-sixth of the next ensuing interest requirement on the Bond; and an amount sufficient to pay one-twelfth of the next ensuing principal requirement on the Bond, against which amount shall be credited any money on deposit in that account and available for payment of such principal and interest requirements. After the 2009 Bond is no longer Outstanding, the District shall pay into the Bond Fund out of the Gross Revenue of the Hospital an amount sufficient to make the payment of principal and interest requirements on any Outstanding Parity Bonds on or prior to each payment date.

The District may provide for the purchase, redemption or defeasance of Parity Bonds by the use of money on deposit in any account in the Bond Fund as long as the money remaining in those accounts is sufficient to satisfy the required deposits in those accounts for the remaining Parity Bonds outstanding.

All money in the Bond Fund may be kept in cash or invested in legal investments maturing not later than the date when the funds are required for the payment of principal of or interest on the outstanding Parity Bonds or having a guaranteed redemption price prior to maturity and, in no event, maturing later than the last maturity of any remaining outstanding Parity Bonds. Earnings from investments in the Bond Fund shall be deposited in that fund.

The District may create sinking fund accounts or other accounts or subaccounts in the Bond Fund for the payment or securing the payment of Parity Bonds as long as the maintenance of such accounts does not conflict with the rights of the Purchaser or owners of Parity Bonds.

If the District fails to set aside and pay into the Bond Fund the amounts set forth above, the owner of any of the outstanding Parity Bonds may bring action against the District and compel such setting aside and payment.

The Net Revenue is pledged to the payments to be made into the Bond Fund for the Bonds, and this pledge shall constitute a lien and charge upon such Net Revenue prior and superior to any other charges whatsoever, except as provided in Section 13 hereof for any Future Parity Bonds.

Section 10. Commission Declaration Regarding Sufficiency of Revenues. The Commission of the District declares that in fixing the amounts to be paid into the Bond Fund, it has exercised due regard for Expenses and the debt service requirements of the Bonds and any

outstanding Parity Bonds, and the District has not bound and obligated itself to set aside and pay into the Bond Fund a greater amount or proportion of the Gross Revenue of the Hospital than in the judgment of the Commission will be available over and above such Expenses and the debt service requirements of the Bonds and any Outstanding Parity Bonds.

Section 11. Flow of Funds. A special fund of the District known as the general fund (sometimes herein called the "Hospital District Fund"), heretofore has been created and constitutes the general operational fund of the District. All of the Gross Revenue of the Hospital shall be deposited in or credited to the Hospital District Fund as collected and the Chief Financial Officer of the District shall designate the amounts of such money to be deposited in the Bond Fund and the amounts to be deposited in or credited to any other funds or accounts of the District heretofore or hereafter created by resolutions of the Commission of the District.

Gross Revenue of the Hospital when deposited as received in the Hospital District Fund shall be used, paid out and distributed in the following order of priority:

(a) To meet Expenses;

(b) To meet the required payments into the Bond Fund for the Parity Bonds including the amounts necessary to make up any deficiency in the reserve account, if one is created, of the Bond Fund created by authorized withdrawals therefrom;

(c) To meet the debt service requirements for any District bonds hereafter issued for the payment of which the lien and charge upon the Gross Revenue of the Hospital shall be junior to the prior lien and charge thereon for payments to be made into the Bond Fund;

(d) To redeem and retire any bonds of the District then Outstanding or to purchase any or all of those bonds in the open market at a price determined in accordance with the resolution providing for their issuance, plus accrued interest, to make necessary additions, betterments, improvements, repairs, extensions and replacements of any parts of the Hospital and other purposes proper to their maintenance and operation; and

(e) To pay any other proper District costs or expenses.

Section 12. Financial Covenants. The District further covenants and agrees with the registered owner of the Bonds as follows:

(a) It will not sell, lease, mortgage, or in any manner encumber or dispose of all of the Hospital facility unless provision is made for the payment into the Bond Fund previously created of a sum sufficient to pay the principal of and interest on the Bonds, the Parity Bonds and any Future Parity Bonds then outstanding as it comes due in accordance with the terms thereof; it will not sell, lease, mortgage, or in any manner encumber or dispose of any part of the Hospital facility that is used, useful or material in the operation of the Hospital and that contributes substantially to the Net Revenue of the Hospital unless provision is made for the replacement thereof or for the application of the net proceeds of such sale to either (1) capital expenditures for facilities which will contribute in some measure to the Net Revenue of the Hospital; or (2) the retirement of the Bonds, the Parity Bonds or outstanding Future Parity Bonds at the earliest possible date; and

(b) It will maintain in good condition and operate the Hospital and establish, maintain and collect rates and charges for patient services furnished by the Hospital, subject to applicable law and regulation, as will produce Net Income Available for Debt Service sufficient to meet the Coverage Requirement and the Liquidity Requirement and to make all payments required to be made into the Bond Fund for the payment of Parity Bonds.

(c) It will keep proper books of accounts and records, separate and apart from other accounts and records, and will prepare annual financial statements ("Annual Financial Statements") audited by the District's regular independent certified public accountants, which shall be a public accounting firm experienced in hospital accounting practices. Annual Financial Statements shall be prepared in accordance with generally accepted accounting principles as promulgated from time to time by the Governmental Accounting Standards Board or its successor or such other accounting principles as may be applicable in the future pursuant to the applicable accounting standards board. Annual Financial Statements shall be provided to the Purchaser not later than 150 days after the end of the District's fiscal year. In addition, the District shall provide to the Purchaser (i) unaudited quarterly financial statements prepared by the District, which shall be furnished to the Purchaser on a quarterly basis not later than the 45th day after the end of each quarter of the District's fiscal year beginning with the quarter ending September 30, 2017; (ii) District-prepared projections (including an income statement, balance sheet and cash flow statement) within 30 days after the beginning of each fiscal year beginning with fiscal year 2018; (iii) a compliance certificate executed by an Authorized Representative due within 45 days after the end of each fiscal quarter beginning with the fiscal quarter ending September 30, 2017; and (iv) such other information as the Purchaser may reasonably request from time to time.

(d) It will carry the types of insurance on the Hospital in the amounts normally in good practice carried on such properties by comparable private hospitals in the State of Washington to the full insurable value thereof, and also will carry adequate public liability insurance at all times, including malpractice insurance in at least the amounts customarily carried by similar hospitals in the State of Washington (unless such coverage is not available in the market place at what appears in the discretion of the Commission to be reasonable cost, in which case an experienced insurance consultant shall be retained by the District to recommend alternative options), or in lieu thereof it may self-insure through such individual or pooled risk management program as may be determined by the Commission to be in the best interests of the District after receiving the recommendations of an experienced insurance consultant. The cost of such insurance or program shall be considered a part of Expenses.

(f) It will operate the Hospital subject to and in accordance with the laws, ordinances, rules, regulations and orders of all government authorities or agencies having jurisdiction over the Hospital and the District.

(g) It will maintain its corporate existence and continue to operate the Hospital so long as any of the Parity Bonds are Outstanding.

Section 13. Future Parity Bonds. The District covenants and agrees that for so long as the Bonds are Outstanding it will not hereafter issue any Hospital revenue bonds or refunding revenue bonds, which shall constitute a lien and charge against the Net Revenue of the Hospital

prior to or on a parity with the lien and charge against the same for payments required to be made into the Bond Fund for the Bonds and the Parity Bonds. The District reserves the right to issue additional and/or refunding hospital revenue bonds (herein referred to as Future Parity Bonds) which shall constitute a lien and charge upon such Net Revenue of the Hospital on a parity of lien with the Parity Bonds, if the following conditions are met and complied with at the time of the issuance of such Future Parity Bonds:

(a) All payments then required by this resolution and any resolution hereafter adopted pertaining to any Future Parity Bonds theretofore issued and then Outstanding shall have been made into the Bond Fund.

(b) The District provides the following statements to the Purchaser: (i) a written statement of its chief financial officer stating that the Net Income Available for Debt Service for each of the two years immediately preceding the date of issuance of such Future Parity Bonds, as evidenced by annual audit reports (provided, however, that if during the first five months of any year the audited financial report of the District for the Hospital for the immediately preceding year is not available, then such average annual Net Income Available for Debt Service shall be calculated based upon the unaudited statement of revenues and expenses for the immediately preceding year prepared by the administrative staff of the District in accordance with generally accepted accounting principles), was equal to at least 125% of the sum of the Annual Debt Service with respect to the Parity Bonds and any Future Parity Bonds (excluding the Parity Bonds to be issued) plus the rental and lease expense incurred by the District during each of the two years, and (b) a written statement of the Chief Financial Officer of the District reporting as of the time immediately after the delivery of such Future Parity Bonds that for the year immediately following the year in which the Future Parity Bonds are issued (or, if improvements are to be constructed with the proceeds of Future Parity Bonds, that for the year immediately following the first full year after completion), the Net Income Available for Debt Service is forecasted to be at least equal to 125% of the sum of the Annual Debt Service coming due with respect to the Parity Bonds and the Future Parity Bonds (including the Future Parity Bonds to be issued) plus the rental and lease expense of District coming due during the same period.

All Future Parity Bonds shall have a lien equal in rank to that of the Outstanding Parity Bonds and the Bonds against the Bond Fund and its accounts, and shall be payable equally and ratably from such Bond Fund without preference, priority or distinction because of date of issue.

The District reserves the right to issue Future Parity Bonds for the purpose of refunding by exchange or purchasing or calling and retiring at or prior to their maturity any part or all of the then Outstanding Parity Bonds, including the Bonds, payable out of the Bond Fund if the issuance of such refunding Future Parity Bonds does not require a greater amount to be paid out of the Gross Revenue of the Hospital for such refunding bonds in any year.

Nothing contained in this section shall prevent the District from issuing revenue bonds, notes or warrants, the payment of the principal of and interest on which is a charge upon the Net Revenue of the Hospital junior and inferior to the payments required to be made from such Net Revenue of the Hospital into the Bond Fund.

Nothing contained in this section shall prevent the District from issuing revenue bonds to refund maturing revenue bonds of the District for the payment of which money is not otherwise available.

Nothing contained in this section shall prevent the District from issuing limited tax general obligation bonds of the District.

Section 14. Form and Execution of the Bonds. Each Bond shall be prepared in a form consistent with the provisions of this resolution and State law, shall be signed in the corporate name of the District by the President and Secretary of the Commission of the District, either or both of whose signatures may be manual or in facsimile.

Each Bond shall bear thereon a Certificate of Authentication in the following form, manually signed by the Bond Registrar, and only if so executed shall the Bond be valid or obligatory for any purpose or entitled to the benefits of this resolution:

CERTIFICATE OF AUTHENTICATION

This Bond is the fully registered Public Hospital District No. 1, Kittitas County, Washington, Hospital Revenue Bond, 2017[A/B (Taxable)], described in the Bond Resolution.

By _____
Bond Registrar

The authorized signing of a Certificate of Authentication shall be conclusive evidence that the Bond so authenticated has been duly executed, authenticated, and delivered and is entitled to the benefits of this resolution.

If any officer whose signature appears on a Bond ceases to be an officer of the District authorized to sign bonds before the Bond bearing his or her signature is authenticated or delivered by the Bond Registrar or issued by the District, the Bond nevertheless may be authenticated, issued, and delivered and, when authenticated, issued, and delivered, shall be as binding on the District as though that person had continued to be an officer of the District authorized to sign bonds. Each Bond also may be signed on behalf of the District by any person who, on the actual date of signing of the Bond, is an officer of the District authorized to sign bonds, although he or she did not hold the required office on the date of issuance of the Bond.

Section 15. Tax Covenants; Designation of the Tax-Exempt Bond as a "Qualified Tax Exempt Obligation."

(a) *Preservation of Tax Exemption for Interest on the Tax-Exempt Bond.* The District covenants that it will take all actions necessary to prevent interest on the Tax-Exempt Bond from being included in gross income for federal income tax purposes, and it will neither take any action nor make or permit any use of proceeds of the Tax-Exempt Bond or other funds of the District treated as proceeds of the Tax-Exempt Bond that will cause interest on the Tax-Exempt Bond to be included in gross income for federal income tax purposes. The District also covenants that it will, to the extent the arbitrage rebate requirements of Section 148 of the Code

are applicable to the Tax-Exempt Bond, take all actions necessary to comply (or to be treated as having complied) with those requirements in connection with the Tax-Exempt Bond.

(b) *Post-Issuance Compliance.* The Chief Financial Officer is authorized and directed to adopt and implement the District's written procedures to facilitate compliance by the District with the covenants in this resolution and the applicable requirements of the Code that must be satisfied after the Issue Date to prevent interest on the Tax-Exempt Bond from being included in gross income for federal tax purposes.

(c) *Designation of the Tax-Exempt Bond as a "Qualified Tax-Exempt Obligation."* The Tax-Exempt Bond may be designated as a "qualified tax-exempt obligation" for the purposes of Section 265(b)(3) of the Code, if the following conditions are met:

1. the Tax-Exempt Bond does not constitute a "private activity bond" within the meaning of Section 141 of the Code;

2. the reasonably anticipated amount of tax-exempt obligations (other than private activity bonds and other obligations not required to be included in such calculation) that the District and any entity subordinate to the District (including any entity that the District controls, that derives its authority to issue tax-exempt obligations from the District, or that issues tax-exempt obligations on behalf of the District) will issue during the calendar year in which the Tax-Exempt Bond is issued will not exceed $10,000,000; and

3. the amount of tax-exempt obligations, including the Tax-Exempt Bond, designated by the District as a "qualified tax-exempt obligation" for the purposes of Section 265(b)(3) of the Code during the calendar year in which the Tax-Exempt Bond is issued does not exceed $10,000,000.

Section 16. Project Fund and Deposit of Bond Proceeds. There shall be created and established in the office of the Chief Financial Officer of the District a special fund to be known and designated as the Project Fund, 2017 (the "Project Fund"). The principal proceeds of the Bonds shall be deposited in the Project Fund and used for the purpose of carrying out the Project.

Pending the expenditure of such principal proceeds in the Project Fund, the Chief Financial Officer of the District may temporarily invest such proceeds in any legal investment and the investment earnings may be retained in the Project Fund and expended for the purposes of that fund. Any money remaining in the Project Fund after completion of the Project shall be transferred to the Bond Fund.

Section 17. Enforceability of Covenants. The covenants of the District contained in this resolution constitute a contract between the District and the owner of the Bonds. In the event of default of any covenant or agreement herein by the District, any such bond owner may enforce performance and obtain other appropriate relief in the proper forum as permitted by law. In the event the bond owner must commence legal proceedings to enforce the District's obligations contained herein, or in any bankruptcy proceeding of the District, the Purchaser shall be entitled to recover from the District, in addition to the obligations contained herein, its costs and reasonable attorney fees.

Section 18. Refunding or Defeasance of the Bonds. In the event the District shall have irrevocably set aside for and pledged to the payment of the principal of and interest on the Bonds as it matures or is called for redemption, money and/or Government Obligations (and, if deemed appropriate, provided for the substitution of other Government Obligations for such obligations and investments) sufficient in amount together with known earned income from the investments thereof, to make such payments and accomplish the refunding as scheduled (hereinafter called the "trust account"), and shall irrevocably make provision for redemption of the Bonds, then in that case all right and interest of the registered owner of the Bonds to be so retired or refunded in the Bonds (hereinafter called the "defeased Bond") in the covenants of this resolution, in the Gross Revenue of the Hospital, and in funds and accounts obligated to the payment of such Bonds shall thereafter cease and become void, except such registered owners shall have the right to receive payment of the principal of and interest on the defeased Bond from the trust account. After the establishing and full funding of such trust account, the District may then apply any money in any other fund or account established for the payment or redemption of the defeased Bond to any lawful purposes as it shall determine, subject only to the rights of the registered owners of any other bonds then Outstanding.

In the event that the refunding plan provides that the Bonds being refunded or the refunding bonds to be issued be secured by cash and/or direct obligations of the United States of America or other legal investments pending the prior redemption of the Bonds being refunded and if such refunding plan also provides that certain cash and/or direct obligations of the United States of America or other legal investments are irrevocably pledged for the prior redemption of the Bonds, included in the refunding plan, then only the debt service on the Bonds which are not a defeased Bond and the refunding bonds, the payment of which is not so secured by the refunding plan, shall be included in the computation of coverage for the issuance of Parity Bonds and the annual computation of coverage for determining compliance with the rate covenants.

The District shall include in the refunding or defeasance plan such provisions as the District deems necessary for notice of the defeasance to be given to the owner of the defeased Bond and to such other persons as the District shall determine. The defeased Bond shall be deemed no longer Outstanding, and the District may apply any money in any other fund or account established for the payment or redemption of the defeased Bond to any lawful purposes as it shall determine.

Section 19. Supplemental Resolutions.

(a) The Commission from time to time and at any time may adopt a resolution or resolutions supplemental to this resolution, which supplemental resolution or resolutions thereafter shall, subject to written approval and consent of the Purchaser, become a part of this resolution, for any one or more or all of the following purposes:

(i) To add to the covenants and agreements of the District contained in this resolution other covenants and agreements thereafter to be observed, which shall not adversely affect the interests of the owners of any Parity Bonds, or surrender any right or power herein reserved to or conferred upon the District.

(ii) To make such provisions for the purpose of curing any ambiguities or of curing, correcting or supplementing any defective provision or provisions contained in this resolution or any resolution authorizing Future Parity Bonds regarding matters or questions arising under such resolution as the Commission may deem necessary or desirable and not inconsistent with such resolution and which shall not adversely affect the interests of the owners of any Parity Bonds.

Any such supplemental resolution of the District may be adopted without the consent of the registered owners of any Parity Bonds at any time Outstanding, notwithstanding any of the provisions of Subsection (b) of this section.

(b) With the consent of the Purchaser (so long as the Bonds are Outstanding) and the owners of not less than 60% in aggregate principal amount of the Parity Bonds at the time Outstanding, the Commission may adopt a resolution or resolutions supplemental hereto for the purpose of adding any provisions to or changing in any manner or eliminating any of the provisions of this resolution or of any supplemental resolution; provided, however, that no such supplemental resolution shall:

(i) Extend the fixed maturity of any Parity Bonds or the time of payment of interest thereon from the established due date, or reduce the rate of interest thereon or the amount of the principal thereof, or reduce any premium payable on the redemption thereof, without the consent of the registered owner of each bond so affected; or

(ii) Reduce the aforesaid percentage of registered owners required to approve any such supplemental resolution, without the consent of the registered owners of all of the Parity Bonds then Outstanding.

It shall not be necessary for the consent of registered owners or the Purchaser under this Subsection (b) to approve the particular form of any proposed supplemental resolution, but it shall be sufficient if such consent shall approve the substance thereof.

Section 20. Sale and Delivery of the Bonds.

(a) *Manner of Sale of the Bonds; Delivery of the Bonds.* The Designated Representative is authorized to sell the Bond by negotiated sale or private placement based on the assessment of the Designated Representative of market conditions, in consultation with appropriate District officials and staff, bond counsel and other advisors. In determining the method of sale of the Bonds and accepting the Final Terms, the Designated Representative shall take into account those factors that, in the judgment of the Designated Representative, may be expected to result in the lowest true interest cost to the District.

(b) *Procedure for Negotiated Sale or Private Placement.* If the Designated Representative determines that the Bonds are to be sold by negotiated sale or private placement, the Designated Representative shall select one or more Purchasers with which to negotiate such sale. A certificate shall set forth the Final Terms of the Bonds. The Designated Representative is authorized to execute such certificate on behalf of the District, so long as the terms provided therein are consistent with the terms of this resolution.

(c) *Preparation, Execution and Delivery of the Bonds*. The Bonds will be prepared at District expense and will be delivered to the Purchaser in accordance with this resolution, together with the approving legal opinion of bond counsel regarding the Bonds.

Section 21. Severability. If any one or more of the covenants or agreements provided in this resolution to be performed on the part of the District shall be declared by any court of competent jurisdiction to be contrary to law, then such covenant or covenants, agreement or agreements, shall be null and void and shall be separable from the remaining covenants and agreements in this resolution and shall in no way affect the validity of the other provisions of this resolution or of the Bonds.

Section 22. Ratification of Prior Acts. Any action taken consistent with the authority and prior to the effective date of this resolution is ratified, approved and confirmed.

ADOPTED by the Commission of Public Hospital District No. 1, Kittitas County, Washington, at a regular open public meeting thereof, held this 27th day of July, 2017, the following Commissioners being present and voting in favor of the resolution.

_____
President and Commissioner

_____
Commissioner

_____
Commissioner

_____
Commissioner

_____
Secretary and Commissioner

CERTIFICATION

I, the undersigned, Secretary of the Commission of Public Hospital District No. 1, Kittitas County, Washington (the "District"), hereby certify as follows:

1. The attached copy of Resolution No. 17-09 (the "Resolution") is a full, true and correct copy of a resolution duly passed at a special meeting of the Commission of the District held at Kittitas Valley Healthcare, 603 S. Chestnut Street, Ellensburg, Washington, on July 27, 2017, as that resolution appears on the minute book of the District; and the Resolution is now in full force and effect.

2. A quorum of the members of the Commission was present throughout the meeting and a majority of the members voted in the proper manner for the passage of the Resolution.

IN WITNESS WHEREOF, I have hereunto set my hand this 27th day of July, 2017.

PUBLIC HOSPITAL DISTRICT NO. 1,
KITTITAS COUNTY, WASHINGTON

_____
Secretary of the Commission





94r

Kittitas Valley Healthcare

## Key Financial Metrics with $13.5M New Debt

July 27, 2017

### Days Cash on Hand

| | (Audited) Period Ending December 31, | | | | Unaudited | |
|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2015 | 2016 | June 2017 | |
| Cash and cash equivalents | $ 4,301,437 | $ 9,319,236 | $ 9,419,986 | $ 6,633,207 | $ 4,937,863 | [1] |
| Investments internally designated for capital acquisitions | 18,010,523 | 20,145,491 | 23,054,246 | 22,866,781 | 25,550,073 | |
| Unrestricted cash and inve: | $ 22,311,960 | $ 29,464,727 | $ 32,474,232 | $ 29,499,988 | $ 30,487,936 | |
| Total Expenses *(including interest expense)* | $ 60,642,650 | $ 64,455,795 | $ 66,068,995 | $ 71,512,727 | $ 35,101,765 | |
| Less: Depreciation | (2,888,878) | (2,715,867) | (2,689,974) | (2,727,666) | (1,444,240) | |
| Operating Expenses | $ 57,753,772 | $ 61,739,928 | $ 63,379,021 | $ 68,785,061 | $ 33,657,525 | |
| Daily Operating Expenses | $ 158,230 | $ 169,150 | $ 173,641 | $ 188,452 | $ 185,953.18 | [2] |
| Days Cash on Hand | 141.0 | 174.2 | 187.0 | 156.5 | 164.0 | |

[1] Assumes reimbursement of $2,169,556 at closing

[2] Assumes 181 days

### Debt to Equity

| | (Audited) Period Ending December 31, | | | | Unaudited | ProForma with $13.5 million |
|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2015 | 2016 | June 2017 | June 2017 |
| Long-term debt net of current portion and bond premium | $ 8,793,483 | $ 7,226,256 | $ 5,755,111 | $ 4,164,351 | $ 4,109,616 | $ 17,499,630 |
| Unrestricted Net Assets and Net investment in capital | 41,106,472 | 47,485,612 | 52,566,419 | 54,112,107 | 54,498,310 | 54,498,310 |
| Debt to Equity | 17.6% | 13.2% | 9.8% | 7.1% | 7.0% | 24.3% |

### Current Ratio

| | (Audited) Period Ending December 31, | | | | Unaudited | |
|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2015 | 2016 | June 2017 | |
| Current Assets | $ 15,069,432 | $ 19,928,701 | $ 20,431,257 | $ 18,747,742 | $ 17,874,385 | [1] |
| Current Liabilities | 6,346,536 | 7,607,062 | 6,905,495 | 8,633,962 | 8,174,570 | [2] |
| Current Ratio | 2.37 | 2.62 | 2.96 | 2.17 | 2.19 | |

[1] Assumes reimbursement of $2,169,556 at closing

[2] Includes $109,986 of FY17 principal payments on new bonds

94s

Sources and Uses of Funds
Kittitas County Public Hospital District No. 1
Kittitas County, Washington
20 year amortization, 10 year commitment
Issue Summary
Series 2017

| | |
|---|---|
| Dated Date | 08/10/2017 |
| Delivery Date | 08/10/2017 |

| Sources: | | 2017 - wrap amortization and taxable4year | 2017 20 amortization tax exempt | Total |
|---|---|---|---|---|
| Bond Proceeds: | | | | |
| | Par Amount | 1,000,000.00 | 12,500,000.00 | 13,500,000.00 |
| | | 1,000,000.00 | 12,500,000.00 | 13,500,000.00 |

| Uses: | | 2017 - wrap amortization and taxable4year | 2017 20 amortization tax exempt | Total |
|---|---|---|---|---|
| Project Fund Deposits: | | | | |
| | Project Funds | 983,592.60 | 12,294,907.40 | 13,278,500.00 |
| Cost of Issuance: | | | | |
| | Placement Agent | 9,000.00 | 112,500.00 | 121,500.00 |
| | Bond Counsel | 3,333.33 | 41,666.67 | 45,000.00 |
| | Borrower's Counsel | 1,851.85 | 23,148.15 | 25,000.00 |
| | Bank Counsel | 1,851.85 | 23,148.15 | 25,000.00 |
| | Misc Expenses | 370.37 | 4,629.63 | 5,000.00 |
| | | 16,407.40 | 205,092.60 | 221,500.00 |
| | | 1,000,000.00 | 12,500,000.00 | 13,500,000.00 |

Bond Debt Service
Kittitas County Public Hospital District No. 1
Kittitas County, Washington
20 year amortization, 10 year commitment
Issue Summary
Series 2017

| | |
|---|---|
| Dated Date | 08/10/2017 |
| Delivery Date | 08/10/2017 |

| Period Ending | Principal | Coupon | Interest | Debt Service | Bond Balance |
|---|---|---|---|---|---|
| 12/31/2017 | 109,986 | 4.200% | 165,772.92 | 275,758.92 | 13,390,014 |
| 12/31/2018 | 215,813 | 4.200% | 418,630.58 | 634,443.58 | 13,174,201 |
| 12/31/2019 | 224,878 | 4.200% | 409,566.44 | 634,444.44 | 12,949,323 |
| 12/31/2020 | 234,323 | 4.200% | 400,121.56 | 634,444.56 | 12,715,000 |
| 12/31/2021 | 245,000 | ** | 390,280.00 | 635,280.00 | 12,470,000 |
| 12/31/2022 | 254,316 | 3.050% | 380,335.00 | 634,651.00 | 12,215,684 |
| 12/31/2023 | 262,073 | 3.050% | 372,578.36 | 634,651.36 | 11,953,611 |
| 12/31/2024 | 270,066 | 3.050% | 364,585.14 | 634,651.14 | 11,683,545 |
| 12/31/2025 | 745,766 | 3.050% | 356,348.12 | 1,102,114.12 | 10,937,779 |
| 12/31/2026 | 768,512 | 3.050% | 333,602.26 | 1,102,114.26 | 10,169,267 |
| 12/31/2027 | 791,952 | 3.050% | 310,162.64 | 1,102,114.64 | 9,377,315 |
| 12/31/2028 | 816,106 | 3.050% | 286,008.10 | 1,102,114.10 | 8,561,209 |
| 12/31/2029 | 840,997 | 3.050% | 261,116.88 | 1,102,113.88 | 7,720,212 |
| 12/31/2030 | 866,648 | 3.050% | 235,466.46 | 1,102,114.46 | 6,853,564 |
| 12/31/2031 | 893,081 | 3.050% | 209,033.70 | 1,102,114.70 | 5,960,483 |
| 12/31/2032 | 920,320 | 3.050% | 181,794.74 | 1,102,114.74 | 5,040,163 |
| 12/31/2033 | 948,389 | 3.050% | 153,724.98 | 1,102,113.98 | 4,091,774 |
| 12/31/2034 | 977,315 | 3.050% | 124,799.10 | 1,102,114.10 | 3,114,459 |
| 12/31/2035 | 1,007,123 | 3.050% | 94,991.00 | 1,102,114.00 | 2,107,336 |
| 12/31/2036 | 1,037,841 | 3.050% | 64,273.74 | 1,102,114.74 | 1,069,495 |
| 12/31/2037 | 1,069,495 | 3.050% | 32,619.60 | 1,102,114.60 | |
| | 13,500,000 | | 5,545,811.32 | 19,045,811.32 | |



94u

Bond Summary Statistics
Kittitas County Public Hospital District No. 1
Kittitas County, Washington
20 year amortization, 10 year commitment
Issue Summary
Series 2017

| | |
|---|---|
| Dated Date | 08/10/2017 |
| Delivery Date | 08/10/2017 |
| Last Maturity | 12/31/2037 |
| Arbitrage Yield | 3.070115% |
| True Interest Cost (TIC) | 3.070115% |
| Net Interest Cost (NIC) | 3.066662% |
| All-In TIC | 3.226056% |
| Average Coupon | 3.066662% |
| Average Life (years) | 13.396 |
| Weighted Average Maturity (years) | 13.396 |
| Par Amount | 13,500,000.00 |
| Bond Proceeds | 13,500,000.00 |
| Total Interest | 5,545,811.32 |
| Net Interest | 5,545,811.32 |
| Bond Years from Dated Date | 180,841,934.00 |
| Bond Years from Delivery Date | 180,841,934.00 |
| Total Debt Service | 19,045,811.32 |
| Maximum Annual Debt Service | 1,102,114.74 |
| Average Annual Debt Service | 933,999.74 |

| Bond Component | Par Value | Price | Average Coupon | Average Life | PV of 1 bp change |
|---|---|---|---|---|---|
| Taxable | 1,000,000.00 | 100.000 | 4.200% | 2.620 | 400.00 |
| 2037 Term Bond | 12,500,000.00 | 100.000 | 3.050% | 14.258 | 18,875.00 |
| | 13,500,000.00 | | | 13.396 | 19,275.00 |



94v

Bond Debt Service
Kittitas County Public Hospital District No. 1
Kittitas County, Washington
20 year amortization, 10 year commitment
New Money
Series 2017

| | |
|---|---|
| Dated Date | 08/10/2017 |
| Delivery Date | 08/10/2017 |

| Period Ending | Principal | Coupon | Interest | Debt Service | Bond Balance |
|---|---|---|---|---|---|
| 12/31/2017 | 109,986 | 4.200% | 16,450.00 | 126,436.00 | 890,014 |
| 12/31/2018 | 215,813 | 4.200% | 37,380.58 | 253,193.58 | 674,201 |
| 12/31/2019 | 224,878 | 4.200% | 28,316.44 | 253,194.44 | 449,323 |
| 12/31/2020 | 234,323 | 4.200% | 18,871.56 | 253,194.56 | 215,000 |
| 12/31/2021 | 215,000 | 4.200% | 9,030.00 | 224,030.00 | |
| | 1,000,000 | | 110,048.58 | 1,110,048.58 | |



94w

Bond Debt Service
Kittitas County Public Hospital District No. 1
Kittitas County, Washington
20 year amortization, 10 year commitment
New Money
Series 2017

| | |
|---|---|
| Dated Date | 08/10/2017 |
| Delivery Date | 08/10/2017 |

| Period Ending | Principal | Coupon | Interest | Debt Service | Bond Balance |
|---|---|---|---|---|---|
| 12/31/2017 | | | 149,322.92 | 149,322.92 | 12,500,000 |
| 12/31/2018 | | | 381,250.00 | 381,250.00 | 12,500,000 |
| 12/31/2019 | | | 381,250.00 | 381,250.00 | 12,500,000 |
| 12/31/2020 | | | 381,250.00 | 381,250.00 | 12,500,000 |
| 12/31/2021 | 30,000 | 3.050% | 381,250.00 | 411,250.00 | 12,470,000 |
| 12/31/2022 | 254,316 | 3.050% | 380,335.00 | 634,651.00 | 12,215,684 |
| 12/31/2023 | 262,073 | 3.050% | 372,578.36 | 634,651.36 | 11,953,611 |
| 12/31/2024 | 270,066 | 3.050% | 364,585.14 | 634,651.14 | 11,683,545 |
| 12/31/2025 | 745,766 | 3.050% | 356,348.12 | 1,102,114.12 | 10,937,779 |
| 12/31/2026 | 768,512 | 3.050% | 333,602.26 | 1,102,114.26 | 10,169,267 |
| 12/31/2027 | 791,952 | 3.050% | 310,162.64 | 1,102,114.64 | 9,377,315 |
| 12/31/2028 | 816,106 | 3.050% | 286,008.10 | 1,102,114.10 | 8,561,209 |
| 12/31/2029 | 840,997 | 3.050% | 261,116.88 | 1,102,113.88 | 7,720,212 |
| 12/31/2030 | 866,648 | 3.050% | 235,466.46 | 1,102,114.46 | 6,853,564 |
| 12/31/2031 | 893,081 | 3.050% | 209,033.70 | 1,102,114.70 | 5,960,483 |
| 12/31/2032 | 920,320 | 3.050% | 181,794.74 | 1,102,114.74 | 5,040,163 |
| 12/31/2033 | 948,389 | 3.050% | 153,724.98 | 1,102,113.98 | 4,091,774 |
| 12/31/2034 | 977,315 | 3.050% | 124,799.10 | 1,102,114.10 | 3,114,459 |
| 12/31/2035 | 1,007,123 | 3.050% | 94,991.00 | 1,102,114.00 | 2,107,336 |
| 12/31/2036 | 1,037,841 | 3.050% | 64,273.74 | 1,102,114.74 | 1,069,495 |
| 12/31/2037 | 1,069,495 | 3.050% | 32,619.60 | 1,102,114.60 | |
| | 12,500,000 | | 5,435,762.74 | 17,935,762.74 | |



94x

Bond Debt Service
Kittitas County Public Hospital District No. 1
Kittitas County, Washington
20 year amortization, 10 year commitment
Issue Summary
Series 2017

Dated Date 08/10/2017

Delivery Date 08/10/2017

| Period Ending | Principal | Coupon | Interest | Debt Service | Annual Debt Service | Bond Balance |
|---|---|---|---|---|---|---|
| 08/10/2017 | | | | | | 13,500,000 |
| 12/31/2017 | 109,986 | 4.200% | 165,772.92 | 275,758.92 | 275,758.92 | 13,390,014 |
| 06/30/2018 | | | 209,315.29 | 209,315.29 | | 13,390,014 |
| 12/31/2018 | 215,813 | 4.200% | 209,315.29 | 425,128.29 | 634,443.58 | 13,174,201 |
| 06/30/2019 | | | 204,783.22 | 204,783.22 | | 13,174,201 |
| 12/31/2019 | 224,878 | 4.200% | 204,783.22 | 429,661.22 | 634,444.44 | 12,949,323 |
| 06/30/2020 | | | 200,060.78 | 200,060.78 | | 12,949,323 |
| 12/31/2020 | 234,323 | 4.200% | 200,060.78 | 434,383.78 | 634,444.56 | 12,715,000 |
| 06/30/2021 | | | 195,140.00 | 195,140.00 | | 12,715,000 |
| 12/31/2021 | 245,000 | ** | 195,140.00 | 440,140.00 | 635,280.00 | 12,470,000 |
| 06/30/2022 | | | 190,167.50 | 190,167.50 | | 12,470,000 |
| 12/31/2022 | 254,316 | 3.050% | 190,167.50 | 444,483.50 | 634,651.00 | 12,215,684 |
| 06/30/2023 | | | 186,289.18 | 186,289.18 | | 12,215,684 |
| 12/31/2023 | 262,073 | 3.050% | 186,289.18 | 448,362.18 | 634,651.36 | 11,953,611 |
| 06/30/2024 | | | 182,292.57 | 182,292.57 | | 11,953,611 |
| 12/31/2024 | 270,066 | 3.050% | 182,292.57 | 452,358.57 | 634,651.14 | 11,683,545 |
| 06/30/2025 | | | 178,174.06 | 178,174.06 | | 11,683,545 |
| 12/31/2025 | 745,766 | 3.050% | 178,174.06 | 923,940.06 | 1,102,114.12 | 10,937,779 |
| 06/30/2026 | | | 166,801.13 | 166,801.13 | | 10,937,779 |
| 12/31/2026 | 768,512 | 3.050% | 166,801.13 | 935,313.13 | 1,102,114.26 | 10,169,267 |
| 06/30/2027 | | | 155,081.32 | 155,081.32 | | 10,169,267 |
| 12/31/2027 | 791,952 | 3.050% | 155,081.32 | 947,033.32 | 1,102,114.64 | 9,377,315 |
| 06/30/2028 | | | 143,004.05 | 143,004.05 | | 9,377,315 |
| 12/31/2028 | 816,106 | 3.050% | 143,004.05 | 959,110.05 | 1,102,114.10 | 8,561,209 |
| 06/30/2029 | | | 130,558.44 | 130,558.44 | | 8,561,209 |
| 12/31/2029 | 840,997 | 3.050% | 130,558.44 | 971,555.44 | 1,102,113.88 | 7,720,212 |
| 06/30/2030 | | | 117,733.23 | 117,733.23 | | 7,720,212 |
| 12/31/2030 | 866,648 | 3.050% | 117,733.23 | 984,381.23 | 1,102,114.46 | 6,853,564 |
| 06/30/2031 | | | 104,516.85 | 104,516.85 | | 6,853,564 |
| 12/31/2031 | 893,081 | 3.050% | 104,516.85 | 997,597.85 | 1,102,114.70 | 5,960,483 |
| 06/30/2032 | | | 90,897.37 | 90,897.37 | | 5,960,483 |
| 12/31/2032 | 920,320 | 3.050% | 90,897.37 | 1,011,217.37 | 1,102,114.74 | 5,040,163 |
| 06/30/2033 | | | 76,862.49 | 76,862.49 | | 5,040,163 |
| 12/31/2033 | 948,389 | 3.050% | 76,862.49 | 1,025,251.49 | 1,102,113.98 | 4,091,774 |
| 06/30/2034 | | | 62,399.55 | 62,399.55 | | 4,091,774 |
| 12/31/2034 | 977,315 | 3.050% | 62,399.55 | 1,039,714.55 | 1,102,114.10 | 3,114,459 |
| 06/30/2035 | | | 47,495.50 | 47,495.50 | | 3,114,459 |
| 12/31/2035 | 1,007,123 | 3.050% | 47,495.50 | 1,054,618.50 | 1,102,114.00 | 2,107,336 |
| 06/30/2036 | | | 32,136.87 | 32,136.87 | | 2,107,336 |
| 12/31/2036 | 1,037,841 | 3.050% | 32,136.87 | 1,069,977.87 | 1,102,114.74 | 1,069,495 |
| 06/30/2037 | | | 16,309.80 | 16,309.80 | | 1,069,495 |
| 12/31/2037 | 1,069,495 | 3.050% | 16,309.80 | 1,085,804.80 | 1,102,114.60 | |
| | 13,500,000 | | 5,545,811.32 | 19,045,811.32 | 19,045,811.32 | |



94y

**KITTITAS VALLEY HEALTHCARE**

**RESOLUTION 17-10**
SURPLUS PERSONAL PROPERTY

WHEREAS Kittitas County Public Hospital District #1, dba Kittitas Valley Healthcare has determined the following items to be no longer required for Public Hospital District purposes and hereby declare them as surplus.

These items may be sold or disposed of in such manner and upon such terms and condition as the Board finds to be in the best interest of the District per RCW 70.44.320.

See Exhibit A attached.

DATED this 27th day of July 2017

Liahna Armstrong, President
Board of Commissioners

Bob Davis, Secretary
Board of Commissioners

**EXHIBIT A**

| Asset # | Description | Serial # | Model # | Purchase Date | Purchase Price | Accumulated Depreciation | Disposal Proceeds | Gain/(Loss) on Disposal | Final Disposition |
|---|---|---|---|---|---|---|---|---|---|
| 3035 | ORTHO PROVUE BLOOD BANK SYSTEM | 057-250-2535 | | 02/08/07 | $120,015.03 | $120,015.03 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## KITTITAS VALLEY HEALTHCARE
## Capital Expenditure Board Narrative

**Requesting Department:** Laboratory Services

**Capital Item Requested:** Blood Bank Testing Instrument

**Function of Project:** Automates all onsite blood bank testing (ABO, Rh, antibody screen, and crossmatch). Automation allows tech to work in multiple areas without compromising safety, quality, and turnaround time to get a blood product ready for transfusion.

**Reason Requested:** Current equipment is at end of life and has been down three times this year. Vendor is phasing out equipment and will not be able to get parts for repair.

Need new instrument installed and validated by October 2017 in order to include in the Cerner build.

**Budget:** $ 110,000.00 **Actual Cost:** Not to Exceed $110,700.00

**Submitted By: Stacy Olea, Director – Laboratory Services** **Date: 07/27/2017**

KVH
Kittitas Valley Healthcare
*Your Home for Health*

# OPERATIONS REPORT
**July 2017**

## PATIENT CARE OPERATIONS

- **Emergency Department:** Work continues on the Ouchless ER. New cabinets, paint, equipment and training are in process. The SANE exam room is also going to be modified to better serve that population of clients.
- **Food and Nutrition Services:** The Annual Rodeo BBQ is scheduled for August 23rd. The Dietary staff is preparing for a large turnout and is seeking volunteers for assistance. There will be a sign-up sheet available for those who wish to participate.
- **Surgical Services:** The new Physician block time is going to be implemented on August 1.

*Thank you, Vicky Machorro, Chief Nursing Officer*

## ANCILLARY SERVICES OPERATIONS

- **Diagnostic Services:**
  - Imaging Services has concluded a survey of Kittitas County Providers on services that they would like KVH to offer in hopes of identifying areas where we could potentially expand/improve service. We are quite pleased to have had a 30% response rate from KVH and Community providers.
  - A Capital request is coming forward tonight to give the mammography suite a cosmetic facelift in conjunction with the digital mammography go live. Staff selected flooring, new curtains and paint to provide a more polished look. We will also be ordering new robes and gowns for patient use. Mammography services will be closed August 11th-August 25th while we upgrade PACS and install the digital mammography unit.
  - Alliance Imaging (MRI Services)- We have had a series of meetings with Alliance and are focusing on the following items:
    * Reliable Service- Alliance has contracted with Sodexo to continually monitor the MRI for problems and proactively resolve issues before they occur. They have also assigned a service engineer to KVH and 3 other hospitals to improve response times should a repair be necessary.
    * Expanded MRI Capability- We have shared the results of our provider survey and are working with Alliance to upgrade the MRI equipment based on provider and community need. At a minimum we will be upgrading to improve the quality of wrist MRI's and to offer breast MRI's.
    * Price- We remain in negotiations with Alliance on their pricing structure.

- **Laboratory**:
    - DOH will be inspecting FME Lab on September 19 and the Main Hospital Lab on September 20. In preparation of the survey, we will conduct a mock survey on August 1.
    - We interviewed 3 Reference Labs and are currently in contract negotiations with our selected vendor. The new vendor will represent a considerable reduction in cost while maintaining high quality services. This cost reduction will be passed on to the patients. We will go live with the new reference lab with the roll out of Cerner.
    - Long-term employee Kelly Martin is retiring from FMC. Kelly currently serves at the CLIA Lab Director for Medic One and performs the CLIA quality control reviews for Medic One. We are in the process of transitioning this role to a physician.
- **Pharmacy:** KVH Retail Pharmacy officially opened to the public on July 15th
- **Home Health & Hospice:** Patient volumes remain strong and we have hired a Physical Therapist. We are currently recruiting for RN, a PTA and OT.
- **Upper Kittitas County:** In conjunction with HD #2 we are continuing to look at potential specialty services to offer either in clinic space or via telemedicine.
- **Emergency Management:** A new HEAR radio is being placed in the ED next week to allow us to communicate with Airlift and ambulances from the nurses stations and the MCI Command Center. Jim Allen is working with Sheryl Haga at IM Clinic on a unified emergency management plan to include the hospital and KVH clinics.

*Thank you, Rhonda Holden, Chief Ancillary Officer*

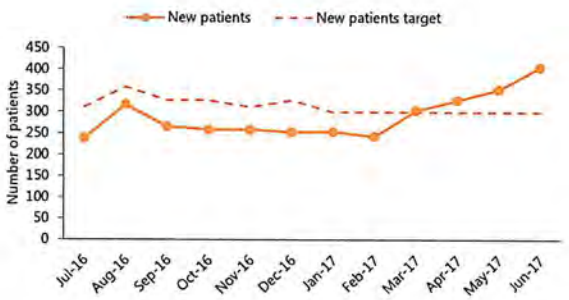
**CLINIC OPERATIONS**

- **Dashboard change:** This month you will not see the virtual care data on the dashboard. It has been removed.
- **Dr. Penoyar Scopes:** A team of Internal Medicine and General Surgery staff have been meeting to create standard processes between these two offices. The goals are to create a standard process, educational material and standard staff scripting so the patient experience is the same at each clinic.
- **Workplace Health (Occupational Medicine):** Clinic opens this September, 2017 with an open house in the following months. As you have heard, we have hired Ryan Ahr, PA as our full time provider. The two MA's (Cassidy Nacke and Pam Dick) have already begun the process of outlining all of our workflows with each line of service to determine needed protocols, forms and equipment. Continued conversations have happened with the Clinic Billing Office and Informatics team to determine the process for billing and we will be testing that process prior to opening.

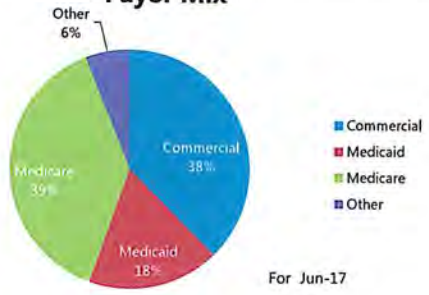
*Thank you, Carrie Barr, Chief of Clinic Operations*

# Clinic Operations Dashboard

## New patients

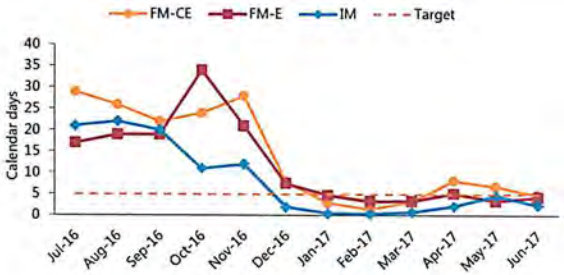



## Payor Mix



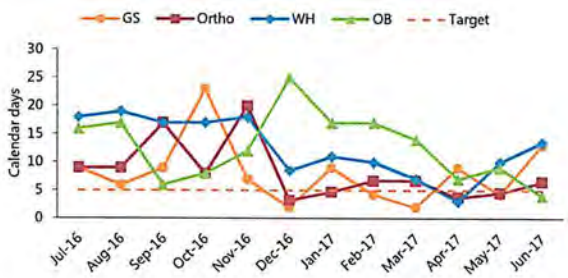

## Third available appointment

for established patients



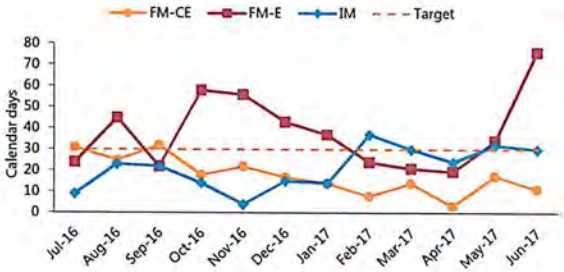

## Third available appointment

for established patients



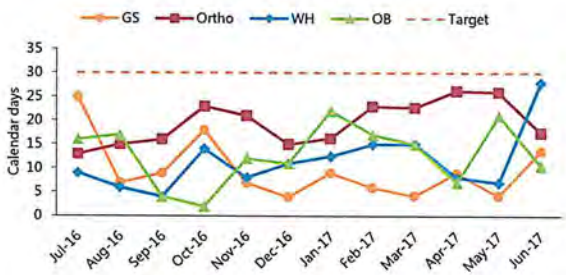

## Third available appointment

for new patients



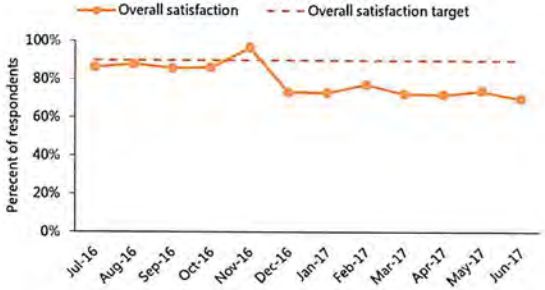

## Third available appointment

for new patients




## Patient satisfaction

*Patients rating overall satisfaction as 5 out of 5*



**July 27, 2017 Board Packet Clippings/Information**

# Kittitas residents voice support for principal

BY BRYCE JUNGQUIST
staff intern

More than 40 people showed up at a Kittitas School Board meeting on Wednesday, many of them to voice support for the Kittitas Elementary School principal.

The district's interim superintendent recommended Principal Stephanie Rosbach be moved to a subordinate certificated position, following procedures outlined in state law, school board President Mike Lowe said. The law outlines the procedure for moving an administrator to another position with less pay. It calls for a formal notification and opportunity for the person to meet with the school board in executive session "to refute the facts upon which the determination was based and to make any argument in support" of reconsideration.

Several community members spoke or read letters expressing support for Rosbach.

"I think that she's done a great job so far and I'm just asking the board to please consider giving her more time," parent and community member Liz Smith said.

Brent Nierman, a parent who is also the chief of police in Kittitas, said the situation hasn't been good for the community.

More PRINCIPAL | A5


BY BRYCE JUNGQUIST/STAFF INTERN

Community members showed up to support Kittitas Elementary Principal Stephanie Rosbach at the Kittitas School Board meeting on Wednesday.

## LOCAL DIGEST

### Governor selects Ciara White as CWU's new student trustee

Gov. Jay Inslee named Ciara White as the student member of the Central Washington University Board of Trustees for 2017-18, according to a news release.

White, 20, who will be a senior during her term, is majoring in social services with a minor in sociology, women and gender studies, and law and justice. She is a McNair Scholar and has worked as an assistant in the Office of Student Involvement.

White

"Ciara White has an impressive record of involvement and achievement," Inslee said in the release. "As a trustee, she will represent the students well and make informed decisions to benefit the entire university community."

White, a graduate of Mount Rainier High School in Des Moines, is a former Barto Hall resident assistant and previously served as president of the Black Student Union as well as treasurer of CWU's SISTERS! Club.

She also attended the Chavez-King Leadership Institute for Social Change and has been involved in various volunteer and mentorship programs at local middle and elementary schools. This summer, she will complete an internship at the Kent Chamber of Commerce, assisting with promoting and planning events.

White said her No. 1 goal as student trustee will be to "make sure our students' voices are heard at Central." To that end, she hopes to work on improving retention rates, particularly for students of color. She would also like to help establish more outreach to non-traditional students to help them obtain an education.

Student trustees serve one-year terms and are full voting members on all issues except matters relating to hiring or discipline of personnel, tenure of faculty, and collective bargaining agreements. White's term will end on June 30, 2018.

*Staff report*

# Doctor presents on alcohol screening to KVH commissioners

BY MATT CARSTENS
staff writer

If you've been to the doctor recently, you might have filled out a form asking about your alcohol consumption. Turns out there is a lot more behind that survey, and the more detailed one that follows if the patient screens positive for risk of alcohol misuse.

The process is part of a program called SBIRT — short for screening, brief intervention and referral to treatment — which is designed to help identify patients who might be at risk for alcohol misuse or abuse, some of which might not know they fall into these categories.

"Screening is a way to detect a problem that may not be readily apparent," said Dr. John Merrill-Steskal, who presented the information to the Kittitas County Hospital District 1 Board of Commissioners during its regular meeting on Thursday. "The idea is to help a patient identify their alcohol use is past the potential to cause harm and make positive changes in their life."

SBIRT uses a technique called motivational interviewing, which Merrill-Steskal described as a non-judgemental approach to helping patients realize that their habits might be contributing to other aspects of their health, that they otherwise might think are not related.

In a staged video, Merrill-Steskal showed an example of what would happen if a patient screened positive for alcohol use, and then on a more detailed worksheet fell into a "risky" category of alcohol consumption. The patient had brought up earlier that she wanted to address problems with her sleep and anxiety, and the doctor helped her realize those issues might be related to her consumption of four drinks a night.

"The very exciting part of the concept that's being utilized in medicine these days, especially in primary care, involves talking about topics and issues in a way that's nonjudgmental," Merrill-Steskal said. "Instead of the traditional doctor saying you need to lose weight, it involves empathy, reflective listening, exploring, being curious, (and triggering) an internal motivation to change."

Merrill-Steskal said 30 percent of the U.S. population is affected by alcohol misuse, and while dependent alcohol users can be helped by SBIRT, the system is tailored to help identify people in the middle, who's alcohol use is putting them at risk. People might be more willing to change their habits once they realize they're drinking is at concerning levels.

"They're more interested in improving their health," Merrill-Steskal said.

SBIRT is currently optional at KVH clinics, but is becoming more standard. Merrill-Steskal asked the board to invest in resources to have employees properly trained in SBIRT and motivational interviewing, which can be applied to a wide range of conditions, not just alcohol use.

# Leadership summit link planned in Ellensburg in August

## Early registration deadline is June 27

FOR THE DAILY RECORD

Community groups in Kittitas County and in the region are again offering the Global Leadership Summit simulcast in Ellensburg in mid-August, the second time the national and international leadership development initiative has been offered at a site in Kittitas County.

This year's conference, set for Aug. 10-11, is expected to involve more than 400,000 around the globe with more than 550 simulcast sites in the United States alone, including Ellensburg at Mercer Creek Church, according to a news release.

The speakers include Facebook's chief operating officer Sheryl Sandberg, Google's senior adviser and best-selling author Laszlo Bock, and Sam Adeyemi, founder and senior pastor of Daystar Christian Centre in Nigeria.

Others include Immaculee Ilibagiza, a survivor of the 1994 Rwandan genocide, and Angela Duckworth, a psychology professor at the University of Pennsylvania and author of "Grit: The Power of Passion and Perseverance." Duckworth also is the founder of the Character Lab, a nonprofit whose mission is to advance the practice of character development.

Duckworth was invited to Seattle by coach Pete Carroll in the past to share with the Seahawks the practice of perseverance.

Local sponsors include HopeSource, Ellensburg Foursquare Church, New Life Assembly in Kittitas, Mercer Creek Church in Ellensburg, and the West Valley Foursquare Church in Yakima County.

Local site of the two-day leadership development event will be Mercer Creek Church.

Those registering before June 27 can utilize the reduced rate of $199 per person, or $169 each for groups of 10 or more. Discount rates are available for students, faculty and active military personnel.

### DEMAND FOR LEADERS

Last year's simulcast, the first in Kittitas County, had more than 250 participants who represented a wide-range of community involvement, according to Kari Mirro, Mercer Creek's director of Reach Ministry.

Mirro said the goal of the groups hosting the 23nd annual Global Leadership Summit in Ellensburg is to offer inspirational and practical resources for anyone who exercises any level of influence and leadership in their families, place of employment, government, businesses, service agencies, nonprofit groups or in their community volunteering and churches.

It's also a help for someone starting on the path of growing as a leader, said Mirro, who has attended the summit.

Kim Davis of Ellensburg, director of Bright Beginnings, attended last year's conference and said she found it "rejuvenating." She heads a countywide early-learning and care agency that serves more than 250 children and their parents.

"Many of us in nonprofit groups can reach times in our work when we really feel drained," Davis said. "The summit, the speakers and meeting with other community leaders encouraged me and gave me perspective on what we do everyday. It was also showing me that we can celebrate what we do, stand back and see how valuable our work and leadership really is."

The speakers' aim is to provide a wealth of "start-on-Monday" actionable principles and ideas, and equipping them to exercise integrity-based leadership, Mirro said.

Mirro said the live telecast conference is a community event open to anyone; no affiliation with church groups is required. Mercer Creek Church has been sending people to the conference for more than 10 years, first when it was offered in Seattle, and then in Yakima.

More SUMMIT | A5

**IF YOU GO**

**Event:** Global Leadership Summit
**What:** Strengthening leadership skills via live satellite simulcast with leadership development speakers
**When:** Thursday-Friday Aug. 10-11
**Where:** Mercer Creek Church auditorium, 1407 N. B St., Ellensburg
Early registration reduced fee until June 27: $199 per person, or $169 per person for large teams
**More information:** www.willowcreek.com/summit; or call 800-570-9812

## CALENDAR

Submit events to the Daily Record at www.dailyrecord-news.com. Events in this column are listed on a space-available basis. Times, dates and locations are subject to change.

**SATURDAY, JUNE 24**

- Kittitas County Farmers Market, 9 a.m. to 1 p.m., Fourth Avenue between Ruby and Pearl Streets, Ellensburg
- Junior Ranger Program, 9 a.m., Olmstead Place State Park, 71 N. Ferguson Road, Ellensburg
- Our Environment Meeting, 9 a.m., Methodist Church, 210 N. Ruby St., Ellensburg
- Operating Engineers Union Top Hands competition, 10 a.m. to 3 p.m., 16921 Vantage Highway
- 12th annual Horse Daze of Summer hosted by Rodeo City Equine Rescue, 10 a.m.-1 p.m., Kittitas County Event Center at the Indian Village, Ellensburg
- Step Back in Time at Olmstead Place: Historic Tours, noon, Olmstead Place State Park, 71 N. Ferguson Road, Ellensburg
- Pioneer Queen coronation, 6 p.m. social hour with the program starting at 7 p.m., Cle Elum Eagles

**SUNDAY, JUNE 25**

- Junior Ranger Program, 9 a.m., Lake Easton State Park, Easton
- Roslyn Sunday Market, 10 a.m. to 2 p.m., downtown Roslyn
- Step Back in Time at Olmstead Place: Historic Tours, noon, Olmstead Place State Park, 71 N. Ferguson Road, Ellensburg
- Open Mic Night, 7-9 p.m., Old Skools, downtown Ellensburg

**MONDAY, JUNE 25**

- STEM Cats: Minecraft Designers, 9 a.m., CWU
- Soccer skills c a.m.p, 9 a.m., Memorial Park, 321 South Cle Elum way, Cle Elum
- Ellensburg School Board study session, 5:30 p.m., Hal Holmes Center, 209 N. Ruby St., Ellensburg
- Bike Fights, 7 p.m., (the pub), 412 N Main St., Ellensburg

**TUESDAY, JUNE 26**

- STEM Cats: Minecraft Designers, 9 a.m., CWU Ellensburg
- Children's Story Time, 10:30 a.m., Roslyn Public Library, 201 S. First St., Roslyn
- Kittitas County Master Gardener plant and pest clinic, 11:30 a.m., Armory building, the corner of Seventh Avenue and Poplar Street, Ellensburg
- Ellensburg Downtown Rotary Club, 5 p.m., Rodeo City Bar-B-Que, Ellensburg

## BIRTHDAYS

*Send birthday announcements before noon the day before the birthday. Just call 925-1414 or email newsroom@kvnews.com.*

**TODAY, JUNE 23**

Grant Clark
Andrew Hushbeck
Judy Pless
Mark Schmidt
Justin Scott
Emily Wolden
John Klein



102

## KVH to Expand Services to Offer Occupational Medicine in Fall 2017

Ellensburg, Wash. (June 27, 2017) – Kittitas Valley Healthcare will open a new service line in Fall 2017 to provide occupational medicine.

Occupational medicine is a healthcare specialty that focuses on the maintenance of health in the workplace. The goal of a comprehensive occupational medicine program is to promote and maintain healthy workers through disease and injury prevention. It also aims to reduce on-the-job injuries by ensuring that employees are physically able to perform tasks before they begin working. If workplace injuries do occur, occupational medicine works in conjunction with Workers' Compensation programs to treat employees and return them to work as quickly as possible.

"Local employers have been asking for an occupational medicine program since my first day at KVH," said Julie Petersen, CEO. "This is a needed service for our community and I'm pleased KVH will be able to meet that need."

In many cases, an employee's relationship with KVH Workplace Health will begin even before their first day of work. KVH Workplace Health will offer pre-employment drug screening and examinations that are required before beginning work, like fitness for duty tests or medical examinations as required for commercial driver's licenses in Washington State.

Occupational medicine specialists are up-to-date on state and federal regulation for workplace health and safety. Treating workplace injuries is often more effective, and employees can be returned to work sooner, when using occupational medicine specialists.

The KVH Workplace Health facility will be located at 702 E Mountain View Ave, Suite 2, in Ellensburg, behind Kittitas Valley Urgent Care. This facility is located midway between KVH Hospital and KVH Physical Therapy.

Employers who are interested in discussing potential KVH Workplace Health options for their employees may call Lisa Potter, KVH Business Outreach Liaison, at (509) 962-7408.

**KVH Receives Washington State Hospital Association Rural Quality: Everyday Extraordinary Award**

Ellensburg, Wash. (June 29, 2017) – Kittitas Valley Healthcare received the Washington State Hospital Association (WSHA) 2017 Rural Quality: Everyday Extraordinary Award for its success in reducing sepsis in patients through its "KVH Sepsis Taskforce."

"Washington's rural hospitals have always been ready to be held to the same standards of their urban and suburban counterparts," WSHA Senior Vice President for Patient Safety Jennifer Graves said. "They care deeply about providing top-quality care to their communities, and we are proud to recognize the many caregivers at Kittitas Valley Healthcare for their achievement in reducing sepsis."

"We take sepsis and all other bloodstream infections very seriously," KVH CEO Julie Petersen said. "Our sepsis taskforce did incredible work in process improvement to identify and treat sepsis rapidly in order to increase positive outcomes of this serious and often tragic disease."

The award recognizes outstanding process improvement efforts by a rural healthcare facility. Rural facilities wishing to be considered for the award submitted answers to 10 essay questions. Submissions were blinded and evaluated by a panel of judges from WSHA, the Washington State Department of Health, Qualis and a rural quality leader. Scoring was a point system that included an evaluation of process improvement tools used for data collection, data analysis, identifying the root cause of the process failure, multidisciplinary teamwork, communication and the outcome of the project.

"It was important to the judges that the award winners have measurable results," said Linda Michel, WSHA Director of Rural Quality. "Kittitas Valley Healthcare's submission was extremely impressive, and demonstrates their commitment to safe, effective healthcare for the communities they serve."

The Rural Quality: Everyday Extraordinary Award was presented to KVH at the 41st Annual Leadership Conference hosted by Washington State Hospital Association and the Association for Washington Public Hospital Districts on June 27.

**Hands-Only CPR Training Offered at Local Farmer's Markets**

Ellensburg, Wash. (July 6, 2017) – Kittitas Valley Healthcare will teach hands-only CPR or "sidewalk CPR" at local farmer's markets periodically throughout the summer.

Hands-only CPR is CPR without mouth-to-mouth breaths. According to the American Heart Association, hands-only CPR has been shown to be as effective as conventional CPR for cardiac arrests that occur at home, at work, or in public spaces. If CPR is given immediately, it can double or even triple a person's chance of survival.

Training will be offered at the Ellensburg Farmer's Market on July 15, August 19, and September 23. Training will also be offered at the Roslyn Farmer's Market on July 30, August 20, and September 10.

The training is simple, and has only two steps. If a teen or adult suddenly collapses, you should:

1. Call 911 (or send someone to call 911).
2. Push hard and fast in the center of the person's chest (100-120 compressions per minute).

When people are trained with hands-only CPR to the beat of a familiar song, they are more likely to remember the correct rate for chest compressions. Examples of songs that have 100 to 120 beats per minute include "Stayin' Alive" by the Bee Gees, "Crazy in Love" by Beyoncé featuring Jay-Z, "Hips Don't Lie" by Shakira, and "Walk the Line" by Johnny Cash.

If you are unable to visit the Farmer's Market trainings, visit heart.org/handsonlyCPR for a 60-second instructional video.

The American Hospital Association still recommends conventional CPR with compressions and breaths for infants and children, victims of drowning, drug overdose, or people who collapse due to breathing problems.

###

# Kittitas finalizing contract with school superintendent

## Richard Stewart of Ferndale to be interim this school year

BY BRYCE JUNGQUIST
staff intern

The Kittitas School District is finalizing contract details with a new interim superintendent.

The Kittitas School Board on June 28 agreed to hire Richard Stewart of Ferndale for the position for the 2017-18 school year. Stewart said in an interview he has accepted the job.

School Board President Mike Lowe said Stewart would begin Aug. 1 if contract terms are accepted.

Stewart began his career in public education in 1975 after graduating from Central Washington University, Lowe said. Stewart works at the Nespelem School District as a part-time superintendent.

He has his superintendent credentials from Washington State University, a master's degree in educational administration from CWU and a bachelor's in regular and special education from CWU.

"We felt like he was going to be good for our school," Lowe said.

Stewart said that he has friends in this area, knows Kittitas County and likes visiting here.

Stewart brings 44 years of experience to the position.

"I've had a variety of experiences so I think my experiences will lend themselves to Kittitas School District," he said.

Former Superintendent Mike Messenger resigned effective May 7 after reaching a separation agreement with the board. The board hired acting superintendent Ian Grabenhorst through Educational Service District 105, a regional educational support agency, to help close out the school year.

## LOCAL DIGEST

### KVH earns award for sepsis task force

Kittitas Valley Healthcare was given an award for its success in reducing sepsis in patients through a task force, according to a news release.

Sepsis is a condition where the body's response to an infection becomes harmful to its own tissues and organs. The condition can be life threatening.

The award was given by the Washington State Hospital Association and is called the "2017 Rural Quality: Everyday Extraordinary Award." Rural facilities submitted answers to 10 essay questions, which were evaluated by a panel of judges from the WSHA and other panelists.

"We take sepsis and all other bloodstream infections very seriously," KVH CEO Julie Petersen said in the release. "Our sepsis taskforce did incredible work in process improvement to identify and treat sepsis rapidly in order to increase positive outcomes of this serious and often tragic disease."

The award was presented to KVH at the 41st annual Leadership Conference on June 27.

### County seeks housing grant applications

The Kittitas County Homelessness and Affordable Housing Committee is seeking grant applications.

The committee has up to $500,000 to spend addressing local housing problems, according to the county. People with ideas to fix local housing issues can apply for funding online at www.co.kittitas.wa.us/boc/boards/boards.asp?board=homelessness-affordable-housing.

The applications are due at 5 p.m., Aug. 16 and can be faxed to 509-962-7679, emailed to bocc@co.kittitas.wa.us or delivered to 205 w. Fifth Ave., Room 108 in Ellensburg.

### About 100 homes threatened by fire burning near Yakima

The state has officially taken command of a fire burning on Rattlesnake Ridge southeast of Yakima that started late Wednesday night, the Yakima Herald-Republic reported.

About 100 homes are threatened by the fire and residents are under a Level 2 evacuation, which means they should be packed and ready to leave at a moment's notice.

The fire has gone around an orchard and is still producing heavy plumes of smoke visible for miles. It is estimated to have blackened from 3,000 to 5,000 acres.

*Staff Reports*

EMILY GOODELL / DAILY RECORD

Coworker Cassie Youngblood hugs nurse Linda Wichers, right, at her retirement celebration on Friday at Kittitas Valley Healthcare.

# Nurse retires after 40 years of care

BY EMILY GOODELL
staff writer

Linda Wichers has watched more than 3,000 births and has personally delivered more than 200 babies.

Looking back on more than 40 years of working for Kittitas Valley Healthcare, Wichers said her favorite memory is of the first time she brought life into the world.

"My absolute favorite day was the day that I delivered my first baby without a doctor there," Wichers said. "Scared, but it just was such a great experience."

Wichers will no longer be helping to bring children into the world, but will instead focus on those dear to her: her grandchildren. She said she's retiring now because she wants to leave work while she still has her health.

Wichers' family and co-workers gathered to celebrate her retirement on Friday at KVH.

"She has always had a heart for nursing," said her husband, Dale Wichers.

Dale talked about his wife's kindness, dedication and loyalty. After more than 30 years of marriage, Dale is proud of his wife's passion for her work.

Dede Utley, Wichers' boss and nurse manager of the emergency department at KVH, said that when she first came to the hospital more than two years ago, Wichers was the one who reached out to her and took her under her wing.

"She's such a hard worker and she provides such compassionate care to her patients," Utley said. "This hospital is so successful because of the work she's done."

Utley said the thing she'll miss most about Wichers is her smile.

"She's always got a smile. She is just one of the happiest people to be around," Utley said. "She walks into a room and no matter how bad her day is, how bad the department is, she's always happy. She just lights up the room."

Cassie Youngblood, one of Wichers' coworkers, said that Wichers took her under her wing as well.

"Coming into this environment is really scary and intimidating," Youngblood said.

When Youngblood first came to the hospital, Wichers helped her. Wichers helped her again when Youngblood needed someone to help take care of her mother.

"I also then had the chance to have Linda be an amazing caregiver to my mom," Youngblood said. "Just having a chance to see you with your profession and what you do and the compassion of treating every human as a human was just amazing."

Wichers said the thing she'll miss the least is the bureaucracy of health care. The thing she'll miss the most is the staff, who have become her family, she said.

## Family/from A1

That year, lawmakers created a paid family leave program that required many employers to offer five weeks of paid time off for new parents. But they never came up with a way to pay for the benefit, resulting in an indefinite delay of its implementation.

This year the business community was part of the discussion on legislative action, in part, because of recent successes by labor groups at the ballot box in Washington state, like the recent initiative to increase minimum wage and sick leave that was approved by voters last November.

### HOW IT WOULD WORK

Under the new law, both employers and employees pay into the system, and weekly benefits are calculated based on a percentage of the employee's wages and the state's weekly average wage — which is currently $1,082 — though the weekly amount paid out would be capped at $1,000 a week. Workers who earn less than the state average would get 90 percent of their income. Employees must work at least 820 hours before qualifying for the benefit.

Self-employed individuals who elect coverage pay only the employee share of the premiums, and employers with 50 or fewer employees are exempt from paying the employer share of the premiums. Companies that already offer such programs can opt out, as long as they are at least equivalent to the state program.

Premiums of 0.4 percent of wages would start being collected on Jan. 1, 2019, with 63 percent paid by employees and 37 percent paid by the employers.

According to a Senate calculator, an employee who makes $50,000 a year would pay $2.42 a week, while their employer would pay $1.42 a week, for a weekly benefit of about $703.

Sara Reilly, who co-owns Three Magnets Brewing Company and Darby's Cafe in Olympia, spoke at a rally on the Capitol steps before the signing, and said that she and her husband have wanted to offer paid and family medical leave for their employees, but previously were unable to cover the costs alone.

"This is an extremely inexpensive way to give our employees a benefit when they so desperately need it," she said.

## CALENDAR

Submit events to the Daily Record at www.dailyrecordnews.com. Events in this column are listed on a space-available basis. Times, dates and locations are subject to change.

**TODAY, JULY 6**

- Roslyn Library Book Club, 6 p.m., Roslyn Public Library, 201 S. First St., Roslyn
- Celebrate recovery, 6:30 p.m., Mercer Creek Church north building, Ellensburg

**FRIDAY, JULY 7**

- First Friday Coffee Club, 9 a.m., Ellensburg Rodeo Grounds, 609 N. Main St., Ellensburg
- Roslyn Canine Festival 2017, 11 a.m. to 6 p.m. Runje Field, Roslyn
- Three Days at Standing Rock, 5 p.m., The Clymer Museum and Gallery, 416 N. Pearl St., Ellensburg
- Community volleyball, 6:30 p.m., Cle Elum City Park north of the horse shoe pits, Cle Elum
- The Olson Bros Band, 7 p.m., Swiftwater Cellars Winery, 301 Rope Rider Drive, Cle Elum
- VMT production of "You're a Good Man, Charlie Brown," 7 p.m., Ellensburg High School Little Theater, 1300 E. Third Ave., Ellensburg

**SATURDAY, JULY 8**

- Second Saturday Bird Walk, 8 a.m., Irene Rinehart Riverfront Park, Ellensburg
- Kittitas County Farmers Market, 9 a.m. to 1 p.m., Fourth Avenue between Ruby and Pearl Streets, Ellensburg
- Roslyn Canine Festival 2017, 9 a.m. to 6 p.m. Runje Field, Roslyn
- Junior Ranger Program, 9 a.m., Olmstead Place State Park, Ellensburg
- Step Back in Time at Olmstead Place: Historic Tours, noon to 4 p.m. Olmstead Place State Park, 71 N. Ferguson Road, Ellensburg
- Summer Kid's Activities, 1 p.m., Wild Horse Renewable Energy Center, 25905 Vantage Highway, Ellensburg
- VMT production of "You're a Good Man, Charlie Brown", 2 p.m., Ellensburg High School Little Theater, 1300 E. Third Ave., Ellensburg
- The Olson Bros Band, 7 p.m., Swiftwater Cellars Winery, 301 Rope Rider Drive, Cle Elum
- VMT production of "You're a Good Man, Charlie Brown", 7 p.m., Ellensburg High School Little Theater, 1300 E. Third Ave., Ellensburg

**SUNDAY, JULY 9**

- Junior Ranger Program, 9 a.m., Lake Easton State Park, Easton
- Roslyn Canine Festival 2017, 9 a.m. to 4 p.m. Runje Field, Roslyn
- Roslyn Sunday Market, 10 a.m. to 2 p.m., Roslyn
- Step Back in Time at Olmstead Place: Historic Tours, noon to 4 p.m., Olmstead Place State Park, 71 N. Ferguson Road, Ellensburg

## BIRTHDAYS

Send birthday announcements before noon the day before the birthday. Just call 925-1414 or email newsroom@kvnews.com.

**TODAY, JULY 6**

Meg Anderson
Ty Anderson
Sarah Aubol
Craig Benedict
Sam Ellison
Duane Jones



106

# KVH to open occupational health facility in fall

By MICHAEL GALLAGHER assistant editor (1 hr ago)

Kittitas Valley Healthcare will open a new occupational medicine facility this fall at 702 E. Mountain View Avenue, in the building that also houses Kittitas Valley Urgent Care.

"Local employers have been asking for an occupational medicine program since my first day at KVH," KVH CEO Julie Petersen said in a news release. "This is a needed service for our community and I'm pleased KVH will be able to meet that need."

KVH Workplace Health will offer pre-employment drug screening and examinations that are required before beginning work, like fitness for duty tests or medical examinations as required for commercial driver's licenses in Washington state.

David Wood, the owner of the urgent care center, which opened this past winter, said he provides some of the services that will be offered at the KVH facility.

"CDL (exams) are part of what we've been doing since we opened in January. Injured worker and worker compensation claims are something we've been doing as well," Wood said. "Those are two areas where we'll be in direct competition."

Amy Diaz, director of community relations for KVH, said the facility has been in the planning stages for quite awhile.

"The planning for this program began before KVUC opened its doors," Diaz said.

She said KVH takes what is offered by the private sector into account when determining whether to offer a service.

"We look for gaps in coverage, Diaz said.

Diaz said one issue with opening a facility has been finding a space that meets all the state requirements for a health care facility.

**Space not service**

Wood said he has no concerns about competing with KVH in terms of services provided.

"We're not going to change what we do because of them (KVH)," Wood said.

Wood said his business is growing quickly and he would have liked the opportunity to expand into the adjacent space.

"It's going to hinder my ability to expand and provide critical access," Wood said.

Wood said he has a five-year lease on his space with an option for an additional five years.

**Long-term relationship**

Occupational medicine is a health care specialty that focuses on the maintenance of health in the workplace. According to a news release from KVH, the goal of a comprehensive occupational medicine program is to promote and maintain healthy workers through disease and injury prevention. It also aims to reduce on-the-job injuries by ensuring that employees are physically able to perform tasks before they begin working. If workplace injuries do occur, occupational medicine works in conjunction with Workers' Compensation programs to treat employees and return them to work as quickly as possible.

Employers who are interested in discussing potential KVH Workplace Health options for their employees may call Lisa Potter, KVH Business Outreach Liaison, at 509-962-7408.

## COMMUNITY

# for the whole family

dove into their summer reading programs June 28 & 29 (L-R) Cody Halver-layden Mede, Jordan Harrington and Ethan Bainter. Photo taken at Cle Elum's ibrary.
N.K.C. TRIBUNE/Jim Fossett photo • 2017

ep up
s sum-
ational
.org.
eive a
e math
e your
n, they
ir con-
if they
by Aug.

Library
penter

Memorial Library also offer fun activities each week through Aug. 2. Those include a nature hike, deconstructing a computer, building a circuit board, building a sail car, jamming with real musical instruments and a touch-the-truck event and picnic at the Roslyn City Park. Your family can take part in any or all parts of this free and fun literacy program.

Fostering a love of reading for pleasure is one of the easiest and most beneficial things you can do for your child. Register any time at your library or online.

For a full calendar of events or to get your reading log, math constellation chart, or bingo card visit your library or visit www.roslynlibrary.org/events.html#summerreading.

## BUSINESS

# ). nearing completion of
# on facility and tasting rooms

LING CO. owners Justin and Jennifer Stiefel
f their custom made barrels destined to hold

here by asking a hunter to lend them an antler rack from an elk hunt and sharing the story of how they took the animal down.

The Roslyn location will feature tours, chances to learn how to distill, spaces for special events, including private dinners with catering and more.

To find more information on the company, visit heritagedistilling.com or email info@heritagedistilling.com.

**Getting to know the owners**

Justin grew up in

# KVH receives WSHA award for preventing spread of sepsis

ELLENSBURG – Kittitas Valley Healthcare received the Washington State Hospital Association (WSHA) 2017 Rural Quality: Everyday Extraordinary Award for its success in reducing sepsis in patients through its KVH Sepsis Taskforce.

"Washington's rural hospitals have always been ready to be held to the same standards of their urban and suburban counterparts," WSHA Senior Vice President for Patient Safety **Jennifer Graves** said. "They care deeply about providing top-quality care to their communities and we are proud to recognize the many caregivers at Kittitas Valley Healthcare for their achievement in reducing sepsis."

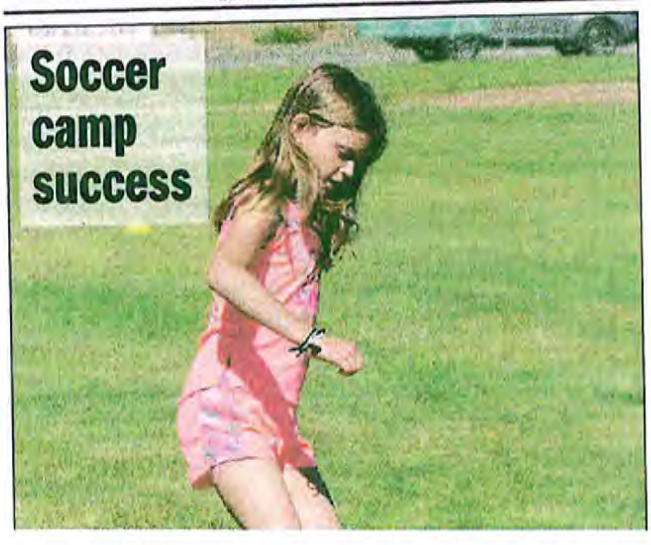
"We take sepsis and all other bloodstream infections very seriously," KVH CEO **Julie Petersen** said. "Our sepsis taskforce did incredible work in process improvement to identify and treat sepsis rapidly in order to increase positive outcomes of this serious and often tragic disease."

The award recognizes outstanding process improvement efforts by a rural healthcare facility. Rural facilities wishing to be considered for the award submitted answers to 10 essay questions. Submissions were blinded and evaluated by a panel of judges from WSHA, the Washington State Department of Health, Qualis and a rural quality leader. Scoring was a point system that included an evaluation of process improvement tools used for data collection, data analysis, identifying the root cause of the process failure, multidisciplinary teamwork, communication and the outcome of the project.

"It was important to the judges that the award winners have measurable results," said **Linda Michel**, WSHA Director of Rural Quality. "Kittitas Valley Healthcare's submission was extremely impressive and demonstrates their commitment to safe, effective healthcare for the communities they serve."

The Rural Quality: Everyday Extraordinary Award was presented to KVH at the 41st Annual Leadership Conference hosted by Washington State Hospital Association and the Association for Washington Public Hospital Districts on June 27.

## SPORTS



## MARINERS ARE BACK

James Paxton took the hill as the M's kicked off the second half of the season against the White Sox in Chicago.

Sports, Page B1

## KITTITAS FIRE ANNEXATION

Kittitas Valley voters likely will decide whether to annex the city of Kittitas into Kittitas County Fire District 2.

Local, Page A3

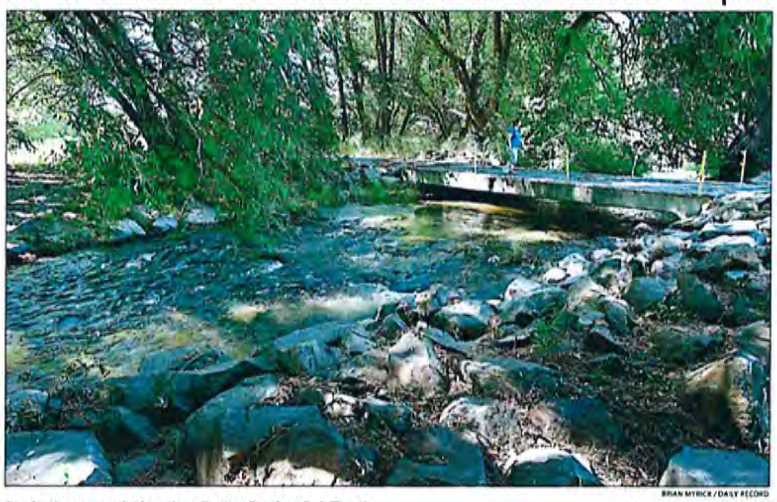

# DAILY RECORD

PUBLISHED IN THE HEART OF WASHINGTON | DAILYRECORDNEWS.COM

Good afternoon
Saturday
July 15, 2017
75 cents


# Ellensburg's backyard

## Irene Rinehart Riverfront Park a favorite summer spot



BRIAN MYRICK / DAILY RECORD

A pedestrian crosses a bridge at Irene Rinehart Riverfront Park, Thursday.

BY EMILY GOODELL
staff writer

Stop by Irene Rinehart Riverfront Park on a warm summer evening, and you'll see why it could easily be described as Ellensburg's backyard. You'll see people tossing footballs, grilling, swimming, sunbathing, walking their dogs, playing volleyball and more.

Ellensburg Parks and Recreation Director Brad Case said when he thinks of Irene Rinehart Riverfront Park, he thinks of his children's sports tournaments and time spent there with family. He thinks of the grand opening of the trail that connects Rotary Park and Irene Rinehart Riverfront Park. He thinks of the community.

"It's the one park where people come in the morning and stay all day long," Case said. "You're still in town but you feel like you're hiking through the middle of nowhere."

In addition to a well-used trail along the Yakima River, the park includes a summer swimming hole called Carey Lake, or People's Pond, often interchangeably.

### HISTORY

In 1972, the city of Ellensburg applied for a grant through the Washington State Recreation and Conservation office for $11,812 to begin the park, Case said. He said altogether, it cost the city $23,000 to secure more than 2,000 feet of riverfront property for the park.

Irene Rinehart Park had its grand opening celebration on July 9, 1986, after years of development. In 1997, the city applied for another grant to add more structures to the park.

When the city received the grant, the first real development began, Case said.

Case said that development was important. Before the grant, Case said there was no bridge to get to the park that was vehicle accessible. In 1995, before the bridge existed, people had to drive through the creek to get through to the park.

The park is named after former city council member Irene Rinehart, who was passionate about parks and recreation. Rinehart was a council member for six years and passed away in 2003.

### WHAT'S NEW

In 2016-17, Irene Rinehart received its first large updates since 1997: an off-leash dog park, Trail Tale and the disc golf course.

Case said the beautiful thing about the dog park is that it came at little expense to the city, due to re-purposing of items the city already had in its inventory. The Trail Tale, a storybook walk through the park, was implemented last year in November with the support of the Ellensburg Morning Rotary Club.

The disc golf course was introduced by the Ellensburg Disc Golf Club as part of the Community Partnership Program, which allows about $11,000 per year of city funds to go toward partnering with the community for special projects. The disc golf course received $3,575 from the program.

Case said eventually, the Parks and Recreation department would like to incorporate a new play structure for children in the park. He said he's heard from the community that they might like better access to the park and a dock that would allow dogs to jump into the water.

CITY OF ELLENSBURG

Irene Rinehart, center, at a celebration for Irene Rinehart Riverfront Park in 1986.

### FOOTBRIDGE BEING REMOVED

A footbridge across Carey Lake that's in disrepair is being removed by city parks and recreation staff.

Director of Parks and Recreation Brad Case said the condition of the small bridge has deteriorated over time.

Case said he does not yet know what the city will do once the bridge is removed. It probably doesn't make sense to put in another bridge, but the city is considering other options so people can continue to walk along the path, he said.

## KVH getting new records system

### Electronic medical record switch underway

BY MATT CARSTENS
staff writer

Imagine an office that employed only four workers, all of whom spoke a different language. Not the most efficient way to get work done, is it?

This metaphor — albeit a rather simplified one for an extremely complicated subject — is basically the problem Kittitas Valley Healthcare is facing regarding the way it organizes its electronic medical records. Thankfully for employees and patients alike, a new system is on the horizon. The new system will eventually integrate all four of KVH's records systems into one, making it much easier and efficient for providers to share medical records among the clinics, hospital, emergency room and home and hospice care.

Last year, KVH hired a consultant to help it choose a new electronic medical records (EMRs) company. KVH narrowed down a list from nine potential systems to four, then to two and finally to one, with the hospital landing on a system called Cerner. Currently, the KVH clinics use Nextgen, the emergency department uses Empower, the hospital uses Paragon and home and hospice uses Horizon Home Care — none of which communicate well.

Jose Diaz, a physician assistant at KVH Family Medicine, said when EMRs became mandatory by federal law, the intent was to have systems communicate with each other easily. As different companies began to compete with each other to put out products, that convenience took a back seat. Diaz himself has worked with five different records systems in his career, none of which played nicely with each other.

"The marketplace never allowed for people to be able to communicate," Diaz said. "It's competition. Everything is proprietary."

More KVH | A6



### INDEX




Local news serving Ellensburg, Cle Elum, Roslyn, Kittitas, Easton, Suncadia and all of Kittitas County.

8 50179 00061 1


110

# Nevada pot retailers get supply relief, but not out of woods

CARSON CITY, Nev. (AP) — Regulators took steps this week to make sure Nevada's fledgling but popular marijuana industry doesn't run out of pot to sell. But questions remain about whether newly minted distributors can handle the heavy demand, and the possibility of another legal roadblock may be looming on the horizon.

Tax commissioners charged with enforcing the unusual administrative structure that has led to a distribution bottleneck got their first real taste of the potential crisis at retail dispensaries during a three-hour hearing on Thursday.

"Being fully integrated, we have one facility so we can grow it in the back, have a production kitchen in the middle and a retail store in the front," said James Green, a retired police officer who runs Shango Las Vegas, one of the city's largest pot retail operations.

"But legally today, my shelves are partially empty, and I can't even go to the back room and move products to the front room," he said.

The 47 retailers currently licensed to sell recreational pot previously operated as medical marijuana outlets, which were allowed to move products between cultivators, manufacturers and retail store fronts. But that changed when recreational sales began July 1 and anyone transporting pot was required to obtain a distribution license.

The supply problem stems from competing interpretations of the state's pot law that dictates only existing alcohol wholesalers can be licensed as pot distributors for 18 months unless there is "insufficient interest" among them to do the job. In that case, others can be licensed, including existing pot retailers.

The Nevada Department of Taxation indicated earlier this year it was prepared to do just that, but Carson City District Judge James Wilson granted a temporary restraining order last month upholding the liquor industry's exclusive distribution rights.

The state is appealing that ruling to the Nevada Supreme Court, with opening briefs due July 21 on an expedited hearing schedule.

In the meantime, the department awarded distribution licenses this week to one alcohol wholesaler in Reno and one in Las Vegas. On Thursday, the Tax Commission adopted an emergency regulation its lawyers believe should satisfy Wilson's concerns by establishing specific criteria to decide whether there's sufficient interest among alcohol distributors.

"This gives us a structure to make that determination on whether we need more applicants to serve this market," said Deonne Contine, the department's executive director.

Nevada Department of Taxation Director Deonne Contine talks to reporters Thursday at the state Legislative Building in Carson City, Nev., after the Nevada Tax Commission unanimously adopted emergency regulations to expedite the licensing of recreational marijuana distributors to meet a supply shortage at pot retailers who launched the state's first legal sales on July 1.

## NEWS DIGEST

SEATTLE

### Robot helps passengers through airport security

A robot named Tracey greeted passengers at the Seattle-Tacoma International Airport, providing tips to get them smoothly through security checkpoints.

The red and white human-sized robot carries a large electronic sign and can speak to passengers in six different languages.

Airport officials say the robot isn't designed to replace human workers, but to allow them to spend more time on critical security work.

Tracey was created by Advanced Robot Solutions. CEO Paul McManus says it is a demonstration model, but future versions could recognize when a traveler is wearing sunglasses or a hat and ask them to take it off before the security checkpoint.

The robot was on duty temporarily at the Seattle airport Thursday as it hosts a meeting of airport executives from around the country.

*From wire services*

## KVH/from A1

When KVH was just a hospital, it and other clinics and health organizations in the community agreed to adopt Nextgen together, but as time went on, different groups left to different systems. As KVH grew and acquired and started new clinics, it ended up with a variety of electronic records systems.

"Having Cerner through KVH is going to make a huge difference," Diaz said. "It will be like it is in practicality — we're all one system, so why not have one platform for us to communicate patient care?"

### REAL LIFE EXAMPLES

One example Diaz gave of how the current system can sometimes leave him frustrated, is when he might refer a patient to have a colonoscopy in KVH's internal medicine department, but he won't be able to access the patients records directly. Instead, the records have to be printed out, sent over to family medicine and scanned by Diaz.

"It's very inefficient communication," Diaz said. "We're supposed to be paperless, but even within the single EMR of Nextgen we have providers who are working in the periphery of the clinic who are on the same system, who have to paper print for us to access what they've done."

Another example he gave is prior authorization, especially when it comes to prescriptions. Currently, if Diaz writes a patient a prescription, the prescription gets sent to the pharmacy. The pharmacy then sends it to the insurance company, which either says yes or no to coverage. If they say no, the message is delivered backward through that chain until it reaches the doctor again, who then has to start the process over with a new medication. This can delay patients getting medications they need for up to a week.

In Cerner, doctors will be notified automatically if a prescription needs prior authorization from the insurance company.

"We're frustrated that these things are happening with the current system," KVH clinical scribe Alisha Liedtke said. "But the people who really suffer are the patients. They're not getting the medication that they need, and they're waiting days to get it."

### MAKING THE SWITCH

Diaz has made his fair share of switches in the past and knows it is a difficult process, but is excited to make the transition.

"It's like going from Microsoft to Apple or Apple to Microsoft," Diaz said. "There's advantages and disadvantages to each, but that learning curve … they're just similar enough but just different enough."

The first six months of 2017 Cerner came in to find out as much as possible about KVH's workflow and how the hospital functions. Community relations specialist Amy Diaz said on June 19 they had 84 different meetings that included 190 staff members, all exchanging ideas with the new company.

Next, Cerner will deliver a draft of the system, which KVH can start to use test scenarios — basically take a fake patient through the system, all the way from scheduling an appointment all the way to billing. One or two people from each department will be trained fully on Cerner, who will then in turn train the rest of their departments, with a goal of starting the new system on Feb. 12, 2018. Cerner does not currently have a home and hospice module, so that department will be switching at a later date.

A new patient portal also is coming later, which will consolidate all of the patients KVH activity and records into one place online. It won't be implemented immediately for two reasons: There won't be any data initially, and Cerner recommends health care organization get comfortable with the system before implementing the portal.

### LEGACY DATA

One of the biggest questions and debates surrounding the switch is what to do with legacy data — or any records that are taken prior to the switch. For now, they will be stored in a single electronic filing cabinet, which will be easily accessible organization wide, but won't be part of Cerner. If the hospital wants the data to be transferred over to Cerner, it can either be done manually, or a code can be written to transfer it automatically.

Amy Diaz said the hospital is leaning toward inputting it manually, because the systems are so complex, each field needs to match each field exactly, and there is not enough room for error leave it up to a program.

"Matching the fields can be extremely complex," Amy Diaz said. "Especially for our case where you're trying to move from four systems to one system."

Another idea is to move records over on an as-needed basis. Basically when a patient with legacy data comes in for an appointment, providers will take the data out of the electronic filing cabinet and enter the information into Cerner that they need. Regardless, the fact that the records are in one place and accessible by everyone is a step up from what KVH has now, Amy Diaz said.

**FOR IMMEDIATE RELEASE**

**MEDIA CONTACT:**
Susan K. Grindle, CEO, HopeSource &
Rural Health Network Planning Grant Director
skgrindle@hopesource.us
509-925-1448

## PLANNING GRANT AWARDED TO THE KITTITAS COUNTY HEALTH NETWORK

**ELLENSBURG (July 12, 2017) –**

Kittitas Valley Healthcare, Central Washington University, City of Ellensburg, Community Health of Central Washington, Hinkle and Associates, HopeSource, Kittitas County Public Health Department, Kittitas Valley Fire and Rescue, Lisa Martin PhD, and Southeast Washington Aging and Long Term Care announce the award of a Planning Grant targeted at improving population health through cross-sector collaboration and systems integration. There were only 23 of these grants awarded across the United States by the Federal Office of Rural Health Policy in the Health Resources and Services Administration.

"The Kittitas County Health Network will be focused on developing integrated systems and coordinated care within those systems that will improve the health of everyone in our community and will ensure that all people in our community have opportunities to be healthy," said Robin Read, Kittitas County Public Health Department Administrator.

The Planning Grant calls for the Network to complete a comprehensive community health assessment followed by a health improvement plan for implementation through the Kittitas County Health Department utilizing a community-driven strategic planning process. The Kittitas County Health Network is aligned closely with the work of the Greater Columbia Accountable Communities of Health which will identify, monitor, and measure transformation projects such as the Network aimed at achieving the objectives of the Healthier Washington State Innovation Model.

Susan Grindle, HopeSource CEO and Project Director for the Health Network Planning Grant said that when partnerships in the community combine access to clinical and mental health services with social determinants such as stable housing, energy, nutrition, and transportation the individual can avoid reentry into the emergency systems, sustain good health, and productively participate in the mainstream community.

Partners in the Planning Grant will be reaching out to leaders from business, community- and faith-based, education, government, health, philanthropy, and social service sectors to request support for and participation in the Planning Grant work.

## IN OUR VIEW

# Need to explain tax measure

BY DAILY RECORD EDITORIAL

Between now and November it will be incumbent for proponents of a November ballot measure to add a 0.1 percent sales tax to support affordable housing and mental health services to explain the how and where the money will be used to meet community needs.

At first glance, there is no doubt there is a need for affordable housing and mental health services in the community. It may seem like an odd combination, but it is actually written in the state statute allowing the measure. The statute gave first priority to counties seeking this measure, but if the county did not seek within two years (approved in 2015) then cities were granted the authority.

City officials estimate the tax would bring is $450,000 to $500,000 a year. At least 60 percent must go to affordable housing, but there's no cap on how much goes to affordable housing.

The system for funding affordable housing in this state is curious. The county is the recipient agency for affordable housing funds generated by excise taxes. But for the most part affordable housing — particularly housing of any density — is going to be located in a city. The county commissioners certainly work with agencies seeking to place affordable housing in cities, but the way the system works it is not as direct as it could be.

As the Shady Acres mobile home park situation revealed, it would have been good if the city had been a more active player in assisting people living in that community. They are city residents so their recourse should be to the City Council.

This is a sales tax increase so it must be noted that sales tax is considered one of the most regressive taxes — disproportionally paid for by people of lower income. So, a tax for affordable housing will come disproportionally from people who need affordable housing. But that is the reality of the situation in a state that is most comfortable raising tax revenue through sales tax.

As critical as affordable housing is, mental health service needs may be even more pressing. That's not just true in Ellensburg, but across this station and nation. A lot of problems, such as homelessness and drug abuse, have roots in mental health issues.

After acknowledging the needs this measure would address, it comes down to question about how it would work. This would be a tax within the city with the funds going to the city. Currently the city of Ellensburg does not have a mental health agency. The affordable housing component is an easier fit. The way the county operates, the commissioners approve or deny the expenditures. The City Council could fulfill that role.

This issue will be on the November ballot which makes for a relatively short time for explaining a tax proposal. On the plus side, the needs are evident, but that does not ease the responsibility of proponents for this proposal to explain how the sales tax increase would effectively and efficiently serve the community needs.

DAILY RECORD

Local news serving Ellensburg, Cle Elum, Roslyn, Kittitas, Easton, Suncadia and all of Kittitas County.
www.dailyrecordnews.com

Established 1909

PUBLISHER - HEATHER HERNANDEZ
EDITOR/GENERAL MANAGER - JOANNA MARKELL
ASSISTANT EDITOR - MICHAEL GALLAGHER

## IN YOUR VIEW

### Democrats, governor to blame for logjam in Legislature

To the Editor:

The July 19 In Our View by the Daily Record Editorial Board got it completely wrong. The reason that Hirst is now tied to the capital budget is because our Democrat governor refuses to bargain in good faith.

After agreeing with Senate Republicans on the contentious two-year budget, he went back on his word and vetoed the items that had caused the log jam. If there is no trust between the branches, there is no trust period.

The Democrats and the governor have made the situation and Hirst is just another example. I congratulate the Republicans for standing up for the most important Eastside issue and condemn the Daily Record for not recognizing that fact.

Without a fix to the water issue birthed by DOE and now totally FUBRED by the State Supreme Court Eastern Washington will wither and die. The governor says next year, I don't believe or trust him and evidently the Senate doesn't either.

*Ian Elliot*
*Ellensburg*

### Residents need to push, advocate for clean energy

To the Editor:

We live in a beautiful area where we depend upon and take pride in clean water and clean air. Others aren't so fortunate. Did you know our major electrical utility, Puget Sound Energy, gets 31 percent of its energy supply from a dirty coal-fired power plant — Colstrip — in Eastern Montana?

PSE acknowledges this on their own website, where 2015 data show 60 percent of their power supply comes from fossil fuels, 34 percent comes from hydroelectric, and only 4 percent comes from wind. While we don't see the pollution here in Washington state, residents of Eastern Montana and those downwind and downstream suffer the effects of polluted air and contaminated water. Colstrip is the third worst point source of carbon emissions in the USA, according to the Center for Public Integrity. Think about that the next time you flip on a light switch!

I urge Puget Sound Energy to retire all four units of its dirty Colstrip coal plant by 2025 and replace the power supply with renewable energy. In addition, as Puget Sound Energy renegotiates its contract for coal supplies, it needs to ensure that contract clauses provide off-ramps so coal is not supplied beyond 2025. We have plentiful wind and solar power in our region, and large storage batteries are being commercially developed to meet energy demands. The cost of clean energy continues to drop dramatically, making renewable energy economically competitive.

All residents within Kittitas County would benefit from 100 percent clean energy. I urge our county and our city officials to commit to achieving 100 percent clean energy, with Puget Sound Energy leading by example.

*Judy Hallisey*
*Cle Elum*


# Rich Elliott withdraws from race

I entered the race as a candidate for Kittitas Hospital District 1 for a number of reasons. Included were my concerns over changes at KVH which have occurred without, in my opinion, adequate explanation as to the long-term effects. Also included, and much more important, was my interest in continuing to push KVH to address community needs including access to general surgical services, mental health services and a focus on improving employee satisfaction so that we can attract and retain the very best health care providers who want to live and work here.

RICH ELLIOTT

I felt that my emergency services, emergency management and public health background combined with 20 plus years of working closely with KVH staff would be helpful to the board. I believe all of the above to be true and also believe that KCHD 1 is one of the most important assets in our community. This is important, but not more important than my primary responsibilities to myself, family and to KVFR.

I am withdrawing my candidacy effective today. I have discussed the matter with the Kittitas County Auditor and understand that my name will still be on the ballot but I am not interested in, nor would I accept election to this position. The reason is simple but requires explanation. I will not participate in a campaign that focuses on anything other than the issues and the candidate's qualifications for office. The politics of destruction so prevalent in national politics are precisely the reason we ended up with the mess that is Washington, D.C.

Concerns, the timing and source of which indicate political motivation, have surfaced regarding the work that I have done for both KVFR and KCPHD 2 (Upper County Medic One). For the record, I also do work for the State Patrol, Kittitas County EMS, Kittitas County, the city of Ellensburg and various state and federal firefighting agencies. Some of what I do for these entities is compensated and some is not. Whenever I am compensated for any work outside KVFR, I am responsible to separate my hours to ensure that at no time am I being compensated by more than one entity. I error on the side of caution and always make sure I, at a minimum, meet the terms of employment and document all of my time.

In March 2014, I was approached by KCPHD 2 and asked to consider taking over operations for the Medic One side of things. It was a difficult decision for me because I was taking the place for a friend who was being dismissed. I accepted and for the first six months worked through KVFR for KCPHD 2. In October of 2014, I was faced with the prospect of losing virtually all of my leave time in 2014 because my workload prevented me from using any of that time. I provided a couple of options for consideration to KVFR but neither were acceptable so I changed over to privately contracting with KCPHD 2.

Through March of 2016, I worked independently for KCPHD 2. I was paid $75 per hour after offering to do the work for $65. My responsibilities to KVFR were met with at least 40 hours of time each week or I used leave time for any hours I missed. At no time was I ever being compensated for time by both employers. You have a right to ask and I am responsible to prove that your money is being spent legally and ethically. The records are available upon request.

If someone did not file for this position because there were already two candidates, I apologize for that. There will be future positions open and these are at large positions meaning, as long as you live inside KCHD 1 and meet requirements, you can run. In the interim, please attend meetings and ask questions. More importantly, politely demand answers. I believe KCHD 1 will approach the voters for a large bond issue in the next 5-10 years, I believe that the hospital is likely to become part of a larger health care system which opens up a lot of opportunities but also can destroy some of what is great about KVH and finally, I believe that it is likely that KCHD 1 will come to the voters of Kittitas County requesting an operational levy. Each of those decisions is enormous and will require public support. Healthcare is a critical part of our local economy and directly affects nearly every resident.

*Rich Elliott is the assistant chief of Kittitas Valley Fire and Rescue and an Ellensburg City Council member.*

## WE CAN HEAR YOU

**LETTERS**

In Your View letters to the editor must include a name, address and telephone number. Each letter must have a single author.

We request that letters be limited to 400 words and reserve the right to edit letters. Only one letter per person, per calendar month. Thank you letters will not be published.

Send Letters to Assistant Editor Michael Gallagher at the Daily Record, 401 N. Main St., Ellensburg, WA 98926, or email to letters@kvnews.com. Emailed letters are preferred.

**GUEST COLUMNS**

Columns must be approved by the Daily Record prior to publication. Guest columns should be close to 600 words and should include a headshot photograph and a short biography.

The Daily Record views this page as a public forum for community discussion.

We do not publish views that are hateful or preposterous, and we do not publish petitions or solicitations.

**NEWS ITEMS**

Other ways to interact with the Daily Record besides the Daily Forum page can often meet your needs.

Clubs, organizations and individuals can send news and most any written material and photographs for Scrapbook.

We also run engagements, weddings, births, birthdays, and anniversaries. Call 925-1414 or email newsroom@kvnews.com. Obituaries and death notices:obits@kvnews.com.

Local page briefs: newsroom @kvnews.com.

News tips and feedback are welcomed. Call 925-1414, or email Joanna Markell at jmarkell@kvnews.com.

# Kittitas Valley Healthcare Board of Commissioners Planning Calendar 2017

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Regular Meeting** | 26th 5pm | 23rd 5pm | 30th 5pm | 27th 5pm | 25th 5pm | 22nd 5pm | 27th 5pm | 24th 5pm | 28th 5pm | 26th 5pm | 30th 5pm | 21st 5pm |
| **Standing Items** | Swearing in of New Board<br><br>Conflict of Interest<br><br>Annual CEO Evaluation | Compliance Plan and Policies<br><br>Orientation of New Board Members<br><br>Update Board Ed/Dev Plan | | | Acceptance of Financial Audit | Annual update of Strategic Plan | | Approve Budget Assumptions (Operating & Capital) | Board Self-Evaluation<br><br>Approve Annual Strategic Plan Update | Plan Board Retreat | Approve 2018 Operating and Capital Budgets<br><br>Approve 2018 Board Committee Charters | Update 2017 Operating Budget<br><br>Election of 2018 Officers |
| **Presentation Subject to Change** | Emerging Topic | Emerging Topic | Emerging Topic | Emerging Topic | Financial Audit & Cost Report DZA Emerging Topic | SBIRT Communication Dr. Merrill-Steskal Emerging Topic | Kittitas County Health Dept.-Rankings & Roadmap Emerging Topic | Physician Compliance Foster Pepper or Risk Management Emerging Topic | PHD & Legislative Update AWPHD Emerging Topic | Patient Satisfaction Health Streams Emerging Topic | Federal Reform WSHA Emerging Topic | Emerging Topic |
| **EDUCAIOTN AND CONFERENCES** | | AHA Health Forum Rural Conference Phoenix, AZ | 15th-16th WRHA Conf. Spokane<br><br>2018-IHI San Francisco | | 6th – 10th AHA Annual Meeting WA DC<br><br>15-16th CEO/Trustee Summit Seattle | 25th – 28th Rural Conference Chelan | 27th – 29th AHA Leadership Summit San Diego<br><br>19 – 20th AHA Rural Hospital Forum Wash., D.C. | | 22nd- Board Risk Man. Education-Spokane<br><br>25th – 27th WSHA Rural Advocacy Days WA DC<br><br>State of Reform | 12th – 13th WSHA Annual Meeting Seattle | | |
| | | 6th – 9th 2018 NRHA Rural Health Policy Institute Washington DC | | | | | | | 10th – 13th Gov. Institute Leadership CO Springs<br>27th – 29th NRHA CAH Conf. Kansas City, MO | | | |

| | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Events** | | | 3rd Round-table 29th Provider Apprec. Dinner 3/28/18: Provider Dinner | Tastes to Treasure Dinner | 8th-12th Hospital Week & Meal Service CWU Athletic Hall of Fame Boots & Bling | 6th Round-table | 18th Tentative Upper County Roundtable | 23rd KVH BBQ 5th Kids Grow Farmers' Market | 12th Roundtable TETWP Rodeo Event | | 11th Veterans' Day Lunch | 11-15th Tentative Holiday Week Meal Service |
| **Board Finance** | 24th 7:30am | 21st 7:30am | 28th 7:30am | 25th 7:30am | 23rd 7:30am | 20th 7:30am | 25th 7:30am | 22nd 7:30am | 26th 7:30am | 24th 7:30am | 28th 7:30am | 19th 7:30am |
| **MEC** | 18th 12:30P | 15th 12:30P | 15th 12:30P | 19th 12:30P | 17th 12:30P | 21st 12:30P | 19th 12:30P | 16th 12:30P | 20th 12:30P | 18th 12:30P | 15th 12:30P | 20th 12:30P |
| **QI Council** | | 9th | | | 15th | | 17 | | | TBD | | |
| **Foundation Board** | 24th 5:30P | | 28th 5:30P | | 23rd 5:30P | | 25th 5:30P | | 26th 5:30P | | 28th 5:30P | |
| **Compliance** | | TBD | | | | | | | | | | |
| **Strategic Planning** | TBD | | | | | | | | | | | |
| **Joint Districts** | | | TBD | | | | TBD | | | | TBD | |
| **Master Facilities** | TBD | | | | | | | | | | | |
| **HD #2** | 16th 6:30pm | 20th 6:30 pm | 20th 6:30pm | 17th 6:30p | 15th 6:30pm | 19th 6:30pm | 17th 6:30pm | 21st 6:30pm | 18th 6:30pm | 16th 6:30pm | 20th 6:30pm | 18th 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